

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

2011-2012

Live Well, San Diego!

Report prepared by:



5/20/2013



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 2011-12 (July 2011-June 2012).
- ▶ A/OA BHS primarily serves adults 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 2011-12 including:

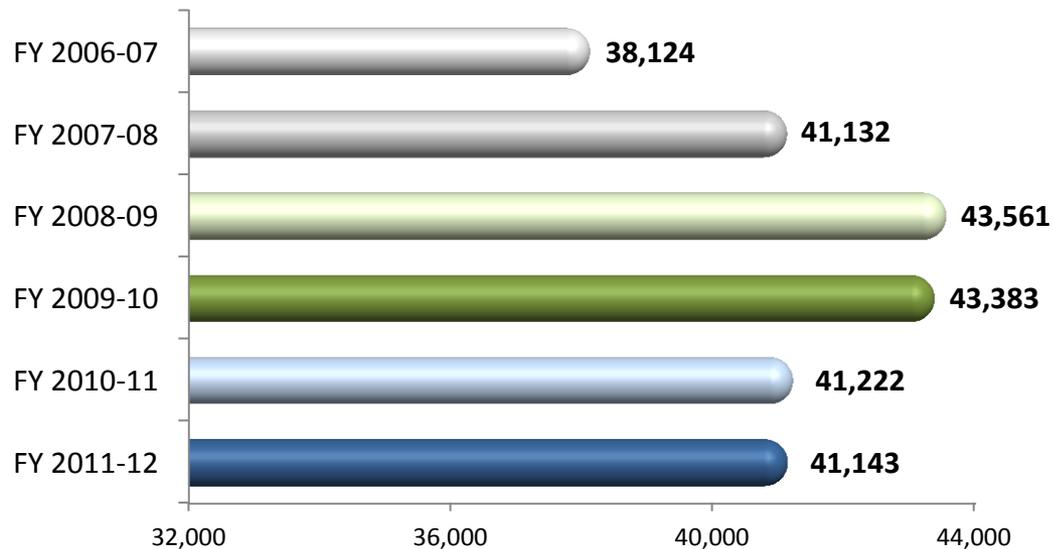
- **Outpatient programs including: Full Service Partnerships and Walk-in Assessment Centers**
- **Case Management programs**
- **Clubhouses**
- **Crisis Residential Facilities**
- **Emergency Psychiatric Unit (EPU)**
- **Psychiatric Emergency Response Teams (PERT)**
- **Inpatient Facilities**
- **Forensic Services**
- **Telepsychiatry**

WHO ARE WE SERVING?

Total Clients

- ▶ In FY 2011-12, San Diego County delivered behavioral health services to 41,143 transition age youth, adults, and older adults.
- ▶ This represents a slight decrease (<1%) in the number of clients served as compared to FY 2010-11.

Number of Clients Served by Fiscal Year

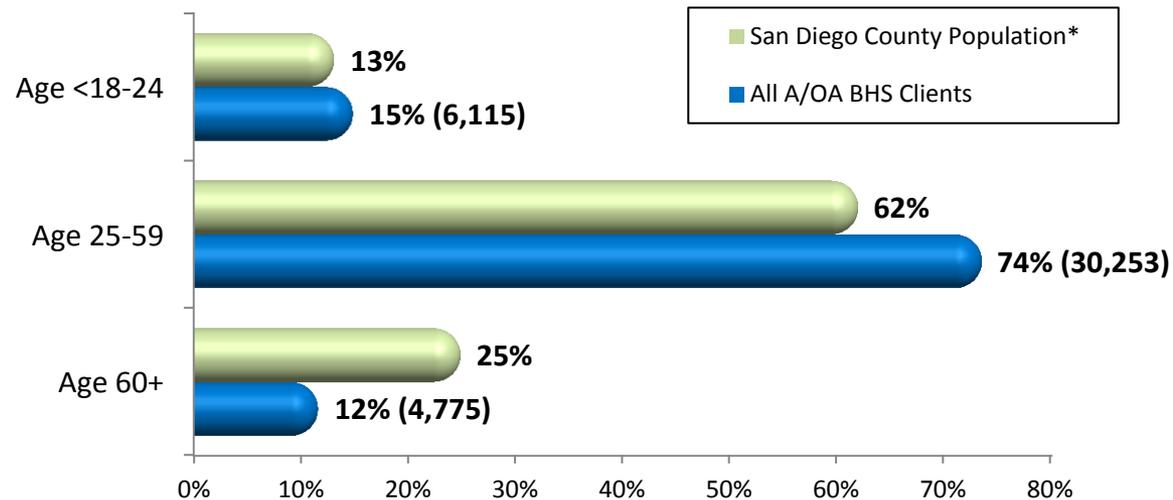


WHO ARE WE SERVING?

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 percentage points between any two 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



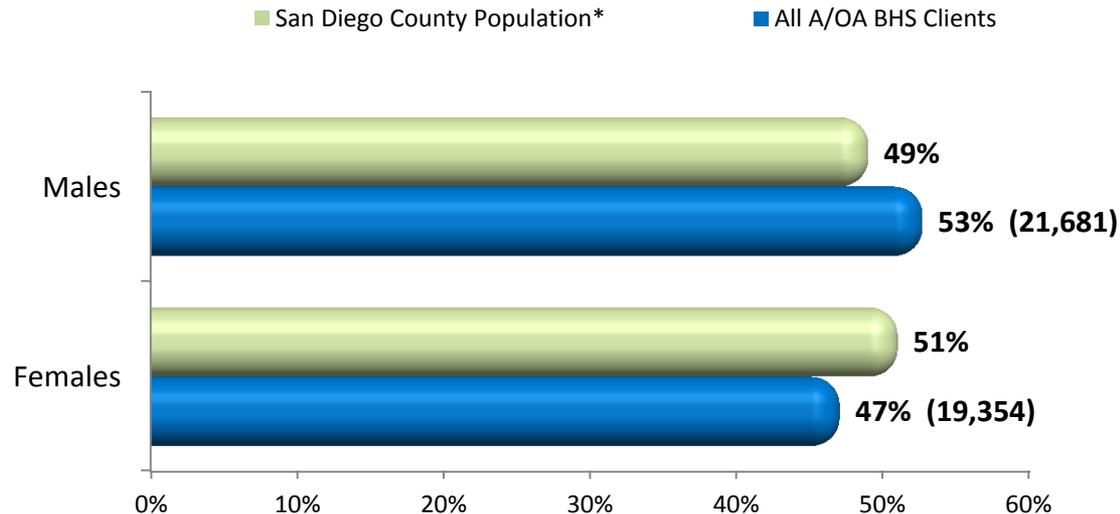
*San Diego County Population Estimates were sourced from: U.S. Census Bureau, 2011 American Community Survey.

WHO ARE WE SERVING?

Client Gender

- ▶ Client gender was 47% female (19,354 clients), 53% male (21,681 clients), and <1% 'Other/Unknown' (108 clients; not shown in Figure below).
- ▶ Clients were slightly more likely to be male compared to the overall San Diego County population.

Gender Distribution



*San Diego County Population Estimates were sourced from: U.S. Census Bureau, 2011 American Community Survey.

WHO ARE WE SERVING?

Client Ethnicity and Race

► The distribution of client ethnicity and race remained essentially stable from FY 2006-07 to FY 2011-12.

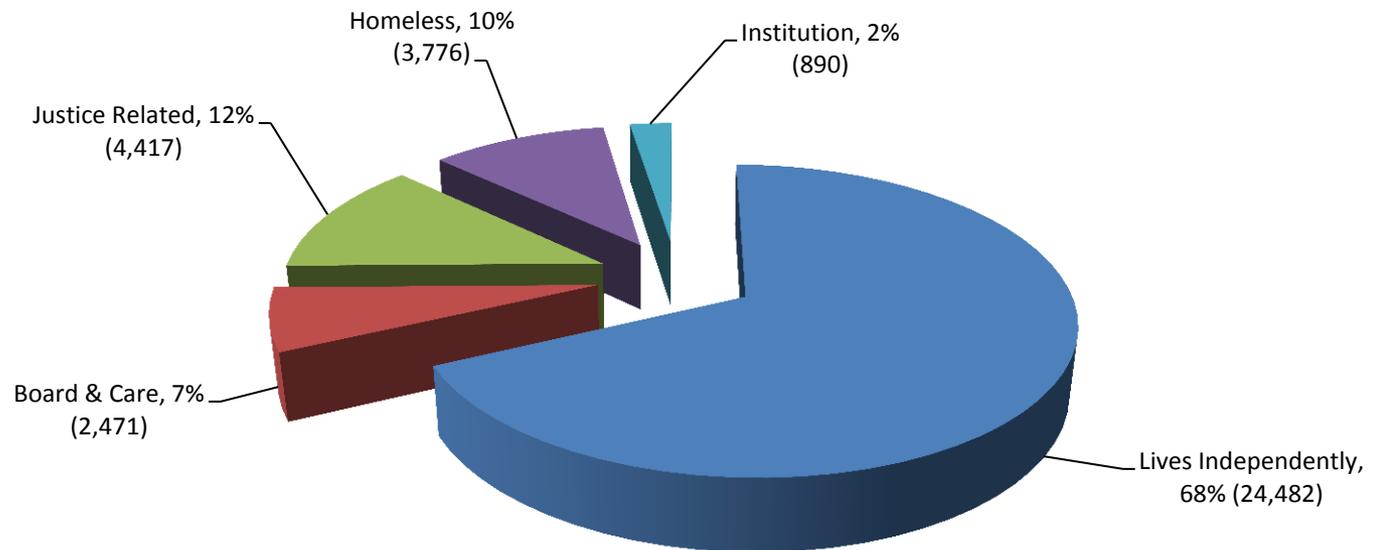
Ethnicity	Fiscal Year					
	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
White	52%	51%	52%	51%	50%	49%
Hispanic	21%	22%	19%	20%	21%	22%
African American	12%	13%	12%	12%	13%	12%
Asian	6%	6%	6%	6%	6%	5%
Native American	1%	1%	1%	1%	1%	1%
Other/Unknown	8%	8%	10%	10%	10%	11%

WHO ARE WE SERVING?

Client Living Situation*

- ▶ 68% of clients were living independently .**
- ▶ In FY 2011-12, 12% of clients (4,417) were temporarily in justice related living situations (jail or other justice institutions). This is a 5% decrease from FY 2010-11 (17% and 6,013 clients).
- ▶ 10% of clients were homeless which is up one percent from FY 2010-11 (9%).

Living Situation



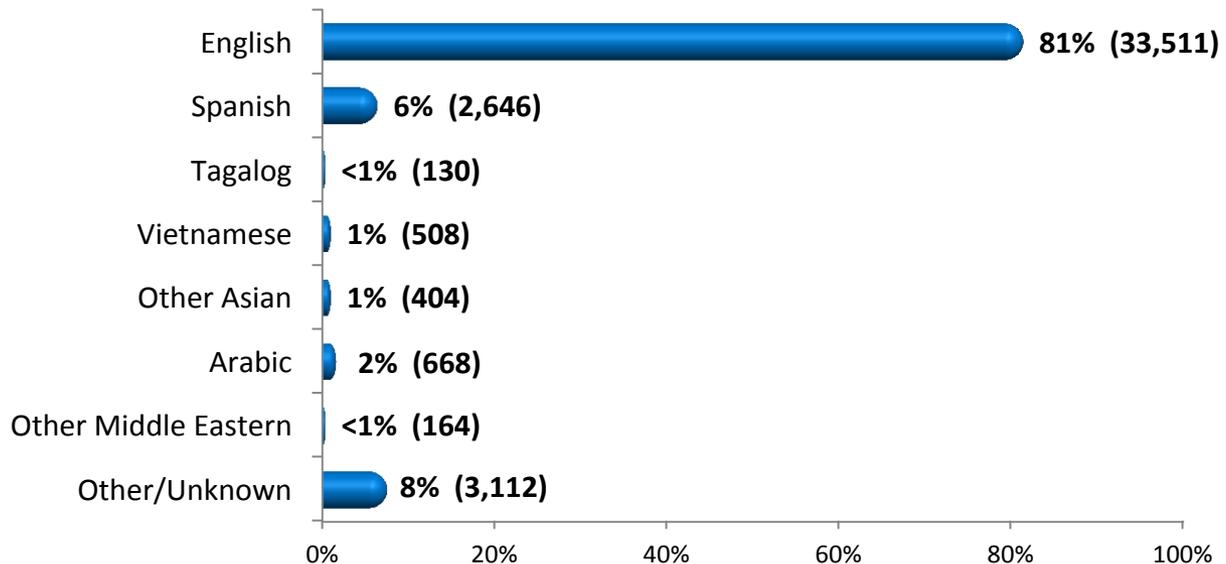
* Client living situation reflects status at time of most recent client assessment.
** Clients living independently includes clients living with family at the start of services.

WHO ARE WE SERVING?

Client Primary Language

- ▶ Services were provided in five 'threshold' languages in FY 2011-12: English, Spanish, Tagalog, Vietnamese, and Arabic.
- ▶ Similar to previous years, a majority of clients in FY 2011-12 (81%) reported English as their primary language, with an additional 6% preferring Spanish.

Preferred Language

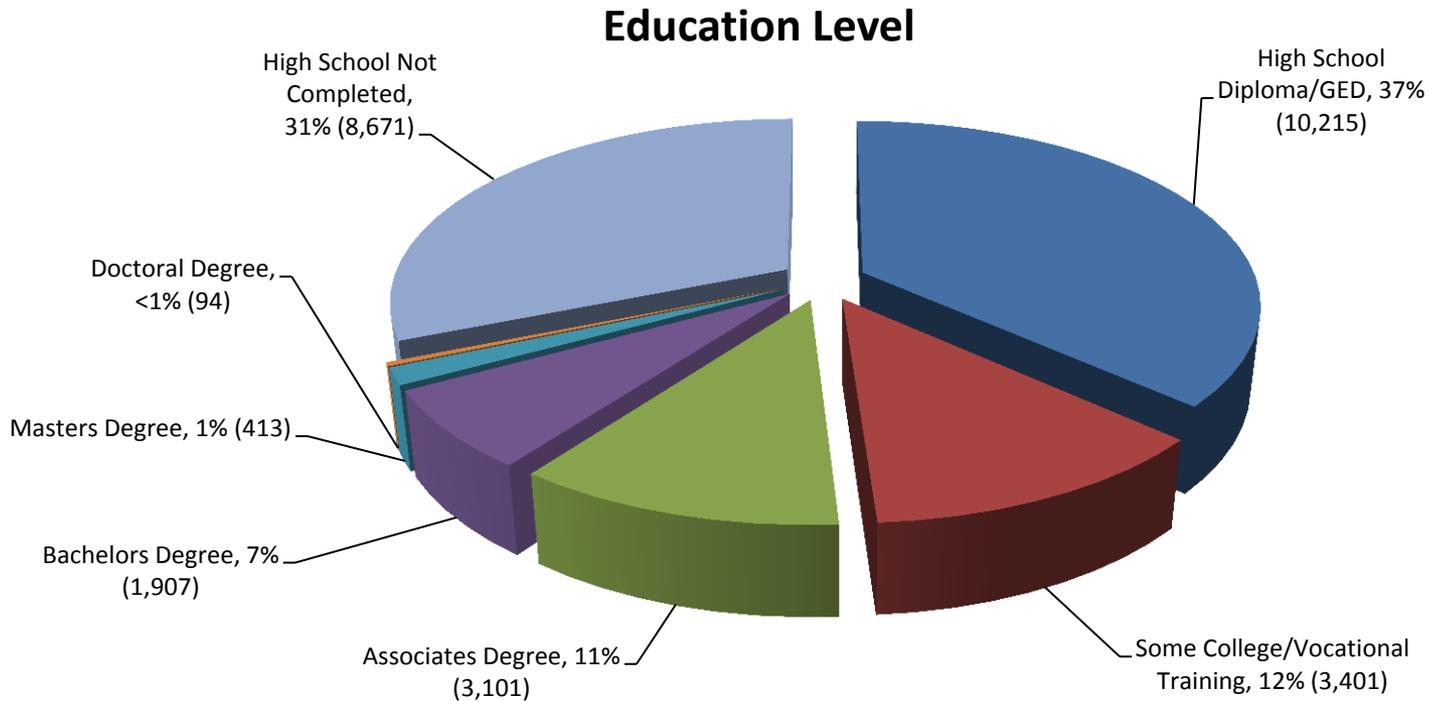


NOTE: The 'Other/Unknown' category is comprised of clients reporting a variety of primary languages not reported above, as well as those who report no primary language.

