

# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

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## Adult Behavioral Health Services Systemwide Annual Report: Fiscal Year 2023-24

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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 Behavioral Health Services (SDCBHS) and the Drug Medi-Cal Organized Delivery System (DMC-ODS) during Fiscal Year 2023-24 (July 2023 – June 2024).

### SDCBHS MH: Chapter 1

- Primarily serves individuals aged 18 years or older with severe, persistent mental health needs, or those experiencing a mental health crisis.
- Services in FY 2023-24 were delivered through a wide variety of program types including:
- Outpatient programs including but not limited to:
  - Full Service Partnerships (FSP)
  - Walk-in Assessment Centers
  - Case Management (CM) programs
- Access & Crisis Line (ACL)
- Crisis Residential (CR) Facilities
- Crisis Stabilization (CS) Facilities
- Urgent Outpatient (UO) Facilities
- Psychiatric Emergency Response Teams (PERT)
- Mobile Crisis Response Teams (MCRT)
- Inpatient Facilities
- Forensic Services
- Telepsychiatry
- 24 Hour Services

### SDCBHS DMC-ODS: Chapter 2

- Serves individuals with substance use disorders (SUD). Most clients served by the DMC-ODS are adults. Data for clients served by youth specific and perinatal programs within the DMC-ODS are reported in the Children, Youth, and Families Annual System of Care report.
- Services in FY 2023-24 were delivered through a variety of levels of care including:
  - Recovery Services
  - Early Intervention
  - Ambulatory Withdrawal Management (AWM)
  - Outpatient Services
  - Intensive Outpatient Services
  - Withdrawal Management (WM)
  - Residential Services
  - Opioid Treatment Programs (OTP)

# Key Findings

## All Adult Mental Health Clients

- During FY 2023-24, SDCBHS delivered mental health services to 45,129 adults, TAY, and older adults.
- Over the past five fiscal years, the proportion of non-Hispanic White clients served by mental health providers within the SDCBHS System of Care (SOC) has gradually decreased (39% to 35%), while the proportion of Hispanic clients has gradually increased (29% to 33%).
- Similar to previous fiscal years, the most common mental health diagnoses among adult MH clients served by SDCBHS mental health providers during FY 2023-24 were schizophrenia and other psychotic disorders (42%), followed by bipolar disorders (21%), and depressive disorders (20%).
- Seventeen percent (17%; 6,394 clients) of adult MH clients served by SDCBHS mental health providers during FY 2023-24 were employed in a competitive job, reflecting a 10% increase in the number of clients who were employed in a competitive job compared to FY 2022-23 (5,803 clients).
- The number of Assertive Community Treatment (ACT) services among adult MH clients increased by 13% during FY 2023-24 (162,240 visits), compared to FY 2022-23 (143,459 visits).
- The number of adult MH clients who received Urgent Outpatient (UO) services provided by SDCBHS mental health providers decreased during FY 2023-24 (5,597 client) relative to the previous FY, 6,180 clients), while the number of adult MH clients who received Crisis Residential services increased by 24% during FY 2023-24 (1,910 clients), compared to FY 2022-23 (1,539 clients).
- There was a notable increase in utilization of Mobile Crisis Response Team (MCRT) services during FY 2023-24 (5,582 visits by 3,774 clients) compared to FY 2022-23 (4,005 visits by 2,780 clients), as this new level of care was implemented county-wide in 2022 and is continue to grow in utilization.



# Key Findings

## All Adult Mental Health Clients

- Similar to last FY, the most common initial point of access to county-provided mental health services in FY 2023-24 was emergency/crisis services (51%).
- A total of 65,014 emergency/crisis services were used by 17,442 clients during FY 2023-24, representing 39% of adult MH clients served by the SDCBHS SOC. This represents a less than 1% decrease in the number of SDCBHS mental health clients who received emergency/crisis services during FY 2023-24, compared to FY 2022-23 (17,477 clients).
- Of the 4,775 adult MH clients hospitalized during FY 2023-24, 1,310 of them (27%) were hospitalized at least one additional time during the fiscal year. During FY 2023-24, the lowest percentage of hospitalizations among adult MH clients over the past five years was observed.
- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2021-22, average wait times decreased from approximately 11 days to a little over four days in FY 2023-24. Also, average access times for mental health assessments have been decreasing from FY 2020-21, specifically wait times decreased from a little over 6 days during FY 2020-21 to under 5 days in FY 2023-24.
- Clinicians reported significant improvements in illness management, overall progress towards recovery outcomes, and low or minimal impairment in functioning due to drug or alcohol use among adult MH clients in FY 2023-24. Also, adult MH clients self-reported significant improvement in their overall mental health status in FY 2023-24 via the Recovery Markers Questionnaire (RMQ) from pre- to post-assessment.
- Adult MH clients served by SDCBHS mental health providers reported high rates of agreement in their perception of participation in treatment planning (92%), perception of quality and appropriateness of their treatment (91%), perception of access of treatment (87%), and general satisfaction (90%).

# Key Findings

## Transition Age Youth (TAY) Clients

- During FY 2023-24, SDCBHS delivered mental health services to 8,004 TAY clients (aged 18 to 25 years), comprising 18% of the adult MH population served by mental health providers during FY 2023-24, and reflecting a slight increase from the 7,973 TAY clients served during FY 2021-22.
- Compared to FY 2022-23, the number of TAY clients served by SDCBHS mental health providers during FY 2023-24 under the age of 18 increased by 3% (2,733 clients in FY 2022-23 to 2,808 clients in FY 2023-24).
- A smaller proportion of TAY clients served during FY 2023-24 were male (51%) compared to the overall SDCBHS client population (55%) and a higher proportion of TAY clients served during FY 2023-24 were female (45%) compared to the overall SDCBHS client population (43%).
- Compared to the overall SDCBHS client population, a larger proportion of TAY clients served during FY 2023-24 were Hispanic (46% compared to 33%), and a smaller proportion were non-Hispanic White (24% compared to 35%).
- Nearly four-fifths (79%) of TAY clients served by SDCBHS mental health providers during FY 2023-24 were living independently, compared to only 65% of all clients served by SDCBHS mental health providers.
- The proportion of TAY clients with a co-occurring mental illness and substance use disorder served in FY 2023-24 was less than the proportion of all adult MH clients with a co-occurring mental illness and substance use disorder (42% TAY clients compared to 57% adult MH clients).
- The number of TAY clients who received Urgent Outpatient (UO) services provided by SDCBHS mental health providers decreased by 18% during FY 2023-24 (875 client) relative to the previous fiscal year (1,071 clients).
- SDCBHS mental health clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre- to post-assessment in the ability to manage symptoms, progress towards recovery, and overall IMR scores. Also, TAY clients self-reported significant improvements in their overall mental health status via the RMQ from pre- to post-assessment.

# Key Findings

## Older Adult (OA) Clients

- During FY 2023-24, SDCBHS delivered mental health services to 6,964 older adults (age 60 years or older), comprising 15% of all adult MH clients served by mental health providers during the fiscal year, and reflecting a slight increase of 8% in the number of OA clients served during FY 2022-23 (6,449 clients).
- The number of OA clients served during FY 2023-24 between the ages of 60 and 69 years (4,964 clients) increased by 9%, compared to FY 2022-23 (4,568 clients).
- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2023-24 were female (50%) compared to the overall SDCBHS client population (43%).
- Similar to previous fiscal years, compared to all clients served by SDCBHS mental health providers, a smaller proportion of OA clients served during FY 2023-24 were Hispanic (18% vs. 33%), and a larger proportion were non-Hispanic White (49% vs. 35%).
- A larger proportion of OA clients served by SDCBHS mental health providers reported living in an institution (13%) compared to the overall adult MH client population served by mental health providers (4%) during FY 2023-24.
- The most common mental health diagnosis among OA clients served during FY 2023-24 was schizophrenia and other psychotic disorders (49%), followed by depressive disorders (24%), comprising nearly three-quarters of OA clients with a valid diagnosis in CCBH.
- The number of Assertive Community Treatment (ACT) services among OA clients increased by 20% during FY 2023-24 (32,770 visits), compared to FY 2022-23 (27,350 visits).
- During FY 2023-24, there was a substantial increase in the number of OA clients receiving Crisis Residential (CR) services (187 clients) by SDCBHS mental health providers compared to FY 2022-23 (132 clients), along with an 18% increase in the number of OA clients receiving jail services in FY 2023-24 (657 clients) compared to FY 2022-23 (557 clients).



# Key Findings

## All Adult\* DMC-ODS Clients

- During FY 2023-24, the SDCBHS Drug Medi-Cal Organized Delivery System (DMC-ODS) delivered substance use disorder (SUD) treatment services to 11,786 adult clients, marking a 5% increase in the number of clients served by adult SUD treatment providers during FY 2022-23 (11,207 clients).
- The proportion of non-Hispanic White adult clients served by DMC-ODS SUD treatment providers has gradually decreased since FY 2019-20 (53% to 47%), while the proportion of Hispanic clients has increased (22% to 35%).
- The most common primary substance used at intake among adult DMC-ODS clients served during FY 2023-24 was methamphetamine (26%), followed by opioids that were not heroin (24%), followed by alcohol (22%).
- More than two-fifths (42%) of adult clients served by the DMC-ODS during FY 2023-24 reported a primary substance used of heroin or another opioid at intake.
- Since FY 2019-20, primary utilization of heroin among adult clients served by the DMC-ODS declined from 36% to 18%, while primary utilization of other opioids more than tripled over the same time frame (7% to 24%).
- More than one-third (35%) of adult clients served by the DMC-ODS during FY 2023-24 were experiencing homelessness at the time of their most recent admission.
- In addition to a substance use disorder, more than one-third (38%) of adult DMC-ODS clients served during FY 2023-24 had a co-occurring substance use disorder and mental health illness at intake.
- The proportion of adult clients served by the DMC-ODS with a co-occurring substance use disorder and mental illness has increased from FY 2019-20 (34%) to FY 2023-24 (38%).
- A larger proportion of clients served by adult DMC-ODS treatment providers with a co-occurring substance use disorder and mental illness were female (37%) compared to the proportion of all female clients served during FY 2023-24 (28%).

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

*Adult Behavioral Health Services Annual System of Care Report FY 2023-24  
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)*

# Key Findings

## All Adult\* DMC-ODS Clients

- Heroin or another opioid were the most reported primary substances used among adult clients served by the DMC-ODS during FY 2023-24 across all regions, except for the Central region where methamphetamine was most reported.
- Almost two-thirds of adult clients from the North Coastal (65%), North Central (63%), and North Inland (62%) regions reported an opioid (heroin or another opioid) as their primary substance used compared to less than half of those from the Central (35%), South (41%), or East (45%) regions.
- There were 13,929 discharges from adult DMC-ODS programs during FY 2023-24. About one-third (32%) of these discharges had a disposition of completed treatment and recovery plan goals, and almost two-fifths (38%) were administrative.
- During FY 2023-24, a total of 1,231,416 DMC-ODS services were provided to adult clients, and a majority (96%) were provided face to face.
- Group counseling was the most common service type provided to adult clients receiving recovery services (48%), outpatient services (62%), and intensive outpatient services (63%) from DMC-ODS programs during FY 2023-24.
- Overall, adult clients served by the DMC-ODS reported high rates of satisfaction as evidenced by at least 84% agreement in four of the five domains of the Treatment Perception Survey from those surveyed in the fall of 2023. The Perception of Care Coordination domain had a lower rate of endorsement, as only 79% of surveyed clients agreed or strongly agreed with the domain items.
- The number of new referrals and admissions into the DUI program has increased over the past three fiscal years.
- More clients completed the DUI program in FY 2022-23 (5,592 clients) and FY 2023-24 (5,546 clients) compared to FY 2021-22 (4,395 clients).

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

*Adult Behavioral Health Services Annual System of Care Report FY 2023-24  
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)*

# Chapter 1: Mental Health



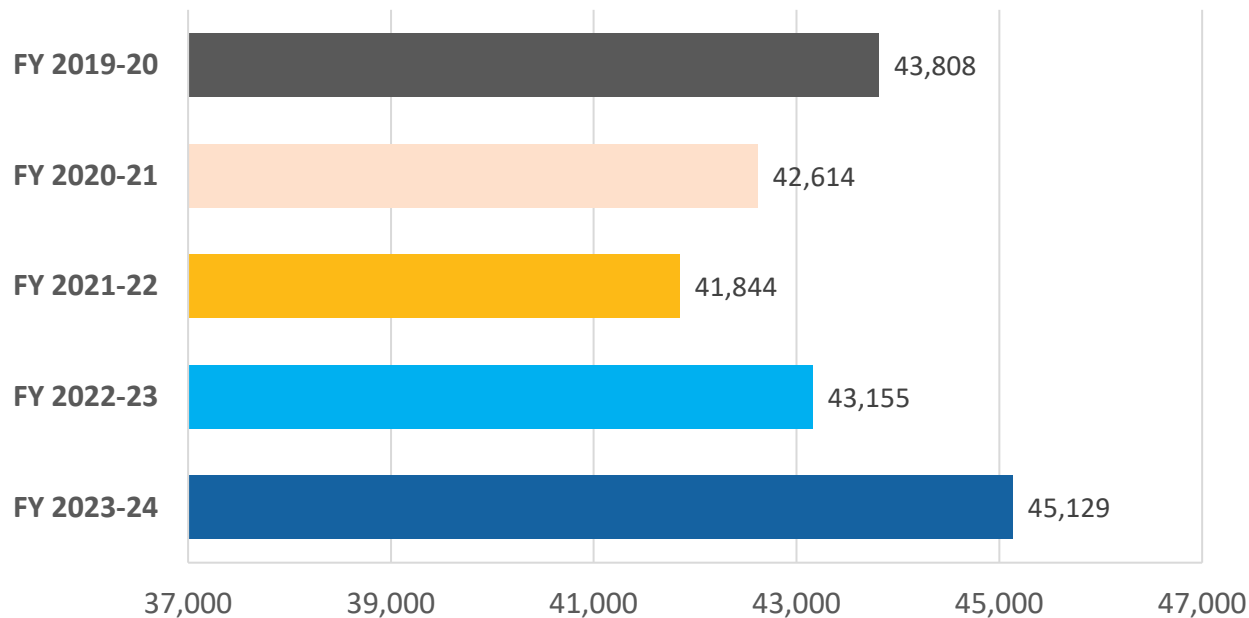
## Adult Mental Health System of Care Annual Report Fiscal Year 2023-2024

## Who are we serving?

### Total Number of Adult Mental Health (MH) Clients Served

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

### Number of Clients Served by Fiscal Year

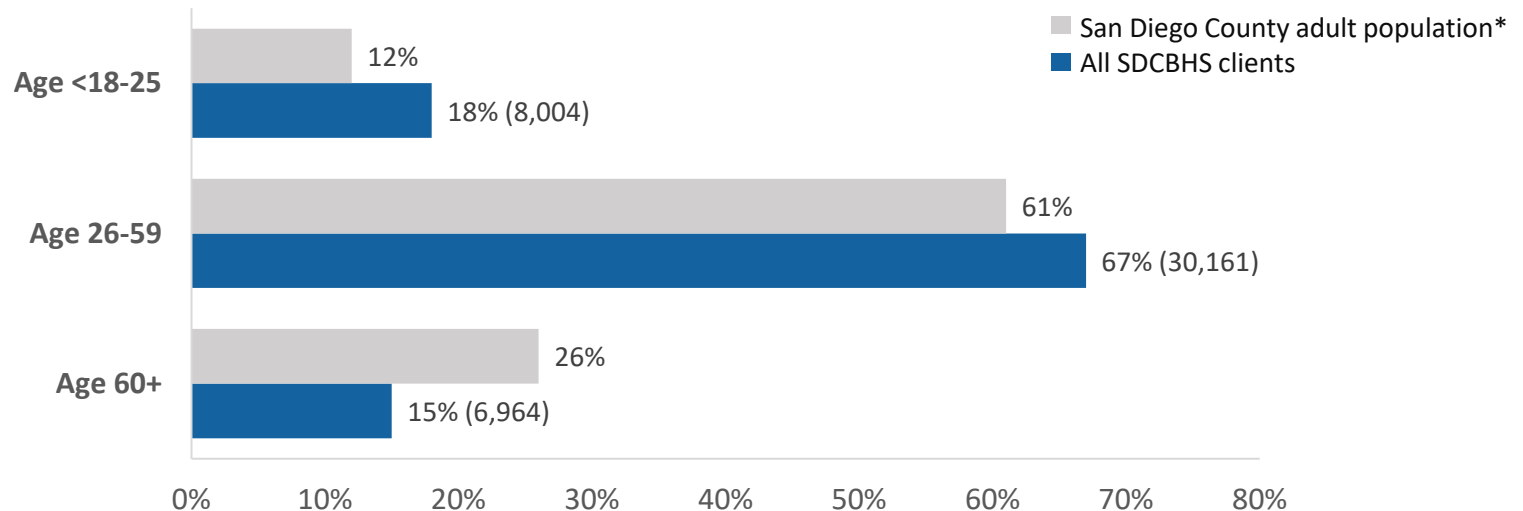


# Who are we serving?

## All Adult MH Clients: Age

- Compared to FY 2022-23, the proportion of adult MH clients served in each age group during FY 2023-24 remained relatively stable (18% for <18 to 25 years of age; 67% for clients between the ages of 26-59 years; and 15% for clients aged 60 years and above in FY 2022-23).
- Similar to previous fiscal years, a much smaller proportion (15%) of SDCBHS clients served during FY 2023-24 were older adults (ages 60+) compared to the estimated older adult population in San Diego County (26%).

### Age Distribution



\*Source: U.S. Census Bureau, 2022 American Community 5-Year Estimates Age and Sex (San Diego County population)

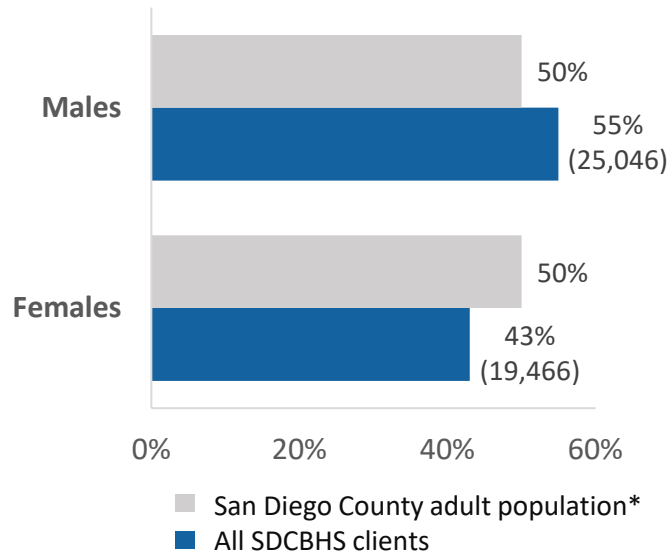
Note: San Diego County population estimates were not available for the CA mandated age categories. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-59, and age 60+.

# Who are we serving?

## All Adult MH Clients: Gender

- The proportion of males and females in the SDCBHS client population has remained relatively stable over the last five fiscal years.
- Similar to past fiscal years, there was a greater proportion of males served by SDCBHS in FY 2023-24 compared to the proportion of males in the overall San Diego County population (55% vs. 50%) and a smaller proportion of females served by SDCBHS in FY 2023-24 compared to the proportion of females in the overall San Diego County population (43% to 50%).

### Gender Distribution



SDCBHS Gender	Fiscal Year					SD County Population
	2019-20	2020-21	2021-22	2022-23	2023-24	
Females	43%	43%	43%	43%	43%	50%
Males	56%	56%	56%	55%	55%	50%
Other/Unknown	1%	1%	1%	1%	1%	n/a**

\*Source: U.S. Census Bureau, 2023 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 SDCBHS population, gender was reported as other/unknown for 617 clients in FY 2023-24 (1%).



# Who are we serving?

## All Adult MH Clients: Race/Ethnicity

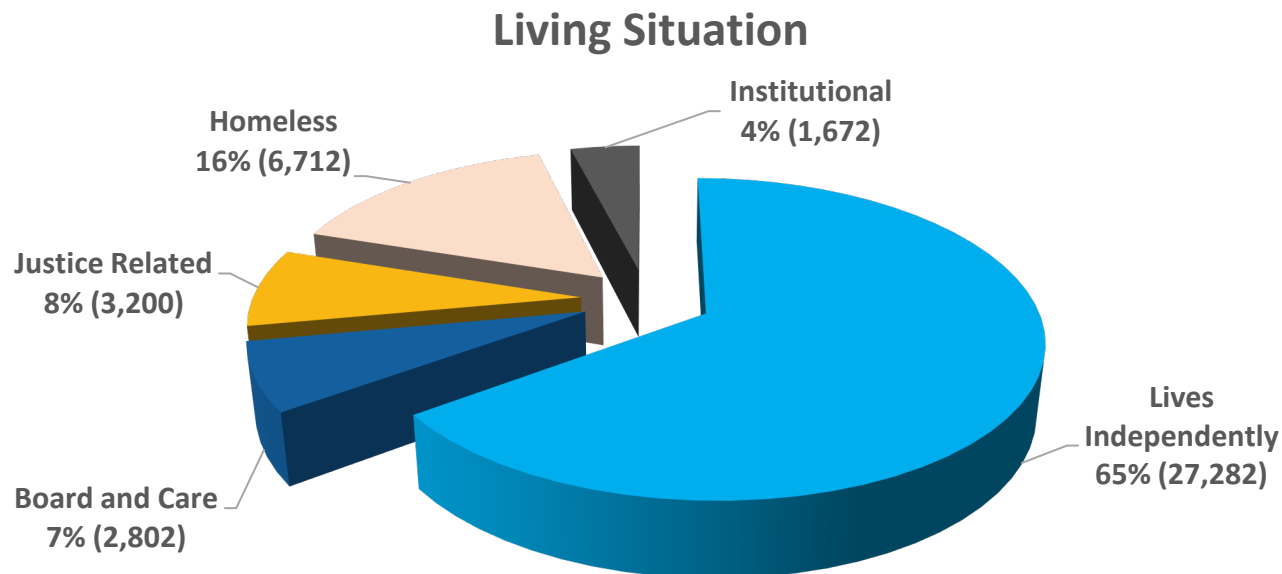
- The proportion of non-Hispanic White clients served by SDCBHS has gradually decreased since FY 2019-20 (39% to 35%), while the proportion of Hispanic clients has gradually increased (29% to 33%).
- The proportion of non-Hispanic Black/African American, and non-Hispanic Multiracial clients served by SDCBHS has remained relatively stable since FY 2019-20.

Race/Ethnicity	Fiscal Year				
	2019-20	2020-21	2021-22	2022-23	2023-24
Hispanic	29%	30%	31%	32%	33%
NH White	39%	38%	37%	36%	35%
NH Black/African American	11%	11%	11%	11%	11%
NH Asian/Pacific Islander	5%	5%	5%	4%	5%
NH Native American	<1%	<1%	<1%	<1%	<1%
NH Multiracial	6%	6%	6%	6%	6%
NH Other	4%	4%	4%	4%	4%
Unknown	6%	6%	6%	6%	6%

# Who are we serving?

## All Adult MH Clients: Living Situation\*

- Less than two-thirds (65%) of clients served in FY 2023-24 lived independently\*\*.
- The number of clients served during FY 2023-24 who lived in a justice related setting increased by 16% when compared with FY 2022-23 (3,200 compared to 2,758 in FY 2022-23).
- The proportion of clients served during FY 2023-24 who were in board and care, homeless, and institutional settings also remained stable from FY 2022-23.



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

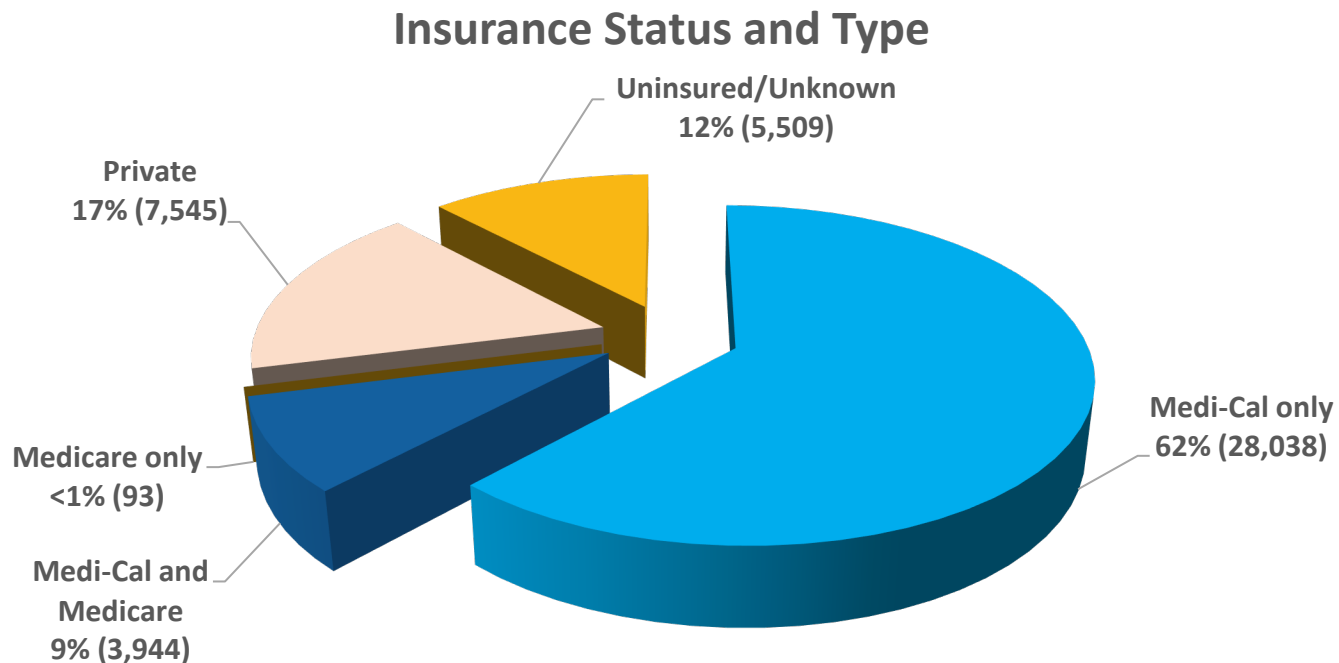
\*\*Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (n = 3,461) are excluded from the figure and percentages reported above.

## Who are we serving?

### All Adult MH Clients: Health Care Coverage

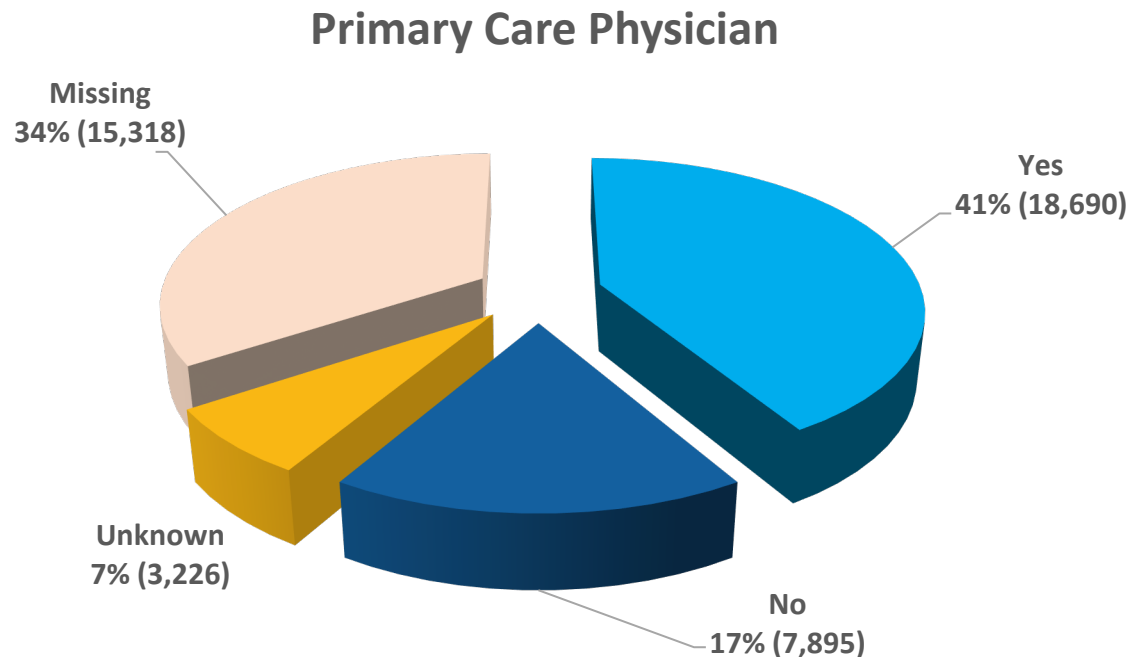
- The number of SDCBHS clients served in FY 2023-24 with private insurance increased by 12% when compared to FY 2022-23 (7,545 compared to 6,738 in FY 2022-23).
- Nearly three-quarters (71%) of clients served in FY 2023-24 were at least partially covered by Medi-Cal.



## Who are we serving?

### All Adult MH Clients: Primary Care Physician

- The proportion of SDCBHS clients served in FY 2023-24 who had a primary care physician (41%) slightly increased from FY 2022-23 (40%).
- Note: Information about primary care physician was unavailable for over one-third (34%) of SDCBHS clients.



# Who are we serving?

## All Adult MH Clients: Sexual Orientation

- The majority of adult MH clients served during FY 2023-24 with sexual orientation information available identified as heterosexual (82%).
- Sexual orientation data were missing for 27,504 clients (61%), which is more than what was reported FY 2022-23 (57%).

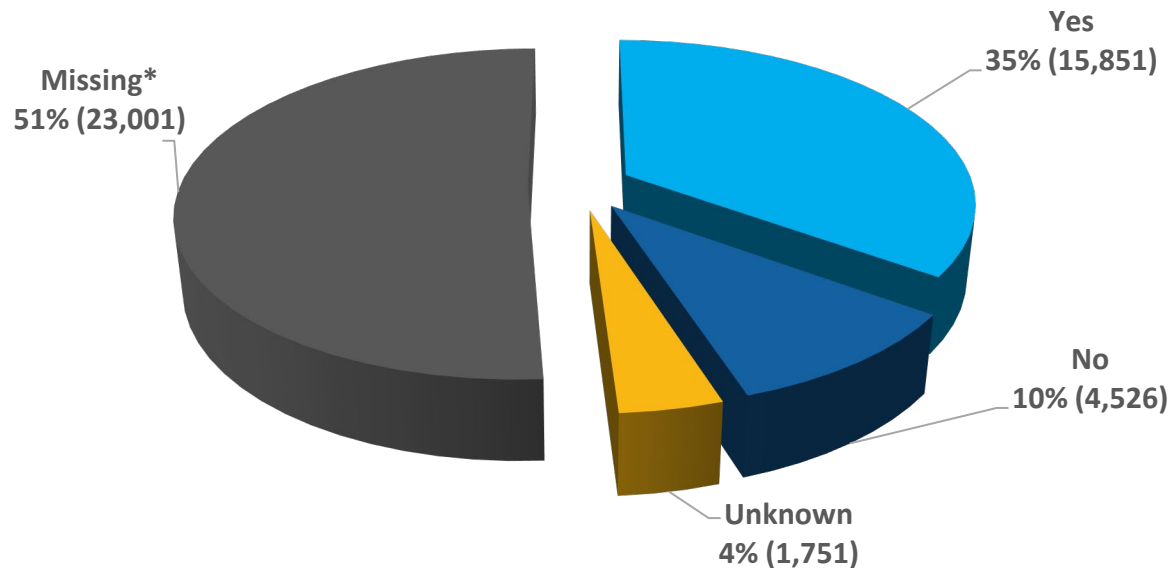
Sexual Orientation	Unique Clients	Percentage
Heterosexual	14,480	82%
Bisexual	1,353	8%
Gay male	466	3%
Lesbian	222	1%
Queer	104	1%
Asexual	94	1%
Other	174	1%
Questioning	181	1%
Declined to state	551	3%
Total (excluding missing)	17,074	100%
Missing	27,504	61%

# Who are we serving?

## All Adult MH Clients: History of Trauma

- Over one-third of SDCBHS clients served in FY 2023-24 had a history of trauma (35%).
- Data was not available (missing) for over half (51%) of the SDCBHS population.

### History of Trauma



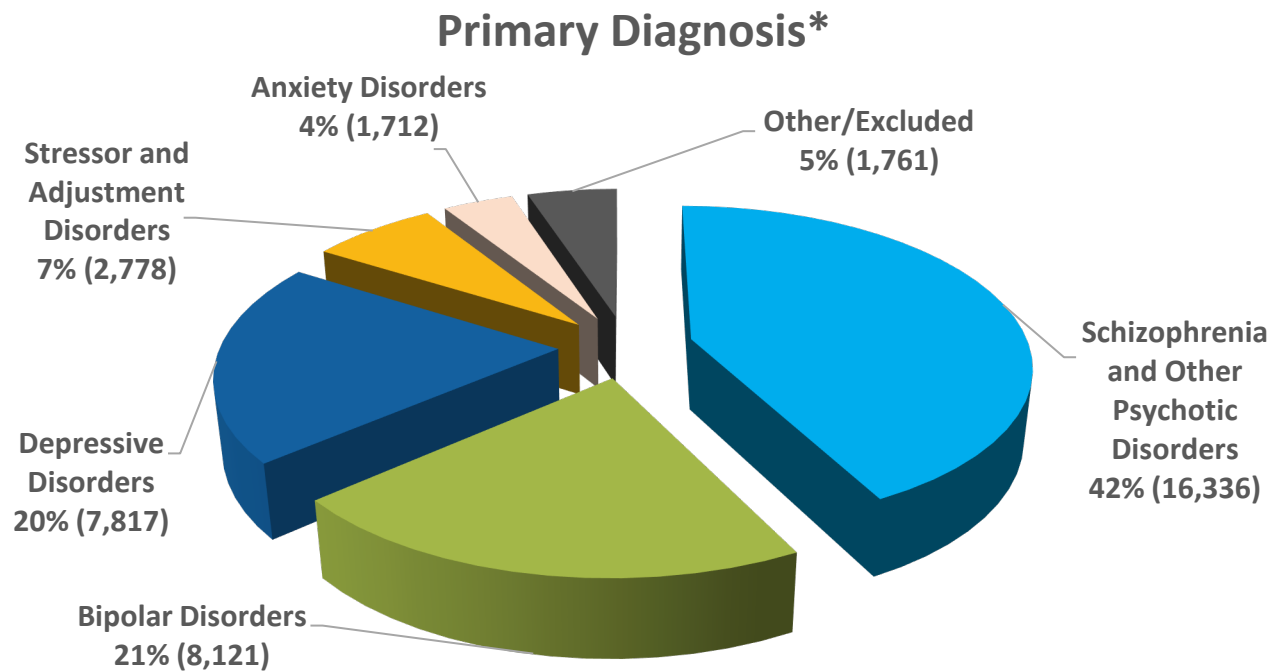
\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.



## Who are we serving?

### All Adult MH Clients: Primary Mental Health Diagnosis

- Similar to previous fiscal years, the most common diagnoses among SDCBHS clients served during FY 2023-24 were schizophrenia and other psychotic disorders (42%), followed by bipolar disorders (21%), and depressive disorders (20%).
- Primary diagnosis was invalid or missing for 6,604 SDCBHS clients served during FY 2023-24.

