



Substance Use Disorders Services for Youth

The data presentations in this presentation were reviewed by CMIO 7/3/15 and determined to meet Safe Harbor criteria.

The Department of Health Care Services has Two Funding Streams for Substance Use Disorder Services:

The Substance Abuse Prevention and Treatment Block Grant (SAPT BG)

Drug Medi-Cal





SAPT Primary Prevention

SAPT Primary Prevention

California devotes over 20 percent of its annual SAPT Block Grant award to implement Substance Use Disorder Primary Prevention services which are primarily delivered to those 25 and younger.



SAPT Primary Prevention

As a contractual requirement of receiving SAPT Block Grant Primary Prevention funding, each of California's 58 counties must submit a Strategic Prevention Plan using SAMHSA's Strategic Prevention Framework.



SAPT Funded Primary Prevention

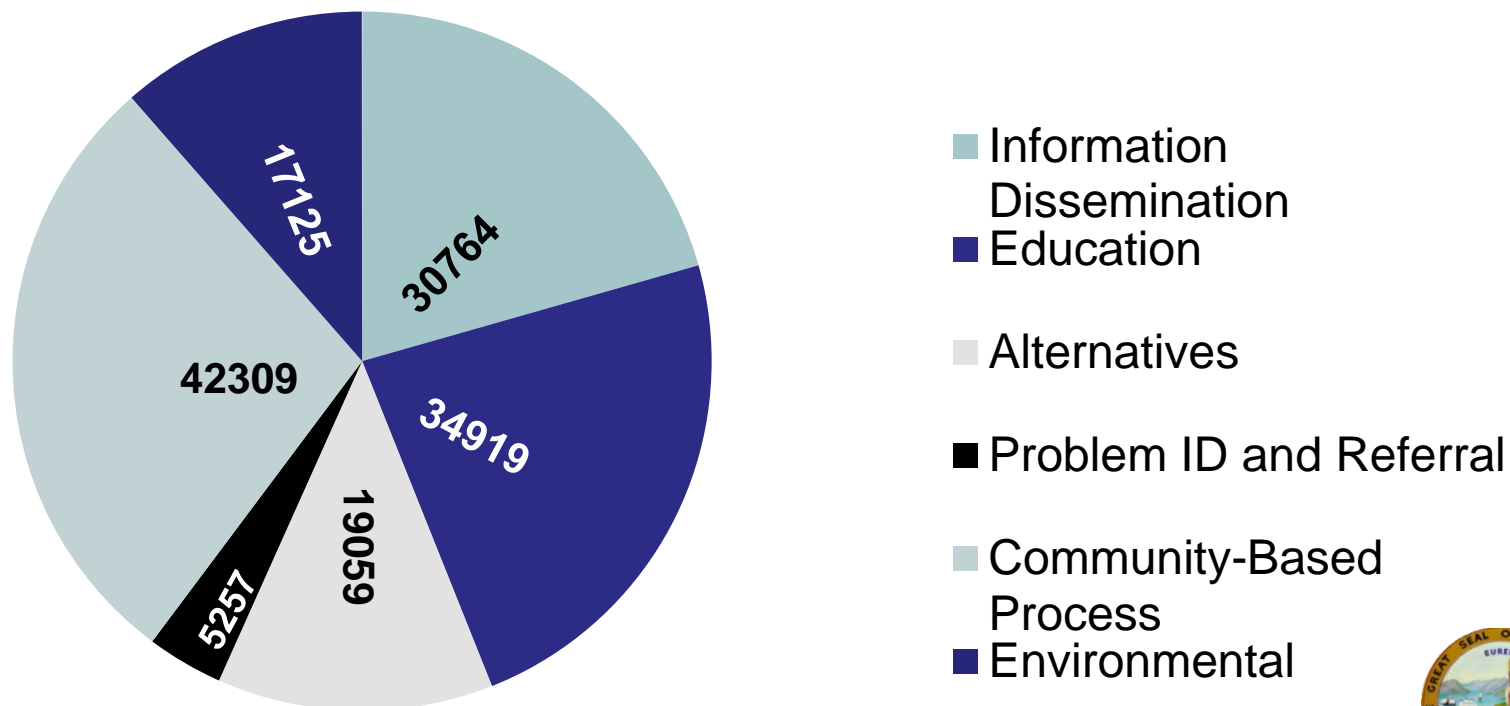
CSAP strategies for allowable use of SAPT BG funding

Information	Problem Identification & Referral
Dissemination	Community-Based Process
Education	Environmental
Alternatives	