WHO ARE WE SERVING?

Client Education Level

- ▶ 37% of clients had their High School Diploma/GED.
- ▶ 31% of clients had not completed High School.
- ▶ 20% of clients had an Associates Degree or higher.

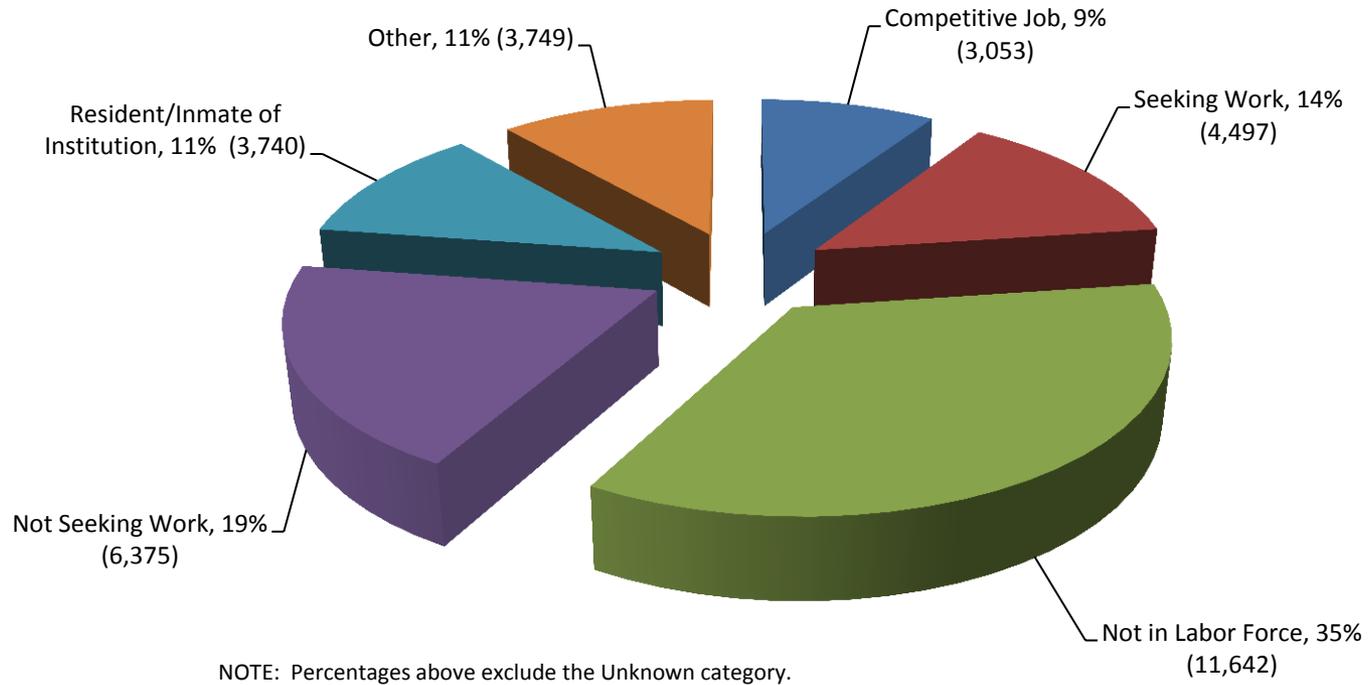


WHO ARE WE SERVING?

Client Employment Status

- ▶ The largest proportion of clients (35%) were not currently in the labor force, a decrease of 2% from FY 2010-11.
- ▶ At the time of the most recent assessment, 23% of clients in FY 2011-12 were either currently employed in a competitive job (9%) or seeking work (14%).

Employment Status

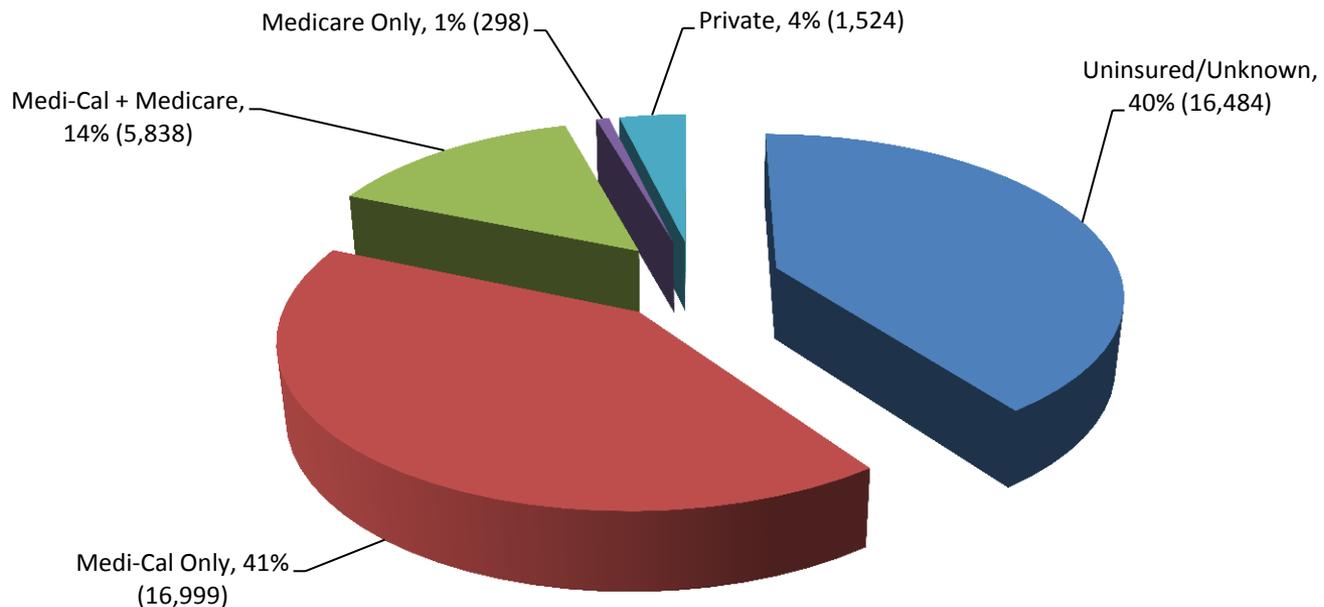


WHO ARE WE SERVING?

Health Care Coverage

- ▶ The majority of clients served in FY 2011-12 who had insurance were insured by Medi-Cal (41%) 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 across years.

Insurance Status and Type

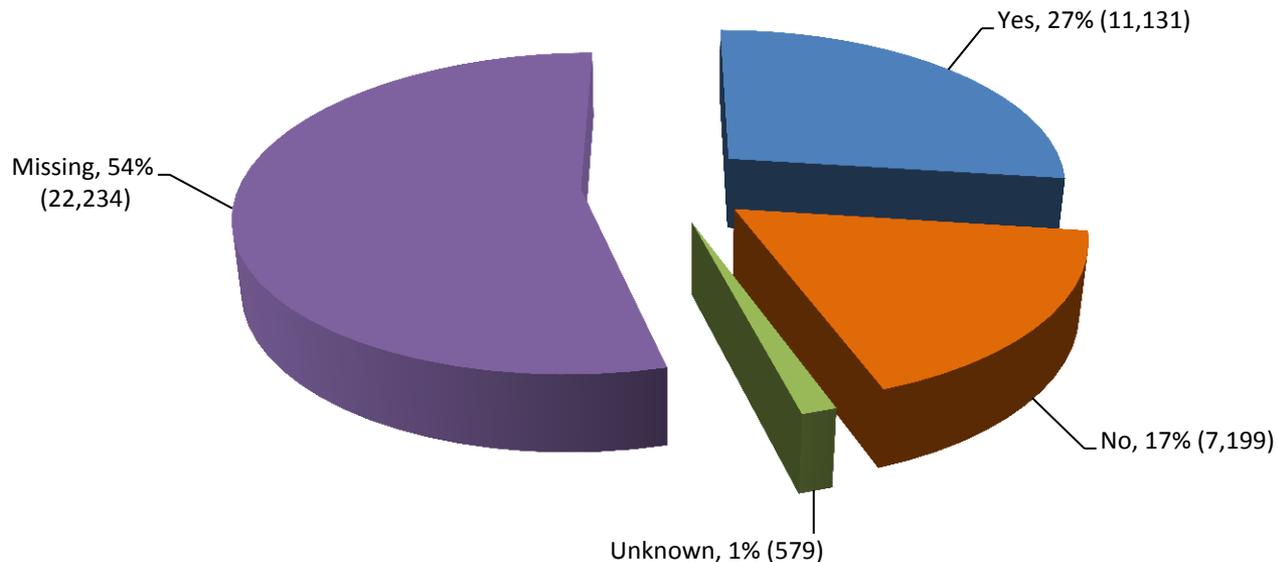


WHO ARE WE SERVING?

Primary Care Physician

- ▶ In FY 2011-12, 27% of behavioral health clients were known to have a primary care physician.
- ▶ A combined 73% of clients either did not have a primary care physician (17%) or that information was unknown or not reported (55%).

Primary Care Physician



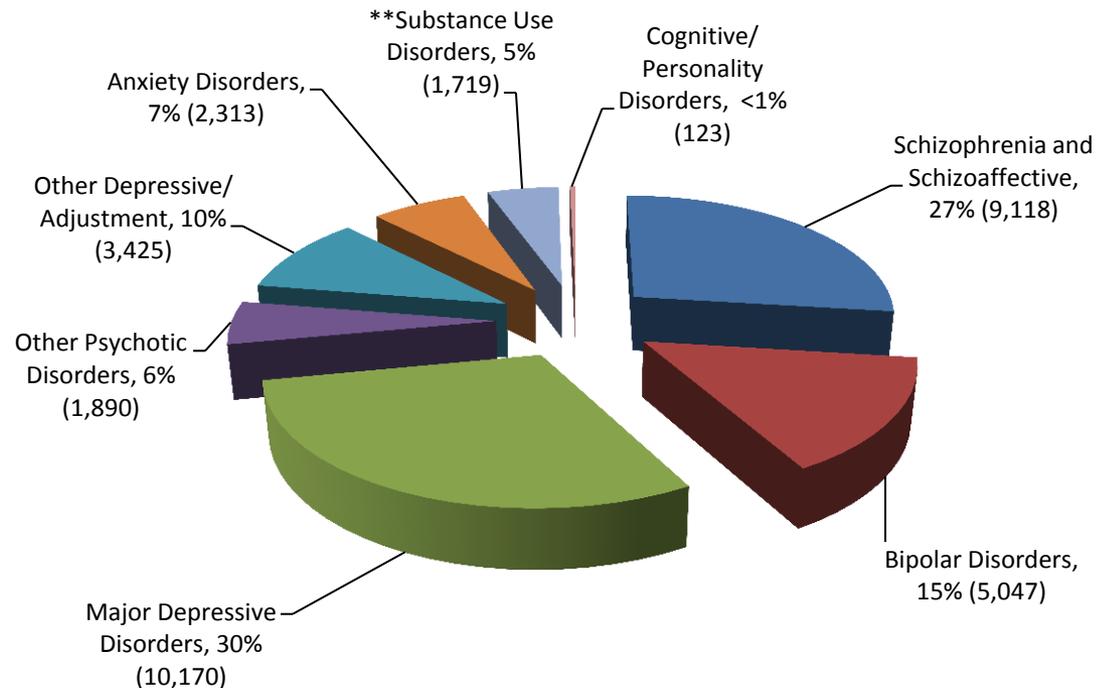
WHO ARE WE SERVING?

Primary Diagnosis*

The most common diagnoses among adults who received services in FY 2011-12 were:

- 1) Major Depressive Disorders (30%)
- 2) Schizophrenia and Schizoaffective Disorders (27%)
- 3) Bipolar Disorders (15%)

Primary Diagnosis



* The information presented above represents data for the 33,805 clients who received services from County contracted organizational providers during FY 2011-12, and for whom a primary diagnosis was available. Of the 41,143 clients who received services during FY 2011-12, many were served by the Fee-for-Service (FFS) system and/or PERT services which do not enter diagnosis information into Anasazi.

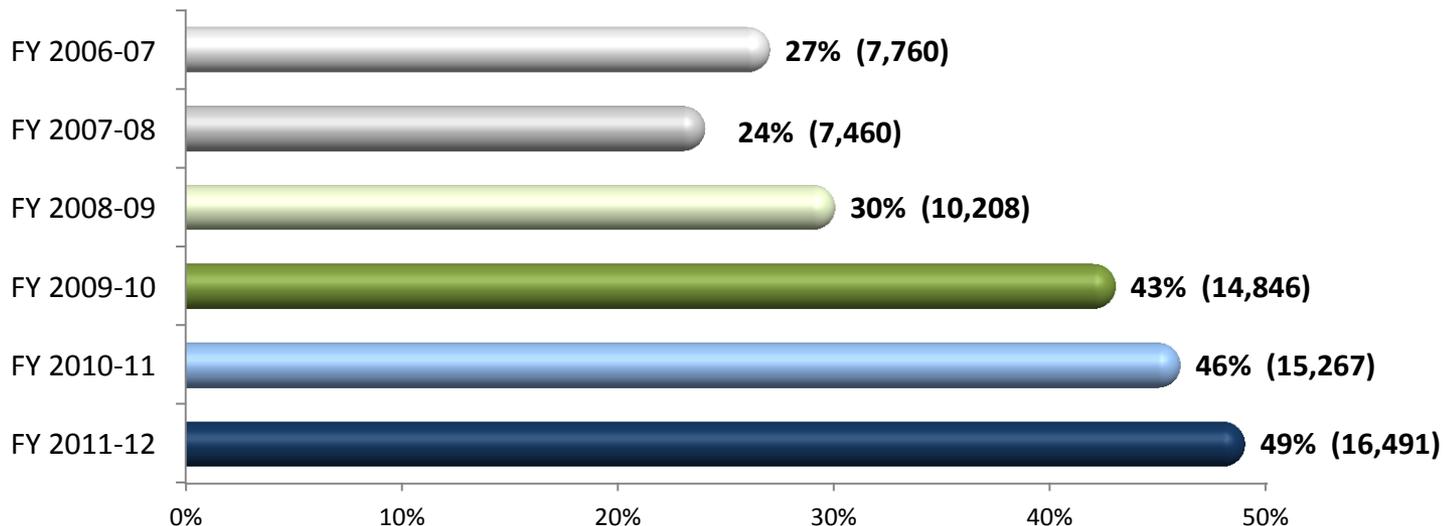
** Although Substance Use Disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis 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.