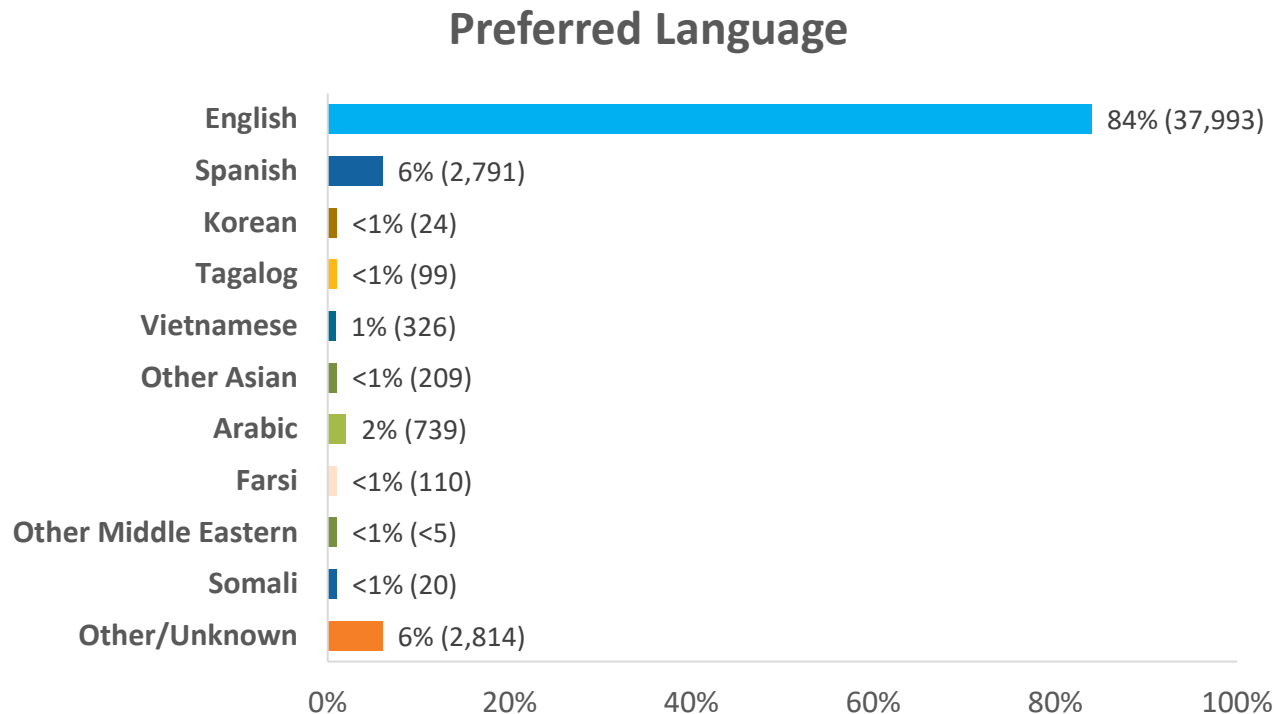


\*The graph and percentages reported above exclude invalid/missing values ( $n = 6,604$ ).

# Who are we serving?

## All Adult MH Clients: Primary Language

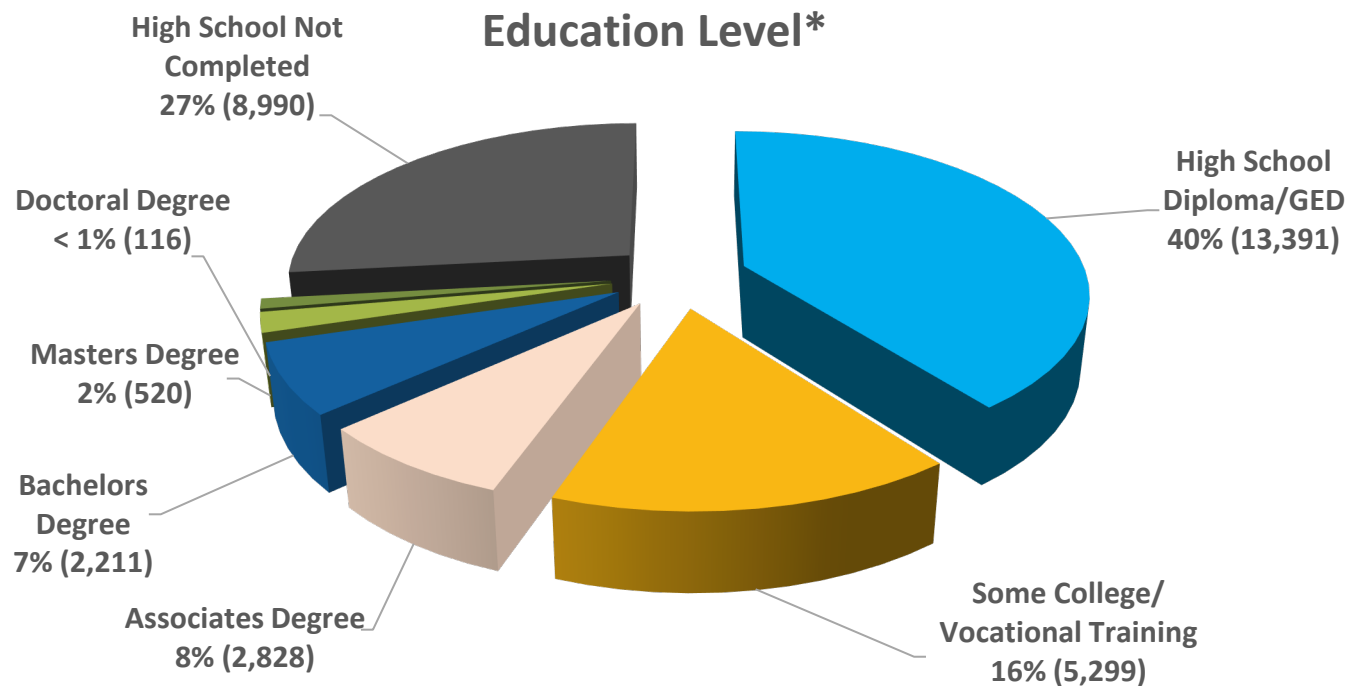
- SDCBHS services are available in many languages, including the six threshold languages in San Diego County: English, Spanish, Tagalog, Vietnamese, Arabic, and Farsi.
- The proportion of clients preferring each language in FY 2023-24 remained stable from FY 2022-23. More than four-fifths (84%) of clients preferred services in English. The second most common preferred language was Spanish (6%).



# Who are we serving?

## All Adult MH Clients: Education Level

- Overall, the education level proportions of clients served during FY 2023-24 were stable from FY 2022-23.
- Over one-fourth (27%) of SDCBHS clients served in FY 2023-24 did not complete high school.
- The largest proportion of clients receiving SDCBHS services during FY 2023-24 had a high school diploma or GED (40%).

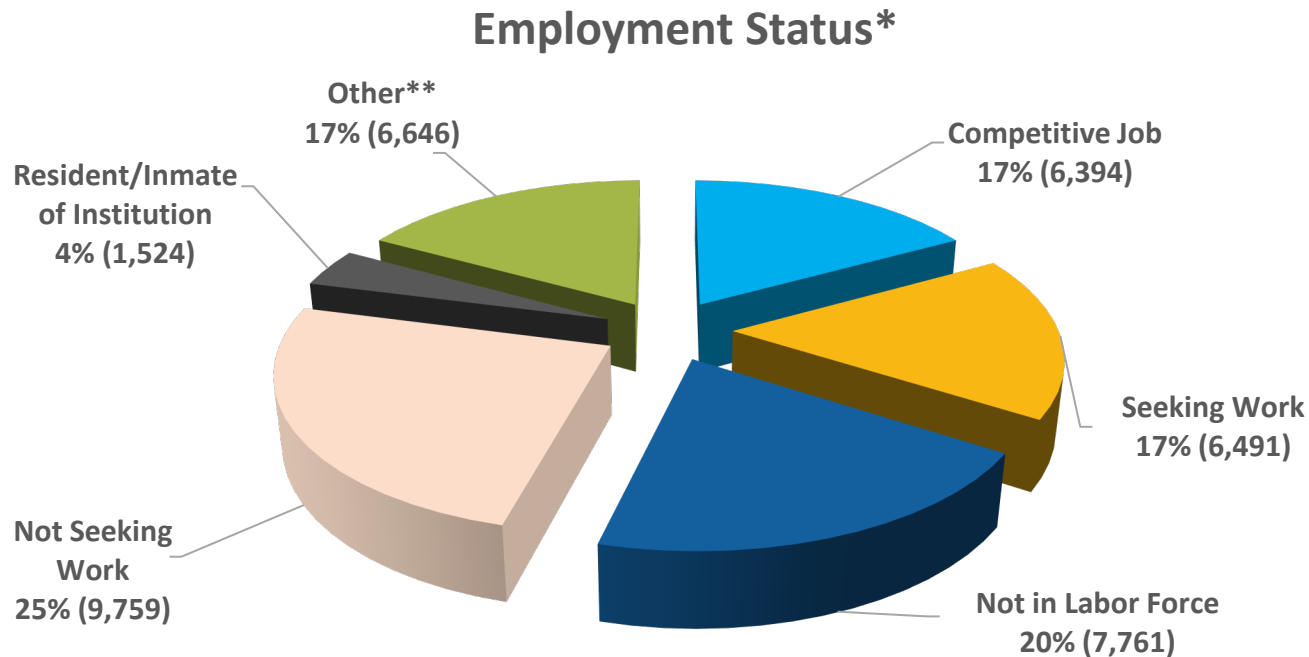


\*The graph and percentages reported above exclude unknown/not reported values (n = 11,774).

# Who are we serving?

## All Adult MH Clients: Employment Status

- At the time of the most recent assessment, one-third of clients served in FY 2023-24 were employed in a competitive job (17%) or seeking work (17%).
- 17% (6,394) of clients served during FY 2023-24 were employed in a competitive job, reflecting a 10% increase in the number of clients over time who were employed in a competitive job compared to FY 2022-23 (5,803).
- The number of clients served during FY 2023-24 seeking work increased by 9% when compared with FY 2022-23 (5,932 compared to 6,491 in FY 2023-24).



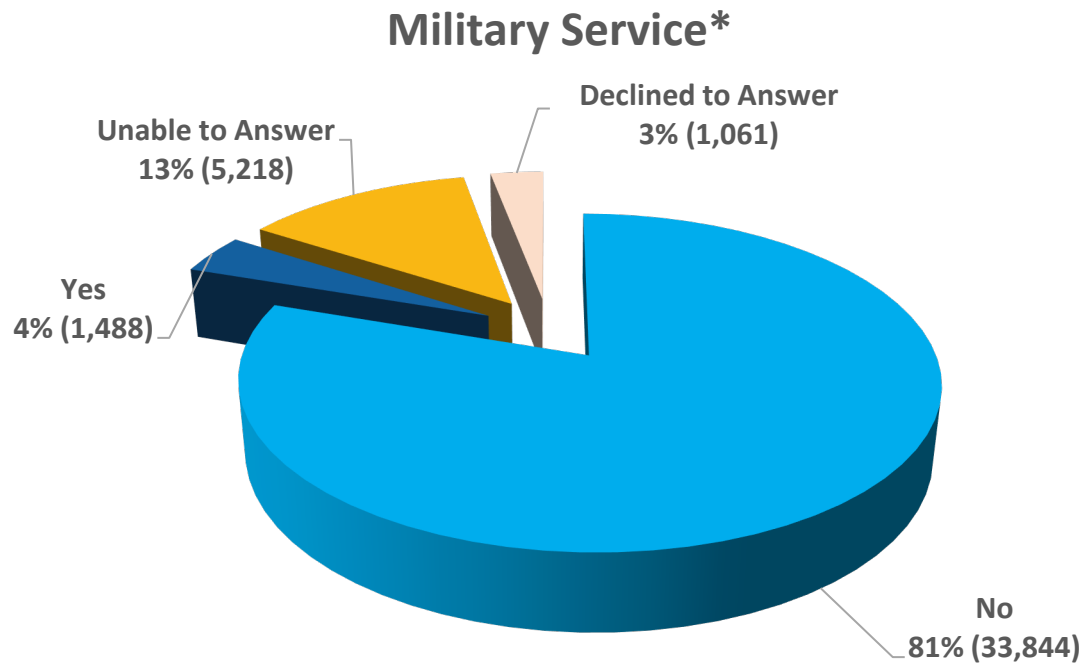
\*The graph and percentages reported above exclude Unknown values (n = 6,554).

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

## Who are we serving?

### All Adult MH Clients: Military Service

- Information regarding past military service was available for 92% of SDCBHS clients served during FY 2023-24, representing a 5% increase in clients from last fiscal year (39,729 in FY 2022-23 to 41,611 in FY 2023-24).
- Among those clients served for whom military service data were available, 81% reported that they had no military service, and 4% indicated that they had served in the military.



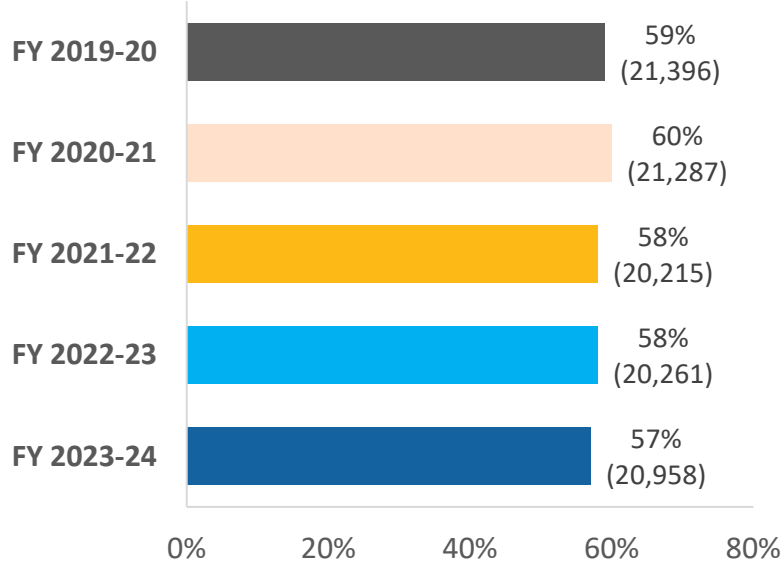
\*The graph and percentages reported above exclude missing values (n = 3,518).

## Who are we serving?

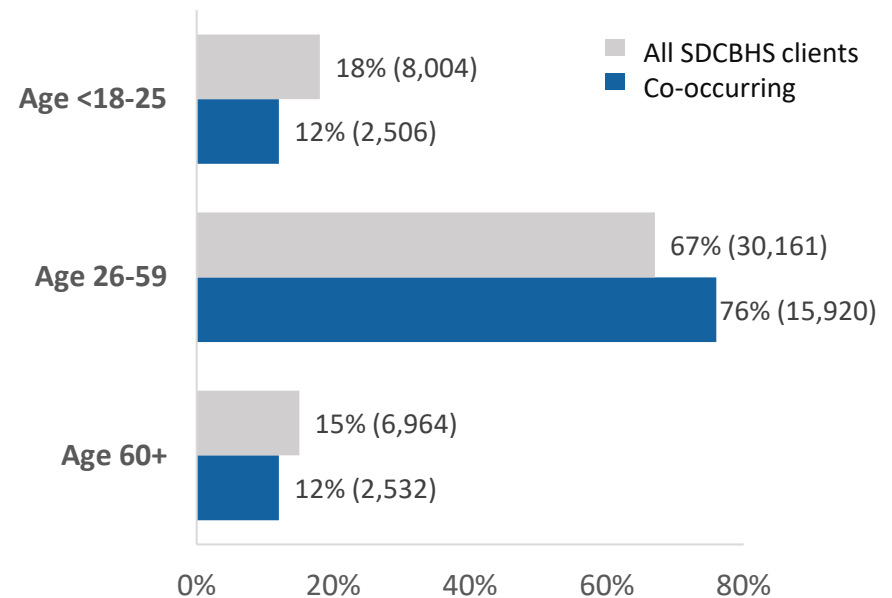
### All Adult MH Clients: Co-occurring Mental Illness and Substance Use Disorder (Overall and by Age)

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

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



**Co-occurring by Age**

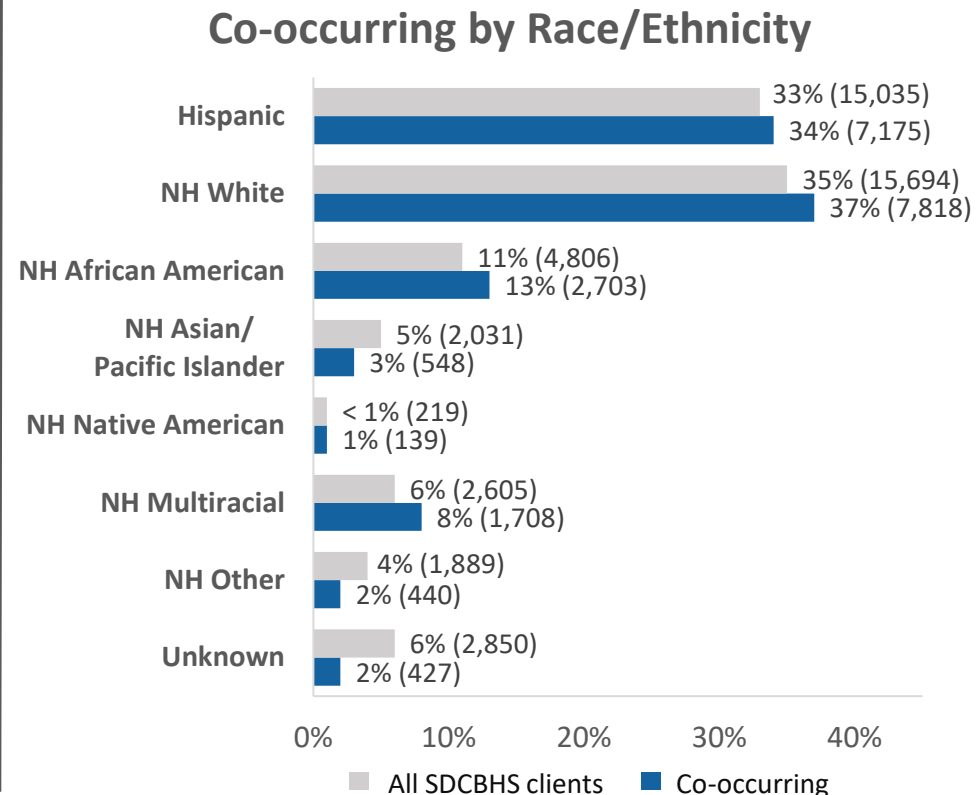
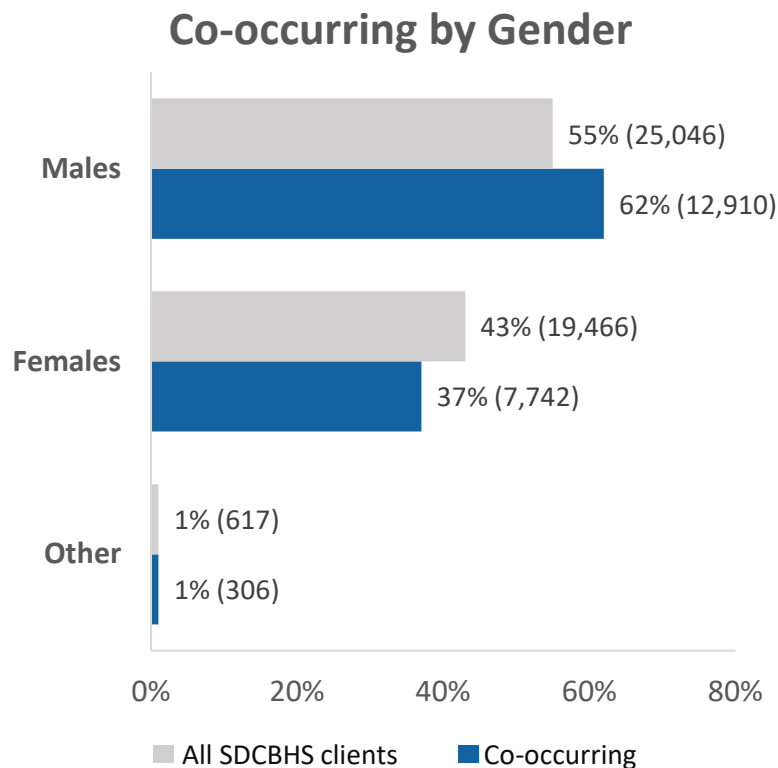




# Who are we serving?

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

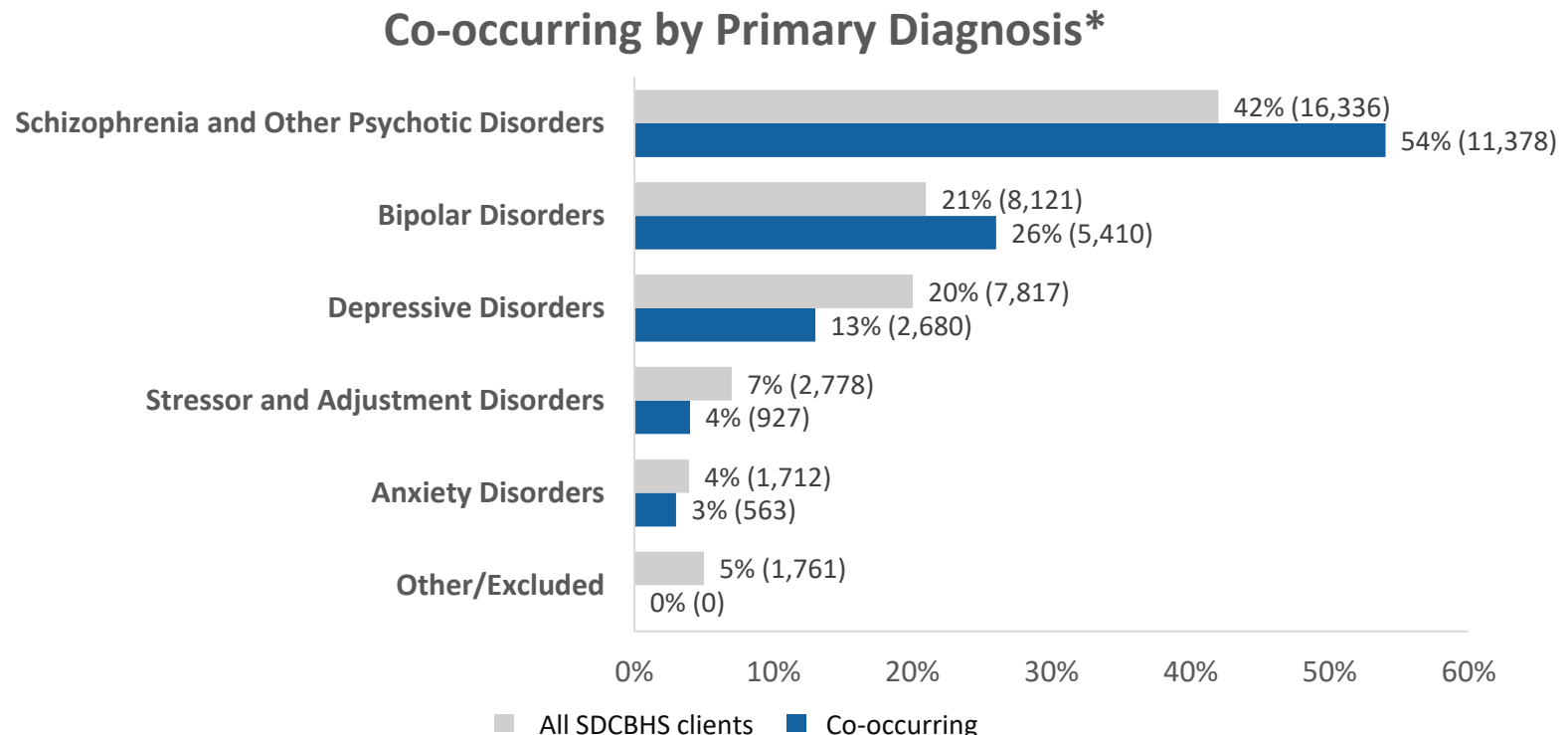
- Over three-fifths of adult MH clients with a co-occurring mental illness and substance use disorder served during FY 2023-24 were male (62%).
- Nearly two-fifths of adult MH clients with a co-occurring mental illness and substance use disorder served during FY 2023-24 were non-Hispanic White (37%), and over one-third were Hispanic (34%).



## Who are we serving?

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

- More than half of adult MH clients served during FY 2023-24 with a co-occurring mental illness and substance use disorder had been diagnosed with schizophrenia or an other psychotic disorder (54%).
- More than one-quarter of adult MH clients served during FY 2023-24 with a co-occurring mental illness and substance use disorder had been diagnosed with bipolar disorder (26%).



\*The graph and percentages reported above exclude invalid/missing values for AOA, (n = 6,604).

# Where are we serving?

## All Adult MH Clients: Demographics by Region

Demographic	Central		East		South		North Central		North Coastal		North Inland		All Adult MH	
Age	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<18 – 25 years	1,328	12%	555	12%	1,382	16%	5,025	20%	1,118	16%	542	16%	8,004	18%
26 – 59 years	8,270	75%	3,501	78%	6,502	76%	15,522	62%	4,967	73%	2,303	70%	30,161	67%
60+ years	1,405	13%	430	10%	636	7%	4,421	18%	743	11%	442	13%	6,964	15%
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Females	3,067	28%	3,295	73%	2,012	24%	12,069	48%	2,151	32%	1,481	45%	19,466	43%
Males	7,750	70%	1,127	25%	6,404	75%	12,530	50%	4,598	67%	1,737	53%	25,046	55%
Other/Unknown	186	2%	64	1%	104	1%	369	1%	79	1%	69	2%	617	1%
Race/Ethnicity	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Hispanic	3,710	34%	1,295	29%	3,995	47%	7,402	30%	2,445	36%	1,109	34%	15,035	33%
NH White	3,390	31%	1,440	32%	2,102	25%	9,349	37%	2,821	41%	1,431	44%	15,694	35%
NH Black/African American	1,807	16%	494	11%	1,272	15%	2,383	10%	643	9%	200	6%	4,806	11%
NH Asian/Pacific Islander	665	6%	83	2%	218	3%	1,199	5%	176	3%	128	4%	2,031	5%
NH Native American	55	<1%	27	1%	51	1%	103	<1%	54	1%	22	1%	219	<1%
NH Multiracial	853	8%	474	11%	473	6%	1,491	6%	431	6%	201	6%	2,605	6%
NH Other	220	2%	557	12%	141	2%	1,069	4%	117	2%	74	2%	1,889	4%
Unknown	303	3%	116	3%	268	3%	1,972	8%	141	2%	122	4%	2,850	6%
Top 3 Diagnoses	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Schizophrenia/Other Psychotic Disorders	5,433	55%	2,027	49%	3,314	44%	9,517	45%	2,762	46%	1,602	51%	16,336	42%
Bipolar Disorders	2,161	22%	914	22%	1,624	22%	3,576	17%	1,887	31%	862	27%	8,121	21%
Depressive Disorders	1,219	12%	763	18%	1,160	15%	4,734	22%	639	11%	450	14%	7,827	20%
Total Outpatient Clients in the Region	11,003	24%	4,486	10%	8,520	19%	24,968	55%	6,828	15%	3,287	7%,	45,129	100%

**Note:** Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. Data shown by region reflects clients in Outpatient LOCs only. Diagnosis percentages exclude clients with an invalid/missing diagnosis. Total number of SDCBHS clients = 45,129.

# What types of services are being used?

## All Adult MH Clients: Types of Services\*

Outpatient Services	Total Visits	Total Clients	Emergency/Crisis Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	162,240	3,336	Urgent Outpatient (UO)	10,347	5,597
Case Management	3,591	1,593	Crisis Stabilization (CS)**	15,532	7,568
Case Management – Institutional	10,292	898	PERT	8,813	7,130
Case Management – Strengths	30,038	1,471	MCRT	5,582	3,774
Fee for Service (FFS)	100,695	11,250		Total Days	Total Clients
Outpatient	141,789	11,995	Crisis Residential (CR)	27,963	1,910
Prevention	0	0	Forensic Services	Total Visits	Total Clients
Inpatient Services	Admissions	Total Clients	Jail	84,350	10,967
Inpatient – County	1,141	1,012	24 Hour Services	Total Days	Total Clients
Inpatient – FFS	5,813	3,734	Edgemoor	37,757	120
Inpatient – Jail	356	288	Long Term Care (LTC)	14,125	58
State Hospital	11	10	LTC - Institutional	166,126	689
			LTC - Residential	11,841	49
			Residential	4,773	34

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

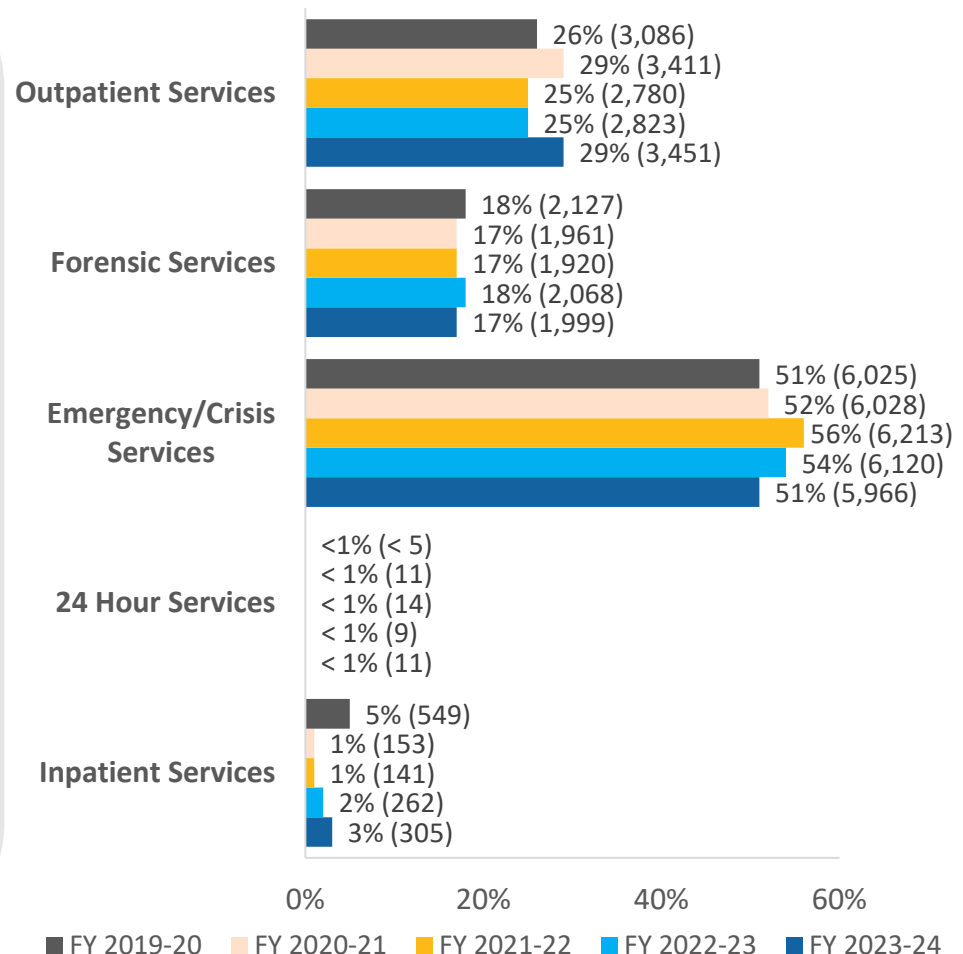
\*\*Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

# What types of services are being used?

## All Adult MH Clients: First Service Use\*

- Similar to last fiscal year, the most common initial point of access to county-provided mental health services in FY 2023-24 was emergency/crisis services (51%).
- The proportion of clients who entered the SDCBHS SOC through outpatient services decreased from FY 2020-21 to FY 2021-22 (29% to 25%), remained at 25% in FY 2022-23, and increased from FY 2022-23 to FY 2023-24 (25% to 29%).
- The proportion of clients who entered the SDCBHS SOC through emergency/crisis services has been decreasing from FY 2021-22 to FY 2023-24 (56% to 51%), differing from the upward trend observed during previous fiscal years.
- The proportion of clients entering the SDCBHS SOC initially through inpatient services has slightly increased over the past few fiscal years, while the proportion of clients entering through 24 hour services has consistently been very few clients.

## 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 Adult MH Clients: Emergency/Crisis Services

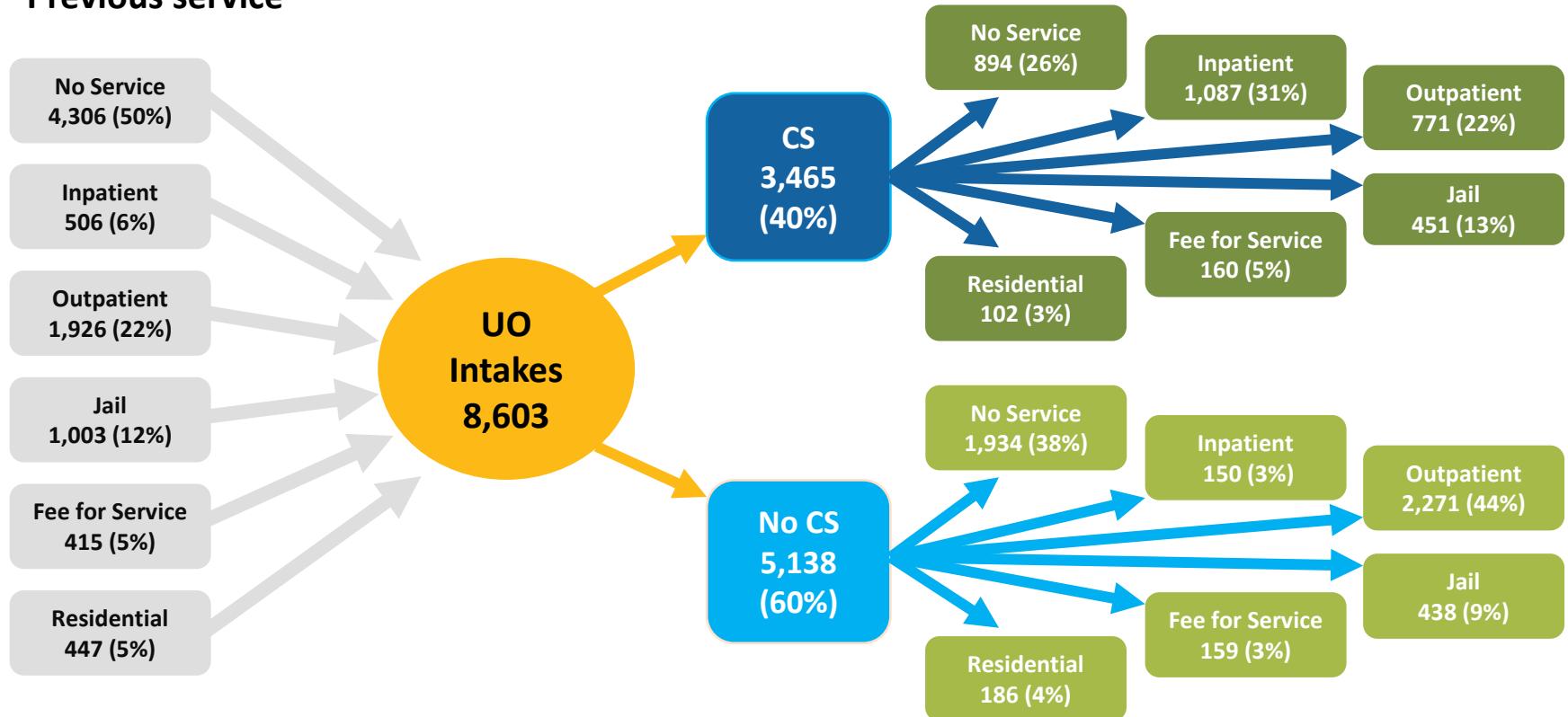
- Of the 45,129 clients served by SDCBHS during FY 2023-24, 17,442 (39%) of them received emergency/crisis services. Emergency/crisis services include UO, CS, CR, Psychiatric Emergency Response Team (PERT), and Mobile Crisis Response Team (MCRT). This represents a less than 1% decrease in the number of SDCBHS clients who received emergency/crisis services during FY 2023-24, compared to FY 2022-23 (17,477 clients).
- A total of 65,014 emergency/crisis services were used by these 17,442 clients during FY 2023-24.
- The number of intakes into UO during FY 2023-24 decreased by 14% compared to the number of UO intakes during FY 2022-23 (8,603 in FY 2023-24 compared to 9,806 in FY 2022-23).
- Over half (50%; 4,306 clients) of SDCBHS clients who received a UO intake during FY 2023-24 did not have an SDCBHS service within the previous six months.
- Of the 8,603 intakes into UO, two-fifths (40%) had a subsequent CS service during FY 2023-24.
- The number of clients that received an inpatient service after a CS service following a UO intake during FY 2023-24 decreased by 33% when compared to FY 2022-23 (1,087 clients in FY 2023-24 compared to 1,446 clients in FY 2022-23).
- The most common service after a UO intake when CS services were not received was outpatient (44%). Nearly two-fifths (38%) of clients did not access a service following a UO intake.



