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 24,233 (9.05%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The State’s penetration rate for SMHS DECREASED by 0.08%
- Yearly MHSA expenditures INCREASED by $923,859,897 (49.5%).
- Yearly MHSA revenue has INCREASED by $764,643,768 (50.4%).

For FY17-21, the State's average Closing Balance of MHSA funds was $2,496,578,786.

- The State's Subaccount Allocation has INCREASED by $435,675,796 (32.8%).

For FY18-21, the Subaccount Allocation INCREASED by $284,919,873 (328%). The State's Subaccount Allocation has INCREASED by $435,675,796 (32.8%). COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020. Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children's utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.

- The State HS Graduation rate has INCREASED by 4.0%

- Total cases opened per year has DECREASED by 9,626.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.
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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 1,962 (19.82%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

FY getting 1+ services DECREASED by 289 (25.42%).
FY getting 5+ services DECREASED by 197 (21.62%).

The County’s penetration rate DECREASED by 0.53%
The State’s penetration rate INCREASED by 1.37%.
- Yearly MHSA expenditures INCREASED by $37,707,602 (56.7%).
- Yearly MHSA revenue has INCREASED by $30,601,511 (50.3%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $108,497,113.

For FY18-21, the Subaccount Allocation INCREASED by $12,649,029 (296%).

The County’s Subaccount Allocation has INCREASED by $21,252,138 (31.0%).

For FY18-21, the Subaccount Allocation INCREASED by $12,649,029 (296%).
- COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children's utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
Some recipient numbers were masked by source.

White children receiving SMHS has stayed the same while all other categories have declined. It is BELOW the state rate by 7.5%.

Federal COVID relief decreased childhood poverty rates, but ended in 2023. It is BELOW the state rate by 7.5%.

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

White children receiving SMHS has stayed the same while all other categories have declined. Some recipient numbers were masked by source.

The County's HS graduation rate INCREASED by 1.90%. It is ABOVE the state rate by 3.80%

Total cases opened per year has INCREASED by 5. Probation data includes only children who received child welfare funded out-of-home care services. Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb. Special Education enrollment has INCREASED by 2,995 (12.2%). Enrollment b/c of Emotional Disturbance INCREASED by 12.24%. 

Federal COVID relief decreased childhood poverty rates, but ended in 2023. It is BELOW the state rate by 7.5%.

The County's HS graduation rate INCREASED by 1.90%. It is ABOVE the state rate by 3.80%.
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 9 (4.29%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate INCREASED by 0.40%

The State’s penetration rate INCREASED by 1.37%.
**AMADOR COUNTY CHILDREN & YOUTH SERVICES DASHBOARD**

**Chart 6**

- Yearly MHSA expenditures **INCREASED** by $1,079,885 (38.0%).
- Yearly MHSA revenue has **INCREASED** by $840,378 (40.2%).

**Chart 7**

- For FY17-21, the County’s average Closing Balance of MHSA funds was $5,908,796.

**Chart 8**

- The County’s Subaccount Allocation has **INCREASED** by $316,321 (36.5%).

**Chart 9**

- For FY18-21, the Subaccount Allocation **INCREASED** by $239,415 (500%).
- COVID funding for FY19-20 was bundled with FY20-21.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

**Statewide Takeaways**

» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children's utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is BELOW the state rate by 5.6%.

The County's HS graduation rate INCREASED by 3.50%
It is ABOVE the state rate by 5.50%

Total cases opened per year has DECREASED by 6.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.
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 577 (21.00%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 1.06%

The State’s penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures INCREASED by $4,874,161 (45.7%).
Yearly MHSA revenue has DECREASED by $243,718 (2.3%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $5,385,306.

The County’s Subaccount Allocation has INCREASED by $4,375,714 (35.6%).

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children's utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

White children receiving SMHS has stayed the same while all other categories have declined.
Some recipient numbers were masked by source.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is ABOVE the state rate by 1.30%.

The County's HS graduation rate INCREASED by 3.30%
It is ABOVE the state rate by 1.50%

Total cases opened per year has DECREASED by 23.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb.
Special Education enrollment has DECREASED by 12 (0.3%).
Enrollment b/c of Emotional Disturbance DECREASED by 0.3%.
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 (1.34%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 0.13%

The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $1,222,714 (39.1%).
• Yearly MHSA revenue has INCREASED by $1,241,569 (51.3%).
• Revenue increases have outpaced expenditure increases.

For FY17-21, the County’s average Closing Balance of MHSA funds was $7,508,214.

• The County’s Subaccount Allocation has INCREASED by $486,574 (38.0%).

For FY18-21, the Subaccount Allocation INCREASED by $335,154 (437%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 1.3%.

- Total cases opened per year has DECREASED by 31.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.
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 27 (10.98%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate INCREASED by 0.43%
The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $880,137 (34.8%).
• Yearly MHSA revenue has INCREASED by $1,105,542 (87.1%).
• Revenue increases have outpaced expenditure increases.

For FY17-21, the County’s average Closing Balance of MHSA funds was $9,879,897.

The County’s Subaccount Allocation has INCREASED by $589,818 (51.4%).

For FY18-21, the Subaccount Allocation INCREASED by $416,912 (725%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children’s utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Chart 12

- Childhood Poverty Rate
- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is ABOVE the state rate by 1.20%.

Chart 13

- High School Graduation Rate vs State
- The County's HS graduation rate DECREASED by -0.10%
- It is ABOVE the state rate by 6.30%

Chart 14

- Welfare and Probation-Supervised Child Welfare Cases Opened in a FY
- Total cases opened per year has DECREASED by 17.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

Chart 15

- Special Education & Emotional Disturbance Enrollment
- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 55 (9.7%).
- Enrollment b/c of Emotional Disturbance INCREASED by 9.73%.
• 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 761 (12.49%).

The State’s penetration rate INCREASED by 1.37%.

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• FY getting 1+ services DECREASED by 165 (23.47%).

• FY getting 5+ services DECREASED by 118 (21.65%).

• The County’s penetration rate DECREASED by 0.39%

• The State’s penetration rate INCREASED by 1.37%
Yearly MHSA expenditures INCREASED by $23,261,426 (52.8%).
Yearly MHSA revenue has INCREASED by $22,229,462 (58.2%).
For FY17-21, the County’s average Closing Balance of MHSA funds was $51,449,686.
The County’s Subaccount Allocation has INCREASED by $13,347,851 (37.3%).
For FY18-21, the Subaccount Allocation INCREASED by $7,609,265 (319%).
COVID funding for FY19-20 was bundled with FY20-21.
The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
CONTRA COSTA COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

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
- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

Chart 12: Childhood Poverty Rate
- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 8.0%.

Chart 13: High School Graduation Rate vs State
- The County’s HS graduation rate INCREASED by 3.30%
- It is ABOVE the state rate by 4.90%

Chart 14: Welfare and Probation-Supervised Child Welfare Cases Opened in a FY
- Total cases opened per year has DECREASED by 87.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

Chart 15: Special Education & Emotional Disturbance Enrollment
- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 1,919 (9.0%).
- Enrollment b/c of Emotional Disturbance INCREASED by 9.02%.
• 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 40 (8.60%).

• The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• FY getting 1+ services DECREASED by 1 (1.92%).
• FY getting 5+ services INCREASED by 4

• The County’s penetration rate DECREASED by 0.34%
• The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $959,403 (35.7%).
• Yearly MHSA revenue has INCREASED by $85,047 (3.6%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $5,854,237.

The County’s Subaccount Allocation has INCREASED by $483,868 (32.7%).

For FY18-21, the Subaccount Allocation INCREASED by $305,024 (339%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children's utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
Some recipient numbers were masked by source.

White children receiving SMHS has stayed the same while all other categories have declined.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.

It is ABOVE the state rate by 10.90%.

The County’s HS graduation rate INCREASED by 5.70%

It is BELOW the state rate by 2.00%

Total cases opened per year has INCREASED by 15.

Probation data includes only children who received child welfare funded out-of-home care services.

Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb.

Special Education enrollment has INCREASED by 51 (7.6%).

Enrollment b/c of Emotional Disturbance INCREASED by 7.63%.
**EL DORADO COUNTY**

**CHILDREN & YOUTH SERVICES DASHBOARD**

**Chart 1**

- 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 9 (1.88%).

**Chart 2**

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

**Chart 3**

- The number of Foster Youth receiving SMHS has steadily decreased.

**Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.**

**The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.**

**Chart 4**

- FY getting 1+ services DECREASED by 20 (15.87%).
- FY getting 5+ services DECREASED by 6 (6.52%).

