COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

Adult Behavioral Health Services
Systemwide Annual Report: Fiscal Year 2024-25

Report prepared by:

HealthServices Research Center
University of California San Diego

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Introduction

Overview

- This report summarizes cumulative system and clinical outcomes for transition age youth (TAY), adults, and older adults (OA) served by the County of San Diego Adult Behavioral Health Services (SDCBHS) and the Drug Medi-Cal Organized Delivery System (DMC-ODS) during Fiscal Year 2024-25 (July 2023 – June 2024).

SDCBHS MH: Chapter 1

- Primarily serves individuals aged 18 years or older with severe, persistent mental health needs, or those experiencing a mental health crisis.
- Services in FY 2024-25 were delivered through a wide variety of program types including:
  - Outpatient programs including but not limited to:
    - Full Service Partnerships (FSP)
    - Walk-in Assessment Centers
    - Case Management (CM) programs
  - Access & Crisis Line (ACL)
  - Crisis Residential (CR) Facilities
  - Crisis Stabilization (CS) Facilities
  - Urgent Outpatient (UO) Facilities
  - Psychiatric Emergency Response Teams (PERT)
  - Mobile Crisis Response Teams (MCRT)
  - Inpatient Facilities
  - Forensic Services
  - Telepsychiatry
  - 24 Hour Services

SDCBHS DMC-ODS: Chapter 2

- Serves individuals with substance use disorders (SUD). Most clients served by the DMC-ODS are adults. Data for clients served by youth specific and perinatal programs within the DMC-ODS are reported in the Children, Youth, and Families Annual System of Care report.
- Services in FY 2024-25 were delivered through a variety of levels of care including:
  - Recovery Services
  - Early Intervention
  - Ambulatory Withdrawal Management (AWM)
  - Outpatient Services
  - Intensive Outpatient Services
  - Withdrawal Management (WM)
  - Residential Services
  - Opioid Treatment Programs (OTP)

Key Findings

All Adult Mental Health Clients

- During FY 2024-25, SDCBHS delivered mental health services to 48,213 adults, TAY, and older adults.
- Over the past five fiscal years, the proportion of non-Hispanic White clients served by mental health providers within the SDCBHS System of Care (SOC) has gradually decreased (38% to 31%), while the proportion of Hispanic clients has gradually increased (30% to 35%).
- Similar to previous fiscal years, the most common mental health diagnoses among adult MH clients served by SDCBHS mental health providers during FY 2024-25 were schizophrenia and other psychotic disorders (44%), followed by bipolar disorders (20%), and depressive disorders (21%).
- The number of adult MH clients served by SDCBHS during FY 2024-25 not in the labor force decreased by 10% when compared with FY 2023-24 (6,949 compared to 7,761 in FY 2023-24).
- Nearly one-half (49%) of SDCBHS clients served in FY 2024-25 did not complete high school. Also, two-fifths (40%) of clients receiving SDCBHS services during FY 2024-25 had a high school diploma or GED or some college/vocational training.
- The number of Assertive Community Treatment (ACT) services among adult MH clients increased by 25% during FY 2024-25 (202,763 visits), compared to FY 2023-24 (162,240 visits).
- The number of adult MH clients who received Outpatient services provided by SDCBHS mental health providers increased by 12% during FY 2024-25 (13,379 clients), compared to FY 2023-24 (11,995 clients).
- There was a notable increase in utilization of Mobile Crisis Response Team (MCRT) services during FY 2024-25 (19,495 visits by 6,282 clients) compared to FY 2023-24 (5,582 visits by 3,774 clients), as this new level of care was implemented county-wide in 2022 and continues to grow in utilization.

Key Findings

All Adult Mental Health Clients

- Similar to last FY, the most common initial point of access to county-provided mental health services in FY 2024-25 was emergency/crisis services (54%).
- A total of 89,137 emergency/crisis services were used by 18,551 clients during FY 2024-25, representing 38% of adult MH clients served by the SDCBHS SOC. This represents a 6% increase in the number of SDCBHS mental health clients who received emergency/crisis services during FY 2024-25, compared to FY 2022-23 (17,442 clients).
- Of the 5,302 adult MH clients hospitalized during FY 2024-25, 2,238 of them (42%) were hospitalized at least one additional time during the fiscal year. During FY 2023-24 and FY 2024-25, the percentage of hospitalizations (11%) among adult MH clients reached its lowest level over the past five years.
- Average access times for psychiatric assessments have been decreasing since FY 2021-22. Compared to FY 2021-22, average wait times decreased from approximately 11 days to a little over three days in FY 2024-25. Also, average access times for mental health assessments have been decreasing from FY 2020-21, specifically, wait times decreased from a little over 6 days during FY 2020-21 to under 5 days in FY 2024-25.
- Clinicians reported significant improvements in illness management, overall progress towards recovery outcomes, and low or minimal impairment in functioning due to drug or alcohol use among adult MH clients in FY 2024-25. Also, adult MH clients self-reported significant improvement in their overall mental health status in FY 2024-25 via the Recovery Markers Questionnaire (RMQ) from pre- to post-assessment.
- Adult MH clients served by SDCBHS mental health providers reported high rates of agreement in their perception of participation in treatment planning (92%), perception of quality and appropriateness of their treatment (91%), perception of access to treatment (90%), and general satisfaction (92%).

Transition Age Youth (TAY) Clients

- During FY 2024-25, SDCBHS delivered mental health services to 8,698 TAY clients (aged 18 to 25 years), comprising 18% of the adult MH population served by mental health providers, and reflecting a slight increase from the 8,004 TAY clients served during FY 2022-23.
- Compared to FY 2023-24, the number of TAY clients served by SDCBHS mental health providers during FY 2024-25 under the age of 18 increased by 26% (1,647 clients in FY 2023-24 to 2,069 clients in FY 2024-25).
- A smaller proportion of TAY clients served during FY 2024-25 were male (49%) compared to the overall SDCBHS client population (54%), and a higher proportion of TAY clients served during FY 2024-25 were female (44%) compared to the overall SDCBHS client population (42%).
- Compared to the overall SDCBHS client population, a larger proportion of TAY clients served during FY 2024-25 were Hispanic (47% compared to 35%), and a smaller proportion were non-Hispanic White (21% compared to 31%).
- Over four-fifths (81%) of TAY clients served by SDCBHS mental health providers during FY 2024-25 were living independently, compared to only 65% of all clients served by SDCBHS mental health providers.
- The proportion of TAY clients with a co-occurring mental illness and substance use disorder served in FY 2024-25 was less than the proportion of all adult MH clients with a co-occurring mental illness and substance use disorder (43% TAY clients compared to 58% adult MH clients).
- The number of Outpatient visits provided to TAY clients by SDCBHS mental health providers increased by 39% during FY 2024-25 (34,637 visits) relative to the previous fiscal year (24,919 visits).
- SDCBHS mental health clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre- to post-assessment in the ability to manage symptoms, progress towards recovery, and overall IMR scores. Also, TAY clients self-reported significant improvements in their overall mental health status via the RMQ from pre- to post-assessment.

Key Findings

Older Adult (OA) Clients

- During FY 2024-25, SDCBHS delivered mental health services to 7,455 older adults (age 60 years or older), comprising 15% of all adult MH clients served by mental health providers during the fiscal year, and reflecting an 7% increase in the number of OA clients served during FY 2023-24 (6,964 clients).
- The number of OA clients served during FY 2024-25 over the age of 80 years old (584 clients) increased by 18%, compared to FY 2023-24 (493 clients).
- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2024-25 were female (48%) compared to the overall SDCBHS client population (42%).
- Similar to previous fiscal years, compared to all clients served by SDCBHS mental health providers, a smaller proportion of OA clients served during FY 2024-25 were Hispanic (19% vs. 35%), and a larger proportion were non-Hispanic White (47% vs. 31%).
- A larger proportion of OA clients served by SDCBHS mental health providers reported living in an institution (13%) compared to the overall adult MH client population served by mental health providers (4%) during FY 2024-25.
- The most common mental health diagnosis among OA clients served during FY 2024-25 was schizophrenia and other psychotic disorders (49%), followed by depressive disorders (26%), comprising three-quarters of OA clients with a valid diagnosis in CCBH.
- The number of Assertive Community Treatment (ACT) services among OA clients increased by 18% during FY 2024-25 (38,715 visits), compared to FY 2023-24 (32,770 visits).
- During FY 2024-25, there was a substantial decrease in the number of OA clients receiving Urgent Outpatient (UO) services (390 clients) by SDCBHS mental health providers compared to FY 2023-24 (516 clients), along with an 7% increase in the number of OA clients receiving outpatient services in FY 2024-25 (2,026 clients) compared to FY 2023-24 (1,898 clients).

Key Findings

All Adult* DMC-ODS Clients

- During FY 2024-25, the SDCBHS Drug Medi-Cal Organized Delivery System (DMC-ODS) delivered substance use disorder (SUD) treatment services to 13,836 adult clients, marking a 17% increase in the number of clients served by adult SUD treatment providers during FY 2023-24 (11,786 clients).
- The proportion of non-Hispanic White adult clients served by DMC-ODS SUD treatment providers has gradually decreased from FY 2020-21 to FY 2023-24 (52% to 47%), with a larger decrease over the past FY (47% to 27%), while the proportion of Hispanic clients has increased from 29% in FY 2020-21 to 35% in FY 2023-24, and increased to over half (53%) during FY 2024-25.
- The most common primary substance used at intake among adult DMC-ODS clients served during FY 2024-25 were opioids that were not heroin (27%), followed by methamphetamine (25%), and alcohol (21%).
- More than two-fifths (43%) of adult clients served by the DMC-ODS during FY 2024-25 reported a primary substance used of heroin or another opioid at intake.
- Since FY 2020-21, primary utilization of heroin among adult clients served by the DMC-ODS declined from 36% to 16%, while primary utilization of opioids other than heroin steadily increased over the same time frame from 11% to 27%).
- More than one-third (37%) of adult clients served by the DMC-ODS during FY 2024-25 were experiencing homelessness at the time of their most recent admission.
- More than half (56%) of adult DMC-ODS clients served during FY 2024-25 reported 12th grade as the highest level of education they received, and about one-fifth (21%) did not complete high school.
- In addition to a substance use disorder, 40% of adult DMC-ODS clients served during FY 2024-25 had a co-occurring substance use disorder and mental health illness at intake.

**Adult clients served by perinatal DMC-ODS programs are reported in the BHS-CY Annual Report.*

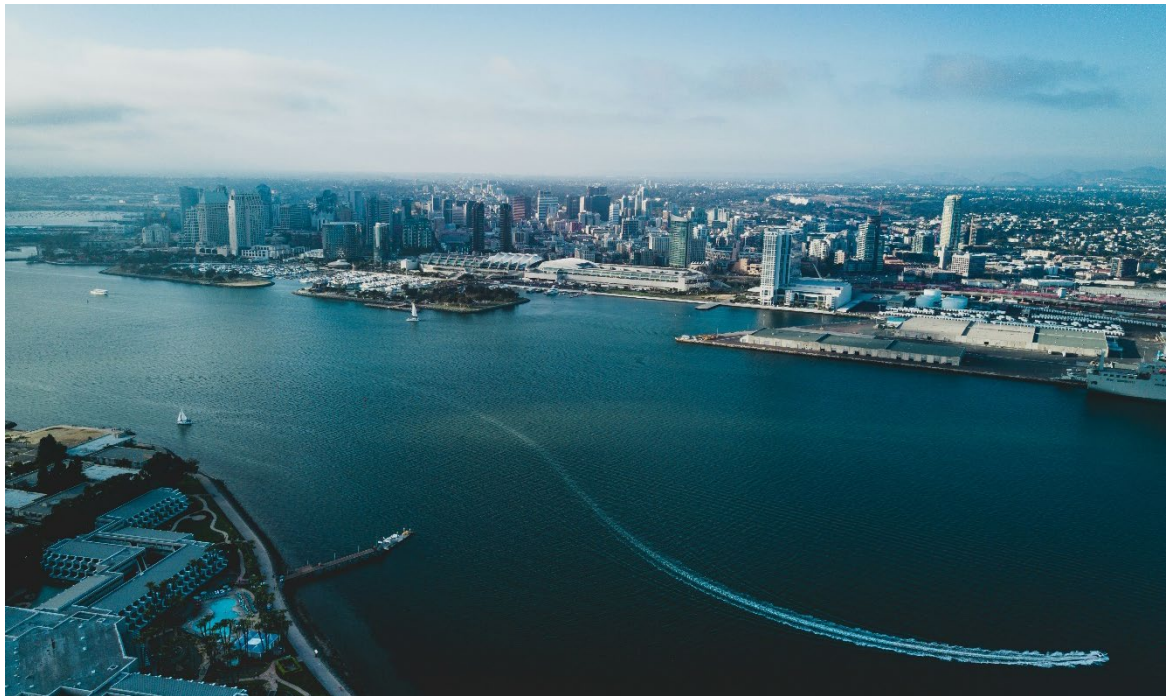
Key Findings

All Adult* DMC-ODS Clients

- The proportion of adult clients served by the DMC-ODS with a co-occurring substance use disorder and mental illness has increased slightly from FY 2020-21 (37%) to FY 2024-25 (40%).
- A larger proportion of clients served by adult DMC-ODS treatment providers with a co-occurring substance use disorder and mental illness were female (37%) compared to the proportion of all female clients served during FY 2024-25 (28%).
- There were 16,192 discharges from adult DMC-ODS programs during FY 2024-25. About one-third (33%) of these discharges had a disposition of completed treatment and recovery plan goals, and two-fifths (40%) were administrative.
- Group counseling was the most common type of service provided to adult clients enrolled in outpatient (63%), intensive outpatient (67%), and standalone (27%) programs in the DMC-ODS during FY 2024-25.
- During FY 2024-25 there were 20,475 peer services provided to adult clients by withdrawal management or residential DMC-ODS service providers, and 9,459 peer services provided to adult clients by outpatient or intensive outpatient DMC-ODS service providers.
- Overall, adult clients served by the DMC-ODS reported high rates of satisfaction as evidenced by at least 81% agreement in all five domains of the Treatment Perception Survey from those surveyed in the fall of 2024. The Perception of Care Coordination domain had the lowest rate of endorsement, as only 81% of surveyed clients agreed or strongly agreed with the domain items, while 90% of surveyed clients agreed or strongly agreed with the Perception of Quality domain items.
- The number of re-admissions into the DUI program has increased over the past three fiscal years.
- More clients completed the DUI program in FY 2024-25 (5,904 clients) compared to the previous two FYs (5,592 clients in FY 2022-23 and 5,546 clients in FY 2023-24).

**Adult clients served by perinatal DMC-ODS programs are reported in the BHS-CY Annual Report.*

Chapter 1: Mental Health



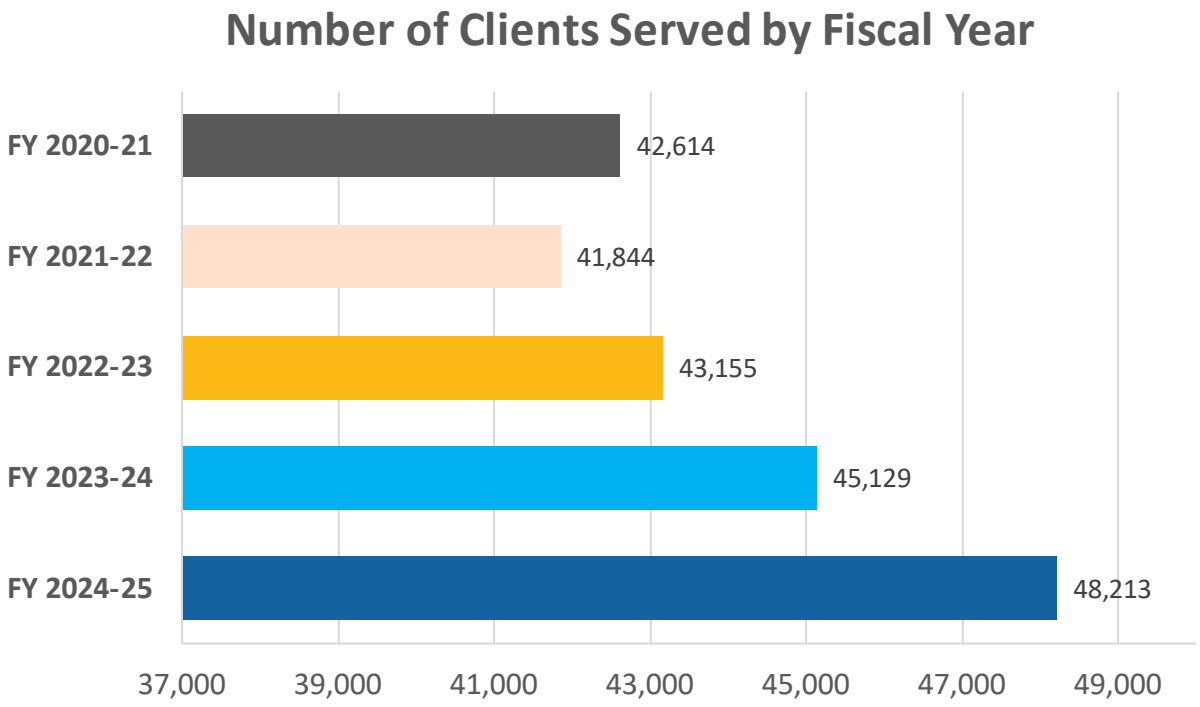
Adult Mental Health System of Care Annual Report Fiscal Year 2024-2025

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

Total Number of Adult Mental Health (MH) Clients Served

- In FY 2024-25, mental health services were delivered to 48,213 adults, TAY, and older adults by the SDCBHS SOC, the highest number of clients served over the past five years.
- There has been an increase in the number of clients served from FY 2021-22 (41,844 clients) to the number of clients served during FY 2022-23 (43,155 clients), continuing with FY 2023-24 (45,129 clients).

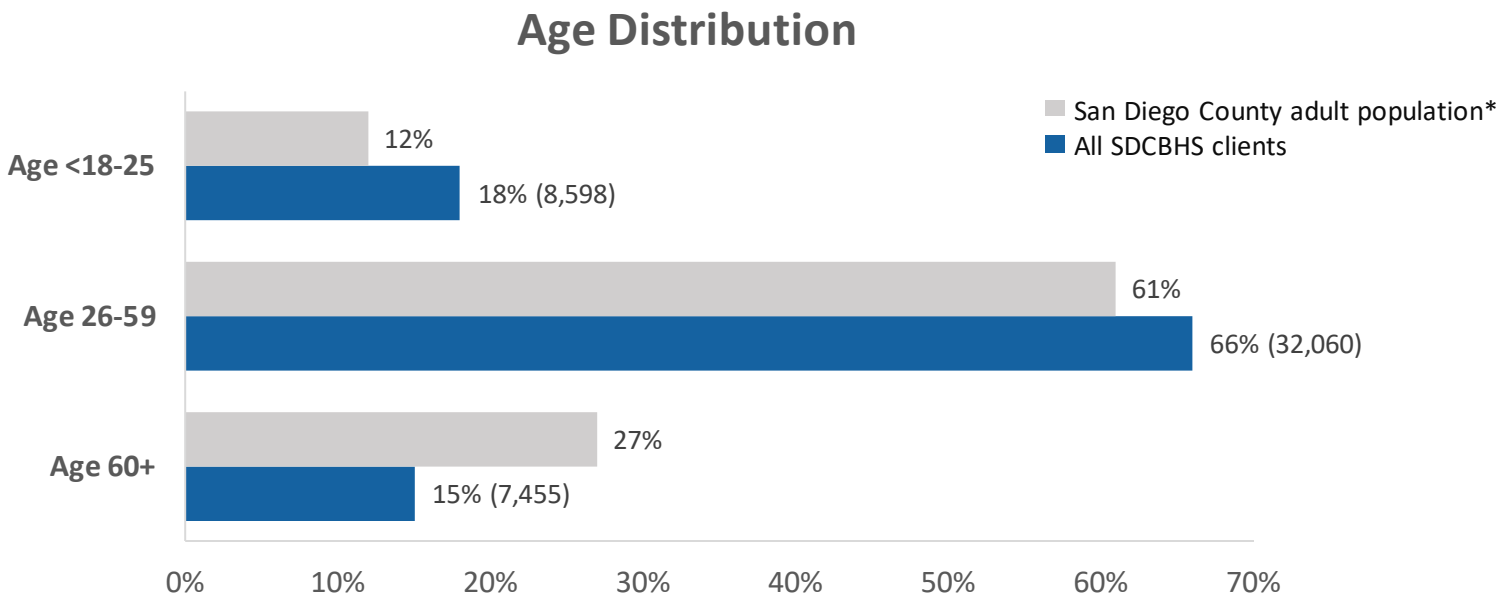


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

All Adult MH Clients: Age

- Compared to FY 2023-24, the proportion of adult MH clients served in each age group during FY 2024-25 remained relatively stable (18% for <18 to 25 years of age; 66% for clients between the ages of 26-59 years; and 15% for clients aged 60 years and above in FY 2024-25).
- Similar to previous fiscal years, a much smaller proportion (15%) of SDCBHS clients served during FY 2024-25 were older adults (ages 60+) compared to the estimated older adult population in San Diego County (27%).

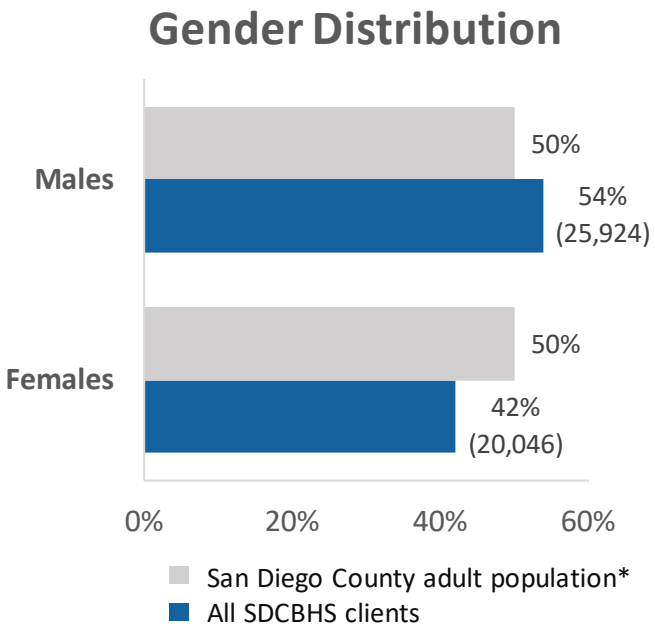


**Source: U.S. Census Bureau, 2024 American Community 5-Year Estimates Age and Sex (San Diego County population)*
Note: San Diego County population estimates were not available for the CA-mandated age categories. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-59, and age 60+.

Who are we serving?

All Adult MH Clients: Gender

- The proportion of males and females in the SDCBHS client population has remained relatively stable over the last five fiscal years.
- Similar to past fiscal years, there was a greater proportion of males served by SDCBHS in FY 2024-25 compared to the proportion of males in the overall San Diego County population (54% vs. 50%) and a smaller proportion of females served by SDCBHS in FY 2024-25 compared to the proportion of females in the overall San Diego County population (42% to 50%).



SDCBHS Gender	Fiscal Year					SD County Population
	2020-21	2021-22	2022-23	2024-25	2024-25	
Females	43%	43%	43%	43%	42%	50%
Males	56%	56%	55%	55%	54%	50%
Another/ Unknown	1%	1%	1%	1%	5%	*n/a***

**Source: U.S. Census Bureau, 2024 American Community 5-Year Estimates Age and Sex (San Diego County population)*
***Rates of another gender/unknown genders were not available for the San Diego County adult population. In the SDCBHS population, gender was reported as another gender/unknown for 2,243 clients in FY 2024-25 (5%).*

Who are we serving?

All Adult MH Clients: Race/Ethnicity

- The proportion of non-Hispanic White clients served by SDCBHS has gradually decreased since FY 2019-20 (38% to 31%), while the proportion of Hispanic clients has gradually increased (30% to 35%).
- The proportion of non-Hispanic Black/African American and non-Hispanic Multiracial clients served by SDCBHS has remained relatively stable since FY 2020-21.

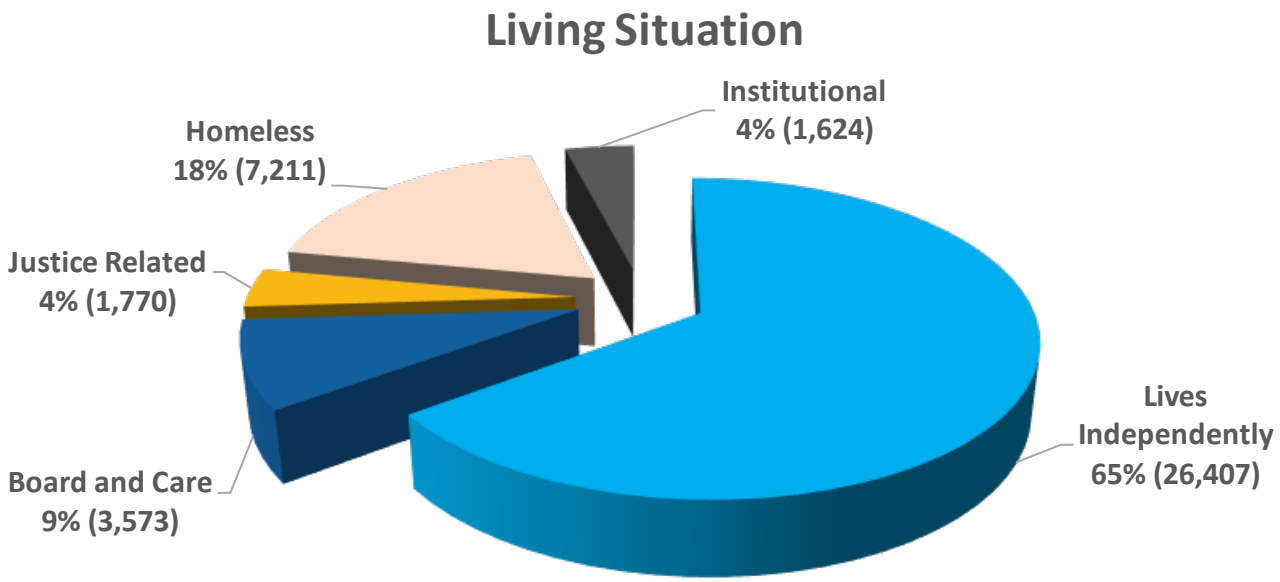
Race/Ethnicity	Fiscal Year				
	2020-21	2021-22	2022-23	2024-25	2024-25
Hispanic	30%	31%	32%	33%	35%
NH White	38%	37%	36%	35%	31%
NH Black/African American	11%	11%	11%	11%	10%
NH Asian/Pacific Islander	5%	5%	4%	5%	5%
NH Native American	< 1%	< 1%	< 1%	< 1%	1%
NH Multiracial	6%	6%	6%	6%	7%
NH Other	4%	4%	4%	4%	2%
Unknown	6%	6%	6%	6%	10%

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

All Adult MH Clients: Living Situation*

- Less than two-thirds (65%) of clients served in FY 2024-25 lived independently**.
- The number of clients served during FY 2024-25 who lived in a justice related setting decreased by 45% when compared with FY 2023-24 (1,770 compared to 3,200 in FY 2023-24).
- The number of SDCBHS clients served in FY 2024-25 who were in board and care increased by 28% when compared to FY 2023-24 (3,573 compared to 2,802 in FY 2023-24).

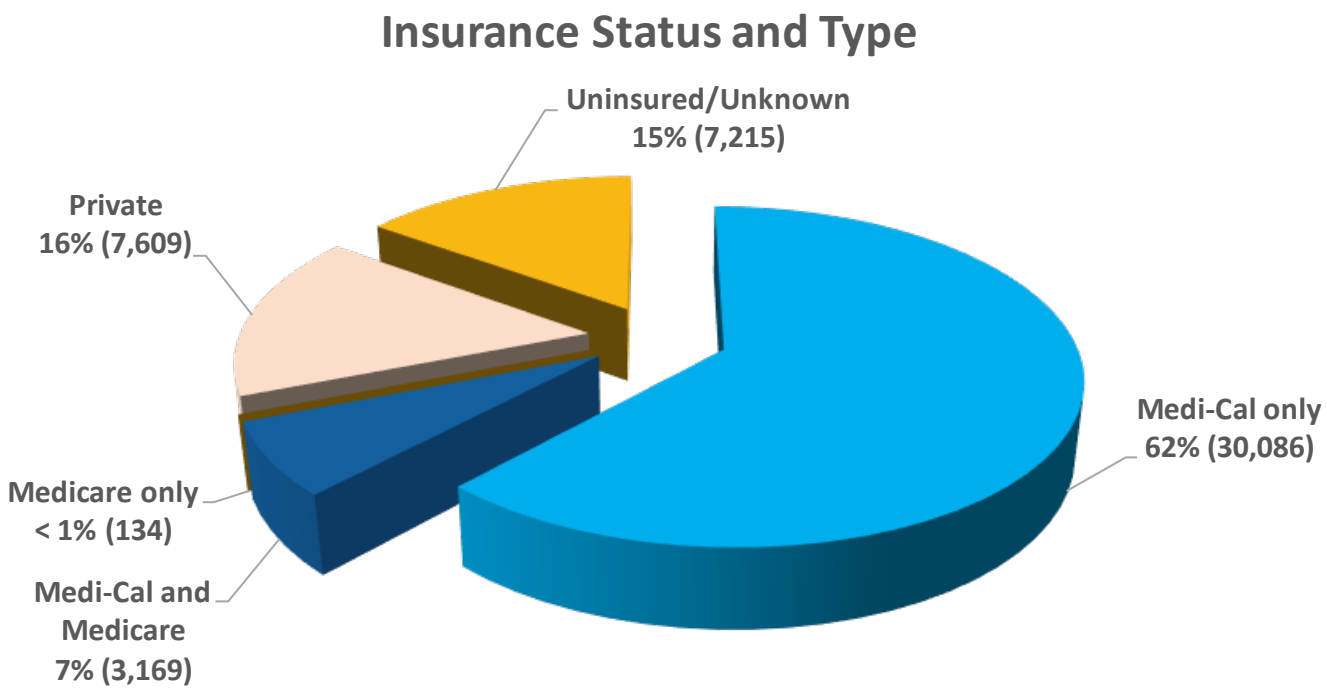


*Client living situation reflects status at time of most recent client assessment.
**Clients living independently includes clients living with family at the start of services.
Note: Clients with an other/unknown living status (n = 7,628) are excluded from the figure and percentages reported above.

Who are we serving?

All Adult MH Clients: Health Care Coverage

- The number of SDCBHS clients served in FY 2024-25 with Medi-Cal and Medicare insurance decreased by 20% when compared to FY 2023-24 (3,169 compared to 3,944 in FY 2023-24).
- Over two-thirds (69%) of clients served in FY 2024-25 were at least partially covered by Medi-Cal.

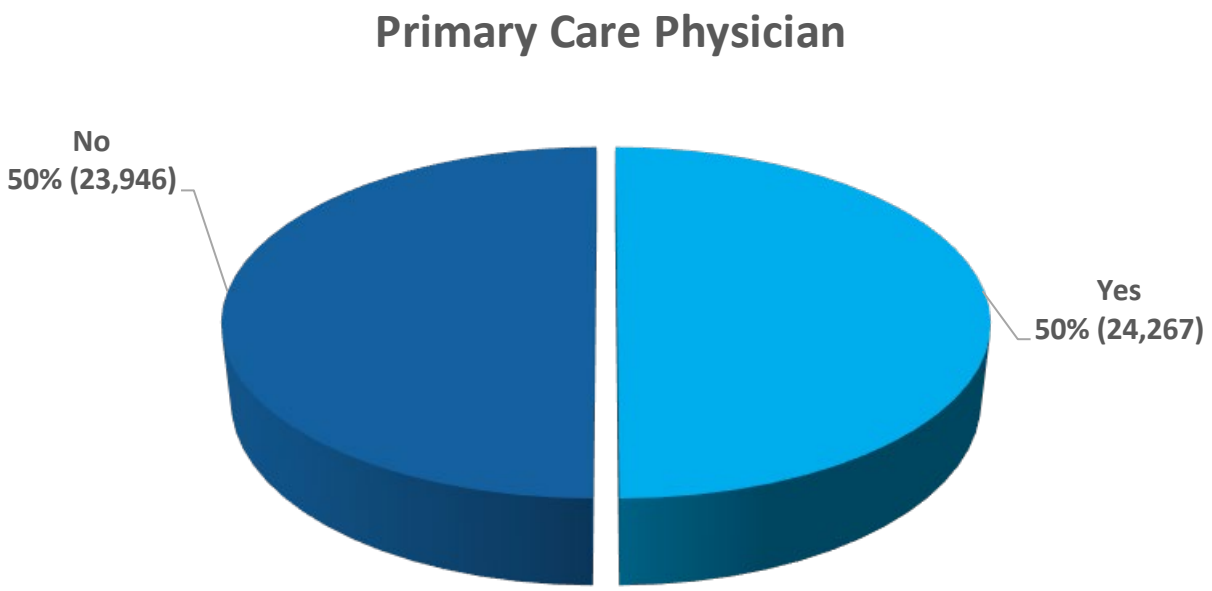


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

All Adult MH Clients: Primary Care Physician

- Half of SDCBHS clients served in FY 2024-25 had a primary care physician.
- Note: SmartCare does not collect information regarding unknown or missing primary care physician data.



Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

All Adult MH Clients: Sexual Orientation

- The majority of adult MH clients served during FY 2024-25 with sexual orientation information available identified as heterosexual (85%).
- Sexual orientation data were missing for 21,512 clients (45%), which is less than what was reported FY 2023-24 ,(61%).

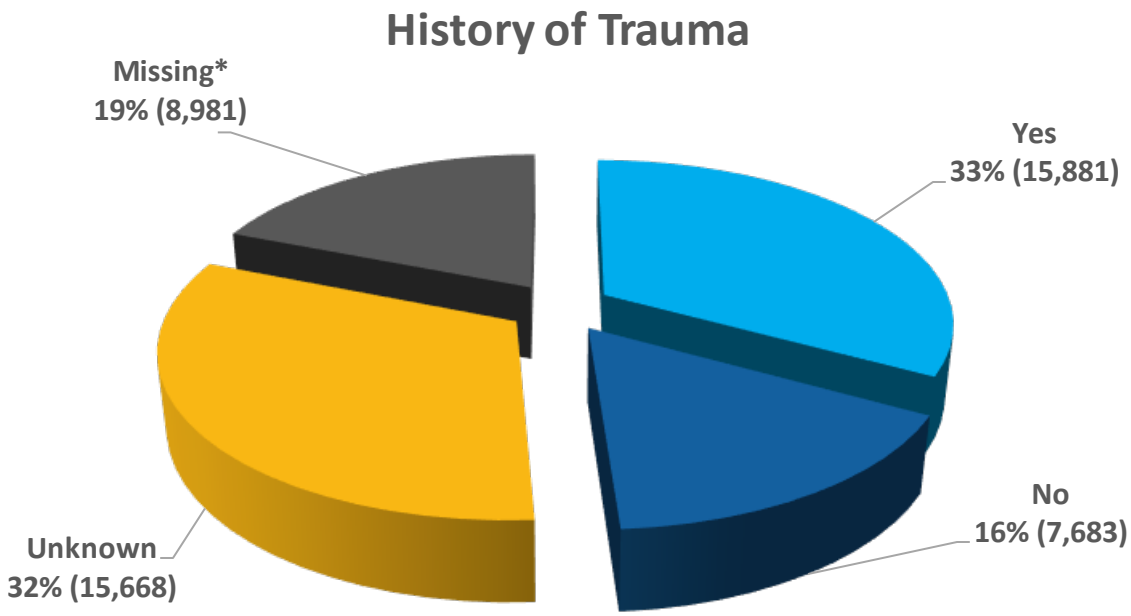
Sexual Orientation	Unique Clients	Percentage
Heterosexual	22,790	85%
Bisexual	1,468	5%
Gay	591	2%
Lesbian	354	1%
Queer	0	0%
Asexual	0	0%
Other	215	1%
Questioning/Unsure	275	1%
Declined to state	1,008	4%
Total (excluding missing)	**26,701**	**100%**
Missing	21,512	45%

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

All Adult MH Clients: History of Trauma

- One-third of SDCBHS clients served in FY 2024-25 had a history of trauma (33%).
- Data was not available (missing or unknown) for over half (51%) of the SDCBHS population.

