

# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

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## Adult and Older Adult (AOA) Behavioral Health Services Systemwide Annual Report: Fiscal Year 2018-2019

*Report prepared by:*



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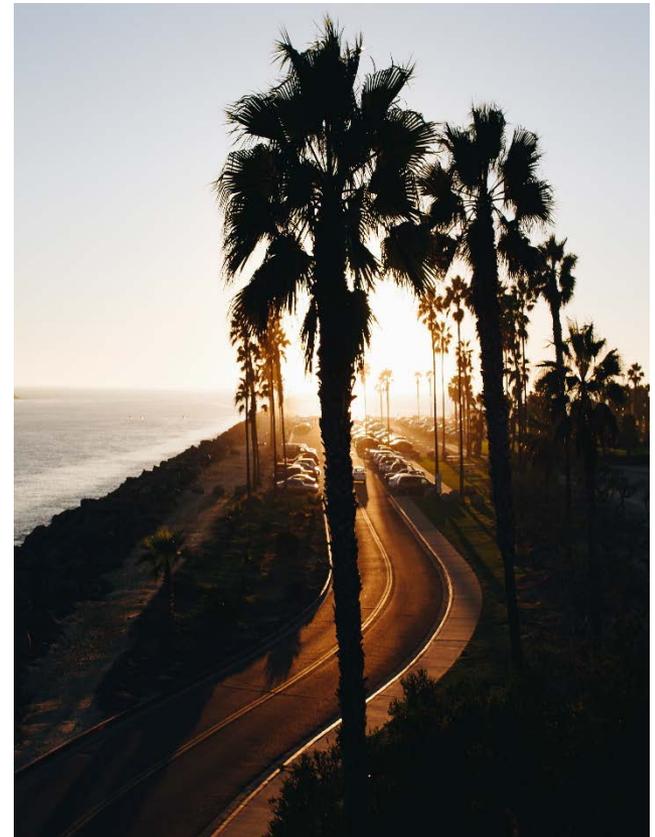
# Introduction

## Overview

- This report summarizes cumulative system and clinical outcomes for transition age youth (TAY), adults, and older adults (OA) served by the County of San Diego Adult and Older Adult Behavioral Health Services (AOABHS) during Fiscal Year 2018-19 (July 2018 – June 2019).
- AOABHS primarily serves individuals aged 18 years or older with severe, persistent mental health needs, or those experiencing a mental health crisis.

### The County of San Diego Adult and Older Adult Behavioral Health Services delivered services through a wide variety of program types in FY 2018-19 including:

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



# Key Findings

## All AOABHS Clients

- During FY 2018-19, San Diego County Behavioral Health Services (SDCBHS) delivered mental health services to 43,265 adults, TAY, and older adults, which was a decrease from 43,721 clients served by AOABHS in FY 2017-18.
- The number and proportion of AOABHS clients with a dual diagnosis (severe mental illness and substance use disorder) has gradually increased each year from FY 2014-15 to FY 2018-19 (49% to 55%). This marks an increase of 12% in the number of clients with a dual diagnosis from FY 2014-15 to FY 2018-19 (17,741 to 19,800 clients).
- The number of AOABHS clients served in FY 2018-19 with an uninsured/unknown insurance decreased by 5% from FY 2017-18 (5,952 to 5,663).
- Similar to previous fiscal years, the most common diagnoses among AOABHS clients served during FY 2018-19 were schizophrenia and other psychotic disorders (41%), followed by depressive disorders (22%), and bipolar disorders (21%).
- The number of Assertive Community Treatment (ACT) services increased during FY 2018-19, as there were 12,582 more AOA ACT visits (10% increase) and 308 more clients served by ACT programs (12% increase) during FY 2018-19, compared to FY 2017-18.
- Utilization of PERT services among AOA clients increased during FY 2018-19, as there were 1,271 more PERT visits (13% increase) and 987 more AOA clients (13% increase) who received PERT services during FY 2018-19, compared to FY 2017-18.

# Key Findings

## All AOABHS Clients

- The proportion of clients who entered the AOABHS SOC through emergency/crisis services during FY 2018-19 increased from FY 2017-18 (41% to 49%), continuing the upward trend observed during FY 2016-17 when the number of AOA clients entering the SOC increased by 26% (3,425 to 4,325 clients), compared to the previous fiscal year.
- A total of 54,454 emergency/crisis services were used by 16,012 clients during FY 2018-19, representing over one-third (37%) of AOA clients served by SDCBHS. This figure represents an increase of almost 22% in the number of AOABHS clients who received emergency/crisis services during FY 2018-19, compared to FY 2017-18 (13,158 clients).
- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2017-18, average wait times decreased from approximately 7 days to just 5 days in FY 2018-19. Average access times for mental health assessments remained consistent from FY 2017-18 to FY 2018-19, averaging just under 3 days.
- Similar to FY 2017-18, clinicians reported significant improvements in illness management, recovery, and substance use outcomes among AOA clients in FY 2018-19. Also, AOA clients self-reported significant improvement in their overall mental health status in FY 2018-19 via the Recovery Markers Questionnaire (RMQ) from pre to post assessment.
- The number of new admissions into the DUI program has continued to decline over the past three fiscal years (9,962 to 7,714). Also, fewer clients completed the DUI program in FY 2018-19 (5,836 clients) compared to FY 2016-17 (7,899 clients) and FY 2017-18 (6,382 clients).

# Key Findings

## Transition Age Youth (TAY) Clients

- During FY 2018-19, SDCBHS delivered mental health services to 7,943 TAY clients (age 18 to 25 years), comprising 18% of the AOA population served during FY 2018-19, and reflecting a slight increase of from the 7,923 TAY clients served by AOABHS in FY 2017-18.
- After an increase of 25% from FY 2016-17 to FY 2017-18 in the number of TAY clients younger than 18 served by AOABHS, this demographic increased by another 8% during FY 2018-19, relative to FY 2017-18 (1,391 clients in FY 2017-18 to 1,507 clients in FY 2018-19). These clients are reported as TAY because they received at least one AOABHS service during the fiscal year.
- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2018-19 were Hispanic (41% compared to 26%), and a smaller proportion were White (30% compared to 41%).
- Similar to observations from past fiscal years, the three most common diagnoses among TAY clients served during FY 2018-19 were schizophrenia and other psychotic disorders (29%), depressive disorders (27%), and bipolar disorders (23%), which comprise 79% (5,259 clients) of TAY clients with a valid diagnosis.
- During FY 2018-19 there was a substantial increase of Long Term Care (LTC)–Institutional days among TAY (9,858 days in FY 2018-19 compared to 5,597 days in FY 2017-18) with only 15 more total TAY clients in LTC-Institutional settings in FY 2018-19, compared to FY 2017-18 (32 clients).
- Utilization of urgent outpatient services among TAY clients increased during FY 2018-19, as the total urgent outpatient visits more than doubled with an increase of 1,442 more urgent outpatient visits and 720 more TAY clients (91% increase) who received urgent outpatient services during FY 2018-19, compared to FY 2017-18.
- Clinicians reported statistically significant improvements in the ability of TAY clients to manage symptoms, progress towards their recovery, and improvements in their overall Illness Management and Recovery (IMR) assessment scores.

# Key Findings

## Older Adult (OA) Clients

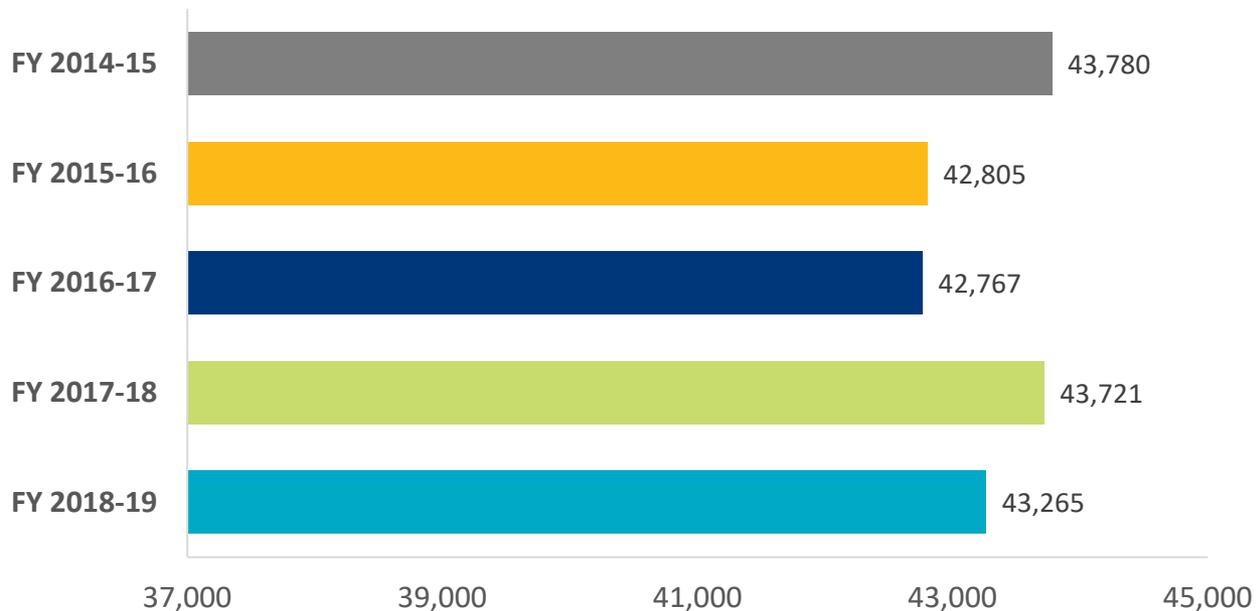
- During FY 2018-19, SDCBHS delivered mental health services to 6,364 older adults (age 60 years or older), comprising 15% of all AOA clients served during FY 2018-19, and reflecting an increase of 3% in the number of OA clients served by AOABHS compared to FY 2017-18.
- The number of OA clients served during FY 2018-19 that were between the ages of 70 and 79 years (1,157 clients) increased by almost 10%, compared to FY 2017-18 (1,051 clients).
- The most common diagnosis among OA clients served during FY 2018-19 was schizophrenia and other psychotic disorders (45%), followed by depressive disorders (26%), comprising almost three-quarters of OA clients with a valid diagnosis.
- In addition to a primary diagnosis, over one-third of OA clients (38%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2018-19. The proportion of OA clients with a dual diagnosis has consistently increased from FY 2015-16 to FY 2018-19 (30% to 38%).
- 1,910 OA clients served during FY 2018-19 had a history of trauma (30%), reflecting an increase of 10% compared to FY 2017-18. This finding continues a trend observed between FY 2016-17 and FY 2017-18. Since FY 2016-17, the number of OA clients served with a history of trauma increased by almost 27% (1,504 clients in FY 2016-17 compared to 1,910 clients in FY 2018-19).
- Utilization of urgent outpatient services among OA clients increased during FY 2018-19, as the total urgent outpatient visits more than doubled with an increase of 444 more urgent outpatient visits and 263 more OA clients (87% increase) who received urgent outpatient services during FY 2018-19, compared to FY 2017-18.
- Clinicians reported statistically significant improvements in the ability of OA clients to manage symptoms and improvements in their overall Illness Management and Recovery (IMR) assessment scores.

# Who are we serving?

## Total Number of All AOA Clients Served

- In FY 2018-19, mental health services were delivered to 43,265 adults, TAY, and older adults by the SDCBHS SOC.
- The number of clients decreased during FYs 2015-16 and 2016-17, compared to the number served during FY 2014-15. There was a decrease in the number of clients served during FY 2018-19 (43,265 clients) compared with the previous fiscal year (43,721 clients in FY 2017-18).

### Number of Clients Served by Fiscal Year

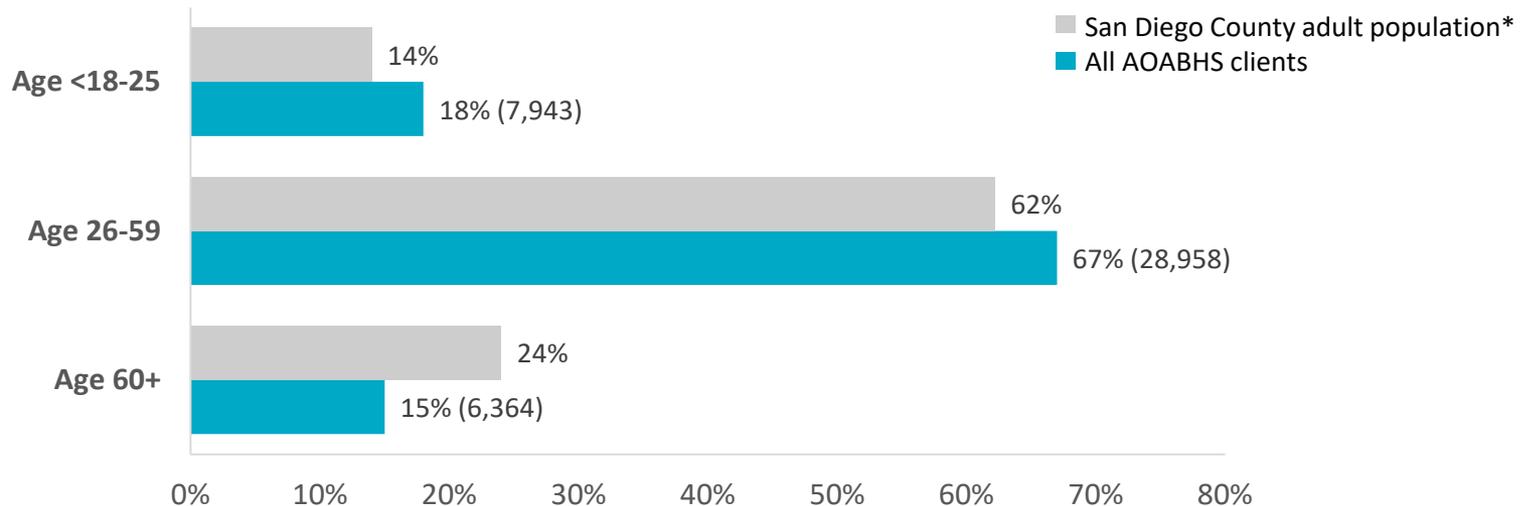


# Who are we serving?

## All AOA Clients: Age

- Compared to FY 2017-18, the proportion of clients served in each age group during FY 2018-19 was stable. The proportion of AOA clients <18 to 25 years of age remained the same (18%), and the proportion of clients between the ages of 26 - 59 years decreased by one percentage point (68% to 67%) along with the proportion of clients the age 60 years and above increased by one percentage point (14% to 15%).
- Similar to previous fiscal years, a much smaller proportion (15%) of AOABHS clients served during FY 2018-19 were older adults (ages 60+) compared to the estimated older adult population in San Diego County (24%).

### Age Distribution



\*Source: U.S. Census Bureau, 2018 American Community 5-Year Estimates Age and Sex (San Diego County population)

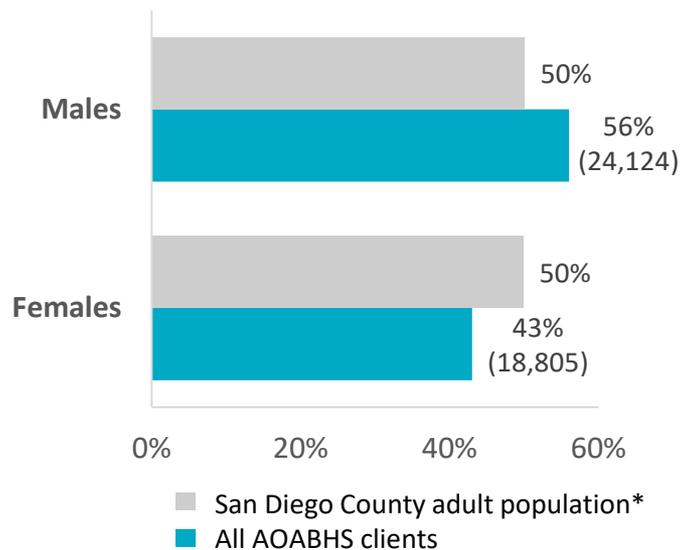
Note: San Diego County population estimates were not available for the CA mandated age categories. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-59, and age 60+.

# Who are we serving?

## All AOA Clients: Gender

- The proportion of males and females in the AOABHS client population has remained relatively stable over the last five fiscal years.
- Similar to past fiscal years, there was a greater proportion of males served by AOABHS in FY 2018-19 compared to the proportion of males in the overall San Diego County population (56% vs. 50%).

### Gender Distribution



AOABHS Gender	Fiscal Year					SD County Population
	2014-15	2015-16	2016-17	2017-18	2018-19	
Females	46%	46%	45%	45%	43%	50%
Males	53%	53%	54%	55%	56%	50%
Other/Unknown	< 1%	< 1%	< 1%	< 1%	1%	n/a**

\*Source: U.S. Census Bureau, 2018 American Community 5-Year Estimates Age and Sex (San Diego County population)

\*\*Rates of other/unknown genders were not available for the San Diego County adult population. In the AOABHS population, gender was reported as other/unknown for 336 clients in FY 2018-19 (1%).

# Who are we serving?

## All AOA Clients: Race/Ethnicity

- The proportion of White clients served by AOABHS has gradually decreased since FY 2014-15 (44% to 41%), while the proportion of Hispanic clients has gradually increased (22% to 26%).
- The proportion of African American, Asian, and Native American clients served by AOABHS has remained relatively stable since FY 2014-15.

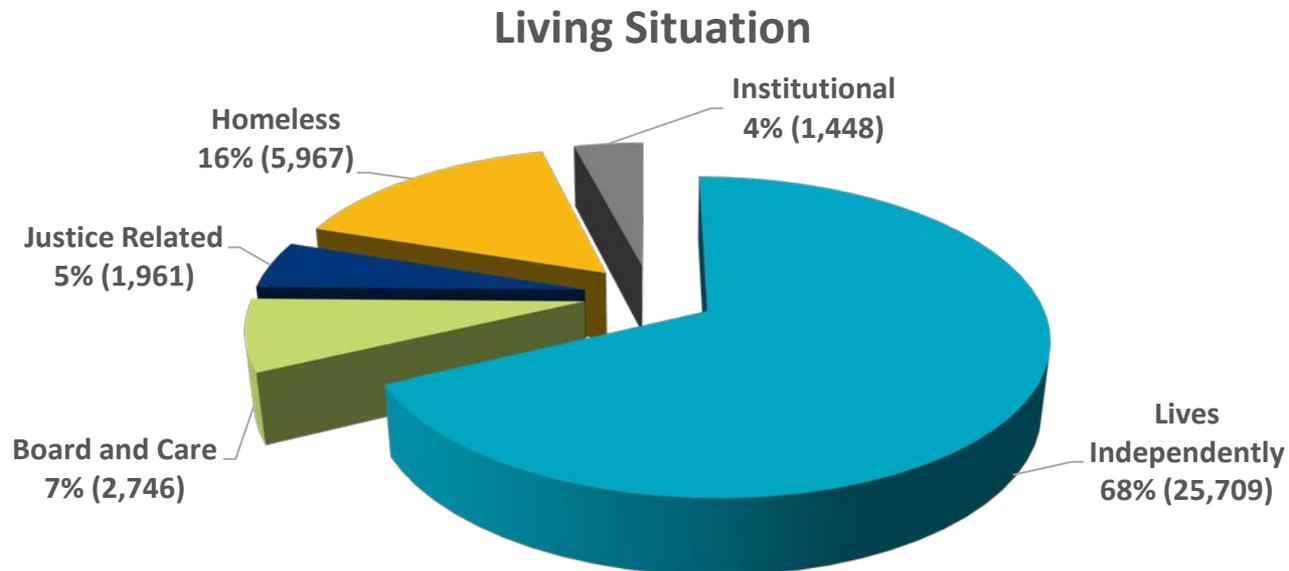
Race/Ethnicity	Fiscal Year					SD County Population*
	2014-15	2015-16	2016-17	2017-18	2018-19	
<b>White</b>	44%	43%	42%	42%	41%	46%
<b>Hispanic</b>	22%	23%	24%	25%	26%	34%
<b>African American</b>	12%	12%	12%	12%	12%	5%
<b>Asian</b>	5%	5%	5%	5%	5%	12%
<b>Native American</b>	1%	1%	1%	1%	1%	< 1%
<b>Other/Unknown</b>	16%	17%	15%	16%	14%	4%

\*Source: U.S. Census Bureau, 2014-2018 American Community 5-Year Estimates (San Diego County population)

# Who are we serving?

## All AOA Clients: Living Situation\*

- More than two-thirds (68%) of clients served in FY 2018-19 lived independently\*\*.
- After a roughly 8% increase from FY 2015-16 to FY 2016-17 (5,522 to 5,942), the number of clients served that were homeless remained relatively stable from FY 2016-17 to FY 2018-19 (5,942 to 5,967).
- The proportion of clients served during FY 2018-19 who were in board and care, justice-related, and institutional settings also remained stable from FY 2017-18.



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

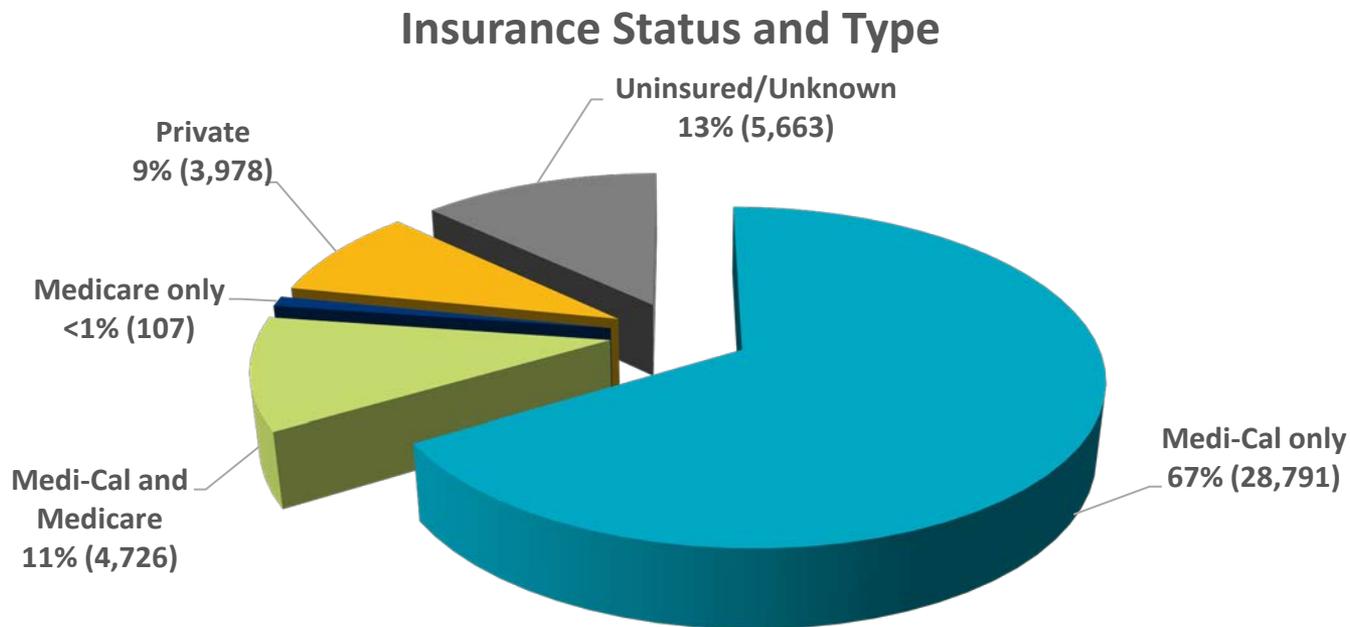
\*\*Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (n = 5,434) are excluded from the figure and percentages reported above.

# Who are we serving?

## All AOA Clients: Health Care Coverage

- The number of AOABHS clients served in FY 2018-19 with an uninsured/unknown insurance decreased by 5% from FY 2017-18 (5,952 to 5,663).
- Over three-quarters (78%) of clients served in FY 2018-19 were at least partially covered by Medi-Cal.

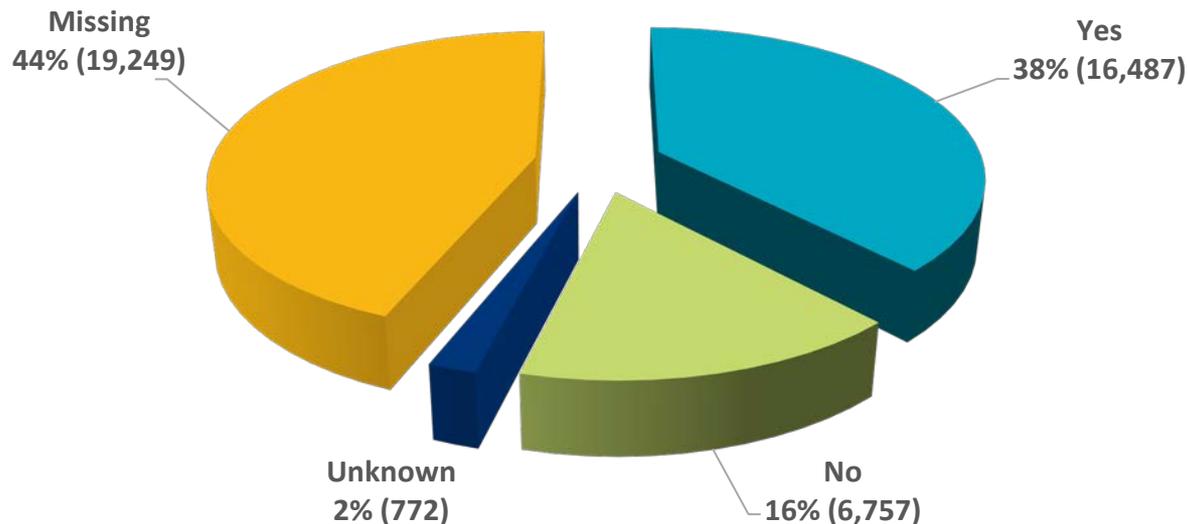


# Who are we serving?

## All AOA Clients: Primary Care Physician

- The proportion of AOABHS clients served in FY 2018-19 who had a primary care physician increased slightly from FY 2017-18 (36%).
- Note: Information about primary care physician was unavailable for almost half (44%) of AOABHS clients, which is a similar proportion as last fiscal year (46%).

### Primary Care Physician



# Who are we serving?

## All AOA Clients: Sexual Orientation

- The majority of AOA clients served during FY 2018-19 with sexual orientation information available identified as heterosexual (87%).
- Sexual orientation data were missing for 24,329 clients (56%), which is slightly less than was reported FY 2017-18 (57%).

