

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



**ADULT MENTAL
HEALTH SERVICES**

**OLDER ADULT MENTAL
HEALTH SERVICES**

ANNUAL REPORT

**FISCAL YEAR
2007 - 2008**

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INTRODUCTION

This report provides information on service utilization and satisfaction of San Diego County Adult Mental Health Services clients served in Fiscal Year 2007-2008 (July 1, 2007 – June 30, 2008). San Diego is the third largest county in California, with an adult population estimated at approximately 2.1 million (2008), and representing a vast diversity of race/ethnic groups, cultures and spoken languages. The program primarily serves adults 18 and older with severe, persistent mental health needs or those experiencing a mental health crisis, and 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. The program provided services to 41,132 clients in FY 07–08.

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 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 conservatorship and other services provided through the Sheriff's Department to persons in County jails. 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.

Services were delivered through almost 100 programs in FY 07-08 including:

- **36 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 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 are: (1) client/family driven; (2) wellness-focused, (3) culturally competent, and (4) more completely integrated with companion 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 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: The following are key findings from an analysis of the Adult and Older Adult Mental Health Services Systems for Fiscal Year 07-08.

All Clients

- Most adults served were diagnosed with Major Depression Disorder (25%), Schizophrenia and Schizoaffective Disorder (23%), or Other Depression/Adjustment Disorders (16%).
- 25% of adult clients who received services in FY07-08, and who had a primary diagnosis on record, had a secondary substance abuse diagnosis.
- Clients most often received initial mental health services through Jail Mental Health Services (26%), the Emergency Psychiatric Unit (26%), Outpatient Services (19%), the Psychiatric Emergency Response Team (12%), Inpatient services (4%) and Other (including Fee for Service; 14%).
- 30% of clients hospitalized in FY07-08 were hospitalized more than once during the fiscal year.
- Of the clients who received emergency services, 31% utilized emergency services more than once in FY07-08.
- 43 clients used emergency services 10 or more times during FY07-08, accounting for 4% of all emergency services, and 6% of emergency services costs totaling \$700,000.



Older Adult Clients

- Older adult clients served in FY 07-08 were most likely to have a primary diagnosis of Major Depression Disorder (31%). The proportion of older adult clients with this diagnosis declined steadily with age.
- The proportion of older adult clients with a primary diagnosis of 'Cognitive/Personality Disorders,' 'Other Psychotic Disorders,' and 'Other Depression,' increased with age.
- Older Adult new clients most often received first mental health care services through PERT (39%).
- According to the twice-yearly State Satisfaction survey, client satisfaction with "Participation in Treatment Planning" showed a 21% increase over FY06-07.

Summary of Findings from the San Diego County Adult and Older Adult Mental Health Services System for Fiscal Year 2007-2008

The following pages provide a summary of findings from an analysis of the Adult and Older Adult Mental Health Services Systems for Fiscal Year 07-08. Data is from a variety of sources, including the InSyst Medical Information System, and the twice-yearly State Consumer Satisfaction survey.

All Adult Clients

Demographics of clients served in FY07-08: The following provides general characteristics of the clients who received mental health services during Fiscal Year 07-08.

- 14% of clients (5,840) served in FY 07-08 were in the Transition Age Youth (TAY) category of 18 to 24 years of age. 77% of clients (31,496) were between the ages of 25 and 59, and 9% of clients (3,796) 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 51% White, 22% Hispanic, 13% African American, 6% Asian, and 1% Native American, with 8% of unknown ethnicity.
- 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 06-07.

Utilization: The following are some key points regarding patterns of service utilization for clients who received mental health services during Fiscal Year 07-08. 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 through Jail Mental Health Services (26%), the Emergency Psychiatric Unit (26%), Outpatient Services (19%), the Psychiatric Emergency Response Team (12%), Inpatient services (4%) and Other (including Fee for Service; 14%).
- 31% of clients hospitalized in FY07-08 were hospitalized more than once during the fiscal year.
- 10,736¹ clients received emergency services from the Psychiatric Emergency Response Team (PERT) and/or the Emergency Response Team (EPU) during FY 07-08.
- Clients who utilized emergency services were more likely to be male, white, and have a diagnosis of Substance/Alcohol Abuse disorder as compared with the general client population.
- Of the clients who received emergency services, 31% utilized emergency services more than once in FY07-08.
- 43 clients used emergency services 10 or more times during FY07-08, accounting for 4% of all emergency services, and 6% of emergency services costs totaling \$700,000.

¹ Of the 41,132 clients who received services during FY07-08, 10,292 were served by the FFS system which does not enter diagnosis information into InSyst. Therefore, primary diagnosis and dual diagnosis information is based only on those 30,840 clients with a primary diagnosis.

Summary of Findings

Wait Times: The key points below provide information regarding wait times for Adults and Older Adults who received mental health services during Fiscal Year 07-08. Wait time is defined as time from first contact to being seen by staff or clinician.

- Average wait time for routine mental health assessments have trended downwards over the past five fiscal years, from 8.9 days in FY03-04 to 5.3 days in FY07-08.
- Average wait time for psychiatric assessments have trended upwards over the past five fiscal years, from a low of 10.1 days in FY03-04 to 13.9 days in FY07-08.

Consumer Diagnoses: The following provides some key points regarding type and distribution of diagnosis for clients who received mental health services during Fiscal Year 07-08.

- Most clients served were diagnosed with Major Depression Disorder (25%), Schizophrenia and Schizoaffective Disorder (23%), or Other Depression/Adjustment Disorders (16%).
- 7,760 (25%) of clients who received services in FY07-08, 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 than the total client population.

Consumer Satisfaction: During two separate two-week survey periods taking place in the Spring and Fall of each fiscal year, all clients who received mental health services during Fiscal Year 07-08 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 State Satisfaction Survey show that consumer satisfaction in FY07-08 was higher for all four non-general domains than in FY05-06 (domains 2 through 5 above).
- The “Perception of Outcomes Services” domain continued to have the lowest reported level of satisfaction across Fall 2007 and Spring 2008 survey periods, despite its continual increase since FY05-06.
- The “Perception of Participation in Treatment Planning” domain showed the greatest increase from FY06-07, especially for the Spring 2008 survey period.
- The proportion of satisfied consumers for all satisfaction domains was slightly higher in the Spring 2008 survey period than the Fall 2007 survey period. This is similar to the trend seen in FY06-07, with scores for the Spring survey period generally higher as compared to the Fall period.

Adult Quality of Life (QOL): The key points below provide information regarding consumer (client) quality of life taken from the twice-yearly State Satisfaction survey which takes place in the Spring and Fall of each year. 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.

- For all domains except "Social Relationships," QOL scores were equal or higher for the FY07-08 survey periods as compared with the FY06-07 survey periods.
- During Fall 2007, adult consumers in San Diego reported similar QOL in all domains as consumers in the State as a whole, or the Southern California region.

