

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



ADULT/OLDER ADULT BEHAVIORAL HEALTH SERVICES

- Adult
- Older Adult
- Transition Age Youth

SYSTEMWIDE ANNUAL REPORT FISCAL YEAR 2012-2013

Report prepared by:



5/2/2014



INTRODUCTION



Overview

- ▶ This report summarizes cumulative system and clinical outcomes for transition age youth, adults, and older adults served by San Diego County Adult and Older Adult Behavioral Health Services (A/OA BHS) in Fiscal Year 2012-13 (July 2012-June 2013).
- ▶ A/OA BHS primarily serves individuals 18 and older with severe, persistent mental health needs or those experiencing a mental health crisis.

San Diego County Adult and Older Adult Behavioral Health Services delivered services through a wide variety of program types in FY 2012-13 including:

- **Outpatient programs including but not limited to: Full Service Partnerships 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**

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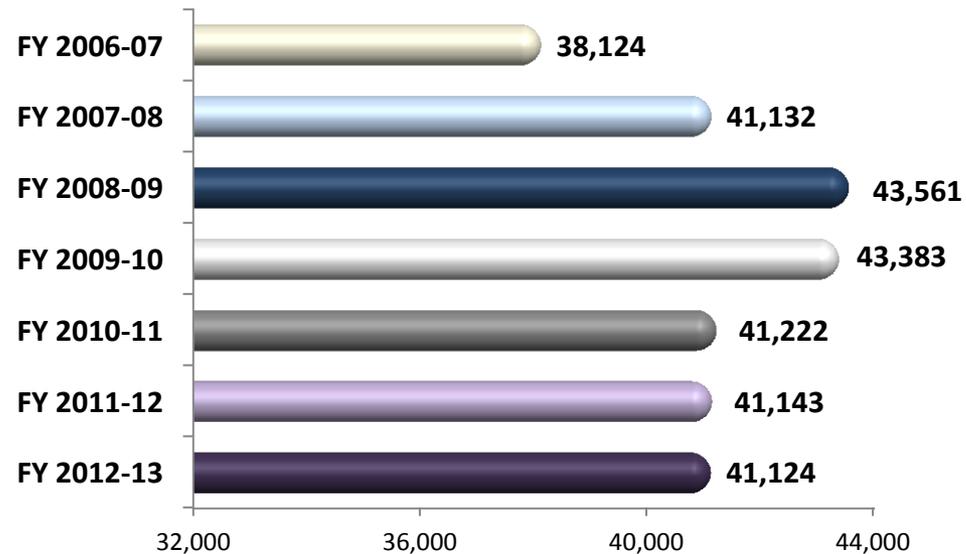
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WHO ARE WE SERVING?

Total Clients

- ▶ In FY 2012-13, San Diego County delivered behavioral health services to 41,124 transition age youth, adults, and older adults.
- ▶ The number of clients served has remained relatively stable over the last 3 fiscal years.

Number of Clients Served by Fiscal Year

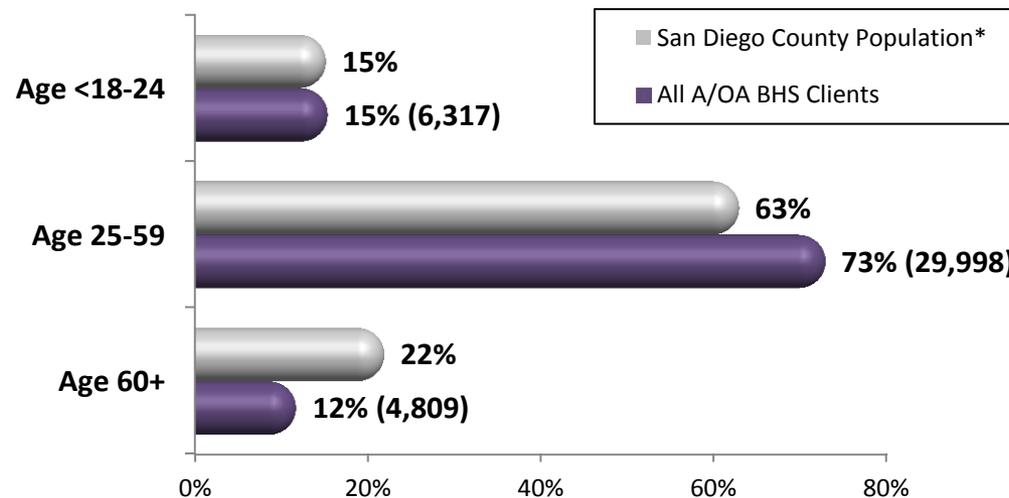


WHO ARE WE SERVING?

Client Age

- ▶ The proportion of clients served in each age group has remained relatively stable over the past 5 fiscal years, not varying more than 2 percent between any 2 years for any category.
- ▶ Compared to the overall San Diego County population, clients were more likely to be between the ages of 25 and 59.

Age Distribution



*San Diego County Population Estimates were sourced from: U.S. Census Bureau, 2012 American Community Survey.

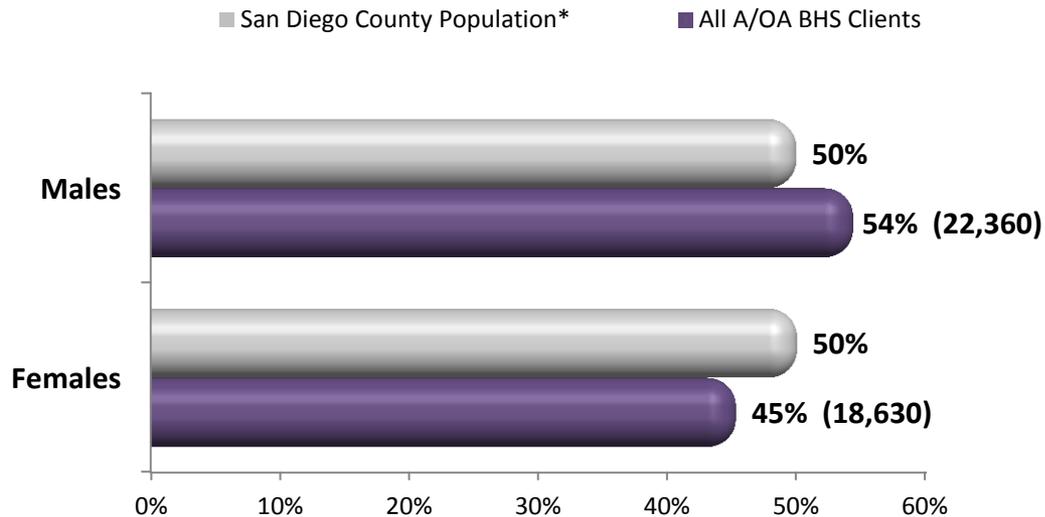
WHO ARE WE SERVING?

Client Gender

► There is a greater proportion of male clients in the A/OA BHS system of care (54%) when compared to female clients (45%). <1% of clients were Other/Unknown (134 clients; not shown in figure below).

► There was a larger proportion of male clients in the A/OA BHS system of care compared to the overall San Diego County Population.

Gender Distribution



*San Diego County Population Estimates were sourced from: U.S. Census Bureau, 2012 American Community Survey.
NOTE: The All A/OA BHS Client categories do not sum to 100% because the Other/Unknown category was not displayed in the figure.

WHO ARE WE SERVING?

Client Ethnicity and Race

► The distribution of client ethnicity and race has remained essentially stable from FY 2006-07 to FY 2012-13.

► Since FY 2008-09, there has been a slight but steady decrease in the White population and a steady increase in the Hispanic population.

Race / Ethnicity	Fiscal Year						
	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
White	52%	51%	52%	51%	50%	49%	48%
Hispanic	21%	22%	19%	20%	21%	22%	23%
African American	12%	13%	12%	12%	13%	12%	13%
Asian	6%	6%	6%	6%	6%	5%	5%
Native American	1%	1%	1%	1%	1%	1%	1%
Other/Unknown	8%	8%	10%	10%	10%	11%	11%

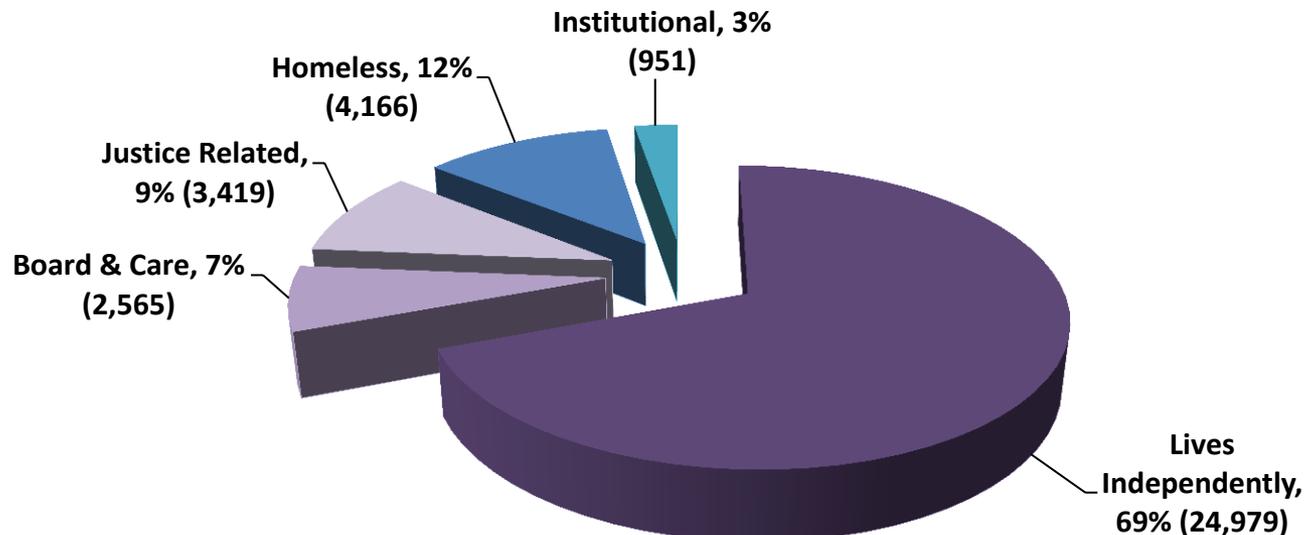
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

Client Living Situation*

- ▶ 69% of clients were living independently.**
- ▶ In FY 2012-13, 9% of clients were temporarily in justice-related living situations (jail or other justice institutions), which is down 3% from FY 2011-12 (12%).
- ▶ 12% of clients were homeless, which is up 2% from FY 2011-12.

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.

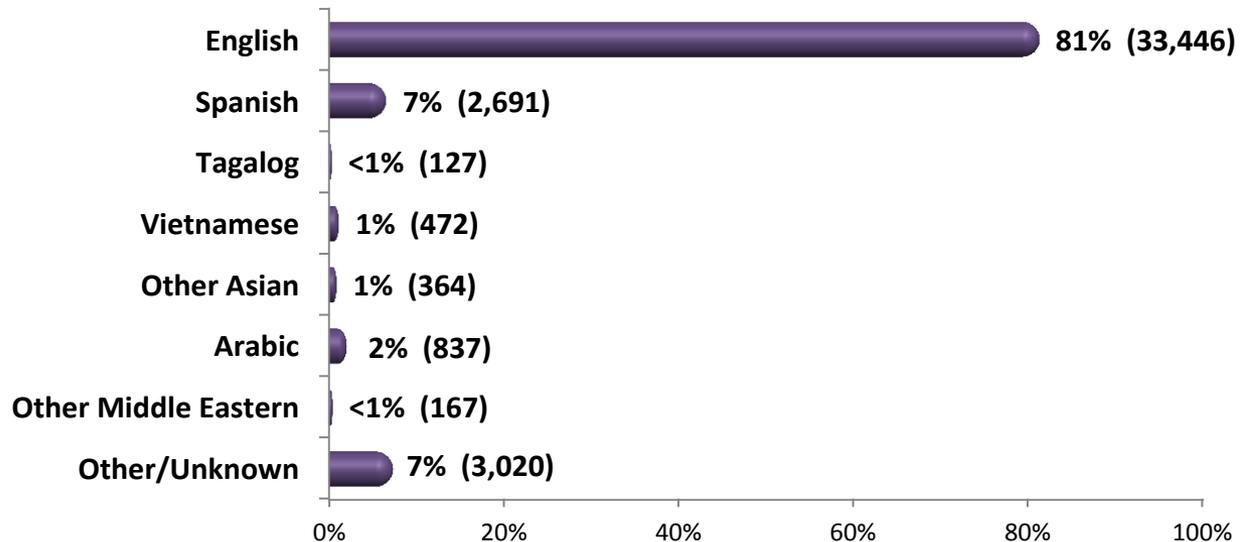
NOTE: The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

Client Primary Language

- ▶ Services were provided in 5 'threshold' languages in FY 2012-13: English, Spanish, Tagalog, Vietnamese, and Arabic.
- ▶ Similar to previous years, a majority of clients in FY 2012-13 (81%) reported English as their primary language, with an additional 7% preferring Spanish.

Preferred Language

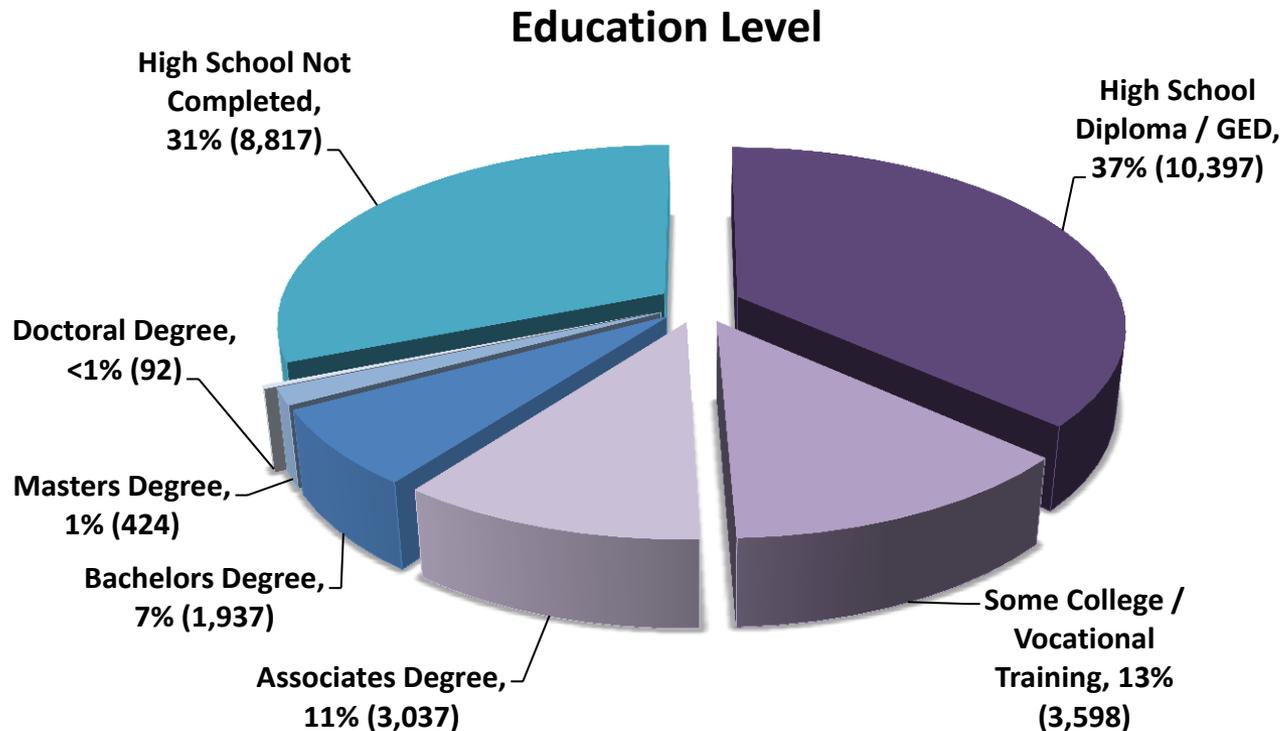


NOTE: The 'Other/Unknown' category is comprised of clients reporting a variety of primary languages not reported above, as well as those who report no primary language.