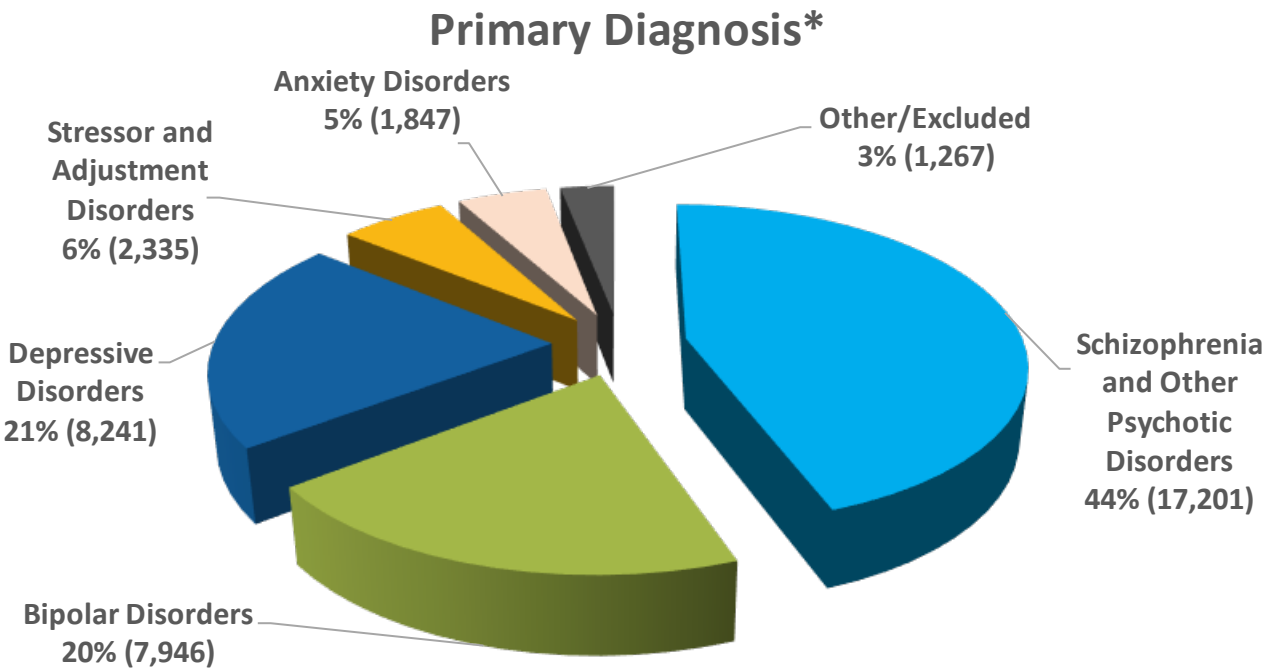


**Missing category includes Fee-for-Service (FFS) providers for whom data were not available.*

Who are we serving?

All Adult MH Clients: Primary Mental Health Diagnosis

- Similar to previous fiscal years, the most common diagnoses among SDCBHS clients served during FY 2024-25 were schizophrenia and other psychotic disorders (44%), followed by bipolar disorders (20%), and depressive disorders (21%).
- Primary diagnosis was invalid or missing for 9,376 SDCBHS clients served during FY 2024-25.

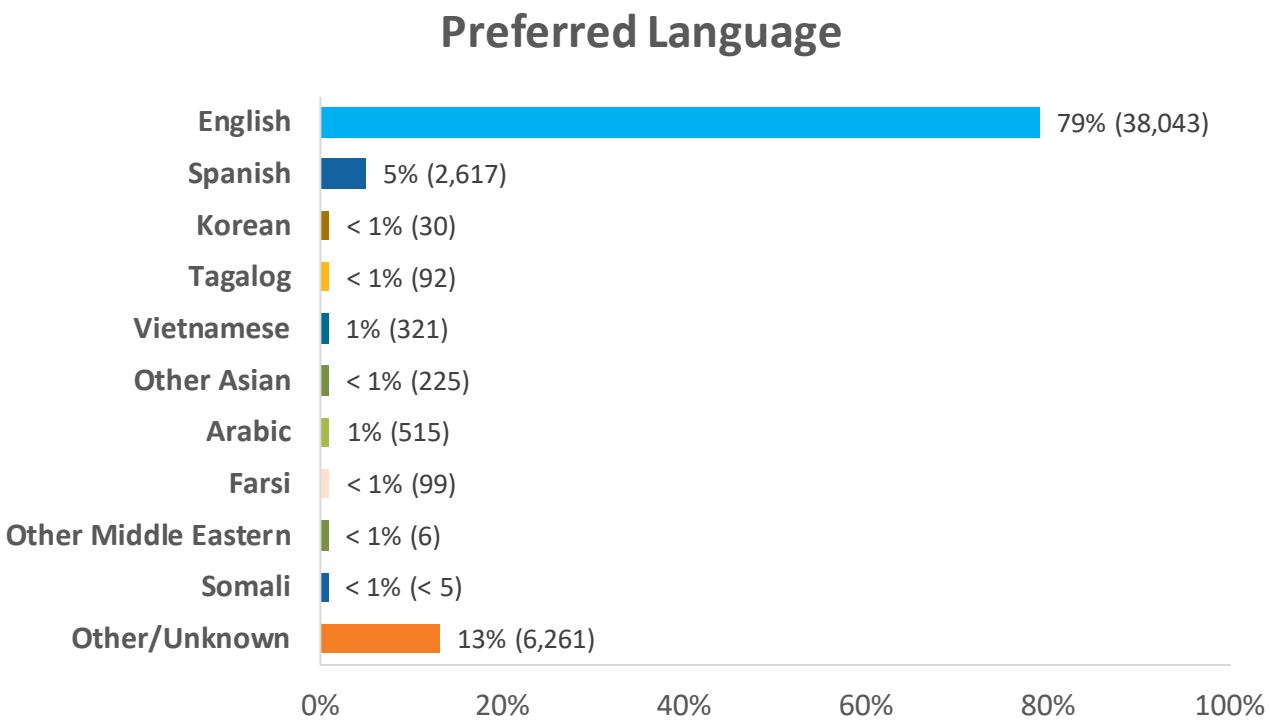


**The graph and percentages reported above exclude invalid/missing values (n = 9,376).*

Who are we serving?

All Adult MH Clients: Primary Language

- SDCBHS services are available in many languages, including the six threshold languages in San Diego County: English, Spanish, Tagalog, Vietnamese, Arabic, and Farsi.
- Nearly four-fifths (79%) of clients preferred services in English. The second most common preferred language was Spanish (5%).
- The number of SDCBHS clients served in FY 2024-25 with other/unknown preferred language increased by 122% when compared to FY 2023-24 (6,261 compared to 2,814 in FY 2023-24). This is most likely due to the transition to the SmartCare electronic database, in which language is not a required field.

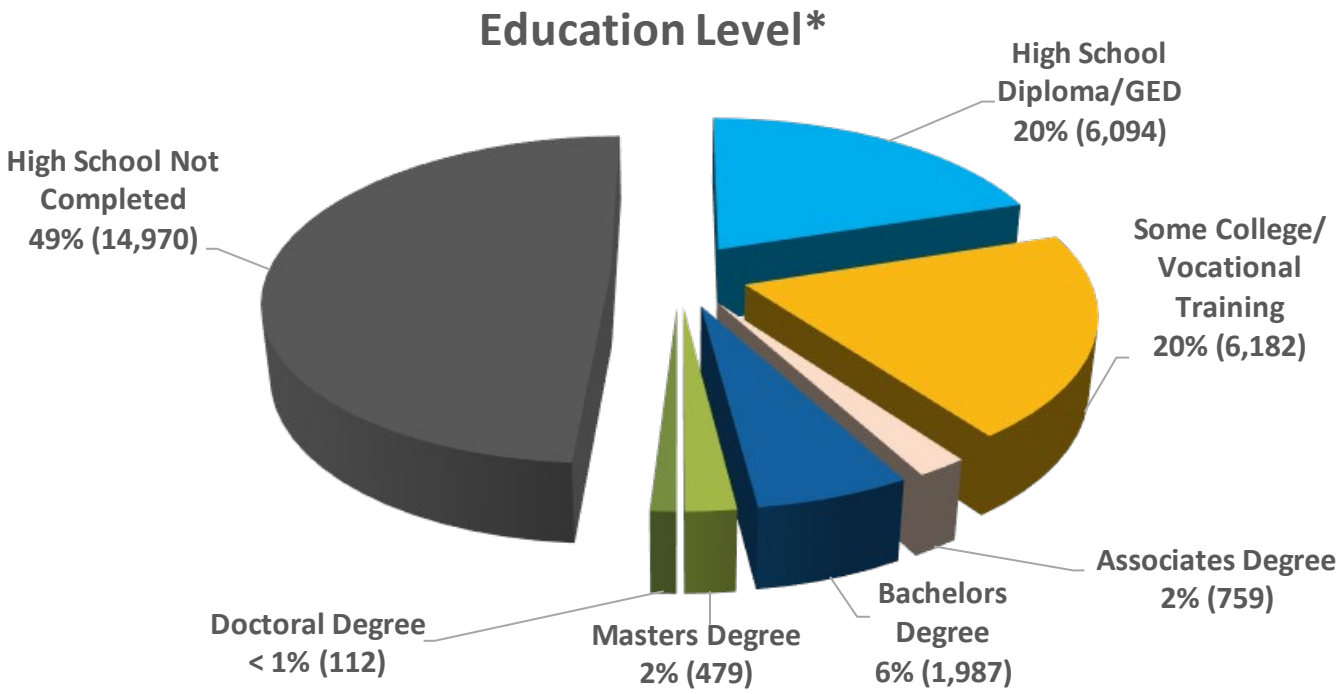


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

All Adult MH Clients: Education Level

- Nearly one-half (49%) of SDCBHS clients served in FY 2024-25 did not complete high school.
- Two-fifths (40%) of clients receiving SDCBHS services during FY 2024-25 had a high school diploma or GED or some college/vocational training.

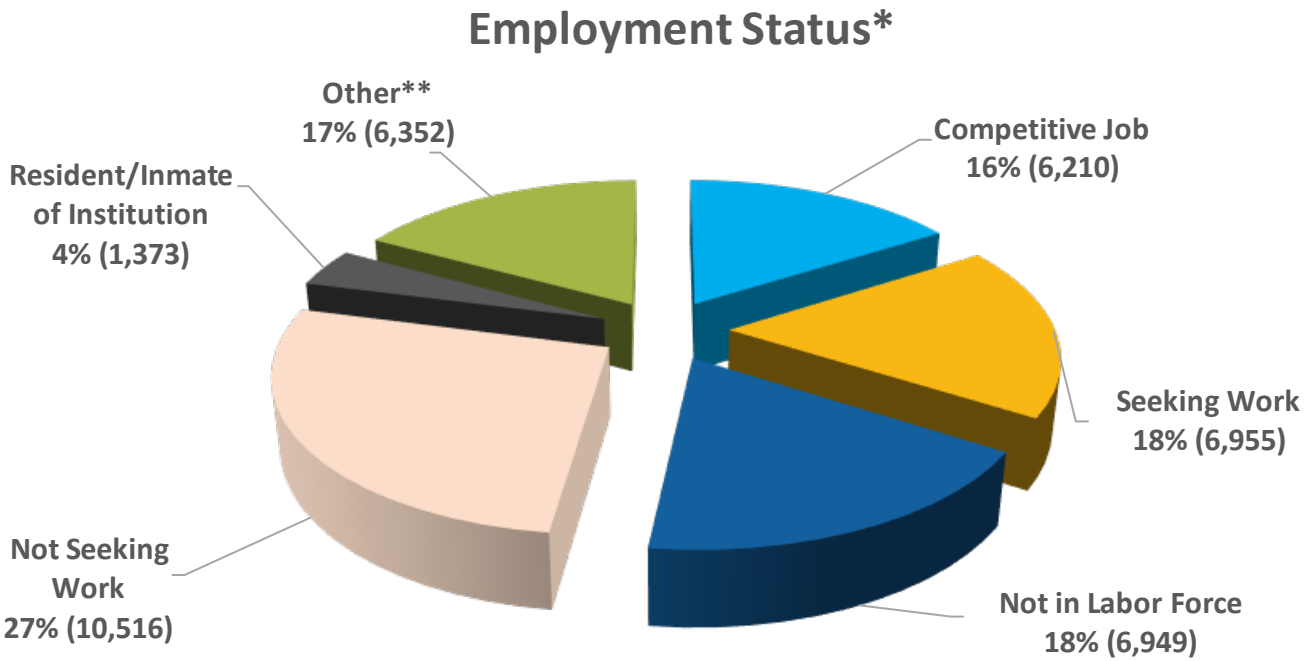


**The graph and percentages reported above exclude unknown/not reported values (n = 17,630).*

Who are we serving?

All Adult MH Clients: Employment Status

- At the time of the most recent assessment, one-third of clients served in FY 2024-25 were employed in a competitive job (16%) or seeking work (18%).
- The number of clients served during FY 2024-25 not in the labor force decreased by 10% when compared with FY 2023-24 (6,949 compared to 7,761 in FY 2023-24).
- 27% (10,516) of clients served during FY 2024-25 were not seeking work, reflecting a 8% increase in the number of clients over time who were not seeking work compared to FY 2023-24 (9,759).



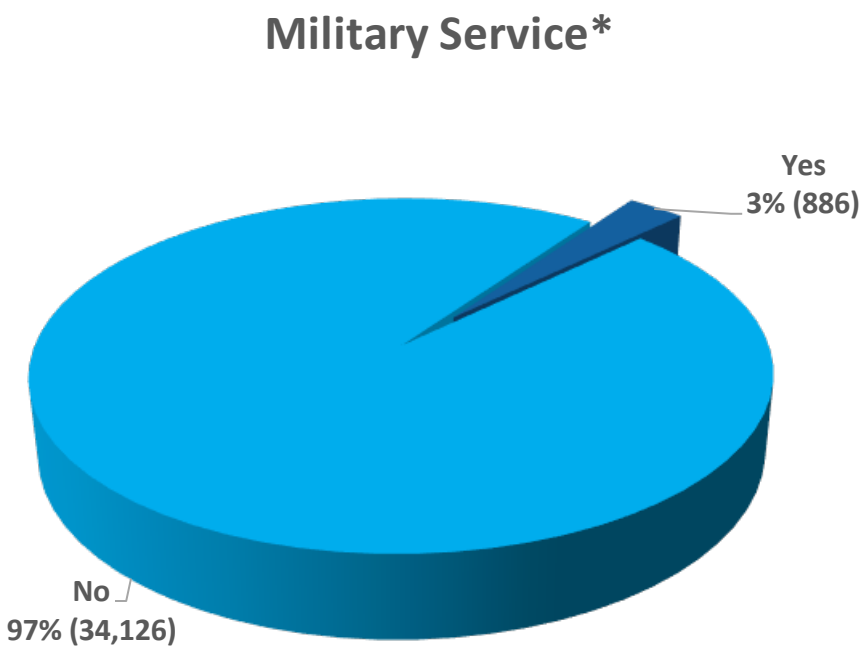
**The graph and percentages reported above exclude Unknown values (n = 9,858).*

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

Who are we serving?

All Adult MH Clients: Military Service

- Information regarding past military service was available for 73% of SDCBHS clients served during FY 2024-25.
- Among those clients served for whom military service data were available, 97% reported that they had no military service, and 3% indicated that they had served in the military.

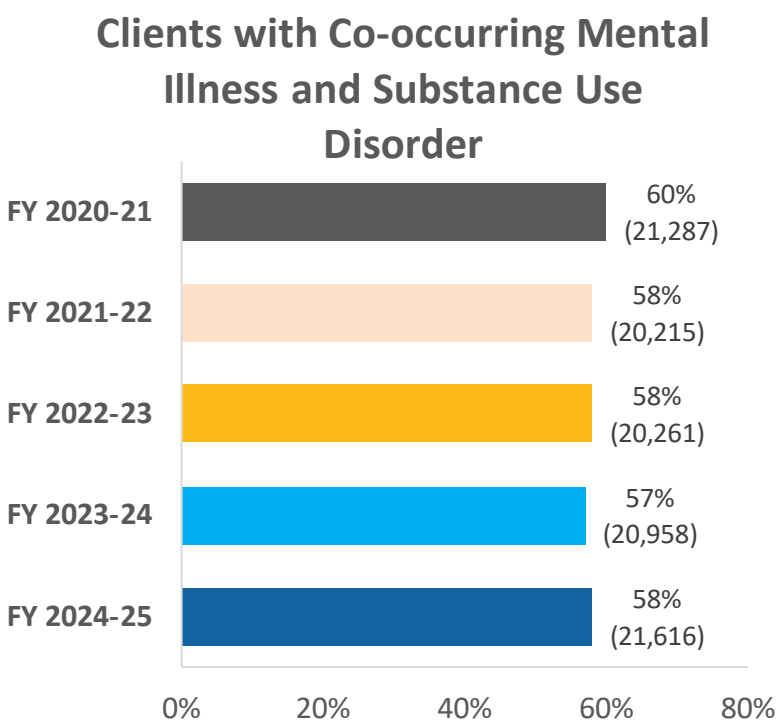


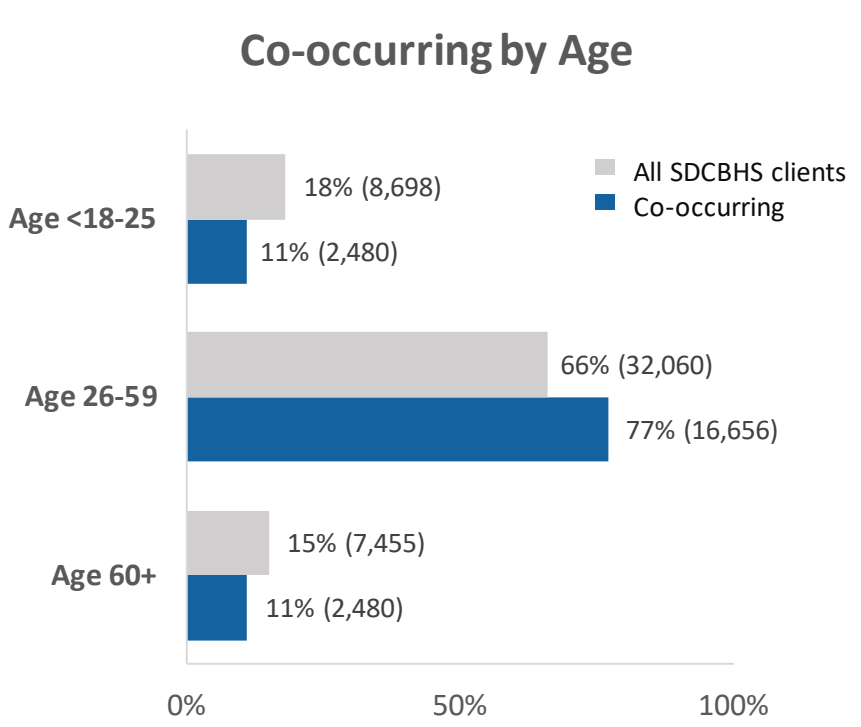
**The graph and percentages reported above exclude missing values (n = 13,201).*

Who are we serving?

All Adult MH Clients: Co-occurring Mental Illness and Substance Use Disorder (Overall and by Age)

- In addition to a primary mental health diagnosis, over half of SDCBHS clients served during FY 2024-25 (58%) had a co-occurring mental illness and substance use disorder (SUD).
- The number and proportion of SDCBHS clients with a co-occurring mental health illness and substance use disorder gradually decreased from FY 2020-21 to FY 2023-24 (60% to 57%) and slightly increased from FY 2023-24 to FY 2024-25 (57% to 58%).



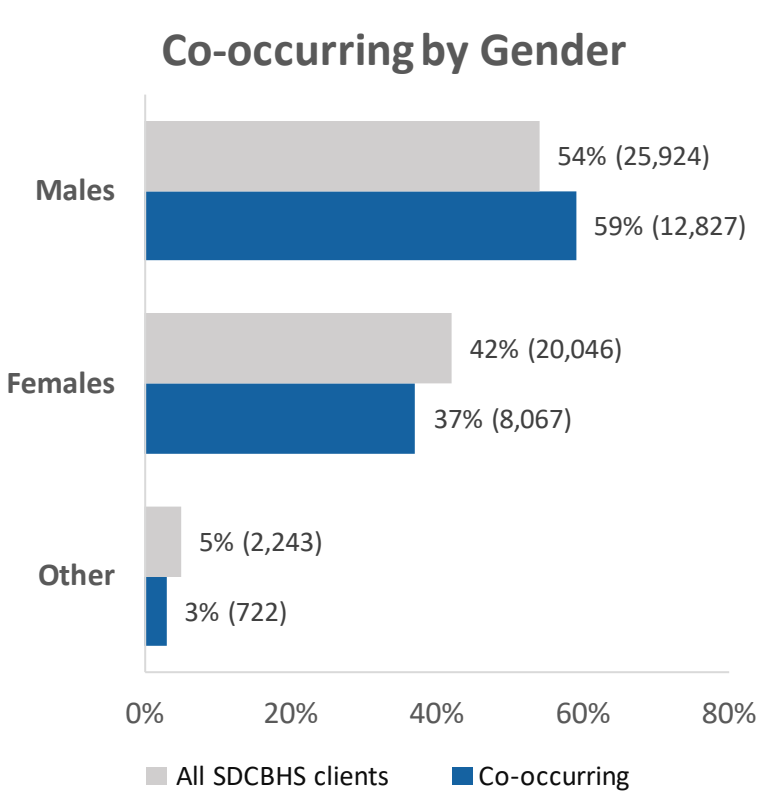


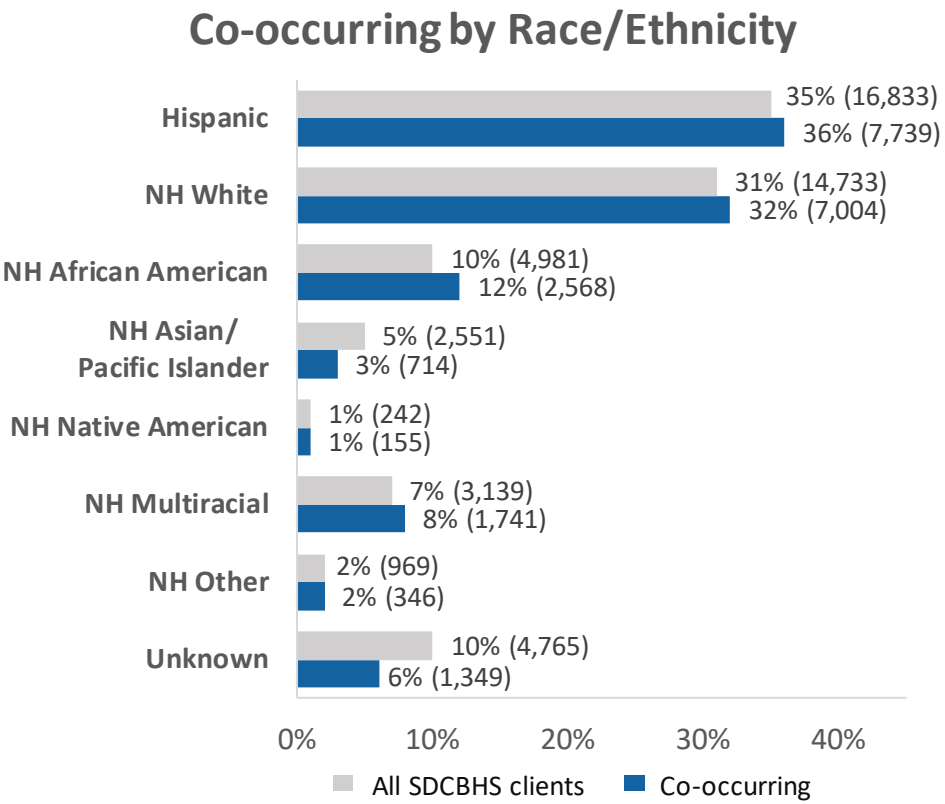
Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

All Adult MH Clients: Co-occurring by Gender and Race/Ethnicity

- Nearly three-fifths of adult MH clients with a co-occurring mental illness and substance use disorder served during FY 2024-25 were male (59%).
- Nearly two-fifths of adult MH clients with a co-occurring mental illness and substance use disorder served during FY 2024-25 were Hispanic (36%), and nearly one-third were non-Hispanic White (32%).



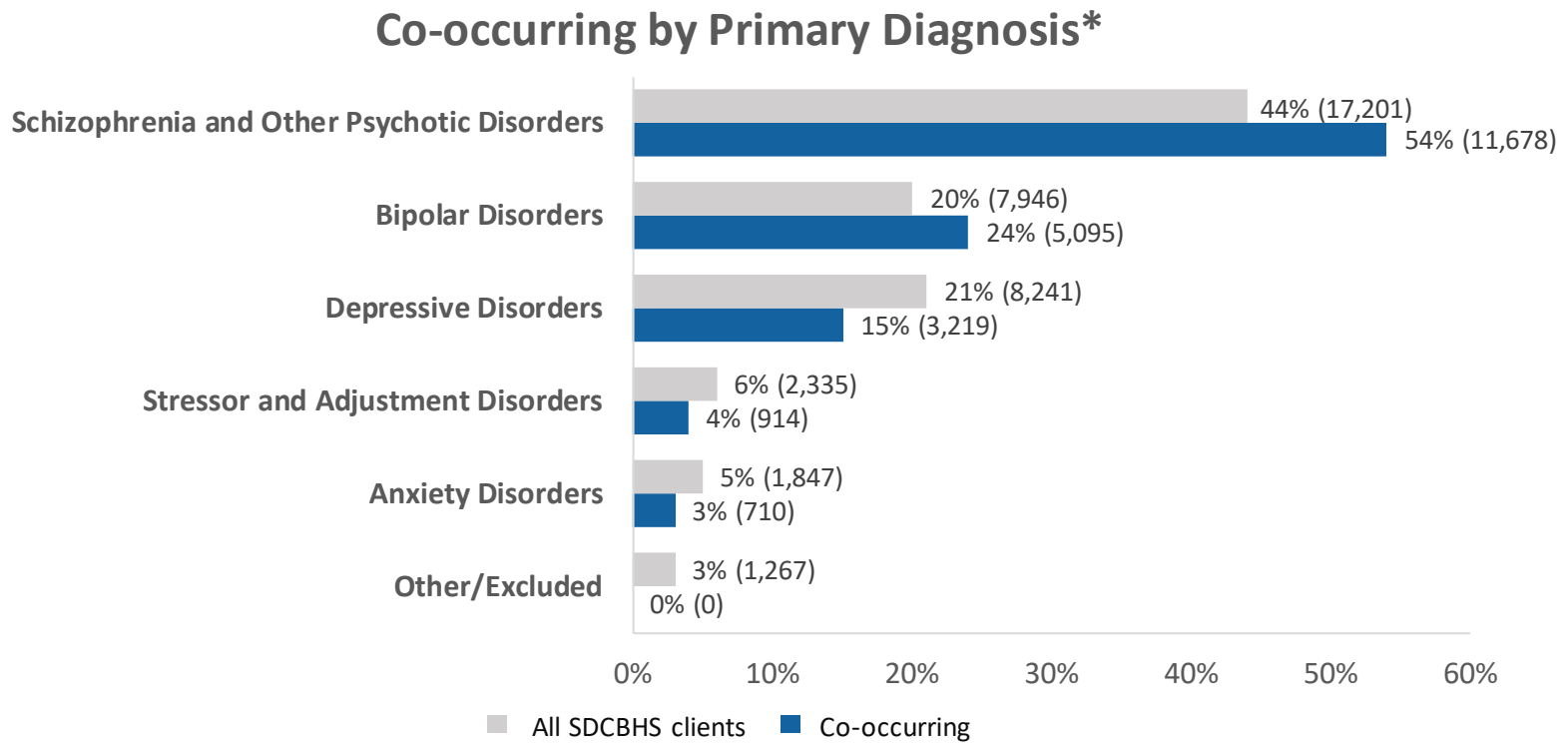


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

All Adult MH Clients: Co-occurring Mental Illness and Substance use disorder by Primary Diagnosis

- More than half of adult MH clients served during FY 2024-25 with a co-occurring mental illness and substance use disorder had been diagnosed with schizophrenia or an other psychotic disorder (54%).
- Nearly one-quarter of adult MH clients served during FY 2024-25 with a co-occurring mental illness and substance use disorder had been diagnosed with bipolar disorder (24%).



**The graph and percentages reported above exclude invalid/missing values for AOA, (n = 9,376).*

Where are we serving?

All Adult MH Clients: Demographics by Region

Demographic	Central		East		South		North Central		North Coastal		North Inland		All Adult MH	
Age	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
<18 – 25 years	1,271	12%	679	12%	1,789	15%	5,107	21%	1,237	17%	662	20%	8,698	18%
26 – 59 years	8,061	75%	4,363	78%	8,733	74%	14,561	61%	5,307	73%	2,241	67%	32,060	66%
60+ years	1,363	13%	550	10%	1,323	11%	4,117	17%	746	10%	444	13%	7,455	15%
Gender	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Females	2,916	27%	3,720	67%	3,233	27%	11,135	47%	2,120	29%	1,434	43%	20,046	42%
Males	7,322	68%	1,607	29%	8,049	68%	11,764	49%	4,845	66%	1,649	49%	25,924	54%
Other/Unknown	457	4%	265	5%	563	5%	886	4%	325	4%	264	8%	2,243	5%
Race/Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Hispanic	3,953	37%	1,746	31%	5,222	44%	7,521	32%	2,752	38%	1,111	33%	16,833	35%
NH White	2,669	25%	1,490	27%	2,517	21%	8,475	36%	2,497	34%	1,333	40%	14,733	31%
NH Black/African American	1,642	15%	578	10%	1,541	13%	2,371	10%	636	9%	179	5%	4,981	10%
NH Asian/Pacific Islander	701	7%	276	5%	351	3%	1,350	6%	187	3%	121	4%	2,551	5%
NH Native American	64	1%	32	1%	63	1%	117	< 1%	37	1%	20	1%	242	1%
NH Multiracial	827	8%	627	11%	718	6%	1,707	7%	488	7%	244	7%	3,139	7%
NH Other	151	1%	194	3%	143	1%	557	2%	85	1%	41	1%	969	2%
Unknown	688	6%	649	12%	1,290	11%	1,687	7%	608	8%	298	9%	4,765	10%
Top 3 Diagnoses	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Schizophrenia/Other Psychotic Disorders	5,482	59%	2,607	52%	5,269	50%	8,881	48%	2,930	49%	1,593	49%	17,201	44%
Bipolar Disorders	1,890	20%	950	19%	2,003	19%	3,160	17%	1,745	29%	757	23%	7,946	20%
Depressive Disorders	1,233	13%	946	19%	1,730	16%	4,047	22%	646	11%	570	18%	8,241	21%
Total Outpatient Clients in the Region	**10,695**	**22%**	**5,592**	**12%**	**11,845**	**25%**	**23,785**	**49%**	**7,290**	**15%**	**3,347**	**7%**	**48,213**	**100%**

Note: Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. Data shown by region reflects clients in Outpatient LOCs only. Diagnosis percentages exclude clients with an invalid/missing diagnosis. Total number of SDCBHS clients = 48,213.

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

What types of services are being used?

All Adult MH Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	202,763	3,533
Case Management	797	646
Case Management – Institutional	9,188	1,052
Case Management – Strengths	39,340	1,858
Fee for Service (FFS)	105,095	11,116
Outpatient	219,927	13,379
Prevention	0	0
Inpatient Services	**Admissions**	**Total Clients**
Inpatient – County	1,339	975
Inpatient – FFS	7,848	4,186
Inpatient – Jail	481	293
State Hospital	53	47

Emergency/Crisis Services	Total Visits	Total Clients
Urgent Outpatient (UO)	9,825	4,483
Crisis Stabilization (CS)**	14,013	7,791
PERT	13,423	7,161
MCRT	19,495	6,282
	Total Days	**Total Clients**
Crisis Residential (CR)	37,400	2,152
Forensic Services	**Total Visits**	**Total Clients**
Jail	87,910	11,337
24 Hour Services	**Total Days**	**Total Clients**
Edgemoor	28,327	186
Long Term Care (LTC)	9,955	64
LTC - Institutional	121,600	862
LTC - Residential	9,585	44
Residential	5,922	29

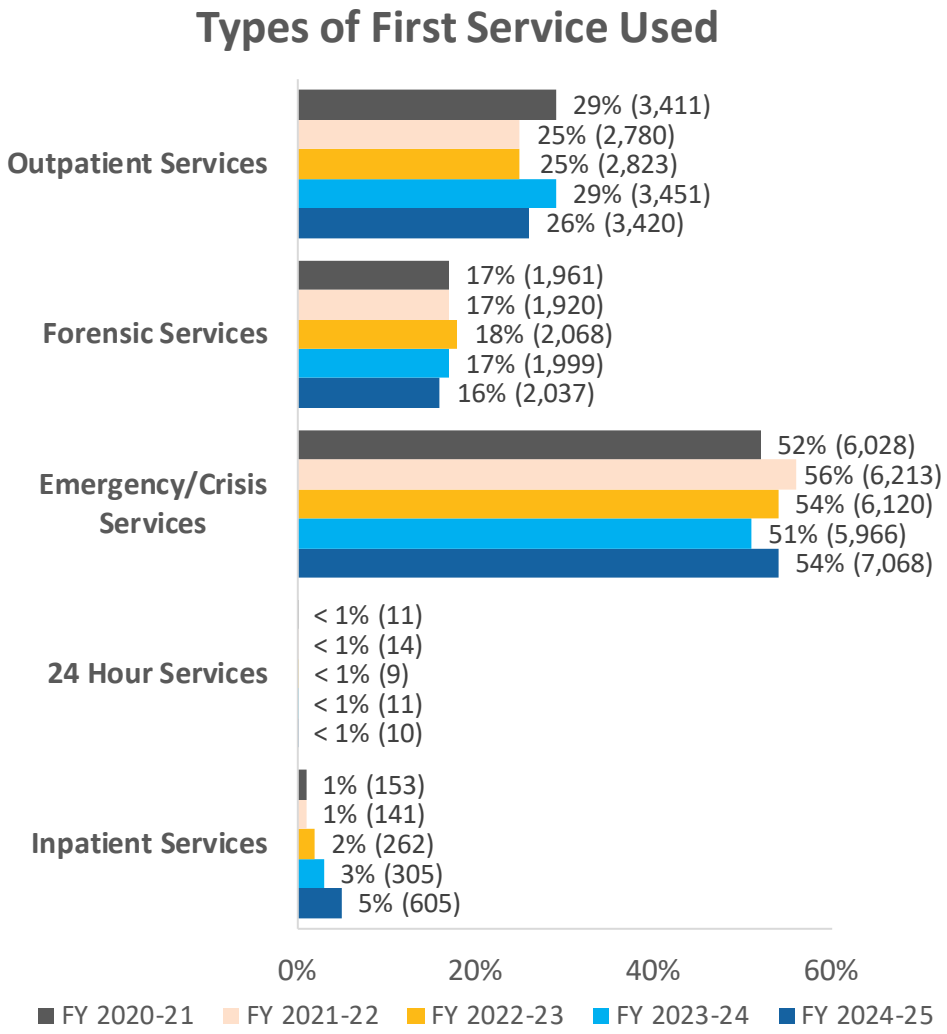
**Clients may use more than one service, and therefore, may be represented in more than one category.*
***Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.*

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

What types of services are being used?

