

# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

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## Adult and Older Adult (AOA) Behavioral Health Services Systemwide Annual Report: Fiscal Year 2021-2022

*Report prepared by:*



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# Introduction

## Overview

- This report summarizes cumulative system and clinical outcomes for transition age youth (TAY), adults, and older adults (OA) served by the County of San Diego Adult and Older Adult Behavioral Health Services (AOABHS) and the Drug Medi-Cal Organized Delivery System (DMC-ODS) during Fiscal Year 2021-22 (July 2021 – June 2022).

### AOABHS: Chapter 1

- Primarily serves individuals aged 18 years or older with severe, persistent mental health needs, or those experiencing a mental health crisis.
- Services in FY 2021-22 were delivered through a wide variety of program types including:
- Outpatient programs including but not limited to:
  - Full Service Partnerships (FSP)
  - Walk-in Assessment Centers
  - Case Management (CM) programs
- Access & Crisis Line (ACL)
- Crisis Residential (CR) Facilities
- Crisis Stabilization (CS) Facilities
- Urgent Outpatient (UO) Facilities
- Psychiatric Emergency Response Teams (PERT)
- Mobile Crisis Response Teams (MCRT)
- Inpatient Facilities
- Forensic Services
- Telepsychiatry
- 24 Hour Services

### DMC-ODS: Chapter 2

- Serves individuals with substance use disorders (SUD). Most clients served by the DMC-ODS are adults. Data for clients served by youth specific and perinatal programs within the DMC-ODS are reported in the Children, Youth, and Families Annual System of Care report.
- Services in FY 2021-22 were delivered through a variety of levels of care including:
  - Recovery Services
  - Outpatient Services
  - Intensive Outpatient Services
  - Withdrawal Management
  - Residential Services
  - Opioid Treatment Programs (OTP)

# Key Findings

## All AOA Mental Health Clients

- During FY 2021-22, San Diego County Behavioral Health Services (SDCBHS) delivered mental health services to 41,844 adults, TAY, and older adults, the lowest number of clients served over the past five years.
- Over the past five fiscal years, the proportion of non-Hispanic White clients served by mental health providers within the AOABHS System of Care (SOC) has gradually decreased (40% to 37%), while the proportion of Hispanic clients has gradually increased (26% to 31%).
- Similar to previous fiscal years, the most common mental health diagnoses among AOA clients served by AOABHS mental health providers during FY 2021-22 were schizophrenia and other psychotic disorders (45%), followed by bipolar disorders (21%), and depressive disorders (20%).
- Fifteen percent (15%; 5,596 clients) of AOA clients served by AOABHS mental health providers during FY 2021-22 were employed in a competitive job, reflecting a 30% increase over the past five fiscal years in the number of clients who were employed in a competitive job (4,291 clients in FY 2017-18).
- The number of Case Management services provided to AOA clients by AOABHS mental health providers more than doubled during FY 2021-22 (1,949 visits) relative to the previous fiscal year (590 visits), while the number of other outpatient services decreased during the same timeframe.
- The number of Crisis Stabilization services among AOA mental health clients increased by 56% during FY 2021-22 (12,765 visits), compared to FY 2020-21 (8,173 visits).
- There was a notable increase in utilization of Mobile Crisis Response Team (MCRT) services during FY 2021-22 (1,728 visits by 1,401 clients) compared to FY 2020-21 (103 visits by 60 clients), as this new level of care was implemented county-wide in 2022.

# Key Findings

## All AOA Mental Health Clients

- The proportion of clients who entered the AOABHS mental health SOC through emergency/crisis services during FY 2021-22 increased from FY 2020-21 (52% to 56%), continuing the upward trend observed during previous fiscal years.
- A total of 58,617 emergency/crisis services were used by 16,805 clients during FY 2021-22, representing 40% of AOA clients served by the SDCBHS SOC. This represents an increase of 3% in the number of AOABHS mental health clients who received emergency/crisis services during FY 2021-22, compared to FY 2020-21 (16,255 clients).
- Of the 4,896 AOA mental health clients hospitalized during FY 2021-22, 1,300 of them (27%) were hospitalized at least one additional time during the fiscal year. The number of AOA mental health clients with multiple hospitalizations during FY 2021-22 is the lowest it has been over the past five years.
- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2020-21, average wait times increased from approximately 8 days to about 11 days in FY 2021-22. Average access times for mental health assessments increased during FY 2019-20 to almost 6 days up from the average of 3 days during the previous two fiscal years and remained around 6 days since.
- Clinicians reported significant improvements in illness management, overall progress towards recovery outcomes, and low or minimal impairment in functioning due to drug or alcohol use among AOA mental health clients in FY 2021-22. Also, AOA clients self-reported significant improvement in their overall mental health status in FY 2021-22 via the Recovery Markers Questionnaire (RMQ) from pre to post assessment.
- AOA clients served by AOABHS mental health providers reported high rates of agreement in their perception of participation in treatment planning (92%), perception of quality and appropriateness of their treatment (91%), perception of access of treatment (90%), and general satisfaction (90%).

# Key Findings

## Transition Age Youth (TAY) Clients

- During FY 2021-22, SDCBHS delivered mental health services to 7,994 TAY clients (aged 18 to 25 years), comprising 19% of the AOA population served by mental health providers during FY 2021-22, and reflecting a slight increase from the 7,847 TAY clients served during FY 2020-21.
- Compared to FY 2020-21, the number of TAY clients served by AOABHS mental health providers during FY 2021-22 under the age of 18 increased by 21% (1,347 clients in FY 2020-21 to 1,625 clients in FY 2021-22).
- After several fiscal years of stability in the proportions of male and female TAY clients served by AOA mental health providers, a slight decline in the proportion of male TAY clients, and a subsequent increase in female TAY clients, were observed during FY 2020-21, relative to FY 2019-20, and this trend continued in FY 2021-22.
- More than three-quarters (79%) of TAY clients served by AOABHS mental health providers during FY 2021-22 were living independently, compared to only 67% of all clients served by AOABHS mental health providers.
- The three most common mental health diagnoses among TAY clients served by AOABHS mental health providers during FY 2021-22 were schizophrenia and other psychotic disorders (27%), depressive disorders (26%), and bipolar disorders (25%), which comprise 78% (5,001 clients) of TAY clients with a valid diagnosis in CCBH.
- During FY 2021-22, there was a substantial increase of Case Management services (503 visits) provided to TAY clients by AOABHS mental health providers compared to FY 2020-21 (<5 visits), while the number of other outpatient services decreased during the same timeframe.
- The number of Crisis Stabilization services among TAY mental health clients increased by 73% during FY 2021-22 (2,561 visits), compared to FY 2020-21 (1,482 visits).
- AOABHS mental health clinicians reported statistically significant improvements in the ability of TAY clients served to manage symptoms, progress toward their recovery, and improvements in their overall Illness Management and Recovery (IMR) assessment scores. Also, TAY clients served by AOABHS mental health providers self-reported significant improvement in their overall mental health status in FY 2021-22 via the Recovery Markers Questionnaire (RMQ) from pre to post assessment.

# Key Findings

## Older Adult (OA) Clients

- During FY 2021-22, SDCBHS delivered mental health services to 6,157 older adults (age 60 years or older), comprising 15% of all AOA clients served by mental health providers during the fiscal year, and reflecting a slight decrease of 2% in the number of OA clients served during FY 2020-21 (6,313 clients).
- The number of OA clients served during FY 2021-22 between the ages of 60 and 69 years (4,368 clients) decreased by 4%, compared to FY 2019-20 (4,572 clients).
- Similar to previous fiscal years, compared to all clients served by AOABHS mental health providers, a smaller proportion of OA clients served during FY 2021-22 were Hispanic (17% vs. 31%), and a larger proportion were non-Hispanic White (51% vs. 37%).
- A larger proportion of OA clients served by AOABHS mental health providers reported living in an institution (12%) compared to the overall AOA client population served by mental health providers (4%) during FY 2021-22.
- The most common mental health diagnosis among OA clients served during FY 2021-22 was schizophrenia and other psychotic disorders (49%), followed by depressive disorders (24%), comprising nearly three-quarters of OA clients with a valid diagnosis in CCBH.
- A similar proportion of OA clients served by mental health providers during FY 2021-22 (46%) had a co-occurring mental illness and substance use disorder compared to FY 2020-21 (46%). Prior to FY 2021-22, from FY 2014-15 to FY 2020-21, there had been a consistent increase in the proportion of OA clients with co-occurring disorders (28% to 46%).
- Compared to FY 2020-21, there were fewer outpatient services provided to OA clients during FY 2021-22 by AOABHS mental health providers except for Case Management services (0 visits in FY 2020-21 compared to 287 visits in FY 2021-22).
- There was a 42% increase in the number of OA clients who used Crisis Stabilization services during FY 2021-22 (455 clients) compared to FY 2020-21 (320 clients).



# Key Findings

## All AOA DMC-ODS Clients

- During FY 2021-22, the SDCBHS Drug Medi-Cal Organized Delivery System (DMC-ODS) delivered AOA substance use disorder (SUD) treatment services to 11,439 clients, marking a 16% reduction in the number of clients served by AOA SUD treatment providers since the launch of the DMC-ODS in San Diego County at the beginning of FY 2018-19 (13,687 clients).
- The proportion of non-Hispanic White clients served by DMC-ODS AOA SUD treatment providers has gradually decreased since FY 2018-19 (54% to 49%), while the proportion of Hispanic clients has increased (19% to 32%).
- The most common primary substance used at intake among AOA DMC-ODS clients served during FY 2021-22 was heroin (29%), followed by methamphetamine (25%), and alcohol (19%).
- Almost half (45%) of AOA clients served by the DMC-ODS during FY 2021-22 reported a primary substance used of heroin or another opioid at intake.
- More than one-third (35%) of AOA clients served by the DMC-ODS during FY 2021-22 received services from an opioid treatment provider (OTP) during their most recent admission.
- In addition to a substance use disorder, more than one-third (37%) of AOA DMC-ODS clients served during FY 2021-22 had a co-occurring substance use disorder and mental health illness at intake.
- The proportion of AOA clients served by the DMC-ODS with a co-occurring substance use disorder and mental illness has increased each year from FY 2018-19 to FY 2020-21 (32% to 37%) but remained stable from FY 2020-21 to FY 2021-22 (37%).
- A larger proportion of clients served by AOA DMC-ODS treatment providers with a co-occurring substance use disorder and mental illness were female (37%) compared to the proportion of all female clients served during FY 2021-22 (29%).

# Key Findings

## All AOA DMC-ODS Clients

- Heroin was the most reported primary substance used among AOA clients served by the DMC-ODS during FY 2021-22 across all regions, except for the Central region where methamphetamine was most reported. Almost half of AOA clients served by the DMC-ODS during FY 2021-22 from the North Central region (48%) reported heroin as their primary substance used.
- Almost two-thirds of AOA clients from the North Coastal (65%) and North Central (63%) regions and 58% of those from the North Inland region reported an opioid (heroin or another opioid) as their primary substance used compared to less than half of those from the Central (39%), South (43%), or East (49%) regions.
- There were 14,573 discharges from AOA funded DMC-ODS programs during FY 2021-22. About one-third (33%) of these discharges had a disposition of completed treatment and recovery plan goals, and almost two-fifths (39%) were administrative.
- During FY 2021-22, a total of 811,760 DMC-ODS services were provided to AOA clients, and a majority (88%) were provided face to face.
- Group counseling was the most common service type provided to clients receiving recovery services (48%), outpatient services (68%), and intensive outpatient services (67%) from AOA funded DMC-ODS programs during FY 2021-22.
- Overall, adult clients served by the DMC-ODS reported high rates of satisfaction as evidenced by at least 83% agreement in all five domains of the Treatment Perception Survey from those surveyed in the fall of 2021.
- Fewer clients completed the DUI program in FY 2021-22 (4,395 clients) compared to FY 2019-20 (5,755 clients) and FY 2020-21 (4,888 clients).

# Chapter 1: Mental Health



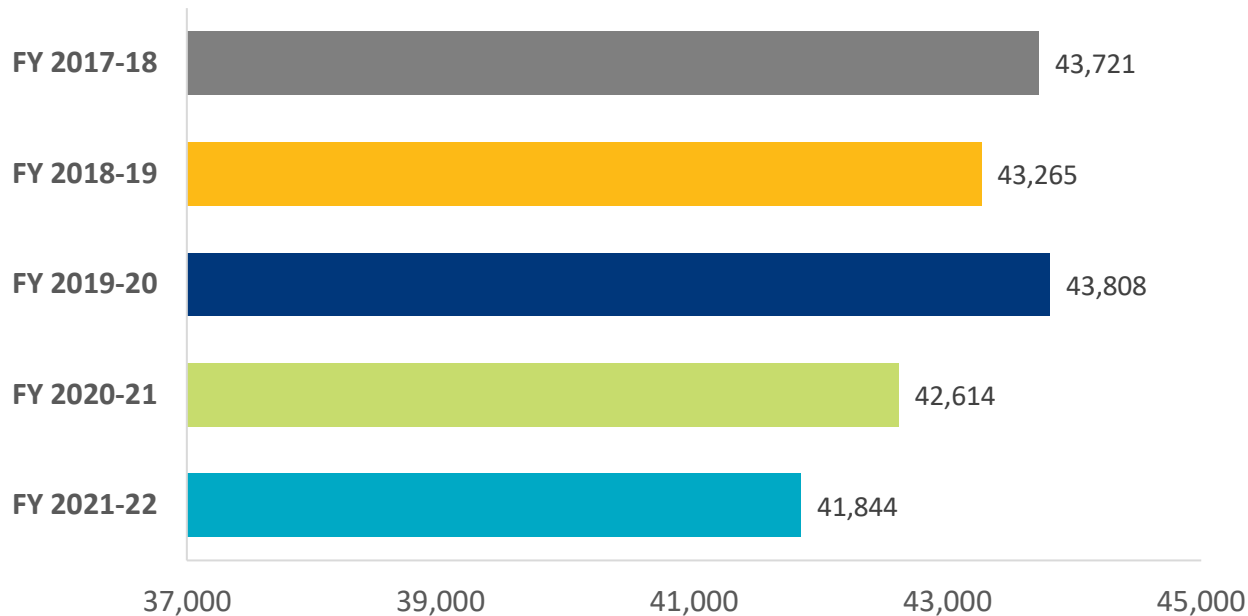
## **Adult and Older Adult Mental Health System of Care Annual Report Fiscal Year 2021-2022**

# Who are we serving?

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

- In FY 2021-22, mental health services were delivered to 41,844 adults, TAY, and older adults by the SDCBHS SOC, the lowest number of clients served over the past five years.
- The number of clients increased during FY 2019-20, compared to the number served during FY 2018-19. Then there was a decrease in the number of clients served during FY 2020-21 (42,614 clients) and a decrease in the number of clients served during FY 2021-22 (41,844 clients) compared with FY 2019-20 (43,808 clients).

### Number of Clients Served by Fiscal Year

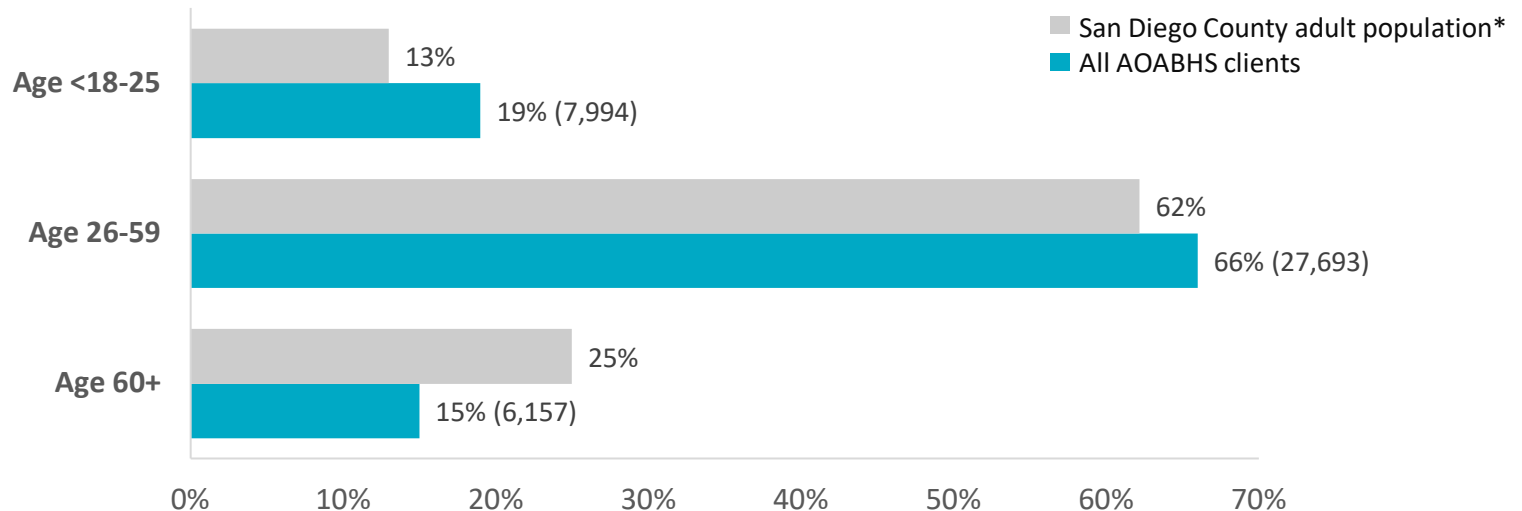


# Who are we serving?

## All AOA Clients: Age

- Compared to FY 2020-21, the proportion of clients served in each age group during FY 2021-22 was stable. The proportion of AOA clients of all age groups remained relatively stable (18% for <18 to 25 years of age; 66% for clients between the ages of 26-59 years; and 15% for clients the age 60 years and above in FY 2020-21).
- Similar to previous fiscal years, a much smaller proportion (15%) of AOABHS clients served during FY 2021-22 were older adults (ages 60+) compared to the estimated older adult population in San Diego County (25%).

### Age Distribution



\*Source: U.S. Census Bureau, 2020 American Community 5-Year Estimates Age and Sex (San Diego County population)

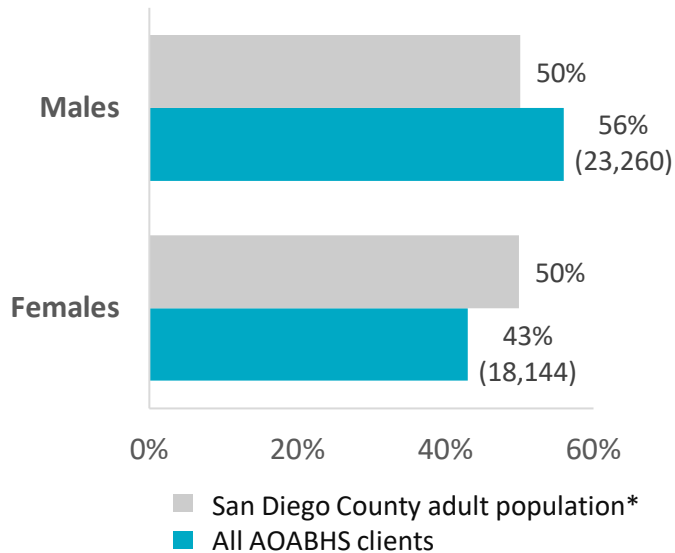
Note: San Diego County population estimates were not available for the CA mandated age categories. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-59, and age 60+.

# Who are we serving?

## All AOA Clients: Gender

- The proportion of males and females in the AOABHS client population has remained relatively stable over the last five fiscal years.
- Similar to past fiscal years, there was a greater proportion of males served by AOABHS in FY 2021-22 compared to the proportion of males in the overall San Diego County population (56% vs. 50%) and a smaller proportion of females served by AOABHS in FY 2021-22 compared to the proportion of females in the overall San Diego County population (43% to 50%).

### Gender Distribution



| AOABHS Gender | Fiscal Year |         |         |         |         | SD County Population |
|---------------|-------------|---------|---------|---------|---------|----------------------|
|               | 2017-18     | 2018-19 | 2019-20 | 2020-21 | 2021-22 |                      |
| Females       | 45%         | 43%     | 43%     | 43%     | 43%     | 50%                  |
| Males         | 55%         | 56%     | 56%     | 56%     | 56%     | 50%                  |
| Other/Unknown | < 1%        | 1%      | 1%      | 1%      | 1%      | n/a**                |

\*Source: U.S. Census Bureau, 2020 American Community 5-Year Estimates Age and Sex (San Diego County population)

\*\*Rates of other/unknown genders were not available for the San Diego County adult population. In the AOABHS population, gender was reported as other/unknown for 445 clients in FY 2021-22 (1%).

# Who are we serving?

## All AOA Clients: Race/Ethnicity

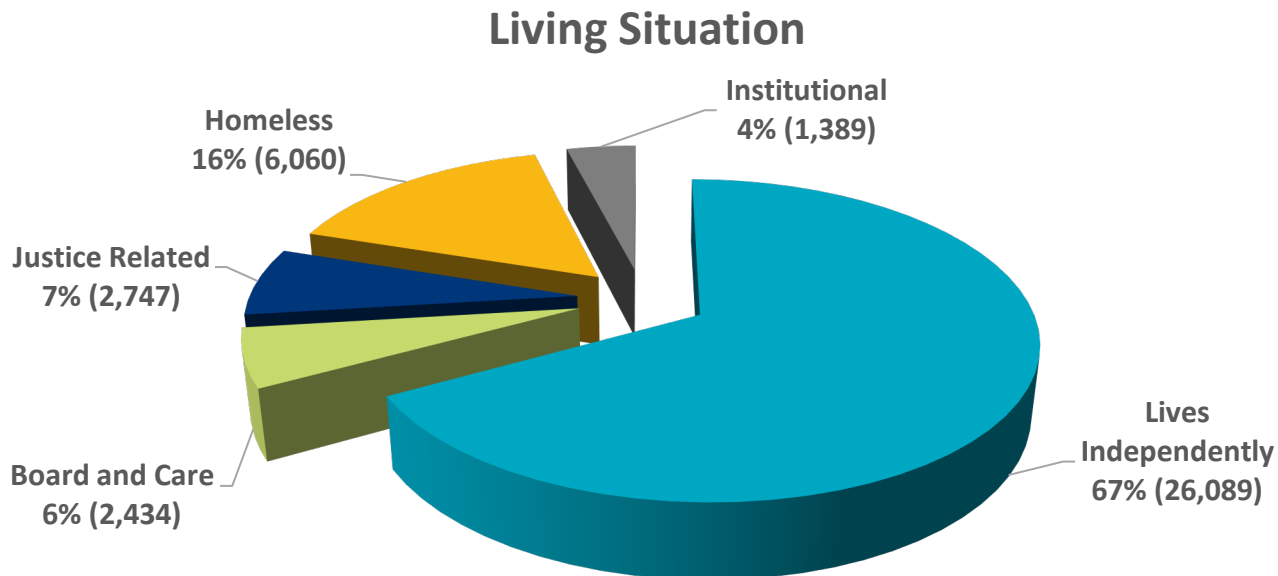
- The proportion of non-Hispanic White clients served by AOABHS has gradually decreased since FY 2017-18 (40% to 37%), while the proportion of Hispanic clients has gradually increased (26% to 31%).
- The proportion of non-Hispanic Black/African American, and non-Hispanic Multiracial clients served by AOABHS has remained relatively stable since FY 2017-18.

| Race/Ethnicity            | Fiscal Year |         |         |         |         |
|---------------------------|-------------|---------|---------|---------|---------|
|                           | 2017-18     | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
| Hispanic                  | 26%         | 27%     | 29%     | 30%     | 31%     |
| NH White                  | 40%         | 39%     | 39%     | 38%     | 37%     |
| NH Black/African American | 11%         | 11%     | 11%     | 11%     | 11%     |
| NH Asian                  | 4%          | 5%      | 5%      | 5%      | 5%      |
| NH Native American        | <1%         | <1%     | <1%     | <1%     | <1%     |
| NH Multiracial            | 6%          | 6%      | 6%      | 6%      | 6%      |
| NH Other                  | 4%          | 4%      | 4%      | 4%      | 4%      |
| Unknown                   | 9%          | 8%      | 6%      | 6%      | 6%      |

# Who are we serving?

## All AOA Clients: Living Situation\*

- More than two-thirds (67%) of clients served in FY 2021-22 lived independently\*\*.
- The number of clients served during FY 2021-22 who lived in a justice related setting increased by 43% when compared with FY 2020-21 (2,747 compared to 1,917 in FY 2019-20).
- The proportion of clients served during FY 2021-22 who were in board and care, homeless, and institutional settings also remained stable from FY 2020-21.



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

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

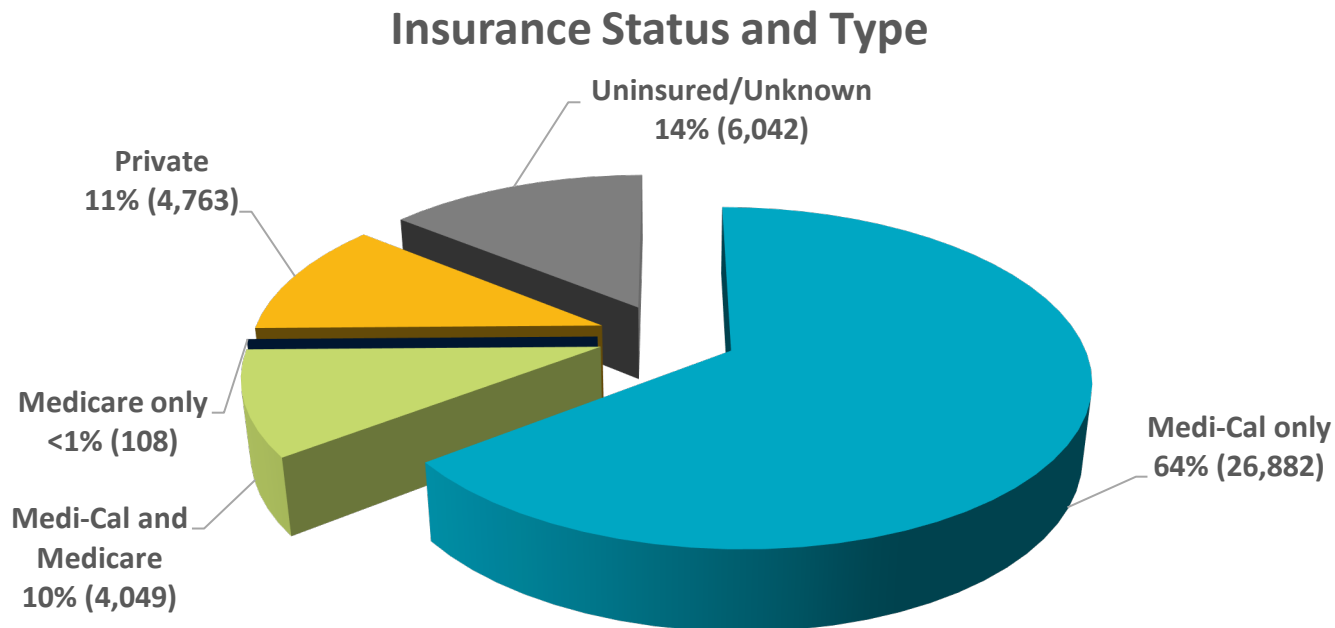
Note: Clients with an other/unknown living status (n = 3,125) are excluded from the figure and percentages reported above.



## Who are we serving?

### All AOA Clients: Health Care Coverage

- The number of uninsured/unknown AOABHS clients served in FY 2021-22 decreased by 5% from FY 2020-21 (6,347 to 6,042).
- Three-quarters (74%) of clients served in FY 2021-22 were at least partially covered by Medi-Cal.

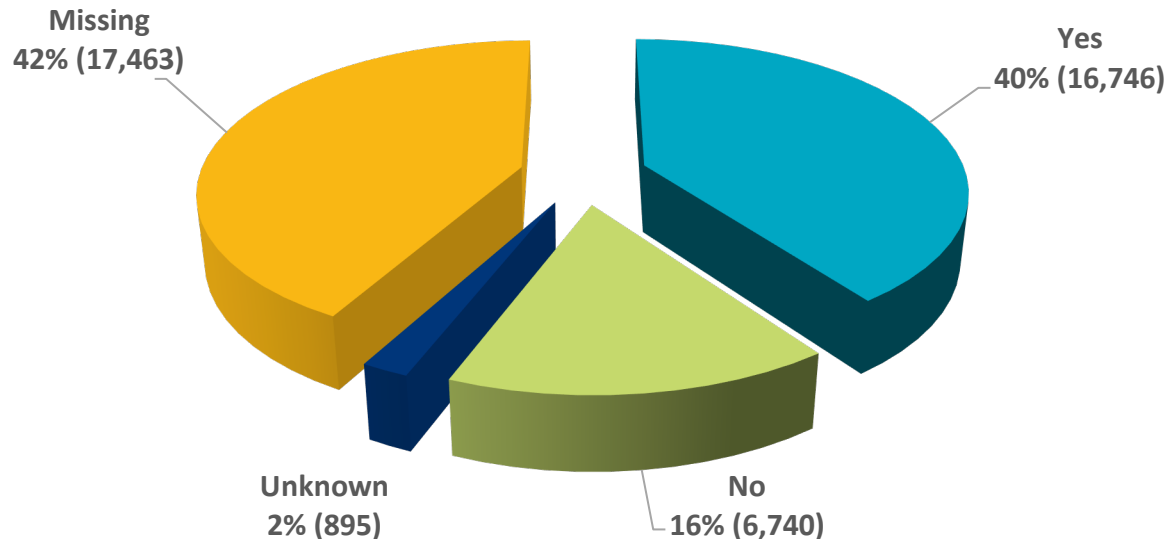


# Who are we serving?

## All AOA Clients: Primary Care Physician

- The proportion of AOABHS clients served in FY 2021-22 who had a primary care physician (40%) slightly increased from FY 2020-21 (39%).
- Note: Information about primary care physician was unavailable for almost half (44%) of AOABHS clients.

### Primary Care Physician



# Who are we serving?

## All AOA Clients: Sexual Orientation

- The majority of AOA clients served during FY 2021-22 with sexual orientation information available identified as heterosexual (85%).
- Sexual orientation data were missing for 26,176 clients (63%), which is higher than was reported FY 2020-21 (53%).

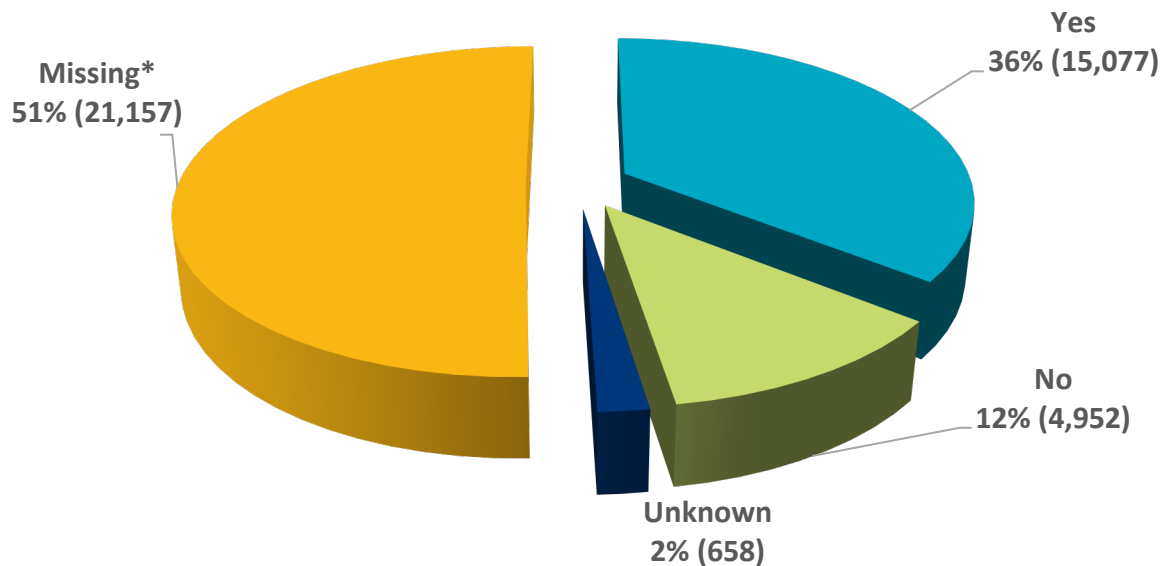
| Sexual Orientation               | Unique Clients | Percentage  |
|----------------------------------|----------------|-------------|
| Heterosexual                     | 13,360         | 85%         |
| Bisexual                         | 983            | 6%          |
| Gay male                         | 339            | 2%          |
| Lesbian                          | 222            | 1%          |
| Other                            | 291            | 2%          |
| Questioning                      | 186            | 1%          |
| Declined to state                | 287            | 2%          |
| <b>Total (excluding missing)</b> | <b>15,668</b>  | <b>100%</b> |
| Missing                          | 26,176         | 63%         |

# Who are we serving?

## All AOA Clients: History of Trauma

- Over one-third of AOABHS clients served in FY 2021-22 had a history of trauma (36%).
- Data was not available (missing) for over half (51%) of the AOABHS population.

### History of Trauma

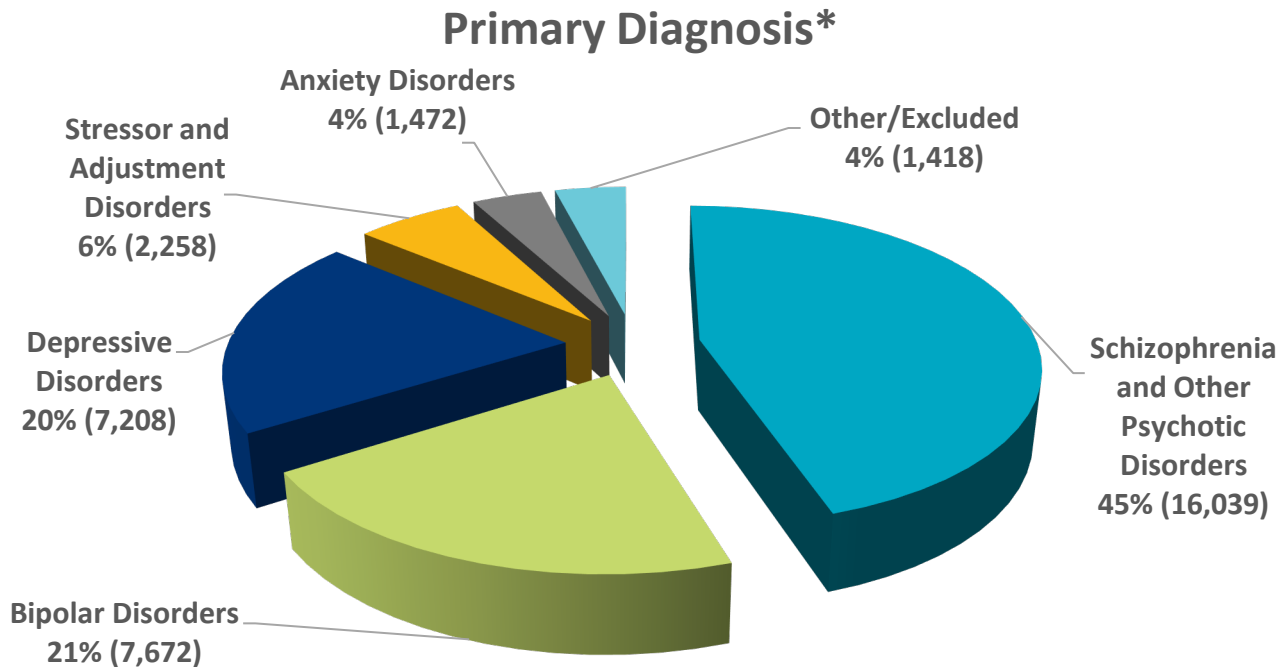


\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

# Who are we serving?

## All AOA Clients: Primary Mental Health Diagnosis

- Similar to previous fiscal years, the most common diagnoses among AOABHS clients served during FY 2021-22 were schizophrenia and other psychotic disorders (45%), followed by bipolar disorders (21%), and depressive disorders (20%).
- Primary diagnosis was invalid or missing for 5,822 AOABHS clients served during FY 2021-22.