**Chart 5**

- The County’s penetration rate INCREASED by 0.20%
- The State’s penetration rate INCREASED by 1.37%
• Yearly MHSA expenditures INCREASED by $3,581,158 (48.1%).
• Yearly MHSA revenue has INCREASED by $753,076 (11.2%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $13,732,491.

The County’s Subaccount Allocation has INCREASED by $1,320,322 (42.1%).

For FY18-21, the Subaccount Allocation INCREASED by $726,258 (298%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• The County's HS graduation rate INCREASED by 4.30%
• It is ABOVE the state rate by 6.40%

• Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is BELOW the state rate by 10.0%.

• Total cases opened per year has DECREASED by 24.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.

• White children receiving SMHS has stayed the same while all other categories have declined.
• Some recipient numbers were masked by source.

• Special Education enrollment continues to climb.
• Special Education enrollment has DECREASED by 8,330 (66.5%).
• Enrollment b/c of Emotional Disturbance DECREASED by 66.5%.
FY getting 1+ services INCREASED by 177
FY getting 5+ services INCREASED by 137
The State’s penetration rate INCREASED by 1.37%

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 1,191 (13.83%).

The County’s penetration rate INCREASED by 0.65%
The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate INCREASED by 0.65%
The State’s penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures increased by $22,979,955 (48.6%).
Yearly MHSA revenue has increased by $45,670,850 (115.4%).
Revenue increases have outpaced expenditure increases.

For FY17-21, the County’s average Closing Balance of MHSA funds was $82,466,051.

The County’s Subaccount Allocation has increased by $11,248,216 (32.4%).

For FY18-21, the Subaccount Allocation increased by $7,482,388 (294%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
Medi-Cal enrollment is up by 30% due to both state and federal policy.
Children’s utilization and acuity have risen sharply across the state.
Correspondingly, non-federal based revenues have increased.
However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 14.80%.

The County's HS graduation rate INCREASED by 2.50%
• It is BELOW the state rate by 1.50%

Total cases opened per year has DECREASED by 204.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.
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 24 (6.23%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate INCREASED by 0.42%

The State’s penetration rate INCREASED by 1.37%.
GLENN COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

- Yearly MHSA expenditures increased by $974,140 (35.9%).
- Yearly MHSA revenue has decreased by $731,239 (20.0%).

- For FY17-21, the County’s average closing balance of MHSA funds was $1,906,339.

- The county’s subaccount allocation increased by $524,907 (37.2%).

- For FY18-21, the subaccount allocation increased by $422,894 (528%).
- COVID funding for FY19-20 was bundled with FY20-21.

- The behavioral health subaccount has increased every year since 2020.
- Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is ABOVE the state rate by 3.40%.

- The County's HS graduation rate INCREASED by 3.60%
- It is BELOW the state rate by 1.30%

- Total cases opened per year has DECREASED by 18.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 113 (14.6%).
- Enrollment b/c of Emotional Disturbance INCREASED by 14.60%.
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 123 (9.97%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The State’s penetration rate INCREASED by 1.37%.

The County’s penetration rate DECREASED by 0.44%
HUMBOLDT COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

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

- Yearly MHSA expenditures INCREASED by $2,989,303 (45.0%).
- Yearly MHSA revenue has INCREASED by $1,527,171 (22.2%).

Chart 7
Closing Balance of All MHSA Subaccounts

- For FY17-21, the County’s average Closing Balance of MHSA funds was $3,973,800.

Chart 8
Behavioral Health Subaccount Allocation (non-federal)

- The County’s Subaccount Allocation has INCREASED by $2,575,256 (43.9%).

Chart 9
Behavioral Health Subaccount Growth (non-federal)

- For FY18-21, the Subaccount Allocation INCREASED by $1,702,527 (383%).
- COVID funding for FY19-20 was bundled with FY20-21.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 1.90%.

The County’s HS graduation rate INCREASED by 8.80%
• It is ABOVE the state rate by 0.80%

Total cases opened per year has DECREASED by 110.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.
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 729 (18.94%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).
• Yearly MHSA expenditures INCREASED by $4,516,533 (49.7%).
• Yearly MHSA revenue has INCREASED by $3,549,503 (51.5%).

For FY18-21, the County’s average Closing Balance of MHSA funds was $13,204,481.

The County’s Subaccount Allocation has INCREASED by $4,238,574 (43.9%).

For FY19-20, the Subaccount Allocation INCREASED by $2,711,595 (329%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

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

• White children receiving SMHS has stayed the same while all other categories have declined.
• Some recipient numbers were masked by source.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 12.60%.

The County's HS graduation rate INCREASED by 0.20%
• It is ABOVE the state rate by 2.20%

Total cases opened per year has DECREASED by 131.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb.
• Special Education enrollment has INCREASED by 468 (11.7%).
• Enrollment b/c of Emotional Disturbance INCREASED by 11.69%.
INYO COUNTY
CHILDREN & YOUTH SERVICES DASHBOARD

Chart 1

- 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 40 (36.36%).

Chart 2

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

Chart 3

- These numbers were masked by the source.

Chart 4

- These numbers were masked by the source.

Chart 5

- The County’s penetration rate INCREASED by 1.82%
- The State’s penetration rate INCREASED by 1.37%.

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).
INYO COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

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

- Yearly MHSA expenditures DECREASED by $1,819,698 (100.0%).
- Yearly MHSA revenue has DECREASED by $1,665,549 (100.0%).
- Revenue increases have outpaced expenditure increases.

Chart 7
Closing Balance of All MHSA Subaccounts

- For FY17-21, the County's average Closing Balance of MHSA funds was $1,825,170.

Chart 8
Behavioral Health Subaccount Allocation (non-federal)

- The County's Subaccount Allocation has INCREASED by $236,610 (29.4%).

Chart 9
Behavioral Health Subaccount Growth (non-federal)

- For FY18-21, the Subaccount Allocation INCREASED by $167,653 (556%).
- COVID funding for FY19-20 was bundled with FY20-21.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children's utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
INYO COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

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

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

Chart 12

Childhood Poverty Rate

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 6.8%.

Chart 13

High School Graduation Rate vs State

- The County's HS graduation rate INCREASED by 9.10%
- 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 INCREASED by 16.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

Chart 15

Special Education & Emotional Disturbance Enrollment

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 114 (36.2%).
- Enrollment b/c of Emotional Disturbance INCREASED by 36.19%.
• 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 134 (1.49%).

• The number of Foster Youth receiving SMHS has steadily decreased.

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• FY getting 1+ services INCREASED by 73

• FY getting 5+ services INCREASED by 131

• The County’s penetration rate DECREASED by 0.03%

• The State’s penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures INCREASED by $20,489,598 (50.8%).
Yearly MHSA revenue has INCREASED by $32,797,649 (120.8%).
Revenue increases have outpaced expenditure increases.

For FY17-21, the County’s average Closing Balance of MHSA funds was $81,677,685.

The County’s Subaccount Allocation has INCREASED by $12,677,976 (42.8%).

For FY18-21, the Subaccount Allocation INCREASED by $9,586,380 (424%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways

» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 10.90%.

• White children receiving SMHS has stayed the same while all other categories have declined.
• Some recipient numbers were masked by source.

• The County's HS graduation rate INCREASED by 1.30%
• It is ABOVE the state rate by 2.80%

• Total cases opened per year has INCREASED by 271.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.
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 208 (18.98%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases. Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

FY getting 1+ services DECREASED by 29 (10.00%).
FY getting 5+ services DECREASED by 20 (12.90%).

The County’s penetration rate DECREASED by 0.64%
The State’s penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures increased by $3,802,298 (50.2%).
Yearly MHSA revenue has increased by $2,525,128 (39.1%).

For FY17-21, the County’s average closing balance of MHSA funds was $7,831,138.

The County’s Subaccount Allocation has increased by $2,018,629 (73.9%).

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 9.50%.

The County's HS graduation rate DECREASED by -0.60%
• It is BELOW the state rate by 2.60%

Total cases opened per year has DECREASED by 67.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.
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 9 (2.07%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate INCREASED by 0.08%

The State’s penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures INCREASED by $1,710,779 (46.1%).
Yearly MHSA revenue has INCREASED by $2,056,298 (80.7%).
Revenue increases have outpaced expenditure increases.

For FY17-21, the County’s average Closing Balance of MHSA funds was $10,505,179.

The County’s Subaccount Allocation has INCREASED by $916,846 (29.1%).

For FY18-21, the Subaccount Allocation INCREASED by $644,441 (321%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is ABOVE the state rate by 7.90%.

- The County’s HS graduation rate INCREASED by 4.80%
- It is BELOW the state rate by 4.90%

- Total cases opened per year has DECREASED by 20.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.
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 54 (23.79%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 1.28%
The State’s penetration rate INCREASED by 1.37%.
**LASSEN COUNTY CHILDREN & YOUTH SERVICES DASHBOARD**

- Yearly MHSA expenditures INCREASED by $936,207 (35.5%).
- Yearly MHSA revenue has DECREASED by $357,780 (12.2%).

