



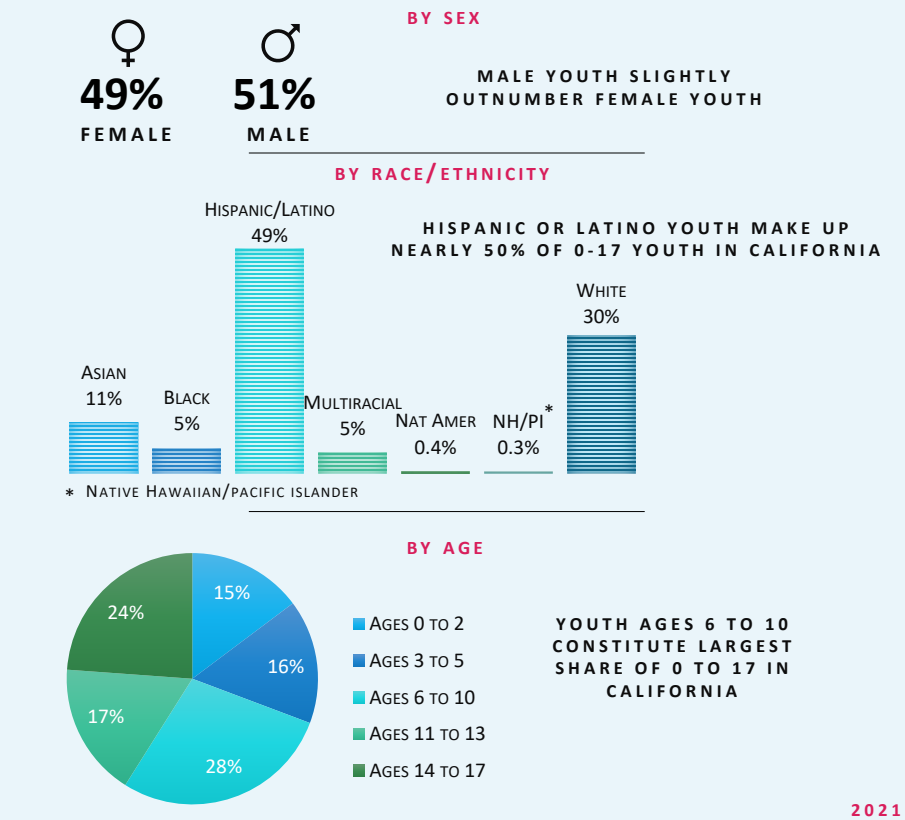
STATEWIDE MENTAL HEALTH YOUTH SERVICES

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

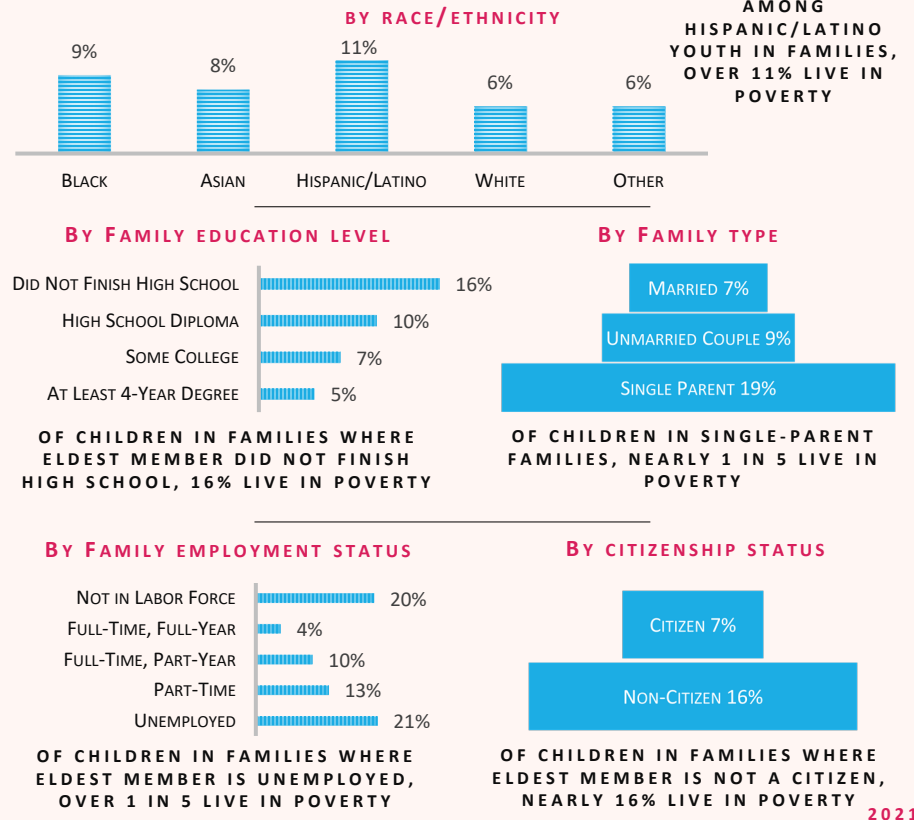
SNAPSHOT OF CALIFORNIA YOUTH



YOUTH DEMOGRAPHICS

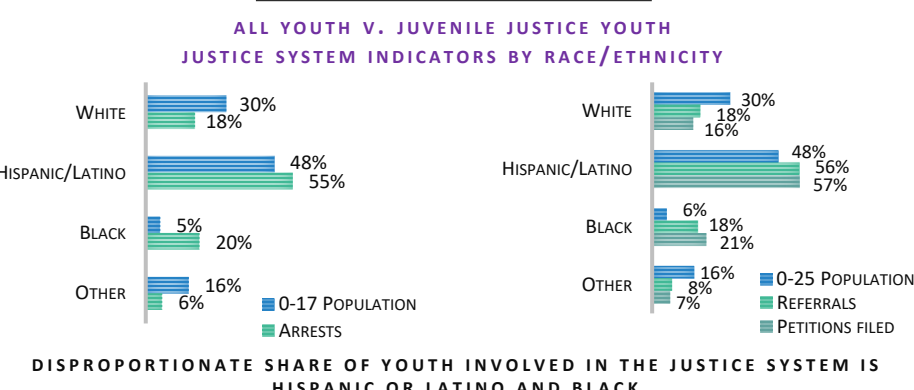
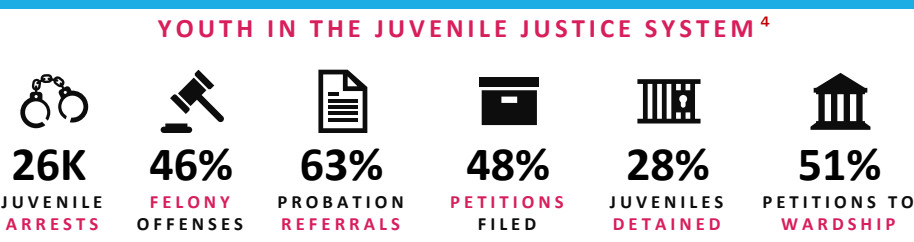
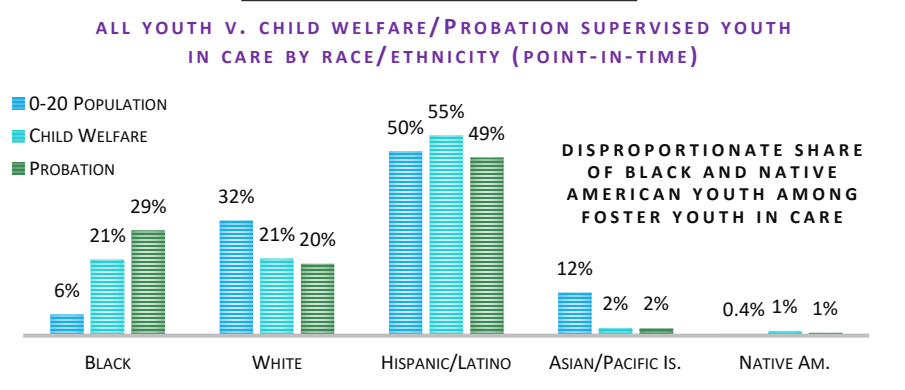
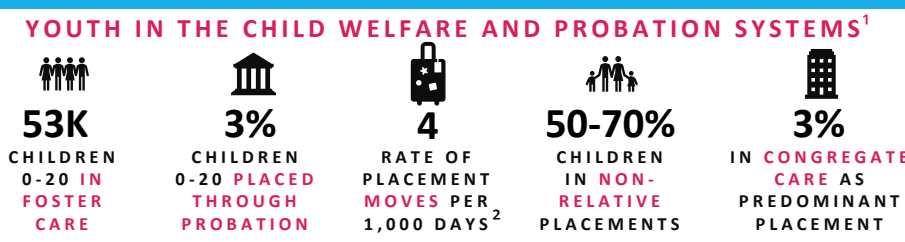