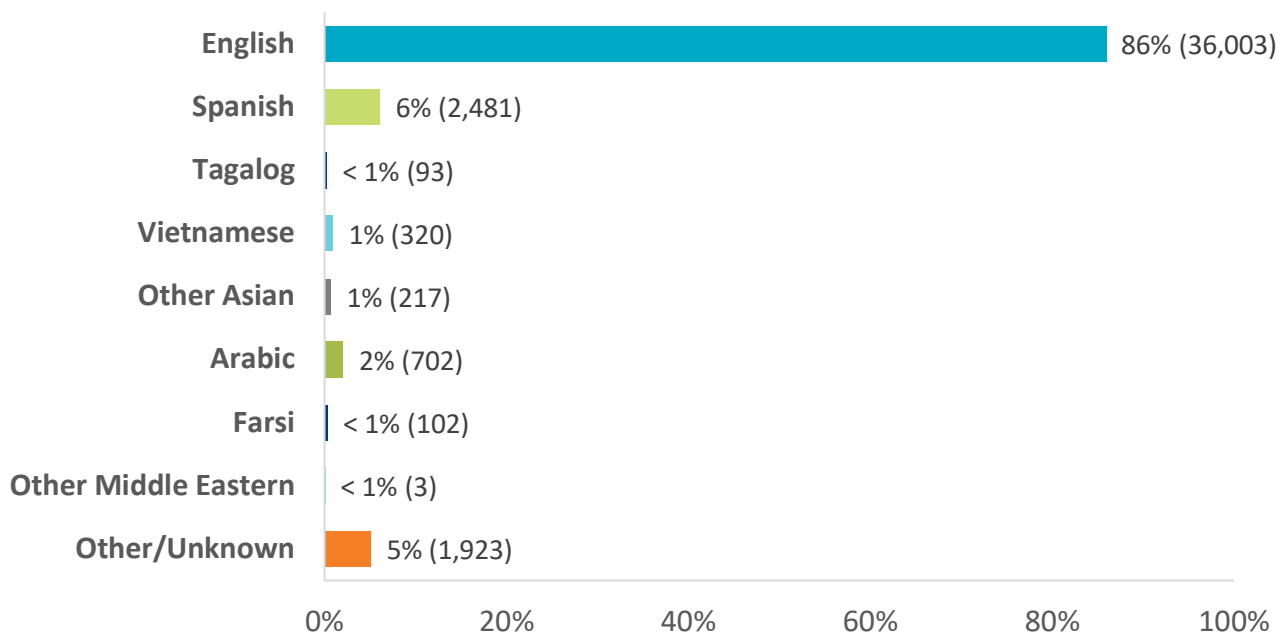
\*The graph and percentages reported above exclude invalid/missing values (n = 5,822).

# 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 2021-22 remained stable from FY 2020-21. More than four-fifths (86%) of clients preferred services in English. The second most common preferred language was Spanish (6%).

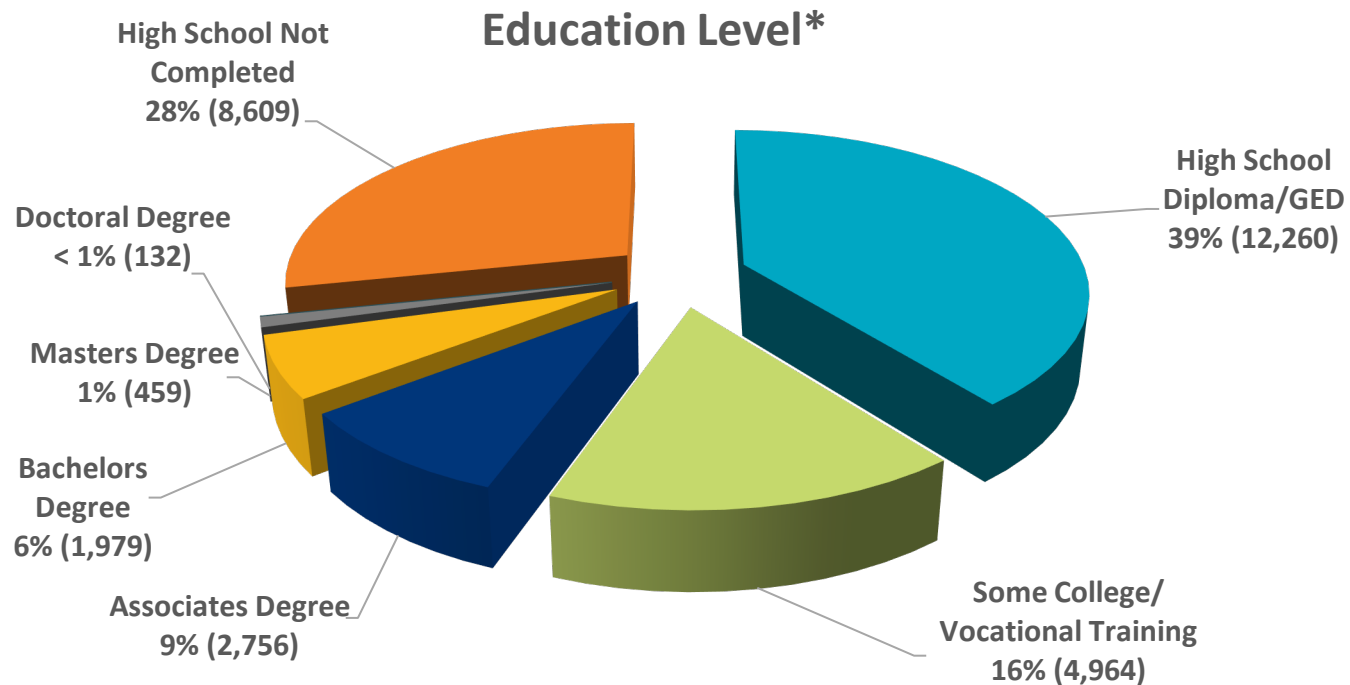
### Preferred Language



# Who are we serving?

## All AOA Clients: Education Level

- Overall, the education level proportions of clients served during FY 2021-22 were stable from FY 2020-21.
- Over one-fourth (28%) of AOABHS clients served in FY 2021-22 did not complete high school.
- The largest proportion of clients receiving AOABHS services during FY 2021-22 had a high school diploma or GED (39%).

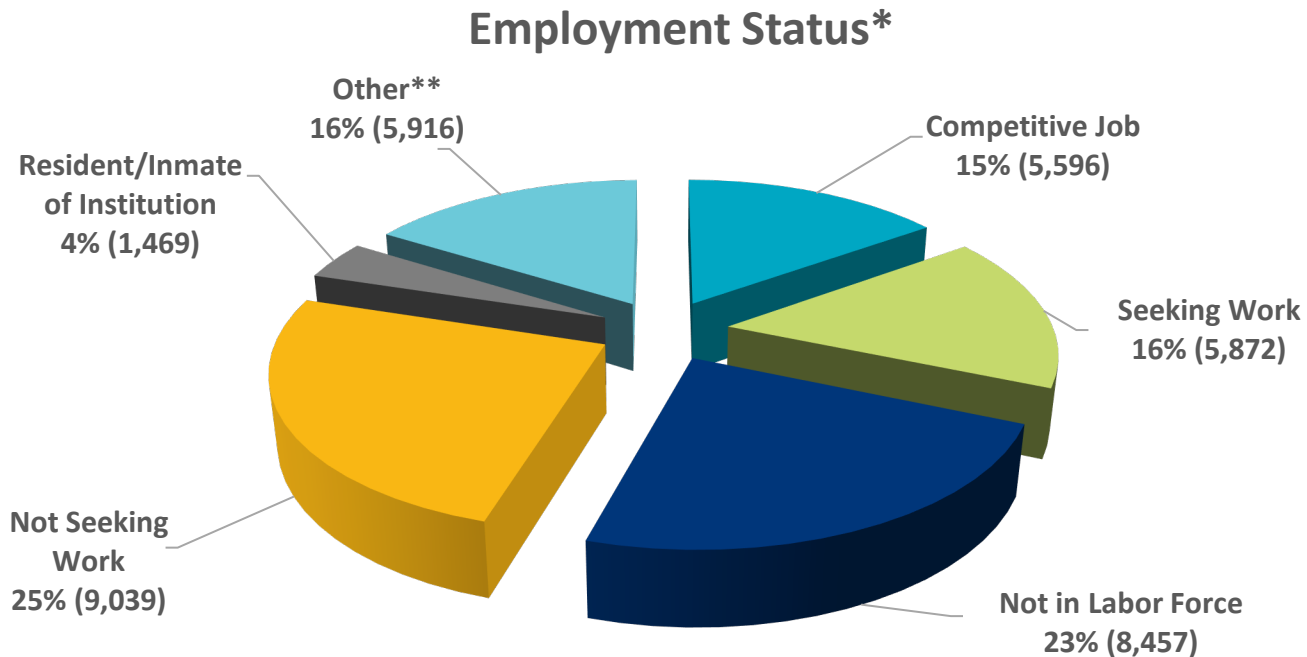


\*The graph and percentages reported above exclude unknown/not reported values (n = 10,685).

# Who are we serving?

## All AOA Clients: Employment Status

- At the time of the most recent assessment, nearly one-third of clients served in FY 2020-21 were employed in a competitive job (15%) or seeking work (16%).
- 15% (5,596) of clients served during FY 2021-22 were employed in a competitive job, reflecting a 30% increase in the number of clients over time who were employed in a competitive job during FY 2021-22, compared back three years ago to FY 2017-18 (4,291).
- The number of clients served during FY 2021-22 not seeking work decreased by 7% when compared with FY 2020-21 (9,039 compared to 9,693 in FY 2020-21).



\*The graph and percentages reported above exclude Unknown values (n = 5,495).

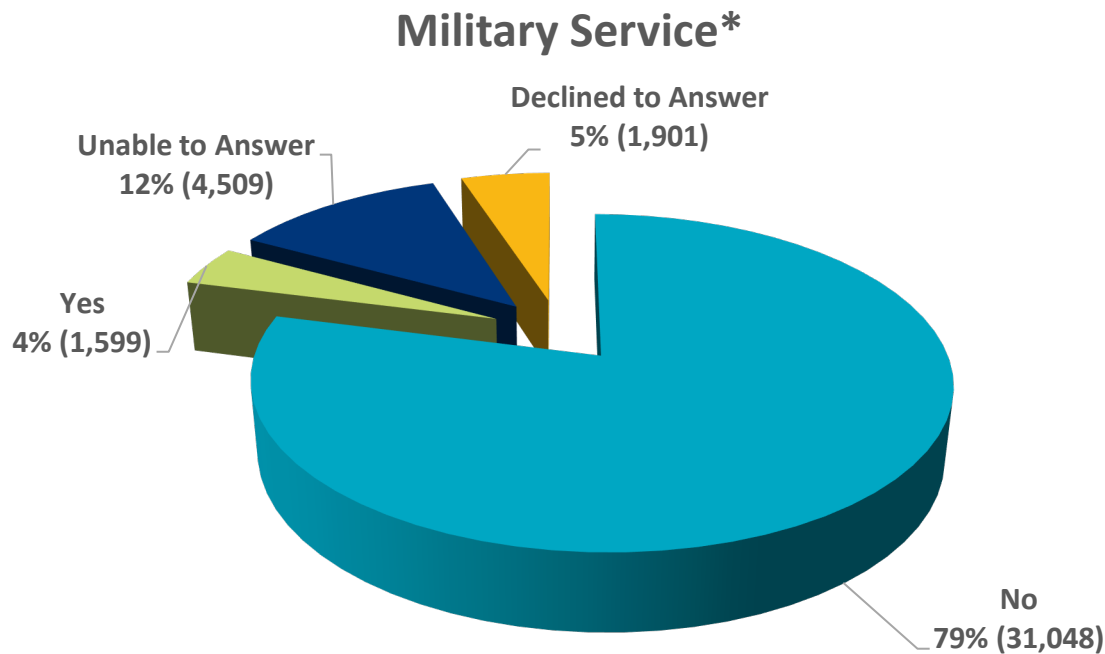
\*\*Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.



## Who are we serving?

### All AOA Clients: Military Service

- Information regarding past military service was available for 93% of AOABHS clients served during FY 2021-22, representing a 3% decrease from last fiscal year (40,131 in FY 2020-21 to 39,057 in FY 2021-22).
- Among those clients served for whom military service data were available, 79% reported that they had no military service, and 4% indicated that they had served in the military.



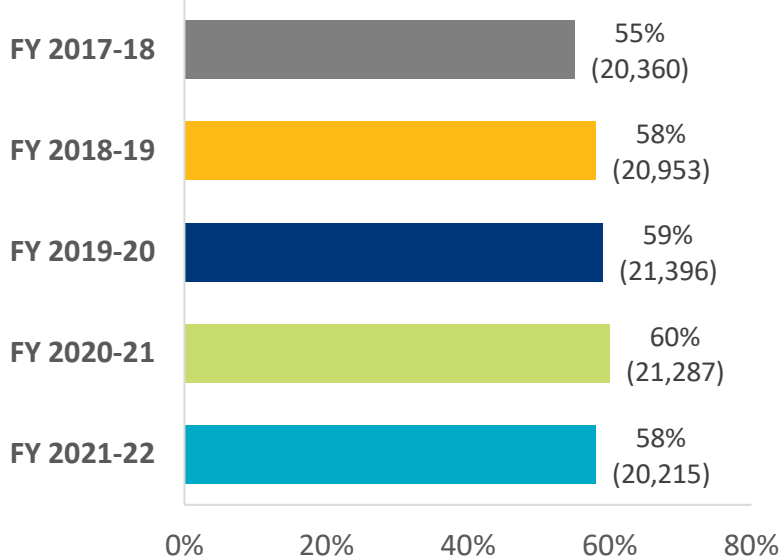
\*The graph and percentages reported above exclude missing values (n = 2,787).

# Who are we serving?

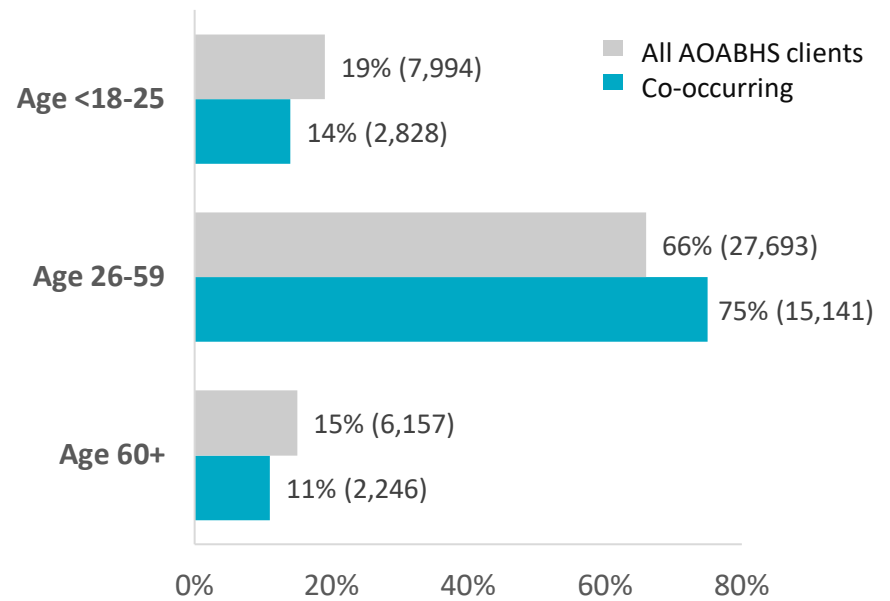
## All AOA Clients: Co-occurring Mental Illness and Substance Use Disorder (Overall and by Age)

- In addition to a primary mental health diagnosis, nearly three-fifths of AOABHS clients served during FY 2020-21 (58%) had a co-occurring mental illness and substance use disorder (SUD).
- The number and proportion of AOABHS clients with a co-occurring mental health illness and substance use disorder gradually increased each year from FY 2017-18 to FY 2020-21 (55% to 60%), then decreased from FY 2020-21 to FY 2021-22 (60% to 58%).

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



### Co-occurring by Age

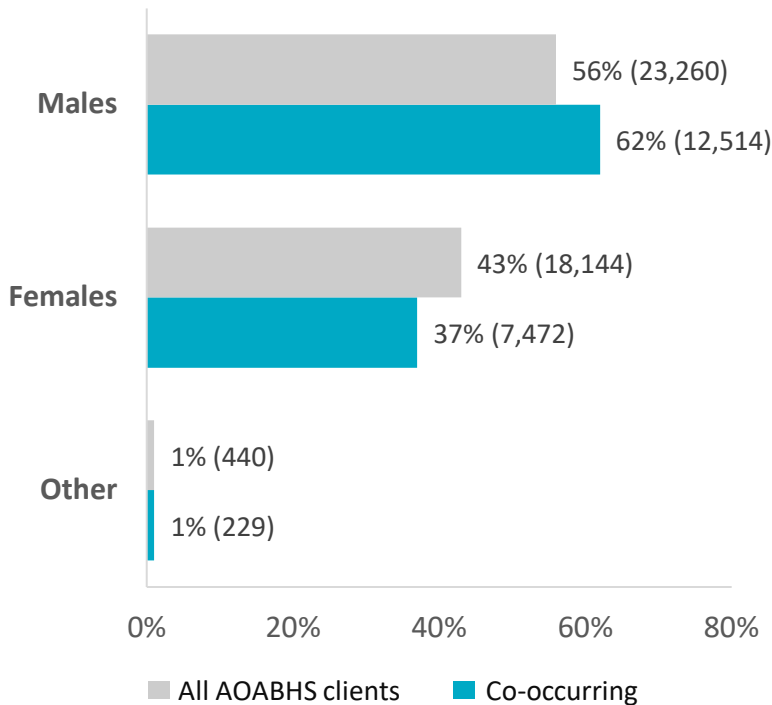


# Who are we serving?

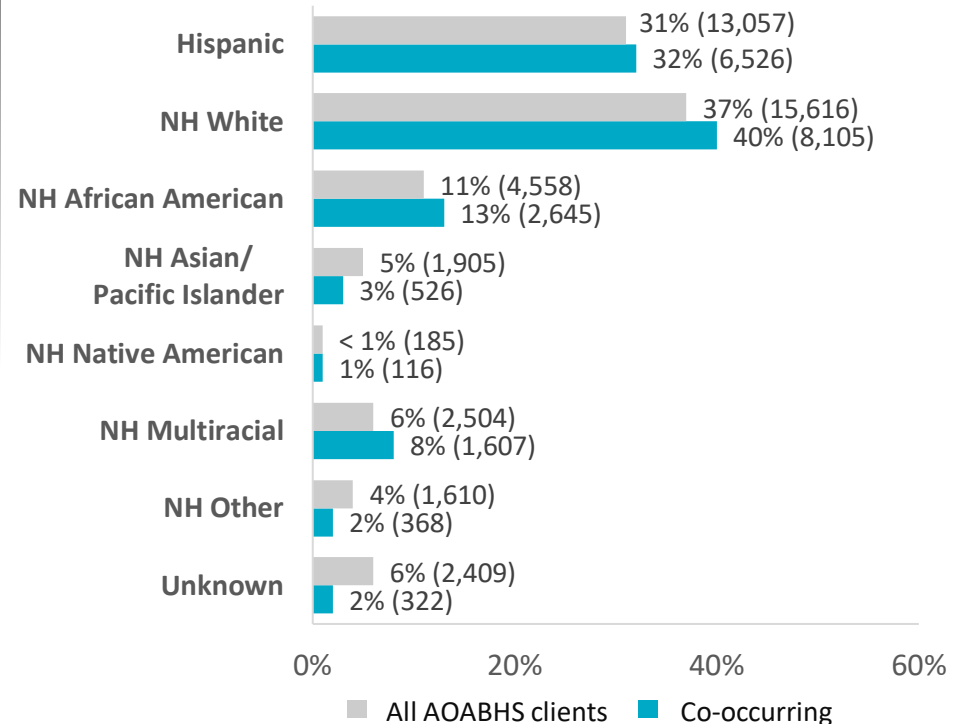
## All AOA Clients: Co-occurring by Gender and Race/Ethnicity

- Almost two-thirds of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2021-22 were male (62%).
- Nearly three-fourths of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2021-22 were non-Hispanic White (40%), and nearly one-third were Hispanic (32%).

### Co-occurring by Gender



### Co-occurring by Race/Ethnicity

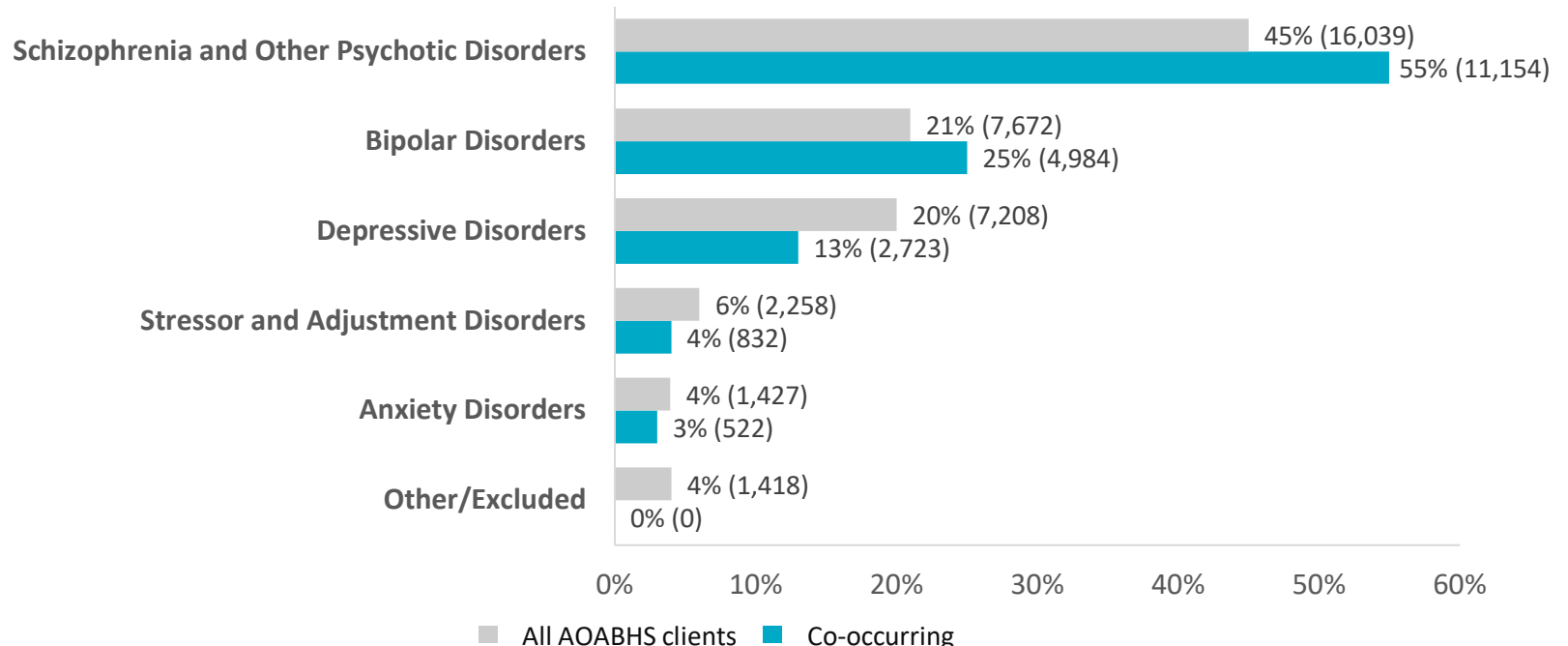


# Who are we serving?

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

- More than half of AOA clients served during FY 2021-22 with a co-occurring mental illness and substance use disorder had been diagnosed with schizophrenia or an other psychotic disorder (55%).
- One-quarter of AOA clients served during FY 2021-22 with a co-occurring mental illness and substance use disorder had been diagnosed with a bipolar disorder (25%).

### Co-occurring by Primary Diagnosis\*



\*The graph and percentages reported above exclude invalid/missing values for AOA, n = 5,822).

# Where are we serving?

## All AOA Clients: Demographics by Region

| Demographic                                   | Central       |            | East         |            | South        |            | North Central |            | North Coastal |            | North Inland |           | All AOA       |             |
|---|---------------|------------|--------------|------------|--------------|------------|---------------|------------|---------------|------------|--------------|-----------|---------------|-------------|
|   | N             | %          | N            | %          | N            | %          | N             | %          | N             | %          | N            | %         | N             | %           |
| <b>Age</b>                                    |               |            |              |            |              |            |               |            |               |            |              |           |               |             |
| <18 – 25 years                                | 1,437         | 14%        | 680          | 14%        | 1,197        | 18%        | 4,906         | 22%        | 1,103         | 18%        | 583          | 18%       | 7,994         | 19%         |
| 26 – 59 years                                 | 7,530         | 74%        | 3,620        | 77%        | 5,168        | 76%        | 13,832        | 61%        | 4,492         | 72%        | 2,285        | 70%       | 27,693        | 66%         |
| 60+ years                                     | 1,166         | 12%        | 392          | 8%         | 472          | 7%         | 3,802         | 17%        | 628           | 10%        | 380          | 12%       | 6,157         | 15%         |
| <b>Gender</b>                                 |               |            |              |            |              |            |               |            |               |            |              |           |               |             |
| Females                                       | 3,197         | 32%        | 3,344        | 71%        | 1,442        | 21%        | 10,515        | 47%        | 2,002         | 32%        | 1,470        | 45%       | 18,144        | 43%         |
| Males   | 6,816         | 67%        | 1,297        | 28%        | 5,337        | 78%        | 11,773        | 52%        | 4,166         | 67%        | 1,725        | 53%       | 23,260        | 56%         |
| Other/Unknown                                 | 120           | 1%         | 51           | 1%         | 58           | 1%         | 252           | 1%         | 55            | 1%         | 53           | 2%        | 440           | 1%          |
| <b>Race/Ethnicity</b>                         |               |            |              |            |              |            |               |            |               |            |              |           |               |             |
| Hispanic                                      | 3,226         | 32%        | 1,370        | 29%        | 3,245        | 47%        | 6,112         | 27%        | 2,094         | 34%        | 1,036        | 32%       | 13,057        | 31%         |
| NH White                                      | 3,213         | 32%        | 1,686        | 36%        | 1,727        | 25%        | 9,172         | 41%        | 2,715         | 44%        | 1,495        | 46%       | 15,616        | 37%         |
| NH Black/African American                     | 1,685         | 17%        | 563          | 12%        | 1,000        | 15%        | 2,199         | 10%        | 619           | 10%        | 202          | 6%        | 4,558         | 11%         |
| NH Asian/Pacific Islander                     | 564           | 6%         | 108          | 2%         | 182          | 3%         | 1,103         | 5%         | 161           | 3%         | 108          | 3%        | 1,905         | 5%          |
| NH Native American                            | 41            | <1%        | 43           | 1%         | 22           | <1%        | 97            | <1%        | 37            | 1%         | 26           | 1%        | 185           | <1%         |
| NH Multiracial                                | 767           | 8%         | 427          | 9%         | 313          | 5%         | 1,443         | 6%         | 380           | 6%         | 203          | 6%        | 2,504         | 6%          |
| NH Other                                      | 170           | 2%         | 390          | 8%         | 124          | 2%         | 1,007         | 4%         | 108           | 2%         | 58           | 2%        | 1,610         | 4%          |
| Unknown                                       | 467           | 5%         | 105          | 2%         | 224          | 3%         | 1,407         | 6%         | 109           | 2%         | 120          | 4%        | 2,409         | 6%          |
| <b>Top 3 Diagnoses</b>                        |               |            |              |            |              |            |               |            |               |            |              |           |               |             |
| Schizophrenia/Other Psychotic Disorders       | 5,078         | 56%        | 1,985        | 46%        | 2,738        | 45%        | 9,336         | 49%        | 2,538         | 45%        | 1,595        | 51%       | 16,039        | 45%         |
| Bipolar Disorders                             | 1,969         | 22%        | 894          | 21%        | 1,234        | 20%        | 3,424         | 18%        | 1,701         | 30%        | 856          | 27%       | 7,672         | 21%         |
| Depressive Disorders                          | 1,248         | 14%        | 952          | 22%        | 906          | 15%        | 3,890         | 20%        | 646           | 11%        | 493          | 16%       | 7,208         | 20%         |
| <b>Total Outpatient Clients in the Region</b> | <b>10,133</b> | <b>24%</b> | <b>4,692</b> | <b>11%</b> | <b>6,837</b> | <b>16%</b> | <b>22,540</b> | <b>53%</b> | <b>6,223</b>  | <b>15%</b> | <b>3,248</b> | <b>8%</b> | <b>41,844</b> | <b>100%</b> |

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

# What types of services are being used?

## All AOA Clients: Types of Services\*

| Outpatient Services                 |              |               | Emergency/Crisis Services   |              |               |
|-------------------------------------|--------------|---------------|-----------------------------|--------------|---------------|
|                                     | Total Visits | Total Clients |                             | Total Visits | Total Clients |
| Assertive Community Treatment (ACT) | 140,869      | 3,131         | Urgent Outpatient (UO)      | 11,724       | 7,058         |
| Case Management                     | 1,949        | 843           | Crisis Stabilization (CS)** | 12,765       | 6,441         |
| Case Management – Institutional     | 11,204       | 845           | PERT                        | 10,045       | 7,980         |
| Case Management – Strengths         | 26,323       | 1,473         | MCRT                        | 1,728        | 1,401         |
| Case Management – Transitional      | 358          | 76            |                             | Total Days   | Total Clients |
| Fee for Service (FFS)               | 71,528       | 8,612         | Crisis Residential (CR)     | 19,218       | 1,442         |
| Outpatient                          | 129,496      | 11,995        | Forensic Services           |              |               |
| Prevention                          | 85           | 14            | Jail                        | 66,857       | 9,485         |
| Inpatient Services                  |              |               | 24 Hour Services            |              |               |
|                                     | Admissions   | Total Clients |                             | Total Days   | Total Clients |
| Inpatient – County                  | 1,855        | 1,602         | Edgemoor                    | 41,206       | 122           |
| Inpatient – FFS                     | 5,412        | 3,468         | Long Term Care (LTC)        | 12,112       | 59            |
| State Hospital                      | 8            | 8             | LTC - Institutional         | 116,260      | 525           |
|                                     |              |               | LTC - Residential           | 11,526       | 49            |
|                                     |              |               | Residential                 | 4,224        | 33            |

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

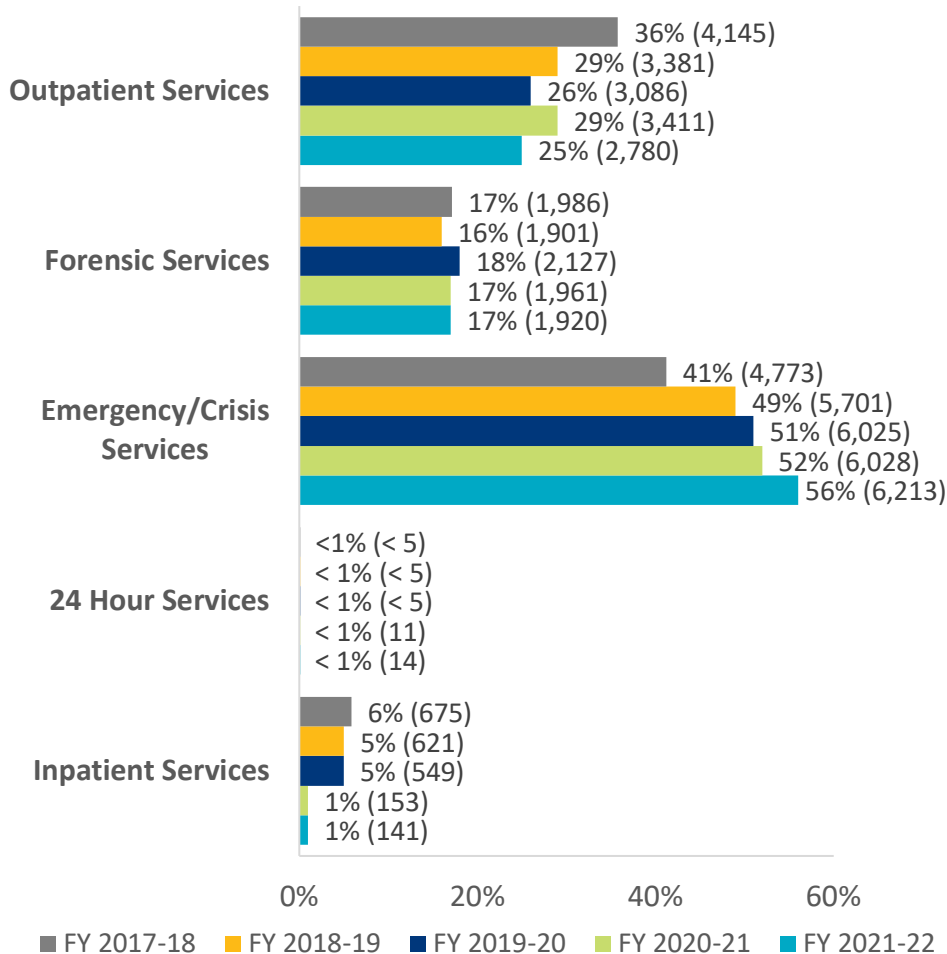
\*\*Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

# 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 2021-22 was emergency/crisis services (56%).
- The proportion of clients who entered the AOABHS SOC through outpatient services increased from FY 2019-20 to FY 2020-21 (26% to 29%) but decreased from FY 2020-21 to FY 2021-22 (29% to 25%).
- The proportion of clients who entered the AOABHS SOC through emergency/crisis services during FY 2021-22 increased from FY 2020-21 (52% to 56%), continuing the upward trend observed during previous fiscal years.
- The proportion of clients entering the AOABHS SOC initially through inpatient services has consistently decreased over the past five fiscal years, while the proportion of clients entering through 24 hour services has consistently been very few clients.