All Adult MH Clients: First Service Use*

- Similar to last fiscal year, the most common initial point of access to county-provided mental health services in FY 2024-25 was emergency/crisis services (54%).
- The proportion of clients who entered the SDCBHS SOC through outpatient services decreased from FY 2023-24 to FY 2024-25 (29% to 26%).
- The proportion of clients who entered the SDCBHS SOC through emergency/crisis services has been decreasing from FY 2021-22 to FY 2023-24 (56% to 51%), and then increased from FY 2023-24 to FY 2024-25 (51% to 54%).
- The proportion of clients entering the SDCBHS SOC initially through inpatient services has slightly increased over the past few fiscal years, while the proportion of clients entering through 24 hour services has consistently been very few clients.



**The type of service recorded for clients' first recorded use of county-provided mental health services. Proportions and client counts are unduplicated.*

What types of services are being used?

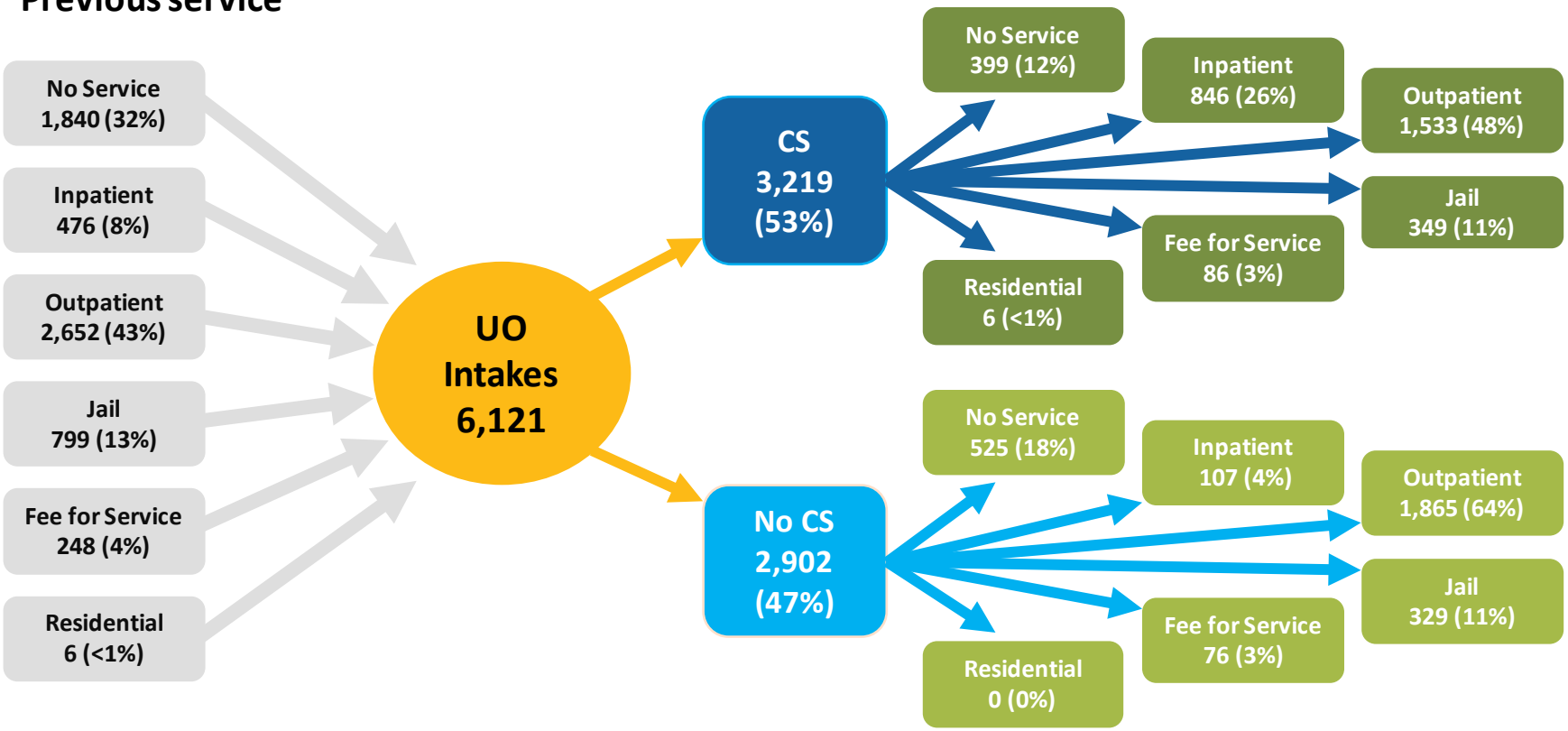
All Adult MH Clients: Emergency/Crisis Services

- Of the 48,213 clients served by SDCBHS during FY 2024-25, 18,551 (38%) of them received emergency/crisis services. Emergency/crisis services include UO, CS, CR, Psychiatric Emergency Response Team (PERT), and Mobile Crisis Response Team (MCRT). This represents a 6% increase in the number of SDCBHS clients who received emergency/crisis services during FY 2024-25, compared to FY 2023-24 (17,442 clients).
- A total of 89,137 emergency/crisis services were used by these 18,551 clients during FY 2024-25.
- The number of intakes into UO during FY 2024-25 decreased by 29% compared to the number of UO intakes during FY 2023-24 (6,121 in FY 2024-25 compared to 8,603 in FY 2023-24).
- Nearly one-third (32%; 1,940 clients) of SDCBHS clients who received a UO intake during FY 2024-25 did not have an SDCBHS service within the previous six months.
- Of the 6,121 intakes into UO, over half (53%) had a subsequent CS service during FY 2024-25.
- The number of clients that received an inpatient service after a CS service following a UO intake during FY 2024-25 decreased by 22% when compared to FY 2023-24 (846 clients in FY 2024-25 compared to 1,087 clients in FY 2023-24).
- The most common service after a UO intake when CS services were not received was outpatient (64%). Nearly one-fifth (18%) of clients did not access a service following a UO intake.

What types of services are being used?

All Adult MH Clients: Emergency/Crisis Services

Previous service*



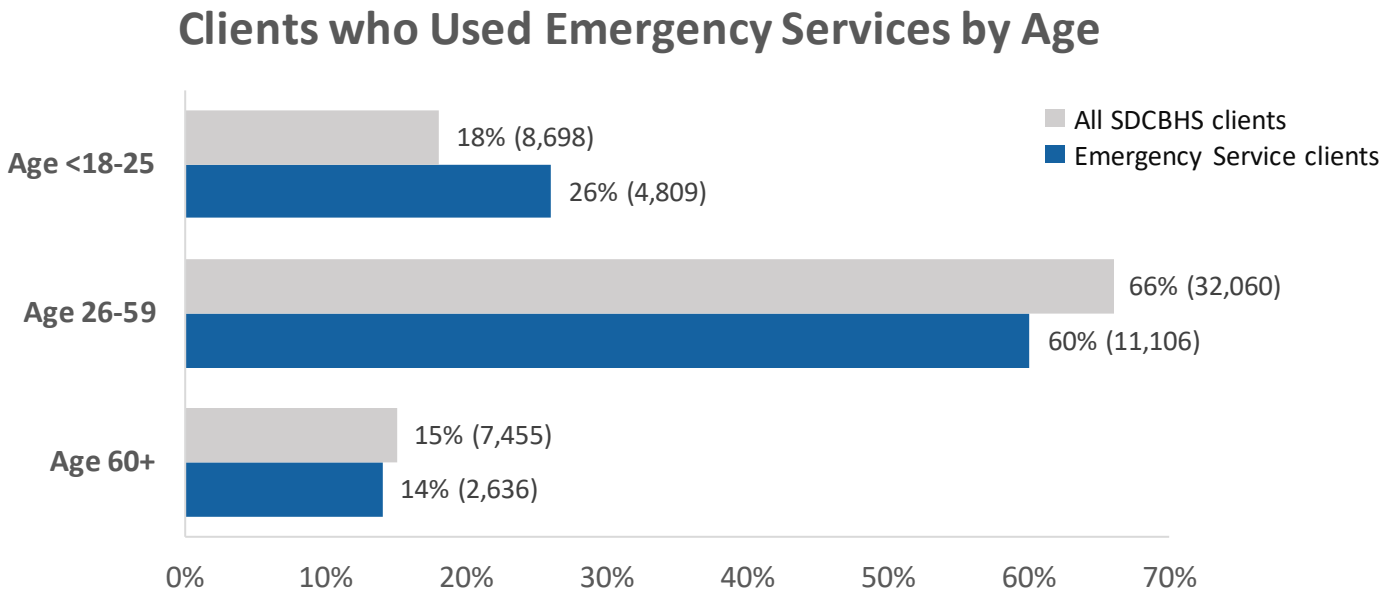
**Service history is the six months prior to the first UO service in FY 2024-25.*

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

What types of services are being used?

All Adult MH Clients: Emergency/Crisis* Services and Client Age

- Similar to past fiscal years, among clients who received emergency/crisis services in FY 2024-25, there was a larger proportion of clients ages <18 through 25 years (24%) than the overall SDCBHS client population (18%), and a smaller proportion of clients ages 26 through 59 years (62% vs. 67%).
- Compared to FY 2022-23, a similar proportion of clients ages <18 through 25 years of age used emergency/ crisis services (25% during FY 2022-23) and a similar proportion of clients between the ages of 26 and 59 years used these types of services (62% in FY 2022-23) during FY 2024-25.

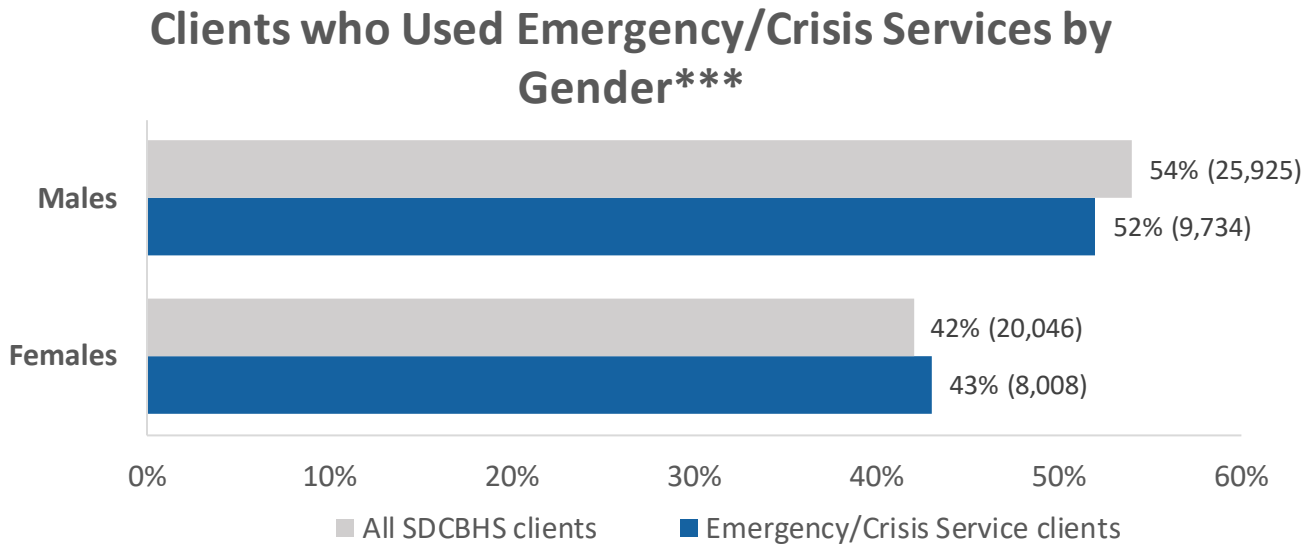


**Emergency/crisis services include UO, CS, CR, PERT, and MCRT.*

What types of services are being used?

All Adult MH Clients: Emergency/Crisis* Services and Client Gender

- Among clients who utilized emergency/crisis services during FY 2024-25, a slightly lower proportion of them were male (52%) compared to the SDCBHS client population (54%). This is more than the overall adult population in San Diego County (50%)**.
- **Note:** The gender discrepancy among clients receiving emergency/crisis services could be related to an increased likelihood for males to be diagnosed with conditions associated with externalizing behaviors, such as schizophrenia and other psychotic disorders, and females to be diagnosed with conditions associated with more passive symptomatology, such as depressive disorders.

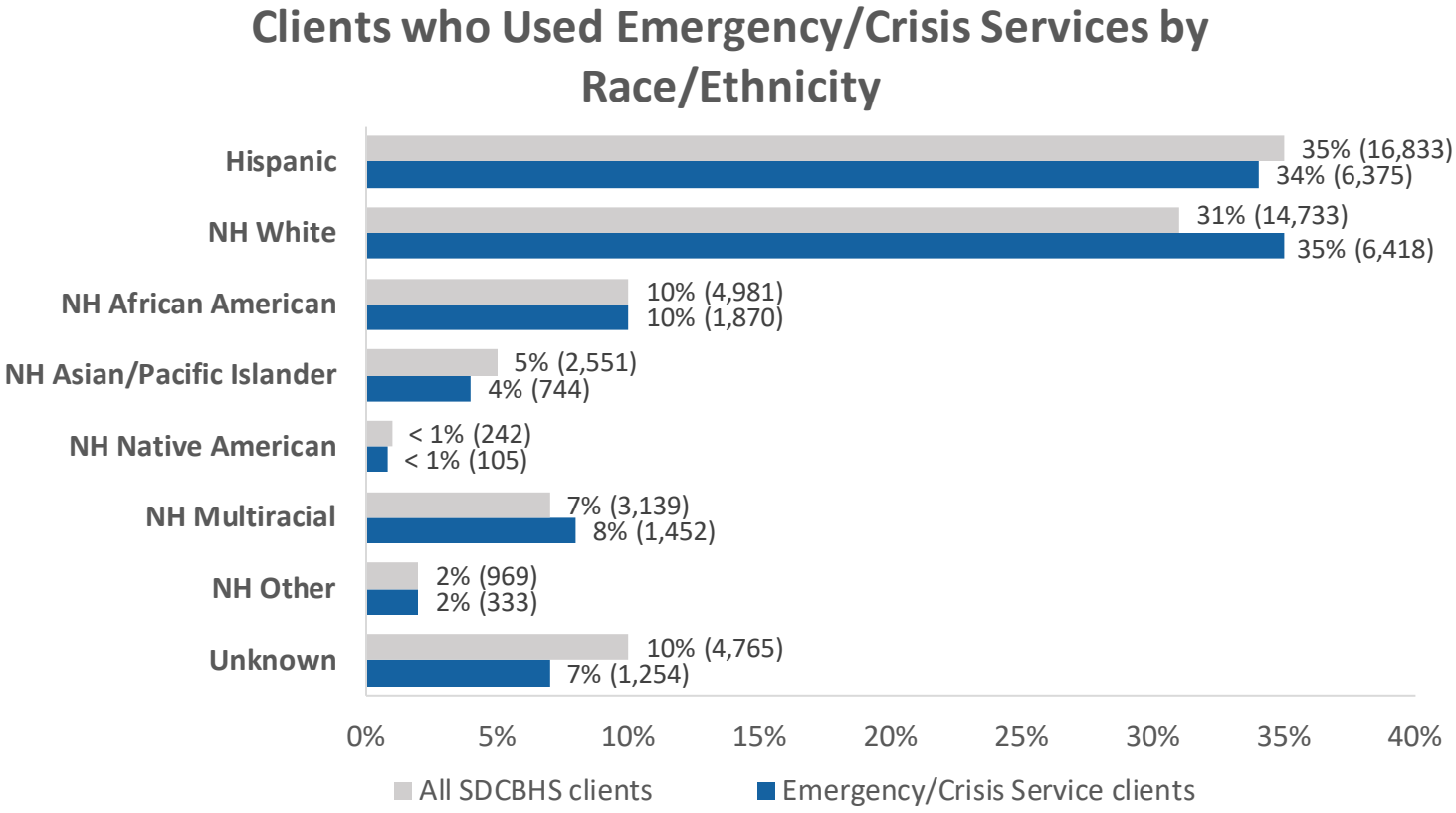


Emergency/crisis services include UO, CS, CR, PERT, and MCRT.
*** Source: U.S. Census Bureau, 2019 American Community 5-Year Estimates Age and Sex (San Diego County population)*
****The figure excludes the other/unknown categories, comprising 4% of the clients receiving emergency/crisis services (809 clients) and 5% of the overall SDCBHS (2,243 clients) population.*

What types of services are being used?

All Adult MH Clients: Emergency/Crisis* Services and Client Race/Ethnicity

- Similar to previous fiscal years, a larger proportion of clients who utilized emergency/crisis services during FY 2024-25 were non-Hispanic White (35%) compared to the overall SDCBHS client population (31%).

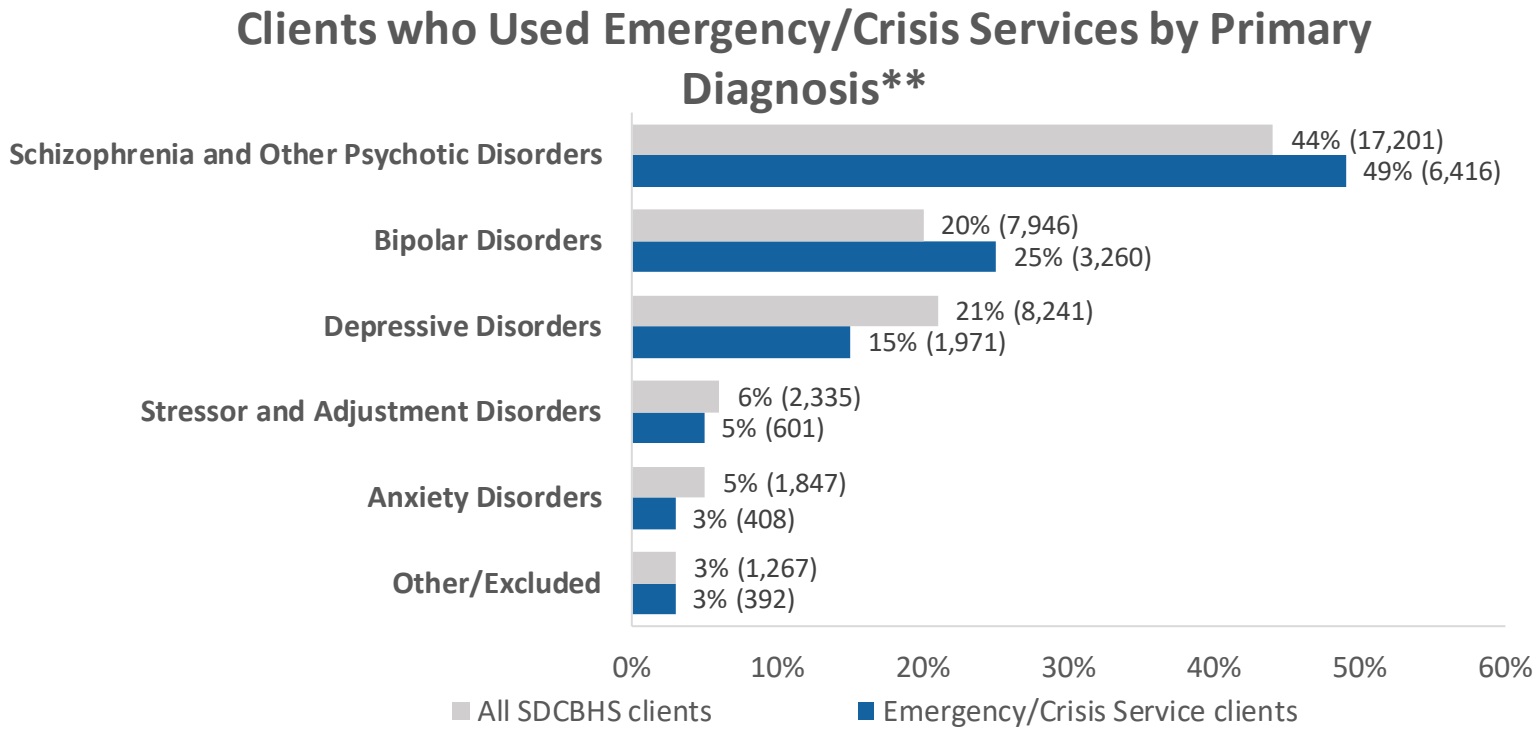


Emergency/crisis services include UO, CS, CR, and PERT.

What types of services are being used?

All Adult MH Clients: Emergency/Crisis* Services and Primary Diagnosis

- Similar to previous fiscal years, the largest proportion of clients who utilized emergency/crisis services during FY 2024-25 were those diagnosed with schizophrenia and other psychotic disorders (49%), a slightly larger proportion from FY 2023-24 (47%).
- One-quarter of clients who utilized emergency/crisis services during FY 2024-25 were diagnosed with a bipolar disorder (26%) and almost one-fifth (15%) were diagnosed with a depressive disorder.



**Emergency/crisis services include UO, CS, CR, PERT, and MCRT.*

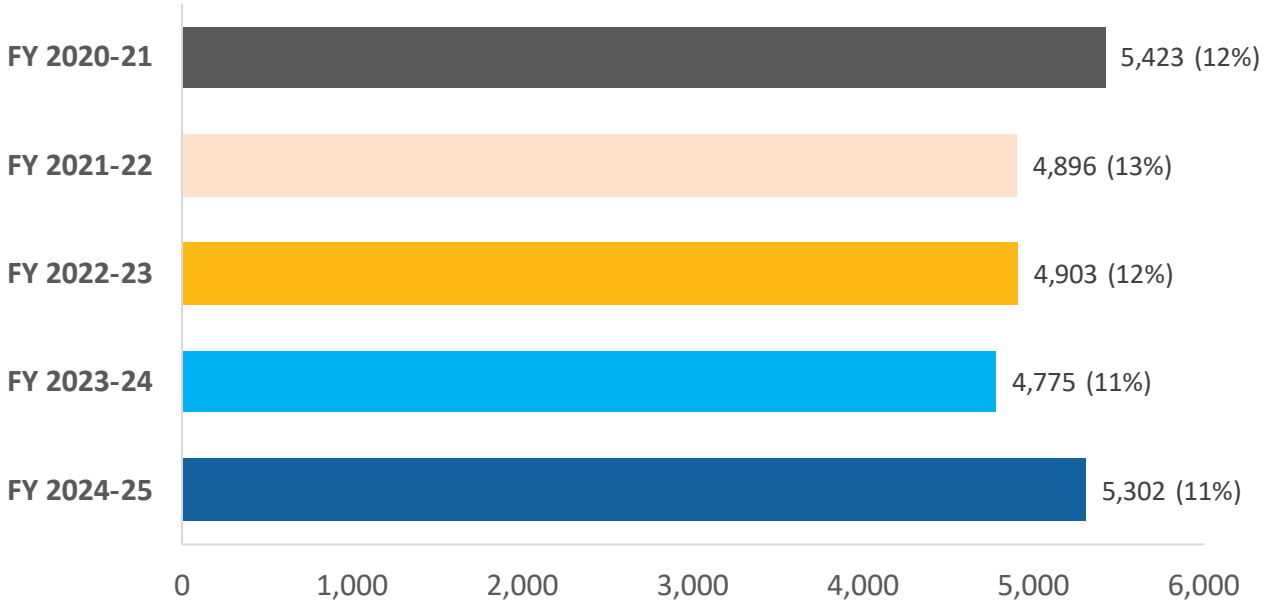
***The graph and percentages reported above exclude invalid/missing values (clients receiving emergency/crisis services, n = 5,503; adult MH, n = 9,376).*

What types of services are being used?

All Adult MH Clients: Hospitalizations

- 5,302 (11%) adult MH clients were hospitalized at least once during FY 2024-25, for a total of 9,240 hospital admissions.
- The proportion of adult MH clients hospitalized has remained fairly consistent over the past five fiscal years.
- During FY 2023-24 and FY 2024-25, the percentage of hospitalizations (11%) among adult MH clients reached its lowest level over the past five years.

Number of Clients Hospitalized by Fiscal Year*

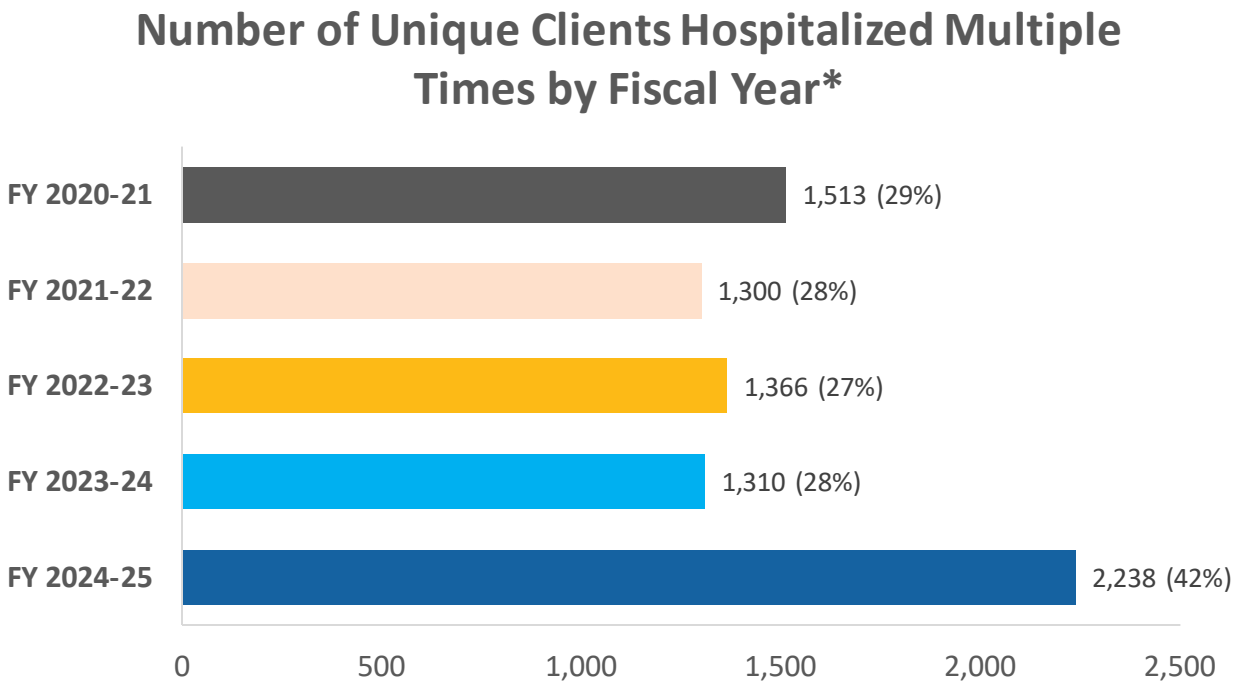


*(%) = percentage of unduplicated clients hospitalized out of the total number of clients receiving services during each FY.

What types of services are being used?

All Adult MH Clients: Multiple Hospitalizations

- Of the 5,302 adult MH clients hospitalized during FY 2024-25, 2,238 of them (42%) were hospitalized at least one additional time during the fiscal year.
- 42% (2,238) of clients served during FY 2024-25 were hospitalized at least one additional time during the fiscal year, reflecting a 71% increase in the number of clients who were hospitalized at least one additional time during FY 2023-24 (1,310).

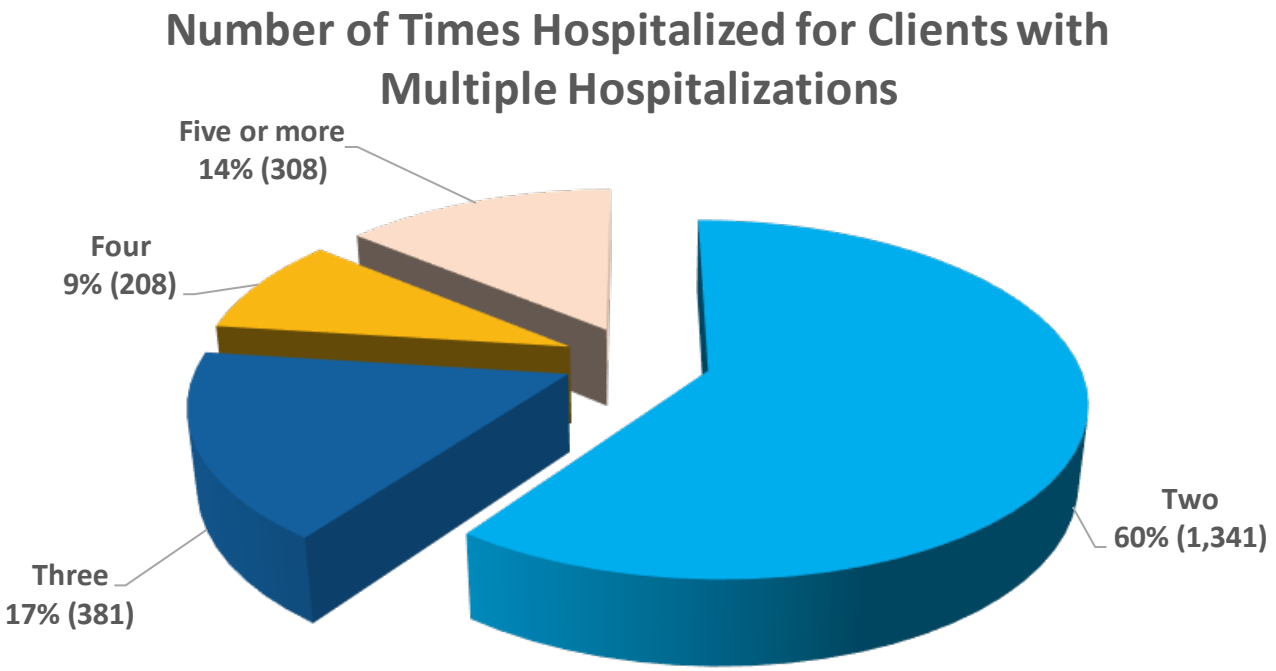


**(%) = percentage of clients hospitalized multiple times out of the number of clients hospitalized at least once during each fiscal year.*

What types of services are being used?

All Adult MH Clients: Multiple Hospitalizations

- 2,238 adult MH clients were hospitalized at least twice during FY 2024-25.
- Of the 2,238 adult MH clients hospitalized more than once during FY 2024-25, more than half were hospitalized a total of two times (60%), nearly one-fifth (17) were hospitalized three times, 9% were hospitalized four times, and 14% were hospitalized five or more times.

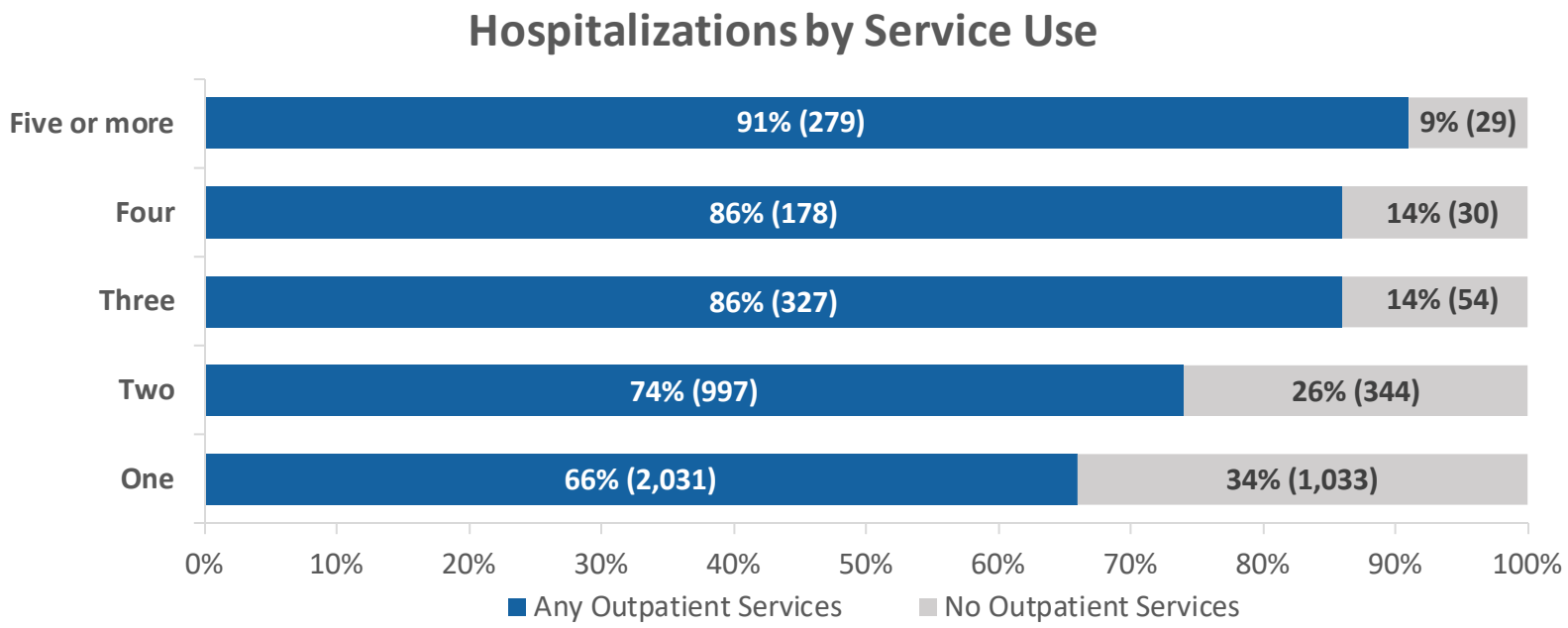


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

What types of services are being used?

All Adult MH Clients: Multiple Hospitalizations and Service Use

- The majority of clients with three or more hospitalizations received some outpatient adult mental health services* during FY 2024-25 (87%).
- Of the 1,341 adult MH clients with two hospitalizations during FY 2024-25, 344 of them (26%) did not use any outpatient adult mental health services during the fiscal year.
- Over one-third of clients (34%) with only one hospitalization in FY 2024-25 did not use any outpatient services.



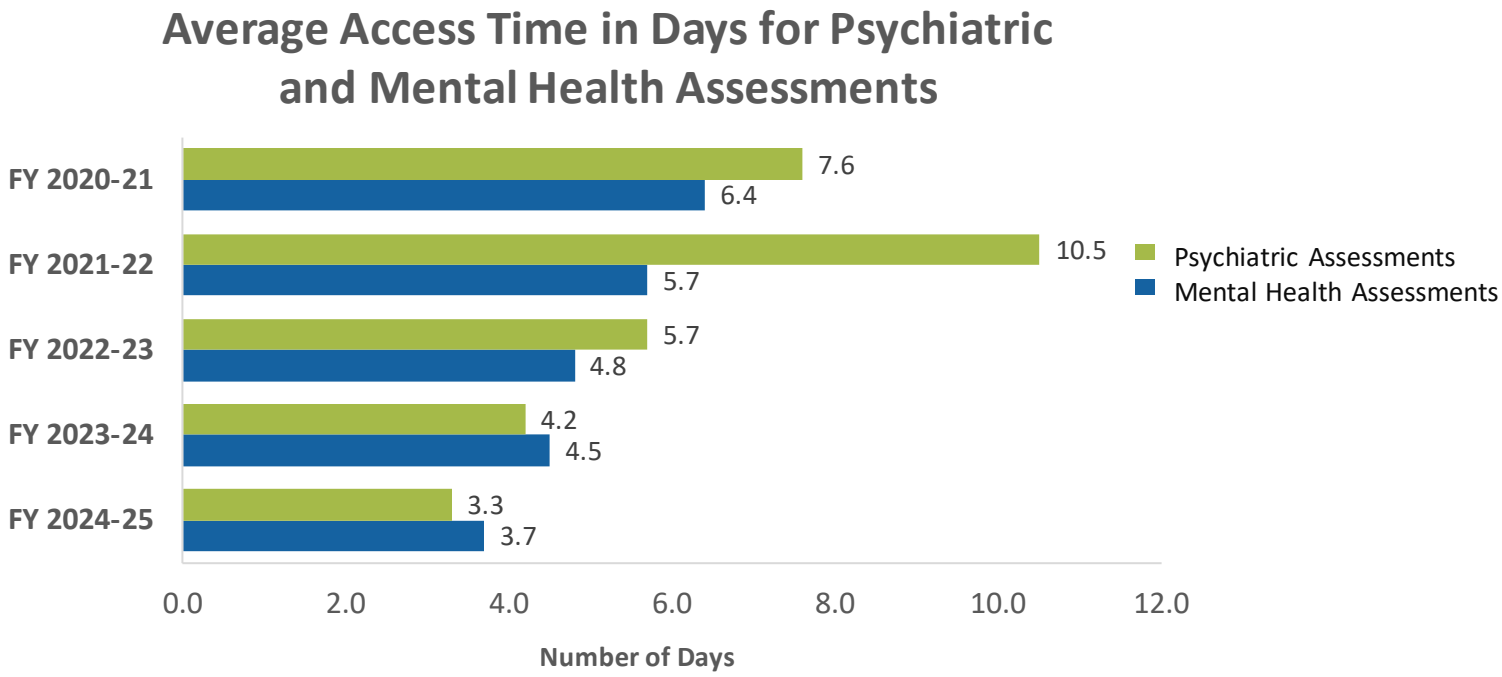
**Outpatient services include: ACT, Case Management, FFS, Outpatient, and Prevention Services.*

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Accessibility of Services

All Adult MH Clients: Access

- Average access times for psychiatric assessments have been decreasing since FY 2021-22. Compared to FY 2021-22, average wait times decreased from approximately 11 days to a little over three days in FY 2024-25.
- Average access times for mental health assessments have been decreasing from FY 2020-21, specifically, wait times decreased from a little over 6 days during FY 2020-21 to under 5 days in FY 2024-25.



Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Are clients getting better?

All Adult MH Clients: Client Outcomes (IMR and RMQ)*

- Clinicians reported that clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms, progress towards recovery, experience low or minimal impairment in functioning due to drug or alcohol use, and the overall IMR mean.
- Clients self-reported significant improvement in their overall mental health status via the RMQ from pre to post assessment.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	3,099	4.15	4.20	▲
Management Subscale	3,295	2.85	2.94	▲
Recovery Subscale	3,300	3.01	3.10	▲
Overall Mean	3,301	3.24	3.32	▲
Recovery Markers Questionnaire (RMQ)	**N**	**Pre**	**Post**	**Change**
Overall Mean	2,548	3.66	3.74	▲

Legend

- ▲ Significant positive change ($p < .05$)
- ▲ Non-significant positive change
- ▼ Non-significant negative change

**The outcomes reported here include all SDCBHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2024-25 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.*

Are clients satisfied with services?

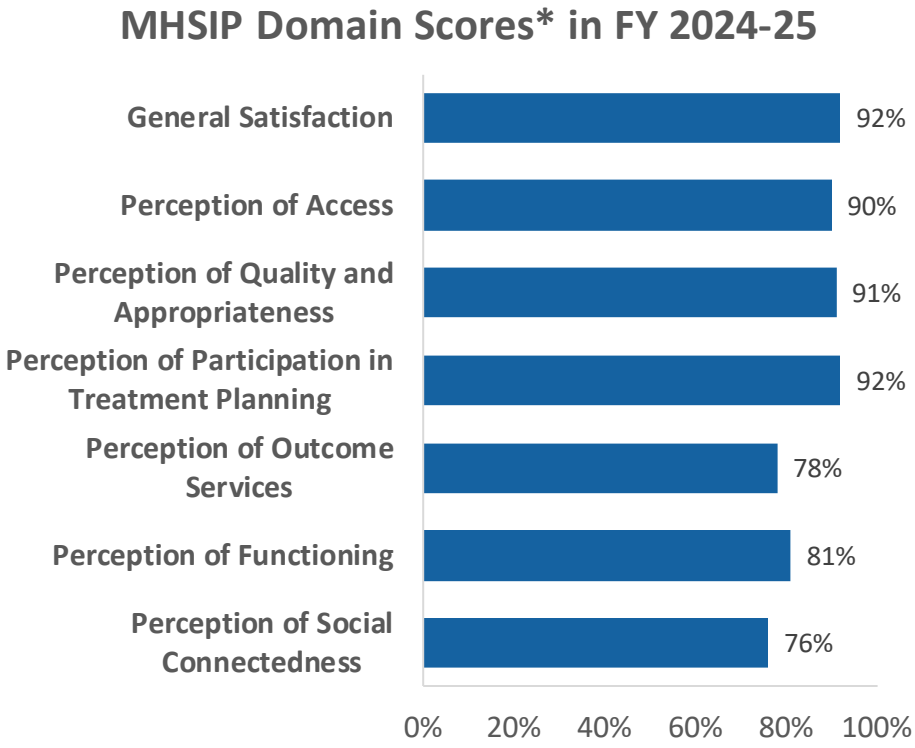
All Adult MH Clients: Client Satisfaction

- The SDCBHS SOC in San Diego County offers a variety of treatment, rehabilitation, and recovery services to help people experiencing persistent and severe mental illness or an additional health crisis.
- All services provided are oriented to meet the unique linguistic and cultural needs of the individuals served. To evaluate SDCBHS services, clients are asked for their feedback via an annual anonymous survey during each spring.

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

- **General Satisfaction**
- **Perception of Access**
- **Perception of Quality and Appropriateness**
- **Perception of Participation in Treatment Planning**
- **Perception of Outcome Services**
- **Perception of Functioning**
- **Perception of Social Connectedness**

During FY 2024-25, the MHSIP was administered during May 2025 (N=2,989).



*Scores reflect the percentage of clients who agreed or strongly agreed with each domain.

Mental Health Services Act (MHSA) Components

MHSA Components

Community Services and Supports

Community Services and Supports (CSS) programs enhance the systems of care for delivery of mental health services for adults with serious mental illness (SMI), resulting in the highest benefit to the client, family, and community. Full Service Partnership (FSP) programs provide a full array of services to clients and families using a "whatever it takes" approach to help stabilize the client and provide timely access to needed help for unserved and underserved adults of all ages. Other programs funded through CSS provide outreach and engagement activities.

Prevention and Early Intervention Programs

Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To ensure access to appropriate support at the earliest point of emerging mental health problems and concerns, Prevention and Early Intervention (PEI) builds capacity for providing mental health early intervention services at sites where people go for other routine activities. Through PEI, mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness. During FY 2024-25, 5,505 adult MH clients were served by PEI programs.

Innovations

Innovation (INN) programs are short-term, novel, creative and/or ingenious mental health practices or approaches that contribute to learning. The INN programs are developed through an inclusive and representative community process. The INN component allows counties to try new approaches that can inform current and future mental health practices. In FY 2024-25, the estimated INN expenditures will be $17,401,800.

MHSA Components – Continued

Workforce Education and Training

Workforce Education and Training (WET) programs provide support, education, and training to the public behavioral health workforce to recruit and retain qualified individuals who provide services to persons with mental illnesses and/or substance use disorders in the County of San Diego. The WET component provides training and financial incentives to increase and support the public behavioral health workforce. Furthermore, these programs seek to enhance the competency and diversity of the workforce to better meet the needs of the population served. In FY 2024-25, the estimated WET expenditures will be $7,633,450. Annually, up to $7 million in CSS funds will be transferred to the WET component to continue funding programs. WET funds were received as a one-time allocation and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually.

Capital Facilities and Technological Needs

Capital Facilities and Technological Needs (CFTN) funding is used for capital projects and technological capacity to improve mental illness service delivery to clients and their families. Capital Facility funds may be used to acquire, develop, or renovate buildings, or to purchase land in anticipation of constructing buildings. Expenditures must result in a capital asset, which permanently increases the San Diego County infrastructure. Technological Needs funds may be used to increase client and family engagement by providing the tools for secure client and family access to health information. The programs modernize information systems to ensure quality of care, operational efficiency, and cost effectiveness. In FY 2024-25, the estimated CFTN expenditures will be $9,000,000.

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

Mobile Crisis Response Teams (MCRT)

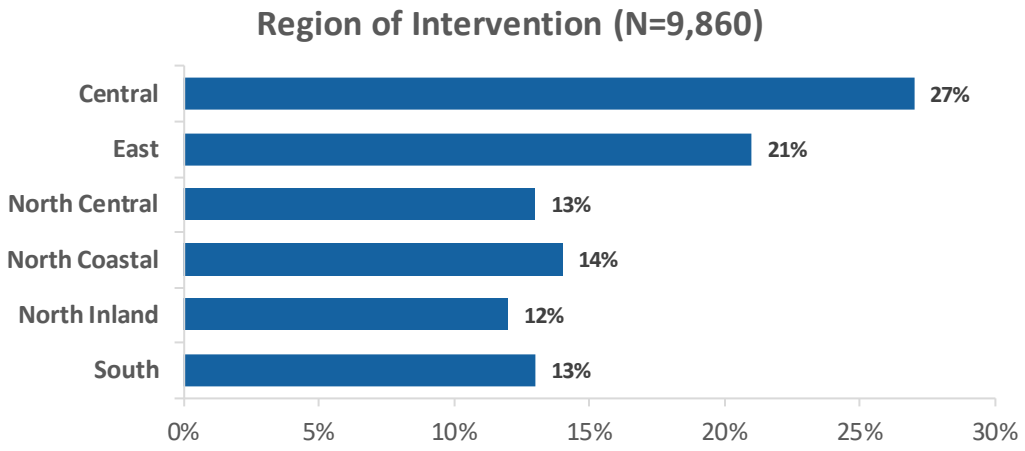
MCRT Clients: Demographics

MCRT Client Demographics		
Age*	**N**	**%**
15 & under years	610	10%
16 – 17 years	327	5%
18 – 25 years	1,060	17%
26 – 39 years	1,818	29%
40 – 49 years	879	14%
50 – 59 years	715	11%
60 – 69 years	568	9%
70+ years	384	6%
Race (Census Categories)	**N**	**%**
White	2,562	40%
Hispanic	1,357	21%
African American	743	12%
Asian	375	6%
Other	806	13%
MENA	< 5	< 1%
Native American	59	1%
Unknown	417	7%
Total Unduplicated Clients	**6,324**	***n/a***

**MCRT provides services to adolescents, teens, and adults. Because the majority of clients served by MCRT are aged 18 years or older (85%), data for MCRT is included in the Adult MH SOC report.*

Data source: MCRT Unique Client Characteristics FY24-25 Report (obtained 4/17/2026 from SDCBHS)

- SDCBHS launched a Mobile Crisis Response Teams (MCRT) program designed to help people who are experiencing a mental health, drug, or alcohol-related crisis by dispatching behavioral health experts to emergency calls instead of law enforcement, when appropriate.
- MCRT services are available countywide serving individuals of all ages. Services are provided by Exodus Recovery, Inc. in the North Coastal region and by Telecare Corporation in the remaining regions.
- MCRTs are comprised of licensed mental health clinicians, case managers, and peer support specialists who can respond to behavioral health crisis calls that do not involve known threats of violence or medical emergencies.
- These clinical teams provide assessments, de-escalation, and connect the individual to appropriate services.

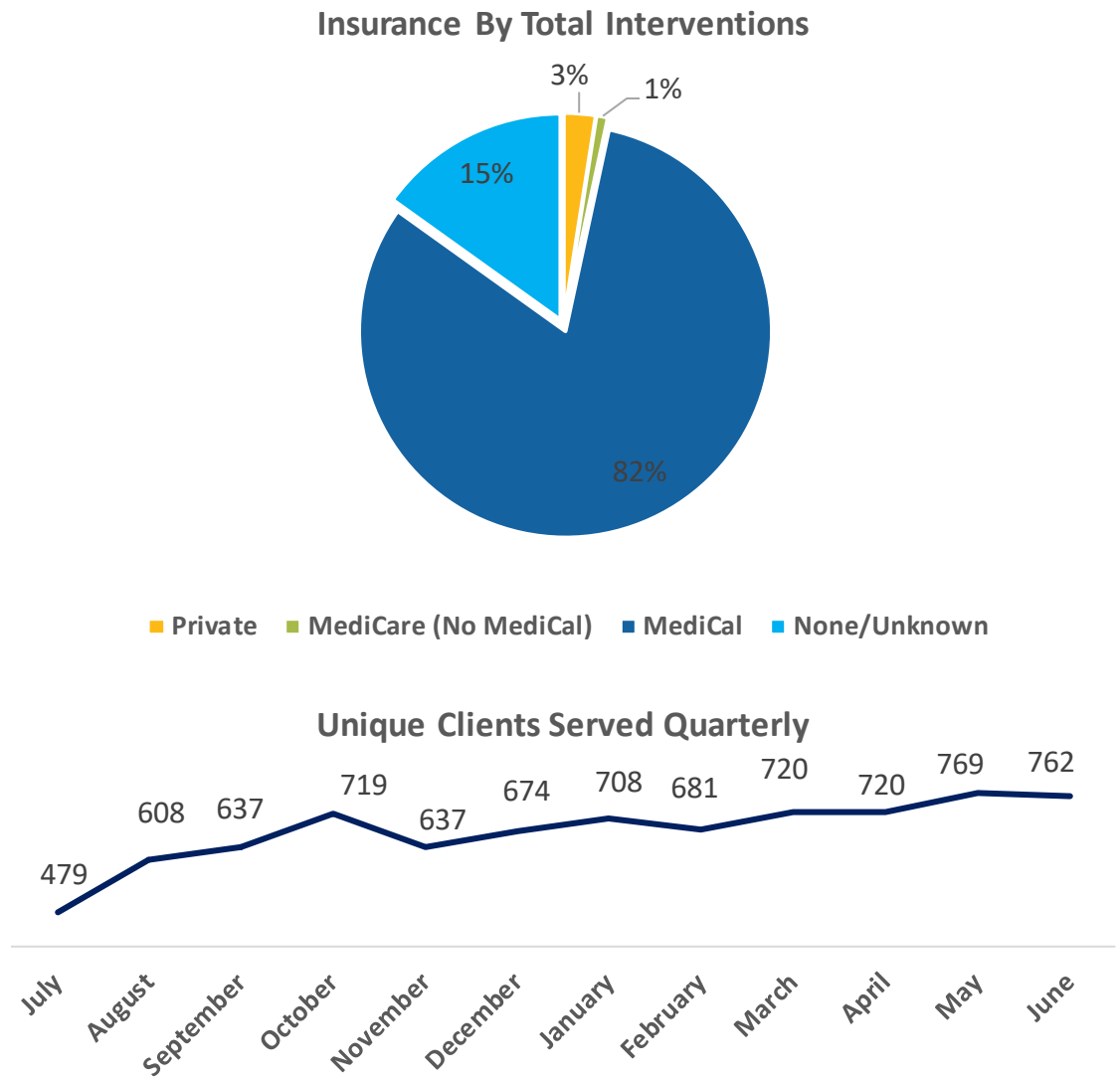


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Mobile Crisis Response Teams (MCRT)

MCRT Clients: Demographics - Continued

MCRT Client Demographics (Continued)		
Gender	**N**	**%**
Female	3,211	51%
Male	3,070	49%
Other	12	< 1%
Preferred Language	**N**	**%**
English	5,407	85%
Spanish	237	4%
Unknown	452	7%
Previous Justice Involvement	**N**	**%**
Yes	1,069	17%
No	5,252	83%
Housing Status	**N**	**%**
Lives Independently	4,054	64%
Homeless	937	15%
Board & Care	291	5%
Institutional	90	1%
Justice Related	105	2%
Dependent Living	79	1%
Mental Health Rehabilitation	5	< 1%
Other	62	1%
Unknown	698	11%
Total Unduplicated Clients	**6,324**	***n/a***



Data source: MCRT Unique Client Characteristics FY24-25 Report (obtained 4/17/2026 from SDCBHS)

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Prevention and Early Intervention (PEI)

PEI Clients: Demographics and Client Satisfaction

PEI Client Demographics		
Age	**N**	**%**
<18 – 25 years	934	17%
26 – 59 years	2,915	53%
60+ years	1,384	25%
Unknown/Not Reported	272	5%
Gender	**N**	**%**
Female	3,106	56%
Male	2,164	39%
Other	51	1%
Unknown/Not Reported	184	3%
Race (Census Categories)	**N**	**%**
African American/Black	779	14%
American Indian/Alaskan Native	47	1%
Asian	674	12%
Pacific Islander	30	1%
White/Caucasian	1,684	31%
More than One Race	185	3%
Other	24	< 1%
Unknown/Not Reported	2,082	38%
Total PEI Clients Served	**5,505**	**100%**

- MHSA Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity.
- San Diego County funded 16 programs providing PEI services for adults. The focus of these programs varies widely, yet each collects information on the demographics of their participants and their satisfaction with the services provided.
- The 5,505 PEI clients served in FY 2024-25 increased from the 5,218 clients served in FY 2023-24. The proportion of clients reporting overall satisfaction with services remained relatively stable from FY 2023-24 to FY 2024-25 (98% in FY 2023-24).

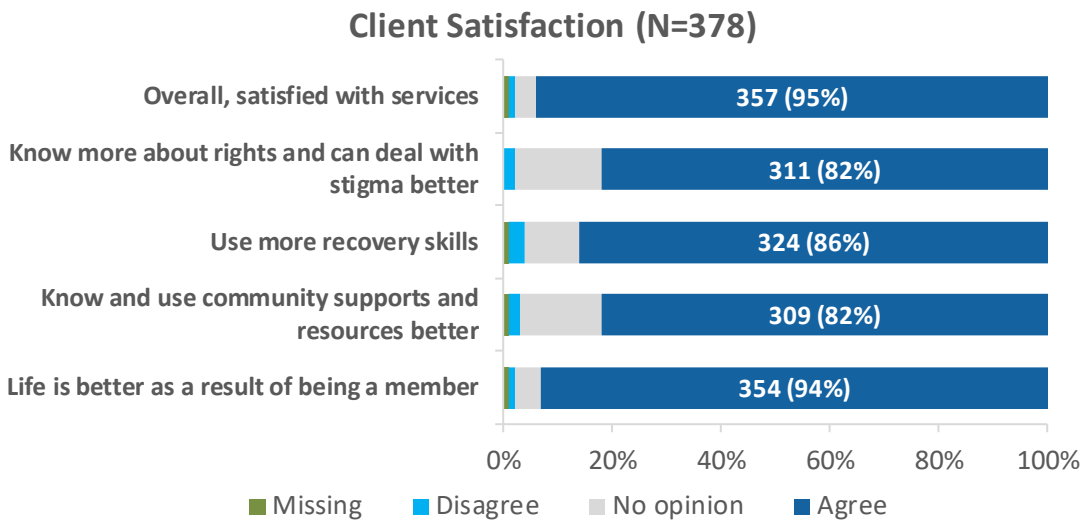
**The number of clients who completed the client satisfaction survey varied from 5,775 to 11,388. These data are not recorded in CCBH. For more information on SDCBHS PEI programs, see the PEI summary reports – Adult Summary: https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html*

Adult Behavioral Health Services Annual System of Care Report FY 204-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Clubhouse Members: Demographics and Client Satisfaction

Clubhouse Members Demographics		
Age	**N**	**%**
16 – 25 years	409	23%
26 – 59 years	886	50%
60+ years	293	16%
Unknown/Not Reported	203	11%
Gender	**N**	**%**
Female	536	30%
Male	730	41%
Other	21	1%
Unknown/Not Reported	504	28%
Race (Census Categories)	**N**	**%**
American Indian	8	0%
Black or African American	217	12%
Asian	140	8%
Native Hawaiian or Pacific Islander	8	< 1%
White	404	23%
Hispanic or Latino	324	18%
Multiracial	111	6%
Other	33	2%
Unknown/Not Reported	546	30%
Total Members Served	**1,791**	**100%**

- A Clubhouse is a community organized to support and empower individuals living with behavioral health conditions through meaningful participation in a structured and supportive environment.
- During FY 2024-25, there were 10 clubhouses in San Diego County funded by the County of San Diego Health and Human Services Agency through its Behavioral Health Services Division across the Central, East, South, North Coastal, North Inland, and North Central regions.
- ClubHOMS, which fully launched on July 1, 2019, is the main data system for tracking activities and member outcomes.
- The Clubhouses served 1,791 unduplicated members in FY 2024-25 with a total of 48,165 Clubhouse attendance/visits.
- Most members (94%) reported overall satisfaction with clubhouse services.



Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

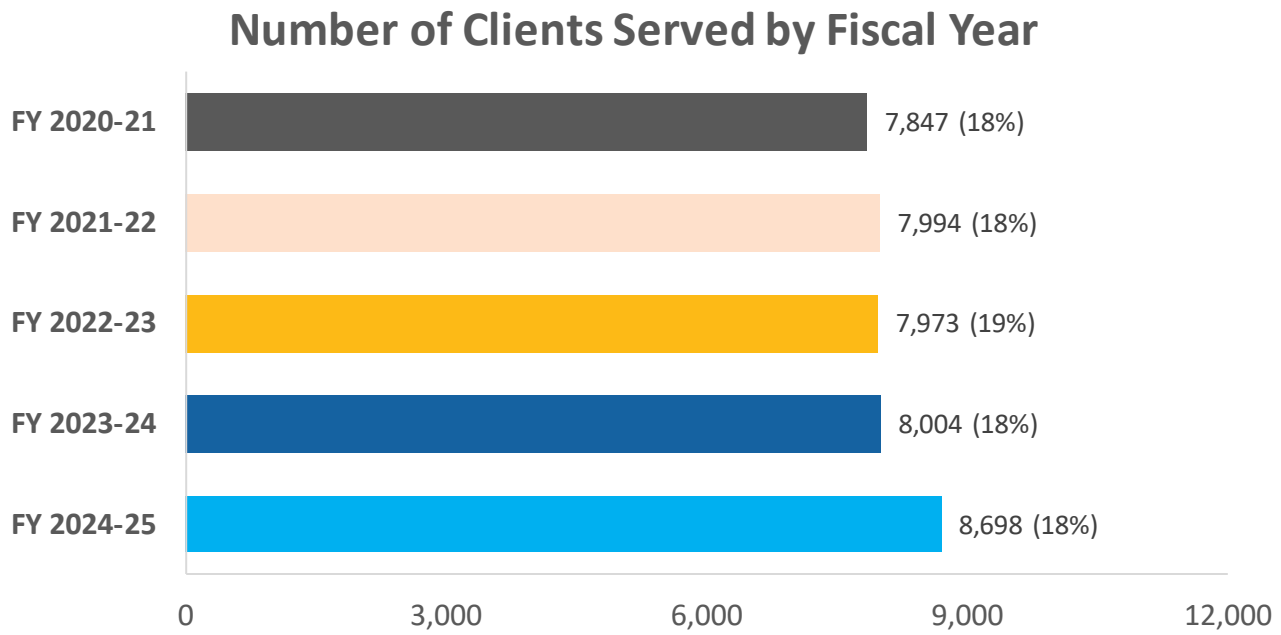
Transition Age Youth (TAY) Clients
SYSTEMWIDE ANNUAL REPORT
Fiscal Year 2024-25

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

Total Number of TAY Clients Served

- During FY 2024-25, mental health services were delivered to 8,698 TAY clients (ages 18* to 25).
- TAY clients represent 18% of the 48,213 SDCBHS clients served during FY 2024-25.
- The number of TAY clients served by BHS during FY 2024-25 increased by 9% when compared with FY 2023-24 (8,698 compared to 8,004 in FY 2023-24).

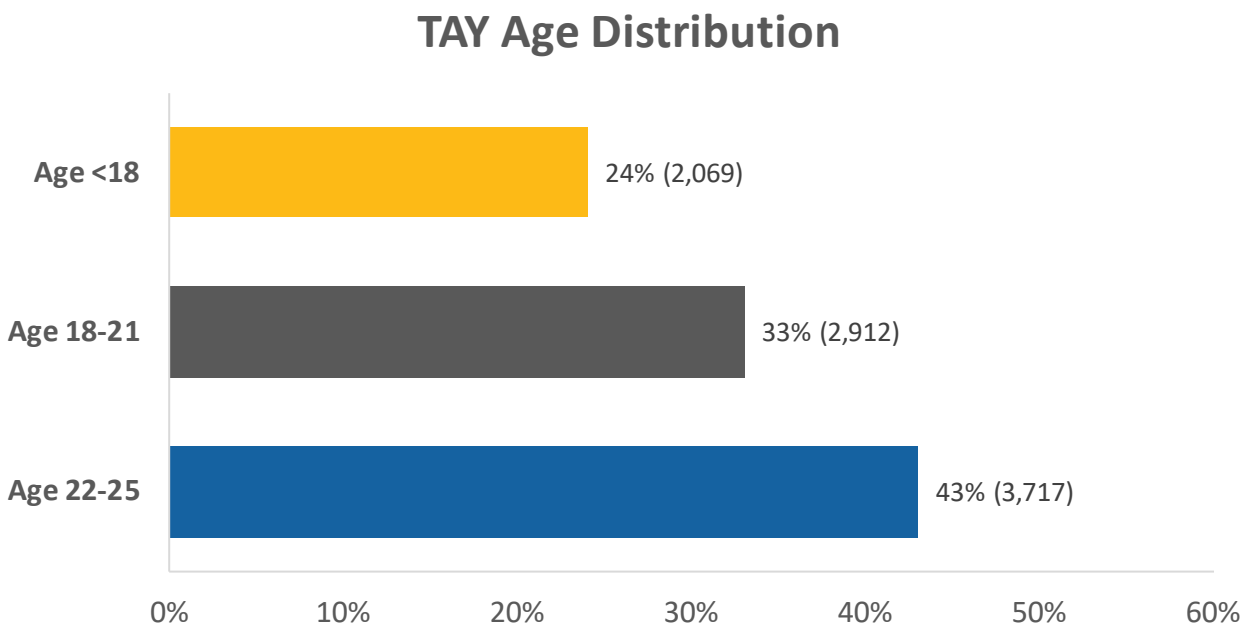


*2,069 clients were under 18 but are included here because they received adult services.

Who are we serving?

TAY Clients: Age

- Similar to past fiscal years, almost half of TAY clients (43%) served during FY 2024-25 were between the ages of 22 and 25 years.
- One-third (33%) of TAY clients served during FY 2024-25 were between the ages of 18 and 21 years.
- Compared to FY 2023-24, the number of TAY clients served during FY 2024-25 between the ages of 18 and 21 years increased by 4% (2,808 clients in FY 2023-24 to 2,912 clients in FY 2024-25).



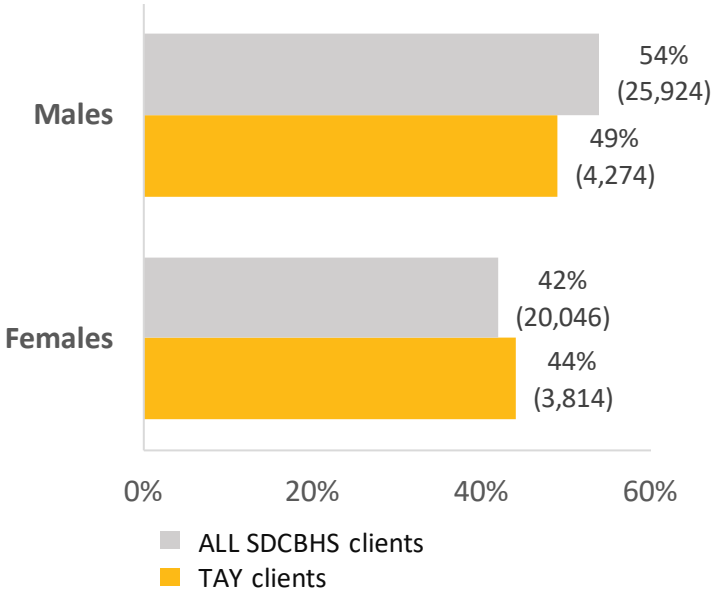
Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

TAY Clients: Gender

- A smaller proportion of TAY clients served during FY 2024-25 were male (49%) compared to the overall SDCBHS client population (54%), and a higher proportion of TAY clients served during FY 2024-25 were female (44%) compared to the overall SDCBHS client population (42%).
- Over the past five fiscal years, the proportions of TAY males served by SDCBHS have decreased.

TAY Gender* Distribution



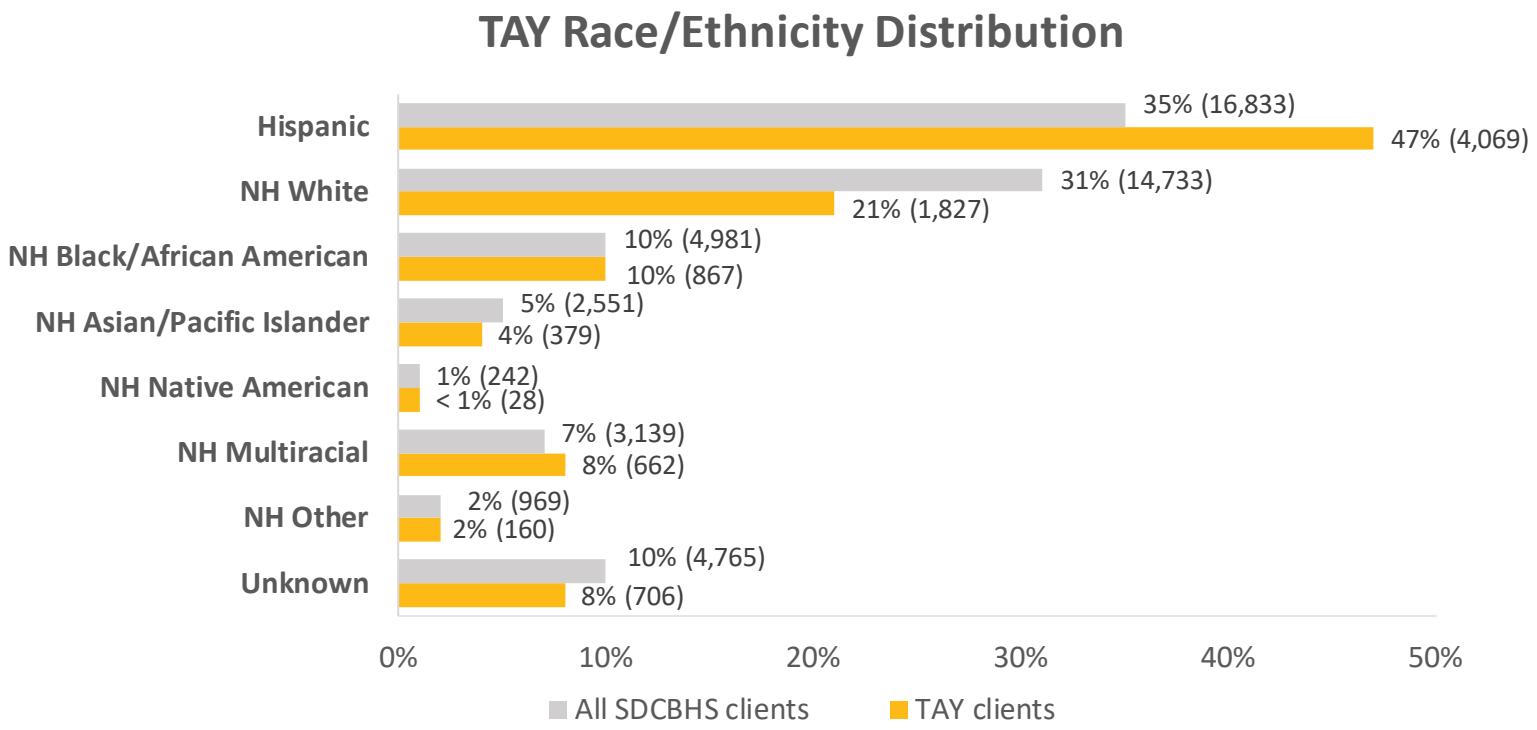
TAY Gender	Fiscal Year					SDCBHS FY 2024-25 Population
	2020-21	2021-22	2022-23	2023-24	2024-25	
Females	43%	46%	46%	45%	44%	42%
Males	54%	52%	50%	51%	49%	54%
Another/ Unknown	3%	3%	3%	4%	7%	5%

**The figure excludes the another gender/unknown categories, comprising 7% of the TAY (610 clients) and 5% of the overall SDCBHS (2,243 clients) population.*

Who are we serving?

TAY Clients: Race/Ethnicity

- More than two-thirds of TAY clients served during FY 2024-25 were either Hispanic (47%) or non-Hispanic White (21%).
- Compared to the overall SDCBHS client population, a larger proportion of TAY clients served during FY 2024-25 were Hispanic (47% compared to 35%), and a smaller proportion were non-Hispanic White (21% compared to 31%).

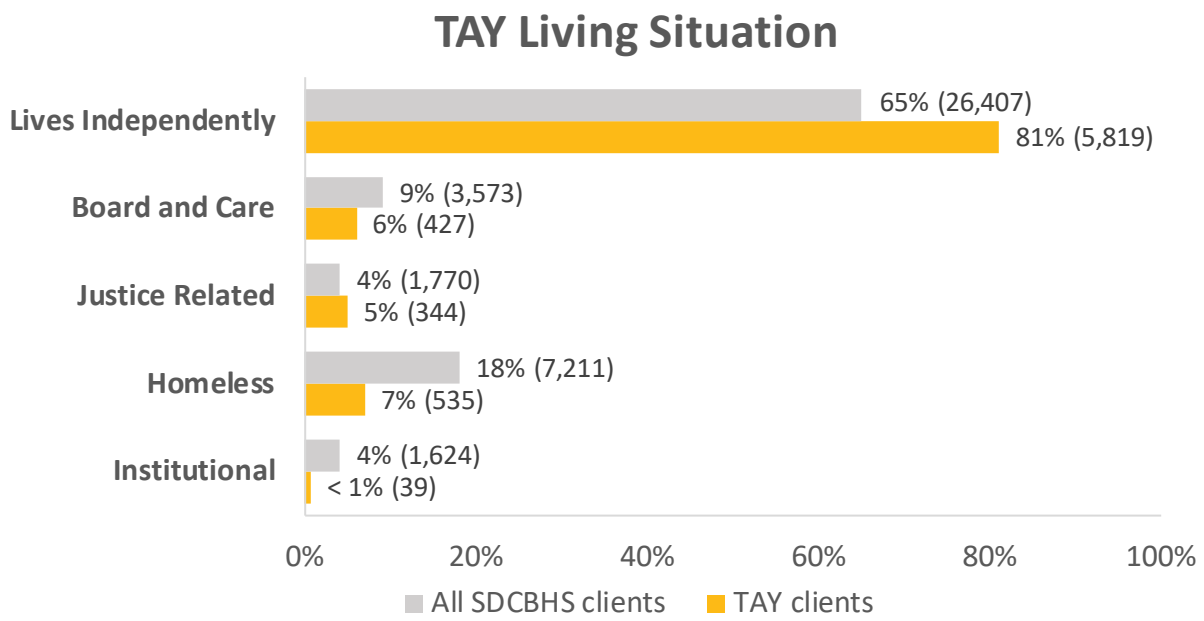


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

TAY Clients: Living Situation*

- Over four-fifths (81%) of TAY clients served during FY 2024-25 were living independently**.
- Similar to previous fiscal years, a greater proportion of TAY clients served during FY 2024-25 were living independently compared to the overall SDCBHS client population (81% vs. 65%).
- A smaller proportion of TAY clients served during FY 2024-25 were homeless (7%) compared to the overall SDCBHS population (18%).