IMPOVERISHED YOUTH DEMOGRAPHICS



¹ Section includes data on children and youth under 18 years old
² Medi-Cal: California's version of Medicaid- geared for those impoverished; CHIP (Children's Health Insurance Program) expands health coverage for youth with low to moderate incomes (up to 322% of the federal poverty level)
³ 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

CALIFORNIA'S CHILD WELFARE AND JUVENILE JUSTICE YOUTH



¹ Section includes data on children and youth in child-supervised welfare under 21 years of age
² Data point includes children and youth under 18 years old who enter care in a 12-month period (excludes youth supervised by the probation department)
³ Chart includes data on children and youth under 21 years of age and excludes youth supervised by the probation department
⁴ 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)





STATEWIDE MENTAL HEALTH YOUTH SERVICES

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 CONDITIONS¹

15%

OF YOUTH HAD A DEPRESSIVE EPISODE IN THE PAST YEAR²

3rd

LEADING CAUSE OF DEATH FOR YOUTH 10 TO 24 IS SUICIDE³

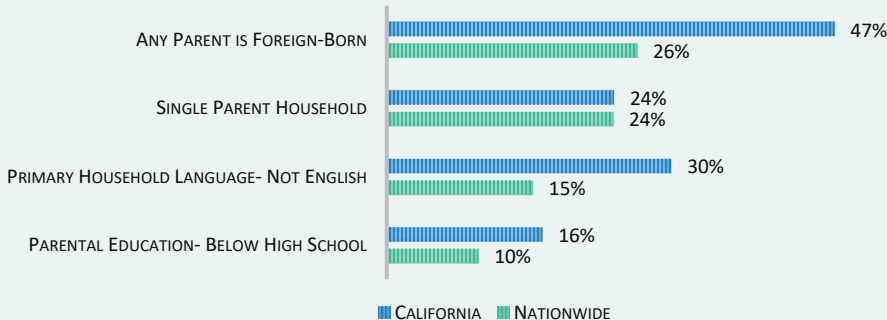
¹ Includes children and youth ages 3 to 17 years old who have 1+ mental, emotional, developmental or behavioral conditions and/or qualify on CSHCN Screener emotional, behavioral or developmental criteria: 2020-2021
² Includes data on children and youth ages 12 to 17 years old: 2022
³ Higher rates were 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

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



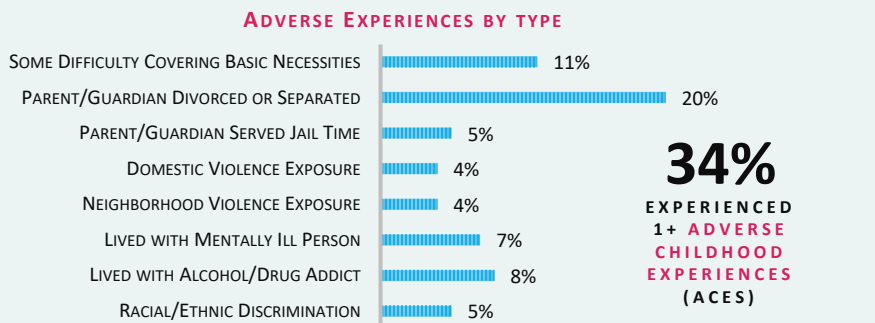
FAMILY ECONOMICS

13% CHILDREN IN WORKING POOR HOUSEHOLDS¹
24% COULD NOT ALWAYS AFFORD NUTRITIOUS FOOD

45% RECEIVED FOOD OR CASH ASSISTANCE IN PAST YEAR²
22% HEALTH INSURANCE NOT ADEQUATE TO MEET NEEDS

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



EMOTIONAL AND MENTAL HEALTH

41% MOTHER'S OVERALL HEALTH NOT EXCELLENT OR VERY GOOD

35% FATHER'S OVERALL HEALTH NOT EXCELLENT OR VERY GOOD

¹ Household with income less than 100% of the federal poverty level with at least one caregiver employed full- or part-time
² Even for a month-long period

2020-21

CALIFORNIA YOUTH: MENTAL HEALTH NEEDS

CHILDREN IN PUBLIC SCHOOLS

56% ELIGIBLE FOR FREE/REDUCED SCHOOL LUNCH OR ENGLISH LANGUAGE LEARNERS OR IN THE FOSTER CARE SYSTEM

172K STUDENTS WHO ARE HOMELESS

39K STUDENTS WHO DROPPED OUT OF SCHOOL

30% CHRONIC ABSENTEEISM RATE

49% UNPREPARED FOR UC/CSU SYSTEM

2021-22

HOMELESS & UNACCOMPANIED YOUTH²

36% OF ALL CALIFORNIANS EXPERIENCING HOMELESSNESS ARE YOUTH

35% OF HOMELESS YOUTH ARE UNSHELTERED

JUVENILE JUSTICE YOUTH

OVER 75% EXPERIENCED CHILDHOOD TRAUMA BEFORE AND ARE FURTHER TRAUMATIZED BY INCARCERATION

UP TO 70% OF YOUTH IN THE JUVENILE COURT SYSTEM HAVE A DIAGNOSABLE MENTAL HEALTH CONDITION

2022

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)¹

1.4M CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

57% HAVE ONGOING EMOTIONAL, DEVELOPMENTAL, AND/OR BEHAVIORAL NEEDS

2020-21

1 in 3 MORE THAN UNACCOMPANIED HOMELESS YOUTH IN THE U.S. ARE IN CALIFORNIA

2021

FOSTER YOUTH

48% HAVE 4+ ADVERSE CHILDHOOD EXPERIENCES

60% UNDER AGE 5 HAVE DEVELOPMENTAL HEALTH ISSUES

37% EXPERIENCE 3 OR MORE PLACEMENTS³

4x MORE LIKELY TO HAVE A MENTAL HEALTH CONDITION

2022

¹ CSHCN are at an increased risk for chronic health conditions and require care beyond those required by children generally
² 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
³ Includes youth in foster care for 24 months or longer





STATEWIDE MENTAL HEALTH YOUTH SERVICES

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, mental and dental services
- free** for households with incomes **up to 266%** of the federal poverty line (FPL)¹
- beneficiaries receive services through **managed care** or **fee-for-service**

WHAT IS CHIP?

