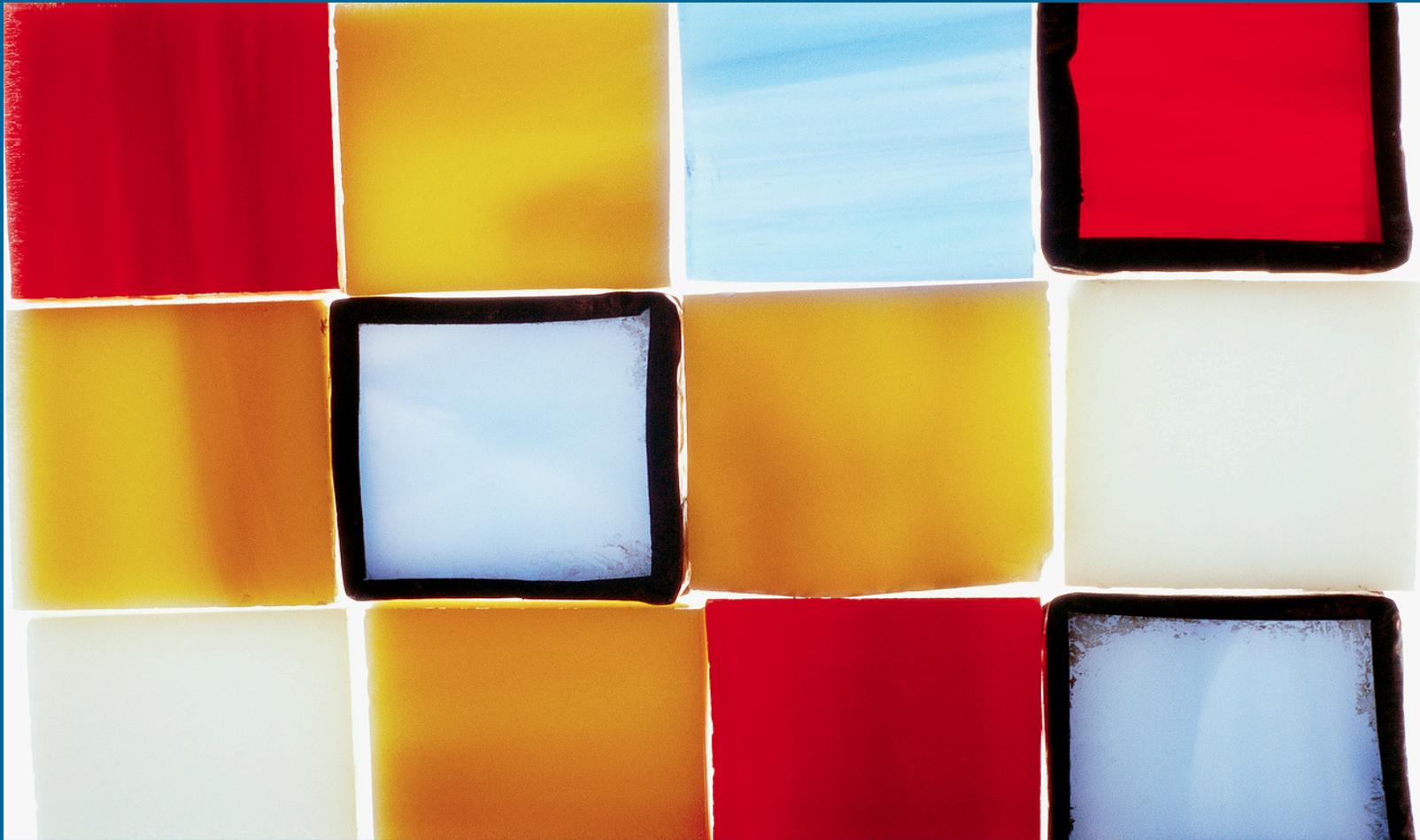


Behavioral Health Outcomes

*Working Toward the Integration of
Mental Health and Alcohol & Drug Services*



**County of San Diego Behavioral Health Services
Triennial Report
Fiscal Year 2013-2014**



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INTRODUCTION

The Health and Human Services Agency Behavioral Health Services Division (BHS) previously consisted of three separate systems of care including Alcohol and Drug Services, Adult/Older Adult (AOA) Mental Health Services and Children, Youth and Families (CYF) Mental Health Services. While services are provided in each of these areas, they are now integrated and work collaboratively to provide services that focus on the wellness and recovery of the individuals BHS serves. This integration is necessary to treat the whole individual, since the co-occurrence of mental illness and addiction impacts a large number of the individuals served. The combination of mental health and addiction in an individual increases risk for frequent psychiatric relapses, poor medication compliance, violence, suicide, legal problems, and high utilization of emergency room or inpatient services. Integrated treatment requires both an understanding of mental illness and addiction and the means to integrate and modify the traditional treatment approaches in both the mental health and addiction treatment fields. There is strong evidence to support the efficacy of integrated treatment in this population.

The first step toward integration occurred in December 2002, when HHSA implemented the Comprehensive, Continuous, Integrated System of Care (CCISC) model to advance program capability throughout the service delivery system to serve clients who were experiencing alcohol and drug addiction and serious mental illness simultaneously. This initiative was implemented through the development of the San Diego Change Agents Developing Recovery Excellence (CADRE) in 2003, with the mission to support clients and their families who utilize both the mental health and alcohol and drug systems. Shortly thereafter, the County's Alcohol and Drug Services Administration and Mental Health Administration co-located and began the long planning process to fully integrate services.

In March 2005, HHSA launched its Behavioral Health Services Initiative with strong community input and support to improve service coordination and integration among alcohol, drug, and mental health service providers. The County enhanced training for existing ADS and MHS providers on screening tools and referral processes to ensure clients and families receive coordinated, appropriate, and needed services. The integrated services model focuses on the provision of integrated screening, assessment, and treatment services to clients and their families. Through the CCISC Initiative and the BHS Initiative, paraprofessional and professional staff have been trained on services that are dually welcoming, dually capable, and dually enhanced for clients who are experiencing co-occurring issues.

In 2012, efforts were made to further refine the HHSA BHS administrative structure. Key leadership positions were streamlined and a training plan was implemented to ensure all BHS staff were well acquainted with the work of all units. In 2015, the Alcohol and Drug Advisory Board and the Mental Health Board merged into a combined Behavioral Health Advisory Board. In an effort to achieve full integration BHS continues to review data surrounding the co-occurrence of mental health disorders and addiction.

The data reported in the following pages was compiled from the Mental Health Services (MHS) and Alcohol and Drug Services (ADS) systems that comprise the overall County of San Diego Behavioral Health Services system. Please note that MHS and ADS system-specific terminology was retained and utilized in their respective sections. Specifically, clients served in the mental health system are referred to as dually diagnosed if they have both a substance abuse and mental health diagnosis in their medical records. Mental health diagnosis information is not gathered in the alcohol and drug system, so clients served are referred to as co-occurring if they enter treatment in an ADS program and are open to County health services, self-reported psychiatric problems during ADS assessment, or reported the use of psychiatric medication during ADS assessment.

KEY FINDINGS

Youth

- Youth in the mental health system with a dual diagnosis were more likely to be male, between the ages of 12-17, and more likely to be Hispanic, when compared with youth without a dual diagnosis.
- Youth in the Mental Health System with a dual diagnosis showed a reduction of mental health symptoms on the Child Adolescent Measurement Scale (CAMS), reduction in severity of substance abuse problems on the Personal Experiences Questionnaire (PESQ), and improvement in functioning on the Children's Functional Assessment Rating Scale (CFARS) from intake to discharge.
- Youth clients served in the Alcohol and Drug System (ADS) with a co-occurring disorder were slightly less likely to be Hispanic and Asian than clients without a co-occurring disorder. There were no other substantial differences in terms of demographics or primary drug of choice between these two groups.
- Criminal justice involvement, substance use, and use of emergency services all decreased from intake to discharge for youth in ADS with a co-occurring disorder.
- Compared to clients in ADS without a co-occurring disorder, clients with a co-occurring disorder were more likely to be referred for additional services upon treatment completion.

