

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



Adult and Older Adult Behavioral Health Services SYSTEMWIDE ANNUAL REPORT Fiscal Year 2013-2014

Report prepared by:



5/22/2015



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INTRODUCTION

Overview

- ▶ This report summarizes cumulative system and clinical outcomes for transition age youth, adults, and older adults served by the County of San Diego Adult and Older Adult Behavioral Health Services (AOABHS) in Fiscal Year 2013-14 (July 2013 - June 2014).
- ▶ AOABHS primarily serves individuals 18 years old and older with severe, persistent mental health needs or those experiencing a mental health crisis.



The County of San Diego Adult and Older Adult Behavioral Health Services delivered services through a wide variety of program types in FY 2013-14 including:

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

KEY FINDINGS

All AOABHS Clients

- In FY 2013-14, San Diego County delivered behavioral health services to 44,004 adults, transition age youth, and older adults.
- There was a 22% decrease in the number of clients that were in justice-related living situations (jail or other justice institutions) from FY 2012-13 to FY 2013-14 (3,419 to 2,666).
- There was a 40% reduction in the number of AOABHS clients with an uninsured/unknown insurance status from FY 2012-13 to FY 2013-14 (16,390 to 9,858) and a 53% increase in the number of clients that were covered by Medi-Cal insurance (17,114 to 26,109). This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began in October of 2013.
- The most common diagnoses among adults who received services in FY 2013-14 were: Major Depressive Disorders (31%); Schizophrenia and Schizoaffective Disorders (26%); and Bipolar Disorders (14%).
- In FY 2013-14, there was a 56% increase in the number of clients who accessed mental health services for the first time via Outpatient Fee-For-Service (FFS) services (1,235 in FY 2012-13 to 1,931 in FY 2013-14).
- There was a 5% decrease in the number of clients with multiple hospitalizations from FY 2012-13 to FY 2013-14 (1,961 to 1,863).
- Average access time for routine mental health assessments has been reduced from approximately 5 days in FY 2009-10 to under 2 days in FYs 2011-12 through 2013-14.
- Average access time for psychiatric assessments has been reduced over time from approximately 10 days in FY 2009-10 to 3.5 days in FY 2013-14.
- Both clinicians and clients reported significant improvements in illness management and recovery outcomes in FY 2013-14.

KEY FINDINGS

Transition Age Youth (TAY) Clients

- In FY 2013-14, San Diego County delivered mental health services to 6,736 TAY clients (ages 18 to 24).
- A larger proportion of TAY clients (60%) were male compared to the overall AOABHS client population (54%).
- A larger proportion of TAY-aged clients were Hispanic (36%) compared to the proportion of Hispanics served in the overall AOABHS population (22%).
- The proportion of TAY clients with an uninsured/unknown insurance status decreased from 37% in FY 2012-13 to 26% in FY 2013-14. This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began in October of 2013.
- The most common diagnoses among TAY clients in FY 2013-14 were Major Depressive Disorders (32%) and Other Depressive/Adjustment Disorders (19%).
- TAY clients utilized larger proportions of Psychiatric Emergency Response Team (PERT) services (19%) compared to the overall AOABHS client population (12%).

Older Adult (OA) Clients

- In FY 2013-14, San Diego County delivered mental health services to 5,193 older adults (age 60 or older).
- A larger proportion of OA clients were female (56%) compared to the overall client population (45%).
- A larger proportion of OA clients were white (53%) compared to the overall AOABHS client population (45%).
- The proportion of OA clients with an uninsured/unknown insurance status decreased from 25% in FY 2012-13 to 18% in FY 2013-14. This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began in October of 2013.
- The most common diagnoses among OA clients who received services in FY 2013-14 were Major Depressive Disorders (37%) and Schizophrenia/Schizoaffective Disorders (30%).
- OA clients utilized larger proportions of Case Management [Institutional (8%) and Strengths (6%)] and PERT (18%) services than was observed in the overall AOABHS client population (2%, 2%, and 12%, respectively).

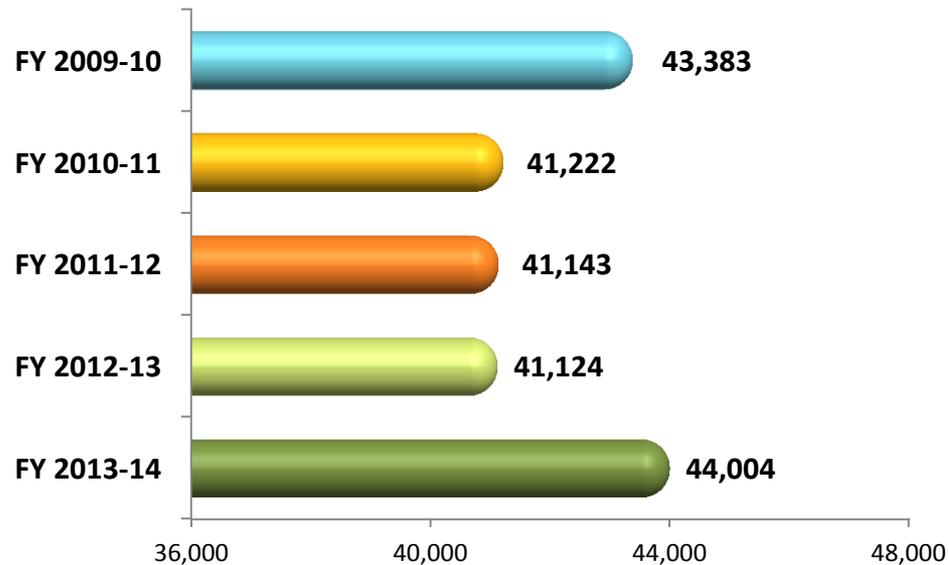
WHO ARE WE SERVING?

Total Number of All AOA Clients Served



- ▶ In FY 2013-14, San Diego County delivered behavioral health services to 44,004 adults, transition age youth (TAY), and older adults (OA).
- ▶ The number of clients served was relatively stable from FY 2010-11 to FY 2012-13, but increased by 2,880 clients in FY 2013-14.

Number of Clients Served by Fiscal Year

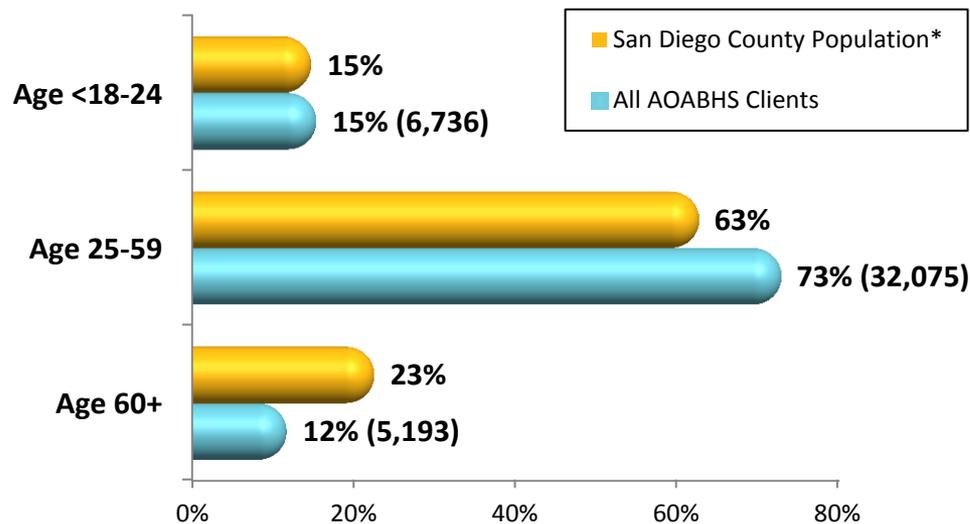


WHO ARE WE SERVING?

All AOA Clients: Age

- ▶ The proportion of clients served in each age group has remained relatively stable over the past 5 fiscal years, not varying more than 2% between any 2 years for any category.
- ▶ Compared to the overall San Diego County population, a smaller proportion of AOABHS clients were older adults (ages 60+).

Age Distribution



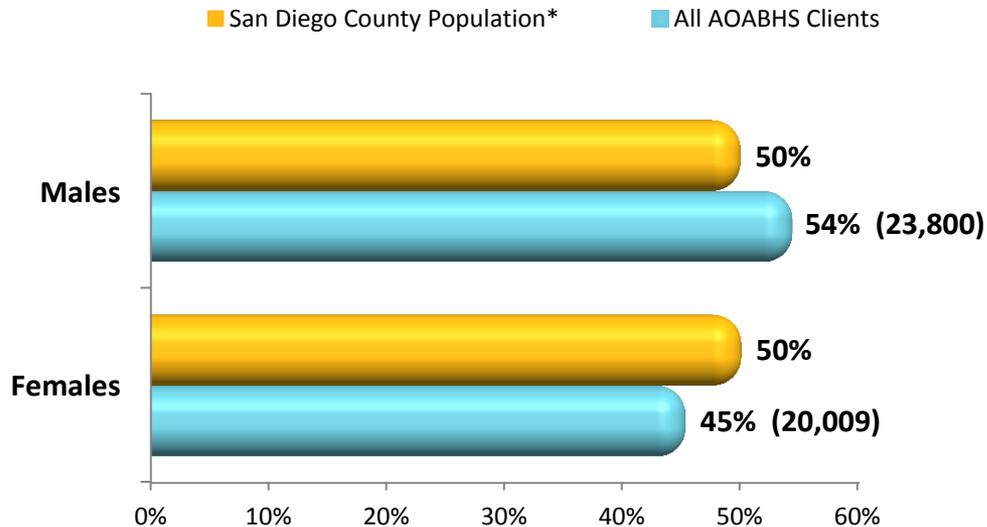
*San Diego County Population Estimates of Adults (18 years old and older) were sourced from: U.S. Census Bureau, 2010 Census, Population Division: Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2013.

WHO ARE WE SERVING?

All AOA Clients: Gender

- ▶ AOABHS served a larger proportion of males (54%) than females (45%). NOTE: <1% of clients' gender was reported as Other/Unknown (195 clients; not shown in figure below).
- ▶ AOABHS served a larger proportion of males than was observed in the overall San Diego County Population.

Gender Distribution



*San Diego County Population Estimates of Adults (18 years old and older) were sourced from: U.S. Census Bureau, 2010 Census, Population Division: Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municípios: April 1, 2010 to July 1, 2013.

NOTE: The All AOABHS Client categories do not sum to 100% because the Other/Unknown category was not displayed in the figure.

WHO ARE WE SERVING?

All AOA Clients: Race/Ethnicity

- ▶ Since FY 2009-10, the proportion of White clients served by AOABHS has been decreasing.
- ▶ The proportion of Hispanic clients served by AOABHS gradually increased from FY 2009-10 to FY 2012-13 and decreased slightly in FY 2013-14.

Race/Ethnicity	Fiscal Year				
	2009-10	2010-11	2011-12	2012-13	2013-14
White	51%	50%	49%	48%	45%
Hispanic	20%	21%	22%	23%	22%
African American	12%	13%	12%	13%	13%
Asian	6%	6%	5%	5%	5%
Native American	1%	1%	1%	1%	1%
Other/Unknown	10%	10%	11%	11%	14%

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

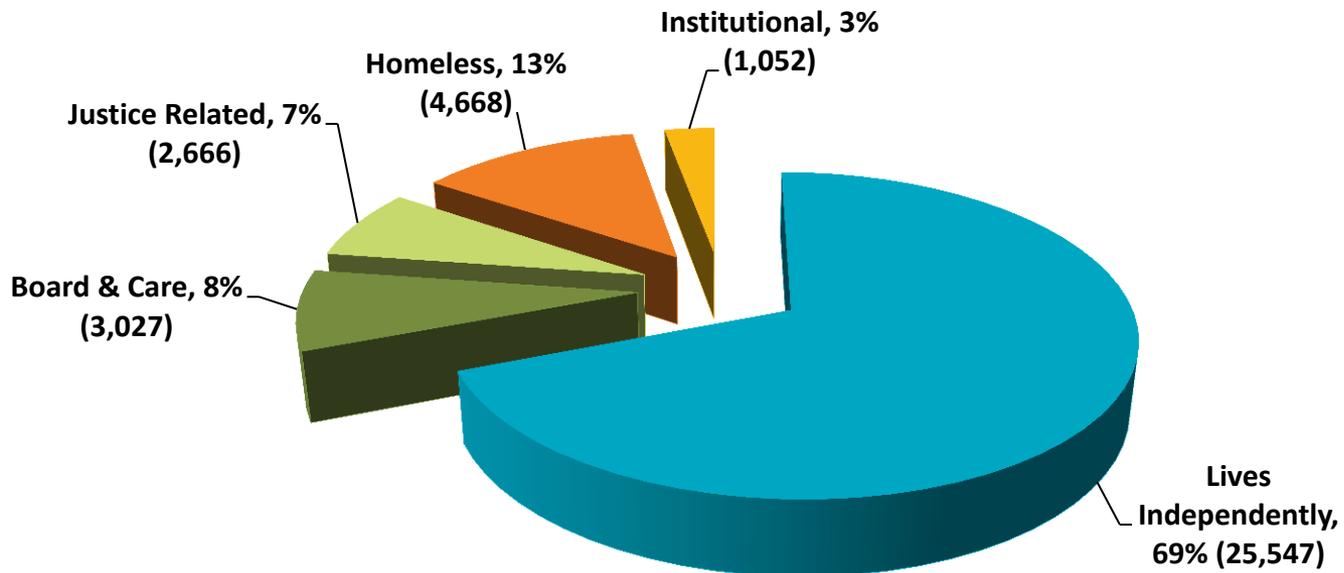
WHO ARE WE SERVING?

All AOA Clients: Living Situation*



- ▶ 69% of clients lived independently in FY 2013-14.**
- ▶ There was a 22% decrease in the number of clients that were in justice-related living situations (jail or other justice institutions) from FY 2012-13 to FY 2013-14 (3,419 to 2,666).
- ▶ There was a 12% increase in the number of AOABHS clients that were homeless from FY 2012-13 to FY 2013-14 (4,166 to 4,668).***

Living Situation



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

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

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

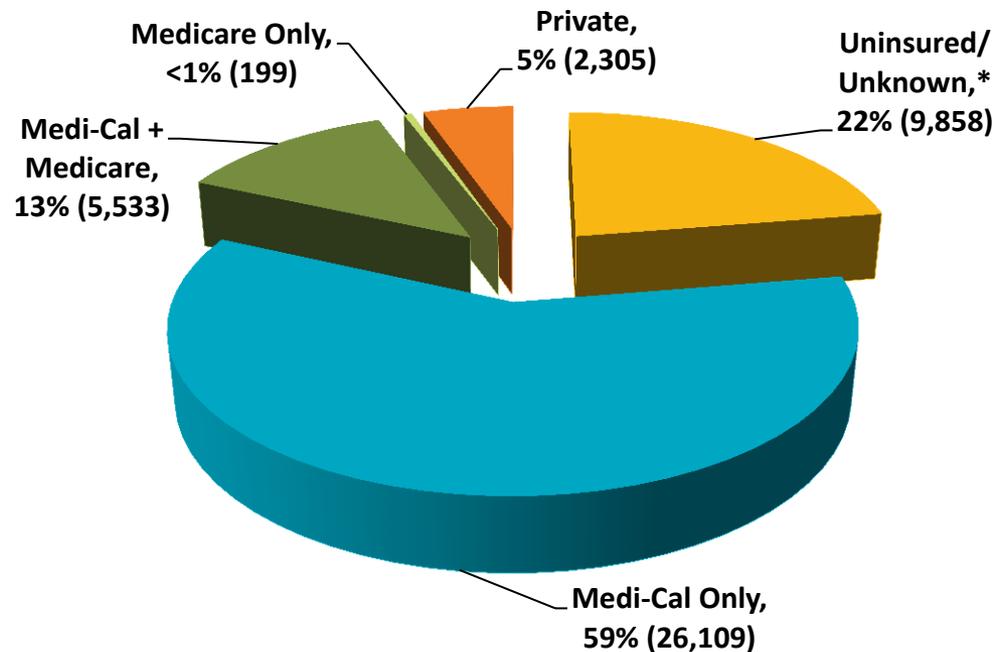
NOTE: The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

All AOA Clients: Health Care Coverage

- ▶ There was a 40% reduction in the number of AOABHS clients with an uninsured/unknown insurance status from FY 2012-13 to FY 2013-14 (16,390 and 9,858, respectively). This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began in October of 2013.
- ▶ There was a 53% increase in the number of AOABHS clients that were insured by only Medi-Cal from FY 2012-13 to FY 2013-14 (17,114 to 26,109, respectively).

Insurance Status and Type



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

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

WHO ARE WE SERVING?

All AOA Clients: Primary Care Physician

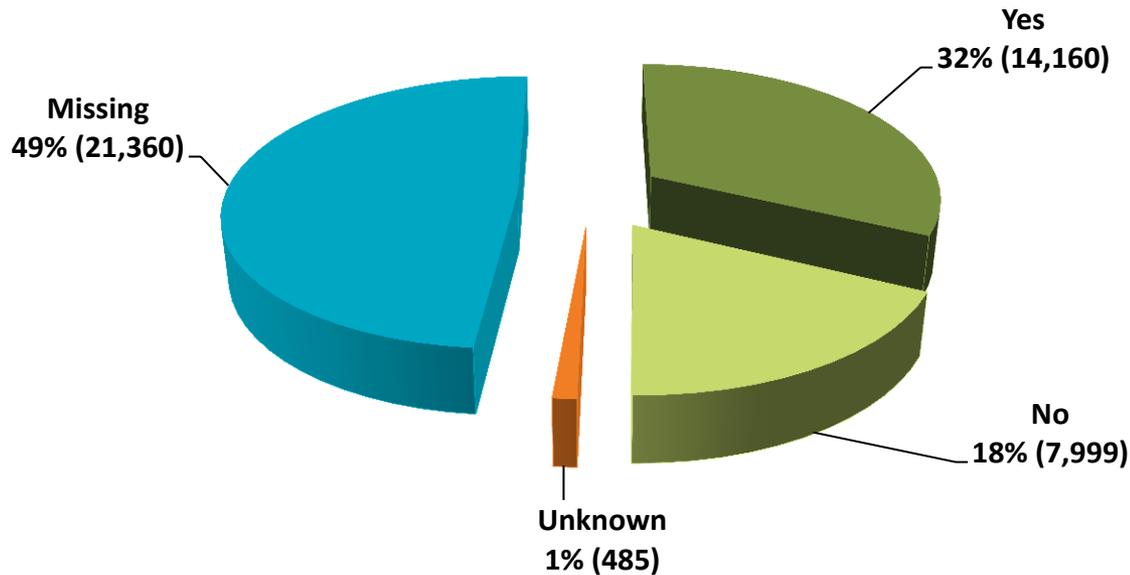


► In FY 2013-14, 32% (14,160) of behavioral health clients were known to have a primary care physician. In FY 2012-13, 25% (10,243) of clients had a primary care physician.

► 18% of clients did not have a primary care physician.