- stands for **Children's Health Insurance Program (CHIP)** and is part of the Medi-Cal program
- expands health 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 through **managed care** or **fee-for-service**²

ELIGIBILITY FOR MEDI-CAL & CHIP (INCOME THRESHOLDS)³

GROUP	AGE	MEDI-CAL	CHIP ⁴
General youth	0 - 1	213% of FPL	322% of FPL
	2 - 5	142% of FPL	266% of FPL
	6 - 18	133% of FPL	266% of FPL
	19 - 25	138% of FPL	N/A
Current/former foster youth	0 - 26	Current/former foster youth are automatically enrolled in Medi-Cal, regardless of income.	
Juvenile justice youth	10 - 17	Youth in juvenile detention facilities have Medi-Cal benefits suspended (but not terminated) until release.	
Undocumented youth	0 - 25	Children and youth 25 and under who meet income thresholds are covered by Medi-Cal regardless of immigration status.	

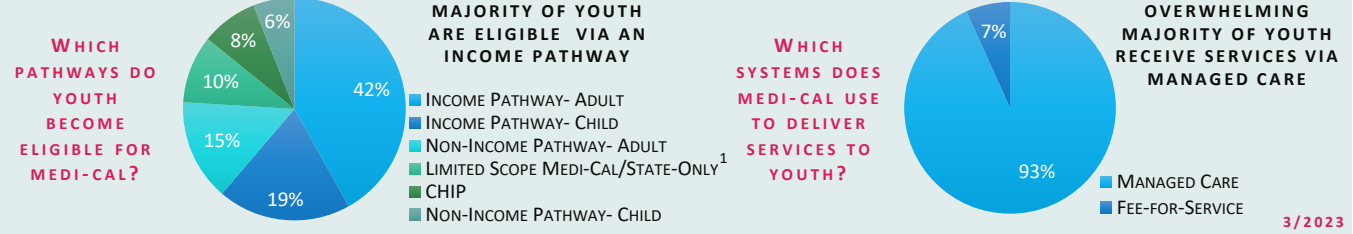
¹ If income exceeds this threshold when qualified, a share of cost plan is created where household pays a certain amount before Medi-Cal starts to pay
² Children enrolled in Presumptive Eligibility receive fee-for-service Medi-Cal until they have finalized their enrollment
³ Eligibility thresholds for 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)
⁴ 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

ENROLLMENT(MONTHLY)



PATHWAYS TO MEDI-CAL/CHIP AND DELIVERY SYSTEMS



¹ 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)

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**

MEDI-CAL FOR KIDS AND TEENS GUARANTEES YOUTH 21 AND UNDER WITH **SCREENING SERVICES, CORRECTIVE TREATMENT, AND DENTAL SERVICES.**

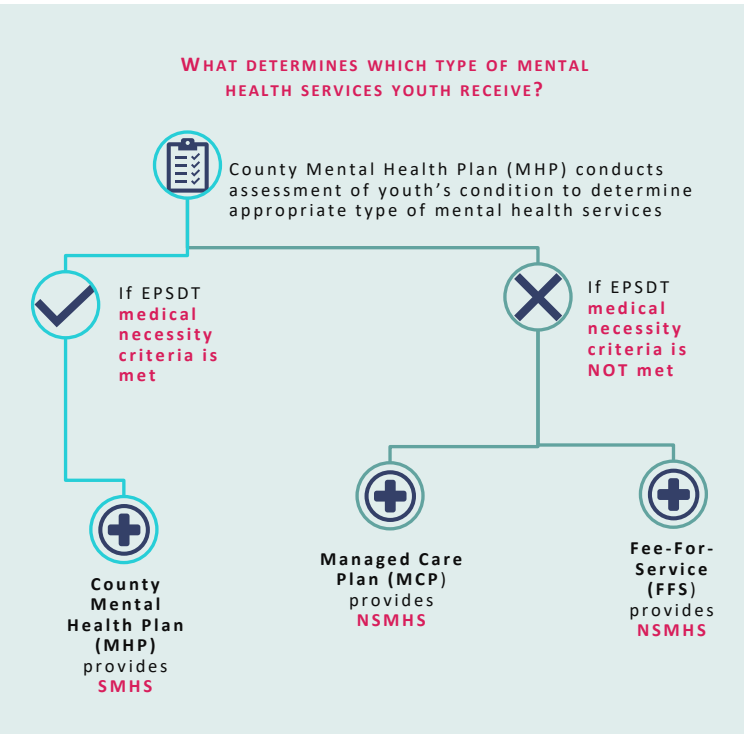
- SCREENINGS & IMMUNIZATIONS
- PHYSICIAN & HOSPITAL VISITS
- VISION, HEARING & DENTAL CARE
- PHYSICAL, SPEECH & OCCUPATIONAL THERAPIES
- HOME THERAPY SERVICES
- MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

MEDI-CAL MENTAL HEALTH SERVICES

TYPES OF MENTAL HEALTH SERVICES

SPECIALTY MENTAL HEALTH (SMHS)	NON-SPECIALTY MENTAL HEALTH SERVICES (NSMHS)
INTENSIVE CARE COORDINATION	INDIVIDUAL, GROUP, AND FAMILY THERAPY
	DYADIC SERVICES
INTENSIVE HOME-BASED SERVICES	MEDICATION SUPPORT
	CRISIS SERVICES
	PSYCHIATRIC HEALTH FACILITIES SERVICES
THERAPEUTIC BEHAVIORAL SERVICES	PSYCHIATRIC INPATIENT HOSPITAL SERVICES
	TARGETED CASE MANAGEMENT
THERAPEUTIC FOSTER CARE	PEER SUPPORT SERVICES
	PSYCHIATRIST SERVICES
	PSYCHOLOGIST SERVICES
	PSYCHIATRIC NURSING FACILITY SERVICES

PROCESS OF RECEIVING MENTAL HEALTH SERVICES



MEDICALLY NECESSARY CRITERIA¹

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	
AT LEAST ONE	AND
SIGNIFICANT IMPAIRMENT	DIAGNOSED MENTAL HEALTH DISORDER
REASONABLE PROBABILITY OF SIGNIFICANT DETERIORATION IN AN IMPORTANT AREA OF LIFE FUNCTIONING	SUSPECTED MENTAL HEALTH DISORDER
A REASONABLE PROBABILITY OF NOT PROGRESSING DEVELOPMENTALLY	SIGNIFICANT TRAUMA PLACING YOUTH AT RISK FOR FUTURE MENTAL HEALTH CONDITION
A NEED FOR SMHS NOT INCLUDED WITHIN THE MEDI-CAL MANAGED CARE PLAN MENTAL HEALTH BENEFITS	