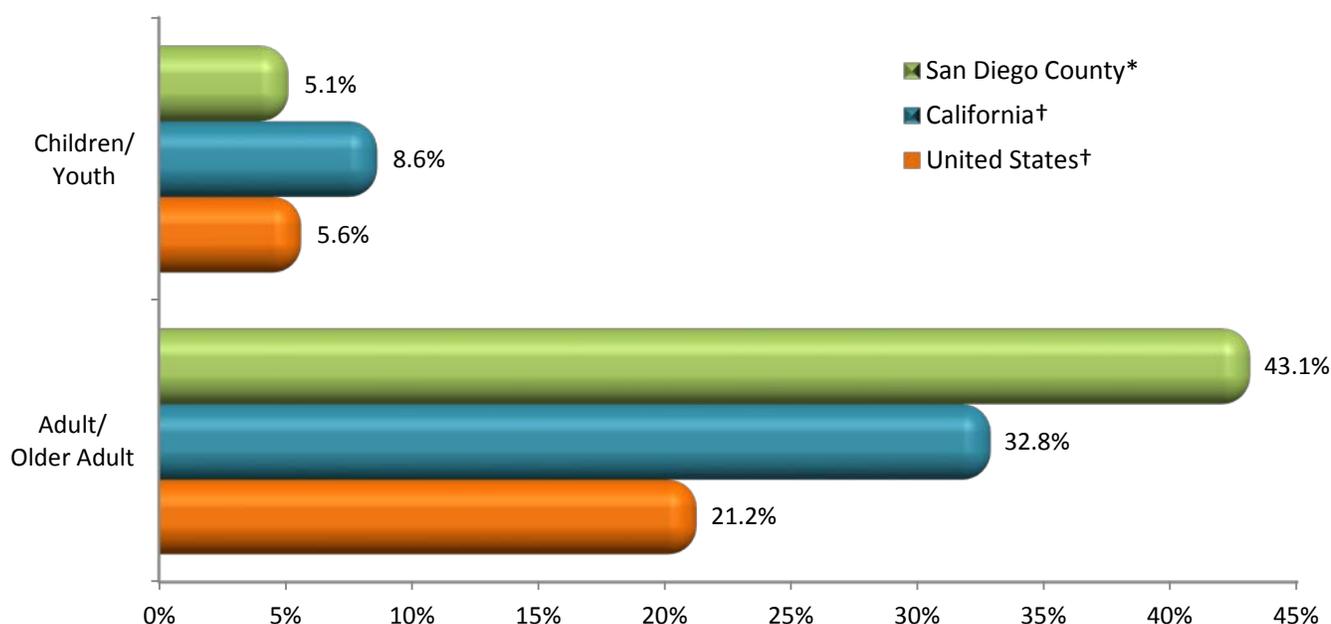
Adults

- Adults in the mental health system with a dual diagnosis were more likely to be male, between the ages of 25-59 and more likely to be White, when compared with those without a dual diagnosis.
- Adult clients with a dual diagnosis in mental health programs were more likely to have a primary diagnosis of Schizophrenia/Schizoaffective or Bipolar Disorders, and slightly less likely to have Major Depression Disorders or Anxiety Disorders.
- On the Illness Management and Recovery (IMR) scale, adults with a dual diagnosis had significant improvement in recovery as indicated by a significant increase in mean scores on three subscales (Recovery, Management, and Substance), and on the Overall Score from baseline to follow-up assessment.
- On the Substance Abuse Treatment Scale-Revised (SATS-R) scale, adults with a dual diagnosis showed a significant increase in the overall mean score from baseline to follow-up assessment.
- Similar to the Mental Health Services group, Adult ADS clients with a co-occurring mental health disorder were largely between the ages 25-59.
- Adult ADS clients with a co-occurring disorder were more likely to be White and to a lesser degree, African American compared to those without a co-occurring disorder. Hispanics and Asian/Pacific Islanders were less likely to have a co-occurring disorder.
- Average scores for any arrest within the previous 30 days decreased from intake to an ADS program to discharge (28.3% and 11.8%, respectively).
- Criminal justice involvement, substance use, unemployment, and use of emergency services all decreased from intake to discharge for Adults in ADS with a co-occurring disorder.

SECTION I: Clients with Dual Diagnosis in the Mental Health System (MHS) of County of San Diego Behavioral Health Services

Clients served in the mental health system were considered to have a dual diagnosis if they received mental health services in Fiscal Year 2013-14 and had a substance abuse as well as a mental health diagnosis entered in the San Diego County electronic health record, Cerner Community Behavioral Health (CCBH, formerly Anasazi). Outcomes in the County MHS came from three different sources: CCBH, the Data Entry System (DES) for youth outcomes, and the Health Outcomes Management System (HOMS) for adult outcomes. While the Alcohol and Drug and Mental Health systems are all part of County Behavioral Health Services, the outcomes that are collected differ by necessity. Outcomes of interest in the Alcohol and Drug Services System are focused on specific improvements that would be expected to take place after completing an alcohol and substance abuse program. These include areas related to substance use, such as frequency/severity of substance abuse, involvement with the justice system, employment, and use of emergency services. While there is some commonality, for the County MHS system the outcomes are focused on specific areas that might be expected to change after receiving services in the County MHS. These include assessments of socio-emotional state, functioning, progress towards recovery, and substance abuse.

Rates of Dual Diagnosis



*Data from CCBH FY 2013-14 extract, October 2015 download

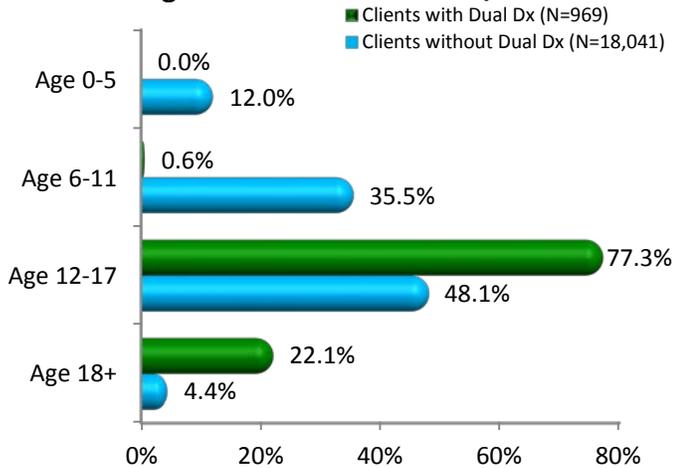
†Data from the California 2013 Mental Health National Outcome Measures Report (SAMHSA)

Youth: The rate of dual diagnosis in youth clients in San Diego County was smaller than the rest of California; however San Diego County dual diagnosis rates were approximately equivalent with SAMSHA nationwide rates.

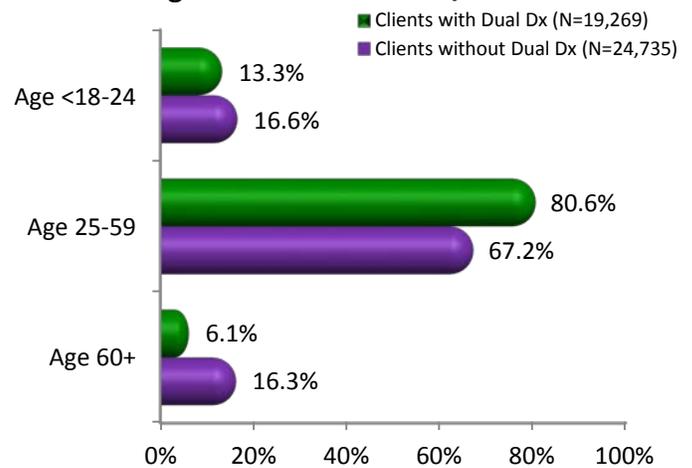
Adults: The rate of dual diagnosis in adult clients in San Diego County exceeded the rate of dual diagnosis in the rest of California, and both San Diego County and California rates were higher than the nationwide SAMHSA rates.

Age and Gender of County MHS Clients

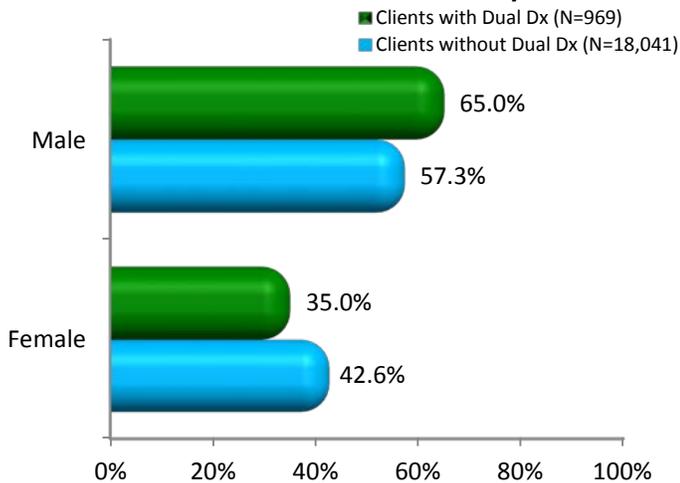
Age Distribution—Children/Youth



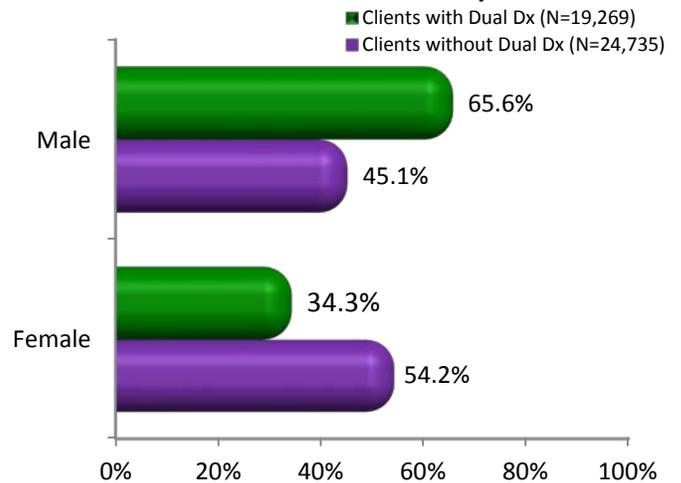
Age Distribution—Adult/Older Adult



Gender Distribution—Children/Youth



Gender Distribution—Adult/Older Adult



AGE

Youth: Over 99% of youth with a dual diagnosis were ages 12 or older, compared to 53% of youth clients without a dual diagnosis. Approximately 77% of youth with a dual diagnosis were in the 12-17 age range, representing an 8 percent decrease from the FY 2010-11 report, while 22% of clients were over age 18, which is a 7% increase from the last report.