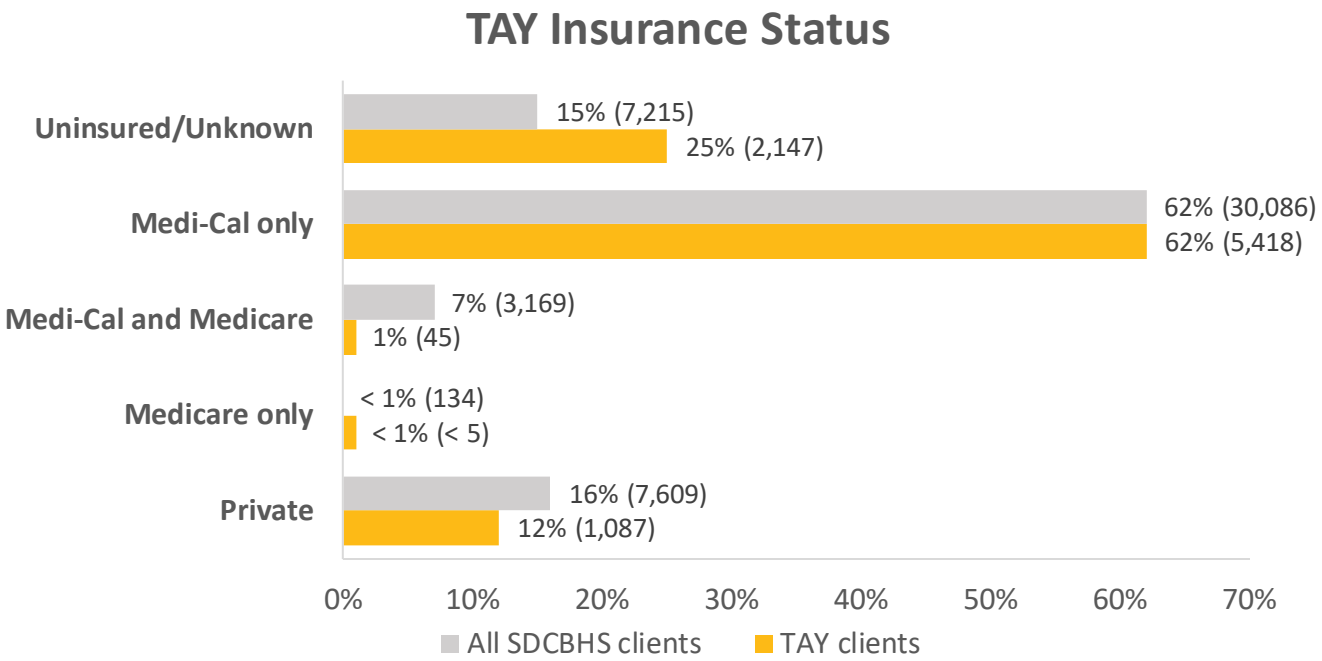


Client living situation reflects status at time of most recent client assessment.
***Clients living independently includes clients living with family at the start of services.*
Note: Clients with an other/unknown living status (TAY, n = 1,534; Adult MH, n = 7,628) are excluded from the figure and percentages reported above.

Who are we serving?

TAY Clients: Health Care Coverage

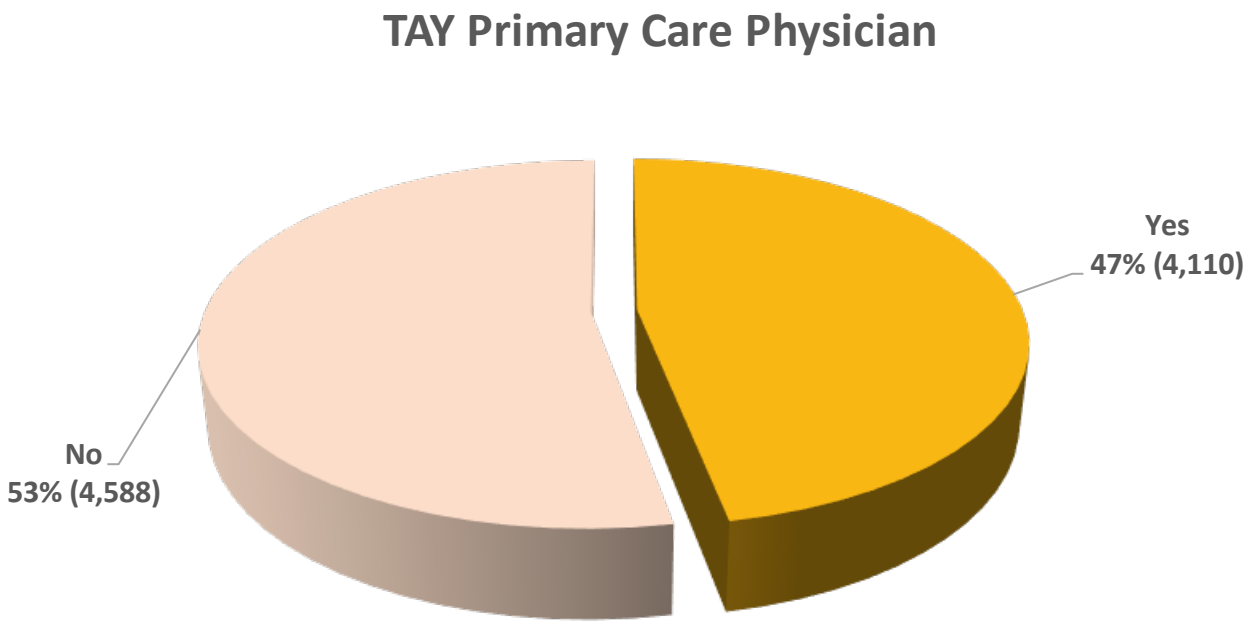
- Less than two-thirds (63%) of TAY clients served during FY 2024-25 had some type of Medi-Cal insurance coverage.
- The proportion of TAY clients with an uninsured/unknown insurance status has increased, with one-fourth (25%) of TAY clients served during FY 2024-25 being uninsured or having an unknown insurance status, when compared to FY 2022-23 (20%).



Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

TAY Clients: Primary Care Physician

- Nearly one-half of TAY clients served in FY 2024-25 had a primary care physician (47%).
- Note: SmartCare does not collect information regarding unknown or missing primary care physician data.



Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

TAY Clients: Sexual Orientation

- Of the TAY clients served during FY 2024-25 with sexual orientation information available, nearly three-fourths of them identified as heterosexual (73%).
- Compared to the overall SDCBHS population, a larger proportion of TAY clients identified as bisexual (12% compared to 5%).

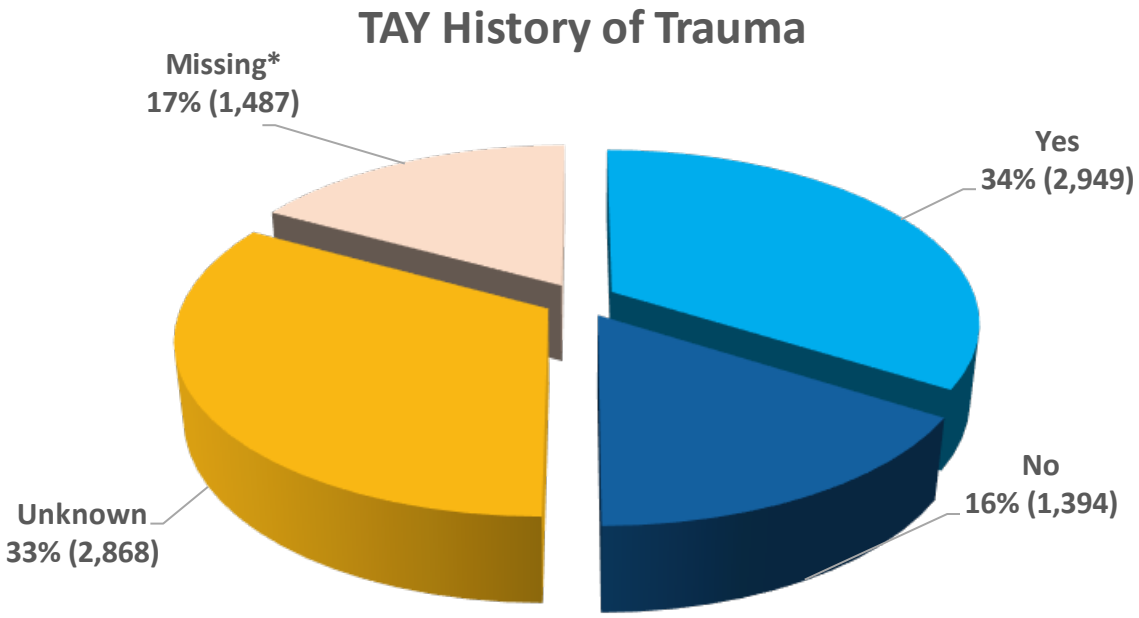
Sexual Orientation	TAY FY 2024-25		SDCBHS FY 2024-25	
	Clients	Percentage	Clients	Percentage
Heterosexual	3,288	73%	22,790	85%
Bisexual	552	12%	1,468	5%
Gay	90	2%	591	2%
Lesbian	96	2%	354	1%
Queer	0	0%	0	0%
Asexual	0	0%	0	0%
Other	66	1%	215	1%
Questioning/Unsure	134	3%	275	1%
Declined to state	264	6%	1,008	4%
Total (excluding missing)	**4,490**	**100%**	**26,701**	**100%**
Missing	4,208	48%	21,512	45%

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

TAY Clients: History of Trauma

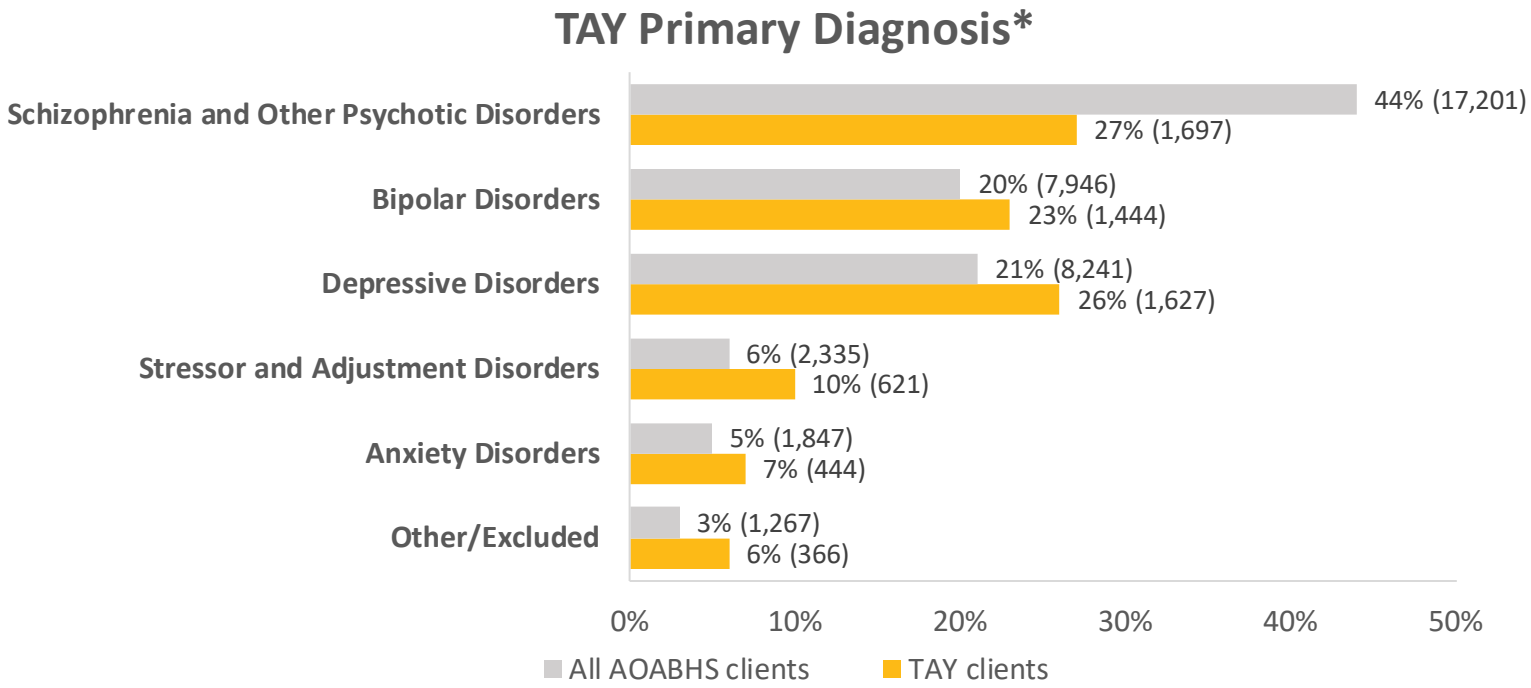
- Over one-third (34%) of TAY clients served in FY 2024-25 had a history of trauma.
- Information about trauma history was unavailable for half of TAY clients (50%).



**Missing category includes Fee-for-Service (FFS) providers for whom data were not available.*

TAY Clients: Primary Diagnosis

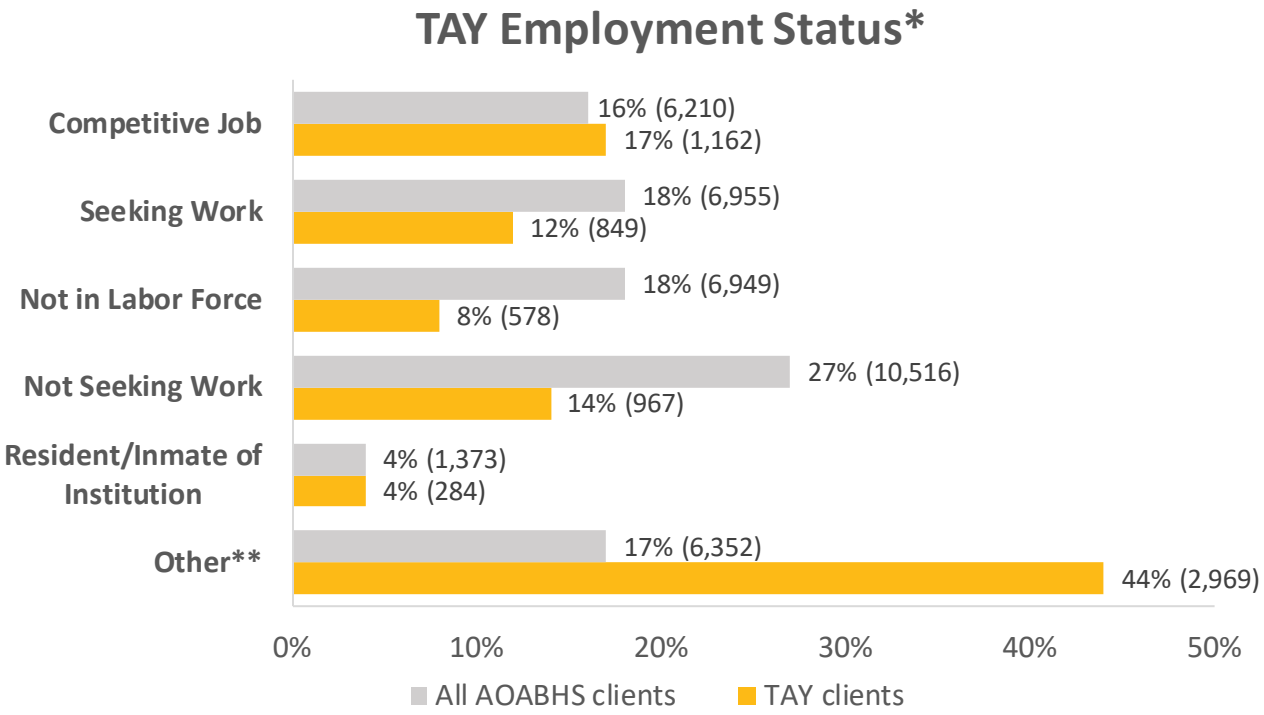
- Similar to observations from past fiscal years, the three most common diagnoses among TAY clients served during FY 2024-25 were schizophrenia and other psychotic disorders (27%), depressive disorders (26%), and bipolar disorders (23%), which comprise 77% (4,768 clients) of TAY clients with a valid diagnosis.
- Compared to adult MH clients, a smaller proportion of TAY clients had a diagnosis of schizophrenia and other psychotic disorders (44% vs. 27%), and larger proportions of TAY had diagnoses of all other types of disorders.



**The graph and percentages reported above exclude invalid/missing values (TAY, n = 2,499; Adult MH, n = 9,376).*

TAY Clients: Employment Status

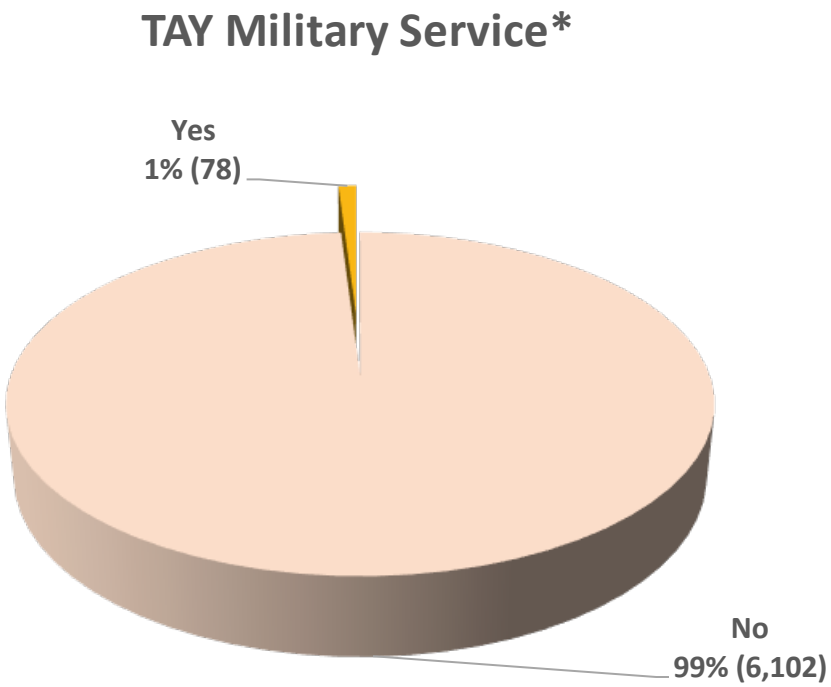
- Similar proportions of TAY clients served during FY 2024-25, when compared to FY 2023-24, were employed in a competitive job (17%), seeking work (12%), and not seeking work (14%).
- Over two-fifths of TAY clients (44%) had an other employment status, more than double the proportion of adult MH clients (17%), likely reflecting a substantial student population in this age range.



**The graph and percentages reported above exclude unknown values (TAY, n = 1,889; Adult MH, n = 9,858).*
***Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.*

TAY Clients: Military Service

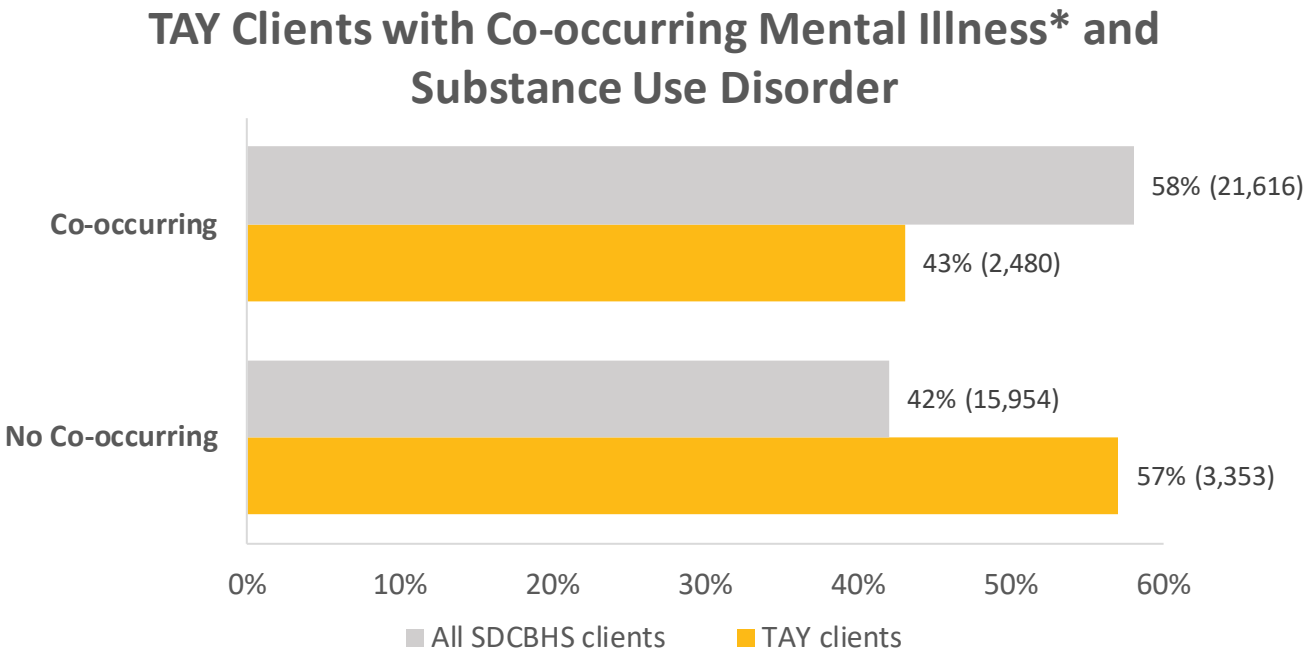
- Information regarding past military service was available for 71% of TAY clients served during FY 2024-25.
- Among those TAY clients served for whom military service data were available, 99% reported that they had no military service, and 1% indicated that they had served in the military.



**The graph and percentages reported above exclude missing values (n = 2,518).*

TAY Clients: Co-occurring Mental Illness and Substance Use Disorder

- In addition to a primary diagnosis, 43% of TAY clients also had a co-occurring mental illness and substance use disorder in FY 2024-25.
- The proportion of TAY clients with a co-occurring mental illness and substance use disorder served in FY 2024-25 was less than the proportion of all adult MH clients with a co-occurring mental illness and substance use disorder (43% TAY clients compared to 58% adult MH clients).



**Clients without a valid primary mental health diagnosis are excluded from the figure.*

What types of services are being used?

TAY Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	16,558	291
Case Management	154	116
Case Management – Institutional	285	41
Case Management – Strengths	3,148	202
Case Management – Transitional	0	0
Fee for Service (FFS)	13,797	1,587
Outpatient	34,637	1,903
Prevention	0	0
Inpatient Services	**Admissions**	**Total Clients**
Inpatient – County	213	160
Inpatient – FFS	1,309	801
Inpatient – Jail	58	35
State Hospital	0	0

Emergency/Crisis Services	Total Visits	Total Clients
Urgent Outpatient	1,380	650
Crisis Stabilization**	2,634	1,591
PERT	2,954	1,954
MCRT	6,048	2,017
	Total Days	**Total Clients**
Crisis Residential	3,435	228
Forensic Services	**Total Visits**	**Total Clients**
Jail	10,096	1,486
24 Hour Services	**Total Days**	**Total Clients**
Edgemoor	0	0
Long Term Care (LTC)	659	< 5
LTC – Institutional	4,250	33
LTC – Residential	202	< 5
LTC – Residential	0	< 5

**Clients may use more than one service, and therefore, may be represented in more than one category.*
***Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.*

Are clients getting better?

TAY Clients: Client Outcomes (IMR and RMQ)*

- Clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre- to post-assessment in the ability to manage symptoms, progress towards recovery, and overall IMR scores.
- TAY clients self-reported significant improvements in their overall mental health status via the RMQ from pre- to post-assessment.
- Mean pre- and post-scores on the clinician-rated Substance Use IMR subscale demonstrate slight, non-significant negative change in symptoms among TAY clients in FY 2024-25.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	309	4.24	4.28	▲
Management Subscale	330	2.73	2.90	▲
Recovery Subscale	331	3.02	3.21	▲
Overall Mean	331	3.25	3.40	▲
Recovery Markers Questionnaire (RMQ)	**N**	**Pre**	**Post**	**Change**
Overall Mean	282	3.65	3.76	▲

Legend

▲ Significant positive change ($p < .05$)

▲ Non-significant positive change

▼ Non-significant negative change

**The outcomes reported here include all TAY BHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2024-25 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.*

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

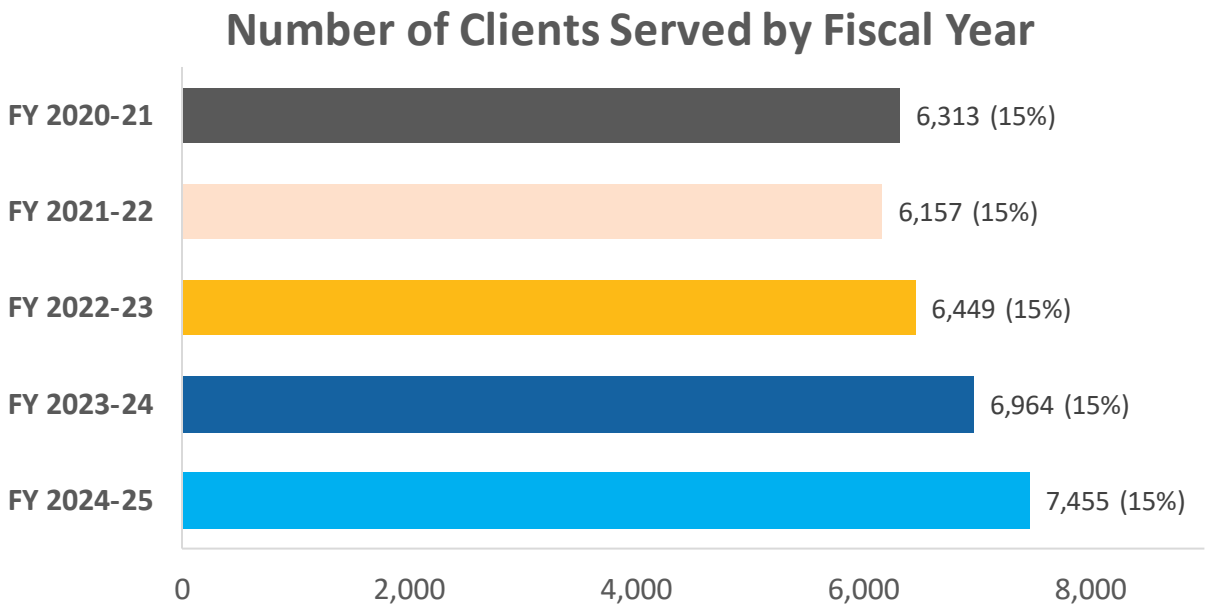
Older Adult (OA) Clients
SYSTEMWIDE ANNUAL REPORT
Fiscal Year 2024-25

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

Total Number of OA Clients Served

- During FY 2024-25, mental health services were delivered to 7,455 OA clients (age 60 and older) by SDCBHS, reflecting an 7% increase in the number of OA clients served compared to FY 2023-24.
- OA clients represent 15% of the 48,213 SDCBHS clients served during FY 2024-25.
- The number of OA clients served by BHS decreased from FY 2020-21 to FY 2021-22 but has increased every year since FY 2022-23.

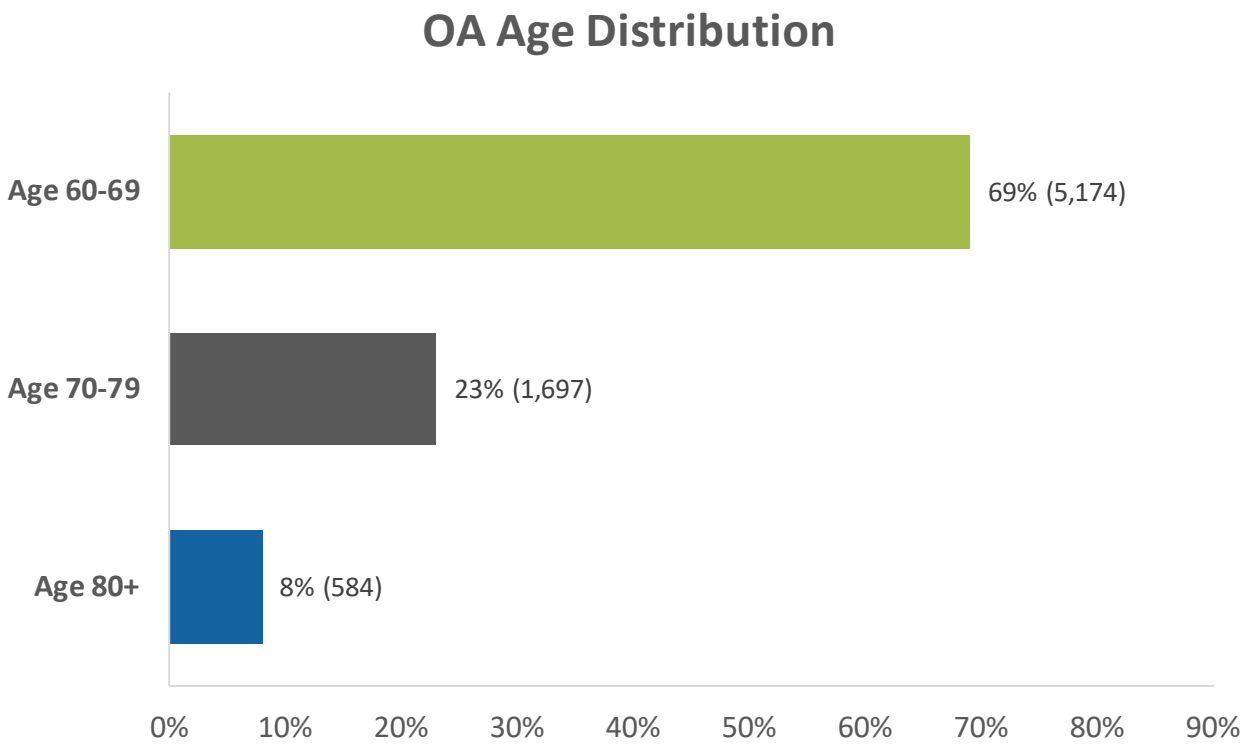


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

OA Clients: Age

- Over two-thirds (69%) of OA clients served during FY 2024-25 were between the ages of 60 and 69 years.
- The number of OA clients served during FY 2024-25 that were between the ages of 70 and 79 years (1,697 clients) increased by 12%, compared to FY 2023-24 (1,509 clients).



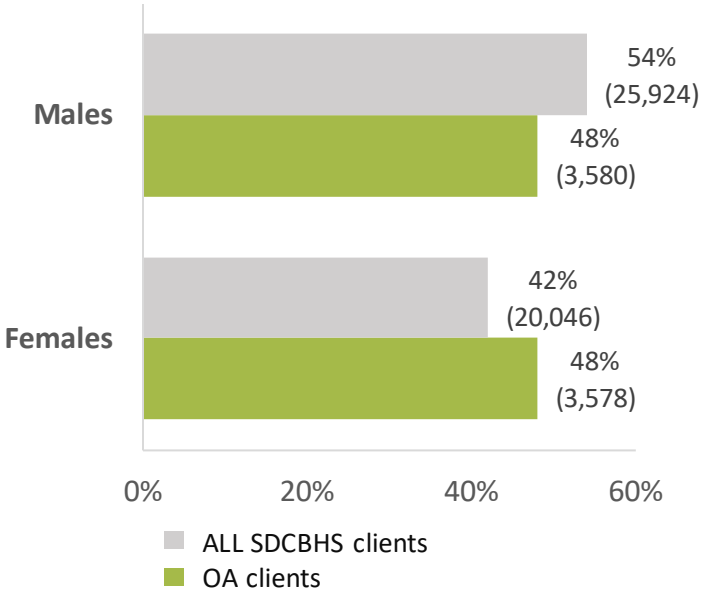
Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

OA Clients: Gender

- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2024-25 were female (48%) compared to the overall SDCBHS client population (42%).
- The proportion of male OA clients served by SDCBHS has stayed relatively the same over the past five fiscal years.

OA Gender* Distribution



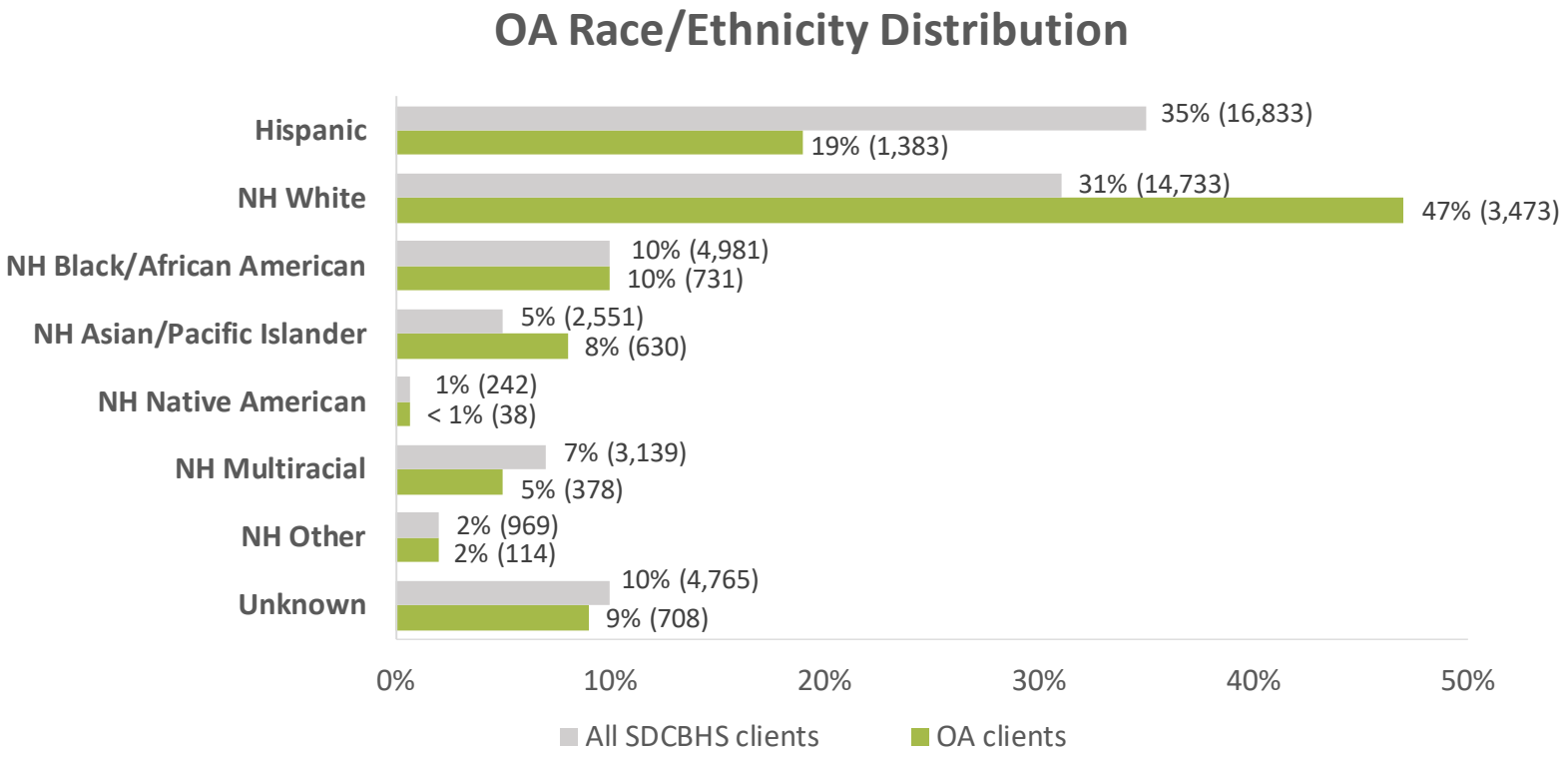
OA Gender	Fiscal Year					SDCBHS FY 2024-25 Population
	2020-21	2024-25	2022-23	2023-24	2024-25	
Females	52%	52%	52%	50%	48%	42%
Males	48%	48%	48%	49%	48%	54%
Another/ Unknown	< 1%	< 1%	< 1%	< 1%	4%	5%

**The figure excludes the another gender/unknown categories, comprising 4% of the OA (287 clients) and 5% of the overall SDCBHS (2,243 clients) population.*

Who are we serving?

OA Clients: Race/Ethnicity

- Less than half of OA clients (47%) served during FY 2024-25 were non-Hispanic White.
- Similar to previous fiscal years, compared to the overall SDCBHS client population, a smaller proportion of OA clients were Hispanic (19% vs. 35%), and a larger proportion were non-Hispanic White (47% vs. 31%) in FY 2024-25.

