COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

Adult and Older Adult (AOA) Behavioral Health Services
Systemwide Annual Report: Fiscal Year 2017-2018

Report prepared by:

HEALTHSERVICES
RESEARCH CENTER
UNIVERSITY OF CALIFORNIA SAN DIEGO

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

COUNTY OF SAN DIEGO BOARD OF SUPERVISORS

- *Greg Cox, District 1*
- *Dianne Jacob, District 2*
- *Kristin Gaspar, District 3*
- *Nathan Fletcher, District 4*
- *Jim Desmond, District 5*

Chief Administrative Officer

- *Helen N. Robbins-Meyer*

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

Health and Human Services Agency Director

- *Nick Macchione, MS, MPH, FACHE*

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

Behavioral Health Services Director

- *Luke Bergmann, PhD*

Clinical Director

- *Michael Krelstein, MD*

Director of Operations

- *Holly Salazar*

Deputy Director, Adult and Older Adult Systems of Care

- *Piedad Garcia, EdD, LCSW*

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES

Chief, Quality Improvement Unit

- *Tabatha Lang, MFT*

Principal Administrative Analyst, Quality Improvement Unit

- *Liz Miles, EdD, MPH, MSW*

REPORT PREPARED BY:

**University of California, San Diego
Health Services Research Center**

- *Amy Panczakiewicz, MA*
- *Mark Metzger*
- *Zhun Xu, PhD*
- *Steven Tally, PhD*
- *Todd Gilmer, PhD*

*Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)*

2

Table of Contents

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Table of Contents 3

Introduction

Overview

- This report summarizes cumulative system and clinical outcomes for transition age youth (TAY), adults, and older adults (OA) served by the County of San Diego Adult and Older Adult Behavioral Health Services (AOABHS) during Fiscal Year 2017-18 (July 2017 – June 2018).

- AOABHS primarily serves individuals aged 18 years or older with severe, persistent mental health needs, or those experiencing a mental health crisis.

The County of San Diego Adult and Older Adult Behavioral Health Services delivered services through a wide variety of program types in FY 2017-18 including:

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Introduction   4
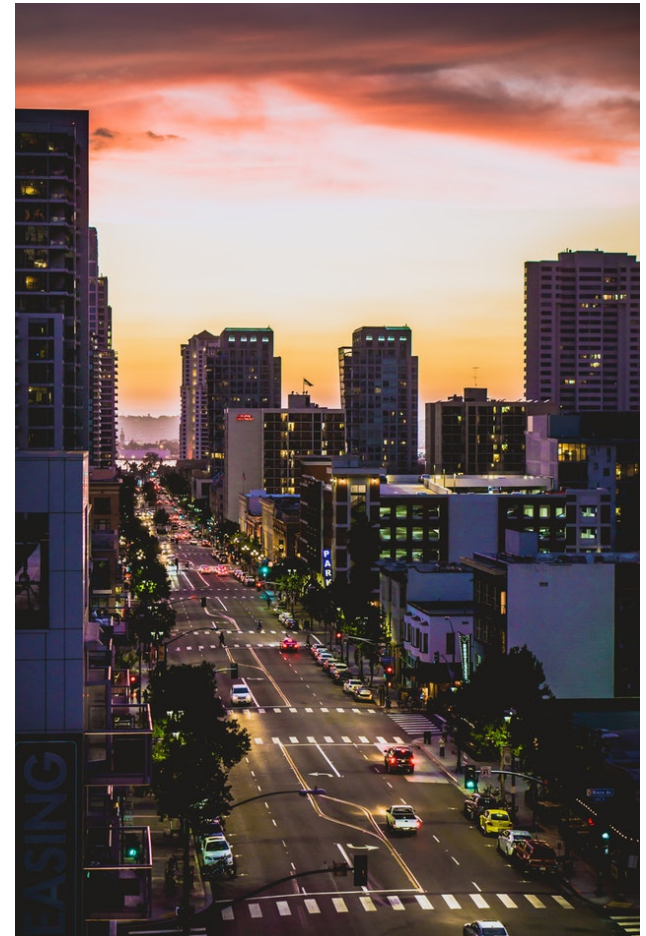
Key Findings

All AOABHS Clients

- During FY 2017-18, San Diego County Behavioral Health Services delivered mental health services to 43,721 adults, TAY, and older adults.

- The number and proportion of AOABHS clients with a dual diagnosis (severe mental illness and substance use disorder) has gradually increased each year from FY 2014-15 to FY 2017-18 (49% to 52%). This marks an increase of 8% in the number of clients with a dual diagnosis from FY 2014-15 to FY 2017-18 (17,741 to 19,133 clients).

- The number of AOABHS clients served in FY 2017-18 with an uninsured/unknown insurance increased by almost 11% from FY 2016-17 (5,374 to 5,952).

- The most common diagnoses among AOABHS clients served during FY 2017-18 were schizophrenia and other psychotic disorders (40%), followed by depressive disorders (24%), and bipolar disorders (21%).

- New funding for Assertive Community Treatment (ACT) services was provided during FY 2017-18, resulting in an increase of 37,282 more AOA ACT visits (42% increase) and 974 more clients served by ACT programs (61% increase) during FY 2017-18, compared to FY 2016-17.

- Utilization of Prevention services by AOA clients decreased by almost 98% from FY 2016-17 to FY 2017-18 (6,251 visits to 143 visits).

- Utilization of PERT services among AOA clients increased during FY 2017-18, as there were 1,632 more PERT visits (20% increase) and 1,249 more AOA clients (19% increase) who received PERT services during FY 2017-18, compared to FY 2016-17.

- The proportion of clients who entered the AOABHS SOC through outpatient services has decreased each fiscal year from FY 2014-15 through FY 2017-18 (48% to 36%).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Key Findings   5

Key Findings

All AOABHS Clients

- The proportion of clients who entered the AOABHS SOC through emergency/crisis services during FY 2017-18 increased slightly from FY 2016-17 (40% to 41%), continuing the upward trend observed during FY 2016-17 when the number of AOA clients entering the SOC increased by 26% (3,425 to 4,325 clients), compared to the previous fiscal year.

- A total of 26,351 emergency/crisis services were used by 13,158 clients during FY 2017-18, representing almost one-third (30%) of AOA clients served by BHS. This figure represents an increase of almost 7% in the number of AOABHS clients who received emergency/crisis services during FY 2017-18, compared to FY 2016-17 (12,321 clients).

- Average access times for a psychiatric assessment decreased from approximately 11 days in FY 2016-17 to just under 7 days in FY 2017-18. Average access times for mental health assessments decreased slightly in FY 2017-18 from FY 2016-17 (from almost 4 days to just under 3 days).

- Clinicians reported improvements in illness management, recovery, and substance use outcomes among AOA clients in FY 2017-18.

- AOA clients self-reported significant improvement in their overall mental health status in FY 2017-18.

- Relative to FY 2016-17, a greater percentage of AOA clients agreed or strongly agreed with Mental Health Statistics Information Program (MHSIP) survey items on the Perception of Outcome Services domain (75% compared to 72% in FY 2016-17).

- The number new referrals and new admissions in the Driving Under the Influence (DUI) Program have both decreased each year from FY 2015-16 to FY 2017-18 (23% reduction of each from FY 2015-16 to FY 2017-18).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Key Findings 6

Key Findings

Transition Age Youth (TAY) Clients

- During FY 2017-18, County of San Diego BHS delivered mental health services to 7,923 TAY clients (age 18 to 25 years), comprising 18% of the AOA population served during FY 2017-18, and reflecting an increase of 5% in the number of TAY clients served by BHS compared to FY 2016-17.

- After an increase of 21% from FY 2015-16 to FY 2016-17 in the number of TAY clients younger than 18 served by AOABHS, this demographic increased by another 25% during FY 2017-18, relative to FY 2016-17 (1,111 clients in FY 2016-17 to 1,391 clients in FY 2017-18). These clients are reported as TAY because they received at least one AOABHS service during the fiscal year.

- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2017-18 were Hispanic (39% compared to 25%), and a smaller proportion were White (32% compared to 42%).

- The most common diagnoses among TAY clients served during FY 2017-18 were schizophrenia and other psychotic disorders (29%), depressive disorders (27%), and bipolar disorders (24%).

- New funding for Assertive Community Treatment (ACT) services was provided during FY 2017-18, resulting in a substantial increase of ACT visits among TAY (16,365 visits in FY 2017-18 compared to 1,681 visits in FY 2016-17), and 316 more TAY clients served by ACT programs during FY 2017-18, compared to FY 2016-17 (30 clients).

- Utilization of PERT services among TAY clients increased during FY 2017-18, as there were 763 more PERT visits (37% increase) and 585 more TAY clients (33% increase) who received PERT services during FY 2017-18, compared to FY 2016-17.

- Clinicians reported statistically significant improvements in the ability of TAY clients to manage symptoms, progress towards their recovery, and improvements in their overall Illness Management and Recovery (IMR) assessment scores.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Key Findings 7

Key Findings

Older Adult (OA) Clients

- During FY 2017-18, County of San Diego BHS delivered mental health services to 6,155 older adults (age 60 years or older), comprising 14% of all AOA clients served during FY 2017-18, and reflecting an increase of 5% in the number of OA clients served by BHS compared to FY 2016-17.

- The number of OA clients served during FY 2017-18 that were between the ages of 70 and 79 years (1,051 clients) increased by almost 15%, compared to FY 2016-17 (915 clients), and the number of OA clients age 80 years and older increased by 9% from FY 2016-17 to FY 2017-18 (453 to 494 clients).

- The most common diagnosis among OA clients served during FY 2017-18 was schizophrenia and other psychotic disorders (43%), followed by depressive disorders (29%).

- In addition to a primary diagnosis, approximately one-third of OA clients (34%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2017-18. The proportion of OA clients with a dual diagnosis has increased by two percentage points each fiscal year from FY 2014-15 to FY 2017-18 (28% to 34%).

- 1,734 OA clients served during FY 2017-18 had a history of trauma (28%), reflecting an increase of 15% compared to FY 2016-17. This finding continues a trend observed between FY 2015-16 and FY 2016-17. Since FY 2015-16, the number of OA clients served with a history of trauma increased by almost 39% (1,251 clients in FY 2015-16 compared to 1,734 clients in FY 2017-18).

- Utilization of jail services among OA clients increased during FY 2017-18, as there were 461 more jail visits (29% increase) and 101 more OA clients (24% increase) who received jail services during FY 2017-18, compared to FY 2016-17.

- Clinicians reported statistically significant improvements in the ability of OA clients to manage symptoms, progress towards recovery, and improvements in their overall Illness Management and Recovery (IMR) assessment scores.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Key Findings   **8**

Who are we serving?

Total Number of All AOA Clients Served

- In FY 2017-18, mental health services were delivered to 43,721 adults, TAY, and older adults by the BHS SOC.

- The number of clients decreased during FYs 2015-16 and 2016-17, compared to the number served during FYs 2013-14 and 2014-15. There was an increase in the number of clients served during FY 2017-18 (43,721 clients) compared with the two previous fiscal years (42,805 clients in FY 2015-16 and 42,767 clients in FY 2016-17).

Number of Clients Served by Fiscal Year

Fiscal Year	Clients
FY 2013-14	44,004
FY 2014-15	43,780
FY 2015-16	42,805
FY 2016-17	42,767
FY 2017-18	43,721

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)
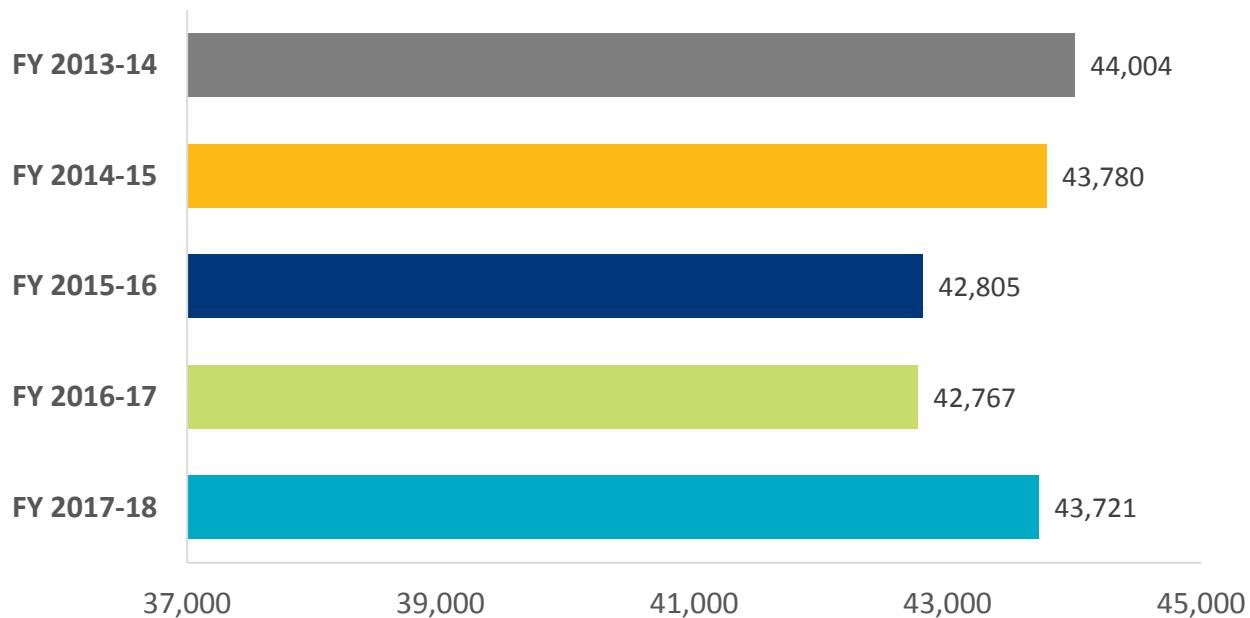
Who are we serving?

All AOA Clients: Age

- Compared to FY 2016-17, the proportion of clients served in each age group during FY 2017-18 was stable. The proportion of AOA clients <18 to 25 and 60+ years of age remained the same (18% and 14%, respectively), and the proportion of clients between the ages of 26 - 59 years decreased by one percentage point (69% to 68%).

- Similar to previous fiscal years, a much smaller proportion (14%) of AOABHS clients served during FY 2017-18 were older adults (ages 60+) compared to the estimated older adult population in San Diego County (25%).

Age Distribution
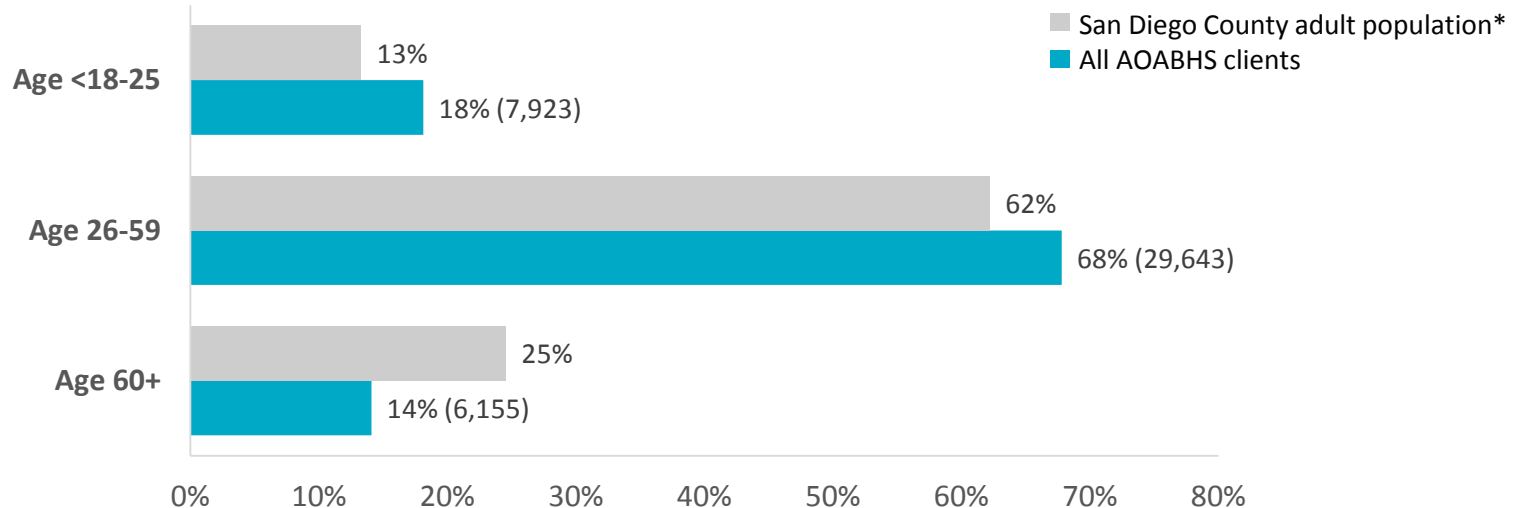
Legend:
- San Diego County adult population*
- All AOABHS clients

Age <18-25: 13% (San Diego County adult population); 18% (7,923) (All AOABHS clients)
Age 26-59: 62% (San Diego County adult population); 68% (29,643) (All AOABHS clients)
Age 60+: 25% (San Diego County adult population); 14% (6,155) (All AOABHS clients)

*Source: U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rice Commonwealth and Municipios: April 1, 2010 to July 1, 2017
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+.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   10

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 2017-18 compared to the proportion of males in the overall San Diego County population (55% vs. 50%).

Gender Distribution

Males: 50% (San Diego County adult population); 55% (24,080) (All AOABHS clients)
Females: 50% (San Diego County adult population); 45% (19,571) (All AOABHS clients)

Legend:
- San Diego County adult population*
- All AOABHS clients
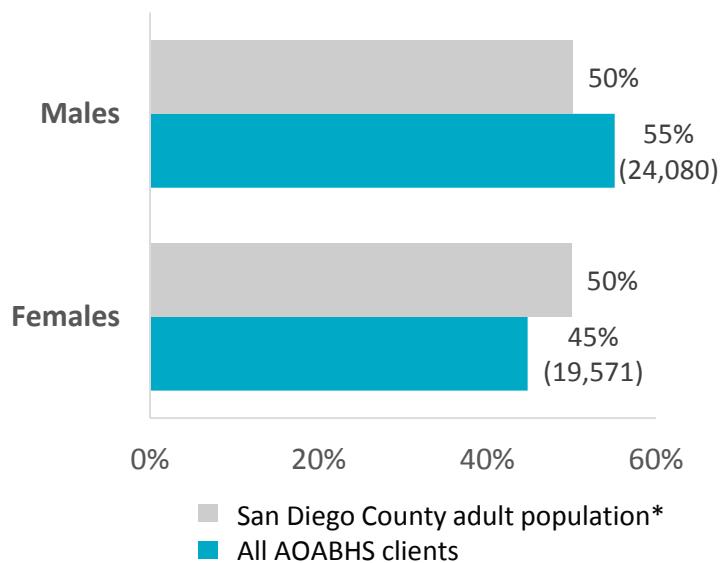
AOABHS Gender	Fiscal Year					SD County Population
	2013-14	2014-15	2015-16	2016-17	2017-18	
Females	45%	46%	46%	45%	45%	50%
Males	54%	53%	53%	54%	55%	50%
Other/ Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	n/a**

Source: U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rice Commonwealth and Municipios: April 1, 2010 to July 1, 2017

**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 70 clients in FY 2017-18 (<1%).*

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   11

Who are we serving?

All AOA Clients: Race/Ethnicity

- The proportion of White clients served by AOABHS has gradually decreased since FY 2013-14 (45% to 42%), while the proportion of Hispanic clients has gradually increased (22% to 25%).

- The proportion of African American, Asian, and Native American clients served by AOABHS has remained relatively stable since FY 2013-14.

Race/Ethnicity	Fiscal Year					SD County Population*
	2013-14	2014-15	2015-16	2016-17	2017-18	
White	45%	44%	43%	42%	42%	46%
Hispanic	22%	22%	23%	24%	25%	33%
African American	13%	12%	12%	12%	12%	5%
Asian	5%	5%	5%	5%	5%	11%
Native American	1%	1%	1%	1%	1%	< 1%
Other/Unknown	14%	16%	17%	15%	16%	4%

*Source: U.S. Census Bureau, 2013-2017 American Community 5-Year Estimates (San Diego County population)

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   12

Who are we serving?

All AOA Clients: Living Situation*

- More than two-thirds (68%) of clients served in FY 2017-18 lived independently**.

- After a roughly 8% increase from FY 2015-16 to FY 2016-17 (5,522 to 5,942), the number of clients served that were homeless remained relatively stable from FY 2016-17 to FY 2017-18 (5,942 to 5,925).

- The proportion of clients served during FY 2017-18 who were in Board and Care, justice-related, and institutional settings also remained stable from FY 2016-17.
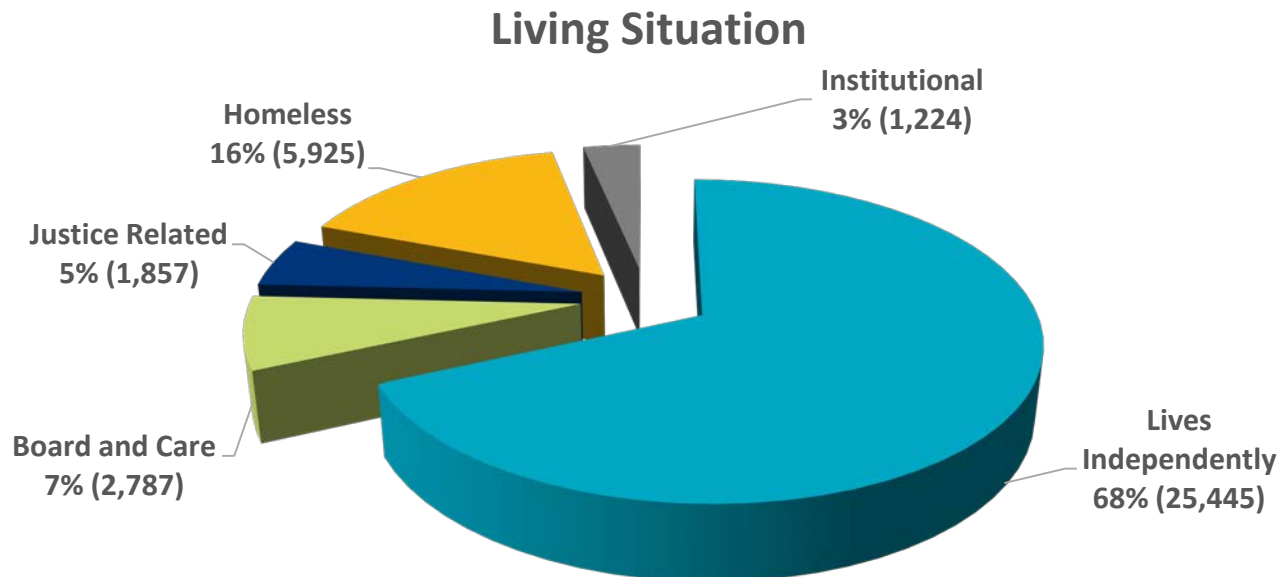
Living Situation

Institutional
3% (1,224)

Homeless
16% (5,925)

Justice Related
5% (1,857)

Board and Care
7% (2,787)

Lives Independently
68% (25,445)

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 = 6,483) are excluded from the figure and percentages reported above.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   13

Who are we serving?

All AOA Clients: Health Care Coverage

- The number of AOABHS clients served in FY 2017-18 with an uninsured/unknown insurance increased by almost 11% from FY 2016-17 (5,374 to 5,952).

- Over three-quarters (77%) of clients served in FY 2017-18 were at least partially covered by Medi-Cal.

Insurance Status and Type

Private
9% (3,903)

Uninsured/Unknown
14% (5,952)

Medicare only
< 1% (77)

Medi-Cal and
Medicare
11% (4,675)

Medi-Cal only
67% (29,114)
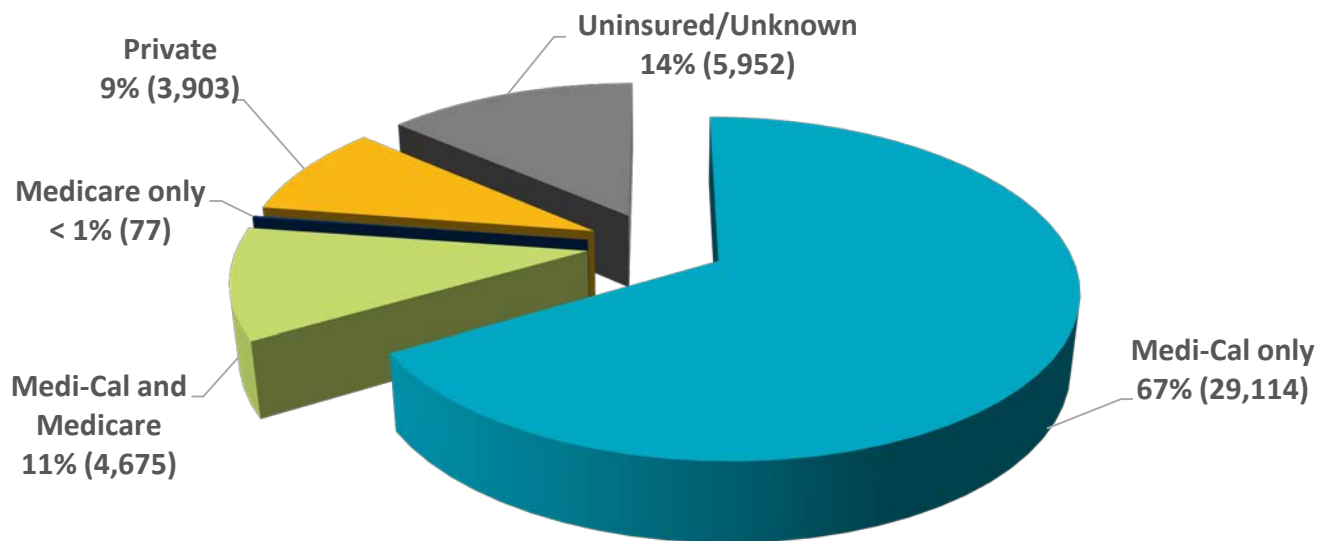
Who are we serving?