Adults: The majority of adult clients with a dual diagnosis were between the ages of 25 and 59 years of age (81%). While adults without a dual diagnosis were also more likely to be in this age group, the proportion is lower (67%). Clients with a dual diagnosis become less prevalent in the 60+ age group (6%).

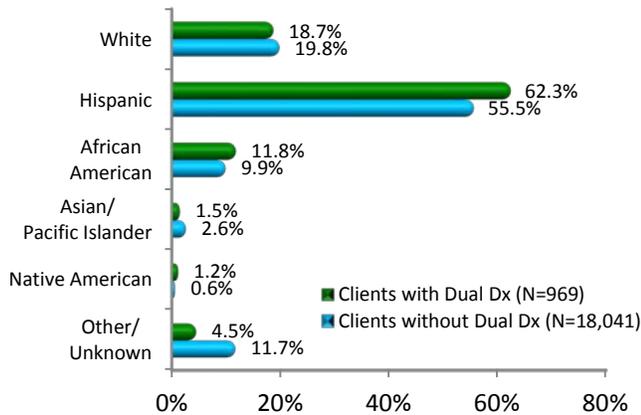
GENDER

Youth: Youth clients with a dual diagnosis were more likely to be male than clients without a dual diagnosis (65% versus 57%). However, more female clients (3%) were served systemwide across this reporting period compared to FY 2010-11.

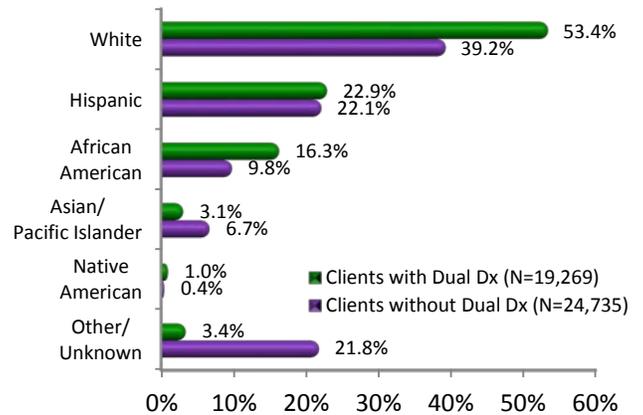
Adults: Clients with a dual diagnosis were more likely to be male while clients without dual diagnosis were more likely to be female.

Race/Ethnicity and Primary Diagnosis of County MHS Clients

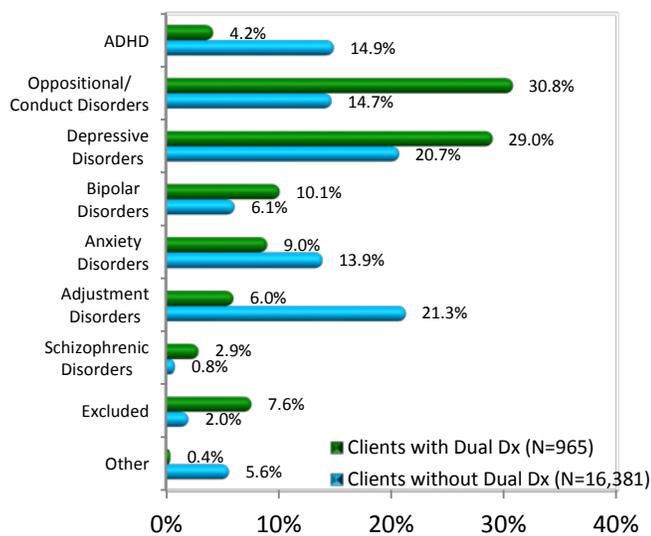
Race/Ethnicity—Children/Youth



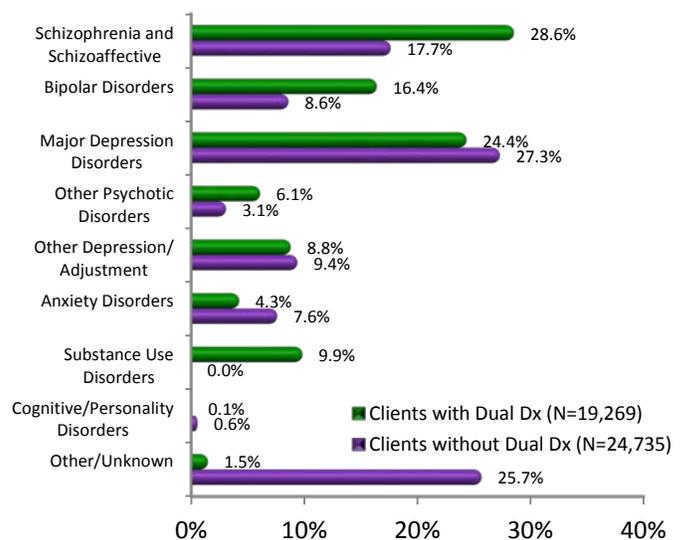
Race/Ethnicity—Adult/Older Adult



Primary Diagnosis—Children/Youth*



Primary Diagnosis—Adult/Older Adult*



*Missing or Invalid diagnoses were excluded from analysis

RACE/ETHNICITY

Youth: Youth clients with a dual diagnosis in mental health programs were more likely to be Hispanic when compared with clients without a dual diagnosis, but overall their race/ethnic backgrounds were similar.

Adults: Adult clients with a dual diagnosis in mental health programs were more likely to be White or African American than those without a dual diagnosis. Clients without a dual diagnosis were more likely to be Hispanic or Asian/Pacific Islander.

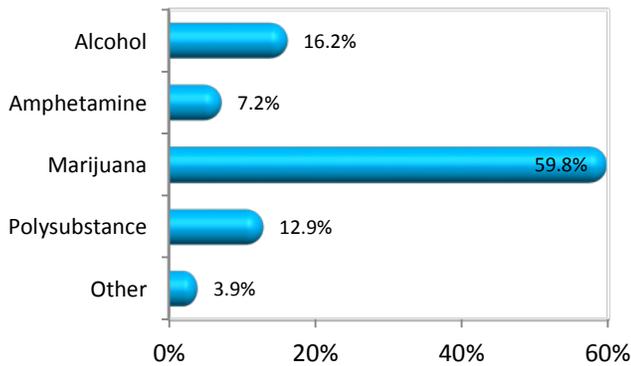
PRIMARY DIAGNOSIS

Youth: Youth clients with a dual diagnosis in mental health programs were more likely to have a primary diagnosis of Oppositional/Conduct Disorders and Depressive Disorders and less likely to have ADHD or Adjustment Disorders.

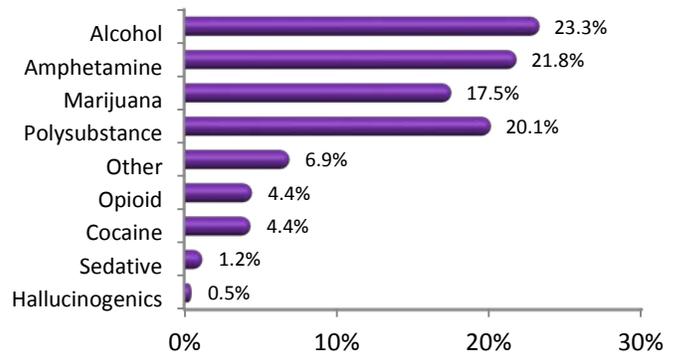
Adults: Adult clients with a dual diagnosis in mental health programs were more likely to have a primary diagnosis of Schizophrenia/Schizoaffective or Major Depression Disorders, and slightly less likely to have Bipolar Disorder or Anxiety Disorders compared to clients without a dual diagnosis.