# What types of services are being used?

## All Adult MH Clients: Emergency/Crisis Services

### Previous service\*



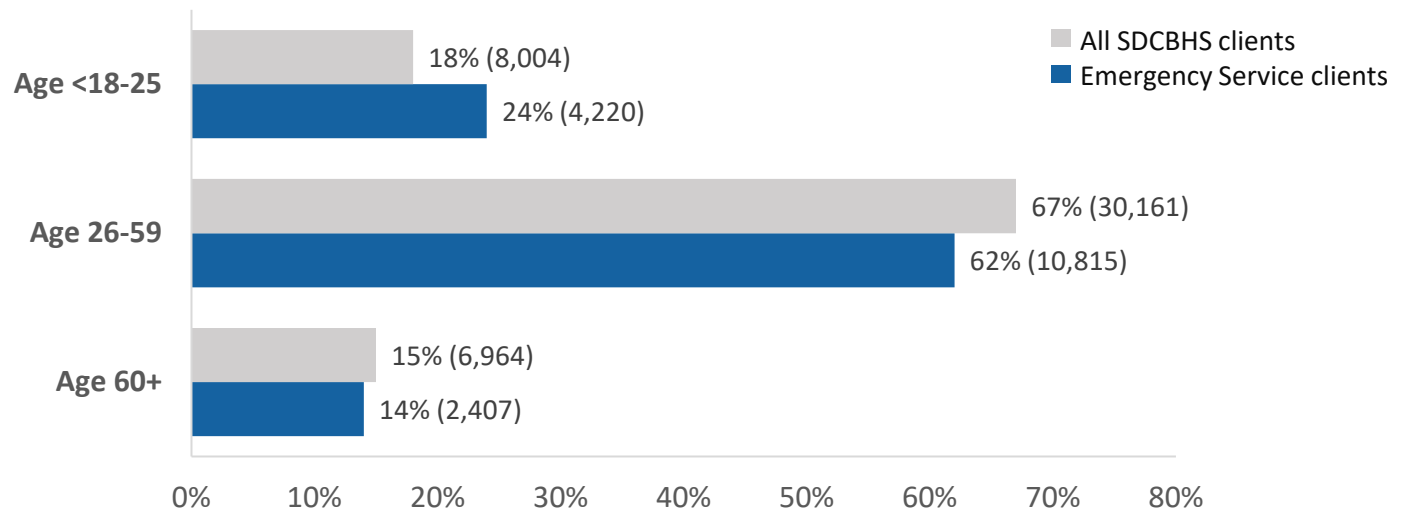
\*Service history is the six months prior to the first UO service in FY 2023-24.

## What types of services are being used?

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

- Similar to past fiscal years, among clients who received emergency/crisis services in FY 2023-24, there was a larger proportion of clients ages <18 through 25 years (24%) than the overall SDCBHS client population (18%), and a smaller proportion of clients ages 26 through 59 years (62% vs. 67%).
- Compared to FY 2022-23, a similar proportion of clients ages <18 through 25 years of age used emergency/crisis services (25% during FY 2022-23) and a similar proportion of clients between the ages of 26 and 59 years used these types of services (62% in FY 2022-23) during FY 2023-24.

### Clients who Used Emergency Services by Age

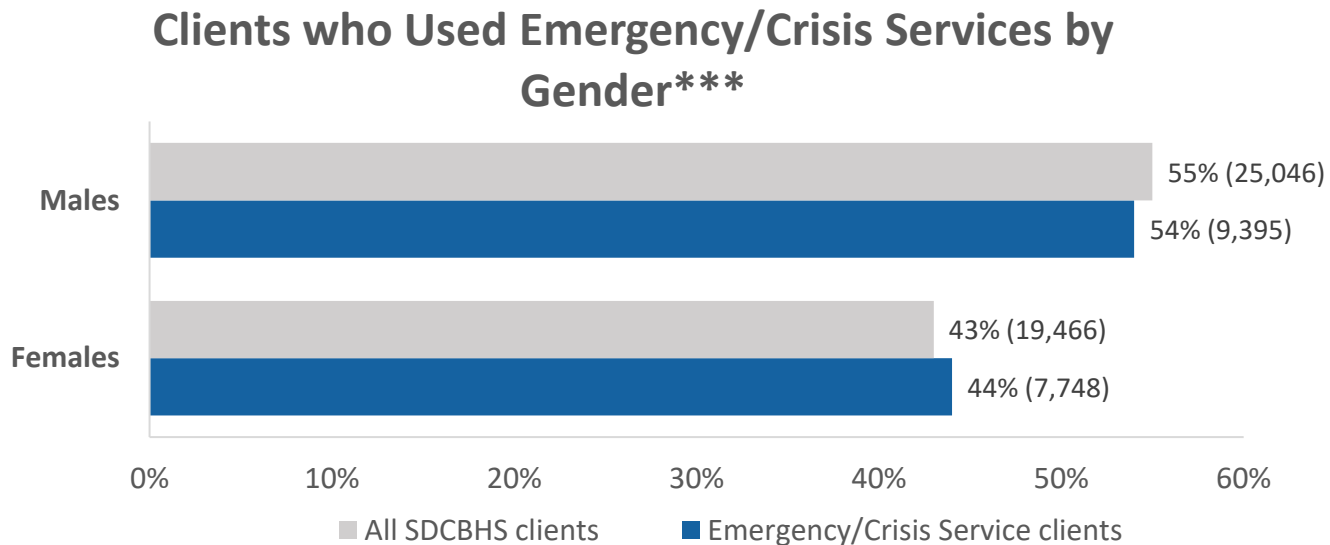


\*Emergency/crisis services include UO, CS, CR, and PERT.

## What types of services are being used?

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

- Among clients who utilized emergency/crisis services during FY 2023-24, a slightly lower proportion of them were male (54%) compared to the SDCBHS client population (55%). 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.

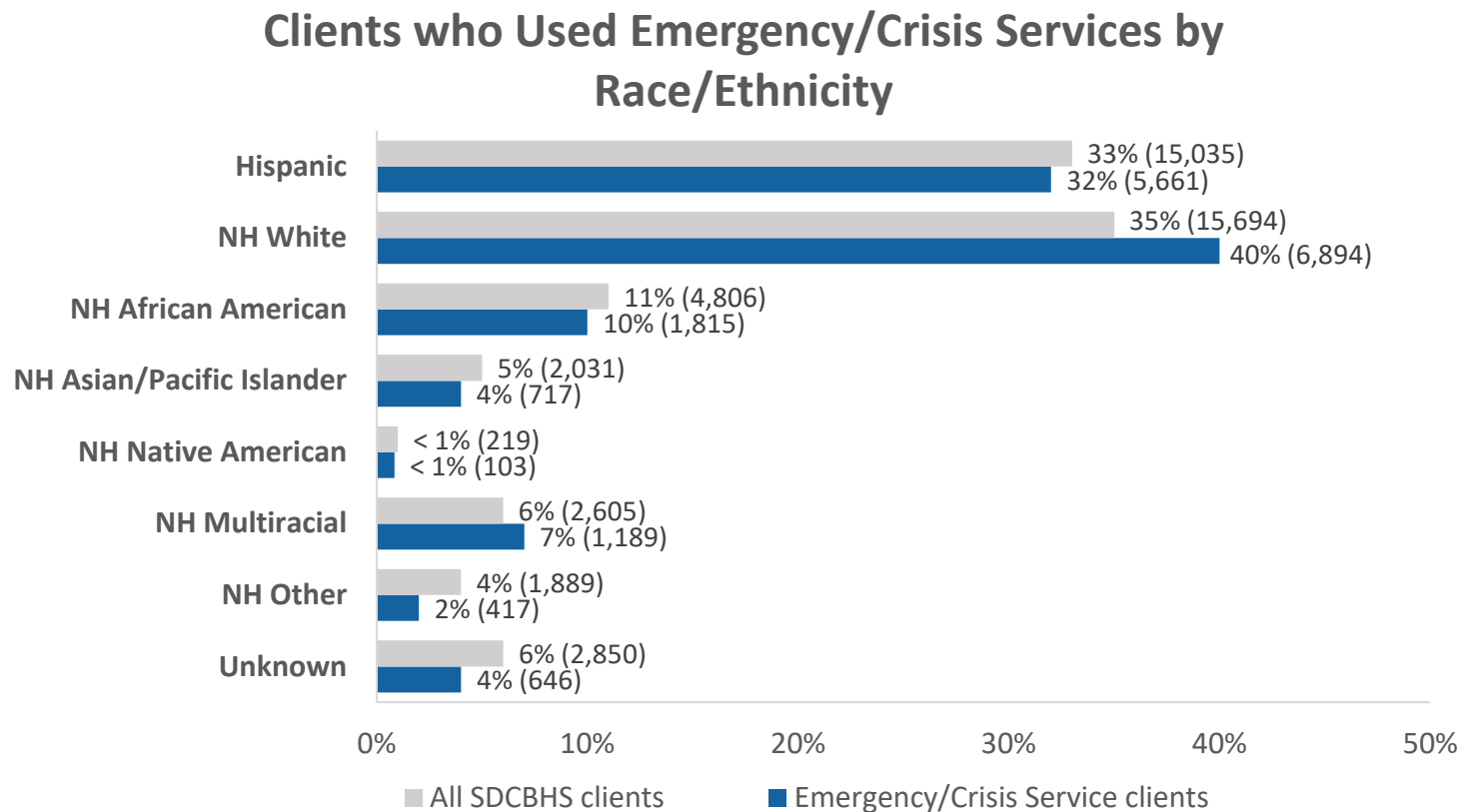
\*\* Source: U.S. Census Bureau, 2019 American Community 5-Year Estimates Age and Sex (San Diego County population)

\*\*\*The figure excludes the other/unknown categories, comprising 2% of the clients receiving emergency/crisis services (299 clients) and 1% of the overall SDCBHS (617 clients) population.

## What types of services are being used?

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

- Similar to previous fiscal years, a larger proportion of clients who utilized emergency/crisis services during FY 2023-24 were non-Hispanic White (40%) compared to the overall SDCBHS client population (35%).



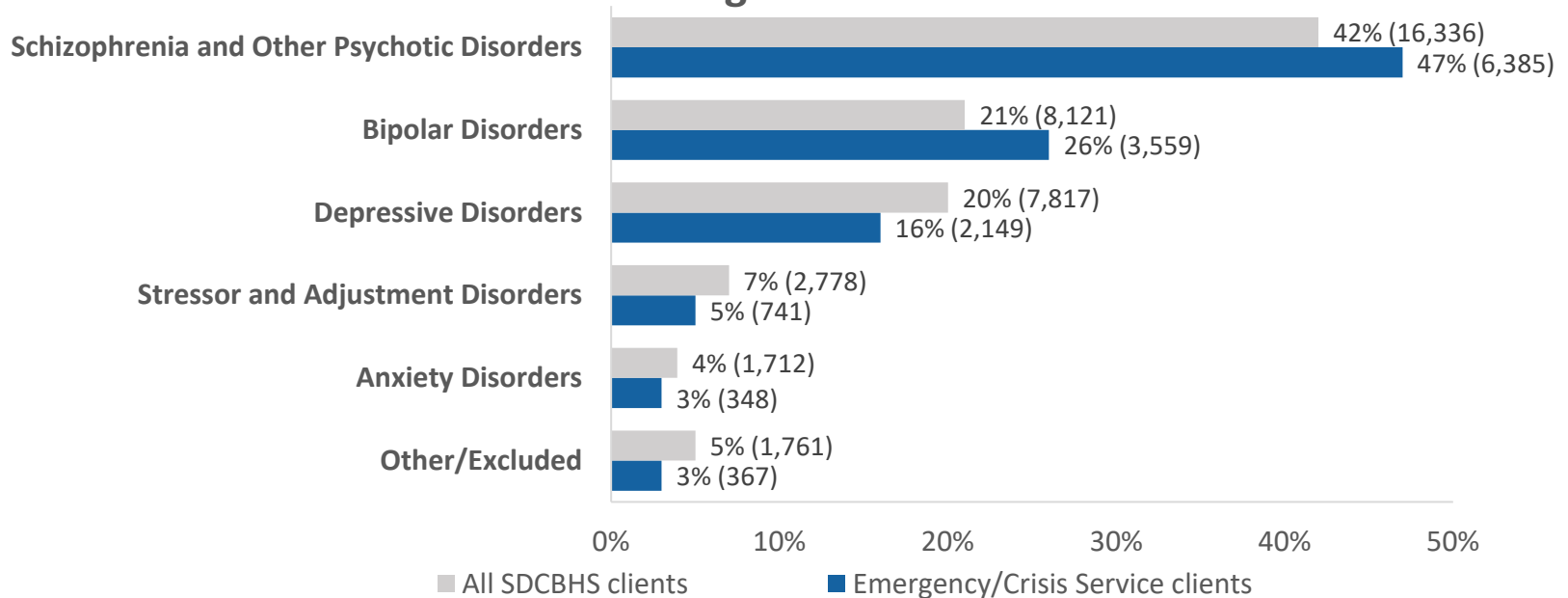
\*Emergency/crisis services include UO, CS, CR, and PERT.

## What types of services are being used?

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

- Similar to previous fiscal years, the largest proportion of clients who utilized emergency/crisis services during FY 2023-24 were those diagnosed with schizophrenia and other psychotic disorders (47%), a slightly smaller proportion from FY 2022-23 (48%).
- More than one-quarter of clients who utilized emergency/crisis services during FY 2023-24 were diagnosed with a bipolar disorder (26%) and almost one-fifth (16%) were diagnosed with a depressive disorder.

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



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

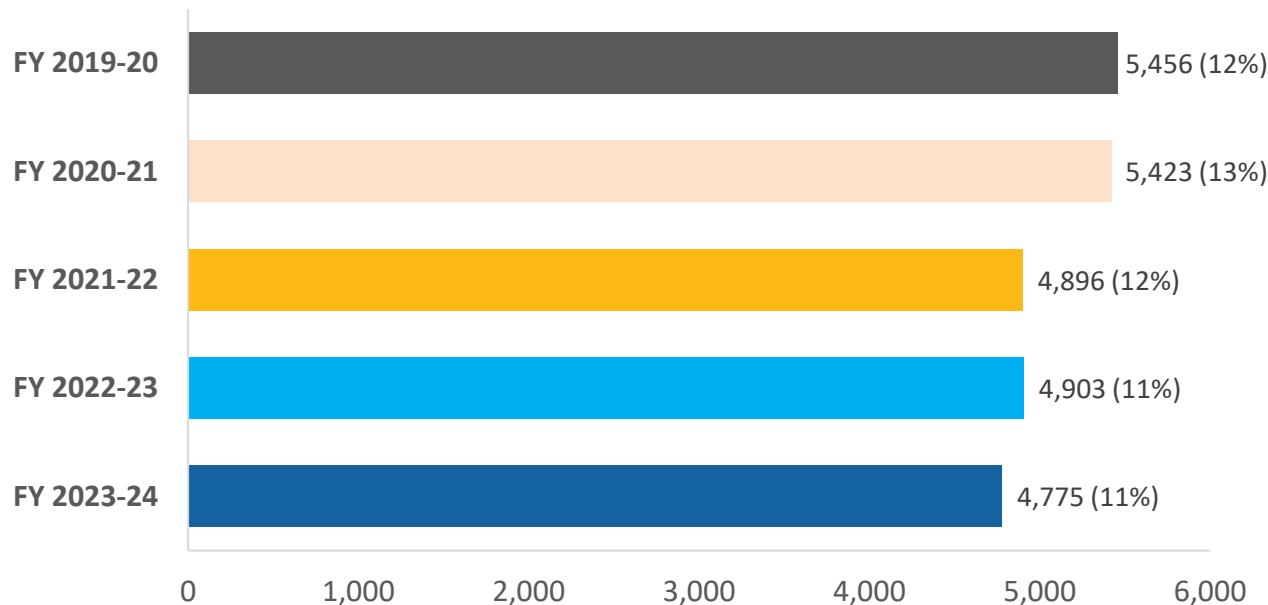
\*\*The graph and percentages reported above exclude invalid/missing values (clients receiving emergency/crisis services, n = 3,893; adult MH, n = 6,604).

## What types of services are being used?

### All Adult MH Clients: Hospitalizations

- 4,775 (11%) adult MH clients were hospitalized at least once during FY 2023-24, for a total of 6,965 hospital admissions.
- The proportion of adult MH clients hospitalized has remained fairly consistent over the past five fiscal years.
- During FY 2023-24 and FY 2022-23, the lowest percentage of hospitalizations among adult MH clients over the past five years was observed.

#### Number of Clients Hospitalized by Fiscal Year\*



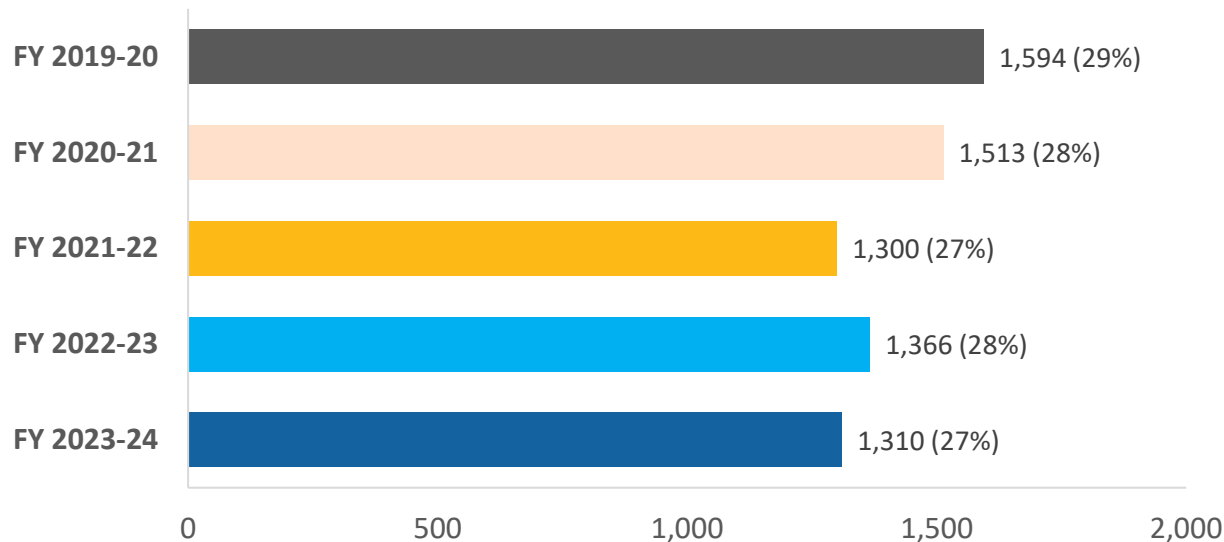
\*(%) = percentage of unduplicated clients hospitalized out of the total number of clients receiving services during each FY.

## What types of services are being used?

### All Adult MH Clients: Multiple Hospitalizations

- Of the 4,775 adult MH clients hospitalized during FY 2023-24, 1,310 of them (27%) were hospitalized at least one additional time during the fiscal year.
- The proportion of hospitalized adult MH clients with multiple hospitalizations during FY 2023-24 has remained fairly stable each fiscal year since FY 2019-20.

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

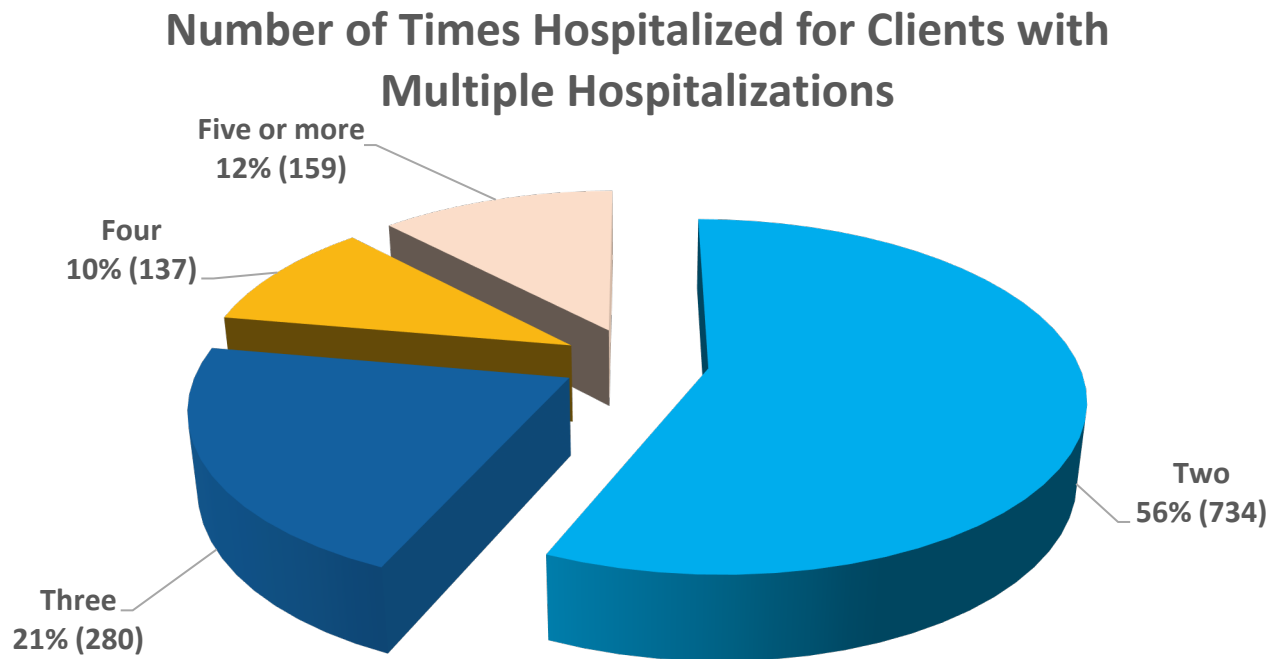


\*(%) = percentage of clients hospitalized multiple times out of the number of clients hospitalized at least once during each fiscal year.

## What types of services are being used?

### All Adult MH Clients: Multiple Hospitalizations

- 1,310 adult MH clients were hospitalized at least twice during FY 2023-24.
- Of the 1,310 adult MH clients hospitalized more than once during FY 2023-24, more than half were hospitalized a total of two times (56%), more than one-fifth (21%) were hospitalized three times, 10% were hospitalized four times, and 12% were hospitalized five or more times.



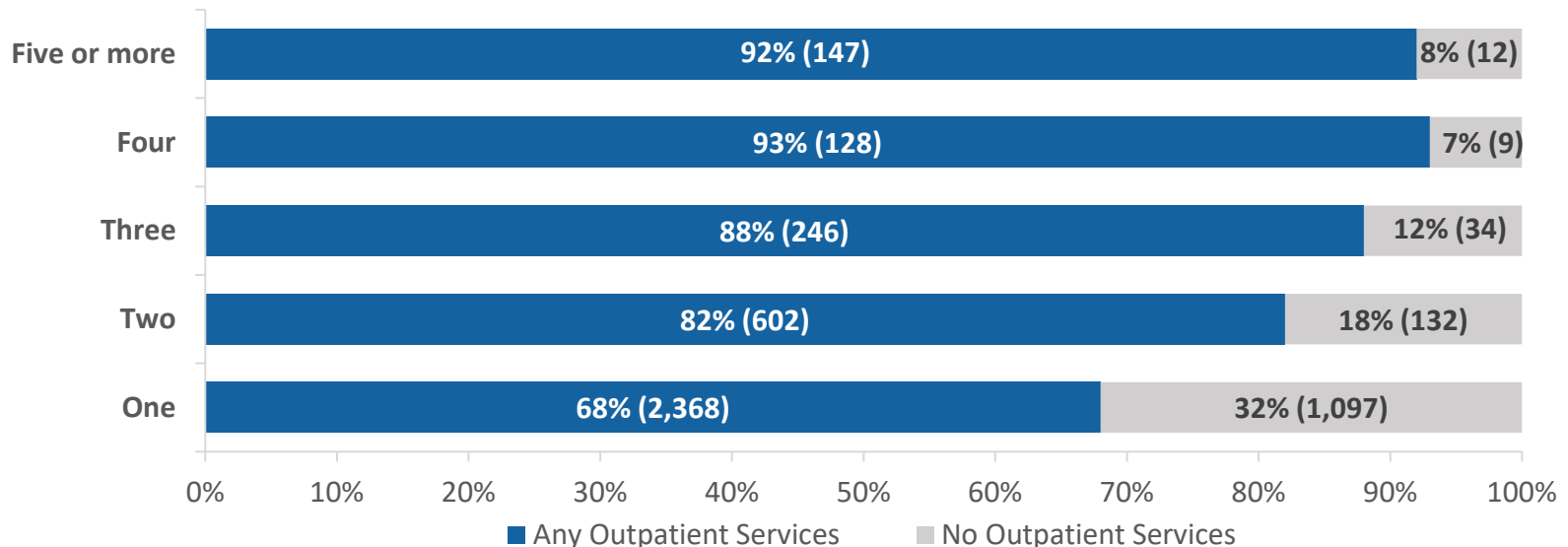


## What types of services are being used?

### All Adult MH Clients: Multiple Hospitalizations and Service Use

- The majority of clients with three or more hospitalizations received some outpatient adult mental health services\* during FY 2023-24 (90%).
- Of the 734 adult MH clients with two hospitalizations during FY 2023-24, 132 of them (18%) did not use any outpatient adult mental health services during the fiscal year.
- Nearly one-third of clients (32%) with only one hospitalization in FY 2023-24 did not use any outpatient services.

### Hospitalizations by Service Use

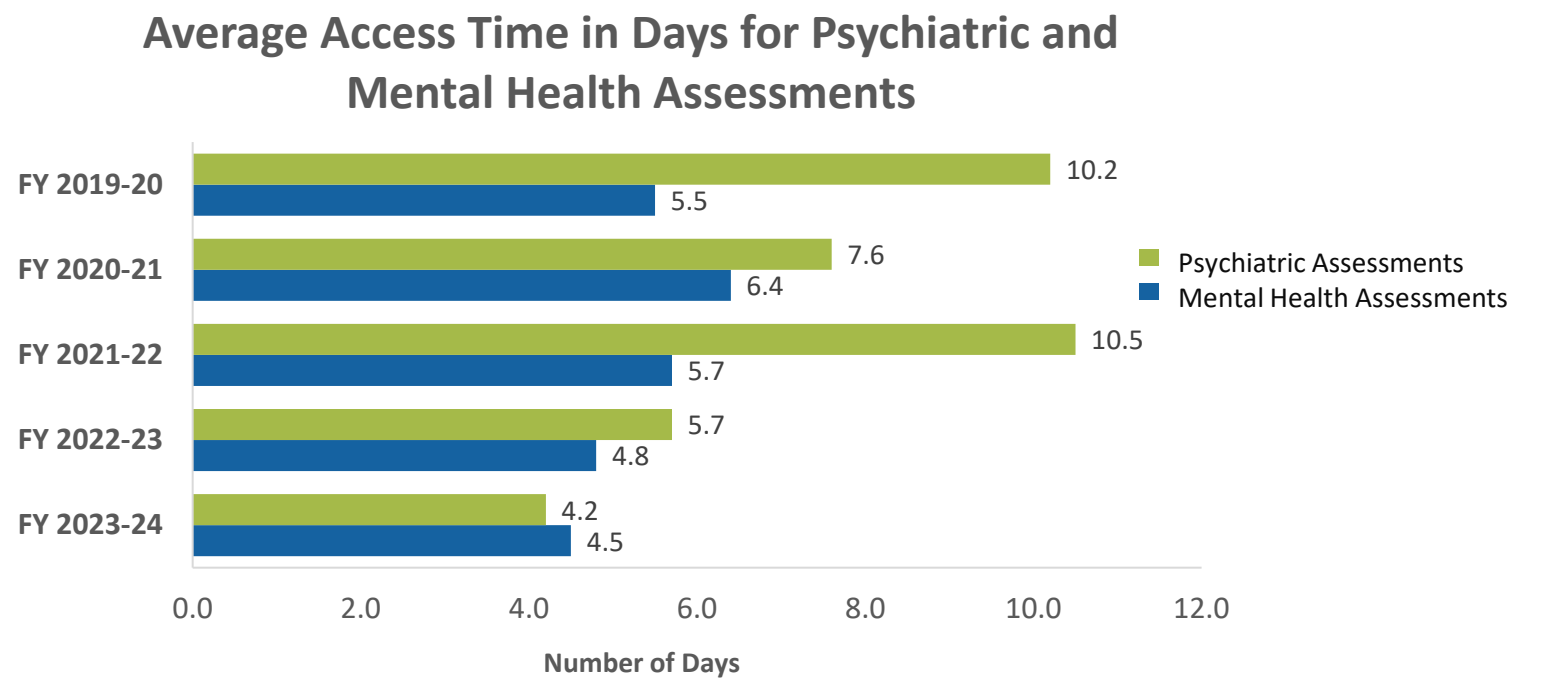


\*Outpatient services include: ACT, Case Management, FFS, Outpatient, and Prevention services.

# Accessibility of Services

## All Adult MH Clients: Access

- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2021-22, average wait times decreased from approximately 11 days to a little over four days in FY 2023-24.
- Average access times for mental health assessments have been decreasing from FY 2020-21, specifically wait times decreased from a little over 6 days during FY 2020-21 to under 5 days in FY 2023-24.



## Are clients getting better?

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

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

Illness Management and Recovery (IMR)		N	Pre	Post	Change
Substance Use Subscale		3,124	4.12	4.19	▲
Management Subscale		3,366	2.86	2.98	▲
Recovery Subscale		3,371	2.95	3.07	▲
Overall Mean		3,373	3.22	3.33	▲
Recovery Markers Questionnaire (RMQ)		N	Pre	Post	Change
Overall Mean		2,467	3.66	3.74	▲

**Legend**

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

▲ Non-significant positive change

▼ Non-significant negative change

\*The outcomes reported here include all SDCBHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2023-24 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

# Are clients satisfied with services?

## All Adult MH Clients: Client Satisfaction

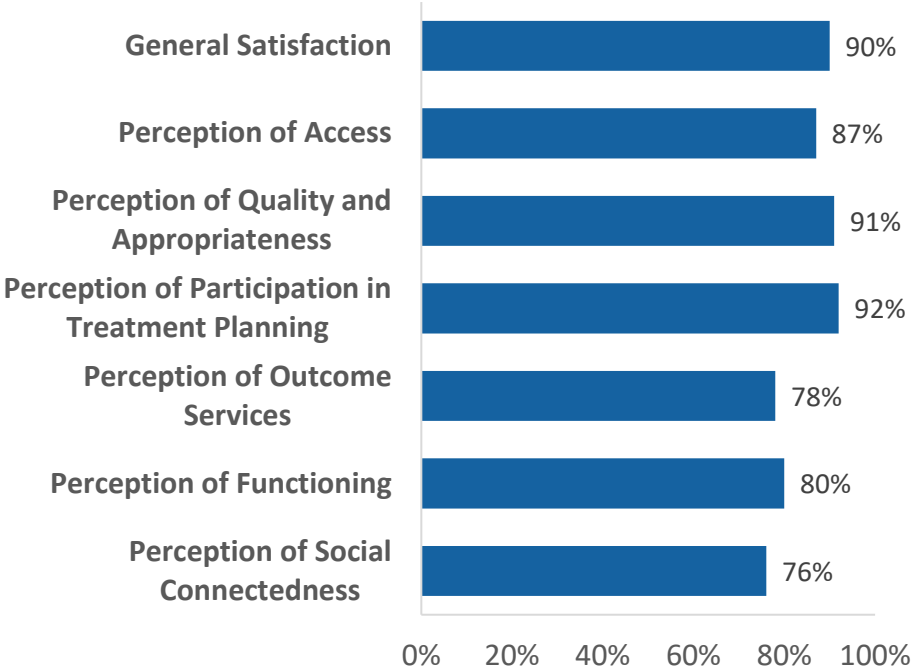
- The SDCBHS SOC in San Diego County offers a variety of treatment, rehabilitation, and recovery services to help people experiencing persistent and severe mental illness or an additional health crisis.
- All services provided are oriented to meet the unique linguistic and cultural needs of the individuals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

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

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

During FY 2023-24, the MHSIP was administered during May 2024 (N=2,596).

### MHSIP Domain Scores\* in FY 2023-24



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

# Mental Health Services Act (MHSA) 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 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 2023-24, 5,218 adult MH clients were served by PEI programs.

### *Innovations*

Innovation (INN) programs are short-term novel, creative and/or ingenious mental health practices or approaches that contribute to learning. The INN programs are developed through an inclusive and representative community process. The INN component allows counties the opportunity to try new approaches that can inform current and future mental health practices/approaches. The following two INN programs were in existence in SDCBHS during FY 2023-24: a perinatal program called Accessible Depression and Anxiety Postpartum Treatment (ADAPT) program and Telemental Health (BH Connect) program.

# Mental Health Services Act (MHSA) Components

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## MHSA Components – Continued

### *Workforce Education and Training*

Workforce Education and Training (WET) programs provide support, education, and training to the public behavioral health workforce to recruit and retain qualified individuals who provide services to persons with mental illnesses and/or substance use disorders in the County of San Diego. The WET component provides training and financial incentives to increase and support the public behavioral health workforce. Furthermore, these programs seek to enhance the competency and diversity of the workforce to better meet the needs of the population served. In FY 2023-24, the estimated WET expenditures will be \$6,879,317. Annually, up to \$6.9 million in CSS funds will be transferred to the WET component to continue funding programs. WET funds were received as a one-time allocation and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually.

### *Capital Facilities and Technological Needs*

Capital Facilities and Technological Needs (CFTN) funding is used for capital projects and technological capacity to improve mental illness service delivery to clients and their families. Capital Facility funds may be used to acquire, develop, or renovate buildings, or to purchase land in anticipation of constructing buildings. Expenditures must result in a capital asset, which permanently increases the San Diego County infrastructure. Technological Needs funds may be used to increase client and family engagement by providing the tools for secure client and family access to health information. The programs modernize information systems to ensure quality of care, operational efficiency, and cost effectiveness. CFTN funds were received as a one-time allocation that were fully spent in FY 2019-20.

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



# Mobile Crisis Response Teams (MCRT)

## MCRT Clients: Demographics

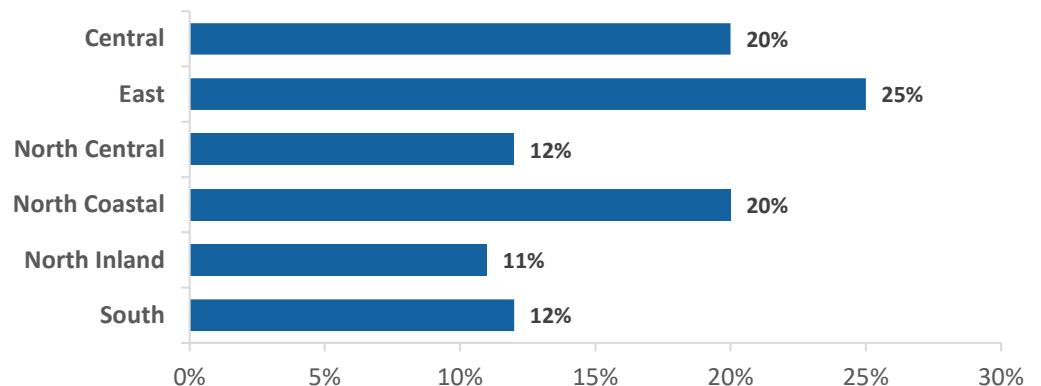
MCRT Client Demographics		
Age*	N	%
15 & under years	303	8%
16 – 17 years	155	4%
18 – 25 years	648	17%
26 – 39 years	1,102	29%
40 – 49 years	516	13%
50 – 59 years	481	13%
60 – 69 years	392	10%
70+ years	244	6%
Race (Census Categories)	N	%
White	1,729	45%
Hispanic	1,182	31%
Black/African American	453	12%
Asian/Pacific Islander	227	6%
Other/Mixed	75	2%
MENA	54	1%
Native American	26	1%
Unknown	95	2%
Total Unduplicated Clients	3,841	n/a

\*MCRT provides services to adolescents, teens, and adults. Because the majority of clients served by MCRT are aged 18 years or older (87%), data for MCRT is included in the Adult MH SOC report.