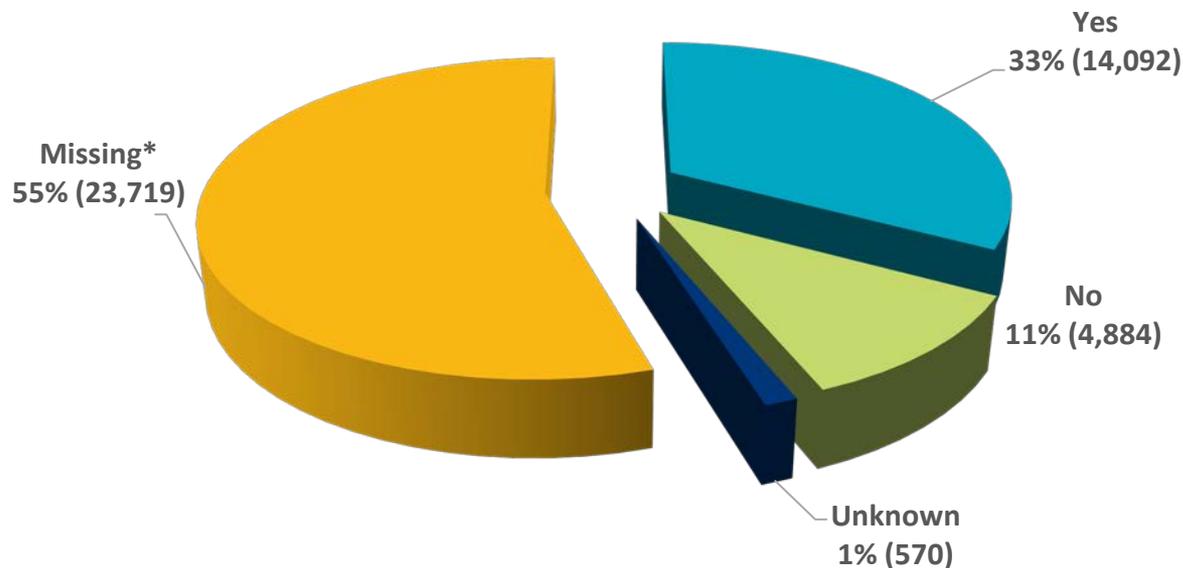
Sexual Orientation	Unique Clients	Percentage
Heterosexual	16,411	87%
Bisexual	1,027	5%
Gay male	416	2%
Lesbian	255	1%
Other	264	1%
Questioning	199	1%
Declined to state	364	2%
<b>Total (excluding missing)</b>	<b>18,936</b>	<b>100%</b>
Missing	24,329	56%

# Who are we serving?

## All AOA Clients: History of Trauma

- Almost one-third of AOABHS clients served in FY 2018-19 had a history of trauma (33%).
- Data was not available (missing) for more than half (55%) of the AOABHS population.

### History of Trauma

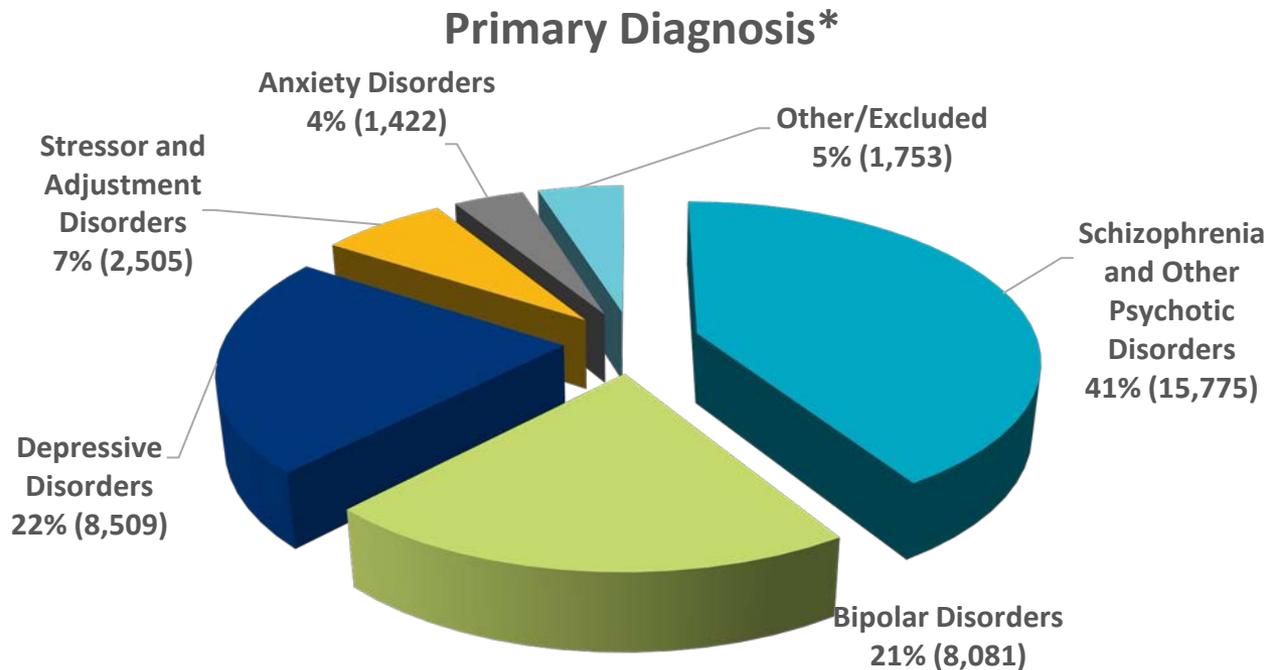


\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

# Who are we serving?

## All AOA Clients: Primary Diagnosis

- Similar to previous fiscal years, the most common diagnoses among AOABHS clients served during FY 2018-19 were schizophrenia and other psychotic disorders (41%), followed by depressive disorders (22%), and bipolar disorders (21%).
- Primary diagnosis was invalid or missing for 5,220 AOABHS clients served during FY 2018-19.



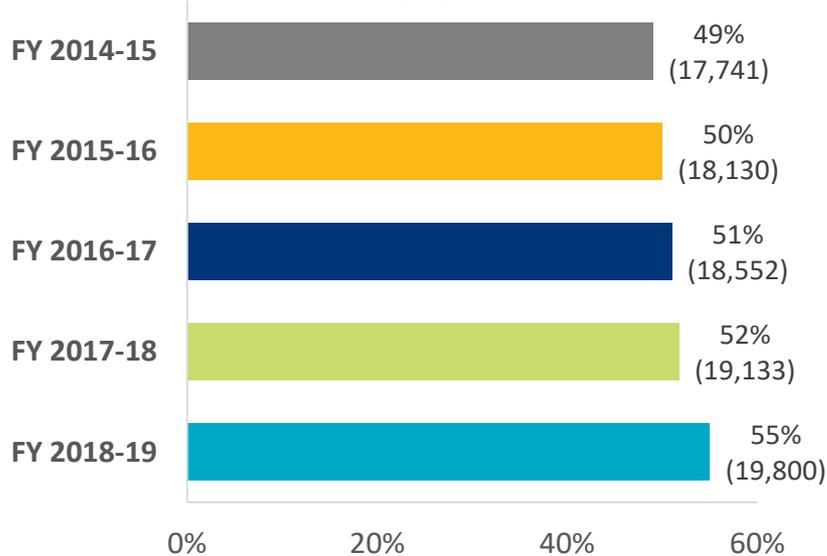
\*The graph and percentages reported above exclude invalid/missing values (n = 5,220).

# Who are we serving?

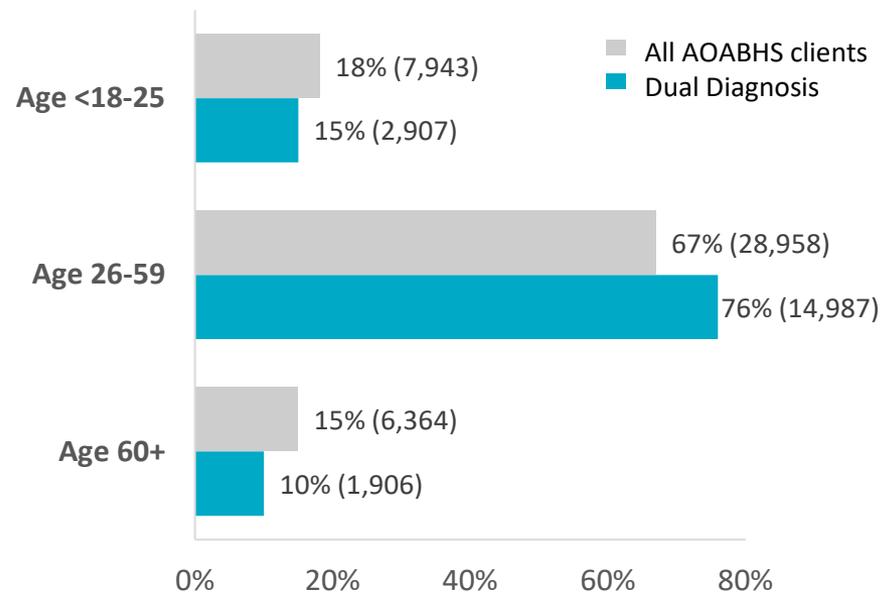
## All AOA Clients: Dual Diagnosis (Overall and by Age)

- In addition to a primary mental health diagnosis, over half of AOABHS clients served during FY 2018-19 (55%) had a dual diagnosis of mental illness and substance use disorder (SUD).
- The number and proportion of AOABHS clients with a dual diagnosis has gradually increased each year from FY 2014-15 to FY 2018-19 (49% to 55%). This marks an increase of 12% in the number of AOABHS clients with a dual diagnosis from FY 2014-15 to FY 2018-19 (17,741 to 19,800 clients).

### Clients with Dual Diagnosis Mental Illness and Substance Use Disorder



### Dual Diagnosis by Age

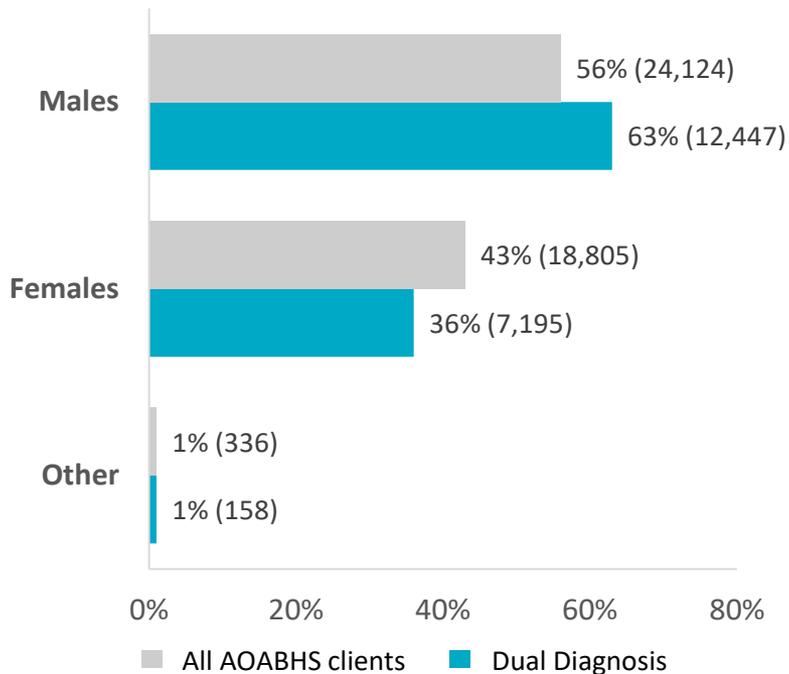


# Who are we serving?

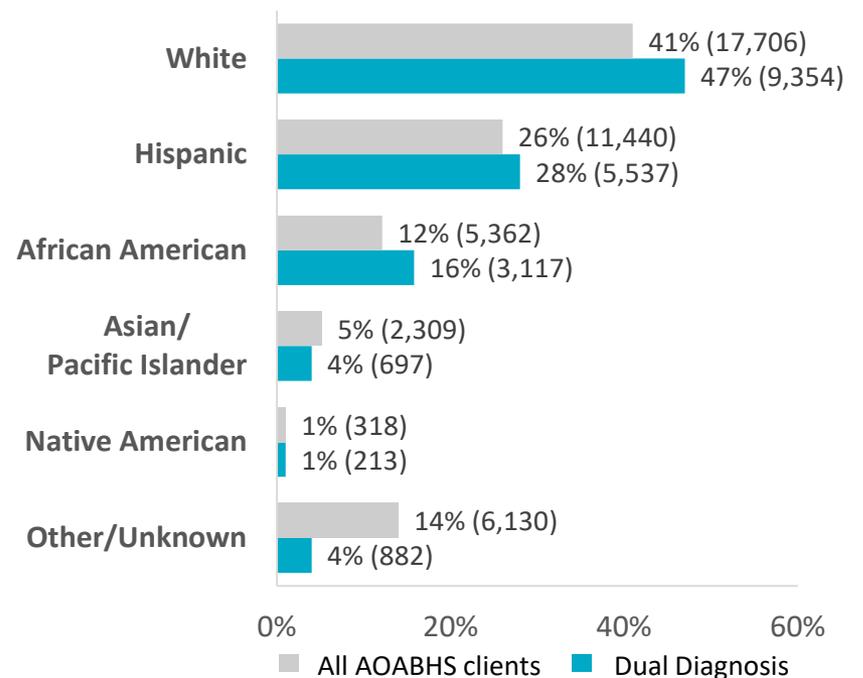
## All AOA Clients: Dual Diagnosis by Gender and Race/Ethnicity

- Almost two-thirds of AOA clients with a dual diagnosis mental illness and substance use disorder served during FY 2018-19 were male (63%).
- Slightly less than half of AOA clients with a dual diagnosis mental illness and substance use disorder served during FY 2018-19 were White (47%), and more than one-quarter were Hispanic (28%).

### Dual Diagnosis by Gender



### Dual Diagnosis by Race/Ethnicity

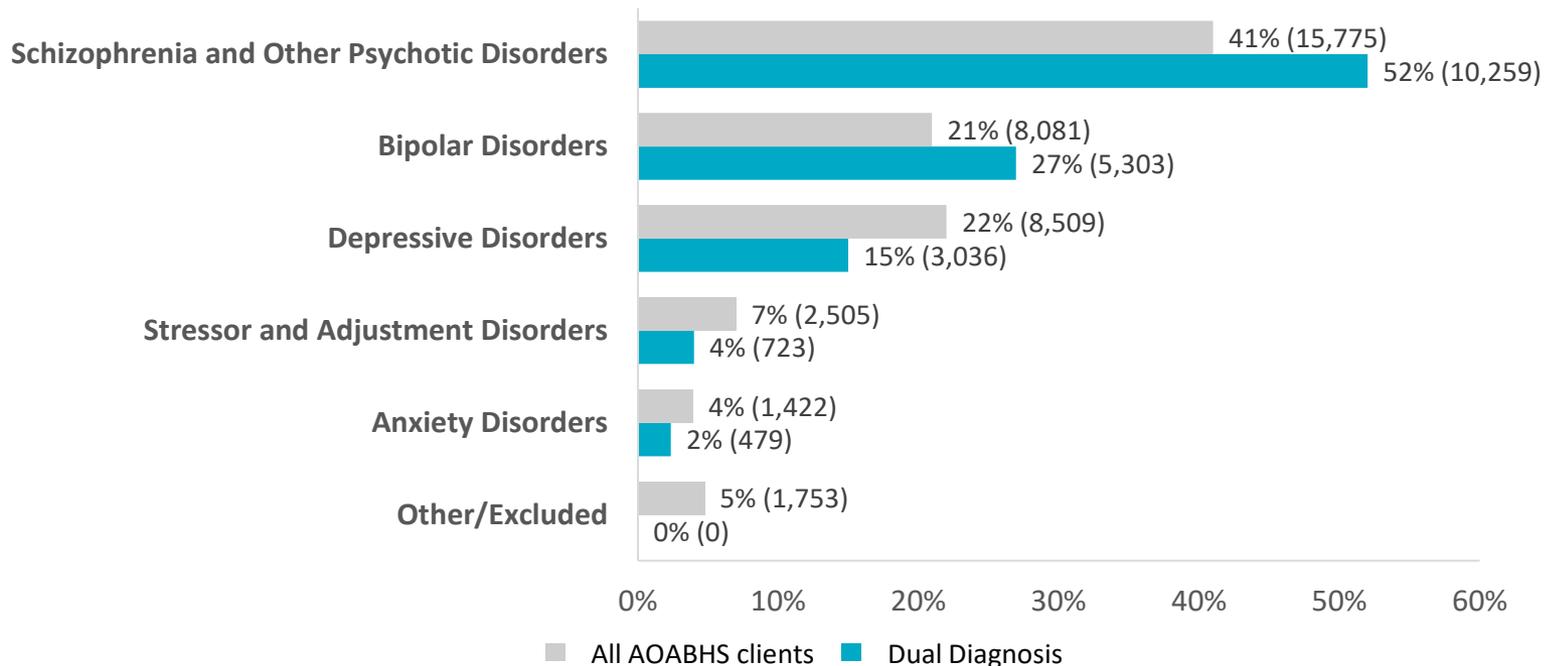


# Who are we serving?

## All AOA Clients: Dual Diagnosis by Primary Diagnosis

- More than half of AOA clients served during FY 2018-19 with a co-occurring mental illness and substance use disorder had been diagnosed with schizophrenia or another psychotic disorder (52%).
- More than one-quarter of AOA clients served during FY 2018-19 with a dual diagnosis had been diagnosed with a bipolar disorder (27%).

### Dual Diagnosis by Primary Diagnosis\*



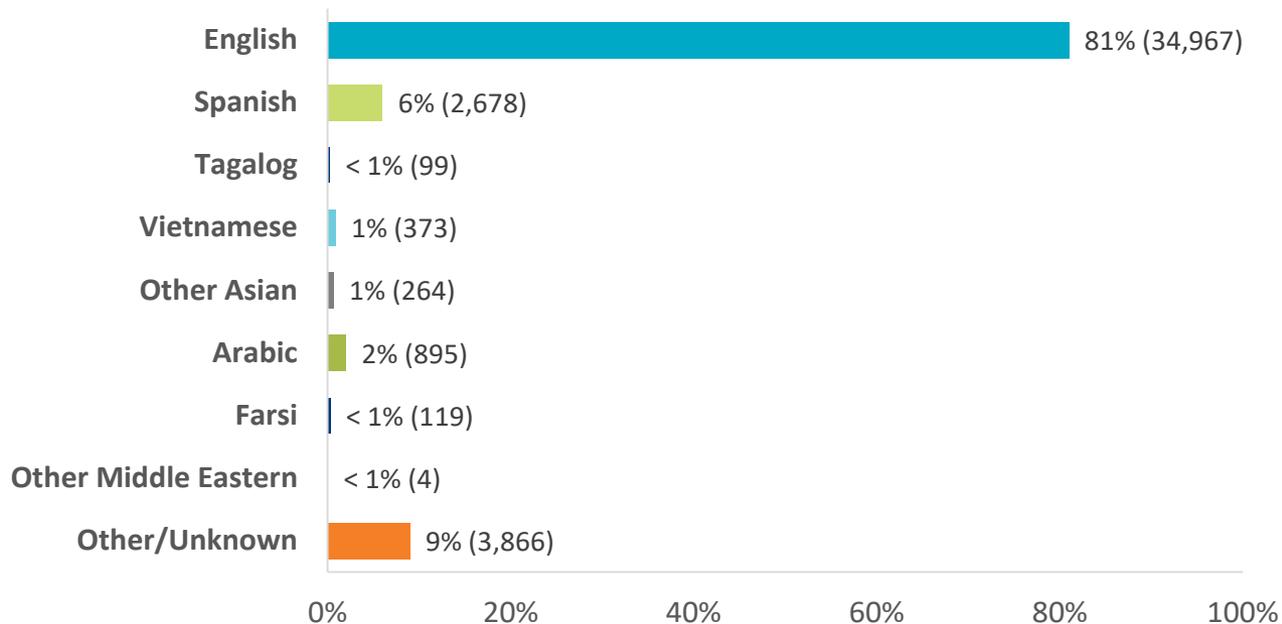
\*The graph and percentages reported above exclude invalid/missing values for AOA, n = 5,220).

# Who are we serving?

## All AOA Clients: Primary Language

- AOABHS services are available in many languages, including the six threshold languages in San Diego County: English, Spanish, Tagalog, Vietnamese, Arabic, and Farsi.
- The proportion of clients preferring each language in FY 2018-19 remained stable from FY 2017-18. More than four-fifths (81%) of clients preferred services in English. The second most common preferred language was Spanish (6%).

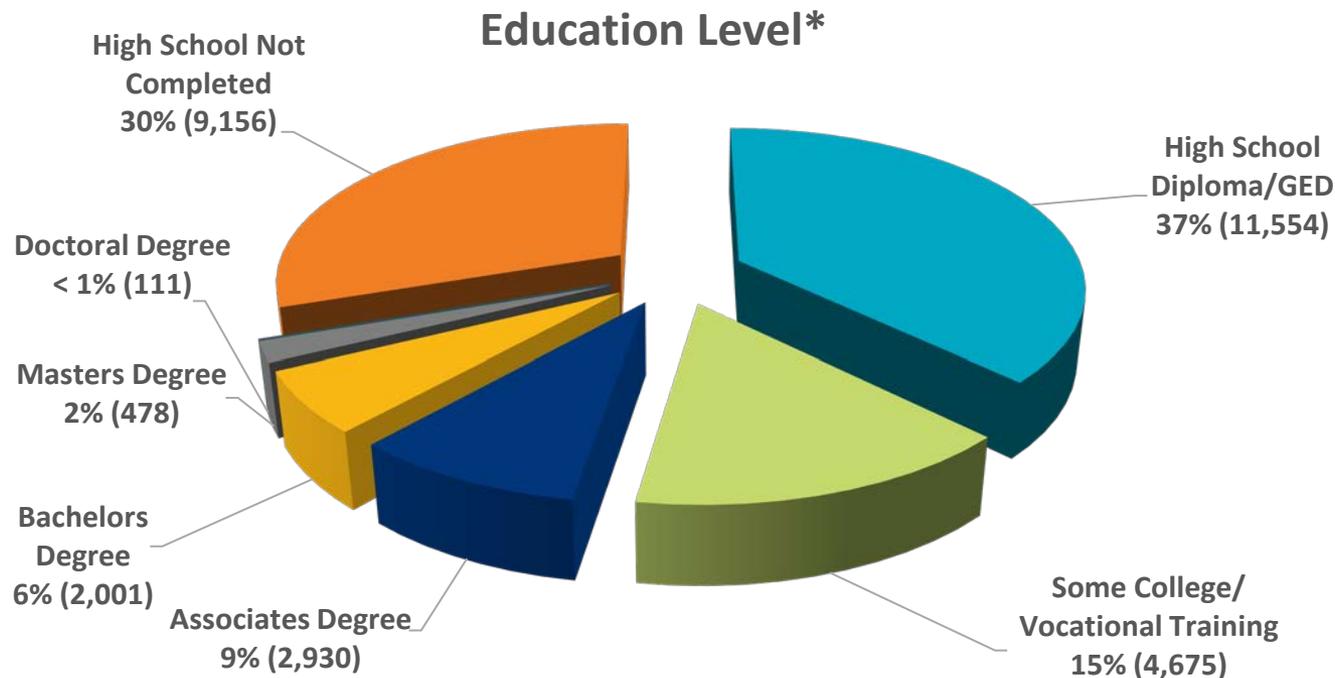
### Preferred Language



# Who are we serving?

## All AOA Clients: Education Level

- Overall, the education level proportions of clients served during FY 2018-19 were stable from FY 2017-18.
- Less than one-third (30%) of AOABHS clients served in FY 2018-19 did not complete high school.
- The largest proportion of clients receiving AOABHS services during FY 2018-19 had a high school diploma or GED (37%).

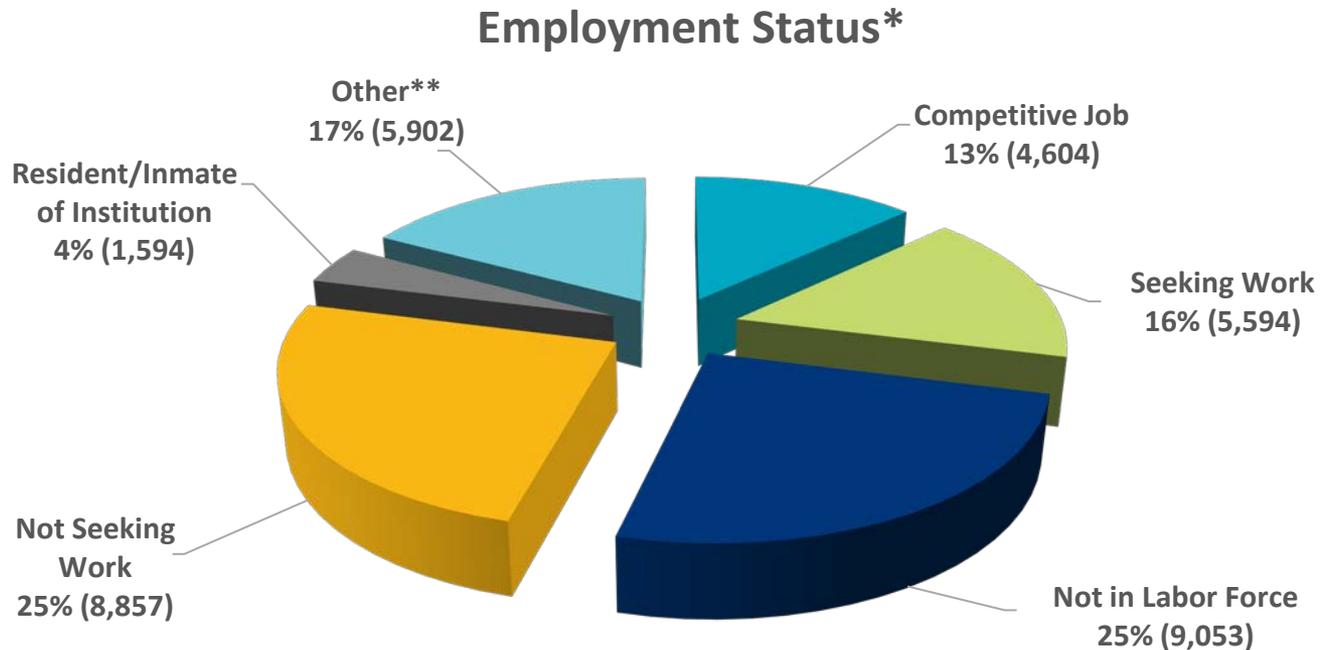


\*The graph and percentages reported above exclude unknown/not reported values (n = 12,360).

# Who are we serving?

## All AOA Clients: Employment Status

- At the time of the most recent assessment, more than one-quarter of clients served in FY 2018-19 were employed in a competitive job (13%) or seeking work (16%).
- The number of clients served during FY 2017-18 employed in a competitive job increased by 8% compared with FY 2016-17 (3,669 to 3,954). This figure increased by 7% in FY 2018-19, compared to FY 2017-18 (4,604 compared to 4,291 in 2017-18).
- The number of clients served during FY 2018-19 not seeking work increased by 5% when compared with FY 2017-18 (8,807 compared to 8,405 in FY 2017-18).



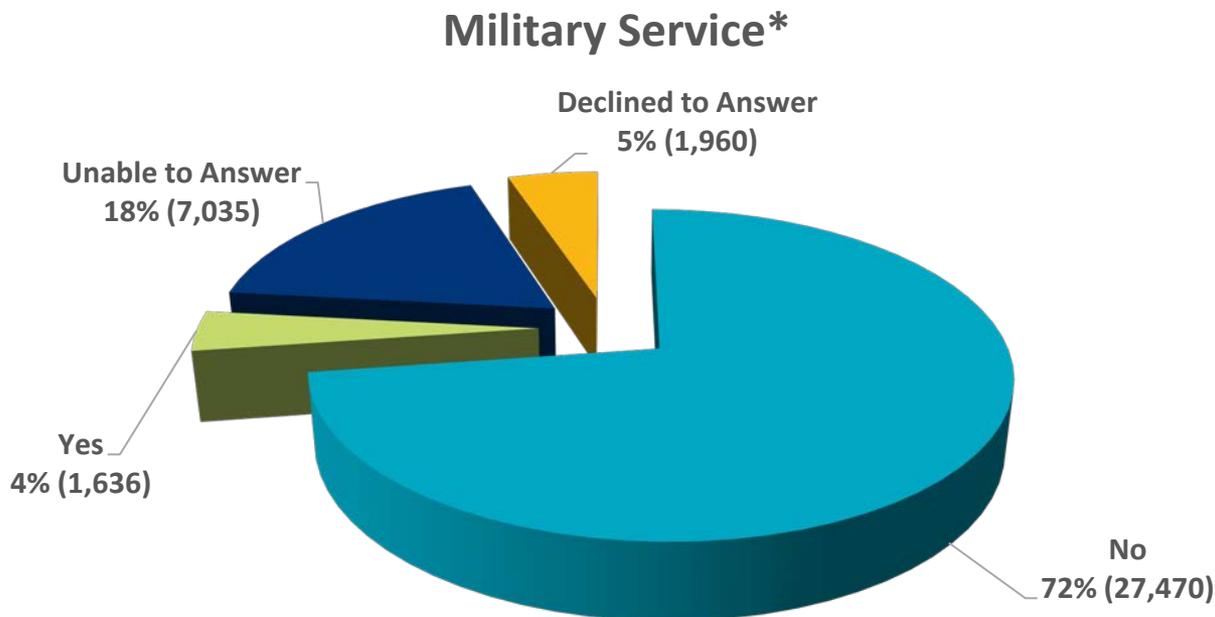
\*The graph and percentages reported above exclude Unknown values ( $n = 7,661$ ).

