

# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



## Adult and Older Adult Behavioral Health Services SYSTEMWIDE ANNUAL REPORT Fiscal Year 2015-2016

Report prepared by:



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# Introduction

## Overview

- This report summarizes cumulative system and clinical outcomes for transition age youth (TAY), adults, and older adults served by the County of San Diego Adult and Older Adult Behavioral Health Services (AOABHS) during Fiscal Year 2015-16 (July 2015 – June 2016).
- AOABHS primarily serves individuals aged 18 years or 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 2015-16 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
- Crisis Stabilization Facilities
- Crisis Outpatient Facilities
- Psychiatric Emergency Response Teams (PERT)
- Inpatient Facilities
- Forensic Services
- Telepsychiatry

# Key Findings

## All AOABHS Clients

- During FY 2015-16, San Diego County delivered mental health services to 42,805 adults, transition age youth, and older adults.
- The number of clients served that were homeless during FY 2015-16 increased by 11% compared with those served during FY 2014-15 (4,978 to 5,522),
- The number of AOABHS clients served with an uninsured/unknown insurance status decreased by 14% from FY 2014-15 to FY 2015-16 (6,196 to 5,325), continuing a trend observed between FY 2013-14 and FY 2014-15, attributed to the expansion of Medi-Cal in 2014.
- The most common diagnoses among AOABHS clients served during FY 2015-16 were schizophrenia and other psychotic disorders (38%), followed by depressive disorders (26%), and bipolar disorders (21%).
- In addition to a primary diagnosis, half of AOABHS clients (50%) had a diagnosis of co-occurring mental illness and substance use disorder (SUD) in FY 2015-16.
- The most common initial point of access of county-provided mental services during each of the last five fiscal years is outpatient services. 45% of clients who received services during FY 2015-16 received an outpatient service before any other type of county-provided service.
- Half of clients that received a Crisis Stabilization (CS) service after a Crisis Outpatient (CO) intake received a subsequent inpatient service (51%); while 49% were diverted from inpatient service.
- Clinicians and clients reported improvements in illness management and recovery outcomes in FY 2015-16.

# Key Findings

## Transition Age Youth (TAY) Clients

- During FY 2015-16, San Diego County delivered mental health services to 7,527 TAY clients (age 18 to 25 years).
- A larger proportion of TAY clients served were male (57%) compared to the overall AOABHS client population (53%), but the proportion of female TAY clients served by AOABHS has increased over the past four fiscal years (38% to 43%).
- Compared to the overall AOABHS client population, a larger proportion of TAY clients were Hispanic (36% vs. 23%), and a smaller proportion were White (33% vs. 43%).
- The most common diagnoses among TAY clients served during FY 2015-16 were schizophrenia and other psychotic disorders (28%), depressive disorders (26%), and bipolar disorders (24%).
- Clinicians reported improvements in the ability of TAY clients to manage symptoms and improvements in their overall Illness Management and Recovery (IMR) assessment scores.

## Older Adult (OA) Clients

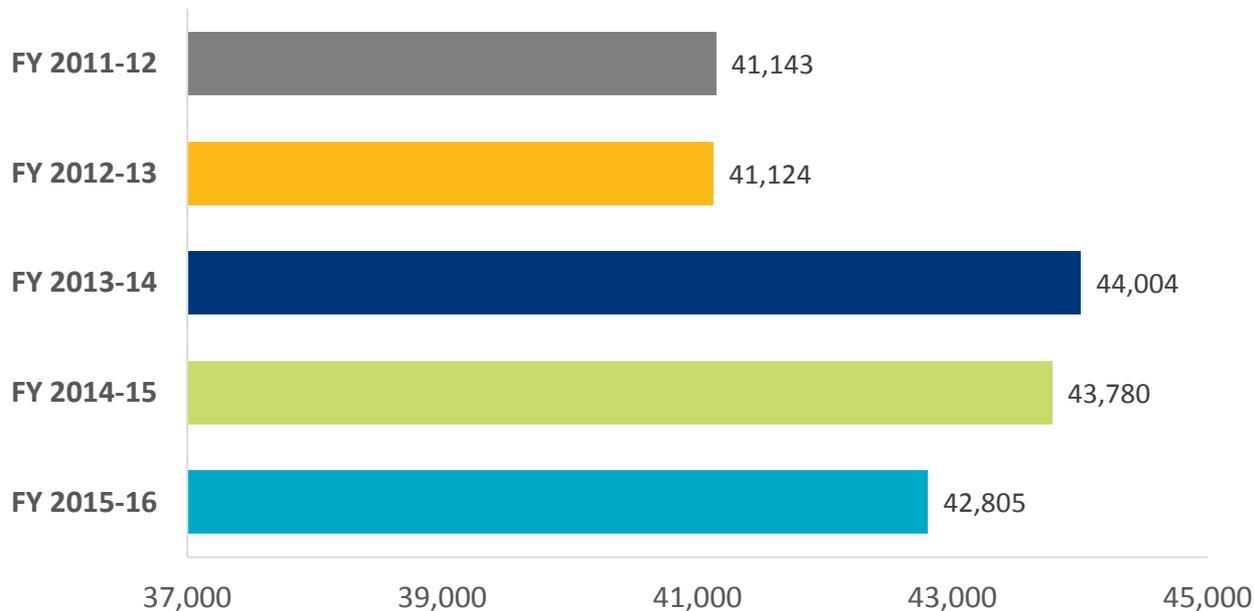
- During FY 2015-16, San Diego County delivered mental health services to 5,592 older adults (age 60 years or older).
- Compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (12% vs. 23%), and a larger proportion were White (51% vs. 43%).
- The most common diagnosis among OA clients served during FY 2015-16 was schizophrenia and other psychotic disorders (40%), followed by depressive disorders (34%).
- OA clients utilized larger proportions of Case Management (Institutional and Strengths, 7% each), and PERT services (18%) compared to the overall AOABHS client population (2%, 3%, and 13%, respectively).
- Clinicians and OA clients reported slight improvements in recovery via IMR and Recovery Markers Questionnaire (RMQ) scores, but these improvements were not statistically significant.

# Who are we serving?

## Total Number of All AOA Clients Served

- In FY 2015-16, mental health services were delivered to 42,805 adults, transition age youth, and older adults by San Diego County.
- The number of clients served increased by 7% (2,880 clients) in FY 2013-14, decreased slightly (1%; 224 clients) in FY 2014-15, and continued to decrease (2%; 975 clients) in FY 2015-16.

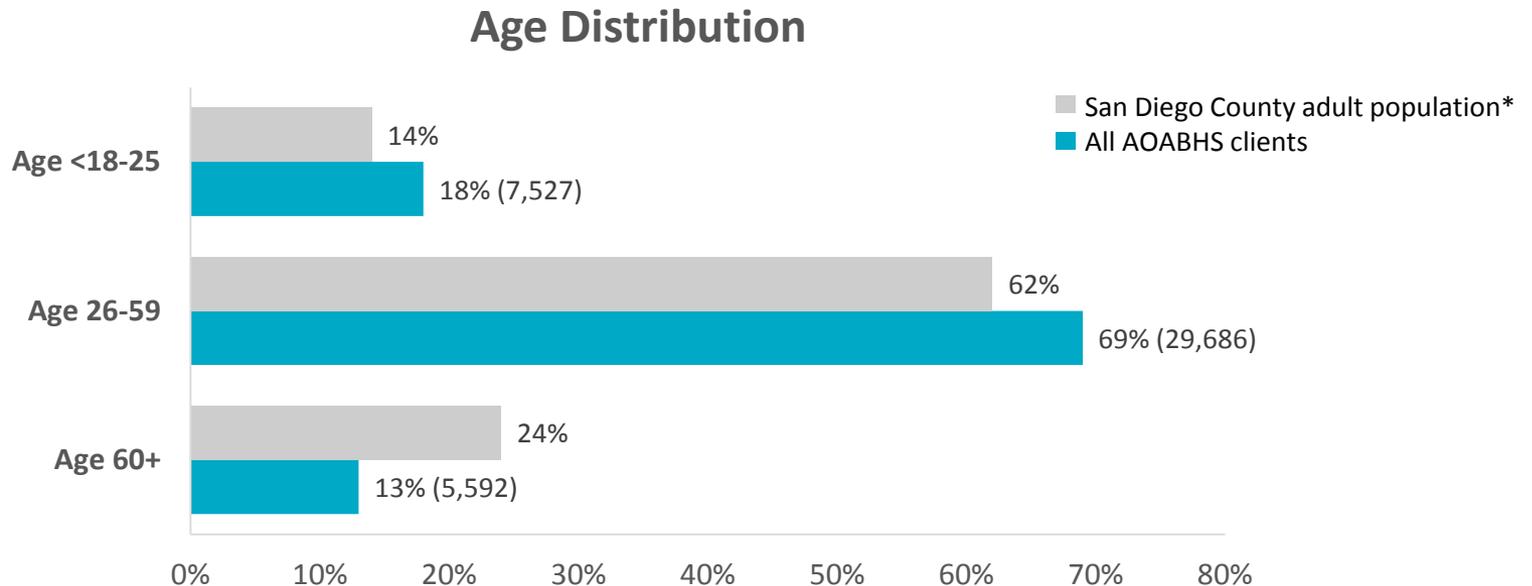
### Number of Clients Served by Fiscal Year



# Who are we serving?

## All AOA Clients: Age

- Compared to FY 2014-15, the proportion of clients served in each age group in FY 2015-16 was stable. Each age category only varied by one percentage point.
- Similar to FY 2014-15, a much smaller proportion of AOABHS clients were older adults (ages 60+) compared to the overall San Diego County adult population.



\*Source: U.S. Census Bureau, 2015 American Community 1-Year Estimates (San Diego County population ages 18+)

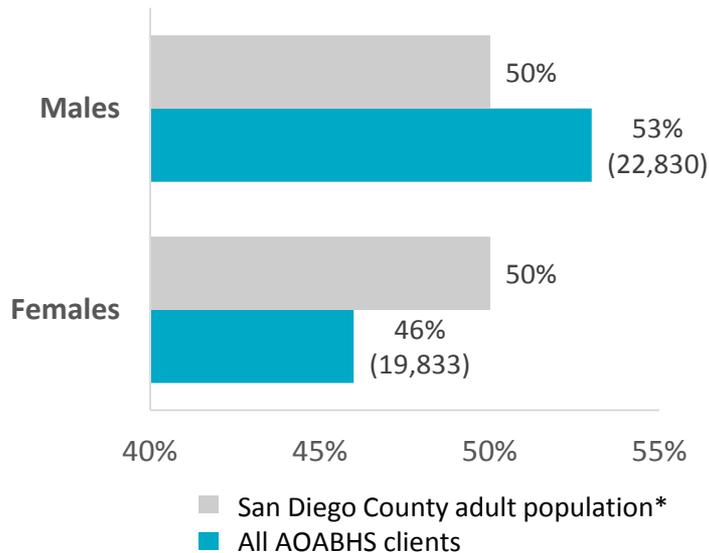
Note: San Diego County population estimates were not available for the CA mandated age categories. To provide the best approximation, the percentages reported for the San Diego population are age 18-24, age 25-59, and age 60+.

# Who are we serving?

## All AOA Clients: Gender

- The proportion of males and females in the AOABHS client population remained unchanged from FY 2014-15, and has remained relatively stable over the last five fiscal years.
- There was a greater proportion of males served by AOABHS in FY 2015-16 compared to the proportion of males in the overall San Diego County population (53% vs. 50%).

### Gender Distribution



AOABHS Gender	Fiscal Year					SD County Population
	2011-12	2012-13	2013-14	2014-15	2015-16	
Females	47%	45%	45%	46%	46%	50%
Males	53%	54%	54%	53%	53%	50%
Other/ Unknown	<1%	<1%	<1%	<1%	<1%	n/a**

\*Source: U.S. Census Bureau, 2015 American Community 1-Year Estimates (San Diego County population ages 18+)

\*\*Rates of other/unknown genders were not available for the San Diego County adult population. In the AOABHS population, gender was reported as other/unknown for 142 clients in FY 2015-16 (<1%).

# Who are we serving?

## All AOA Clients: Race/Ethnicity

- The proportion of White clients served by AOABHS has decreased by six percentage points since FY 2011-12, and the proportion of Other/Unknown clients has increased by five percentage points.
- The proportion of Hispanic, African American, Asian, and Native American clients served by AOABHS has remained relatively stable since FY 2011-12.

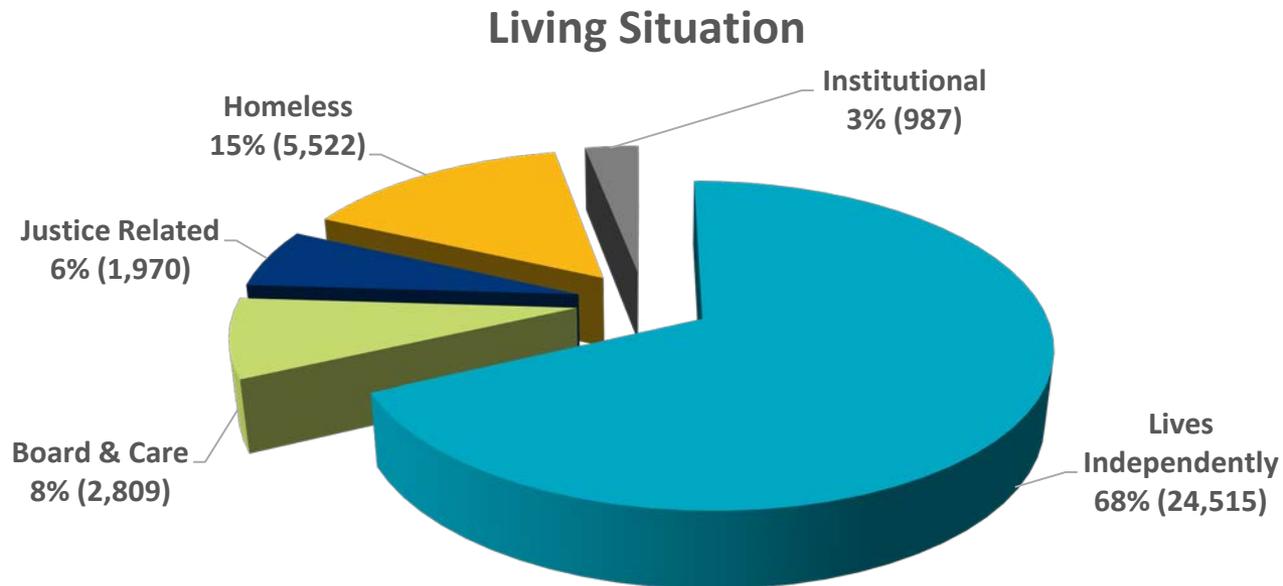
Race/Ethnicity	Fiscal Year					SD County Population*
	2011-12	2012-13	2013-14	2014-15	2015-16	
White	49%	48%	45%	44%	43%	47%
Hispanic	22%	23%	22%	22%	23%	33%
African American	12%	13%	13%	12%	12%	5%
Asian	5%	5%	5%	5%	5%	11%
Native American	1%	1%	1%	1%	1%	<1%
Other/Unknown	11%	11%	14%	16%	17%	3%

\*Source: U.S. Census Bureau, 2011-2015 American Community 5-Year Estimates (San Diego County population)

# Who are we serving?

## All AOA Clients: Living Situation\*

- More than two-thirds (68%) of clients served in FY 2015-16 lived independently\*\*.
- The proportion of clients served in FY 2015-16 who were in Board and Care, justice-related and institutional settings did not change from FY 2014-15.
- The number of clients served that were homeless during FY 2015-16 increased by 11% compared with those served during FY 2014-15 (4,978 to 5,522).



\*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.

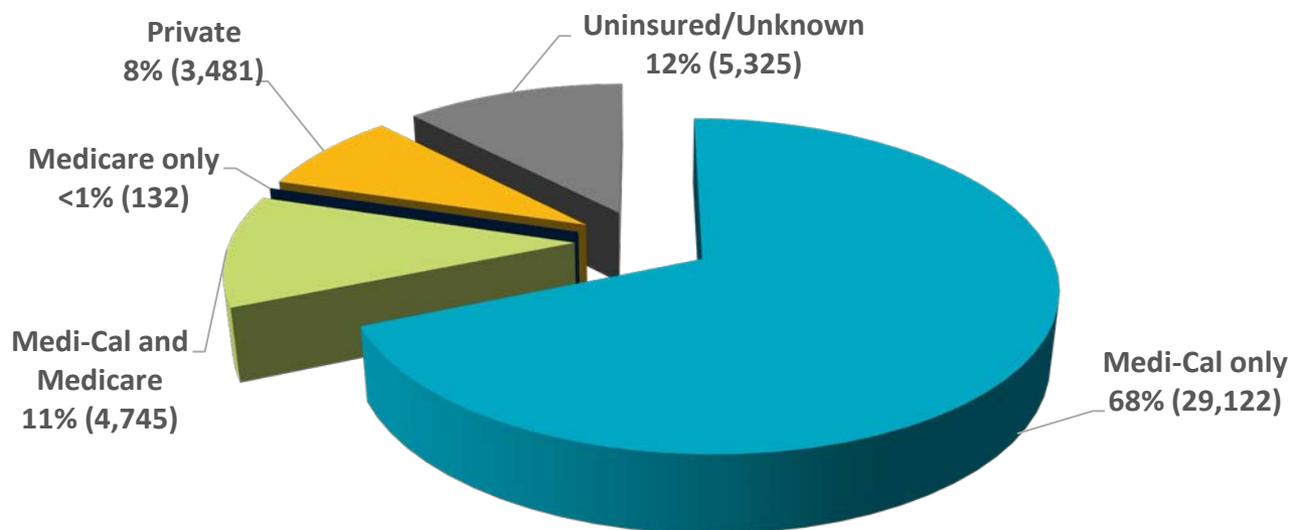
Note: Clients with an other/unknown living status (n = 7,002) are excluded from the figure and percentages reported above.

# Who are we serving?

## All AOA Clients: Health Care Coverage

- The number of AOABHS clients served with an uninsured/unknown insurance status decreased by 14% from FY 2014-15 to FY 2015-16 (6,196 to 5,325), continuing a trend observed between FY 2013-14 and FY 2014-15, attributed to the expansion of Medi-Cal in 2014.
- More than three-quarters (79%) of clients served in FY 2015-16 were at least partially covered by Medi-Cal.

### Insurance Status and Type

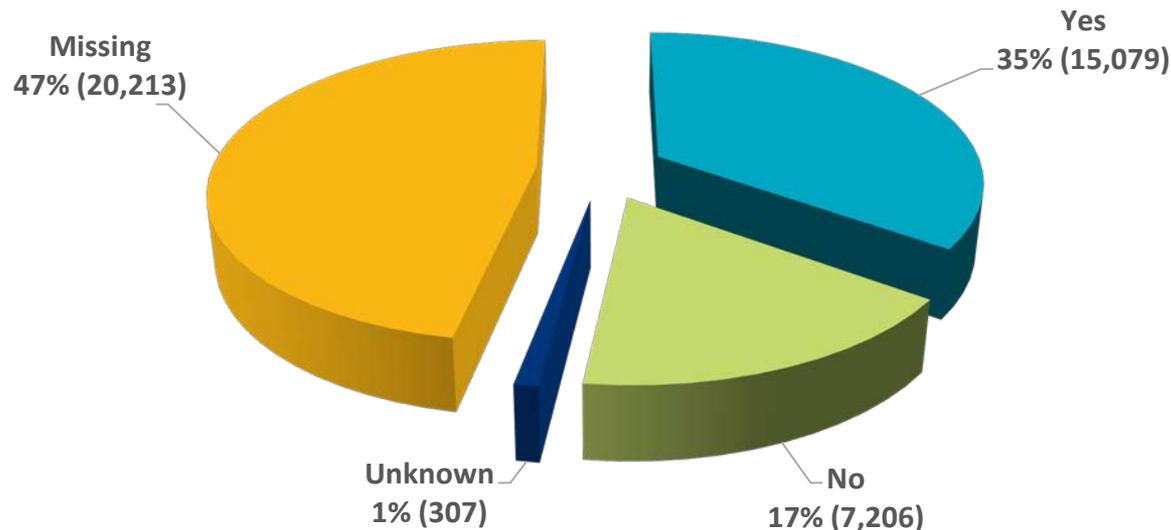


# Who are we serving?

## All AOA Clients: Primary Care Physician

- The number of AOABHS clients served in FY 2015-16 who had a primary care physician increased by 2% compared with those in FY 2014-15 (14,834 to 15,079).
- Note: Information about primary care physician was unavailable for almost half of AOABHS clients. However, the number of AOABHS clients missing primary care physician information in FY 2015-16 decreased by 4% from FY 2014-15 (21,019 to 20,213).

### Primary Care Physician



# Who are we serving?

## All AOA Clients: Sexual Orientation

- The majority of AOA clients served during FY 2015-16 with sexual orientation information available identified as heterosexual (88%).
- Sexual orientation data was missing for 27,774 clients (65%).