Older Adult Clients

Demographics of Older Adult clients served in FY07-08: The key points below provide information regarding characteristics and service usage specific to Older Adults who received mental health services during Fiscal Year 07-08.

- 75% of older adult clients served in FY 07-08 were between the ages of 60 and 69.
- Older adult clients served in FY 07-08 were most likely to have a primary diagnosis of Major Depression Disorder (31%).
- 60% of Older Adult Clients served in FY 07-08 were female, as compared 49% in the total client population.
- Older Adult new clients most often received first mental health care services through PERT (39%).

Older Adult Consumer Satisfaction:

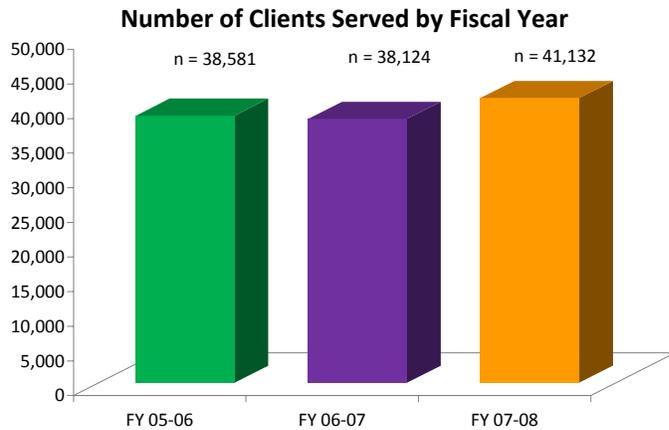
- At least 88% of Older Adult consumers in Fall 2007 and Spring 2008 reported they were either "satisfied" or "very satisfied" with services.
- Older adult consumers in San Diego reported slightly lower levels of general satisfaction than older adults in the Southern California Region or the State as a whole.
- Older adult satisfaction across all satisfaction domains in Spring 2007 for San Diego was lower than the State of California as a whole or the Southern California region for the same survey period.

Older Adult Quality of Life (QOL):

- For older adult consumers, QOL scores for the "Living Situation" and "Health" domains were higher for the Spring 2008 survey period than the Fall 2007 survey period.
- Older adult consumers in San Diego generally reported lower QOL as compared with consumers in the state as a whole, or the Southern California region.

Adults and Older Adults Receiving Mental Health Care Services

ADULTS AND OLDER ADULTS RECEIVING MENTAL HEALTH CARE SERVICES

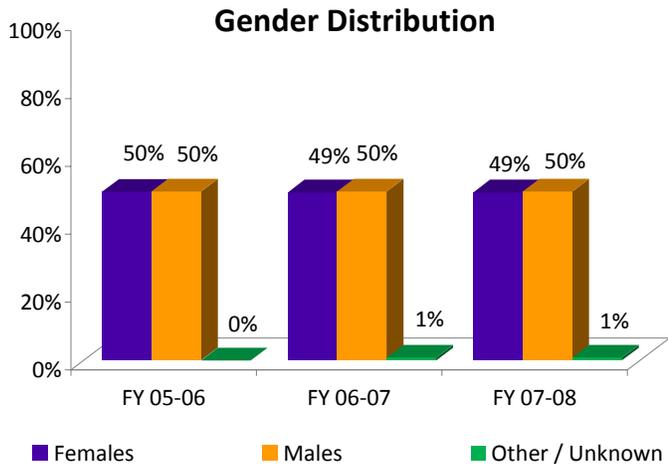
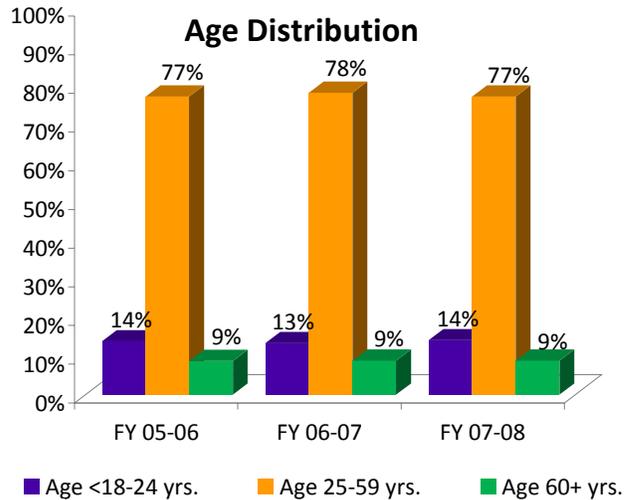


Number of Clients Served

- In Fiscal Year 2007-2008, San Diego County delivered mental health services to 41,132 adults and older adults. This is an 8% increase from Fiscal Year 2006-2007. This increase is largely due to new Mental Health Services Act (MHSA) services coming online.

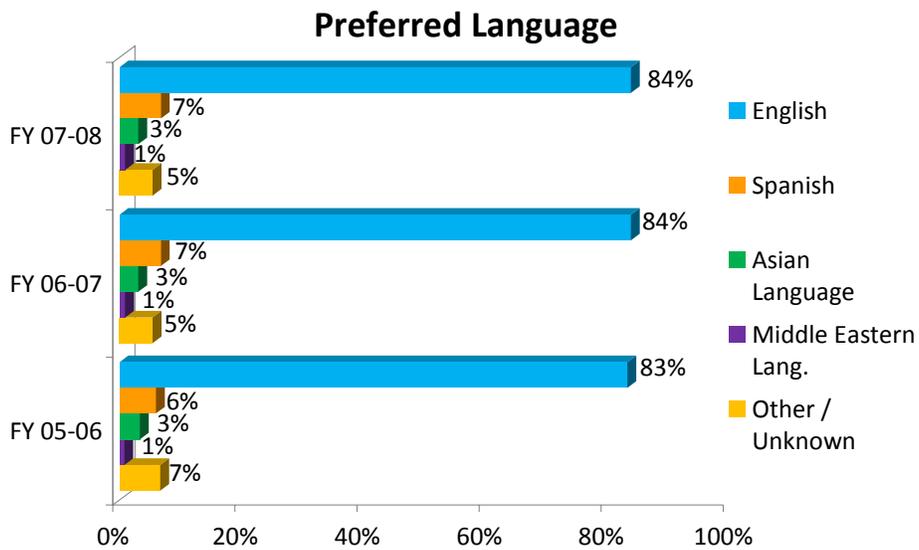
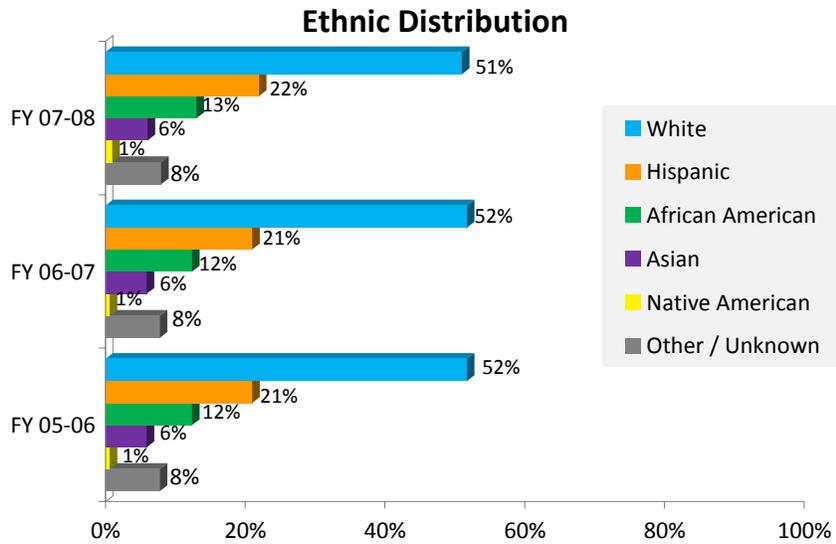
Age