Data source: MCRT Unique Client Characteristics FY23-24 Report (obtained 12/26/2024 from SDCBHS)

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

### Region of Intervention (N=7,704)

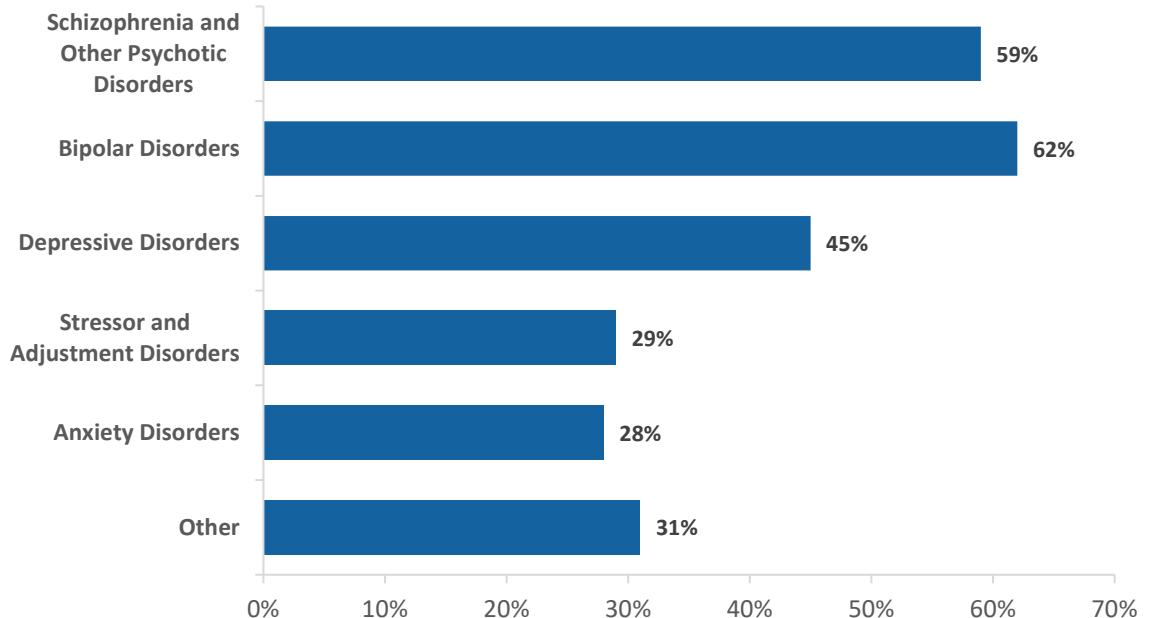


# Mobile Crisis Response Teams (MCRT)

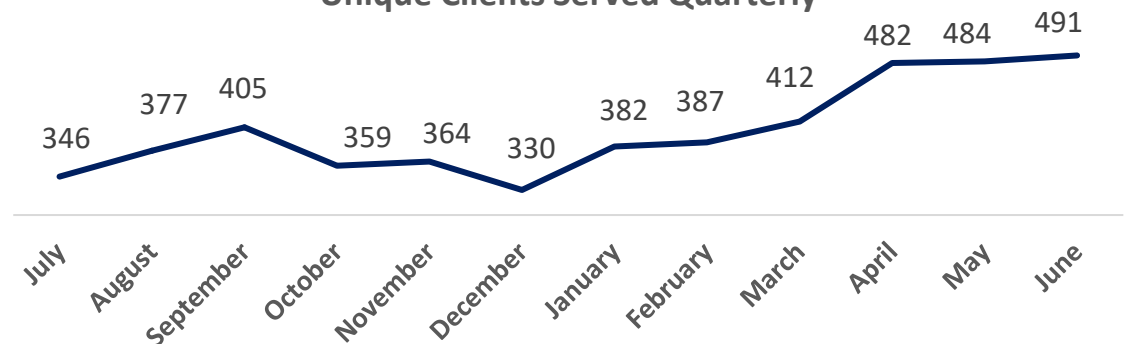
## MCRT Clients: Demographics - Continued

MCRT Client Demographics (Continued)		
Gender	N	%
Female	1,970	51%
Male	1,843	48%
Other	28	1%
Preferred Language	N	%
English	3,586	93%
Spanish	176	5%
Tagalog	9	<1%
Unknown	70	2%
Previous Justice Involvement	N	%
Yes	1,140	30%
No	2,701	70%
Housing Status	N	%
Lives Independently	2,749	72%
Homeless	688	18%
Board & Care	170	4%
Institutional	21	1%
Justice Related	39	1%
Other	54	1%
Unknown	120	3%
<b>Total Unduplicated Clients</b>	<b>3,841</b>	<b>n/a</b>

### Presenting Mental Health Diagnosis



### Unique Clients Served Quarterly



Data source: MCRT Unique Client Characteristics FY23-24 Report (obtained 12/26/2024 from SDCBHS)



# Prevention and Early Intervention (PEI)

## PEI Clients: Demographics and Client Satisfaction

PEI Client Demographics		
Age	N	%
<18 – 25 years	722	14%
26 – 59 years	2,768	53%
60+ years	1,520	29%
Unknown/Not Reported	208	4%
Gender	N	%
Female	2,774	53%
Male	2,078	40%
Other	66	1%
Unknown/Not Reported	300	6%
Race (Census Categories)	N	%
White/Caucasian	1,864	36%
African American/Black	828	16%
Asian	549	11%
Pacific Islander	32	< 1%
American Indian/Alaskan Native	33	< 1%
More than One Race	154	3%
Other	38	< 1%
Unknown/Not Reported	1,720	33%
<b>Total PEI Clients Served</b>	<b>5,218</b>	<b>100%</b>

- 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 10 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 5,218 PEI clients served in FY 2023-24 increased from the 4,782 clients served in FY 2022-23. However, the proportion of clients reporting overall satisfaction with services remained stable from FY 2022-23 to FY 2023-24 (97% in FY 2022-23).



\*The number of clients who completed the client satisfaction survey varied from 3,751 to 11,024. These data are not recorded in CCBH. For more information on SDCBHS PEI programs, see the PEI summary reports – Adult Summary: [https://www.sandiegocounty.gov/hhsa/programs/bhs/technical\\_resource\\_library.html](https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html)

# Clubhouses

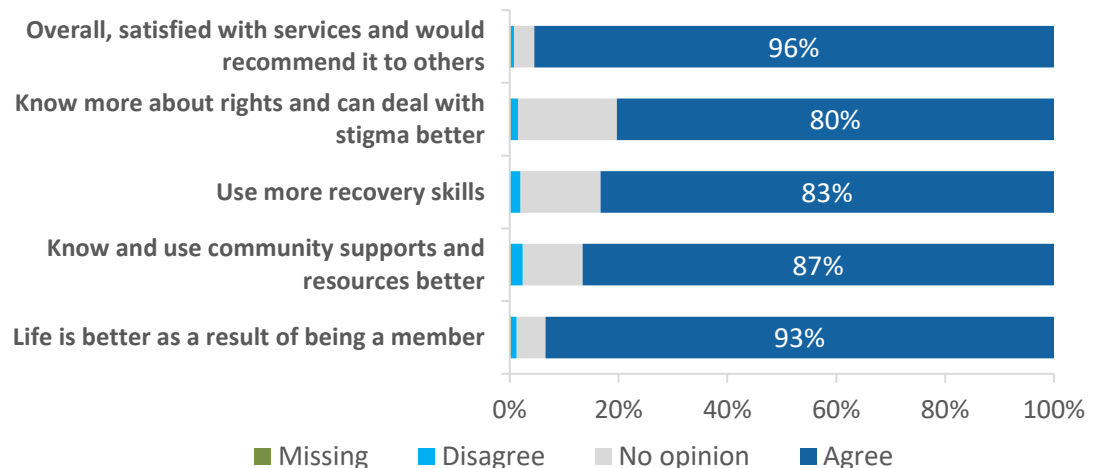
## Clubhouse Members: Demographics and Client Satisfaction

### Clubhouse Members Demographics

Age	N	%
16 – 25 years	429	22%
26 – 59 years	899	46%
60+ years	351	18%
Unknown/Not Reported	290	15%
Gender	N	%
Female	580	29%
Male	752	38%
Other	24	1%
Unknown/Not Reported	613	31%
Race (Census Categories)	N	%
American Indian	13	1%
Black or African American	240	12%
Asian	148	8%
Native Hawaiian or Pacific Islander	5	<1%
White	440	22%
Hispanic or Latino	345	18%
Multiracial	115	6%
Other/Prefer Not to Answer	64	3%
Unknown/Not Reported	599	30%
<b>Total Members Served</b>	<b>1,969</b>	<b>100%</b>

- A Clubhouse is a community organized to support and empower individuals living with behavioral health conditions through meaningful participation in a structured and supportive environment.
- During FY 2023-24, there were 10 clubhouses in San Diego County funded by the County of San Diego Health and Human Services Agency through its Behavioral Health Services Division across the Central, East, South, North Coastal, North Inland, and North Central regions.
- ClubHOMS, which fully launched on July 1, 2019, is the main data system for tracking activities and member outcomes.
- The Clubhouses served 1,969 unduplicated members in FY 2023-24 with a total of 48,955 Clubhouse attendance/visits.
- Most members (96%) reported overall satisfaction with clubhouse services and would recommend them to others.

### Client Satisfaction (N=544)



# Innovations

## MHSA: Innovations Projects

- MHSA provides resources for the Innovation Component of the County's Three-Year Program and Expenditure Plan. Funding under this component is to be used to: increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services.
- Innovations' creative, novel, and ingenious mental health practices/approaches are expected to contribute to learning and are developed within communities through a process that is inclusive and representative; especially of unserved and underserved individuals, and which are aligned with the General Standards identified in the MHSA. The Innovation Component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches.

### The following Innovations programs were in existence in SDCBHS during FY 2023-24:

<b>Telemental Health (BH Connect)</b>	The BHConnect program aimed to facilitate connections to outpatient services and reduce potential recidivism for unconnected clients experiencing a psychiatric crisis and/or hospitalization. The goal was to increase access to effective follow-up therapeutic services through the use of telehealth technology. While successfully demonstrating the feasibility of using telehealth to engage unconnected persons, lower than anticipated enrollment and competing demands for funding resulted in not continuing the BHConnect program after the Innovations projected ended.
<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, and other community organizations that support pregnant and parenting mothers and fathers. Based on the promising results achieved, the ADAPT program transitioned into an ongoing program within the BHS AOA system of care at the conclusion of the Innovations project.

# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

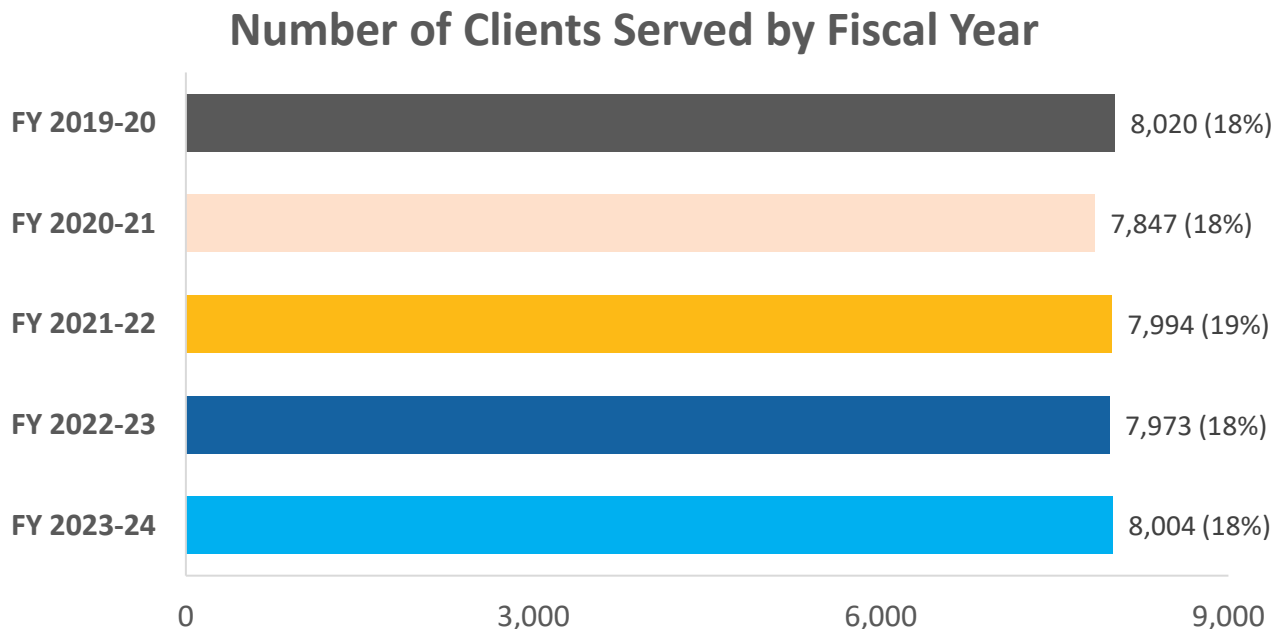


## Transition Age Youth (TAY) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2023-24

# Who are we serving?

## Total Number of TAY Clients Served

- During FY 2023-24, mental health services were delivered to 8,004 TAY clients (ages 18\* to 25).
- TAY clients represent 18% of the 45,129 SDCBHS clients served during FY 2023-24.
- The number of TAY clients served by BHS has fluctuated from FY 2019-20 to FY 2023-24, with a slight increase from FY 2022-23 to FY 2023-24.



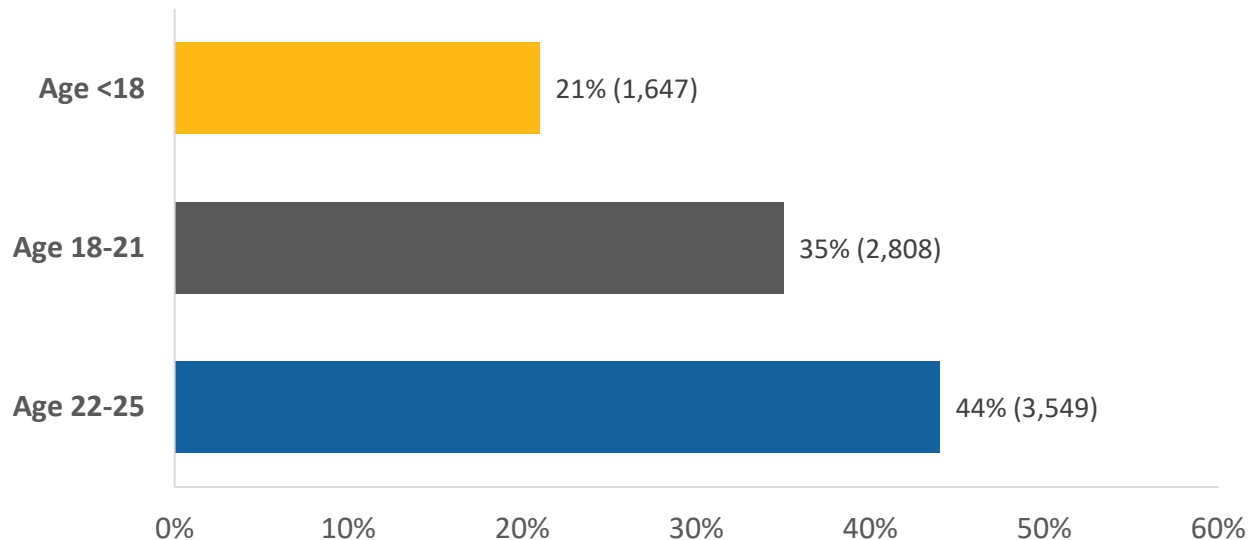
\*1,647 clients were under 18 but are included here because they received adult services.

## Who are we serving?

### TAY Clients: Age

- Similar to past fiscal years, almost half of TAY clients (44%) served during FY 2023-24 were between the ages of 22 and 25 years.
- More than one-third (35%) of TAY clients served during FY 2023-24 were between the ages of 18 and 21 years.
- Compared to FY 2022-23, the number of TAY clients served during FY 2023-24 between the age of 18 and 21 years increased by 3% (2,733 clients in FY 2022-23 to 2,808 clients in FY 2023-24).

### TAY Age Distribution

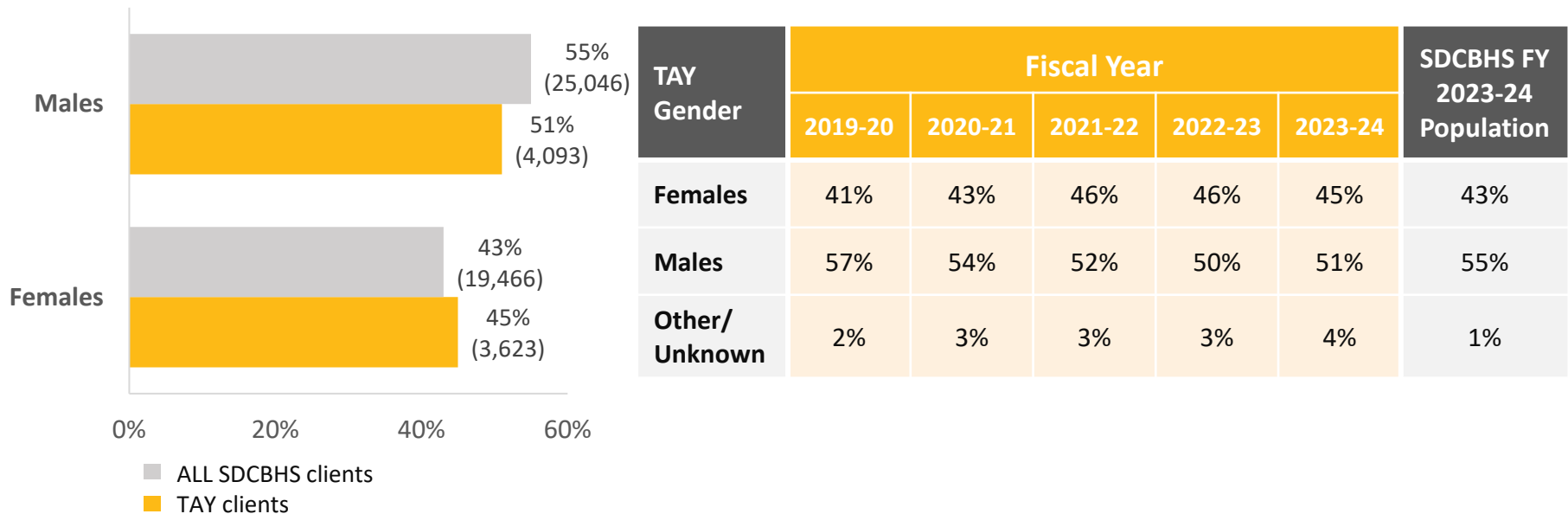


# Who are we serving?

## TAY Clients: Gender

- A smaller proportion of TAY clients served during FY 2023-24 were male (51%) compared to the overall SDCBHS client population (55%) and a higher proportion of TAY clients served during FY 2023-24 were female (45%) compared to the overall SDCBHS client population (43%).
- Over the past five fiscal years, the proportions of TAY males served by SDCBHS has decreased and females has increased with a slight increase in males and decrease in females in FY 2023-24 compared to FY 2022-23.

### TAY Gender\* Distribution



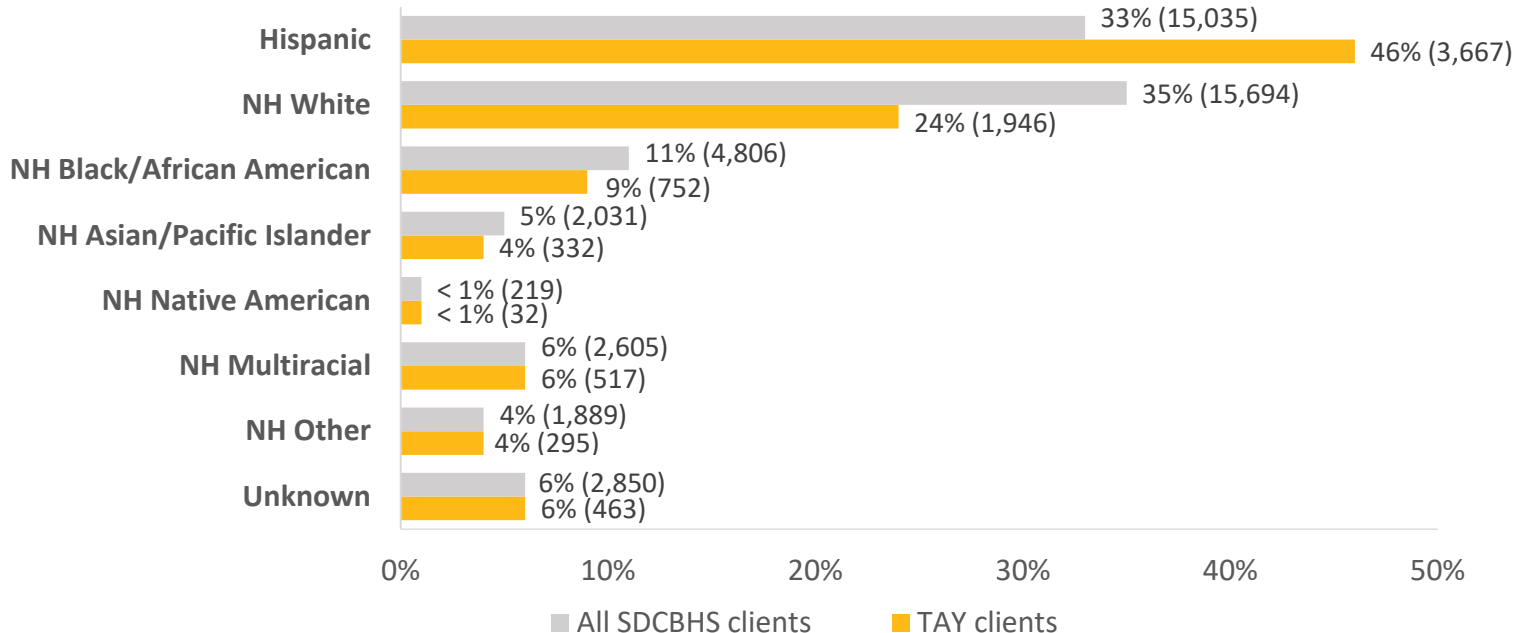
\*The figure excludes the other/unknown categories, comprising 4% of the TAY (288 clients) and 1% of the overall SDCBHS (617 clients) population.

# Who are we serving?

## TAY Clients: Race/Ethnicity

- More than two-thirds of TAY clients served during FY 2023-24 were either Hispanic (46%) or non-Hispanic White (24%).
- Compared to the overall SDCBHS client population, a larger proportion of TAY clients served during FY 2023-24 were Hispanic (46% compared to 33%), and a smaller proportion were non-Hispanic White (24% compared to 35%).

### TAY Race/Ethnicity Distribution

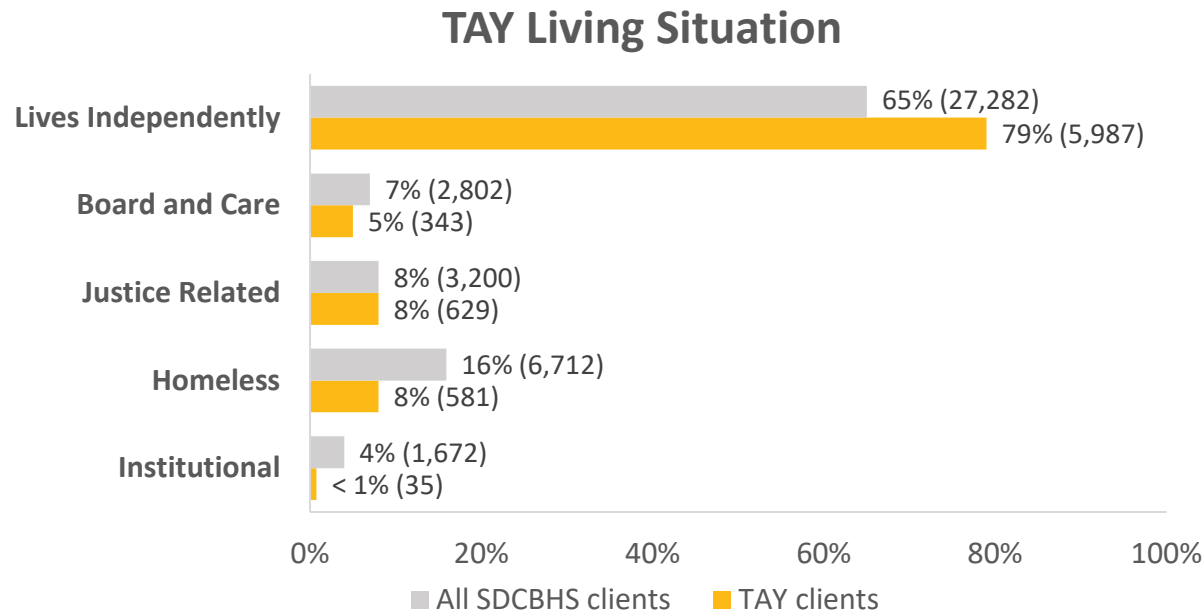




# Who are we serving?

## TAY Clients: Living Situation\*

- Nearly four-fifths (79%) of TAY clients served during FY 2023-24 were living independently\*\*.
- Similar to previous fiscal years, a greater proportion of TAY clients served during FY 2023-24 were living independently compared to the overall SDCBHS client population (79% vs. 65%).
- A smaller proportion of TAY clients served during FY 2023-24 were homeless (8%) compared to the overall SDCBHS population (16%).



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

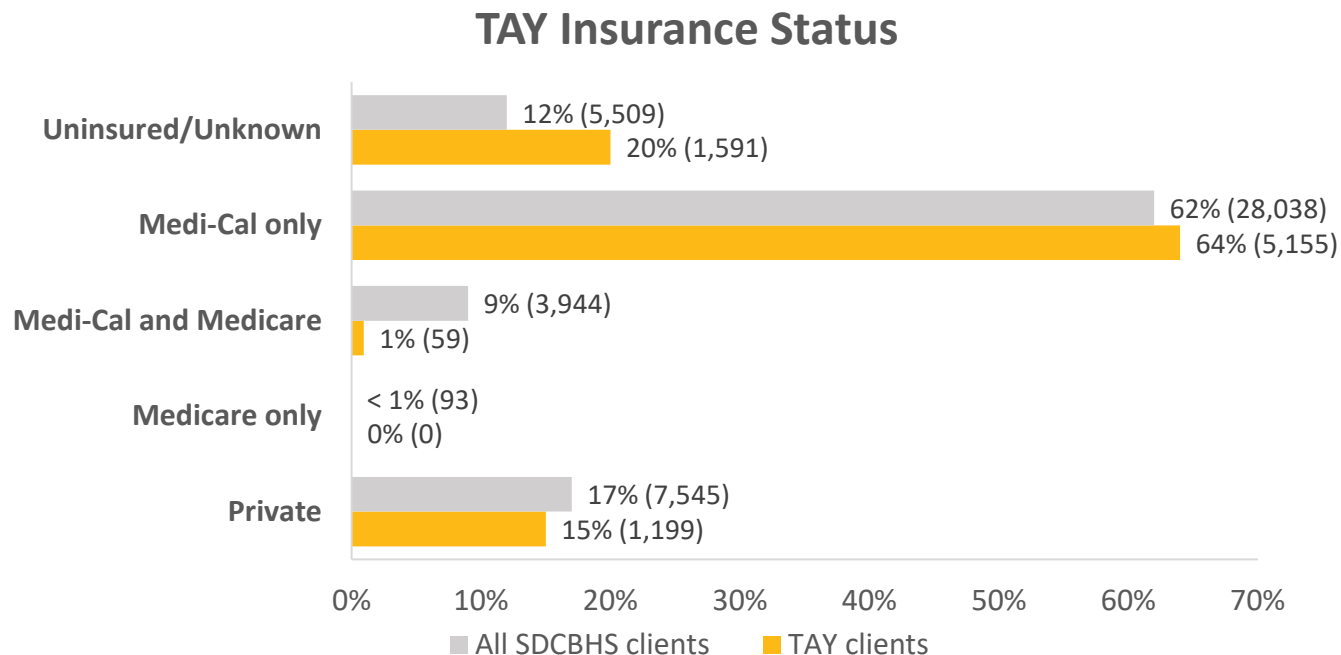
\*\*Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (TAY, n = 429; Adult MH, n = 3,461) are excluded from the figure and percentages reported above.

## Who are we serving?

### TAY Clients: Health Care Coverage

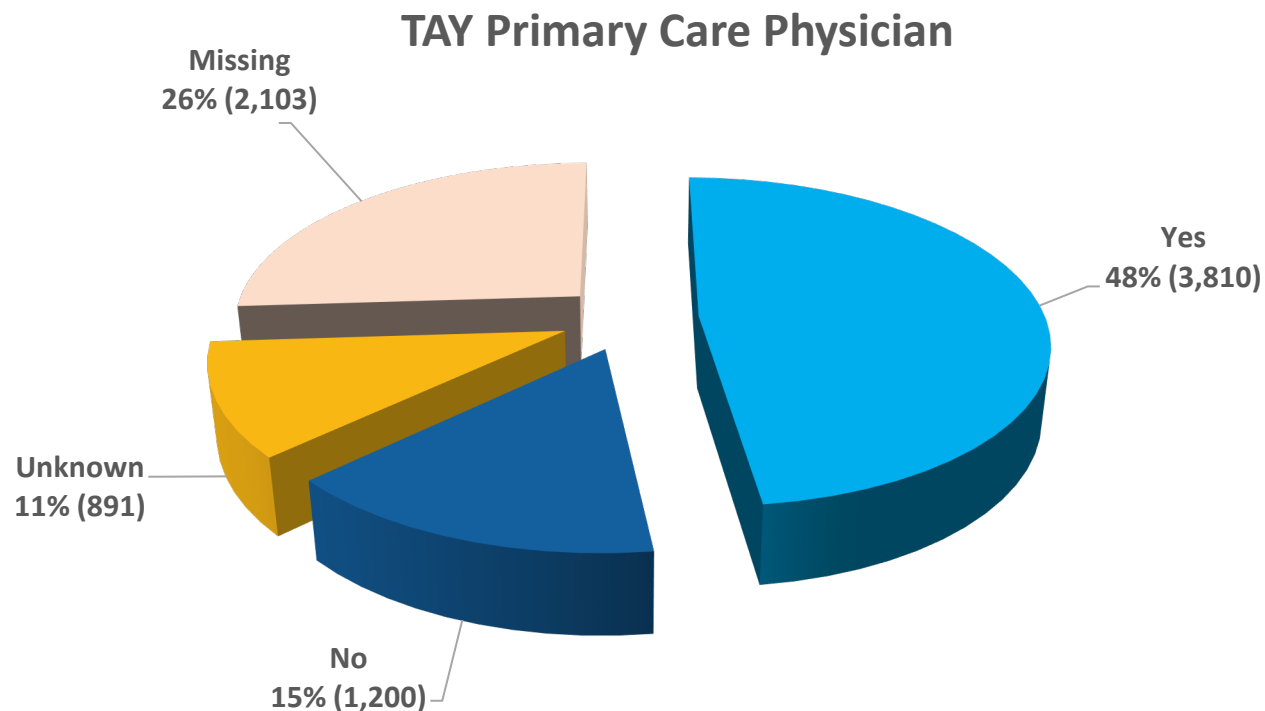
- Less than two-thirds (65%) of TAY clients served during FY 2023-24 had some type of Medi-Cal insurance coverage.
- The proportion of TAY clients with an uninsured/unknown insurance status has decreased with one-fifth (20%) of TAY clients served during FY 2023-24 were uninsured or had an unknown insurance status, when compared to FY 2022-23 (22%).



## Who are we serving?

### TAY Clients: Primary Care Physician

- Nearly one-half of TAY clients served in FY 2023-24 had a primary care physician (48%).
- Information about primary care physician was unavailable or unknown for over one-fourth of TAY clients (26%), which is a smaller proportion compared to last fiscal year (37%).



## Who are we serving?

### TAY Clients: Sexual Orientation

- Of the TAY clients served during FY 2023-24 with sexual orientation information available, nearly two-thirds of them identified as heterosexual (65%).
- Compared to the overall SDCBHS population, a larger proportion of TAY clients identified as bisexual (19% compared to 8%).

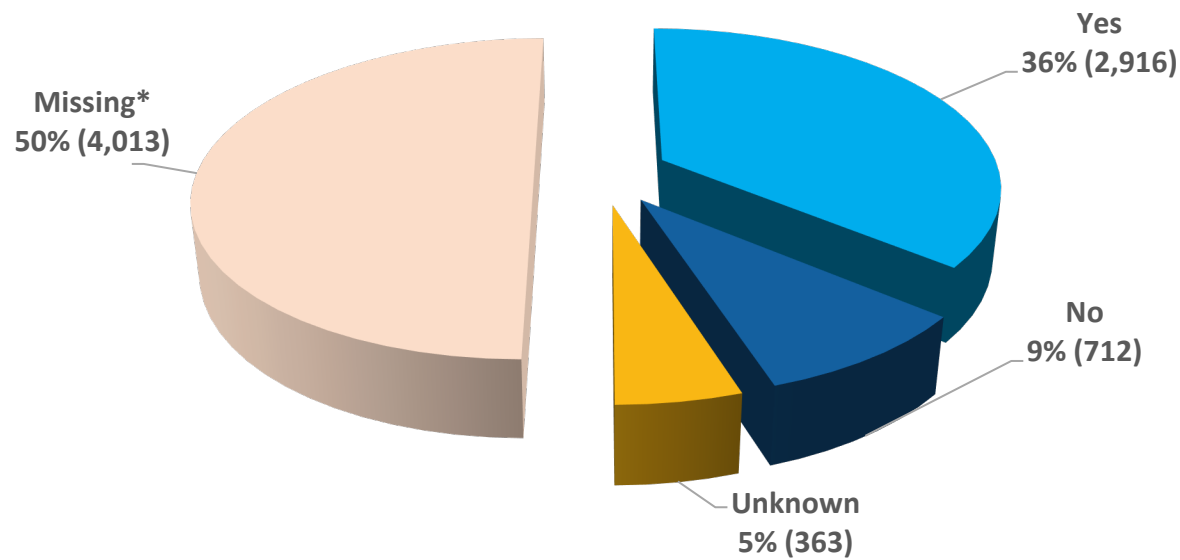
Sexual Orientation	TAY FY 2023-24		SDCBHS FY 2023-24	
	Clients	Percentage	Clients	Percentage
Heterosexual	1,928	65%	14,480	82%
Bisexual	551	19%	1,353	8%
Gay male	80	3%	466	3%
Lesbian	56	2%	222	1%
Queer	41	1%	104	1%
Asexual	13	< 1%	94	1%
Other	49	2%	174	1%
Questioning	88	3%	181	1%
Declined to state	154	5%	551	3%
Total (excluding missing)	2,961	100%	17,074	100%
Missing	5,044	63%	27,504	61%

## Who are we serving?

### TAY Clients: History of Trauma

- Over one-third (36%) of TAY clients served in FY 2023-24 had a history of trauma.
- Information about trauma history was unavailable for half of TAY clients (50%).