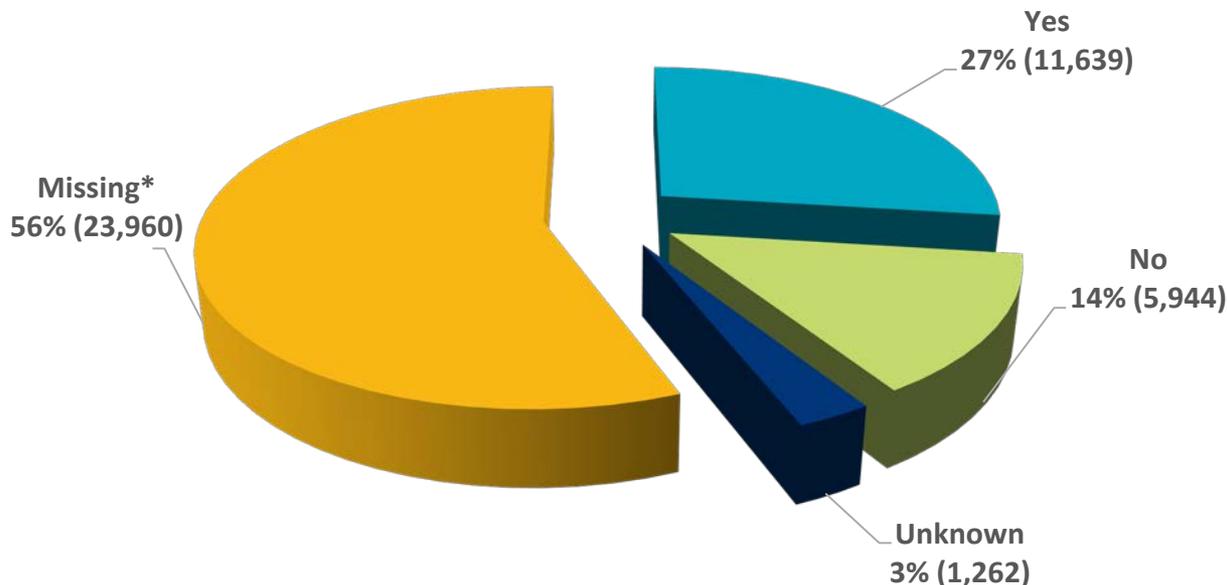
Sexual Orientation	Unique Clients	Percentage
Heterosexual	13,212	88%
Bisexual	485	3%
Gay male	298	2%
Lesbian	231	2%
Other	156	1%
Questioning	84	1%
Transgender	62	<1%
Intersex	4	<1%
Deferred	305	2%
Declined to state	194	1%
<b>Total (excluding missing)</b>	<b>15,031</b>	<b>100%</b>
Missing	27,774	65%

# Who are we serving?

## All AOA Clients: History of Trauma

- More than one-quarter of AOABHS clients served in FY 2015-16 had a history of trauma (27%).
- Data was not available (missing) for more than half (56%) of the AOABHS population. However, this percentage reflects a 23% reduction in the number of AOABHS clients missing this information compared with FY 2014-15 (30,988 to 23,960).

### History of Trauma

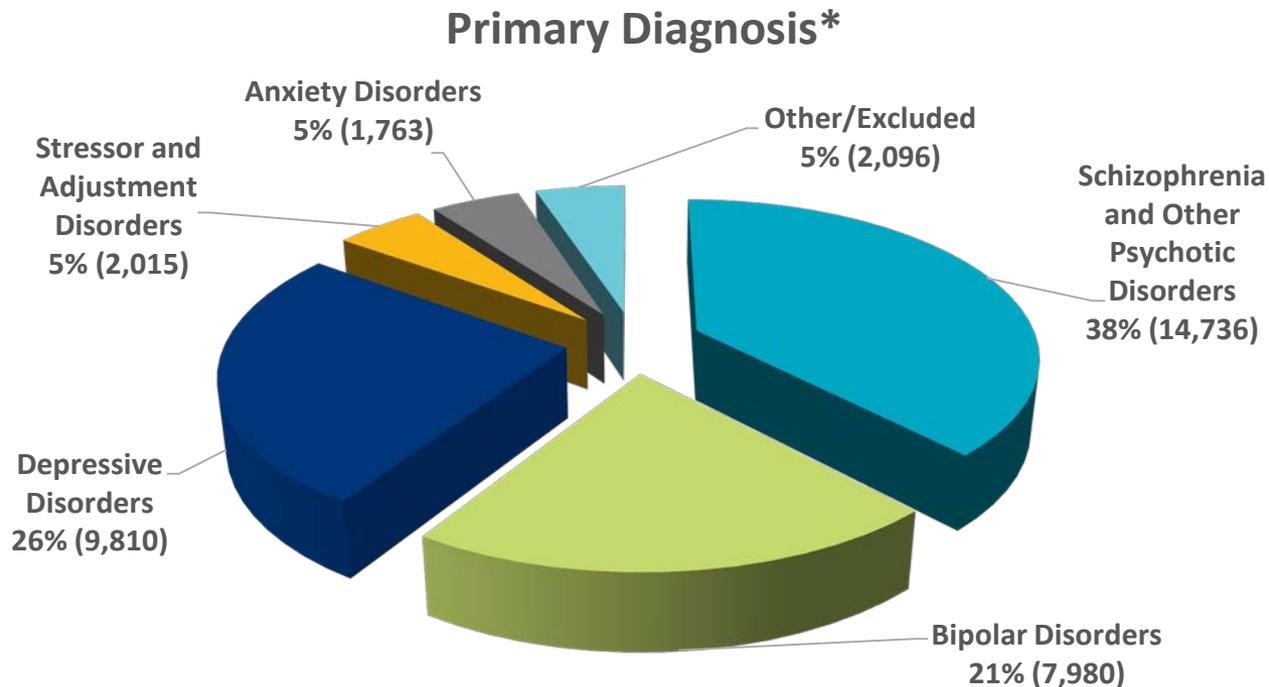


\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

# Who are we serving?

## All AOA Clients: Primary Diagnosis

- Similar to FY 2014-15, the most common diagnoses among AOABHS clients served during FY 2015-16 were schizophrenia and other psychotic disorders (38%), followed by depressive disorders (26%), and bipolar disorders (21%).
- Primary diagnosis was invalid or missing for 4,405 AOABHS clients served during FY 2015-16.



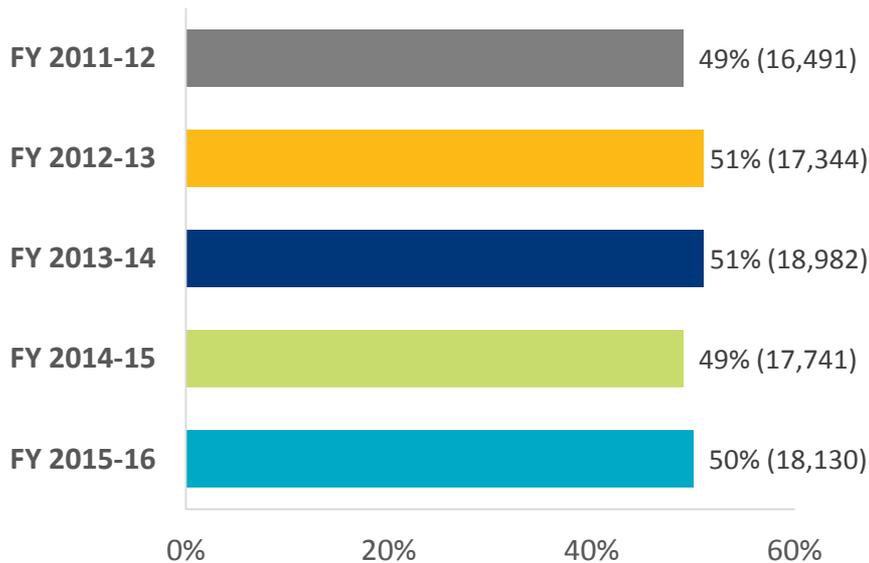
\*The graph and percentages reported above exclude invalid/missing values (n = 4,405).

# Who are we serving?

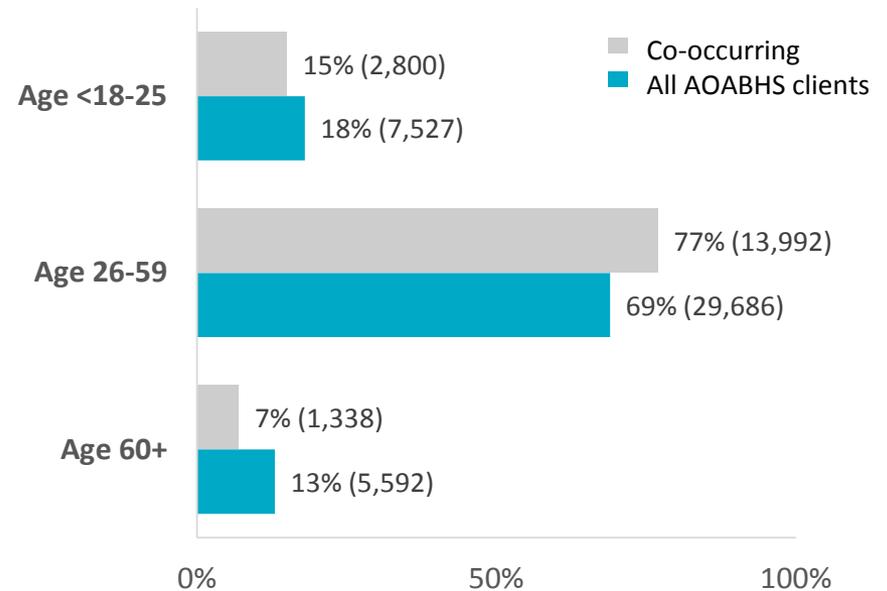
## All AOA Clients: Co-occurring (Overall and by Age)

- In addition to a primary diagnosis, half of AOABHS clients (50%) had a diagnosis of co-occurring mental illness and substance use disorder (SUD) in FY 2015-16.
- Over the last five fiscal years, the percentage of AOABHS clients with a dual diagnosis has remained relatively stable at about half (49% to 51%).
- Similar to FY 2014-15, more than three-quarters of clients (77%) with a dual diagnosis were between the ages of 26 and 59 years.

### Clients with Co-occurring Mental Illness and Substance Use Disorder



### Co-occurring by Age

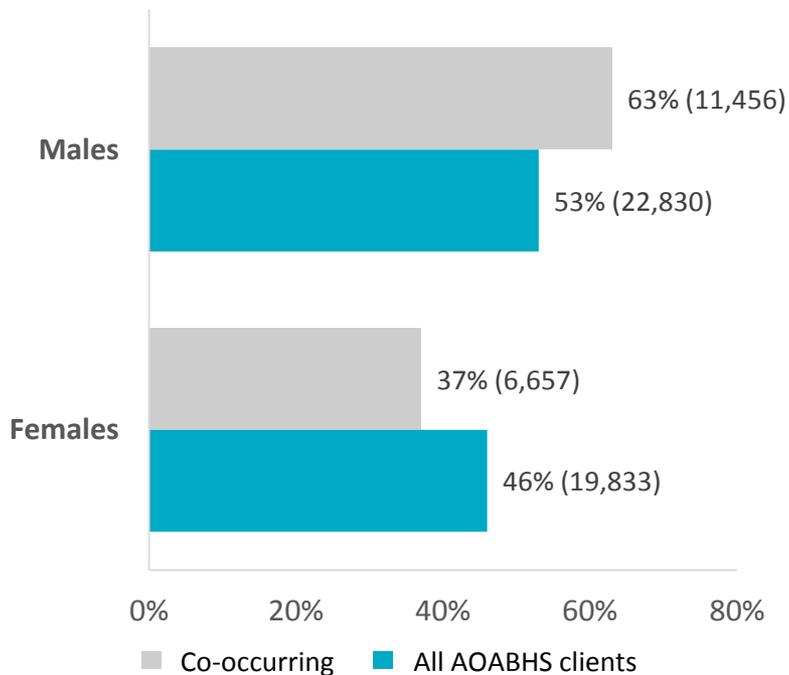


# Who are we serving?

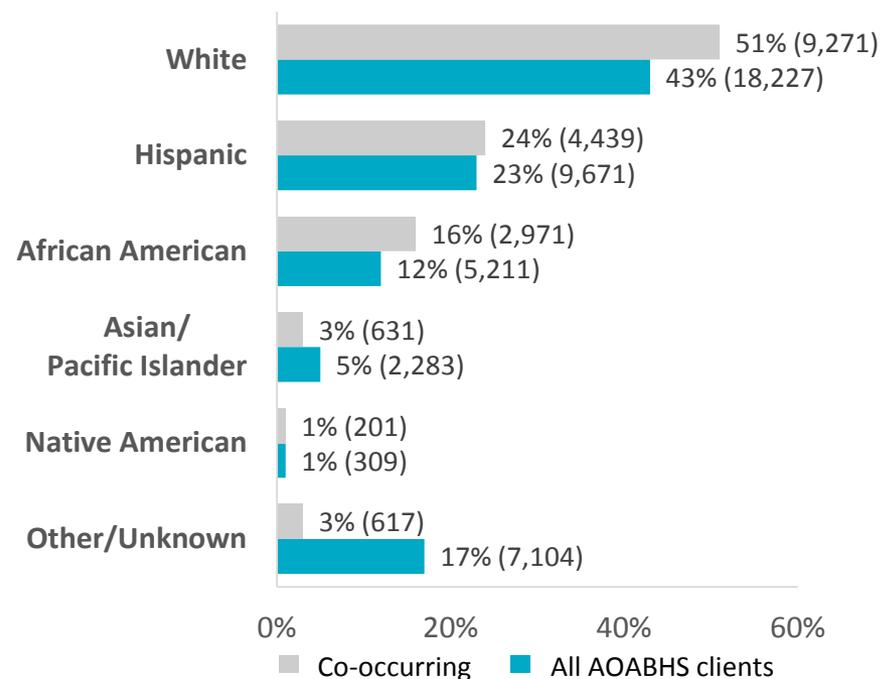
## All AOA Clients: Co-occurring by Gender and Race/Ethnicity

- Almost two-thirds of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2015-16 were male (63%).
- More than half of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2015-16 were White (51%), and almost one-quarter were Hispanic (24%).

### Co-occurring by Gender



### Co-occurring by Race/Ethnicity

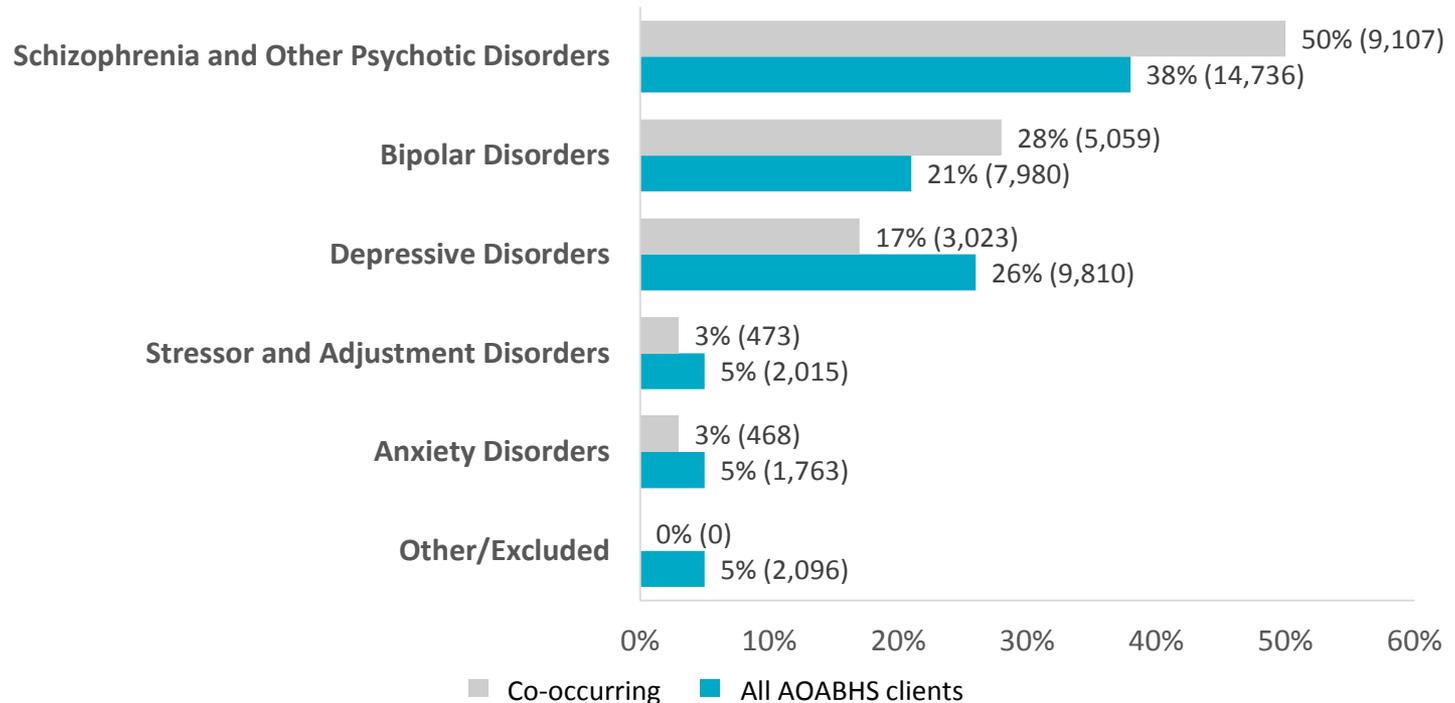


# Who are we serving?

## All AOA Clients: Co-occurring by Primary Diagnosis

- Half of AOA clients served during FY 2015-16 with a co-occurring mental illness and substance use disorder had been diagnosed with schizophrenia or an other psychotic disorder (50%).
- More than one-quarter of AOA clients with a dual diagnosis had been diagnosed with a bipolar disorder (28%).

### Co-occurring by Primary Diagnosis

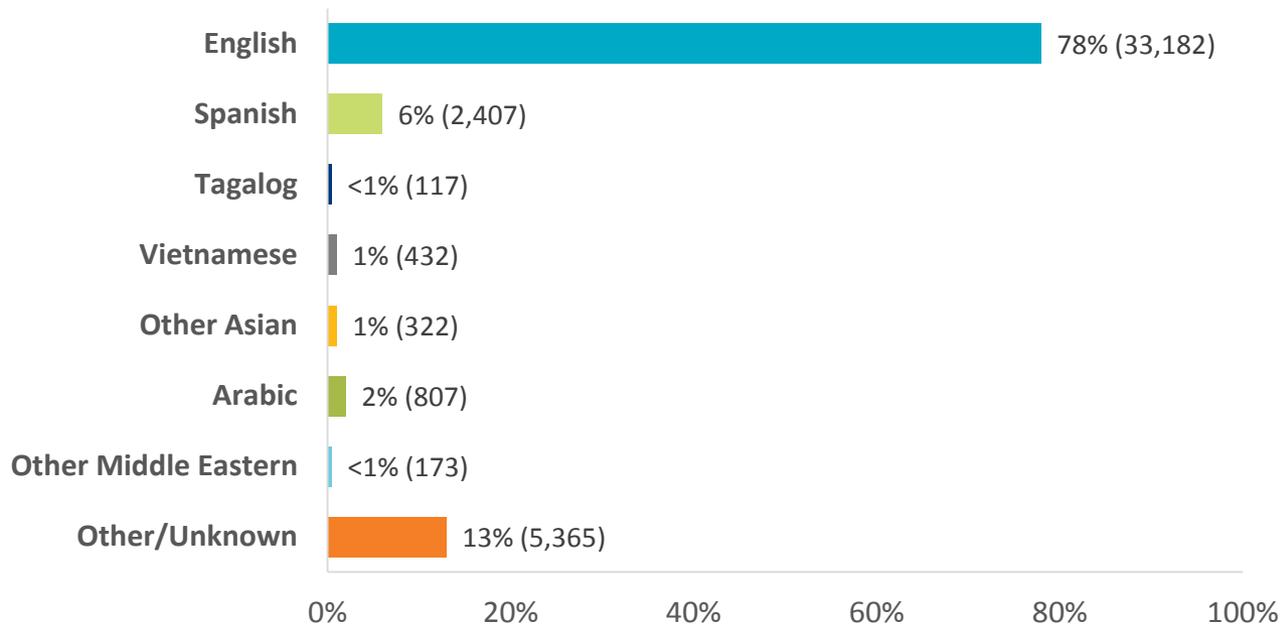


# Who are we serving?

## All AOA Clients: Primary Language

- AOABHS services are available in many languages, including the five threshold languages in San Diego County: English, Spanish, Tagalog, Vietnamese, and Arabic.
- The proportion of clients preferring each language in FY 2015-16 remained stable from FY 2014-15. More than three-quarters of clients preferred services in English. The second most common preferred language was Spanish (6%).

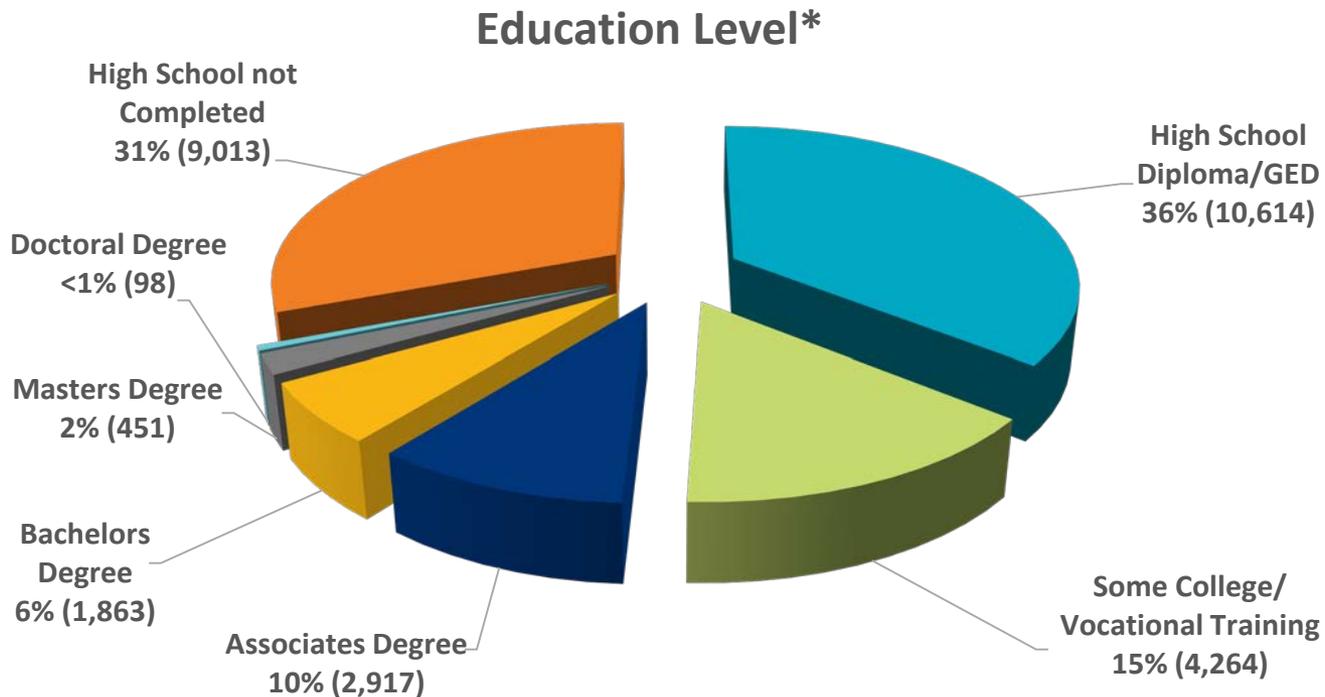
Preferred Language



# Who are we serving?

## All AOA Clients: Education Level

- Less than one-third (31%) of AOABHS clients served in FY 2015-16 did not complete high school.
- The largest proportion of clients receiving AOABHS services during FY 2015-16 had a high school diploma or GED (36%).
- 8% of clients served during FY 2015-16 had a Bachelors degree or higher.

