COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

Adult and Older Adult (AOA) Behavioral Health Services
Systemwide Annual Report: Fiscal Year 2016-2017

Report prepared by:

HEALTHSERVICES
RESEARCH CENTER
UNIVERSITY OF CALIFORNIA SAN DIEGO

COUNTY OF SAN DIEGO
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HEALTH AND HUMAN SERVICES AGENCY

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Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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

Introduction

Overview

- This report summarizes cumulative system and clinical outcomes for transition age youth (TAY), adults, and older adults served by the County of San Diego Adult and Older Adult Behavioral Health Services (AOABHS) during Fiscal Year 2016-17 (July 2016 – June 2017).

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

The County of San Diego Adult and Older Adult Behavioral Health Services delivered services through a wide variety of program types in FY 2016-17 including:

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
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Key Findings

All AOABHS Clients

- During FY 2016-17, San Diego County delivered mental health services to 42,767 adults, TAY, and older adults.

- The number of clients served who were homeless during FY 2016-17 increased by almost 8% compared with those served during FY 2015-16 (5,522 to 5,942). Since FY 2014-15, there has been a 19% increase in the number of clients served that were homeless (4,978 to 5,942).

- The number of AOABHS clients served in FY 2016-17 with an uninsured/unknown insurance status was similar to the number of clients served in FY 2015-16 with an uninsured/unknown insurance status (5,374 versus 5,325), indicating a stabilization of the increased insurance enrollment observed in recent years, attributed to the Medi-Cal expansion in 2014.

- The most common diagnoses among AOABHS clients served during FY 2016-17 were schizophrenia and other psychotic disorders (40%), followed by depressive disorders (25%), and bipolar disorders (20%).

- The proportion of clients who entered County of San Diego AOABHS services through emergency/crisis services increased by 26% from FY 2015-16 to FY 2016-17 (3,425 to 4,325).

- The proportion of AOABHS clients who entered county-provided services through outpatient services decreased by 13% from FY 2015-16 to FY 2016-17 (4,807 to 4,173), making FY 2016-17 the first year in the last five fiscal years when the most common point of entry into the AOABHS System of Care was not through outpatient services.

- A smaller proportion of clients received an inpatient service after receiving a Crisis Outpatient (CO) service and subsequent Crisis Stabilization (CS) service in FY 2016-17 compared to FY 2015-16 (42% versus 51%).

- 5,255 AOABHS clients were hospitalized during FY 2016-17, indicating a decrease of almost 12% from FY 2015-16 (5,956).

- Clinicians reported improvements in illness management and recovery outcomes in FY 2016-17.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

Key Findings 5

Key Findings

Transition Age Youth (TAY) Clients

- During FY 2016-17, County of San Diego BHS delivered mental health services to 7,544 TAY clients (age 18 to 25 years), comprising 18% of the AOA population served during FY 2016-17.

- 15% of TAY clients served during FY 2016-17 were less than 18 years of age, an increase of 21% from FY 2015-16. These clients are reported as TAY because they received at least one AOABHS service during the FY.

- A larger proportion of TAY clients served were male (57%) compared to the overall AOABHS client population (54%), but the proportion of female TAY clients served has increased over the past five fiscal years (38% to 43%).

- Compared to the overall AOABHS client population, a larger proportion of TAY clients were Hispanic (37% vs. 24%), and a smaller proportion were White (33% vs. 42%).

- The most common diagnoses among TAY clients served during FY 2016-17 were schizophrenia and other psychotic disorders (29%), depressive disorders (28%), and bipolar disorders (22%).

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

Older Adult (OA) Clients

- During FY 2016-17, County of San Diego BHS delivered mental health services to 5,838 older adults (age 60 years or older), comprising 14% of all AOA clients served during FY 2016-17.

- Compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (13% vs. 24%), and a larger proportion were White (51% vs. 42%).

- The most common diagnosis among OA clients served during FY 2016-17 was schizophrenia and other psychotic disorders (41%), followed by depressive disorders (33%).

- In addition to a primary diagnosis, approximately one-third of OA clients (32%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2016-17. The proportion of OA clients with a dual diagnosis has increased by two percentage points each fiscal year from FY 2014-15 to FY 2016-17 (28% to 32%).

- OA clients utilized larger proportions of Case Management (Institutional and Strengths, 7% each), and PERT services (20%) compared to the overall AOABHS client population (2%, 3%, and 15%, respectively).

- Clinicians reported slight improvements among OA clients in symptom management and progress towards recovery via IMR scores, but these improvements were not statistically significant.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

Total Number of All AOA Clients Served

- In FY 2016-17, mental health services were delivered to 42,767 adults, TAY, and older adults by the BHS System of Care.

- The number of clients served increased by 7% (2,880 clients) in FY 2013-14, and decreased slightly each year since then. Compared to FY 2015-16, there were only 38 fewer clients served in FY 2016-17.

Number of Clients Served by Fiscal Year

Fiscal Year	Number of Clients Served
FY 2012-13	41,124
FY 2013-14	44,004
FY 2014-15	43,780
FY 2015-16	42,805
FY 2016-17	42,767

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)
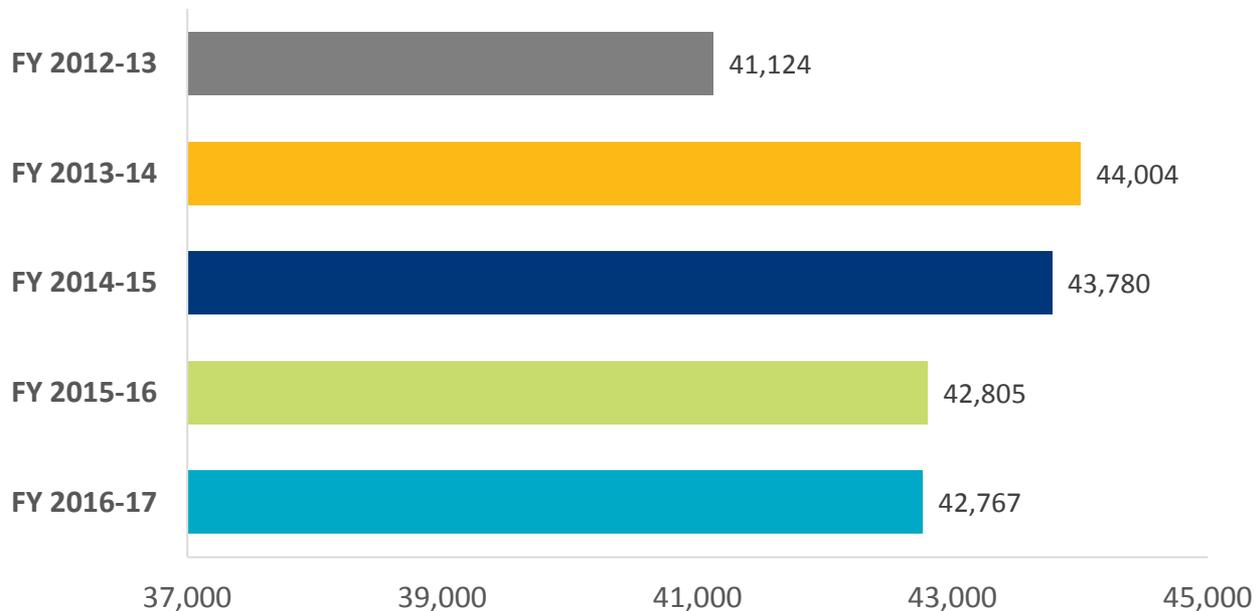
Who are we serving?

All AOA Clients: Age

- Compared to FY 2015-16, the proportion of clients served in each age group in FY 2016-17 was stable. The proportion of AOA clients <18 to 25 and 26 to 59 years of age remained the same, and the proportion of clients 60+ years of age increased by one percentage point.

- Similar to previous fiscal years, a much smaller proportion of AOABHS clients were older adults (ages 60+) compared to the overall San Diego County adult population.
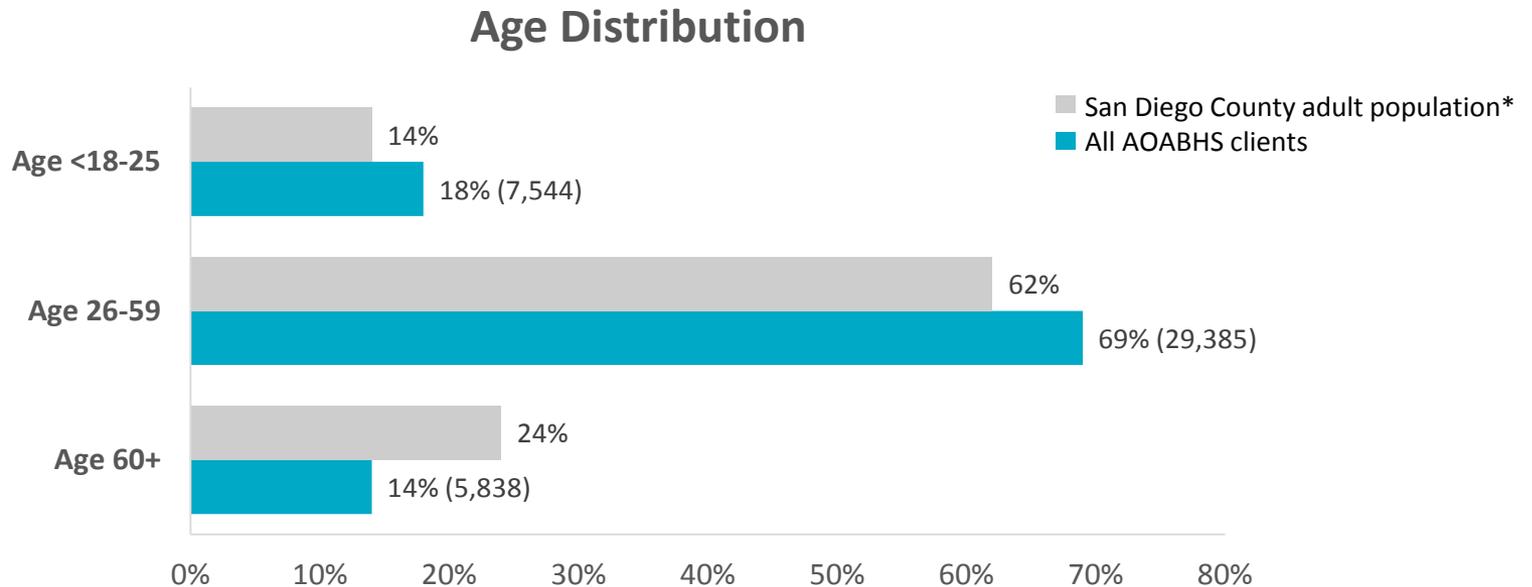
Age Distribution

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

Age <18-25: 14% (San Diego County adult population); 18% (7,544) (All AOABHS clients)
Age 26-59: 62% (San Diego County adult population); 69% (29,385) (All AOABHS clients)
Age 60+: 24% (San Diego County adult population); 14% (5,838) (All AOABHS clients)

*Source: U.S. Census Bureau, 2016 American Community 5-Year Population Estimates (San Diego County population ages 18+)
Note: San Diego County population estimates were not available for the CA mandated age categories. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-59, and age 60+.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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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.

- There was a greater proportion of males served by AOABHS in FY 2016-17 compared to the proportion of males in the overall San Diego County population (54% vs. 50%).

Gender Distribution

Males
- 50%
- 54% (23,180)

Females
- 50%
- 45% (19,449)

0% 20% 40% 60%

■ San Diego County adult population*
■ All AOABHS clients
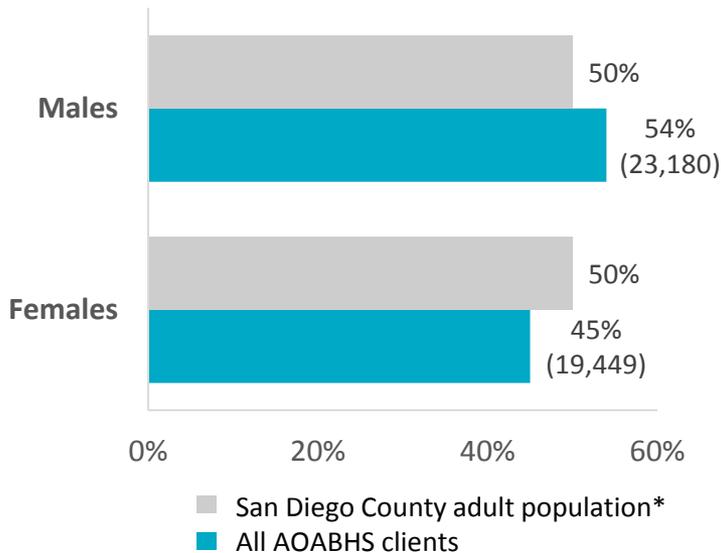
AOABHS Gender	Fiscal Year					SD County Population
	2012-13	2013-14	2014-15	2015-16	2016-17	
Females	45%	45%	46%	46%	45%	50%
Males	54%	54%	53%	53%	54%	50%
Other/ Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	*n/a**

Source: U.S. Census Bureau, 2016 American Community 5-Year Population Estimates (San Diego County population ages 18+)
**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 138 clients in FY 2016-17 (<1%).*

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

All AOA Clients: Race/Ethnicity

- The proportion of White clients served by AOABHS decreased by six percentage points since FY 2012-13.
- The proportion of Other/Unknown clients served by AOABHS increased from FY 2012-13 to FY 2016-17 (11% to 15%), and was as high as 17% in FY 2015-16.
- The proportion of Hispanic, African American, Asian, and Native American clients served by AOABHS has remained relatively stable since FY 2012-13.

Race/Ethnicity	Fiscal Year					SD County Population*
	2012-13	2013-14	2014-15	2015-16	2016-2017	
White	48%	45%	44%	43%	42%	47%
Hispanic	23%	22%	22%	23%	24%	33%
African American	13%	13%	12%	12%	12%	5%
Asian	5%	5%	5%	5%	5%	11%
Native American	1%	1%	1%	1%	1%	< 1%
Other/Unknown	11%	14%	16%	17%	15%	3%

Source: U.S. Census Bureau, 2012-2016 American Community 5-Year Estimates (San Diego County population)

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

All AOA Clients: Living Situation*

- More than two-thirds (67%) of clients served in FY 2016-17 lived independently**.
- The proportion of clients served in FY 2016-17 who were in Board and Care, justice-related and institutional settings did not change from FY 2015-16.
- The number of clients served that were homeless during FY 2016-17 increased by almost 8% compared with those served during FY 2015-16 (5,522 to 5,942). Since FY 2014-15, there has been a 19% increase in the number of clients served by AOABHS that were homeless (4,978 to 5,942).
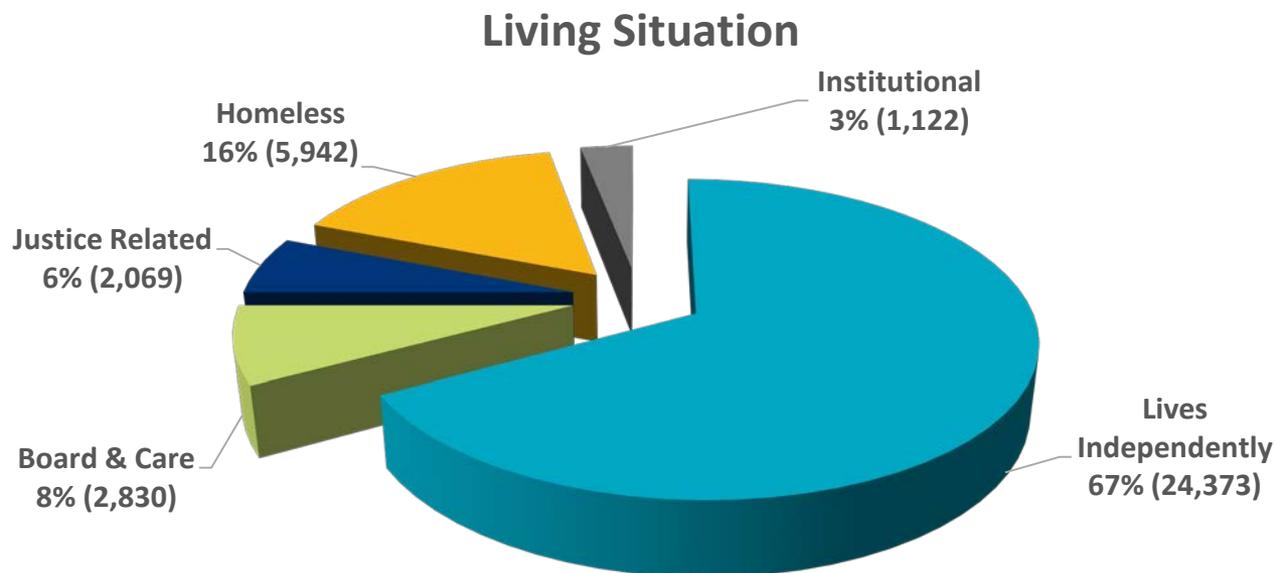
Living Situation

Institutional
3% (1,122)

Homeless
16% (5,942)

Justice Related
6% (2,069)

Board & Care
8% (2,830)

Lives
Independently
67% (24,373)

Client living situation reflects status at time of most recent client assessment.
**Clients living independently includes clients living with family at the start of services.*
Note: Clients with an other/unknown living status (n = 6,431) are excluded from the figure and percentages reported above.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

All AOA Clients: Health Care Coverage

- The number of AOABHS clients served in FY 2016-17 with an uninsured/unknown insurance status was similar to the number of clients served in FY 2015-16 with an uninsured/unknown insurance status (5,374 versus 5,325) indicating a stabilization of the increased insurance enrollment observed in recent years, attributed to the Med-Cal expansion in 2014.

- Over three-quarters (78%) of clients served in FY 2016-17 were at least partially covered by Medi-Cal.

Insurance Status and Type

Private
9% (3,759)

Uninsured/Unknown
13% (5,374)

Medicare only
< 1% (107)

Medi-Cal only
67% (28,795)

Medi-Cal and
Medicare
11% (4,732)
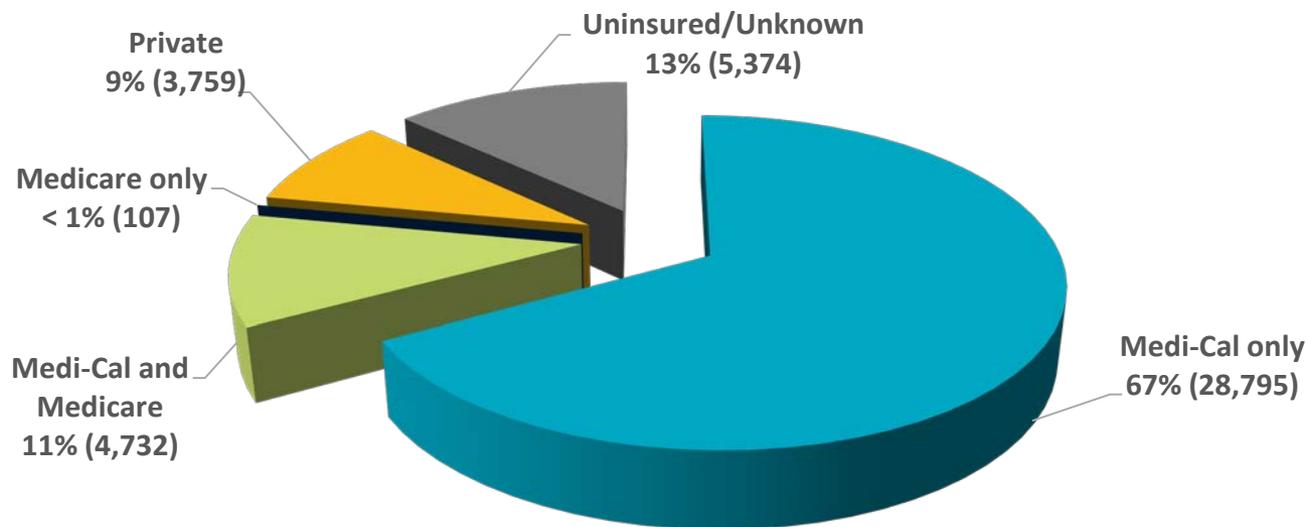
Who are we serving?

All AOA Clients: Primary Care Physician

- The proportion of AOABHS clients served in FY 2016-17 who had a primary care physician remained relatively stable from FY 2015-16 (35% to 36%).

- Note: Information about primary care physician was unavailable for almost half (46%) of AOABHS clients. However, the number of AOABHS clients missing primary care physician information in FY 2016-17 decreased by about 3% from FY 2015-16 (20,213 to 19,670).

Primary Care Physician

Missing
46% (19,670)

Yes
36% (15,466)

Unknown
1% (322)

No
17% (7,309)
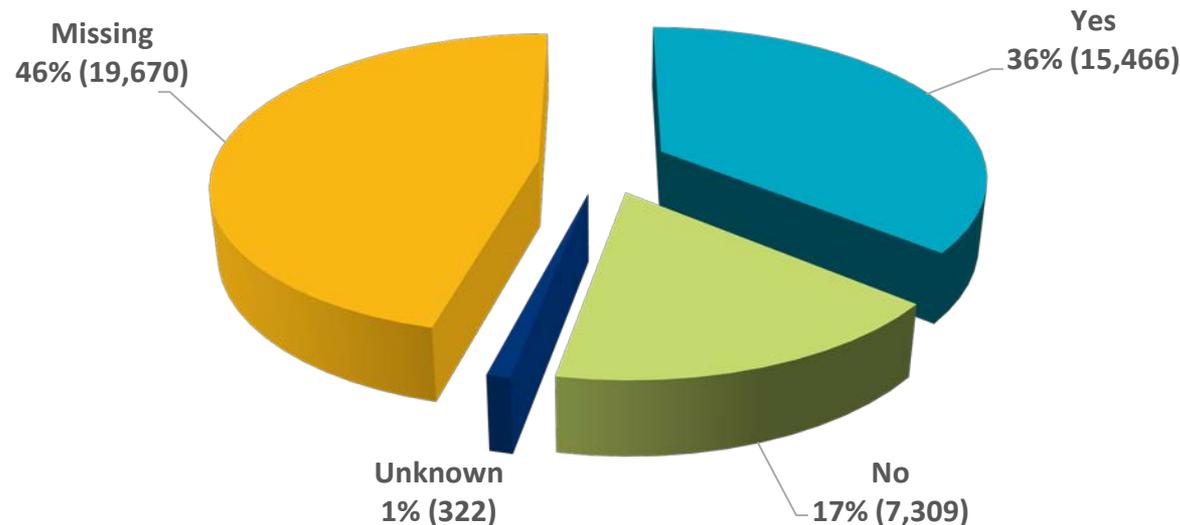
Who are we serving?

All AOA Clients: Sexual Orientation

- The majority of AOA clients served during FY 2016-17 with sexual orientation information available identified as heterosexual (87%).
- Sexual orientation data were missing for 24,231 clients (57%), which is a decrease from FY 2015-16 (27,774 clients; 65%).

Sexual Orientation	Unique Clients	Percentage
Heterosexual	16,204	87%
Bisexual	779	4%
Gay male	452	2%
Lesbian	270	1%
Other	186	1%
Questioning	201	1%
Transgender	8	< 1%
Deferred	43	< 1%
Declined to state	393	2%
Total (excluding missing)	18,536	100%
Missing	24,231	57%

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

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Who are we serving?

All AOA Clients: History of Trauma

- Almost one-third of AOABHS clients served in FY 2016-17 had a history of trauma (30%).