#### TAY History of Trauma



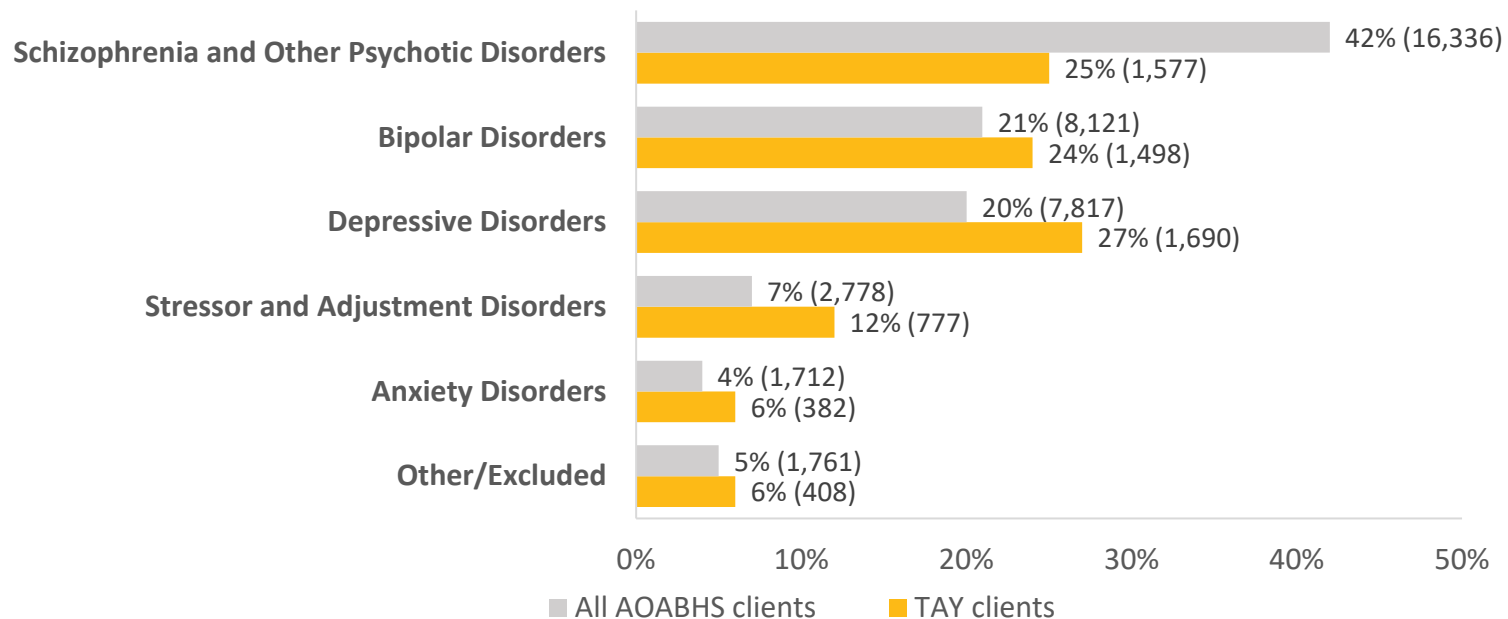
\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

## 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 2023-24 were depressive disorders (27%), schizophrenia and other psychotic disorders (25%), and bipolar disorders (24%), which comprise 75% (4,765 clients) of TAY clients with a valid diagnosis.
- Compared to adult MH clients, a smaller proportion of TAY clients had a diagnosis of schizophrenia and other psychotic disorders (42% vs. 25%), and larger proportions of TAY had diagnoses of all other types of disorders.

#### TAY Primary Diagnosis\*

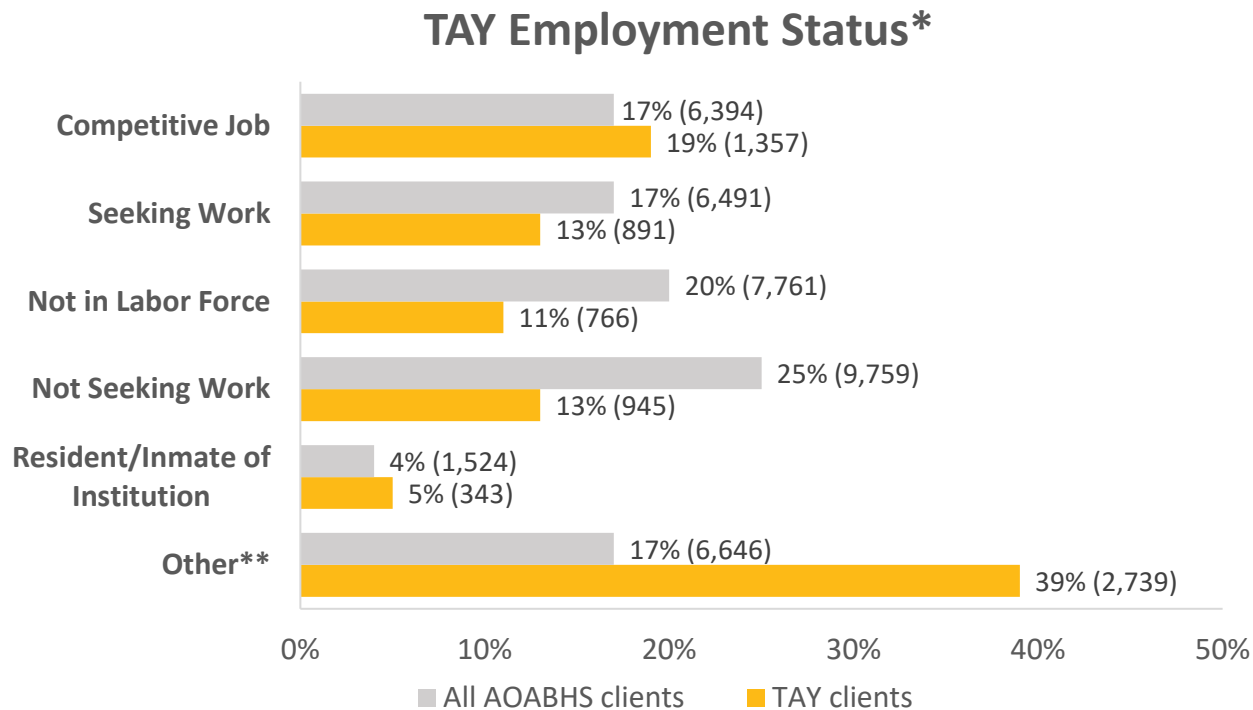


\*The graph and percentages reported above exclude invalid/missing values (TAY, n = 1,672; Adult MH, n = 6,604).

## Who are we serving?

### TAY Clients: Employment Status

- Similar proportions of TAY clients served during FY 2023-24, when compared to FY 2022-23, were employed in a competitive job (19%), seeking work (13%), not in the labor force (11%), and not seeking work (13%).
- Nearly two-fifths of TAY clients (39%) had an other employment status, more than double the proportion of adult MH clients (17%), likely reflecting a substantial student population in this age range.



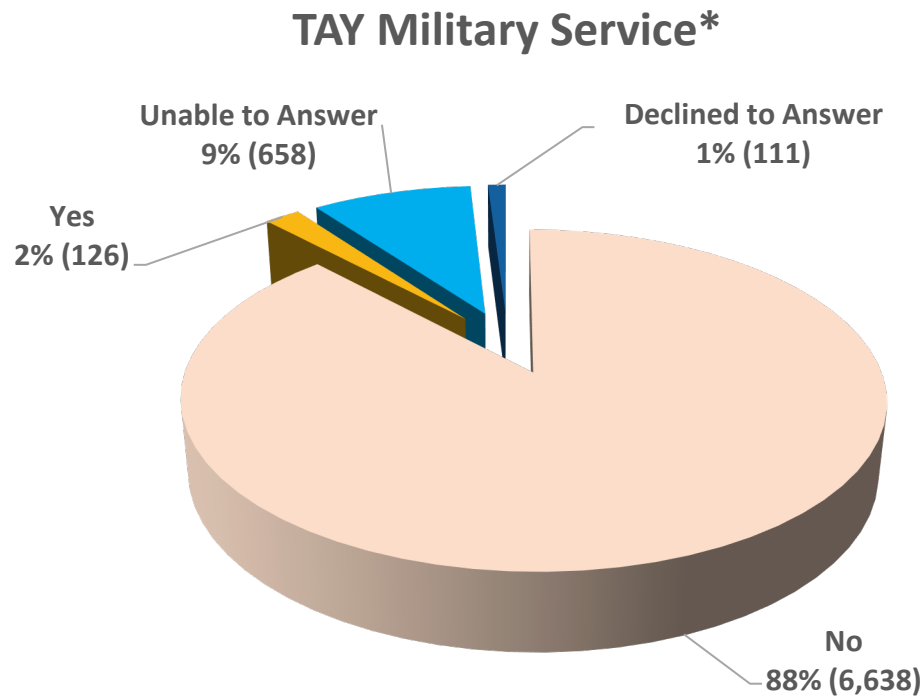
\*The graph and percentages reported above exclude unknown values (TAY, n = 963; Adult MH, n = 6,554).

\*\*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 94% of TAY clients served during FY 2023-24.
- Among those TAY clients served for whom military service data were available, 88% reported that they had no military service, and 2% indicated that they had served in the military.



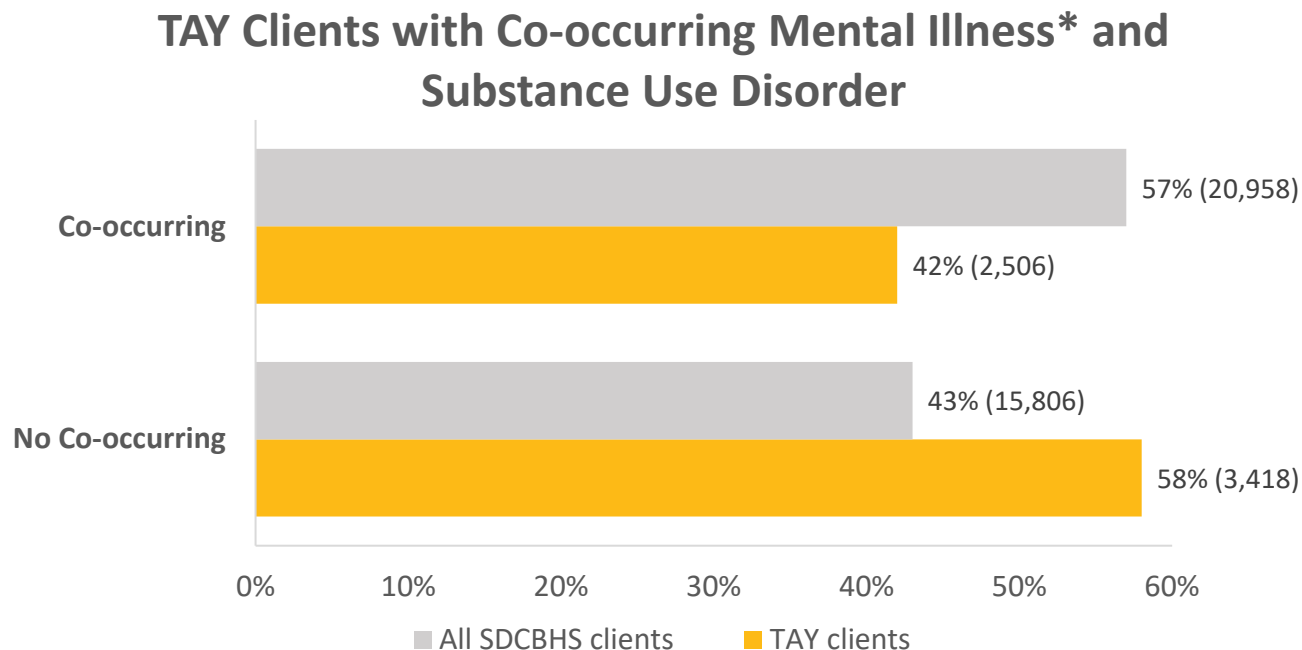
\*The graph and percentages reported above exclude missing values (n = 471).



## Who are we serving?

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

- In addition to a primary diagnosis, 42% of TAY clients also had a co-occurring mental illness and substance use disorder in FY 2023-24.
- The proportion of TAY clients with a co-occurring mental illness and substance use disorder served in FY 2023-24 was less than the proportion of all adult MH clients with a co-occurring mental illness and substance use disorder (42% TAY clients compared to 57% adult MH clients).



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

# What types of services are being used?

## TAY Clients: Types of Services\*

Outpatient Services	Total Visits	Total Clients	Emergency/Crisis Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	14,641	306	Urgent Outpatient	1,537	875
Case Management	951	485	Crisis Stabilization**	2,833	1,490
Case Management – Institutional	658	39	PERT	2,396	1,971
Case Management – Strengths	1,636	102	MCRT	1,560	1,117
Case Management – Transitional	0	0		Total Days	Total Clients
Fee for Service (FFS)	13,644	1,745	Crisis Residential	2,730	217
Outpatient	24,919	1,830	Forensic Services	Total Visits	Total Clients
Prevention	0	0	Jail	10,548	1,495
Inpatient Services	Admissions	Total Clients	24 Hour Services	Total Days	Total Clients
Inpatient – County	180	156	Edgemoor	0	0
Inpatient – FFS	1,036	752	Long Term Care (LTC)	589	< 5
Inpatient – Jail	36	29	LTC – Institutional	7,094	28
State Hospital	< 5	< 5	LTC – Residential	404	< 5
			LTC – Residential	303	< 5

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

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

## Are clients getting better?

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

- Clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre- to post-assessment in the ability to manage symptoms, progress towards recovery, and overall IMR scores.
- TAY clients self-reported significant improvements in their overall mental health status via the RMQ from pre- to post-assessment.
- Mean pre- and post-scores on the clinician-rated Substance Use IMR subscale demonstrate slight, non-significant negative change in symptoms among TAY clients in FY 2023-24.

Illness Management and Recovery (IMR)		N	Pre	Post	Change
Substance Use Subscale		291	4.20	4.17	▼
Management Subscale		315	2.74	2.93	▲
Recovery Subscale		315	3.00	3.16	▲
Overall Mean		315	3.25	3.37	▲
Recovery Markers Questionnaire (RMQ)		N	Pre	Post	Change
Overall Mean		251	3.61	3.81	▲

**Legend**

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

\*The outcomes reported here include all TAY BHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2023-24 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



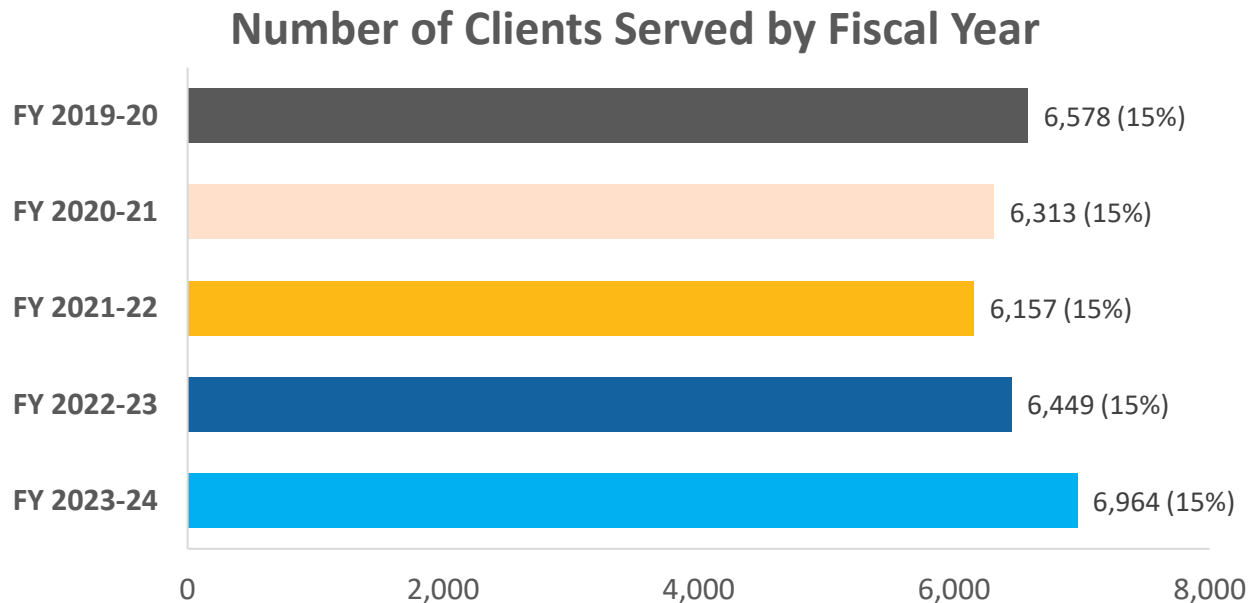
## Older Adult (OA) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2023-24

*Adult Behavioral Health Services Annual System of Care Report FY 2023-24  
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)*

## Who are we serving?

### Total Number of OA Clients Served

- During FY 2023-24, mental health services were delivered to 6,964 OA clients (age 60 and older) by SDCBHS, reflecting an 8% increase in the number of OA clients served compared to FY 2022-23.
- OA clients represent 15% of the 45,129 SDCBHS clients served during FY 2023-24.
- The number of OA clients served by BHS has decreased every year from FY 2019-20 to FY 2021-22 but increased in FY 2022-23 and FY 2023-24.

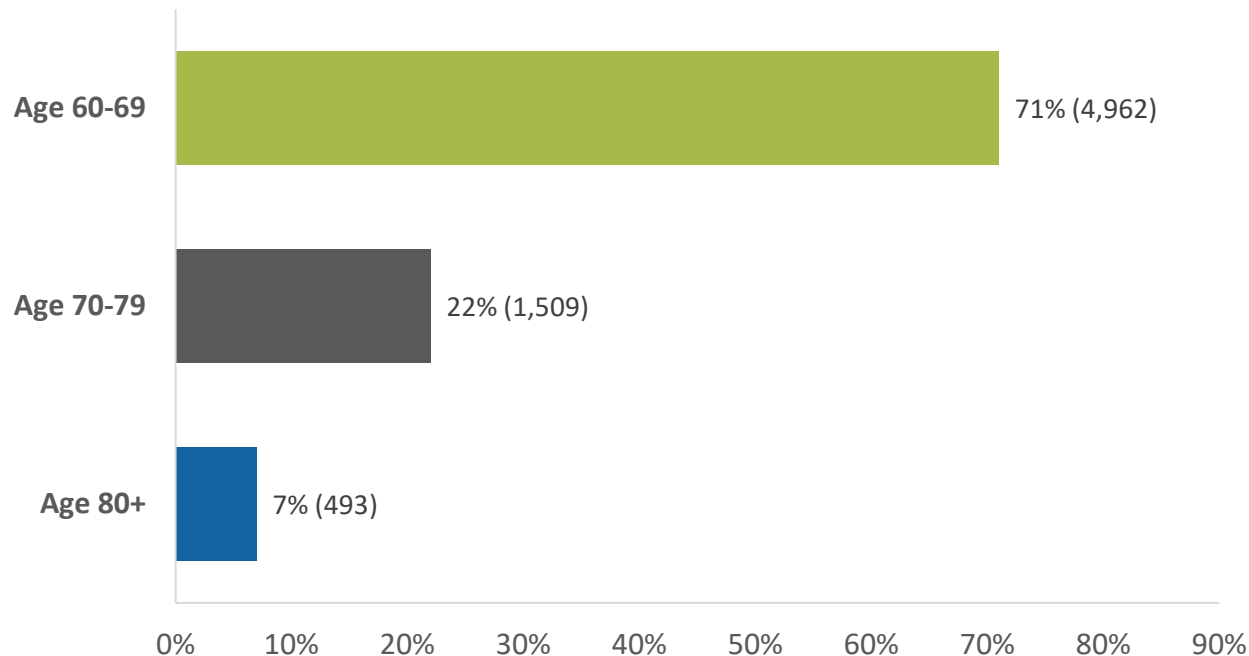


## Who are we serving?

### OA Clients: Age

- Almost three-quarters (71%) of OA clients served during FY 2023-24 were between the ages of 60 and 69 years.
- The number of OA clients served during FY 2023-24 that were between the ages of 60 and 69 years (4,962 clients) increased by 9%, compared to FY 2022-23 (4,568 clients).

### OA Age Distribution

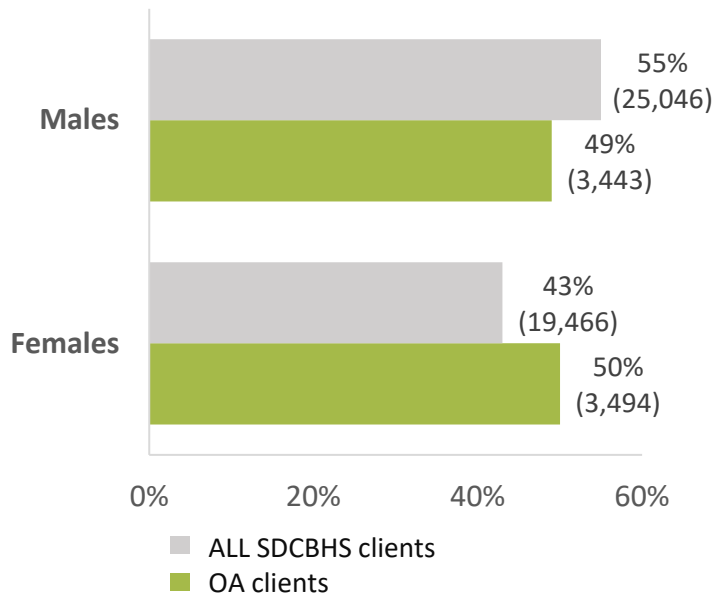


# Who are we serving?

## OA Clients: Gender

- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2023-24 were female (50%) compared to the overall SDCBHS client population (43%).
- The proportion of male OA clients served by SDCBHS has gradually increased over the past five fiscal years (47% to 49%).

### OA Gender\* Distribution



OA Gender	Fiscal Year					SDCBHS FY 2023-24 Population
	2019-20	2020-21	2023-24	2022-23	2023-24	
Females	52%	52%	52%	52%	50%	43%
Males	47%	48%	48%	48%	49%	55%
Other/Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	1%

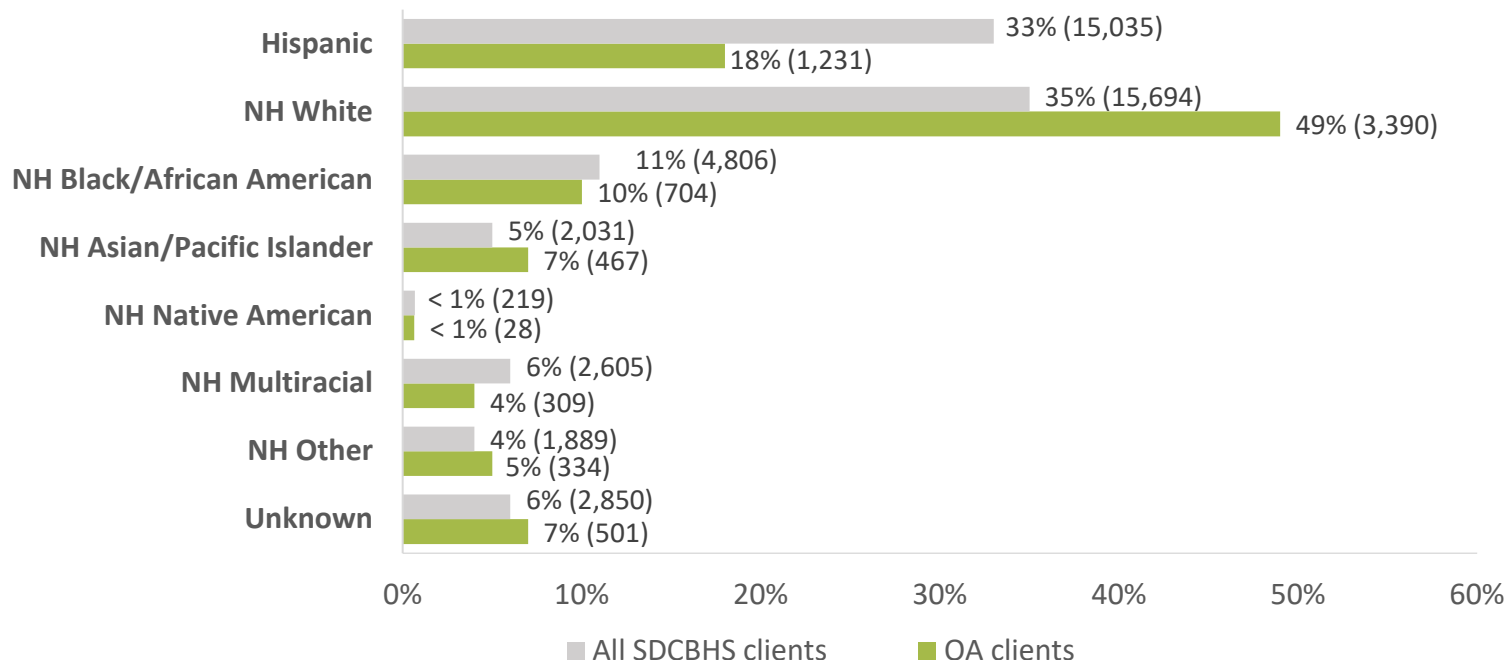
\*The figure excludes the other/unknown categories, comprising < 1% of the OA (27 clients) and 1% of the overall SDCBHS (617 clients) population.

# Who are we serving?

## OA Clients: Race/Ethnicity

- Less than half of OA clients (49%) served during FY 2023-24 were non-Hispanic White.
- Similar to previous fiscal years, compared to the overall SDCBHS client population, a smaller proportion of OA clients were Hispanic (18% vs. 33%), and a larger proportion were non-Hispanic White (49% vs. 35%) in FY 2023-24.

### OA Race/Ethnicity Distribution

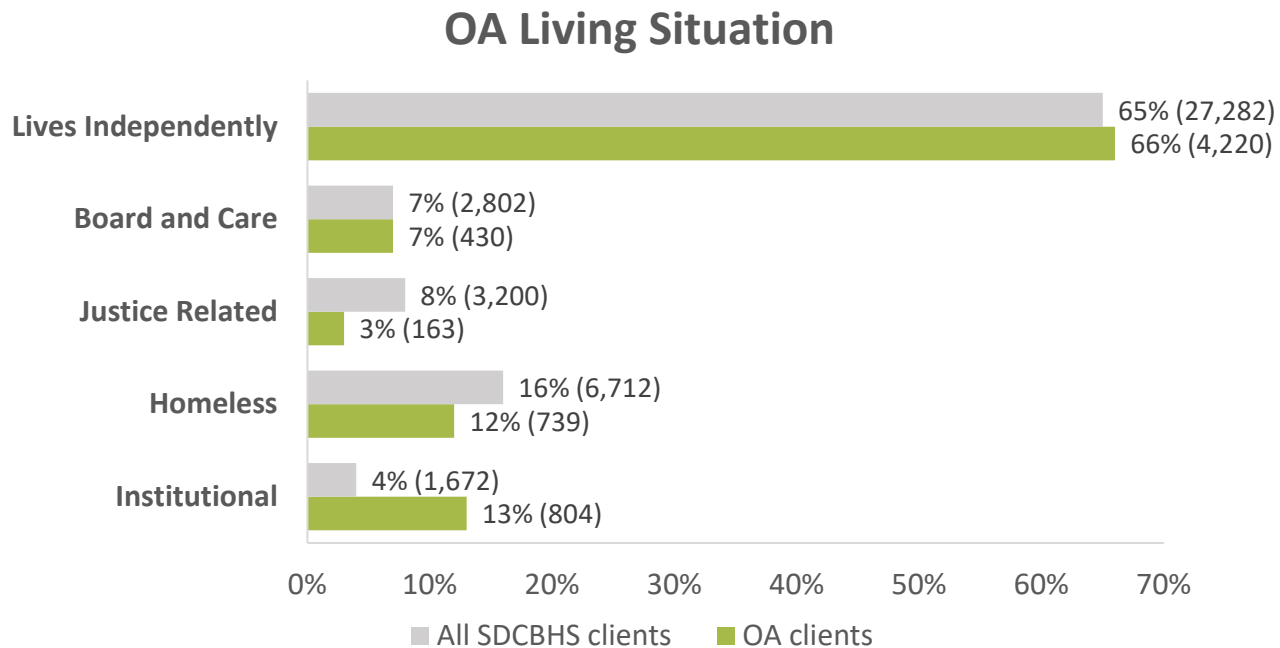




## Who are we serving?

### OA Clients: Living Situation\*

- Compared to the overall SDCBHS client population, a slightly higher proportions of OA clients served during FY 2023-24 lived independently\*\*.
- A greater proportion of OA clients served during FY 2023-24 lived in an institutional setting (13%) and a smaller proportion of OA clients were homeless (12%) or living in justice-related settings (3%), compared to the overall SDCBHS client population (4%, 16%, and 8%, respectively).



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

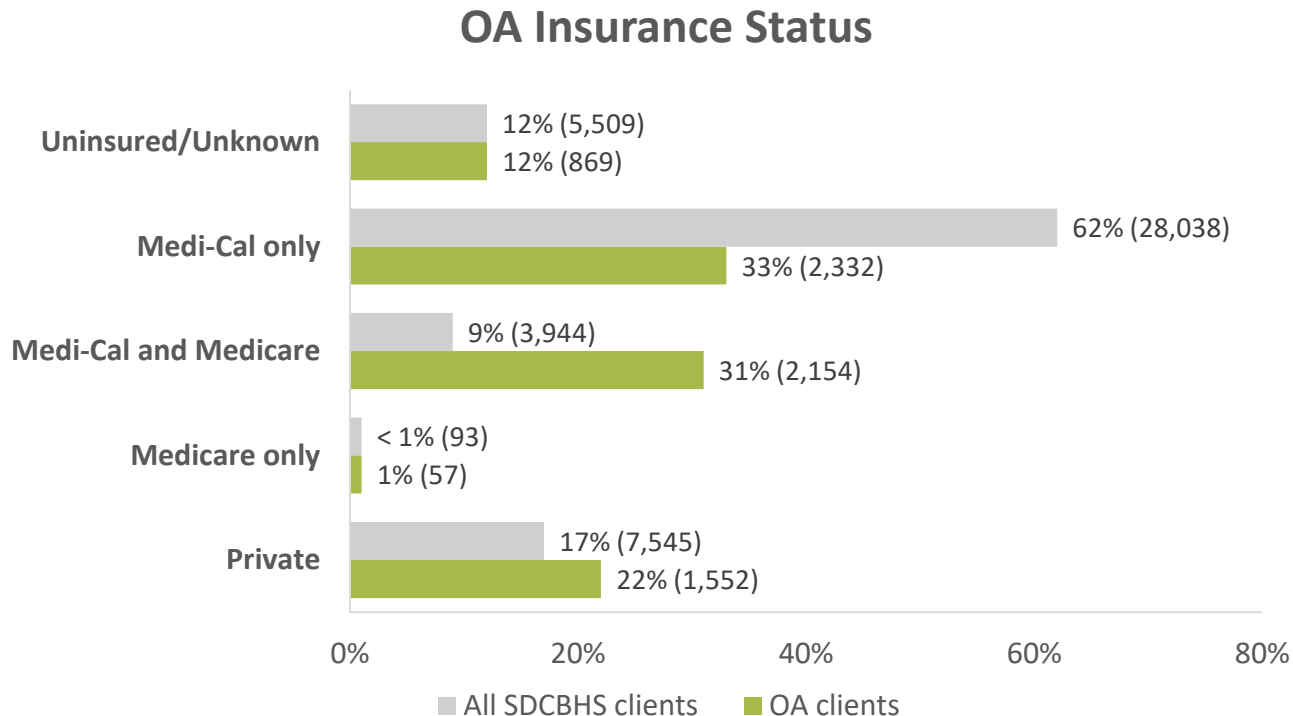
\*\*Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (OA, n = 608; Adult MH, n = 3,461) are excluded from the figure and percentages reported above.

## Who are we serving?

### OA Clients: Health Care Coverage

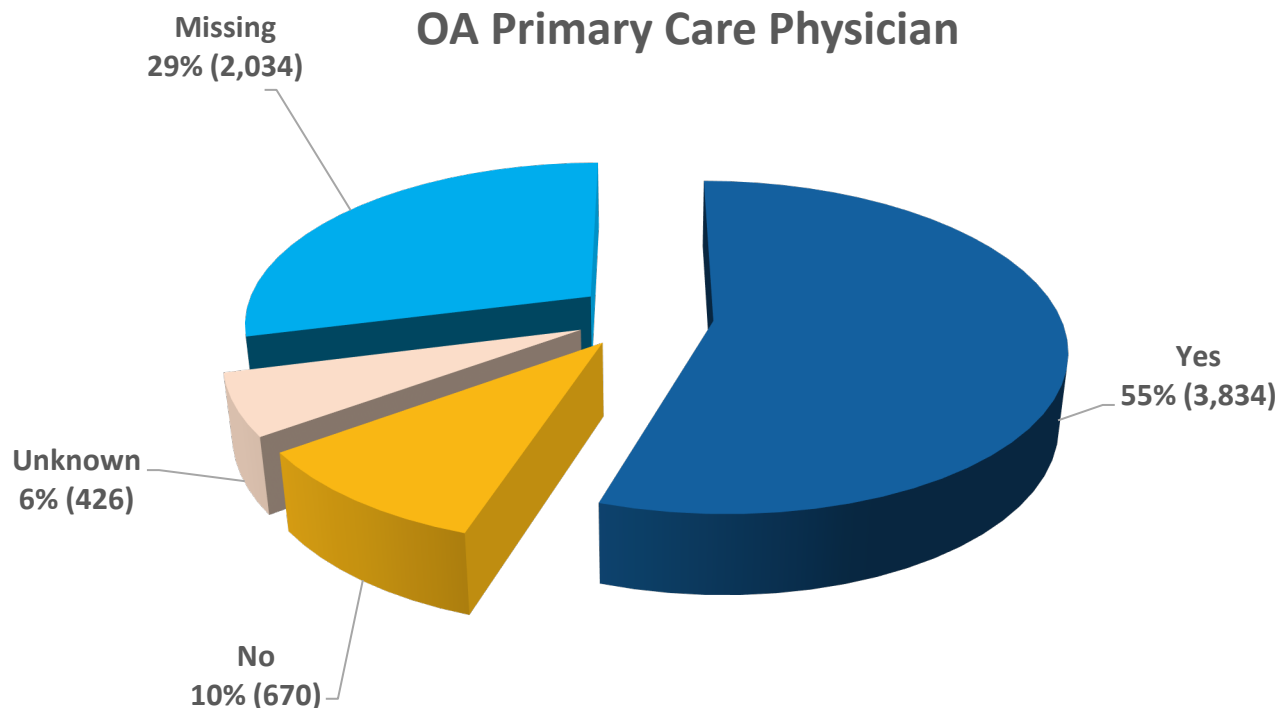
- Less than two-thirds of OA clients (64%) served during FY 2023-24 were at least partially covered by Medi-Cal.
- Less than one-third of OA clients (31%) served during FY 2023-24 had combined Medi-Cal and Medicare health care coverage.
- 22% of OA clients served in FY 2023-24 had a private insurance.



## Who are we serving?

### OA Clients: Primary Care Physician

- The proportion of OA clients served during FY 2023-24 who had a primary care physician increased from FY 2022-23 (51%).
- Information about primary care physician was unavailable or unknown for nearly one-third of OA clients (29%), a decrease from FY 2022-23 (39%).



## Who are we serving?

### OA Clients: Sexual Orientation

- Almost all OA clients served during FY 2023-24 with sexual orientation information available identified as heterosexual (90%).
- Compared to the overall SDCBHS population, a smaller proportion of OA clients were missing sexual orientation data (59% OA clients compared to 61% SDCBHS clients).