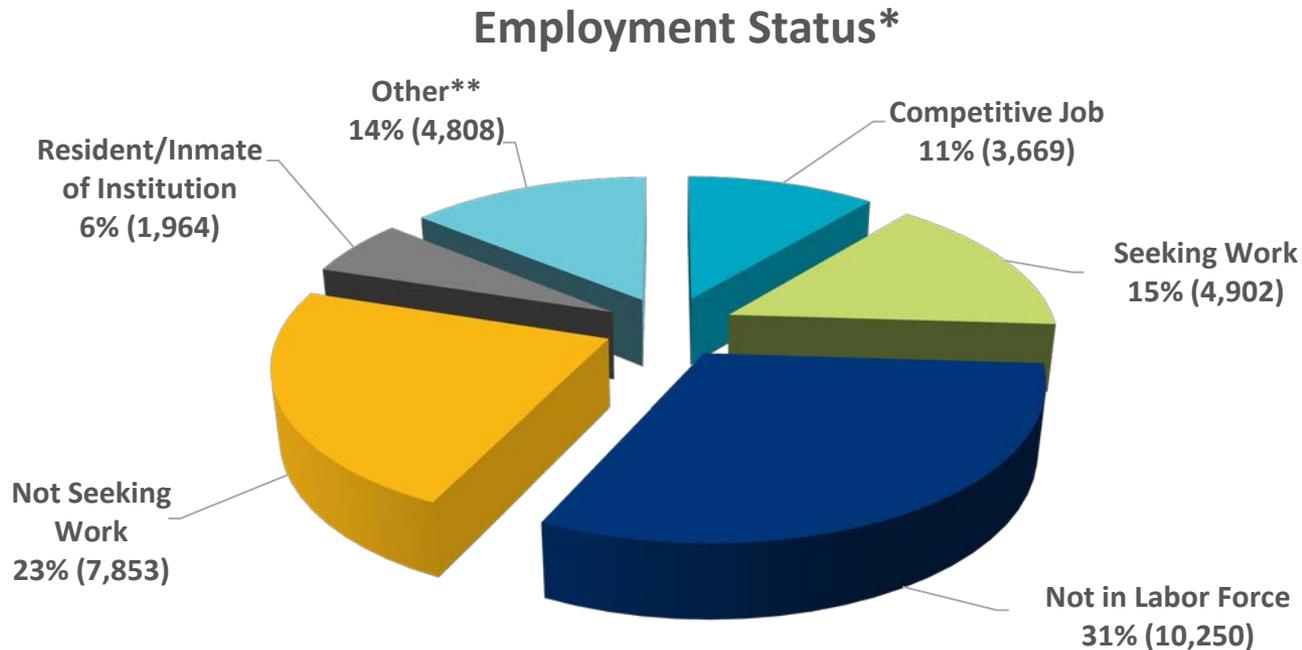


\*The graph and percentages reported above exclude unknown/not reported values (n = 13,585).

# Who are we serving?

## All AOA Clients: Employment Status

- At the time of the most recent assessment, more than one-quarter of clients served in FY 2015-16 were employed in a competitive job (11%) or seeking work (15%).
- The number of clients served during FY 2015-16 employed in a competitive job increased by 9% compared with FY 2014-15 (3,370 to 3,669).
- The number of clients served during FY 2015-16 not in the labor force decreased by 4% compared with FY 2014-15 (10,647 to 10,250).



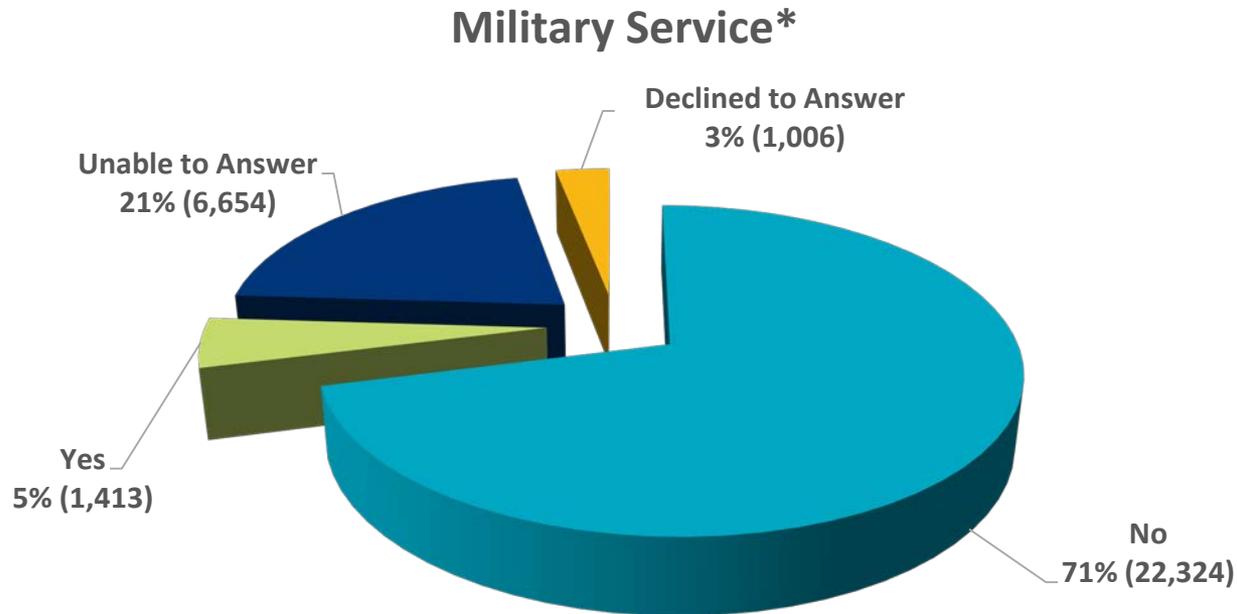
\*The graph and percentages reported above exclude Unknown values ( $n = 9,359$ ).

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

# Who are we serving?

## All AOA Clients: Military Service

- Information regarding past military service was available for 73% of AOABHS clients served during FY 2015-2016, representing a 20% increase from the previous fiscal year (26,218 to 31,397).
- Among those clients served for whom military service data were available, 71% 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 = 11,408).

# Where are we serving?

## All AOA Clients: Demographics by Region

Demographic	Central		East		South		North Central		North Coastal		North Inland	
	N	%	N	%	N	%	N	%	N	%	N	%
<b>Age</b>												
<18 – 25 years	2,028	16%	693	16%	457	18%	4,729	19%	798	19%	305	14%
26 – 59 years	9,650	75%	3,391	76%	1,843	73%	17,080	67%	3,146	73%	1,612	75%
60+ years	1,152	9%	367	8%	242	10%	3,707	15%	361	8%	226	11%
<b>Gender</b>												
Females	3,577	28%	3,161	71%	1,236	49%	12,720	50%	1,730	40%	1,110	52%
Males	9,182	72%	1,243	28%	1,299	51%	12,780	50%	2,567	60%	1,027	48%
Other/Unknown	71	1%	47	1%	7	<1%	16	<1%	8	<1%	6	<1%
<b>Race/Ethnicity</b>												
White	5,334	42%	2,127	48%	589	23%	10,983	43%	2,269	53%	1,215	57%
Hispanic	3,105	24%	878	20%	1,309	51%	5,067	20%	1,115	26%	511	24%
African American	2,615	20%	553	12%	205	8%	2,729	11%	439	10%	159	7%
Asian/Pacific Islander	839	7%	137	3%	96	4%	1,357	5%	161	4%	101	5%
Native American	117	1%	60	1%	20	1%	167	1%	41	1%	17	1%
Other	257	2%	504	11%	30	1%	1,194	5%	79	2%	42	2%
Unknown	563	4%	192	4%	293	12%	4,019	16%	201	5%	98	5%
<b>Top 3 Diagnoses</b>												
Schizophrenia/Other Psychotic Disorders	5,383	45%	1,698	40%	1,103	50%	9,189	41%	1,733	43%	886	43%
Bipolar Disorders	2,651	22%	1,079	25%	497	22%	4,163	18%	664	16%	667	33%
Depressive Disorders	2,219	18%	1,053	25%	550	25%	5,978	26%	1,218	30%	388	19%
<b>Total Clients in the Region</b>	<b>12,830</b>	<b>30%</b>	<b>4,451</b>	<b>10%</b>	<b>2,542</b>	<b>6%</b>	<b>25,516</b>	<b>60%</b>	<b>4,305</b>	<b>10%</b>	<b>2,143</b>	<b>5%</b>

**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. Diagnosis percentages exclude clients with an invalid/missing diagnosis. Total number of AOABHS clients = 42,805.

# What types of services are being used?

## All AOA Clients: Types of Services\*

Outpatient Services			Emergency/Crisis Services		
	Total Visits	Total Clients		Total Visits	Total Clients
Assertive Community Treatment (ACT)	105,061	1,783	Crisis Outpatient	8,815	5,404
Case Management	10,043	411	Crisis Stabilization**	4,770	3,295
Case Management – Institutional	9,611	794	PERT	6,797	5,488
Case Management – Strengths	22,288	1,125		Total Days	Total Clients
Case Management – Transitional	2,534	556	Crisis Residential	22,843	1,887
Fee for Service	98,343	13,431	Forensic Services		
Outpatient	161,900	16,753	Jail	32,873	8,362
Prevention	6,125	267	24 Hour Services		
Inpatient Services					
	Admissions	Total Clients	Edgemoor	38,551	130
Inpatient – County	2,312	1,847	Long Term Care	12,533	64
Inpatient – FFS	7,710	4,618	LTC - Institutional	50,467	273
State Hospital	18	17	LTC - Residential	0	0
			Residential	8,638	58

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

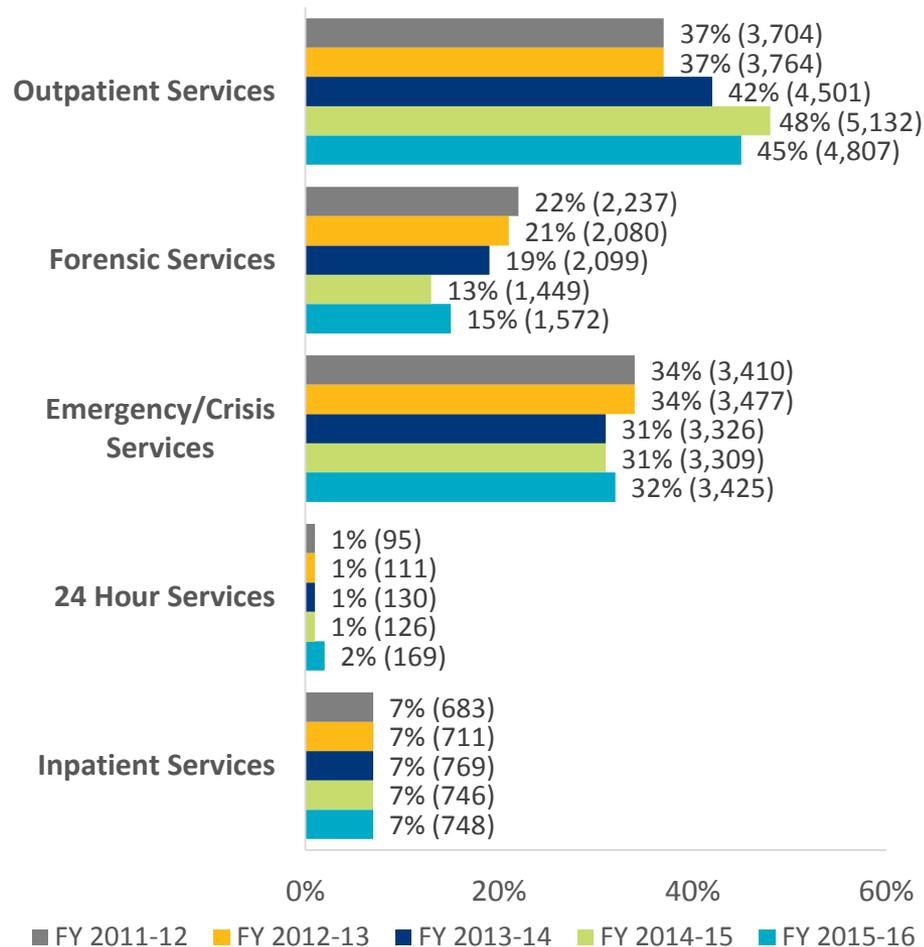
\*\*Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

# What types of services are being used?

## All AOA Clients: First Service Use\*

- The most common initial point of access of county-provided mental services during each of the last five fiscal years is outpatient services. 45% of clients who received services during FY 2015-16 received an outpatient service before any other type of county-provided service.
- The proportion of clients who enter county-provided services through a forensic service has decreased by seven percentage points since FY 2011-12 (22% to 15%).
- The proportions of clients entering the AOABHS system initially through emergency/crisis, 24 hour, and inpatient services has remained generally stable over the past five fiscal years.

### Types of First Service Used



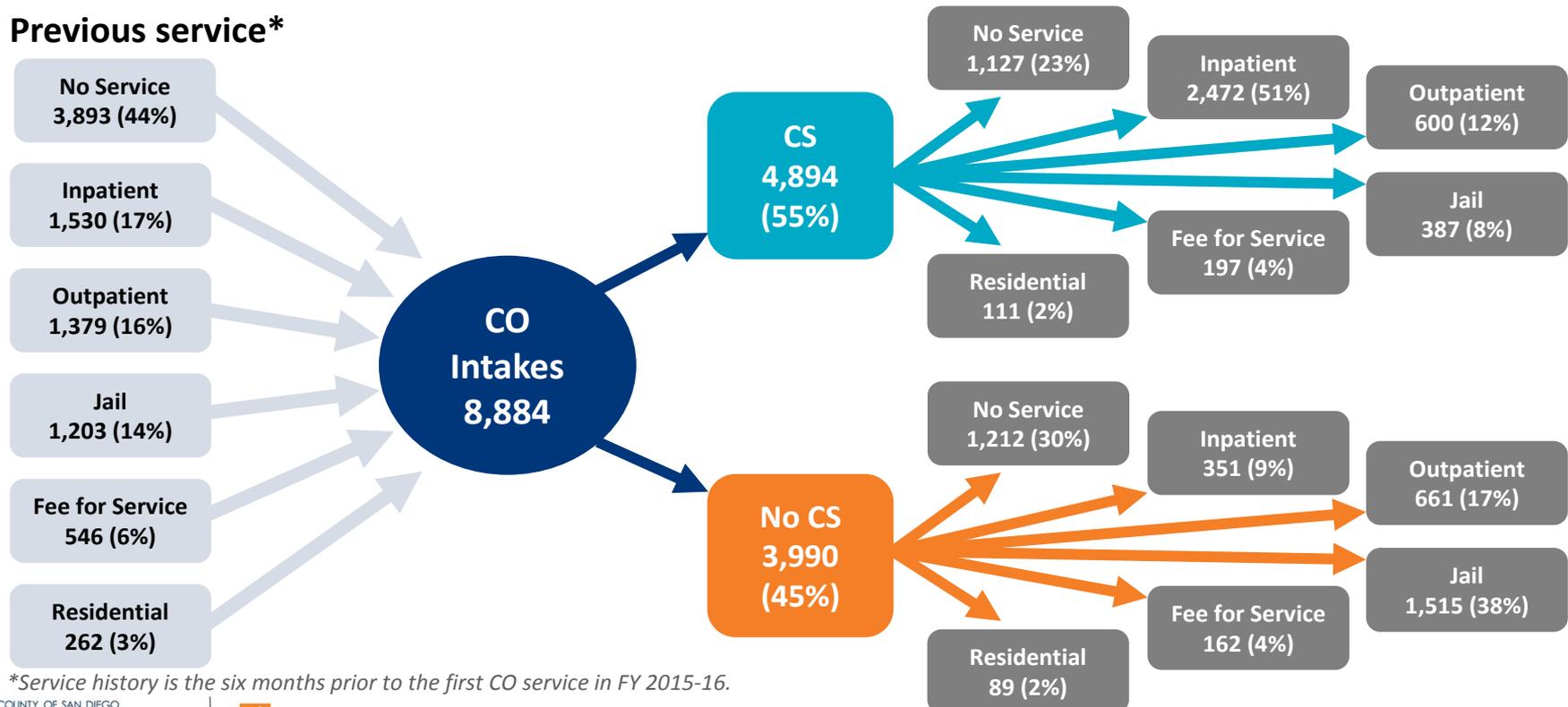
\*The type of service recorded for clients' first recorded use of county-provided mental health services.

# What types of services are being used?

## All AOA Clients: Emergency/Crisis Services

- Of the 42,805 clients served by AOABHS during FY 2015-16, 10,838 (25%) of them received emergency/crisis services. Emergency/crisis services include CO, CS, Crisis Residential (CR), and Psychiatric Emergency Response Team (PERT).
- A total of 23,378 emergency/crisis services were used by these 10,838 clients during FY 2015-16.
- Of the 8,884 intakes into CO, more than half (55%) had a subsequent CS service during FY 2015-16.
- Half of clients that received a CS service after a CO intake received a subsequent inpatient service (51%).
- The most common service after a CO intake if CS services were not received were jail (38%) or no service (30%).

### Previous service\*



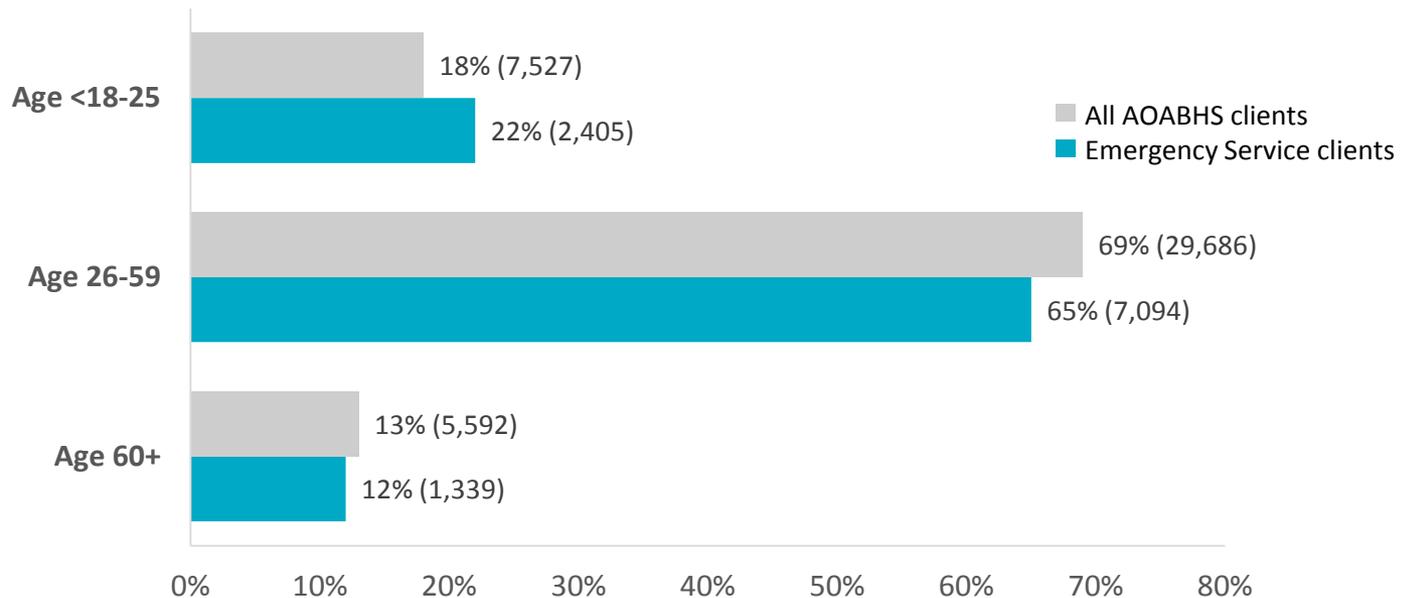
\*Service history is the six months prior to the first CO service in FY 2015-16.

# What types of services are being used?

## All AOA Clients: Emergency/Crisis\* Services and Client Age

- Among clients who utilized emergency/crisis services during FY 2015-16, there was a larger proportion of clients ages <18 through 25 years (22%) than the overall AOABHS client population (18%), and a smaller proportion of clients ages 26 through 59 years (65% vs. 69%).

### Clients who Used Emergency Services by Age



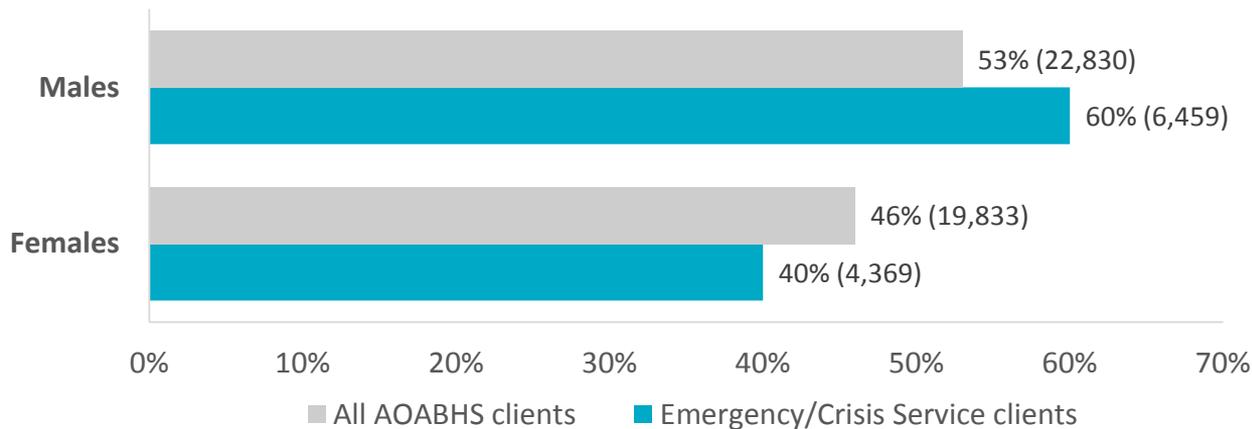
\*Emergency/crisis services include CO, CS, CR, and PERT.