- 14% of clients (5,840) served in FY 07-08 were in the Transition Age Youth (TAY) category of 18 to 24 years of age. 77% of clients (31,496) were between the ages of 25 and 59, and 9% of clients (3,796) served were older adults (60+ years of age).



Gender

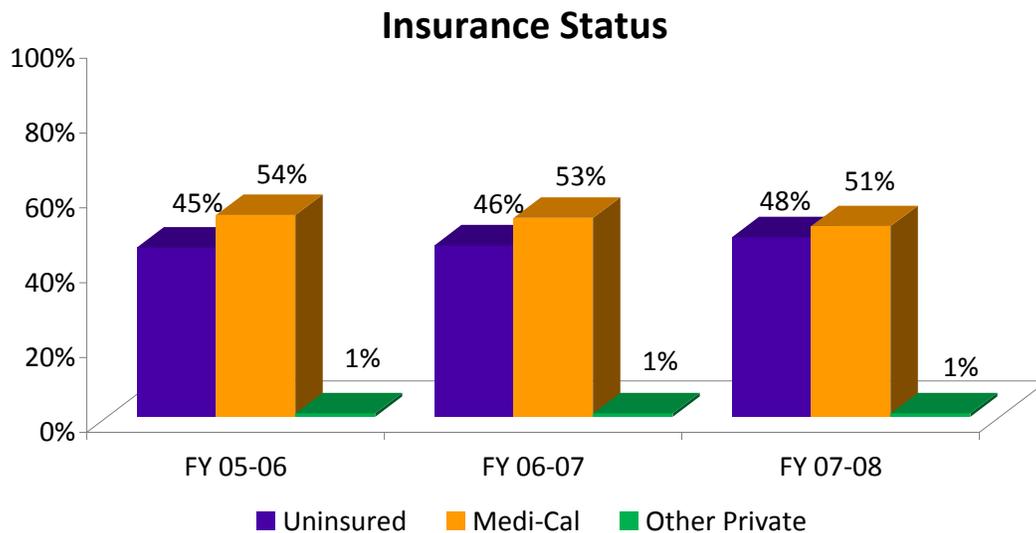
- Client gender was approximately evenly split between males and females.



Adults and Older Adults Receiving Mental Health Care Services

Insurance Status

- Similar to previous years, the majority of clients served in FY07-08 received Medi-Cal (51%) while almost half of clients served in 07-08 were uninsured (48%). 1% of clients were insured by 'Other Private' insurance.
- While the majority of clients (51%) received Medi-Cal, there was a slight downward trend for this category, accompanied by a slight upward trend in the proportion of uninsured clients to 48%.



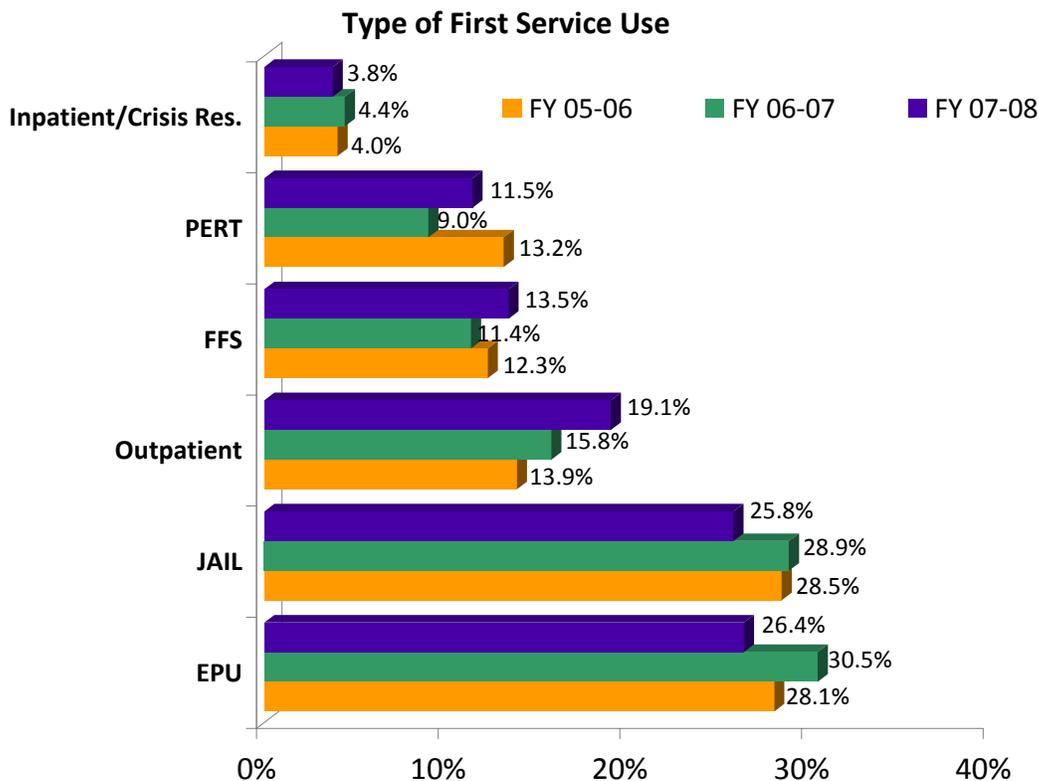
Adults and Older Adults: Patterns of Utilization