WHO ARE WE SERVING?

Dual Diagnosis

- ▶ In addition to a primary diagnosis, 49% (16,491) of clients also had a diagnosis of substance abuse in FY 2011-12.
- ▶ The generally increasing trend from FY 2007-08 to FY 2011-12 reflects an increased ability to identify and capture existing substance abuse problems through new targeted programs, increased awareness, and a greater range of diagnostic assessment tools.

Substance Abuse Disorder



WHAT KINDS OF SERVICES ARE BEING USED?

Types of Services*

Outpatient Services	Total Clients	Percent Users
Case Management	1,866	5%
Outpatient Programs	13,478	33%
LIHP Outpatient Programs	1,484	4%
Fee for Service	9,721	24%
**FSP Plus	1,085	3%
FSP	3,585	9%
***Innovation Programs	149	<1%
Community Clinics	717	2%

Emergency Services	Total Clients	Percent Users
EPU	5,216	13%
PERT	5,243	13%

Forensic Services	Total Clients	Percent Users
Jail	9,622	23%

24 hour Services	Total Clients	Percent Users
Crisis Residential	1,658	4%
IMD	257	1%
Edgemoor	115	<1%
Residential	116	<1%
Skilled Nursing Facility	72	<1%

Inpatient Admissions	Total Clients	Percent Users
County Hospital	1,854	5%
FFS Hospitals	3,592	9%
LIHP Hospitals	529	1%

Total Clients Served	41,143
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*Clients may use more than one service and so may be represented in more than one service type category.

**FSP Plus designation represents programs that have MHSA Housing funding.

***These data only represent Innovations programs that enter into Anasazi (and would only include clients receiving mental health services).

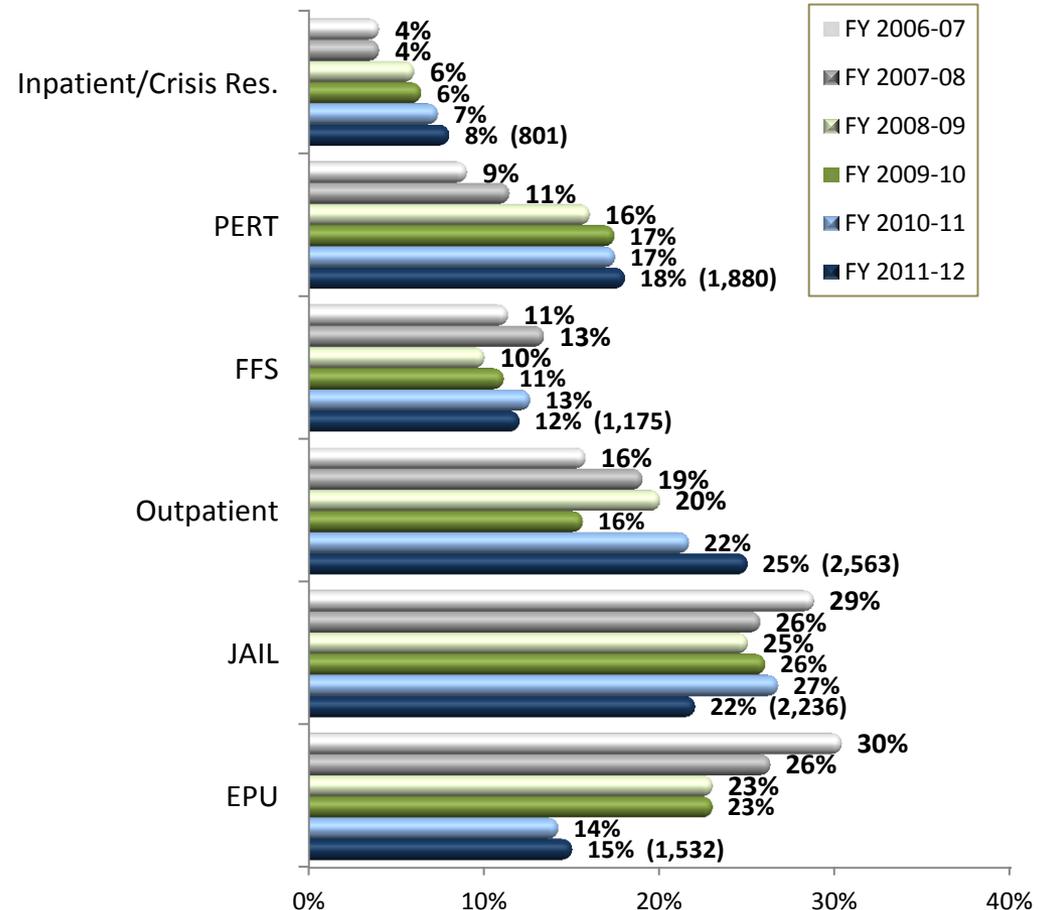
WHAT KINDS OF SERVICES ARE BEING USED?

First Service Use*

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

- Initial access through Outpatient Services increased by 3% from FY 2010-11 to FY 2011-12.
- Initial access to services through EPU (Emergency Psychiatric Unit) increased slightly by 1%.
- Initial access through Jail Mental Health Services decreased from 27% in FY 2010-11 to 22% in FY 2011-12.
- The percentage of clients initially accessing services from PERT (Psychiatric Emergency Response Team) increased from 11% to 17% from FY 2007-08 to FY 2009-10 and was maintained in FY 2010-11 and FY 2011-12. This is largely due to the addition of eight PERT units in the past four years. These new teams are now able to cover a larger geographical area, and operate more hours each day. Early intervention by PERT helps reduce Jail and EPU usage.

Type of First Service Use



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

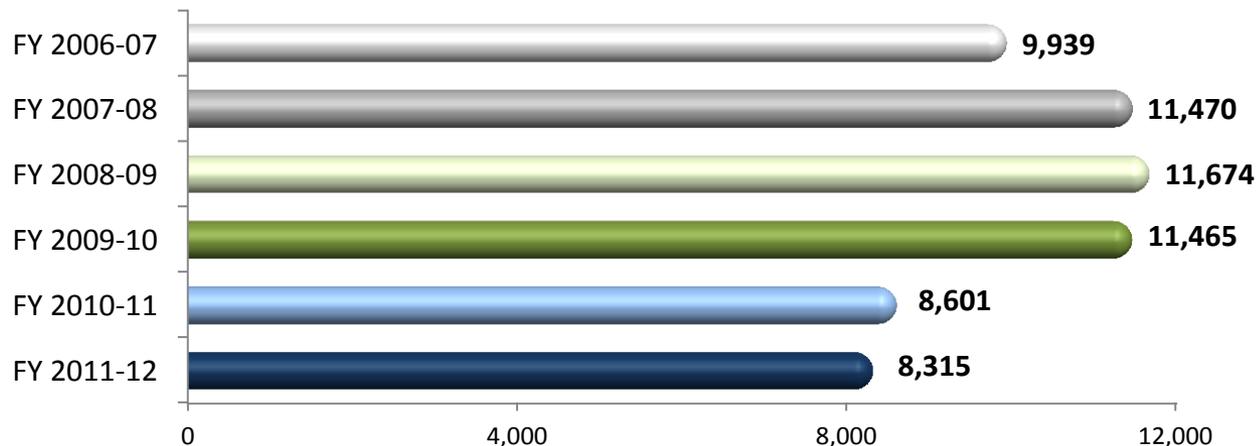
WHAT KINDS OF SERVICES ARE BEING USED?

*Emergency Services**

Emergency mental health care services are provided by the Emergency Psychiatric Unit (EPU) and the Psychiatric Emergency Response Team (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.
- 8,315 clients (unduplicated) utilized emergency services (EPU and/or PERT) during FY 2011-12. This total represents about a 3% decrease over the 8,601 unduplicated clients who utilized emergency services in FY 2010-11.
- This decrease may be due in part to the establishment of an assessment center in North County, one in Central County, and additional outpatient walk-in hours.

Comparison of Emergency Service Clients by Fiscal Year



*9,387 total clients received emergency services during FY 2011-12 from EPU and/or PERT. Of those, 1,072 received services more than once resulting in 8,315 unique (unduplicated) clients receiving emergency services from PERT and/or EPU in FY 2011-12.

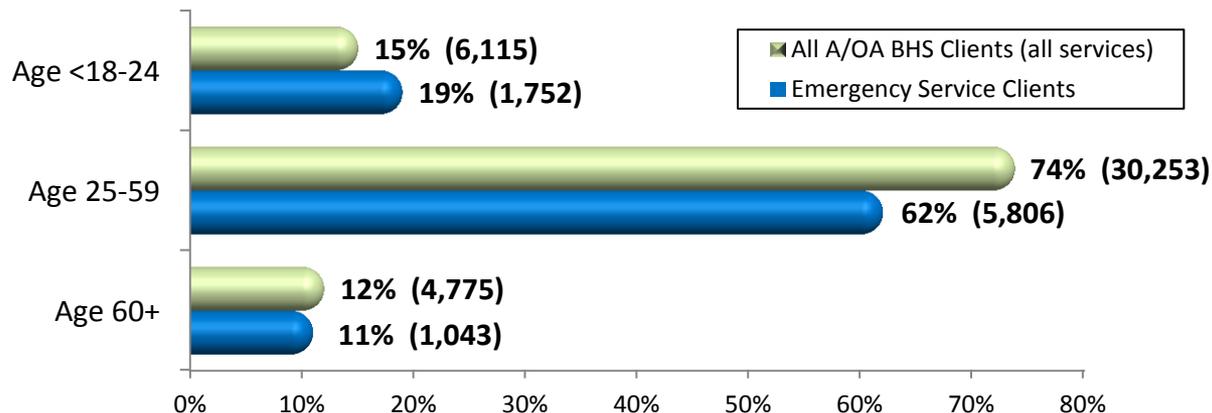
WHAT KINDS OF SERVICES ARE BEING USED?

Emergency Services and Client Age*

Clients who utilized emergency services during FY 2011-12 tended to be younger than the overall client population.

- There was a disproportionate usage of emergency services by clients ages 18 through 24 as compared to the total client population (19% versus 15%). This may be due to the inherent challenges associated with the transition from children's to adult's services.
- The proportion of clients ages 25 through 59 who used emergency services (62%) was smaller than that of the total client population (74%).
- The proportion of emergency service clients who were age 60 and over was similar to that of the total client population.

Comparison of Emergency Service Clients and All A/OA BHS Clients by Age



*9,387 total clients received emergency services during FY 2011-12 from EPU and/or PERT. Of those, 1,072 received services more than once resulting in 8,315 unique (unduplicated) clients receiving emergency services from PERT and/or EPU in FY 2011-12.

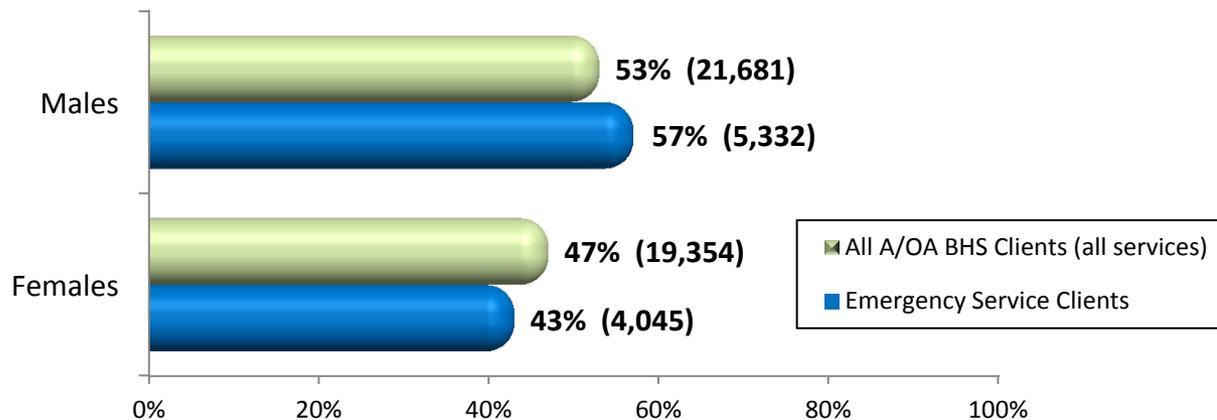
WHAT KINDS OF SERVICES ARE BEING USED?

Emergency Services and Client Gender*

► Of the clients who utilized emergency services, 57% were male, as compared to 53% of male clients in the general client population. Gender in the overall San Diego County population was 49% males and 51% 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.

Comparison of Emergency Service Clients and All A/OA BHS Clients by Gender



*9,387 total clients received emergency services during FY 2011-12 from EPU and/or PERT. Of those, 1,072 received services more than once resulting in 8,315 unique (unduplicated) clients receiving emergency services from PERT and/or EPU in FY 2011-12.

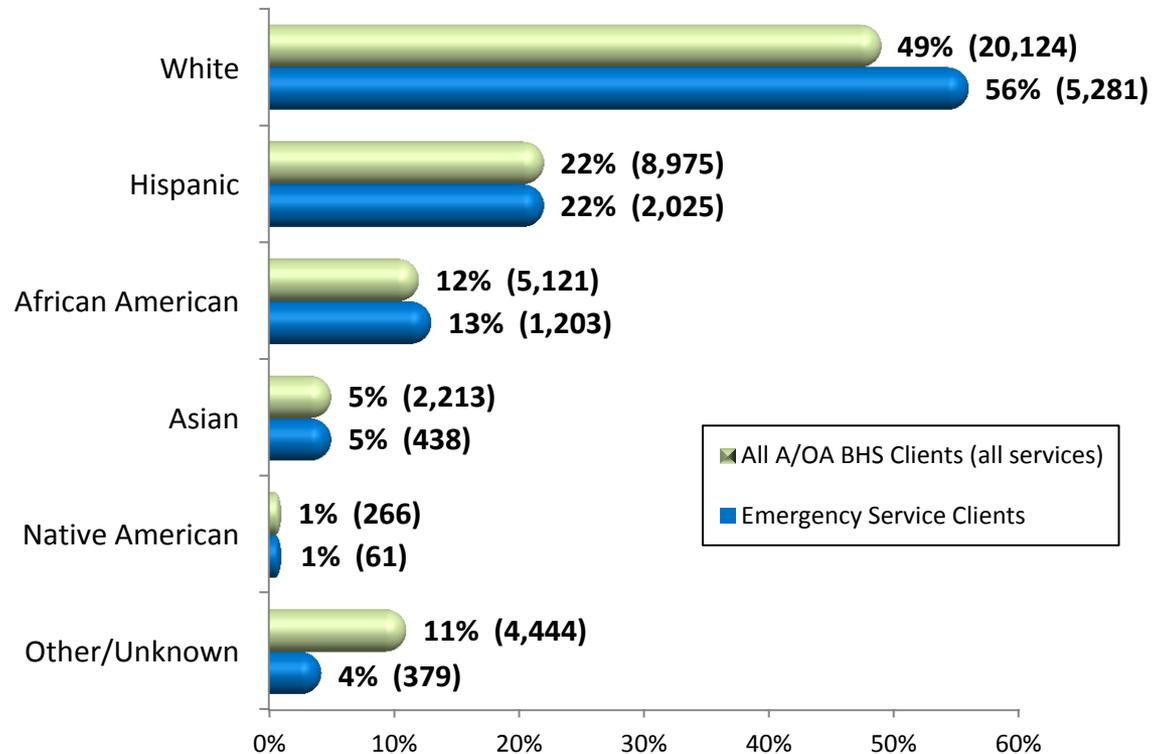
**San Diego County Population Estimates were sourced from: U.S. Census Bureau, 2011 American Community Survey.