# What types of services are being used?

## All AOA Clients: Emergency/Crisis\* Services and Client Gender

- Among clients who utilized emergency/crisis services during FY 2015-16, a larger proportion of them were male (60%) compared to the AOABHS client population (53%), and the overall 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.

### Clients who Used Emergency/Crisis Services by Gender\*\*\*



\*Emergency/crisis services include CO, CS, CR, and PERT.

\*\*Source: U.S. Census Bureau, 2015 American Community 1-Year Estimates (San Diego County population ages 18+)

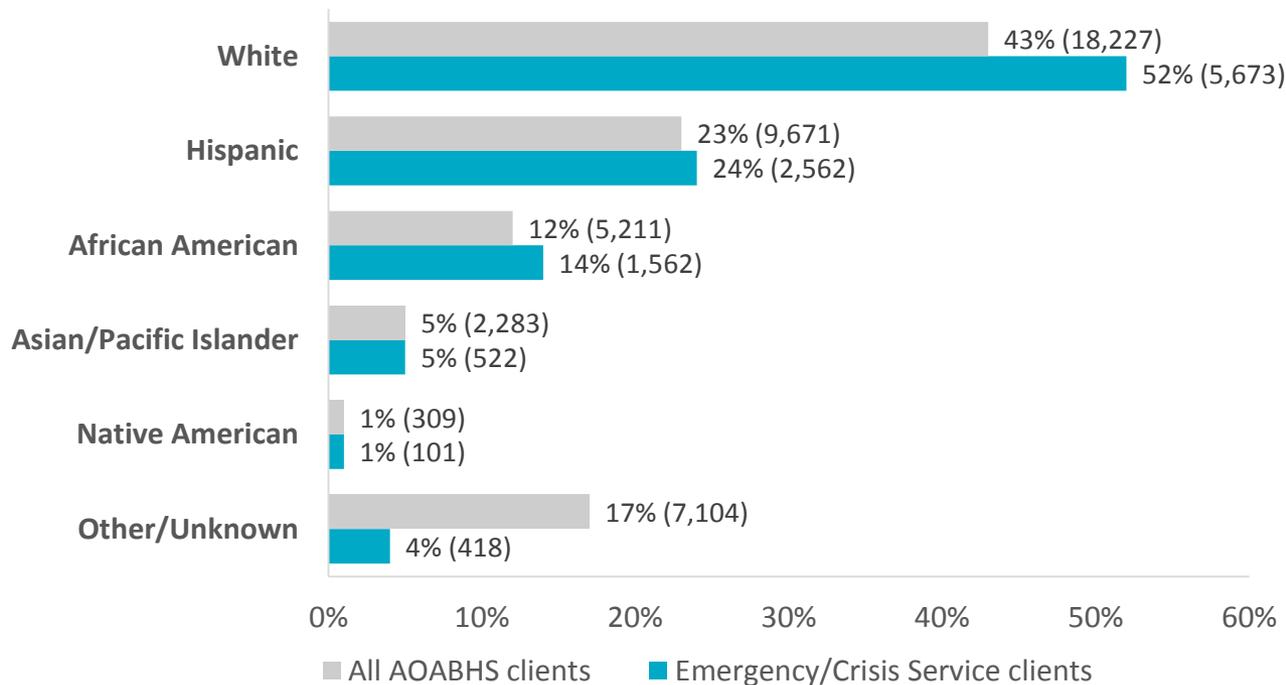
\*\*\*The figure excludes the other/unknown categories, comprising <1% of the clients receiving emergency/crisis services (10 clients) and overall AOABHS (142 clients) population.

# What types of services are being used?

## All AOA Clients: Emergency/Crisis\* Services and Client Race/Ethnicity

- A larger proportion of clients who utilized emergency/crisis services during FY 2015-16 were White (52%) compared to the overall AOABHS client population (43%).

**Clients who Used Emergency/Crisis Services by Race/Ethnicity**



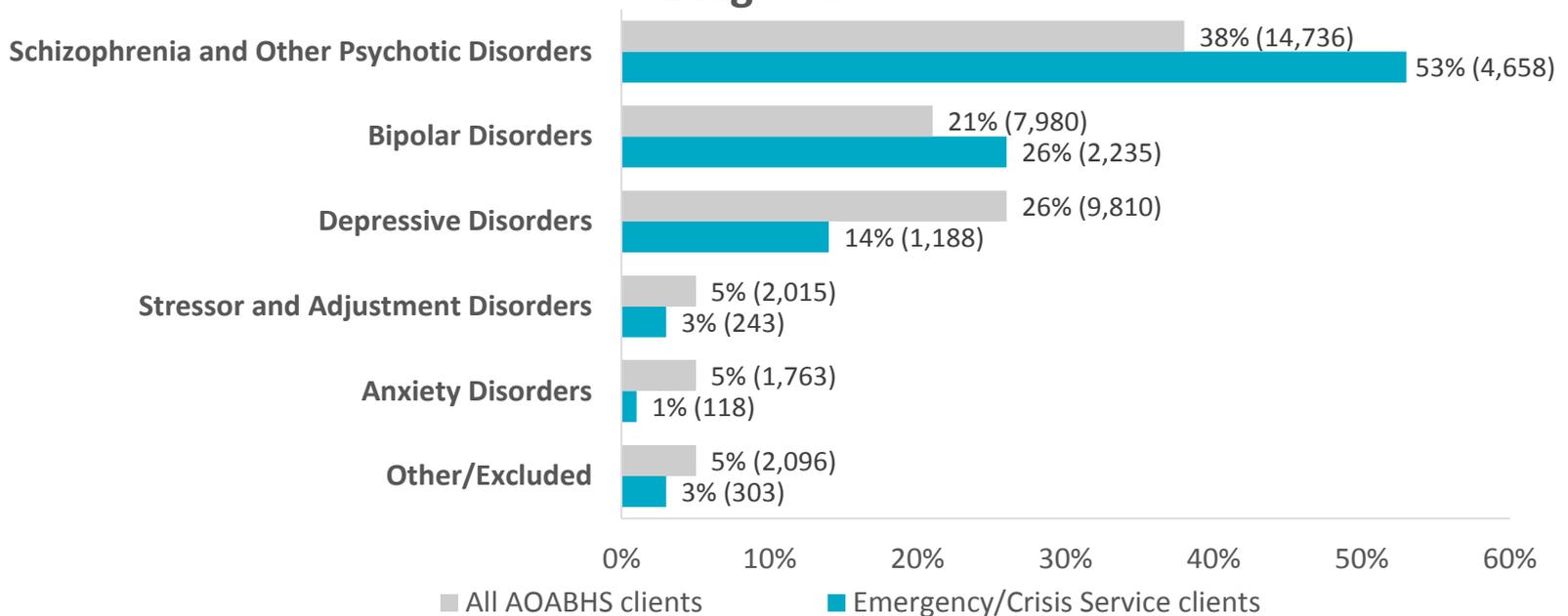
\*Emergency/crisis services include CO, CS, CR, and PERT.

# What types of services are being used?

## All AOA Clients: Emergency/Crisis\* Services and Primary Diagnosis

- Similar to FY 2014-15, the largest proportion of clients who utilized emergency/crisis services during FY 2015-16 were those diagnosed with schizophrenia and other psychotic disorders (53%).
- More than one-quarter of clients who utilized emergency/crisis services during FY 2015-16 were diagnosed with a bipolar disorder.

### Clients who Used Emergency/Crisis Services by Primary Diagnosis\*\*



\*Emergency/crisis services include CO, CS, CR, and PERT.

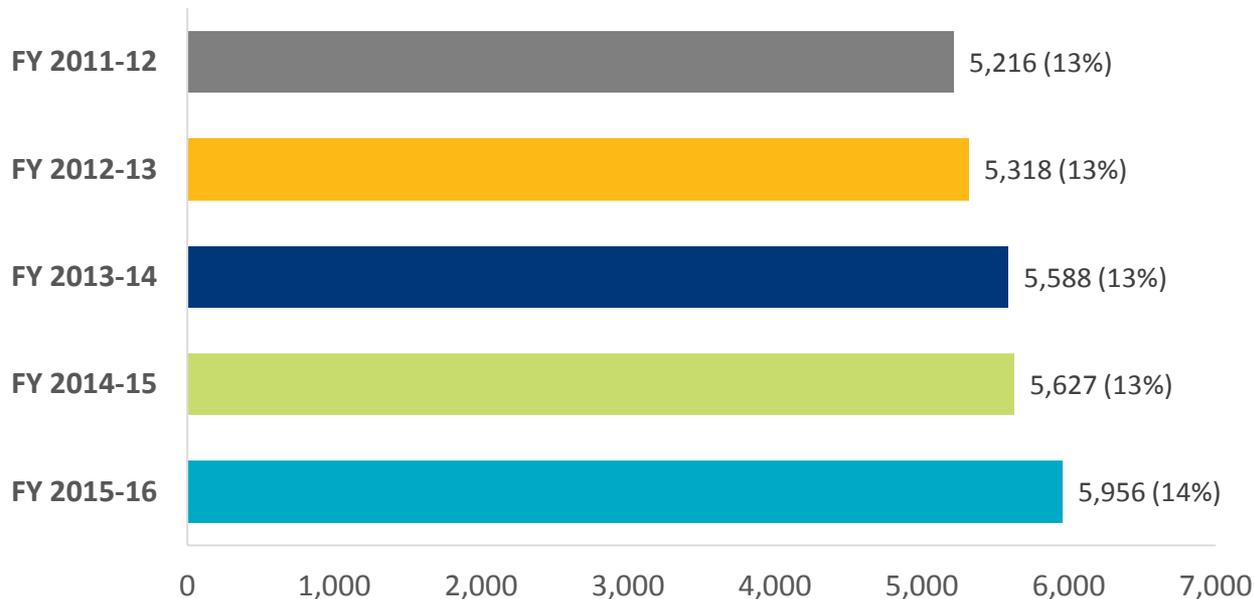
\*\*The graph and percentages reported above exclude invalid/missing values (clients receiving emergency/crisis services, n = 2,093; AOA, n = 4,405).

# What types of services are being used?

## All AOA Clients: Hospitalizations

- 5,956 (14%) AOA clients were hospitalized at least once during FY 2015-16, for a total of 10,040 hospital admissions.
- The number of AOA clients hospitalized has increased slightly each year since FY 2011-12.

Number of Clients Hospitalized by Fiscal Year\*



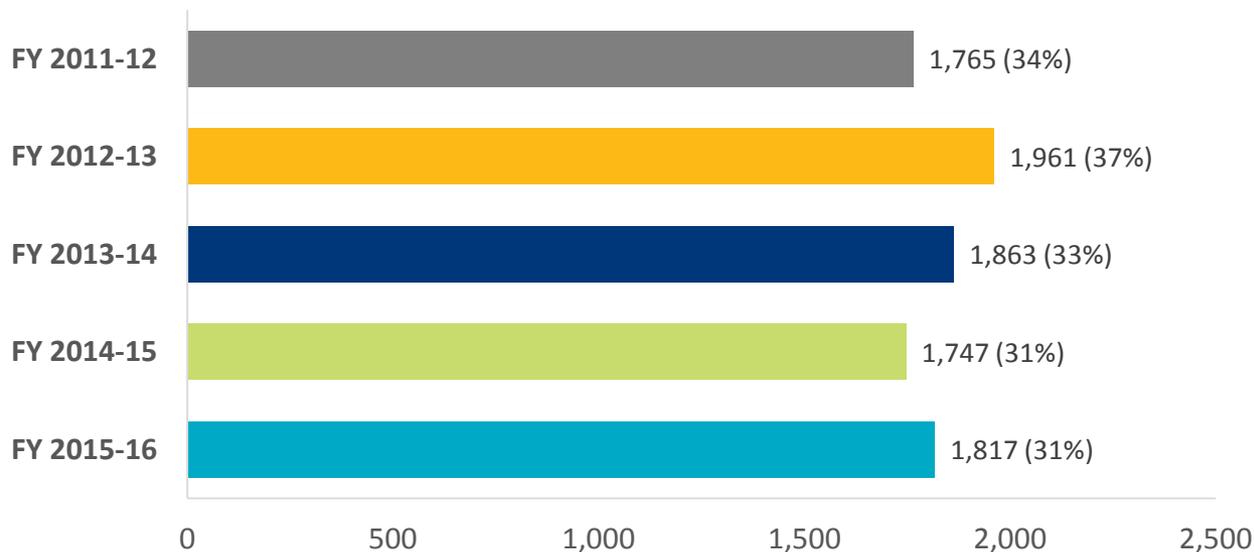
\* (%) = percentage of unduplicated clients hospitalized out of the total number of clients receiving services during each FY.

# What types of services are being used?

## All AOA Clients: Multiple Hospitalizations

- Of the 5,956 AOA clients hospitalized during FY 2015-16, 1,817 of them (31%) were hospitalized at least one other time during the FY.
- The number of AOA clients with multiple hospitalizations during FY 2015-16 increased by 4% from FY 2014-15, but the proportion of hospitalized clients with multiple hospitalizations during the FY remained the same at 31%.

### Number of Unique Clients Hospitalized Multiple Times by Fiscal Year\*



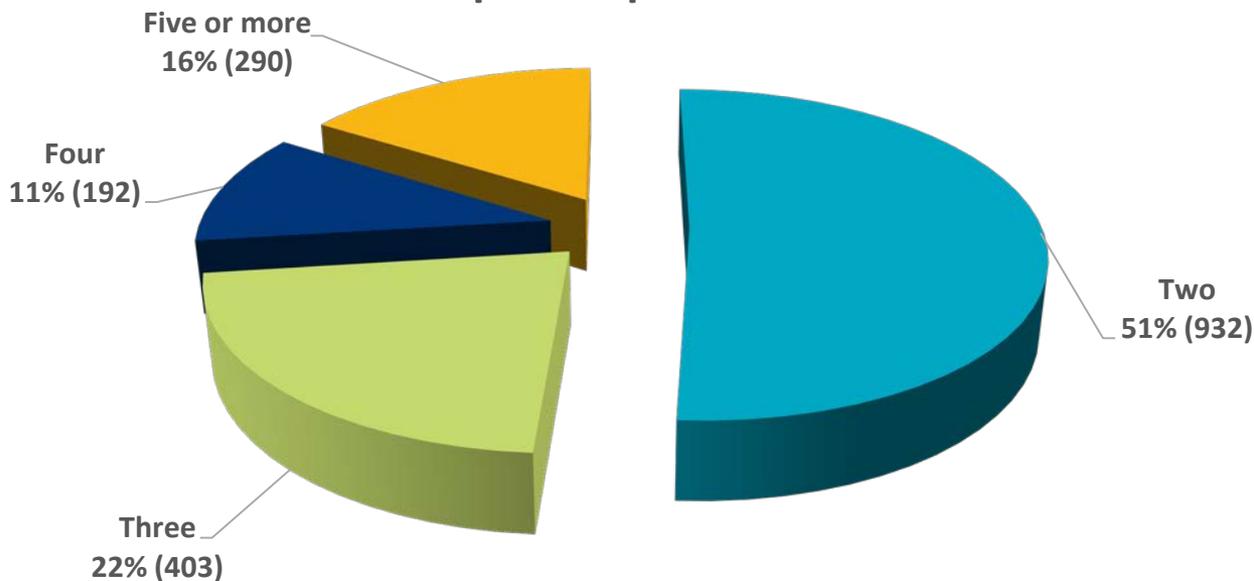
\* (%) = percentage of clients hospitalized multiple times out of the number of clients hospitalized at least once during each FY.

## What types of services are being used?

### All AOA Clients: Multiple Hospitalizations

- 1,817 AOA clients were hospitalized at least twice during FY 2015-16.
- Of the 1,817 AOA clients hospitalized more than once during FY 2015-16, more than half were hospitalized a total of two times (51%), almost one-quarter were hospitalized three times (22%), 11% were hospitalized four times, and 16% were hospitalized five or more times.

### Number of Times Hospitalized for Clients with Multiple Hospitalizations

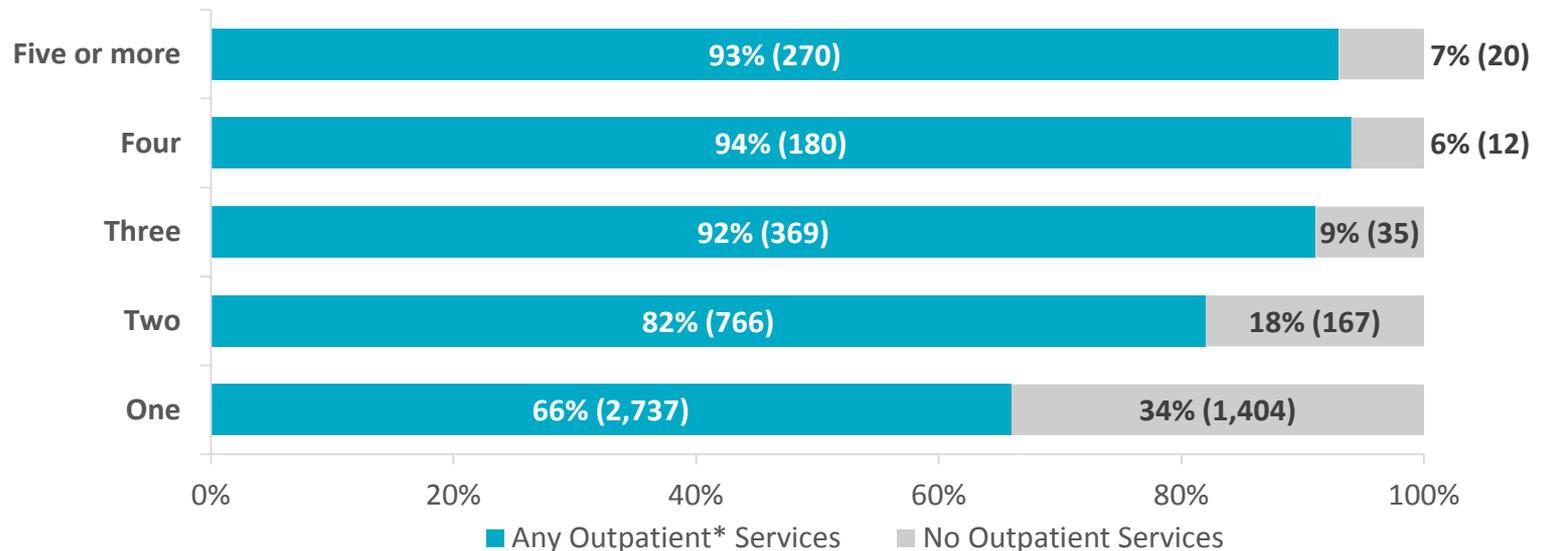


# What types of services are being used?

## All AOA Clients: Multiple Hospitalizations and Service Use

- Almost all clients with three or more hospitalizations received some outpatient (OP) adult mental health services\* during FY 2015-16 (93%).
- Of the 290 AOA clients with five or more hospitalizations, 20 of them (7%) did not use any outpatient (OP) adult mental health services\*, marking an increase from 5% in FY 2014-15. Of the 192 clients with four hospitalizations, only 12 (6%) did not use any OP services, which is a decrease from 10% in FY 2014-15.

### Hospitalizations by Service Use



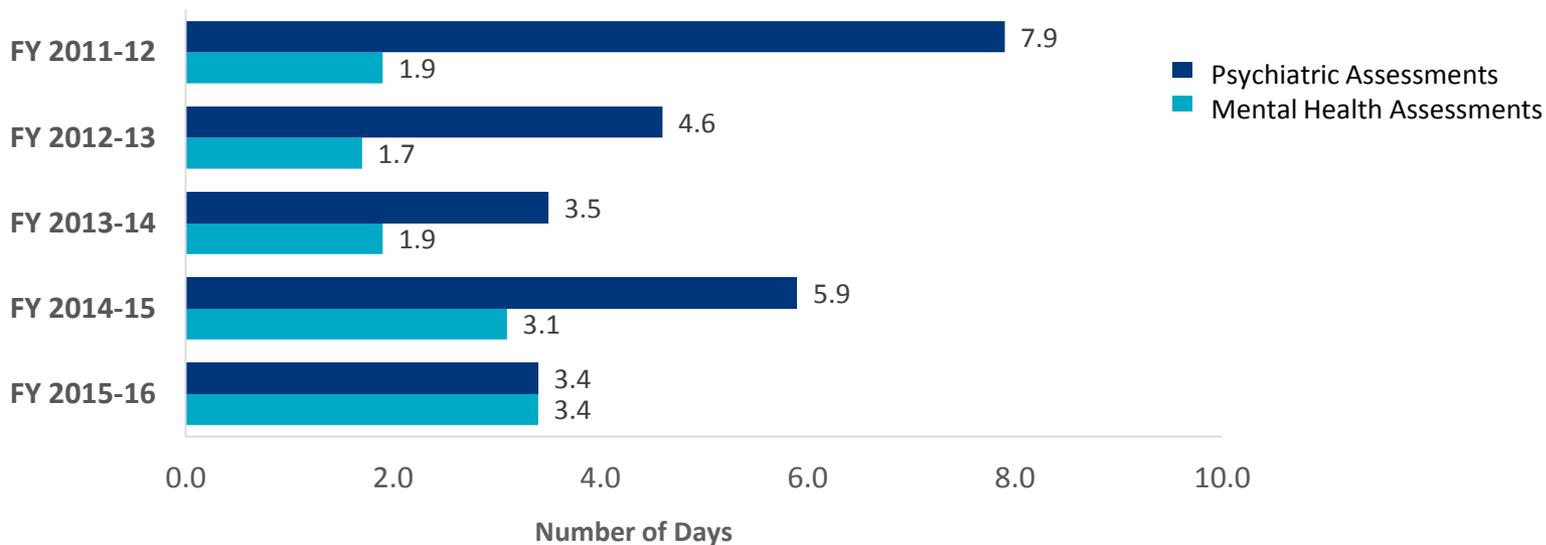
\*Outpatient services include: ACT, Case Management, FFS, Outpatient, and Prevention services.

