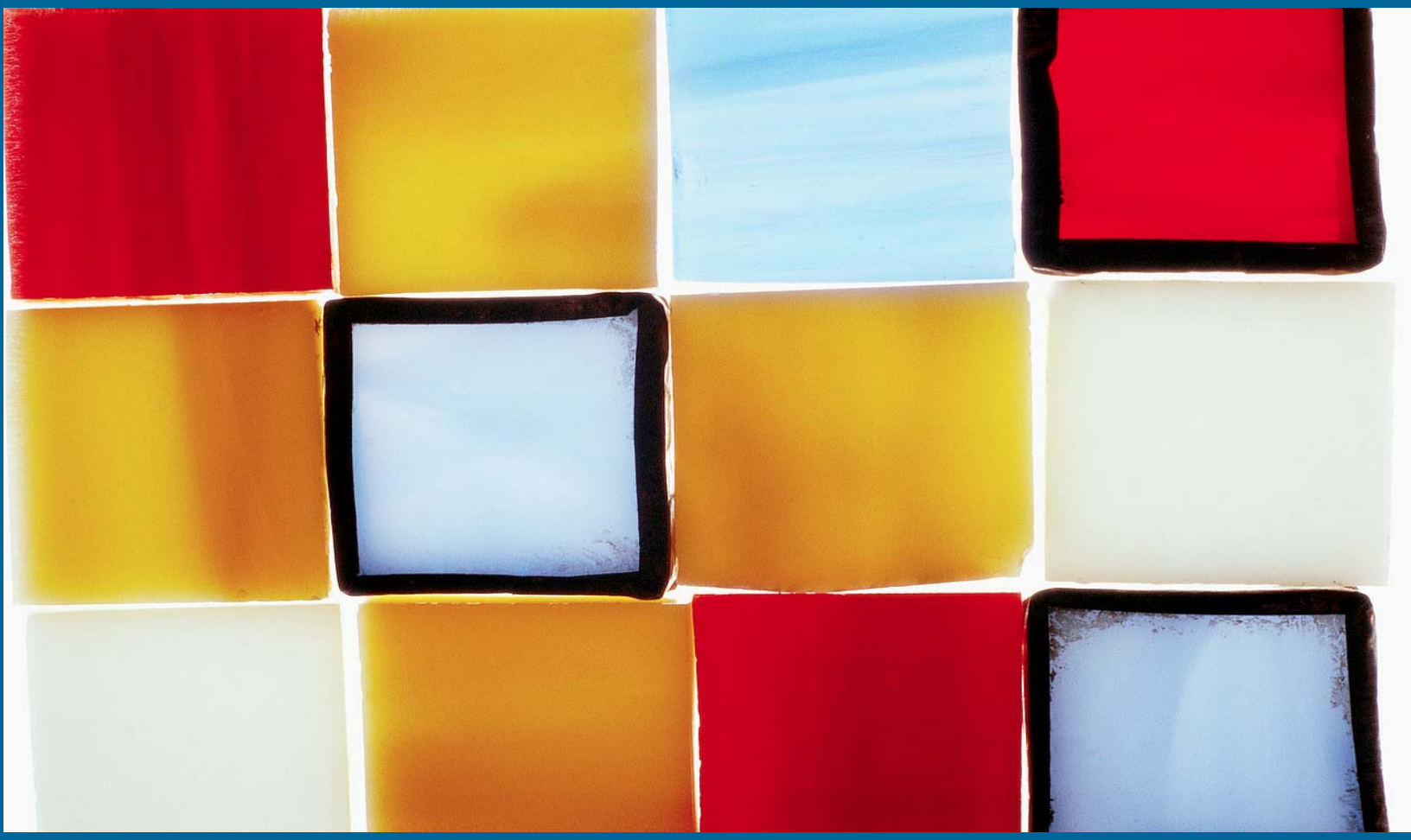
Behavioral Health Outcomes

Working Toward the Integration of Mental Health and Substance Use Disorder Services



County of San Diego Behavioral Health Services
Triennial Report
Fiscal Year 2017-2018

CASRC Child and Adolescent Services Research Center
County of San Diego HHSA Health and Human Services Agency
Live Well San Diego
Health Services Research Center University of California San Diego

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INTRODUCTION

The Health and Human Services Agency (HHSA) Behavioral Health Services Division (BHS) previously consisted of three separate systems of care including Substance Use Disorder services, Adult/Older Adult (AOA) Mental Health Services and Children, Youth and Families (CYF) Mental Health Services. While services are provided in each of these areas, they are now integrated and work collaboratively to provide services that focus on the wellness and recovery of the individuals BHS serves. This integration is necessary to treat the whole individual, since the co-occurrence of mental illness and addiction impacts a large number of the individuals served. The combination of a mental illness and addiction in an individual increases risk for frequent psychiatric relapses, poor medication com¬pliance, violence, suicide, legal problems, and high utilization of emergency room or inpatient services. Integrated treat¬ment requires both an understanding of mental illness and addiction and the means to integrate and modify the tra¬ditional treatment approaches in both the mental health and addiction treatment fields. There is strong evidence to support the efficacy of integrated treat¬ment in this population.

The first step toward integration in San Diego County occurred in December 2002, when HHSA implemented the Comprehensive, Continuous, Integrated System of Care (CCISC) model to advance program capability throughout the service delivery system to serve clients who were experiencing alcohol and drug addiction and serious mental illness simultaneously. This initiative was implemented through the development of the San Diego Change Agents Developing Recovery Excellence (CADRE) in 2003, with a mission to support clients and their families utilizing both the mental health and substance use disorder systems. Shortly thereafter, the County's Substance Use Disorder (SUD) Administration and Mental Health Services (MHS) Administration co-located and began the long planning process to fully integrate services.

In March 2005, HHSA launched its Behavioral Health Services Initiative with strong community input and support to improve service coordination and integration among substance use disorder and mental health service providers. The County enhanced training for existing SUD and MHS providers on screening tools and referral processes to ensure clients and families receive coordinated, appropriate, and needed services. The integrated services model focuses on the provision of integrated screening, assessment, and treatment services to clients and their families. Through the CCISC Initiative and the BHS Initiative, paraprofessional and professional staff were trained on services that are dually welcoming, dually capable, and dually enhanced for clients who are experiencing co-occurring issues.

In 2012, efforts were made to further refine the HHSA BHS administrative structure. Key leadership positions were streamlined and a training plan was implemented to ensure all BHS staff were well acquainted with the work of all units. In 2015, the Alcohol and Drug Advisory Board and the Mental Health Board merged into a combined Behavioral Health Advisory Board. In an effort to achieve full integration BHS continues to review data surrounding the co-occurrence of mental health disorders and addiction.

In July 2018, the Drug Medi-Cal Organized Delivery System (DMC-ODS) was launched in San Diego County. DMC-ODS was specifically designed to serve low-income SUD clients in California in order to address the systemic damage that substance abuse inflicts on people, families, and communities. DMC-ODS provides an opportunity for more San Diegans to have access to substance abuse treatment because the County is able to access more federal Medicaid funds (or more commonly referred to as Medi-Cal in the state of California), thereby significantly enhancing services and expanding the provider network to increase the number of clients served. DMC-ODS goals are to improve care, increase efficiency, and reduce costs. Expanded services available under DMC-ODS allow programs to offer individuals and families receiving services additional services, such as case management services and housing support. Programs are also able to more effectively support and assist individuals who are struggling with both substance use issues and mental health challenges.

All of BHS services align with the County of San Diego's vision of Live Well San Diego, which aims to improve the health and safety of area residents.

The data reported in the following pages was compiled from the MHS and SUD systems that comprise the overall County of San Diego Behavioral Health Services system of care. Please note that MHS and SUD system-specific terminology was retained and utilized in their respective sections. Specifically, clients served in the mental health system are referred to as having a dual diagnosis if they have both a substance use disorder diagnosis and a mental health diagnosis in their MHS medical records. Mental health diagnosis information is not gathered in the SUD system, so clients served are referred to as co-occurring if they had a discharge from SUD services and a mental health diagnosis in the MHS system, or self reported of any of the following at intake or discharge SUD assessment: mental illness, mental health medication in the last 30 days, any 24-hour psychiatric facility stays in the last 30 days, or any outpatient emergency mental health services in the last 30 days.

KEY FINDINGS

Youth

- Youth in the mental health system with a dual diagnosis were more likely to be male, between the ages of 12-17, and more likely to be African American or Hispanic, when compared with youth without a dual diagnosis.
- Youth in the Mental Health System with a dual diagnosis showed a reduction of mental health symptoms on the Child Adolescent Measurement Scale (CAMS), reduction in severity of substance abuse problems on the Personal Experiences Questionnaire (PESQ), and improvement in functioning on the Children's Functional Assessment Rating Scale (CFARS) from intake to discharge.
- Youth in the Mental Health System with a dual diagnosis were more likely to use more intensive mental health services such as day treatment, crisis stabilization, and inpatient care than youth without a dual diagnosis.
- Youth clients served in the Alcohol and Drug System (SUD) with a co-occurring disorder were slightly less likely to be Hispanic and Asian than clients without a co-occurring disorder. There were no other substantial differences in terms of demographics or primary drug of choice between these two groups.
- Criminal justice involvement, substance use, and use of emergency services all decreased from intake to discharge for youth in SUD with a co-occurring disorder.

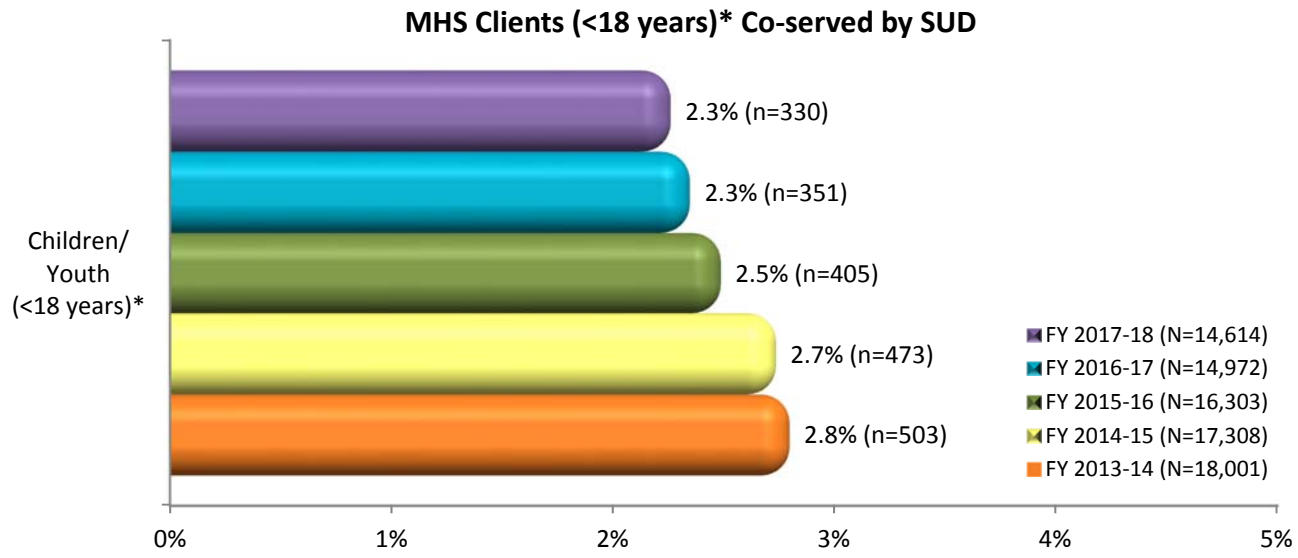
Adults

- The proportions of adult clients with co-occurring SUD and mental health concerns are increasing in both the Mental Health Services (MHS) and Substance Use Disorder (SUD) Systems of Care.
- Adults in the mental health system with a co-occurring SUD were more likely to be male, between the ages of 26-59 years and more likely to be White, when compared with those without a co-occurring SUD. In contrast, a greater proportion of adults in the SUD system with a co-occurring mental health concern were female compared to those without a co-occurring mental health concern.
- There was an increase in the proportion of Hispanic and Multiracial SUD adult clients served during FY 2017-18 compared to FY 2013-14, but this increase was observed for both clients with and without a co-occurring mental health concern.
- Adult clients in the mental health system with a co-occurring SUD were more likely to have a primary diagnosis of schizophrenia/other psychotic disorder or a bipolar disorder.
- In FY 2013-14, alcohol and amphetamines were the two most preferred primary drugs among MHS and SUD adult clients with a co-occurring disorder. In FY 2017-18, alcohol and amphetamines were still the two most preferred primary drugs among SUD adult clients with a co-occurring mental health concern but alcohol and cannabis were the two most preferred primary drugs among MHS adult clients with a co-occurring SUD.
- On the clinician-rated Illness Management and Recovery (IMR) scale, adults in the mental health system with a co-occurring SUD had significant improvement in recovery as indicated by a significant increase in mean scores on three subscales (Recovery, Management, and Substance Use), and on the Overall Score from their previous assessment to follow-up assessment.
- On the clinician-rated Substance Abuse Treatment Scale-Revised (SATS-R) scale, adults in the mental health system with a co-occurring SUD showed a significant increase in the overall mean score from their previous assessment to follow-up assessment.
- Rates of homelessness, arrest or jail, substance use, and use of emergency services within the previous 30 days decreased from intake to an SUD program to discharge among adult SUD clients with a co-occurring mental health concern. Unemployment rates among these clients decreased slightly from intake to discharge.

SECTION I: Youth Clients with Dual Diagnosis in the County of San Diego Mental Health Services (MHS) System of Care

Youth clients (≤21 years of age) served in the MHS system of care were considered to have a dual diagnosis if they received mental health services during Fiscal Year 2017-18 and had a substance use disorder diagnosis and a mental health diagnosis entered in the County of San Diego Behavioral Health Services (BHS) electronic health record, Cerner Community Behavioral Health. Youth outcomes in the County MHS came from two different sources: Cerner and the Data Entry System (DES). While the Substance Use Disorder (SUD) and MHS systems are all part of the County of San Diego Behavioral Health Services system of care, the outcomes that are collected and the data collection methodology differ. Outcomes of interest in the SUD system are focused on specific improvements that would be expected to take place after completing treatment in an alcohol and substance abuse program. These outcomes include areas related to substance use, such as involvement with the criminal justice system and use of emergency services. While there is some commonality, the youth outcomes in this section of this report are focused on specific areas that might be expected to change after receiving services from the County of San Diego MHS providers. These outcomes include assessments of socio-emotional state, functioning, and substance abuse.

Rates of Co-served Youth Clients in San Diego County, 2013—2018

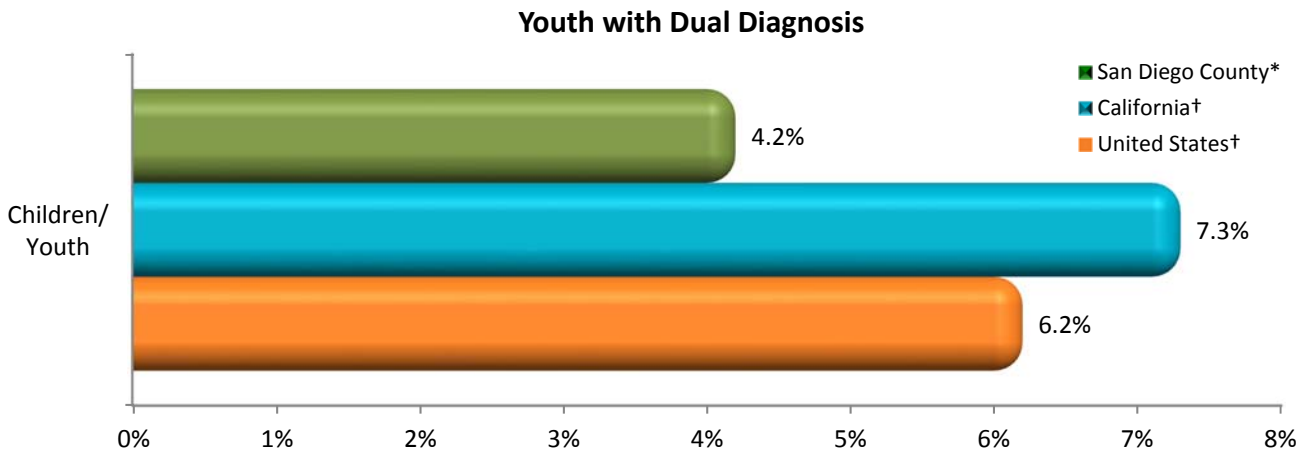


**Due to SUD age reporting parameters, co-served youth are defined as under 18 years of age.*

CO-SERVED CLIENTS IN MHS

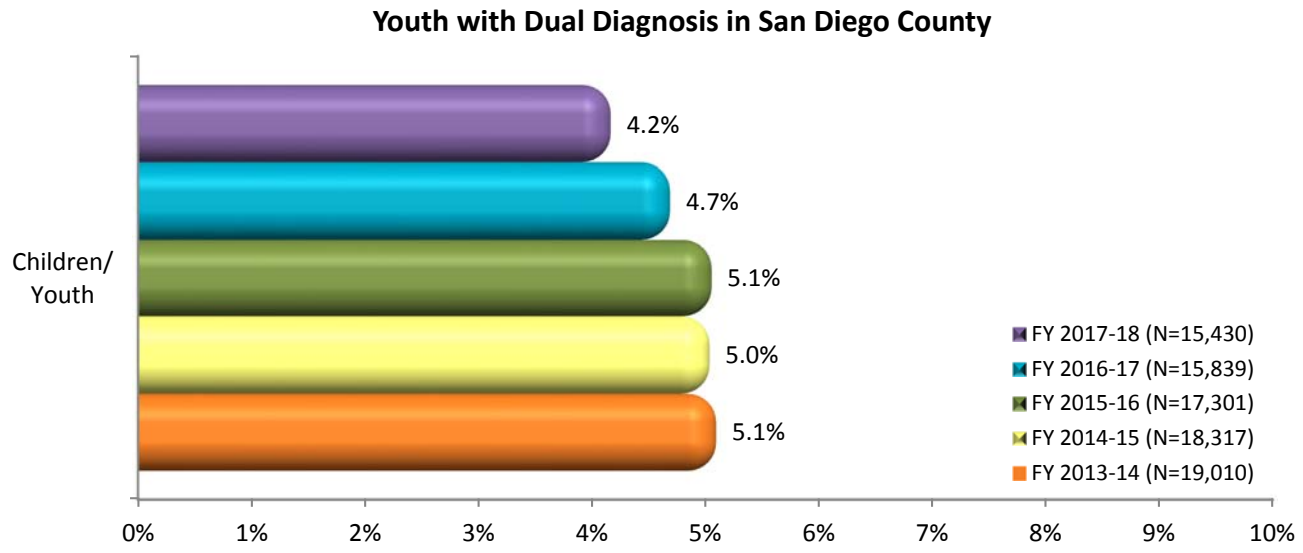
Youth clients receiving services from MHS were considered to be **co-served** if they were open to the Substance Use Disorder (SUD) sector during the same fiscal year. The rate of co-served youth clients in San Diego County trended slightly down across five fiscal years, from 2.6% in FY 2013-14 to 2.1% in FY 2017-18.