- Data was not available (missing) for more than half (55%) of the AOABHS population.
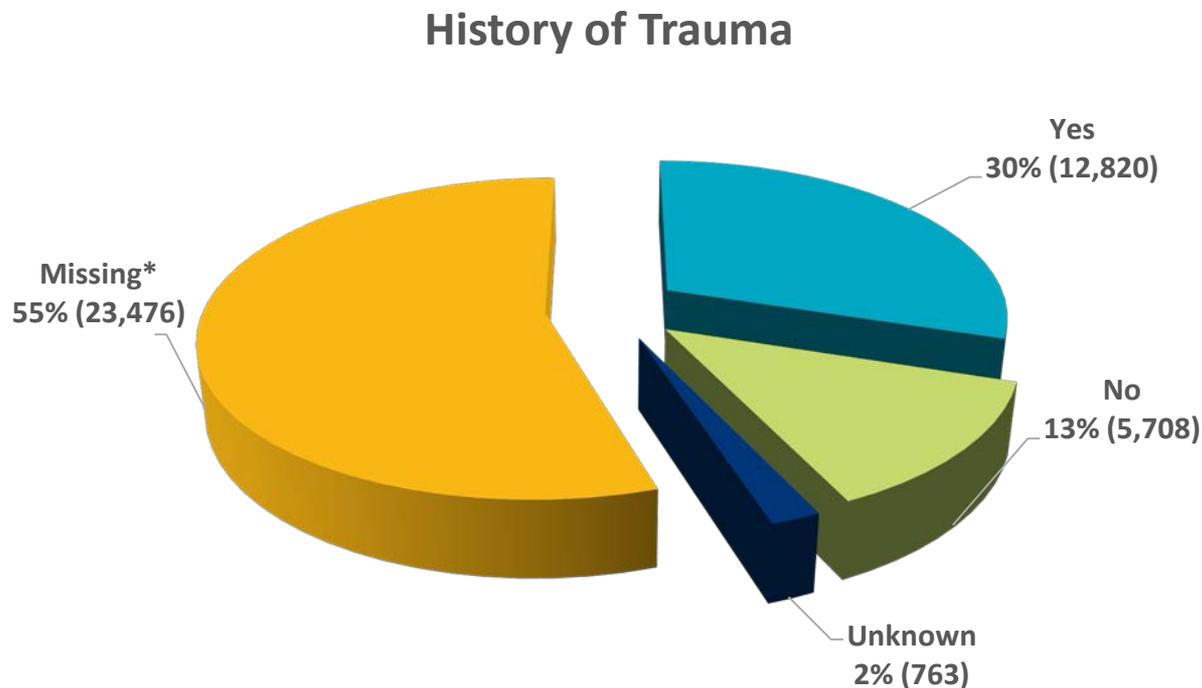
History of Trauma

Yes
30% (12,820)

Missing*
55% (23,476)

No
13% (5,708)

Unknown
2% (763)

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

Who are we serving?

All AOA Clients: Primary Diagnosis

- Similar to previous fiscal years, the most common diagnoses among AOABHS clients served during FY 2016-17 were schizophrenia and other psychotic disorders (40%), followed by depressive disorders (25%), and bipolar disorders (20%).

- Primary diagnosis was invalid or missing for 4,475 AOABHS clients served during FY 2016-17.
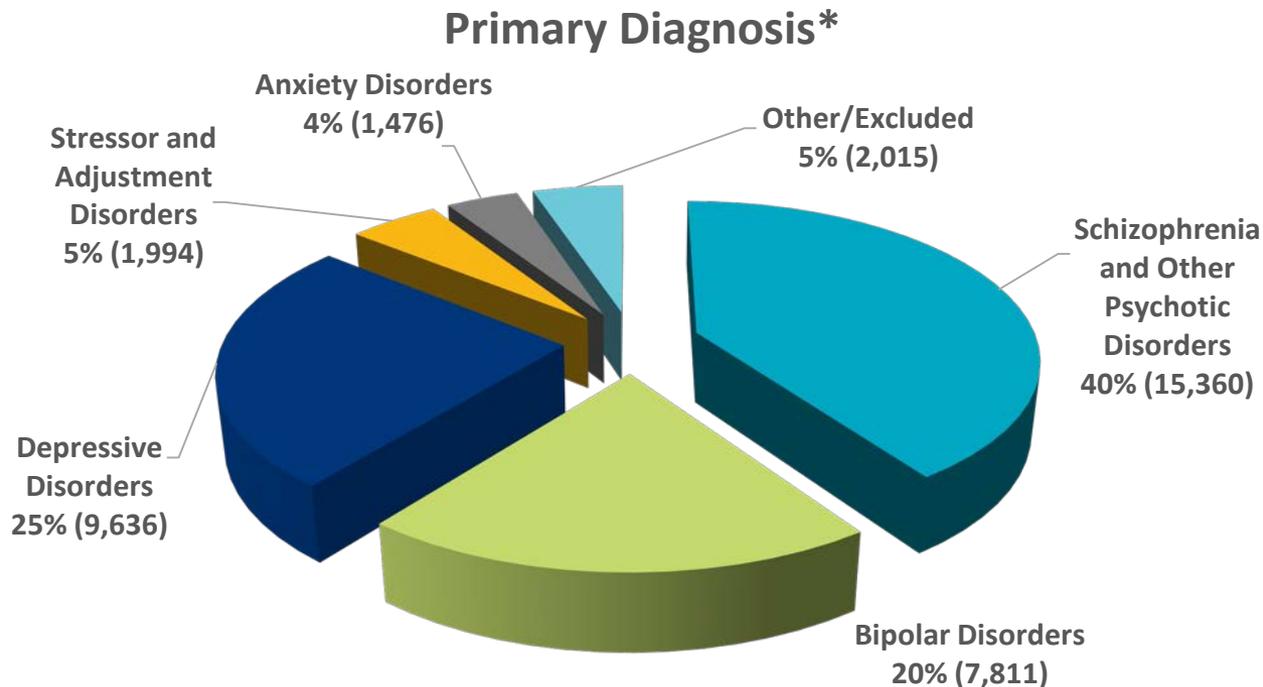
Primary Diagnosis*

Anxiety Disorders
4% (1,476)

Stressor and Adjustment Disorders
5% (1,994)

Other/Excluded
5% (2,015)

Schizophrenia and Other Psychotic Disorders
40% (15,360)

Depressive Disorders
25% (9,636)

Bipolar Disorders
20% (7,811)

The graph and percentages reported above exclude invalid/missing values (n = 4,475).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

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

- In addition to a primary diagnosis, about half of AOABHS clients (51%) had a diagnosis of co-occurring mental illness and substance use disorder (SUD) in FY 2016-17.
- Over the last five fiscal years, the percentage of AOABHS clients with a dual diagnosis has remained relatively stable at about half (49% to 51%).
- Similar to previous fiscal years, more than three-quarters of clients (77%) with a dual diagnosis were between the ages of 26 and 59 years.

Clients with Co-occurring Mental Illness and Substance Use Disorder

FY 2012-13	51% (17,344)
FY 2013-14	51% (18,982)
FY 2014-15	49% (17,741)
FY 2015-16	50% (18,130)
FY 2016-17	51% (18,552)

Co-occurring by Age

Legend: Co-occurring / All AOABHS clients

	Co-occurring	All AOABHS clients
Age <18-25	15% (2,714)	18% (7,544)
Age 26-59	77% (14,349)	69% (29,385)
Age 60+	8% (1,489)	14% (5,838)
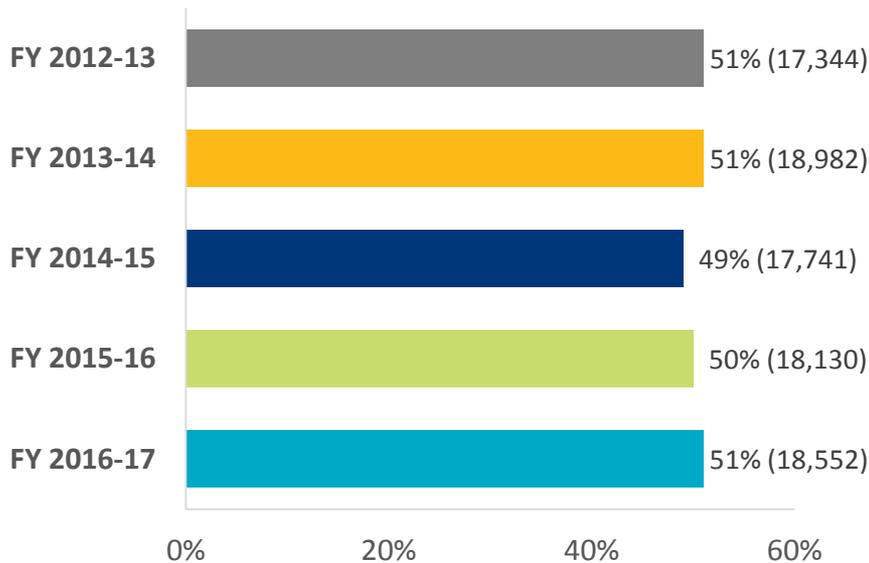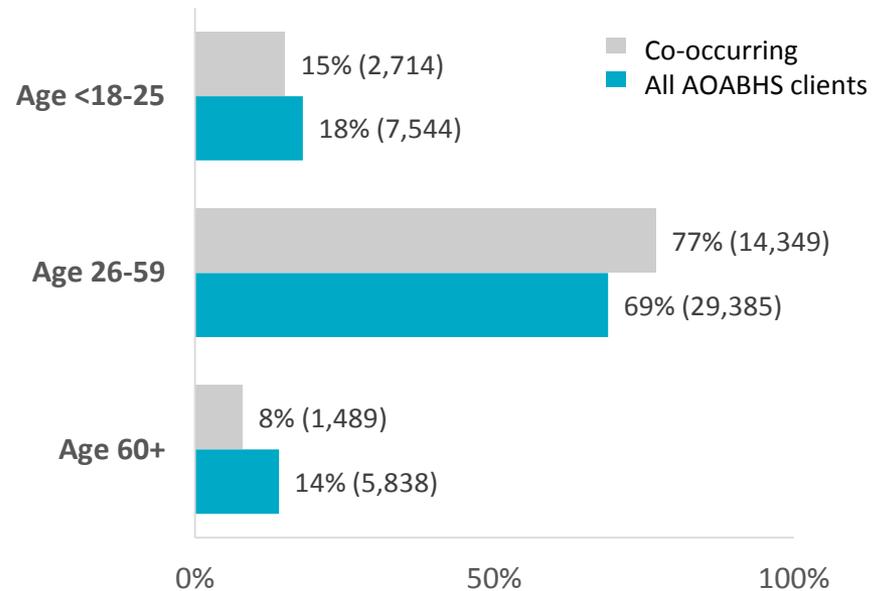
Who are we serving?

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 2016-17 were male (63%).

- About half of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2016-17 were White (50%), and more than one-quarter were Hispanic (26%).

Co-occurring by Gender

Males
- 63% (11,677) — Co-occurring
- 54% (23,180) — All AOABHS clients

Females
- 37% (6,851) — Co-occurring
- 45% (19,449) — All AOABHS clients

Legend: Co-occurring / All AOABHS clients
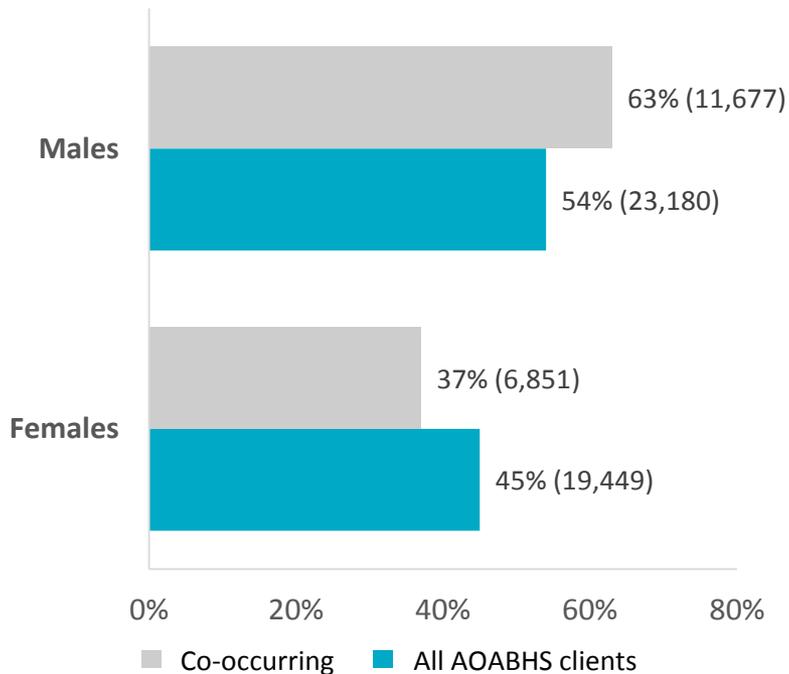
Co-occurring by Race/Ethnicity

White
- 50% (9,192) — Co-occurring
- 42% (18,140) — All AOABHS clients

Hispanic
- 26% (4,803) — Co-occurring
- 24% (10,270) — All AOABHS clients

African American
- 16% (3,009) — Co-occurring
- 12% (5,271) — All AOABHS clients

Asian/Pacific Islander
- 3% (612) — Co-occurring
- 5% (2,260) — All AOABHS clients

Native American
- 1% (201) — Co-occurring
- 1% (311) — All AOABHS clients

Other/Unknown
- 4% (735) — Co-occurring
- 15% (6,515) — All AOABHS clients

Legend: Co-occurring / All AOABHS clients

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

All AOA Clients: Co-occurring by Primary Diagnosis

- About half of AOA clients served during FY 2016-17 with a co-occurring mental illness and substance use disorder had been diagnosed with schizophrenia or an other psychotic disorder (51%).
- More than one-quarter of AOA clients served during FY 2016-17 with a dual diagnosis had been diagnosed with a bipolar disorder (27%).

Co-occurring by Primary Diagnosis

Diagnosis	Co-occurring	All AOABHS clients
Schizophrenia and Other Psychotic Disorders	51% (9,492)	40% (15,360)
Bipolar Disorders	27% (4,978)	20% (7,811)
Depressive Disorders	17% (3,074)	25% (9,636)
Stressor and Adjustment Disorders	3% (536)	5% (1,994)
Anxiety Disorders	3% (472)	4% (1,476)
Other/Excluded	0% (0)	5% (2,015)

Legend: ■ Co-occurring   ■ All AOABHS clients

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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. Farsi was added as a threshold language during FY 2016-17.
- The proportion of clients preferring each language in FY 2016-17 remained stable from FY 2015-16. More than three-quarters (79%) of clients preferred services in English. The second most common preferred language was Spanish (6%).

Preferred Language

Language	Value
English	79% (33,605)
Spanish	6% (2,550)
Tagalog	< 1% (117)
Vietnamese	1% (405)
Other Asian	1% (305)
Arabic	2% (790)
Farsi	< 1% (152)
Other Middle Eastern	< 1% (8)
Other/Unknown	11% (4,835)

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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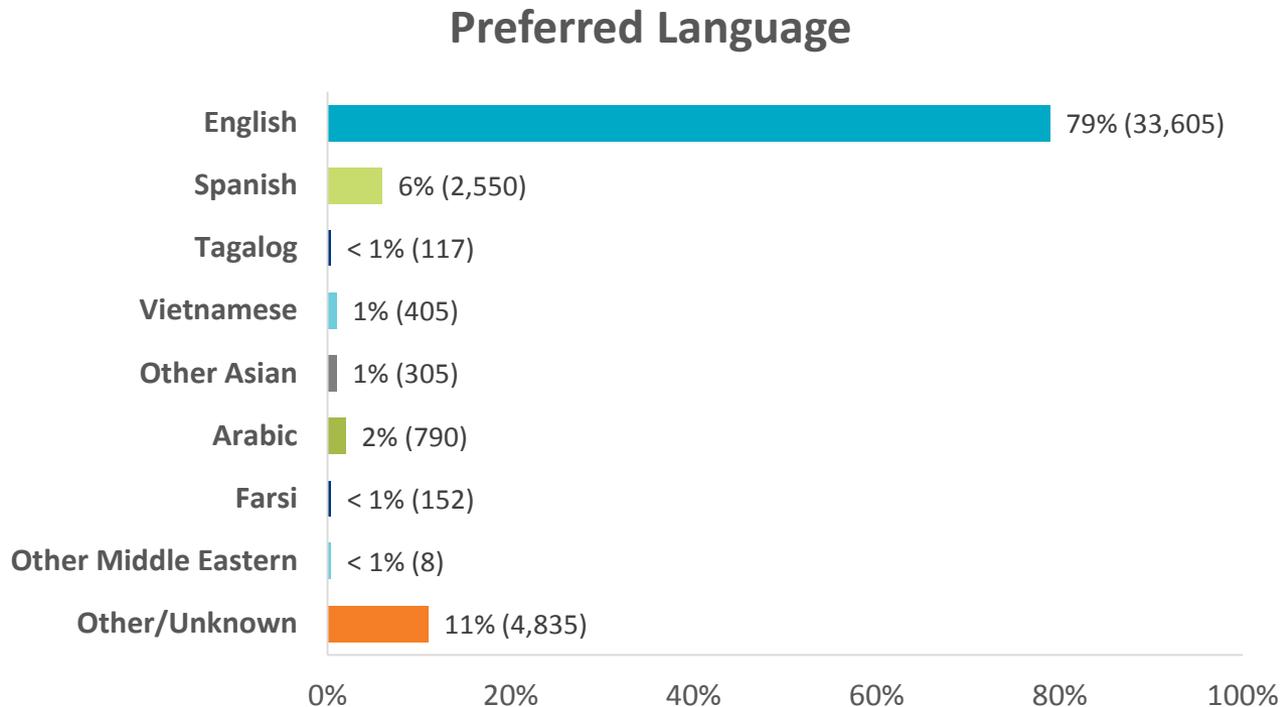
Who are we serving?

All AOA Clients: Education Level

- Less than one-third (31%) of AOABHS clients served in FY 2016-17 did not complete high school.
- The largest proportion of clients receiving AOABHS services during FY 2016-17 had a high school diploma or GED (36%).
- About one-quarter (25%) of clients served during FY 2016-17 had some college/vocational training or an Associates degree.

Education Level*

High School not Completed 31% (9,065)

Doctoral Degree < 1% (102)

Masters Degree 2% (460)

Bachelors Degree 6% (1,883)

Associates Degree 10% (2,889)

High School Diploma/GED 36% (10,548)

Some College/ Vocational Training 15% (4,409)
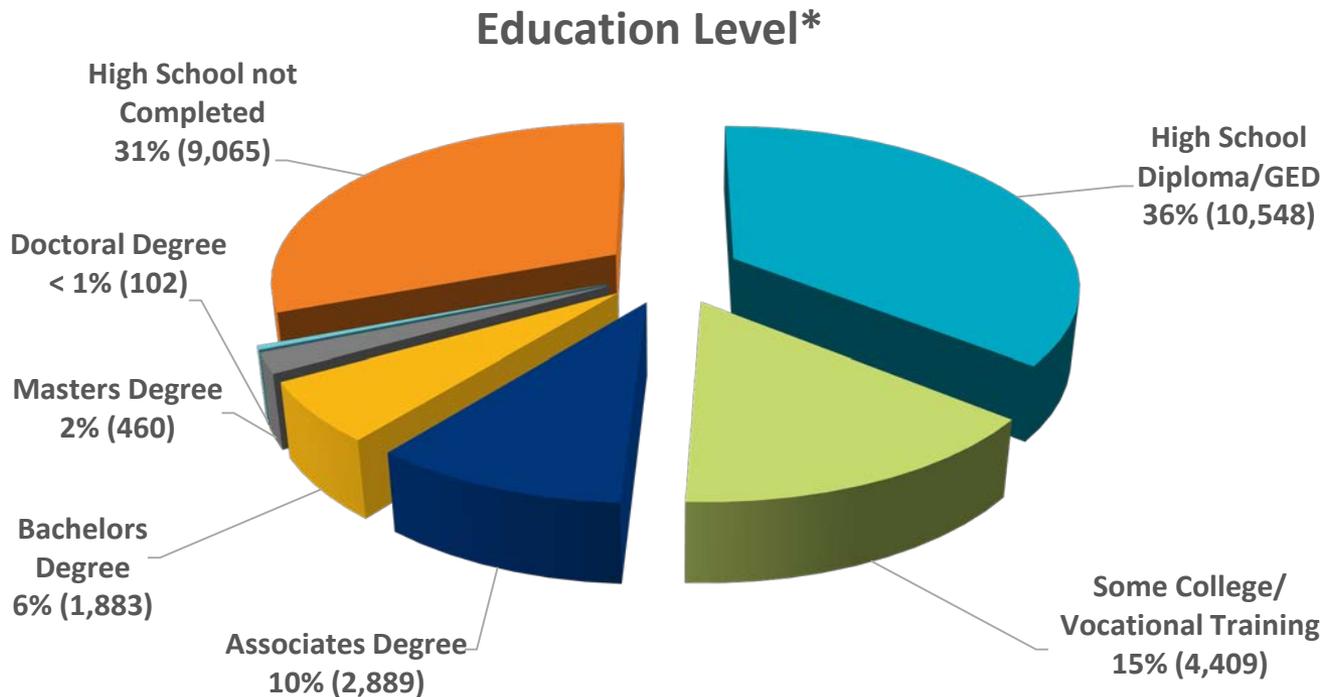
The graph and percentages reported above exclude unknown/not reported values (n = 13,411).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

All AOA Clients: Employment Status

- At the time of the most recent assessment, more than one-quarter of clients served in FY 2016-17 were employed in a competitive job (12%) or seeking work (15%).
- The number of clients served during FY 2016-17 employed in a competitive job increased by 8% compared with FY 2015-16 (3,669 to 3,954).
- The number of clients served during FY 2016-17 not in the labor force decreased by 6% compared with FY 2015-16 (10,250 to 9,621).

Employment Status*

Other**
15% (5,137)

Resident/Inmate
of Institution
6% (1,920)

Competitive Job
12% (3,954)

Seeking Work
15% (5,151)

Not Seeking
Work
24% (8,171)

Not in Labor Force
28% (9,621)
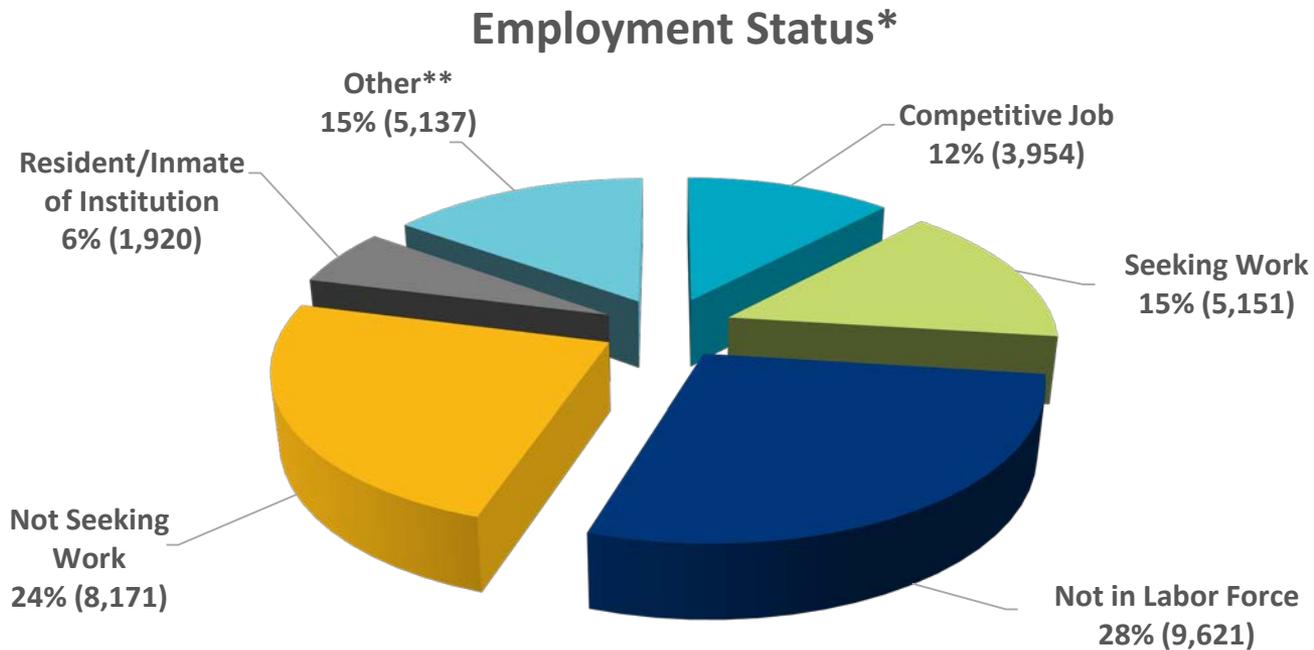
*The graph and percentages reported above exclude Unknown values (n = 8,813).
**Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

All AOA Clients: Military Service

- Information regarding past military service was available for 82% of AOABHS clients served during FY 2016-17, representing a 12% increase from the previous fiscal year (31,397 to 35,056).

