

# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

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## Adult and Older Adult (AOA) Behavioral Health Services Systemwide Annual Report: Fiscal Year 2019-2020

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*Report prepared by:*



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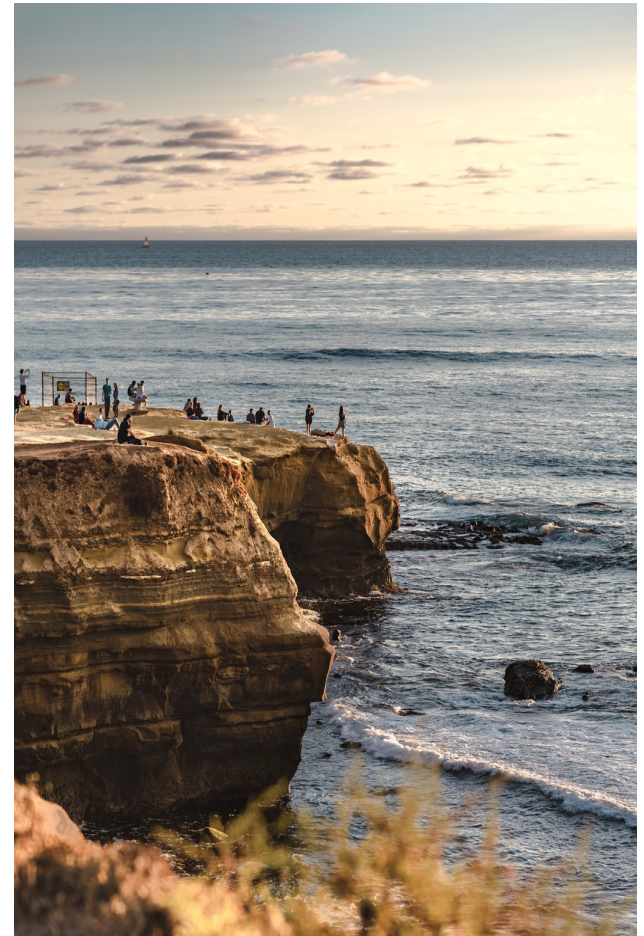
# Introduction

## Overview

- This report summarizes cumulative system and clinical outcomes for transition age youth (TAY), adults, and older adults (OA) served by the County of San Diego Adult and Older Adult Behavioral Health Services (AOABHS) during Fiscal Year 2019-20 (July 2019 – June 2020).
- 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 2019-20 including:

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





# Key Findings

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## All AOABHS Clients

- During FY 2019-20, San Diego County Behavioral Health Services (SDCBHS) delivered mental health services to 43,808 adults, TAY, and older adults, which was an increase from 43,265 clients served by AOABHS in FY 2018-19.
- The number and proportion of AOABHS clients with a co-occurring mental illness and substance use disorder has gradually increased each year from FY 2015-16 to FY 2019-20 (52% to 59%). This marks an increase of 13% in the number of clients with a dual diagnosis from FY 2015-16 to FY 2019-20 (18,920 to 21,396 clients).
- The number of AOABHS clients served in FY 2019-20 with an uninsured/unknown insurance increased by 12% from FY 2018-19 (5,663 to 6,369).
- Similar to previous fiscal years, the most common diagnoses among AOABHS clients served during FY 2019-20 were schizophrenia and other psychotic disorders (43%), followed by depressive disorders (21%), and bipolar disorders (21%).
- The number of Assertive Community Treatment (ACT) services increased during FY 2019-20, as there were 18,541 more AOA ACT visits (13% increase) and 618 more clients served by ACT programs (21% increase) during FY 2019-20, compared to FY 2018-19. It is important to note that 310 ACT treatment slots were added when 3 new ACT programs came onboard in FY 2019-20.
- Utilization of Crisis Stabilization (CS) services among AOA clients increased during FY 2019-20, as there were 1,361 more Crisis Stabilization visits (23% increase) and 352 more AOA clients (8% increase) who received CS services during FY 2019-20, compared to FY 2018-19.

# Key Findings

## All AOABHS Clients

- The proportion of clients who entered the AOABHS System of Care (SOC) through emergency/crisis services during FY 2019-20 increased from FY 2018-19 (49% to 51%), continuing the upward trend observed during FY 2016-17 when the number of AOA clients entering the SOC increased by 26% (3,425 to 4,325 clients), compared to the previous fiscal year.
- A total of 62,090 emergency/crisis services were used by 16,918 clients during FY 2019-20, representing nearly two-fifths (39%) of AOA clients served by SDCBHS. This figure represents an increase of 7,636 emergency/crisis services utilized (14% increase) and around a 6% increase in the number of AOABHS clients who received emergency/crisis services during FY 2019-20, compared to FY 2018-19 (16,012 clients).
- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2018-19, average wait times increased from approximately 5 days to 10 days in FY 2019-20. Average access times for mental health assessments decreased slightly in FY 2018-19 from FY 2016-17, but wait times increased to the highest average of over 5 days during FY 2019-20.
- Similar to FY 2018-19, clinicians reported significant improvements in illness management and overall progress towards recovery outcomes among AOA clients in FY 2019-20. Also, AOA clients self-reported significant improvement in their overall mental health status in FY 2019-20 via the Recovery Markers Questionnaire (RMQ) from pre to post assessment.
- The number of new admissions into the DUI program has continued to decline over the past three fiscal years (8,265 to 6,516). Also, fewer clients completed the DUI program in FY 2019-20 (5,755 clients) compared to FY 2017-18 (6,382 clients) and FY 2018-19 (5,836 clients).

# Key Findings

## Transition Age Youth (TAY) Clients

- During FY 2019-20, SDCBHS delivered mental health services to 8,020 TAY clients (age 18 to 25 years), comprising 18% of the AOA population served during FY 2019-20, and reflecting a slight increase of from the 7,943 TAY clients served by AOABHS in FY 2018-19.
- After an increase of 25% from FY 2016-17 to FY 2017-18 in the number of TAY clients younger than 18 served by AOABHS, this demographic increased by another 5% during FY 2019-20, relative to FY 2018-19 (1,507 clients in FY 2018-19 to 1,587 clients in FY 2019-20).
- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2019-20 were Hispanic (43% compared to 28%), and a smaller proportion were White (30% compared to 41%).
- Similar to observations from past fiscal years, the three most common diagnoses among TAY clients served during FY 2019-20 were schizophrenia and other psychotic disorders (28%), depressive disorders (26%), and bipolar disorders (25%), which comprise 79% (5,171 clients) of TAY clients with a valid diagnosis.
- 14% (383) of TAY clients served during FY 2019-20 with sexual orientation information available identified as bisexual, reflecting a 39% increase in the number of TAY clients over time identifying as bisexual served during FY 2019-20, compared back three years ago to FY 2016-17 (275 clients).
- During FY 2019-20 there was a substantial increase of Crisis Residential days among TAY (3,144 days in FY 2019-20 compared to 2,579 days in FY 2018-19) with only 3 more total TAY clients in Crisis Residential settings in FY 2019-20 , compared to FY 2018-19 (260 clients).
- Utilization of ACT services among TAY clients increased during FY 2019-20, as the total ACT visits increased by 1,514 more ACT visits and only 31 more TAY clients (9% increase) who received ACT services during FY 2019-20, compared to FY 2018-19.
- Clinicians reported statistically significant improvements in the ability of TAY clients to manage symptoms, progress towards their recovery, and improvements in their overall Illness Management and Recovery (IMR) assessment scores.

# Key Findings

## Older Adult (OA) Clients

- During FY 2019-20, SDCBHS delivered mental health services to 6,578 older adults (age 60 years or older), comprising 15% of all AOA clients served during FY 2019-20, and reflecting an increase of 3% in the number of OA clients served by AOABHS compared to FY 2018-19.
- The number of OA clients served during FY 2019-20 that were between the ages of 70 and 79 years (1,268 clients) increased by almost 10%, compared to FY 2018-19 (1,157 clients).
- The most common diagnosis among OA clients served during FY 2019-20 was schizophrenia and other psychotic disorders (47%), followed by depressive disorders (26%), comprising almost three-quarters of OA clients with a valid diagnosis.
- In addition to a primary diagnosis, over two-fifths of OA clients (43%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2019-20. The proportion of OA clients with a dual diagnosis has consistently increased from FY 2015-16 to FY 2019-20 (32% to 43%).
- 1,834 OA clients served during FY 2019-20 had a history of trauma (28%), reflecting a decrease of 4% compared to FY 2018-19. This finding is opposite to a trend observed between FY 2016-17 and FY 2018-19. Since FY 2016-17, the number of OA clients served with a history of trauma increased by almost 27% (1,504 clients in FY 2016-17 compared to 1,910 clients in FY 2018-19).
- During FY 2019-20 there was a substantial increase of Long Term Care (LTC)–Institutional days among OA clients (16,546 days in FY 2019-20 compared to 11,508 days in FY 2018-19) with only 32 more total OA clients in LTC-Institutional settings in FY 2019-20, compared to FY 2018-19 (47 clients).
- Clinicians reported statistically significant improvements in the ability of OA clients to manage symptoms and improvements in their overall Illness Management and Recovery (IMR) assessment scores.

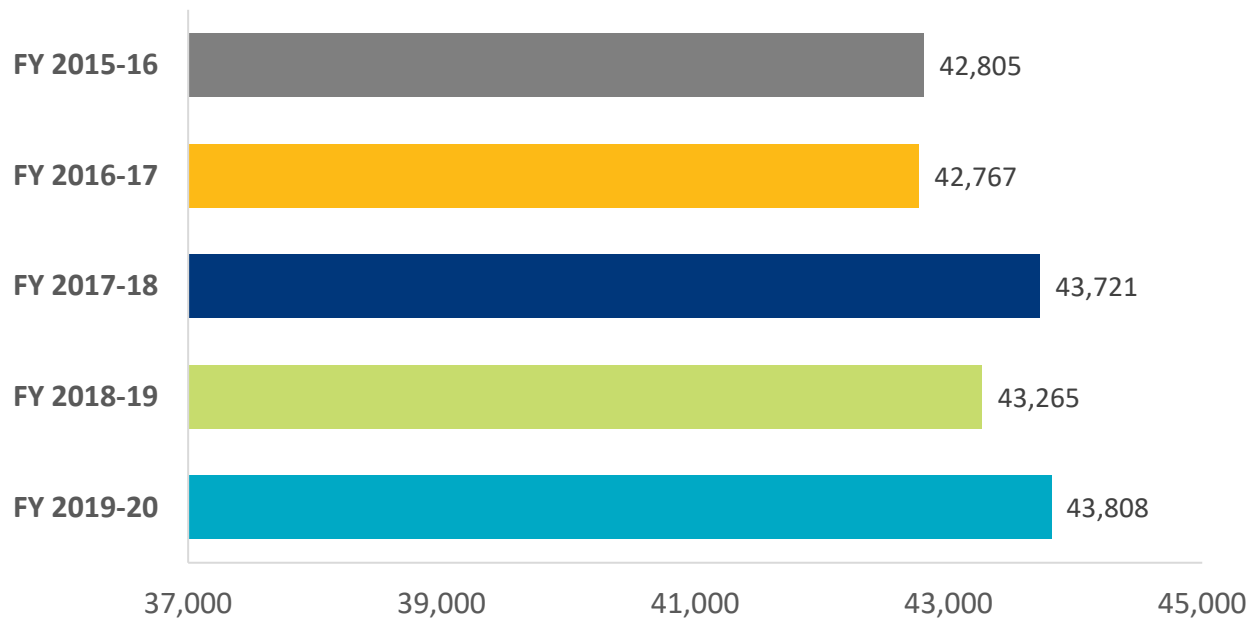


# Who are we serving?

## Total Number of All AOA Clients Served

- In FY 2019-20, mental health services were delivered to 43,808 adults, TAY, and older adults by the SDCBHS SOC.
- The number of clients increased during FY 2017-18, compared to the number served during FYs 2015-16 and 2016-17. Also, there was an increase in the number of clients served during FY 2019-20 (43,808 clients) compared with the previous fiscal year (43,265 clients in FY 2018-19).

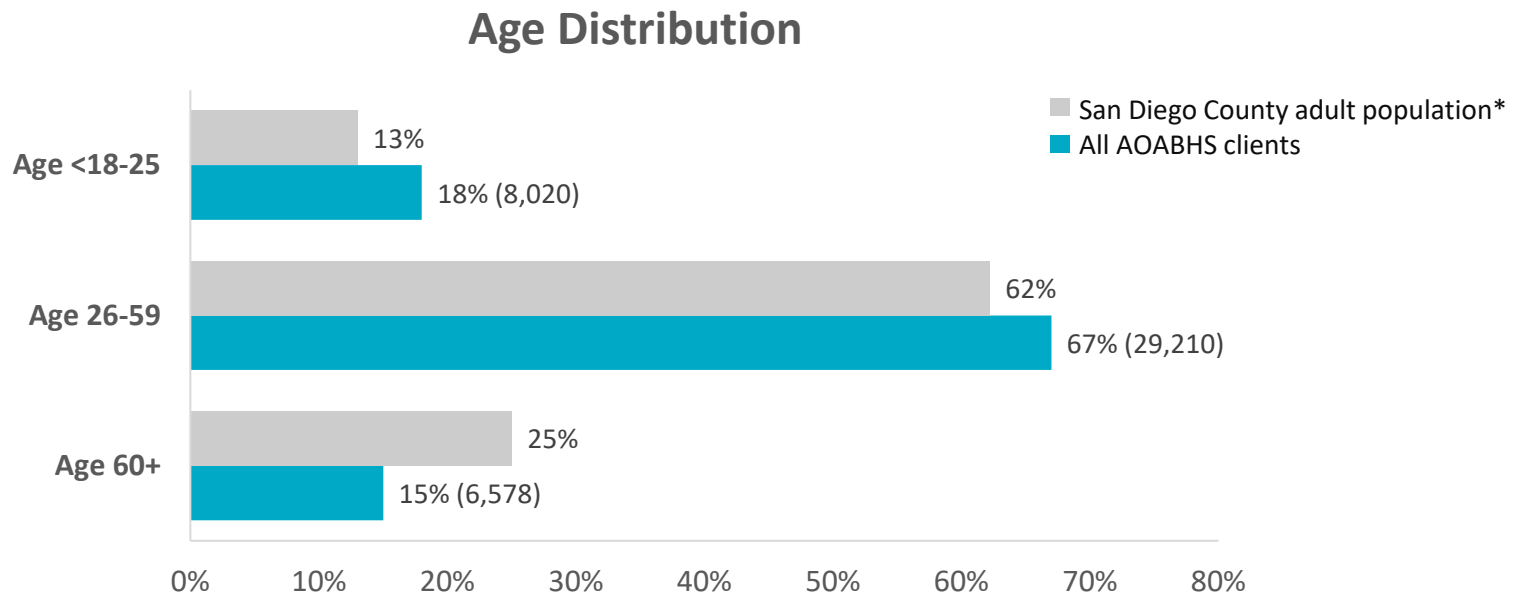
### Number of Clients Served by Fiscal Year



# Who are we serving?

## All AOA Clients: Age

- Compared to FY 2018-19, the proportion of clients served in each age group during FY 2019-20 was stable. The proportion of AOA clients of all age groups remained the same (18% for <18 to 25 years of age; 67% for clients between the ages of 26-59 years; and 15% for clients the age 60 years and above).
- Similar to previous fiscal years, a much smaller proportion (15%) of AOABHS clients served during FY 2019-20 were older adults (ages 60+) compared to the estimated older adult population in San Diego County (25%).



\*Source: U.S. Census Bureau, 2019 American Community 5-Year Estimates Age and Sex (San Diego County population)

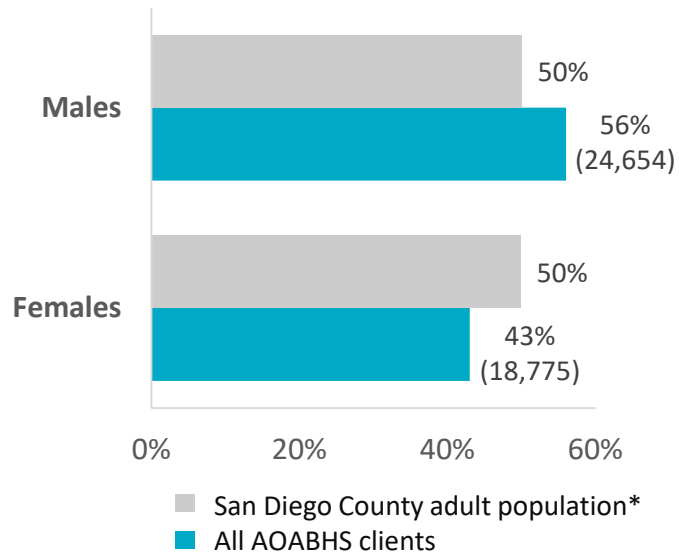
Note: San Diego County population estimates were not available for the CA mandated age categories. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-59, and age 60+.

# Who are we serving?

## All AOA Clients: Gender

- The proportion of males and females in the AOABHS client population has remained relatively stable over the last five fiscal years.
- Similar to past fiscal years, there was a greater proportion of males served by AOABHS in FY 2019-20 compared to the proportion of males in the overall San Diego County population (56% vs. 50%) and a smaller proportion of females served by AOABHS in FY 2019-20 compared to the proportion of females in the overall San Diego County population (43% to 50%).

### Gender Distribution



AOABHS Gender	Fiscal Year					SD County Population
	2015-16	2016-17	2017-18	2018-19	2019-20	
Females	46%	45%	45%	43%	43%	50%
Males	53%	54%	55%	56%	56%	50%
Other/Unknown	< 1%	< 1%	< 1%	1%	1%	n/a**

\*Source: U.S. Census Bureau, 2019 American Community 5-Year Estimates Age and Sex (San Diego County population)

\*\*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 379 clients in FY 2019-20 (1%).

# Who are we serving?

## All AOA Clients: Race/Ethnicity

- The proportion of White clients served by AOABHS has gradually decreased since FY 2015-16 (43% to 41%), while the proportion of Hispanic clients has gradually increased (23% to 28%).
- The proportion of African American, Asian, and Native American clients served by AOABHS has remained relatively stable since FY 2015-16.

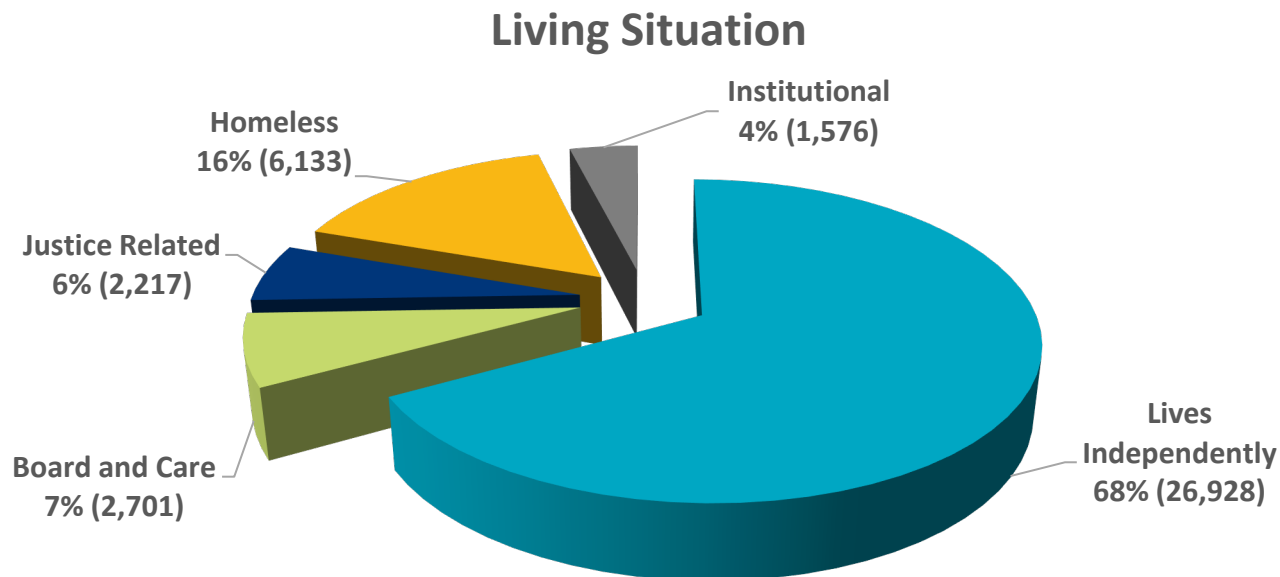
Race/Ethnicity	Fiscal Year					SD County Population*
	2015-16	2016-17	2017-18	2018-19	2019-20	
White	43%	42%	42%	41%	41%	45%
Hispanic	23%	24%	25%	26%	28%	34%
African American	12%	12%	12%	12%	13%	5%
Asian	5%	5%	5%	5%	5%	12%
Native American	1%	1%	1%	1%	1%	< 1%
Other/Unknown	17%	15%	16%	14%	11%	4%

\*Source: U.S. Census Bureau, 2019 American Community 5-Year Estimates Data Profiles (San Diego County population)

# Who are we serving?

## All AOA Clients: Living Situation\*

- More than two-thirds (68%) of clients served in FY 2019-20 lived independently\*\*.
- After a roughly 8% increase from FY 2015-16 to FY 2016-17 (5,522 to 5,942), there was another 3% increase from FY 2018-19 to FY 2019-20 (5,967 to 6,133) of the number of clients served that were homeless.
- The proportion of clients served during FY 2019-20 who were in board and care, justice-related, and institutional settings also remained stable from FY 2018-19.



\*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.

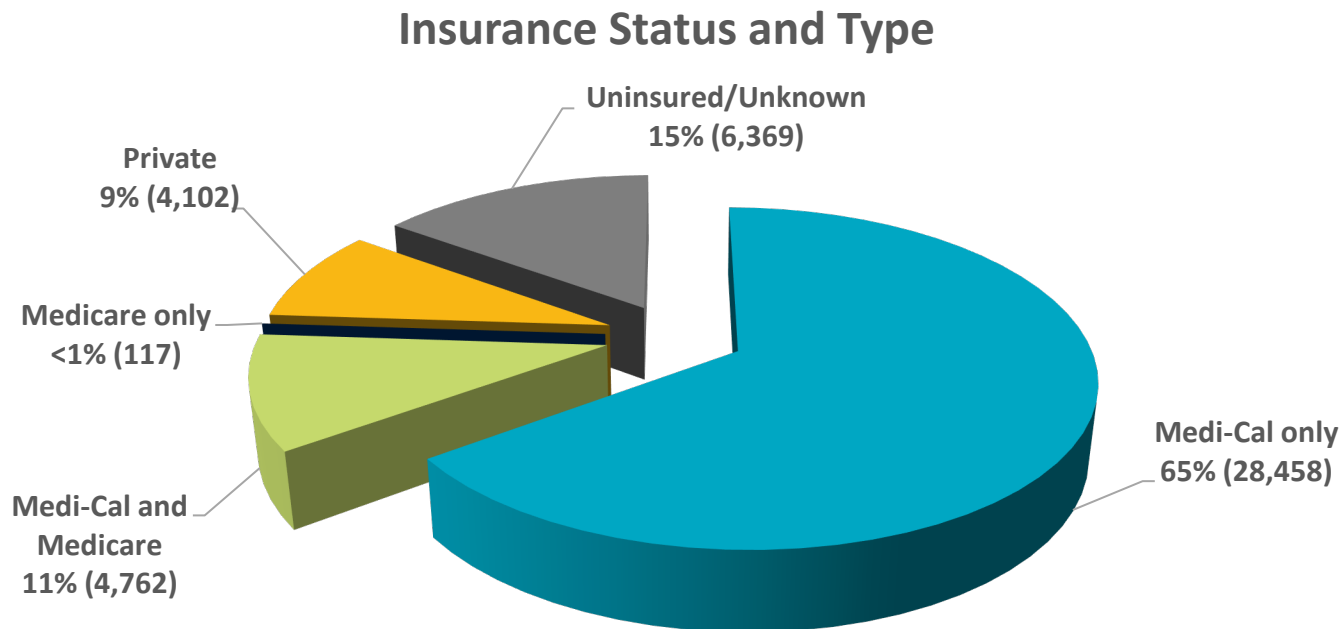
Note: Clients with an other/unknown living status (n = 4,253) are excluded from the figure and percentages reported above.



## Who are we serving?

### All AOA Clients: Health Care Coverage

- The number of AOABHS clients served in FY 2019-20 with an uninsured/unknown insurance increased by 12% from FY 2018-19 (5,663 to 6,369).
- Over three-quarters (76%) of clients served in FY 2019-20 were at least partially covered by Medi-Cal.

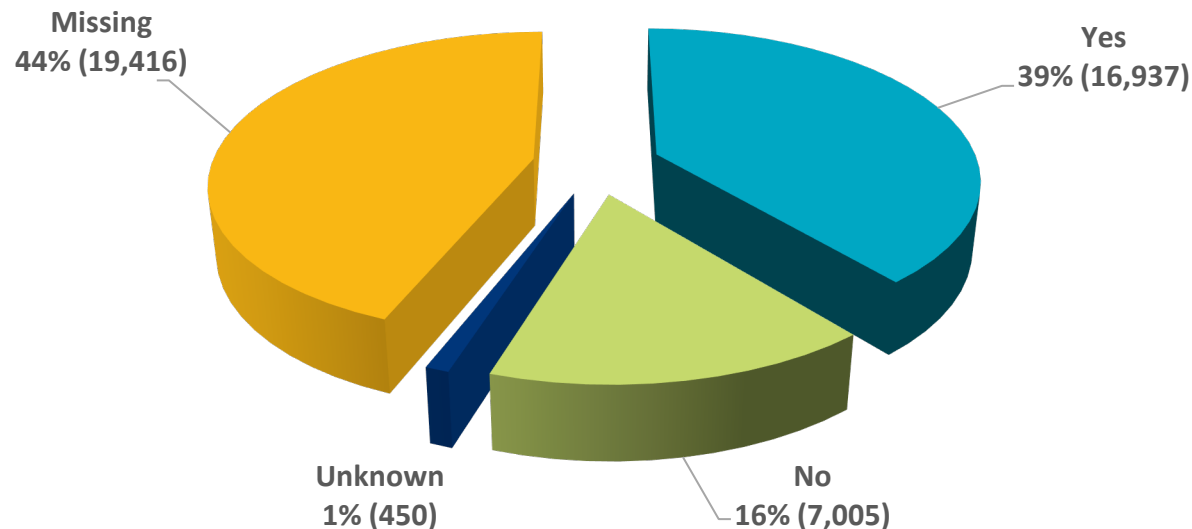


## Who are we serving?

### All AOA Clients: Primary Care Physician

- The proportion of AOABHS clients served in FY 2019-20 who had a primary care physician increased slightly from FY 2018-19 (38%).
- Note: Information about primary care physician was unavailable for almost half (44%) of AOABHS clients, which is the same as the proportion last fiscal year (44%).

### Primary Care Physician



# Who are we serving?

## All AOA Clients: Sexual Orientation

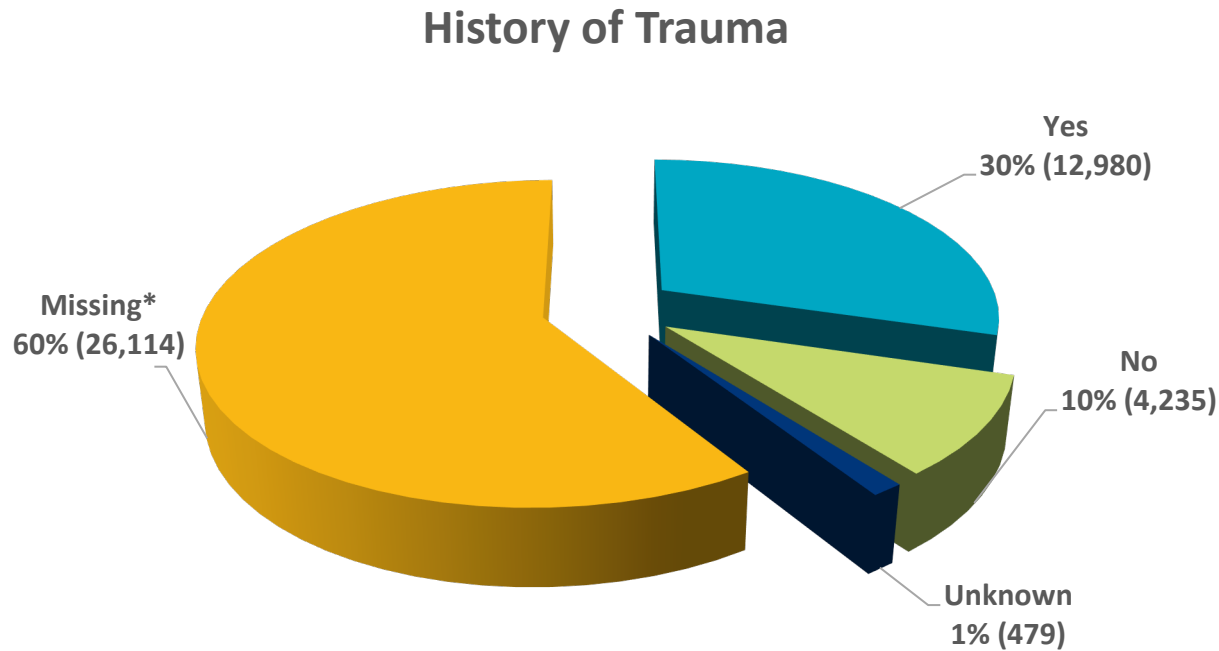
- The majority of AOA clients served during FY 2019-20 with sexual orientation information available identified as heterosexual (86%).
- Sexual orientation data were missing for 24,329 clients (64%), which is higher than was reported FY 2018-19 (56%).