All AOA Clients: Primary Care Physician

- The proportion of AOABHS clients served in FY 2017-18 who had a primary care physician remained the same from FY 2016-17 (36%).

- Note: Information about primary care physician was unavailable for almost half (46%) of AOABHS clients, which is the same proportion as last fiscal year.

Primary Care Physician

Missing
46% (20,076)

Yes
36% (15,794)

Unknown
1% (528)

No
17% (7,323)

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)
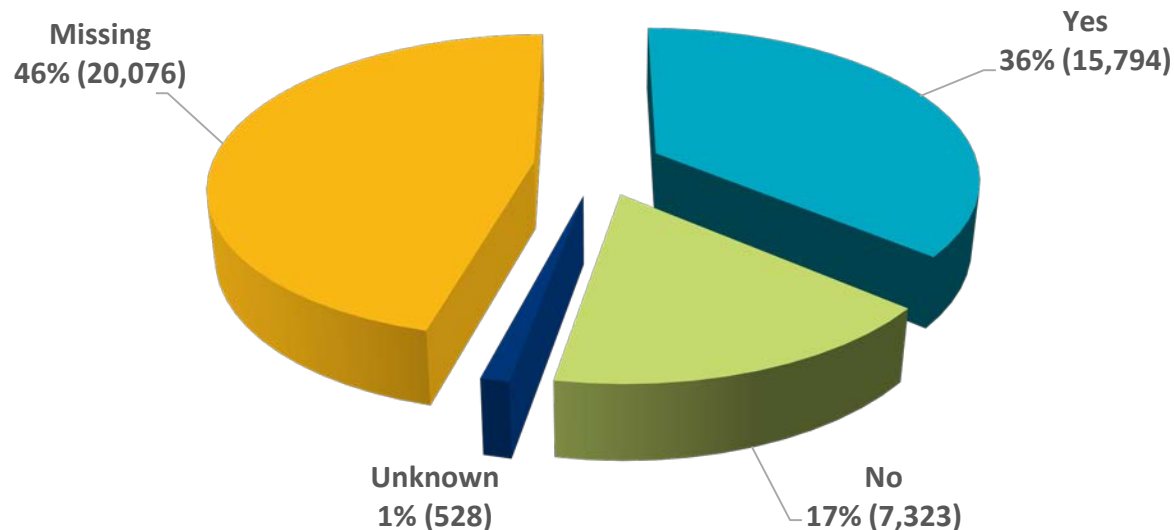
Who are we serving?

All AOA Clients: Sexual Orientation

- The majority of AOA clients served during FY 2017-18 with sexual orientation information available identified as heterosexual (87%).

- Sexual orientation data were missing for 24,955 clients (57%), which is the same proportion as FY 2016-17.

Sexual Orientation	Unique Clients	Percentage
Heterosexual	16,327	87%
Bisexual	942	5%
Gay male	395	2%
Lesbian	268	1%
Other	206	1%
Questioning	209	1%
Transgender	57	< 1%
Declined to state	362	2%
Total (excluding missing)	18,766	100%
Missing	24,955	57%

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Who are we serving?

All AOA Clients: History of Trauma

- Almost one-third of AOABHS clients served in FY 2017-18 had a history of trauma (31%).

- Data was not available (missing) for more than half (56%) of the AOABHS population.

History of Trauma

Yes
31% (13,611)

Missing*
56% (24,293)

No
12% (5,234)

Unknown
1% (583)
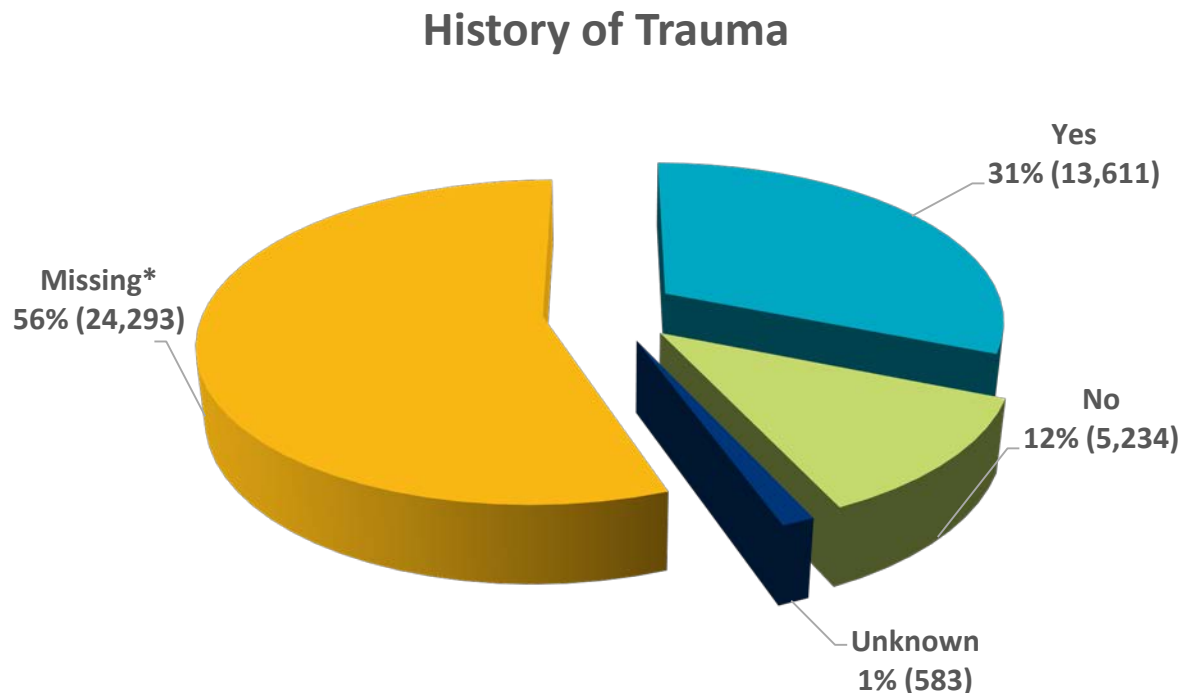
*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

Who are we serving?

All AOA Clients: Primary Diagnosis

- Similar to previous fiscal years, the most common diagnoses among AOABHS clients served during FY 2017-18 were schizophrenia and other psychotic disorders (40%), followed by depressive disorders (24%), and bipolar disorders (21%).

- Primary diagnosis was invalid or missing for 4,902 AOABHS clients served during FY 2017-18.
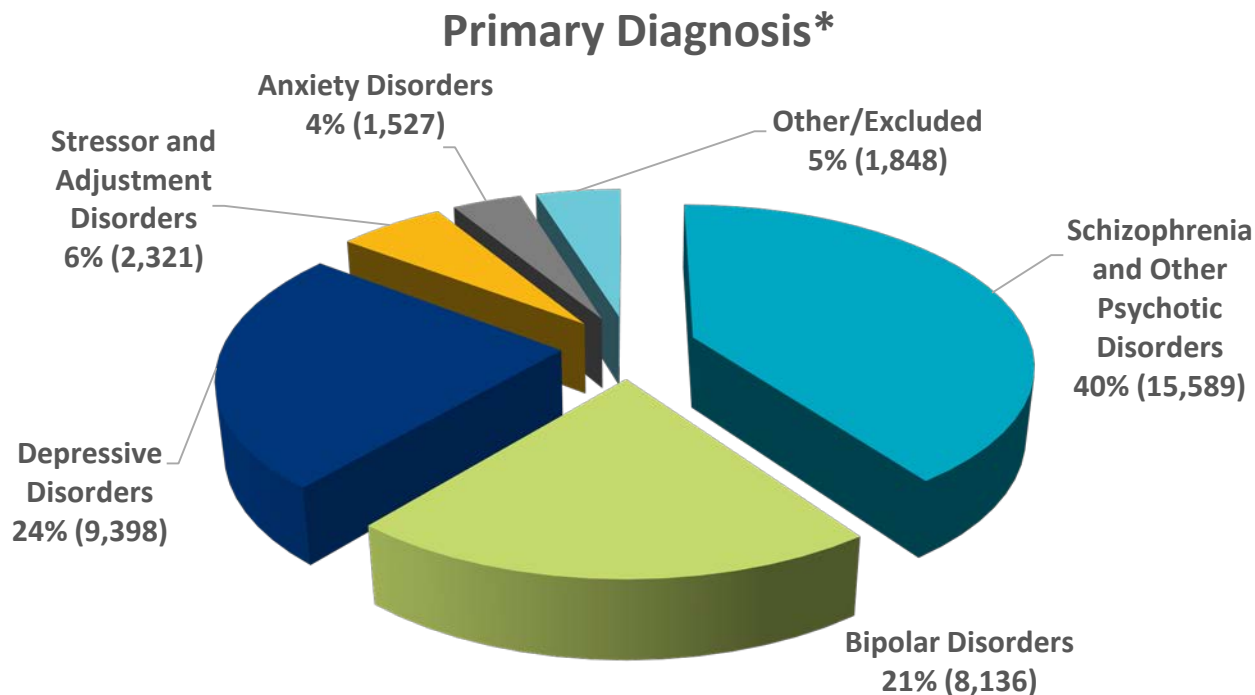
Primary Diagnosis*

Anxiety Disorders
4% (1,527)

Stressor and
Adjustment
Disorders
6% (2,321)

Other/Excluded
5% (1,848)

Schizophrenia
and Other
Psychotic
Disorders
40% (15,589)

Depressive
Disorders
24% (9,398)

Bipolar Disorders
21% (8,136)

The graph and percentages reported above exclude invalid/missing values (n = 4,902).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   18

Who are we serving?

All AOA Clients: Co-occurring (Overall and by Age)

- In addition to a primary mental health diagnosis, about half of AOABHS clients served during FY 2017-18 (52%) had a diagnosis of co-occurring mental illness and substance use disorder (SUD).

- The number and proportion of AOABHS clients with a dual diagnosis has gradually increased each year from FY 2014-15 to FY 2017-18 (49% to 52%). This marks an increase of 8% in the number of AOABHS clients with a dual diagnosis from FY 2014-15 to FY 2017-18 (17,741 to 19,133 clients).

Clients with Co-occurring Mental Illness and Substance Use Disorder

Fiscal Year	Percentage (Count)
FY 2013-14	51% (18,982)
FY 2014-15	49% (17,741)
FY 2015-16	50% (18,130)
FY 2016-17	51% (18,552)
FY 2017-18	52% (19,133)

Co-occurring by Age

Legend: Co-occurring / All AOABHS clients

Age	Co-occurring	All AOABHS clients
Age <18-25	14% (2,756)	18% (7,923)
Age 26-59	77% (14,693)	68% (29,643)
Age 60+	9% (1,684)	14% (6,155)

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)
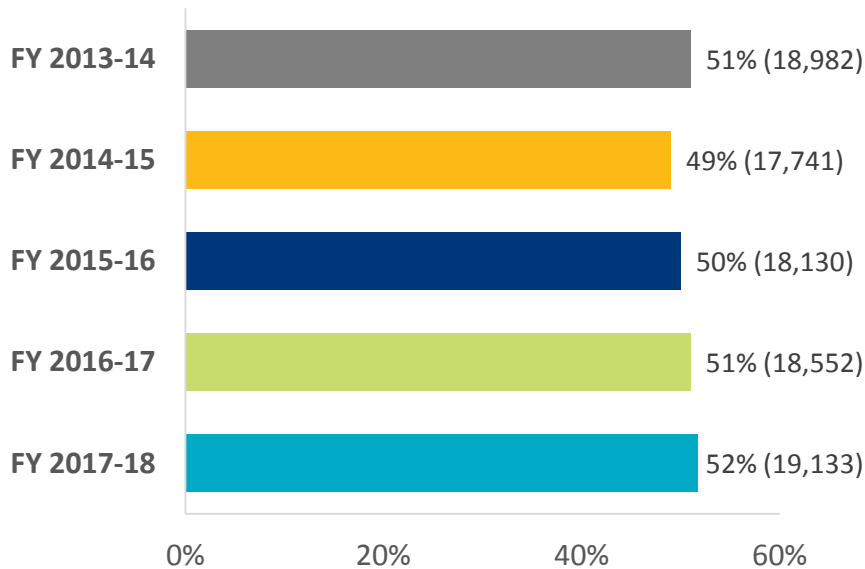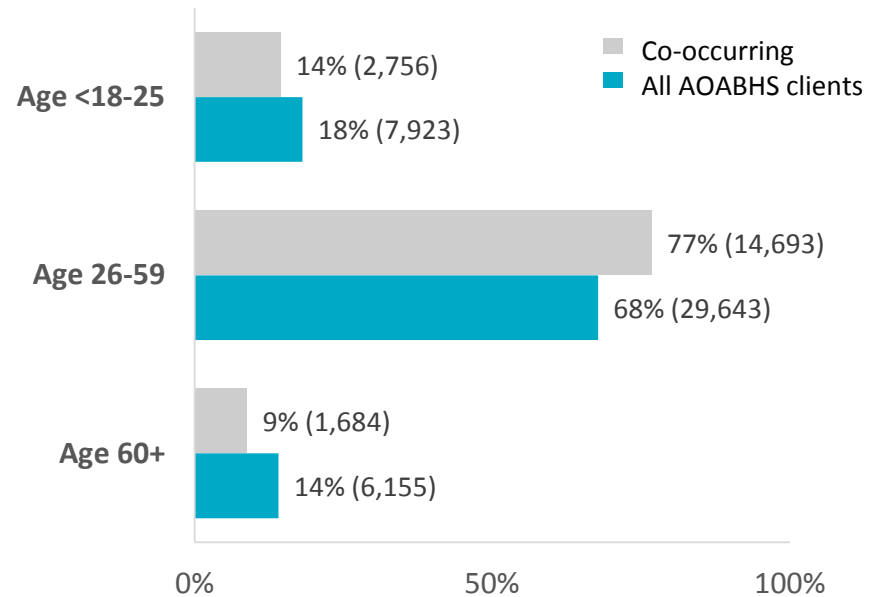
Who are we serving?

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 2017-18 were male (63%).

- About half of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2017-18 were White (49%), and more than one-quarter were Hispanic (26%).

Co-occurring by Gender

Males
- 63% (12,072)
- 55% (24,080)

Females
- 37% (7,044)
- 45% (19,571)

0% 20% 40% 60% 80%

☐ Co-occurring   ■ All AOABHS clients
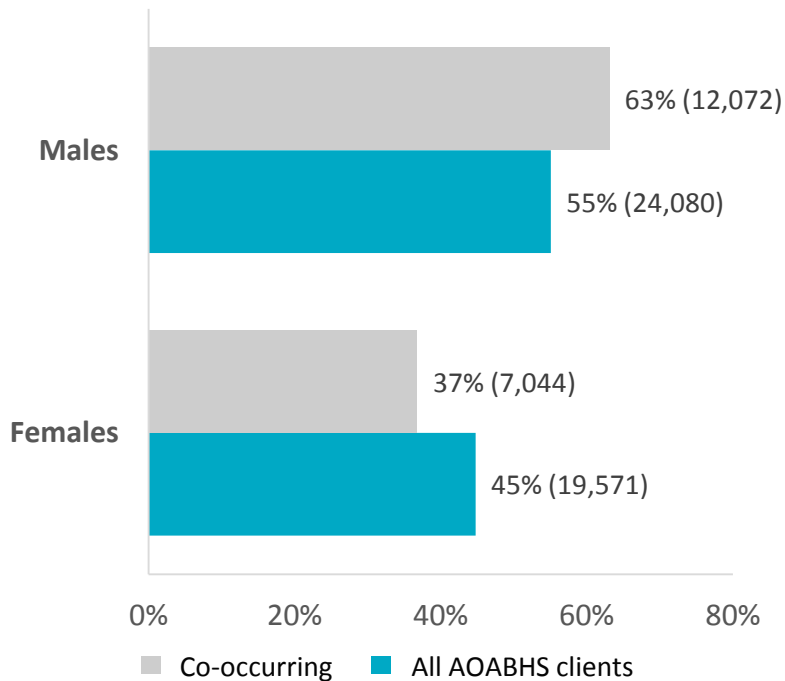
Co-occurring by Race/Ethnicity

White
- 49% (9,326)
- 42% (18,175)

Hispanic
- 26% (5,052)
- 25% (10,864)

African American
- 16% (3,022)
- 12% (5,301)

Asian/ Pacific Islander
- 3% (667)
- 5% (2,269)

Native American
- 1% (200)
- 1% (295)

Other/Unknown
- 5% (866)
- 16% (6,817)

0% 20% 40% 60%

☐ Co-occurring   ■ All AOABHS clients

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   20
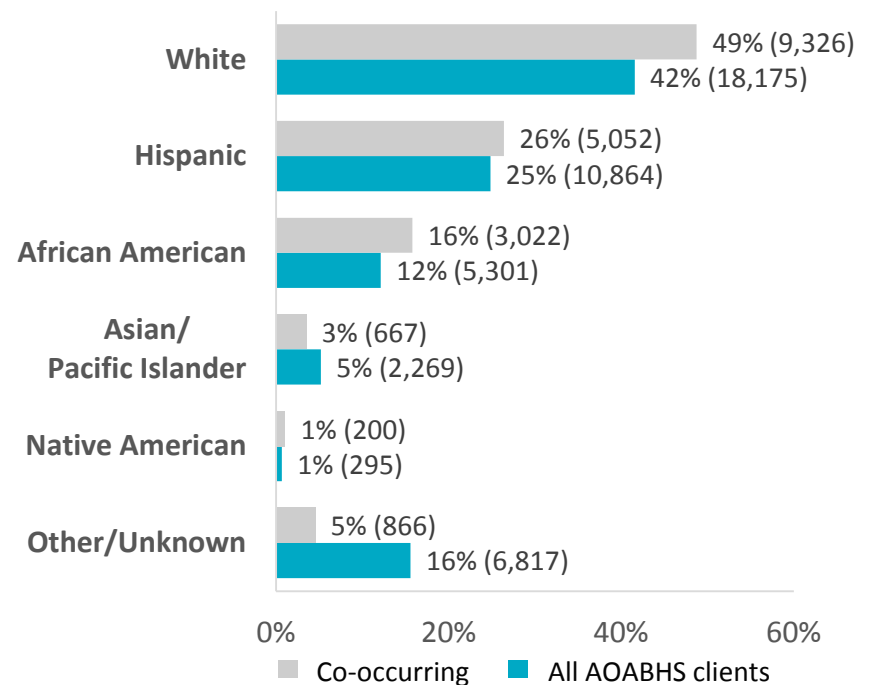
Who are we serving?

All AOA Clients: Co-occurring by Primary Diagnosis

- About half of AOA clients served during FY 2017-18 with a co-occurring mental illness and substance use disorder had been diagnosed with schizophrenia or an other psychotic disorder (51%).

- More than one-quarter of AOA clients served during FY 2017-18 with a dual diagnosis had been diagnosed with a bipolar disorder (27%).

Co-occurring by Primary Diagnosis

Diagnosis	Co-occurring	All AOABHS clients
Schizophrenia and Other Psychotic Disorders	51% (9,817)	40% (15,589)
Bipolar Disorders	27% (5,156)	21% (8,136)
Depressive Disorders	16% (3,058)	24% (9,398)
Stressor and Adjustment Disorders	3% (650)	6% (2,321)
Anxiety Disorders	2% (452)	4% (1,527)
Other/Excluded	0% (0)	5% (1,848)

0%   10%   20%   30%   40%   50%   60%

■ Co-occurring   ■ All AOABHS clients
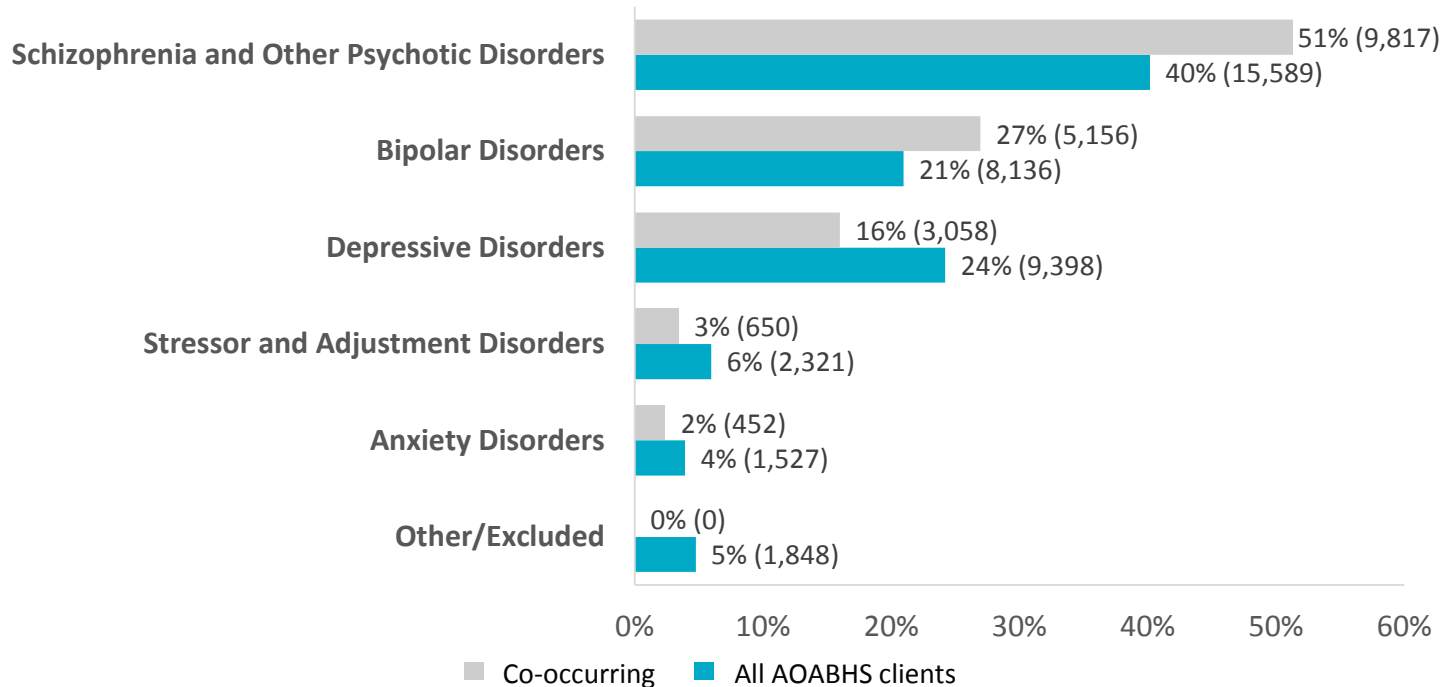
Who are we serving?

All AOA Clients: Primary Language

- AOABHS services are available in many languages, including the six threshold languages in San Diego County: English, Spanish, Tagalog, Vietnamese, Arabic, and Farsi.

- The proportion of clients preferring each language in FY 2017-18 remained stable from FY 2016-17. More than three-quarters (79%) of clients preferred services in English. The second most common preferred language was Spanish (6%).

Preferred Language

Language	Value
English	79% (34,489)
Spanish	6% (2,629)
Tagalog	< 1% (113)
Vietnamese	1% (371)
Other Asian	1% (283)
Arabic	2% (721)
Farsi	< 1% (125)
Other Middle Eastern	< 1% (6)
Other/Unknown	11% (4,984)

0%   20%   40%   60%   80%   100%

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   22
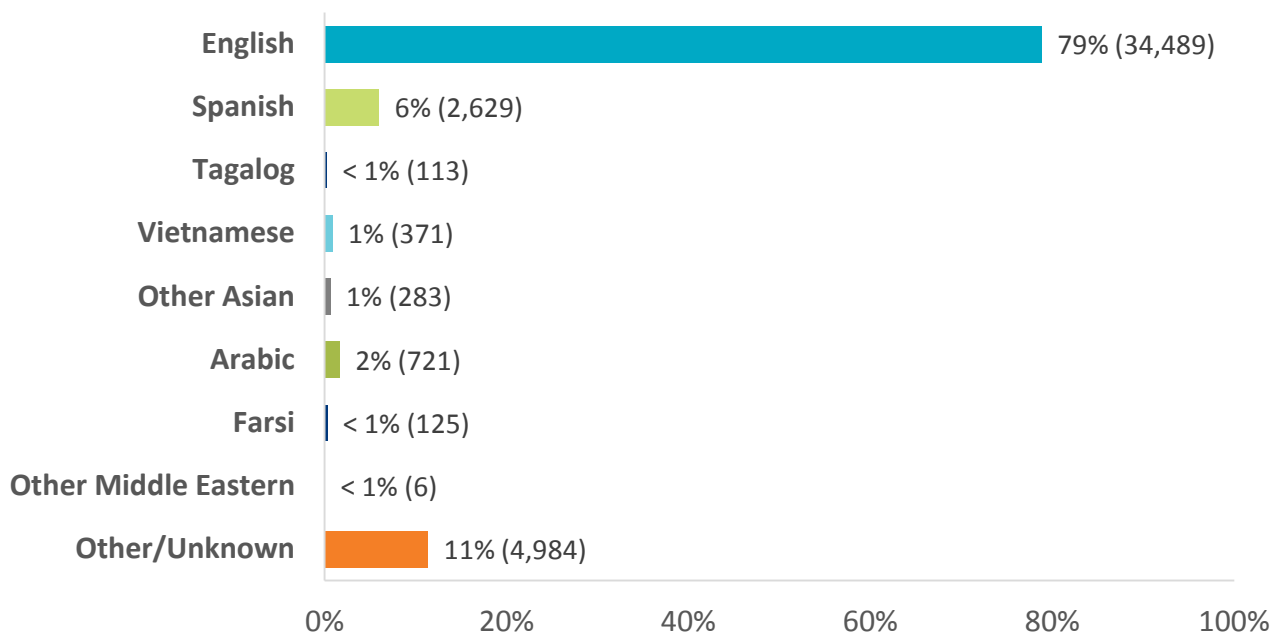
Who are we serving?