Substance Use Diagnosis Data of County MHS Clients

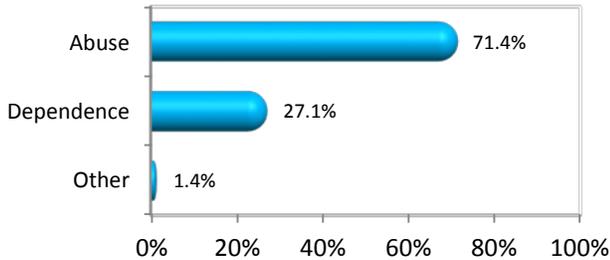
Current Drug of Choice—Children/Youth with Dual Diagnosis (n=969)



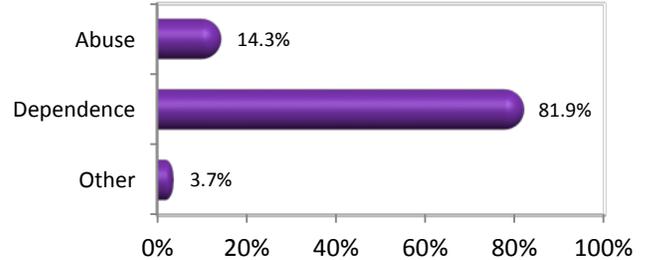
Current Drug of Choice—Adult/Older Adult with Dual Diagnosis (n=19,269)



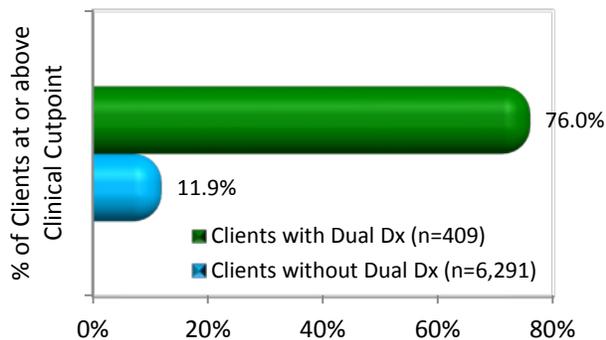
Substance Use Diagnosis Type—Children/Youth with Dual Diagnosis (n=969)



Substance Use Diagnosis Type—Adults/Older Adults with Dual Diagnosis (n=19,269)



CRAFFT Score at Intake (n=6,700)



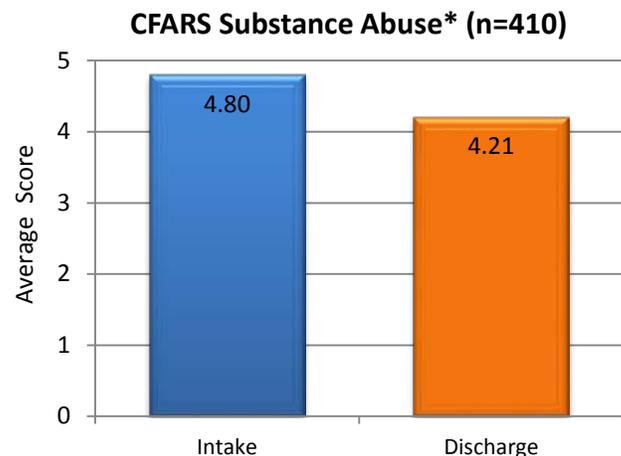
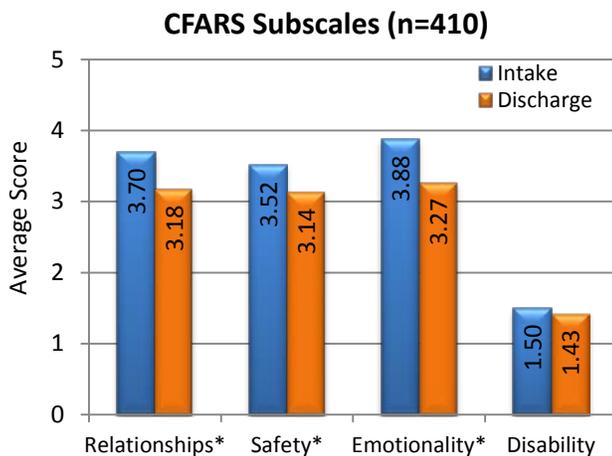
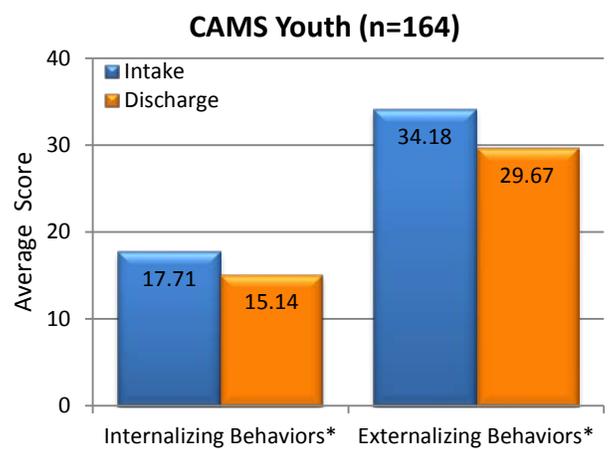
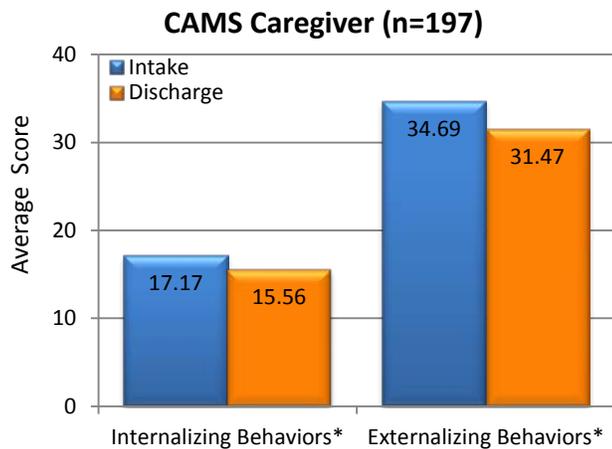
The CRAFFT is used to screen youth under age 21 for potential substance use disorders. It has six items and is completed by the client at intake only. A cutoff score of 2 or higher indicates a possible substance abuse problem and that further assessment is required.

CURRENT DRUG OF CHOICE FROM DIAGNOSIS

Youth: For clients with a dual diagnosis, the most common drug of choice was marijuana, followed by alcohol and amphetamines. Approximately 13% of clients were diagnosed as abusing at least two substances. Across all drugs, the most common diagnostic category was the 'abuse' diagnosis (71%).

Adults: For adult clients with a dual diagnosis, the most common drug of choice was alcohol, followed by amphetamines, polysubstances, and marijuana. Across all drugs, the most common diagnostic category was the 'dependence' diagnosis (82%).

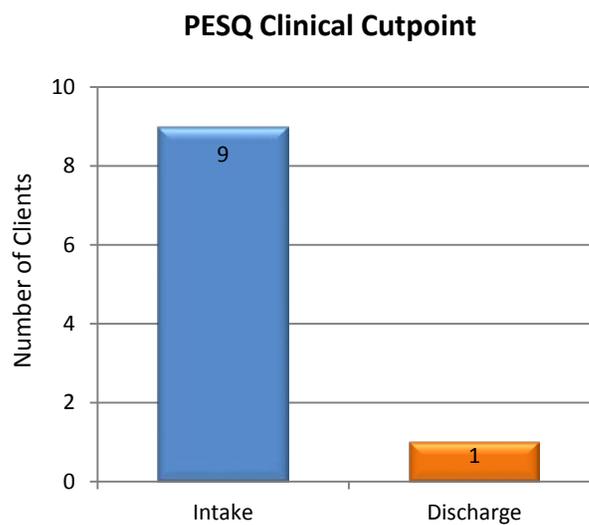
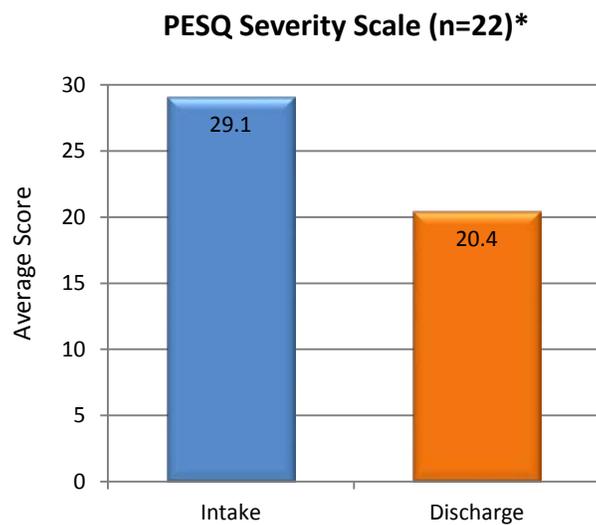
Outcomes Measures for County MHS Youth with Dual Diagnosis



*Statistically significant from Intake to Discharge assessment, $p < .001$

- The Child and Adolescent Measurement System (CAMS) is a measure of youth emotional and behavioral problems that is completed by caregivers and youth ages 11 and older at intake, utilization review, and discharge. A decrease on either scale represents an improvement. On the CAMS, youth and parents reported significantly fewer internalizing (emotional problems, such as depression and anxiety) and externalizing (behavioral problems, such as ADHD) problems at discharge compared to intake.
- The Children's Functional Assessment Rating Scale (CFARS) is completed by clinicians and measures the client's level of functioning on a scale of 1 to 9. A decrease on any scale represents an improvement. Clinicians reported that youth significantly improved in the functioning domains of relationships, safety, emotionality, and substance abuse from intake to discharge.