Sexual Orientation	Unique Clients	Percentage
Heterosexual	13,720	86%
Bisexual	962	6%
Gay male	359	2%
Lesbian	227	1%
Other	245	2%
Questioning	178	1%
Declined to state	291	2%
Total (excluding missing)	15,982	100%
Missing	27,826	64%

# Who are we serving?

## All AOA Clients: History of Trauma

- Almost one-third of AOABHS clients served in FY 2019-20 had a history of trauma (30%).
- Data was not available (missing) for three-fifths (60%) of the AOABHS population.

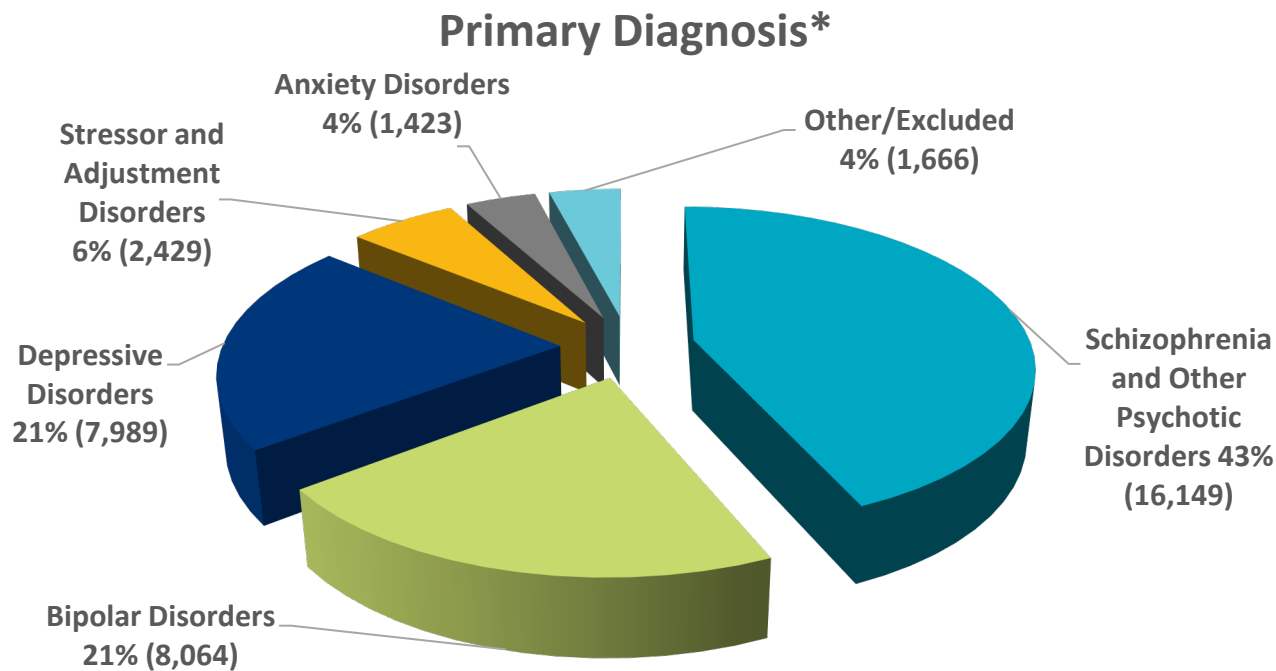


\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

# Who are we serving?

## All AOA Clients: Primary Diagnosis

- Similar to previous fiscal years, the most common diagnoses among AOABHS clients served during FY 2019-20 were schizophrenia and other psychotic disorders (43%), followed by depressive disorders (21%), and bipolar disorders (21%).
- Primary diagnosis was invalid or missing for 6,088 AOABHS clients served during FY 2019-20.



\*The graph and percentages reported above exclude invalid/missing values ( $n = 6,088$ ).

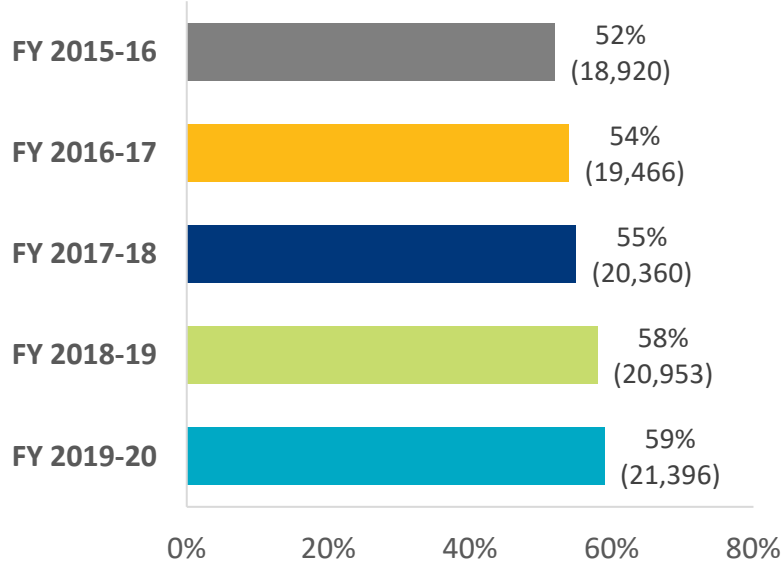


## Who are we serving?

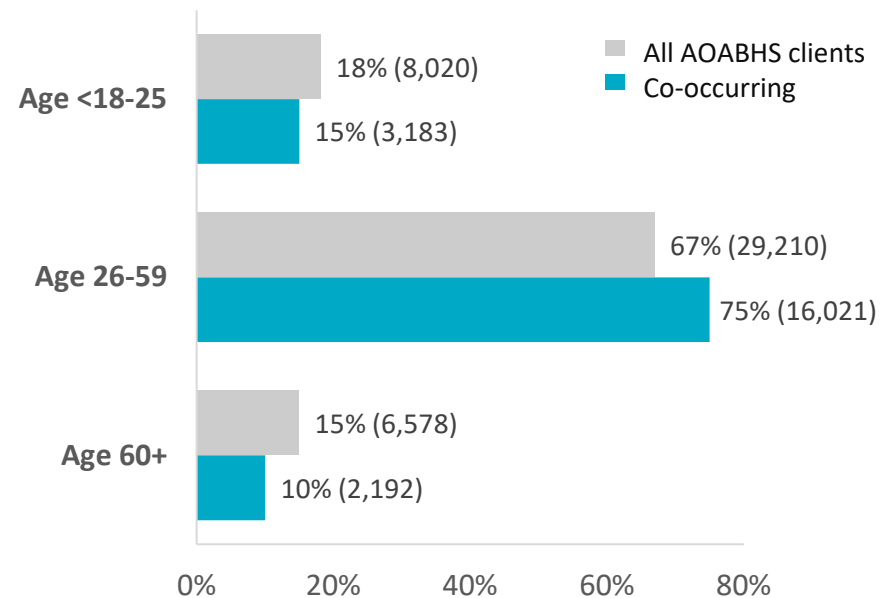
### All AOA Clients: Co-occurring Mental Illness and Substance Use Disorder (Overall and by Age)

- In addition to a primary mental health diagnosis, nearly three-fifths of AOABHS clients served during FY 2019-20 (59%) had a co-occurring mental illness and substance use disorder (SUD).
- The number and proportion of AOABHS clients with a co-occurring mental health illness and substance use disorder has gradually increased each year from FY 2015-16 to FY 2019-20 (52% to 59%). This marks an increase of 13% in the number of AOABHS clients with a co-occurring mental health illness and substance use disorder from FY 2015-16 to FY 2019-20 (18,920 to 21,396 clients).

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



**Co-occurring by Age**

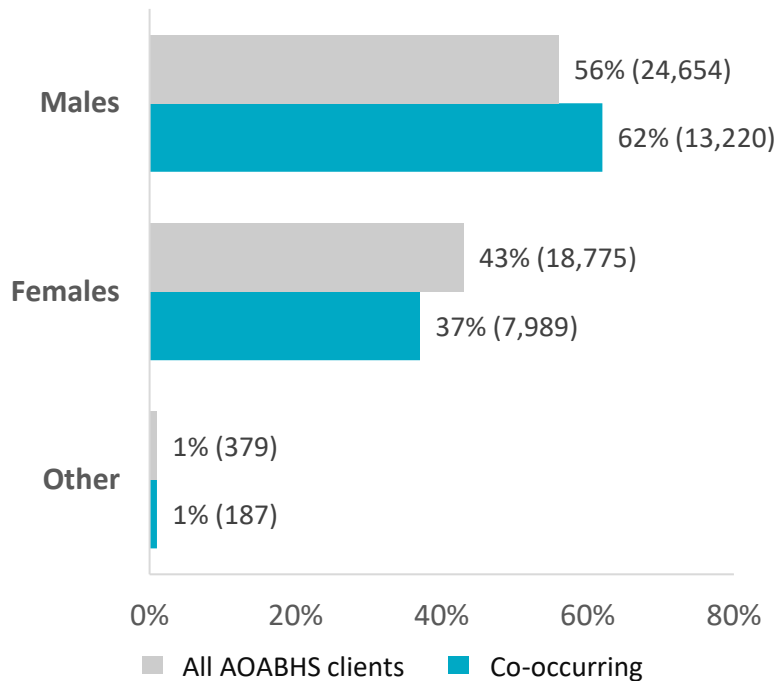


# Who are we serving?

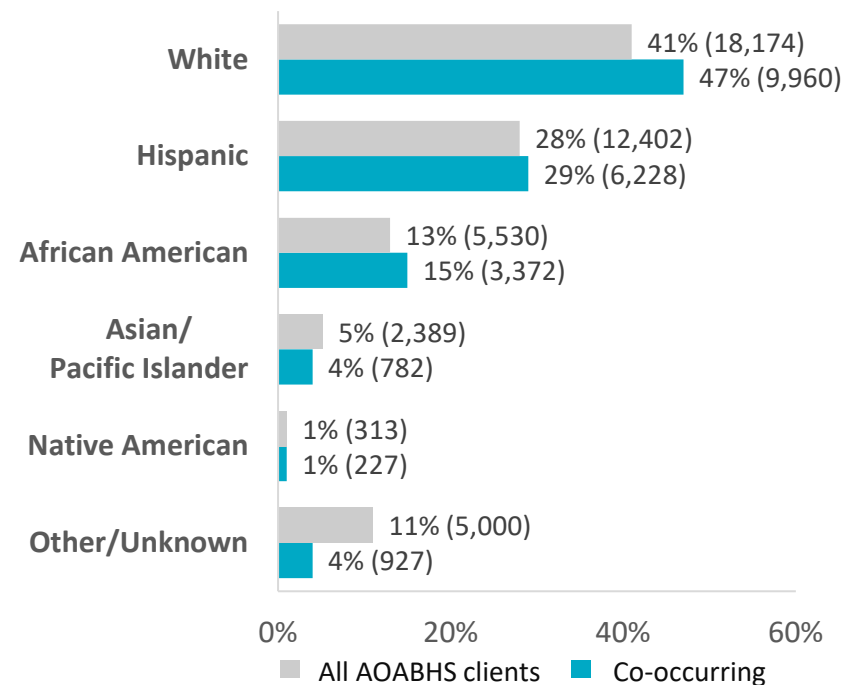
## All AOA Clients: Co-occurring by Gender and Race/Ethnicity

- Almost two-thirds of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2019-20 were male (62%).
- Slightly less than half of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2019-20 were White (47%), and more than one-quarter were Hispanic (29%).

### Co-occurring by Gender



### Co-occurring by Race/Ethnicity

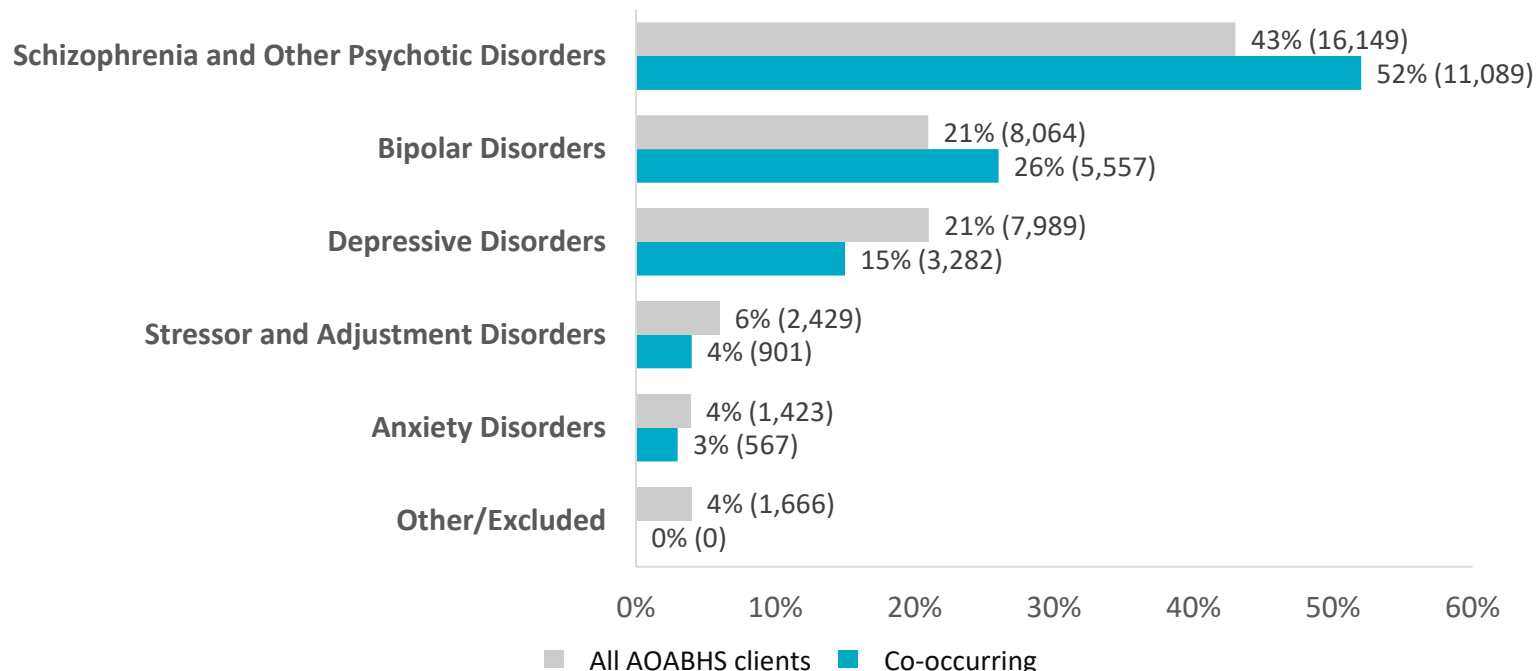


## Who are we serving?

### All AOA Clients: Co-occurring Mental Illness and Substance use disorder by Primary Diagnosis

- More than half of AOA clients served during FY 2019-20 with a co-occurring mental illness and substance use disorder had been diagnosed with schizophrenia or an other psychotic disorder (52%).
- More than one-quarter of AOA clients served during FY 2019-20 with a co-occurring mental illness and substance use disorder had been diagnosed with a bipolar disorder (26%).

#### Co-occurring by Primary Diagnosis\*

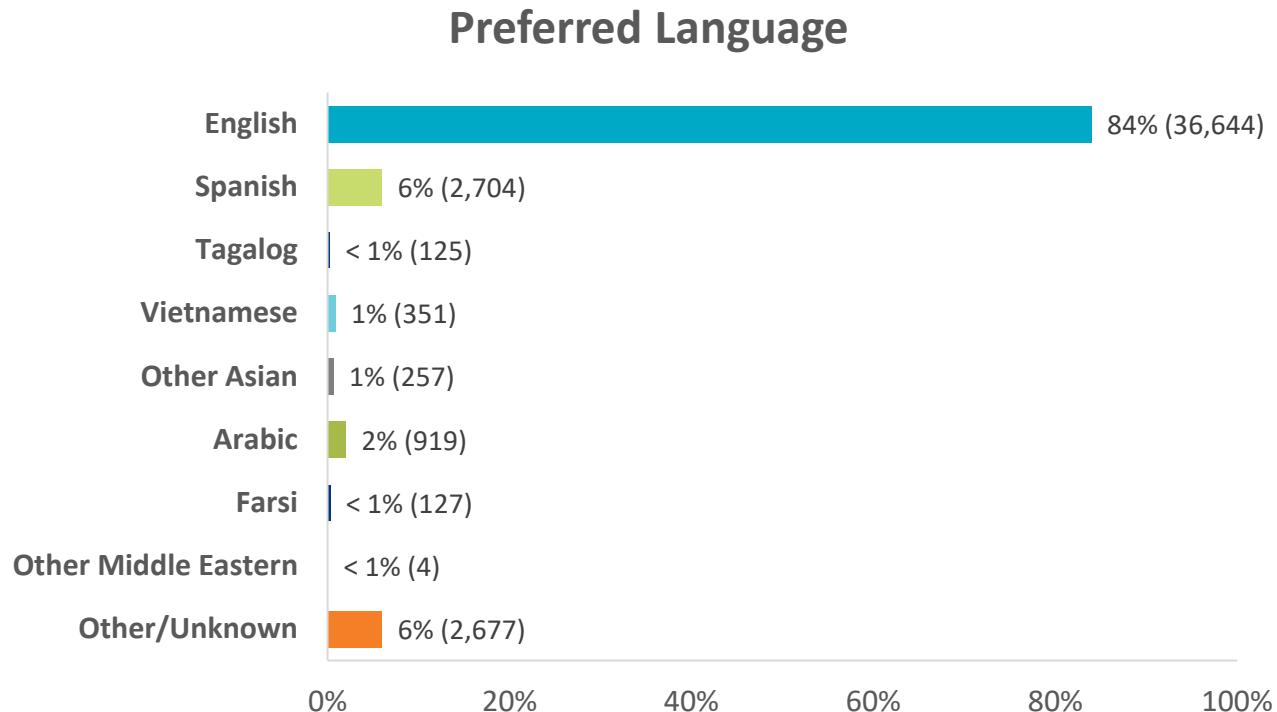


\*The graph and percentages reported above exclude invalid/missing values for AOA, n = 6,088).

# Who are we serving?

## All AOA Clients: Primary Language

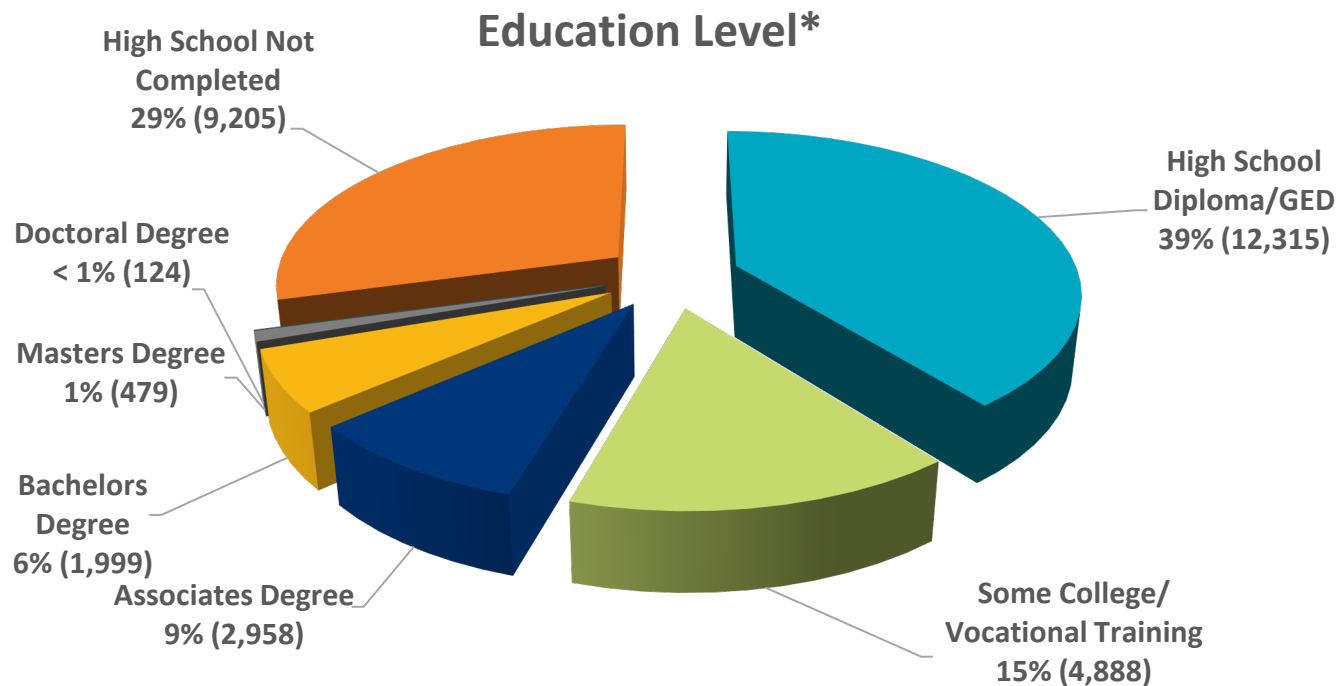
- AOABHS services are available in many languages, including the six threshold languages in San Diego County: English, Spanish, Tagalog, Vietnamese, Arabic, and Farsi.
- The proportion of clients preferring each language in FY 2019-20 remained stable from FY 2018-19. More than four-fifths (84%) of clients preferred services in English. The second most common preferred language was Spanish (6%).



# Who are we serving?

## All AOA Clients: Education Level

- Overall, the education level proportions of clients served during FY 2019-20 were stable from FY 2018-19.
- Less than one-third (29%) of AOABHS clients served in FY 2019-20 did not complete high school.
- The largest proportion of clients receiving AOABHS services during FY 2019-20 had a high school diploma or GED (39%).



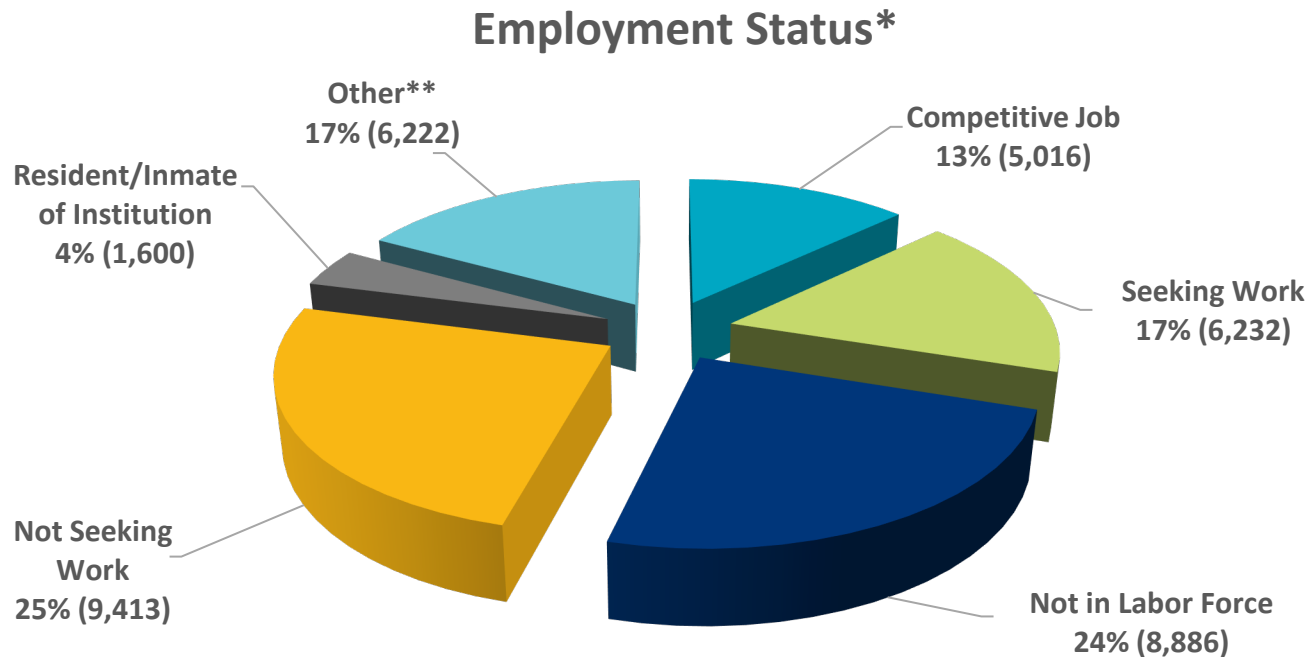
\*The graph and percentages reported above exclude unknown/not reported values (n = 11,840).



# 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 2019-20 were employed in a competitive job (13%) or seeking work (17%).
- The number of clients served during FY 2018-19 employed in a competitive job increased by 7% compared with FY 2017-18 (4,604 to 4,291). This figure increased by 9% in FY 2019-20, compared to FY 2018-19 (5,016 compared to 4,604 in 2018-19).
- The number of clients served during FY 2019-20 not seeking work increased by 6% when compared with FY 2018-19 (9,413 compared to 8,857 in FY 2018-19).



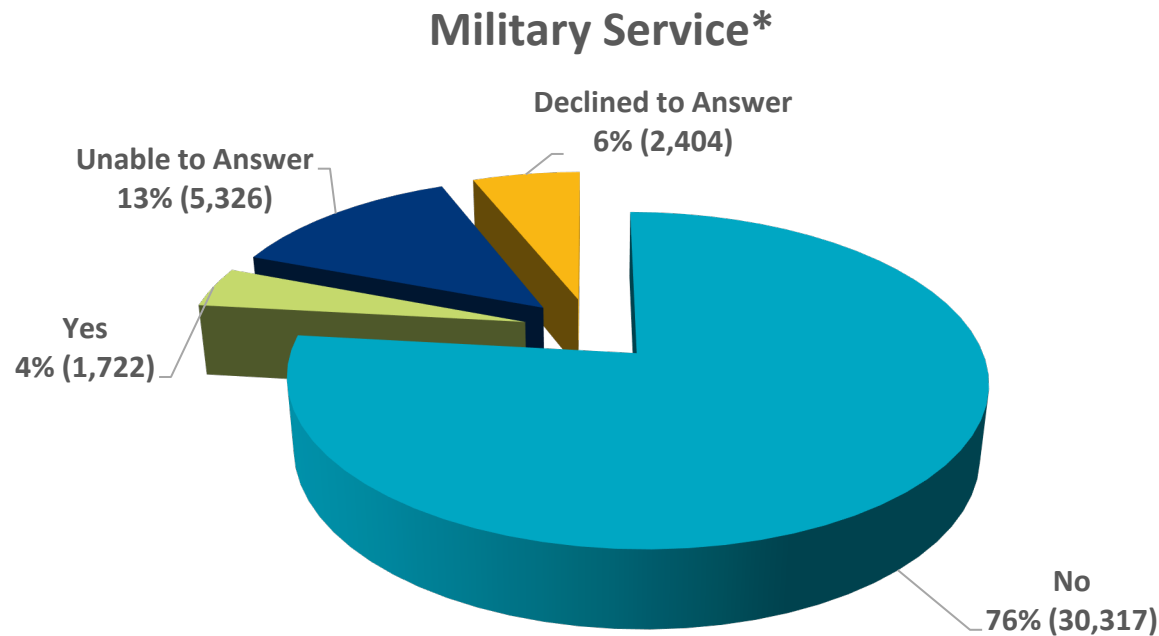
\*The graph and percentages reported above exclude Unknown values ( $n = 6,439$ ).

\*\*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 91% of AOABHS clients served during FY 2019-20, representing a 5% increase over the past two fiscal years (37,860 in FY 2017-18 to 39,769 in FY 2019-20).
- Among those clients served for whom military service data were available, 76% reported that they had no military service, and 4% indicated that they had served in the military.



\*The graph and percentages reported above exclude missing values (n = 4,039).