All AOA Clients: Education Level

- Overall, the education level proportions of clients served during FY 2017-18 were stable from FY 2016-17.
- Less than one-third (31%) of AOABHS clients served in FY 2017-18 did not complete high school.
- The largest proportion of clients receiving AOABHS services during FY 2017-18 had a high school diploma or GED (36%).

Education Level*

High School not Completed 31% (9,224)

Doctoral Degree < 1% (110)

Masters Degree 2% (462)

Bachelors Degree 7% (1,968)

Associates Degree 10% (3,008)

High School Diploma/GED 36% (10,853)

Some College/ Vocational Training 15% (4,450)
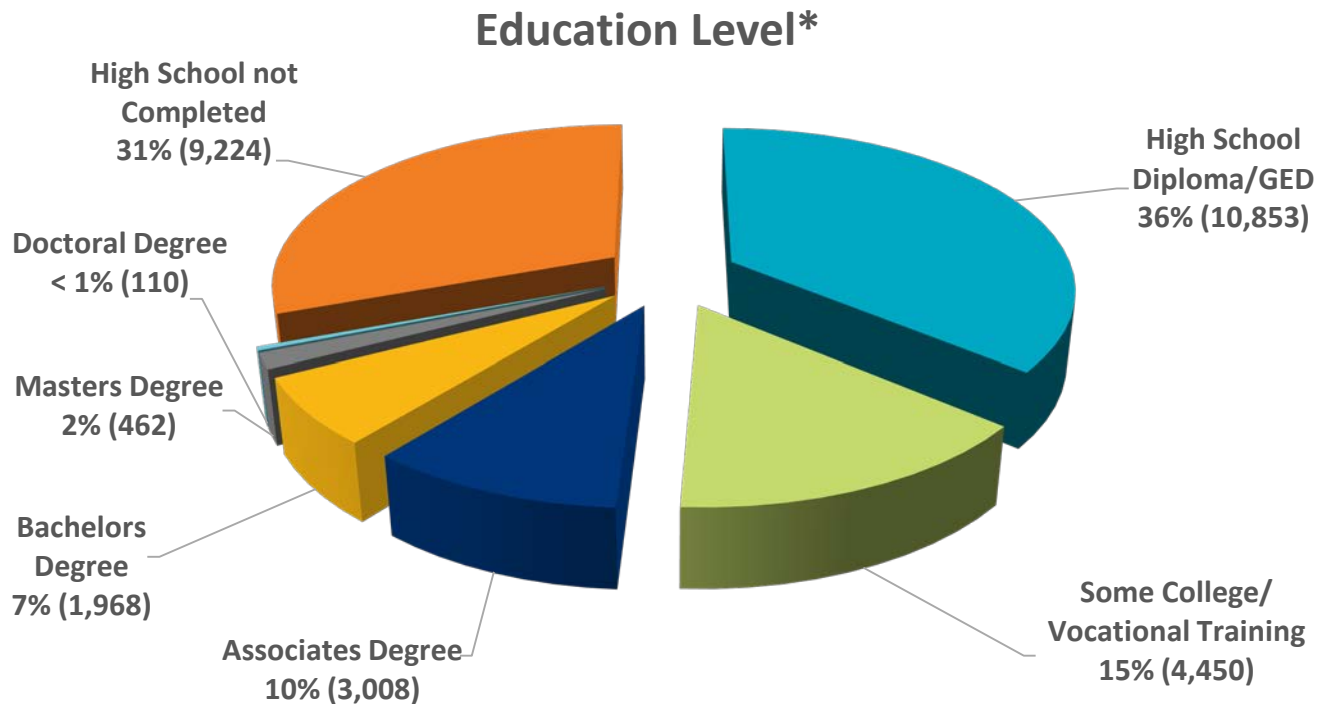
The graph and percentages reported above exclude unknown/not reported values (n = 13,646).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   23

Who are we serving?

All AOA Clients: Employment Status

- At the time of the most recent assessment, more than one-quarter of clients served in FY 2017-18 were employed in a competitive job (12%) or seeking work (16%).

- The number of clients served during FY 2016-17 employed in a competitive job increased by 8% compared with FY 2015-16 (3,669 to 3,954). This figure increased by almost 9% in FY 2017-18, compared to FY 2016-17 (3,954 to 4,291).

- The number of clients served during FY 2016-17 not in the labor force decreased by 6% compared with FY 2015-16 (10,250 to 9,621). This figure continued to decrease from FY 2016-17 to FY 2017-18 (5%; 9,621 to 9,205).

Employment Status*

Other** 16% (5,632)

Competitive Job 12% (4,291)

Resident/Inmate of Institution 5% (1,636)

Seeking Work 16% (5,532)

Not Seeking Work 24% (8,405)

Not in Labor Force 27% (9,205)
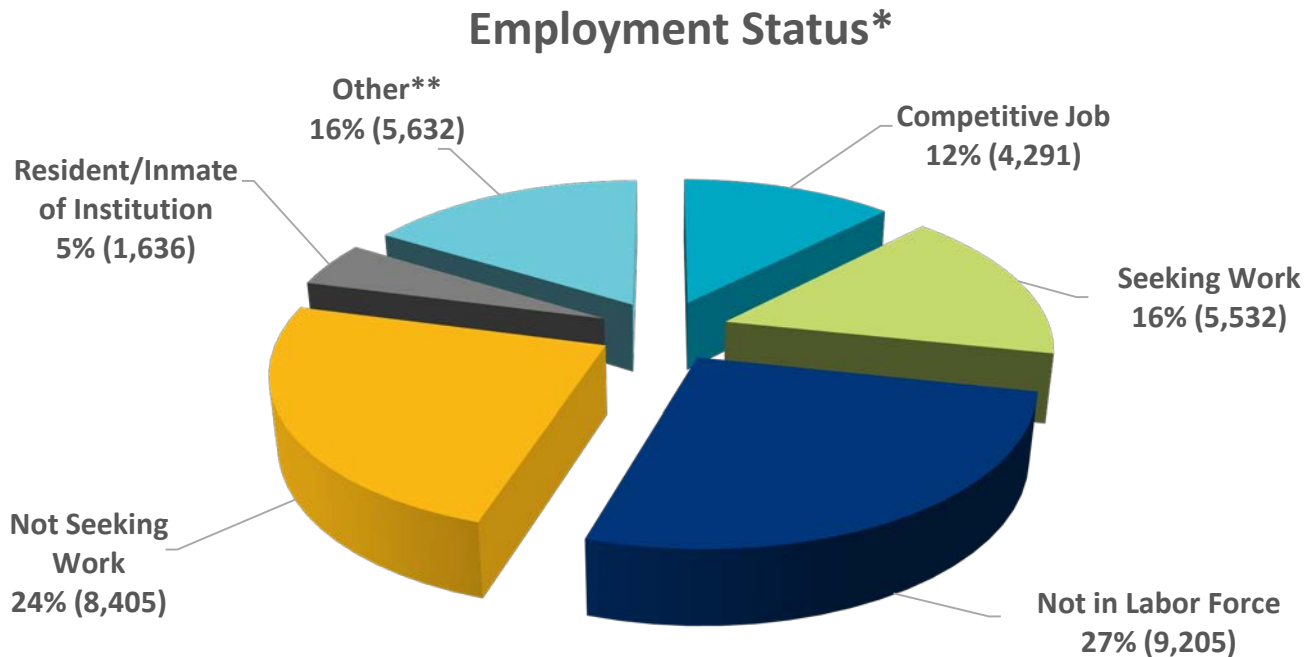
*The graph and percentages reported above exclude Unknown values (n = 9,020).
**Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   24

Who are we serving?

All AOA Clients: Military Service

- Information regarding past military service was available for 86% of AOABHS clients served during FY 2017-18, representing an almost 8% increase from the previous fiscal year (35,056 to 37,773).

- Among those clients served for whom military service data were available, 69% reported that they had no military service, and 5% indicated that they had served in the military.

Military Service*

Declined to Answer
4% (1,590)

Unable to Answer
22% (8,126)

Yes
5% (1,928)

No
69% (26,129)
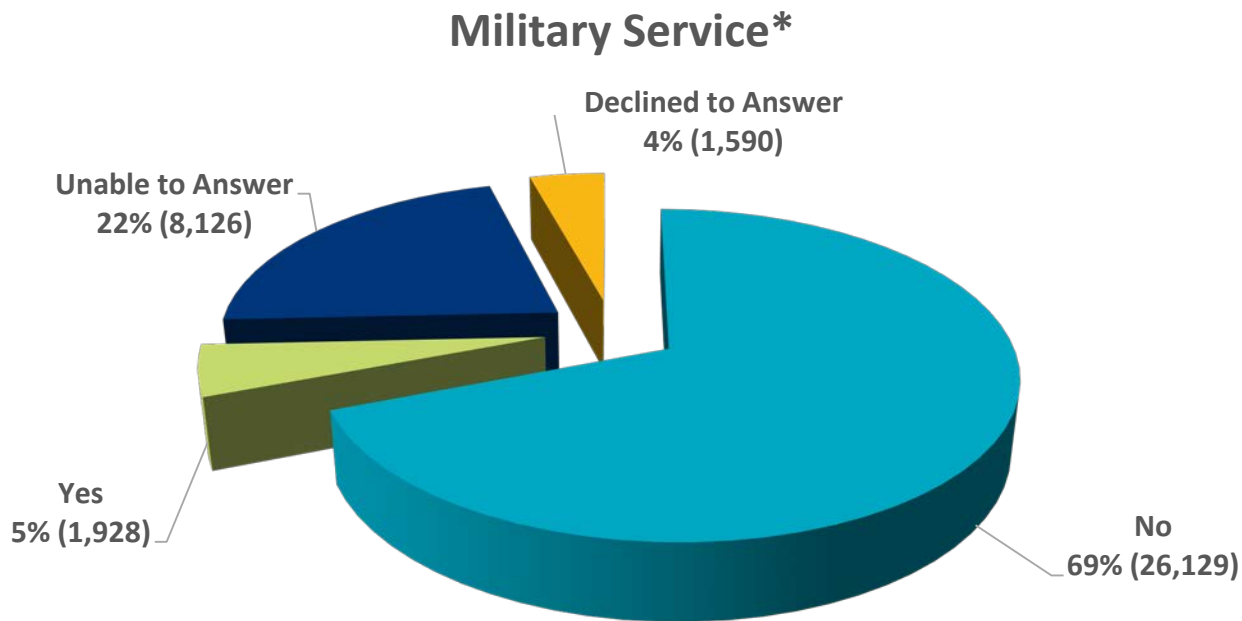
The graph and percentages reported above exclude missing values (n = 5,948).

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	1,579	14%	674	14%	1,204	19%	4,891	20%	1,170	19%	463	15%	7,923	18%
26 – 59 years	8,254	75%	3,718	77%	4,671	74%	15,644	64%	4,578	73%	2,373	75%	29,643	69%
60+ years	1,223	11%	460	9%	426	7%	4,001	16%	500	8%	308	10%	6,155	14%
Gender	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Females	3,419	31%	3,452	71%	1,369	22%	11,748	48%	2,402	38%	1,532	49%	19,571	45%
Males	7,620	69%	1,376	28%	4,919	78%	12,772	52%	3,833	61%	1,606	51%	24,080	55%
Other/Unknown	17	< 1%	24	< 1%	13	< 1%	16	< 1%	13	< 1%	6	< 1%	70	< 1%
Race/Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
White	4,320	39%	2,274	47%	2,028	32%	10,411	42%	3,239	52%	1,710	54%	18,175	42%
Hispanic	2,954	27%	1,019	21%	2,555	41%	5,195	21%	1,708	27%	794	25%	10,864	25%
African American	2,270	21%	622	13%	1,046	17%	2,641	11%	643	10%	217	7%	5,301	12%
Asian/Pacific Islander	773	7%	149	3%	208	3%	1,300	5%	253	4%	139	4%	2,269	5%
Native American	93	1%	48	1%	37	1%	141	1%	53	1%	29	1%	295	1%
Other	227	2%	527	11%	110	2%	988	4%	133	2%	93	3%	1,777	4%
Unknown	419	4%	213	4%	317	5%	3,860	16%	219	4%	162	5%	5,040	12%
Top 3 Diagnoses	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Schizophrenia/Other Psychotic Disorders	5,184	50%	1,872	40%	2,503	43%	9,377	44%	2,474	42%	1,424	47%	15,589	40%
Depressive Disorders	1,702	16%	1,200	26%	1,006	17%	5,310	25%	935	16%	674	22%	9,398	24%
Bipolar Disorders	2,153	21%	1,036	22%	1,163	20%	3,869	18%	1,951	33%	805	26%	8,136	21%
Total Outpatient Clients in the Region	**11,056**	**25%**	**4,852**	**11%**	**6,301**	**14%**	**24,536**	**56%**	**6,248**	**14%**	**3,144**	**7%**	**43,721**	**100%**

Note: Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region, and is counted in each region. Data shown by region reflects clients in Outpatient LOCs only. Diagnosis percentages exclude clients with an invalid/missing diagnosis. Total number of AOABHS clients = 43,721.

What types of services are being used?

All AOA Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	126,916	2,578
Case Management	7,032	330
Case Management – Institutional	7,836	799
Case Management – Strengths	23,422	1,284
Case Management – Transitional	2,643	605
Fee for Service (FFS)	89,468	11,914
Outpatient	146,815	15,560
Prevention	143	23

Inpatient Services	Admissions	Total Clients
Inpatient – County	1,507	1,302
Inpatient – FFS	7,311	4,492
State Hospital	16	15

Emergency/Crisis Services	Total Visits	Total Clients
Crisis Outpatient (CO)	6,463	4,290
Crisis Stabilization (CS)**	6,869	4,731
PERT	9,672	7,661

	Total Days	Total Clients
Crisis Residential (CR)	28,049	2,242

Forensic Services	Total Visits	Total Clients
Jail	46,683	9,627

24 Hour Services	Total Days	Total Clients
Edgemoor	40,235	124
Long Term Care (LTC)	13,753	67
LTC - Institutional	54,345	246
LTC - Residential	0	0
Residential	10,330	53

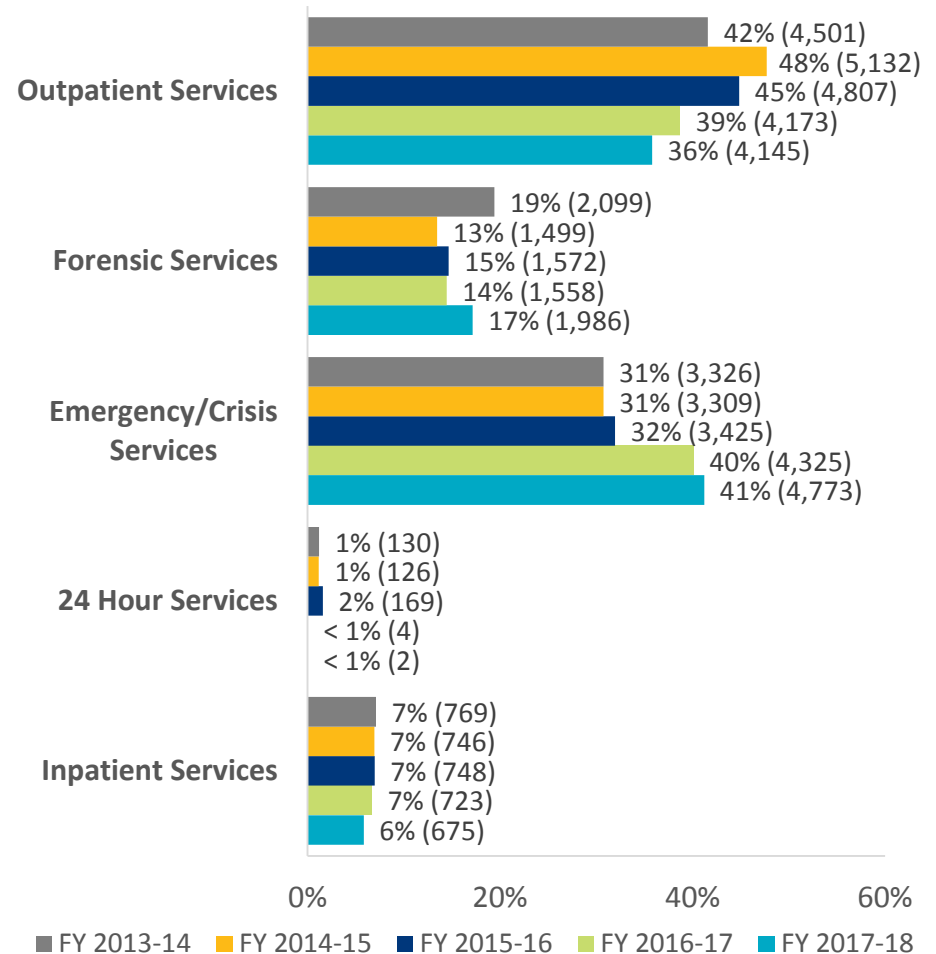*Clients may use more than one service, and therefore, may be represented in more than one category.
**Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

What types of services are being used?

All AOA Clients: First Service Use*

- Similar to last fiscal year, the most common initial point of access of county-provided mental health services in FY 2017-18 was emergency/crisis services (41%).

- The proportion of clients who entered the AOABHS SOC through outpatient services has decreased each fiscal year from FY 2014-15 through FY 2017-18 (48% to 36%).

- The proportion of clients who entered the AOABHS SOC through emergency/crisis services during FY 2017-18 increased slightly from FY 2016-17 (40% to 41%), continuing the upward trend observed during FY 2016-17 when the number of AOA clients entering the SOC increased by 26% (3,425 to 4,325 clients), compared to the previous fiscal year.

- The proportion of clients entering the AOABHS SOC initially through inpatient services has remained generally stable over the past five fiscal years, while the proportion of clients entering through 24 hour services dropped to almost zero clients.

Types of First Service Used

Outpatient Services
- 42% (4,501)
- 48% (5,132)
- 45% (4,807)
- 39% (4,173)
- 36% (4,145)

Forensic Services
- 19% (2,099)
- 13% (1,499)
- 15% (1,572)
- 14% (1,558)
- 17% (1,986)

Emergency/Crisis Services
- 31% (3,326)
- 31% (3,309)
- 32% (3,425)
- 40% (4,325)
- 41% (4,773)

24 Hour Services
- 1% (130)
- 1% (126)
- 2% (169)
- < 1% (4)
- < 1% (2)

Inpatient Services
- 7% (769)
- 7% (746)
- 7% (748)
- 7% (723)
- 6% (675)

Axis: 0% 20% 40% 60%

Legend: ■ FY 2013-14 ■ FY 2014-15 ■ FY 2015-16 ■ FY 2016-17 ■ FY 2017-18

The type of service recorded for clients' first recorded use of county-provided mental health services. Proportions and client counts are unduplicated.
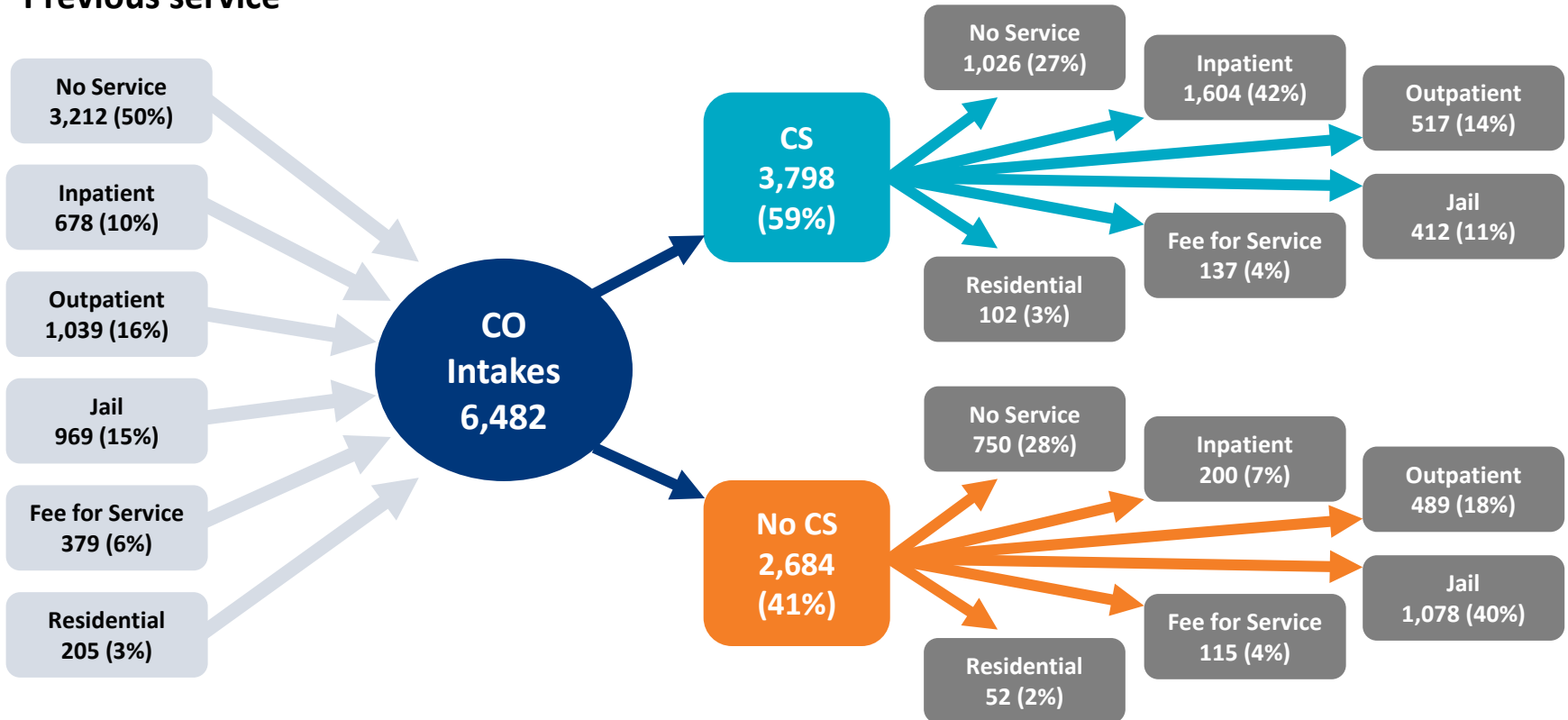
AOA   28

What types of services are being used?

All AOA Clients: Emergency/Crisis Services

- Of the 43,721 clients served by AOABHS during FY 2017-18, 13,158 (30%) of them received emergency/crisis services. Emergency/crisis services include CO, CS, CR, and Psychiatric Emergency Response Team (PERT). This figure represents an increase of almost 7% in the number of AOABHS clients who received emergency/crisis services during FY 2017-18, compared to FY 2016-17 (12,321 clients).

- A total of 26,351 emergency/crisis services were used by these 13,158 clients during FY 2017-18.

- The number of intakes into CO during FY 2017-18 decreased by 9%, compared to the number of CO intakes during FY 2016-17 (6,482 in FY 2017-18 compared to 7,142 in FY 2016-17).

- About half (50%; 3,212 clients) of AOABHS clients who received a CO intake during FY 2017-18 did not have an AOABHS service within the previous six months.

- Of the 6,482 intakes into CO, more than half (59%) had a subsequent CS service during FY 2017-18.

- The proportions of clients that received each type of service after a CS service following a CO intake during FY 2017-18 were similar to the proportions observed during FY 2016-17.

- The most common service after a CO intake when CS services were not received was jail (40%), or no service (28%).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   29

What types of services are being used?