NOTE: Nearly half (49%) of AOABHS clients did not have this information on record (21,360 missing).

Primary Care Physician



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

WHO ARE WE SERVING?

All AOA Clients: Sexual Orientation

► Among the 17,392 clients who had information about sexual orientation available, 87% reported that they were Heterosexual, 3% Gay or Lesbian, and 3% Bisexual.

NOTE: The sexual orientation variable was not reported on enough in FY 2013-14 to be able to accurately make conclusive statements about sexual orientation within the AOABHS client population.

Sexual Orientation	Unique Clients	Percent
Heterosexual	15,166	34%
Bisexual	515	1%
Gay Male	291	1%
Lesbian	256	1%
Questioning	82	<1%
Other	99	<1%
Transgender	72	<1%
Intersex	3	<1%
Deferred	543	1%
Declined to State	365	1%
Missing	26,612	60%
Total	44,004	

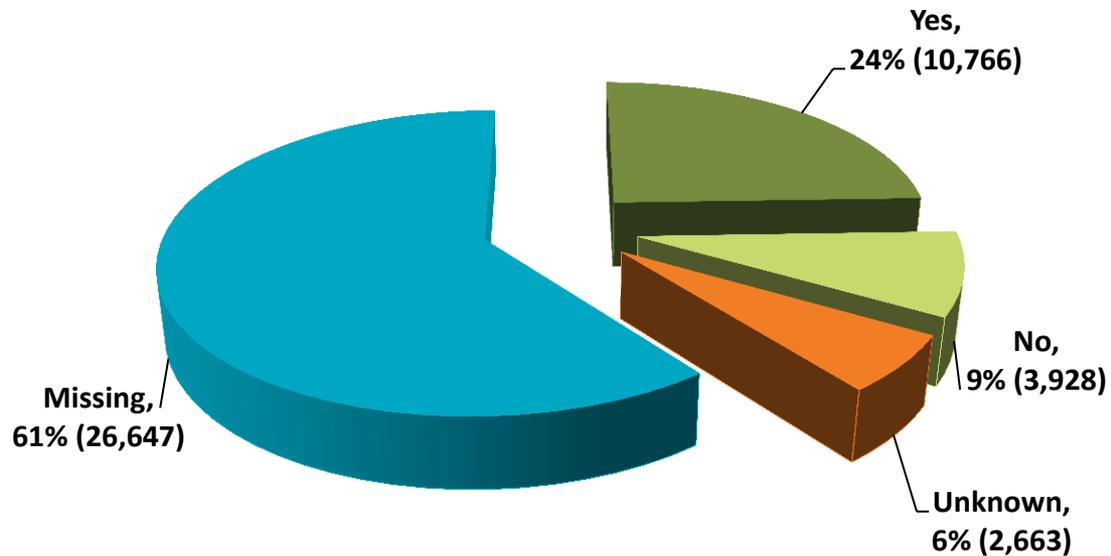
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

All AOA Clients: History of Trauma

- ▶ 24% of AOABHS clients had a history of trauma.
- ▶ Data was not available (missing) for 61% of the AOABHS client population.

History of Trauma



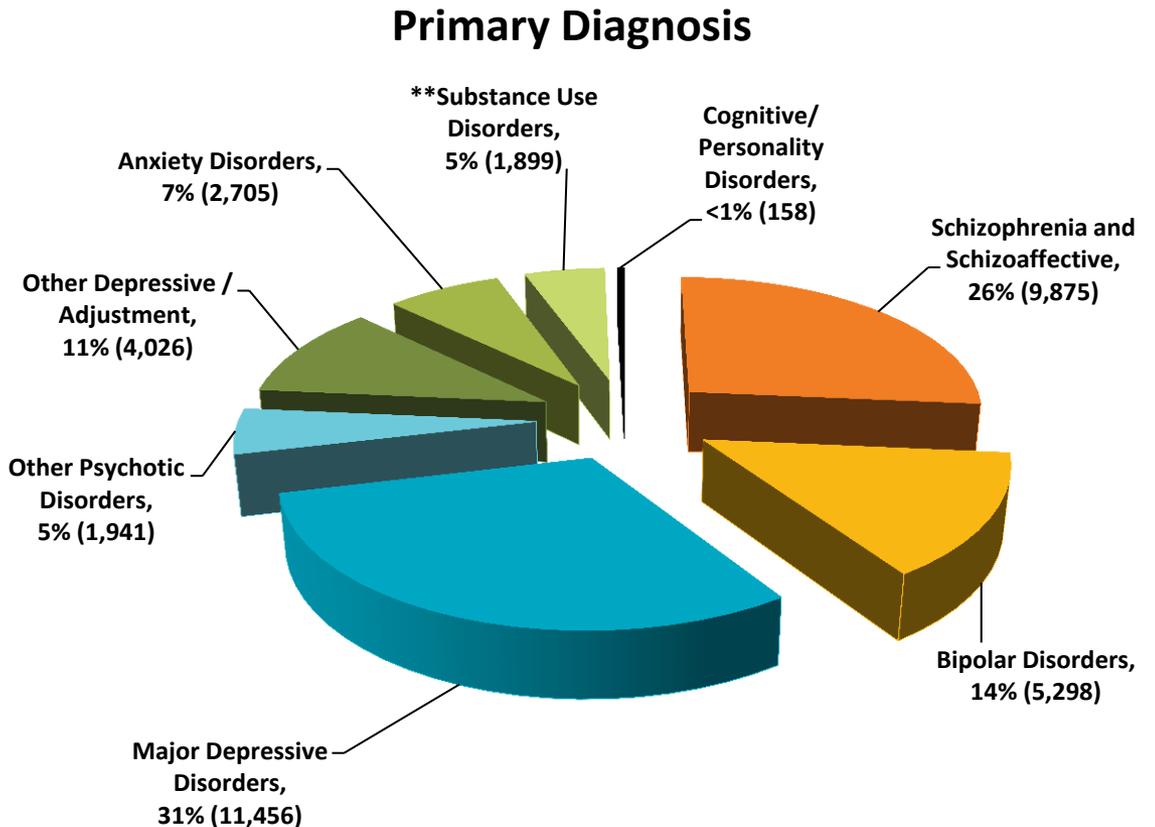
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

All AOA Clients: Primary Diagnosis*

The most common diagnoses among adults who received services in FY 2013-14 were:

- 1) Major Depressive Disorders (31%)
- 2) Schizophrenia and Schizoaffective Disorders (26%)
- 3) Bipolar Disorders (14%)



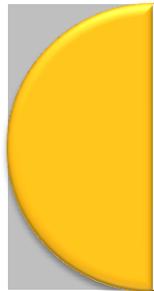
*The information presented above represents data for the 37,358 clients who received services from County contracted organizational providers during FY 2013-14, and for whom a primary diagnosis was available. Of the 44,004 clients who received services during FY 2013-14, many were served by the Fee-for-Service (FFS) system and/or Psychiatric Emergency Response Team (PERT) services which do not enter diagnosis information into Anasazi.

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

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

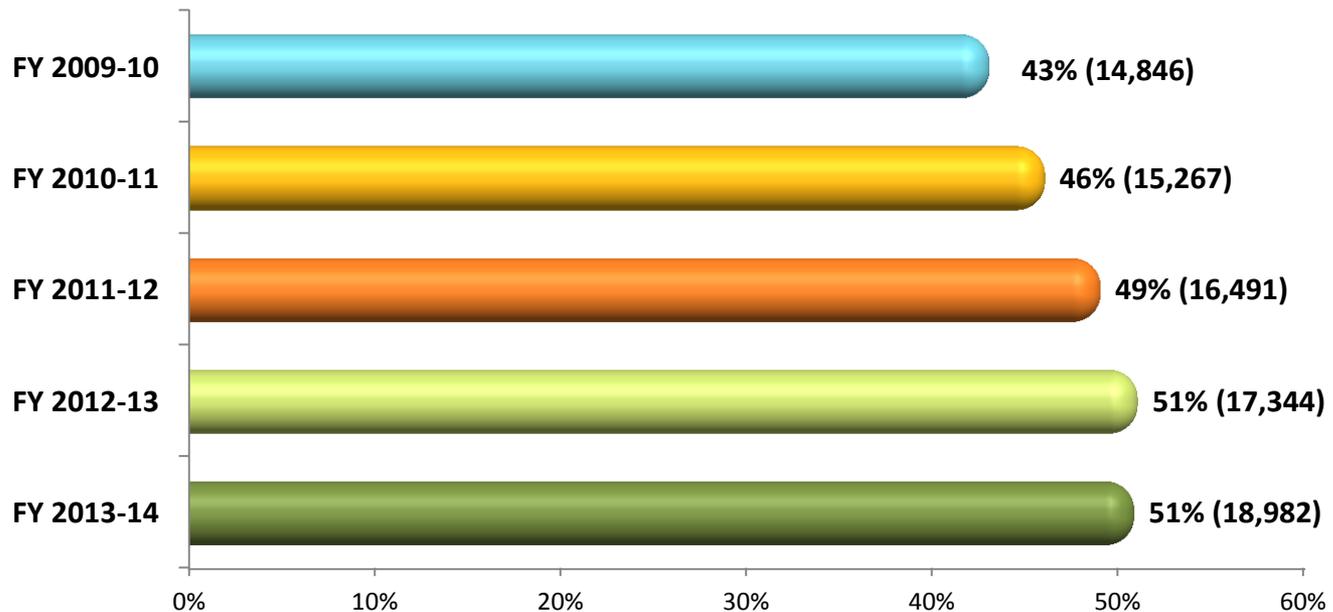
WHO ARE WE SERVING?

All AOA Clients: Dual Diagnosis



- ▶ In addition to a primary diagnosis, 51% of clients also had a diagnosis of co-occurring mental illness and Substance Use Disorder in FY 2013-14, the same proportion that was observed last fiscal year.
- ▶ The increasing trend observed from FY 2009-10 to FY 2012-13 may reflect an increased ability to identify and capture existing substance use problems through new targeted programs, increased awareness, and a greater range of diagnostic assessment tools.

Substance Use Disorder



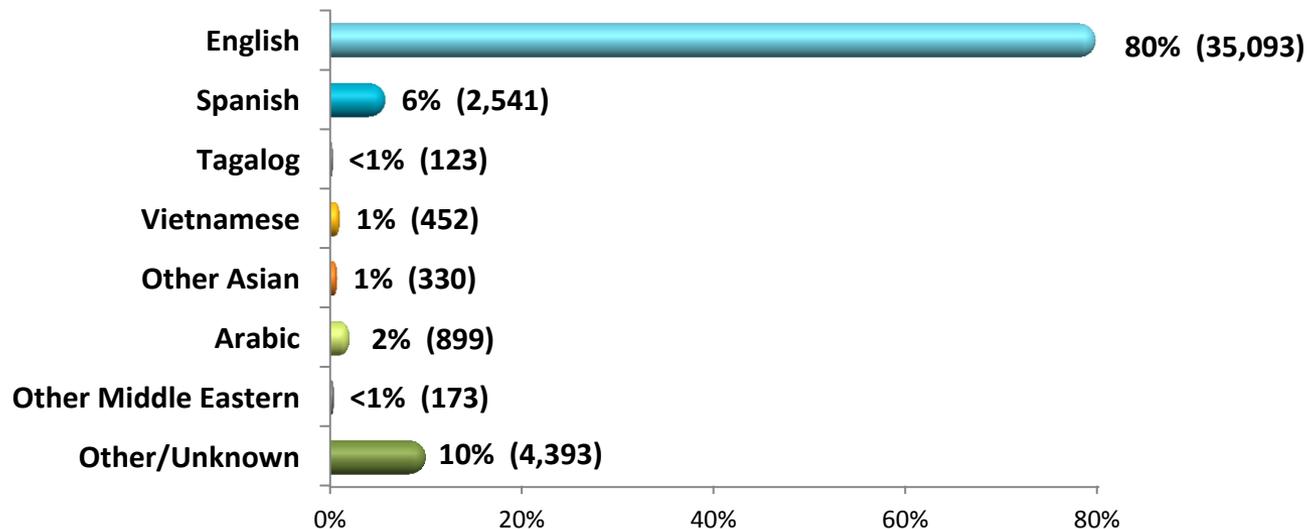
WHO ARE WE SERVING?

All AOA Clients: Primary Language



- ▶ Services were provided in 5 threshold languages in FY 2013-14: English, Spanish, Tagalog, Vietnamese, and Arabic.
- ▶ Similar to previous years, the majority of clients in FY 2013-14 (80%) reported English as their primary language, with an additional 6% preferring Spanish.

Preferred Language

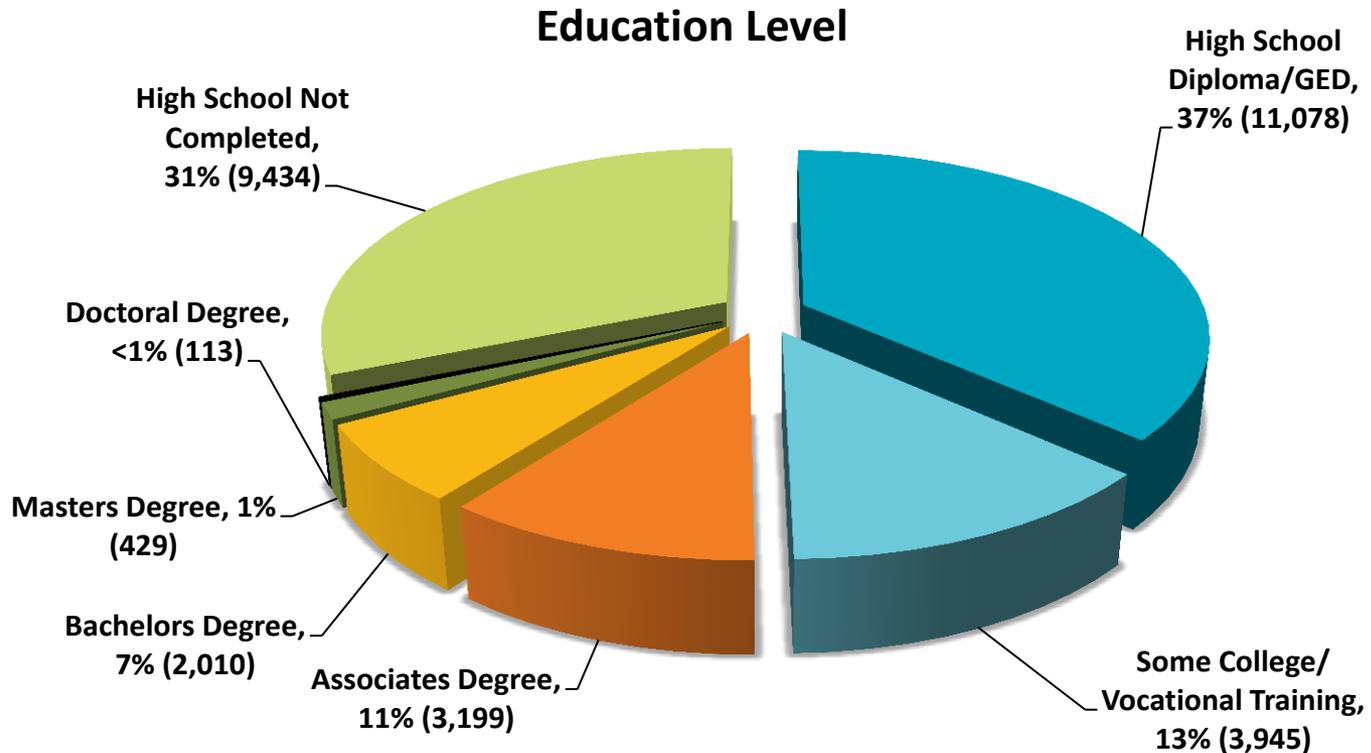


NOTE: The 'Other/Unknown' category is comprised of clients reporting a variety of primary languages not reported above, as well as those who report no primary language.

WHO ARE WE SERVING?

All AOA Clients: Education Level

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



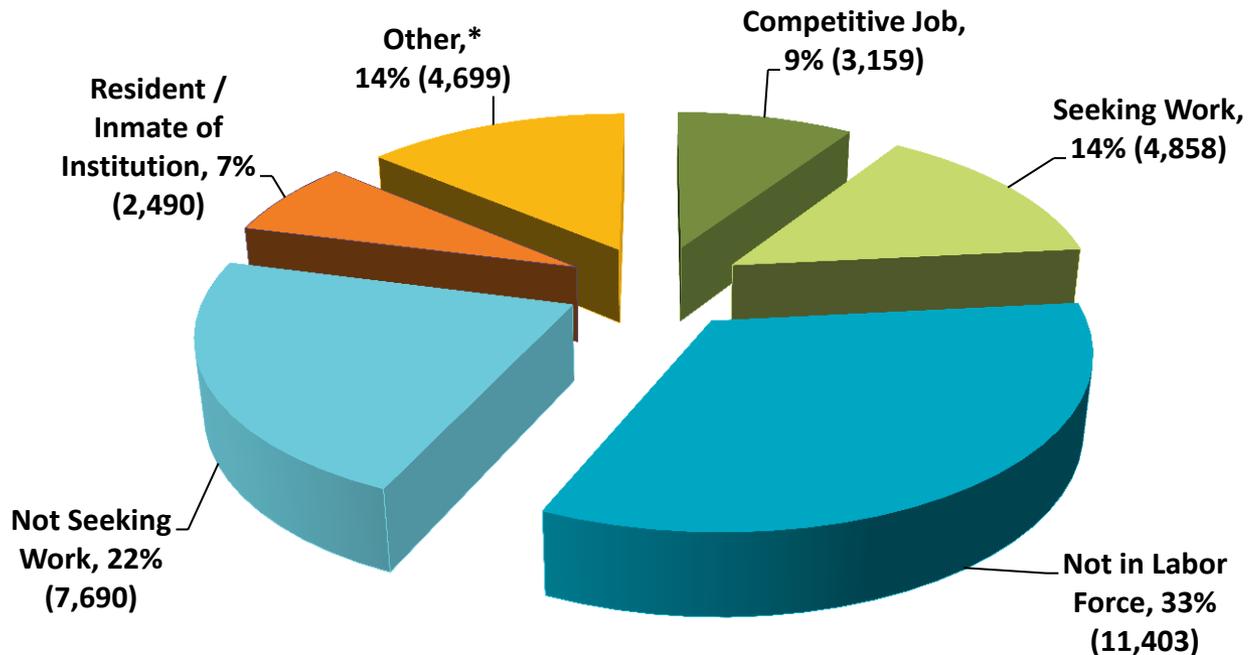
NOTE: Graph and percentages reported above exclude Unknown/Not Reported values.

WHO ARE WE SERVING?

All AOA Clients: Employment Status

- ▶ The largest proportion of clients (33%) were not currently in the labor force, a decrease of 1% from FY 2012-13.
- ▶ At the time of the most recent assessment, 23% of clients in FY 2013-14 were either currently employed in a competitive job (9%) or seeking work (14%).