Regional and National MHS Rates of Dual Diagnosis in Youth



**Data from Cerner FY 2017-18 extract, October 2018 download*
†Data from the California 2017 Mental Health National Outcome Measures Report (SAMHSA)

Youth MHS Rates of Dual Diagnosis in San Diego County, 2013—2018

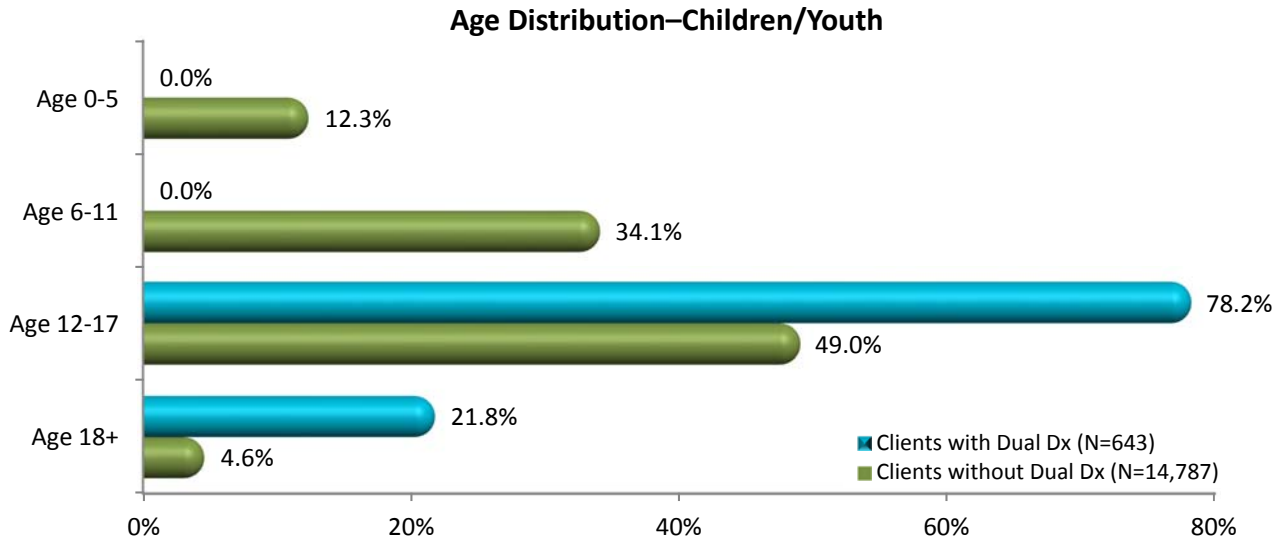


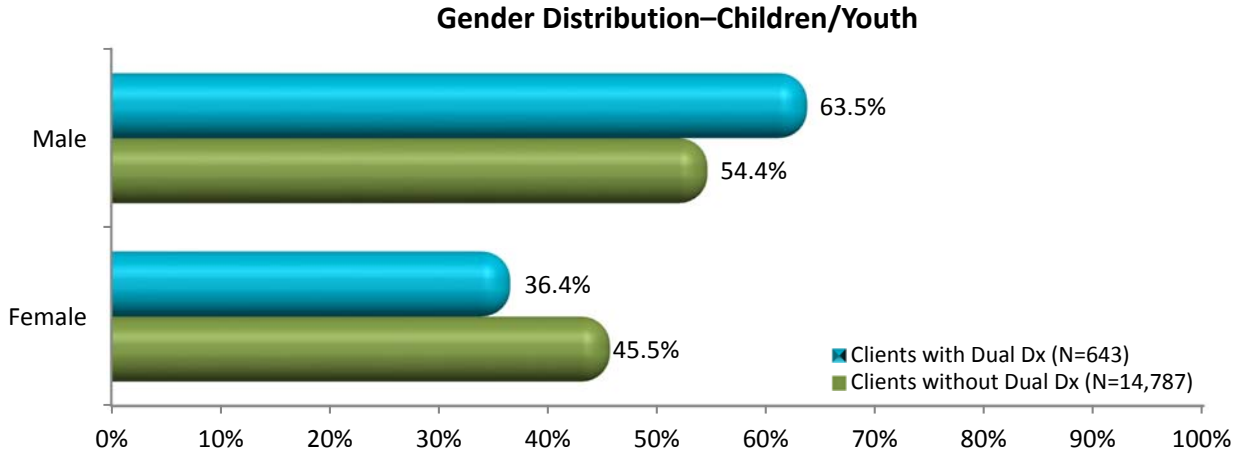
RATES OF DUAL DIAGNOSIS

Youth clients receiving services from MHS were considered to have a **dual diagnosis** if they had a substance-related secondary diagnosis. The rate of dual diagnosis among youth clients served by BHS in San Diego County was three percentage points less than the rest of California and two percentage points less than SAMSHA nationwide rates.

The rate of dual diagnosis in youth clients in San Diego County trended slightly down across five fiscal years, from 5% in FY 2013-14 to 4% in FY 2017-18.

Age and Gender of MHS Clients: Children/Youth, FY 2017-18





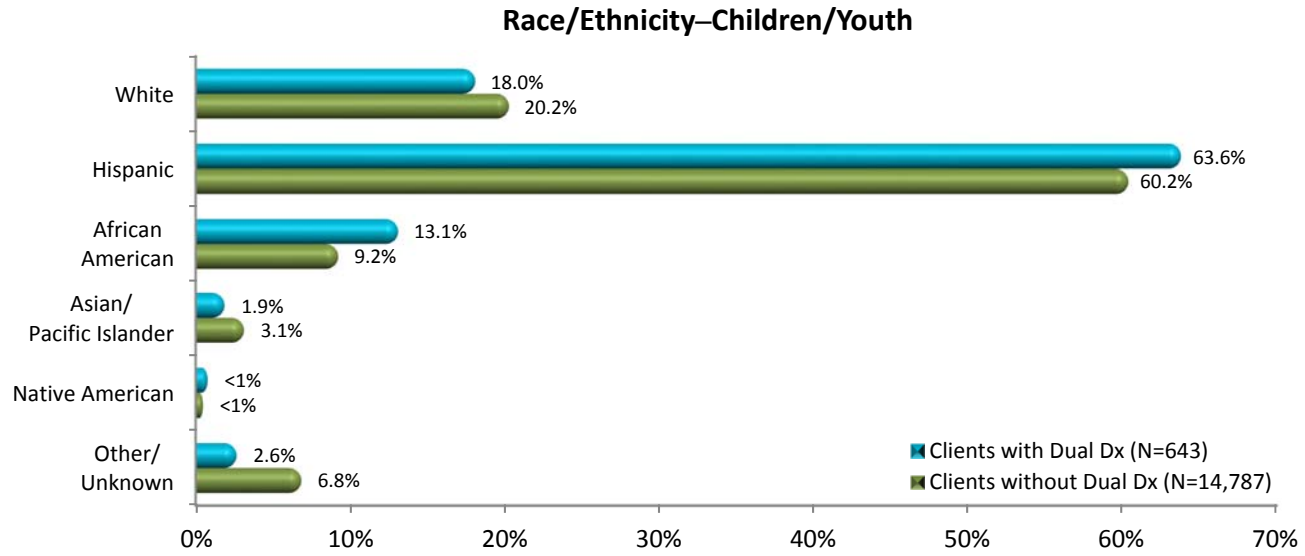
AGE

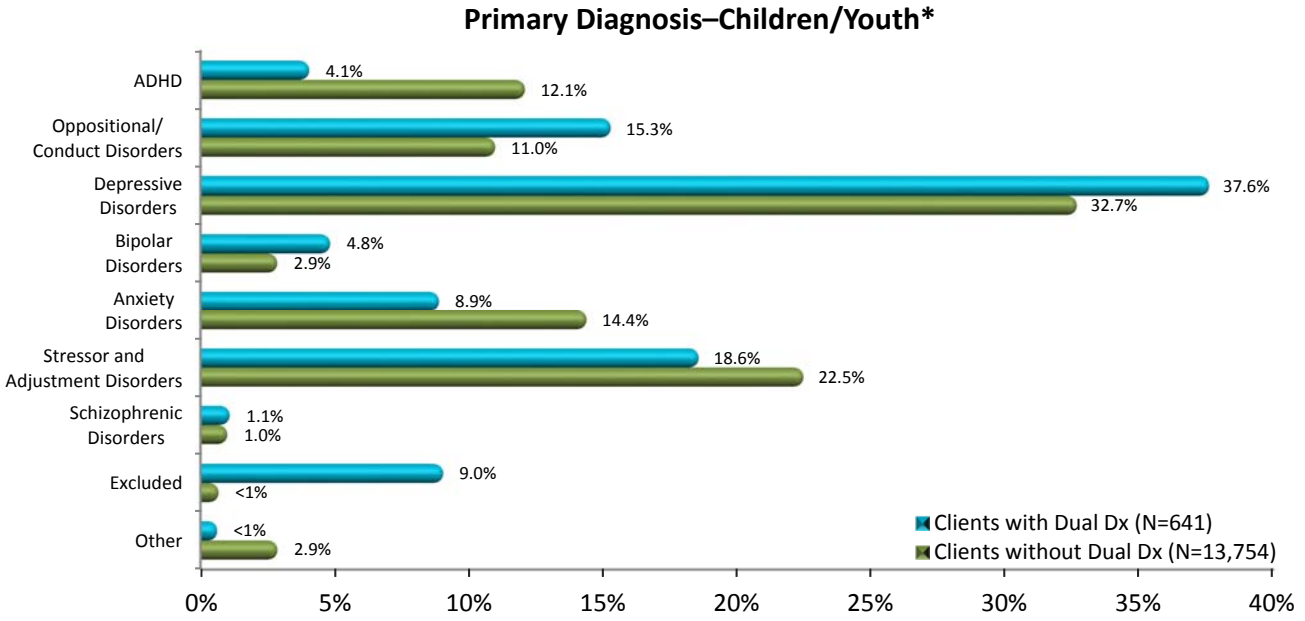
All youth with a dual diagnosis were ages 12 or older, compared to 54% of youth clients without a dual diagnosis. Approximately 78% of youth with a dual diagnosis were in the 12-17 age range. These percentages are very similar to the age distribution in the FY 2013-14 report.

GENDER

Youth clients with a dual diagnosis were more likely to be male than clients without a dual diagnosis (64% versus 54%). These percentages are very similar to the age distribution in the FY 2013-14 report.

Race/Ethnicity and Primary Diagnosis of MHS Clients: Children/Youth, FY 2017-18





**Missing or Invalid diagnoses were excluded from analysis*

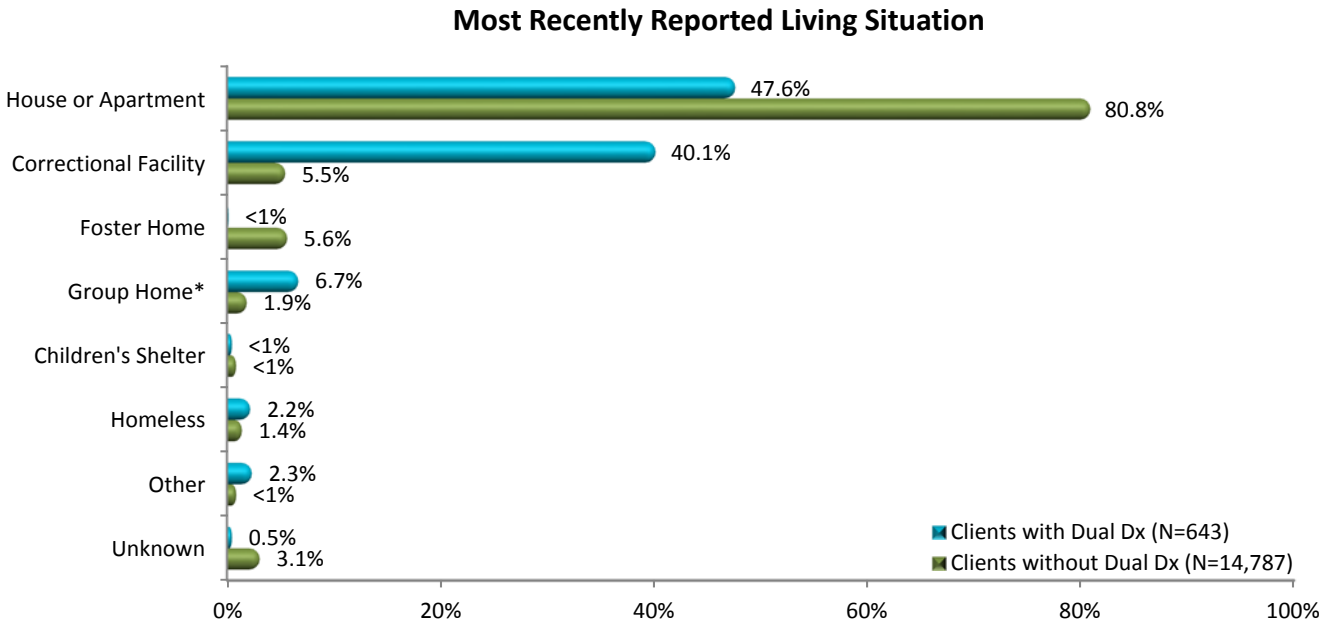
RACE/ETHNICITY

Youth clients with a dual diagnosis in mental health programs were more likely to be Hispanic or African-American when compared with clients without a dual diagnosis, but overall their race/ethnic backgrounds were similar.

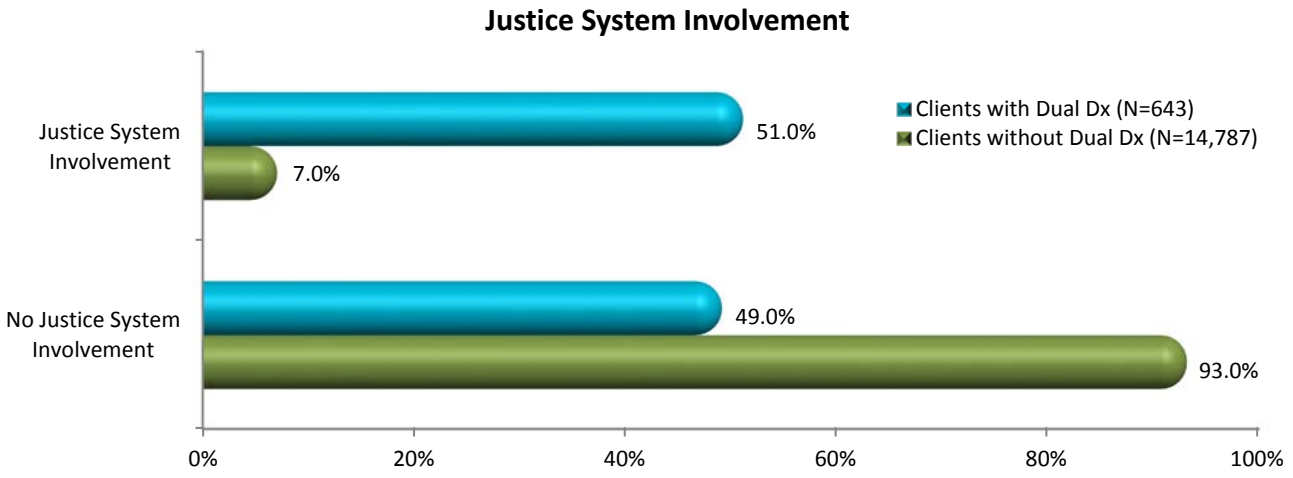
PRIMARY DIAGNOSIS

Youth clients with a dual diagnosis in mental health programs were more likely to have a primary diagnosis of Oppositional/Conduct Disorders and Depressive Disorders and less likely to have ADHD or Adjustment Disorders. This is not unexpected, due to the older age of dually diagnosed youth.

Living Situation and Justice Involvement of MHS Clients: Children/Youth, FY 2017-18



**Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.*



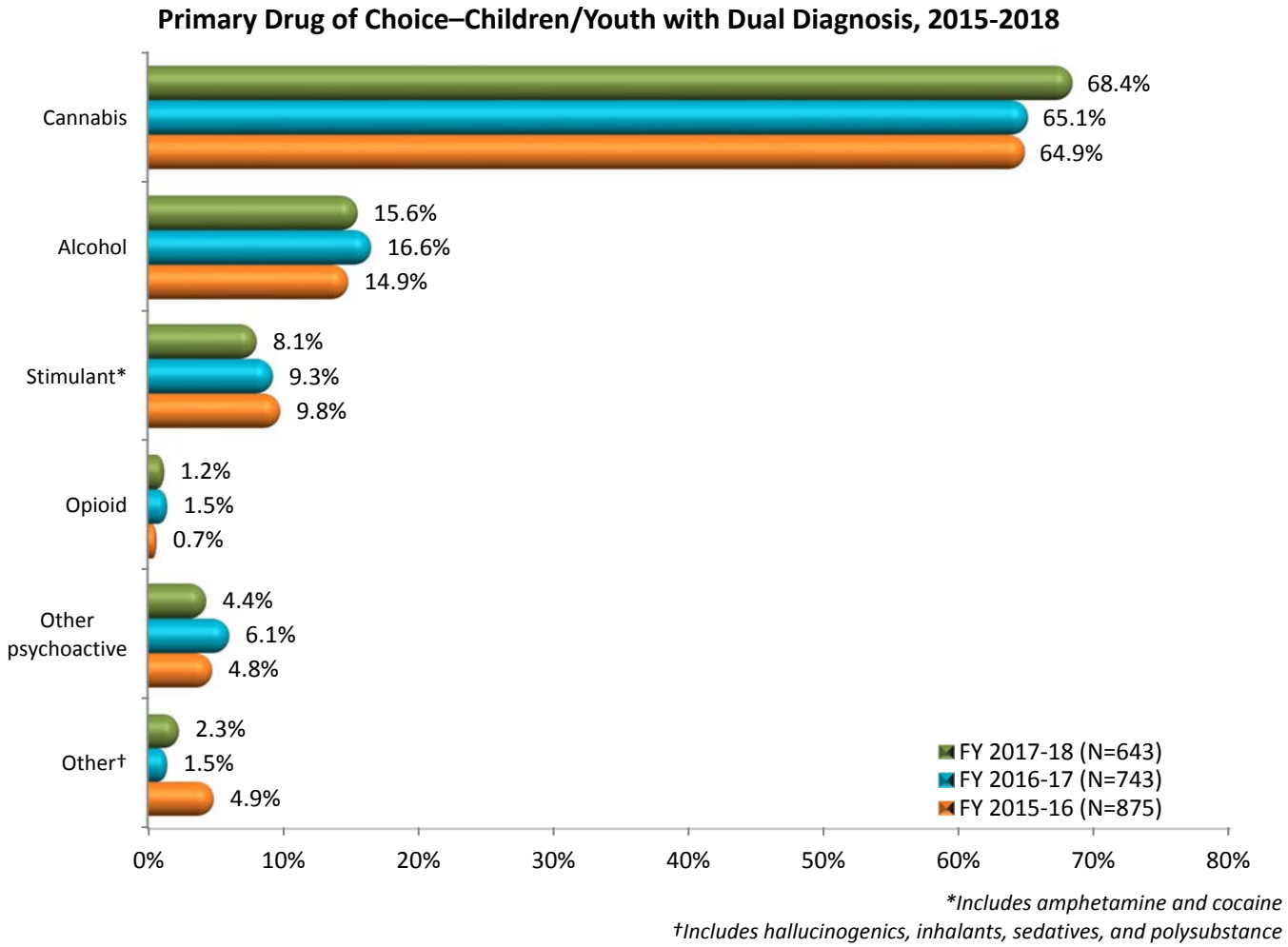
LIVING SITUATION

Youth clients with a dual diagnosis in mental health programs were more likely to be living in correctional facilities or group homes, and less likely to be living in a house or an apartment than youth without a dual diagnosis.

JUSTICE SYSTEM INVOLVEMENT

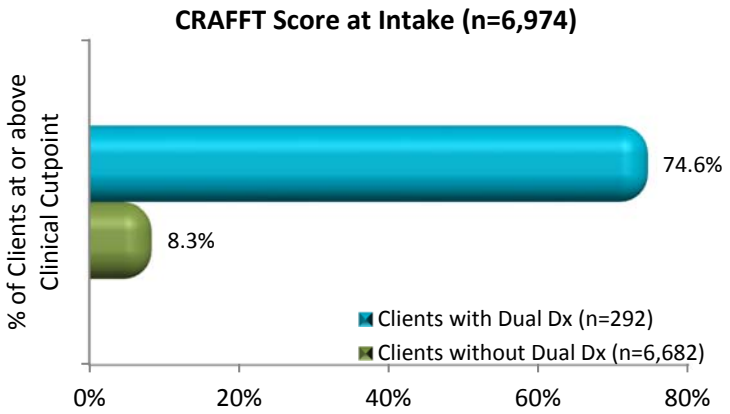
Youth client involvement with the justice system was determined by receipt of services in the JFS LOC or affirmative responses to the BHA question "Legal system involvement." Youth clients with a dual diagnosis in mental health programs were much more likely to have juvenile justice system involvement than youth without a dual diagnosis.

Substance Use Diagnosis Data of MHS Clients: Children/Youth, FY 2017-18



DRUG OF CHOICE OVER TIME

NOTE: Due to changes in substance classifications, data prior to FY 2015-16 are not directly comparable and not reported here. For clients with a dual diagnosis, the most common drug of choice was cannabis, followed by alcohol and stimulants. These rates have been fairly consistent for the past three fiscal years.