All AOA Clients: Emergency/Crisis Services

Previous service*

No Service
3,212 (50%)

Inpatient
678 (10%)

Outpatient
1,039 (16%)

Jail
969 (15%)

Fee for Service
379 (6%)

Residential
205 (3%)

CO Intakes 6,482

CS 3,798 (59%)

No Service 1,026 (27%)

Inpatient 1,604 (42%)

Outpatient 517 (14%)

Jail 412 (11%)

Fee for Service 137 (4%)

Residential 102 (3%)

No CS 2,684 (41%)

No Service 750 (28%)

Inpatient 200 (7%)

Outpatient 489 (18%)

Jail 1,078 (40%)
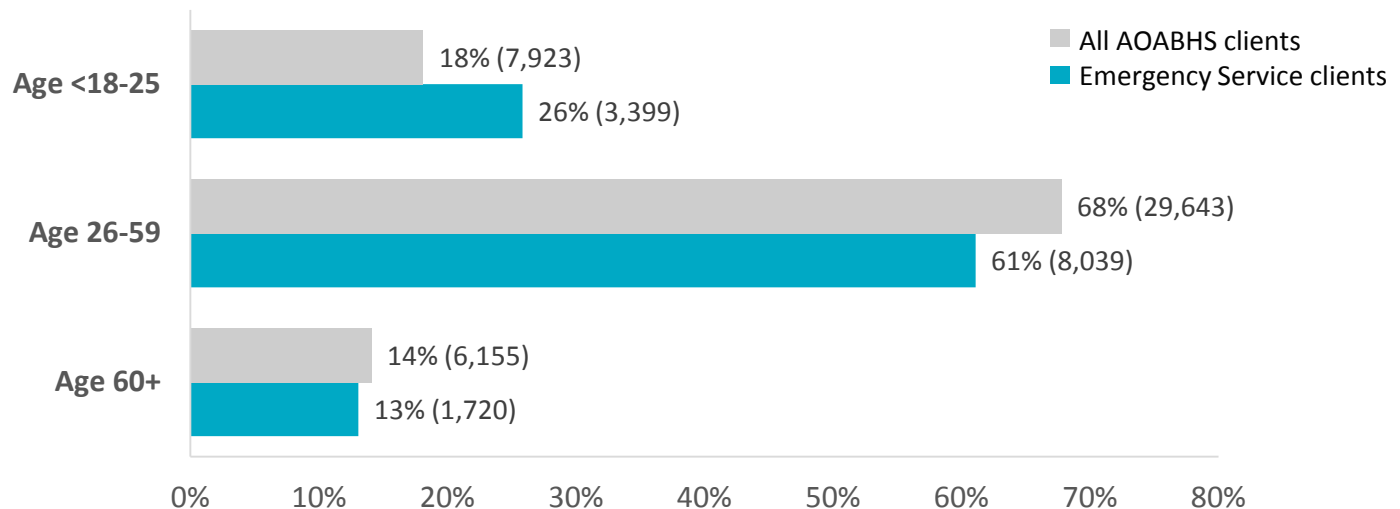
Fee for Service 115 (4%)

Residential 52 (2%)

Service history is the six months prior to the first CO service in FY 2017-18.

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 2017-18, there was a larger proportion of clients ages <18 through 25 years (26%) than the overall AOABHS client population (18%), and a smaller proportion of clients ages 26 through 59 years (61% vs. 68%).

- Compared to FY 2016-17, a greater proportion of clients ages <18 through 25 years of age used emergency/crisis services (26% compared to 24% during FY 2016-17), and a smaller proportion of clients between the ages of 26 and 59 years used these types of services (61% compared to 64% in FY 2016-17) during FY 2017-18.

Clients who Used Emergency Services by Age

All AOABHS clients
Emergency Service clients

Age <18-25
- 18% (7,923)
- 26% (3,399)

Age 26-59
- 68% (29,643)
- 61% (8,039)

Age 60+
- 14% (6,155)
- 13% (1,720)

0% 10% 20% 30% 40% 50% 60% 70% 80%

Emergency/crisis services include CO, CS, CR, and PERT.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)
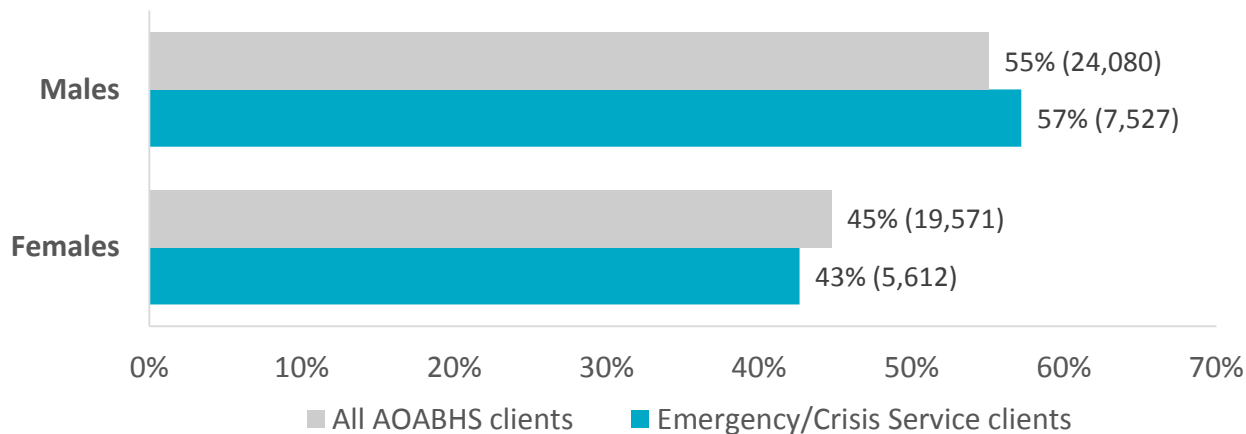
AOA   31

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 2017-18, a slightly larger proportion of them were male (57%) compared to the AOABHS client population (55%), and 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***

Males
55% (24,080)
57% (7,527)

Females
45% (19,571)
43% (5,612)

0%   10%   20%   30%   40%   50%   60%   70%

■ All AOABHS clients   ■ Emergency/Crisis Service clients

Emergency/crisis services include CO, CS, CR, and PERT.
**Source: U.S. Census Bureau, 2017 American Community 5-Year Estimates (San Diego County population ages 18+)
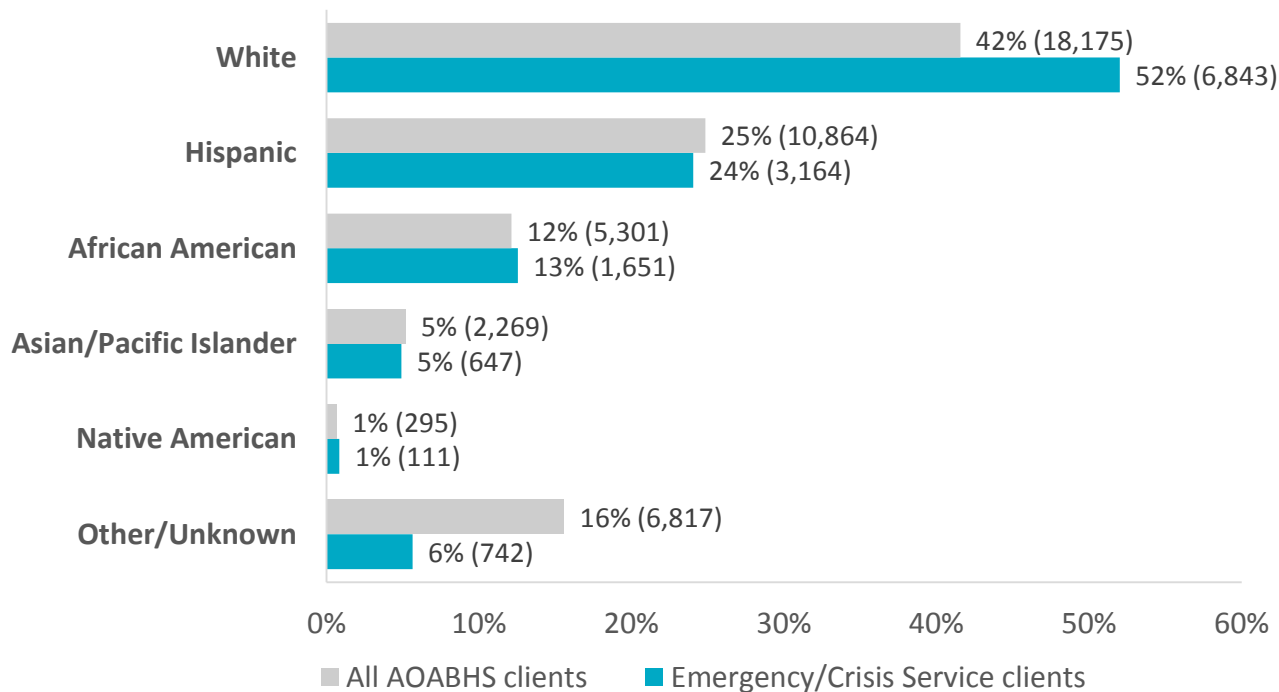****The figure excludes the other/unknown categories, comprising < 1% of the clients receiving emergency/crisis services (19 clients) and overall AOABHS (70 clients) population.*

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   32

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 2017-18 were White (52%) compared to the overall AOABHS client population (42%).

Clients who Used Emergency/Crisis Services by Race/Ethnicity

Race/Ethnicity	All AOABHS clients	Emergency/Crisis Service clients
White	42% (18,175)	52% (6,843)
Hispanic	25% (10,864)	24% (3,164)
African American	12% (5,301)	13% (1,651)
Asian/Pacific Islander	5% (2,269)	5% (647)
Native American	1% (295)	1% (111)
Other/Unknown	16% (6,817)	6% (742)

■ All AOABHS clients   ■ Emergency/Crisis Service clients

Emergency/crisis services include CO, CS, CR, and PERT.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   33

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 2017-18 were those diagnosed with schizophrenia and other psychotic disorders (50%).
- Almost one-quarter of clients who utilized emergency/crisis services during FY 2017-18 were diagnosed with a bipolar disorder (23%) and almost one-fifth (19%) were diagnosed with a depressive disorder.

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

Primary Diagnosis	All AOABHS clients	Emergency/Crisis Service clients
Schizophrenia and Other Psychotic Disorders	40% (15,589)	50% (5,108)
Bipolar Disorders	21% (8,136)	23% (2,362)
Depressive Disorders	24% (9,398)	19% (1,913)
Stressor and Adjustment Disorders	6% (2,321)	4% (374)
Anxiety Disorders	4% (1,527)	1% (142)
Other/Excluded	5% (1,848)	3% (330)

■ All AOABHS clients   ■ Emergency/Crisis Service clients
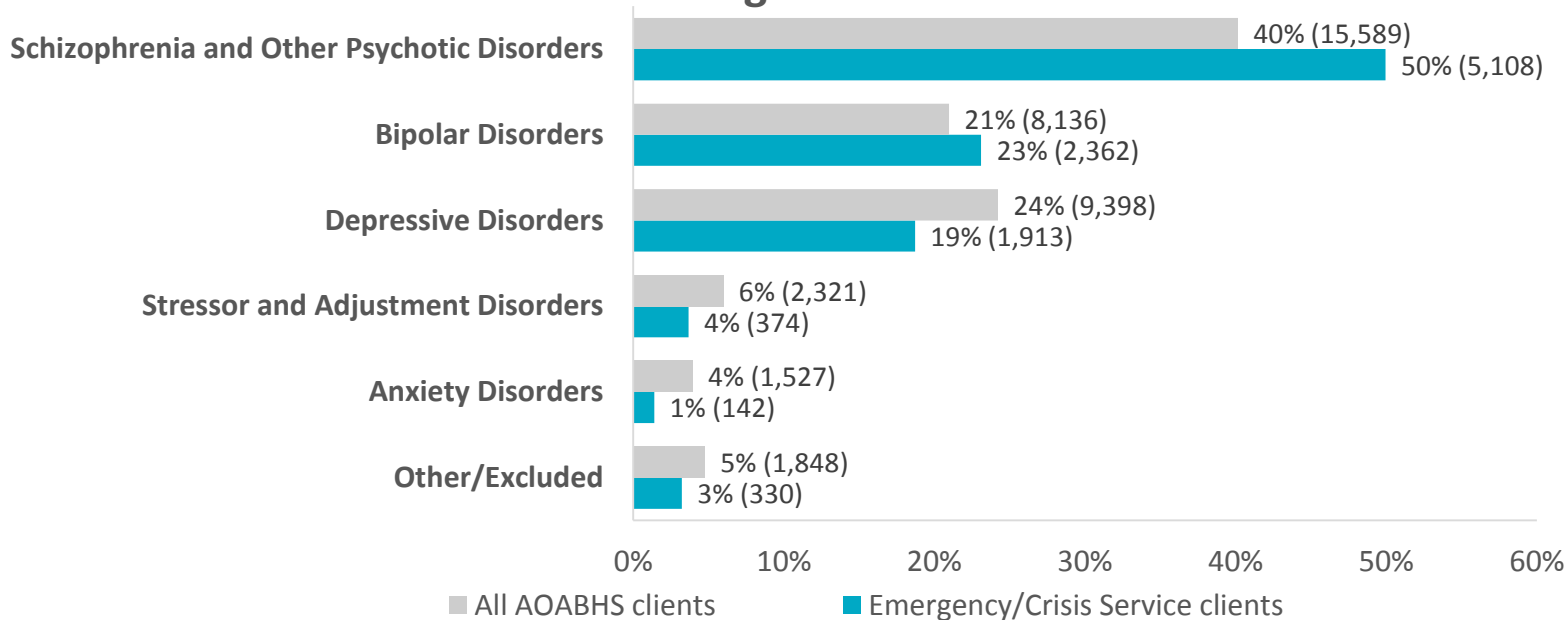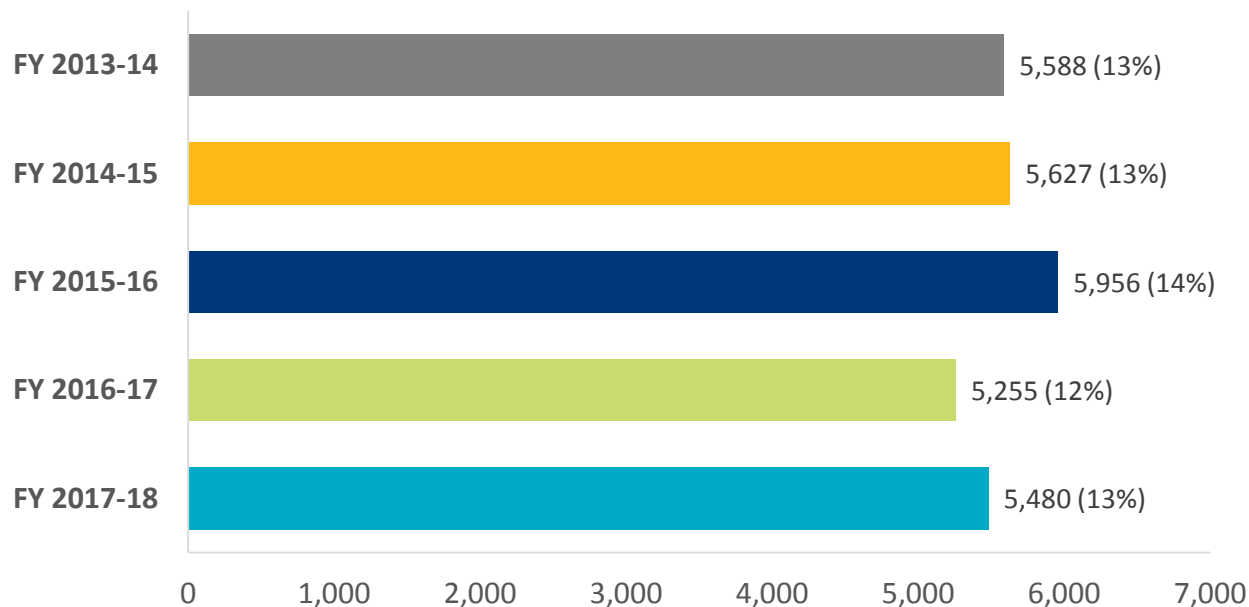
Emergency/crisis services include CO, CS, CR, and PERT.
**The graph and percentages reported above exclude invalid/missing values (clients receiving emergency/crisis services, n = 2,929; AOA, n = 4,902).*

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   34

What types of services are being used?

All AOA Clients: Hospitalizations

- 5,480 (13%) AOA clients were hospitalized at least once during FY 2017-18, for a total of 8,834 hospital admissions.
- The proportion of AOA clients hospitalized over the past five fiscal years has consistently been around 13%.
- An increase in the number of hospitalizations among AOA clients was observed during FY 2015-16 (5,956), and a decrease was observed during FY 2016-17 (5,255), relative to the other fiscal years.

Number of Clients Hospitalized by Fiscal Year*

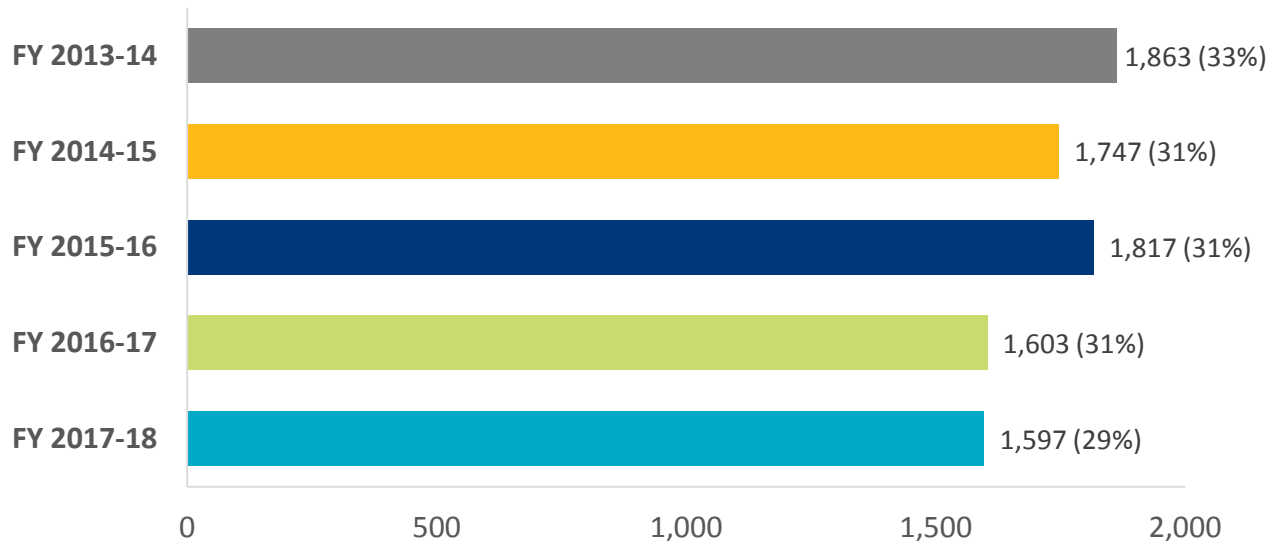| Fiscal Year	Clients Hospitalized
FY 2013-14	5,588 (13%)
FY 2014-15	5,627 (13%)
FY 2015-16	5,956 (14%)
FY 2016-17	5,255 (12%)
FY 2017-18	5,480 (13%)

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   35

What types of services are being used?

All AOA Clients: Multiple Hospitalizations

- Of the 5,480 AOA clients hospitalized during FY 2017-18, 1,597 of them (29%) were hospitalized at least one additional time during the fiscal year.
- The number of AOA clients with multiple hospitalizations during FY 2017-18 was similar to the number observed during FY 2016-17 (1,597 compared to 1,603 in FY 2016-17). However, the proportion of hospitalized AOA clients with multiple hospitalizations within the fiscal year has remained the same or decreased each fiscal year since FY 2013-14 (33% to 29%).

Number of Unique Clients Hospitalized Multiple Times by Fiscal Year*

| Fiscal Year	Value
FY 2013-14	1,863 (33%)
FY 2014-15	1,747 (31%)
FY 2015-16	1,817 (31%)
FY 2016-17	1,603 (31%)
FY 2017-18	1,597 (29%)

(%) = 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

- 1,597 AOA clients were hospitalized at least twice during FY 2017-18.

- Of the 1,597 AOA clients hospitalized more than once during FY 2017-18, more than half were hospitalized a total of two times (54%), approximately one-fifth (21%) were hospitalized three times, 10% were hospitalized four times, and 14% were hospitalized five or more times.

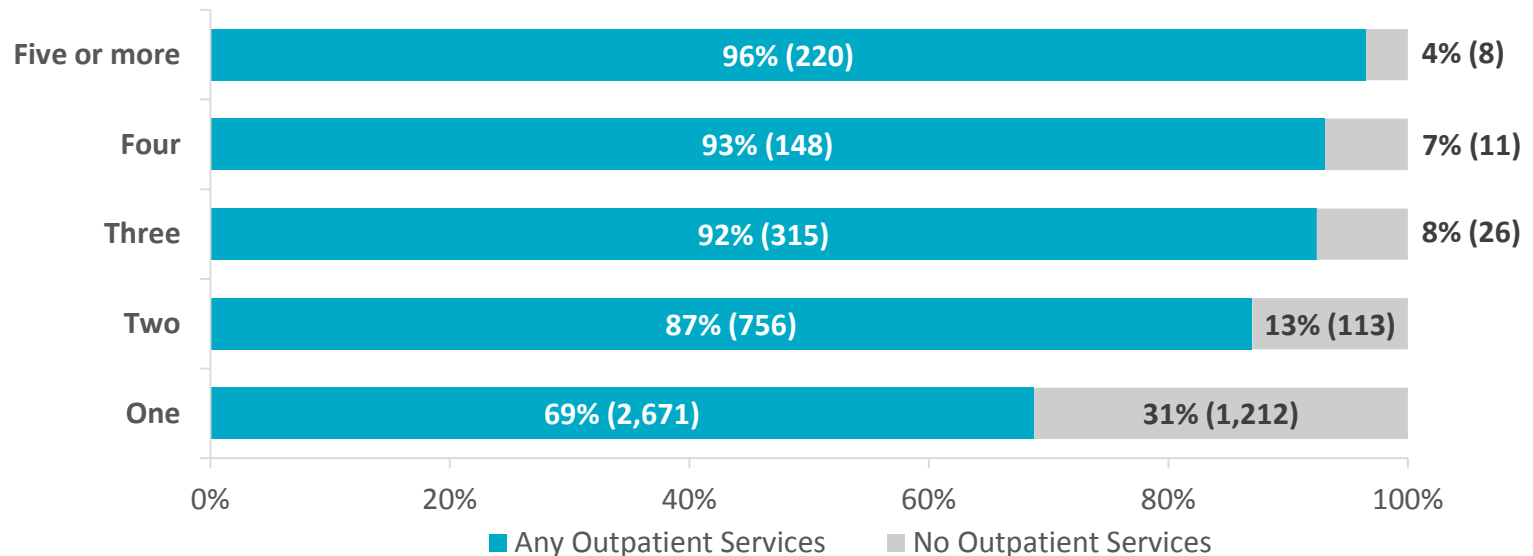## Number of Times Hospitalized for Clients with Multiple Hospitalizations

Five or more
14% (228)

Four
10% (159)

Two
54% (869)
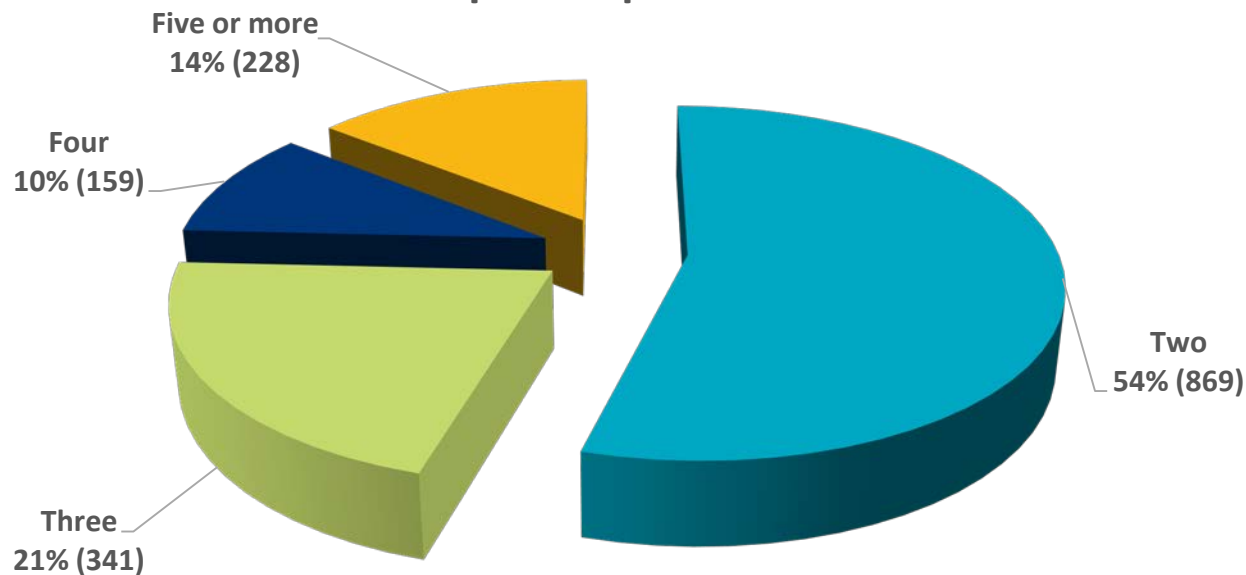
Three
21% (341)

What types of services are being used?

All AOA Clients: Multiple Hospitalizations and Service Use

- The large majority of clients with three or more hospitalizations received some outpatient adult mental health services* during FY 2017-18 (94%).

- Of the 728 AOA clients with three or more hospitalizations, only 45 of them (6%) did not use any outpatient adult mental health services during the fiscal year.

- Similar to previous fiscal year, almost one-third of clients (31%) with only one hospitalization in FY 2017-18 did not use any outpatient services.

Hospitalizations by Service Use

Hospitalizations	Any Outpatient Services	No Outpatient Services
Five or more	96% (220)	4% (8)
Four	93% (148)	7% (11)
Three	92% (315)	8% (26)
Two	87% (756)	13% (113)
One	69% (2,671)	31% (1,212)

■ Any Outpatient Services   ■ No Outpatient Services

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   38

Accessibility of Services

All AOA Clients: Access

- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2016-17, average wait times decreased from approximately 11 days to just under 7 days in FY 2017-18. However, the average wait time for psychiatric assessments during FY 2017-18 was still longer than the average wait time between FY 2013-14 and FY 2015-16.
- Average access times for mental health assessments increased slightly from FY 2013-14 through FY 2016-17 (approximately 2 days in FY 2013-14 to almost 4 days in FY 2016-17), but wait times decreased to 3 days during FY 2017-18.