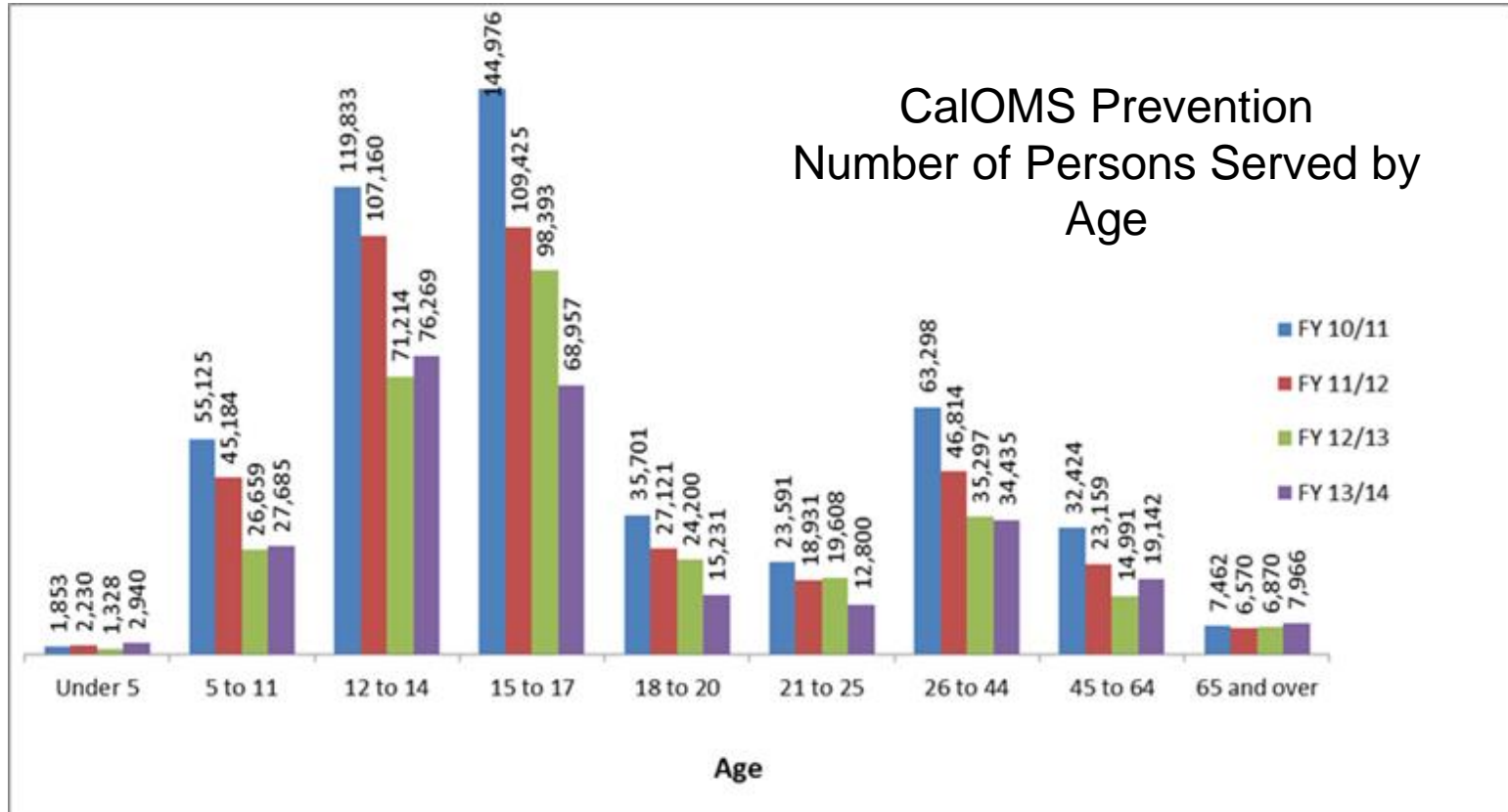


SAPT Primary Prevention -Individuals Served FY 2012-13

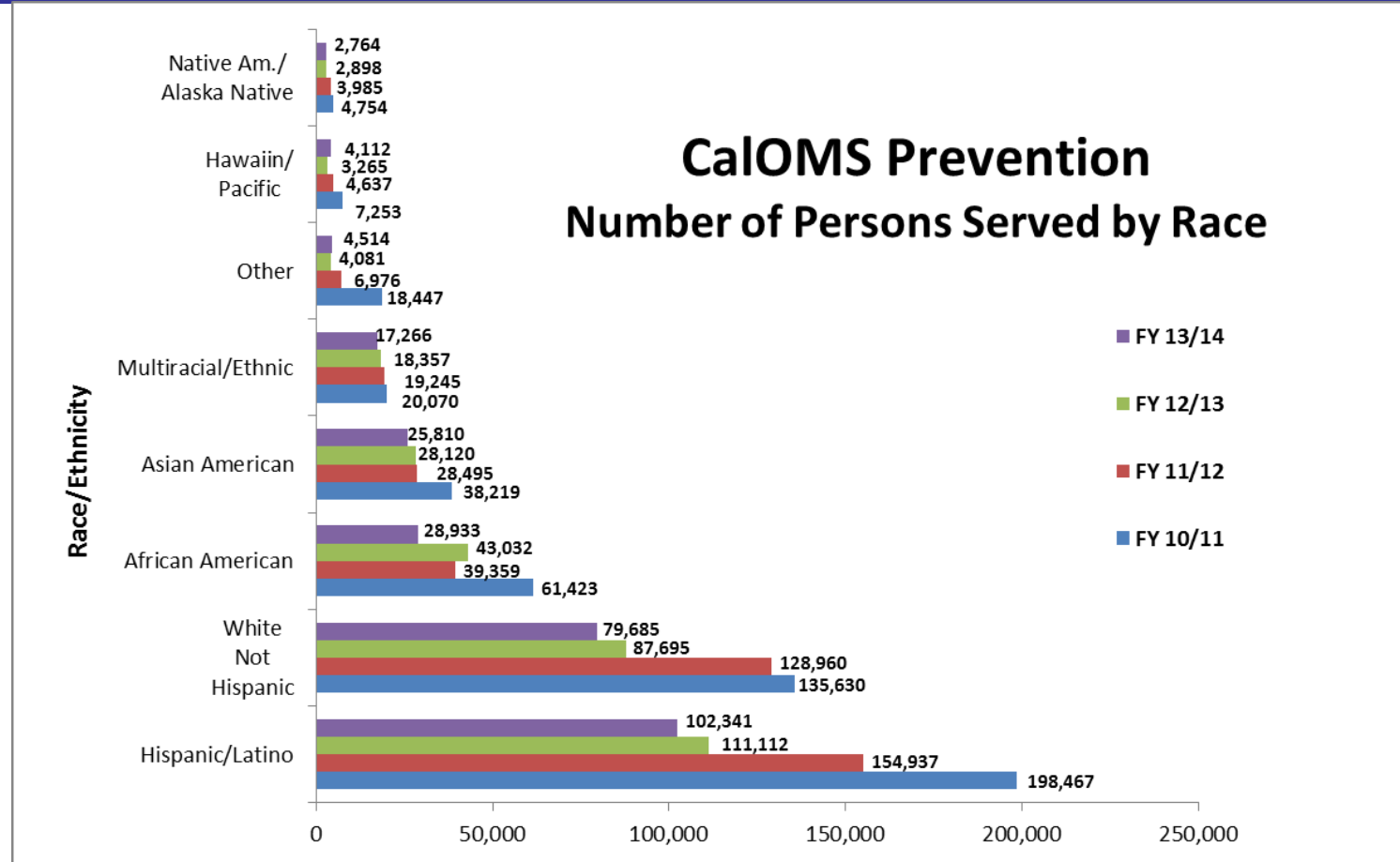
