

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN
SERVICES AGENCY**



**ADULT AND OLDER
ADULT MENTAL
HEALTH SERVICES**

ANNUAL SYSTEM OF CARE REPORT

**FISCAL YEAR
2006 - 2007**

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INTRODUCTION TO AMHS

This report provides information on service utilization and satisfaction of San Diego County Adult Mental Health Services clients served in Fiscal Year 2006-2007 (July 1, 2006 – June 31, 2007). San Diego is the third largest county in California, with an adult population estimated at approximately 2.1 million (2007), and representing a vast diversity of race/ethnic groups, cultures and spoken languages. The AMHS program primarily serves adults 18 and older with severe, persistent mental health needs or those experiencing a mental health crisis. AMHS provides a spectrum of specialty mental health services ranging from acute hospital services to socialization and clubhouse opportunities. Services oriented to meet the linguistic and cultural needs of a diverse county population are available through Organizational and Fee-for-Service Providers as well as Forensic Services. AMHS provided services to 38,124 clients in FY 06 – 07.

Organizational Providers are community-based agencies and county-operated sites that either have contracts with the County's Health and Human Services Agency (HHSA) to provide mental health treatment services, or are services directly operated by the County. These organizational providers are diverse and distributed across the County. Mental Health Clinics provide screening and assessments, medication management, crisis intervention, and group and individual short term therapy. Organizational providers also offer specialized services including case management, a county psychiatric hospital, socialization clubhouses, crisis residential facilities, an emergency psychiatric unit, psychiatric emergency response teams (PERT), long term care, etc.



Fee- for- Service- Providers are primarily licensed clinicians in private practice who provide services to clients on a fee-for-service basis. There are over 700 providers, located throughout the County, who represent a diversity of disciplines, cultural/linguistic groups, and genders in order to provide choice for eligible clients. Additionally, 11 fee-for-service hospitals provide inpatient psychiatric services for adult clients.



Forensic Services include services provided through the Sheriff's Department to persons in jails and conservatorship services. Conservators are appointed through the Court for persons who are gravely disabled by mental and/or physical illness or disability. Conservators may make recommendations about placement and medical treatment, or apply on behalf of clients for Medi-Cal/Medicare, etc or other insurance benefits.

AMHS delivered services through over 90 programs in FY 06-07 including:

- **30 Outpatient programs**
- **14 Case Management programs**
- **12 Clubhouses**
- **6 Crisis Residential Facilities**
- **Emergency Psychiatric Unit and Walk-in Clinic**
- **Psychiatric Emergency Response Teams**
- **Inpatient Facilities**
- **Forensic Services**

Rehabilitation and Recovery

Beginning in 1997, San Diego County implemented a system redesign at all levels, from top managers to services delivery staff, involving families and all relevant public and community based agencies. With that redesign, recognizing that recovery is based on the individual and his/her self-direction toward continual growth, rehabilitation and recovery became the focus of AMHS services. This model of mental health service provision recognizes each individual's strengths, empowers consumers to gain more control over their lives, and recognizes the holistic nature of recovery. The Recovery model, which values peer support, advocates respect in the treatment of all people, and encourages consumers to take personal responsibility for their journey to recovery.

Adult Mental Health Services and the Mental Health Services Act

Recently County Mental Health Services received a welcome boost from the Mental Health Services Act (MHSA) which provided much needed funding to fill service gaps and to provide community-based services targeted toward seriously mentally ill populations who were previously un-served or underserved. Through a process of community collaboration, a Community Services and Support Plan was developed to provide services that were: (1) client/family driven; (2) wellness-focused, (3) culturally competent, and (4) more completely integrated with companions services. Thirty new Community Services and Support programs began in FY 06-07 and 07-08 to serve children and youth, transition age youth (TAY-transitioning from the Children's to Adult Mental Health Services), adults, and older adults. New services fall into three general areas:



- **Outreach and Engagement Services** - services which reach out to people who may need services but had not been receiving them. Examples include: Chaldean Outpatient Services, early childhood mental health services, and services for the deaf and hard of hearing.
- **System Development Services** - services which improve the scope and availability of mental health services and supports for consumers currently receiving mental health services. Examples include: Family Education Services, mental health & primary care coordination through community clinics, enhanced outpatient mental health services for TAY.
- **Full Service Partnerships** - comprehensive programs which provide all necessary services and supports, including intensive services, to clients with a high level of need, to enable them to live in their community. These programs have a strong connection to community resources and a focus on resilience and recovery. Examples include: CARE (Cultural Access and Resource Enhancement for children), Homeless Integrated Services and Supported Housing, Comprehensive Integrated Services and Supported for Older Adults.

Key Findings

Key Findings from the San Diego County Adult and Older Adult Mental Health Services System For Fiscal Year 2006-2007

The following pages provide key findings from an analysis of the Adult and Older Adult Mental Health Services Systems for Fiscal Year 2006 – 2007. Data is from a variety of sources, including the InSyst Medical Information System, and the twice-yearly State Consumer Satisfaction survey.

1. Demographics of clients served in FY06-07: The following provides general characteristics of the Adults and Older Adults who received mental health services during Fiscal Year 06-07.

- 13% of clients (5,061) served in FY 06-07 were in the Transition Age Youth (TAY) category of 18 to 24 years of age. 78% of clients (29,725) were between the ages of 25 and 59, and 9% of clients (3,338) served were older adults (60+ years of age). Client gender was almost evenly split between males (50%) and females (49%), with 1% classified as 'other/unknown.'
- The ethnic distribution of clients was 52% White, 21% Hispanic, 12% African American, 6% Asian, and 1% Native American.
- 84% of clients reported English as their preferred language, while 7% preferred Spanish.
- All of the above demographic information is similar or identical to FY 05-06.

2. Utilization: The following are some key points regarding patterns of service utilization for Adults and Older Adults who received mental health services during Fiscal Year 06-07. The "Utilization" category covers such areas as type of initially used service, repeat hospitalization, and type and pattern of emergency service use.

- Clients received initial mental health services while in the Emergency Psychiatric Unit (30%), Jail Mental Health Services (29%), through Outpatient Services (26%), the Psychiatric Emergency Response Team (9%), Inpatient services (4%) and Other (2%).
- 31% of clients hospitalized in FY 06-07 were hospitalized more than once during the fiscal year.
- 9,939 clients received emergency services from the Psychiatric Emergency Response Team (PERT) and/or the Emergency Response Team (EPU) during FY 06-07.
- Clients who utilized emergency services were more likely to be male, Caucasian, and have a diagnosis of Substance/Alcohol Abuse disorder as compared with the general client population.
- Of the 9,939 clients, 3,040 clients (30%) utilized emergency services more than once in FY 06 – 07.

3. Wait Times: The key points below provide information regarding wait times for Adults and Older Adults who received mental health services during Fiscal Year 06-07. Wait time is defined as time from first contact to being seen by staff or clinician.

- Average wait times for routine mental health assessments have trended downwards over the past two fiscal years.
- Average wait times for psychiatric assessments have trended upwards over the past two fiscal years.

4. Consumer Diagnoses: The following provides some key points regarding type and distribution of diagnosis for Adults and Older Adults who received mental health services during Fiscal Year 06-07.

- Most adults served by the AMHS were diagnosed with Schizophrenia and Schizoaffective Disorder (24%), Major Depression (23%), or Other Depression/Adjustment Disorder (18%).
- 7,760 (27%) of adult clients who received AMHS services in FY06-07, and who had a primary diagnosis on record, had a secondary substance abuse diagnosis.
- Clients with a Dual Diagnosis consisting of a mental health disorder and a substance abuse disorder were more likely to be male and were on average younger as compared with the total client population.

5. Older Adult Clients: The key points below provide information regarding characteristics and service usage specific to Older Adults who received mental health services during Fiscal Year 06-07.

- 75% of older adult clients served in FY 06-07 were between the ages of 60 and 69.
- Older adult clients served in FY 06-07 were most likely to have a primary diagnosis of Major Depressive Disorder (31%).
- 60% of Older Adult Clients served in FY 06-07 were female, as compared 49% in the total client population.
- Older Adult clients most often received first mental health care services through PERT (30%).

6. Adult and Older Adult Consumer Satisfaction: The following provides information regarding consumer (client) satisfaction with services provided for Adults and Older Adults who received mental health services during Fiscal Year 06-07. This information is derived from the twice-yearly State Satisfaction survey which takes place for a two week period in the Spring and Fall of each year. All clients receiving services during these time windows are asked to fill out a confidential survey covering service satisfaction and quality of life.

- Information from the survey is scored to obtain scores for five different domains of satisfaction: (1) General Satisfaction with Services; (2) Perception of Access to Services; (3) Perception of Quality and Appropriateness of Services; (4) Perception of Participation in Treatment Planning; and (5) Perception of Outcomes Services. Results of the Adult Satisfaction Survey show that adult consumer satisfaction in FY06-07 was higher for all four non-general domains than in FY05-06 (domains 2 through 5 above).
- The proportion of satisfied consumers for all satisfaction domains except "Perception of Access" was slightly higher in May 2007 than in the November 2006 survey period. This is a similar trend as was seen in FY 05-06, with scores for the May survey period generally higher as compared to the November period.
- The "Perception of Outcomes Services" domain had the lowest reported level of satisfaction across November 2006 and May 2007 survey periods; however it has shown a continual increase since FY05-06.
- For both the May 2007 and November 2006 survey periods, adult San Diego consumers reported higher levels of satisfaction on all satisfaction domains compared to the State of California as a whole.

Key Findings

- Comparison of Older Adult consumer satisfaction scores indicates that satisfaction in all domains was slightly lower in FY06-07 than in FY05-06.
- The proportions of satisfied older adult consumers for the “General Satisfaction,” “Perception of Access,” and “Perception of Participation in Treatment Planning” domains were higher in May 2007 than in November 2006. This is a similar trend as was seen in FY 05-06, with scores for the May survey period generally higher as compared to the November period.
- Despite having lower levels of satisfaction in the November 2006 survey period, older adult consumers in San Diego County were consistently more satisfied with services in May 2007 than older adult consumers in the Southern California region and the State as a whole.

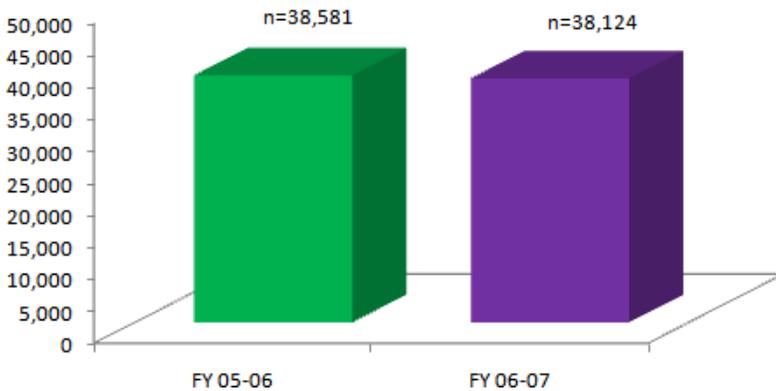
7. Adult and Older Adult Quality of Life (QOL): The key points below provide information regarding consumer (client) quality of life as a result of services provided for Adults who received mental health services during Fiscal Year 06-07. This information is derived from the twice-yearly State Satisfaction survey which takes place in the Spring and Fall of each year. All clients receiving services during these time windows are asked to fill out a confidential survey covering service satisfaction and quality of life.