# Where are we serving?

## All AOA Clients: Demographics by Region

Demographic	Central		East		South		North Central		North Coastal		North Inland		All AOA	
Age	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<18 – 25 years	1,623	14%	689	14%	1,180	17%	4,989	20%	833	16%	514	16%	8,020	18%
26 – 59 years	8,352	74%	3,792	77%	5,120	76%	15,253	62%	3,800	74%	2,383	73%	29,210	67%
60+ years	1,315	12%	421	9%	466	7%	4,279	17%	481	9%	367	11%	6,578	15%
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Females	3,582	32%	3,551	72%	1,252	19%	11,215	46%	1,728	34%	1,490	46%	18,775	43%
Males	7,587	67%	1,303	27%	5,459	81%	13,092	53%	3,345	65%	1,734	53%	24,654	56%
Other/Unknown	121	1%	48	1%	55	1%	214	1%	41	1%	40	1%	379	1%
Race/Ethnicity	N	%	N	%	N	%	N	%	N	%	N	%	N	%
White	4,392	39%	2,167	44%	1,993	29%	10,716	44%	2,481	49%	1,722	53%	18,174	41%
Hispanic	3,271	29%	1,283	26%	2,950	44%	6,077	25%	1,668	33%	915	28%	12,402	28%
African American	2,141	19%	692	14%	1,168	17%	2,771	11%	518	10%	233	7%	5,530	13%
Asian/Pacific Islander	742	7%	162	3%	225	3%	1,433	6%	158	3%	131	4%	2,389	5%
Native American	105	1%	49	1%	51	1%	165	1%	53	1%	33	1%	313	1%
Other	237	2%	435	9%	126	2%	1,312	5%	105	2%	64	2%	2,012	5%
Unknown	402	4%	114	2%	253	4%	2,047	8%	131	3%	166	5%	2,988	7%
Top 3 Diagnoses	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Schizophrenia/Other Psychotic Disorders	5,376	52%	2,035	43%	2,601	44%	9,856	47%	2,088	45%	1,557	49%	16,149	43%
Depressive Disorders	1,618	16%	1,141	24%	883	15%	4,295	21%	519	11%	563	18%	7,989	21%
Bipolar Disorders	2,189	21%	943	20%	1,209	21%	3,952	19%	1,494	32%	875	28%	8,064	21%
Total Outpatient Clients in the Region	11,290	26%	4,902	11%	6,766	15%	24,521	56%	5,114	12%	3,264	7%	43,808	100%

**Note:** Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. Data shown by region reflects clients in Outpatient LOCs only. Diagnosis percentages exclude clients with an invalid/missing diagnosis. Total number of AOABHS clients = 43,808.

# What types of services are being used?

## All AOA Clients: Types of Services\*

Outpatient Services	Total Visits	Total Clients	Emergency/Crisis Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	158,039	3,504	Urgent Outpatient (UO)	14,645	8,327
Case Management	5,517	227	Crisis Stabilization (CS)**	7,219	4,568
Case Management – Institutional	14,916	859	PERT	12,205	9,402
Case Management – Strengths	24,180	1,353		Total Days	Total Clients
Case Management – Transitional	2,063	374	Crisis Residential (CR)	28,403	2,116
Fee for Service (FFS)	84,190	10,228	Forensic Services	Total Visits	Total Clients
Outpatient	141,943	13,114	Jail	51,913	10,247
Prevention	95	12	24 Hour Services	Total Days	Total Clients
Inpatient Services	Admissions	Total Clients	Edgemoor	43,942	144
Inpatient – County	1,878	1,636	Long Term Care (LTC)	12,561	57
Inpatient – FFS	7,047	4,225	LTC - Institutional	95,419	444
State Hospital	9	9	LTC - Residential	9,055	41
			Residential	5,078	43

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

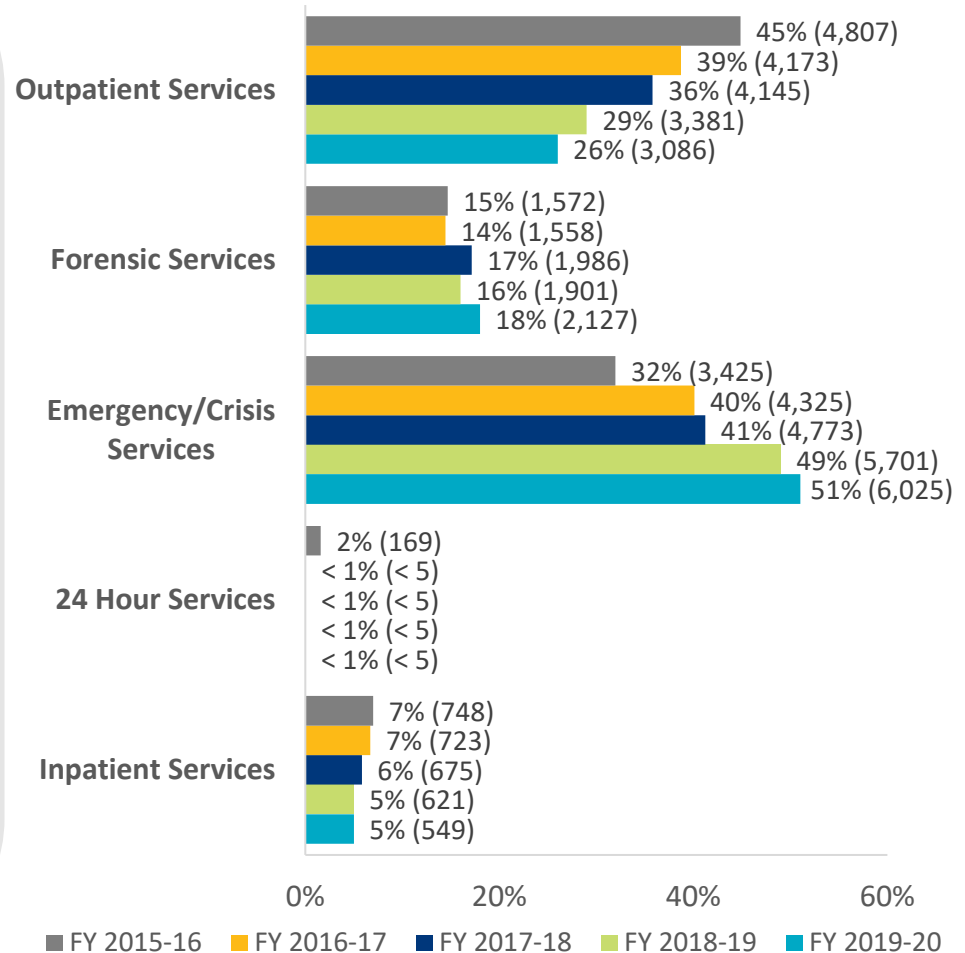
\*\*Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

# What types of services are being used?

## All AOA Clients: First Service Use\*

- Similar to last fiscal year, the most common initial point of access of county-provided mental health services in FY 2019-20 was emergency/crisis services (51%).
- The proportion of clients who entered the AOABHS SOC through outpatient services has decreased each fiscal year from FY 2015-16 (45%) through FY 2019-20 (26%).
- The proportion of clients who entered the AOABHS SOC through emergency/crisis services during FY 2019-20 increased from FY 2018-19 (49% to 51%), continuing the upward trend observed during FY 2016-17 when the number of AOA clients entering the SOC increased by 26% (3,425 to 4,325 clients), compared to the previous fiscal year.
- The proportion of clients entering the AOABHS SOC initially through inpatient services has consistently decreasing over the past five fiscal years, while the proportion of clients entering through 24 hour services dropped to almost zero clients.

## Types of First Service Used



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



# What types of services are being used?

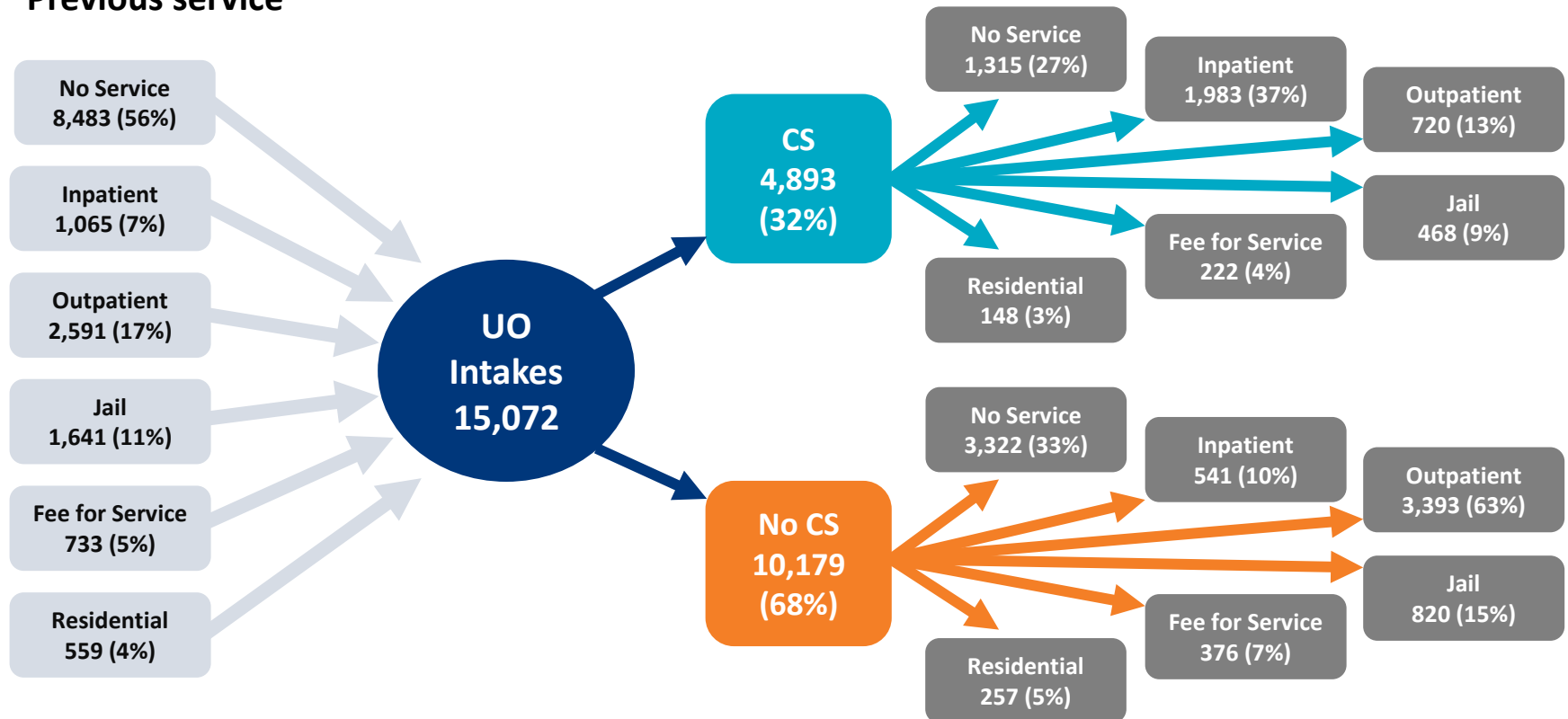
## All AOA Clients: Emergency/Crisis Services

- Of the 43,808 clients served by AOABHS during FY 2019-20, 16,918 (39%) of them received emergency/crisis services. Emergency/crisis services include UO, CS, CR, and Psychiatric Emergency Response Team (PERT). This represents an increase of almost 6% in the number of AOABHS clients who received emergency/crisis services during FY 2019-20, compared to FY 2018-19 (16,012 clients).
- A total of 62,090 emergency/crisis services were used by these 16,918 clients during FY 2019-20.
- The number of intakes into UO during FY 2019-20 increase by almost 10% compared to the number of UO intakes during FY 2018-19 (15,072 in FY 2019-20 compared to 13,742 in FY 2018-19).
- Over half (56%; 8,483 clients) of AOABHS clients who received a UO intake during FY 2019-20 did not have an AOABHS service within the previous six months.
- Of the 15,072 intakes into UO, less than one-third (32%) had a subsequent CS service during FY 2019-20.
- The proportions of clients that received each type of service after a CS service following a UO intake during FY 2019-20 were similar to the proportions observed during FY 2018-19.
- The most common service after a UO intake when CS services were not received was outpatient (63%), or no service (33%).

# What types of services are being used?

## All AOA Clients: Emergency/Crisis Services

### Previous service\*



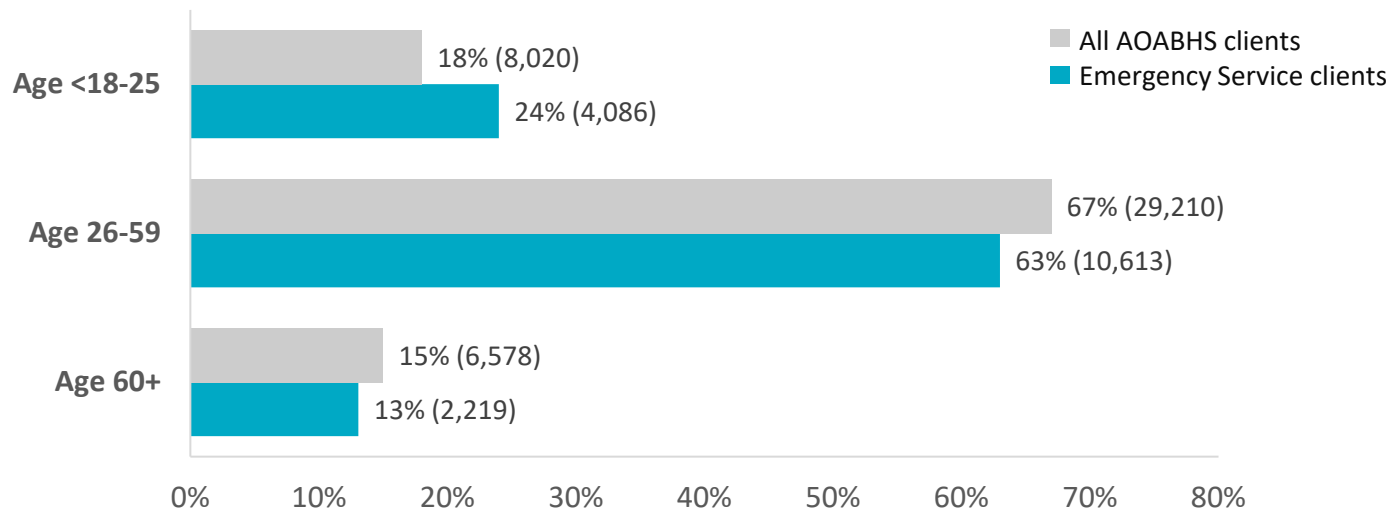
\*Service history is the six months prior to the first UO service in FY 2019-20.

## What types of services are being used?

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

- Similar to past fiscal years, among clients who received emergency/crisis services in FY 2019-20, there was a larger proportion of clients ages <18 through 25 years (24%) than the overall AOABHS client population (18%), and a smaller proportion of clients ages 26 through 59 years (63% vs. 67%).
- Compared to FY 2018-19, a similar proportion of clients ages <18 through 25 years of age used emergency/crisis services (24% during FY 2018-19) and of clients between the ages of 26 and 59 years used these types of services (63% in FY 2018-19) during FY 2019-20.

### Clients who Used Emergency Services by Age

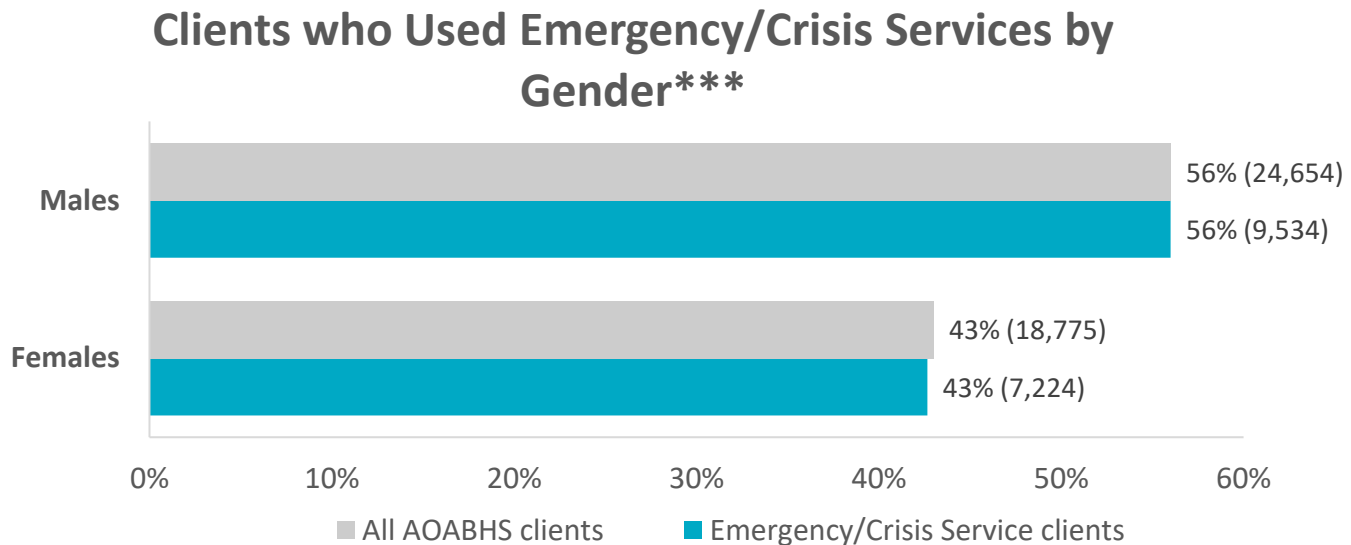


\*Emergency/crisis services include UO, CS, CR, and PERT.

## 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 2019-20, a similar proportion of them were male (56%) compared to the AOABHS client population (56%). This is more than the overall adult population in San Diego County (50%).\*\*.
- Note:** The gender discrepancy among clients receiving emergency/crisis services could be related to an increased likelihood for males to be diagnosed with conditions associated with externalizing behaviors, such as schizophrenia and other psychotic disorders, and females to be diagnosed with conditions associated with more passive symptomatology, such as depressive disorders.



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

\*\* Source: U.S. Census Bureau, 2019 American Community 5-Year Estimates Age and Sex (San Diego County population)

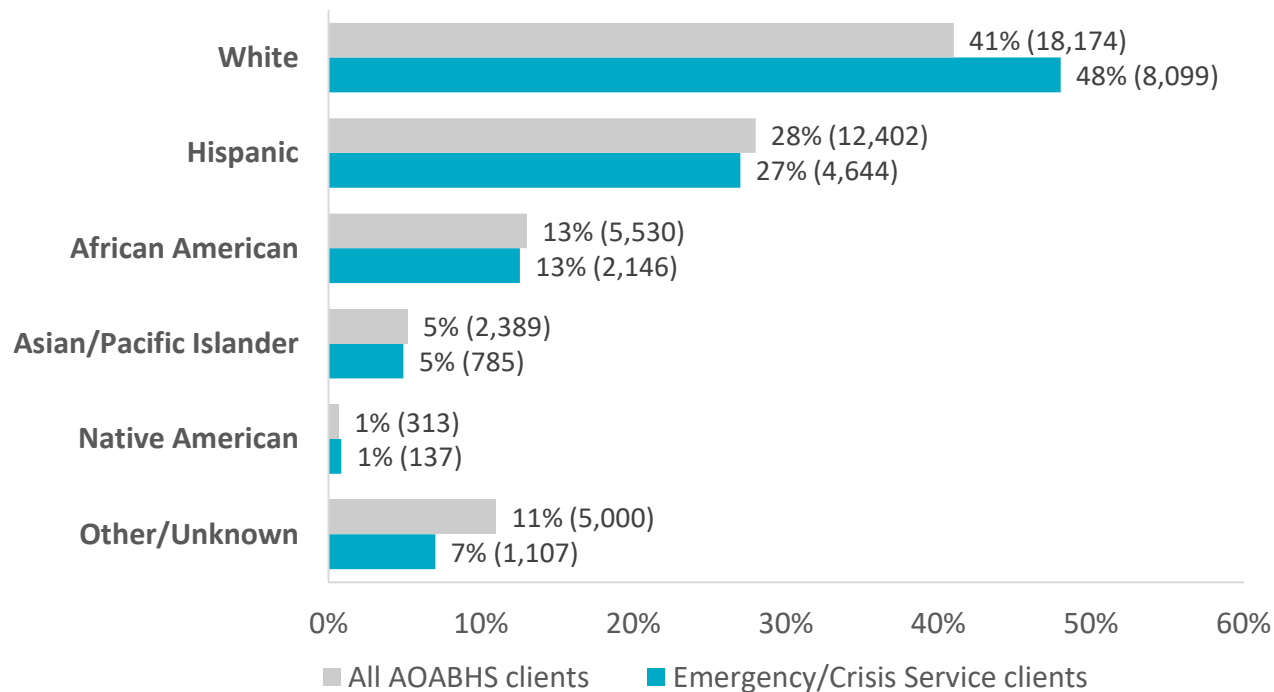
\*\*\*The figure excludes the other/unknown categories, comprising 1% of the clients receiving emergency/crisis services (160 clients) and overall AOABHS (379 clients) population.

## What types of services are being used?

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

- Similar to previous fiscal years, a larger proportion of clients who utilized emergency/crisis services during FY 2019-20 were White (48%) compared to the overall AOABHS client population (41%).

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



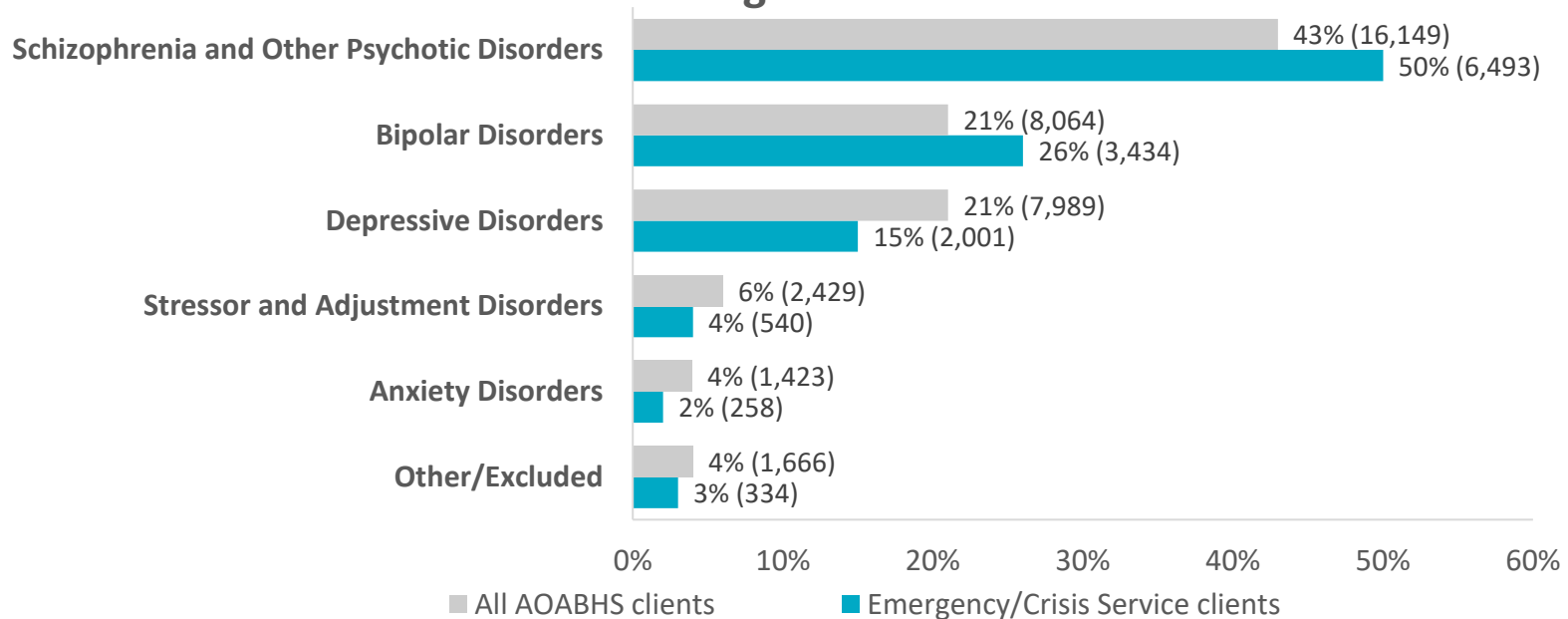
\*Emergency/crisis services include UO, CS, CR, and PERT.

## What types of services are being used?

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

- Similar to previous fiscal years, the largest proportion of clients who utilized emergency/crisis services during FY 2019-20 were those diagnosed with schizophrenia and other psychotic disorders (50%), a similar proportion from FY 2018-19 (48%)
- Over one-quarter of clients who utilized emergency/crisis services during FY 2019-20 were diagnosed with a bipolar disorder (26%) and almost one-fifth (15%) were diagnosed with a depressive disorder.

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



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

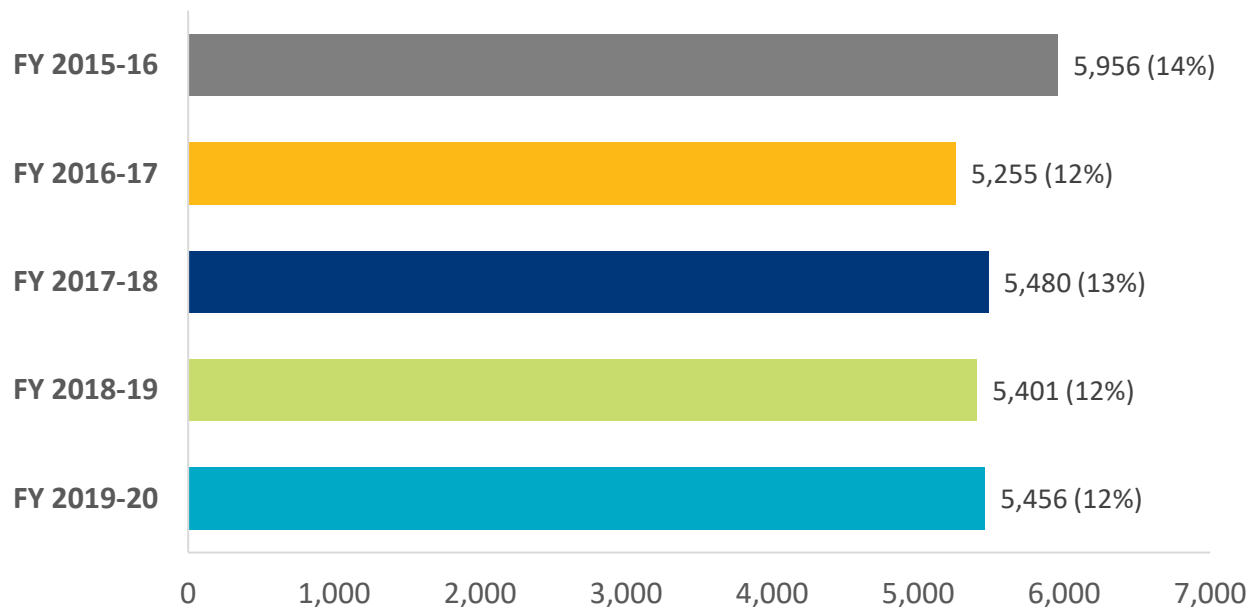
\*\*The graph and percentages reported above exclude invalid/missing values (clients receiving emergency/crisis services, n = 3,858; AOA, n = 6,088).

## What types of services are being used?

### All AOA Clients: Hospitalizations

- 5,456 (12%) AOA clients were hospitalized at least once during FY 2019-20, for a total of 8,934 hospital admissions.
- The proportion of AOA clients hospitalized has remained fairly consistent over the past five fiscal years.
- The lowest number of hospitalizations among AOA clients was observed during FY 2016-17 (5,255) over the past five years.

Number of Clients Hospitalized by Fiscal Year\*



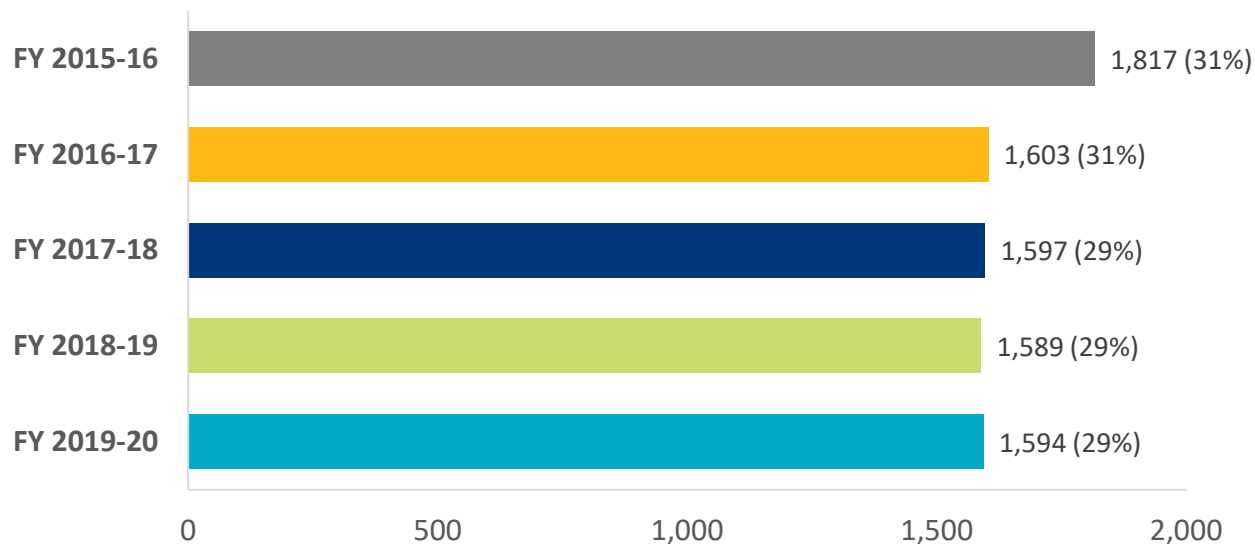
\* (%) = percentage of unduplicated clients hospitalized out of the total number of clients receiving services during each FY.