Services by Strategy



SAPT Primary Prevention

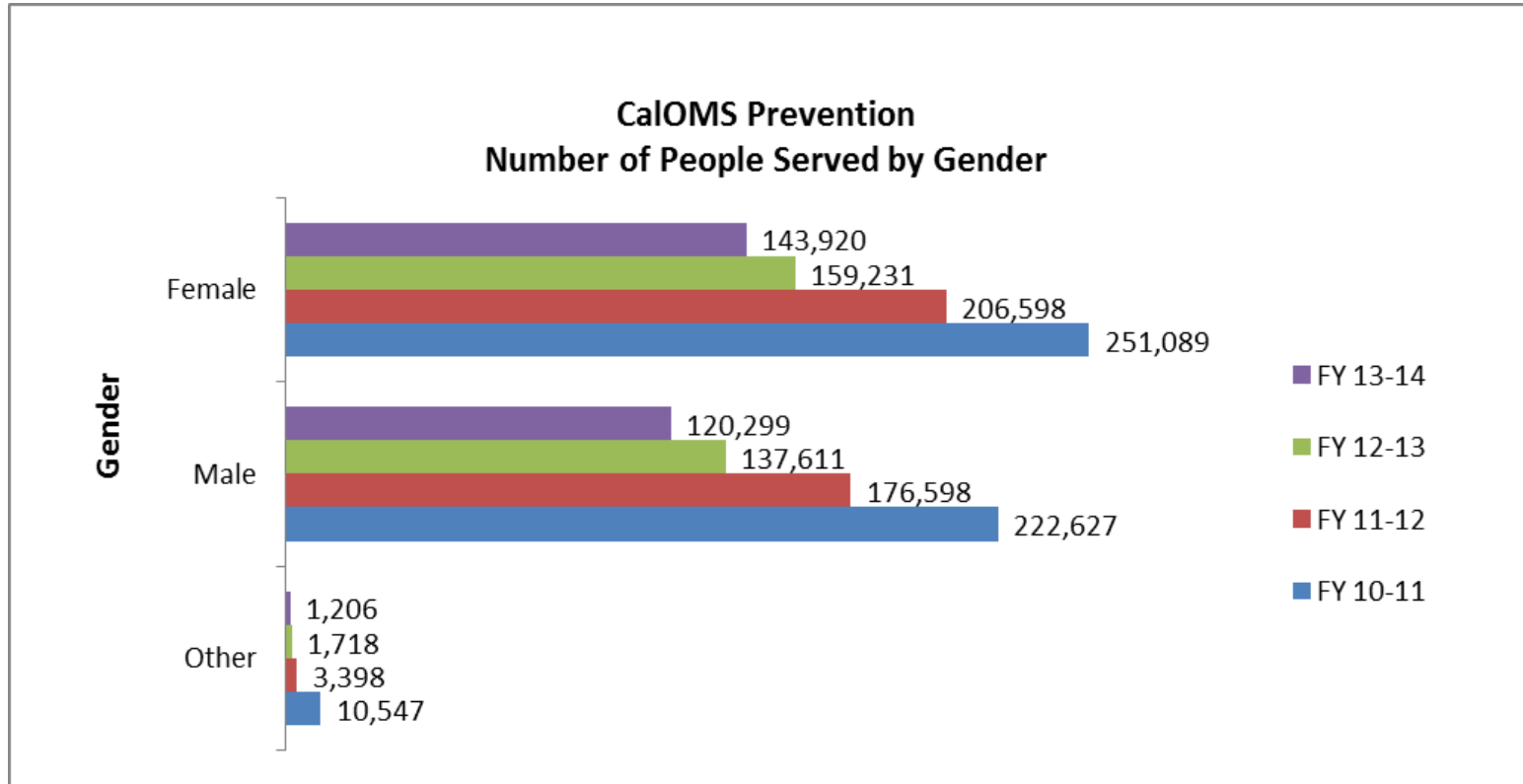


SAPT Primary Prevention



*CalOMS Pv Data retrieved 7/3/15, FY 2014/15 data represents a six month time period from 7/1/14 to 12/31/14