WHO ARE WE SERVING?

Client Education Level

- ▶ More than a third of clients (37%) had a high school diploma or GED.
- ▶ Slightly less than a third of clients (31%) did not complete high school.



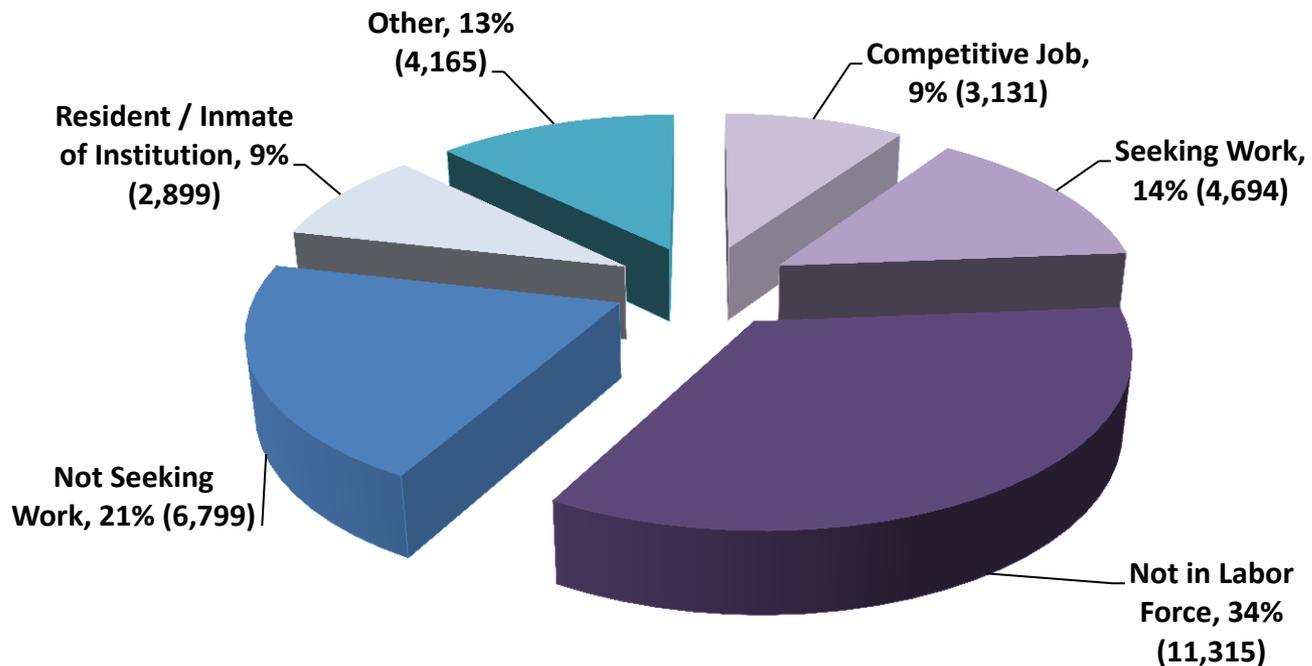
NOTE: Graph and percentages reported above exclude Unknown/Not Reported values.

WHO ARE WE SERVING?

Client Employment Status

- ▶ The largest proportion of clients (34%) were not currently in the labor force, a decrease of 1% from FY 2011-12.
- ▶ At the time of the most recent assessment, 23% of clients in FY 2012-13 were either currently employed in a competitive job (9%) or seeking work (14%).

Employment Status



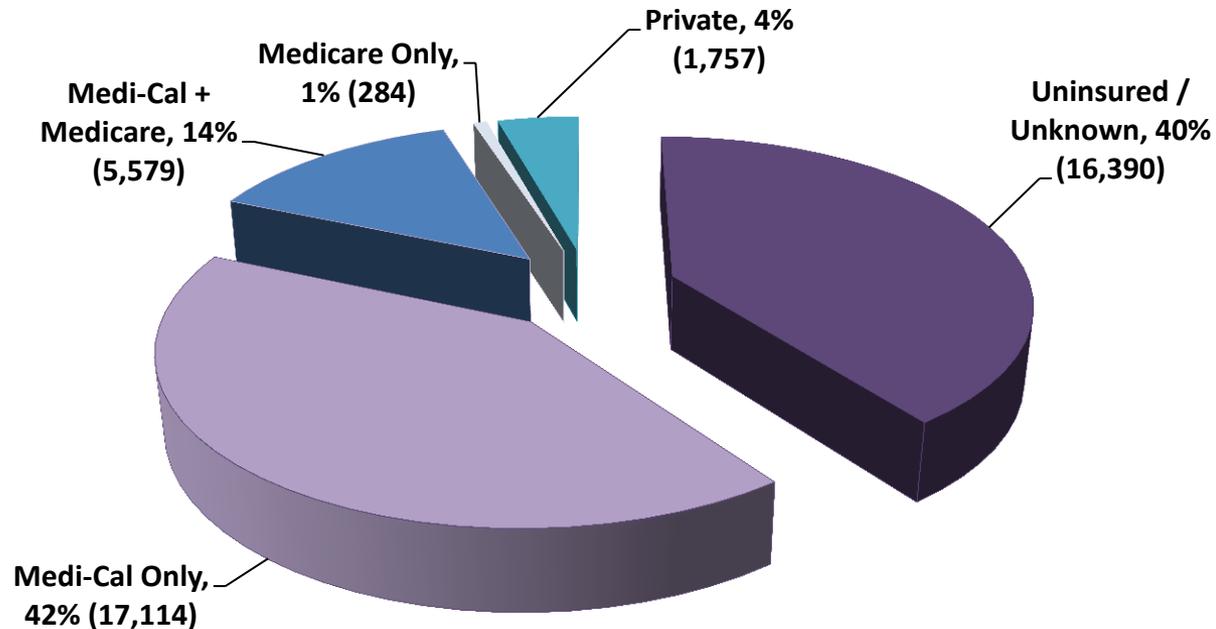
NOTE: Percentages above exclude the Unknown category.

WHO ARE WE SERVING?

Health Care Coverage

- ▶ The majority of clients served in FY 2012-13 who had insurance were insured by Medi-Cal (42%) or a combination of Medi-Cal and Medicare (14%).
- ▶ 40% were uninsured or of unknown insurance type. The large majority who fell into this category were uninsured versus of unknown insurance type.
- ▶ These percentages have remained stable over the last 3 fiscal year.

Insurance Status and Type



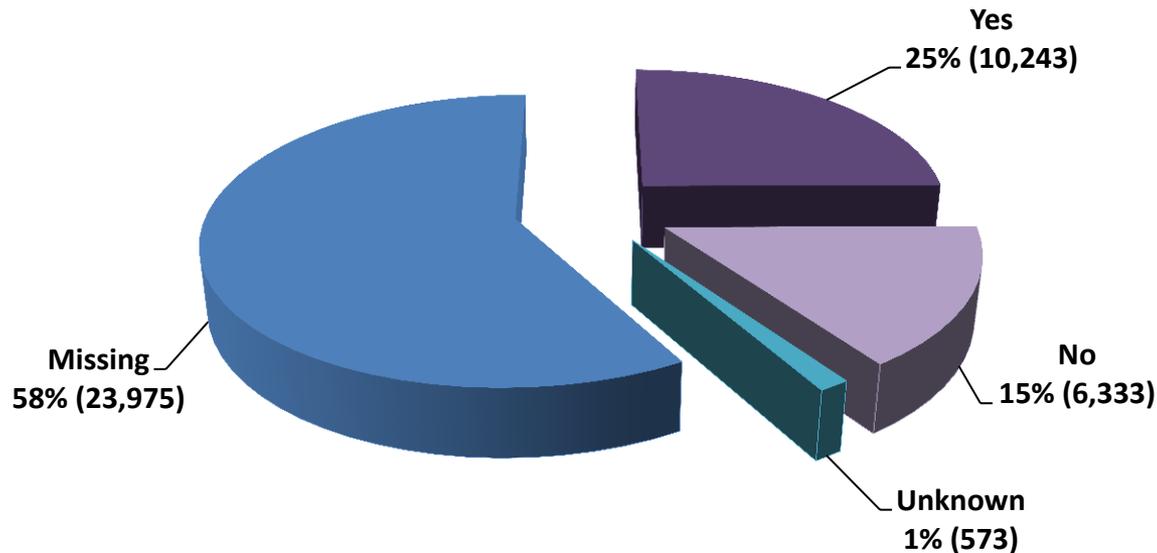
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

Primary Care Physician

- ▶ In FY 2012-13, 25% of behavioral health clients were known to have a primary care physician.
- ▶ 15% of clients did not have a primary care physician.
- ▶ The majority of A/OA BHS clients (59%) did not have any information on record or it was unknown if they had a primary care physician.

Primary Care Physician



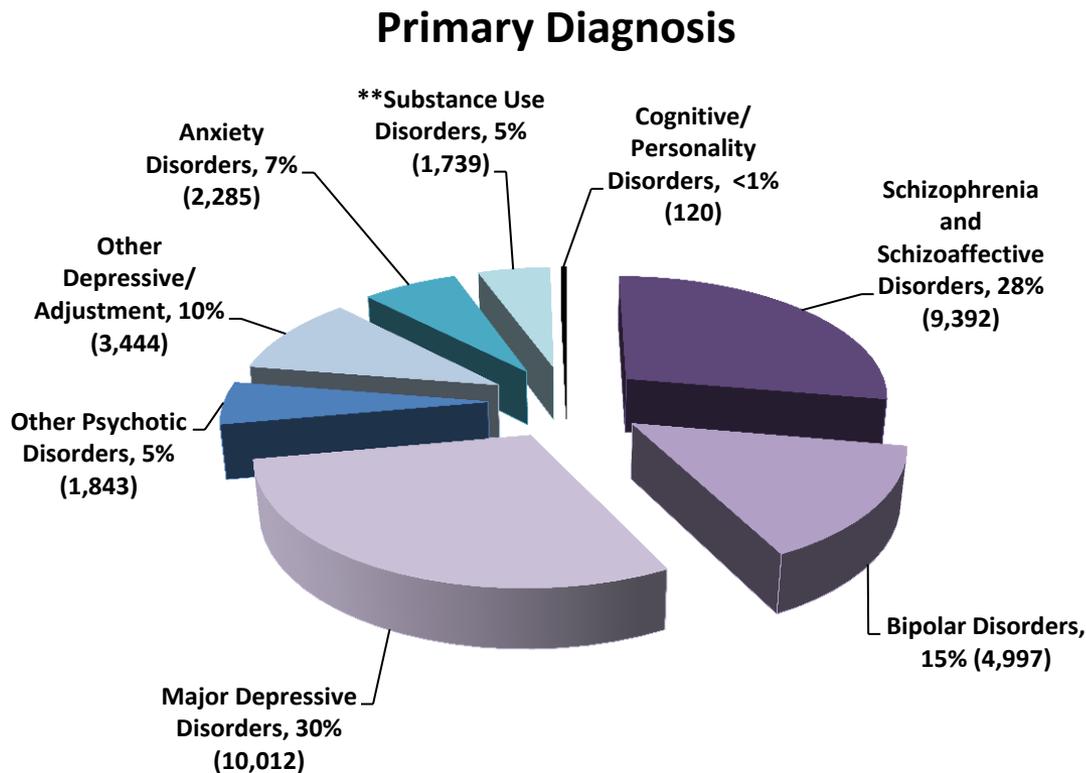
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

Primary Diagnosis*

The most common diagnoses among adults who received services in FY 2012-13 were:

- 1) Major Depressive Disorders (30%)
- 2) Schizophrenia and Schizoaffective Disorders (28%)
- 3) Bipolar Disorders (15%)



* The information presented above represents data for the 33,832 clients who received services from County contracted organizational providers during FY 2012-13, and for whom a primary diagnosis was available. Of the 41,124 clients who received services during FY 2012-13, 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 Anasazi.

** Although Substance Use Disorders are generally not considered a primary diagnosis in the Mental Health System (MHS), clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the Management Information System (MIS). This may occur, for example, when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

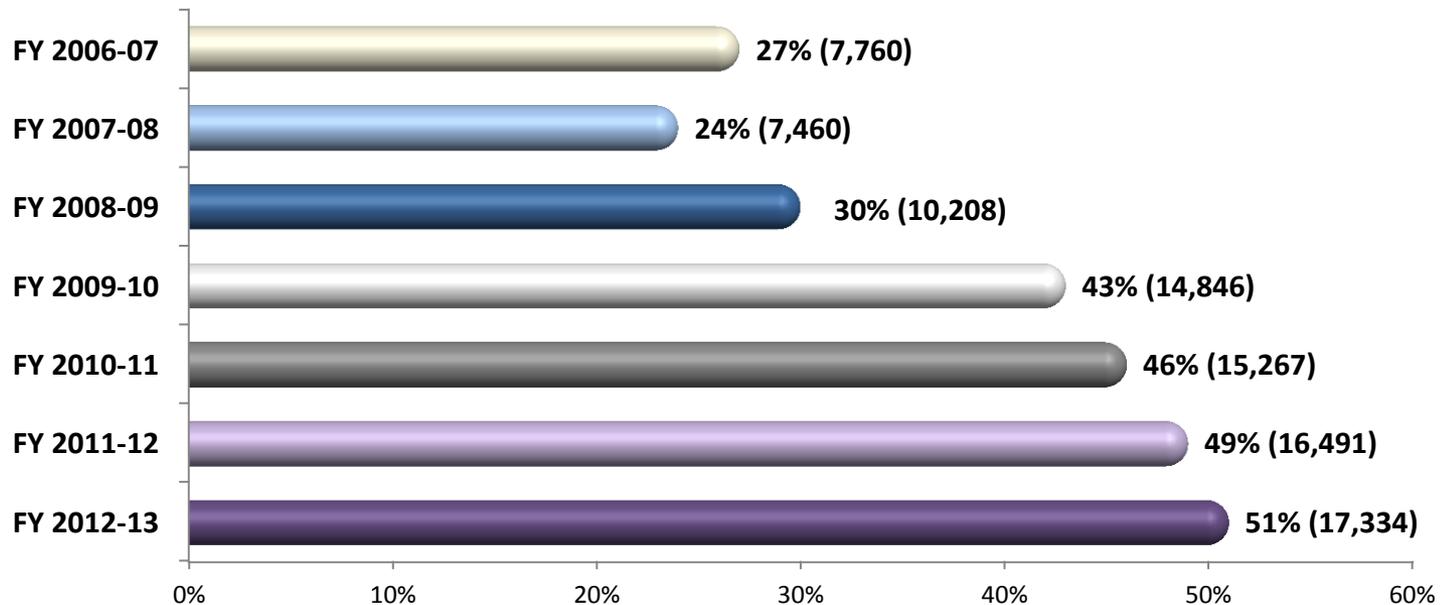
NOTE: The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

Dual Diagnosis

- ▶ In addition to a primary diagnosis, 51% of clients also had a diagnosis of Substance Use Disorder in FY 2012-13, an increase of 2% from last fiscal year.
- ▶ The generally increasing trend from FY 2007-08 to FY 2012-13 may reflect an increased ability to identify and capture existing substance use problems through new targeted programs, increased awareness, and a greater range of diagnostic assessment tools.

Substance Use Disorder



WHO ARE WE SERVING?

Sexual Orientation

► Among the 15,290 clients who had information about sexual orientation available, 85% reported that they were Heterosexual, 4% Gay or Lesbian, and 3% Bisexual.

► It is important to note that information about sexual orientation was not available for 63% of A/OA BHS clients (25,834 clients had unreported data).