CRAFFT SCORE

The CRAFFT is used to screen youth under age 21 for potential substance use disorders. It has six items and is completed by the client at intake only. A cutoff score of 2 or higher indicates a possible substance abuse problem and that further assessment is required. A much greater proportion of clients with a dual diagnosis scored at or above the clinical cutpoint on the CRAFFT.

Clients Served by Level of Care (LOC) of MHS Clients: Children/Youth, FY 2017-18

	Dual Diagnosis		No Dual Diagnosis	
Outpatient Services	**Clients (duplicated)**	**%**	**Clients (Duplicated)**	**%**
Outpatient	367	57.1%	11,740	79.4%
Outpatient - Fee for Service	36	5.6%	2,199	14.9%
Outpatient - Residential	21	3.3%	341	2.3%
Juvenile Forensic Services	318	49.5%	969	6.6%
Wraparound	62	9.6%	516	3.5%
Therapeutic Behavioral Services (TBS)	11	1.7%	797	5.4%
Day Services	**Clients (duplicated)**	**%**	**Clients (Duplicated)**	**%**
Day Treatment - Community	63	9.8%	192	1.3%
Day Treatment - Residential	51	7.9%	134	0.9%
Day Treatment - Closed Treatment Facility	0	n/a	<5	<0.1%
Psych Health Facility	0	n/a	0	n/a
Inpatient Services	**Clients (duplicated)**	**%**	**Clients (Duplicated)**	**%**
Inpatient - CAPS	16	2.5%	284	1.9%
Inpatient - FFS	25	3.9%	352	2.4%
Emergency/Crisis Services	**Clients (duplicated)**	**%**	**Clients (Duplicated)**	**%**
Crisis Stabilization	52	8.1%	1,032	7.0%
Urgent Outpatient	15	2.3%	470	3.2%

CLIENTS SERVED BY LEVEL OF CARE WITHIN THE FISCAL YEAR

Clients may have received services in more than one level of care during the fiscal year. Youth clients with a dual diagnosis were more likely to receive mental health care in juvenile forensic services than youth without a dual diagnosis. They were also more likely to use higher levels of care such as day treatment, crisis stabilization, and inpatient services.

LOC Utilization Within the Fiscal Year of MHS Clients: Children/Youth, FY 2017-18

	Dual Diagnosis			No Dual Diagnosis		
Outpatient Services	**Clients (duplicated)**	**Visits**	**Average Visits Per Client**	**Clients (duplicated)**	**Visits**	**Average Visits Per Client**
Outpatient	367	4,110	11.2	11,740	172,028	14.7
Outpatient - Fee for Service	36	132	3.7	2,199	17,097	7.8
Outpatient - Residential	21	550	26.2	341	11,103	32.6
Juvenile Forensic Services	318	4,455	14.0	969	13,009	13.4
Wraparound	62	1,734	28.0	516	18,620	36.1
Therapeutic Behavioral Services (TBS)	11	95	8.6	797	17,135	21.5

Day Services	**Clients (duplicated)**	**Days**	**Average Days Per Client**	**Clients (duplicated)**	**Days**	**Average Days Per Client**
Day Treatment - Community	63	1,952	31.0	192	13,547	70.6
Day Treatment - Residential	51	6,159	120.8	134	14,598	108.9
Day Treatment - Closed Treatment Facility	0	0	n/a	<5	614	307.0
Psych Health Facility	0	0	n/a	0	0	n/a

Inpatient Services	**Clients (duplicated)**	**Admissions**	**Average Admissions Per Client**	**Clients (duplicated)**	**Admissions**	**Average Admissions Per Client**
Inpatient - CAPS	16	212	13.3	284	3,420	12.0
Inpatient - FFS	25	168	6.7	352	2,669	7.6

Emergency/Crisis Services	**Clients (duplicated)**	**Visits**	**Average Visits Per Client**	**Clients (duplicated)**	**Visits**	**Average Visits Per Client**
Crisis Stabilization	52	111	2.1	1,032	2,877	2.8
Urgent Outpatient	15	45	3.0	470	1,313	2.8

SERVICE UTILIZATION WITHIN THE FISCAL YEAR

Clients may have received services in more than one level of care during the fiscal year. Youth clients with a dual diagnosis in mental health programs had fewer average visits per client in outpatient services, with the exception of juvenile forensic services, compared to youth without a dual diagnosis. However, on average, they spent more time in residential day treatment services.

Average Length of Service (ALOS) by LOC of MHS Clients: Children/Youth, FY 2017-18

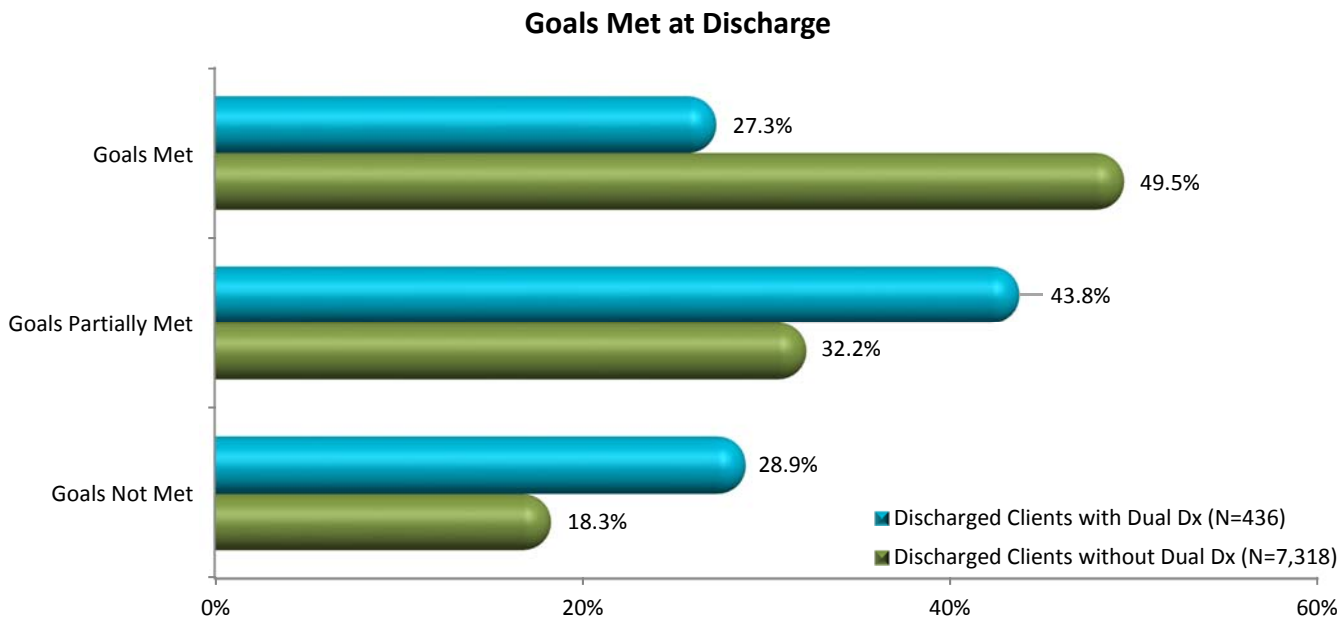
	Dual Diagnosis		No Dual Diagnosis	
Outpatient Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Outpatient	379	90.6	10,087	137.4
Outpatient - Fee for Service	32	4.2	539	76.0
Outpatient - Residential	27	57.4	329	60.9
Juvenile Forensic Services	1,035	33.5	2,652	34.5
Wraparound	32	270.4	322	280.6
Therapeutic Behavioral Services (TBS)	9	78.3	640	109.6
Day Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Day Treatment - Community	49	109.0	118	256.6
Day Treatment - Residential	46	296.2	117	222.0
Day Treatment - Closed Treatment Facility	0	n/a	0	n/a
Psych Health Facility	0	n/a	0	n/a
Inpatient Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Inpatient - CAPS	17	12.5	392	8.6
Inpatient - FFS	27	6.2	413	6.3
Emergency/Crisis Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Crisis Stabilization	58	5.6	1,416	6.9
Urgent Outpatient*	15	25.2	508	16.7

**Urgent Outpatient ALOS may be artificially inflated due to episodes remaining open until client is connected with an OP provider.*

AVERAGE LENGTH OF SERVICE BY LEVEL OF CARE

ALOS was calculated for MHS clients who discharged from a service episode during the fiscal year, had more than one service contact, and received a service within 30 days of the discharge date. Clients may have had multiple discharges across levels of care in the fiscal year. Youth clients with a dual diagnosis had a shorter average length of service in all outpatient services, compared to youth without a dual diagnosis. However, youth with a dual diagnosis had a longer average length of service in residential day treatment, inpatient-CAPS, and urgent outpatient services.

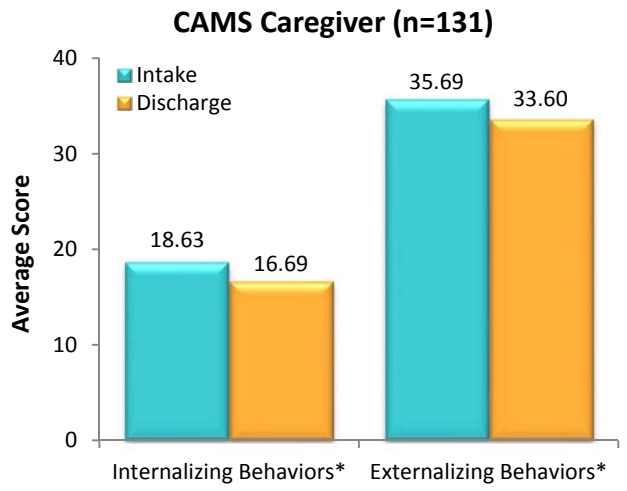
Goals Met at Discharge for MHS Clients: Children/Youth, FY 2017-18

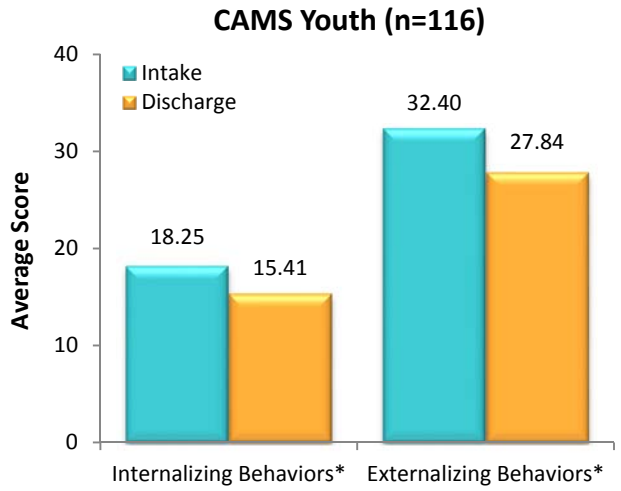


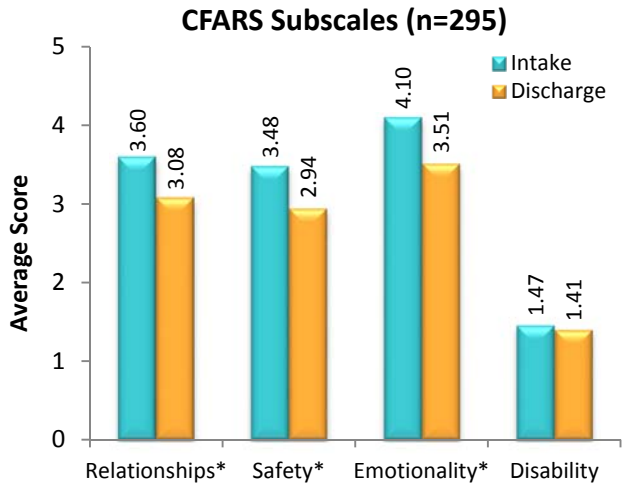
GOALS MET AT DISCHARGE

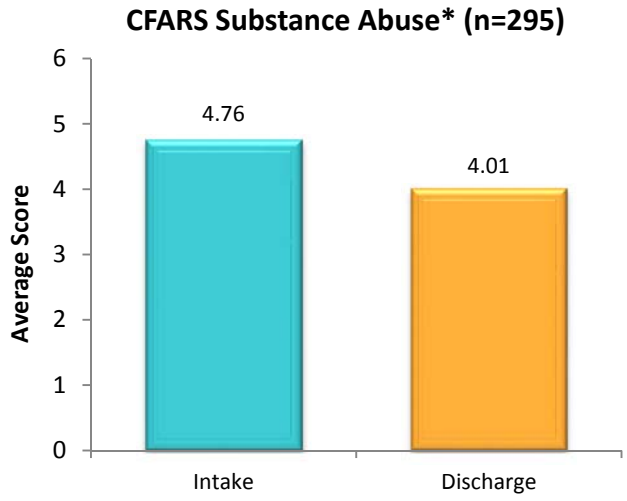
At discharge, clinicians report whether goals were met, not met, or partially met. Clients may have more than one discharge during the fiscal year. Youth clients with a dual diagnosis in mental health programs were less likely to meet all of their goals at discharge.

Outcomes Measures for MHS Youth with Dual Diagnosis, FY 2017-18









**Statistically significant from Intake to Discharge assessment, p<.001*

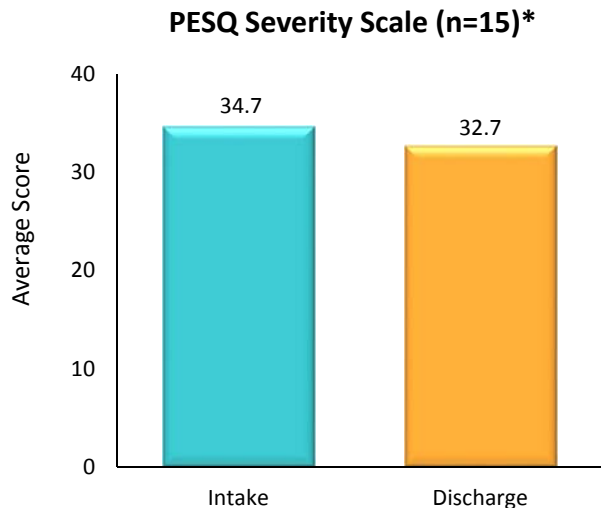
CHILD AND ADOLESCENT MEASUREMENT SYSTEM (CAMS)

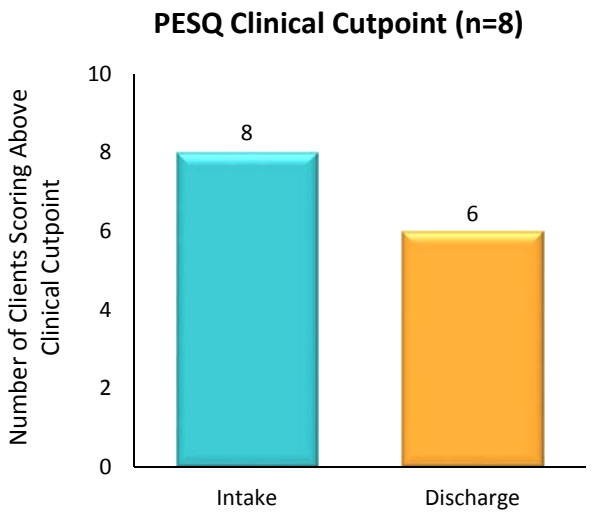
The CAMS is a measure of youth emotional and behavioral problems that is completed by caregivers and youth ages 11 and older at intake, utilization review, and discharge. A decrease on either scale represents an improvement. CAMS outcomes are reported for clients who discharged in the fiscal year and had intake and discharge scores in the DES. In FY 2017-18, youth with a dual diagnosis and their parents reported significantly fewer internalizing (emotional problems, such as depression and anxiety) and externalizing (behavioral problems, such as ADHD) problems at discharge compared to intake.

CHILDREN'S FUNCTIONAL ASSESSMENT RATING SCALE (CFARS)

The CFARS is completed by clinicians and measures the client's level of functioning on a scale of 1 to 9. A decrease on any scale represents an improvement. CFARS outcomes are reported for clients who discharged in the fiscal year and had intake and discharge scores in the DES. Clinicians reported that youth with a dual diagnosis significantly improved in the functioning domains of relationships, safety, emotionality, and substance abuse from intake to discharge.

Outcomes Measures for MHS Youth with Dual Diagnosis, FY 2017-18 (cont.)





**Statistically significant from Intake to Discharge assessment, p<.05*

PERSONAL EXPERIENCES SCREENING QUESTIONNAIRE (PESQ)

The PESQ is only administered to youth served by substance abuse counselors located within mental health programs. It is completed by clients ages 12 and above and measures substance abuse problems, including problem severity. Adolescent clients reported significant reductions in substance use at discharge compared to intake. However, of the 8 clients who were above the clinical cutpoint (indicating significant substance abuse problems) at intake, 6 clients remained above it at discharge.

SECTION II: Youth Clients with Co-occurring Disorder in the Substance Use Disorder (SUD) System of Care

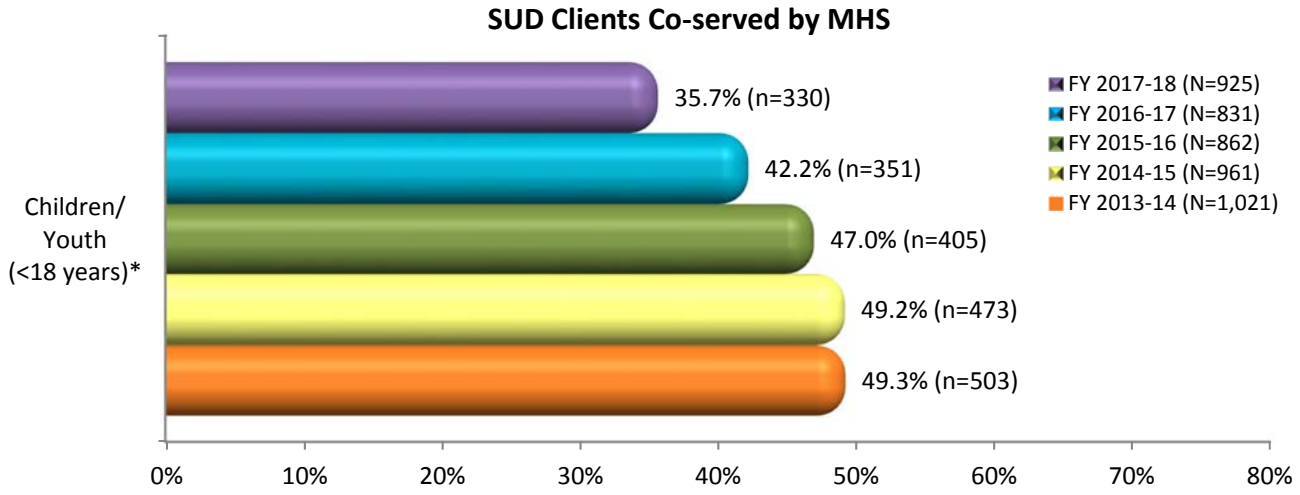
Youth clients under the age of 18 were considered co-occurring if they had a discharge from Substance Use Disorder (SUD) services in FY 2017-18 and a mental health diagnosis in Cerner OR **self report** of any of the following at intake or discharge SUD assessment:

1) Mental illness diagnosis
2) Mental health medication in the last 30 days
3) Any 24-hour psychiatric facility stays in the last 30 days
4) Any outpatient emergency mental health services in the last 30 days

Methodology for the identification of co-occurring disorder in the SUD system changed in FY 2017-18. Data from previous years may not be directly comparable.

Youth outcomes in SUD came from the SanWITS data entry system and were chosen because of the specific changes that are expected after receiving SUD services. SUD outcomes focus on the use of emergency services and criminal justice involvement, while County MHS outcomes focus on functioning and recovery.