WHAT KINDS OF SERVICES ARE BEING USED?

Emergency Services and Ethnicity*

Clients who utilized emergency services were more likely to be White (56%) than the general client population.

Comparison of Emergency Service Clients and All A/OA BHS Clients by Ethnicity



*9,387 total clients received emergency services during FY 2011-12 from EPU and/or PERT. Of those, 1,072 received services more than once resulting in 8,315 unique (unduplicated) clients receiving emergency services from PERT and/or EPU in FY 2011-12.

WHAT KINDS OF SERVICES ARE BEING USED?

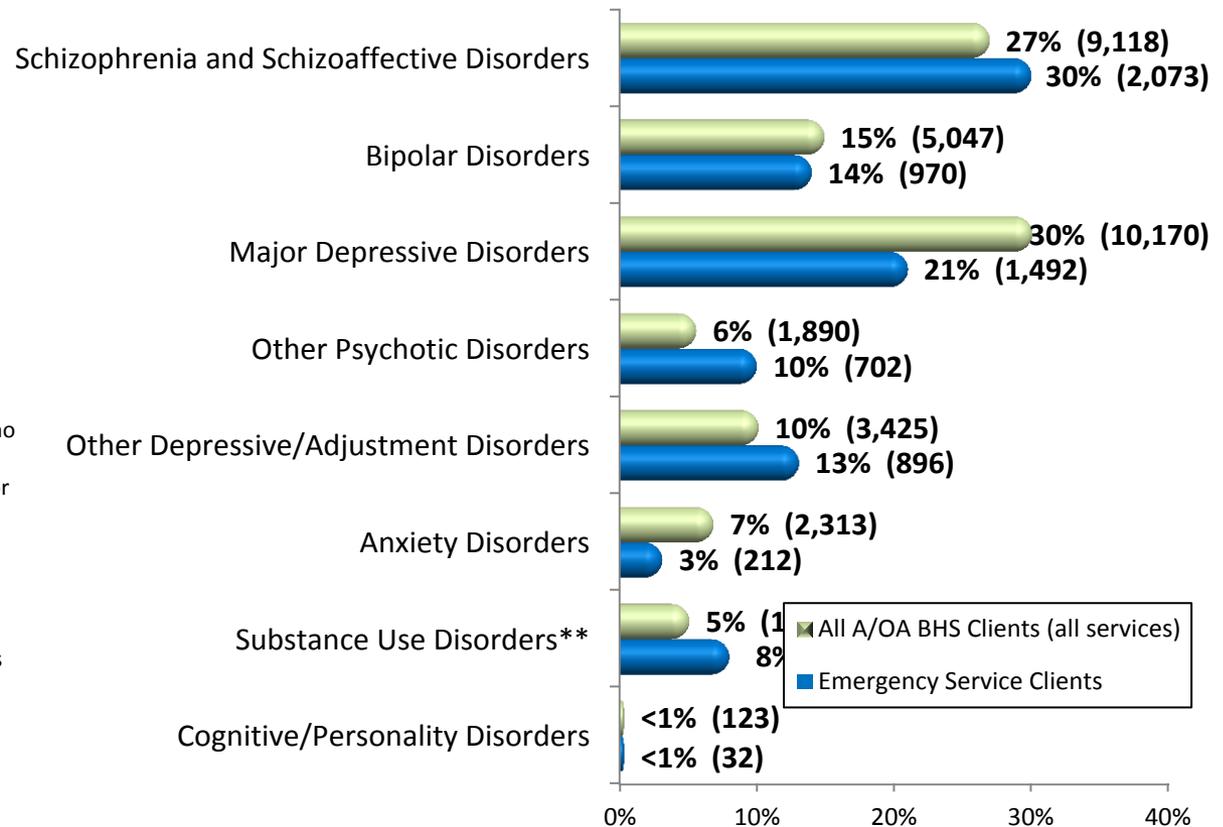
Emergency Services and Primary Diagnosis*

Emergency service clients were most likely to be diagnosed with Schizophrenia and Schizoaffective Disorders (30%) or Major Depressive Disorders (21%).

*The information presented above represents data for the 33,805 clients who received services from County contracted organizational providers during FY 2011-12, and for whom a primary diagnosis was available. Of the 41,135 clients who received services during FY 2011-12, 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 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.

Comparison of Emergency Service Clients and All A/OA BHS Clients by Primary Diagnosis



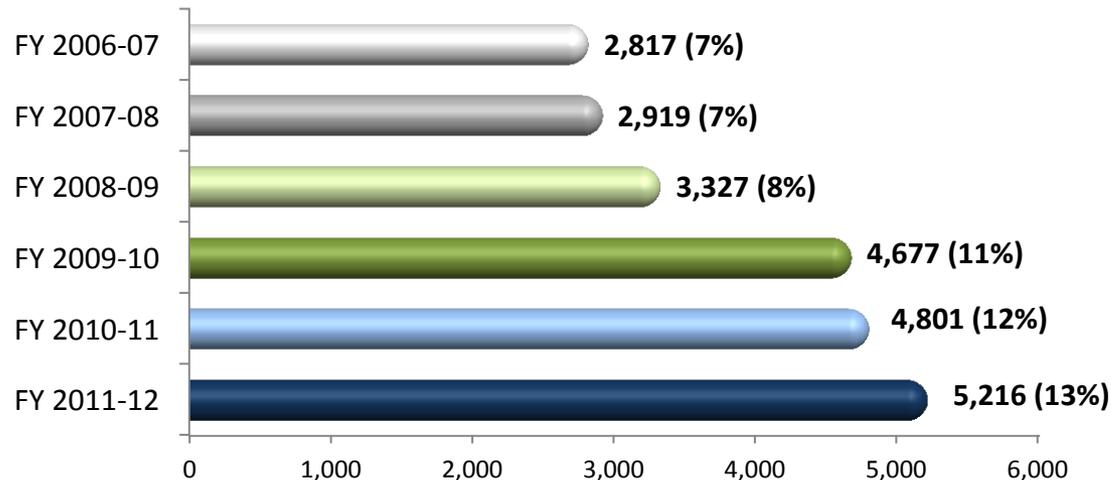
WHAT KINDS OF SERVICES ARE BEING USED?

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 Fee-for-Service hospitals. These facilities are located throughout the County.

► 5,216 (unduplicated) clients were hospitalized at least once in FY 2011-12 representing 13% of clients receiving services during the fiscal year.

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



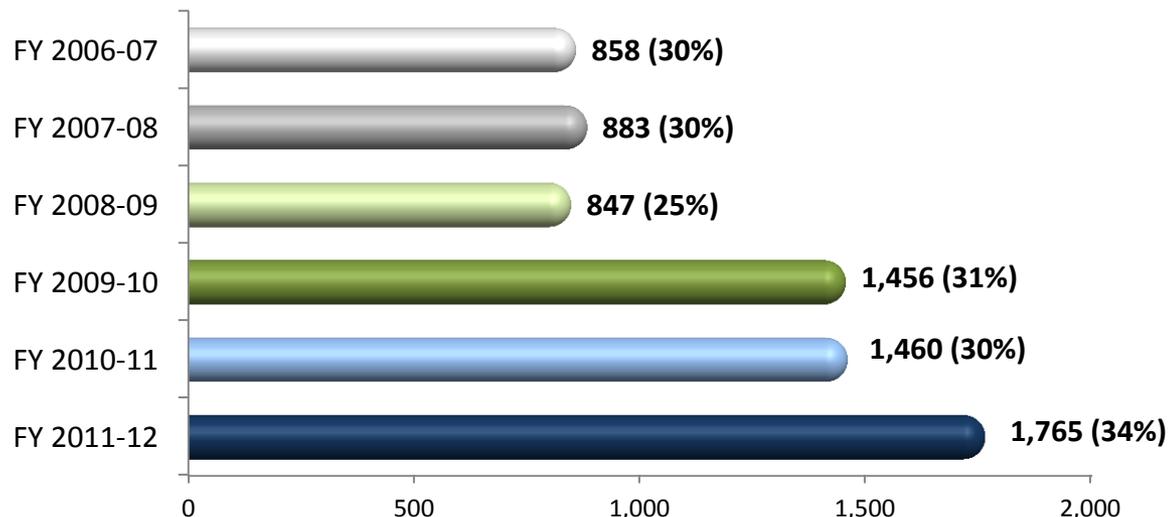
*A total of 5,975 clients were hospitalized at some time during FY 2011-12, with 374 hospitalized at San Diego County Psychiatric Hospital (SDCPH) and at least one Fee-for-Service facility; and with 45 hospitalized at SDCPH and also at least one LIHP funded facility. The number of unique (unduplicated) clients hospitalized during FY 2011-12 at either/or all of these types of facilities was 5,216.

WHAT KINDS OF SERVICES ARE BEING USED?

*Multiple Hospitalizations**

- ▶ **34% of the hospitalized clients (unduplicated) in FY 2011-12 were re-hospitalized at some time during the fiscal year.**
- ▶ **While current hospitalizations appear to have increased sharply over FY 2008-09, this increase is due, mainly, to implementation of an improved process to collect data on indigent clients.**

Number of Clients Hospitalized Multiple Times by Fiscal Year (Unduplicated)



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WHAT KINDS OF SERVICES ARE BEING USED?

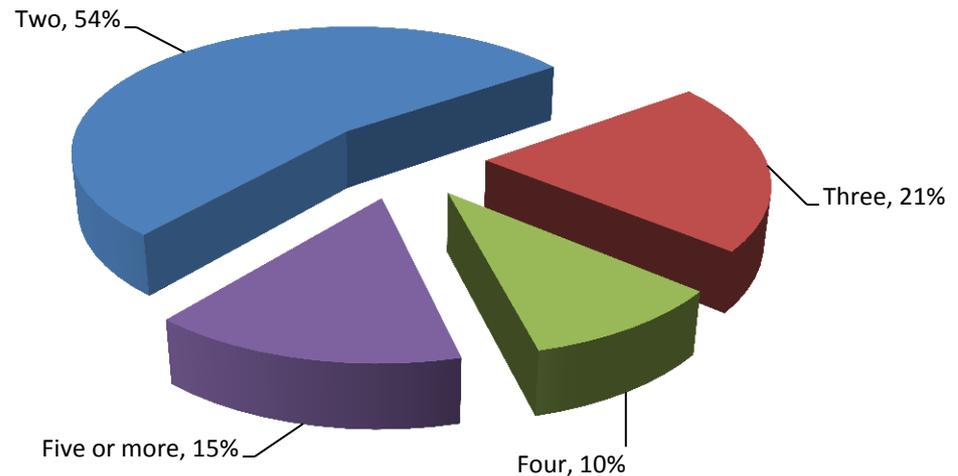
Multiple Hospitalizations*

▶ 5,216 clients, representing 13% of all adult clients, were hospitalized at least once in FY 2011-12.

▶ Of those 5,216 clients, 1,765 (34%) were hospitalized multiple times. Of those:

- 54% were hospitalized twice
- 21% three times
- 10% four times
- 15% five or more times (during the fiscal year)

Number of Times Hospitalized for Those With Multiple Hospitalizations



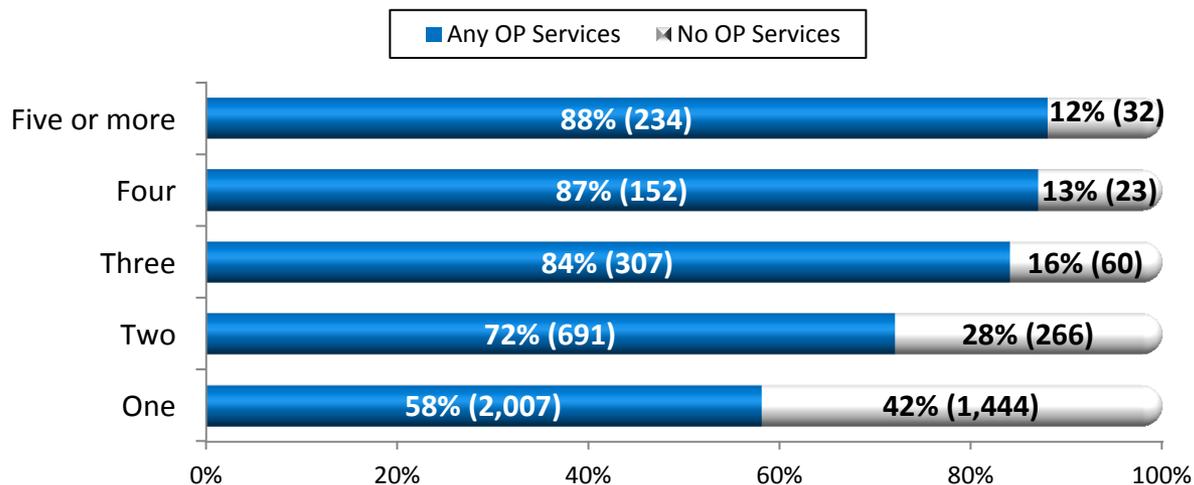
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WHAT KINDS OF SERVICES ARE BEING USED?

Multiple Hospitalizations and Service Use*

- ▶ During FY 2011-12, 12% of clients with five or more hospitalizations did not utilize some other form of Adult Mental Health Services (outpatient, case management, FSP, or Fee-for-Service).
- ▶ 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 5,975 clients were hospitalized at some time during FY 2011-12, with 374 hospitalized at San Diego County Psychiatric Hospital (SDCPH) and at least one Fee-for-Service facility; and with 45 hospitalized at SDCHP and also at least one LIHP funded facility. The number of unique (unduplicated) clients hospitalized during FY 2011-12 at either/or all of these types of facilities was 5,216.

