

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



Adult and Older Adult (AOA) Behavioral Health Services Systemwide Annual Report: Fiscal Year 2022-2023

Report prepared by:

COUNTY OF SAN DIEGO BOARD OF SUPERVISORS

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Chief Administrative Officer

- *Helen N. Robbins-Meyer, BA*

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

Health and Human Services Agency Director

- *Vacant*

REPORT PREPARED BY:

University of California, San Diego

Health Services Research Center

- *Katie Wan, MPH, MSW*
- *Amy Panczakiewicz, MA*
- *Mark Metzger*
- *Zhun Xu, PhD*
- *Steven Tally, PhD*
- *Todd Gilmer, PhD*

BEHAVIORAL HEALTH SERVICES

ADULT/OLDER ADULT MENTAL HEALTH SERVICES & CHILDREN'S MENTAL HEALTH SERVICES

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- *Aurora Kiviat, MPP*

Assistant Director and Chief Program Officer

- *Cecily Thorton-Stearns, LMFT*

Assistant Director, Chief Strategy and Finance Officer

- *Nadia Privara Brahms*

Deputy Director, Adult and Older Adult Systems of Care

- *Piedad Garcia, EdD, LCSW*

Assistant Medical Services Administrator and Health Plan Operations

- *Tabatha Lang, LMFT*

Program Coordinator, Population Health

- *Liz Miles, EdD, MPH, MSW*



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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) and the Drug Medi-Cal Organized Delivery System (DMC-ODS) during Fiscal Year 2022-23 (July 2022 – June 2023).

AOABHS: Chapter 1

- Primarily serves individuals aged 18 years or older with severe, persistent mental health needs, or those experiencing a mental health crisis.
- Services in FY 2022-23 were delivered through a wide variety of program types including:
- Outpatient programs including but not limited to:
 - Full Service Partnerships (FSP)
 - Walk-in Assessment Centers
 - Case Management (CM) programs
- Access & Crisis Line (ACL)
- Crisis Residential (CR) Facilities
- Crisis Stabilization (CS) Facilities
- Urgent Outpatient (UO) Facilities
- Psychiatric Emergency Response Teams (PERT)
- Mobile Crisis Response Teams (MCRT)
- Inpatient Facilities
- Forensic Services
- Telepsychiatry
- 24 Hour Services

DMC-ODS: Chapter 2

- Serves individuals with substance use disorders (SUD). Most clients served by the DMC-ODS are adults. Data for clients served by youth specific and perinatal programs within the DMC-ODS are reported in the Children, Youth, and Families Annual System of Care report.
- Services in FY 2022-23 were delivered through a variety of levels of care including:
 - Recovery Services
 - Outpatient Services
 - Intensive Outpatient Services
 - Withdrawal Management
 - Residential Services
 - Opioid Treatment Programs (OTP)

Key Findings

All AOA Mental Health Clients

- During FY 2022-23, San Diego County Behavioral Health Services (SDCBHS) delivered mental health services to 43,155 adults, TAY, and older adults.
- Over the past five fiscal years, the proportion of non-Hispanic White clients served by mental health providers within the AOABHS System of Care (SOC) has gradually decreased (39% to 36%), while the proportion of Hispanic clients has gradually increased (27% to 32%).
- Similar to previous fiscal years, the most common mental health diagnoses among AOA clients served by AOABHS mental health providers during FY 2022-23 were schizophrenia and other psychotic disorders (44%), followed by bipolar disorders (21%), and depressive disorders (20%).
- Sixteen percent (16%; 5,803 clients) of AOA clients served by AOABHS mental health providers during FY 2022-23 were employed in a competitive job, reflecting a 35% increase over the past five fiscal years in the number of clients who were employed in a competitive job (4,291 clients in FY 2017-18).
- The number of Case Management services provided to AOA clients by AOABHS mental health providers more than doubled during FY 2022-23 (3,904 visits) relative to the previous fiscal year (1,949 visits), while the number of other outpatient services decreased during the same timeframe.
- The number of Crisis Stabilization services among AOA mental health clients increased by 29% during FY 2022-23 (16,404 visits), compared to FY 2020-21 (12,765 visits).
- There was a notable increase in utilization of Mobile Crisis Response Team (MCRT) services during FY 2022-23 (4,005 visits by 2,780 clients) compared to FY 2021-22 (1,728 visits by 1,401 clients), as this new level of care was implemented county-wide in 2022.

Key Findings

All AOA Mental Health Clients

- Similar to last fiscal year, the most common initial point of access to county-provided mental health services in FY 2022-23 was emergency/crisis services (54%).
- A total of 59,466 emergency/crisis services were used by 17,477 clients during FY 2022-23, representing 40% of AOA clients served by the SDCBHS SOC. This represents an increase of 4% in the number of AOABHS mental health clients who received emergency/crisis services during FY 2022-23, compared to FY 2020-21 (16,805 clients).
- Of the 4,903 AOA mental health clients hospitalized during FY 2022-23, 1,366 of them (28%) were hospitalized at least one additional time during the fiscal year. During FY 2022-23, the lowest percentage of hospitalizations among AOA clients over the past five years was observed.
- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2021-22, average wait times decreased from approximately 11 days to about 6 days in FY 2022-23. Average access times for mental health assessments have been decreasing from FY 2020-21, and specifically wait times decreased slightly from under 6 days during FY 2021-22 to under 5 days in FY 2022-23.
- Clinicians reported significant improvements in illness management, overall progress towards recovery outcomes, and low or minimal impairment in functioning due to drug or alcohol use among AOA mental health clients in FY 2022-23. Also, AOA clients self-reported significant improvement in their overall mental health status in FY 2022-23 via the Recovery Markers Questionnaire (RMQ) from pre- to post-assessment.
- AOA clients served by AOABHS mental health providers reported high rates of agreement in their perception of participation in treatment planning (92%), perception of quality and appropriateness of their treatment (92%), perception of access of treatment (89%), and general satisfaction (92%).

Key Findings

Transition Age Youth (TAY) Clients

- During FY 2022-23, SDCBHS delivered mental health services to 7,973 TAY clients (aged 18 to 25 years), comprising 18% of the AOA population served by mental health providers during FY 2022-23, and reflecting a slight decrease from the 7,994 TAY clients served during FY 2021-22.
- Compared to FY 2020-21, the number of TAY clients served by AOABHS mental health providers during FY 2022-23 under the age of 18 increased by 26% (1,347 clients in FY 2020-21 to 1,692 clients in FY 2022-23).
- A smaller proportion of TAY clients served during FY 2022-23 were male (50%) compared to the overall AOABHS client population (55%) and a higher proportion of TAY clients served during FY 2022-23 were female (46%) compared to the overall AOABHS client population (43%).
- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2022-23 were Hispanic (46% compared to 32%), and a smaller proportion were non-Hispanic White (24% compared to 36%).
- More than three-quarters (79%) of TAY clients served by AOABHS mental health providers during FY 2022-23 were living independently, compared to only 67% of all clients served by AOABHS mental health providers.
- During FY 2022-23, there was a substantial increase in Case Management services (1,227 visits) provided to TAY clients by AOABHS mental health providers compared to FY 2021-22 (503 visits), while the number of Assertive Community Treatment (ACT) services decreased during the same timeframe.
- The number of Crisis Stabilization services among TAY mental health clients increased by 25% during FY 2022-23 (3,192 visits), compared to FY 2021-22 (2,561 visits).
- AOABHS mental health clinicians reported statistically significant improvements in the ability of TAY clients served to manage symptoms, progress toward their recovery, and improvements in their overall Illness Management and Recovery (IMR) assessment scores. Also, TAY clients served by AOABHS mental health providers self-reported improvement in their overall mental health status in FY 2022-23 via the Recovery Markers Questionnaire (RMQ) from pre- to post-assessment.

Key Findings

Older Adult (OA) Clients

- During FY 2022-23, SDCBHS delivered mental health services to 6,449 older adults (age 60 years or older), comprising 15% of all AOA clients served by mental health providers during the fiscal year, and reflecting a slight increase of 5% in the number of OA clients served during FY 2021-22 (6,157 clients).
- The number of OA clients served during FY 2022-23 between the ages of 60 and 69 years (4,568 clients) increased by 5%, compared to FY 2021-22 (4,368 clients).
- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2022-23 were female (52%) compared to the overall AOABHS client population (43%).
- Similar to previous fiscal years, compared to all clients served by AOABHS mental health providers, a smaller proportion of OA clients served during FY 2022-23 were Hispanic (17% vs. 32%), and a larger proportion were non-Hispanic White (51% vs. 36%).
- A larger proportion of OA clients served by AOABHS mental health providers reported living in an institution (12%) compared to the overall AOA client population served by mental health providers (4%) during FY 2022-23.
- The most common mental health diagnosis among OA clients served during FY 2022-23 was schizophrenia and other psychotic disorders (50%), followed by depressive disorders (24%), comprising nearly three-quarters of OA clients with a valid diagnosis in CCBH.
- A slightly smaller proportion of OA clients served by mental health providers during FY 2022-23 (45%) had a co-occurring mental illness and substance use disorder compared to FY 2020-21 (46%).
- During FY 2022-23, there was a substantial increase in Case Management services (801 visits) provided to OA clients by AOABHS mental health providers compared to FY 2021-22 (287 visits), while the number of Assertive Community Treatment (ACT) services slightly decreased during the same timeframe.
- There was a 29% increase in the number of OA clients who used Crisis Stabilization services during FY 2022-23 (587 clients) compared to FY 2021-22 (455 clients).

Key Findings

All AOA DMC-ODS Clients

- During FY 2022-23, the SDCBHS Drug Medi-Cal Organized Delivery System (DMC-ODS) delivered AOA substance use disorder (SUD) treatment services to 11,207 clients, marking a 18% reduction in the number of clients served by AOA SUD treatment providers since the launch of the DMC-ODS in San Diego County at the beginning of FY 2018-19 (13,687 clients).
- The proportion of non-Hispanic White clients served by AOA DMC-ODS SUD treatment providers has gradually decreased since FY 2018-19 (54% to 48%), while the proportion of Hispanic clients has increased (19% to 34%).
- The most common primary substance used at intake among AOA DMC-ODS clients served during FY 2022-23 was methamphetamine (26%), followed by heroin (22%), and other opioids (21%).
- Since FY 2018-19, primary utilization of heroin among AOA clients served by the DMC-ODS declined from 37% to 22%, while primary utilization of other opioids more than tripled over the same time frame (6% to 21%).
- One-third (33%) of AOA clients served by the DMC-ODS during FY 2022-23 were experiencing homelessness at the time of their most recent admission.
- In addition to a substance use disorder, more than one-third (37%) of AOA DMC-ODS clients served during FY 2022-23 had a co-occurring substance use disorder and mental health illness at intake.
- The proportion of AOA clients served by the DMC-ODS with a co-occurring substance use disorder and mental illness has increased each year from FY 2018-19 to FY 2020-21 (32% to 37%) but remained stable from FY 2020-21 to FY 2022-23 (37%).
- Compared to all AOA clients served by the DMC-ODS during FY 2022-23, a larger proportion of those with a co-occurring mental illness and SUD reported alcohol (27% vs. 20%) or methamphetamine (30% vs. 26%) as their primary substance used. A smaller proportion reported heroin as their primary substance used (13% vs. 22%).

Key Findings

All AOA DMC-ODS Clients

- Heroin was the most reported primary substance used among AOA clients served by the DMC-ODS during FY 2022-23 in the North Central (38%) and South (31%) regions, while methamphetamine was the most reported primary substance used in the Central (31%) and East (24%) regions. In the North Coastal and North Inland regions, other opioids was the most reported primary substance used (36% and 34%, respectively).
- Approximately two-thirds of AOA clients from the North Coastal (66%), North Central (61%), and North Inland (61%) regions reported an opioid (heroin or another opioid) as their primary substance used compared to less than half of those from the Central (37%), South (44%), or East (46%) regions.
- There were 14,163 discharges from AOA funded DMC-ODS programs during FY 2022-23. More than one-third (35%) of these discharges had a disposition of completed treatment and recovery plan goals, and a similar proportion of discharges (36%) were administrative.
- During FY 2022-23, a total of 955,980 DMC-ODS services were provided to AOA clients, and a majority (93%) were provided face to face.
- Group counseling was the most common type of service provided to AOA clients enrolled in outpatient (74%), intensive outpatient (69%), and recovery (55%) programs in the DMS-ODS during FY 2022-23.
- Overall, adult clients served by the DMC-ODS reported high rates of satisfaction as evidenced by at least 82% agreement in all five domains of the Treatment Perception Survey from those surveyed in the fall of 2022. The survey domains with the highest endorsement from AOA DMC-ODS clients were Perception of Quality and Appropriateness (90%) and General Satisfaction (88%).
- The number of new referrals and new admissions into the DUI program has increased over the past three FYs. More clients completed the DUI program in FY 2022-23 (5,592 clients) compared to FY 2020-21 (4,888 clients) and FY 2021-22 (4,395 clients).

Chapter 1: Mental Health



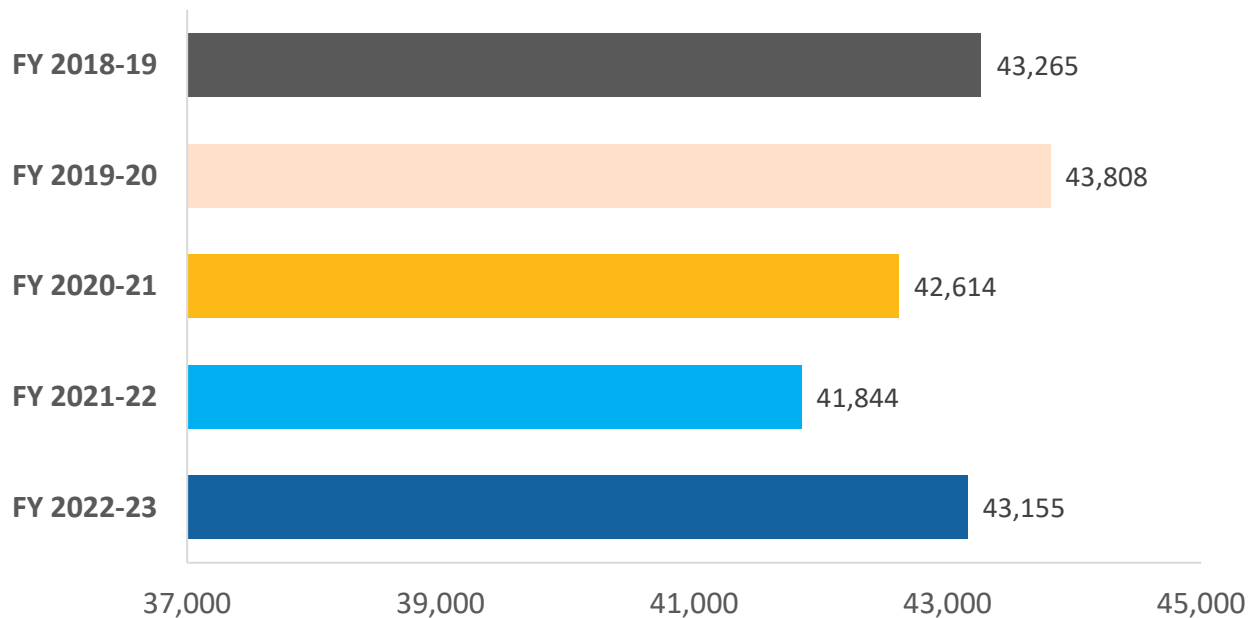
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Who are we serving?

Total Number of AOA Mental Health (MH) Clients Served

- In FY 2022-23, mental health services were delivered to 43,155 adults, TAY, and older adults by the SDCBHS SOC, the lowest number of clients served over the past five years.
- There was a decrease in the number of clients served during FY 2020-21 (42,614 clients) and in the number of clients served during FY 2021-22 (41,844 clients) compared with FY 2019-20 (43,808 clients). There is now an increase in FY 2022-23 (43,155 clients) when compared to FY 2021-22.

Number of Clients Served by Fiscal Year

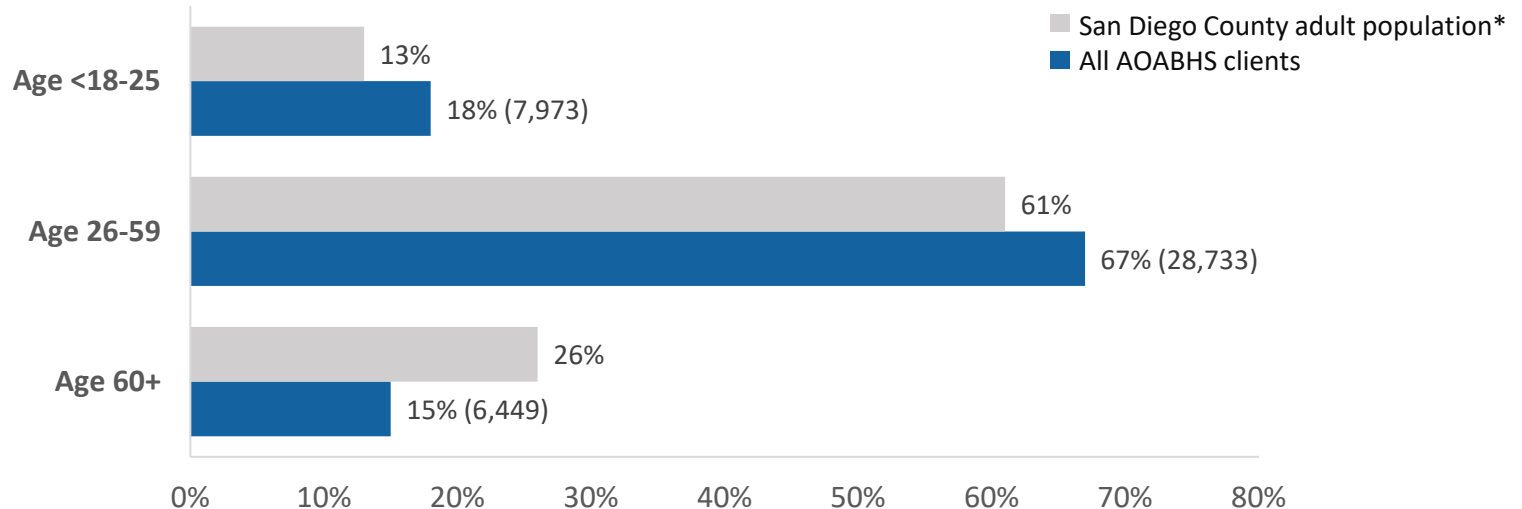


Who are we serving?

All AOA Clients: Age

- Compared to FY 2021-22, the proportion of clients served in each age group during FY 2022-23 was stable. The proportion of AOA clients of all age groups remained relatively stable (18% for <18 to 25 years of age; 67% for clients between the ages of 26-59 years; and 15% for clients aged 60 years and above in FY 2021-22).
- Similar to previous fiscal years, a much smaller proportion (15%) of AOABHS clients served during FY 2022-23 were older adults (ages 60+) compared to the estimated older adult population in San Diego County (26%).

Age Distribution



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

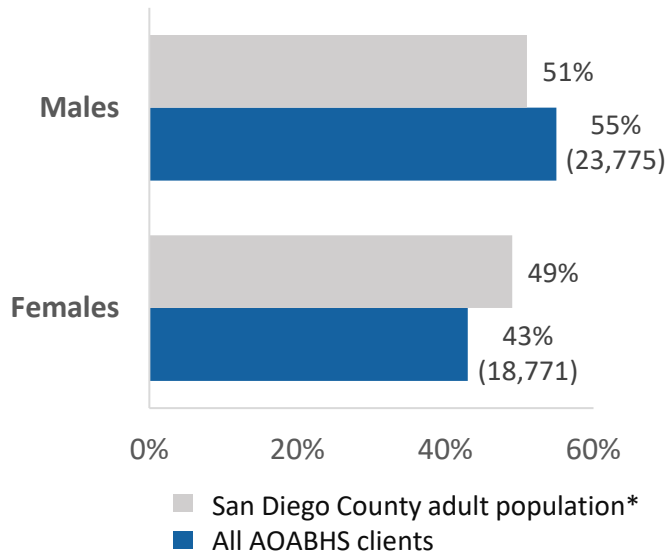
Note: San Diego County population estimates were not available for the CA mandated age categories. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-59, and age 60+.

Who are we serving?

All 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 2022-23 compared to the proportion of males in the overall San Diego County population (55% vs. 51%) and a smaller proportion of females served by AOABHS in FY 2022-23 compared to the proportion of females in the overall San Diego County population (43% to 49%).

Gender Distribution



AOABHS Gender	Fiscal Year					SD County Population
	2018-19	2019-20	2020-21	2021-22	2022-23	
Females	43%	43%	43%	43%	43%	49%
Males	56%	56%	56%	56%	55%	51%
Other/Unknown	1%	1%	1%	1%	1%	n/a**

*Source: U.S. Census Bureau, 2022 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 609 clients in FY 2022-23 (1%).

Who are we serving?

All AOA Clients: Race/Ethnicity

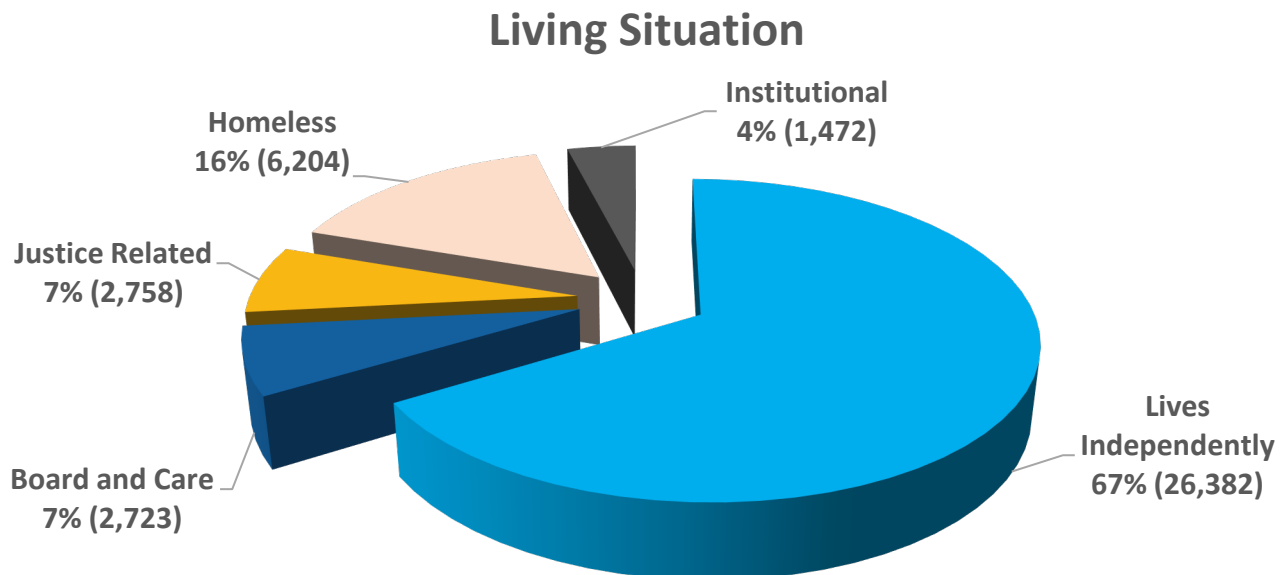
- The proportion of non-Hispanic White clients served by AOABHS has gradually decreased since FY 2018-19 (39% to 36%), while the proportion of Hispanic clients has gradually increased (27% to 32%).
- The proportion of non-Hispanic Black/African American, and non-Hispanic Multiracial clients served by AOABHS has remained relatively stable since FY 2018-19.

Race/Ethnicity	Fiscal Year				
	2018-19	2019-20	2020-21	2021-22	2022-23
Hispanic	27%	29%	30%	31%	32%
NH White	39%	39%	38%	37%	36%
NH Black/African American	11%	11%	11%	11%	11%
NH Asian/Pacific Islander	5%	5%	5%	5%	4%
NH Native American	<1%	<1%	<1%	<1%	<1%
NH Multiracial	6%	6%	6%	6%	6%
NH Other	4%	4%	4%	4%	4%
Unknown	8%	6%	6%	6%	6%

Who are we serving?

All AOA Clients: Living Situation*

- More than two-thirds (67%) of clients served in FY 2022-23 lived independently**.
- The number of clients served during FY 2022-23 who lived in a justice related setting increased by 44% when compared with FY 2020-21 (2,758 compared to 1,917 in FY 2020-21).
- The proportion of clients served during FY 2022-23 who were in board and care, homeless, and institutional settings also remained stable from FY 2020-21.



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

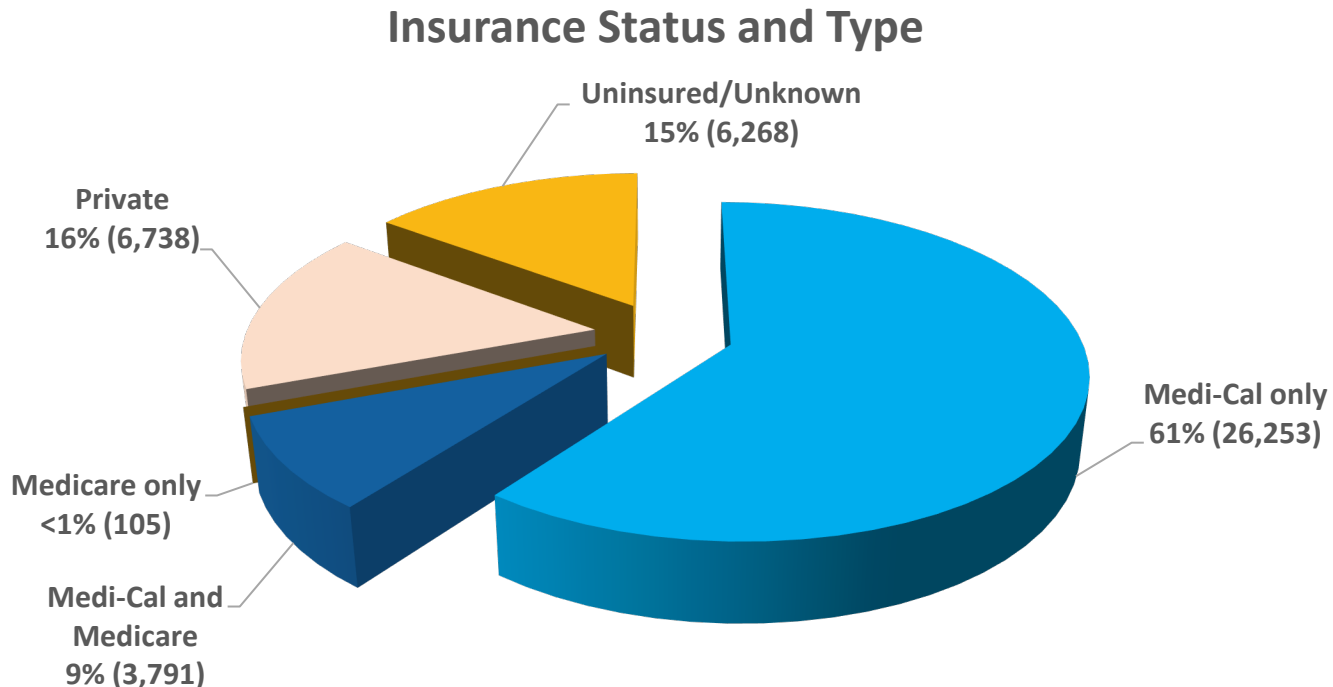
**Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (n = 3,616) 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 2022-23 with private insurance increased by 59% from FY 2020-21 (4,229 to 6,738).
- Nearly three-quarters (70%) of clients served in FY 2022-23 were at least partially covered by Medi-Cal.

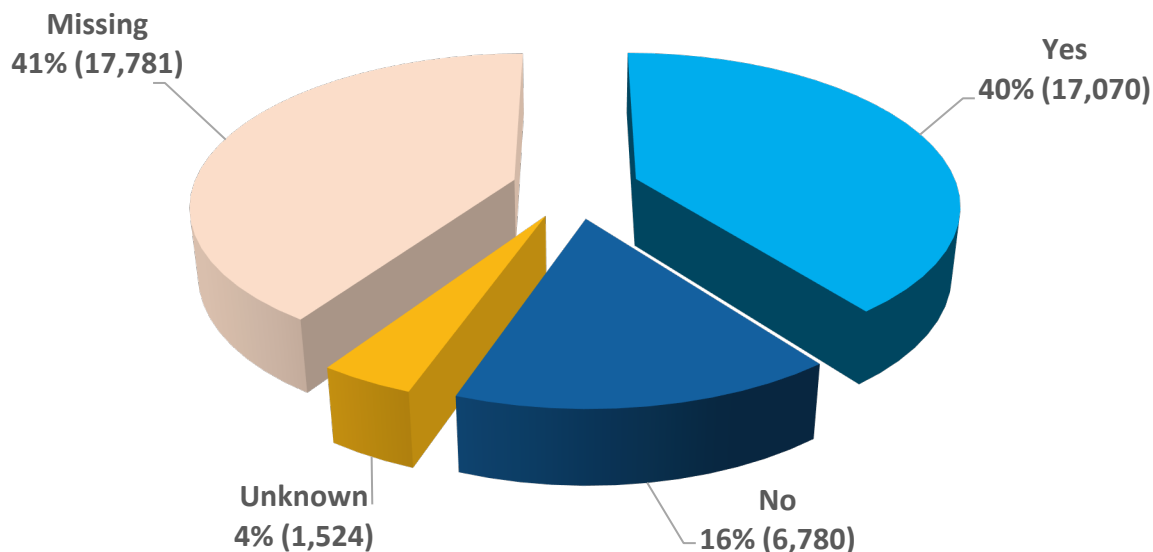


Who are we serving?

All AOA Clients: Primary Care Physician

- The proportion of AOABHS clients served in FY 2022-23 who had a primary care physician (40%) remained stable from FY 2021-22 (40%).
- Note: Information about primary care physician was unavailable for over two-fifths (41%) of AOABHS clients.

Primary Care Physician



Who are we serving?

All AOA Clients: Sexual Orientation

- The majority of AOA clients served during FY 2022-23 with sexual orientation information available identified as heterosexual (83%).
- Sexual orientation data were missing for 24,532 clients (57%), which is less than what was reported FY 2021-22 (63%).

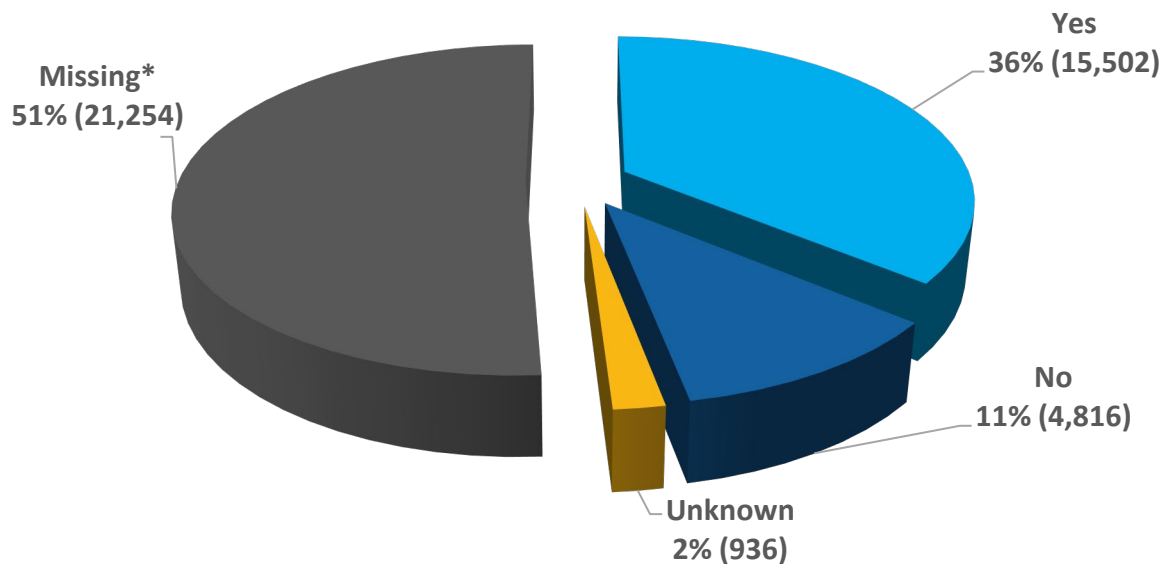
Sexual Orientation	Unique Clients	Percentage
Heterosexual	15,415	83%
Bisexual	1,390	7%
Gay male	425	2%
Lesbian	233	1%
Queer	95	1%
Asexual	101	1%
Other	196	1%
Questioning	205	1%
Declined to state	563	3%
Total (excluding missing)	18,623	100%
Missing	24,532	57%

Who are we serving?

All AOA Clients: History of Trauma

- Over one-third of AOABHS clients served in FY 2022-23 had a history of trauma (36%).
- Data was not available (missing) for over half (51%) of the AOABHS population.

History of Trauma

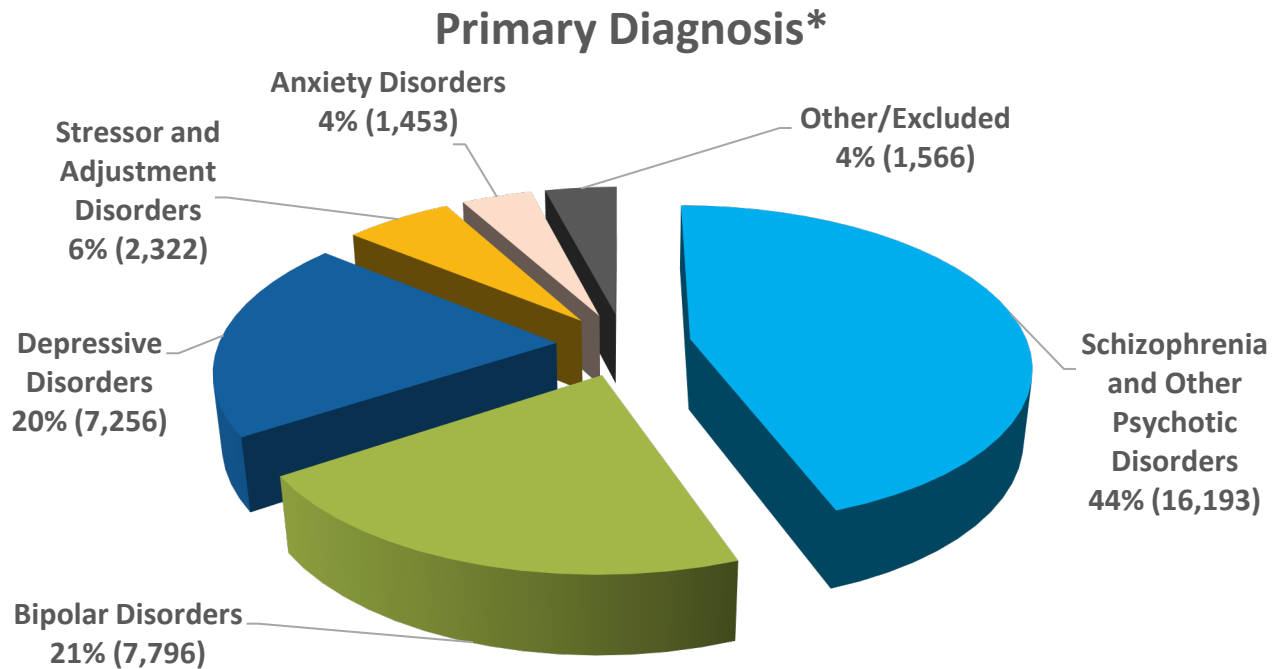


*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

Who are we serving?