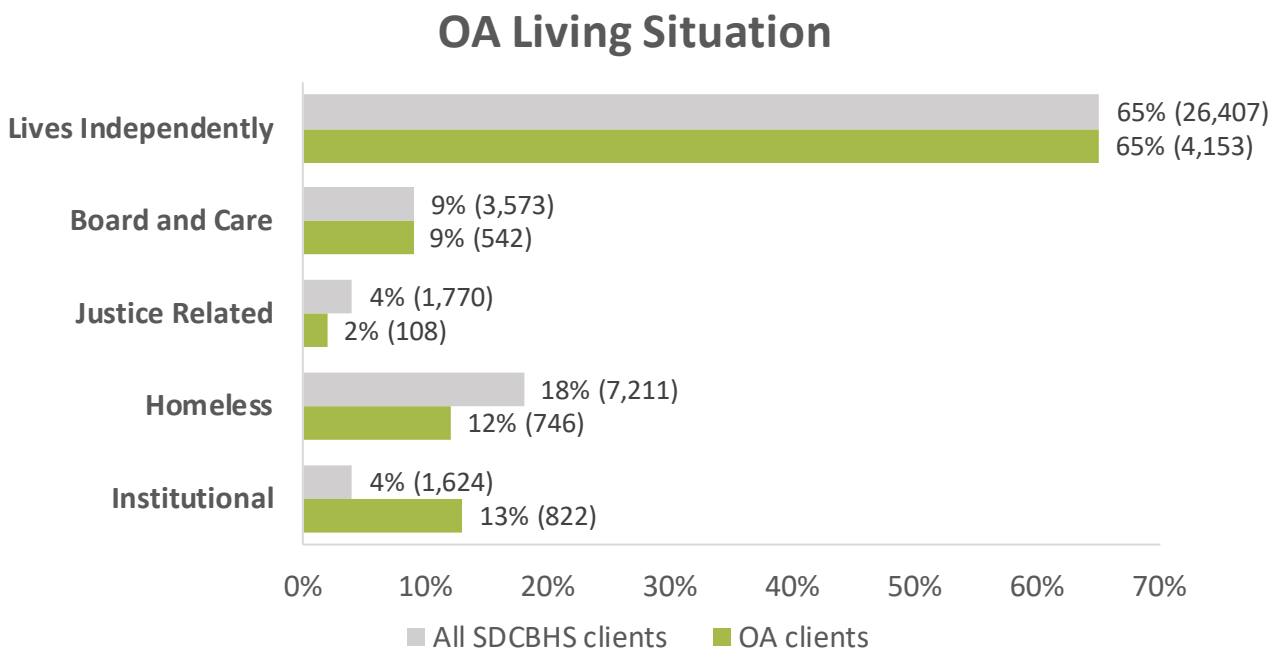


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

OA Clients: Living Situation*

- Compared to the overall SDCBHS client population, similar proportions of OA clients served during FY 2024-25 lived independently**.
- A greater proportion of OA clients served during FY 2024-25 lived in an institutional setting (13%) and a smaller proportion of OA clients were homeless (12%) or living in justice-related settings (2%), compared to the overall SDCBHS client population (4%, 18%, and 4%, respectively).

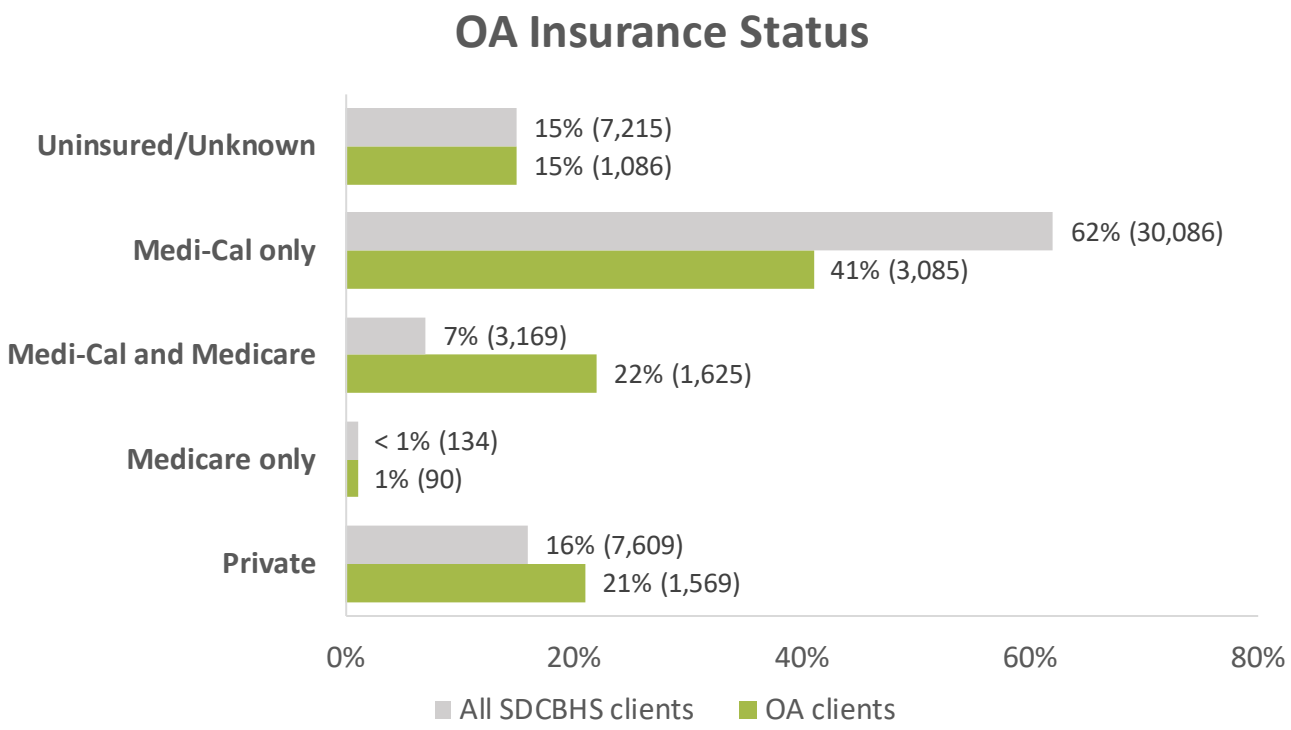


Client living situation reflects status at time of most recent client assessment.
***Clients living independently includes clients living with family at the start of services.*
Note: Clients with an other/unknown living status (OA, n = 1,084; Adult MH, n = 7,628) are excluded from the figure and percentages reported above.

Who are we serving?

OA Clients: Health Care Coverage

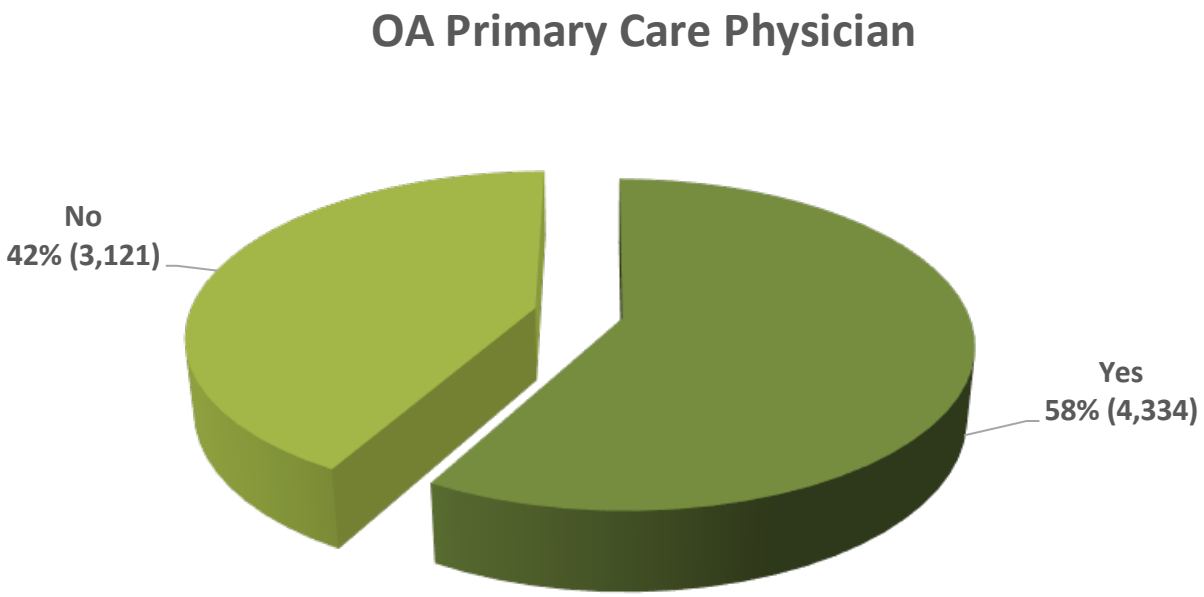
- Less than two-thirds of OA clients (63%) served during FY 2024-25 were at least partially covered by Medi-Cal.
- Over one-fourth of OA clients (22%) served during FY 2024-25 had combined Medi-Cal and Medicare health care coverage.
- 21% of OA clients served in FY 2024-25 had private insurance.



Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

OA Clients: Primary Care Physician

- Over half of OA clients served in FY 2024-25 had a primary care physician (58%).
- Note: SmartCare does not collect information regarding unknown or missing primary care physician data.



Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

OA Clients: Sexual Orientation

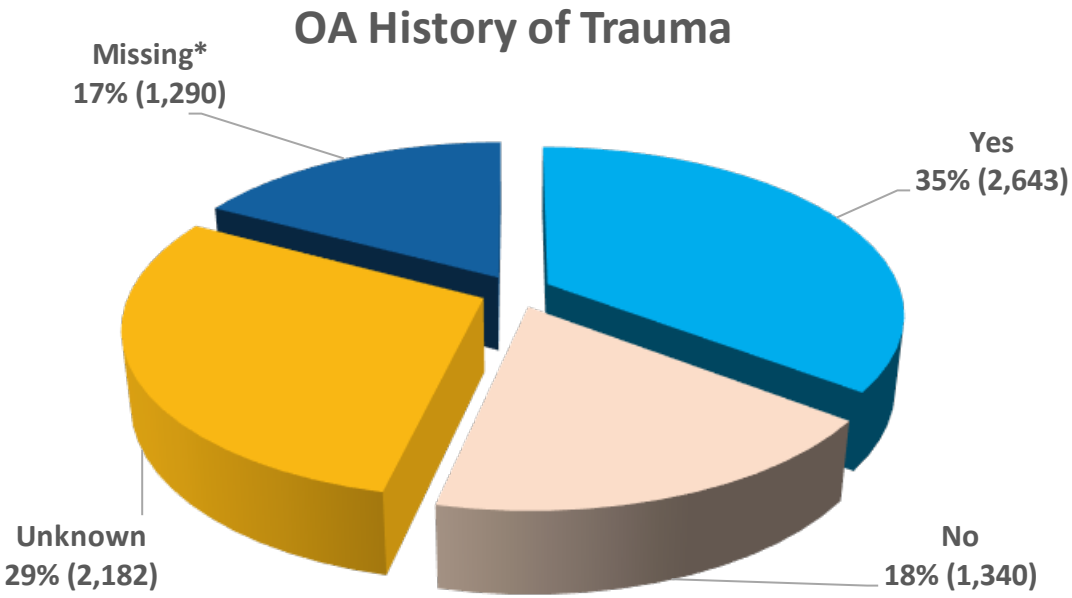
- Almost all OA clients served during FY 2024-25 with sexual orientation information available identified as heterosexual (92%).
- Compared to the overall SDCBHS population, a smaller proportion of OA clients identified as bisexual (2% compared to 5%).

Sexual Orientation	OA FY 2024-25		SDCBHS FY 2024-25	
	Clients	Percentage	Clients	Percentage
Heterosexual	3,982	92%	22,790	85%
Bisexual	66	2%	1,468	5%
Gay	63	1%	591	2%
Lesbian	22	1%	354	1%
Queer	0	0%	0	0%
Asexual	0	0%	0	0%
Other	22	1%	215	1%
Questioning/Unsure	15	< 1%	275	1%
Declined to state	166	4%	1,008	4%
Total (excluding missing)	**4,336**	**100%**	**26,701**	**100%**
Missing	3,119	42%	21,512	45%

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

OA Clients: History of Trauma

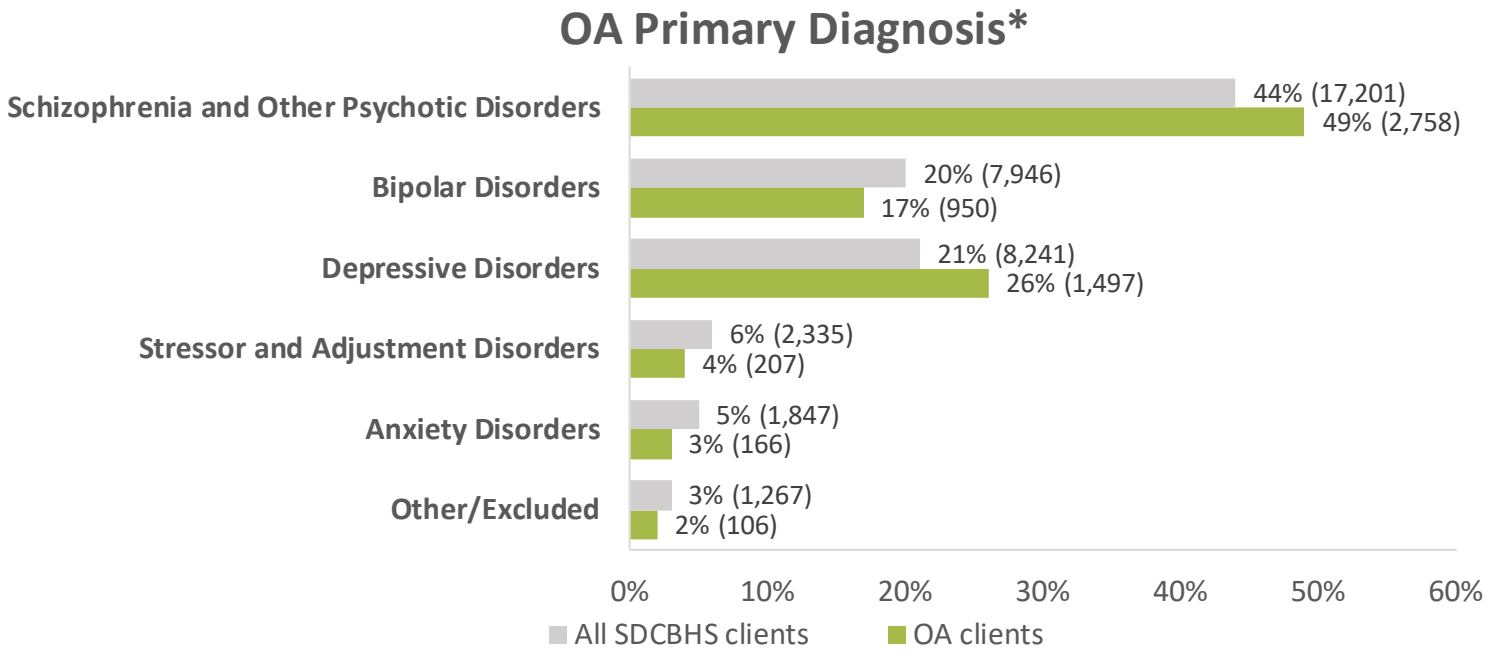
- 35% OA clients served during FY 2024-25 had a history of trauma, reflecting a larger proportion of OA clients compared to FY 2023-24 (34%).
- Trauma history data were missing or unknown for less than half (47%) of OA clients (3,472 clients).



**Missing category includes Fee-for-Service (FFS) providers for whom data were not available.*

OA Clients: Primary Diagnosis

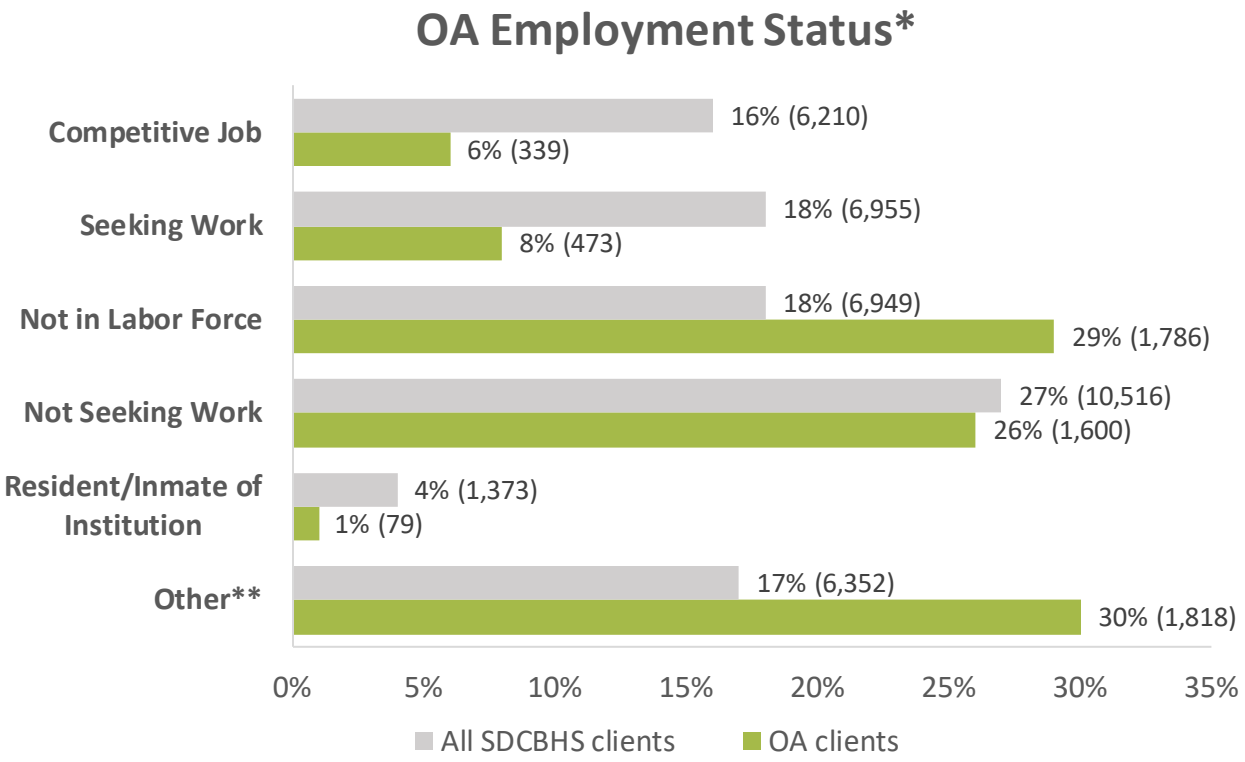
- The most common diagnosis among OA clients served during FY 2024-25 was schizophrenia and other psychotic disorders (49%), followed by depressive disorders (26%), comprising nearly three-quarters of OA clients with a valid diagnosis.
- Compared to the overall adult MH population, a slightly larger proportion of OA clients had a depressive disorder diagnosis (26% compared to 21%) or a diagnosis of schizophrenia and other psychotic disorders (49% compared to 44%).



**The graph and percentages reported above exclude invalid/missing values (OA, n = 1,771; Adult MH, n = 9,376).*

OA Clients: Employment Status

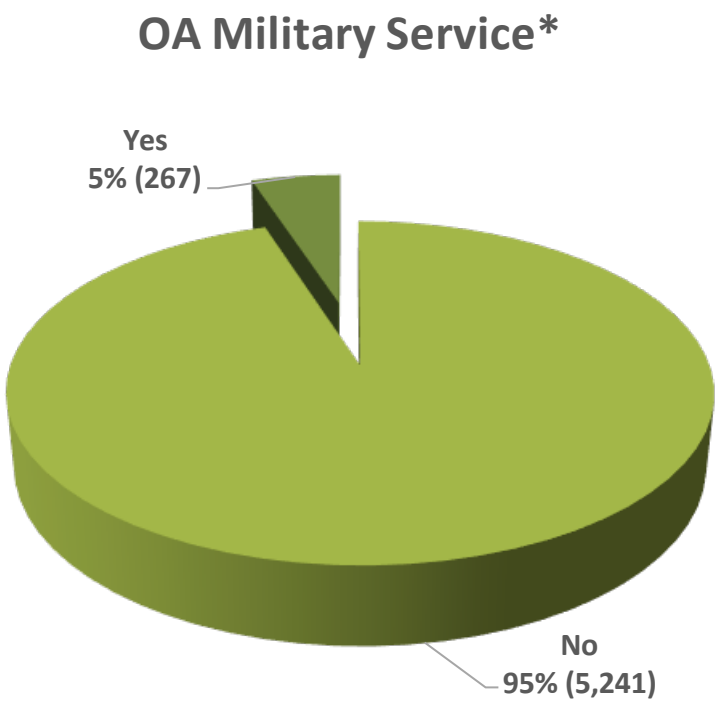
- 29% of OA clients served during FY 2024-25 were not in the labor force.
- More than one-quarter of OA clients served during FY 2024-25 (30%) had an other employment status, comprising the largest population of OA clients.



*The graph and percentages reported above exclude unknown values (OA, n = 1,360; Adult MH, n = 9,858).
**Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.

OA Clients: Military Service

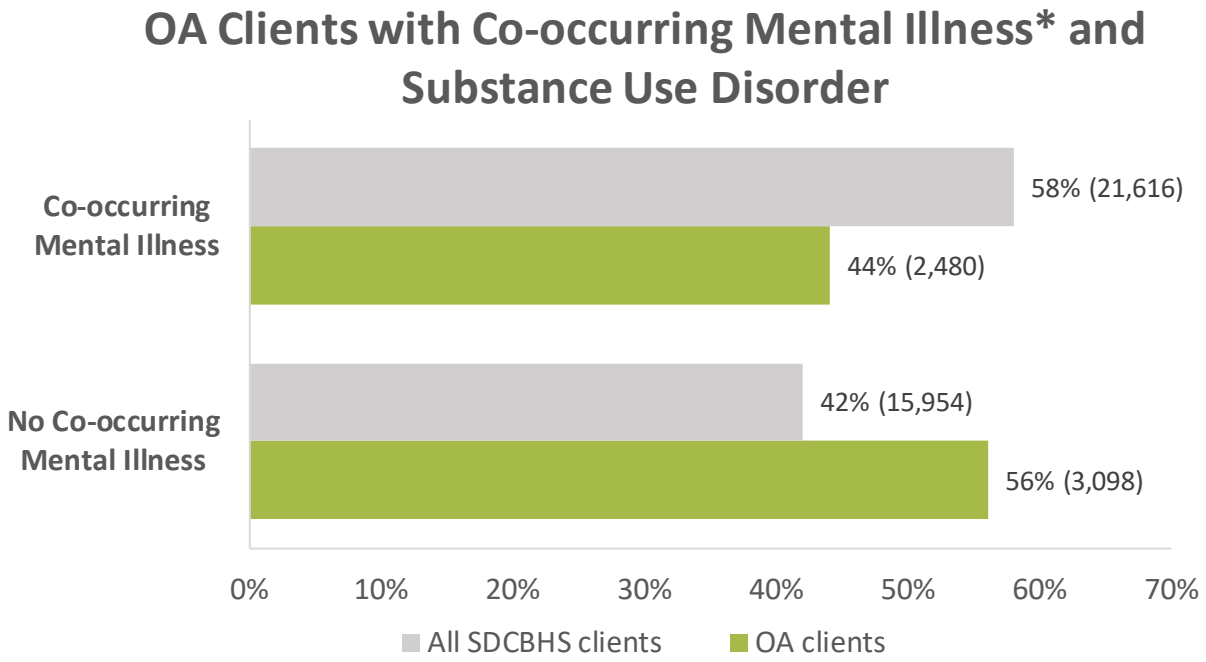
- Information regarding past military service was available for 74% of OA clients served during FY 2024-25.
- Among those clients served for whom military service data were available, 95% reported that they had no military service, and 5% indicated that they had served in the military.



*The graph and percentages reported above exclude missing values (n = 5,508).

OA Clients: Co-occurring Mental Illness and Substance Use Disorder

- In addition to a primary diagnosis, nearly half of OA clients (44%) also had a diagnosis of a co-occurring mental illness and substance use disorder in FY 2024-25.
- The proportion of OA clients with a co-occurring mental illness and substance use disorder served in FY 2024-25 was less than the proportion of all adult MH clients with a co-occurring mental illness and substance use disorder (44% OA clients compared to 58% adult MH clients).



Clients without a valid primary mental health diagnosis are excluded from the figure.

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

What types of services are being used?

OA Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	38,715	632
Case Management	160	116
Case Management – Institutional	4,627	447
Case Management – Strengths	14,133	575
Case Management – Transitional	0	0
Fee for Service (FFS)	12,633	1,558
Outpatient	33,625	2,026
Prevention	0	0

Inpatient Services	Admissions	Total Clients
Inpatient – County	109	73
Inpatient – FFS	637	333
Inpatient – Jail	26	18
State Hospital	16	13

Emergency/Crisis Services	Total Visits	Total Clients
Urgent Outpatient	820	390
Crisis Stabilization**	1,115	661
PERT	2,827	1,330
MCRT	2,846	910
	Total Days	**Total Clients**
Crisis Residential	4,012	239

Forensic Services	Total Visits	Total Clients
Jail	4,554	657

24 Hour Services	Total Days	Total Clients
Edgemoor	19,002	123
Long Term Care (LTC)	1,841	6
LTC – Institutional	22,904	243
LTC – Residential	2,741	7
Residential	0	< 5

**Clients may use more than one service, and therefore, may be represented in more than one category.*
***Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.*

Are clients getting better?

OA Clients: Client Outcomes (IMR and RMQ)*

- Mean pre- and post-scores on the clinician-rated Substance Use IMR subscale demonstrate a non-significant positive change in symptoms among OA clients in FY 2024-25.
- Clinicians reported significant improvements of symptoms among OA clients on the management subscale, recovery subscale, and overall IMR scores and OA clients self-reported significant improvement of symptoms in their overall mental health status via the RMQ from pre- to post-assessment.

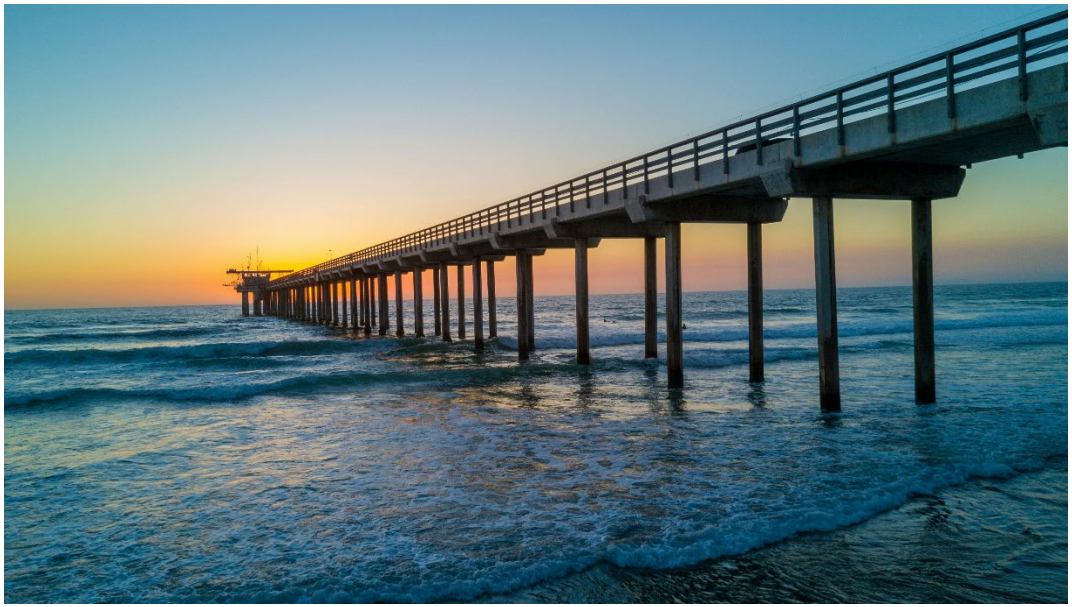
Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	786	4.53	4.58	▲
Management Subscale	811	3.09	3.09	▼
Recovery Subscale	811	2.98	2.95	▼
Overall Mean	811	3.33	3.33	▲
Recovery Markers Questionnaire (RMQ)	**N**	**Pre**	**Post**	**Change**
Overall Mean	637	3.61	3.65	▲

Legend

- ▲ Significant positive change ($p < .05$)
- ▲ Non-significant positive change
- ▼ Non-significant negative change

**The outcomes reported here include all OA BHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2024-25 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.*

Chapter 2: DMC-ODS



Adult* Drug Medi-Cal Organized Delivery System (DMC-ODS) Annual Report Fiscal Year 2024-25

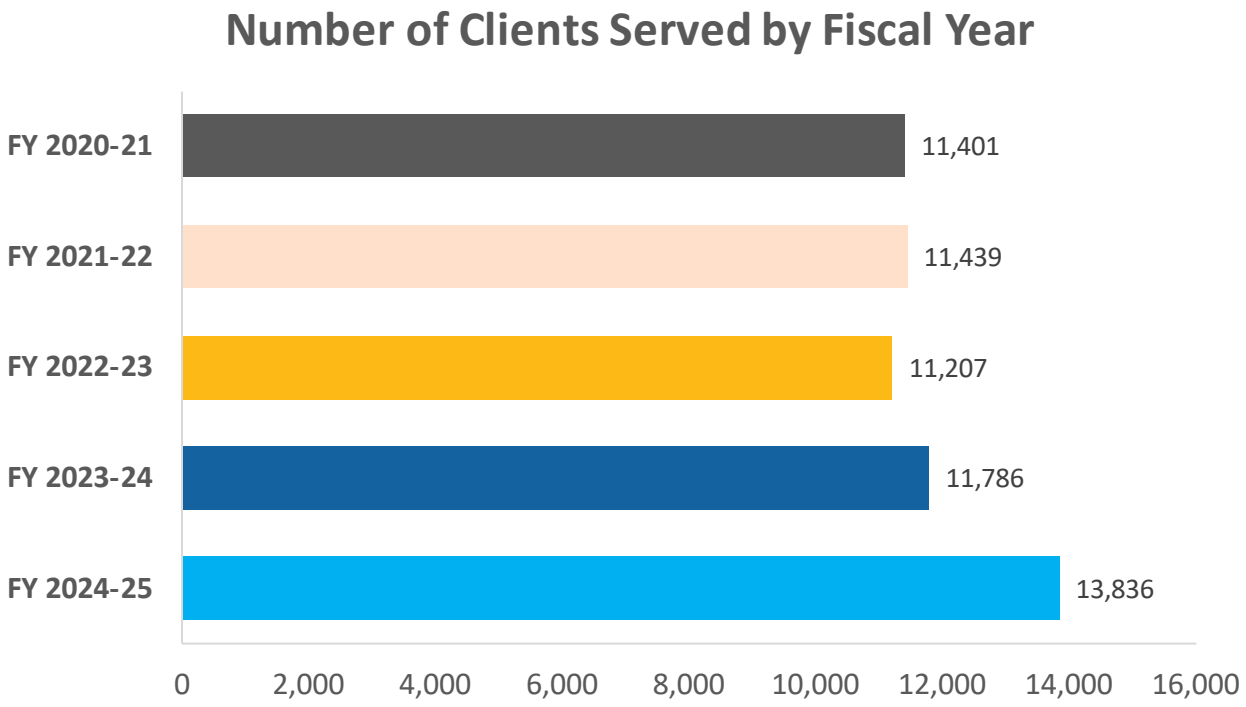
**Adult clients served by perinatal DMC-ODS programs are reported in the BHS-CY Annual Report.*

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

Total Number of Adult DMC-ODS Clients Served

- During FY 2024-25, substance use disorder (SUD) treatment services were delivered to 13,836 clients by adult, non-perinatal DMC-ODS programs, which is an increase in the number of unique clients served compared to the last four FYs (clients served ranged from 11,207 to 11,786) and similar to pre-pandemic client counts (FY 2018-19; 13,687 and FY 2019-20; 13,345).

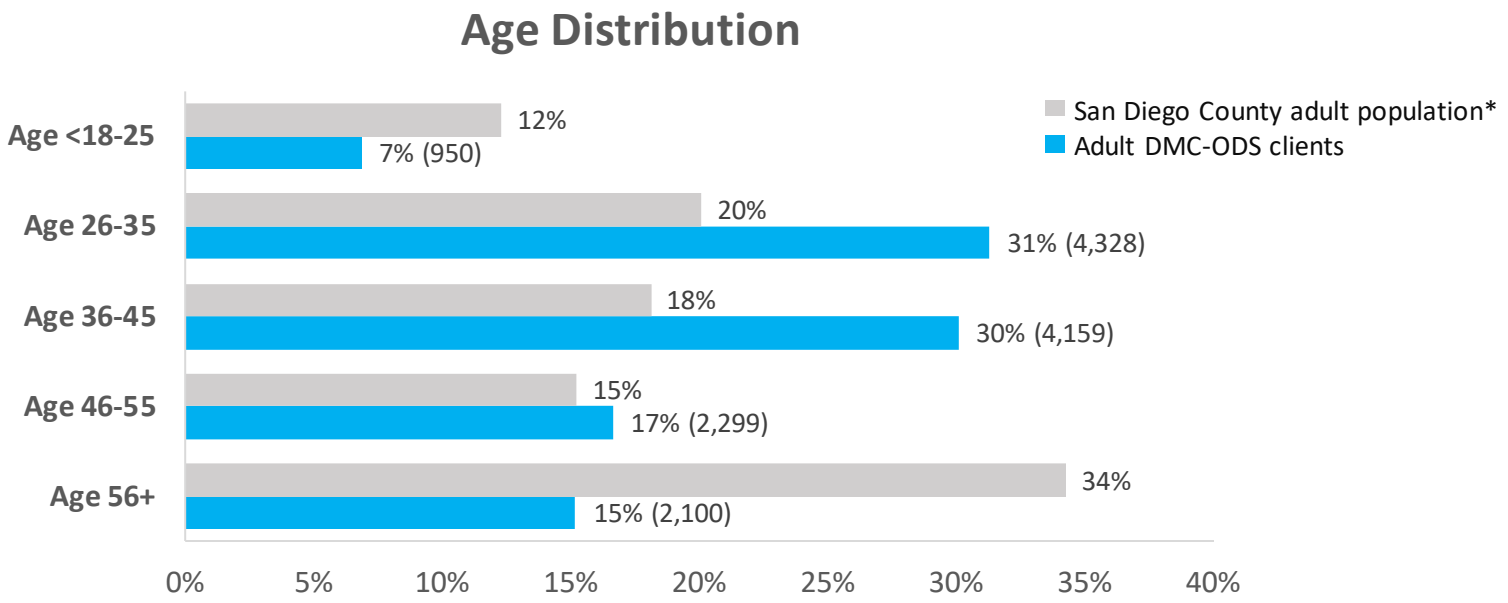


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

Adult DMC-ODS Clients: Age

- Most adult clients served by the DMC-ODS during FY 2024-25 were between the ages of 26 and 35 years (31%), or 36 and 45 years (30%).
- Seventeen percent (17%) of adult clients served by the DMC-ODS were between the ages of 46 and 55 years, 15% were aged 56 years or older, and the remaining 7% of clients served were aged 25 years or younger.

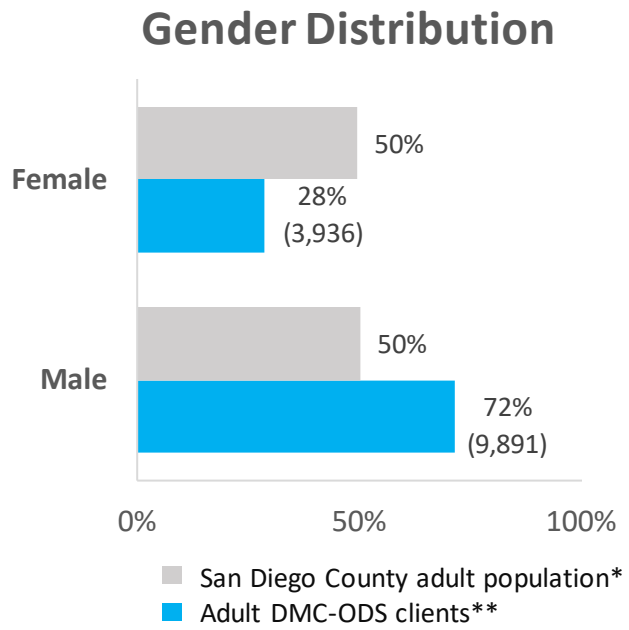


**Source: U.S. Census Bureau, 2024 American Community 5-Year Estimates Age and Sex (San Diego County population)*
Note: San Diego County population estimates were not available for the age categories reported from the DMC-ODS. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-34, age 35-44, age 45-54 and age 55+.