- The quality of life questions were scored to obtain six different domains of QOL: (1) Living Situation; (2) Daily Activities and Functioning; (3) Family Relationships; (4) Social Relationships; (5) Legal and Safety; and (6) Health. Additionally, a single question asked about the consumer’s general satisfaction with life. Comparison of the Adult QOL domains reveals that reported QOL in FY06-07 was equal to or higher than reported QOL in FY05-06 for all domains.
- For all domains except “Family Relationships”, reported QOL was consistently equal or higher in the May 2007 survey period than the November 2006 survey period.
- For both survey periods, adult consumers in San Diego reported approximately equal or higher levels of QOL as consumers in the Southern California region and the State as a whole.
- Comparison of the Older Adult QOL domains reveals that the mean QOL scores across all domains were similar for the November 2006 and May 2007 survey periods. The greatest differences were seen for the “Living Situation” and “Family Relationships” domains, which were higher for the May 2007 survey period than the November 2006 survey period.
- For both the November 2006 and May 2007 survey periods, San Diego older adult consumers consistently reported an equal or higher level of QOL as compared to the State as a whole, or the Southern California region.
- For all QOL domains, San Diego older adult consumers reported higher QOL scores than older adult consumers in the State as a whole.

Adults and Older Adults Receiving Mental Health Care Services

ADULTS AND OLDER ADULTS RECEIVING MENTAL HEALTH CARE SERVICES

Number of Clients Served by Fiscal Year



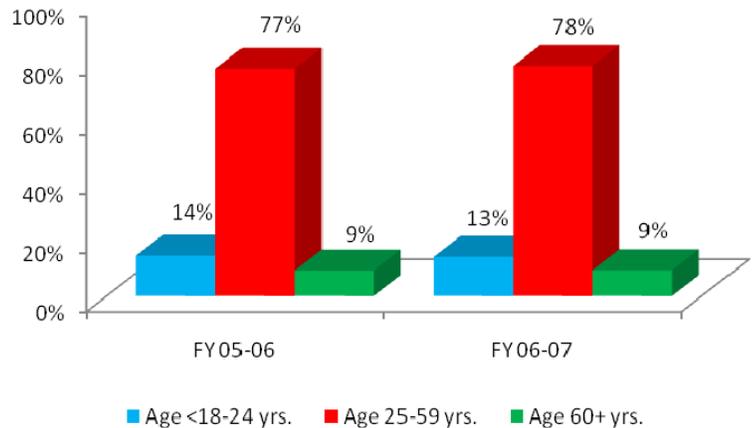
Number of Clients Served

- In Fiscal Year 2006-2007, San Diego County delivered mental health services to over 38,000 adults and older adults. This is a slight decrease from over 38,500 in Fiscal Year 2005-2006.

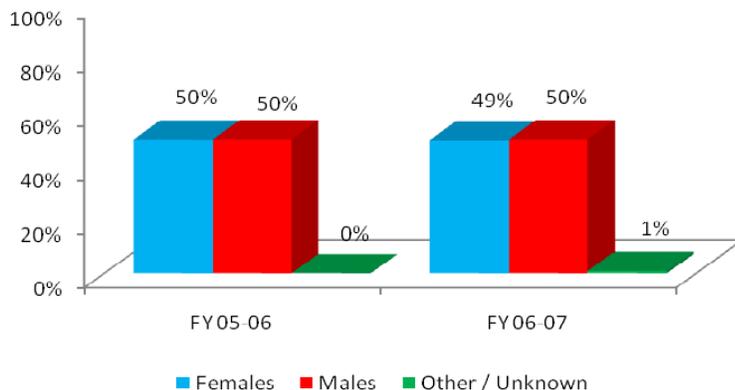
Age

- 13% of clients (5,061) served in FY 06-07 were in the Transition Age Youth (TAY) category of 18 to 24 years of age. 78% of clients (29,725) were between the ages of 25 and 59, and 9% of clients (3,338) served were older adults (60+ years of age).

Age Distribution



Gender Distribution



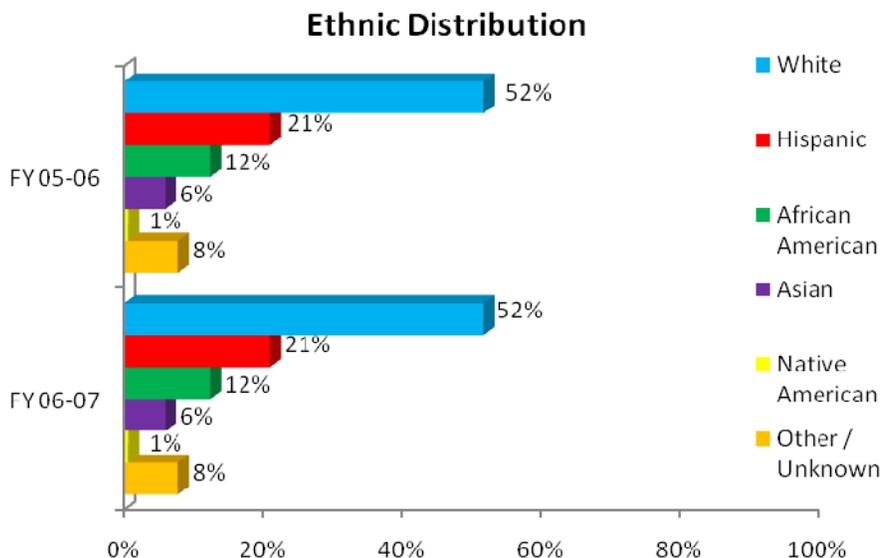
Gender

- Client gender was approximately evenly split between males and females.

Adults and Older Adults Receiving Mental Health Care Services

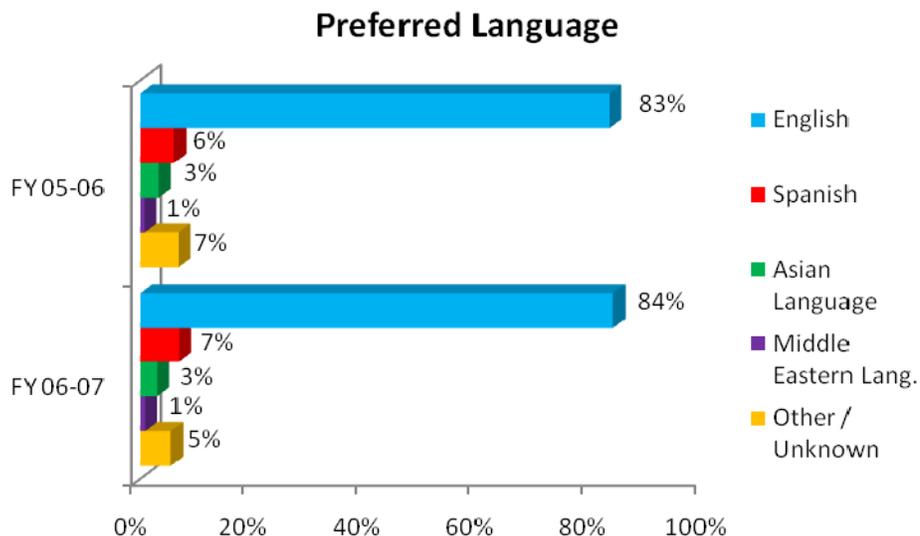
Ethnicity

- The ethnic distribution of clients remained the same from FY05-06 to FY06-07, with the majority of clients (52%) identifying as 'White,' 21% as 'Hispanic,' and 12% as 'African American.'



Preferred Language

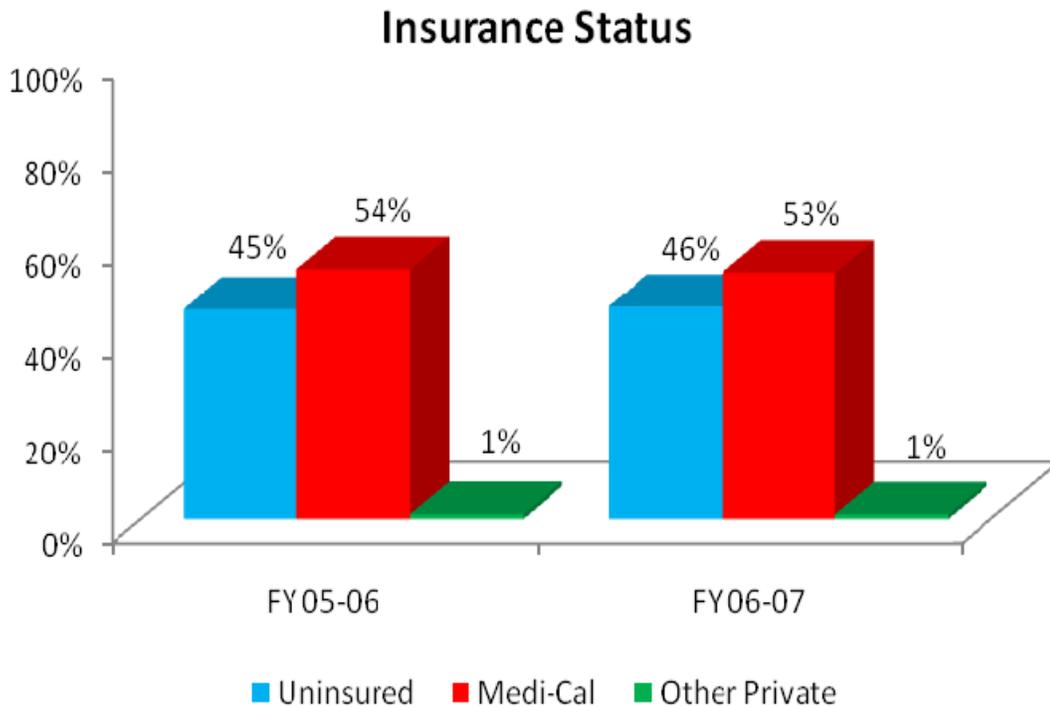
- Similar to FY05-06, a majority of clients in FY06-07 (84%) reported English as their preferred language, while an additional 7% preferred Spanish.



Adults and Older Adults Receiving Mental Health Care Services

Insurance Status

- Similar to FY05-06, the majority of clients served in FY06-07 received Medi-Cal (53%) while almost half of clients served in 06-07 were uninsured (46%). 1% of clients were insured by 'Other Private' insurance.