# Accessibility of Services

## All AOA Clients: Access

- Average access times for psychiatric assessments have fluctuated over the past five fiscal years. Compared to FY 2014-15, average wait times were reduced from approximately 6 days to 3.4 days in FY 2015-16.
- Average access times for mental health assessments have generally increased over the past five fiscal years; the shortest wait time being an average of 1.7 days in FY 2012-13 to 3.4 days in FY 2015-16.

### 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)\*

- Clinicians reported that clients are getting better as evidenced by significant improvements from pre to post assessment in two of the three IMR subscales, the overall IMR mean, and overall mean SATS-R scores.
- Clients self-reported significant improvements 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	3,391	4.24	4.27	▲
Management Subscale	3,479	2.80	2.91	▲
Recovery Subscale	3,473	3.00	3.09	▲
Overall Mean	3,481	3.25	3.33	▲
Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	2,120	3.62	3.68	▲
Substance Abuse Treatment Scale – Revised (SATS-R)	N	Pre	Post	Change
Overall Mean	1,645	5.60	5.72	▲

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

\*The outcomes reported here include all AOABHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2015-16 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 AOA Clients: Client Satisfaction

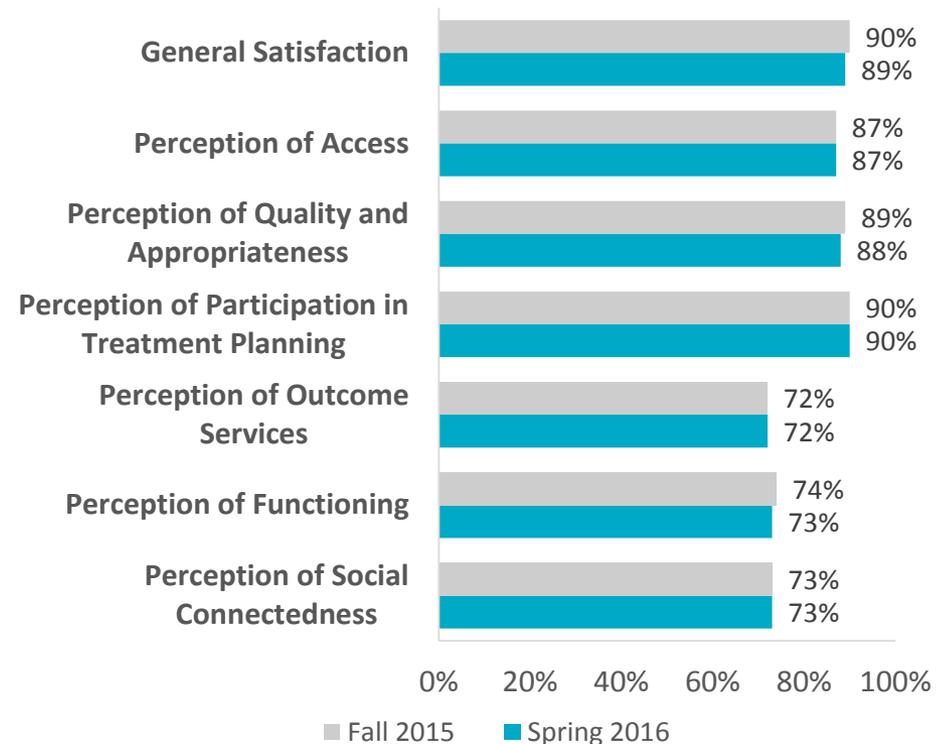
- The AOA System of Care in San Diego County offers a variety of treatment, rehabilitation, and recovery services to help people experiencing persistent and severe mental illness or an additional health crisis.
- All services provided are oriented to meet the unique linguistic and cultural needs of the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

The Mental Health Statistics Information Program (MHSIP) Consumer Satisfaction Survey is used to rate client satisfaction with services and perception of outcomes using a 5-point scale (strongly disagree to strongly agree), 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 2015-16, the MHSIP was administered in November 2015 (N= 2,061) and in May 2016 (N=2,178).

### MHSIP Domain Scores in FY 2015-16



# Mental Health Services Act Components

## MHSA Components

### *Community Services and Supports*

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

### *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 FY2015-16, 11,197 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 programs are developed through an inclusive and representative community process. The INN component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches. The In-Home Outreach Team (IHOT) that provides in-home outreach and engagement services to individuals with a SMI who are reluctant to seek outpatient mental health services, and to their family members or caretakers, was very successful as an INN contract. It ended in FY 2014-15, but was re-procured and expanded to all regions of the county to include licensed mental health clinicians and additional psychiatry services.

# Mental Health Services Act Components

## MHSA Components – Continued

### *Workforce Education and Training*

The intent of the Workforce Education and Training (WET) component is to remedy the shortage of qualified individuals within the public mental health workforce that provides services to address severe mental illnesses. WET strategies include recruitment of high school and community college students for mental health occupations, development of curriculum to increase knowledge and skills of the existing workforce, increase of the meaningful employment of consumers and their family members in the mental health system, and promotion of cultural and linguistic diversity in the public mental health workforce.

### *Capital Facilities and Technological Needs*

Capital Facilities and Technological Needs projects support the provision of MHSA services through the development of a variety of community-based facilities that support integrated service experiences. Technological Needs (TN) projects address two MHSA goals: 1) increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings, and 2) modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency, and cost effectiveness as has been done with the implementation of the Cerner Community Behavioral Health (CCBH) system.

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



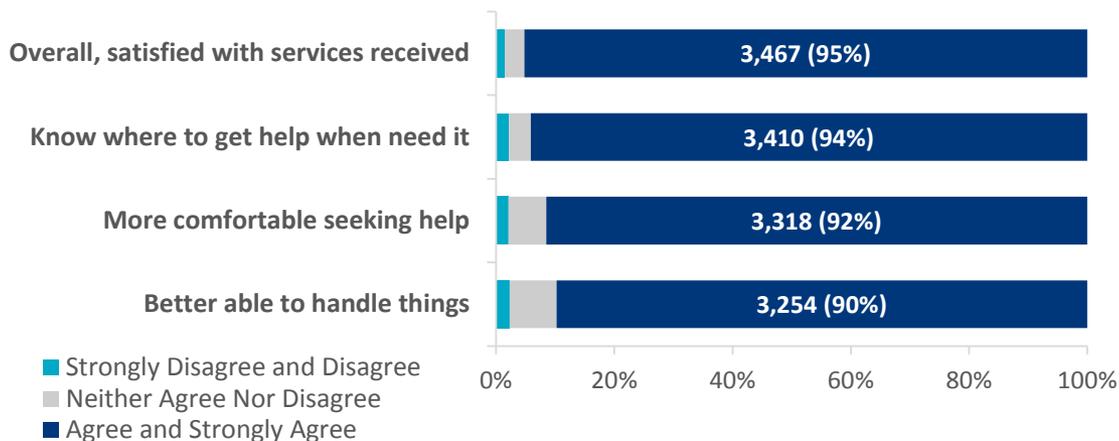
# Prevention and Early Intervention

## PEI Clients: Demographics and Client Satisfaction

PEI Client Demographics		
Age	N	%
<18 – 24 years	2,185	20%
25 – 59 years	6,154	55%
60+ years	2,085	19%
Unknown/Not Reported	773	7%
Gender	N	%
Female	4,835	43%
Male	5,924	53%
Other	31	<1%
Unknown/Not Reported	407	4%
Race (Census Categories)	N	%
White	4,274	38%
Hispanic/Latino	3,445	31%
Black/African American	1,304	12%
Asian/Pacific Islander	436	4%
Native American	140	1%
Multiracial	435	4%
Other Non-White/Non-Caucasian	91	1%
Unknown/Not Reported	1,072	10%
<b>Total PEI Clients Served</b>	<b>11,197</b>	<b>n/a</b>

- 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 25 contractors 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\*



\*The number of clients who completed the client satisfaction survey varied from 3,622 to 3,641. These data are not recorded in CCBH. For more information on AOABHS PEI programs, see the PEI summary reports – Adult Summary: [http://www.sandiegocounty.gov/hhsa/programs/bhs/technical\\_resource\\_library.html](http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html)

## MHSA: Innovations Projects

- The Mental Health Services Act (MHSA) provides resources 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 AOABHS in FY 2015-16:

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

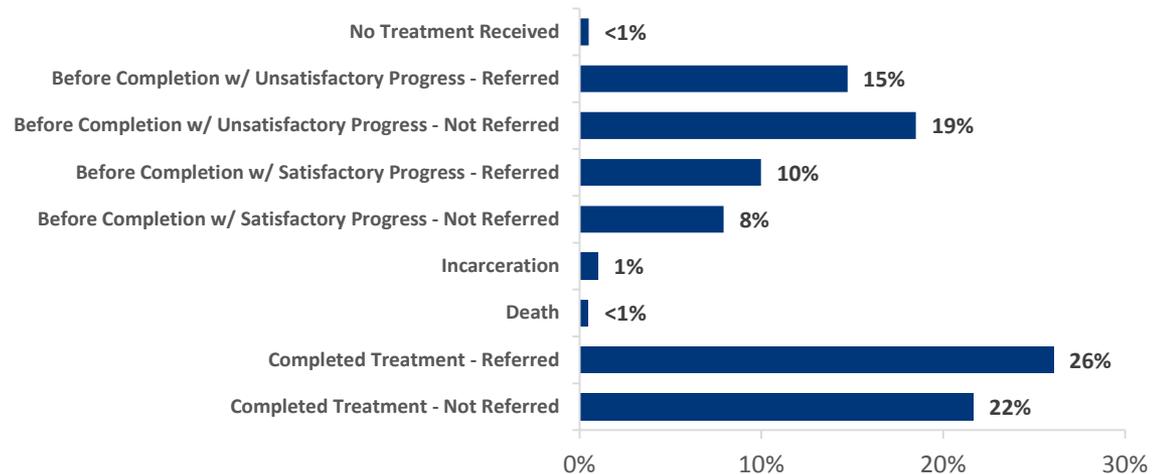
# Substance Use Disorder (SUD) Services

## SUD Clients: Demographics and Type of Discharge

SUD Client Demographics		
Age	N	%
12 – 15 years	458	3%
16 – 17 years	899	6%
18 – 25 years	2,777	18%
26 – 59 years	11,098	71%
60+ years	399	3%
Gender	N	%
Female	5,148	33%
Male	10,470	67%
Other	13	<1%
Race (Census Categories)	N	%
White	7,064	45%
Hispanic/Latino	4,912	31%
Black/African American	1,914	12%
Asian/Pacific Islander	487	3%
Native American	218	1%
Other/Multiracial	605	4%
Unknown/Not Reported	431	3%
<b>Total SUD Clients Served*</b>	<b>15,631</b>	<i>n/a</i>
<b>Total Unduplicated Clients</b>	<b>11,490</b>	<i>n/a</i>

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

### SUD Type of Discharge



\*Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in FY 2015-16.

# Driving Under the Influence Program

## DUI Program: Demographics, Admissions, and Completions

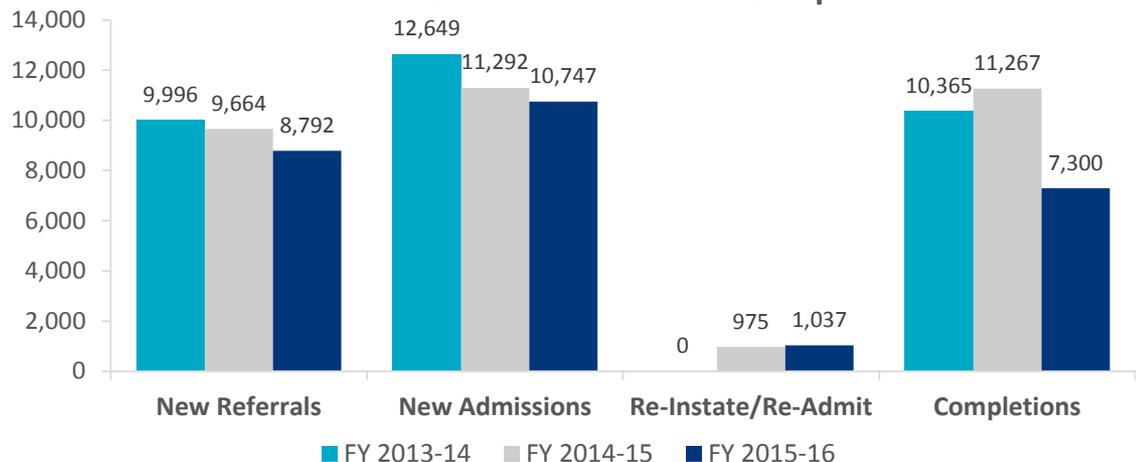
DUI Client Demographics		
Age	N	%
18 – 25 years	1,858	17%
26 – 35 years	2,861	25%
36 – 45 years	1,429	13%
46 – 55 years	928	8%
55+ years	527	5%
Unknown	3,650	32%
Gender	N	%
Female	2,864	25%
Male	8,285	74%
Unknown	104	1%
Convictions	N	%
First Conviction	8,358	74%
Multiple Convictions	2,894	26%
Employment Level	N	%
Employed 30+ hours per week	4,872	43%
Employed <30 hours per week	3,360	30%
Not in the labor force	840	7%
Unemployed, looking for work	1,957	17%
Unknown	224	2%
<b>Total DUI Clients Served</b>	<b>11,253</b>	<b>n/a</b>

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

### Key Findings

- The number of referrals and admissions into the DUI program has declined over the past three fiscal years (referrals, 9,996 to 8,792; admissions, 12,649 to 10,747).
- In FY 2015-16, fewer clients completed the DUI program than in FY 2013-14 or FY 2014-15 (7,300 vs. 10,365 and 11,267, respectively).

### All DUI Offenders: Admissions and Completions



# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



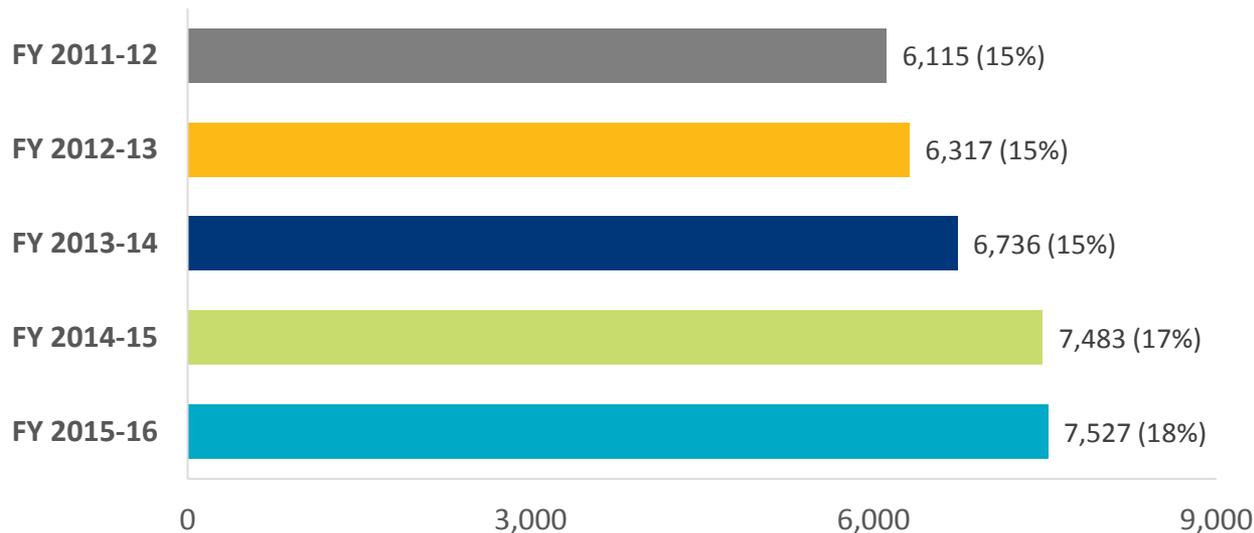
## Transition Age Youth (TAY) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2015-2016

# Who are we serving?

## Total Number of TAY Clients Served

- In FY 2015-16, mental health services were delivered to 7,527 TAY clients (ages 18\* to 25) by San Diego County.
- TAY clients represent 18% of the 42,805 AOABHS clients served during FY 2015-16.
- The number of TAY clients served has increased, at least slightly, every year from FY 2011-12 to FY 2015-16.
- Since FY 2014-15, the number of TAY clients served increased by 1% (44 clients).
- The largest increase in the number of TAY clients served occurred from FY 2013-14 to FY 2014-15 (11%; 747 clients), likely due to the inclusion of clients age 25 in the TAY category that year.

### Number of Clients Served by Fiscal Year



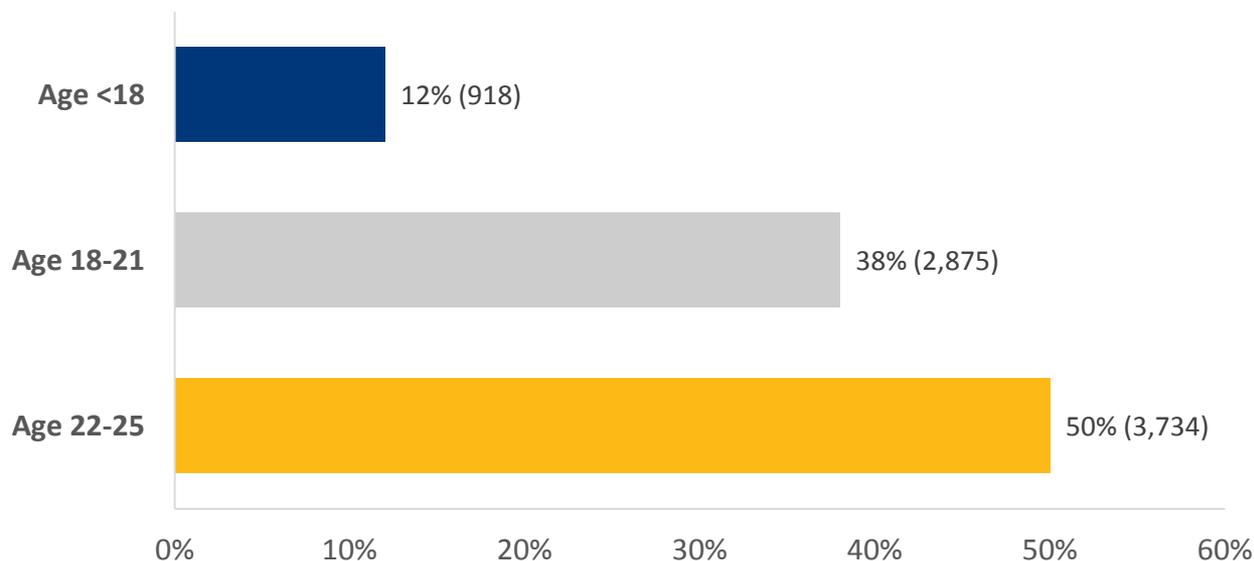
\*918 clients were under 18 but are included here because they received adult services.

## Who are we serving?

### TAY Clients: Age

- Half of TAY clients served during FY 2015-16 were between the ages of 22 and 25 years.
- More than one-third (38%) of TAY clients served during FY 2015-16 were between the ages of 18 and 21 years.

TAY Age Distribution

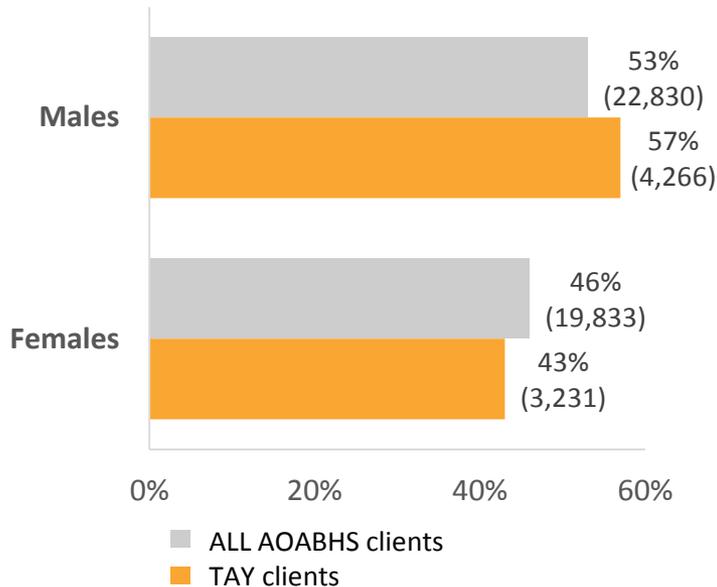


# Who are we serving?

## TAY Clients: Gender

- A larger proportion of TAY clients served during FY 2015-16 were male (57%) compared to the overall AOABHS client population (53%).
- In general, the proportion of female TAY clients served by AOABHS has increased over the past four fiscal years (38% to 43%).