Who are we serving?

Adult DMC-ODS Clients: Gender

- The proportion of males and females of adult clients served by the DMC-ODS has remained relatively stable over the last five fiscal years, with a greater proportion of clients identifying as male versus female.
- There was a greater proportion of male adult clients served by DMC-ODS during FY 2024-25 (72%) compared to the proportion of males in the overall San Diego County adult population (50%) and a smaller proportion of female adult clients served by the DMC-ODS in FY 2024-25 (28%) compared to the proportion of females in the overall San Diego County adult population (50%).



DMC-ODS Gender	Fiscal Year					SD County Population
	2020-21	2021-22	2022-23	2023-24	2024-25	
Female	30%	29%	28%	28%	28%	50%
Male	70%	71%	72%	72%	72%	50%
Other/ Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	*n/a***

**Source: U.S. Census Bureau, 2024 American Community 5-Year Estimates Age and Sex (San Diego County population)*
***In the DMC-ODS population, gender was reported as other or unknown for 9 adult DMC-ODS clients in FY 2024-25 (< 1%).*
****Rates of other/unknown genders were not available for the San Diego County adult population.*

Who are we serving?

Adult DMC-ODS Clients: Race/Ethnicity

- The proportion of non-Hispanic White clients served by DMC-ODS adult SUD treatment providers gradually decreased from FY 2020-21 to FY 2023-24 (52% to 47%), with a larger decrease over the past FY (47% to 27%). During the same timeframe, the proportion of Hispanic clients increased from 29% in FY 2020-21 to 35% in FY 2023-24, and increased to over half (53%) during FY 2024-25.
- Many client demographics that were previously completed at admission are no longer required in SDCBHS's new EHR. Therefore, race/ethnicity was not reported for 3,582 clients (26%) served during FY 2024-25, so comparisons to previous FYs should be interpreted with caution.

Race/Ethnicity	Fiscal Year				
	2020-21	2021-22	2022-23	2023-24	2024-25*
Hispanic	29%	32%	34%	35%	53%
NH White	52%	49%	48%	47%	27%
NH Black/African American	9%	9%	9%	10%	8%
NH Asian/Pacific Islander	2%	2%	2%	2%	2%
NH Native American	1%	1%	1%	1%	1%
NH Other/Multiracial	7%	5%	5%	4%	9%

**Race/ethnicity information was unavailable for 3,582 (26%) of clients served during FY 2024-25, and these clients are excluded from percentages reported here.*

Who are we serving?

Adult DMC-ODS Clients: Sexual Orientation

- The majority of adult DMC-ODS clients served during FY 2024-25 with sexual orientation information available identified as heterosexual (93%).
- Sexual orientation data was unavailable for 6,355 clients (46%), which is notably fewer than last FY (88%). However, given the still relatively high rate of clients without sexual orientation data available, interpretations of the data below should be made with caution.

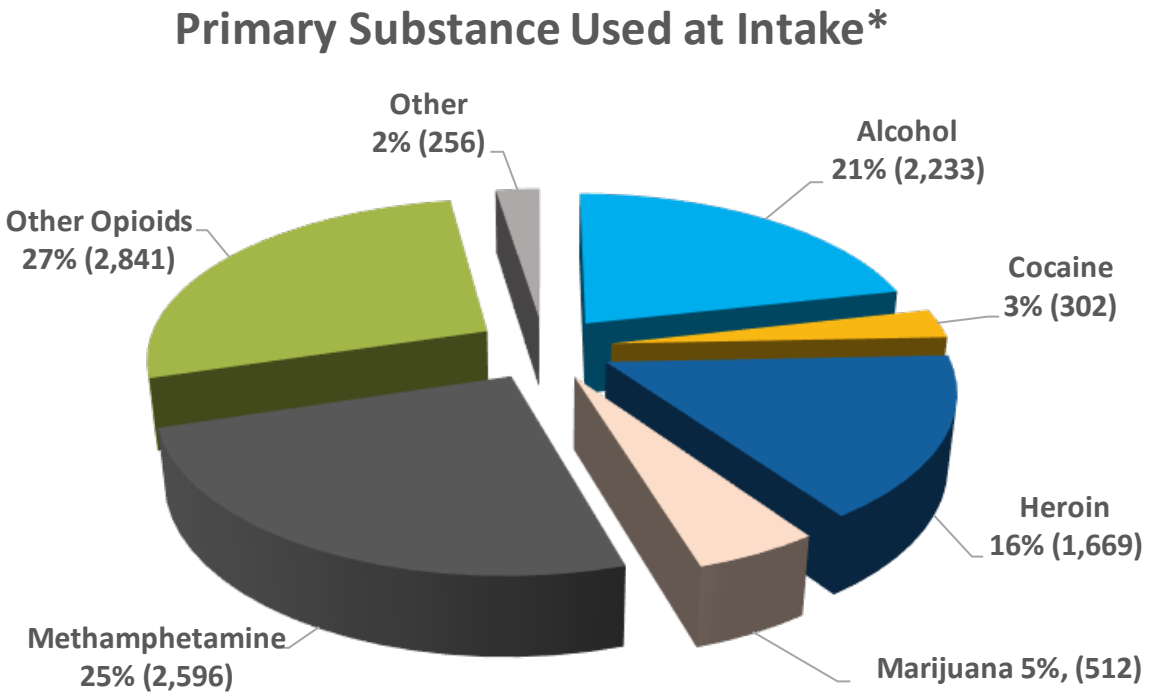
Sexual Orientation	Unique Clients	Percentage
Heterosexual	6,970	93%
Bisexual	221	3%
Gay male	138	2%
Lesbian	67	1%
Questioning	8	< 1%
Other	2	< 1%
Declined to state	75	1%
Total (excluding missing)	**7,481**	**100%**
Missing	6,355	46%

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

Adult DMC-ODS Clients: Primary Substance Used at Intake

- The most common primary substance used at intake among adult DMC-ODS clients served during FY 2024-25 were opioids that were not heroin (27%), followed by methamphetamine (25%), and alcohol (21%).
- More than two-fifths (43%) of adult clients served by the DMC-ODS during FY 2024-25 reported a primary substance used of heroin or an other opioid at intake.



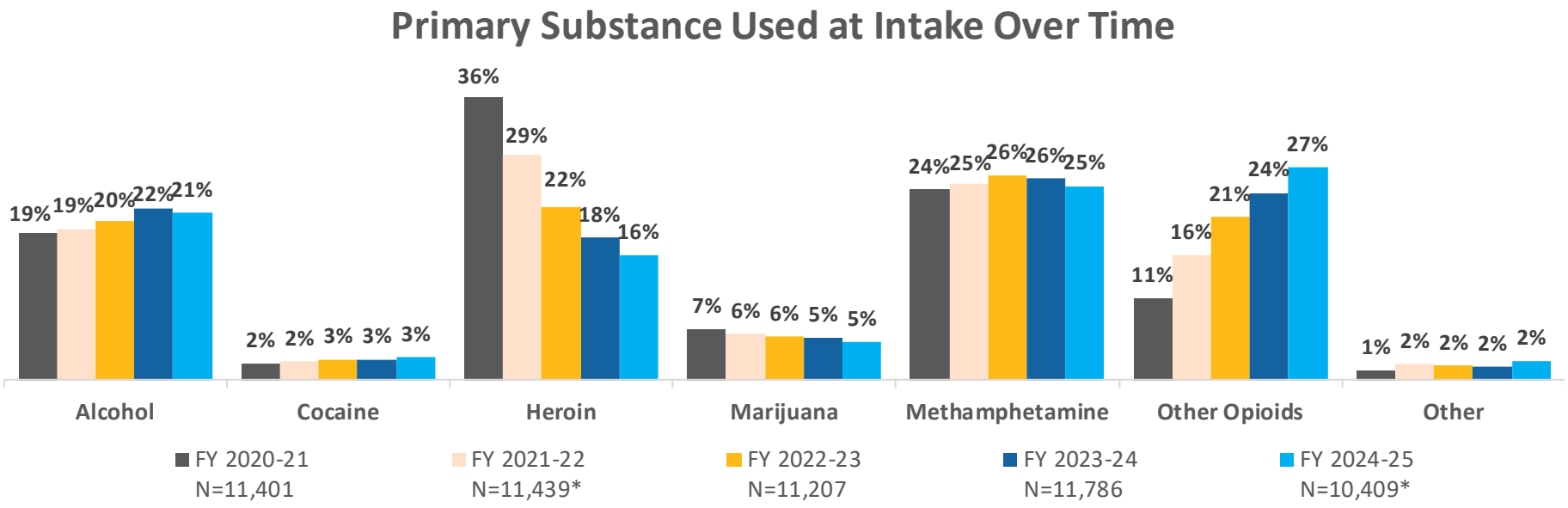
**Primary substance used at intake was unavailable for 3,427 (25%) of clients served during FY 2024-25, and these clients are excluded from percentages reported here.*

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

Adult DMC-ODS Clients: Primary Substance Used at Intake Over Time

- Since FY 2020-21, primary utilization of heroin among adult clients served by the DMC-ODS declined from 36% to 16%, while primary utilization of opioids other than heroin steadily increased over the same time frame from 11% to 27%).
- Utilization of other substances has been stable among adult clients served by the DMC-ODS during the past five fiscal years, aside from a slight decline in the proportion of adult clients who reported marijuana use as their primary substance (7% in FY 2020-21 compared to 5% during FY 2024-25) and a similar increase in utilization of alcohol over the same time period (19% in FY 2020-21 compared to 21% in FY 2024-25).



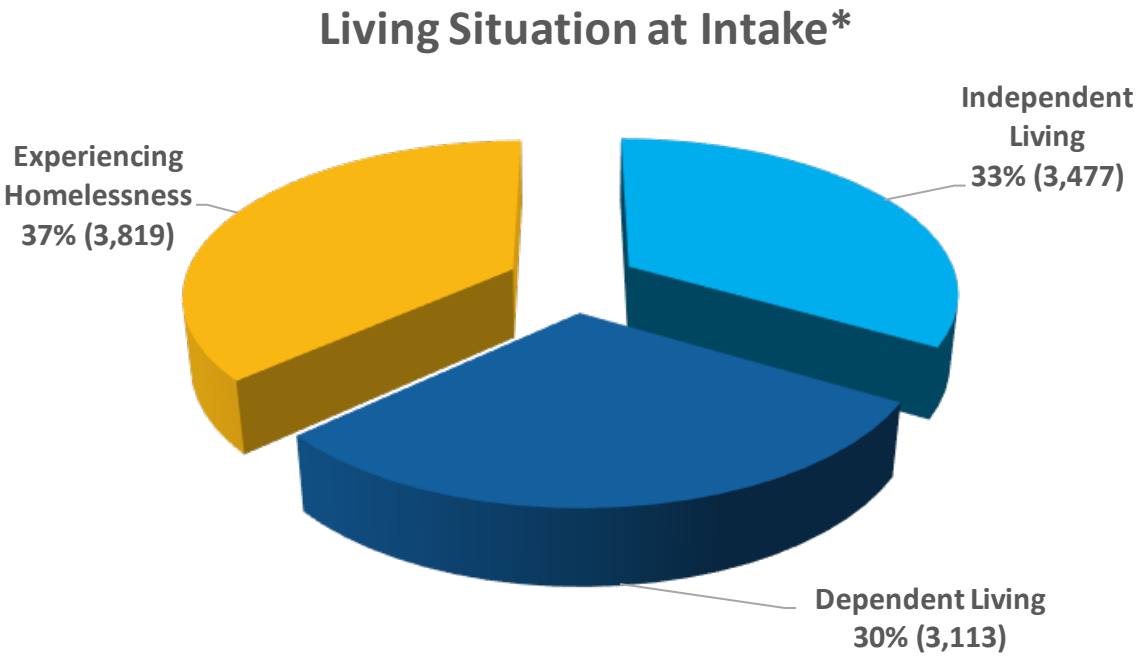
**The graph and percentages reported above exclude missing values (FY 2021-22, n=1; FY 2024-25, n=3,427).*

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

Adult DMC-ODS Clients: Living Situation at Intake

- More than one-third (37%) of adult clients served during FY 2024-25 were experiencing homelessness at the time of their intake in the DMC-ODS.
- One-third (33%) of adult clients served during FY 2024-25 were living independently at the time of their intake in the DMC-ODS.



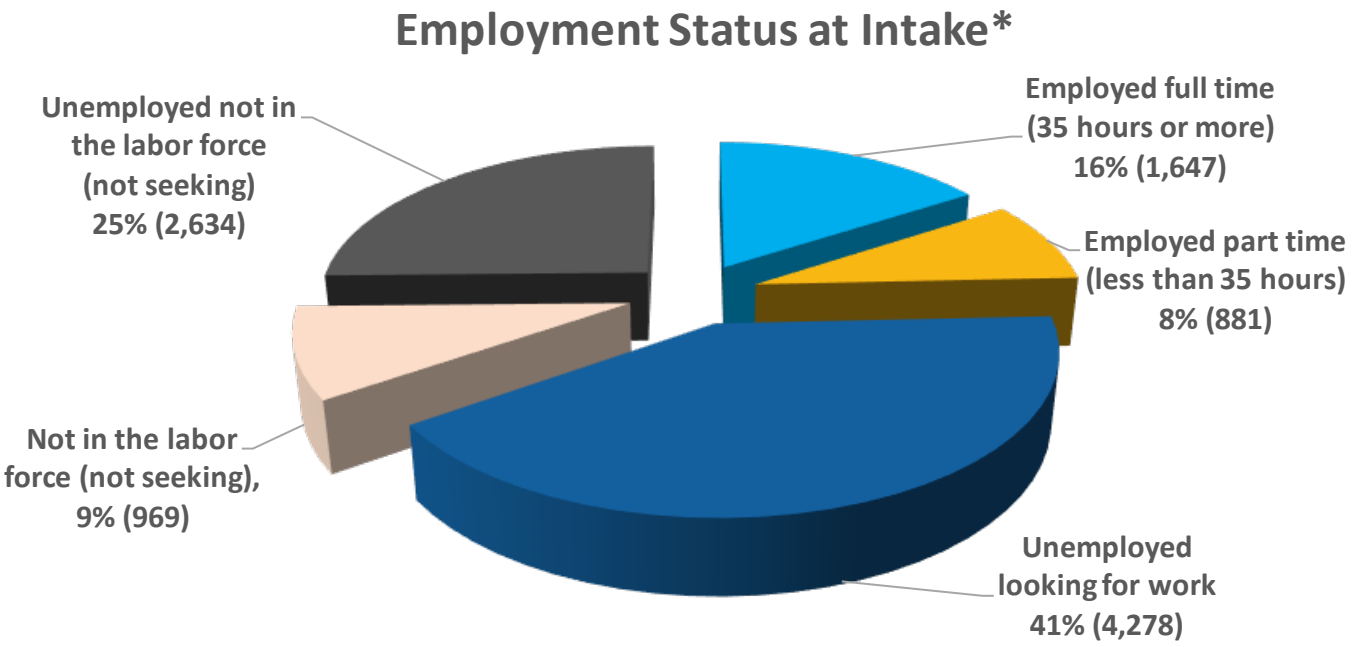
**Client living situation reflects status at the intake of the client's most recent admission.*

***Note:** Living situation at intake was unknown for 3,427 clients (25%) and are excluded from the figure and percentages reported above.*

Who are we serving?

Adult DMC-ODS Clients: Employment Status at Intake

- Sixteen percent of adult DMC-ODS clients served during FY 2024-25 were employed full time at intake.
- About two-fifths (41%) of adult DMC-ODS clients served during FY 2024-25 were unemployed and looking for work, and one-quarter (25%) were unemployed and not seeking.

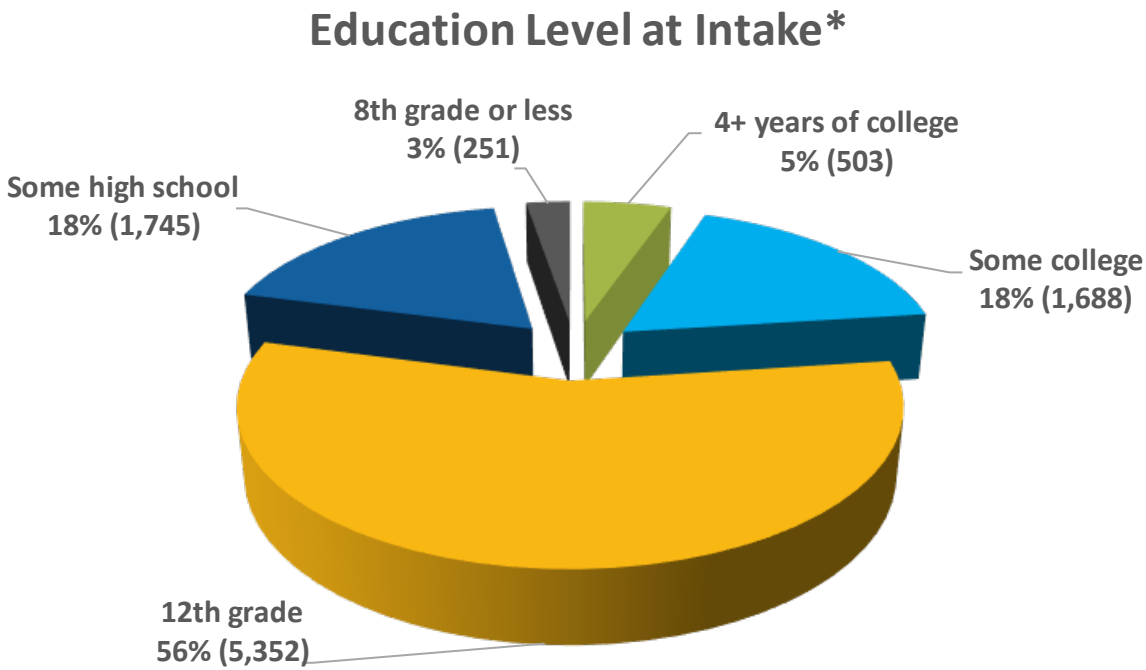


**Client employment status reflects status at the intake of the client's most recent admission.*
***Note:** Employment status at intake was unknown for 3,427 clients (25%) and are excluded from the figure and percentages reported above.*

Who are we serving?

Adult DMC-ODS Clients: Education Level at Intake

- More than half (56%) of adult DMC-ODS clients served during FY 2024-25 reported 12th grade as the highest level of education they received.
- About one-fifth (21%) of adult DMC-ODS clients served in FY 2024-25 did not complete high school.

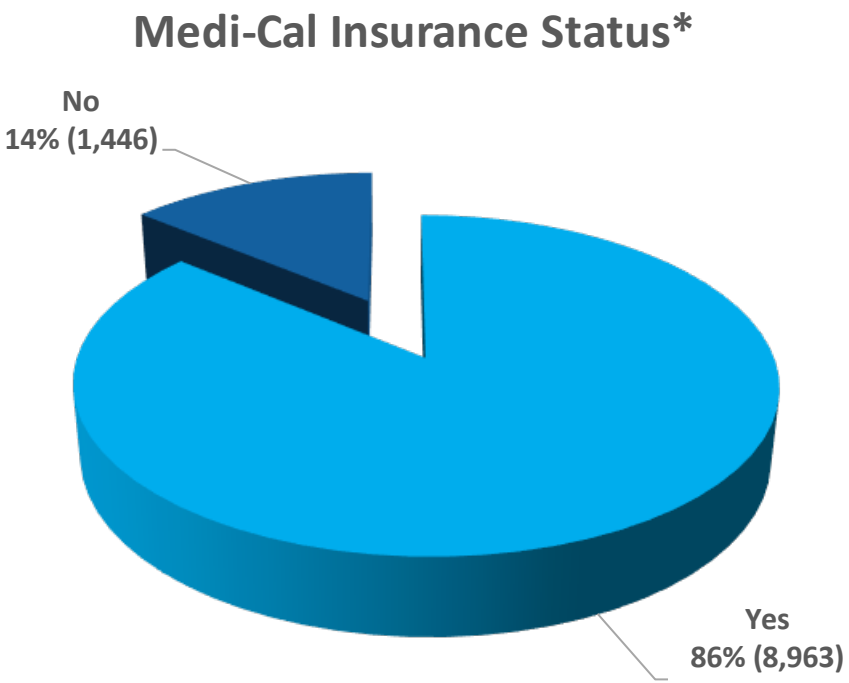


**Client educational level reflects the highest level of education obtained at the time of intake of the client's most recent admission.*
***Note:** Education level at intake was unknown for 4,297 clients (31%) and these clients are excluded from the figure and percentages reported above.*

Who are we serving?

Adult DMC-ODS Clients: Medi-Cal Beneficiaries

- The majority (86%) of adult clients served by the DMC-ODS during FY 2024-25 were covered by Medi-Cal.
- The proportion of adult clients served by the DMC-ODS that were covered by Medi-Cal increased over the past several fiscal years (FY 2023-24, 85%; FY 2022-23, 83%; FY 2021-22, 81%; FY 2020-21, 79%; FY 2019-20, 74%).

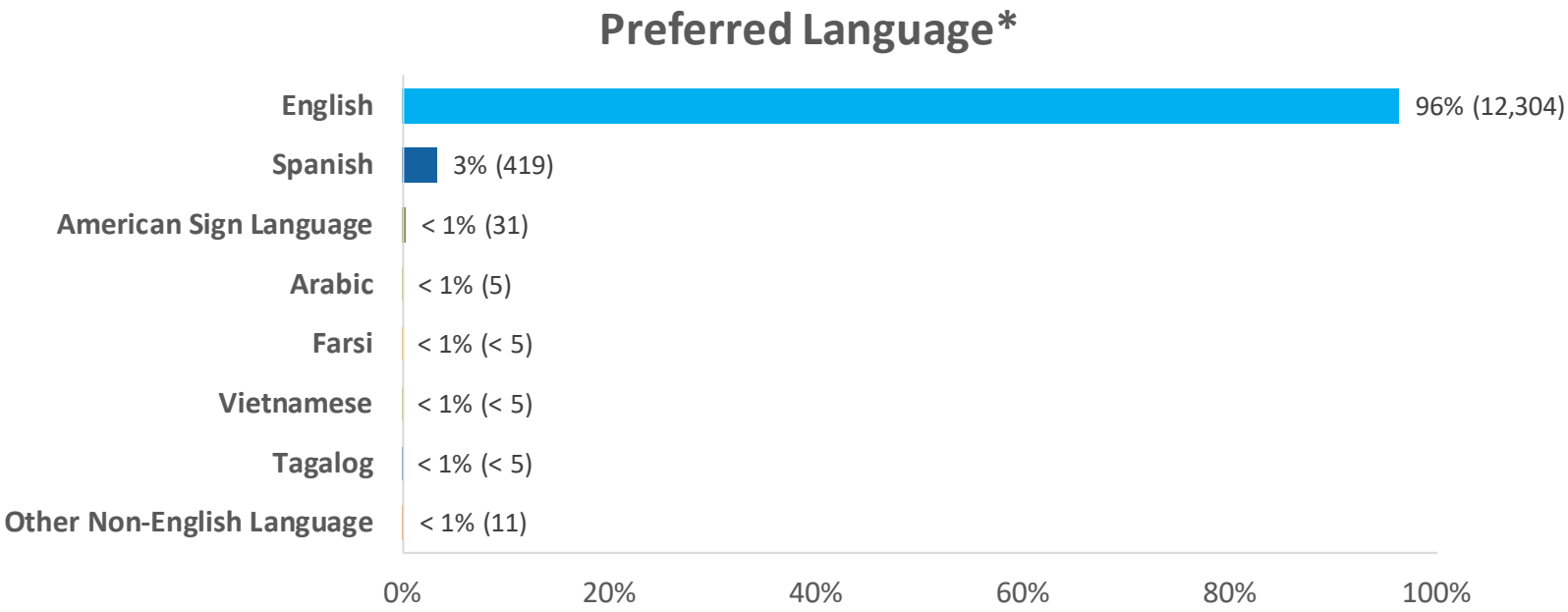


**Medi-Cal beneficiary status was unavailable for 3,427 (25%) of clients served during FY 2024-25, and these clients are excluded from percentages reported here.*

Who are we serving?

Adult DMC-ODS Clients: Preferred Language

- SDCBHS services are available in many languages, including American Sign Language and the eight threshold languages* in San Diego County: Arabic, Chinese (Mandarin), Korean, Persian (Farsi and Dari), Somali, Spanish, Filipino (Tagalog), and Vietnamese.
- Almost all (96%) adult clients served by the DMC-ODS during FY 2024-25 reported English as their preferred language. The second most common preferred language was Spanish (3%), followed by American Sign Language (< 1%).

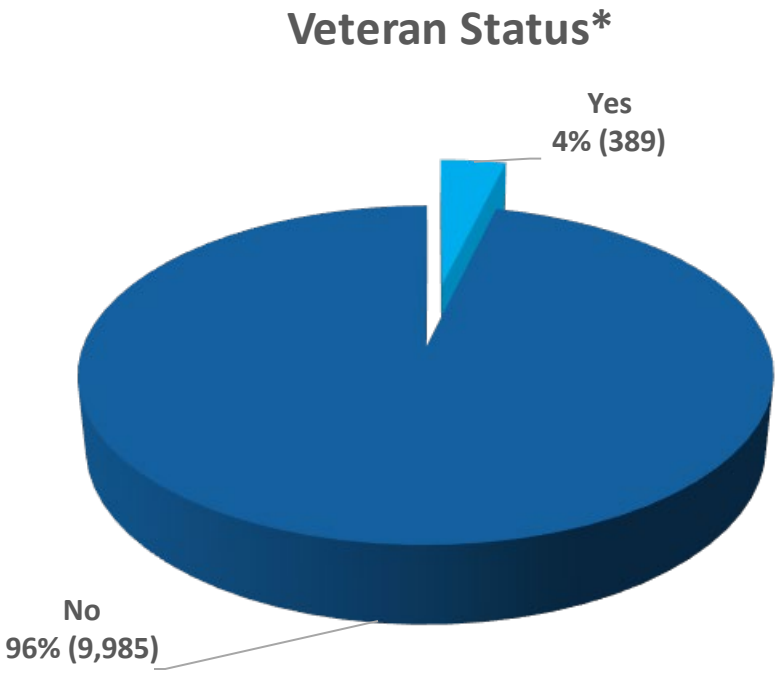


**San Diego County threshold languages with zero clients indicating preference for that language are omitted from the chart.*
***Note:** Preferred language was unavailable for 1,058 (8%) of clients served during FY 2024-25, and these clients are excluded from percentages reported here.*

Who are we serving?

Adult DMC-ODS Clients: Veteran Status

- The majority (96%) of adult clients served by the DMC-ODS during FY 2024-25 were not Veterans.

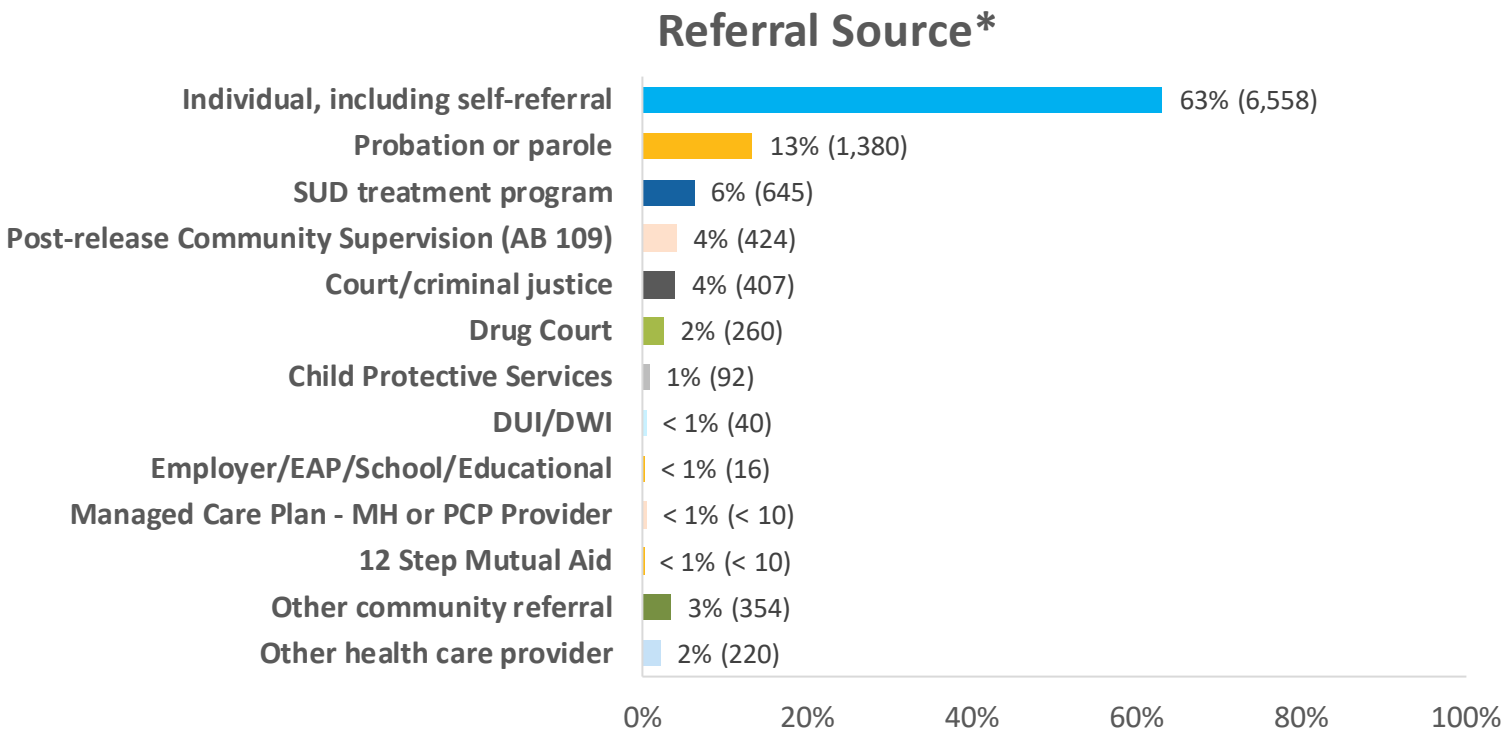


**Veteran status was unavailable for 3,462 (25%) of clients served during FY 2024-25, and these clients are excluded from percentages reported here.*

Who are we serving?

Adult DMC-ODS Clients: Referral Source

- Almost two-thirds (63%) of adult clients served by the DMC-ODS during FY 2024-25 were self-referred.
- The second most common referral source among adult clients served by the DMC-ODS during FY 2024-25 was probation or parole (13%), followed by another SUD treatment program (6%) and post-release community supervision (AB 109) (4%).

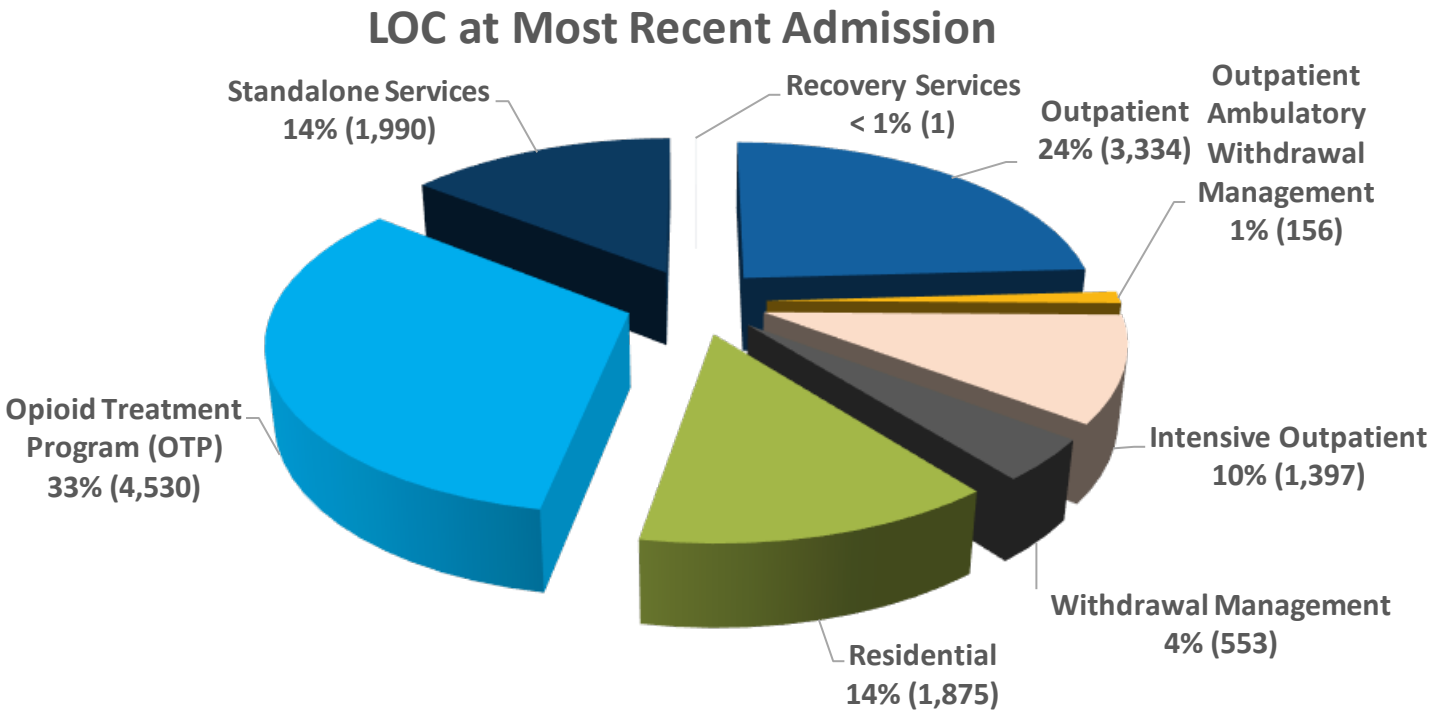


**Referral source was unavailable for 3,432 (25%) of clients served during FY 2024-25, and these clients are excluded from percentages reported here.*

Who are we serving?

Adult DMC-ODS Clients: Level of Care (LOC) at Most Recent Admission*

- One-third (33%) of adult clients served by the DMC-ODS during FY 2024-25 received services from an OTP during their most recent admission, and another third (34%) received services from an outpatient or intensive outpatient program.
- Clients receiving standalone services from the DMC-ODS at their more recent admission comprised 14% of the clients served during FY 2024-25.