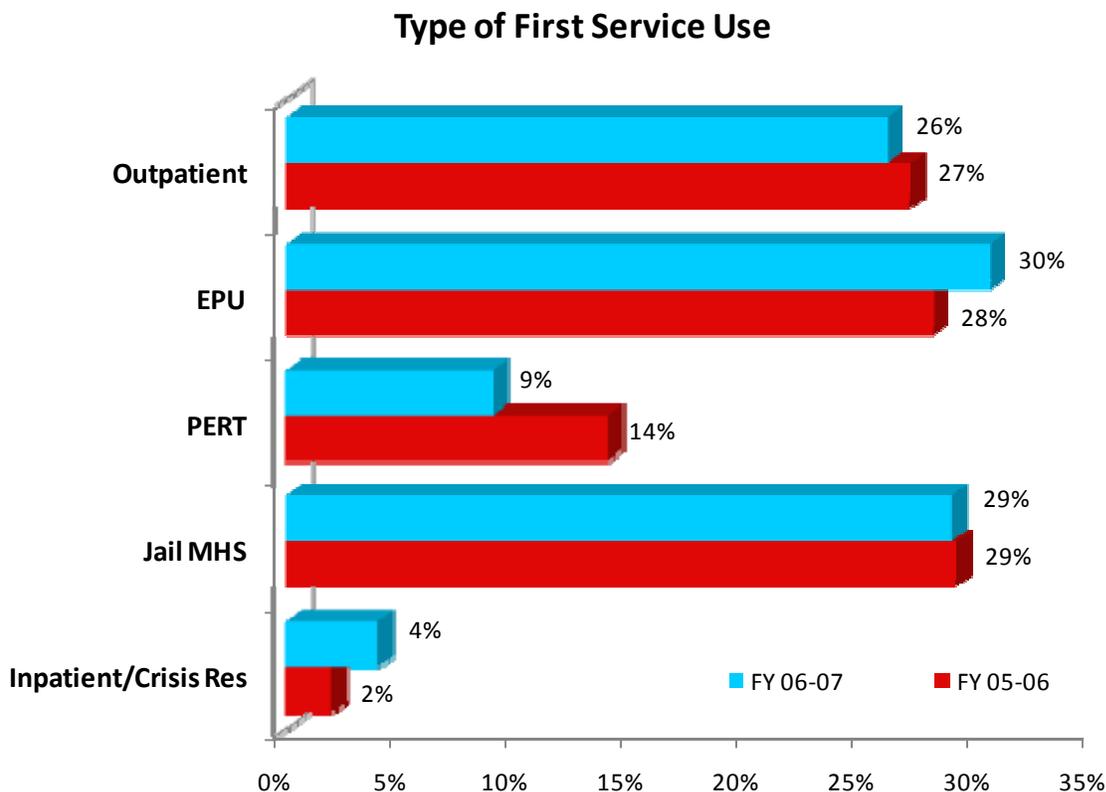


PATTERNS OF UTILIZATION

First Service Usage

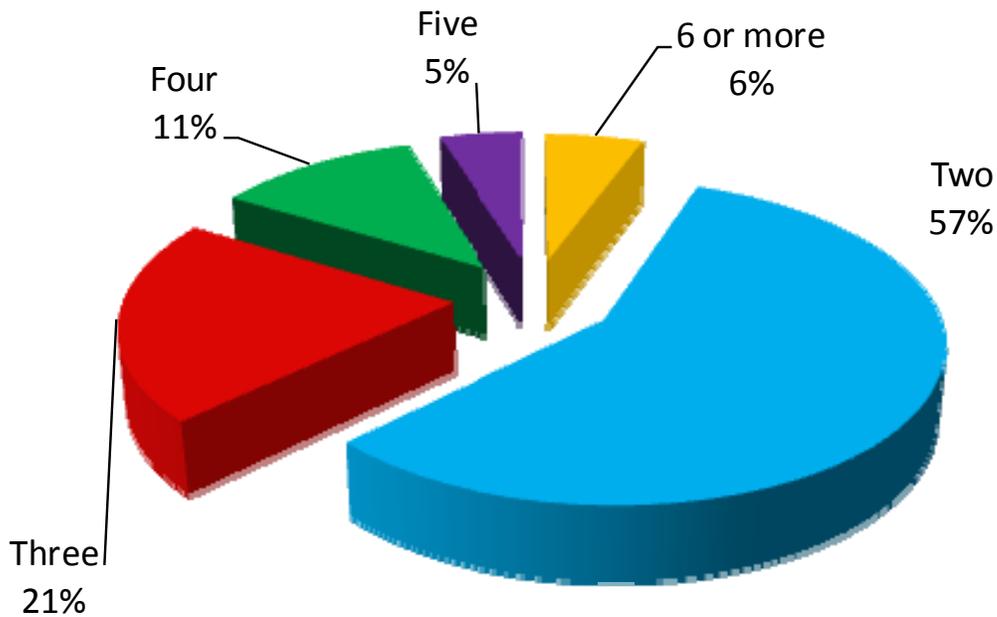
The following information details trends regarding first service usage in for clients that did not already have a record in the Insyst medical information system. It describes the type of service recorded for their first apparent usage of County-provided mental health services.

- In FY 06-07, clients most often received first mental health care services through the EPU (30%) or Jail Mental Health Care services (29%).
- The percentage of clients initially accessing services through Outpatient services was similar over both fiscal years (27% in FY05-06 to 26% in FY06-07).
- The percentage of clients initially accessing services from EPU and from Inpatient services increased slightly from FY05-06 to FY06-07, from 28% to 30% and 2% to 4% respectively.
- The percentage of clients initially accessing services from PERT decreased from 14% to 9% from FY05-06 to FY06-07.
- The percentage of clients initially accessing services from Jail Mental Health Services (29%) remained the same.



Hospitalization Recidivism

- 2,817 clients were hospitalized at least once in FY 06-07. Of those, 858 (31%) were hospitalized more than once.
- Of those experiencing multiple hospitalizations, 56% were hospitalized twice, 21% three times, 12% four times, 5% five times, and 6% 6 or more times (during the fiscal year).



Patterns of Utilization

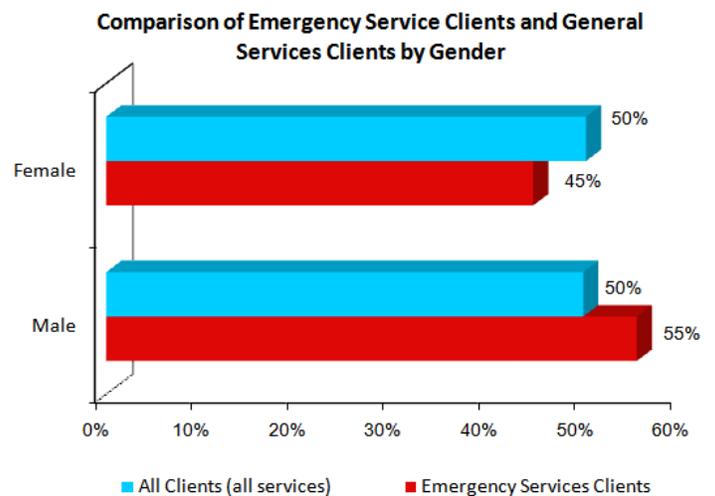
Use of Emergency Mental Health Care Services

Emergency mental health care services are provided by the Emergency Psychiatric Unit (EPU) and the Psychiatric Emergency Response Team (PERT). The EPU provides emergency services and assessments for self-referred (walk-in) and referred clients. PERT units are comprised of specially trained law enforcement officials paired with mental health care professionals. They provide an on-scene response to situations involving people with mental illness. The information below describes usage patterns for these emergency mental health care services during FY 06-07.

- 9,939 clients utilized emergency services (EPU and/or PERT) during FY 06-07, representing 15,789 individual services.¹

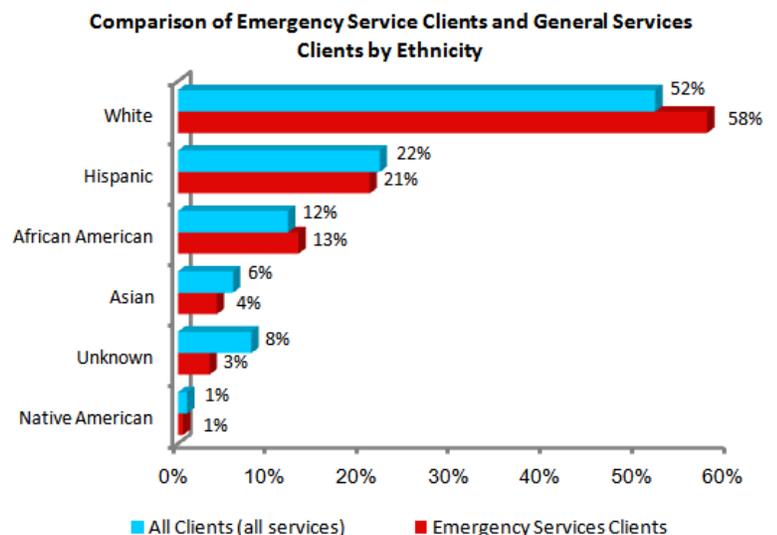
Gender and Emergency Services

- As shown, clients who utilized emergency services were more likely to be male than the general client population. In the general client population, gender was evenly split (50% male and 50% female). This compares to the emergency service clients, who were 55% male and 45%



Ethnicity and Emergency Services

- Clients who utilized emergency services were more likely to be Caucasian than the general client population. The general client population was 52% Caucasian, and the clients who had utilized emergency services during the fiscal year were 58% Caucasian.

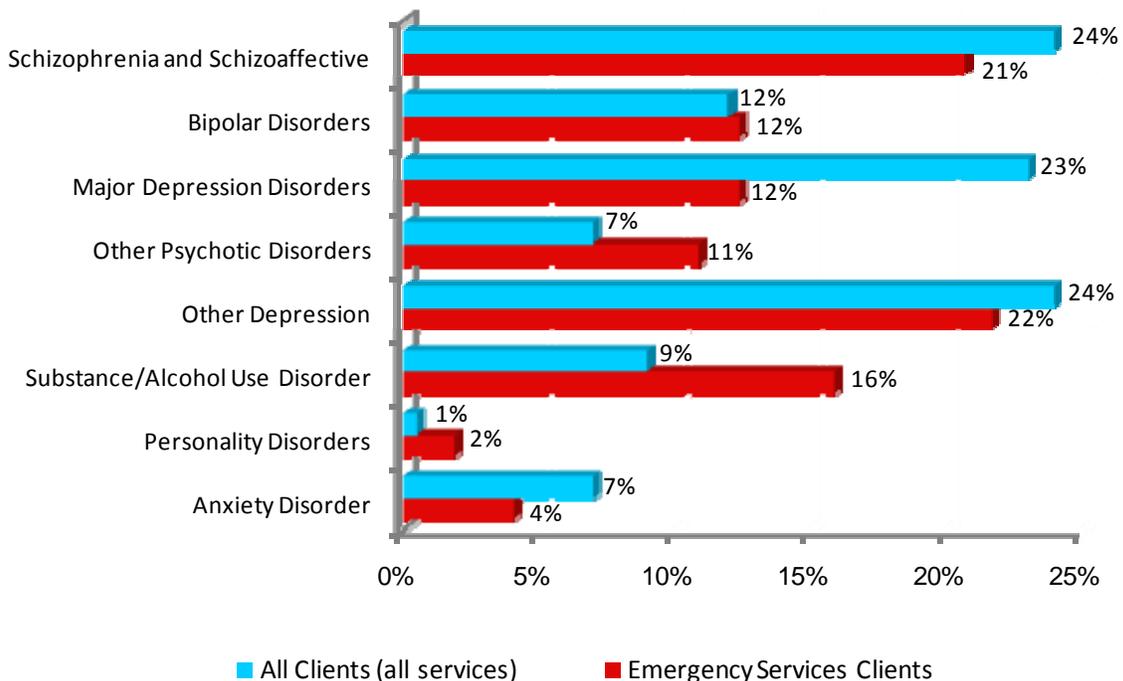


¹ Multiple emergency services that take place on the same day are not counted.