All AOA Clients: Primary Mental Health Diagnosis

- Similar to previous fiscal years, the most common diagnoses among AOABHS clients served during FY 2022-23 were schizophrenia and other psychotic disorders (44%), followed by bipolar disorders (21%), and depressive disorders (20%).
- Primary diagnosis was invalid or missing for 6,569 AOABHS clients served during FY 2022-23.

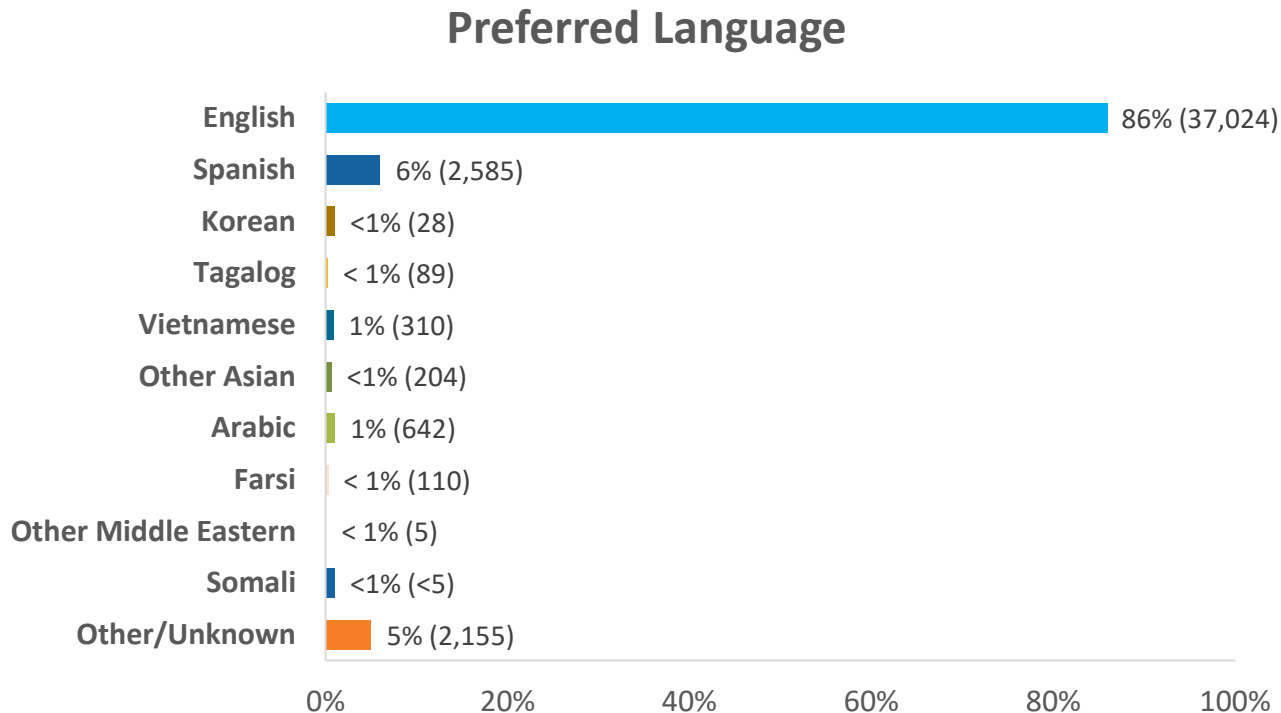


*The graph and percentages reported above exclude invalid/missing values (n = 6,569).

Who are we serving?

All AOA Clients: Primary Language

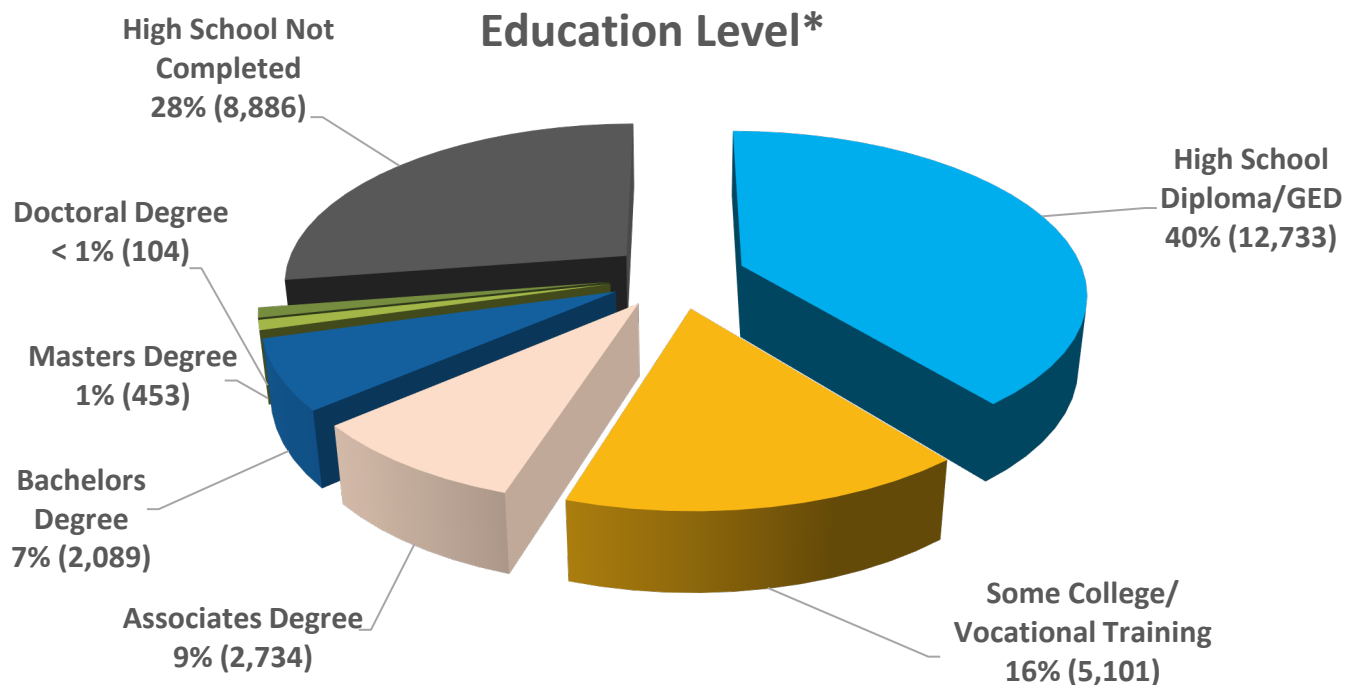
- AOABHS services are available in many languages, including English and the nine threshold languages in San Diego County: Arabic, Chinese, Dari, Farsi, Korean, Somali, Spanish, Tagalog, and Vietnamese.
- The proportion of clients preferring each language in FY 2022-23 remained stable from FY 2021-22. More than four-fifths (86%) of clients preferred services in English. The second most common preferred language was Spanish (6%).



Who are we serving?

All AOA Clients: Education Level

- Overall, the education level proportions of clients served during FY 2022-23 were stable from FY 2021-22.
- Over one-fourth (28%) of AOABHS clients served in FY 2022-23 did not complete high school.
- The largest proportion of clients receiving AOABHS services during FY 2022-23 had a high school diploma or GED (40%).

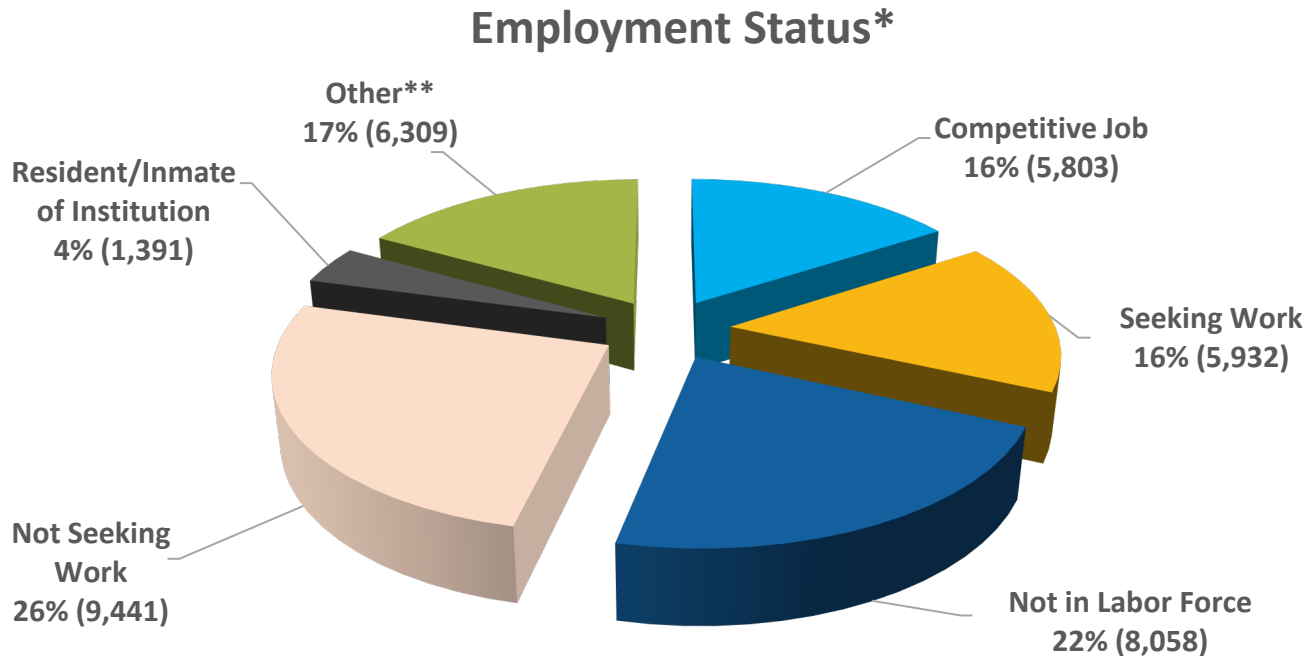


*The graph and percentages reported above exclude unknown/not reported values (n = 11,055).

Who are we serving?

All AOA Clients: Employment Status

- At the time of the most recent assessment, nearly one-third of clients served in FY 2022-23 were employed in a competitive job (16%) or seeking work (16%).
- 16% (5,803) of clients served during FY 2022-23 were employed in a competitive job, reflecting a 35% increase in the number of clients over time who were employed in a competitive job compared to five years ago to FY 2017-18 (4,291).
- The number of clients served during FY 2022-23 not seeking work increased by 4% when compared with FY 2022-23 (9,441 compared to 9,039 in FY 2021-22).



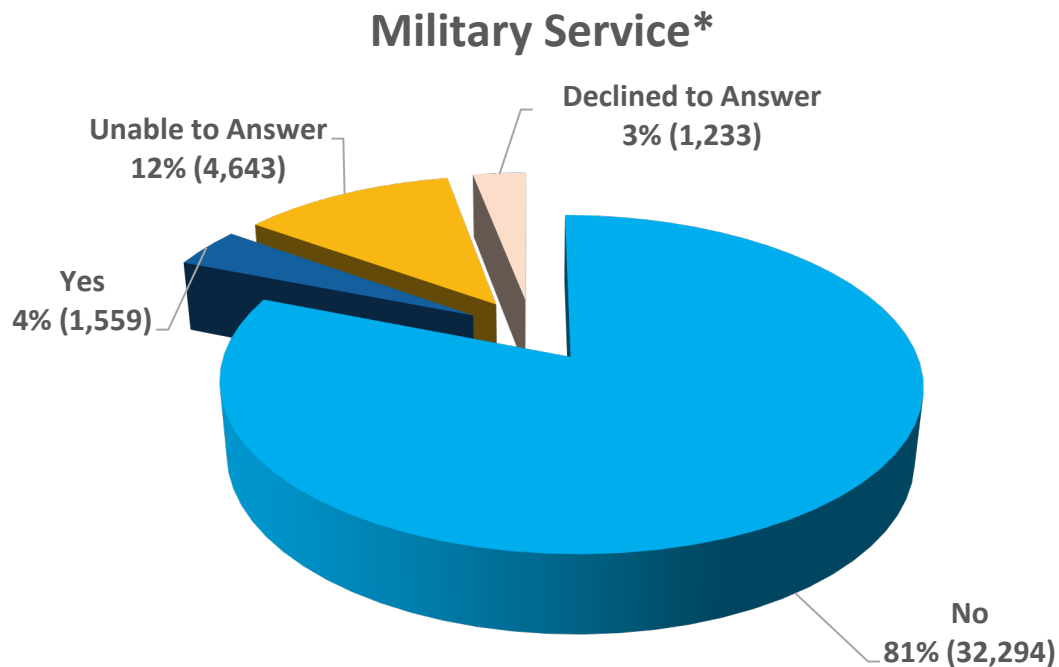
*The graph and percentages reported above exclude Unknown values (n = 6,221).

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

Who are we serving?

All AOA Clients: Military Service

- Valid data regarding past military service was available for 92% of AOABHS clients served during FY 2022-23, representing a 2% increase from last fiscal year (39,057 in FY 2021-22 to 39,729 in FY 2022-23).
- Among those clients served for whom military service data were available, 81% reported that they had no military service, and 4% indicated that they had served in the military.



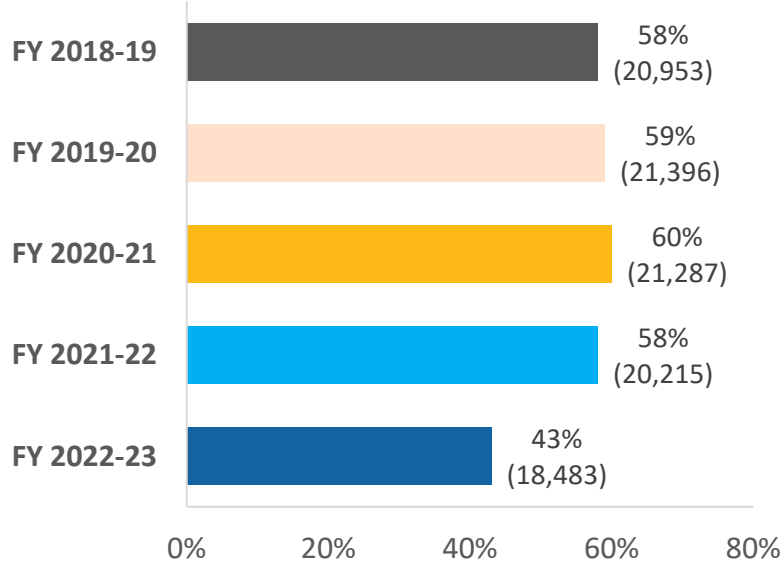
*The graph and percentages reported above exclude missing values (n = 3,426).

Who are we serving?

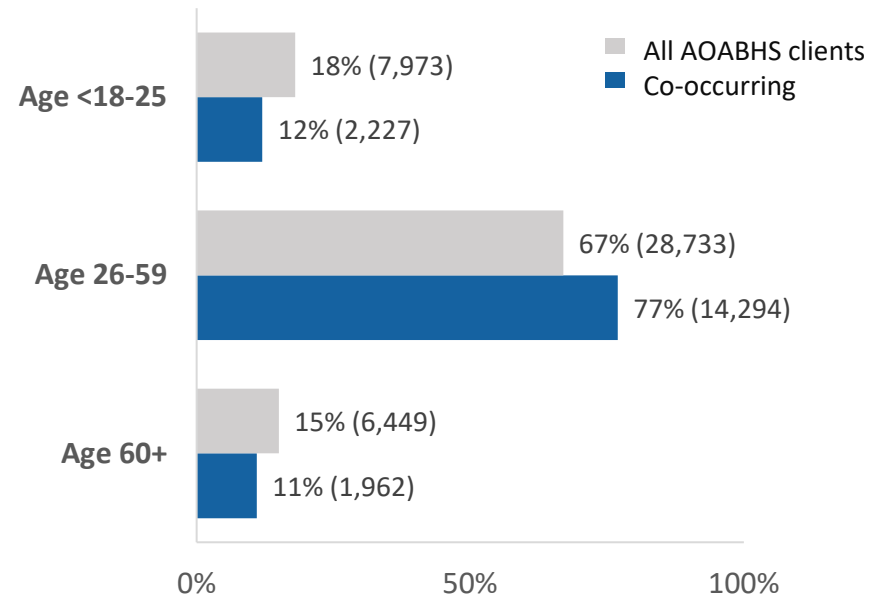
All AOA Clients: Co-occurring Mental Illness and Substance Use Disorder (Overall and by Age)

- In addition to a primary mental health diagnosis, over two-fifths of AOABHS clients served during FY 2022-23 (43%) had a co-occurring mental illness and substance use disorder (SUD).
- The number and proportion of AOABHS clients with a co-occurring mental health illness and substance use disorder gradually decreased from FY 2020-21 to FY 2022-23 (60% to 43%).

Clients with Co-occurring Mental Illness and Substance Use Disorder



Co-occurring by Age

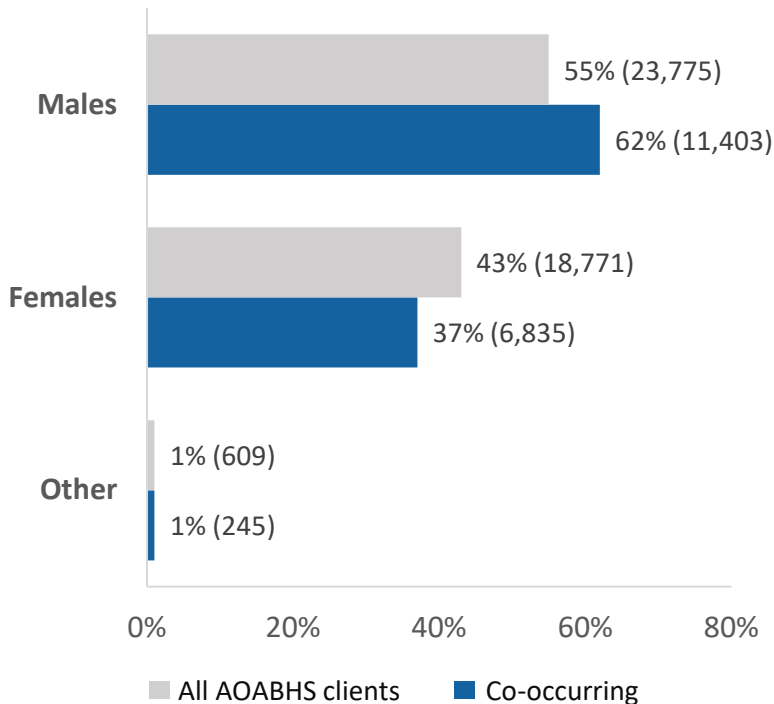


Who are we serving?

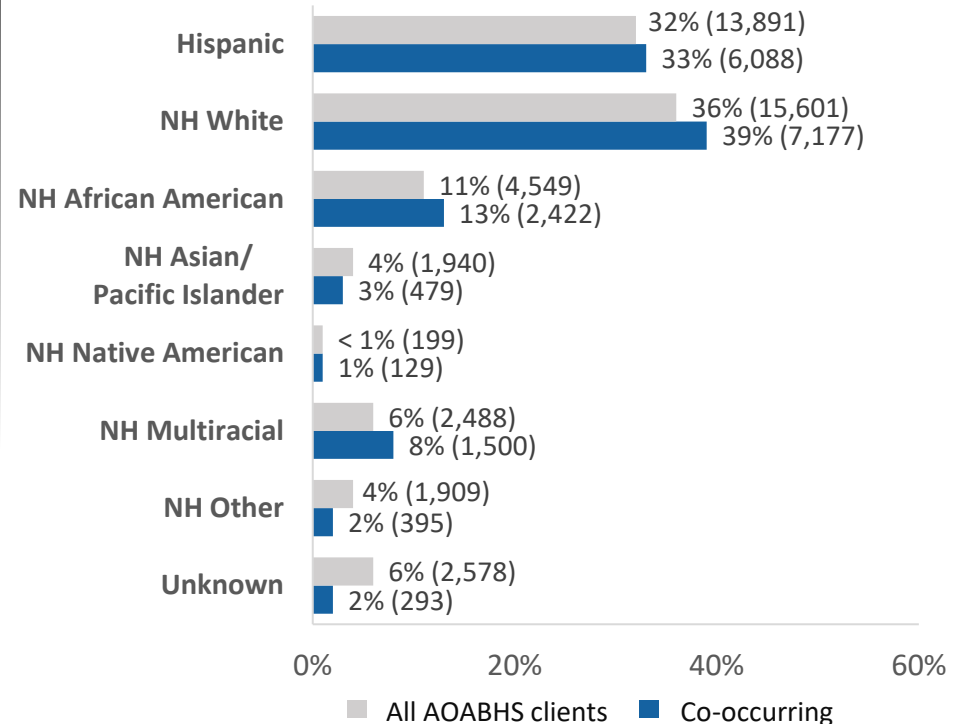
All AOA Clients: Co-occurring by Gender and Race/Ethnicity

- Almost two-thirds of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2022-23 were male (62%).
- Nearly two-fifths of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2022-23 were non-Hispanic White (39%), and one-third were Hispanic (33%).

Co-occurring by Gender



Co-occurring by Race/Ethnicity

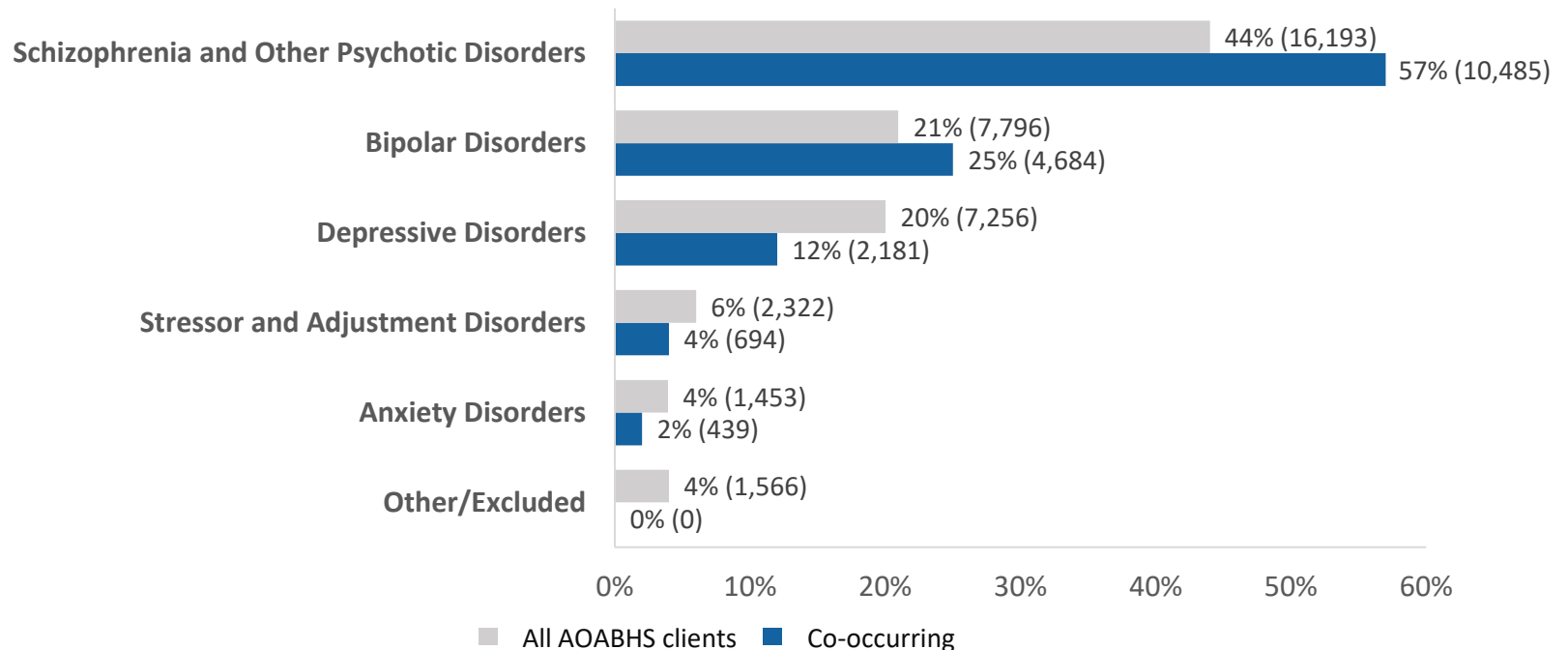


Who are we serving?

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

- More than half of AOA clients served during FY 2022-23 with a co-occurring mental illness and substance use disorder had been diagnosed with schizophrenia or an other psychotic disorder (57%).
- One-quarter of AOA clients served during FY 2022-23 with a co-occurring mental illness and substance use disorder had been diagnosed with bipolar disorder (25%).

Co-occurring by Primary Diagnosis*



*The graph and percentages reported above exclude invalid/missing values for AOA, n = 6,569).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2022-23

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

Where are we serving?

All AOA Clients: Demographics by Region

Demographic	Central		East		South		North Central		North Coastal		North Inland		All AOA	
Age	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<18 – 25 years	1,302	13%	568	13%	1,345	17%	4,914	21%	1,293	17%	542	17%	7,973	18%
26 – 59 years	7,425	75%	3,457	78%	6,182	76%	14,253	62%	5,411	73%	2,156	70%	28,733	67%
60+ years	1,238	12%	405	9%	571	7%	3,984	17%	750	10%	400	13%	6,449	15%
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Females	3,191	32%	3,284	74%	1,790	22%	11,043	48%	2,515	34%	1,416	46%	18,771	43%
Males	6,605	66%	1,102	25%	6,208	77%	11,746	51%	4,840	65%	1,609	52%	23,775	55%
Other/Unknown	169	2%	44	1%	100	1%	362	2%	99	1%	73	2%	609	1%
Race/Ethnicity	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Hispanic	3,276	33%	1,189	27%	3,735	46%	6,701	29%	2,606	35%	970	31%	13,891	32%
NH White	3,181	32%	1,464	33%	2,031	25%	9,019	39%	3,197	43%	1,394	45%	15,601	36%
NH Black/African American	1,553	16%	472	11%	1,217	15%	2,245	10%	655	9%	222	7%	4,549	11%
NH Asian/Pacific Islander	543	5%	92	2%	235	3%	1,136	5%	192	3%	109	4%	1,940	4%
NH Native American	51	1%	31	1%	42	1%	84	<1%	53	1%	28	1%	199	<1%
NH Multiracial	755	8%	440	10%	427	5%	1,426	6%	442	6%	188	6%	2,488	6%
NH Other	201	2%	619	14%	163	2%	959	4%	166	2%	66	2%	1,909	4%
Unknown	405	4%	123	3%	248	3%	1,581	7%	143	2%	121	4%	2,578	6%
Top 3 Diagnoses	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Schizophrenia/Other Psychotic Disorders	5,154	52%	1,924	43%	3,342	41%	9,341	40%	2,859	38%	1,578	51%	16,193	44%
Bipolar Disorders	1,893	19%	854	19%	1,495	18%	3,445	15%	1,999	27%	832	27%	7,796	21%
Depressive Disorders	1,102	11%	839	19%	1,031	13%	4,132	18%	727	10%	423	14%	7,256	20%
Total Outpatient Clients in the Region	9,965	23%	4,430	10%	8,098	19%	23,151	54%	7,454	17%	3,098	7%	43,155	100%

Note: Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. Data shown by region reflects clients in Outpatient LOCs only. Diagnosis percentages exclude clients with an invalid/missing diagnosis. Total number of AOABHS clients = 42,614.

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)	143,459	3,225	Urgent Outpatient (UO)	9,724	6,180
Case Management	3,904	1,712	Crisis Stabilization (CS)**	16,404	7,646
Case Management – Institutional	10,215	816	PERT	9,378	7,460
Case Management – Strengths	30,501	1,555	MCRT	4,005	2,780
Fee for Service (FFS)	85,959	9,521		Total Days	Total Clients
Outpatient	132,896	11,782	Crisis Residential (CR)	22,865	1,539
Prevention	66	7	Forensic Services		
Inpatient Services			Jail		
	Admissions	Total Clients		Total Visits	Total Clients
Inpatient – County	1,559	1,301		66,315	10,431
Inpatient – FFS	5,716	3,732	24 Hour Services		
Inpatient – Jail	293	225	Edgemoor	37,938	118
State Hospital	12	12	Long Term Care (LTC)	13,090	69
			LTC - Institutional	148,987	660
			LTC - Residential	10,956	48
			Residential	4,838	30

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

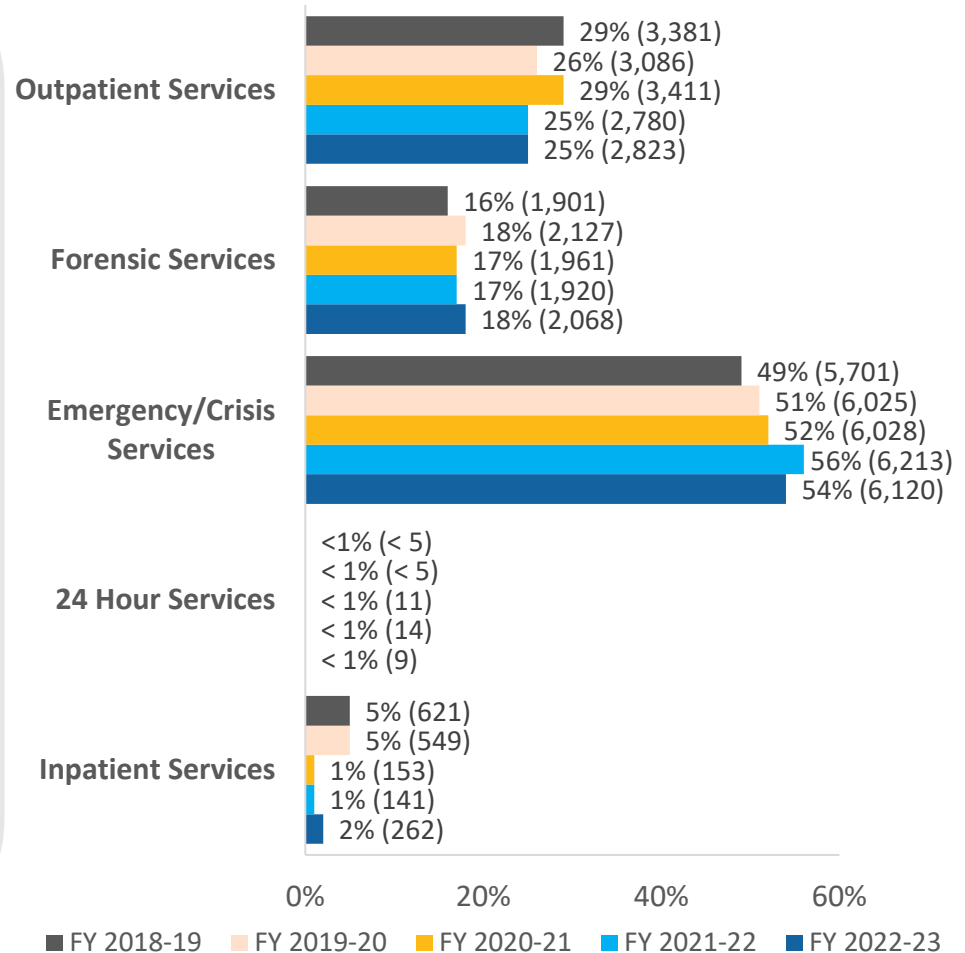
**Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

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 to county-provided mental health services in FY 2022-23 was emergency/crisis services (54%).
- The proportion of clients who entered the AOABHS SOC through outpatient services increased from FY 2019-20 to FY 2020-21 (26% to 29%) but decreased from FY 2020-21 to FY 2021-22 (29% to 25%) and remained at 25% in FY 2022-23.
- The proportion of clients who entered the AOABHS SOC through emergency/crisis services during FY 2022-23 decreased from FY 2021-22 (56% to 54%), differing from the upward trend observed during previous fiscal years.
- The proportion of clients entering the AOABHS SOC initially through inpatient services has consistently decreased over the past few fiscal years but increased in FY 2022-23 from FY 2021-20, while the proportion of clients entering through 24 hour services has consistently been very few clients.

Types of First Service Used



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

What types of services are being used?