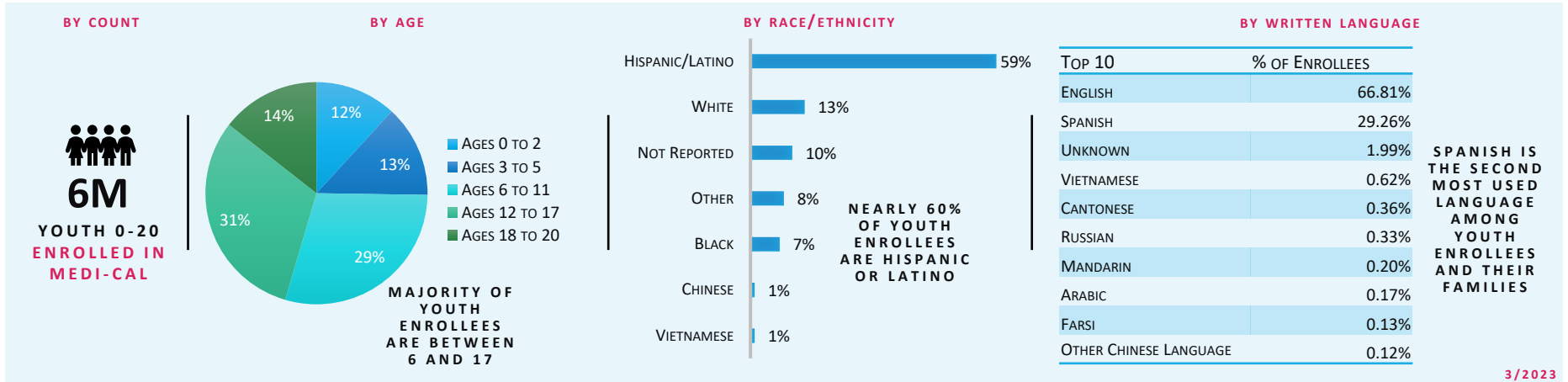
¹ County Mental Health Plans (MHP) are tasked with ensuring all youth receive mental health services, regardless of whether they meet the EPSDT medical necessity criteria



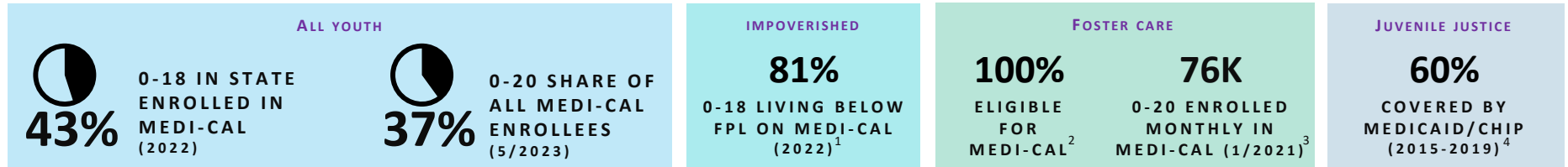


SNAPSHOT OF MEDI-CAL YOUTH ENROLLEES

ALL YOUTH ENROLLEES



YOUTH ENROLLEES BY SUBGROUP



¹ FPL stands for the Census Bureau's federal poverty level.
² Children and youth who receive federal foster care benefits are automatically eligible for Medi-Cal.
³ Data point does not include all who fall under the Adoption/Foster Care aide category (just those in foster care).
⁴ 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 DATA¹



¹ 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

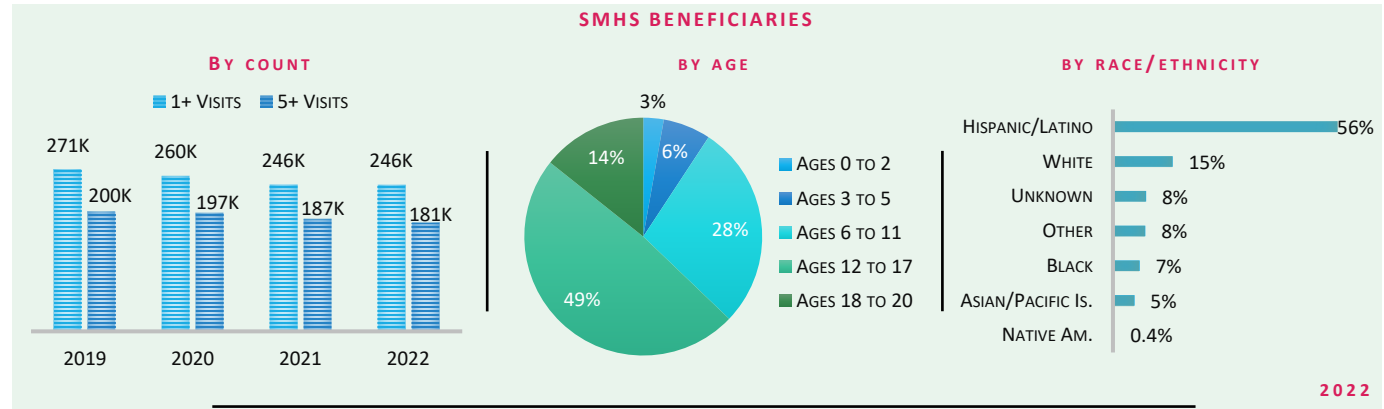
MEDI-CAL FOR KIDS AND TEENS: USE OF SPECIALTY MENTAL HEALTH SERVICES (SMHS)

WHAT ARE SPECIALTY MENTAL HEALTH SERVICES (SMHS)?

mental health services delivered through **county mental health plans** available to youth under 21 who **meet the medical necessity criteria** for "specialty" mental health services¹

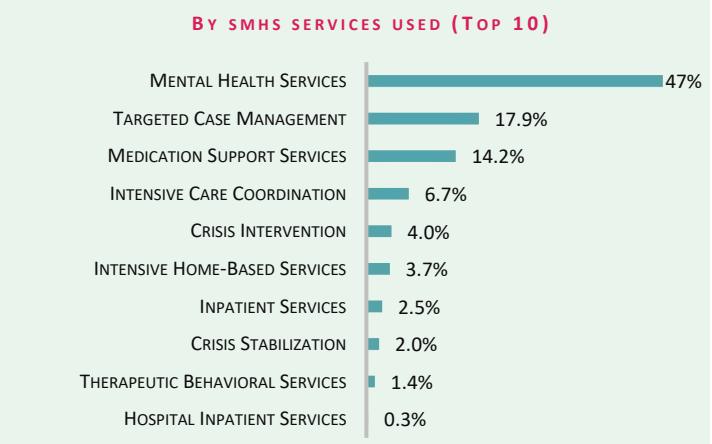
- SPECIALTY MENTAL HEALTH SERVICES (SMHS) INCLUDE:
- INTENSIVE CARE COORDINATION (ICC)
 - INTENSIVE HOME-BASED SERVICES (IHBS)
 - THERAPEUTIC FOSTER CARE (TFC)
 - THERAPEUTIC BEHAVIORAL SERVICES (TBS)
 - PSYCHOTROPIC MEDICATION EVALUATION
 - INDIVIDUAL GROUP AND FAMILY THERAPY
 - CRISIS COUNSELING AND STABILIZATION
 - SPECIAL DAY PROGRAMS

246K YOUTH 0-20 RECEIVING SPECIALTY MENTAL HEALTH SERVICES (SMHS)



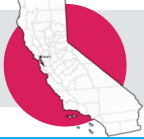
BY MENTAL HEALTH DIAGNOSES

DIAGNOSIS CATEGORY	0-20 BENEFICIARIES
REACTION TO SEVERE STRESS, AND 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%
BIPOLAR DISORDER	1%
PERVASIVE DEVELOPMENTAL DISORDERS	0.1%



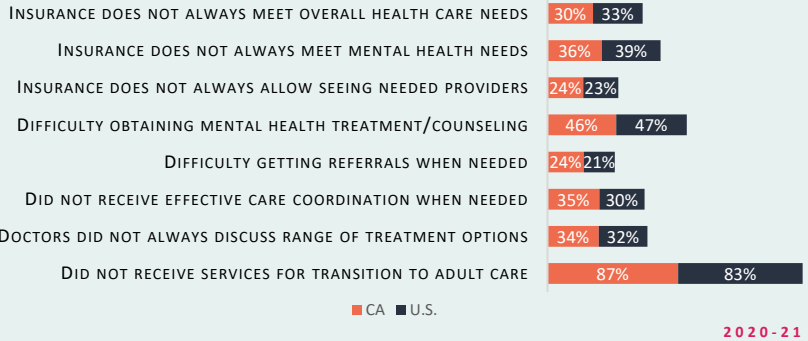
¹ See Infographic 3 for more information about up-to-date specialty mental health services (SMHS) medical necessity criteria