Primary Diagnosis and Emergency Services

- Although clients with a primary diagnosis of 'Major Depressive Disorder' represent 23% of the general client population, they only account for 12% of clients that utilize emergency services.
- Clients with a primary diagnosis of 'Substance/Alcohol Use Disorder' were disproportionately more likely to utilize emergency services, representing 9% of the general client population, but 16% of emergency service users.

Comparison of Emergency Service Clients and General Services Clients by Primary Diagnosis



Patterns of Utilization

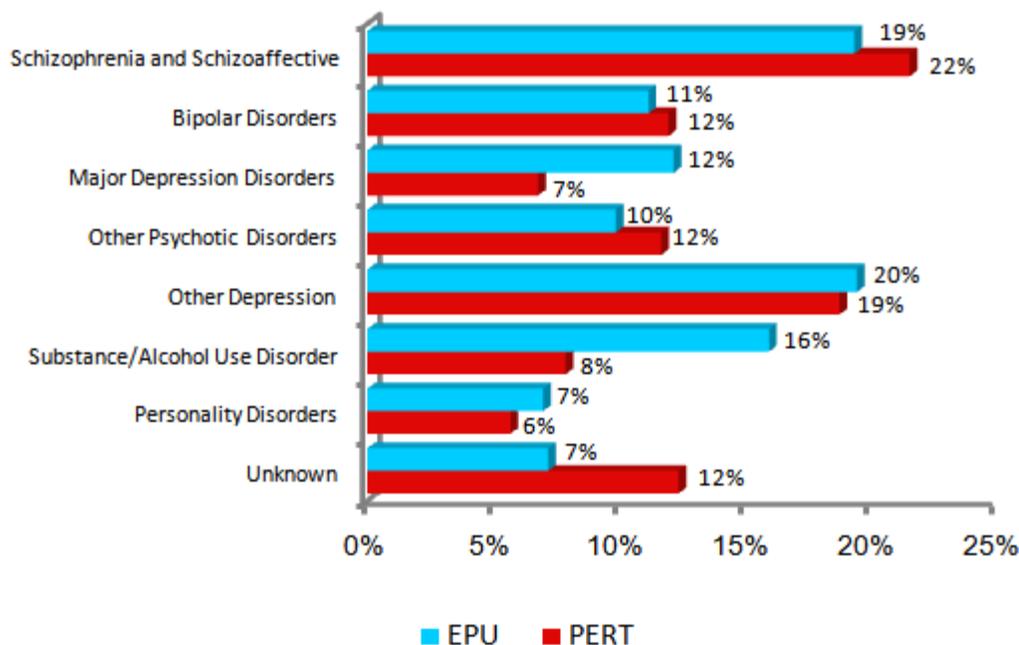
Repeat Usage of Emergency Services

- Of the 9,939 clients, 3,040 clients (30%) utilized emergency services more than once in FY 06 – 07.
- 28 clients were recorded as utilizing emergency services 10 or more times. These 28 represent approximately one quarter of one percent (.28%) of clients utilizing emergency services, but account for 3% of all services.

Comparison of PERT and EPU Users

- Clients with an “Unknown” primary diagnosis (at time of service) were more likely to receive services from PERT than EPU.
- Clients with a primary diagnosis of ‘Major Depressive Disorder’ or ‘Substance/Alcohol Abuse Disorder’ were more likely to receive services from the EPU than from PERT.

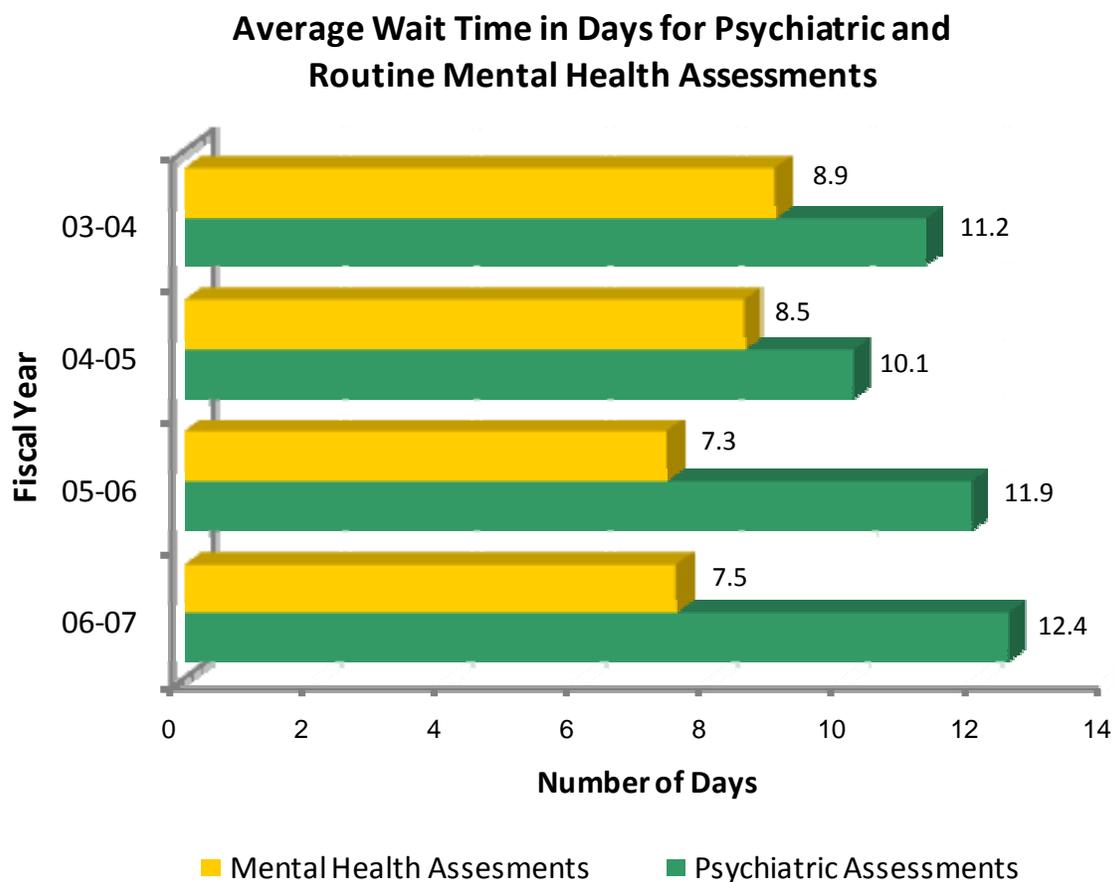
PERT and EPU Usage by Primary Diagnosis



WAIT TIMES

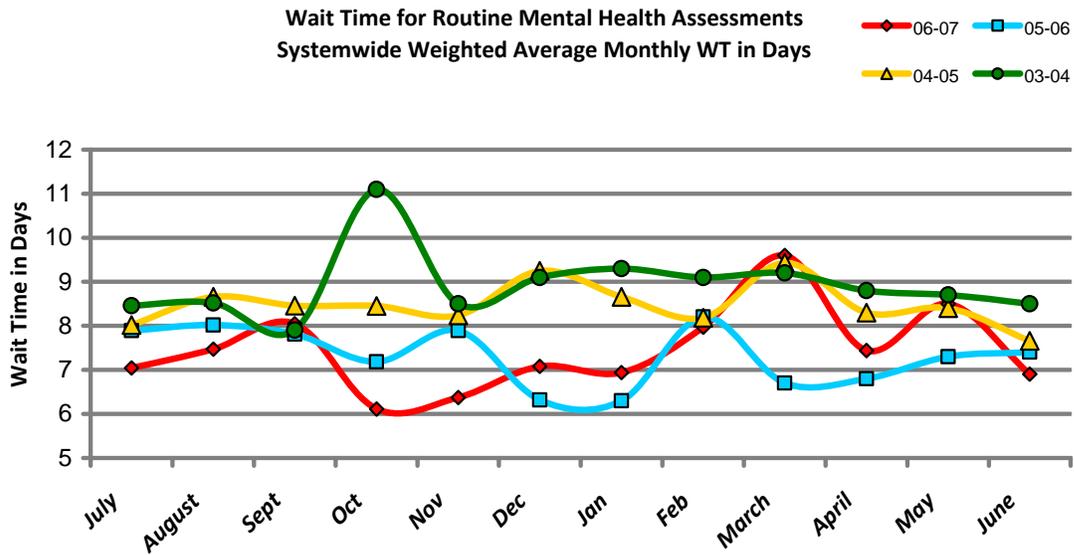
In order to track wait times, providers report weekly the wait time for routine mental health assessments and for psychiatric assessments.

- Average wait times for routine mental health assessments have trended downwards over the past two fiscal years, from 8.9 and 8.5 days in FY's 03-04 and 04-05, to 7.3 and 7.5 in FY's 05-06 and 06-07.
- Average wait times for psychiatric assessments have trended upwards over the past two fiscal years, from a low of 10.1 in FY 04-05, to 11.9 and 12.4 in FY's 05-06 and 06-07.

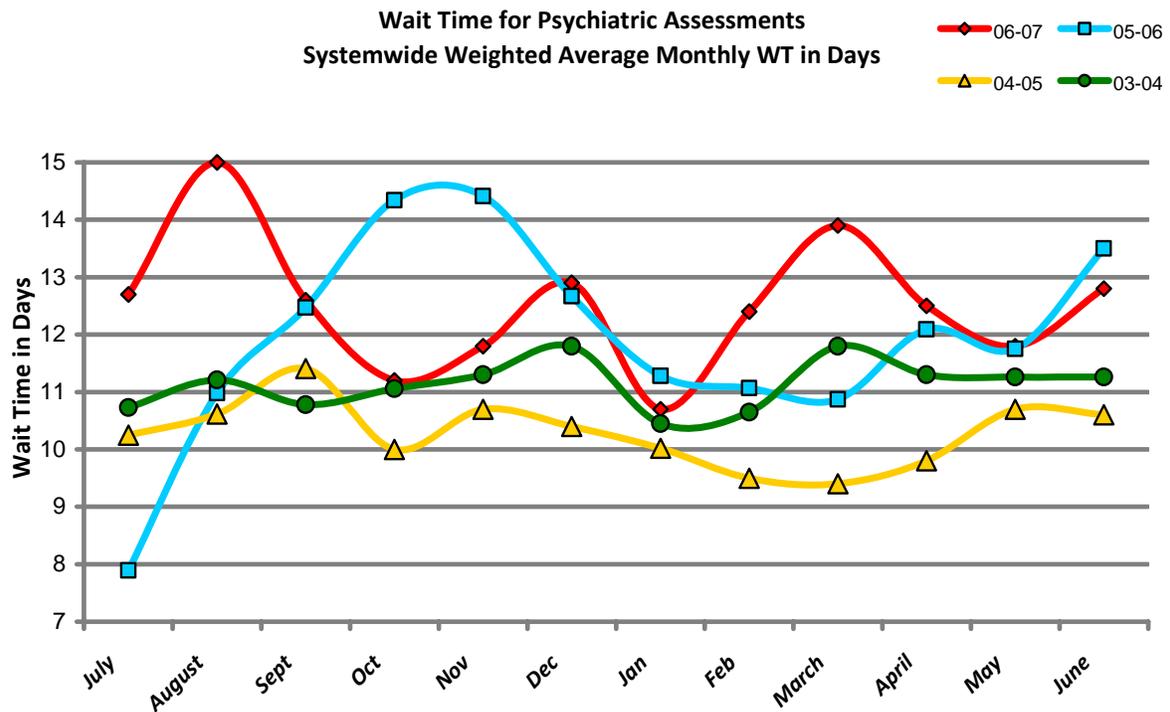


Wait Times

- In FY 06-07, average wait times for routine mental health assessments were lowest from October through January and highest during the month of March.