- Among those clients served for whom military service data were available, 71% reported that they had no military service, and 4% indicated that they had served in the military.

Military Service*

Declined to Answer
4% (1,439)

Unable to Answer
21% (7,301)

Yes
4% (1,480)

No
71% (24,836)
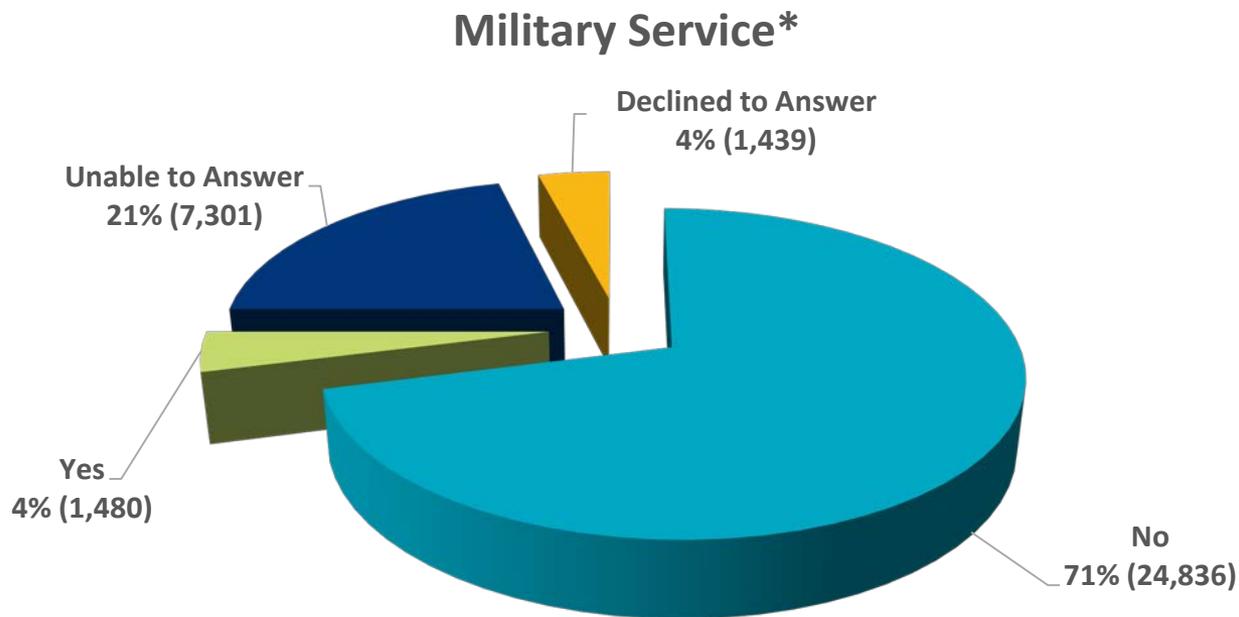
The graph and percentages reported above exclude missing values (n = 7,711).

Where are we serving?

All AOA Clients: Demographics by Region

Demographic	Central		East		South		North Central		North Coastal		North Inland		All AOA	
Age	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
<18 – 25 years	1,988	15%	673	15%	456	18%	4,516	19%	1,003	19%	449	15%	7,544	18%
26 – 59 years	9,979	75%	3,439	77%	1,848	72%	15,567	65%	3,906	73%	2,278	76%	29,385	69%
60+ years	1,271	10%	364	8%	253	10%	3,767	16%	449	8%	274	9%	5,838	14%
Gender	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Females	3,632	27%	3,162	71%	1,254	49%	11,698	49%	2,229	42%	1,454	48%	19,449	45%
Males	9,534	72%	1,275	28%	1,295	51%	12,135	51%	3,122	58%	1,537	51%	23,180	54%
Other/Unknown	72	1%	39	1%	8	< 1%	17	< 1%	7	< 1%	10	< 1%	138	< 1%
Race/Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
White	5,284	40%	2,102	47%	543	21%	10,305	43%	2,877	54%	1,650	55%	18,140	42%
Hispanic	3,521	27%	947	21%	1,423	56%	4,897	21%	1,371	26%	759	25%	10,270	24%
African American	2,658	20%	560	13%	201	8%	2,637	11%	517	10%	230	8%	5,271	12%
Asian/Pacific Islander	857	6%	124	3%	95	4%	1,290	5%	185	3%	112	4%	2,260	5%
Native American	117	1%	50	1%	29	1%	151	1%	55	1%	25	1%	311	1%
Other	291	2%	492	11%	27	1%	1,133	5%	134	3%	85	3%	1,885	4%
Unknown	510	4%	201	4%	239	9%	3,437	14%	219	4%	140	5%	4,630	11%
Top 3 Diagnoses	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Schizophrenia/Other Psychotic Disorders	5,677	46%	1,770	41%	1,084	49%	9,204	44%	2,154	42%	1,306	45%	15,360	40%
Bipolar Disorders	2,646	21%	970	23%	496	22%	3,717	18%	1,454	28%	837	29%	7,811	20%
Depressive Disorders	2,111	17%	1,113	26%	531	24%	5,403	26%	1,011	20%	617	21%	9,636	25%
Total Clients in the Region	**13,238**	**31%**	**4,476**	**10%**	**2,557**	**6%**	**23,850**	**56%**	**5,358**	**13%**	**3,001**	**7%**	**42,767**	**100%**

Note: Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region, and is counted in each region. Diagnosis percentages exclude clients with an invalid/missing diagnosis. Total number of AOABHS clients = 42,767.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

What types of services are being used?

All AOA Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	89,634	1,604
Case Management	7,406	322
Case Management – Institutional	8,813	817
Case Management – Strengths	22,018	1,173
Case Management – Transitional	2,288	500
Fee for Service (FFS)	82,846	11,738
Outpatient	178,064	16,535
Prevention	6,251	269

Inpatient Services	Admissions	Total Clients
Inpatient – County	1,544	1,314
Inpatient – FFS	7,134	4,319
State Hospital	10	10

Emergency/Crisis Services	Total Visits	Total Clients
Crisis Outpatient (CO)	7,118	4,543
Crisis Stabilization (CS)**	6,654	4,727
PERT	8,040	6,412
	Total Days	Total Clients
Crisis Residential (CR)	27,947	2,193

Forensic Services	Total Visits	Total Clients
Jail	39,201	8,806

24 Hour Services	Total Days	Total Clients
Edgemoor	39,032	128
Long Term Care (LTC)	13,794	69
LTC - Institutional	51,615	258
LTC - Residential	0	0
Residential	8,907	54

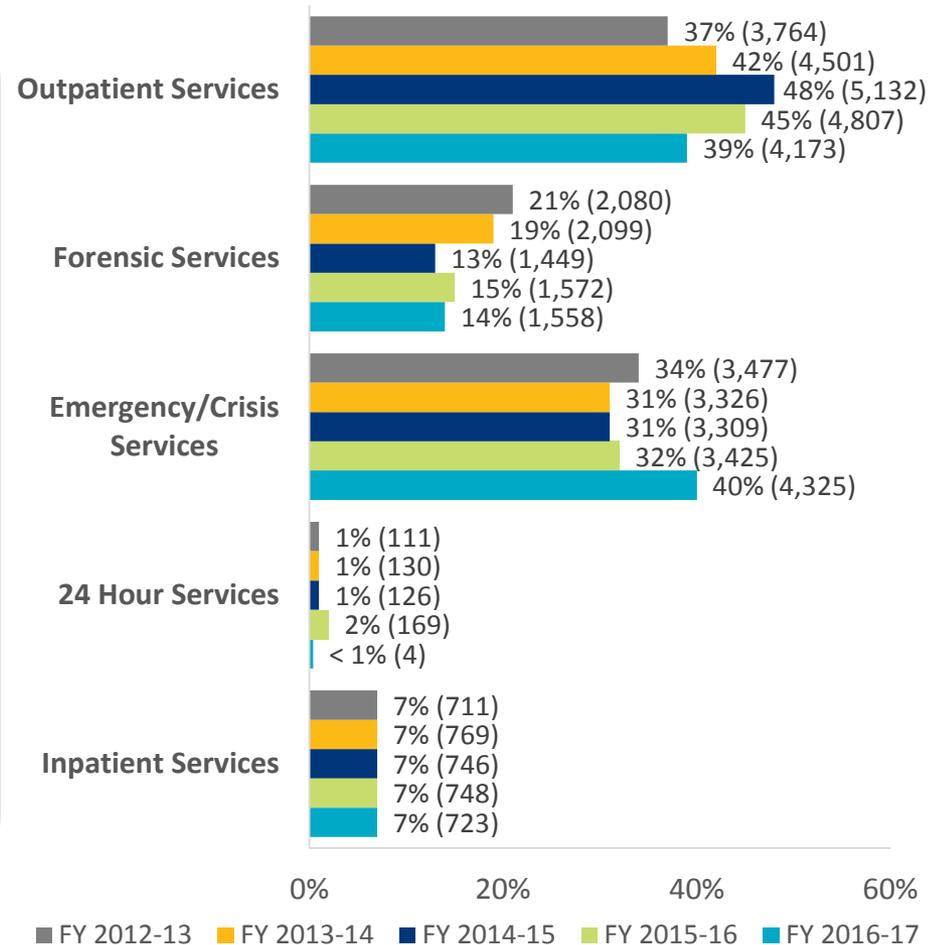*Clients may use more than one service, and therefore, may be represented in more than one category.
**Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

What types of services are being used?

All AOA Clients: First Service Use*

- The most common initial point of access of county-provided mental health services in FY 2016-17 was emergency/crisis services (40%). During the previous four fiscal years, the most common initial point of access was outpatient services.

- The proportion of clients who entered county-provided services through outpatient services increased from FY 2012-13 to FY 2014-15 (37% to 48%), and has decreased each fiscal year since then (48% to 39%).

- The proportion of clients who entered county-provided services through emergency/crisis services in FY 2016-17 increased by eight percentage points from FY 2015-16 (32% to 40%).

- The proportions of clients entering the AOABHS system initially through 24 hour and inpatient services has remained generally stable over the past five fiscal years.

Types of First Service Used

Outpatient Services
- 37% (3,764)
- 42% (4,501)
- 48% (5,132)
- 45% (4,807)
- 39% (4,173)

Forensic Services
- 21% (2,080)
- 19% (2,099)
- 13% (1,449)
- 15% (1,572)
- 14% (1,558)

Emergency/Crisis Services
- 34% (3,477)
- 31% (3,326)
- 31% (3,309)
- 32% (3,425)
- 40% (4,325)

24 Hour Services
- 1% (111)
- 1% (130)
- 1% (126)
- 2% (169)
- < 1% (4)

Inpatient Services
- 7% (711)
- 7% (769)
- 7% (746)
- 7% (748)
- 7% (723)

Legend: ■ FY 2012-13 ■ FY 2013-14 ■ FY 2014-15 ■ FY 2015-16 ■ FY 2016-17

The type of service recorded for clients' first recorded use of county-provided mental health services.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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All AOA Clients: Emergency/Crisis Services

- Of the 42,767 clients served by AOABHS during FY 2016-17, 12,321 (29%) of them received emergency/crisis services. Emergency/crisis services include CO, CS, CR, and Psychiatric Emergency Response Team (PERT).
- A total of 25,055 emergency/crisis services were used by these 12,321 clients during FY 2016-17.
- Of the 7,142 intakes into CO, more than half (55%) had a subsequent CS service during FY 2016-17.
- The proportion of clients that received an inpatient service after a CS service following a CO intake in FY 2016-17 was smaller compared to FY 2015-16 (42% versus 51%).
- The most common service after a CO intake if CS services were not received was jail (39%) or no service (29%).

Previous service*

Previous service (into CO Intakes 7,142):
- No Service 3,354 (47%)
- Inpatient 757 (11%)
- Outpatient 1,332 (19%)
- Jail 1,051 (15%)
- Fee for Service 426 (6%)
- Residential 222 (3%)

CS 3,922 (55%):
- No Service 984 (25%)
- Inpatient 1,633 (42%)
- Outpatient 602 (15%)
- Jail 397 (10%)
- Fee for Service 169 (4%)
- Residential 137 (3%)

No CS 3,220 (45%):
- No Service 931 (29%)
- Inpatient 196 (6%)
- Outpatient 607 (19%)
- Jail 1,262 (39%)
- Fee for Service 153 (5%)
- Residential 71 (2%)

Service history is the six months prior to the first CO service in FY 2016-17.

What types of services are being used?

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

- Similar to FY 2015-16, among clients who received emergency/crisis services in FY 2016-17, there was a larger proportion of clients ages <18 through 25 years (24%) than the overall AOABHS client population (18%), and a smaller proportion of clients ages 26 through 59 years (64% vs. 69%).

Clients who Used Emergency Services by Age
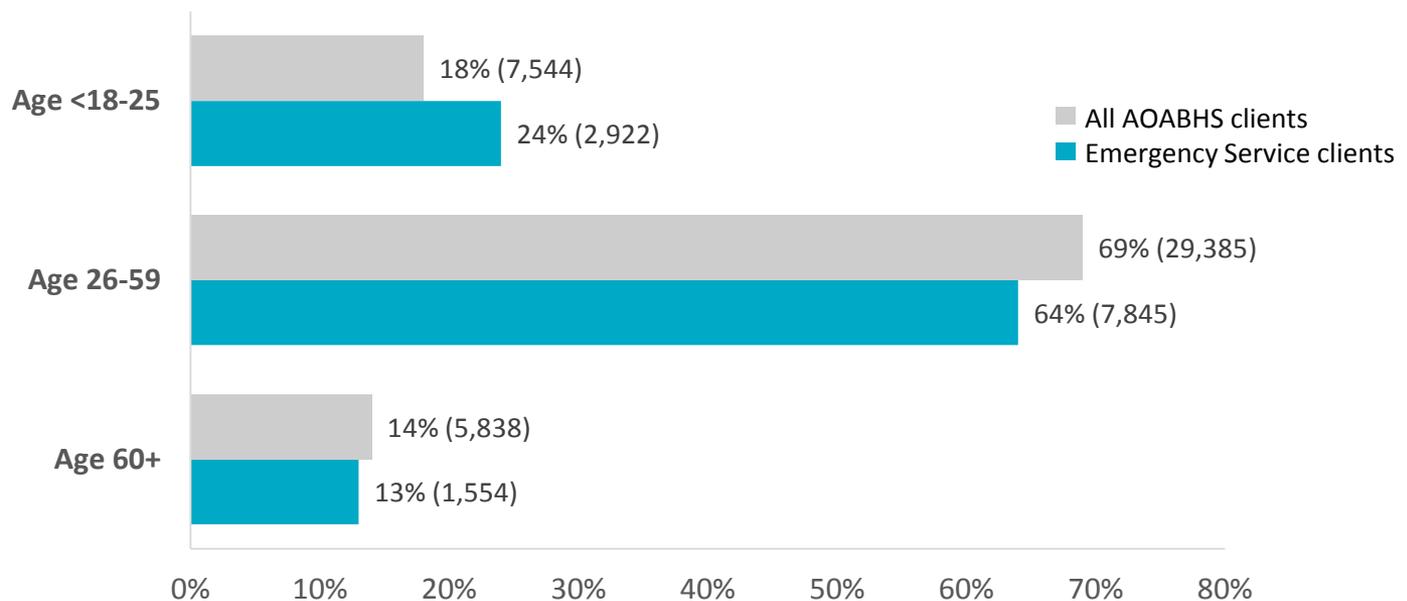
Legend:
- All AOABHS clients
- Emergency Service clients

Age <18-25: 18% (7,544) — All AOABHS clients; 24% (2,922) — Emergency Service clients
Age 26-59: 69% (29,385) — All AOABHS clients; 64% (7,845) — Emergency Service clients
Age 60+: 14% (5,838) — All AOABHS clients; 13% (1,554) — Emergency Service clients

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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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 2016-17, a larger proportion of them were male (58%) compared to the AOABHS client population (54%), and the overall population in San Diego County (50%)**.
- <u>Note:</u> The gender discrepancy among clients receiving emergency/crisis services could be related to an increased likelihood for males to be diagnosed with conditions associated with externalizing behaviors, such as schizophrenia and other psychotic disorders, and females to be diagnosed with conditions associated with more passive symptomatology, such as depressive disorders.

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

Males
- 54% (23,180) — All AOABHS clients
- 58% (7,113) — Emergency/Crisis Service clients

Females
- 45% (19,449) — All AOABHS clients
- 42% (5,189) — Emergency/Crisis Service clients

(Horizontal axis: 0% 10% 20% 30% 40% 50% 60% 70%)

Legend: ■ All AOABHS clients   ■ Emergency/Crisis Service clients
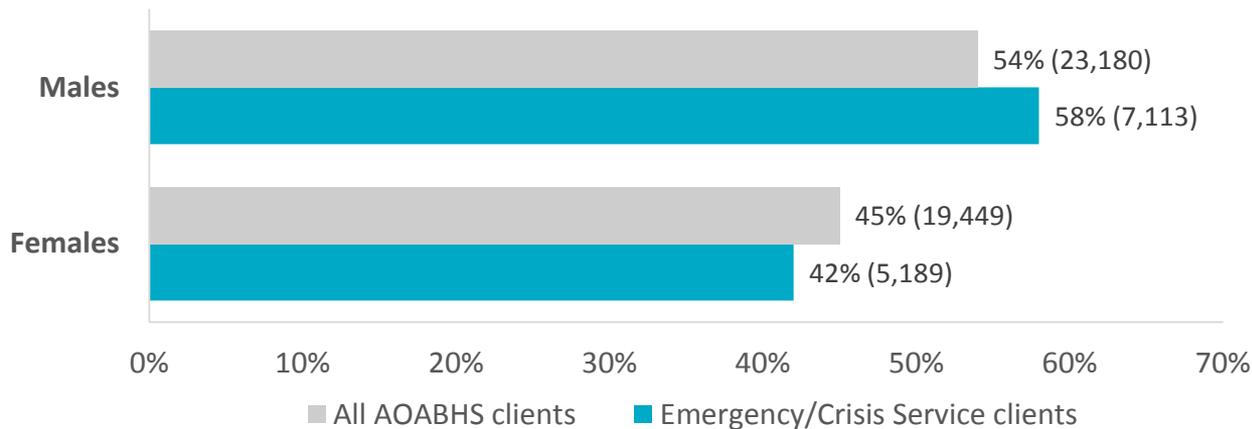
*Emergency/crisis services include CO, CS, CR, and PERT.
**Source: U.S. Census Bureau, 2016 American Community 5-Year Estimates (San Diego County population ages 18+)
**The figure excludes the other/unknown categories, comprising < 1% of the clients receiving emergency/crisis services (19 clients) and overall AOABHS (138 clients) population.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
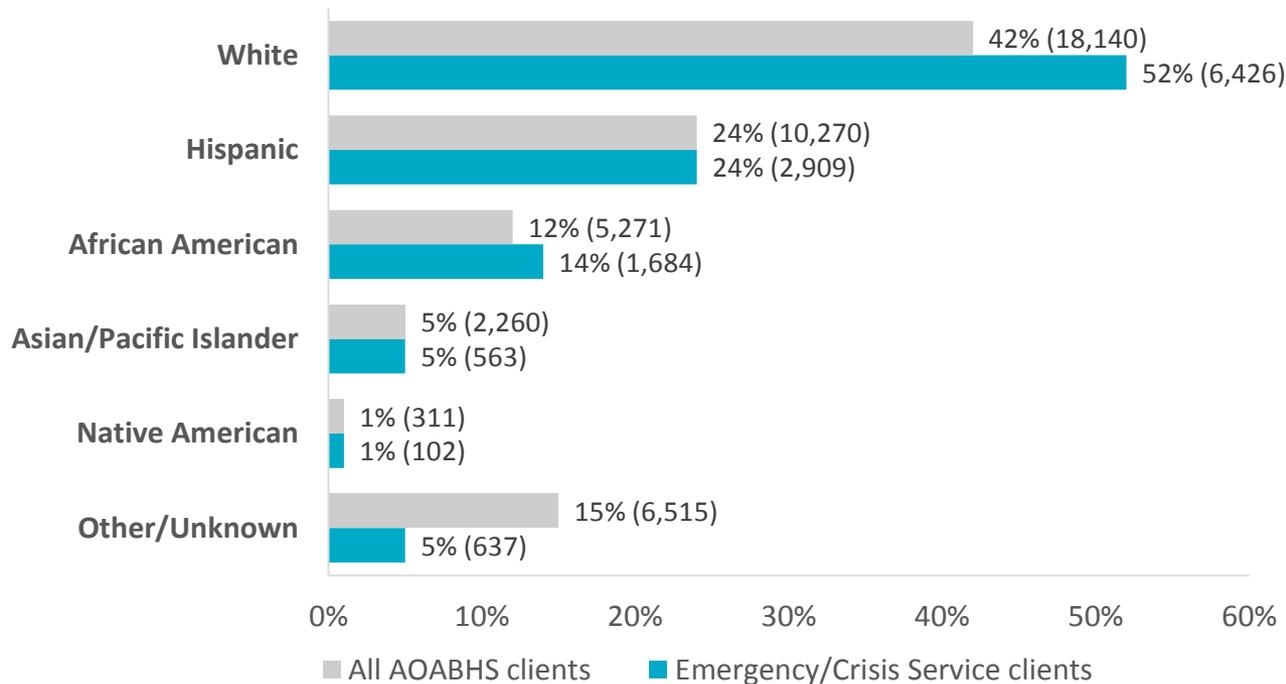*Source: Health Services Research Center (ALP, MCM, ST)*

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What types of services are being used?

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

- Similar to FY 2015-16, a larger proportion of clients who utilized emergency/crisis services during FY 2016-17 were White (52%) compared to the overall AOABHS client population (42%).