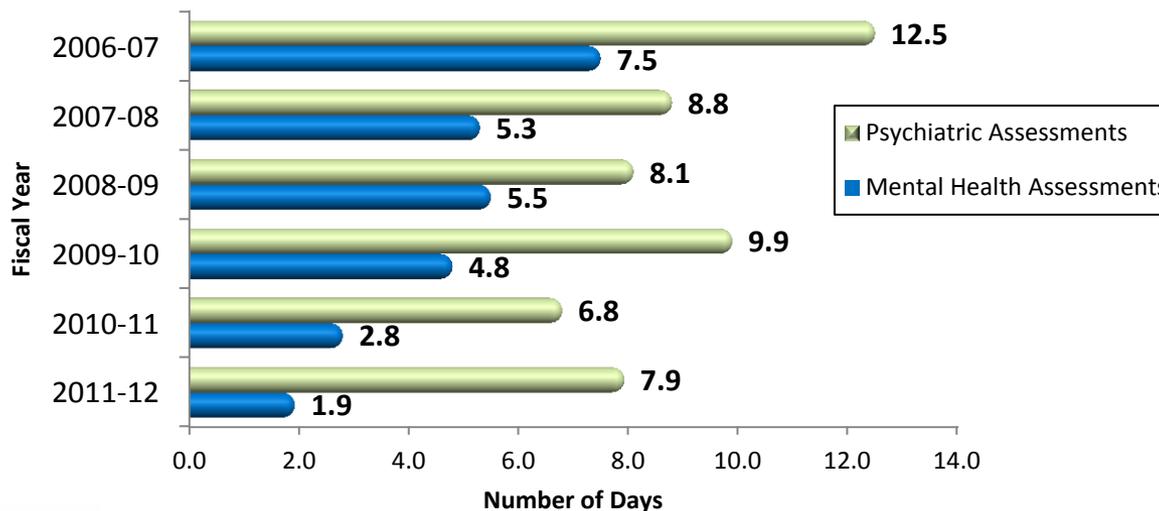
ACCESSIBILITY OF SERVICES

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 1.9 days in FY 2011-12. 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.
- Average wait times for psychiatric assessments have trended downwards from FY 2006-07 to FY 2010-11. However, there was a slight increase from 6.8 days in FY 2010-11 to 7.9 days FY 2011-12.

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	1,633	4.15	4.17	△
Management Subscale	1,669	2.66	2.79	▲
Recovery Subscale	1,670	2.98	3.13	▲
Overall Mean	1,670	3.15	3.25	▲
RMQ: Recovery Markers Questionnaire	N	PRE	POST	CHANGE
Overall Mean	813	3.62	3.68	▲
SATS-R: Substance Abuse Treatment Scale - Revised	N	PRE	POST	CHANGE
Overall Mean	597	5.28	5.53	▲

Clients are getting better. The data indicated significant improvements in the following areas:

- Clinicians reported (via the IMR) that clients are exhibiting significant improvements in the ability to manage their symptoms, their progress towards recovery, and their overall mean IMR scores.
- Clients self-reported (via the RMQ) significant improvements in their overall mental health status.
- 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 A/OA BHS clients that had both a PRE and a POST assessment in the HOMS system. The most recent assessment (POST) was in FY 2011-12 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	0	0%
18-24	1,083	10%
25-59	4,311	39%
60 and older	1,661	15%
Unknown/Missing	4,083	37%

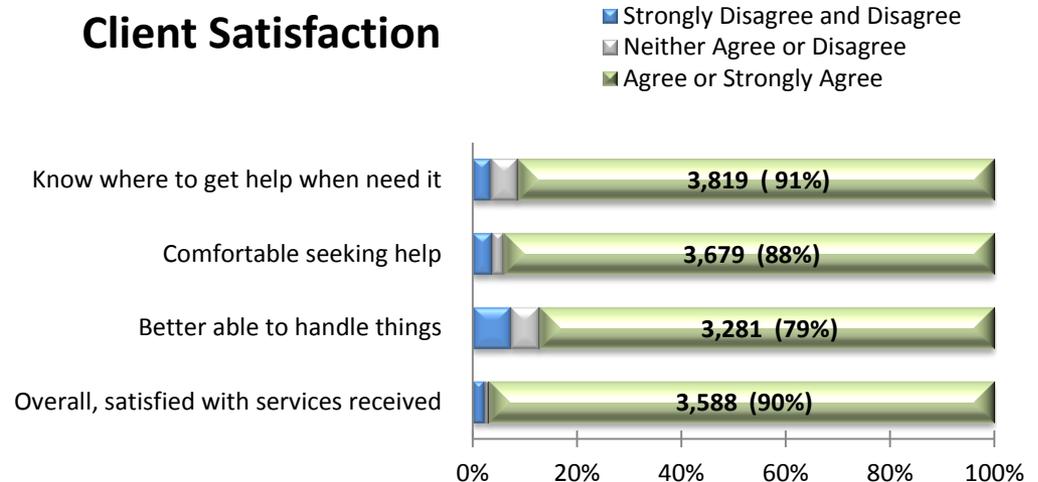
Gender	N	%
Female	5,148	46%
Male	3,556	32%
Unknown/Missing	2,434	22%

Race (Census Categories)	N	%
White	2,625	24%
Black/African American	931	8%
Asian	509	5%
Hispanic	2,078	19%
Native American	462	4%
Multiracial	157	1%
Other Non-White Non Caucasian	22	<1%
Unknown/Missing	4,354	39%

Total PEI Clients Served **11,138**

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 25 contractors to provide prevention and early intervention (PEI) programs 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



NOTE: 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.

Innovation's 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 un-served and underserved individuals, and which are aligned with the General Standards identified in the MHSA. The Innovation Component allows counties the opportunity to "tryout" 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 2011-12:

- ❖ **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 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 for individuals with serious mental illness in a primary care setting.
- ❖ **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.
- ❖ **IHOT (In-Home Outreach Teams)** is a project designed to increase family member satisfaction with the mental health system of care, as well as 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 CLIENTS (OA)

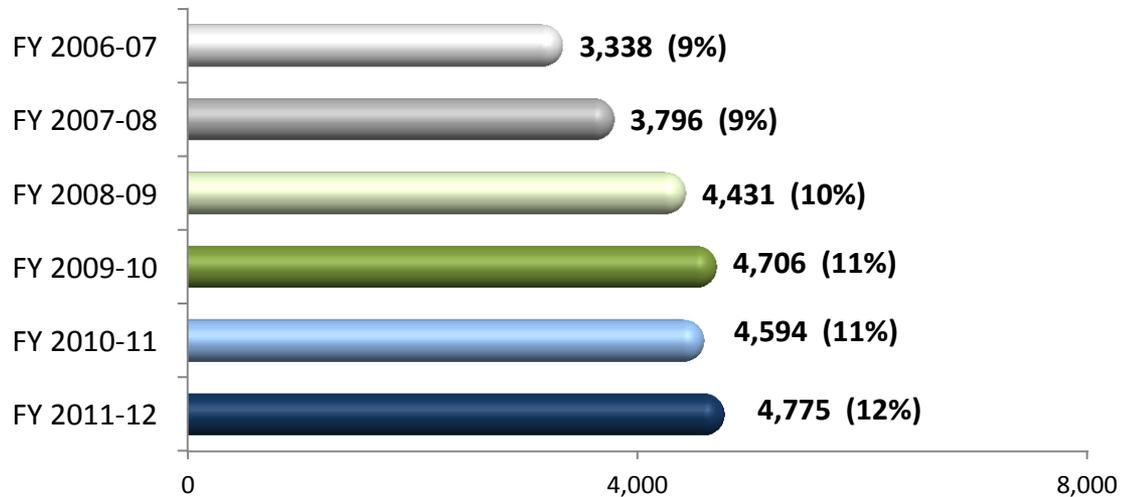
SYSTEMWIDE ANNUAL REPORT FISCAL YEAR 2011-2012

WHO ARE WE SERVING?

Total Older Adult Clients

- ▶ In FY 2011-12, San Diego County delivered mental health services to 4,775 older adults (age 60 or older).
- ▶ OA clients represent 12% of the 41,143 clients who received services in the adult system during the FY 2011-12.
- ▶ The proportion of OA clients (out of total clients) has slightly increased over the past 6 fiscal years, increasing this year to 12%.
- ▶ The number of OA clients served has increased 43% from FY 2006-07 to FY 2011-12 (3,338 in FY 2006-07 to 4,775 in FY 2011-12).

Number of Older Adult Clients Served by Fiscal Year

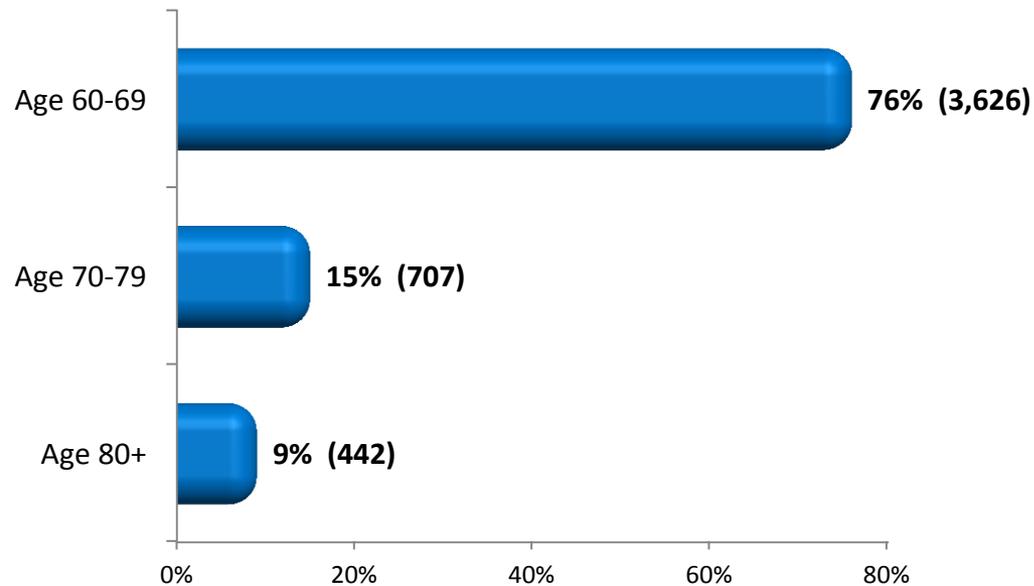


WHO ARE WE SERVING?

Older Adult Client Age

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

Older Adult Age Distribution



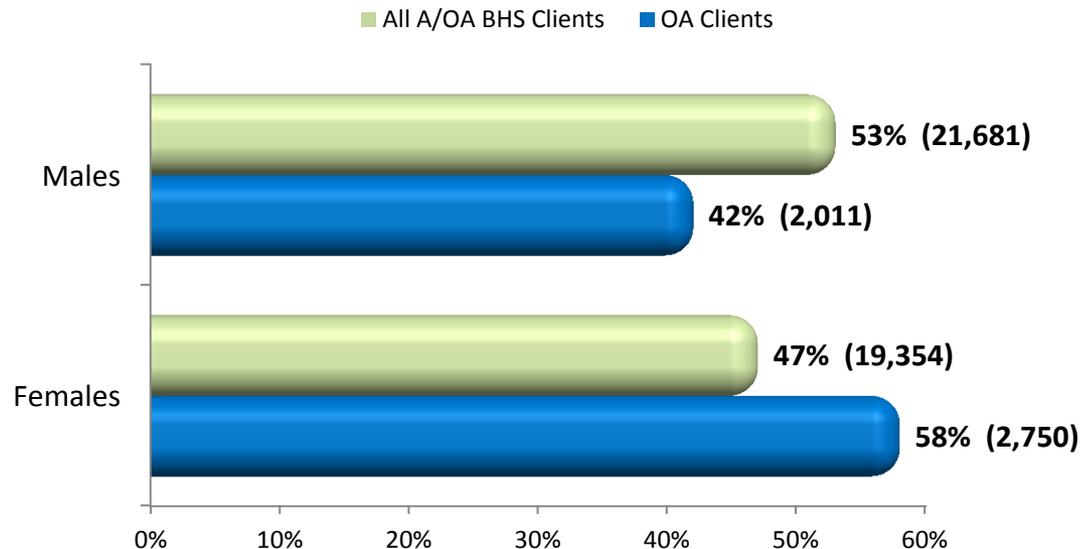
WHO ARE WE SERVING?

Older Adult Client Gender



- ▶ OA clients were more likely to be female compared to the overall client population.
- ▶ The proportions are similar (within 1%) to that seen for past fiscal years.

Older Adult Gender Distribution

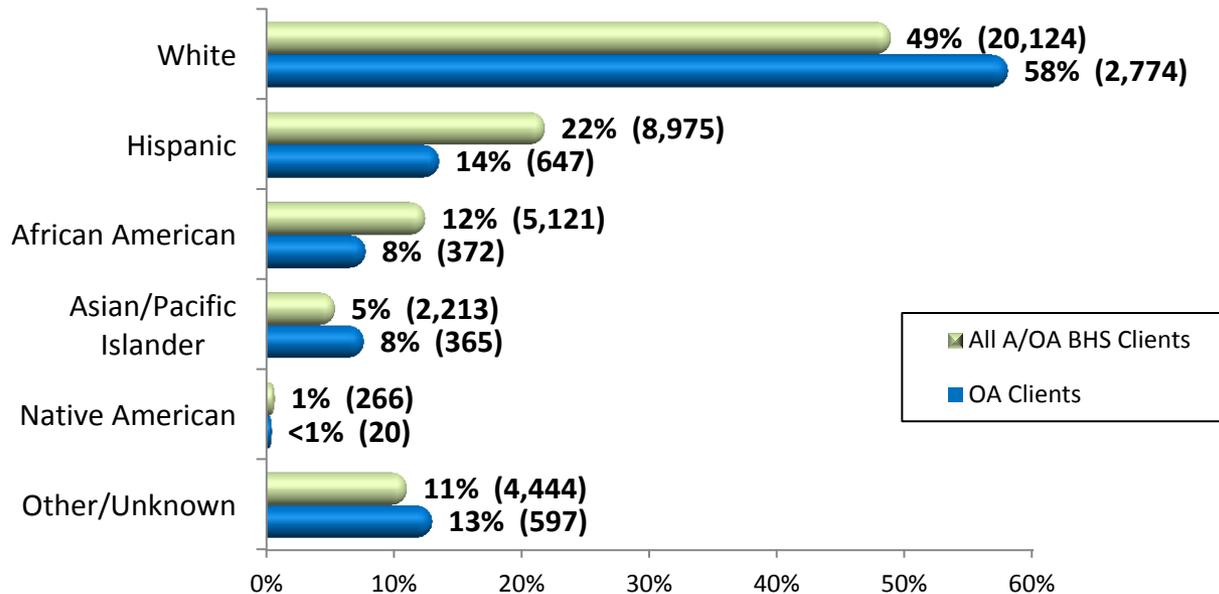


WHO ARE WE SERVING?

Older Adult Client Ethnicity and Race

- ▶ OA clients were more likely to be White compared to the overall client population.
- ▶ Hispanic and African American OA clients were under-represented compared to the overall client population.