- Average wait times for psychiatric assessments for FY 06-07 were longest during August and March and lowest during October and January.



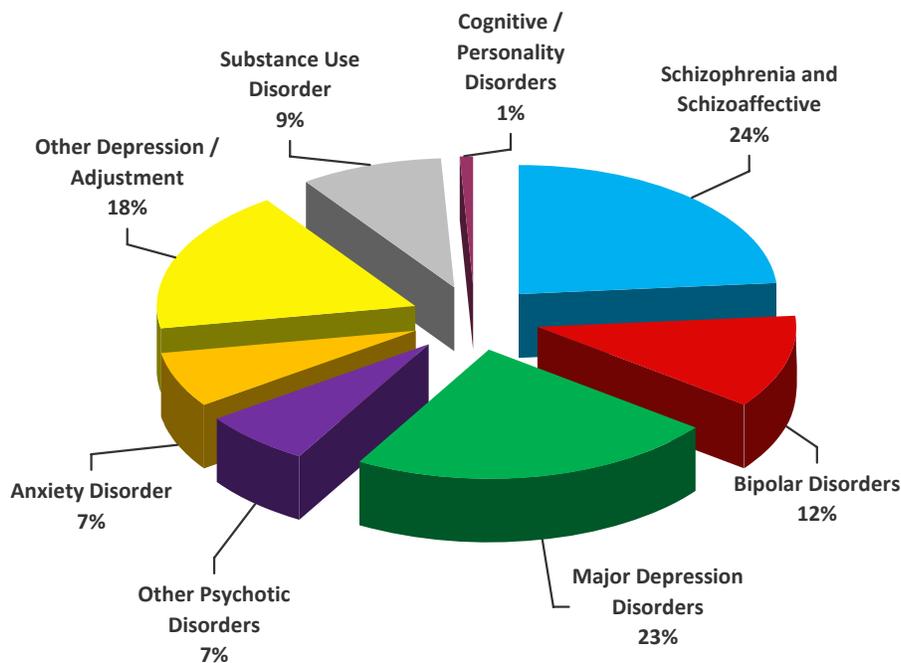
PRIMARY DIAGNOSIS

The information presented on pages 18 and 19 represents data for the 28,979 clients that received services from County contracted organizational providers during FY 06-07, and for whom a primary diagnosis was available from the InSyst data system. It should be noted that although 38,124 clients received services during FY 06-07, 9,145 had a disposition of “no or deferred diagnosis.” Deferred diagnoses are assigned to clients who receive services from fee-for-service providers, because their actual diagnoses are not currently entered into the InSyst system. Therefore, primary diagnosis, and dual diagnosis information is based only on those 28,979 with a primary diagnosis.

The most common diagnoses among adults served by the AMHS in 06-07 continue to be:

- 1) Schizophrenia and Schizoaffective Disorder (24%)**
- 2) Major Depressive Disorders (23%)**
- 3) Other Depression/Adjustment (18%)**

Distribution by Diagnosis



The distribution of primary diagnosis among consumers during FY06-07 is very similar to the pattern in FY05-06, and differs by a maximum of 1% in each category.

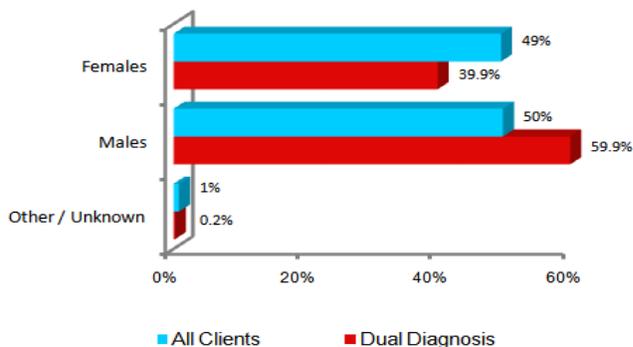
Dual Diagnosis

DUAL DIAGNOSIS

Adult clients with a diagnosis of any substance abuse disorder in addition to a mental health diagnosis are referred to as having a **dual diagnosis**. Of the 28,979 adult clients who had a mental health diagnosis in their records, 7,760 (27%) also had a diagnosis of substance abuse.

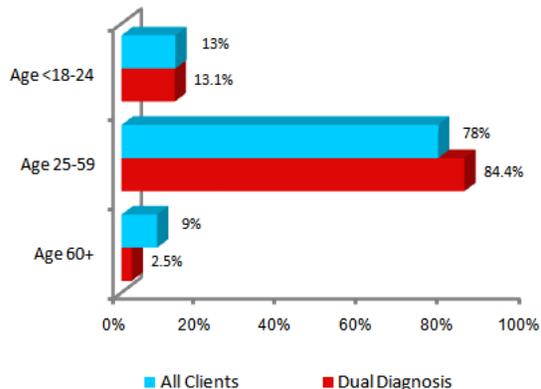
- As compared with the general mental health client population, clients with a dual diagnosis were more likely to be male. While in the general client population, men and women were equally represented, clients with a dual diagnosis were about 60% male and 40% female.

Dual Diagnosis and Client Gender



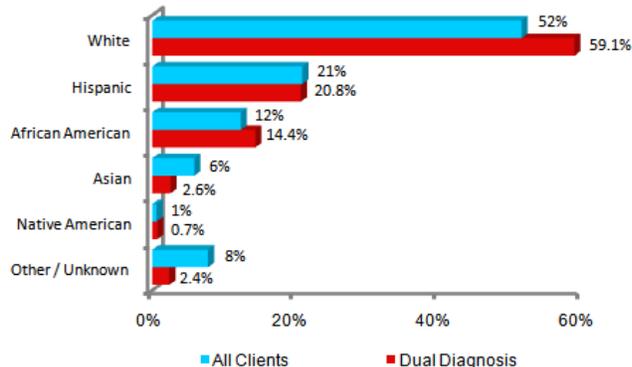
- On average, clients with a dual diagnosis tended to be younger as compared with the general mental health client population. In the general client population 78% were between the ages of 25 and 59, while 84% of clients with a dual diagnosis were in the same age range.

Dual Diagnosis and Client Age



- As compared with the general mental health client population, clients with a dual diagnosis were more likely to be white, and less likely to be Asian. Clients with a self-reported ethnicity of White represent 52% of all clients, but 59% of clients with a dual diagnosis. Asian clients make up 6% of the general client population, but only 2.6% of those with a dual diagnosis.

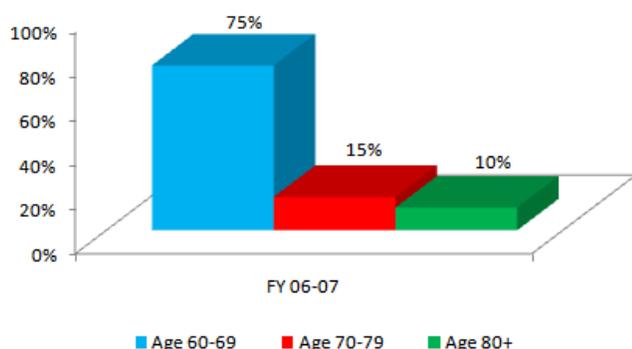
Dual Diagnosis and Client Ethnicity



SERVICES PROVIDED TO OLDER ADULTS

During FY 06-07, AMHS provided services to 3,338 older adult clients (age 60 or above), representing 9% of total clients served.

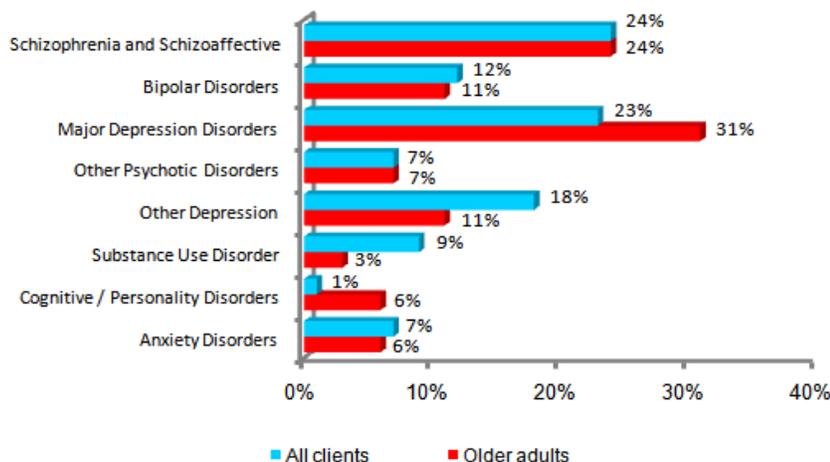
Age Distribution



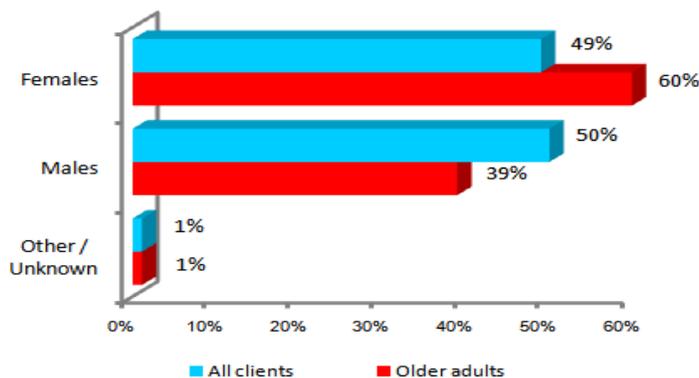
- 75% of Older Adult clients were between the ages of 60 and 69, 15% aged 70 – 79, and 10% were 80 years of age or older.

- Older adult clients served in FY 06-07 were most likely to have a primary diagnosis of Major Depressive Disorder (31%). In comparison, 23% of the total client population had a primary diagnosis of Major Depressive Disorder.

Older Adult Clients by Primary Diagnosis



Gender Distribution of Older Adult Clients

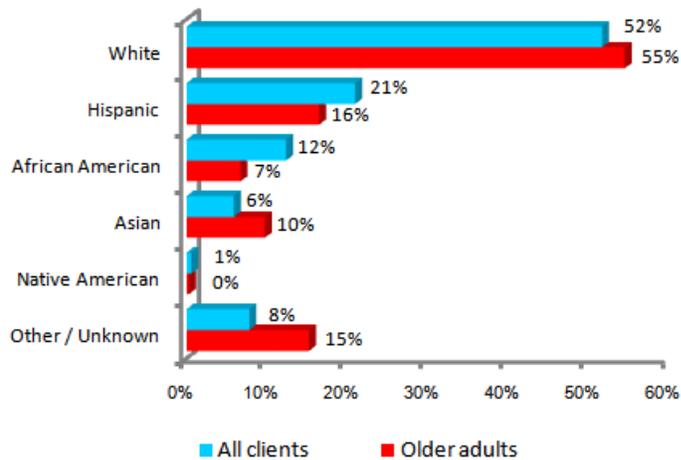


- 60% of Adult Clients served in FY 06-07 were female, as compared 49% in the total client population.