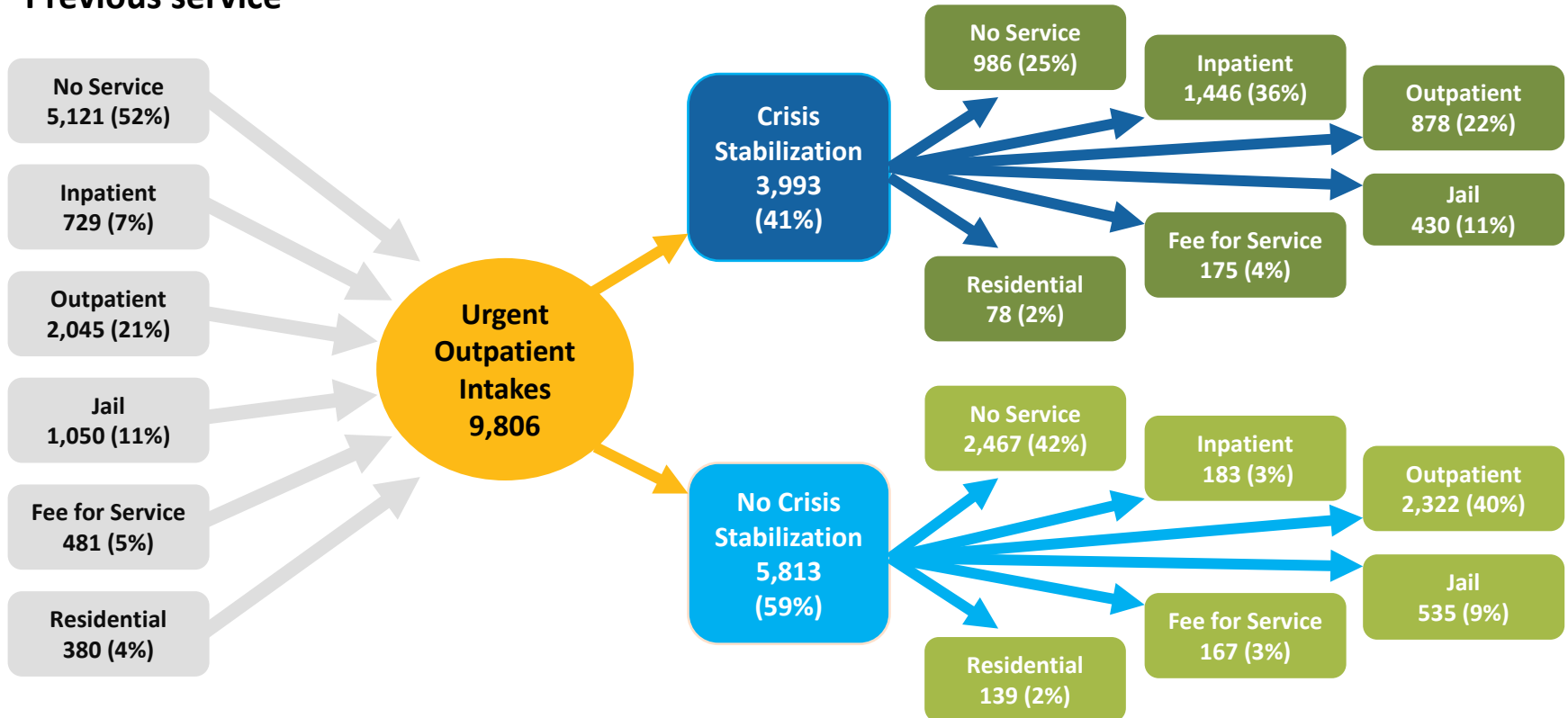
All AOA Clients: Emergency/Crisis Services

- Of the 43,155 clients served by AOABHS during FY 2022-23, 17,477 (40%) of them received emergency/crisis services. Emergency/crisis services include UO, CS, CR, Psychiatric Emergency Response Team (PERT), and Mobile Crisis Response Team (MCRT). This represents an increase of 4% in the number of AOABHS clients who received emergency/crisis services during FY 2022-23, compared to FY 2021-22 (16,805 clients).
- A total of 59,466 emergency/crisis services were used by these 17,477 clients during FY 2022-23.
- The number of intakes into UO during FY 2022-23 decreased by 23% compared to the number of UO intakes during FY 2021-22 (9,806 in FY 2022-23 compared to 12,738 in FY 2021-22).
- Over half (52%; 5,121 clients) of AOABHS clients who received a UO intake during FY 2022-23 did not have an AOABHS service within the previous six months.
- Of the 9,806 intakes into UO, over two-fifths (41%) had a subsequent CS service during FY 2022-23.
- The number of clients that received an inpatient service after a CS service following a UO intake during FY 2022-23 decreased by 23% when compared to FY 2020-21 (1,446 clients in FY 2022-23 compared to 1,889 clients in FY 2020-21).
- The most common service after a UO intake when CS services were not received was outpatient (40%). Over two-fifths (42%) of clients did not access a service following a UO intake.

What types of services are being used?

All AOA Clients: Emergency/Crisis Services

Previous service*



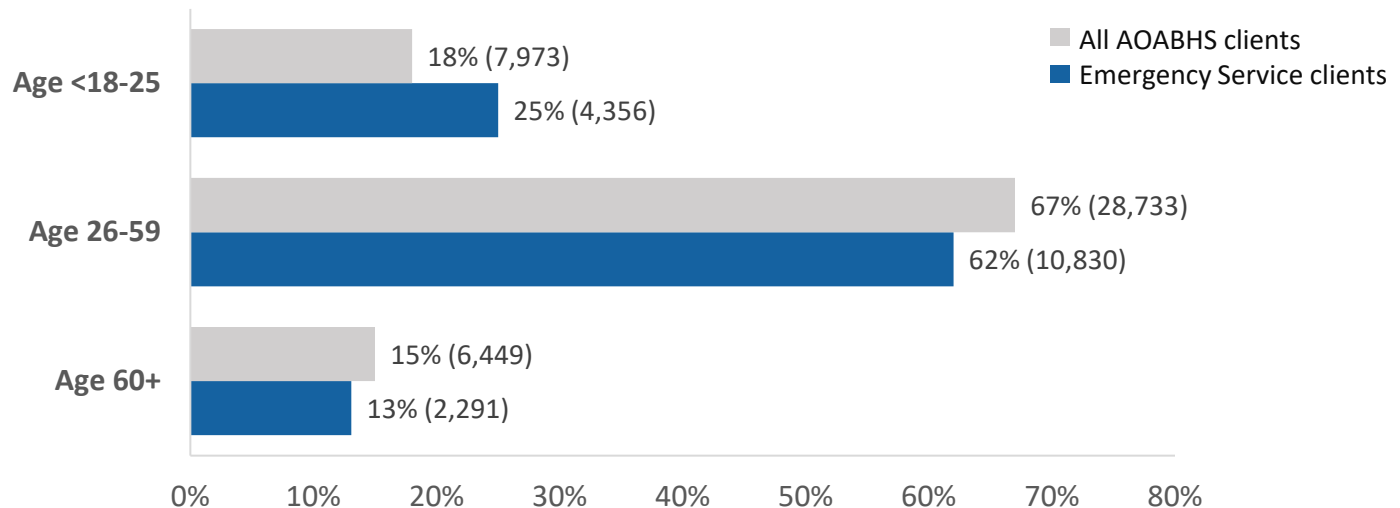
*Service history is the six months prior to the first UO service in FY 2022-23.

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 2022-23, there was a larger proportion of clients ages <18 through 25 years (25%) than the overall AOABHS client population (18%), and a smaller proportion of clients ages 26 through 59 years (62% vs. 67%).
- Compared to FY 2021-22, a similar proportion of clients ages <18 through 25 years of age used emergency/crisis services (25% during FY 2021-22) and a similar proportion of clients between the ages of 26 and 59 years used these types of services (62% in FY 2021-22) during FY 2022-23.

Clients who Used Emergency Services by Age



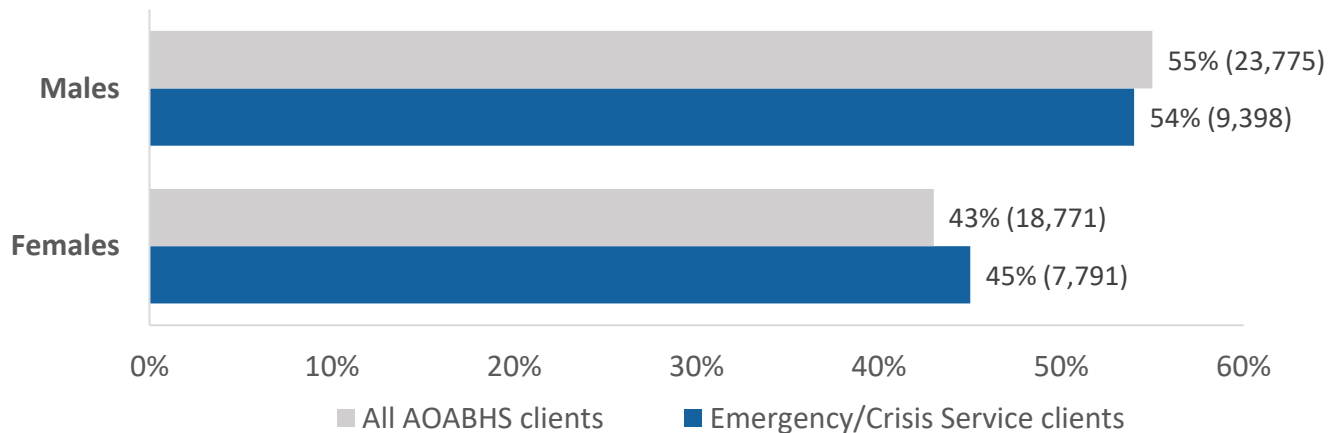
*Emergency/crisis services include UO, CS, CR, and PERT.

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 2022-23, a slightly lower proportion of them were male (54%) compared to the AOABHS client population (55%). This is more than the overall adult population in San Diego County (50%)**.
- Note:** The gender discrepancy among clients receiving emergency/crisis services could be related to an increased likelihood for males to be diagnosed with conditions associated with externalizing behaviors, such as schizophrenia and other psychotic disorders, and females to be diagnosed with conditions associated with more passive symptomatology, such as depressive disorders.

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



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

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

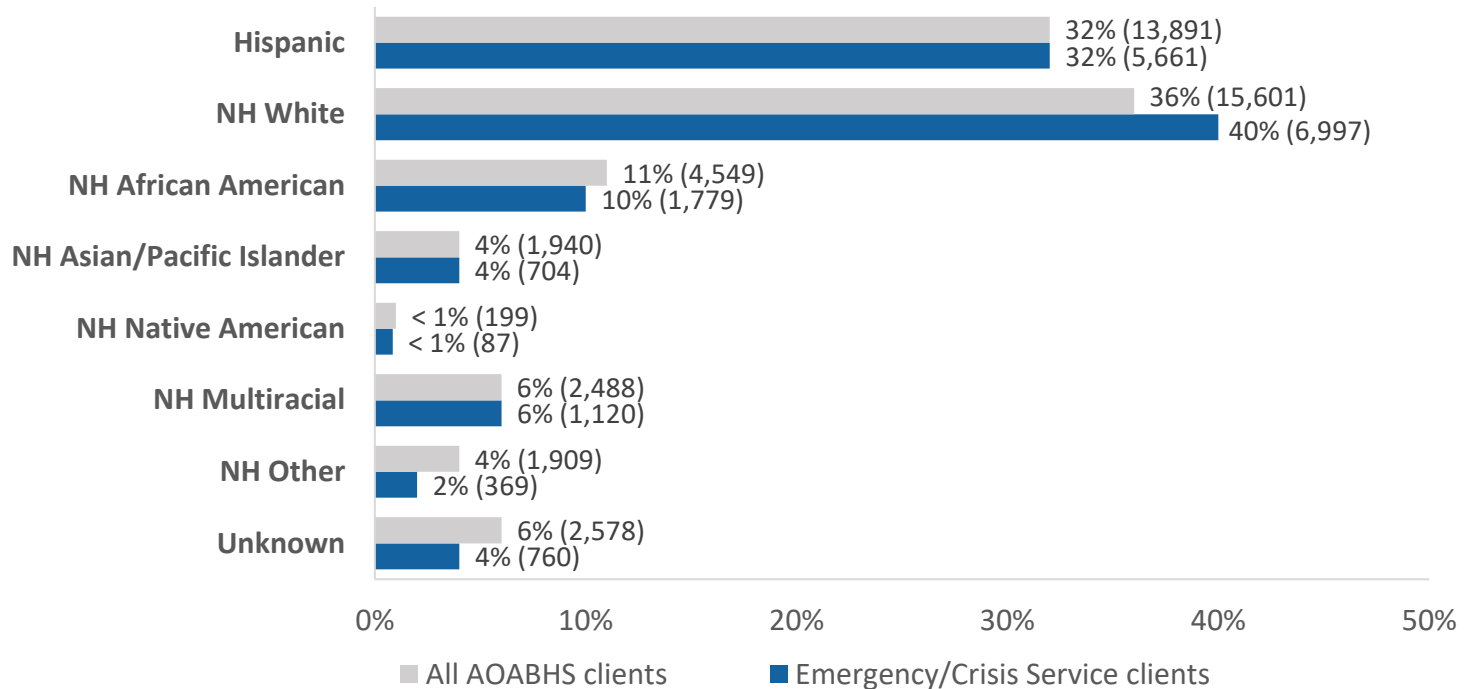
***The figure excludes the other/unknown categories, comprising 2% of the clients receiving emergency/crisis services (288 clients) and 1% of the overall AOABHS (609 clients) population.

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 2022-23 were non-Hispanic White (40%) compared to the overall AOABHS client population (36%).

Clients who Used Emergency/Crisis Services by Race/Ethnicity



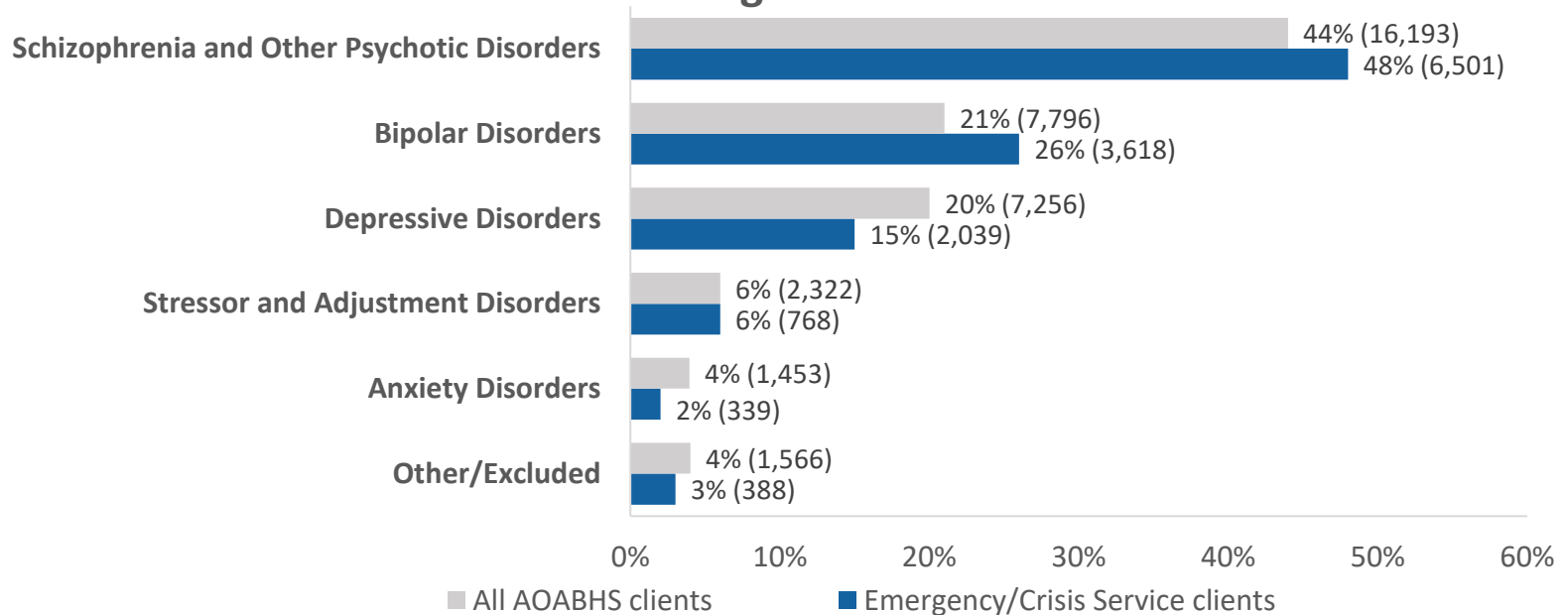
*Emergency/crisis services include UO, CS, CR, and PERT.

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 2022-23 were those diagnosed with schizophrenia and other psychotic disorders (48%), a slightly smaller proportion from FY 2021-22 (49%).
- More than one-quarter of clients who utilized emergency/crisis services during FY 2022-23 were diagnosed with a bipolar disorder (26%) and almost one-fifth (15%) were diagnosed with a depressive disorder.

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



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

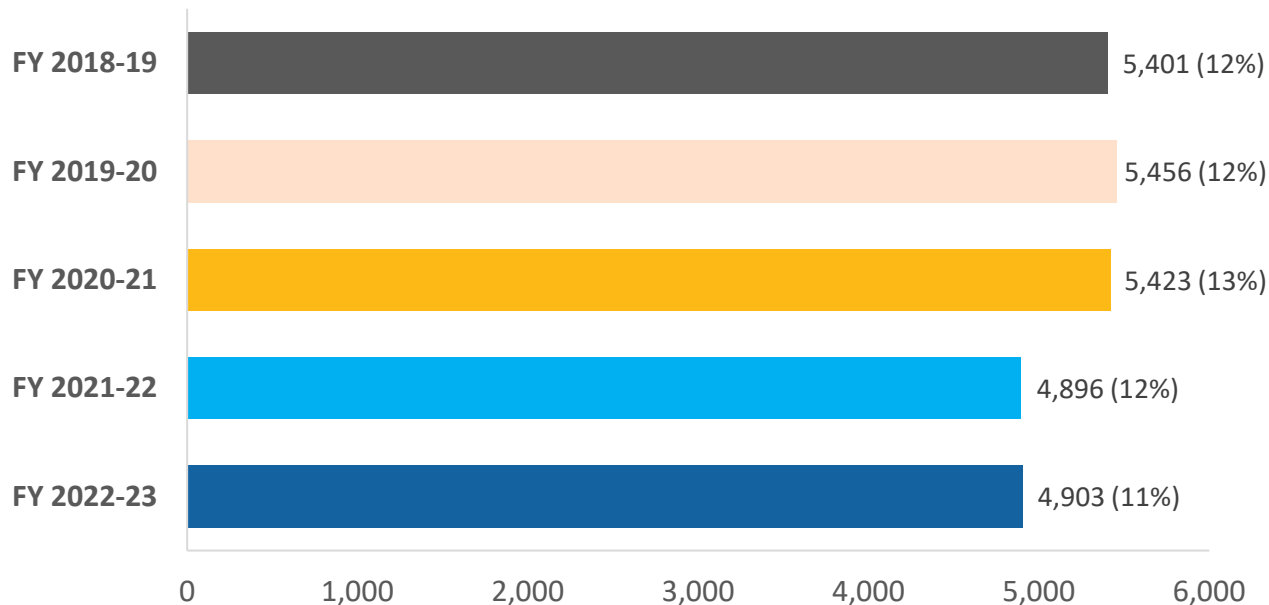
**The graph and percentages reported above exclude invalid/missing values (clients receiving emergency/crisis services, n = 3,824; AOA, n = 6,569).

What types of services are being used?

All AOA Clients: Hospitalizations

- 4,903 (11%) AOA clients were hospitalized at least once during FY 2022-23, for a total of 7,287 hospital admissions.
- The proportion of AOA clients hospitalized has remained fairly consistent over the past five fiscal years.
- During FY 2022-23, the lowest percentage of hospitalizations among AOA clients over the past five years was observed.

Number of Clients Hospitalized by Fiscal Year*



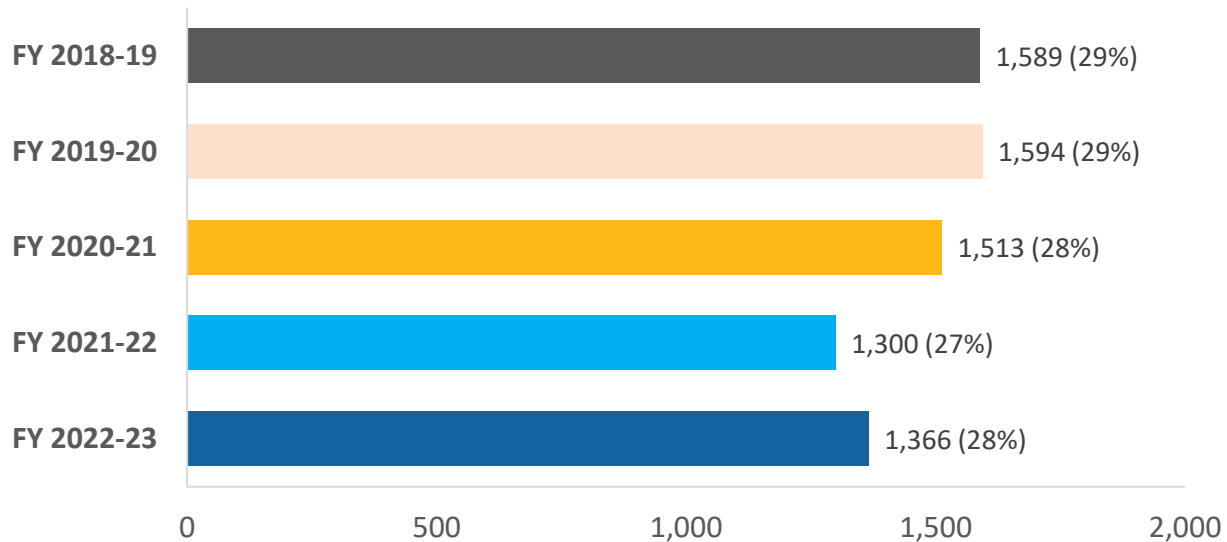
* (%) = percentage of unduplicated clients hospitalized out of the total number of clients receiving services during each FY.

What types of services are being used?

All AOA Clients: Multiple Hospitalizations

- Of the 4,903 AOA clients hospitalized during FY 2022-23, 1,366 of them (28%) were hospitalized at least one additional time during the fiscal year.
- The proportion of hospitalized AOA clients with multiple hospitalizations during FY 2022-23 has remained fairly stable each fiscal year since FY 2018-19.

Number of Unique Clients Hospitalized Multiple Times by Fiscal Year*

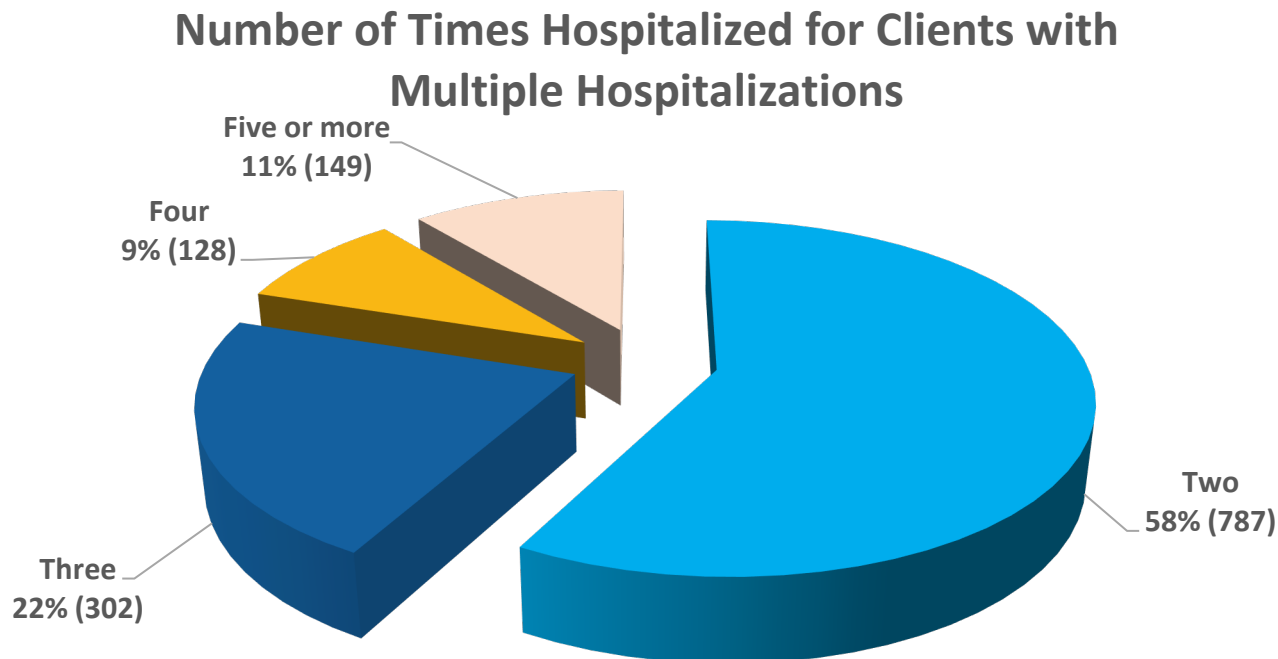


* (%) = percentage of clients hospitalized multiple times out of the number of clients hospitalized at least once during each fiscal year.

What types of services are being used?

All AOA Clients: Multiple Hospitalizations

- 1,366 AOA clients were hospitalized at least twice during FY 2022-23.
- Of the 1,366 AOA clients hospitalized more than once during FY 2022-23, more than half were hospitalized a total of two times (58%), more than one-fifth (22%) were hospitalized three times, 9% were hospitalized four times, and 11% were hospitalized five or more times.

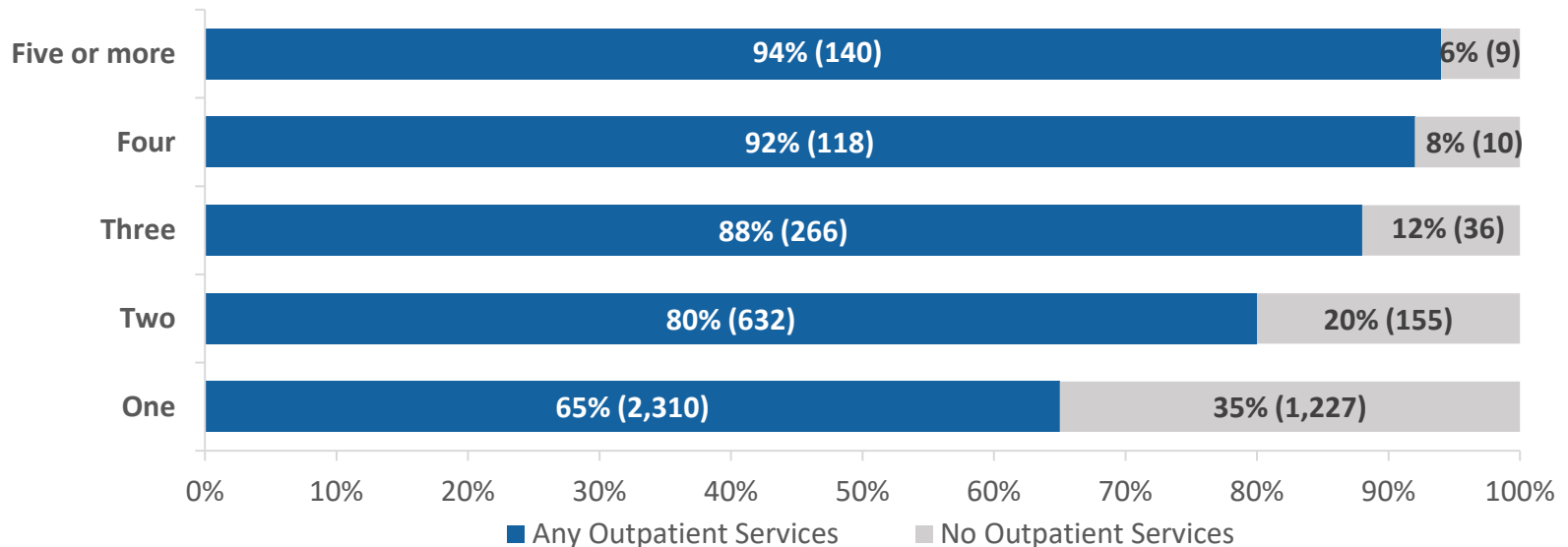


What types of services are being used?

All AOA Clients: Multiple Hospitalizations and Service Use

- The majority of clients with three hospitalizations received some outpatient adult mental health services* during FY 2022-23 (88%).
- Of the 787 AOA clients with two hospitalizations during FY 2022-23, 155 of them (20%) did not use any outpatient adult mental health services during the fiscal year.
- Slightly over one-third of clients (35%) with only one hospitalization in FY 2022-23 did not use any outpatient services.

Hospitalizations by Service Use



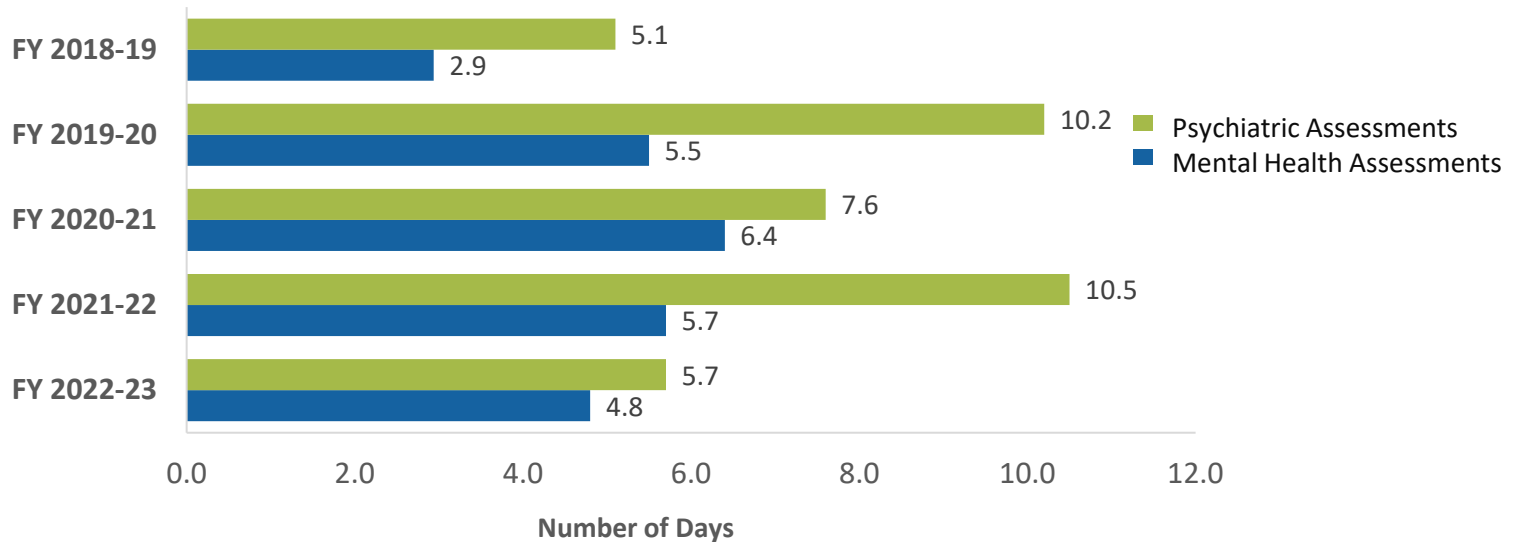
*Outpatient services include: ACT, Case Management, FFS, Outpatient, and Prevention services.

Accessibility of Services

All AOA Clients: Access

- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2021-22, average wait times decreased from approximately 11 days to almost 6 days in FY 2022-23.
- Average access times for mental health assessments have been decreasing from FY 2020-21, and specifically wait times decreased slightly from under 6 days during FY 2021-22 to under 5 days in FY 2022-23.

Average Access Time in Days for Psychiatric and Mental Health Assessments



Are clients getting better?

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

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

Illness Management and Recovery (IMR)				
	N	Pre	Post	Change
Substance Use Subscale	3,515	4.15	4.23	▲
Management Subscale	3,827	2.81	2.95	▲
Recovery Subscale	3,816	2.93	3.01	▲
Overall Mean	3,840	3.23	3.31	▲
Recovery Markers Questionnaire (RMQ)				
	N	Pre	Post	Change
Overall Mean	2,473	3.62	3.68	▲

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 2022-23 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

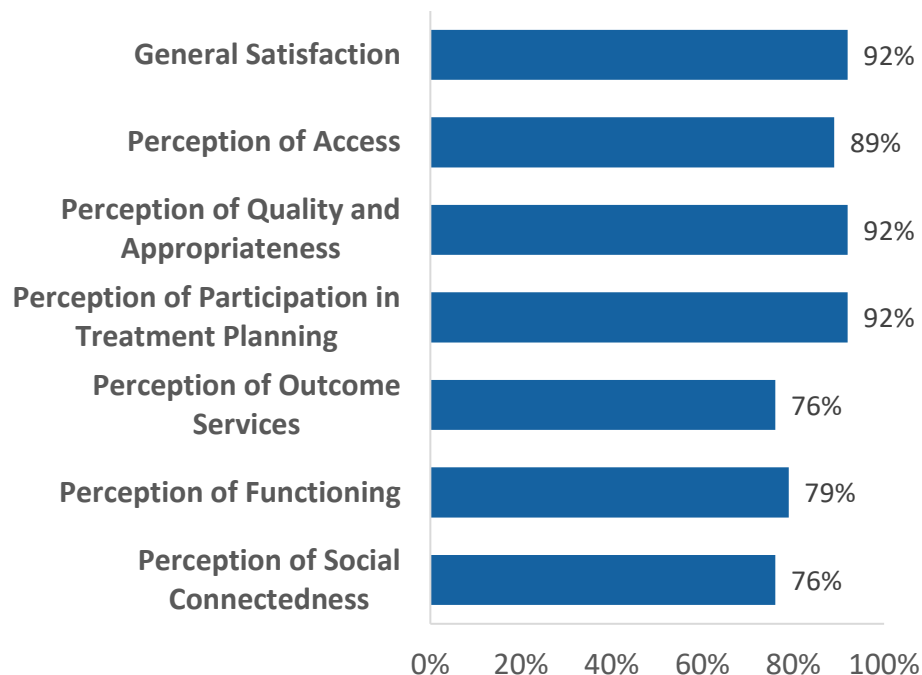
- The AOABHS SOC in San Diego County offers a variety of treatment, rehabilitation, and recovery services to help people experiencing persistent and severe mental illness or an additional health crisis.
- All services provided are oriented to meet the unique linguistic and cultural needs of the individuals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

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

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

During FY 2022-23, the MHSIP was administered during May 2023 (N=1,766).

MHSIP Domain Scores* in FY 2022-23



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

Mental Health Services Act Components

MHSA Components

Community Services and Supports

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

Prevention and Early Intervention Programs

Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To ensure access to appropriate support at the earliest point of emerging mental health problems and concerns, Prevention and Early Intervention (PEI) builds capacity for providing mental health early intervention services at sites where people go for other routine activities. Through PEI, mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness. During FY 2022-23, 4,782 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. In 2018-19, funding for the following five INN programs began: Perinatal (Accessible Depression and Anxiety Postpartum Treatment, ADAPT) program, Telemental Health (BH Connect) program, 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 behavioral health workforce to recruit and retain qualified individuals who provide services to persons with mental illnesses and/or substance use disorders in the County of San Diego. The WET component provides training and financial incentives to increase and support the public behavioral health workforce. Furthermore, these programs seek to enhance the competency and diversity of the workforce to better meet the needs of the population served. In FY 2022-23, the estimated WET expenditures of \$3,880,148 reflected the exact budget proposed in MHSA funding from the MHSA Three-Year Plan funding priorities. In FY 2022-23, approximately \$3.9 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. The programs modernize information systems to ensure quality of care, operational efficiency, and cost effectiveness. CFTN funds were received as a one-time allocation that were fully spent in FY 2019-20.