Older Adult Race/Ethnicity Distribution

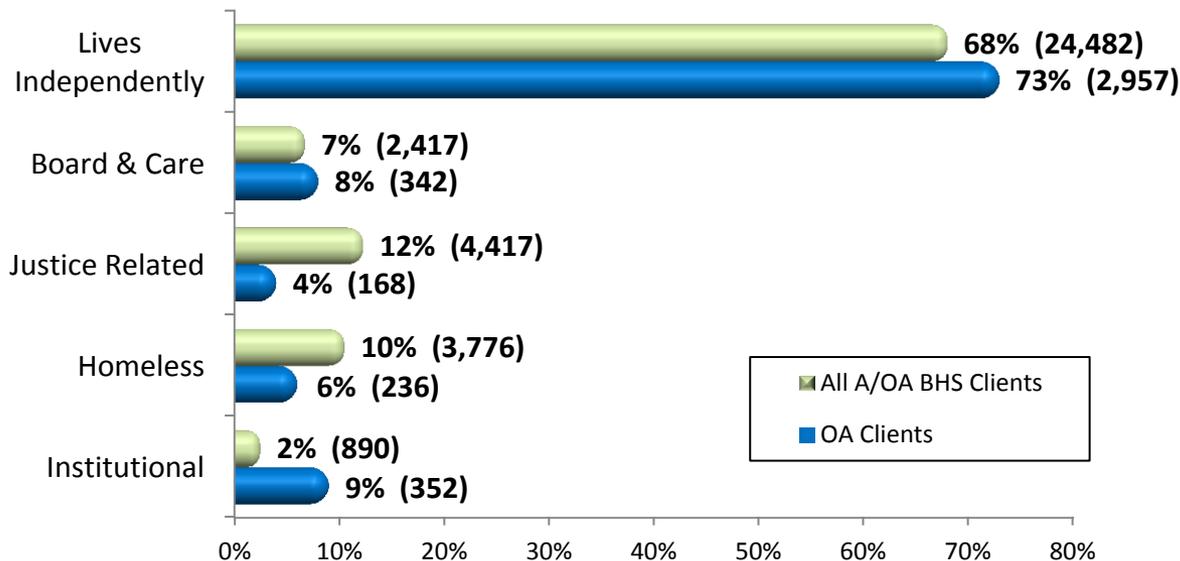


WHO ARE WE SERVING?

Older Adult 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.

Older Adult Living Situation



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

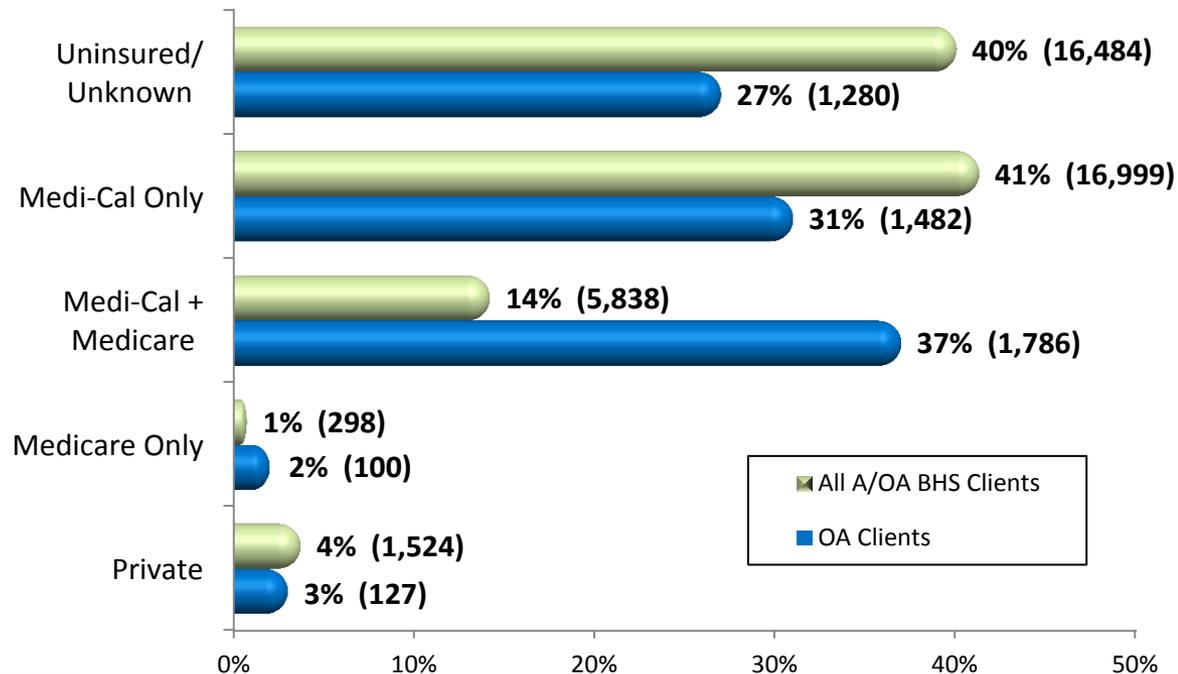
** Clients living independently includes clients living with family at the start of services.

WHO ARE WE SERVING?

Older Adult Client Insurance Status

- ▶ The majority of OA clients served in FY 2011-12 were insured by a combination of Medi-Cal and Medicare (37%) or Medi-Cal only (31%).
- ▶ 27% of OA clients were uninsured or of unknown insurance type. The large majority who fell into this category were uninsured.

Older Adult Insurance Status

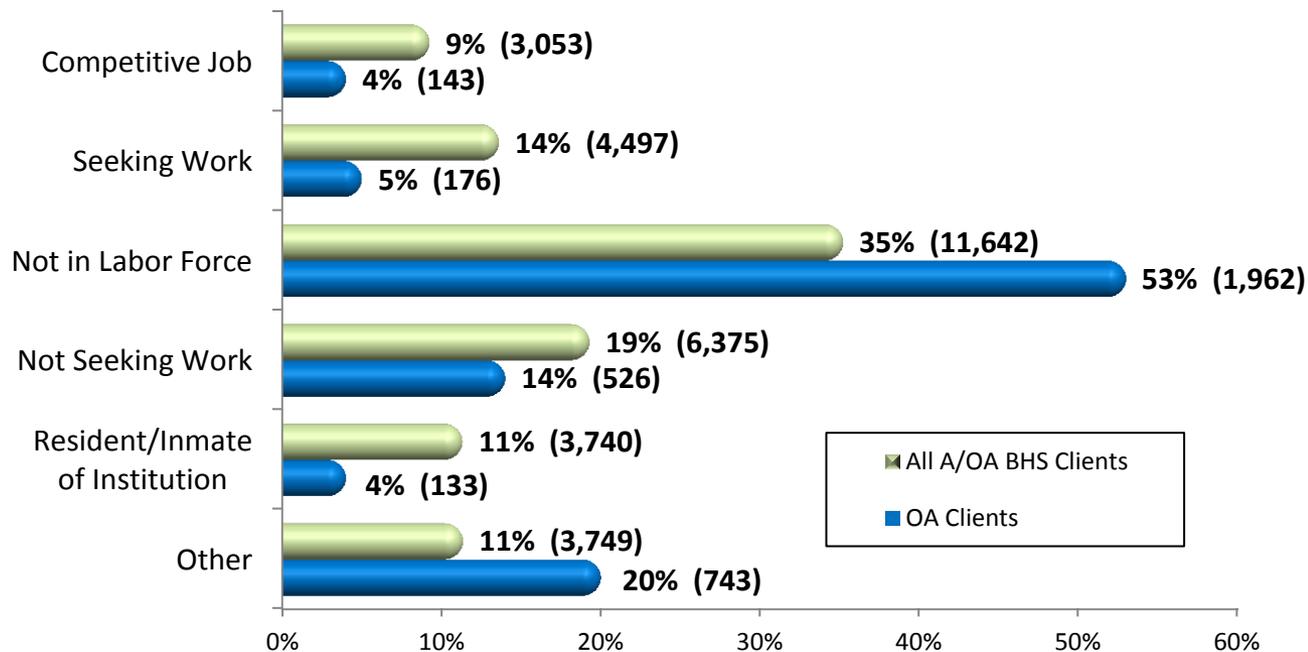


WHO ARE WE SERVING?

Older Adult Client Employment Status

▶ The largest proportion of OA clients (53%) were not currently in the labor force.

Older Adult Employment Status



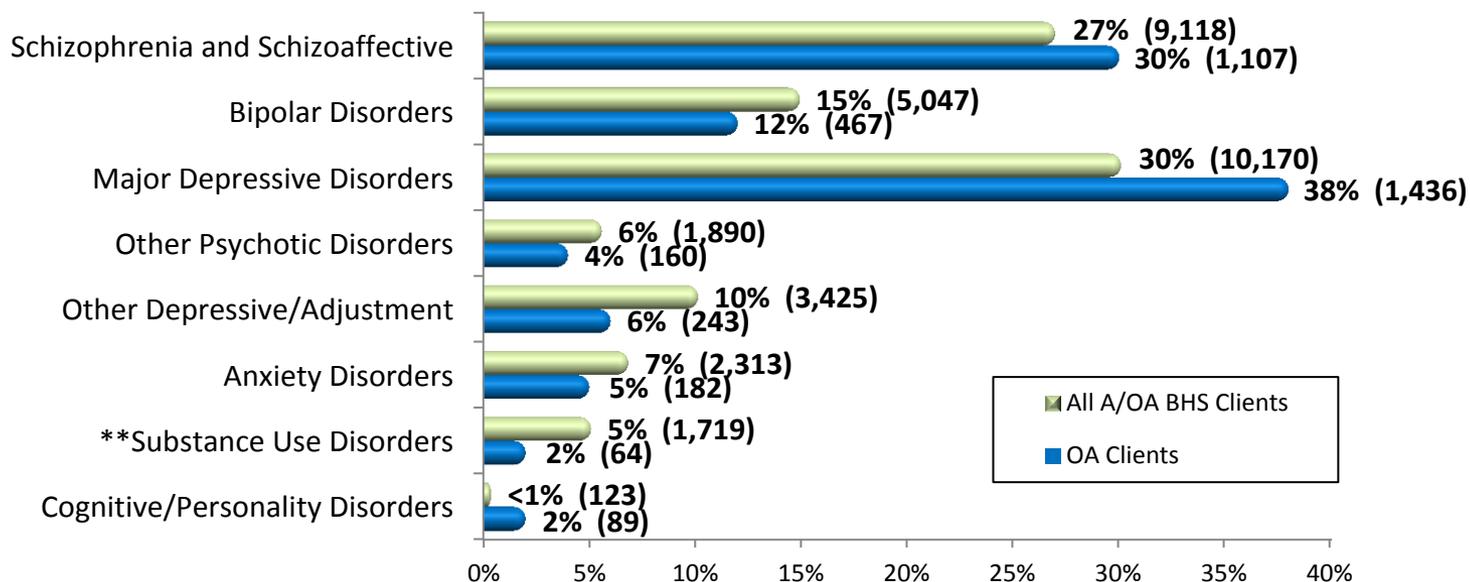
NOTE: Percentages above exclude the Unknown category.

WHO ARE WE SERVING?

Older Adult Client Primary Diagnosis*

► The most common diagnoses among OA clients who received services in FY 2011-12 were Major Depressive Disorder, followed by Schizophrenia/Schizoaffective Disorder.

Older Adult Primary Diagnosis



*The information presented above represents data for the 3,748 OA clients who received services from County contracted organizational providers during FY 2011-12, and for whom a primary diagnosis was available. Of the 4,775 clients who received services during FY 2011-12, many clients were served by the Fee-for-Service (FFS) system and/or PERT services which do not enter diagnosis information into Anasazi.

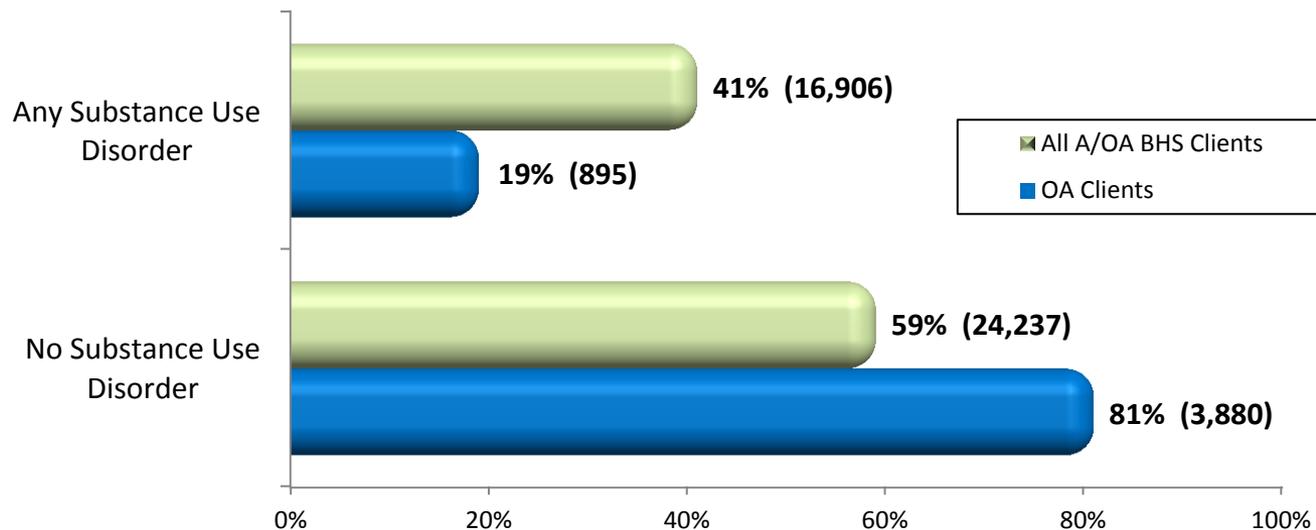
** Although Substance Use Disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis 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.

WHO ARE WE SERVING?

Older Adult Client Dual Diagnosis

► **19% (895) of OA Clients also had a diagnosis of Substance Use Disorder. This contrasts with the 41% seen for the overall client population.**

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



WHAT KINDS OF SERVICES ARE BEING USED?

Older Adult Client Types of Services*

	Older Adult Clients		All Adult Clients	
Outpatient Services	Total Clients	Percent Users	Total Clients	Percent Users
Case Management	604	13%	1,866	5%
Outpatient Programs	1,364	29%	13,478	33%
LIHP Outpatient Programs	103	2%	1,484	4%
Fee for Service	1,019	21%	9,721	24%
**FSP Plus	202	4%	1,085	3%
FSP	629	13%	3,585	9%
***Innovation Programs	5	<1%	149	<1%
Community Clinics	55	1%	717	2%
Emergency Services	Total Clients	Percent Users	Total Clients	Percent Users
EPU	265	6%	5,216	13%
PERT	942	20%	5,243	13%
Forensic Services	Total Clients	Percent Users	Total Clients	Percent Users
Jail	370	8%	9,622	23%
24 hour Services	Total Clients	Percent Users	Total Clients	Percent Users
Crisis Residential	79	2%	1,658	4%
IMD	9	<1%	257	1%
Edgemoor	52	1%	115	<1%
Residential	5	<1%	116	<1%
Skilled Nursing Facility	20	<1%	72	<1%
Inpatient Admissions	Total Clients	Percent Users	Total Clients	Percent Users
County Hospital	65	1%	1,854	5%
FFS Hospitals	257	5%	3,592	9%
LIHP Hospitals	19	<1%	529	1%
TOTAL CLIENTS SERVED	4,775		41,143	

Compared to the overall client population OA clients used:

- A greater proportion of Case Management and Psychiatric Emergency Response Team (PERT) services.
- A smaller proportion of Emergency Psychiatric Unit (EPU), Forensic (jail -based), and Inpatient services.