Sexual Orientation	Unique Clients	Percent*
Heterosexual	12,941	85%
Lesbian	233	2%
Gay Male	313	2%
Bisexual	390	3%
Transgender	59	<1%
Questioning	80	1%
Other	69	<1%
Intersex	2	<1%
Decline to State	336	2%
Deferred	867	6%
Data not available	25,834	
Total Clients	41,124	

*Percentages exclude 'Data not available' category.

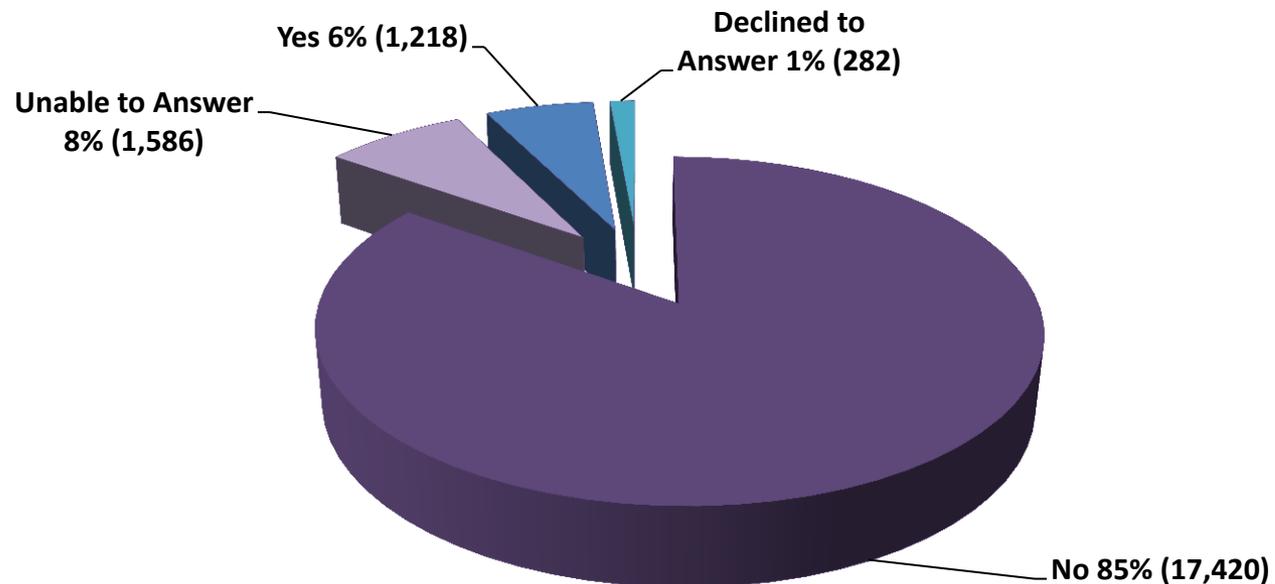
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

Military Service

► Information regarding past military service was available for about half of the 41,124 clients served in FY 2012-13*. Among clients that were asked this question, 85% reported that they had no military service and 6% confirmed that they had served in the military.

Any Military Service?



*Some client assessments were conducted on a paper form and may not have been entered into Anasazi.
NOTE: Missing data was excluded from the graph and percentages reported above.

WHAT KINDS OF SERVICES ARE BEING USED?

Types of Services*

Outpatient Services	Total Clients	Percent Users
Assertive Community Treatment (ACT)	1,937	5%
Behavioral Health (BH) Court	46	0%
Case Management	727	2%
Case Management - Institutional	856	2%
Case Management - Strengths	871	2%
Case Management - Transitional	632	2%
Fee for Service (FFS)	9,358	23%
Outpatient	14,897	36%
Outpatient – Low Income Health Program (LIHP)	2,414	6%
Prevention	264	1%
Emergency Services	Total Clients	Percent Users
Emergency Psychiatric Unit (EPU)	5,459	13%
PERT	5,259	13%
Forensic Services	Total Clients	Percent Users
Jail	9,770	24%
24 hour Services	Total Clients	Percent Users
Crisis Residential	1,610	4%
Edgemoor	113	0%
Long Term Care (LTC) – Institutional	277	1%
LTC - Residential	1	0%
Residential	128	0%
Inpatient Admissions	Total Clients	Percent Users
Inpatient - County	1,993	5%
Inpatient - FFS	3,406	8%
Inpatient - LIHP	894	2%
State Hospital	11	0%
TOTAL CLIENTS SERVED	41,124	

*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?

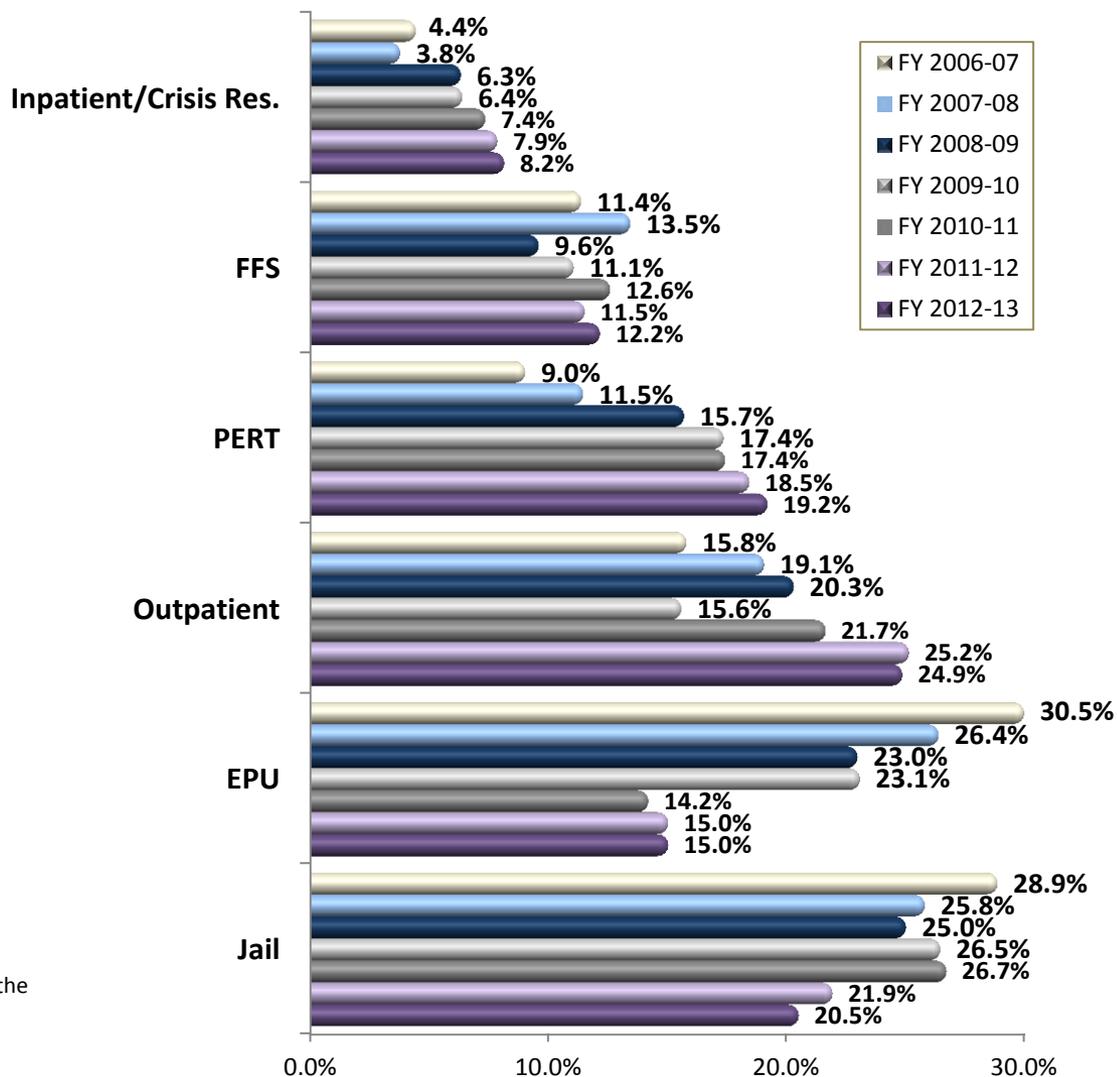
First Service Use*

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

- There has been an increasing trend of clients initially accessing services through PERT (Psychiatric Emergency Response Team) from FY 2006-07 through FY 2012-13. This was largely due to the addition of more PERT units over the past 7 fiscal years. These teams are able to cover a larger geographical area and operate more hours each day. Early intervention by PERT may help to reduce Jail and EPU usage.
- Initial access through Outpatient Services increased by 9.6% from FY 2009-10 to FY 2011-12 and decreased slightly in FY 2012-13.
- Initial access to services through EPU has been decreasing over the years with a slight increase in FY 2011-12 from FY 2010-11.
- A decreasing trend of initial access through Jail Mental Health Services was observed from 28.9% in FY 2006-07 to 20.5% in FY 2012-13.

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

Type of First Service Use



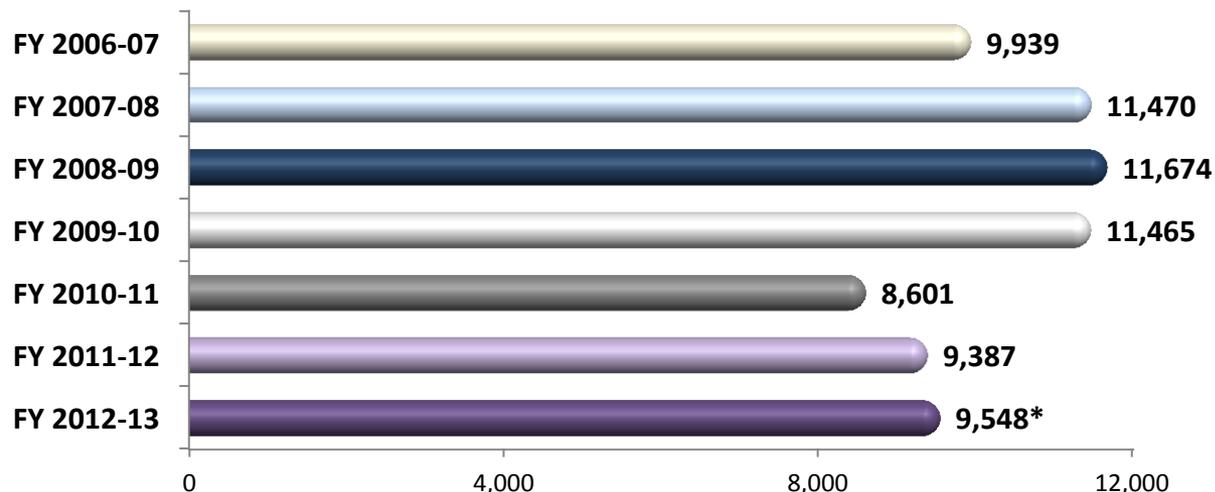
WHAT KINDS OF SERVICES ARE BEING USED?

Emergency Services*

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

- The EPU provided emergency services and assessments.
- PERT units are comprised of specially trained law enforcement officials paired with mental health care professionals. They provided on-scene response to situations involving people experiencing a mental health crisis.
- 9,548 clients (unduplicated) utilized emergency services (EPU and/or PERT) during FY 2012-13.
- The number of clients accessing emergency services has decreased from FY 2006-07, but has been on the rise since FY 2010-11.

Number of Clients who Used Emergency Services



*10,718 clients received emergency services during FY 2012-13 from EPU and/or PERT. Of those, 1,170 received services in both EPU and PERT resulting in 9,548 unique (unduplicated) clients FY 2012-13.

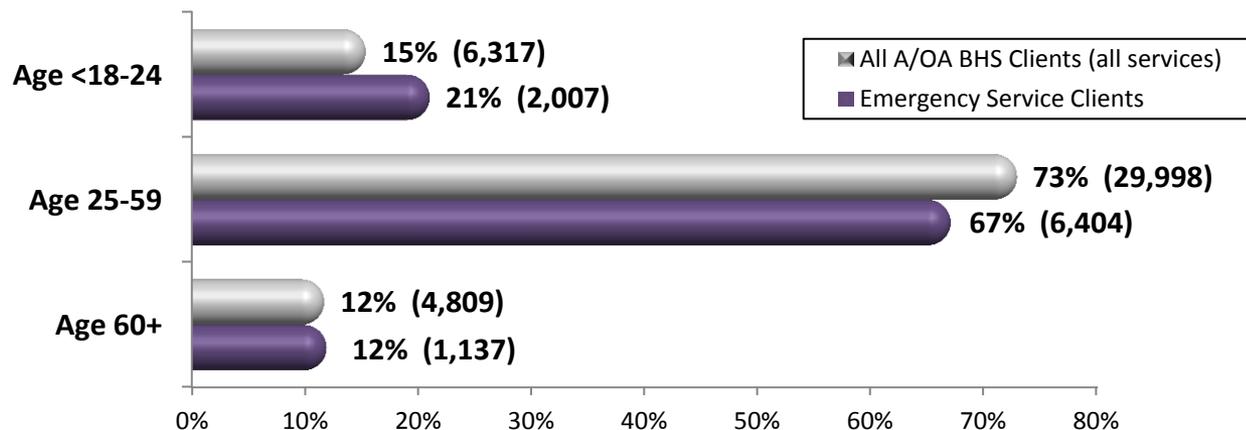
WHAT KINDS OF SERVICES ARE BEING USED?

*Emergency Services and Client Age**

Among clients who utilized emergency services:

- There was a larger proportion of clients ages <18 through 24 (21%) than was observed in the overall client population (15%).
- There was a smaller proportion of clients ages 25 through 59 (67%) than was observed in the overall client population (73%).

Clients who Used Emergency Services by Age



*10,718 clients received emergency services during FY 2012-13 from EPU and/or PERT. Of those, 1,170 received services in both EPU and PERT resulting in 9,548 unique (unduplicated) clients FY 2012-13.

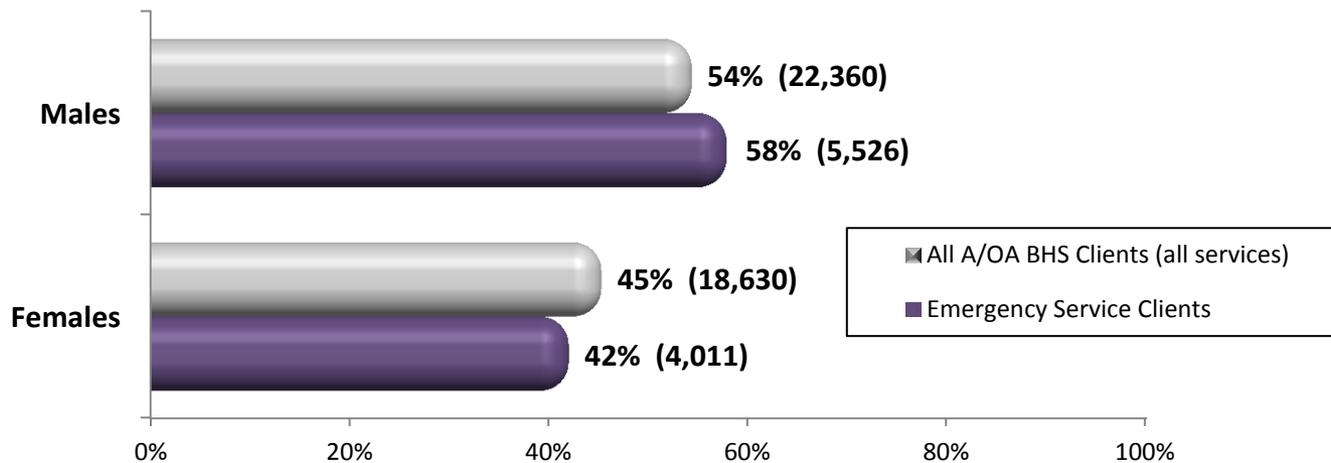
WHAT KINDS OF SERVICES ARE BEING USED?