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

## Who are we serving?

### All AOA Clients: Military Service

- Information regarding past military service was available for 88% of AOABHS clients served during FY 2018-19, representing a 9% increase over the past two fiscal years (35,056 in FY 2016-17 to 38,101 in FY 2018-19).
- Among those clients served for whom military service data were available, 72% 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 = 5,164).

# Where are we serving?

## All AOA Clients: Demographics by Region

Demographic	Central		East		South		North Central		North Coastal		North Inland		All AOA	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Age</b>														
<18 – 25 years	1,599	14%	694	14%	1,599	24%	4,937	20%	764	16%	493	15%	7,943	18%
26 – 59 years	8,434	74%	3,768	77%	4,833	74%	15,438	63%	3,598	74%	2,350	74%	28,958	67%
60+ years	1,304	12%	431	9%	446	7%	4,136	17%	474	10%	347	11%	6,364	15%
<b>Gender</b>														
Females	3,450	30%	3,450	71%	1,288	20%	11,483	47%	1,819	38%	1,469	46%	18,805	43%
Males	7,778	69%	1,376	28%	5,226	80%	12,849	52%	2,978	62%	1,674	52%	24,124	56%
Other/Unknown	109	1%	51	1%	45	1%	179	1%	39	1%	47	1%	336	1%
<b>Race/Ethnicity</b>														
White	4,364	38%	2,253	46%	2,041	31%	10,451	43%	2,443	51%	1,624	51%	17,706	41%
Hispanic	3,223	28%	1,130	23%	2,722	42%	5,541	23%	1,415	29%	869	27%	11,440	26%
African American	2,227	20%	635	13%	1,087	17%	2,713	11%	506	10%	242	8%	5,362	12%
Asian/Pacific Islander	743	7%	153	3%	220	3%	1,393	6%	186	4%	128	4%	2,309	5%
Native American	111	1%	59	1%	49	1%	160	1%	45	1%	26	1%	318	1%
Other	235	2%	476	10%	117	2%	1,342	5%	89	2%	81	3%	2,060	5%
Unknown	434	4%	187	4%	323	5%	2,911	12%	152	3%	220	7%	4,070	9%
<b>Top 3 Diagnoses</b>														
Schizophrenia/Other Psychotic Disorders	5,305	50%	1,988	42%	2,577	45%	9,606	45%	2,007	44%	1,494	49%	15,775	41%
Depressive Disorders	1,692	16%	1,171	25%	903	16%	4,792	23%	583	13%	542	18%	8,509	22%
Bipolar Disorders	2,217	21%	1,019	22%	1,132	20%	3,961	19%	1,623	35%	873	28%	8,081	21%
<b>Total Outpatient Clients in the Region</b>	<b>11,337</b>	<b>27%</b>	<b>4,893</b>	<b>11%</b>	<b>6,559</b>	<b>15%</b>	<b>24,511</b>	<b>57%</b>	<b>4,836</b>	<b>11%</b>	<b>3,190</b>	<b>7%</b>	<b>43,265</b>	<b>100%</b>

**Note:** Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region, and is counted in each region. Data shown by region reflects clients in Outpatient LOCs only. Diagnosis percentages exclude clients with an invalid/missing diagnosis. Total number of AOABHS clients = 43,265.

# What types of services are being used?

## All AOA Clients: Types of Services\*

Outpatient Services			Emergency/Crisis Services		
	Total Visits	Total Clients		Total Visits	Total Clients
Assertive Community Treatment (ACT)	139,498	2,886	Urgent Outpatient (UO)	13,540	7,860
Case Management	5,585	291	Crisis Stabilization (CS)**	5,858	4,234
Case Management – Institutional	10,765	824	PERT	10,943	8,648
Case Management – Strengths	21,942	1,274		Total Days	Total Clients
Case Management – Transitional	1,906	426	Crisis Residential (CR)	28,554	2,256
Fee for Service (FFS)	90,438	11,133	Forensic Services		
Outpatient	133,197	13,223	Jail	45,663	9,842
Prevention	203	23	24 Hour Services		
Inpatient Services					
	Admissions	Total Clients	Edgemoor	42,783	134
Inpatient – County	1,827	1,613	Long Term Care (LTC)	13,659	62
Inpatient – FFS	6,962	4,178	LTC - Institutional	67,609	323
State Hospital	13	13	LTC - Residential	2,819	17
			Residential	7,664	39

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

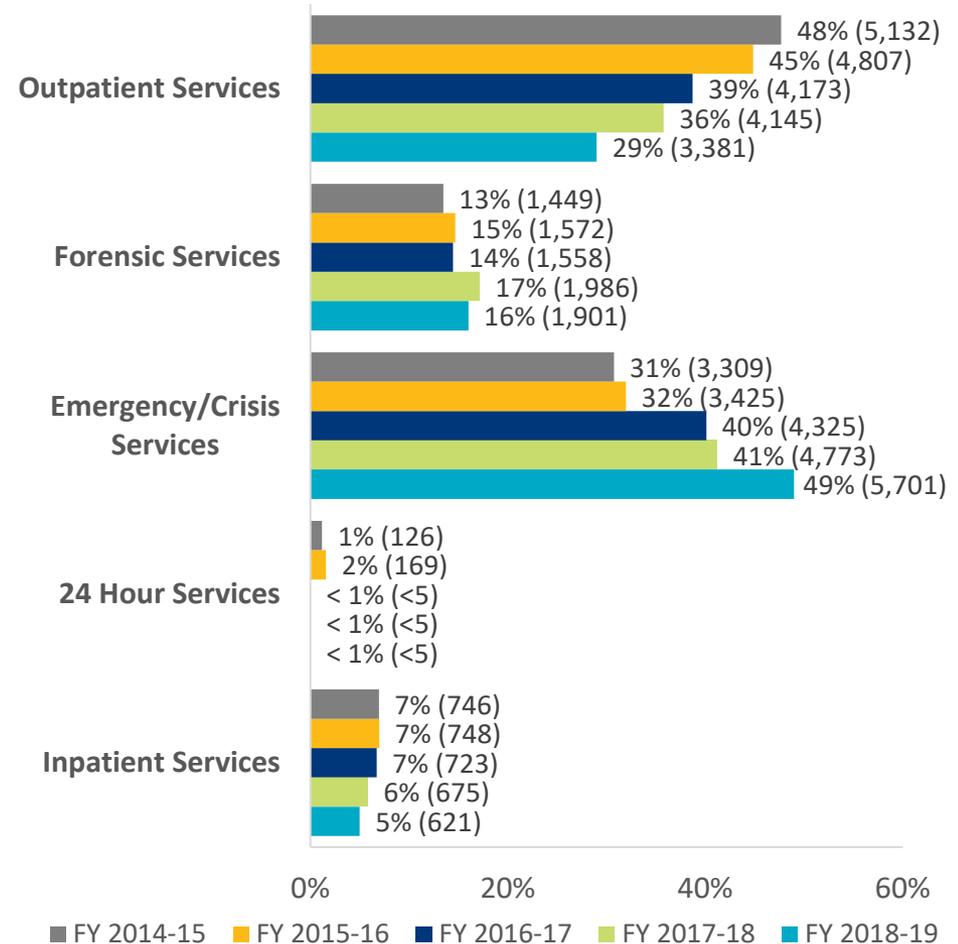
\*\*Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

# What types of services are being used?

## All AOA Clients: First Service Use\*

- Similar to last fiscal year, the most common initial point of access of county-provided mental health services in FY 2018-19 was emergency/crisis services (49%).
- The proportion of clients who entered the AOABHS SOC through outpatient services has decreased each fiscal year from FY 2014-15 through FY 2018-19 (48% to 29%).
- The proportion of clients who entered the AOABHS SOC through emergency/crisis services during FY 2018-19 increased from FY 2017-18 (41% to 49%), continuing the upward trend observed during FY 2016-17 when the number of AOA clients entering the SOC increased by 26% (3,425 to 4,325 clients), compared to the previous fiscal year.
- The proportion of clients entering the AOABHS SOC initially through inpatient services has remained generally stable over the past five fiscal years, while the proportion of clients entering through 24 hour services dropped to almost zero clients.

### Types of First Service Used



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

# What types of services are being used?

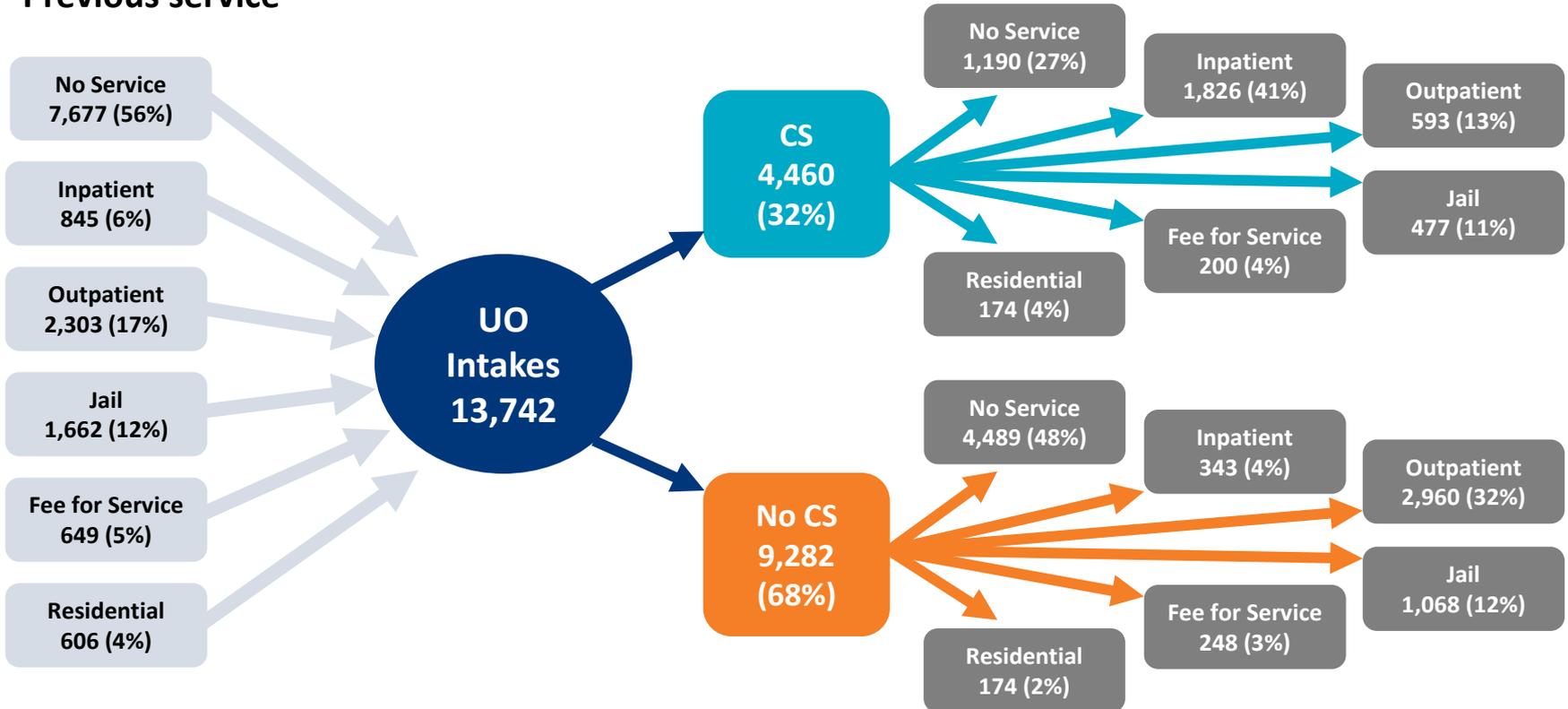
## All AOA Clients: Emergency/Crisis Services

- Of the 43,265 clients served by AOABHS during FY 2018-19, 16,012 (37%) of them received emergency/crisis services. Emergency/crisis services include UO, CS, CR, and Psychiatric Emergency Response Team (PERT). This represents an increase of almost 22% in the number of AOABHS clients who received emergency/crisis services during FY 2018-19, compared to FY 2017-18 (13,158 clients).
- A total of 54,454 emergency/crisis services were used by these 16,012 clients during FY 2018-19.
- The number of intakes into UO during FY 2018-19 more than doubled compared to the number of UO intakes during FY 2017-18 (13,742 in FY 2018-19 compared to 6,482 in FY 2017-18).
- Over half (56%; 7,677 clients) of AOABHS clients who received a UO intake during FY 2018-19 did not have an AOABHS service within the previous six months.
- Of the 13,742 intakes into UO, less than one-third (32%) had a subsequent CS service during FY 2018-19.
- The proportions of clients that received each type of service after a CS service following a UO intake during FY 2018-19 were similar to the proportions observed during FY 2017-18.
- The most common service after a UO intake when CS services were not received was outpatient (32%), or no service (48%).

# What types of services are being used?

## All AOA Clients: Emergency/Crisis Services

### Previous service\*



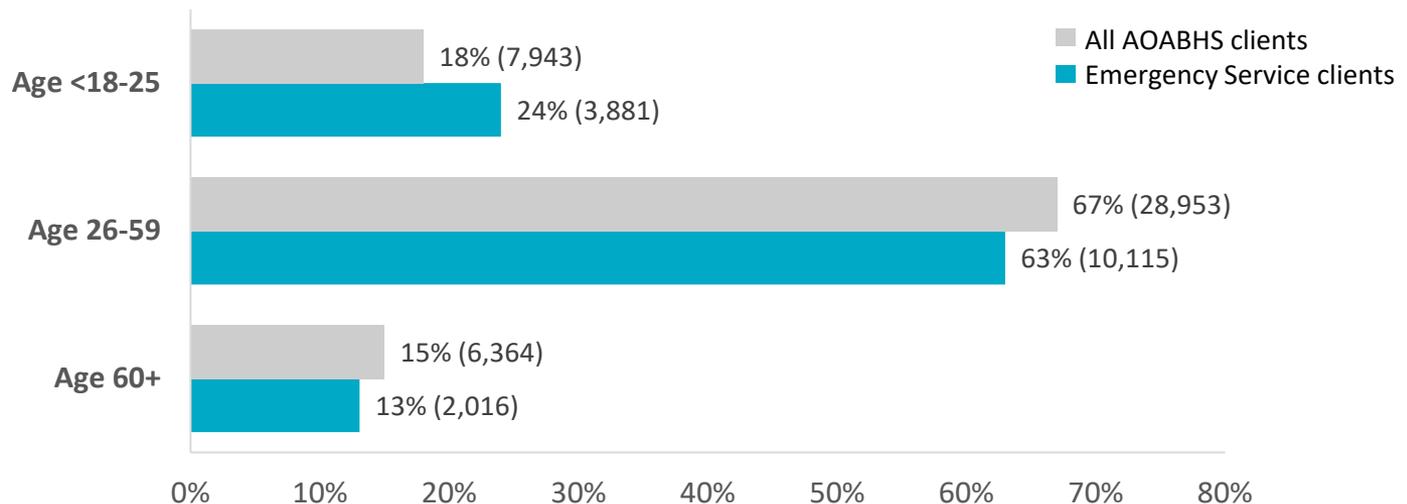
\*Service history is the six months prior to the first UO service in FY 2018-19.

# What types of services are being used?

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

- Similar to past fiscal years, among clients who received emergency/crisis services in FY 2018-19, there was a larger proportion of clients ages <18 through 25 years (24%) than the overall AOABHS client population (18%), and a smaller proportion of clients ages 26 through 59 years (63% vs. 67%).
- Compared to FY 2017-18, a smaller proportion of clients ages <18 through 25 years of age used emergency/crisis services (24% compared to 26% during FY 2017-18), and a greater proportion of clients between the ages of 26 and 59 years used these types of services (63% compared to 61% in FY 2017-18) during FY 2018-19.

### Clients who Used Emergency Services by Age



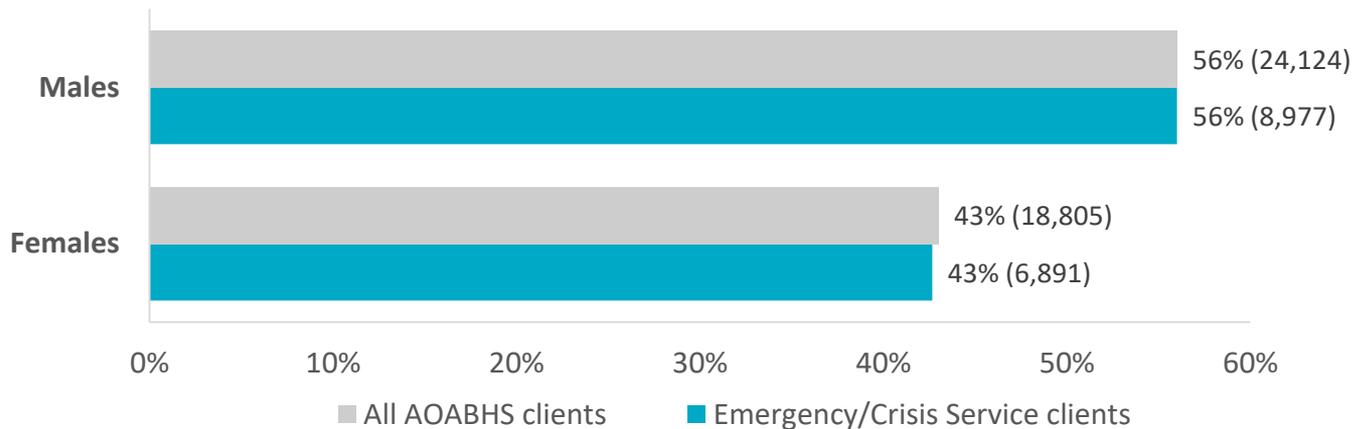
\*Emergency/crisis services include UO, CS, CR, and PERT.

# What types of services are being used?

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

- Among clients who utilized emergency/crisis services during FY 2018-19, a similar proportion of them were male (56%) compared to the AOABHS client population (56%). This is more than the overall adult population in San Diego County (50%)\*\*.
- Note:** The gender discrepancy among clients receiving emergency/crisis services could be related to an increased likelihood for males to be diagnosed with conditions associated with externalizing behaviors, such as schizophrenia and other psychotic disorders, and females to be diagnosed with conditions associated with more passive symptomatology, such as depressive disorders.

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



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

\*\* Source: U.S. Census Bureau, 2018 American Community 5-Year Estimates Age and Sex (San Diego County population)

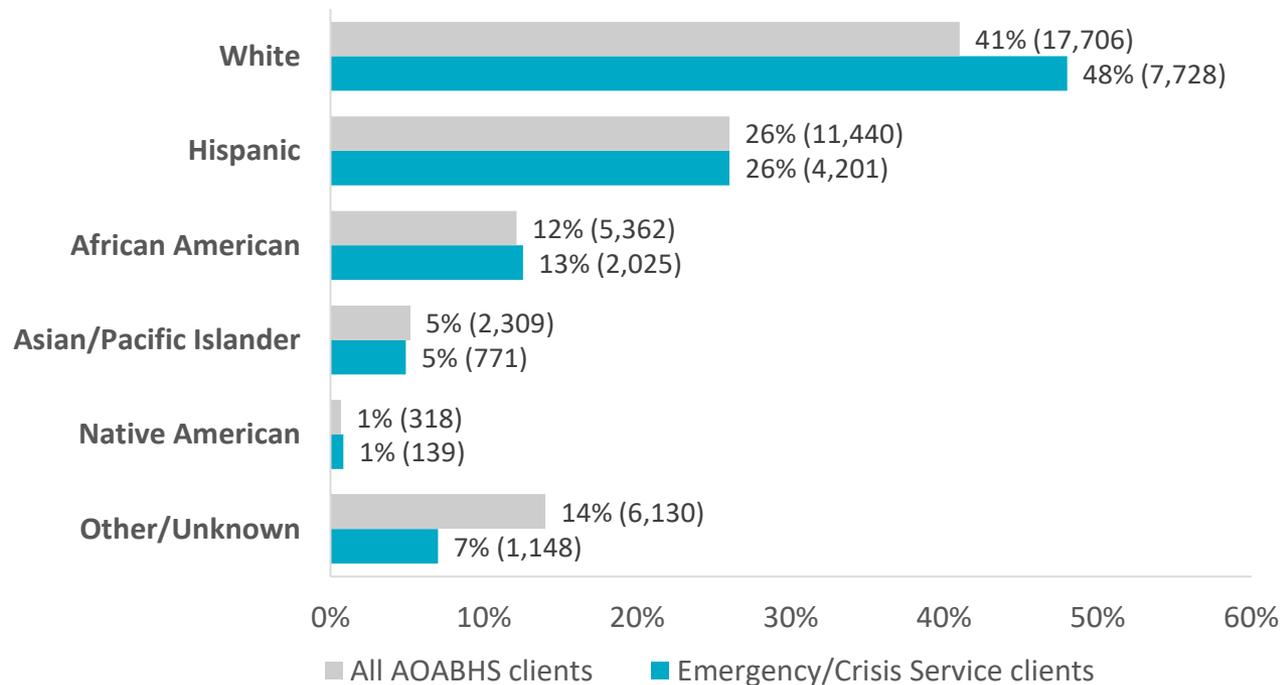
\*\*\*The figure excludes the other/unknown categories, comprising 1% of the clients receiving emergency/crisis services (144 clients) and overall AOABHS (336 clients) population.

# What types of services are being used?

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

- Similar to previous fiscal years, a larger proportion of clients who utilized emergency/crisis services during FY 2018-19 were White (48%) compared to the overall AOABHS client population (41%).

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



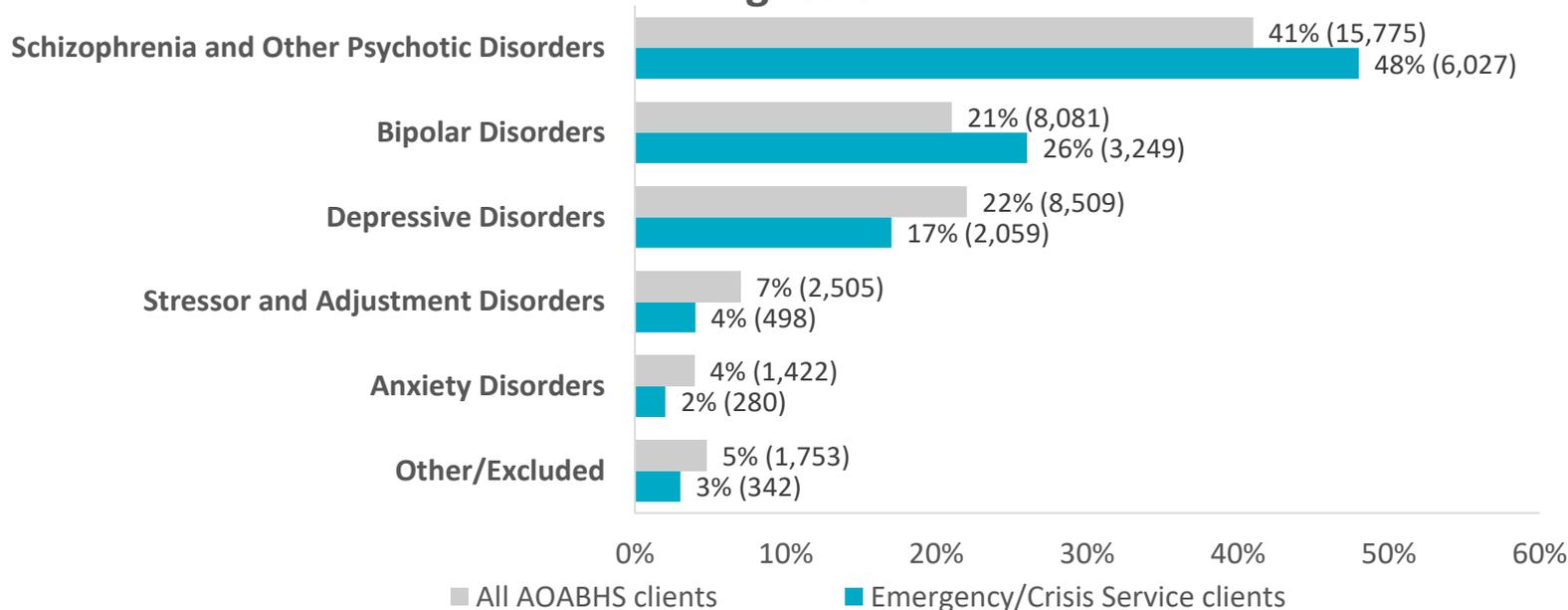
\*Emergency/crisis services include UO, CS, CR, and PERT.

# What types of services are being used?

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

- Similar to previous fiscal years, the largest proportion of clients who utilized emergency/crisis services during FY 2018-19 were those diagnosed with schizophrenia and other psychotic disorders (48%), a slight decrease in proportion from FY 2017-18 (50%)
- Over one-quarter of clients who utilized emergency/crisis services during FY 2018-19 were diagnosed with a bipolar disorder (26%) and almost one-fifth (17%) were diagnosed with a depressive disorder.

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



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

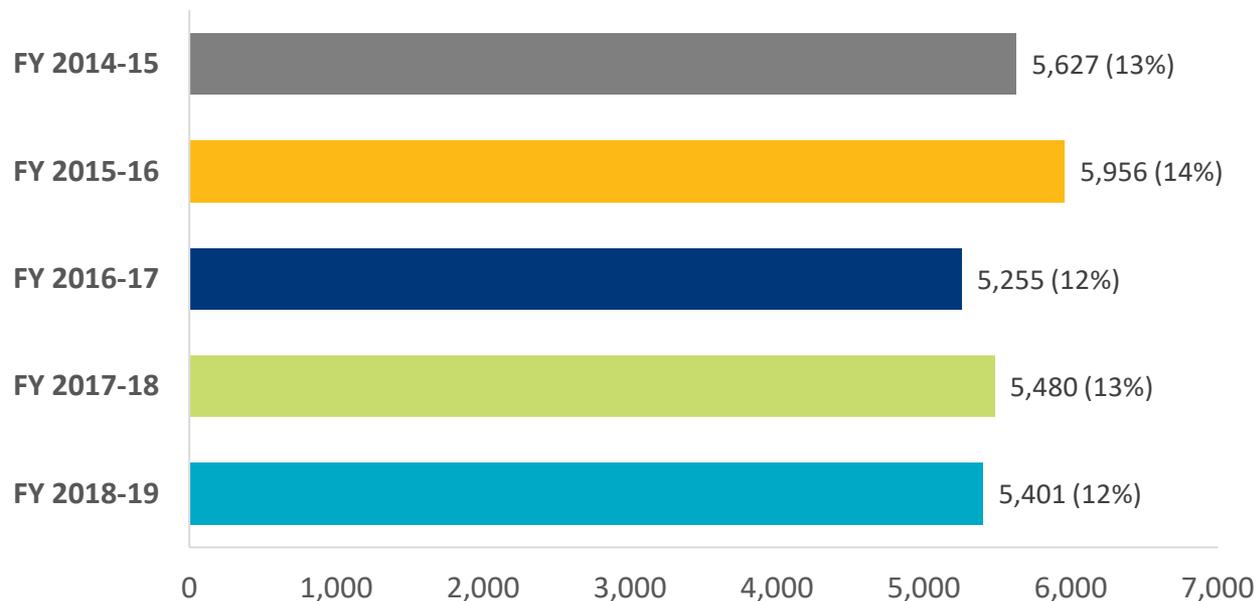
\*\*The graph and percentages reported above exclude invalid/missing values (clients receiving emergency/crisis services, n = 3,557; AOA, n = 5,220).