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



Mobile Crisis Response Teams (MCRT)

MCRT Clients: Demographics and Post Discharge Connections

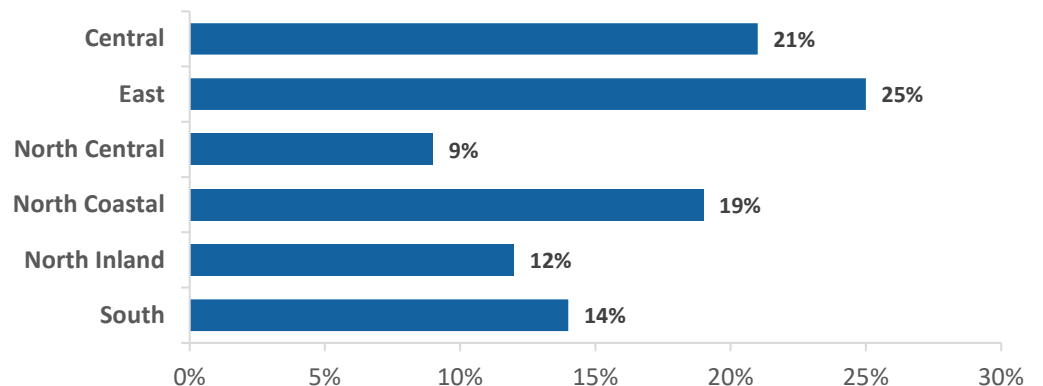
MCRT Client Demographics		
Age*	N	%
15 & under years	220	8%
16 – 17 years	120	4%
18 – 25 years	494	17%
26 – 39 years	790	28%
40 – 49 years	385	14%
50 – 59 years	350	12%
60 – 69 years	281	10%
70+ years	211	7%
Race (Census Categories)	N	%
White	1,273	45%
Hispanic	885	31%
Black/African American	295	10%
Asian/Pacific Islander	159	6%
Other/Mixed	46	2%
MENA	33	1%
Native American	26	1%
Unknown	117	4%
Total Unduplicated Clients	2,834	n/a

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

Data source: MCRT FY22-23 Report (obtained 12/20/2023 from SDCBHS)

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

Region of Intervention (N=2,834)

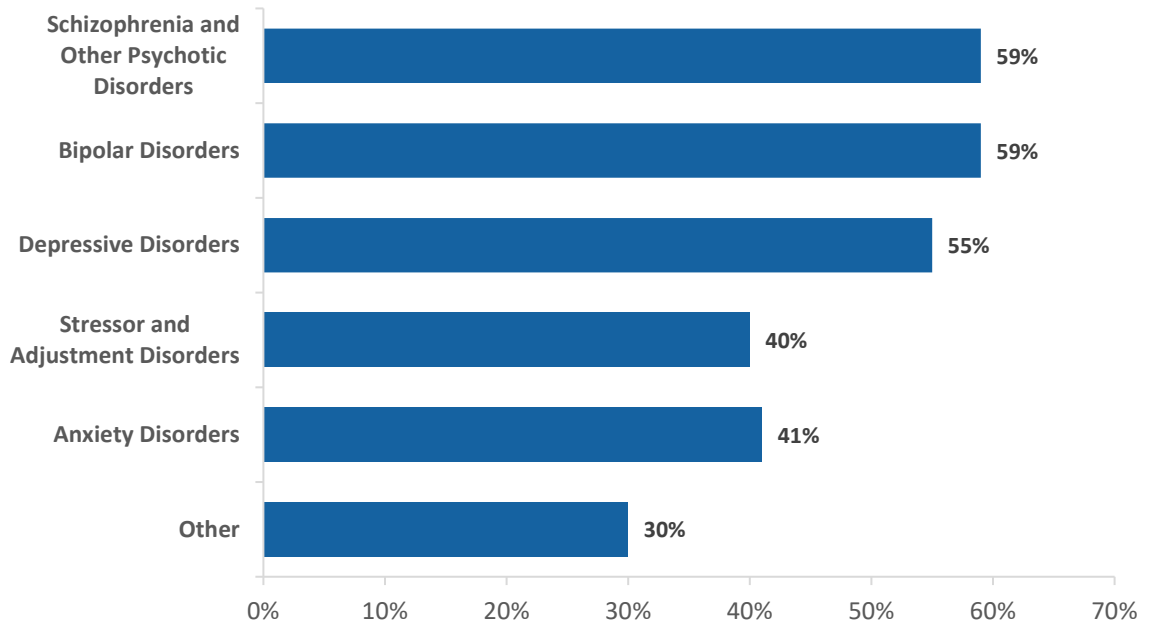


Mobile Crisis Response Teams (MCRT)

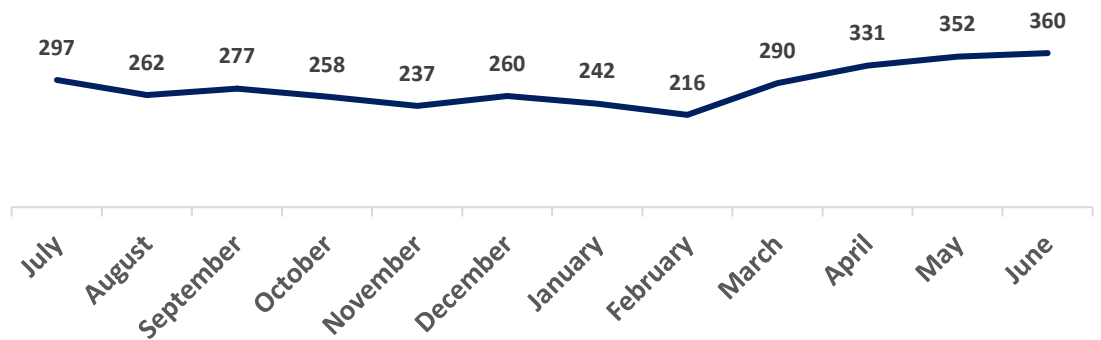
MCRT Clients: Demographics - Continued

MCRT Client Demographics (Continued)		
Gender	N	%
Female	1,443	51%
Male	1,361	48%
Other	<5	1%
Preferred Language	N	%
English	2,637	93%
Spanish	134	5%
Tagalog	9	<1%
Unknown	9	<1%
Previous Justice Involvement	N	%
Yes	1,004	35%
No	1,830	65%
Housing Status	N	%
Lives Independently	2,110	75%
Homeless	465	16%
Board & Care	105	4%
Institutional	21	1%
Justice Related	19	1%
Other	31	1%
Unknown	167	6%
Total Unduplicated Clients	2,834	n/a

Presenting Mental Health Diagnosis (N=6,210)



Unique Clients Served Quarterly



Data source: MCRT FY22-23 Report (obtained 12/20/2023 from SDCBHS)

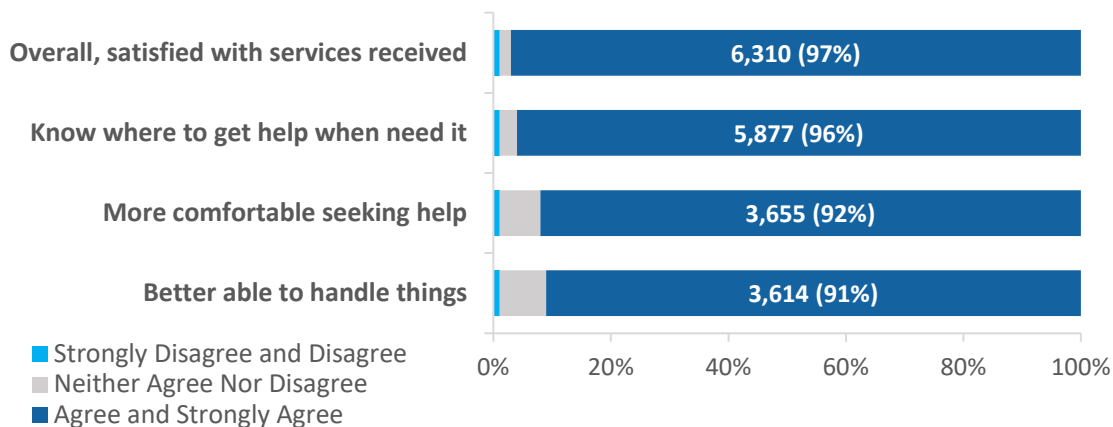
Prevention and Early Intervention

PEI Clients: Demographics and Client Satisfaction

PEI Client Demographics		
Age	N	%
<18 – 25 years	807	17%
26 – 59 years	2,513	53%
60+ years	1,301	27%
Unknown/Not Reported	161	3%
Gender	N	%
Female	2,636	55%
Male	1,932	40%
Other	52	1%
Unknown/Not Reported	162	3%
Race (Census Categories)	N	%
White/Caucasian	1,768	37%
African American/Black	701	15%
Asian	340	7%
Pacific Islander	17	< 1%
American Indian/Alaskan Native	45	< 1%
More than One Race	136	3%
Other	46	< 1%
Unknown/Not Reported	1,729	36%
Total PEI Clients Served	4,782	100%

- 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 4,782 PEI clients served in FY 2022-23 decreased from the 5,477 clients served in FY 2021-22. However, the proportion of clients reporting overall satisfaction with services remained stable from FY 2020-21 to FY 2022-23 (96% in FY 2020-21 and FY 2021-22).

Client Satisfaction*



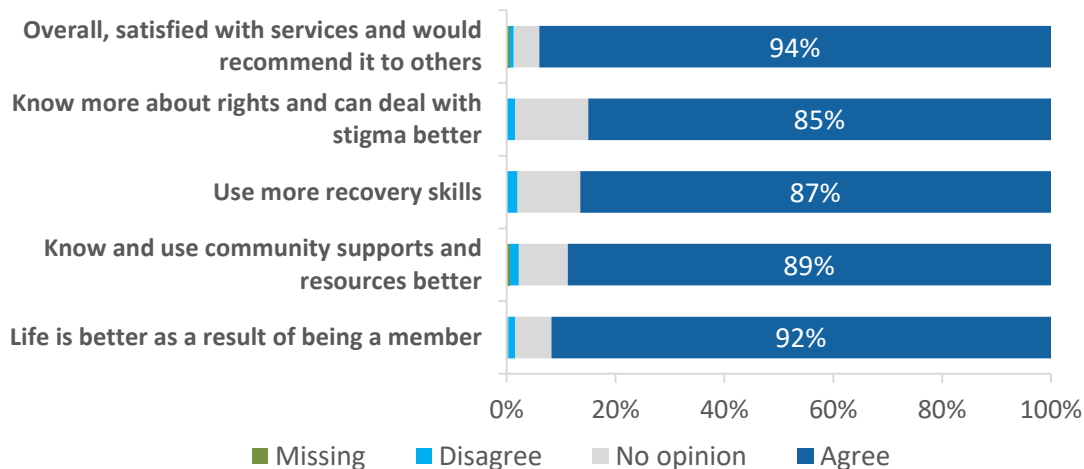
*The number of clients who completed the client satisfaction survey varied from 3,614 to 6,310. These data are not recorded in CCBH. For more information on AOABHS PEI programs, see the PEI summary reports – Adult Summary: https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html

Clubhouse Members: Demographics and Client Satisfaction

Clubhouse Members Demographics		
Age	N	%
16 – 25 years	311	14%
26 – 59 years	1,050	47%
60+ years	439	20%
Unknown/Not Reported	423	19%
Gender	N	%
Female	580	26%
Male	658	30%
Other	23	1%
Unknown/Not Reported	962	43%
Race (Census Categories)	N	%
American Indian	7	<1%
Black or African American	207	9%
Asian	175	8%
Native Hawaiian or Pacific Islander	11	<1%
White	421	19%
Hispanic or Latino	314	14%
Multiracial	81	4%
Other/Prefer Not to Answer	80	3%
Unknown/Not Reported	927	42%
Total Members Served	2,223	100%

- A Clubhouse is a membership organization open to people who have a history of mental illness, where members participate in various activities that support their recovery.
- During FY 2022-23, there were 10 clubhouses in San Diego County funded by the County of San Diego Health and Human Services Agency across the Central, East, South, North Coastal, North Inland, and North Central regions.
- ClubHOMS, which fully launched on July 1, 2019, is the main mechanism for tracking activities and member outcomes.
- The Clubhouses served 2,223 unduplicated members in FY 2022-23 with a total of 53,811 Clubhouse attendance/visits.
- Most members (94%) reported overall satisfaction with clubhouse services and would recommend them to others.

Client Satisfaction (N=635)



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.
- Beginning in March 2020 and continuing throughout FY 2022-23, the COVID-19 pandemic substantially affected the San Diego area. The Innovation programs have had to adapt to the new service delivery environment to protect both client and staff safety while continuing to provide mental health services. For many programs, these changes included a switch to or greater utilization of telehealth services, which has contributed to increased awareness of the benefits and limitations of remote service delivery strategies.

MHSA: Innovations Projects



The following Innovations programs began or were in existence in AOABHS during FY 2022-23:

Telemental Health (BH Connect)

The BHConnect 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.

ReST Recuperative Housing (Just Be U)

The goal of Just Be U is to decrease the number of homeless TAY with SMI who are unconnected to BHS treatment services. A primary goal is to prevent them from needing crisis/emergency psychiatric services (e.g., hospitals, ER) by providing recuperative and rehabilitative mental health care support in respite housing. Participants enrolled in the program are connected to appropriate levels of care and housing. Based on demonstrating favorable outcomes, the Just Be U program will be incorporated into the overall BHS System of Care as an ongoing program.

MHSA: Innovations Projects

Medication Clinic (Center for Child and Youth Psychiatry, CCYP)

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 emergent role for the CCYP program is to provide psychiatric services for other BHS-funded programs when they experience temporary disruptions to their ability to provide psychiatric care. The psychiatrists provide medication management services primarily via tele-psychiatry in order to cover service needs throughout the entire San Diego County. Based on demonstrating favorable outcomes, particularly the ability to maintain stability among youth needing only medication management services, CCYP was incorporated into the overall BHS System of Care as an ongoing program.

Perinatal (Accessible Depression and Anxiety Postpartum Treatment, ADAPT)

The ADAPT program supports parents from underserved or unserved populations who have perinatal and postnatal mood and anxiety disorders by providing treatment services and linkages to appropriate resources and care. Services are provided in partnership with Health and Human Services Agency programs, and other community organizations that support pregnant and parenting mothers and fathers.

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



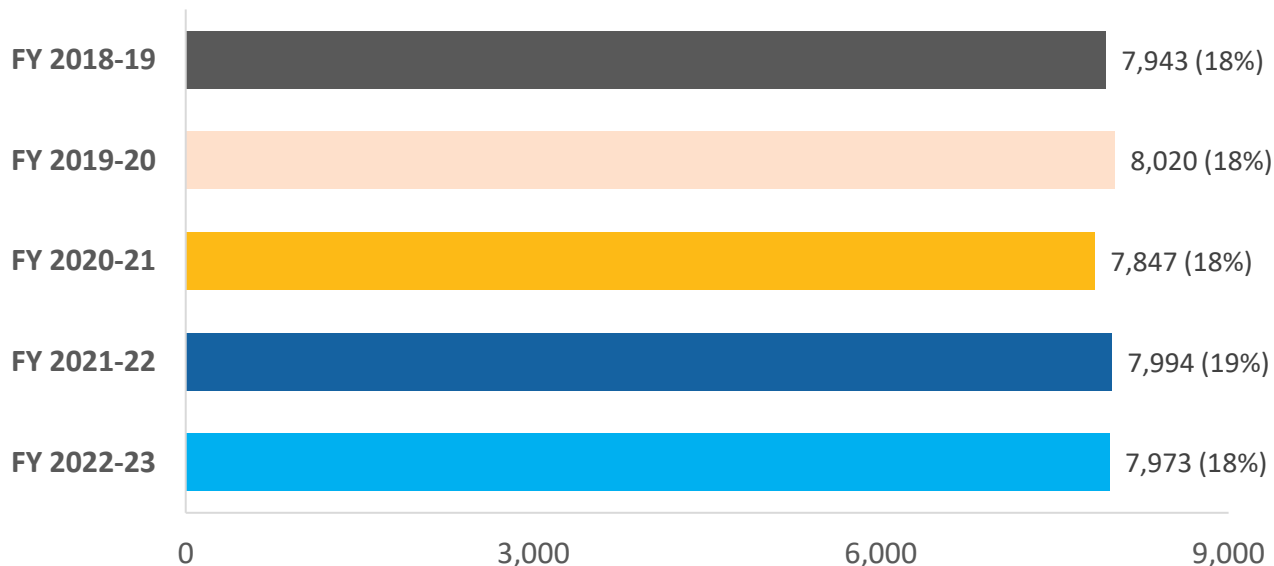
Transition Age Youth (TAY) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2022-2023

Who are we serving?

Total Number of TAY Clients Served

- During FY 2022-23, mental health services were delivered to 7,973 TAY clients (ages 18* to 25).
- TAY clients represent 18% of the 43,155 AOABHS clients served during FY 2022-23.
- The number of TAY clients served by BHS increased from FY 2020-21 to FY 2021-22, then slightly decreased from FY 2021-22 to FY 2022-23.

Number of Clients Served by Fiscal Year



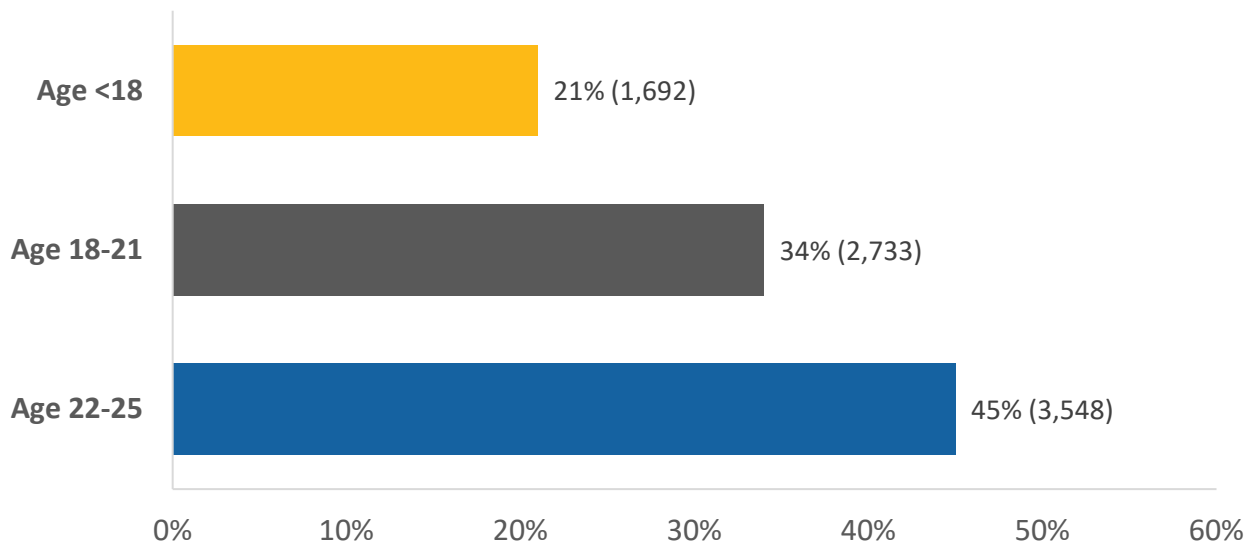
*1,692 clients were under 18 but are included here because they received adult services.

Who are we serving?

TAY Clients: Age

- Similar to past fiscal years, almost half of TAY clients (45%) served during FY 2022-23 were between the ages of 22 and 25 years.
- More than one-third (34%) of TAY clients served during FY 2022-23 were between the ages of 18 and 21 years.
- Compared to FY 2020-21, the number of TAY clients served during FY 2022-23 under the age of 18 increased by 26% (1,347 clients in FY 2020-21 to 1,692 clients in FY 2022-23).

TAY Age Distribution

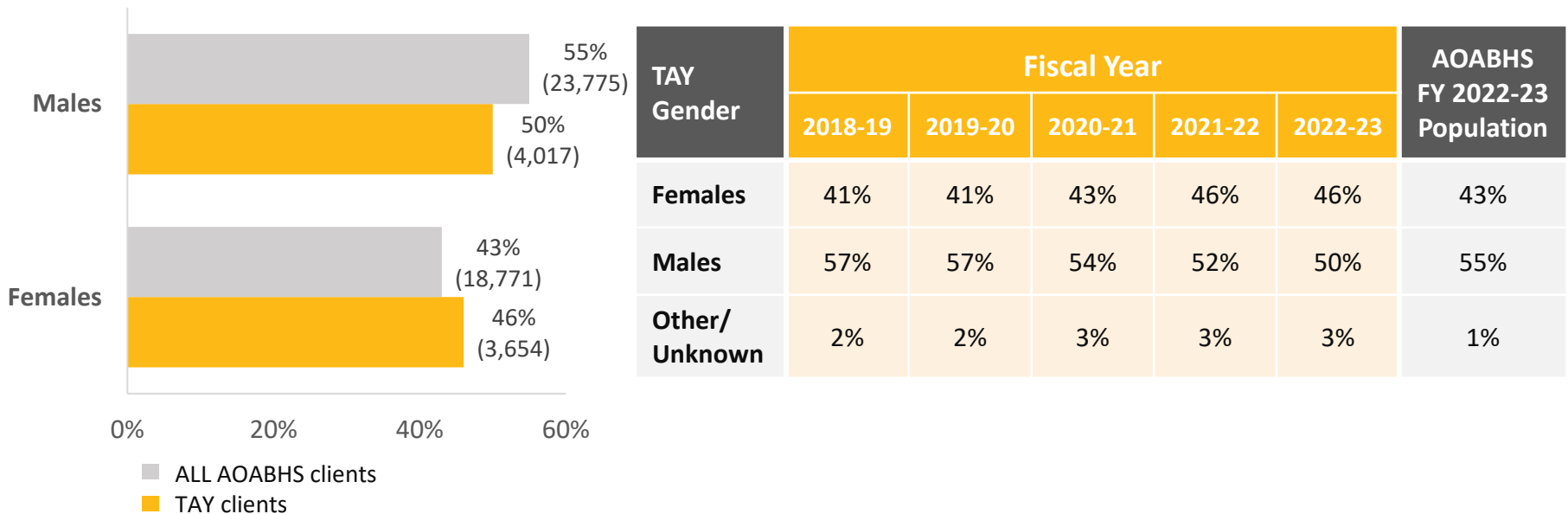


Who are we serving?

TAY Clients: Gender

- A smaller proportion of TAY clients served during FY 2022-23 were male (50%) compared to the overall AOABHS client population (55%) and a higher proportion of TAY clients served during FY 2022-23 were female (46%) compared to the overall AOABHS client population (43%).
- Over the past five fiscal years, the proportions of TAY males served by AOABHS has decreased and females has increased.

TAY Gender* Distribution



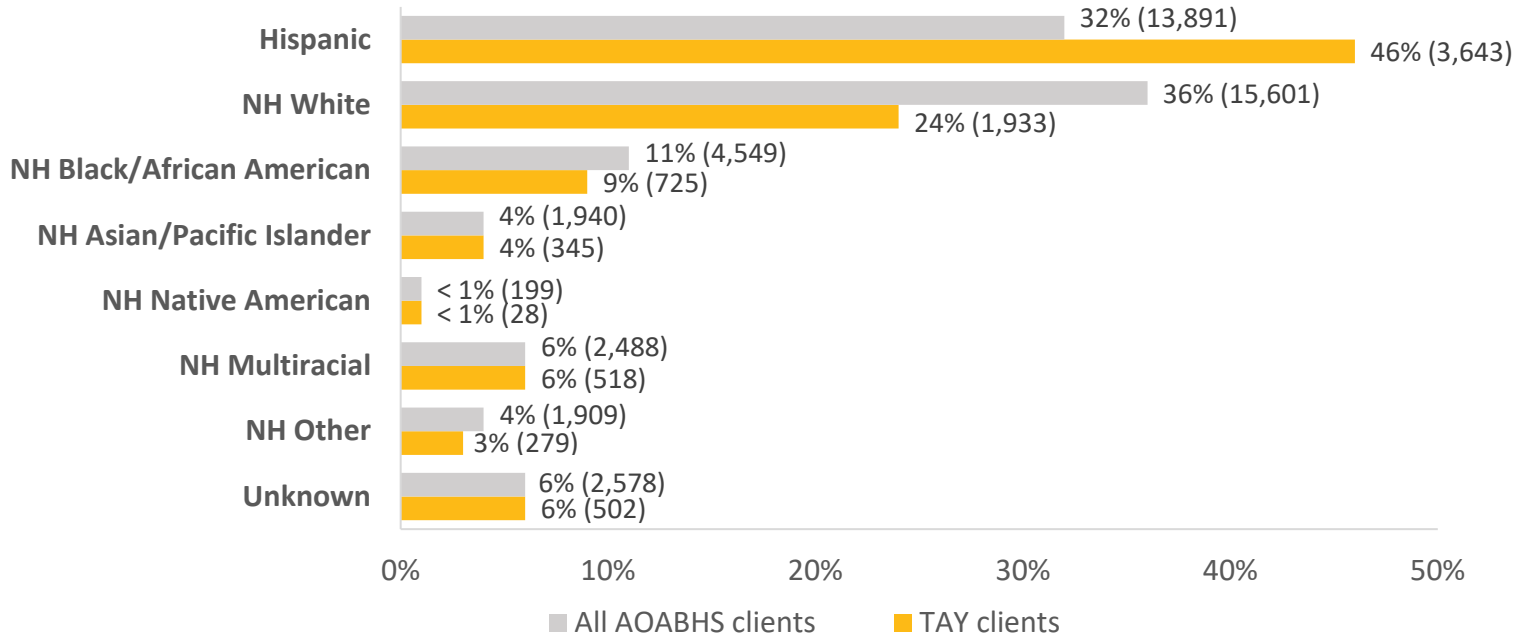
*The figure excludes the other/unknown categories, comprising 4% of the TAY (302 clients) and 1% of the overall AOABHS (609 clients) population.

Who are we serving?

TAY Clients: Race/Ethnicity

- More than two-thirds of TAY clients served during FY 2022-23 were either Hispanic (46%) or non-Hispanic White (24%).
- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2022-23 were Hispanic (46% compared to 32%), and a smaller proportion were non-Hispanic White (24% compared to 36%).

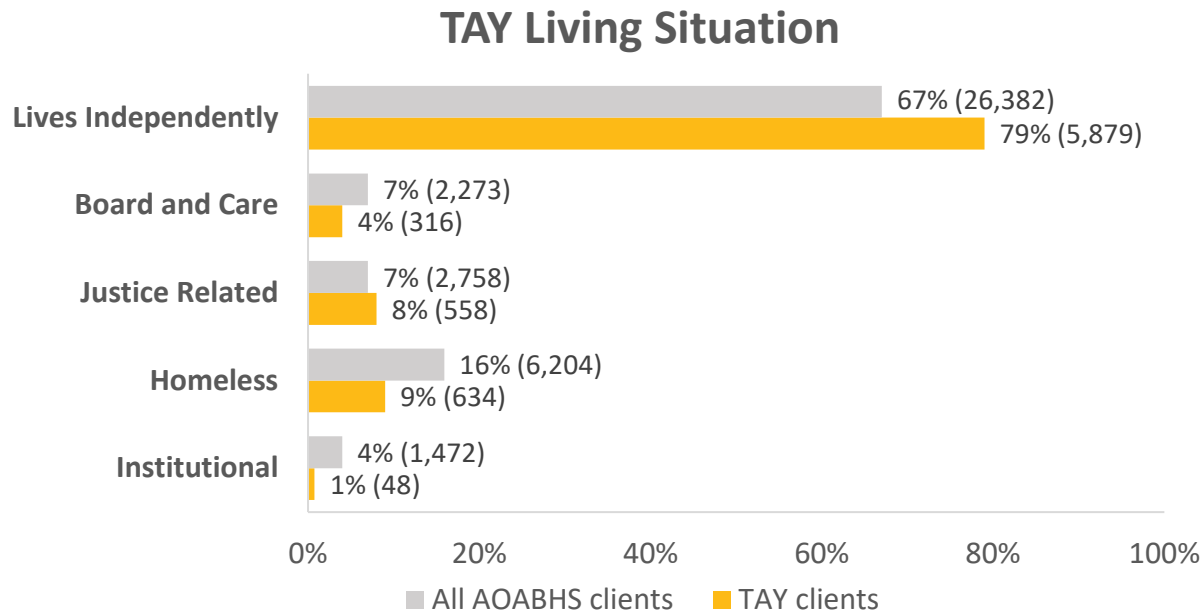
TAY Race/Ethnicity Distribution



Who are we serving?

TAY Clients: Living Situation*

- Nearly four-fifths (79%) of TAY clients served during FY 2022-23 were living independently**.
- Similar to previous fiscal years, a greater proportion of TAY clients served during FY 2022-23 were living independently compared to the overall AOABHS client population (79% vs. 67%).
- A smaller proportion of TAY clients served during FY 2022-23 were homeless (9%) compared to the overall AOABHS population (16%).



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

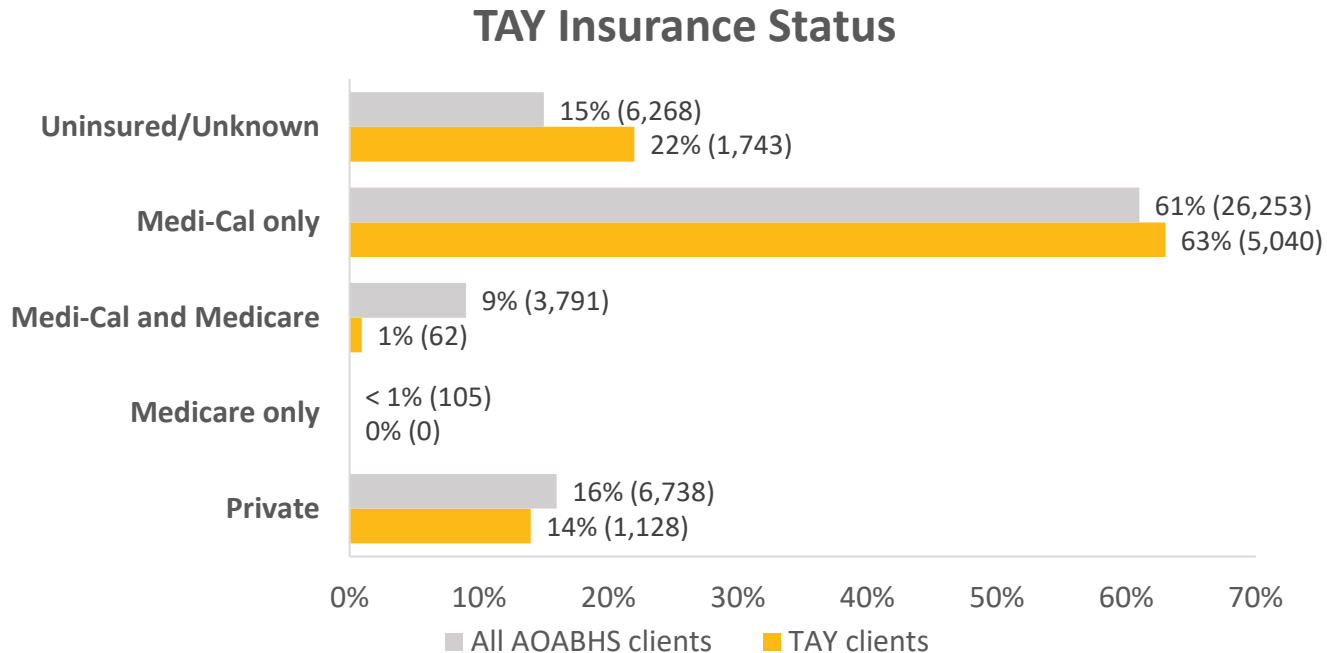
**Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (TAY, n = 538; AOA, n = 3,616) are excluded from the figure and percentages reported above.

Who are we serving?

TAY Clients: Health Care Coverage

- Less than two-thirds (63%) of TAY clients served during FY 2022-23 had some type of Medi-Cal insurance coverage.
- The proportion of TAY clients with an uninsured/unknown insurance status has remained stable with slightly more than one-fifth (22%) of TAY clients served during FY 2022-23 were uninsured or had an unknown insurance status, when compared to FY 2021-22 (22%).

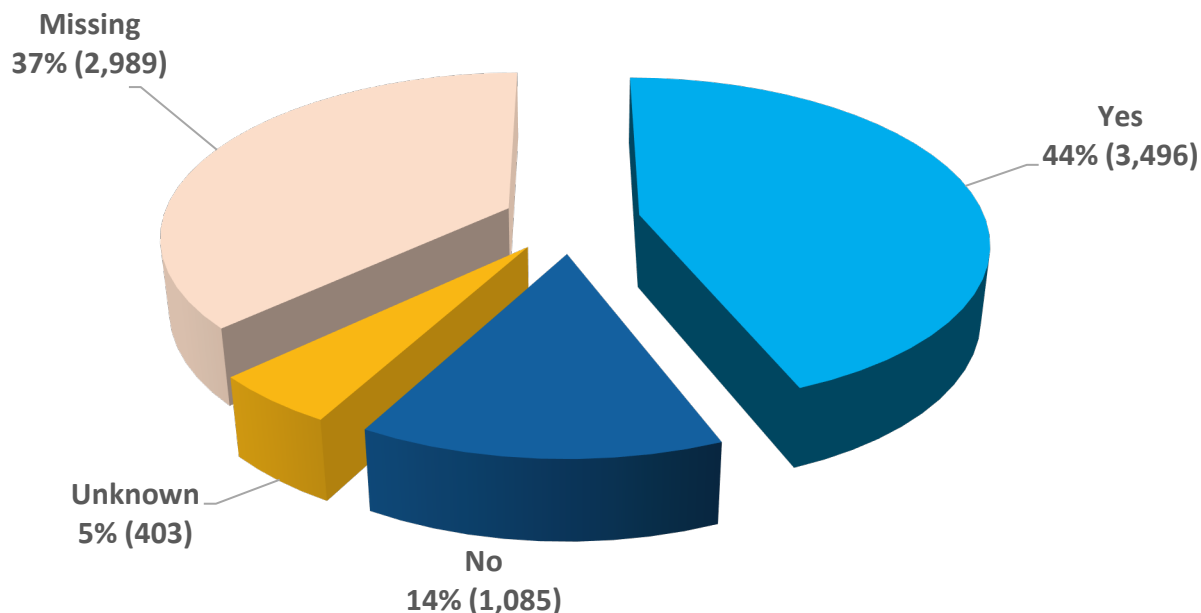


Who are we serving?

TAY Clients: Primary Care Physician

- Over two-fifths of TAY clients served in FY 2022-23 had a primary care physician (44%).
- Information about primary care physician was unavailable or unknown for over one-third of TAY clients (37%), which is a smaller proportion compared to last fiscal year (41%).

TAY Primary Care Physician



Who are we serving?