Clients who Used Emergency/Crisis Services by Race/Ethnicity

Race/Ethnicity	All AOABHS clients	Emergency/Crisis Service clients
White	42% (18,140)	52% (6,426)
Hispanic	24% (10,270)	24% (2,909)
African American	12% (5,271)	14% (1,684)
Asian/Pacific Islander	5% (2,260)	5% (563)
Native American	1% (311)	1% (102)
Other/Unknown	15% (6,515)	5% (637)

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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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 2016-17 were those diagnosed with schizophrenia and other psychotic disorders (51%).
- About one-fifth of clients who utilized emergency/crisis services during FY 2016-17 were diagnosed with a bipolar disorder (22%) and another one-fifth (18%) were diagnosed with a depressive disorder.

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

Diagnosis	All AOABHS clients	Emergency/Crisis Service clients
Schizophrenia and Other Psychotic Disorders	40% (15,360)	51% (5,079)
Bipolar Disorders	20% (7,811)	22% (2,177)
Depressive Disorders	25% (9,636)	18% (1,785)
Stressor and Adjustment Disorders	5% (1,994)	4% (373)
Anxiety Disorders	4% (1,476)	1% (147)
Other/Excluded	5% (2,015)	4% (355)

■ All AOABHS clients ■ Emergency/Crisis Service clients
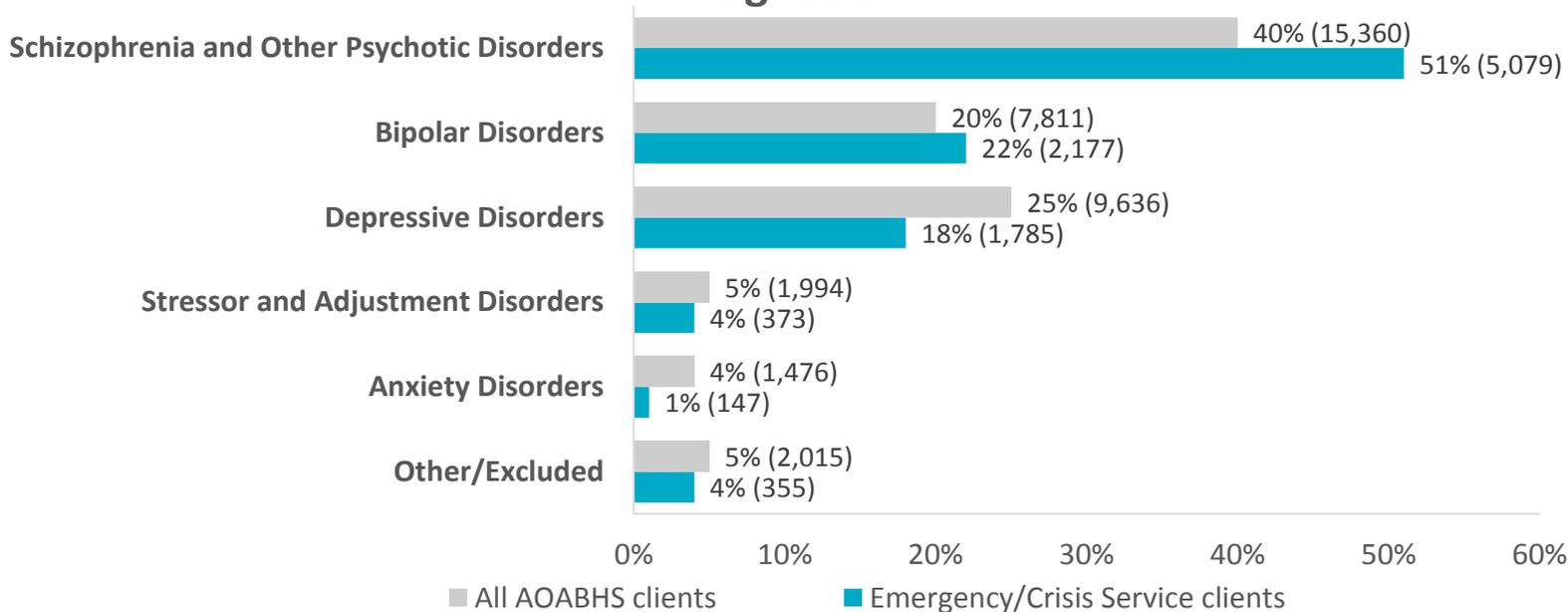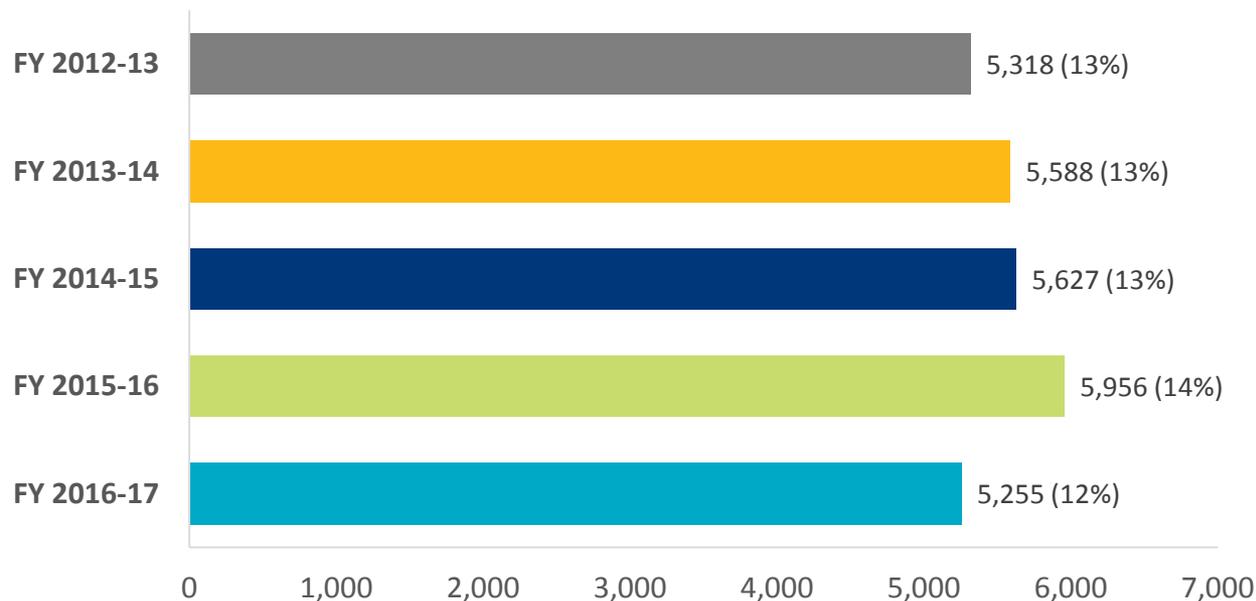
Emergency/crisis services include CO, CS, CR, and PERT.
The graph and percentages reported above exclude invalid/missing values (clients receiving emergency/crisis services, n = 2,405; AOA, n = 4,475).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

What types of services are being used?

All AOA Clients: Hospitalizations

- 5,255 (12%) AOA clients were hospitalized at least once during FY 2016-17, for a total of 8,688 hospital admissions.

- The number of AOA clients hospitalized increased slightly each year from FY 2012-13 to FY 2015-16, and then decreased by almost 12% (701 clients) in FY 2016-17.

Number of Clients Hospitalized by Fiscal Year*

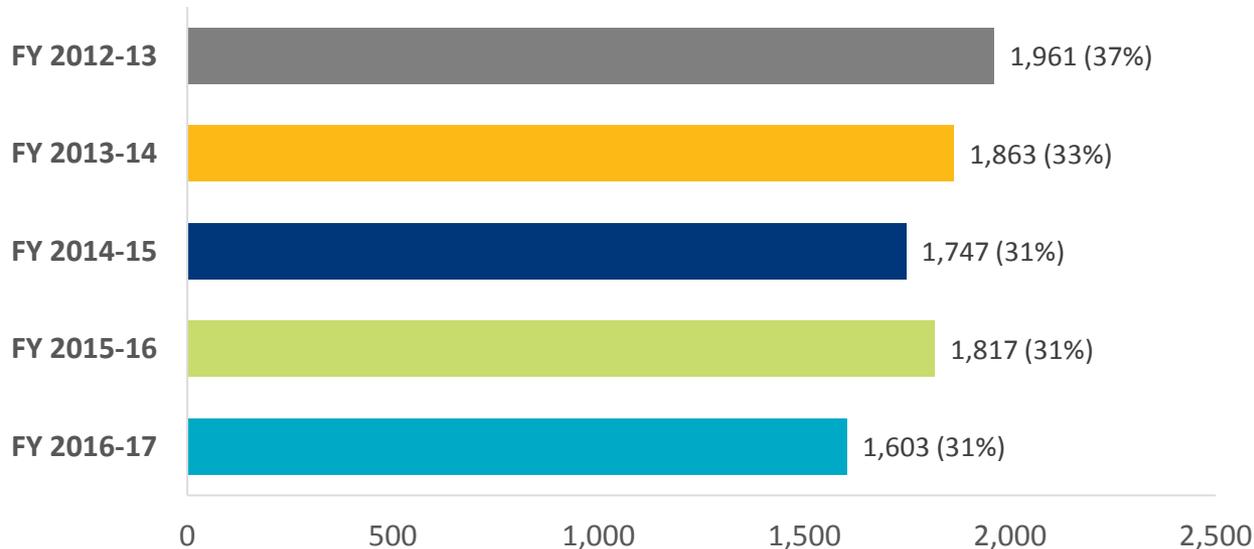| Fiscal Year	Clients
FY 2012-13	5,318 (13%)
FY 2013-14	5,588 (13%)
FY 2014-15	5,627 (13%)
FY 2015-16	5,956 (14%)
FY 2016-17	5,255 (12%)

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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What types of services are being used?

All AOA Clients: Multiple Hospitalizations

- Of the 5,255 AOA clients hospitalized during FY 2016-17, 1,603 of them (31%) were hospitalized at least one other time during the fiscal year.
- The number of AOA clients with multiple hospitalizations during FY 2016-17 decreased by almost 12% from FY 2015-16, but the proportion of hospitalized clients with multiple hospitalizations during the fiscal year remained the same as the last two fiscal years (31%).

Number of Unique Clients Hospitalized Multiple Times by Fiscal Year*

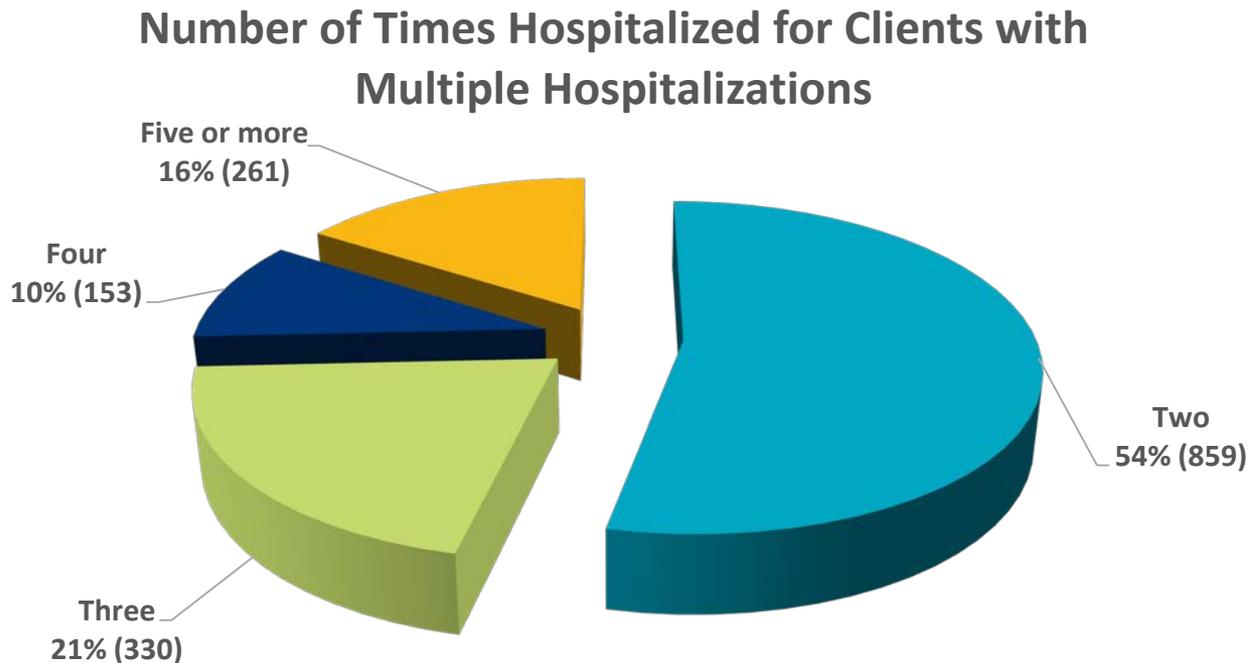| Fiscal Year	Value
FY 2012-13	1,961 (37%)
FY 2013-14	1,863 (33%)
FY 2014-15	1,747 (31%)
FY 2015-16	1,817 (31%)
FY 2016-17	1,603 (31%)

*(%) = 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

- 1,603 AOA clients were hospitalized at least twice during FY 2016-17.

- Of the 1,603 AOA clients hospitalized more than once during FY 2016-17, more than half were hospitalized a total of two times (54%), 21% were hospitalized three times, 10% were hospitalized four times, and 16% were hospitalized five or more times.
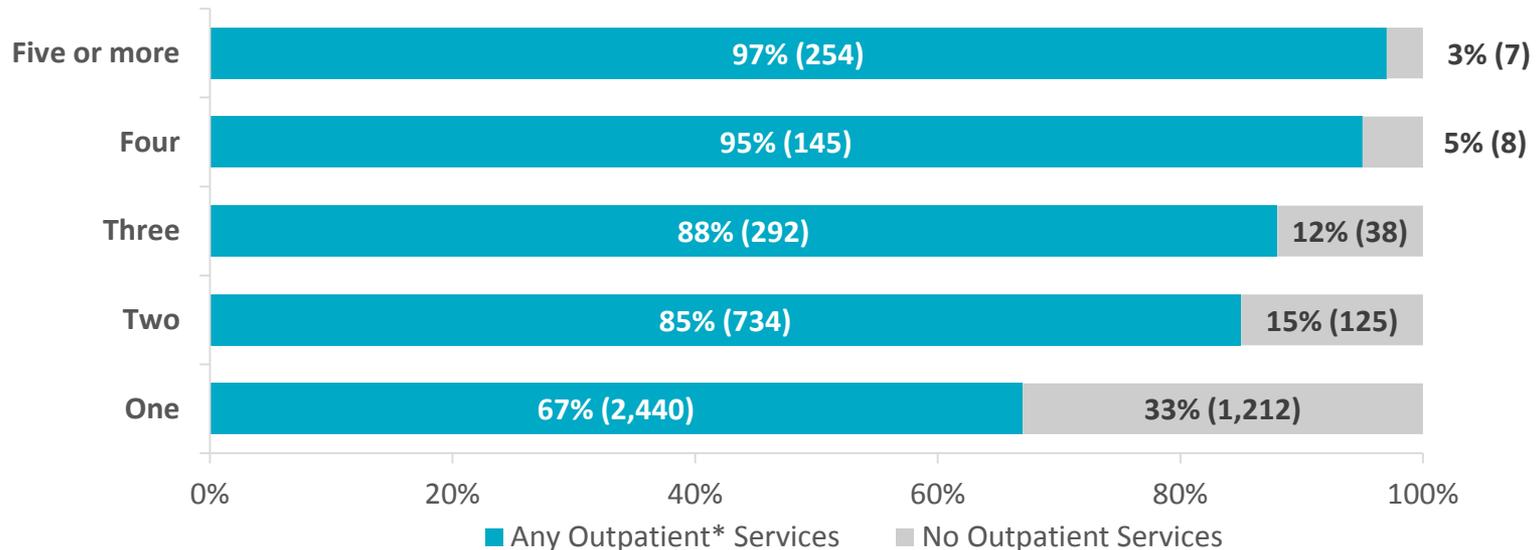
Number of Times Hospitalized for Clients with Multiple Hospitalizations

Five or more
16% (261)

Four
10% (153)

Two
54% (859)

Three
21% (330)

What types of services are being used?

All AOA Clients: Multiple Hospitalizations and Service Use

- Almost all clients with four or more hospitalizations received some outpatient adult mental health services* during FY 2016-17 (96%).

- Of the 414 AOA clients with four or more hospitalizations, only 15 of them (4%) did not use any outpatient adult mental health services.

- Similar to FY 2015-16, roughly one-third of clients (33%) with only one hospitalization in FY 2016-17 did not use any outpatient services.

Hospitalizations by Service Use

	Any Outpatient* Services	No Outpatient Services
Five or more	97% (254)	3% (7)
Four	95% (145)	5% (8)
Three	88% (292)	12% (38)
Two	85% (734)	15% (125)
One	67% (2,440)	33% (1,212)

■ Any Outpatient* Services ■ No Outpatient Services

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Accessibility of Services

All AOA Clients: Access

- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2015-16, average wait times increased from approximately 3 days to 11 days in FY 2016-17.

- Average access times for mental health assessments increased slightly over the past five fiscal years from approximately 2 days in FYs 2012-13 and 2013-14 to almost 4 days in FY 2016-17.

Average Access Time in Days for Psychiatric and Mental Health Assessments

Fiscal Year	Psychiatric Assessments	Mental Health Assessments
FY 2012-13	4.6	1.7
FY 2013-14	3.5	1.9
FY 2014-15	5.9	3.1
FY 2015-16	3.4	3.4
FY 2016-17	11.1	3.8

Number of Days

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)
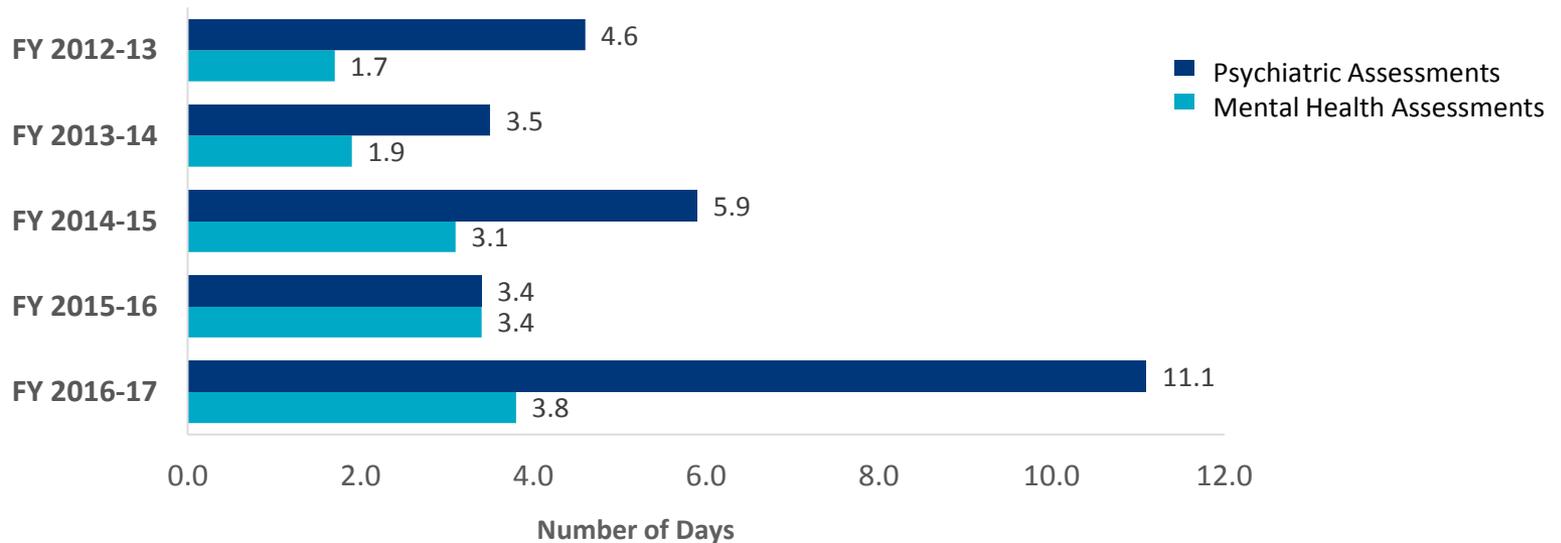
Are clients getting better?

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

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

- Clients self-reported a slight trend toward improvement in their overall mental health status via the RMQ from pre to post assessment, but these improvements did not reach statistical significance.

- Problematic substance use was less likely to improve among AOABHS clients served during FY 2016-17 than other domains of recovery, as there was no change in mean Substance Use IMR subscale scores from pre to post assessment, and the positive trend observed between pre and post mean SATS-R assessment scores was not significant.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	2,378	4.23	4.23	▶
Management Subscale	2,439	2.79	2.88	▲
Recovery Subscale	2,442	2.97	3.02	▲
Overall Mean	2,443	3.23	3.28	▲

Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	1,543	3.67	3.69	▲

Substance Abuse Treatment Scale – Revised (SATS-R)	N	Pre	Post	Change
Overall Mean	1,122	5.33	5.41	▲

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 2016-17 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Are clients satisfied with services?

## All AOA Clients: Client Satisfaction

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

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

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

During FY 2016-17, the MHSIP was administered in November 2016 (N= 1,710) and in May 2017 (N=2,037).

MHSIP Domain Scores* in FY 2016-17

Domain	Fall 2016	Spring 2017
General Satisfaction	90%	89%
Perception of Access	89%	87%
Perception of Quality and Appropriateness	90%	89%
Perception of Participation in Treatment Planning	89%	91%
Perception of Outcome Services	72%	72%
Perception of Functioning	71%	73%
Perception of Social Connectedness	73%	72%

■ Fall 2016 ■ Spring 2017
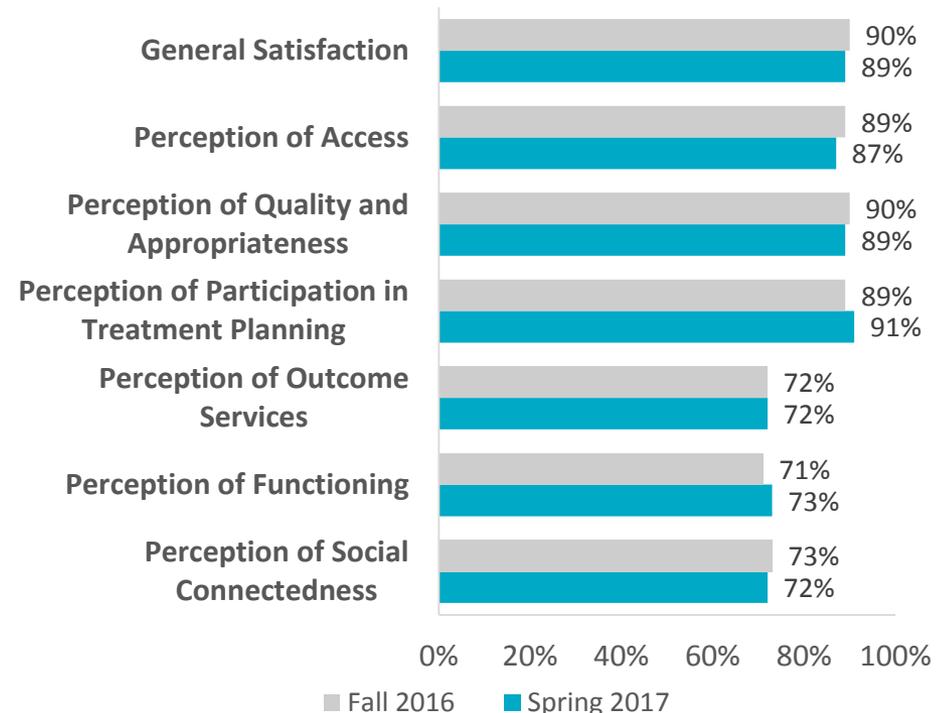
*Scores reflect the percentage of clients who agreed or strongly agreed with each domain.