- For FY17-21, the County’s average Closing Balance of MHSA funds was $3,646,139.

- For FY18-21, the Subaccount Allocation INCREASED by $132,090 (230%).
- The County’s Subaccount Allocation has INCREASED by $280,287 (21.3%).

- For FY18-21, the Subaccount Allocation INCREASED by $132,090 (230%).
- COVID funding for FY19-20 was bundled with FY20-21.

- The Behavioral Health Subaccount has increased every year since 2020.
- Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

**Statewide Takeaways**

- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is BELOW the state rate by 0.5%.

The County's HS graduation rate INCREASED by 1.90%
It is ABOVE the state rate by 3.30%

Total cases opened per year has INCREASED by 12.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.
• 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 8,941 (9.16%).

The number of Foster Youth receiving SMHS has steadily decreased.

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• The County’s penetration rate INCREASED by 0.09%
• The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $255,342,408 (47.9%).
• Yearly MHSA revenue has INCREASED by $265,755,009 (78.1%).
• Revenue increases have outpaced expenditure increases.

For FY17-21, the County’s average Closing Balance of MHSA funds was $1,044,909,707.

The County’s Subaccount Allocation has INCREASED by $130,499,868 (26.8%).

For FY18-21, the Subaccount Allocation INCREASED by $73,268,874 (287%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

**Statewide Takeaways**

» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children's utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
Los Angeles County Children & Youth Services Dashboard

Chart 10

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

Chart 11

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

Chart 12

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is ABOVE the state rate by 3.00%.

Chart 13

- The County’s HS graduation rate INCREASED by 4.50%
- It is BELOW the state rate by 1.40%

Chart 14

- Total cases opened per year has DECREASED by 6,026.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

Chart 15

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 4,588 (2.4%).
- Enrollment b/c of Emotional Disturbance INCREASED by 2.41%.
• 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 520 (35.94%).

The number of Foster Youth receiving SMHS has steadily decreased.

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• FY getting 1+ services INCREASED by 9
• FY getting 5+ services INCREASED by 8

The State’s penetration rate INCREASED by 1.37%.

The County’s penetration rate DECREASED by 1.39%

The number of Foster Youth in California has declined dramatically, which should make care more accessible, but this has not happened.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).
Yearly MHSA expenditures increased by $3,911,148 (48.3%).
- Yearly MHSA revenue has increased by $6,002,476 (102.2%).
- Revenue increases have outpaced expenditure increases.

For FY17-21, the County’s average Closing Balance of MHSA funds was $25,850,544.

The County’s Subaccount Allocation has increased every year since 2020.
- For FY18-21, the Subaccount Allocation increased by $1,129,950 (365%).
- COVID funding for FY19-20 was bundled with FY20-21.

Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.
- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.
- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is ABOVE the state rate by 10.80%.
- The County's HS graduation rate INCREASED by 4.70%
- It is ABOVE the state rate by 0.20%
- Total cases opened per year has DECREASED by 58.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.
- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 148 (4.4%).
- Enrollment b/c of Emotional Disturbance INCREASED by 4.40%. 
• 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 62 (11.65%).

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• The County's penetration rate DECREASED by 0.27%
• The State's penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures INCREASED by $4,795,708 (40.1%).
Yearly MHSA revenue has INCREASED by $4,713,355 (60.9%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $24,810,099.

The County’s Subaccount Allocation has INCREASED by $2,249,112 (47.2%).

For FY18-21, the Subaccount Allocation INCREASED by $987,408 (279%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Chart 12

• Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is BELOW the state rate by 10.6%.

Chart 14

• 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-supervised cases increased sharply in FY22.
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 53 (30.81%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 2.93%
The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $571,156 (31.7%).
• Yearly MHSA revenue has INCREASED by $1,334,499 (88.5%).
• Revenue increases have outpaced expenditure increases.

For FY17-21, the County's average Closing Balance of MHSA funds was -$1,673,313.

The County's Subaccount Allocation has INCREASED by $204,900 (21.1%).

For FY18-21, the Subaccount Allocation INCREASED by $184,145 (364%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children's utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

White children receiving SMHS has stayed the same while all other categories have declined.
Some recipient numbers were masked by source.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is BELOW the state rate by 0.7%.

The County’s HS graduation rate INCREASED by 2.40%
It is ABOVE the state rate by 2.80%

Total cases opened per year has DECREASED by 5.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.
**MENDOCINO COUNTY**

**CHILDREN & YOUTH SERVICES DASHBOARD**

- **Chart 1**
  - 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 134 (11.99%).

- **Chart 2**
  - All Children and Youth Receiving 1+ and 5+ SMHS
  - Includes all 0-20 year old youth, not only those in foster care.

- **Chart 3**
  - Unique Foster Youth (FY) Receiving SMHS
  - The number of Foster Youth receiving SMHS has steadily decreased.

- **Chart 4**
  - Foster Youth (FY) Receiving 1+ and 5+ SMHS
  - FY getting 1+ services DECREASED by 20 (11.43%).
  - FY getting 5+ services DECREASED by 6 (4.44%).

- **Chart 5**
  - Penetration Rate for All Children & Youth, Foster Youth Only, and State
  - The County's penetration rate DECREASED by 0.38%
  - The State's penetration rate INCREASED by 1.37%

- **Notes**
  - Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
  - The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.
  - In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
  - Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).
• Yearly MHSA expenditures INCREASED by $2,077,114 (45.5%).
• Yearly MHSA revenue has INCREASED by $1,210,153 (35.1%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $6,566,081.

The County’s Subaccount Allocation has INCREASED by $1,523,589 (24.2%).

For FY18-21, the Subaccount Allocation INCREASED by $952,373 (301%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children’s utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat. 
Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023. 
It is ABOVE the state rate by 5.30%.

The County's HS graduation rate INCREASED by 0.50% 
It is ABOVE the state rate by 0.50%

Total cases opened per year has DECREASED by 30. 
Probation data includes only children who received child welfare funded out-of-home care services. 
Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb. 
Special Education enrollment has INCREASED by 160 (9.8%). 
Enrollment b/c of Emotional Disturbance INCREASED by 9.80%.
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 211 (12.60%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 0.25%

The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $6,809,195 (48.9%).
• Yearly MHSA revenue has INCREASED by $1,270,082 (8.0%).

• For FY17-21, the County’s average Closing Balance of MHSA funds was $28,507,393.

• The County’s Subaccount Allocation has INCREASED by $4,253,470 (37.0%).

• The Behavioral Health Subaccount has increased every year since 2020.
• Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.

Statewide Takeaways
Some recipient numbers were masked by source.

White children receiving SMHS has stayed the same while all other categories have declined.

It is ABOVE the state rate by 12.80%.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.

It is ABOVE the state rate by 12.80%.

The County's HS graduation rate INCREASED by 3.00%

It is ABOVE the state rate by 5.50%.

Total cases opened per year has DECREASED by 77.

Probation data includes only children who received child welfare funded out-of-home care services.

Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb.

Special Education enrollment has INCREASED by 474 (6.9%).

Enrollment b/c of Emotional Disturbance INCREASED by 6.94%.
• 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 21 (17.50%).

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).
• Yearly MHSA expenditures INCREASED by $514,251 (30.6%).
• Yearly MHSA revenue has DECREASED by $375,591 (27.2%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $4,076,098.

The County’s Subaccount Allocation has INCREASED by $198,774 (26.2%).

For FY18-21, the Subaccount Allocation INCREASED by $132,395 (397%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
• Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children’s utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Chart 12

• Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 3.00%.

Chart 13

• The County’s HS graduation rate INCREASED by 3.00%
• It is ABOVE the state rate by 2.80%

Chart 14

• Total cases opened per year has INCREASED by 3.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.

Chart 15

• Special Education enrollment continues to climb.
• Special Education enrollment has INCREASED by 9 (5.4%).
• Enrollment b/c of Emotional Disturbance INCREASED by 5.42%.
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 42 (45.65%).

These data masked by the source.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County's penetration rate DECREASED by 1.91%
The State's penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures INCREASED by $619,787 (34.4%).
Yearly MHSA revenue has INCREASED by $1,833,870 (632.6%).
Revenue increases have outpaced expenditure increases.

For FY17-21, the County's average Closing Balance of MHSA funds was $4,138,000.

The County’s Subaccount Allocation has INCREASED by $54,706 (11.4%).