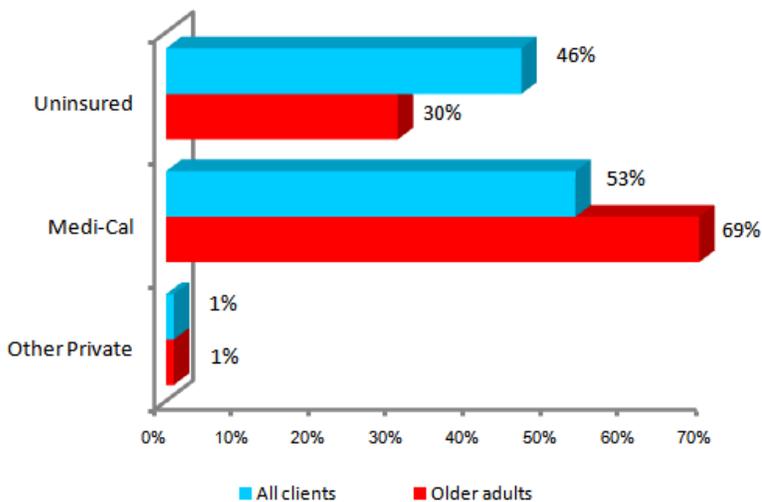
Older Adults

- As with the total client population, Older Adult clients served in FY 06-07 were predominantly White (52%). As compared with the total client population, Older Adult clients were slightly more likely to be Asian, and less likely to be Hispanic or African American.

Ethnicity of Older Adult Clients



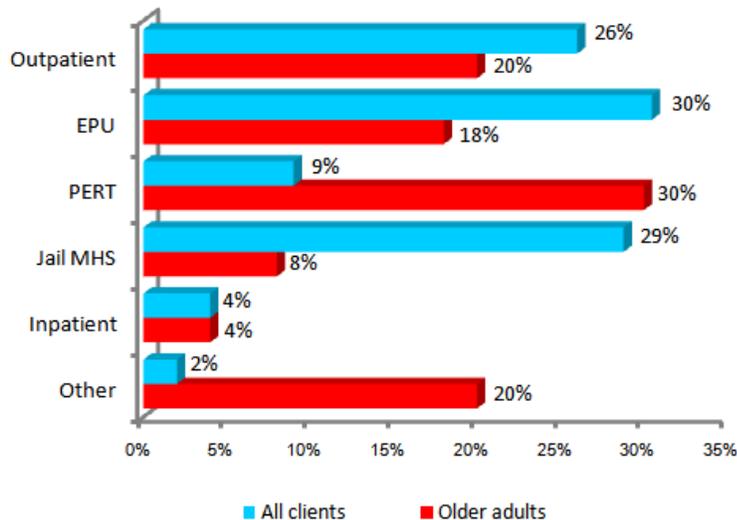
Type of Insurance for Older Adult Clients



- 69% of older adult clients were insured through Medi-Cal, and 30% were uninsured. This compares to 53% Med-Cal and 46% uninsured for the total client population.

- In FY 06-07, Older Adult clients most often received first mental health care services through PERT (30%). This compares with 9% of the total client population with PERT as the first service usage.

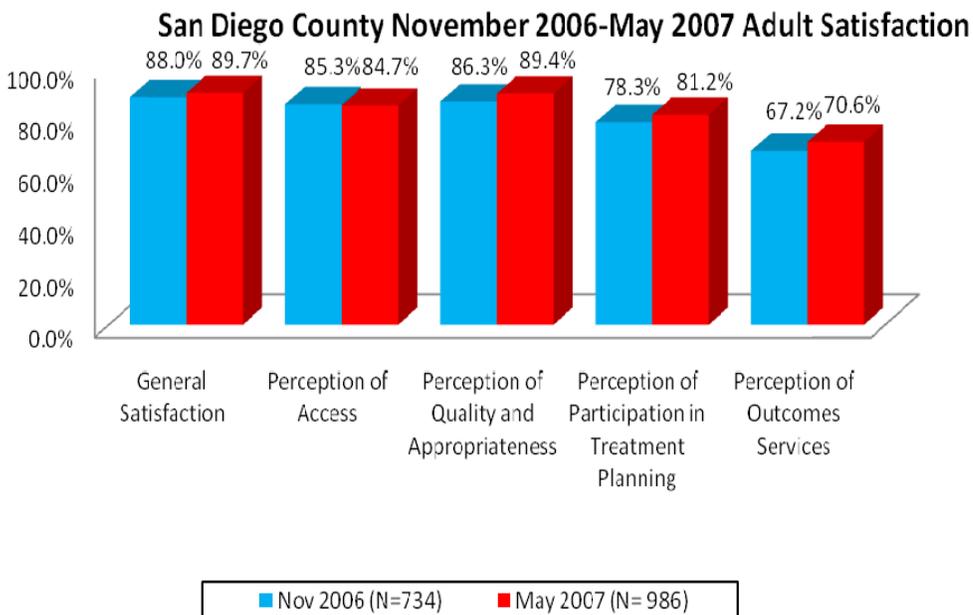
First Service Usage for Older Adult Clients



ADULT CONSUMER SATISFACTION TRENDS FY 06-07

A consumer satisfaction survey was conducted during the first two weeks of November and the first two weeks of May during the 2006 - 2007 fiscal year. Outpatient and Case Management programs are instructed to administer the survey to all clients who received services during these periods. Surveys are available in a variety of languages and in adult and older adult versions. Information from the survey is scored to obtain scores for five different domains of satisfaction: (1) Satisfaction with Services; (2) Perception of Access to Services; (3) Perception of Quality and Appropriateness of Services; (4) Perception of participation in Treatment Planning; and (5) Perception of Outcomes Services. Rating choices were on a 5-point scale ranging from “Strongly Agree” to “Strongly Disagree”.

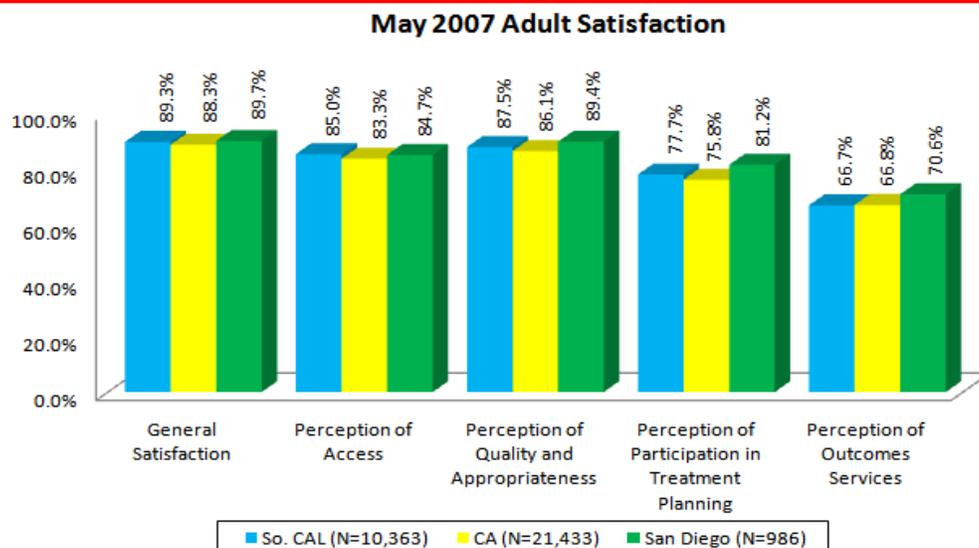
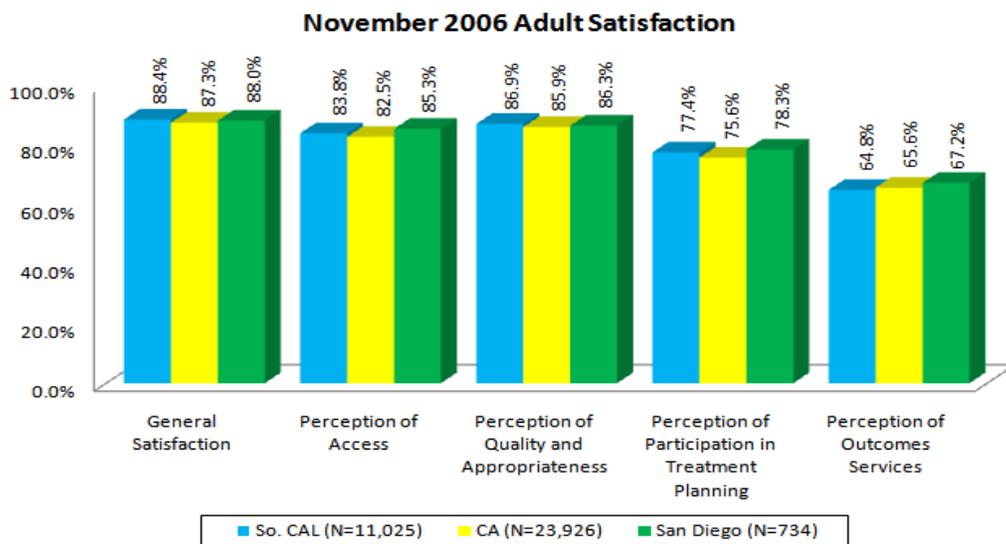
Adult Consumer Satisfaction Trends: Similar to FY05-06, comparison of the “general satisfaction” domain in FY06-07 reveals that at least 88% of consumers reported they “agreed” or “strongly agreed” with statements reflecting their general satisfaction. The “Perception of Outcomes Services” domain had the lowest reported level of satisfaction across November 2006 and May 2007 survey periods, despite its continual increase since FY05-06. Although all four non-general domains show a higher percentage of satisfied consumers than in FY05-06, the “Perception of Quality and Appropriateness” domain continues to have the highest levels across November 2006 and May 2007 survey periods.



With the exception of the “Perception of Access” domain, the proportion of satisfied consumers for all satisfaction domains was slightly higher in the May 2007 survey period than the November 2006 survey period. This is a similar trend as was seen in FY 05-06, with scores for the May survey period generally higher as compared to the November period.

