

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



Adult and Older Adult Behavioral Health Services SYSTEMWIDE ANNUAL REPORT Fiscal Year 2014-2015

Report prepared by:



6/8/2016



COUNTY OF SAN DIEGO BOARD OF SUPERVISORS

- *Greg Cox, District 1*
- *Dianne Jacob, District 2*
- *Dave Roberts, District 3*
- *Ron Roberts, District 4*
- *Bill Horn, District 5*

Chief Administrative Officer

- *Helen Robbins-Meyer*

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

Health and Human Services Agency Director

- *Nick Macchione, MS, MPH, FACHE*



BEHAVIORAL HEALTH SERVICES

ADULT/OLDER ADULT MENTAL HEALTH SERVICES & CHILDREN'S MENTAL HEALTH SERVICES

Behavioral Health Services Director

- *Alfredo Aguirre, LCSW*

Clinical Director

- *Michael Krelstein, MD*

Interim Director of Operations

- *Patty Kay Danon*

Deputy Director, Adult and Older Adult Systems of Care

- *Piedad Garcia, EdD, LCSW*



COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES

Chief, Quality Improvement Unit

- *Tabatha Lang, MFT*

Principal Administrative Analyst, Quality Improvement Unit

- *Liz Miles, EdD, MPH, MSW*

REPORT PREPARED BY:

University of California, San Diego Health Services Research Center

- *Meghan Maiya, MA*
- *Mark Metzger*
- *Zhun Xu, PhD*
- *Steven Tally, PhD*
- *Todd Gilmer, PhD*



TABLE OF CONTENTS

SECTION	Page	SECTION	Page	SECTION	Page
INTRODUCTION	4	WHAT KINDS OF SERVICES ARE BEING USED? - Cont.		WHO ARE WE SERVING? - Cont.	
KEY FINDINGS	5-6	<i>Hospitalizations</i>	32	<i>TAY Primary Diagnosis</i>	55
All AOABHS Clients	7-44	<i>Multiple Hospitalizations</i>	33-34	<i>TAY Dual Diagnosis</i>	56
WHO ARE WE SERVING?		<i>Multiple Hospitalizations & Service Use</i>	35	<i>TAY Employment Status</i>	57
<i>Total Number of Clients Served</i>	7	ACCESSIBILITY OF SERVICES		<i>TAY Military Service</i>	58
<i>Age</i>	8	<i>Access</i>	36	WHAT KINDS OF SERVICES ARE BEING USED?	
<i>Gender</i>	9	ARE CLIENTS GETTING BETTER?		<i>Types of Services</i>	59
<i>Race/Ethnicity</i>	10	<i>Client Outcomes: IMR, RMQ & SATS-R</i>	37	ARE CLIENTS GETTING BETTER?	
<i>Living Situation</i>	11	ARE CLIENTS SATISFIED WITH SERVICES?		<i>TAY Client Outcomes: IMR, RMQ & SATS-R</i>	60
<i>Health Care Coverage</i>	12	<i>Client Satisfaction</i>	38		
<i>Primary Care Physician</i>	13	MENTAL HEALTH SERVICE ACT COMPONENTS		Older Adult (OA) Clients	61-76
<i>Sexual Orientation</i>	14	<i>MHSA Components</i>	39-40	WHO ARE WE SERVING?	
<i>History of Trauma</i>	15	PREVENTION AND EARLY INTERVENTION		<i>Total Number of OA Clients</i>	62
<i>Primary Diagnosis</i>	16	<i>PEI Clients: Demographics & Client Satisfaction</i>	41	<i>OA Age</i>	63
<i>Co-occurring (Overall & by Age)</i>	17	INNOVATIONS		<i>OA Gender</i>	64
<i>Co-occurring by Gender & Race/Ethnicity</i>	18	<i>MHSA, Innovations Projects</i>	42	<i>OA Race/Ethnicity</i>	65
<i>Co-occurring by Primary Diagnosis</i>	19	ALCOHOL & DRUG SERVICES (ADS)		<i>OA Living Situation</i>	66
<i>Primary Language</i>	20	<i>Client Demographics & Type of Discharge</i>	43	<i>OA Health Care Coverage</i>	67
<i>Education Level</i>	21	DRIVING UNDER THE INFLUENCE PROGRAM		<i>OA Primary Care Physician</i>	68
<i>Employment Status</i>	22	<i>DUI Program: Demographics, Admissions & Completions</i>	44	<i>OA Sexual Orientation</i>	69
<i>Military Service</i>	23			<i>OA History of Trauma</i>	70
WHERE ARE WE SERVING?		Transition Age Youth (TAY) Clients	45-60	<i>OA Primary Diagnosis</i>	71
<i>Demographics by Region</i>	24	WHO ARE WE SERVING?		<i>OA Dual Diagnosis</i>	72
WHAT KINDS OF SERVICES ARE BEING USED?		<i>Total Number of TAY Clients</i>	46	<i>OA Employment Status</i>	73
<i>Types of Services</i>	25	<i>TAY Age</i>	47	<i>OA Military Service</i>	74
<i>First Service Use</i>	26	<i>TAY Gender</i>	48	WHAT KINDS OF SERVICES ARE BEING USED?	
<i>Emergency Services</i>	27	<i>TAY Race/Ethnicity</i>	49	<i>Types of Services</i>	75
<i>Emergency Services & Client Age</i>	28	<i>TAY Living Situation</i>	50	ARE CLIENTS GETTING BETTER?	
<i>Emergency Services & Client Gender</i>	29	<i>TAY Health Care Coverage</i>	51	<i>OA Client Outcomes: IMR, RMQ & SATS-R</i>	76
<i>Emergency Services & Race/Ethnicity</i>	30	<i>TAY Primary Care Physician</i>	52		
<i>Emergency Services & Primary Diagnosis</i>	31	<i>TAY Sexual Orientation</i>	53	GLOSSARY	77-79
		<i>TAY History of Trauma</i>	54	Contact Us	80

INTRODUCTION

Overview

▶ This report summarizes cumulative system and clinical outcomes for transition age youth, adults, and older adults served by the County of San Diego Adult and Older Adult Behavioral Health Services (AOABHS) in Fiscal Year 2014-15 (July 2014 - June 2015).

▶ AOABHS primarily serves individuals 18 years old and older with severe, persistent mental health needs or those experiencing a mental health crisis.



The County of San Diego Adult and Older Adult Behavioral Health Services delivered services through a wide variety of program types in FY 2014-15 including:

- **Outpatient programs including but not limited to: Full Service Partnerships (FSP) and Walk-in Assessment Centers**
- **Case Management (CM) programs**
- **Clubhouses**
- **Crisis Residential Facilities**
- **Emergency Psychiatric Unit (EPU)**
- **Psychiatric Emergency Response Teams (PERT)**
- **Inpatient Facilities**
- **Forensic Services**
- **Telepsychiatry**

KEY FINDINGS

All AOABHS Clients

- In FY 2014-15, San Diego County delivered behavioral health services to 43,780 adults, transition age youth, and older adults.
- There was a 21% decrease in the number of clients that were in justice-related living situations (jail or other justice institutions) from FY 2013-14 to FY 2014-15 (2,666 to 2,102).
- There was a 37% reduction in the number of AOABHS clients with an uninsured/unknown insurance status from FY 2013-14 to FY 2014-15 (9,858 to 6,196) and a 13% increase in the number of clients that were insured by Medi-Cal (26,109 to 29,413). This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began in October of 2013.
- The most common diagnoses among adults who received services in FY 2014-15 were: Schizophrenia and Other Psychotic Disorders (38%), Depressive Disorders (30%); and Bipolar Disorders (21%).
- In FY 2014-15, there was a 22% increase in the number of clients who accessed mental health services for the first time via Outpatient Fee-For-Service (FFS) services (1,931 in FY 2013-14 to 2,357 in FY 2014-15).
- There was a 6% decrease in the number of clients with multiple hospitalizations from FY 2013-14 to FY 2014-15 (1,863 to 1,747).
- Clinicians reported that clients are getting better, indicated by significant improvements in 2 of the illness management and recovery subscales as well as the overall mean scores from pre to post assessment.

KEY FINDINGS

Transition Age Youth (TAY) Clients

- In FY 2014-15, San Diego County delivered mental health services to 7,483 TAY clients (ages 18 to 25).
- A larger proportion of TAY clients (59%) were male compared to the overall AOABHS client population (53%).
- A larger proportion of TAY-aged clients were Hispanic (36%) compared to the proportion of Hispanics served in the overall AOABHS population (22%).
- The proportion of TAY clients with an uninsured/unknown insurance status decreased from 26% in FY 2013-14 to 18% in FY 2014-15. This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began in October of 2013.
- The most common diagnoses among TAY clients in FY 2014-15 were Depressive Disorders (30%), followed by Schizophrenia and Other Psychotic Disorders (29%).
- TAY clients utilized larger proportions of Psychiatric Emergency Response Team (PERT) services (19%) compared to the overall AOABHS client population (12%).

Older Adult (OA) Clients

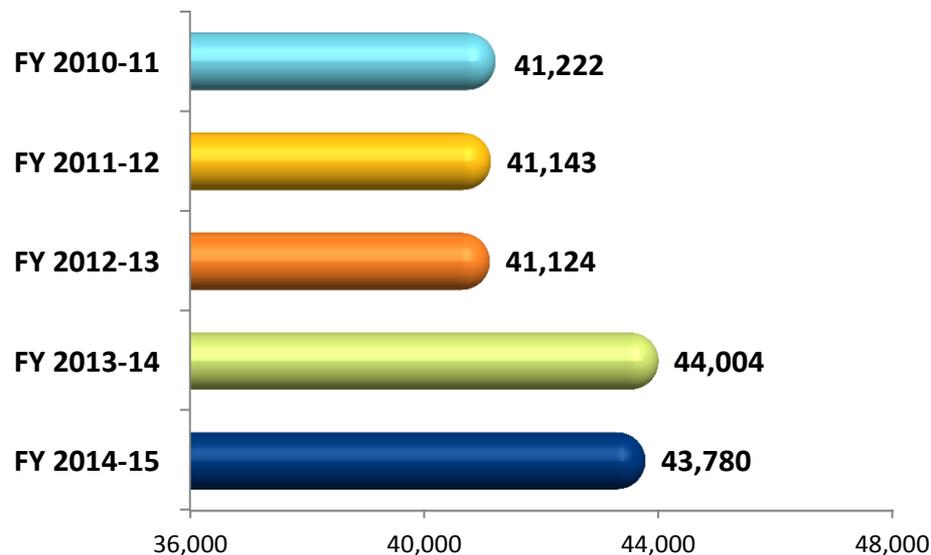
- In FY 2014-15, San Diego County delivered mental health services to 5,471 older adults (age 60 or older).
- A larger proportion of OA clients were female (56%) compared to the overall client population (46%).
- A larger proportion of OA clients were White (51%) compared to the overall AOABHS client population (44%).
- The proportion of OA clients with an uninsured/unknown insurance status decreased from 18% in FY 2013-14 to 15% in FY 2014-15. This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began in October of 2013.
- The most common diagnoses among OA clients who received services in FY 2014-15 were Schizophrenia and Other Psychotic Disorders (39%) and Depressive Disorders (37%).
- OA clients utilized larger proportions of ACT (5%), Case Management [Institutional (7%) and Strengths (6%)] and PERT (17%) services than was observed in the overall AOABHS client population (4%, 2%, 2%, and 12%, respectively).

WHO ARE WE SERVING?

Total Number of All AOA Clients Served

- ▶ In FY 2014-15, San Diego County delivered behavioral health services to 43,780 adults, transition age youth (TAY), and older adults (OA).
- ▶ The number of clients served was relatively stable from FY 2010-11 to FY 2012-13, but increased by 7% (2,880 clients) in FY 2013-14 and then decreased 1% (224 clients) in FY 2014-15.

Number of Clients Served by Fiscal Year

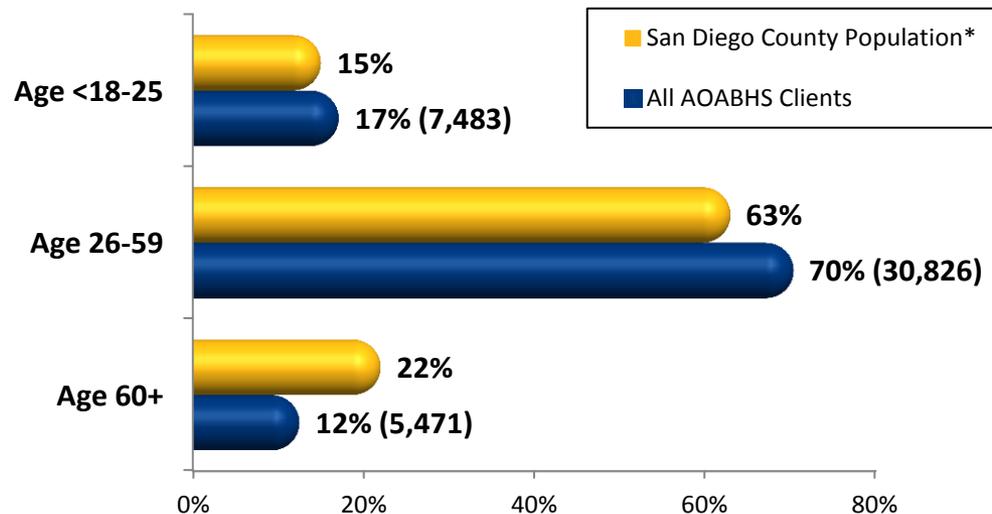


WHO ARE WE SERVING?

All AOA Clients: Age

- ▶ AOABHS age ranges changed slightly in FY 2014-15 to match state mandated categories. Twenty-five year olds are now included in the TAY age range.
- ▶ Compared to the overall San Diego County population, a much smaller proportion of AOABHS clients were older adults (ages 60+).

Age Distribution



NOTE: San Diego County Population estimates were not available for the new age categories mentioned above. To provide the best approximation, the percentages reported above for the San Diego County Population remained the following as in previous reports: Age 18-24; 25-59 and 60+.

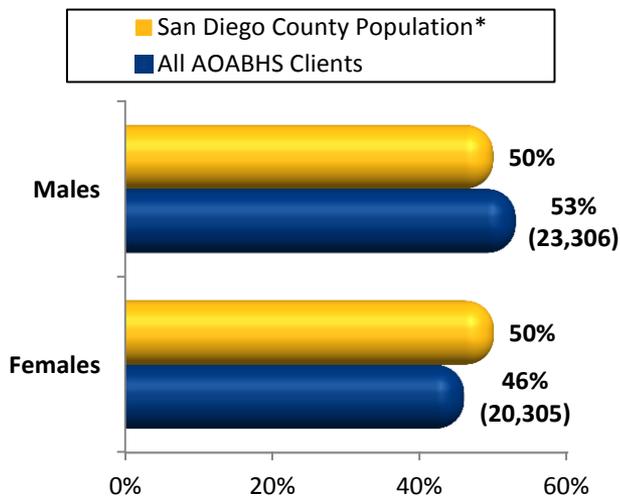
*San Diego County Population estimates of adults (18 years old and older) were sourced from: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

WHO ARE WE SERVING?

All AOA Clients: Gender

- ▶ AOABHS served a larger proportion of males (53%) than females (46%).
- ▶ The proportion of males and females in the AOABHS client population has remained relatively stable over the past 3 fiscal years, varying less than 1% between fiscal years.
- ▶ AOABHS served a larger proportion of males than was observed in the overall San Diego County Population.

Gender Distribution



AOABHS Gender	Fiscal Year					SD County Population
	2010-11	2011-12	2012-13	2013-14	2014-15	
Females	48%	47%	45%	45%	46%	50%
Males	52%	53%	54%	54%	53%	50%
Other /Unknown	<1%	<1%	<1%	<1%	<1%	<1%

*San Diego County Population estimates of adults (18 years old and older) were sourced from: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

NOTES:

1. The All AOABHS Client categories do not sum to 100% because the Other/Unknown category was not displayed in the figure above.
2. <1% of clients' gender was reported as Other/Unknown (169 clients; not shown in figure above).
3. Percentages may not add to 100% due to rounding.

WHO ARE WE SERVING?

All AOA Clients: Race/Ethnicity

- ▶ Since FY 2010-11, the proportion of White clients served by AOABHS has been decreasing.
- ▶ In FY 2014-15, 16% of the AOABHS client population was categorized as Other/Unknown [Other = 1,968 (4%); Unknown = 5,112 (12%)].

Race / Ethnicity	Fiscal Year					SD County Population*
	2010-11	2011-12	2012-13	2013-14	2014-15	
White	50%	49%	48%	45%	44%	53%
Hispanic	21%	22%	23%	22%	22%	30%
African American	13%	12%	13%	13%	12%	5%
Asian	6%	5%	5%	5%	5%	12%
Native American	1%	1%	1%	1%	1%	<1%
Other/Unknown	10%	11%	11%	14%	16%	

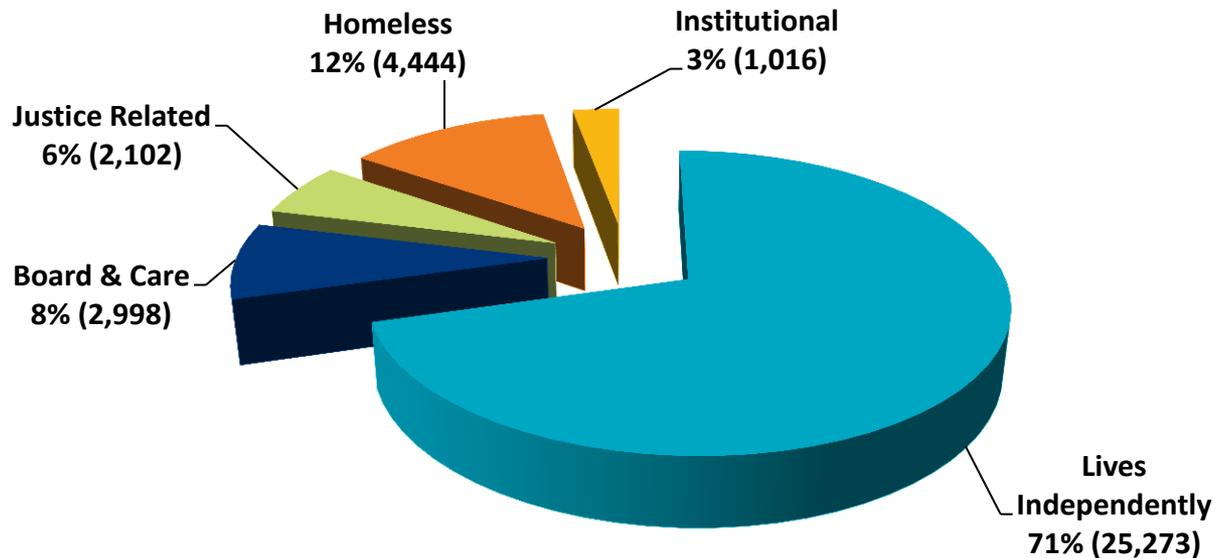
*San Diego County Population estimates of adults (18 years old and older) were derived from California Health Interview Survey (CHIS) estimates applied against 2014 US Census population data estimates for San Diego County.

WHO ARE WE SERVING?

All AOA Clients: Living Situation*

- ▶ 71% of clients lived independently in FY 2014-15.**
- ▶ There was a 21% decrease in the number of clients that were in justice-related living situations (jail or other justice institutions) from FY 2013-14 to FY 2014-15 (2,666 to 2,102).
- ▶ There was a 5% decrease in the number of AOABHS clients that were homeless from FY 2013-14 to FY 2014-15 (4,668 to 4,444).***

Living Situation



*Client living situation reflects status at time of most recent client assessment.

**Clients living independently includes clients living with family at the start of services.

***Some clients who are reported here as 'Homeless' may have received housing support via ACT programs since their most recent assessment.

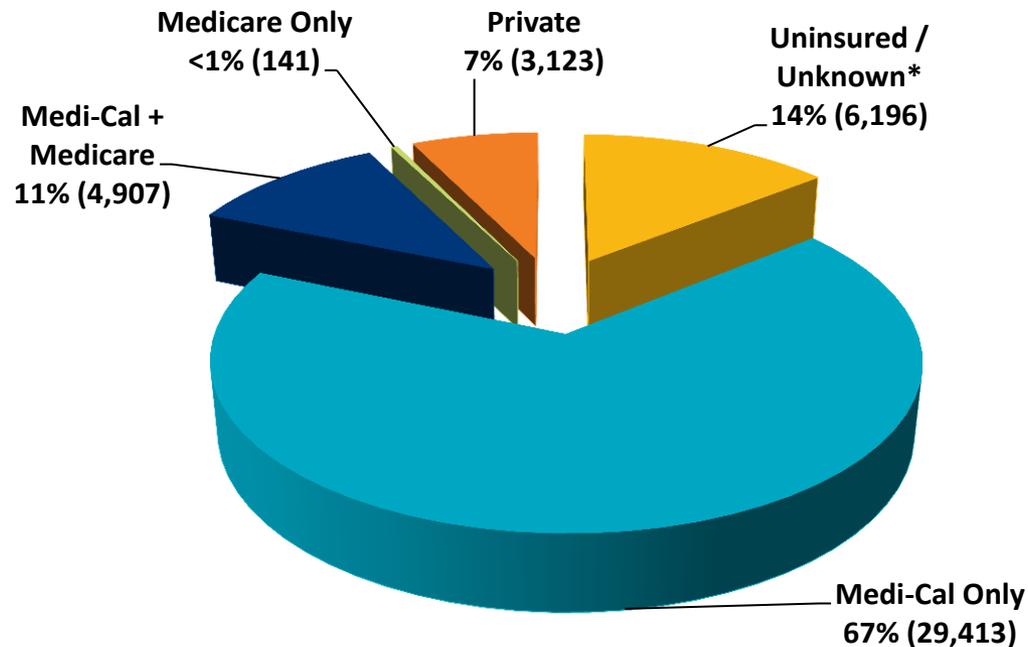
NOTE: The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

All AOA Clients: Health Care Coverage

- ▶ There was a 37% reduction in the number of AOABHS clients with an uninsured/unknown insurance status from FY 2013-14 to FY 2014-15 (9,858 to 6,196, respectively). This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began January 1, 2014.
- ▶ There was a 13% increase in the number of AOABHS clients that were insured by Medi-Cal only from FY 2013-14 to FY 2014-15 (26,109 to 29,413, respectively).

Insurance Status and Type



*The large majority of clients in this category were uninsured versus an unknown insurance type.

NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

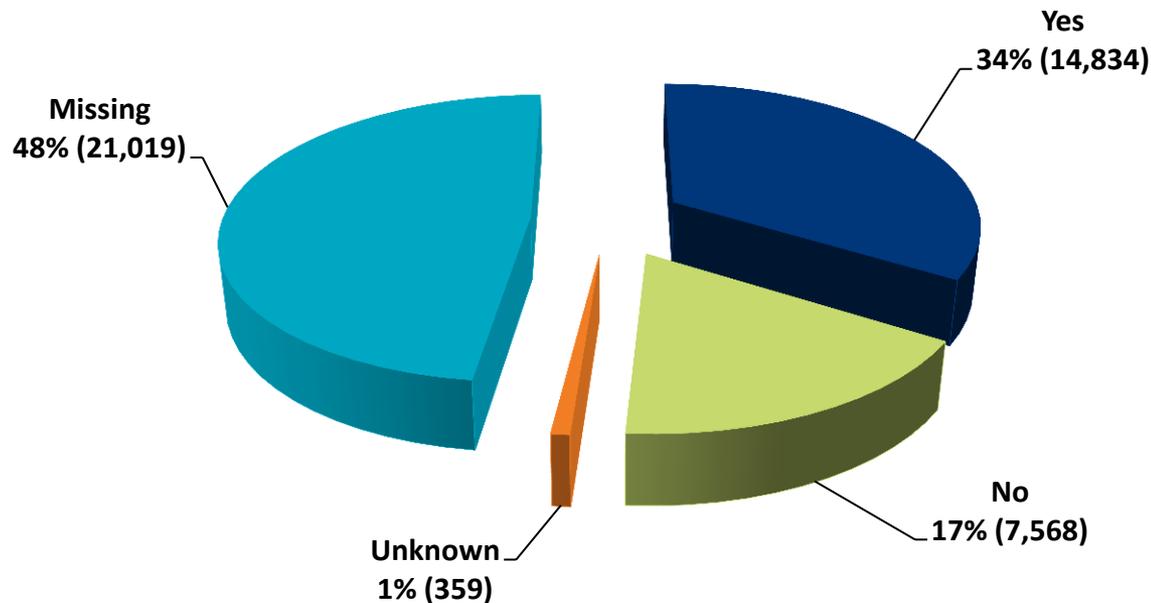
All AOA Clients: Primary Care Physician

► In FY 2014-15, 34% (14,834) of behavioral health clients were known to have a primary care physician.

► 17% of clients did not have a primary care physician.

NOTE: Nearly half (48%) of AOABHS clients did not have this information on record (21,019 had missing data) even though reporting this is a requirement in the Behavioral Health Assessment.

Primary Care Physician



NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

All AOA Clients: Sexual Orientation

► Among the 18,104 clients who had information about sexual orientation available, 88% reported that they were Heterosexual, 3% Gay or Lesbian, and 3% Bisexual.

NOTE: The sexual orientation variable was not reported on enough in FY 2014-15 to be able to accurately make conclusive statements about sexual orientation within the AOABHS client population. Starting in FY 2015-16, reporting information about sexual orientation will be required.

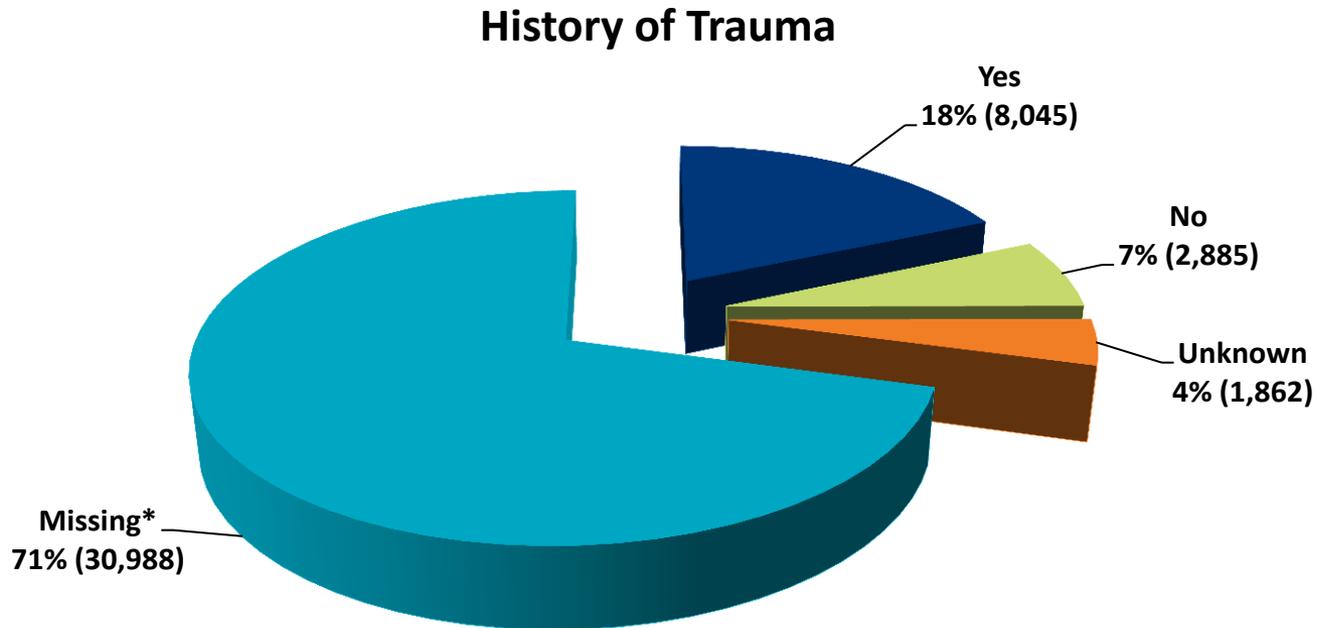
Sexual Orientation	Unique Clients	Percent
Heterosexual	15,966	36%
Bisexual	584	1%
Gay Male	352	1%
Lesbian	276	1%
Other	147	0%
Questioning	102	0%
Transgender	63	0%
Intersex	3	0%
Deferred	361	1%
Decline to State	250	1%
Missing	25,676	59%
Total	43,780	

NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

All AOA Clients: History of Trauma

- ▶ 18% of AOABHS clients had a history of trauma.
- ▶ Data was not available (missing) for 71% of the AOABHS client population. Starting in FY 2015-16, reporting information about history of trauma will be required.



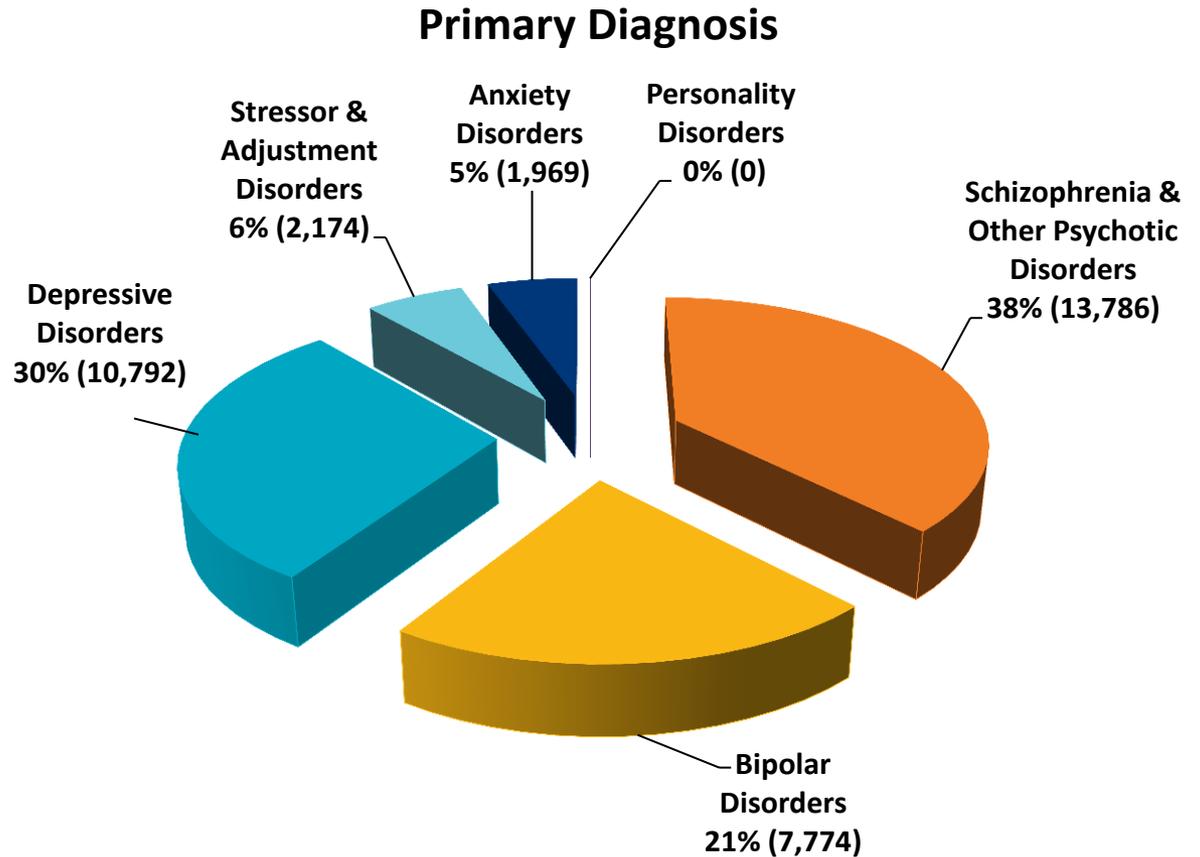
*Missing category includes Fee-For-Service providers for whom data were not available.
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

All AOA Clients: Primary Diagnosis*

The most common diagnoses among adults who received services in FY 2014-15 were:

- 1) Schizophrenia & Other Psychotic Disorders (38%)
- 2) Depressive Disorders (30%)
- 3) Bipolar Disorders (21%)



*The information presented above represents data for the AOABHS clients who received services in FY 2014-15, and for whom a primary diagnosis was known (N=36,495).

NOTES:

1. Diagnosis categories are different from previous fiscal years as a result of efforts to align with the ICD-10.
2. The graph and percentages reported above exclude Other/Unknown values.

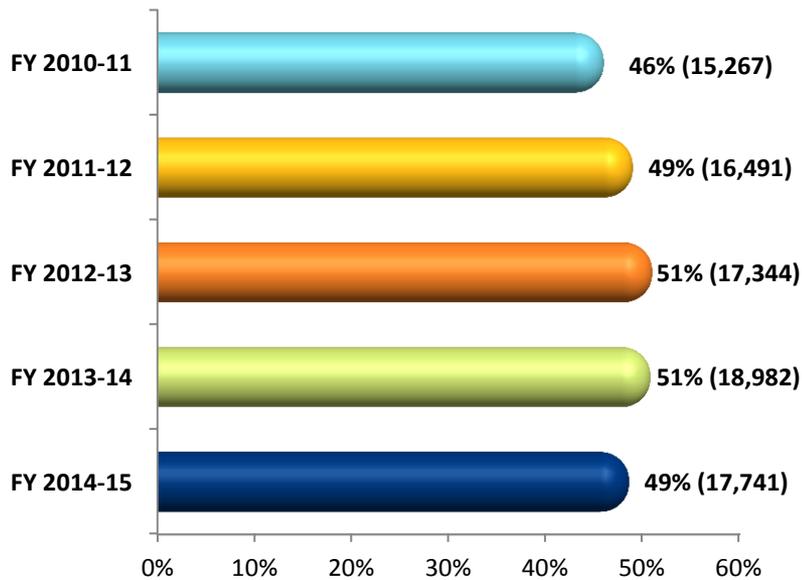
WHO ARE WE SERVING?

All AOA Clients: Co-Occurring (Overall & by Age)

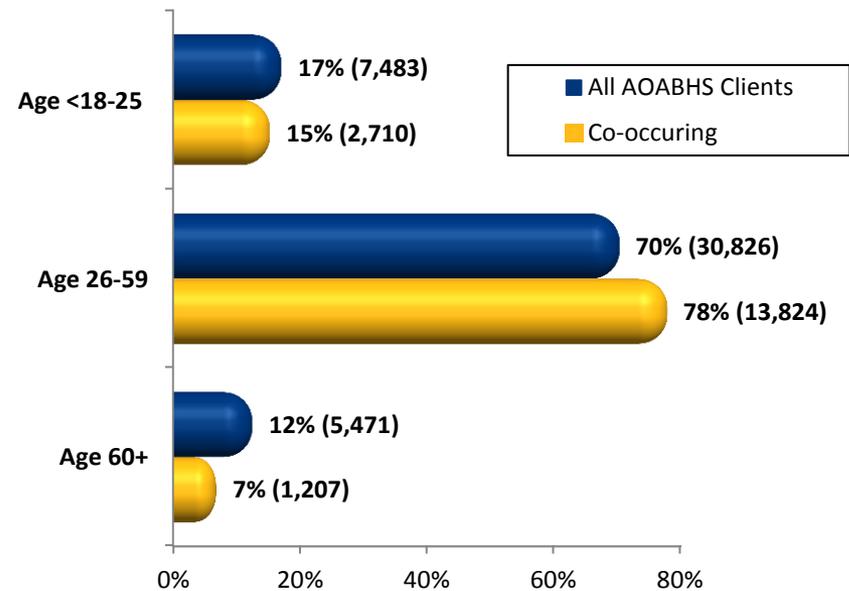


- ▶ In addition to a primary diagnosis, 49% of clients also had a diagnosis of co-occurring mental illness and Substance Use Disorder in FY 2014-15. This is a 7% decrease from FY 2013-14.
- ▶ More than three-quarters of clients (78%) who were experiencing a co-occurring mental illness and Substance Use Disorder were between the ages 26-59.

Clients with Co-occurring Mental Illness and Substance Use Disorder



Co-occurring by Age

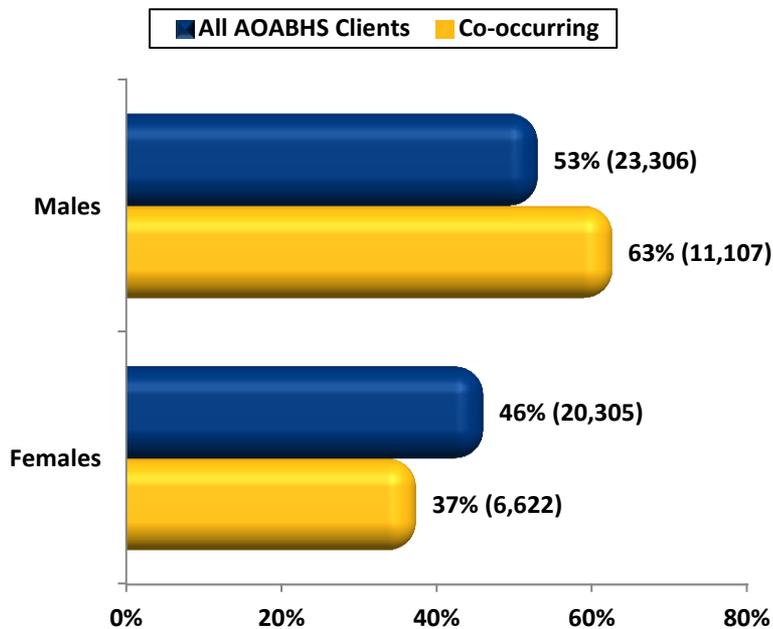


WHO ARE WE SERVING?

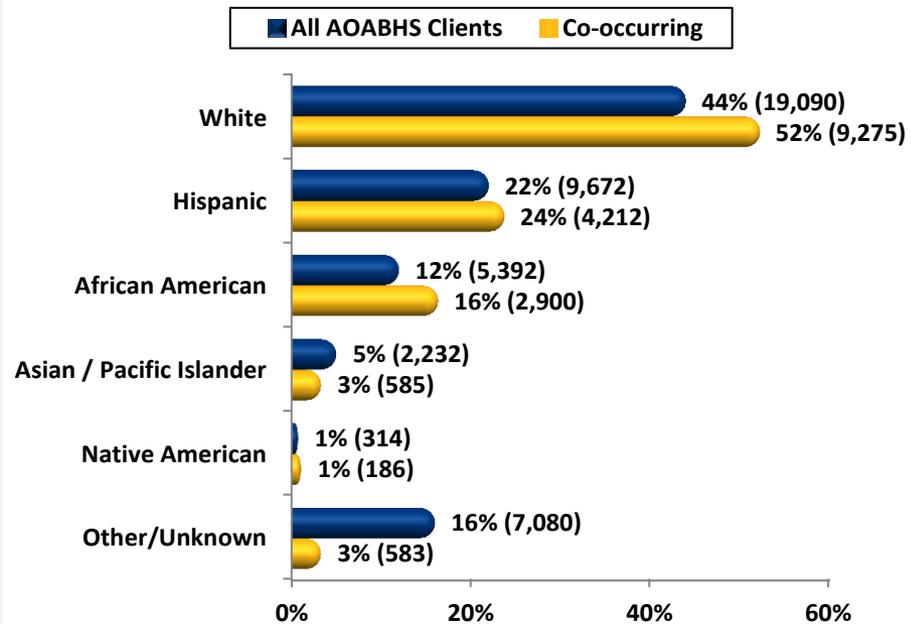
All AOA Clients: Co-Occurring by Gender & Race/Ethnicity

- ▶ The majority of AOABHS clients with co-occurring mental illness and Substance Use Disorder are male (63%).
- ▶ More than half of clients with co-occurring mental illness and Substance Use Disorder are White (52%).

Co-occurring by Gender



Co-occurring by Race/Ethnicity

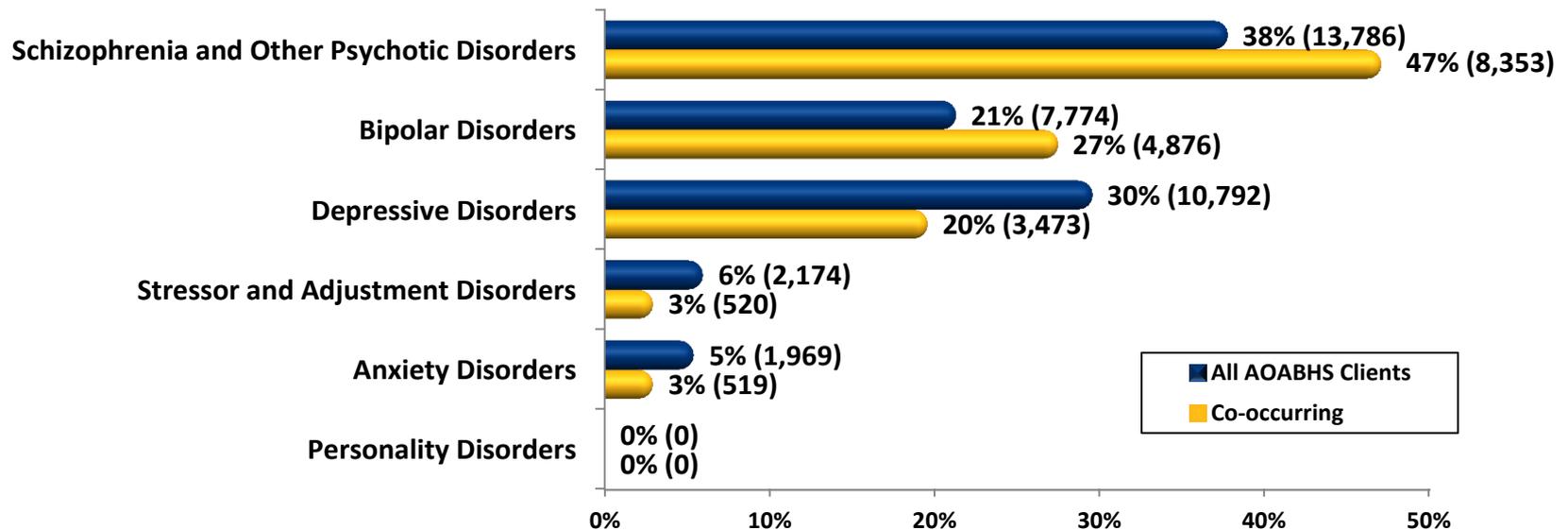


WHO ARE WE SERVING?

All AOA Clients: Co-Occurring by Primary Diagnosis

► Close to half of the clients (47%) with co-occurring mental illness and Substance Use Disorder had been diagnosed with Schizophrenia/Other Psychotic Disorders.

Co-occurring by Primary Diagnosis



*The information presented above represents data for the AOABHS clients with co-occurring mental illness and Substance Use Disorder who received services in FY 2014-15, and for whom a primary diagnosis was known (N=17,741).

NOTES:

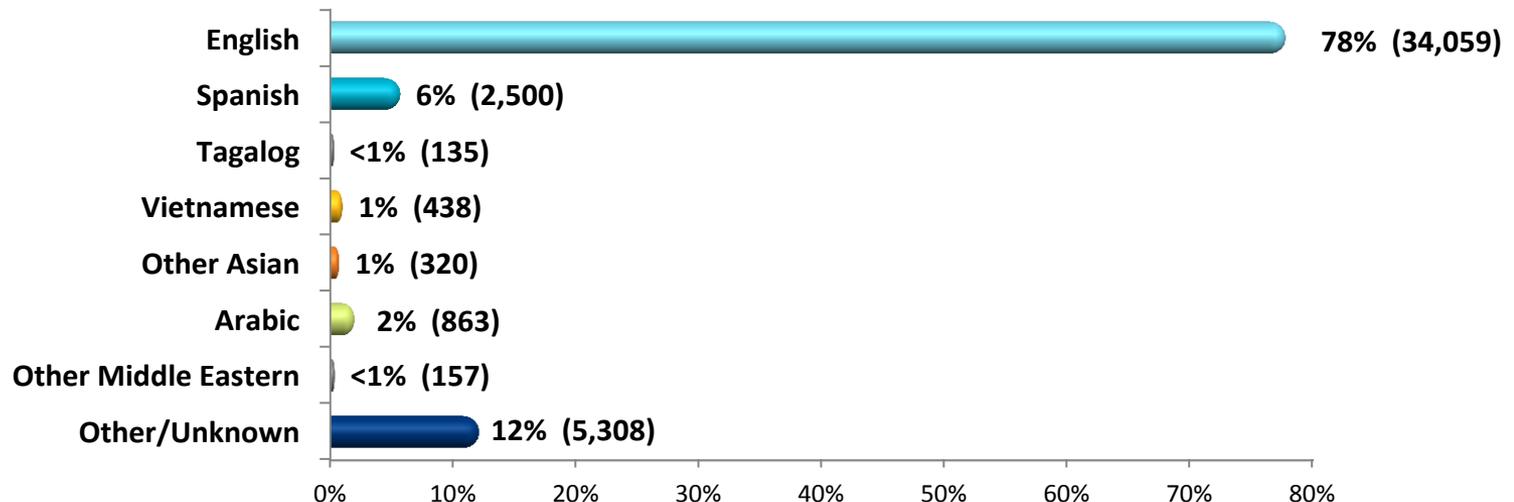
1. Diagnosis categories are different from previous fiscal years as a result of efforts to align with the ICD-10.
2. The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

All AOA Clients: Primary Language

- ▶ AOABHS offers services in many different languages, including, but not limited to, the 5 threshold languages: English, Spanish, Tagalog, Vietnamese, and Arabic.
- ▶ Similar to previous years, the majority of clients in FY 2014-15 (78%) reported English as their primary language, with an additional 6% preferring Spanish.