For FY18-21, the Subaccount Allocation INCREASED by $34,279 (320%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
Medi-Cal enrollment is up by 30% due to both state and federal policy.
Children’s utilization and acuity have risen sharply across the state.
Correspondingly, non-federal based revenues have increased.
However, for children in foster care, penetration and access rates are flat or declining.
Some recipient numbers were masked by source.

White children receiving SMHS has stayed the same while all other categories have declined.

It is BELOW the state rate by 3.4%.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.

It is BELOW the state rate by 3.4%.

The County's HS graduation rate INCREASED by 12.30%

It is BELOW the state rate by 46.70%

Total cases opened per year has DECREASED by 1.

Probation data includes only children who received child welfare funded out-of-home care services.

Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb.

Special Education enrollment has DECREASED by 17 (7.9%).

Enrollment b/c of Emotional Disturbance DECREASED by 7.9%.
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 468 (12.03%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases. Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County's penetration rate DECREASED by 0.32%

The State’s penetration rate INCREASED by 1.37%.
MONTEREY COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

- Yearly MHSA expenditures increased by $10,859,698 (50.5%).
- Yearly MHSA revenue has increased by $1,731,764 (10.3%).

For FY17-21, the County's average Closing Balance of MHSA funds was $39,457,475.

The County’s Subaccount Allocation has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is ABOVE the state rate by 1.70%.

The County's HS graduation rate INCREASED by 3.80%
It is ABOVE the state rate by 1.70%

Total cases opened per year has DECREASED by 102.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 993 (12.0%).
Enrollment b/c of Emotional Disturbance INCREASED by 11.98%.
- 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 281 (35.75%).

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

» FY getting 1+ services DECREASED by 11 (14.29%).
» FY getting 5+ services INCREASED by 3

The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $2,905,424 (47.0%).
• Yearly MHSA revenue has DECREASED by $101,549 (2.1%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $6,655,417.

The County’s Subaccount Allocation has INCREASED by $1,112,222 (28.8%).

For FY18-21, the Subaccount Allocation INCREASED by $703,601 (341%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
• Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children’s utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 10.8%.

- The County's HS graduation rate INCREASED by 5.70%
- It is ABOVE the state rate by 4.00%

- Total cases opened per year has DECREASED by 71.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.
NEVADA COUNTY
CHILDREN & YOUTH SERVICES DASHBOARD

Chart 1

- 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 16 (3.01%).

Chart 2

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

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

Chart 3

- Unique Foster Youth (FY) Receiving SMHS

• The number of Foster Youth receiving SMHS has steadily decreased.

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

Chart 4

- Foster Youth (FY) Receiving 1+ and 5+ SMHS

• FY getting 1+ services INCREASED by 3
  FY getting 5+ services DECREASED by (0.00%).

Chart 5

- Penetration Rate for All Children & Youth, Foster Youth Only, and State

• The County’s penetration rate INCREASED by 0.05%
  The State’s penetration rate INCREASED by 1.37%.
NEVADA COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

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

- Yearly MHSA expenditures INCREASED by $2,158,746 (43.2%).
- Yearly MHSA revenue has INCREASED by $288,148 (5.8%).

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

- For FY17-21, the County’s average Closing Balance of MHSA funds was $4,334,965.

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

- The County’s Subaccount Allocation has INCREASED by $1,284,007 (31.3%).

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

- For FY18-21, the Subaccount Allocation INCREASED by $768,485 (334%).
- COVID funding for FY19-20 was bundled with FY20-21.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Chart 12

Childhood Poverty Rate

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 5.9%.

Chart 14

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

- Total cases opened per year has DECREASED by 34.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

Chart 11

All Children and Youth Receiving SMHS by Race

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

Chart 13

High School Graduation Rate vs State

- The County's HS graduation rate INCREASED by 1.80%
- It is BELOW the state rate by 33.00%

Chart 15

Special Education & Emotional Disturbance Enrollment

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 61 (4.3%).
- Enrollment b/c of Emotional Disturbance INCREASED by 4.25%.
• 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 908 (6.95%).

• The number of Foster Youth receiving SMHS has steadily decreased.

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• FY getting 1+ services DECREASED by 150 (11.67%).
• FY getting 5+ services INCREASED by 14

The State’s penetration rate INCREASED by 1.37%.

• The County’s penetration rate INCREASED by 0.13%
• Yearly MHSA expenditures INCREASED by $74,750,534 (49.4%).
• Yearly MHSA revenue has INCREASED by $55,714,167 (41.3%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $183,781,289.

The County’s Subaccount Allocation has INCREASED by $18,990,281 (38.4%).

For FY18-21, the Subaccount Allocation INCREASED by $11,505,851 (333%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children's utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 4.3%.

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

- The County's HS graduation rate INCREASED by 3.20%
- It is ABOVE the state rate by 6.20%

- Total cases opened per year has INCREASED by 16.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 4,157 (7.6%).
- Enrollment b/c of Emotional Disturbance INCREASED by 7.60%.
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 4 (0.64%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County's penetration rate INCREASED by 0.11%
The State's penetration rate INCREASED by 1.37%.
**PLACER COUNTY CHILDREN & YOUTH SERVICES DASHBOARD**

**Chart 6**

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

- Yearly MHSA expenditures INCREASED by $6,418,641 (48.4%).
- Yearly MHSA revenue has INCREASED by $1,975,027 (14.5%).

**Chart 7**

*Closing Balance of All MHSA Subaccounts*

- For FY17-21, the County’s average Closing Balance of MHSA funds was $14,578,420.

**Chart 8**

*Behavioral Health Subaccount Allocation (non-federal)*

- The County’s Subaccount Allocation has INCREASED by $1,919,099 (44.3%).

**Chart 9**

*Behavioral Health Subaccount Growth (non-federal)*

- For FY18-21, the Subaccount Allocation INCREASED by $1,467,793 (411%).
- COVID funding for FY19-20 was bundled with FY20-21.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

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**Statewide Takeaways**

» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children's utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
Some recipient numbers were masked by source.

White children receiving SMHS has stayed the same while all other categories have declined.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.

It is BELOW the state rate by 11.3%.

Probation-supervised cases increased sharply in FY22.

The County's HS graduation rate INCREASED by 1.10%

It is ABOVE the state rate by 7.50%

Total cases opened per year has INCREASED by 19.

 Probation data includes only children who received child welfare funded out-of-home care services.

 Probation-supervised cases increased sharply in FY22.
• 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 15 (8.11%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• FY getting 1+ services INCREASED by 5
• FY getting 5+ services INCREASED by 7

The County’s penetration rate INCREASED by 0.56%
The State’s penetration rate INCREASED by 1.37%.
For FY17-21, the County’s average Closing Balance of MHSA funds was $4,673,612.

- Yearly MHSA expenditures DECREASED by $2,460,911 (100.0%).
- Yearly MHSA revenue has DECREASED by $2,352,520 (100.0%).
- Revenue increases have outpaced expenditure increases.

For FY17-21, the Subaccount Allocation INCREASED by $234,343 (497%).

The County’s Subaccount Allocation has INCREASED by $343,611 (34.3%).

The Behavioral Health Subaccount has increased every year since 2020.

Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways

- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
Some recipient numbers were masked by source.

White children receiving SMHS has stayed the same while all other categories have declined.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.

It is BELOW the state rate by 8.9%.

Probation-supervised cases increased sharply in FY22.

The County's HS graduation rate DECREASED by -7.40%

It is BELOW the state rate by 2.30%

Total cases opened per year has DECREASED by 34.

Probation data includes only children who received child welfare funded out-of-home care services.

Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb.

Special Education enrollment has INCREASED by 13 (4.7%).

Enrollment b/c of Emotional Disturbance INCREASED by 4.69%.
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 355 (2.94%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County's penetration rate INCREASED by 0.16%
The State's penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures INCREASED by $52,311,831 (53.4%).
Yearly MHSA revenue has INCREASED by $46,507,175 (63.4%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $154,340,591.

The County’s Subaccount Allocation has INCREASED by $21,010,897 (52.0%).

For FY18-21, the Subaccount Allocation INCREASED by $13,455,288 (328%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
Medi-Cal enrollment is up by 30% due to both state and federal policy.
Children's utilization and acuity have risen sharply across the state.
Correspondingly, non-federal based revenues have increased.
However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is ABOVE the state rate by 0.50%.

- The County's HS graduation rate INCREASED by 3.30%
- It is ABOVE the state rate by 5.90%

- Total cases opened per year has INCREASED by 990.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.
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 379 (3.80%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

FY getting 1+ services DECREASED by 321 (25.34%).

FY getting 5+ services DECREASED by 293 (27.67%).

The State's penetration rate INCREASED by 1.37%.

The County's penetration rate INCREASED by 0.07%.