# What types of services are being used?

## All AOA Clients: Hospitalizations

- 5,401 (12%) AOA clients were hospitalized at least once during FY 2018-19, for a total of 8,802 hospital admissions.
- The proportion of AOA clients hospitalized has remained fairly consistent over the past five fiscal years.
- The lowest number of hospitalizations among AOA clients was observed during FY 2016-17 (5,255) over the past five years.

Number of Clients Hospitalized by Fiscal Year\*



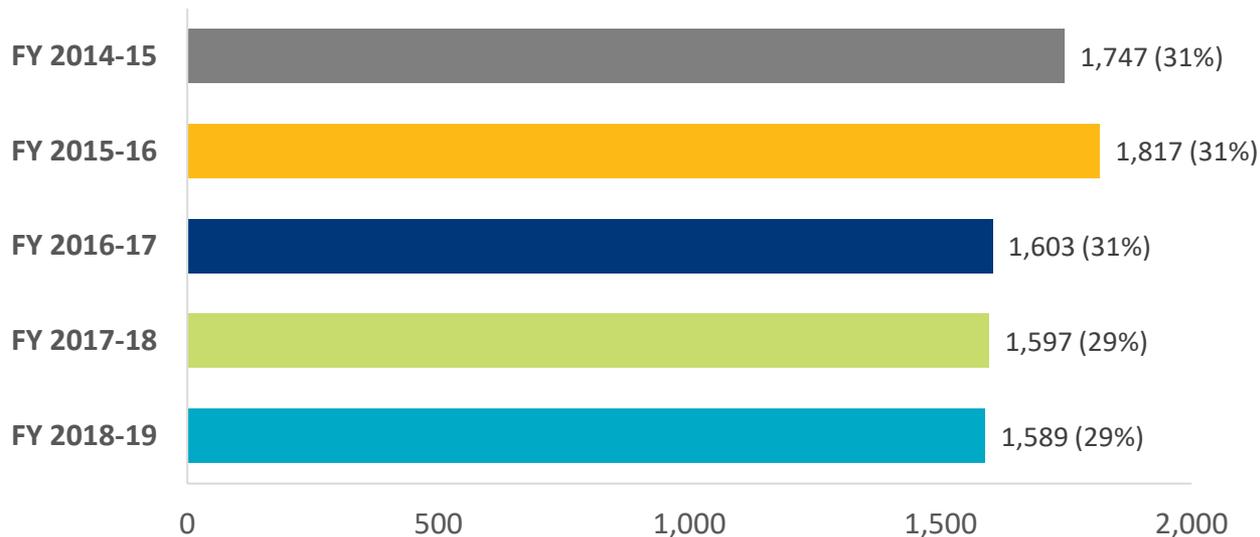
\* (%) = percentage of unduplicated clients hospitalized out of the total number of clients receiving services during each FY.

# What types of services are being used?

## All AOA Clients: Multiple Hospitalizations

- Of the 5,401 AOA clients hospitalized during FY 2018-19, 1,589 of them (29%) were hospitalized at least one additional time during the fiscal year.
- The number of AOA clients with multiple hospitalizations during FY 2018-19 was similar to the number observed during FY 2017-18 (1,589 compared to 1,597 in FY 2017-18). However, the proportion of hospitalized AOA clients with multiple hospitalizations within the fiscal year has remained the same or decreased each fiscal year since FY 2014-15 (31% to 29%).

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

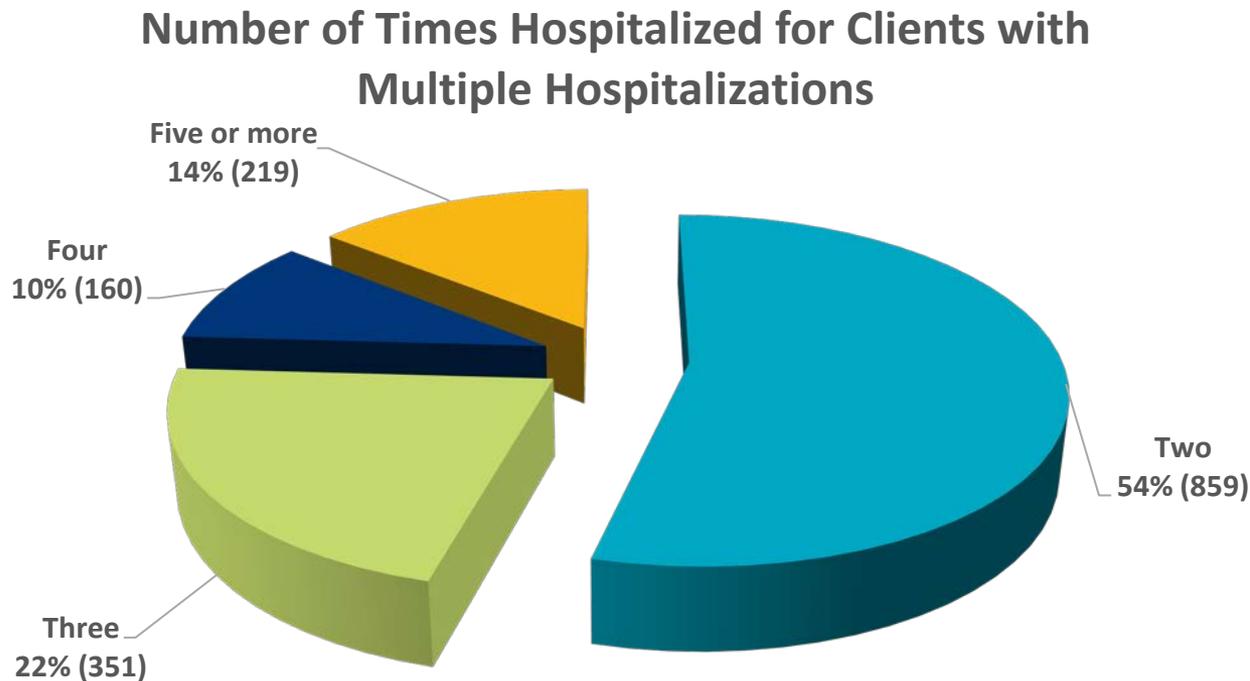


\* (%) = percentage of clients hospitalized multiple times out of the number of clients hospitalized at least once during each fiscal year.

## What types of services are being used?

### All AOA Clients: Multiple Hospitalizations

- 1,589 AOA clients were hospitalized at least twice during FY 2018-19.
- Of the 1,589 AOA clients hospitalized more than once during FY 2018-19, more than half were hospitalized a total of two times (54%), approximately one-fifth (22%) were hospitalized three times, 10% were hospitalized four times, and 14% were hospitalized five or more times.

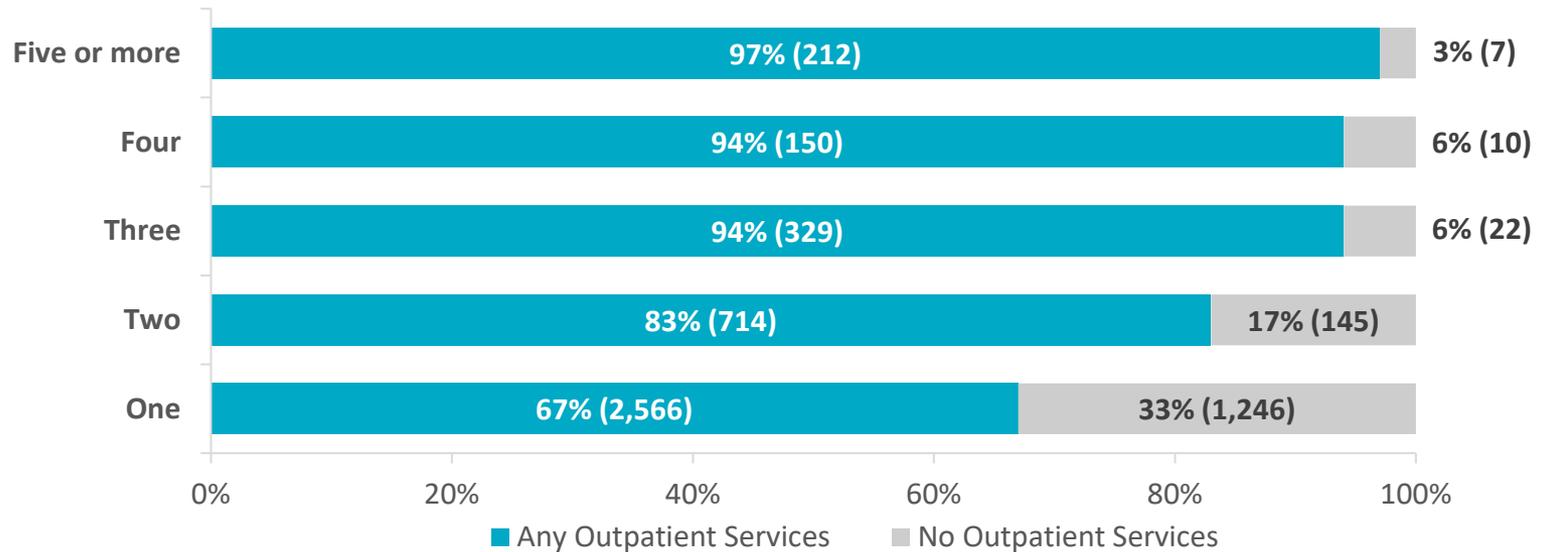


# What types of services are being used?

## All AOA Clients: Multiple Hospitalizations and Service Use

- The large majority of clients with three or more hospitalizations received some outpatient adult mental health services\* during FY 2018-19 (95%).
- Of the 730 AOA clients with three or more hospitalizations, only 39 of them (5%) did not use any outpatient adult mental health services during the fiscal year.
- One-third of clients (33%) with only one hospitalization in FY 2018-19 did not use any outpatient services.

### Hospitalizations by Service Use



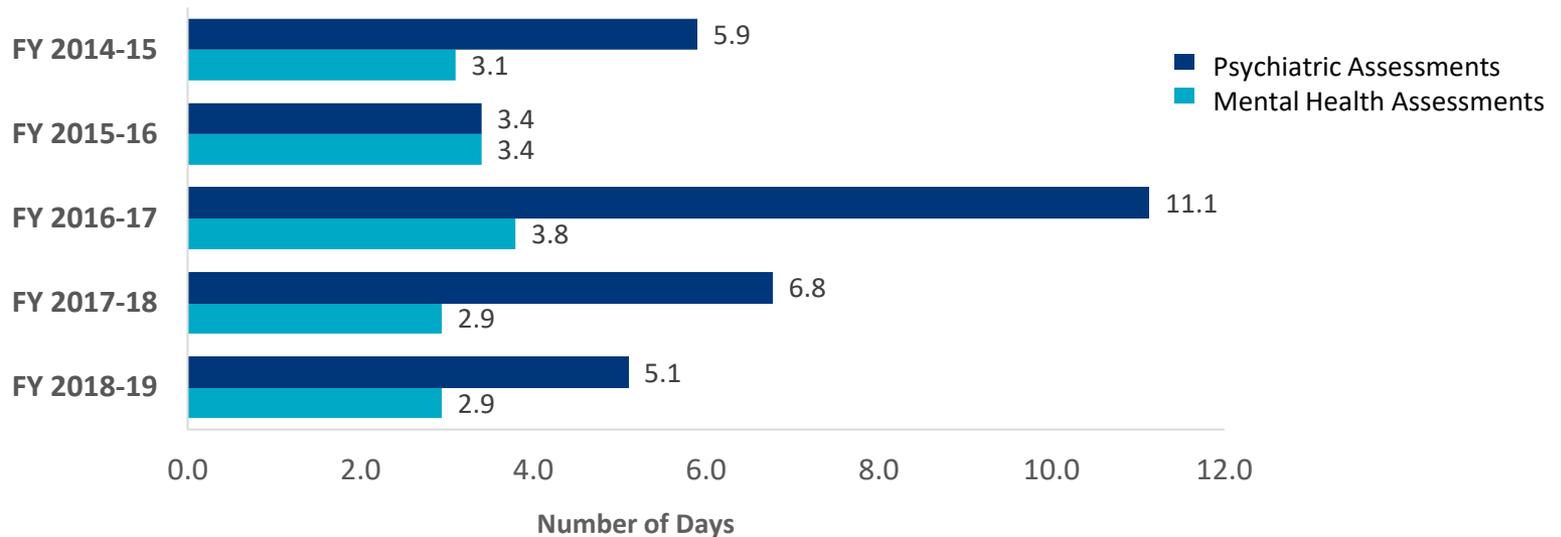
\*Outpatient services include: ACT, Case Management, FFS, Outpatient, and Prevention services.

# Accessibility of Services

## All AOA Clients: Access

- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2017-18, average wait times decreased from approximately 7 days to just 5 days in FY 2018-19.
- Average access times for mental health assessments increased slightly from FY 2014-15 through FY 2016-17 (approximately 3 days in FY 2014-15 to almost 4 days in FY 2016-17), but wait times decreased to 3 days during FY 2017-18 and remained the same for FY 2018-19.

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



## Are clients getting better?

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

- Clinicians reported that clients are getting better as evidenced by significant improvements from pre to post assessment in all of the three IMR subscales 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	3,609	4.25	4.29	▲
Management Subscale	3,723	2.79	2.92	▲
Recovery Subscale	3,729	2.91	2.98	▲
Overall Mean	3,732	3.22	3.30	▲
Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	2,614	3.61	3.67	▲

**Legend**

- ▲ Significant positive change ( $p < .05$ )
- ▲ Non-significant positive change
- ▶ No change

\*The outcomes reported here include all AOABHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2018-19 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

# Are clients satisfied with services?

## All AOA Clients: Client Satisfaction

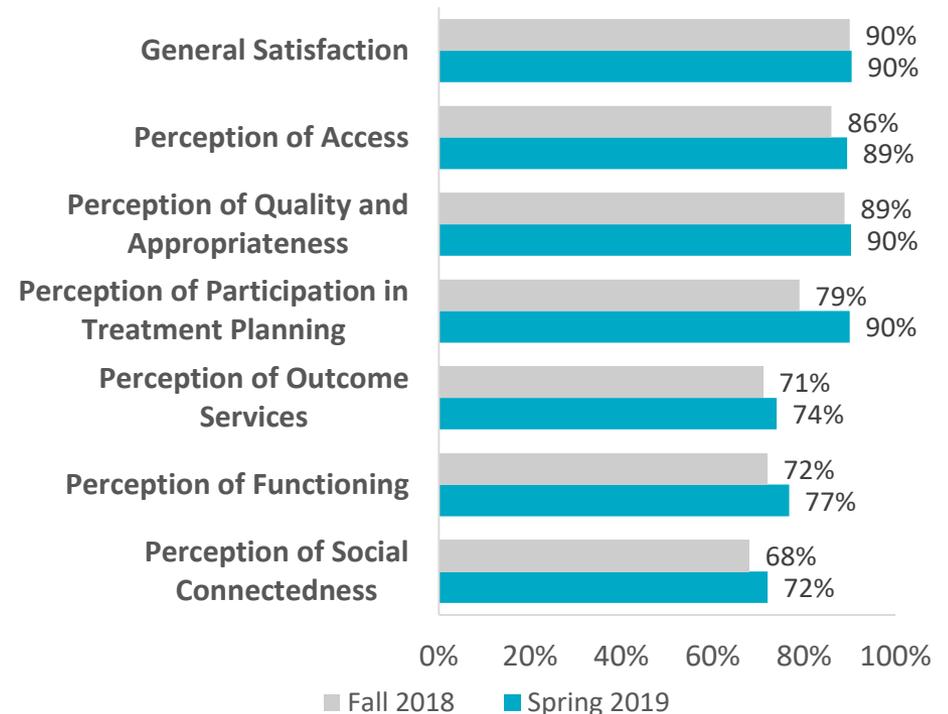
- The AOABHS SOC in San Diego County offers a variety of treatment, rehabilitation, and recovery services to help people experiencing persistent and severe mental illness or an additional health crisis.
- All services provided are oriented to meet the unique linguistic and cultural needs of the individuals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

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

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

During FY 2018-19, the MHSIP was administered in November 2018 (N= 2,171) and in May 2019 (N=2,406).

### MHSIP Domain Scores\* in FY 2018-19



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

# Mental Health Services Act Components

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## MHSA Components

### *Community Services and Supports*

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

### *Prevention and Early Intervention Programs*

Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To ensure access to appropriate support at the earliest point of emerging mental health problems and concerns, Prevention and Early Intervention (PEI) builds capacity for providing mental health early intervention services at sites where people go for other routine activities. Through PEI, mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness. During FY 2018-19, 7,939 AOA clients were served by PEI programs.

### *Innovations*

Innovation (INN) programs are short-term novel, creative and/or ingenious mental health practices or approaches that contribute to learning. The programs are developed through an inclusive and representative community process. The INN component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches. The INN funding for the INN-11 Caregiver Wellness Program (CWP) and INN-12 Family Therapy Participation Engagement (FTPE) program ended in FY 2017-18. In 2018-19, funding for the following five new INN programs began: Perinatal (Accessible Depression and Anxiety Postpartum Treatment, ADAPT) program, Telemental Health (BH Connect) program, Roaming Outpatient Access Mobile (ROAM) program, ReST Recuperative Housing (Just Be U) program, and Medication Clinic (Center for Child and Youth Psychiatry, CCYP) program.

# Mental Health Services Act Components

## MHSA Components – Continued

### *Workforce Education and Training*

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

### *Capital Facilities and Technological Needs*

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

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



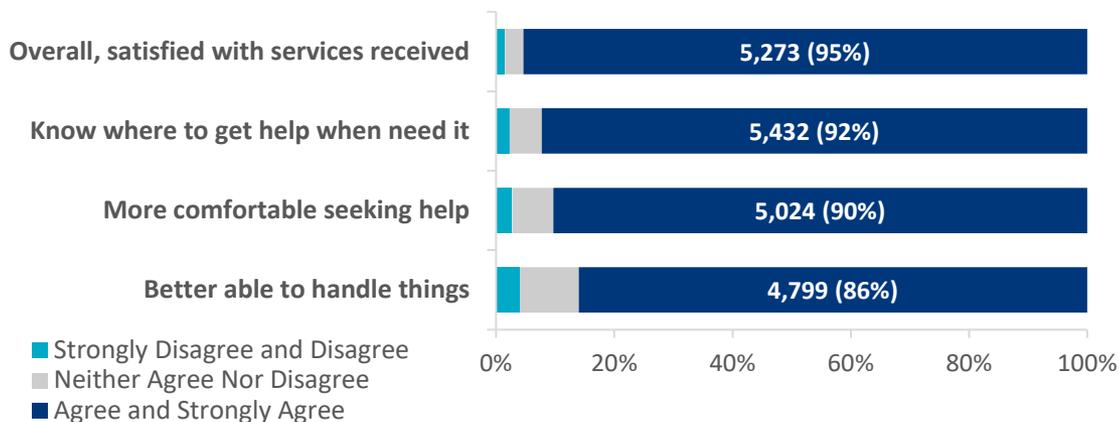
# Prevention and Early Intervention

## PEI Clients: Demographics and Client Satisfaction

PEI Client Demographics		
Age	N	%
<18 – 25 years	1,457	18%
26 – 59 years	3,931	50%
60+ years	1,929	24%
Unknown/Not Reported	622	8%
Gender	N	%
Female	4,353	55%
Male	3,018	38%
Other	38	<1%
Unknown/Not Reported	530	7%
Race (Census Categories)	N	%
White/Caucasian	3,084	39%
African American/Black	927	12%
Asian	392	5%
Pacific Islander	26	<1%
American Indian/Alaskan Native	99	1%
More than One Race	342	4%
Other	129	2%
Unknown/Not Reported	2,940	37%
<b>Total PEI Clients Served</b>	<b>7,939</b>	<b>100%</b>

- The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity.
- San Diego County funded 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 7,939 PEI clients served in FY 2018-19 decreased from the 16,101 clients served in FY 2017-18. However, the proportion of clients reporting overall satisfaction with services increased from FY 2017-18 to FY 2018-19 (92% in FY 2017-18 to 95% in FY 2018-19).

### Client Satisfaction\*



\*The number of clients who completed the client satisfaction survey varied from 5,527 to 5,885. These data are not recorded in CCBH. For more information on AOABHS PEI programs, see the PEI summary reports – Adult Summary: [https://www.sandiegocounty.gov/hhsa/programs/bhs/technical\\_resource\\_library.html](https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html)

# Innovations

## MHSA: Innovations Projects

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



# Innovations

## MHSA: Innovations Projects

The following Innovations programs began or were in existence in AOABHS in FY 2018-19:

<b>Faith-Based Initiative</b>	<p>This initiative has four components: Faith-Based Academies to integrate faith leaders and behavioral health providers; Community Education; Crisis Response; and Wellness and Health Jail-based Ministries. The overall goals of the Faith-Based Initiative include improved communication and collaboration between the County of San Diego BHS system, local faith leaders, and the congregations and communities they serve.</p>
<b>Noble Works</b>	<p>This project helps TAY, adults, and older adults engage and retain employment opportunities through an array of supported and competitive employment options. The program promotes self-determination and empowerment while helping clients overcome barriers to employment.</p>
<b>Peer Assisted Transitions (PeerLINKS)</b>	<p>The program aims to increase the depth and breadth of services for individuals diagnosed with SMI who use acute crisis-oriented mental health services but are not effectively connected with community resources and/or lack active support networks through the provision of peer specialists.</p>
<b>Urban Beats</b>	<p>This is a strengths-based, culturally sensitive, arts-focused program that utilizes various artistic approaches to work with urban at-risk youth. The program is intended to engage at-risk youth in wellness activities by providing a youth-focused message created and developed by youth. These may include the visual arts, spoken word, videos, and performances. The performances are purposefully designed to reduce mental health stigma among community members and the participating youth.</p>
<b>Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) Mobile Hoarding Units</b>	<p>This program works to diminish hoarding behaviors long term among older adults by combining an adapted cognitive behavioral rehabilitation therapy, case management, hands-on training, and peer support. In addition to improving participants' mental and emotional well-being by addressing hoarding behaviors, a key program emphasis is to reduce evictions due to hoarding and facilitate participants maintaining safe stable housing.</p>
<b>Perinatal (Accessible Depression and Anxiety Postpartum Treatment, ADAPT)</b>	<p>This program supports parents from underserved or unserved populations who have perinatal and postnatal mood and anxiety disorders by providing treatment services and linkages to appropriate resources and care. Services are provided in partnership with Health and Human Services Agency programs that support pregnant and parenting mothers and fathers.</p>

# Innovations

## MHSA: Innovations Projects

The following Innovations programs began or were in existence in AOABHS in FY 2018-19:

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

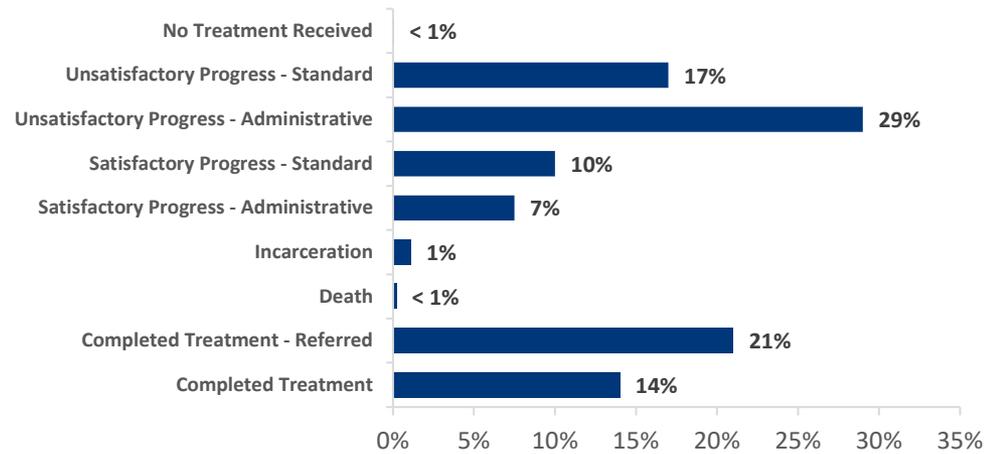
# Substance Use Disorder (SUD) Services

## SUD Clients: Demographics and Type of Discharge

SUD Client Demographics		
Age*	N	%
12 – 15 years	676	3%
16 – 17 years	841	3%
18 – 25 years	3,392	13%
26 – 59 years	20,581	75%
60+ years	1,524	6%
Gender	N	%
Female	9,474	35%
Male	17,528	65%
Other	12	< 1%
Race (Census Categories)	N	%
White	14,212	53%
Hispanic	5,426	20%
Black/African American	2,672	10%
Asian/Pacific Islander	677	3%
Native American	414	2%
Other/Multiracial	3,589	13%
Unknown/Not Reported	24	<1%
<b>Total SUD Clients Served**</b>	<b>27,014</b>	<b>n/a</b>
<b>Total Unduplicated Clients</b>	<b>16,982</b>	<b>n/a</b>

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

### SUD Type of Discharge (N=18,969)



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

\*\*Client duplication due to multiple admissions during the fiscal year. Data include clients admitted, discharged, and/or actively open in FY 2018-19.

# Driving Under the Influence Program

## DUI Program: Demographics, Admissions, and Completions

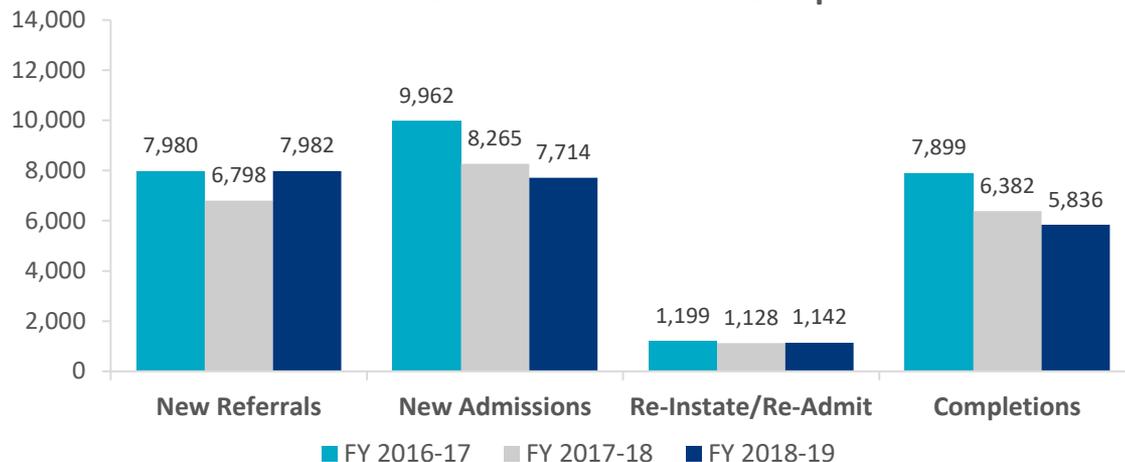
DUI Client Demographics		
Age	N	%
18 – 25 years	1,875	23%
26 – 35 years	3,041	38%
36 – 45 years	1,478	19%
46 – 55 years	881	11%
55+ years	695	9%
Unknown	13	<1%
Gender	N	%
Female	1,999	25%
Male	5,865	73%
Unknown	119	2%
Convictions	N	%
First Conviction	6,039	76%
Multiple Convictions	1,943	24%
Employment Level	N	%
Employed 30+ hours per week	3,552	44%
Employed <30 hours per week	2,293	29%
Not in the labor force	561	7%
Unemployed, looking for work	1,427	18%
Unknown	150	2%
<b>Total DUI Clients Served</b>	<b>7,983</b>	<b>n/a</b>

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

### Key Findings

- The number of new admissions into the DUI program has continued to decline over the past three fiscal years (9,962 to 7,714).
- Fewer clients completed the DUI program in FY 2018-19 (5,836 clients) compared to FY 2016-17 (7,899 clients) and FY 2017-18 (6,382 clients).