Emergency Services and Client Gender*

► Among clients who utilized emergency services, a large proportion (58%) were male, as compared to 54% 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



*10,718 clients received emergency services during FY 2012-13 from EPU and/or PERT. Of those, 1,170 received services in both EPU and PERT resulting in 9,548 unique (unduplicated) clients FY 2012-13.

**San Diego County Population Estimates were sourced from: U.S. Census Bureau, 2012 American Community Survey.

NOTE: The graph above does not show the Other/Unknown category (11 clients and <1%) and therefore the percentages may not add up to 100%.

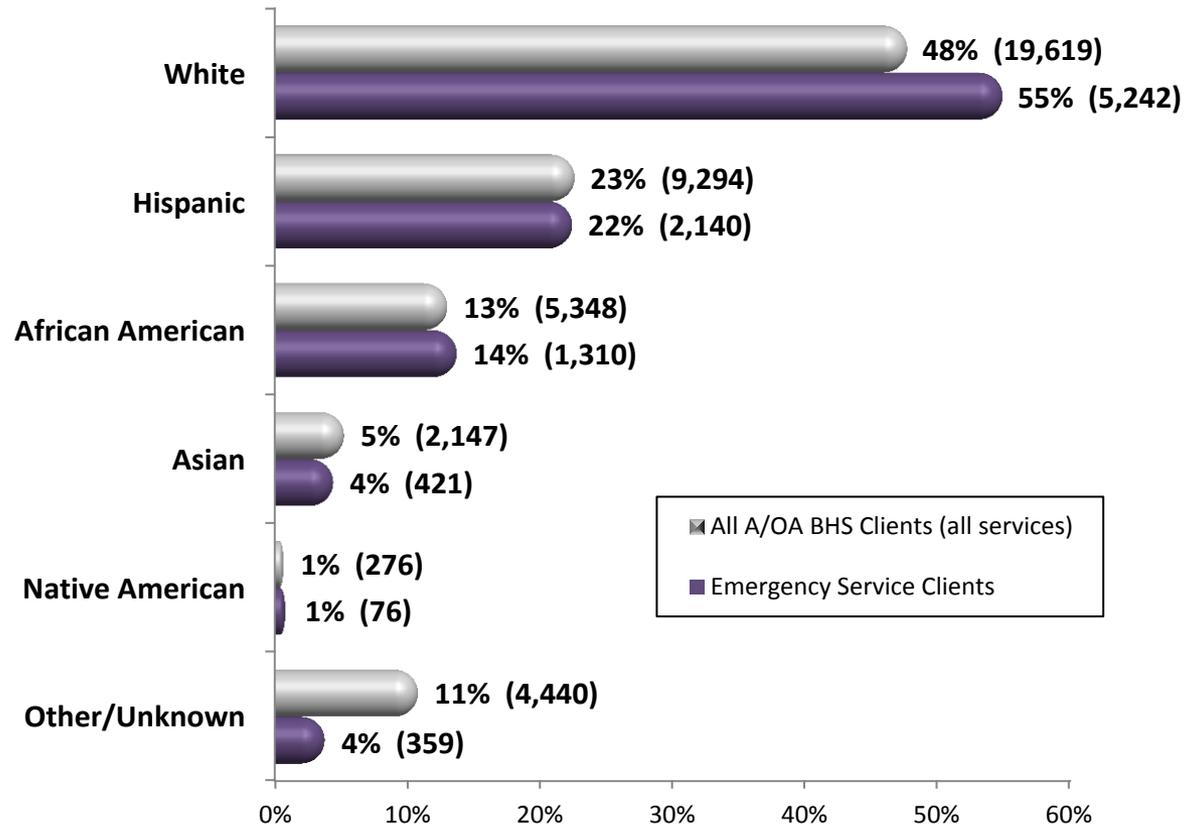
WHAT KINDS OF SERVICES ARE BEING USED?

Emergency Services and Ethnicity*

A larger proportion of clients who utilized emergency services were White (55%) compared to the general client population (48%).

Nearly a quarter of clients who used emergency services were Hispanic (22%).

Clients who Used Emergency Services by Ethnicity



*10,718 clients received emergency services during FY 2012-13 from EPU and/or PERT. Of those, 1,170 received services in both EPU and PERT resulting in 9,548 unique (unduplicated) clients FY 2012-13.

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

WHAT KINDS OF SERVICES ARE BEING USED?

Emergency Services and Primary Diagnosis*

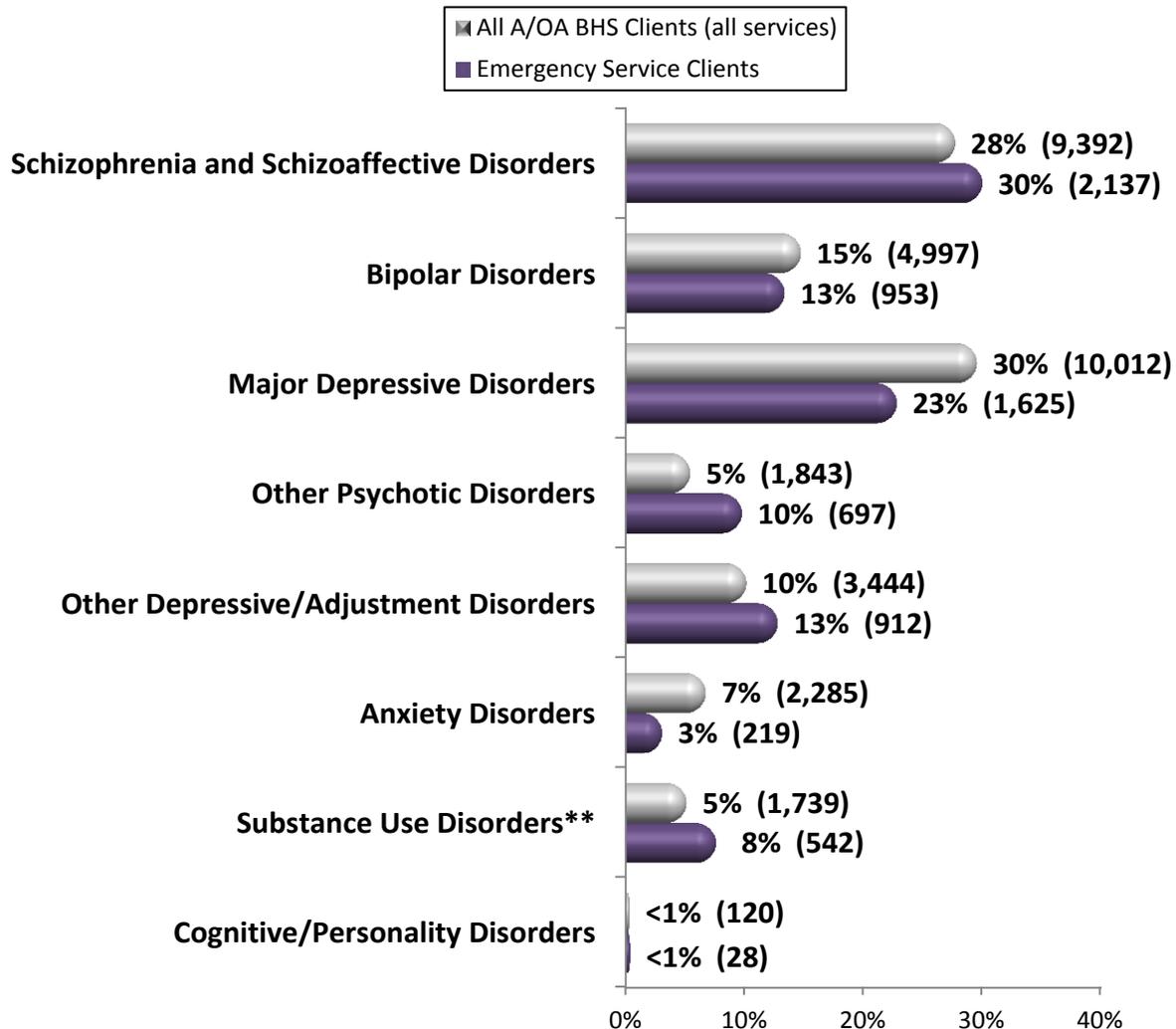
A large proportion of clients (30%) had a diagnoses of Schizophrenia and Schizoaffective Disorders (30%) or Major Depressive Disorders (23%).

*The information presented in the chart represents data for the 33,832 clients who received services from County contracted organizational providers during FY 2012-13, and for whom a primary diagnosis was available. Of the 41,124 clients who received services during FY 2012-13, many were served by the FFS system and/or PERT services which do not enter diagnosis information into Anasazi.

** Although Substance Use Disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed with such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. An example of when this may occur is when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

NOTE: Percentages exclude Other/Unknown.

Clients that Used Emergency Services by Diagnosis

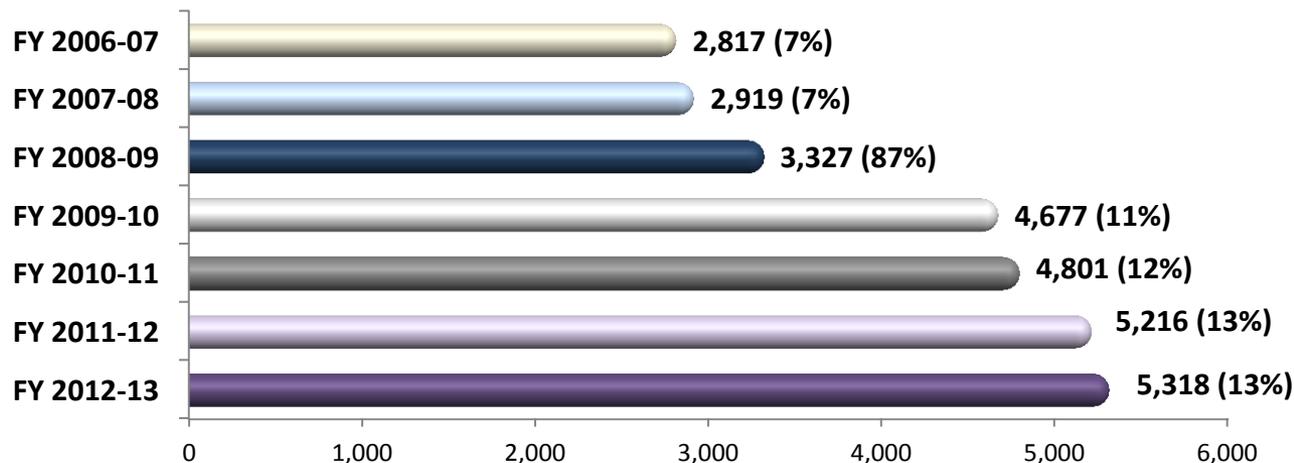


WHAT KINDS OF SERVICES ARE BEING USED?

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.
- ▶ 5,318 clients (unduplicated) were hospitalized at least once in FY 2012-13, representing 13% of clients receiving services during the fiscal year.
- ▶ The number of hospitalizations has been increasing since FY 2006-07, with a largest spike in hospitalizations between FYs 2008-09 and 2009-10.
- ▶ While hospitalizations appear to have increased sharply in FY 2009-10, this increase is due, mainly, to implementation of an improved process to collect data on indigent clients.

Number of Hospitalizations by Fiscal Year
(%)= % of total clients receiving services



*A total of 6,304 clients were hospitalized sometime during FY 2012-13, 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 2012-13 was 5,318.

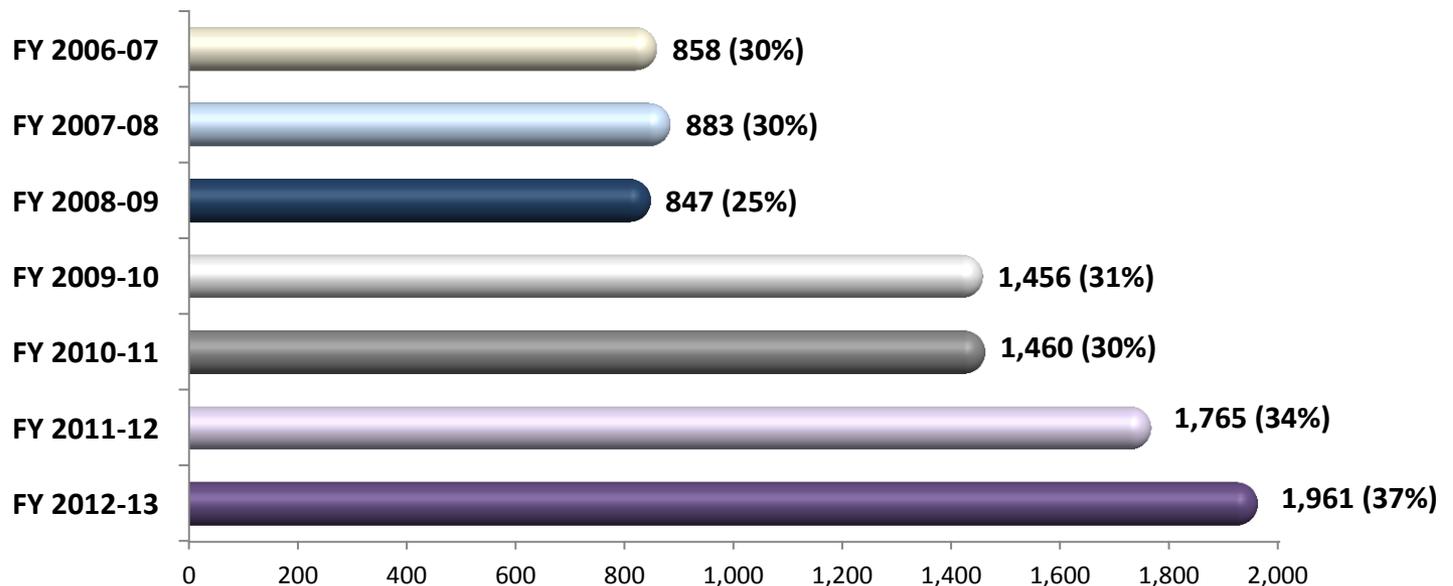
WHAT KINDS OF SERVICES ARE BEING USED?

Multiple Hospitalizations*

► In FY 2012-13, 37% of the hospitalized clients (unduplicated) were re-hospitalized sometime during the fiscal year. This is an increase of 3% from FY 2011-12.

► While hospitalizations appear to have increased sharply in FY 2009-10, this increase is due, mainly, to implementation of an improved process to collect data on indigent clients.

Number of Clients Hospitalized Multiple Times (Unduplicated)



*A total of 6,304 clients were hospitalized sometime during FY 2012-13, 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 2012-13 was 5,318.

WHAT KINDS OF SERVICES ARE BEING USED?

Multiple Hospitalizations*

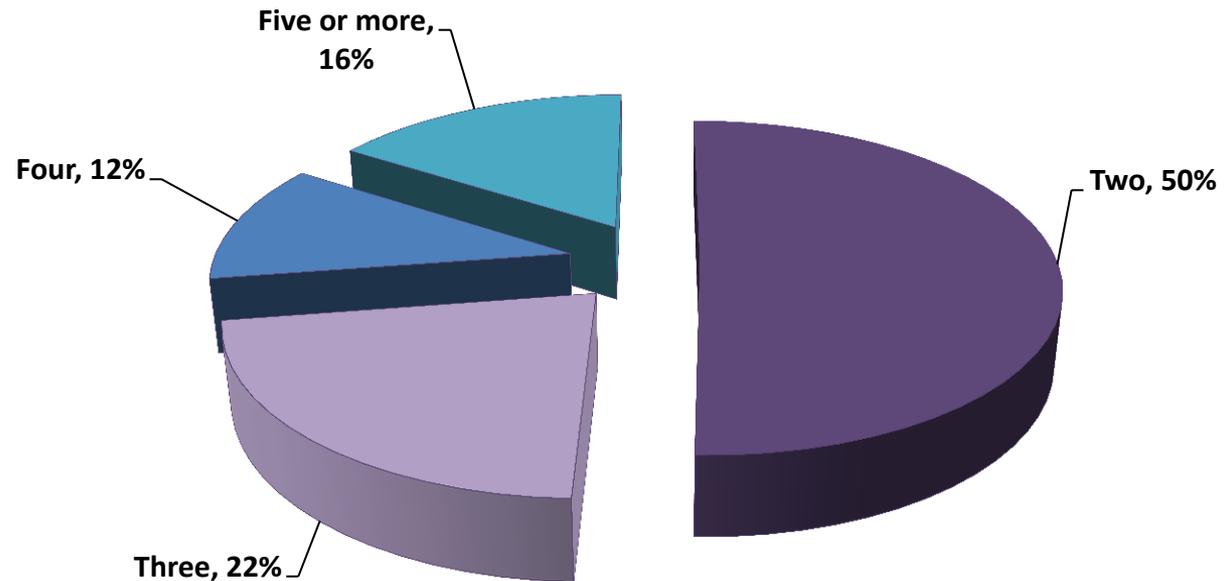
▶ 5,318 clients, representing 13% of all adult clients, were hospitalized at least once in FY 2012-13.