Employment Status



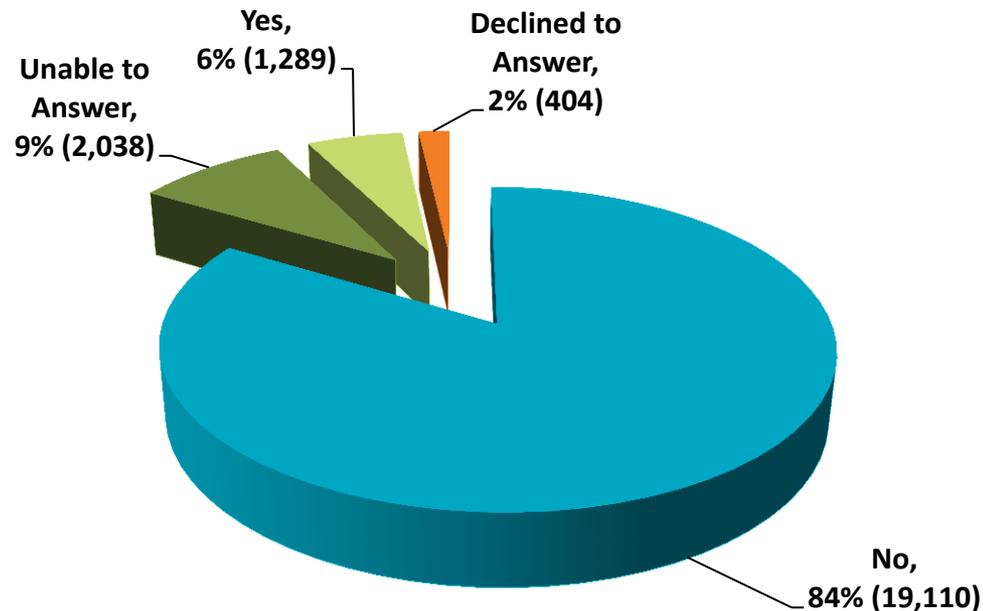
*Other includes clients who are: homemakers, retired, part/full-time students, training part/full-time, or volunteers.
NOTE: Percentages above exclude the Unknown category.

WHO ARE WE SERVING?

All AOA Clients: Military Service

- ▶ Information regarding past military service was available for 52% of the 44,004 clients served in FY 2013-14.
- ▶ Among clients for whom military service data was available, 84% reported that they had no military service, and 6% confirmed that they had served in the military.

Any Military Service?



NOTE: Missing data (21,163) was excluded from the graph and percentages reported above.

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

WHERE ARE WE SERVING?

All AOA Clients: Demographics by Region

Demographics by Region	Central		East		South		North Central		North Coastal		North Inland	
	N	%	N	%	N	%	N	%	N	%	N	%
Age												
Age <18-24	1,938	14%	442	12%	255	14%	3,177	13%	808	15%	201	10%
Age 25-59	11,200	78%	3,049	80%	1,335	75%	16,578	69%	4,226	77%	1,634	80%
Age 60+	1,114	8%	304	8%	187	11%	3,324	14%	385	7%	207	10%
Gender												
Females	3,500	25%	2,766	73%	875	49%	12,347	52%	2,040	37%	1,110	54%
Males	10,598	74%	1,027	27%	903	51%	11,527	48%	3,457	63%	931	46%
Other / Unknown	173	1%	4	0%	1	0%	20	0%	4	0%	3	0%
Race/Ethnicity												
White	6,183	43%	1,946	51%	415	23%	10,800	45%	2,961	54%	1,282	63%
Hispanic	3,267	23%	659	17%	1,121	63%	4,818	20%	1,222	22%	435	21%
African American	2,946	21%	465	12%	115	6%	2,587	11%	570	10%	122	6%
Asian / Pacific Isl.	805	6%	105	3%	76	4%	1,312	5%	344	6%	74	4%
Native American	92	1%	39	1%	12	1%	152	1%	53	1%	14	1%
Other	322	2%	506	13%	35	2%	1,296	5%	137	2%	48	2%
Unknown	656	5%	77	2%	5	0%	2,929	12%	214	4%	69	3%
Top 3 Diagnoses												
Schizophrenia and Schizoaffective	3,340	27%	978	27%	603	34%	5,942	29%	1,249	25%	593	30%
Major Depressive Disorders	3,130	26%	1,292	36%	706	40%	6,346	31%	1,235	24%	583	30%
Bipolar Disorders	1,681	14%	674	19%	314	18%	2,523	12%	959	19%	483	25%
Total # of Clients in the Region	14,271	32%	3,797	9%	1,779	4%	23,894	54%	5,501	13%	2,044	5%

Total Number of AOABHS Clients 44,004 100%

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

WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Types of Services*

Outpatient Services	Total Clients	Percent Users
ACT	2,132	5%
BH Court	55	<1%
Case Management	743	2%
Case Management - Institutional	880	2%
Case Management - Strengths	881	2%
Case Management - Transitional	430	1%
Fee for Service	11,674	27%
Outpatient	16,193	37%
Outpatient - LIHP**	2,002	5%
Prevention	234	1%

Emergency Services	Total Clients	Percent Users
EPU	5,466	12%
PERT	5,117	12%

Forensic Services	Total Clients	Percent Users
Jail	10,547	24%

24 hour Services	Total Clients	Percent Users
Crisis Residential	1,737	4%
Edgemoor	114	<1%
LTC - Institutional	259	1%
LTC - Residential	0	<1%
Residential	105	<1%

Inpatient Admissions	Total Clients	Percent Users
Inpatient - County	2,009	5%
Inpatient - FFS	3,860	9%
Inpatient - LIHP**	625	1%
State Hospital	13	<1%

TOTAL CLIENTS SERVED 44,004

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

**LIHP services were discontinued on 1/1/2014.

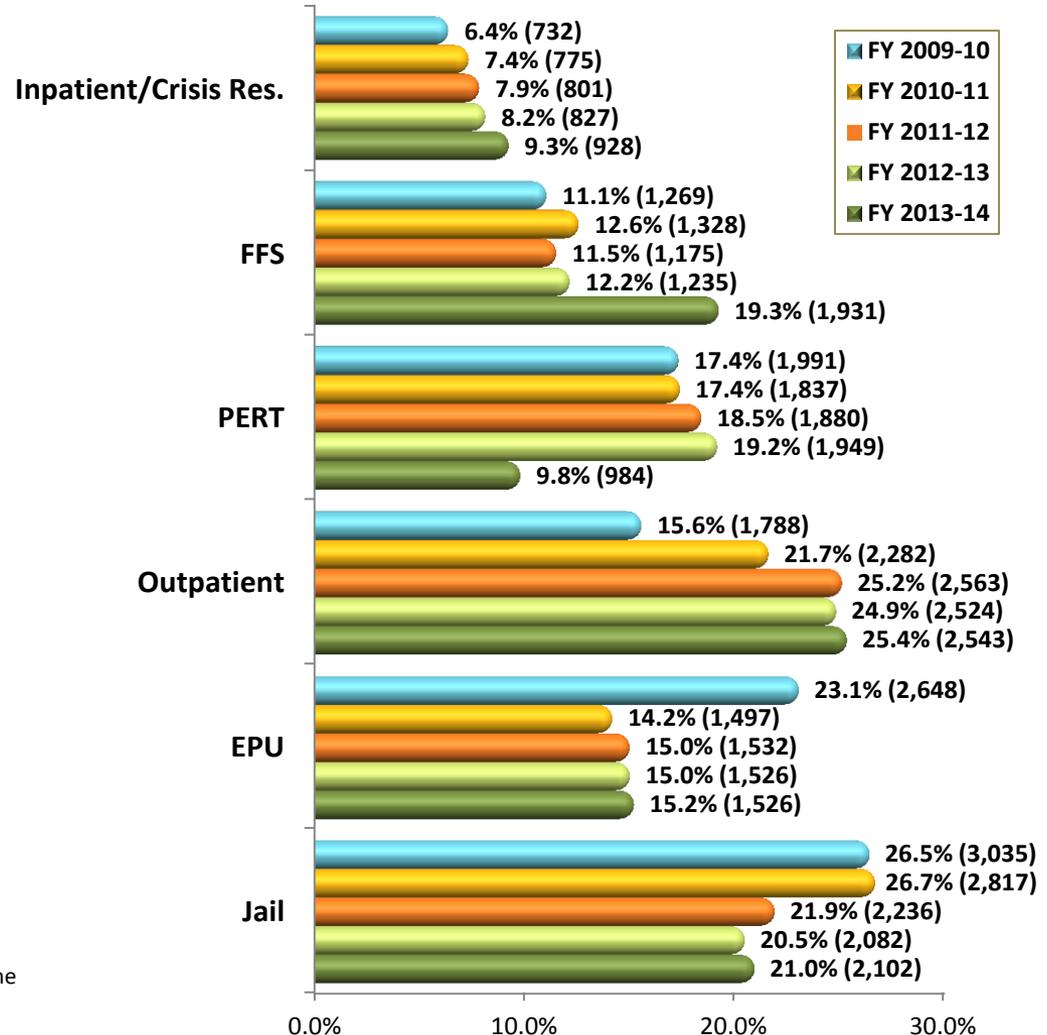
WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: First Service Use*

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

- Initial access through Outpatient Services has been increasing steadily since FY 2009-10, with a slight dip in FY 2012-13 and an increase to 25.4% in FY 2013-14.
- A large increase in the proportion of clients who accessed mental health services for the first time via Fee-For-Service (FFS) services was observed in FY 2013-14, representing a 56% change since FY 2012-13. This was likely due to more clients having access to health care coverage.
- There was a large decrease in the proportion of clients initially accessing mental health services via the Psychiatric Emergency Response Team (PERT), representing a 50% decrease from FY 2012-13.

Type of First Service Used



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

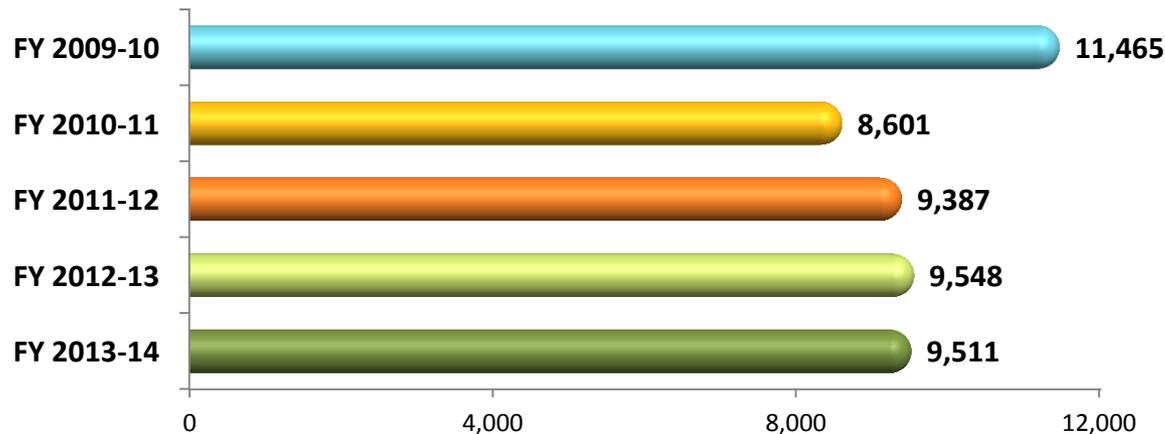
WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Emergency Services*

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

- The Emergency Psychiatric Unit (EPU) provided emergency services and assessments.
- Psychiatric Emergency Response Teams (PERT) are comprised of specially trained law enforcement officials paired with mental health care professionals. They provide on-scene response to situations involving people experiencing a mental health crisis.
- 9,511 clients (unduplicated) utilized emergency services (EPU and/or PERT) during FY 2013-14.
- 11% of the clients who utilized emergency services (1,072), utilized both EPU and PERT services in FY 2013-14.

Number of Clients Who Used Emergency Services



*10,583 clients received emergency services during FY 2013-14 from EPU and/or PERT. Of those, 1,072 received services in both EPU and PERT resulting in 9,511 unique (unduplicated) clients FY 2013-14.

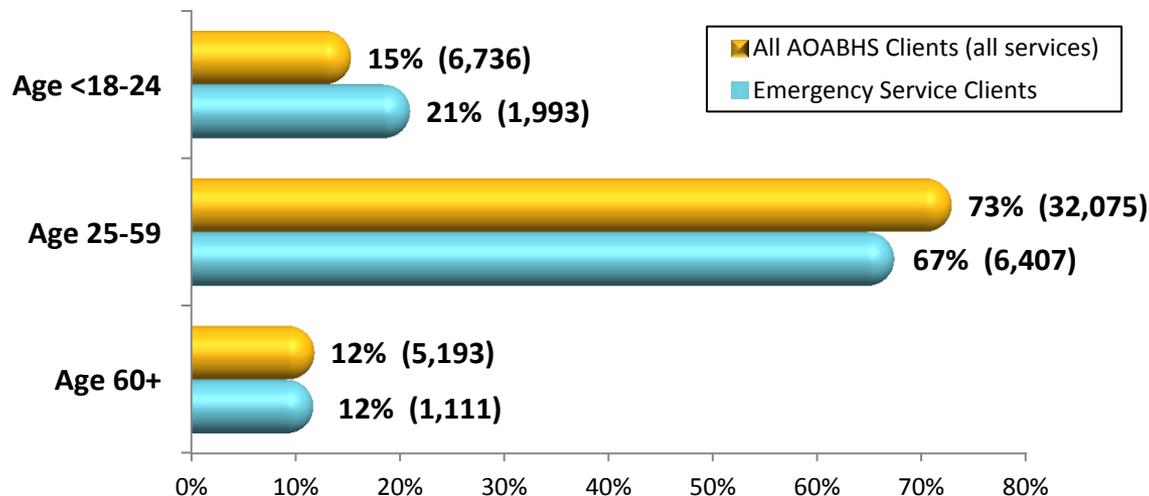
WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Emergency Services and Client Age*

Among clients who utilized emergency services:

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

Clients Who Used Emergency Services by Age



*10,583 clients received emergency services during FY 2013-14 from EPU and/or PERT. Of those, 1,072 received services in both EPU and PERT resulting in 9,511 unique (unduplicated) clients FY 2013-14.

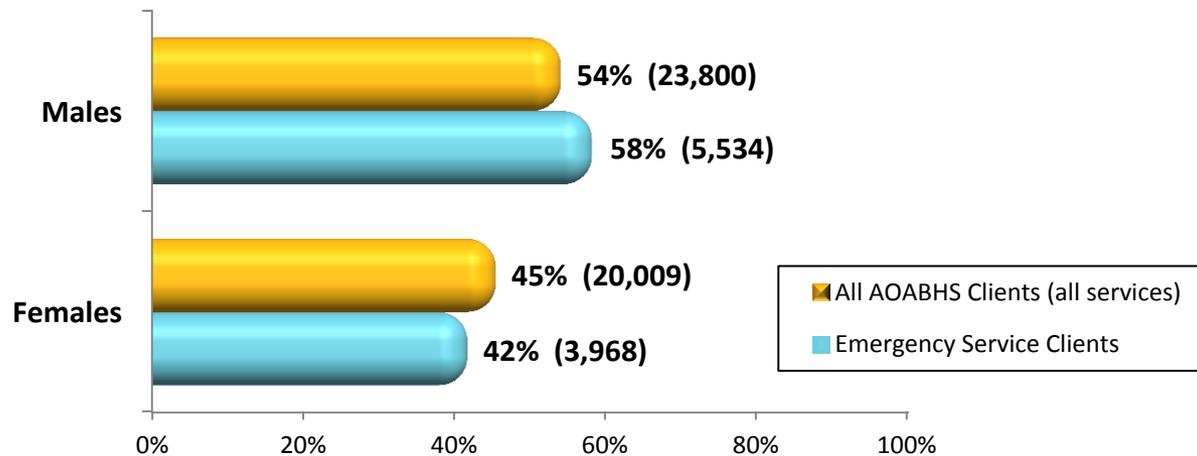
WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Emergency Services and Client Gender*

► Among clients who utilized emergency services, a large proportion (58%) were male, as compared to 54% of male clients in the general client population. Gender in the overall San Diego County population was 50% males and 50% females according to population estimates.**

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

Clients Who Used Emergency Services by Gender



*10,583 clients received emergency services during FY 2013-14 from EPU and/or PERT. Of those, 1,072 received services in both EPU and PERT resulting in 9,511 unique (unduplicated) clients FY 2013-14.

**San Diego County Population Estimates of Adults (18 years old and older) were sourced from: U.S. Census Bureau, 2010 Census, Population Division: Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2013.

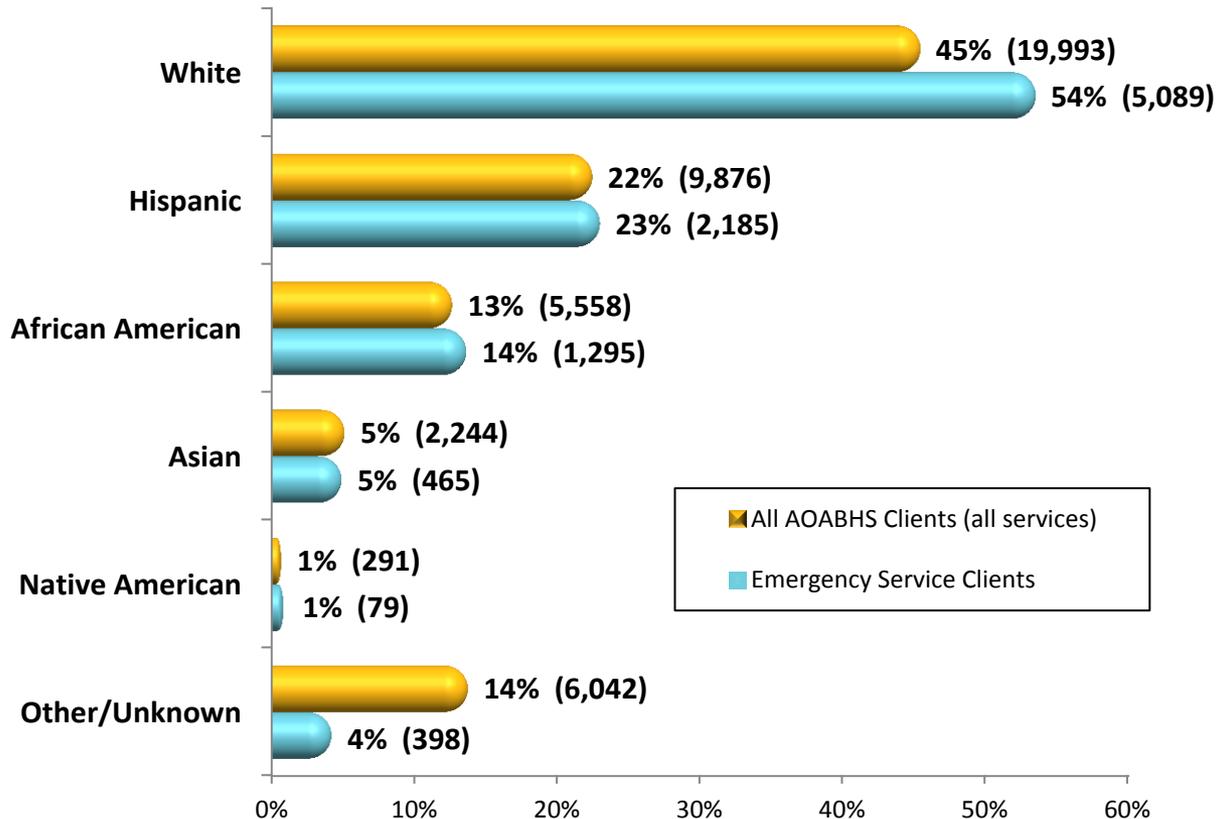
NOTE: The graph above does not show the Other/Unknown category (which represented <1%) and therefore the percentages may not add up to 100%.

WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Emergency Services and Race/Ethnicity*

- A larger proportion of clients who utilized emergency services were White (54%) compared to the general client population (45%).
- Nearly a quarter of clients who used emergency services were Hispanic (23%).

Emergency Services by Race/Ethnicity



*10,583 clients received emergency services during FY 2013-14 from EPU and/or PERT. Of those, 1,072 received services in both EPU and PERT resulting in 9,511 unique (unduplicated) clients FY 2013-14.

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

WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Emergency Services and Primary Diagnosis*

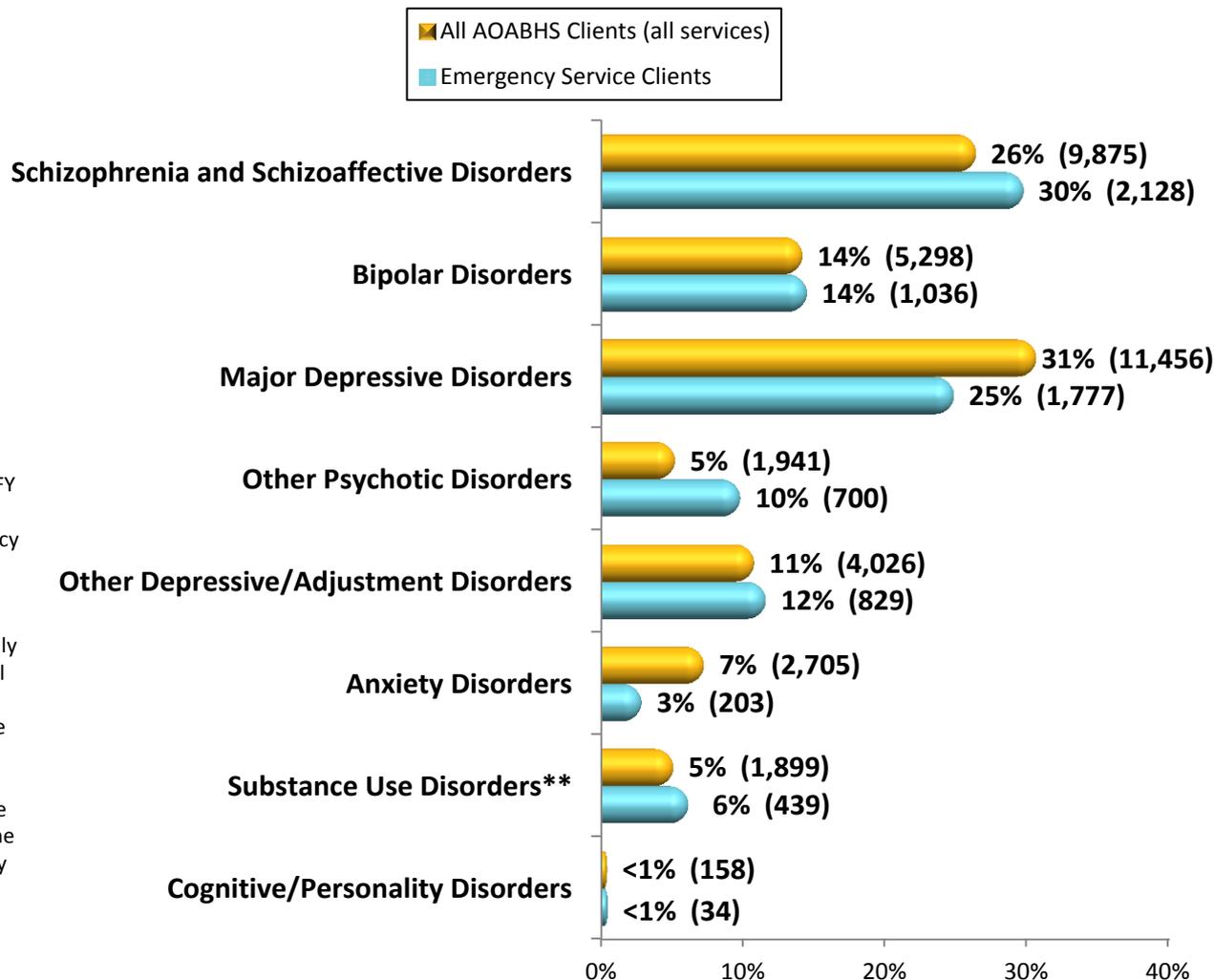
The largest proportion of clients who utilized emergency services were people with diagnoses of Schizophrenia and Schizoaffective Disorders (30%).

*The information presented in the graph represents data for the 37,358 clients who received services from County contracted organizational providers during FY 2013-14, and for whom a primary diagnosis was available. Of the 44,004 clients who received services during FY 2013-14, many were served by the Fee-for-Service (FFS) system and/or Psychiatric Emergency Response Team (PERT) services which do not enter diagnosis information into Anasazi.

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

NOTE: Percentages exclude Other/Unknown.

Clients Who Used Emergency Services by

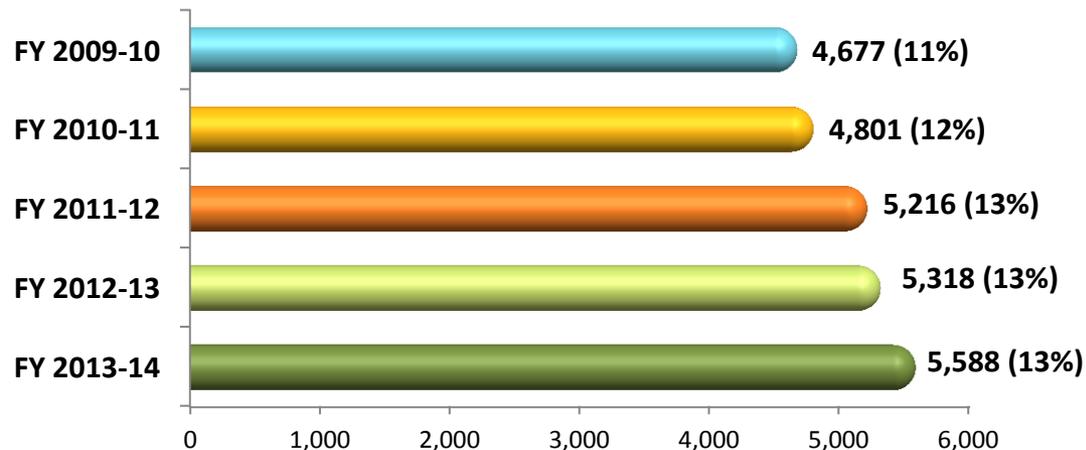


WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Hospitalizations*

- ▶ San Diego County inpatient facilities provide services for clients who are a danger to themselves or others, or who are gravely disabled. Inpatient treatment is available through either the San Diego County Psychiatric Hospital, or through contracted FFS hospitals. These facilities are located throughout the County.
- ▶ 5,588 clients (unduplicated) were hospitalized at least once in FY 2013-14, representing 13% of clients receiving services during the fiscal year.
- ▶ The number of hospitalizations has been increasing since FY 2009-10; however, the proportion of persons hospitalized has been stable at 13% for the past 3 fiscal years.

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



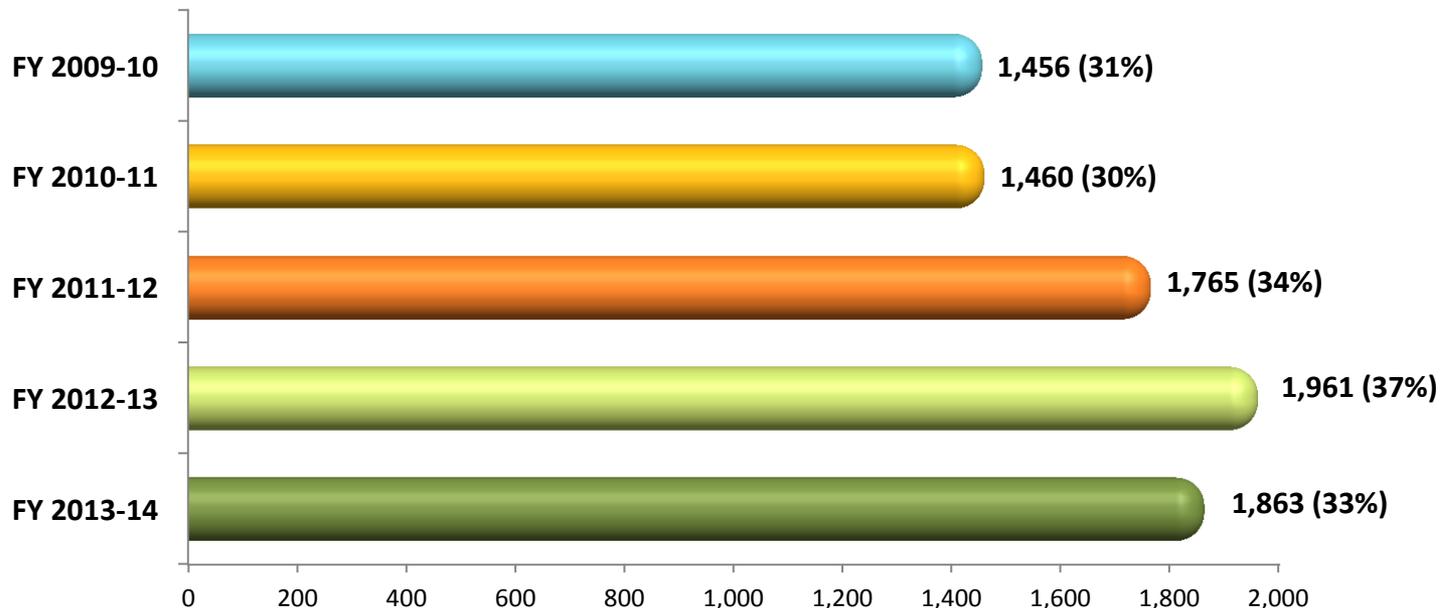
*A total of 6,507 clients (duplicated) were hospitalized sometime during FY 2013-14, with many of these clients having had hospitalizations at more than one type of hospital facility. The total number of unique (unduplicated) clients hospitalized during FY 2013-14 was 5,588.

WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Multiple Hospitalizations*

- ▶ In FY 2013-14, 33% of the hospitalized clients (unduplicated) were re-hospitalized sometime during the fiscal year.
- ▶ There was a 5% decrease in the number of clients re-hospitalized from FY 2012-13 to FY 2013-14 (1,961 to 1,863).

Number of Clients Hospitalized Multiple Times (Unduplicated)



*A total of 6,507 clients were hospitalized sometime during FY 2013-14, with many of these clients having had hospitalizations at more than one type of hospital facility. The total number of unique (unduplicated) clients hospitalized during FY 2013-14 was 5,588.

WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Multiple Hospitalizations*

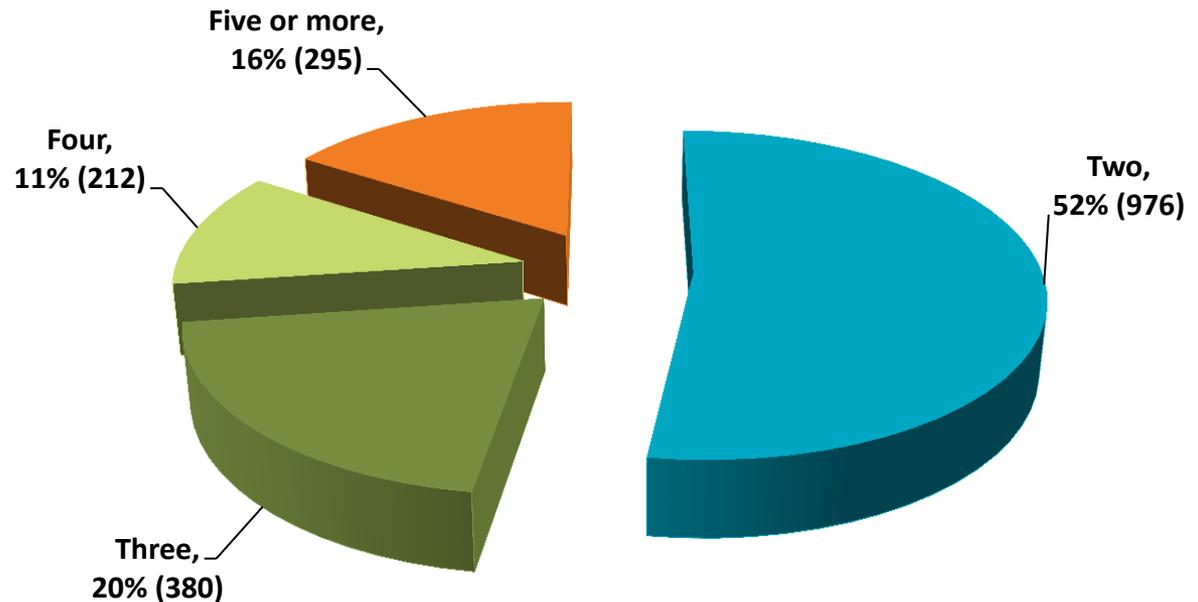
► 5,588 clients, representing 13% of all adult clients, were hospitalized at least once in FY 2013-14.

► Of those 5,588 clients, 1,863 (33%) were hospitalized multiple times during the fiscal year.

Of those:

- Over half of all clients (52%) were hospitalized twice;
- 20% were hospitalized three times;
- More than a quarter of all clients (27%) had four or more hospitalizations.

Number of Times Hospitalized for Clients With Multiple Hospitalizations



*A total of 6,507 clients were hospitalized sometime during FY 2013-14, with many of these clients having had hospitalizations at more than one type of hospital facility. The total number of unique (unduplicated) clients hospitalized during FY 2013-14 was 5,588.

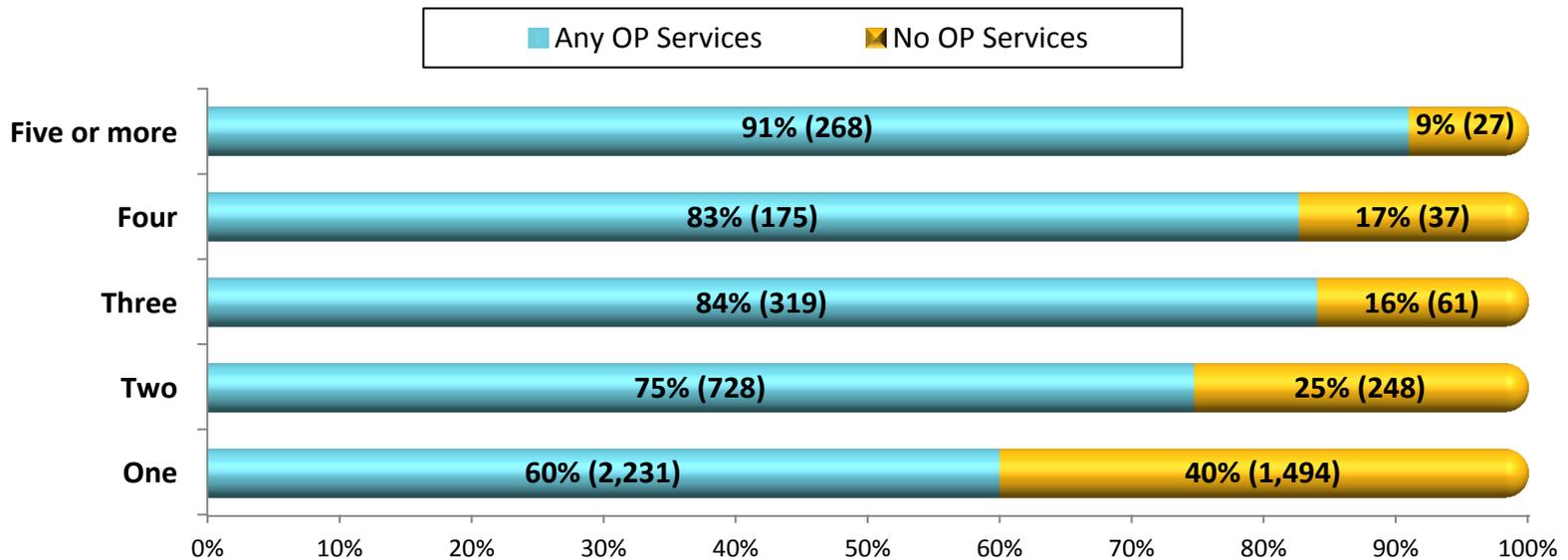
WHAT KINDS OF SERVICES ARE BEING USED?

All AOA Clients: Multiple Hospitalizations* and Service Use

► During FY 2013-14, 9% of clients with 5 or more hospitalizations did not utilize any form of outpatient (OP) Adult Mental Health Services.** This decreased from 13% in FY 2012-13.

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

Hospitalizations by Service Use



*A total of 6,507 clients were hospitalized sometime during FY 2013-14, with many of these clients having had hospitalizations at more than one type of hospital facility. The total number of unique (unduplicated) clients hospitalized during FY 2013-14 was 5,588.

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

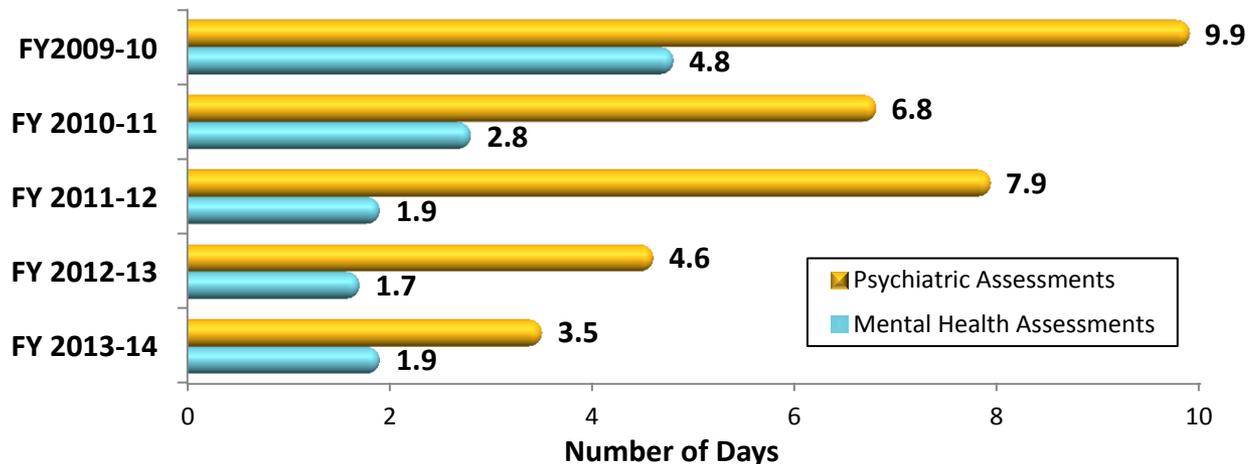
ACCESSIBILITY OF SERVICES

All AOA Clients: Access

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

- Average access times for routine mental health assessments have been reduced from approximately 5 days in FY 2009-10 to under 2 days in FYs 2011-12 through 2013-14. This may largely be due to the availability of walk-in hours at most clinics and at 3 walk-in assessment centers: North Inland Exodus Recovery, North Coastal Exodus Recovery, and Jane Westin Wellness & Recovery Center.
- Average access times for psychiatric assessments have been reduced over time from approximately 10 days in FY 2009-10 to 3.5 days in FY 2013-14.