Preferred Language

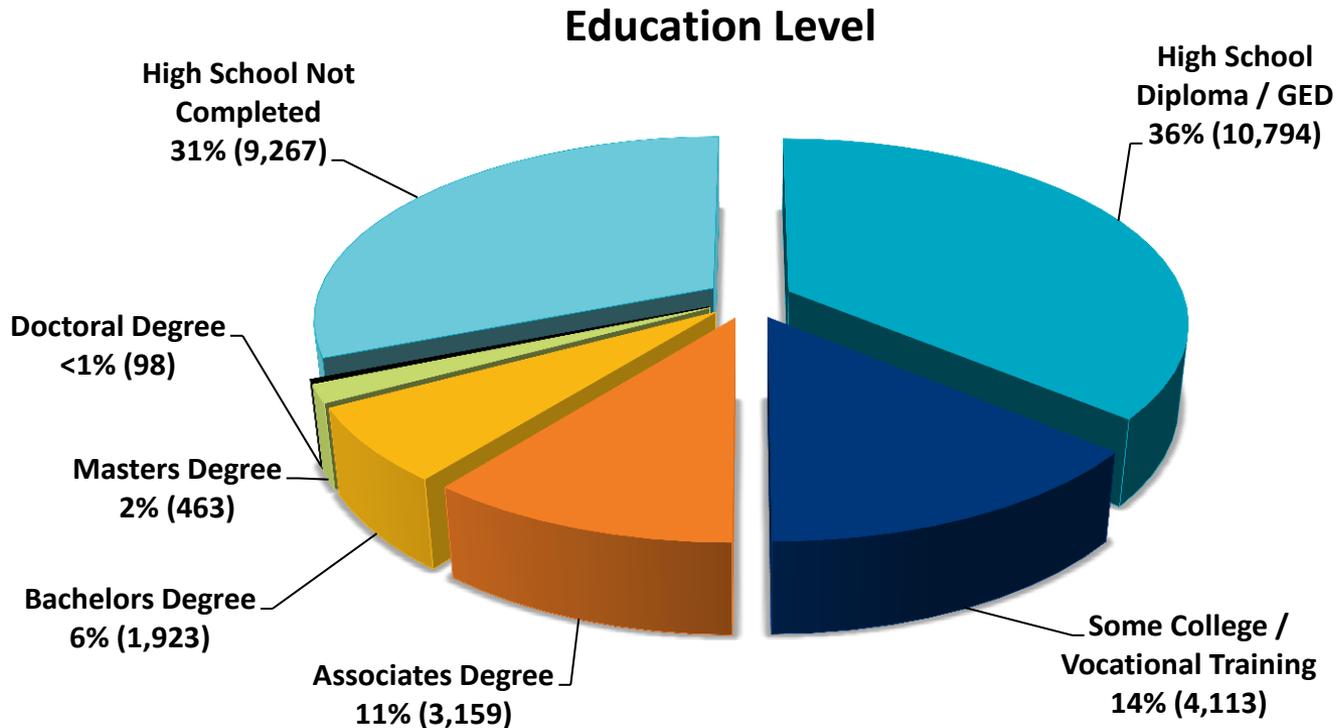


NOTE: The 'Other/Unknown' category is comprised of clients reporting a variety of primary languages not reported above, as well as those who report no primary language.

WHO ARE WE SERVING?

All AOA Clients: Education Level

- ▶ More than a third of clients (36%) had a high school diploma or GED.
- ▶ 19% of clients had earned an Associates Degree or higher.
- ▶ Slightly less than a third of clients (31%) did not complete high school.



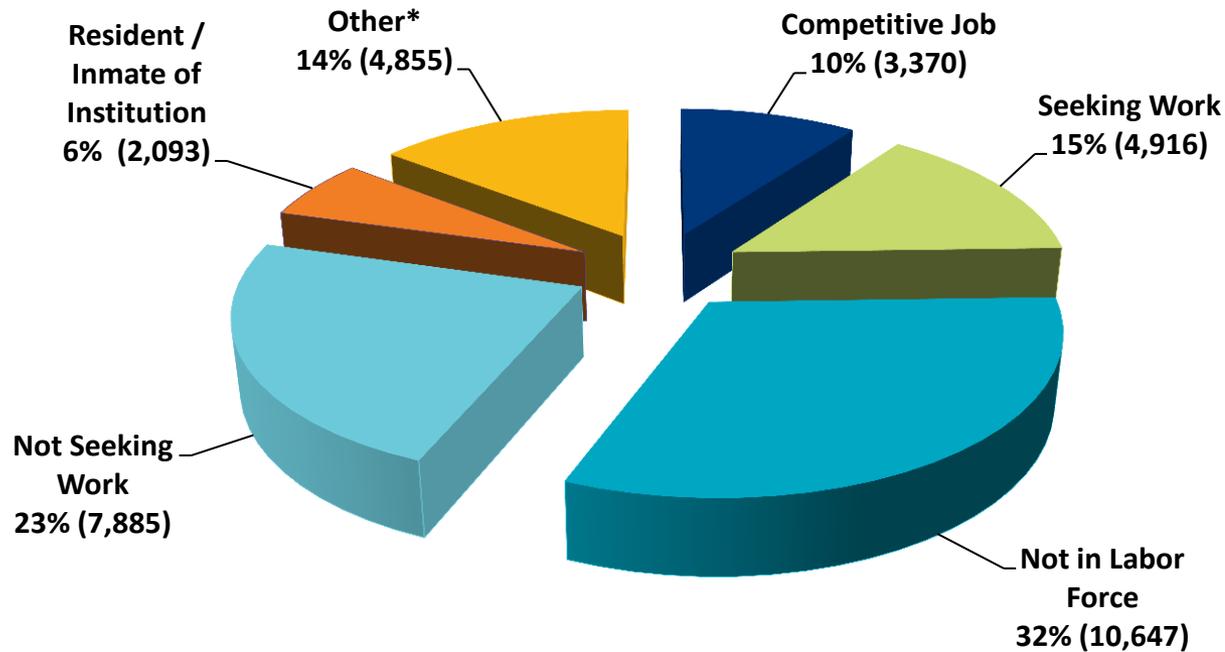
NOTE: Graph and percentages reported above exclude Unknown/Not Reported values.

WHO ARE WE SERVING?

All AOA Clients: Employment Status

- ▶ At the time of the most recent assessment, 25% of clients in FY 2014-15 were either currently employed in a competitive job (10%) or seeking work (15%). This was a 3% increase from last fiscal year.
- ▶ The largest proportion of clients (32%) were not currently in the labor force which was a 7% decrease from last fiscal year.

Employment Status

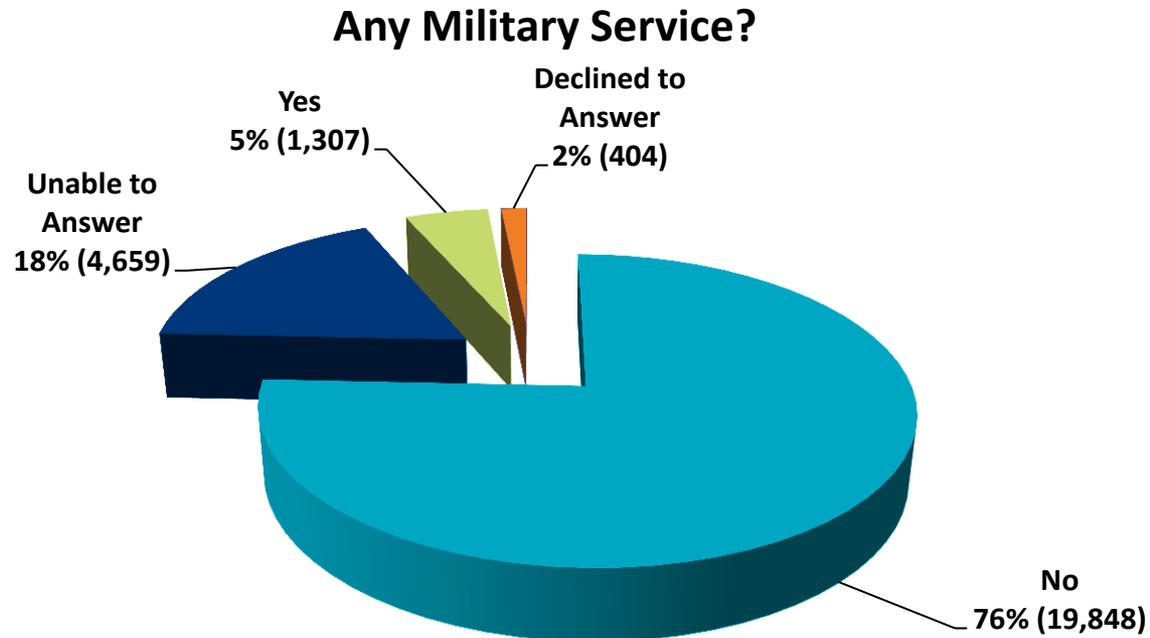


*Other includes clients who are: homemakers, retired, part/full-time students, training part/full-time, or volunteers.
NOTE: Percentages above exclude the Unknown category and may not add up to 100% due to rounding.

WHO ARE WE SERVING?

All AOA Clients: Military Service

- ▶ Information regarding past military service was available for 60% of the 43,780 clients served in FY 2014-15.
- ▶ Among clients for whom military service data was available, 76% reported that they had no military service, and 5% confirmed that they had served in the military.



NOTES:

1. Missing data (17,562) was excluded from the graph and percentages reported above.
2. Starting in FY 2015-16, reporting information about service in the military will be required.
3. Percentages may not add up to 100% due to rounding.

WHERE ARE WE SERVING?

All AOA Clients: Demographics by Region

Demographics by Region	Central		East		South		North Central		North Coastal		North Inland	
	N	%	N	%	N	%	N	%	N	%	N	%
Age												
Age <18-25	1,971	15%	620	15%	284	17%	3,927	15%	756	16%	269	13%
Age 26-59	9,975	76%	3,183	77%	1,260	73%	17,167	67%	3,486	74%	1,560	77%
Age 60+	1,122	9%	318	8%	172	10%	3,668	14%	359	8%	205	10%
Gender												
Females	3,521	27%	2,981	72%	862	50%	12,866	50%	1,854	40%	1,117	55%
Males	9,471	72%	1,100	27%	857	50%	12,686	50%	2,824	60%	914	45%
Other / Unknown	104	1%	43	1%	1	0%	15	0%	7	0%	4	0%
Race/Ethnicity												
White	5,483	42%	1,928	47%	399	23%	11,178	44%	2,527	54%	1,227	60%
Hispanic	3,057	23%	796	19%	1,075	63%	5,001	20%	1,117	24%	469	23%
African American	2,729	21%	515	12%	126	7%	2,682	10%	455	10%	122	6%
Asian / Pacific Islander	834	6%	126	3%	77	4%	1,294	5%	185	4%	72	4%
Native American	106	1%	47	1%	12	1%	174	1%	39	1%	15	1%
Other	272	2%	526	13%	26	2%	1,263	5%	98	2%	47	2%
Unknown	615	5%	186	5%	5	0%	3,975	16%	264	6%	83	4%
Top 3 Diagnoses												
Schizophrenia and Schizoaffective	4,926	45%	1,433	39%	815	47%	8,321	39%	1,677	41%	768	39%
Bipolar Disorders	2,543	23%	868	24%	389	23%	3,970	18%	1,242	31%	602	31%
Depressive Disorders	2,443	22%	1,099	30%	484	28%	6,520	30%	812	20%	469	24%
Total # of Clients in the Region	13,096	30%	4,124	9%	1,720	4%	25,567	58%	4,685	11%	2,035	5%

Total Number of AOABHS Clients 43,780 100%

NOTE: The regional data reported above are duplicated across regions and de-duplicated within each region. This means that a client may have received services in two or more regions and will be counted in each region.

WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Types of Services*

Outpatient Services	Total Clients	Percent Users
Assertive Community Treatment (ACT)	1,786	4%
Behavioral Health Court	47	<1%
Case Management	752	2%
Case Management - Institutional	837	2%
Case Management - Strengths	930	2%
Case Management - Transitional	447	1%
Fee for Service	13,817	32%
Outpatient	16,509	38%
Prevention	231	1%

Emergency Services	Total Clients	Percent Users
EPU	5,334	12%
PERT	5,184	12%

Forensic Services	Total Clients	Percent Users
Jail	9,168	21%

24 hour Services	Total Clients	Percent Users
Crisis Residential	1,854	4%
Edgemoor	87	<1%
Long Term Care (LTC)	17	<1%
LTC - Institutional	262	1%
LTC - Residential	0	0%
Residential	64	<1%

Inpatient Admissions	Total Clients	Percent Users
Inpatient - County	1,837	4%
Inpatient - FFS	4,285	10%
State Hospital	14	<1%

TOTAL CLIENTS SERVED	43,780
-----------------------------	---------------

*Clients may use more than one service and, therefore, may be represented in more than one service type category.

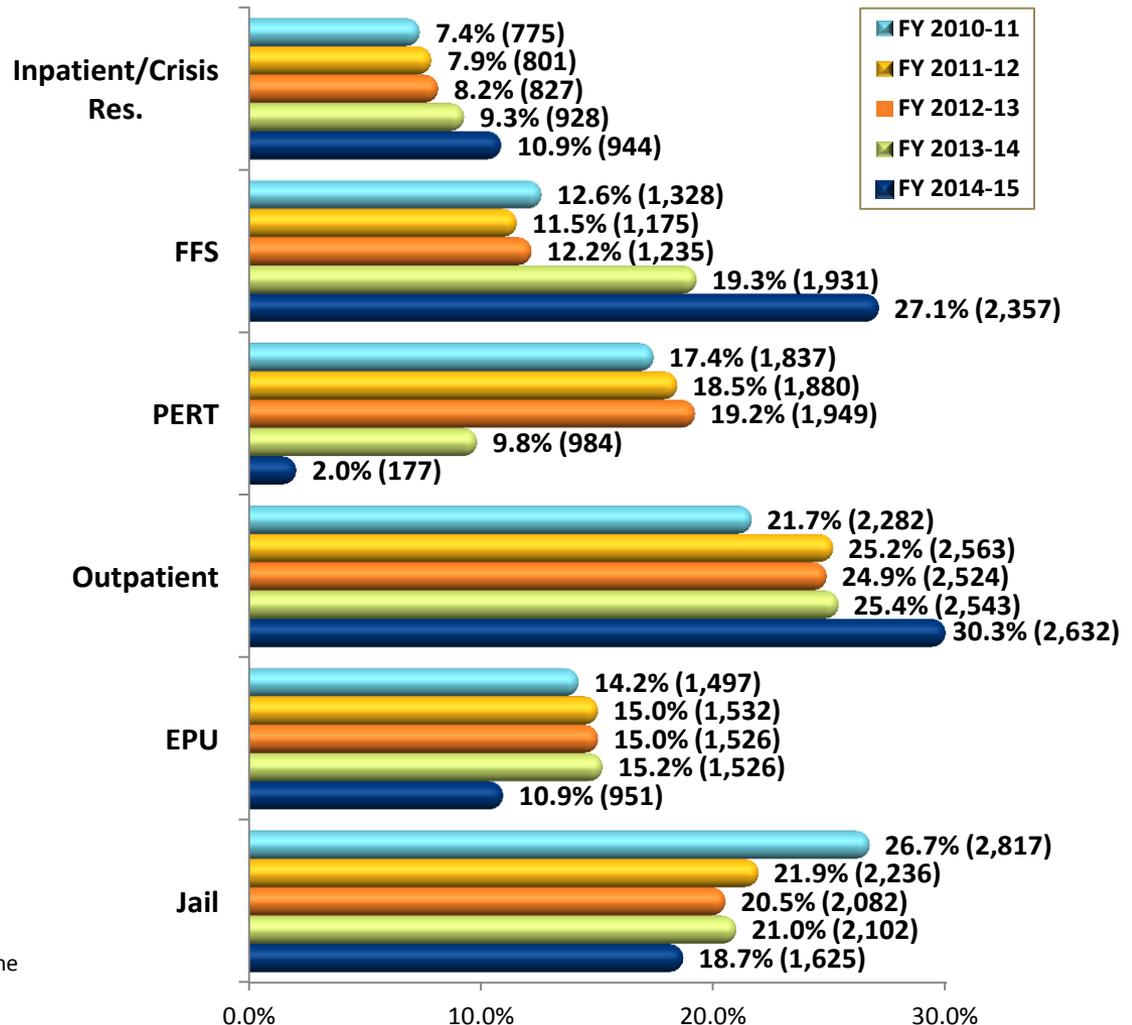
WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: First Service Use*

The type of service recorded for clients' first recorded use of county-provided mental health services.

- Initial access through Outpatient Services has been generally increasing since FY 2010-11, with a 3% increase from FY 2013-14 to FY 2014-15.
- Large increases in the proportion of clients who accessed mental health services for the first time via Fee-For-Service (FFS) services was observed over the last two fiscal years - a 56% increase in FY 2013-14 and a 22% increase in FY 2014-15. These were likely due to more clients having access to health care coverage.
- There was a large decrease in the proportion of clients initially accessing mental health services via the Psychiatric Emergency Response Team (PERT), representing a 50% decrease in FY 2013-14 and a 82% decrease in FY 2014-15.

Type of First Service Used



*First service used for clients who did not already have a record in the County's mental health information system.

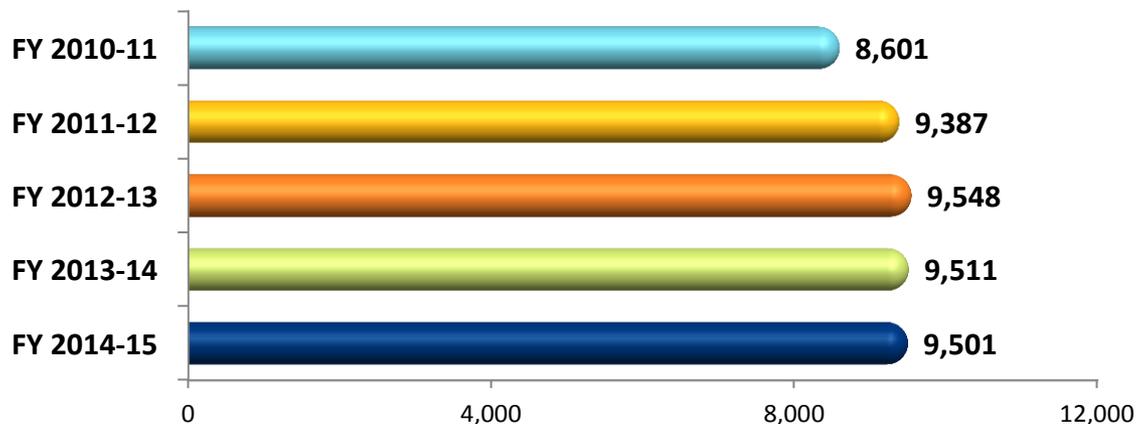
WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Emergency Services*

Emergency mental health care services outlined below are provided by the EPU and PERT.

- The Emergency Psychiatric Unit (EPU) provides emergency services and assessments.
- Psychiatric Emergency Response Teams (PERT) are comprised of specially trained law enforcement officials paired with mental health care professionals. They provide on-scene response to situations involving people experiencing a mental health crisis.
- 9,501 clients (unduplicated) utilized emergency services (EPU or PERT) during FY 2014-15.
- 10% (1,017) of the clients who utilized emergency services, utilized both EPU and PERT services in FY 2014-15.

Number of Clients Who Used Emergency Services



*10,518 clients received emergency services during FY 2014-15 from EPU and/or PERT. Of those, 1,017 received services in both EPU and PERT resulting in 9,501 unique (unduplicated) clients FY 2014-15.

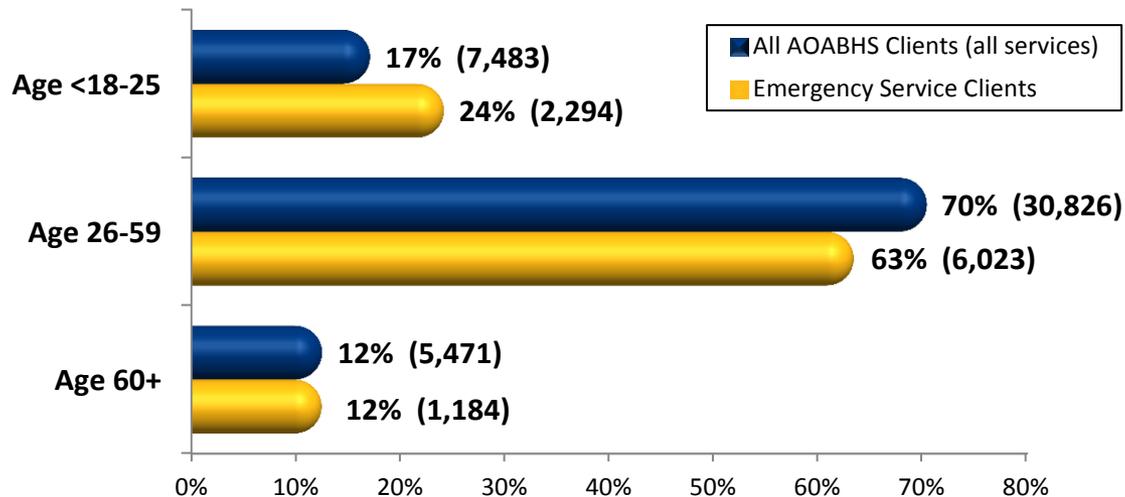
WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Emergency Services & Client Age*

Among clients who utilized emergency services:

- There was a larger proportion of clients ages <18 through 25 (24%) than was observed in the overall client population (17%).
- There was a smaller proportion of clients ages 26 through 59 (63%) than was observed in the overall client population (70%).

Clients Who Used Emergency Services by Age



*10,518 clients received emergency services during FY 2014-15 from EPU and/or PERT. Of those, 1,017 received services in both EPU and PERT resulting in 9,501 unique (unduplicated) clients FY 2014-15.

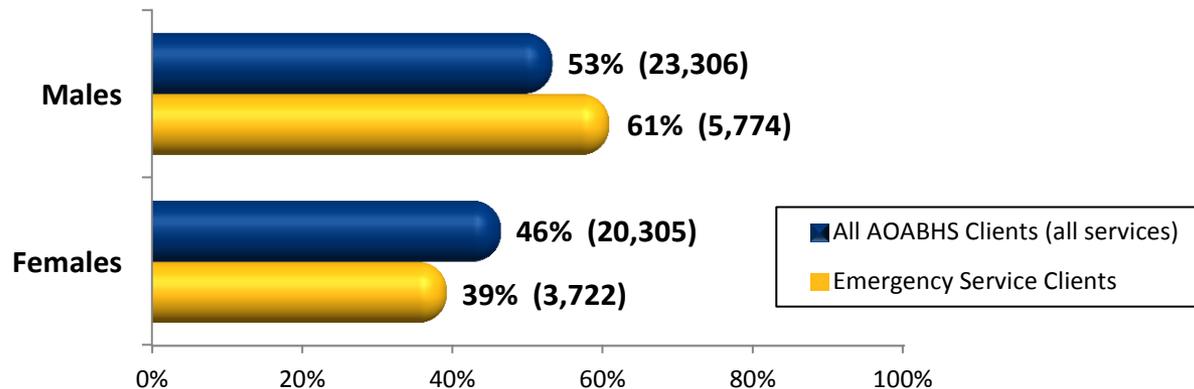
WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Emergency Services & Client Gender*

► Among clients who utilized emergency services, a large proportion (61%) were male, as compared to 53% of male clients in the general client population. Gender in the overall San Diego County population was 50% males and 50% females according to population estimates.**

Note: It may be that males are more likely to be diagnosed with conditions associated with externalizing behaviors, such as Schizophrenia and Schizoaffective Disorders, while females are more likely to be diagnosed with conditions associated with more passive symptomatology, such as Major Depressive Disorder.

Clients Who Used Emergency Services by Gender



*10,518 clients received emergency services during FY 2014-15 from EPU and/or PERT. Of those, 1,017 received services in both EPU and PERT resulting in 9,501 unique (unduplicated) clients FY 2014-15.

**San Diego County Population Estimates of Adults (18 years old and older) were sourced from: U.S. Census Bureau, 2010 Census, Population Division: QuickFacts for 2014.