## What types of services are being used?

### All AOA Clients: Multiple Hospitalizations

- Of the 5,456 AOA clients hospitalized during FY 2019-20, 1,594 of them (29%) were hospitalized at least one additional time during the fiscal year.
- The number of AOA clients with multiple hospitalizations during FY 2019-20 was similar to the number observed during FY 2018-19 (1,594 compared to 1,589 in FY 2018-19). In addition, the proportion of hospitalized AOA clients with multiple hospitalizations within the fiscal year has remained the same or decreased each fiscal year since FY 2015-16 (31% to 29%).

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



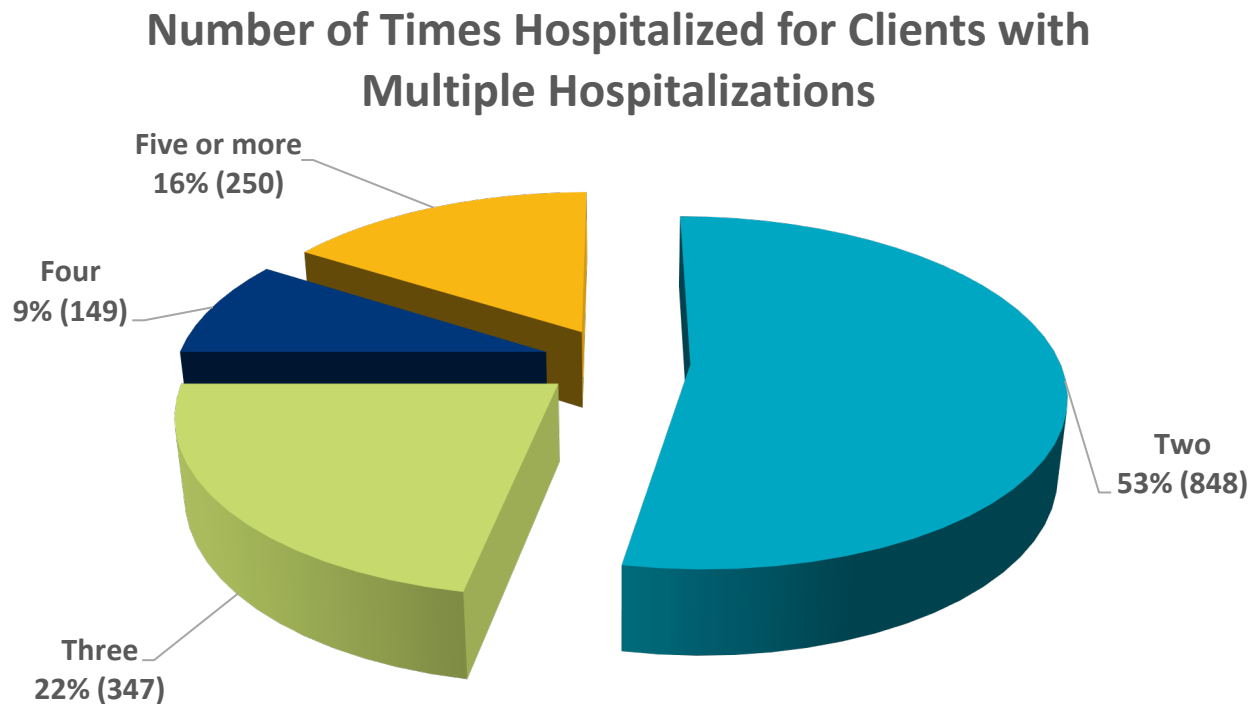
\*(%) = percentage of clients hospitalized multiple times out of the number of clients hospitalized at least once during each fiscal year.



## What types of services are being used?

### All AOA Clients: Multiple Hospitalizations

- 1,594 AOA clients were hospitalized at least twice during FY 2019-20.
- Of the 1,594 AOA clients hospitalized more than once during FY 2019-20, more than half were hospitalized a total of two times (53%), approximately one-fifth (22%) were hospitalized three times, 9% were hospitalized four times, and 16% were hospitalized five or more times.

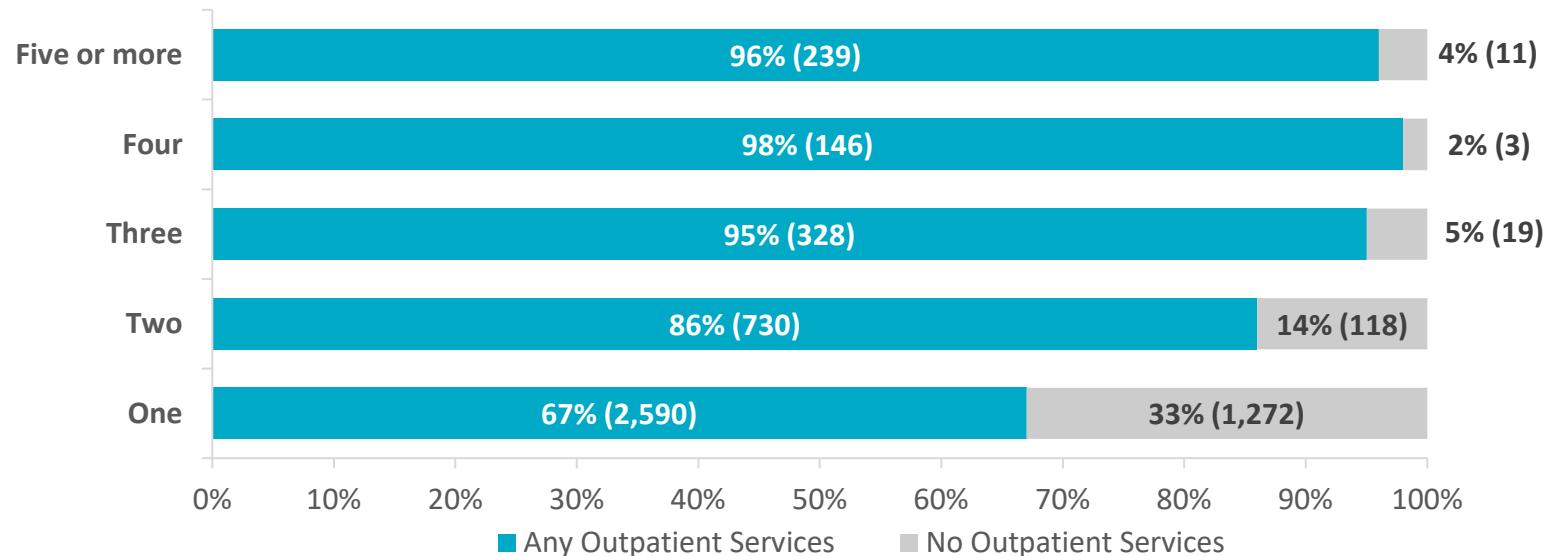


## What types of services are being used?

### All AOA Clients: Multiple Hospitalizations and Service Use

- The large majority of clients with three or more hospitalizations received some outpatient adult mental health services\* during FY 2019-20 (96%).
- Of the 746 AOA clients with three or more hospitalizations, only 33 of them (4%) did not use any outpatient adult mental health services during the fiscal year.
- One-third of clients (33%) with only one hospitalization in FY 2019-20 did not use any outpatient services.

### Hospitalizations by Service Use



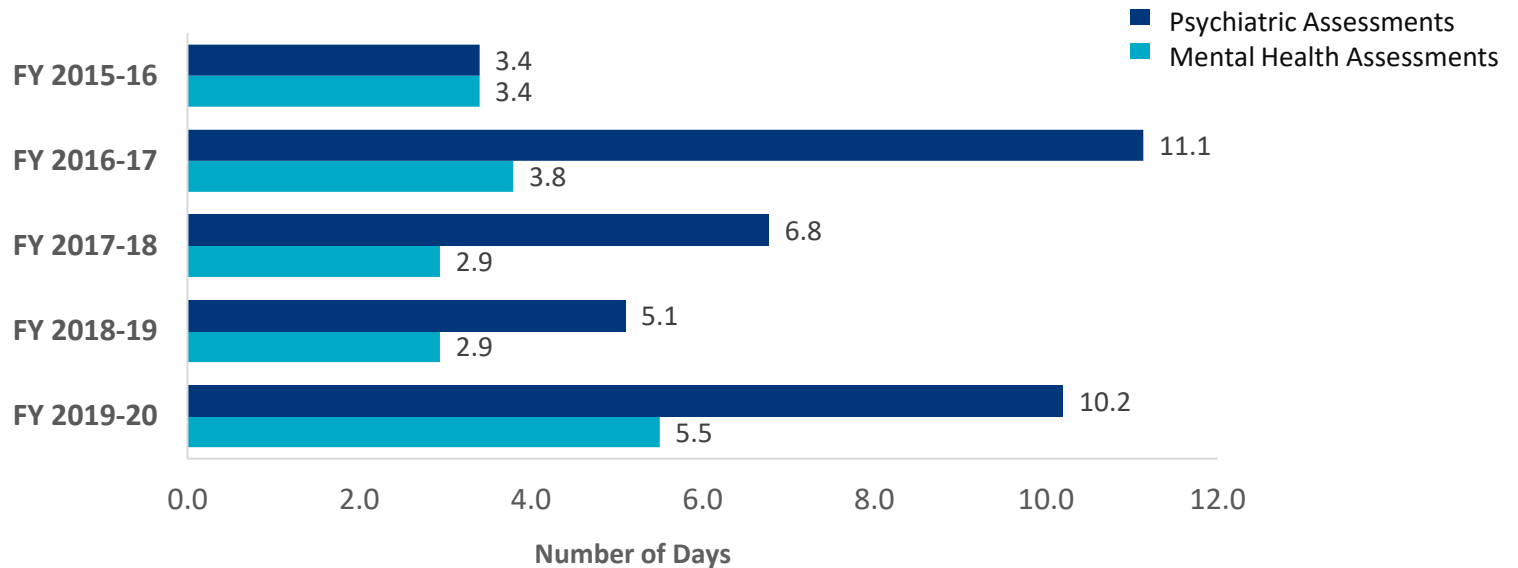
\*Outpatient services include: ACT, Case Management, FFS, Outpatient, and Prevention services.

## Accessibility of Services

### All AOA Clients: Access

- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2018-19, average wait times increased from approximately 5 days to 10 days in FY 2019-20.
- Average access times for mental health assessments decreased slightly in FY 2018-19 from FY 2016-17, but wait times increased to the highest average of over 5 days during FY 2019-20.

### Average Access Time in Days for Psychiatric and Mental Health Assessments



## Are clients getting better?

### All AOA Clients: Client Outcomes (IMR and RMQ)\*

- Clinicians reported that clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms, progress towards recovery, and the overall IMR mean.
- Clients self-reported significant improvement in their overall mental health status via the RMQ from pre to post assessment.
- Mean pre and post scores on the clinician-rated Substance Use IMR subscale demonstrate no significant change in symptoms among clients in FY 2019-20.

Illness Management and Recovery (IMR)		N	Pre	Post	Change
Substance Use Subscale		4,784	4.19	4.22	▲
Management Subscale		4,993	2.76	2.91	▲
Recovery Subscale		4,976	2.88	2.99	▲
Overall Mean		4,998	3.20	3.30	▲
Recovery Markers Questionnaire (RMQ)		N	Pre	Post	Change
Overall Mean		3,360	3.59	3.66	▲

**Legend**

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

▲ Non-significant positive change

▶ No 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 2019-20 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

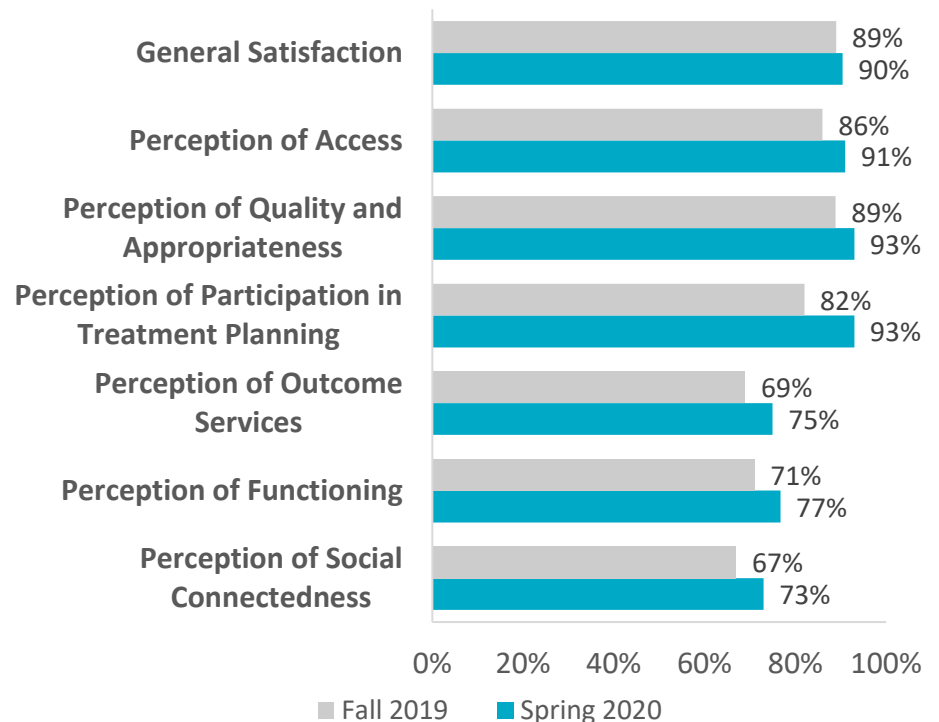
- The AOABHS SOC in San Diego County offers a variety of treatment, rehabilitation, and recovery services to help people experiencing persistent and severe mental illness or an additional health crisis.
- All services provided are oriented to meet the unique linguistic and cultural needs of the individuals served. To evaluate AOABHS services, clients are asked for their feedback via a semiannual anonymous survey during 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 2019-20, the MHSIP was administered in November 2019 (N= 2,352) and in June 2020 (N=1,976).

## MHSIP Domain Scores\* in FY 2019-20



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

# Mental Health Services Act Components

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## 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 FY 2019-20, 10,200 AOA 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 INN funding for the INN-16 Urban Beats and INN-17 CREST program ended on June 30, 2020. In 2018-19, funding for the following five INN programs began: Perinatal (Accessible Depression and Anxiety Postpartum Treatment, ADAPT) program, Telemental Health (BH Connect) program, Roaming Outpatient Access Mobile (ROAM) program, ReST Recuperative Housing (Just Be U) program, and Medication Clinic (Center for Child and Youth Psychiatry, CCYP) program.

# Mental Health Services Act Components

## MHSA Components – Continued

### *Workforce Education and Training*

Workforce Education and Training (WET) programs provide support, education, and training to the public mental health workforce to assist with the shortage of qualified individuals who provide services to persons with mental illnesses in the County of San Diego. The WET component provides training and financial incentives to increase the public behavioral health workforce, and it improves the competency and diversity of the workforce to better meet the needs of the population receiving services. In FY 2019-20, the estimated WET expenditures of \$3,349,971 reflected a budget increase of \$58,261 in MHSA funding from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19. The increase is due to an enhancement of one of the WET programs. In FY 2019-20, approximately \$2.3 million in CSS funds were transferred to the WET component to continue funding programs. WET funds were received as one-time allocation and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually.

### *Capital Facilities and Technological Needs*

Capital Facilities and Technological Needs (CFTN) funding is used for capital projects and technological capacity to improve mental illness service delivery to clients and their families. Capital Facility funds may be used to acquire, develop, or renovate buildings, or to purchase land in anticipation of constructing buildings. Expenditures must result in a capital asset which permanently increases the San Diego County infrastructure. Technological Needs (TN) funds may be used to increase client and family engagement by providing the tools for secure client and family access to health information. The programs modernize information systems to ensure quality of care, operational efficiency, and cost effectiveness. CFTN funds were received as a one-time allocation that must be spent by June 30, 2018; however, due to the State's new reversion guidelines, the deadline will be extended so counties have an opportunity to complete CFTN projects using unspent funds. The estimated CFTN expenditures for FY 2019-20 is \$6,167,611, reflecting a budget increase of \$6,167,611 in MHSA funding from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19. The increase is due to delays in facility and TN projects that were planned to be completed in FY 2018-19, but are now slated for completion in FY 2019-20 or FY 2019-20. In FY 2018-19, up to \$500,000 of CSS funds were transferred to the Capital Facilities component to complete construction of the North County Mental Health Facility.

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



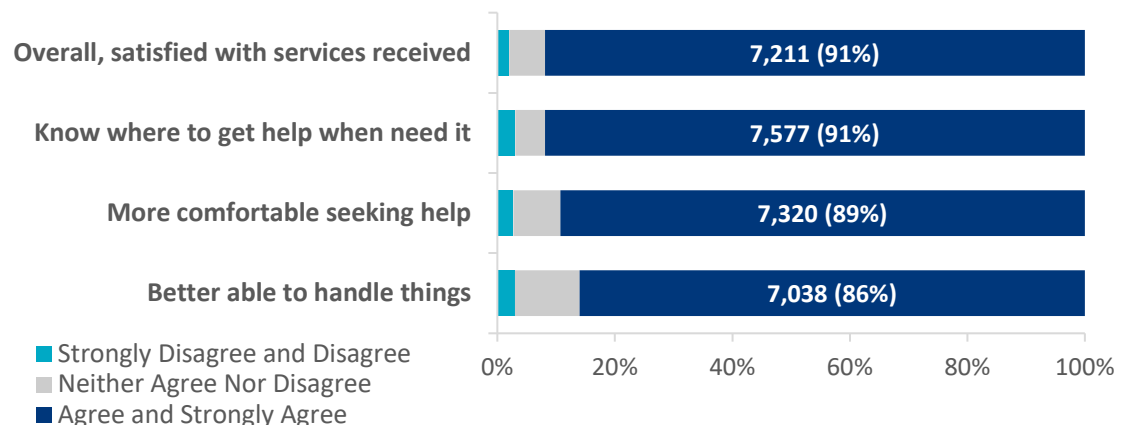
# Prevention and Early Intervention

## PEI Clients: Demographics and Client Satisfaction

PEI Client Demographics		
Age	N	%
<18 – 25 years	1,361	13%
26 – 59 years	5,756	56%
60+ years	2,069	20%
Unknown/Not Reported	1,014	10%
Gender	N	%
Female	6,388	63%
Male	2,997	29%
Other	68	1%
Unknown/Not Reported	747	7%
Race (Census Categories)	N	%
White/Caucasian	3,405	33%
African American/Black	1,154	11%
Asian	896	9%
Pacific Islander	59	1%
American Indian/Alaskan Native	95	1%
More than One Race	284	3%
Other	144	1%
Unknown/Not Reported	4,163	41%
<b>Total PEI Clients Served</b>	<b>10,200</b>	<b>100%</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 funded 11 contractors to provide PEI services for adults. The focus of these programs varies widely, yet each contractor collects information on the demographics of their participants and their satisfaction with the services provided.
- The 10,200 PEI clients served in FY 2019-20 increased from the 7,939 clients served in FY 2018-19. However, the proportion of clients reporting overall satisfaction with services decreased from FY 2018-19 to FY 2019-20 (95% in FY 2018-19 to 91% in FY 2019-20).

### Client Satisfaction\*



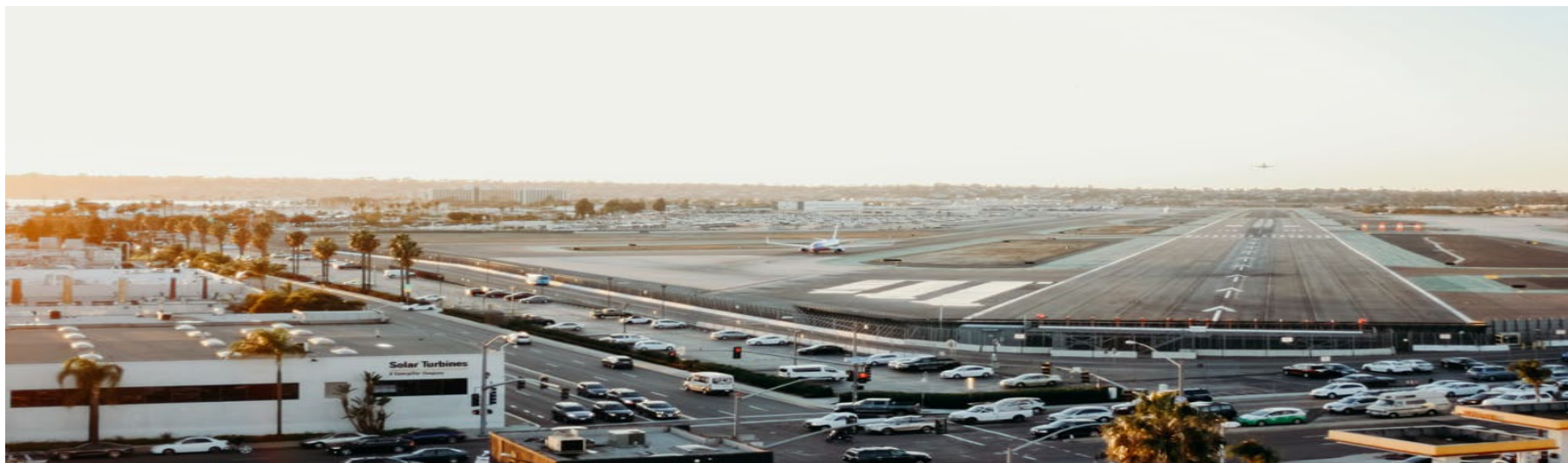
\*The number of clients who completed the client satisfaction survey varied from 7,900 to 8,303. These data are not recorded in CCBH. For more information on AOABHS PEI programs, see the PEI summary reports – Adult Summary: [https://www.sandiegocounty.gov/hhsa/programs/bhs/technical\\_resource\\_library.html](https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_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.
- In March 2020, the COVID-19 pandemic substantially affected the San Diego area. At that time, the Innovation programs had to quickly adapt to the new service delivery environment to protect both client and staff safety while continuing to provide mental health services. For many programs, these changes included a switch to or greater utilization of telehealth services, which has contributed to increased awareness of the benefits and limitations of remote service delivery strategies.

## MHSA: Innovations Projects



**The following Innovations programs began or were in existence in AOABHS during FY 2019-20:**

### Urban Beats

Urban Beats 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. The performances are purposefully designed to reduce mental health stigma among community members and the participating youth.

### Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) Mobile Hoarding Units

CREST Mobile Hoarding Units works to diminish hoarding behaviors long-term among older adults by combining an adapted cognitive behavioral rehabilitation therapy, case management, hands-on training, and peer support. In addition to improving participants' mental and emotional well-being by addressing hoarding behaviors, a key program emphasis is to reduce evictions due to hoarding and facilitate participants maintaining safe, stable housing.

## MHSA: Innovations Projects

<b>Telemental Health (BH Connect)</b>	The BH Connect program aims to facilitate connections to outpatient services and reduce potential recidivism for unconnected clients experiencing a psychiatric crisis and/or hospitalization. The goal is to increase access to effective follow-up therapeutic services through the use of Telemental Health technology.
<b>Roaming Outpatient Access Mobile (ROAM)</b>	The Roaming Outpatient Access Mobile (ROAM) program aims to increase access to mental health services to Native American communities in rural areas through the use of mobile mental health clinics, expansion of telemental health services, cultural brokers, and inclusion of traditional complimentary Native American healing practices in the treatment plan. Two regions are covered, North Inland and East County.
<b>ReST Recuperative Housing (Just Be U)</b>	The goal of Just Be U is to decrease the number of homeless TAY with SMI who are unconnected to BHS treatment services. A primary goal is to prevent them from needing crisis/emergency psychiatric services (e.g., hospitals, ER) by providing recuperative and rehabilitative mental health care support in respite housing. Participants enrolled in the program are connected to appropriate levels of care and housing.
<b>Medication Clinic (Center for Child and Youth Psychiatry, CCYP)</b>	The goal of the psychotropic medication clinic is to provide accessible medication support services to children and youth who have completed psychotherapy services but continue to require psychotropic medications that may not be appropriate for management in usual pediatric care settings. An additional goal is to provide psychoeducational support services to families, educators, and other important people in the children's lives. Psychiatrists provide medication support services via traditional face-to-face office visits and through tele-psychiatry in order to cover service needs throughout the entire San Diego County.
<b>Perinatal (Accessible Depression and Anxiety Postpartum Treatment, ADAPT)</b>	The ADAPT program supports parents from underserved or unserved populations who have perinatal and postnatal mood and anxiety disorders by providing treatment services and linkages to appropriate resources and care. Services are provided in partnership with Health and Human Services Agency programs that support pregnant and parenting mothers and fathers.

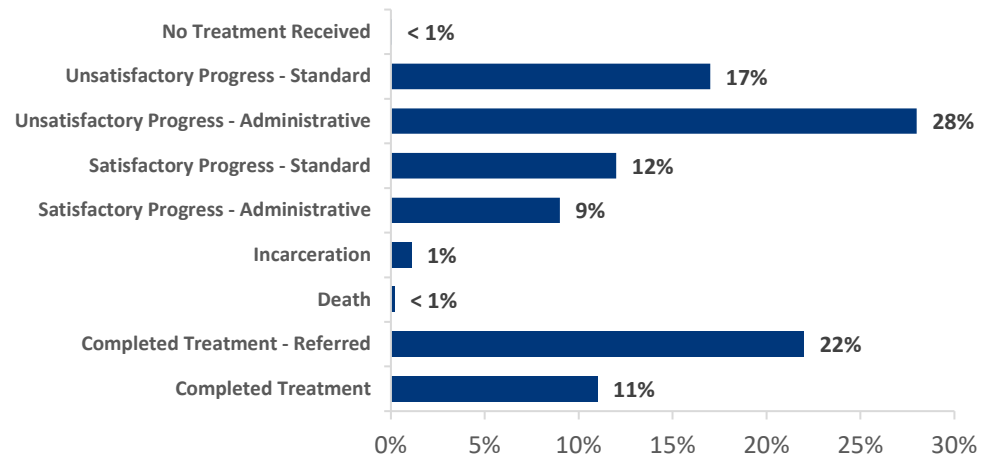
# Substance Use Disorder (SUD) Services

## SUD Clients: Demographics and Type of Discharge

SUD Client Demographics		
Age*	N	%
12 – 15 years	564	2%
16 – 17 years	675	3%
18 – 25 years	2,951	11%
26 – 59 years	20,145	78%
60+ years	1,525	6%
Gender	N	%
Female	9,475	37%
Male	16,379	63%
Other	6	< 1%
Race (Census Categories)	N	%
White	13,371	52%
Hispanic	5,730	22%
Black/African American	2,557	10%
Asian/Pacific Islander	669	3%
Native American	423	2%
Other/Multiracial	3,089	12%
Unknown/Not Reported	12	<1%
<b>Total SUD Clients Served**</b>	<b>25,860</b>	<b>n/a</b>
<b>Total Unduplicated Clients</b>	<b>15,912</b>	<b>n/a</b>

- SDCBHS 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 (including women 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 (e.g. 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 (N=19,232)



\*Clients under the age of 18 are included in AOA SOC reports when they receive adult services.

\*\*Client duplication due to multiple admissions during the fiscal year. Data include clients admitted, discharged, and/or actively open in FY 2019-20.

# Driving Under the Influence Program

## DUI Program: Demographics, Admissions, and Completions

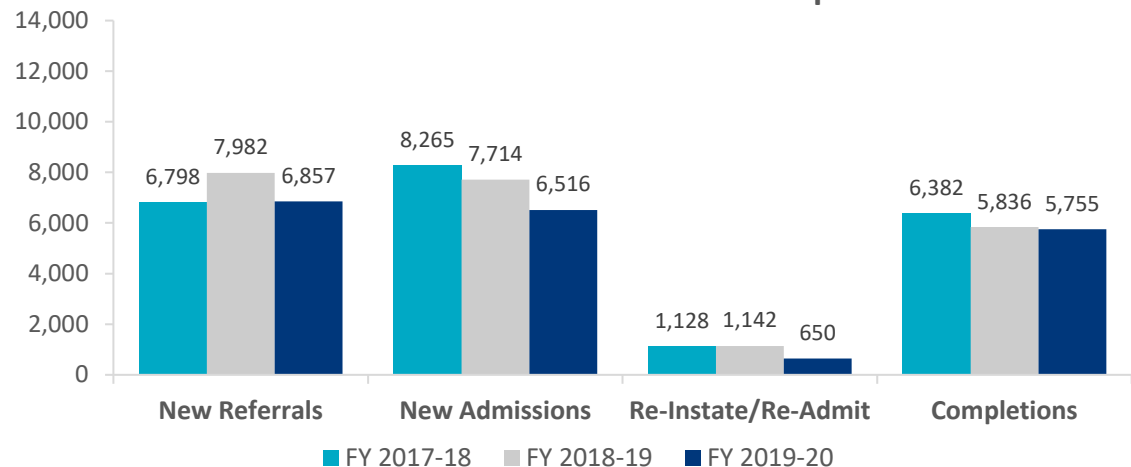
DUI Client Demographics		
Age	N	%
18 – 25 years	1,536	22%
26 – 35 years	2,589	38%
36 – 45 years	1,326	19%
46 – 55 years	785	11%
55+ years	607	9%
Unknown	14	<1%
Gender	N	%
Female	1,946	28%
Male	4,530	66%
Unknown	381	6%
Convictions	N	%
First Conviction	5,210	76%
Multiple Convictions	1,647	24%
Employment Level	N	%
Employed 30+ hours per week	2,452	36%
Employed <30 hours per week	1,775	26%
Not in the labor force	409	6%
Unemployed, looking for work	962	14%
Unknown	1,259	18%
<b>Total DUI Clients Served</b>	<b>6,857</b>	<b>n/a</b>

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

### Key Findings

- The number of new admissions into the DUI program has continued to decline over the past three fiscal years (8,265 to 6,516).
- Fewer clients completed the DUI program in FY 2019-20 (5,755 clients) compared to FY 2017-18 (6,382 clients) and FY 2018-19 (5,836 clients).