PATTERNS OF UTILIZATION

First Service Usage

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

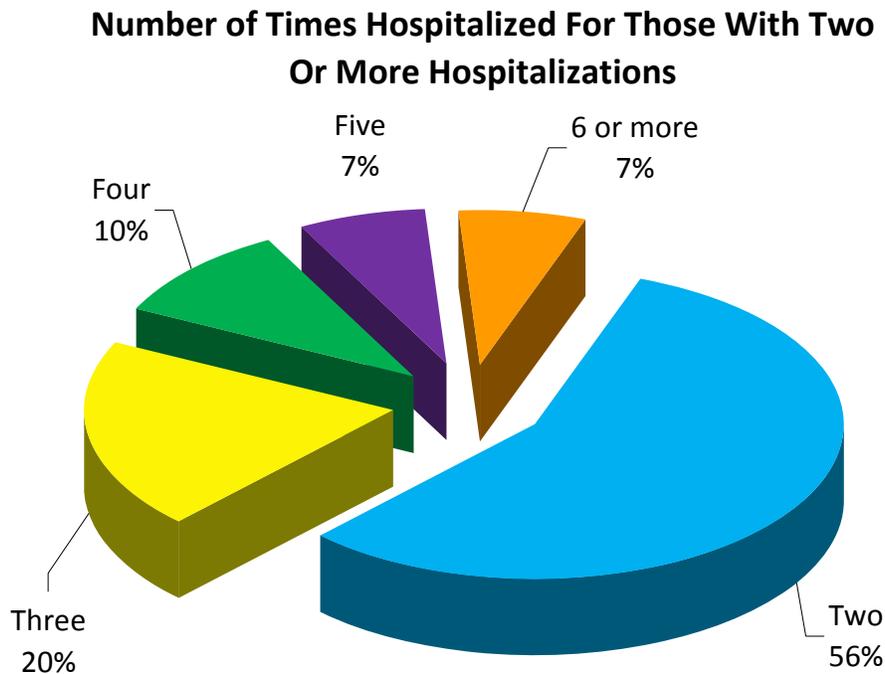
- In FY 07-08, clients most often received first mental health care services through the EPU (26%) or Jail Mental Health Care services (26%).
- Inpatient/Crisis Residential (4%), or PERT (12%) were the least common way for clients to first access services.
- The percentage of clients initially accessing services from the EPU decreased from 30% in FY06-07 to 26% in FY07-08.
- The percentage of clients initially accessing services from PERT increased from 9% to 12% from FY06-07 to FY07-08.
- The percentage of clients initially accessing services from Jail Mental Health Services decreased from 29% in FY06-07 to 26% in FY07-08.
- The percentage of clients initially accessing services from Inpatient services decreased slightly from FY06-07 to FY07-08.



Adults and Older Adults: Patterns of Utilization

Hospitalization Recidivism

- 2,919 clients were hospitalized at least once in FY07-08. Of those, 883 (30%) were hospitalized more than once. This is slightly higher than the 858 hospitalized more than once in FY06-07.
- Of those experiencing multiple hospitalizations, 56% were hospitalized twice, 20% three times, 10% four times, 7% five times, and 7% six or more times (during the fiscal year).

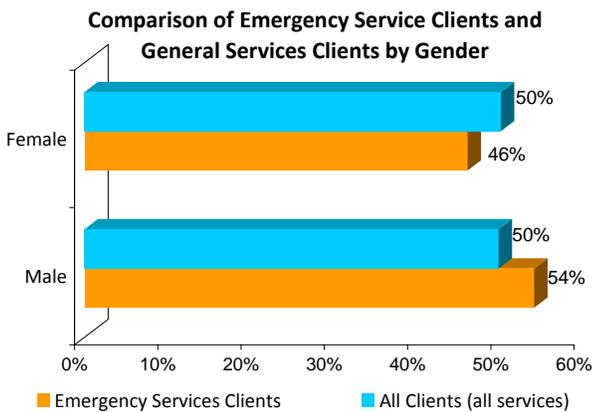


Adults and Older Adults: Patterns of Utilization

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 FY07-08.

- 11,470 clients utilized emergency services (EPU and/or PERT) during FY07-08, representing 17,486 individual services. 734 of these clients used *both* EPU and PERT, for a total of 10,736 *unduplicated* clients that utilized the EPU or PERT during the fiscal year. This unduplicated total represents an 8% increase over the 9,939 unduplicated clients who utilized emergency services in FY06-07.

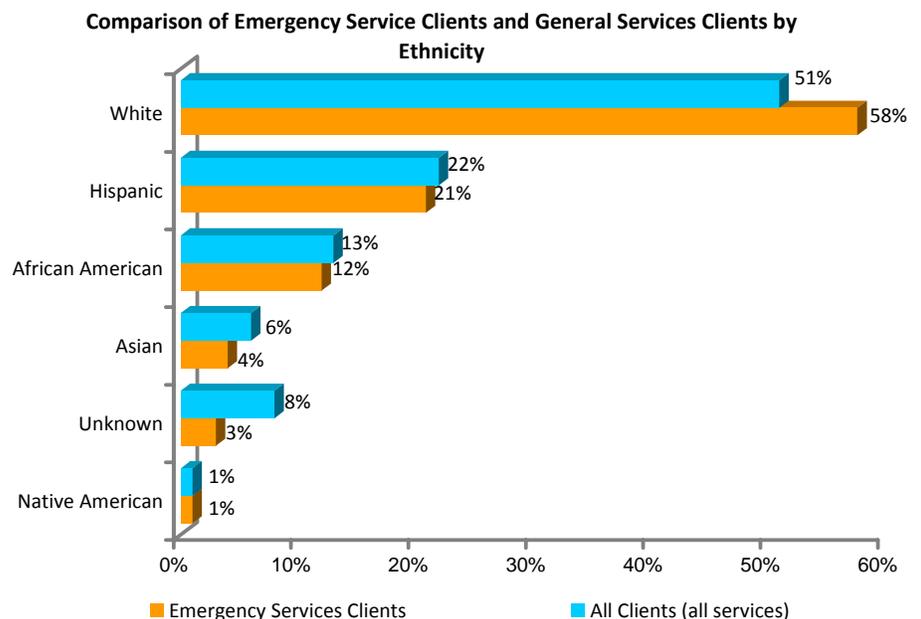


Gender and Emergency Services

- Clients who utilized emergency services were more likely to be male (54%) than female (46%). The general client population was evenly split between male and female.

