



## WHO ARE THE YOUTH (AND VULNERABLE YOUTH) IN CALIFORNIA?

### SNAPSHOT OF CALIFORNIA YOUTH

#### ALL YOUTH\* (2021)

- Youth in California: 9 million
- Hispanic or Latino: 50%
- 1+ foreign-born parent: 47%
- Enrolled in Medi-Cal/CHIP\*\*: 6M

\* This section includes data on children and youth under 18 years old

\*\* Medi-Cal: California's version of the national health care program Medicaid- geared for those impoverished CHIP: Children's Health Insurance program which expands health coverage for youth with low to moderate incomes (up to 322% of the federal poverty level)

#### YOUTH DEMOGRAPHICS (2021)

##### BY SEX

- Female: 49%
- Male: 51%
- Male youth slightly outnumber female youth

##### BY RACE/ETHNICITY

- Asian: 11%
- Black: 5%
- Hispanic/Latino: 49%
- Multiracial: 4.4%
- Native American: 0.4%
- Native Hawaiian/Pacific Islander: 0.3%
- White: 30%
- Hispanic or Latino make up nearly 50% of 0-17 youth in California

##### BY AGE

- Ages 0 to 2: 15%
- Ages 3 to 5: 16%
- Ages 6 to 10: 28%
- Ages 11 to 13: 17%
- Ages 14 to 17: 24%
- Youth ages 6 to 10 constitute largest share of 0 to 17 in California

#### IMPOVERISHED YOUTH (2021) \*

- Children live in poverty: 9%
- Barriers to nutritious food: 24%
- Housing cost burdened: 40%
- Employment insecure: 32%

\* Section includes data on children and youth under 18 years old living in poverty according to the California Poverty Measure (CPM)- caution should be taken when comparing to 2017-2019 and earlier due to methodology changes

#### IMPOVERISHED YOUTH DEMOGRAPHICS\* (2021)

\* Section includes data on children and youth under 18 years old living in poverty according to the California Poverty Measure (CPM)- caution should be taken when comparing to 2017-2019 and earlier due to methodology changes

##### BY RACE/ETHNICITY

- Black: 9%
- Asian: 8%
- Hispanic/Latino: 11%
- White: 6%



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- Other: 6%
- Among Hispanic/Latino youth in families, over 11% live in poverty

## BY FAMILY EDUCATION LEVEL

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- Did not finish high school: 16%
- High school diploma: 10%
- Some college: 7%
- At least 4-year degree: 5%
- Of children in families where eldest member did not finish high school, 16% live in poverty

## BY FAMILY TYPE

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- Married: 7%
- Unmarried couple: 9%
- Single parent: 19%
- Of children in single-parent families, nearly 1 in 5 live in poverty

## BY FAMILY EMPLOYMENT STATUS

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- Not in labor force: 20%
- Full-Time/Full-Year: 4%
- Full-time/Part-Year: 10%
- Part-time: 13%
- Unemployed: 21%
- Of children in families where eldest member is unemployed, over 1 in 5 live in poverty

## BY CITIZENSHIP STATUS

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- Citizen: 7%
- Non-citizen: 16%
- Of children in families where eldest member is not a citizen, nearly 16% live in poverty

## CALIFORNIA’S CHILD WELFARE AND JUVENILE JUSTICE YOUTH

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### YOUTH IN THE CHILD WELFARE AND PROBATION SYSTEMS (2022) \*

\* Section includes data on children and youth in child-supervised welfare under 21 years of age

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#### CHILD WELFARE STATISTICS

- Children 0-20 in foster care: 53K
- Children 0-20 placed through probation: 3%
- Rate of placement moves per 1,000 care days\*: 4
- Children in non-relative placements: 50-70%
- In congregate care as predominant placement: 3%

\* Data point includes children and youth under 18 years old and excludes youth supervised by the probation department

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### ALL YOUTH V. CHILD WELFARE/PROBATION SUPERVISED YOUTH: IN CARE BY RACE/ETHNICITY (POINT-IN-TIME)

#### BLACK

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- 0-20 Population: 6%
- Child Welfare: 21%
- Probation: 29%

#### WHITE:

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- 0-20 Population: 32%
- Child Welfare: 21%
- Probation: 20%

#### HISPANIC/LATINO

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- 0-20 Population: 50%



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- Child Welfare: 55%
- Probation: 49%

## ASIAN/PACIFIC ISLANDER:

- 0-20 Population: 12%
- Child Welfare: 2%
- Probation: 2%

## NATIVE AMERICAN:

- 0-20 Population: 0.4%
- Child Welfare: 1%
- Probation: 1%

## RACIAL/ETHNIC DISPARITIES\*

- Black, Hispanic or Latino and Native American youth continue to be overrepresented among children in foster care
- Compared with White youth:
  - Black youth are 5 times as likely to be in foster care
  - Native American youth are 5 times as likely to be in foster care
  - Hispanic or Latino youth are 61% more likely to be in foster care

\* Chart includes data on children and youth under 21 years of age and excludes youth supervised by the probation department

## YOUTH IN THE JUVENILE JUSTICE SYSTEM (2022) \*

### JUVENILE JUSTICE STATISTICS

- Juvenile Arrests: 26K
- Felony offenses: 46%
- Probation referrals: 63%
- Petitions filed: 48%
- Juveniles detained: 28%
- Petitions to wardship: 51%

\* Section includes data on children and youth under 25 years of age, except for arrests data (includes data on children and youth under 18 years of age)

## ALL YOUTH V. JUVENILE JUSTICE YOUTH: JUSTICE SYSTEM INDICATORS BY RACE/ETHNICITY

- Disproportionate share of youth involved in the justice system is Hispanic or Latino and Black