### All DUI Offenders: Admissions and Completions



# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



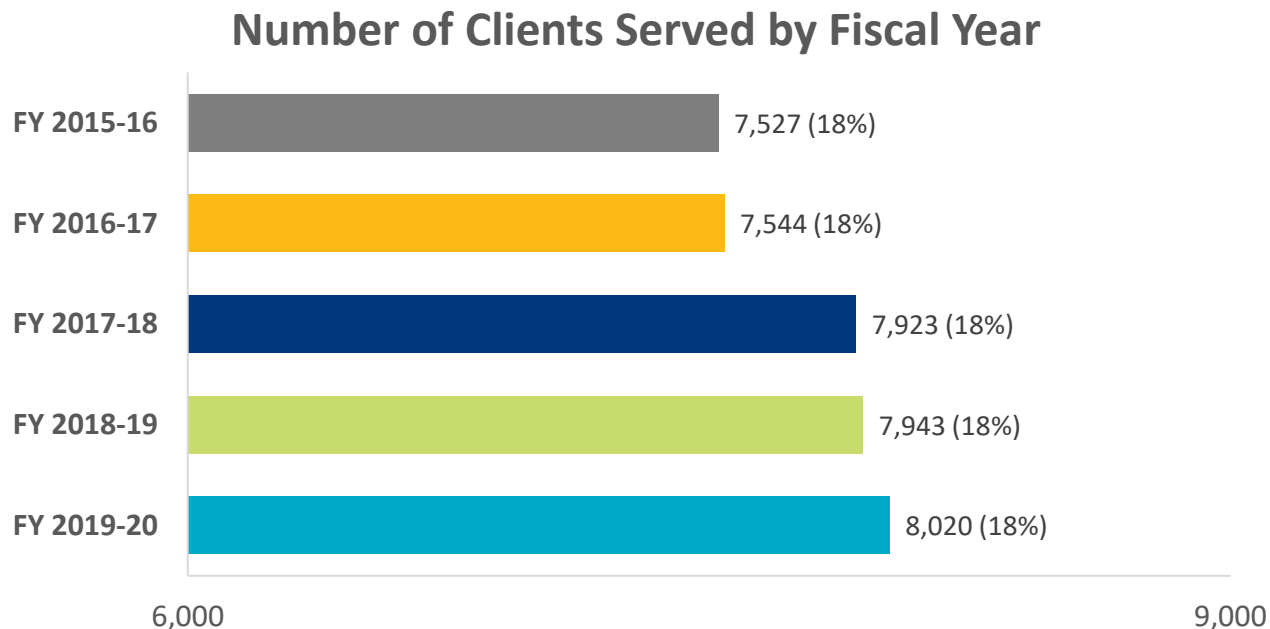
## **Transition Age Youth (TAY) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2019-2020**



## Who are we serving?

### Total Number of TAY Clients Served

- During FY 2019-20, mental health services were delivered to 8,020 TAY clients (ages 18\* to 25).
- TAY clients represent 18% of the 43,808 AOABHS clients served during FY 2019-20.
- The number of TAY clients served by BHS has increased, at least slightly, every year from FY 2015-16 to FY 2019-20.



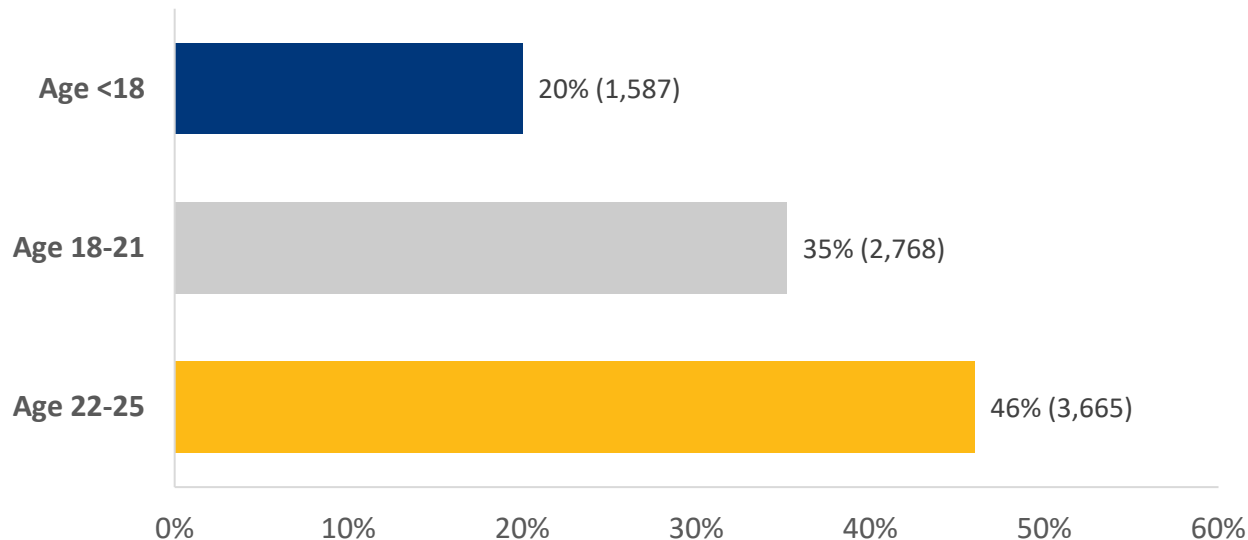
\*1,587 clients were under 18 but are included here because they received adult services.

## Who are we serving?

### TAY Clients: Age

- Similar to past fiscal years, almost half of TAY clients (46%) served during FY 2019-20 were between the ages of 22 and 25 years.
- More than one-third (35%) of TAY clients served during FY 2019-20 were between the ages of 18 and 21 years.
- After an increase of 25% from FY 2016-17 to FY 2017-18 in the number of TAY clients younger than 18 served by AOABHS, this demographic increased by another 5% during FY 2019-20, relative to FY 2018-19 (1,507 clients in FY 2018-19 to 1,587 clients in FY 2019-20).

### TAY Age Distribution



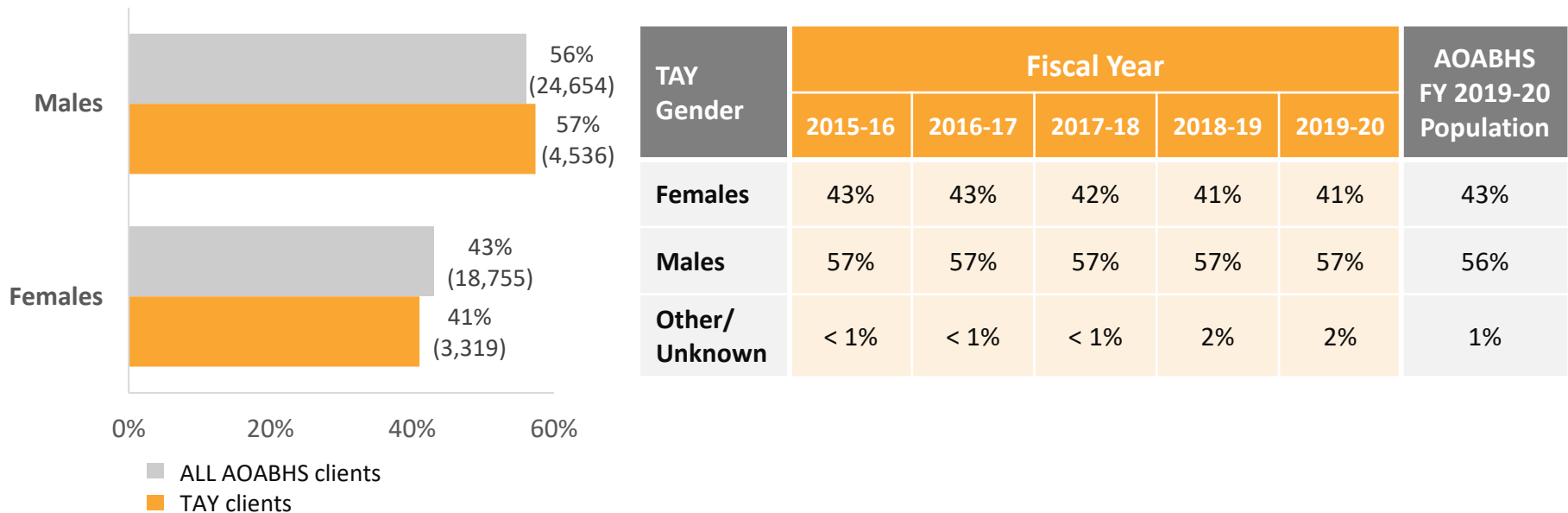


## Who are we serving?

### TAY Clients: Gender

- A slightly larger proportion of TAY clients served during FY 2019-20 were male (57%) compared to the overall AOABHS client population (56%) and a slightly smaller proportion of TAY clients served during FY 2019-20 were female (41%) compared to the overall AOABHS client population (43%)
- Over the past three fiscal years, the proportions of TAY males and females served by AOABHS have been stable.

### TAY Gender\* Distribution

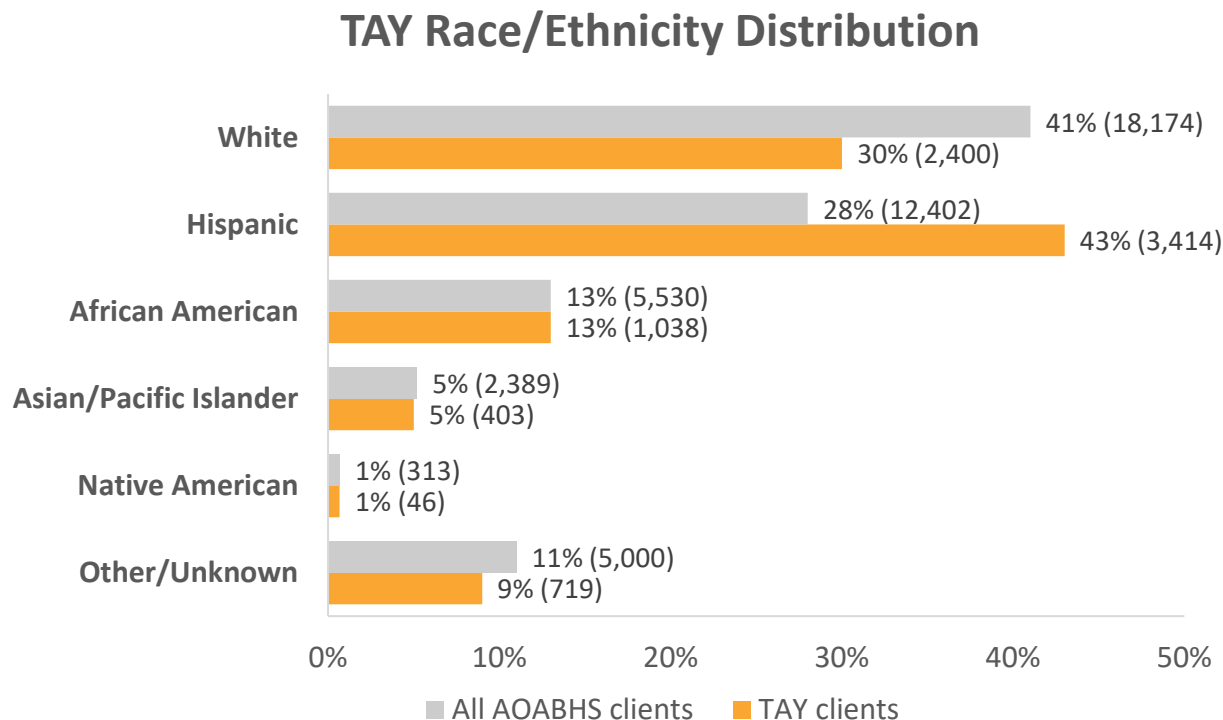


\*The figure excludes the other/unknown categories, comprising 2% of the TAY (165 clients) and 1% of the overall AOABHS (379 clients) population.

## Who are we serving?

### TAY Clients: Race/Ethnicity

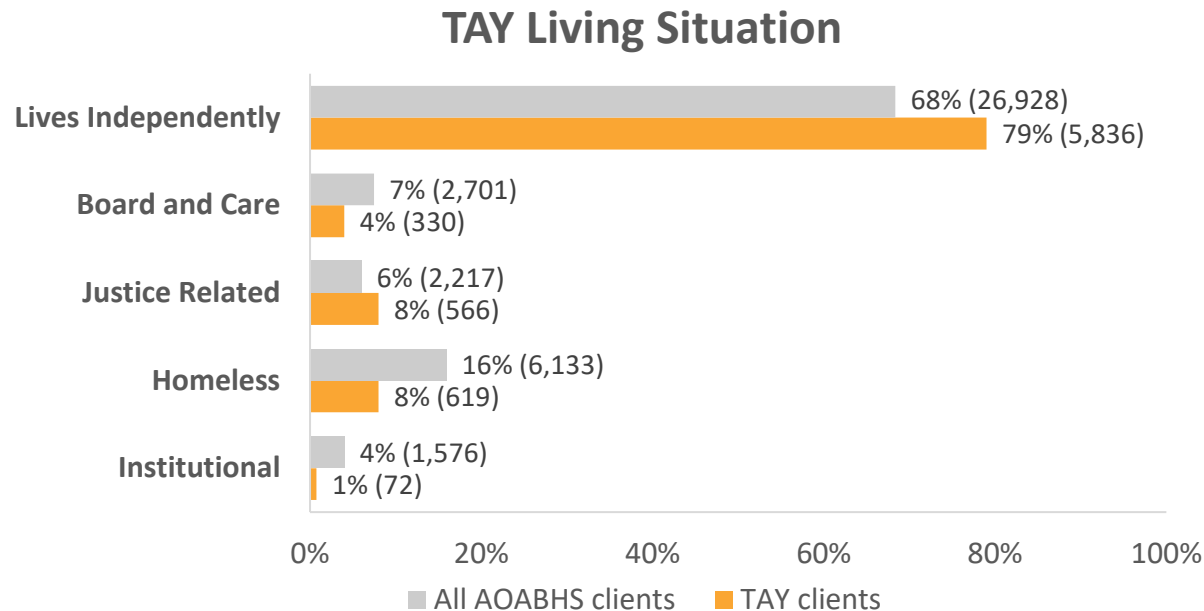
- More than two-thirds of TAY clients served during FY 2019-20 were either Hispanic (43%) or White (30%).
- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2019-20 were Hispanic (43% compared to 28%), and a smaller proportion were White (30% compared to 41%).



## Who are we serving?

### TAY Clients: Living Situation\*

- More than three-quarters (79%) of TAY clients served during FY 2019-20 were living independently\*\*.
- Similar to previous fiscal years, a greater proportion of TAY clients served during FY 2019-20 were living independently compared to the overall AOABHS client population (79% vs. 68%).
- A smaller proportion of TAY served during FY 2019-20 were homeless (8%) compared to the overall AOABHS population (16%).



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

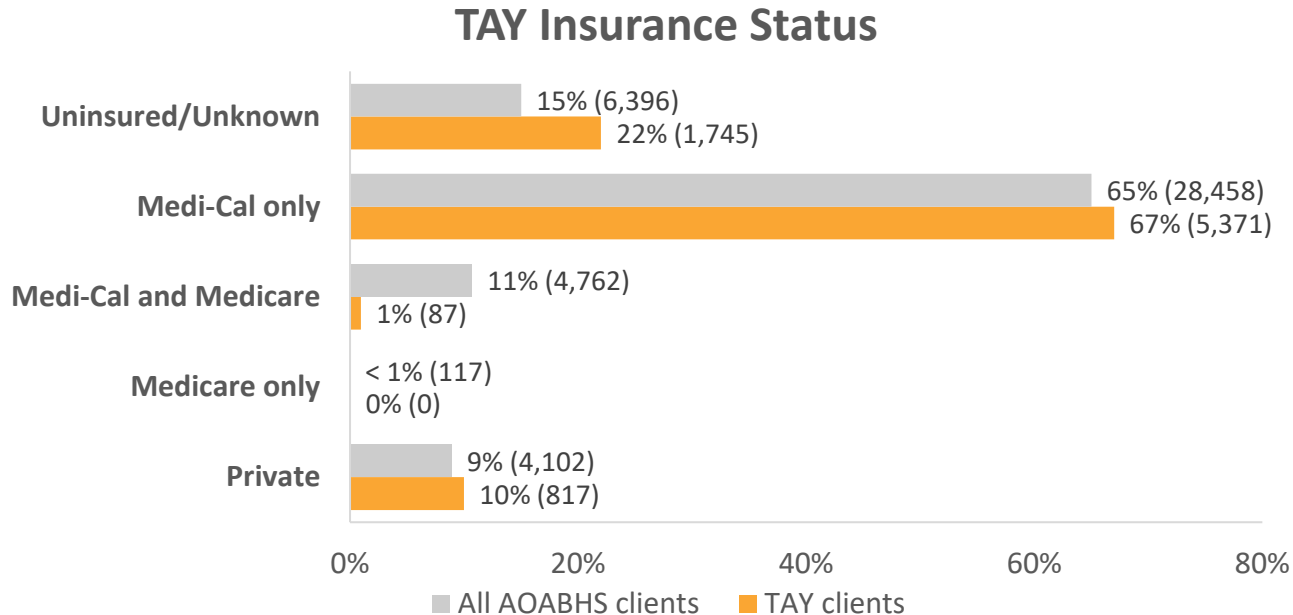
\*\*Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (TAY, n = 69; AOA, n = 5,829) are excluded from the figure and percentages reported above.

# Who are we serving?

## TAY Clients: Health Care Coverage

- More than two-thirds (68%) of TAY clients served during FY 2019-20 had some type of Medi-Cal insurance coverage.
- After a decrease in the proportion of TAY clients with an uninsured/unknown insurance status over several fiscal years, likely due to the expansion of the Affordable Care Act (ACA) in 2014, a period of stabilization was observed as 18% of TAY served in FY 2016-17 were uninsured or had an unknown insurance status, which increased to 19% in FY 2018-19. However, the percentage has increased again to just over one-fifth (22%) of TAY clients served during FY 2019-20 were uninsured or had an unknown insurance status.

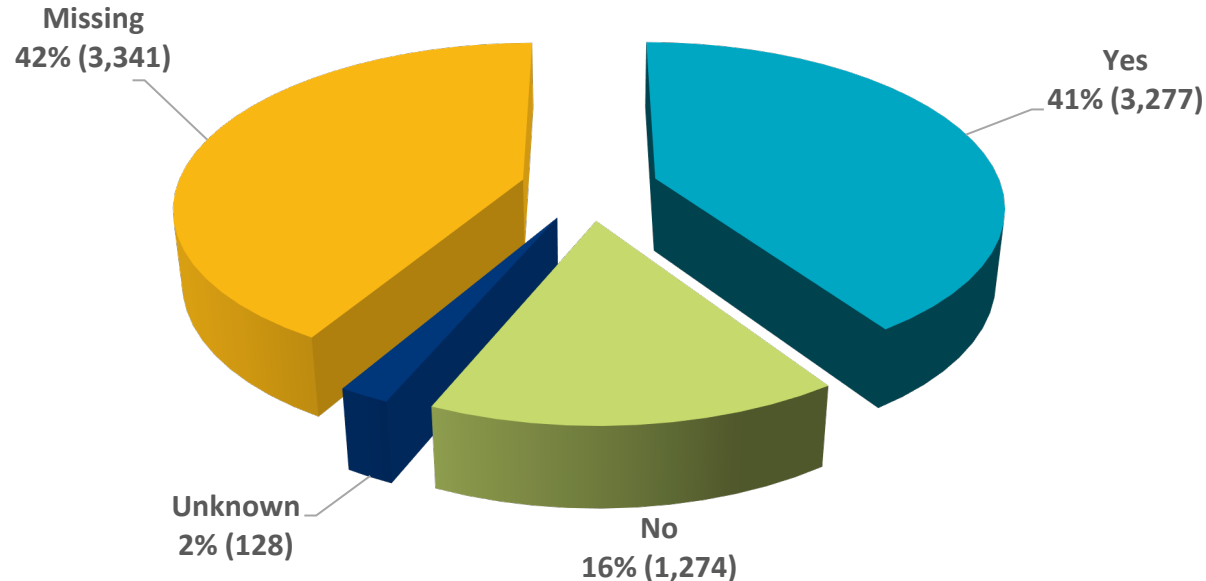


## Who are we serving?

### TAY Clients: Primary Care Physician

- About two-fifths of TAY clients served in FY 2019-20 had a primary care physician (41%).
- Information about primary care physician was unavailable or unknown for almost half of TAY clients (43%), a slight decrease from FY 2018-19 (44%).

### TAY Primary Care Physician



## Who are we serving?

### TAY Clients: Sexual Orientation

- Of the TAY clients served during FY 2019-20 with sexual orientation information available, nearly three-quarters of them identified as heterosexual (73%).
- 14% (383) of TAY clients served during FY 2019-20 with sexual orientation information available identified as bisexual, reflecting a 39% increase in the number of TAY clients over time identifying as bisexual served during FY 2019-20, compared back three years ago to FY 2016-17 (275 clients).

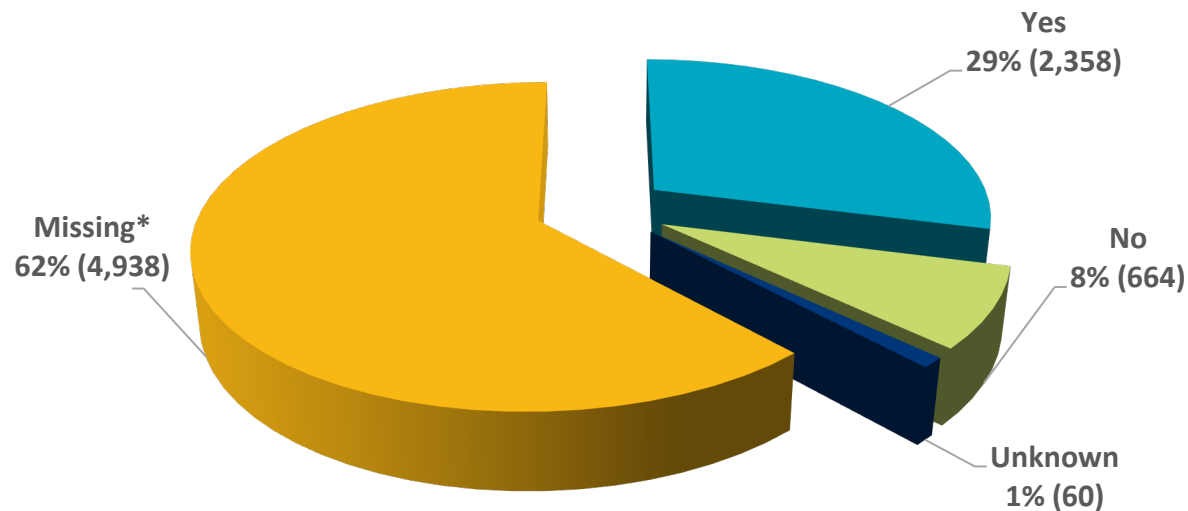
Sexual Orientation	TAY FY 2019-20		AOABHS FY 2019-20	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,018	73%	13,720	86%
Bisexual	383	14%	962	6%
Gay male	60	2%	359	2%
Lesbian	48	2%	227	1%
Other	95	3%	245	2%
Questioning	70	3%	178	1%
Declined to state	89	3%	291	2%
Total (excluding missing)	2,763	100%	15,982	100%
Missing	5,257	66%	27,826	64%

## Who are we serving?

### TAY Clients: History of Trauma

- Almost one-third (29%) of TAY clients served in FY 2019-20 had a history of trauma.
- Information about trauma history was unavailable for over half of TAY clients (62%), an increase from TAY clients served during FY 2018-19 (57%).

### TAY History of Trauma



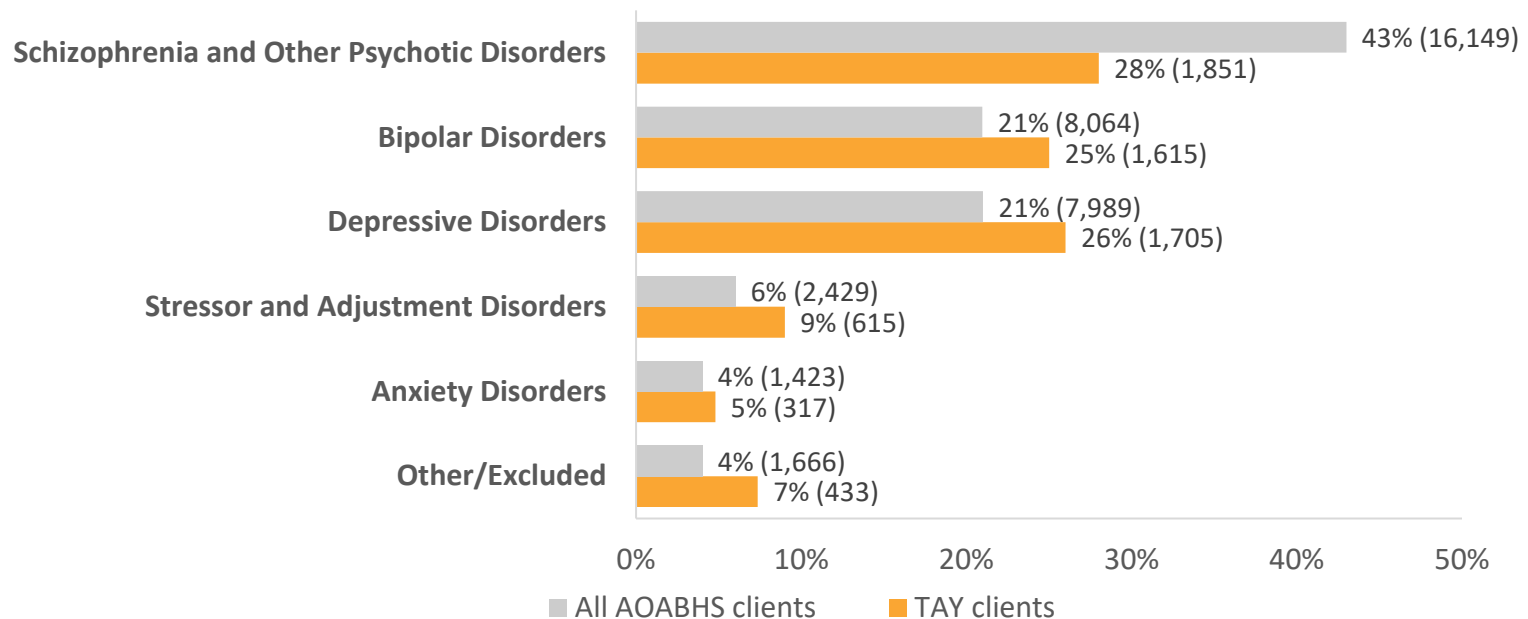
\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

## Who are we serving?

### TAY Clients: Primary Diagnosis

- Similar to observations from past fiscal years, the three most common diagnoses among TAY clients served during FY 2019-20 were schizophrenia and other psychotic disorders (28%), depressive disorders (26%), and bipolar disorders (25%), which comprise 79% (5,171 clients) of TAY clients with a valid diagnosis.
- Compared to AOA clients, a smaller proportion of TAY clients had a diagnosis of schizophrenia and other psychotic disorders (43% vs. 28%), and larger proportions of TAY had diagnoses of all other types of disorders.