Adult Consumer Satisfaction

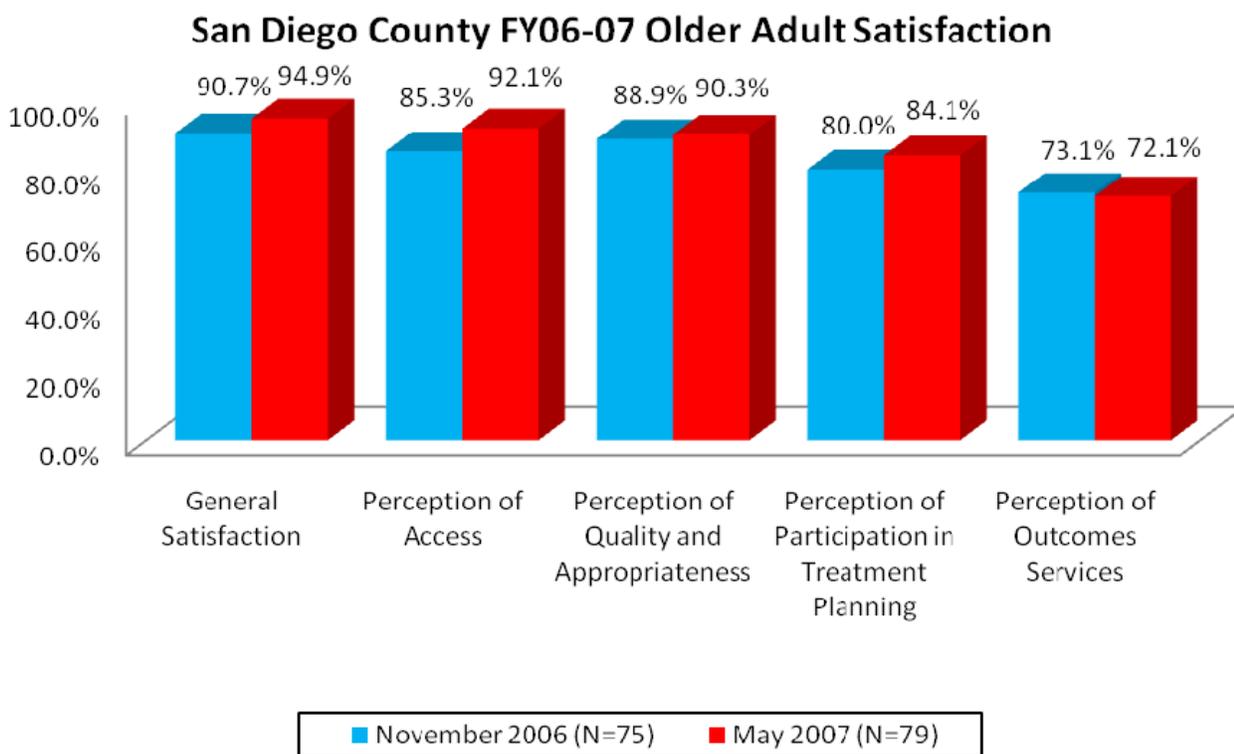
- A comparison of the San Diego County Adult Satisfaction Survey results with the Statewide and Southern California results show that for the November 2006 survey period the consumers in San Diego reported approximately the same level of general satisfaction as consumers in the Southern California region, or the State as a whole.
- For both survey periods, adult consumers in San Diego County consistently reported a higher level of satisfaction for the “Perception of Outcomes Services” domain as compared with the State as a whole or the Southern California region.
- San Diego County consumers reported higher levels of satisfaction on all satisfaction domains for both survey periods than the State of California as a whole.



Older Adult Consumer Satisfaction

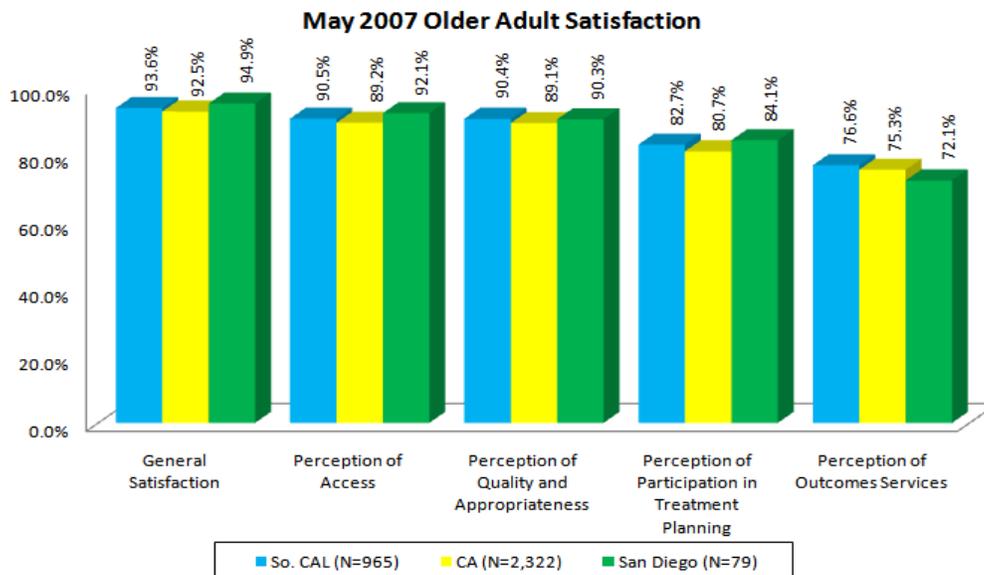
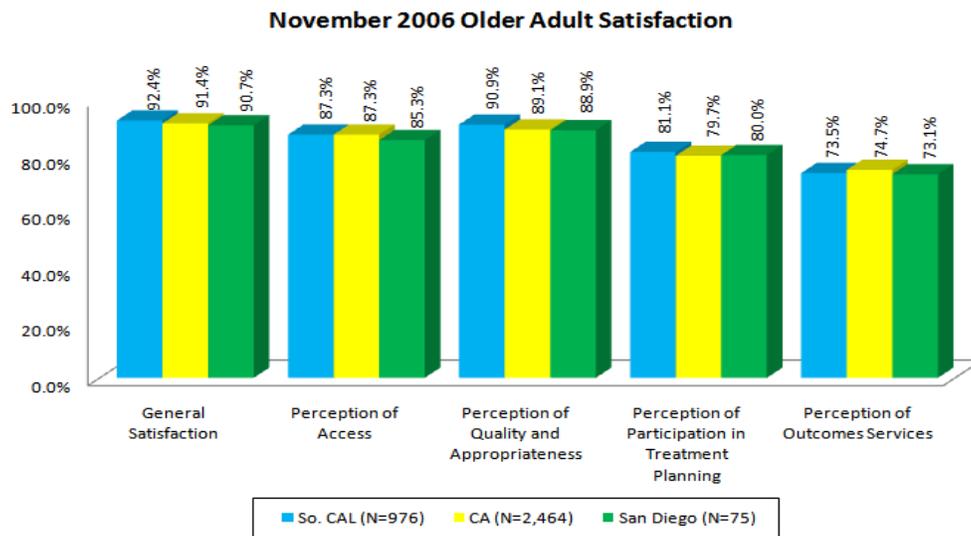
OLDER ADULT CONSUMER SATISFACTION TRENDS FY 06-07

- A comparison of the “General Satisfaction” domain for older adult consumers over both survey periods reveals that 90.7% of consumers in November 2006 and 94.9% in May 2007 reported they were either “satisfied” or “very satisfied” with services.
- The proportion of satisfied older adult consumers for the “Perception of Access” domain was markedly higher in the May 2007 survey period (85.3%) than in the November 2006 survey period (92.1%). This is similar to the trends seen in FY 05-06, with results from the May survey on average higher than the November survey.
- With the exception of the “Perception of Outcomes Services” domain, older adult consumer satisfaction increased by 1.4-6.8 percentage points across all satisfaction domains from November 2006 to May 2007.



Older Adult Consumer Satisfaction

- Comparison of the San Diego County Older Adult Satisfaction Survey results with the Statewide and Southern California results show that for May 2007, the consumers in San Diego reported higher levels of general satisfaction than the Southern California Region or the State as a whole. May 2007 general satisfaction for San Diego County was 2.3 percentage points higher than the State as a whole.
- With the exception of the “Perception of Outcomes Services” domain, older adult satisfaction across all satisfaction domains in May 2007 was higher than the State of California as a whole.

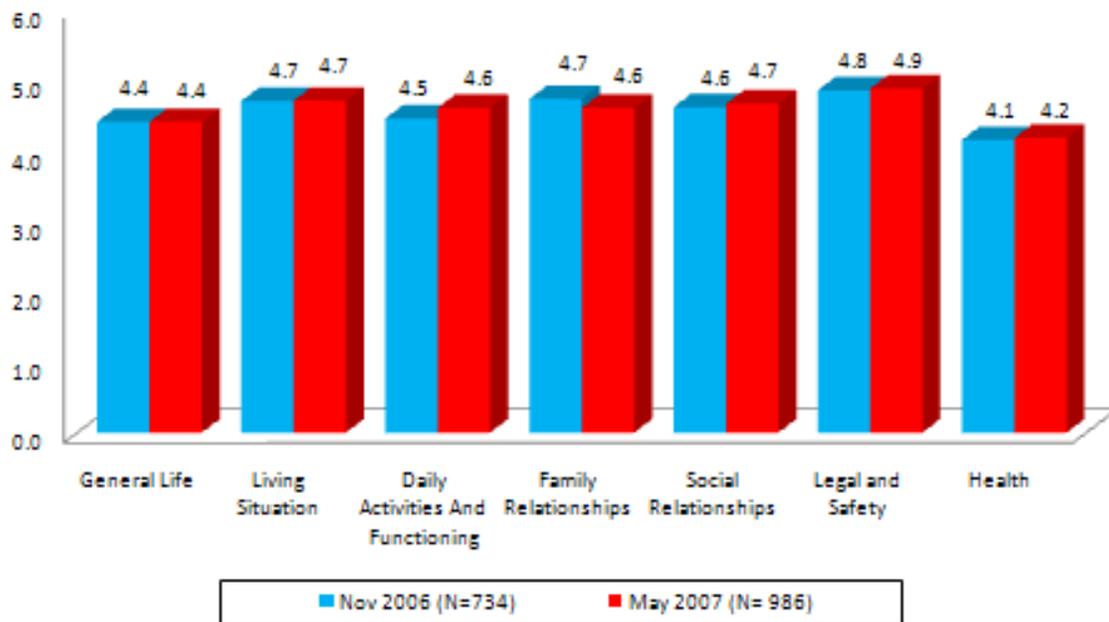


ADULT QUALITY OF LIFE

The twice-yearly consumer satisfaction survey contained an additional series of questions designed to assess consumer quality of life (QOL). The quality of life questions were scored to obtain six different domains of QOL: (1) Living Situation; (2) Daily Activities and Functioning; (3) Family Relationships; (4) Social Relationships; (5) Legal and Safety; and (6) Health. Additionally, a single question asked about the consumer's general satisfaction with life. Rating choices were on a 7-point scale ranging from "Delighted" to "Terrible."

Adult Quality of Life Trends: Comparison of the Adult QOL domains reveals that reported QOL in FY06-07 was equal to or slightly higher than in FY05-06 in all domains. Reported QOL was one-tenth of a point higher (on a 7-point scale) in May 2007 than in November 2006 for the "Daily Activities and Functioning," "Social Relationships," "Legal and Safety," and "Health" domains. Reported QOL in the "Family Relationships" domain was one-tenth of a point lower in the May 2007 survey period compared to the November 2006 survey period.