Average Access Time in Days for Psychiatric and Mental Health Assessments

Fiscal Year	Psychiatric Assessments	Mental Health Assessments
FY 2013-14	3.5	1.9
FY 2014-15	5.9	3.1
FY 2015-16	3.4	3.4
FY 2016-17	11.1	3.8
FY 2017-18	6.8	2.9

Number of Days
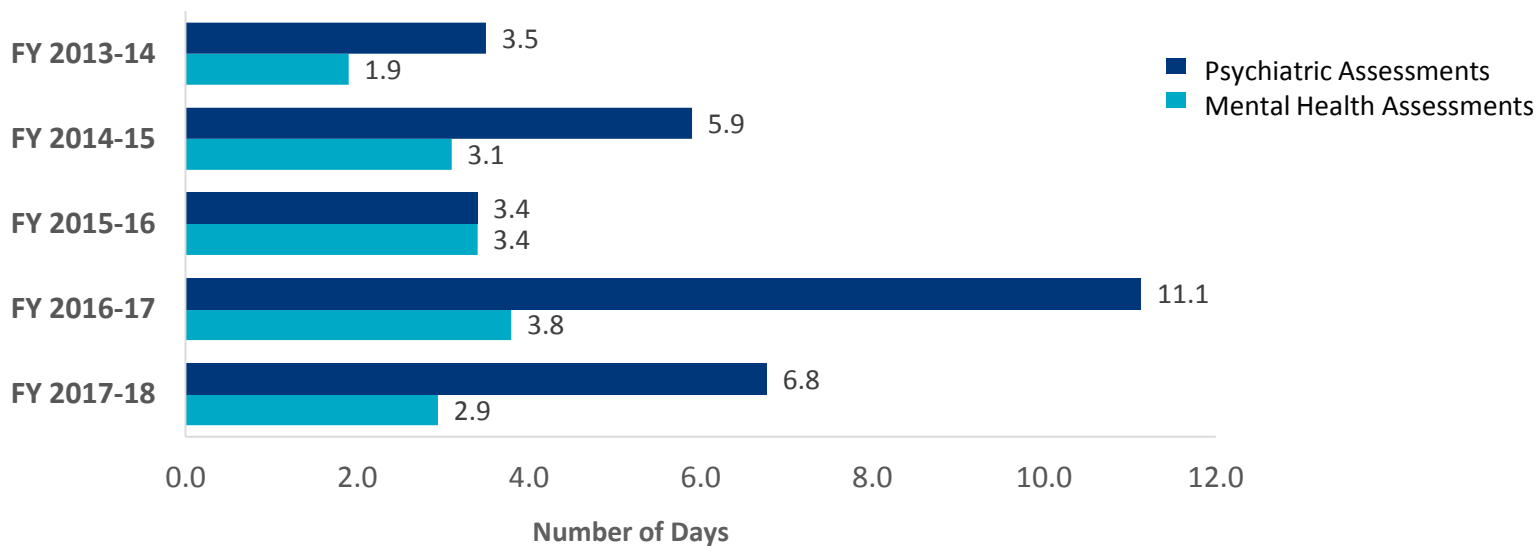
Are clients getting better?

All AOA Clients: Client Outcomes (IMR, RMQ, and SATS-R)*

- Clinicians reported that clients are getting better as evidenced by significant improvements from pre to post assessment in all of the three IMR subscales, the overall IMR mean, and overall mean SATS-R scores.

- 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	2,999	4.22	4.32	▲
Management Subscale	3,106	2.82	2.96	▲
Recovery Subscale	3,106	2.89	3.03	▲
Overall Mean	3,110	3.21	3.33	▲
Recovery Markers Questionnaire (RMQ)	**N**	**Pre**	**Post**	**Change**
Overall Mean	2,047	3.61	3.66	▲
Substance Abuse Treatment Scale – Revised (SATS-R)	**N**	**Pre**	**Post**	**Change**
Overall Mean	1,359	5.24	5.42	▲

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 2017-18 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.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   40

Are clients satisfied with services?

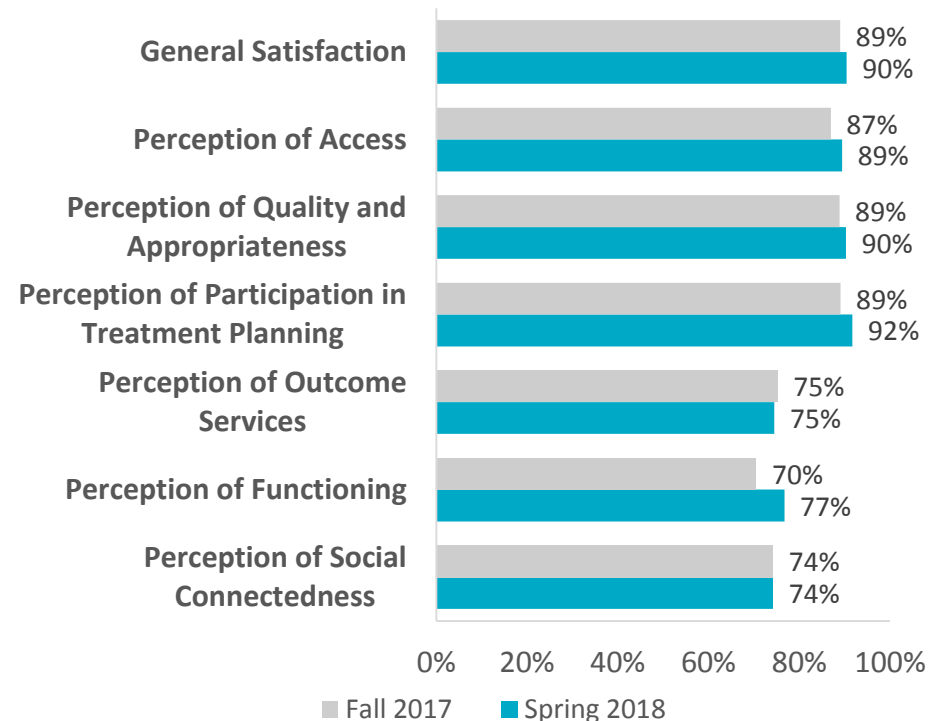## All AOA Clients: Client Satisfaction

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

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

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

During FY 2017-18, the MHSIP was administered in November 2017 (N= 1,912) and in May 2018 (N=2,365).

MHSIP Domain Scores* in FY 2017-18

Domain	Fall 2017	Spring 2018
General Satisfaction	89%	90%
Perception of Access	87%	89%
Perception of Quality and Appropriateness	89%	90%
Perception of Participation in Treatment Planning	89%	92%
Perception of Outcome Services	75%	75%
Perception of Functioning	70%	77%
Perception of Social Connectedness	74%	74%

0%   20%   40%   60%   80%   100%

■ Fall 2017   ■ Spring 2018

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

AOA   41

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 2017-18, 16,101 AOA clients were served by PEI programs.

Innovations

Innovation (INN) programs are short-term novel, creative and/or ingenious mental health practices or approaches that contribute to learning. The programs are developed through an inclusive and representative community process. The INN component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches. The INN funding for the INN-11 Caregiver Wellness Program (CWP) and INN-12 Family Therapy Participation Engagement (FTPE) program ended in 2017/18. Based on the findings from the INN-11 CWP, ongoing funding was applied for and awarded to BHS by the Substance Abuse and Mental Health Service Administration (SAMHSA). This funding allowed the basic structure and operations of the CWP program to continue uninterrupted. Based on the promising outcomes from the MHSA funded INN-12 FTPE program, BHS has continued to support the basic structure and operations of FTPE (i.e., the Parent Partner model) at the initial six agencies by using MHSA Community Services and Support (CSS)/Full-Service Partnerships (FSP) funding .

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

MHSA   42

MHSA Components – Continued

Workforce Education and Training

The intent of the Workforce Education and Training (WET) component is to remedy the shortage of qualified individuals within the public mental health workforce that provides services to address serious mental illnesses. WET strategies include recruitment of high school and community college students for mental health occupations, development of curriculum to increase knowledge and skills of the existing workforce, increase of the meaningful employment of consumers and their family members in the mental health system, and promotion of cultural and linguistic diversity in the public mental health workforce.

Capital Facilities and Technological Needs

Capital Facilities and Technological Needs projects support the provision of MHSA services through the development of a variety of community-based facilities that support integrated service experiences. Technological Needs (TN) projects address two MHSA goals: 1) increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings, and 2) modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency, and cost effectiveness as has been done with the implementation of the Cerner Community Behavioral Health (CCBH) system.
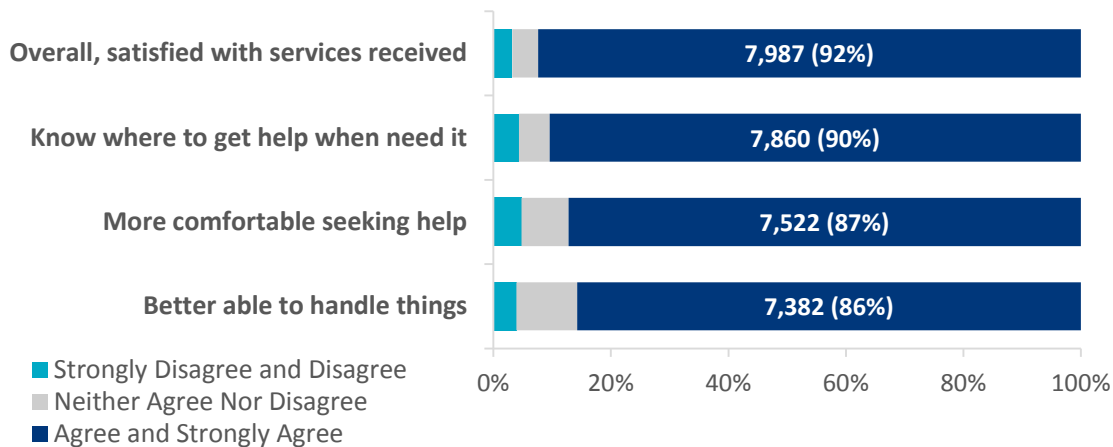
To learn more about the MHSA, please visit http://sandiego.camhsa.org/

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

MHSA   43

Prevention and Early Intervention

PEI Clients: Demographics and Client Satisfaction

PEI Client Demographics		
Age	**N**	**%**
<18 – 25 years	3,474	22%
26 – 59 years	8,252	51%
60+ years	1,778	11%
Unknown/Not Reported	2,597	16%
Gender	**N**	**%**
Female	7,021	44%
Male	6,596	41%
Other	104	1%
Unknown/Not Reported	2,380	15%
Race (Census Categories)	**N**	**%**
White/Caucasian	5,368	33%
African American/Black	1,628	10%
Asian	613	4%
Pacific Islander	86	1%
American Indian/Alaskan Native	181	1%
More than One Race	569	4%
Other	150	1%
Unknown/Not Reported	7,506	47%
Total PEI Clients Served	**16,101**	**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 25 contractors to provide PEI services for adults. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing depression in Hispanic caregivers of individuals with Alzheimer's disease. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided.

Client Satisfaction*

Overall, satisfied with services received: 7,987 (92%)
Know where to get help when need it: 7,860 (90%)
More comfortable seeking help: 7,522 (87%)
Better able to handle things: 7,382 (86%)

- Strongly Disagree and Disagree
- Neither Agree Nor Disagree
- Agree and Strongly Agree

*The number of clients who completed the client satisfaction survey varied from 8,612 to 8,694. 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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

MHSA

44

Innovations

MHSA: Innovations Projects

- The Mental Health Services Act (MHSA) provides resources for the Innovation Component of the County's Three-Year Program and Expenditure Plan. Funding under this component is to be used to: increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services.

- Innovations' creative, novel, and ingenious mental health practices/approaches are expected to contribute to learning and are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals, and which are aligned with the General Standards identified in the MHSA. The Innovation Component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Innovations

MHSA: Innovations Projects

The following Innovations programs began or were in existence in AOABHS in FY 2017-18:

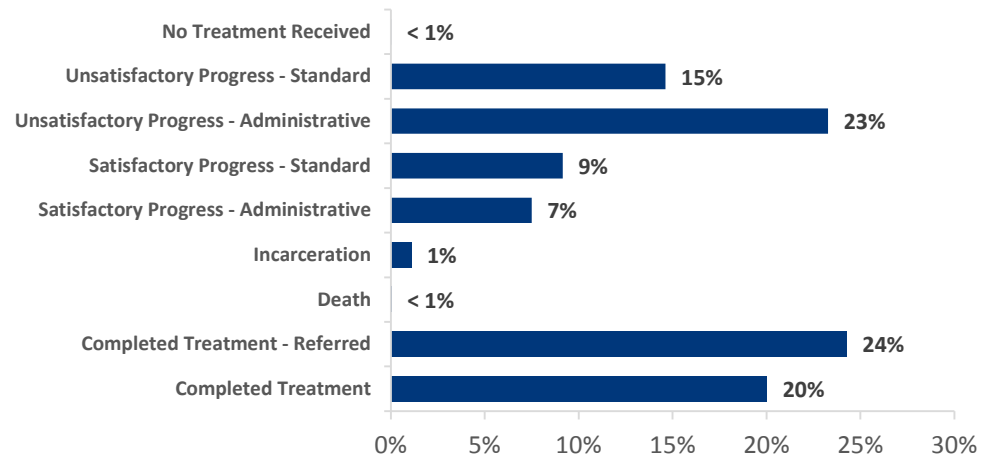|	
Faith-Based Initiative	This initiative has four components: Faith Based Academies to integrate faith leaders and behavioral health providers; Community Education; Crisis Response; and Wellness and Health Jail-based Ministries. The overall goals of the Faith Based Initiative include improved communication and collaboration between the County of San Diego BHS system, local faith leaders, and the congregations and communities they serve.
Noble Works	This project helps TAY, adults, and older adults engage and retain employment opportunities through an array of supported and competitive employment options. The program promotes self-determination and empowerment while helping clients overcome barriers to employment.
Peer Assisted Transitions (PeerLINKS)	The program aims to increase the depth and breadth of services for persons diagnosed with Severe Mental Illness (SMI) who use acute crisis-oriented mental health services but are not effectively connected with community resources and/or lack active support networks through the provision of peer specialists.
Urban Beats	This is a strengths-based, culturally-sensitive, arts-focused program that utilizes various artistic approaches to work with urban at-risk youth. The program is intended to engage at-risk youth in wellness activities by providing a youth focused message created and developed by youth. These may include the visual arts, spoken word, videos, and performances. The performances are purposefully designed to reduce mental health stigma among community members and the participating youth.
Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) Mobile Hoarding Units	This program works to diminish hoarding behaviors long term among older adults by combining an adapted cognitive behavior rehabilitation therapy, case management, and hands-on training and peer support.
Caregiver Wellness Program (CWP)	This program provides screening, needs assessments, linkage to services and resources, as well as therapeutic, educational, and support groups for parents and caregivers of children receiving services through KidSTART. CWP is intended to complement KidSTART services by addressing caregiver needs while their child is in treatment.
Family Therapy Participation Engagement (FTPE)	This program is designed to increase parent and caregiver engagement in the treatment of their child through the use of Parent Partners to encourage participation in family therapy.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

MHSA 46

Substance Use Disorder (SUD) Services

SUD Clients: Demographics and Type of Discharge

SUD Client Demographics		
Age*	**N**	**%**
12 – 15 years	567	4%
16 – 17 years	847	5%
18 – 25 years	2,506	16%
26 – 59 years	11,184	72%
60+ years	490	3%
Gender	**N**	**%**
Female	5,298	34%
Male	10,285	66%
Other	11	< 1%
Race (Census Categories)	**N**	**%**
White	7,355	47%
Hispanic	3,973	25%
Black/African American	1,779	11%
Asian/Pacific Islander	496	3%
Native American	250	2%
Other/Multiracial	1,515	10%
Unknown/Not Reported	226	1%
Total SUD Clients Served**	**15,594**	*n/a*
Total Unduplicated Clients	**11,104**	*n/a*

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

SUD Type of Discharge (N=12,540)

No Treatment Received	< 1%
Unsatisfactory Progress - Standard	15%
Unsatisfactory Progress - Administrative	23%
Satisfactory Progress - Standard	9%
Satisfactory Progress - Administrative	7%
Incarceration	1%
Death	< 1%
Completed Treatment - Referred	24%
Completed Treatment	20%

Clients under the age of 18 are included in AOA SOC reports when they receive adult services.
**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted, discharged, and/or actively open in FY 2017-18.*

Driving Under the Influence Program

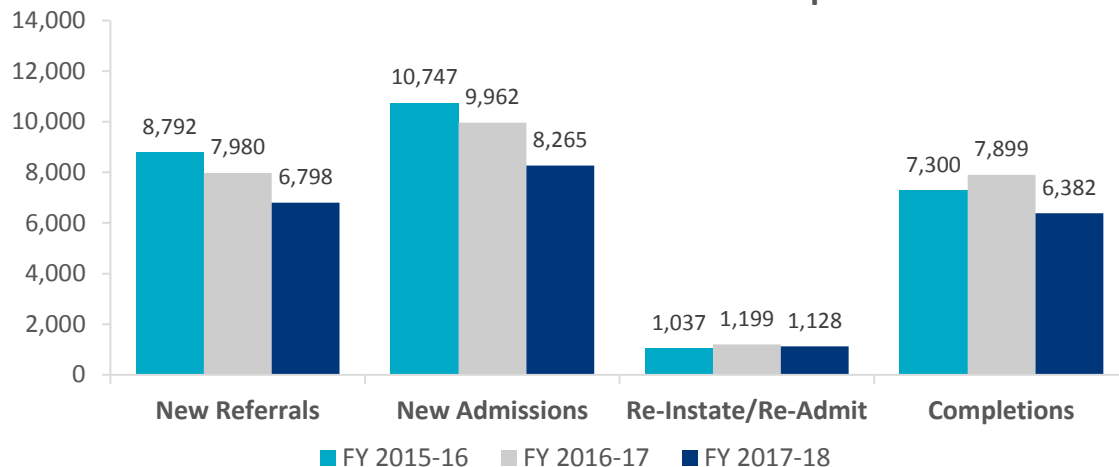## DUI Program: Demographics, Admissions, and Completions

DUI Client Demographics		
Age	**N**	**%**
18 – 25 years	1,638	19%
26 – 35 years	2,672	31%
36 – 45 years	1,217	14%
46 – 55 years	795	9%
55+ years	529	6%
Unknown	1,688	20%
Gender	**N**	**%**
Female	2,181	26%
Male	6,241	73%
Unknown	117	1%
Convictions	**N**	**%**
First Conviction	6,330	74%
Multiple Convictions	2,209	26%
Employment Level	**N**	**%**
Employed 30+ hours per week	3,263	38%
Employed <30 hours per week	2,986	35%
Not in the labor force	684	8%
Unemployed, looking for work	1,502	18%
Unknown	104	1%
Total DUI Clients Served	**8,539**	*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 admissions into the DUI program has continued to decline over the past three fiscal years (referrals, 8,792 to 6,798; admissions, 10,747 to 8,265).
- Fewer clients completed the DUI program in FY 2017-18 (6,382 clients) compared to FY 2015-16 (7,300 clients) and FY 2016-17 (7,899 clients).

All DUI Offenders: Admissions and Completions

Grouped bar chart showing values by fiscal year (FY 2015-16, FY 2016-17, FY 2017-18):
- New Referrals: 8,792; 7,980; 6,798
- New Admissions: 10,747; 9,962; 8,265
- Re-Instate/Re-Admit: 1,037; 1,199; 1,128
- Completions: 7,300; 7,899; 6,382

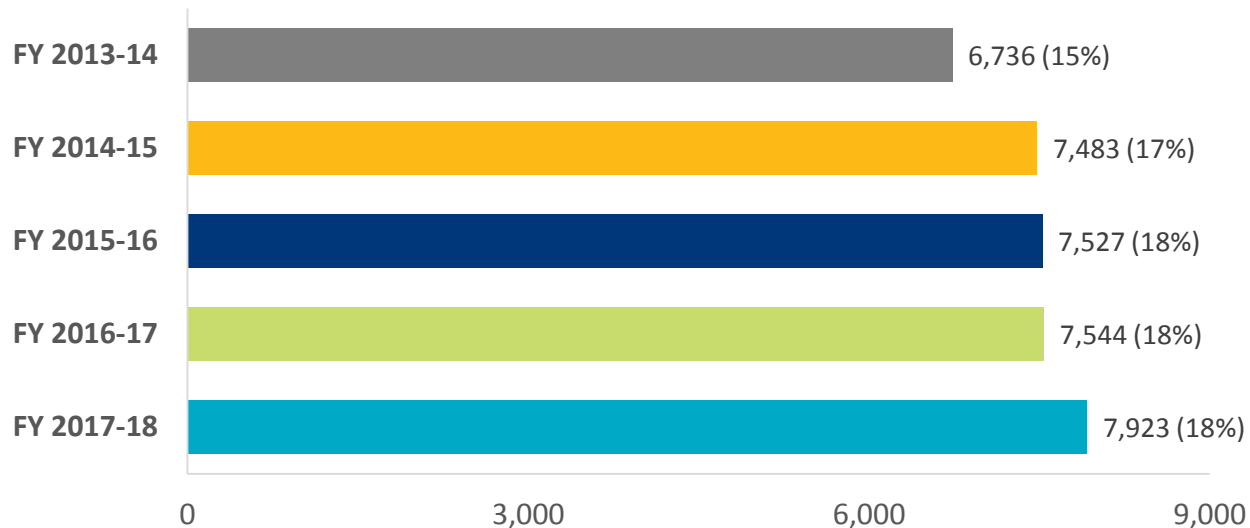# COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

Transition Age Youth (TAY) Clients
SYSTEMWIDE ANNUAL REPORT
Fiscal Year 2017-2018

Who are we serving?

Total Number of TAY Clients Served

- During FY 2017-18, mental health services were delivered to 7,923 TAY clients (ages 18* to 25).
- TAY clients represent 18% of the 43,721 AOABHS clients served during FY 2017-18.
- The number of TAY clients served by BHS has increased, at least slightly, every year from FY 2013-14 to FY 2017-18.
- The number of TAY clients served by BHS during FY 2017-18 increased by 5% (379 clients) from FY 2016-17.
- TAY clients comprised almost one-fifth (18%) of the AOABHS clients served during FY 2017-18.
- The largest increase in the number of TAY clients served occurred from FY 2013-14 to FY 2014-15 (11%; 747 clients), likely due to the inclusion of clients age 25 in the TAY category that year.

Number of Clients Served by Fiscal Year

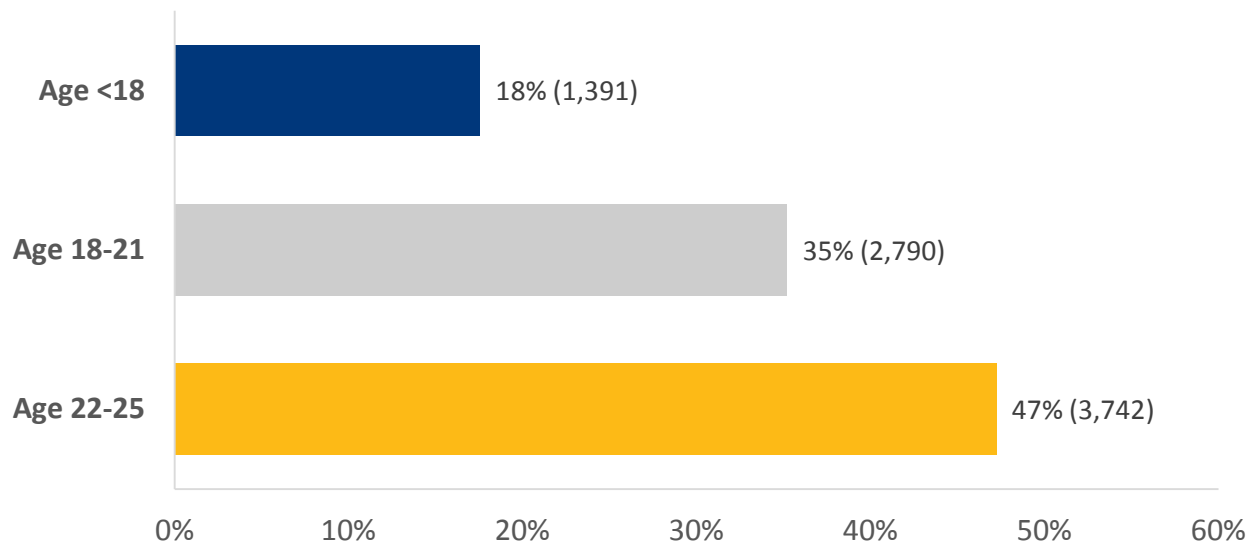| Fiscal Year	Clients Served
FY 2013-14	6,736 (15%)
FY 2014-15	7,483 (17%)
FY 2015-16	7,527 (18%)
FY 2016-17	7,544 (18%)
FY 2017-18	7,923 (18%)

1,391 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 (47%) served during FY 2017-18 were between the ages of 22 and 25 years.
- More than one-third (35%) of TAY clients served during FY 2017-18 were between the ages of 18 and 21 years.
- After an increase of 21% from FY 2015-16 to FY 2016-17 in the number of TAY clients younger than 18 served by AOABHS, this demographic increased by another 25% during FY 2017-18, relative to FY 2016-17 (1,111 clients in FY 2016-17 to 1,391 clients in FY 2017-18).