## 0-17 POPULATION VS. ARRESTS

### WHITE

- Population: 30%
- Arrests: 18%

### HISPANIC/LATINO

- Population: 48%
- Arrests: 55%

### BLACK

- Population: 5%
- Arrests: 20%

### OTHER

- Population: 16%
- Arrests: 6%

## 0-25 POPULATION VS. REFERRALS AND PETITIONS FILED

### WHITE

- Population: 30%



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- Referrals: 18%
- Petitions: 16%

## HISPANIC/LATINO

- Population: 48%
- Referrals: 56%
- Petitions: 57%

## BLACK

- Population: 6%
- Referrals: 18%
- Petitions: 21%

## OTHER

- Population: 16%
- Referrals: 8%
- Petitions: 7%

## RACIAL/ETHNIC DISPARITIES (2020)

- Black and Hispanic or Latino juveniles most likely to:
  - Have a petition filed on them
  - Become wards of the state
  - Be detained in a secure facility
- White juveniles most likely to:
  - Be counseled and released
  - Have case closed at intake
  - Receive informal probation

## SOURCES

California Child Welfare Indicators Project  
 California Department of Justice  
 Kidsdata.org (Population Reference Bureau)  
 National Survey of Children’s Health  
 The Annie E. Casey Foundation (Kids Count Data Center)

## WHAT ARE THE NEEDS OF YOUTH IN CALIFORNIA?

### MENTAL ILLNESS AMONG CALIFORNIA CHILDREN AND YOUTH

- 50% of lifetime cases of mental illness begin by age 14
- 75% of lifetime cases of mental illness begin by age 24
- 19% of children have mental, emotional, developmental, or behavioral conditions\*
- 15% of youth had a depressive episode in the past year\*\*
- 3<sup>RD</sup> leading cause of death for youth 10 to 24 is suicide\*\*\*

\* Includes children and youth ages 3 to 17 years old who have 1+ mental, emotional, developmental or behavioral conditions and/or qualify on CSHCN Screener emotional, behavioral or developmental criteria: 2020-2021

\*\* Includes data on children and youth ages 12 to 17 years old: 2022

\*\*\* Higher rates were found among male youth, and most common mechanism for suicide was use of firearms: 2020

## CALIFORNIA YOUTH: SOCIAL DETERMINANTS OF HEALTH

### 2020-2021 NATIONAL SURVEY OF CHILDREN’S HEALTH

#### FAMILY DEMOGRAPHICS



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- Compared to their peers nationwide, California youth are more likely to be from immigrant families, where English is not the primary language and parental education is below the high school level
- Any parent is foreign-born:
  - California: 47%
  - Nationwide: 26%
- Single-parent household:
  - Nationwide: 24%
  - California: 24%
- Primary household language- not English:
  - California: 30%
  - Nationwide: 15%
- Parental Education- Below High School:
  - California: 16%
  - Nationwide: 10%

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## FAMILY ECONOMICS

- Children in working poor households\*: 13%
- Received food or cash assistance in past year\*\*: 45%
- Could not always afford nutritious food: 24%
- Health insurance not adequate to meet needs: 22%

\* Household with income less than 100% of the federal poverty level with at least one caregiver employed full- or part-time

\*\* Even for a month-long period

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## FAMILY DYNAMICS AND SAFETY

- Adverse experiences in childhood can have a crucial influence on the future well-being of youth and whether they develop long-term mental health needs
- Had 1 or more adverse childhood experiences: 34%
- Adverse childhood experiences by type:
  - Some difficulty covering basic necessities: 11%
  - Parent/guardian divorced or separated: 20%
  - Parent/Guardian served jail time: 5%
  - Domestic violence exposure: 4%
  - Neighborhood violence exposure: 4%
  - Lived with mentally ill person: 7%
  - Lived with alcohol/drug addict: 8%
  - Racial/ethnic discrimination: 5%

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## EMOTIONAL AND MENTAL HEALTH

- Mother's overall health not excellent or good: 41%
- Father's overall health not excellent or good: 35%

## CALIFORNIA YOUTH: MENTAL HEALTH NEEDS CALIFORNIA YOUTH: MENTAL HEALTH NEEDS

### CHILDREN IN PUBLIC SCHOOLS

- K-12 students: 56%
  - Eligible for free/reduced school lunch
  - English language learners
  - In the foster care system
- Students who are homeless: 172K
- Students who dropped out of school: 39K
- Chronic absenteeism rate: 30%
- Unprepared for UC/CSU system: 49%



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

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## CHILDREN WITH SPECIAL HEALTH CARE NEEDS(CHCN) (2020-2021) \*

- Children with special health care needs (CSHCN): 1.4M
- Have ongoing emotional, developmental, and/or behavioral needs: 57%

\* CSHCN are at an increased risk for chronic health conditions and require care beyond those required by children generally

## HOMELESS & UNACCOMPANIED YOUTH (2021) \*

- Roughly 36% of all Californians experiencing homelessness are youth
- Roughly 35% of homeless youth are unsheltered
- More than 1 in 3 unaccompanied homeless youth in the U.S. are in California

\* Includes Homeless Management Information System (MHIS) data on homeless youth 24 years and under and U.S. Department of Housing and Urban Development point-in-time data on unaccompanied youth 25 years and under

## JUVENILE JUSTICE YOUTH (2022)

- Over 75% experienced childhood trauma before and are further traumatized by incarceration
- Up to 75% of youth in the juvenile court system have a diagnosable mental health condition

## FOSTER YOUTH (2022)

- Foster youth are 4 times more likely to have a mental health condition than general youth
- Have 4 or more adverse childhood experiences: 48%
- Under age 5 have developmental health issues: 60%
- Experience 3 or more placements\*: 37%

\* Includes youth in foster care for 24 months or longer

## SOURCES

California Department of Education  
 California Homeless Youth Project  
 Centers for Disease Control and Prevention  
 California Department of Health  
 Children Now  
 Mental Health America  
 National Alliance on Mental Illness  
 National Survey of Children’s Health  
 Office of Juvenile Justice and Delinquency Prevention  
 The Annie E. Casey Foundation (Kids Count Data Center)

## HOW DO MOST CALIFORNIA YOUTH RECEIVE PHYSICAL AND MENTAL HEALTH SERVICES? PART I

### CALIFORNIA’S MEDICAID: MEDI-CAL & CHIP

#### WHAT IS MEDI-CAL?

- California’s version of the national health care program *Medicaid*
- Entitles youth 21 and under to medically necessary care, including preventive, physical, medical, and dental services
- Free for households with incomes up to 266% of the federal poverty line (FPL)\*
- Beneficiaries receive services either through managed care or fee-for-service

\* If income exceeds this threshold when qualified, a share of cost plan is created where household pays a certain amount before Medi-Cal starts to pay



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

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## WHAT IS CHIP?