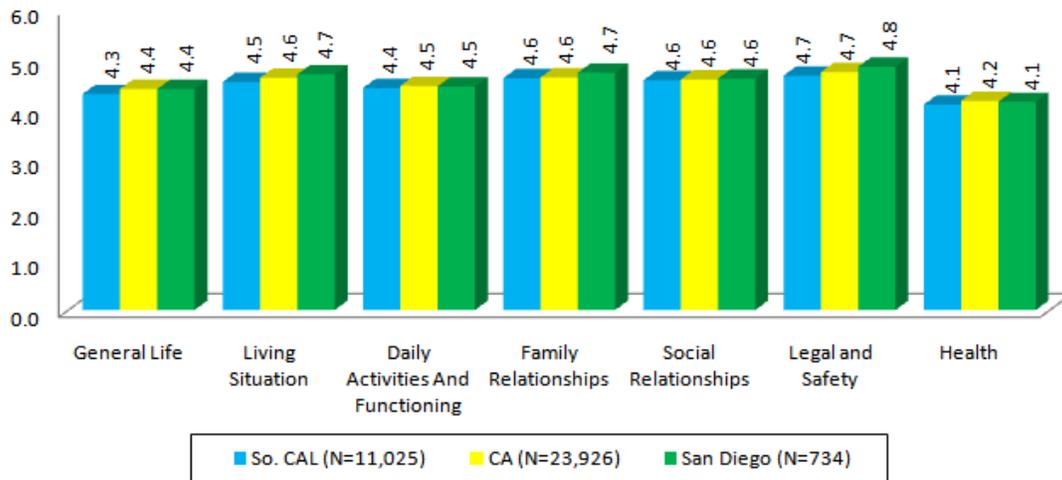
San Diego County November 2006 - May 2007 Adult Quality of Life



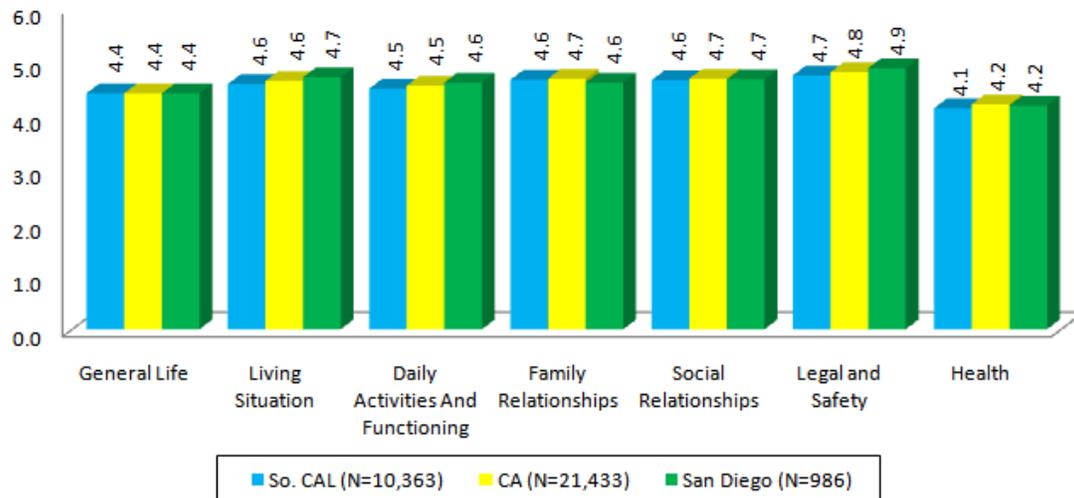
Adult Quality of Life

- Comparison of the San Diego County Adult Quality of Life results with the Statewide and Southern California results show that for November 2006 the consumers in San Diego reported the same or better QOL in all domains as consumers in the State as a whole, or the Southern California region. Mean scores for San Diego County in November 2006 were higher than both the State as a whole or the Southern California region for the “Living Situation”, “Family Relationships”, and “Legal and Safety” domains.
- For the May 2007 survey period, San Diego consumers consistently reported an equal or higher level of QOL as compared to the State as a whole, or the Southern California region. Mean scores for San Diego County in May 2007 were higher than both the State as a whole or the Southern California region for the “Living Situation”, “Daily Activities and Functioning”, and “Legal and Safety” domains.

November 2006 Adult Quality of Life



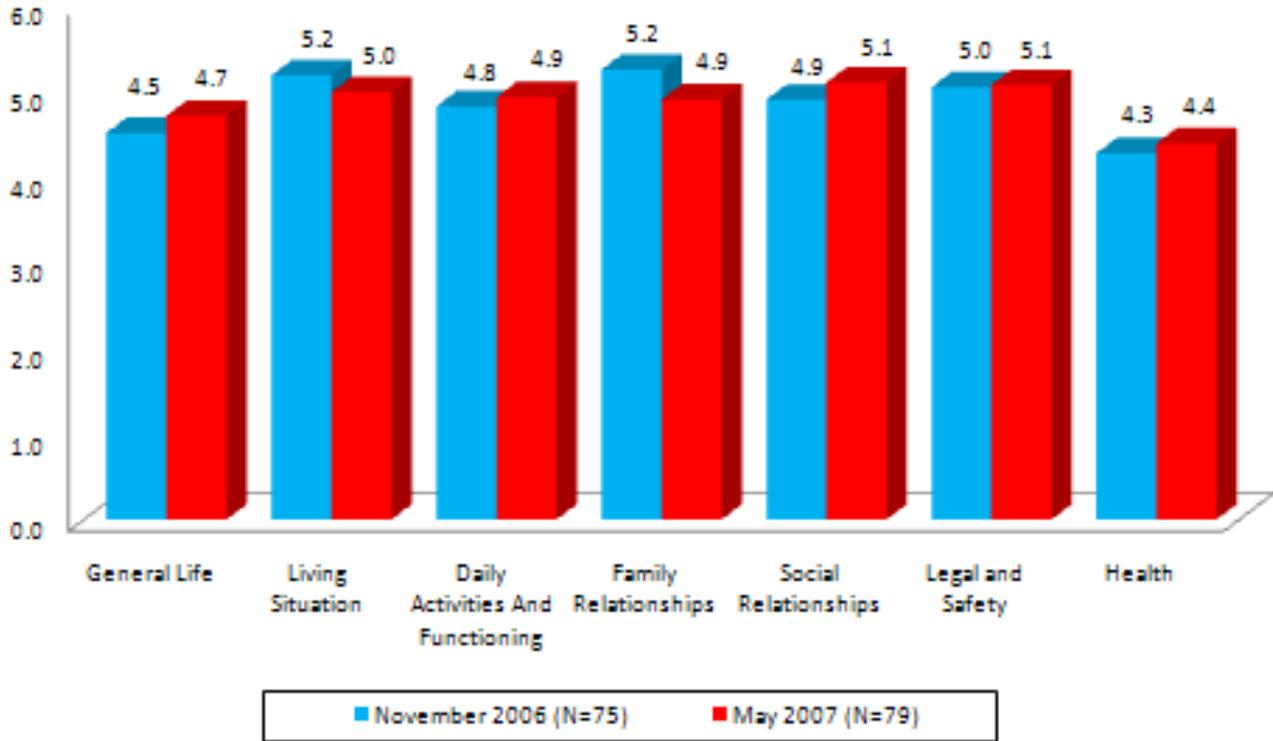
May 2007 Adult Quality of Life



OLDER ADULT QUALITY OF LIFE

Older Adult Quality of Life Trends: Comparison of the Older Adult QOL domains reveals that the mean QOL scores across all domains were similar for the November 2006 and May 2007 survey periods. The greatest differences were seen for the “Living Situation” and “Family Relationships” domains, which were higher for the November 2006 survey period than the May 2007 survey period.

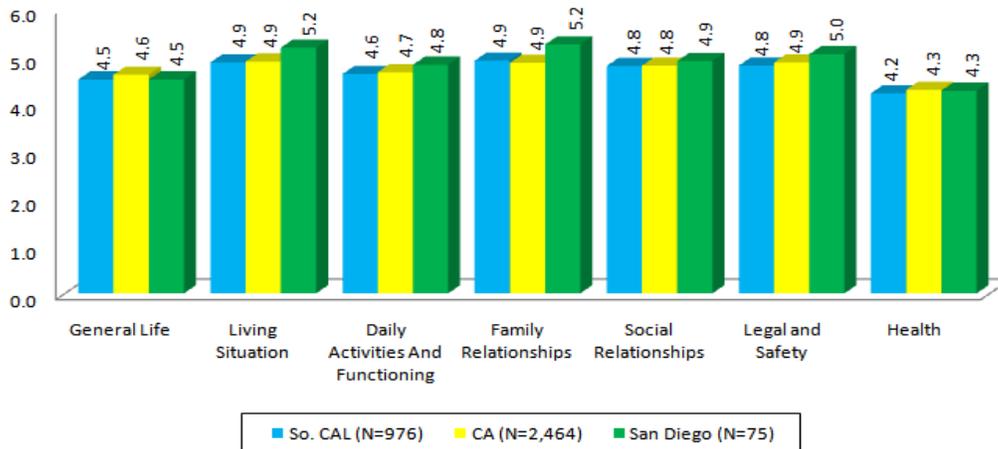
San Diego County November 2006 - May 2007 Older Adult Quality of Life



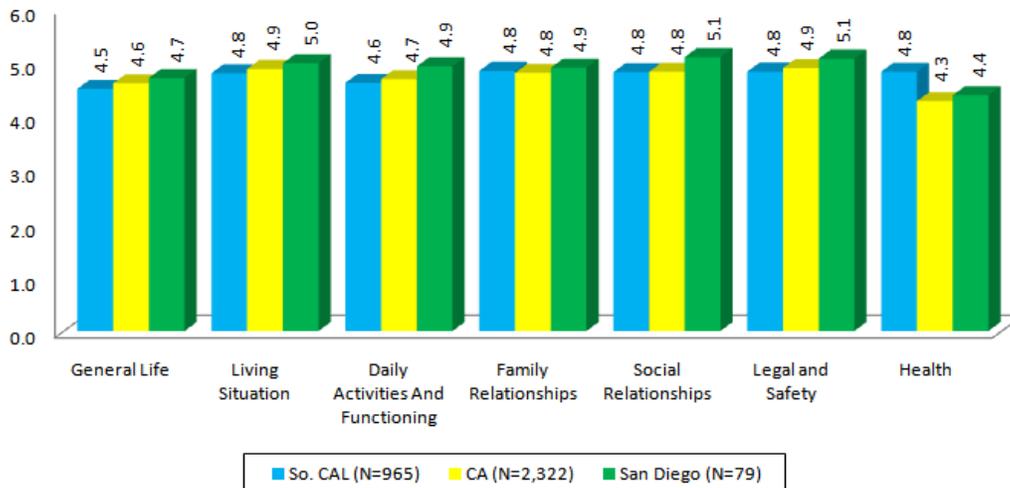
Older Adult Quality of Life

- Comparison of the San Diego County Older Adult Quality of Life results show that for November 2006 the consumers in San Diego reported equal or higher QOL as consumers in the state as a whole, or the Southern California region. Mean QOL scores for San Diego County were higher for “Living Situation,” “Daily Activities and Functioning,” “Family Relationships,” “Social Relationships,” and “Legal and Safety” as compared to the state as a whole and the Southern California region.
- For the May 2007 survey period, San Diego older adult consumers consistently reported higher levels of QOL as compared to the state as a whole, or the Southern California region. Average scores for San Diego County were higher than both the state as a whole and the Southern California region for all domains except “Health.”

November 2006 Older Adult Quality of Life



May 2007 Older Adult Quality of Life





Greg Cox, Chairman – District 1
Dianne Jacob, Vice-Chairwoman – District 2
Pam Slater-Price – District 3
Ron Roberts – District 4
Bill Horn – District 5