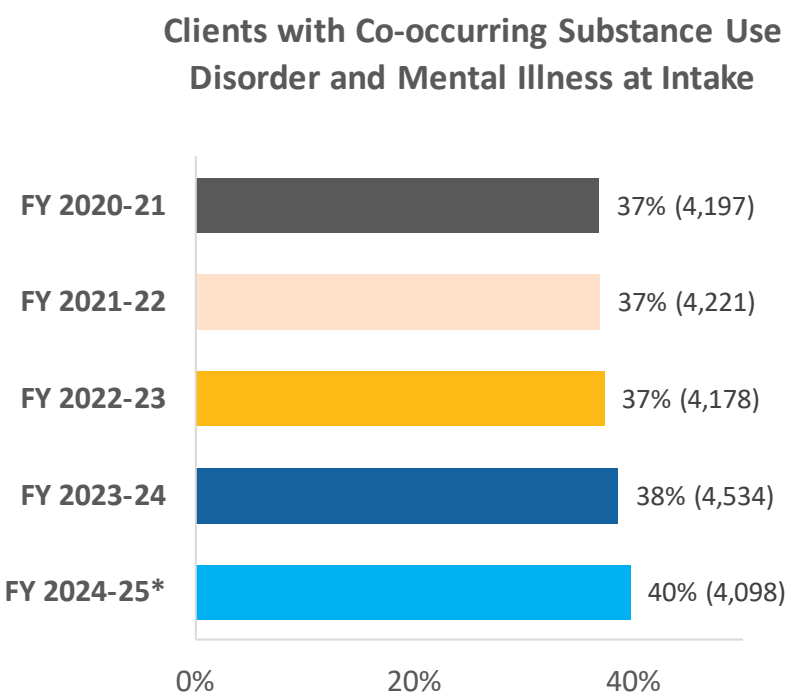


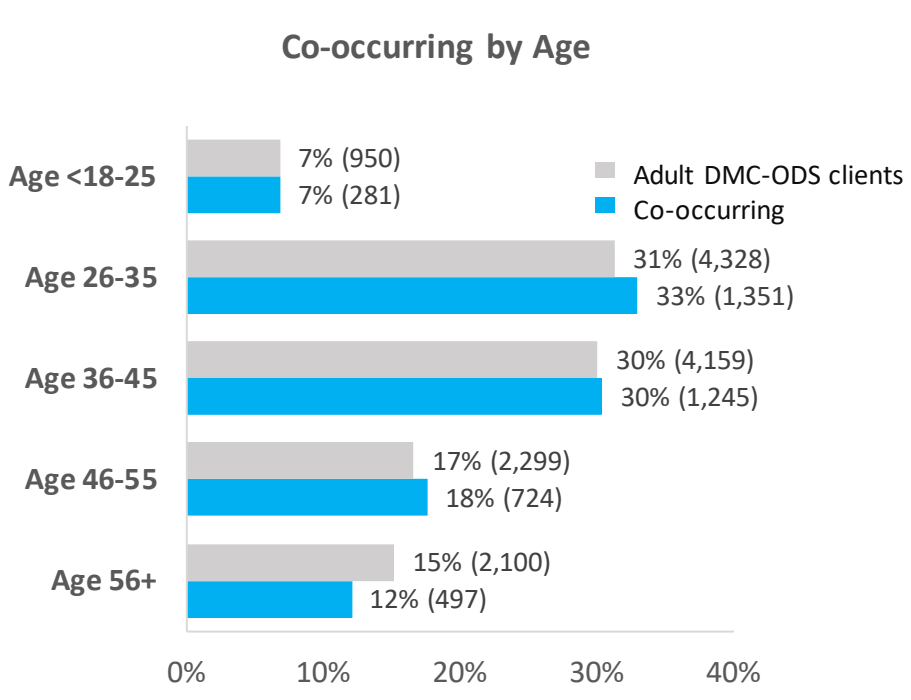
*LOC reflects the level of care received by the client during their most recent admission.

Who are we serving?

Adult DMC-ODS Clients: Co-occurring SUD and Mental Illness at Intake (Overall & by Age)

- In addition to a substance use disorder, 40% of adult DMC-ODS clients served during FY 2024-25 had a co-occurring substance use disorder and mental health illness at intake.
- The proportion of adult clients served by the DMC-ODS with a co-occurring substance use disorder and mental illness increased slightly over the past five fiscal years (37% to 40%*).
- By age, co-occurring diagnoses is the roughly the same proportionally compared to all adult DMC-ODS clients.



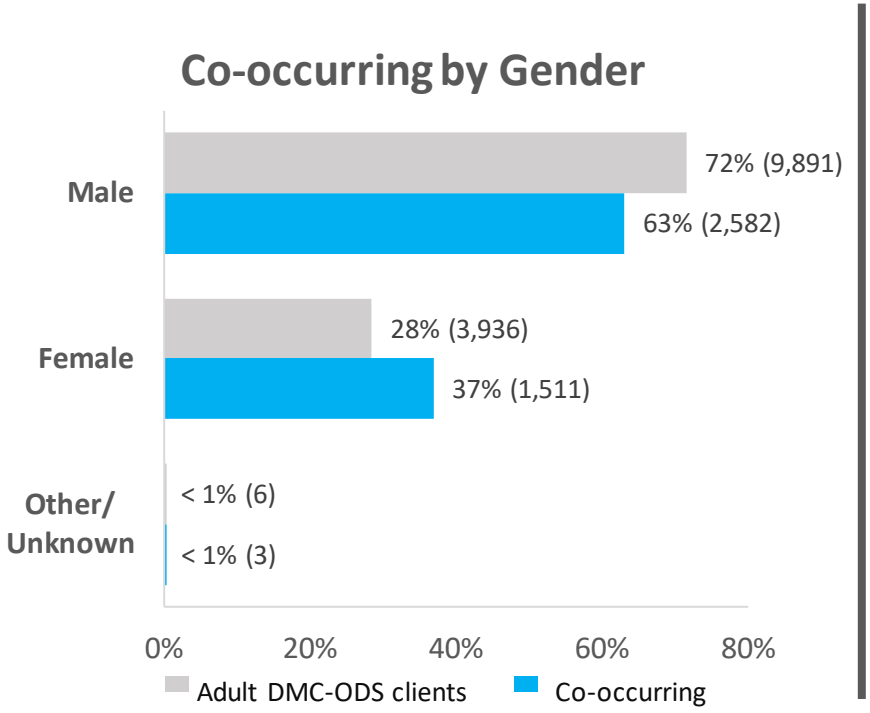


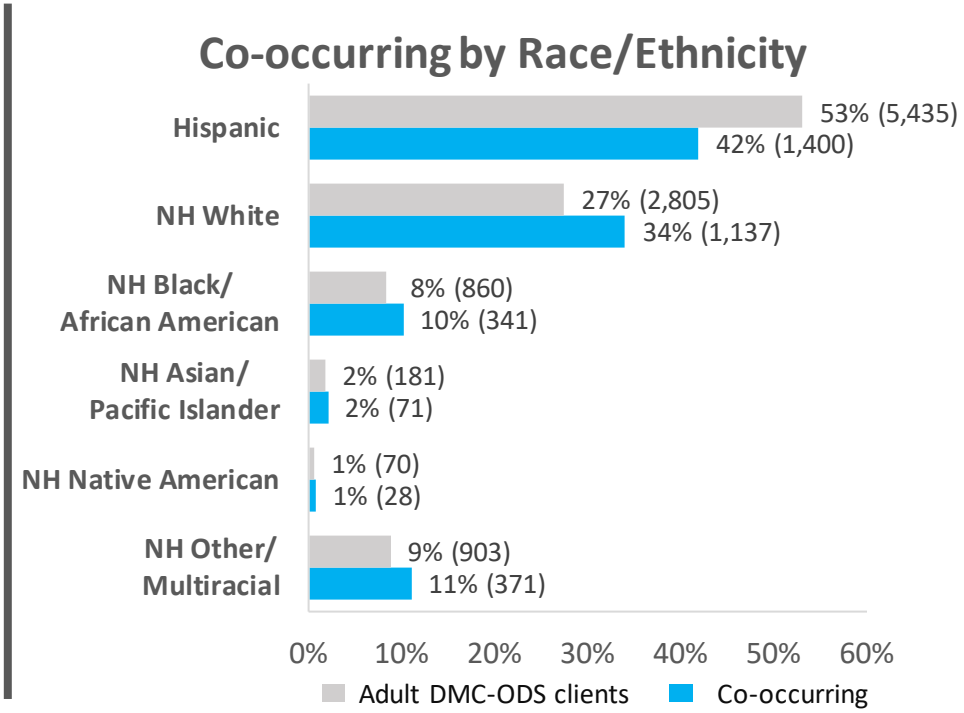
**Mental illness at intake was unavailable for 3,502 (25%) of clients served during FY 2024-25, so comparisons to previous FYs should be interpreted with caution.*

Who are we serving?

Adult DMC-ODS Clients: Co-occurring by Gender and Race/Ethnicity

- Almost two-thirds of adult clients with a co-occurring substance use disorder (SUD) and mental illness served during FY 2024-25 by the DMC-ODS were male (63%).
- A larger proportion of clients with a co-occurring SUD and mental illness served by adult DMC-ODS treatment providers during FY 2024-25 were female (37%) compared to the proportion of all female clients served during the fiscal year (28%).
- A larger proportion of adult clients with a co-occurring SUD and mental illness were non-Hispanic White (34%) and a smaller proportion were Hispanic (42%), relative to the racial/ethnic proportions of all adult DMC-ODS clients served during FY 2024-25 (non-Hispanic White, 27%; Hispanic, 53%).



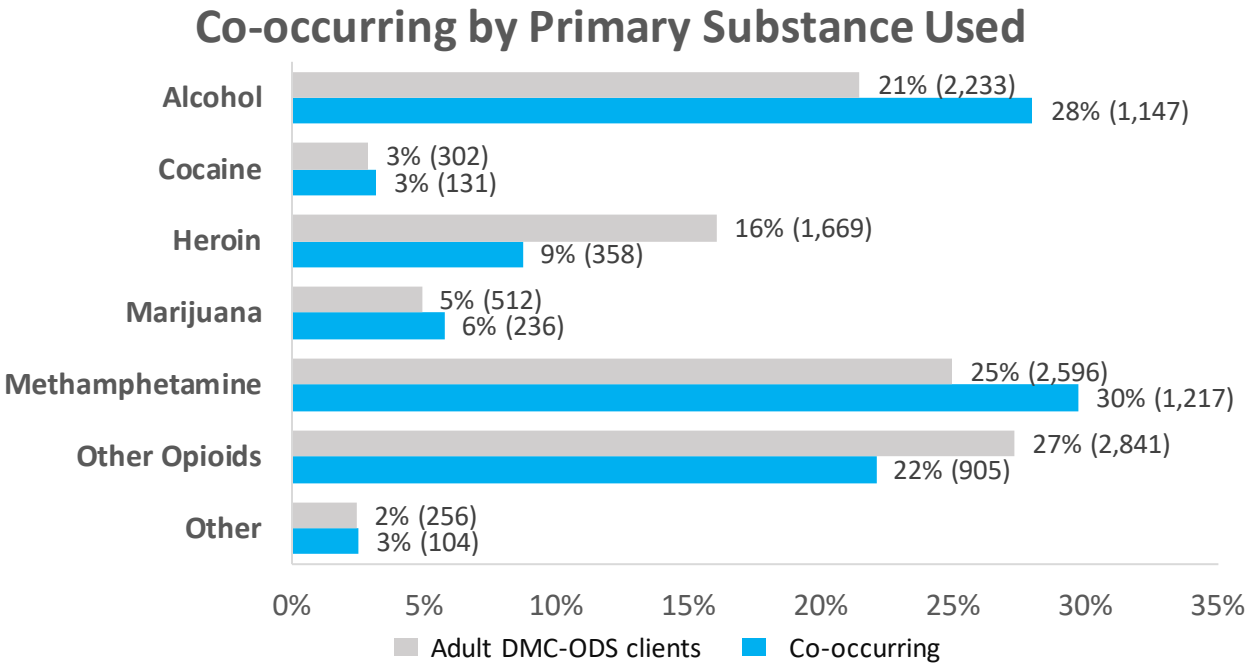


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

Adult DMC-ODS Clients: Co-occurring by Primary Substance Used

- Almost one-third (30%) of adult clients served by the DMC-ODS during FY 2024-25 with a co-occurring mental illness and SUD reported methamphetamine as their primary substance used.
- More than one-quarter (28%) of adult clients served by the DMC-ODS during FY 2024-25 with a co-occurring mental illness and SUD reported alcohol as their primary substance used.
- Compared to all adult clients served by the DMC-ODS during FY 2024-25, a larger proportion of those with a co-occurring mental illness and SUD reported alcohol (28% vs. 21%) or methamphetamine (30% vs. 25%) as a primary substance used. A smaller proportion reported heroin (9% vs. 16%) or an opioid other than heroin (22% vs. 27%) as their primary substance used.

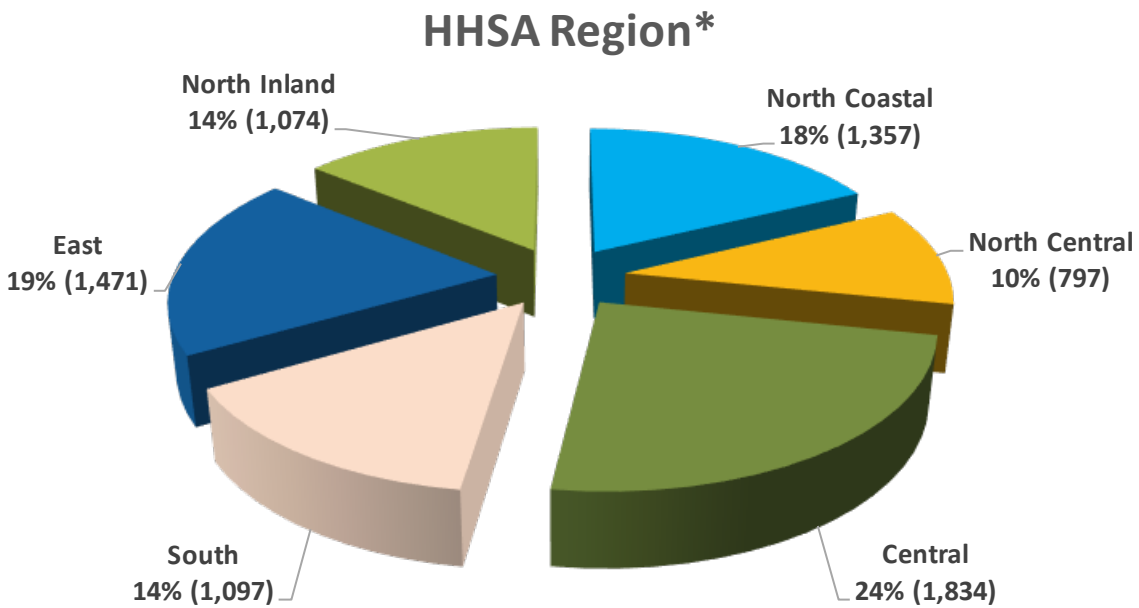


Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Where are we serving?

Adult DMC-ODS Clients: HHSA Region*

- Almost one-quarter (24%) of adult clients served by the DMC-ODS during FY 2024-25 were in the central region of San Diego County.
- Nineteen (19%) of adult clients served by the DMC-ODS during FY 2024-25 were in the east region, followed by 18% in the north coastal region, and 14% each in the south and north inland regions.
- The smallest proportion of adult clients served by the DMC-ODS during FY 2024-25 resided in the north central region (10%) of the County.

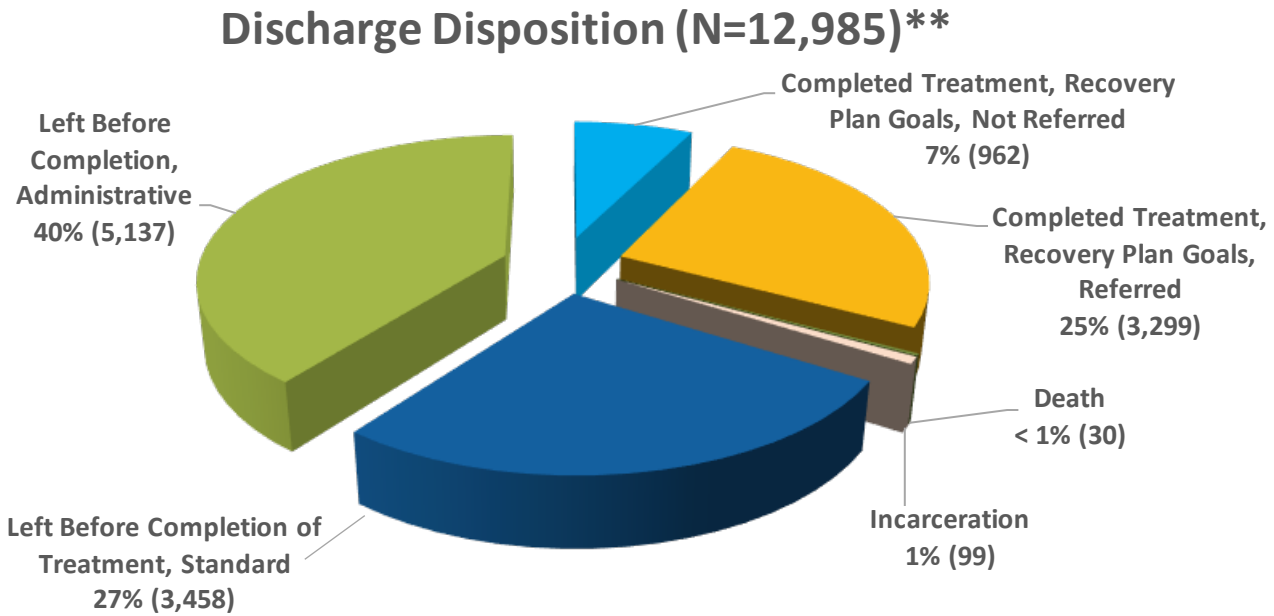


*Geographic region was unavailable for 6,206 (45%) of clients served during FY 2024-25, and these clients are excluded from percentages reported.

How are clients being discharged?

Adult DMC-ODS Clients: Discharges*

- There were 16,192 discharges from adult DMC-ODS programs during FY 2024-25.
- About one-third (33%) of discharges from adult DMC-ODS programs during FY 2024-25 had a disposition of completed treatment and recovery plan goals.
- One-quarter (25%) of discharges from adult DMC-ODS programs during FY 2024-25 indicated a referral to another program or level of care after the treatment and recovery plan goals were completed.
- Two-fifths (40%) of discharges from adult DMC-ODS programs during FY 2024-25 were administrative.



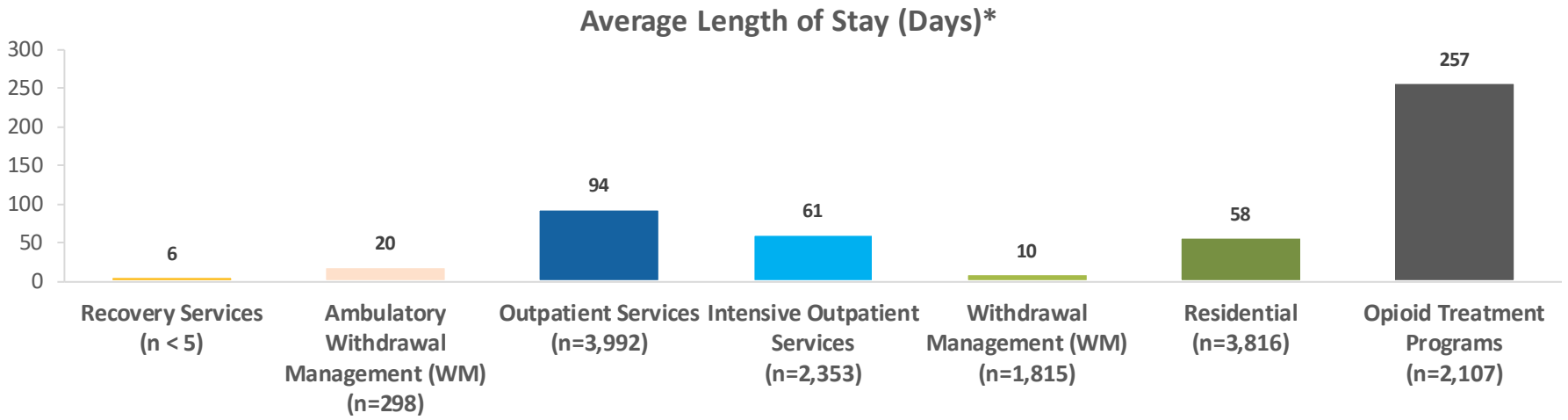
A single client may have more than one discharge within a fiscal year.

***Discharge disposition was unavailable for 3,207 (20%) of discharges during FY 2024-25, and these episodes are excluded from percentages reported.*

How long do clients remain in SUD treatment?

Adult DMC-ODS Clients: Average Length of Stay

- During FY 2024-25, adult clients discharged by withdrawal management DMC-ODS programs spent an average of 10 days at the program, and those discharged by residential DMC-ODS programs spent an average of 58 days in the program.
- Adult clients discharged during FY 2024-25 by outpatient DMC-ODS programs spent an average of 94 days receiving services, those discharged by intensive outpatient DMC-ODS programs spent an average of 61 days in the program, and those discharged by ambulatory withdrawal management programs spent an average of 20 days in the program.
- Adult clients discharged during FY 2024-25 by recovery services in the DMC-ODS spent an average of 6 days receiving services, and those discharged by opioid treatment programs spent an average of 257 days receiving services.



**Treatment episodes from standalone services (n=1,810) are excluded from average length of stay calculations.*

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

What types of services do clients receive?

Adult DMC-ODS Visits: Types of Services – Outpatient and Intensive Outpatient Programs

- Group counseling was the most common type of service provided to adult clients enrolled in outpatient (63%) and intensive outpatient (67%) programs in the DMC-ODS during FY 2024-25, followed by individual counseling services (20% and 15%, respectively).
- There were 9,459 peer services provided to adult clients enrolled in outpatient or intensive outpatient programs in the DMC-ODS during FY 2024-25, which is almost a 5.5% increase from FY 2023-24 when 8,970 peer services were provided.

Outpatient Services	Total Visits	Percentage
Group Counseling	117,550	63%
Individual Counseling	37,266	20%
Screenings/Assessments	9,582	5%
Targeted Case Management	8,035	4%
Peer Services	5,279	3%
Care Coordination	3,715	2%
Patient Education	2,716	1%
Medical Support Services	1,136	1%
Treatment Planning	251	< 1%
Crisis Intervention	76	< 1%
MAT or Recovery Services	38	< 1%
Total Encounters	**185,644**	

Intensive Outpatient Services	Total Visits	Percentage
Group Counseling	87,435	67%
Individual Counseling	19,364	15%
Screenings/Assessments	6,898	5%
Targeted Case Management	5,639	4%
Peer Services	4,180	3%
Care Coordination	3,037	2%
Patient Education	2,361	2%
Medical Support Services	552	< 1%
Treatment Planning	81	< 1%
Crisis Intervention	62	< 1%
MAT	50	< 1%
Total Encounters	**129,659**	

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

What types of services do clients receive?

Adult DMC-ODS Visits: Types of Services – Withdrawal Management and Residential Programs

- There was a total of 229,610 bed days provided to adult clients during FY 2024-25 by withdrawal management of residential service providers in the DMC-ODS.
- There were 20,475 peer services provided to adult clients during FY 2024-25 by withdrawal management or residential service providers in the DMC-ODS.

Withdrawal Management	Total Days	Percentage
Withdrawal Management 3.2	15,908	100%
	Total Visits	**Percentage**
Targeted Case Management	2,251	58%
Peer Services	762	20%
Care Coordination	436	11%
Medical Support Services	317	8%
Patient Education	80	2%
MAT	< 5	< 1%
Total Encounters	**3,848**	

Residential Services	Total Days	Percentage
Residential Bed Day 3.1	160,019	75%
Residential Bed Day 3.3	362	< 1%
Residential Bed Day 3.5	53,321	25%
Total Bed Days	**213,702**	
	Total Visits	**Percentage**
Peer Services	19,713	55%
Targeted Case Management	11,817	33%
Care Coordination	2,449	7%
Medical Support Services	1,288	4%
Group Counseling	133	< 1%
Patient Education	106	< 1%
Screenings/Assessments	16	< 1%
Total Encounters	**35,522**	

Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

What types of services do clients receive?

Adult DMC-ODS Visits: Types of Services – Standalone and Ambulatory WM Programs

- Group counseling was the most common type of service provided to adults served by standalone DMC-ODS programs during FY 2024-25 (27%), followed by recovery services* (24%), screenings or assessments (22%), and patient education (13%).
- Just over half (54%) of services provided to adults in the DMC-ODS by ambulatory withdrawal management programs during FY 2024-25 were at level 1.

Standalone Services	Total Visits	Percentage
Group Counseling	7,160	27%
Recovery Services*	6,245	24%
Screenings/Assessments	5,816	22%
Patient Education	3,525	13%
Targeted Case Management	2,217	8%
Peer Services	760	3%
MAT	686	3%
Medical Support Services	12	< 1%
Narcan	< 5	< 1%
Care Coordination	< 5	< 1%
Treatment Planning	< 5	< 1%
Total Encounters	**26,429**	

Ambulatory WM Services	Total Visits	Percentage
Ambulatory Withdrawal Management 1	763	54%
Ambulatory Withdrawal Management 2	539	38%
Screenings/Assessments	116	8%
Group Counseling	< 5	< 1%
Total Encounters	1,420	

**Service counts include 2,468 encounters captured in SanWITS during July and August 2024 that were previously considered as a distinct level of care.*

What types of services do clients receive?

Adult DMC-ODS Visits: Types of Services – Opioid Treatment Programs (OTP)

- There was a total of 601,712 medication assisted treatment (MAT) services provided to adult clients during FY 2024-25 by opioid treatment program service providers (OTPs).
- In additional to MAT services, the OTPs in the DMC-ODS provided 56,471 individual or group counseling sessions to adult clients during FY 2024-25 and 16,812 targeted case management services.

Opioid Treatment Programs	Total Visits	Percentage
MAT	601,712	89%
Individual Counseling	53,028	8%
Targeted Case Management	16,812	2%
Group Counseling	3,443	1%
Care Coordination	2,883	< 1%
Narcan	245	< 1%
Peer Services	209	< 1%
Screenings/Assessments	21	< 1%
Crisis Intervention	18	< 1%
Total Encounters	**678,371**	

Are clients satisfied with services?

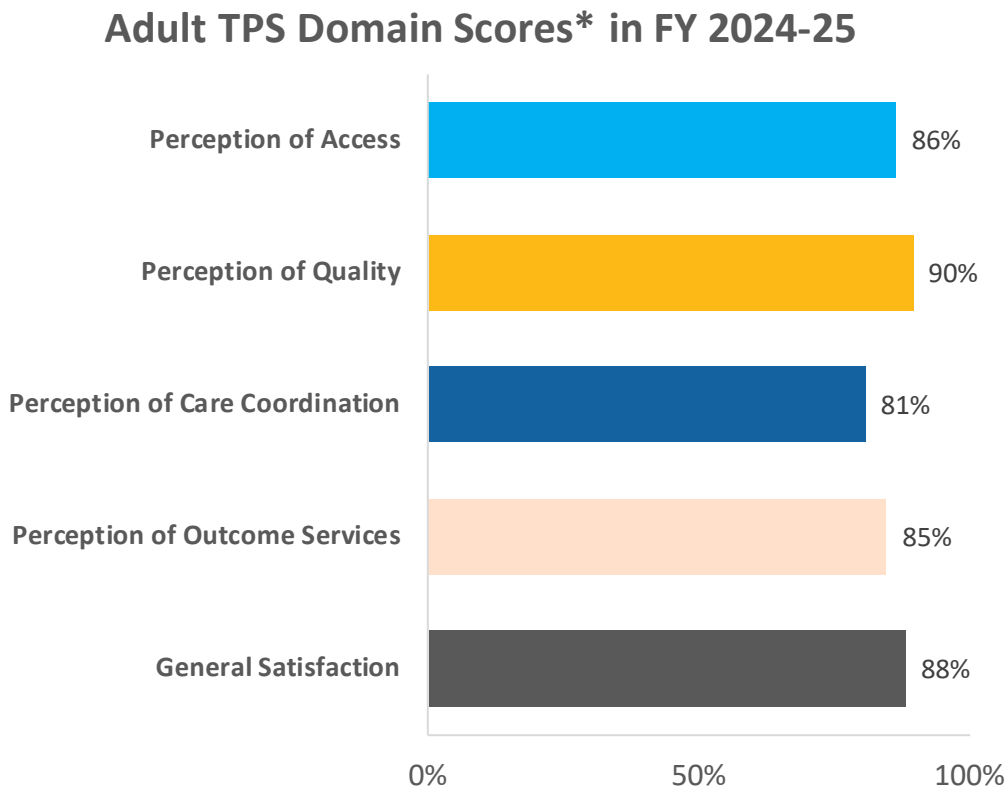
Adult SUD Clients: Client Satisfaction

- The Drug Medi-Cal Organized Delivery System (DMC-ODS) in San Diego County offers a variety of treatment, withdrawal management, and recovery services to help people with substance use disorders.
- All services provided within the DMC-ODS are oriented to meet the unique linguistic and cultural needs of those served. To evaluate DMC-ODS services, clients are asked for their feedback via an annual anonymous survey during the fall.

The Treatment Perceptions Survey (TPS) is used to rate client satisfaction with services and access to services using a 5-point scale (strongly disagree to strongly agree). The Adult version of the TPS is comprised of five domains:

- **Perception of Access**
- **Perception of Quality and Appropriateness**
- **Perception of Care Coordination**
- **Perception of Outcome Services**
- **General Satisfaction**

During FY 2024-25, the Adult TPS was administered in October 2024 (N=1,820).



*Scores reflect the percentage of clients who agreed or strongly agreed with each domain.

Driving Under the Influence Program

DUI Program: Demographics, Admissions, and Completions

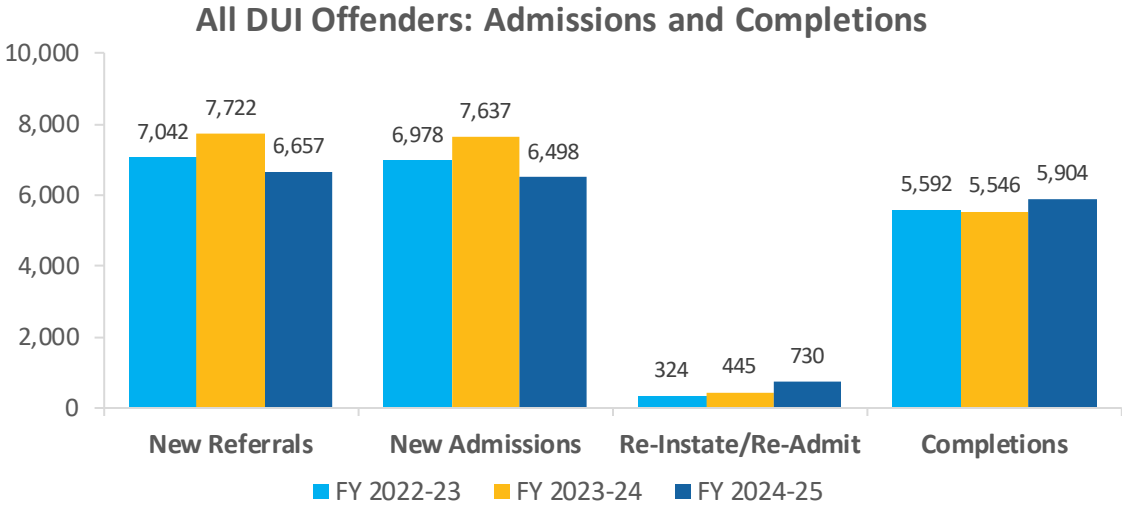
DUI Client Demographics

Age	N	%
20 years and younger	141	2%
21 – 25 years	1,049	16%
26 – 35 years	2,445	37%
36 – 45 years	1,573	24%
46 – 55 years	790	12%
56+ years	638	10%
Unknown	21	< 1%
Gender	**N**	**%**
Female	1,494	22%
Male	5,002	75%
Unknown	161	2%
Convictions	**N**	**%**
First Conviction	4,980	75%
Multiple Convictions	1,677	25%
Employment Level	**N**	**%**
Employed 30+ hours per week	3,141	47%
Employed <30 hours per week	1,742	26%
Not in the labor force	540	8%
Unemployed, looking for work	844	13%
Unknown	390	6%
Total DUI Clients Served	**6,657**	***n/a***

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

Key Findings

- The number of re-admissions into the DUI program has increased over the past three fiscal years.
- More clients completed the DUI program in FY 2024-25 (5,904 clients) compared to FY 2023-24 (5,546 clients) and FY 2022-2023 (5,592 clients).



Adult Behavioral Health Services Annual System of Care Report FY 2024-25
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

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.
- **Ambulatory Withdrawal Management (AWM)** services are withdrawal management services that are provided in an outpatient setting with or without extended monitoring.
- **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** are 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** are services provided through Clinical Case Management services with a major rehabilitation component designed to help people with serious mental illness identify and achieve meaningful life goals. Strengths-Based Case Management programs are expected to maintain good fidelity to the model developed by Charles Rapp (see "The Strengths Model," by Charles Rapp and Richard Goscha, 2012).
- **Case Management Program – Transitional** are short-term Case Management services provided on a transitional basis to link persons with serious mental illness with needed services and resources in the community, which may include longer-term Case Management services, and/or a variety of resources including but not limited to psychiatric, medical, social, housing, employment, education, spiritual, and transportation services.
- **Co-occurring:** Clients with active serious mental health and substance use diagnoses.

Glossary

- **Crisis Residential (CR)** 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.
- **Crisis Stabilization (CS)** services are short-term and are provided to adults with mental health conditions that require a more timely response than a regularly scheduled visit and are delivered at certified sites.
- **Edgemoor** is an inpatient skilled nursing facility that provides: 24-hour skilled nursing care; physical rehabilitation; and recreational, occupational, physical, speech, and respiratory therapies.
- **Fee-For-Service (FFS)** services are primarily provided by 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 disciplines, cultural-linguistic groups and genders in order to provide choice for eligible clients.
- **Full Service Partnership (FSP)** programs are part of the County of San Diego's Community Services and Supports Program and are made possible through MHSA. FSPs use a "do whatever it takes" model that comprehensively addresses individual and family needs, fosters strong connections to community resources, and focuses on resilience and recovery to help individuals achieve their mental health treatment goals.
- **Illness Management and Recovery (IMR) Scale** includes 15 clinician-rated items and addresses a different aspect of illness management and recovery. Scores can also be reported as three subscales, which combine individual items to represent illness recovery, management, and substance abuse dimensions of treatment outcomes.
- **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.

Glossary

- **Intensive Outpatient Services (IOS)** are substance use disorder treatment services that are provided to clients at least three hours per day and at least three days per week. Components of IOS include individual and/or group counseling, patient education, family therapy, medication services, collateral services, crisis intervention services, treatment planning, and discharge services.
- **Long-Term Care (LTC) – Institutional Setting** refers to services provided to persons with serious mental illness at 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.
- **Medication Assisted Treatment (MAT)** includes the ordering, prescribing, administering, and monitoring of medication for substance use disorders. MAT includes methadone, buprenorphine, naloxone, naltrexone, and disulfiram.
- **Mobile Crisis Response Teams (MCRT)** provide in-person support to anyone, anywhere, experiencing a mental health, drug, or alcohol-related crisis. MCRT dispatches behavioral health experts to emergency calls instead of law enforcement, when appropriate, with teams made up of clinicians, case managers, and peer support specialists.
- **Opioid Treatment Programs (OTPs)** provide medication assisted treatment (MAT) to clients within the DMC-ODS.
- **Outpatient (OP)** mental health 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 serious mental illness or a mental health crisis. In addition, some programs offer case management and homeless outreach.

Glossary

- **Outpatient (OS)** substance use disorder treatment services are provided to AOA clients for a minimum of 90 minutes and up to 9 hours a week. Components of OS include intake, individual/group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, treatment planning, and discharge services.
- **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** for the mental health chapter was determined by identifying the primary DSM/ICD diagnosis at intake from the last episode of service prior to June 30, 2022.
- **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.
- **Recovery Makers Questionnaire (RMQ)** is a 26-item questionnaire that assesses elements of recovery from the client's perspective. It was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery.

Glossary

- **Recovery** services are incorporated into SUD treatment programming and promote successful completion of treatment and help build tools toward sustained recovery. Recovery services include recovery monitoring and coaching, peer to peer services, relapse prevention education and activities, and linkages to a variety of community resources (such as housing, childcare, life skills, spiritual/faith-based support, and transportation.)
- **Residential mental health services** are provided to clients 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).
- **Residential substance use disorder treatment** occurs in a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to clients with a SUD diagnosis when deemed medically necessary and in accordance with an individualized treatment plan. Components of residential services within the DMC-ODS include intake, individual/group counseling, family therapy, patient education, safeguarding medication, collateral services, crisis intervention services, treatment planning, transportation services, and discharge services.
- **State Hospital** (California) services are provided to persons with serious mental illness through a California State Hospital.
- **Urgent Outpatient (UO)** services are provided in an outpatient setting to adults and older adults who are experiencing a crisis and who may require medication support and stabilization.
- **Withdrawal Management (WM)** services combine detoxification and pre-treatment/referral services to clients as they withdrawal from alcohol and other drugs. Components of WM include intake, observation, medication services, and discharge services.

Contact Us

- This report is available electronically in the Technical Resource Library at https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html.

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