▶ Of those 5,318 clients, 1,961 (37%) were hospitalized multiple times during the fiscal year.

Of those:

- Half of all clients (50%) were hospitalized twice
- Nearly a quarter (22%) were hospitalized three times
- More than a quarter of all clients (28%) had four or more hospitalizations

Number of Times Hospitalized for Clients With Multiple Hospitalizations



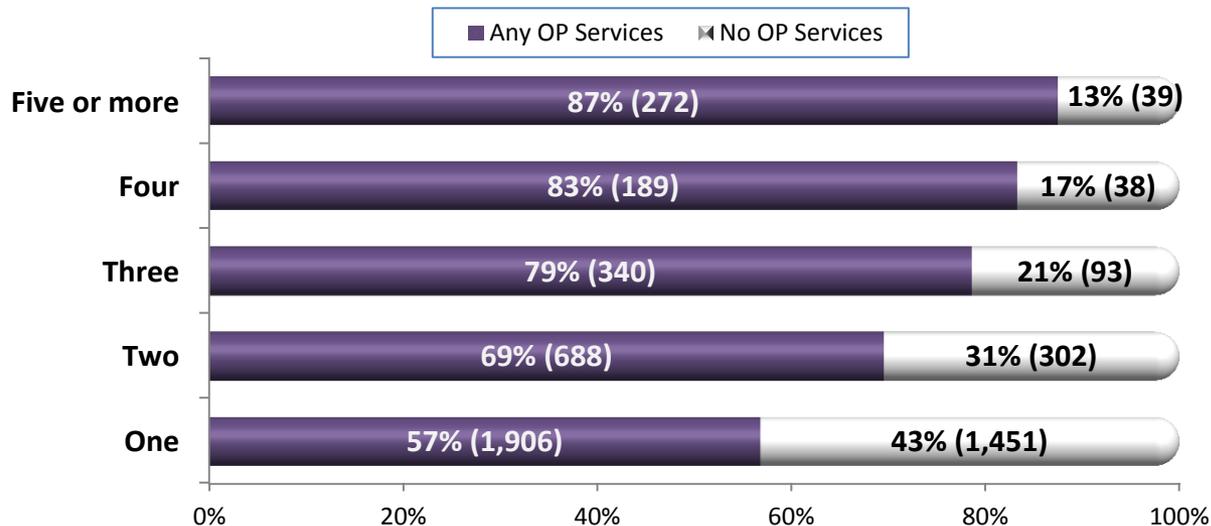
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WHAT KINDS OF SERVICES ARE BEING USED?

Multiple Hospitalizations* and Service Use

- ▶ During FY 2012-13, 13% of clients with 5 or more hospitalizations did not utilize any other form of outpatient** Adult Mental Health Services.
- ▶ 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 6,304 clients were hospitalized sometime during FY 2012-13, 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 2012-13 was 5,318.

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

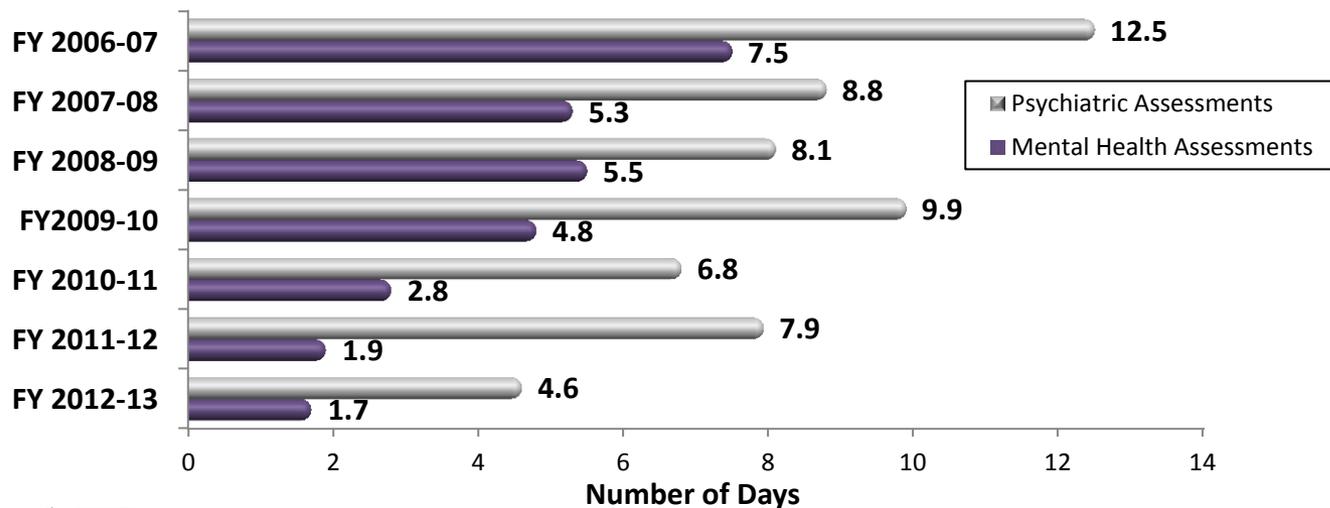
ACCESSIBILITY OF SERVICES

Wait Times

In order to measure wait times, providers reported the wait time for both routine mental health and psychiatric assessments.

- Average wait times for routine mental health assessments decreased from 7.5 days in FY 2006-07 to 1.7 days in FY 2012-13. This may largely be due to the implementation of walk-in hours at most clinics and the start up of 3 walk-in assessment centers: North Inland Exodus Recovery, North Coastal Exodus Recovery, and Jane Westin Wellness & Recovery Center.
- Average wait times for psychiatric assessments have generally trended downwards from 12.5 days in FY 2006-07 to 4.6 days in FY 2012-13.

Average Wait Time in Days for Psychiatric and Mental Health Assessments



DO CLIENTS GET BETTER?

Client Outcomes*: IMR, RMQ, and SATS-R

IMR: Illness Management & Recovery		N	PRE	POST	CHANGE
	Substance Subscale	1,771	4.03	4.07	▲
	Management Subscale	1,818	2.62	2.77	▲
	Recovery Subscale	1,820	2.98	3.07	▲
	Overall Mean	1,820	3.11	3.21	▲
RMQ: Recovery Markers Questionnaire		N	PRE	POST	CHANGE
	Overall Mean	910	3.65	3.72	▲
SATS-R: Substance Abuse Treatment Scale - Revised		N	PRE	POST	CHANGE
	Overall Mean	757	5.44	5.57	▲

- Clinicians reported (via the IMR) that 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 self-reported (via the RMQ) significant improvements in their overall mental health status.

Legend

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

*The outcomes reported here include all A/OA BHS clients that had both a PRE and a POST assessment in the Health Outcomes Management Software (HOMS) system. The most recent assessment (POST) was in FY 2012-13 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.

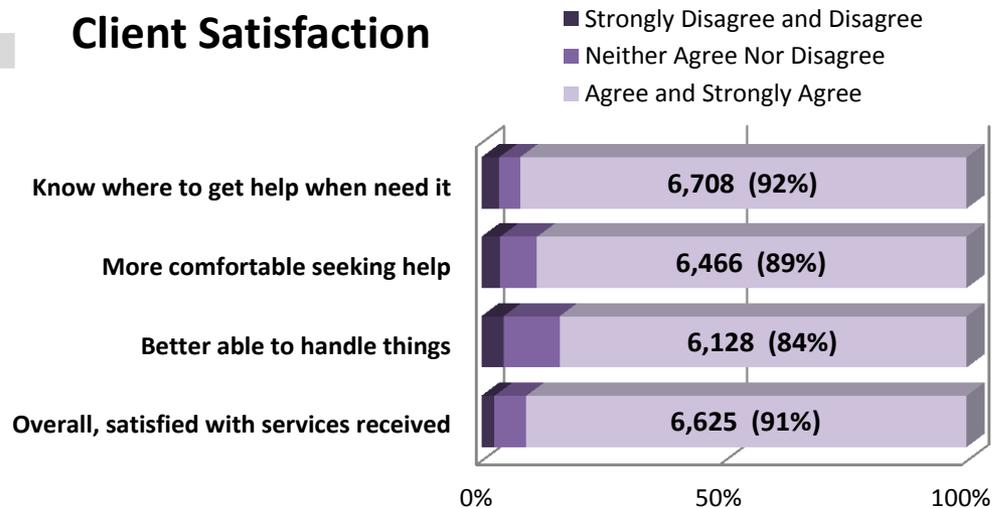
PREVENTION AND EARLY INTERVENTION

PEI Client Demographics and Client Satisfaction

PEI Client Demographics	Total	Percent*
Age	N	%
<18-24	2,990	14%
25-59	7,689	37%
60 and older	2,743	13%
Unknown/Not Reported	7,229	35%
Gender	N	%
Female	9,149	44%
Male	6,817	33%
Other	18	<1%
Unknown/Not Reported	4,667	23%
Race (Census Categories)	N	%
White	5,354	26%
Black/African American	1,553	8%
Asian/Pacific Islander	694	3%
Hispanic/Latino	4,398	21%
Native American	419	2%
Multiracial	431	2%
Other Non-White/Non-Caucasian	74	<1%
Unknown/Not Reported	7,728	37%
Total PEI Clients Served	20,651	

The Mental Health Services Act, Prevention and Early Intervention 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 prevention and early intervention (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



*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 7,288-7,303. These data are not recorded in Anasazi. For more information on PEI programs, see the PEI Summary Reports – Adult Summary.

INNOVATIONS

MHSA, Innovations Projects

The Mental Health Services Act (MHSA, the Act) 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/or 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 A/OA BHS in FY 2012-13:

- ❖ **Hope Connections** is a peer and family engagement project. Hope's staff of Peer and Family Support Specialists support clients and families in clinics, at the EPU, and in the county-operated psychiatric hospital by emphasizing hope for recovery and the ability of the client to take an active role in fulfilling personal recovery goals.
- ❖ **ICARE (Integrated Care Resources)** is a physical health integration project. Specifically, it is a pilot project to create person-centered medical homes in a primary care setting for individuals with serious mental illness whose symptoms have stabilized.
- ❖ **Mobility Management Program in North San Diego County** provides peer-based information sharing and support to assist clients with transportation options.
- ❖ **Positive Parenting for Men in Recovery** is a parenting enrichment program for fathers in alcohol and other drug treatment programs in order to improve their parenting skills, provide education on mental health, and to help them understand the impact of trauma and violence on their children and families.
- ❖ **Independent Living Facilities (ILF)** Program's core is the Independent Living Association (ILA). The ILA promotes high quality Independent Livings, which are privately-owned homes that house adults with mental illness and other disabling health conditions.
- ❖ **IHOT (In-Home Outreach Teams)** 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.

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



OLDER ADULT (OA) CLIENTS

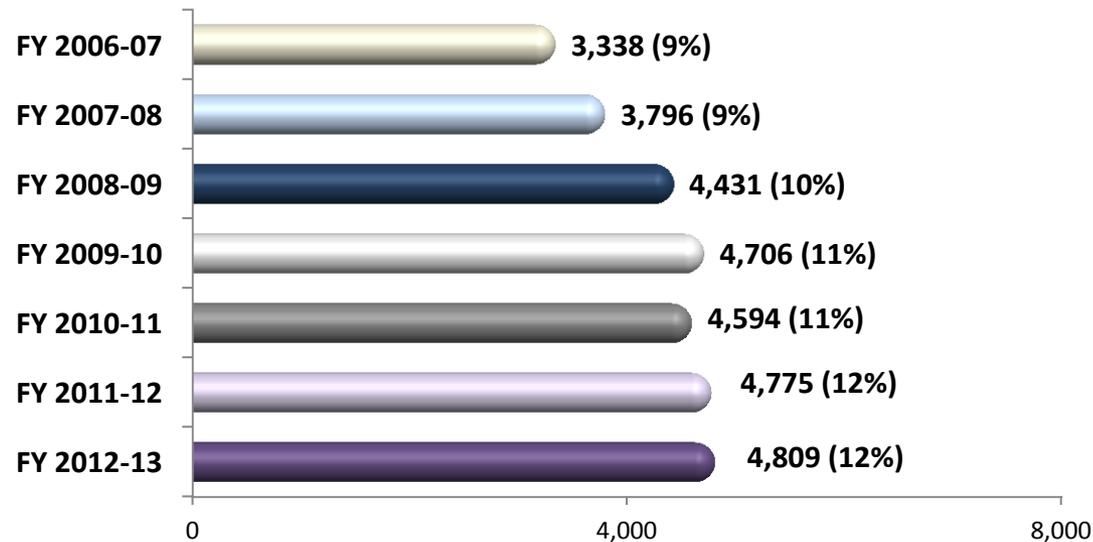
SYSTEMWIDE ANNUAL REPORT FISCAL YEAR 2012-2013

WHO ARE WE SERVING?

Total OA Clients

- ▶ In FY 2012-13, San Diego County delivered mental health services to 4,809 older adults (age 60 or older).
- ▶ OA clients represent 12% of the 41,124 clients who received services in the adult system during the FY 2012-13.
- ▶ The proportion of OA clients (out of total clients) has been slowly increasing from 9% in FY 2006-07 to 12% in FY 2011-12 and remained at 12% in FY 2012-13.
- ▶ The actual number of OA clients served has increased 44% from FY 2006-07 to FY 2012-13 (3,338 clients in FY 2006-07 to 4,809 in FY 2012-13).

Number of Older Adult Clients Served

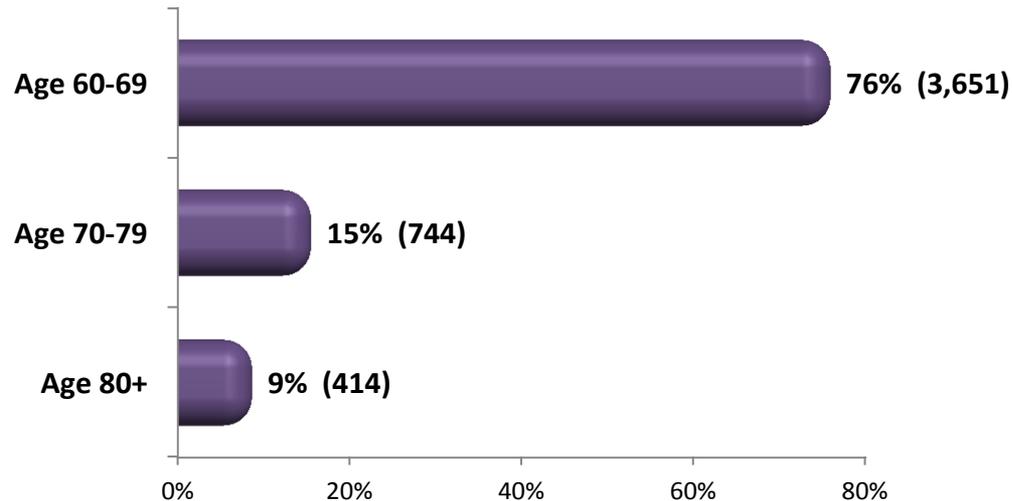


WHO ARE WE SERVING?