### All DUI Offenders: Admissions and Completions



# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



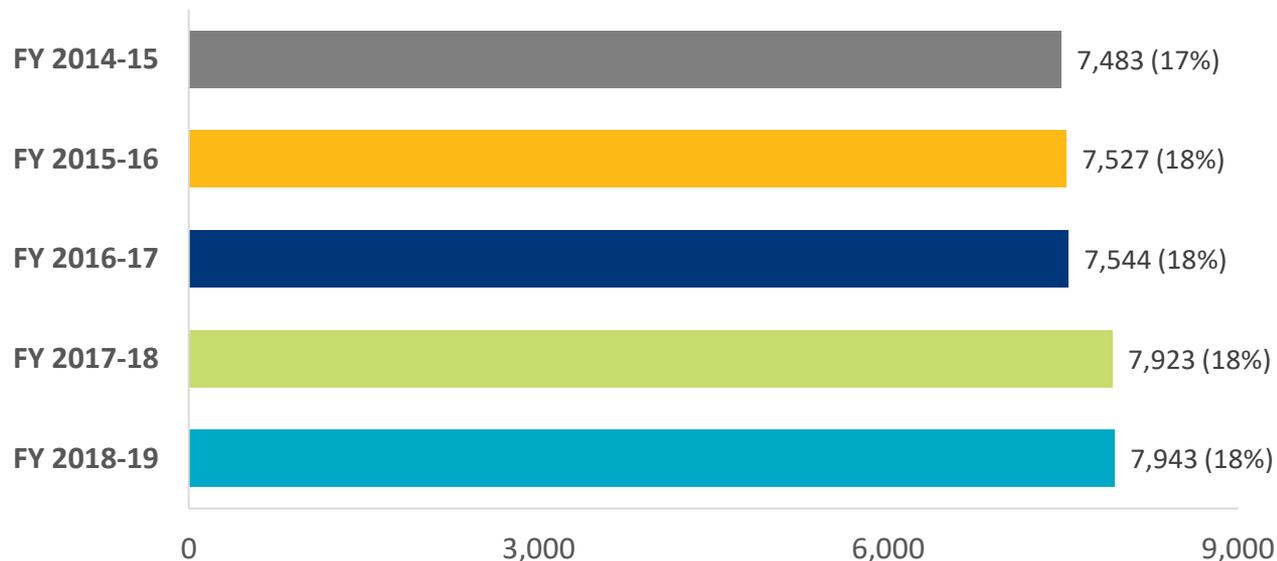
## Transition Age Youth (TAY) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2018-2019

# Who are we serving?

## Total Number of TAY Clients Served

- During FY 2018-19, mental health services were delivered to 7,943 TAY clients (ages 18\* to 25).
- TAY clients represent 18% of the 43,265 AOABHS clients served during FY 2018-19.
- The number of TAY clients served by BHS has increased, at least slightly, every year from FY 2014-15 to FY 2018-19.

### Number of Clients Served by Fiscal Year



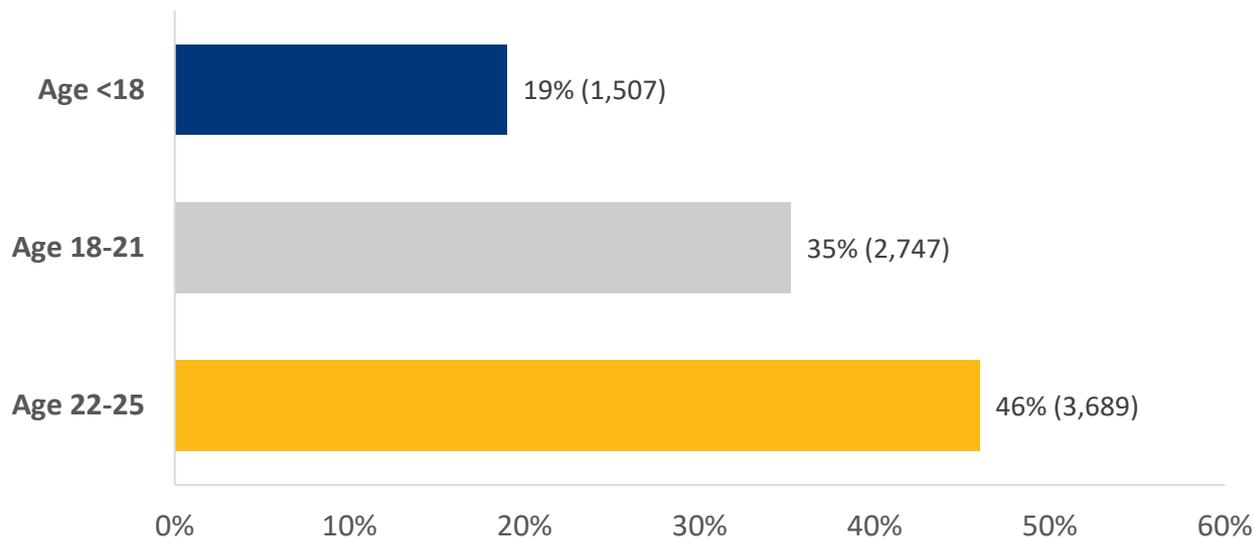
\*1,507 clients were under 18 but are included here because they received adult services.

## Who are we serving?

### TAY Clients: Age

- Similar to past fiscal years, almost half of TAY clients (46%) served during FY 2018-19 were between the ages of 22 and 25 years.
- More than one-third (35%) of TAY clients served during FY 2018-19 were between the ages of 18 and 21 years.
- After an increase of 25% from FY 2016-17 to FY 2017-18 in the number of TAY clients younger than 18 served by AOABHS, this demographic increased by another 8% during FY 2018-19, relative to FY 2017-18 (1,391 clients in FY 2017-18 to 1,507 clients in FY 2018-19).

### TAY Age Distribution

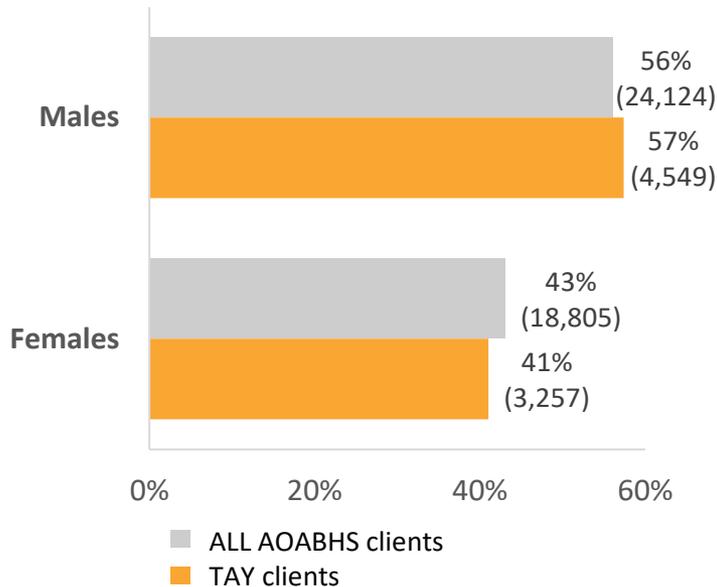


# Who are we serving?

## TAY Clients: Gender

- A slightly larger proportion of TAY clients served during FY 2018-19 were male (57%) compared to the overall AOABHS client population (56%).
- Over the past three fiscal years, the proportions of TAY males and females served by AOABHS have been stable.

### TAY Gender\* Distribution



TAY Gender	Fiscal Year					AOABHS FY 2018-19 Population
	2014-15	2015-16	2016-17	2017-18	2018-19	
Females	41%	43%	43%	42%	41%	43%
Males	59%	57%	57%	57%	57%	56%
Other/Unknown	< 1%	< 1%	< 1%	< 1%	2%	1%

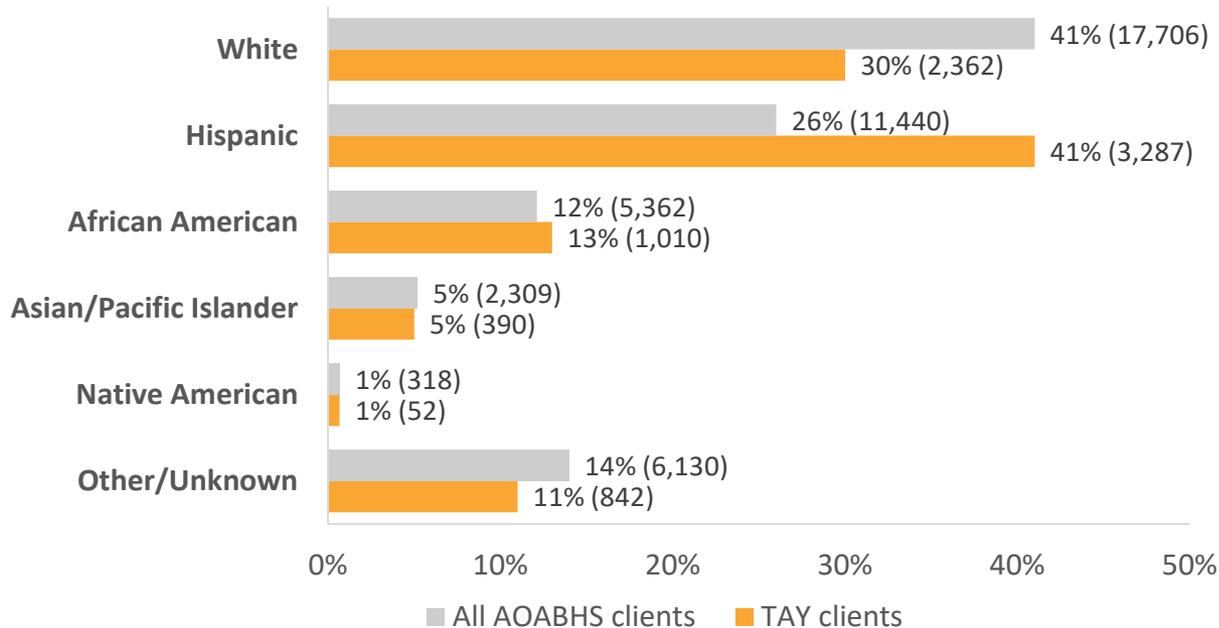
\*The figure excludes the other/unknown categories, comprising 2% of the TAY (137 clients) and 1% of the overall AOABHS (336 clients) population.

# Who are we serving?

## TAY Clients: Race/Ethnicity

- More than two-thirds of TAY clients served during FY 2018-19 were either Hispanic (41%) or White (30%).
- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2018-19 were Hispanic (41% compared to 26%), and a smaller proportion were White (30% compared to 41%).

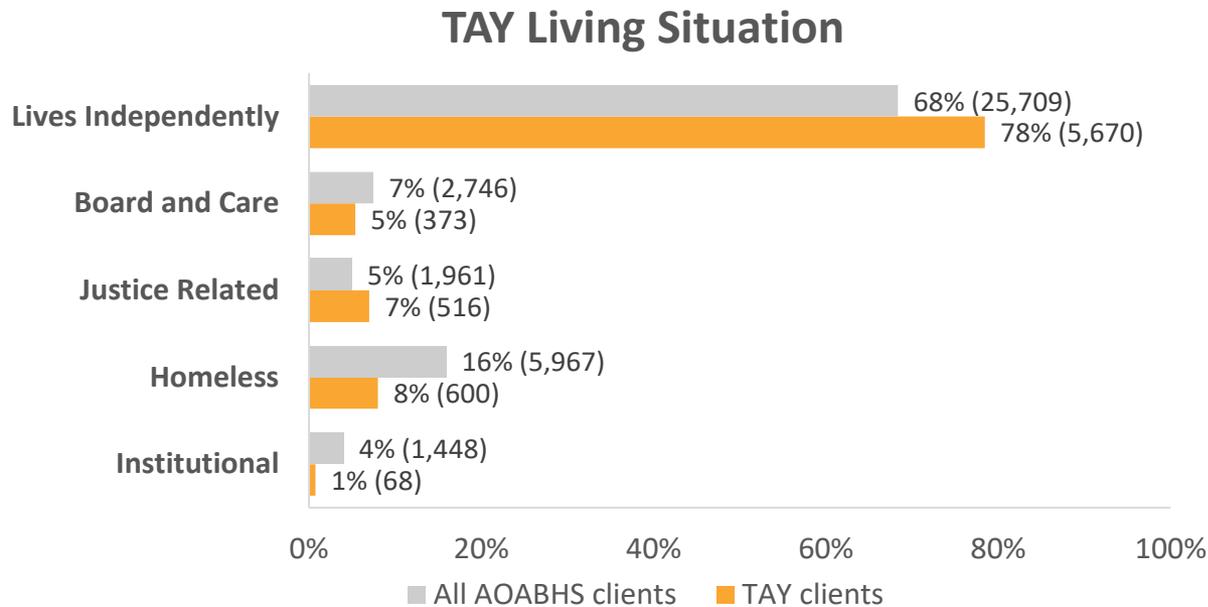
### TAY Race/Ethnicity Distribution



# Who are we serving?

## TAY Clients: Living Situation\*

- More than three-quarters (78%) of TAY clients served during FY 2018-19 were living independently\*\*.
- Similar to previous fiscal years, a greater proportion of TAY clients served during FY 2018-19 were living independently compared to the overall AOABHS client population (78% vs. 68%).
- A smaller proportion of TAY served during FY 2018-19 were homeless (8%) compared to the overall AOABHS population (16%).



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

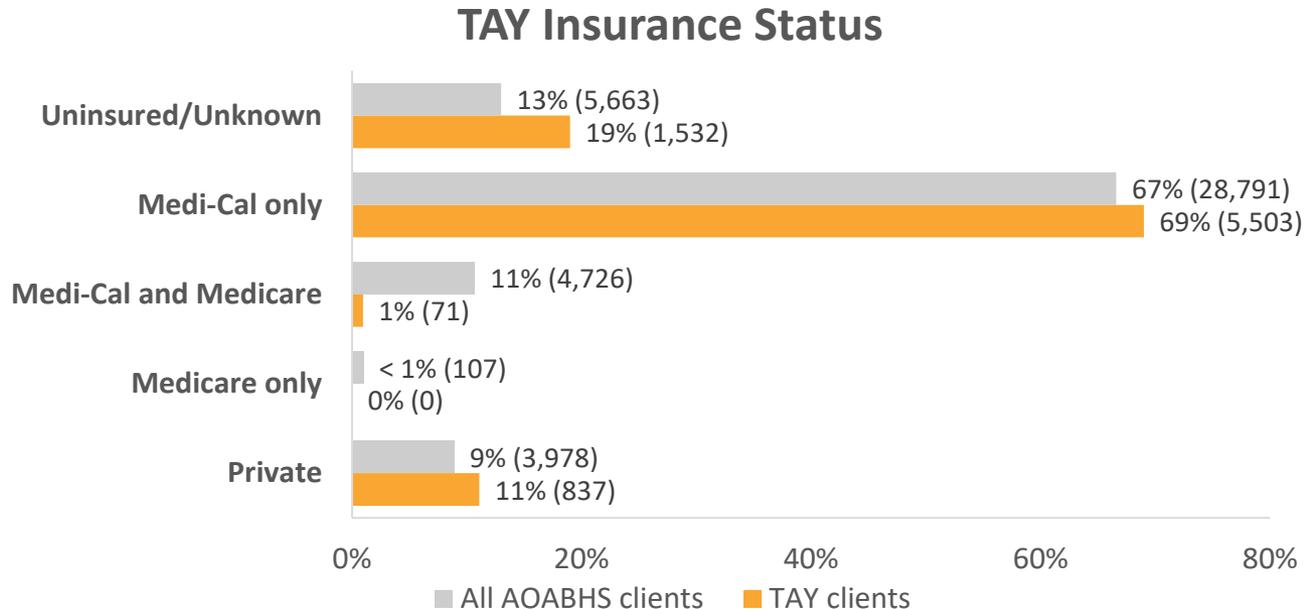
\*\*Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (TAY, n = 716; AOA, n = 5,434) are excluded from the figure and percentages reported above.

# Who are we serving?

## TAY Clients: Health Care Coverage

- More than two-thirds (70%) of TAY clients served during FY 2018-19 had some type of Medi-Cal insurance coverage.
- After a decrease in the proportion of TAY clients with an uninsured/unknown insurance status over several fiscal years, likely due to the expansion of the Affordable Care Act (ACA) in 2014, a period of stabilization was observed as 18% of TAY served in FY 2016-17 were uninsured or had an unknown insurance status, which jumped to 20% in FY 2017-18. However, the percentage has slightly decreased to just under one-fifth (19%) of TAY clients served during FY 2018-19 were uninsured or had an unknown insurance status.

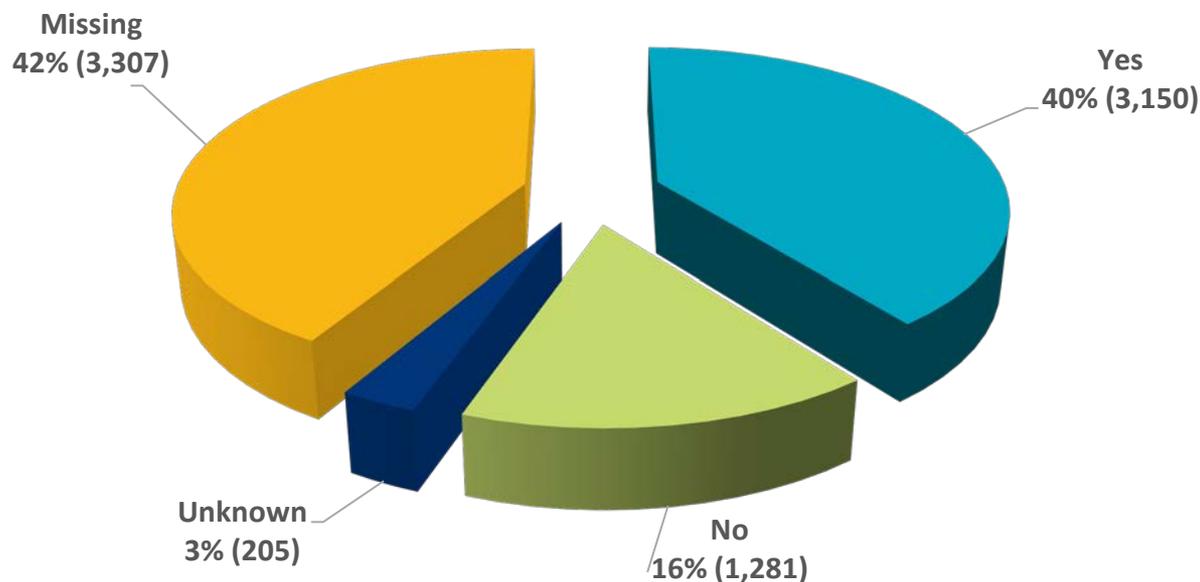


## Who are we serving?

### TAY Clients: Primary Care Physician

- Right around two-fifths of TAY clients served in FY 2018-19 had a primary care physician (40%).
- Information about primary care physician was unavailable or unknown for almost half of TAY clients (44%), a slight decrease from FY 2017-18 (46%).

### TAY Primary Care Physician



## Who are we serving?

### TAY Clients: Sexual Orientation

- Of the TAY clients served during FY 2018-19 with sexual orientation information available, three-quarters of them identified as heterosexual (75%).
- 12% (410) of TAY clients served during FY 2018-19 with sexual orientation information available identified as bisexual, reflecting a 49% increase in the number of TAY clients over time identifying as bisexual served during FY 2018-19, compared back two years ago to FY 2016-17 (275 clients).

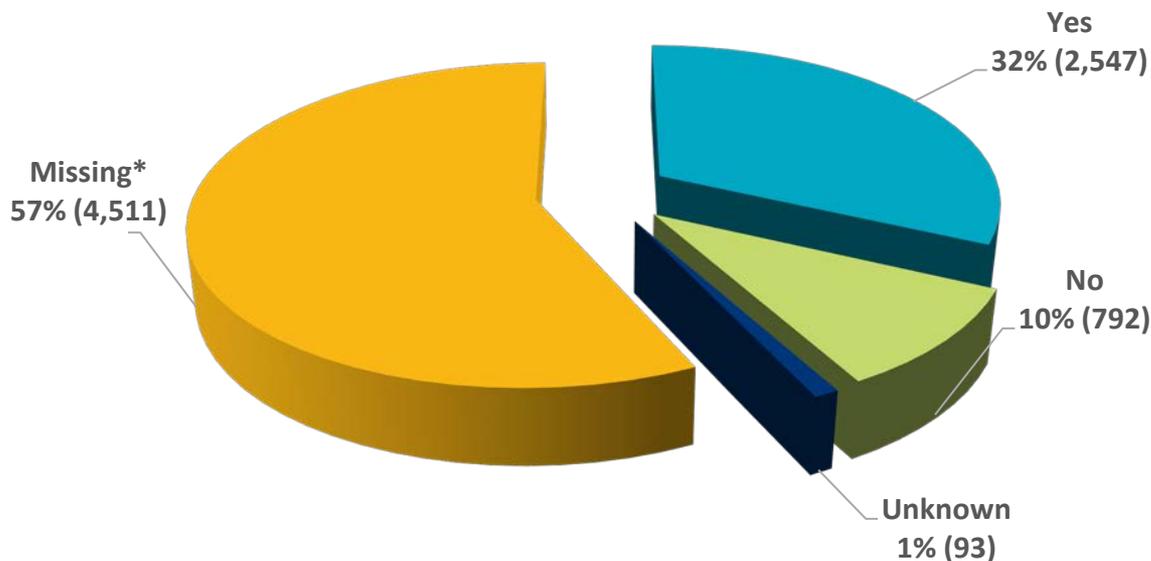
Sexual Orientation	TAY FY 2018-19		AOABHS FY 2018-19	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,478	75%	16,411	87%
Bisexual	410	12%	1,027	5%
Gay male	72	2%	416	2%
Lesbian	55	2%	255	1%
Other	108	3%	264	1%
Questioning	75	2%	199	1%
Declined to state	108	3%	364	2%
<b>Total (excluding missing)</b>	<b>3,306</b>	<b>100%</b>	<b>18,936</b>	<b>100%</b>
Missing	4,637	58%	24,329	56%

# Who are we serving?

## TAY Clients: History of Trauma

- Almost one-third (32%) of TAY clients served in FY 2018-19 had a history of trauma.
- Similar to last fiscal year, data for trauma history were not available (missing) for more than half (57%) of TAY clients served during FY 2018-19.

TAY History of Trauma



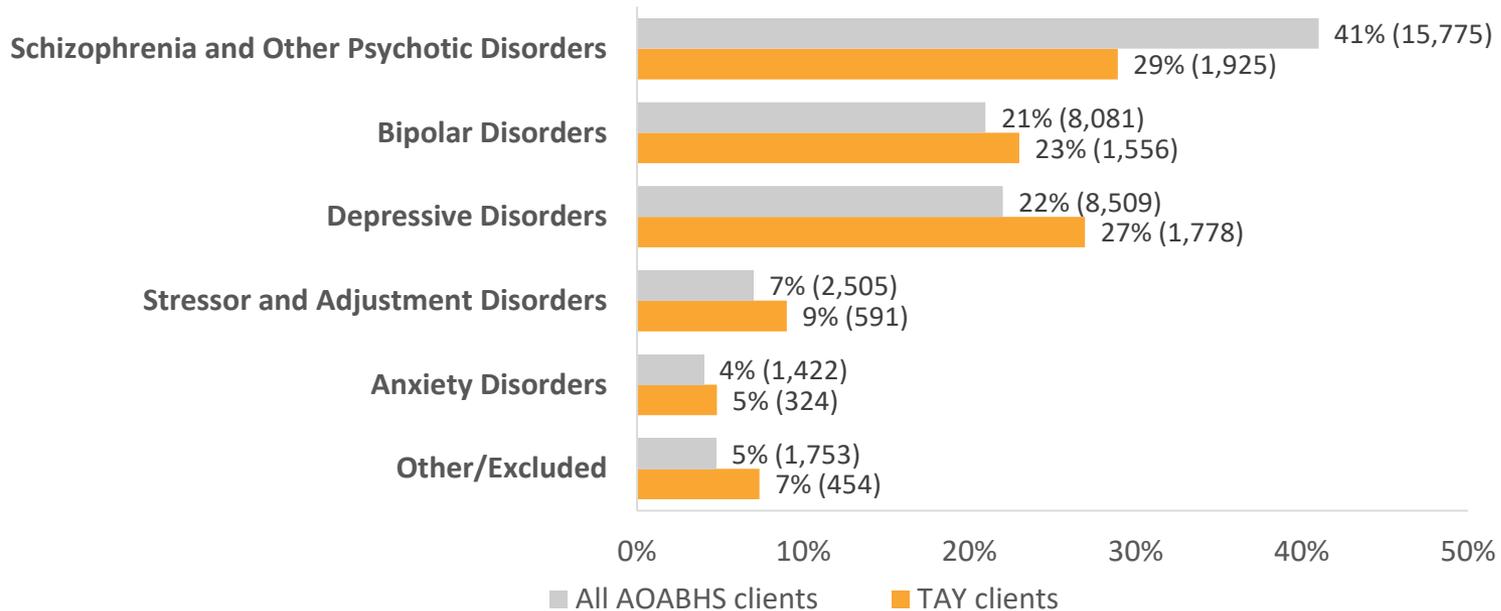
\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

# 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 2018-19 were schizophrenia and other psychotic disorders (29%), depressive disorders (27%), and bipolar disorders (23%), which comprise 79% (5,259 clients) of TAY clients with a valid diagnosis.
- Compared to AOA clients, a smaller proportion of TAY clients had a diagnosis of schizophrenia and other psychotic disorders (41% vs. 29%), and larger proportions of TAY had diagnoses of all other types of disorders.

### TAY Primary Diagnosis\*



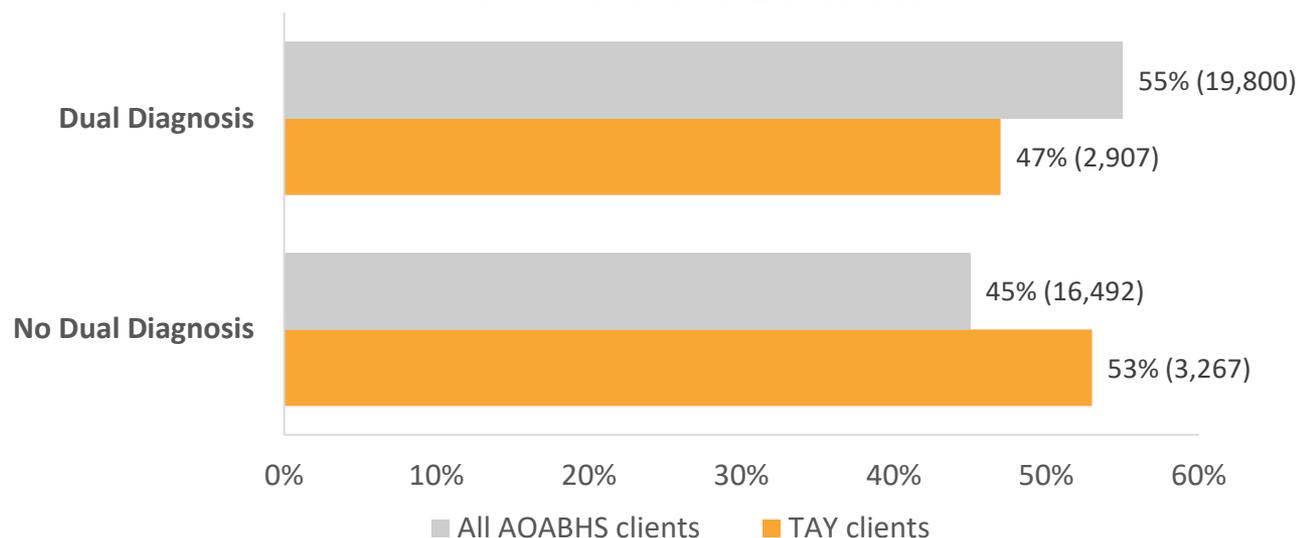
\*The graph and percentages reported above exclude invalid/missing values (TAY, n = 1,315; AOA, n = 5,220).