#### TAY Primary Diagnosis\*



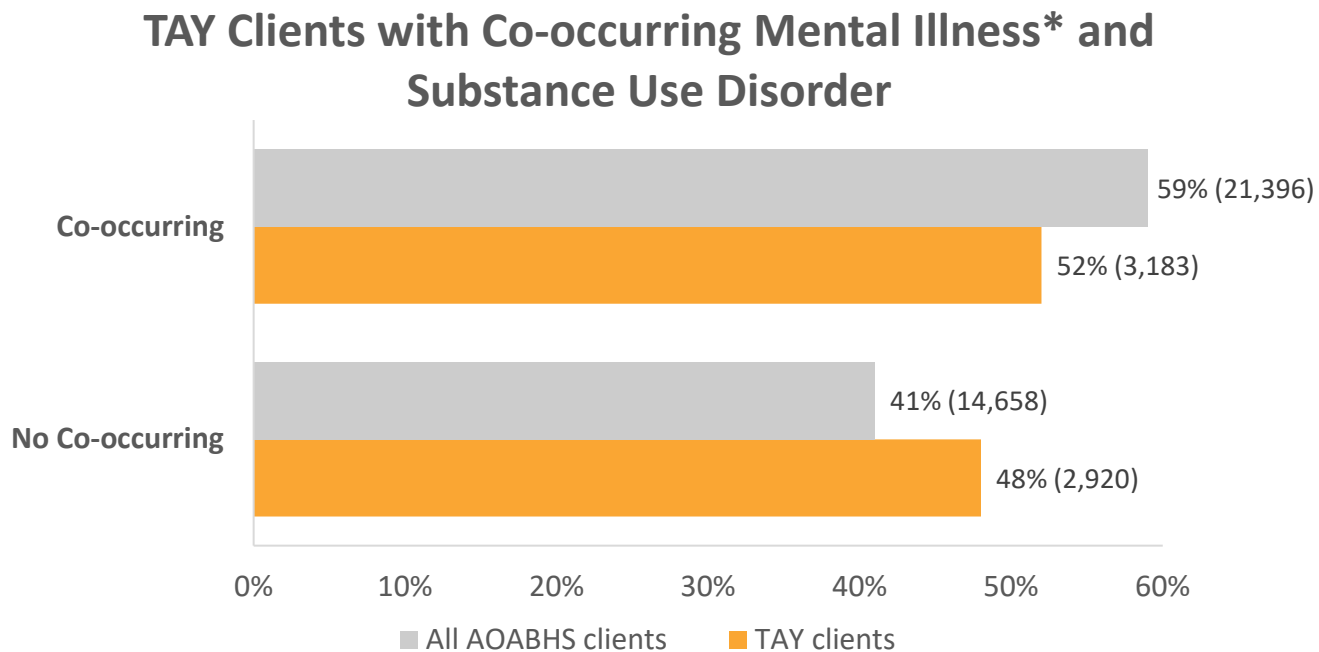
\*The graph and percentages reported above exclude invalid/missing values (TAY, n = 1,484; AOA, n = 6,088).



## Who are we serving?

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

- In addition to a primary diagnosis, 52% of TAY clients also had a Co-occurring mental illness and substance use disorder in FY 2019-20.
- The proportion of TAY clients with a Co-occurring mental illness and substance use disorder served in FY 2019-20 was less than the proportion of all AOA clients with a Co-occurring mental illness and substance use disorder (52% compared to 59%).

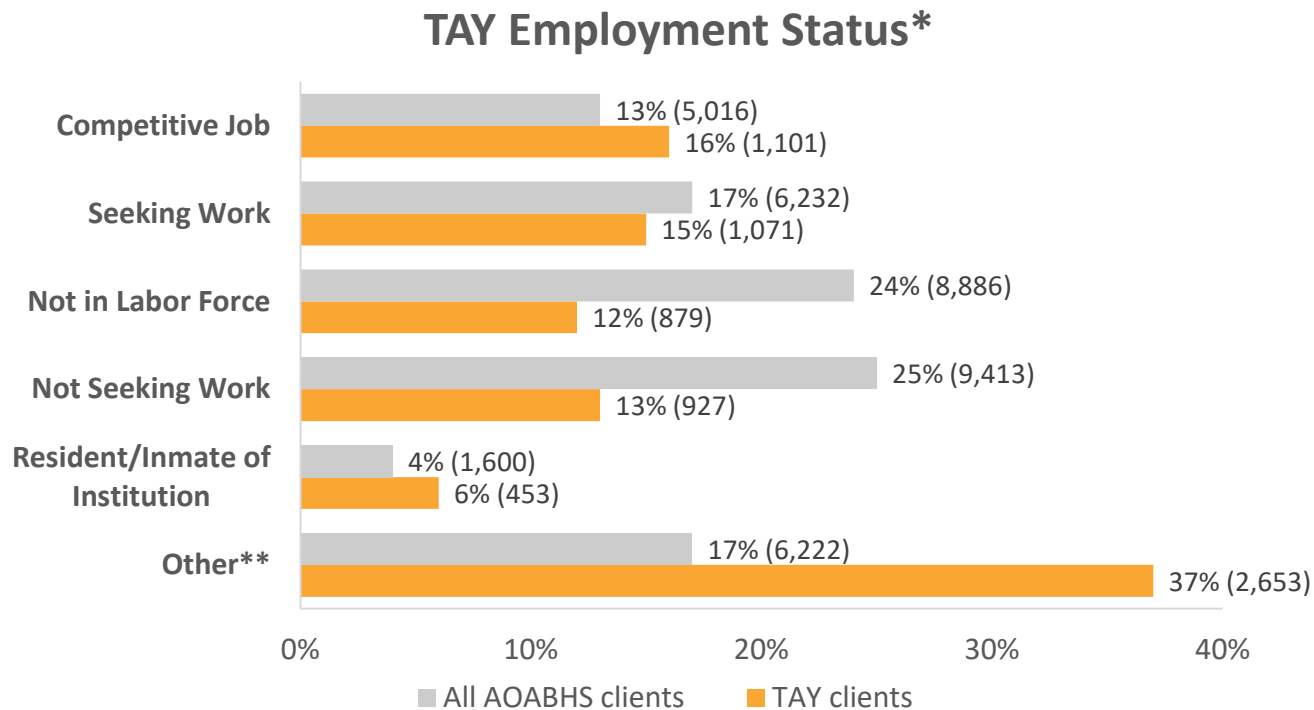


\*Clients without a valid primary mental health diagnosis are excluded from the figure.

## Who are we serving?

### TAY Clients: Employment Status

- Similar proportions of TAY clients served during FY 2019-20 were employed in a competitive job (16%), seeking work (15%), not in the labor force (12%), and not seeking work (13%).
- More than one-third of TAY clients (37%) had an other employment status, more than double the proportion of AOA clients (17%), likely reflecting a substantial student population in this age range.



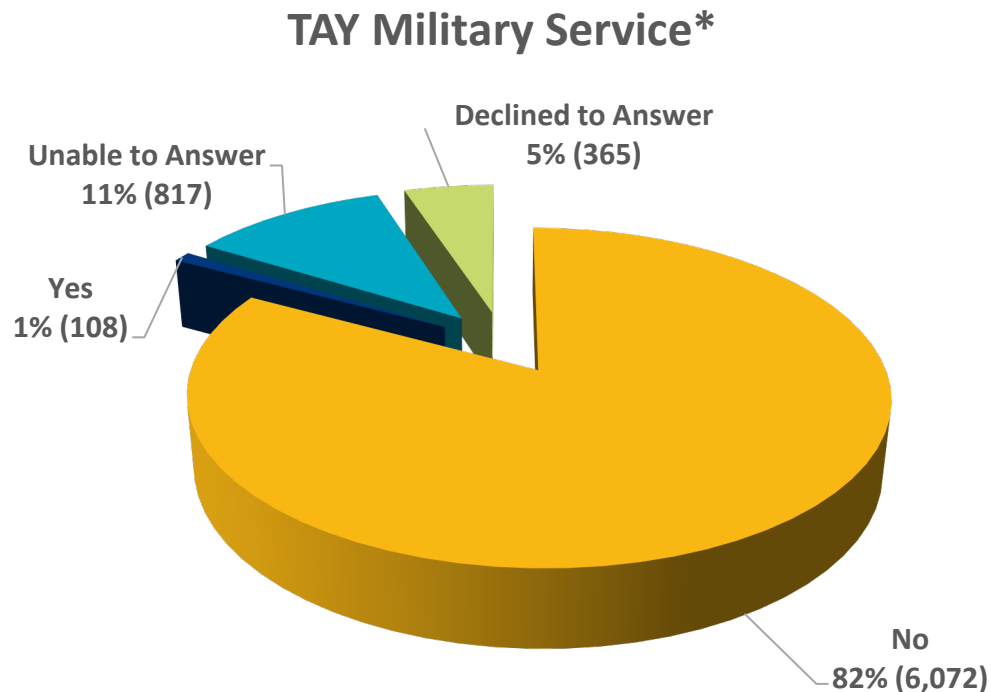
\*The graph and percentages reported above exclude unknown values (TAY, n = 1,936; AOA, n = 6,439).

\*\*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 92% of TAY clients served during FY 2019-20.
- Among those TAY clients served for whom military service data were available, 82% reported that they had no military service, and only 1% indicated that they had served in the military.



\*The graph and percentages reported above exclude missing values ( $n = 658$ ).

# What types of services are being used?

## TAY Clients: Types of Services\*

Outpatient Services	Total Visits	Total Clients	Emergency/Crisis Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	18,547	376	Urgent Outpatient	2,446	1,521
Case Management	138	5	Crisis Stabilization**	1,381	929
Case Management – Institutional	884	56	PERT	3,373	2,648
Case Management – Strengths	1,418	102		Total Days	Total Clients
Case Management – Transitional	350	60	Crisis Residential	3,144	263
Fee for Service (FFS)	13,451	1,558	Forensic Services	Total Visits	Total Clients
Outpatient	25,919	2,010	Jail	8,339	1,831
Prevention	5	< 5	24 Hour Services	Total Days	Total Clients
Inpatient Services	Admissions	Total Clients	Edgemoor	0	0
Inpatient – County	402	349	Long Term Care (LTC)	1,203	7
Inpatient – FFS	1,328	910	LTC – Institutional	8,259	45
State Hospital	< 5	< 5	LTC – Residential	1,918	8
			Residential	1,079	9

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

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

## Are clients getting better?

### TAY Clients: Client Outcomes (IMR and RMQ)\*

- Clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms, progress towards recovery, and overall IMR scores.
- TAY clients self-reported statistically significant improvements in their overall mental health status via the RMQ from pre to post assessment.
- Mean pre and post scores on the clinician-rated Substance Use IMR subscale demonstrate no significant change in symptoms among TAY clients in FY 2019-20.

Illness Management and Recovery (IMR)		N	Pre	Post	Change
Substance Use Subscale		439	4.00	4.07	▲
Management Subscale		459	2.57	2.94	▲
Recovery Subscale		458	2.93	3.18	▲
Overall Mean		460	3.15	3.39	▲
Recovery Markers Questionnaire (RMQ)		N	Pre	Post	Change
Overall Mean		361	3.67	3.80	▲

**Legend**

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

▲ Non-significant positive change

▶ No 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 2019-20 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



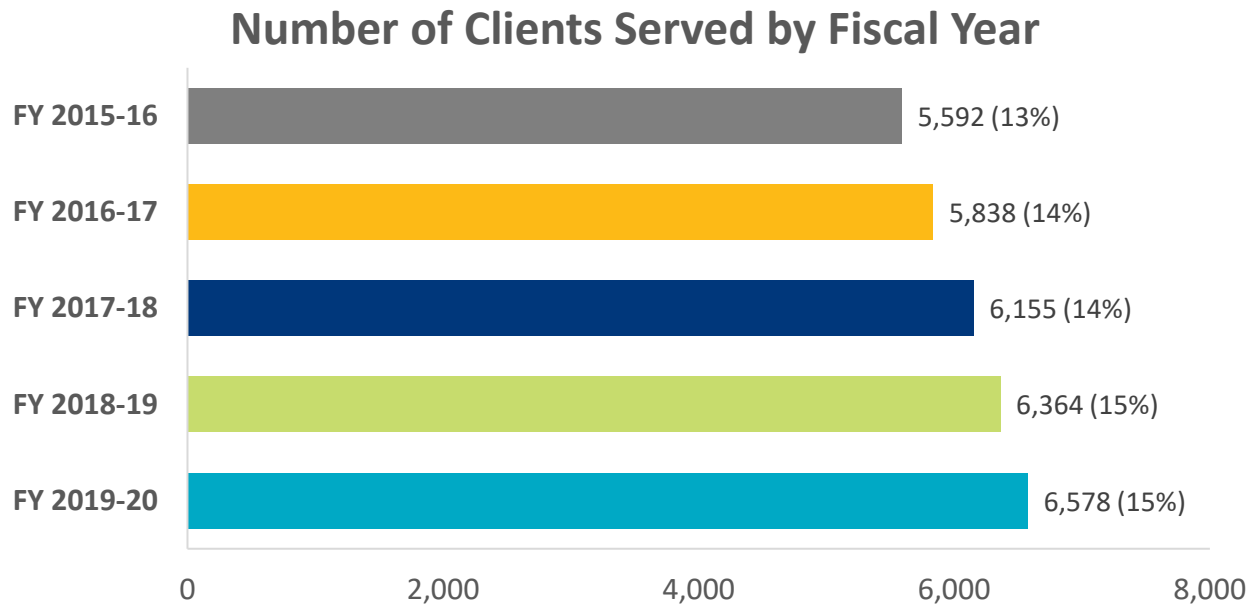
## **Older Adult (OA) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2019-2020**

*Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2019-20  
Source: Health Services Research Center (KR, MCM, ST)*

## Who are we serving?

### Total Number of OA Clients Served

- During FY 2019-20, mental health services were delivered to 6,578 OA clients (age 60 and older) by the County of San Diego BHS, reflecting a 3% increase in the number of OA clients served compared to FY 2018-19.
- OA clients represent 15% of the 43,808 AOABHS clients served during FY 2019-20.
- The number of OA clients served by BHS has increased every year from FY 2015-16 to FY 2019-20.

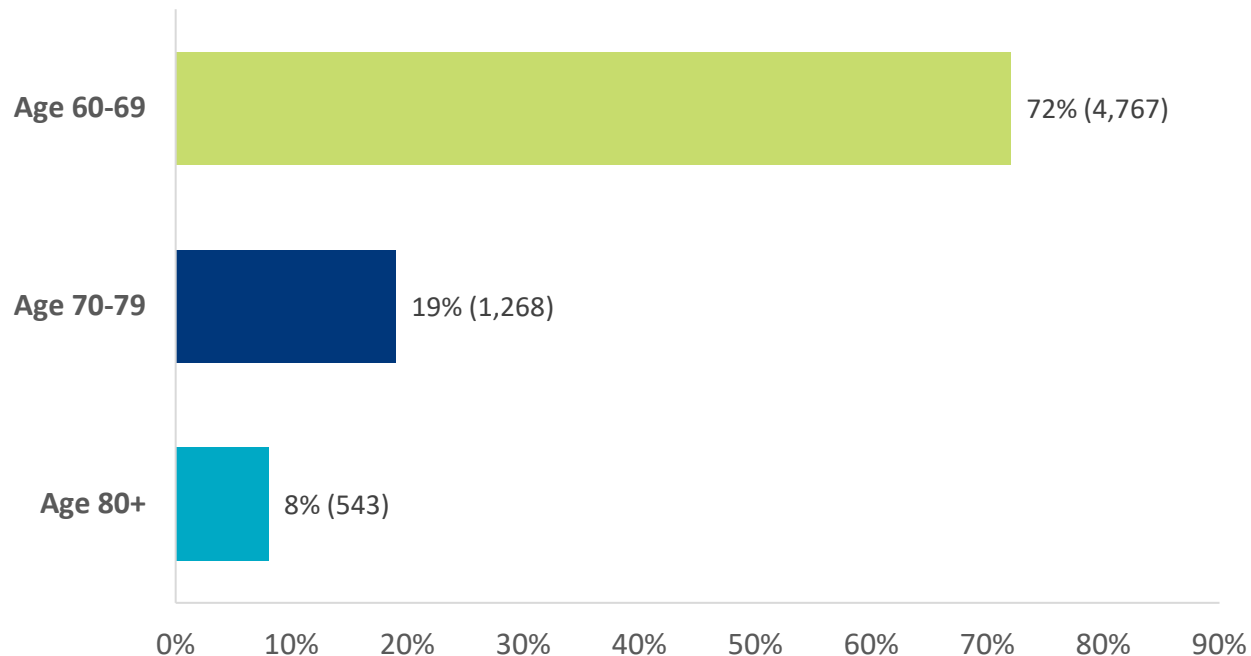


## Who are we serving?

### OA Clients: Age

- Almost three-quarters (72%) of OA clients served during FY 2019-20 were between the ages of 60 and 69 years.
- The number of OA clients served during FY 2019-20 that were between the ages of 70 and 79 years (1,268 clients) increased by 10%, compared to FY 2018-19 (1,157 clients).

### OA Age Distribution



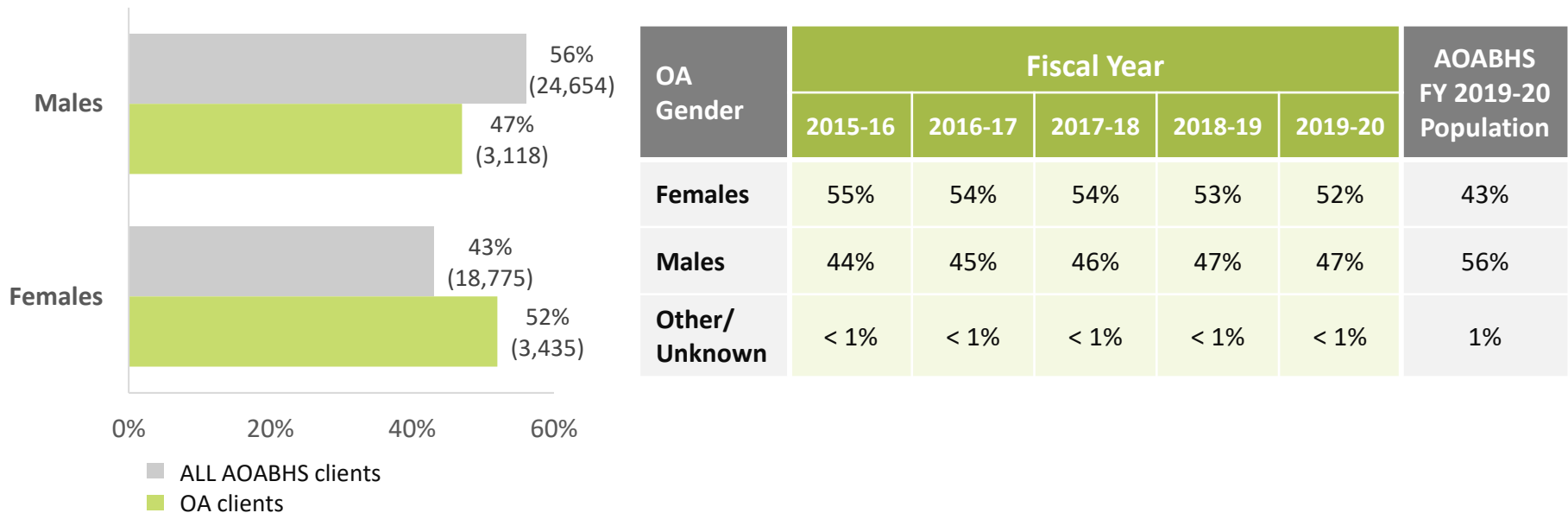


# Who are we serving?

## OA Clients: Gender

- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2019-20 were female (52%) compared to the overall AOABHS client population (43%).
- The proportion of male OA clients served by AOABHS has gradually increased over the past five fiscal years (44% to 47%).

### OA Gender\* Distribution



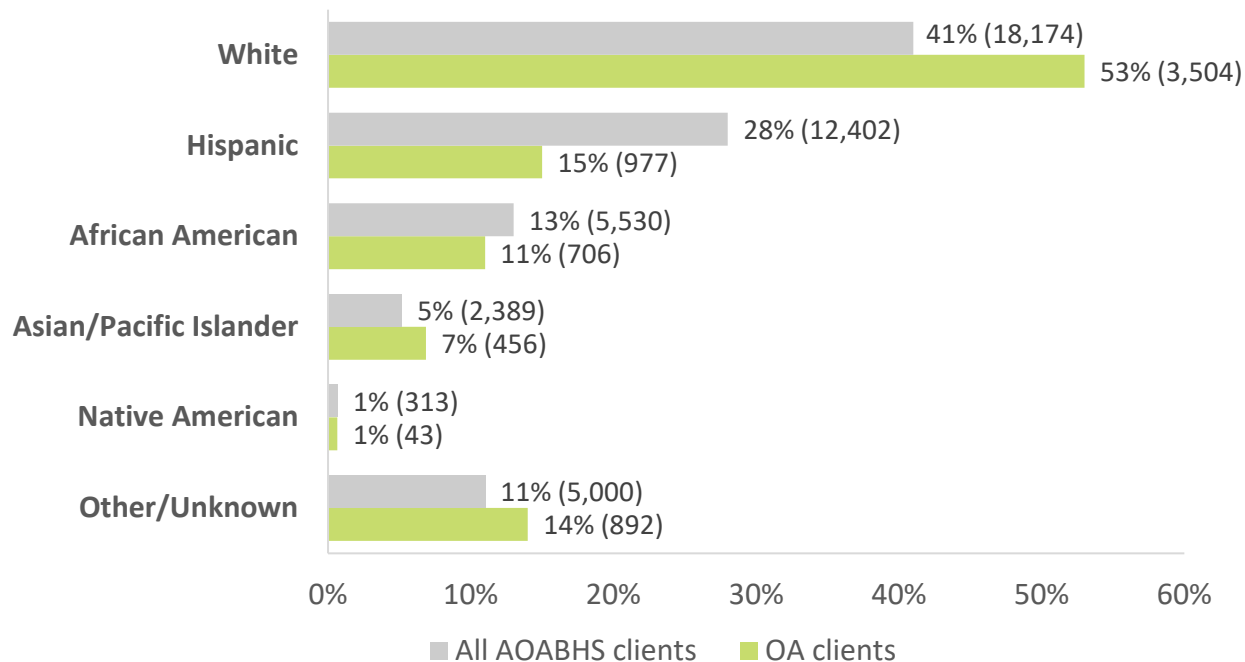
\*The figure excludes the other/unknown categories, comprising <1% of the OA (25 clients) and 1% of the overall AOABHS (379 clients) population.

# Who are we serving?

## OA Clients: Race/Ethnicity

- More than half of OA clients (53%) served during FY 2019-20 were White.
- Similar to previous fiscal years, compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (15% vs. 28%), and a larger proportion were White (53% vs. 41%) in FY 2019-20.

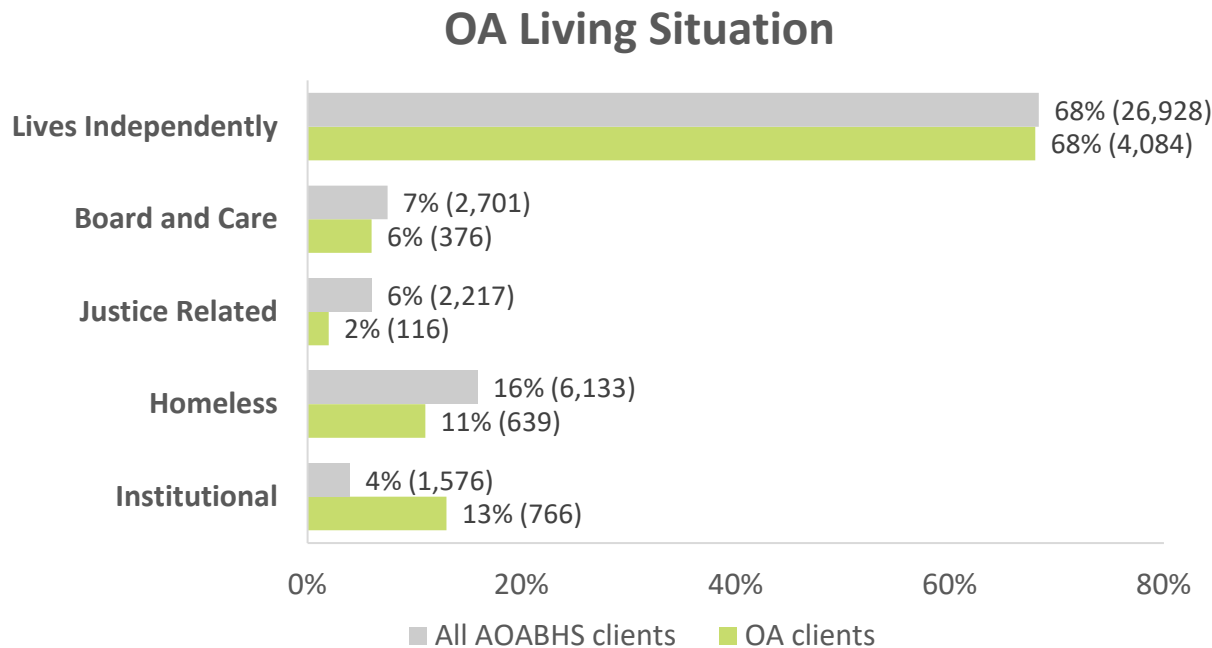
### OA Race/Ethnicity Distribution



## Who are we serving?

### OA Clients: Living Situation\*

- Compared to the overall AOABHS client population, similar proportions of OA clients served during FY 2019-20 lived independently\*\* and in Board and Care.
- A greater proportion of OA clients served during FY 2019-20 lived in an institutional setting (13%) and a smaller proportion of OA clients were homeless (11%) or living in justice-related settings (2%), compared to the overall AOABHS client population (4%, 16%, and 6%, respectively).



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

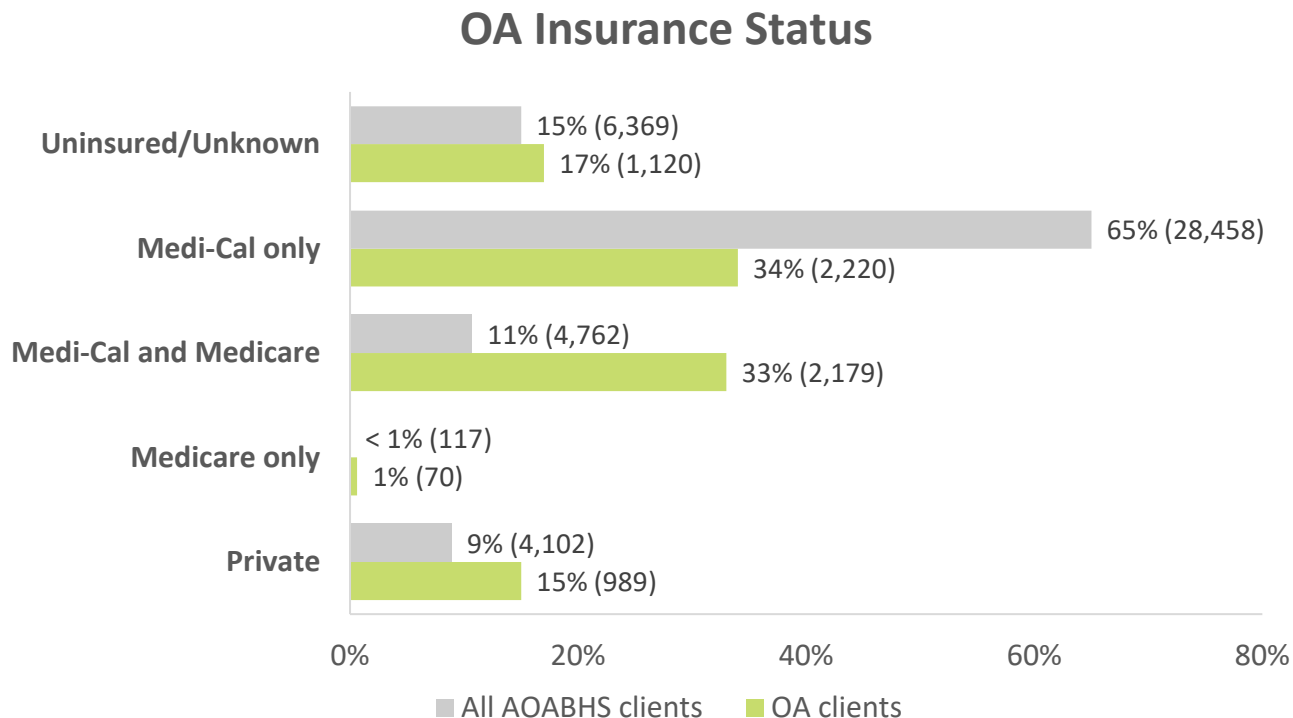
\*\*Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (OA, n = 597; AOA, n = 4,253) are excluded from the figure and percentages reported above.

## Who are we serving?

### OA Clients: Health Care Coverage

- Over two-thirds of OA clients served during FY 2019-20 were at least partially covered by Medi-Cal (67%).
- One-third of OA clients served during FY 2019-20 had combined Medi-Cal and Medicare health care coverage (33%).
- 17% of OA clients served in FY 2019-20 had an uninsured/unknown insurance status.