- Stands for *Children's Health Insurance Program (CHIP)* and is part of the Medi-Cal program
- Expands health care coverage to youth 19 and under with incomes above Medi-Cal thresholds
- California has both a CHIP within its Medi-Cal program and a stand-alone CHIP
- Beneficiaries receive services either through managed care or fee-for-service\*

\* Children enrolled in Presumptive Eligibility receive fee-for-service Medi-Cal until they have finalized their enrollment

## ELIGIBILITY FOR MEDI-CAL & CHIP (INCOME THRESHOLDS)\*

- General youth\*\*:
  - Age: 0 to 1
    - Medi-Cal: 233% of FPL
    - CHIP: 322% of FPL
  - Age: 2 to 5
    - Medi-Cal: 142% of FPL
    - CHIP: 266% of FPL
  - Age: 6 to 18
    - Medi-Cal: 133% of FPL
    - CHIP: 266% of FPL
  - Age: 19-25
    - Medi-Cal: 138% of FPL
    - CHIP: N/A
- Current/former foster youth:
  - Age: 0 to 26
  - Income threshold: None
  - Current/former foster youth are automatically enrolled in Medi-Cal, regardless of income
- Juvenile justice youth:
  - Age: 10 to 17
  - Youth in juvenile detention facilities have Medi-Cal benefits suspended (but not terminated) until release
- Undocumented youth:
  - Age: 0 to 25
  - Children and youth 25 and under who meet income thresholds are covered by Medi-Cal regardless of immigration status

\* Eligibility thresholds for Medi-Cal and CHIP are based on household income levels as a percentage of the federal poverty level (children up to age 19 are eligible if annual household income was below 266% of FPL)

\*\*In three counties (San Mateo, Santa Clara and San Francisco), separate CHIP programs cover youth up to 19 up to 322% of the federal poverty level

## MEDI-CAL & CHIP: ENROLLMENT, PATHWAYS, AND DELIVERY SYSTEMS (03/2023)

### ENROLLMENT (MONTHLY)

- 5.8 million youth enrolled in Medi-Cal
- 1.3 million enrolled through CHIP

### PATHWAYS TO MEDI-CAL/CHIP AND DELIVERY SYSTEMS

#### WHICH PATHWAYS DO YOUTH BECOME ELIGIBLE FOR MEDI-CAL?

- Majority of youth are eligible via an income pathway



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- Income Pathway- Adult: 42%
- Income Pathway- Child: 19%
- Non-income Pathway- Adult: 15%
- CHIP: 8%
- Limited-scope Medi-Cal/State-Only\*: 10%
- Non-income Pathway- Child: 6%

\* Department of Health Care Services does not report to CMS total enrollment in limited scope Medi-Cal or state-only funded programs (includes children and youth 25 and under and adults 50 and older regardless of immigration status)

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## WHICH SYSTEMS DOES MEDI-CAL USE TO DELIVER SERVICES TO YOUTH?

- Overwhelming majority of youth receive services via managed care
- Fee-for-Service: 7%
- Managed Care: 93%

## CALIFORNIA MEDI-CAL FOR KIDS & TEENS (RENAMED IN 2023)

### WHAT IS THE MEDI-CAL FOR KIDS & TEENS BENEFIT?

- Refers to the federal *Early Periodic Screening Diagnostic Treatment (EPSDT)* benefit
- As of 2023, California refers to EPSDT as *Medi-Cal for Kids & Teens*
- Entitles Medi-Cal and CHIP youth 21 and under to preventive health care and mental health services:
  - screenings and immunizations
  - physician & hospital visits
  - vision, hearing & dental care
  - physical, speech & occupational therapies
  - home therapy services
  - mental health & substance abuse treatment

## MEDI-CAL MENTAL HEALTH SERVICES

### TYPES OF MENTAL HEALTH SERVICES

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#### SPECIALTY MENTAL HEALTH (SMHS)

- Intensive care coordination
- Intensive home-based services
- Therapeutic behavioral services
- Therapeutic foster care

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#### NON-SPECIALTY MENTAL HEALTH SERVICES (NSMHS)

- Individual, group, and family therapy
- Dyadic services
- Medication support
- Crisis services
- Psychiatric health facilities services
- Psychiatric inpatient hospital services
- Targeted case management
- Peer support services
- Psychiatrist Services
- Psychologist services
- Psychiatric nursing facility services





# STATEWIDE MENTAL HEALTH YOUTH SERVICES

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## PROCESS OF RECEIVING MENTAL HEALTH SERVICES

### WHAT DETERMINES WHICH TYPE OF MENTAL HEALTH SERVICES YOUTH RECEIVE?

- County Mental Health Plan (MHP) conducts assessment of youth's condition to determine appropriate type of mental health services
- If EPSDT medical necessity criteria is met:
  - County Mental Health Plan (MHP) provides SMHS
- If EPSDT medical necessity criteria is NOT met:
  - Managed Care Plan (MCP) provides NSMHS
  - Fee-For-Service (FFS) provides NSMHS

### MEDICALLY NECESSARY CRITERIA\*

#### YOUTH HAS ONE OF THE FOLLOWING:

- High risk in trauma screening tool
- Involved in the child welfare system
- Involved in the juvenile justice system
- Experiencing homelessness