HEALTH CARE SYSTEM AND HEALTH INDICATORS: YOUTH IN GENERAL AND MEDI-CAL YOUTH

NATIONAL SURVEY OF CHILDREN'S HEALTH



- ALMOST 50% OF FAMILIES REPORTED DIFFICULTY OBTAINING MENTAL HEALTH CARE
- OVER 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

DISPARITIES IDENTIFIED FOR KEY HEALTH INDICATORS¹

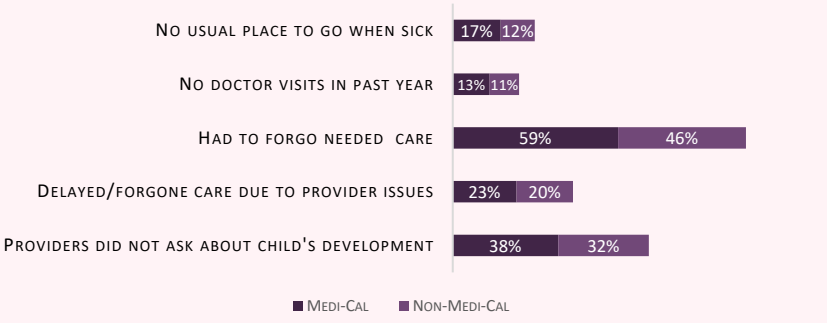
* NEW IN 2021

A shaded box indicates a disparity.

INDICATOR	NATIVE AMERICAN	ASIAN	BLACK	HISPANIC /LATINO	NATIVE HAW. /PACIFIC ISLANDER	OTHER	WHITE
CHILD AND ADOLESCENT WELL-CARE VISITS*	Shaded		Shaded				Shaded
CHILDHOOD IMMUNIZATION STATUS			Shaded				Shaded
IMMUNIZATIONS FOR ADOLESCENTS			Shaded			Shaded	Shaded
WEIGHT ASSESSMENT (BMI)							
COUNSELING FOR NUTRITION	Shaded						
COUNSELING FOR PHYSICAL ACTIVITY	Shaded						
WELL-CHILD VISITS (0-15 MONTHS)*	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
WELL-CHILD VISITS (15-30 MONTHS)*	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
DEVELOPMENTAL SCREENING			Shaded	Shaded		Shaded	Shaded
ADHD MEDICATION FOLLOW-UP	N/A	Shaded	Shaded	Shaded	N/A	Shaded	Shaded

- 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)

CALIFORNIA HEALTH INTERVIEW SURVEY



- ALMOST 20% OF FAMILIES ON MEDI-CAL REPORTED NO DOCTOR VISITS IN THE PAST YEAR
- OVER 50% ON MEDI-CAL REPORTED HAVING TO FORGO 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. NATIONWIDE YOUTH RANKING

^ IMPROVEMENT FROM 2021 | v WORSENING FROM 2021

INDICATOR	CA YOUTH (%)	U.S. YOUTH (%)	CA RANK
AT LEAST 1 MAJOR DEPRESSIVE EPISODE (MDE) IN PAST YEAR	15%	15%	v 23
WITH MDE WHO DID NOT RECEIVE MENTAL HEALTH SERVICES	65%	60%	^ 38
WITH SEVERE MDE AND RECEIVED TREATMENT (7-25 VISITS/YEAR)	26%	27%	^ 30
IDENTIFIED WITH EMOTIONAL DISTURBANCE FOR AN IEP ²	5%	8%	^ 43
HAVE PRIVATE INSURANCE NOT COVERING MENTAL/EMOTIONAL CONDITION	8%	8%	v 33
MENTAL HEALTH WORKFORCE	270:1		v 12

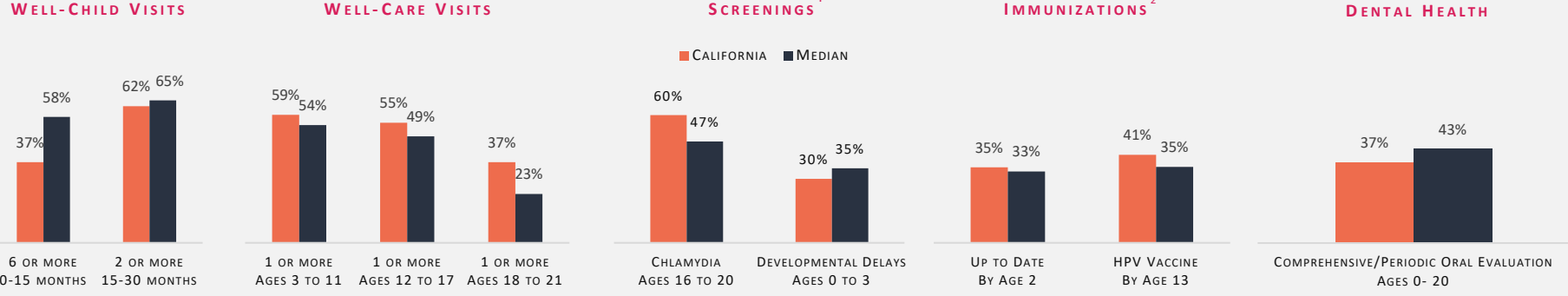
- YOUTH (12-17) IN CALIFORNIA EXPERIENCING MAJOR DEPRESSION INCREASED BETWEEN 2021 AND 2022
- ROUGHLY 65% OF YOUTH WITH MAJOR DEPRESSION DID NOT RECEIVE MENTAL HEALTH TREATMENT
- CALIFORNIA'S RANKING IN ADDRESSING YOUTH MENTAL HEALTH ACCESS IMPROVED FROM 2021

¹ Represents children and youth covered by Medi-Cal through managed care plans (MCPs)- does not include data for fee-for-service (FFS) beneficiaries
² IEP stands for individualized education program

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

PRIMARY AND PREVENTIVE CARE

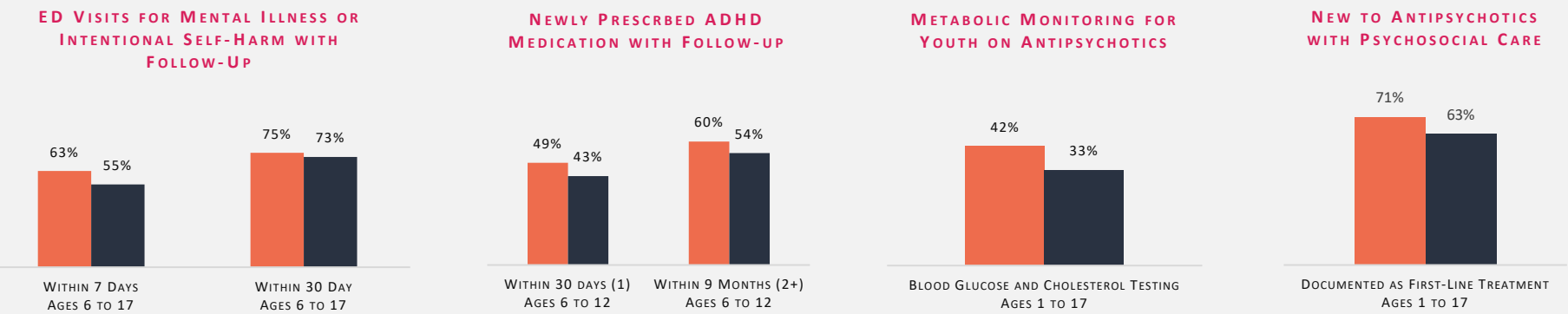
CALIFORNIA VS. OTHER STATES: % OF MEDI-CAL/CHIP ENROLLEES



- CALIFORNIA YOUTH PERFORM WORSE 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 EVALUATIONS

BEHAVIORAL AND MENTAL HEALTH SERVICES

CALIFORNIA VS. OTHER STATES: % OF MEDI-CAL/CHIP ENROLLEES



- 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

¹ Includes developmental, behavioral, & social delays using standardized screening tool
² 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