Rates of Co-served Clients in San Diego County, 2013—2018

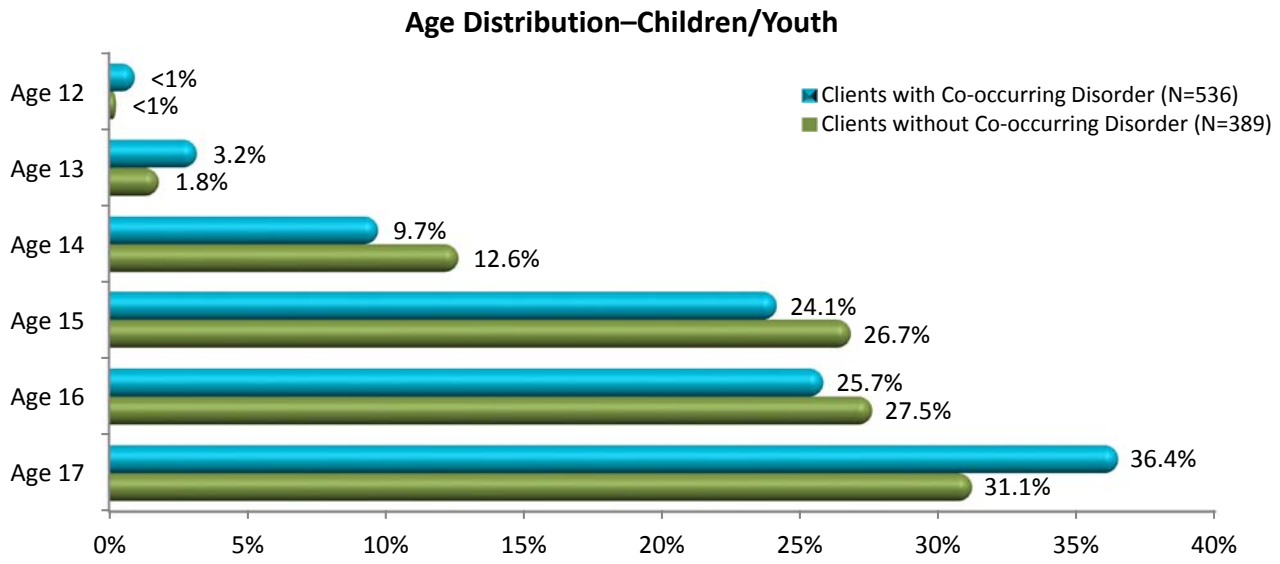


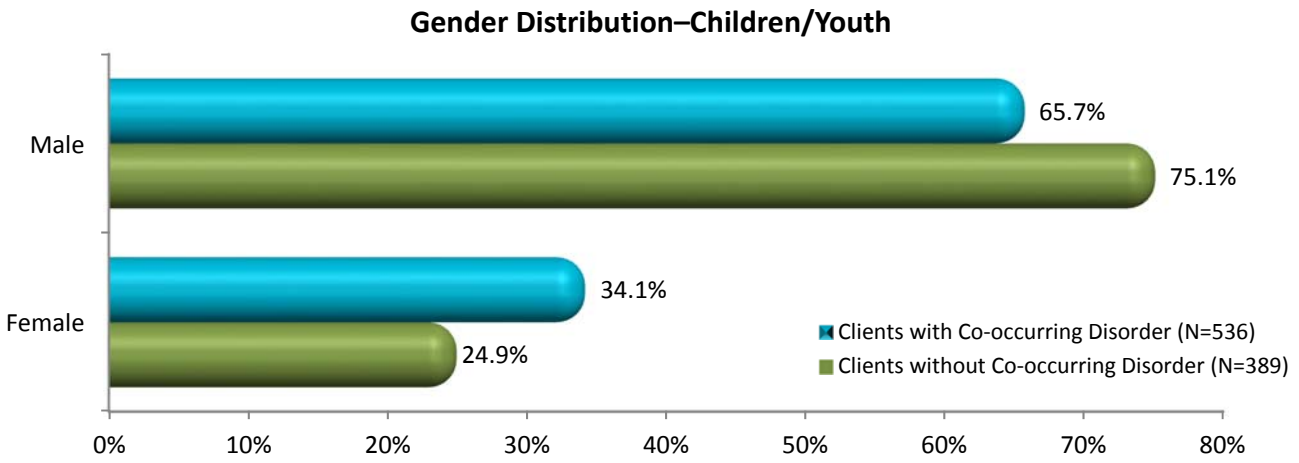
**Due to SUD age reporting parameters, co-served youth are defined as under 18 years of age.*

CO-SERVED CLIENTS

Clients receiving services from SUD were considered to be **co-served** if they discharged from SUD and also received services from the County Mental Health System (MHS) in the same fiscal year. The rate of co-served youth clients in San Diego County trended down across five fiscal years, from 49% in FY 2013-14 to 36% in FY 2017-18.

Age and Gender of SUD Clients: Children/Youth, FY 2017-18





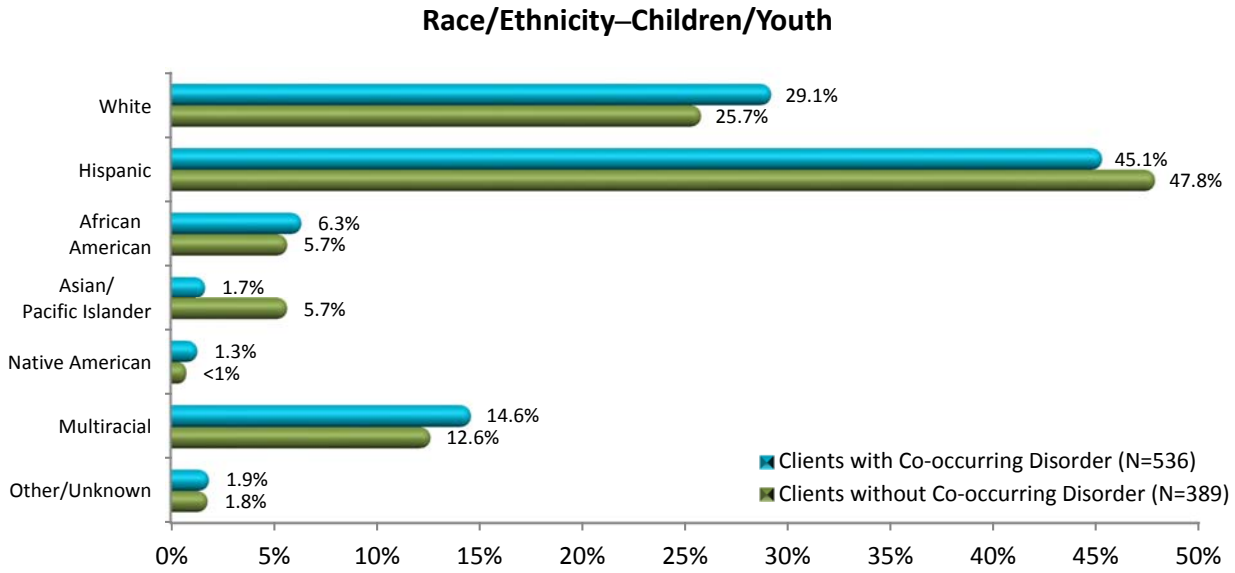
AGE

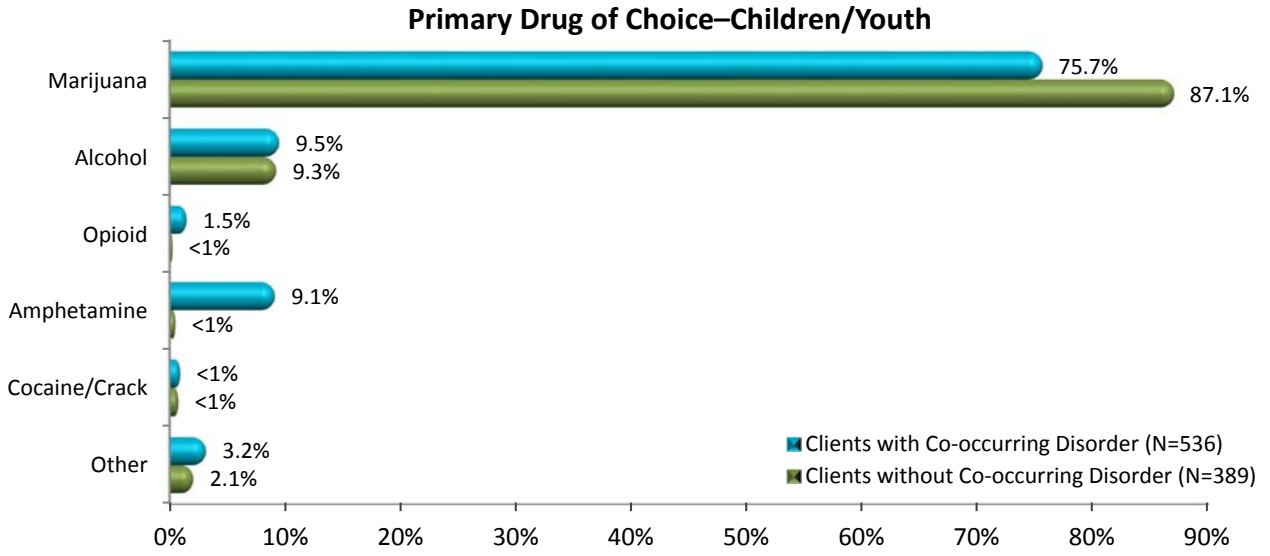
86% of youth with a co-occurring disorder were ages 15-17, which is equal to the proportion of SUD clients without a co-occurring disorder (86%).

GENDER

Youth clients in SUD with and without a co-occurring disorder were more likely to be male.

Race/Ethnicity and Drug of Choice of SUD Clients: Children/Youth, FY 2017-18





RACE/ETHNICITY

Youth clients with a co-occurring disorder were slightly less likely to be Hispanic (45% versus 48%) than clients without a co-occurring disorder and slightly less likely to be Asian (2% versus 6%).

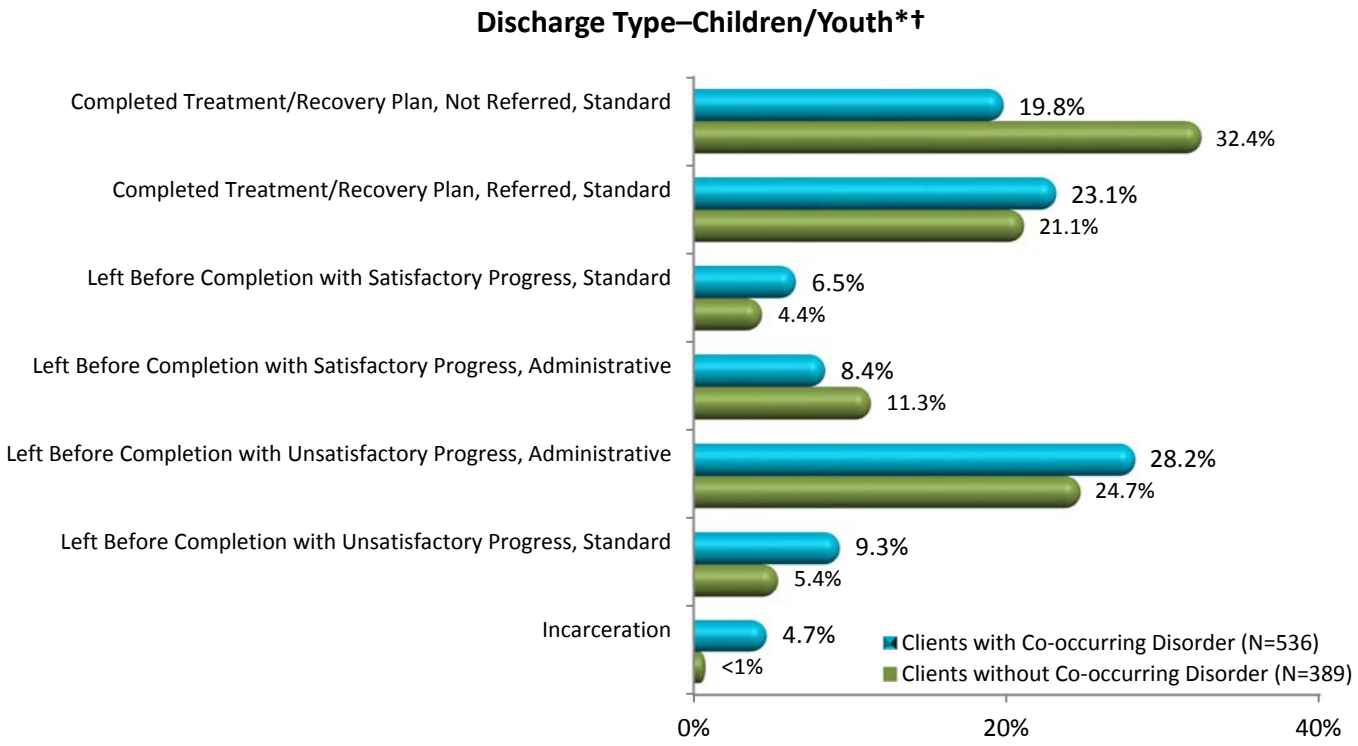
PRIMARY DRUG OF CHOICE

For clients with a co-occurring disorder, the most common drug of choice was marijuana, followed by alcohol and amphetamines. This is the same trend that was observed in the mental health system.

Modality and Length of Service for SUD Clients: Children/Youth, FY 2017-18

SUD Modality	Co-occurring			Not Co-occurring		
	Clients (duplicated)	Admissions	ALOS (days)	Clients (duplicated)	Admissions	ALOS (days)
Outpatient	306	394	72.6	515	578	81.2
Residential	122	158	20.4	61	69	23.5

Discharge Type for SUD Clients: Children/Youth



**Standard discharge indicates client was available for discharge interview.*
†Administrative discharge indicates client was not available for discharge interview.

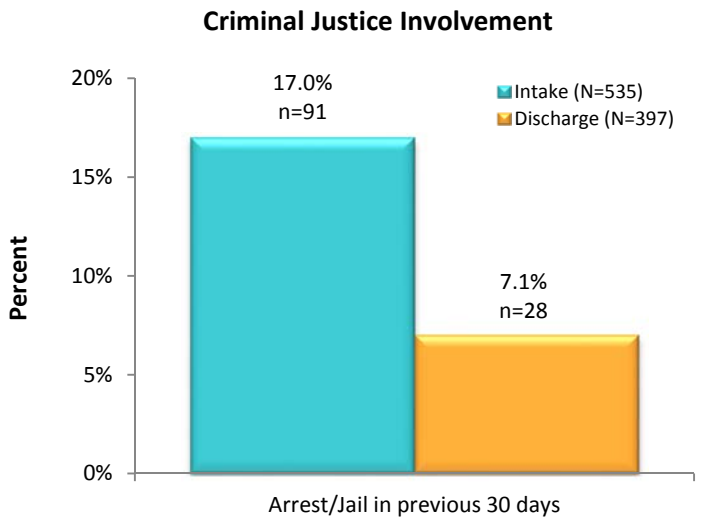
MODALITY AND ALOS

Modality and ALOS were measured for all admissions connected to a discharge in the fiscal year. Clients may have discharged more than once during the fiscal year. Co-occurring youth clients had more admissions to outpatient care, but, on average, their length of stay was shorter than youth clients without a co-occurring disorder. They also had many more admissions to residential treatment than youth clients without a co-occurring disorder.

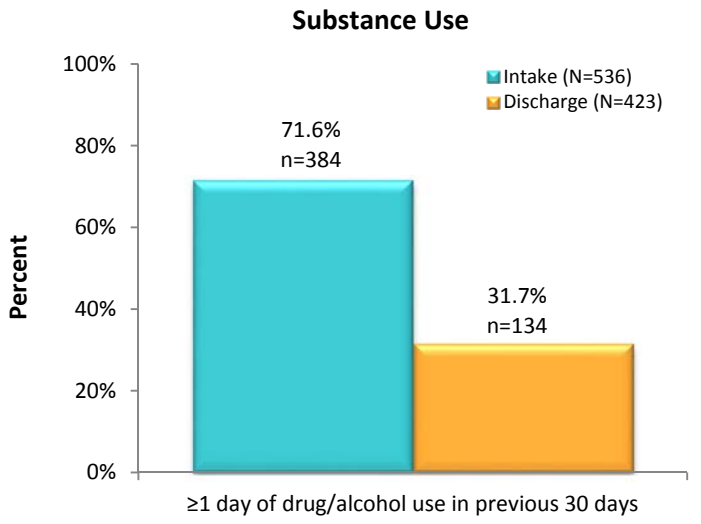
SUCCESSFUL DISCHARGE

Co-occurring youth clients were less likely to complete treatment and more likely to leave before there was satisfactory progress than youth clients without a co-occurring disorder. They were also more likely to leave due to incarceration (5% versus 1%, respectively).

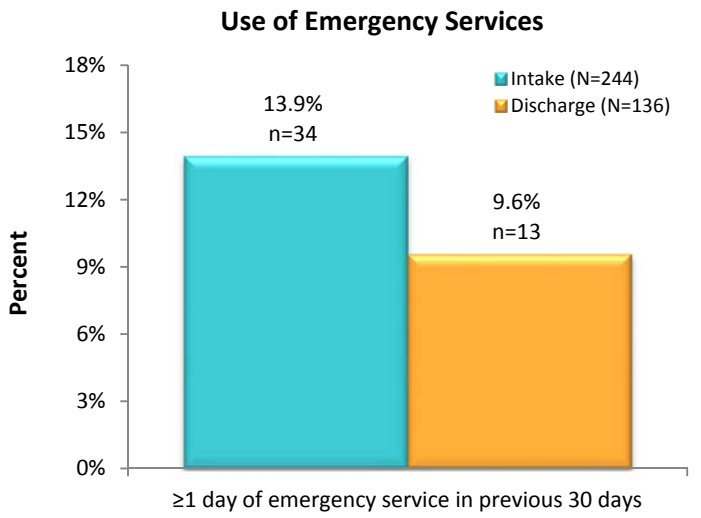
Outcomes Measures for SUD Youth with Co-occurring Disorder, FY 2017-18



- **Criminal Justice Involvement** – Client involvement with criminal justice was determined by affirmative responses to questions regarding arrests, days in jail, and days in prison within the previous 30-day period For discharged clients with both intake and discharge data for these questions, the proportion of clients with any arrest in the previous 30 days decreased from 17% to 7%.



- **Substance Use** – Client substance use was determined by affirmative responses to questions regarding alcohol and drug use within the previous 30-day period. For discharged clients with both intake and discharge data for these questions, the proportion of SUD service recipients with 1 or more days of drug or alcohol use in the previous 30 days decreased from 72% to 32%.



- **Use of Emergency Services** – Client use of emergency services was determined by affirmative responses to questions regarding emergency room visits, overnight hospital stays, and emergency mental health service use within the previous 30-day period. For discharged clients with both intake and discharge data for these questions, the proportion of SUD service recipients requiring 1 or more days of emergency services in the previous 30 days decreased from 14% to 10%.

SECTION III: FY 2017-18 CYF Trends and Conclusions

TRENDS

1. Trends Over Time: What has changed or stayed the same. All comparisons reflect changes from the FY 2013-14 report to the current FY 2017-18 report.
    a. **Demographics**: The demographics of the youth with dual diagnoses served in the CYF mental health system were very similar in both reports. The majority of these youth are males, ages 12-17, of Hispanic and White race/ethnicity.
    b. **Diagnosis**: Compared to the diagnoses of the dually-diagnosed youth included in the FY 2013-14 report, there was an increase in diagnoses of depression and adjustment disorder, and a decrease in oppositional/conduct disorders, bipolar disorders, and schiziophrenic disorders.
    c. **Severity**: The population of youth who are served by substance abuse counselors located within mental health programs continues to be small. In comparison with the FY 2013-14 report, the youth in the 2017-18 report had higher scores on the PESQ at intake, and a larger proportion were above the clinical cutpoint for the PESQ at discharge. This suggests that the youth who are served by substance abuse counselors in mental health programs have more severe substance use problems than in the past.
    d. **Underdiagnosis of substance abuse**: In FY 2013-14, 11.9% of the youth receiving mental health services without a dual diagnosis scored above the cutoff on the CRAFFT, indicating a potential substance abuse problem as well as continued underdiagnosis of substance abuse. In FY 2017-18, this percentage was reduced to 8.3%, suggesting that underdiagnosis is decreasing, although it still remains to be an issue.

2. System Trends – Response to Outpatient Services
    a. On average, dually-diagnosed youth have fewer symptoms of mental health problems and substance abuse problems at discharge than at intake. However, they are less likely to meet all of their goals at discharge than youth without dual diagnoses.
    b. On average, youth with co-occurring disorders have fewer symptoms of substance abuse problems and less criminal justice involvement at discharge than at intake. However, they are more likely to drop out of treatment before they have made satisfactory progress compared to youth without co-occurring disorders.