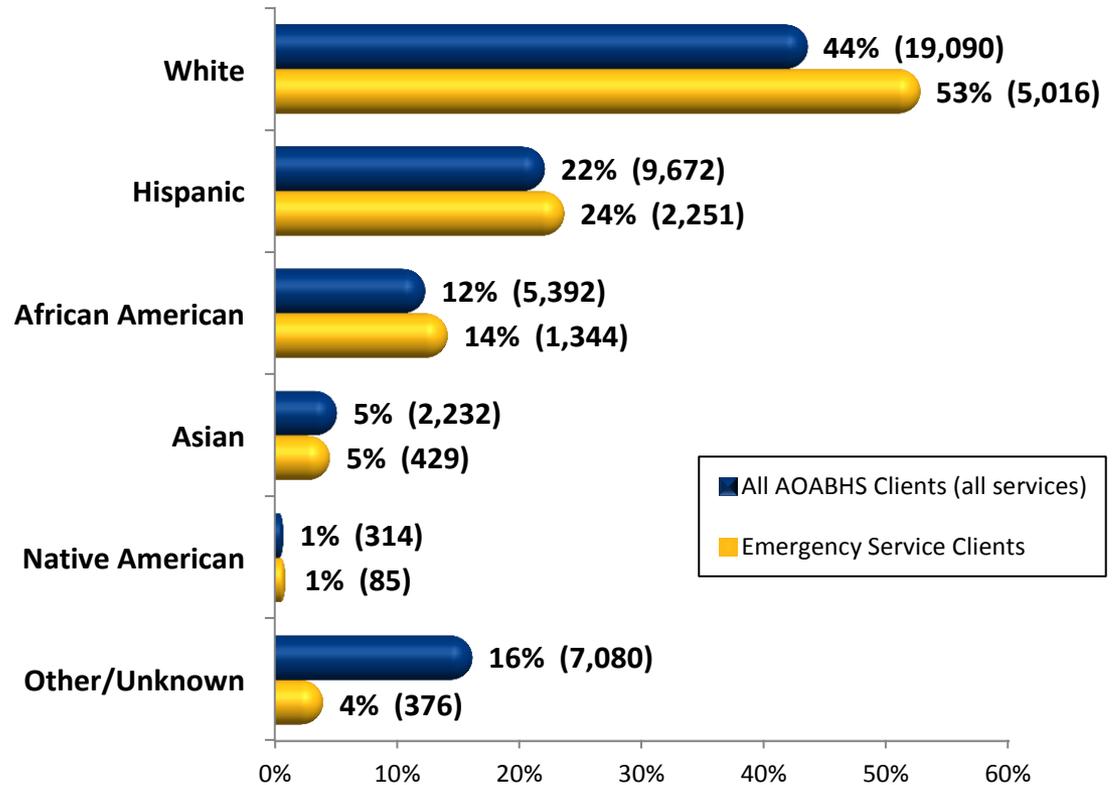
NOTE: The graph above does not show the Other/Unknown category (which represented <1%) and therefore the percentages may not add up to 100%.

WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Emergency Services & Race/Ethnicity*

- A larger proportion of clients who utilized emergency services were White (53%) compared to the general client population (44%).
- Nearly a quarter of clients who used emergency services were Hispanic (24%).

Clients Who Used Emergency Services by Ethnicity



*10,518 clients received emergency services during FY 2014-15 from EPU and/or PERT. Of those, 1,017 received services in both EPU and PERT resulting in 9,501 unique (unduplicated) clients FY 2014-15.

NOTE: Percentages may not add up to 100% due to rounding.

WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Emergency Services & Primary Diagnosis*

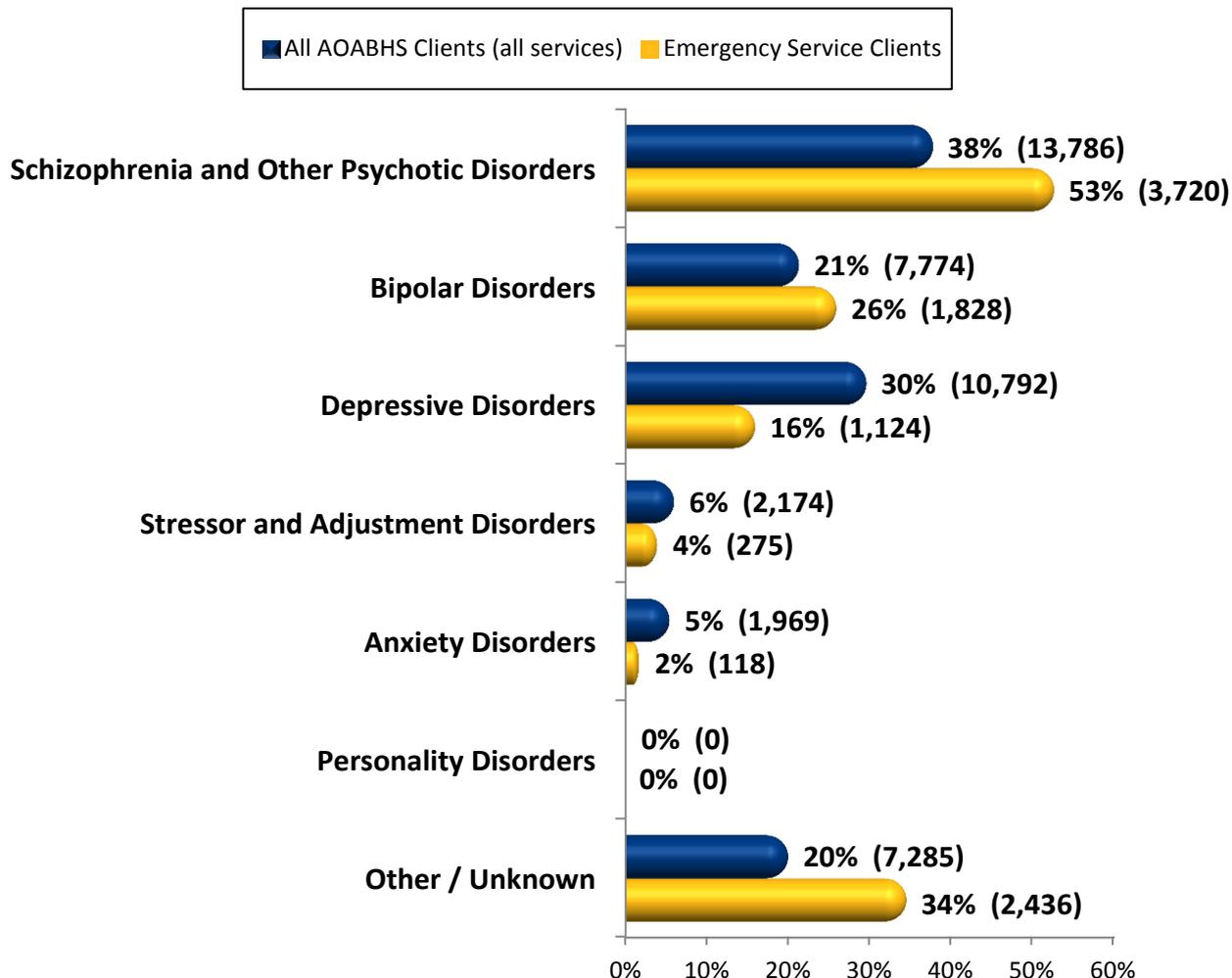
The largest proportion of clients who utilized emergency services were people who were diagnosed with Schizophrenia and Other Psychotic Disorders (53%).

*The information presented in the graph represents data for the 36,495 clients who received services from County contracted organizational providers during FY 2014-15, and for whom a primary diagnosis was available. Of the 43,780 clients who received services during FY 2014-15, many were served by the Fee-for-Service (FFS) system and/or Psychiatric Emergency Response Team (PERT) services which do not enter diagnosis information into Cerner Community Behavioral Health (CCBH; formerly Anasazi).

NOTES:

1. Diagnosis categories are different from previous fiscal years as a result of efforts to align with the ICD-10.
2. Percentages exclude Other/Unknown.

Clients Who Used Emergency Services by Diagnosis

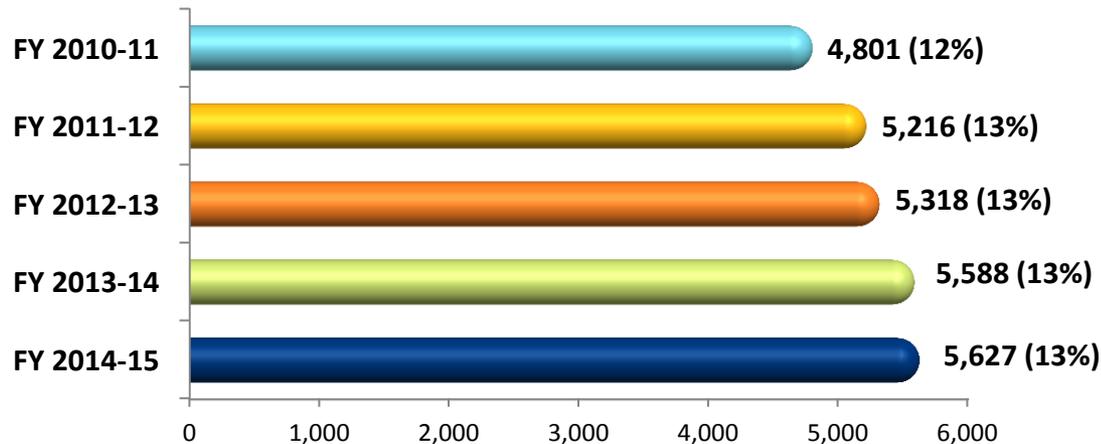


WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Hospitalizations*

- ▶ San Diego County inpatient facilities provide services for clients who are a danger to themselves or others, or who are gravely disabled. Inpatient treatment is available through either the San Diego County Psychiatric Hospital, or through contracted FFS hospitals. These facilities are located throughout the County.
- ▶ 5,627 clients (unduplicated) were hospitalized at least once in FY 2014-15, representing 13% of clients receiving services during the fiscal year.
- ▶ The number of hospitalizations has been increasing since FY 2010-11; however, the proportion of persons hospitalized has been stable at 13% for the past 4 fiscal years.

Number of Hospitalizations by Fiscal Year* (%) = % of Total Clients Receiving Services



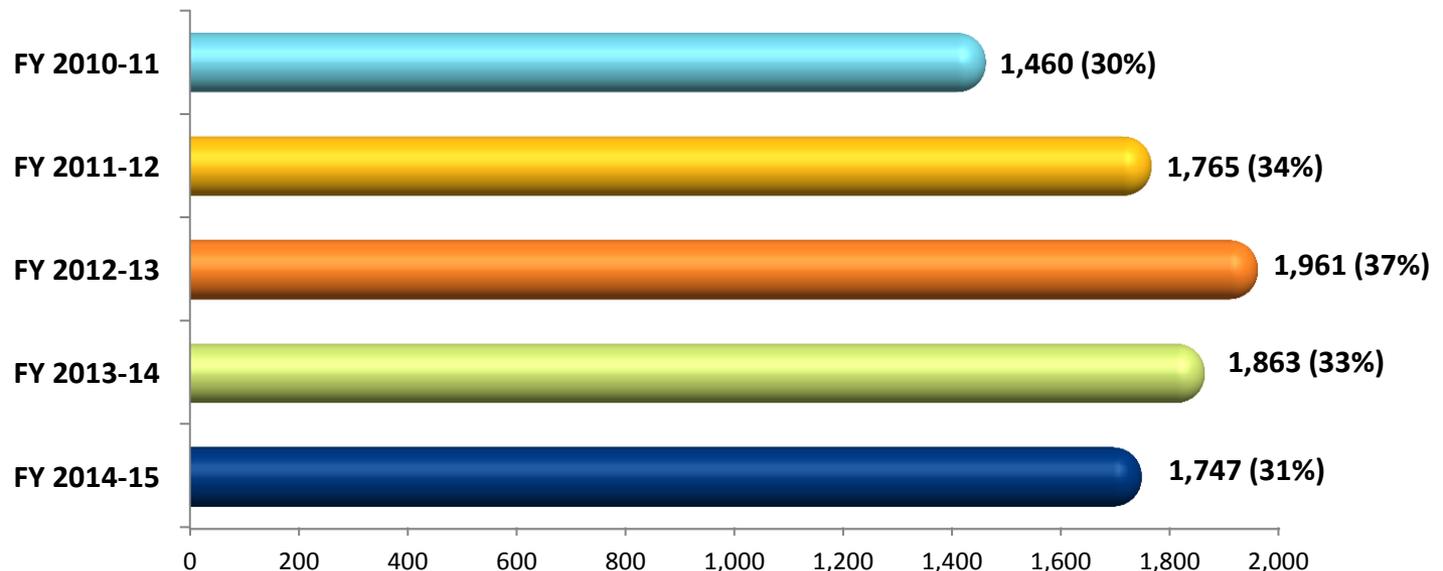
*A total of 6,136 clients (duplicated) were hospitalized sometime during FY 2014-15, with many of these clients having had hospitalizations at more than one type of hospital facility. The total number of unique (unduplicated) clients hospitalized during FY 2014-15 was 5,627.

WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Multiple Hospitalizations*

- ▶ In FY 2014-15, 31% of the hospitalized clients (unduplicated) were re-hospitalized sometime during the fiscal year.
- ▶ There was a 6% decrease in the number of clients re-hospitalized from FY 2013-14 to FY 2014-15 (1,863 to 1,747).

Number of Clients Hospitalized Multiple Times (Unduplicated)



*A total of 6,136 clients (duplicated) were hospitalized sometime during FY 2014-15, with many of these clients having had hospitalizations at more than one type of hospital facility. The total number of unique (unduplicated) clients hospitalized during FY 2014-15 was 5,627.

WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Multiple Hospitalizations*

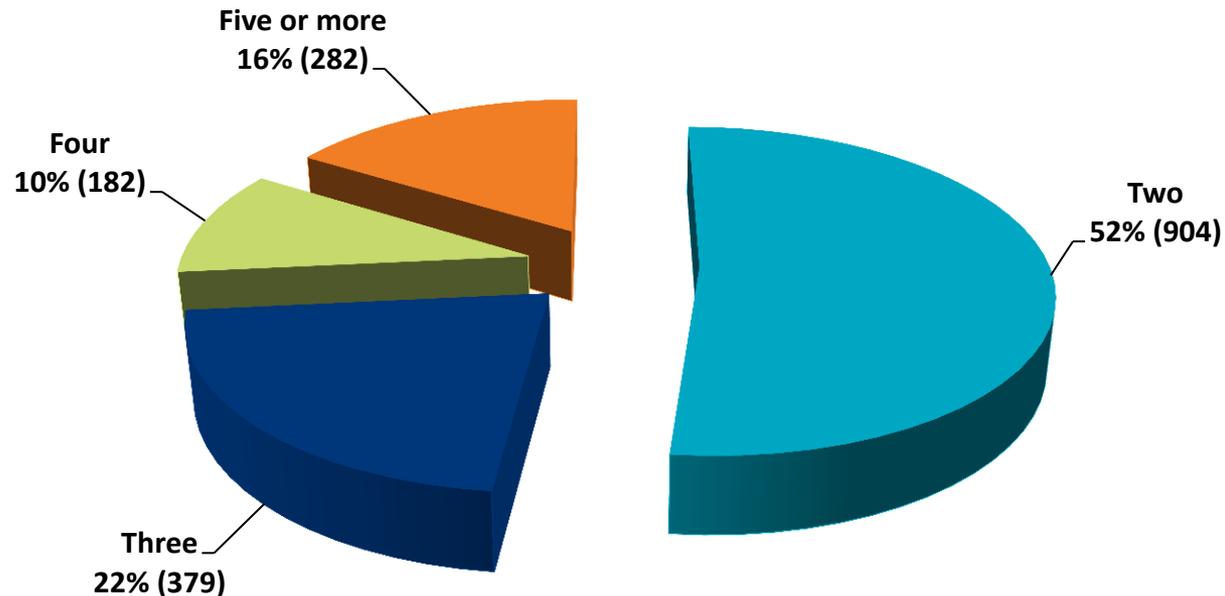
► 5,627 clients, representing 13% of all adult clients, were hospitalized at least once in FY 2014-15.

► Of those 5,627 clients, 1,747 (31%) were hospitalized multiple times during the fiscal year.

Of those:

- Over half of all clients (52%) were hospitalized twice;
- 22% were hospitalized three times;
- More than a quarter of all clients (26%) had four or more hospitalizations.

Number of Times Hospitalized for Clients With Multiple Hospitalizations



*A total of 6,136 clients (duplicated) were hospitalized sometime during FY 2014-15, with many of these clients having had hospitalizations at more than one type of hospital facility. The total number of unique (unduplicated) clients hospitalized during FY 2014-15 was 5,627.

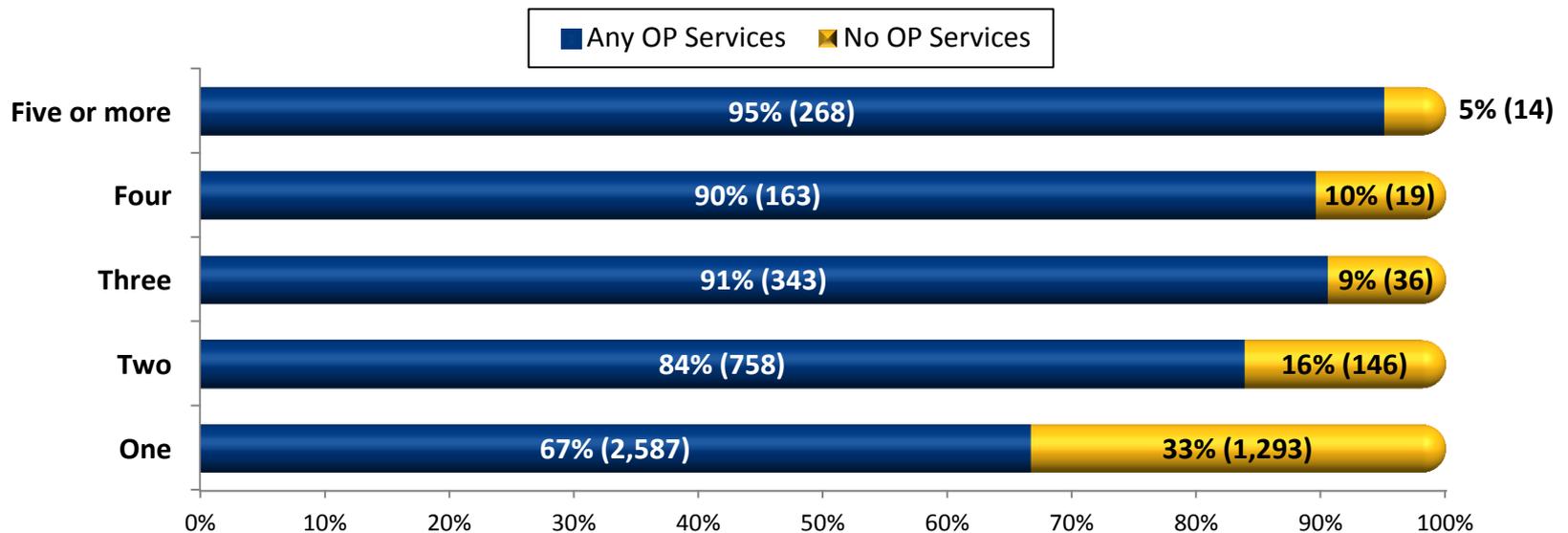
WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Multiple Hospitalizations* & Service Use

► During FY 2014-15, 5% of clients with 5 or more hospitalizations did not utilize any form of outpatient (OP) Adult Mental Health Services.** This decreased from 9% in FY 2013-14.

► As the number of hospitalizations increased, utilization of Adult Mental Health Services among clients tended to increase which may be an indicator of the severity of their mental illness and need for greater support.

Hospitalizations by Service Use



*A total of 6,136 clients (duplicated) were hospitalized sometime during FY 2014-15, with many of these clients having had hospitalizations at more than one type of hospital facility. The total number of unique (unduplicated) clients hospitalized during FY 2014-15 was 5,627.

**Outpatient services mentioned here include the following: ACT, BH Court, Case Management, FFS, Outpatient, and Prevention services.

ACCESSIBILITY OF SERVICES

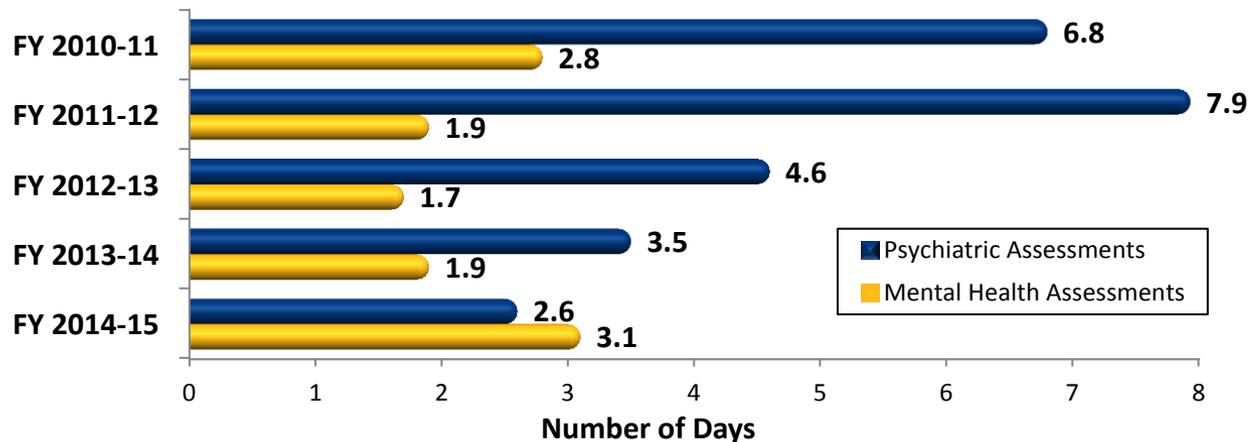
All AOA Clients: Access

In order to measure access, providers reported the average access times (in days) for both routine mental health and psychiatric assessments.

- Average access times for psychiatric assessments were reduced over time from approximately 8 days in FY 2010-11 to under 3 days in FY 2014-15.
- Average access times for routine mental health assessments were reduced from approximately 3 days in FY 2010-11 to under 2 days in FYs 2011-12 through 2013-14. This may largely be due to the availability of walk-in hours at most clinics and at 3 walk-in assessment centers around the county. However, wait times for mental health assessments increased up to 3.1 days in FY 2014-15.

NOTE: the methodology for collecting and calculating access times data changed in FY 2014-15.

Average Access Time in Days for Psychiatric and Mental Health Assessments



ARE CLIENTS GETTING BETTER?

All AOA Clients: Client Outcomes (IMR, RMQ, & SATS-R)*

IMR: Illness Management & Recovery				
	N	PRE	POST	CHANGE
Substance Subscale	3,428	4.27	4.30	▲
Management Subscale	3,536	2.83	2.95	▲
Recovery Subscale	3,532	3.09	3.20	▲
Overall Mean	3,538	3.31	3.40	▲
RMQ: Recovery Markers Questionnaire				
	N	PRE	POST	CHANGE
Overall Mean	1,949	3.55	3.62	▲
SATS-R: Substance Abuse Treatment Scale - Revised				
	N	PRE	POST	CHANGE
Overall Mean	1,493	5.69	5.77	▲

- Clinicians reported (via the IMR) that clients are getting better. The data indicated significant improvements in 2 of the subscales as well as the overall mean scores from pre to post assessment.
- Clients self-reported (via the RMQ) significant improvements in their overall mental health status from pre to post assessment.

Legend

▲ Significant Positive Change ($p < 0.05$)

▲ Non-significant Positive Change

*The outcomes reported here include all AOABHS clients that had both a PRE and a POST assessment in the Health Outcomes Management System (HOMS). The most recent assessment (POST) was in FY 2014-15 and was compared to an assessment received 6-months before (PRE). This analysis procedure may reduce the final N number because new clients with less than 6-months of service history and those that did not have a 6-month follow-up assessment were excluded from this analysis.