## Who are we serving?

### TAY Clients: Dual Diagnosis

- In addition to a primary diagnosis, 47% of TAY clients also had a dual diagnosis of mental illness and substance use disorder in FY 2018-19.
- The proportion of TAY clients with a dual diagnosis served in FY 2018-19 was less than the proportion of all AOA clients with a dual diagnosis (47% compared to 55%).

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



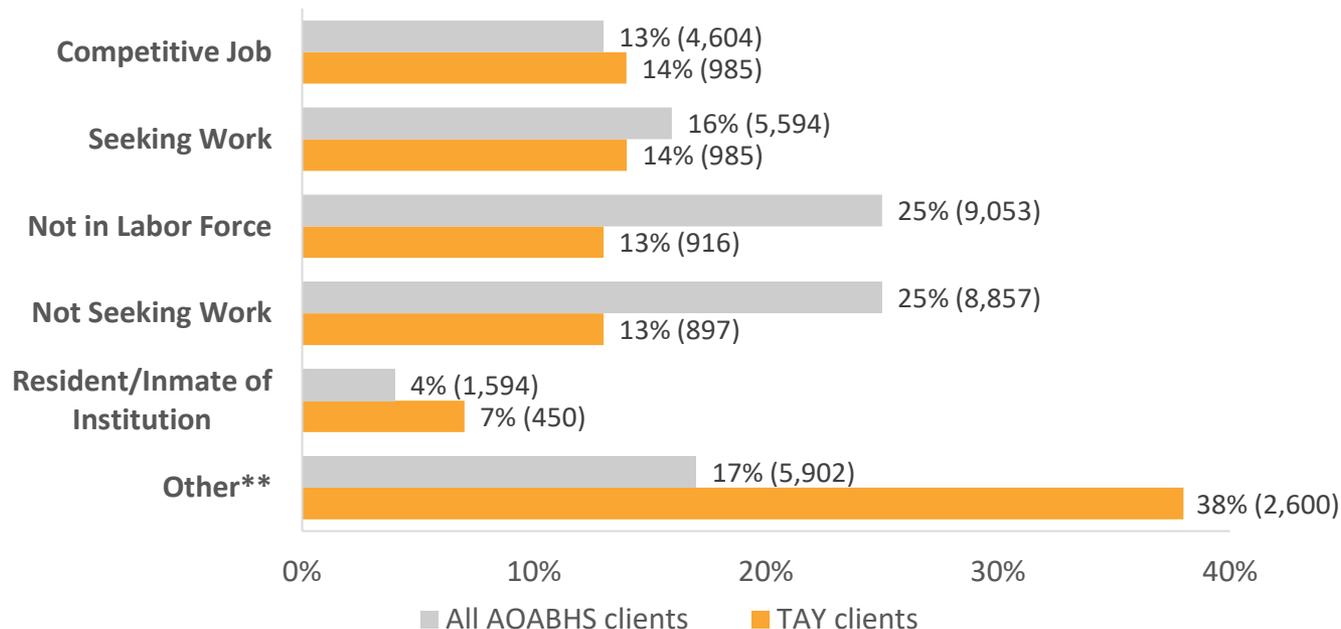
\*Clients without a valid primary mental health diagnosis are excluded from the figure.

# Who are we serving?

## TAY Clients: Employment Status

- Similar proportions of TAY clients served during FY 2018-19 were employed in a competitive job (14%), seeking work (14%), not in the labor force (13%), and not seeking work (13%).
- More than one-third of TAY clients (38%) had an other employment status, more than double the proportion of AOA clients (17%), likely reflecting a substantial student population in this age range.

**TAY Employment Status\***



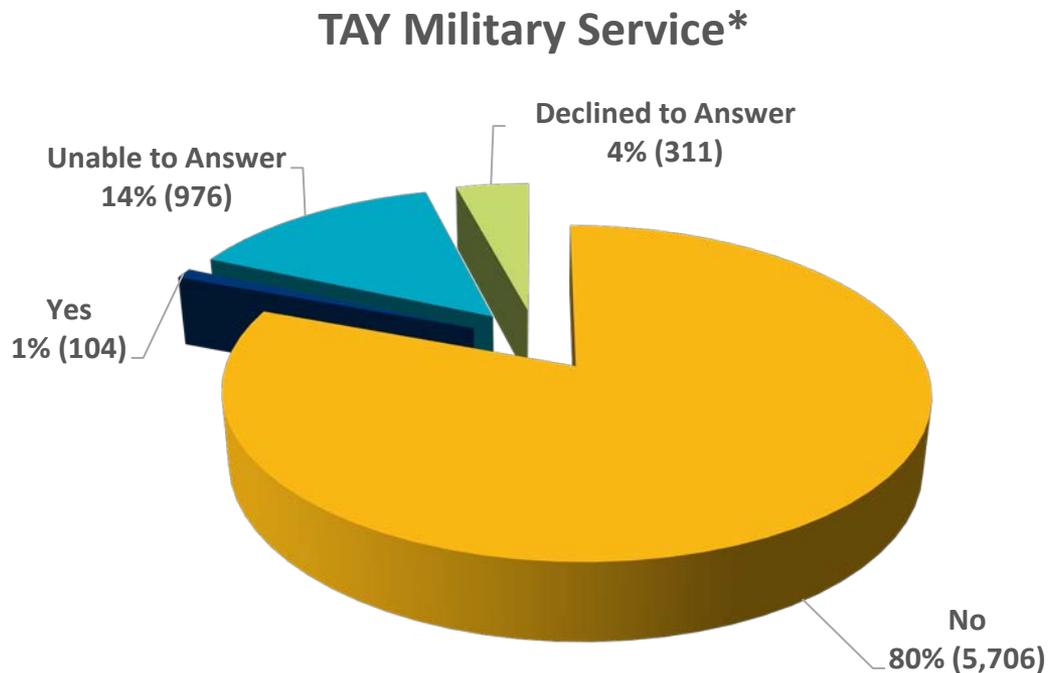
\*The graph and percentages reported above exclude unknown values (TAY, n = 1,110; AOA, n = 7,661).

\*\*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 89% of TAY clients served during FY 2018-19.
- Among those TAY clients served for whom military service data were available, 80% reported that they had no military service, and only 1% indicated that they had served in the military, a decrease from 5% reported in FY 2017-18.



\*The graph and percentages reported above exclude missing values (n = 846).

# 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)	17,033	345	Urgent Outpatient	2,463	1,511
Case Management	179	10	Crisis Stabilization**	1,052	833
Case Management – Institutional	800	54	PERT	2,985	2,457
Case Management – Strengths	1,682	124		Total Days	Total Clients
Case Management – Transitional	375	83	Crisis Residential	2,579	260
Fee for Service (FFS)	14,451	1,715	Forensic Services	Total Visits	Total Clients
Outpatient	23,250	1,981	Jail	7,486	1,783
Prevention	50	5	24 Hour Services	Total Days	Total Clients
Inpatient Services	Admissions	Total Clients	Edgemoor	364	<5
Inpatient – County	331	298	Long Term Care (LTC)	1,720	6
Inpatient – FFS	1,367	930	LTC – Institutional	9,858	47
State Hospital	<5	<5	LTC – Residential	422	<5
			Residential	632	6

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

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

## Are clients getting better?

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

- Clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms, progress towards recovery, and overall IMR scores.
- TAY clients self-reported statistically significant improvements in their overall mental health status via the RMQ from pre to post assessment.
- Mean pre and post scores on the clinician-rated Substance Use IMR subscale demonstrate no significant change in symptoms among TAY clients in FY 2018-19.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	373	3.91	3.97	▲
Management Subscale	389	2.44	2.71	▲
Recovery Subscale	390	2.84	2.99	▲
Overall Mean	390	3.06	3.21	▲
Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	326	3.63	3.71	▲

**Legend**

- ▲ Significant positive change ( $p < .05$ )
- ▲ Non-significant positive change
- ▶ No change

\*The outcomes reported here include all TAY BHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2018-19 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 2018-2019

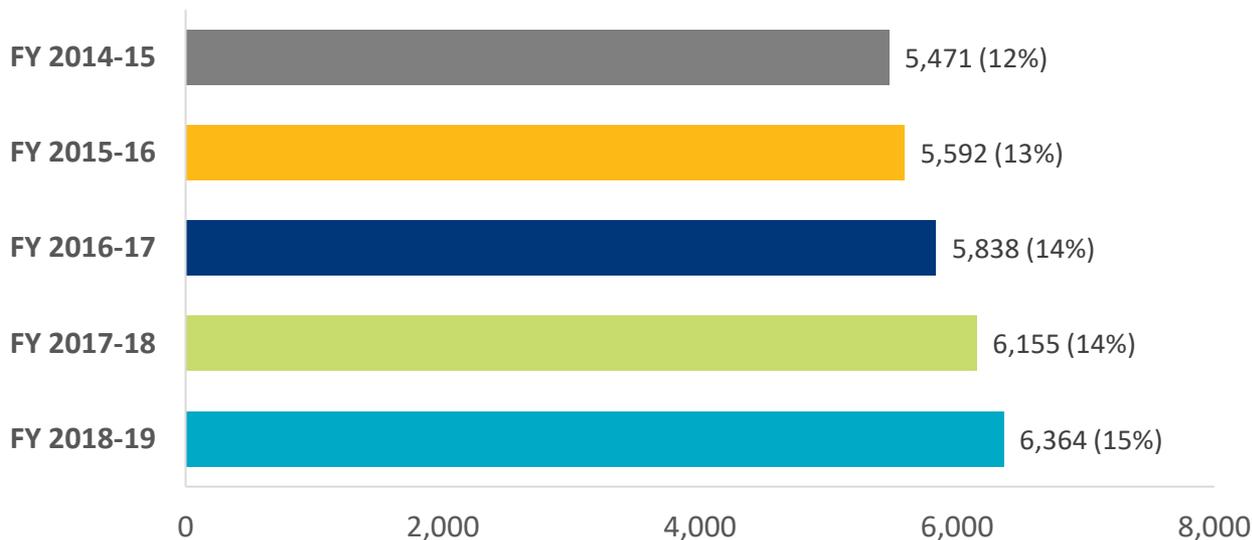
*Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2018-19  
Source: Health Services Research Center (KR, MCM, ST)*

## Who are we serving?

### Total Number of OA Clients Served

- During FY 2018-19, mental health services were delivered to 6,364 OA clients (age 60 and older) by the County of San Diego BHS, reflecting a 3% increase in the number of OA clients served compared to FY 2017-18.
- OA clients represent 15% of the 43,265 AOABHS clients served during FY 2018-19.
- The number of OA clients served by BHS has increased every year from FY 2014-15 to FY 2018-19.

### Number of Clients Served by Fiscal Year

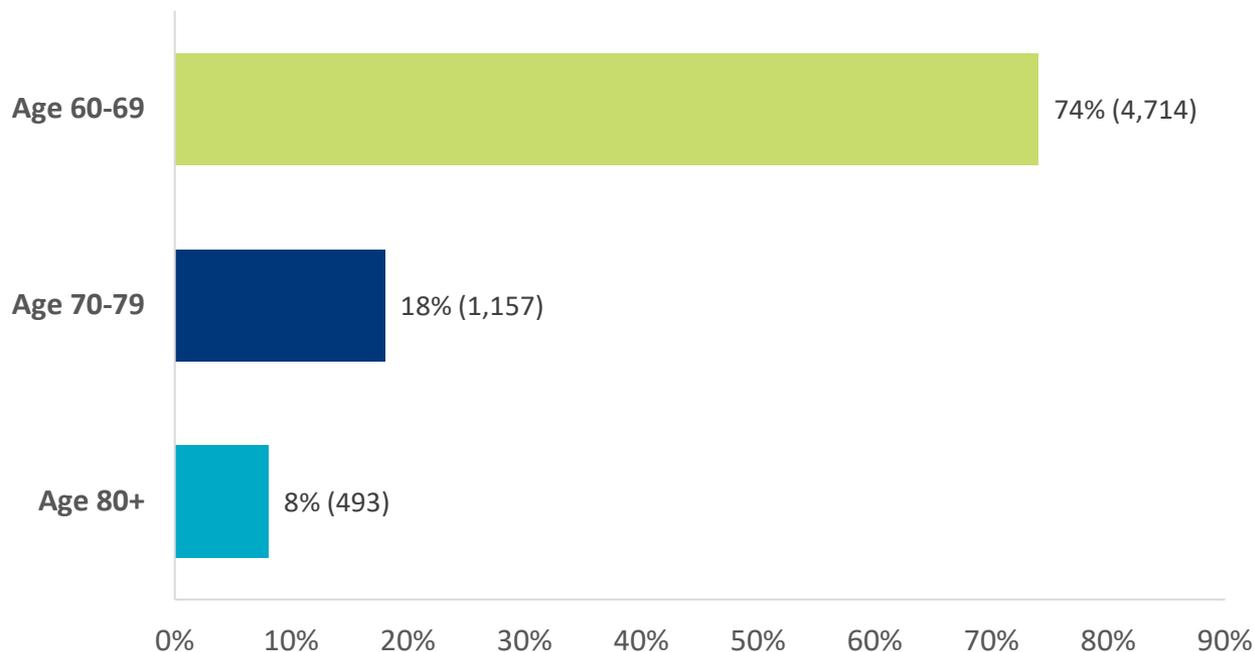


# Who are we serving?

## OA Clients: Age

- Almost three-quarters (74%) of OA clients served during FY 2018-19 were between the ages of 60 and 69 years.
- The number of OA clients served during FY 2018-19 that were between the ages of 70 and 79 years (1,157 clients) increased by 10%, compared to FY 2017-18 (1,051 clients).

### OA Age Distribution

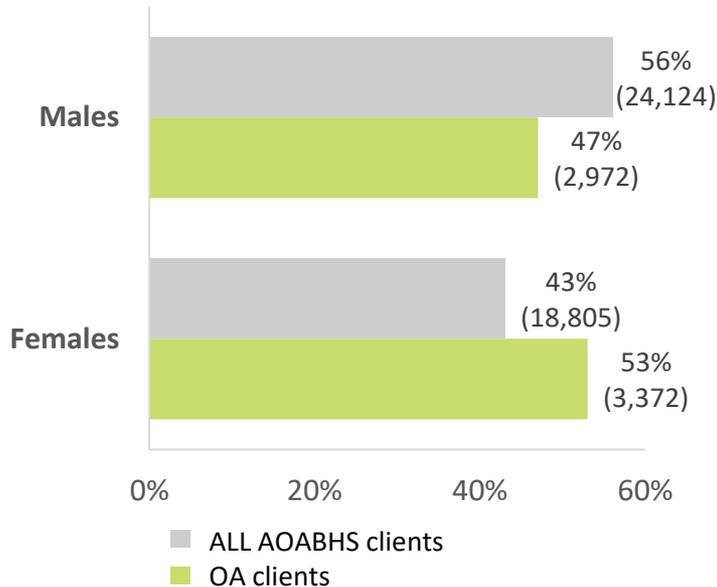


# Who are we serving?

## OA Clients: Gender

- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2018-19 were female (53%) compared to the overall AOABHS client population (43%).
- The proportion of male OA clients served by AOABHS has gradually increased over the past five fiscal years (43% to 47%).

### OA Gender\* Distribution



OA Gender	Fiscal Year					AOABHS FY 2018-19 Population
	2014-15	2015-16	2016-17	2017-18	2018-19	
Females	56%	55%	54%	54%	53%	43%
Males	43%	44%	45%	46%	47%	56%
Other/Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	1%

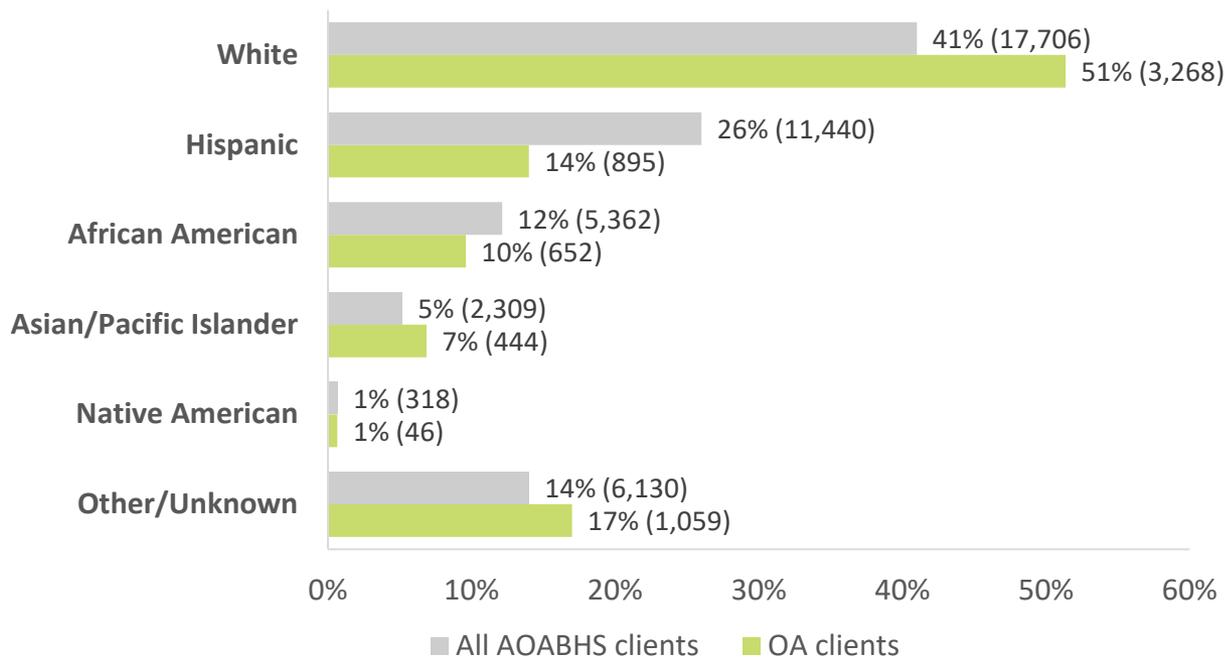
\*The figure excludes the other/unknown categories, comprising <1% of the OA (20 clients) and 1% of the overall AOABHS (336 clients) population.

# Who are we serving?

## OA Clients: Race/Ethnicity

- More than half of OA clients (51%) served during FY 2018-19 were White.
- Similar to previous fiscal years, compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (14% vs. 26%), and a larger proportion were White (51% vs. 41%) in FY 2018-19.

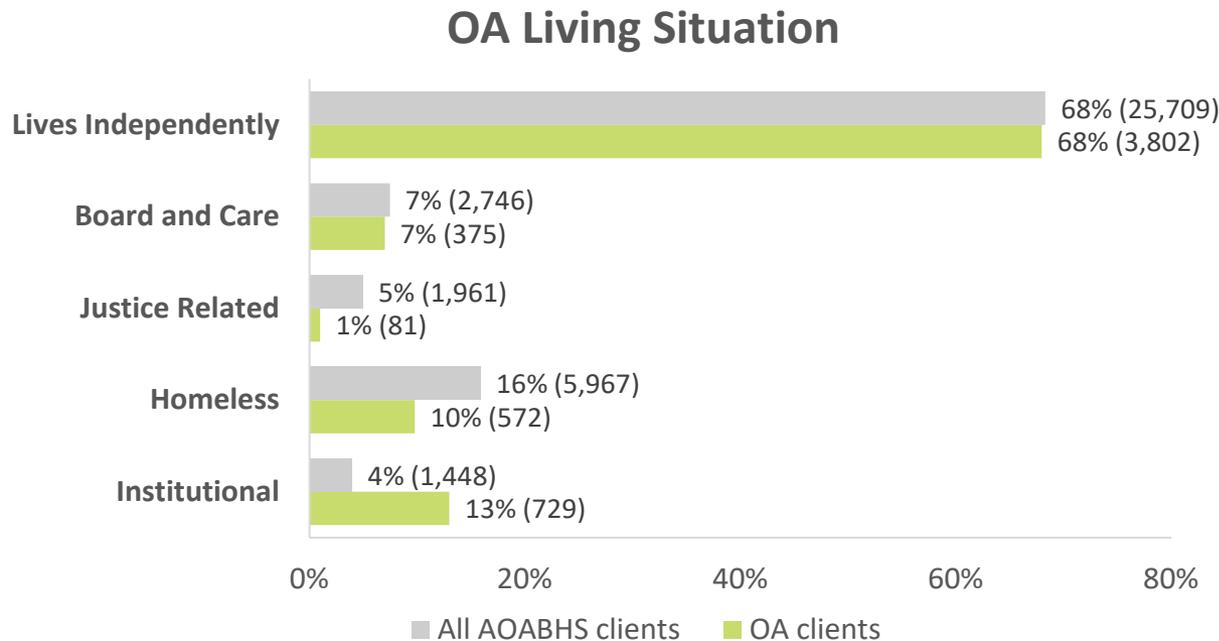
### OA Race/Ethnicity Distribution



# Who are we serving?

## OA Clients: Living Situation\*

- Compared to the overall AOABHS client population, similar proportions of OA clients served during FY 2018-19 lived independently\*\* and in Board and Care.
- A greater proportion of OA clients served during FY 2018-19 lived in an institutional setting (13%) and a smaller proportion of OA clients were homeless (10%) or living in justice-related settings (1%), compared to the overall AOABHS client population (4%, 16%, and 5%, respectively).



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

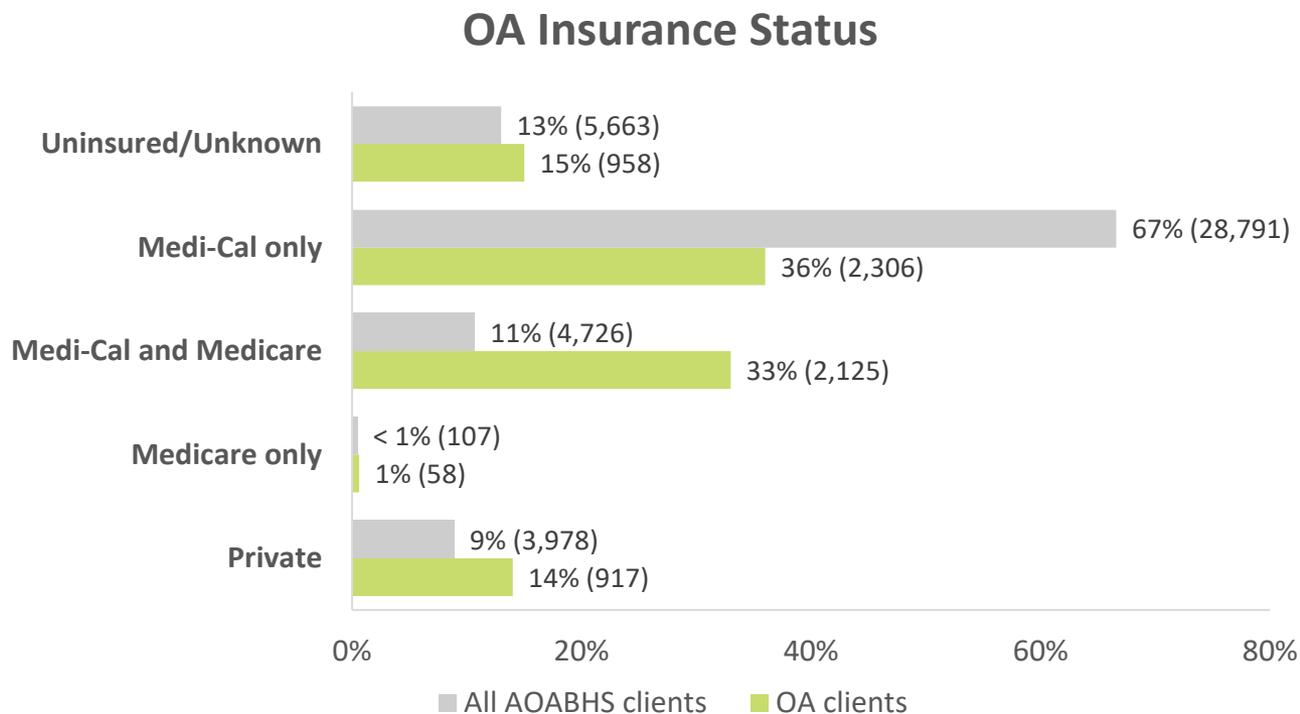
\*\*Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (OA, n = 805; AOA, n = 5,434) are excluded from the figure and percentages reported above.

# Who are we serving?

## OA Clients: Health Care Coverage

- Most OA clients served during FY 2018-19 were at least partially covered by Medi-Cal (70%).
- One-third of OA clients served during FY 2018-19 had combined Medi-Cal and Medicare health care coverage (33%).
- 15% of OA clients served in FY 2018-19 had an uninsured/unknown insurance status.

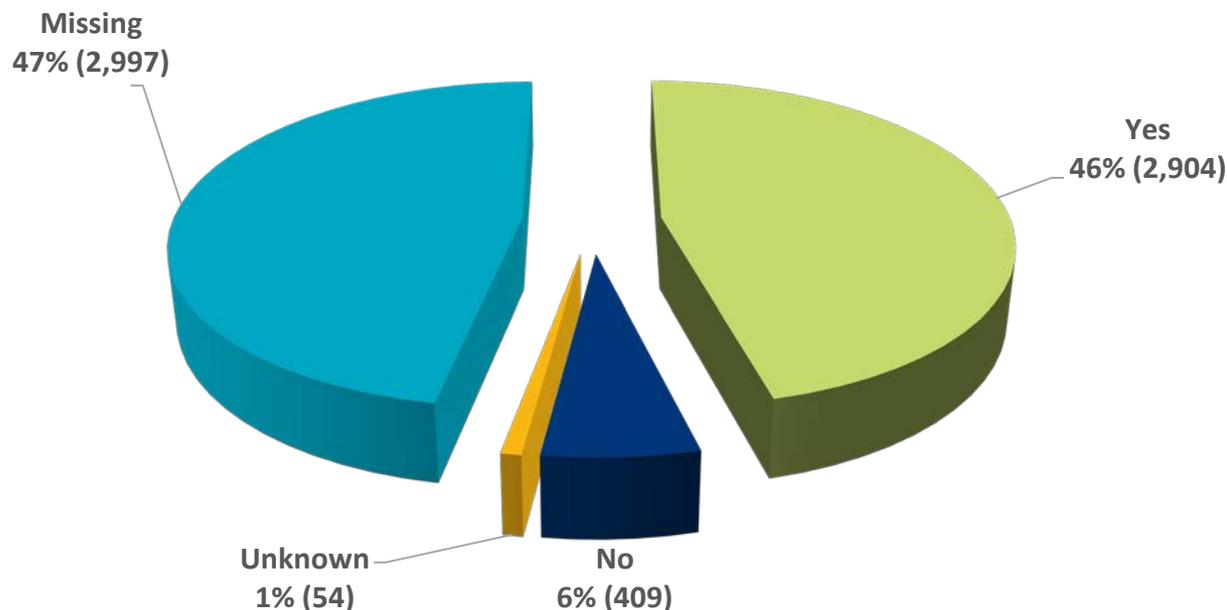


## Who are we serving?

### OA Clients: Primary Care Physician

- A slight increase in the OA clients served during FY 2018-19 had a primary care physician from FY 2017-18 (43%).
- Information about primary care physician was unavailable or unknown for almost half of OA clients (48%; 3,051 clients).

### OA Primary Care Physician



## Who are we serving?

### OA Clients: Sexual Orientation

- Almost all OA clients served during FY 2018-19 with sexual orientation information available identified as heterosexual (93%).
- Similar to the overall AOABHS population, sexual orientation data were missing for 56% of OA clients.