CONCLUSIONS

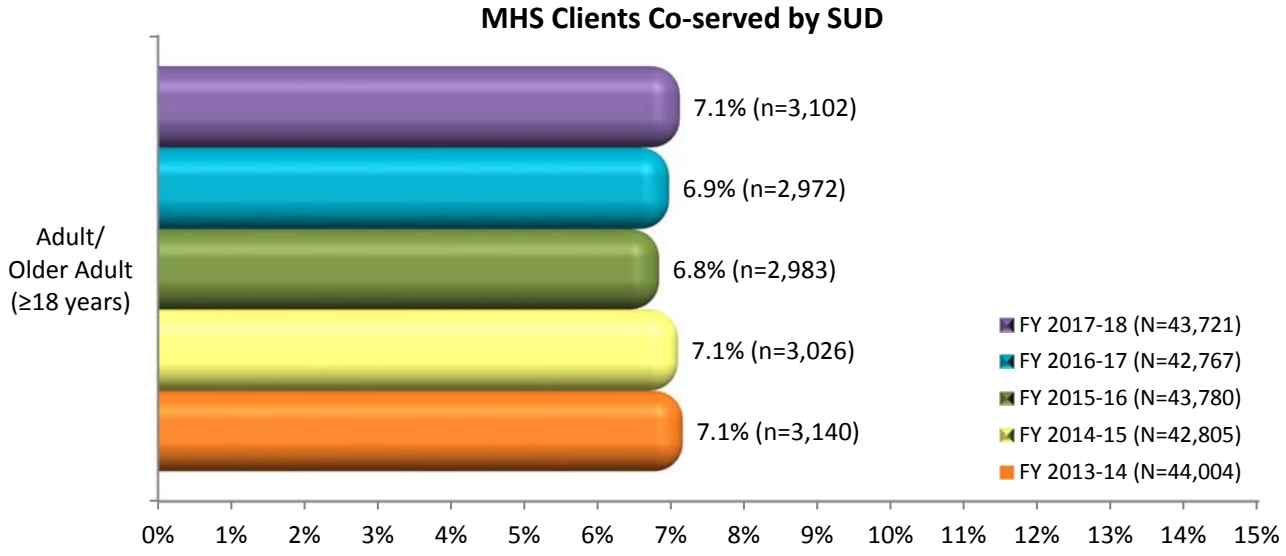
- For youth, the most common drug of choice was marijuana, followed by alcohol and amphetamines in both the MHS and SUD systems.
- Youth with mental health and substance abuse problems demonstrated improvement on all outcomes measures.
- Youth with mental health and substance abuse problems are more likely to require intensive services than youth without dual diagnoses.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

SECTION IV: Adult/Older Adult Clients with Dual Diagnosis in the County of San Diego Mental Health Services (MHS) System of Care

Adult clients served in the MHS system of care were considered to have a dual diagnosis if they received mental health services during Fiscal Year 2017-18 and had a substance use disorder diagnosis and a mental health diagnosis entered in the County of San Diego Behavioral Health Services (BHS) electronic health record, Cerner Community Behavioral Health. Adult outcomes in the County of San Diego MHS system of care came from two different sources: Cerner and the Mental Health Outcomes Management System (mHOMS). While the Substance Use Disorder (SUD) and MHS systems are all part of the County of San Diego Behavioral Health Services system of care, the outcomes that are collected and the data collection methodology differ. Outcomes of interest in the SUD system are focused on specific improvements that would be expected to take place after completing treatment in an alcohol and substance abuse program. These outcomes include areas related to substance use, such as involvement with the criminal justice system, employment, housing support, and use of emergency services. While there is some commonality, the adult outcomes in this section of this report are focused on specific areas that might be expected to change after receiving services from the County of San Diego MHS providers. These outcomes include assessments of progress towards recovery, client perception of recovery, and substance abuse.

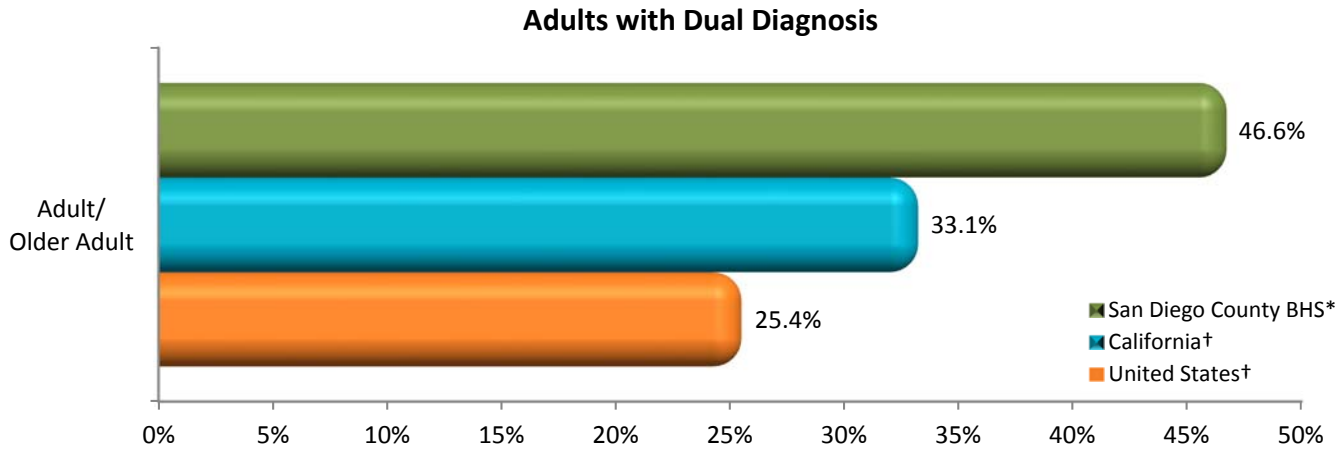
Rates of Co-served Adult Clients in San Diego County, 2013—2018



CO-SERVED CLIENTS IN MHS

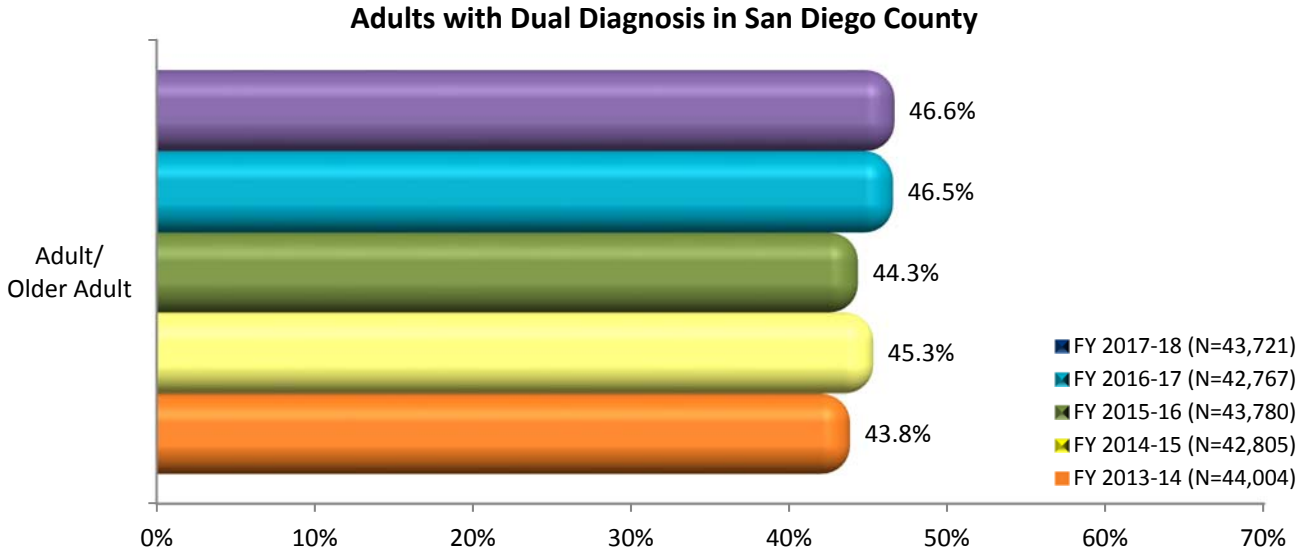
Adult clients receiving services from MHS were considered to be **co-served** if they were discharged from the Substance Use Disorder (SUD) sector during the same fiscal year. The rate of adult co-served adult MHS clients in San Diego County dipped slightly during FY 2015-16 (6.8%) but overall, the rate of co-served clients remained relatively stable from FY 2013-14 through FY 2017-18 (7.1% at both time points).

Regional and National MHS Rates of Dual Diagnosis in Adults



**Data from Cerner FY 2017-18 extract, October 2018 download*
†Data from the California 2017 Mental Health National Outcome Measures Report (SAMHSA)

Adult MHS Rates of Dual Diagnosis in San Diego County, 2013—2018

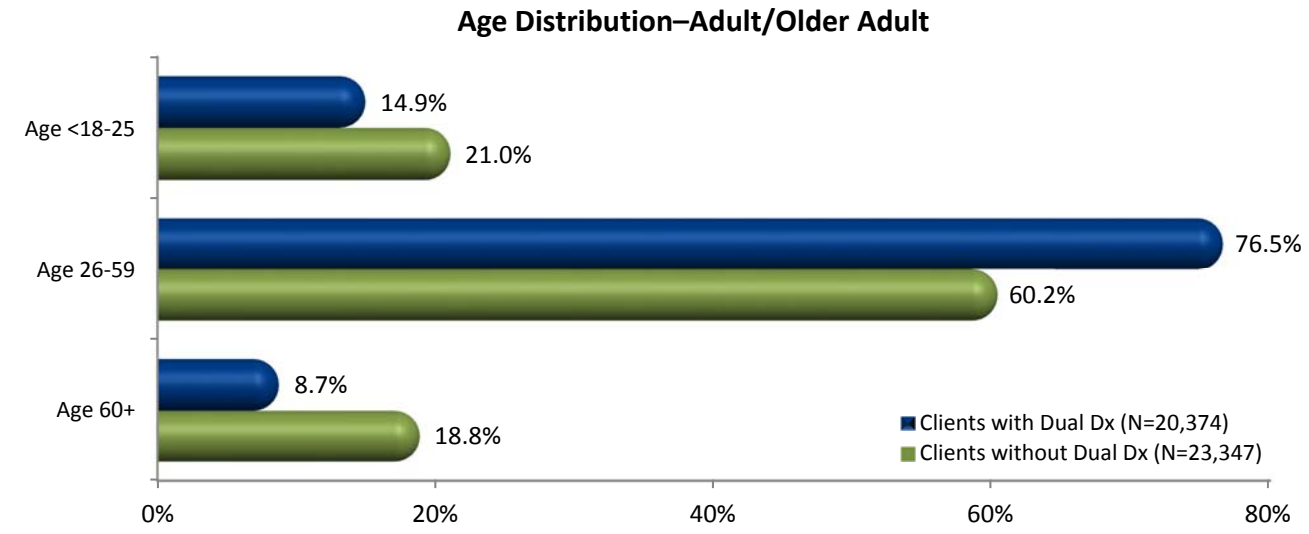


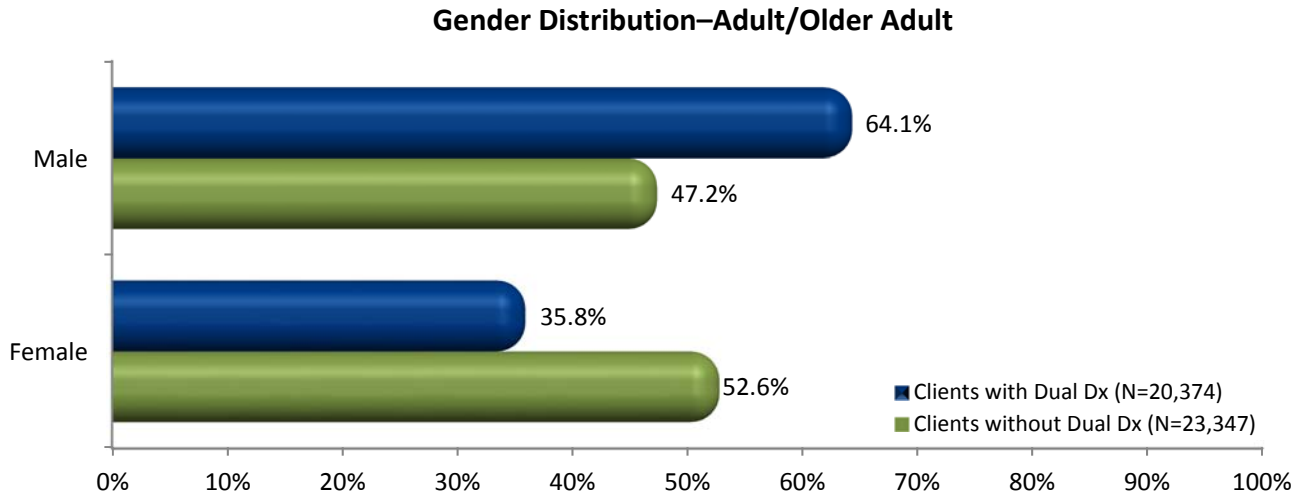
RATES OF DUAL DIAGNOSIS

Clients receiving services from MHS were considered to be **dual diagnosis** if they had a substance-related diagnosis or were classified as having a substance abuse issue on their client record. The rate of dual diagnosis among adults served by BHS in San Diego County exceeded the rate of dual diagnosis in the rest of California, and both San Diego County and California rates were higher than the nationwide SAMHSA rates.

The rate of dual diagnosis in adult clients in San Diego County trended up across five fiscal years, from 43.8% in FY 2013-14 to 46.6% in FY 2017-18.

Age and Gender of MHS Clients: Adult/Older Adult, FY 2017-18





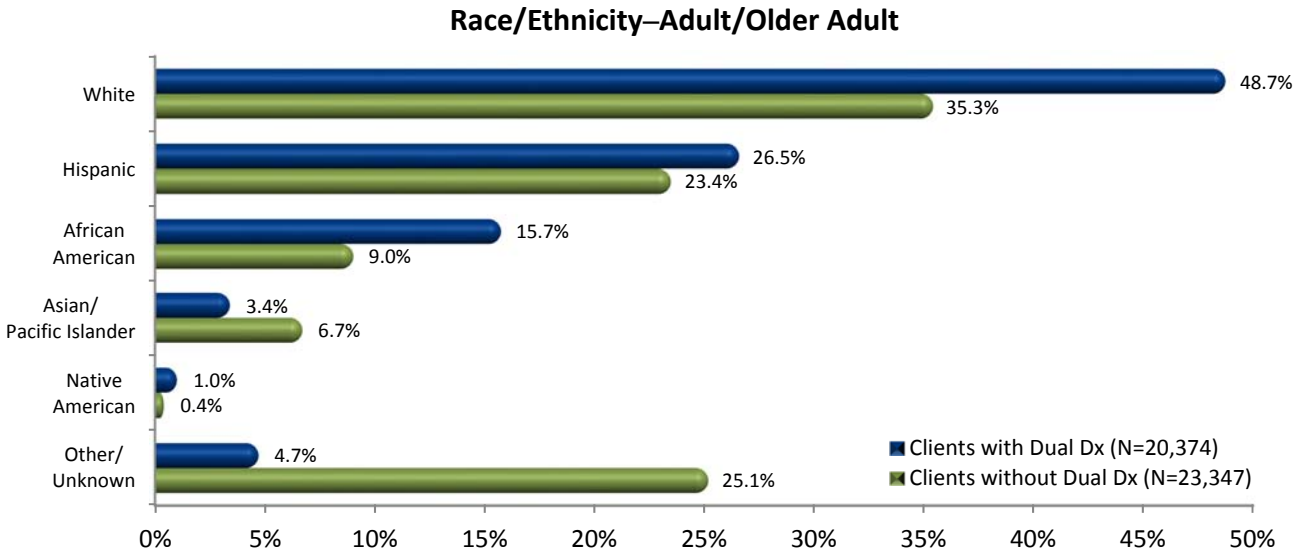
AGE

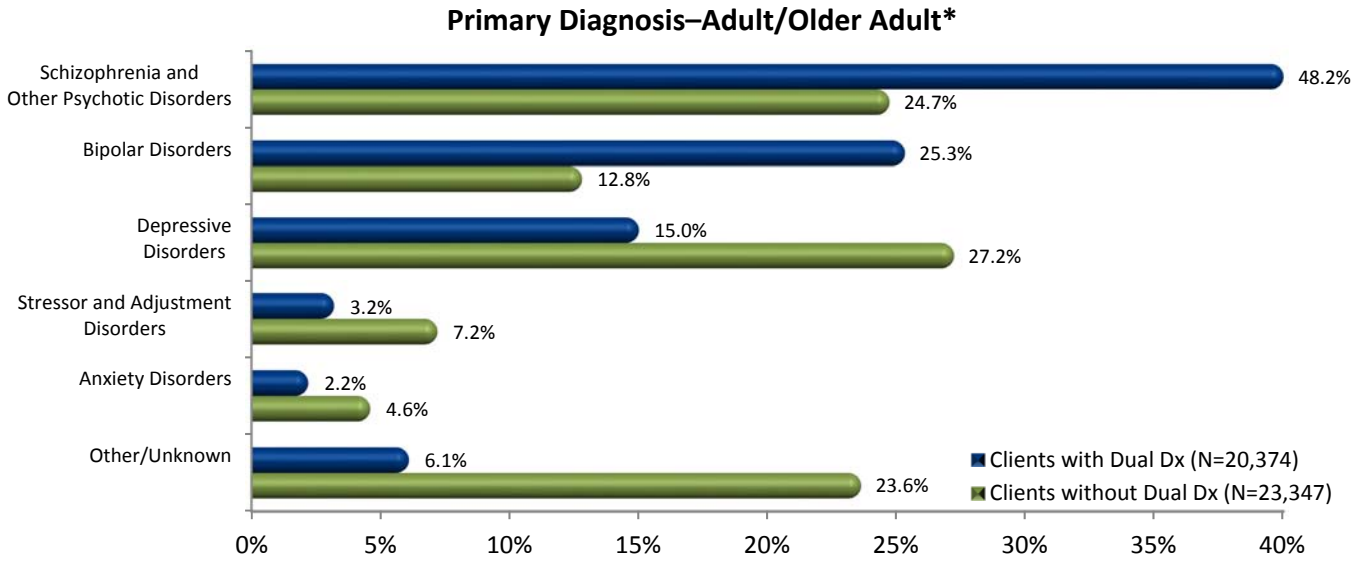
More than three-quarters (76.5%) of adult MHS clients served during FY 2017-18 with a dual diagnosis were between the ages of 25 and 59 years. While MHS adult clients receiving mental health treatment without a dual diagnosis were also more likely to be in this age group, the proportion of these non-co-occurring clients is smaller (60.2%). A smaller proportion of MHS adult clients with a dual diagnosis were 60 years of age or older (8.7%) compared to MHS clients in this age group without a dual diagnosis (18.8%) during FY 2017-18.

GENDER

MHS adult clients served during FY 2017-18 with a dual diagnosis were almost twice as likely to be male (64.1%) than female (35.8%). In contrast, less than half of MHS adult clients without a dual diagnosis were male (47.2%) compared to female (52.6%).