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

**FSP Plus designation represents programs that have MHSA Housing funding.

***These data only represent Innovations programs that enter into Anasazi (and would only include clients receiving mental health services).

ARE CLIENTS GETTING BETTER?

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

IMR: Illness Management & Recovery		N	PRE	POST	CHANGE
Substance Subscale	292	4.59	4.62	▲	
Management Subscale	295	2.70	2.89	▲	
Recovery Subscale	295	2.94	3.09	▲	
Overall Mean	295	3.20	3.32	▲	
RMQ: Recovery Markers Questionnaire		N	PRE	POST	CHANGE
Overall Mean	162	3.48	3.57	▲	
SATS-R: Substance Abuse Treatment Scale - Revised		N	PRE	POST	CHANGE
Overall Mean	75	6.16	6.07	▼	

OA Clients are getting better. The data indicated significant improvements in the following areas:

- Clinicians reported (via the IMR) that clients are exhibiting significant improvements in the ability to manage their symptoms, their progress towards recovery, and their 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
- ▼ 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 2011-12 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
CLIENTS
(TAY)**

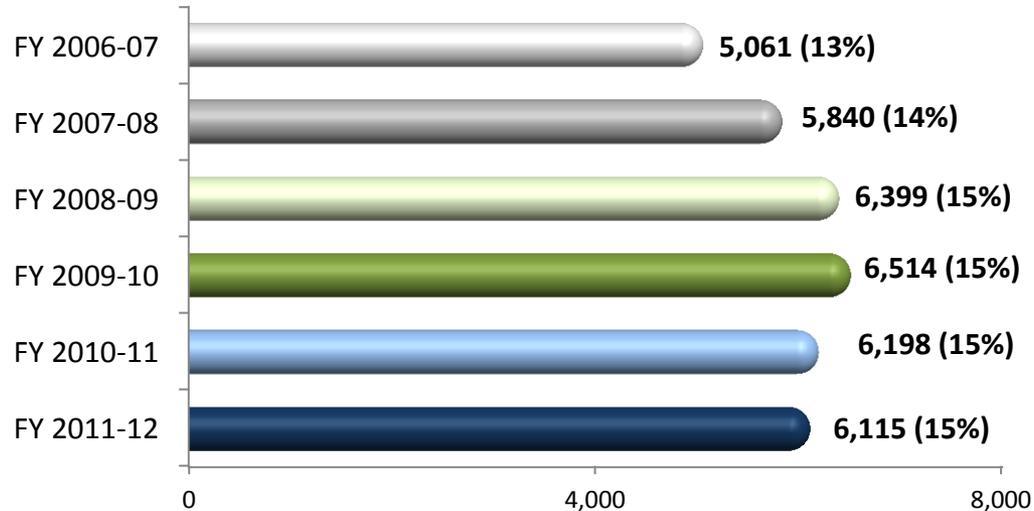
**SYSTEMWIDE ANNUAL
REPORT
FISCAL YEAR
2011-2012**

WHO ARE WE SERVING?

Total Transition Age Youth Clients

- ▶ In FY 2011-12, San Diego County delivered mental health services to 6,115 TAY clients (ages 18 to 24). Note: Some clients were included who were under 18 and received adult services.
- ▶ TAY clients represented 15% of the 41,143 clients who received services in the adult system during the FY 2011-12.
- ▶ The proportion of TAY clients (out of total clients) has slightly increased over the past 6 fiscal years, leveling off in the past four years at 15%.
- ▶ The number of TAY clients served has increased 21% from FY 2006-07 to FY 2011-12 (5,061 in FY 2006-07 to 6,115 in FY 2011-12).

Number of Transition Age Youth Served by Fiscal Year

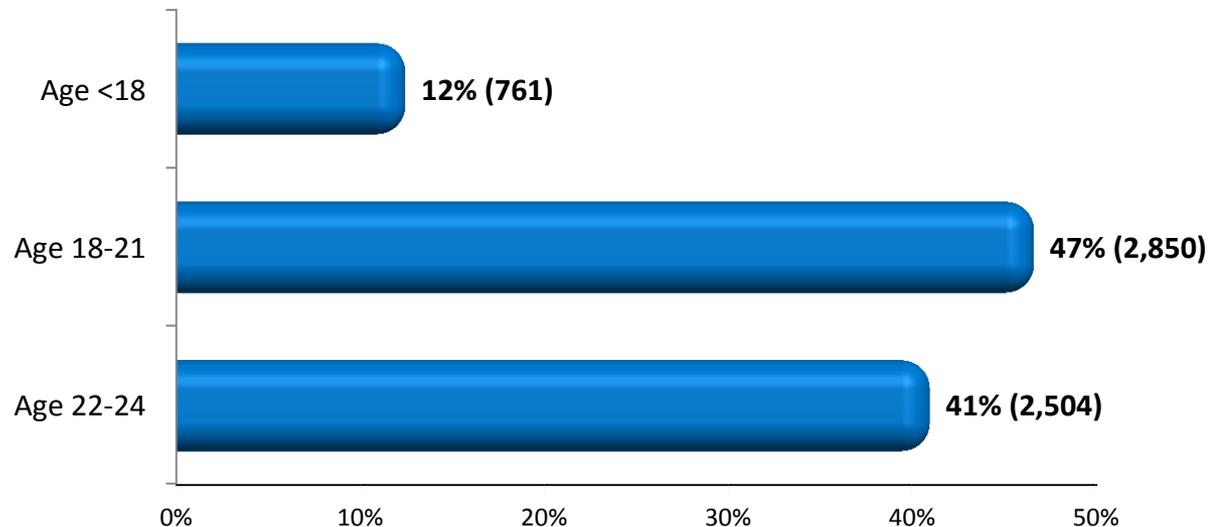


WHO ARE WE SERVING?

Transition Age Youth Client Age

- ▶ 47% of TAY clients were between the ages of 18 and 21.
- ▶ This is similar (within 2%) to the distribution for past fiscal years.

Transition Age Youth Age Distribution

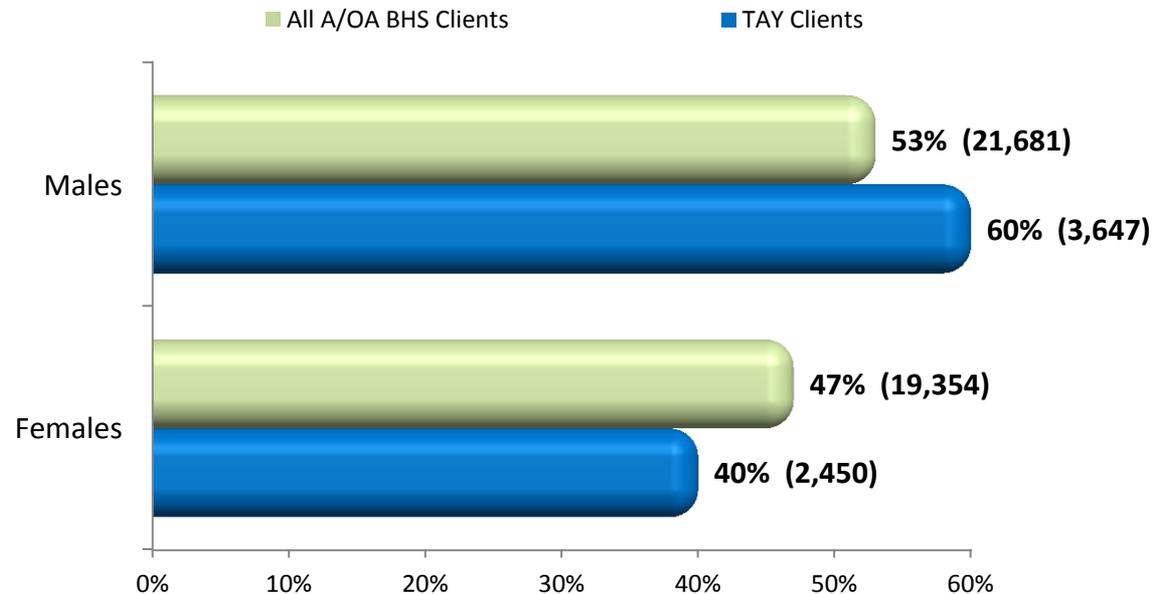


WHO ARE WE SERVING?

Transition Age Youth Client Gender

- ▶ TAY clients were more likely to be male compared to the All A/OA BHS Clients.
- ▶ The proportion of male TAY clients has increased over the past 5 fiscal years from 56% in FY 2006-07 to 60% in FY 2011-12.

Transition Age Youth Gender Distribution

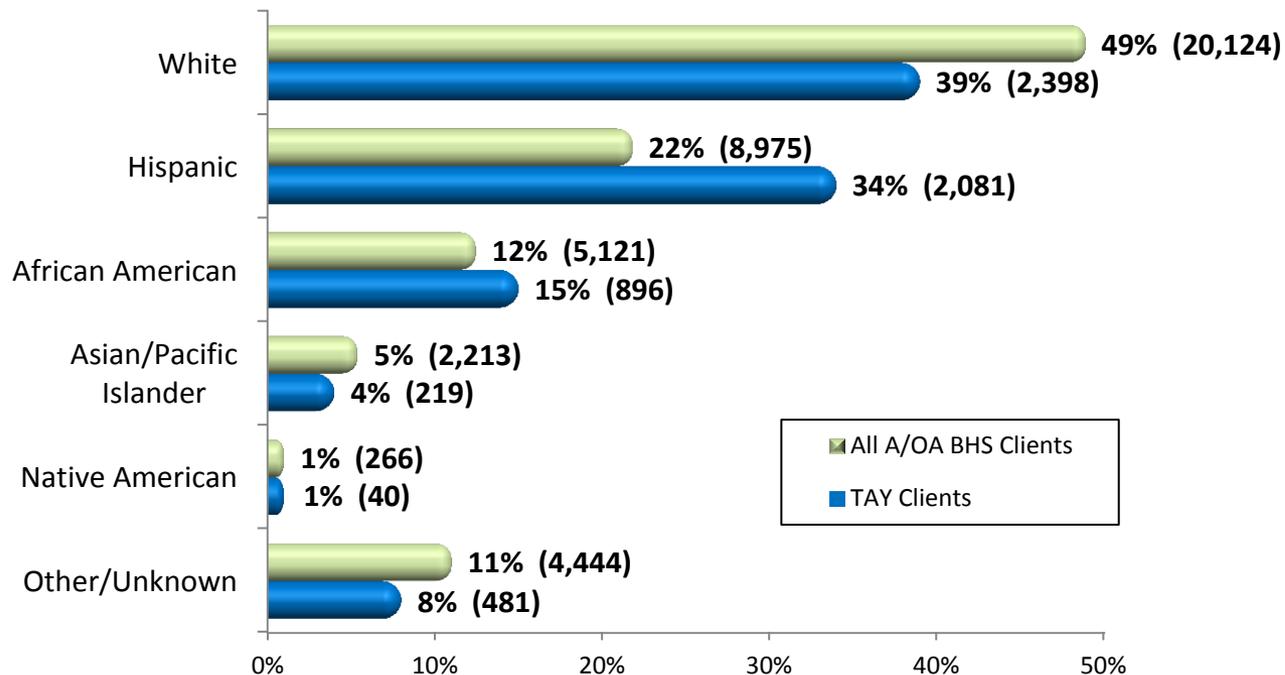


WHO ARE WE SERVING?

Transition Age Youth Client Ethnicity and Race

► TAY clients were more likely to be White compared to the All A/OA BHS Clients.

Transition Age Youth Race/Ethnicity Distribution

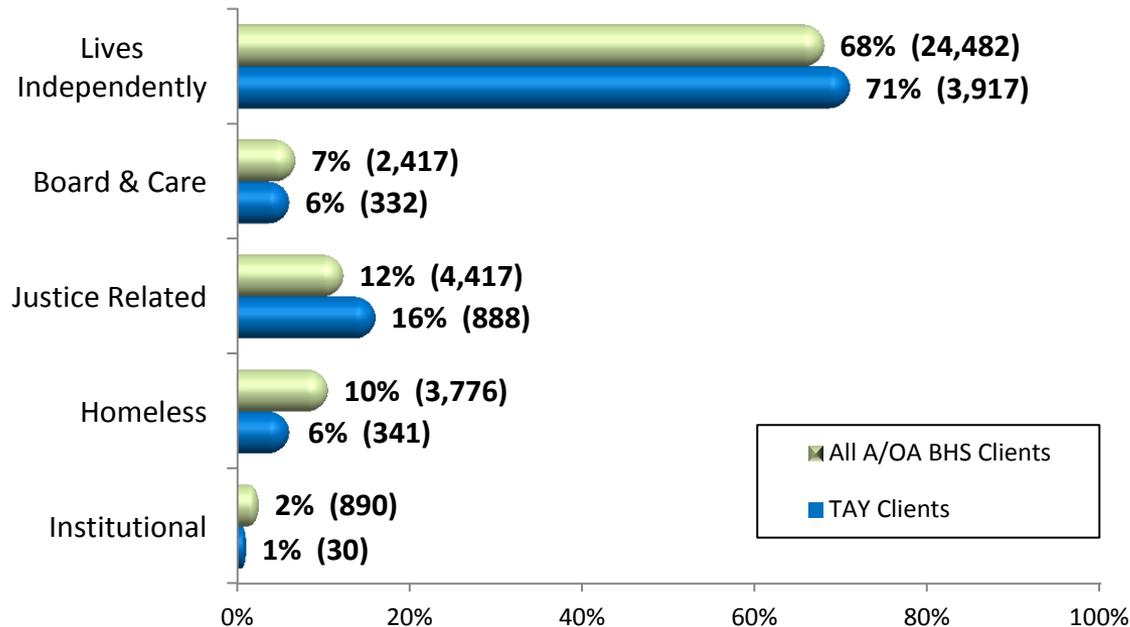


WHO ARE WE SERVING?

Transition Age Youth Client Living Situation*

- ▶ 71% of TAY clients were living independently** at the start of services.
- ▶ 16% of TAY were living in Justice Related situations.
- ▶ 6% of TAY clients were homeless.