## Types of First Service Used



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

# What types of services are being used?

## All AOA Clients: Emergency/Crisis Services

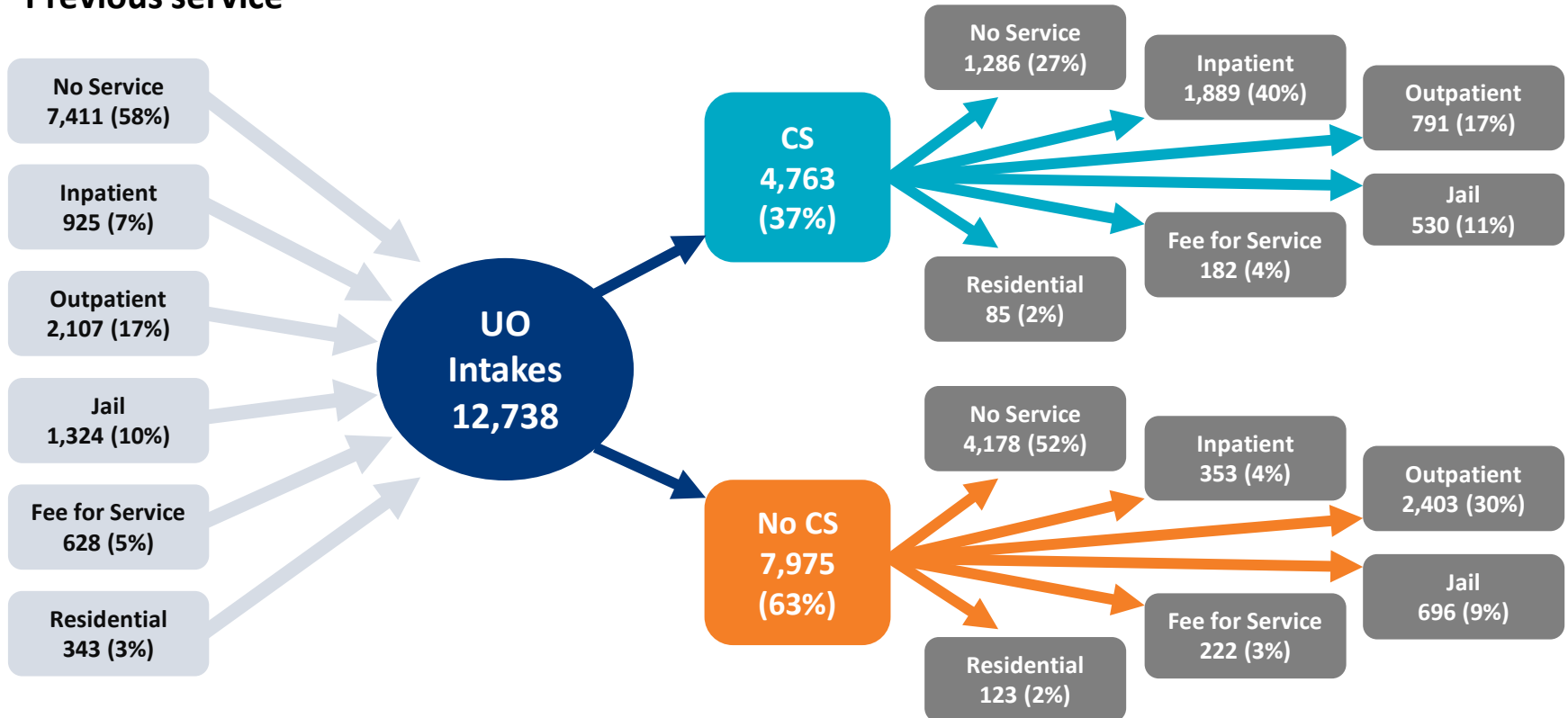
- Of the 41,844 clients served by AOABHS during FY 2021-22, 16,805 (40%) of them received emergency/crisis services. Emergency/crisis services include UO, CS, CR, Psychiatric Emergency Response Team (PERT), and Mobile Crisis Response Team (MCRT). This represents an increase of 3% in the number of AOABHS clients who received emergency/crisis services during FY 2021-22, compared to FY 2020-21 (16,255 clients).
- A total of 58,617 emergency/crisis services were used by these 16,805 clients during FY 2021-22.
- The number of intakes into UO during FY 2021-22 decreased by 10% compared to the number of UO intakes during FY 2020-21 (12,738 in FY 2021-22 compared to 14,207 in FY 2020-21).
- Over half (58%; 7,411 clients) of AOABHS clients who received a UO intake during FY 2021-22 did not have an AOABHS service within the previous six months.
- Of the 12,738 intakes into UO, nearly two-fifths (37%) had a subsequent CS service during FY 2021-22.
- The number of clients that received an inpatient service after a CS service following a UO intake during FY 2021-22 decreased by 10% when compared to FY 2020-21 (1,889 clients in FY 2021-22 compared to 2,092 clients in FY 2020-21).
- The most common service after a UO intake when CS services were not received was outpatient (30%). Over half (52%) of clients did not access a service following a UO intake.



# What types of services are being used?

## All AOA Clients: Emergency/Crisis Services

### Previous service\*



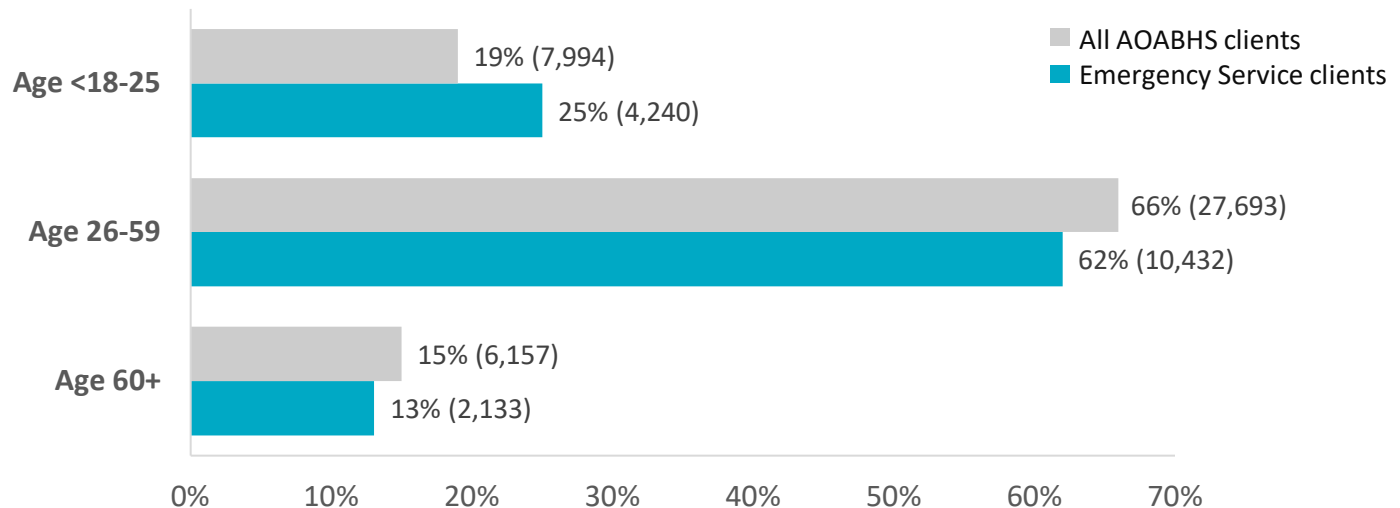
\*Service history is the six months prior to the first UO service in FY 2021-22.

# 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 2021-22, there was a larger proportion of clients ages <18 through 25 years (25%) than the overall AOABHS client population (19%), and a smaller proportion of clients ages 26 through 59 years (62% vs. 66%).
- Compared to FY 2020-21, a slightly higher proportion of clients ages <18 through 25 years of age used emergency/ crisis services (24% during FY 2020-21) and a slightly smaller proportion of clients between the ages of 26 and 59 years used these types of services (63% in FY 2020-21) during FY 2021-22.

### Clients who Used Emergency Services by Age



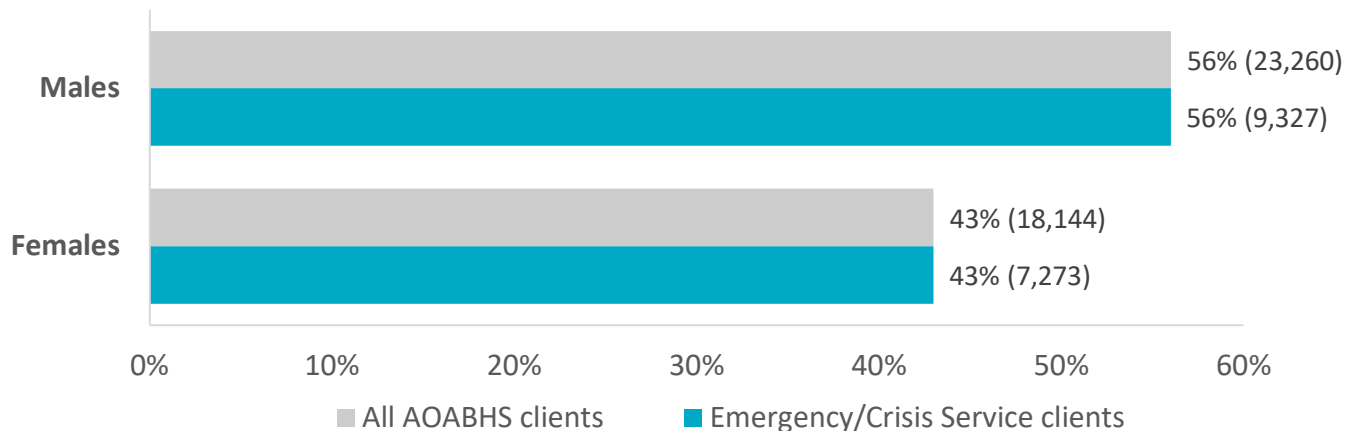
\*Emergency/crisis services include UO, CS, CR, and PERT.

# What types of services are being used?

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

- Among clients who utilized emergency/crisis services during FY 2021-22, a similar proportion of them were male (56%) compared to the AOABHS client population (56%). This is more than the overall adult population in San Diego County (50%)\*\*.
- Note:** The gender discrepancy among clients receiving emergency/crisis services could be related to an increased likelihood for males to be diagnosed with conditions associated with externalizing behaviors, such as schizophrenia and other psychotic disorders, and females to be diagnosed with conditions associated with more passive symptomatology, such as depressive disorders.

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



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

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

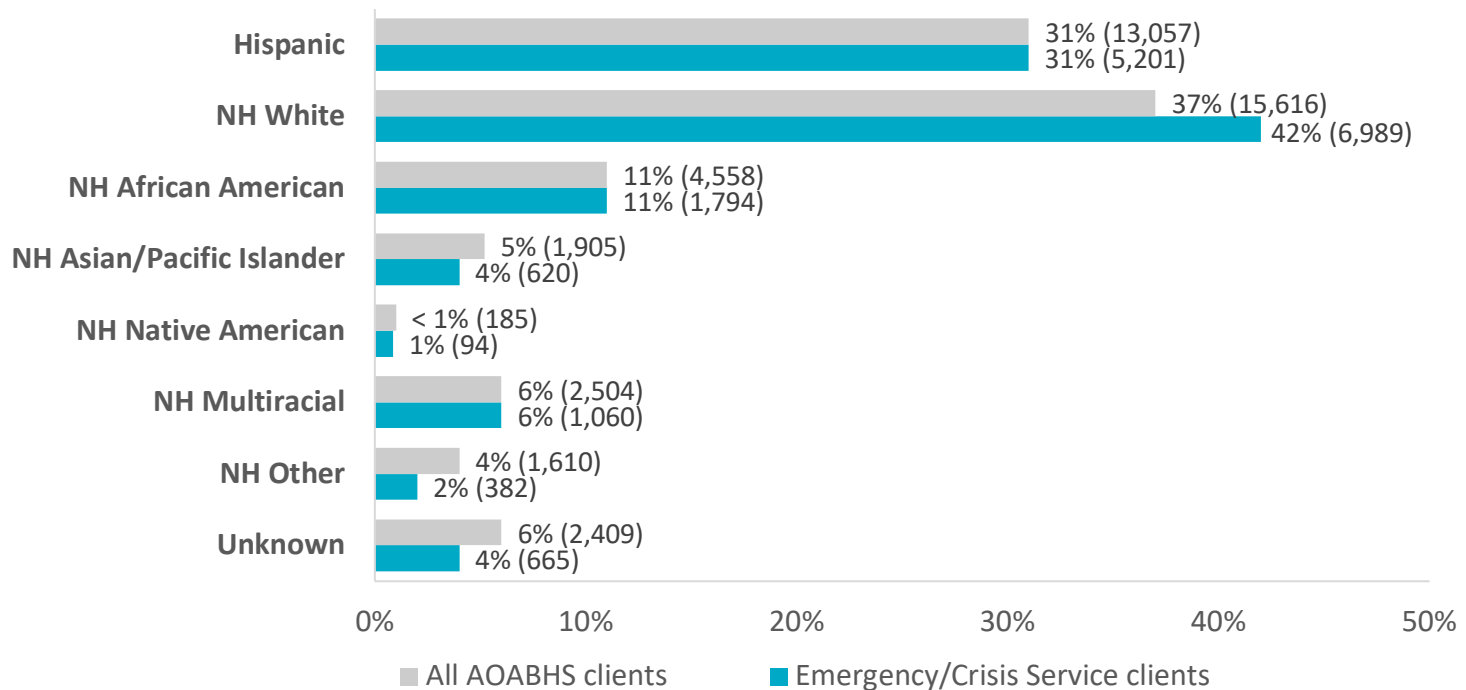
\*\*\*The figure excludes the other/unknown categories, comprising 1% of the clients receiving emergency/crisis services (205 clients) and overall AOABHS (440 clients) population.

# What types of services are being used?

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

- Similar to previous fiscal years, a larger proportion of clients who utilized emergency/crisis services during FY 2021-22 were non-Hispanic White (42%) compared to the overall AOABHS client population (37%).

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



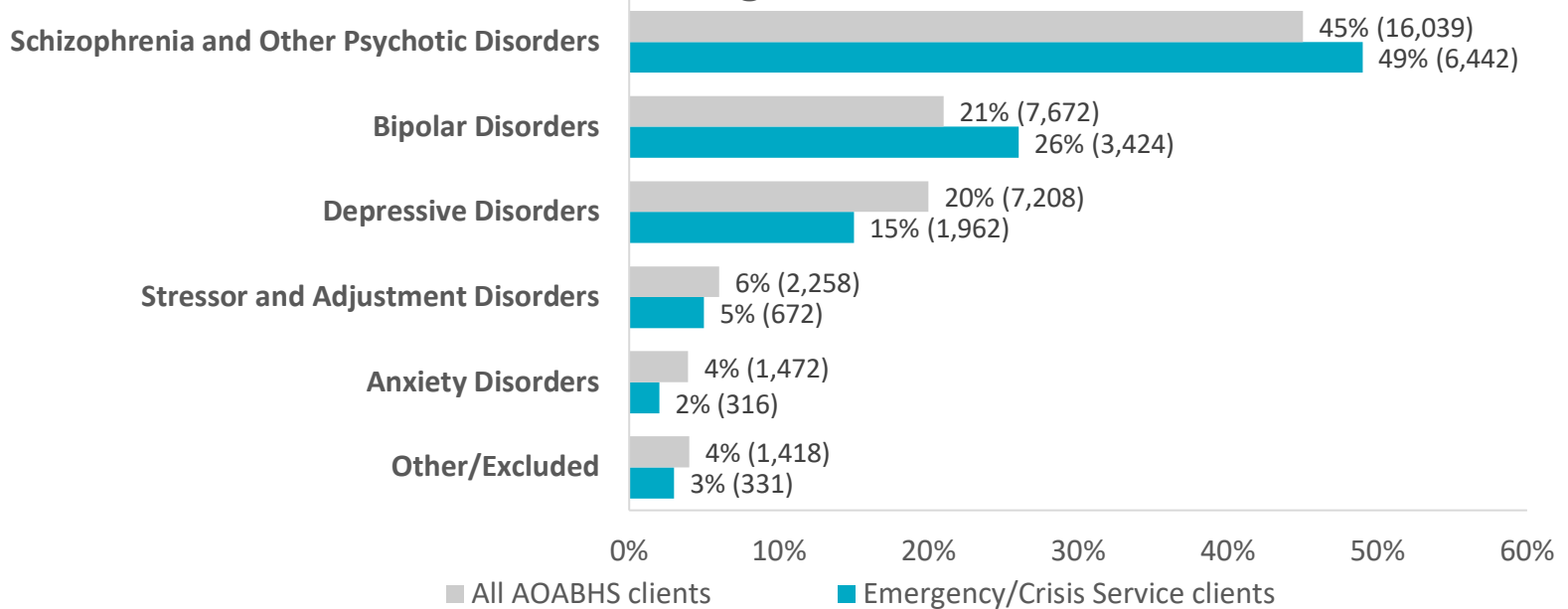
\*Emergency/crisis services include UO, CS, CR, and PERT.

# What types of services are being used?

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

- Similar to previous fiscal years, the largest proportion of clients who utilized emergency/crisis services during FY 2021-22 were those diagnosed with schizophrenia and other psychotic disorders (49%), a smaller proportion from FY 2020-21 (53%).
- More than one-quarter of clients who utilized emergency/crisis services during FY 2021-22 were diagnosed with a bipolar disorder (26%) and almost one-fifth (15%) were diagnosed with a depressive disorder.

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



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

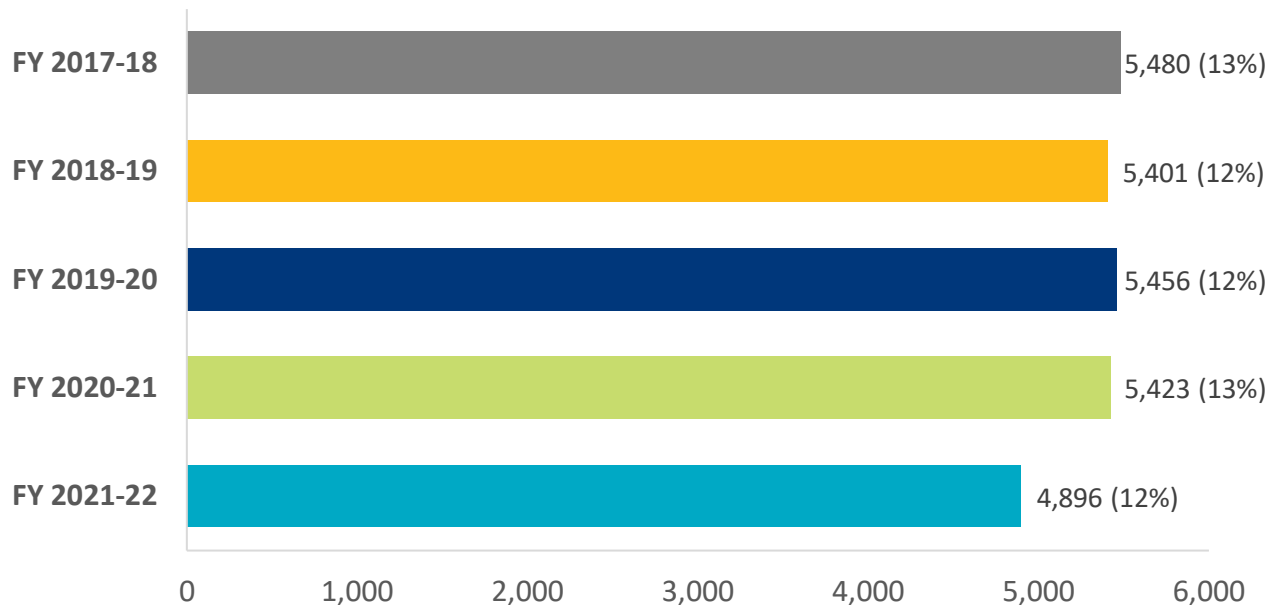
\*\*The graph and percentages reported above exclude invalid/missing values (clients receiving emergency/crisis services, n = 3,658; AOA, n = 5,822).

# What types of services are being used?

## All AOA Clients: Hospitalizations

- 4,896 (12%) AOA clients were hospitalized at least once during FY 2021-22, for a total of 7,275 hospital admissions.
- The proportion of AOA clients hospitalized has remained fairly consistent over the past five fiscal years.
- During FY 2021-22, the lowest number of hospitalizations among AOA clients over the past five years was observed.

Number of Clients Hospitalized by Fiscal Year\*



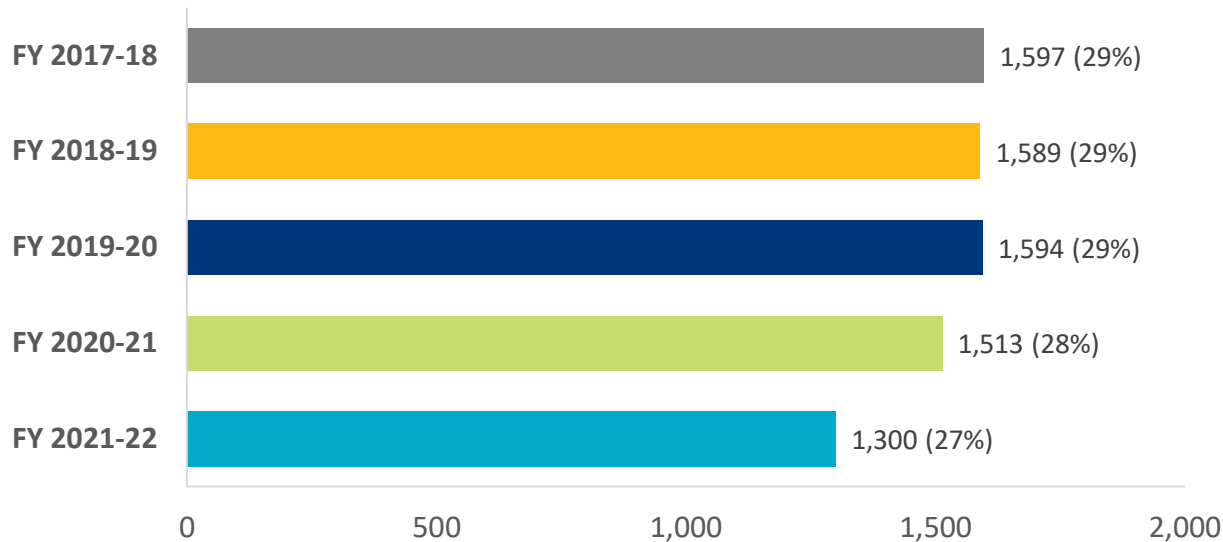
\* (%) = percentage of unduplicated clients hospitalized out of the total number of clients receiving services during each FY.

# What types of services are being used?

## All AOA Clients: Multiple Hospitalizations

- Of the 4,896 AOA clients hospitalized during FY 2021-22, 1,300 of them (27%) were hospitalized at least one additional time during the fiscal year.
- The number of AOA clients with multiple hospitalizations during FY 2021-22 is the lowest it has been over the past five years. In addition, the proportion of hospitalized AOA clients with multiple hospitalizations during FY 2021-22, has remained the same or decreased each fiscal year since FY 2017-18 (29% to 27%).

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

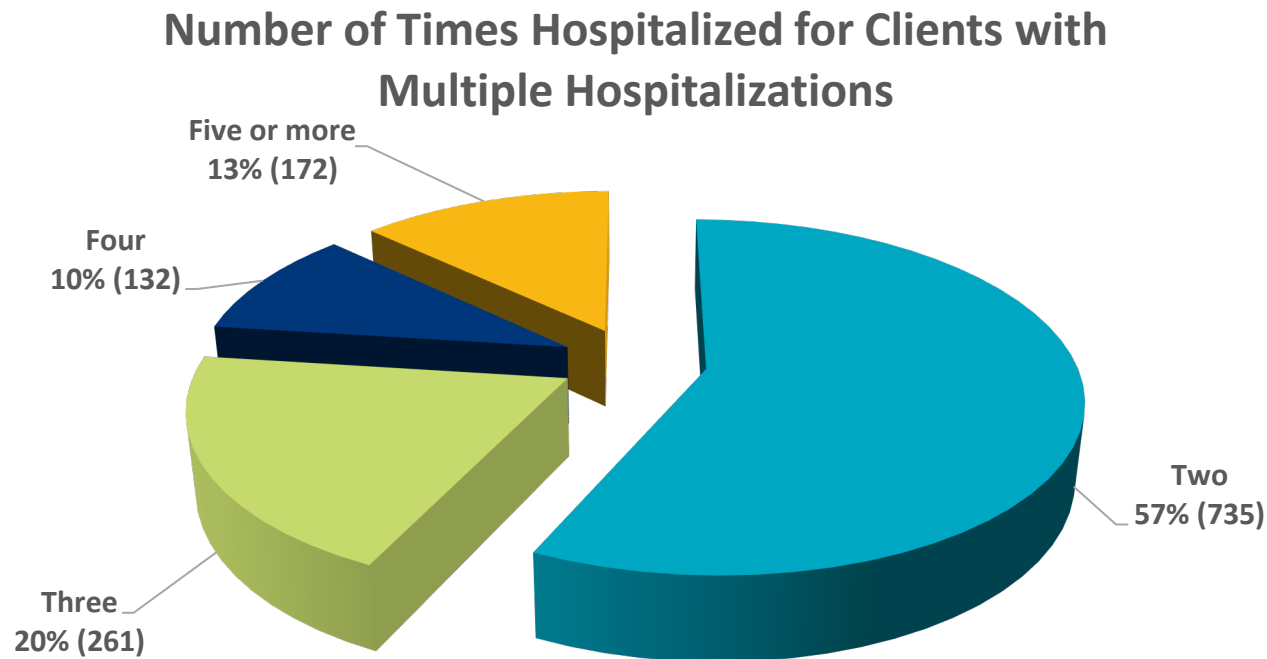


\* (%) = percentage of clients hospitalized multiple times out of the number of clients hospitalized at least once during each fiscal year.

## What types of services are being used?

### All AOA Clients: Multiple Hospitalizations

- 1,300 AOA clients were hospitalized at least twice during FY 2021-22.
- Of the 1,300 AOA clients hospitalized more than once during FY 2021-22, more than half were hospitalized a total of two times (57%), one-fifth (20%) were hospitalized three times, 10% were hospitalized four times, and 13% were hospitalized five or more times.



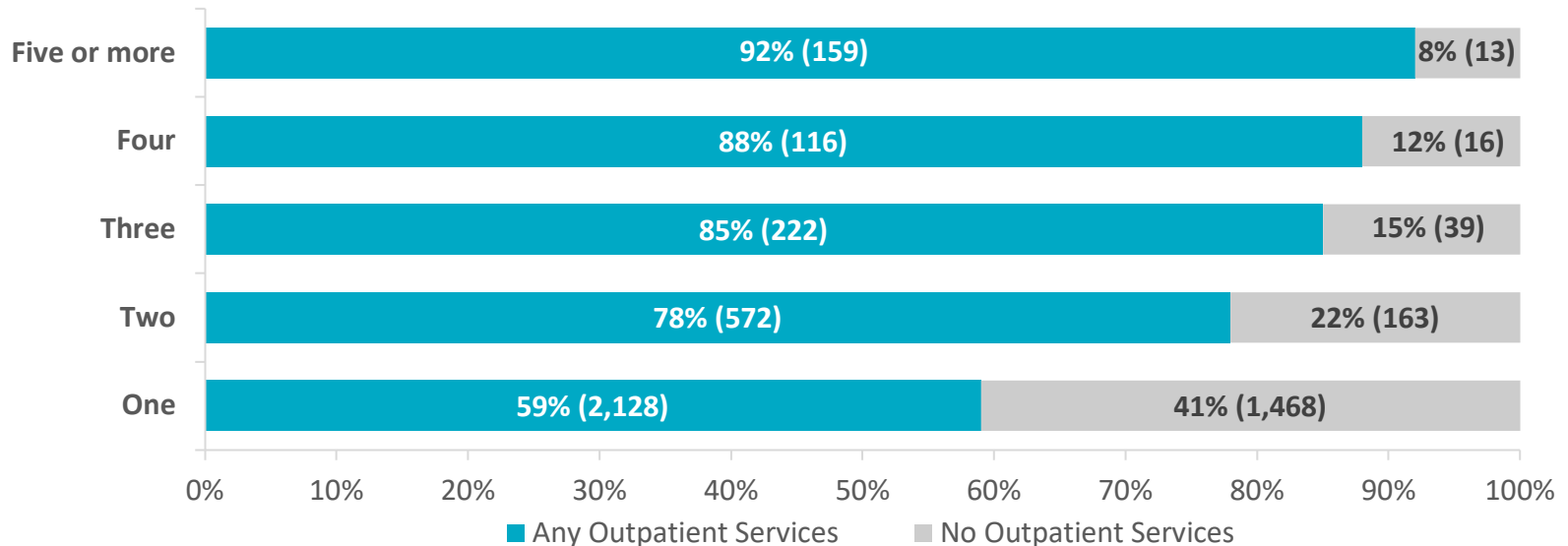


# What types of services are being used?

## All AOA Clients: Multiple Hospitalizations and Service Use

- The majority of clients with three or more hospitalizations received some outpatient adult mental health services\* during FY 2021-22 (92%).
- Of the 735 AOA clients with two hospitalizations during FY 2021-22, 163 of them (22%) did not use any outpatient adult mental health services during the fiscal year.
- Slightly over two-fifths of clients (41%) with only one hospitalization in FY 2021-22 did not use any outpatient services.

### Hospitalizations by Service Use



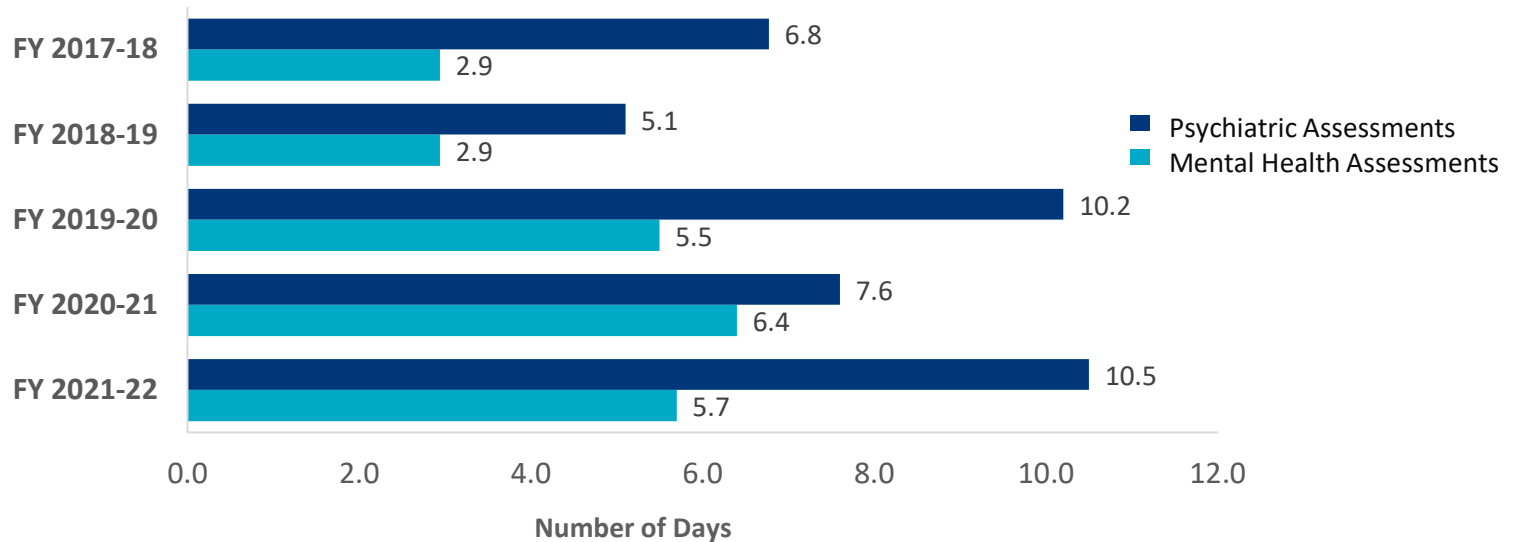
\*Outpatient services include: ACT, Case Management, FFS, Outpatient, and Prevention services.

# Accessibility of Services

## All AOA Clients: Access

- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2020-21, average wait times increased from approximately 8 days to almost 11 days in FY 2021-22.
- Average access times for mental health assessments was increasing from FY 2017-18 to FY 2020-21, but wait times decreased slightly from over 6 days during FY 2020-21 to under 6 days in FY 2021-22.

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



## Are clients getting better?

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

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

| Illness Management and Recovery (IMR) | N     | Pre  | Post | Change |
|---------------------------------------|-------|------|------|--------|
| Substance Use Subscale                | 4,185 | 4.10 | 4.14 | ▲      |
| Management Subscale                   | 4,567 | 2.79 | 2.90 | ▲      |
| Recovery Subscale                     | 4,547 | 2.92 | 2.98 | ▲      |
| Overall Mean                          | 4,581 | 3.21 | 3.27 | ▲      |
| Recovery Markers Questionnaire (RMQ)  | N     | Pre  | Post | Change |
| Overall Mean                          | 2,955 | 3.65 | 3.68 | ▲      |

**Legend**

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

\*The outcomes reported here include all AOABHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2021-22 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

# Are clients satisfied with services?

## All AOA Clients: Client Satisfaction

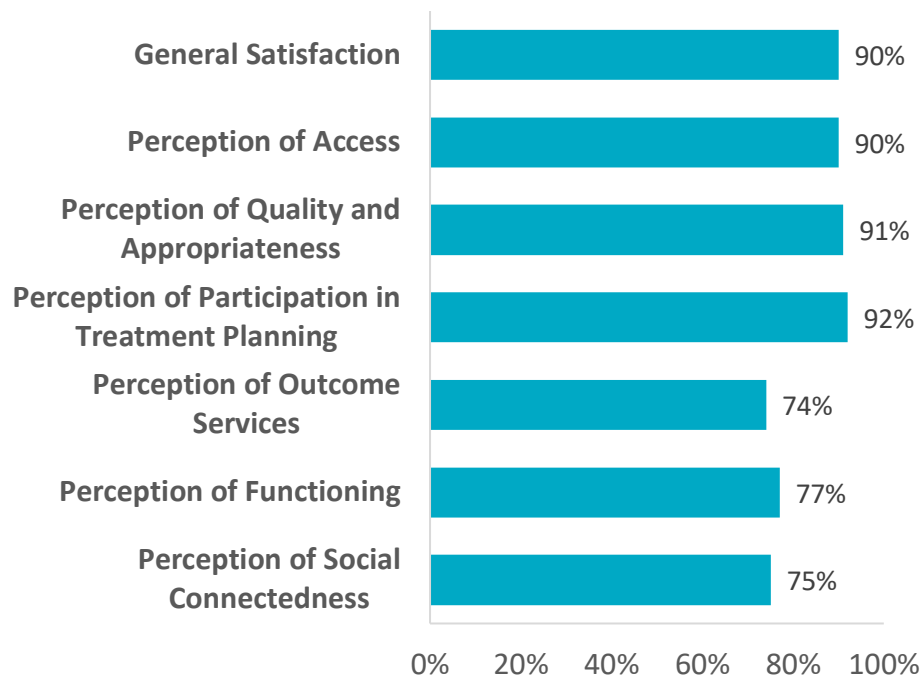
- The AOABHS SOC in San Diego County offers a variety of treatment, rehabilitation, and recovery services to help people experiencing persistent and severe mental illness or an additional health crisis.
- All services provided are oriented to meet the unique linguistic and cultural needs of the individuals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

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

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

During FY 2021-22, the MHSIP was administered during May 2022 (N=1,448).

## MHSIP Domain Scores\* in FY 2021-22



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

# Mental Health Services Act Components

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## MHSA Components

### *Community Services and Supports*

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

### *Prevention and Early Intervention Programs*

Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To ensure access to appropriate support at the earliest point of emerging mental health problems and concerns, Prevention and Early Intervention (PEI) builds capacity for providing mental health early intervention services at sites where people go for other routine activities. Through PEI, mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness. During FY 2021-22, 5,477 AOA clients were served by PEI programs.

### *Innovations*

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

# Mental Health Services Act Components

## MHSA Components – Continued

### *Workforce Education and Training*

Workforce Education and Training (WET) programs provide support, education, and training to the public behavioral health workforce to recruit and retain qualified individuals who provide services to persons with mental illnesses and/or substance use disorders in the County of San Diego. The WET component provides training and financial incentives to increase and support the public behavioral health workforce. Furthermore, these programs seek to enhance the competency and diversity of the workforce to better meet the needs of the population served. In FY 2021-22, the estimated WET expenditures of \$3,605,648 reflected the exact budget proposed in MHSA funding from the MHSA Three-Year Plan funding priorities. In FY 2021-22, approximately \$3.6 million in CSS funds were transferred to the WET component to continue funding programs. WET funds were received as one-time allocation and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually.