TAY Clients: Sexual Orientation

- Of the TAY clients served during FY 2022-23 with sexual orientation information available, two-thirds of them identified as heterosexual (66%).
- 19% (604) of TAY clients served during FY 2022-23 with sexual orientation information available identified as bisexual, reflecting a 72% increase in proportion of TAY clients identifying as bisexual when compared to the previous fiscal year (351).

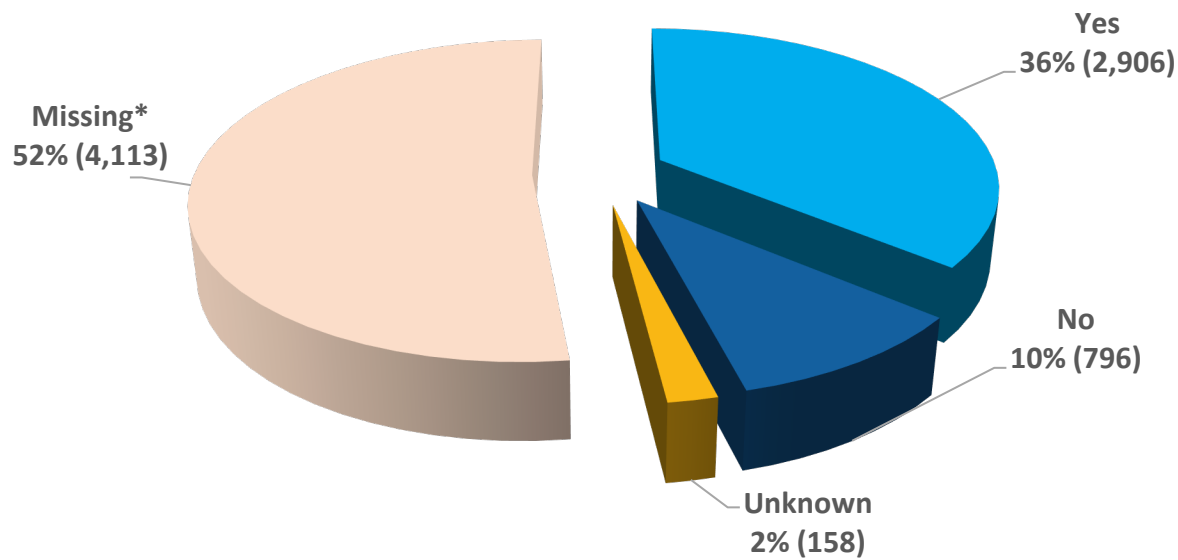
Sexual Orientation	TAY FY 2022-23		AOABHS FY 2022-23	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,158	66%	15,415	83%
Bisexual	604	19%	1,390	7%
Gay male	78	2%	425	2%
Lesbian	62	2%	233	1%
Queer	42	1%	95	1%
Asexual	22	1%	101	1%
Other	60	2%	196	1%
Questioning	96	3%	205	1%
Declined to state	126	4%	563	1%
Total (excluding missing)	3,248	100%	18,623	100%
Missing	4,725	59%	24,532	57%

Who are we serving?

TAY Clients: History of Trauma

- Over one-third (36%) of TAY clients served in FY 2022-23 had a history of trauma.
- Information about trauma history was unavailable or unknown for over half of TAY clients (52%).

TAY History of Trauma



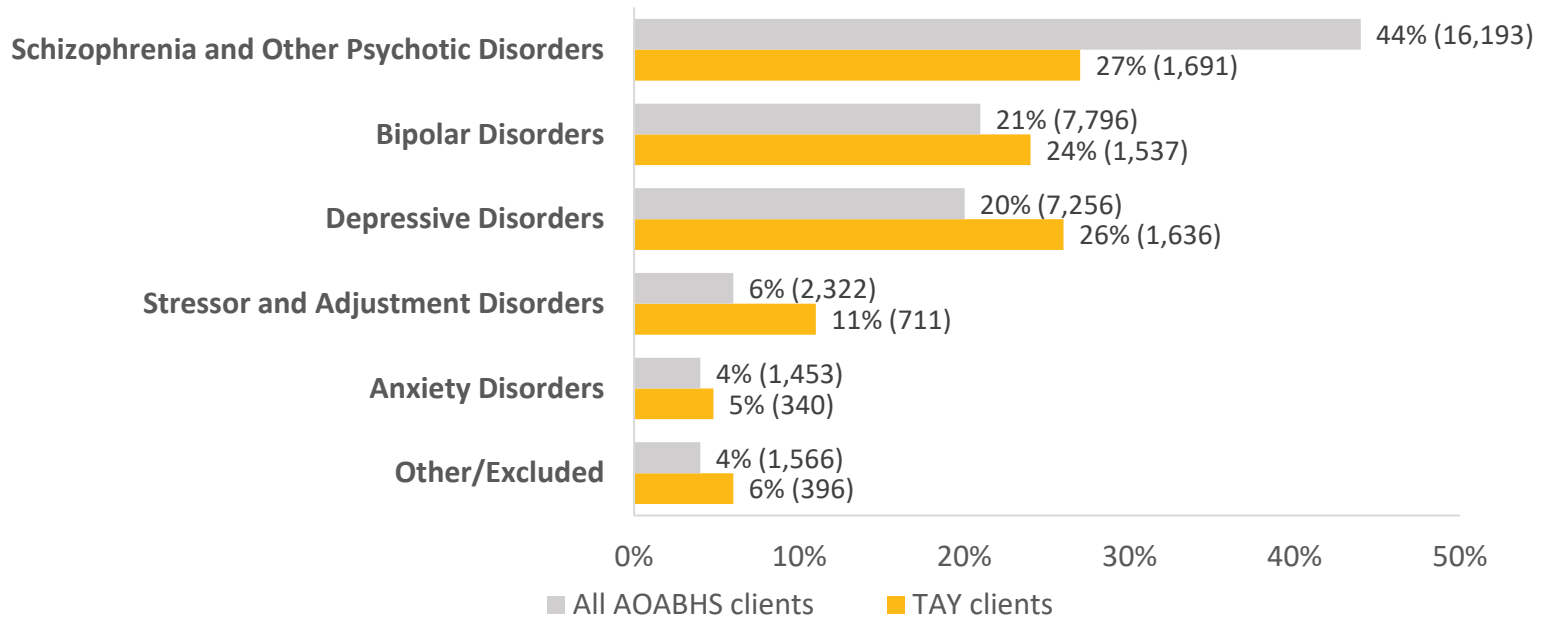
*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

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 2022-23 were schizophrenia and other psychotic disorders (27%), depressive disorders (26%), and bipolar disorders (24%), which comprise 77% (4,864 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 (44% vs. 27%), and larger proportions of TAY had diagnoses of all other types of disorders.

TAY Primary Diagnosis*



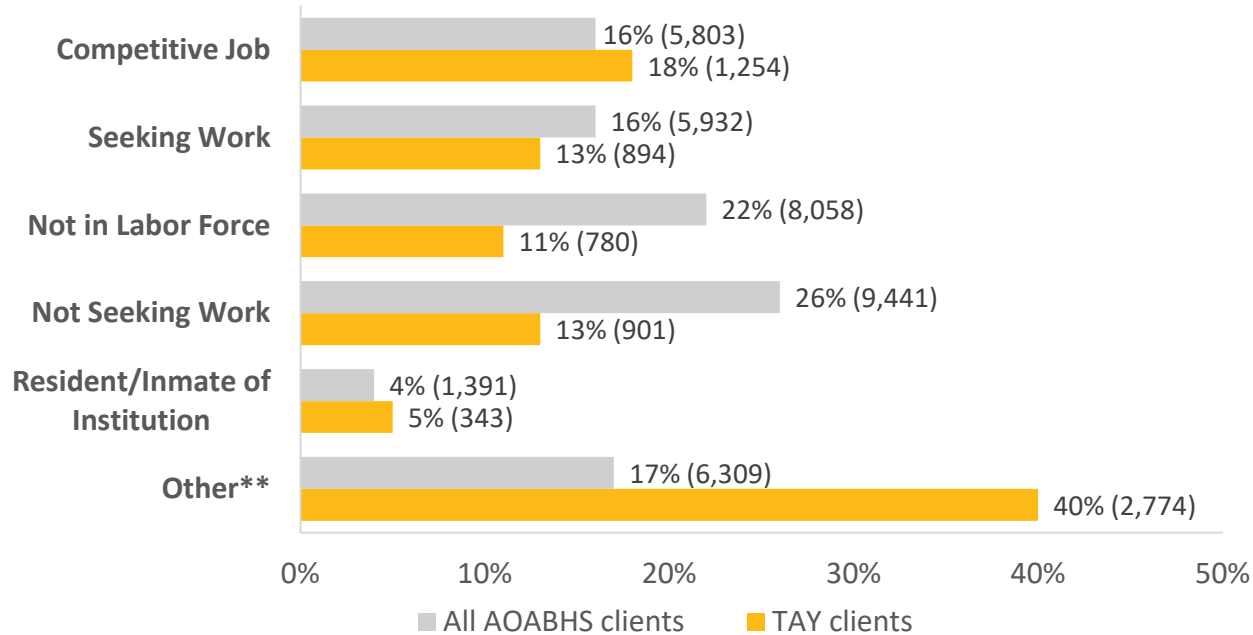
*The graph and percentages reported above exclude invalid/missing values (TAY, n = 1,662; AOA, n = 6,569).

Who are we serving?

TAY Clients: Employment Status

- Similar proportions of TAY clients served during FY 2022-23 were employed in a competitive job (18%), seeking work (13%), not in the labor force (11%), and not seeking work (13%).
- Two-fifths of TAY clients (40%) 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*



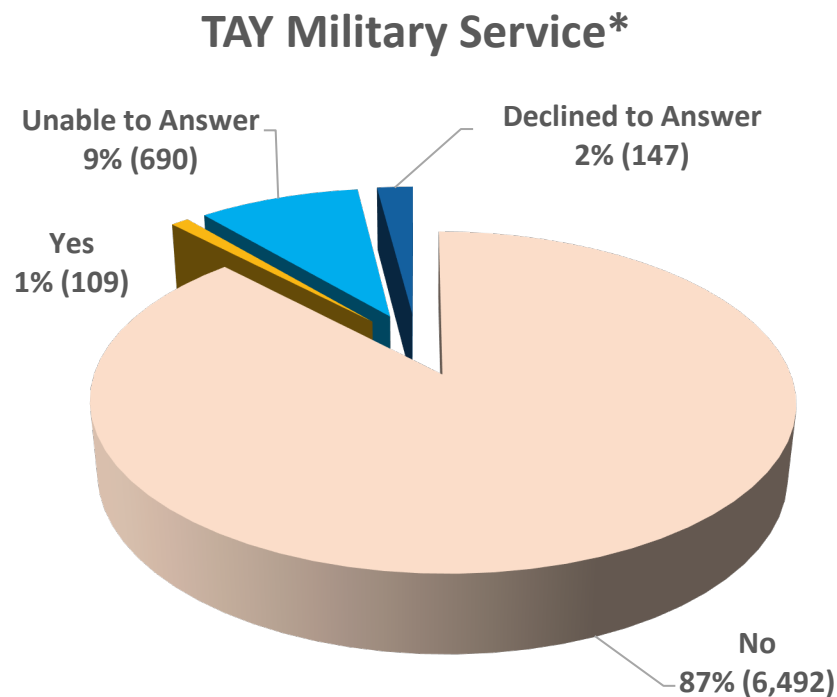
*The graph and percentages reported above exclude unknown values (TAY, n = 1,027; AOA, n = 6,221).

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

Who are we serving?

TAY Clients: Military Service

- Valid data regarding past military service was available for 93% of TAY clients served during FY 2022-23.
- Among those TAY clients served for whom military service data were available, 87% reported that they had no military service, and only 1% indicated that they had served in the military.



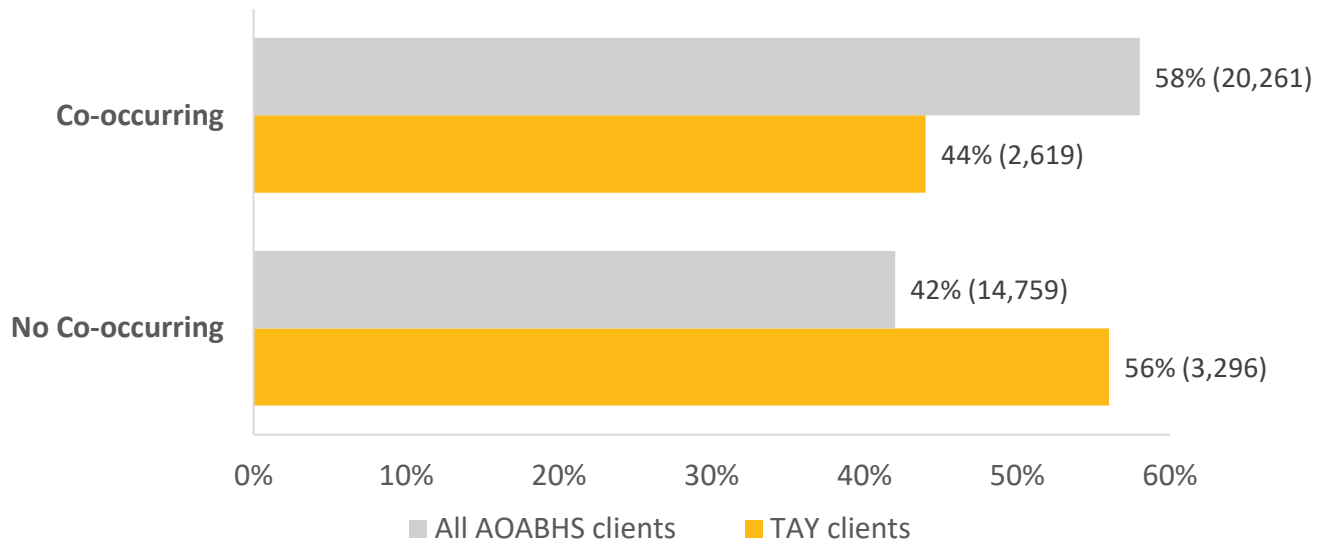
*The graph and percentages reported above exclude missing values (n = 532).

Who are we serving?

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

- In addition to a primary diagnosis, 44% of TAY clients also had a co-occurring mental illness and substance use disorder in FY 2022-23.
- The proportion of TAY clients with a co-occurring mental illness and substance use disorder served in FY 2021-22 was less than the proportion of all AOA clients with a co-occurring mental illness and substance use disorder (44% compared to 58%).

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



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

What types of services are being used?

TAY Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients	Emergency/Crisis Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	13,466	294	Urgent Outpatient	1,621	1,071
Case Management	1,227	554	Crisis Stabilization**	3,192	1,583
Case Management – Institutional	642	48	PERT	2,619	2,139
Case Management – Strengths	1,422	94	MCRT	1,172	834
Case Management – Transitional	0	0		Total Days	Total Clients
Fee for Service (FFS)	12,387	1,564	Crisis Residential	2,427	207
Outpatient	25,918	1,886	Forensic Services	Total Visits	Total Clients
Prevention	0	0	Jail	8,529	1,524
Inpatient Services	Admissions	Total Clients	24 Hour Services	Total Days	Total Clients
Inpatient – County	268	223	Edgemoor	0	0
Inpatient – FFS	1,079	797	Long Term Care (LTC)	934	5
Inpatient – Jail	45	33	LTC – Institutional	5,303	33
State Hospital	< 5	< 5	LTC – Residential	808	<5
			LTC – Residential	210	<5

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

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

Are clients getting better?

TAY Clients: Client Outcomes (IMR and RMQ)*

- Clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre- to post-assessment in the ability to manage symptoms, progress towards recovery, and overall IMR scores.
- TAY clients self-reported non-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 2022-23.

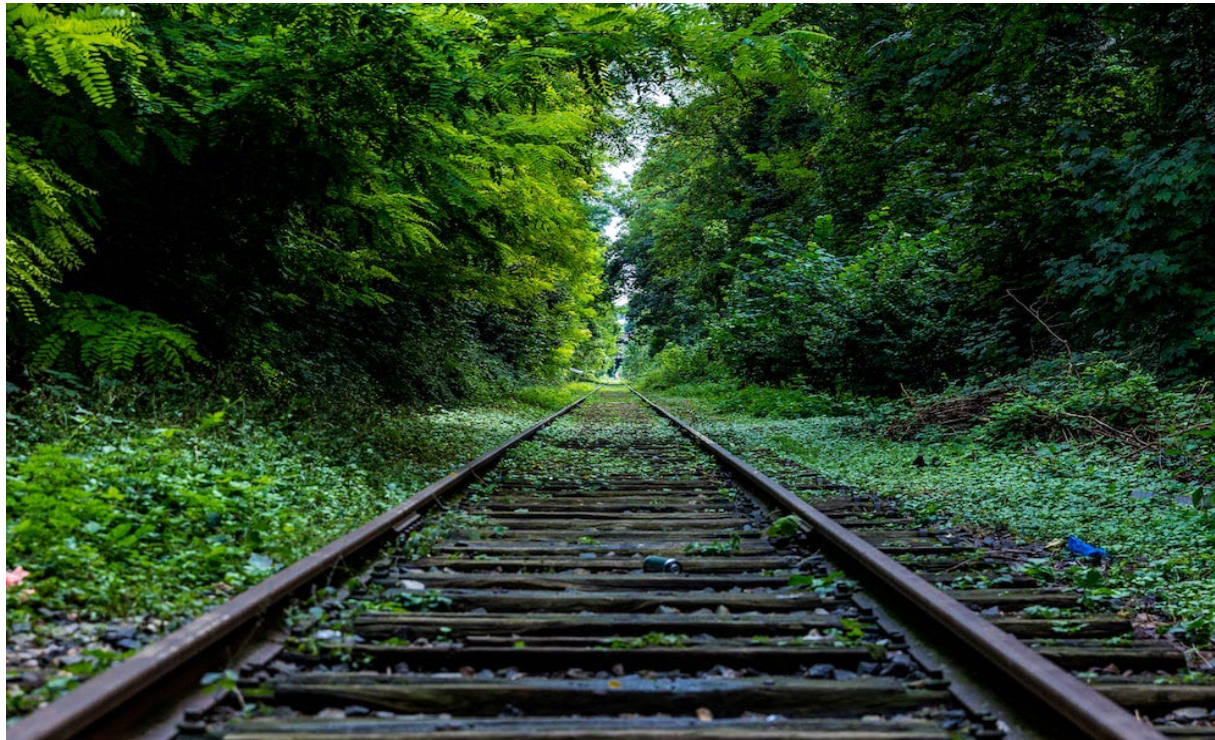
Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	317	4.16	4.22	▶
Management Subscale	378	2.76	2.90	▲
Recovery Subscale	379	3.01	3.14	▲
Overall Mean	380	3.26	3.36	▲
Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	305	3.62	3.68	▲

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 2022-23 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 2022-2023

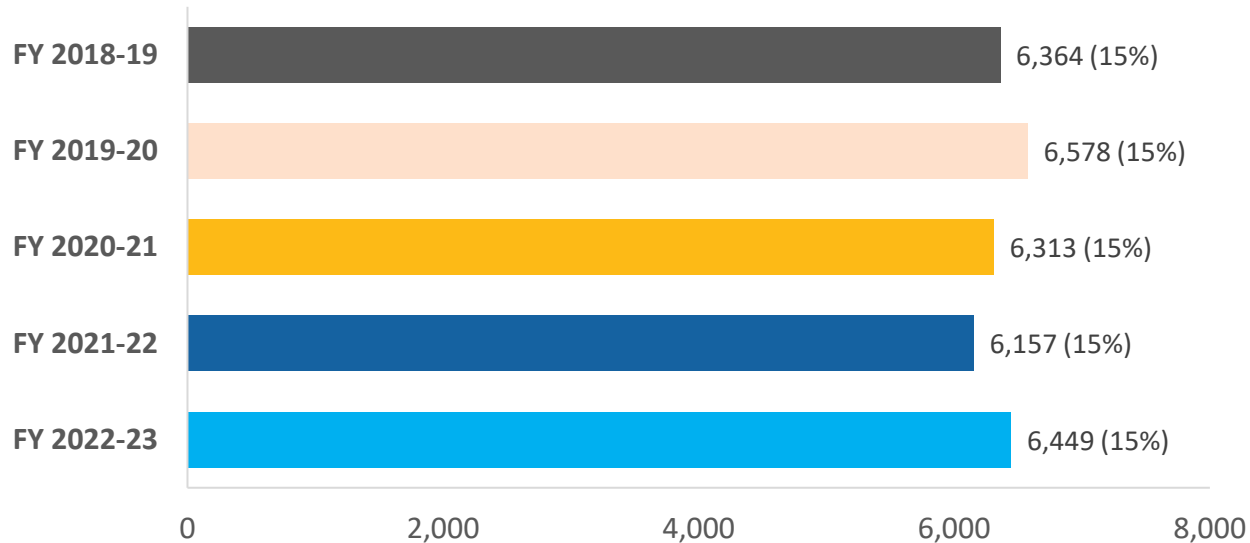
*Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2022-23
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)*

Who are we serving?

Total Number of OA Clients Served

- During FY 2022-23, mental health services were delivered to 6,449 OA clients (age 60 and older) by AOABHS, reflecting a 5% increase in the number of OA clients served compared to FY 2021-22.
- OA clients represent 15% of the 43,155 AOABHS clients served during FY 2022-23.
- The number of OA clients served by BHS has decreased every year from FY 2019-20 to FY 2021-22 but increased in FY 2021-22 and FY 2022-23.

Number of Clients Served by Fiscal Year

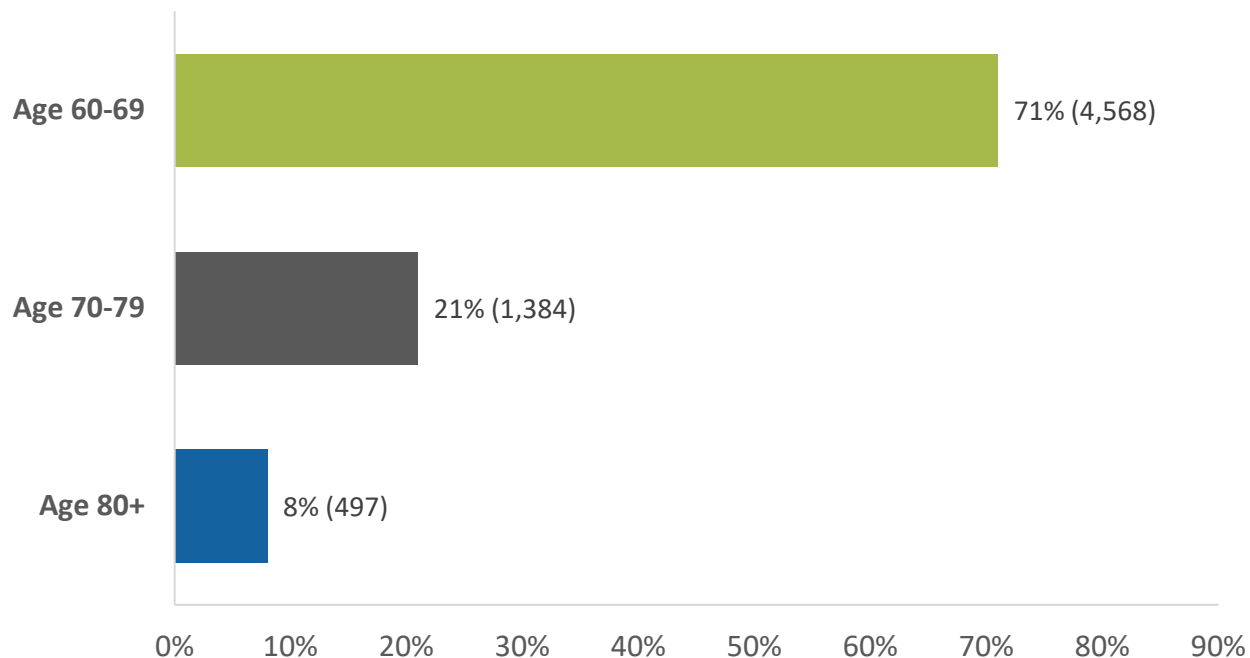


Who are we serving?

OA Clients: Age

- Almost three-quarters (71%) of OA clients served during FY 2022-23 were between the ages of 60 and 69 years.
- The number of OA clients served during FY 2022-23 that were between the ages of 60 and 69 years (4,568 clients) increased by 5%, compared to FY 2021-22 (4,368 clients).

OA Age Distribution

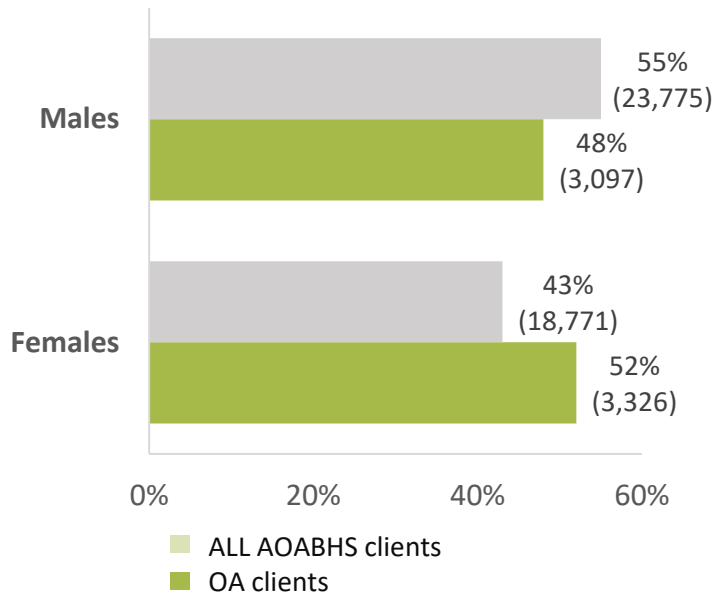


Who are we serving?

OA Clients: Gender

- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2022-23 were female (52%) compared to the overall AOABHS client population (43%).
- The proportion of male OA clients served by AOABHS has gradually increased over the past five fiscal years (47% to 48%).

OA Gender* Distribution



OA Gender	Fiscal Year					AOABHS FY 2022-23 Population
	2018-19	2019-20	2020-21	2022-23	2022-23	
Females	53%	52%	52%	52%	52%	43%
Males	47%	47%	48%	48%	48%	55%
Other/Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	1%

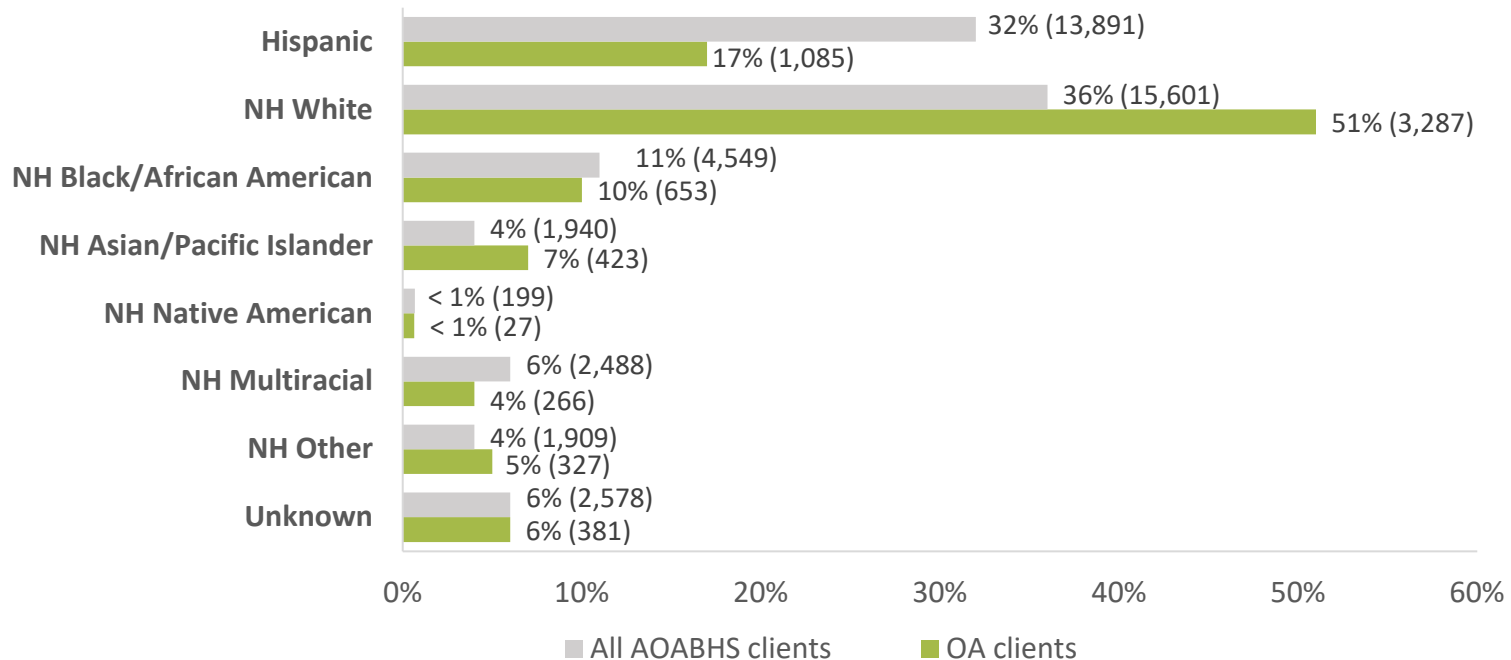
*The figure excludes the other/unknown categories, comprising <1% of the OA (26 clients) and 1% of the overall AOABHS (609 clients) population.

Who are we serving?

OA Clients: Race/Ethnicity

- More than half of OA clients (51%) served during FY 2022-23 were non-Hispanic White.
- Similar to previous fiscal years, compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (17% vs. 32%), and a larger proportion were non-Hispanic White (51% vs. 36%) in FY 2022-23.

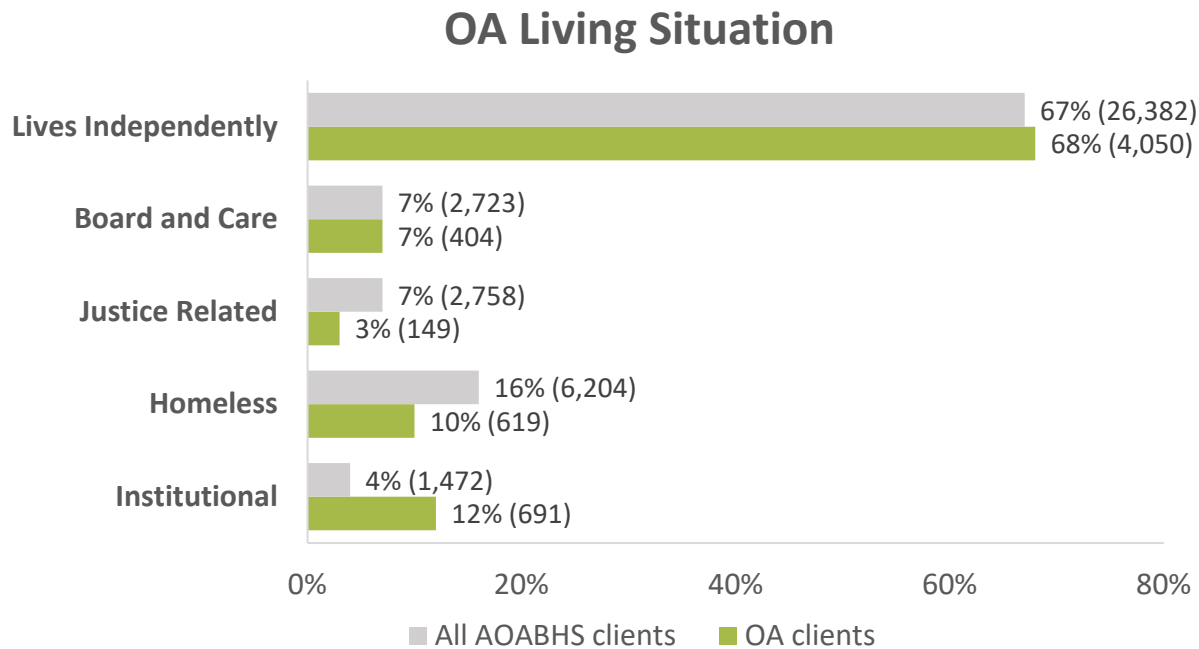
OA Race/Ethnicity Distribution



Who are we serving?

OA Clients: Living Situation*

- Compared to the overall AOABHS client population, a slightly higher proportions of OA clients served during FY 2022-23 lived independently**.
- A greater proportion of OA clients served during FY 2022-23 lived in an institutional setting (12%) and a smaller proportion of OA clients were homeless (10%) or living in justice-related settings (3%), compared to the overall AOABHS client population (4%, 16%, and 7%, 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.

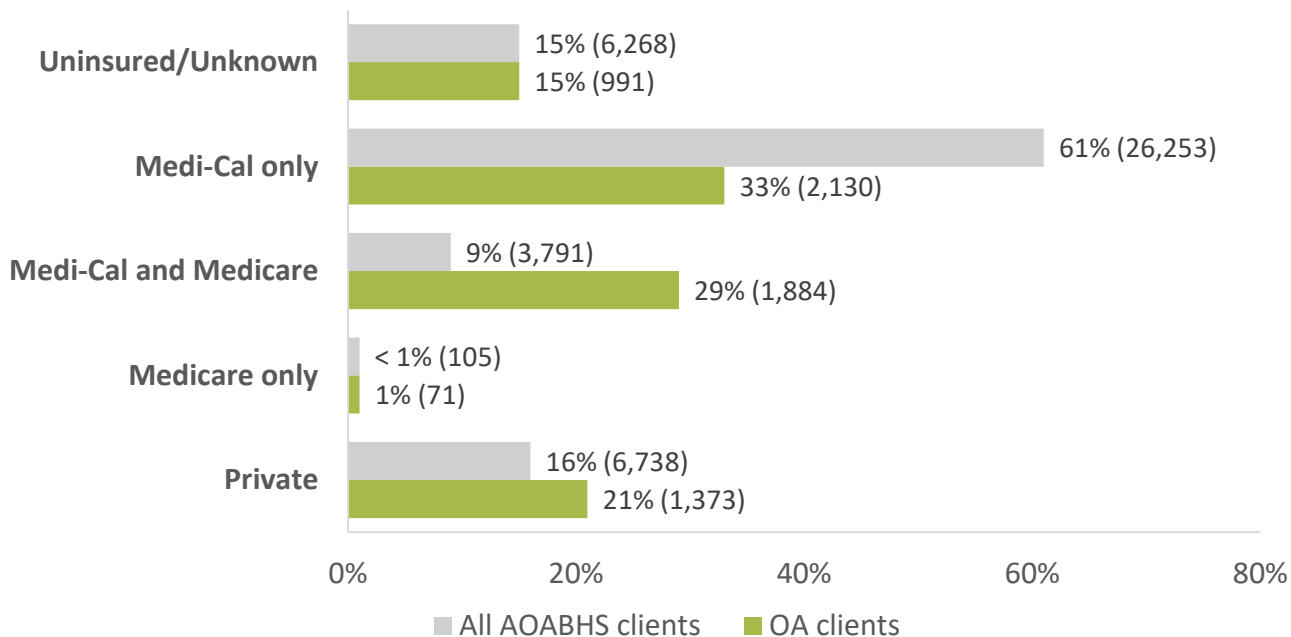
Note: Clients with an other/unknown living status (OA, n = 536; AOA, n = 3,616) are excluded from the figure and percentages reported above.