Mental Health Services Act Components

MHSA Components

Community Services and Supports

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

Prevention and Early Intervention Programs

Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To ensure access to appropriate support at the earliest point of emerging mental health problems and concerns, Prevention and Early Intervention (PEI) builds capacity for providing mental health early intervention services at sites where people go for other routine activities. Through PEI, mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness. During FY 2016-17, 13,134 AOA clients were served by PEI programs.

Innovations

Innovation (INN) programs are short-term novel, creative and/or ingenious mental health practices or approaches that contribute to learning. The programs are developed through an inclusive and representative community process. The INN component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches. The In-Home Outreach Team (IHOT) that provides in-home outreach and engagement services to individuals with a SMI who are reluctant to seek outpatient mental health services, and to their family members or caretakers, was very successful as an INN contract. It ended in FY 2014-15, but was re-procured and expanded to all regions of the county to include licensed mental health clinicians and additional psychiatry services.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Mental Health Services Act Components

MHSA Components – Continued

Workforce Education and Training

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

Capital Facilities and Technological Needs

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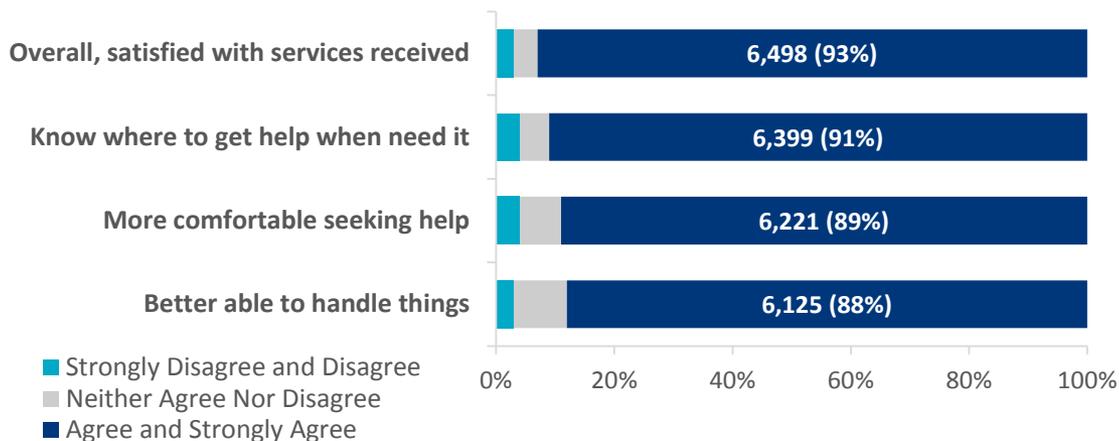
To learn more about the MHSA, please visit http://sandiego.camhsa.org/

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Prevention and Early Intervention

PEI Clients: Demographics and Client Satisfaction

PEI Client Demographics		
Age	**N**	**%**
<18 – 25 years	2,813	21%
26 – 59 years	7,377	56%
60+ years	1,939	15%
Unknown/Not Reported	1,005	8%
Gender	**N**	**%**
Female	6,140	47%
Male	6,370	49%
Other	92	1%
Unknown/Not Reported	532	4%
Race (Census Categories)	**N**	**%**
White/Caucasian	5,047	38%
African American/Black	1,708	13%
Asian	551	4%
Pacific Islander	82	1%
American Indian/Alaskan Native	390	3%
More than One Race	661	5%
Other	124	1%
Unknown/Not Reported	4,571	35%
Total PEI Clients Served	**13,134**	**100%**

- The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity.
- San Diego County funded 25 contractors to provide PEI services for adults. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing depression in Hispanic caregivers of individuals with Alzheimer's disease. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided.

Client Satisfaction*

- Overall, satisfied with services received: 6,498 (93%)
- Know where to get help when need it: 6,399 (91%)
- More comfortable seeking help: 6,221 (89%)
- Better able to handle things: 6,125 (88%)

Legend:
- Strongly Disagree and Disagree
- Neither Agree Nor Disagree
- Agree and Strongly Agree

*The number of clients who completed the client satisfaction survey varied from 6,985 to 7,006. These data are not recorded in CCBH. For more information on AOABHS PEI programs, see the PEI summary reports – Adult Summary: https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

MHSA   41

Innovations

MHSA: Innovations Projects

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

The following Innovations programs began or were in existence in AOABHS in FY 2016-17:

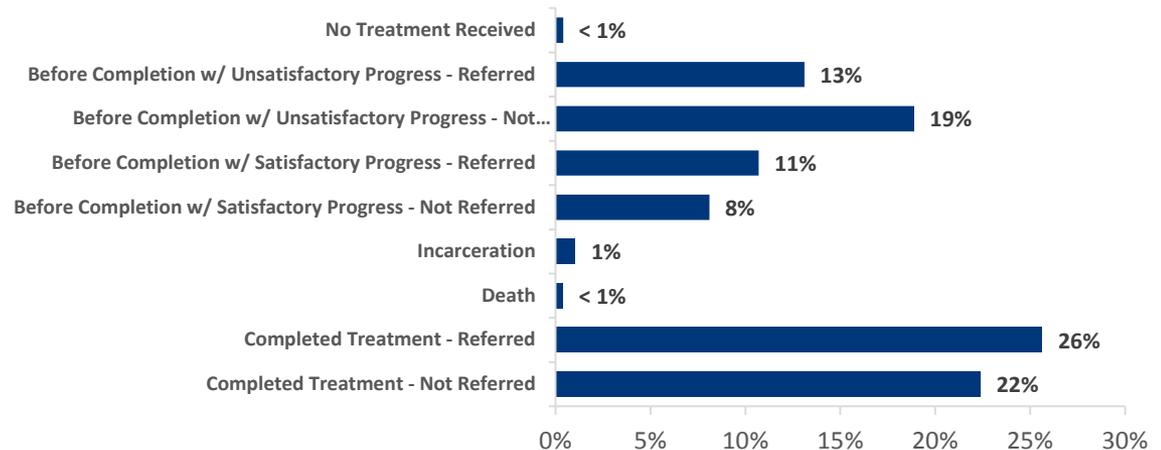|	
Faith-Based Initiative	This initiative has four components: Outreach and Engagement to Faith-Based congregations; Community Education; Crisis Response; and Wellness and Health Ministries.
Noble Works	This project helps TAY, adults, and older adults engage and retain employment opportunities through an array of supported and competitive employment options. The program promotes self-determination and empowerment while helping clients overcome barrier to employment.
Peer Assisted Transitions	This is a person-directed, mobile program that works in partnership with designated acute inpatient hospitals. The program aims to provide alternatives to hospitalization through engagement and providing transition and support services to clients who will be discharged from inpatient care back into the community.
Urban Beats	This is a strengths-based, culturally-sensitive, arts-focused program that utilizes various artistic approaches to work with urban at-risk youth. The program is intended to engage at-risk youth in wellness activities by providing a youth focused message created and developed by youth. These may include the visual arts, spoken word, videos, and performances.
Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) Mobile Hoarding Units	This program works to diminish hoarding behaviors long term among older adults by combining an adapted cognitive behavior rehabilitation therapy with hands-on training and support.
Caregiver Wellness Program (CWP)	This program provides screening, needs assessments, linkage to services and resources, as well as therapeutic, educational, and support groups for parents and caregivers of children receiving services through KidSTART. CWP is intended to complement KidSTART services by addressing caregiver needs while their child is in treatment.
Family Therapy Participation Engagement (FTPE)	This program is designed to increase parent and caregiver engagement in the treatment of their child through the use of Parent Partners to encourage participation in family therapy.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

MHSA 42

Substance Use Disorder (SUD) Services

SUD Clients: Demographics and Type of Discharge

SUD Client Demographics		
Age*	**N**	**%**
11 – 15 years	331	2%
16 – 17 years	786	5%
18 – 25 years	2,527	16%
26 – 59 years	11,606	74%
60+ years	474	3%
Gender	**N**	**%**
Female	5,331	34%
Male	10,377	66%
Other	16	< 1%
Race (Census Categories)	**N**	**%**
White	7,115	45%
Hispanic	5,055	32%
Black/African American	1,823	12%
Asian/Pacific Islander	452	3%
Native American	281	2%
Other/Multiracial	576	4%
Unknown/Not Reported	422	3%
Total SUD Clients Served**	**15,724**	*n/a*
Total Unduplicated Clients	**11,307**	*n/a*

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

SUD Type of Discharge

Category	%
No Treatment Received	< 1%
Before Completion w/ Unsatisfactory Progress - Referred	13%
Before Completion w/ Unsatisfactory Progress - Not...	19%
Before Completion w/ Satisfactory Progress - Referred	11%
Before Completion w/ Satisfactory Progress - Not Referred	8%
Incarceration	1%
Death	< 1%
Completed Treatment - Referred	26%
Completed Treatment - Not Referred	22%

*Clients under the age of 18 are included in AOA SOC reports when they receive adult services.
**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted, discharged, and/or actively open in FY 2016-17.*

Driving Under the Influence Program

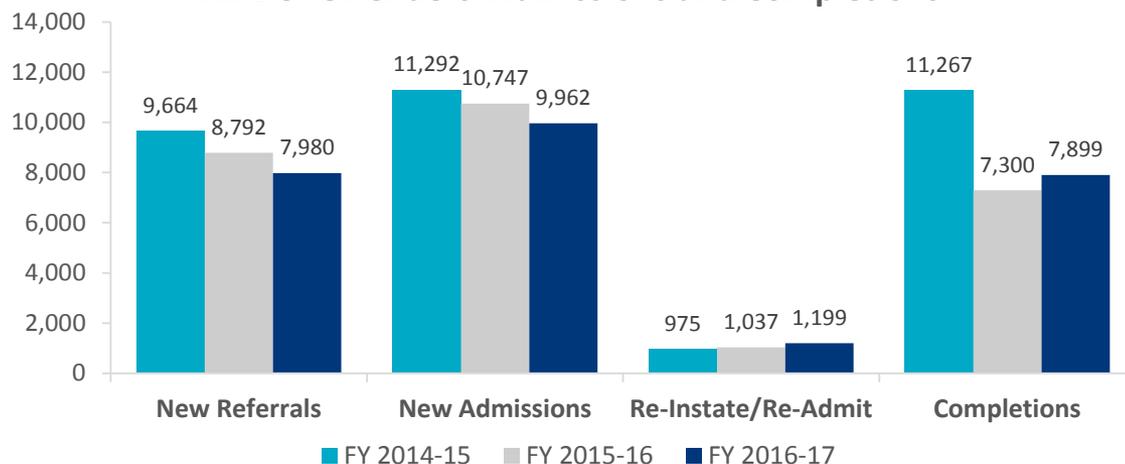## DUI Program: Demographics, Admissions, and Completions

DUI Client Demographics

Age	N	%
18 – 25 years	1,817	17%
26 – 35 years	2,766	26%
36 – 45 years	1,214	12%
46 – 55 years	875	8%
55+ years	585	6%
Unknown	3,188	31%
Gender	**N**	**%**
Female	2,612	25%
Male	7,587	73%
Unknown	246	2%
Convictions	**N**	**%**
First Conviction	7,770	74%
Multiple Convictions	2,674	26%
Employment Level	**N**	**%**
Employed 30+ hours per week	4,405	42%
Employed <30 hours per week	3,207	31%
Not in the labor force	859	8%
Unemployed, looking for work	1,805	17%
Unknown	169	2%
Total DUI Clients Served	**10,445**	**n/a**

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

Key Findings
- The number of new referrals and admissions into the DUI program has declined over the past three fiscal years (referrals, 9,664 to 7,980; admissions, 11,292 to 9,962).
- Fewer clients completed the DUI program in FY 2015-16 compared to FY 2014-15 (7,300 compared to 11,267), but there were 599 more clients who completed the program in FY 2016-17 compared to FY 2015-16.

All DUI Offenders: Admissions and Completions

	New Referrals	New Admissions	Re-Instate/Re-Admit	Completions
FY 2014-15	9,664	11,292	975	11,267
FY 2015-16	8,792	10,747	1,037	7,300
FY 2016-17	7,980	9,962	1,199	7,899

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

SUD

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

Transition Age Youth (TAY) Clients
SYSTEMWIDE ANNUAL REPORT
Fiscal Year 2016-2017

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

TAY   45

Who are we serving?

Total Number of TAY Clients Served

- In FY 2016-17, mental health services were delivered to 7,544 TAY clients (ages 18* to 25).
- TAY clients represent 18% of the 42,767 AOABHS clients served during FY 2016-17.
- The number of TAY clients served by BHS has increased, at least slightly, every year from FY 2012-13 to FY 2016-17.
- The proportion of AOABHS clients served during FY 2016-17 that are TAY clients (18%) was the same as FY 2015-16.
- The largest increase in the number of TAY clients served occurred from FY 2013-14 to FY 2014-15 (11%; 747 clients), likely due to the inclusion of clients age 25 in the TAY category that year.

Number of Clients Served by Fiscal Year

Fiscal Year	Clients Served
FY 2012-13	6,317 (15%)
FY 2013-14	6,736 (15%)
FY 2014-15	7,483 (17%)
FY 2015-16	7,527 (18%)
FY 2016-17	7,544 (18%)
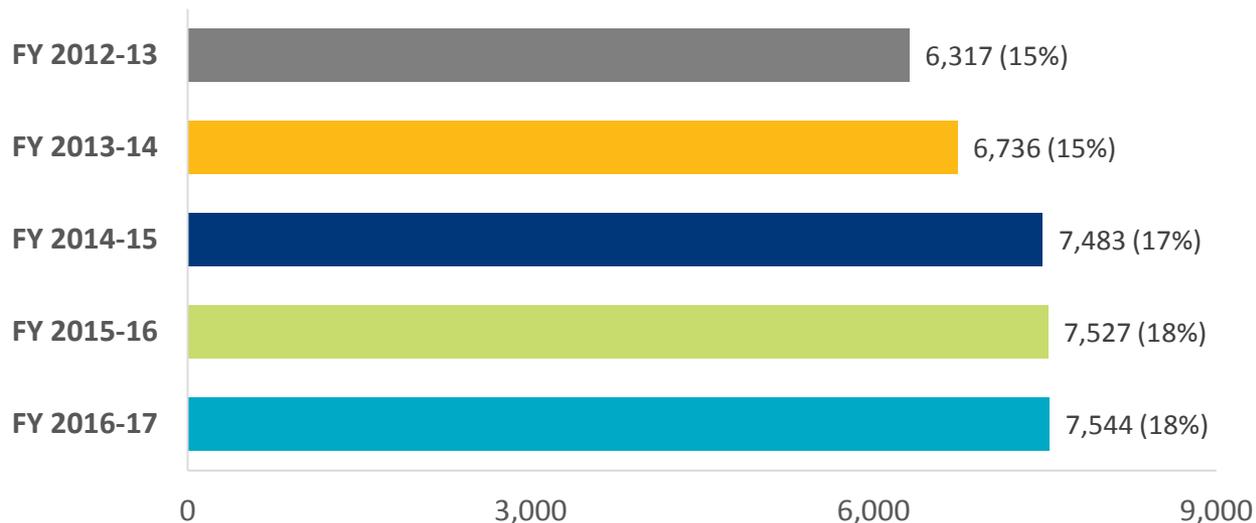
1,111 clients were under 18 but are included here because they received adult services.

Who are we serving?

TAY Clients: Age

- Almost half of TAY clients (48%) served during FY 2016-17 were between the ages of 22 and 25 years.

- More than one-third (37%) of TAY clients served during FY 2016-17 were between the ages of 18 and 21 years.

- 15% of TAY clients served during FY 2016-17 were less than 18 years of age, an increase of 21% from FY 2015-16.

TAY Age Distribution

Age Group	Value
Age <18	15% (1,111)
Age 18-21	37% (2,819)
Age 22-25	48% (3,614)

0% 10% 20% 30% 40% 50% 60%
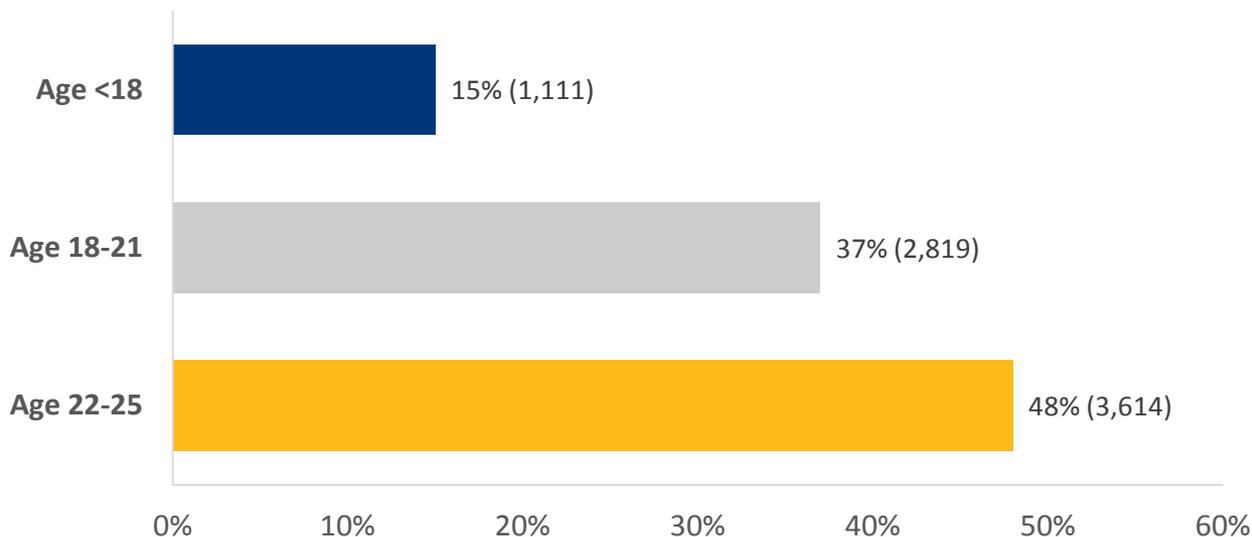
Who are we serving?

TAY Clients: Gender

- Similar to previous fiscal years, a larger proportion of TAY clients served during FY 2016-17 were male (57%) compared to the overall AOABHS client population (54%).
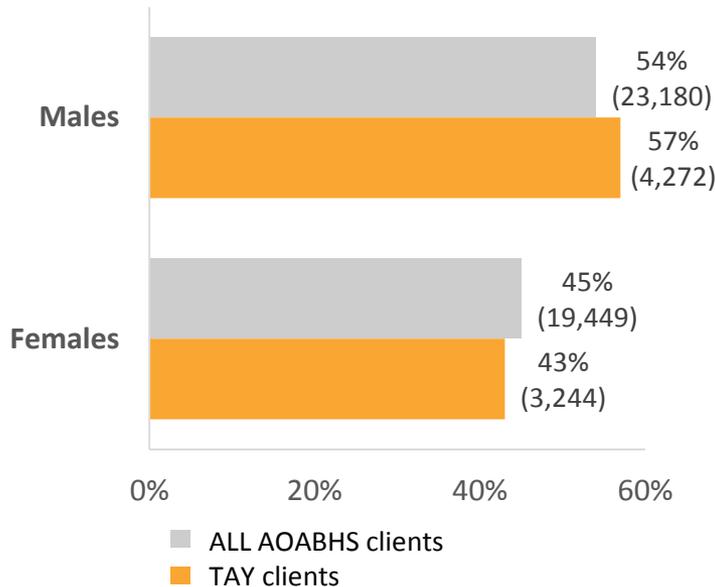
- The proportion of female TAY clients served by AOABHS has increased from FY 2012-13 to FYs 2015-16 and 2016-17 (38% to 43%).

TAY Gender* Distribution

TAY Gender	Fiscal Year					AOABHS FY 2016-17 Population
	2012-13	2013-14	2014-15	2015-16	2016-17	
Females	38%	39%	41%	43%	43%	45%
Males	62%	60%	59%	57%	57%	54%
Other/ Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	< 1%

Males: 54% (23,180) ALL AOABHS clients, 57% (4,272) TAY clients
Females: 45% (19,449) ALL AOABHS clients, 43% (3,244) TAY clients
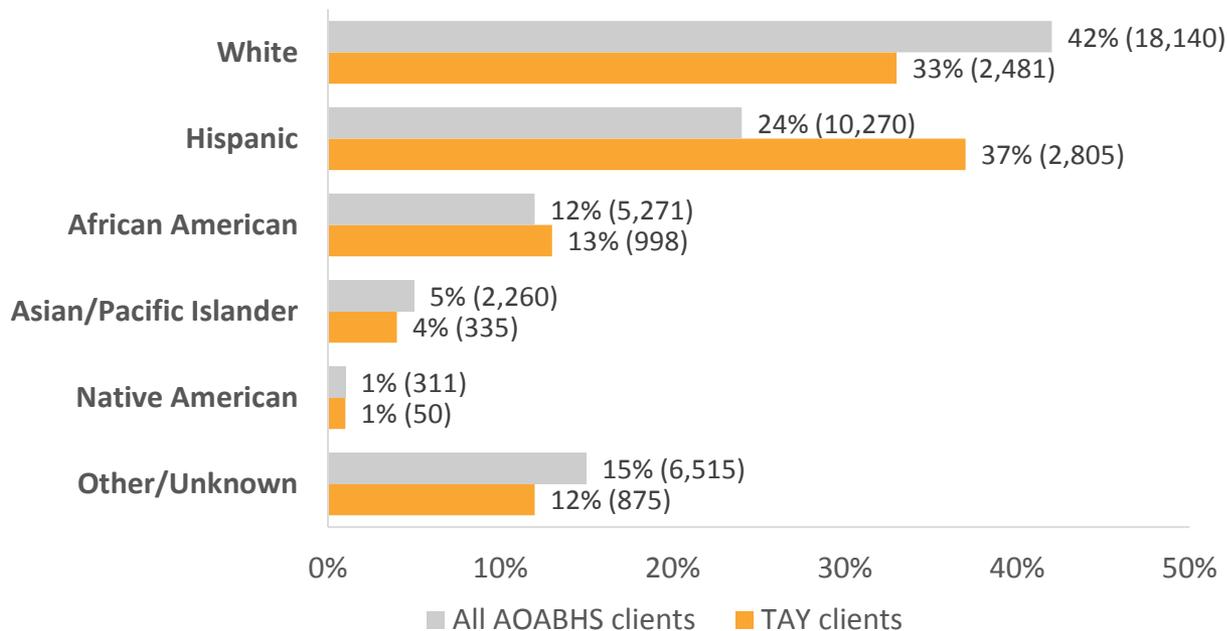
Legend:
- ALL AOABHS clients
- TAY clients

*The figure excludes the other/unknown categories, comprising < 1% of the TAY (28 clients) and overall AOABHS (138 clients) population.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

TAY   48

Who are we serving?

TAY Clients: Race/Ethnicity

- Roughly two-thirds of TAY clients served during FY 2016-17 were either Hispanic (37%) or White (33%).

- Compared to the overall AOABHS client population, a larger proportion of TAY clients were Hispanic (37% compared to 24%), and a smaller proportion were White (33% compared to 42%).

TAY Race/Ethnicity Distribution

Race/Ethnicity	All AOABHS clients	TAY clients
White	42% (18,140)	33% (2,481)
Hispanic	24% (10,270)	37% (2,805)
African American	12% (5,271)	13% (998)
Asian/Pacific Islander	5% (2,260)	4% (335)
Native American	1% (311)	1% (50)
Other/Unknown	15% (6,515)	12% (875)

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

TAY   49

Who are we serving?