Average Access Time in Days for Psychiatric and Mental Health Assessments



ARE CLIENTS GETTING BETTER?

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

IMR: Illness Management & Recovery				
	N	PRE	POST	CHANGE
Substance Subscale	2,642	4.13	4.18	▲
Management Subscale	2,712	2.65	2.85	▲
Recovery Subscale	2,708	2.99	3.16	▲
Overall Mean	2,712	3.18	3.31	▲
RMQ: Recovery Markers Questionnaire				
	N	PRE	POST	CHANGE
Overall Mean	1,955	3.54	3.58	▲
SATS-R: Substance Abuse Treatment Scale - Revised				
	N	PRE	POST	CHANGE
Overall Mean	1,067	5.52	5.66	▲

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

Legend

▲ Significant Positive Change ($p < 0.05$)

*The outcomes reported here include all AOABHS clients that had both a PRE and a POST assessment in the Health Outcomes Management System (HOMS). The most recent assessment (POST) was in FY 2013-14 and was compared to an assessment received 6-months before (PRE). This analysis procedure may reduce the final N number because new clients with less than 6-months of service history and those that did not have a 6-month follow-up assessment were excluded from this analysis.

PREVENTION AND EARLY INTERVENTION

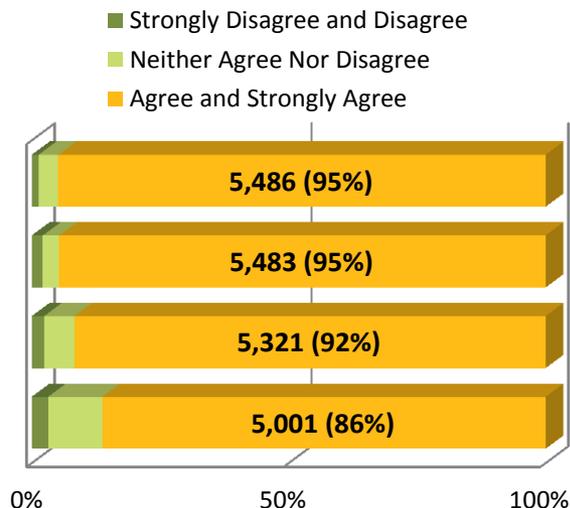
PEI Clients: Demographics and Client Satisfaction

PEI Client Demographics	Total	Percent*
Age	N	%
<18-24	1,908	10%
25-59	6,186	31%
60 and older	2,871	14%
Unknown/Not Reported	8,894	45%
Gender	N	%
Female	8,224	41%
Male	5,692	29%
Other	13	<1%
Unknown/Not Reported	5,930	30%
Race (Census Categories)	N	%
White	4,474	23%
Black/African American	1,277	6%
Asian/Pacific Islander	632	3%
Hispanic/Latino	3,401	17%
Native American	285	1%
Multiracial	328	2%
Other Non-White/Non-Caucasian	52	<1%
Unknown/Not Reported	9,410	47%
Total PEI Clients Served	19,859	

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

Client Satisfaction

Overall, satisfied with services received
Know where to get help when need it
More comfortable seeking help
Better able to handle things

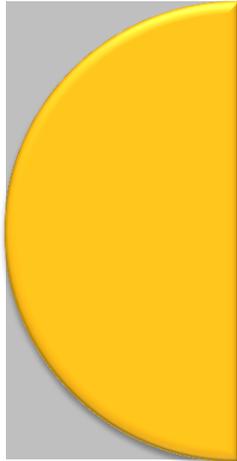


*Percentages reported in the table above may not add up to 100% due to rounding.

NOTE: The number of clients who completed Client Satisfaction survey items varied from 5,786 -5,801. These data are not recorded in Anasazi. For more information on AOABHS PEI programs, see the PEI Summary Reports – Adult Summary: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html

INNOVATIONS

MHSA, Innovations Projects



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

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

The following Innovations programs began or were in existence in the AOABHS in FY 2013-14:

- ❖ **Hope Connections** is a peer and family engagement project. Hope's staff of Peer and Family Support Specialists support clients and families in clinics, at the EPU, and in the county-operated psychiatric hospital by emphasizing hope for recovery and the ability of the client to take an active role in fulfilling personal recovery goals.
- ❖ **ICARE (Integrated Care Resources)** is a physical health integration project. Specifically, it is a pilot project to create person-centered medical homes in a primary care setting for individuals with serious mental illness whose symptoms have stabilized.
- ❖ **Mobility Management Program in North San Diego County** provides peer-based information sharing and support to assist clients with transportation options.
- ❖ **ILF (Independent Living Facilities)** Program's core is the Independent Living Association (ILA). The ILA promotes high quality Independent Livings, which are privately-owned homes that house adults with mental illness and other disabling health conditions.
- ❖ **IHOT (In-Home Outreach Teams)** is a project designed to engage individuals who are mentally ill and resistant to treatment. It works to reduce the effects of untreated mental illness in individuals with serious mental illness and their families.

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

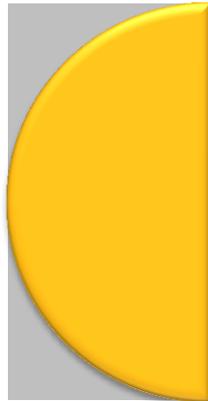


TRANSITION AGE YOUTH (TAY) CLIENTS

SYSTEMWIDE ANNUAL REPORT FISCAL YEAR 2013-2014

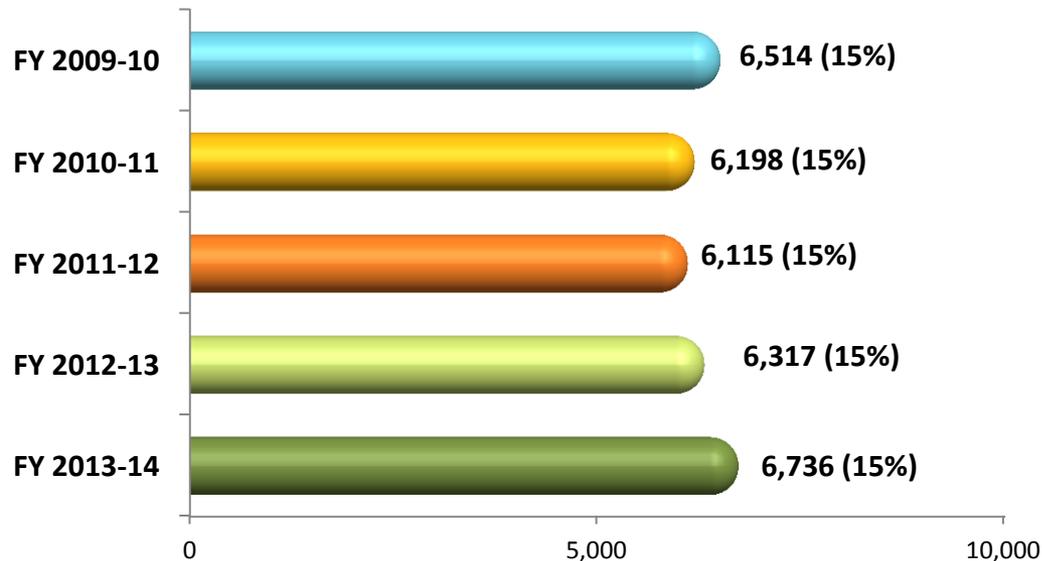
WHO ARE WE SERVING?

Total Number of TAY Clients



- ▶ In FY 2013-14, San Diego County delivered mental health services to 6,736 TAY clients (ages 18 to 24). Note: Some clients included were under 18 and received adult services.
- ▶ TAY clients represented 15% of the 44,004 clients who received services during FY 2013-14.
- ▶ The proportion of TAY clients (out of total clients) has remained stable at 15% for the last 5 fiscal years.
- ▶ There was a 7% increase in the number of TAY clients served from FY 2012-13 to FY 2013-14 (6,317 to 6,736).

Number of TAY Clients Served by Fiscal Year

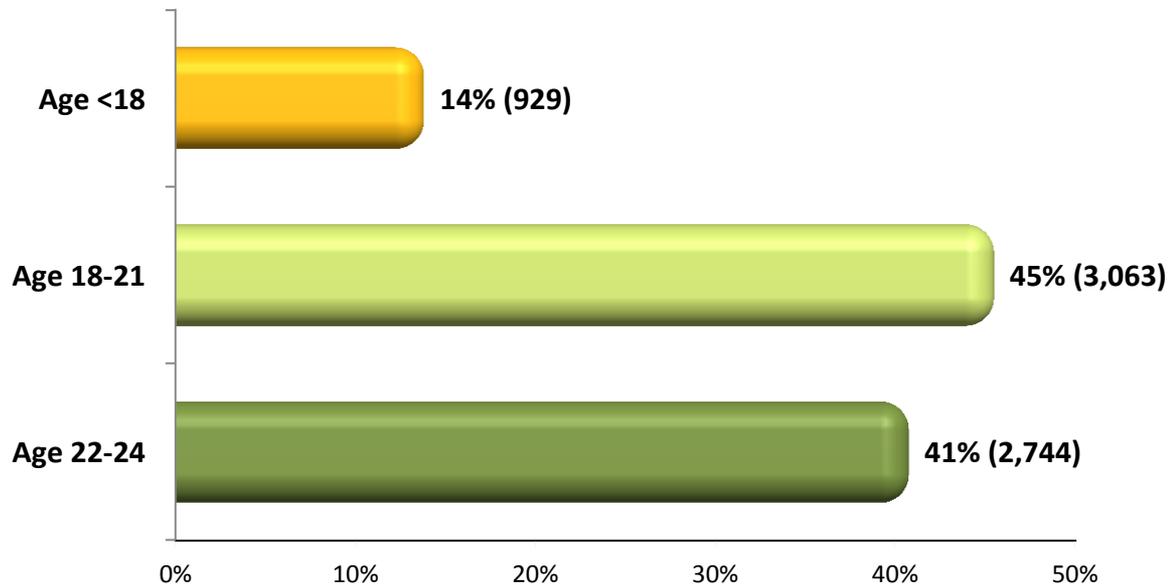


WHO ARE WE SERVING?

TAY Clients: Age

► Nearly half of TAY clients (45%) were between the ages of 18 and 21.

TAY Age Distribution



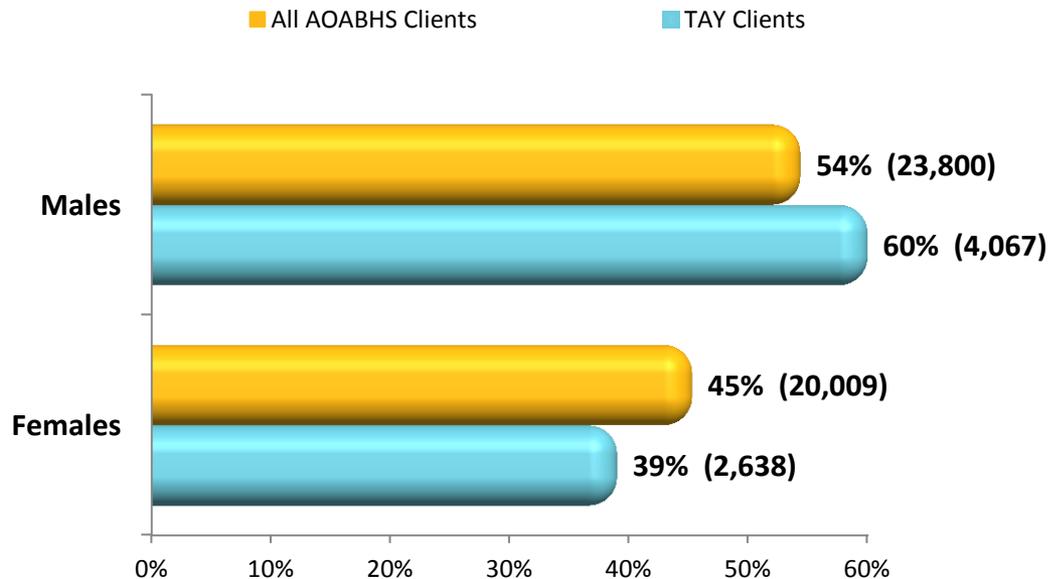
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Clients: Gender

► A larger proportion of TAY clients were male (60%) compared to the overall AOABHS client population (54%).

TAY Gender Distribution



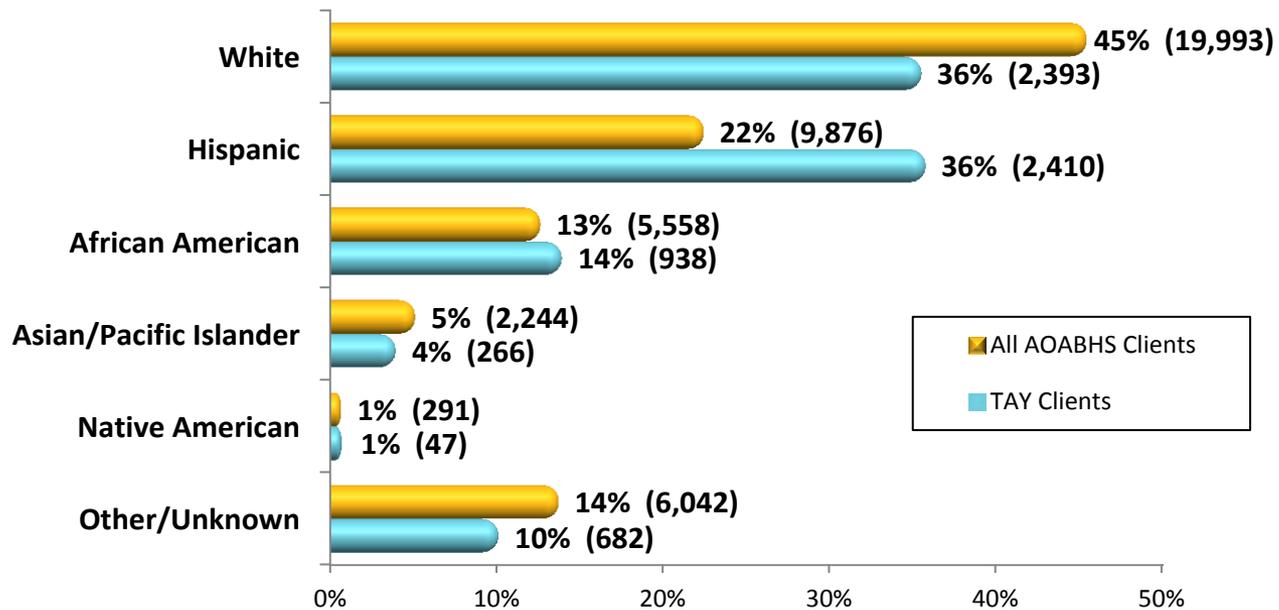
NOTE: The above graph does not show the Other/Unknown categories (which represented <1%) and therefore the percentages may not add up to 100%.

WHO ARE WE SERVING?

TAY Clients: Race/Ethnicity

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

TAY Race/Ethnicity Distribution



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

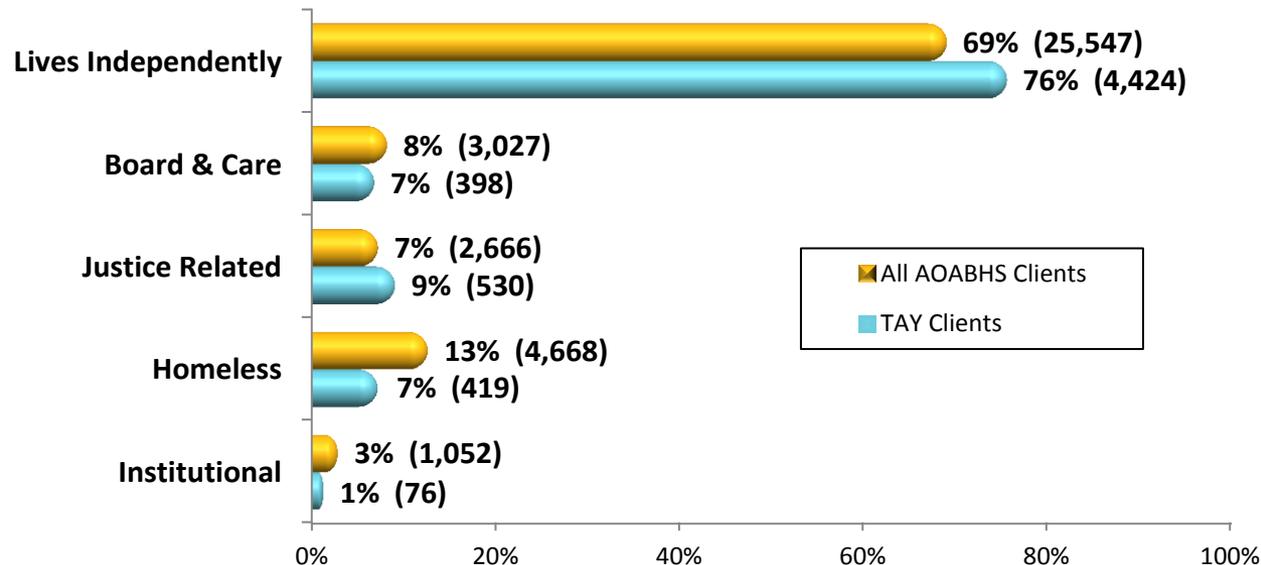
WHO ARE WE SERVING?