ARE CLIENTS SATISFIED WITH SERVICES?

All AOA Clients: Client Satisfaction

The County of San Diego Adult and Older Adult System of Care offers a wide variety of treatment, rehabilitation, and recovery services to help people who are experiencing persistent and severe mental illness or an additional health crisis. All services provided are oriented to meet the unique linguistic and cultural needs of the persons served. To evaluate the AOABHS services, clients are asked for their feedback via a semiannual anonymous survey held each Spring and Fall.

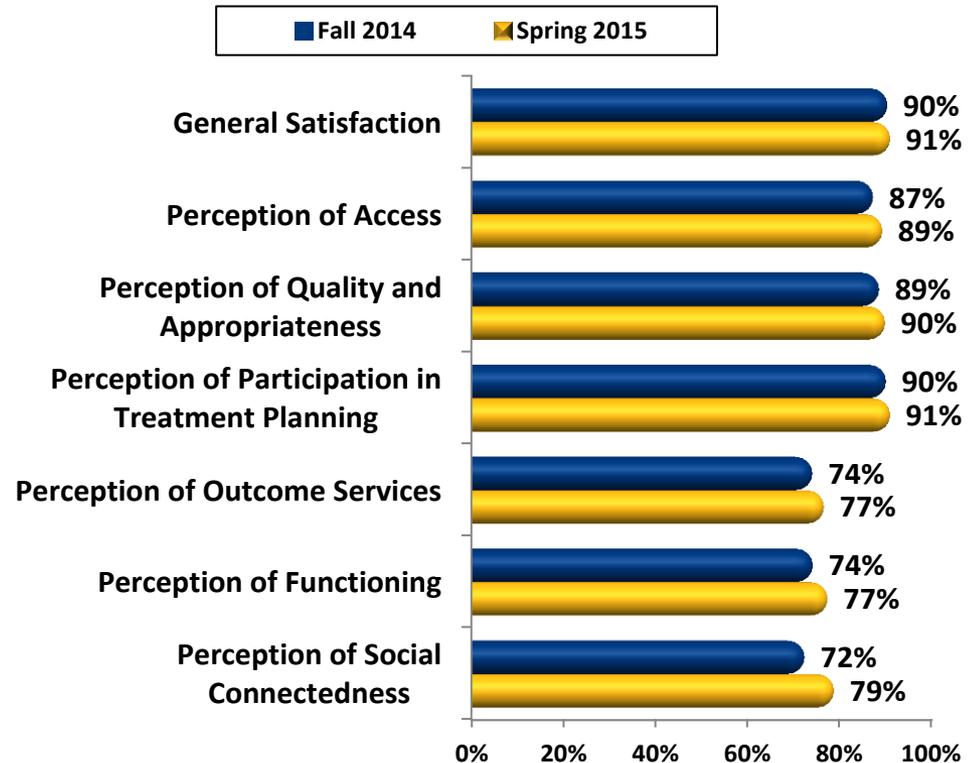
The Mental Health Statistics Information Program (MHSIP) Consumer Satisfaction Survey is used to rate client satisfaction with services and perception of outcomes using a 5-point scale (strongly disagree to strongly agree).

The MHSIP has 7 domains:

1. General Satisfaction
2. Perception of Access
3. Perception of Quality and Appropriateness
4. Perception of Participation in Treatment Planning
5. Perception of Outcome Services
6. Perception of Functioning
7. Perception of Social Connectedness

During FY 2014-15, the MHSIP was administered in November 2014 (N= 2,275) and in May 2015 (N=2,193).

MHSIP Domain Scores in FY 2014-15



- General Satisfaction scores were high (90% and above) throughout FY 2014-15.
- Client satisfaction was higher for all domains during the Spring assessment period.

NOTE: The comprehensive MHSIP report is available on the Technical Resource Library page at http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html (Section 6).

MENTAL HEALTH SERVICE ACT COMPONENTS

MHSA Components

Community Services and Supports

Community Services and Supports (CSS) programs enhance the systems of care for delivery of mental health services for adults and older adults with serious mental illness (SMI), resulting in the highest benefit to the client, family, and community. Full Service Partnership (FSP) programs provide a full array of services to clients and families using a “whatever it takes” approach to help stabilize the client and provide timely access to needed help for unserved and underserved adults of all ages. Other programs funded through CSS provide outreach and engagement activities. In FY 2014-15, a total of 36,176 adult clients ages 18 and older were served through CSS programs. Some of the CSS programs serve specific populations and communities, including victims of trauma and torture, Chaldean and Middle Eastern communities, and individuals who are deaf or hard of hearing.

Prevention and Early Intervention Programs

Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To ensure access to appropriate support at the earliest point of emerging mental health problems and concerns, Prevention and Early Intervention (PEI) builds capacity for providing mental health early intervention services at sites where people go for other routine activities. Through PEI, mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

In FY 2014-15, peer navigators were added to Courage to Call—a veteran peer-to-peer support program—as part of the veteran community’s call for transitioning services out of the military. The Peer Navigator component became fully operational in March 2015, and has since offered case management consisting of brief supportive counseling, assistance in filing Veteran’s Affairs claims, warm hand offs to referral services, and proactive follow-ups for one year.

Innovations

Innovation (INN) programs are short-term novel, creative and/or ingenious mental health practices or approaches that contribute to learning. The programs are developed through an inclusive and representative community process. The INN component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches. The In-Home Outreach Team (IHOT) that provides in-home outreach and engagement services to individuals with a SMI who are reluctant to seek outpatient mental health services, and to their family members or caretakers, was very successful as an INN contract. It ended in FY 2014-15, but was re-procured and expanded to all regions of the county to include licensed mental health clinicians and additional psychiatry services.

MENTAL HEALTH SERVICE ACT COMPONENTS

MHSA Components - Continued

Workforce Education and Training

The intent of the Workforce Education and Training (WET) services provide training and financial incentives to increase the public behavioral workforce, as well as to improve the competence and diversity of the workforce to better meet the needs of the populations receiving services.

Capital Facilities and Technological Needs

Capital Facilities and Technological Needs projects support the provision of MHSA services through the development of a variety of community-based facilities that support integrated service experiences. Technological Needs (TN) projects address two MHSA goals: 1) increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings, and 2) modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency, and cost effectiveness as has been done with the implementation of the Cerner Community Behavioral Health (CCBH) system. In FY 2014-15, The County of San Diego was awarded a California Health Facility Financing Authority (CHFFA) grant to build the North Inland Crisis Residential Facility, which will be a short-term crisis residential facility with 15 beds for adults with SMI and co-occurring disorders. The new facility is expected to be built, licensed and operational by June 2016.

To learn more about the MHSA, visit <http://sandiego.camhsa.org/>



PREVENTION AND EARLY INTERVENTION

PEI Clients: Demographics & Client Satisfaction

PEI Client Demographics	Total	Percent*
Age	N	%
<18-24	1,140	7%
25-59	4,258	28%
60 and older	2,217	14%
Unknown/Not Reported	7,726	50%
Gender	N	%
Female	6,982	46%
Male	4,069	27%
Other	16	<1%
Unknown/Not Reported	4,274	28%
Race (Census Categories)	N	%
White	2,888	19%
Black/African American	1,106	7%
Asian/Pacific Islander	463	3%
Hispanic/Latino	2,227	15%
Native American	90	1%
Multiracial	655	4%
Other Non-White/Non-Caucasian	59	<1%
Unknown/Not Reported	7,853	51%
Total PEI Clients Served	15,341	

The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. San Diego County has funded 43 programs to provide PEI services for adults. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing depression in Hispanic caregivers of individuals with Alzheimer’s disease. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided.

Client Satisfaction

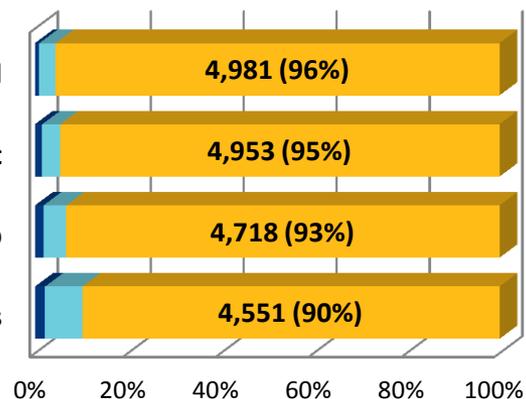
Overall, satisfied with services received

Know where to get help when need it

More comfortable seeking help

Better able to handle things

- Strongly Disagree and Disagree
- Neither Agree Nor Disagree
- Agree and Strongly Agree

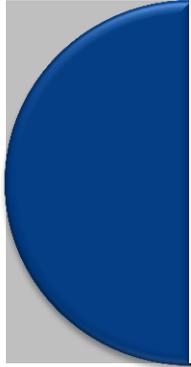


*Percentages reported in the table above may not add up to 100% due to rounding.

NOTE: The number of clients who completed Client Satisfaction survey items varied from 5,061–5,239. These data are not recorded in CCBH. For more information on AOABHS PEI programs, see the PEI Summary Reports – Adult Summary: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html

INNOVATIONS

MHSA, Innovations Projects



The Mental Health Services Act (MHSA) provides for the Innovation Component of the County's Three-Year Program and Expenditure Plan. Funding under this component is to be used to: increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services.

Innovations' creative, novel and ingenious mental health practices/approaches are expected to contribute to learning and are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals, and which are aligned with the General Standards identified in the MHSA. The Innovation Component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches.

The following Innovations programs began or were in existence in the AOABHS in FY 2014-15:

- ❖ **Peer and Family Engagement** - This is a team of integrated transition age youth, adult, older adult and family peer support specialists that provide a number of services to new mental health clients at the clinic site or in the County Emergency Psychiatric Unit.
- ❖ **Independent Living Facilities Project** - This program creates an Independent Living Facility (ILF) Association with voluntary membership and promotes the highest quality home environments for adults with severe mental illness.
- ❖ **In-Home Outreach Teams (IHOT)** – This is a project designed to engage individuals who are mentally ill and resistant to treatment. It works to reduce the effects of untreated mental illness in individuals with serious mental illness and their families.
- ❖ **Faith-Based Initiative** - This initiative has 4 components: Outreach and Engagement to Faith-Based congregations; Community Education; Crisis Response; and Wellness and Health Ministries.
- ❖ **Ramp Up 2 Work** - This is an employment and job training program for users of the system of care that will include: job development, job coaching, and job support services. The goals of the program are to provide job readiness, training, and on-the-job paid apprenticeship.
- ❖ **Peer Assisted Transitions** - This is a person-directed, mobile program that works in partnership with designated acute inpatient hospitals. The program aims to provide alternatives to hospitalization through engagement and providing transition and support services to clients that will be discharged from inpatient care back into the community.
- ❖ **Urban Beats** - This is a strengths-based, culturally-sensitive, arts-focused program that will utilize various artistic approaches to work with urban at-risk youth. The program is intended to engage at-risk youth in wellness activities by providing a youth focused message created and developed by youth. These may include the visual arts, spoken word, videos, and performances.
- ❖ **Innovations Mobile Hoarding Intervention Program** - This program will work to diminish hoarding behaviors long term among older adults by combining an adapted cognitive behavior rehabilitation therapy with hands on training and support.

ALCOHOL & DRUG SERVICES

Client Demographics & Type of Discharge

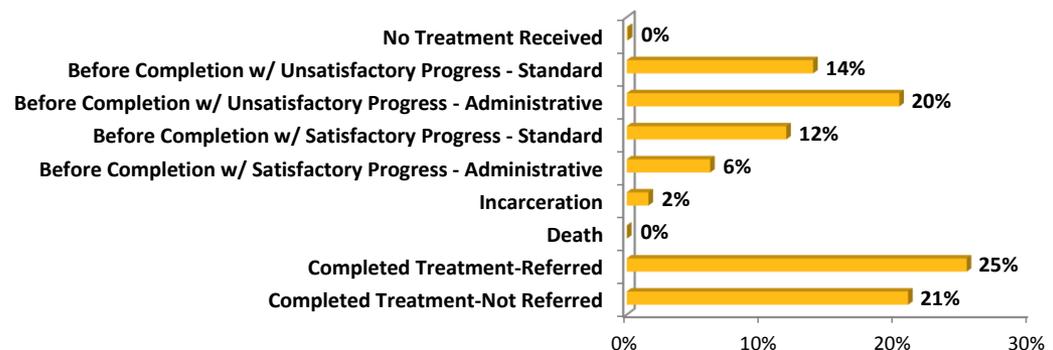
ADS Client Demographics	Clients Served	Percent*
Age	N	%
12-15	501	3.2%
16-17	1,066	6.7%
18-25	2,757	17.3%
26-59	11,233	70.6%
60 and older	344	2.2%
Gender	N	%
Female	5,346	33.6%
Male	10,548	66.3%
Other	7	<1%
Race (Census Categories)	N	%
White	7,207	45.3%
Hispanic	4,839	30.4%
Black / African-American	1,927	12.1%
Asian / Pacific Islander	508	3.2%
Native American	219	1.4%
Other / Mixed	620	3.9%
Unknown	581	3.7%
Total ADS Clients Served	15,901	
Total Unduplicated Clients	11,701	

*Percentages reported in the table above may not add up to 100% due to rounding.

NOTE: Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in FY 2014-15.

BHS contracts with local providers to provide Alcohol and Other Drug (AOD) programs through an integrated system of community-based alcohol and other drug prevention, intervention, treatment, and recovery services throughout San Diego County. The AOD programs serve adults, women (including those who are pregnant and/or parenting), and adolescents who are abusing drugs and alcohol and/or have co-occurring disorders. Services range from Residential and Non-Residential Treatment, Detoxification, Case Management, Justice Programs, Specialized Services, and Ancillary Services (i.e. HIV/Hepatitis C counseling and testing, TB testing). These strength-based, trauma-informed, culturally competent AOD treatment services involve the family unit/social supports in the recovery processes within a safe and sober environment.

ADS Type of Discharge



DRIVING UNDER THE INFLUENCE PROGRAM

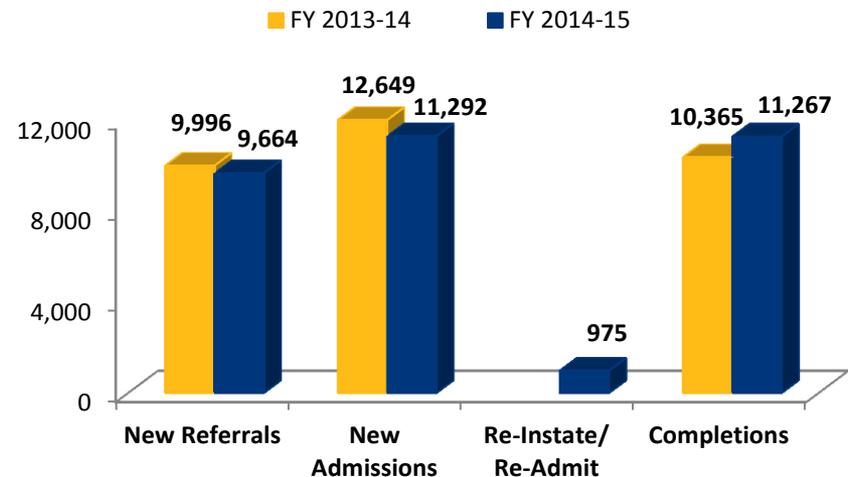
DUI Program: Demographics, Admissions, & Completions

DUI Client Demographics	Clients Served	Percent*
Age Categories	N	%
18-25	3,116	26%
26-35	4,494	37%
36-45	2,055	17%
46-55	1,479	12%
Over 55 years	838	7%
Unknown	36	<1%
Gender	N	%
Male	8,779	73%
Female	3,152	26%
Unknown	87	1%
Convictions	N	%
First Conviction	9,189	76%
Multiple Convictions	2,829	24%
Employment Level	N	%
Employed, <30 hours per week	3,633	30%
Employed, 30+ hours per week	5,084	42%
Not in Labor Force	1,093	9%
Unemployed, looking for work	2,122	18%
Unknown	86	1%
Total DUI Clients Served	12,018	

*Percentages reported in the table above may not add up to 100% due to rounding.

The Driving Under the Influence (DUI) program is licensed by the California Department of Healthcare Services and administered locally by Behavioral Health Services (BHS). Services are designed to meet the stipulated requirements of the Department of Motor Vehicles (DMV) and courts for individuals who have been arrested for driving under the influence of alcohol and or drugs. Available services include education-only programs ("wet reckless"); 3-, 6-, and 9-month first offender programs; and an 18-month/SB-38 multiple offender program. This is a fee-for-service program and is funded by State-approved participant fees.

All DUI Offenders: Admissions & Completions



- In FY 2014-15, there were fewer new admissions to the DUI Program than there were in FY 2013-14 (11,292 and 12,649 respectively).
- In FY 2014-15, more clients completed the DUI program than in FY 2013-14 (11,267 and 10,365, respectively).

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

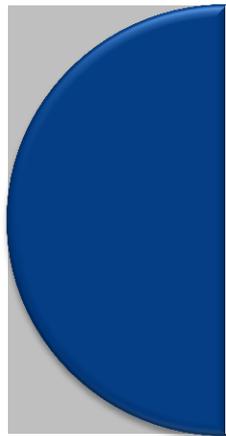


TRANSITION AGE YOUTH (TAY) CLIENTS

SYSTEMWIDE ANNUAL REPORT FISCAL YEAR 2014-2015

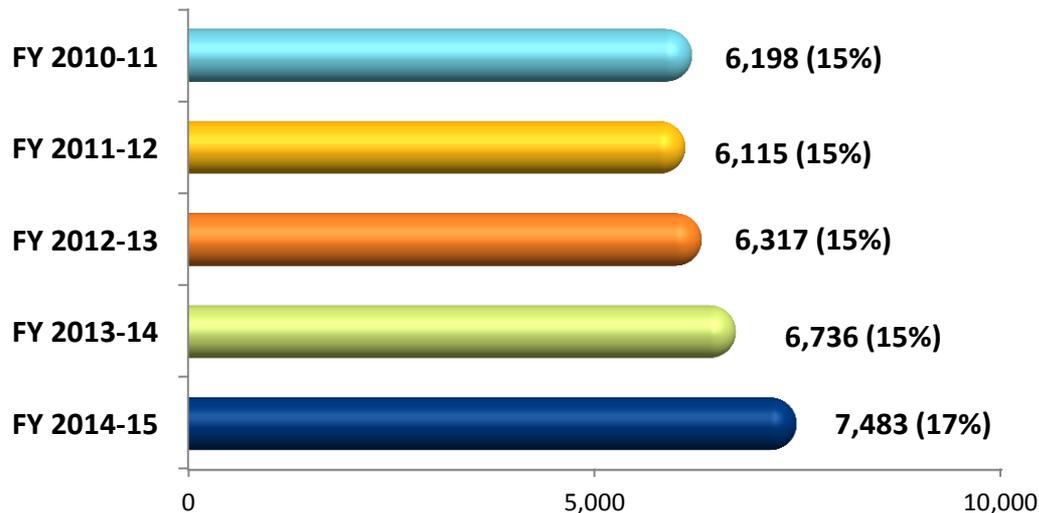
WHO ARE WE SERVING?

Total Number of TAY Clients



- ▶ In FY 2014-15, San Diego County delivered mental health services to 7,483 TAY clients (ages 18 to 25). Note: Some clients included were under 18 and received adult services.
- ▶ TAY clients represented 17% of the 43,780 clients who received services during FY 2014-15.
- ▶ The proportion of TAY clients (out of total clients) remained stable at 15% since FY 2010-11 and in FY 2014-15 increased to 17%.
- ▶ There was an 11% increase in the number of TAY clients served from FY 2013-14 to FY 2014-15 (6,736 to 7,483). Some of this may be due to the TAY age category now including 25 year olds.

Number of TAY Clients Served by Fiscal Year

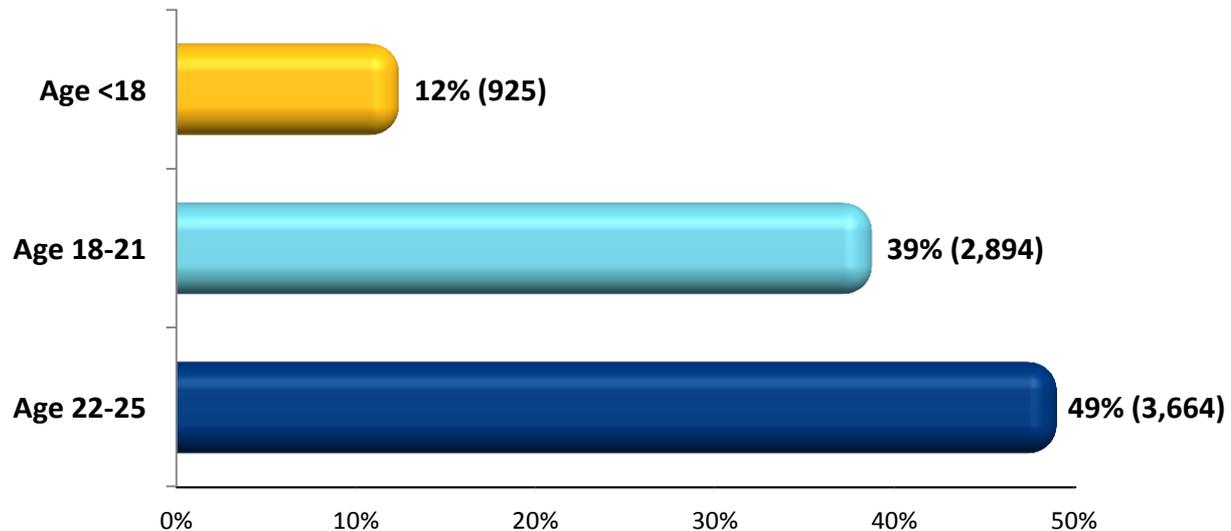


WHO ARE WE SERVING?

TAY Clients: Age*

► Nearly half of TAY clients (49%) were between the ages of 22 and 25.

TAY Age Distribution



* TAY Age category now include 25 year olds.

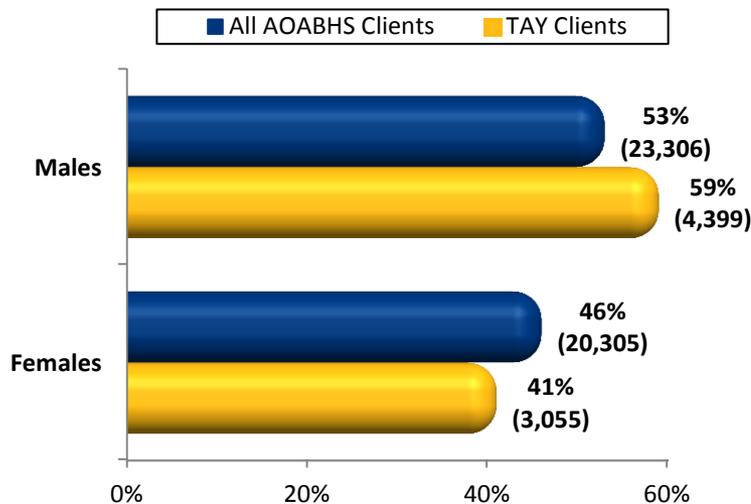
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Clients: Gender

- ▶ A larger proportion of TAY clients were male (59%) compared to the overall AOABHS client population (53%).
- ▶ The number of TAY-aged female clients served has increased 23% from FY 2010-11 to FY 2014-15 (2,490 to 3,055, respectively).