Who are we serving?

OA Clients: Health Care Coverage

- Less than two-thirds of OA clients served during FY 2022-23 were at least partially covered by Medi-Cal (62%).
- Less than one-third of OA clients served during FY 2022-23 had combined Medi-Cal and Medicare health care coverage (29%).
- 21% of OA clients served in FY 2022-23 had a private insurance.

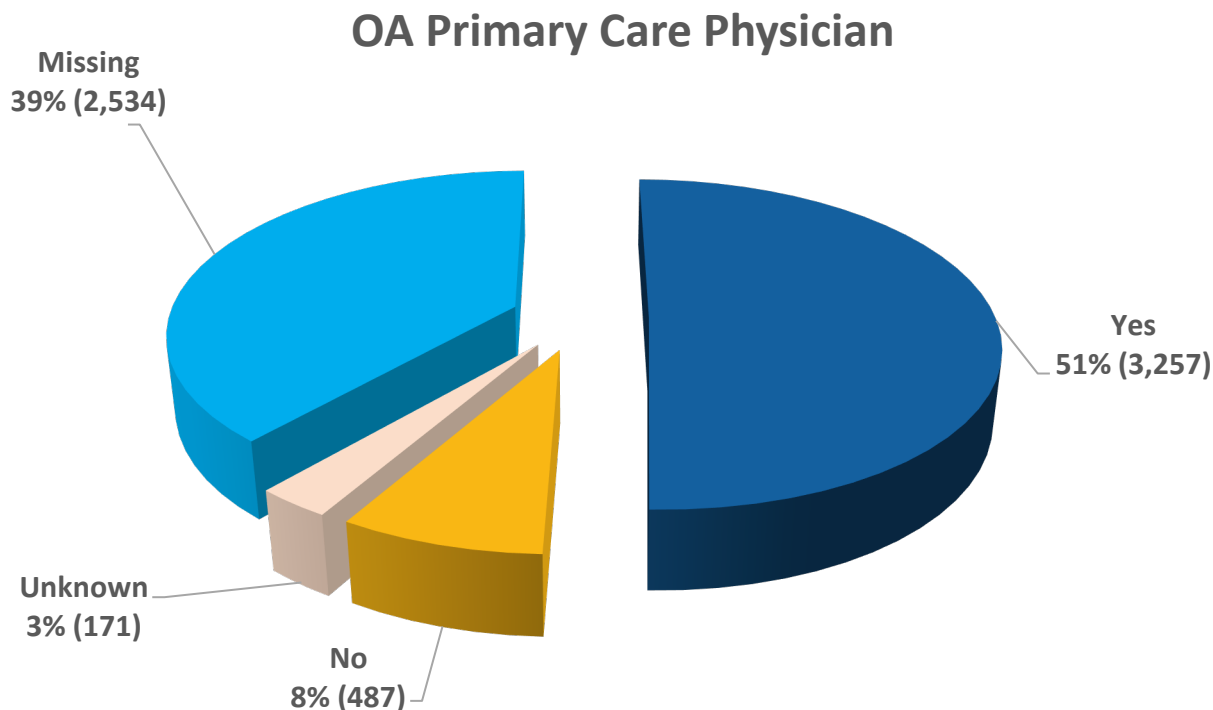
OA Insurance Status



Who are we serving?

OA Clients: Primary Care Physician

- The proportion of OA clients served during FY 2022-23 who had a primary care physician remained stable from FY 2021-22 (51%).
- Information about primary care physician was unavailable or unknown for nearly two-fifths of OA clients (39%), a decrease from FY 2021-22 (41%).



Who are we serving?

OA Clients: Sexual Orientation

- Almost all OA clients served during FY 2022-23 with sexual orientation information available identified as heterosexual (90%).
- Compared to the overall AOABHS population, a smaller proportion of OA clients were missing sexual orientation data (53% compared to 57%).

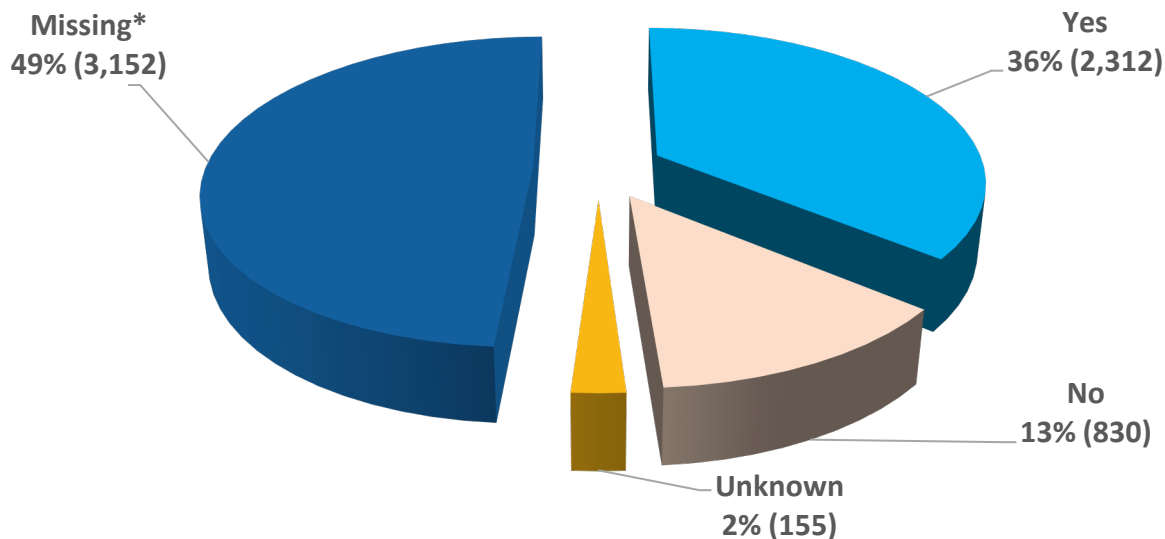
Sexual Orientation	OA FY 2022-23		AOABHS FY 2022-23	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,732	90%	15,415	83%
Bisexual	50	2%	1,390	7%
Gay male	41	1%	425	2%
Lesbian	19	1%	233	1%
Queer	<5	<1%	95	1%
Asexual	11	<1%	101	1%
Other	17	1%	196	1%
Questioning	11	<1%	205	1%
Declined to state	142	5%	563	3%
Total (excluding missing)	3,024	100%	18,623	100%
Missing	3,425	53%	24,532	57%

Who are we serving?

OA Clients: History of Trauma

- 36% OA clients served during FY 2022-23 had a history of trauma, reflecting a similar proportion of OA clients compared to FY 2021-22 (36%).
- Trauma history data were missing or unknown for less than half (49%) of OA clients (3,152 clients).

OA History of Trauma



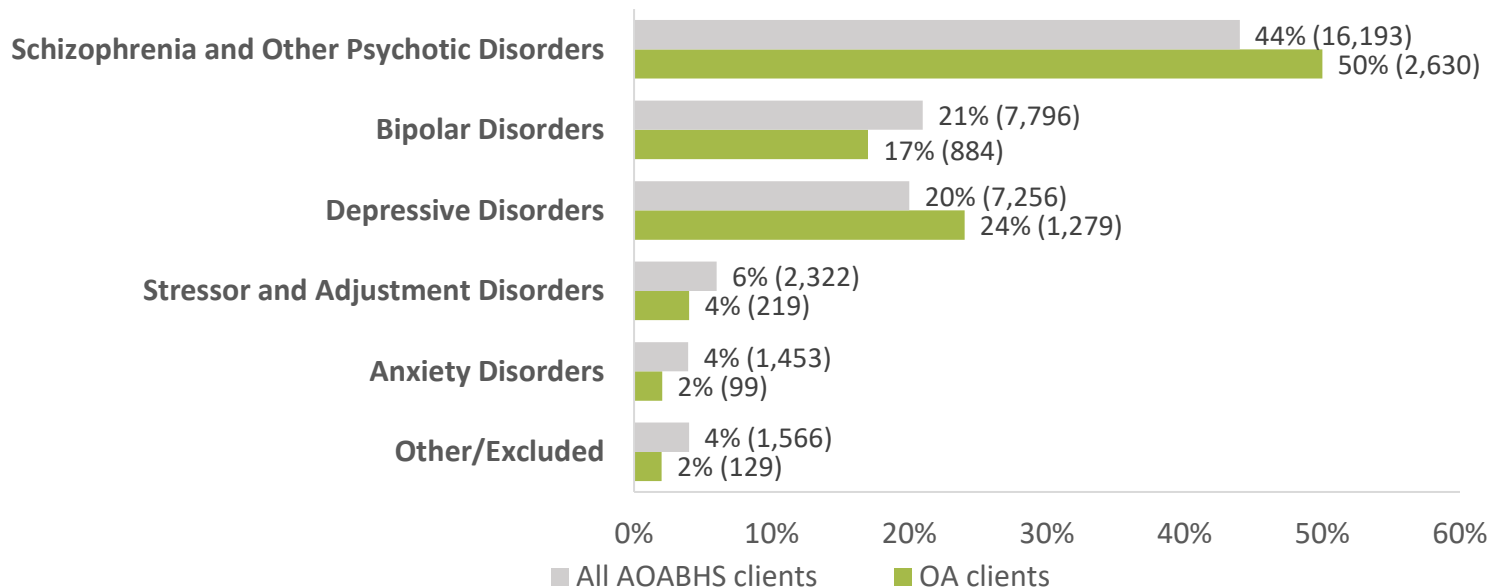
*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

Who are we serving?

OA Clients: Primary Diagnosis

- The most common diagnosis among OA clients served during FY 2022-23 was schizophrenia and other psychotic disorders (50%), followed by depressive disorders (24%), comprising nearly 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 (24% compared to 20%) or a diagnosis of schizophrenia and other psychotic disorders (50% compared to 44%).

OA Primary Diagnosis*



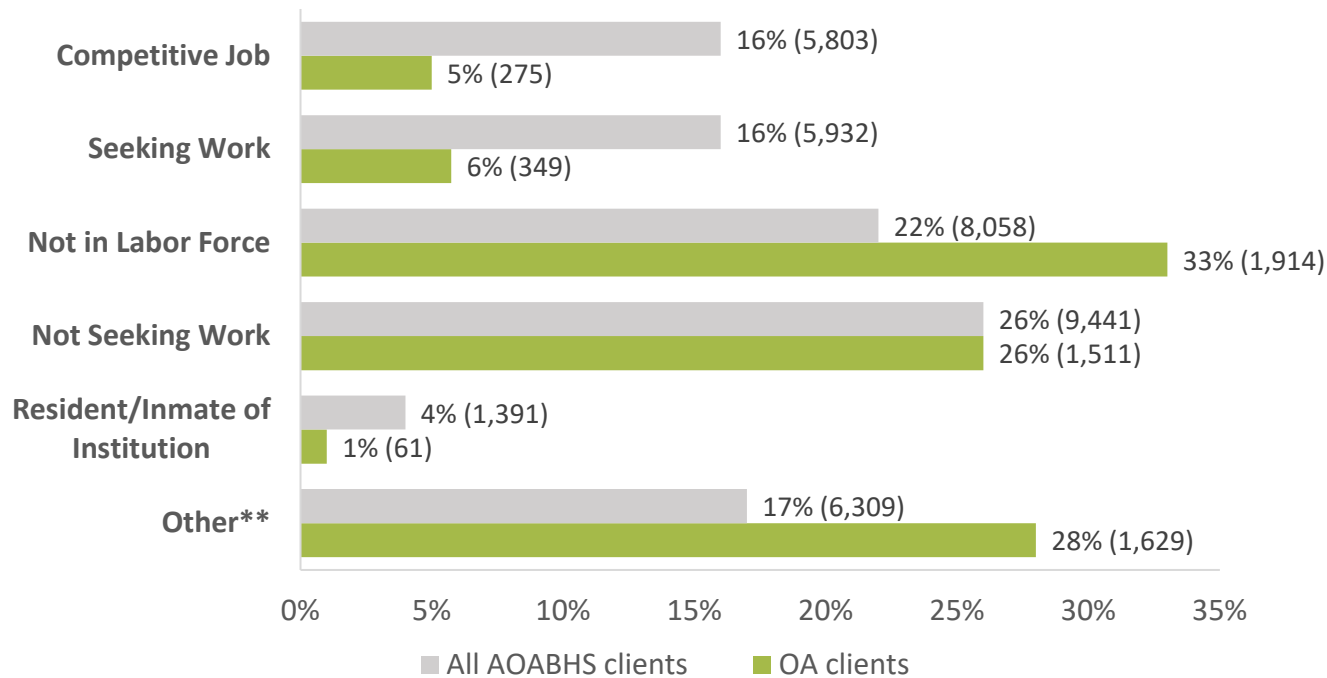
*The graph and percentages reported above exclude invalid/missing values (OA, n = 1,209; AOA, n = 6,569).

Who are we serving?

OA Clients: Employment Status

- 33% of OA clients served during FY 2022-23 were not in the labor force; comprising the largest population of OA clients.
- More than one-quarter of OA clients served during FY 2022-23 (28%) had an other employment status.

OA Employment Status*



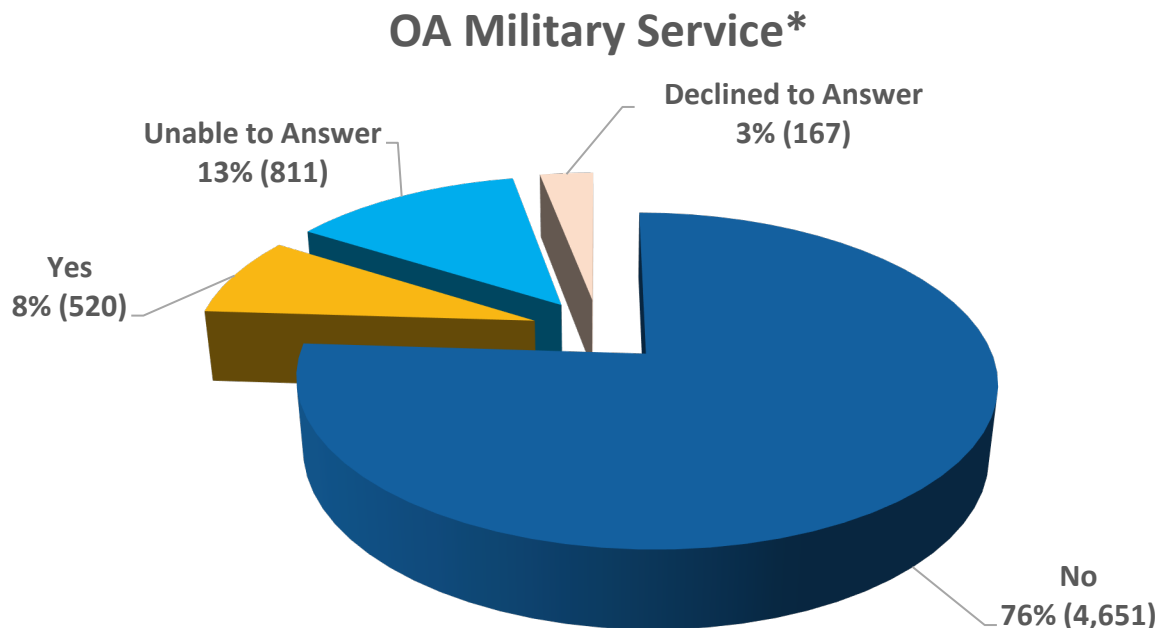
*The graph and percentages reported above exclude unknown values (OA, n = 710; AOA, n = 6,221).

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

Who are we serving?

OA Clients: Military Service

- Vaid data regarding past military service was available for 95% of OA clients served during FY 2022-23.
- Among those clients served for whom military service data were available, over three-fourths (76%) reported that they had no military service, and 8% indicated that they had served in the military.



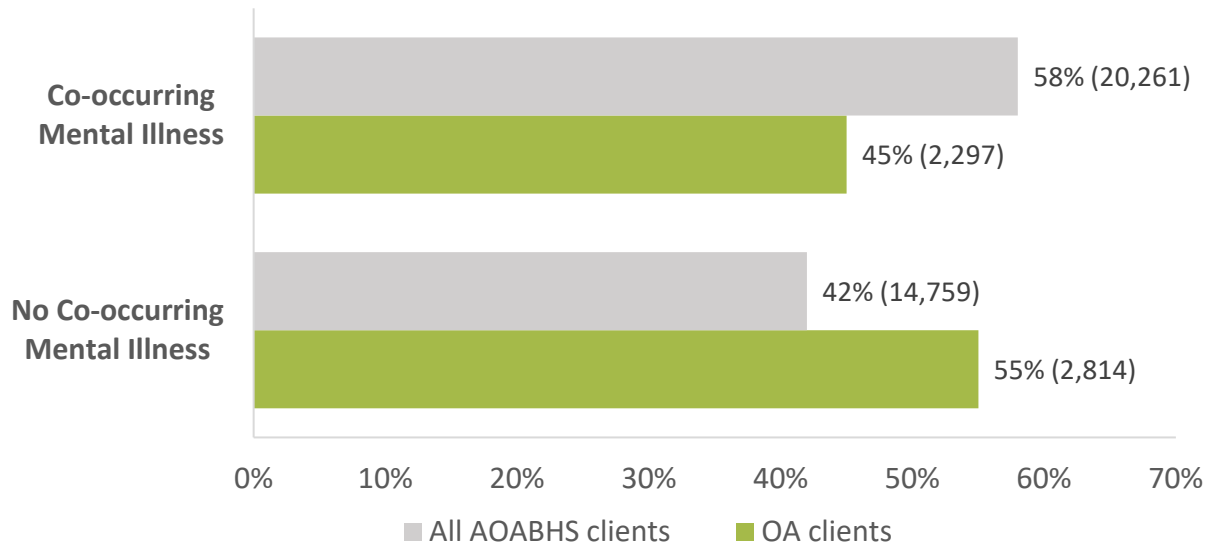
*The graph and percentages reported above exclude missing values (n = 300).

Who are we serving?

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

- In addition to a primary diagnosis, nearly half of OA clients (45%) also had a diagnosis of a co-occurring mental illness and substance use disorder in FY 2022-23.
- The proportion of OA clients with a co-occurring mental illness decreased from FY 2021-22 to FY 2022-23 (46% to 45%).

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



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

What types of services are being used?

OA Clients: Types of Services*

Outpatient Services			Emergency/Crisis Services		
	Total Visits	Total Clients		Total Visits	Total Clients
Assertive Community Treatment (ACT)	27,350	557	Urgent Outpatient	769	514
Case Management	801	305	Crisis Stabilization**	1,241	587
Case Management – Institutional	4,789	363	PERT	1,691	1,339
Case Management – Strengths	11,170	585	MCRT	641	454
Case Management – Transitional	0	0		Total Days	Total Clients
Fee for Service (FFS)	11,015	1,245	Crisis Residential	2,450	132
Outpatient	19,300	1,857	Forensic Services		
Prevention	20	< 5	Jail	3,591	557
Inpatient Services			24 Hour Services		
	Admissions	Total Clients		Total Days	Total Clients
Inpatient – County	121	108	Edgemoor	25,781	81
Inpatient – FFS	508	320	Long Term Care (LTC)	2,097	9
Inpatient – Jail	19	16	LTC – Institutional	38,471	176
State Hospital	< 5	< 5	LTC – Residential	1,322	5
			Residential	180	< 5

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

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

Are clients getting better?

OA Clients: Client Outcomes (IMR and RMQ)*

- Mean pre- and post-scores on the clinician-rated Management IMR subscale demonstrate no significant change in symptoms among OA clients in FY 2022-23.
- Clinicians reported slight, non-significant improvements of symptoms among OA clients on the substance use subscale, recovery subscale, and overall IMR scores and OA clients self-reported slight, non-significant worsening of symptoms 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	859	4.54	4.57	▲
Management Subscale	911	3.00	3.08	▲
Recovery Subscale	906	2.82	2.84	▲
Overall Mean	911	3.26	3.29	▲
Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	583	3.57	3.59	▲

Legend

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

*The outcomes reported here include all OA BHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2022-23 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

Chapter 2: DMC-ODS



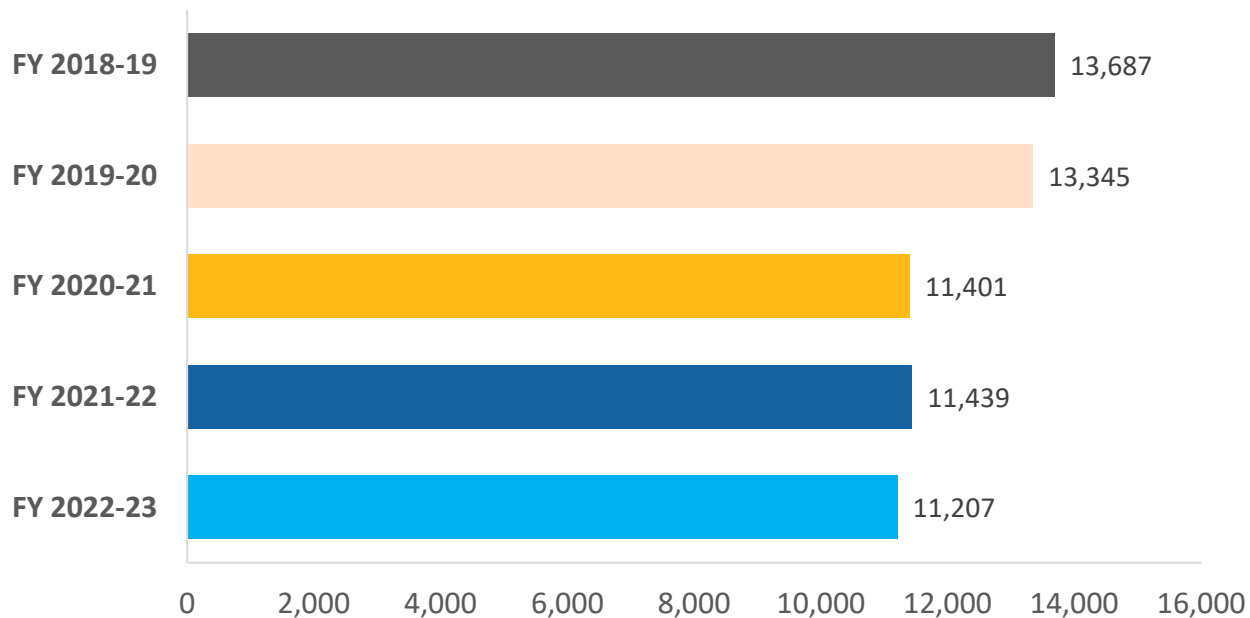
Drug Medi-Cal Organized Delivery System (DMC-ODS) AOA Clients - Annual Report Fiscal Year 2022-2023

Who are we serving?

Total Number of AOA DMC-ODS Clients Served

- In FY 2022-23, substance use disorder treatment services were delivered to 11,207 clients by AOA funded DMC-ODS programs, similar to the number of clients served during the previous two fiscal years (FY 2020-21; 11,401 clients and FY 2021-22; 11,439 clients).
- The number of clients served decreased during FY 2020-21, compared to the number served during FY 2018-19 (13,687 clients) and FY 2019-20 (13,345 clients), possibly due to the COVID-19 pandemic.

Number of Clients Served by Fiscal Year

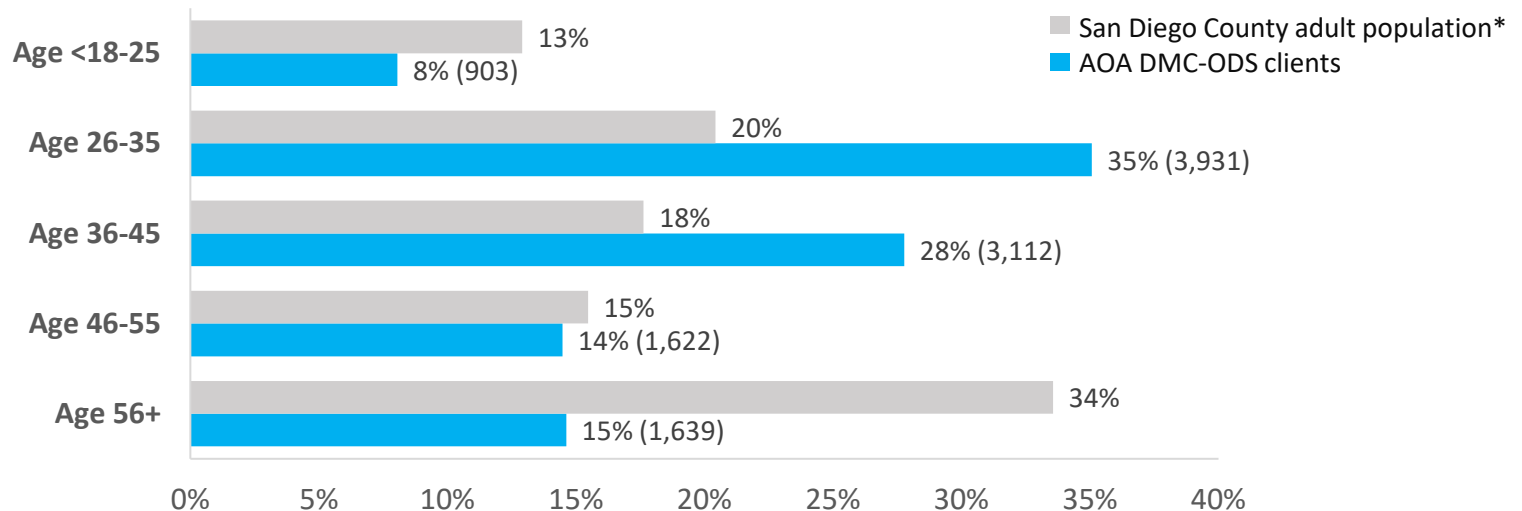


Who are we serving?

AOA DMC-ODS Clients: Age

- The largest proportion of AOA clients served by the DMC-ODS during FY 2022-23 were between the ages of 26 and 35 years (35%), followed by those between the ages of 36 and 45 years (28%).
- Fifteen percent (15%) of AOA clients served by the DMC-ODS were aged 56 years or older, 14% were between the ages of 46 and 55 years, and the remaining 8% of clients served were aged 25 years or younger.
- A smaller proportion (15%) of AOA DMC-ODS clients served during FY 2022-23 were in the oldest age category (age 56+) compared to the estimated adult population in that age range in San Diego County (34%).

Age Distribution



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

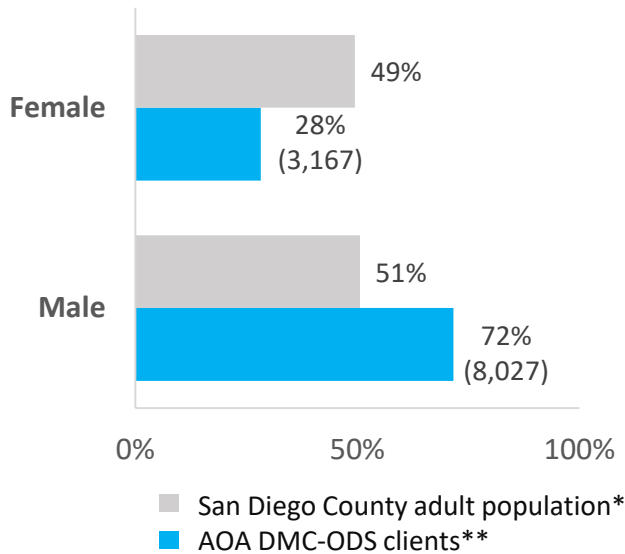
Note: San Diego County population estimates were not available for the age categories reported from the DMC-ODS. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-34, age 35-44, age 45-54 and age 55+.

Who are we serving?

AOA DMC-ODS Clients: Gender

- The proportion of males and females of AOA clients served by the DMC-ODS has remained relatively stable over the last five fiscal years, with a greater proportion of clients identifying as male versus female.
- There was a greater proportion of male AOA clients served by DMC-ODS during FY 2022-23 (72%) compared to the proportion of males in the overall San Diego County population (51%) and a smaller proportion of female AOA clients served by the DMC-ODS in FY 2022-23 (28%) compared to the proportion of females in the overall San Diego County population (49%).

Gender Distribution



DMC-ODS Gender	Fiscal Year					SD County Population
	2018-19	2019-20	2020-21	2021-22	2022-23	
Female	28%	29%	30%	29%	28%	49%
Male	72%	71%	70%	71%	72%	51%
Other/Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	n/a***

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

**In the DMC-ODS population, gender was reported as other for 13 AOA DMC-ODS clients in FY 2022-23 (< 1%).

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

Who are we serving?

AOA DMC-ODS Clients: Race/Ethnicity

- The proportion of non-Hispanic White clients served by DMC-ODS AOA SUD treatment providers has gradually decreased since FY 2018-19 (54% to 48%), while the proportion of Hispanic clients has increased (19% to 34%).
- The proportion of non-Hispanic AOA clients who identify with an other race or multiracial has also decreased over the past five fiscal years (13% to 5%).

Race/Ethnicity	Fiscal Year				
	2018-19	2019-20	2020-21	2021-22	2022-23
Hispanic	19%	22%	29%	32%	34%
NH White	54%	53%	52%	49%	48%
NH Black/African American	10%	10%	9%	9%	9%
NH Asian/Pacific Islander	2%	2%	2%	2%	2%
NH Native American	2%	2%	1%	1%	1%
NH Other/Multiracial	13%	12%	7%	5%	5%
Unknown	< 1%	< 1%	0%	< 1%	< 1%

Who are we serving?

AOA DMC-ODS Clients: Sexual Orientation

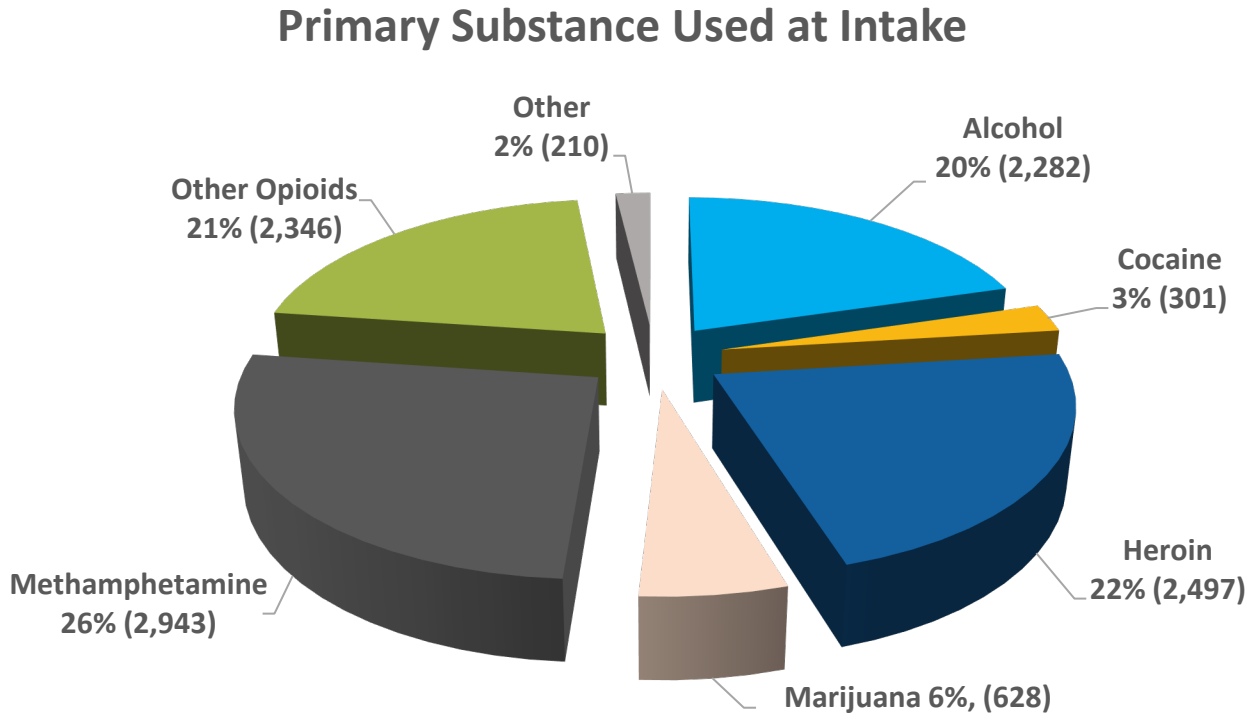
- The majority of AOA DMC-ODS clients served during FY 2022-23 with sexual orientation information available identified as heterosexual (93%).
- Sexual orientation data were missing for 9,577 clients (85%), so interpretations of the data below should be made with caution.

Sexual Orientation	Unique Clients	Percentage
Heterosexual	1,518	93%
Bisexual	40	2%
Gay male	41	3%
Lesbian	12	1%
Other	< 5	< 1%
Questioning	< 5	< 1%
Declined to state	14	1%
Total (excluding missing)	1,630	100%
Missing	9,577	85%

Who are we serving?

AOA DMC-ODS Clients: Primary Substance Used at Intake

- The most common primary substance used at intake among AOA DMC-ODS clients served during FY 2022-23 was methamphetamine (26%), followed by heroin (22%), and other opioids (21%).
- More than two-fifths (43%) of AOA clients served by the DMC-ODS during FY 2022-23 reported a primary substance used of heroin or an other opioid at intake.