TAY Clients: Living Situation*



- ▶ 4,424 TAY clients (76%) were living independently at the start of services.**
- ▶ 9% of TAY were living in justice related situations. This is down from the 12% of TAY clients that were in justice related housing last fiscal year.
- ▶ 7% of TAY clients were homeless.***

TAY Living Situation



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

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

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

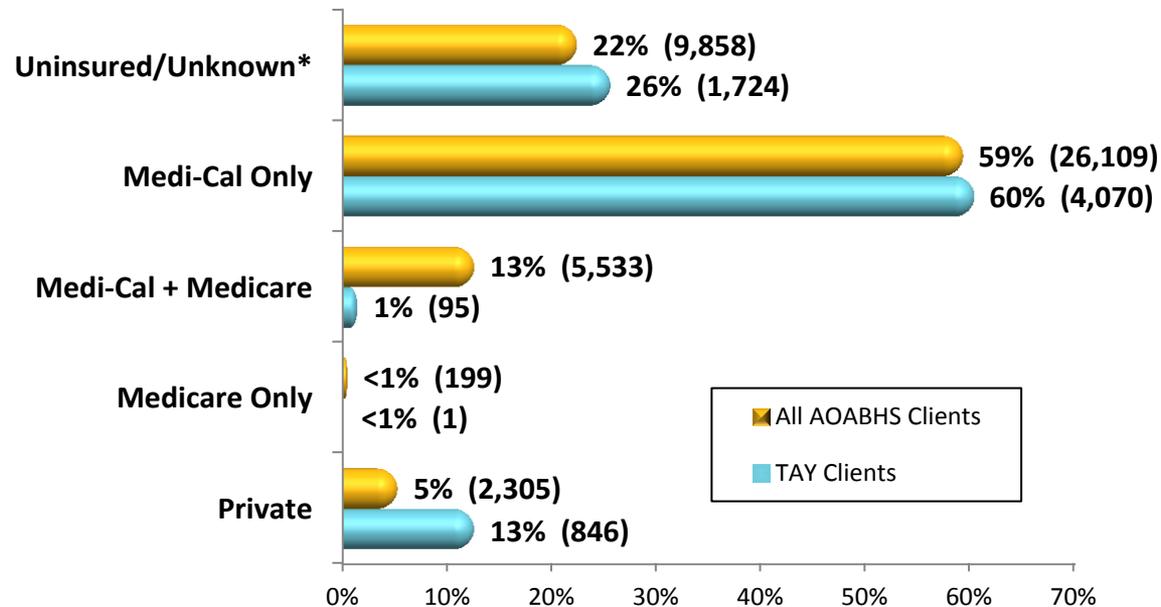
NOTE: The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

TAY Clients: Health Care Coverage

- ▶ The majority of TAY clients served in FY 2013-14 were insured by Medi-Cal only (60%).
- ▶ The proportion of TAY clients with an uninsured/unknown insurance status decreased from 37% in FY 2012-13 to 26% in FY 2013-14. This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began in October of 2013.

TAY Insurance Status



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

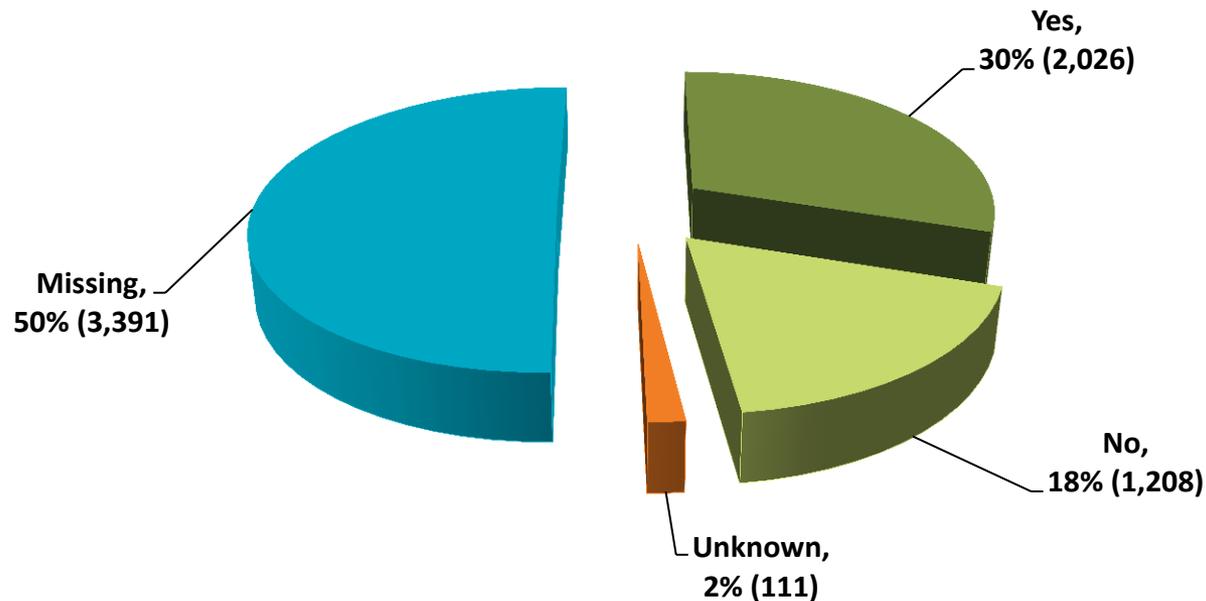
WHO ARE WE SERVING?

TAY Clients: Primary Care Physician

► In FY 2013-14, 30% of all TAY clients were known to have a primary care physician.

NOTE: The majority of TAY clients (52%) did not have any information on record or it was unknown if they had a primary care physician.

TAY Primary Care Physician



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

WHO ARE WE SERVING?

TAY Clients: Sexual Orientation

► Sexual orientation was reported for 38% of TAY clients in FY 2013-14.

NOTE: The sexual orientation variable was not reported on enough in FY 2013-14 to be able to accurately make conclusive statements about sexual orientation within the TAY client population.

Sexual Orientation	Unique Clients	Percent
Heterosexual	1,959	29%
Bisexual	162	2%
Questioning	40	1%
Lesbian	33	<1%
Gay Male	41	1%
Other	31	<1%
Transgender	16	<1%
Intersex	0	0%
Deferred	217	3%
Declined to State	30	<1%
Missing	4,207	62%
Total	6,736	

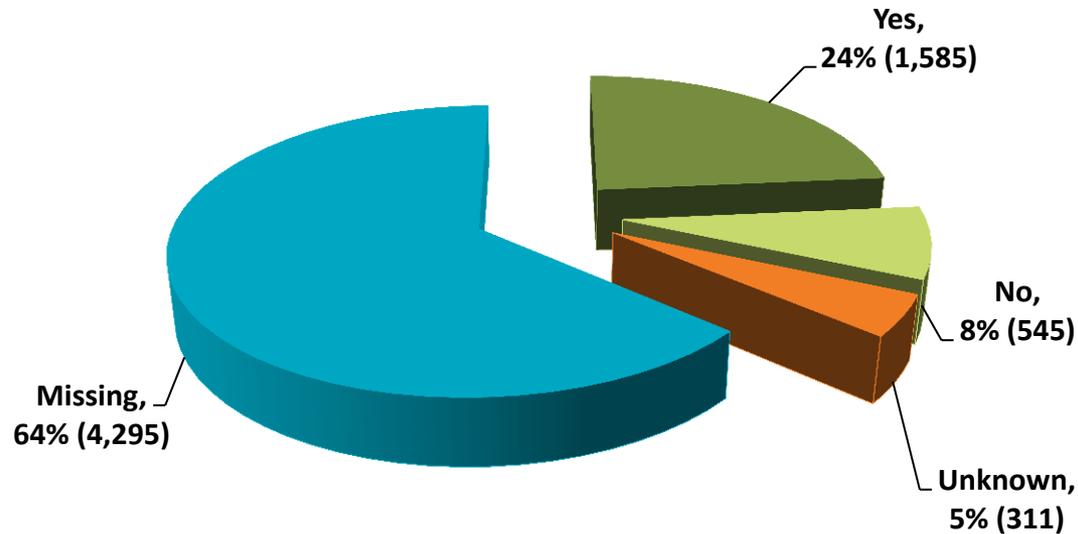
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Clients: History of Trauma

- ▶ 24% of TAY clients had a history of trauma.
- ▶ Among the 6,736 TAY clients, 2,441 (36%) had information available about trauma history in their records.

TAY History of Trauma



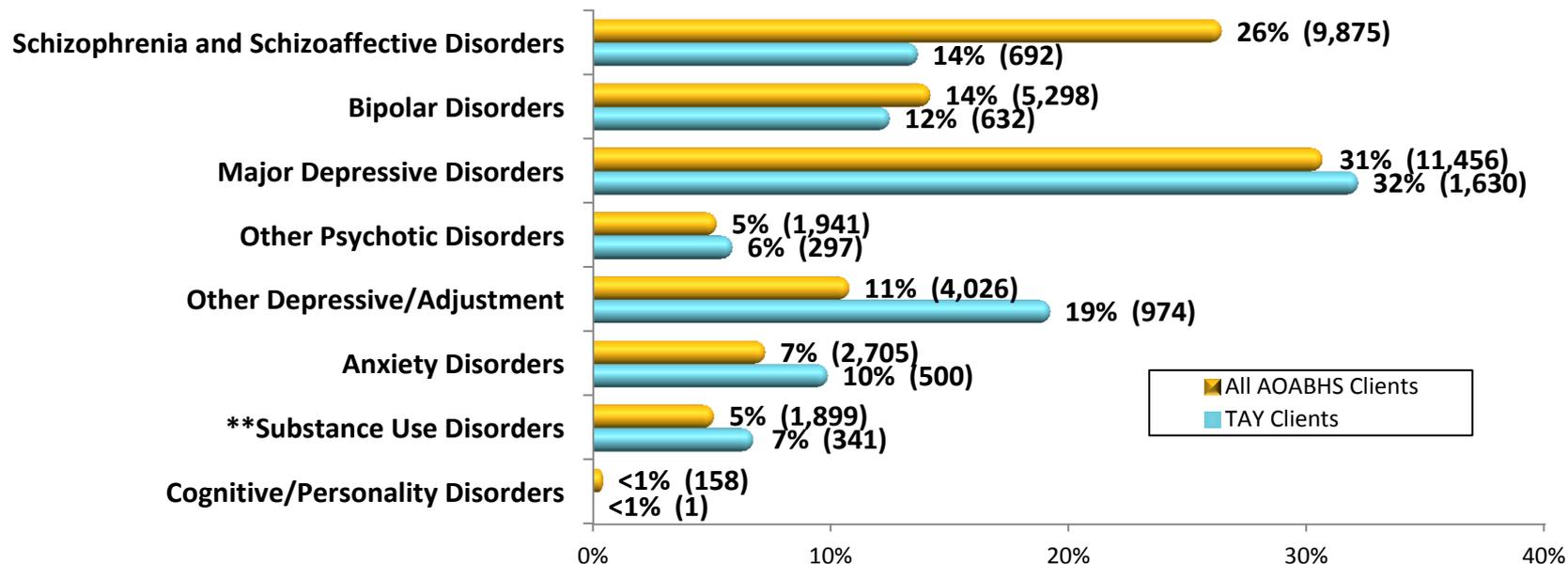
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

TAY Clients: Primary Diagnosis*

► The most common diagnoses among TAY clients who received services in FY 2013-14 were Major Depressive Disorders (32%), followed by Other Depressive/Adjustment Disorders (19%).

TAY Primary Diagnosis



*The information presented above represents data for the 5,067 TAY clients who received services from county contracted organizational providers during FY 2013-14, and for whom a primary diagnosis was available. Of the 6,736 TAY clients who received services during FY 2013-14, many were served by the Fee-for-Service (FFS) system and/or PERT services which do not enter diagnosis information into Anasazi.

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

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

WHO ARE WE SERVING?

TAY Clients: *Dual Diagnosis*

► In addition to a primary diagnosis, 50% of TAY clients also had a diagnosis of co-occurring mental illness and Substance Use Disorder.

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



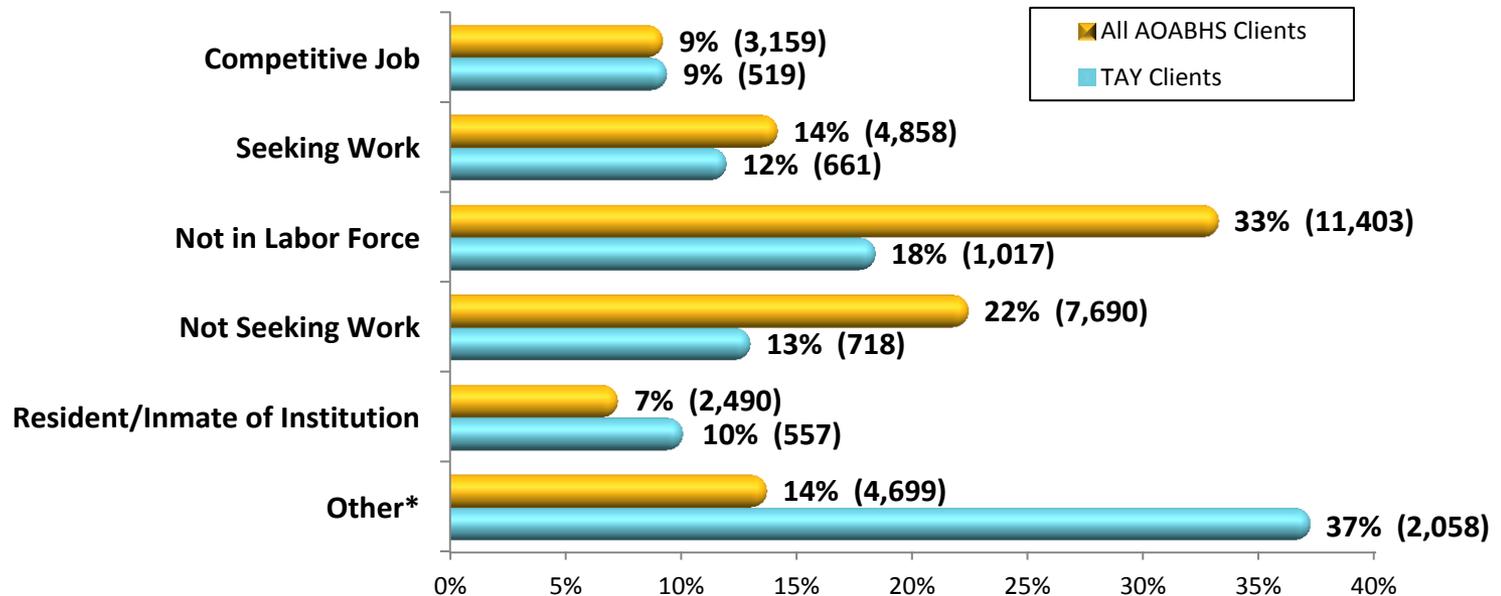
WHO ARE WE SERVING?

TAY Clients: Employment Status



- ▶ 519 of 6,736 TAY clients (9%) were working in the competitive job market.
- ▶ 65% of TAY clients were either not in the labor force (18%), were residents or inmates of an institution (10%), or reported their employment status as “Other” (37%).

TAY Employment Status



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

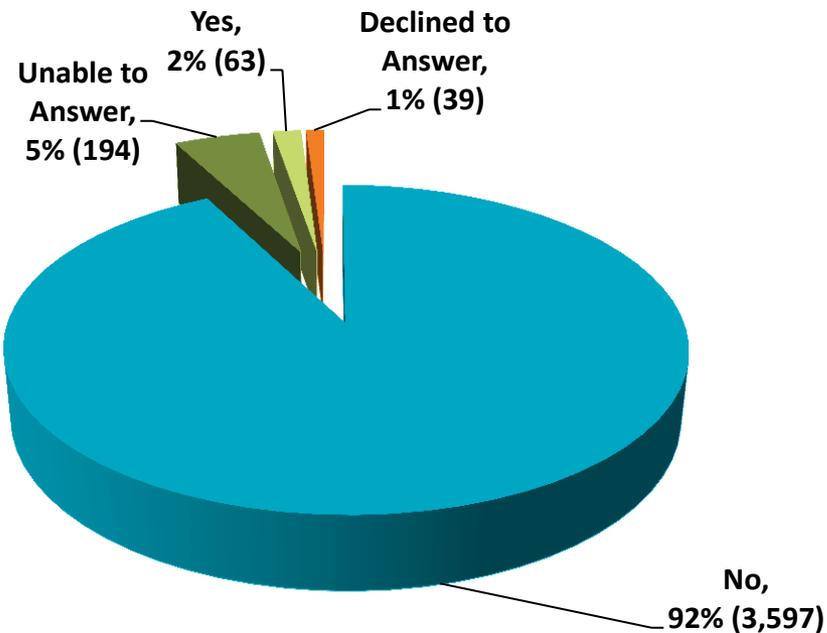
NOTE: Percentages above exclude the Unknown category.

WHO ARE WE SERVING?

TAY Clients: Military Service

- ▶ Information regarding past military service was available for more than half (58%) of the 6,736 TAY clients served in FY 2013-14.
- ▶ Among TAY clients for whom military service data was available, 92% reported that they had no military service.

Any Military Service?



NOTE: Missing data (2,843) was excluded from the graph and percentages reported above.

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

WHAT KINDS OF SERVICES ARE BEING USED?

TAY Clients: Types of Services*

Outpatient Services	TAY Clients		All AOABHS Clients	
	Total Clients	Percent Users	Total Clients	Percent Users
ACT	378	6%	2,132	5%
BH Court	4	<1%	55	<1%
Case Management	19	<1%	743	2%
Case Management - Institutional	47	1%	880	2%
Case Management - Strengths	89	1%	881	2%
Case Management - Transitional	53	1%	430	1%
Fee for Service	1,683	25%	11,674	27%
Outpatient	1,827	27%	16,193	37%
Outpatient - LIHP**	160	2%	2,002	5%
Prevention	181	3%	234	1%
Emergency Services	Total Clients	Percent Users	Total Clients	Percent Users
EPU	861	13%	5,466	12%
PERT	1,277	19%	5,117	12%
Forensic Services	Total Clients	Percent Users	Total Clients	Percent Users
Jail	1,787	27%	10,547	24%
24 hour Services	Total Clients	Percent Users	Total Clients	Percent Users
Crisis Residential	177	3%	1,737	4%
Edgemoor	1	<1%	114	<1%
LTC - Institutional	36	1%	259	1%
LTC - Residential	0	0%	0	0%
Residential	53	1%	105	<1%
Inpatient Admissions	Total Clients	Percent Users	Total Clients	Percent Users
Inpatient - County	292	4%	2,009	5%
Inpatient - FFS	726	11%	3,860	9%
Inpatient - LIHP**	75	1%	625	1%
State Hospital	5	<1%	13	<1%
TOTAL CLIENTS SERVED	6,736		44,004	

Compared to the overall client population, TAY clients used:

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

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

**LIHP services were discontinued on 1/1/2014.

ARE CLIENTS GETTING BETTER?