Transition Age Youth Living Situation



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

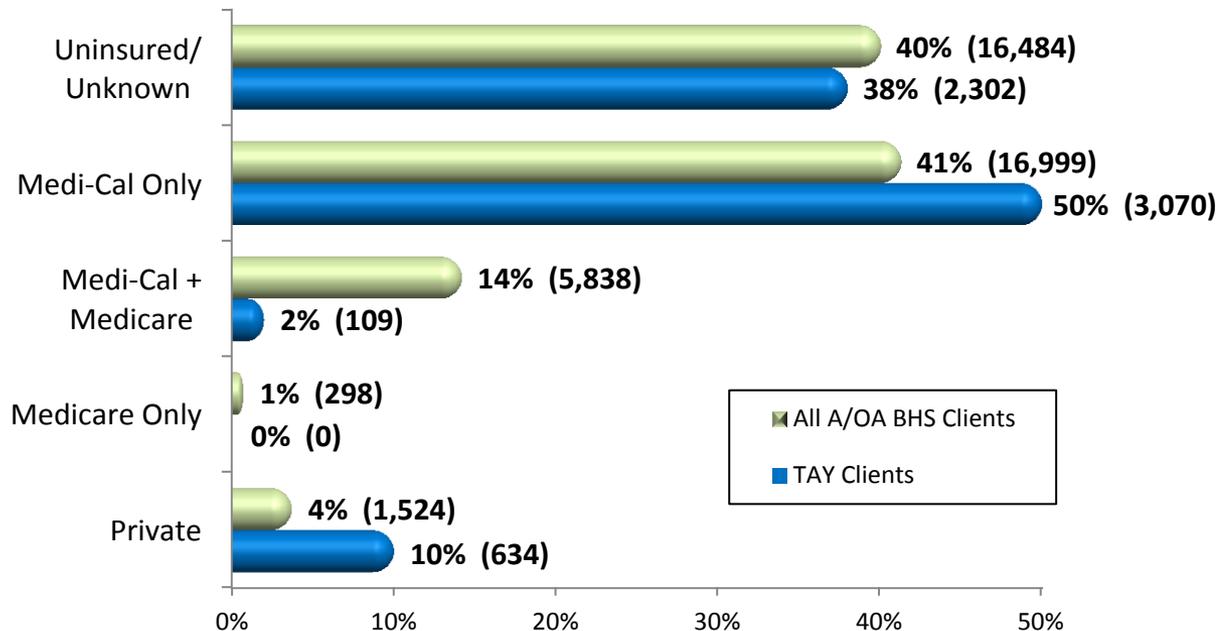
** Clients living independently includes clients living with family at the start of services.

WHO ARE WE SERVING?

Transition Age Youth Insurance Status

- ▶ The majority of TAY clients served in FY 2011-12 were insured by Medi-Cal only (50%).
- ▶ 38% 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

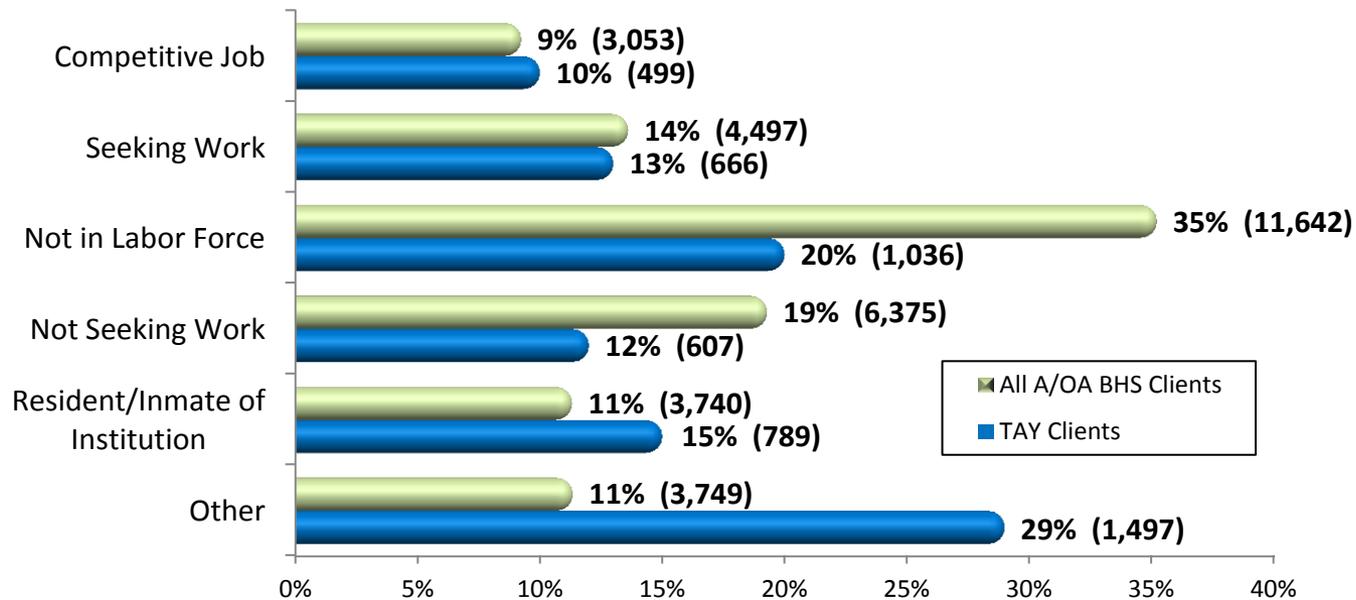


WHO ARE WE SERVING?

Transition Age Youth Client Employment Status

- ▶ 499 of 6,115 TAY clients (10%) were working in the competitive job market.
- ▶ 54% of TAY clients were either not in the labor force (20%), were residents or inmates of an institution (15%), or reported their employment status as 'Other' (29%).

Transition Age Youth Employment Status



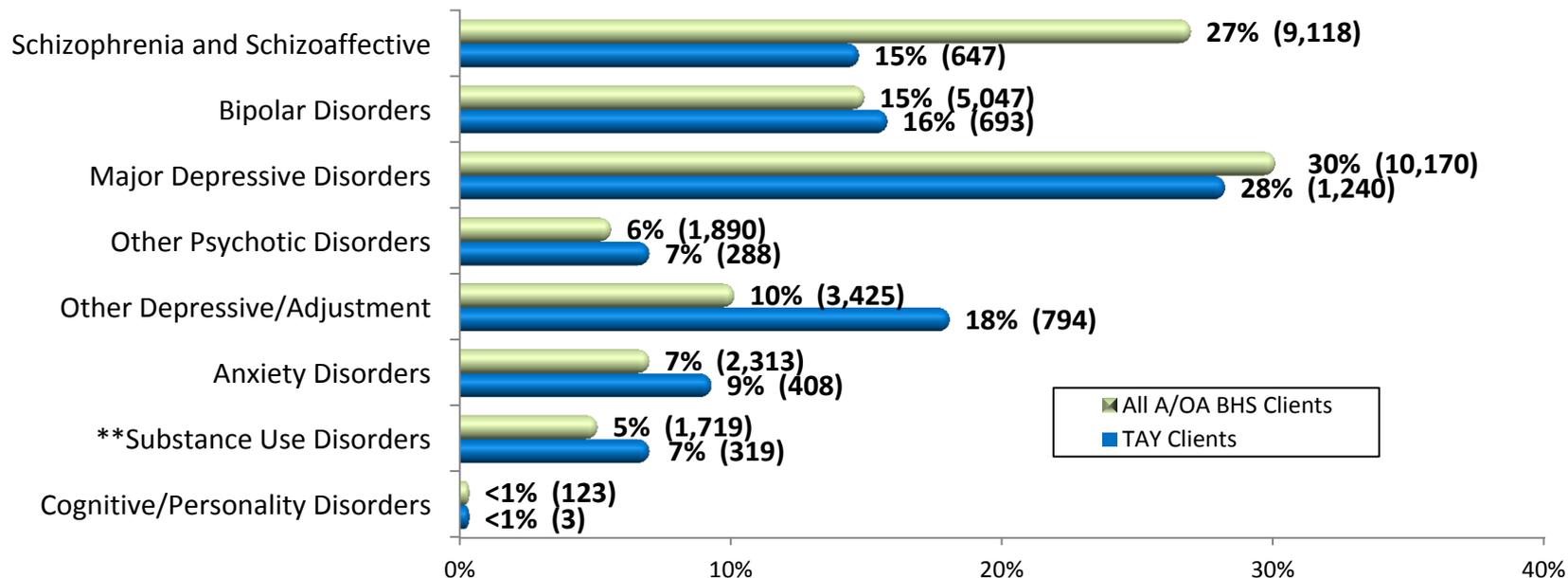
NOTE: Percentages above exclude the Unknown category.

WHO ARE WE SERVING?

Transition Age Youth Client Primary Diagnosis*

► The most common diagnoses among TAY clients who received services in FY 2011-12 were Major Depressive Disorder, followed by Other Depressive/Adjustment Disorders.

Transition Age Youth Primary Diagnosis



* The information presented above represents data for the 4,392 TAY clients who received services from County contracted organizational providers during FY 2011-12, and for whom a primary diagnosis was available. Of the 6,115 TAY clients who received services during FY 2011-12, many were served by the Fee-for-Service (FFS) system and/or PERT services which do not enter diagnosis information into Anasazi.

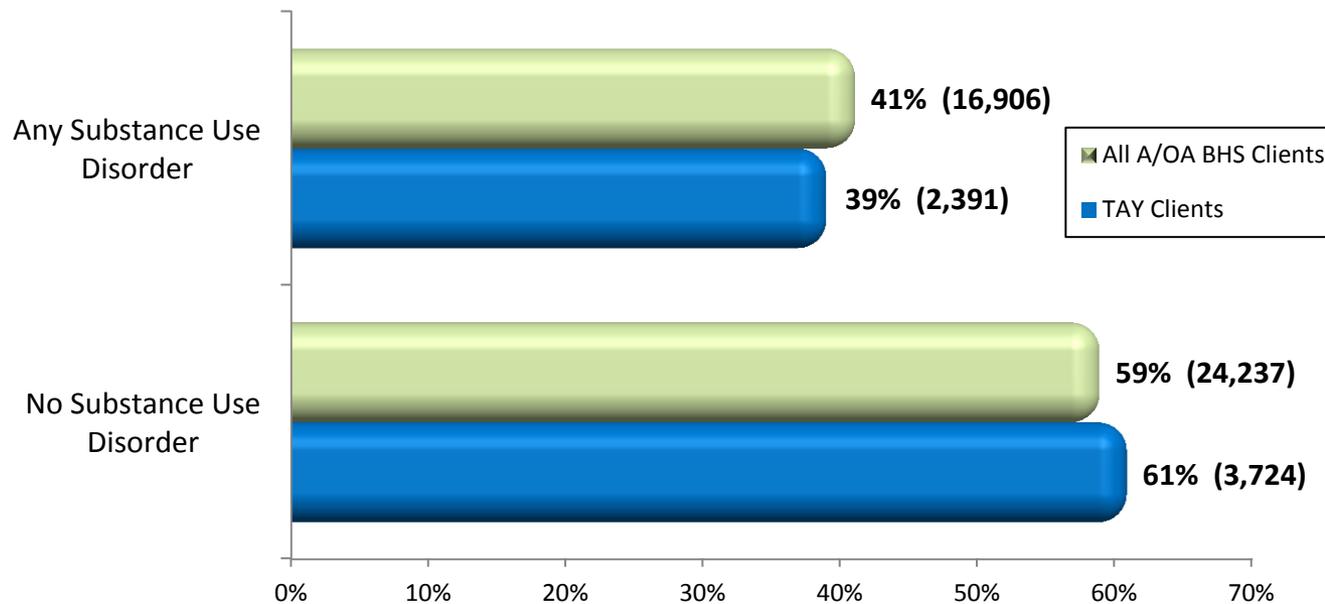
** Although Substance Use Disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis 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.

WHO ARE WE SERVING?

Transition Age Youth Client Dual Diagnosis

► In addition to a primary diagnosis, 39% (2,391) of TAY clients also had a diagnosis of Substance Use Disorder.

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



WHAT KINDS OF SERVICES ARE BEING USED?

Transition Age Youth Client Types of Services*

Outpatient Services	TAY Clients		All Adult Clients	
	Total Clients	Percent Users	Total Clients	Percent Users
Case Management	74	1%	1,866	5%
Outpatient Programs	1,299	21%	13,478	33%
LIHP Outpatient Programs	119	2%	1,484	4%
Fee for Service	1,419	23%	9,721	24%
**FSP Plus	211	3%	1,085	3%
FSP	423	7%	3,585	9%
***Innovation Programs	27	<1%	149	<1%
Community Clinics	66	1%	717	2%
Emergency Services	Total Clients	Percent Users	Total Clients	Percent Users
EPU	888	15%	5,216	13%
PERT	1,298	21%	5,243	13%
Forensic Services	Total Clients	Percent Users	Total Clients	Percent Users
Jail	1,715	28%	9,622	23%
24 hour Services	Total Clients	Percent Users	Total Clients	Percent Users
Crisis Residential	183	3%	1,658	4%
IMD	42	1%	257	1%
Edgemoor	0	0%	115	<1%
Residential	55	1%	116	<1%
Skilled Nursing Facility	0	0%	72	<1%
Inpatient Admissions	Total Clients	Percent Users	Total Clients	Percent Users
County Hospital	315	5%	1,854	5%
FFS Hospitals	676	11%	3,592	9%
LIHP Hospitals	68	1%	529	1%
TOTAL CLIENTS SERVED	6,115		41,143	

Compared to the overall client population TAY clients used:

- A greater proportion of Forensic (jail-based) and Emergency services.
- A smaller proportion of Case Management and Outpatient Program services.

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

**FSP Plus designation represents programs that have MHSA Housing funding.

***These data only represent Innovations programs that enter into Anasazi (and would only include clients receiving mental health services).

ARE CLIENTS GETTING BETTER?

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

IMR: Illness Management & Recovery		N	PRE	POST	CHANGE
	Substance Subscale	154	3.49	3.56	▲
	Management Subscale	161	2.59	2.84	▲
	Recovery Subscale	161	2.95	3.25	▲
	Overall Mean	161	3.02	3.26	▲
RMQ: Recovery Markers Questionnaire		N	PRE	POST	CHANGE
	Overall Mean	114	3.73	3.84	▲
SATS-R: Substance Abuse Treatment Scale - Revised		N	PRE	POST	CHANGE
	Overall Mean	113	4.48	4.99	▲

TAY Clients are getting better. The data indicated significant improvements in the following areas:

- Clinicians reported (via the IMR) that clients are exhibiting significant improvements in the ability to manage their symptoms, their progress towards recovery, and their overall mean IMR scores.
- 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 2011-12 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

- **Case Management** 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; assessment, service plan development and monitoring client progress.
- **Community Clinics:** Since 1971, the County of San Diego has contracted with community clinics for the purchase of diagnostic, therapeutic, and preventive services for indigent and low-income residents of the county.
- **Crisis Residential** services offer a 24-hour crisis residence providing acute mental healthcare 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.
- **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 provide services to clients on a fee-for-service basis. 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)** are comprehensive programs which provide all necessary services and supports, including intensive services, to clients with a high level of need, to enable them to live in their community. These programs have a strong connection to community resources and a focus on resilience and recovery. **FSP Plus** is a designation that represents programs that have MHSAs Housing funding.
- **Institutions for Mental Diseases (IMD)** are inpatient hospitals for long-term care.

GLOSSARY

- **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)** is a program that funds medical care for uninsured adult county residents. LIHP uses a network of community health centers along with hospitals, community physicians, and mental health providers throughout San Diego County to provide health care services.
- **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.
- **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.

Contact Us

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