TAY Age Distribution

| Age	Percentage (Count)
Age <18	18% (1,391)
Age 18-21	35% (2,790)
Age 22-25	47% (3,742)

Who are we serving?

TAY Clients: Gender

- A slightly larger proportion of TAY clients served during FY 2017-18 were male (57%) compared to the overall AOABHS client population (55%).

- Over the past three fiscal years, the proportions of TAY males and females served by AOABHS have been stable.

TAY Gender* Distribution

Males
- 55% (24,080)
- 57% (4,545)

Females
- 45% (19,571)
- 42% (3,361)

0% 20% 40% 60%

■ ALL AOABHS clients
■ TAY clients
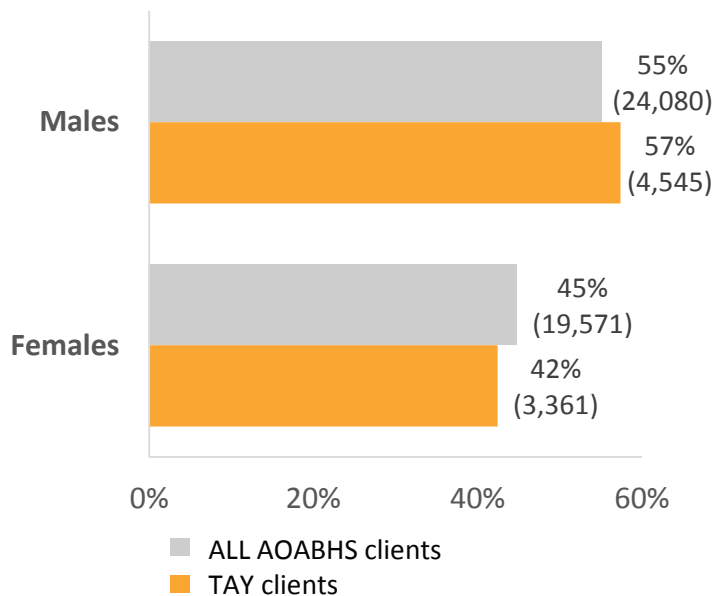
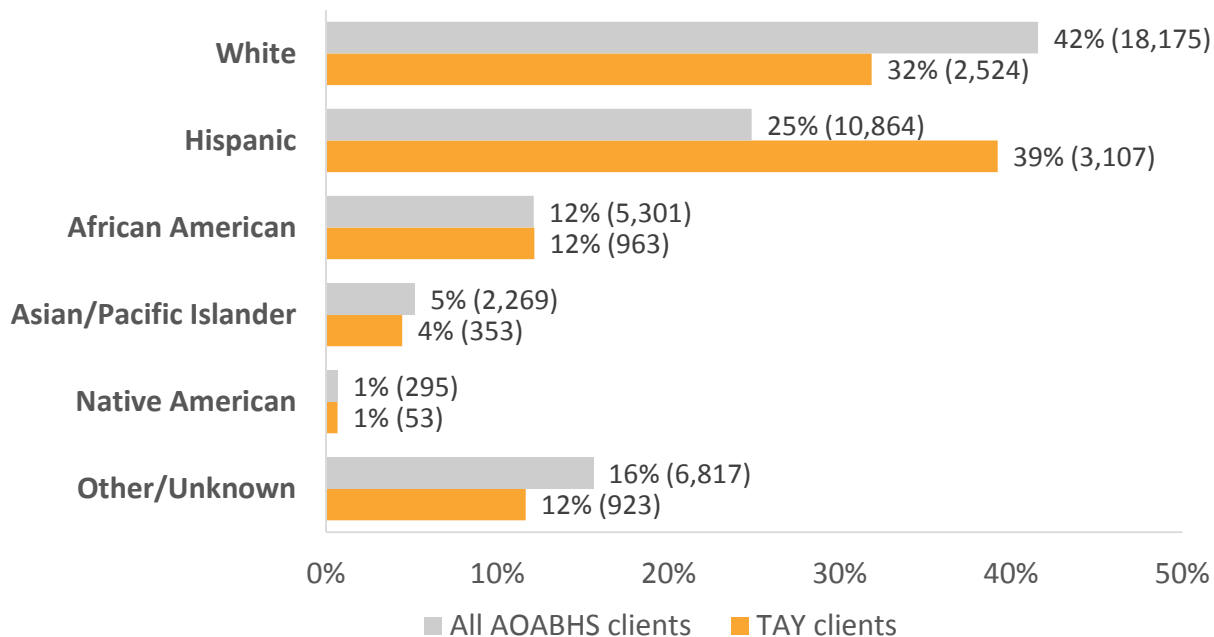| TAY Gender	Fiscal Year					AOABHS FY 2017-18 Population
	2013-14	2014-15	2015-16	2016-17	2017-18	
Females	39%	41%	43%	43%	42%	45%
Males	60%	59%	57%	57%	57%	55%
Other/ Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	< 1%

*The figure excludes the other/unknown categories, comprising < 1% of the TAY (17 clients) and overall AOABHS (70 clients) population.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

TAY   52

Who are we serving?

TAY Clients: Race/Ethnicity

- More than two-thirds of TAY clients served during FY 2017-18 were either Hispanic (39%) or White (32%).

- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2017-18 were Hispanic (39% compared to 25%), and a smaller proportion were White (32% compared to 42%).

TAY Race/Ethnicity Distribution

Race/Ethnicity	All AOABHS clients	TAY clients
White	42% (18,175)	32% (2,524)
Hispanic	25% (10,864)	39% (3,107)
African American	12% (5,301)	12% (963)
Asian/Pacific Islander	5% (2,269)	4% (353)
Native American	1% (295)	1% (53)
Other/Unknown	16% (6,817)	12% (923)

■ All AOABHS clients ■ TAY clients

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

TAY   53

Who are we serving?

TAY Clients: Living Situation*

- More than three-quarters (78%) of TAY clients served during FY 2017-18 were living independently**.
- Similar to previous fiscal years, a greater proportion of TAY clients served during FY 2017-18 were living independently compared to the overall AOABHS client population (78% vs. 68%).
- A smaller proportion of TAY served during FY 2017-18 were homeless (9%) compared to the overall AOABHS population (16%).
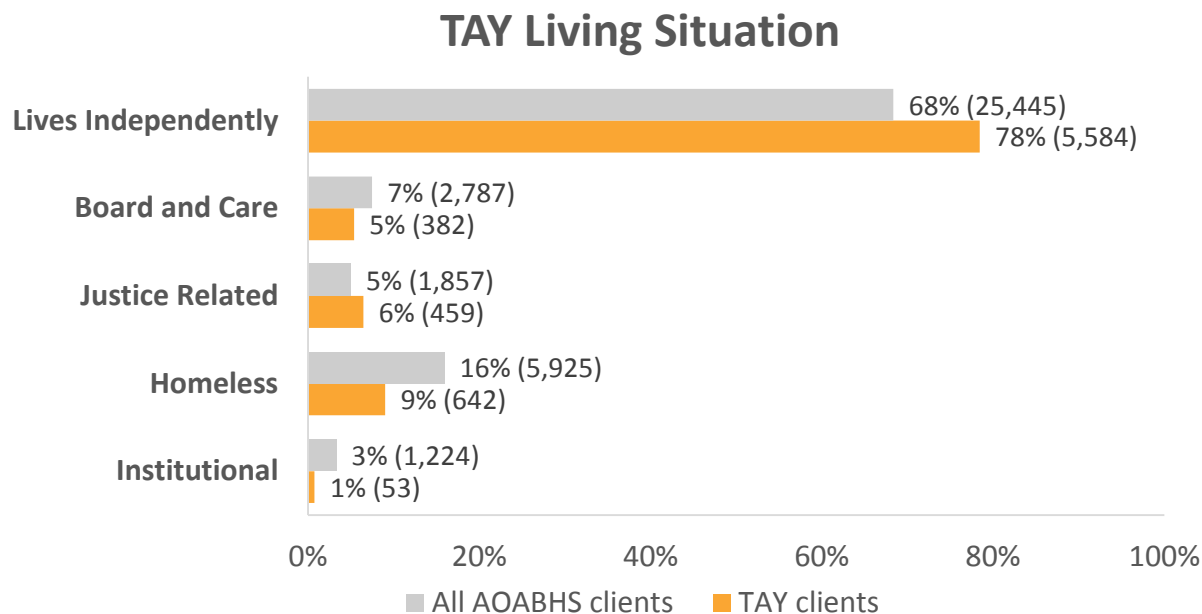
TAY Living Situation

Lives Independently
- 68% (25,445) — All AOABHS clients
- 78% (5,584) — TAY clients

Board and Care
- 7% (2,787) — All AOABHS clients
- 5% (382) — TAY clients

Justice Related
- 5% (1,857) — All AOABHS clients
- 6% (459) — TAY clients

Homeless
- 16% (5,925) — All AOABHS clients
- 9% (642) — TAY clients

Institutional
- 3% (1,224) — All AOABHS clients
- 1% (53) — TAY clients

■ All AOABHS clients ■ TAY clients

Client living situation reflects status at time of most recent client assessment.
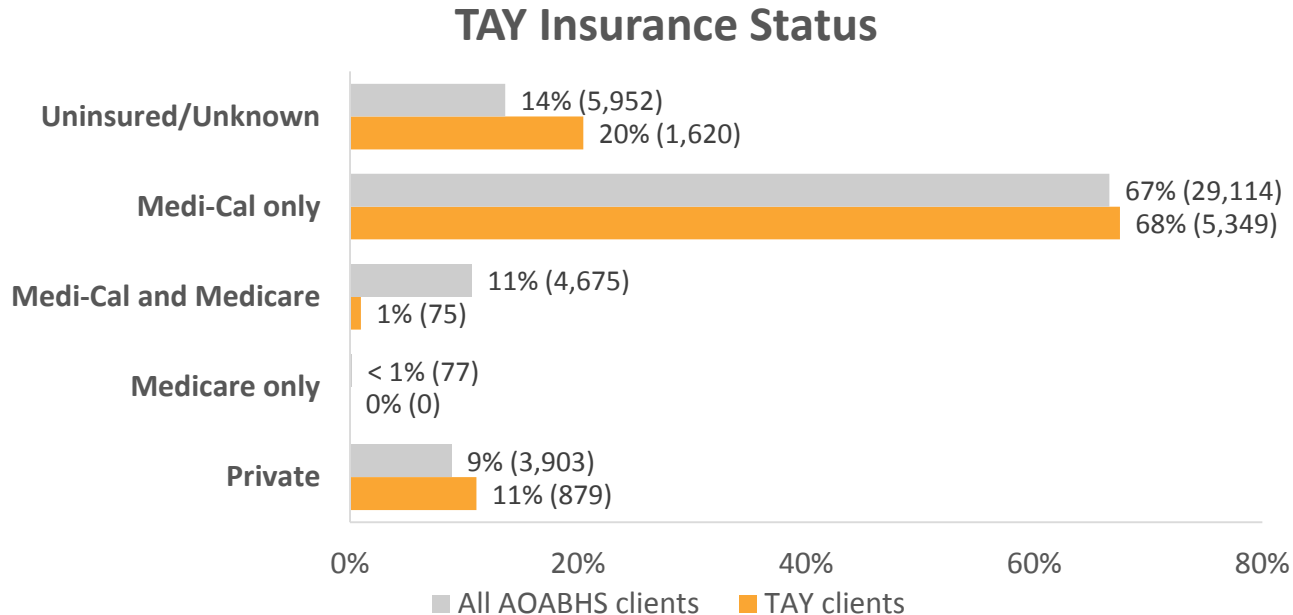**Clients living independently includes clients living with family at the start of services.*
Note: Clients with an other/unknown living status (TAY, n = 803; AOA, n = 6,483) are excluded from the figure and percentages reported above.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

TAY 54

Who are we serving?

TAY Clients: Health Care Coverage

- More than two-thirds (68%) of TAY clients served during FY 2017-18 had Medi-Cal insurance coverage.
- After a decrease in the proportion of TAY clients with an uninsured/unknown insurance status over several fiscal years, likely due to the expansion of the Affordable Care Act (ACA) in 2014, a period of stabilization was observed as 18% of TAY served in FY 2016-17 were uninsured or had an unknown insurance status, similar to proportions in FY 2014-15 (18%) and FY 2015-16 (17%). However, one-fifth (20%) of TAY clients served during FY 2017-18 were uninsured or had an unknown insurance status, reflecting an almost 18% increase in the number of TAY clients uninsured or with an unknown insurance type during FY 2017-18 (1,620 clients), compared to FY 2016-17 (1,377 clients).

TAY Insurance Status

Uninsured/Unknown
- 14% (5,952) — All AOABHS clients
- 20% (1,620) — TAY clients

Medi-Cal only
- 67% (29,114) — All AOABHS clients
- 68% (5,349) — TAY clients

Medi-Cal and Medicare
- 11% (4,675) — All AOABHS clients
- 1% (75) — TAY clients

Medicare only
- < 1% (77) — All AOABHS clients
- 0% (0) — TAY clients

Private
- 9% (3,903) — All AOABHS clients
- 11% (879) — TAY clients

Legend: ■ All AOABHS clients   ■ TAY clients

X-axis: 0% 20% 40% 60% 80%

Who are we serving?

TAY Clients: Primary Care Physician

- More than one-third of TAY clients served in FY 2017-18 had a primary care physician (36%).

- Information about primary care physician was unavailable or unknown for almost half of TAY clients (46%), similar to past fiscal years.

TAY Primary Care Physician

Missing 45% (3,526)

Yes 36% (2,859)

Unknown 2% (144)

No 18% (1,394)
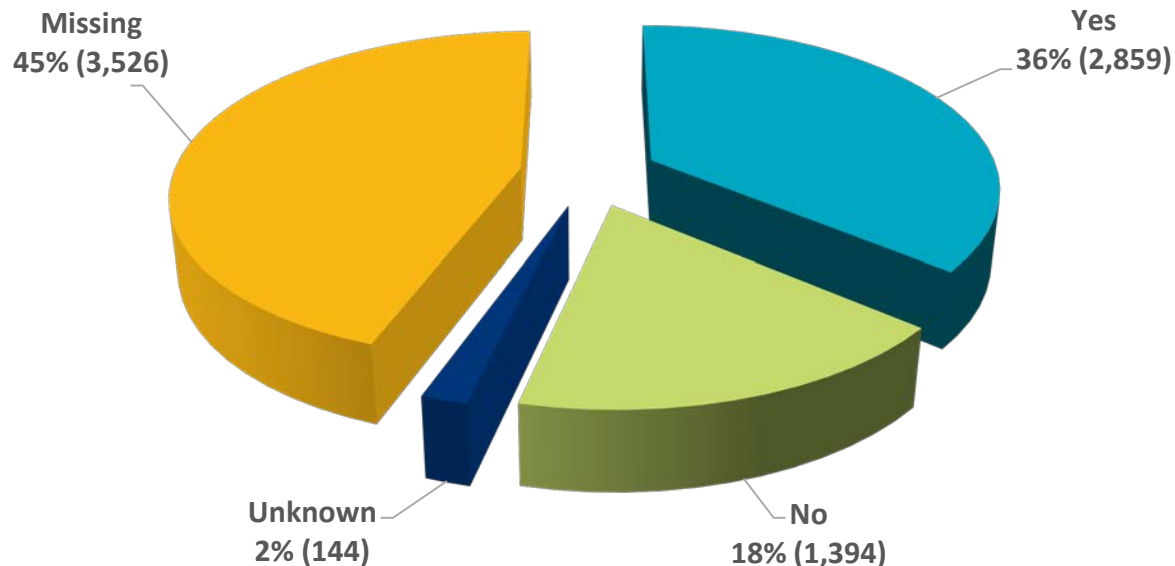
Who are we serving?

TAY Clients: Sexual Orientation

- Of the TAY clients served during FY 2017-18 with sexual orientation information available, three-quarters of them identified as heterosexual (75%).
- 12% (373) of TAY clients served during FY 2017-18 with sexual orientation information available identified as bi-sexual, reflecting a 36% increase in the number of TAY clients identifying as bisexual served during FY 2017-18, compared to FY 2016-17 (275 clients).
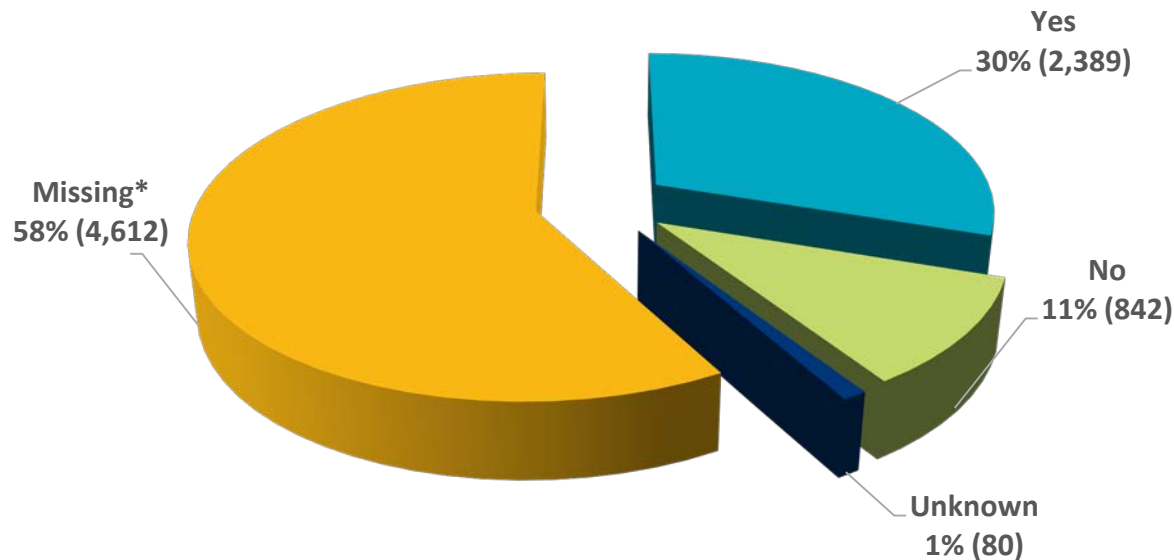
Sexual Orientation	TAY FY 2017-18		AOABHS FY 2017-18	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,413	75%	16,327	87%
Bisexual	373	12%	942	5%
Gay male	64	2%	395	2%
Lesbian	64	2%	268	1%
Other	76	2%	206	1%
Questioning	80	3%	209	1%
Transgender	21	1%	57	< 1%
Declined to state	109	3%	362	2%
Total (excluding missing)	**3,200**	**100%**	**18,766**	**100%**
Missing	4,723	60%	24,955	57%

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

TAY   57

Who are we serving?

TAY Clients: History of Trauma

- Almost one-third (30%) of TAY clients served in FY 2017-18 had a history of trauma.

- Similar to last fiscal year, data for trauma history were not available (missing) for more than half (58%) of TAY clients served during FY 2017-18.

TAY History of Trauma

Yes
30% (2,389)

Missing*
58% (4,612)

No
11% (842)

Unknown
1% (80)

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

TAY   58

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 2017-18 were schizophrenia and other psychotic disorders (29%), depressive disorders (27%), and bipolar disorders (24%), which comprise 80% (5,290 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 (40% vs. 29%), and larger proportions of TAY had diagnoses of all other types of disorders.
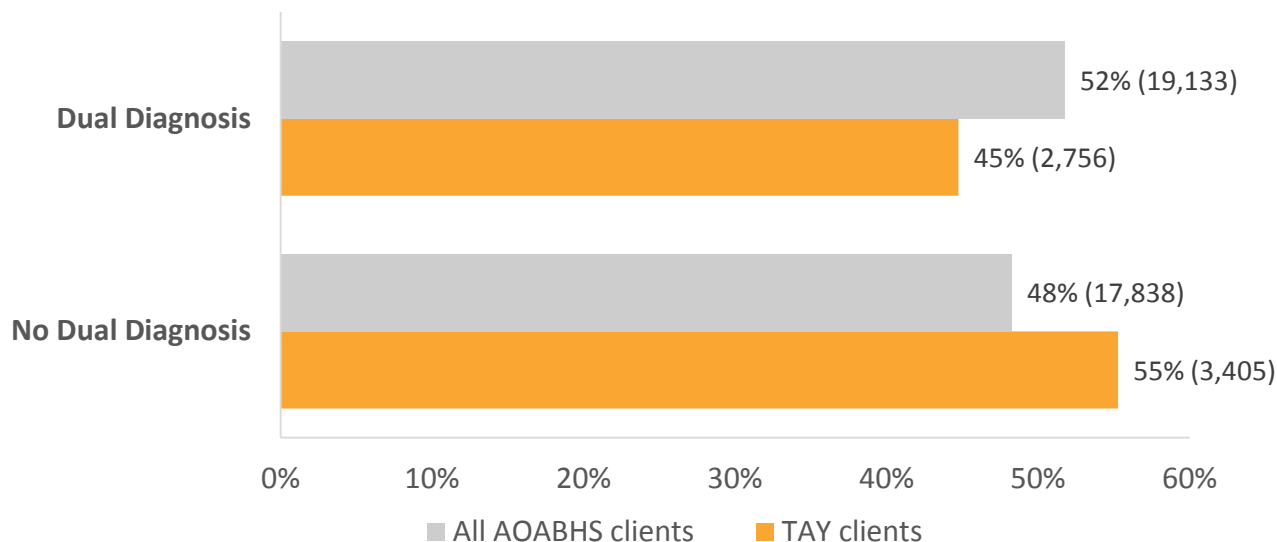
TAY Primary Diagnosis*

Diagnosis	All AOABHS clients	TAY clients
Schizophrenia and Other Psychotic Disorders	40% (15,589)	29% (1,923)
Bipolar Disorders	21% (8,136)	24% (1,575)
Depressive Disorders	24% (9,398)	27% (1,792)
Stressor and Adjustment Disorders	6% (2,321)	8% (552)
Anxiety Disorders	4% (1,527)	5% (319)
Other/Excluded	5% (1,848)	7% (490)
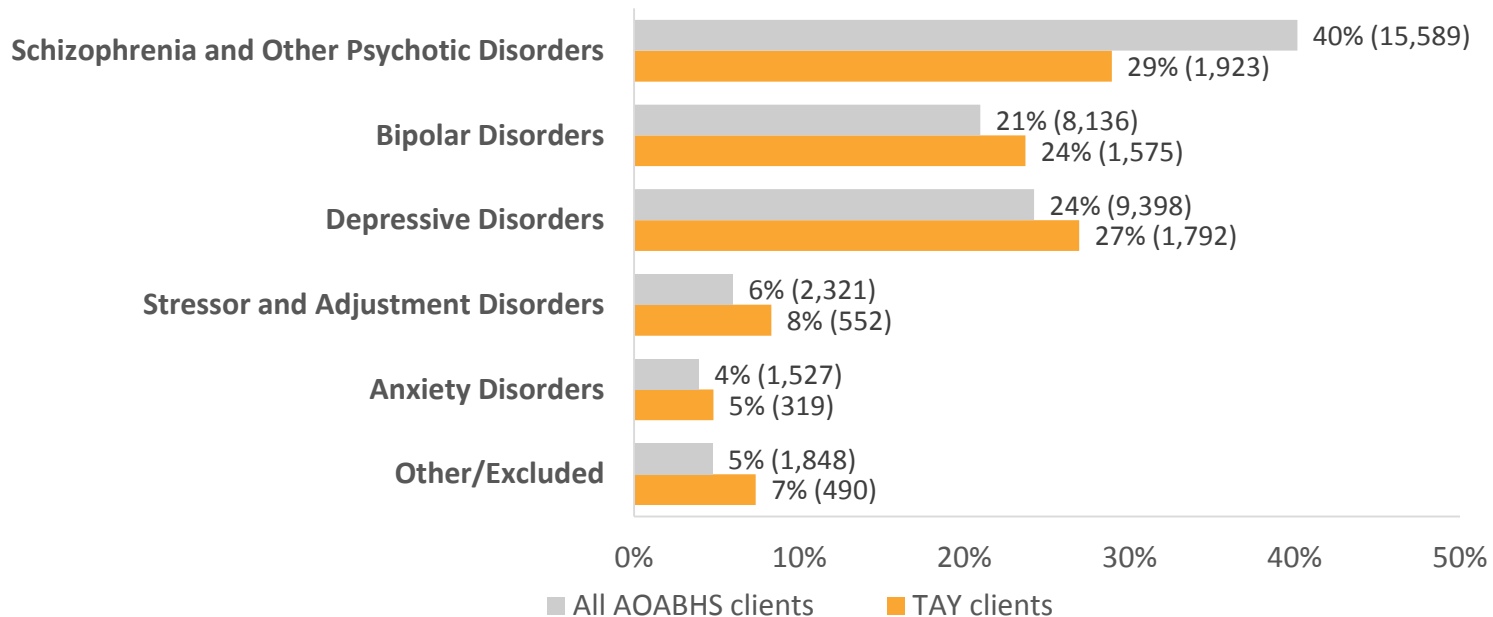
The graph and percentages reported above exclude invalid/missing values (TAY, n = 1,272; AOA, n = 4,902).

Who are we serving?

TAY Clients: Co-occurring

- In addition to a primary diagnosis, 45% of TAY clients also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2017-18.

- The proportion of TAY clients with a dual diagnosis served in FY 2017-18 was less than the proportion of all AOA clients with a dual diagnosis (45% compared to 52%).