Outcomes Measures for County MHS Youth with Dual Diagnosis (continued)



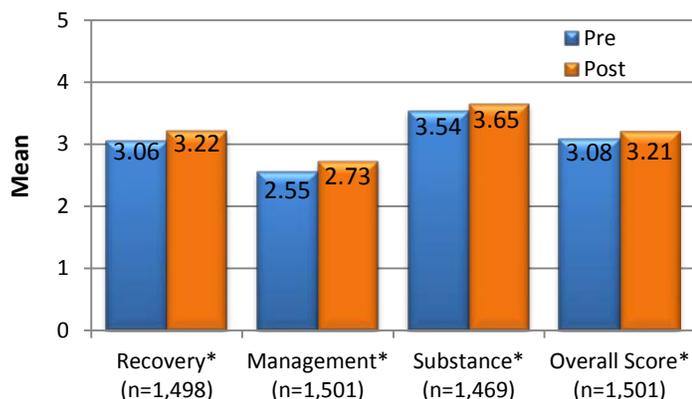
**Statistically significant from Intake to Discharge assessment, $p < .001$*

- The Personal Experiences Screening Questionnaire (PESQ) is only administered to youth served by substance abuse counselors located within mental health programs. It is completed by clients ages 12 and above and measures substance abuse problems, including problem severity. Adolescent clients reported significant reductions in substance use at discharge compared to intake. Further, of the 9 clients who were above the clinical cutpoint (indicating significant substance abuse problems) at intake, almost all clients were below it at discharge.



Outcomes Measures for County MHS Adults with Dual Diagnosis

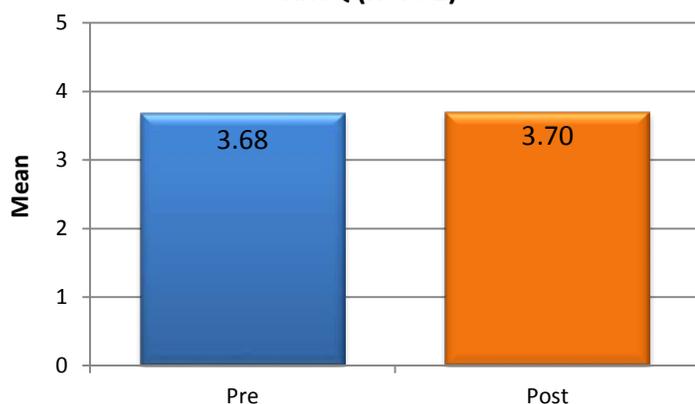
IMR Subscales



- On the **Illness Management and Recovery (IMR)** scale, adults with a dual diagnosis had significant improvement in recovery as indicated by a significant increase in mean scores on three subscales (Recovery, Management, Substance), and on the Overall Score from baseline to follow-up assessment.

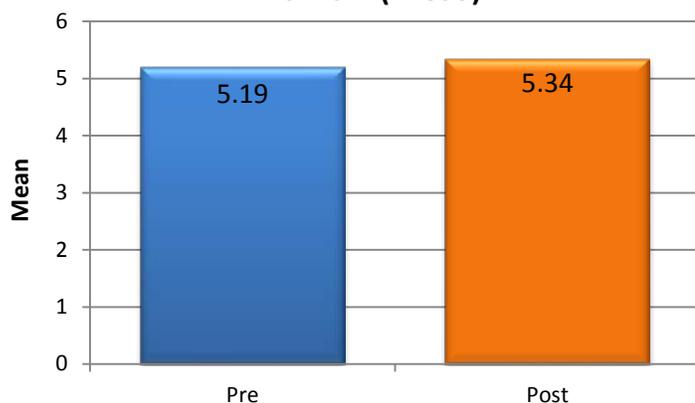
*Statistically significant from Pre- to Post- assessment, $p < .001$

RMQ (n=781)



- On the **Recovery Markers Questionnaire (RMQ)** scale, adults with a dual diagnosis had an increase in the overall mean score from baseline to follow-up assessment, indicating slightly improved self-assessed recovery.

SATS-R (n=895)

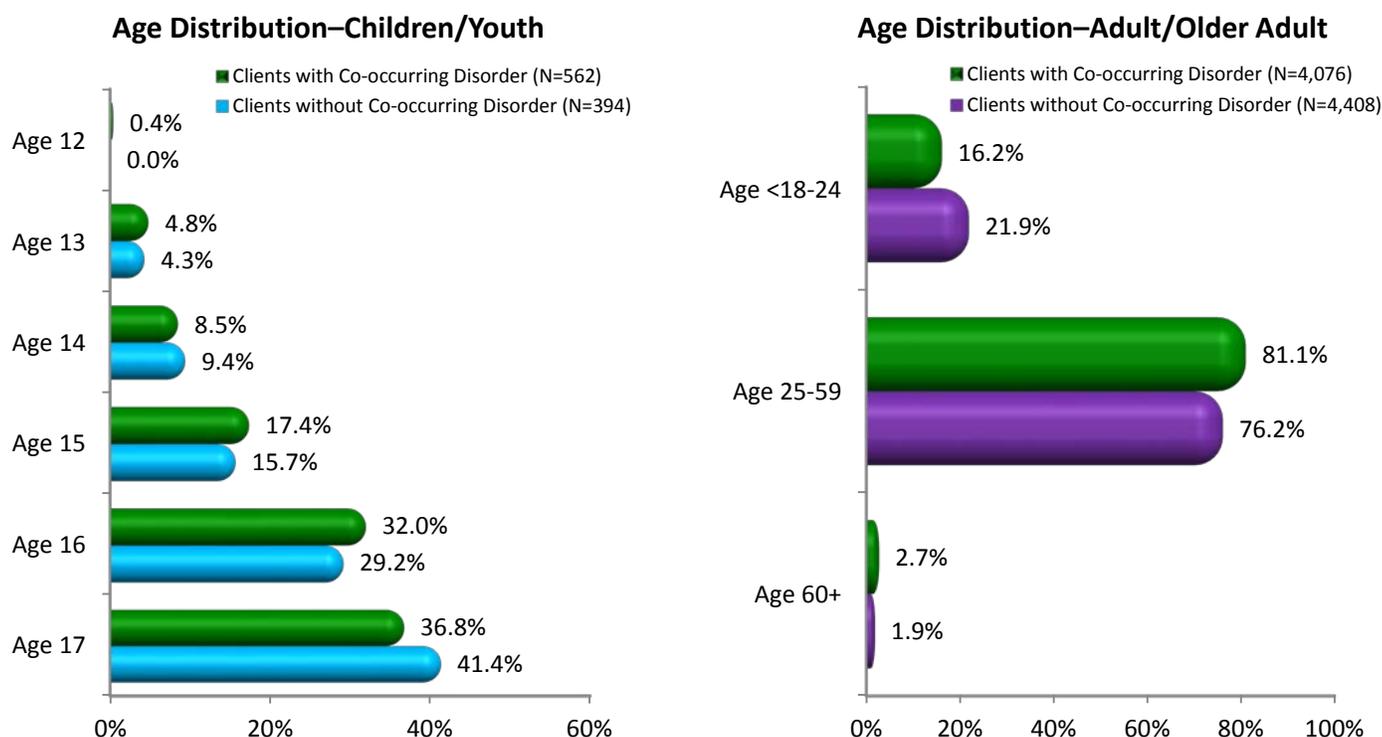


- On the **Substance Abuse Treatment Scale-Revised (SATS-R)**, adults with a dual diagnosis had an increase in the overall mean score from baseline to follow-up assessment, indicating greater recovery.

SECTION II: Clients with Co-occurring Disorder in the Alcohol & Drug System of County of San Diego Behavioral Health Services

Clients were considered co-occurring if they had a discharge from Alcohol and Drug Services in FY 2013-14 and: 1) they were also open to County mental health services, OR 2) they self-reported that they had experienced psychiatric problems during the initial or discharge Alcohol and Drug Services (ADS) assessment, OR 3) they reported the use of psychiatric medication during the initial or discharge ADS assessment. Outcomes in ADS came from SanWITS and were chosen because of the specific changes that are expected after receiving ADS services. ADS outcomes focus on the use of emergency services and criminal justice involvement, while County MHS outcomes focus on functioning and recovery while being treated for mental illness.

Age of ADS Clients



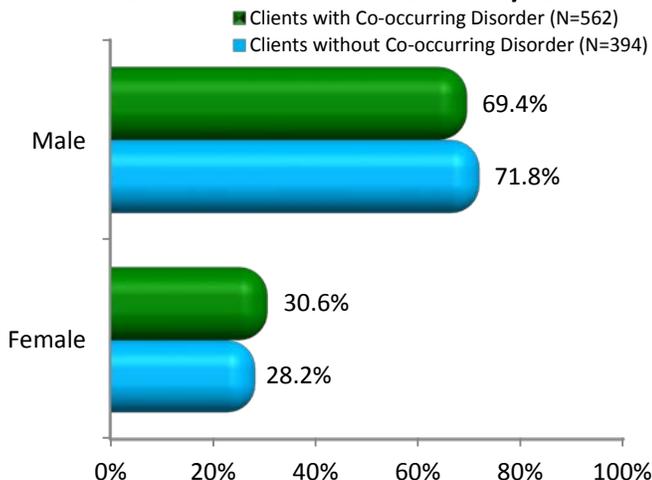
AGE

Youth: 86% of youth with a co-occurring disorder were ages 15-17, which is equal to the proportion of ADS clients without a co-occurring disorder (86%).