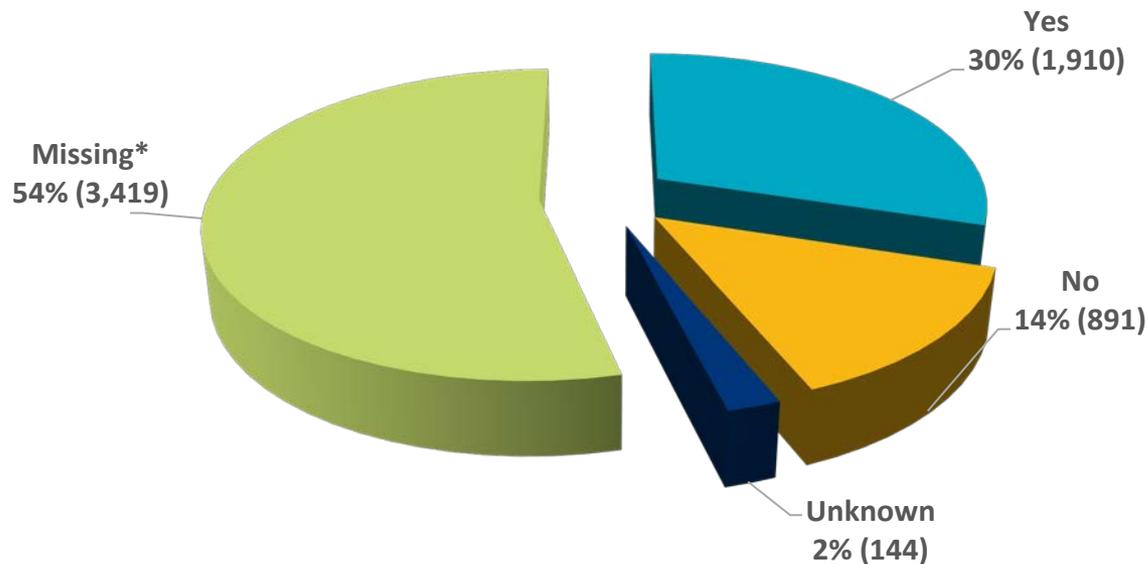
Sexual Orientation	OA FY 2018-19		AOABHS FY 2018-19	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,630	93%	16,411	87%
Bisexual	44	2%	1,027	5%
Gay male	39	1%	416	2%
Lesbian	22	1%	255	1%
Other	15	1%	264	1%
Questioning	21	1%	199	1%
Declined to state	50	2%	364	2%
<b>Total (excluding missing)</b>	<b>2,821</b>	<b>100%</b>	<b>18,936</b>	<b>100%</b>
Missing	3,543	56%	24,329	56%

# Who are we serving?

## OA Clients: History of Trauma

- 1,910 OA clients served during FY 2018-19 had a history of trauma (30%), reflecting an increase of 10% compared to FY 2017-18. This finding continues a trend observed between FY 2016-17 and FY 2017-18. Since FY 2016-17, the number of OA clients served with a history of trauma increased by almost 27% (1,504 clients in FY 2016-17 compared to 1,910 clients in FY 2018-19).\*\*
- Trauma history data were missing or unknown for more than half (56%) of OA clients (3,563 clients).

OA History of Trauma



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

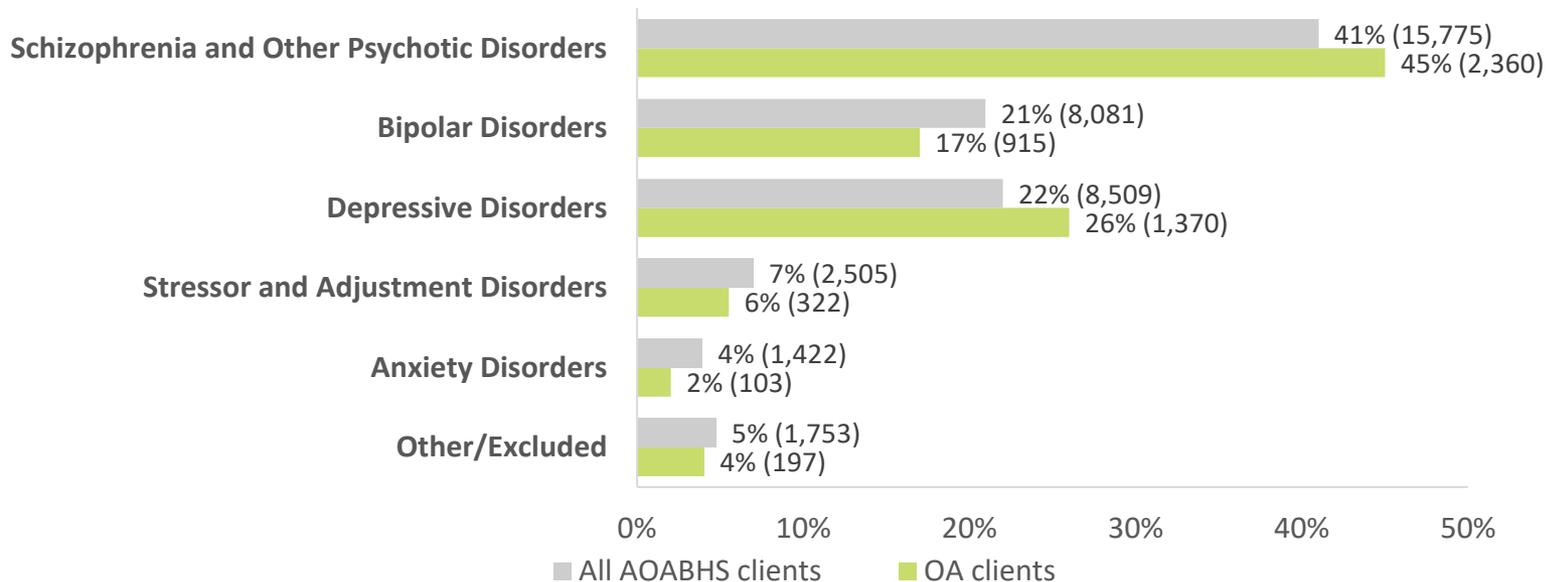
\*\*This increase may be partially explained by a corresponding reduction in the number of proportion of OA clients with unknown or missing trauma history data.

# Who are we serving?

## OA Clients: Primary Diagnosis

- The most common diagnosis among OA clients served during FY 2018-19 was schizophrenia and other psychotic disorders (45%), followed by depressive disorders (26%), comprising almost three-quarters of OA clients with a valid diagnosis.
- Compared to the overall AOA population, a slightly larger proportion of OA clients had a depressive disorder diagnosis (26% compared to 22%) or a diagnosis of schizophrenia and other psychotic disorders (45% compared to 41%).

### OA Primary Diagnosis\*



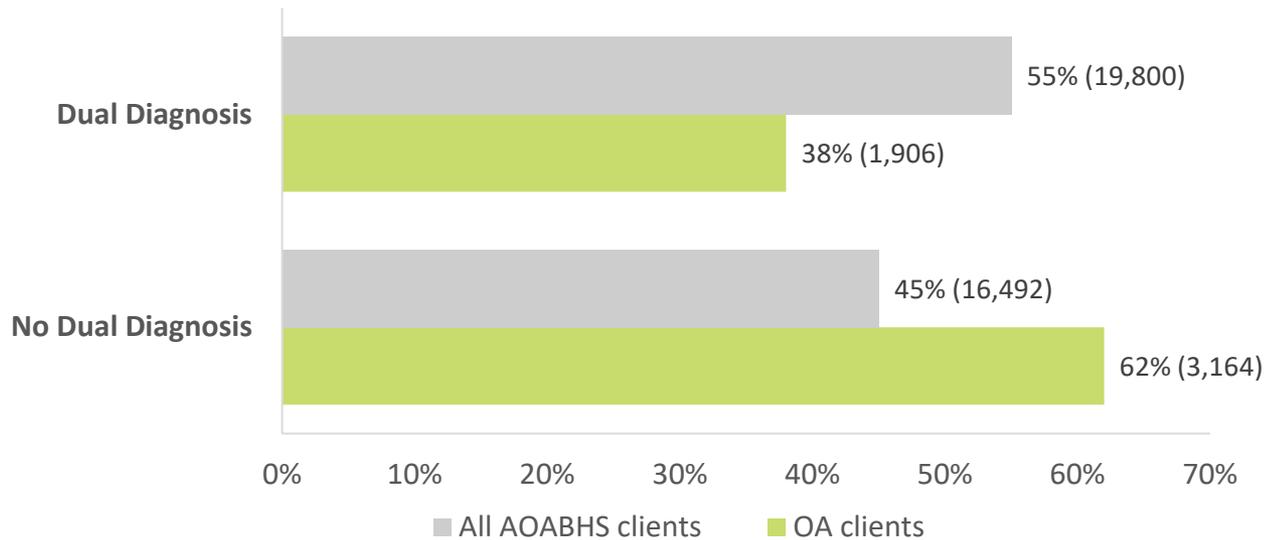
\*The graph and percentages reported above exclude invalid/missing values (OA, n = 1,097; AOA, n = 5,220).

# Who are we serving?

## OA Clients: Co-occurring

- In addition to a primary diagnosis, over one-third of OA clients (38%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2018-19.
- The proportion of OA clients with a dual diagnosis has consistently increased from FY 2015-16 to FY 2018-19 (30% to 38%).

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

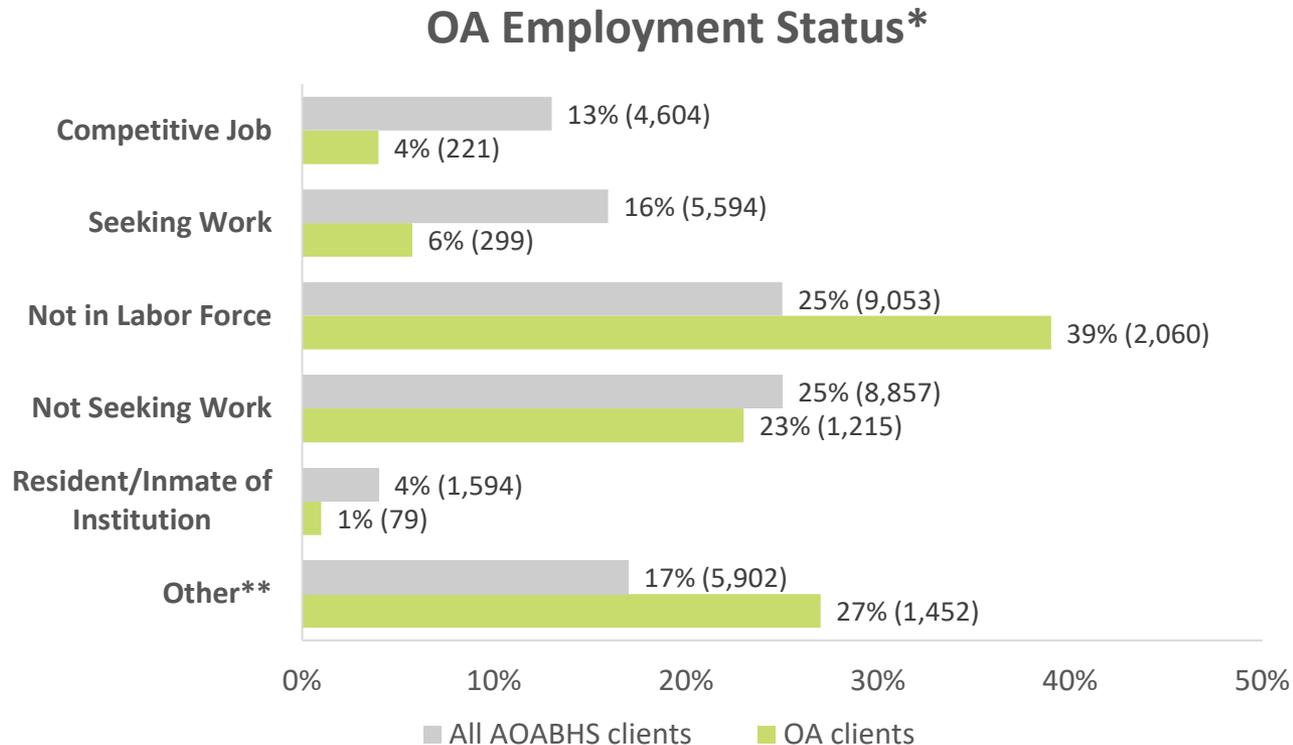


\*Clients without a valid primary mental health diagnosis are excluded from the figure.

# Who are we serving?

## OA Clients: Employment Status

- 39% of OA clients served during FY 2018-19 were not in the labor force; comprising the largest population of OA clients.
- More than one-quarter of OA clients served during FY 2018-19 (27%) had an other employment status.



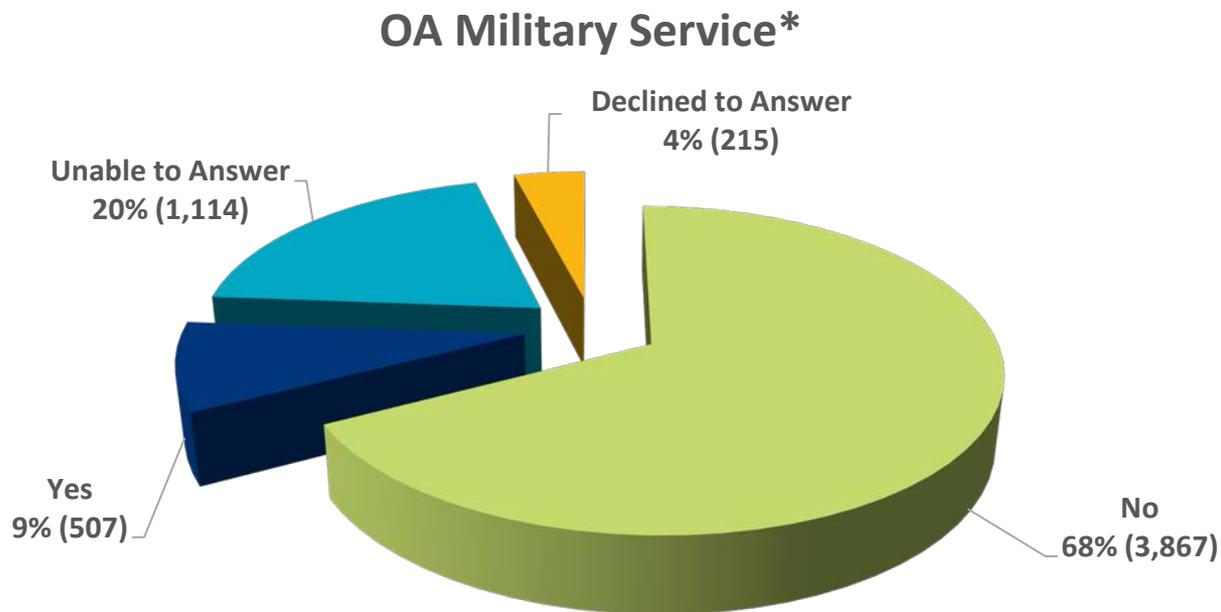
\*The graph and percentages reported above exclude unknown values (OA, n = 1,038; AOA, n = 7,661).

\*\*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 90% of OA clients served during FY 2018-19.
- Among those clients served for whom military service data were available, over two-thirds (68%) reported that they had no military service, and 9% indicated that they had served in the military.



\*The graph and percentages reported above exclude missing values (n = 661).

# 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)	23,104	498	Urgent Outpatient	865	565
Case Management	512	34	Crisis Stabilization**	374	293
Case Management – Institutional	4,772	404	PERT	1,880	1,506
Case Management – Strengths	9,245	506		Total Days	Total Clients
Case Management – Transitional	103	25	Crisis Residential	2,128	166
Fee for Service (FFS)	10,201	1,467	Forensic Services	Total Visits	Total Clients
Outpatient	18,805	1,896	Jail	2,081	508
Prevention	0	0	24 Hour Services	Total Days	Total Clients
Inpatient Services	Admissions	Total Clients	Edgemoor	27,580	86
Inpatient – County	144	132	Long Term Care (LTC)	1,012	<5
Inpatient – FFS	472	301	LTC – Institutional	11,508	47
State Hospital	0	0	LTC – Residential	304	<5
			Residential	1,344	<5

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

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

## Are clients getting better?

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

- Clinicians reported that OA clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms and overall IMR scores.
- Clinicians reported slight improvements among OA clients on the substance use subscale and recovery subscale of the IMR, and OA clients self-reported improvement in their overall mental health status via the RMQ from pre to post assessment, but none of these improvements were statistically significant.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	936	4.58	4.61	▲
Management Subscale	962	3.00	3.08	▲
Recovery Subscale	965	2.87	2.91	▲
Overall Mean	966	3.29	3.34	▲
Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	646	3.61	3.64	▲

**Legend**

- ▲ Significant positive change ( $p < .05$ )
- ▲ Non-significant positive change
- ▶ No change

\*The outcomes reported here include all OA BHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2018-19 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

# Glossary

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- **Assertive Community Treatment (ACT)** is a team-based approach to delivering comprehensive and flexible treatment, support and services. ACT programs provide extensive service for individuals who experience serious mental illness. People who receive ACT services typically have needs that have not been effectively addressed by traditional, less intensive mental health services.
- **Case Management (CM)** services help and support people with long-term mental health problems to maintain housing, and obtain financial assistance, medical and psychiatric treatment, and assists clients to link with other community services such as education, work, and social programs. The service activities may include, but are not limited to: supportive counseling, coordination, and referral; ensuring access to service delivery system; and assessment, service plan development and monitoring client progress.
- **Case Management Program – Institutional** are services received by persons with serious mental illness residing in an institutional setting (e.g., locked long-term care, Skilled Nursing Facility).
- **Case Management Program – Strengths-Based Case Management** are services provided through Clinical Case Management services with a major rehabilitation component designed to help people with serious mental illness identify and achieve meaningful life goals. Strengths-Based Case Management programs are expected to maintain good fidelity to the model developed by Charles Rapp (see “The Strengths Model,” by Charles Rapp and Richard Goscha, 2012).
- **Case Management Program – Transitional** are short-term Case Management services provided on a transitional basis to link persons with serious mental illness with needed services and resources in the community, which may include longer-term Case Management services, and/or a variety of resources including but not limited to psychiatric, medical, social, housing, employment, education, spiritual, and transportation services.

# 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.
- **Dual Diagnosis** occurs when an individual has both a mental disorder and a substance abuse problem.
- **Edgemoor** is an inpatient skilled nursing facility that provides: 24-hour skilled nursing care; physical rehabilitation; 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.

# Glossary

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

# Glossary

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- **Prevention and Early Intervention (Prevention or PEI)** programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.
- **Primary Diagnosis** was determined by identifying the primary DSM/ICD diagnosis at intake from the last episode of service prior to June 30, 2018.
- **Psychiatric Emergency Response Team (PERT)** of San Diego County pairs licensed, experienced, professional mental health clinicians with specially trained law enforcement officers. They respond to calls for service from the community involving individuals who may be experiencing mental health crises. They intervene to prevent unnecessary hospitalizations and incarcerations while protecting the individuals involved as well as the community.
- **Recovery Makers Questionnaire (RMQ)** is a 26-item questionnaire that assesses elements of recovery from the client's perspective. It was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery.
- **Residential services** are services provided to persons with serious mental illness through a residential setting which provides 24/7 care and supervision as needed (unless otherwise authorized by the County to provide residential services that do not include care and supervision).

# Glossary

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- **State Hospital** (California) services are provided to persons with serious mental illness through a California State Hospital.
- **Urgent Outpatient (UO)** services are provided in an outpatient setting to adults and older adults who are experiencing a crisis and who may require medication support and stabilization.

# Contact Us

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

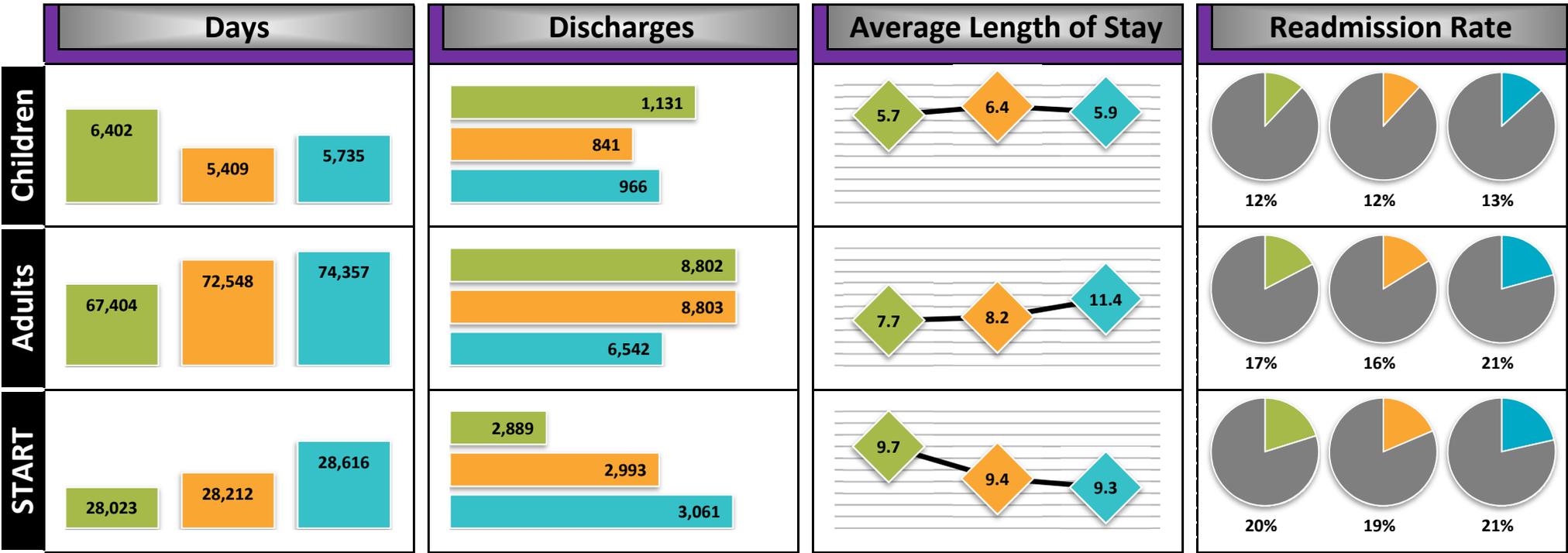
*UCSD's Health Services Research Center provides a comprehensive variety of research services to academia, health services organizations, corporations, and individuals worldwide. We are a non-profit research organization within the University of California San Diego's School of Medicine, Department of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



## Appendix A: Hospital Dashboard 3 Year Trend

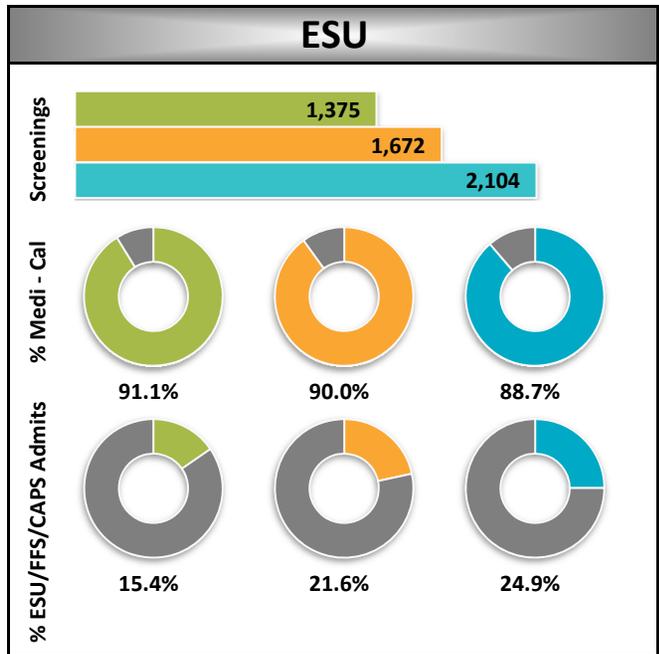
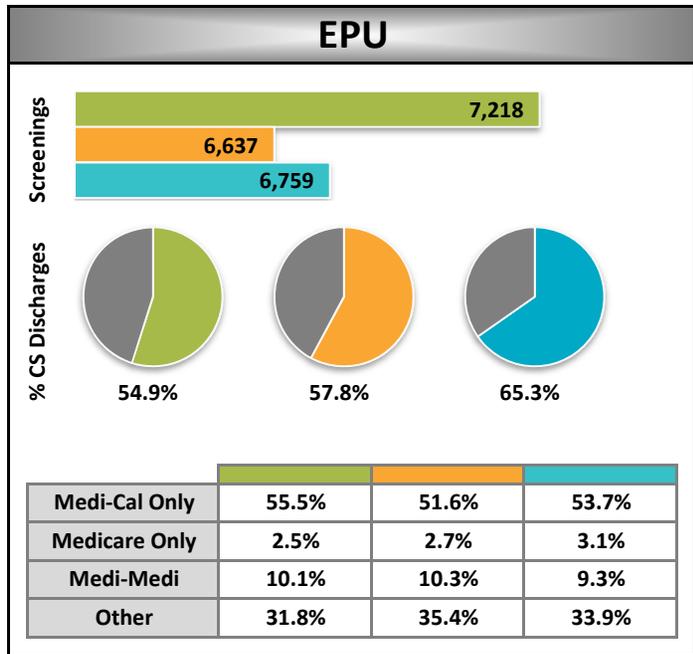
# Hospital Dashboard 3 Year Trend

FY 2016-17 | FY 2017-18 | FY 2018-19



### PERT

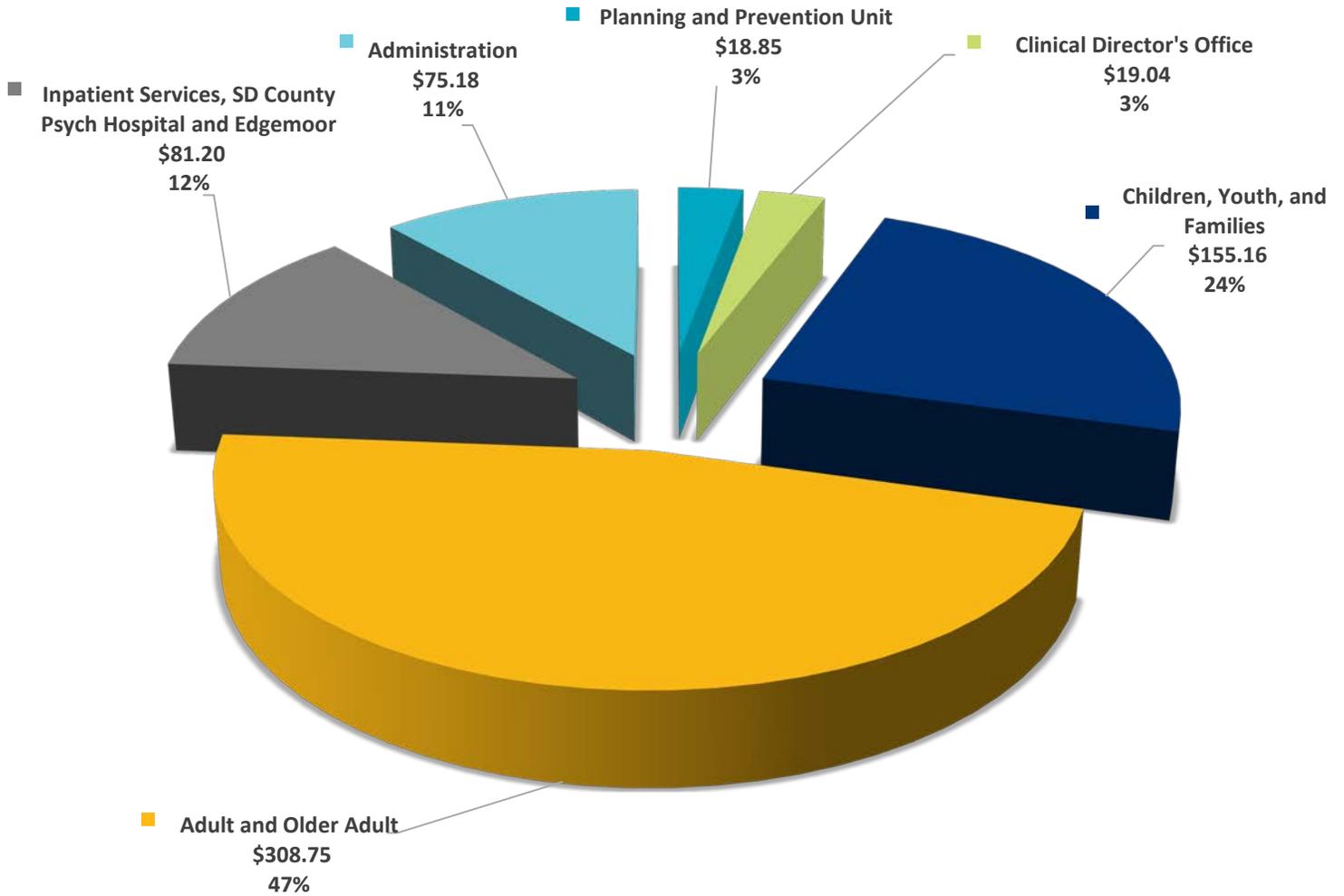
	2016-17	2017-18	2018-19
<b>Children</b>			
Contacts	1,157	1,585	1,759
FFS & CAPS Admits	148	108	155
ESU Visits	173	255	467
<b>Adults</b>			
Contacts	7,378	8,569	9,736
FFS Admits	760	799	753
EPU Screenings	491	583	859
PERT-EPU-SDCPH	137	199	284