### *Capital Facilities and Technological Needs*

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

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



# Mobile Crisis Response Teams (MCRT)

## MCRT Clients: Demographics and Post Discharge Connections

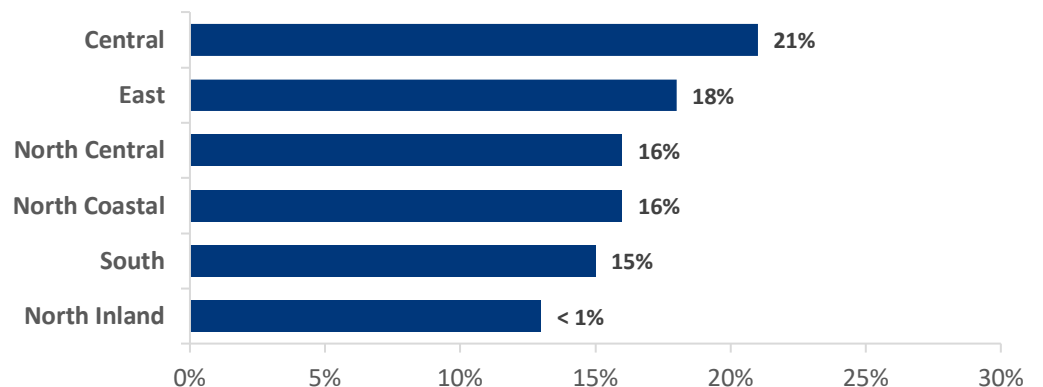
| MCRT Client Demographics          |              |            |
|-----------------------------------|--------------|------------|
| Age*                              | N            | %          |
| 15 & under years                  | 133          | 9%         |
| 16 – 17 years                     | 49           | 3%         |
| 18 – 25 years                     | 240          | 17%        |
| 26 – 39 years                     | 410          | 28%        |
| 40 – 49 years                     | 193          | 13%        |
| 50 – 59 years                     | 196          | 14%        |
| 60 – 69 years                     | 133          | 9%         |
| 70+ years                         | 94           | 7%         |
| Race (Census Categories)          | N            | %          |
| White                             | 644          | 45%        |
| Hispanic                          | 415          | 29%        |
| Black/African American            | 171          | 12%        |
| Asian/Pacific Islander            | 71           | 5%         |
| Other/Mixed                       | 49           | 3%         |
| Unknown                           | 94           | 7%         |
| <b>Total Unduplicated Clients</b> | <b>1,445</b> | <b>n/a</b> |

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

Data source: MCRT BHAB FY21-22 Report (obtained 10/31/2022 from SDCBHS)

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

Client Home Region (N=1,427)

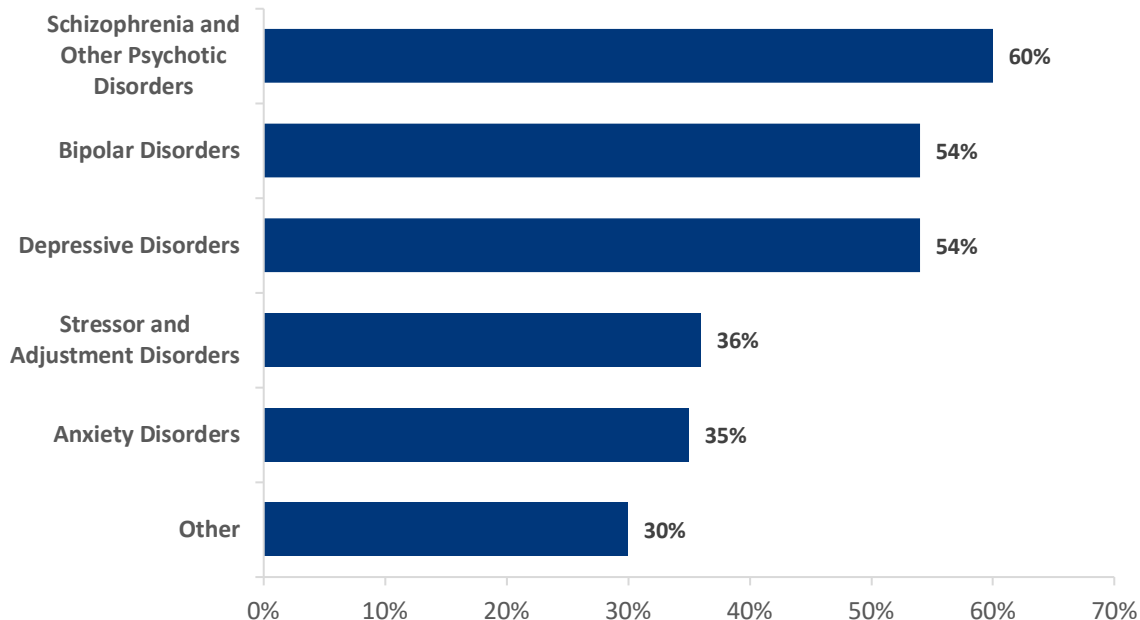


# Mobile Crisis Response Teams (MCRT)

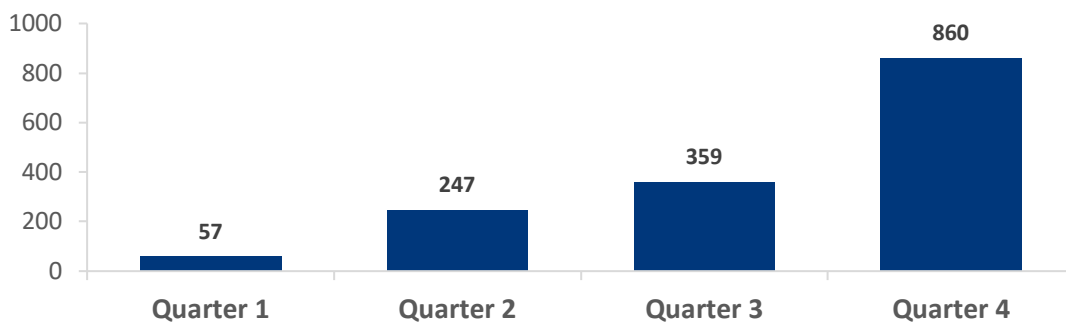
## MCRT Clients: Demographics - Continued

| MCRT Client Demographics (Continued) |              |            |
|--------------------------------------|--------------|------------|
| Gender                               | N            | %          |
| Female                               | 707          | 50%        |
| Male                                 | 729          | 50%        |
| Other                                | N < 11       | <1%        |
| Preferred Language                   | N            | %          |
| English                              | 1,194        | 83%        |
| Spanish                              | 50           | 3%         |
| Other Languages                      | 17           | 1%         |
| Unknown                              | 184          | 13%        |
| Previous Justice Involvement         | N            | %          |
| Yes                                  | 484          | 33%        |
| No                                   | 807          | 56%        |
| Unknown                              | 154          | 11%        |
| Housing Status                       | N            | %          |
| Lives Independently                  | 1,041        | 72%        |
| Homeless                             | 234          | 17%        |
| Board & Care                         | 43           | 3%         |
| Institutional                        | 19           | 1%         |
| Other                                | 26           | 1%         |
| Unknown                              | 82           | 6%         |
| <b>Total Unduplicated Clients</b>    | <b>1,445</b> | <b>n/a</b> |

Presenting Mental Health Diagnosis (N=1,012)



Unique Clients Served Quarterly



Data source: MCRT BHAB FY21-22 Report (obtained 10/31/2022 from SDCBHS)

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2021-22  
Source: Health Services Research Center (KW, ALP, MCM, ST)



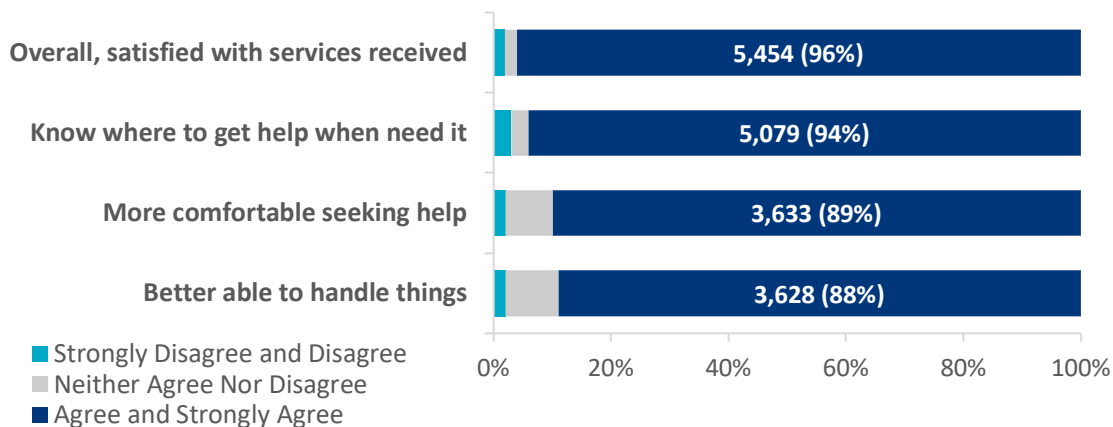
# Prevention and Early Intervention

## PEI Clients: Demographics and Client Satisfaction

| PEI Client Demographics         |              |             |
|---------------------------------|--------------|-------------|
| Age                             | N            | %           |
| <18 – 25 years                  | 800          | 15%         |
| 26 – 59 years                   | 2,399        | 44%         |
| 60+ years                       | 1,405        | 26%         |
| Unknown/Not Reported            | 873          | 16%         |
| Gender                          | N            | %           |
| Female                          | 2,721        | 50%         |
| Male                            | 1,859        | 34%         |
| Other                           | 48           | 1%          |
| Unknown/Not Reported            | 849          | 16%         |
| Race (Census Categories)        | N            | %           |
| White/Caucasian                 | 1,942        | 35%         |
| African American/Black          | 702          | 13%         |
| Asian                           | 383          | 7%          |
| Pacific Islander                | 23           | < 1%        |
| American Indian/Alaskan Native  | 42           | < 1%        |
| More than One Race              | 132          | 2%          |
| Other                           | 47           | < 1%        |
| Unknown/Not Reported            | 2,206        | 40%         |
| <b>Total PEI Clients Served</b> | <b>5,477</b> | <b>100%</b> |

- The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity.
- San Diego County funded 10 contractors to provide PEI services for adults. The focus of these programs varies widely, yet each contractor collects information on the demographics of their participants and their satisfaction with the services provided.
- The 5,477 PEI clients served in FY 2021-22 slightly decreased from the 5,694 clients served in FY 2020-21. However, the proportion of clients reporting overall satisfaction with services remained stable from FY 2020-21 to FY 2021-22 (96% in FY 2019-20 and FY 2021-22).

### Client Satisfaction\*



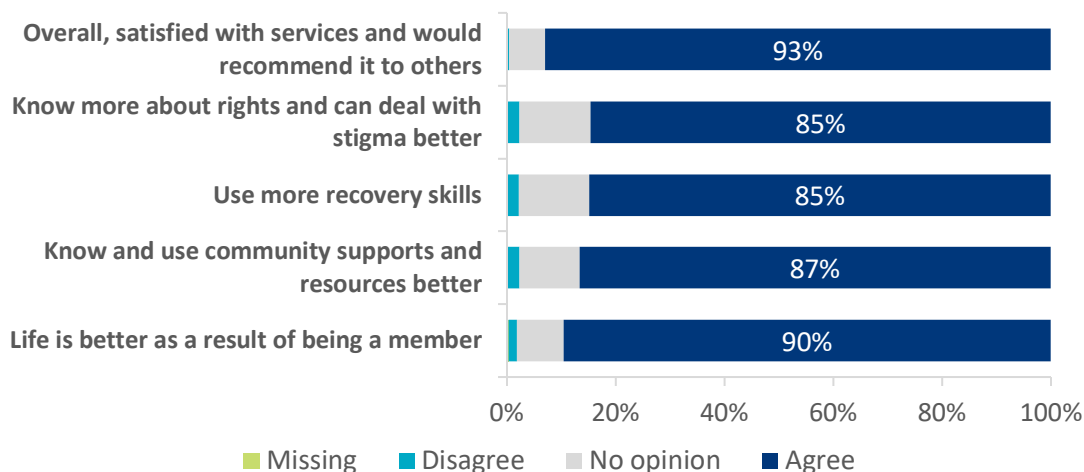
\*The number of clients who completed the client satisfaction survey varied from 4,073 to 5,695. These data are not recorded in CCBH. For more information on AOABHS PEI programs, see the PEI summary reports – Adult Summary: [https://www.sandiegocounty.gov/hhsa/programs/bhs/technical\\_resource\\_library.html](https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html)

## Clubhouse Members: Demographics and Client Satisfaction

| Clubhouse Members Demographics      |              |             |
|-------------------------------------|--------------|-------------|
| Age                                 | N            | %           |
| 16 – 25 years                       | 287          | 11%         |
| 26 – 59 years                       | 1,292        | 51%         |
| 60+ years                           | 574          | 23%         |
| Unknown/Not Reported                | 378          | 15%         |
| Gender                              | N            | %           |
| Female                              | 692          | 27%         |
| Male                                | 748          | 30%         |
| Other                               | 16           | 1%          |
| Unknown/Not Reported                | 1,075        | 42%         |
| Race (Census Categories)            | N            | %           |
| American Indian                     | 11           | <1%         |
| Black or African American           | 204          | 8%          |
| Asian                               | 194          | 8%          |
| Native Hawaiian or Pacific Islander | 12           | <1%         |
| White                               | 520          | 21%         |
| Hispanic or Latino                  | 376          | 15%         |
| Multiracial                         | 98           | 4%          |
| Other/Prefer Not to Answer          | 65           | 3%          |
| Unknown/Not Reported                | 1,051        | 42%         |
| <b>Total PEI Clients Served</b>     | <b>2,531</b> | <b>100%</b> |

- A Clubhouse is a membership organization open to people who have a history of mental illness, where members participate in various activities that support their recovery.
- During FY 2021-22, there were 10 clubhouses in San Diego County funded by the County of San Diego Health and Human Services Agency across the Central, East, South, North Coastal, North Inland, and North Central regions.
- ClubHOMS, which fully launched on July 1, 2019, is the main mechanism for tracking activities and member outcomes.
- The Clubhouses served 2,531 unduplicated members in FY 2021-22 with a total of 64,127 Clubhouse attendance/visits.
- Most members (93%) reported overall satisfaction with clubhouse services and would recommend them to others.

### Client Satisfaction (N=547)



## MHSA: Innovations Projects

- The Mental Health Services Act (MHSA) provides resources for the Innovation Component of the County's Three-Year Program and Expenditure Plan. Funding under this component is to be used to: increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services.
- Innovations' creative, novel, and ingenious mental health practices/approaches are expected to contribute to learning and are developed within communities through a process that is inclusive and representative; especially of unserved and underserved individuals, and which are aligned with the General Standards identified in the MHSA. The Innovation Component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches.
- Beginning in March 2020 and continuing throughout FY 2021-22, the COVID-19 pandemic substantially affected the San Diego area. The Innovation programs have had to adapt to the new service delivery environment to protect both client and staff safety while continuing to provide mental health services. For many programs, these changes included a switch to or greater utilization of telehealth services, which has contributed to increased awareness of the benefits and limitations of remote service delivery strategies.

## MHSA: Innovations Projects



The following Innovations programs began or were in existence in AOABHS during FY 2021-22:

### Telemental Health (BH Connect)

The BHConnect program aims to facilitate connections to outpatient services and reduce potential recidivism for unconnected clients experiencing a psychiatric crisis and/or hospitalization. The goal is to increase access to effective follow-up therapeutic services through the use of telemental health technology.

### ReST Recuperative Housing (Just Be U)

The goal of Just Be U is to decrease the number of homeless TAY with SMI who are unconnected to BHS treatment services. A primary goal is to prevent them from needing crisis/emergency psychiatric services (e.g., hospitals, ER) by providing recuperative and rehabilitative mental health care support in respite housing. Participants enrolled in the program are connected to appropriate levels of care and housing.

## MHSA: Innovations Projects

### Roaming Outpatient Access Mobile (ROAM)

The Roaming Outpatient Access Mobile (ROAM) program aims to increase access to mental health services to Native American communities in rural areas through the use of mobile mental health clinics and the expansion of telemental health services. After successfully achieving program objectives, even though the Innovations phase concluded during FY 2021-22, ROAM program services will be continued indefinitely by the Indian Health Council and Southern Indian Health Council organizations that serve communities in the North Inland and East County regions of San Diego County.

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

The goal of the psychotropic medication clinic is to provide accessible medication support services to children and youth who have completed psychotherapy services but continue to require psychotropic medications that may not be appropriate for management in usual pediatric care settings. An additional emergent role for the CCYP program is to provide psychiatric services for other BHS-funded programs when they experience temporary disruptions to their ability to provide psychiatric care. The psychiatrists provide medication management services primarily via tele-psychiatry in order to cover service needs throughout the entire San Diego County.

### Perinatal (Accessible Depression and Anxiety Postpartum Treatment, ADAPT)

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

# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



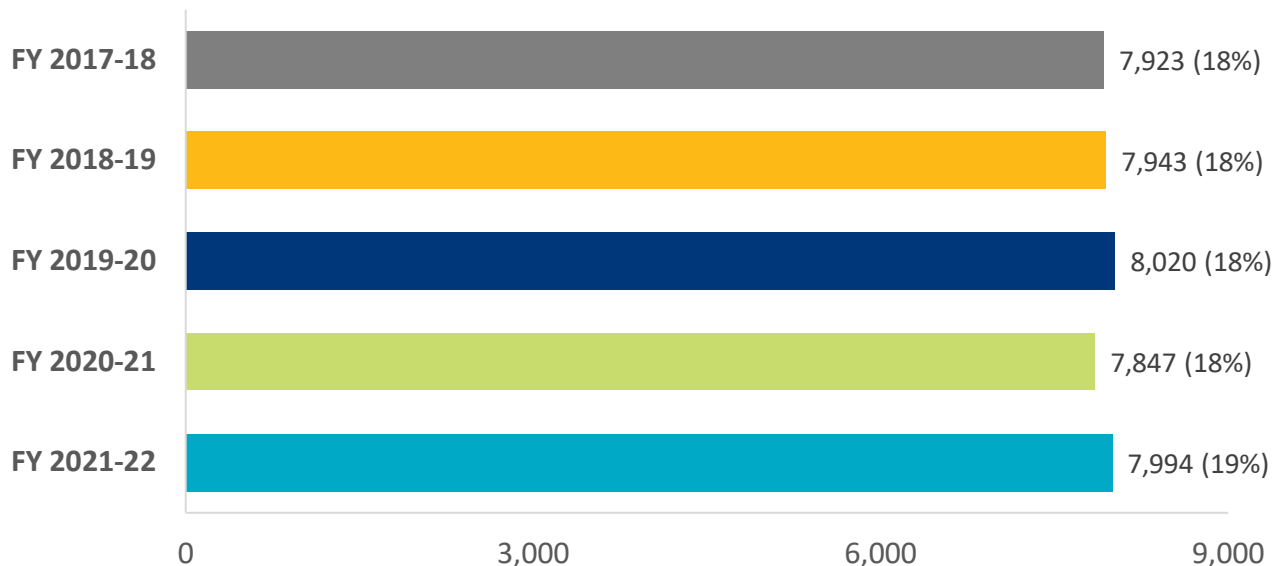
## Transition Age Youth (TAY) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2021-2022

# Who are we serving?

## Total Number of TAY Clients Served

- During FY 2021-22, mental health services were delivered to 7,994 TAY clients (ages 18\* to 25).
- TAY clients represent 19% of the 41,844 AOABHS clients served during FY 2021-22.
- The number of TAY clients served by BHS has increased, at least slightly, every year from FY 2016-17 to FY 2019-20 but decreased from FY 2019-20 to FY 2020-21, then increased from FY 2020-21 to FY 2021-22.

### Number of Clients Served by Fiscal Year



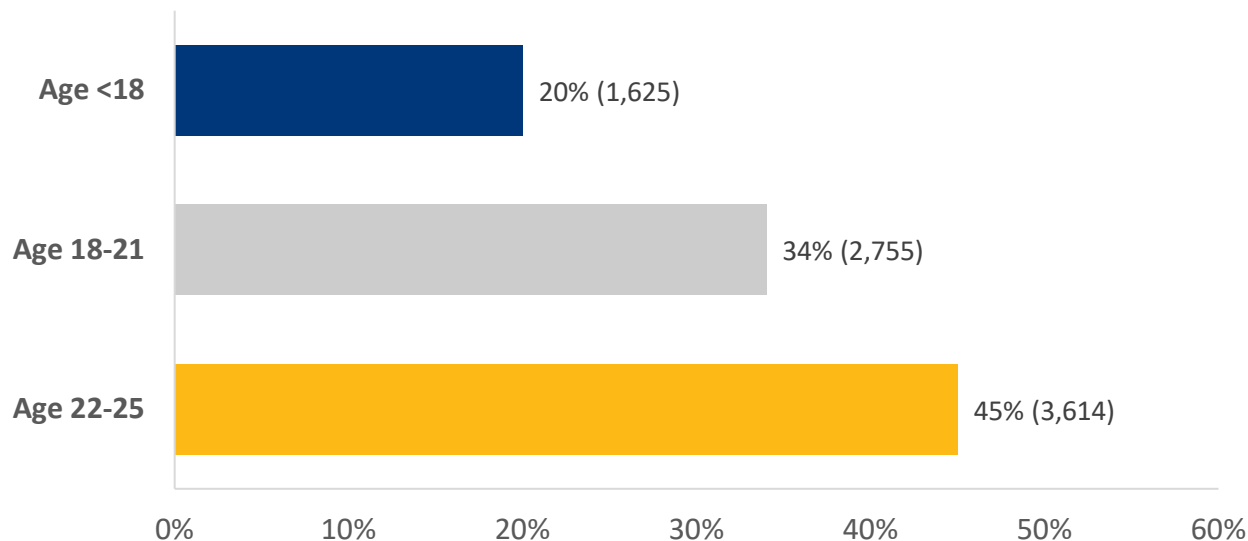
\*1,625 clients were under 18 but are included here because they received adult services.

## Who are we serving?

### TAY Clients: Age

- Similar to past fiscal years, almost half of TAY clients (45%) served during FY 2021-22 were between the ages of 22 and 25 years.
- More than one-third (34%) of TAY clients served during FY 2021-22 were between the ages of 18 and 21 years.
- Compared to FY 2020-21, the number of TAY clients served during FY 2021-22 under the age of 18 increased by 21% (1,347 clients in FY 2020-21 to 1,625 clients in FY 2021-22).

### TAY Age Distribution



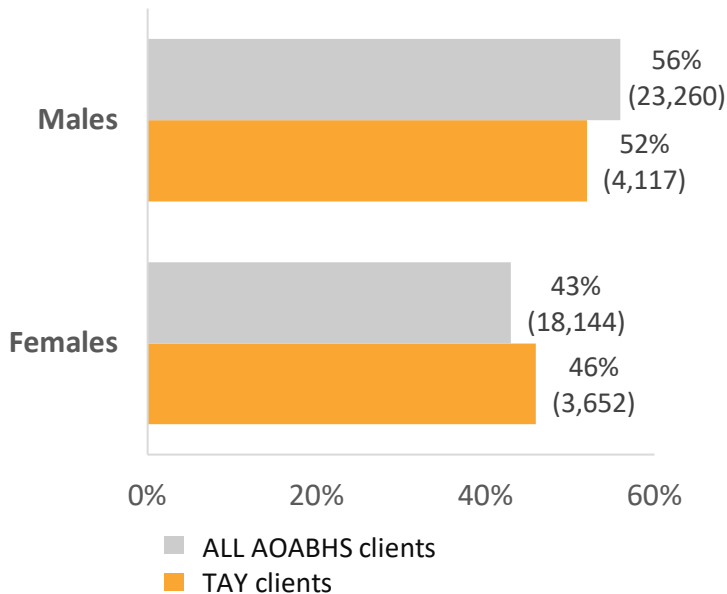


# Who are we serving?

## TAY Clients: Gender

- A smaller proportion of TAY clients served during FY 2021-22 were male (52%) compared to the overall AOABHS client population (56%) and a higher proportion of TAY clients served during FY 2021-22 were female (46%) compared to the overall AOABHS client population (43%).
- In previous fiscal years, the proportions of TAY males and females served by AOABHS remained stable. In FY 2021-22, the proportion of male TAY clients decreased from 57% to 52% and the proportion female TAY clients increased from 41% to 46% when compared to FY 2018-19.

### TAY Gender\* Distribution



| TAY Gender    | Fiscal Year |         |         |         |         | AOABHS FY 2021-22 Population |
|---------------|-------------|---------|---------|---------|---------|------------------------------|
|               | 2017-18     | 2018-19 | 2019-20 | 2020-21 | 2021-22 |                              |
| Females       | 42%         | 41%     | 41%     | 43%     | 46%     | 43%                          |
| Males         | 57%         | 57%     | 57%     | 54%     | 52%     | 56%                          |
| Other/Unknown | < 1%        | 2%      | 2%      | 3%      | 3%      | 1%                           |

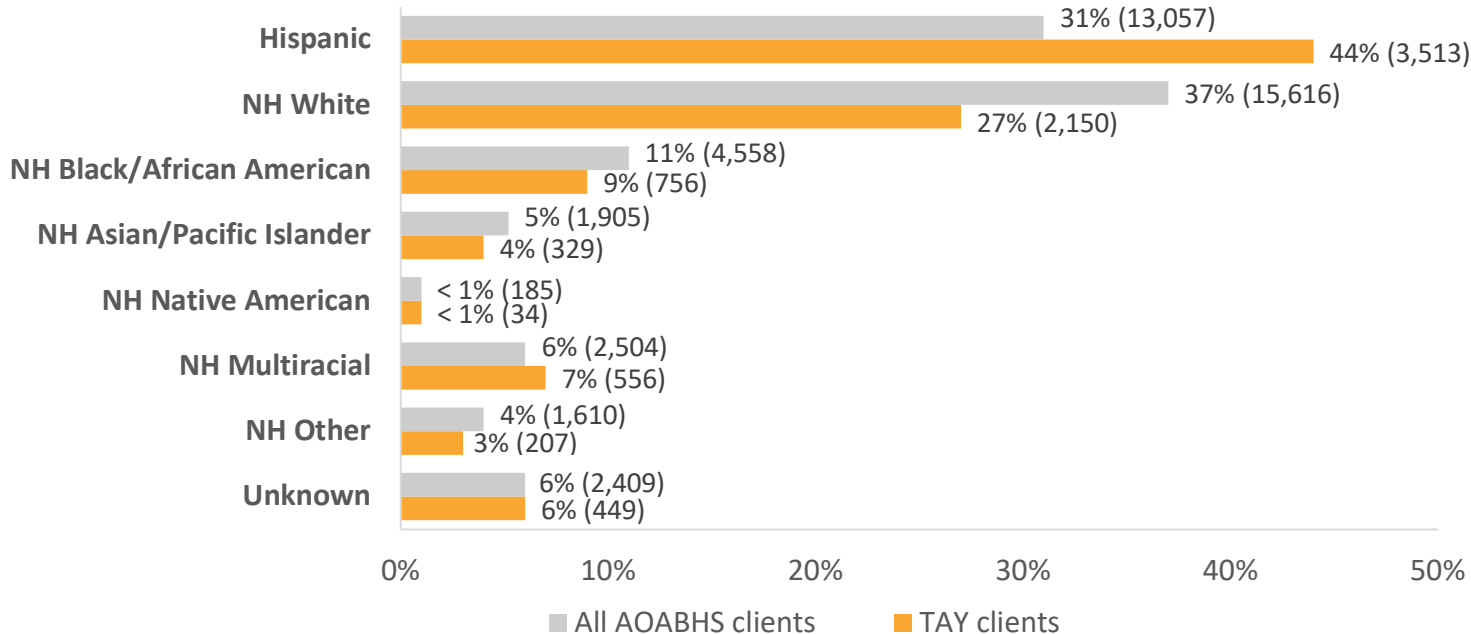
\*The figure excludes the other/unknown categories, comprising 3% of the TAY (225 clients) and 1% of the overall AOABHS (440 clients) population.

# Who are we serving?

## TAY Clients: Race/Ethnicity

- More than two-thirds of TAY clients served during FY 2021-22 were either Hispanic (44%) or non-Hispanic White (27%).
- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2021-22 were Hispanic (44% compared to 31%), and a smaller proportion were non-Hispanic White (27% compared to 37%).

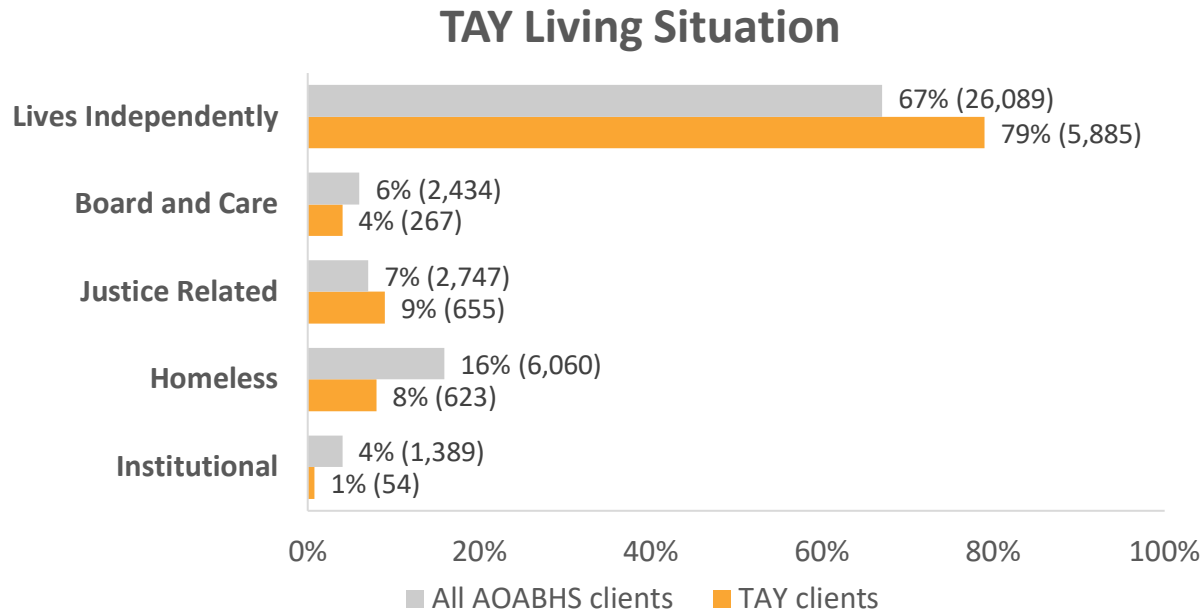
### TAY Race/Ethnicity Distribution



# Who are we serving?

## TAY Clients: Living Situation\*

- Nearly four-fifths (79%) of TAY clients served during FY 2021-22 were living independently\*\*.
- Similar to previous fiscal years, a greater proportion of TAY clients served during FY 2021-22 were living independently compared to the overall AOABHS client population (79% vs. 67%).
- A smaller proportion of TAY clients served during FY 2021-22 were homeless (8%) compared to the overall AOABHS population (16%).



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

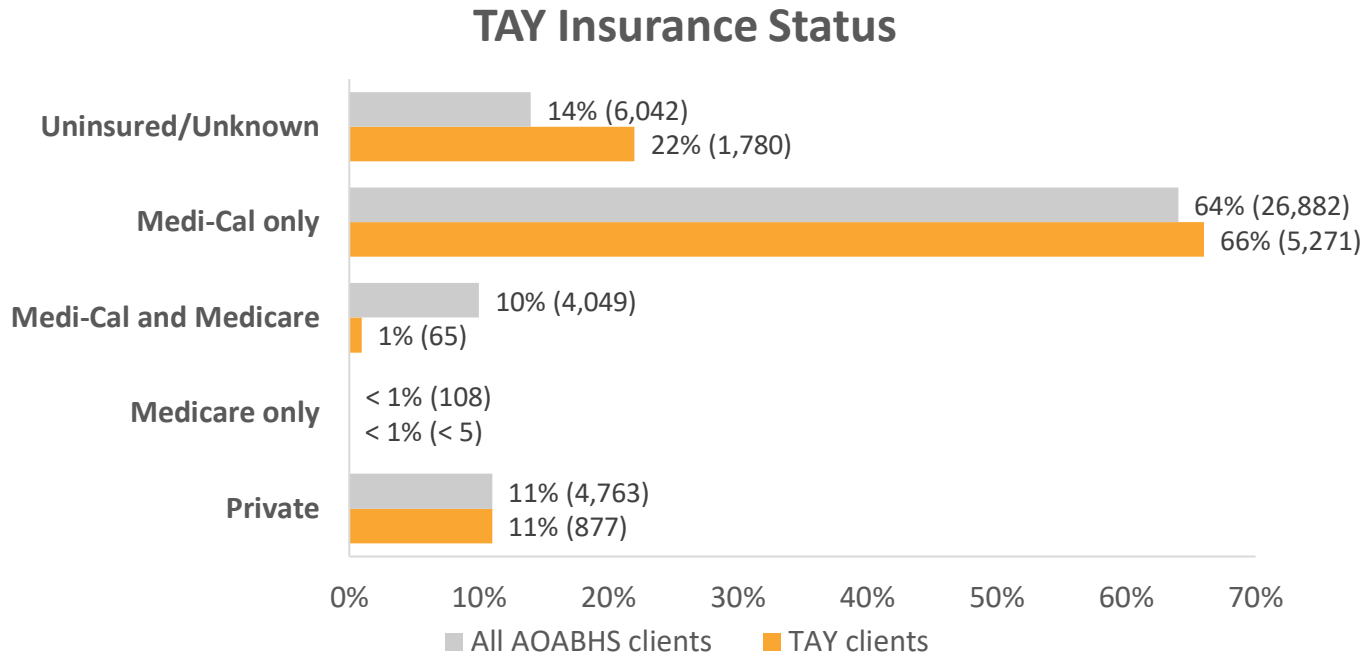
\*\*Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (TAY, n = 510; AOA, n = 3,125) are excluded from the figure and percentages reported above.

# Who are we serving?

## TAY Clients: Health Care Coverage

- More than two-thirds (67%) of TAY clients served during FY 2021-22 had some type of Medi-Cal insurance coverage.
- The proportion of TAY clients with an uninsured/unknown insurance status has remained stable with slightly more than one-fifth (22%) of TAY clients served during FY 2021-22 were uninsured or had an unknown insurance status, when compared to FY 2020-21 (22%).

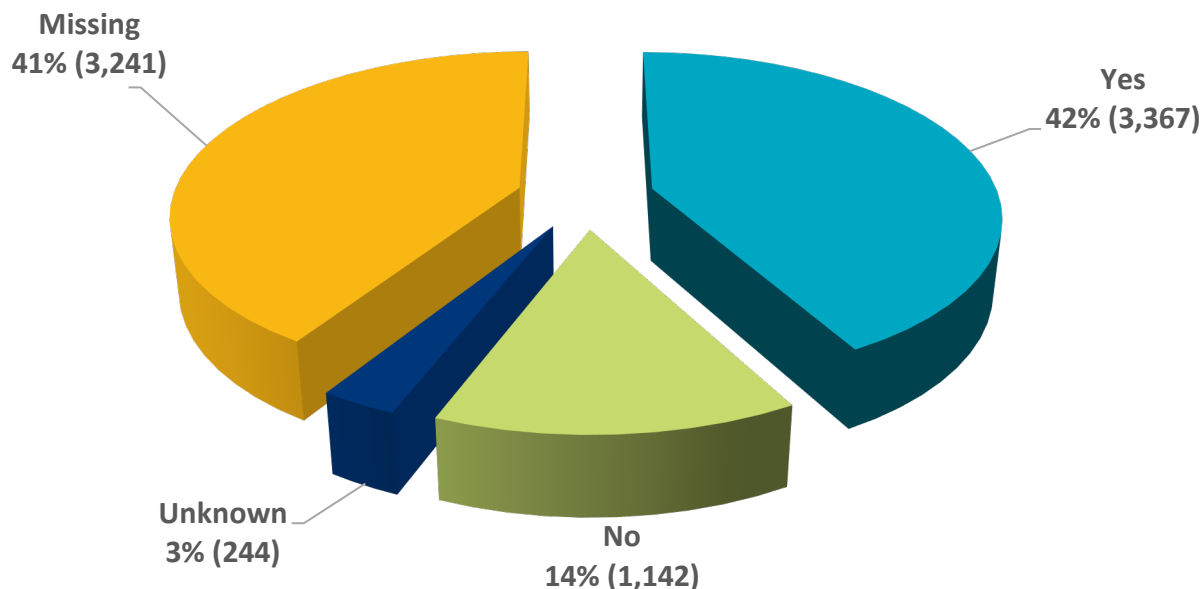


## Who are we serving?

### TAY Clients: Primary Care Physician

- Over two-fifths of TAY clients served in FY 2021-22 had a primary care physician (42%).
- Information about primary care physician was unavailable or unknown for almost half of TAY clients (44%), which is a slightly larger proportion compared to last fiscal year (43%).

### TAY Primary Care Physician



## Who are we serving?

### TAY Clients: Sexual Orientation

- Of the TAY clients served during FY 2021-22 with sexual orientation information available, over two-thirds of them identified as heterosexual (68%).
- 15% (351) of TAY clients served during FY 2021-22 with sexual orientation information available identified as bisexual, reflecting an increase in proportion of TAY clients over time identifying as bisexual served during FY 2021-22, compared back four years ago to FY 2017-18 (12%).