#### OR

1. At least one:
  - Significant impairment
  - Reasonable probability of significant deterioration in an important area of life functioning
  - A reasonable probability of not progressing developmentally
  - A need for SMHS not included within the Medi-Cal managed care plan mental health benefits
2. And:
  - Diagnosed mental health disorder
  - Suspected mental health disorder
  - Significant trauma placing youth at risk for future mental health condition

\* County Mental Health Plans (MHP) are tasked with ensuring all youth receive mental health services, regardless of whether they meet the EPSDT medical necessity criteria

## SOURCES

California Department of Health Care Services  
California Health Care Foundation  
Centers for Medicare and Medicaid Services  
National Center for Youth Law

## HOW DO MOST CALIFORNIA YOUTH RECEIVE PHYSICAL AND MENTAL HEALTH SERVICES? PART II

### SNAPSHOT OF MEDI-CAL YOUTH ENROLLEES

#### ALL YOUTH ENROLLEES (3/2023)

- By Count
  - 6 million 0-20 enrolled in Medi-Cal
- By Age:
  - 0 to 2: 12%
  - 3 to 5: 13%
  - 6 to 11: 29%
  - 12 to 17: 31%
  - 18 to 20: 14%



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

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- Majority of youth enrollees are between 6 and 17
- By Race/Ethnicity:
  - Hispanic/Latino: 59%
  - White: 13%
  - Not Reported: 10%
  - Other: 8%
  - Black: 7%
  - Chinese: 1%
  - Vietnamese: 1%
  - Nearly 60% of youth enrollees are Hispanic or Latino
- By Written Language (Top 10):
  - English: 66.81%
  - Spanish: 29.26%
  - Unknown: 1.99%
  - Vietnamese: 0.62%
  - Cantonese: 0.36%
  - Russian: 0.33%
  - Mandarin: 0.20%
  - Arabic: 0.17%
  - Farsi: 0.13%
  - Other Chinese: 0.12%
  - Spanish is the second most used language among youth enrollees and their families

## YOUTH ENROLLEES BY SUBGROUP

- All Youth:
  - 0-18 in state enrolled in Medi-Cal (2022): 43%
  - 0-20 share of all Medi-Cal enrollees (5/2023): 37%
- Impoverished:
  - 0-18 living below FPL on Medi-Cal (2022)\*: 81%
- Foster Care:
  - Eligible for Medi-Cal\*\*: 100%
  - 0-20 enrolled monthly in Medi-Cal\*\*\*: 76K
- Juvenile Justice:
  - Covered by Medi-Cal/CHIP (2015-2019) \*\*\*\*: 60%

\* FPL stands for the Census Bureau's federal poverty level

\*\* Children and youth who receive federal foster care benefits are automatically eligible for Medi-Cal

\*\*\*Data point does not include all who fall under the Adoption/Foster Care aide category (just those in foster care)

\*\*\*\* Data point includes children and youth 12 to 17 years old nationwide who stayed overnight in jail/detention in past year (2015-2019 NSDUH)

## MEDI-CAL FOR KIDS AND TEENS: USE OF SERVICES

- *Medi-Cal for Kids and Teens* guarantees youth 21 and under with screening services, corrective treatment, and dental services
- Annual EPSDT Reporting Data\* (as of 2021):
  - Eligible for services for 90 continuous days: 96%
  - 0-20 eligible under CHIP expansion: 26%
  - Receiving services via managed care: 91%
  - Eligibles receiving initial or periodic screenings: 45%
  - Eligibles receiving preventive dental or oral health services: 40%

\* As of 2023, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit enacted to Federal law in 1967 is referred to as Medi-Cal for Kids and Teens in California

## MEDI-CAL FOR KIDS AND TEENS: USE OF SPECIALTY MENTAL HEALTH SERVICES (SMHS)

### WHAT ARE SPECIALTY MENTAL HEALTH SERVICES (SMHS)?



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

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- Mental health services delivered through county mental health plans
- Available to youth under 21 who meet the medical necessary criteria\* for “specialty” mental health services
- Specialty Mental Health Services (SMHS) include:
  - Intensive care coordination (ICC)
  - Intensive home-based services (IHBS)
  - Therapeutic behavioral services (TBS)
  - Psychotropic medication evaluation
  - Individual group and family therapy
  - Crisis counselling and stabilization
  - Special day programs
- 246K youth 0-20 receiving specialty metal health services (SMHS)

\* See Infographic 3 for more information about up-to-date specialty mental health services (SMHS) medical necessity criteria

## SMHS BENEFICIARIES (2022)

- By Count:
  - 2019:
    - 1+ visits: 271K
    - 5+ visits: 200K
  - 2020:
    - 1+ visits: 260K
    - 5+ visits: 197K
  - 2021:
    - 1+ visits: 246K
    - 5+ visits: 187K
  - 2022:
    - 1+ visits: 246K
    - 5+ visits: 181K
- By Age:
  - Ages 0 to 2: 3%
  - Ages 3 to 5: 6%
  - Ages 6 to 11: 28%
  - Ages 12 to 17: 49%
  - Ages 18 to 20: 14%
- By Race/Ethnicity:
  - Hispanic/Latino: 59%
  - White: 15%
  - Unknown: 8%
  - Other: 8%
  - Black: 7%
  - Asian/Pacific Islander: 5%
  - Native American: 0.4%
- By Mental Health Diagnoses (2021):
  - Reaction to severe stress & adjustment disorders: 23%
  - Major depressive disorder, single episode: 14%
  - Other anxiety disorders: 13%
  - Attention-deficit hyperactivity disorders: 11%
  - Other diagnosis: 11%
  - Major depressive disorder, recurrent: 10%
  - Conduct disorders: 7%
  - Persistent mood [affective] disorders: 7%
  - Unspecified mood [affective] disorder: 2%
  - Emotional disorders with onset specific to childhood: 2%