**TAY Gender Distribution
FY 2014-15**



NOTE: The above graph does not show the Other/Unknown categories (which represented <1%) and therefore the percentages may not add up to 100%.

TAY Gender	Fiscal Year					AOABHS Population
	2010-11	2011-12	2012-13	2013-14	2014-15	
Females	40%	40%	38%	39%	41%	46%
Males	60%	60%	62%	60%	59%	53%
Other/Unknown	0.1%	0.3%	0.3%	0.5%	0.3%	0.4%

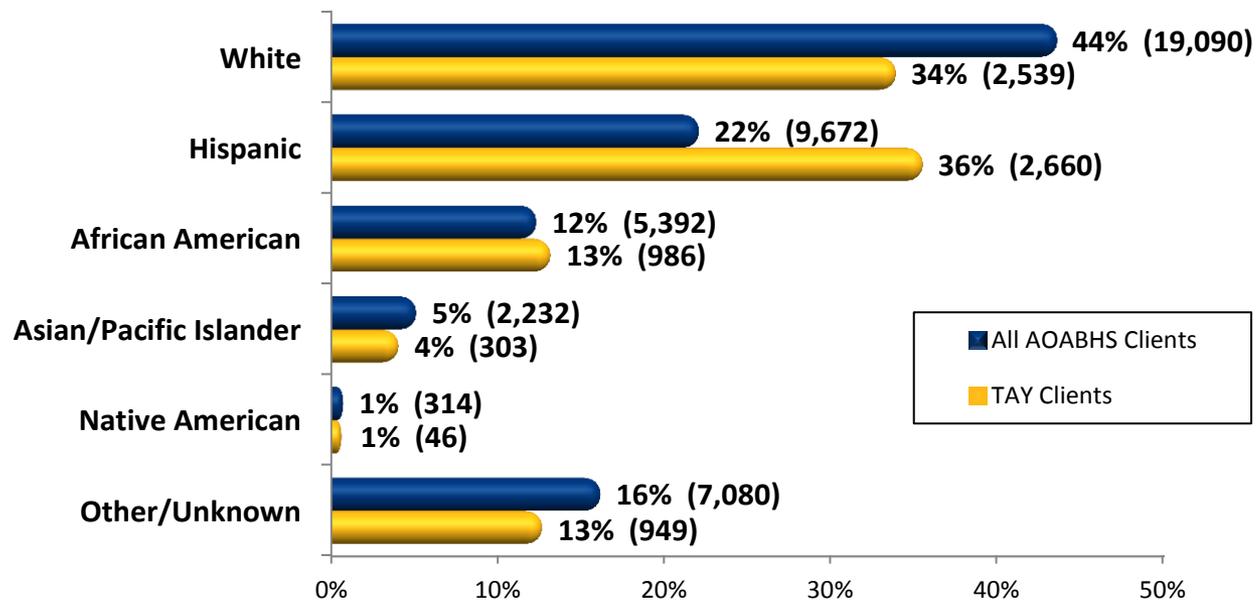
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Clients: Race/Ethnicity

- ▶ The largest proportions of TAY clients were Hispanic (36%) and White (34%).
- ▶ A much larger proportion of TAY clients were Hispanic (36%) compared to the proportion of Hispanics served in the overall AOABHS population (22%).

TAY Race/Ethnicity Distribution



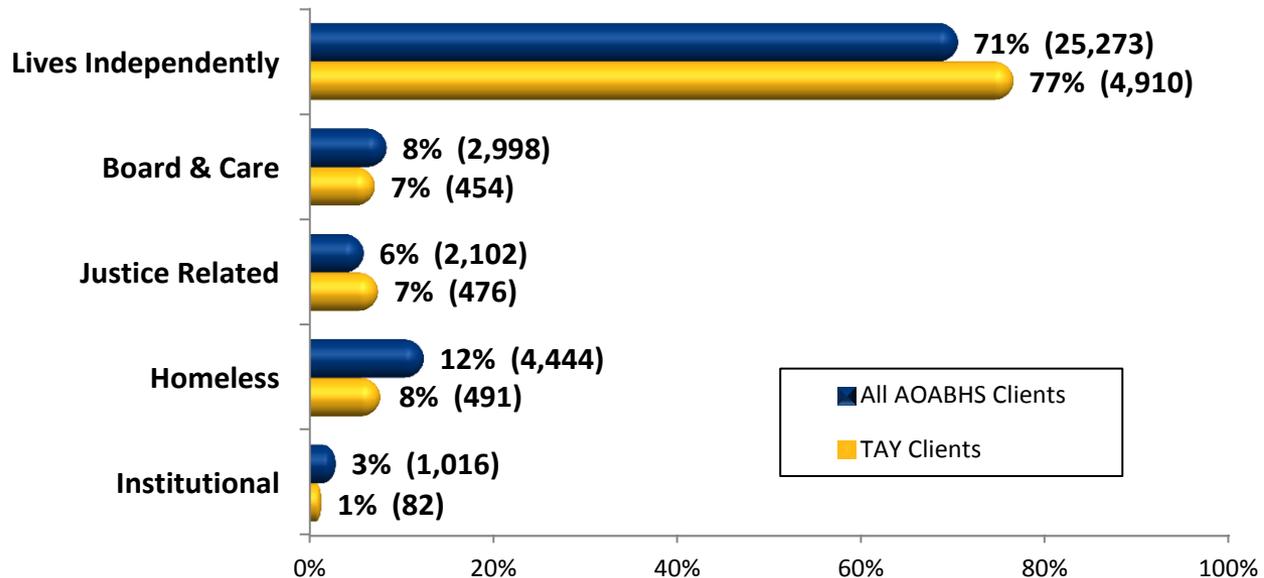
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Clients: Living Situation*

- ▶ 4,910 TAY clients (77%) were living independently at the start of services.**
- ▶ 7% of TAY were living in justice related situations.
- ▶ 8% of TAY clients were homeless.***

TAY Living Situation



*Client living situation reflects status at time of most recent client assessment.

**Clients living independently includes clients living with family at the start of services.

***Some clients who are reported here as 'Homeless' may have received housing support via ACT programs since their most recent assessment.

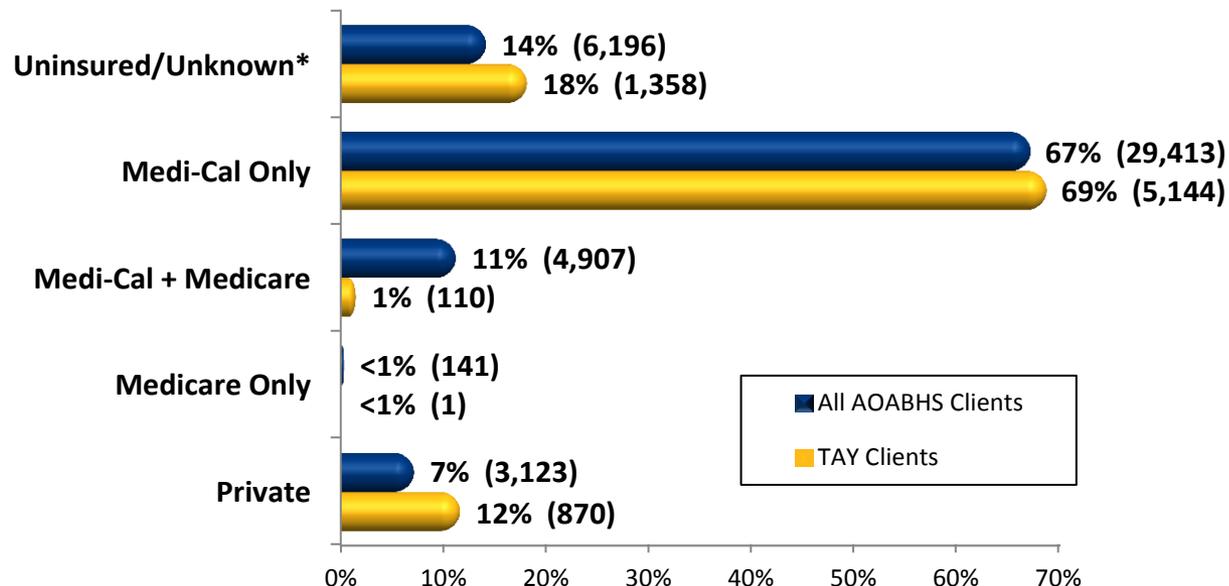
NOTE: The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

TAY Clients: Health Care Coverage

- ▶ The majority of TAY clients served in FY 2014-15 were insured by Medi-Cal only (69%).
- ▶ The proportion of TAY clients with an uninsured/unknown insurance status decreased from 37% in FY 2012-13 to 26% in FY 2013-14 and then to 18% in FY 2014-15. This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began on January 1st of 2014.

TAY Insurance Status



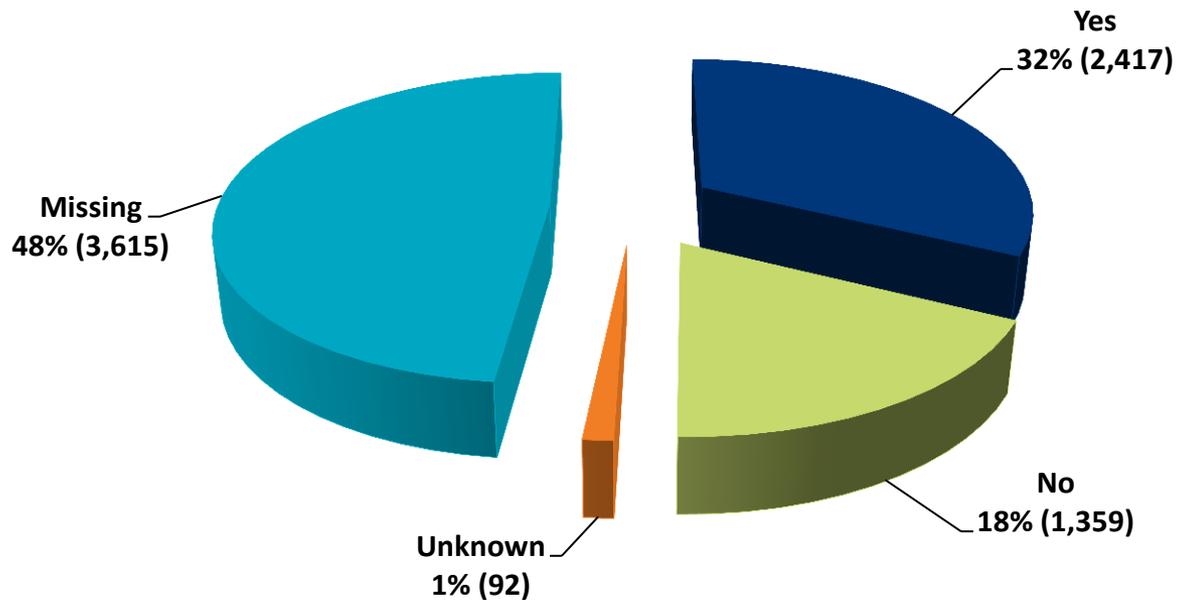
*The large majority of clients in this category were uninsured versus of unknown insurance type.
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Clients: Primary Care Physician

► In FY 2014-15, 32% of all TAY clients were known to have a primary care physician.
NOTE: Almost half of TAY clients (49%) did not have any information on record or it was unknown if they had a primary care physician.

TAY Primary Care Physician



NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Clients: Sexual Orientation

► Sexual orientation was reported for 40% of TAY clients in FY 2014-15.

NOTE: The sexual orientation variable was not reported on enough in FY 2014-15 to be able to accurately make conclusive statements about sexual orientation within the TAY client population. Starting in FY 2015-16, reporting information about sexual orientation will be required.

Sexual Orientation	Unique Clients	Percent
Heterosexual	2,388	32%
Bisexual	185	2%
Other	52	1%
Lesbian	49	1%
Questioning	47	1%
Gay Male	43	1%
Transgender	19	<1%
Intersex	1	<1%
Deferred	162	2%
Decline to State	29	<1%
Missing	4,508	60%
Total	7,483	

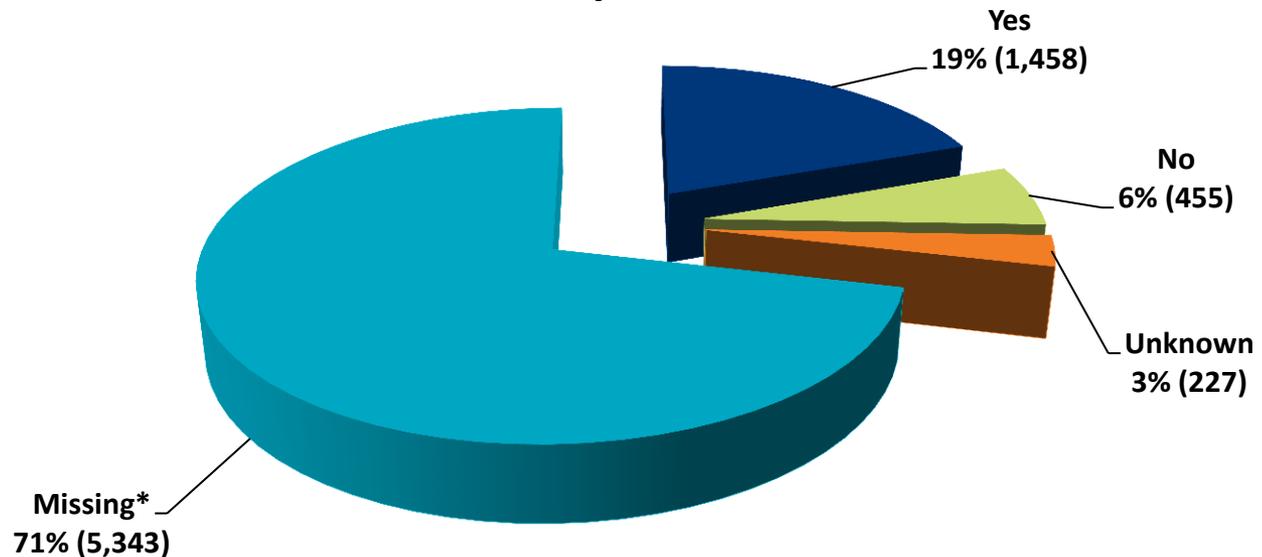
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Clients: History of Trauma

- ▶ 19% of TAY clients had a history of trauma.
- ▶ Among the 7,483 TAY clients, 2,140 (29%) had information available about trauma history in their records. Starting in FY 2015-16, reporting information about history of trauma will be required.

TAY History of Trauma



*Missing category includes Fee-For-Service providers for whom data were not available.

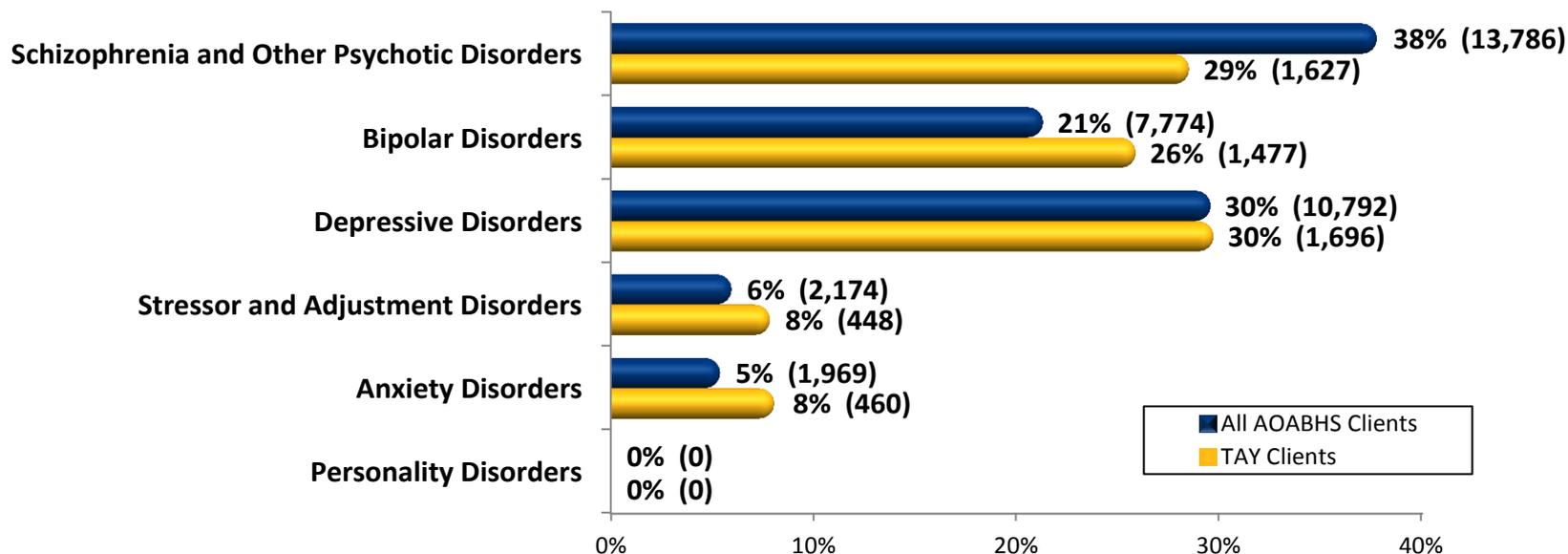
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Clients: Primary Diagnosis*

► The most common diagnoses among TAY clients who received services in FY 2014-15 were Depressive Disorders (30%), followed by Schizophrenia and Other Psychotic Disorders (29%).

TAY Primary Diagnosis



*The information presented above represents data for the TAY clients who received services during FY 2014-15, and for whom a primary diagnosis was known (N=5,708).

NOTES:

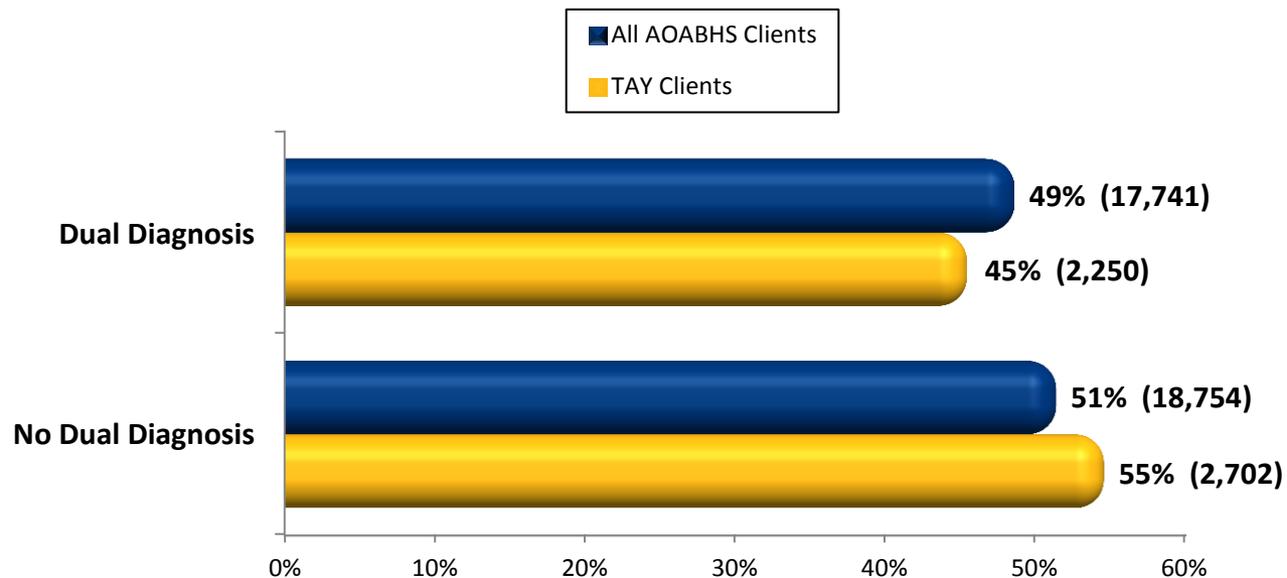
1. Diagnosis categories are different from previous fiscal years as a result of efforts to align with the ICD-10.
2. The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

TAY Clients: Dual Diagnosis

► In addition to a primary diagnosis, 45% of TAY clients also had a diagnosis of co-occurring mental illness and Substance Use Disorder.

Percentage of TAY Clients with a Diagnosis of Substance Use Disorder in Addition to Mental Illness

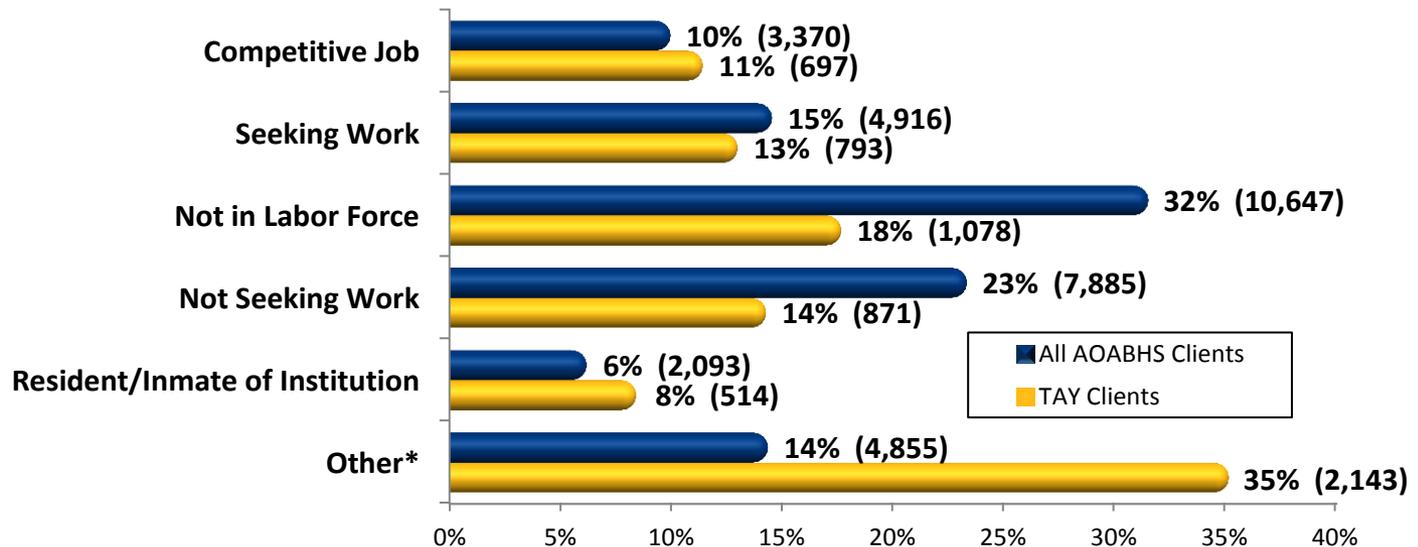


WHO ARE WE SERVING?

TAY Clients: Employment Status

- ▶ 697 of 7,483 TAY clients (11%) were working in the competitive job market.
- ▶ 61% of TAY clients were either not in the labor force (18%), were residents or inmates of an institution (8%), or reported their employment status as “Other” (35%).

TAY Employment Status



*Other includes clients who are: homemakers, retired, part/full-time students, training part/full-time, or volunteers.

NOTE: Percentages above exclude the Unknown category.