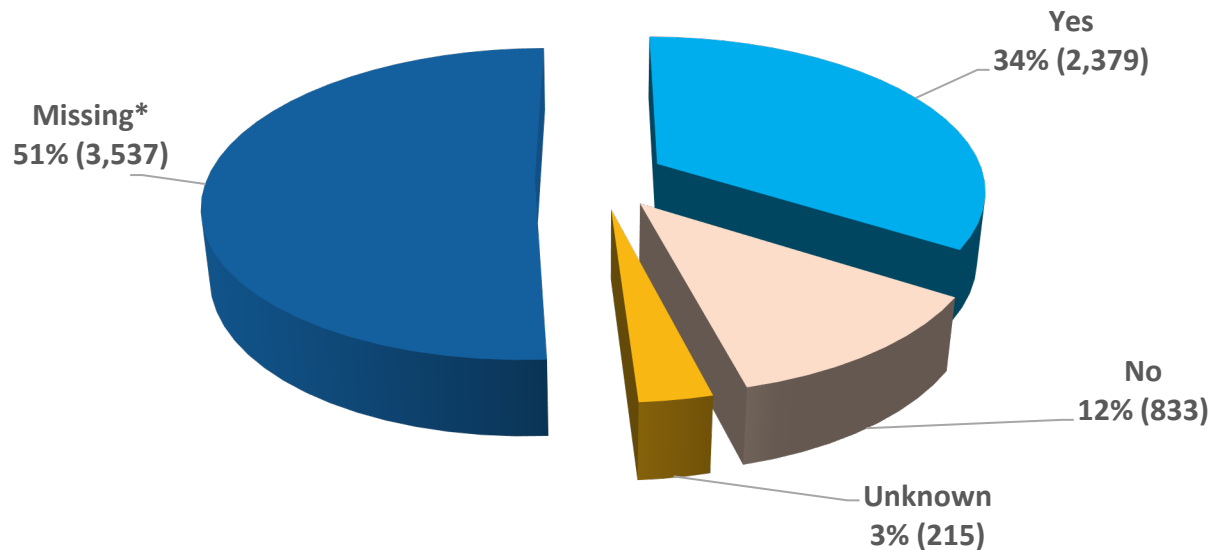
Sexual Orientation	OA FY 2023-24		SDCBHS FY 2023-24	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,582	90%	14,480	82%
Bisexual	59	2%	1,353	8%
Gay male	52	2%	466	3%
Lesbian	17	1%	222	1%
Queer	<5	<1%	104	1%
Asexual	7	<1%	94	1%
Other	17	1%	174	1%
Questioning	9	<1%	181	1%
Declined to state	126	4%	551	3%
Total (excluding missing)	<b>2,870</b>	<b>100%</b>	17,074	<b>100%</b>
Missing	4,094	59%	27,504	61%

## Who are we serving?

### OA Clients: History of Trauma

- 34% OA clients served during FY 2023-24 had a history of trauma, reflecting a smaller proportion of OA clients compared to FY 2022-23 (36%).
- Trauma history data were missing or unknown for more than half (51%) of OA clients (3,537 clients).

OA History of Trauma



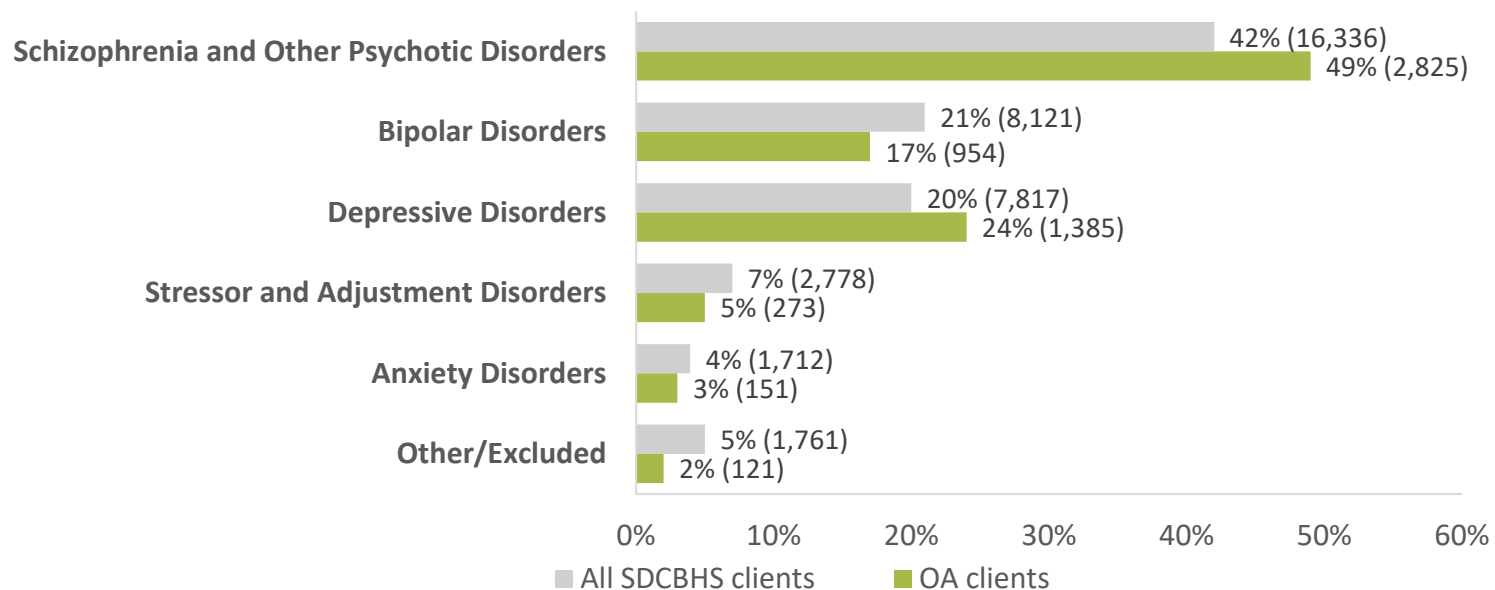
\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

# Who are we serving?

## OA Clients: Primary Diagnosis

- The most common diagnosis among OA clients served during FY 2023-24 was schizophrenia and other psychotic disorders (49%), followed by depressive disorders (24%), comprising nearly three-quarters of OA clients with a valid diagnosis.
- Compared to the overall adult MH population, a slightly larger proportion of OA clients had a depressive disorder diagnosis (24% compared to 20%) or a diagnosis of schizophrenia and other psychotic disorders (49% compared to 42%).

### OA Primary Diagnosis\*

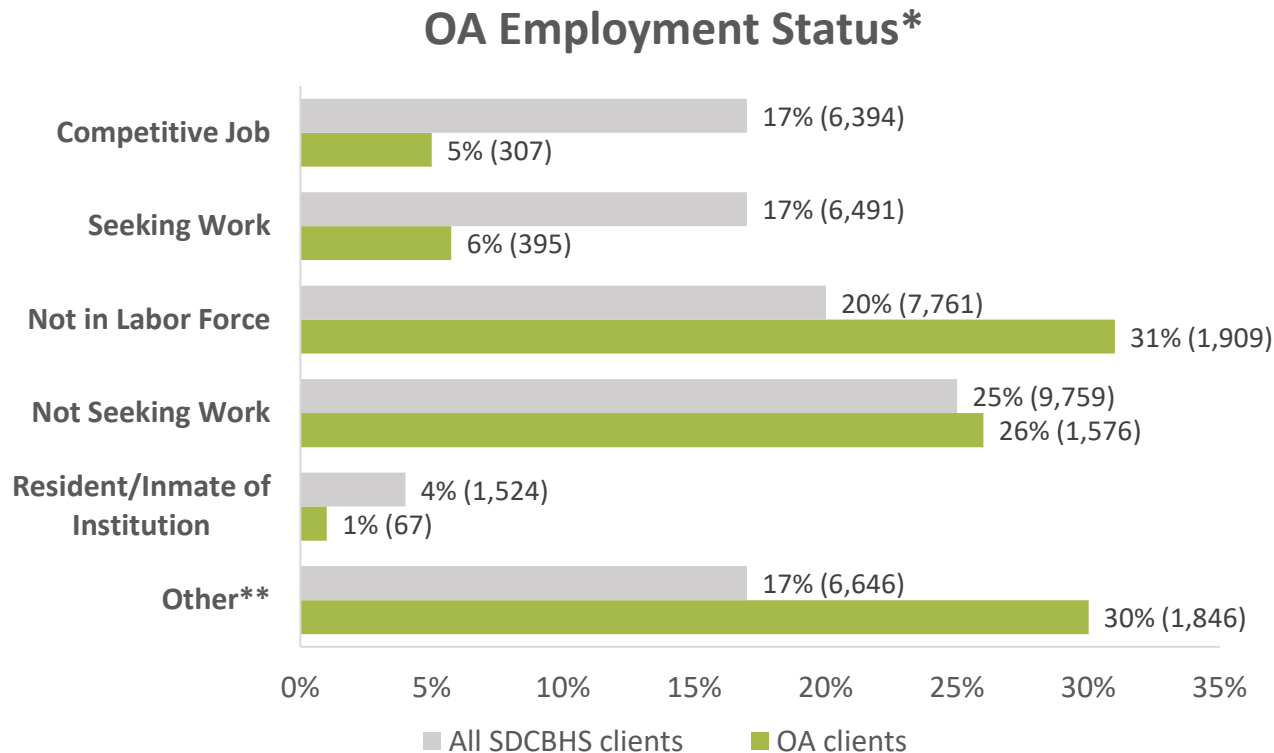


\*The graph and percentages reported above exclude invalid/missing values (OA, n = 1,255; Adult MH, n = 6,604).

# Who are we serving?

## OA Clients: Employment Status

- 31% of OA clients served during FY 2023-24 were not in the labor force; comprising the largest population of OA clients.
- More than one-quarter of OA clients served during FY 2023-24 (30%) had an other employment status.



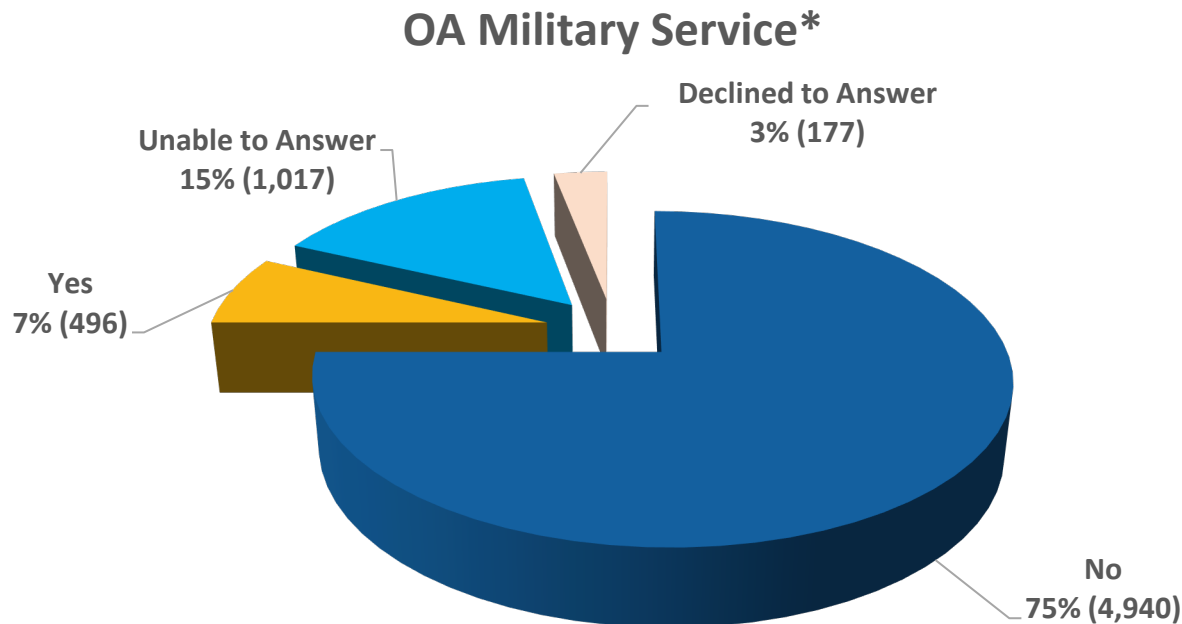
\*The graph and percentages reported above exclude unknown values (OA, n = 864; Adult MH, n = 6,554).

\*\*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 95% of OA clients served during FY 2023-24.
- Among those clients served for whom military service data were available, three-fourths (75%) reported that they had no military service, and 7% indicated that they had served in the military.



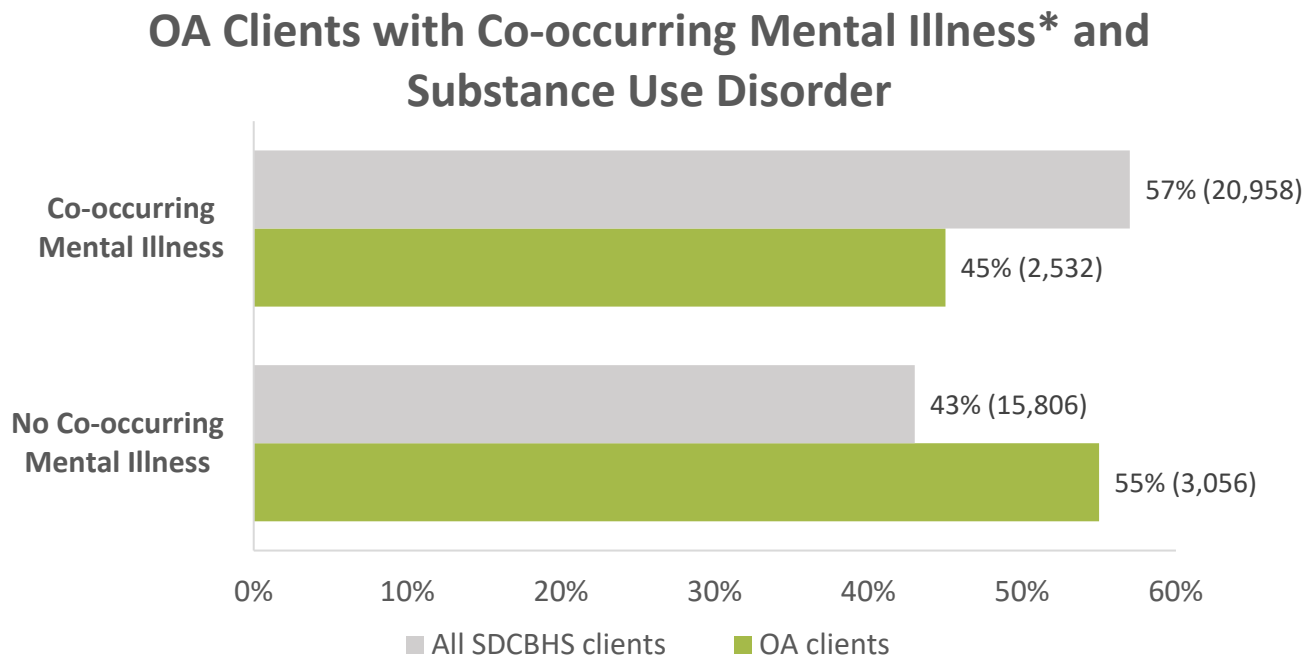
\*The graph and percentages reported above exclude missing values ( $n = 344$ ).



## Who are we serving?

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

- In addition to a primary diagnosis, nearly half of OA clients (45%) also had a diagnosis of a co-occurring mental illness and substance use disorder in FY 2023-24.
- The proportion of OA clients with a co-occurring mental illness remained stable when compared to FY 2022-23 (45%).



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

# 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)	32,770	597	Urgent Outpatient	820	516
Case Management	639	273	Crisis Stabilization**	1,147	617
Case Management – Institutional	3,141	394	PERT	1,568	1,307
Case Management – Strengths	11,289	517	MCRT	863	606
Case Management – Transitional	0	0		Total Days	Total Clients
Fee for Service (FFS)	12,799	1569	Crisis Residential	3,094	187
Outpatient	20,991	1,898	Forensic Services	Total Visits	Total Clients
Prevention	0	0	Jail	4,962	657
Inpatient Services	Admissions	Total Clients	24 Hour Services	Total Days	Total Clients
Inpatient – County	122	112	Edgemoor	25,021	80
Inpatient – FFS	524	316	Long Term Care (LTC)	2,117	8
Inpatient – Jail	23	21	LTC – Institutional	39,721	167
State Hospital	< 5	< 5	LTC – Residential	1,512	5
			Residential	26	< 5




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

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

## Are clients getting better?

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

- Mean pre- and post-scores on the clinician-rated Substance Use IMR subscale demonstrate a non-significant positive change in symptoms among OA clients in FY 2023-24.
- Clinicians reported significant improvements of symptoms among OA clients on the management subscale, recovery subscale, and overall IMR scores and OA clients self-reported significant improvement of symptoms in their overall mental health status via the RMQ from pre- to post-assessment.

Illness Management and Recovery (IMR)					<b>Legend</b>  Significant positive change ( $p < .05$ )  Non-significant positive change  Non-significant negative change
Substance Use Subscale		N	Pre	Post	
		839	4.48	4.49	
Management Subscale		889	3.08	3.17	
Recovery Subscale		888	2.90	2.99	
Overall Mean		889	3.28	3.35	
Recovery Markers Questionnaire (RMQ)					
		N	Pre	Post	
Overall Mean		685	3.62	3.68	

\*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 2023-24 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

# Chapter 2: DMC-ODS



## Adult\* Drug Medi-Cal Organized Delivery System (DMC-ODS) Annual Report Fiscal Year 2023-24

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

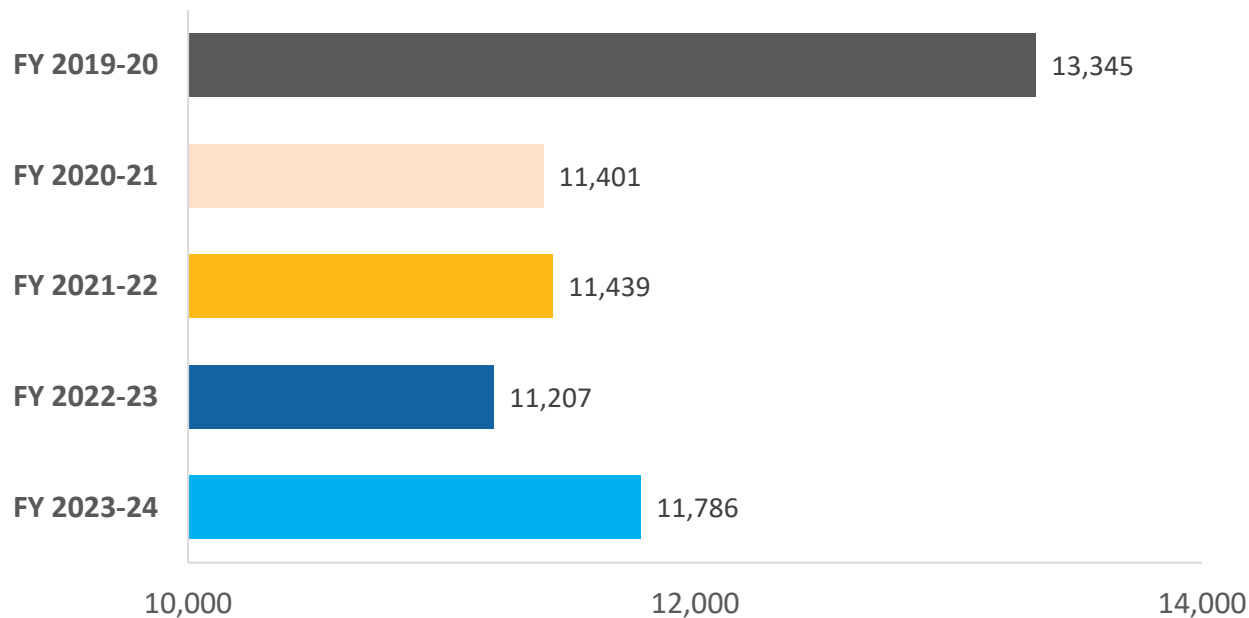
*Adult Behavioral Health Services Annual System of Care Report FY 2023-24  
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)*

## Who are we serving?

### Total Number of Adult DMC-ODS Clients Served

- In FY 2023-24, substance use disorder treatment services were delivered to 11,786 clients by adult, non-perinatal DMC-ODS programs, which is a 5% increase in the number of unique clients served compared to FY 2022-23 (11,207 clients).
- The number of clients served decreased during FY 2020-21, compared to the number served during FY 2019-20 (13,345 clients), possibly due to the COVID-19 pandemic, and this figure has remained smaller than pre-pandemic levels.

### Number of Clients Served by Fiscal Year

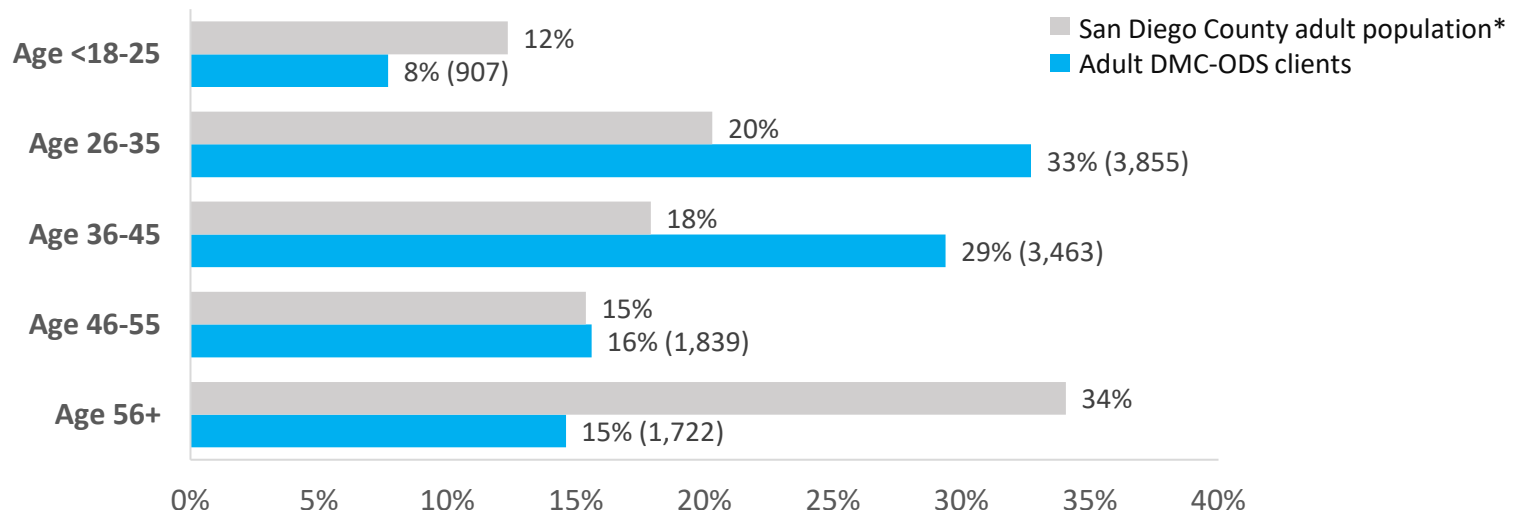


## Who are we serving?

### Adult DMC-ODS Clients: Age

- The largest proportion of adult clients served by the DMC-ODS during FY 2023-24 were between the ages of 26 and 35 years (33%), followed by those between the ages of 36 and 45 years (29%).
- Sixteen percent (16%) of adult clients served by the DMC-ODS were between the ages of 46 and 55 years, 15% were aged 56 years or older, and the remaining 8% of clients served were aged 25 years or younger.
- A smaller proportion (15%) of adult DMC-ODS clients served during FY 2023-24 were in the oldest age category (age 56+) compared to the estimated adult population in that age range in San Diego County (34%).

### Age Distribution



\*Source: U.S. Census Bureau, 2023 American Community 5-Year Estimates Age and Sex (San Diego County population)

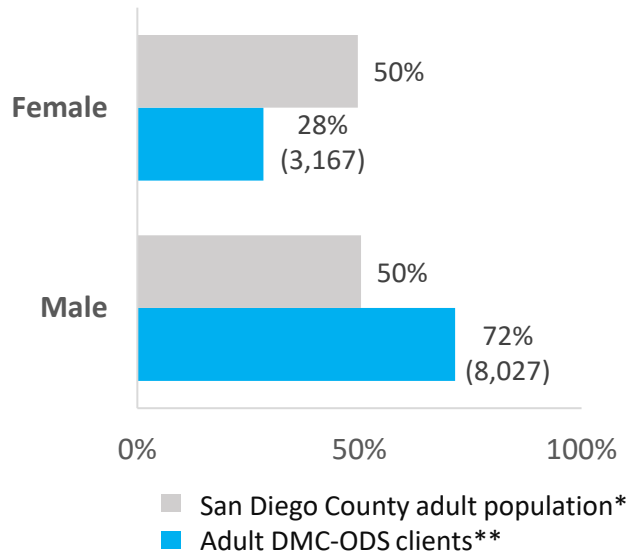
Note: San Diego County population estimates were not available for the age categories reported from the DMC-ODS. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-34, age 35-44, age 45-54 and age 55+.

# Who are we serving?

## Adult DMC-ODS Clients: Gender

- The proportion of males and females of adult clients served by the DMC-ODS has remained relatively stable over the last five fiscal years, with a greater proportion of clients identifying as male versus female.
- There was a greater proportion of male adult clients served by DMC-ODS during FY 2023-24 (72%) compared to the proportion of males in the overall San Diego County adult population (50%) and a smaller proportion of female adult clients served by the DMC-ODS in FY 2023-24 (28%) compared to the proportion of females in the overall San Diego County adult population (50%).

### Gender Distribution



DMC-ODS Gender	Fiscal Year					SD County Population
	2019-20	2020-21	2021-22	2022-23	2023-24	
Female	29%	30%	29%	28%	28%	50%
Male	71%	70%	71%	72%	72%	50%
Other/Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	n/a***

\*Source: U.S. Census Bureau, 2023 American Community 5-Year Estimates Age and Sex (San Diego County population)

\*\*In the DMC-ODS population, gender was reported as other for 12 adult DMC-ODS clients in FY 2023-24 (< 1%).

\*\*\*Rates of other/unknown genders were not available for the San Diego County adult population.

# Who are we serving?

## Adult DMC-ODS Clients: Race/Ethnicity

- The proportion of non-Hispanic White clients served by DMC-ODS adult SUD treatment providers has gradually decreased since FY 2019-20 (53% to 47%), while the proportion of Hispanic clients has increased (22% to 35%).
- The proportion of non-Hispanic adult clients who identify with an other race or as multiracial has also decreased over the past five fiscal years (12% to 4%).

Race/Ethnicity	Fiscal Year				
	2019-20	2020-21	2021-22	2022-23	2023-24
Hispanic	22%	29%	32%	34%	35%
NH White	53%	52%	49%	48%	47%
NH Black/African American	10%	9%	9%	9%	10%
NH Asian/Pacific Islander	2%	2%	2%	2%	2%
NH Native American	2%	1%	1%	1%	1%
NH Other/Multiracial	12%	7%	5%	5%	4%
Unknown	< 1%	0%	< 1%	< 1%	0%



# Who are we serving?

## Adult DMC-ODS Clients: Sexual Orientation

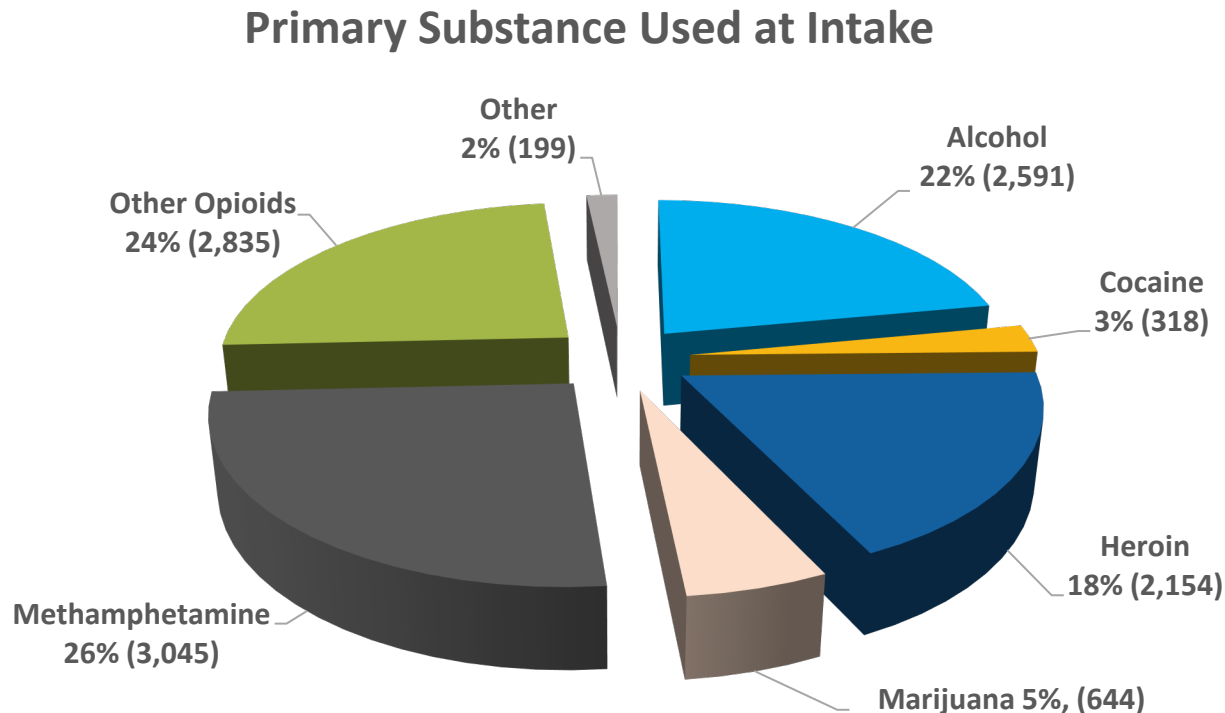
- The majority of adult DMC-ODS clients served during FY 2023-24 with sexual orientation information available identified as heterosexual (93%).
- Sexual orientation data were missing for 10,364 clients (88%), so interpretations of the data below should be made with caution.

Sexual Orientation	Unique Clients	Percentage
Heterosexual	1,324	93%
Bisexual	48	3%
Gay male	32	2%
Lesbian	8	1%
Other	5	< 1%
Declined to state	5	< 1%
Total (excluding missing)	1,422	100%
Missing	10,364	88%

## Who are we serving?

### Adult DMC-ODS Clients: Primary Substance Used at Intake

- The most common primary substance used at intake among adult DMC-ODS clients served during FY 2023-24 was methamphetamine (26%), followed by opioids that were not heroin (24%), and alcohol (22%).
- More than two-fifths (42%) of adult clients served by the DMC-ODS during FY 2023-24 reported a primary substance used of heroin or an other opioid at intake.

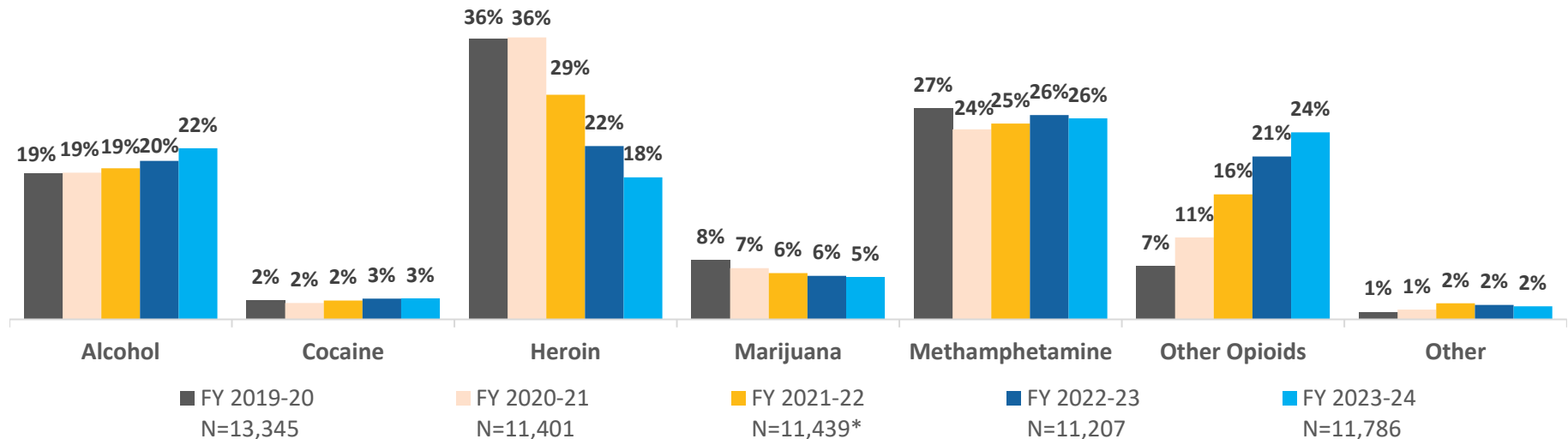


## Who are we serving?

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

- Since FY 2019-20, primary utilization of heroin among adult clients served by the DMC-ODS declined from 36% to 18%, while primary utilization of other opioids more than tripled over the same time frame (7% to 24%).
- Utilization of alcohol as a primary substance among adults served by the DMC-ODS increased slightly from FY 2019-20 to FY 2023-24 (19% to 22%), while utilization of marijuana as a primary substance decreased during this timeframe (8% during FY 2019-20 compared to 5% during FY 2023-24).
- Utilization of other substances has been stable among adult clients served by the DMC-ODS during the past five fiscal years, aside from a slight decline in the proportion of adult clients who reported methamphetamine use as their primary substance used during FY 2020-21 (24% compared to 27% during FY 2019-20).

### Primary Substance Used at Intake Over Time

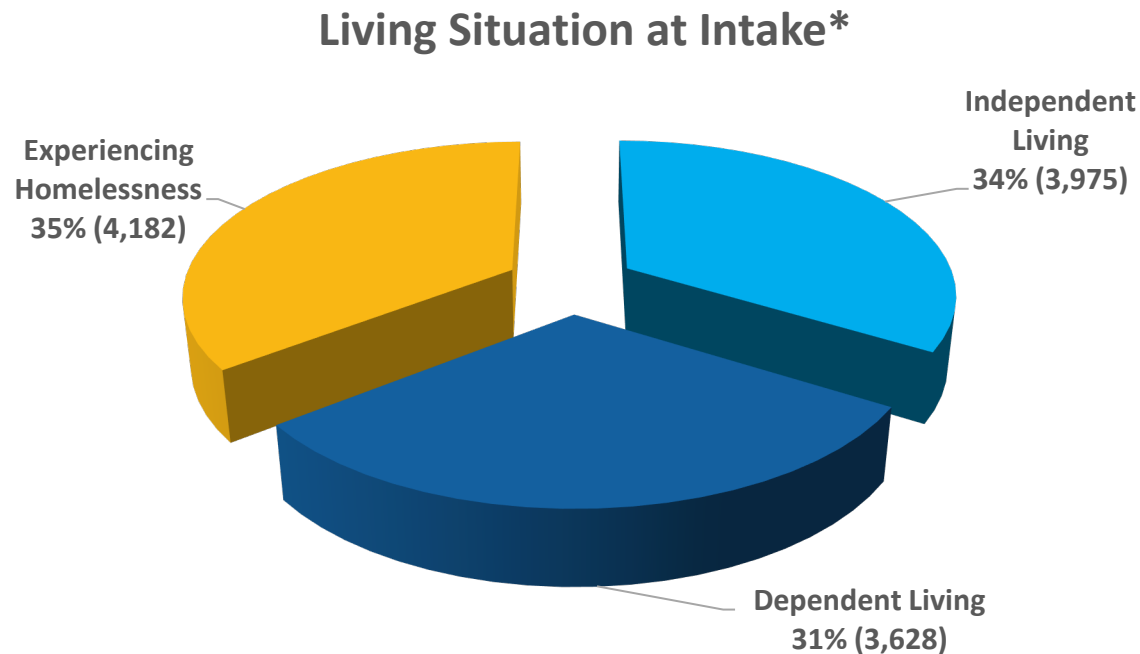


\*The graph and percentages reported above exclude missing values (n = 1).

## Who are we serving?

### Adult DMC-ODS Clients: Living Situation at Intake

- More than one-third (35%) of adult clients served during FY 2023-24 were experiencing homelessness at the time of their intake in the DMC-ODS.
- About one-third of adult clients served during FY 2023-24 (34%) were living independently at the time of their intake in the DMC-ODS.