OA Client Age

- ▶ More than three quarters (76%) of OA clients were between the ages of 60 and 69.
- ▶ This is similar (within 1%) to the distribution for the past 3 fiscal years.

Older Adult Age Distribution

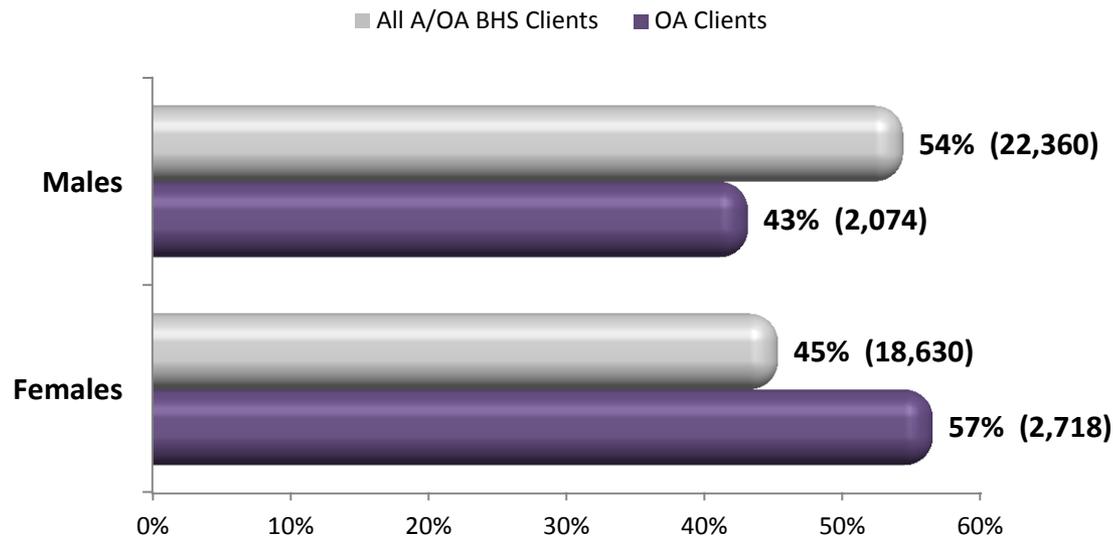


WHO ARE WE SERVING?

OA Client Gender

- ▶ A large proportion of OA clients were female (57%) compared to the overall client population (45%).
- ▶ The proportions are similar (within 2%) to those seen for past 3 fiscal years.

Older Adult Gender Distribution



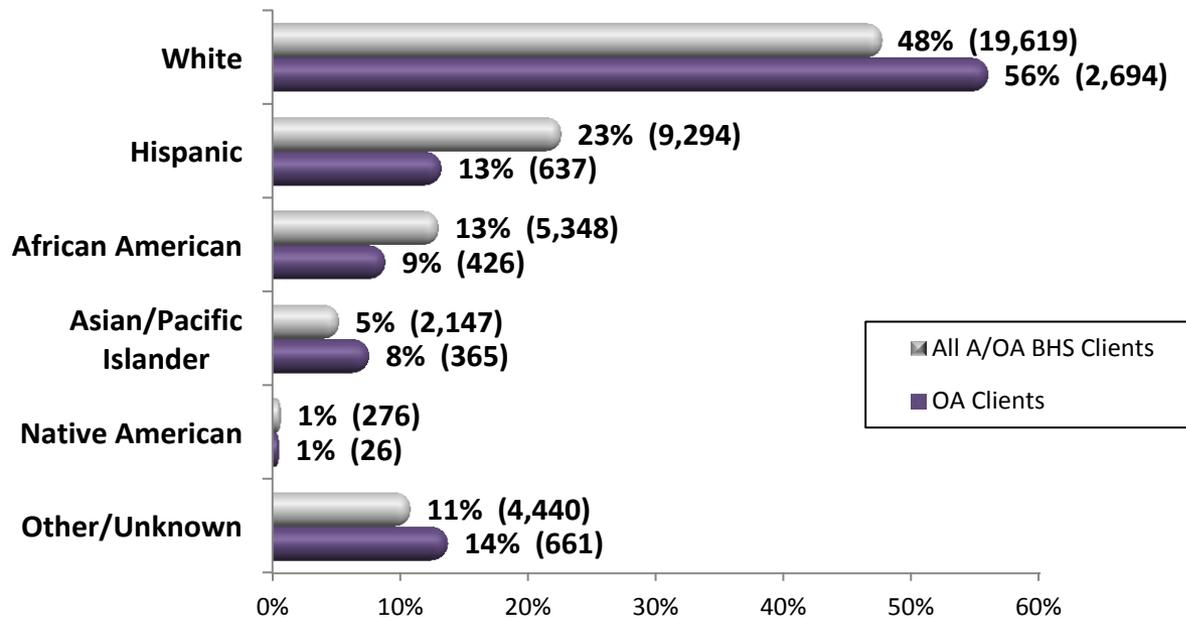
NOTE: The above graph does not show the Other/Unknown categories (which represented <1%) and therefore the percentages may not add up to 100%.

WHO ARE WE SERVING?

OA Client Ethnicity and Race

- ▶ A larger proportion of OA clients were White (56%) compared to the overall A/OA BHS client population (48%).
- ▶ There was a smaller proportion of Hispanic and African American OA clients compared to the overall A/OA BHS population.

Older Adult Race/Ethnicity Distribution



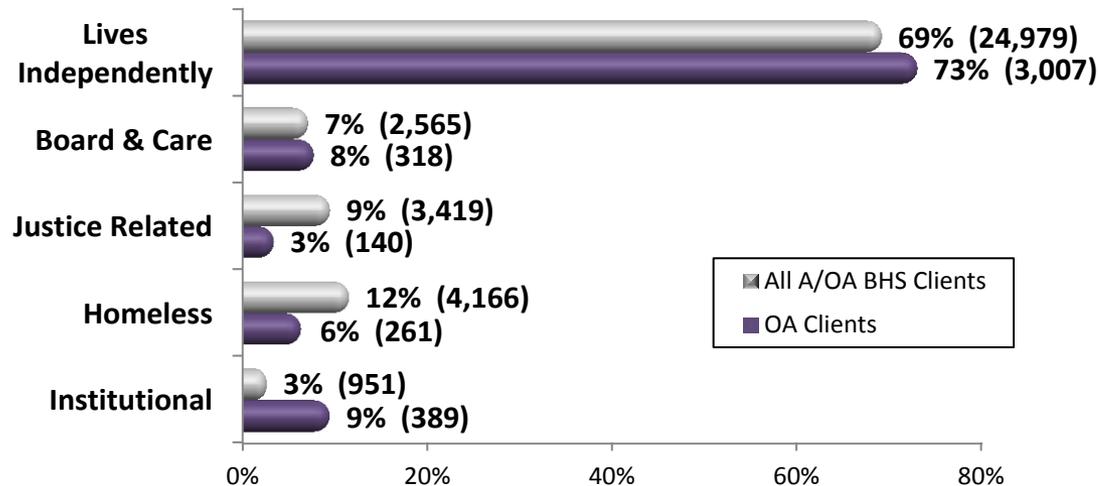
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

OA Client Living Situation*

- ▶ 73% of OA clients were living independently.**
- ▶ 6% of OA clients were homeless.
- ▶ 9% of OA clients were living in an institutional situation.
- ▶ A greater proportion of OA clients were in the institutional setting (9%) compared to the overall A/OA BHS client population (3%).

Older Adult Living Situation



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

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

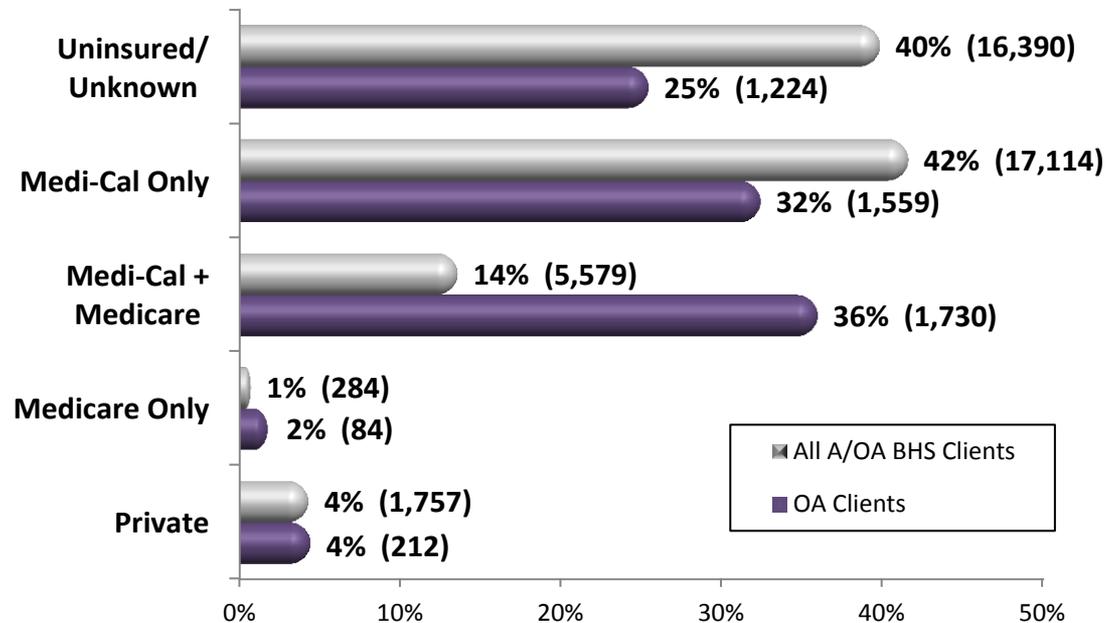
NOTE: Percentages above exclude Other/Unknown.

WHO ARE WE SERVING?

OA Client Insurance Status

- ▶ The majority of OA clients served in FY 2012-13 were insured by a combination of Medi-Cal and Medicare (36%) or Medi-Cal only (32%).
- ▶ 25% of OA clients were uninsured or of unknown insurance type. The large majority who fell into this category were uninsured.

Older Adult Insurance Status



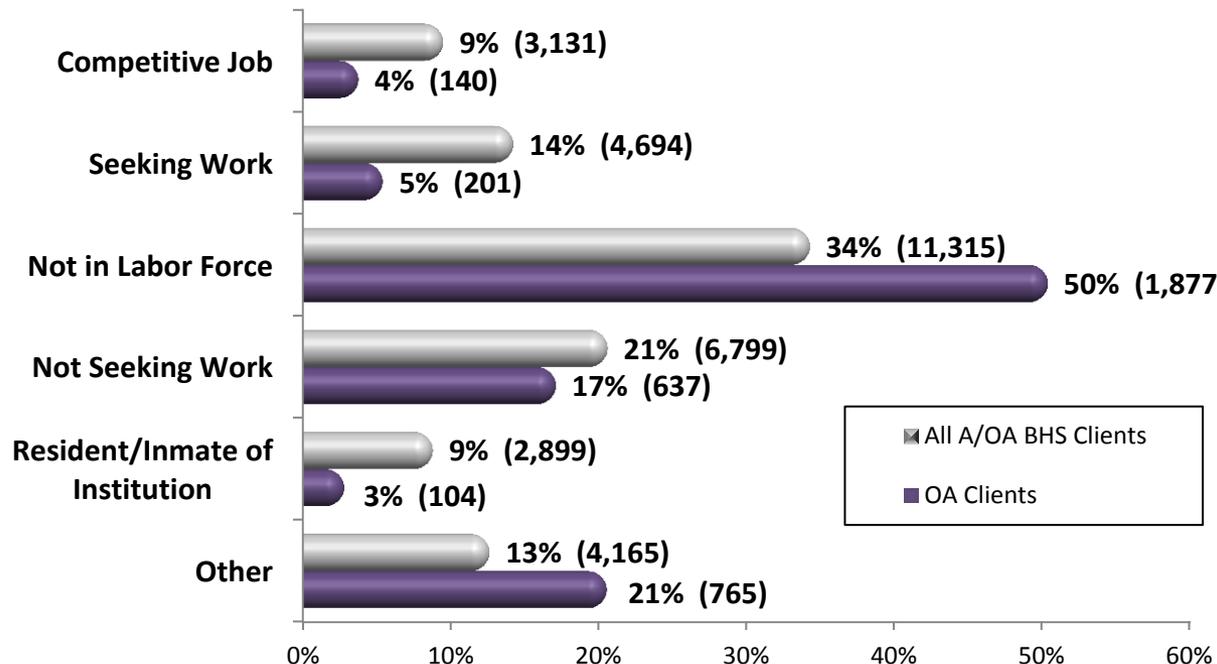
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

OA Client Employment Status

- ▶ The largest proportion of OA clients (50%) were not currently in the labor force.
- ▶ Compared to the overall client population (34%), a much larger proportion of OA clients (50%) were not in the labor force.

Older Adult Employment Status



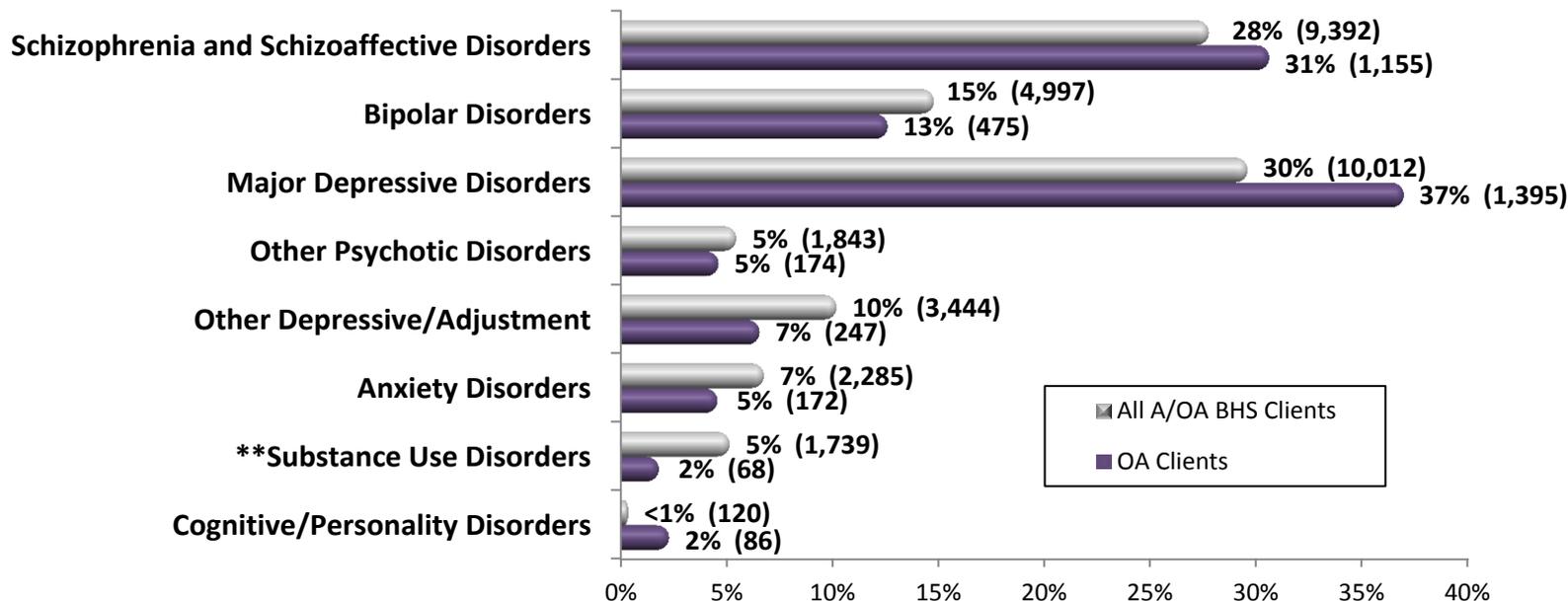
NOTE: Percentages reported above exclude the Unknown category.