Ethnicity and Emergency Services

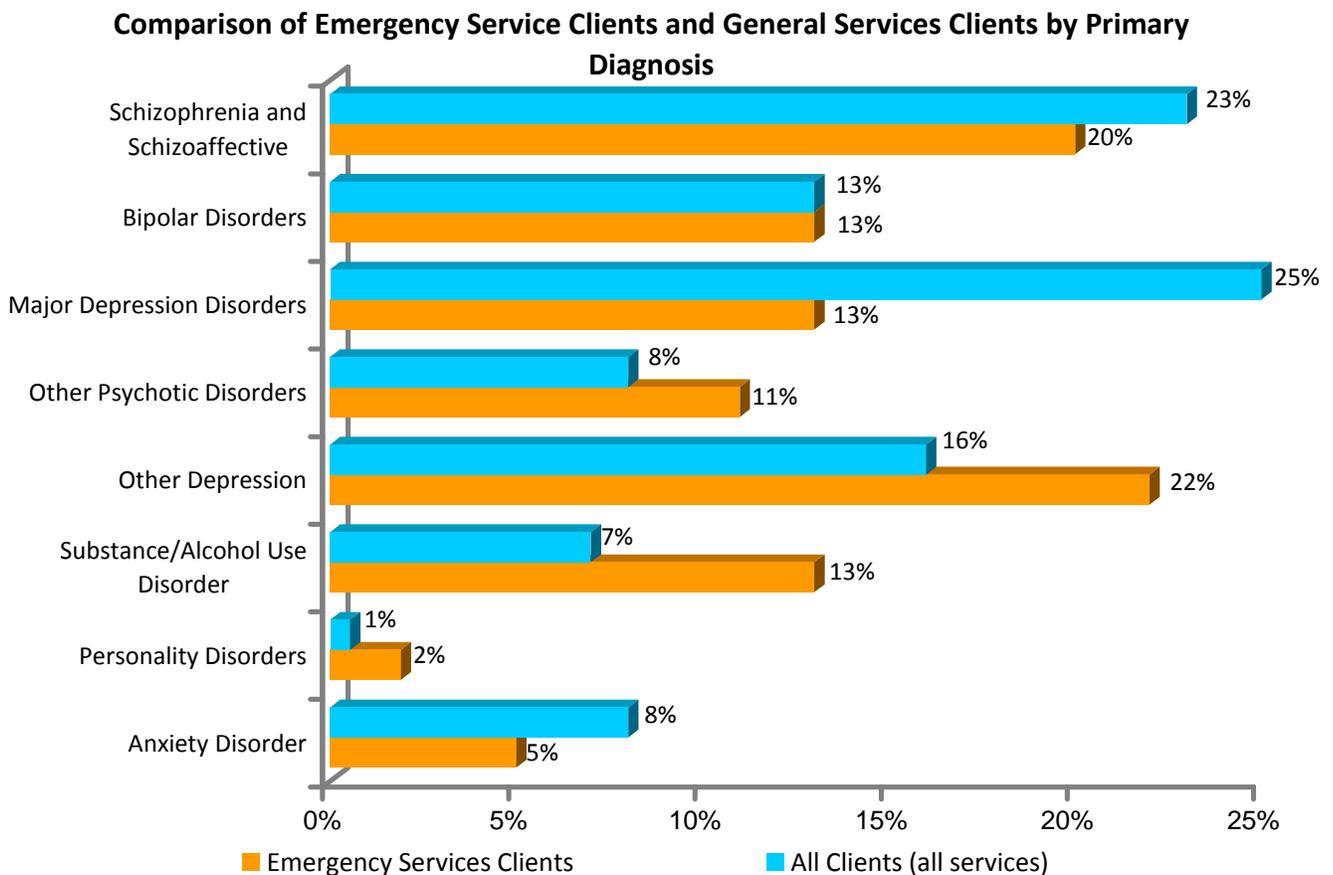
- Clients who utilized emergency services were more likely to be White (58%) than the general client population (51%).



Adults and Older Adults: Patterns of Utilization

Primary Diagnosis and Emergency Services

- Although clients with a primary diagnosis of 'Major Depression Disorder' represent 25% of the general client population, they only account for 13% of clients who utilize emergency services.²
- Clients with a diagnosis of 'Substance/Alcohol Use Disorder' comprised only 7% of the general client mental health population, but were 13% of emergency service users.



² Of the 41,132 clients who received services during FY07-08, 10,292 were served by the FFS system which does not enter diagnosis information into InSyst. Therefore, primary diagnosis and dual diagnosis information is based only on those 30,840 clients with a primary diagnosis.

Adults and Older Adults: Patterns of Utilization

Repeat Usage of Emergency Services

- Of the 10,736 unduplicated clients who utilized emergency services in FY07-08, 3,379 (31%) utilized emergency services more than once.
- 43 clients were recorded as utilizing emergency services 10 or more times. This represents a notable relative increase of 54% over the 28 clients who utilized emergency services 10 or more times in FY06-07.
- These 43 clients represent approximately four tenths of one percent (.4%) of clients utilizing emergency services, but account for 4% of all services and 6% of emergency services costs totaling \$700,000.
- Of the 43 clients who utilized emergency services 10 or more times in FY07-08, 5 clients had also utilized emergency services 10 or more times in the prior fiscal year.

A comparison of the demographic and diagnosis information between these 43 and all clients served during FY07-08 is presented below.

These 43 clients were more likely to...

- ...be under the age of 60 (98% under the age of 60 versus 91% for all other clients)
- ...be male (58% versus 50%)
- ...be White (56% versus 51%) or African American (19% versus 6%)
- ...have a diagnosis of schizophrenia/schizoaffective disorder (54% versus 23%)
- ...be insured (Medi-Cal or other private insurance) than the general client population (60% versus 52%)