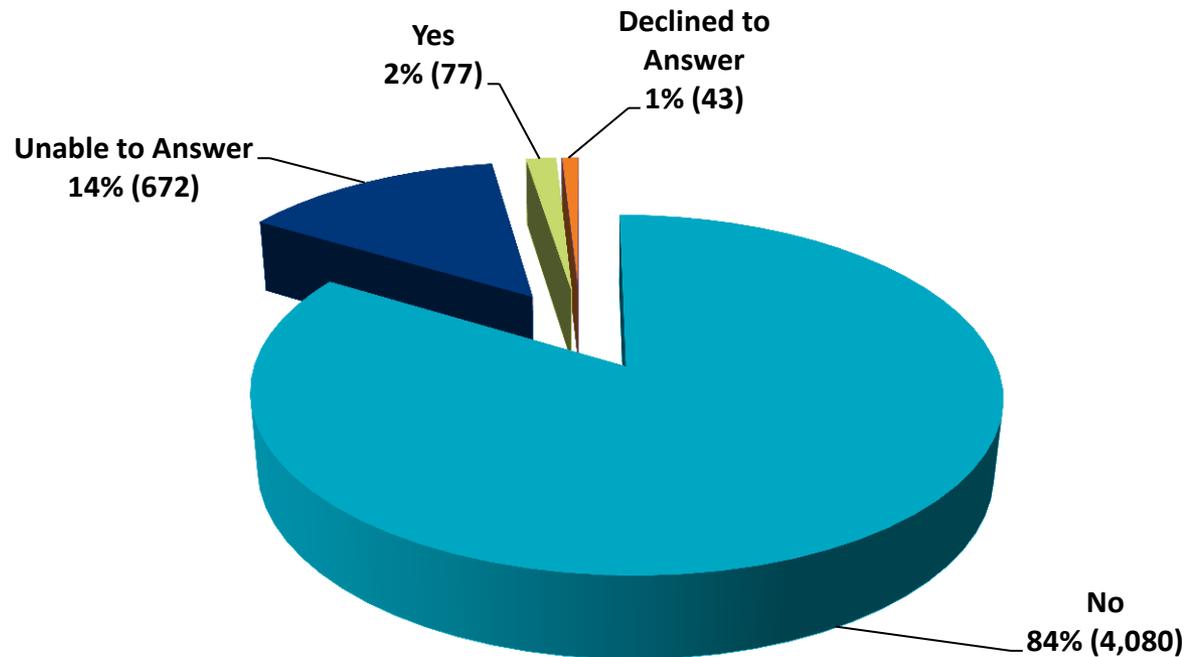
WHO ARE WE SERVING?

TAY Clients: Military Service

► Information regarding past military service was available for 65% of the 7,483 TAY clients served in FY 2014-15.

► Among TAY clients for whom military service data was available, 84% reported that they had no military service. Starting in FY 2015-16, reporting information about service in the military will be required.

Any Military Service?



NOTE: Missing data (2,611) was excluded from the graph and percentages reported above.

NOTE: Percentages may not add up to 100% due to rounding.

WHAT KINDS OF SERVICES ARE BEING USED?

TAY Clients: Types of Services*

Outpatient Services	TAY Clients		All AOABHS Clients	
	Total Clients	Percent Users	Total Clients	Percent Users
Assertive Community Treatment (ACT)	261	3%	1,786	4%
Behavioral Health Court	6	<1%	47	<1%
Case Management	34	<1%	752	2%
Case Management - Institutional	63	1%	837	2%
Case Management - Strengths	101	1%	930	2%
Case Management - Transitional	78	1%	447	1%
Fee for Service	2,272	30%	13,817	32%
Outpatient	2,224	30%	16,509	38%
Prevention	198	3%	231	1%
Emergency Services	Total Clients	Percent Users	Total Clients	Percent Users
EPU	1,045	14%	5,334	12%
PERT	1,441	19%	5,184	12%
Forensic Services	Total Clients	Percent Users	Total Clients	Percent Users
Jail	1,733	23%	9,168	21%
24 hour Services	Total Clients	Percent Users	Total Clients	Percent Users
Crisis Residential	269	4%	1,854	4%
Edgemoor	2	<1%	87	<1%
Long Term Care (LTC)	0	0%	17	<1%
LTC - Institutional	42	1%	262	1%
LTC - Residential	0	0%	0	0%
Residential	17	<1%	64	<1%
Inpatient Admissions	Total Clients	Percent Users	Total Clients	Percent Users
Inpatient - County	355	5%	1,837	4%
Inpatient - FFS	951	13%	4,285	10%
State Hospital	3	<1%	14	<1%
TOTAL CLIENTS SERVED	7,483		43,780	

*Clients may use more than one service and so may be represented in more than one service type category.

Compared to the overall client population, TAY clients used:

- A greater proportion of Emergency Services (especially PERT services), and Forensic (jail-based) Services.
- A smaller proportion of most Outpatient-type program services.

ARE CLIENTS GETTING BETTER?

TAY Clients: Client Outcomes (IMR, RMQ, & SATS-R)*

IMR: Illness Management & Recovery				
	N	PRE	POST	CHANGE
Substance Subscale	322	3.93	4.10	▲
Management Subscale	329	2.63	2.90	▲
Recovery Subscale	329	3.04	3.22	▲
Overall Mean	329	3.19	3.36	▲
RMQ: Recovery Markers Questionnaire				
	N	PRE	POST	CHANGE
Overall Mean	205	3.72	3.77	▲
SATS-R: Substance Abuse Treatment Scale - Revised				
	N	PRE	POST	CHANGE
Overall Mean	170	4.73	4.98	▲

- Clinicians reported (via the IMR) that TAY clients are getting better. The data indicated significant improvements in all of the subscales as well as in the overall mean scores.
- On the RMQ, TAY clients self-reported some improvement in their recovery, however, they were not statistically significant.
- Clients that underwent substance abuse treatment showed some improvement from pre to post treatment as indicated by SATS-R scores.

Legend

- ▲ Significant Positive Change ($p < 0.05$)
- ▲ Non-Significant Positive Change

*The outcomes reported here include all TAY BHS clients that had both a PRE and a POST assessment in the HOMS system. The most recent assessment (POST) was in FY 2014-15 and was compared to an assessment received 6-months before (PRE). This analysis procedure may reduce the final N number because new clients with less than 6-months of service history and those that did not have a 6-month follow-up assessment were excluded from this analysis.

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

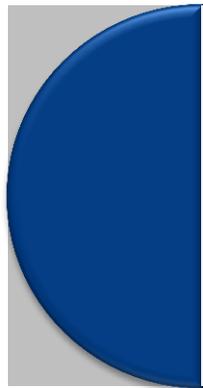


OLDER ADULT (OA) CLIENTS

SYSTEMWIDE ANNUAL REPORT FISCAL YEAR 2014-2015

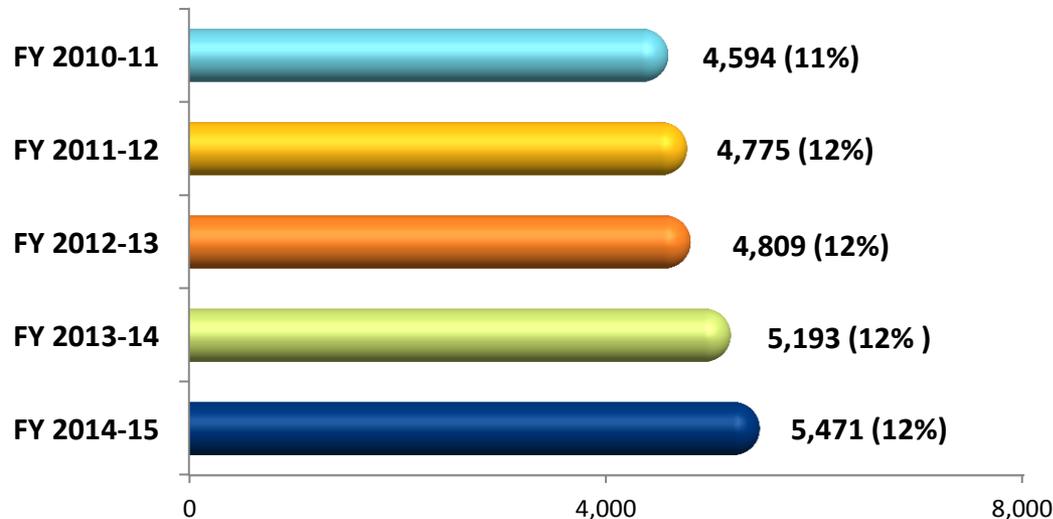
WHO ARE WE SERVING?

Total Number of OA Clients



- ▶ In FY 2014-15, San Diego County delivered mental health services to 5,471 older adults (age 60 or older).
- ▶ OA clients represent 12% of the 43,780 clients who received services in the adult system during the FY 2014-15.
- ▶ The proportion of OA clients (out of total clients) has increased from 11% in FY 2010-11 to 12% in FY 2011-12 and remained at 12% through FY 2014-15.
- ▶ The actual number of OA clients served increased 5% from FY 2013-14 to FY 2014-15.

Total Number of OA Clients Receiving Services

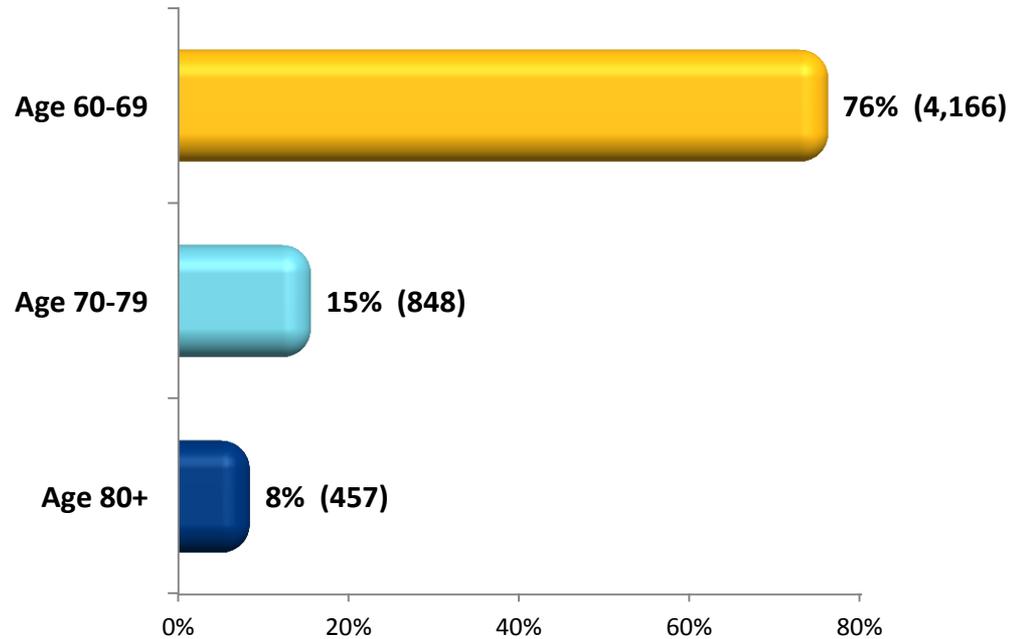


WHO ARE WE SERVING?

OA Clients: Age

► More than three quarters (76%) of OA clients were between the ages of 60 and 69.

OA Age Distribution

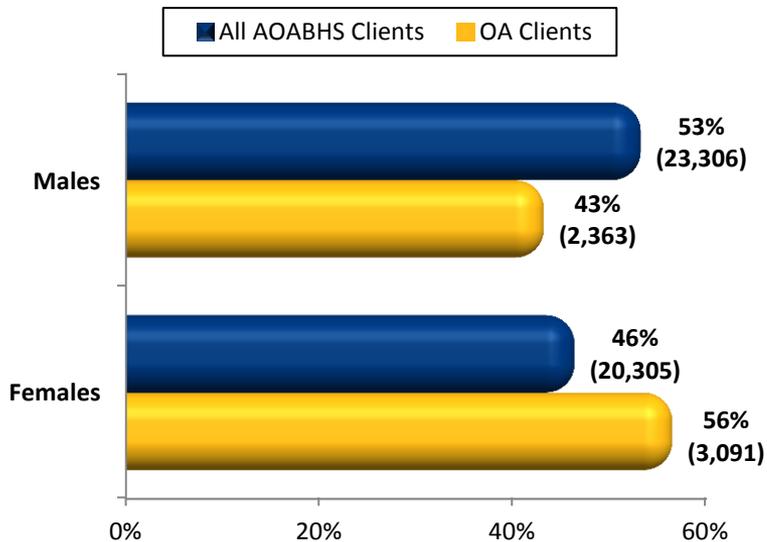


WHO ARE WE SERVING?

OA Clients: Gender

- ▶ A larger proportion of OA clients were female (56%) compared to the overall client population (46%).
- ▶ The proportion of male OA clients has remained stable at 43% since FY 2012-13.

**OA Gender Distribution
FY 2014-15**



NOTE: The above graph does not show the Other/Unknown categories (which represented <1%) and therefore the percentages may not add up to 100%.

OA Gender	Fiscal Year					AOABHS Population
	2010-11	2011-12	2012-13	2013-14	2014-15	
Females	59%	58%	57%	56%	56%	46%
Males	40%	42%	43%	43%	43%	53%
Other /Unknown	0.2%	0.3%	0.4%	0.3%	0.4%	0.4%

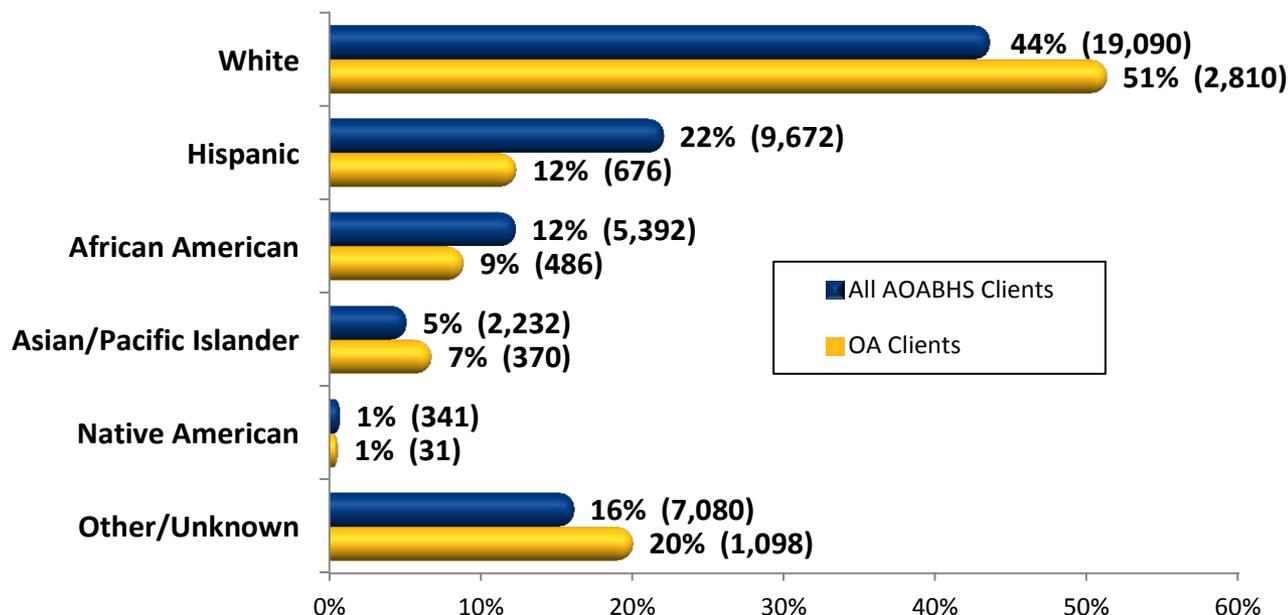
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

OA Clients: Race/Ethnicity

- ▶ A larger proportion of OA clients were White (51%) compared to the overall AOABHS client population (44%).
- ▶ There were smaller proportions of Hispanic and African American OA clients compared to the overall population.

OA Race/Ethnicity Distribution



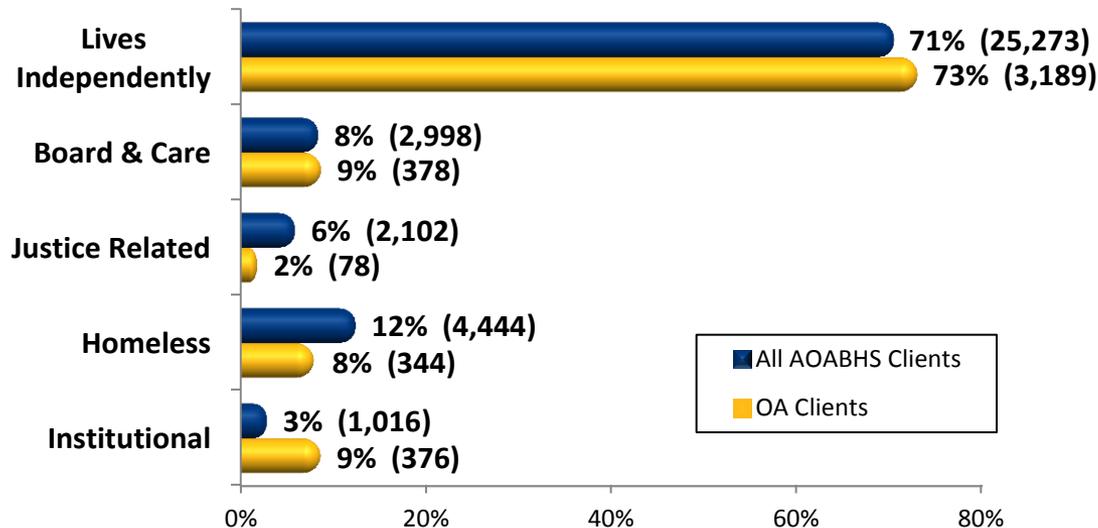
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

OA Clients: Living Situation*

- ▶ 73% of OA clients were living independently.**
- ▶ 8% of OA clients were homeless.***
- ▶ A greater proportion of OA clients were living in the institutional setting (9%) compared to the overall population (3%).

OA Living Situation



*Client living situation reflects status at time of most recent client assessment.

**Clients living independently includes clients living with family at the start of services.

***Some clients who are reported here as 'Homeless' may have received housing support via ACT programs since their most recent assessment.

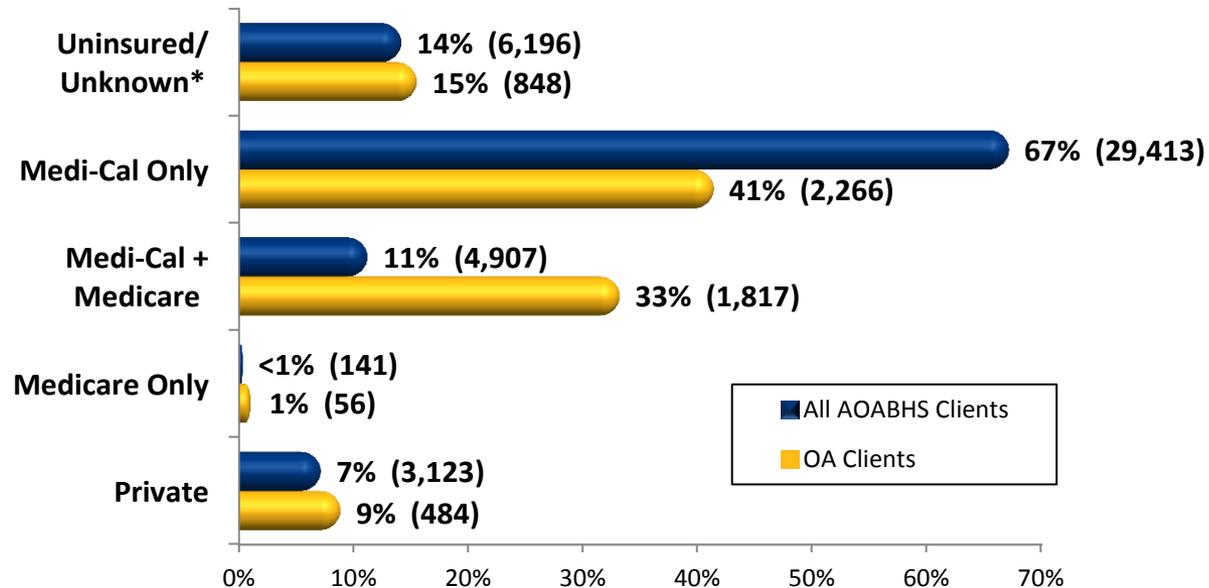
NOTE: The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

OA Clients: Health Care Coverage

- ▶ The majority of OA clients served in FY 2014-15 were insured by Medi-Cal only (41%) or a combination of Medi-Cal and Medicare (33%).
- ▶ The proportion of OA clients with an uninsured/unknown insurance status decreased from 18% in FY 2013-14 to 15% in FY 2014-15. This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began on January 1st of 2014.

OA Insurance Status



*The large majority of clients in this category were uninsured versus of unknown insurance type.
 NOTE: Percentages may not add up to 100% due to rounding.

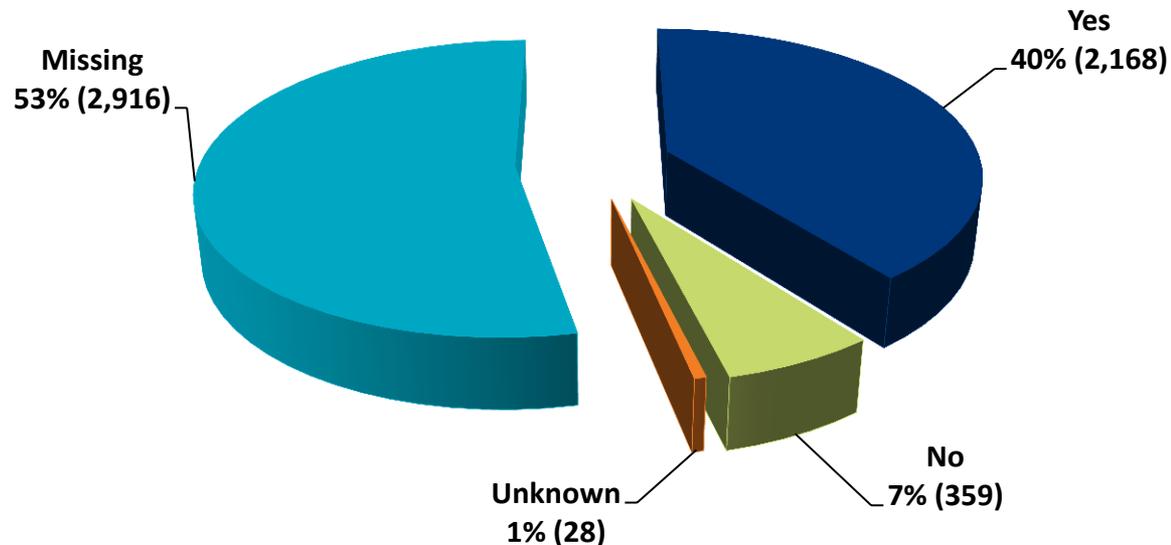
WHO ARE WE SERVING?

OA Clients: Primary Care Physician

- ▶ In FY 2014-15, 40% of OA clients were known to have a primary care physician.
- ▶ 7% of OA clients did not have a primary care physician.

NOTE: The majority of OA clients (54%) did not have this information on record or it was unknown if they had a primary care physician.

OA Primary Care Physician



NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

OA Clients: Sexual Orientation

► Sexual orientation was reported for 38% of OA clients in FY 2014-15.

NOTE: The sexual orientation variable was not reported on enough in FY 2014-15 to be able to accurately make conclusive statements about sexual orientation within the OA client population. Starting in FY 2015-16, reporting information about sexual orientation will be required.