Race/Ethnicity and Primary Diagnosis of MHS Clients: Adult/Older Adult, FY 2017-18





**Missing or Invalid diagnoses were excluded from analysis*

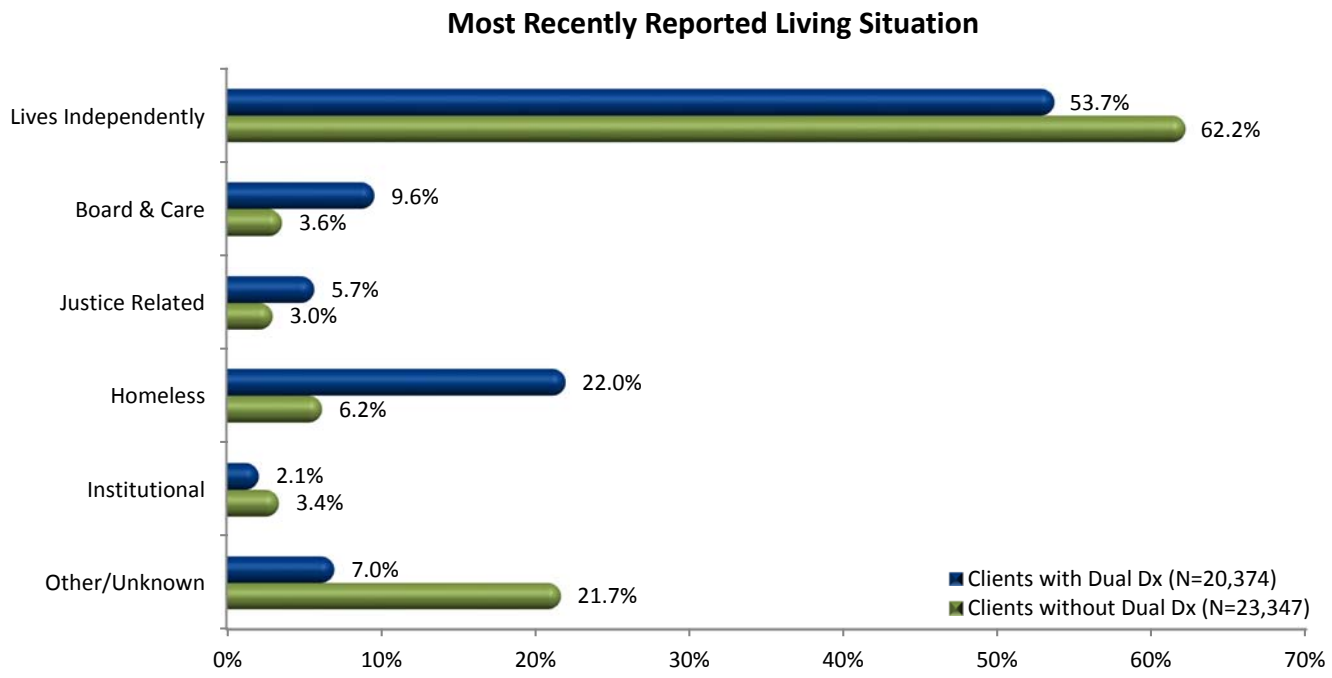
RACE/ETHNICITY

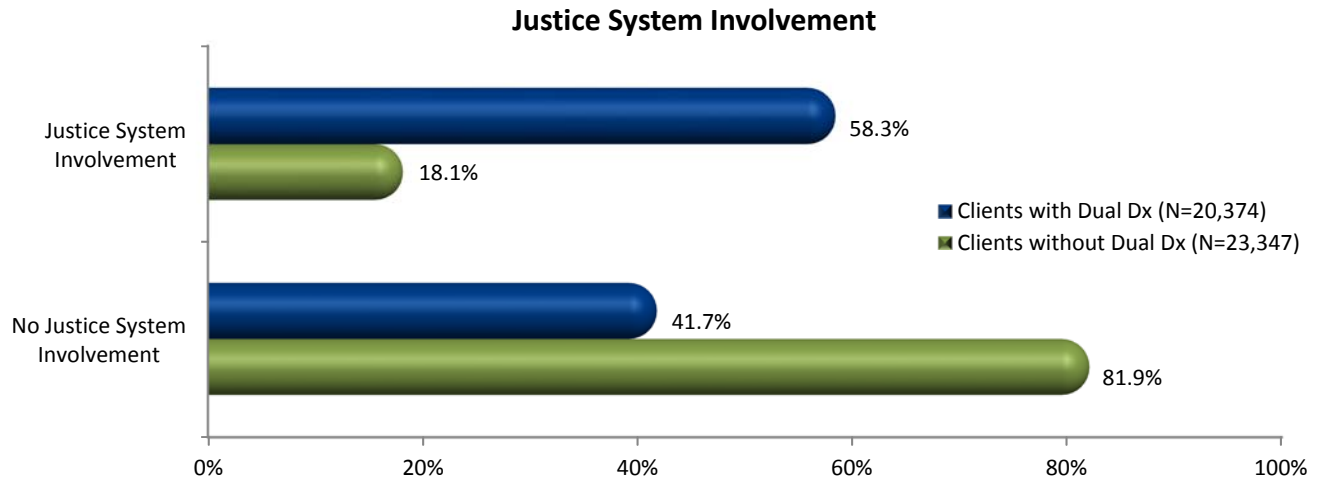
Larger proportions of White (48.7%) and African American (15.7%) MHS adult clients served during FY 2017-18 had a dual diagnosis than those in these racial categories without a dual diagnosis (35.3% and 9.0%, respectively). In contrast, a smaller proportion of Asian/Pacific Islander MHS adult clients who received mental health services from BHS during FY 2017-18 had a dual diagnosis (3.4%) compared to those who did not (6.7%).

PRIMARY DIAGNOSIS

During FY 2017-18, larger proportions of adult MHS clients served by BHS with a primary mental health diagnosis of 1) schizophrenia/other psychotic disorder (48.2%) or 2) a bipolar disorder (25.3%) had a dual diagnosis than those clients who did not have a dual diagnosis (24.7% and 12.8%, respectively). In contrast, smaller proportions of adult MHS clients with depressive disorders (15.0%), stressor and adjustment disorders (3.2%), and anxiety disorders (2.2%) had a dual diagnosis compared to those who did not have a dual diagnosis during the fiscal year (27.2%, 7.2%, and 4.6%, respectively).

Living Situation and Justice Involvement of MHS Clients: Adult/Older Adult, FY 2017-18





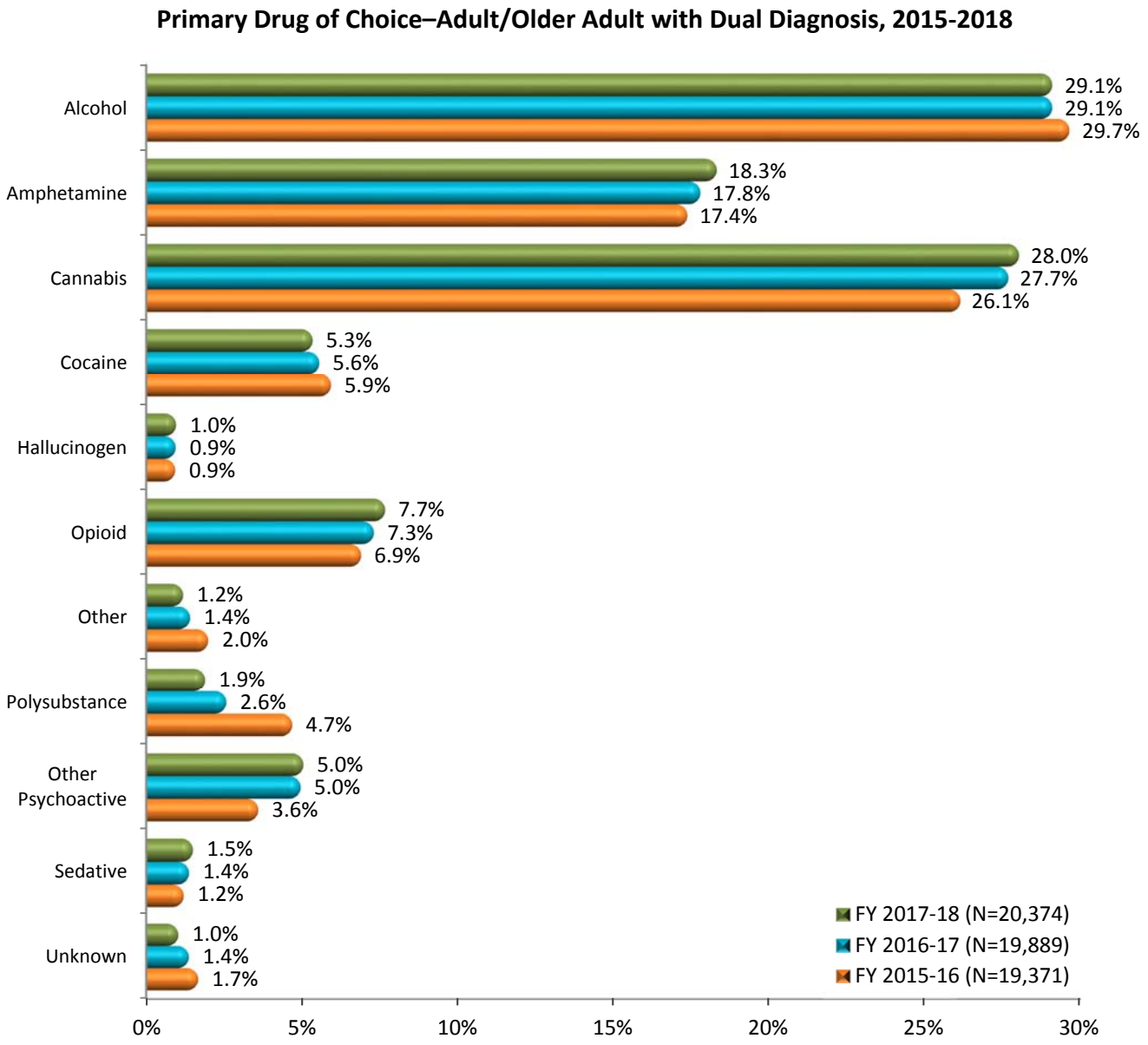
LIVING SITUATION

During FY 2017-18, the proportion of homeless MHS adult clients with a dual diagnosis was more than three times as large as the proportion of homeless MHS adult clients without a dual diagnosis (22.0% versus 6.2%). A smaller proportion of adult MHS clients living independently had a dual diagnosis (53.7%) compared to adult MHS clients without a dual diagnosis who were living independently (62.2%).

JUSTICE SYSTEM INVOLVEMENT

More than half (58.3%) of adult MHS clients with a dual diagnosis were involved with the justice system in the past two years compared to only 18.1% of adult MHS clients without a dual diagnosis.

Substance Use Diagnosis Data of MHS Clients: Adult/Older Adult, FY 2017-18

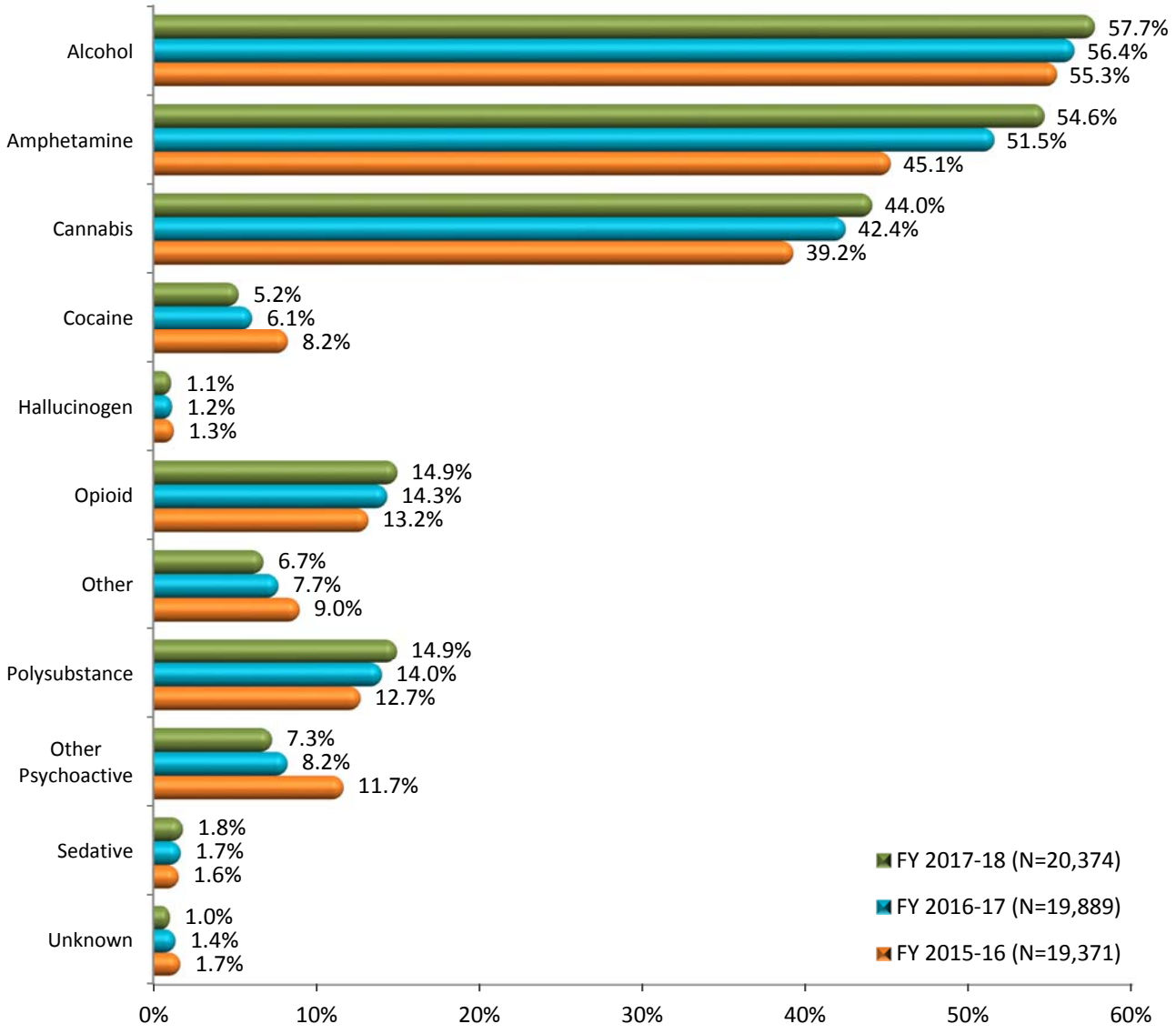


PRIMARY DRUG OF CHOICE OVER TIME

NOTE: Due to changes in substance classifications, data prior to FY 2015-16 are not directly comparable to the more recent data and are not reported here. Among adult MHS clients with a dual diagnosis during FY 2017-18, the most common primary drugs of choice were alcohol (29.1%), cannabis (28.0%), and amphetamines (18.3%). Over the past three years proportions of drug of choice remained relatively stable among this client population while a slight increase in cannabis use (26.1% to 28.0%) and a decrease in polysubstance use (4.7% to 1.9%) were observed.

Substance Use Diagnosis Data of MHS Clients: Adult/Older Adult, FY 2017-18 (cont.)

Drugs of Choice–Adult/Older Adult with Dual Diagnosis, 2015-2018*



**Percentages may sum to more than 100% as clients may have selected more than one drug of choice*

ALL DRUG USE OVER TIME

NOTE: Due to changes in substance classifications, data prior to FY 2015-16 are not directly comparable to the more recent data and are not reported here. Among adult MHS clients with a dual diagnosis during FY 2017-18, the most commonly reported drugs of choice were alcohol (57.7%), amphetamines (54.6%), and cannabis (44.0%). Reported preferences for most drugs increased over the past three fiscal years among adult MHS clients with a dual diagnosis, while reported preference for cocaine, other drugs, and other psychoactive drugs decreased during this time. Reported preferences for hallucinogens and sedatives remained stable from FY 2015-16 through FY 2017-18 among this client population.

Clients Served by Level of Care (LOC) of MHS Clients: Adult/Older Adult, FY 2017-18

	Dual Diagnosis		No Dual Diagnosis	
Outpatient Services	**Clients (duplicated)**	**%**	**Clients (duplicated)**	**%**
ACT	2,081	10.2%	497	2.1%
Case Management	177	0.9%	153	0.7%
Case Management - Institutional	310	1.5%	489	2.1%
Case Management - Strengths	533	2.6%	751	3.2%
Case Management - Transitional	409	2.0%	196	0.8%
Fee for Service	4,126	20.3%	7,788	33.4%
Outpatient	8,169	40.1%	7,391	31.7%
Prevention	2	0.0%	21	0.1%
Emergency/Crisis Services	**Clients (duplicated)**	**%**	**Clients (duplicated)**	**%**
Crisis Outpatient	3,424	16.8%	2,132	9.1%
Crisis Stabilization	3,226	15.8%	1,976	8.5%
PERT	2,768	13.6%	5,794	24.8%
	Clients (duplicated)	**%**	**Clients (duplicated)**	**%**
Crisis Residential	1,880	9.2%	362	1.6%
Forensic Services	**Clients (duplicated)**	**%**	**Clients (duplicated)**	**%**
Jail	7,320	35.9%	2,307	9.9%
24 Hour Services	**Clients (duplicated)**	**%**	**Clients (duplicated)**	**%**
Edgemoor	35	0.2%	89	0.4%
Long Term Care	40	0.2%	27	0.1%
LTC - Institutional	162	0.8%	84	0.4%
LTC - Residential		0.0%		0.0%
Residential	38	0.2%	15	0.1%
Inpatient Services	**Clients (duplicated)**	**%**	**Clients (duplicated)**	**%**
Inpatient - County	1,030	5.1%	272	1.2%
Inpatient - FFS	2,639	13.0%	1,853	7.9%
State Hospital	6	0.0%	9	0.0%

CLIENTS SERVED BY LEVEL OF CARE

Compared to MHS adult clients without a dual diagnosis, larger proportions of those with a dual diagnosis received services from the following LOCs: Assertive Community Treatment (ACT; 10.2% versus 2.1%), Outpatient (40.1% versus 31.7%), Crisis Outpatient (16.8% versus 9.1%), Crisis Stabilization (15.8% versus 8.5%), Crisis Residential (9.2% versus 1.6%), Jail (35.9% versus 9.9%), County Inpatient (5.1% versus 1.2%) and FFS Inpatient (13.0% versus 7.9%). Smaller proportions of MHS adult clients with a dual diagnosis received services from FFS programs (20.3% versus 33.4%) and PERT (13.6% versus 24.8%), compared to those without a dual diagnosis.

LOC Utilization Within the Fiscal Year of MHS Clients: Adult/Older Adult, FY 2017-18

	Dual Diagnosis			No Dual Diagnosis		
Outpatient Services	**Clients (duplicated)**	**Visits**	**Average Visits Per Client**	**Clients (duplicated)**	**Visits**	**Average Visits Per Client**
ACT	2,081	138,407	66.5	497	31,252	62.9
Case Management	177	4,497	25.4	153	3,580	23.4
Case Management - Institutional	310	4,511	14.6	489	3,764	7.7
Case Management - Strengths	533	10,717	20.1	751	16,881	22.5
Case Management - Transitional	409	2,695	6.6	196	992	5.1
Fee for Service	4,126	41,671	10.1	7,788	54,925	7.1
Outpatient	8,169	113,118	13.8	7,391	96,099	13.0
Prevention	2	10	5.0	21	143	6.8
Emergency/Crisis Services	**Clients (duplicated)**	**Visits**	**Average Visits Per Client**	**Clients (duplicated)**	**Visits**	**Average Visits Per Client**
Crisis Outpatient	3,424	11,462	3.3	866	2,132	2.5
Crisis Stabilization	3,226	6,057	1.9	1,505	1,976	1.3
PERT	2,768	3,892	1.4	4,893	5,794	1.2
	Clients (duplicated)	**Days**	**Average Days Per Client**	**Clients (duplicated)**	**Days**	**Average Days Per Client**
Crisis Residential	1,880	24,234	12.9	362	3,815	10.5
Forensic Services	**Clients (duplicated)**	**Visits**	**Average Visits Per Client**	**Clients (duplicated)**	**Visits**	**Average Visits Per Client**
Jail	7,320	41,127	5.6	2,307	7,397	3.2
24 Hour Services	**Clients (duplicated)**	**Days**	**Average Days Per Client**	**Clients (duplicated)**	**Days**	**Average Days Per Client**
Edgemoor	35	11,749	335.7	89	28,486	320.1
Long Term Care	40	7,214	180.4	27	6,539	242.2
LTC - Institutional	162	34,351	212.0	84	19,994	238.0
Residential	38	7,485	197.0	15	2,845	189.7
Inpatient Services	**Clients (duplicated)**	**Admissions**	**Average Admissions Per Client**	**Clients (duplicated)**	**Admissions**	**Average Admissions Per Client**
Inpatient - County	1,030	1,203	1.2	272	304	1.1
Inpatient - FFS	2,639	4,844	1.8	1,853	2,467	1.3
State Hospital	6	6	1.0	9	10	1.1

SERVICE UTILIZATION WITHIN THE FISCAL YEAR

Clients may have received services in more than one level of care during the fiscal year.

LOC Utilization Within the Fiscal Year of MHS Clients: Adult/Older Adult, FY 2017-18 (cont.)