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).
Yearly MHSA expenditures increased by $39,527,433 (64.8%).
Yearly MHSA revenue has increased by $51,611,930 (105.3%).
Revenue increases have outpaced expenditure increases.

For FY17-21, the County’s average Closing Balance of MHSA funds was $132,501,782.

The County’s Subaccount Allocation has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is ABOVE the state rate by 2.10%.

The County's HS graduation rate INCREASED by 3.00%
It is BELOW the state rate by 2.00%

Total cases opened per year has DECREASED by 442.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.
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 23 (6.28%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate INCREASED by 0.02%.
The State’s penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures DECREASED by $3,618,735 (100.0%).
Yearly MHSA revenue has DECREASED by $766,067 (100.0%).
Revenue increases have outpaced expenditure increases.

For FY17-21, the County’s average Closing Balance of MHSA funds was $12,380,818.

The County’s Subaccount Allocation has INCREASED by $469,147 (42.9%).

For FY18-21, the Subaccount Allocation INCREASED by $281,893 (344%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is BELOW the state rate by 5.4%.

• Total cases opened per year has DECREASED by 19.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.

• White children receiving SMHS has stayed the same while all other categories have declined.
• Some recipient numbers were masked by source.

• The County's HS graduation rate INCREASED by 0.90%
• It is ABOVE the state rate by 7.20%

• Special Education enrollment continues to climb.
• Special Education enrollment has INCREASED by 237 (17.7%).
• Enrollment b/c of Emotional Disturbance INCREASED by 17.71%.
• 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 1,728 (10.60%).

> Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
> The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

> In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
> Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

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<th>FY Penetration Rate</th>
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<td>FY20-21</td>
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The County's penetration rate DECREASED by 0.16%
The State's penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $50,129,022 (50.8%).
• Yearly MHSA revenue has INCREASED by $55,741,539 (71.1%).
• Revenue increases have outpaced expenditure increases.

For FY17-21, the County’s average Closing Balance of MHSA funds was $145,535,467.

The County’s Subaccount Allocation has INCREASED by $21,006,308 (38.8%).

For FY18-21, the Subaccount Allocation INCREASED by $15,708,318 (337%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children’s utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 5.20%.

• The County's HS graduation rate INCREASED by 3.20%
• It is ABOVE the state rate by 0.40%

• Total cases opened per year has DECREASED by 739.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.
SAN DIEGO COUNTY
CHILDREN & YOUTH SERVICES DASHBOARD

Chart 1

- 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 2,832 (19.52%).

Chart 2

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

Chart 3

- The number of Foster Youth receiving SMHS has steadily decreased.

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

Chart 4

- FY getting 1+ services DECREASED by 254 (16.18%).
- FY getting 5+ services DECREASED by 123 (11.13%).

Chart 5

- The County's penetration rate DECREASED by 0.36%
- The State's penetration rate INCREASED by 1.37%.
SAN DIEGO COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

Chart 6

Total MHSA Subaccount Revenues and Expenditures (non-federal)

- Yearly MHSA expenditures INCREASED by $78,030,010 (51.5%).
- Yearly MHSA revenue has INCREASED by $52,480,929 (36.5%).

Chart 7

Closing Balance of All MHSA Subaccounts

- For FY17-21, the County’s average Closing Balance of MHSA funds was $138,131,825.

Chart 8

Behavioral Health Subaccount Allocation (non-federal)

- The County’s Subaccount Allocation has INCREASED by $21,639,952 (30.3%).

Chart 9

Behavioral Health Subaccount Growth (non-federal)

- For FY18-21, the Subaccount Allocation INCREASED by $15,971,761 (370%).
- COVID funding for FY19-20 was bundled with FY20-21.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is BELOW the state rate by 3.4%.

The County's HS graduation rate INCREASED by 4.30%
It is BELOW the state rate by 1.90%

Total cases opened per year has DECREASED by 158.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 10,841 (17.1%).
Enrollment b/c of Emotional Disturbance INCREASED by 17.09%.
• 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 458 (12.57%).

• Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
• The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

• In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
• Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• FY getting 1+ services DECREASED by 64 (10.39).
• FY getting 5+ services DECREASED by 53 (11.18%).

• The County’s penetration rate DECREASED by 0.56%
• The State’s penetration rate INCREASED by 1.37%.
For FY17-21, the County’s average Closing Balance of MHSA funds was $34,044,822.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
Some recipient numbers were masked by source.

White children receiving SMHS has stayed the same while all other categories have declined.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.

It is BELOW the state rate by 8.8%.

The County’s HS graduation rate DECREASED by -24.00%

It is BELOW the state rate by 11.60%

Total cases opened per year has DECREASED by 48.

Probation data includes only children who received child welfare funded out-of-home care services.

Probation-supervised cases increased sharply in FY22.
San Joaquin County
Children & Youth Services Dashboard

- 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 766 (19.41%).

- FY getting 1+ services DECREASED by 120 (12.26%).
- FY getting 5+ services DECREASED by 39 (5.66%).

The State's penetration rate INCREASED by 1.37%.

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

The County's penetration rate DECREASED by 0.38%.

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

- FY receiving 1+ SMHS \(46\% \to 48\%\)
- FY receiving 5+ SMHS \(979 \to 895\)
- FY Penetration Rate \(48\% \to 48\%\)

Penetration Rate for All Children & Youth, Foster Youth Only, and State

- The County's penetration rate DECREASED by 0.38%
- The State's penetration rate INCREASED by 1.37%
Yearly MHSA expenditures increased by $16,346,892 (51.0%).
Yearly MHSA revenue has increased by $14,757,404 (65.6%).
For FY17-21, the County’s average closing balance of MHSA funds was $62,384,431.
The County’s subaccount allocation increased by $8,643,730 (38.0%).
COVID funding for FY19-20 was bundled with FY20-21.
The behavioral health subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide takeaways:
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is ABOVE the state rate by 2.30%.

- The County's HS graduation rate INCREASED by 3.90%
- It is BELOW the state rate by 1.30%

- Total cases opened per year has INCREASED by 14.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 2,218 (12.5%).
- Enrollment b/c of Emotional Disturbance INCREASED by 12.52%.
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 396 (25.95%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 1.17%
The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $5,960,542 (47.2%).
• Yearly MHSA revenue has INCREASED by $4,492,854 (41.8%).

• The County’s Subaccount Allocation has INCREASED by $2,813,042 (30.1%).

• For FY18-21, the Subaccount Allocation INCREASED by $1,391,189 (274%).
• COVID funding for FY19-20 was bundled with FY20-21.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

White children receiving SMHS has stayed the same while all other categories have declined.
Some recipient numbers were masked by source.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is BELOW the state rate by 8.0%.

The County's HS graduation rate INCREASED by 1.70%
It is ABOVE the state rate by 8.50%

Total cases opened per year has INCREASED by 2.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.
• 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 424 (21.44%).

The number of Foster Youth receiving SMHS has steadily decreased.

» Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
» The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

» In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
» Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• FY getting 1+ services DECREASED by 59 (31.05%).
• FY getting 5+ services DECREASED by 36 (25.17%).

The County’s penetration rate DECREASED by 0.46%
The State’s penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures increased by $19,109,651 (63.2%).
Yearly MHSA revenue has increased by $8,462,766 (34.9%).

For FY17-21, the County's average closing balance of MHSA funds was $38,672,727.

The County’s subaccount allocation has increased by $6,158,762 (45.2%).

For FY18-21, the subaccount allocation increased by $3,814,012 (361%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide takeaways:
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children's utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 11.4%.

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

- The County's HS graduation rate INCREASED by 2.80%
- It is ABOVE the state rate by 4.70%

- Total cases opened per year has DECREASED by 22.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.
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 229 (9.17%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 0.23%

The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $8,778,390 (37.1%).
• Yearly MHSA revenue has INCREASED by $3,607,388 (17.1%).

• The County’s Subaccount Allocation has INCREASED by $6,000,246 (55.0%).

• For FY17-21, the County’s average Closing Balance of MHSA funds was $1,086,019.

• For FY18-21, the Subaccount Allocation INCREASED by $3,604,640 (348%).
• The Behavioral Health Subaccount has increased every year since 2020.
• Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

• COVID funding for FY19-20 was bundled with FY20-21.
• For FY18-21, the Subaccount Allocation INCREASED by $3,604,640 (348%).
• COVID funding for FY19-20 was bundled with FY20-21.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children’s utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
SANTA BARBARA COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

Chart 10

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

Chart 11

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

Chart 12

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 1.3%.