### TAY Gender\* Distribution



TAY Gender	Fiscal Year					AOABHS FY 2015-16 Population
	2011-12	2012-13	2013-14	2014-15	2015-16	
Females	40%	38%	39%	41%	43%	46%
Males	60%	62%	60%	59%	57%	53%
Other/Unknown	<1%	<1%	<1%	<1%	<1%	<1%

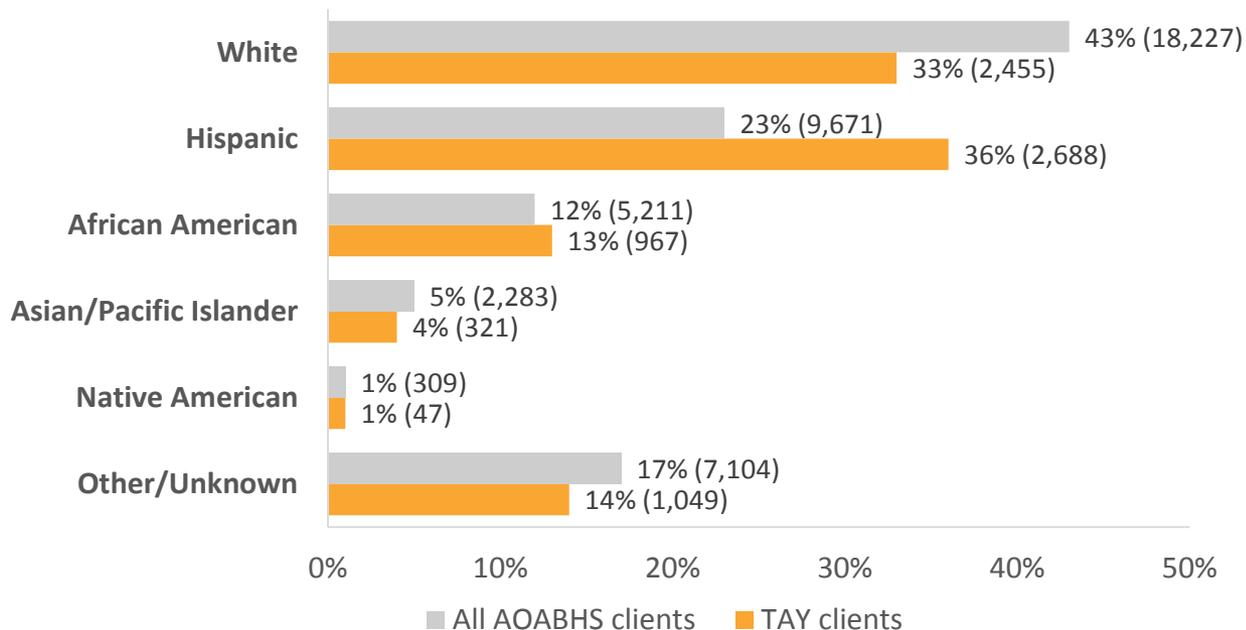
\*The figure excludes the other/unknown categories, comprising <1% of the TAY (30 clients) and overall AOABHS (142 clients) population.

# Who are we serving?

## TAY Clients: Race/Ethnicity

- Roughly two-thirds of TAY clients served during FY 2015-16 were either Hispanic (36%) or White (33%).
- Compared to the overall AOABHS client population, a larger proportion of TAY clients were Hispanic (36% vs. 23%), and a smaller proportion were White (33% vs. 43%).

### TAY Race/Ethnicity Distribution

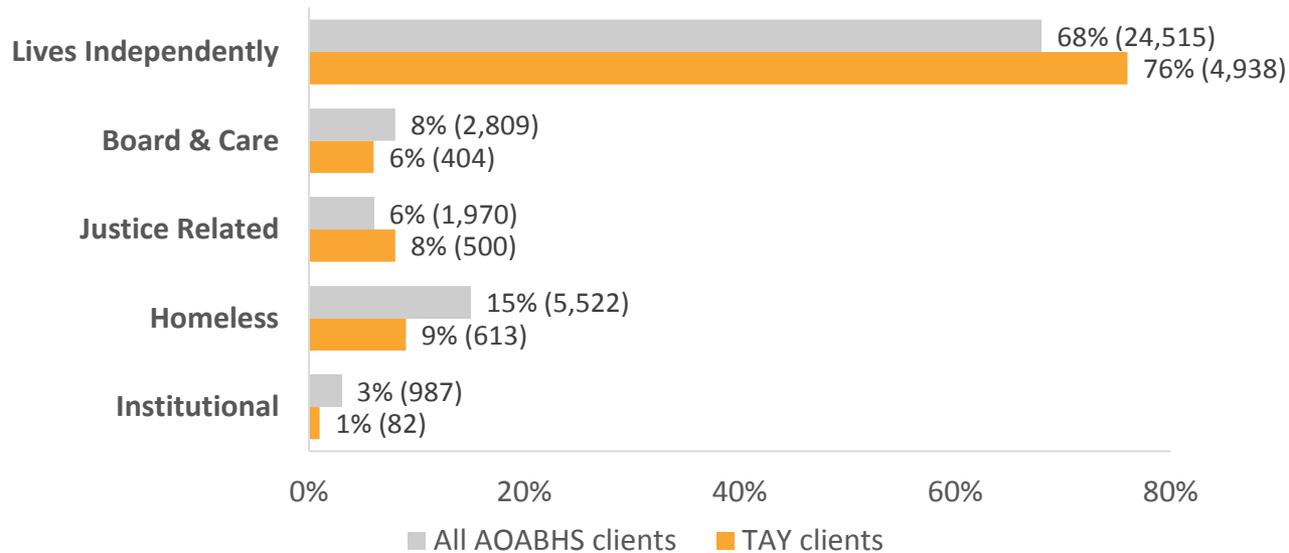


# Who are we serving?

## TAY Clients: Living Situation\*

- More than three-quarters (76%) of TAY clients served during FY 2015-16 were living independently\*\*.
- A greater proportion of TAY clients served during FY 2015-2016 were living independently compared to the overall AOABHS client population (76% vs. 68%).
- 9% of TAY served during FY 2015-16 were homeless and 8% were living in a justice-related setting.

### 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.

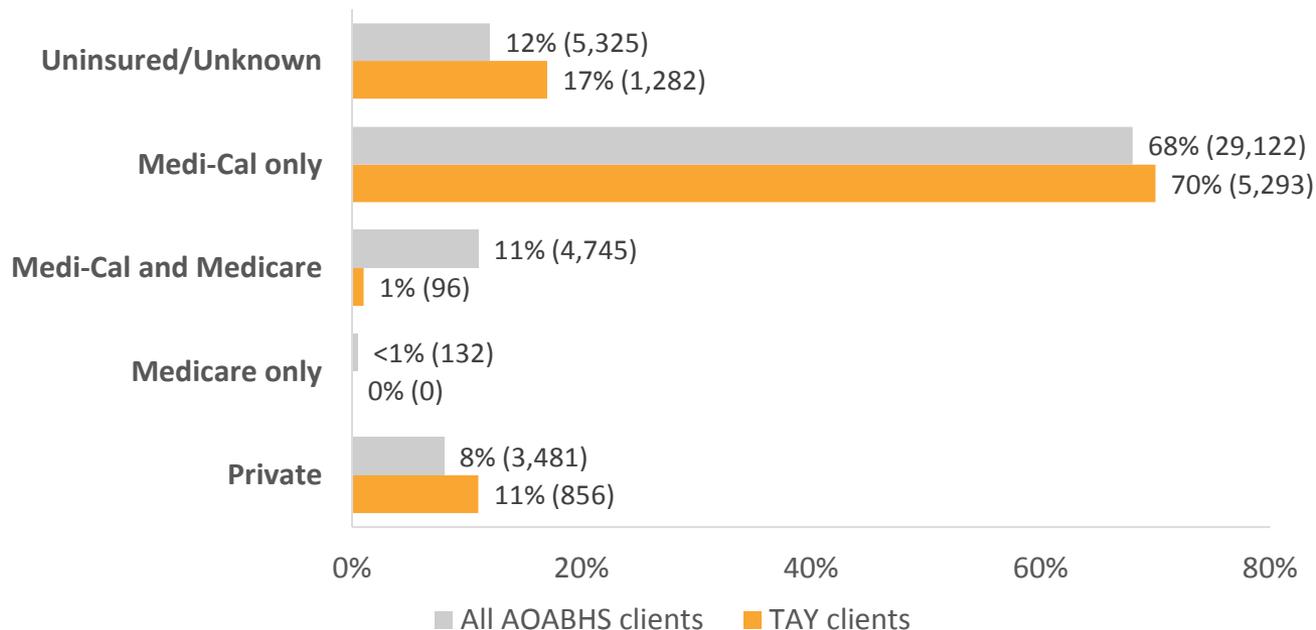
Note: Clients with an other/unknown living status (TAY, n = 990; AOA, n = 7,002) are excluded from the figure and percentages reported above.

# Who are we serving?

## TAY Clients: Health Care Coverage

- Most TAY clients served during FY 2015-16 had Medi-Cal insurance coverage (70%).
- The proportion of TAY clients with an uninsured/unknown insurance status has decreased every year since FY 2012-13, likely due to the expansion of the Affordable Care Act in 2014 (FY 2012-13, 37%; FY 2013-14, 26%; FY 2014-15, 18%; FY 2015-16, 17%).

### TAY Insurance Status

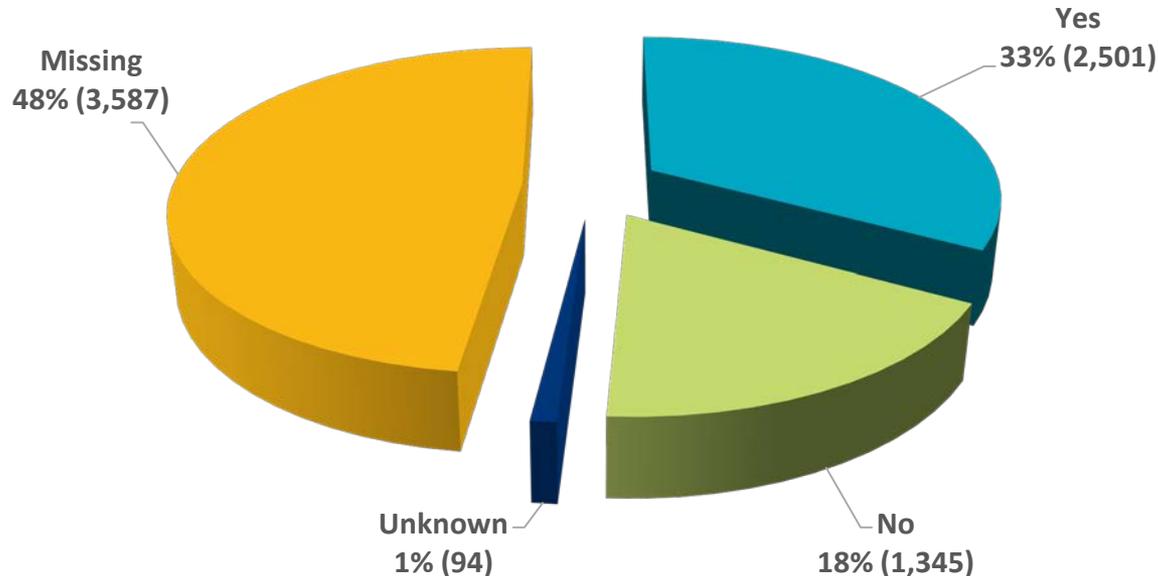


## Who are we serving?

### TAY Clients: Primary Care Physician

- One-third of TAY clients served in FY 2015-16 had a primary care physician (33%).
- Information about primary care physician was unavailable or unknown for almost half of TAY clients (49%).

### TAY Primary Care Physician



# Who are we serving?

## TAY Clients: Sexual Orientation

- The majority of TAY clients served during FY 2015-16 with sexual orientation information available identified as heterosexual (79%).
- Sexual orientation data was missing for 5,256 TAY clients (70%).

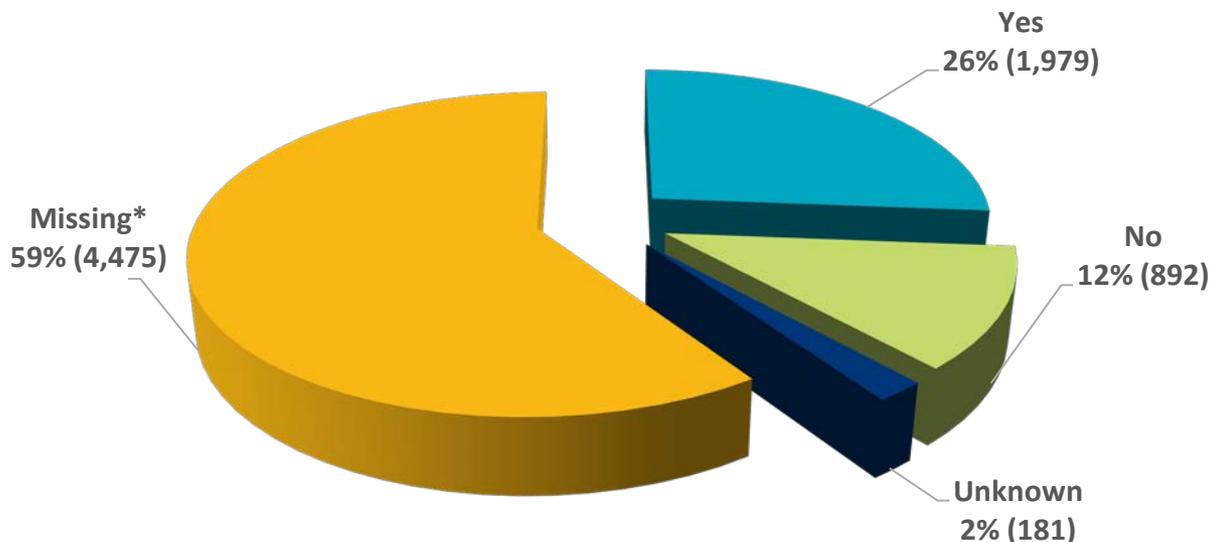
Sexual Orientation	TAY FY 2015-16		AOABHS FY 2015-16	
	Clients	Percentage	Clients	Percentage
Heterosexual	1,798	79%	13,212	88%
Bisexual	152	7%	485	3%
Gay male	31	1%	298	2%
Lesbian	46	2%	231	2%
Other	46	2%	156	1%
Questioning	39	2%	84	1%
Transgender	18	1%	62	<1%
Intersex	1	<1%	4	<1%
Deferred	111	5%	305	2%
Declined to state	29	1%	194	1%
<b>Total (excluding missing)</b>	<b>2,271</b>	<b>100%</b>	<b>15,031</b>	<b>100%</b>
<b>Missing</b>	<b>5,256</b>	<b>70%</b>	<b>27,774</b>	<b>65%</b>

## Who are we serving?

### TAY Clients: History of Trauma

- More than one-quarter of TAY clients served in FY 2015-16 had a history of trauma (26%).
- Data was not available (missing) for more than half (59%) of TAY clients. However, this percentage reflects a 16% reduction in the number of TAY clients missing this information compared with FY 2014-15 (5,343 to 4,475).

TAY History of Trauma



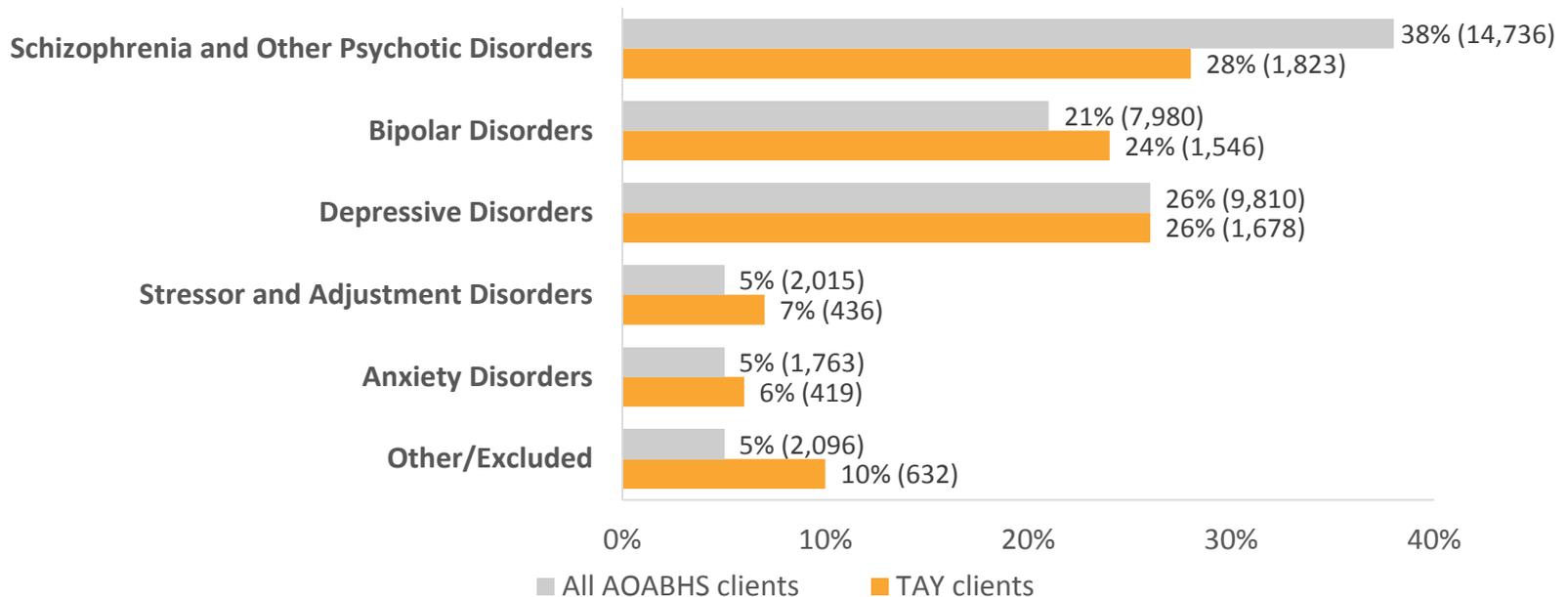
\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

# Who are we serving?

## TAY Clients: Primary Diagnosis

- The three most common diagnoses among TAY clients served during FY 2015-16 were schizophrenia and other psychotic disorders (28%), depressive disorders (26%), and bipolar disorders (24%), which make up more than three-quarters of TAY clients with a valid diagnosis.
- Compared to the AOABHS, a smaller proportion of TAY clients had a diagnosis of schizophrenia and other psychotic disorders (38% vs. 28%).

TAY Primary Diagnosis\*



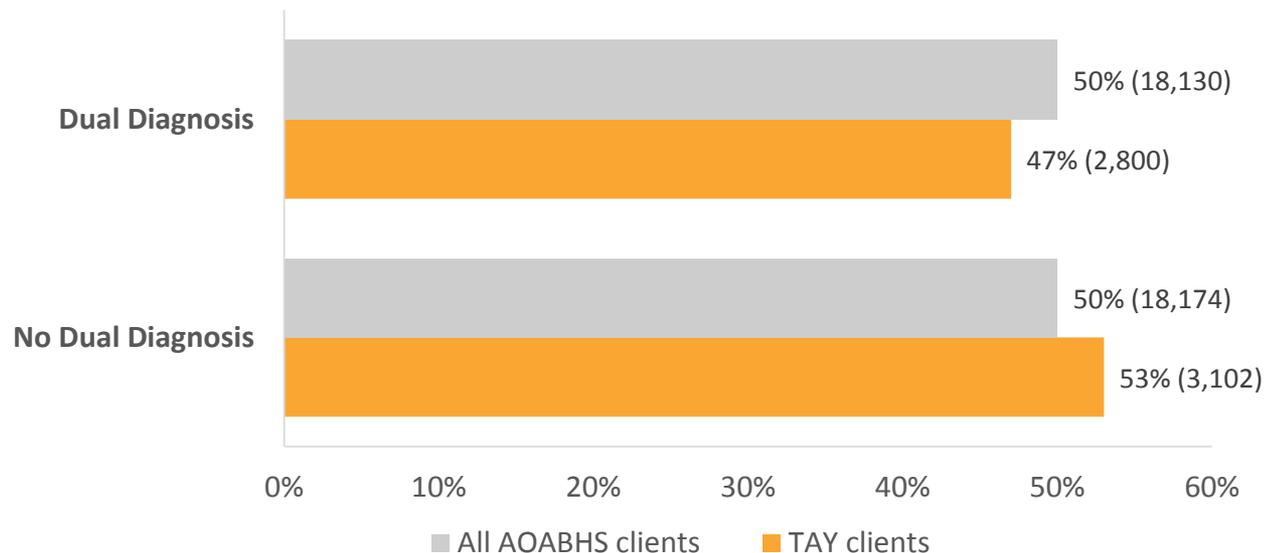
\*The graph and percentages reported above exclude invalid/missing values (TAY, n = 993; AOA, n = 4,405).

## Who are we serving?

### TAY Clients: Co-occurring

- In addition to a primary diagnosis, almost half of TAY clients (47%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2015-16.
- The proportion of TAY clients with a dual diagnosis in FY 2015-16 increased by two percentage points from FY 2014-15 (45% to 47%).

### TAY Clients with Co-occurring Mental Illness and Substance Use Disorder

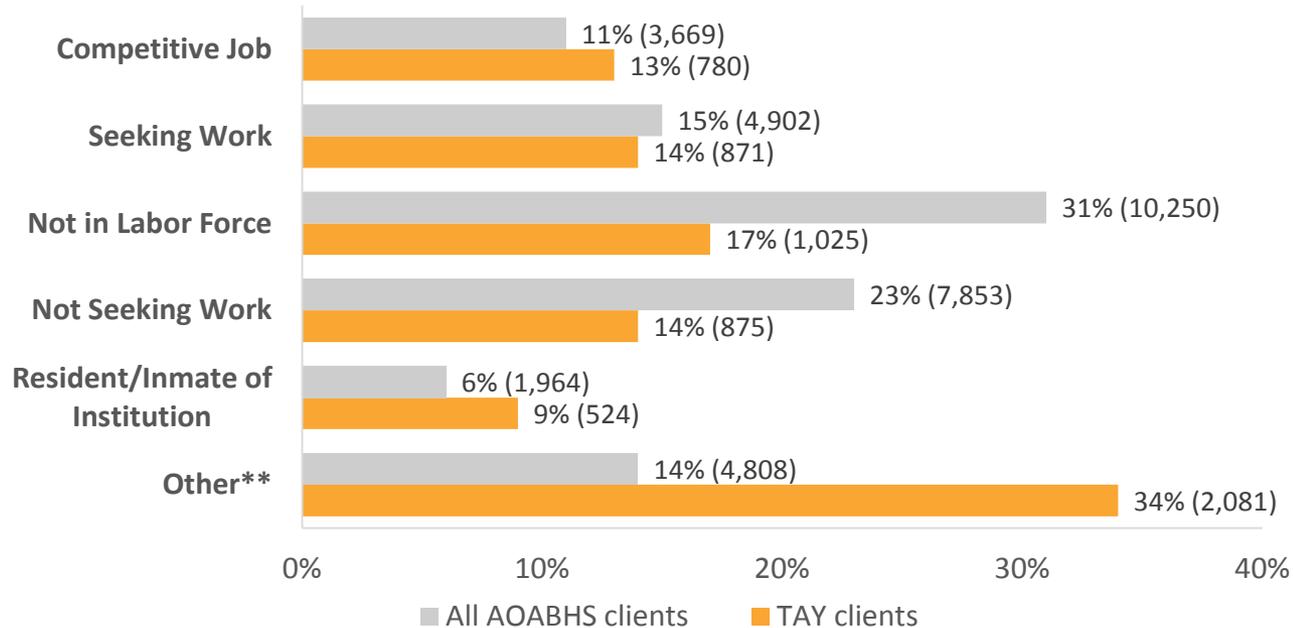


# Who are we serving?

## TAY Clients: Employment Status

- 780 of the 7,527 TAY clients served during FY 2015-16 were employed in a competitive job, which marks a 12% increase from FY 2014-15 (697 to 780).
- More than one-third of TAY clients had an other employment status (34%), likely reflecting a substantial student population in this age range.