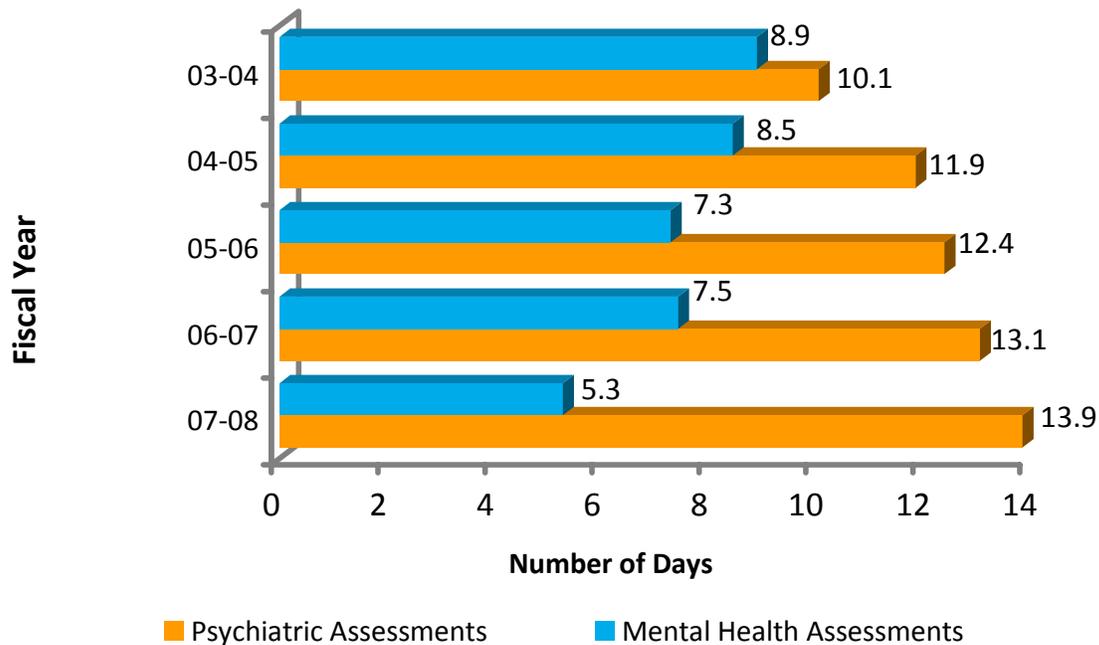
Adults and Older Adults: Wait Times

WAIT TIMES

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

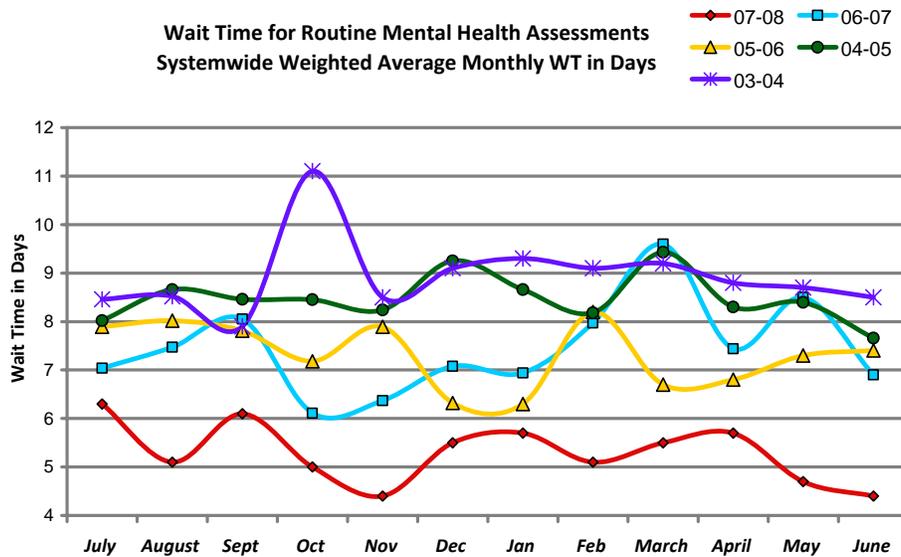
- Average wait times for routine mental health assessments have trended downwards over the past five fiscal years, from 8.9 days in FY03-04 to 5.3 days in FY07-08. This may largely be due to the implementation of Rapid Access hours at most clinics.
- Average wait times for psychiatric assessments have trended upwards over the past five fiscal years, from a low of 10.1 days in FY03-04 to 13.9 days in FY07-08.

Average Wait Time in Days for Psychiatric and Routine Mental Health Assessments

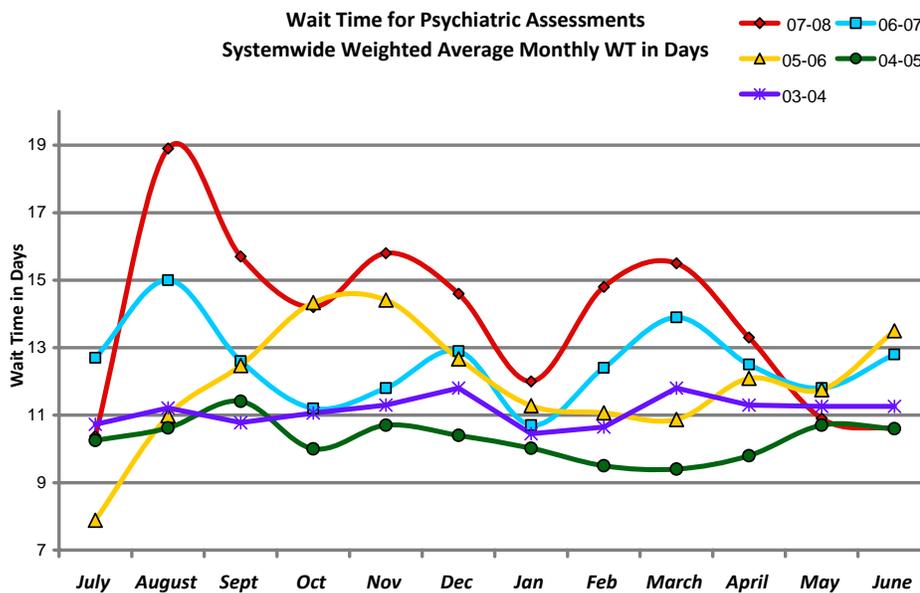


Adults and Older Adults: Wait Times

- Wait times range from month to month, with no constant appearing from one year to the next.
- In FY07-08, average wait times for routine mental health assessments were lowest during the months of November (2007) and June (2008), and highest during the month of July (2007).



- Average wait times for psychiatric assessments for FY07-08 were highest during August (2007) and lowest during July (2007) and June (2008).



Adults and Older Adults: Primary Diagnosis

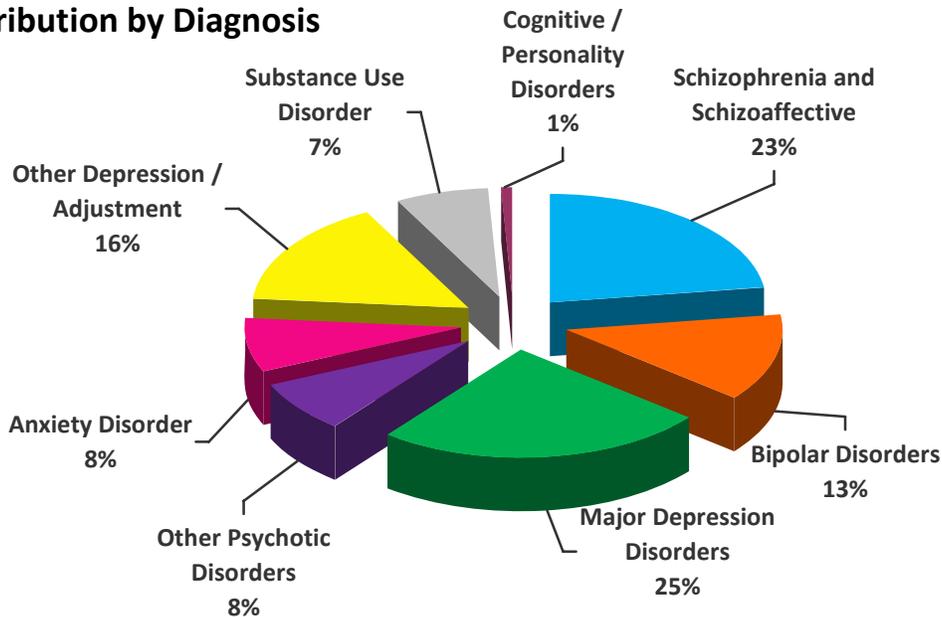
PRIMARY DIAGNOSIS

The information presented in the following chapter represents data for the 30,840 clients who received services from County contracted organizational providers during FY07-08, and for whom a primary diagnosis was available from the InSyst data system.³

The most common diagnoses among adults who received services in FY07-08:

- 1) Major Depression Disorders (25%)***
- 2) Schizophrenia and Schizoaffective Disorder (23%)***
- 3) Other Depression/Adjustment Disorders (16%)***

Distribution by Diagnosis



The distribution of primary diagnosis among consumers during FY07-08 is very similar to the pattern in FY06-07, and differs by a maximum of 2% in each category.