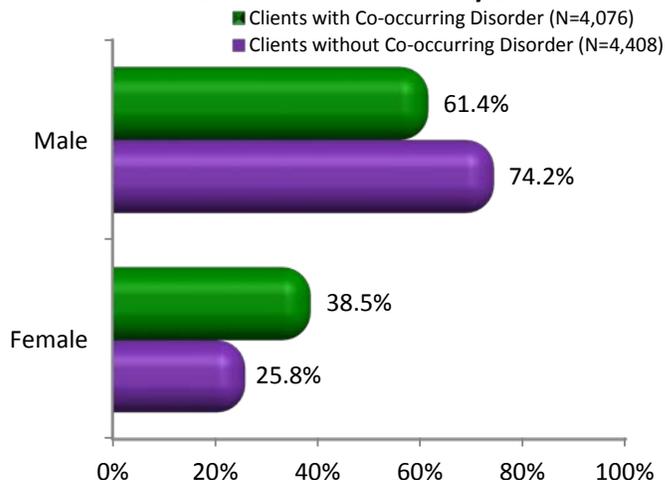
Adults: 81% of adult ADS clients with a co-occurring disorder were age 25-59, which is slightly more than the proportion of clients without a co-occurring disorder (76%).

Gender and Race/Ethnicity of ADS Clients

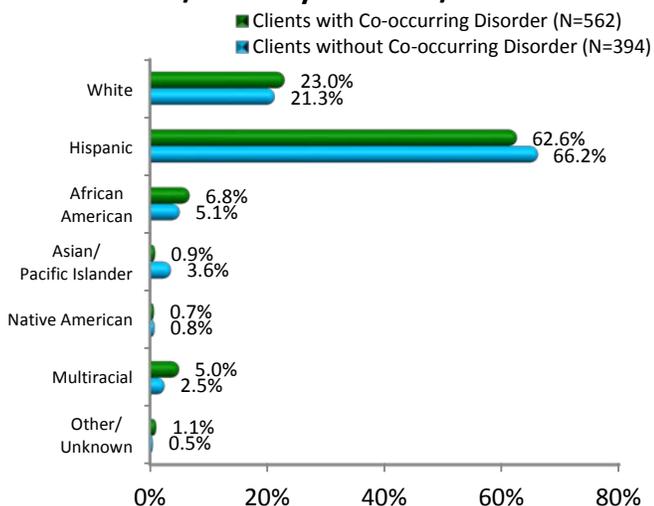
Gender Distribution—Children/Youth



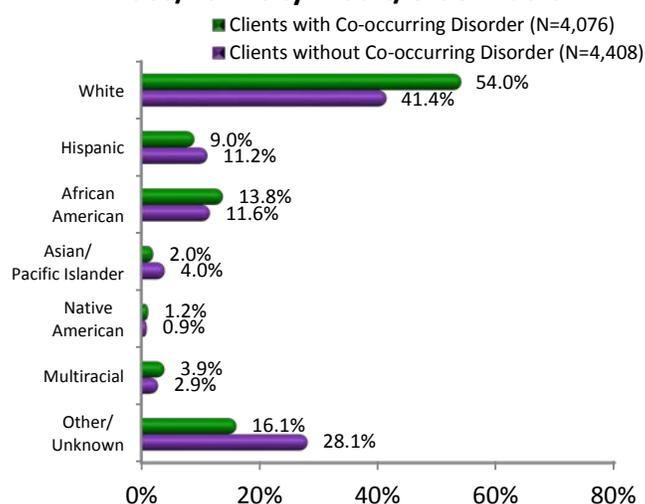
Gender Distribution—Adult/Older Adult



Race/Ethnicity—Children/Youth



Race/Ethnicity—Adult/Older Adult



GENDER

Youth: Youth clients in ADS with and without a co-occurring disorder were more likely to be male. Approximately 5% more female clients were served in ADS during FY 2013-14 compared to FY 2010-11.

Adults: Clients both with and without a co-occurring disorder were more likely to be male; however this likelihood was proportionally much larger for the non co-occurring disorder group (74% male for the non-co-occurring group versus 61% for the co-occurring group).

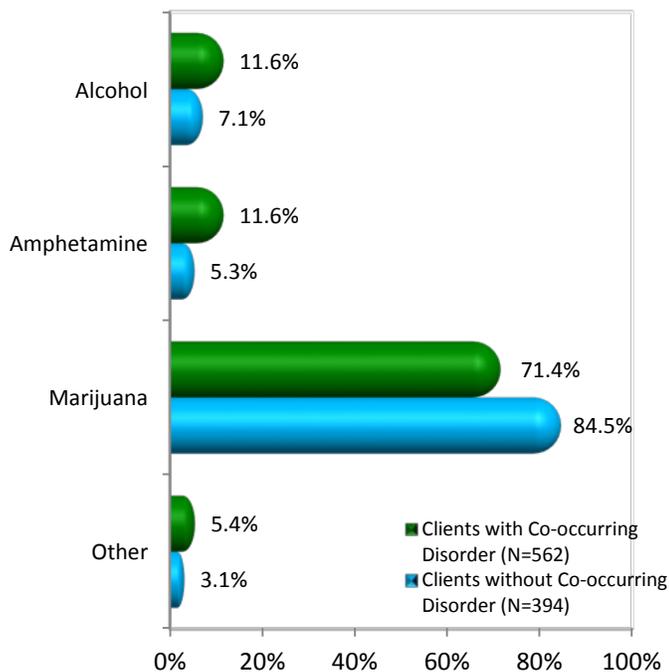
RACE/ETHNICITY

Youth: While overall the number of Hispanic clients increased from the last report, youth clients with a co-occurring disorder were slightly less likely to be Hispanic (63% versus 66%) than clients without a co-occurring disorder and slightly less likely to be Asian (1% versus 4%).

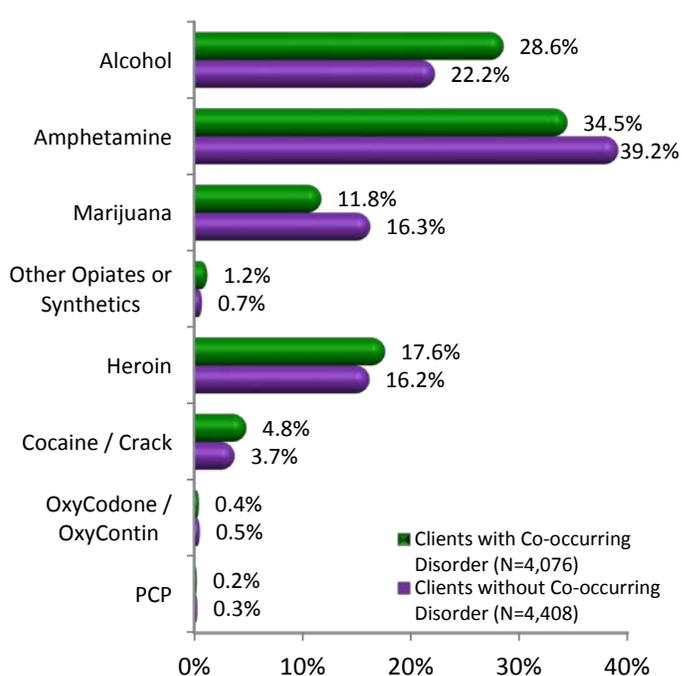
Adults: Adult ADS clients with a co-occurring disorder were more likely to be White (54% versus 41%), and to a lesser degree, African American (14% versus 12%); conversely, Hispanics and Asian/Pacific Islanders were less likely to have a co-occurring disorder.

Primary Drug of Choice of ADS Clients

Primary Drug of Choice—Children/Youth



Primary Drug of Choice—Adult/Older Adult



PRIMARY DRUG OF CHOICE

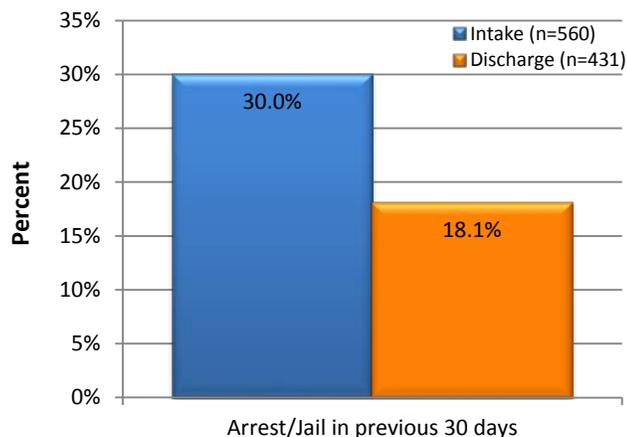
Youth: For clients with a co-occurring disorder, the most common drug of choice was marijuana, followed by alcohol and amphetamines. This is the same trend that was observed in the mental health system.