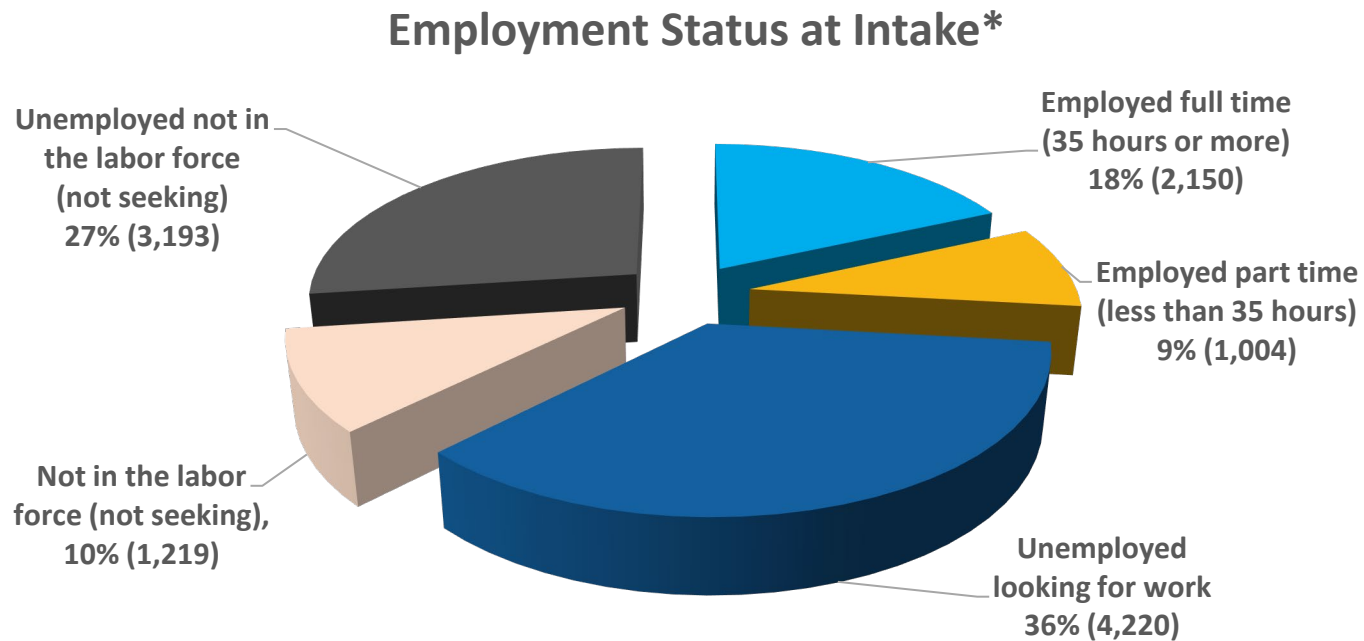
\*Client living situation reflects status at the intake of the client's most recent admission.

**Note:** Living situation at intake was unknown for one client and is excluded from the figure and percentages reported above.

## Who are we serving?

### Adult DMC-ODS Clients: Employment Status at Intake

- Eighteen percent of adult DMC-ODS clients served during FY 2023-24 were employed full time at intake.
- More than one-third of adult DMC-ODS clients served during FY 2023-24 were unemployed and looking for work (36%), and more than one-quarter (27%) were unemployed and not seeking.

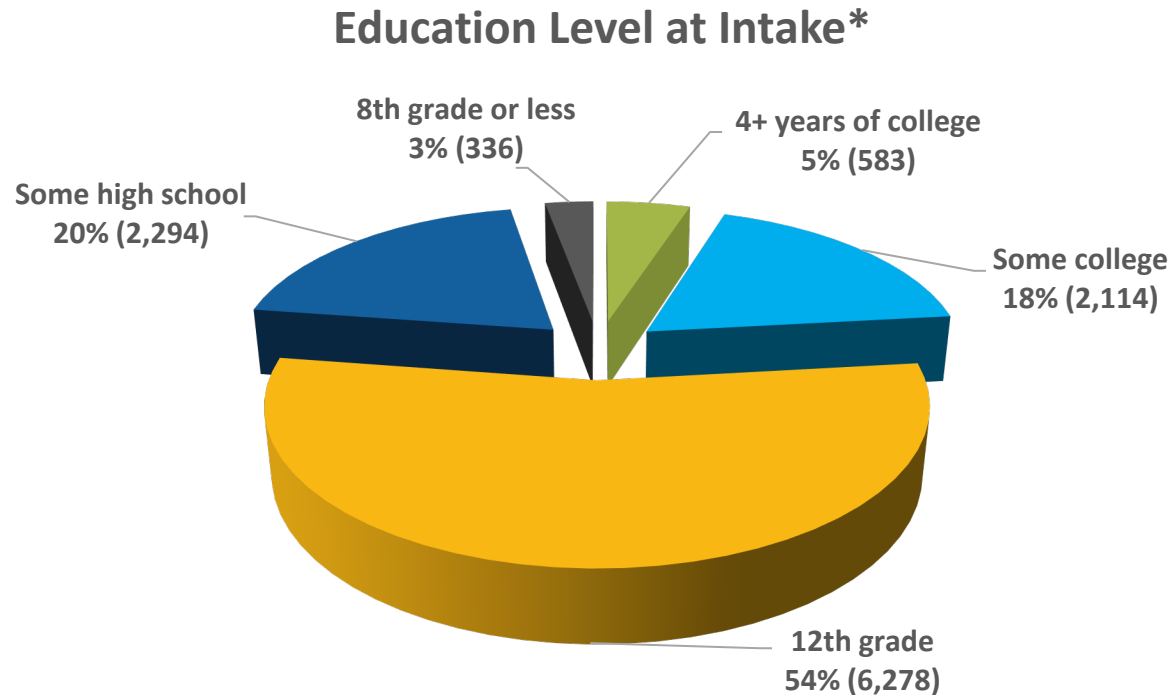


*\*Client employment status reflects status at the intake of the client's most recent admission.*

## Who are we serving?

### Adult DMC-ODS Clients: Education Level at Intake

- More than half (54%) of adult DMC-ODS clients served during FY 2023-24 reported 12<sup>th</sup> grade as the highest level of education they received.
- Almost one-quarter (23%) of adult DMC-ODS clients served in FY 2023-24 did not complete high school.



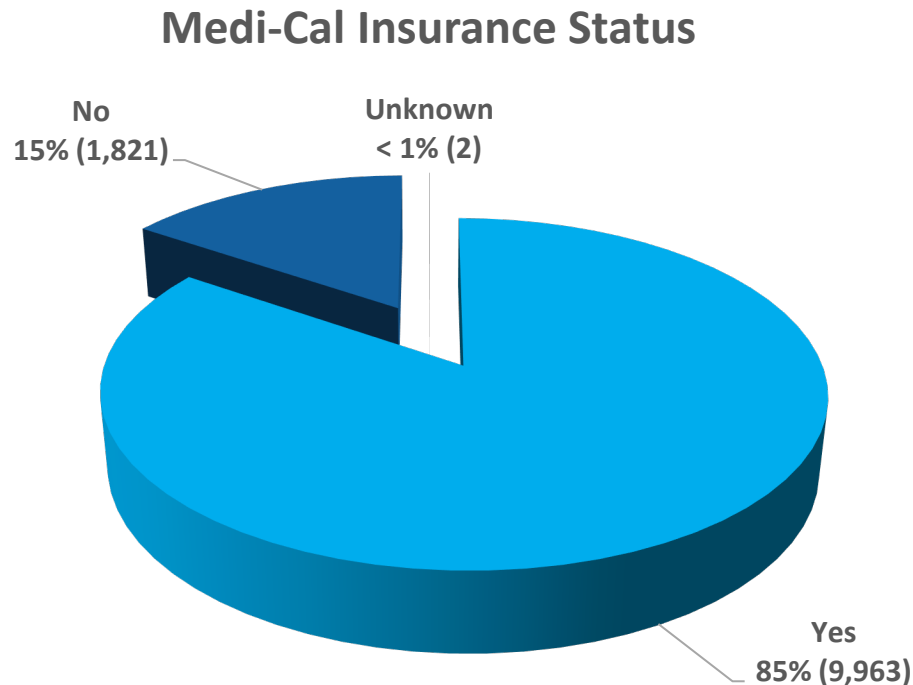
\*Client educational level reflects the highest level of education obtained at the time of intake of the client's most recent admission.

**Note:** Education level at intake was unknown for 181 clients and these clients are excluded from the figure and percentages reported above.

## Who are we serving?

### Adult DMC-ODS Clients: Medi-Cal Beneficiaries

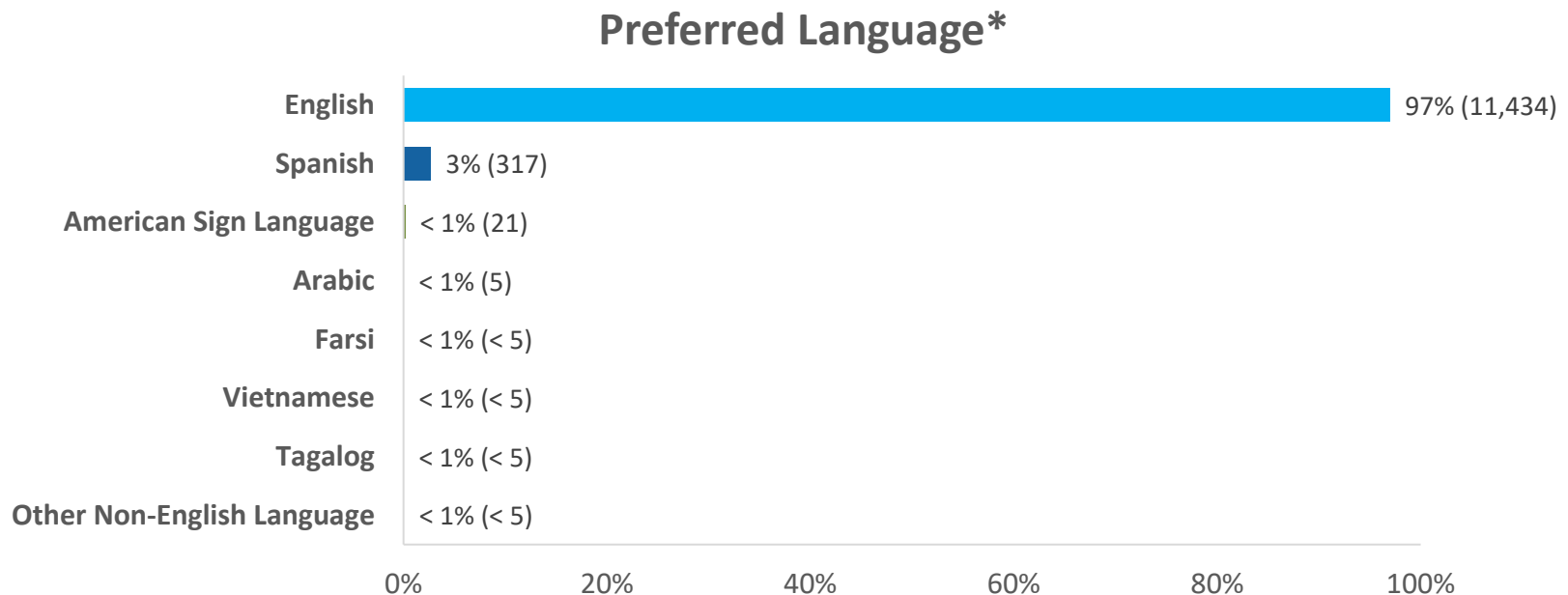
- The majority (85%) of adult clients served by the DMC-ODS during FY 2023-24 were covered by Medi-Cal.
- The proportion of adult clients served by the DMC-ODS that were covered by Medi-Cal increased over the past several fiscal years (FY 2023-24, 85%; FY 2022-23, 83%; FY 2021-22, 81%; FY 2020-21, 79%;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



# Who are we serving?

## Adult DMC-ODS Clients: Preferred Language

- SDCBHS services are available in many languages, including American Sign Language and the eight threshold languages\* in San Diego County: Arabic, Chinese (Mandarin), Korean, Persian (Farsi and Dari), Somali, Spanish, Filipino (Tagalog), and Vietnamese.
- Almost all (97%) adult clients served by the DMC-ODS during FY 2023-24 reported English as their preferred language. The second most common preferred language was Spanish (3%), followed by American Sign Language (<1%).



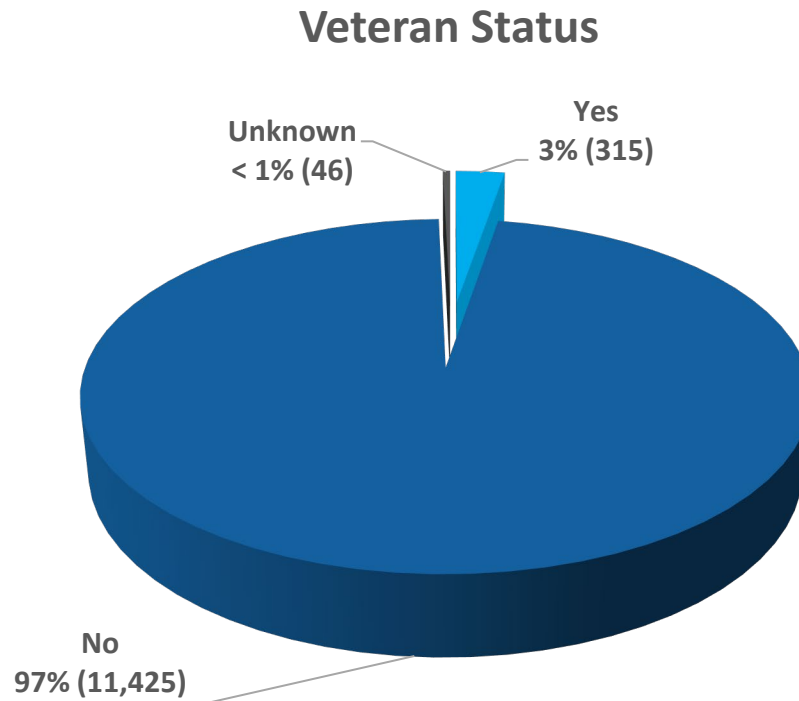
\*San Diego County threshold languages with zero clients indicating preference for that language are omitted from the chart.



## Who are we serving?

### Adult DMC-ODS Clients: Veteran Status

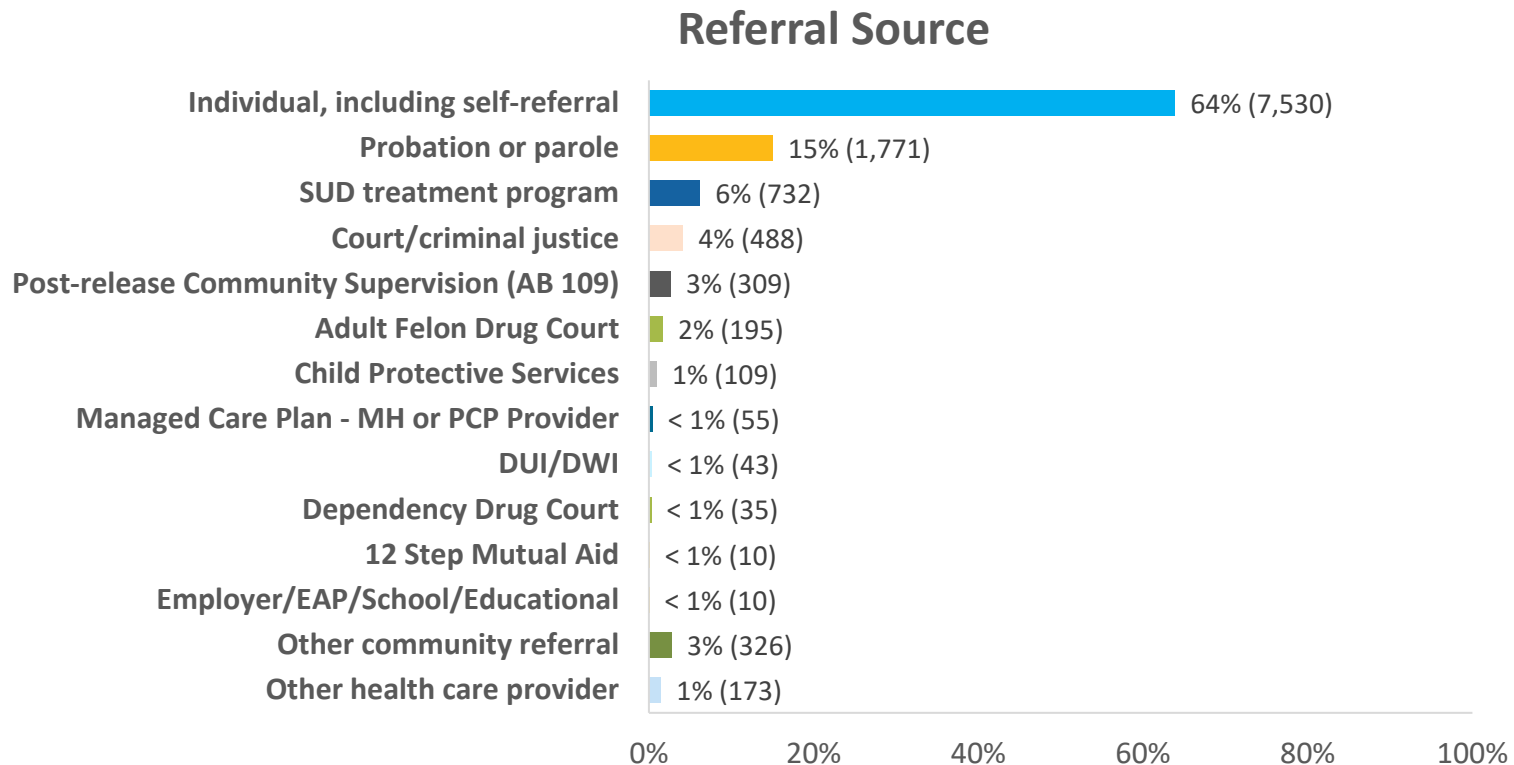
- The majority (97%) of adult clients served by the DMC-ODS during FY 2023-24 were not Veterans.



# Who are we serving?

## Adult DMC-ODS Clients: Referral Source

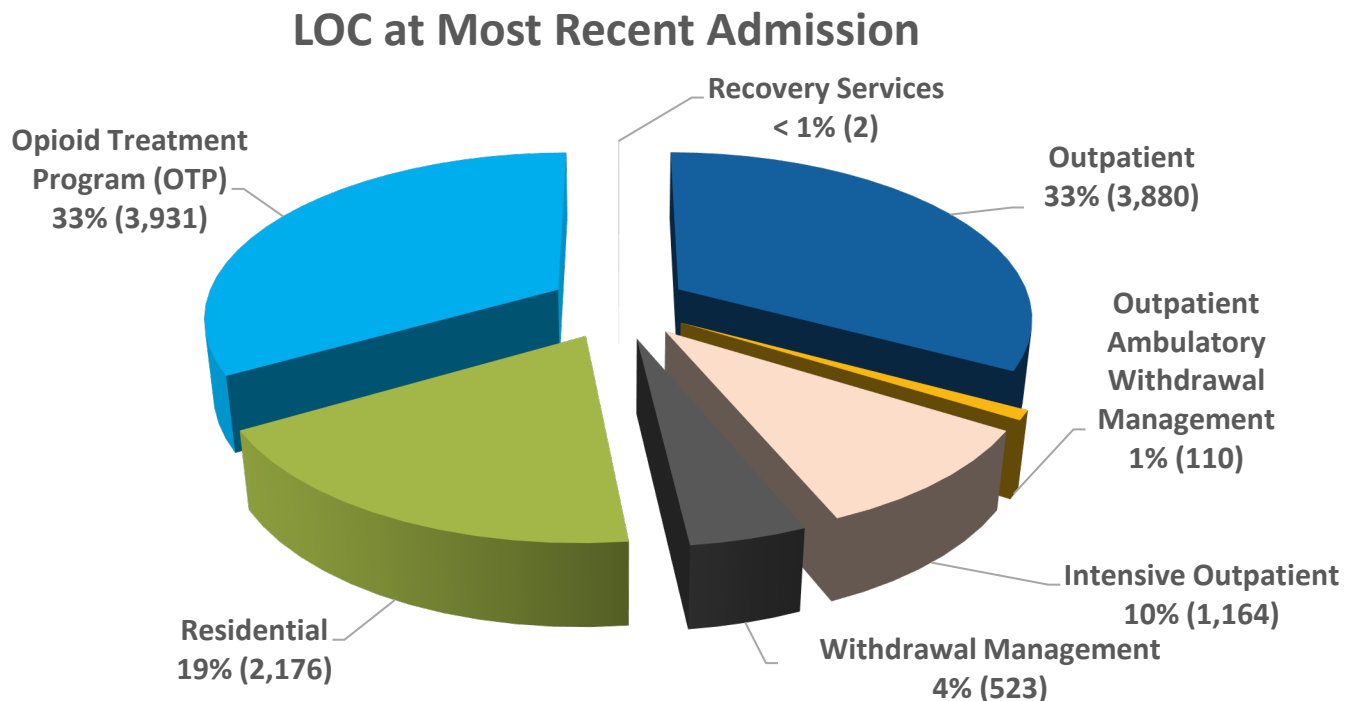
- Almost two-thirds (64%) of adult clients served by the DMC-ODS during FY 2023-24 were self-referred.
- The second most common referral source among adult clients served by the DMC-ODS during FY 2023-24 was probation or parole (15%), followed by another SUD treatment program (6%) and the court/criminal justice system (4%).



## Who are we serving?

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

- One-third (33%) of adult clients served by the DMC-ODS during FY 2023-24 received services from an OTP during their most recent admission, and another third (33%) received services from an outpatient program.
- The next most common LOC where adult clients served by the DMC-ODS during FY 2023-24 received services was residential services (19%), followed by intensive outpatient services (10%).



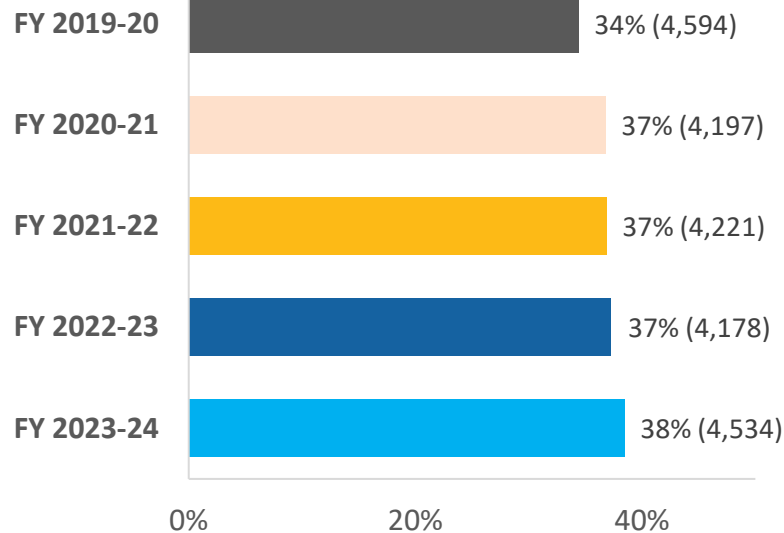
\*LOC reflects the level of care received by the client during their most recent admission.

## Who are we serving?

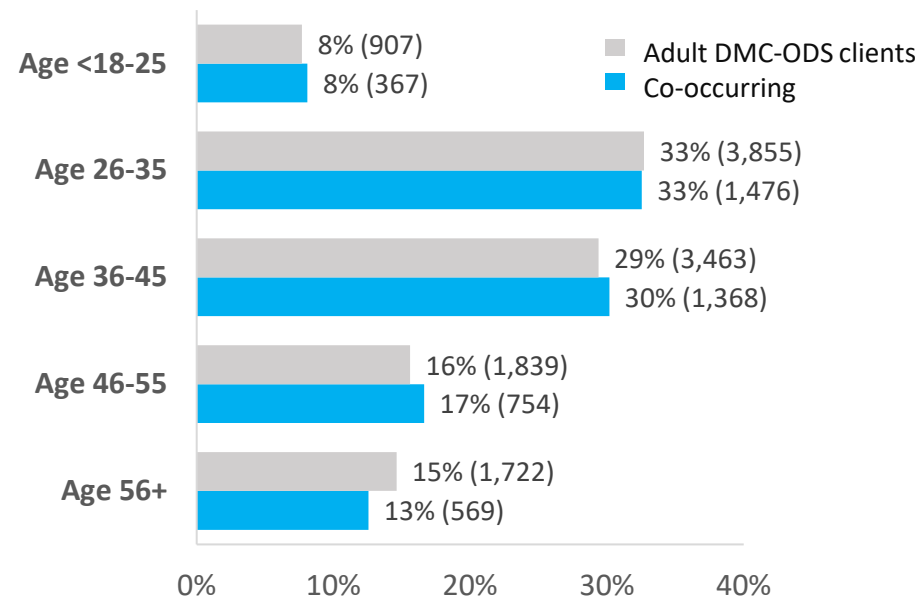
### Adult DMC-ODS Clients: Co-occurring SUD and Mental Illness at Intake (Overall & by Age)

- In addition to a substance use disorder, more than one-third (38%) of adult DMC-ODS clients served during FY 2023-24 had a co-occurring substance use disorder and mental health illness at intake.
- The proportion of adult clients served by the DMC-ODS with a co-occurring substance use disorder and mental illness increased over the past five fiscal years (34% to 38%).
- By age, co-occurring diagnoses is the roughly the same proportionally compared to all adult DMC-ODS clients.

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



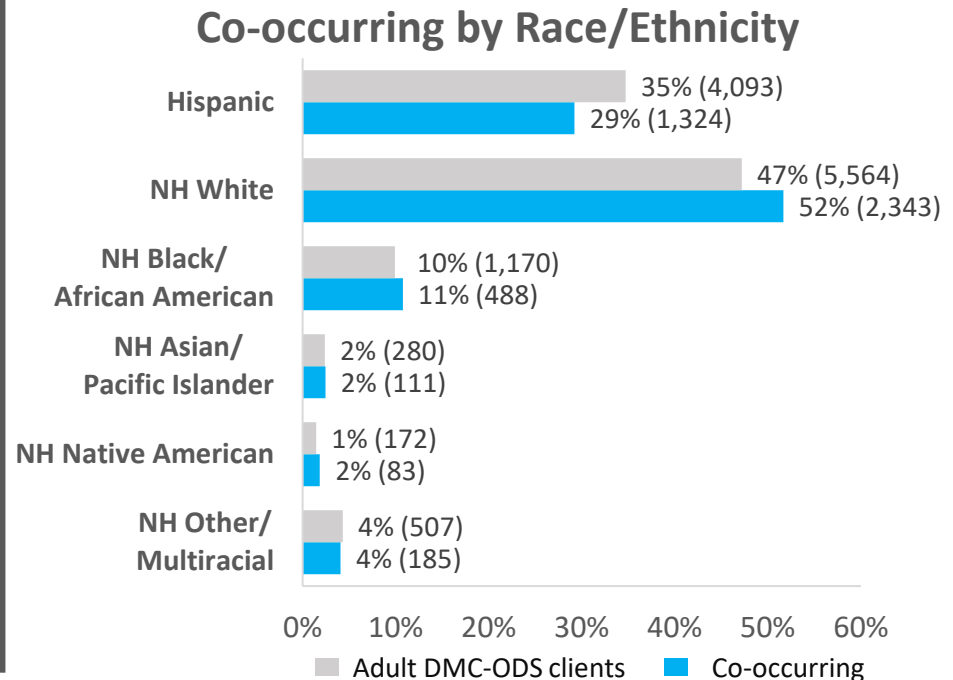
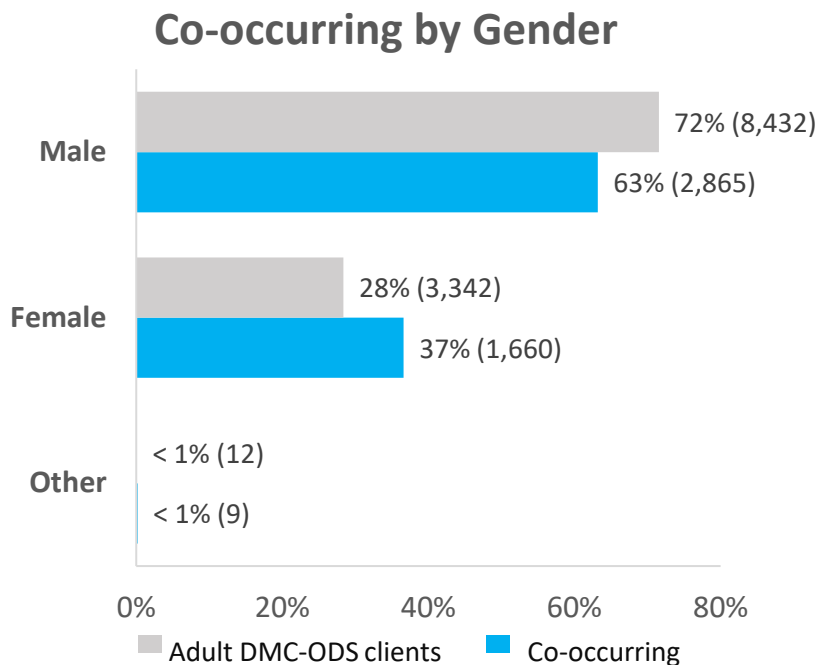
**Co-occurring by Age**



# Who are we serving?

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

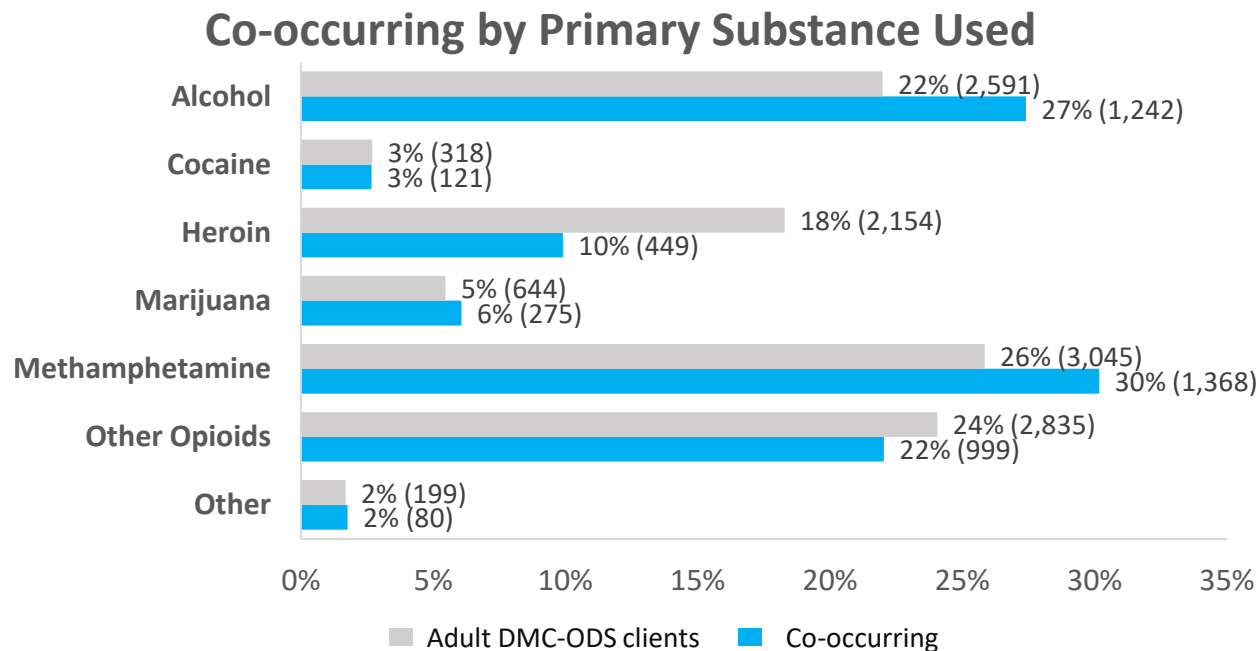
- Almost two-thirds of adult clients with a co-occurring substance use disorder (SUD) and mental illness served during FY 2023-24 by the DMC-ODS were male (63%).
- A larger proportion of clients with a co-occurring SUD and mental illness served by adult DMC-ODS treatment providers during FY 2023-24 were female (37%) compared to the proportion of all female clients served during the fiscal year (28%).
- A slightly larger proportion of adult clients with a co-occurring SUD and mental illness were non-Hispanic White (52%) and a smaller proportion were Hispanic (29%), relative to the racial/ethnic proportions of all adult DMC-ODS clients served during FY 2023-24 (non-Hispanic White, 47%; Hispanic, 35%).



## Who are we serving?

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

- Almost one-third (30%) of adult clients served by the DMC-ODS during FY 2023-24 with a co-occurring mental illness and SUD reported methamphetamine as their primary substance used.
- More than one-quarter (27%) of adult clients served by the DMC-ODS during FY 2023-24 with a co-occurring mental illness and SUD reported alcohol as their primary substance used.
- Compared to all adult clients served by the DMC-ODS during FY 2023-24, a larger proportion of those with a co-occurring mental illness and SUD reported alcohol (27% vs. 22%) or methamphetamine (30% vs. 26%) as a primary substance used. A smaller proportion reported heroin as their primary substance used (10% vs. 18%).

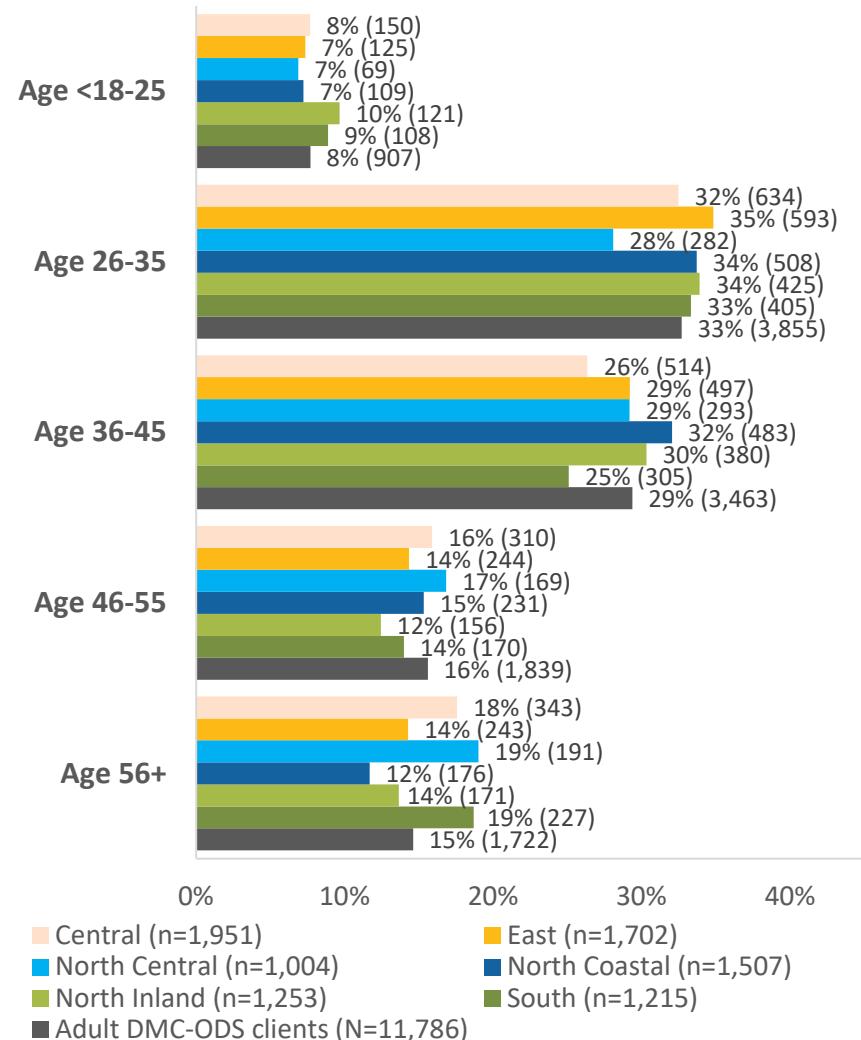


# Where are we serving?

## Adult DMC-ODS Clients: Age by HHSA Region

- Relative to the other HHSA regions, there was a slightly smaller proportion of adult clients served by the DMC-ODS during FY 2023-24 between 26 and 35 years of age from the North Central region (28% versus 32% to 35%).
- There were slightly smaller proportions of adult clients served by the DMC-ODS between the ages of 36 and 45 years in the Central (26%) and South (25%) regions relative to the other HHSA regions (29% to 32%).
- Relative to the other HHSA regions (14%), there were slightly larger proportions of adult clients served by the DMC-ODS aged 56 years or older in the South (19%), North Central (19%) and Central (18%) regions and a slightly smaller proportion of clients aged 56 years or older in the North Coastal region (12%).
- The proportions of adult clients served by the DMC-ODS aged 25 years or younger were similar across the six HHSA regions (7% to 10%).