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- Bipolar disorder: 1%
  - Pervasive developmental disorders: 0.1%
- By SMHS Services Used (Top 10) (2021):
  - Mental Health Services: 47%
  - Targeted case management: 17.9%
  - Medication support services: 14.2%
  - Intensive care coordination: 6.7%
  - Crisis intervention: 4%
  - Intensive home-based services: 3.7%
  - Inpatient services: 2.5%
  - Crisis stabilization: 2%
  - Therapeutic behavioral services: 1.4%
  - Hospital Inpatient Services: 0.3%

## SOURCES

California Department of Health Care Services  
 California Health Care Foundation  
 Centers for Medicare & Medicaid Services  
 Kaiser Family Foundation  
 Medicaid and CHIP Payment and Access Commission

## ARE CALIFORNIA YOUTH UTILIZING THE PHYSICAL AND MENTAL HEALTH CARE ENTITLED TO THEM? PART I

### HEALTH CARE SYSTEM AND HEALTH INDICATORS: YOUTH IN GENERAL AND MEDICAL YOUTH

#### NATIONAL SURVEY OF CHILDREN’S HEALTH (2020-2021)

- Insurance does not always meet overall health care needs:
  - CA: 30%
  - U.S.: 33%
- Insurance does not always meet mental health needs:
  - CA: 36%
  - U.S.: 39%
- Insurance does not always allow seeing needed providers:
  - CA: 24%
  - U.S.: 23%
- Difficulty obtaining mental health treatment/counseling:
  - CA: 46%
  - U.S.: 47%
- Difficulty getting referrals when needed:
  - CA: 24%
  - U.S.: 21%
- Did not receive effective care coordination when needed:
  - CA: 35%
  - U.S.: 30%
- Doctors did not always discuss range of treatment options:
  - CA: 34%
  - U.S.: 32%
- Did not receive services for transition to adult care
  - CA: 87%
  - U.S.: 83%
- Almost 50% of families reported difficulty obtaining mental health care



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

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- Almost a third did not receive help coordinating child's care with multiple providers
- Majority report that child did not receive services for transitioning to adult care

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## DISPARITIES IDENTIFIED FOR KEY HEALTH INDICATORS (2021)\*

- Native American:
  - Child and Adolescent Well-Care Visits
  - Child Immunization Status
  - Immunizations for Adolescents
  - Counseling for Nutrition
  - Counseling for Physical Activity
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
  - ADHD Medication Follow-Up
- Asian:
  - Well-Child Visits (0-15 months)
  - ADHD Medication Follow-Up
- Black:
  - Child and Adolescent Well-Care Visits
  - Child Immunization Status
  - Immunizations for Adolescents
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
  - ADHD Medication Follow-Up
- Hispanic/Latino:
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
  - ADHD Medication Follow-Up
- Native Hawaiian/Pacific Islander:
  - Child and Adolescent Well-Care Visits
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
- Other:
  - Immunizations for Adolescents
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
  - ADHD Medication Follow-Up
- White:
  - Child and Adolescent Well-Care Visits
  - Child Immunization Status
  - Immunizations for Adolescents
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
  - ADHD Medication Follow-Up
- All racial groups faced disparity in early well-child visits (0-15 months)
- All racial groups except Asian youth faced disparity in developmental screenings
- All racial groups except Asian youth faced disparity in well-child visits (15-30 months)

\* Child and adolescent well-care visits and well-child visits are new indicators for 2021



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

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## CALIFORNIA HEALTH INTERVIEW SURVEY (2022)

- No usual place to go when sick:
  - Medi-Cal: 17%
  - Non-Medi-Cal: 12%
- No doctor visits in past year:
  - Medi-Cal: 13%
  - Non-Medi-Cal: 11%
- Had to forego needed care:
  - Medi-Cal: 59%
  - Non-Medi-Cal: 46%
- Delayed/foregone care due to provider issues:
  - Medi-Cal: 23%
  - Non-Medi-Cal: 20%
- Providers did not ask about child's development:
  - Medi-Cal: 38%
  - Non-Medi-Cal: 32%
- Almost 20% of families on Medi-Cal reported no doctor visits on the past year
- Over 50% on Medi-Cal reported having to forego needed medical care
- Almost 40% on Medi-Cal not asked about concern for child's development by provider

## MENTAL ILLNESS & ACCESS TO CARE: CA VS. U.S. YOUTH RANKING (2022)

- Indicator:
  - At least 1 major depressive episode (MDE) in past year:
    - CA Youth: 15%
    - U.S. Youth: 15%
    - CA Rank: 23 (worsening from 2021)
  - With MDE who did not receive mental health services:
    - CA Youth: 65%
    - U.S. Youth: 60%
    - CA Rank: 38 (improvement from 2021)
  - With severe MDE and received treatment (7-25 visits/year):
    - CA Youth: 26%
    - U.S. Youth: 27%
    - CA Rank: 30 (improvement from 2021)
  - Identified with emotional disturbance for an IEP\*:
    - CA Youth: 5%
    - U.S. Youth: 8%
    - CA Rank: 43 (improvement from 2021)
  - Have private insurance not covering mental/emotional condition:
    - CA Youth: 8%
    - U.S. Youth: 8%
    - CA Rank: 33 (worsening from 2021)
  - Mental Health Workforce:
    - CA Youth: 270:1
    - CA Rank: 12 (worsening from 2021)
- Youth (12-17) in California experiencing major depression increased between 2021 and 2022
- Roughly 65% of youth with major depression did not receive mental health treatment
- California's ranking in addressing youth mental health access improved from 2021

\*IEP stands for individualized education program

## MEDI-CAL/CHIP YOUTH: PERFORMANCE IN HEALTH CARE QUALITY MEASURES

### PRIMARY AND PREVENTIVE CARE (2022)



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

Updated 11/2023

- California youth perform than the median for well-child visits, developmental screenings, and dental care
- Less than half of youth received their complete set of immunizations or appropriate dental evaluation