SERVICE UTILIZATION WITHIN THE FISCAL YEAR (continued)

Considering service visits during FY 2017-18, MHS adult clients with and without a dual diagnosis had similar average numbers of visits per client across most LOCs. LOCs where MHS clients with a dual diagnosis had a higher average number of visits than those without a dual diagnosis were Institutional Case Management (14.6 versus 7.7 visits), and Jail (5.6 versus 3.2 visits). MHS adult clients with a dual diagnosis spent slightly more days, on average, at Crisis Residential programs (12.9 versus 10.5 days) Edgemoor (335.7 versus 320.1 days), and Residential programs (197.0 versus 189.7 days) compared to those without a dual diagnosis. On average, MHS clients with a dual diagnosis spent fewer days in Long Term Care (180.4 days) and Institutional Long Term Care (212.0 days) than their non-dual diagnosis counterparts (242.2 days and 238.0 days, respectively).

Average Length of Service (ALOS) by LOC of MHS Clients: Adult/Older Adult, FY 2017-18

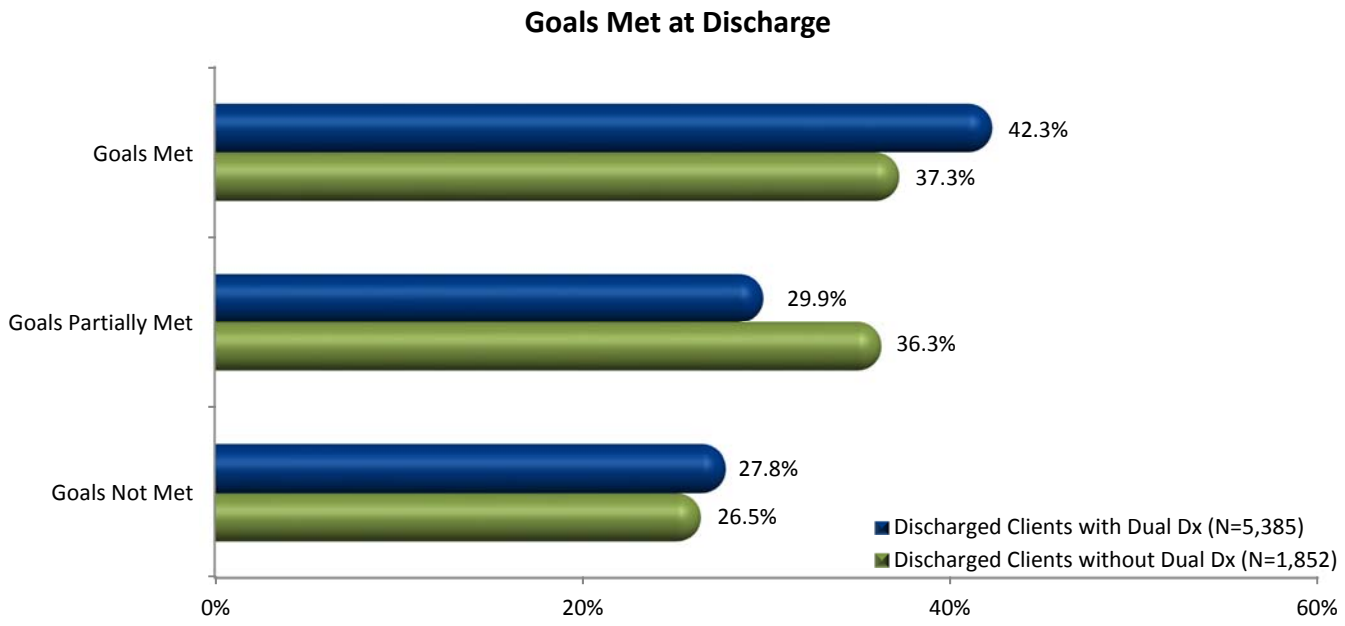
	Dual Diagnosis		No Dual Diagnosis	
Outpatient Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
ACT	423	515.7	73	676.4
Case Management	186	272.0	138	377.6
Case Management - Institutional	139	404.3	153	527.4
Case Management - Strengths	251	220.4	268	242.8
Case Management - Transitional	387	19.3	186	15.4
Fee for Service	3,220	128.6	3,738	392.4
Outpatient	5,519	179.1	3,679	132.2
Prevention	1	240.0	9	142.6
Emergency/Crisis Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Crisis Outpatient	3,472	1.0	879	1.0
Crisis Stabilization	2,807	1.0	1,001	1.1
PERT	2,786	1.0	4,906	1.1
	Clients (duplicated)	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Crisis Residential	1,845	9.4	353	9.3
Forensic Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Jail	7,083	37.2	2,174	35.8
24 Hour Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Edgemoor	3	687.8	20	376.4
Long Term Care	36	54.9	25	70.2
LTC - Institutional	134	102.3	68	121.9
LTC - Residential	5	221.4	2	121.9
Residential	15	151.4	7	113.7
Inpatient Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Inpatient - County	1,013	7.2	264	11.9
Inpatient - FFS	2,603	8.8	1,810	9.7
State Hospital	3	1,578.3	2	329.0

NOTE: Clients may have had multiple discharges across levels of care in the fiscal year

AVERAGE LENGTH OF SERVICE BY LEVEL OF CARE

ALOS was calculated for MHS clients who closed a service episode during the fiscal year, had more than one service contact, and received a service within 30 days of the close date. Clients may have had multiple discharges across levels of care in the fiscal year. ALOS for MHS adult clients receiving Emergency/Crisis services were similar for clients both with and without a dual diagnosis. ALOS was notably longer for clients with a dual diagnosis in Prevention (240.0 versus 142.6 days), Edgemoor (687.8 versus 376.4 days), and the State Hospital (1,578.3 versus 329.0 days), compared to those without a SUD. In contrast, ALOS was notably shorter for clients with a dual diagnosis compared with those without a SUD in the following LOCs: ACT (515.7 versus 676.4 days), Case Management (272.0 versus 377.6 days), Institutional Case Management (404.3 versus 527.4 days), FFS (128.6 versus 392.4 days), and Jail (37.2 versus 335.8 days).

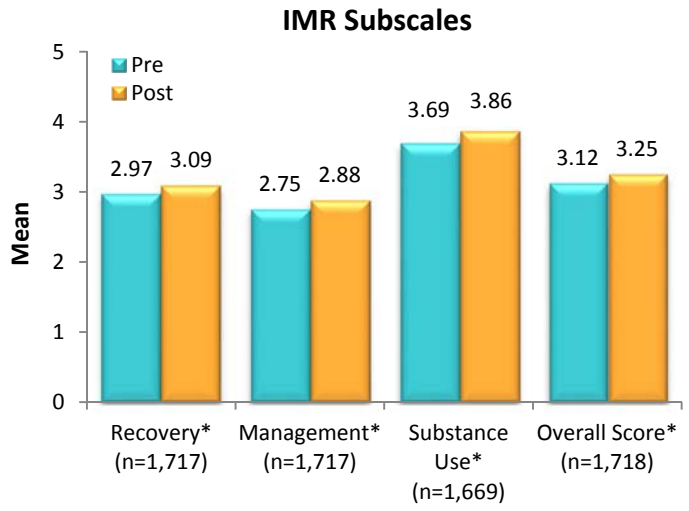
Goals Met at Discharge for MHS Clients: Adult/Older Adult, FY 2017-18



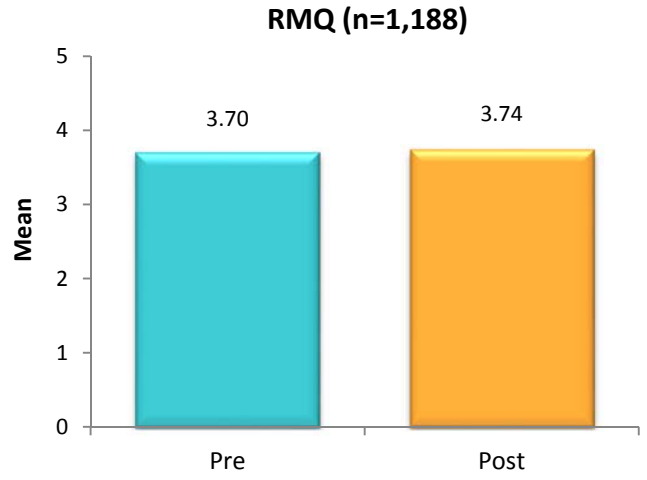
GOALS MET AT DISCHARGE

At discharge, clinicians report whether goals were met, not met, or partially met. Clients may have more than one discharge during the fiscal year. A slightly larger proportion of MHS adult clients discharged during FY 2017-18 with a dual diagnosis met their treatment goals (42.3%), compared to clients discharged without a dual diagnosis (37.3%). In contrast, a smaller proportion of MHS adult clients discharged during the fiscal year with a dual diagnosis partially met their goals at discharge (29.9%), compared to those without a dual diagnosis (36.3%). Similar proportions of MHS adult clients with and without a dual diagnosis did not met their treatment goals (27.8% and 26.5%, respectively).

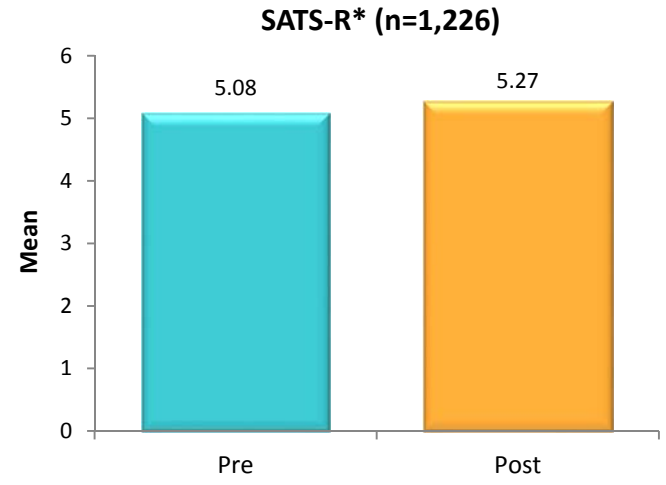
Outcomes Measures for MHS Adults with Dual Diagnosis, FY 2017-18



- On the clinician-rated **Illness Management and Recovery (IMR)** scale, MHS adult clients with a dual diagnosis had significant improvement in recovery as indicated by a statistically significant increase in average scores on three subscales (Recovery, Management, Substance Use), and on the Overall IMR Score from previous assessment to follow-up assessment.



- On the client-rated **Recovery Markers Questionnaire (RMQ)** scale, MHS adult clients with a dual diagnosis had a slight increase in the overall average score from precious assessment to follow-up assessment, indicating slightly improved perceptions of recovery.



- On the **Substance Abuse Treatment Scale-Revised (SATS-R)**, MHS adult clients with a dual diagnosis had an increase in the overall average score from previous assessment to follow-up assessment, indicating greater recovery. At the end of FY 2017-18 use of the SATS-R was discontinued in the County of San Diego BHS SOC. As of FY 2018-19, the IMR Substance Use subscale is the primary method of reporting the impact of substance use on functioning within the AOA SOC.

**Statistically significant from Pre- to Post- assessment, p<.001*

SECTION V: Adult/Older Adult Clients with Co-occurring Disorder in the Substance Use Disorder (SUD) System of Care

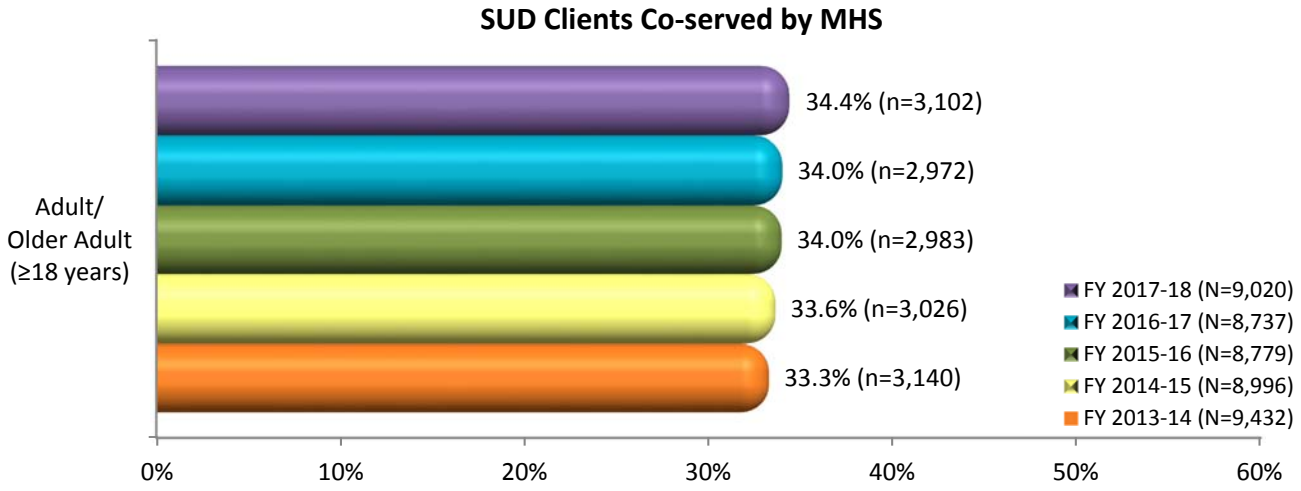
Adult clients ages 18 and older were considered co-occurring if they had a discharge from Substance Use Disorder (SUD) services in FY 2017-18 and a mental health diagnosis in Cerner, OR **self report** of any of the following at intake or discharge SUD assessment:

1) Mental illness diagnosis
2) Mental health medication in the last 30 days
3) Any 24-hour psychiatric facility stays in the last 30 days
4) Any outpatient emergency mental health services in the last 30 days

Methodology for the identification of co-occurring disorder in the SUD system changed in FY 2017-18. Data from previous years may not be directly comparable.

Adult outcomes in SUD came from the SanWITS data entry system and were chosen because of the specific changes that are expected after receiving SUD services. SUD outcomes focus on the use of emergency services and criminal justice involvement, while County MHS outcomes focus on functioning and recovery.

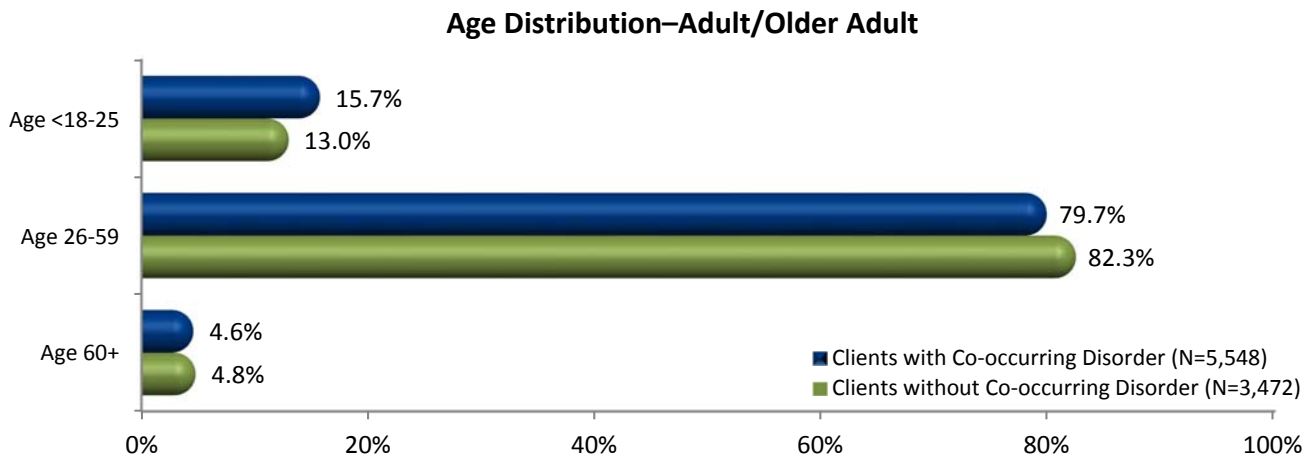
Rates of Co-served Clients in San Diego County, 2013—2018

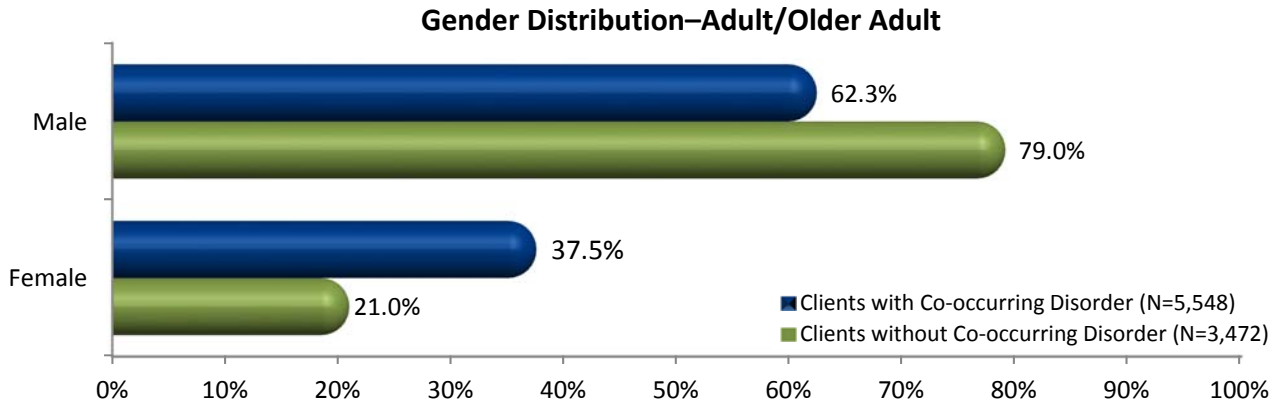


CO-SERVED CLIENTS

Clients receiving services from SUD were considered to be **co-served** if they discharged from SUD and also received services from the County Mental Health System (MHS) in the same fiscal year. The proportion of SUD adult clients receiving both SUD treatment and mental health services from BHS in San Diego County increased slightly from FY 2013-14 to FY 2017-18 (33.3% to 34.4%).

Age and Gender of SUD Clients: Adult/Older Adult, FY 2017-18





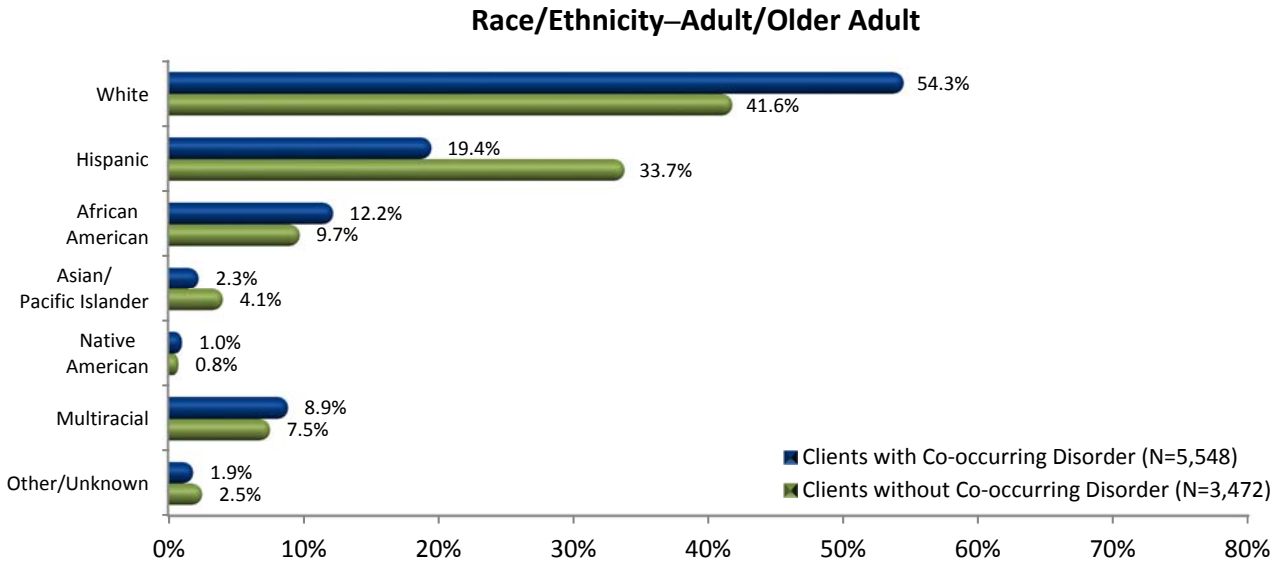
AGE

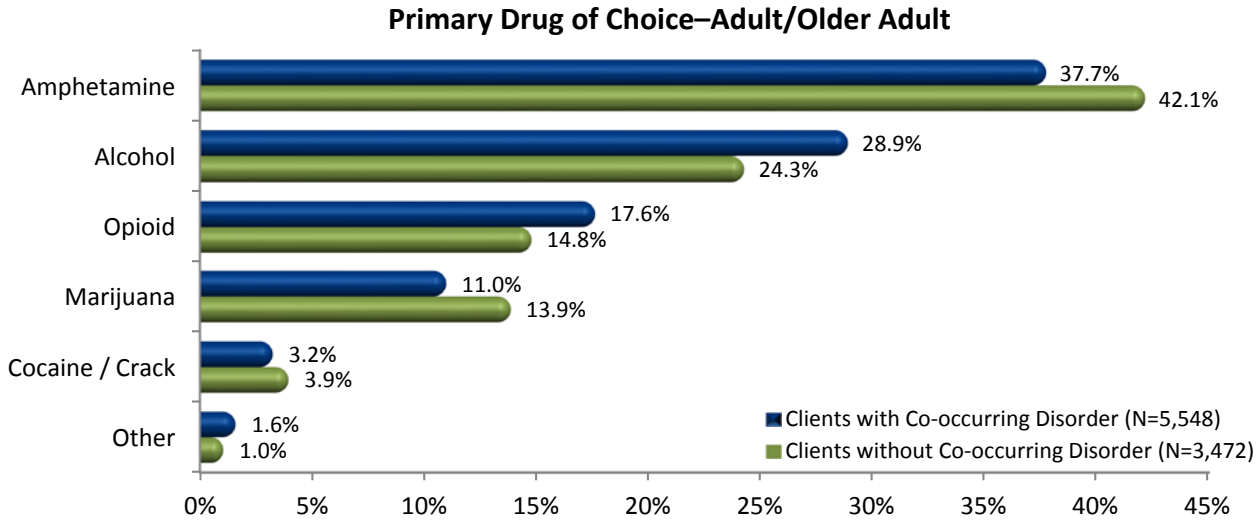
Overall, the age distribution for SUD adult clients during FY 2017-18 is similar for clients with and without co-occurring mental health concerns, although the proportion of clients between the ages of less than 18 and 25 with a co-occurring mental health concern was slightly larger (12.3%) than the proportion of clients without a co-occurring mental health concern (9.9%) in this age group. In contrast, the proportion of SUD clients with a co-occurring mental health concern was slightly smaller than the proportion without a co-occurring mental health concern among SUD clients between the ages of 26 and 59 years of age (79.7% versus 82.3%, respectively).