TAY Clients: Living Situation*

- More than three-quarters (76%) of TAY clients served during FY 2016-17 were living independently**.
- A greater proportion of TAY clients served during FY 2016-17 were living independently compared to the overall AOABHS client population (76% vs. 67%).
- A smaller proportion of TAY served during FY 2016-17 were homeless (9%) compared to the overall AOABHS population (16%), but a greater percentage were living in a justice-related setting (8%) compared to the overall AOABHS population (6%).
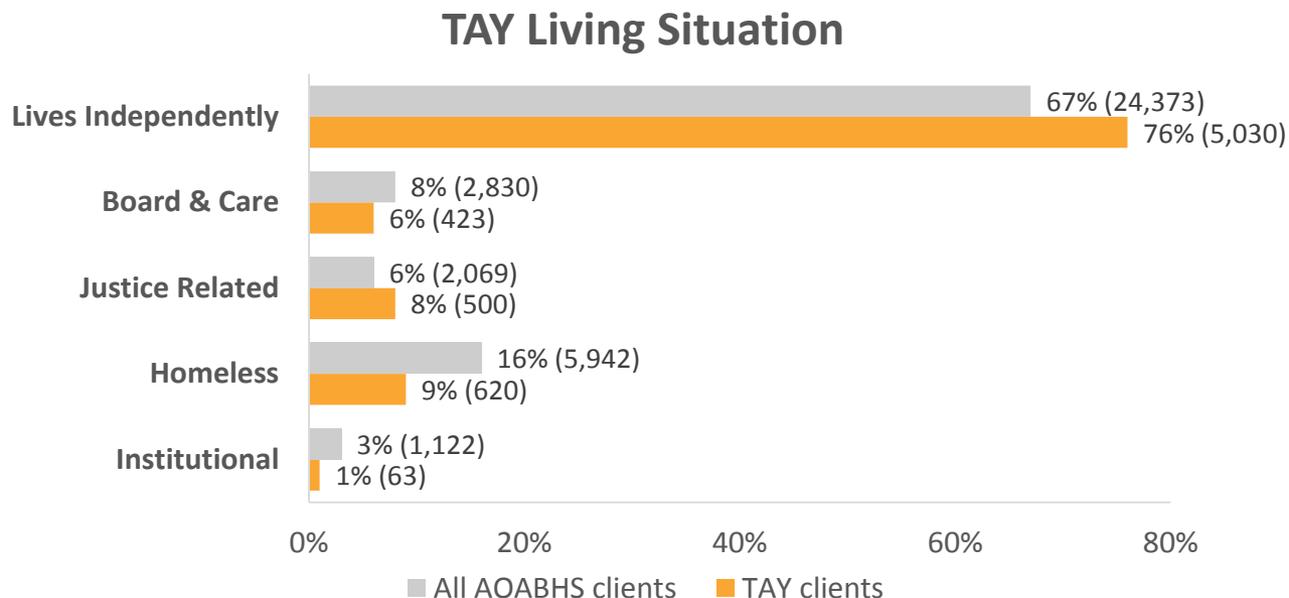
TAY Living Situation

Category	All AOABHS clients	TAY clients
Lives Independently	67% (24,373)	76% (5,030)
Board & Care	8% (2,830)	6% (423)
Justice Related	6% (2,069)	8% (500)
Homeless	16% (5,942)	9% (620)
Institutional	3% (1,122)	1% (63)

Client living situation reflects status at time of most recent client assessment.
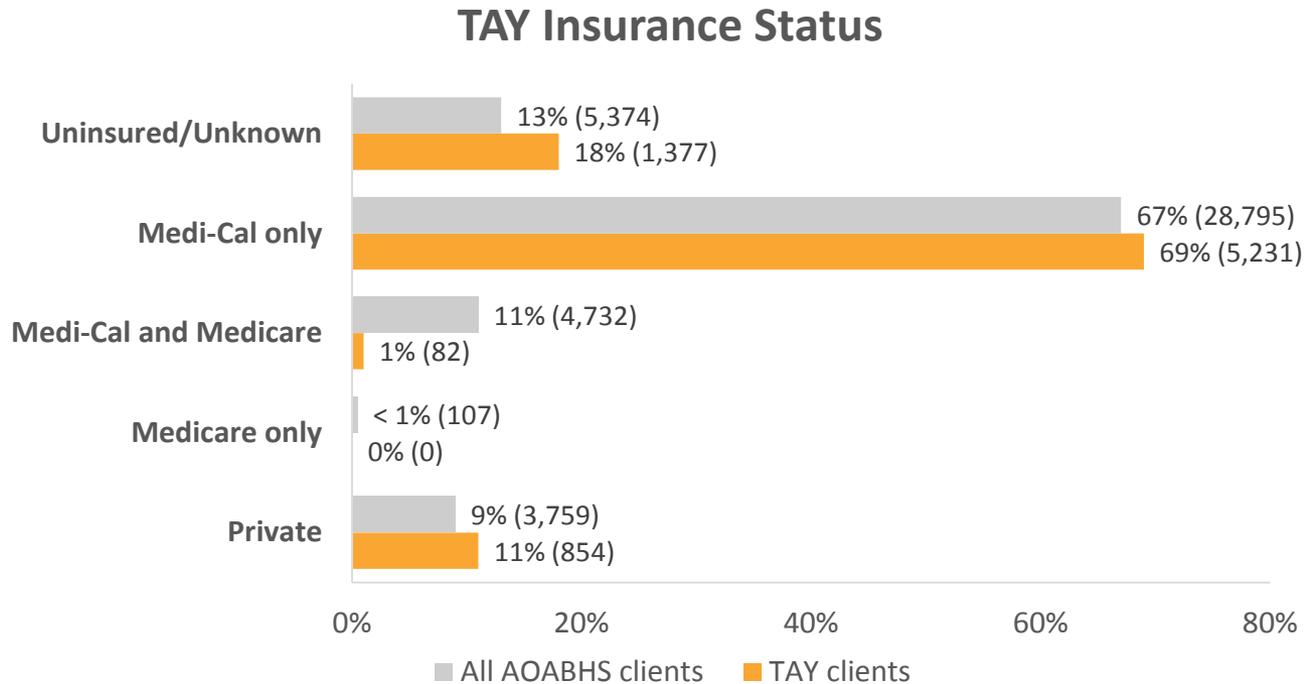**Clients living independently includes clients living with family at the start of services.*
Note: Clients with an other/unknown living status (TAY, n = 908; AOA, n = 6,431) are excluded from the figure and percentages reported above.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

TAY   50

Who are we serving?

TAY Clients: Health Care Coverage

- Most TAY clients served during FY 2016-17 had Medi-Cal insurance coverage (69%).
- The proportion of TAY clients with an uninsured/unknown insurance status decreased several years in a row, likely due to the expansion of the Affordable Care Act (ACA) in 2014 (FY 2012-13, 37%; FY 2013-14, 26%; FY 2014-15, 18%; FY 2015-16, 17%). The decrease attributed to the ACA seems to have leveled off as 18% of TAY served in FY 2016-17 were uninsured or had an unknown insurance status, similar to proportions in FYs 2014-15 (18%) and 2015-16 (17%).

TAY Insurance Status

Category	All AOABHS clients	TAY clients
Uninsured/Unknown	13% (5,374)	18% (1,377)
Medi-Cal only	67% (28,795)	69% (5,231)
Medi-Cal and Medicare	11% (4,732)	1% (82)
Medicare only	< 1% (107)	0% (0)
Private	9% (3,759)	11% (854)

■ All AOABHS clients ■ TAY clients

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
*Source: Health Services Research Center (ALP, MCM, ST)*

TAY   51

Who are we serving?

TAY Clients: Primary Care Physician

- More than one-third of TAY clients served in FY 2016-17 had a primary care physician (35%).

- Information about primary care physician was unavailable or unknown for almost half of TAY clients (47%).

TAY Primary Care Physician

Missing
46% (3,483)

Yes
35% (2,627)

Unknown
1% (103)

No
18% (1,331)
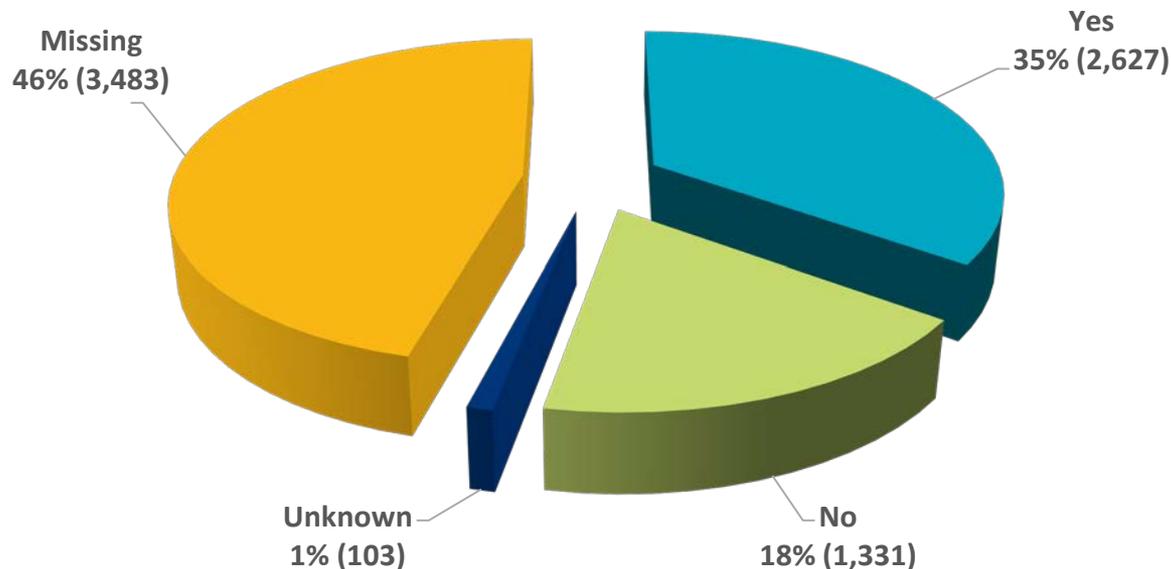
Who are we serving?

TAY Clients: Sexual Orientation

- Of the TAY clients served during FY 2016-17 with sexual orientation information available, the majority of them identified as heterosexual (78%).
- Sexual orientation data were missing for 4,503 TAY clients (60%) in FY 2016-17, which is down from 70% missing in FY 2015-16.

Sexual Orientation	TAY FY 2016-17		AOABHS FY 2016-17	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,367	78%	16,204	87%
Bisexual	275	9%	779	4%
Gay male	74	2%	452	2%
Lesbian	53	2%	270	1%
Other	71	2%	186	1%
Questioning	71	2%	201	1%
Transgender	0	0%	8	< 1%
Deferred	10	< 1%	43	< 1%
Declined to state	120	4%	393	2%
Total (excluding missing)	**3,041**	**100%**	**18,536**	**100%**
Missing	4,503	60%	24,231	57%

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

TAY   53

Who are we serving?

TAY Clients: History of Trauma

- More than one-quarter (29%) of TAY clients served in FY 2016-17 had a history of trauma.

- Data were not available (missing) for more than half (58%) of TAY clients.
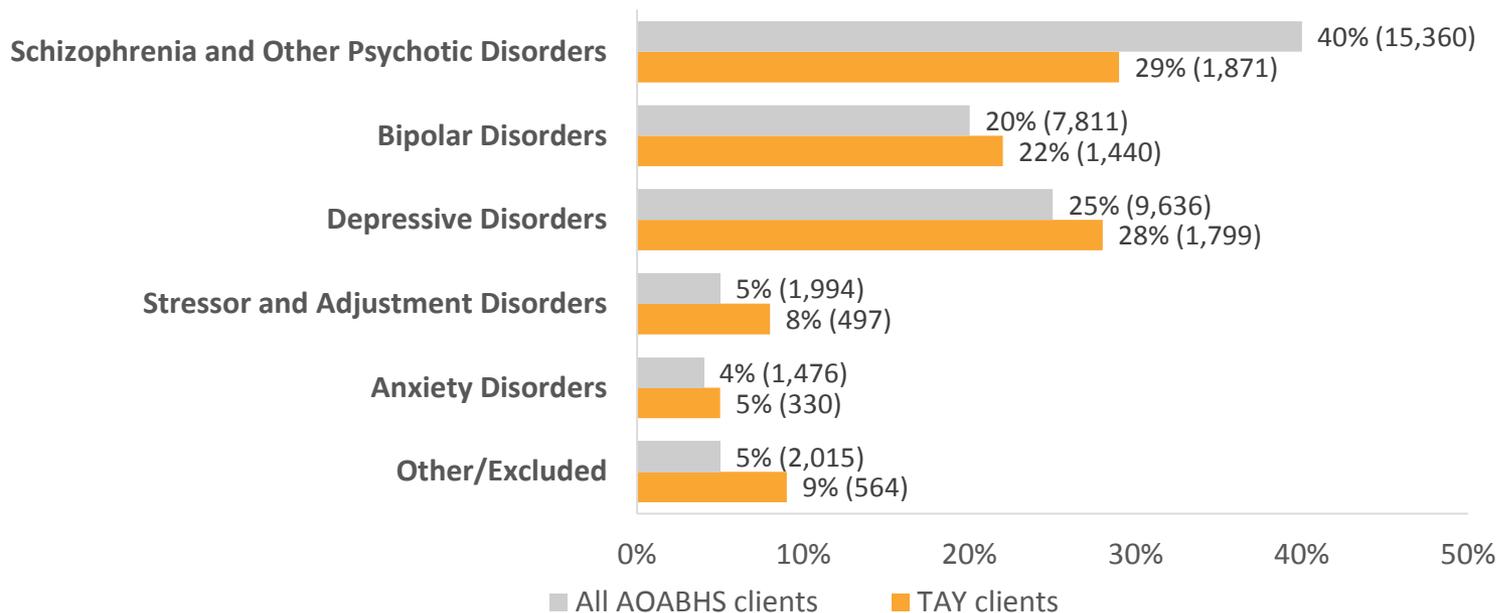
TAY History of Trauma
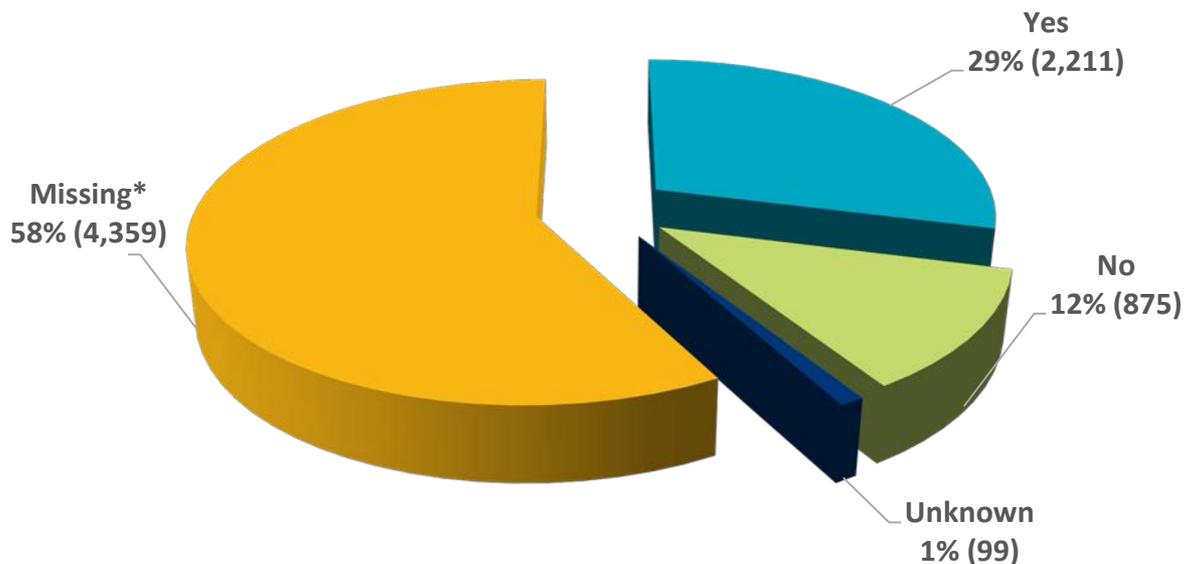
Yes
29% (2,211)

Missing*
58% (4,359)

No
12% (875)

Unknown
1% (99)

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

Who are we serving?

TAY Clients: Primary Diagnosis

- Similar to past fiscal years, the three most common diagnoses among TAY clients served during FY 2016-17 were schizophrenia and other psychotic disorders (29%), depressive disorders (28%), and bipolar disorders (22%), which make up more than three-quarters of TAY clients with a valid diagnosis.
- Compared to AOA clients, a smaller proportion of TAY clients had a diagnosis of schizophrenia and other psychotic disorders (40% vs. 29%), and larger proportions of TAY had diagnoses of all other types of disorders.

TAY Primary Diagnosis*

| Diagnosis	All AOABHS clients	TAY clients
Schizophrenia and Other Psychotic Disorders	40% (15,360)	29% (1,871)
Bipolar Disorders	20% (7,811)	22% (1,440)
Depressive Disorders	25% (9,636)	28% (1,799)
Stressor and Adjustment Disorders	5% (1,994)	8% (497)
Anxiety Disorders	4% (1,476)	5% (330)
Other/Excluded	5% (2,015)	9% (564)

The graph and percentages reported above exclude invalid/missing values (TAY, n = 1,043; AOA, n = 4,475).

Who are we serving?

TAY Clients: Co-occurring

- In addition to a primary diagnosis, 46% of TAY clients also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2016-17.

- The proportion of TAY clients with a dual diagnosis served in FY 2016-17 was slightly less than the proportion of all AOA clients with a dual diagnosis (46% compared to 51%).

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

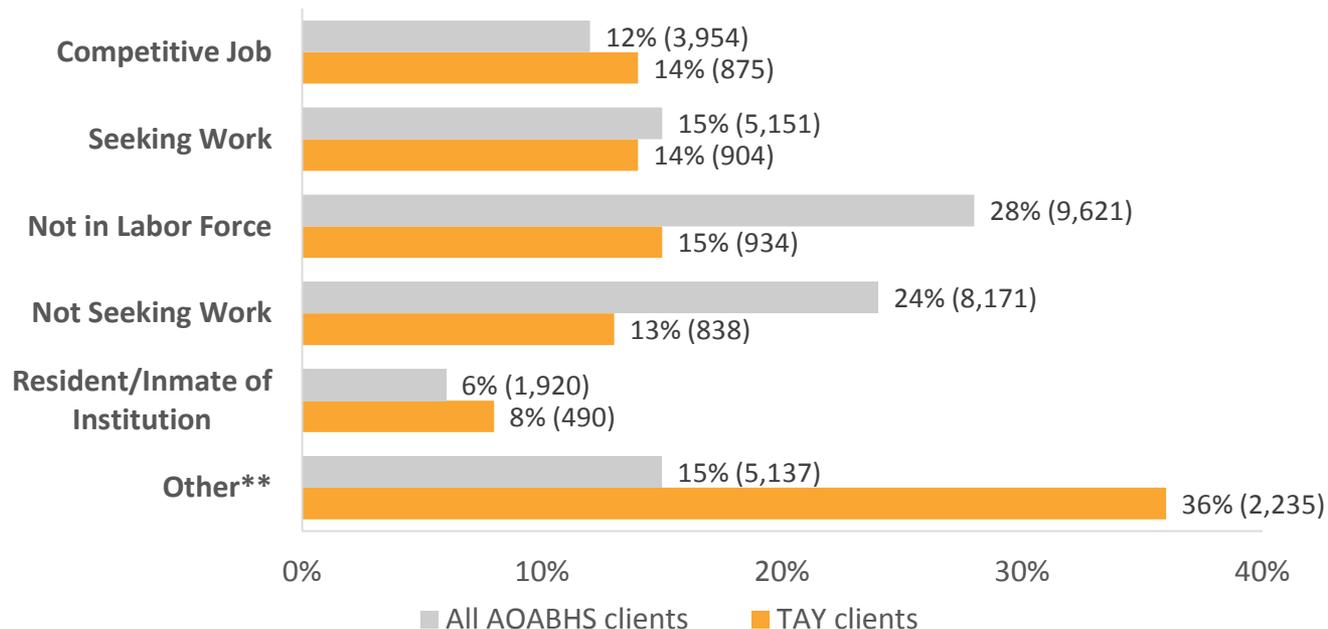|	All AOABHS clients	TAY clients
Dual Diagnosis	51% (18,552)	46% (2,714)
No Dual Diagnosis	49% (17,725)	54% (3,223)
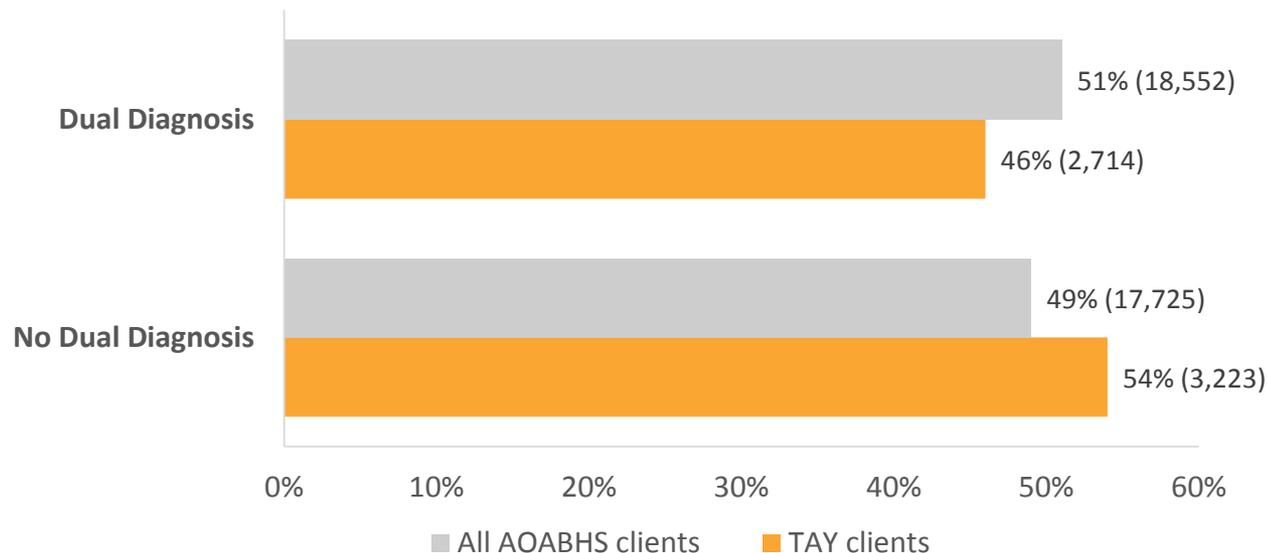
Who are we serving?

TAY Clients: Employment Status

- 875 of the 7,544 TAY clients served during FY 2016-17 were employed in a competitive job, which marks a 12% increase from FY 2015-16 (780 to 875).
- More than one-third of TAY clients (36%) had an other employment status, more than double the proportion of AOA clients (15%), likely reflecting a substantial student population in this age range.

TAY Employment Status*

|	All AOABHS clients	TAY clients
Competitive Job	12% (3,954)	14% (875)
Seeking Work	15% (5,151)	14% (904)
Not in Labor Force	28% (9,621)	15% (934)
Not Seeking Work	24% (8,171)	13% (838)
Resident/Inmate of Institution	6% (1,920)	8% (490)
Other**	15% (5,137)	36% (2,235)

The graph and percentages reported above exclude unknown values (TAY, n = 1,268; AOA, n = 8,813).
**Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.*

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

TAY   57

Who are we serving?