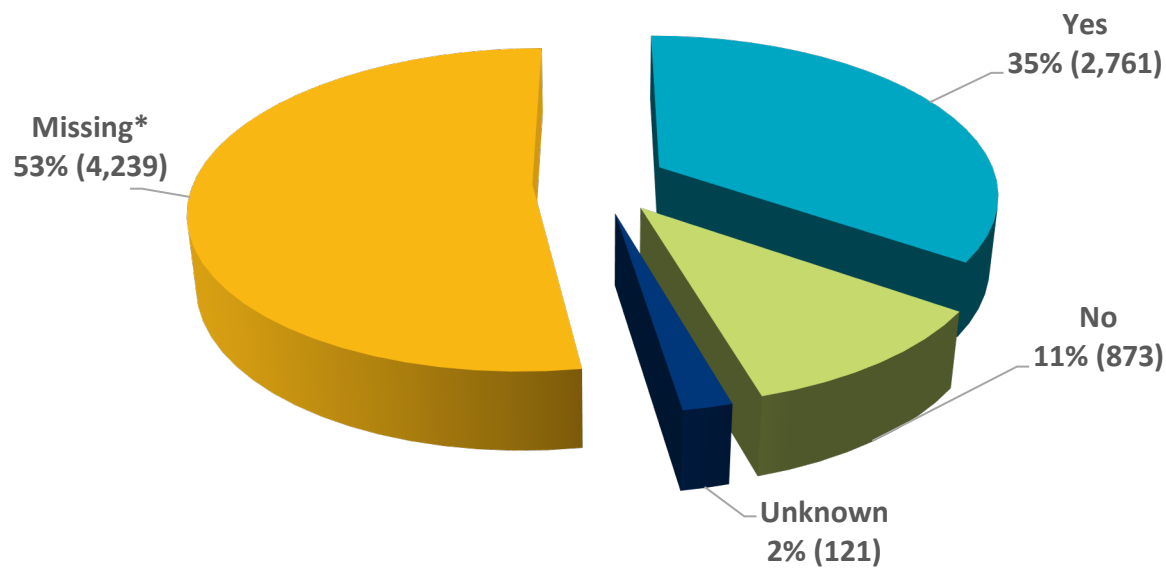
| Sexual Orientation               | TAY FY 2021-22 |             | AOABHS FY 2021-22 |             |
|----------------------------------|----------------|-------------|-------------------|-------------|
|                                  | Clients        | Percentage  | Clients           | Percentage  |
| Heterosexual                     | 1,653          | 68%         | 13,360            | 85%         |
| Bisexual                         | 351            | 15%         | 983               | 6%          |
| Gay male                         | 57             | 2%          | 339               | 2%          |
| Lesbian                          | 56             | 2%          | 222               | 1%          |
| Other                            | 128            | 5%          | 291               | 2%          |
| Questioning                      | 81             | 3%          | 186               | 1%          |
| Declined to state                | 88             | 4%          | 287               | 2%          |
| <b>Total (excluding missing)</b> | <b>2,414</b>   | <b>100%</b> | <b>15,668</b>     | <b>100%</b> |
| Missing                          | 5,580          | 70%         | 26,176            | 63%         |

## Who are we serving?

### TAY Clients: History of Trauma

- Over one-third (35%) of TAY clients served in FY 2021-22 had a history of trauma.
- Information about trauma history was unavailable or unknown for over half of TAY clients (55%).

#### TAY History of Trauma



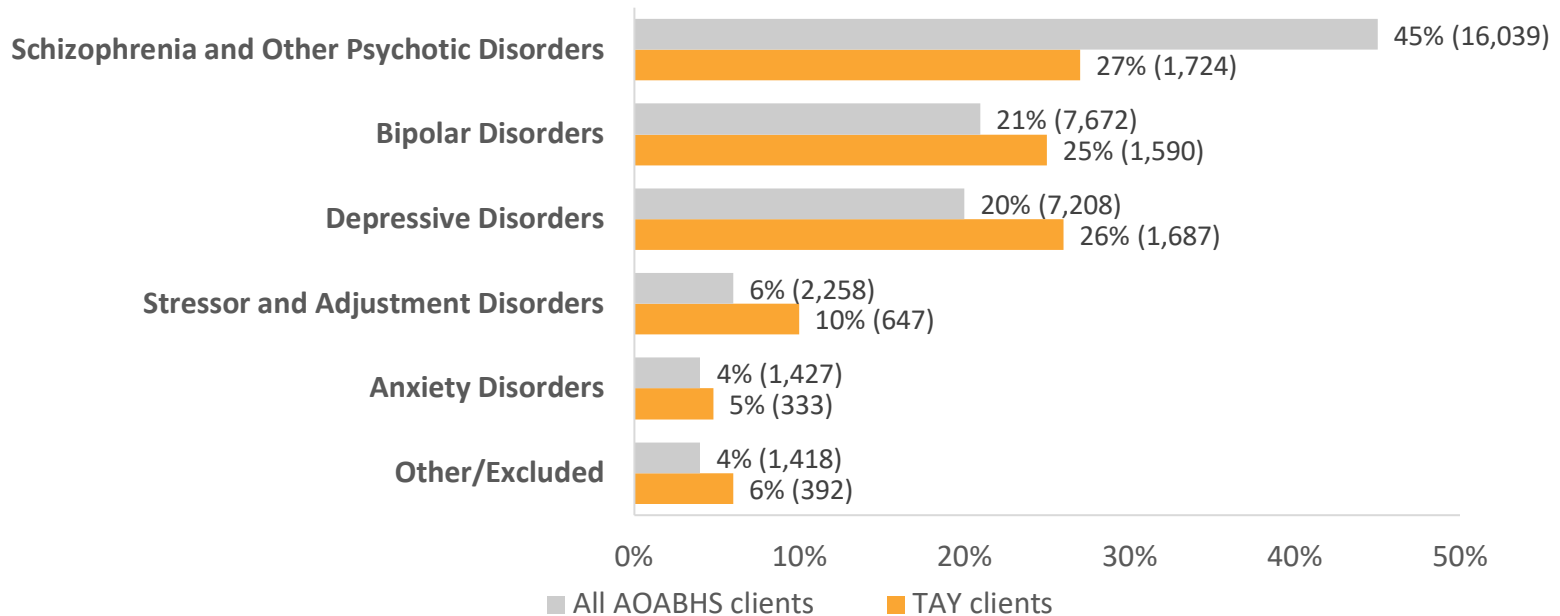
\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

# Who are we serving?

## TAY Clients: Primary Diagnosis

- Similar to observations from past fiscal years, the three most common diagnoses among TAY clients served during FY 2021-22 were schizophrenia and other psychotic disorders (27%), depressive disorders (26%), and bipolar disorders (25%), which comprise 78% (5,001 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 (45% vs. 27%), and larger proportions of TAY had diagnoses of all other types of disorders.

### TAY Primary Diagnosis\*



\*The graph and percentages reported above exclude invalid/missing values (TAY, n = 1,621; AOA, n = 5,822).

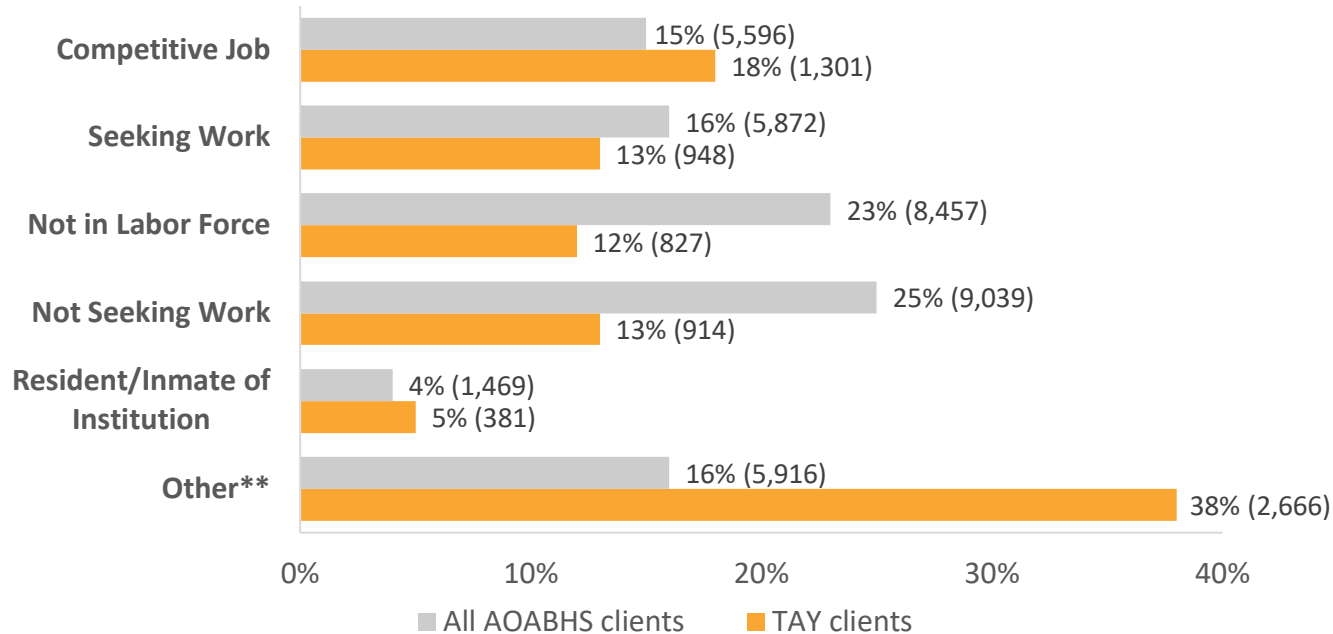


# Who are we serving?

## TAY Clients: Employment Status

- Similar proportions of TAY clients served during FY 2021-22 were employed in a competitive job (18%), seeking work (13%), not in the labor force (12%), and not seeking work (13%).
- More than one-third of TAY clients (38%) had an other employment status, more than double the proportion of AOA clients (16%), likely reflecting a substantial student population in this age range.

### TAY Employment Status\*



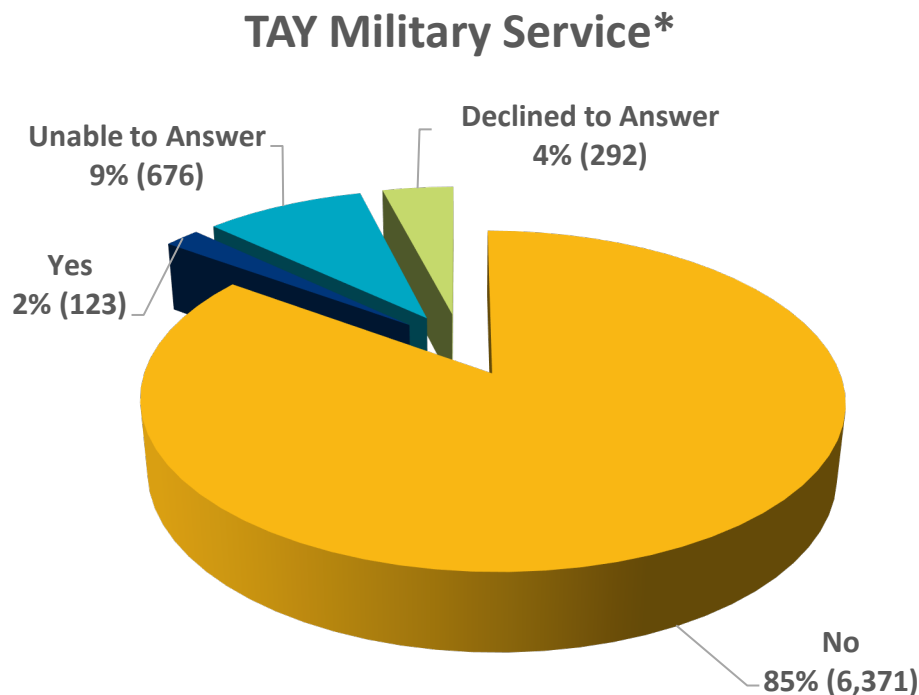
\*The graph and percentages reported above exclude unknown values (TAY, n = 957; AOA, n = 5,495).

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

## Who are we serving?

### TAY Clients: Military Service

- Information regarding past military service was available for 93% of TAY clients served during FY 2021-22.
- Among those TAY clients served for whom military service data were available, 85% reported that they had no military service, and only 2% indicated that they had served in the military.



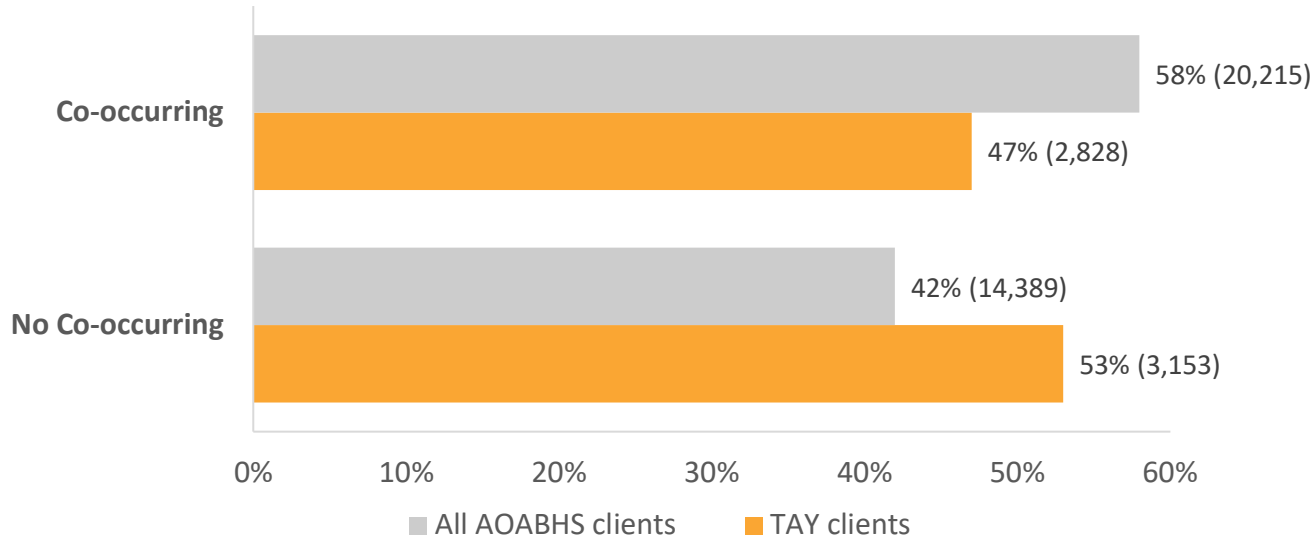
\*The graph and percentages reported above exclude missing values (n = 532).

# Who are we serving?

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

- In addition to a primary diagnosis, 47% of TAY clients also had a co-occurring mental illness and substance use disorder in FY 2021-22.
- The proportion of TAY clients with a co-occurring mental illness and substance use disorder served in FY 2021-22 was less than the proportion of all AOA clients with a co-occurring mental illness and substance use disorder (47% compared to 58%).

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



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

# What types of services are being used?

## TAY Clients: Types of Services\*

| Outpatient Services                 | Total Visits | Total Clients | Emergency/Crisis Services | Total Visits | Total Clients |
|-------------------------------------|--------------|---------------|---------------------------|--------------|---------------|
| Assertive Community Treatment (ACT) | 14,214       | 305           | Urgent Outpatient         | 1,873        | 1,245         |
| Case Management                     | 503          | 279           | Crisis Stabilization**    | 2,561        | 1,324         |
| Case Management – Institutional     | 704          | 45            | PERT                      | 2,910        | 2,382         |
| Case Management – Strengths         | 1,255        | 93            | MCRT                      | 497          | 407           |
| Case Management – Transitional      | 73           | 14            |                           | Total Days   | Total Clients |
| Fee for Service (FFS)               | 10,780       | 1,492         | Crisis Residential        | 2,207        | 195           |
| Outpatient                          | 25,717       | 1,969         | Forensic Services         | Total Visits | Total Clients |
| Prevention                          | 0            | 0             | Jail                      | 9,620        | 1,562         |
| Inpatient Services                  | Admissions   | Total Clients | 24 Hour Services          | Total Days   | Total Clients |
| Inpatient – County                  | 358          | 306           | Edgemoor                  | 0            | 0             |
| Inpatient – FFS                     | 1,082        | 780           | Long Term Care (LTC)      | 1,430        | 7             |
| State Hospital                      | < 5          | < 5           | LTC – Institutional       | 8,182        | 46            |
|                                     |              |               | LTC – Residential         | 1,223        | 5             |
|                                     |              |               | Residential               | 526          | < 5           |

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

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

## Are clients getting better?

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

- Clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms, progress towards recovery, and overall IMR scores.
- TAY clients self-reported statistically significant improvements in their overall mental health status via the RMQ from pre to post assessment.
- Mean pre and post scores on the clinician-rated Substance Use IMR subscale demonstrate no significant change in symptoms among TAY clients in FY 2021-22.

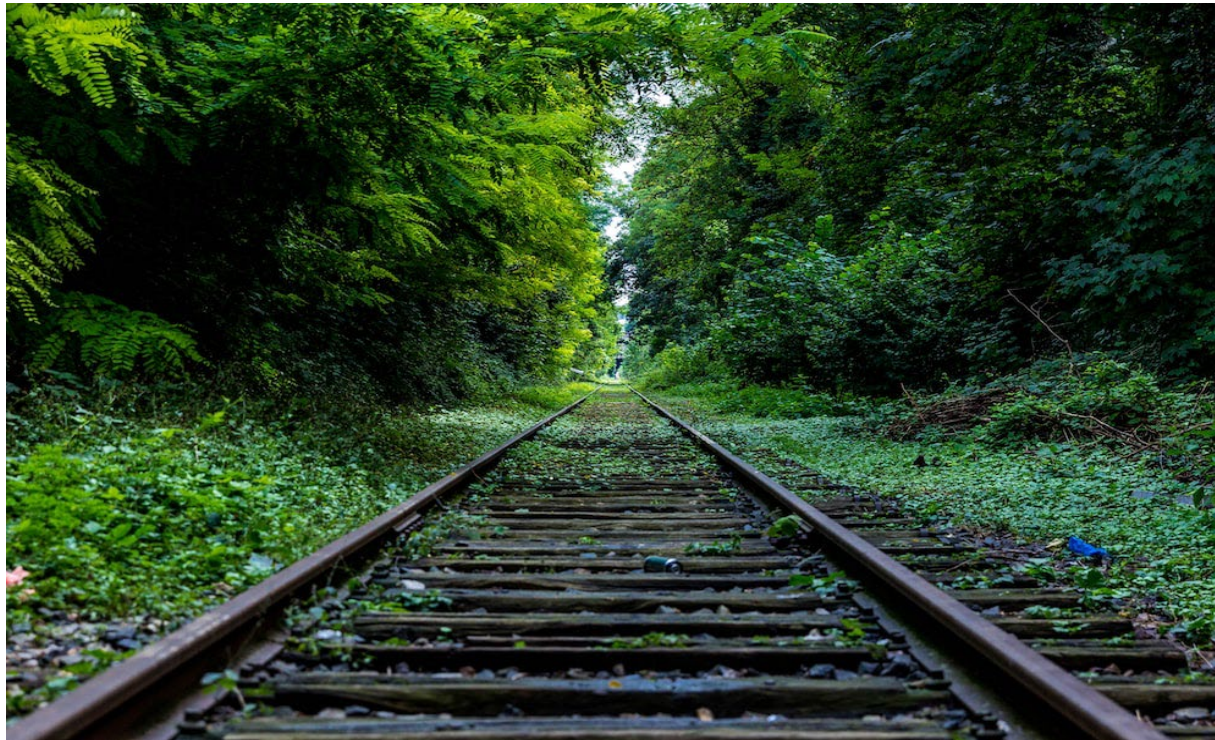
| Illness Management and Recovery (IMR) | N   | Pre  | Post | Change |
|---------------------------------------|-----|------|------|--------|
| Substance Use Subscale                | 348 | 4.07 | 4.07 | ►      |
| Management Subscale                   | 410 | 2.70 | 2.97 | ▲      |
| Recovery Subscale                     | 407 | 2.94 | 3.19 | ▲      |
| Overall Mean                          | 411 | 3.19 | 3.39 | ▲      |
| Recovery Markers Questionnaire (RMQ)  | N   | Pre  | Post | Change |
| Overall Mean                          | 265 | 3.59 | 3.73 | ▲      |

**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 2021-22 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

# COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



## **Older Adult (OA) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2021-2022**

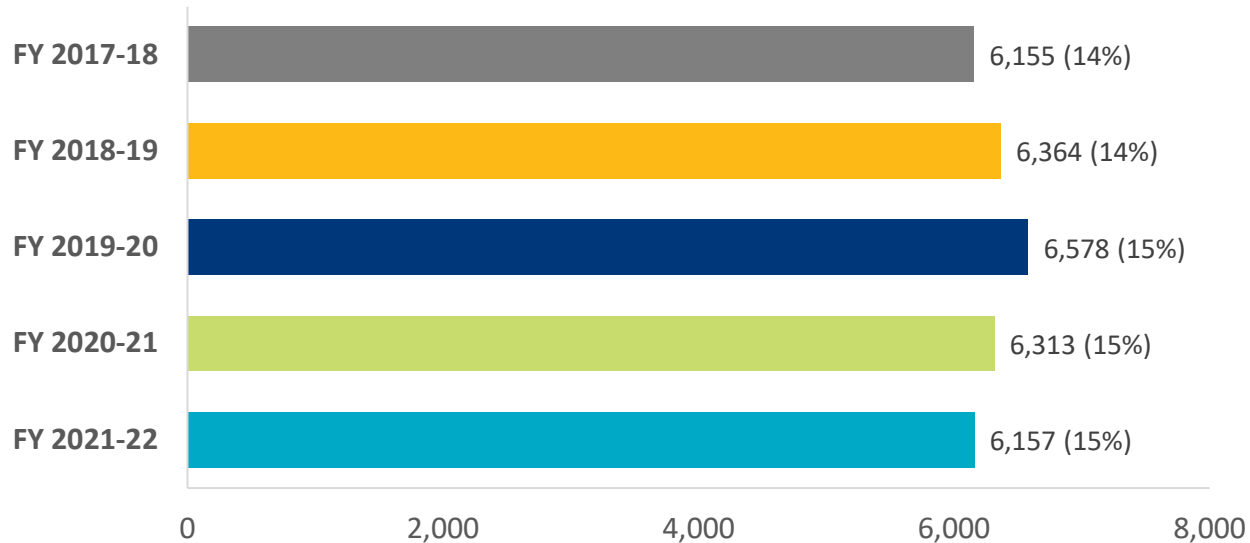
*Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2021-22  
Source: Health Services Research Center (KW, ALP, MCM, ST)*

# Who are we serving?

## Total Number of OA Clients Served

- During FY 2021-22, mental health services were delivered to 6,157 OA clients (age 60 and older) by AOABHS, reflecting a 2% decrease in the number of OA clients served compared to FY 2020-21.
- OA clients represent 15% of the 41,844 AOABHS clients served during FY 2021-22.
- The number of OA clients served by BHS has increased every year from FY 2017-18 to FY 2019-20 but decreased in FY 2020-21 and FY 2021-22.

### Number of Clients Served by Fiscal Year

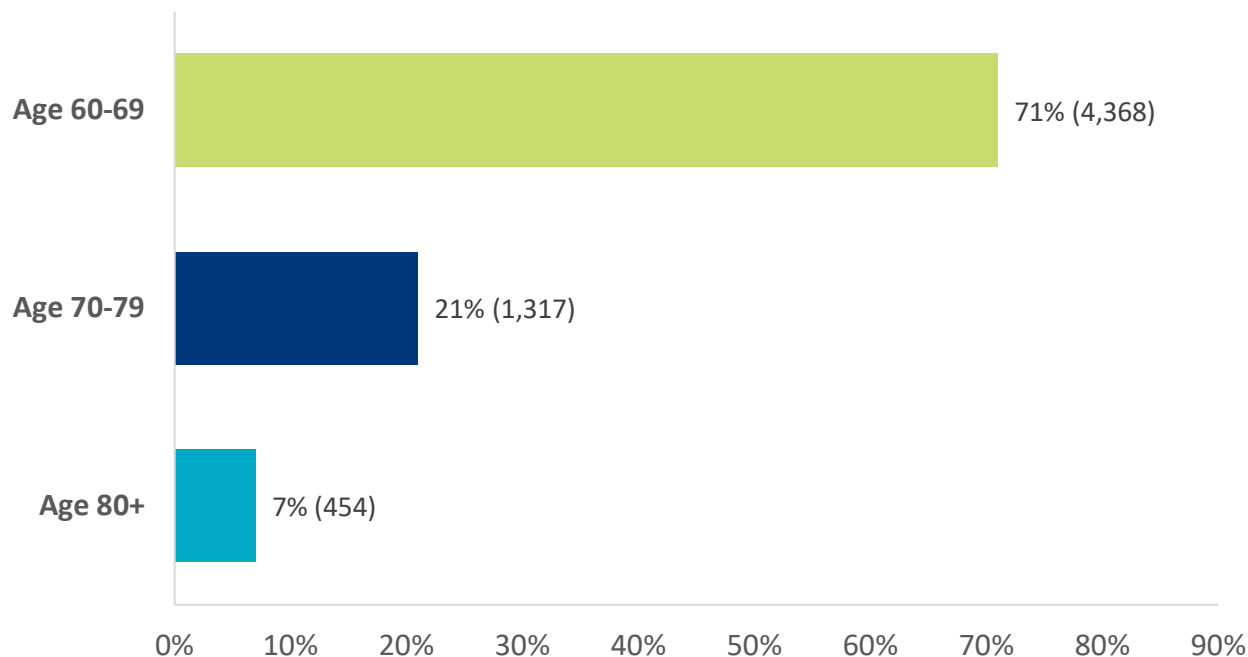


# Who are we serving?

## OA Clients: Age

- Almost three-quarters (71%) of OA clients served during FY 2021-22 were between the ages of 60 and 69 years.
- The number of OA clients served during FY 2021-22 that were between the ages of 60 and 69 years (4,368 clients) decreased by 4%, compared to FY 2020-21 (4,572 clients).

### OA Age Distribution



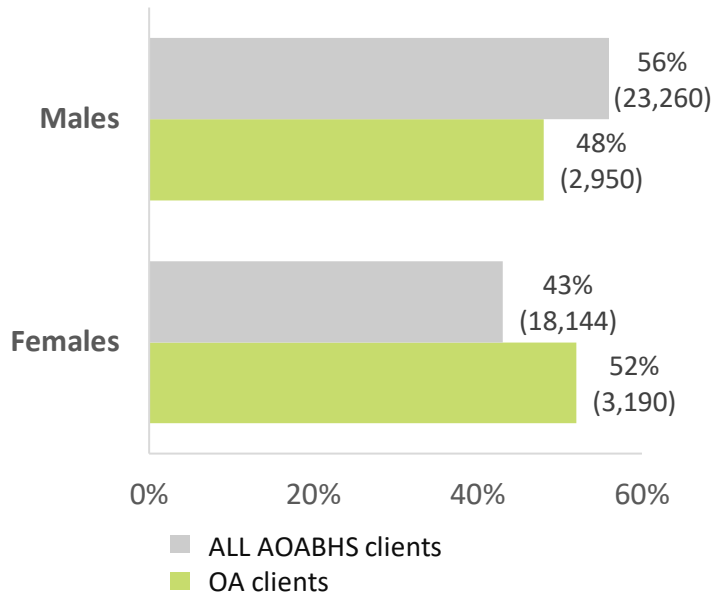


# Who are we serving?

## OA Clients: Gender

- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2021-22 were female (52%) compared to the overall AOABHS client population (43%).
- The proportion of male OA clients served by AOABHS has gradually increased over the past five fiscal years (46% to 48%).

### OA Gender\* Distribution



| OA Gender     | Fiscal Year |         |         |         |         | AOABHS FY 2021-22 Population |
|---------------|-------------|---------|---------|---------|---------|------------------------------|
|               | 2017-18     | 2018-19 | 2019-20 | 2020-21 | 2021-22 |                              |
| Females       | 54%         | 53%     | 52%     | 52%     | 52%     | 43%                          |
| Males         | 46%         | 47%     | 47%     | 48%     | 48%     | 56%                          |
| Other/Unknown | < 1%        | < 1%    | < 1%    | < 1%    | < 1%    | 1%                           |

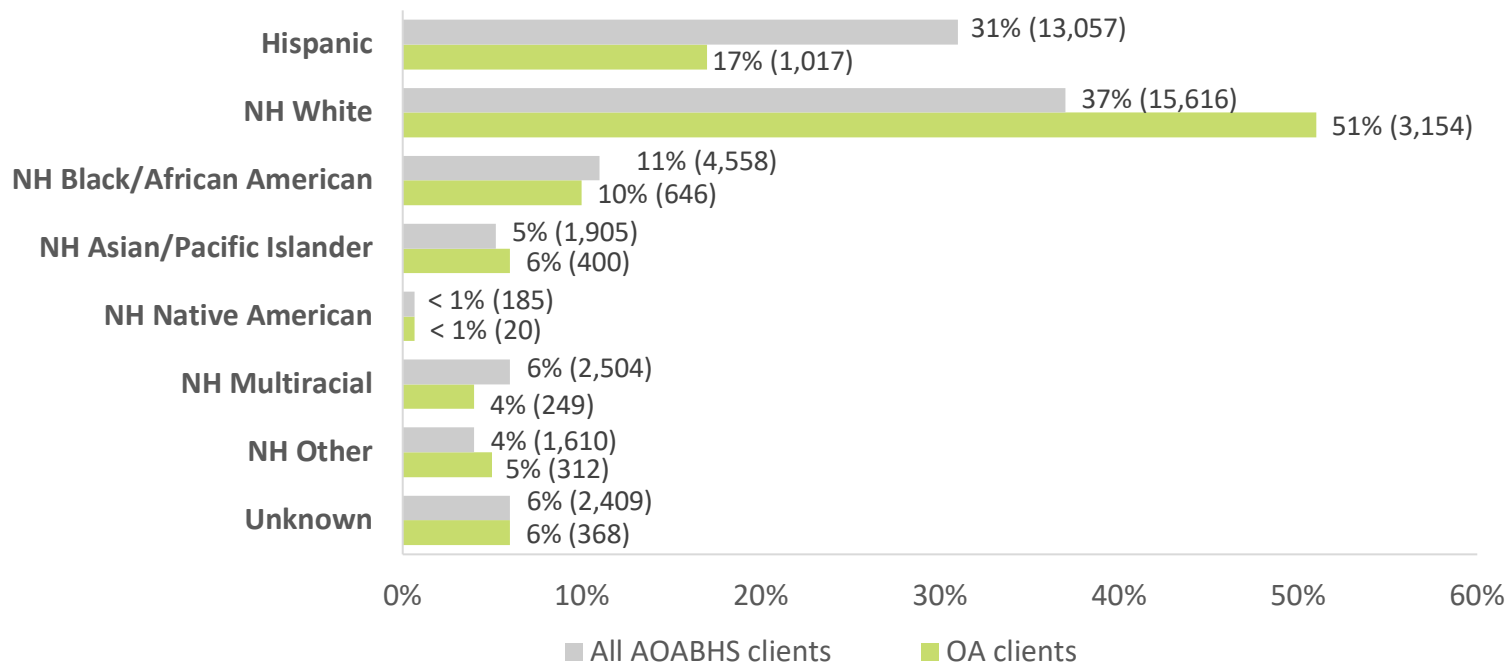
\*The figure excludes the other/unknown categories, comprising <1% of the OA (17 clients) and 1% of the overall AOABHS (440 clients) population.

# Who are we serving?

## OA Clients: Race/Ethnicity

- More than half of OA clients (51%) served during FY 2021-22 were non-Hispanic White.
- Similar to previous fiscal years, compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (17% vs. 31%), and a larger proportion were non-Hispanic White (51% vs. 37%) in FY 2021-22.

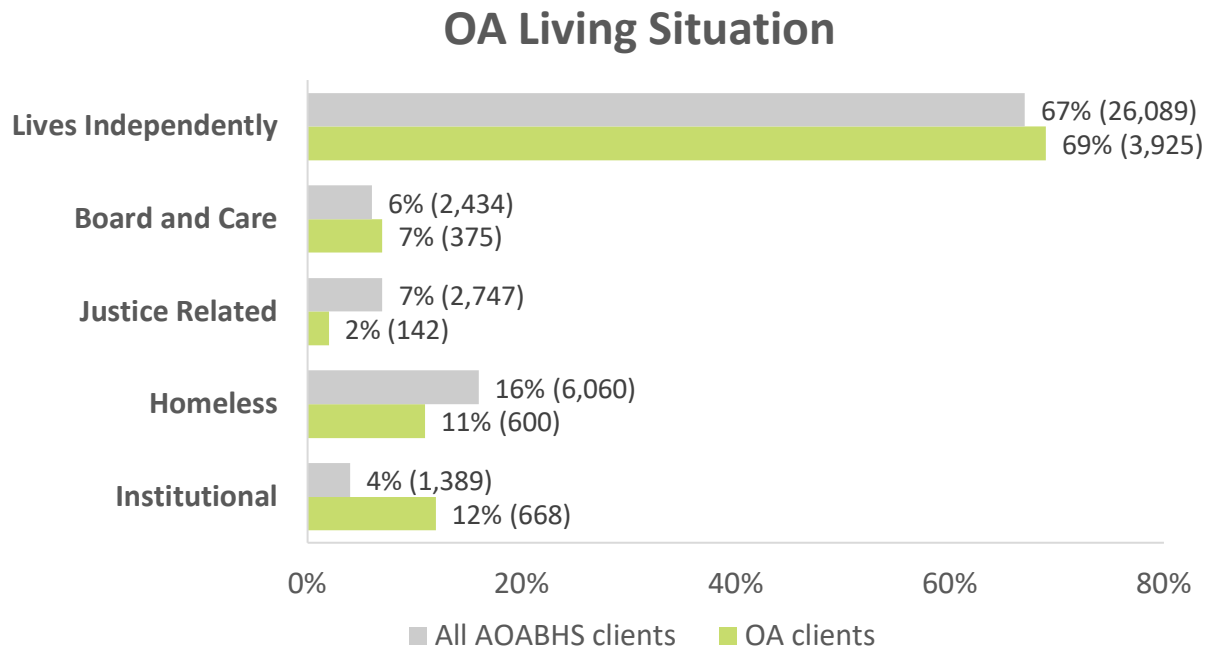
### OA Race/Ethnicity Distribution



# Who are we serving?

## OA Clients: Living Situation\*

- Compared to the overall AOABHS client population, a slightly higher proportions of OA clients served during FY 2021-22 lived independently\*\* and in Board and Care.
- A greater proportion of OA clients served during FY 2021-22 lived in an institutional setting (12%) and a smaller proportion of OA clients were homeless (11%) or living in justice-related settings (2%), compared to the overall AOABHS client population (4%, 16%, and 7%, respectively).