GENDER

During FY 2017-18, a smaller proportion of SUD clients with a co-occurring mental health concern were male (62.3%) compared to those without a co-occurring mental health concern (79.0%).

Race/Ethnicity and Drug of Choice of SUD Clients: Adult/Older Adult, FY 2017-18





RACE/ETHNICITY

Compared to SUD adult clients without a co-occurring mental health concern, a larger proportion of clients with a co-occurring mental health concern were White (54.3% versus 41.6%) and slightly larger proportions were African American (12.2% versus 9.7%) and Multiracial (8.9% versus 7.5%) during FY 2017-18. In contrast, a smaller proportion of SUD adult clients with a co-occurring mental health concern were Hispanic (19.4%) compared to those without a co-occurring mental health concern (33.7%) during the fiscal year.

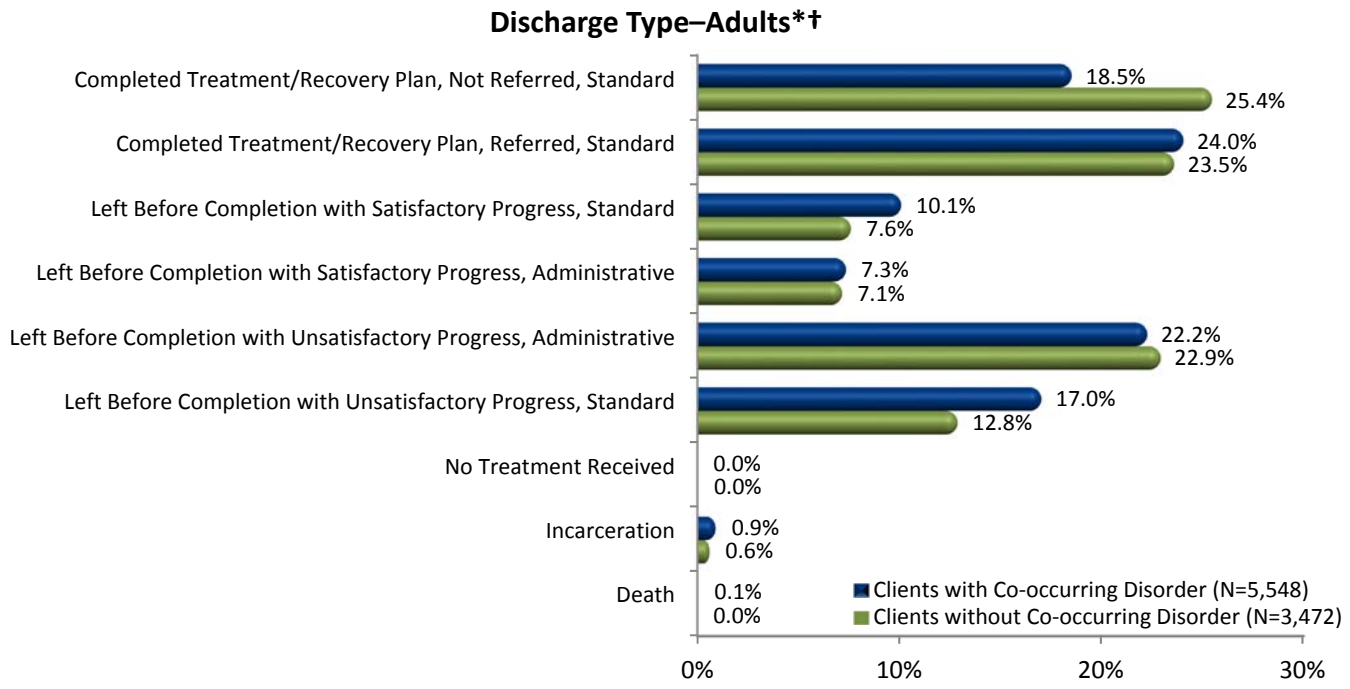
PRIMARY DRUG OF CHOICE

During FY 2017-18, slightly larger proportions of SUD adult clients with a co-occurring mental health concern reported a drug of choice of alcohol (28.9%) or opioids (17.6%) compared to those without a co-occurring mental health concern (24.3% and 14.8%, respectively). Adult SUD clients with a co-occurring mental health disorder were less likely to report amphetamines (37.7%) and marijuana (11.0%) as their primary drug of choice compared to those without a co-occurring mental health concern (42.1% and 13.9%, respectively) during the fiscal year.

Modality and Length of Service for SUD Clients: Adult/Older Adult, FY 2017-18

SUD Modality	Dual Diagnosis			No Dual Diagnosis		
	Clients (duplicated)	Admissions	ALOS (days)	Clients (duplicated)	Admissions	ALOS (days)
Outpatient	2,049	2,114	84.5	1,759	1,855	87.1
Residential	3,438	4,990	59.3	1,647	2,351	61.6

Discharge Type for SUD Clients: Adult/Older Adult



**Standard discharge indicates client was available for discharge interview.*
†Administrative discharge indicates client was not available for discharge interview.

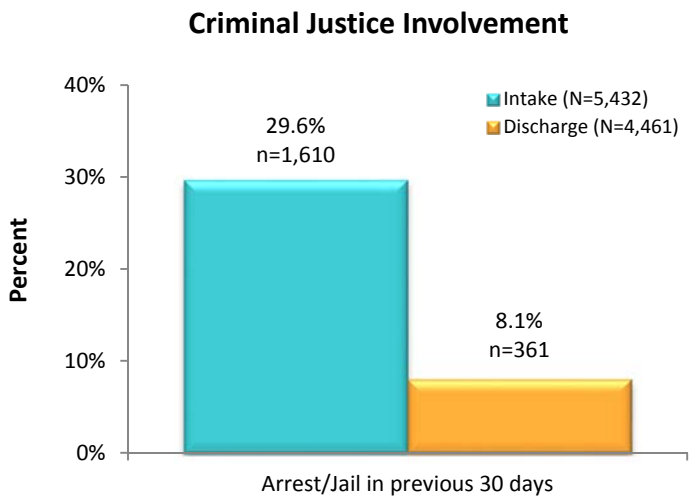
MODALITY AND ALOS

Modality and ALOS were measured for all admissions connected to a discharge in the fiscal year. Clients may have discharged more than once during the fiscal year. ALOS for SUD adult clients with and without a co-occurring mental health concern were similar for both Outpatient and Residential programs, although SUD clients with a mental health concern had slightly shorter average stays at each modality during FY 2017-18 compared to those without a mental health concern (Outpatient, 84.5 versus 87.1 days; Residential 59.3 versus 61.6 days).

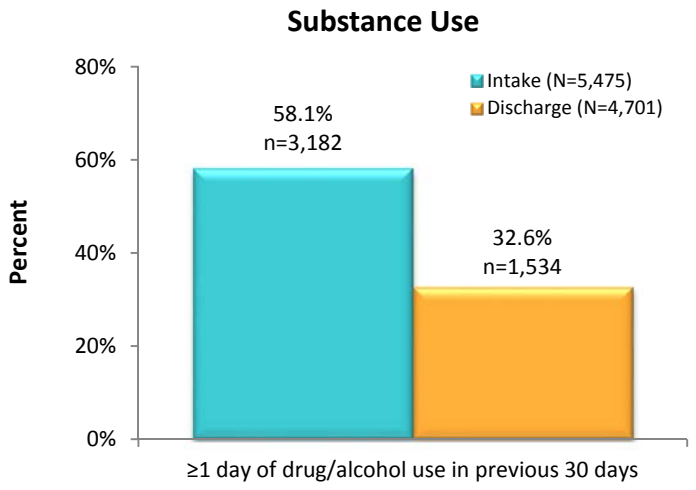
SUCCESSFUL DISCHARGE

During FY 2017-18, SUD adult clients with and without a co-occurring mental health concern had similar rates of discharges with the following discharge dispositions: 1) Completed treatment/recovery plan, referred, standard, 2) Left before completion with satisfactory progress, administrative, and 3) Left before completion with unsatisfactory progress, administrative. Compared to SUD adult clients without a co-occurring mental health concern during FY 2017-18, clients with a co-occurring mental health concern were more likely to be discharged from a program with a discharge disposition of 1) Left before completion with unsatisfactory progress, standard (17.0% versus 12.8%), and 2) Left before completion with satisfactory progress, standard (10.1% versus 7.6%). Adult SUD clients with a mental health concern were less likely than those without a concern to be discharged with a disposition of Completed treatment/recovery plan, not referred, standard (18.5% versus 25.4%).

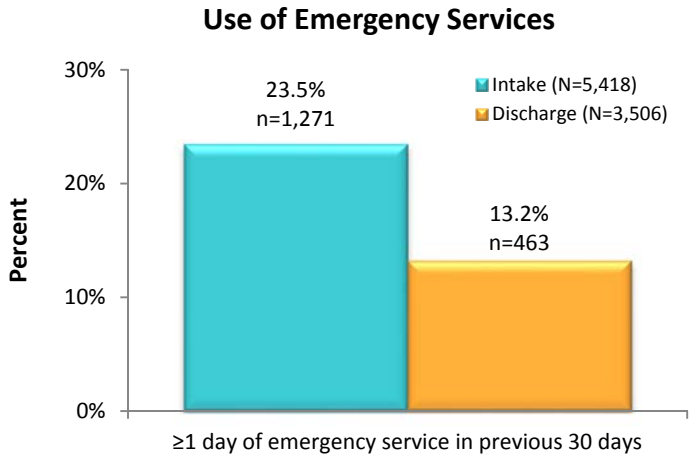
Outcomes Measures for SUD Adults with Co-occurring Disorder, FY 2017-18



- **Criminal Justice Involvement** – Client involvement with criminal justice was determined by affirmative responses to questions regarding arrests, days in jail, and days in prison within the previous 30-day period. For discharged adult SUD clients with a co-occurring mental health concern and both intake and discharge data for these questions, the proportion of clients with any arrest in the previous 30 days decreased by more than two-thirds from 29.6% to 8.1%.

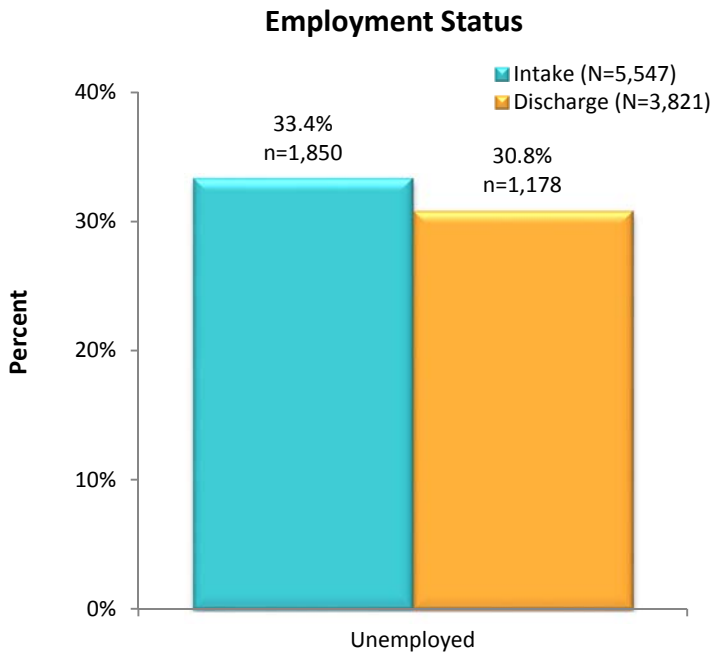


- **Substance Use** – Client substance use was determined by affirmative responses to questions regarding alcohol and drug use within the previous 30-day period. For discharged adult SUD clients with a co-occurring mental health concern and both intake and discharge data for these questions, the proportion of SUD service recipients with one or more days of drug or alcohol use in the previous 30 days decreased by almost half from 58.1% to 32.6%.

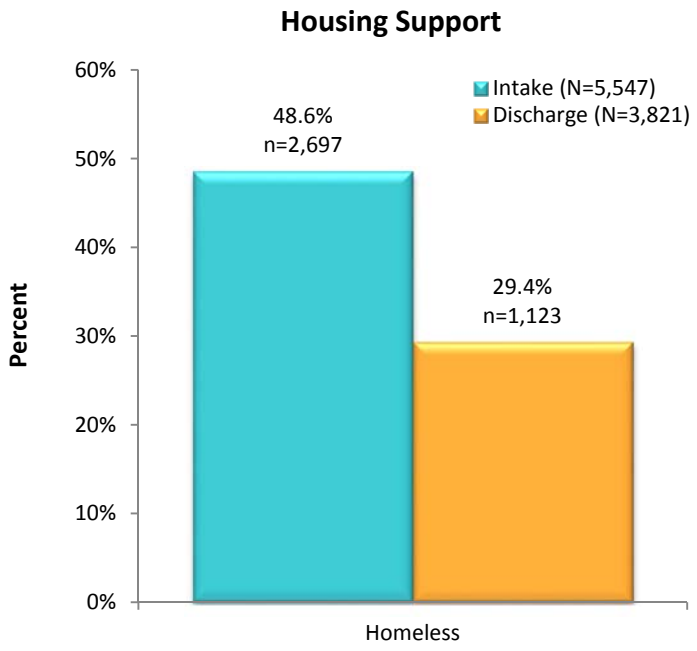


- **Use of Emergency Services** – Client use of emergency services was determined by affirmative responses to questions regarding emergency room visits, overnight hospital stays, and emergency mental health service use within the previous 30-day period. For discharged adult SUD clients with a co-occurring mental health concern and both intake and discharge data for these questions, the proportion of SUD service recipients requiring 1 or more days of emergency services in the previous 30 days decreased by almost half from 23.5% to 13.2%.

Outcomes Measures for SUD Adults with Co-occurring Disorder, FY 2017-18 (cont.)



- Employment Status – For discharged adult SUD clients with a co-occurring mental health concern and both intake and discharge data for these questions, average unemployment rates decreased slightly from 33.4% to 30.8%.



- **Housing Support** – For discharged adult SUD clients with a co-occurring mental health concern and both intake and discharge data for these question, the proportion of homelessness decreased from 48.6% to 29.4%.

SECTION VI: FY 2017-18 AOA Trends and Conclusions

TRENDS

1. **Age:** Compared to FY 2013-14 there were larger discrepancies between the number of MHS adult clients served with and without a dual diagnosis in the <18-25 years and 26-59 years age groups during FY 2017-18. The proportion of MHS adult clients age 60 years and older with a dual diagnosis relative to the proportion of MHS clients without a SUD in FY 2017-18 was similar to FY 2013-14. Considering SUD clients, during FY 2017-18 there was a greater proportion of SUD clients in the youngest age group with a co-occurring mental health concern than without a SUD. This trend was reversed in FY 2013-14. The proportions of adult SUD clients both with and without a co-occurring mental health concern that were age 60 years or older almost doubled in FY 2017-18 compared to FY 2013-14.
2. **Gender:** During FY 2017-18, the proportions of adult male clients in both the MHS and SUD systems with and without a co-occurring disorder were similar to those observed during FY 2013-14.
3. **Race/Ethnicity:** Compared to FY 2013-14, in FY 2017-18 there was a slight increase in the proportion of Hispanic MHS clients with a dual diagnosis served, and a decrease in the proportion of White MHS clients with a SUD served. Among SUD clients, proportions of Hispanic and Multiracial SUD clients both with and without a co-occurring mental health concern increased during FY 2017-18 compared to FY 2013-14.
4. **Drug of Choice:** Compared to FY 2013-14, larger proportions of MHS adult clients served during FY 2017-18 with a dual diagnosis reported that alcohol, marijuana/cannabis, or an opioid was their primary drug of choice. Smaller proportions of MHS clients with a dual diagnosis reported that an amphetamine, or polysubstance use was their primary drug of choice during FY 2017-18 compared to FY 2013-14. In FY 2013-14, alcohol and amphetamines were the two most preferred primary drugs among this client population. In FY 2017-18, alcohol and cannabis were the two most preferred primary drugs of choice. Among SUD adult clients, percentage distributions for primary drug of choice remained relatively consistent in FY 2017-18 compared to FY 2013-14.
5. **Outcomes:** Overall, in FY 2017-18 there continued to be positive outcome trends for MHS adult clients with a dual diagnosis as measured by significant improvements on clinician-rated measures of recovery (IMR) and Substance Abuse (SATS-R), and slight improvements on a client-rated measure of perceived recovery (RMQ). Positive outcomes trends for SUD adult clients with a co-occurring mental health concern were also observed during FY 2017-18 as evidenced by decreased criminal justice involvement, substance use, and use of emergency services from intake to discharge.

SECTION VI: FY 2017-18 AOA Trends and Conclusions (cont.)

CONCLUSIONS

- The five-year trends displayed in this report highlight increasing proportions of adult clients with dual diagnosis and mental health concerns in both the MHS and SUD SOCs. Additional specialized services for clients with co-occurring disorders or strengthened cross-system collaboration to serve these clients may be needed as this population continues to grow.
- Among SUD clients, there was increase in the proportion of Hispanic and Multiracial clients served during FY 2017-18 compared to FY 2013-14, but this increase was observed for both clients with and without a co-occurring mental health concern.
- It was also noted that larger proportions of adult clients with primary mental health diagnoses of schizophrenia/other psychotic disorders and bipolar disorders had a dual diagnosis compared to adult clients with other mental health diagnoses.
- Alcohol and amphetamines were the two most preferred drugs of choice for adult clients with a co-occurring disorder in both the MHS and SUD systems during FY 2013-14. Among SUD adult clients with a co-occurring mental health concern during FY 2017-18 these two substances were still the two most preferred drugs of choice while MHS adult clients with a dual diagnosis preferred alcohol and cannabis in FY 2017-18.
- On average, adult clients with co-occurring mental health concerns and SUDs demonstrated improvement on all outcome measures recorded in both the MHS and SUD systems during FY 2017-18.

The Health Services Research Center (HSRC) at University of California, San Diego is a non-profit research organization within the Department of Family Medicine and Public Health. HSRC works in collaboration with the Quality Improvement and Performance Team of the County of San Diego Behavioral Health Services to evaluate and improve behavioral health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life.