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

IMR: Illness Management & Recovery		N	PRE	POST	CHANGE
	Substance Subscale	248	3.77	3.85	▲
	Management Subscale	250	2.45	2.83	▲
	Recovery Subscale	250	2.89	3.15	▲
	Overall Mean	250	3.06	3.27	▲
RMQ: Recovery Markers Questionnaire		N	PRE	POST	CHANGE
	Overall Mean	224	3.67	3.76	▲
SATS-R: Substance Abuse Treatment Scale - Revised		N	PRE	POST	CHANGE
	Overall Mean	128	4.38	4.60	▲

- Clinicians reported (via the IMR) that TAY clients are getting better. The data indicated significant improvements in the following areas:
 - the ability to manage symptoms
 - progress towards recovery
 - overall mean IMR scores
- On the RMQ, TAY clients self-reported significant improvements in their recovery.
- Clients that underwent substance abuse treatment showed some improvement from pre to post treatment as indicated by SATS-R scores.

Legend

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

*The outcomes reported here include all TAY BHS clients that had both a PRE and a POST assessment in the HOMS system. The most recent assessment (POST) was in FY 2013-14 and was compared to an assessment received 6-months before (PRE). This analysis procedure may reduce the final N number because new clients with less than 6-months of service history and those that did not have a 6-month follow-up assessment were excluded from this analysis.

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

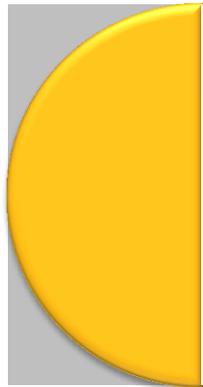


OLDER ADULT (OA) CLIENTS

SYSTEMWIDE ANNUAL REPORT FISCAL YEAR 2013-2014

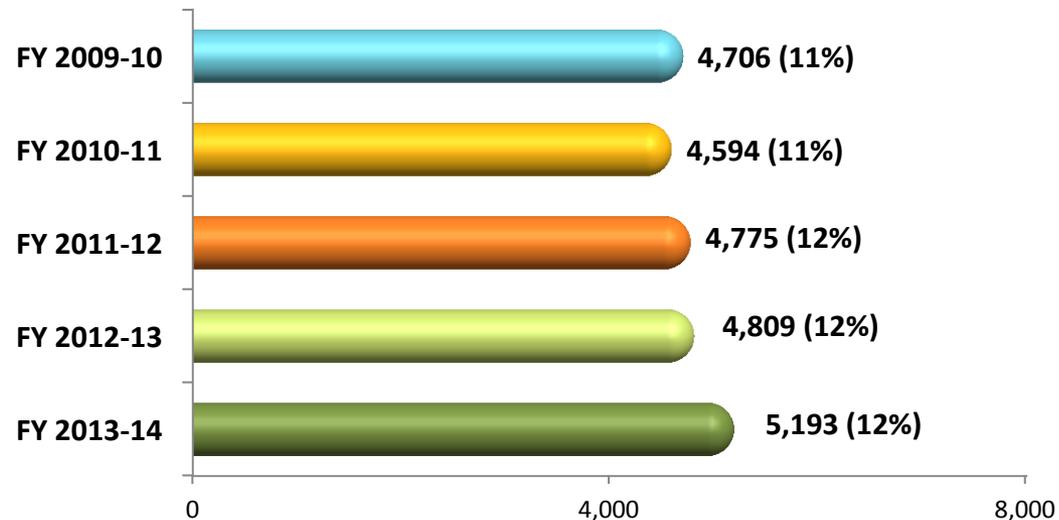
WHO ARE WE SERVING?

Total Number of OA Clients



- ▶ In FY 2013-14, San Diego County delivered mental health services to 5,193 older adults (age 60 or older).
- ▶ OA clients represent 12% of the 44,004 clients who received services in the adult system during the FY 2013-14.
- ▶ The proportion of OA clients (out of total clients) has increased from 11% in FY 2009-10 to 12% in FY 2011-12 and remained at 12% through FY 2013-14.
- ▶ The actual number of OA clients served increased 8% from FY 2012-13 to FY 2013-14.

Total Number of OA Clients Receiving Services

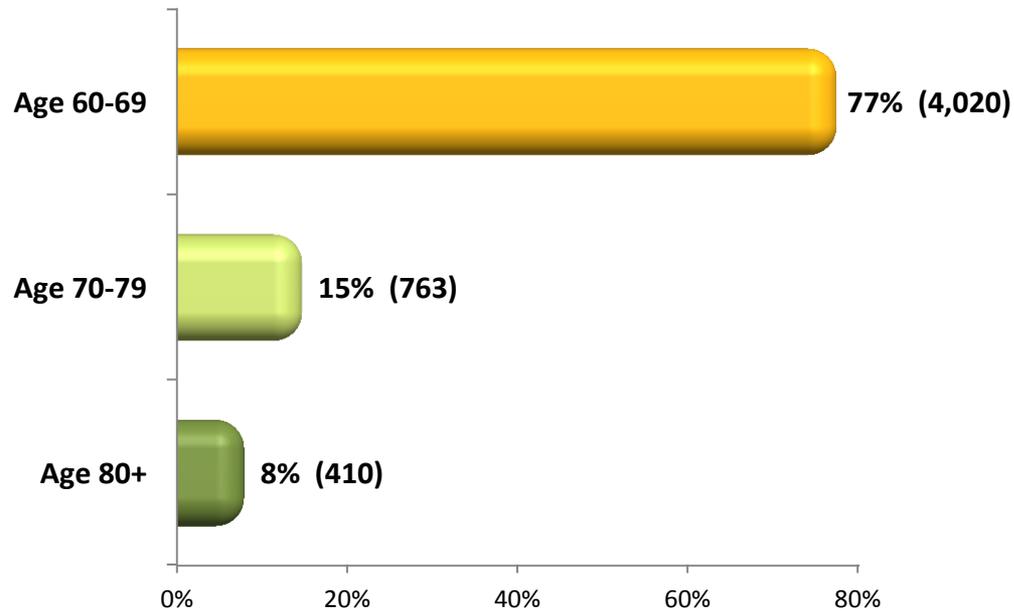


WHO ARE WE SERVING?

OA Clients: Age

► More than three quarters (77%) of OA clients were between the ages of 60 and 69.

OA Age Distribution

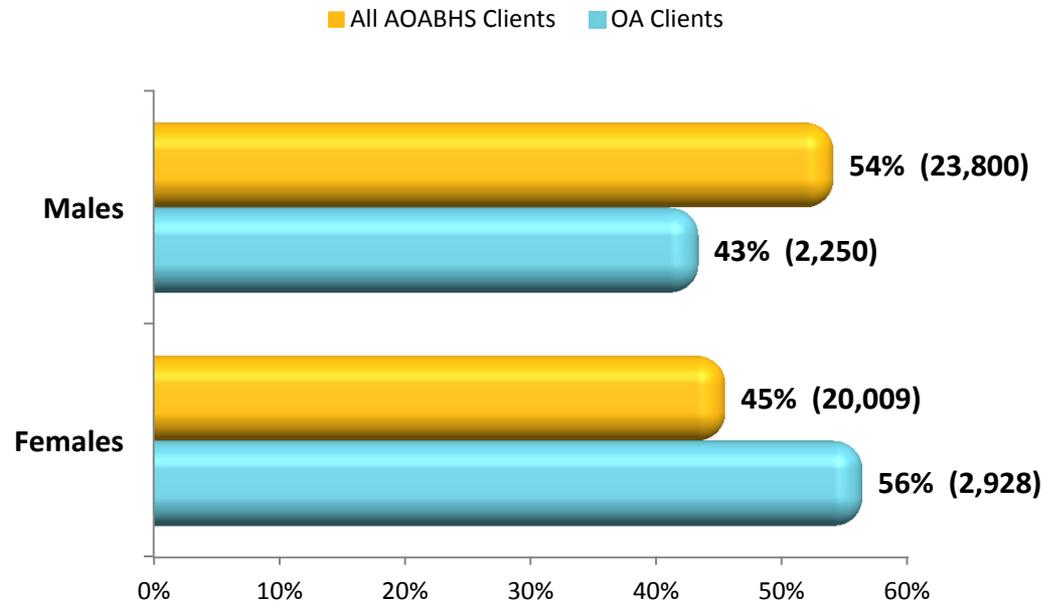


WHO ARE WE SERVING?

OA Clients: Gender

- ▶ A larger proportion of OA clients were female (56%) compared to the overall client population (45%).
- ▶ These gender proportions are similar (within 2%) of those seen for past 4 fiscal years.

OA Gender Distribution



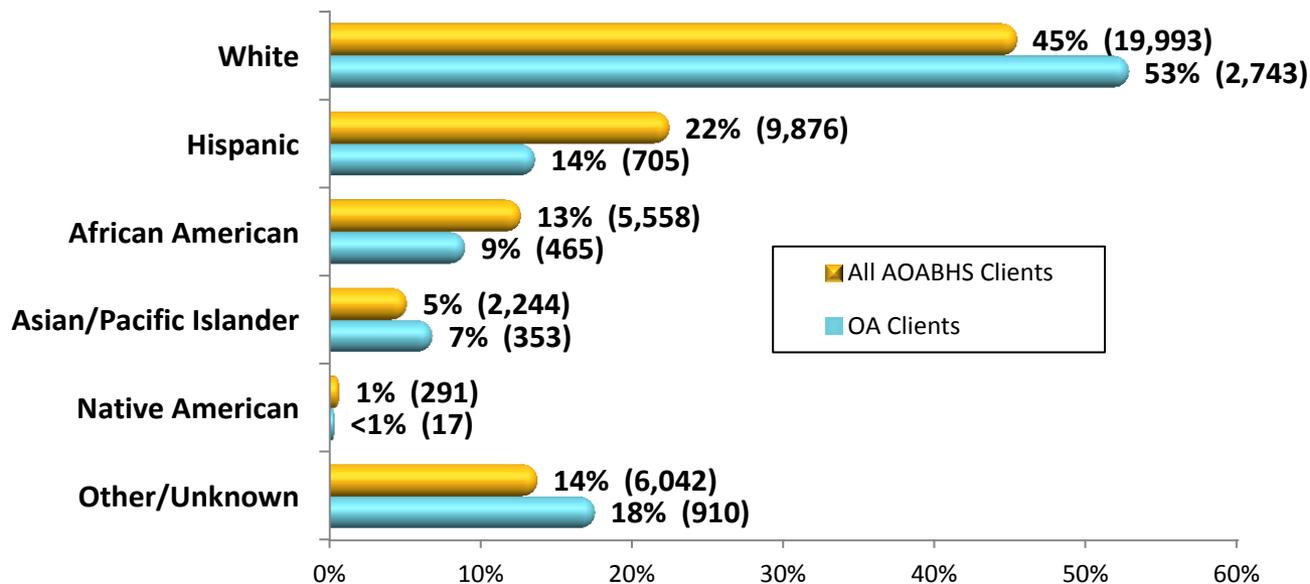
NOTE: The above graph does not show the Other/Unknown categories (which represented <1%) and therefore the percentages may not add up to 100%.

WHO ARE WE SERVING?

OA Clients: Race/Ethnicity

- ▶ A larger proportion of OA clients were white (53%) compared to the overall AOABHS client population (45%).
- ▶ There were smaller proportions of Hispanic and African American OA clients compared to the overall population.

OA Race/Ethnicity Distribution



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

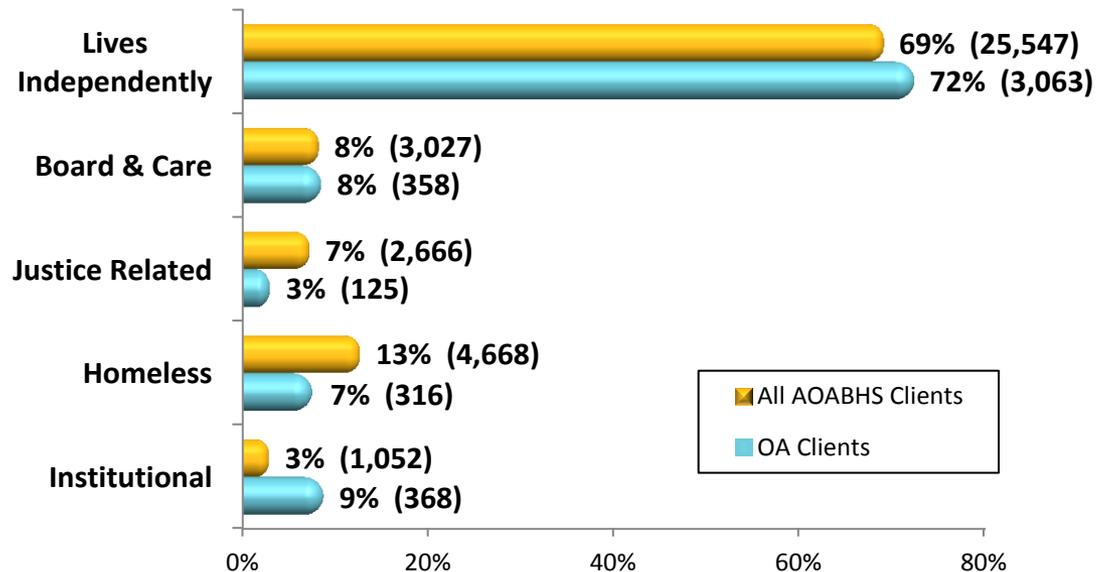
WHO ARE WE SERVING?

OA Clients: Living Situation*



- ▶ 72% of OA clients were living independently.**
- ▶ 7% of OA clients were homeless.***
- ▶ A greater proportion of OA clients were in the institutional setting (9%) compared to the overall population (3%).

OA Living Situation



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

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

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

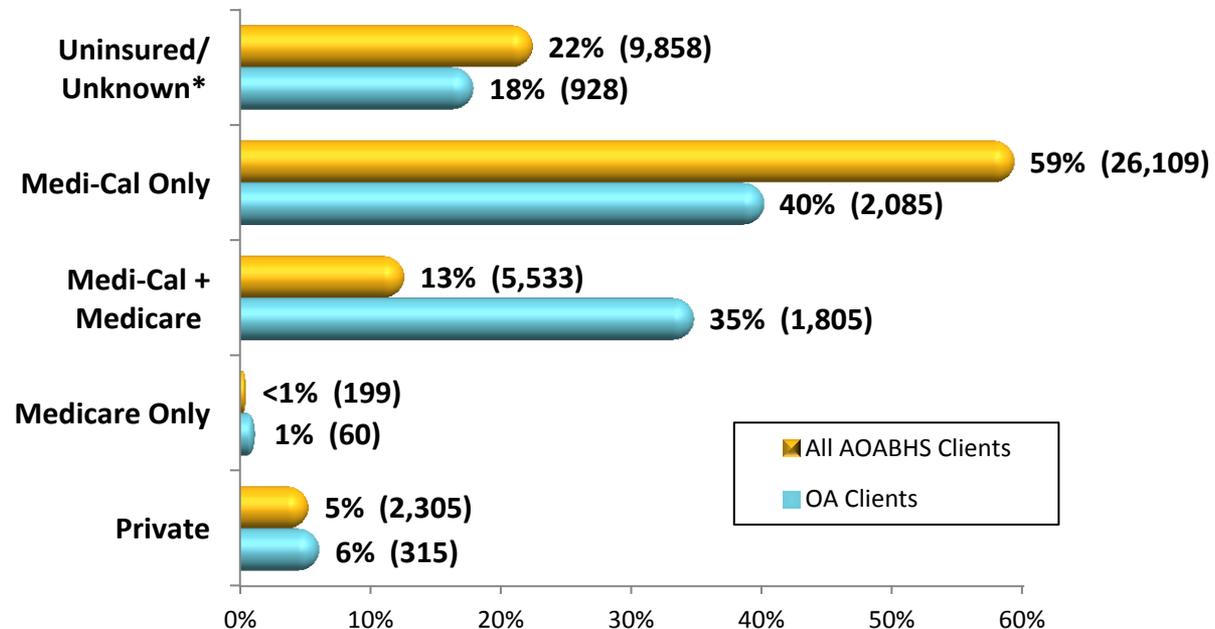
NOTE: The graph and percentages reported above exclude Other/Unknown values.

WHO ARE WE SERVING?

OA Clients: Health Care Coverage

- ▶ The majority of OA clients served in FY 2013-14 were insured by Medi-Cal only (40%) or a combination of Medi-Cal and Medicare (35%).
- ▶ The proportion of OA clients with an uninsured/unknown insurance status decreased from 25% in FY 2012-13 to 18% in FY 2013-14. This was likely due to the expansion of Medi-Cal, due to the Affordable Care Act, that began in October of 2013.

OA Insurance Status



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

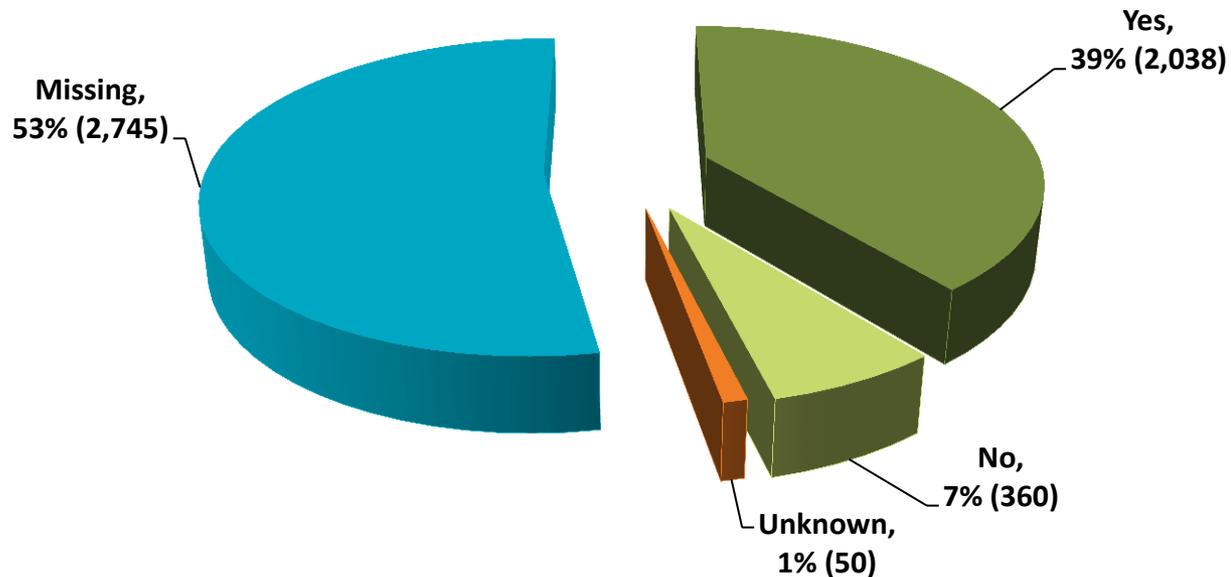
WHO ARE WE SERVING?

OA Clients: Primary Care Physician

- ▶ In FY 2013-14, 39% of OA clients were known to have a primary care physician.
- ▶ 7% of OA clients did not have a primary care physician.

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

OA Primary Care Physician



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

WHO ARE WE SERVING?

OA Clients: Sexual Orientation

► Sexual orientation was reported for 36% of OA clients in FY 2013-14.

NOTE: The sexual orientation variable was not reported on enough in FY 2013-14 to be able to accurately make conclusive statements about sexual orientation within the OA client population.