WHO ARE WE SERVING?

OA Client Primary Diagnosis*

► The most common diagnoses among OA clients who received services in FY 2012-13 were Major Depressive Disorders, followed by Schizophrenia/Schizoaffective Disorders.

Older Adult Primary Diagnosis



*Of the 4,809 Older Adult clients who received services during FY 2012-13, many were served by the Fee-for-Service (FFS) system and/or PERT services which do not enter diagnosis information into Anasazi. The information presented above represents data for the 3,772 OA clients who received services from county contracted organizational providers during FY 2012-13, and for whom a primary diagnosis was available.

** Although Substance Use Disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. This may occur, for example, when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

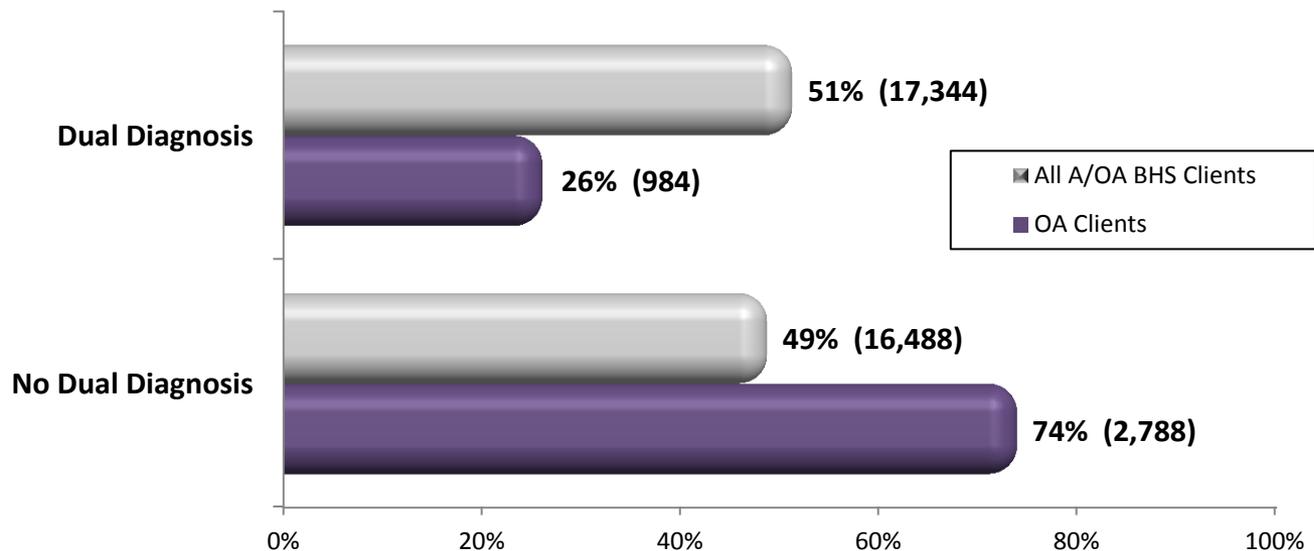
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

OA Client Dual Diagnosis

► In addition to a primary diagnosis, more than a quarter of OA clients (26%) also had a diagnosis of Substance Use Disorder in FY 2012-13.

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



WHAT KINDS OF SERVICES ARE BEING USED?

Types of Services*

Outpatient Services	Older Adult Clients		All A/OA BHS Clients	
	Total Clients	Percent Users	Total Clients	Percent Users
ACT	269	6%	1,937	5%
BH Court	0	0%	46	0%
Case Management	62	1%	727	2%
Case Management - Institutional	364	8%	856	2%
Case Management - Strengths	270	6%	871	2%
Case Management - Transitional	34	1%	632	2%
Fee for Service	1,052	22%	9,358	23%
Outpatient	1,644	34%	14,897	36%
Outpatient - LIHP	155	3%	2,414	6%
Prevention	7	0%	264	1%
Emergency Services				
EPU	247	5%	5,459	13%
PERT	939	20%	5,259	13%
Forensic Services				
Jail	395	8%	9,770	24%
24 hour Services				
Crisis Residential	73	2%	1,610	4%
Edgemoor	53	1%	113	0%
LTC - Institutional	25	1%	277	1%
LTC - Residential	0	0%	1	0%
Residential	8	0%	128	0%
Inpatient Admissions				
Inpatient - County	84	2%	1,993	5%
Inpatient - FFS	239	5%	3,406	8%
Inpatient - LIHP	24	0%	894	2%
State Hospital	0	0%	11	0%
TOTAL CLIENTS SERVED	4,809		41,124	

Compared to the overall A/OA BHS client population, OA clients used:

- A greater proportion of ACT, CM-Institutional, CM-Strengths, and PERT services.
- A smaller proportion of Outpatient (OP), OP-LIHP, 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 Client Outcomes*: IMR, RMQ, and SATS-R

IMR: Illness Management & Recovery		N	PRE	POST	CHANGE
	Substance Subscale	170	4.49	4.53	▲
	Management Subscale	173	2.85	2.99	▲
	Recovery Subscale	173	2.95	3.06	▲
	Overall Mean	173	3.23	3.33	▲
RMQ: Recovery Markers Questionnaire		N	PRE	POST	CHANGE
	Overall Mean	79	3.67	3.64	▼
SATS-R: Substance Abuse Treatment Scale - Revised		N	PRE	POST	CHANGE
	Overall Mean	56	5.93	6.16	▲

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.

Legend

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

*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 2012-13 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



TRANSITION AGE YOUTH (TAY) CLIENTS

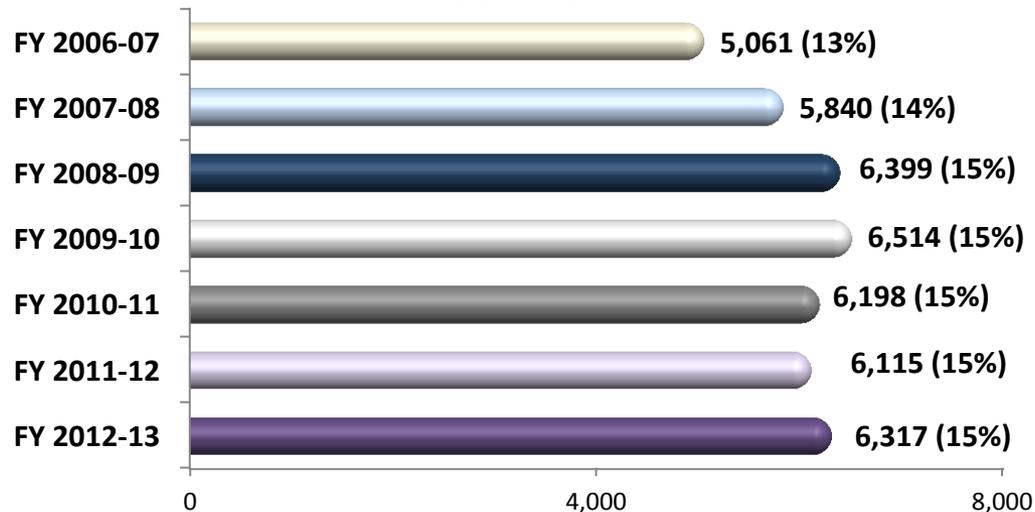
SYSTEMWIDE ANNUAL REPORT FISCAL YEAR 2012-2013

WHO ARE WE SERVING?

Total TAY Clients

- ▶ In FY 2012-13, San Diego County delivered mental health services to 6,317 TAY clients (ages 18 to 24). Note: Some clients included were under 18 and received adult services.
- ▶ TAY clients represented 15% of the 41,124 clients who received services in the adult system during FY 2012-13.
- ▶ The proportion of TAY clients (out of total clients) has increased slightly from 13% in FY 2006-07 to 15% in FY 2008-09 and has remained stable at 15% for 5 fiscal years.
- ▶ The number of TAY clients served has increased 25% from FY 2006-07 to FY 2012-13 (5,061 to 6,317).

Number of Transition Age Youth Served by Fiscal Year

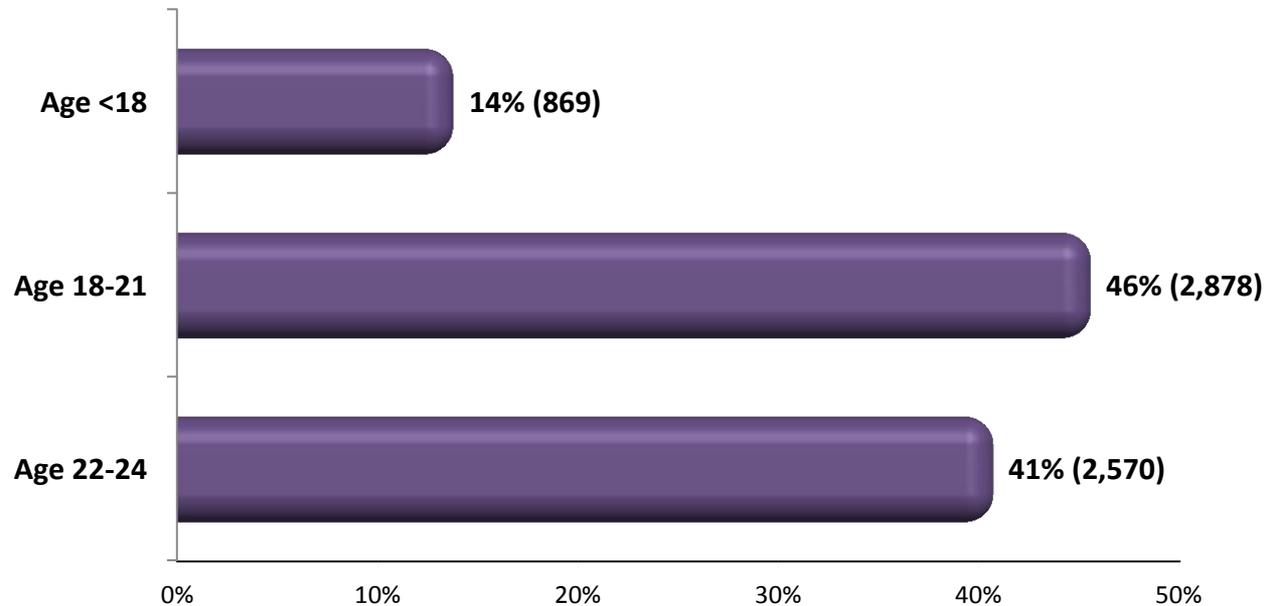


WHO ARE WE SERVING?

TAY Client Age

► Nearly half of TAY clients (46%) were between the ages of 18 and 21.

Transition Age Youth Age Distribution



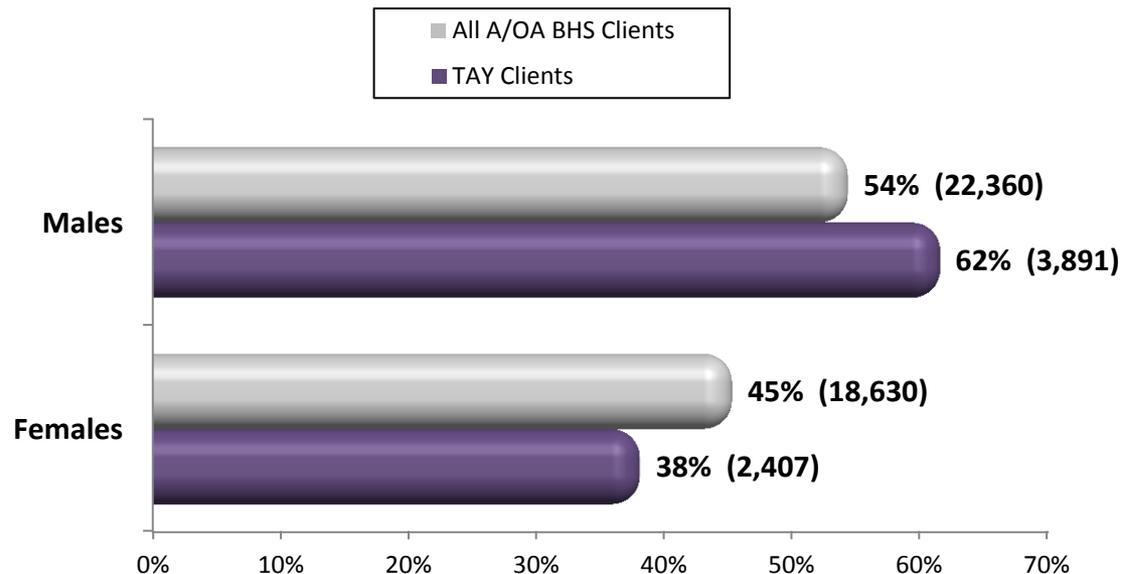
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Client Gender

- ▶ A larger proportion of TAY clients (62%) were male compared to the overall A/OA BHS client population (54%).
- ▶ The proportion of male TAY clients has increased over the past 5 fiscal years from 56% in FY 2006-07 to 62% in FY 2012-13.

Transition Age Youth Gender Distribution



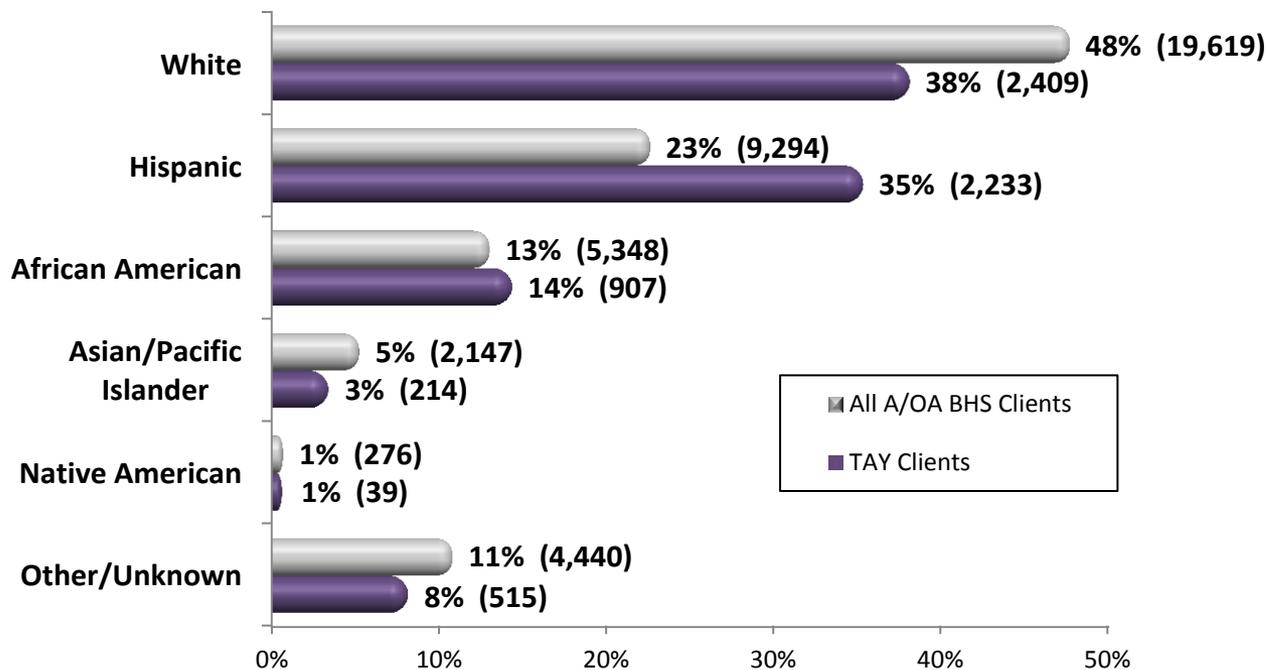
NOTE: The above graph does not show the Other/Unknown categories (which represented <1%) and therefore the percentages may not add up to 100%.