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

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

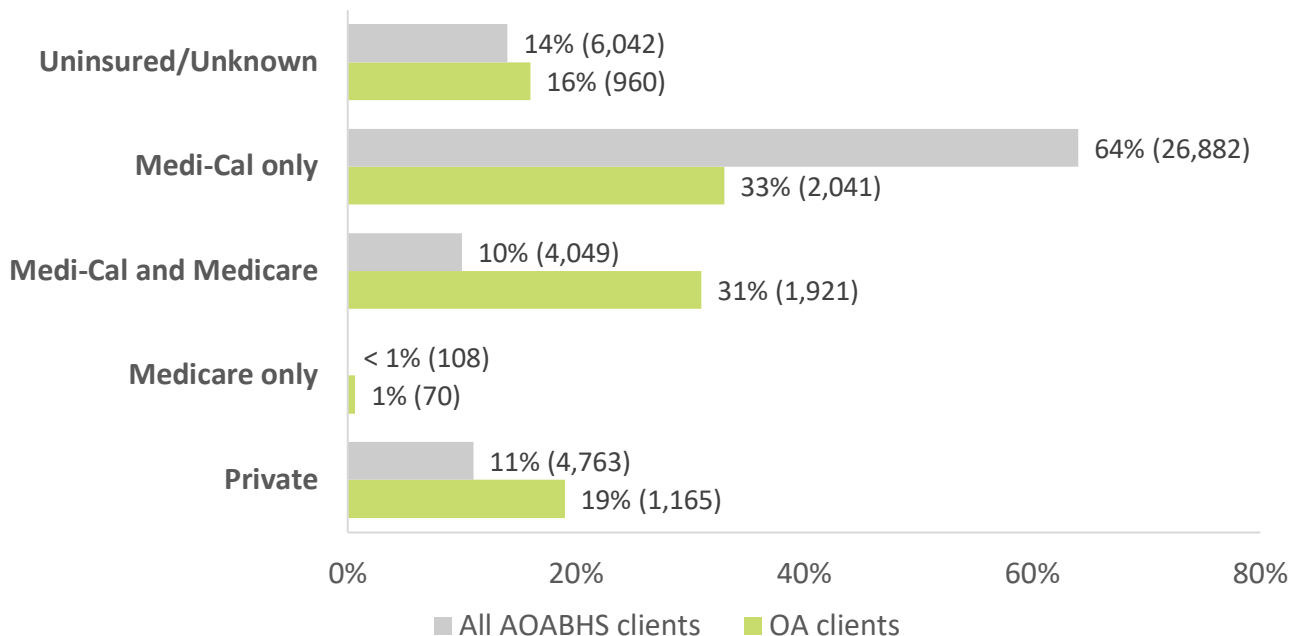
Note: Clients with an other/unknown living status (OA, n = 447; AOA, n = 3,125) are excluded from the figure and percentages reported above.

# Who are we serving?

## OA Clients: Health Care Coverage

- Less than two-thirds of OA clients served during FY 2021-22 were at least partially covered by Medi-Cal (64%).
- Less than one-third of OA clients served during FY 2021-22 had combined Medi-Cal and Medicare health care coverage (31%).
- 16% of OA clients served in FY 2021-22 had an uninsured/unknown insurance status.

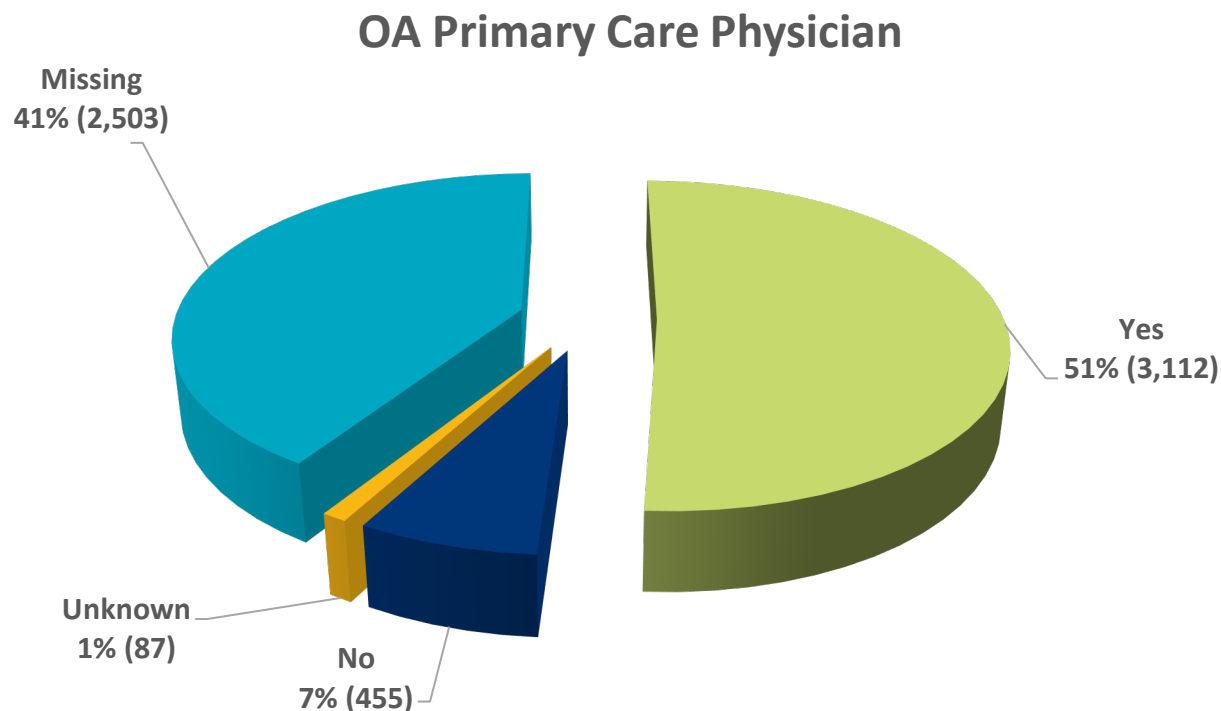
### OA Insurance Status



## Who are we serving?

### OA Clients: Primary Care Physician

- The proportion of OA clients served during FY 2021-22 who had a primary care physician increased from FY 2020-21 (48%).
- Information about primary care physician was unavailable or unknown for over two-fifths of OA clients (42%), a decrease from FY 2020-21 (45%).



## Who are we serving?

### OA Clients: Sexual Orientation

- Almost all OA clients served during FY 2021-22 with sexual orientation information available identified as heterosexual (93%).
- Compared to the overall AOABHS population, a smaller proportion of OA clients were missing sexual orientation data (55% compared to 63%).

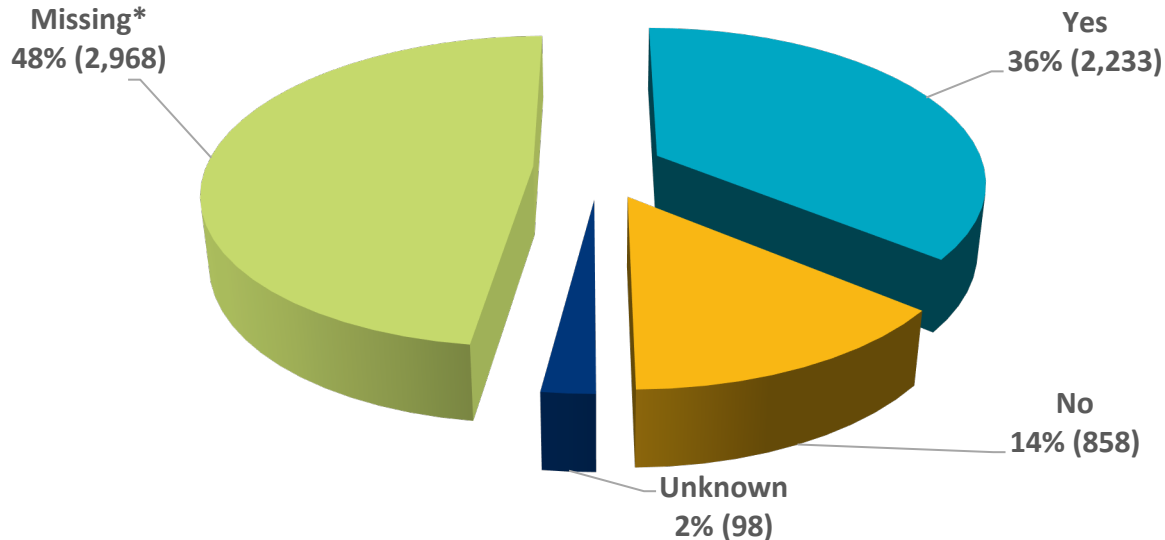
| Sexual Orientation               | OA FY 2021-22 |             | AOABHS FY 2021-22 |             |
|----------------------------------|---------------|-------------|-------------------|-------------|
|                                  | Clients       | Percentage  | Clients           | Percentage  |
| Heterosexual                     | 2,557         | 93%         | 13,360            | 85%         |
| Bisexual                         | 51            | 2%          | 983               | 6%          |
| Gay male                         | 31            | 1%          | 339               | 2%          |
| Lesbian                          | 18            | 1%          | 222               | 1%          |
| Other                            | 11            | <1%         | 291               | 2%          |
| Questioning                      | 20            | 1%          | 186               | 1%          |
| Declined to state                | 52            | 2%          | 287               | 2%          |
| <b>Total (excluding missing)</b> | <b>2,740</b>  | <b>100%</b> | <b>15,668</b>     | <b>100%</b> |
| Missing                          | 3,417         | 55%         | 26,176            | 63%         |

## Who are we serving?

### OA Clients: History of Trauma

- 2,233 OA clients served during FY 2021-22 had a history of trauma (36%), reflecting a 5% increase of OA clients compared to FY 2020-21 (2,118 clients).
- Trauma history data were missing or unknown for less than half (48%) of OA clients (2,968 clients).

### OA History of Trauma



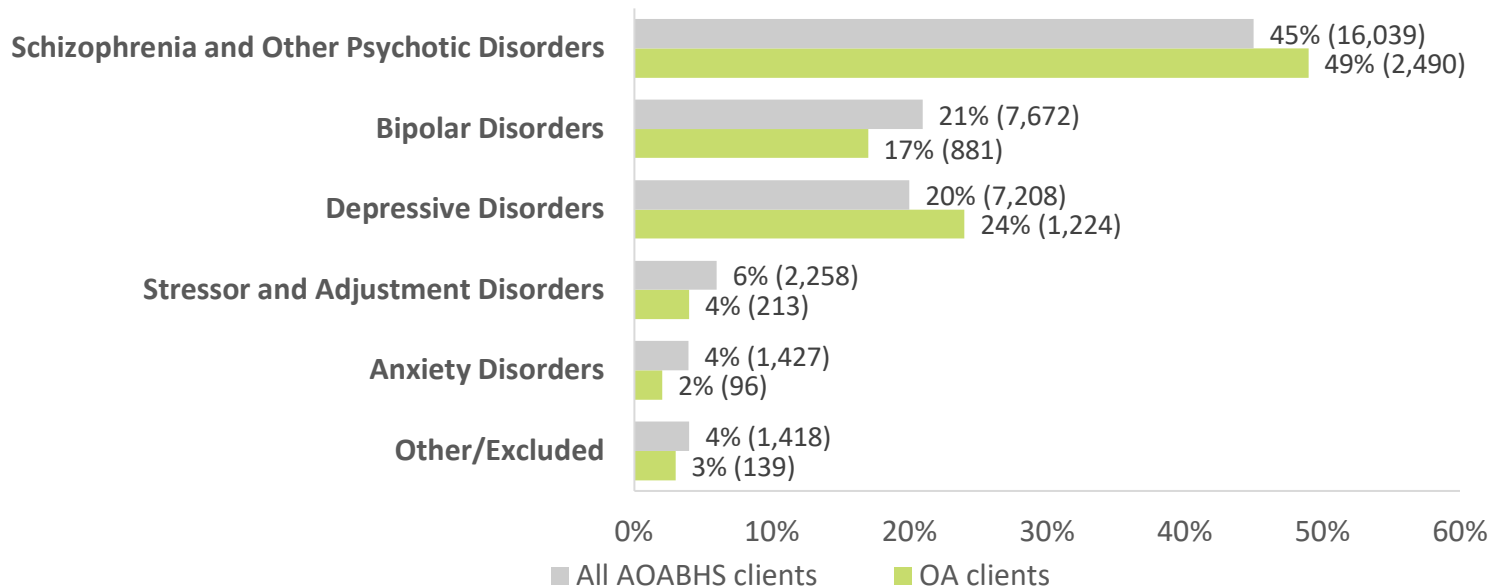
\*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

# Who are we serving?

## OA Clients: Primary Diagnosis

- The most common diagnosis among OA clients served during FY 2021-22 was schizophrenia and other psychotic disorders (49%), followed by depressive disorders (24%), comprising nearly three-quarters of OA clients with a valid diagnosis.
- Compared to the overall AOA population, a slightly larger proportion of OA clients had a depressive disorder diagnosis (24% compared to 20%) or a diagnosis of schizophrenia and other psychotic disorders (49% compared to 45%).

### OA Primary Diagnosis\*



\*The graph and percentages reported above exclude invalid/missing values (OA, n = 1,114; AOA, n = 5,822).

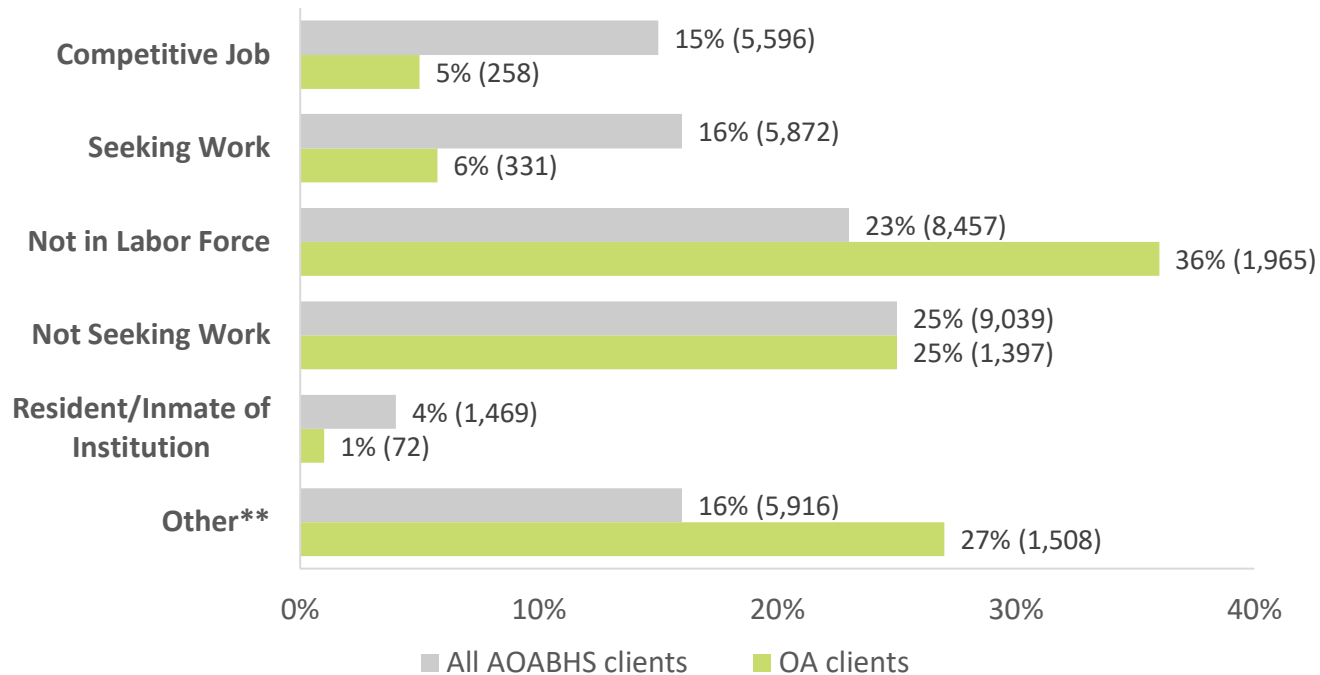


# Who are we serving?

## OA Clients: Employment Status

- 36% of OA clients served during FY 2021-22 were not in the labor force; comprising the largest population of OA clients.
- More than one-quarter of OA clients served during FY 2021-22 (27%) had an other employment status.

**OA Employment Status\***



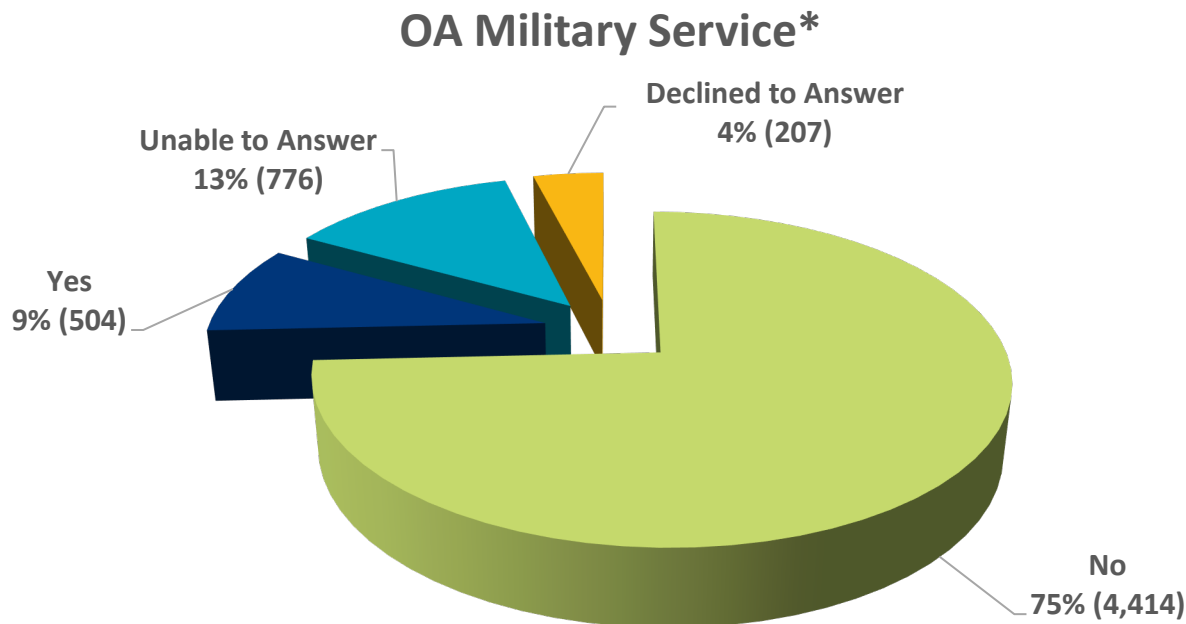
\*The graph and percentages reported above exclude unknown values (OA, n = 626; AOA, n = 5,495).

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

## Who are we serving?

### OA Clients: Military Service

- Information regarding past military service was available for 96% of OA clients served during FY 2021-22.
- Among those clients served for whom military service data were available, three-fourths (75%) reported that they had no military service, and 9% indicated that they had served in the military.



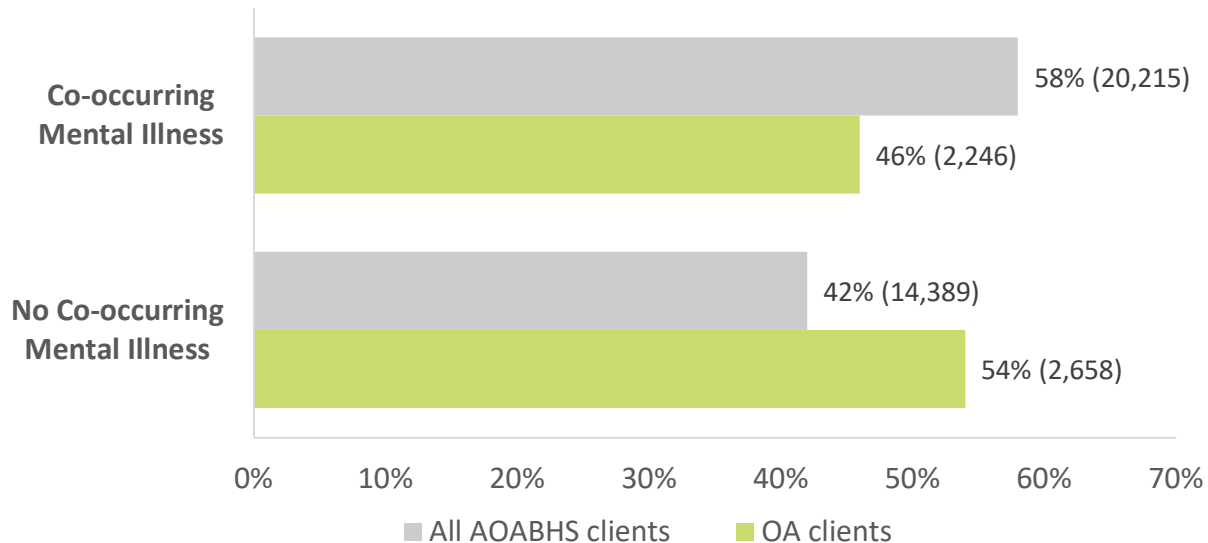
\*The graph and percentages reported above exclude missing values (n = 256).

# Who are we serving?

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

- In addition to a primary diagnosis, nearly half of OA clients (46%) also had a diagnosis of a co-occurring mental illness and substance use disorder in FY 2021-22.
- The proportion of OA clients with a co-occurring mental illness increased from FY 2019-20 to FY 2021-22 (43% to 46%).

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



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

# What types of services are being used?

## OA Clients: Types of Services\*

| Outpatient Services                 | Total Visits | Total Clients | Emergency/Crisis Services | Total Visits | Total Clients |
|-------------------------------------|--------------|---------------|---------------------------|--------------|---------------|
| Assertive Community Treatment (ACT) | 27,920       | 533           | Urgent Outpatient         | 802          | 523           |
| Case Management                     | 287          | 123           | Crisis Stabilization**    | 870          | 455           |
| Case Management – Institutional     | 4,951        | 405           | PERT                      | 1,663        | 1,371         |
| Case Management – Strengths         | 8,808        | 566           | MCRT                      | 276          | 223           |
| Case Management – Transitional      | 22           | < 5           |                           | Total Days   | Total Clients |
| Fee for Service (FFS)               | 7,509        | 1,049         | Crisis Residential        | 1,529        | 113           |
| Outpatient                          | 18,312       | 1,813         | Forensic Services         | Total Visits | Total Clients |
| Prevention                          | 6            | < 5           | Jail                      | 3,351        | 484           |
| Inpatient Services                  | Admissions   | Total Clients | 24 Hour Services          | Total Days   | Total Clients |
| Inpatient – County                  | 123          | 115           | Edgemoor                  | 27,851       | 83            |
| Inpatient – FFS                     | 404          | 266           | Long Term Care (LTC)      | 658          | < 5           |
| State Hospital                      | < 5          | < 5           | LTC – Institutional       | 23,835       | 96            |
|                                     |              |               | LTC – Residential         | 1,243        | 5             |
|                                     |              |               | Residential               | 232          | < 5           |

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

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

## Are clients getting better?

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

- Mean pre and post scores on the clinician-rated Management IMR subscale demonstrate no significant change in symptoms among OA clients in FY 2021-22.
- Clinicians reported slight, non-significant worsening of symptoms among OA clients on the substance use subscale, recovery subscale, and overall IMR scores and OA clients self-reported slight, non-significant worsening of symptoms in their overall mental health status via the RMQ from pre to post assessment.

| Illness Management and Recovery (IMR) | N     | Pre  | Post | Change |
|---------------------------------------|-------|------|------|--------|
| Substance Use Subscale                | 1,010 | 4.56 | 4.52 | ▼      |
| Management Subscale                   | 1,096 | 3.02 | 3.02 | ►      |
| Recovery Subscale                     | 1,091 | 2.87 | 2.85 | ▼      |
| Overall Mean                          | 1,099 | 3.28 | 3.27 | ▼      |
| Recovery Markers Questionnaire (RMQ)  | N     | Pre  | Post | Change |
| Overall Mean                          | 717   | 3.61 | 3.60 | ▼      |

**Legend**

- ▲ Significant positive change ( $p < .05$ )
- No change
- ▼ Non-significant negative 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 2021-22 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

# Chapter 2: DMC-ODS



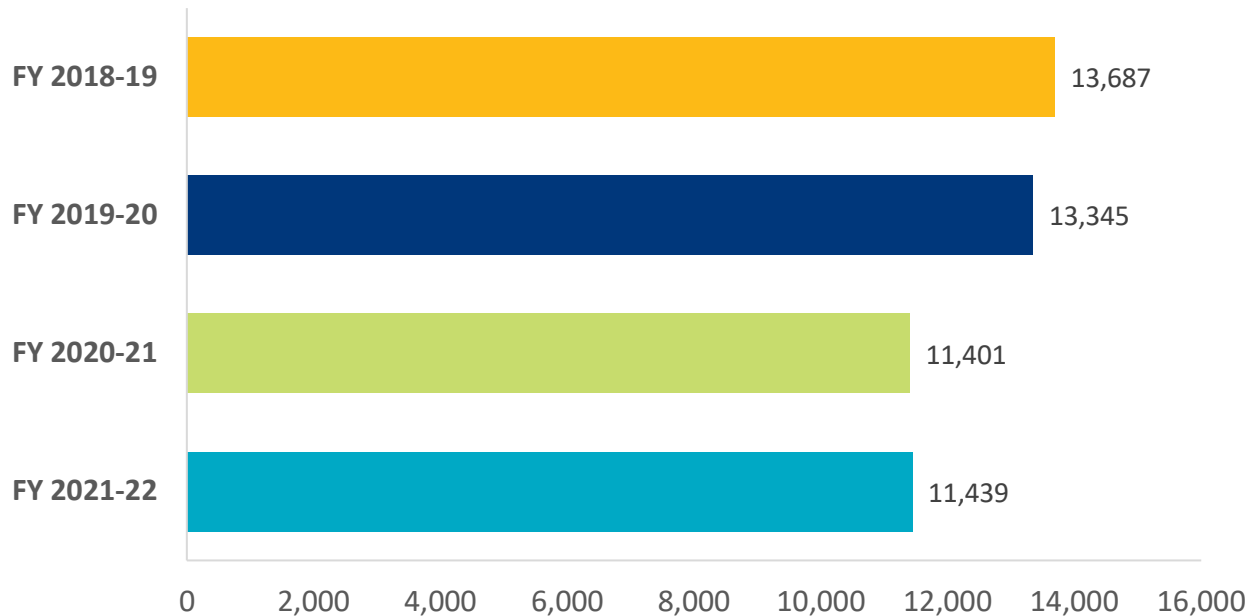
## **Drug Medi-Cal Organized Delivery System (DMC-ODS) AOA Clients - Annual Report Fiscal Year 2021-2022**

# Who are we serving?

## Total Number of AOA DMC-ODS Clients Served

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

### Number of Clients Served by Fiscal Year

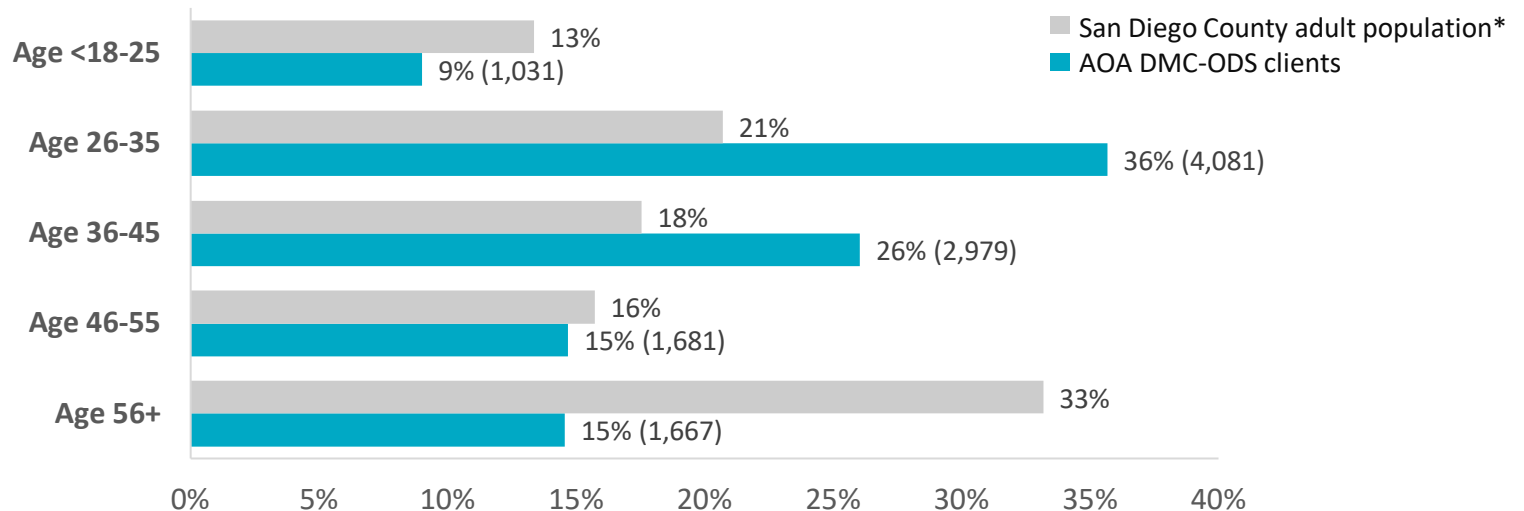


# Who are we serving?

## AOA DMC-ODS Clients: Age

- The largest proportion of AOA clients served by the DMC-ODS during FY 2021-22 were between the ages of 26 and 35 years (36%), followed by those between the ages of 36 and 45 years (26%).
- Fifteen percent (15%) of AOA clients served by the DMC-ODS were between the ages of 46 and 55 years, and another 15% were aged 56 years or older. The remaining 9% of clients served were aged 25 years or younger.
- A smaller proportion (15%) of AOA DMC-ODS clients served during FY 2021-22 were in the oldest age category (age 56+) compared to the estimated adult population in that age range in San Diego County (33%).

### Age Distribution



\*Source: U.S. Census Bureau, 2021 American Community 5-Year Estimates Age and Sex (San Diego County population)

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

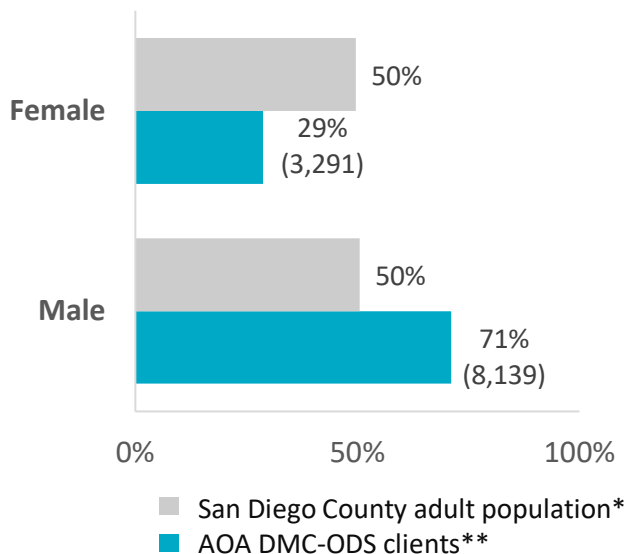


# Who are we serving?

## AOA DMC-ODS Clients: Gender

- The proportion of males and females of AOA clients served by the DMC-ODS has remained relatively stable over the last four fiscal years, with a greater proportion of clients identifying as male versus female.
- There was a greater proportion of male AOA clients served by DMC-ODS during FY 2021-22 (71%) compared to the proportion of males in the overall San Diego County population (50%) and a smaller proportion of female AOA clients served by the DMC-ODS in FY 2021-22 (29%) compared to the proportion of females in the overall San Diego County population (50%).

### Gender Distribution



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

\*Source: U.S. Census Bureau, 2021 American Community 5-Year Estimates Age and Sex (San Diego County population)

\*\*In the DMC-ODS population, gender was reported as other for 9 AOA DMC-ODS clients in FY 2021-22 (< 1%).

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

# Who are we serving?

## AOA DMC-ODS Clients: Race/Ethnicity

- The proportion of non-Hispanic White clients served by DMC-ODS AOA SUD treatment providers has gradually decreased since FY 2018-19 (54% to 49%), while the proportion of Hispanic clients has increased (19% to 32%).
- The proportion of non-Hispanic AOA clients who identify with an Other race or Multiracial has also decreased over the past four fiscal years (13% to 5%).

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

# Who are we serving?

## AOA DMC-ODS Clients: Sexual Orientation

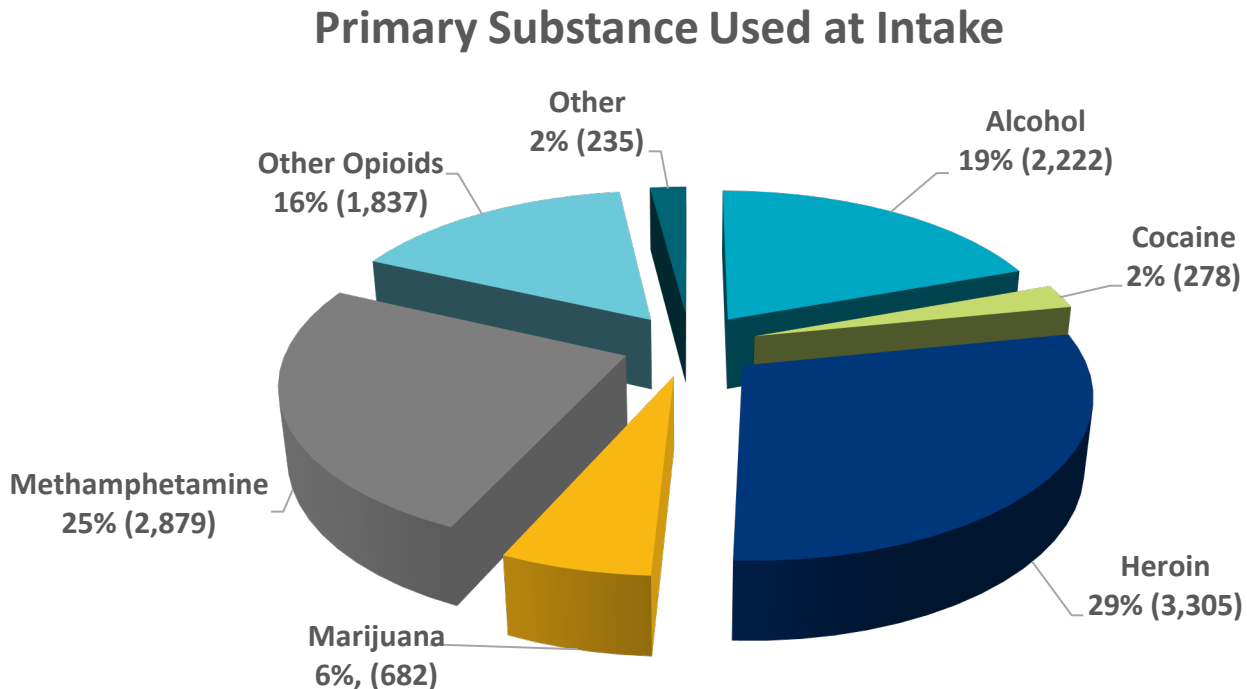
- The majority of AOA DMC-ODS clients served during FY 2021-22 with sexual orientation information available identified as heterosexual (93%).
- Sexual orientation data were missing for 9,948 clients (87%), so interpretations of the data below should be made with caution.

| Sexual Orientation               | Unique Clients | Percentage  |
|----------------------------------|----------------|-------------|
| Heterosexual                     | 1,387          | 93%         |
| Bisexual                         | 41             | 3%          |
| Gay male                         | 32             | 2%          |
| Lesbian                          | 16             | 1%          |
| Other                            | 4              | < 1%        |
| Questioning                      | 0              | 0%          |
| Declined to state                | 11             | 1%          |
| <b>Total (excluding missing)</b> | <b>1,491</b>   | <b>100%</b> |
| Missing                          | 9,948          | 87%         |

# Who are we serving?

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

- The most common primary substance used at intake among AOA DMC-ODS clients served during FY 2021-22 was heroin (29%), followed by methamphetamine (25%), and alcohol (19%).
- Almost half (45%) of AOA clients served by the DMC-ODS during FY 2021-22 reported a primary substance used of heroin or another opioid at intake.