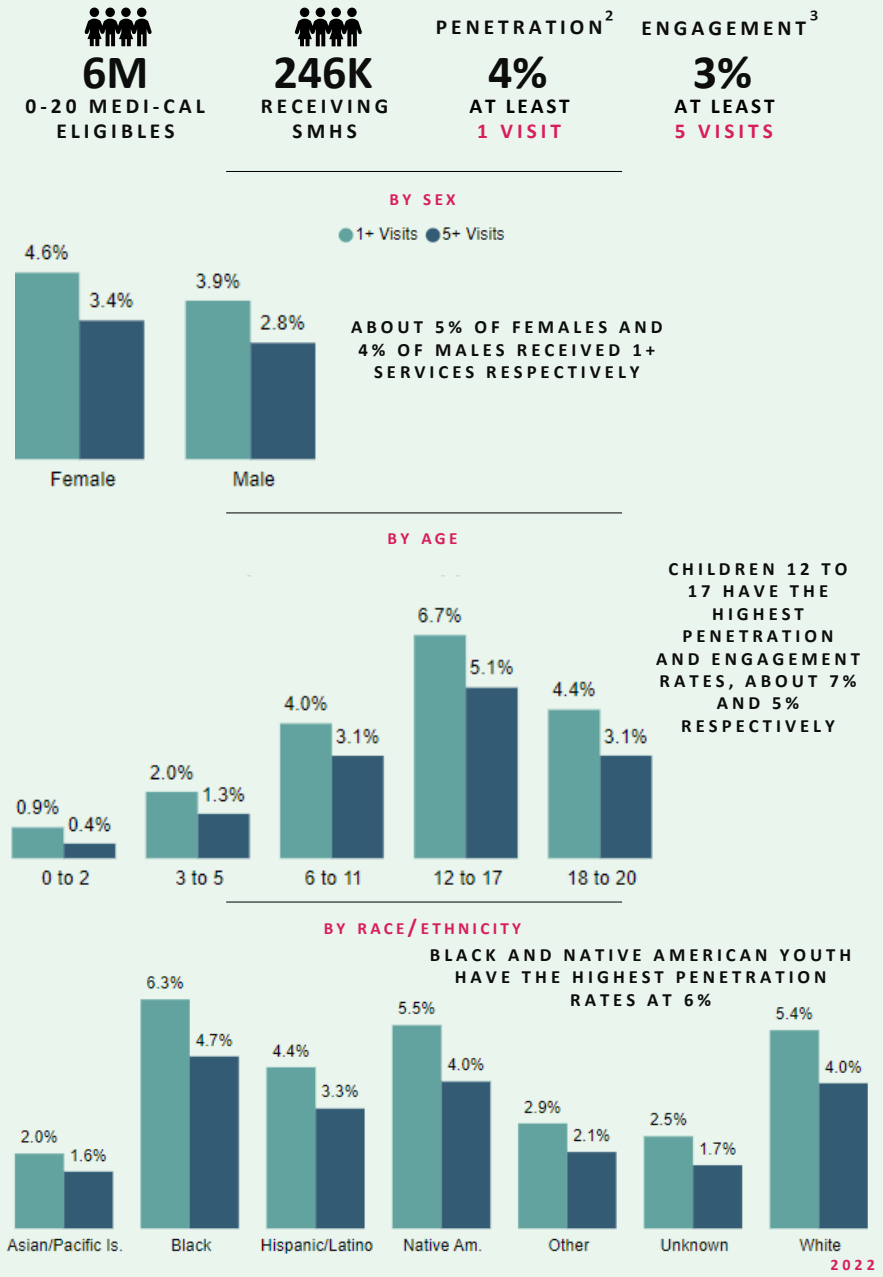


STATEWIDE MENTAL HEALTH YOUTH SERVICES

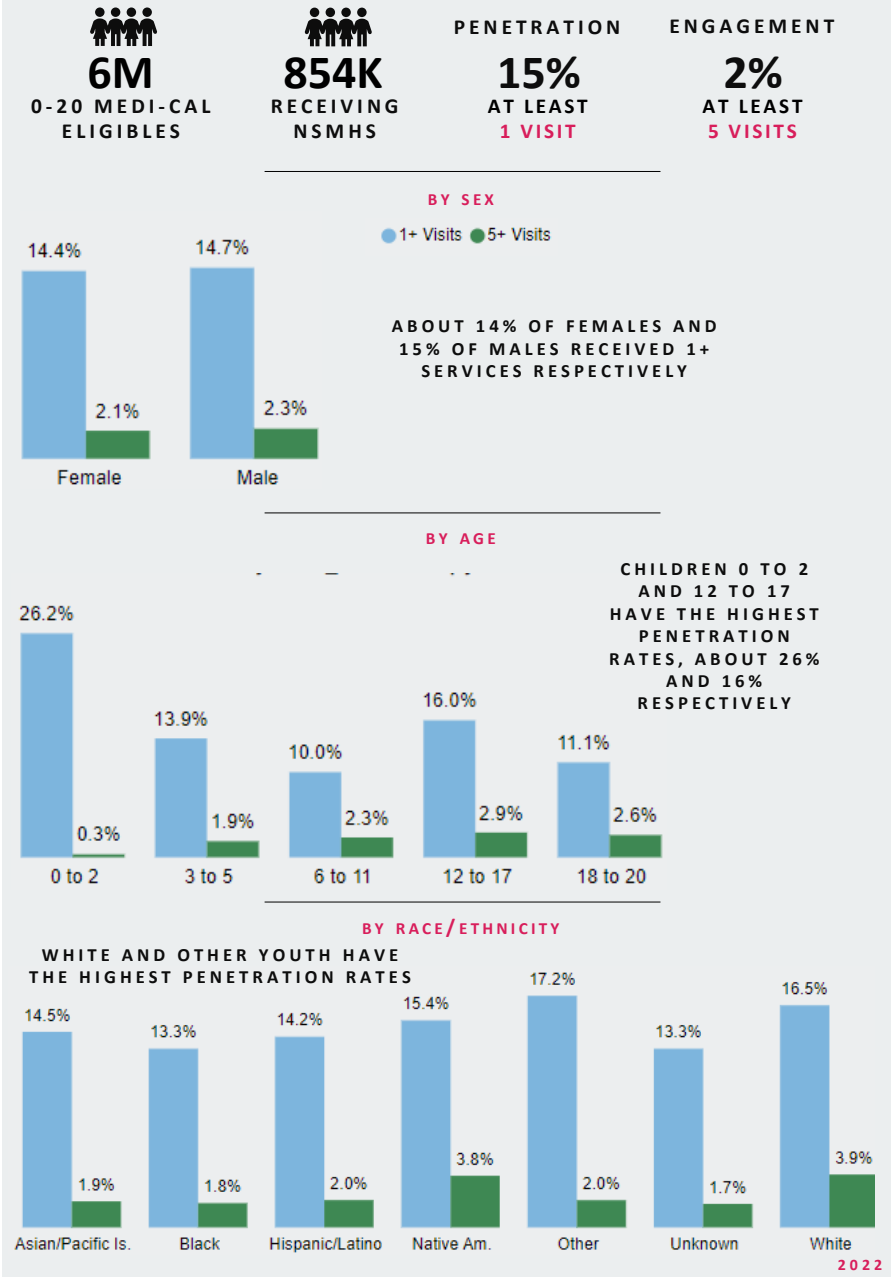
ARE CALIFORNIA YOUTH UTILIZING THE PHYSICAL AND MENTAL HEALTH CARE ENTITLED TO THEM? PART II