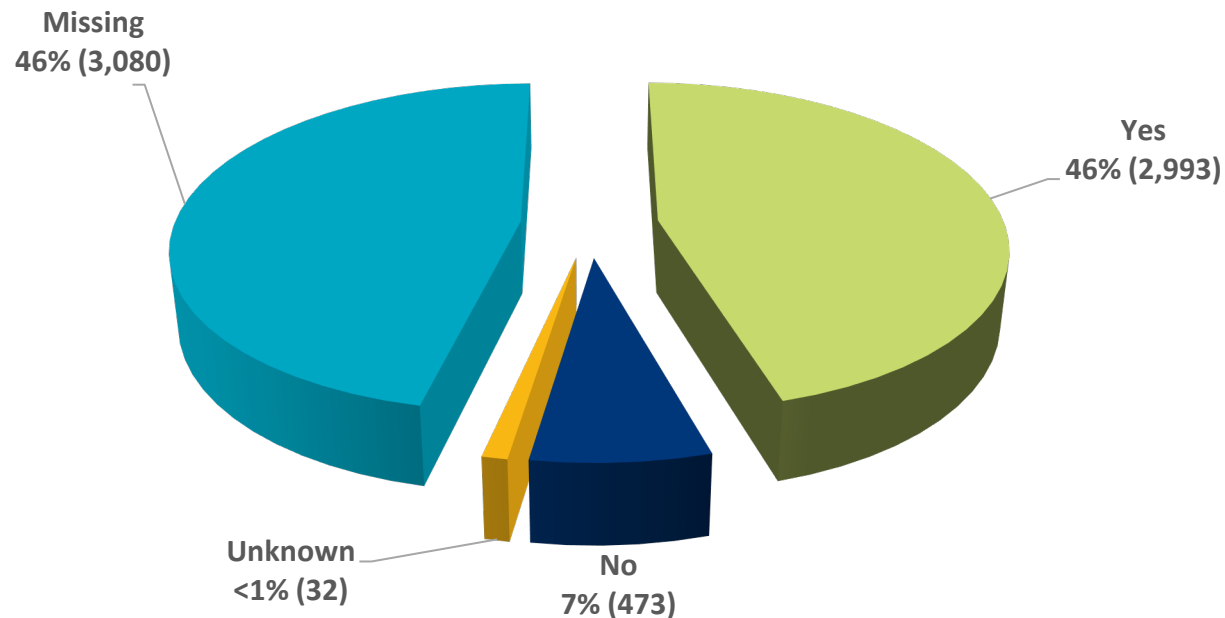


## Who are we serving?

### OA Clients: Primary Care Physician

- The same proportion of OA clients served during FY 2019-20 had a primary care physician compared to FY 2018-19 (46%).
- Information about primary care physician was unavailable or unknown for almost half of OA clients (47%), a slight decrease from FY 2018-19 (48%).

### OA Primary Care Physician



## Who are we serving?

### OA Clients: Sexual Orientation

- Almost all OA clients served during FY 2019-20 with sexual orientation information available identified as heterosexual (93%).
- Compared to the overall AOABHS population, a slightly smaller proportion of OA clients were missing sexual orientation data (63% compared to 64%).

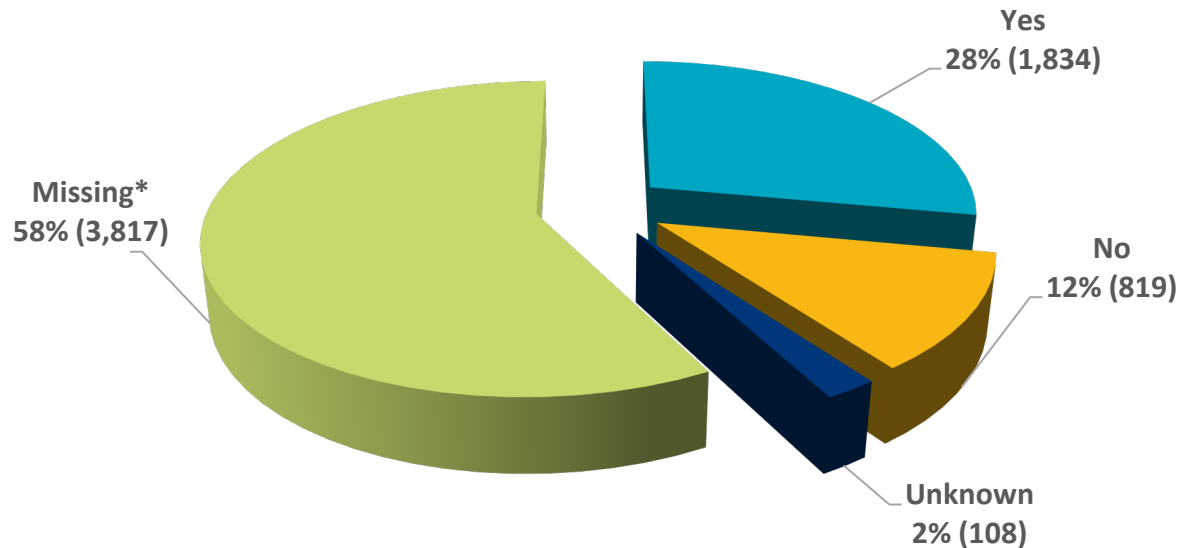
Sexual Orientation	OA FY 2019-20		AOABHS FY 2019-20	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,251	93%	13,720	86%
Bisexual	38	2%	962	6%
Gay male	24	1%	359	2%
Lesbian	22	1%	227	1%
Other	11	<1%	245	2%
Questioning	19	1%	178	1%
Declined to state	44	2%	291	2%
Total (excluding missing)	2,409	100%	15,982	100%
Missing	4,169	63%	27,826	64%

## Who are we serving?

### OA Clients: History of Trauma

- 1,834 OA clients served during FY 2019-20 had a history of trauma (28%), reflecting a 4% decrease of OA clients compared to FY 2018-19. This finding is opposite to a trend observed between FY 2016-17 and FY 2018-19. Since FY 2016-17, the number of OA clients served with a history of trauma increased by almost 27% (1,504 clients in FY 2016-17 compared to 1,910 clients in FY 2018-19).\*\*
- Trauma history data were missing or unknown for more three-fifths (60%) of OA clients (3,925 clients).

#### OA History of Trauma



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

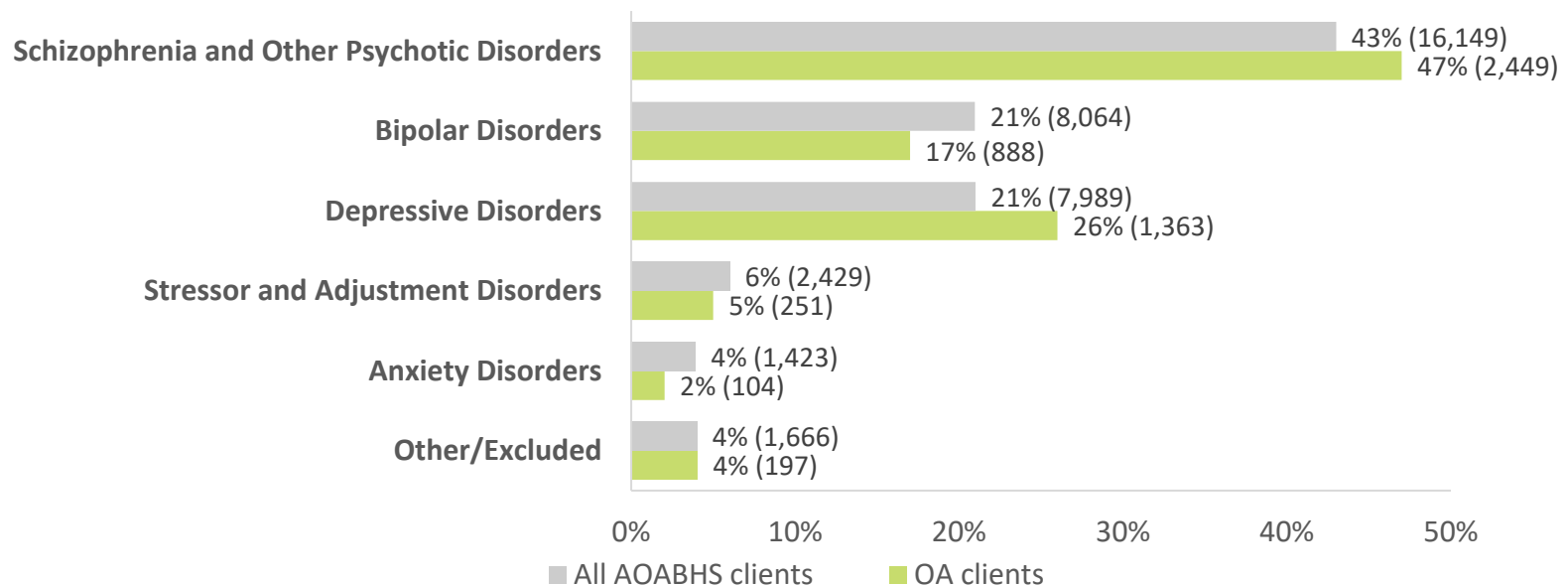
\*\*This increase may be partially explained by a corresponding reduction in the number of proportion of OA clients with unknown or missing trauma history data.

# Who are we serving?

## OA Clients: Primary Diagnosis

- The most common diagnosis among OA clients served during FY 2019-20 was schizophrenia and other psychotic disorders (47%), followed by depressive disorders (26%), comprising almost three-quarters of OA clients with a valid diagnosis.
- Compared to the overall AOA population, a slightly larger proportion of OA clients had a depressive disorder diagnosis (26% compared to 21%) or a diagnosis of schizophrenia and other psychotic disorders (47% compared to 43%).

### OA Primary Diagnosis\*



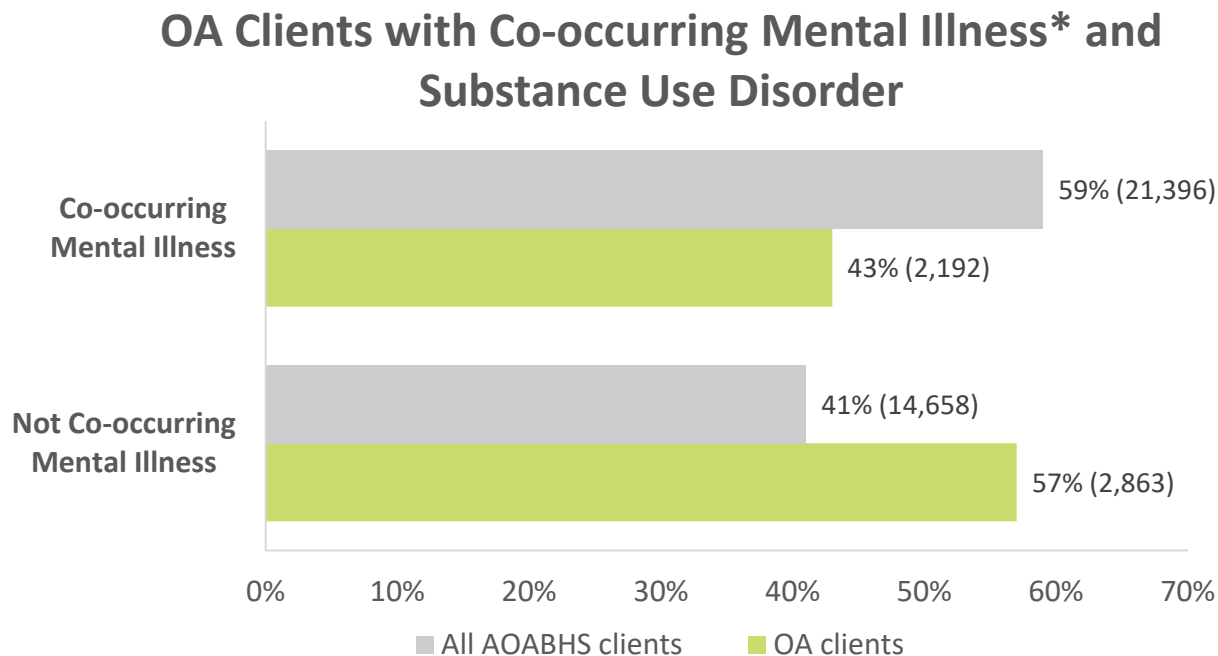
\*The graph and percentages reported above exclude invalid/missing values (OA, n = 1,326; AOA, n = 6,088).



## Who are we serving?

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

- In addition to a primary diagnosis, over two-fifths of OA clients (43%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2019-20.
- The proportion of OA clients with a Co-occurring mental illness has consistently increased from FY 2015-16 to FY 2019-20 (32% to 43%).

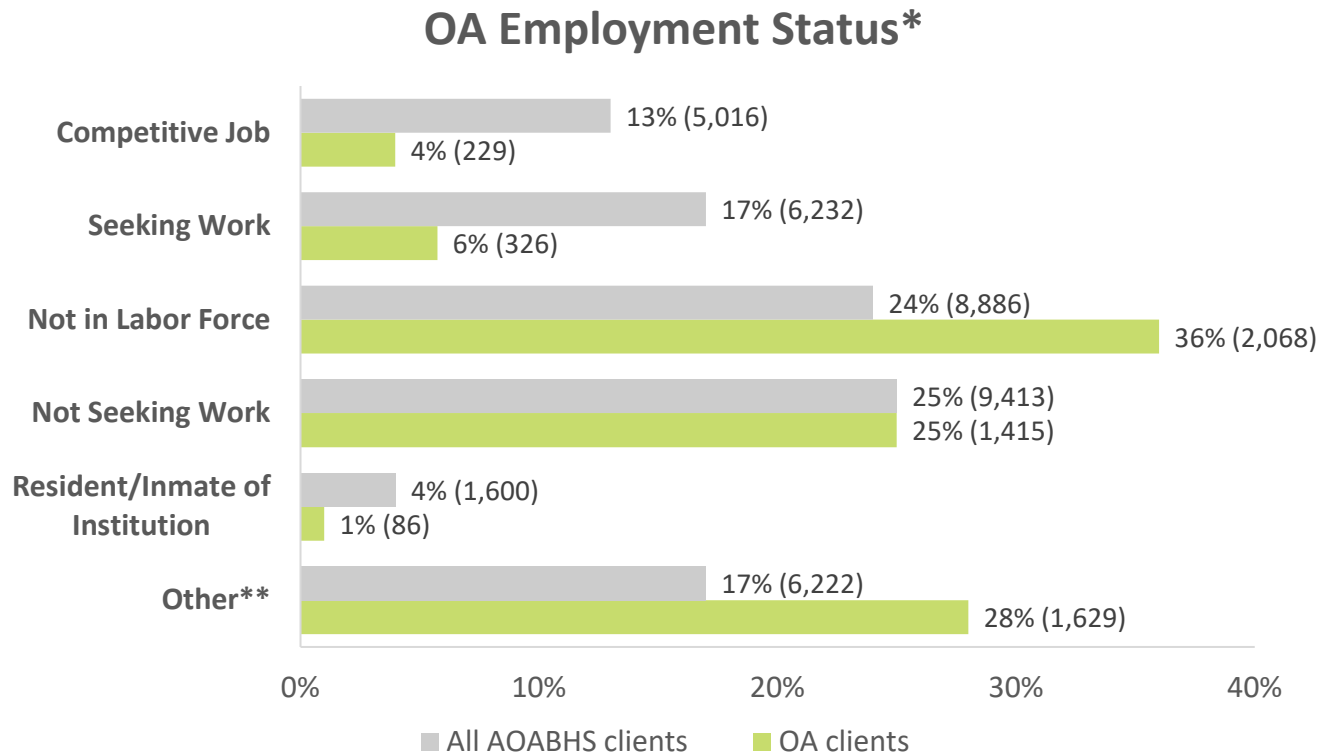


\*Clients without a valid primary mental health diagnosis are excluded from the figure.

# Who are we serving?

## OA Clients: Employment Status

- 36% of OA clients served during FY 2019-20 were not in the labor force; comprising the largest population of OA clients.
- More than one-quarter of OA clients served during FY 2019-20 (28%) had an other employment status.



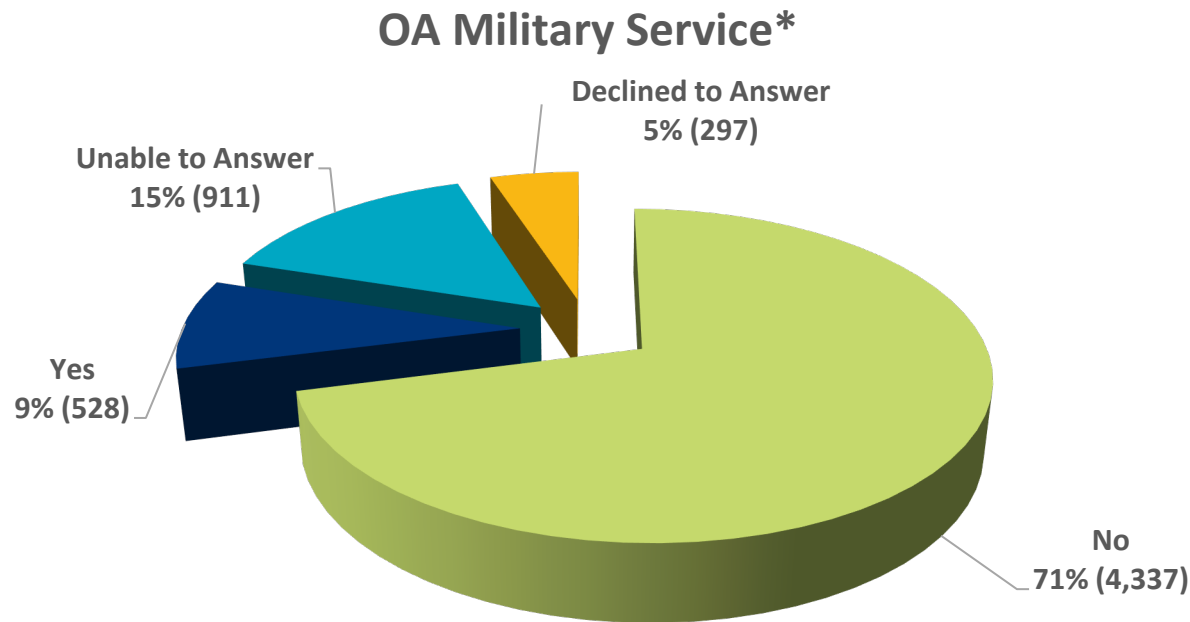
\*The graph and percentages reported above exclude unknown values (OA, n = 825; AOA, n = 6,439).

\*\*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 92% of OA clients served during FY 2019-20.
- Among those clients served for whom military service data were available, about three-fourths (71%) 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 = 505).

# What types of services are being used?

## OA Clients: Types of Services\*

Outpatient Services	Total Visits	Total Clients	Emergency/Crisis Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	28,211	612	Urgent Outpatient	921	571
Case Management	292	16	Crisis Stabilization**	494	322
Case Management – Institutional	8,162	419	PERT	2,129	1,705
Case Management – Strengths	11,199	591		Total Days	Total Clients
Case Management – Transitional	213	29	Crisis Residential	2,261	161
Fee for Service (FFS)	8,931	1,281	Forensic Services	Total Visits	Total Clients
Outpatient	19,688	1,926	Jail	2,462	519
Prevention	13	< 5	24 Hour Services	Total Days	Total Clients
Inpatient Services	Admissions	Total Clients	Edgemoor	30,131	99
Inpatient – County	135	122	Long Term Care (LTC)	842	< 5
Inpatient – FFS	507	307	LTC – Institutional	16,546	79
State Hospital	0	0	LTC – Residential	1,032	5
			Residential	120	< 5

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

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

## Are clients getting better?

### OA Clients: Client Outcomes (IMR and RMQ)\*

- Clinicians reported that OA 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 OA clients on the substance use subscale and recovery subscale of the IMR, and OA clients self-reported improvement in their overall mental health status via the RMQ from pre to post assessment, but none of these improvements were statistically significant.

Illness Management and Recovery (IMR)		N	Pre	Post	Change
Substance Use Subscale		1,088	4.56	4.59	▲
Management Subscale		1,132	3.00	3.07	▲
Recovery Subscale		1,129	2.90	2.90	▲
Overall Mean		1,134	3.30	3.34	▲
Recovery Markers Questionnaire (RMQ)		N	Pre	Post	Change
Overall Mean		780	3.59	3.62	▲

**Legend**

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

▲ Non-significant positive change

▲ No 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 2019-20 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** are services received by persons with serious mental illness residing in an institutional setting (e.g., locked long-term care, Skilled Nursing Facility).
- **Case Management Program – Strengths-Based Case Management** are services provided through Clinical Case Management services with a major rehabilitation component designed to help people with serious mental illness identify and achieve meaningful life goals. Strengths-Based Case Management programs are expected to maintain good fidelity to the model developed by Charles Rapp (see “The Strengths Model,” by Charles Rapp and Richard Goscha, 2012).
- **Case Management Program – Transitional** are short-term Case Management services provided on a transitional basis to link persons with serious mental illness with needed services and resources in the community, which may include longer-term Case Management services, and/or a variety of resources including but not limited to psychiatric, medical, social, housing, employment, education, spiritual, and transportation services.
- **Co-occurring:** Clients with active primary serious mental health and secondary substance use diagnoses or with at least one of four identifying question was completed with within the last three years in a client’s chart, indicating substance use.

# Glossary

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- **Crisis Residential (CR)** services offer a 24-hour crisis residence providing acute mental health care services to adults who are experiencing a crisis and require 24-hour support and supervision.
- **Crisis Stabilization (CS)** services are short-term and are provided to adults with mental health conditions that require a more timely response than a regularly scheduled visit and are delivered at certified sites.
- **Edgemoor** is an inpatient skilled nursing facility that provides: 24-hour skilled nursing care; physical rehabilitation; and recreational, occupational, physical, speech, and respiratory therapies.
- **Fee-For-Service (FFS)** services are primarily provided by licensed clinicians in private practice who get reimbursed for services rendered to clients. These providers are spread out over the county and represent a diversity of disciplines, cultural-linguistic groups and genders in order to provide choice for eligible clients.
- **Full Service Partnership (FSP)** programs are part of the County of San Diego's Community Services and Supports Program and are made possible through MHSA. FSPs use a "do whatever it takes" model that comprehensively addresses individual and family needs, fosters strong connections to community resources, and focuses on resilience and recovery to help individuals achieve their mental health treatment goals.
- **Illness Management and Recovery (IMR) Scale** includes 15 clinician-rated items and addresses a different aspect of illness management and recovery. Scores can also be reported as three subscales, which combine individual items to represent illness recovery, management, and substance abuse dimensions of treatment outcomes.
- **Innovation Programs** are novel mental health practices that contribute to learning, and that are developed within communities through a process that is inclusive and representative. Additionally, Innovations Programs are designed to increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services for the mental health community at-large.

# Glossary

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- **Long Term Care (LTC) – Institutional Setting** refers to services provided to persons with serious mental illness at locked long-term care facilities which include Institutes for Mental Disease (IMDs) and Skilled Nursing Facilities (SNFs).
- **Long Term Care (LTC) – Residential** refers to services provided in residential settings that provide long-term care offering room, board, 24-hour oversight, health monitoring, and assistance with activities of daily living and are licensed by the state. Residents often live in their own apartment within a building. The complex provides some care that those who live independently would perform themselves (such as taking medicine). Social and recreational activities are usually provided.
- **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 serious 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/ICD diagnosis at intake from the last episode of service prior to June 30, 2019.



# Glossary

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- **Psychiatric Emergency Response Team (PERT)** of San Diego County pairs licensed, experienced, professional mental health clinicians with specially trained law enforcement officers. They respond to calls for service from the community involving individuals who may be experiencing mental health crises. They intervene to prevent unnecessary hospitalizations and incarcerations while protecting the individuals involved as well as the community.
- **Recovery Makers Questionnaire (RMQ)** is a 26-item questionnaire that assesses elements of recovery from the client's perspective. It was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery.
- **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.
- **Urgent Outpatient (UO)** services are provided in an outpatient setting to adults and older adults who are experiencing a crisis and who may require medication support and stabilization.

# Contact Us

- This report is available electronically in the Technical Resource Library at [https://www.sandiegocounty.gov/hhsa/programs/bhs/technical\\_resource\\_library.html](https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html).
- Questions or comments about the AOA System of Care can be directed to:  
Piedad Garcia, Ed.D., LCSW  
Deputy Director, Adult and Older Adult System of Care  
County of San Diego Behavioral Health Services  
Telephone: (619) 563-2757  
Email: [Piedad.Garcia@sdcounty.gov](mailto:Piedad.Garcia@sdcounty.gov)
- Questions or comments about this report can be directed to:  
Steven Tally, PhD  
Assistant Director of Evaluation Research  
Health Services Research Center, UCSD  
Telephone: (858) 622-1771 ex. 7004  
Email: [stally@health.ucsd.edu](mailto:stally@health.ucsd.edu)

*UCSD's Health Services Research Center provides a comprehensive variety of research services to academia, health services organizations, corporations, and individuals worldwide. We are a non-profit research organization within the University of California San Diego's School of Medicine, Department of Preventive Medicine and Public Health. Our mission is to support research focused on understanding how clinical and treatment services affect health outcomes. The center brings together experts in the fields of health outcomes, program evaluation, quality of life measurement, and medical research informatics, providing the infrastructure for clinical and academic research and program and performance evaluation studies.*



### **Appendix A: Hospital Dashboard 3 Year Trend**

# Hospital Dashboard 3 Year Trend

FY 2017-18

FY 2018-19

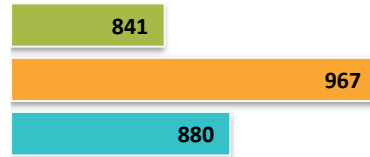
FY 2019-20

Children

## Days



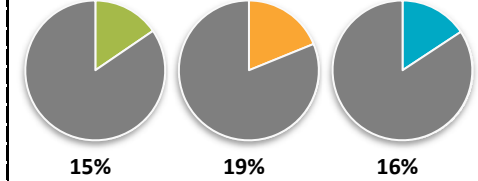
## Discharges



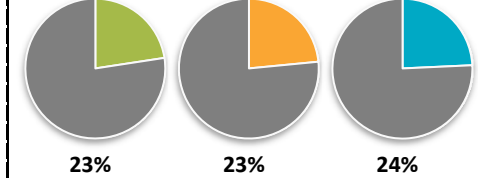
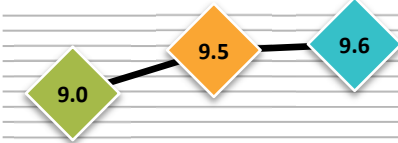
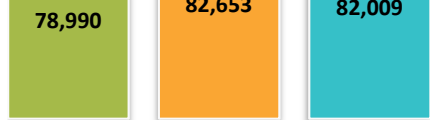
## Average Length of Stay



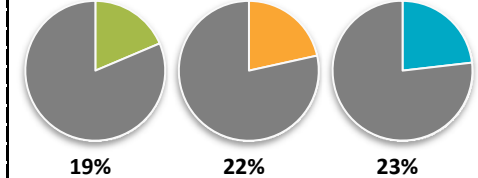
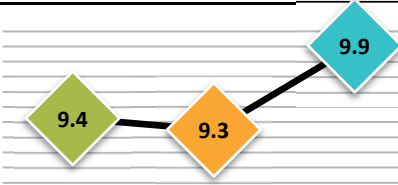
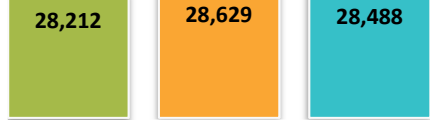
## Readmission Rate



Adults



START



## PERT

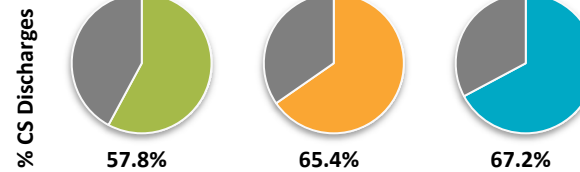
### Children

	FY 2017-18	FY 2018-19	FY 2019-20
Contacts	1,585	1,756	1,920
FFS & CAPS Admits	108	156	130
ESU Visits	255	470	506

### Adults

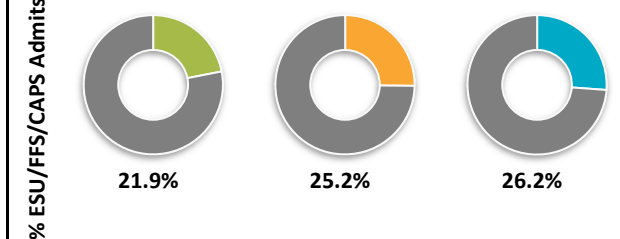
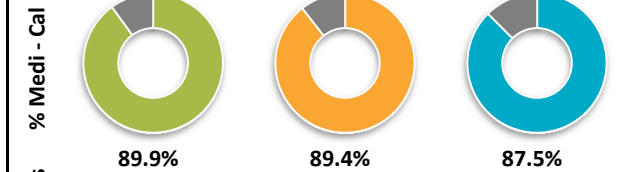
	FY 2017-18	FY 2018-19	FY 2019-20
Contacts	8,569	9,737	11,142
FFS Admits	800	759	939
EPU Screenings	583	860	1,082
PERT-EPU-SDCPH	199	284	381

## EPU



	FY 2017-18	FY 2018-19	FY 2019-20
Medi-Cal Only	51.6%	54.4%	55.9%
Medicare Only	2.7%	3.3%	3.6%
Medi-Medi	10.3%	9.5%	8.5%
Other	35.3%	32.8%	31.9%