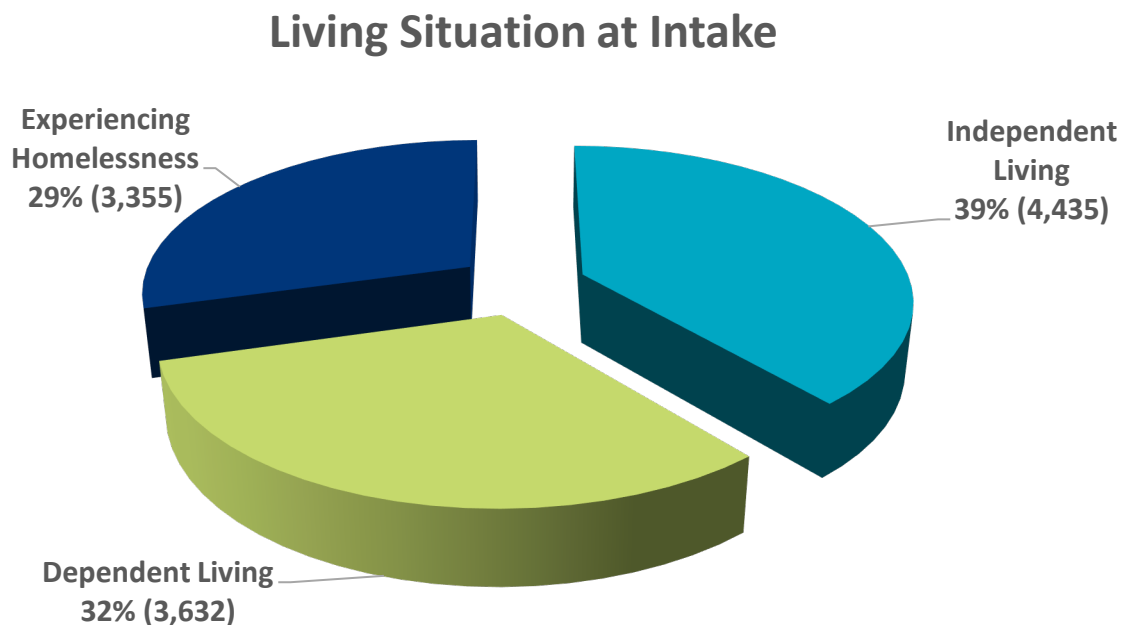


\*The graph and percentages reported above exclude missing values (n = 1).

## Who are we serving?

### AOA DMC-ODS Clients: Living Situation at Intake\*

- More than one-quarter (29%) of clients served during FY 2021-22 were experiencing homelessness at the time of their intake in the DMC-ODS.
- Less than half of clients served during FY 2021-22 (39%) were living independently at the time of their intake in the DMC-ODS.



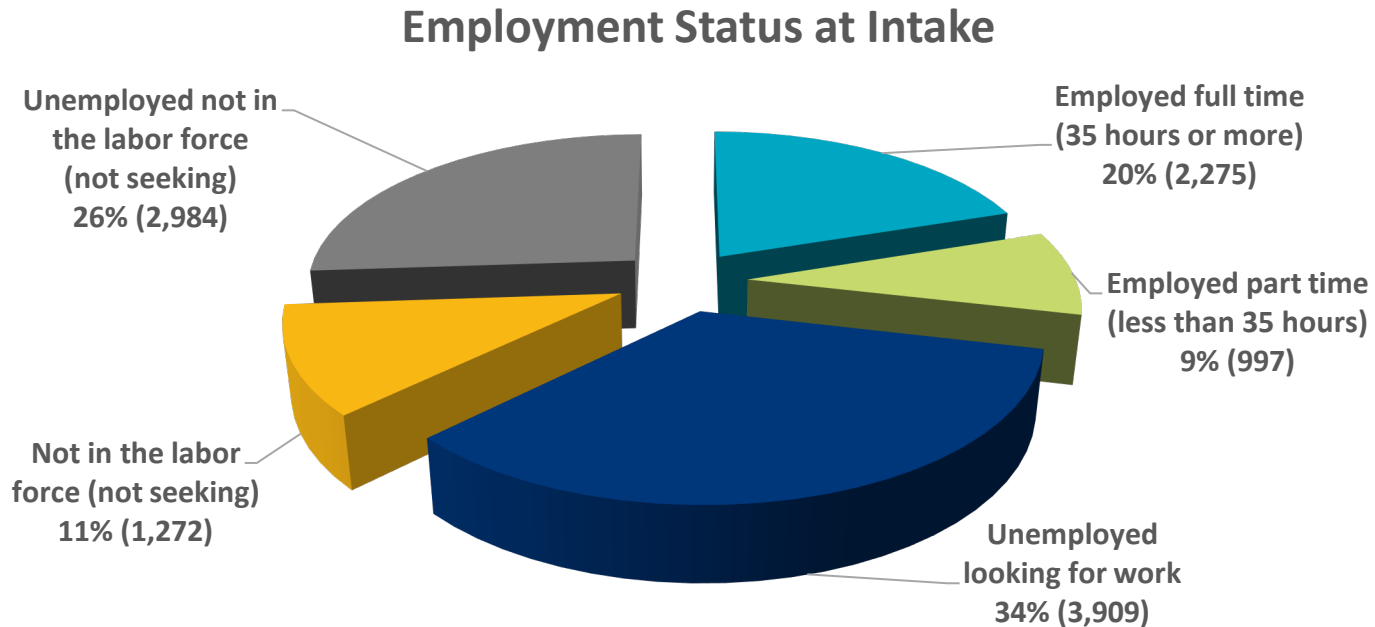
\*Client living situation reflects status at the intake of the client's most recent admission.

Note: Clients with an unknown living situation at intake (n = 17) are excluded from the figure and percentages reported above.

# Who are we serving?

## AOA DMC-ODS Clients: Employment Status at Intake\*

- One-fifth of AOA DMC-ODS clients served during FY 2021-22 were employed full time at intake (20%).
- About one-third of AOA DMC-ODS clients served during FY 2021-22 were unemployed and looking for work (34%), and another quarter were unemployed and not seeking work (26%).



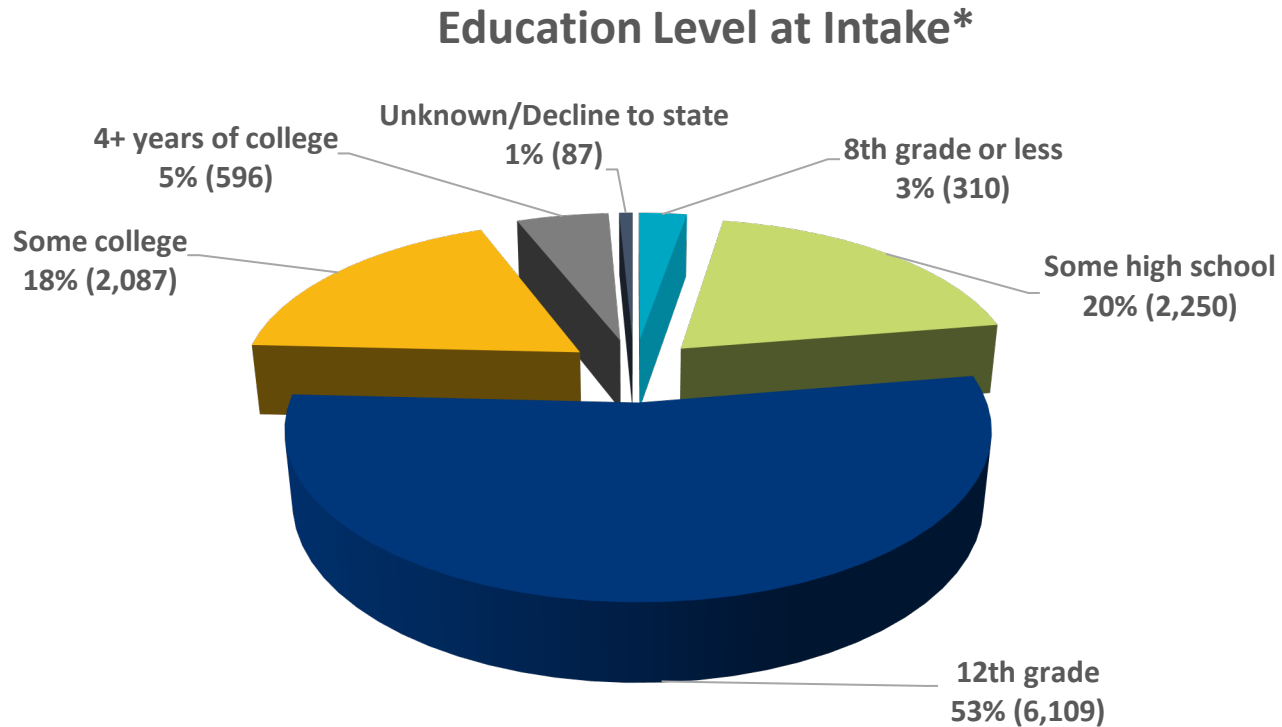
\*Client employment status reflects status at the intake of the client's most recent admission.

Note: Clients with an unknown living situation at intake (n = 2) are excluded from the figure and percentages reported above.

# Who are we serving?

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

- Roughly half (53%) of AOA DMC-ODS clients served during FY 2021-22 reported 12<sup>th</sup> grade as the highest level of education they received.
- About one-fifth (23%) of AOA DMC-ODS clients served in FY 2021-22 did not complete high school.

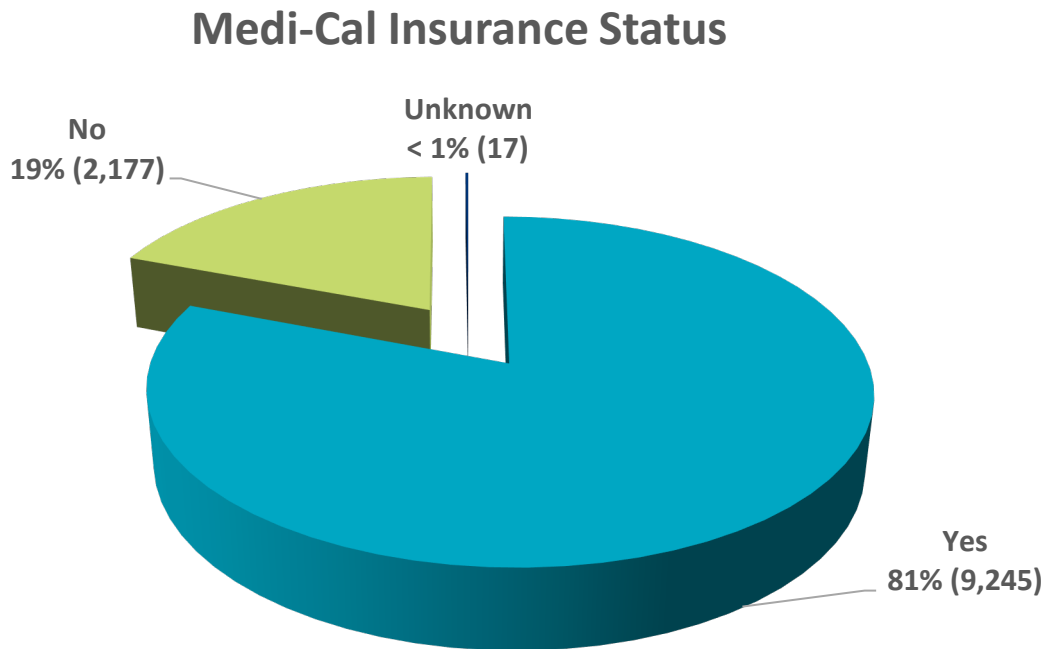


\*Client educational level reflects the highest level of education obtained at the time of intake of the client's most recent admission.

## Who are we serving?

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

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



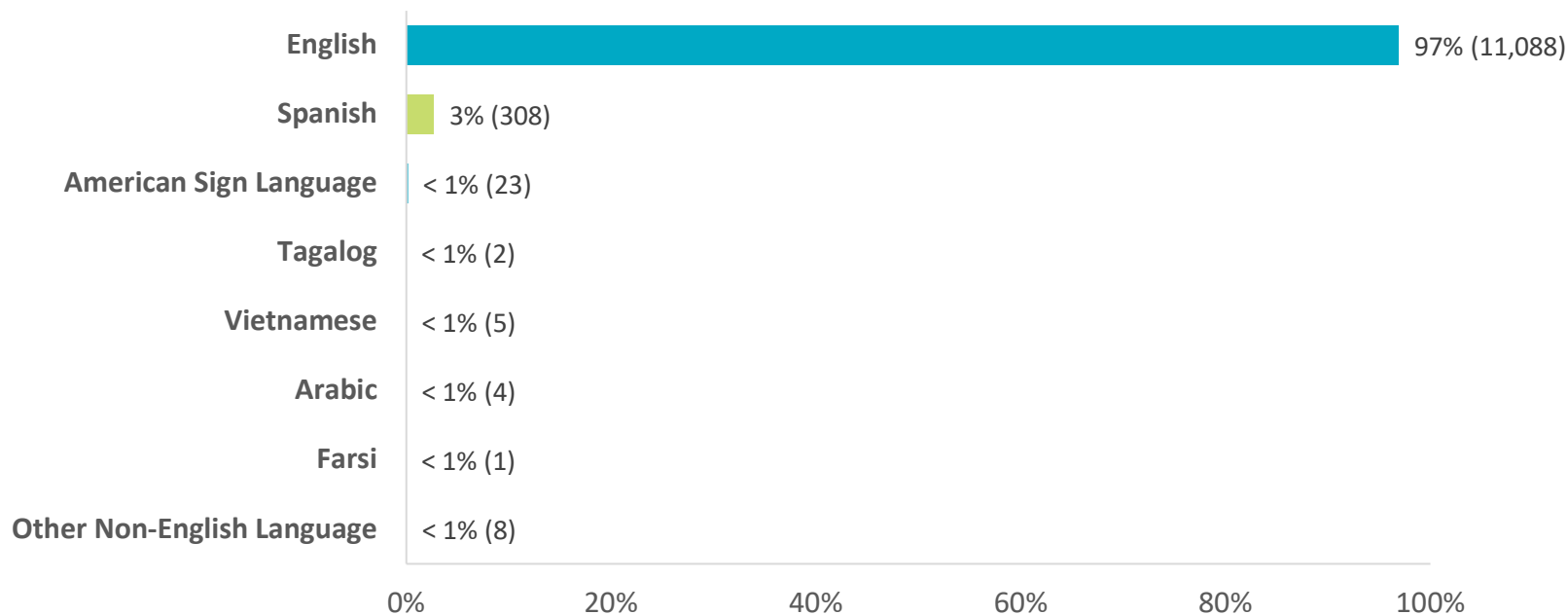


# Who are we serving?

## AOA DMC-ODS Clients: Primary Language

- AOABHS services are available in many languages, including American Sign Language and the six threshold languages in San Diego County: English, Spanish, Tagalog, Vietnamese, Arabic, and Farsi.
- Almost all (97%) AOA clients served by the DMC-ODS during FY 2021-22 reported a primary language of English. The second most common primary language was Spanish (3%), followed by American Sign Language (<1%).

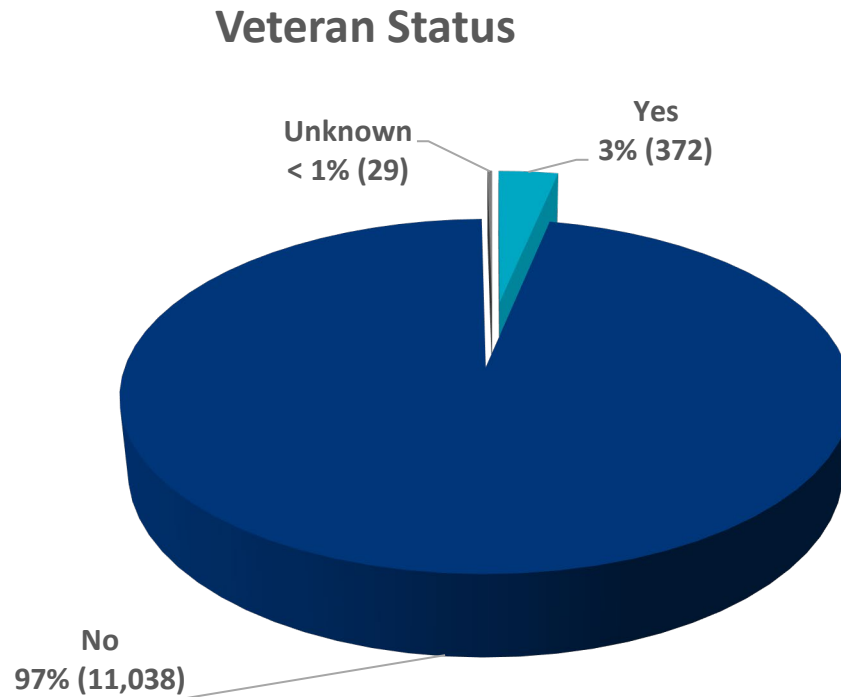
### Preferred Language



# Who are we serving?

## AOA DMC-ODS Clients: Veteran Status

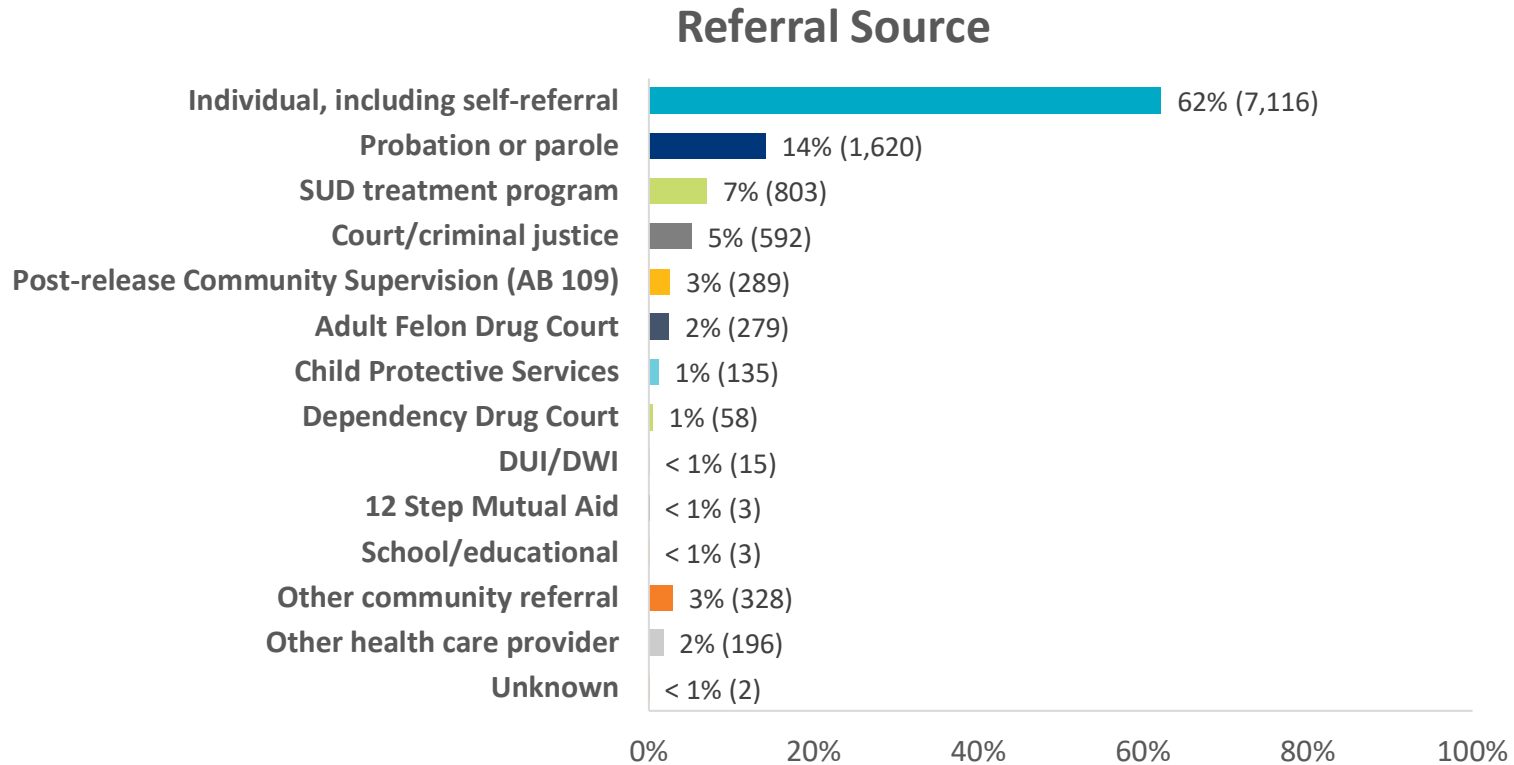
- The majority (97%) of AOA clients served by the DMC-ODS during FY 2021-22 were not Veterans.



# Who are we serving?

## AOA DMC-ODS Clients: Referral Source

- Almost two-thirds (62%) of AOA clients served by the DMC-ODS during FY 2021-22 were self-referred.
- The second most common referral source among AOA clients served by the DMC-ODS during FY 2021-22 was probation or parole (14%), followed by another SUD treatment program (7%) and the court/criminal justice system (5%).

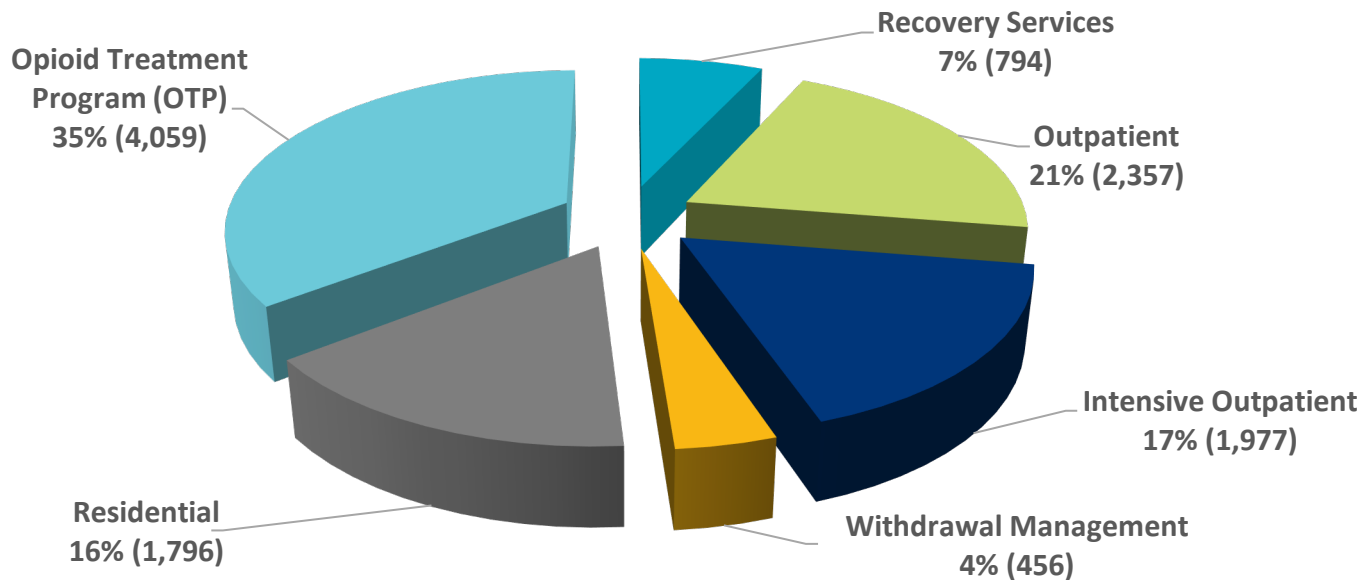


# Who are we serving?

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

- More than one-third (35%) of AOA clients served by the DMC-ODS during FY 2021-22 received services from an OTP during their most recent admission.
- The second most common LOC where AOA clients served by the DMC-ODS during FY 2021-22 received services was outpatient services (21%) followed by intensive outpatient services (17%).

### LOC at Most Recent Admission



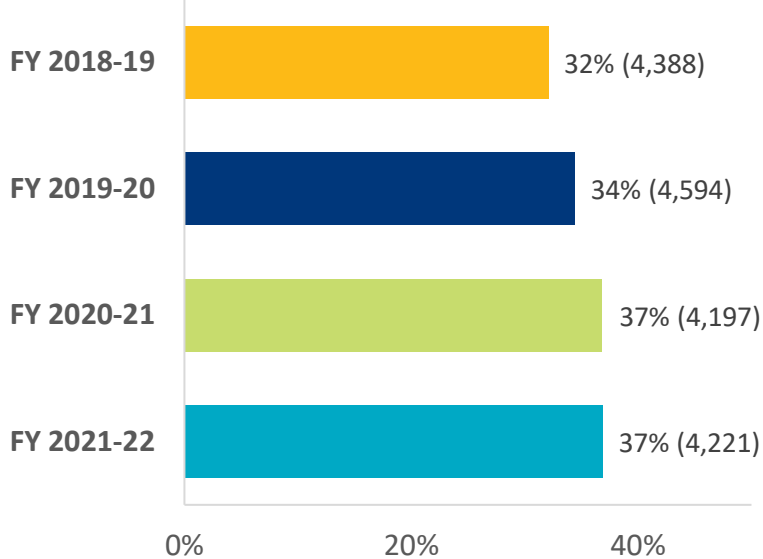
\*LOC reflects the level of care received by the client during their most recent admission.

# Who are we serving?

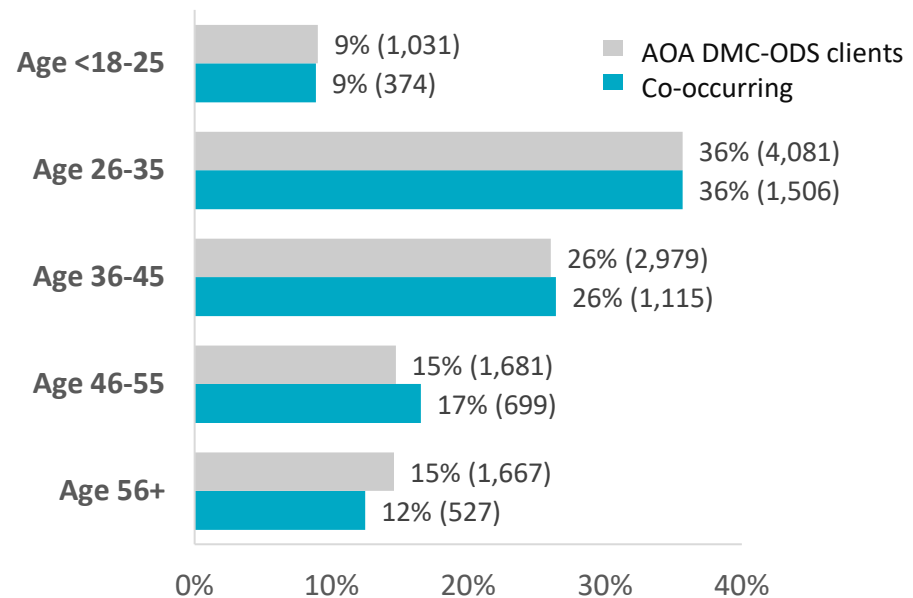
## AOA DMC-ODS Clients: Co-occurring SUD and Mental Illness at Intake (Overall & by Age)

- In addition to a substance use disorder, more than one-third (37%) of AOA DMC-ODS clients served during FY 2021-22 had a co-occurring substance use disorder and mental health illness at intake.
- The proportion of AOA clients served by the DMC-ODS with a co-occurring substance use disorder and mental illness has increased each year from FY 2018-19 to FY 2020-21 (32% to 37%) but remained stable from FY 2020-21 to FY 2021-22 (37%).

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



### Co-occurring by Age

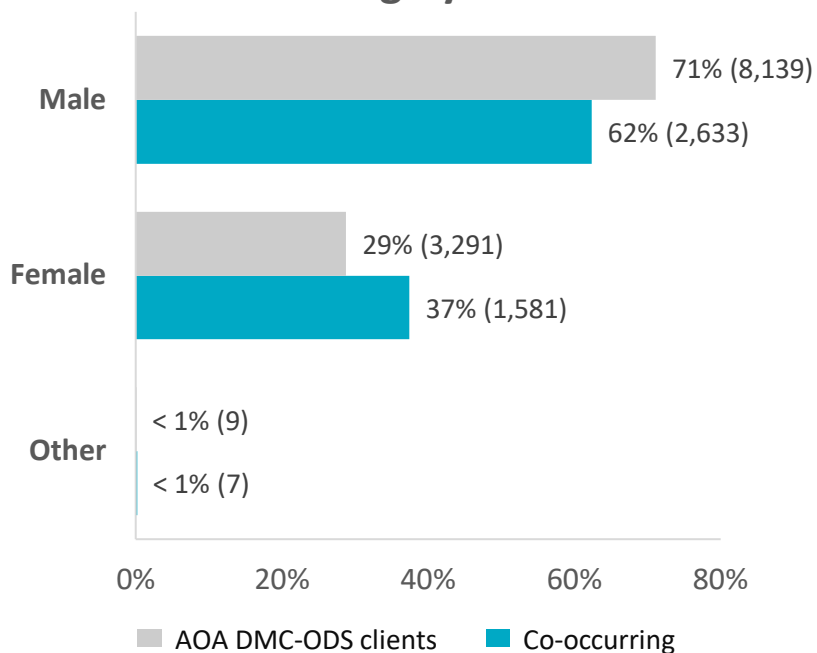


# Who are we serving?

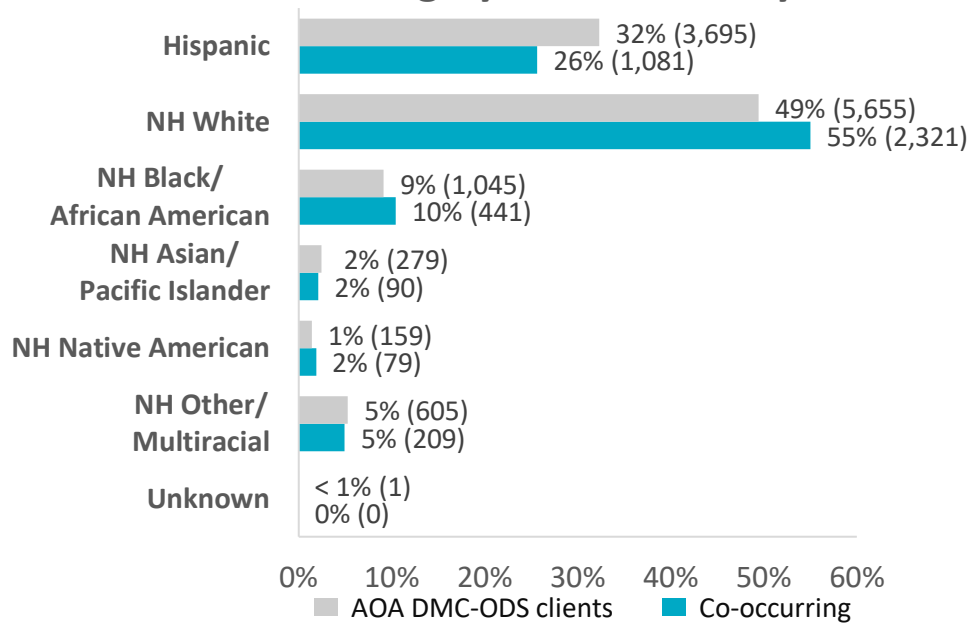
## AOA DMC-ODS Clients: Co-occurring by Gender and Race/Ethnicity

- Almost two-thirds of AOA clients with a co-occurring substance use disorder and mental illness served during FY 2021-22 by the DMC-ODS were male (62%).
- During FY 2021-22, a larger proportion of clients with a co-occurring substance use disorder and mental illness served by AOA DMC-ODS treatment providers were female (37%) compared to the proportion of all female clients served during the fiscal year (29%).
- More than half (55%) of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2021-22 by the DMC-ODS were non-Hispanic White, and about one-quarter were Hispanic (26%).

### Co-occurring by Gender



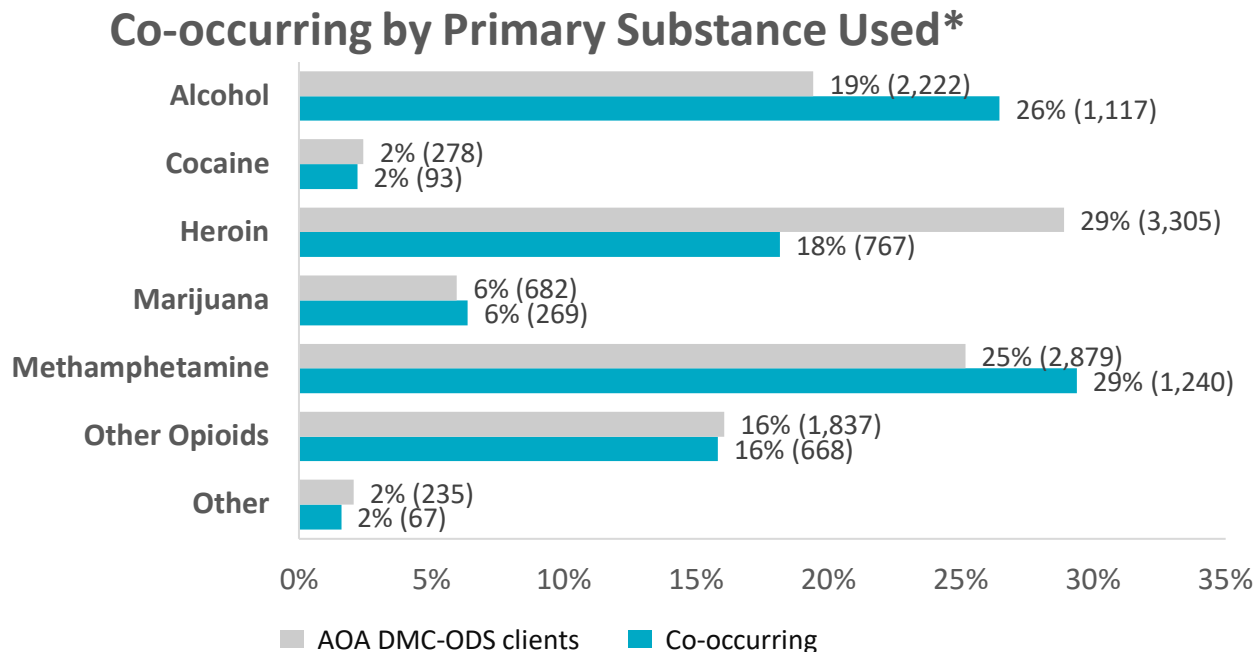
### Co-occurring by Race/Ethnicity



# Who are we serving?

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

- Almost one-third (29%) of AOA clients served by the DMC-ODS during FY 2021-22 with a co-occurring mental illness and SUD reported methamphetamine as their primary substance used.
- About one-quarter (26%) of AOA clients served by the DMC-ODS during FY 2021-22 with a co-occurring mental illness and SUD reported alcohol as their primary substance used.
- Compared to all AOA clients served by the DMC-ODS during FY 2021-22, a larger proportion of those with a co-occurring mental illness and SUD reported alcohol (26% vs. 19%) or methamphetamine (29% vs. 25%) as their primary substance used. A smaller proportion reported heroin as their primary substance used (18% vs. 29%).



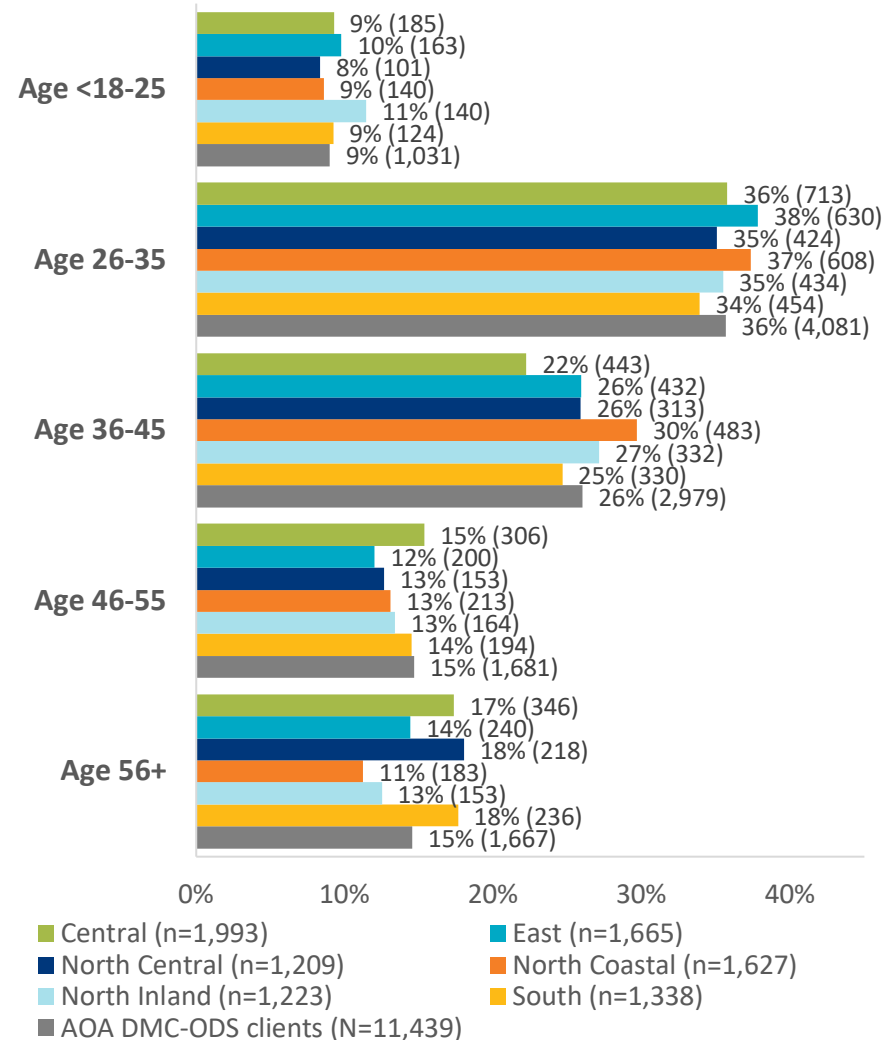
\*The graph and percentages reported above exclude missing values for AOA, n = 1).