## Age by Region



**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. HHSA Region was unavailable for 4,317 adult clients served by the DMC-ODS during FY 2023-24 (37%), so these data should be interpreted with caution.

Adult Behavioral Health Services Annual System of Care Report FY 2023-24

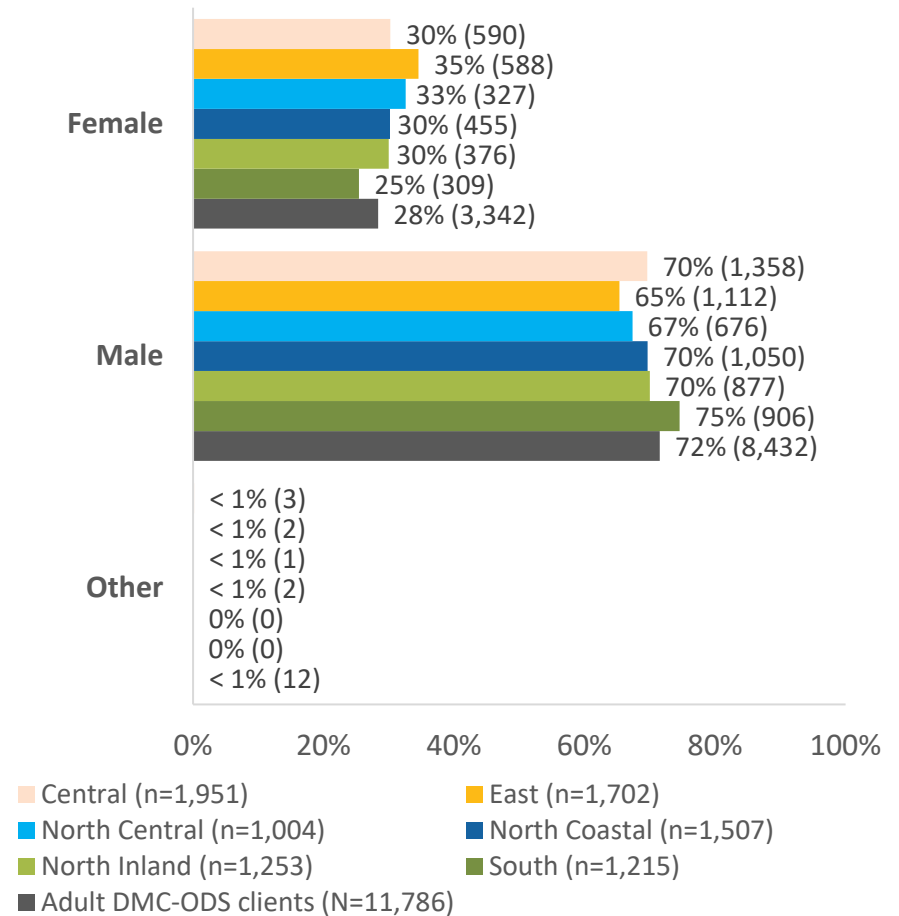
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

## Where are we serving?

### Adult DMC-ODS Clients: Gender by HHSA Region

- There was a smaller proportion of adult clients served by the DMC-ODS during FY 2023-24 who identified as female from the South region (25%), relative to the other regions (30% to 35%).
- Of the adult DMC-ODS clients living in the South region three-quarters (75%) of them identified as male during FY 2023-24.

### Gender by Region



**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.

HHSA Region was unavailable for 4,317 adult clients served by the DMC-ODS during FY 2023-24 (37%), so these data should be interpreted with caution.



## Where are we serving?

### Adult DMC-ODS Clients: Race/Ethnicity by HHS Region

- There was a larger proportion of adult clients served by the DMC-ODS during FY 2023-24 who were Hispanic and from the South region (61%) relative to the other regions (19% to 37%).
- More than half of the adult clients from the North Central (65%), East (58%), North Coastal (55%), and North Inland (54%) regions served by the DMC-ODS were non-Hispanic White, compared to 24% in the South and 37% in the Central regions.
- There was a larger proportion of non-Hispanic Black or African American adult clients served by the DMC-ODS in the Central region (17%) compared to the other regions (5% to 9%).

	Central (n=1,951)	East (n=1,702)	North Central (n=1,004)	North Coastal (n=1,507)	North Inland (n=1,253)	South (n=1,215)	AOA DMC-ODS Clients (N=11,786)
Hispanic	37% (715)	25% (432)	19% (188)	35% (528)	33% (415)	61% (743)	35% (4,093)
NH White	37% (718)	58% (992)	65% (657)	55% (829)	54% (677)	24% (287)	47% (5,564)
NH Black/ African American	17% (340)	9% (152)	8% (84)	5% (68)	5% (57)	5% (65)	10% (1,170)
NH Asian/ Pacific Islander	4% (77)	2% (38)	2% (25)	1% (22)	1% (14)	3% (33)	2% (280)
NH Native American	1% (21)	1% (25)	< 1% (5)	1% (13)	2% (30)	1% (11)	1% (172)
NH Other/ Multiracial	4% (80)	4% (63)	4% (45)	3% (47)	5% (60)	6% (76)	4% (507)

**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. HHS Region was unavailable for 4,317 adult clients served by the DMC-ODS during FY 2023-24 (37%), so these data should be interpreted with caution.

Adult Behavioral Health Services Annual System of Care Report FY 2023-24

Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

## Where are we serving?

### Adult DMC-ODS Clients: Primary Substance Used by HHSA Region

- Opoids other than heroin was the most reported primary substance used among adult clients served by the DMC-ODS during FY 2023-24 in the North Coastal (39%), North Inland (39%) and East (27%) regions, while heroin was the most reported primary substance used in the North Central (32%) and South (27%) regions. In the Central region methamphetamine was the most reported primary substance used (30%).
- Almost two-thirds of adult clients from the North Coastal (65%), North Central (63%), and North Inland (62%) regions reported an opoid (heroin or another opoid) as their primary substance used compared to less than half of those from the Central (35%), South (41%), or East (45%) regions.

	Central (n=1,951)	East (n=1,702)	North Central (n=1,004)	North Coastal (n=1,507)	North Inland (n=1,253)	South (n=1,215)	AOA DMC- ODS Clients (N=11,786)
Alcohol	22% (423)	22% (369)	16% (164)	16% (234)	19% (236)	21% (251)	22% (2,591)
Cocaine	4% (85)	3% (44)	2% (18)	1% (13)	1% (11)	5% (57)	3% (318)
Heroin	18% (351)	18% (305)	32% (322)	26% (391)	23% (294)	27% (328)	18% (2,154)
Marijuana	7% (135)	5% (86)	3% (28)	4% (54)	4% (50)	8% (92)	5% (644)
Methamphetamine	30% (593)	25% (420)	11% (115)	14% (205)	13% (168)	25% (301)	26% (3,045)
Other	1% (28)	1% (17)	5% (47)	1% (18)	1% (11)	1% (17)	2% (199)
Other Opoids	17% (336)	27% (461)	31% (310)	39% (592)	39% (483)	14% (169)	24% (2,835)

**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. HHSA Region was unavailable for 4,317 adult clients served by the DMC-ODS during FY 2023-24 (37%), so these data should be interpreted with caution.

Adult Behavioral Health Services Annual System of Care Report FY 2023-24

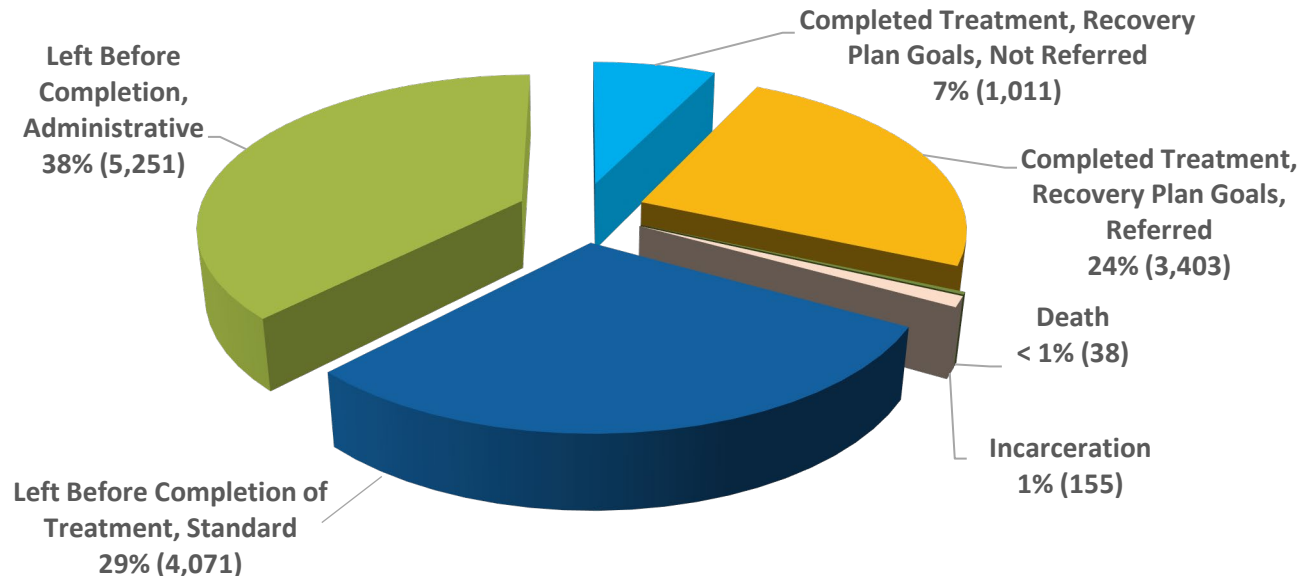
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

# Who are we serving?

## Adult DMC-ODS Clients: Discharges\*

- There were 13,929 discharges from adult DMC-ODS programs during FY 2023-24.
- Almost one-third (32%) of discharges from adult DMC-ODS programs during FY 2023-24 had a disposition of completed treatment and recovery plan goals.
- About one-quarter (24%) of discharges from adult DMC-ODS programs during FY 2023-24 indicated a referral to another program or level of care after the treatment and recovery plan goals were completed.
- More than one-third (38%) of discharges from adult DMC-ODS programs during FY 2023-24 were administrative.

### Discharge Disposition (N=13,929)

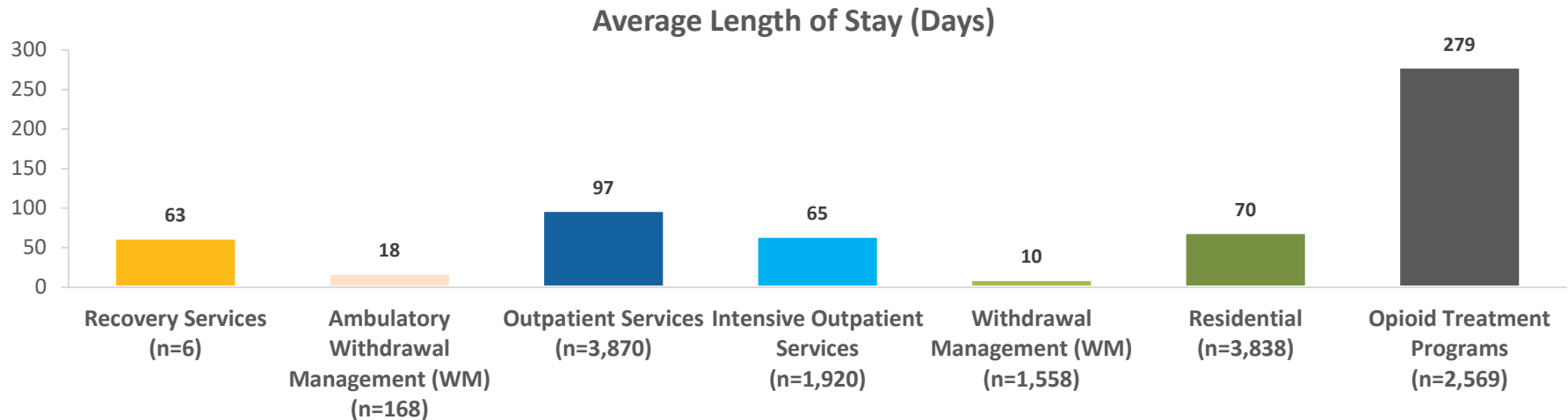


\*A single client may have more than one discharge within a fiscal year.

# Who are we serving?

## Adult DMC-ODS Clients: Average Length of Stay

- During FY 2023-24, adult clients discharged by withdrawal management DMC-ODS programs spent an average of 10 days at the program, and those discharged by residential DMC-ODS programs spent an average of 70 days in the program.
- Adult clients discharged during FY 2023-24 by outpatient DMC-ODS programs spent an average of 97 days receiving services, those discharged by intensive outpatient DMC-ODS programs spent an average of 65 days in the program, and those discharged by ambulatory withdrawal management programs spent an average of 18 days in the program.
- Adult clients discharged during FY 2023-24 by recovery services in the DMC-ODS spent an average of 63 days receiving services, and those discharged by opioid treatment programs spent an average of 279 days receiving services.



## What services do clients receive?

### Adult DMC-ODS Visits: Types of Services – Recovery, Early Intervention, and Ambulatory WM Programs

- Group counseling (48%) was the most common type of service provided to adult clients enrolled in recovery programs in the DMS-ODS during FY 2023-24, followed by individual counseling (45%).
- A majority of the early intervention services provided by the DMC-ODS to adult clients during FY 2023-24 were individual counseling (71%), followed by patient education (17%).

Recovery Services	Total Visits	Percentage	Ambulatory WM Services	Total Visits	Percentage
Group Counseling	8,266	48%	Ambulatory Withdrawal Management 1	1,089	64%
Individual Counseling	7,893	45%	Ambulatory Withdrawal Management 2	608	36%
Care Coordination	1,211	7%	Care Coordination	7	< 1%
Total Encounters	17,370		Screenings/Assessments	1	< 1%
Early Intervention Services	Total Visits	Percentage	Total Encounters	1,705	
Individual Counseling	338	71%			
Patient Education	80	17%			
Screenings/Assessments	38	8%			
Care Coordination	11	2%			
Peer Services	6	1%			
Total Encounters	473				

**Note:** Clients may use more than one service, and therefore, may be represented in more than one category. No show and no contact encounters are excluded from the data presented here. The following encounter modality types are also excluded: Before Admission/After Discharge Non-Residential, Before Admission/After Discharge Residential, and OTP Courtesy Dosage.

# What services do clients receive?

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

- Group counseling was the most common type of service provided to adult clients enrolled in outpatient (62%) and intensive outpatient (63%) programs in the DMS-ODS during FY 2023-24.
- There were 8,970 peer services provided to adult clients enrolled in outpatient or intensive outpatient programs in the DMC-ODS during FY 2023-24.
- There was a total of 321,768 outpatient or intensive outpatient services provided to adult clients in the DMC-ODS during FY 2023-24.

Outpatient Services	Total Visits	Percentage	Intensive Outpatient Services	Total Visits	Percentage
Group Counseling	120,026	62%	Group Counseling	80,483	63%
Individual Counseling	37,839	19%	Individual Counseling	19,100	15%
Patient Education	14,248	7%	Patient Education	11,286	9%
Care Coordination	9,986	5%	Care Coordination	7,168	6%
Screenings/Assessments	6,621	3%	Peer Services	4,262	3%
Peer Services	4,708	2%	Screenings/Assessments	4,102	3%
Contingency Management	1,025	1%	Contingency Management	551	< 1%
MAT	102	< 1%	MAT	145	< 1%
Crisis Intervention	77	< 1%	Crisis Intervention	39	< 1%
Total Encounters	194,632		Total Encounters	127,136	

**Note:** Clients may use more than one service, and therefore, may be represented in more than one category. No show and no contact encounters are excluded from the data presented here. The following encounter modality types are also excluded: Before Admission/After Discharge Non-Residential, Before Admission/After Discharge Residential, and OTP Courtesy Dosage.

## Where services do clients receive?

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

- There was a total of 298,961 bed days provided to adult clients during FY 2023-24 by withdrawal management or residential service providers.
- There were 17,164 care coordination services provided to adult clients during FY 2023-24 by withdrawal management or residential service providers.

Withdrawal Management	Total Days	Percentage	Residential Services	Total Days	Percentage
Withdrawal Management 3.2	17,962	84%	Residential Bed Day 3.1	195,021	65%
	Total Visits	Percentage	Residential Bed Day 3.3	202	< 1%
Care Coordination	2,213	10%	Residential Bed Day 3.5	85,776	28%
Patient Education	863	4%		Total Visits	Percentage
Peer Services	288	1%	Care Coordination	14,951	5%
MAT	43	< 1%	Peer Services	5,271	2%
Screenings/Assessments	6	< 1%	Screenings/Assessments	267	< 1%
Total Encounters	21,375		Patient Education	257	< 1%
			MAT	9	< 1%
			Total Encounters	301,754	

**Note:** Clients may use more than one service, and therefore, may be represented in more than one category. No show and no contact encounters, are excluded from the data presented here. The following encounter modality types are also excluded: Before Admission/After Discharge Non-Residential, Before Admission/After Discharge Residential, and OTP Courtesy Dosage.

## Where services do clients receive?

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

- There was a total of 496,440 medication assisted treatment (MAT) services provided to adult clients during FY 2023-24 by opioid treatment program service providers (OTPs).
- In addition to MAT services, the OTPs in the DMC-ODS provided 57,959 individual or group counseling sessions to adult clients during FY 2023-24, and 12,079 care coordination services.

Opioid Treatment Programs	Total Visits	Percentage
MAT	496,440	88%
Individual Counseling	53,637	9%
Care Coordination	12,079	2%
Group Counseling	4,322	1%
Naloxone/Narcan	472	< 1%
Crisis Intervention	13	< 1%
Screenings/Assessments	8	< 1%
Total Encounters	566,971	

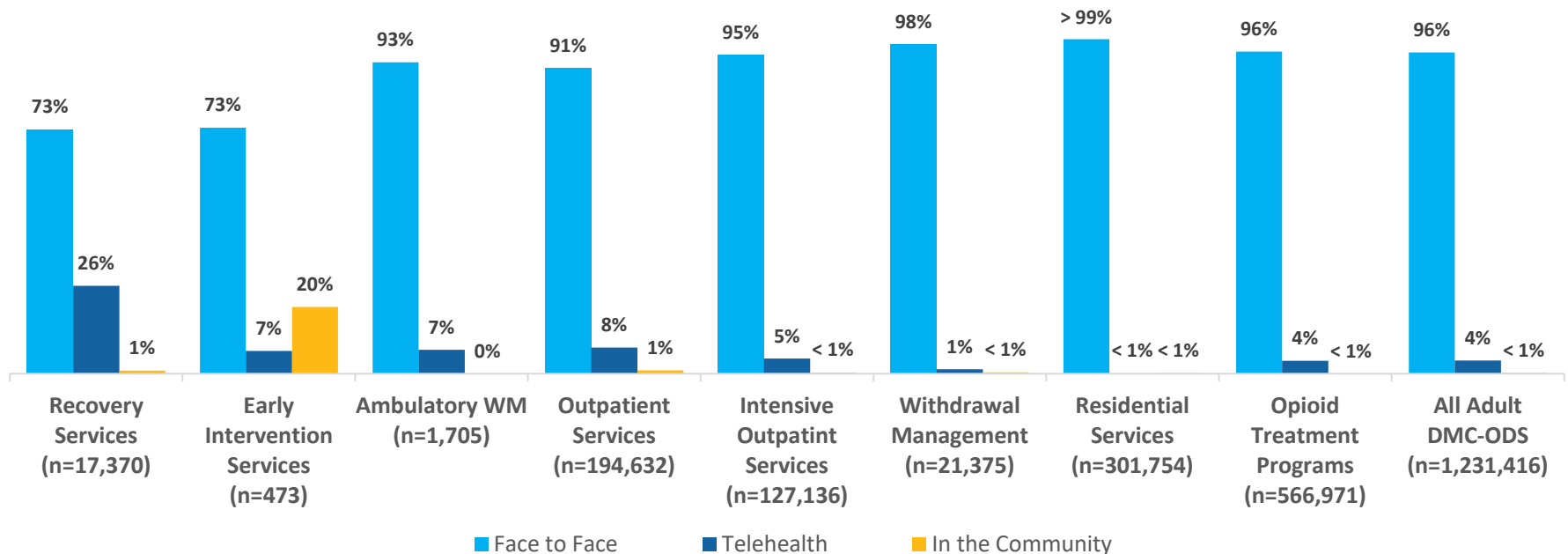
**Note:** Clients may use more than one service, and therefore, may be represented in more than one category. No show and no contact encounters, are excluded from the data presented here. The following encounter modality types are also excluded: Before Admission/After Discharge Non-Residential, Before Admission/After Discharge Residential, and OTP Courtesy Dosage.



## Where are clients referred from?

### Adult DMC-ODS Visits: Contact Type

- During FY 2023-24, a total of 1,231,416 DMC-ODS services were provided to adult clients, and most (96%) were provided face to face.
- More than 90% of adult services provided at outpatient (91%), ambulatory withdrawal management (93%), intensive outpatient (95%), opioid treatment programs (96%), withdrawal management (98%) and residential programs (> 99%) were provided face to face during FY 2023-24.
- Compared to the other levels of care, telehealth services were most often provided to adult clients receiving recovery services (26%) and outpatient services (8%) during FY 2023-24.



# Are clients satisfied with services?

## Adult SUD Clients: Client Satisfaction

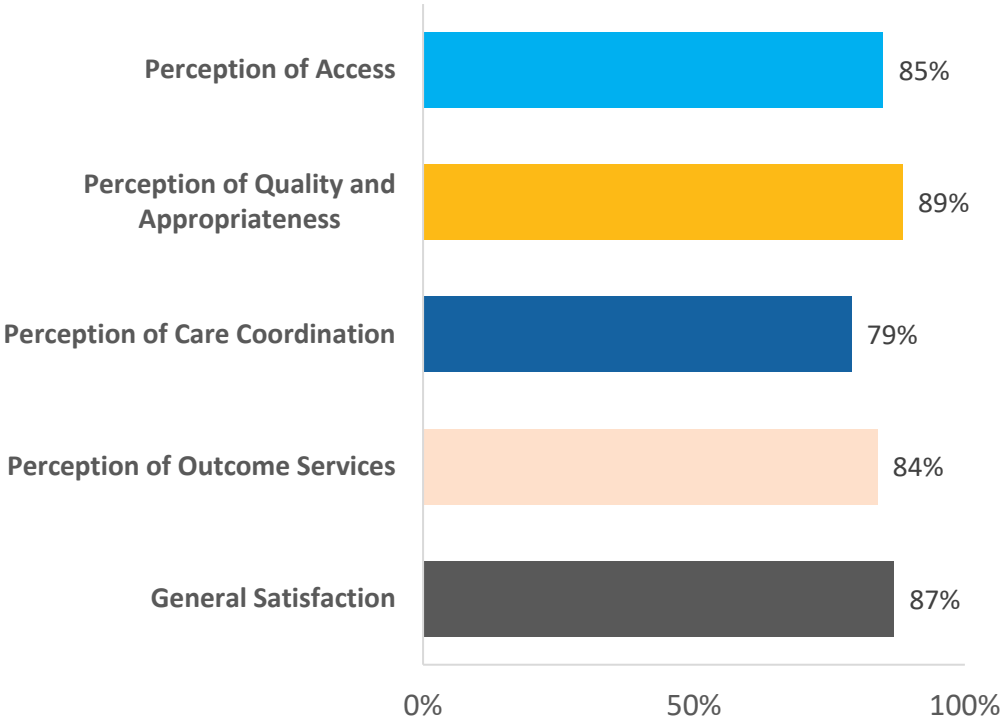
- The Drug Medi-Cal Organized Delivery System (DMC-ODS) in San Diego County offers a variety of treatment, withdrawal management, and recovery services to help people with substance use disorders.
- All services provided within the DMC-ODS are oriented to meet the unique linguistic and cultural needs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

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

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

During FY 2023-24, the Adult TPS was administered in October 2023 (N=1,827).

### Adult TPS Domain Scores\* in FY 2023-24



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

# Driving Under the Influence Program

## DUI Program: Demographics, Admissions, and Completions

### DUI Client Demographics

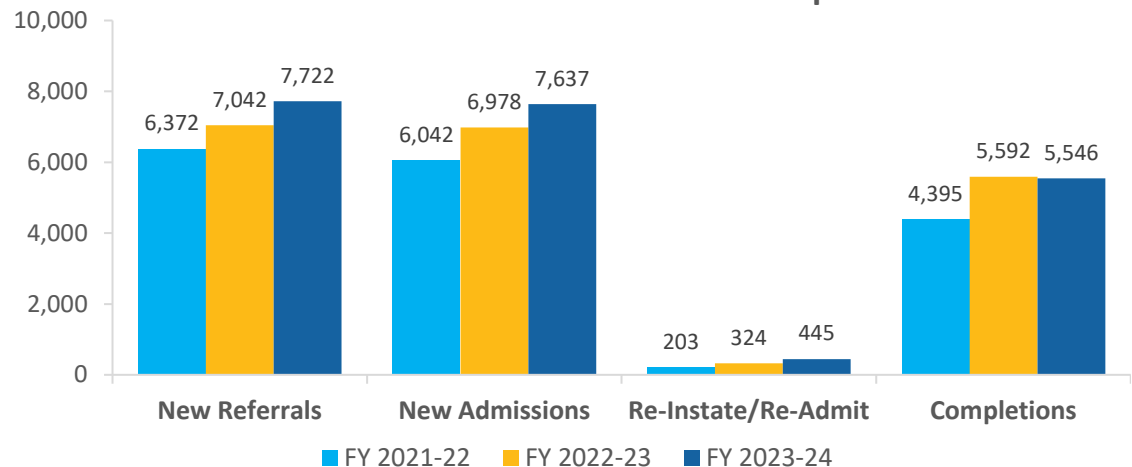
Age	N	%
20 years and younger	178	2%
21 – 25 years	1,282	17%
26 – 35 years	3,005	39%
36 – 45 years	1,677	22%
46 – 55 years	851	11%
56+ years	724	9%
Unknown	5	< 1%
Gender	N	%
Female	1,771	23%
Male	5,652	73%
Unknown	299	4%
Convictions	N	%
First Conviction	5,818	75%
Multiple Convictions	1,904	25%
Employment Level	N	%
Employed 30+ hours per week	3,425	44%
Employed <30 hours per week	2,331	30%
Not in the labor force	528	7%
Unemployed, looking for work	1,133	15%
Unknown	305	4%
<b>Total DUI Clients Served</b>	<b>7,722</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 referrals and new admissions into the DUI program has increased over the past three fiscal years.
- More clients completed the DUI program in FY 2022-23 (5,592 clients) and FY 2023-24 (5,546 clients) compared to FY 2021-22 (4,395 clients).

### All DUI Offenders: Admissions and Completions



# 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.
- **Ambulatory Withdrawal Management (AWM)** services are withdrawal management services that are provided in an outpatient setting with or without extended monitoring.
- **Case Management (CM)** services help and support people with long-term mental health problems to maintain housing, and obtain financial assistance, medical and psychiatric treatment, and assists clients to link with other community services such as education, work, and social programs. The service activities may include, but are not limited to: supportive counseling, coordination, and referral; ensuring access to service delivery system; and assessment, service plan development and monitoring client progress.
- **Case Management Program – Institutional** are services received by persons with serious mental illness residing in an institutional setting (e.g., locked long-term care, Skilled Nursing Facility).
- **Case Management Program – Strengths-Based Case Management** are services provided through Clinical Case Management services with a major rehabilitation component designed to help people with serious mental illness identify and achieve meaningful life goals. Strengths-Based Case Management programs are expected to maintain good fidelity to the model developed by Charles Rapp (see “The Strengths Model,” by Charles Rapp and Richard Goscha, 2012).
- **Case Management Program – Transitional** are short-term Case Management services provided on a transitional basis to link persons with serious mental illness with needed services and resources in the community, which may include longer-term Case Management services, and/or a variety of resources including but not limited to psychiatric, medical, social, housing, employment, education, spiritual, and transportation services.
- **Co-occurring:** Clients with active serious mental health and substance use diagnoses.

# Glossary

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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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- **Intensive Outpatient Services (IOS)** are substance use disorder treatment services that are provided to clients at least three hours per day and at least three days per week. Components of IOS include individual and/or group counseling, patient education, family therapy, medication services, collateral services, crisis intervention services, treatment planning, and discharge services.
- **Long-Term Care (LTC) – Institutional Setting** refers to services provided to persons with serious mental illness at locked long-term care facilities which include Institutes for Mental Disease (IMDs) and Skilled Nursing Facilities (SNFs).
- **Long-Term Care (LTC) – Residential** refers to services provided in residential settings that provide long-term care offering room, board, 24-hour oversight, health monitoring, and assistance with activities of daily living and are licensed by the state. Residents often live in their own apartment within a building. The complex provides some care that those who live independently would perform themselves (such as taking medicine). Social and recreational activities are usually provided.
- **Medication Assisted Treatment (MAT)** includes the ordering, prescribing, administering, and monitoring of medication for substance use disorders. MAT includes methadone, buprenorphine, naloxone, naltrexone, and disulfiram.
- **Mobile Crisis Response Teams (MCRT)** provide in-person support to anyone, anywhere, experiencing a mental health, drug, or alcohol-related crisis. MCRT dispatches behavioral health experts to emergency calls instead of law enforcement, when appropriate, with teams made up of clinicians, case managers, and peer support specialists.
- **Opioid Treatment Programs (OTPs)** provide medication assisted treatment (MAT) to clients within the DMC-ODS.
- **Outpatient (OP)** mental health services offer treatment, rehabilitation, and recovery services which include screening and assessment, medication management, crisis intervention, group and individual short-term therapy, for people who are experiencing persistent and serious mental illness or a mental health crisis. In addition, some programs offer case management and homeless outreach.

# Glossary

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- **Outpatient (OS)** substance use disorder treatment services are provided to AOA clients for a minimum of 90 minutes and up to 9 hours a week. Components of OS include intake, individual/group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, treatment planning, and discharge services.
- **Prevention and Early Intervention (Prevention or PEI)** programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.
- **Primary Diagnosis** for the mental health chapter was determined by identifying the primary DSM/ICD diagnosis at intake from the last episode of service prior to June 30, 2022.
- **Psychiatric Emergency Response Team (PERT)** of San Diego County pairs licensed, experienced, professional mental health clinicians with specially trained law enforcement officers. They respond to calls for service from the community involving individuals who may be experiencing mental health crises. They intervene to prevent unnecessary hospitalizations and incarcerations while protecting the individuals involved as well as the community.
- **Recovery Makers Questionnaire (RMQ)** is a 26-item questionnaire that assesses elements of recovery from the client's perspective. It was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery.

# Glossary

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- **Recovery** services are incorporated into SUD treatment programming and promote successful completion of treatment and help build tools toward sustained recovery. Recovery services include recovery monitoring and coaching, peer to peer services, relapse prevention education and activities, and linkages to a variety of community resources (such as housing, childcare, life skills, spiritual/faith-based support, and transportation.)
- **Residential mental health services** are provided to clients with serious mental illness through a residential setting which provides 24/7 care and supervision as needed (unless otherwise authorized by the County to provide residential services that do not include care and supervision).
- **Residential substance use disorder treatment** occurs in a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to clients with a SUD diagnosis when deemed medically necessary and in accordance with an individualized treatment plan. Components of residential services within the DMC-ODS include intake, individual/group counseling, family therapy, patient education, safeguarding medication, collateral services, crisis intervention services, treatment planning, transportation services, and discharge services.
- **State Hospital** (California) services are provided to persons with serious mental illness through a California State Hospital.
- **Urgent Outpatient (UO)** services are provided in an outpatient setting to adults and older adults who are experiencing a crisis and who may require medication support and stabilization.
- **Withdrawal Management (WM)** services combine detoxification and pre-treatment/referral services to clients as they withdrawal from alcohol and other drugs. Components of WM include intake, observation, medication services, and discharge services.



## Contact Us

- This report is available electronically in the Technical Resource Library at [https://www.sandiegocounty.gov/hhsa/programs/bhs/technical\\_resource\\_library.html](https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html).
- Questions or comments about County of San Diego Behavioral Health Services can be directed to:  
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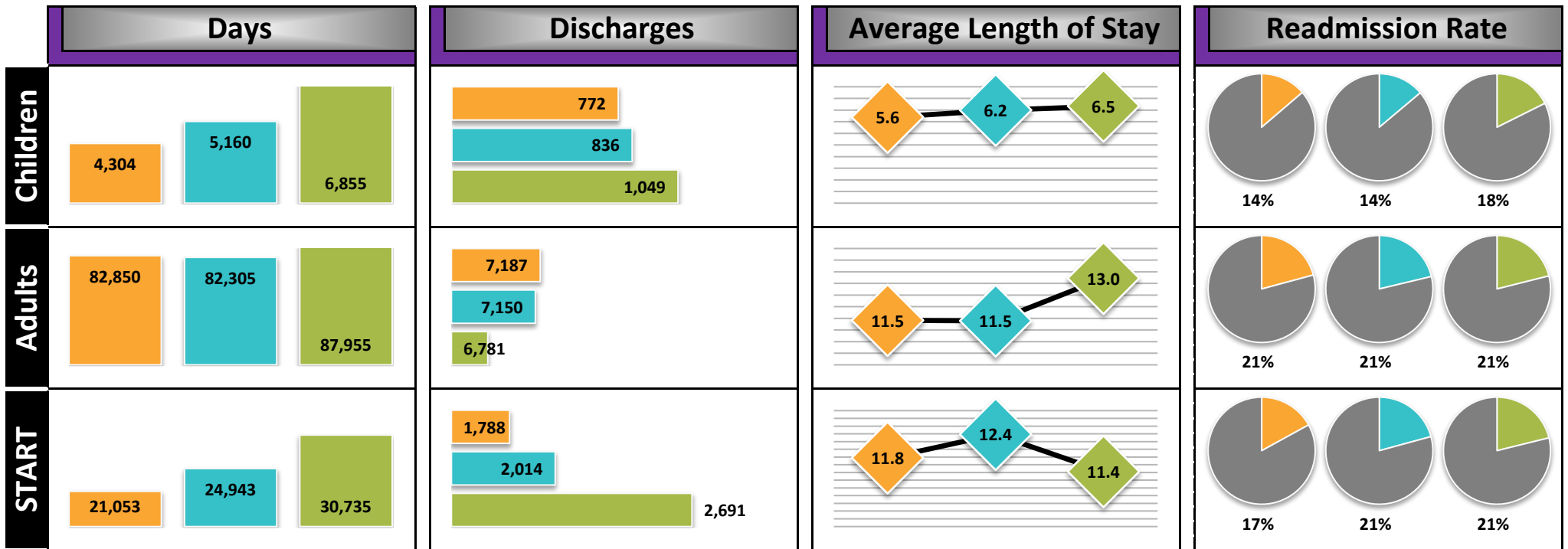
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# Appendices

# Hospital Dashboard 3 Year Trend

FY 2021-22 FY 2022-23 FY 2023-24



PERT				
Children				
	FY 2021-22	FY 2022-23	FY 2023-24	
Contacts	1,742	1,691	1,485	
FFS & CAPS Admits	58	58	102	
ESU Visits	619	508	528	
Adults				
	FY 2021-22	FY 2022-23	FY 2023-24	
Contacts	9,267	8,697	9,315	
FFS Admits	522	489	513	
EPU Screenings	929	721	730	
PERT-EPU-SDCPH	368	294	242	