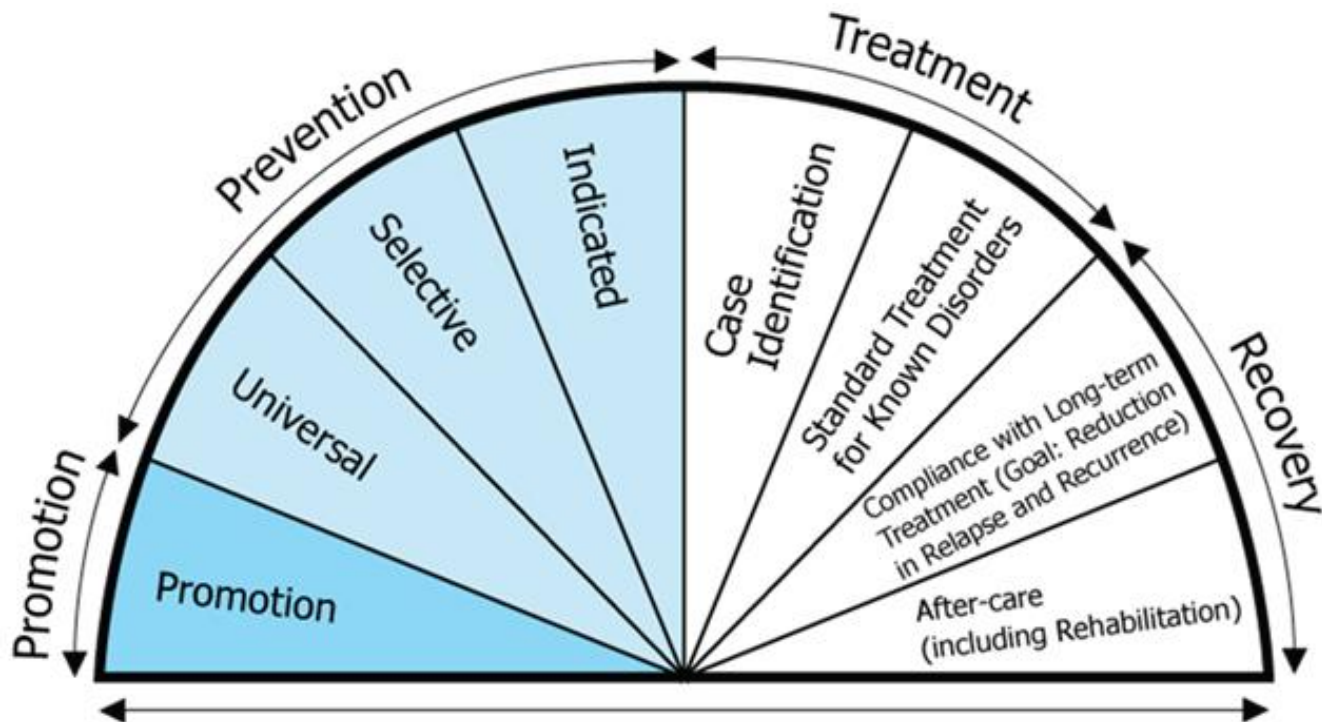
SAPT Primary Prevention





Youth Treatment

Youth Treatment



Youth Clients Admitted to Treatment During FY 2012-13

Over 21,500 unique clients under the age of 18 (youth) were admitted to treatment.



Youth Clients Admitted to Treatment: FY 2012-13

Of the total unique youth clients,
67% are male and 33% are female.
(Other is less than 1%).



PRIMARY DRUG

At 74%, Marijuana is the most frequently reported primary drug at admission.

- Alcohol (17%) is the second most commonly reported primary drug and the third most reported drug is methamphetamine (4%).



AGE OF FIRST USE

Nearly one-quarter (24%) of unique clients reported age 13 as the age of first use, followed by ages 12 (20%) and 14 (19%).



AGE AT ADMISSION

The majority of youth clients are either age 17 (29%) or 16 (27%) when entering treatment.

Age 15 (21%) and age 14 (13%) are the next most common ages of youth clients entering treatment.



RACE/ETHNICITY

Hispanics (64%)
Black-not Hispanic (16%)
White-not Hispanic (13%)
Other 10%



CURRENT LIVING ARRANGEMENTS

Dependent Living (90%)

Independent Living (9%)

Homeless (<1%)





Adolescent Treatment Program Funds	
Intensive Outpatient Treatment	\$1,654,811
Residential Treatment	\$1,654,811
Outpatient Drug Free Group	\$1,339,438
Outpatient Drug Free Individual	\$1,292,025
Early Intervention	\$1,171,229
Aftercare	\$563,347
County Support	\$478,313
Case Management	\$385,776
Outreach/Intervention	\$188,200
Referrals/Screening/Intake	\$86,821
Quality Assurance	\$49,762
Planning, Coordination Needs Assessment	\$15,745
Training	\$3,189
TOTAL	\$7,229,265

Fig 1. Substance Abuse Treatment and Prevention (SAPT) Block Grant: Specific Uses of Adolescent Youth Treatment Funds

* Expended in Fiscal Year 2012-13 (by service code)

Drug Medi-Cal Services

Drug Medi-Cal Treatment Services are:

- Outpatient Drug Free Group Counseling
- Outpatient Drug Free Individual Counseling
- Intensive Outpatient Treatment
- Narcotic Treatment Services
- Naltrexone Services
- Residential Treatment Services



Youth Clients in Treatment

Medi-Cal Substance Use Disorder Services
(Drug Medi-Cal (DMC)) are Carved Out from
Medi-Cal Physical Health Care



Unique Client Counts for Minor Consent and EPSDT

Fiscal Year 2012-13

Unique Minor Consent Clients – 8,799

Unique EPSDT Clients – 14,689

Totals – 23,488



Questions

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