TAY Employment Status\*



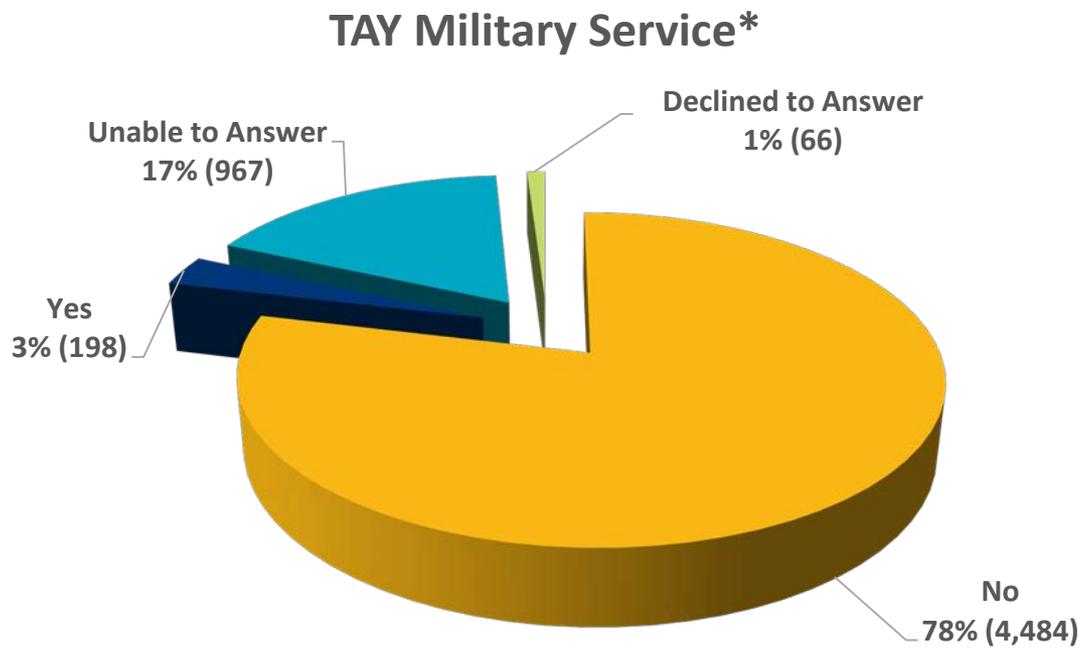
\*The graph and percentages reported above exclude unknown values (TAY, n = 1,371; AOA, n = 9,359).

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

## Who are we serving?

### TAY Clients: Military Service

- Information regarding past military service was available for 76% of TAY clients served during FY 2015-16, representing a 17% increase from the previous fiscal year (4,872 to 5,715).
- Among those clients served for whom military service data were available, 78% 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 = 1,812).

# What types of services are being used?

## TAY Clients: Types of Services\*

Outpatient Services			Emergency/Crisis Services		
	Total Visits	Total Clients		Total Visits	Total Clients
Assertive Community Treatment (ACT)	12,161	232	Crisis Outpatient	1,515	1,045
Case Management	467	20	Crisis Stabilization**	881	646
Case Management – Institutional	1,363	67	PERT	1,681	1,414
Case Management – Strengths	1,686	95		Total Days	Total Clients
Case Management – Transitional	434	108	Crisis Residential	2,203	229
Fee for Service	16,155	2,171	Forensic Services		
Outpatient	23,338	2,588	Jail	6,337	1,687
Prevention	5,855	228	24 Hour Services		
Inpatient Services					
	Admissions	Total Clients	Edgemoor	385	3
Inpatient – County	481	382	Long Term Care	2,280	11
Inpatient – FFS	1,594	1,032	LTC – Institutional	7,132	47
State Hospital	5	5	LTC – Residential	0	0
			Residential	672	7

\*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, RMQ, and SATS-R)\*

- Clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms, and overall IMR scores.
- Clinicians reported slight improvements among TAY clients in progress towards recovery via the IMR, and TAY clients self-reported improvements in their overall mental health status via the RMQ from pre to post assessment, but these improvements were not statistically significant.
- Mean pre and post scores on the clinician-rated Substance Use IMR subscale were very similar for TAY clients, indicating a slight, non-significant worsening of symptoms.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	277	4.08	4.06	▼
Management Subscale	280	2.62	2.80	▲
Recovery Subscale	279	2.93	2.99	▲
Overall Mean	280	3.18	3.27	▲
Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	156	3.67	3.78	▲
Substance Abuse Treatment Scale – Revised (SATS-R)	N	Pre	Post	Change
Overall Mean	144	4.79	5.19	▲

**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 2015-16 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



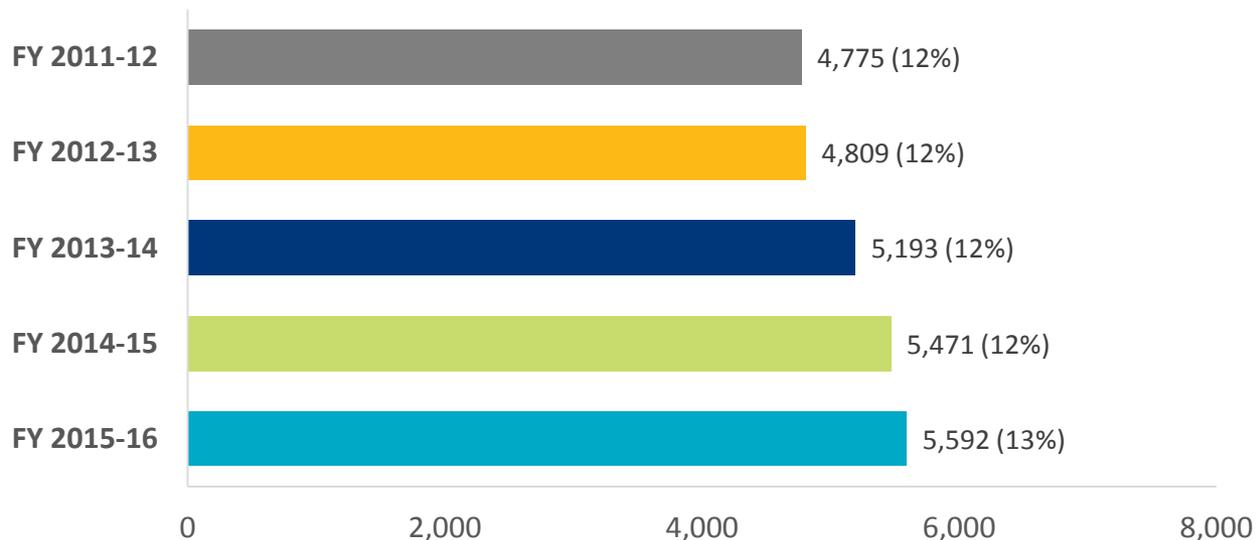
## Older Adult (OA) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2015-2016

# Who are we serving?

## Total Number of OA Clients Served

- In FY 2015-16, mental health services were delivered to 5,592 OA clients (age 60 and older) by San Diego County.
- OA clients represent 13% of the 42,805 AOABHS clients served during FY 2015-16.
- The number of OA clients served has increased every year from FY 2011-12 until FY 2015-16.
- Since FY 2014-15, the number of OA clients served increased by 2% (121 clients).
- OA represented 12% of the total number of AOABHS clients served each year from FY 2011-12 through FY 2014-15.

### Number of Clients Served by Fiscal Year

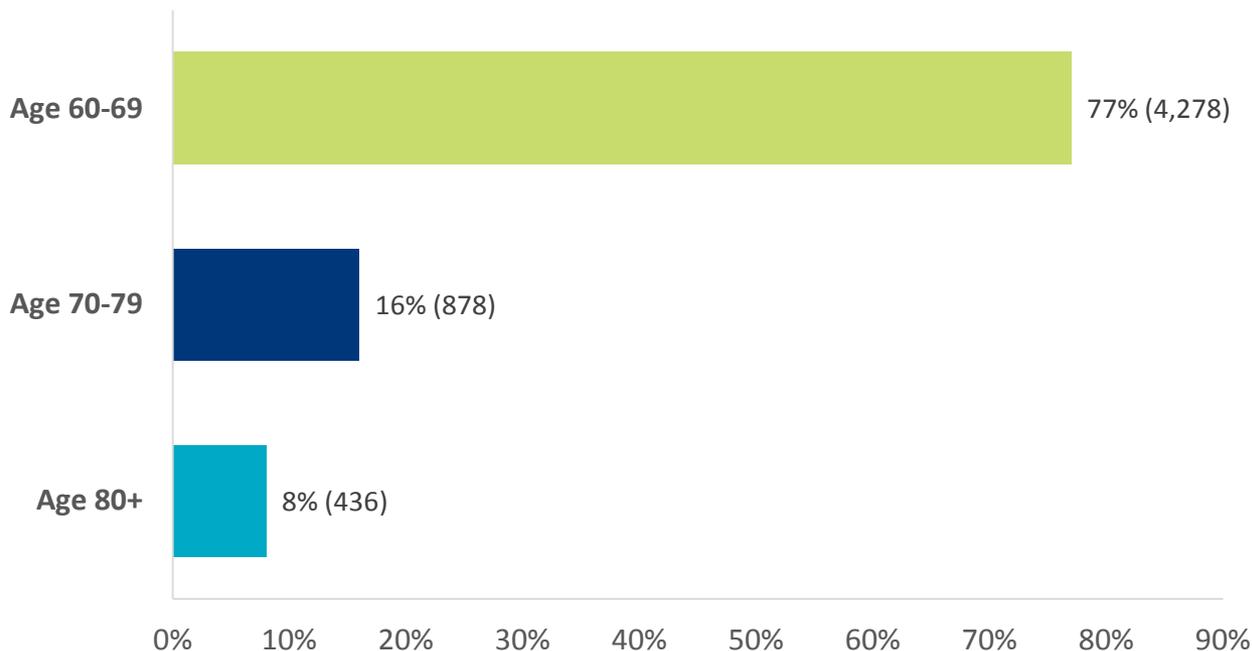


# Who are we serving?

## OA Clients: Age

- More than three-quarters of OA clients served during FY 2015-16 were between the ages of 60 and 69 years (77%).

### OA Age Distribution

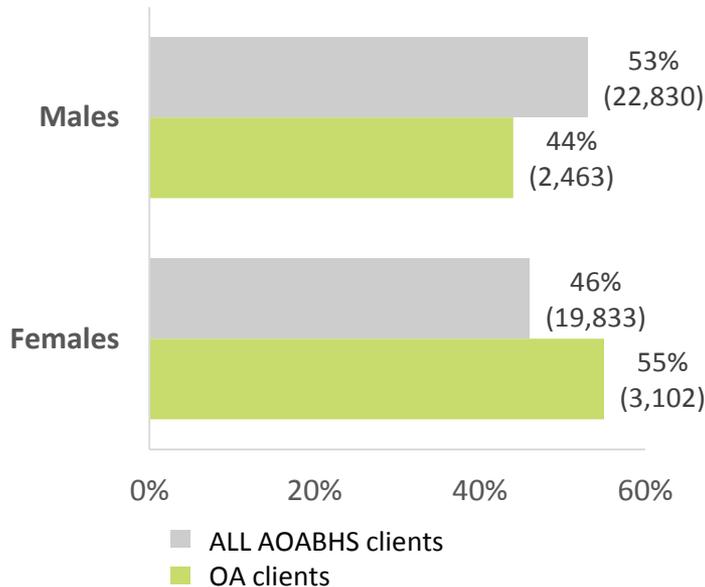


# Who are we serving?

## OA Clients: Gender

- A larger proportion of OA clients served during FY 2015-16 were female (55%) compared to the overall AOABHS client population (46%).
- The proportion of female OA clients served by AOABHS has decreased slightly over the past five fiscal years (58% to 55%).

### OA Gender\* Distribution



OA Gender	Fiscal Year					AOABHS FY 2015-16 Population
	2011-12	2012-13	2013-14	2014-15	2015-16	
Females	58%	57%	56%	56%	55%	46%
Males	42%	43%	43%	43%	44%	53%
Other/Unknown	<1%	<1%	<1%	<1%	<1%	<1%

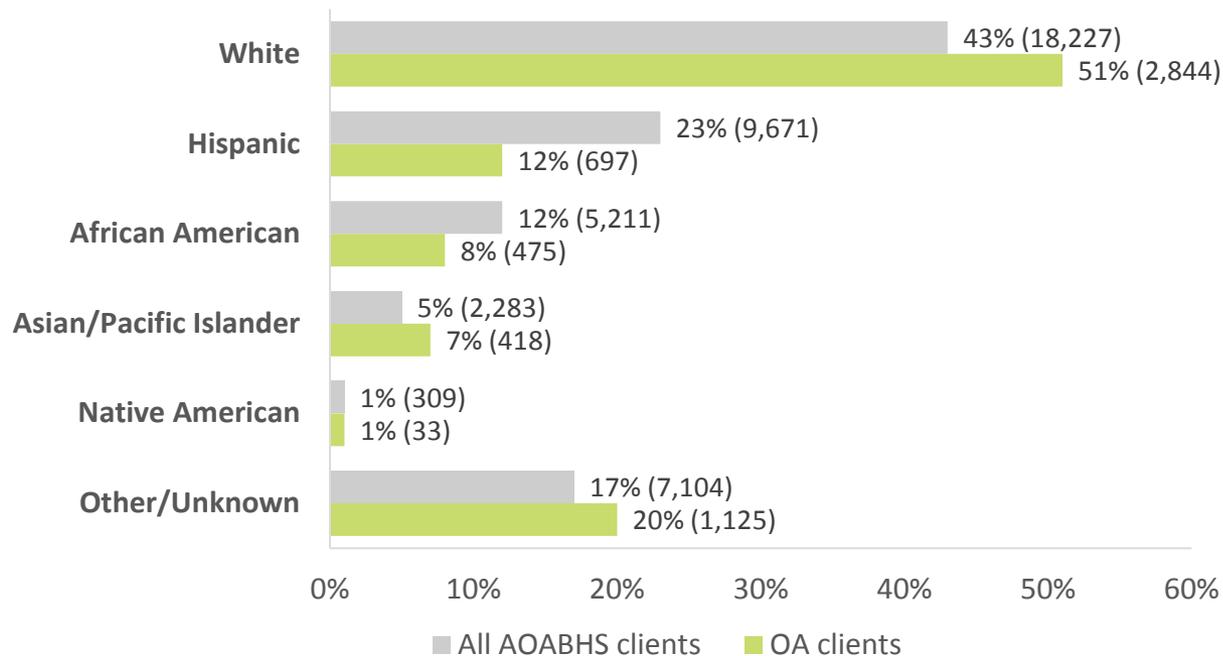
\*The figure excludes the other/unknown categories, comprising <1% of the OA (27 clients) and overall AOABHS (142 clients) population.

# Who are we serving?

## OA Clients: Race/Ethnicity

- More than half of OA clients served during FY 2015-16 were White (51%).
- Compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (12% vs. 23%), and a larger proportion were White (51% vs. 43%).
- 20% of OA clients had an Other or Unknown race/ethnicity.

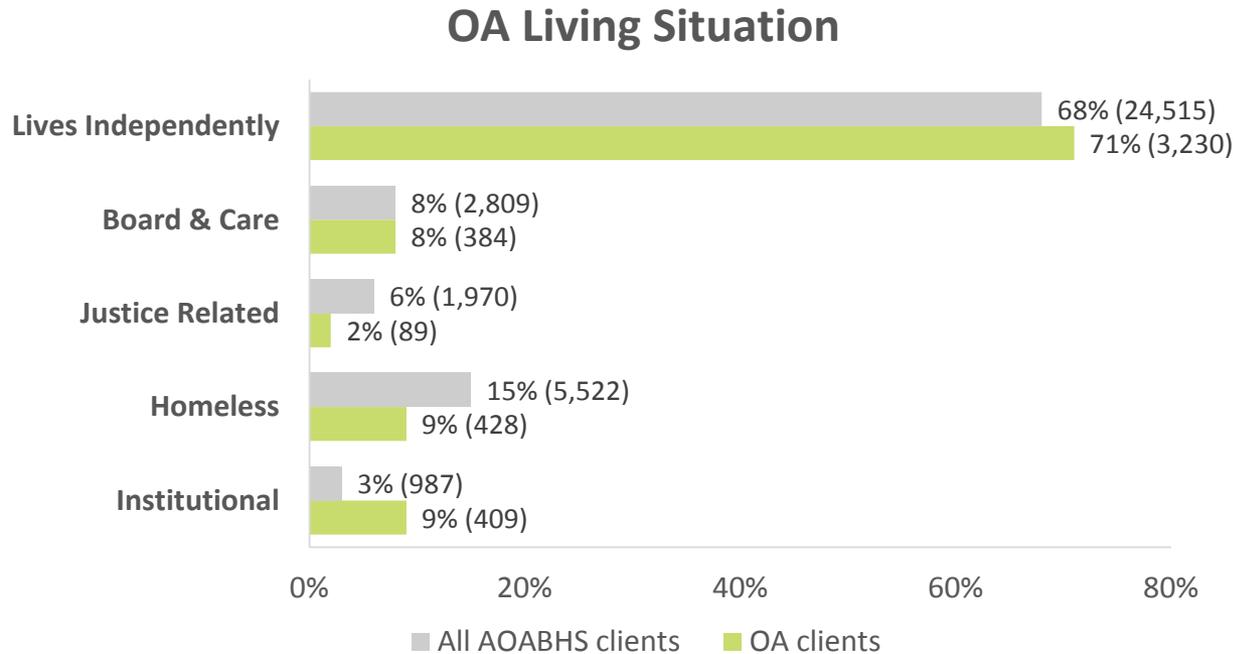
### OA Race/Ethnicity Distribution



# Who are we serving?

## OA Clients: Living Situation\*

- 71% of OA clients served during FY 2015-16 were living independently\*\*.
- 9% of OA clients served during FY 2015-16 were homeless.
- A greater proportion of OA clients served during FY 2015-16 were living in an institutional setting compared to the overall AOABHS client population (9% vs. 3%).



\*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.

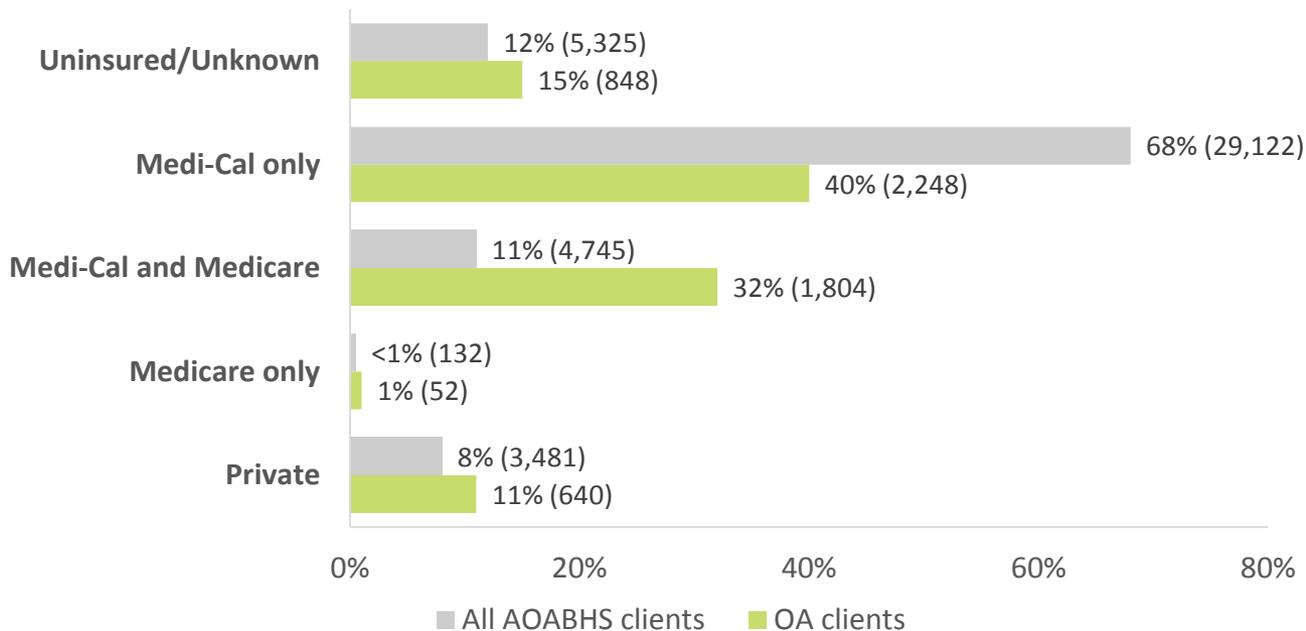
Note: Clients with an other/unknown living status (OA, n = 1,052; AOA, n = 7,002) are excluded from the figure and percentages reported above.

# Who are we serving?

## OA Clients: Health Care Coverage

- Most OA clients served during FY 2015-16 were at least partially covered by Medi-Cal (72%).
- The proportion of OA clients served in FY 2015-16 with an uninsured/unknown insurance status remained stable from FY 2014-15 (15%).