Adults: For clients with a co-occurring disorder, the most common drugs of choice were amphetamines, followed by alcohol, heroin, and marijuana.



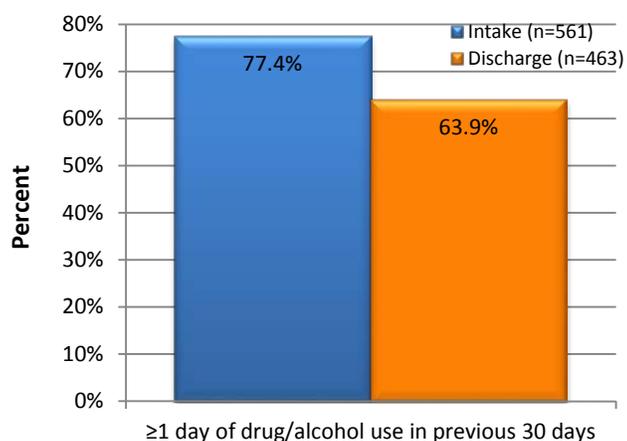
Outcomes Measures for ADS Youth with Co-occurring Disorder

Criminal Justice Involvement



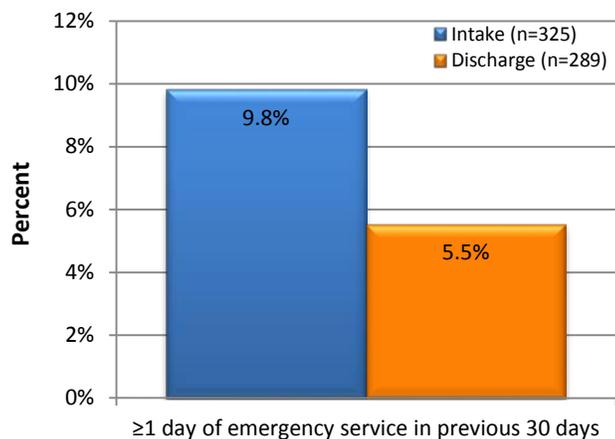
- Criminal Justice Involvement** – proportion of clients with any arrest or jail time within the previous 30 days decreased from intake to discharge (30% to 18%). There was a 6% increase in the proportion of youth who had criminal justice involvement as compared to FY 2010-11.

Substance Use



- Substance Use** – The proportion of ADS service recipients with 1 or more days of drug or alcohol use in the previous 30 days decreased from intake (77%) to discharge (64%).

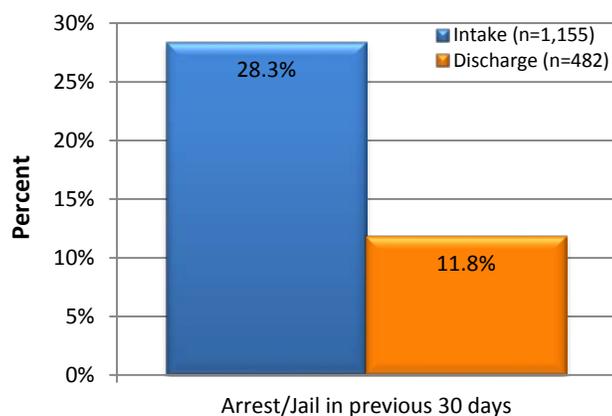
Use of Emergency Services



- Use of Emergency Services** – The proportion of ADS service recipients requiring 1 or more days of emergency services in the previous 30 days decreased from intake to discharge (10% to 6%).

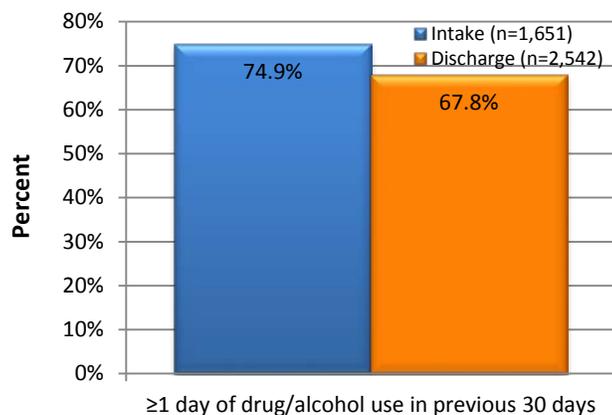
Outcomes Measures for ADS Adults with Co-occurring Disorder

Criminal Justice Involvement



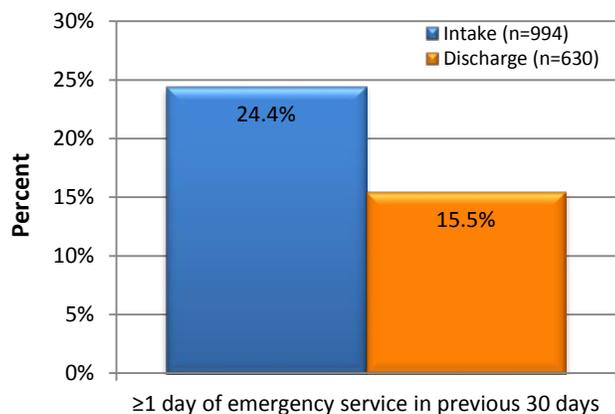
- **Criminal Justice Involvement** – The proportion of clients with any arrest within the previous 30 days decreased from intake to discharge (28% to 12%).

Substance Use



- **Substance Use** – The proportion of ADS service recipients with 1 or more days of drug or alcohol use in the previous 30 days decreased from 75% at intake to 68% at discharge.

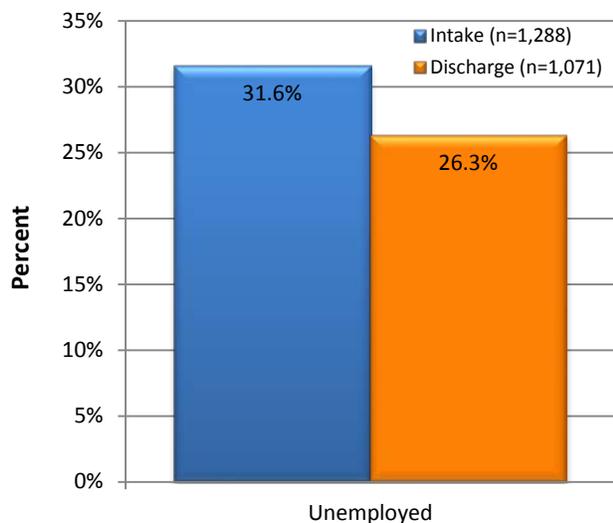
Use of Emergency Services



- **Use of Emergency Services** – The proportion of ADS service recipients requiring 1 or more days of emergency services in the previous 30 days decreased from 24% at intake to 16% at discharge.

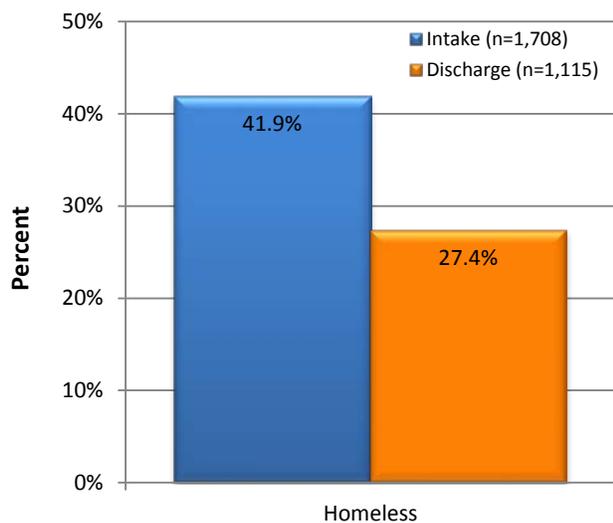
Outcomes Measures for ADS Adults with Co-occurring Disorder (continued)

Employment Status



- **Employment Status** – Mean unemployment rates decreased from 32% at intake to 26% at discharge.