Sexual Orientation	Unique Clients	Percent
Heterosexual	1,734	33%
Gay Male	24	<1%
Bisexual	12	<1%
Lesbian	6	<1%
Transgender	4	<1%
Questioning	3	<1%
Other	3	<1%
Intersex	3	<1%
Deferred	55	1%
Declined to State	36	1%
Missing	3,313	64%
Total	5,193	

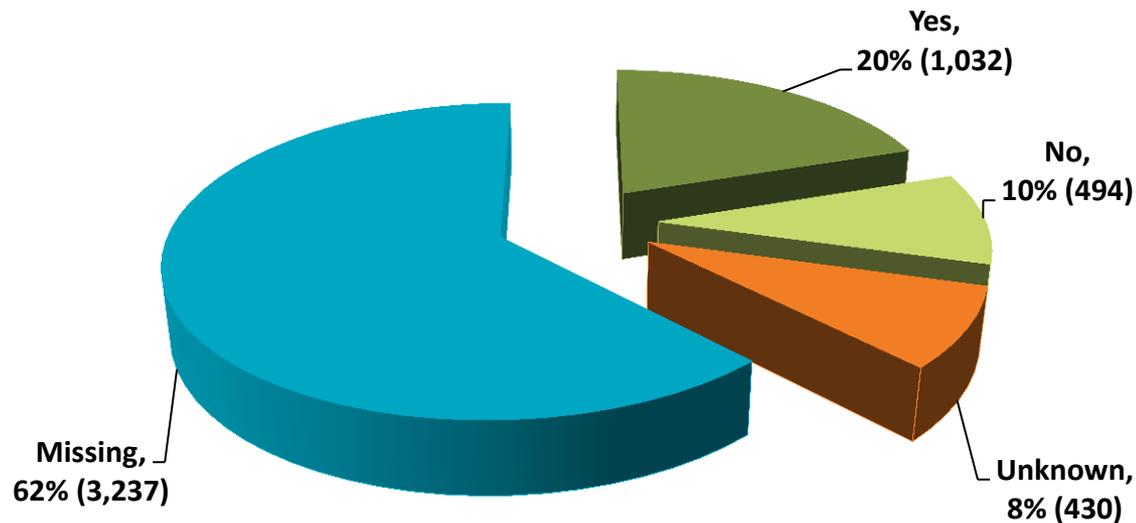
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

OA Clients: History of Trauma

- ▶ 20% of OA clients (1,032) had a history of trauma.
- ▶ Data was not available (missing) for 62% of the OA client population (3,237).

OA History of Trauma



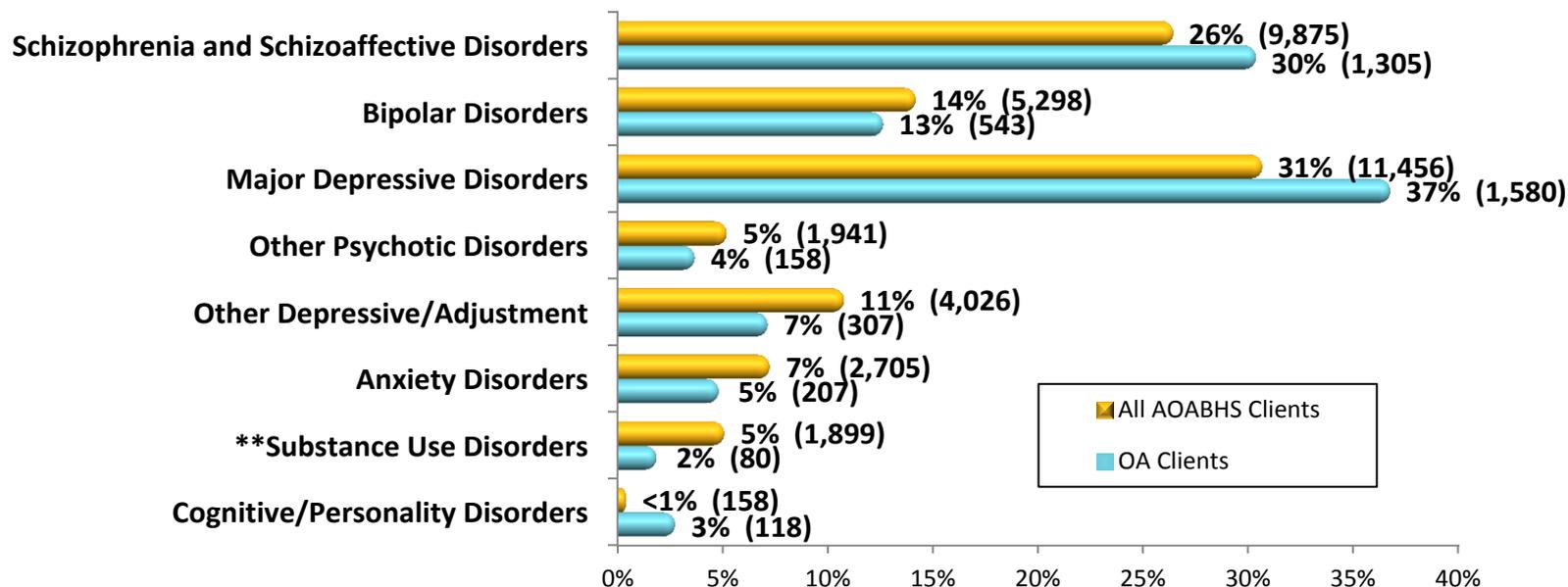
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

OA Clients: Primary Diagnosis*

► The most common diagnoses among OA clients who received services in FY 2013-14 were Major Depressive Disorders (37%) and Schizophrenia/Schizoffective Disorders (30%).

Older Adult Primary Diagnosis



*Of the 5,193 Older Adult clients who received services during FY 2013-14, many were served by the Fee-for-Service (FFS) system and/or PERT services which do not enter diagnosis information into Anasazi. The information presented above represents data for the 4,298 OA clients who received services from county contracted organizational providers during FY 2013-14, and for whom a primary diagnosis was available.

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

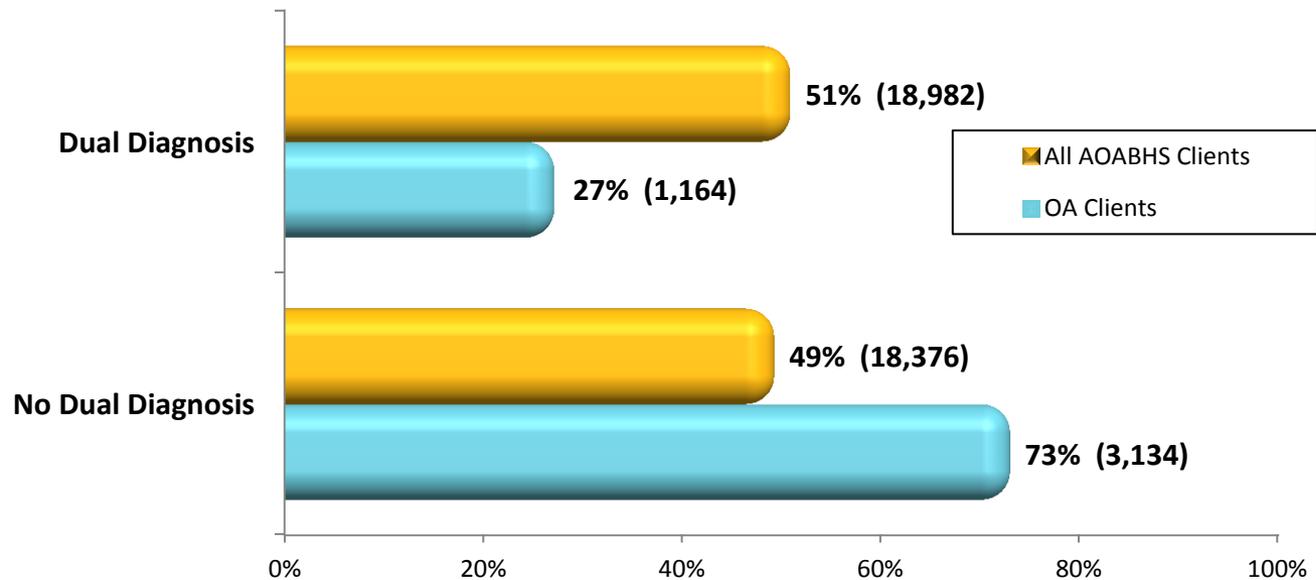
NOTE: Percentages may not add up to 100% due to rounding.

WHO ARE WE SERVING?

OA Clients: Dual Diagnosis

► In addition to a primary diagnosis, more than a quarter of OA clients (27%) also had a diagnosis of co-occurring mental illness and Substance Use Disorder in FY 2013-14.

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



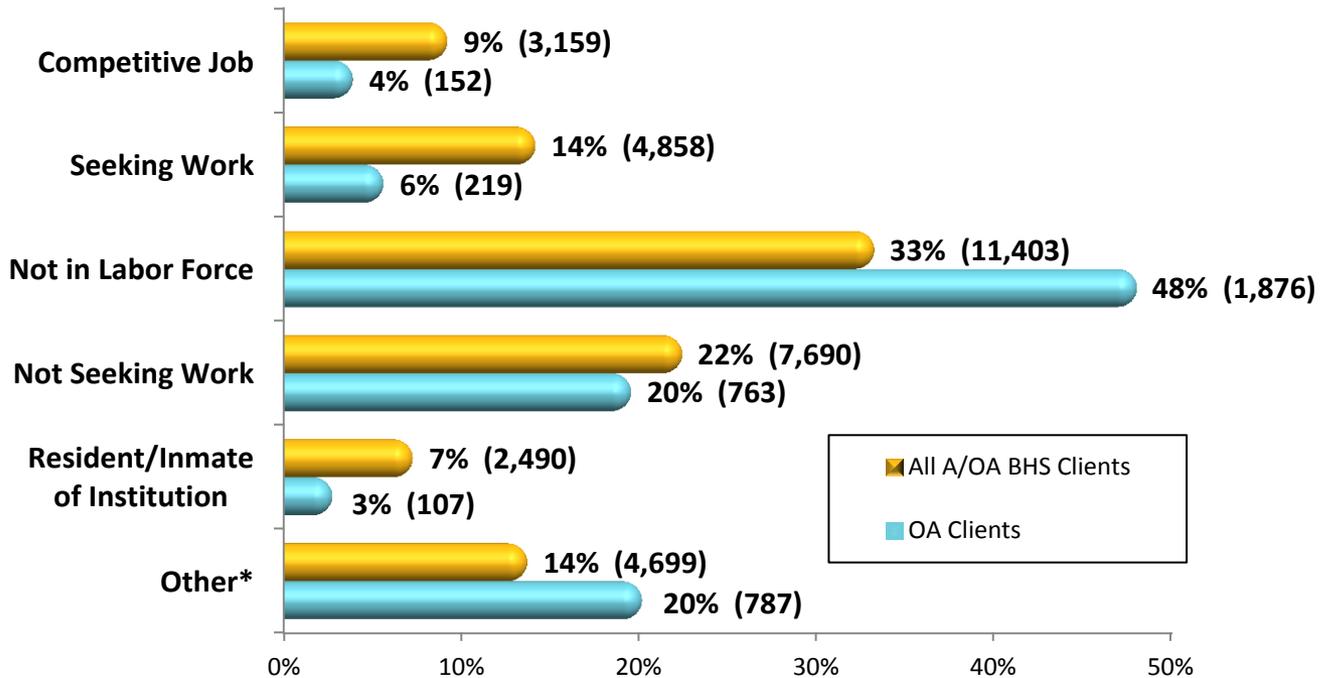
WHO ARE WE SERVING?

OA Clients: Employment Status



► The largest proportion of OA clients (48%) were not currently in the labor force.

Older Adult Employment Status



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

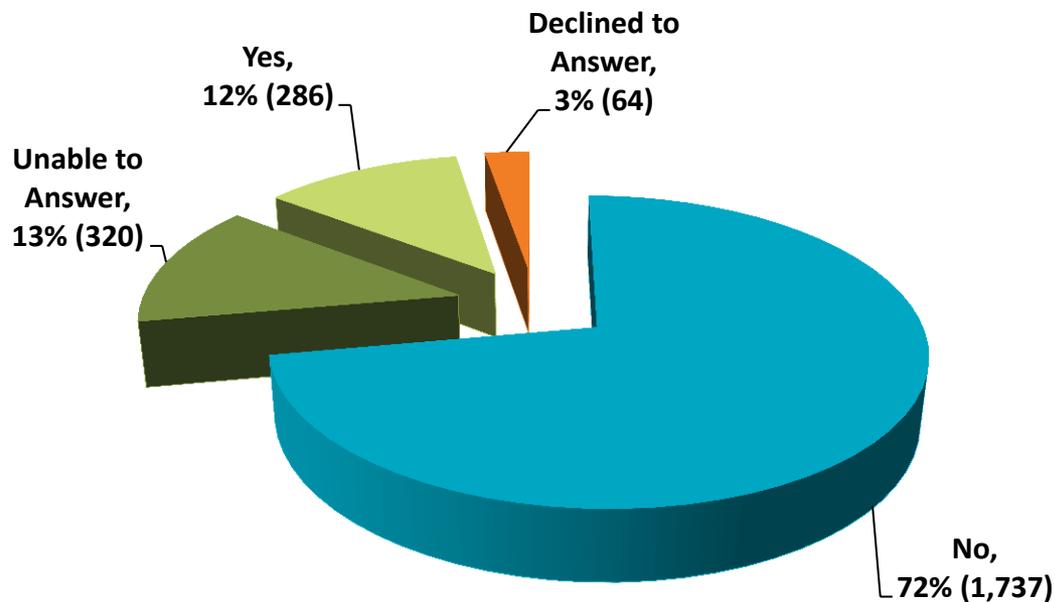
NOTE: Percentages above exclude the Unknown category.

WHO ARE WE SERVING?

OA Clients: Military Service

- ▶ Information regarding past military service was available for 46% of the 5,193 OA clients served in FY 2013-14.
- ▶ Among OA clients for whom military service data was available, 72% reported that they had no military service and 12% confirmed that they had served in the military.

Any Military Service?



NOTE: Missing data (2,786) was excluded from the graph and percentages reported above.

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

WHAT KINDS OF SERVICES ARE BEING USED?

OA Clients: Types of Services*

Outpatient Services	Older Adult Clients		All AOABHS Clients	
	Total Clients	Percent Users	Total Clients	Percent Users
ACT	296	6%	2,132	5%
BH Court	2	<1%	55	<1%
Case Management	65	1%	743	2%
Case Management - Institutional	406	8%	880	2%
Case Management - Strengths	310	6%	881	2%
Case Management - Transitional	30	1%	430	1%
Fee for Service	1,400	27%	11,674	27%
Outpatient	1,715	33%	16,193	37%
Outpatient - LIHP**	126	2%	2,002	5%
Prevention	12	<1%	234	1%
Emergency Services	Total Clients	Percent Users	Total Clients	Percent Users
EPU	278	5%	5,466	12%
PERT	913	18%	5,117	12%
Forensic Services	Total Clients	Percent Users	Total Clients	Percent Users
Jail	444	9%	10,547	24%
24 hour Services	Total Clients	Percent Users	Total Clients	Percent Users
Crisis Residential	91	2%	1,737	4%
Edgemoor	56	1%	114	0%
LTC - Institutional	16	<1%	259	1%
LTC - Residential	0	0%	0	0%
Residential	6	<1%	105	<1%
Inpatient Admissions	Total Clients	Percent Users	Total Clients	Percent Users
Inpatient - County	105	2%	2,009	5%
Inpatient - FFS	294	6%	3,860	9%
Inpatient - LIHP**	21	<1%	625	1%
State Hospital	0	0%	13	<1%
TOTAL CLIENTS SERVED	5,193		44,004	

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

- A greater proportion of ACT, CM-Institutional, CM-Strengths, and PERT services.
- A smaller proportion of Outpatient (OP), OP-LIHP, EPU, Forensic (jail-based), Crisis Residential, and Inpatient services.

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

**LIHP services were discontinued on 1/1/2014.

ARE CLIENTS GETTING BETTER?

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

IMR: Illness Management & Recovery		N	PRE	POST	CHANGE
Substance Subscale		416	4.52	4.55	▲
Management Subscale		434	2.88	3.04	▲
Recovery Subscale		434	2.97	3.13	▲
Overall Mean		434	3.26	3.38	▲
RMQ: Recovery Markers Questionnaire		N	PRE	POST	CHANGE
Overall Mean		234	3.51	3.54	▲
SATS-R: Substance Abuse Treatment Scale - Revised		N	PRE	POST	CHANGE
Overall Mean		147	6.45	6.37	▼

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

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

Legend

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

*The outcomes reported here include all OA BHS clients that had both a PRE and a POST assessment in the HOMS system. The most recent assessment (POST) was in FY 2013-14 and was compared to an assessment received 6-months before (PRE). This analysis procedure may reduce the final N number because new clients with less than 6-months of service history and those that did not have a 6-month follow-up assessment were excluded from this analysis.

GLOSSARY

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

GLOSSARY

- **Edgemoor** is an inpatient skilled nursing facility that provides: 24-hour skilled nursing care; physical rehabilitation; recreational, occupational, physical, speech, and respiratory therapies.
- **Emergency Psychiatric Unit (EPU)** provides walk-in emergency mental health services for adults and older adults who are experiencing a mental health emergency or crisis.
- **Fee-For-Service (FFS)** services are primarily from licensed clinicians in private practice who get reimbursed for services rendered to clients. These providers are spread out over the county and represent a diversity of discipline, cultural-linguistic groups and genders in order to provide choice for eligible clients.
- **Full Service Partnership (FSP)** programs are part of the County of San Diego’s Community Services and Supports Program and are made possible through MHS. FSP’s use a “do whatever it takes” model that comprehensively addresses individual and family needs, fosters strong connections to community resources, and focuses on resilience and recovery to help individuals achieve their mental health treatment goals.
- **Innovation Programs** are novel mental health practices that contribute to learning, and that are developed within communities through a process that is inclusive and representative. Additionally, Innovations Programs are designed to increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services for the mental health community at-large.
- **Low Income Health Program (LIHP)** was a program that funded medical care for uninsured adult county residents as a bridge to the Health Care Reform. LIHP used a network of community health centers along with hospitals, community physicians, and mental health providers throughout San Diego County to provide health care services. NOTE: The program was discontinued on 1/1/2014.
- **Long Term Care (LTC) – Institutional Setting** refers to services provided to persons with serious mental illness through locked long-term care facilities which include Institutes for Mental Disease (IMDs) and Skilled Nursing Facilities (SNFs).
- **Long Term Care (LTC) – Residential** refers to services provided in residential settings that provide long-term care - offering room, board, 24-hour oversight, health monitoring, and assistance with activities of daily living and are licensed by the state. Residents often live in their own apartment within a building. The complex provides some care that those who live independently would perform themselves (such as taking medicine). Social and recreational activities are usually provided.

GLOSSARY

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

Contact Us

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