## CALIFORNIA VS. OTHER STATES: % OF MED-CAL ENROLLEES

### WELL-CHILD VISITS

- 6 or More (0 to 15 months):
  - California: 37%
  - Median: 58%
- 2 or More (15 to 30 months):
  - California: 62%
  - Median: 65%

### WELL-CARE VISITS

- 1 or More (0 to 15 months):
  - California: 59%
  - Median: 54%
- 1 or More (12 to 17):
  - California: 55%
  - Median: 49%
- 1 or More (18 to 21):
  - California: 37%
  - Median: 23%

### SCREENINGS

- Chlamydia (Ages 16 to 20):
  - California: 60%
  - Median: 47%
- Developmental Delays (Ages 0 to 3)\*:
  - California: 30%
  - Median: 35%

\*Includes developmental, behavioral, & social delays using standardized screening tool

### IMMUNIZATIONS\*

- Up to date (By Age 2):
  - California: 35%
  - Median: 33%
- HPV Vaccine (By Age 13)\*:
  - California: 41%
  - Median: 35%

\*Up to date immunizations include completion of Combination 10 (DTAP, IPV, MMR, HIB, Hepatitis B, VZV, PCV, Hep A, RV, and Influenza) and HPV refers to the Human Papillomavirus vaccine

### DENTAL HEALTH

- Comprehensive/Periodic Oral Evaluation (Ages 0 to 20):
  - California: 37%
  - Median: 43%

### BEHAVIORAL AND MENTAL HEALTH SERVICES (2022)

- 25% of youth still do not receive a follow-up within a month of being discharged from the emergency room for a mental health matter
- Less than half of youth on antipsychotics receive metabolic monitoring and about 30% of new users do not receive psychosocial care

## CALIFORNIA VS. OTHER STATES: % OF MED-CAL ENROLLEES

### ED VISITS FOR MENTAL ILLNESS OR INTENTIONAL SELF-HARM WITH FOLLOW-UP

- Follow-up within 7 days (Ages 6 to 17):
  - California: 63%



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

Updated 11/2023

- Median: 55%
- Follow-up within 30 days (Ages 6 to 17):
  - California: 75%
  - Median: 73%

## NEWLY PRESCRIBED ADHD MEDICATION WITH FOLLOW-UP

- Within 30 Days (1) (Ages 6 to 12):
  - California: 49%
  - Median: 43%
- Within 9 Months (2+) (Ages 6 to 12):
  - California: 60%
  - Median: 54%

## METABOLIC MONITORING FOR YOUTH ON ANTIPSYCHOTICS

- Blood Glucose and Cholesterol Testing (Ages 1 to 17):
  - California: 42%
  - Median: 33%

## NEW TO ANTIPSYCHOTICS WITH PSYCHOSOCIAL CARE

- Documented as First-Line Treatment (Ages 1 to 17):
  - California: 71%
  - Median: 63%

## SOURCES

California Department of Health Care Services  
 California Health Interview Survey  
 Centers for Medicare & Medicaid Services  
 Mental Health America  
 National Survey of Children’s Health

## ARE CALIFORNIA YOUTH UTILIZING THE PHYSICAL AND MENTAL HEALTH CARE ENTITLED TO THEM? PART II

### MEDI-CAL/CHIP MENTAL HEALTH SERVICES: ALL YOUTH UTILIZATION

#### SPECIALTY MENTAL HEALTH SERVICES (SMHS) \* (2022)

- 6 million 0-20 Medi-Cal eligibles
- 246K receiving SMHS
- Penetration (at least 1 visit)\*\*: 4%
- Engagement (at least 5 visits)\*\*\*: 3%

\* Data includes Medi-Cal eligible beneficiaries 21 years and under who meet the medical necessity criteria for receiving “specialty” mental health services and receive them through county mental health programs

\*\* Penetration rate is calculated by taking total youth who received 1+ SMHS visits divided by total Medi-Cal eligible youth for that fiscal year

\*\*\* Engagement rate is calculated by taking total youth who received 5+ SMHS visits divided by total Medi-Cal eligible youth for that fiscal year

#### BY SEX:

- Penetration (1+ visits):
  - Female: 4.6%
  - Male: 3.9%
- Engagement (5+ visits):
  - Female: 3.4%
  - Male: 2.8%
- About 5% of females and 4% of males received 1+ services respectively

#### BY AGE:

- Penetration (1+ visits):
  - Children 0-2: 0.9%





# STATEWIDE MENTAL HEALTH YOUTH SERVICES

Updated 11/2023

- Children 3-5: 2%
- Children 6-11: 4%
- Children 12-17: 6.7%
- Youth 18-20: 4.4%
- Engagement (5+ visits):
  - Children 0-2: 0.4%
  - Children 3-5: 1.3%
  - Children 6-11: 3.1%
  - Children 12-17: 5.1%
  - Youth 18-20: 3.1%
- Children 12 to 17 have the highest penetration and engagement rates, about 7% and 5% respectively

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## BY RACE/ETHNICITY:

- Penetration (1+ visits):
  - Asian/Pacific Islander: 2%
  - Black: 6.3%
  - Hispanic/Latino: 4.4%
  - Native American: 5.5%
  - Other: 2.9%
  - Unknown: 2.5%
  - White: 5.4%
- Engagement (5+ visits):
  - Asian/Pacific Islander: 1.6%
  - Black: 4.7%
  - Hispanic/Latino: 3.3%
  - Native American: 4%
  - Other: 2.1%
  - Unknown: 1.7%
  - White: 4%
- Black and Native American youth have the highest penetration rates at 6%

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## NON-SPECIALTY MENTAL HEALTH SERVICES (NON-SMHS) \* (2022)

- 6 million 0-20 Medi-Cal eligibles
- 854K receiving NSMHS
- Penetration (at least 1 visit): 15%
- Engagement (at least 5 visits): 2%