³ Of the 41,132 clients who received services during FY07-08, 10,292 were served by the FFS system which does not enter diagnosis information into InSyst. Therefore, primary diagnosis and dual diagnosis information is based only on those 30,840 clients with a primary diagnosis.

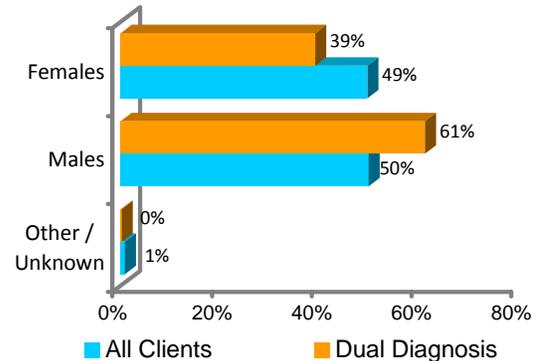
Adults and Older Adults: Primary Diagnosis

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 30,840 adult clients who had a mental health diagnosis in their records, 7,460 (24%) also had a diagnosis of substance abuse.

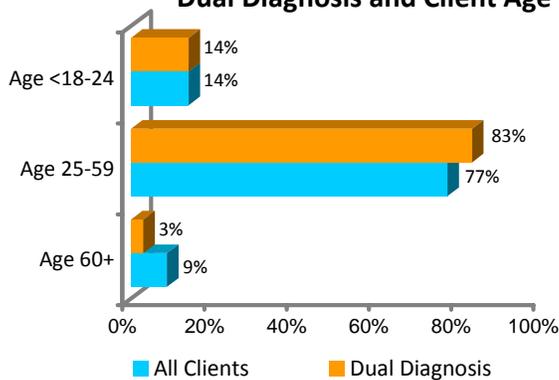
- As compared with the general mental health client population, clients with a dual diagnosis were more likely to be male. Clients with a dual diagnosis were 61% male and 39% female.

Dual Diagnosis and Client Gender



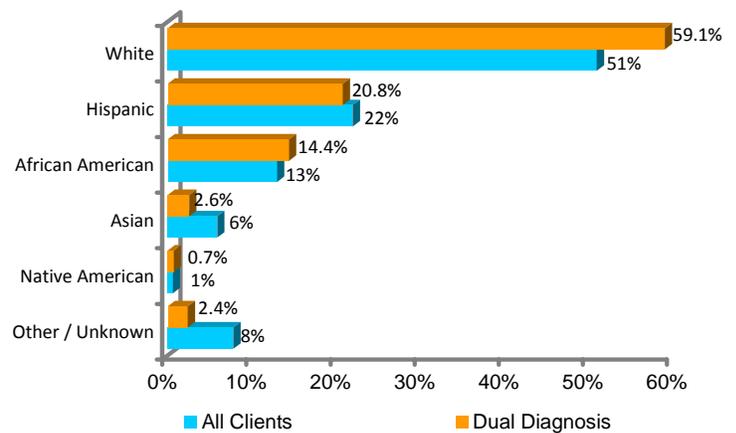
- On average, clients with a dual diagnosis tended to be slightly younger than the general mental health client population. In the general client population 77% were between the ages of 25 and 59, while 83% of clients with a dual diagnosis were in the same age range.

Dual Diagnosis and Client Age



- Compared to the general mental health client population, clients with a dual diagnosis were more likely to be White (59% versus 51%) and less likely to be Asian (3% versus 6%).

Dual Diagnosis and Client Ethnicity



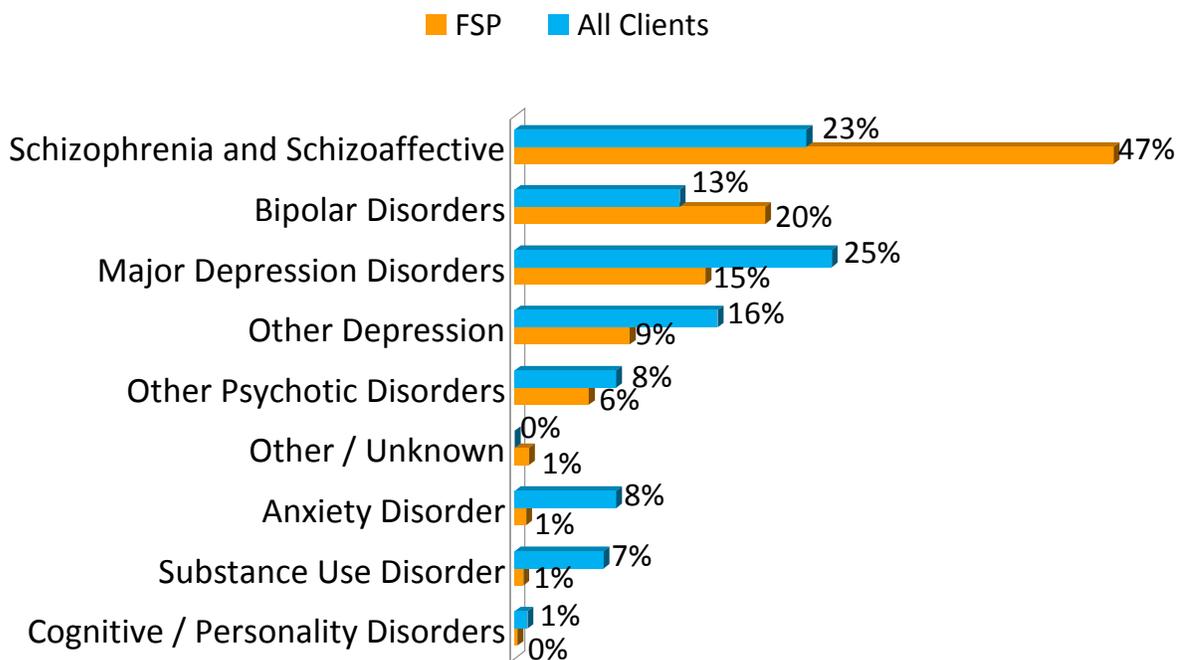
Adults and Older Adults: Full Service Partnership Programs

FULL SERVICE PARTNERSHIP (FSP) PROGRAMS

Primary Diagnosis of FSP Clients

- 47% of FSP clients in FY07-08 had a primary diagnosis of Schizophrenia/Schizoaffective, compared with 23% of the general mental health client population. An additional 20% had a primary diagnosis of Bipolar Disorder, and 15% a primary diagnosis of Major Depression Disorders.