## ESU

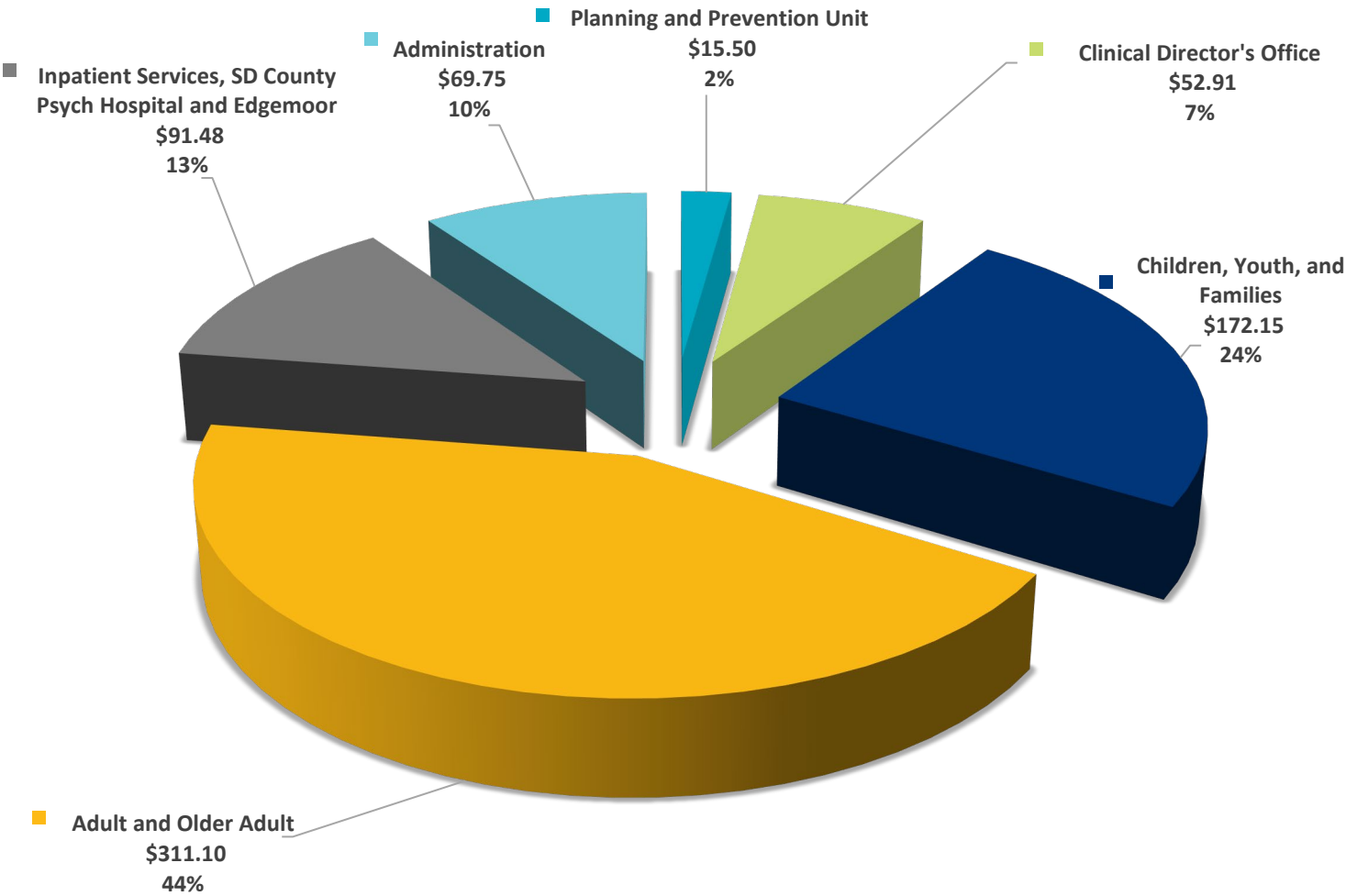


## **Appendix B: FY 2019-20 BHS Factsheets**



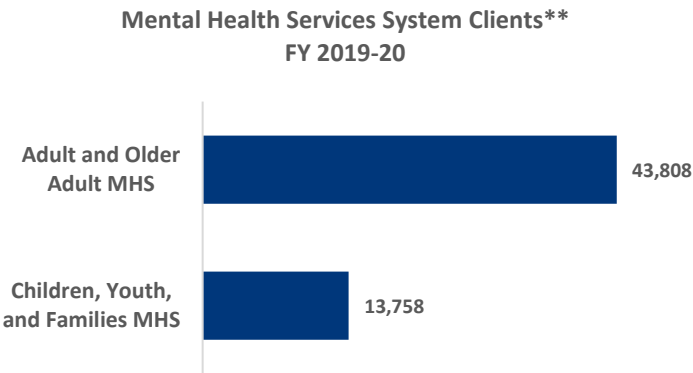
County of San Diego Health and Human Services Agency  
Behavioral Health Services Fact Sheet for Fiscal Year (FY) 2019-20

**Total BHS Adopted Budget for FY 2019-20 = \$712.89 million\***  
**Total Full-Time Equivalent Employees (FTE) = 1007.50**  
**\$ in Millions**

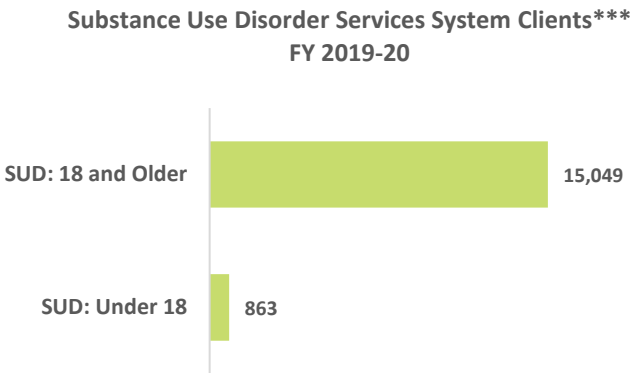


\*FY 2019-20 data is based on the level of care information that was extracted from BHS Financial Management System (Board), thus additional service categories were added.  
Data Source: COSD BHS Fiscal Management

**Mental Health Services and Substance Use Disorder Services Clients, FY 2019-20**



\*\*Based on CCBH unduplicated client data  
Data Source: AOABHS and CYFBHS Databooks, FY 2019-20

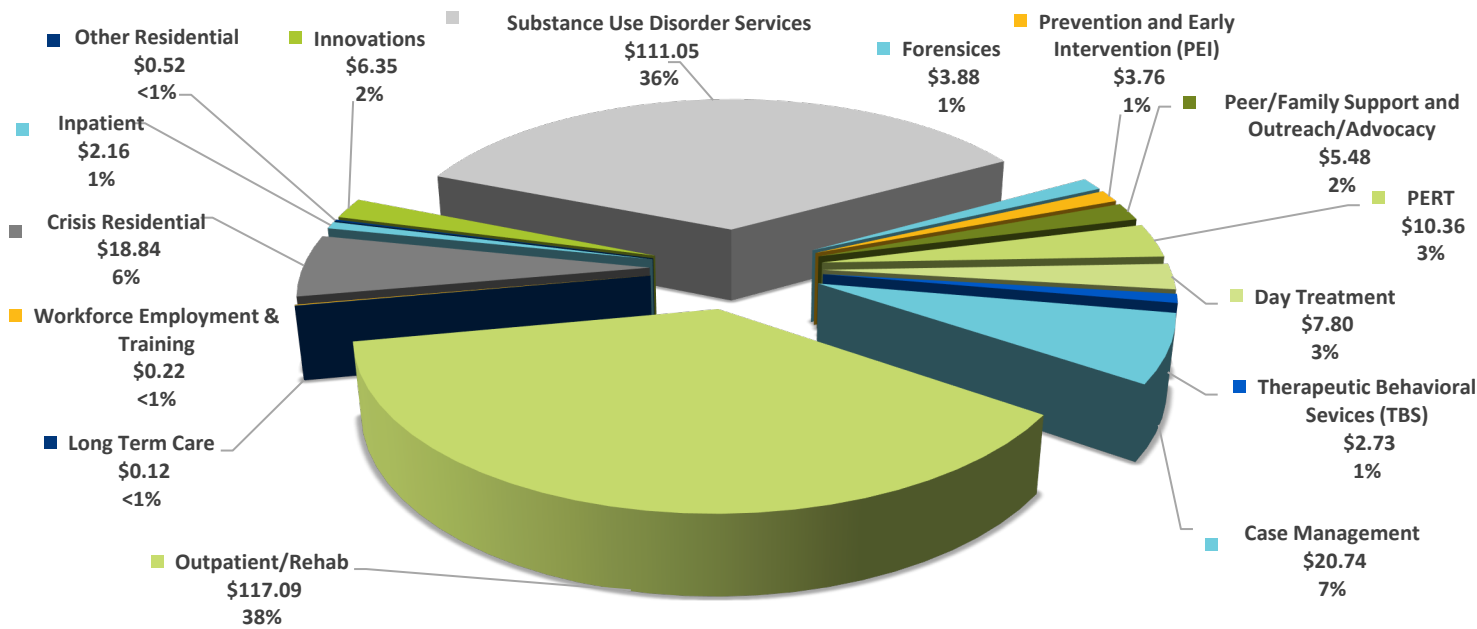


\*\*\*Based on SanWITS unduplicated client data  
Data Source: SUD Databook, FY 2019-20



County of San Diego Health and Human Services Agency  
**Behavioral Health Services Fact Sheet for Fiscal Year (FY) 2019-20**  
**Adult and Older Adult Behavioral Health Services (AOABHS)**

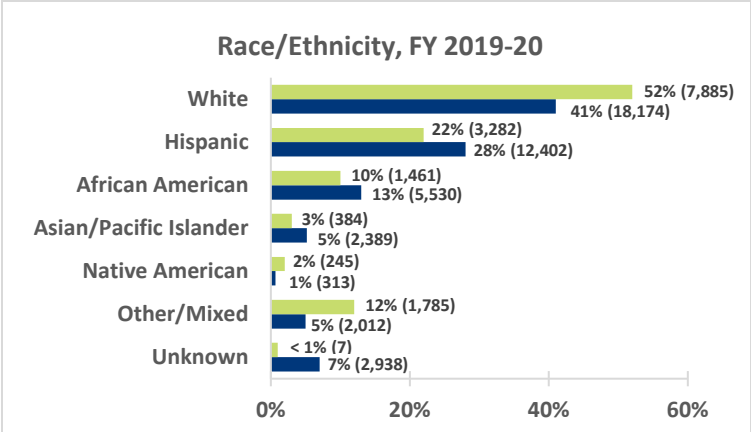
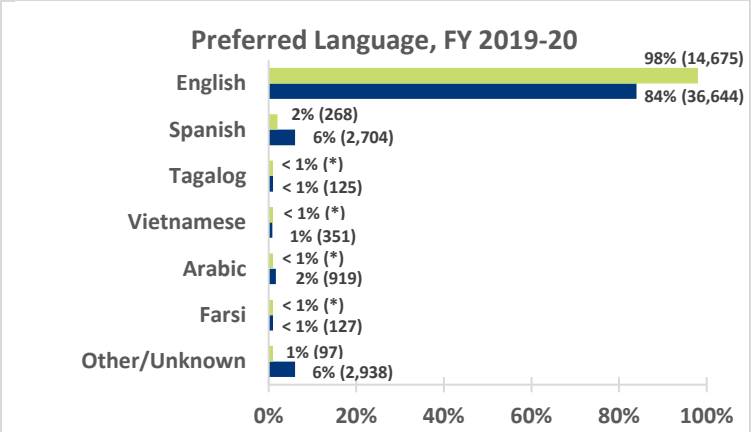
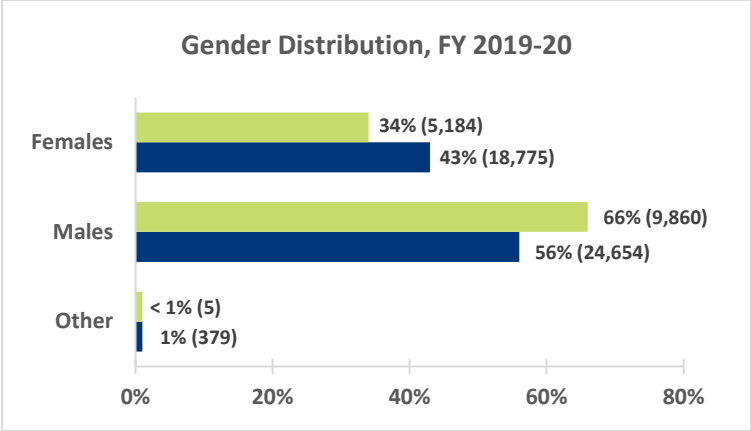
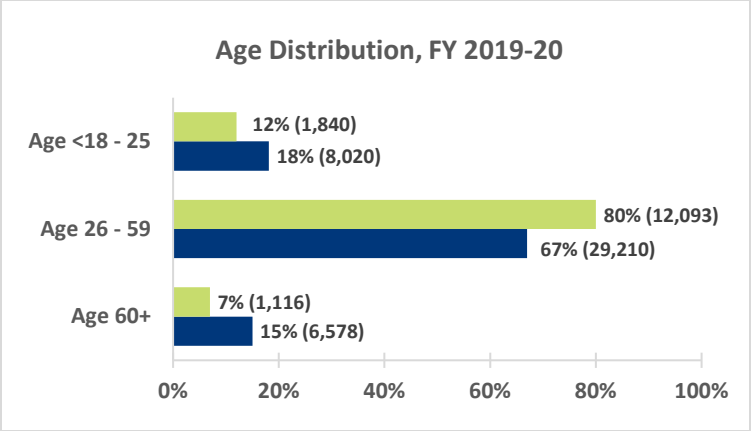
**AOABHS Budget for FY 2019-20 = \$311.10 million\***  
**Direct Services Expenditures (\$ in Millions)**



\*FY 2019-20 data is based on the level of care information that was extracted from BHS Financial Management System (Board), thus additional service categories were added.  
Data Source: COSD BHS Fiscal Management

■ Substance Use Disorder System of Care  
■ Mental Health System of Care

**Adult and Older Adult Demographics**  
**Unduplicated Substance Use Disorder Clients Served in FY 2019-20: 15,049**  
**Unduplicated Mental Health Clients Served in FY 2019-20: 43,808**



\*Counts of clients less than five have been masked

Note: Percentages may not sum to 100 due to rounding.  
Data Source: AOABHS Databook, FY 2019-20, SUD Databook Data, FY 2019-20

Source: HSRC (KR, ST)  
Report date: 2/11/2021



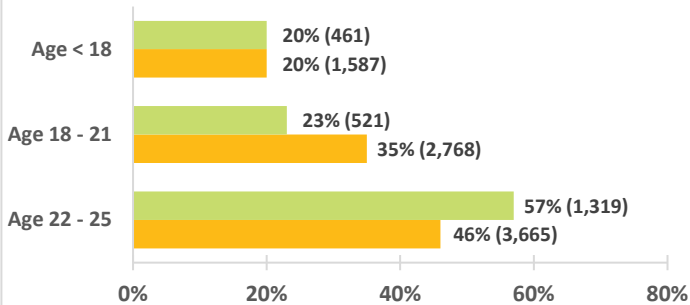
County of San Diego Health and Human Services Agency  
**Behavioral Health Services Fact Sheet for Fiscal Year (FY) 2019-20**  
**Transition Age Youth (TAY) and Older Adult (OA) Behavioral Health Services**

**Transition Age Youth Demographics – Unduplicated Substance Use Disorder Clients Served in FY 2019-20: 2,301**

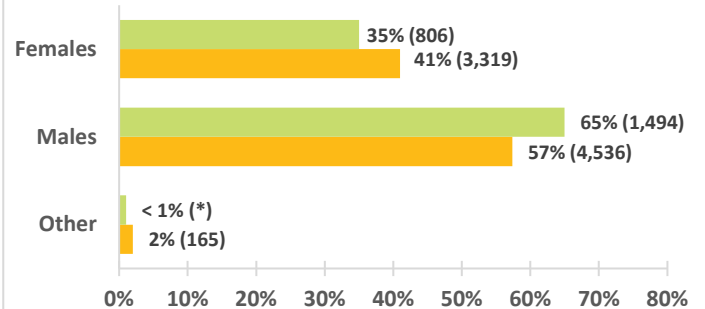
**Unduplicated Mental Health Clients Served in FY 2019-20: 8,020**

■ Substance Use Disorder System of Care  
■ Mental Health System of Care

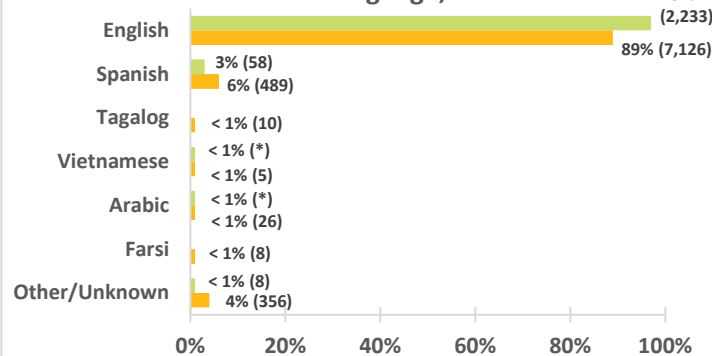
**TAY Age Distribution, FY 2019-20**



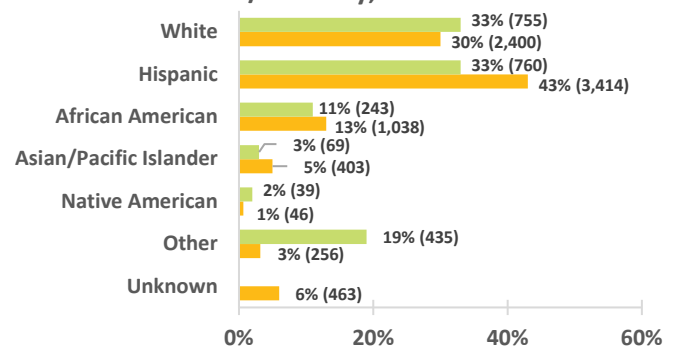
**TAY Gender Distribution, FY 2019-20**



**TAY Preferred Language, FY 2019-20**



**TAY Race/Ethnicity, FY 2019-20**

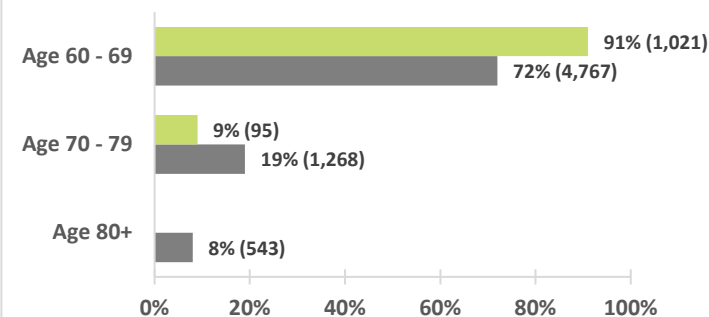


■ Substance Use Disorder System of Care  
■ Mental Health System of Care

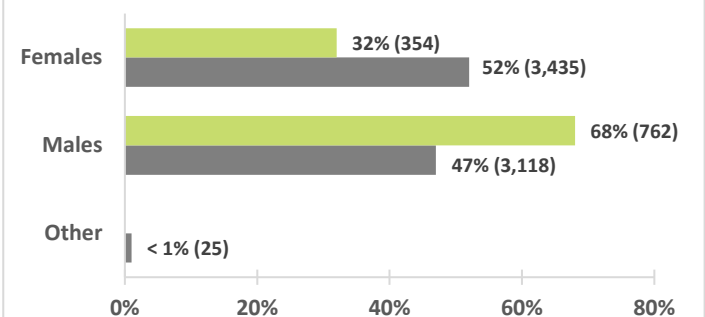
**Older Adult Demographics – Unduplicated Substance Use Disorder Clients Served in FY 2019-20: 1,116**

**Unduplicated Mental Health Clients Served in FY 2019-20: 6,578**

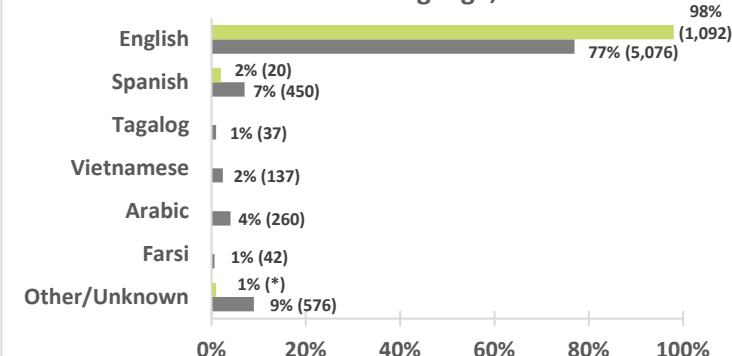
**Older Adult Age Distribution, FY 2019-20**



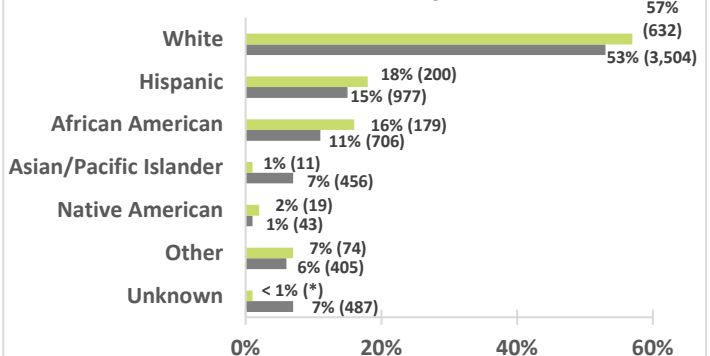
**Older Adult Gender Distribution, FY 2019-20**



**Older Adult Preferred Language, FY 2019-20**



**Older Adult Race/Ethnicity, FY 2019-20**



\*Counts of clients less than five have been masked

Note: Percentages may not sum to 100 due to rounding.  
Data Source: AOABHS Databook, FY 2019-20, SUD Databook Data, FY 2019-20

Source: HSRC (KR, ST)  
Report date: 2/11/2021

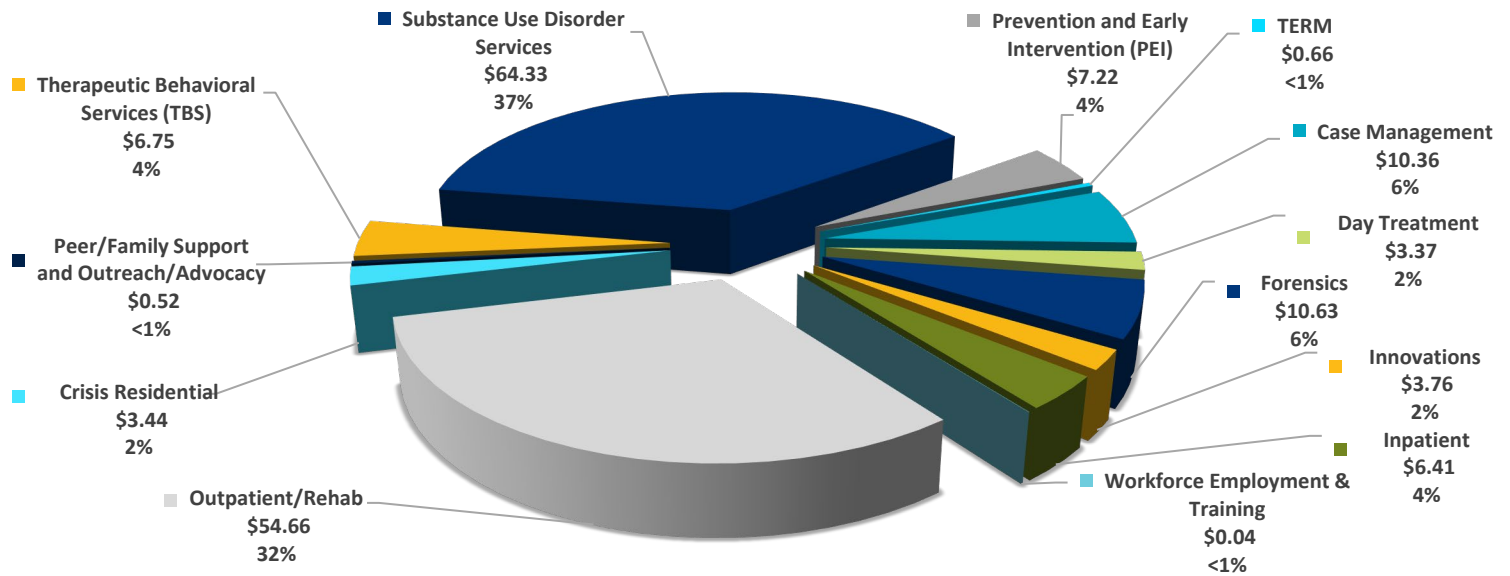




County of San Diego Health and Human Services Agency  
**Behavioral Health Services Fact Sheet for Fiscal Year (FY) 2019-20**  
**Children, Youth, and Families Behavioral Health Services (CYFBHS)**

**CYFBHS Budget for FY 2019-20 = \$172.15 million\***

**Direct Services Expenditures (\$ in Millions)**



\*FY 2019-20 data is based on the level of care information that was extracted from BHS Financial Management System (Board), thus additional service categories were added.  
 Data Source: COSD BHS Fiscal Management

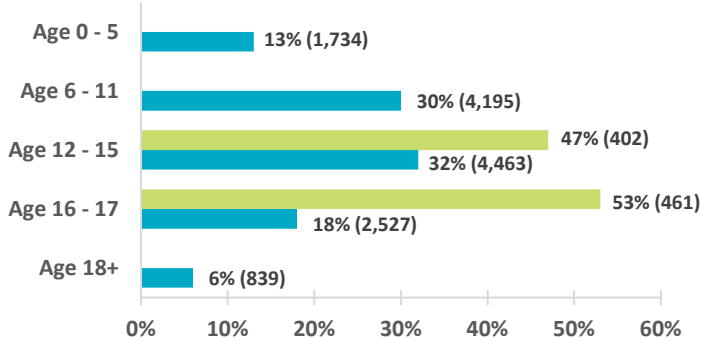
- Substance Use Disorder System of Care
- Mental Health System of Care

**Children, Youth, and Families Demographics**

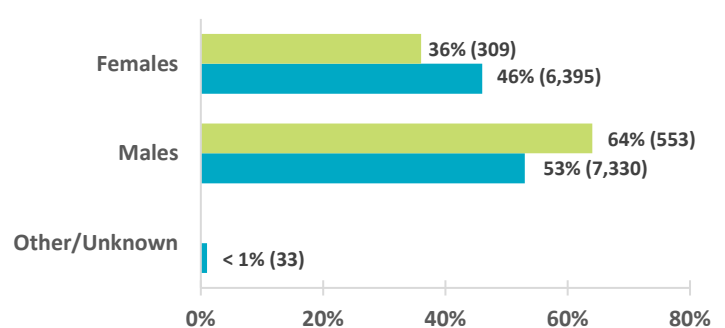
**Unduplicated Substance Use Disorder Clients Served in FY 2019-20: 863**

**Unduplicated Mental Health Clients Served in FY 2019-20: 13,758**

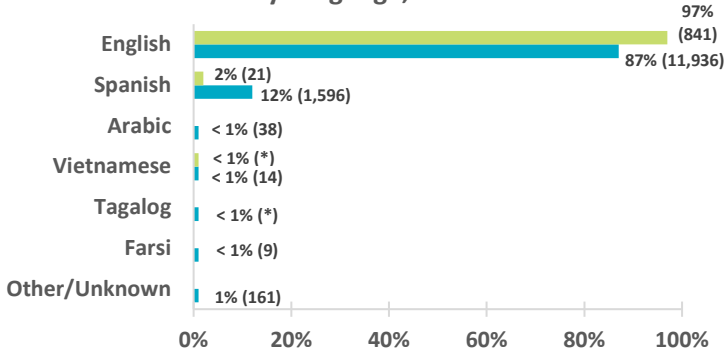
**Age Distribution, FY 2019-20**



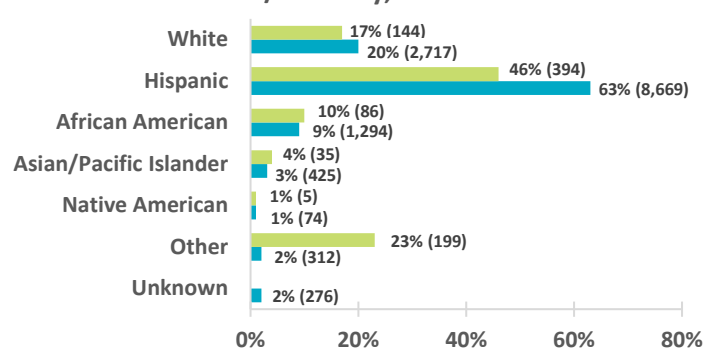
**Gender Distribution, FY 2019-20**



**Primary Language, FY 2019-20**



**Race/Ethnicity, FY 2019-20**



\*Counts of clients less than five have been masked

Note: Percentages may not sum to 100 due to rounding.  
 Data Source: CYFBHS Databook, FY 2019-20, SUD Databook Data, FY 2019-20

Source: HSRC (KR, ST)  
 Report date: 4/8/2021