Chart 13

- The County's HS graduation rate INCREASED by 5.30%
- It is ABOVE the state rate by 4.40%

Chart 14

- Total cases opened per year has DECREASED by 54.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

Chart 15

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 743 (9.6%).
- Enrollment b/c of Emotional Disturbance INCREASED by 9.56%.
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 50 (0.47%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate INCREASED by 0.67%

The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $44,672,992 (52.5%).
• Yearly MHSA revenue has INCREASED by $42,052,714 (52.0%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $112,418,408.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children's utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

**Chart 12**

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 11.2%.

**Chart 13**

- The County's HS graduation rate INCREASED by 3.70%
- It is ABOVE the state rate by 2.20%

**Chart 14**

- Total cases opened per year has DECREASED by 1,263.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

**Chart 15**

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 1,690 (5.8%).
- Enrollment b/c of Emotional Disturbance INCREASED by 5.85%.
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 370 (24.23%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 0.66%

The State’s penetration rate INCREASED by 1.37%.

FY getting 1+ services DECREASED by 75 (43.35%).

FY getting 5+ services DECREASED by 58 (38.93%).

The State’s penetration rate INCREASED by 1.37%.

Includes all 0-20 year old youth, not only those in foster care.
• Yearly MHSA expenditures INCREASED by $6,432,366 (47.6%).
• Yearly MHSA revenue has INCREASED by $2,229,626 (17.5%).

For FY20-21, the County’s average Closing Balance of MHSA funds was $9,067,825.

The County’s Subaccount Allocation has INCREASED by $3,720,604 (34.8%).

For FY20-21, the Subaccount Allocation INCREASED by $2,467,146 (366%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children’s utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.
Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is BELOW the state rate by 3.1%.
Total cases opened per year has DECREASED by 55.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.
Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 146 (2.7%).
Enrollment b/c of Emotional Disturbance INCREASED by 2.70%.
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 17 (1.38%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate INCREASED by 0.11%
The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $4,218,372 (47.6%).
• Yearly MHSA revenue has DECREASED by $2,675,720 (26.1%).

For FY17-21, the County's average Closing Balance of MHSA funds was $10,817,917.

The County's Subaccount Allocation has INCREASED by $2,780,861 (41.3%).

For FY18-21, the Subaccount Allocation INCREASED by $1,874,843 (386%).
• COVID funding for FY19-20 was bundled with FY20-21.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children's utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 3.80%.

• Total cases opened per year has INCREASED by 1.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.

• White children receiving SMHS has stayed the same while all other categories have declined.
• Some recipient numbers were masked by source.

• The County’s HS graduation rate INCREASED by 3.60%
• It is ABOVE the state rate by 3.90%
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 145 (22.87%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA's children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

FY getting 1+ services DECREASED by 54 (47.79%).

FY getting 5+ services DECREASED by 26 (32.91%).

The State's penetration rate INCREASED by 1.37%.

The County's penetration rate DECREASED by 0.82%
• Yearly MHSA expenditures INCREASED by $2,885,346 (29.0%).
• Yearly MHSA revenue has INCREASED by $6,207,153 (98.9%).
• Revenue increases have outpaced expenditure increases.

Chart 8

• For FY17-21, the County’s average Closing Balance of MHSA funds was $12,866,717.

• The County's Subaccount Allocation has DECREASED by - $7,639,560 (100.0%).

Chart 9

• For FY18-21, the Subaccount Allocation DECREASED by $540,300 (100%).
• COVID funding for FY19-20 was bundled with FY20-21.

Statewide Takeaways

• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children's utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.
SIERRA/ YUBA COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

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

**Chart 12**

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is ABOVE the state rate by 4.10%.

**Chart 13**

- The County's HS graduation rate INCREASED by 9.50%
- It is BELOW the state rate by 8.00%

**Chart 14**

- Total cases opened per year has DECREASED by 5.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

**Chart 15**

- Special Education enrollment continues to climb.
- Special Education enrollment has DECREASED by 153 (6.5%).
- Enrollment b/c of Emotional Disturbance DECREASED by 6.5%. 
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 14 (4.79%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

FY getting 1+ services DECREASED by 7 (11.11%).

FY getting 5+ services DECREASED by 1 (2.50%).

The County’s penetration rate INCREASED by 0.37%

The State’s penetration rate INCREASED by 1.37%
SISKIYOU COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

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

- Yearly MHSA expenditures INCREASED by $1,893,685 (62.3%).
- Yearly MHSA revenue has INCREASED by $878,224 (28.5%).

Chart 7
Closing Balance of All MHSA Subaccounts

- For FY17-21, the County’s average Closing Balance of MHSA funds was $2,907,620.

Chart 8
Behavioral Health Subaccount Allocation (non-federal)

- The County’s Subaccount Allocation has INCREASED by $767,587 (41.5%).

Chart 9
Behavioral Health Subaccount Growth (non-federal)

- For FY18-21, the Subaccount Allocation INCREASED by $486,602 (329%).
- COVID funding for FY19-20 was bundled with FY20-21.

Statewide Takeaways

- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 5.70%.

• White children receiving SMHS has stayed the same while all other categories have declined.
• Some recipient numbers were masked by source.

• The County's HS graduation rate INCREASED by 6.90%
• It is BELOW the state rate by 3.30%

• Total cases opened per year has DECREASED by 43.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.
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 242 (15.85%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 0.32%

The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures INCREASED by $8,725,409 (46.9%).
• Yearly MHSA revenue has INCREASED by $4,531,009 (22.4%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $25,934,059.

For FY18-21, the Subaccount Allocation INCREASED by $10,313,662 (1348%).
The County’s Subaccount Allocation has INCREASED by $3,965,188 (27.5%).

For FY18-21, the Subaccount Allocation INCREASED by $10,313,662 (1348%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is BELOW the state rate by 4.9%.

The County's HS graduation rate INCREASED by 7.40%
It is BELOW the state rate by 1.60%

Total cases opened per year has DECREASED by 77.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 525 (6.9%).
Enrollment b/c of Emotional Disturbance INCREASED by 6.93%.
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 272 (20.81%).

The number of Foster Youth receiving SMHS has steadily decreased.
Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.
In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 0.28%
The State’s penetration rate INCREASED by 1.37%.
Yearly MHSA expenditures INCREASED by $11,037,386 (53.0%).
Yearly MHSA revenue has DECREASED by $7,493,725 (29.6%).

For FY21-22, the County’s average Closing Balance of MHSA funds was $10,023,473.

The County’s Subaccount Allocation has INCREASED by $3,510,460 (37.9%).

For FY18-21, the Subaccount Allocation INCREASED by $2,233,865 (298%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $72bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is BELOW the state rate by 7.0%.

The County’s HS graduation rate INCREASED by 7.20%
It is BELOW the state rate by 2.10%

Total cases opened per year has DECREASED by 184.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.

Special Education enrollment continues to climb.
Special Education enrollment has DECREASED by 38 (0.4%).
Enrollment b/c of Emotional Disturbance DECREASED by 0.4%.
STANISLAUS COUNTY
CHILDREN & YOUTH SERVICES DASHBOARD

Chart 1
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 1,070 (27.22%).

Chart 2
All Children and Youth Receiving 1+ and 5+ SMHS

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

Chart 3
Unique Foster Youth (FY) Receiving SMHS

- The number of Foster Youth receiving SMHS has steadily decreased.

Chart 4
Foster Youth (FY) Receiving 1+ and 5+ SMHS

- FY getting 1+ services DECREASED by 100 (18.12%).
- FY getting 5+ services DECREASED by 47 (14.07%).

Chart 5
Penetration Rate for All Children & Youth, Foster Youth Only, and State

- The County's penetration rate DECREASED by 0.81%
- The State's penetration rate INCREASED by 1.37%
STANISLAUS COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

Chart 6

Total MHSA Subaccount Revenues and Expenditures (non-federal)

- Yearly MHSA expenditures INCREASED by $11,154,484 (44.7%).
- Yearly MHSA revenue has INCREASED by $8,195,543 (35.9%).

Chart 7

Closing Balance of All MHSA Subaccounts

- For FY17-21, the County’s average Closing Balance of MHSA funds was $27,140,104.

Chart 8

Behavioral Health Subaccount Allocation (non-federal)

- The County’s Subaccount Allocation has INCREASED by $5,973,542 (38.1%).

Chart 9

Behavioral Health Subaccount Growth (non-federal)

- For FY18-21, the Subaccount Allocation INCREASED by $3,351,103 (271%).
- COVID funding for FY19-20 was bundled with FY20-21.

Statewide Takeaways

- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 2.20%.

• Some recipient numbers were masked by source.

• White children receiving SMHS has stayed the same while all other categories have declined.

• The County’s HS graduation rate INCREASED by 6.00%.
• It is ABOVE the state rate by 0.90%

• Total cases opened per year has DECREASED by 223.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.