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

SPECIALTY MENTAL HEALTH SERVICES (SMHS)¹



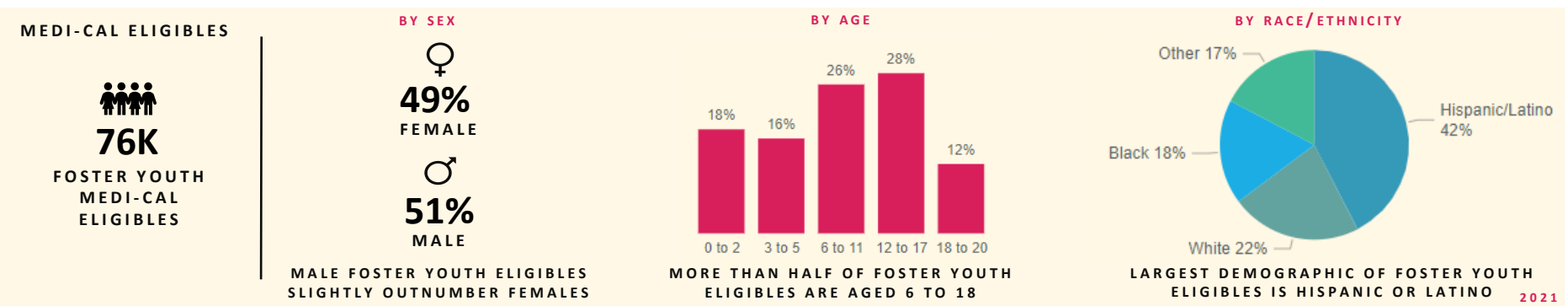
NON-SPECIALTY MENTAL HEALTH SERVICES (NSMHS)⁴



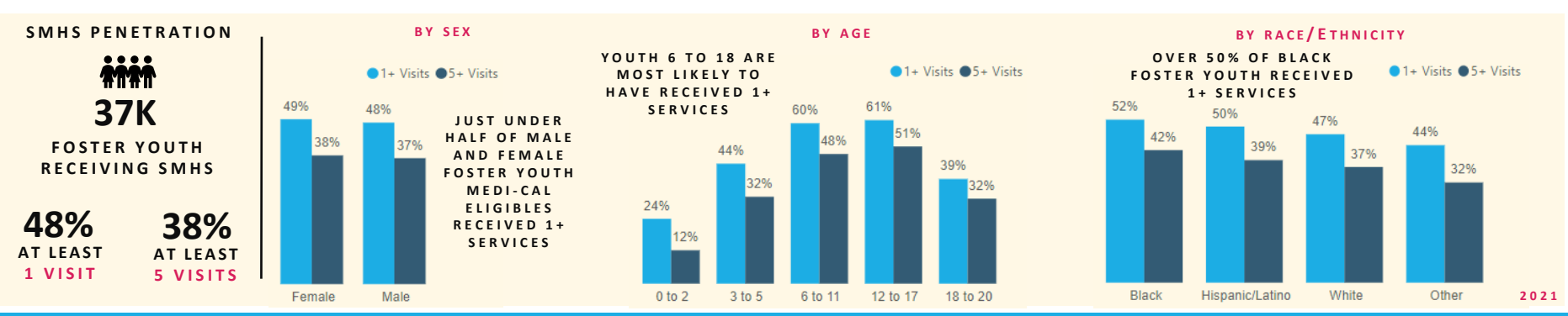
¹ Data includes Medi-Cal eligible beneficiaries 21 years and under who meet the medical necessity criteria for receiving "specialty" mental health services and receive them through county mental health programs
² Penetration rate is calculated by taking total youth who received 1+ SMHS visits divided by total Medi-Cal eligible youth for that fiscal year
³ Engagement rate is calculated by taking total youth who received 5+ SMHS visits divided by total Medi-Cal eligible youth for that fiscal year
⁴ 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

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

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



FOSTER YOUTH RECEIVING SPECIALTY MENTAL HEALTH SERVICES (SMHS)





STATEWIDE MENTAL HEALTH YOUTH SERVICES

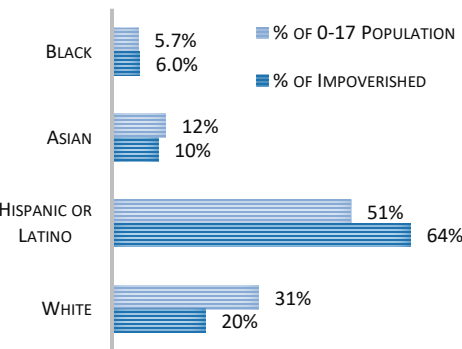
ARE THERE RACIAL DISPARITIES IN YOUTH HEALTH AND HEALTH CARE UTILIZATION?