\* NSMHS consist mostly of managed care (and to a lesser extent fee-for-service) services provided to beneficiaries with mild-moderate level of mental health impairment

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## BY SEX:

- Penetration (1+ visits):
  - Female: 14.4%
  - Male: 14.7%
- Engagement (5+ visits):
  - Female: 2.1%
  - Male: 2.3%
- About 14% of females and 15% of males received 1+ services respectively

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## BY AGE:

- Penetration (1+ visits):
  - Children 0-2: 26.2%
  - Children 3-5: 13.9%
  - Children 6-11: 10%
  - Children 12-17: 16%



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

Updated 11/2023

- Youth 18-20: 11.1%
- Engagement (5+ visits):
  - Children 0-2: 0.3%
  - Children 3-5: 1.9%
  - Children 6-11: 2.3%
  - Children 12-17: 2.9%
  - Youth 18-20: 2.6%
- Children 0 to 2 and 12 to 17 have the highest penetration rates, about 26% and 16% respectively

## BY RACE/ETHNICITY:

- Penetration (1+ visits):
  - Asian/Pacific Islander: 14.5%
  - Black: 13.3%
  - Hispanic/Latino: 14.2%
  - Native American: 15.4%
  - Other: 17.2%
  - Unknown: 13.3%
  - White: 16.5%
- Engagement (5+ visits):
  - Asian/Pacific Islander: 1.9%
  - Black: 1.8%
  - Hispanic/Latino: 2%
  - Native American: 3.8%
  - Other: 2%
  - Unknown: 1.7%
  - White: 3.9%
- White and other youth have the highest penetration rates

## MEDI-CAL/CHIP MENTAL HEALTH SERVICES: FOSTER YOUTH UTILIZATION

### FOSTER YOUTH ELIGIBLE FOR MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES (SMHS) (2021)

- 76K foster youth Medi-Cal eligibles

#### BY SEX:

- Female: 49%
- Male: 51%
- Male foster youth eligibles slightly outnumber females

#### BY AGE:

- 0-2: 18%
- 3-5: 16%
- 6-11: 26%
- 12-17: 28%
- 18-20: 12%
- More than half of foster youth eligibles are aged 6 to 18

#### BY RACE/ETHNICITY:

- Black: 18%
- Hispanic/Latino: 42%
- Other: 17%
- White: 22%
- Largest demographic of foster youth eligibles is Hispanic or Latino

### FOSTER YOUTH RECEIVING SPECIALTY MENTAL HEALTH SERVICES (SMHS) (2021)

- 37K foster youth receiving SMHS
- Penetration (at least 1 visit): 48%
- Engagement (at least 5 visits): 38%



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

Updated 11/2023

## BY SEX:

- Penetration (1+ visits):
  - Female: 49%
  - Male: 48%
- Engagement (5+ visits):
  - Female: 38%
  - Male: 37%
- Just under half of male and female foster youth medi-cal eligibles received 1+ services

## BY AGE:

- Penetration (1+ visits):
  - 0-2: 24%
  - 3-5: 44%
  - 6-11: 60%
  - 12-17: 61%
  - 18-20: 39%
- Engagement (5+ visits):
  - 0-2: 12%
  - 3-5: 32%
  - 6-11: 48%
  - 12-17: 51%
  - 18-20: 32%
- Youth 6 to 18 are most likely to have received 1+ services

## BY RACE/ETHNICITY:

- Penetration (1+ visits):
  - Black: 52%
  - Hispanic/Latino: 50%
  - White: 47%
  - Other: 44%
- Engagement (5+ visits):
  - Black: 42%
  - Hispanic/Latino: 39%
  - White: 37%
  - Other: 32%
- Over 50% of Black foster youth received 1+ services

## SOURCES

California Department of Health Care Services

## ARE THERE RACIAL DISPARITIES IN YOUTH HEALTH AND HEALTH CARE UTILIZATION?

### CALIFORNIA YOUTH: RACIAL DISPARITIES IN MENTAL HEALTH INDICATORS

#### IMPOVERISHED YOUTH (2021) \*

\* impoverishment according to the California Poverty Measure (CPM)

#### SHARE OF ALL YOUTH V. IMPOVERISHED YOUTH (BY RACE/ETHNICITY)

- As of 2021, Black youth and Hispanic or Latino youth are over-represented among impoverished youth in California
- Black:
  - Share of 0-17 population: 5.7%
  - Share of impoverished youth: 6%
- Asian:
  - Share of 0-17 population : 12%



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

Updated 11/2023

- Share of impoverished youth : 10%
  - Hispanic or Latino:
    - Share of 0-17 population : 51%
    - Share of impoverished youth : 64%
  - White:
    - Share of 0-17 population : 31%
    - Share of impoverished youth : 20%
  - While Hispanic or Latino youth make up over 50% of 0-17 youth, their share of impoverished youth is almost 65%
- 

## FAMILY DYNAMICS (2021)

- Single Parent Households (Mother or Father):
    - 2+ Races: 37%
    - Asian/Pacific Islander: 17%
    - Black: 63%
    - Hispanic/Latino: 42%
    - Native American: 40%
    - White: 23%
  - Parental Education: (Below High School):
    - 2+ Races: 19%
    - Asian/Pacific Islander: 7%
    - Black: 9%
    - Hispanic/Latino: 29%
    - Native American: 31%
    - White: 4%
- 

## FAMILY ECONOMICS (2021)

- High Housing Cost Burden:
  - 2+ Races: 41%
  - Asian/Pacific Islander: 31%
  - Black: 52%
  - Hispanic/Latino: 45%
  - Native American: 44%
  - White: 33%
- Employment Insecurity:
  - 2+ Races: 31%
  - Asian/Pacific Islander: 23%
  - Black: 48%
  - Hispanic/Latino: 37%
  - Native American: 37%
  - White: 23%
- Receive Public Assistance:
  - 2+ Races: 28%
  - Asian/Pacific Islander: 21%
  - Black: 44%
  - Hispanic/Latino: 33%
  - Native American: 37%
  - White: 15%
- Lack Health Insurance:
  - 2+ Races: 3%
  - Asian/Pacific Islander: 2%
  - Black: 3%
  - Hispanic/Latino: 4%
  - Native American: 5%