WHO ARE WE SERVING?

TAY Client Ethnicity and Race

- ▶ The largest proportions of TAY clients were White (38%) and Hispanic (35%).
- ▶ Compared to the overall A/OA BHS population (23%), a larger proportion of TAY clients (35%) were Hispanic.

Transition Age Youth Race/Ethnicity Distribution



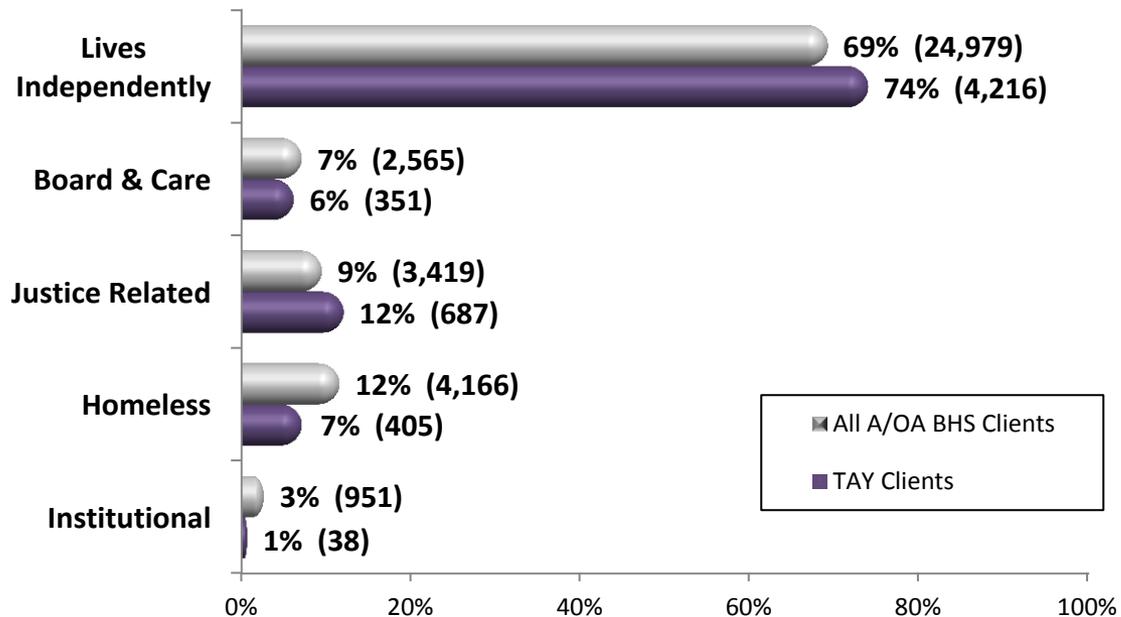
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Client Living Situation*

- ▶ Nearly three quarters of TAY clients (74%) were living independently** at the start of services.
- ▶ 12% of TAY were living in justice related situations.
- ▶ 7% of TAY clients were homeless.

Transition Age Youth Living Situation



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

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

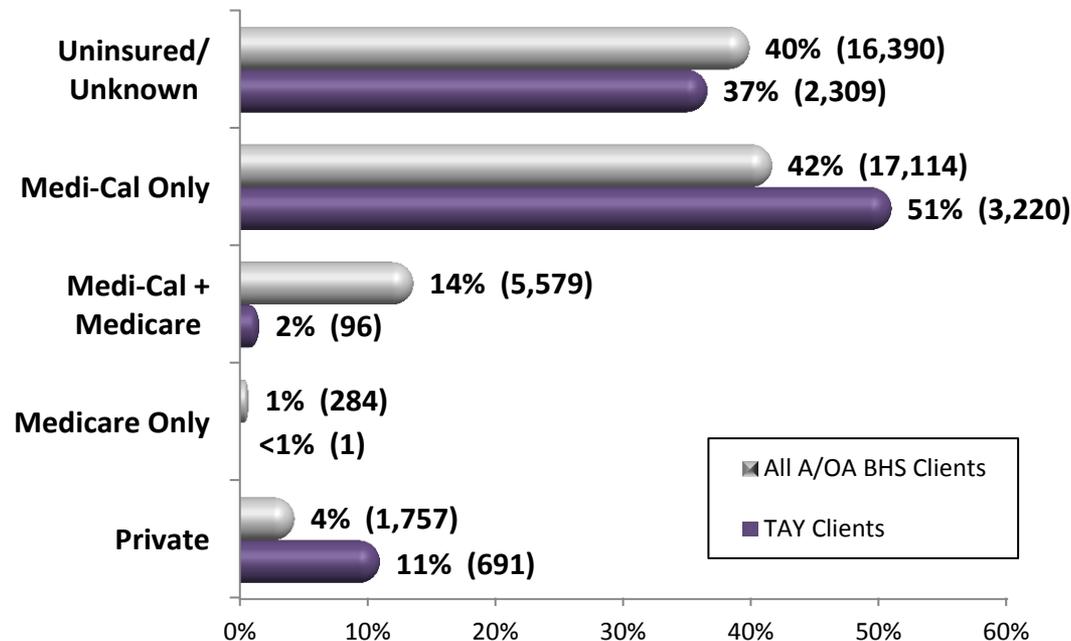
NOTE: Percentages reported above exclude Other/Unknown.

WHO ARE WE SERVING?

TAY Insurance Status

- ▶ The majority of TAY clients served in FY 2012-13 were insured by Medi-Cal only (51%).
- ▶ 37% of TAY clients were uninsured or of unknown insurance type. The large majority who fell into this category were uninsured.

Transition Age Youth Insurance Status



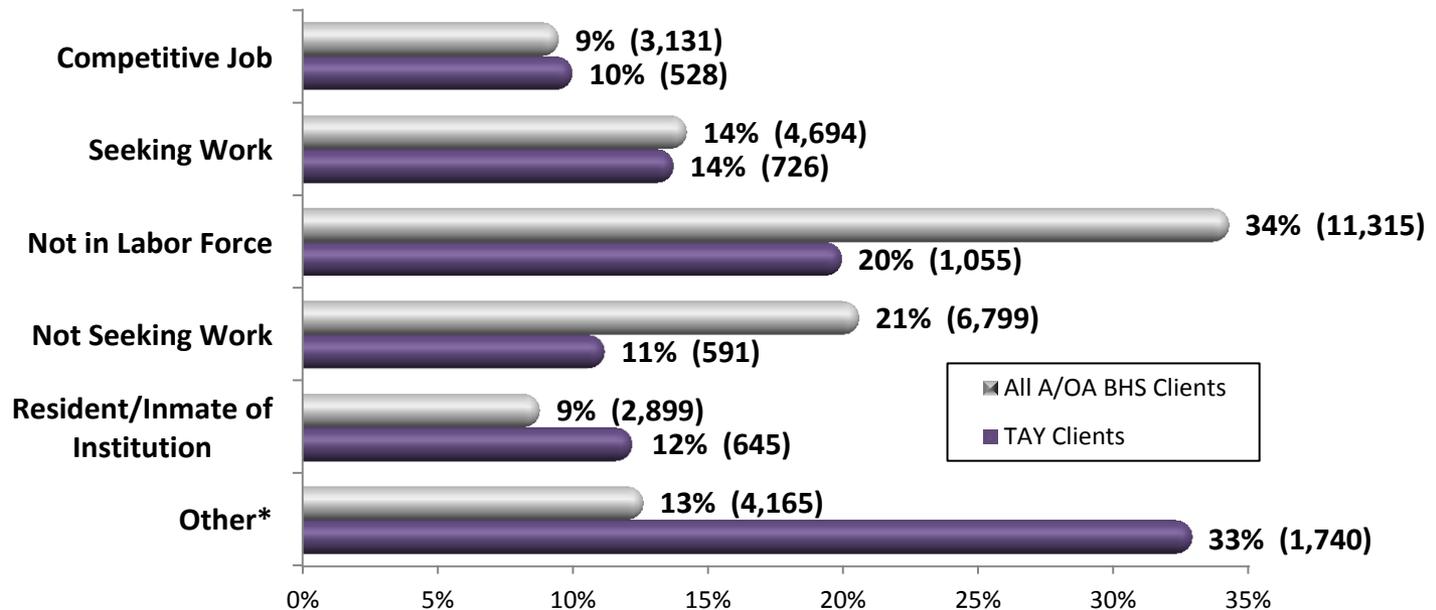
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Client Employment Status

- ▶ 528 of 6,317 TAY clients (10%) were working in the competitive job market.
- ▶ 65% of TAY clients were either not in the labor force (20%), were residents or inmates of an institution (12%), or reported their employment status as “Other” (33%).

Transition Age Youth Employment Status



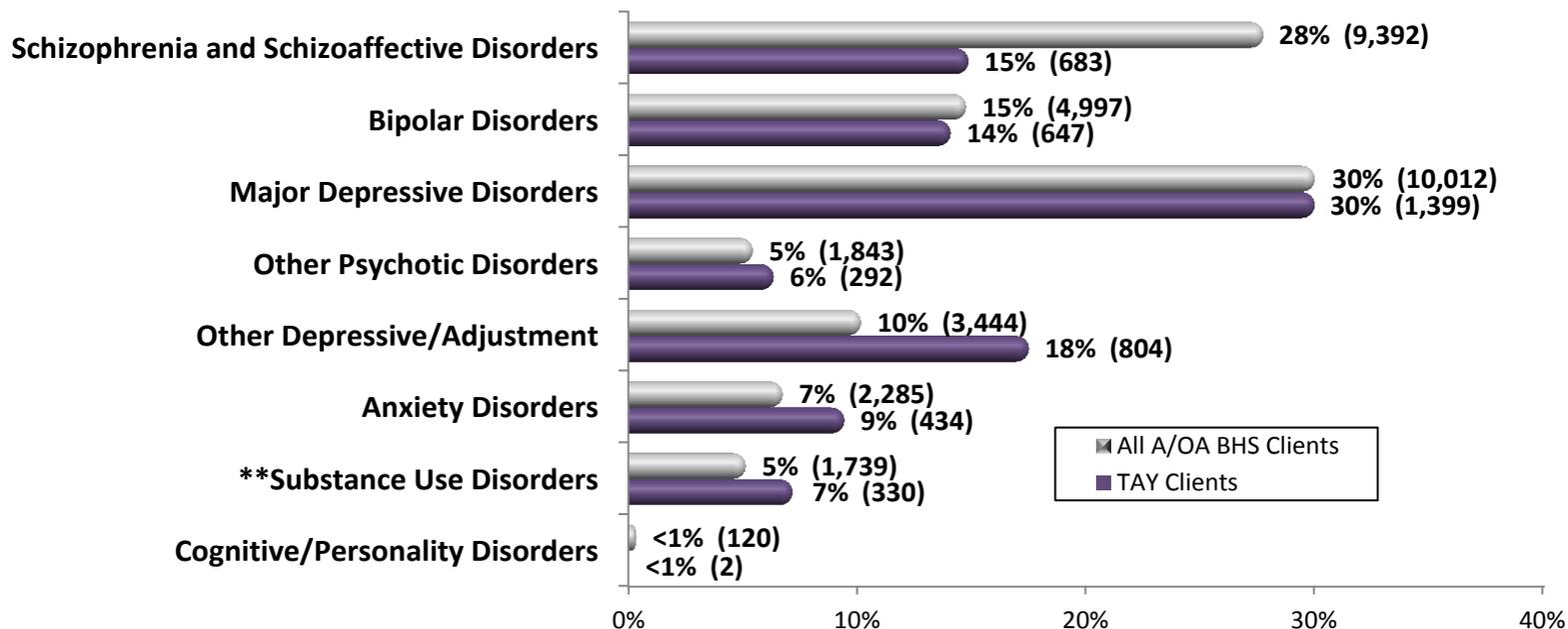
*Other includes clients who are: homemakers, retired, part/full-time students, training part/full-time, or volunteers.
 NOTE: Percentages above exclude the Unknown category.

WHO ARE WE SERVING?

TAY Client Primary Diagnosis*

► The most common diagnoses among TAY clients who received services in FY 2012-13 were Major Depressive Disorders (30%), followed by Other Depressive/Adjustment Disorders (18%).

Transition Age Youth Primary Diagnosis



* The information presented above represents data for the 4,591 TAY clients who received services from county contracted organizational providers during FY 2012-13, and for whom a primary diagnosis was available. Of the 6,317 TAY clients who received services during FY 2012-13, many were served by the Fee-for-Service (FFS) system and/or PERT services which do not enter diagnosis information into Anasazi.

** Although Substance Use Disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. This may occur, for example, when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

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

WHO ARE WE SERVING?

TAY Client Dual Diagnosis

► In addition to a primary diagnosis, 52% of TAY clients also had a diagnosis of Substance Use Disorder.

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



WHAT KINDS OF SERVICES ARE BEING USED?

Types of Services*

	TAY Clients		All A/OA Clients	
	Total Clients	Percent Users	Total Clients	Percent Users
Outpatient Services				
ACT	297	5%	1,937	5%
BH Court	6	<1%	46	<1%
Case Management	14	<1%	727	2%
Case Management - Institutional	40	1%	856	2%
Case Management - Strengths	97	2%	871	2%
Case Management - Transitional	108	2%	632	2%
Fee for Service	1,415	22%	9,358	23%
Outpatient	1,577	25%	14,897	36%
Outpatient - LIHP	210	3%	2,414	6%
Prevention	182	3%	264	1%
Emergency Services				
EPU	923	15%	5,459	13%
PERT	1,271	20%	5,259	13%
Forensic Services				
Jail	1,711	27%	9,770	24%
24 hour Services				
Crisis Residential	182	3%	1,610	4%
Edgemoor	0	<1%	113	<1%
LTC - Institutional	27	<1%	277	1%
LTC - Residential	0	<1%	1	<1%
Residential	63	1%	128	<1%
Inpatient Admissions				
Inpatient - County	337	5%	1,993	5%
Inpatient - FFS	633	10%	3,406	8%
Inpatient - LIHP	110	2%	894	2%
State Hospital	1	<1%	11	<1%
TOTAL CLIENTS SERVED	6,317		41,124	

*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 and Forensic (jail-based) services.
- A smaller proportion of Outpatient Program services.

ARE CLIENTS GETTING BETTER?

TAY Client Outcomes*: IMR, RMQ, and SATS-R

IMR: Illness Management & Recovery		N	PRE	POST	CHANGE
	Substance Subscale	242	3.55	3.62	▲
	Management Subscale	246	2.52	2.81	▲
	Recovery Subscale	247	3.00	3.04	▲
	Overall Mean	247	3.03	3.18	▲
RMQ: Recovery Markers Questionnaire		N	PRE	POST	CHANGE
	Overall Mean	153	3.71	3.82	▲
SATS-R: Substance Abuse Treatment Scale - Revised		N	PRE	POST	CHANGE
	Overall Mean	167	4.49	4.92	▲

- Clinicians reported (via the IMR) that TAY clients are getting better. The data indicated significant improvements in the following areas:
 - the ability to manage symptoms
 - overall mean IMR scores.
- On the RMQ, TAY clients self-reported significant improvements in their recovery.
- Clients that underwent substance abuse treatment showed significant improvements from pre to post treatment as indicated in the 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 2012-13 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. SBCM 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.
- **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.
- **Low Income Health Program (LIHP)** was a program that funded medical care for uninsured adult county residents as a bridge to the Health Care Reform. LIHP used a network of community health centers along with hospitals, community physicians, and mental health providers throughout San Diego County to provide health care services.
- **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, 2012.
- **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, 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 Family and Preventive Medicine. 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.

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REPORT PREPARED BY:

University of California, San Diego Health Services Research Center

- *Meghan Maiya, MA*
- *Barbara Larson, BS*
- *Zhun Xu, PhD*
- *Steven Tally, PhD*
- *Todd Gilmer, PhD*

Photographs by:

- *Emma Marie Hay*