CALIFORNIA YOUTH: RACIAL DISPARITIES IN MENTAL HEALTH INDICATORS

IMPOVERISHED YOUTH¹

AS OF 2021, BLACK YOUTH AND HISPANIC OR LATINO YOUTH ARE OVER-REPRESENTED AMONG IMPOVERISHED YOUTH IN CALIFORNIA

SHARE OF ALL YOUTH V. IMPOVERISHED BY RACE/ETHNICITY

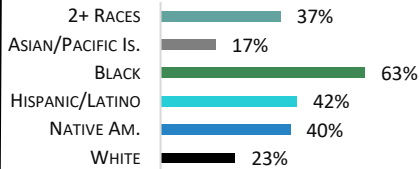


WHILE HISPANIC OR LATINO YOUTH MAKE UP OVER 50% OF 0-17 YOUTH, THEIR SHARE OF IMPOVERISHED YOUTH IS ALMOST 65%

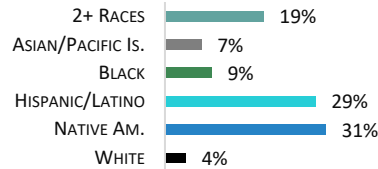
2021

FAMILY DYNAMICS

SINGLE PARENT HOUSEHOLDS: MOTHER OR FATHER

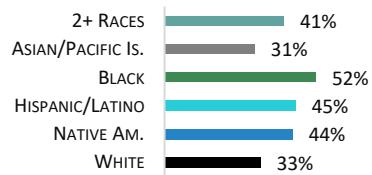


PARENTAL EDUCATION: BELOW HIGH SCHOOL

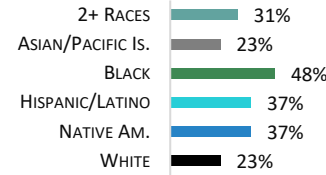


FAMILY ECONOMICS

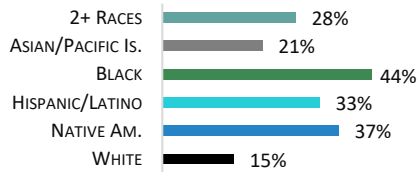
HIGH HOUSING COST BURDEN



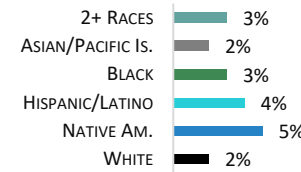
EMPLOYMENT INSECURITY



RECEIVE PUBLIC ASSISTANCE



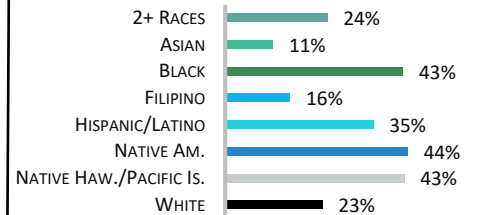
LACK HEALTH INSURANCE



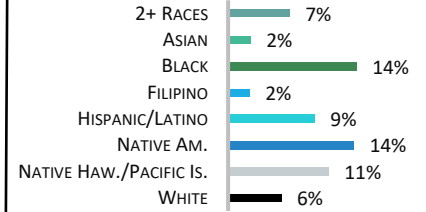
2021

ACADEMIC PERFORMANCE

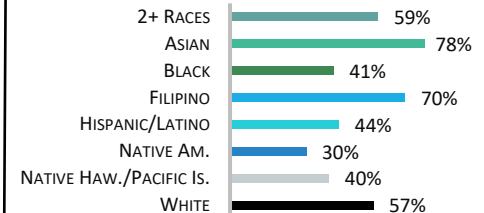
CHRONIC ABSENCE FROM SCHOOL²



HIGH SCHOOL DROPOUTS



COLLEGE READINESS³



2021-22

FOSTER YOUTH

BLACK AND NATIVE AMERICAN YOUTH

4X

AS LIKELY TO ENTER FOSTER CARE THAN WHITE YOUTH

HISPANIC OR LATINO YOUTH

50%

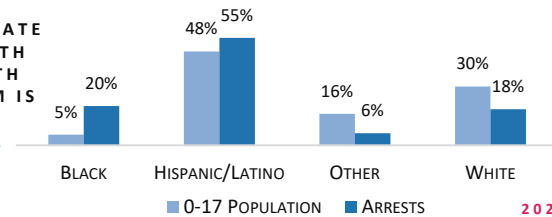
MORE LIKELY TO ENTER FOSTER CARE THAN WHITE YOUTH



DISPROPORTIONATE SHARE OF YOUTH INVOLVED WITH JUSTICE SYSTEM IS BLACK AND HISPANIC OR LATINO

JUVENILE JUSTICE YOUTH

% OF YOUTH VS. % OF YOUTH ARRESTS



2022

PHYSICAL AND BEHAVIORAL HEALTH

HEALTH DISPARITIES AMONG MEDICAL YOUTH ON KEY HEALTH INDICATORS (MANAGED CARE)

A shaded box indicates a rate worse than the national average.

INDICATOR	NATIVE AMERICAN	ASIAN	BLACK	HISPANIC/LATINO	NATIVE HAW./PACIFIC ISLANDER	OTHER	WHITE
CHILD AND ADOLESCENT WELL-CARE VISITS*	Shaded		Shaded				Shaded
CHILDHOOD IMMUNIZATION STATUS	Shaded		Shaded				Shaded
IMMUNIZATIONS FOR ADOLESCENTS	Shaded		Shaded				Shaded
WEIGHT ASSESSMENT (BMI)							
COUNSELING FOR NUTRITION	Shaded						
COUNSELING FOR PHYSICAL ACTIVITY	Shaded						
WELL-CHILD VISITS (0-15 MONTHS)*	Shaded	Shaded	Shaded	Shaded			Shaded
WELL-CHILD VISITS (15-30 MONTHS)*	Shaded	Shaded	Shaded	Shaded			Shaded
DEVELOPMENTAL SCREENING	Shaded		Shaded	Shaded			Shaded
ADHD MEDICATION FOLLOW-UP	N/A	Shaded	Shaded	Shaded	N/A		Shaded

*NEW IN 2021

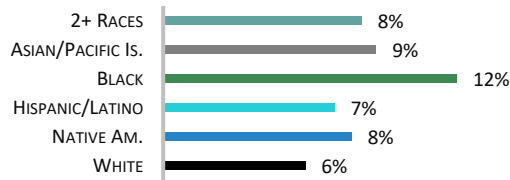
ASIAN YOUTH HAD HIGHEST PERFORMANCE RATE FOR 6 OF 9 HEALTH INDICATORS.

NATIVE AMERICAN YOUTH HAD DISPARITIES IDENTIFIED IN 8 OF THE 9 HEALTH INDICATORS.

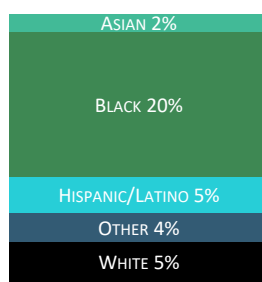
BLACK AND WHITE YOUTH HAD DISPARITIES IDENTIFIED FOR 6 OF THE 9 HEALTH INDICATORS.

2021

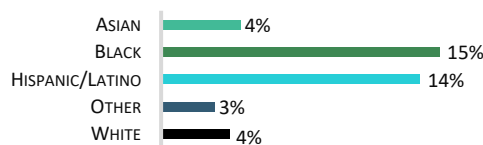
LOW BIRTH-WEIGHT



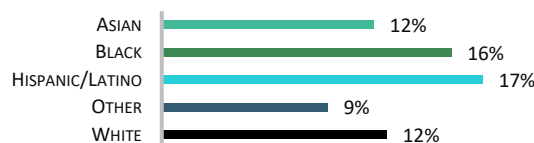
ASTHMA CONDITION



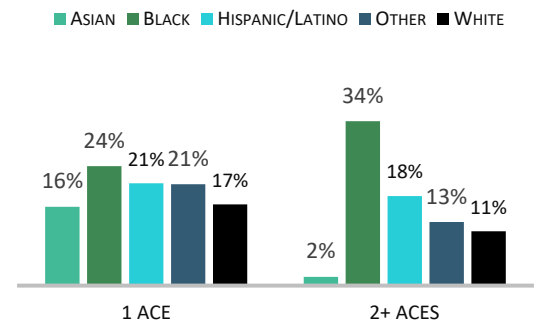
OVERWEIGHT



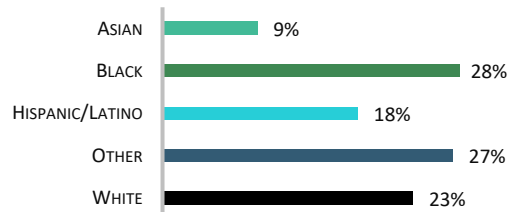
DECAYING TEETH OR CAVITIES



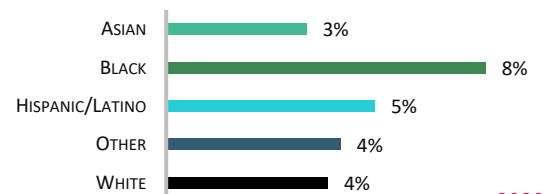
ADVERSE CHILDHOOD EXPERIENCES



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



DEVELOPMENTAL DELAY, 3-17 YEARS



2020-21

1 Impoverishment according to the California Poverty Measure (CPM)
2 Public school students absent more than 10% of the time
3 Represents the percentage of in the four-year cohort who met the UC/CSU entrance, or A-G, course requirements