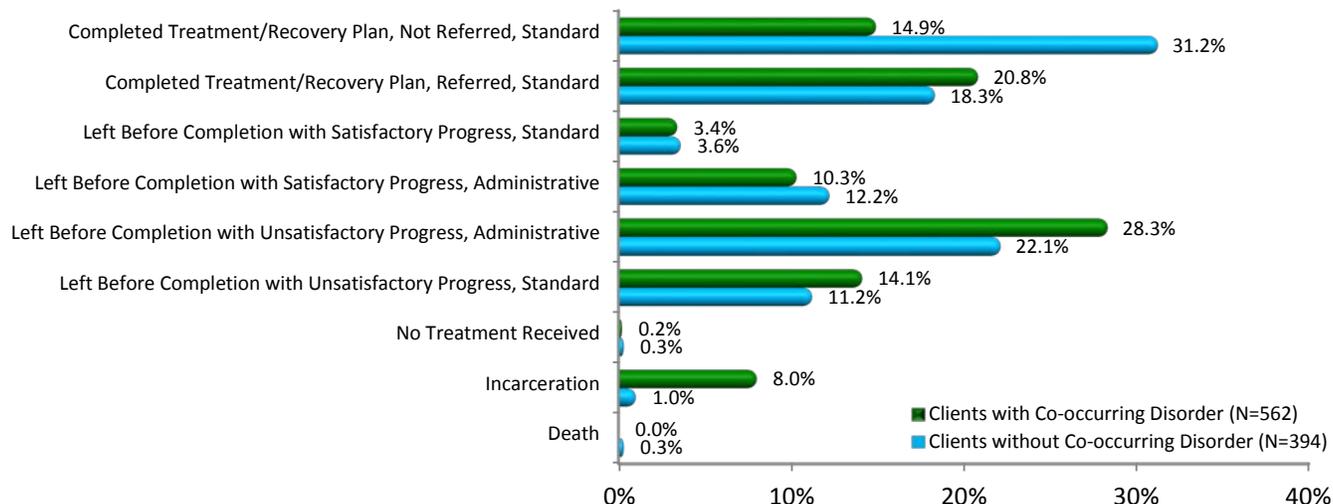
Housing Support



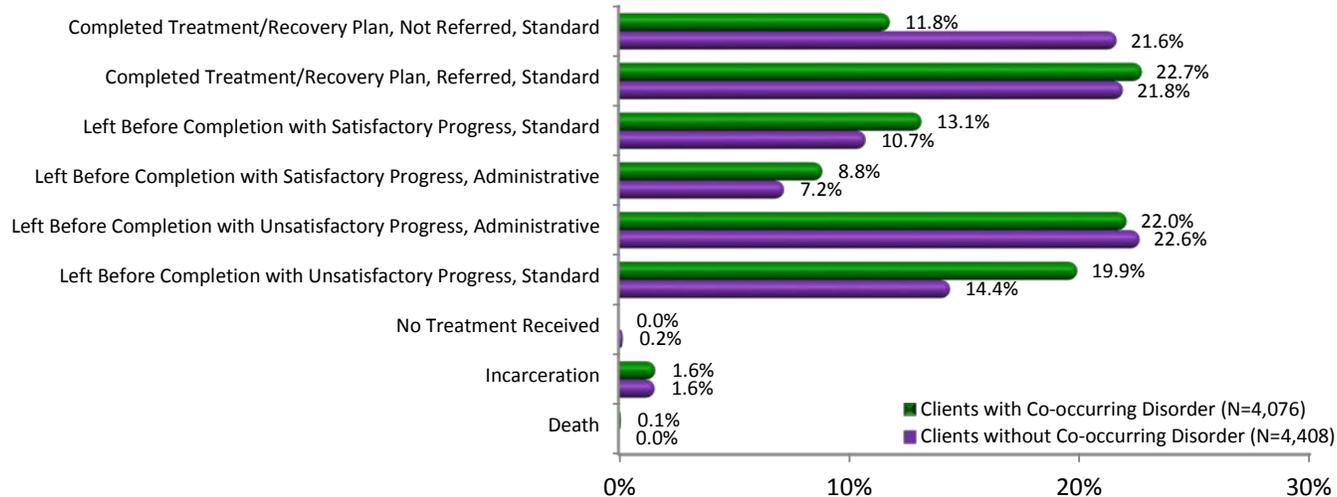
- **Housing Support** – Average scores for housing support were improved, as shown with 42% of ADS clients with a co-occurring disorder reporting homelessness at intake, decreasing to 27% at discharge.

Discharge Type*† for ADS Youth and Adults

Discharge Type—Children/Youth



Discharge Type—Adults



***Standard** discharge indicates client was available for discharge interview.

†**Administrative** discharge indicates client was not available for discharge interview.

SUCCESSFUL DISCHARGE

Youth: Co-occurring clients were less likely to complete treatment and more likely to leave before there was satisfactory progress than clients without a co-occurring disorder. They were also more likely to leave due to incarceration (8% versus 1%, respectively).

Adults: Co-occurring clients were less likely to complete treatment, and more likely to leave before completion (both with satisfactory progress and with 'standard' unsatisfactory progress) than clients without a co-occurring disorder.

SECTION III: Trends and Conclusions

TRENDS

1. Trends Over Time: What has changed or stayed the same. All comparisons reflect changes from the FY 2010-11 report to the current FY 2013-14 report.
 - a. *Youth*
 - i. Age: Compared to FY 2010-11 the CYF mental health system served a smaller proportion of dual diagnosis clients who were ages 12-17 and a larger proportion of dual diagnosis clients who were ages 18 or older. For a comparison, the proportion of clients served in the different age groups stayed the same in the non-dual diagnosis group across the fiscal years.
 - ii. Gender: Across both the MHS and ADS systems, a larger proportion of clients with a dual diagnosis/co-occurring disorder were female in FY 2013-14 compared to FY 2010-11.
 - iii. Race/Ethnicity: Across both the MHS and ADS systems, a larger proportion of Hispanic clients with a dual diagnosis/co-occurring disorder were served (4.8% in MHS, 6.6% in ADS). These changes are larger than the overall increase of Hispanic clients in the behavioral health system since FY 2010-11.
 - iv. Outcomes: Overall, ADS appears to be serving a slightly more severe co-occurring client population from the last report. Specifically, at intake co-occurring clients had more criminal justice involvement and slightly higher levels of substance use and use of emergency services compared to the last reporting period (NOTE: This could have been due to the change in how the co-occurring client population was defined in this report). In the MHS, the PESQ was implemented for clients receiving services from an alcohol and drug counselor and overall there continued to be positive outcomes trends for youth with a dual diagnosis.
 - b. *Adults*
 - i. Age: Compared to FY 2010-11 the AOA mental health system served a smaller proportion of dual diagnosis clients ages 18-24 and a larger proportion of clients age 60+.
 - ii. Gender: The proportions of male clients in both the MHS and ADS systems increased from FY 2010-11 to FY 2013-14 reporting periods.
 - iii. Race/Ethnicity: Compared to FY 2010-11, there was an increase in the proportion of Hispanic and African American clients with dual diagnosis served, and a decrease in the proportion of White and Asian/Pacific Islander clients with dual diagnosis served in the MHS system.
 - iv. Outcomes: Overall, in FY 2013-14 there continued to be positive outcome trends for ADS adult clients with a co-occurring disorder in criminal justice involvement, substance use, and use of emergency services from intake to discharge as was observed in FY 2010-11. Similarly, there were positive outcomes trends for MHS clients. MH clients with a dual diagnosis saw significant improvements from baseline to follow-up assessment periods for clinician reported recovery (IMR) as well as in substance abuse recovery (SATS-R).
2. *CYF System Trends - Underdiagnosis of substance abuse*
 - a. There has been a historical trend towards underdiagnosis of substance abuse issues in the CYF System of Care (e.g., youth receiving services in both ADS and MHS but not receiving a dual diagnosis in the MHS).
 - i. The CRAFFT measure is a screening tool for substance abuse problems. In FY 2013-14, 743 (11.9%) of the 6,291 youth receiving mental health services without a dual diagnosis scored above the cutoff on the CRAFFT, indicating a potential substance abuse problem as well as continued underdiagnosis of substance abuse.

3. AOA: notable trends/current issues

- a. There is an increasing number of adults with a dual diagnosis aging into the Older Adult categories in the MHS system. In FY 2010-11, 4.9% of clients with a dual diagnosis in the MHS system were 60 years or older. This number has increased in FY 2013-14 to 6.1%. This is evidence of an aging population with existing co-occurring problems. However, in the ADS system, a smaller proportion of clients with dual diagnosis fall into the 60+ age category (2.7%).
 - i. For the MHS system, there may be implications for improving the process by which older adults with a dual diagnosis are integrated into the ADS system.
 - ii. For the ADS system, older adults may have different concerns and respond differently to treatment. As the aging population will result in increasing numbers of older adults in the system, potential older adult-specific issues should be examined.

CONCLUSIONS

Youth

- For youth, the most common drug of choice was marijuana, followed by alcohol and amphetamines in both the MHS and ADS systems.
- ADS may be serving a more severe co-occurring client population than three years ago, given that clients entered services with more substance abuse and juvenile justice involvement.
- Both MHS and ADS systems are serving more Hispanic and female clients. This may be a reflection of the Behavioral Health Services system's focus on decreasing disparities among minority and female clients.
- Youth with mental health and substance abuse problems demonstrated improvement on all outcomes measures.

Adults

- Alcohol and amphetamines were the two most preferred drugs of choice for adult clients with dual diagnosis in both the MHS and ADS systems.
- The demographics of the client with a dual diagnosis in the MHS system are changing. The aging population has resulted in an increasing proportion of older adult clients with a dual diagnosis, and there was an increase in the proportion of Hispanics and African Americans with a dual diagnosis in the MHS system.
- Adults with mental health and substance use problems demonstrated improvement on all outcome measures recorded in both the MHS and ADS systems.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

The Health Services Research Center (HSRC) at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the Quality Improvement Unit of the County of San Diego Behavioral Health Services to evaluate and improve behavioral health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information please contact Andrew Sarkin, PhD at 858-622-1771.