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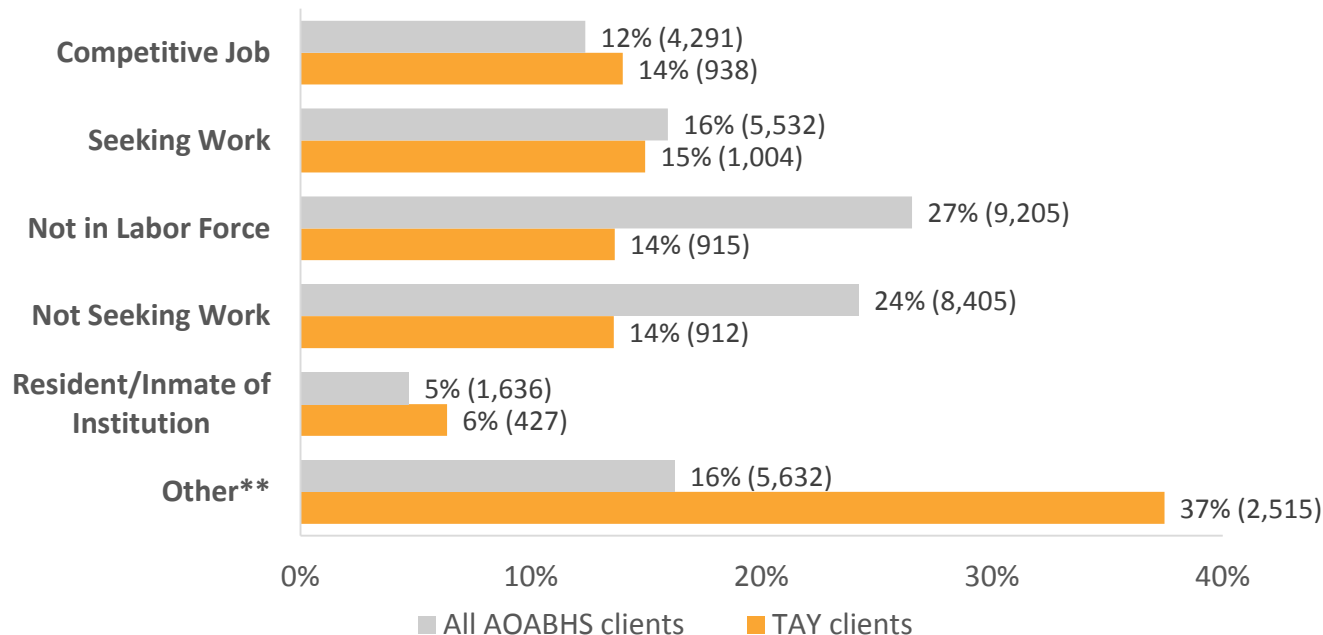

Clients without a valid primary mental health diagnosis are excluded from the figure.

Who are we serving?

TAY Clients: Employment Status

- Similar proportions of TAY clients served during FY 2017-18 were employed in a competitive job (14%), seeking work (15%), not in the labor force (14%), and not seeking work (14%).
- More than one-third of TAY clients (37%) had an other employment status, more than double the proportion of AOA clients (16%), likely reflecting a substantial student population in this age range.

TAY Employment Status*

Category	All AOABHS clients	TAY clients
Competitive Job	12% (4,291)	14% (938)
Seeking Work	16% (5,532)	15% (1,004)
Not in Labor Force	27% (9,205)	14% (915)
Not Seeking Work	24% (8,405)	14% (912)
Resident/Inmate of Institution	5% (1,636)	6% (427)
Other**	16% (5,632)	37% (2,515)

■ All AOABHS clients ■ TAY clients

The graph and percentages reported above exclude unknown values (TAY, n = 1,212; AOA, n = 9,020).
**Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.*

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

TAY   61

Who are we serving?

TAY Clients: Military Service

- Information regarding past military service was available for 88% of TAY clients served during FY 2017-18.

- Among those TAY clients served for whom military service data were available, 79% reported that they had no military service, and 5% indicated that they had served in the military.

TAY Military Service*

Unable to Answer
15% (1,032)

Declined to Answer
1% (103)

Yes
5% (327)

No
79% (5,495)
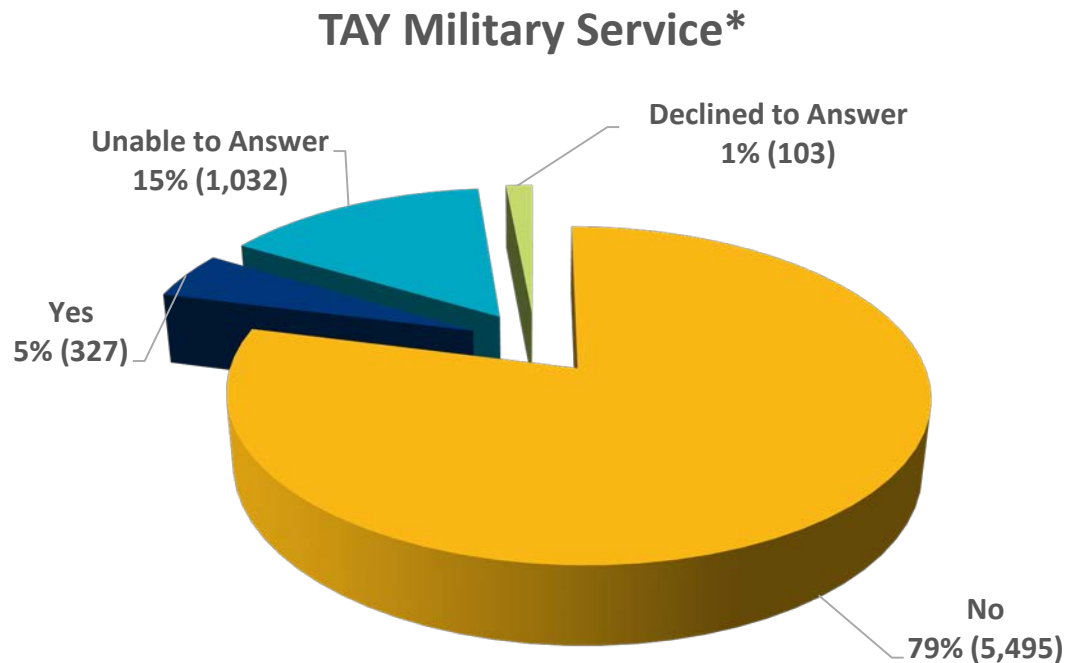
The graph and percentages reported above exclude missing values (n = 966).

What types of services are being used?

TAY Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	16,365	346
Case Management	302	14
Case Management – Institutional	739	58
Case Management – Strengths	1,661	122
Case Management – Transitional	479	118
Fee for Service (FFS)	15,042	1,811
Outpatient	24,589	2,369
Prevention	29	4

Inpatient Services	Admissions	Total Clients
Inpatient – County	303	268
Inpatient – FFS	1,523	1,045
State Hospital	4	3

Emergency/Crisis Services	Total Visits	Total Clients
Crisis Outpatient	1,021	791
Crisis Stabilization**	1,391	1,032
PERT	2,833	2,336
	Total Days	Total Clients
Crisis Residential	3,082	272

Forensic Services	Total Visits	Total Clients
Jail	8,263	1,762

24 Hour Services	Total Days	Total Clients
Edgemoor	268	1
Long Term Care (LTC)	2,649	11
LTC – Institutional	5,597	32
LTC – Residential	0	0
Residential	717	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, RMQ, and SATS-R)*

- 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.
- Clinicians reported slight improvements among TAY clients on the SATS-R, and TAY clients self-reported improvements in their overall mental health status via the RMQ from pre to post assessment, but these improvements were not statistically significant.
- Mean pre and post scores on the clinician-rated Substance Use IMR subscale demonstrate no change in symptoms among TAY clients in FY 2017-18.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	235	3.93	3.93	▶
Management Subscale	254	2.57	2.81	▲
Recovery Subscale	254	2.82	3.02	▲
Overall Mean	254	3.09	3.27	▲

Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	171	3.68	3.74	▲

Substance Abuse Treatment Scale – Revised (SATS-R)	N	Pre	Post	Change
Overall Mean	110	3.98	4.30	▲

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 2017-18 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.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

TAY　64

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

Older Adult (OA) Clients
SYSTEMWIDE ANNUAL REPORT
Fiscal Year 2017-2018

Who are we serving?

Total Number of OA Clients Served

- During FY 2017-18, mental health services were delivered to 6,155 OA clients (age 60 and older) by County of San Diego BHS, reflecting a 5% increase in the number of OA clients served compared to FY 2016-17.
- OA clients represent 14% of the 43,721 AOABHS clients served during FY 2017-18.
- The number of OA clients served by BHS has increased every year from FY 2013-14 to FY 2017-18.

Number of Clients Served by Fiscal Year

Fiscal Year	Clients Served
FY 2013-14	5,193 (12%)
FY 2014-15	5,471 (12%)
FY 2015-16	5,592 (13%)
FY 2016-17	5,838 (14%)
FY 2017-18	6,155 (14%)

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
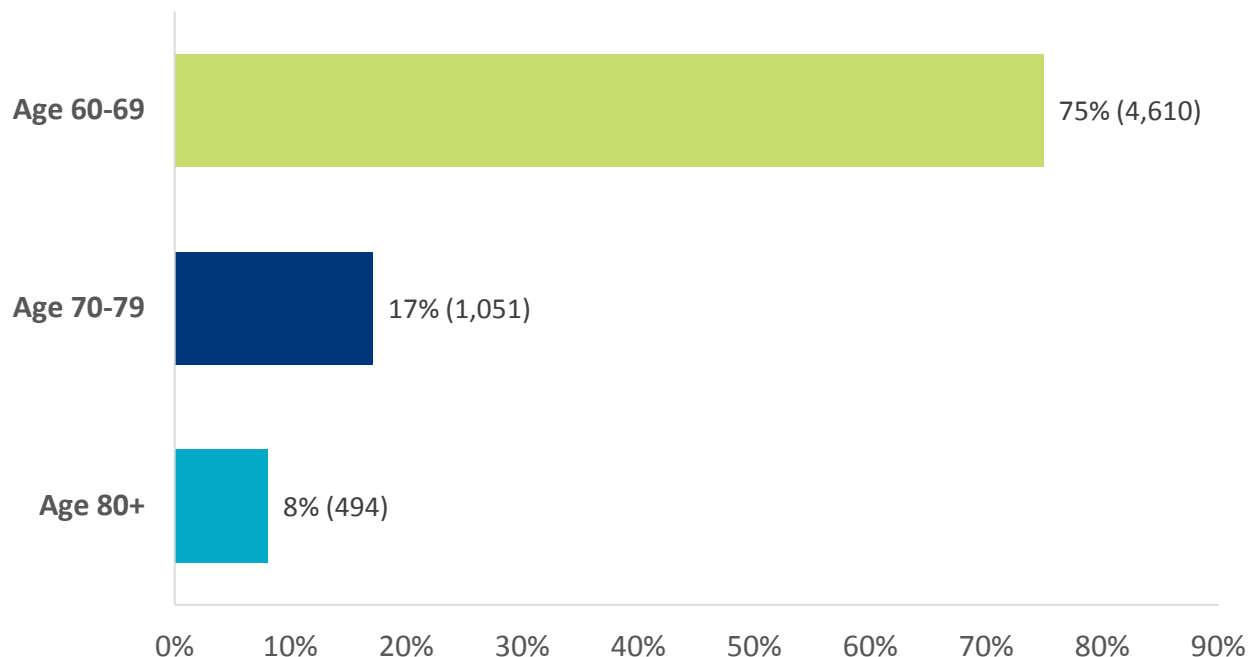*Source: Health Services Research Center (ALP, MCM, ST)*
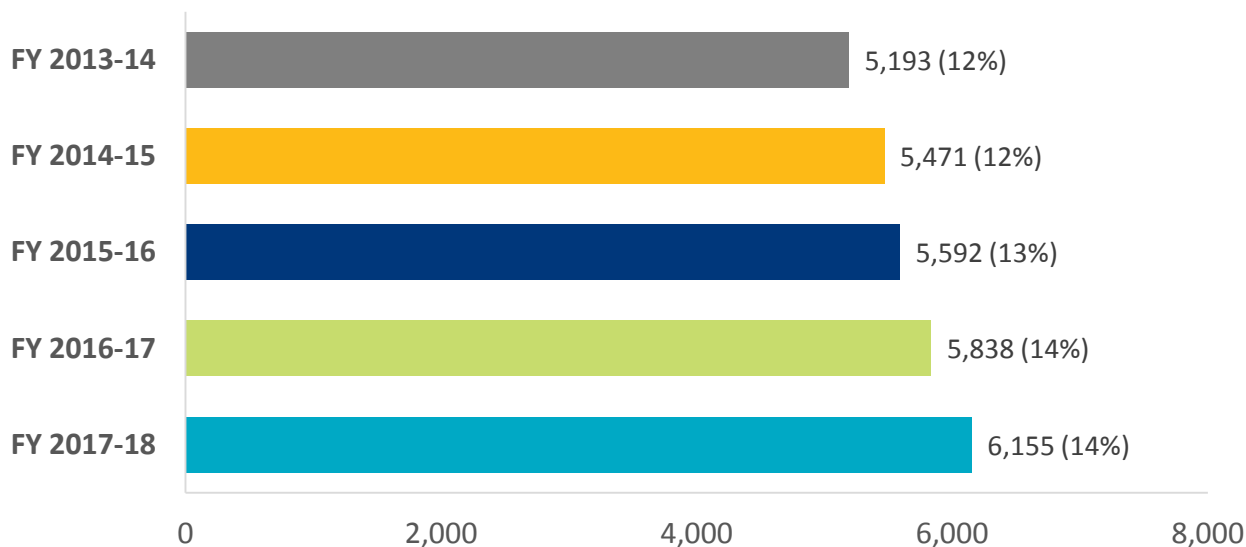
Who are we serving?

OA Clients: Age

- Three-quarters (75%) of OA clients served during FY 2017-18 were between the ages of 60 and 69 years.
- The number of OA clients served during FY 2017-18 that were between the ages of 70 and 79 years (1,051 clients) increased by almost 15%, compared to FY 2016-17 (915 clients), and the number of OA clients age 80 years and older increased by 9% from FY 2016-17 to FY 2017-18 (453 to 494 clients).

OA Age Distribution

Age	Percent (Count)
Age 60-69	75% (4,610)
Age 70-79	17% (1,051)
Age 80+	8% (494)

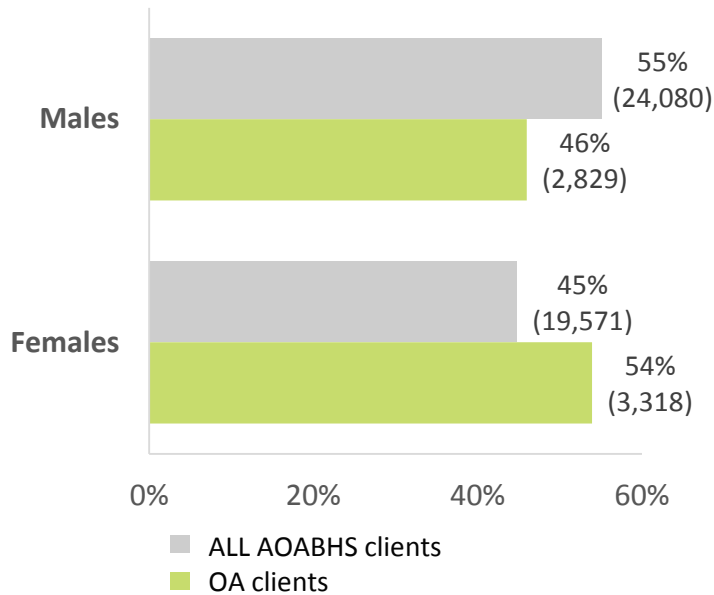0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Who are we serving?

OA Clients: Gender

- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2017-18 were female (54%) compared to the overall AOABHS client population (45%).

- The proportion of male OA clients served by AOABHS has gradually increased over the past five fiscal years (43% to 46%).

OA Gender* Distribution

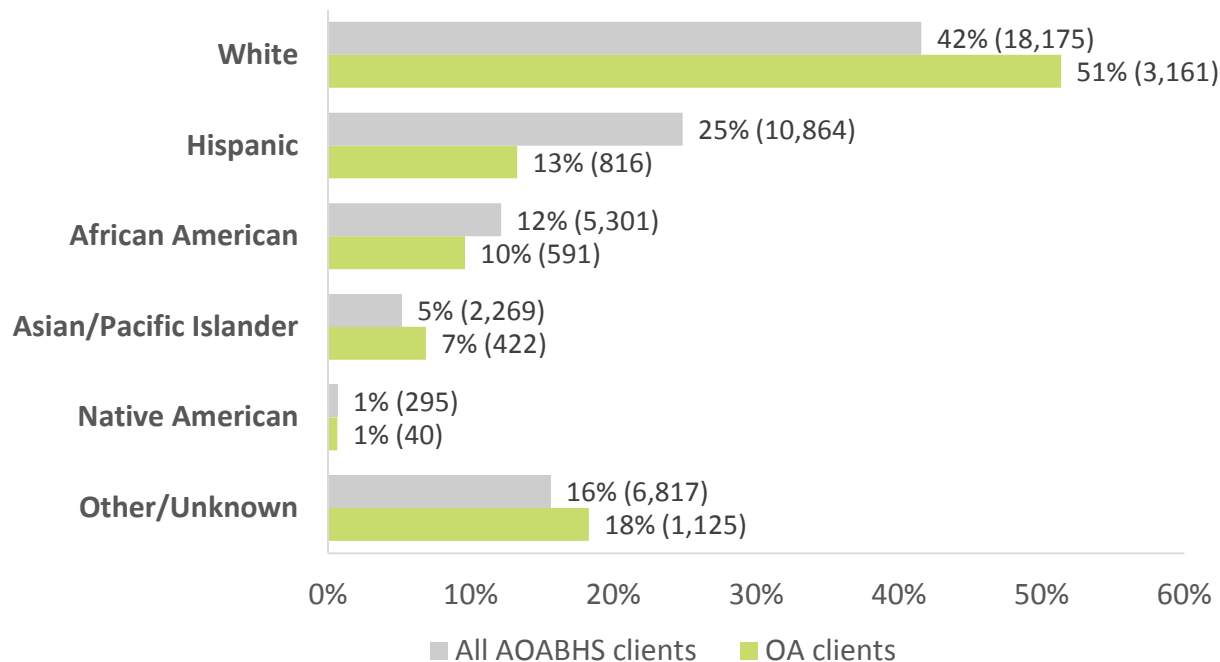| OA Gender	Fiscal Year					AOABHS FY 2017-18 Population
	2013-14	2014-15	2015-16	2016-17	2017-18	
Females	56%	56%	55%	54%	54%	45%
Males	43%	43%	44%	45%	46%	55%
Other/ Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	< 1%

The figure excludes the other/unknown categories, comprising <1% of the OA (8 clients) and overall AOABHS (70 clients) population.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

OA 68

Who are we serving?

OA Clients: Race/Ethnicity

- More than half of OA clients (51%) served during FY 2017-18 were White.

- Similar to previous fiscal years, compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (13% vs. 25%), and a larger proportion were White (51% vs. 42%) in FY 2017-18.

OA Race/Ethnicity Distribution

White: 42% (18,175) — All AOABHS clients; 51% (3,161) — OA clients
Hispanic: 25% (10,864) — All AOABHS clients; 13% (816) — OA clients
African American: 12% (5,301) — All AOABHS clients; 10% (591) — OA clients
Asian/Pacific Islander: 5% (2,269) — All AOABHS clients; 7% (422) — OA clients
Native American: 1% (295) — All AOABHS clients; 1% (40) — OA clients
Other/Unknown: 16% (6,817) — All AOABHS clients; 18% (1,125) — OA clients

Legend: ■ All AOABHS clients ■ OA clients

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Who are we serving?

OA Clients: Living Situation*

- Compared to the overall AOABHS client population, similar proportions of OA clients served during FY 2017-18 lived independently** and in Board and Care.
- A greater proportion of OA clients served during FY 2017-18 lived in an institutional setting (12%) and a smaller proportion of OA clients were homeless (10%) or living in justice-related settings (2%), compared to the overall AOABHS client population (3%, 16%, and 5%, respectively).
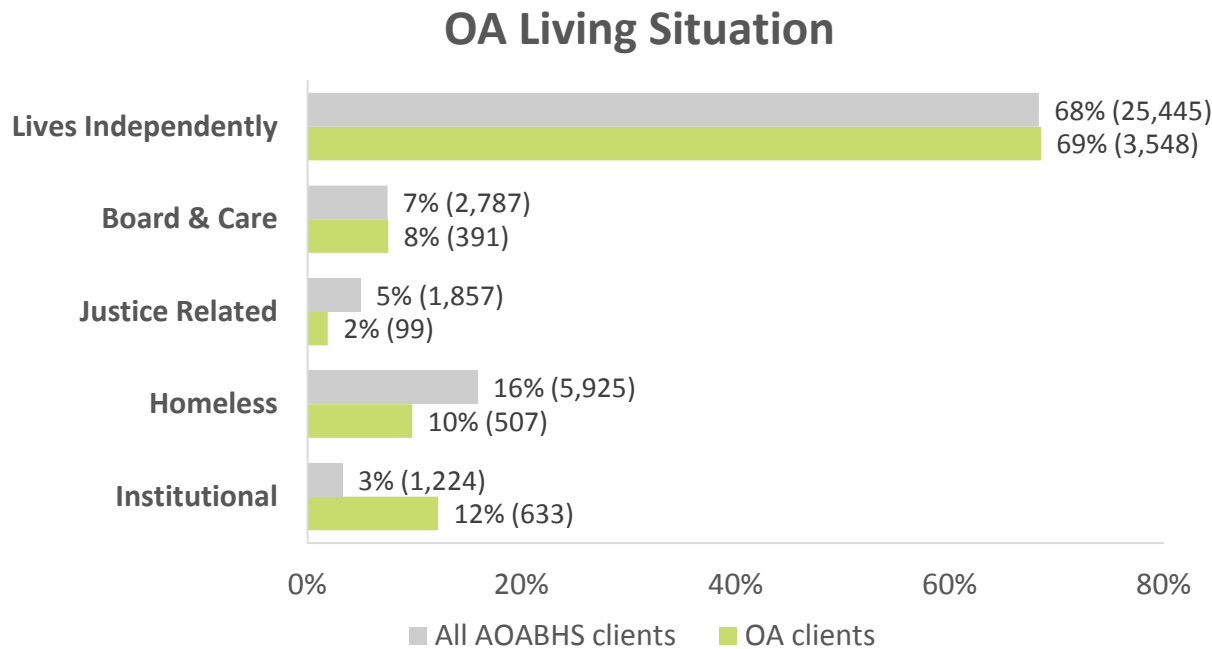
OA Living Situation

Client living situation reflects status at time of most recent client assessment.
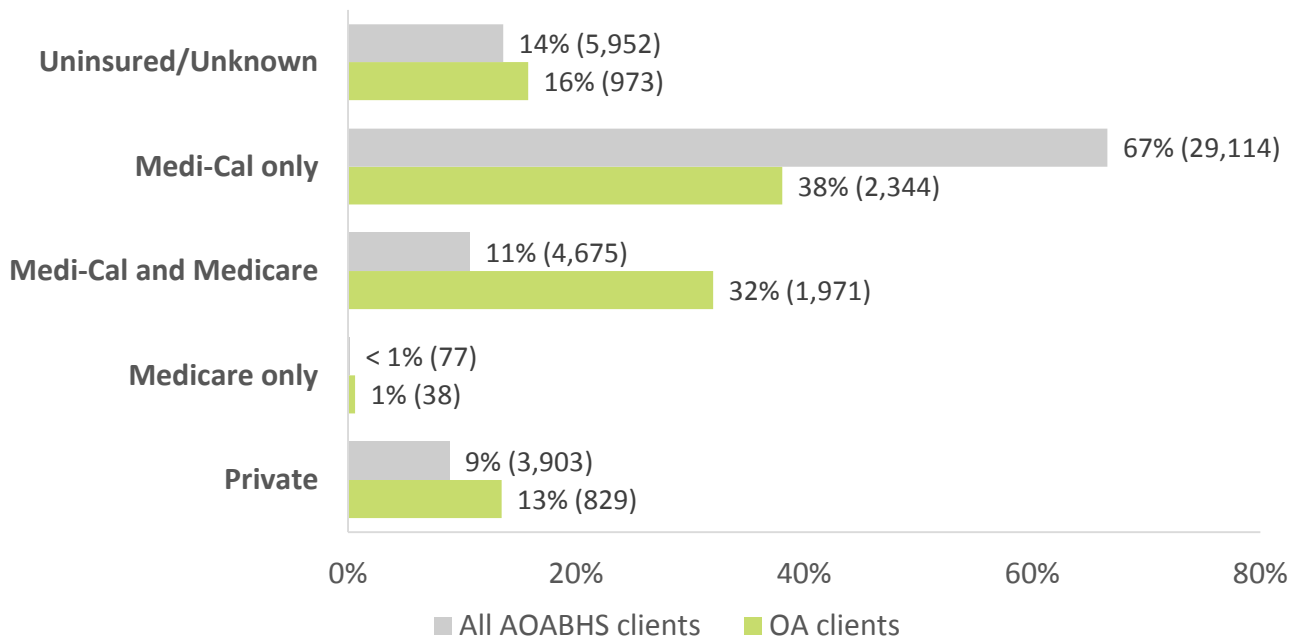**Clients living independently includes clients living with family at the start of services.*
Note: Clients with an other/unknown living status (OA, n = 977; AOA, n = 6,483) are excluded from the figure and percentages reported above.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

OA   70

Who are we serving?