Sexual Orientation	Unique Clients	Percent
Heterosexual	1,952	36%
Gay Male	25	<1%
Bisexual	17	<1%
Other	11	<1%
Lesbian	9	<1%
Questioning	5	<1%
Transgender	4	<1%
Intersex	1	<1%
Deferred	37	1%
Declined to State	41	1%
Missing	3,369	62%
Total	5,471	

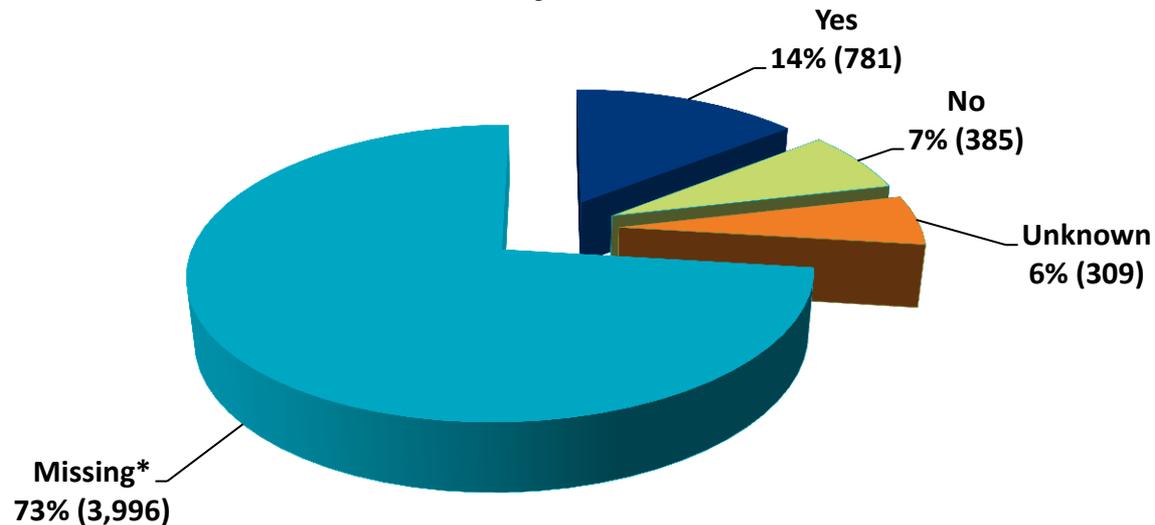
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

OA Clients: History of Trauma

- ▶ 14% of OA clients (781) had a history of trauma.
- ▶ Data was not available (missing) for 73% of the OA client population (3,996).

OA History of Trauma



*Missing category includes Fee-For-Service providers for whom data were not available.

NOTES:

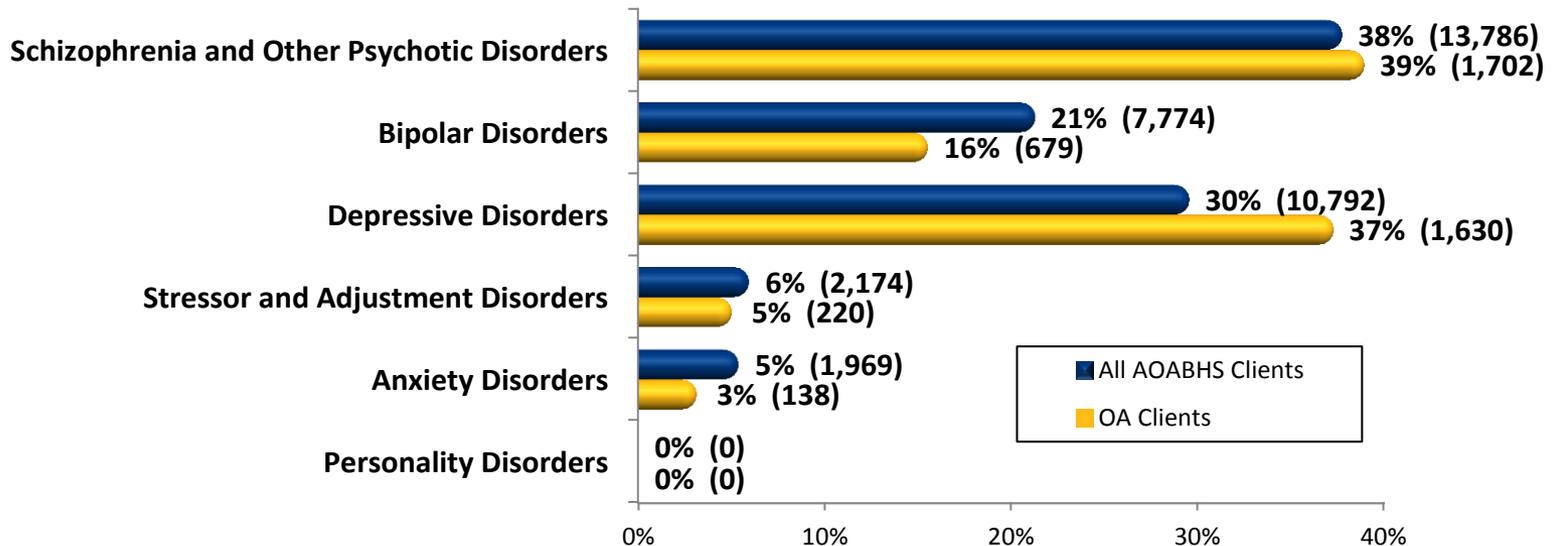
1. Percentages may not add up to 100% due to rounding.
2. Starting in FY 2015-16, reporting information about history of trauma will be required.

WHO ARE WE SERVING?

OA Clients: Primary Diagnosis*

► The most common diagnoses among OA clients who received services in FY 2014-15 were Schizophrenia and Other Psychotic Disorders (39%) and Depressive Disorders (37%).

OA Primary Diagnosis



*The information presented above represents data for the OA clients who received services during FY 2014-15, and for whom a primary diagnosis was known (N=4,369).

NOTES:

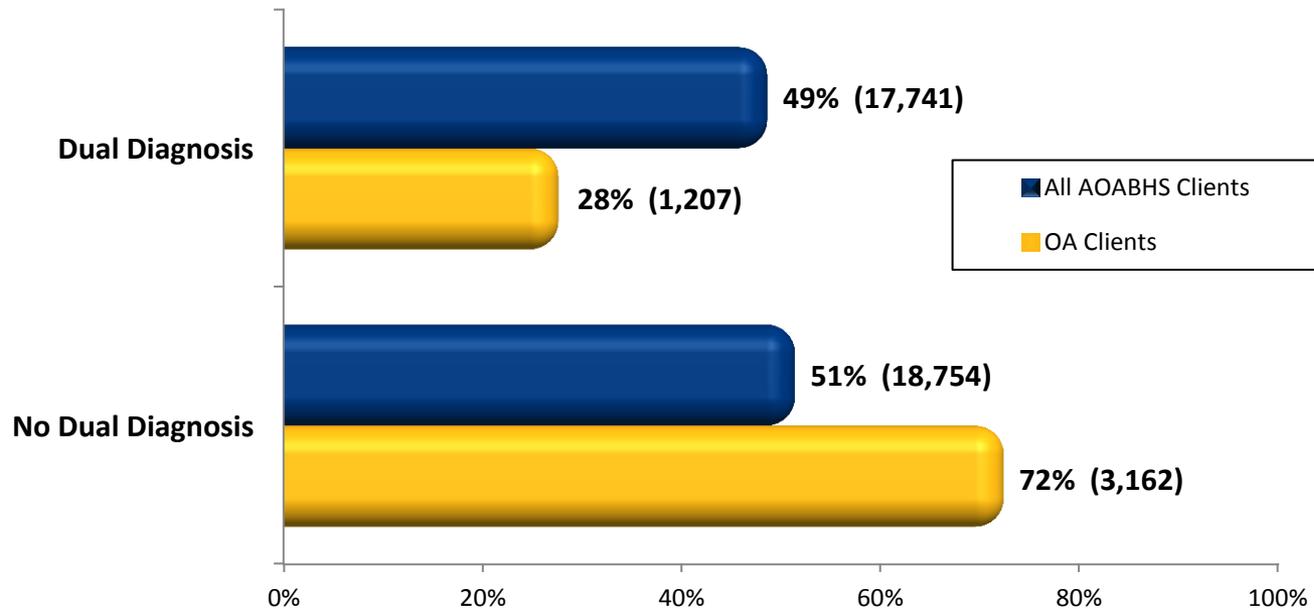
1. Diagnosis categories are different from previous fiscal years as a result of efforts to align with the ICD-10.
2. The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

OA Clients: Dual Diagnosis

► In addition to a primary diagnosis, more than a quarter of OA clients (28%) also had a diagnosis of co-occurring mental illness and Substance Use Disorder in FY 2014-15.

Percentage of OA Clients with a Diagnosis of Substance Abuse Disorder in Addition to Mental Illness

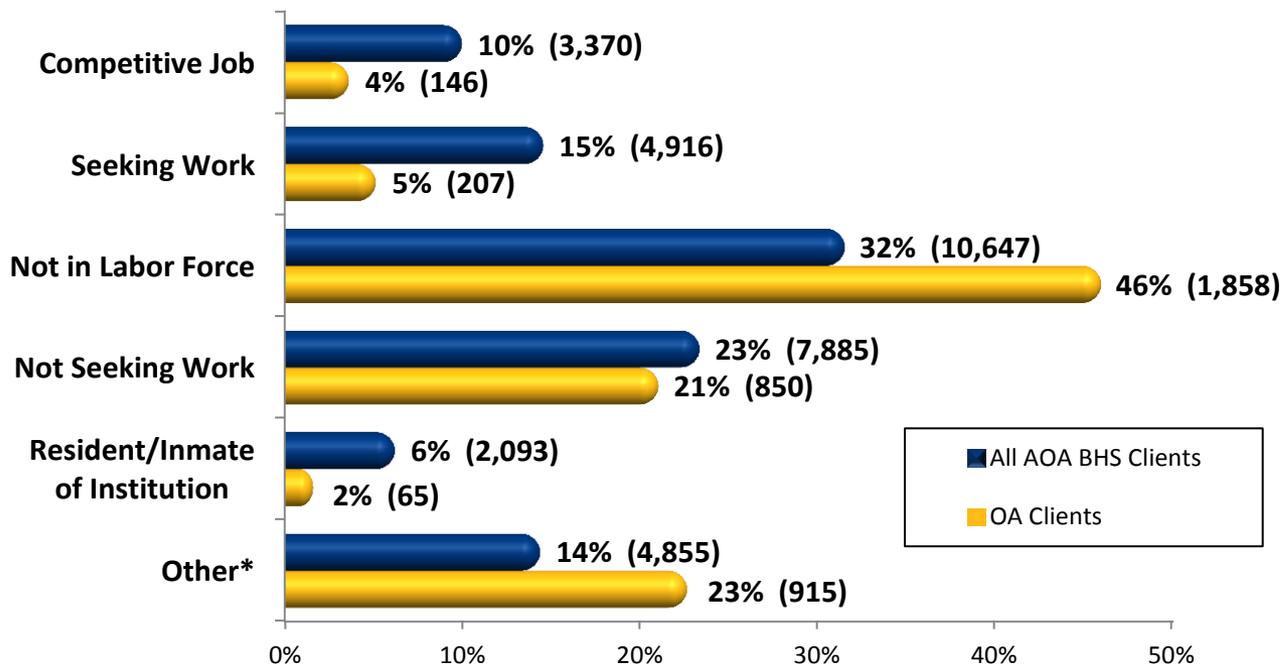


WHO ARE WE SERVING?

OA Clients: Employment Status

► The largest proportion of OA clients (46%) were not currently in the labor force.

Older Adult Employment Status



*Other includes clients who are: homemakers, retired, part/full-time students, training part/full-time, or volunteers.

NOTE: Percentages above exclude the Unknown category.

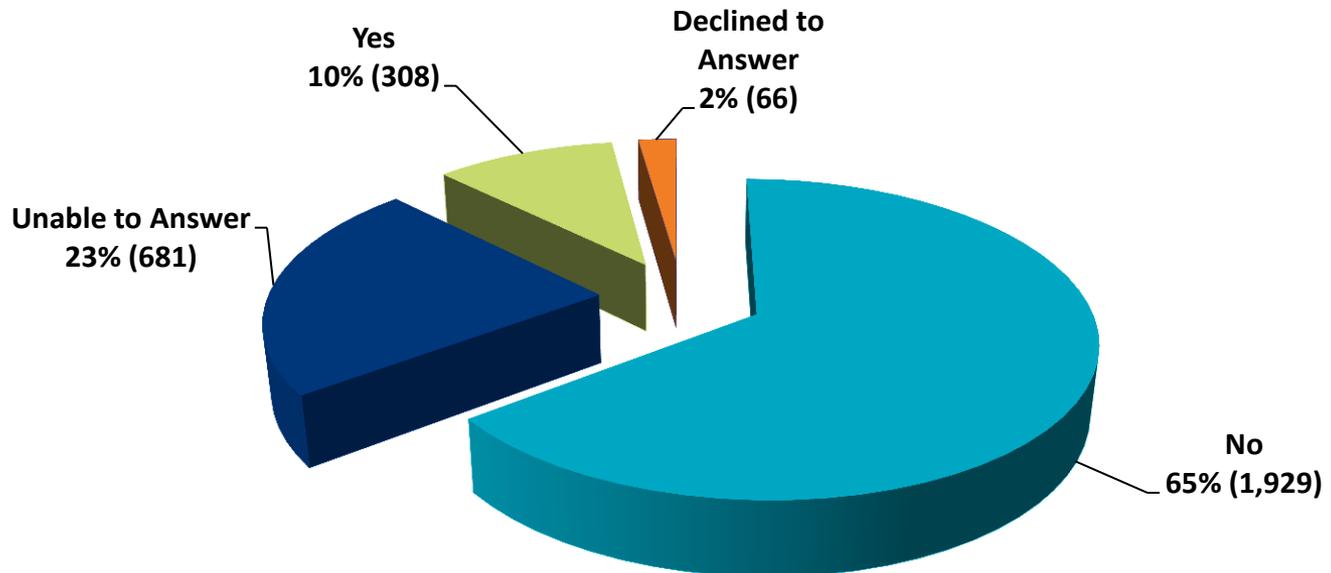
WHO ARE WE SERVING?

OA Clients: Military Service

► Information regarding past military service was available for 55% of the 5,471 OA clients served in FY 2014-15.

► Among OA clients for whom military service data was available, 65% reported that they had no military service and 10% confirmed that they had served in the military. Starting in FY 2015-16, reporting information about service in the military will be required.

Any Military Service?



NOTE: Missing data (2,487) was excluded from the graph and percentages reported above.

NOTE: Percentages may not add up to 100% due to rounding.

WHAT KINDS OF SERVICES ARE BEING USED?

OA Clients: Types of Services*

	Older Adult Clients		All AOABHS Clients	
Outpatient Services	Total Clients	Percent Users	Total Clients	Percent Users
Assertive Community Treatment (ACT)	299	5%	1,786	4%
Behavioral Health Court	1	<1%	47	<1%
Case Management	71	1%	752	2%
Case Management - Institutional	388	7%	837	2%
Case Management - Strengths	340	6%	930	2%
Case Management - Transitional	19	<1%	447	1%
Fee for Service	1,620	30%	13,817	32%
Outpatient	1,817	33%	16,509	38%
Prevention	5	<1%	231	1%
Emergency Services	Total Clients	Percent Users	Total Clients	Percent Users
EPU	311	6%	5,334	12%
PERT	936	17%	5,184	12%
Forensic Services	Total Clients	Percent Users	Total Clients	Percent Users
Jail	422	8%	9,168	21%
24 hour Services	Total Clients	Percent Users	Total Clients	Percent Users
Crisis Residential	81	1%	1,854	4%
Edgemoor	42	1%	87	<1%
Long Term Care (LTC)	13	<1%	17	<1%
LTC - Institutional	21	<1%	262	1%
LTC - Residential	0	0%	0	0%
Residential	5	<1%	64	<1%
Inpatient Admissions	Total Clients	Percent Users	Total Clients	Percent Users
Inpatient - County	108	2%	1,837	4%
Inpatient - FFS	290	5%	4,285	10%
State Hospital	1	<1%	14	<1%
TOTAL CLIENTS SERVED	5,471		43,780	

Compared to the overall AOABHS client population, OA clients used:

- A greater proportion of ACT, CM-Institutional, CM-Strengths, and PERT services.
- A smaller proportion of Case Management, Fee for Service Outpatient, EPU, Forensic (jail-based), Crisis Residential, and Inpatient services.

*Clients may use more than one service and so may be represented in more than one service type category.

ARE CLIENTS GETTING BETTER?

OA Clients: Client Outcomes (IMR, RMQ, & SATS-R)*

IMR: Illness Management & Recovery		N	PRE	POST	CHANGE
Substance Subscale		641	4.64	4.64	No Change
Management Subscale		659	3.00	3.09	▲
Recovery Subscale		658	3.03	3.10	▲
Overall Mean		659	3.35	3.41	▲
RMQ: Recovery Markers Questionnaire		N	PRE	POST	CHANGE
Overall Mean		295	3.48	3.58	▲
SATS-R: Substance Abuse Treatment Scale - Revised		N	PRE	POST	CHANGE
Overall Mean		215	6.33	6.55	▲

Clinicians reported (via the IMR) that OA clients are getting better. The data indicated significant improvements in the following areas:

- the ability to manage symptoms
- progress towards recovery
- overall mean IMR scores

Clients reported significant improvements in RMQ scores from pre to post assessment.

Legend

- ▲ Non-Significant Positive Change
- ▲ Significant Positive Change (p<0.05)

*The outcomes reported here include all OA BHS clients that had both a PRE and a POST assessment in the HOMS system. The most recent assessment (POST) was in FY 2014-15 and was compared to an assessment received 6-months before (PRE). This analysis procedure may reduce the final N number because new clients with less than 6-months of service history and those that did not have a 6-month follow-up assessment were excluded from this analysis.

GLOSSARY

- **Assertive Community Treatment (ACT)** is a team-based approach to delivering comprehensive and flexible treatment, support and services. ACT programs provide extensive service for individuals who experience serious mental illness. People who receive ACT services typically have needs that have not been effectively addressed by traditional, less intensive mental health services.
- **Behavioral Health Court (BH Court)** is an alternative court for a mentally ill offender of the law. BH Court's purpose is to reduce the recidivism of criminal defendants who suffer from serious mental illness by connecting these defendants with community treatment services, and to find appropriate dispositions to the criminal charges by considering the defendant's mental illness and the seriousness of the offense.
- **Case Management (CM)** services help and support people with long-term mental health problems to maintain housing, and obtain financial assistance, medical and psychiatric treatment, and assists clients to link with other community services such as education, work, and social programs. The service activities may include, but are not limited to: supportive counseling, coordination, and referral; ensuring access to service delivery system; and assessment, service plan development and monitoring client progress.
- **Case Management Program – Institutional.** These are Case Management services received by persons with serious mental illness residing in an institutional setting (e.g., locked long-term care, Skilled Nursing Facility).
- **Case Management Program – Strengths-Based Case Management.** These are services provided through Clinical Case Management services with a major rehabilitation component designed to help people with serious mental illness identify and achieve meaningful life goals. Strengths-Based Case Management programs are expected to maintain good fidelity to the model developed by Charles Rapp (see "The Strengths Model," by Charles Rapp and Richard Goscha, 2012).
- **Case Management Program – Transitional** are short-term Case Management services provided on a transitional basis to link persons with serious mental illness with needed services and resources in the community, which may include longer-term Case Management services, and/or a variety of resources including but not limited to psychiatric, medical, social, housing, employment, education, spiritual, and transportation services.
- **Crisis Residential** services offer a 24-hour crisis residence providing acute mental health care services to adults who are experiencing a crisis and require 24-hour support and supervision.
- **Dual Diagnosis** occurs when an individual has both a mental disorder and a substance abuse problem.

GLOSSARY

- **Edgemoor** is an inpatient skilled nursing facility that provides: 24-hour skilled nursing care; physical rehabilitation; recreational, occupational, physical, speech, and respiratory therapies.
- **Emergency Psychiatric Unit (EPU)** provides walk-in emergency mental health services for adults and older adults who are experiencing a mental health emergency or crisis.
- **Fee-For-Service (FFS)** services are primarily from licensed clinicians in private practice who get reimbursed for services rendered to clients. These providers are spread out over the county and represent a diversity of discipline, cultural-linguistic groups and genders in order to provide choice for eligible clients.
- **Full Service Partnership (FSP)** programs are part of the County of San Diego’s Community Services and Supports Program and are made possible through MHSA. FSP’s use a “do whatever it takes” model that comprehensively addresses individual and family needs, fosters strong connections to community resources, and focuses on resilience and recovery to help individuals achieve their mental health treatment goals.
- **Innovation Programs** are novel mental health practices that contribute to learning, and that are developed within communities through a process that is inclusive and representative. Additionally, Innovations Programs are designed to increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services for the mental health community at-large.
- **Long Term Care (LTC) – Institutional Setting** refers to services provided to persons with serious mental illness through locked long-term care facilities which include Institutes for Mental Disease (IMDs) and Skilled Nursing Facilities (SNFs).
- **Long Term Care (LTC) – Residential** refers to services provided in residential settings that provide long-term care - offering room, board, 24-hour oversight, health monitoring, and assistance with activities of daily living and are licensed by the state. Residents often live in their own apartment within a building. The complex provides some care that those who live independently would perform themselves (such as taking medicine). Social and recreational activities are usually provided.
- **Outpatient (OP)** services offer treatment, rehabilitation, and recovery services which include screening and assessment, medication management, crisis intervention, group and individual short term therapy, for people who are experiencing persistent and severe mental illness or a mental health crisis. In addition, some programs offer case management and homeless outreach.

GLOSSARY

- **Prevention and Early Intervention (Prevention or PEI)** programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.
- **Primary Diagnosis** was determined by identifying the primary DSM-IV diagnosis at intake from the last episode of service prior to June 30, 2014.
- **Psychiatric Emergency Response Team (PERT)** of San Diego County pairs licensed, experienced, professional mental health clinicians with specially trained law enforcement officers. They respond to calls for service from the community involving individuals who may be experiencing mental health crises. They intervene to prevent unnecessary hospitalizations and incarcerations while protecting the individuals involved as well as the community.
- **Residential** services are services provided to persons with serious mental illness through a residential setting which provides 24/7 care and supervision as needed (unless otherwise authorized by the County to provide residential services that do not include care and supervision).
- **State Hospital** (California) Services provided to persons with serious mental illness through a California State Hospital.

Contact Us

This report is available electronically or in hard copy from:

Liz Miles, EdD, MPH, MSW

Principal Administrative Analyst, QI Performance Improvement Team
County of San Diego Behavioral Health Services

Telephone: (619) 584-5015

Email: Elizabeth.miles@sdcounty.ca.gov

Questions or comments can be directed to:

Steven Tally, PhD

Assistant Research Director
Health Services Research Center, UCSD

Telephone: (858) 622-1788

Email: stally@ucsd.edu



UCSD's Health Services Research Center provides a comprehensive variety of research services to academia, health services organizations, corporations, and individuals worldwide. We are a non-profit research organization within the University of California San Diego's School of Medicine, Department of Preventive Medicine and Public Health. Our mission is to support research focused on understanding how clinical and treatment services affect health outcomes. The center brings together experts in the fields of health outcomes, program evaluation, quality of life measurement, and medical research informatics, providing the infrastructure for clinical and academic research and program and performance evaluation studies.