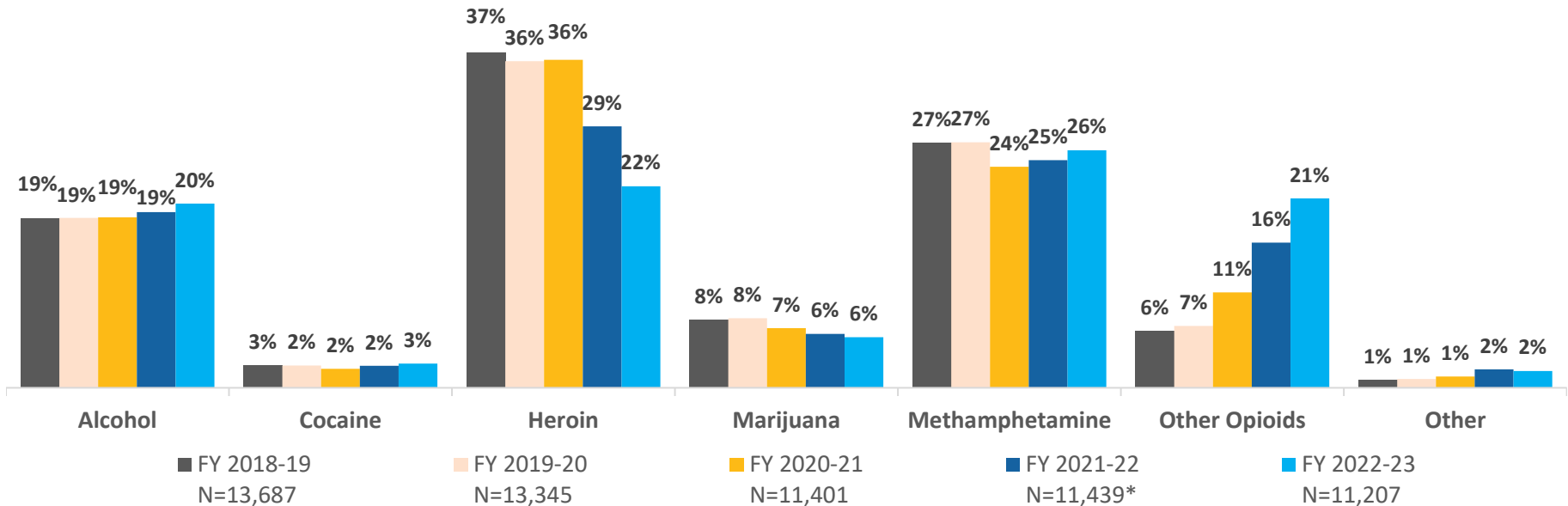


Who are we serving?

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

- Since FY 2018-19 primary utilization of heroin among AOA clients served by the DMC-ODS decreased from 37% to 22%, while primary utilization of other opioids more than tripled over the same time frame (6% to 21%).
- Aside from a slight decline in the proportion of AOA clients served by the DMC-ODS who reported methamphetamine use during the pandemic (24% during FY 2020-21 compared to 27% during FY 2018-19 and FY 2019-20) and a steady but slight decline in those who reported marijuana as their primary substance used (8% to 6%), utilization of other substances has been stable among AOA clients during the past five fiscal years.

Primary Substance Used at Intake Over Time

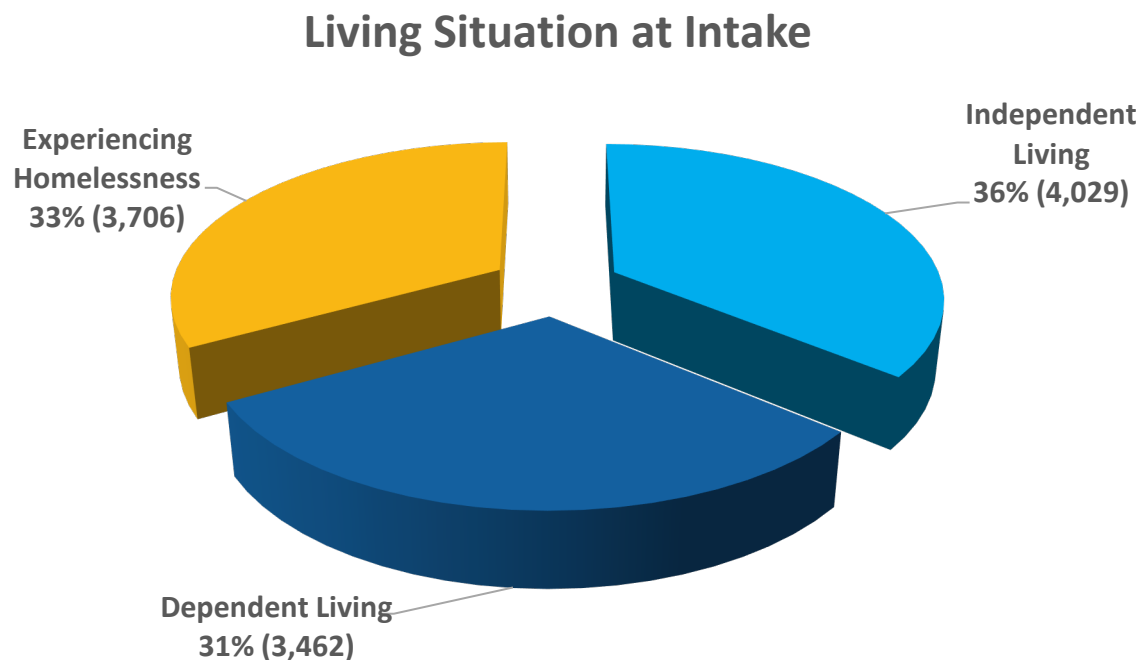


*The graph and percentages reported above exclude missing values (n = 1).

Who are we serving?

AOA DMC-ODS Clients: Living Situation at Intake*

- One-third (33%) of AOA clients served during FY 2022-23 were experiencing homelessness at the time of their intake in the DMC-ODS.
- Just over one-third of AOA clients served during FY 2022-23 (36%) were living independently at the time of their intake in the DMC-ODS.



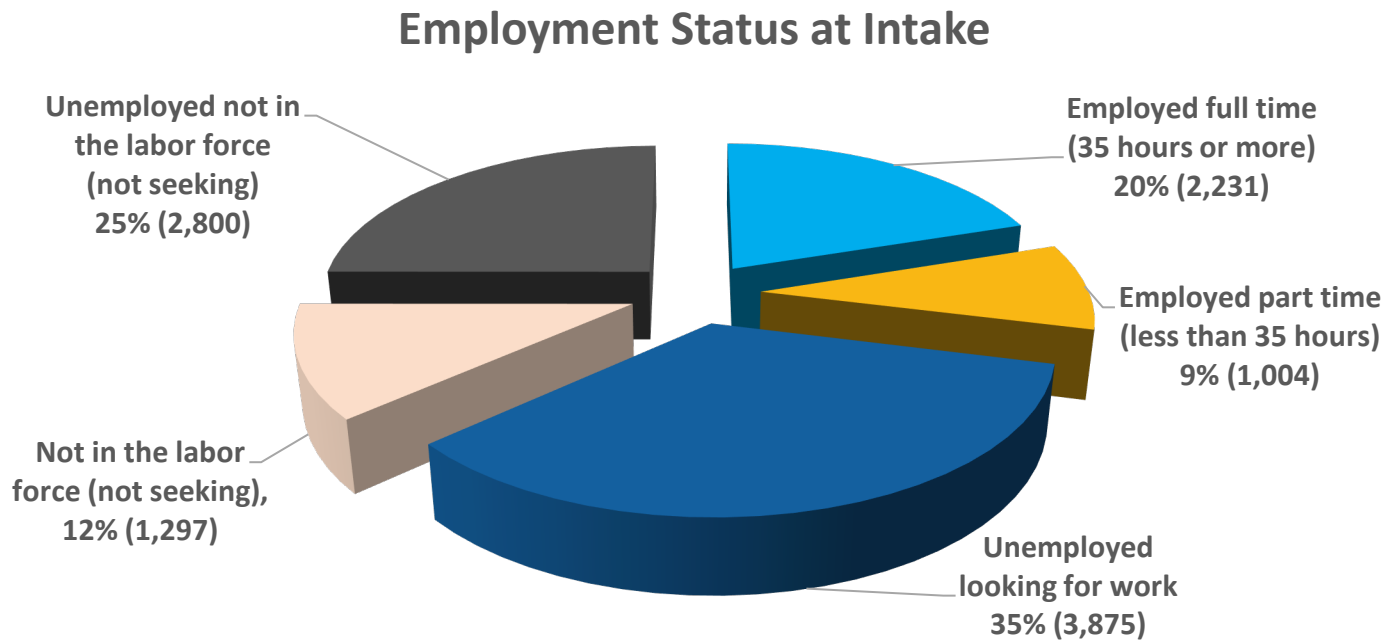
*Client living situation reflects status at the intake of the client's most recent admission.

Note: Clients with an unknown living situation at intake (n = 10) are excluded from the figure and percentages reported above.

Who are we serving?

AOA DMC-ODS Clients: Employment Status at Intake

- One-fifth of AOA DMC-ODS clients served during FY 2022-23 were employed full time at intake (20%).
- More than one-third of AOA DMC-ODS clients served during FY 2022-23 were unemployed and looking for work (35%), and one-quarter were unemployed and not seeking work (25%).

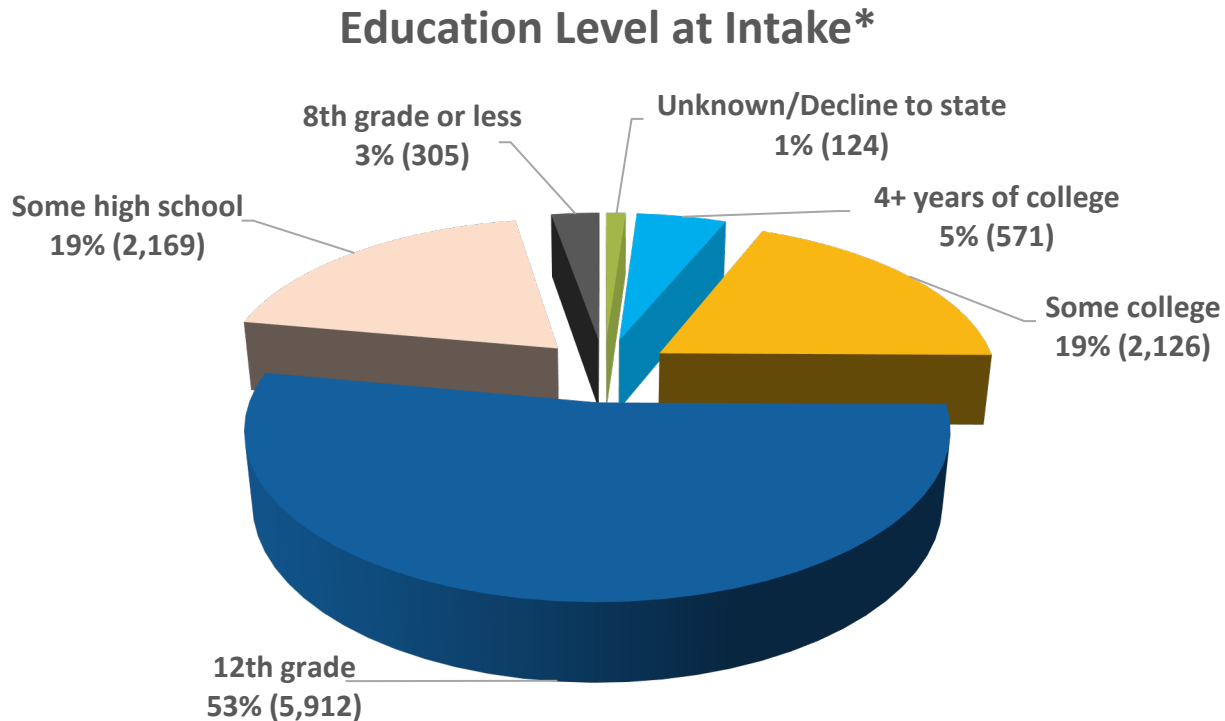


*Client employment status reflects status at the intake of the client's most recent admission.

Who are we serving?

AOA DMC-ODS Clients: Education Level at Intake

- Roughly half (53%) of AOA DMC-ODS clients served during FY 2022-23 reported 12th grade as the highest level of education they received.
- About one-fifth (22%) of AOA DMC-ODS clients served in FY 2022-23 did not complete high school.

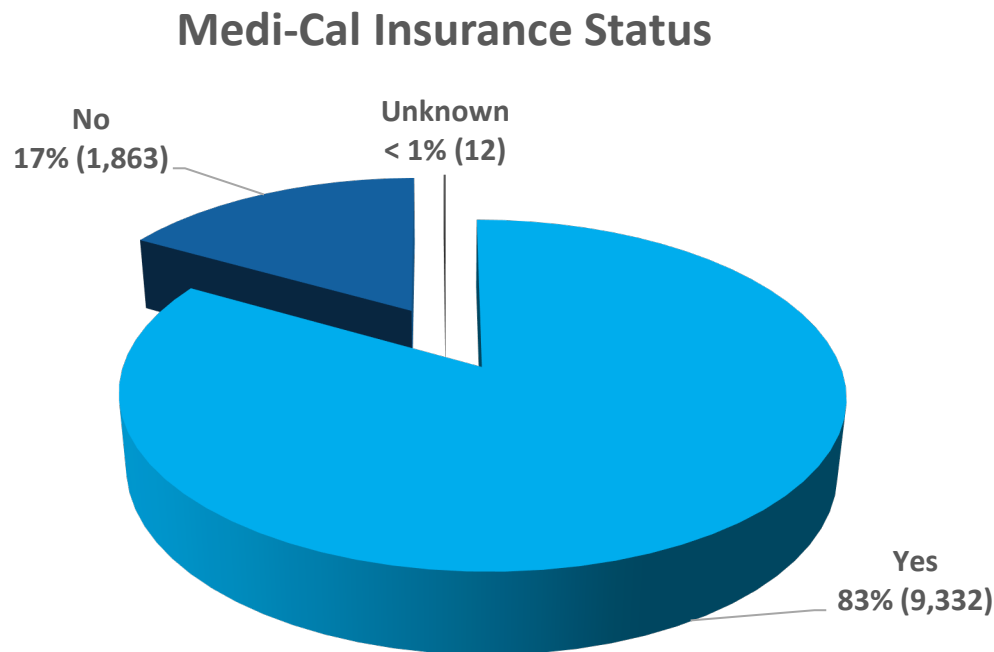


*Client educational level reflects the highest level of education obtained at the time of intake of the client's most recent admission.

Who are we serving?

AOA DMC-ODS Clients: Medi-Cal Beneficiaries

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

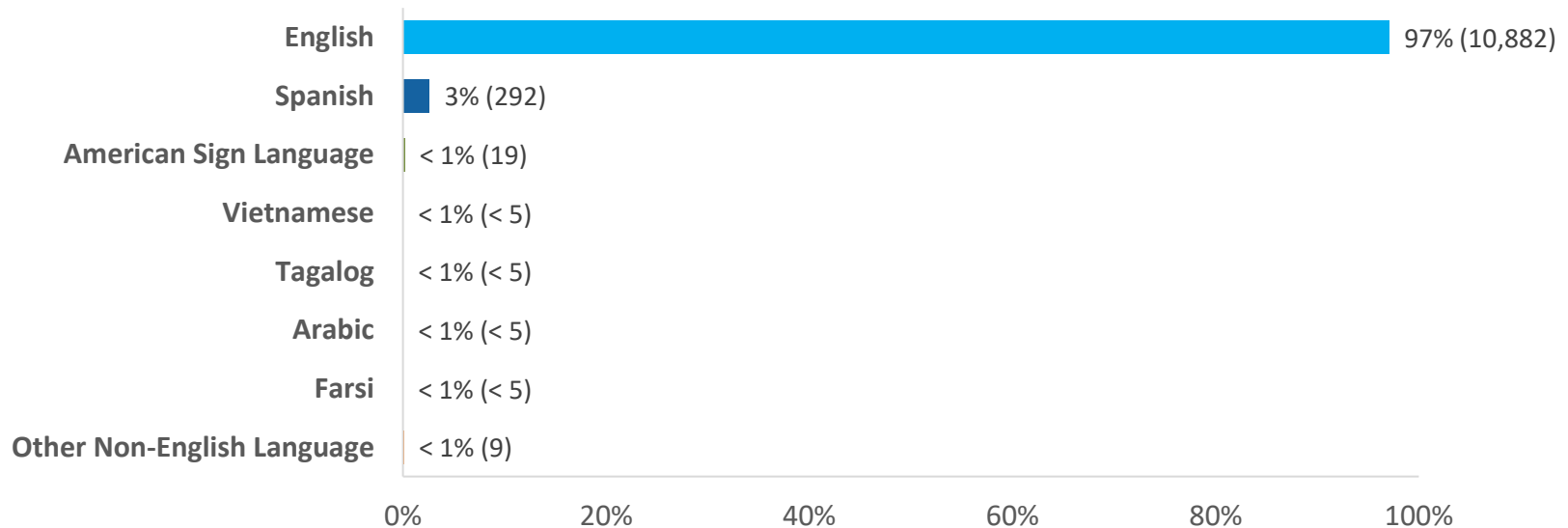


Who are we serving?

AOA DMC-ODS Clients: Preferred Language

- AOABHS services are available in many languages, including English, American Sign Language, and the nine threshold languages* in San Diego County: Arabic, Chinese (Mandarin), Korean, Persian (Farsi and Dari), Somali, Spanish, Filipino (Tagalog), and Vietnamese.
- Almost all (97%) AOA clients served by the DMC-ODS during FY 2022-23 reported English as their preferred language. The second most common preferred language was Spanish (3%), followed by American Sign Language (<1%).

Preferred Language*

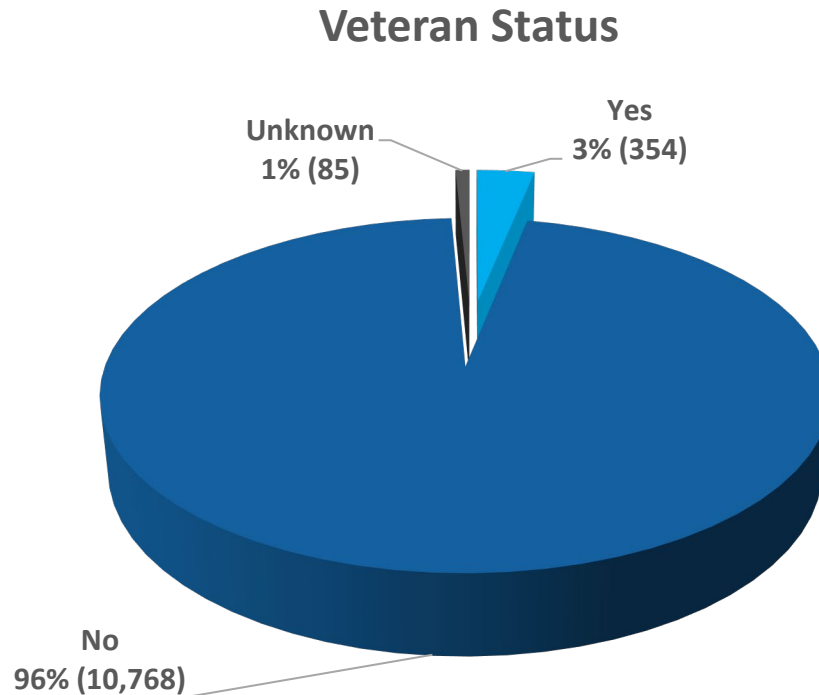


*San Diego County threshold languages with zero clients indicating preference for that language are omitted from the chart.

Who are we serving?

AOA DMC-ODS Clients: Veteran Status

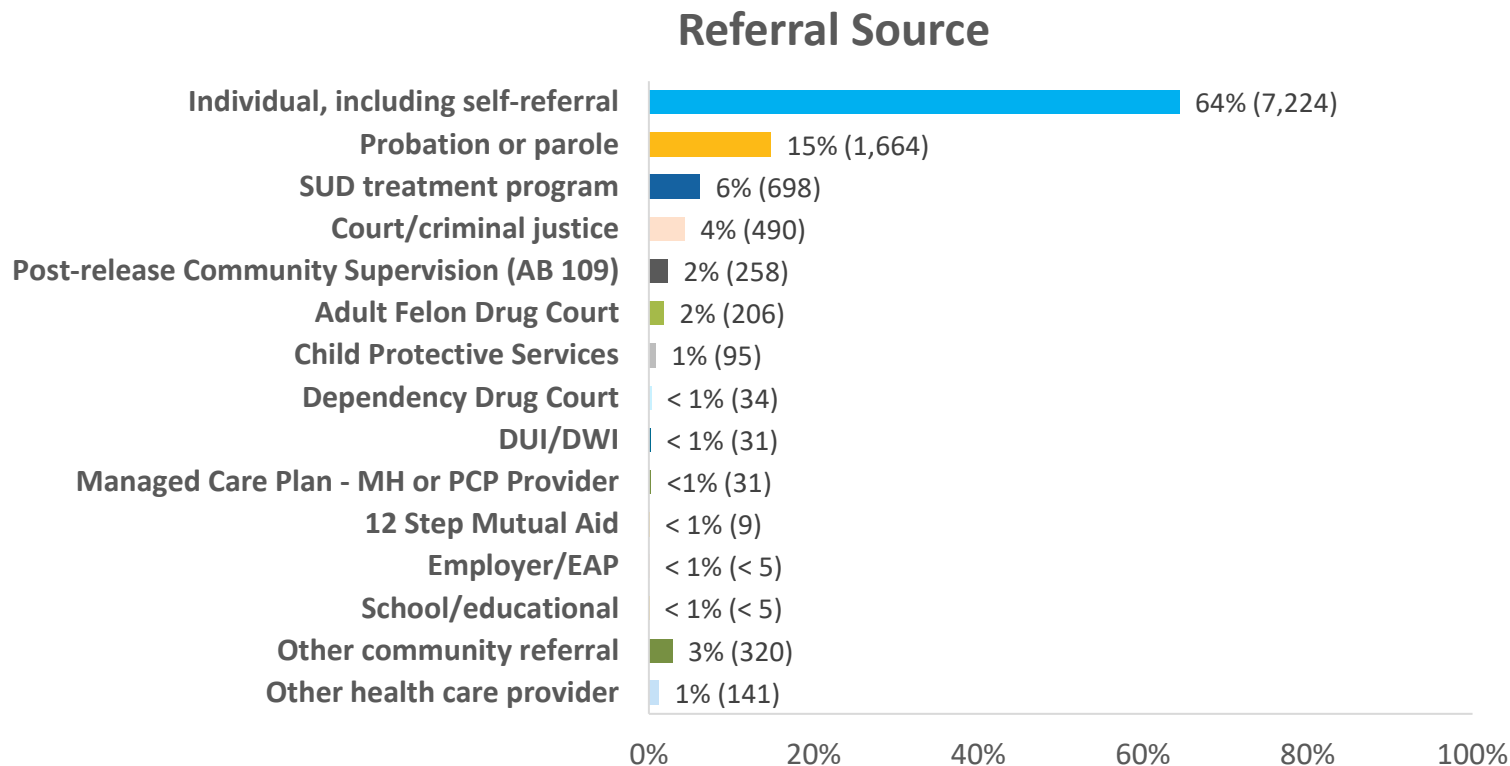
- The majority (96%) of AOA clients served by the DMC-ODS during FY 2022-23 were not Veterans.



Who are we serving?

AOA DMC-ODS Clients: Referral Source

- Almost two-thirds (64%) of AOA clients served by the DMC-ODS during FY 2022-23 were self-referred.
- The second most common referral source among AOA clients served by the DMC-ODS during FY 2022-23 was probation or parole (15%), followed by another SUD treatment program (6%) and the court/criminal justice system (4%).

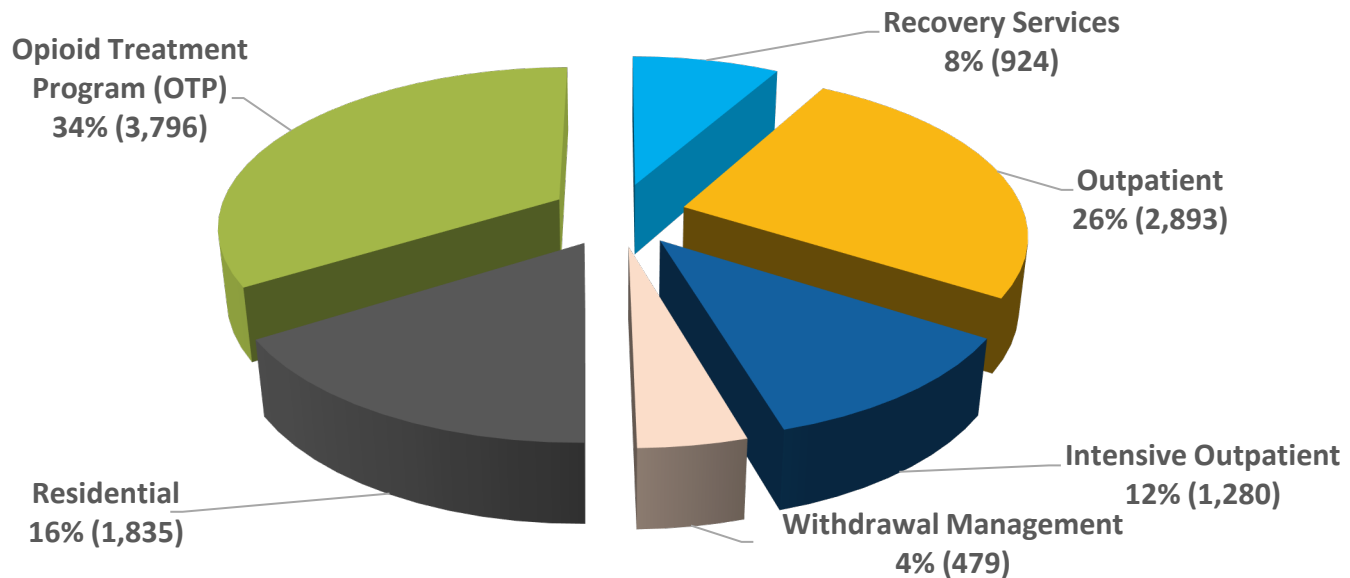


Who are we serving?

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

- About one-third (34%) of AOA clients served by the DMC-ODS during FY 2022-23 received services from an OTP during their most recent admission.
- The second most common LOC where AOA clients served by the DMC-ODS during FY 2022-23 received services was outpatient services (26%) followed by residential services (16%).

LOC at Most Recent Admission



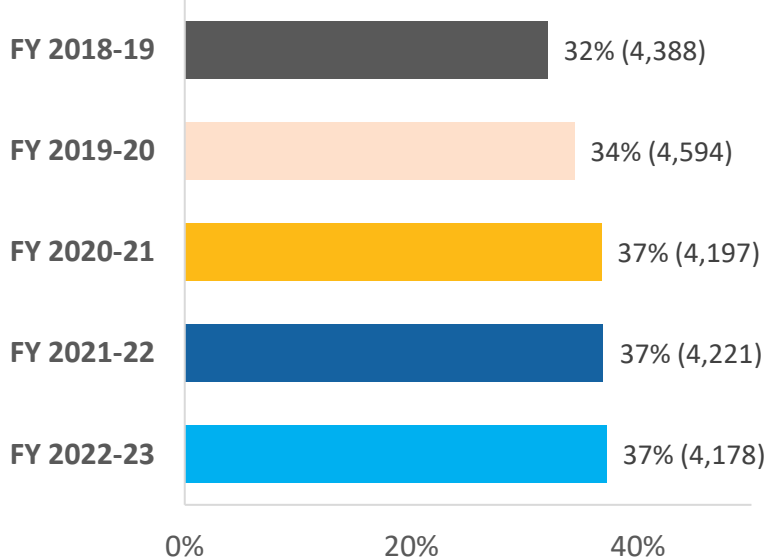
*LOC reflects the level of care received by the client during their most recent admission.

Who are we serving?

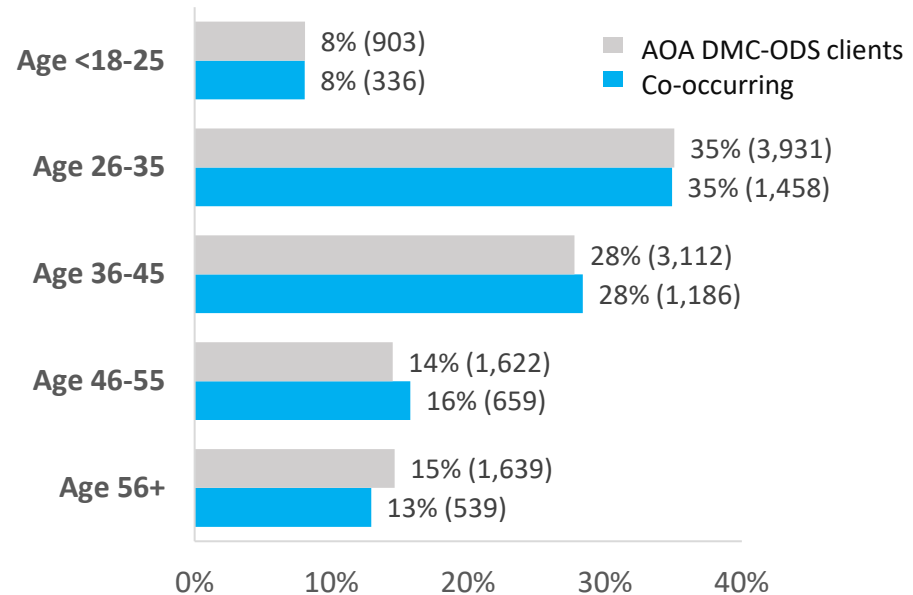
AOA DMC-ODS Clients: Co-occurring SUD and Mental Illness at Intake (Overall & by Age)

- In addition to a substance use disorder, more than one-third (37%) of AOA DMC-ODS clients served during FY 2022-23 had a co-occurring substance use disorder and mental health illness at intake.
- The proportion of AOA clients served by the DMC-ODS with a co-occurring substance use disorder and mental illness increased each year from FY 2018-19 to FY 2020-21 (32% to 37%) but remained stable over the past three fiscal years (37%).
- By age, co-occurring diagnoses is the roughly the same proportionally compared to all AOA DMC-ODS clients.

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



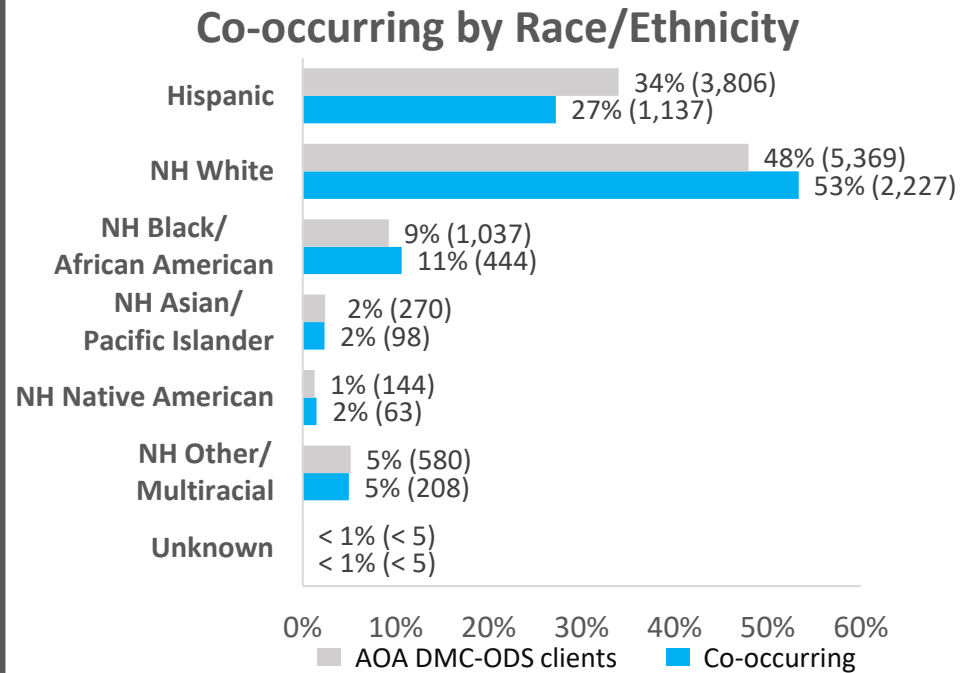
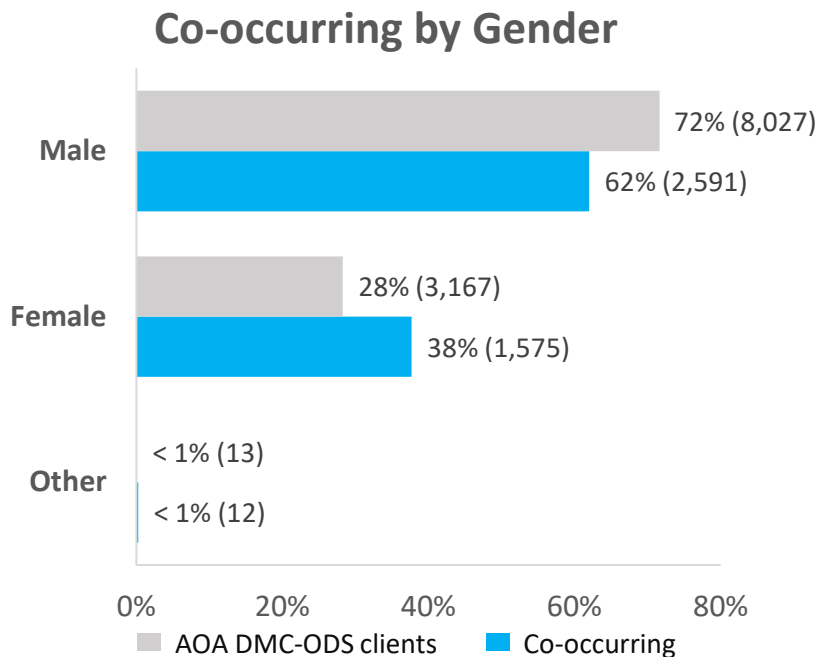
Co-occurring by Age



Who are we serving?