• Special Education enrollment continues to climb.
• Special Education enrollment has INCREASED by 822 (6.1%).
• Enrollment b/c of Emotional Disturbance INCREASED by 6.07%.
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 167 (25.73%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

FY getting 1+ services DECREASED by 64 (60.38%).
FY getting 5+ services DECREASED by 44 (59.46%).

The County’s penetration rate DECREASED by 0.73%
The State’s penetration rate INCREASED by 1.37%.
**SUTTER COUNTY CHILDREN & YOUTH SERVICES DASHBOARD**

- Yearly MHSA expenditures INCREASED by $2,885,346 (29.0%).
- Yearly MHSA revenue has INCREASED by $6,207,153 (98.9%).
- Revenue increases have outpaced expenditure increases.

**Chart 6**

**Chart 7**

- For FY17-21, the County's average Closing Balance of MHSA funds was $12,866,717.

- The County's Subaccount Allocation has INCREASED by $2,420,265 (31.7%).

- For FY18-21, the Subaccount Allocation INCREASED by $1,389,325 (257%).
- COVID funding for FY19-20 was bundled with FY20-21.

**Chart 8**

**Chart 9**

- **Statewide Takeaways**
  - Medi-Cal enrollment is up by 30% due to both state and federal policy.
  - Children's utilization and acuity have risen sharply across the state.
  - Correspondingly, non-federal based revenues have increased.
  - However, for children in foster care, penetration and access rates are flat or declining.

- The Behavioral Health Subaccount has increased every year since 2020.
- Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• Federal COVID relief decreased childhood poverty rates, but ended in 2023.
• It is ABOVE the state rate by 2.20%

• Total cases opened per year has DECREASED by 30.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation-supervised cases increased sharply in FY22.

• White children receiving SMHS has stayed the same while all other categories have declined.
• Some recipient numbers were masked by source.

• The County’s HS graduation rate INCREASED by 1.90%
• It is ABOVE the state rate by 0.20%

• Special Education enrollment continues to climb.
• Special Education enrollment has INCREASED by 122 (4.6%).
• Enrollment b/c of Emotional Disturbance INCREASED by 4.64%. 


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SUTTER COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

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Chart 10

All Children and Youth Population Change by Race

- 2018
- 2019
- 2020
- 2021
- 2022

Asian/P.I.  Black  Hispanic  Multiracial  White

Chart 11

All Children and Youth Receiving SMHS by Race

- FY17-18
- FY18-19
- FY19-20
- FY20-21

Asian/P.I.  Black  Hispanic  Nat Amer  White  Other

Chart 12

Childhood Poverty Rate

- 2017
- 2018
- 2019
- 2020
- 2021

Poverty % - County  Poverty % - State

Chart 13

High School Graduation Rate vs State

- FY17-18
- FY18-19
- FY19-20
- FY20-21
- FY21-22

Grad. Rate - County  Grad. Rate - California

Chart 14

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

- FY18-19
- FY19-20
- FY20-21
- FY21-22

Child Welfare  Probation-Supervised

Chart 15

Special Education & Emotional Disturbance Enrollment

- 2017
- 2018
- 2019
- 2020

SpecEd Enrollment  EmoDist Enrollment
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 87 (20.67%).

The number of Foster Youth receiving SMHS has steadily decreased.

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The County’s penetration rate DECREASED by 0.60%
The State’s penetration rate INCREASED by 1.37%.
• Yearly MHSA expenditures DECREASED by $3,630,807 (100.0%).
• Yearly MHSA revenue has DECREASED by $3,706,183 (100.0%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $2,223,316.

The County’s Subaccount Allocation has INCREASED by $720,571 (36.4%).

For FY18-21, the Subaccount Allocation INCREASED by $436,425 (272%).
COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children's utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is ABOVE the state rate by 11.20%.

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

- The County’s HS graduation rate INCREASED by 5.20%
- It is ABOVE the state rate by 4.80%

- Total cases opened per year has INCREASED by 2.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 233 (17.2%).
- Enrollment b/c of Emotional Disturbance INCREASED by 17.17%. 
TRINITY COUNTY
CHILDREN & YOUTH SERVICES DASHBOARD

Chart 1

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 52 (36.11%).

Chart 2

All Children and Youth Receiving 1+ and 5+ SMHS

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

Chart 3

Unique Foster Youth (FY) Receiving SMHS

- The number of Foster Youth receiving SMHS has steadily decreased.

Chart 4

Foster Youth (FY) Receiving 1+ and 5+ SMHS

- FY getting 1+ services DECREASED by 3 (15.79%).
- FY getting 5+ services INCREASED by 4

Chart 5

Penetration Rate for All Children & Youth, Foster Youth Only, and State

- The County's penetration rate DECREASED by 2.56%
- The State's penetration rate INCREASED by 1.37%
TRINITY COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

**Chart 6**

Total MHSA Subaccount Revenues and Expenditures (non-federal)

- Yearly MHSA expenditures INCREASED by $566,198 (32.4%).
- Yearly MHSA revenue has DECREASED by $190,254 (16.6%).

**Chart 7**

Closing Balance of All MHSA Subaccounts

- For FY17-21, the County’s average Closing Balance of MHSA funds was $4,196,909.

**Chart 8**

Behavioral Health Subaccount Allocation (non-federal)

- The County’s Subaccount Allocation has INCREASED by $324,264 (39.0%).

**Chart 9**

Behavioral Health Subaccount Growth (non-federal)

- For FY18-21, the Subaccount Allocation INCREASED by $131,340 (283%).
- COVID funding for FY19-20 was bundled with FY20-21.

-**Statewide Takeaways**

  » Medi-Cal enrollment is up by 30% due to both state and federal policy.
  » Children’s utilization and acuity have risen sharply across the state.
  » Correspondingly, non-federal based revenues have increased.
  » However, for children in foster care, penetration and access rates are flat or declining.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

**Chart 12**

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is ABOVE the state rate by 7.20%.

**Chart 13**

- The County’s HS graduation rate INCREASED by 1.90%
- It is BELOW the state rate by 8.60%

**Chart 14**

- Total cases opened per year has DECREASED by 17.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

**Chart 15**

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 3 (1.5%).
- Enrollment b/c of Emotional Disturbance INCREASED by 1.47%.
TULARE COUNTY
CHILDREN & YOUTH SERVICES DASHBOARD

- 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 429 (6.62%).

The County's penetration rate DECREASED by 0.11%
- The number of Foster Youth receiving SMHS has steadily decreased.

- FY getting 1+ services DECREASED by 135 (22.96%).
- FY getting 5+ services DECREASED by 63 (15.40%).
- The State's penetration rate INCREASED by 1.37%.

- Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
- The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

- In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
- Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).
• Yearly MHSA expenditures INCREASED by $11,759,839 (50.9%).
• Yearly MHSA revenue has INCREASED by $1,395,442 (6.3%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $54,019,901.

• The County’s Subaccount Allocation has INCREASED by $6,841,805 (26.9%).

For FY18-21, the Subaccount Allocation INCREASED by $4,477,023 (321%).
• COVID funding for FY19-20 was bundled with FY20-21.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

Federal COVID relief decreased childhood poverty rates, but ended in 2023.
It is ABOVE the state rate by 14.50%.

The County's HS graduation rate INCREASED by 2.30%
It is ABOVE the state rate by 3.10%

Total cases opened per year has DECREASED by 155.
Probation data includes only children who received child welfare funded out-of-home care services.
Probation-supervised cases increased sharply in FY22.
TUOLUMNE COUNTY
CHILDREN & YOUTH SERVICES DASHBOARD

Chart 1

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 17 (7.08%).

Chart 2

All Children and Youth Receiving 1+ and 5+ SMHS

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

Chart 3

Unique Foster Youth (FY) Receiving SMHS

- The number of Foster Youth receiving SMHS has steadily decreased.

Chart 4

Foster Youth (FY) Receiving 1+ and 5+ SMHS

- FY getting 1+ services INCREASED by 4
- FY getting 5+ services DECREASED by 2 (6.06%).

Chart 5

Penetration Rate for All Children & Youth, Foster Youth Only, and State

- The County's penetration rate INCREASED by 0.16%
- The State's penetration rate INCREASED by 1.37%.

> Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.

> The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

> In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.

> Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).
• Yearly MHSA expenditures INCREASED by $1,384,884 (40.6%).
• Yearly MHSA revenue has DECREASED by $1,310,949 (31.6%).

For FY17-21, the County’s average Closing Balance of MHSA funds was $3,430,232.

The County’s Subaccount Allocation has INCREASED by $538,873 (44.9%).

For FY18-21, the Subaccount Allocation INCREASED by $330,338 (345%).
• COVID funding for FY19-20 was bundled with FY20-21.