OA Clients: Health Care Coverage

- Most OA clients served during FY 2017-18 were at least partially covered by Medi-Cal (70%).
- Almost one-third of OA clients served during FY 2017-18 had combined Medi-Cal and Medicare health care coverage (32%).
- 16% of OA clients served in FY 2017-18 had an uninsured/unknown insurance status.

OA Insurance Status

| Category	All AOABHS clients	OA clients
Uninsured/Unknown	14% (5,952)	16% (973)
Medi-Cal only	67% (29,114)	38% (2,344)
Medi-Cal and Medicare	11% (4,675)	32% (1,971)
Medicare only	< 1% (77)	1% (38)
Private	9% (3,903)	13% (829)

Legend: ■ All AOABHS clients ■ OA clients

Who are we serving?

OA Clients: Primary Care Physician

- 43% of OA clients served during FY 2017-18 had a primary care physician.

- Information about primary care physician was unavailable or unknown for about half of OA clients (50%; 3,064 clients).

OA Primary Care Physician

Missing
49% (3,015)

Yes
43% (2,652)

Unknown
1% (49)

No
7% (439)
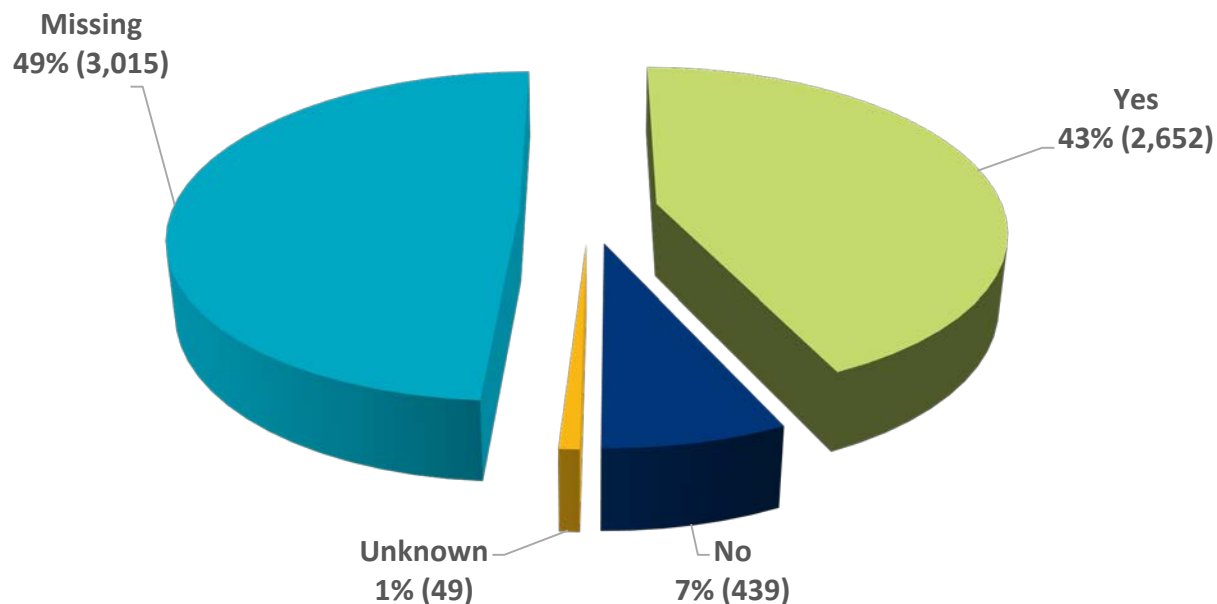
Who are we serving?

OA Clients: Sexual Orientation

- Almost all OA clients served during FY 2017-18 with sexual orientation information available identified as heterosexual (94%).

- Similar to the overall AOABHS population, sexual orientation data were missing for 57% of OA clients.

Sexual Orientation	OA FY 2017-18		AOABHS FY 2017-18	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,477	94%	16,327	87%
Bisexual	41	2%	942	5%
Gay male	34	1%	395	2%
Lesbian	17	1%	268	1%
Other	13	< 1%	206	1%
Questioning	13	< 1%	209	1%
Transgender	1	< 1%	57	< 1%
Declined to state	50	2%	362	2%
Total (excluding missing)	**2,646**	**100%**	**18,766**	**100%**
Missing	3,509	57%	24,955	57%

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

OA

73

Who are we serving?

OA Clients: History of Trauma

- 1,734 OA clients served during FY 2017-18 had a history of trauma (28%), reflecting an increase of 15% compared to FY 2016-17. This finding continues a trend observed between FY 2015-16 and FY 2016-17. Since FY 2015-16, the number of OA clients served with a history of trauma increased by almost 39% (1,251 clients in FY 2015-16 compared to 1,734 clients in FY 2017-18).**
- Trauma history data were missing or unknown for more than half (57%) of OA clients (3,513 clients).

OA History of Trauma

Yes
28% (1,734)

No
15% (908)

Missing*
55% (3,377)
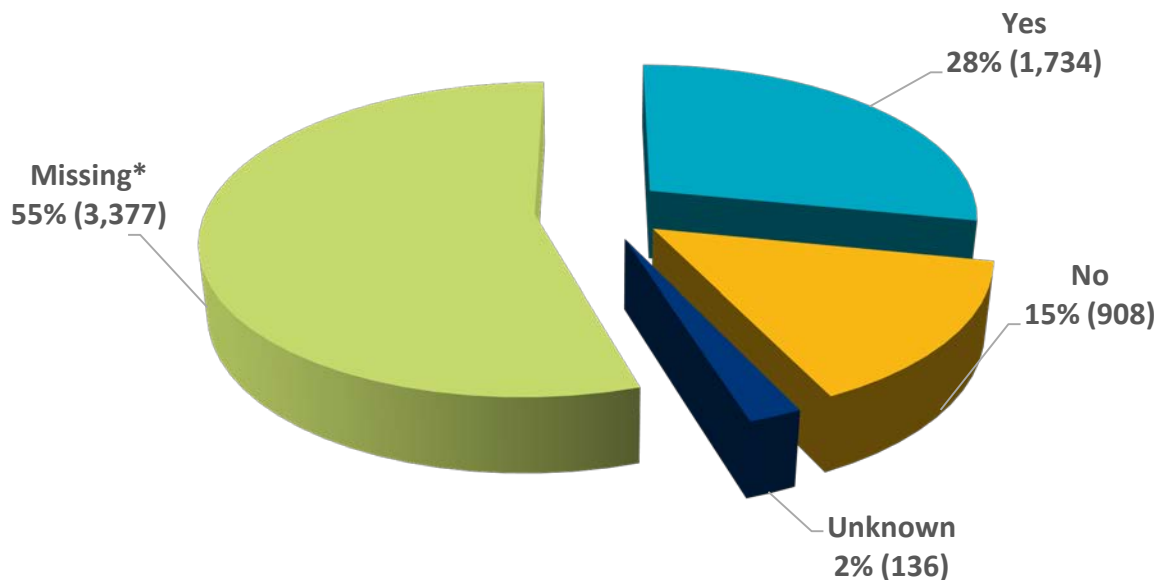
Unknown
2% (136)

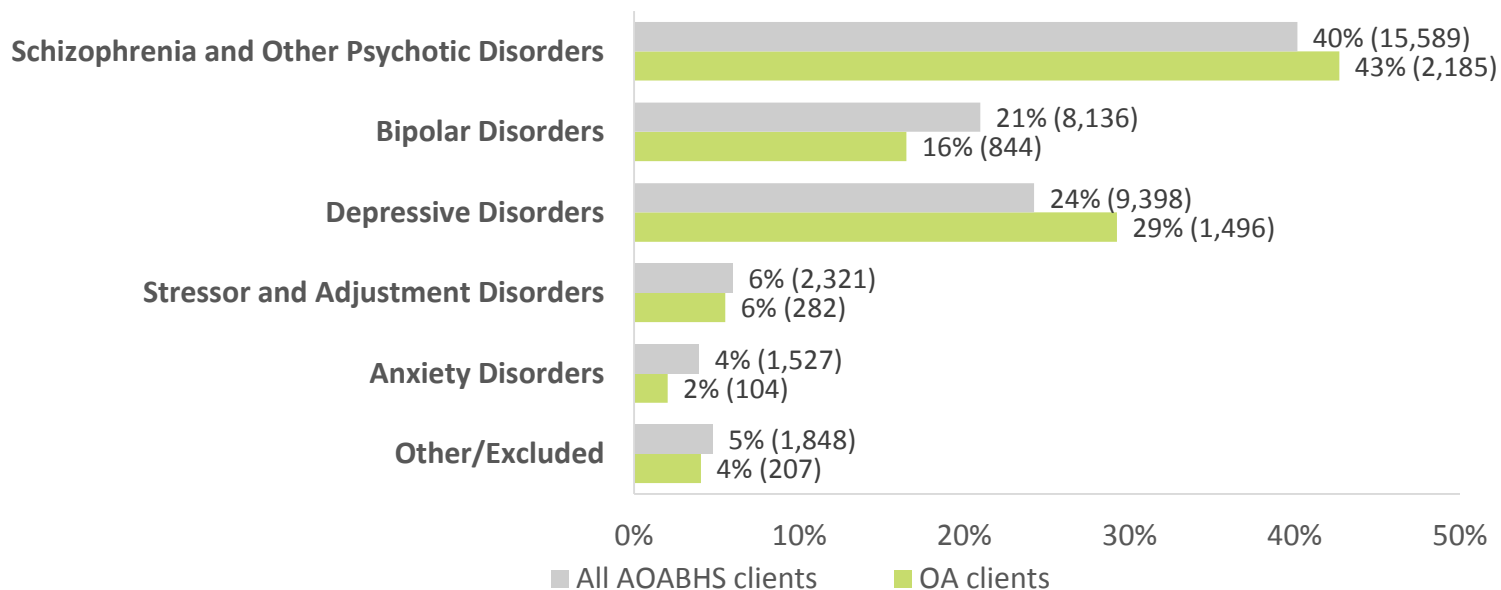*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.
**This increase may be partially explained by a corresponding reduction in the number of proportion of OA clients with unknown or missing trauma history data.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

OA   74

Who are we serving?

OA Clients: Primary Diagnosis

- The most common diagnosis among OA clients served during FY 2017-18 was schizophrenia and other psychotic disorders (43%), followed by depressive disorders (29%), comprising almost three-quarters of OA clients with a valid diagnosis.
- Compared to the overall AOA population, a slightly larger proportion of OA clients had a depressive disorder diagnosis (29% compared to 24%) or a diagnosis of schizophrenia and other psychotic disorders (43% compared to 40%).
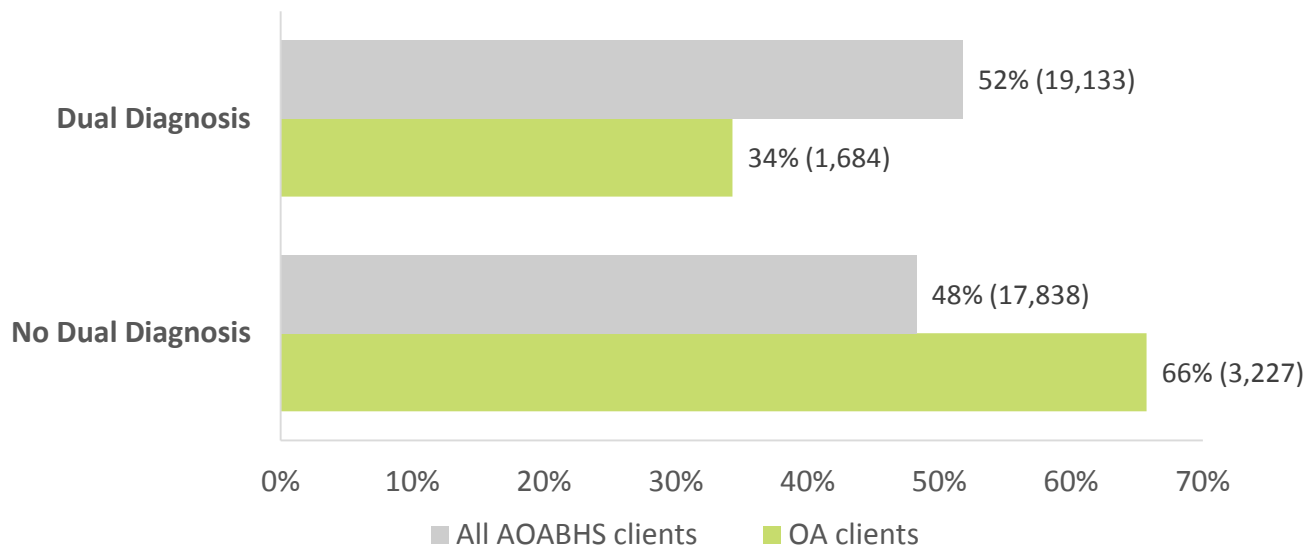
OA Primary Diagnosis*

Diagnosis	All AOABHS clients	OA clients
Schizophrenia and Other Psychotic Disorders	40% (15,589)	43% (2,185)
Bipolar Disorders	21% (8,136)	16% (844)
Depressive Disorders	24% (9,398)	29% (1,496)
Stressor and Adjustment Disorders	6% (2,321)	6% (282)
Anxiety Disorders	4% (1,527)	2% (104)
Other/Excluded	5% (1,848)	4% (207)

The graph and percentages reported above exclude invalid/missing values (OA, n = 1,037; AOA, n = 4,902).

Who are we serving?

OA Clients: Co-occurring

- In addition to a primary diagnosis, approximately one-third of OA clients (34%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2017-18.

- The proportion of OA clients with a dual diagnosis has increased by two percentage points each fiscal year from FY 2014-15 to FY 2017-18 (28% to 34%).

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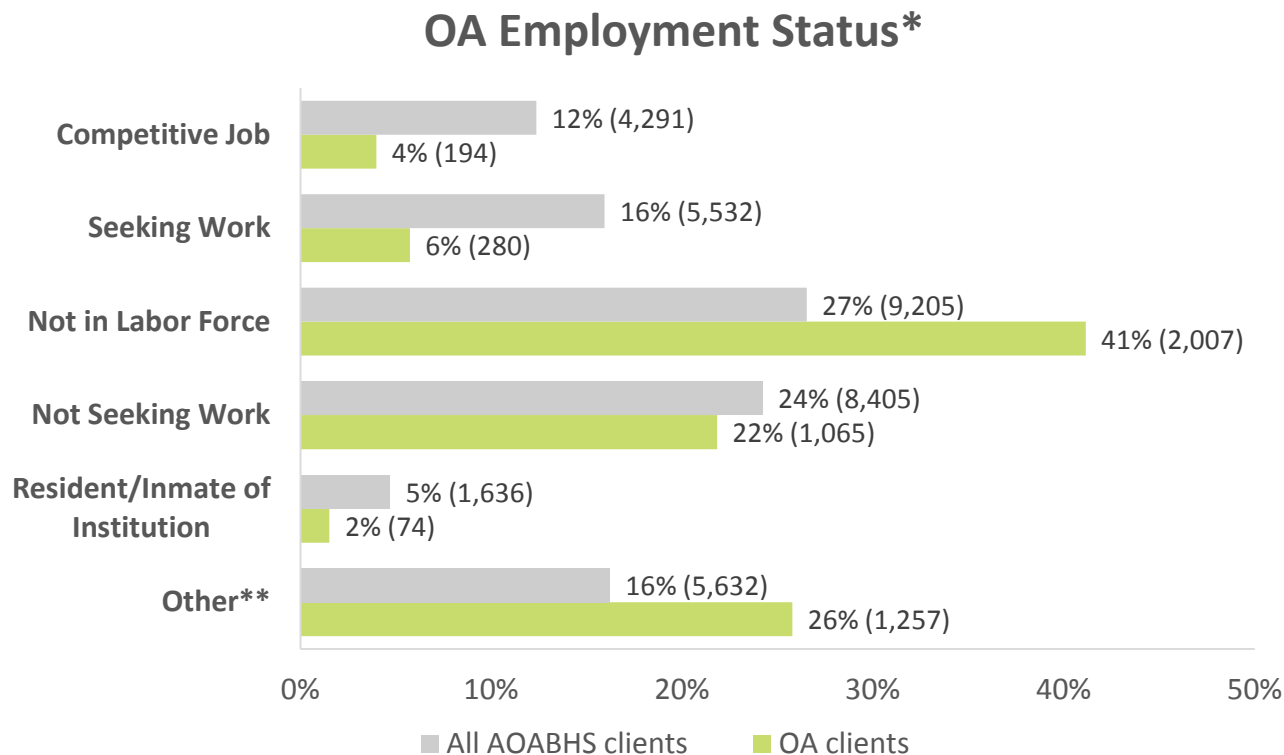

	All AOABHS clients	OA clients
Dual Diagnosis	52% (19,133)	34% (1,684)
No Dual Diagnosis	48% (17,838)	66% (3,227)

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

Who are we serving?

OA Clients: Employment Status

- 41% of OA clients served during FY 2017-18 were not in the labor force; comprising the largest population of OA clients.
- More than one-quarter of OA clients served during FY 2017-18 (26%) had an other employment status.
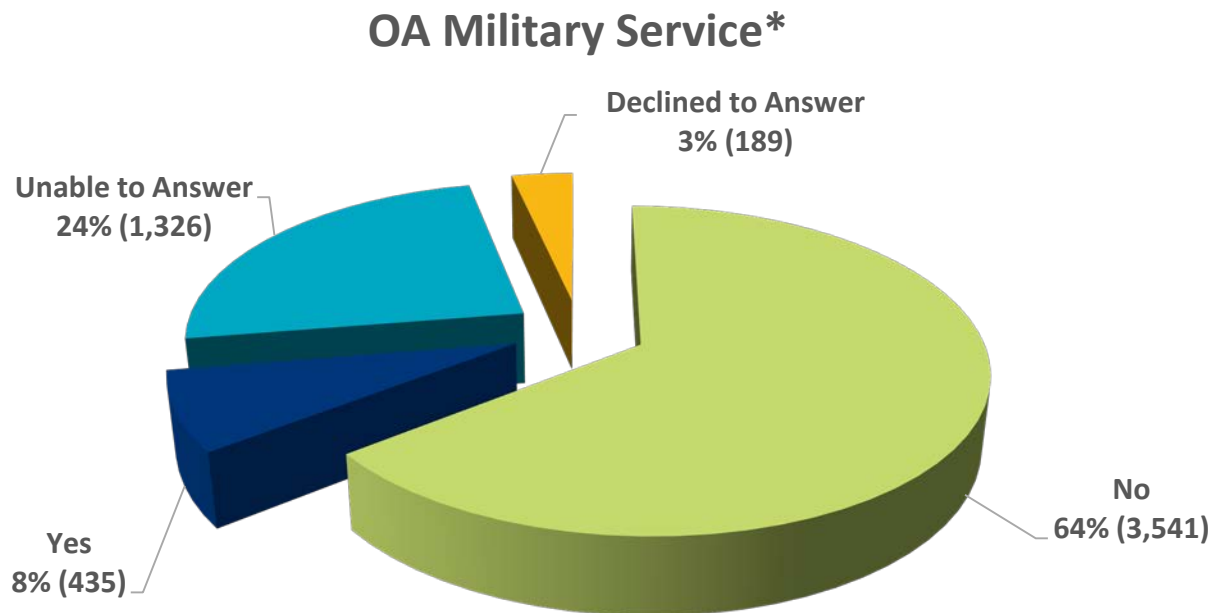
OA Employment Status*

Status	All AOABHS clients	OA clients
Competitive Job	12% (4,291)	4% (194)
Seeking Work	16% (5,532)	6% (280)
Not in Labor Force	27% (9,205)	41% (2,007)
Not Seeking Work	24% (8,405)	22% (1,065)
Resident/Inmate of Institution	5% (1,636)	2% (74)
Other**	16% (5,632)	26% (1,257)

■ All AOABHS clients   ■ OA clients

*The graph and percentages reported above exclude unknown values (OA, n = 1,278; AOA, n = 9,020).
**Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

OA   77

Who are we serving?

OA Clients: Military Service

- Information regarding past military service was available for 89% of OA clients served during FY 2017-18.

- Among those clients served for whom military service data were available, almost two-thirds (64%) reported that they had no military service, and 8% indicated that they had served in the military.

OA Military Service*

Declined to Answer
3% (189)

Unable to Answer
24% (1,326)

No
64% (3,541)

Yes
8% (435)

The graph and percentages reported above exclude missing values (n = 664).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

OA   78

What types of services are being used?

OA Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	20,908	451
Case Management	1,037	41
Case Management – Institutional	1,515	373
Case Management – Strengths	10,020	520
Case Management – Transitional	164	33
Fee for Service (FFS)	10,007	1,520
Outpatient	18,226	1,899
Prevention	18	2

Inpatient Services	Admissions	Total Clients
Inpatient – County	131	114
Inpatient – FFS	529	331
State Hospital	0	0

Emergency/Crisis Services	Total Visits	Total Clients
Crisis Outpatient	421	302
Crisis Stabilization**	461	338
PERT	1,658	1,334
	Total Days	Total Clients
Crisis Residential	2,232	180

Forensic Services	Total Visits	Total Clients
Jail	2,047	516

24 Hour Services	Total Days	Total Clients
Edgemoor	23,575	76
Long Term Care (LTC)	1,157	5
LTC – Institutional	10,154	34
LTC – Residential	0	0
Residential	1,557	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, RMQ, and SATS-R)*

- Clinicians reported that OA 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.

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

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	886	4.52	4.57	▲
Management Subscale	908	2.93	3.02	▲
Recovery Subscale	908	2.85	2.94	▲
Overall Mean	909	3.24	3.32	▲

Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	543	3.60	3.63	▲

Substance Abuse Treatment Scale – Revised (SATS-R)	N	Pre	Post	Change
Overall Mean	322	5.83	5.99	▲

Legend

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

▲ Non-significant positive change

▶ No change

The outcomes reported here include all OA BHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2017-18 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.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

OA 80

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.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Glossary 81

Glossary

- **Crisis Outpatient (CO)** 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.

- **Crisis Residential (CR)** services offer a 24-hour crisis residence providing acute mental health care services to adults who are experiencing a crisis and require 24-hour support and supervision.

- **Crisis Stabilization (CS)** services are short-term and are provided to adults with mental health conditions that require a more timely response than a regularly scheduled visit and are delivered at certified sites.

- **Dual Diagnosis** occurs when an individual has both a mental disorder and a substance abuse problem.

- **Edgemoor** is an inpatient skilled nursing facility that provides: 24-hour skilled nursing care; physical rehabilitation; and recreational, occupational, physical, speech, and respiratory therapies.

- **Fee-For-Service (FFS)** services are primarily provided by licensed clinicians in private practice who get reimbursed for services rendered to clients. These providers are spread out over the county and represent a diversity of disciplines, cultural-linguistic groups and genders in order to provide choice for eligible clients.

- **Full Service Partnership (FSP)** programs are part of the County of San Diego's Community Services and Supports Program and are made possible through MHSA. FSPs use a "do whatever it takes" model that comprehensively addresses individual and family needs, fosters strong connections to community resources, and focuses on resilience and recovery to help individuals achieve their mental health treatment goals.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Glossary 82

Glossary

- **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.

- **Long Term Care (LTC) – Institutional Setting** refers to services provided to persons with serious mental illness at locked long-term care facilities which include Institutes for Mental Disease (IMDs) and Skilled Nursing Facilities (SNFs).

- **Long Term Care (LTC) – Residential** refers to services provided in residential settings that provide long-term care - offering room, board, 24-hour oversight, health monitoring, and assistance with activities of daily living and are licensed by the state. Residents often live in their own apartment within a building. The complex provides some care that those who live independently would perform themselves (such as taking medicine). Social and recreational activities are usually provided.

- **Outpatient (OP)** services offer treatment, rehabilitation, and recovery services which include screening and assessment, medication management, crisis intervention, group and individual short-term therapy, for people who are experiencing persistent and serious mental illness or a mental health crisis. In addition, some programs offer case management and homeless outreach.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Glossary   83

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** was determined by identifying the primary DSM/ICD diagnosis at intake from the last episode of service prior to June 30, 2018.

- **Psychiatric Emergency Response Team (PERT)** of San Diego County pairs licensed, experienced, professional mental health clinicians with specially trained law enforcement officers. They respond to calls for service from the community involving individuals who may be experiencing mental health crises. They intervene to prevent unnecessary hospitalizations and incarcerations while protecting the individuals involved as well as the community.

- **Recovery Makers Questionnaire (RMQ)** is a 26-item questionnaire that assesses elements of recovery from the client's perspective. It was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery.

- **Residential services** are services provided to persons with serious mental illness through a residential setting which provides 24/7 care and supervision as needed (unless otherwise authorized by the County to provide residential services that do not include care and supervision).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Glossary   84

Glossary

- **State Hospital** (California) services are provided to persons with serious mental illness through a California State Hospital.

- **Substance Abuse Treatment Scale – Revised (SATS-R)** is a single item assessment of a client's motivation to change his/her substance use behavior. The assessment is an 8-point scale based on the four stages of treatment: engagement, persuasion, active treatment, and relapse prevention. Clinicians are required to complete a SATS-R when a client has an active substance related treatment plan goal in his/her client plan.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Glossary 85

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@ucsd.edu

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

HEALTH SERVICES
R E S E A R C H   C E N T E R
UNIVERSITY OF CALIFORNIA SAN DIEGO

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2017-18
Source: Health Services Research Center (ALP, MCM, ST)

Contact   86