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

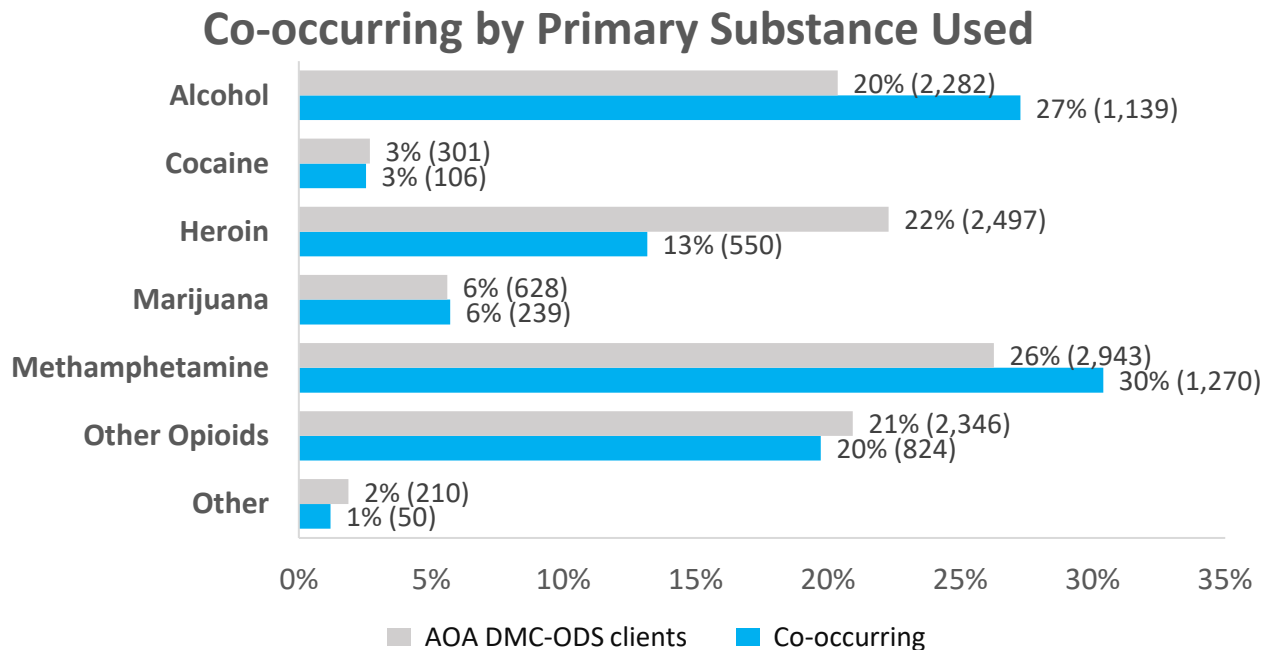
- Almost two-thirds of AOA clients with a co-occurring substance use disorder (SUD) and mental illness served during FY 2022-23 by the DMC-ODS were male (62%).
- A larger proportion of clients with a co-occurring SUD and mental illness served by AOA DMC-ODS treatment providers during FY 2022-23 were female (38%) compared to the proportion of all female clients served during the fiscal year (28%).
- All but one client with a gender identity other than male or female had a co-occurring SUD and mental illness.
- A slightly larger proportion of AOA clients with a co-occurring SUD and mental illness were non-Hispanic White (53%) and a smaller proportion were Hispanic (27%), relative to the racial/ethnic proportions of all AOA DMC-ODS clients served during FY 2022-23 (non-Hispanic White, 48%; Hispanic, 34%).



Who are we serving?

AOA DMC-ODS Clients: Co-occurring by Primary Substance Used

- Almost one-third (30%) of AOA clients served by the DMC-ODS during FY 2022-23 with a co-occurring mental illness and SUD reported methamphetamine as their primary substance used.
- More than one-quarter (27%) of AOA clients served by the DMC-ODS during FY 2022-23 with a co-occurring mental illness and SUD reported alcohol as their primary substance used.
- Compared to all AOA clients served by the DMC-ODS during FY 2022-23, a larger proportion of those with a co-occurring mental illness and SUD reported alcohol (27% vs. 20%) or methamphetamine (30% vs. 26%) as their primary substance used. A smaller proportion reported heroin as their primary substance used (13% vs. 22%).



Where are we serving?

AOA DMC-ODS Clients: Age by HHS Region

- Relative to the other HHS regions, there was a slightly smaller proportion of AOA clients served by the DMC-ODS during FY 2022-23 aged 56 years or older from the North Coastal region (10% versus 13% to 19%).
- There were slightly smaller proportions of AOA clients served by the DMC-ODS between the ages of 36 and 45 years in the Central (25%) and South (25%) regions relative to the other HHS regions (28% to 29%).
- There were slightly larger proportions of AOA clients served by the DMC-ODS between the ages of 26 and 35 years in the North Coastal (38%) and East (37%) regions relative to the other HHS regions (33% to 35%).
- The proportions of AOA clients served by the DMC-ODS aged 25 years or younger were similar across the six HHS regions (7% to 10%), as were those aged 46 to 55 years (12% to 15%).

	Central (n=1,912)	East (n=1,518)	North Central (n=1,045)	North Coastal (n=1,566)	North Inland (n=1,194)	South (n=1,212)	AOA DMC-ODS Clients (N=11,207)
Age <18-25	8% (149)	7% (108)	7% (78)	8% (118)	10% (119)	9% (109)	8% (903)
Age 26-35	35% (673)	37% (563)	33% (343)	38% (599)	34% (407)	35% (428)	35% (3,931)
Age 36-45	25% (487)	28% (421)	28% (294)	29% (460)	28% (339)	25% (305)	28% (3,112)
Age 46-55	15% (289)	13% (196)	14% (150)	14% (227)	14% (171)	12% (142)	14% (1,622)
Age 56+	16% (314)	15% (230)	17% (180)	10% (162)	13% (158)	19% (228)	15% (1,639)

Note: Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. HHS Region was unavailable for 3,819 AOA clients served by the DMC-ODS during FY 2022-23 (34%), so these data should be interpreted with caution.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2022-23

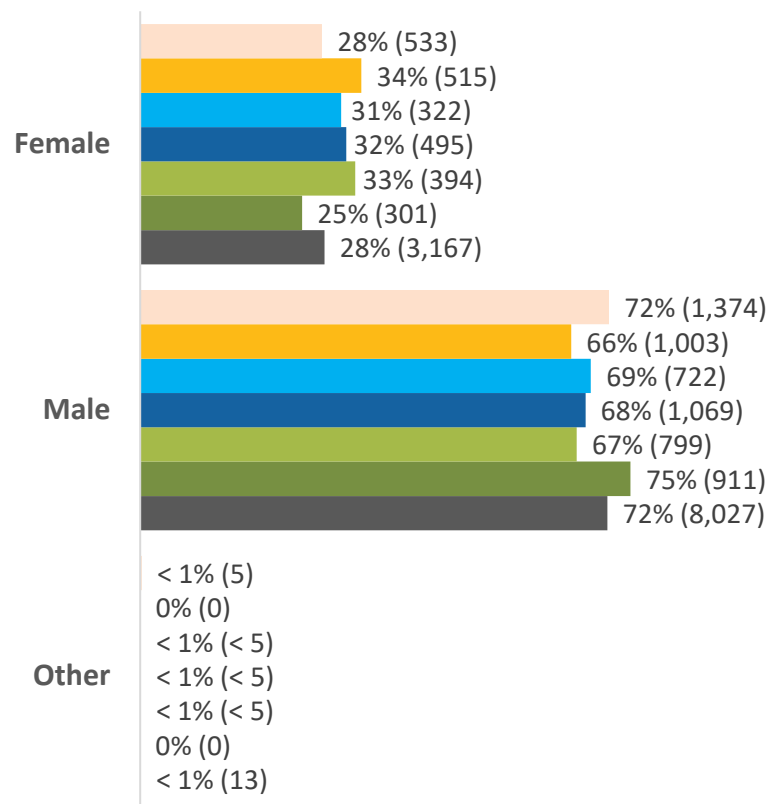
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Where are we serving?

AOA DMC-ODS Clients: Gender by HHS Region

- There were smaller proportions of AOA clients served by the DMC-ODS during FY 2022-23 from the South (25%) and Central (28%) regions who identified as female relative to the other regions (31% to 34%).
- Of AOA DMC-ODS clients living in the South region three-quarters (75%) of them identified as male during FY 2022-23.

Gender by Region



■ Central (n=1,912) ■ East (n=1,518)
■ North Central (n=1,045) ■ North Coastal (n=1,566)
■ North Inland (n=1,194) ■ South (n=1,212)
■ AOA DMC-ODS clients (N=11,207)

Note: Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. HHS Region was unavailable for 3,819 AOA clients served by the DMC-ODS during FY 2022-23 (34%), so these data should be interpreted with caution.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2022-23

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

Where are we serving?

AOA DMC-ODS Clients: Race/Ethnicity by HHS Region

- There was a larger proportion of AOA clients served by the DMC-ODS during FY 2022-23 who were Hispanic and from the South region (60%) relative to the other regions (19% to 36%).
- More than half of the AOA clients from the North Central (64%), East (58%), North Coastal (57%), and North Inland (55%) regions served by the DMC-ODS were non-Hispanic White, compared to 25% in the South and 37% in the Central regions.
- There was a larger proportion of non-Hispanic Black or African American AOA clients served by the DMC-ODS in the Central region (17%) compared to the other regions (4% to 9%).

	Central (n=1,912)	East (n=1,518)	North Central (n=1,045)	North Coastal (n=1,566)	North Inland (n=1,194)	South (n=1,212)	AOA DMC-ODS Clients (N=11,207*)
Hispanic	36% (684)	25% (372)	19% (199)	32% (500)	32% (380)	60% (725)	34% (3,806)
NH White	37% (716)	58% (883)	64% (671)	57% (893)	55% (660)	25% (298)	48% (5,369)
NH Black/ African American	17% (323)	8% (125)	9% (93)	5% (75)	4% (47)	6% (68)	9% (1,037)
NH Asian/ Pacific Islander	3% (65)	2% (36)	3% (27)	2% (30)	2% (21)	2% (30)	2% (270)
NH Native American	1% (13)	1% (20)	1% (8)	1% (14)	3% (32)	< 1% (5)	1% (144)
NH Other/ Multiracial	6% (111)	5% (82)	4% (47)	3% (54)	5% (54)	7% (86)	5% (580)

*Race and ethnicity was unknown for one AOA client served by the DMC-ODS during FY 2022-23 and that client is omitted from the table but is included in the overall N reported here.

Note: Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. HHS Region was unavailable for 3,819 AOA clients served by the DMC-ODS during FY 2022-23 (34%), so these data should be interpreted with caution.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2022-23

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

Where are we serving?

AOA DMC-ODS Clients: Primary Substance Used by HHS Region

- Heroin was the most reported primary substance used among AOA clients served by the DMC-ODS during FY 2022-23 in the North Central (38%) and South (31%) regions, while methamphetamine was the most reported primary substance used in the Central (31%) and East (24%) regions. In the North Coastal and North Inland regions, other opioids was the most reported primary substance used (36% and 34%, respectively).
- Approximately two-thirds of AOA clients from the North Coastal (66%), North Central (61%), and North Inland (61%) regions reported an opioid (heroin or another opioid) as their primary substance used compared to less than half of those from the Central (37%), South (44%), or East (46%) regions.

	Central (n=1,912)	East (n=1,518)	North Central (n=1,045)	North Coastal (n=1,566)	North Inland (n=1,194)	South (n=1,212)	AOA DMC-ODS Clients (N=11,207)
Alcohol	19% (355)	20% (301)	14% (151)	14% (215)	18% (216)	18% (218)	20% (2,282)
Cocaine	4% (81)	2% (36)	2% (20)	1% (21)	1% (13)	5% (65)	3% (301)
Heroin	22% (424)	22% (331)	38% (394)	31% (479)	27% (325)	31% (373)	22% (2,497)
Marijuana	7% (143)	6% (88)	3% (31)	4% (59)	3% (41)	9% (104)	6% (628)
Methamphetamine	31% (592)	24% (371)	11% (111)	14% (224)	15% (182)	23% (275)	26% (2,943)
Other	2% (41)	2% (23)	9% (96)	1% (11)	1% (12)	1% (17)	2% (210)
Other Opioids	14% (276)	24% (368)	23% (242)	36% (557)	34% (405)	13% (160)	21% (2,346)

Note: Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. HHS Region was unavailable for 3,819 AOA clients served by the DMC-ODS during FY 2022-23 (34%), so these data should be interpreted with caution.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2022-23

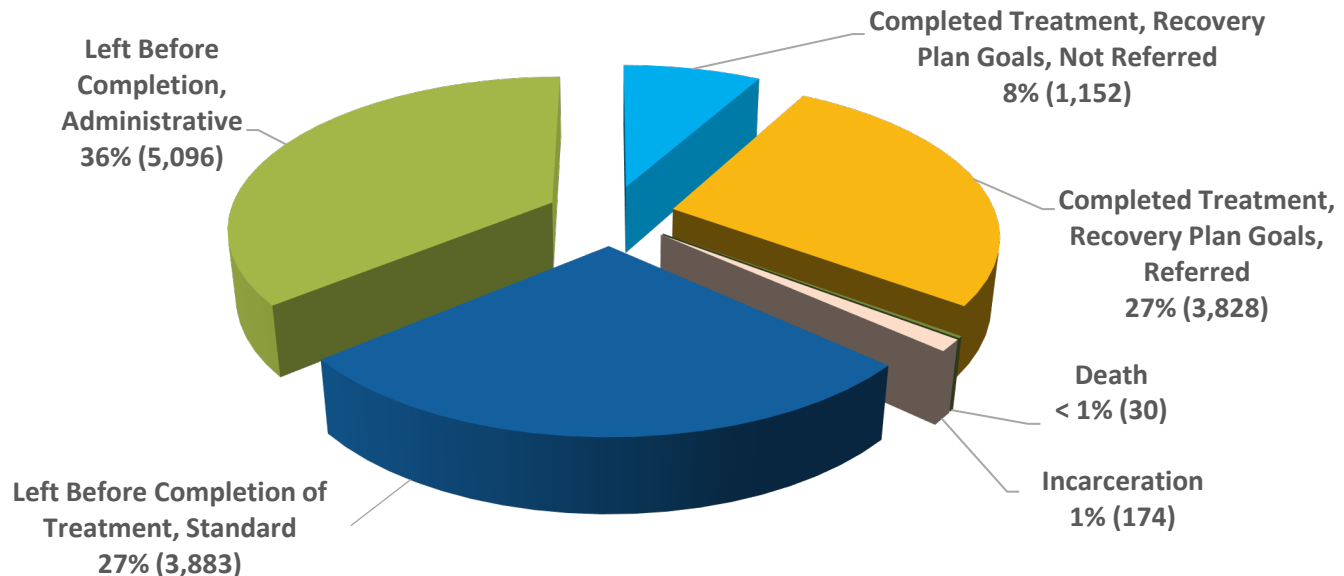
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Who are we serving?

AOA DMC-ODS Clients: Discharges*

- There were 14,163 discharges from AOA funded DMC-ODS programs during FY 2022-23.
- More than one-third (35%) of discharges from AOA funded DMC-ODS programs during FY 2022-23 had a disposition of completed treatment and recovery plan goals.
- About one-quarter (27%) of discharges from AOA funded DMC-ODS programs during FY 2022-23 indicated a referral to another program or level of care after the treatment and recovery plan goals were completed.
- More than one-third (36%) of discharges from AOA funded DMC-ODS programs during FY 2022-23 were administrative.

Discharge Disposition (N=14,163)



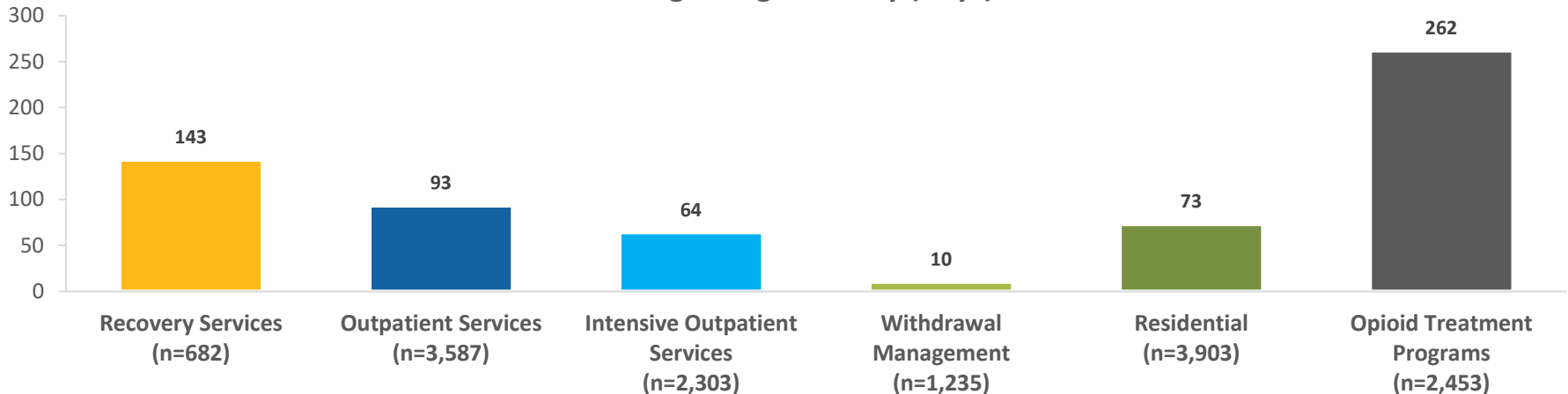
*A single client may have more than one discharge within a fiscal year.

Who are we serving?

AOA DMC-ODS Clients: Average Length of Stay

- During FY 2022-23, AOA clients discharged by withdrawal management DMC-ODS programs spent an average of 10 days at the program, and those discharged by residential DMC-ODS programs spent an average of 73 days in the program.
- AOA clients discharged during FY 2022-23 by outpatient DMC-ODS programs spent an average of 93 days receiving services, and those discharged by intensive outpatient DMC-ODS programs spent an average of 64 days in the program.
- AOA clients discharged during FY 2022-23 by recovery services in the DMC-ODS spent an average of 143 days receiving services, and those discharged by opioid treatment programs spent an average of 262 days receiving services.

Average Length of Stay (Days)



Where are clients referred from?

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

- Group counseling was the most common type of service provided to AOA clients enrolled in outpatient (74%), intensive outpatient (69%), and recovery (55%) programs in the DMS-ODS during FY 2022-23.
- There was a total of 236,639 outpatient or intensive outpatient services provided to AOA clients in the DMC-ODS during FY 2022-23.

Recovery Services	Total Visits	Percentage	Intensive Outpatient Services	Total Visits	Percentage
Group Counseling	5,060	55%	Group Counseling	69,341	69%
Individual Counseling	3,530	38%	Individual Counseling	15,537	15%
Case Management	680	7%	Patient Education	8,226	8%
Total Encounters	9,270		Case Management	6,793	7%
Outpatient Services	Total Visits	Percentage	Peer Services	536	1%
Group Counseling	100,421	74%	MAT	43	< 1%
Individual Counseling	27,141	20%	Total Encounters	100,476	
Case Management	8,111	6%			
Peer Services	487	< 1%			
MAT	3	< 1%			
Total Encounters	136,163				

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

Where are clients referred from?

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

- There was a total of 221,353 bed days provided to AOA clients during FY 2022-23 by withdrawal management or residential service providers.
- In addition to MAT services, the opioid treatment programs (OTPs) in the DMC-ODS provided 49,101 individual or group counseling sessions to AOA clients during FY 2022-23.

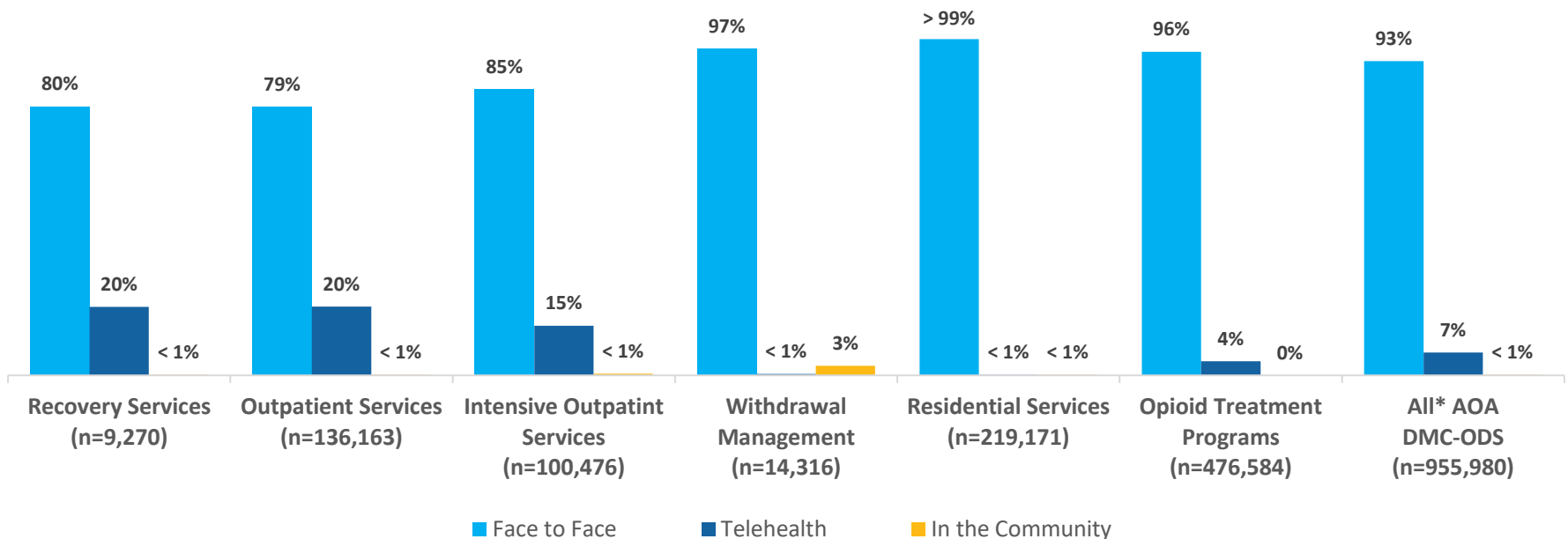
Withdrawal Management	Total Days	Percentage	Residential Services	Total Days	Percentage
Withdrawal Management 3.2	12,612	88%	Residential Bed Day 3.1	157,641	72%
	Total Visits	Percentage	Residential Bed Day 3.3	15	< 1%
Case Management	1,704	12%	Residential Bed Day 3.5	51,085	23%
Total Encounters	14,316			Total Visits	Percentage
Opioid Treatment Programs	Total Visits	Percentage	Case Management	10,182	5%
MAT	420,724	88%	Peer Services	248	< 1%
Individual Counseling	45,751	10%	Total Encounters	219,171	
Case Management	5,723	1%			
Group Counseling	3,350	1%			
Naloxone/Narcan	1,036	< 1%			
Total Encounters	476,584				

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

Where are clients referred from?

Adult DMC-ODS Visits: Contact Type

- During FY 2022-23, a total of 955,980 DMC-ODS services were provided to AOA clients, and a majority (93%) were provided face to face.
- More than 90% of AOA services provided at opioid treatment programs (96%), withdrawal management programs (97%), and residential programs (> 99%) were provided face to face during FY 2022-23.
- Compared to the other levels of care, telehealth services were most often provided to AOA clients receiving recovery services (20%), outpatient services (20%), and intensive outpatient services (15%) during FY 2022-23.



Are clients satisfied with services?

Adult SUD Clients: Client Satisfaction

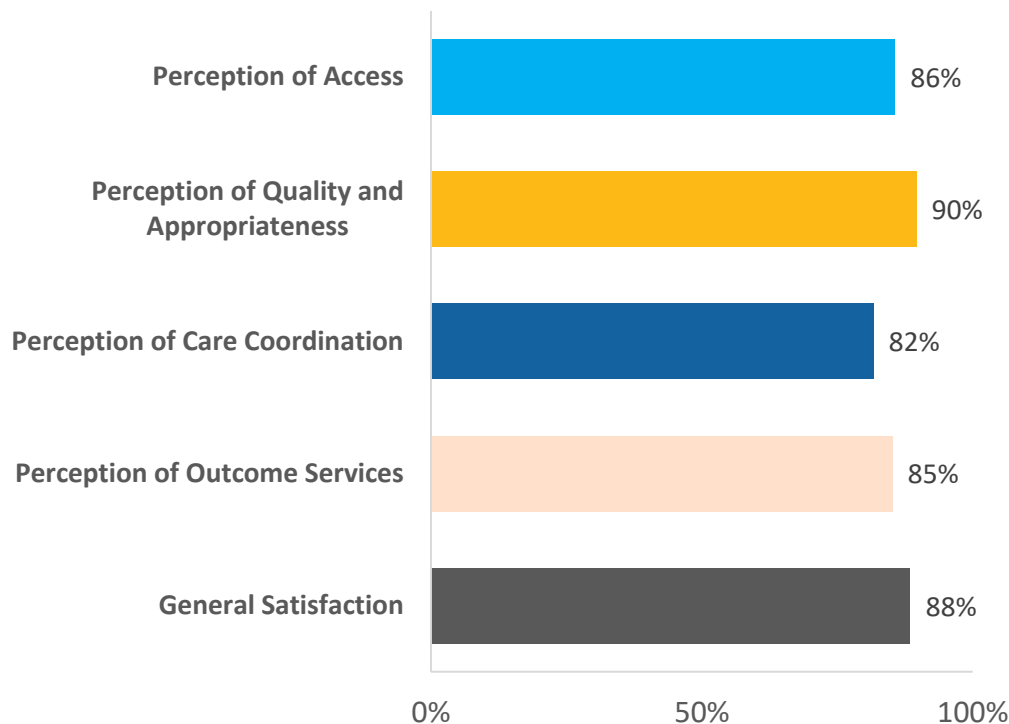
- The Drug Medi-Cal Organized Delivery System (DMC-ODS) in San Diego County offers a variety of treatment, withdrawal management, and recovery services to help people with substance use disorders.
- All services provided within the DMC-ODS are oriented to meet the unique linguistic and cultural needs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

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

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

During FY 2022-23, the Adult TPS was administered in October 2022 (N=1,464).

Adult TPS Domain Scores* in FY 2022-23



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

Driving Under the Influence Program

DUI Program: Demographics, Admissions, and Completions

DUI Client Demographics

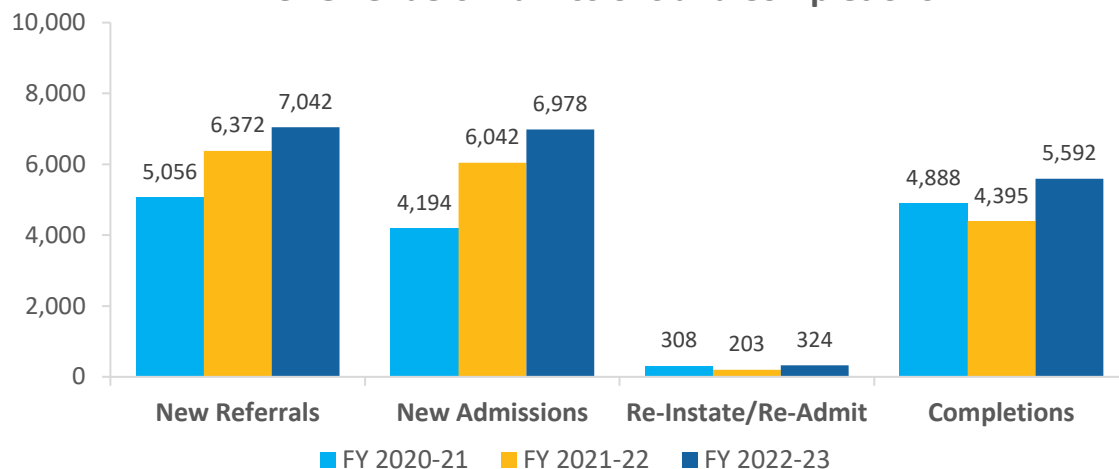
Age	N	%
20 years and younger	142	2%
21 – 25 years	1,203	17%
26 – 35 years	2,711	38%
36 – 45 years	1,499	21%
46 – 55 years	783	11%
56+ years	694	10%
Unknown	10	<1%
Gender	N	%
Female	1,253	18%
Male	3,912	56%
Unknown	1,877	27%
Convictions	N	%
First Conviction	5,445	77%
Multiple Convictions	1,597	23%
Employment Level	N	%
Employed 30+ hours per week	2,259	32%
Employed <30 hours per week	1,739	25%
Not in the labor force	365	5%
Unemployed, looking for work	799	11%
Unknown	1,880	27%
Total DUI Clients Served	7,042	n/a

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

Key Findings

- The number of new referrals and new admissions into the DUI program has increased over the past three fiscal years.
- More clients completed the DUI program in FY 2022-23 (5,592 clients) compared to FY 2020-21 (4,888 clients) and FY 2021-22 (4,395 clients).

All DUI Offenders: Admissions and Completions



Glossary

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

Glossary

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

Glossary

- **Long-Term Care (LTC) – Institutional Setting** refers to services provided to persons with serious mental illness at locked long-term care facilities which include Institutes for Mental Disease (IMDs) and Skilled Nursing Facilities (SNFs).
- **Long-Term Care (LTC) – Residential** refers to services provided in residential settings that provide long-term care offering room, board, 24-hour oversight, health monitoring, and assistance with activities of daily living and are licensed by the state. Residents often live in their own apartment within a building. The complex provides some care that those who live independently would perform themselves (such as taking medicine). Social and recreational activities are usually provided.
- **Medication Assisted Treatment (MAT)** includes the ordering, prescribing, administering, and monitoring of medication for substance use disorders. MAT includes methadone, buprenorphine, naloxone, naltrexone, and disulfiram.
- **Mobile Crisis Response Teams (MCRT)** provide in-person support to anyone, anywhere, experiencing a mental health, drug, or alcohol-related crisis. MCRT dispatches behavioral health experts to emergency calls instead of law enforcement, when appropriate, with teams made up of clinicians, case managers, and peer support specialists.
- **Opioid Treatment Programs (OTPs)** provide medication assisted treatment (MAT) to clients within the DMC-ODS.
- **Outpatient (OP)** mental health services offer treatment, rehabilitation, and recovery services which include screening and assessment, medication management, crisis intervention, group and individual short-term therapy, for people who are experiencing persistent and serious mental illness or a mental health crisis. In addition, some programs offer case management and homeless outreach.
- **Outpatient (OS)** substance use disorder treatment services are provided to AOA clients for a minimum of 90 minutes and up to 9 hours a week. Components of OS include intake, individual/group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, treatment planning, and discharge services.

Glossary

- **Prevention and Early Intervention (Prevention or PEI)** programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.
- **Primary Diagnosis** for the mental health chapter was determined by identifying the primary DSM/ICD diagnosis at intake from the last episode of service prior to June 30, 2022.
- **Psychiatric Emergency Response Team (PERT)** of San Diego County pairs licensed, experienced, professional mental health clinicians with specially trained law enforcement officers. They respond to calls for service from the community involving individuals who may be experiencing mental health crises. They intervene to prevent unnecessary hospitalizations and incarcerations while protecting the individuals involved as well as the community.
- **Recovery Makers Questionnaire (RMQ)** is a 26-item questionnaire that assesses elements of recovery from the client's perspective. It was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery.
- **Recovery** services are incorporated into SUD treatment programming and promote successful completion of treatment and help build tools toward sustained recovery. Recovery services include recovery monitoring and coaching, peer to peer services, relapse prevention education and activities, and linkages to a variety of community resources (such as housing, childcare, life skills, spiritual/faith-based support, and transportation.)
- **Residential mental health services** are provided to clients with serious mental illness through a residential setting which provides 24/7 care and supervision as needed (unless otherwise authorized by the County to provide residential services that do not include care and supervision).

Glossary

- **Residential substance use disorder treatment** occurs in a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to clients with a SUD diagnosis when deemed medically necessary and in accordance with an individualized treatment plan. Components of residential services within the DMC-ODS include intake, individual/group counseling, family therapy, patient education, safeguarding medication, collateral services, crisis intervention services, treatment planning, transportation services, and discharge services.
- **State Hospital (California)** services are provided to persons with serious mental illness through a California State Hospital.
- **Urgent Outpatient (UO)** services are provided in an outpatient setting to adults and older adults who are experiencing a crisis and who may require medication support and stabilization.
- **Withdrawal Management (WM)** services combine detoxification and pre-treatment/referral services to clients as they withdrawal from alcohol and other drugs. Components of WM include intake, observation, medication services, and discharge services.

Contact Us

- This report is available electronically in the Technical Resource Library at https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html.
- 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
- 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

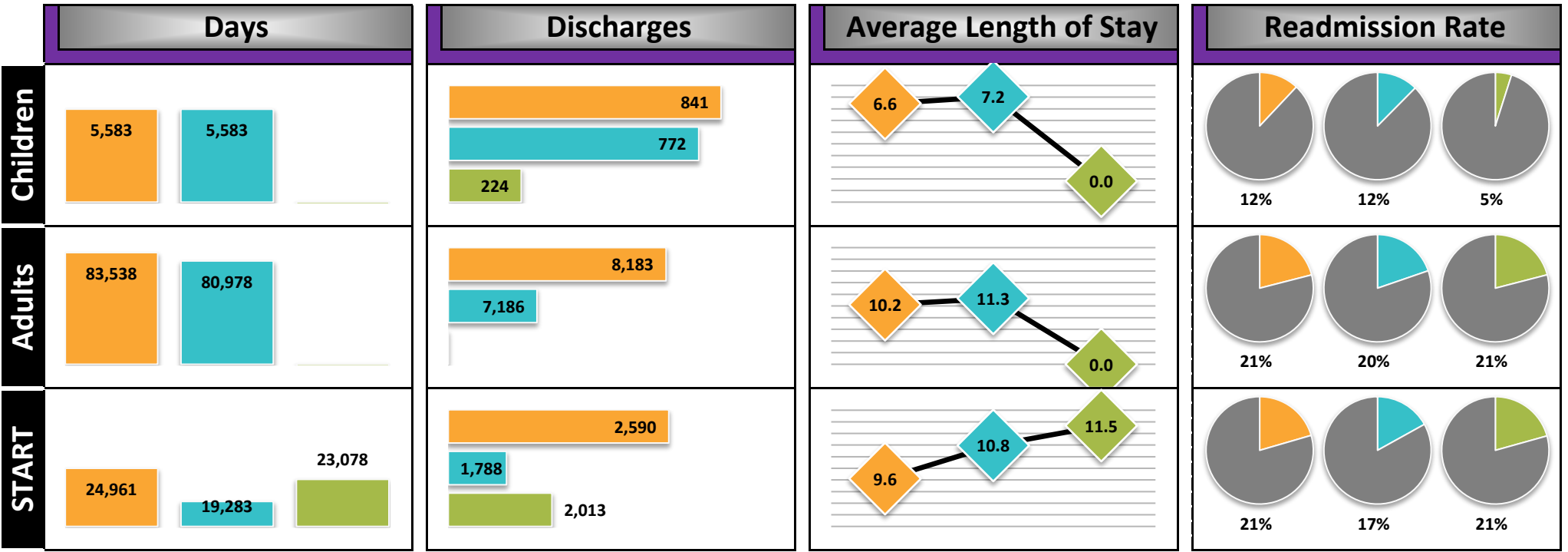
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Appendices

Hospital Dashboard 3 Year Trend

FY 2020-21 | FY 2021-22 | FY 2022-23



PERT

Children

	FY 2020-21	FY 2021-22	FY 2022-23
Contacts	1,605	1,743	1,691
FFS & CAPS Admits	83	58	64
ESU Visits	500	619	508

Adults

	FY 2020-21	FY 2021-22	FY 2022-23
Contacts	11,155	9,267	8,693
FFS Admits	729	522	481
EPU Screenings	1,063	929	720
PERT-EPU-SDCPH	402	368	292