### OA Insurance Status

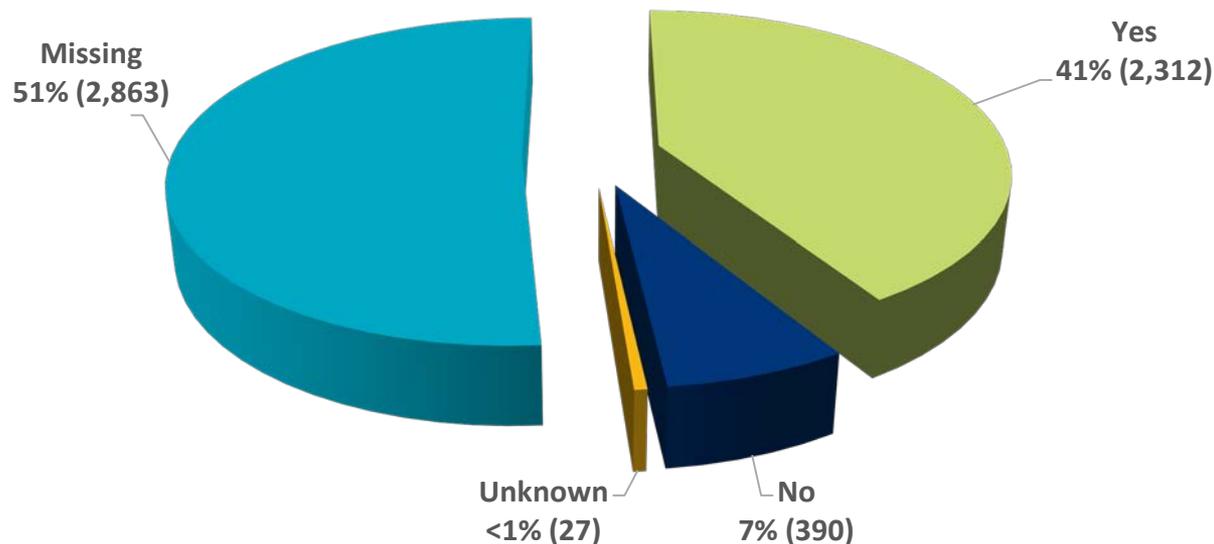


## Who are we serving?

### OA Clients: Primary Care Physician

- 41% of OA clients served in FY 2015-16 had a primary care physician.
- Information about primary care physician was unavailable or unknown for half of OA clients (52%).

### OA Primary Care Physician



# Who are we serving?

## OA Clients: Sexual Orientation

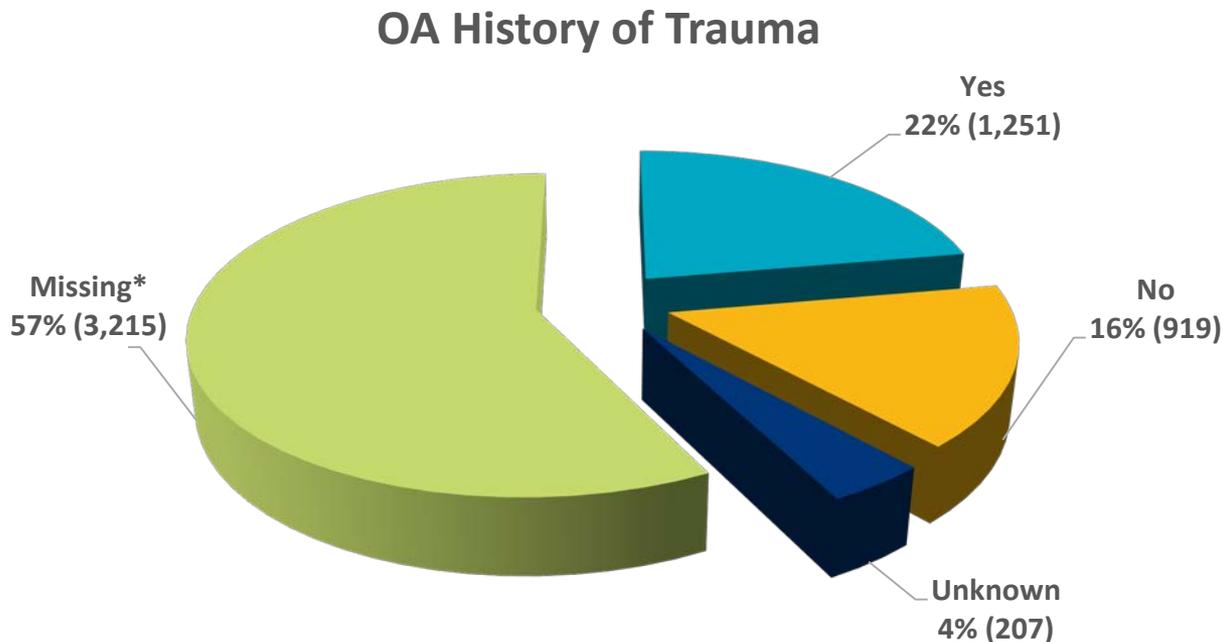
- The majority of OA clients served during FY 2015-16 with sexual orientation information available identified as heterosexual (93%).
- Sexual orientation data was missing for 3,575 OA clients (64%).

Sexual Orientation	OA FY 2015-16		AOABHS FY 2015-16	
	Clients	Percentage	Clients	Percentage
Heterosexual	1,872	93%	13,212	88%
Bisexual	18	1%	485	3%
Gay male	27	1%	298	2%
Lesbian	10	<1%	231	2%
Other	19	1%	156	1%
Questioning	3	<1%	84	1%
Transgender	5	<1%	62	<1%
Intersex	1	<1%	4	<1%
Deferred	33	2%	305	2%
Declined to state	29	1%	194	1%
<b>Total (excluding missing)</b>	<b>2,017</b>	<b>100%</b>	<b>15,031</b>	<b>100%</b>
<b>Missing</b>	<b>3,575</b>	<b>64%</b>	<b>27,774</b>	<b>65%</b>

# Who are we serving?

## OA Clients: History of Trauma

- Almost one-quarter of OA clients served in FY 2015-16 had a history of trauma (22%).
- Data was not available (missing) for more than half (57%) of OA clients. However, this percentage reflects a 20% reduction in the number of OA clients missing this information compared with FY 2014-15 (3,996 to 3,215).



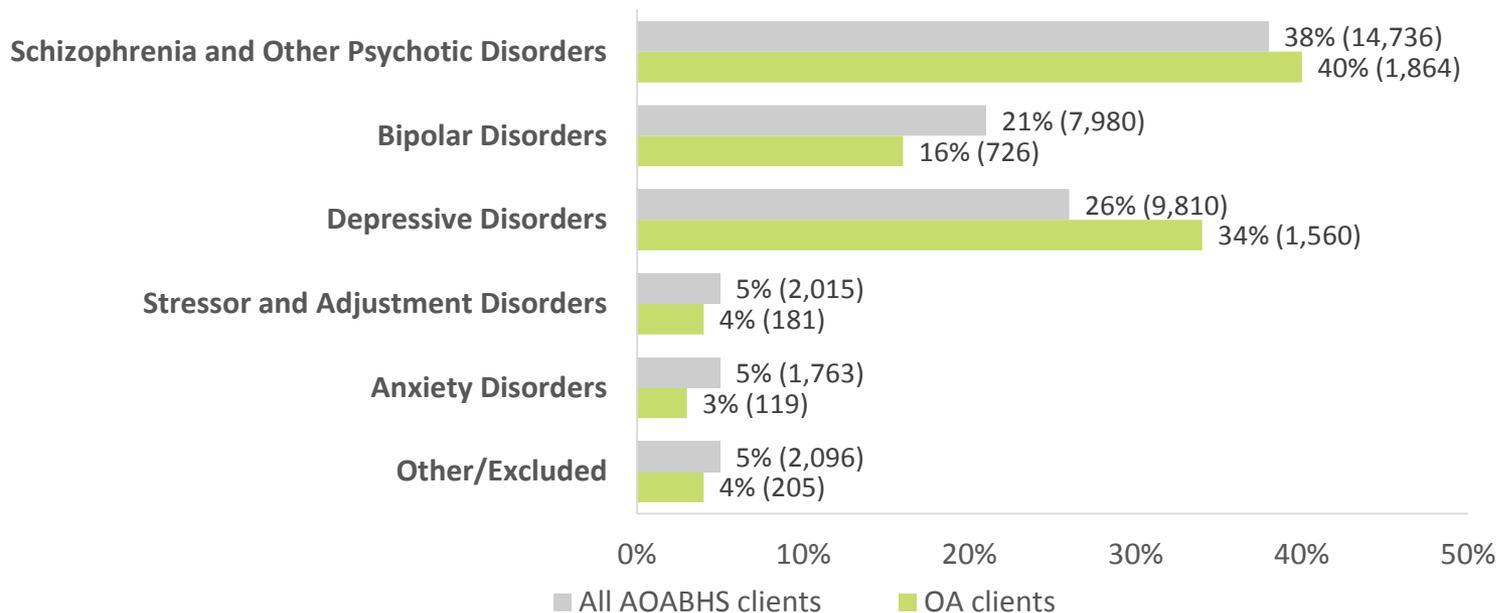
\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

# Who are we serving?

## OA Clients: Primary Diagnosis

- The most common diagnosis among OA clients served during FY 2015-16 was schizophrenia and other psychotic disorders (40%), followed by depressive disorders (34%), comprising almost three-quarters of OA clients with a valid diagnosis.
- Compared to the AOABHS, a larger proportion of OA clients had a depressive disorder diagnosis (26% vs. 34%).

### OA Primary Diagnosis\*



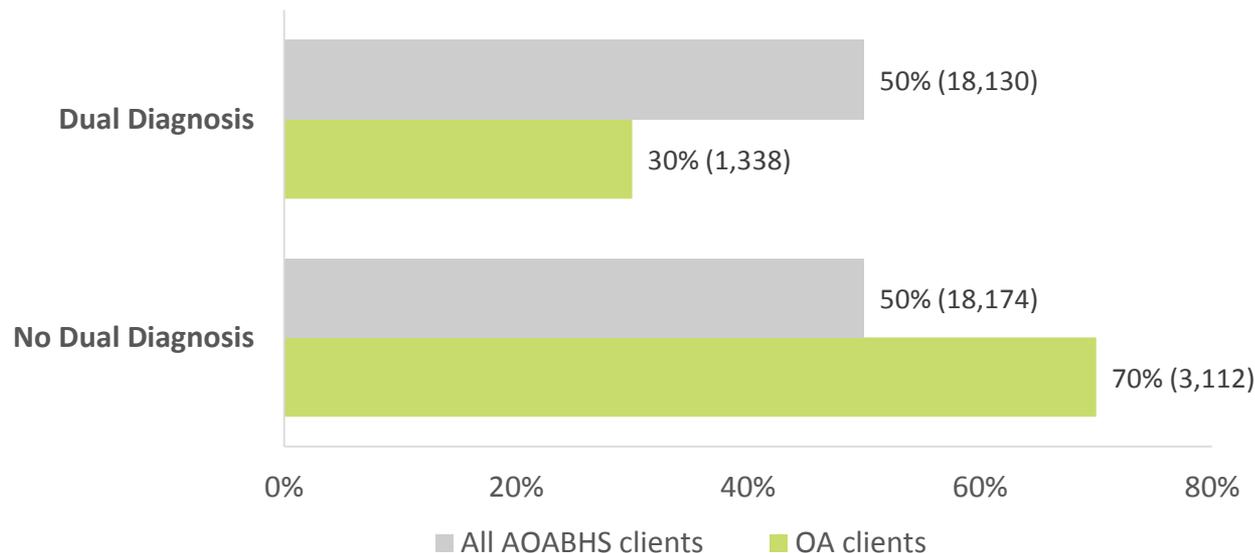
\*The graph and percentages reported above exclude invalid/missing values (n = 937).

## Who are we serving?

### OA Clients: Co-occurring

- In addition to a primary diagnosis, almost one-third of OA clients (30%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2015-16.
- The proportion of OA clients with a dual diagnosis in FY 2015-16 increased by two percentage points from FY 2014-15 (28% to 30%).

### OA Clients with Co-occurring Mental Illness and Substance Use Disorder

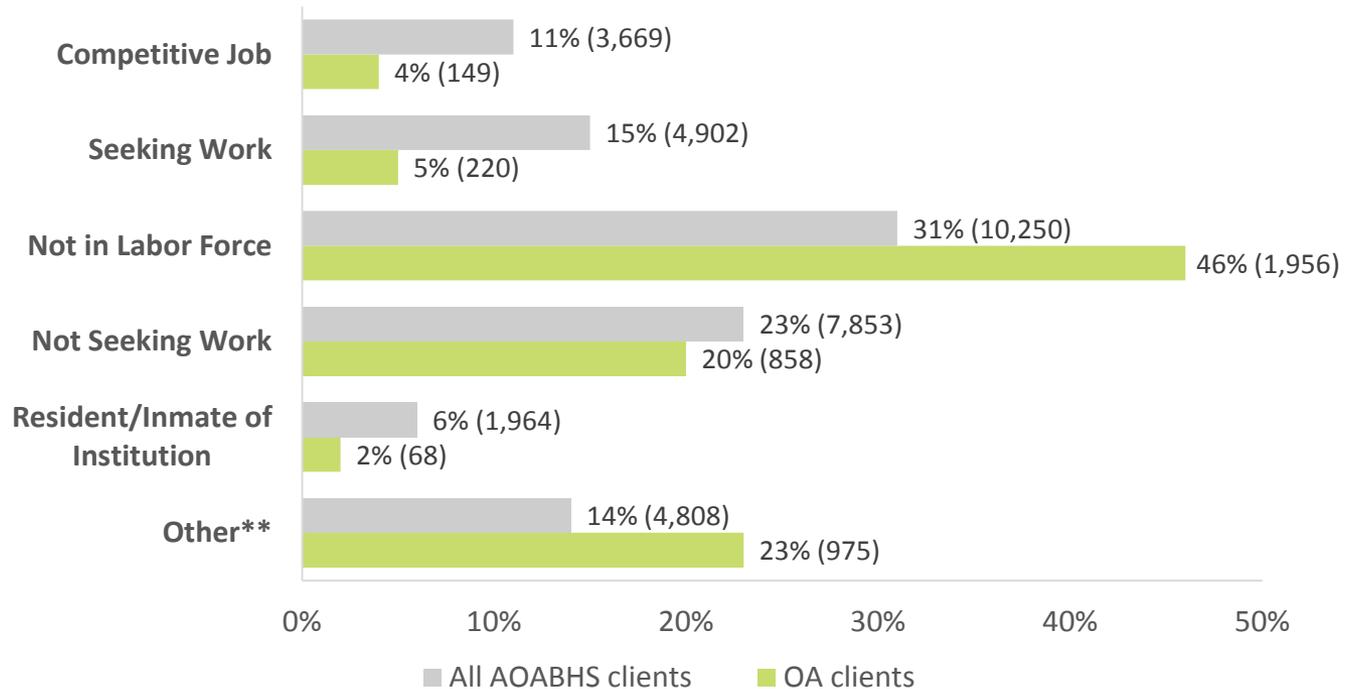


# Who are we serving?

## OA Clients: Employment Status

- Almost half of the OA clients served during FY 2015-16 were not the labor force (46%), unchanged from the previous fiscal year.

### OA Employment Status\*



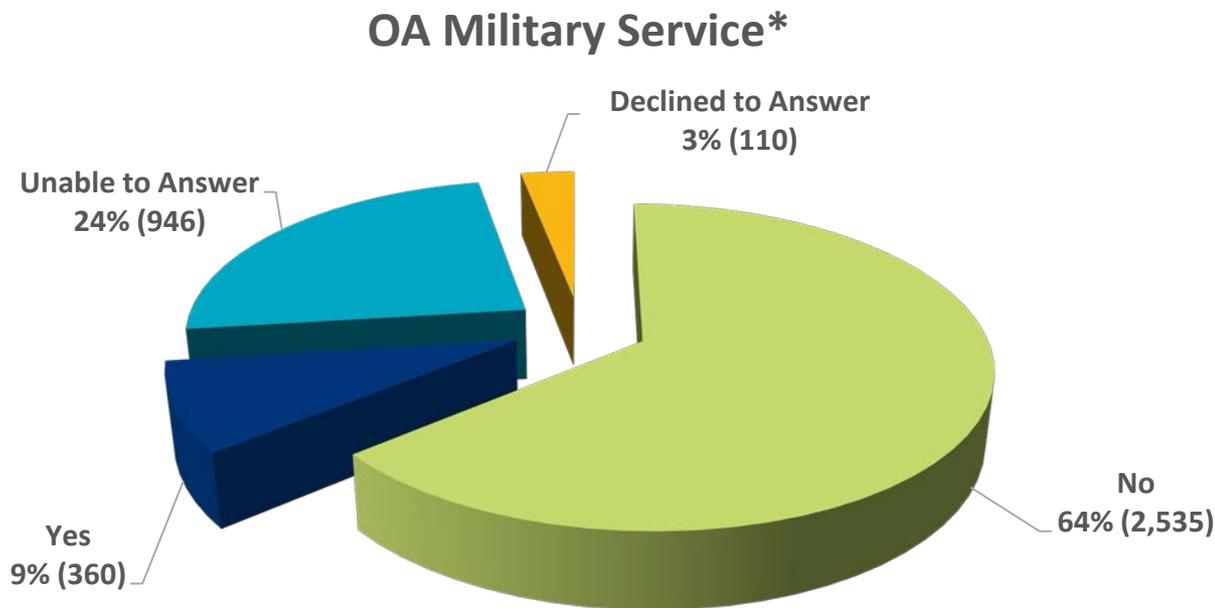
\*The graph and percentages reported above exclude unknown values (n = 1,366).

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

## Who are we serving?

### OA Clients: Military Service

- Information regarding past military service was available for 71% of OA clients served during FY 2015-16, representing a 32% increase from the previous fiscal year (2,984 to 3,951).
- Among those clients served for whom military service data were available, 64% reported that they had no military service, and 9% indicated that they had served in the military.



\*The graph and percentages reported above exclude missing values (n = 1,641).

# What types of services are being used?

## OA Clients: Types of Services\*

Outpatient Services			Emergency/Crisis Services		
	Total Visits	Total Clients		Total Visits	Total Clients
Assertive Community Treatment (ACT)	18,042	318	Crisis Outpatient	562	327
Case Management	1,238	50	Crisis Stabilization**	292	203
Case Management – Institutional	1,904	370	PERT	1,263	1,007
Case Management – Strengths	8,512	372		Total Days	Total Clients
Case Management – Transitional	209	40	Crisis Residential	1,400	116
Fee for Service	10,179	1,544	Forensic Services		
Outpatient	17,463	1,887	Jail	1,202	387
Prevention	49	5	24 Hour Services		
Inpatient Services					
	Admissions	Total Clients	Edgemoor	20,191	68
Inpatient – County	145	128	Long Term Care	625	2
Inpatient – FFS	544	324	LTC – Institutional	7,661	35
State Hospital	0	0	LTC – Residential	0	0
			Residential	1,460	4

\*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, RMQ, and SATS-R)\*

- Clinicians reported that OA clients are getting slightly better in their progress towards recovery, managing their symptoms, and overall IMR scores, but these improvements were not statistically significant.
- OA clients self-reported slight improvements in their recovery on the RMQ, but these improvements were also not statistically significant.
- OA clients that underwent substance use treatment showed improvements in symptoms as evidenced by statistically significant differences between pre and post assessment SATS-R scores.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	707	4.56	4.57	▲
Management Subscale	730	2.99	3.02	▲
Recovery Subscale	730	2.90	2.92	▲
Overall Mean	731	3.27	3.29	▲
Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	399	3.64	3.67	▲
Substance Abuse Treatment Scale – Revised (SATS-R)	N	Pre	Post	Change
Overall Mean	269	6.23	6.54	▲

Legend	
▲	Significant positive change ( $p < .05$ )
▲	Non-significant positive 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 2015-16 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.

# Glossary

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- **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.
- **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.

# Glossary

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- **Crisis Outpatient** 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.
- **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.
- **Crisis Stabilization** 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.
- **Dual Diagnosis** occurs when an individual has both a mental disorder and a substance abuse problem.
- **Edgemoor** is an inpatient skilled nursing facility that provides: 24-hour skilled nursing care; physical rehabilitation; recreational, occupational, physical, speech, and respiratory therapies.
- **Fee-For-Service (FFS)** services are primarily from licensed clinicians in private practice who get reimbursed for services rendered to clients. These providers are spread out over the county and represent a diversity of discipline, cultural-linguistic groups and genders in order to provide choice for eligible clients.
- **Full Service Partnership (FSP)** programs are part of the County of San Diego's Community Services and Supports Program and are made possible through MHSA. FSP's use a "do whatever it takes" model that comprehensively addresses individual and family needs, fosters strong connections to community resources, and focuses on resilience and recovery to help individuals achieve their mental health treatment goals.

# Glossary

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- **Innovation Programs** are novel mental health practices that contribute to learning, and that are developed within communities through a process that is inclusive and representative. Additionally, Innovations Programs are designed to increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services for the mental health community at-large.
- **Long Term Care (LTC) – Institutional Setting** refers to services provided to persons with serious mental illness through locked long-term care facilities which include Institutes for Mental Disease (IMDs) and Skilled Nursing Facilities (SNFs).
- **Long Term Care (LTC) – Residential** refers to services provided in residential settings that provide long-term care - offering room, board, 24-hour oversight, health monitoring, and assistance with activities of daily living and are licensed by the state. Residents often live in their own apartment within a building. The complex provides some care that those who live independently would perform themselves (such as taking medicine). Social and recreational activities are usually provided.
- **Outpatient (OP)** services offer treatment, rehabilitation, and recovery services which include screening and assessment, medication management, crisis intervention, group and individual short term therapy, for people who are experiencing persistent and severe mental illness or a mental health crisis. In addition, some programs offer case management and homeless outreach.

# Glossary

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- **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/ICD diagnosis at intake from the last episode of service prior to June 30, 2016.
- **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 are provided to persons with serious mental illness through a California State Hospital.

## Contact Us

- This report is available electronically in the Technical Resource Library at [http://www.sandiegocounty.gov/hhsa/programs/bhs/technical\\_resource\\_library.html](http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html) or in hard copy from [BHSQIPIT@sdcounty.ca.gov](mailto:BHSQIPIT@sdcounty.ca.gov).
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Steven Tally, PhD  
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Health Services Research Center, UCSD  
Telephone: (858) 622-1771 ex. 7004  
Email: [stally@ucsd.edu](mailto:stally@ucsd.edu)

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