TAY Clients: Military Service

- Information regarding past military service was available for 84% of TAY clients served during FY 2016-17, which is an 11% increase from the previous fiscal year (5,715 to 6,367).

- Among those TAY 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.

TAY Military Service*

Declined to Answer
1% (73)

Unable to Answer
16% (1,021)

Yes
4% (251)

No
79% (5,022)
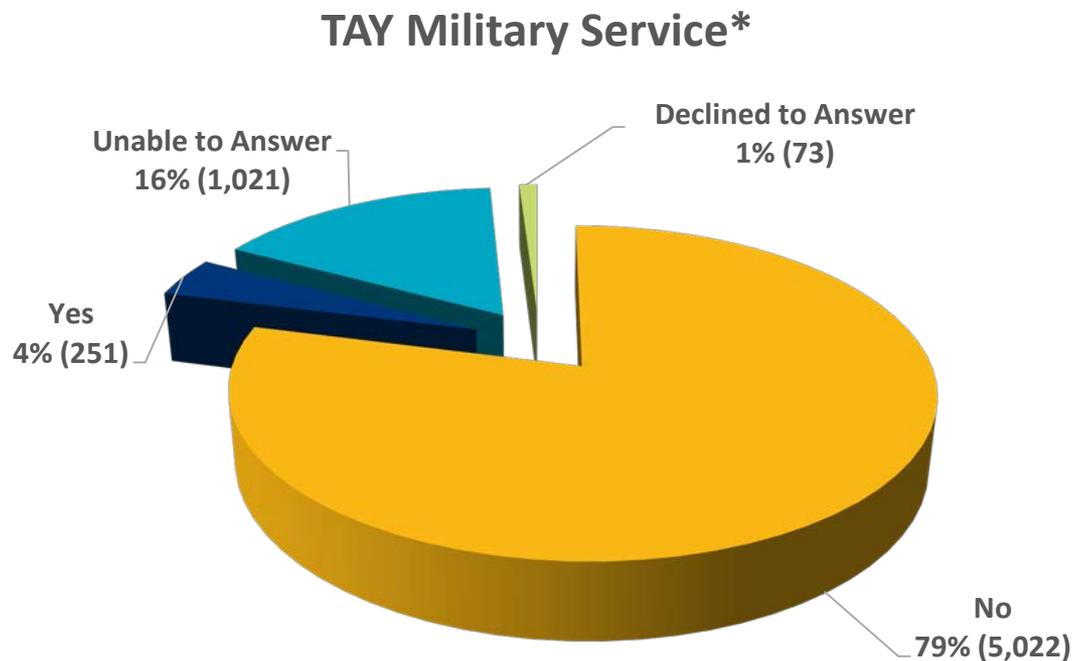
The graph and percentages reported above exclude missing values (n = 1,177).

What types of services are being used?

TAY Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	1,681	30
Case Management	372	17
Case Management – Institutional	1,259	74
Case Management – Strengths	1,429	106
Case Management – Transitional	431	109
Fee for Service (FFS)	13,957	1,797
Outpatient	33,741	2,475
Prevention	6,105	249

Inpatient Services	Admissions	Total Clients
Inpatient – County	292	252
Inpatient – FFS	1,436	995
State Hospital	4	4

Emergency/Crisis Services	Total Visits	Total Clients
Crisis Outpatient	1,114	814
Crisis Stabilization**	1,291	978
PERT	2,070	1,751

	Total Days	Total Clients
Crisis Residential	3,636	309

Forensic Services	Total Visits	Total Clients
Jail	6,877	1,627

24 Hour Services	Total Days	Total Clients
Edgemoor	0	0
Long Term Care (LTC)	3,829	19
LTC – Institutional	6,526	38
LTC – Residential	0	0
Residential	793	6

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

Are clients getting better?

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

- Clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms, progress towards recovery, and overall IMR scores.
- Clinicians reported slight improvements among TAY clients on the SATS-R, and TAY clients self-reported improvements in their overall mental health status via the RMQ from pre to post assessment, but these improvements were not statistically significant.
- Similar to FY 2015-16, mean pre and post scores on the clinician-rated Substance Use IMR subscale indicated a slight, non-significant worsening of symptoms among TAY clients in FY 2016-17.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	163	3.99	3.85	▼
Management Subscale	173	2.60	2.79	▲
Recovery Subscale	176	2.86	3.05	▲
Overall Mean	176	3.10	3.24	▲
Recovery Markers Questionnaire (RMQ)	**N**	**Pre**	**Post**	**Change**
Overall Mean	117	3.66	3.72	▲
Substance Abuse Treatment Scale – Revised (SATS-R)	**N**	**Pre**	**Post**	**Change**
Overall Mean	86	4.02	4.31	▲

Legend

- ▲ Significant positive change ($p < .05$)
- ▲ Non-significant positive change
- ▼ Non-significant negative 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 2016-17 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

TAY   60

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

Older Adult (OA) Clients
SYSTEMWIDE ANNUAL REPORT
Fiscal Year 2016-2017

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

OA · 61

Who are we serving?

Total Number of OA Clients Served

- In FY 2016-17, mental health services were delivered to 5,838 OA clients (age 60 and older) by County of San Diego BHS.
- OA clients represent 14% of the 42,767 AOABHS clients served during FY 2016-17.
- The number of OA clients served by BHS has increased every year from FY 2012-13 to FY 2016-17.
- Compared to FY 2015-16, the number of OA clients served in FY 2016-17 increased by 4% (246 clients).
- OA clients represented 12% of the total number of AOABHS clients served each year from FY 2012-13 through FY 2014-15, and the OA proportion of the AOA population has increased one percentage point each year since.

Number of Clients Served by Fiscal Year

Fiscal Year	Clients Served
FY 2012-13	4,809 (12%)
FY 2013-14	5,193 (12%)
FY 2014-15	5,471 (12%)
FY 2015-16	5,592 (13%)
FY 2016-17	5,838 (14%)

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
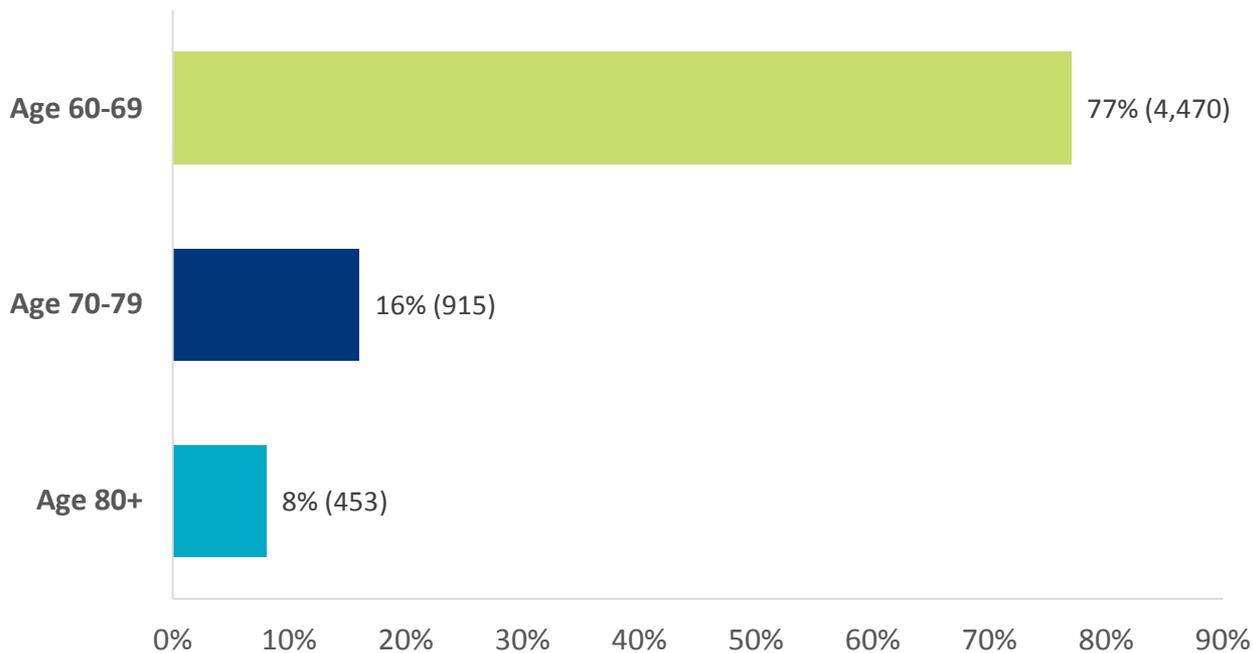*Source: Health Services Research Center (ALP, MCM, ST)*
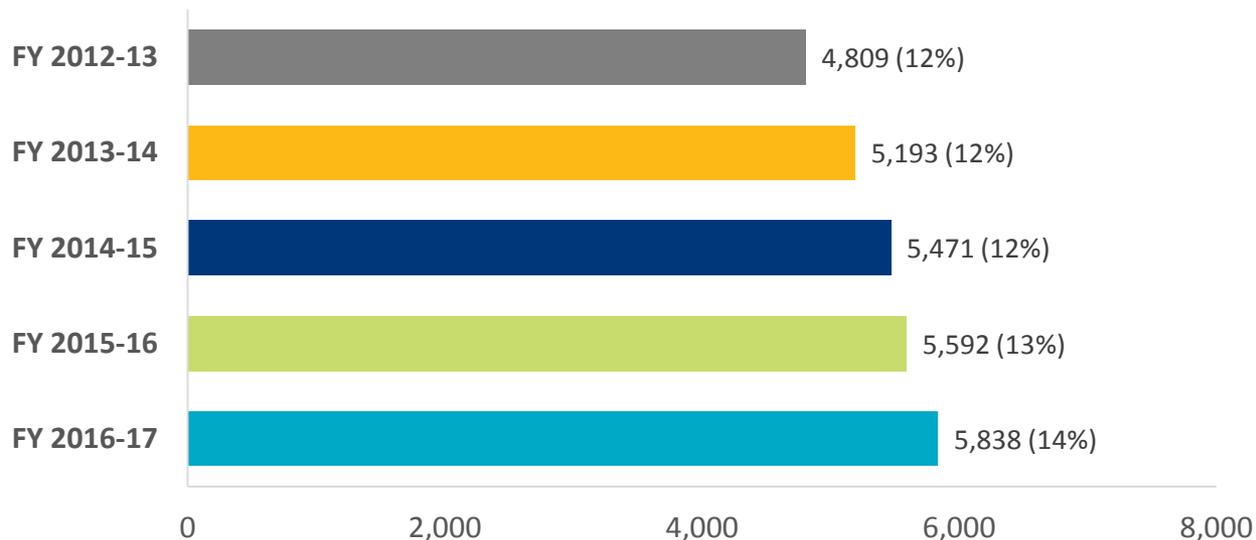
Who are we serving?

OA Clients: Age

- Similar to previous fiscal years, most OA clients served during FY 2016-17 were between the ages of 60 and 69 years (77%).

OA Age Distribution

Age 60-69 — 77% (4,470)
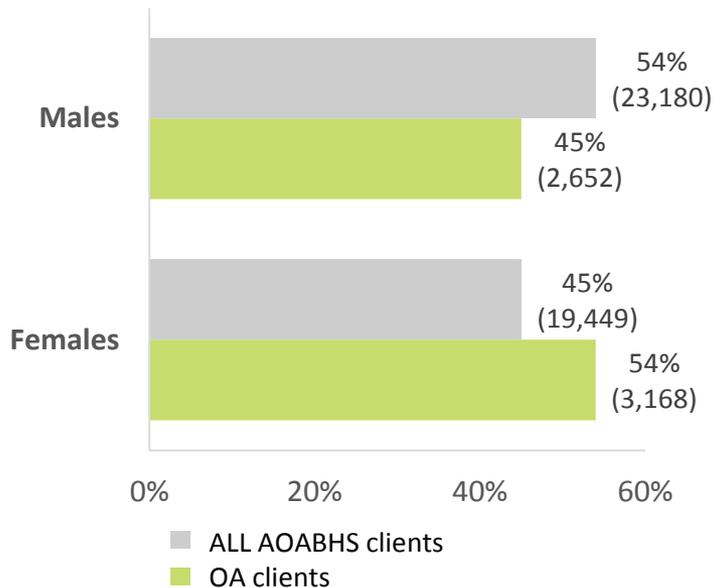Age 70-79 — 16% (915)
Age 80+ — 8% (453)

Who are we serving?

OA Clients: Gender

- A larger proportion of OA clients served during FY 2016-17 were female (54%) compared to the overall AOABHS client population (45%).

- The proportion of female OA clients served by AOABHS has decreased over the past five FYs (57% to 54%).

OA Gender* Distribution

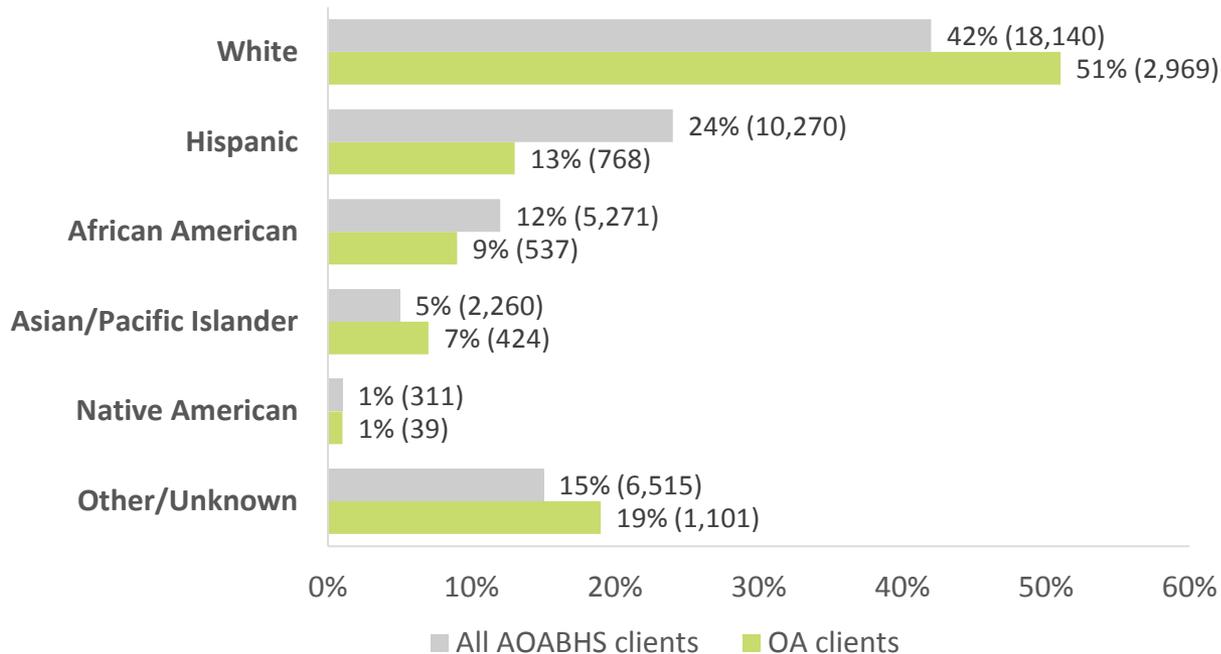| OA Gender	Fiscal Year					AOABHS FY 2016-17 Population
	2012-13	2013-14	2014-15	2015-16	2016-17	
Females	57%	56%	56%	55%	54%	45%
Males	43%	43%	43%	44%	45%	54%
Other/ Unknown	< 1%	< 1%	< 1%	< 1%	< 1%	< 1%

The figure excludes the other/unknown categories, comprising <1% of the OA (18 clients) and overall AOABHS (138 clients) population.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

OA Clients: Race/Ethnicity

- More than half of OA clients (51%) served during FY 2016-17 were White.
- Similar to FY 2015-16, compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (13% vs. 24%), and a larger proportion were White (51% vs. 42%) in FY 2016-17.
- 19% of OA clients served during FY 2016-17 had an Other or Unknown race/ethnicity.

OA Race/Ethnicity Distribution

White: 42% (18,140) All AOABHS clients; 51% (2,969) OA clients
Hispanic: 24% (10,270) All AOABHS clients; 13% (768) OA clients
African American: 12% (5,271) All AOABHS clients; 9% (537) OA clients
Asian/Pacific Islander: 5% (2,260) All AOABHS clients; 7% (424) OA clients
Native American: 1% (311) All AOABHS clients; 1% (39) OA clients
Other/Unknown: 15% (6,515) All AOABHS clients; 19% (1,101) OA clients

■ All AOABHS clients   ■ OA clients
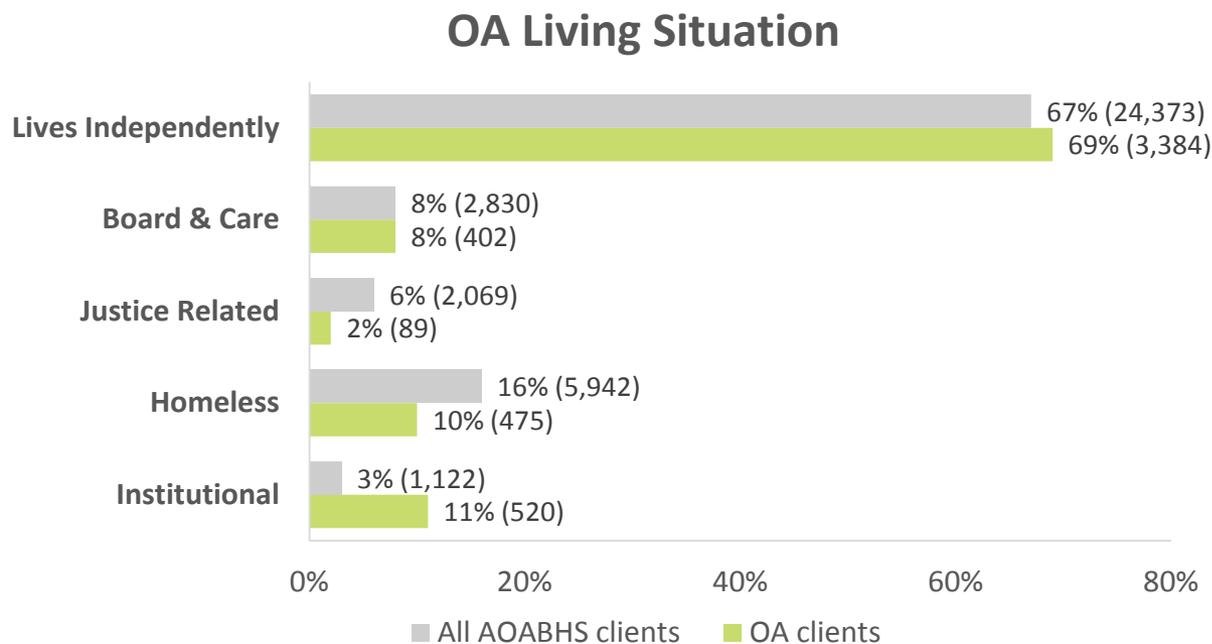
Who are we serving?

OA Clients: Living Situation*

- 69% of OA clients served during FY 2016-17 were living independently,** which is a slight decrease from the proportion of OA clients who lived independently in FY 2015-16 (71%).
- 10% of OA clients served during FY 2016-17 were homeless.
- A greater proportion of OA clients served during FY 2016-17 were living in an institutional setting compared to the overall AOABHS client population (11% vs. 3%).

OA Living Situation

Living Situation	All AOABHS clients	OA clients
Lives Independently	67% (24,373)	69% (3,384)
Board & Care	8% (2,830)	8% (402)
Justice Related	6% (2,069)	2% (89)
Homeless	16% (5,942)	10% (475)
Institutional	3% (1,122)	11% (520)

■ All AOABHS clients   ■ OA clients

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

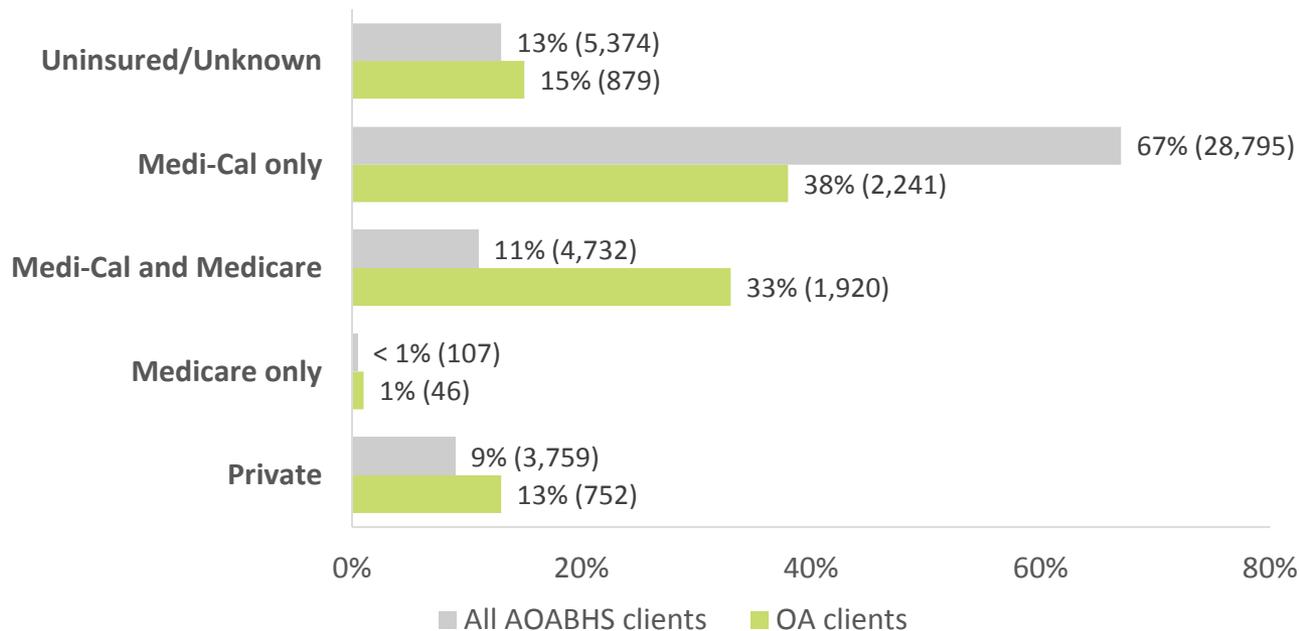**Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (OA, n = 968; AOA, n = 6,431) are excluded from the figure and percentages reported above.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

OA Clients: Health Care Coverage

- Most OA clients served during FY 2016-17 were at least partially covered by Medi-Cal (71%).

- Similar to previous fiscal years, 15% of OA clients served in FY 2016-17 had an uninsured/unknown insurance status.