The Behavioral Health Subaccount has increased every year since 2020.
Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
• Medi-Cal enrollment is up by 30% due to both state and federal policy.
• Children's utilization and acuity have risen sharply across the state.
• Correspondingly, non-federal based revenues have increased.
• However, for children in foster care, penetration and access rates are flat or declining.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Chart 12

Childhood Poverty Rate

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 4.5%.

Chart 14

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

- Total cases opened per year has DECREASED by 51.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

Chart 11

All Children and Youth Receiving SMHS by Race

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

Chart 13

High School Graduation Rate vs State

- The County's HS graduation rate INCREASED by 4.90%
- It is ABOVE the state rate by 2.70%

Chart 15

Special Education & Emotional Disturbance Enrollment

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 9 (1.1%).
- Enrollment b/c of Emotional Disturbance INCREASED by 1.07%.
• 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 191 (4.42%).

Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
• The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
• Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

The State's penetration rate INCREASED by 1.37%.
• The County's penetration rate INCREASED by 0.46%
• FY getting 1+ services DECREASED by 100 (15.31%).
• FY getting 5+ services DECREASED by 63 (12.60%).
VENTURA COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

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

- Yearly MHSA expenditures INCREASED by $18,558,415 (48.5%).
- Yearly MHSA revenue has DECREASED by $1,170,987 (3.6%).

Chart 7: Closing Balance of All MHSA Subaccounts

- For FY17-21, the County’s average Closing Balance of MHSA funds was $57,084,922.

Chart 8: Behavioral Health Subaccount Allocation (non-federal)

- The County’s Subaccount Allocation has INCREASED by $8,450,361 (43.1%).

Chart 9: Behavioral Health Subaccount Growth (non-federal)

- For FY18-21, the Subaccount Allocation INCREASED by $5,770,799 (388%).
- COVID funding for FY19-20 was bundled with FY20-21.

» The Behavioral Health Subaccount has increased every year since 2020.
» Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways

» Medi-Cal enrollment is up by 30% due to both state and federal policy.
» Children’s utilization and acuity have risen sharply across the state.
» Correspondingly, non-federal based revenues have increased.
» However, for children in foster care, penetration and access rates are flat or declining.
VENTURA COUNTY CHILDREN & YOUTH SERVICES DASHBOARD

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

- White children receiving SMHS has stayed the same while all other categories have declined.
- Some recipient numbers were masked by source.

Chart 12

Childhood Poverty Rate

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 6.6%.

Chart 13

High School Graduation Rate vs State

- The County's HS graduation rate INCREASED by 2.00%
- It is ABOVE the state rate by 3.10%

Chart 14

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

- Total cases opened per year has DECREASED by 145.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

Chart 15

Special Education & Emotional Disturbance Enrollment

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 1,810 (11.1%).
- Enrollment b/c of Emotional Disturbance INCREASED by 11.05%.
• 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 199 (30.62%).

The number of Foster Youth receiving SMHS has steadily decreased.

- Nearly 60% of CA’s children rely on Medi-Cal, a 30% increase over 6 years, but a smaller percentage are accessing care from county mental health plans.
- The number of foster youth in California has declined dramatically, which should make care more accessible, but this has not happened.

- In nearly every county, already low penetration for specialty mental health services continues to decline as the number of eligible children increases.
- Ongoing care (5 or more visits) rates consistently remain far lower than access (one unit of service).

• FY getting 1+ services INCREASED by 78
• FY getting 5+ services INCREASED by 44

• The County’s penetration rate INCREASED by 1.04%
• The State’s penetration rate INCREASED by 1.37%.
- Yearly MHSA expenditures INCREASED by $5,275,235 (52.2%).
- Yearly MHSA revenue has INCREASED by $2,412,581 (30.2%).

- For FY17-21, the County’s average Closing Balance of MHSA funds was $16,194,477.

- The County’s Subaccount Allocation has INCREASED by $1,810,515 (51.4%).

- For FY18-21, the Subaccount Allocation INCREASED by $1,119,760 (334%).
- COVID funding for FY19-20 was bundled with FY20-21.

- The Behavioral Health Subaccount has increased every year since 2020.
- Funding through all sources has gone up by nearly $720bn between FY 2017 and FY 2021.

Statewide Takeaways
- Medi-Cal enrollment is up by 30% due to both state and federal policy.
- Children’s utilization and acuity have risen sharply across the state.
- Correspondingly, non-federal based revenues have increased.
- However, for children in foster care, penetration and access rates are flat or declining.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- Federal COVID relief decreased childhood poverty rates, but ended in 2023.
- It is BELOW the state rate by 3.1%.

- The County's HS graduation rate INCREASED by 4.60%
- It is ABOVE the state rate by 3.90%

- Total cases opened per year has DECREASED by 178.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Probation-supervised cases increased sharply in FY22.

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 469 (12.7%).
- Enrollment b/c of Emotional Disturbance INCREASED by 12.70%.
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: All Unique Children and Youth Receiving Specialty Mental Health Services (SMHS)
This number shows the number of unique children and youth in the county receiving at least one encounter under the specialty mental health system. The penetration rate is that number divided by the total number of Medi-Cal eligible youth.


Chart 2: All Children and Youth Receiving 1+ and 5+ Specialty Mental Health Services (SMHS)
This chart displays the total number of children and youth in the county who received at least one SMHS during the year, and the number who received five or more SMHS' during the year.


Chart 3: Foster Youth Receiving Specialty Mental Health Services (SMHS)
This number shows the number of youth in the county receiving at least one encounter under the specialty mental health system. The penetration rate is that number divided by the total number of Medi-Cal eligible youth.


Chart 4: Foster Youth Receiving 1+ and 5+ Specialty Mental Health Services (SMHS)
This number shows the number of youth in the county receiving at least one encounter under the specialty mental health system. The penetration rate is that number divided by the total number of Medi-Cal eligible youth.


Chart 5: Penetration Rate for All Children & Youth, Foster Youth Only, and State
This chart displays the percentage of children and youth who received at least one service under the SMHS benefit as compared to the State levels.


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.

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 MHSOAC 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.

Fiscal Year 2020-21 Behavioral Health Subaccount Allocation Schedule: For FY 2020-21, the Department of Finance (DOF) used the same allocation schedule used in FY 2019-20 since there were no available funds from the FY 2019-20 Behavioral Health Services Growth Special Account. DOF did not develop an adjustment schedule for September and October since the allocation schedule remains the same for FY 2020-21. For more information read BHIN-21-006 found on The Department of Health Care Services website under Forms, Laws & Publications.


* Yuba County data is the total of Sutter and Yuba, per the MHSOAC 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.

Fiscal Year 2020-21 Behavioral Health Subaccount Allocation Schedule: For FY 2020-21, the Department of Finance (DOF) used the same allocation schedule used in FY 2019-20 since there were no available funds from the FY 2019-20 Behavioral Health Services Growth Special Account. DOF did not develop an adjustment schedule for September and October since the allocation schedule remains the same for FY 2020-21. For more information read BHIN-21-006 found on The Department of Health Care Services website under Forms, Laws & Publications.


**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 0 to 20 years old.


**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.


**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 Emotional Disturbance diagnosis as a percentage of all students in Special Education.

Appendix B: Glossary of Terms and Acronyms

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.

FY - Fiscal Year
California State government operates on a fiscal year running from July 1st to June 30th.

Penetration Rate
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.

Engagement Rate
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.

1+ Specialty Mental Health Service (SMHS)
Children and Youth receiving 1 or more SMHS in a fiscal year, as established in Medicaid claims data.

5+ Specialty Mental Health Service (SMHS)
Children and Youth receiving 5 or more SMHS in a fiscal year, as established in Medicaid claims data.

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

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.

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.

Special Education

Special education services were provided to 813,528 individuals, newborn through twenty-two years of age, in 2022–23. California provides specially designed instruction, at no cost to parents, to meet the unique needs of children with disabilities. The primary disability categories are:

- Intellectual Disability
- Hard of Hearing
- Deaf/Hearing impairment
- Speech or Language Impairment
- Visual Impairment
- Emotional Disturbance
- Orthopedic Impairment
- Other Health Impairment
- Established Medical Disability
- Specific Learning Disability
- Deaf-Blindness
- Multiple Disabilities
- Autism
- Traumatic Brain Injury

Source: [https://www.cde.ca.gov/ta/tg/ca/disablecodes.asp](https://www.cde.ca.gov/ta/tg/ca/disablecodes.asp)

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, that adversely affects educational performance: (A) An inability to learn which cannot be explained by intellectual, sensory, or health factors; (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (C) Inappropriate types of behavior or feeling under normal circumstances; (D) A general pervasive mood of unhappiness or depression; or (E) A tendency to develop physical symptoms or fears associated with personal or school problems. The term (ED) includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Asterisk (*)

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