## Appendix B: FY 2018-19 BHS Factsheets



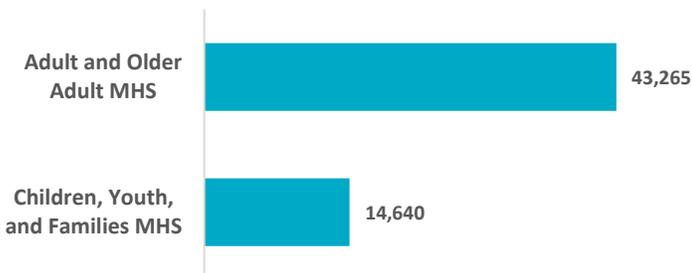
**Total BHS Adopted Budget for FY 2018-19 = \$658.18 million\***  
**Total Full-Time Equivalent Employees (FTE) = 864**  
**\$ in Millions**



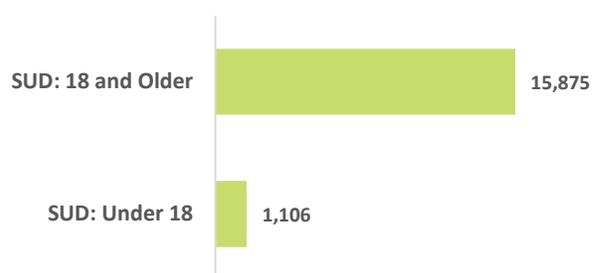
\*FY 2018-19 data is based on the level of care information that was extracted from BHS Financial Management System (Board), thus additional service categories were added.  
 Data Source: COSD BHS Fiscal Management

### Mental Health Services and Substance Use Disorder Services Clients, FY 2018-19

Mental Health Services System Clients\*\*  
 FY 2018-19



Substance Use Disorder Services System Clients\*\*\*  
 FY 2018-19



\*\*Based on CCBH unduplicated client data  
 Data Source: AOABHS and CYFBHS Databooks, FY 2018-19

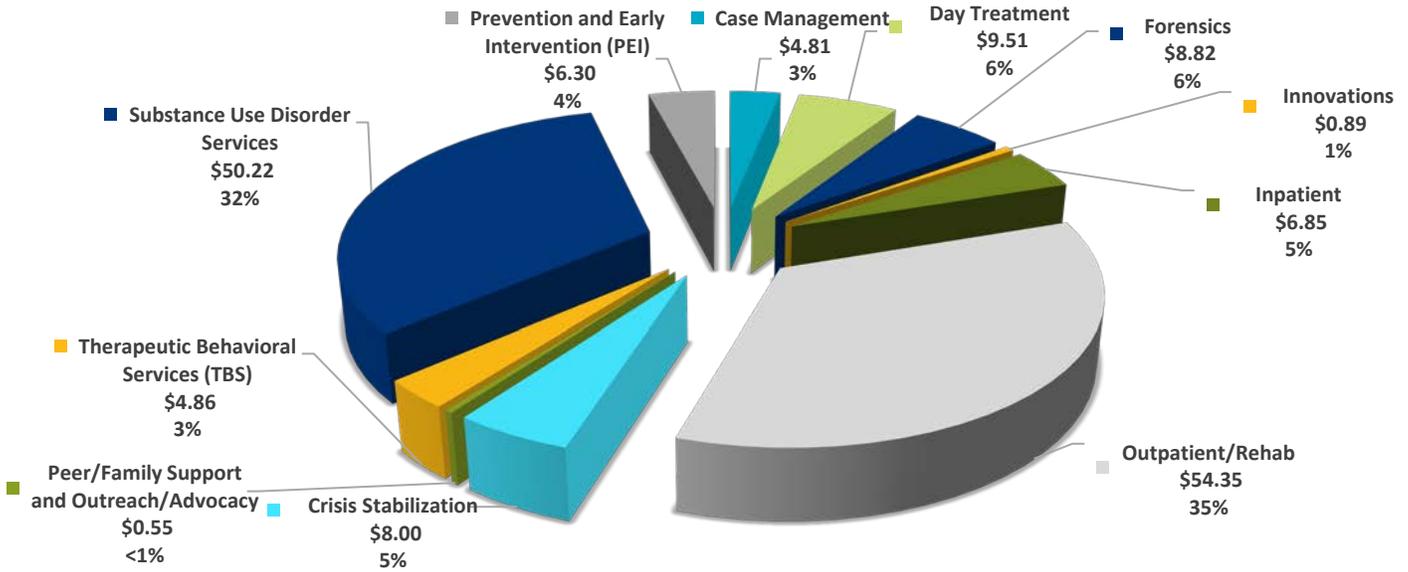
\*\*\*Based on SanWITS unduplicated client data  
 Data Source: SUD Databook, FY 2018-19



County of San Diego Health and Human Services Agency  
**Behavioral Health Services Fact Sheet for Fiscal Year (FY) 2018-19**  
**Children, Youth, and Families Behavioral Health Services (CYFBHS)**

**CYFBHS Budget for FY 2018-19 = \$155.16 million\***

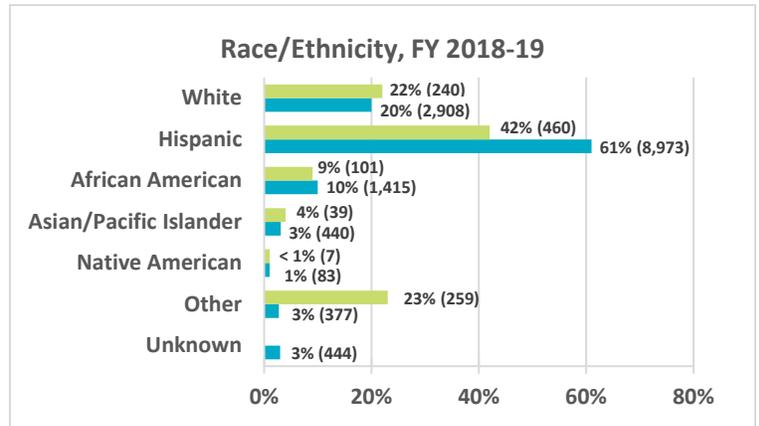
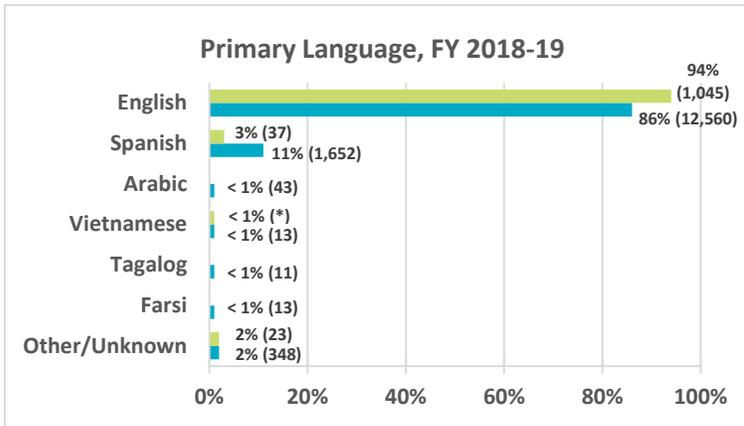
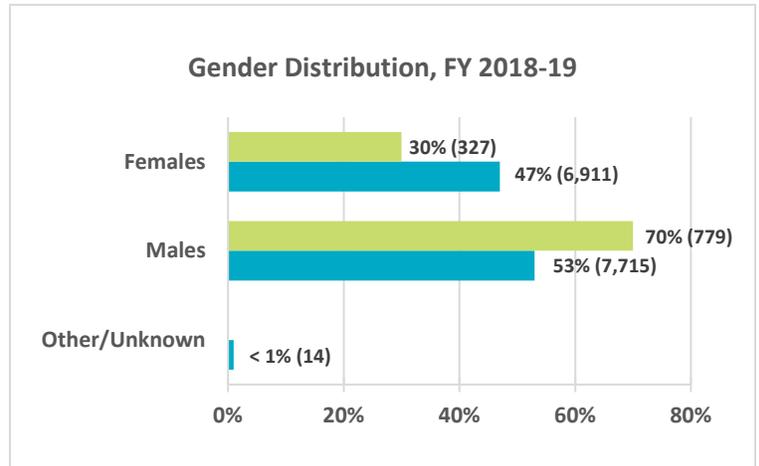
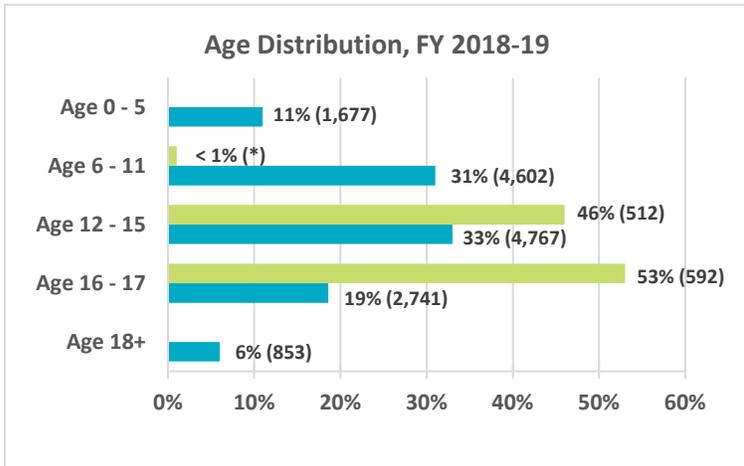
**Direct Services Expenditures (\$ in Millions)**



\*FY 2018-19 data is based on the level of care information that was extracted from BHS Financial Management System (Board), thus additional service categories were added.  
 Data Source: COSD BHS Fiscal Management

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

**Children, Youth, and Families Demographics**  
**Unduplicated Substance Use Disorder Clients Served in FY 2018-19: 1,106**  
**Unduplicated Mental Health Clients Served in FY 2018-19: 14,640**



\*Counts of clients less than five have been masked

Note: Percentages may not sum to 100 due to rounding.  
 Data Source: CYFBHS Databook, FY 2018-19, SUD Databook Data, FY 2018-19

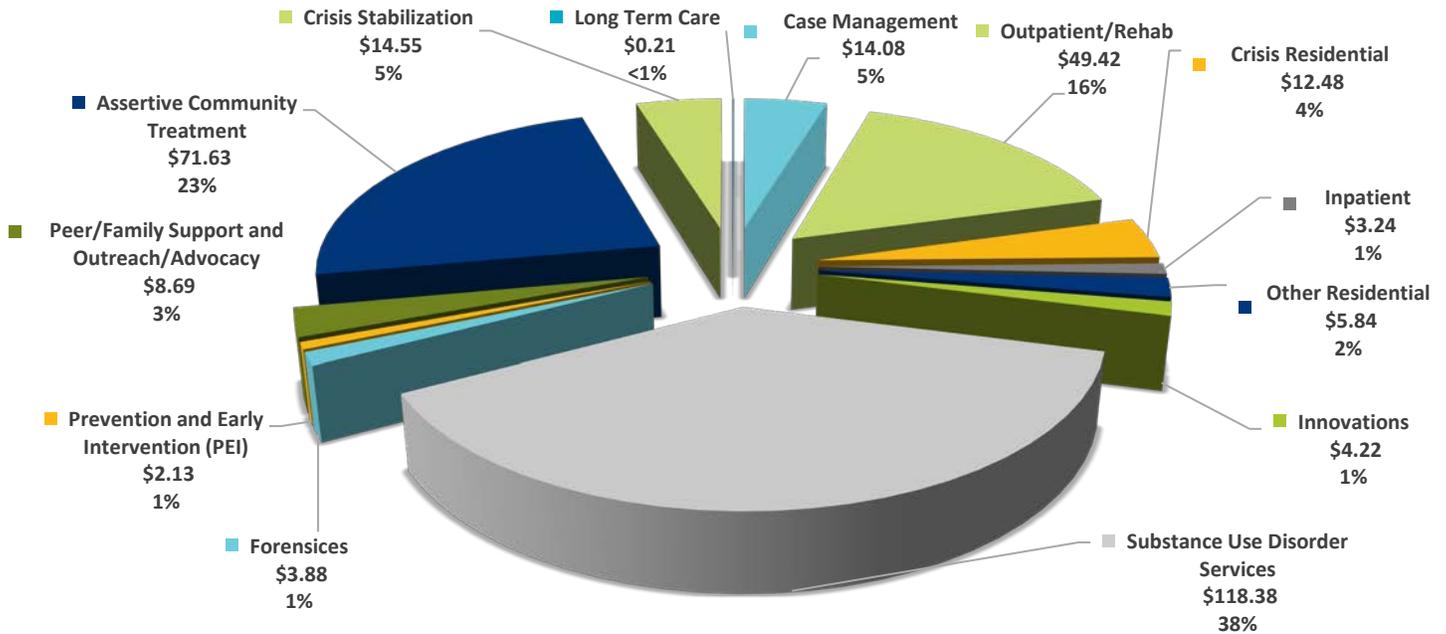
Source: HSRC (KR, ST)  
 Report date: 3/3/2020



County of San Diego Health and Human Services Agency  
**Behavioral Health Services Fact Sheet for Fiscal Year (FY) 2018-19**  
**Adult and Older Adult Behavioral Health Services (AOABHS)**

**AOABHS Budget for FY 2018-19 = \$308.75 million\***

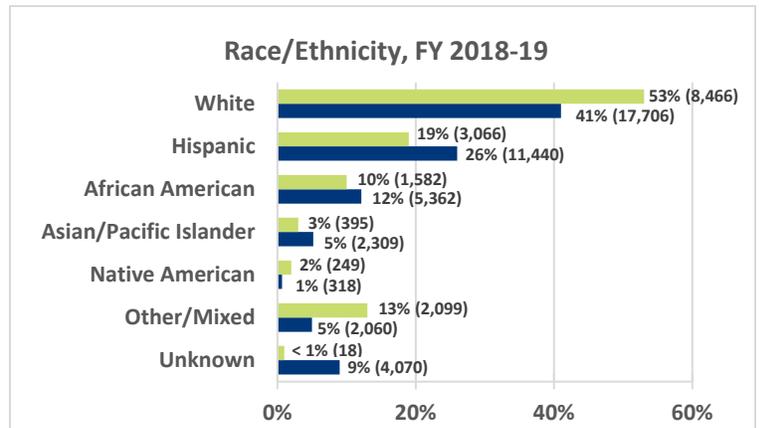
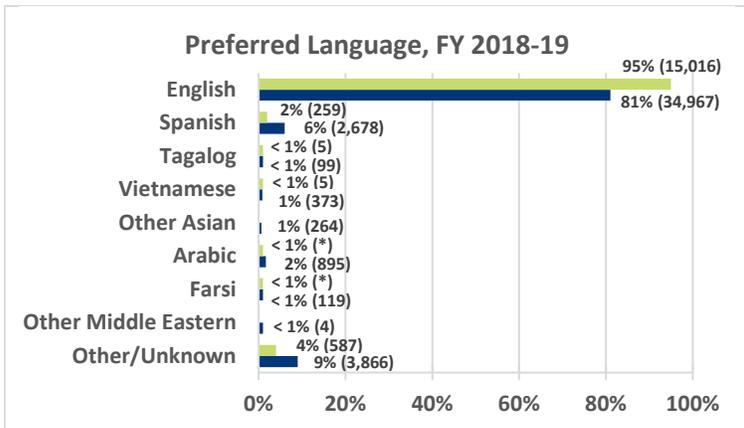
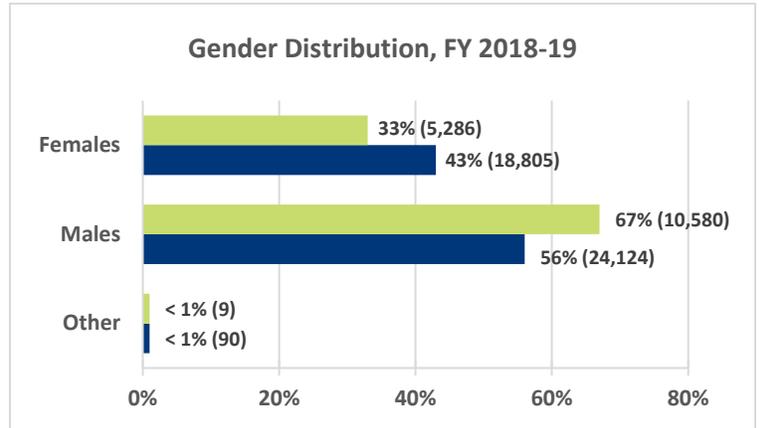
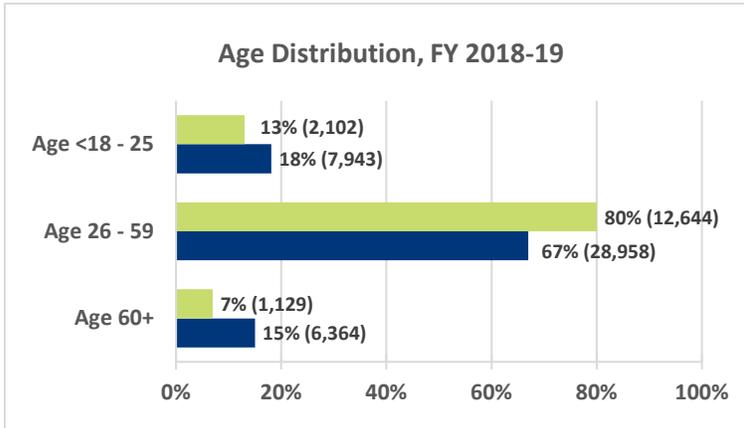
**Direct Services Expenditures (\$ in Millions)**



\*FY 2018-19 data is based on the level of care information that was extracted from BHS Financial Management System (Board), thus additional service categories were added.  
 Data Source: COSD BHS Fiscal Management

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

**Adult and Older Adult Demographics**  
**Unduplicated Substance Use Disorder Clients Served in FY 2018-19: 15,875**  
**Unduplicated Mental Health Clients Served in FY 2018-19: 43,265**



\*Counts of clients less than five have been masked

Note: Percentages may not sum to 100 due to rounding.  
 Data Source: AOABHS Databook, FY 2018-19

Source: HSRC (KR, ST)  
 Report date: 3/3/2020

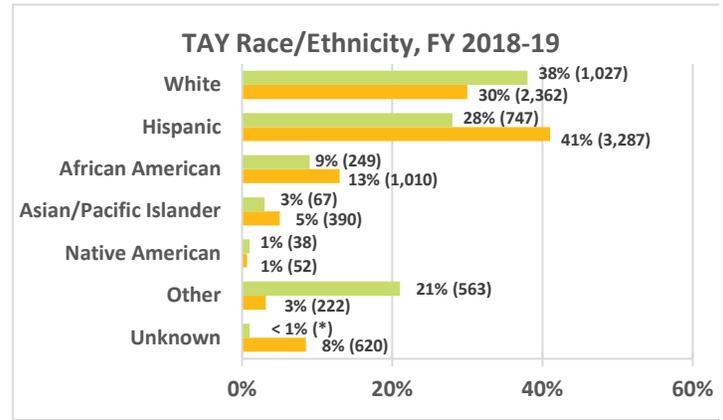
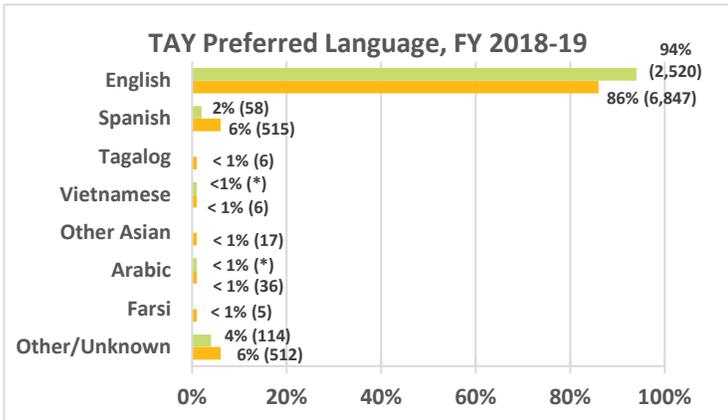
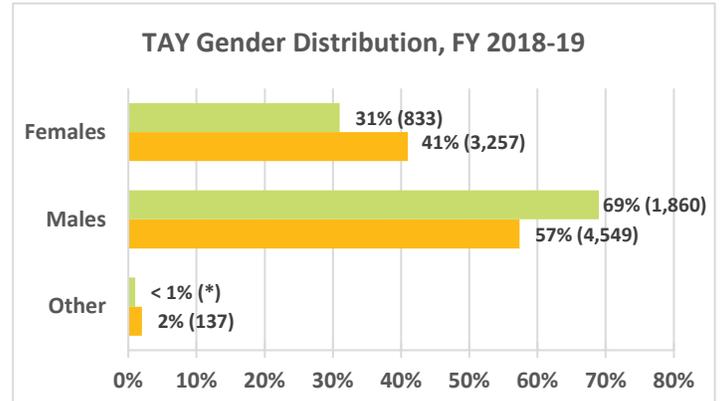
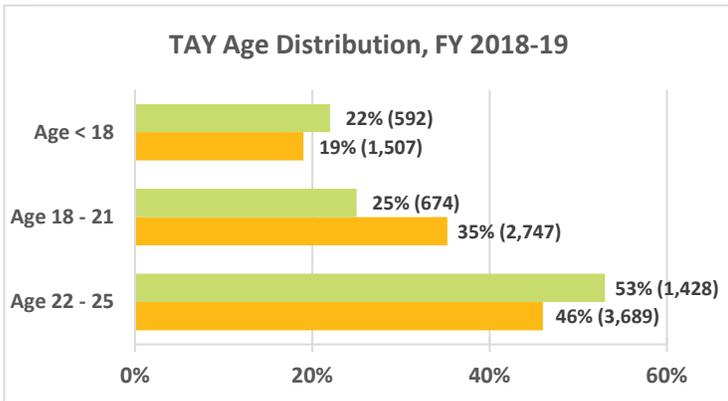


County of San Diego Health and Human Services Agency  
 Behavioral Health Services Fact Sheet for Fiscal Year (FY) 2018-19  
 Transition Age Youth (TAY) and Older Adult (OA) Behavioral Health Services

Transition Age Youth Demographics – Unduplicated Substance Use Disorder Clients Served in FY 2018-19: 2,694

Unduplicated Mental Health Clients Served in FY 2018-19: 7,943

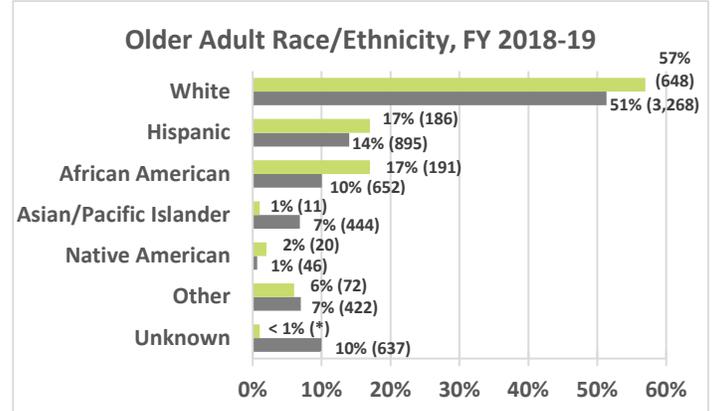
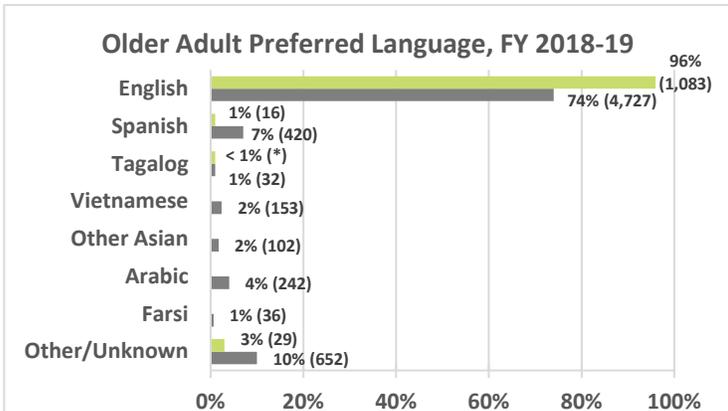
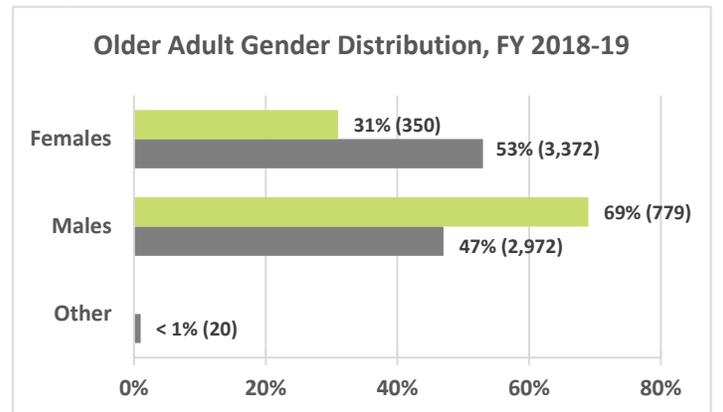
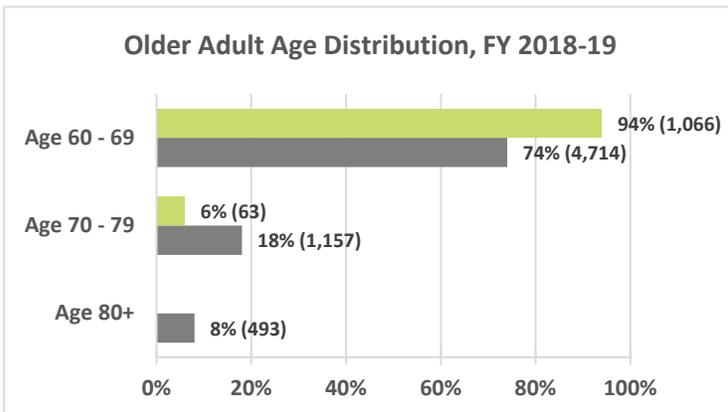
Substance Use Disorder System of Care  
 Mental Health System of Care



Substance Use Disorder System of Care  
 Mental Health System of Care

Older Adult Demographics – Unduplicated Substance Use Disorder Clients Served in FY 2018-19: 1,129

Unduplicated Mental Health Clients Served in FY 2018-19: 6,364



\*Counts of clients less than five have been masked

Note: Percentages may not sum to 100 due to rounding.  
 Data Source: AOABHS Databook, FY 2018-19 SUD Databook Data, FY 2018-19

Source: HSRC (KR, ST)  
 Report date: 3/3/2020