# Where are we serving?

## AOA DMC-ODS Clients: Age by HHS Region

- Relative to the other HHS regions, there was a slightly larger proportion of AOA clients served by the DMC-ODS during FY 2021-22 between the ages of 36 and 45 years from the North Coastal region (30% versus 22% to 27%), and a smaller proportion of clients aged 56 years or older (11% versus 13% to 18%).
- There was a smaller proportion of AOA clients served by the DMC-ODS between the ages of 36 and 45 years in the Central region (22%) relative to the other HHS regions (25% to 30%).
- The proportions of AOA clients served by the DMC-ODS aged 25 years or younger were similar across the six HHS regions (8% to 11%).

### Age by Region



**Note:** Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. HHS Region was unavailable for 3,500 AOA clients served by the DMC-ODS during FY 2021-22 (31%), so these data should be interpreted with caution.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2021-22

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

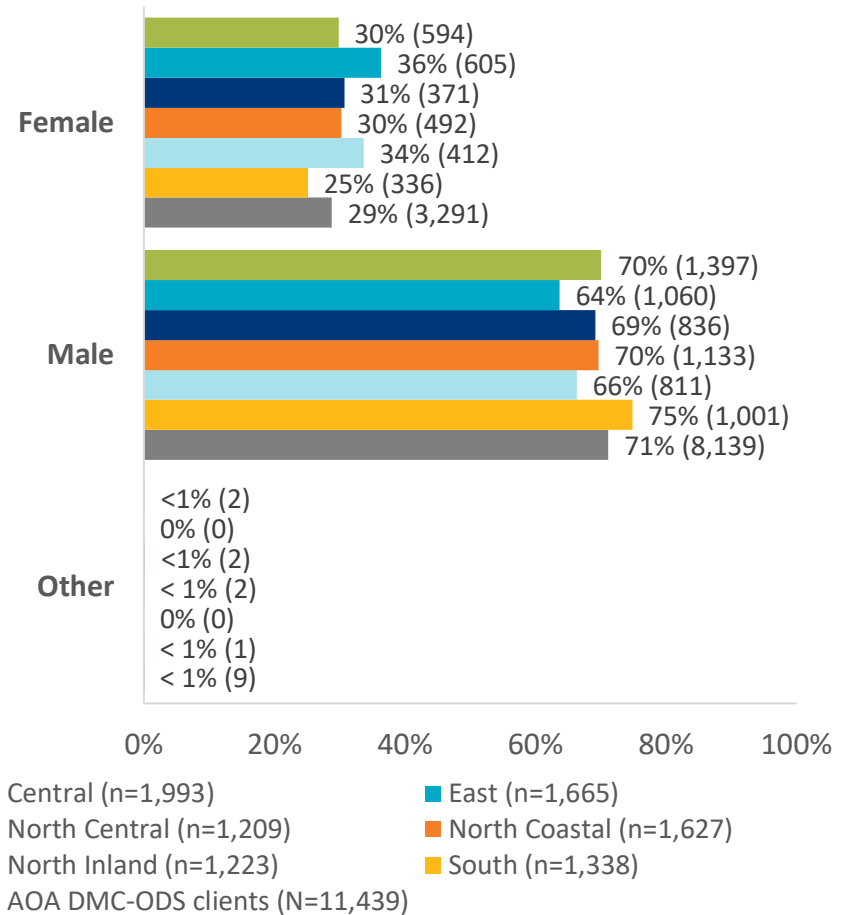


# Where are we serving?

## AOA DMC-ODS Clients: Gender by HHS Region

- There was a smaller proportion of AOA clients served by the DMC-ODS during FY 2021-22 from the South region (25%) who identified as female and slightly larger proportions in the East (36%) and North Inland (34%) regions, relative to the other three regions (30% to 31%).
- Of AOA DMC-ODS clients living in the south region 75% of them identified as male during FY 2021-22.

### Gender by Region



**Note:** Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. HHS Region was unavailable for 3,500 AOA clients served by the DMC-ODS during FY 2021-22 (31%), so these data should be interpreted with caution.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2021-22

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

# Where are we serving?

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

- There was a larger proportion of AOA clients served by the DMC-ODS during FY 2021-22 who were Hispanic and from the South region (59%) relative to the other regions (18% to 36%).
- More than half of the AOA clients from the North Inland (55%), North Coastal (57%), East (61%) and North Central (66%) regions served by the DMC-ODS were non-Hispanic White, compared to 26% in the South and 39% in the Central regions.
- There was a larger proportion of non-Hispanic Black or African American AOA clients served by the DMC-ODS in the Central region (16%) compared to the other regions (4% to 9%).

|                               | Central<br>(n=1,993) | East<br>(n=1,665) | North Central<br>(n=1,209) | North Coastal<br>(n=1,627) | North Inland<br>(n=1,223) | South<br>(n=1,338) | AOA DMC-ODS<br>Clients<br>(N=11,439*) |
|-------------------------------|----------------------|-------------------|----------------------------|----------------------------|---------------------------|--------------------|---------------------------------------|
| Hispanic                      | 36% (710)            | 22% (368)         | 18% (214)                  | 32% (521)                  | 30% (362)                 | 59% (785)          | 32% (3,695)                           |
| NH White                      | 39% (775)            | 61% (1,014)       | 66% (798)                  | 57% (933)                  | 55% (669)                 | 26% (351)          | 49% (5,655)                           |
| NH Black/<br>African American | 16% (322)            | 8% (139)          | 9% (108)                   | 4% (67)                    | 5% (56)                   | 4% (53)            | 9% (1,045)                            |
| NH Asian/<br>Pacific Islander | 3% (67)              | 2% (31)           | 2% (26)                    | 2% (36)                    | 2% (25)                   | 2% (29)            | 2% (279)                              |
| NH Native<br>American         | 1% (17)              | 1% (23)           | 1% (11)                    | 1% (12)                    | 3% (33)                   | 1% (11)            | 1% (159)                              |
| NH Other/<br>Multiracial      | 5% (102)             | 5% (90)           | 4% (52)                    | 4% (58)                    | 6% (78)                   | 8% (109)           | 5% (605)                              |

\*Race and ethnicity was unknown for one AOA client served by the DMC-ODS during FY 2021-22 and that client is omitted from the table but is included in the overall N reported here.

**Note:** Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. HHS Region was unavailable for 3,500 AOA clients served by the DMC-ODS during FY 2021-22 (31%), so these data should be interpreted with caution.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2021-22

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

# Where are we serving?

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

- Heroin was the most reported primary substance used among AOA clients served by the DMC-ODS during FY 2021-22 across all regions, except for the Central region where methamphetamine was most reported.
- Almost half of AOA clients served by the DMC-ODS during FY 2021-22 from the North Central region (48%) reported heroin as their primary substance used.
- A larger proportion of AOA clients from the Central (29%), South (26%), and East (24%) regions reported methamphetamine as their primary substance used compared to those served from the North Central (10%), North Coastal (15%), and North Inland (16%) regions.
- Almost two-thirds of AOA clients from the North Coastal (65%) and North Central (63%) regions and 58% of those from the North Inland region reported an opioid (heroin or another opioid) as their primary substance used compared to less than half of those from the Central (39%), South (43%), or East (49%) regions.

|                        | Central<br>(1,993) | East<br>(n=1,665) | North Central<br>(n=1,209) | North Coastal<br>(n=1,627) | North Inland<br>(n=1,223) | South<br>(n=1,338) | AOA DMC-ODS Clients<br>(N=11,439) |
|------------------------|--------------------|-------------------|----------------------------|----------------------------|---------------------------|--------------------|-----------------------------------|
| <b>Alcohol</b>         | 19% (378)          | 18% (299)         | 12% (149)                  | 14% (230)                  | 19% (234)                 | 17% (222)          | 19% (2,222)                       |
| <b>Cocaine</b>         | 3% (63)            | 2% (33)           | 1% (12)                    | 2% (27)                    | 1% (15)                   | 5% (64)            | 2% (278)                          |
| <b>Heroin</b>          | 28% (558)          | 32% (527)         | 48% (575)                  | 38% (620)                  | 34% (410)                 | 34% (460)          | 29% (3,305)                       |
| <b>Marijuana</b>       | 8% (163)           | 6% (106)          | 3% (40)                    | 4% (70)                    | 4% (55)                   | 8% (109)           | 6% (682)                          |
| <b>Methamphetamine</b> | 29% (580)          | 24% (396)         | 10% (115)                  | 15% (242)                  | 16% (194)                 | 26% (345)          | 25% (2,879)                       |
| <b>Other</b>           | 2% (35)            | 1% (20)           | 11% (127)                  | < 1% (6)                   | 1% (11)                   | 1% (19)            | 2% (235)                          |
| <b>Other Opioids</b>   | 11% (216)          | 17% (284)         | 16% (191)                  | 27% (432)                  | 25% (304)                 | 9% (119)           | 16% (1,837)                       |

**Note:** Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. HHS Region was unavailable for 3,500 AOA clients served by the DMC-ODS during FY 2021-22 (31%), so these data should be interpreted with caution.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2021-22

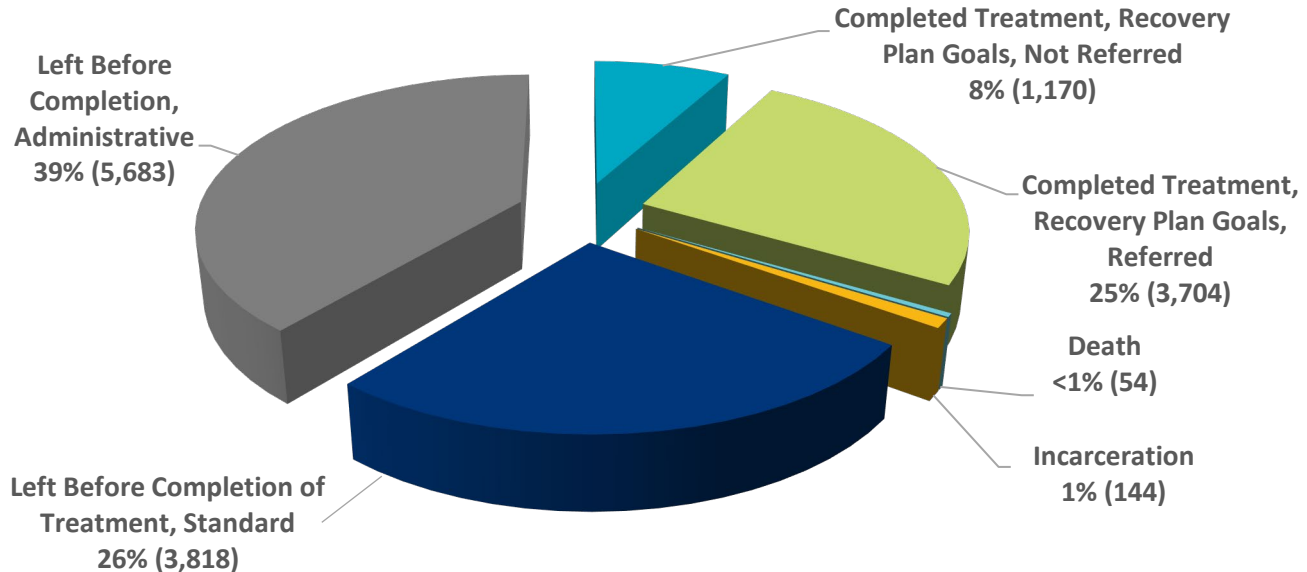
Source: Health Services Research Center (KW, ALP, MCM, ST)

# Who are we serving?

## AOA DMC-ODS Clients: Discharges\*

- There were 14,573 discharges from AOA funded DMC-ODS programs during FY 2021-22.
- About one-third (33%) of discharges from AOA funded DMC-ODS programs during FY 2021-22 had a disposition of completed treatment and recovery plan goals.
- About one-quarter (25%) of discharges from AOA funded DMC-ODS programs during FY 2021-22 indicated a referral to another program or level of care after the treatment and recovery plan goals were completed.
- Almost two-fifths (39%) of discharges from AOA funded DMC-ODS programs during FY 2021-22 were administrative.

### Discharge Disposition (N=14,573)



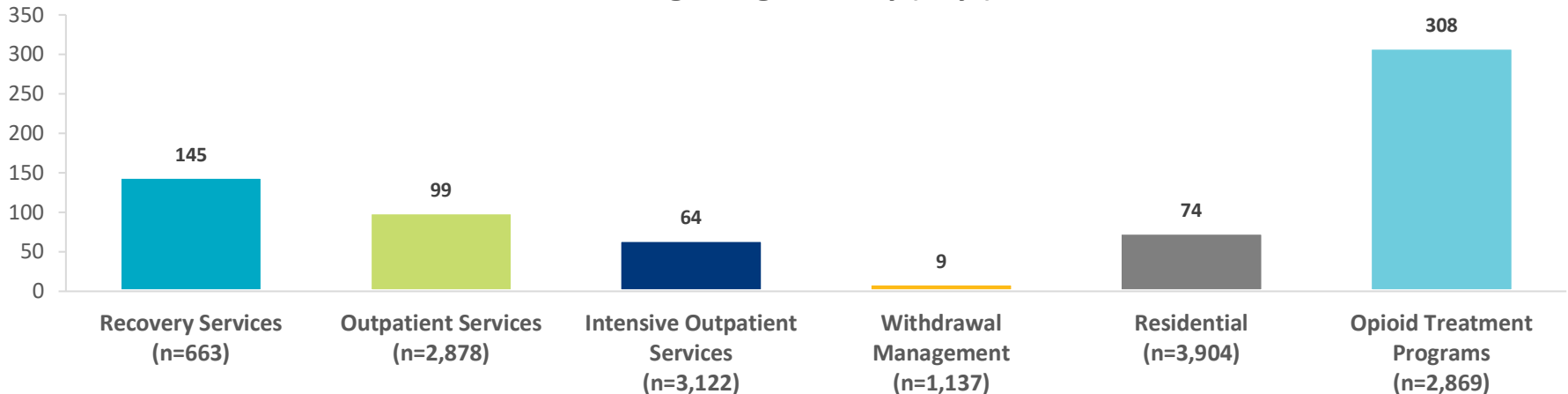
\*A single client may have more than one discharge within a fiscal year.

# Who are we serving?

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

- During FY 2021-22, AOA clients discharged by withdrawal management DMC-ODS programs spent an average of 9 days at the program, and those discharged by residential DMC-ODS programs spent an average of 74 days in the program.
- AOA clients discharged during FY 2021-22 by outpatient DMC-ODS programs spent an average of 99 days receiving services, and those discharged by intensive outpatient DMC-ODS programs spent an average of 64 days in the program.
- AOA clients discharged during FY 2021-22 by recovery services in the DMC-ODS spent an average of 145 days receiving services, and those discharged by opioid treatment programs spent an average of 308 days receiving services.

Average Length of Stay (Days)



# Where are clients referred from?

## Adult DMC-ODS Visits: Types of Services

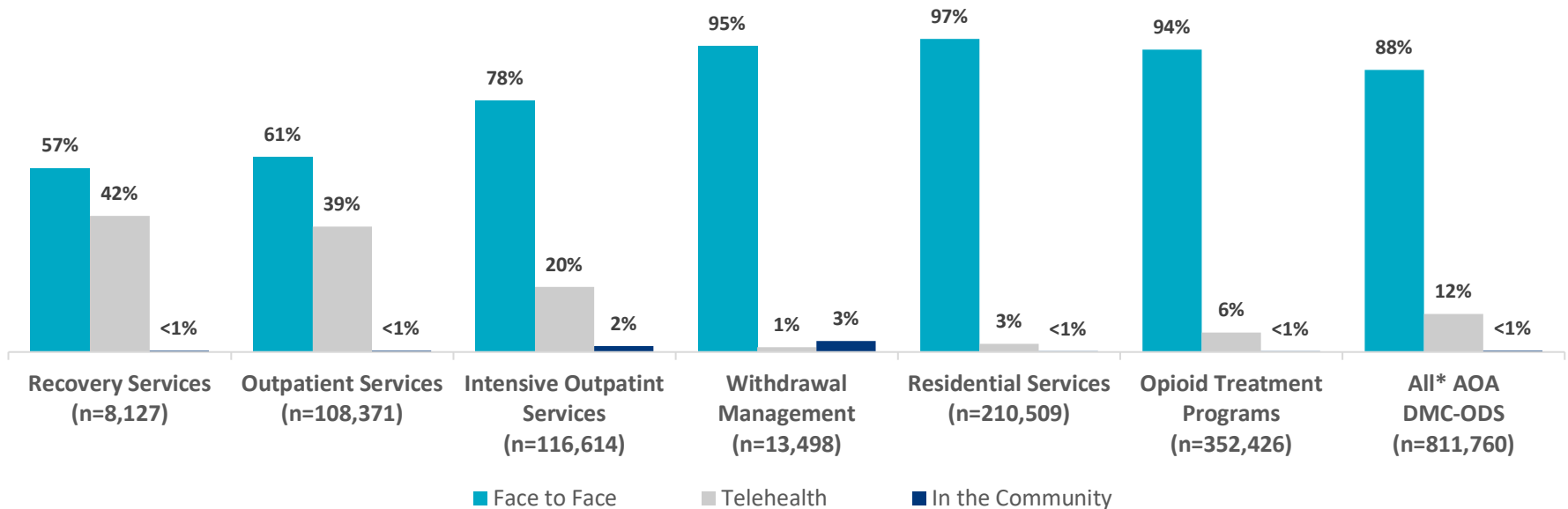
| Recovery Services             | Total Visits   | Percentage | Withdrawal Management     | Total Days     | Percentage |
|-------------------------------|----------------|------------|---------------------------|----------------|------------|
| Group Counseling              | 3,880          | 48%        | Withdrawal Management 3.2 | 11,079         | 82%        |
| Individual Counseling         | 3,675          | 45%        |                           | Total Visits   | Percentage |
| Case Management               | 572            | 7%         | Case Management           | 2,419          | 18%        |
| <b>Total Encounters</b>       | <b>8,127</b>   |            | <b>Total Encounters</b>   | <b>13,498</b>  |            |
| Outpatient Services           | Total Visits   | Percentage | Residential Services      | Total Days     | Percentage |
| Group Counseling              | 73,584         | 68%        | Residential Bed Day 3.1   | 143,755        | 68%        |
| Individual Counseling         | 27,629         | 25%        | Residential Bed Day 3.5   | 55,879         | 27%        |
| Case Management               | 7,151          | 7%         |                           | Total Visits   | Percentage |
| MAT                           | 7              | <1%        | Case Management           | 10,875         | 5%         |
| <b>Total Encounters</b>       | <b>108,371</b> |            | <b>Total Encounters</b>   | <b>210,509</b> |            |
| Intensive Outpatient Services | Total Visits   | Percentage | Opioid Treatment Programs | Total Visits   | Percentage |
| Group Counseling              | 78,677         | 67%        | MAT                       | 295,145        | 84%        |
| Individual Counseling         | 20,177         | 17%        | Individual Counseling     | 48,090         | 14%        |
| Case Management               | 6,909          | 6%         | Case Management           | 6,379          | 2%         |
| MAT                           | 20             | <1%        | Group Counseling          | 1,812          | 1%         |
| Patient Education             | 10,831         | 9%         | Naloxone/Narcan           | 1,000          | >1%        |
| <b>Total Encounters</b>       | <b>116,614</b> |            | <b>Total Encounters</b>   | <b>352,426</b> |            |

*Note: Clients may use more than one service, and therefore, may be represented in more than one category. No show and no contact encounters are excluded from the data presented here.*

# Where are clients referred from?

## Adult DMC-ODS Visits: Contact Type

- During FY 2021-22, a total of 811,760 DMC-ODS services were provided to AOA clients, and a majority (88%) were provided face to face.
- More than 90% of AOA services provided at opioid treatment programs (94%), withdrawal management programs (95%), and residential programs (97%) were provided face to face during FY 2021-22.
- Compared to the other levels of care, telehealth services were most often provided to AOA clients receiving recovery services (42%), outpatient services (39%), and intensive outpatient services (20%) during FY 2021-22.



\*Level of care was unavailable for 2,215 encounters (<1%). These encounters are included in the overall DMC-ODS analysis.

# Are clients satisfied with services?

## Adult SUD Clients: Client Satisfaction

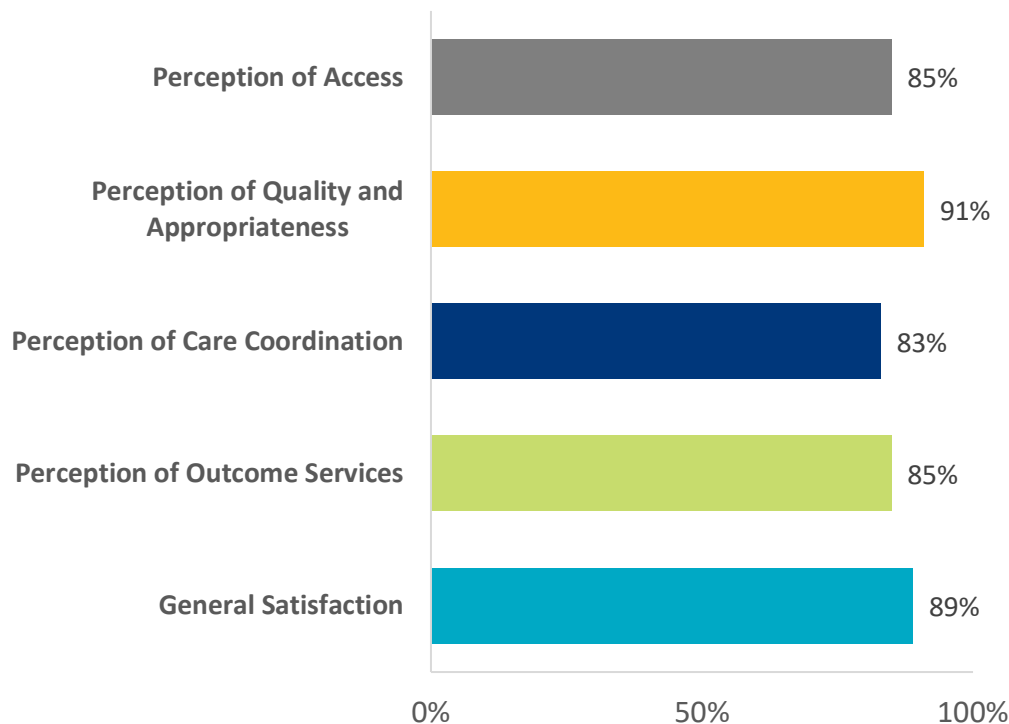
- The Drug Medi-Cal Organized Delivery System (DMC-ODS) in San Diego County offers a variety of treatment, withdrawal management, and recovery services to help people with substance use disorders.
- All services provided within the DMC-ODS are oriented to meet the unique linguistic and cultural needs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

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

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

During FY 2021-22, the TPS was administered in September 2021 (N=1,602).

## Adult TPS Domain Scores\* in FY 2021-22



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



# Driving Under the Influence Program

## DUI Program: Demographics, Admissions, and Completions

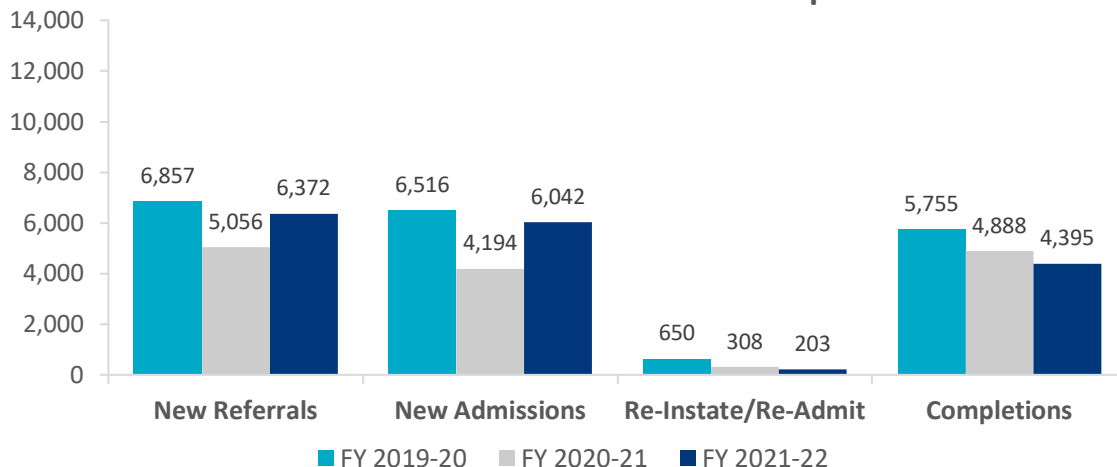
| DUI Client Demographics         |              |            |
|---------------------------------|--------------|------------|
| Age                             | N            | %          |
| 18 – 25 years                   | 1,245        | 20%        |
| 26 – 35 years                   | 2,405        | 38%        |
| 36 – 45 years                   | 1,303        | 20%        |
| 46 – 55 years                   | 819          | 13%        |
| 55+ years                       | 593          | 9%         |
| Unknown                         | 7            | <1%        |
| Gender                          | N            | %          |
| Female                          | 1,109        | 17%        |
| Male                            | 3,214        | 50%        |
| Unknown                         | 2,049        | 32%        |
| Convictions                     | N            | %          |
| First Conviction                | 4,808        | 75%        |
| Multiple Convictions            | 1,564        | 25%        |
| Employment Level                | N            | %          |
| Employed 30+ hours per week     | 1,779        | 28%        |
| Employed <30 hours per week     | 1,444        | 23%        |
| Not in the labor force          | 260          | 4%         |
| Unemployed, looking for work    | 840          | 13%        |
| Unknown                         | 2,049        | 32%        |
| <b>Total DUI Clients Served</b> | <b>6,372</b> | <b>n/a</b> |

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

### Key Findings

- The number of new admissions into the DUI program has fluctuated over the past three fiscal years (6,516 to 4,194 to 6,042).
- Fewer clients completed the DUI program in FY 2021-22 (4,395 clients) compared to FY 2019-20 (5,755 clients) and FY 2020-21 (4,888 clients).

**All DUI Offenders: Admissions and Completions**



# Glossary

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- **Assertive Community Treatment (ACT)** is a team-based approach to delivering comprehensive and flexible treatment, support and services. ACT programs provide extensive service for individuals who experience serious mental illness. People who receive ACT services typically have needs that have not been effectively addressed by traditional, less intensive mental health services.
- **Case Management (CM)** services help and support people with long-term mental health problems to maintain housing, and obtain financial assistance, medical and psychiatric treatment, and assists clients to link with other community services such as education, work, and social programs. The service activities may include, but are not limited to: supportive counseling, coordination, and referral; ensuring access to service delivery system; and assessment, service plan development and monitoring client progress.
- **Case Management Program – Institutional** are services received by persons with serious mental illness residing in an institutional setting (e.g., locked long-term care, Skilled Nursing Facility).
- **Case Management Program – Strengths-Based Case Management** are services provided through Clinical Case Management services with a major rehabilitation component designed to help people with serious mental illness identify and achieve meaningful life goals. Strengths-Based Case Management programs are expected to maintain good fidelity to the model developed by Charles Rapp (see “The Strengths Model,” by Charles Rapp and Richard Goscha, 2012).
- **Case Management Program – Transitional** are short-term Case Management services provided on a transitional basis to link persons with serious mental illness with needed services and resources in the community, which may include longer-term Case Management services, and/or a variety of resources including but not limited to psychiatric, medical, social, housing, employment, education, spiritual, and transportation services.
- **Co-occurring:** Clients with active serious mental health and substance use diagnoses.
- **Crisis Residential (CR)** services offer a 24-hour crisis residence providing acute mental health care services to adults who are experiencing a crisis and require 24-hour support and supervision.

# Glossary

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

# Glossary

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

# Glossary

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

# Glossary

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

# Contact Us

- This report is available electronically in the Technical Resource Library at [https://www.sandiegocounty.gov/hhsa/programs/bhs/technical\\_resource\\_library.html](https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html).
- Questions or comments about the AOA System of Care can be directed to:  
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Telephone: (619) 563-2757  
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- Questions or comments about this report can be directed to:  
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*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 Herbert Wertheim School of Public Health and Human Longevity Science. Our mission is to support research focused on understanding how clinical and treatment services affect health outcomes. The center brings together experts in the fields of health outcomes, program evaluation, quality of life measurement, and medical research informatics, providing the infrastructure for clinical and academic research and program and performance evaluation studies.*

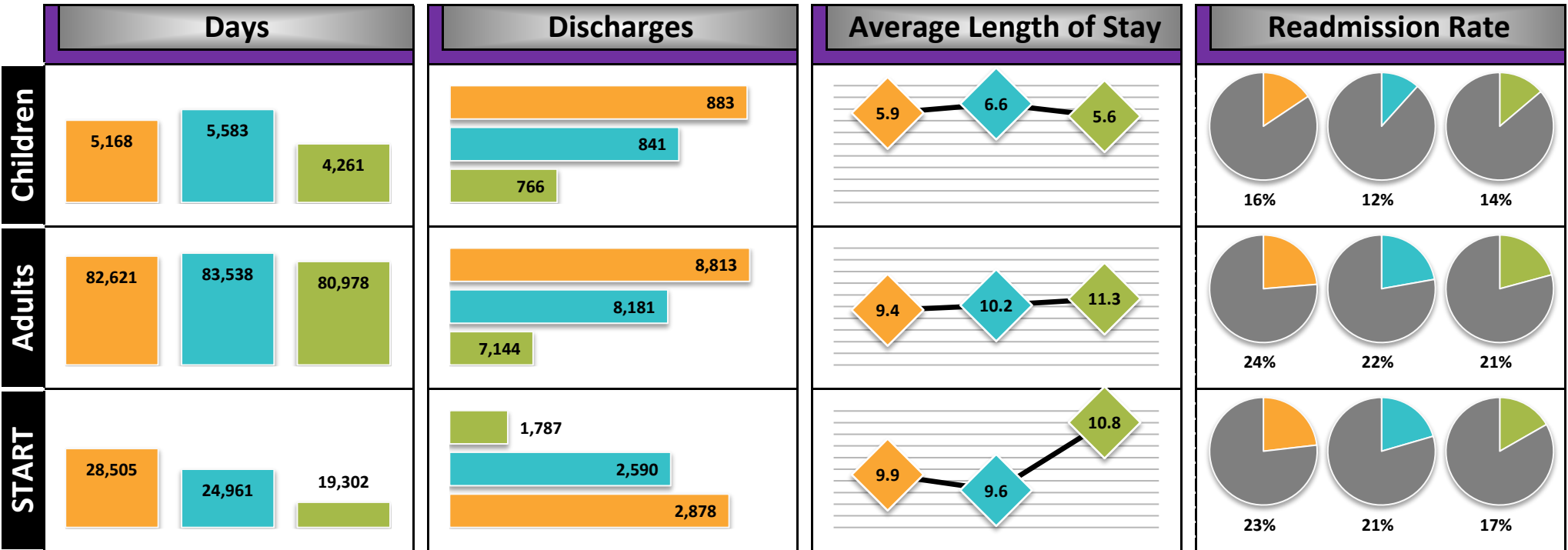


## Appendix A: Hospital Dashboard 3 Year Trend



# Hospital Dashboard 3 Year Trend

FY 2019-20 | FY 2020-21 | FY 2021-22



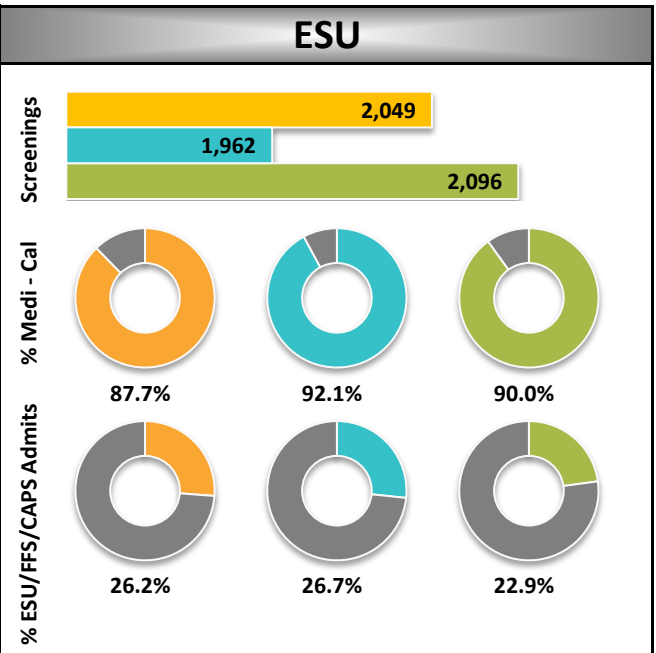
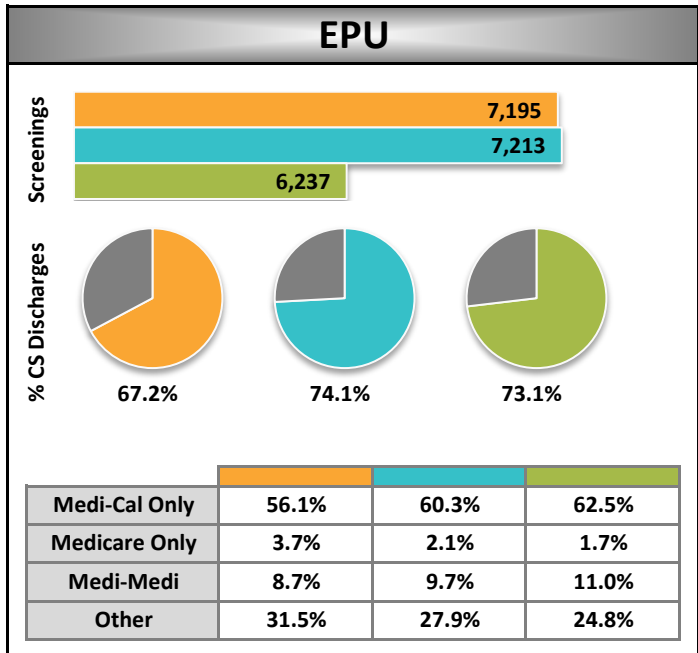
### PERT

#### Children

|                   | 2019-20 | 2020-21 | 2021-22 |
|-------------------|---------|---------|---------|
| Contacts          | 1,920   | 1,606   | 1,742   |
| FFS & CAPS Admits | 131     | 83      | 58      |
| ESU Visits        | 506     | 500     | 619     |

#### Adults

|                | 2019-20 | 2020-21 | 2021-22 |
|----------------|---------|---------|---------|
| Contacts       | 11,144  | 11,155  | 9,268   |
| FFS Admits     | 946     | 729     | 522     |
| EPU Screenings | 1,082   | 1,063   | 928     |
| PERT-EPU-SDCPH | 382     | 402     | 364     |



Data Source: CO-3A, CO3B, CO-3D, CO-22A, CO-4A, CO-4B, CO-22A, CO-3E, CO-26A, CO-26B, CO-26C. BHS Data Science (DP,AT) | 12/13/2022