OA Insurance Status

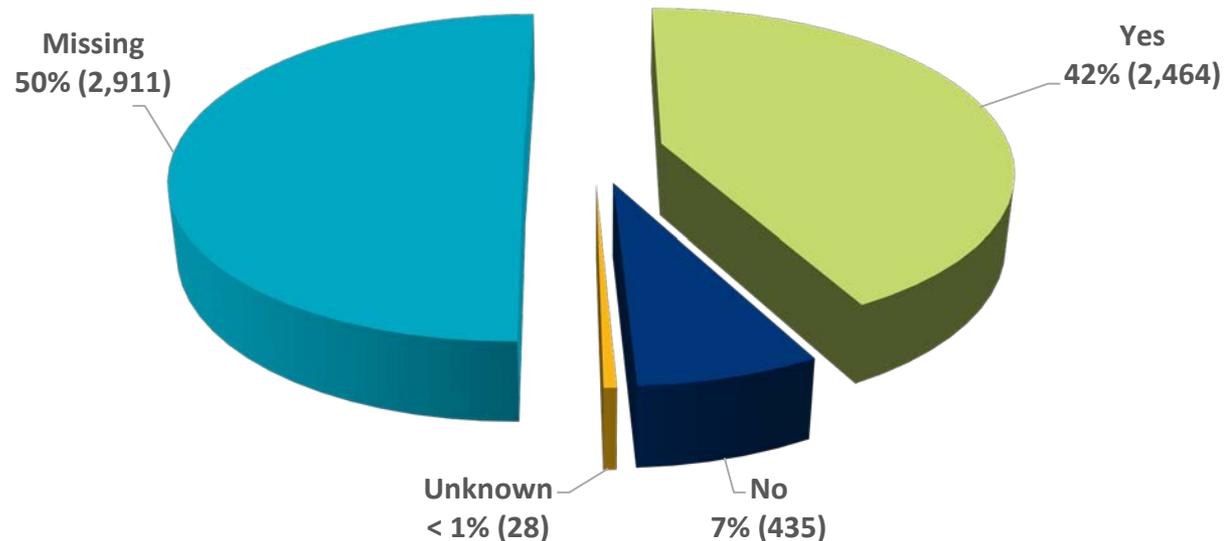| Category	All AOABHS clients	OA clients
Uninsured/Unknown	13% (5,374)	15% (879)
Medi-Cal only	67% (28,795)	38% (2,241)
Medi-Cal and Medicare	11% (4,732)	33% (1,920)
Medicare only	< 1% (107)	1% (46)
Private	9% (3,759)	13% (752)

Legend: ■ All AOABHS clients ■ OA clients

Who are we serving?

OA Clients: Primary Care Physician

- 42% of OA clients served during FY 2016-17 had a primary care physician.

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

OA Primary Care Physician

Missing
50% (2,911)

Yes
42% (2,464)

Unknown
< 1% (28)

No
7% (435)

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

OA Clients: Sexual Orientation

- Similar to FY 2015-16, the majority of OA clients served during FY 2016-17 with sexual orientation information available identified as heterosexual (93%).

- Sexual orientation data were missing for 3,355 OA clients (57%), down from 64% in FY 2015-16.

Sexual Orientation	OA FY 2016-17		AOABHS FY 2016-17	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,311	93%	16,204	87%
Bisexual	30	1%	779	4%
Gay male	37	1%	452	2%
Lesbian	16	1%	270	1%
Other	13	1%	186	1%
Questioning	18	1%	201	1%
Transgender	0	0%	8	< 1%
Deferred	9	< 1%	43	< 1%
Declined to state	49	2%	393	2%
Total (excluding missing)	**2,483**	**100%**	**18,536**	**100%**
Missing	3,355	57%	24,231	57%

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

OA Clients: History of Trauma

- More than one-quarter of OA clients served in FY 2016-17 had a history of trauma (26%).

- A greater proportion of OA clients served in FY 2016-17 reported a history of trauma compared to FY 2015-16 (26% compared to 22%).

- Data were not available (missing) for more than half (56%) of OA clients.
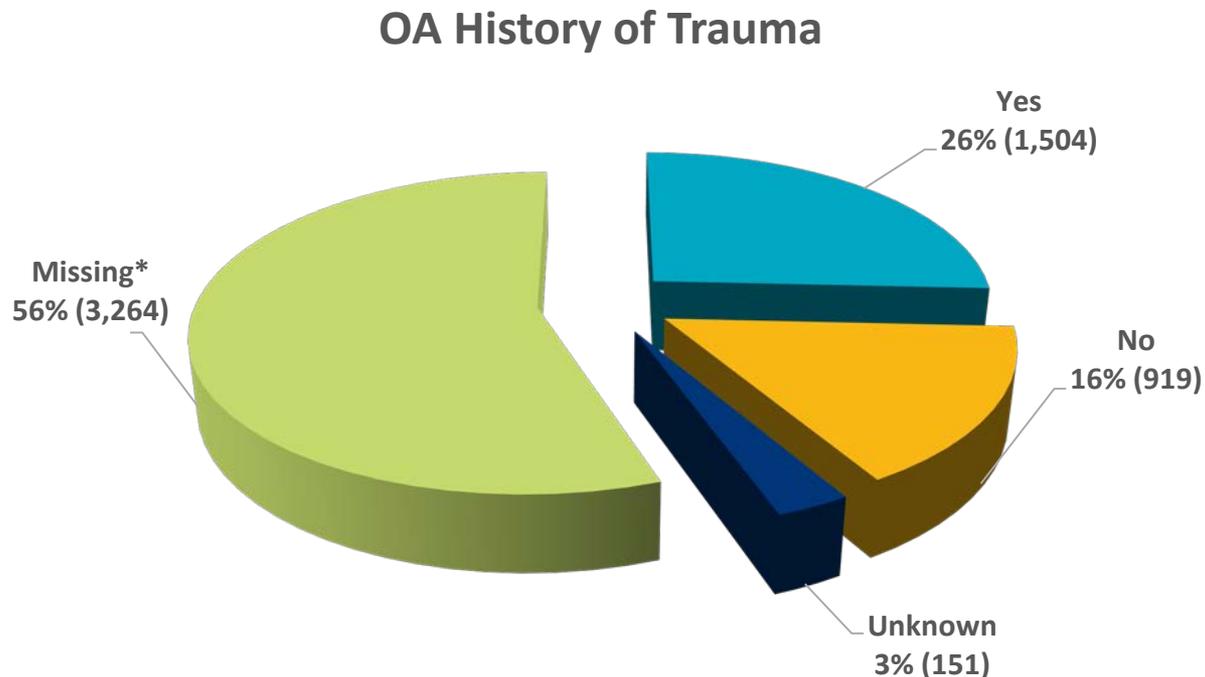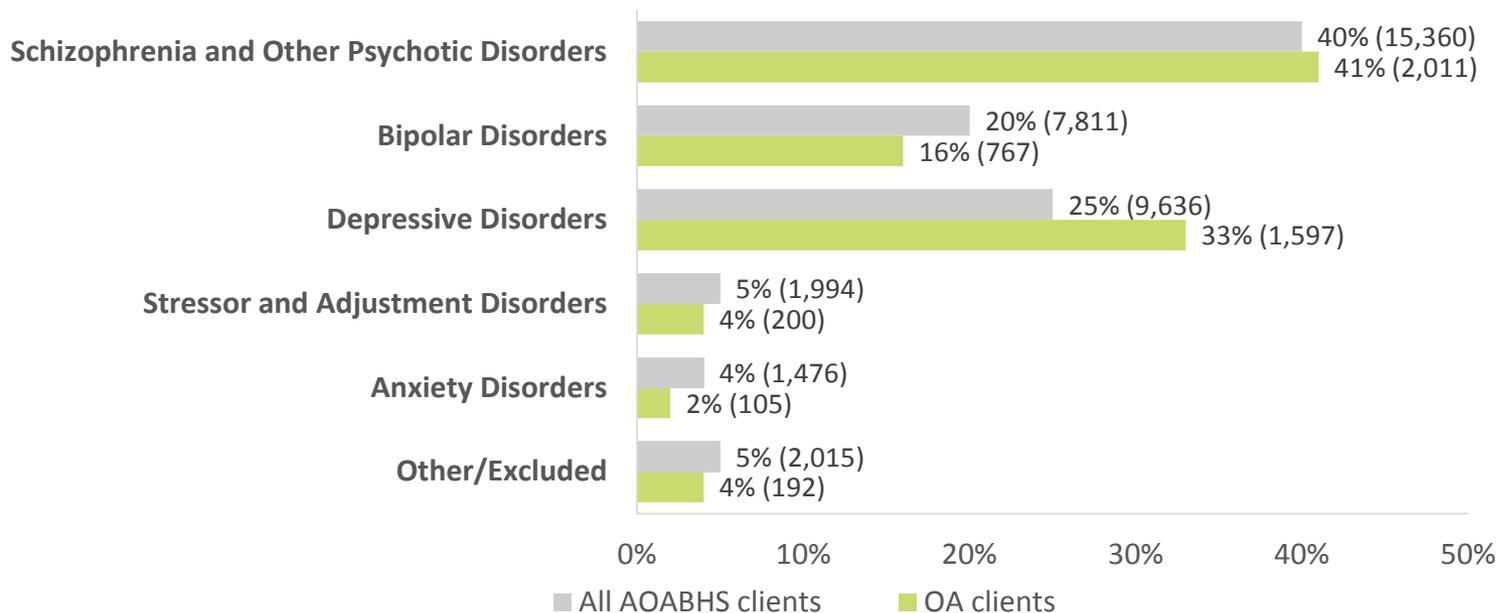
OA History of Trauma

Yes
26% (1,504)

No
16% (919)

Missing*
56% (3,264)

Unknown
3% (151)

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Who are we serving?

OA Clients: Primary Diagnosis

- The most common diagnosis among OA clients served during FY 2016-17 was schizophrenia and other psychotic disorders (41%), followed by depressive disorders (33%), comprising almost three-quarters of OA clients with a valid diagnosis.
- Similar to FY 2015-16, a larger proportion of OA clients had a depressive disorder diagnosis than the overall AOA population (33% compared to 25%).
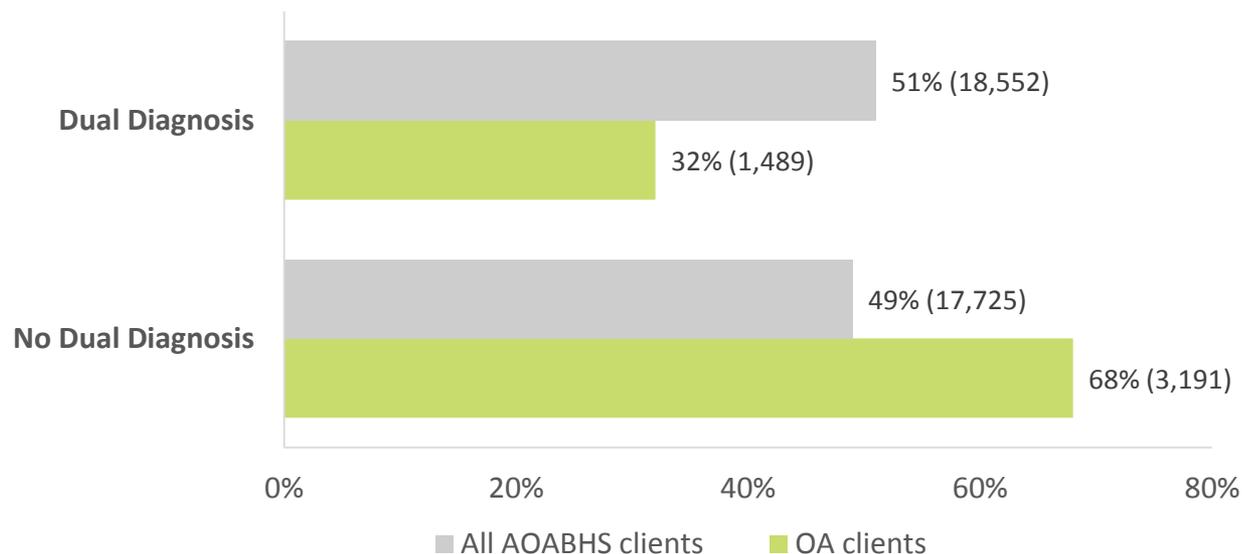
OA Primary Diagnosis*

Diagnosis	All AOABHS clients	OA clients
Schizophrenia and Other Psychotic Disorders	40% (15,360)	41% (2,011)
Bipolar Disorders	20% (7,811)	16% (767)
Depressive Disorders	25% (9,636)	33% (1,597)
Stressor and Adjustment Disorders	5% (1,994)	4% (200)
Anxiety Disorders	4% (1,476)	2% (105)
Other/Excluded	5% (2,015)	4% (192)

The graph and percentages reported above exclude invalid/missing values (OA, n = 966; AOA, n = 4,475).

Who are we serving?

OA Clients: Co-occurring

- In addition to a primary diagnosis, approximately one-third of OA clients (32%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2016-17.

- The proportion of OA clients with a dual diagnosis has increased by two percentage points each fiscal year from FY 2014-15 to FY 2016-17 (28% to 32%).

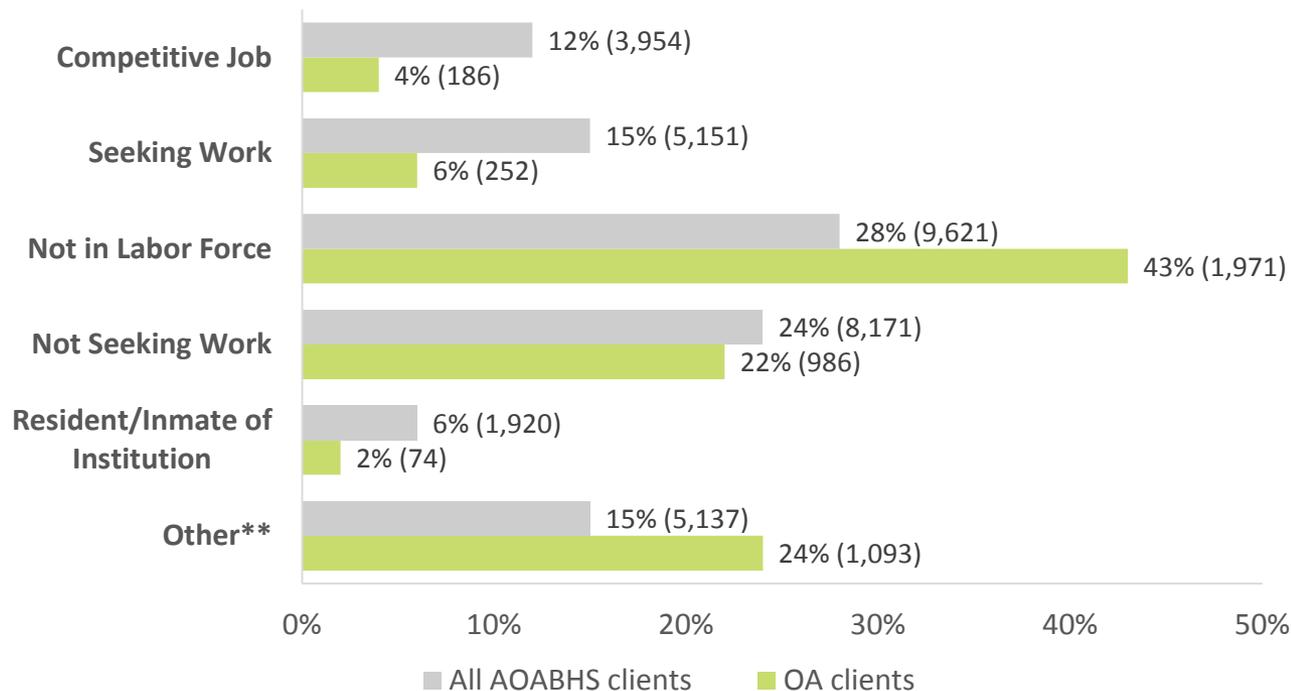### OA Clients with Co-occurring Mental Illness and Substance Use Disorder

Dual Diagnosis	51% (18,552) *(All AOABHS clients)*
	32% (1,489) *(OA clients)*
No Dual Diagnosis	49% (17,725) *(All AOABHS clients)*
	68% (3,191) *(OA clients)*

Legend: All AOABHS clients | OA clients

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

OA Clients: Employment Status

- 43% of OA clients served during FY 2016-17 were not in the labor force; a decrease from 46% in FY 2015-16.
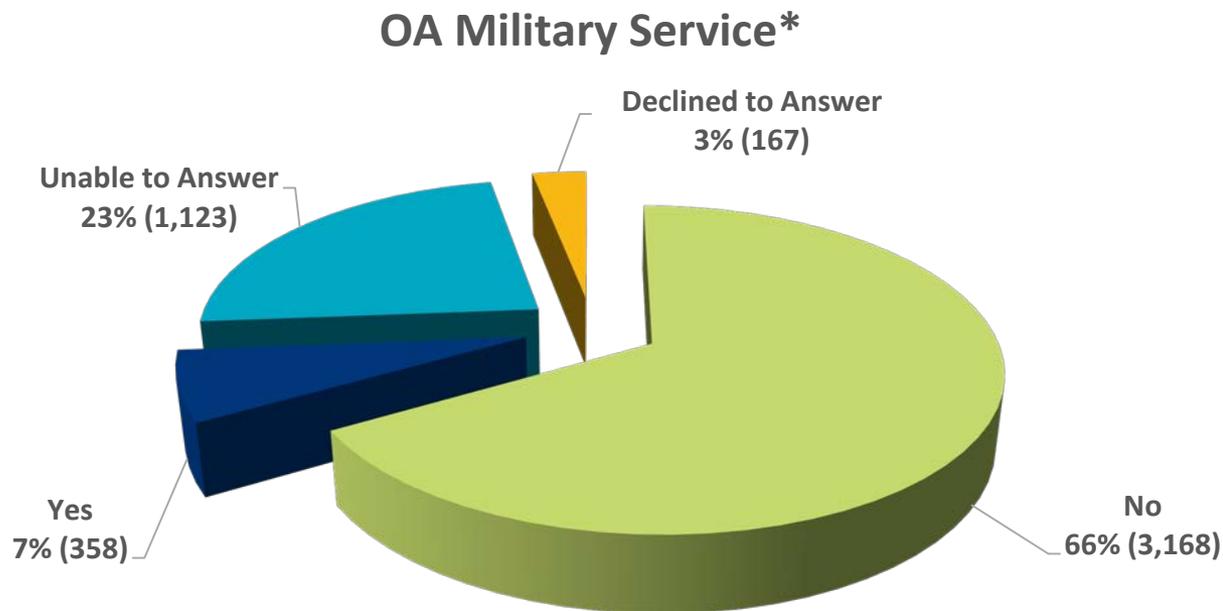
OA Employment Status*

Competitive Job
- 12% (3,954) — All AOABHS clients
- 4% (186) — OA clients

Seeking Work
- 15% (5,151) — All AOABHS clients
- 6% (252) — OA clients

Not in Labor Force
- 28% (9,621) — All AOABHS clients
- 43% (1,971) — OA clients

Not Seeking Work
- 24% (8,171) — All AOABHS clients
- 22% (986) — OA clients

Resident/Inmate of Institution
- 6% (1,920) — All AOABHS clients
- 2% (74) — OA clients

Other**
- 15% (5,137) — All AOABHS clients
- 24% (1,093) — OA clients

Legend: All AOABHS clients | OA clients

The graph and percentages reported above exclude unknown values (OA, n = 1,276; AOA, n = 8,813).
**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 82% of OA clients served during FY 2016-17, representing a 22% increase from FY 2015-16 (3,951 to 4,816).

- Among those clients served for whom military service data were available, two-thirds (66%) reported that they had no military service, and 7% indicated that they had served in the military.

OA Military Service*

Declined to Answer
3% (167)

Unable to Answer
23% (1,123)

Yes
7% (358)

No
66% (3,168)

The graph and percentages reported above exclude missing values (n = 1,022).

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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What types of services are being used?

OA Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	17,850	338
Case Management	1,412	53
Case Management – Institutional	1,899	393
Case Management – Strengths	9,393	429
Case Management – Transitional	88	18
Fee for Service (FFS)	8,621	1,464
Outpatient	20,797	1,972
Prevention	6	3

Inpatient Services	Admissions	Total Clients
Inpatient – County	131	113
Inpatient – FFS	486	297
State Hospital	0	0

Emergency/Crisis Services	Total Visits	Total Clients
Crisis Outpatient	472	303
Crisis Stabilization**	434	323
PERT	1,487	1,181

	Total Days	Total Clients
Crisis Residential	1,977	152

Forensic Services	Total Visits	Total Clients
Jail	1,586	415

24 Hour Services	Total Days	Total Clients
Edgemoor	21,971	74
Long Term Care (LTC)	576	3
LTC – Institutional	8,931	41
LTC – Residential	0	0
Residential	1,738	7

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

Are clients getting better?

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

- Clinicians reported that OA clients are getting slightly better in their progress towards recovery and managing their symptoms, but these improvements were not statistically significant.
- Ratings from clinicians on the SATS-R and the Substance Use scale of the IMR suggest a lack of engagement with substance use disorder treatment and a worsening of symptoms related to substance use from pre to post assessment, but these trends were also not statistically significant.
- OA clients self-reported a slight worsening of their recovery between pre and post RMQ assessments, but this decline was not statistically significant.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	590	4.63	4.58	▼
Management Subscale	604	2.96	2.98	▲
Recovery Subscale	604	2.89	2.92	▲
Overall Mean	605	3.28	3.28	▶

Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change
Overall Mean	329	3.62	3.61	▼

Substance Abuse Treatment Scale – Revised (SATS-R)	N	Pre	Post	Change
Overall Mean	214	6.35	6.10	▼

Legend

▲ Non-significant positive change

▶ 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 2016-17 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Glossary

- **Assertive Community Treatment (ACT)** is a team-based approach to delivering comprehensive and flexible treatment, support and services. ACT programs provide extensive service for individuals who experience serious mental illness. People who receive ACT services typically have needs that have not been effectively addressed by traditional, less intensive mental health services.

- **Case Management (CM)** services help and support people with long-term mental health problems to maintain housing, and obtain financial assistance, medical and psychiatric treatment, and assists clients to link with other community services such as education, work, and social programs. The service activities may include, but are not limited to: supportive counseling, coordination, and referral; ensuring access to service delivery system; and assessment, service plan development and monitoring client progress.

- **Case Management Program – Institutional** are services received by persons with serious mental illness residing in an institutional setting (e.g., locked long-term care, Skilled Nursing Facility).

- **Case Management Program – Strengths-Based Case Management** are services provided through Clinical Case Management services with a major rehabilitation component designed to help people with serious mental illness identify and achieve meaningful life goals. Strengths-Based Case Management programs are expected to maintain good fidelity to the model developed by Charles Rapp (see "The Strengths Model," by Charles Rapp and Richard Goscha, 2012).

- **Case Management Program – Transitional** are short-term Case Management services provided on a transitional basis to link persons with serious mental illness with needed services and resources in the community, which may include longer-term Case Management services, and/or a variety of resources including but not limited to psychiatric, medical, social, housing, employment, education, spiritual, and transportation services.

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Glossary

- **Crisis Outpatient (CO)** services are provided in an outpatient setting to adults and older adults who are experiencing a crisis and who may require medication support and stabilization.

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

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

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

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

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

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Glossary

- **Illness Management and Recovery (IMR) Scale** includes 15 clinician-rated items and addresses a different aspect of illness management and recovery. Scores can also be reported as three subscales, which combine individual items to represent illness recovery, management, and substance abuse dimensions of treatment outcomes.

- **Innovation Programs** are novel mental health practices that contribute to learning, and that are developed within communities through a process that is inclusive and representative. Additionally, Innovations Programs are designed to increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services for the mental health community at-large.

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

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

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Glossary

- **Prevention and Early Intervention (Prevention or PEI)** programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

- **Primary Diagnosis** was determined by identifying the primary DSM/ICD diagnosis at intake from the last episode of service prior to June 30, 2017.

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

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

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

Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2016-17
Source: Health Services Research Center (ALP, MCM, ST)

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Glossary

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

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

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

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

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Contact Us

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

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