- White: 2%

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## ACADEMIC PERFORMANCE (2021-2022)

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### CHRONIC ABSENCE FROM SCHOOL \*

- 2+ Races: 24%
- Asian: 11%
- Black: 43%
- Filipino: 16%
- Hispanic or Latino: 35%
- Native American: 44%
- Native Hawaiian or Pacific Islander: 43%
- White: 23%

\* Public school students absent more than 10% of the time

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### HIGH SCHOOL DROPOUTS

- 2+ Races: 7%
- Asian: 2%
- Black: 17%
- Filipino: 2%
- Hispanic or Latino: 9%
- Native American: 14%
- Native Hawaiian or Pacific Islander: 11%
- White: 6%

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### COLLEGE READINESS \*

- 2+ Races: 59%
- Asian: 78%
- Black: 41%
- Filipino: 70%
- Hispanic or Latino: 44%
- Native American: 30%
- Native Hawaiian or Pacific Islander: 40%
- White: 57%

\* Represents the percentage of in the four-year cohort who met the UC/CSU entrance, or A-G, course requirements

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### FOSTER YOUTH (2022)

- Black and Native American youth 4 times as likely to enter foster care than white youth
  - Hispanic or Latino youth 50% more likely to enter foster care than white youth
- 

### JUVENILE JUSTICE YOUTH (2022)

- Disproportionate share of youth involved with justice system is Black and Hispanic or Latino
- % of Youth Population vs. Share of Youth Arrests
  - Black: 433
    - Share of 0-17 population: 5%
    - Share of youth arrests: 20%
  - Hispanic/Latino:
    - Share of 0-17 population: 48%
    - Share of youth arrests: 55%
  - Other:
    - Share of 0-17 population: 16%
    - Share of youth arrests: 6%



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

Updated 11/2023

- White:
  - Share of 0-17 population: 30%
  - Share of youth arrests: 18%

\* Children and youth under 21 years old detained, incarcerated, or placed in residential facilities

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## PHYSICAL AND BEHAVIORAL HEALTH

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### MEDI-CAL MANAGED CARE DATA (2021)

#### HEALTH DISPARITIES AMONG MEDI-CAL YOUTH ON KEY HEALTH INDICATORS (MANAGED CARE) \*

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- Native American:
  - Child and Adolescent Well-Care Visits
  - Childhood Immunization Status
  - Immunizations for Adolescents
  - Counseling for Nutrition
  - Counseling for Physical Activity
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
- Asian:
  - Well-Child Visits (0-15 months)
  - ADHD Medication Follow-Up
- Black:
  - Child and Adolescent Well-Care Visits
  - Childhood Immunization Status
  - Immunizations for Adolescents
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
  - ADHD Medication Follow-Up
- Hispanic/Latino:
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
  - ADHD Medication Follow-Up
- Native Hawaiian/Pacific Islander:
  - Child and Adolescent Well-Care Visits
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
- Other:
  - Immunizations for Adolescents
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
  - ADHD Medication Follow-Up
- White:
  - Child and Adolescent Well-Care Visits
  - Childhood Immunization Status
  - Immunizations for Adolescents
  - Well-Child Visits (0-15 months)
  - Well-Child Visits (15-30 months)
  - Developmental Screenings
  - ADHD Medication Follow-Up
- Asian youth had highest performance rate for 6 of 9 health indicators



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

Updated 11/2023

- Native American youth had disparities identified in 8 of the 9 health indicators
- Black and white youth had disparities identified for 6 of the 9 health indicators

\* Below each race/ethnicity is a list of health indicators for which a disparity was identified

## NATIONAL SURVEY OF CHILDREN'S HEALTH (2020-2021)

### LOW BIRTH-WEIGHT

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- 2+ Races: 8%
- Asian/Pacific Is.: 9%
- Black: 12%
- Hispanic/Latino: 7%
- Native American.: 8%
- White: 6%

### ASTHMA CONDITION

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- Asian: 2%
- Black: 20%
- Hispanic/Latino: 5%
- Other: 4%
- White: 5%

### OVERWEIGHT

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- Asian: 4%
- Black: 15%
- Hispanic/Latino: 14%
- Other: 3%
- White: 4%

### DECAYING TEETH OR CAVITIES

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- Asian: 12%
- Black: 16%
- Hispanic/Latino: 17%
- Other: 9%
- White: 12%

### ADVERSE CHILDHOOD EXPERIENCES

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- 1 ACE:
  - Asian: 16%
  - Black: 24%
  - Hispanic/Latino: 21%
  - Other: 21%
  - White: 17%
- 2+ ACES:
  - Asian: 2%
  - Black: 34%
  - Hispanic/Latino: 18%
  - Other: 13%
  - White: 11%

### MENTAL, EMOTIONAL, DEVELOPMENTAL OR BEHAVIORAL CONDITION, 3-17 YEARS

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- Asian: 9%
- Black: 28%
- Hispanic/Latino: 18%
- Other: 27%
- White: 23%



# STATEWIDE MENTAL HEALTH YOUTH SERVICES

Updated 11/2023

## DEVELOPMENTAL DELAY, 3-17 YEARS

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- Asian: 3%
- Black: 8%
- Hispanic/Latino: 5%
- Other: 4%
- White: 4%

## SOURCES

California Child Welfare Indicators Project  
Kidsdata.org (Population Reference Bureau)  
California Department of Education  
California Department of Justice  
California Department of Health Care Services  
National Survey of Children's Health  
The Annie E. Casey Foundation (Kids Count Data Center)