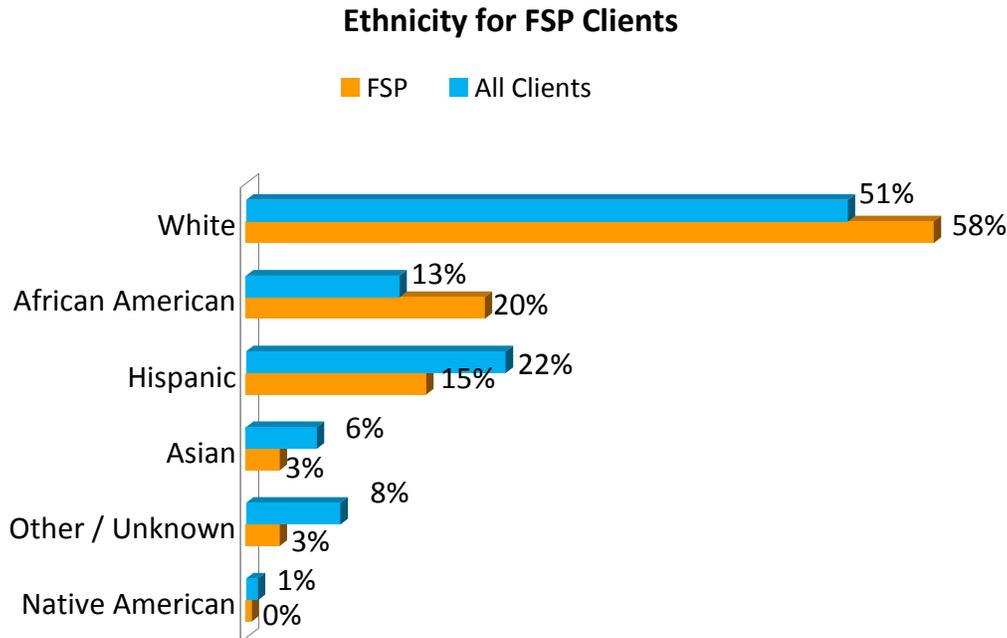
Primary Diagnosis for FSP Clients



Adults and Older Adults: Full Service Partnership Programs

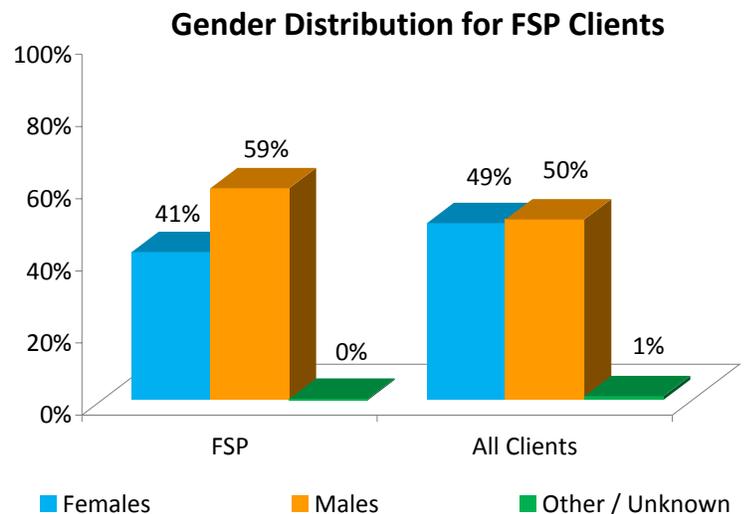
Ethnicity of FSP Clients

- 58% of FSP clients in FY07-08 were White, 20% African American, and 15% Hispanic.



Gender of FSP Clients

- 59% of FSP clients in FY07-08 were male and 41% female. In the general mental health client population gender was approximately evenly split between males and females.



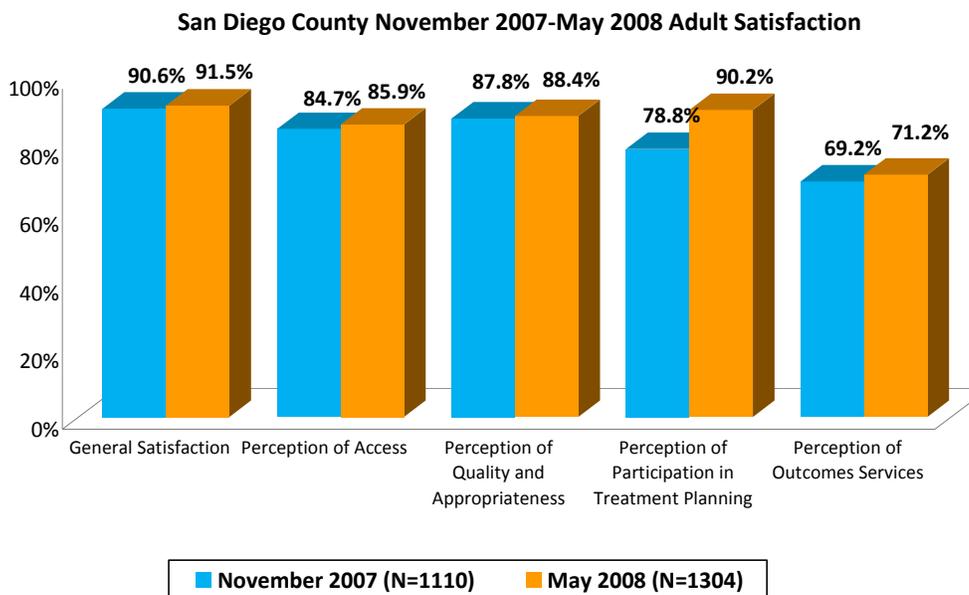
Adult Consumer Satisfaction

ADULT CONSUMER SATISFACTION TRENDS FY07-08

A consumer satisfaction survey was conducted during the first two weeks of November and the first two weeks of May during the 2007-2008 fiscal year. Outpatient and Case Management programs were instructed to administer the survey to all clients who received services during these periods. Surveys were available in a variety of languages and in adult and older adult versions. Information from the survey was 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:

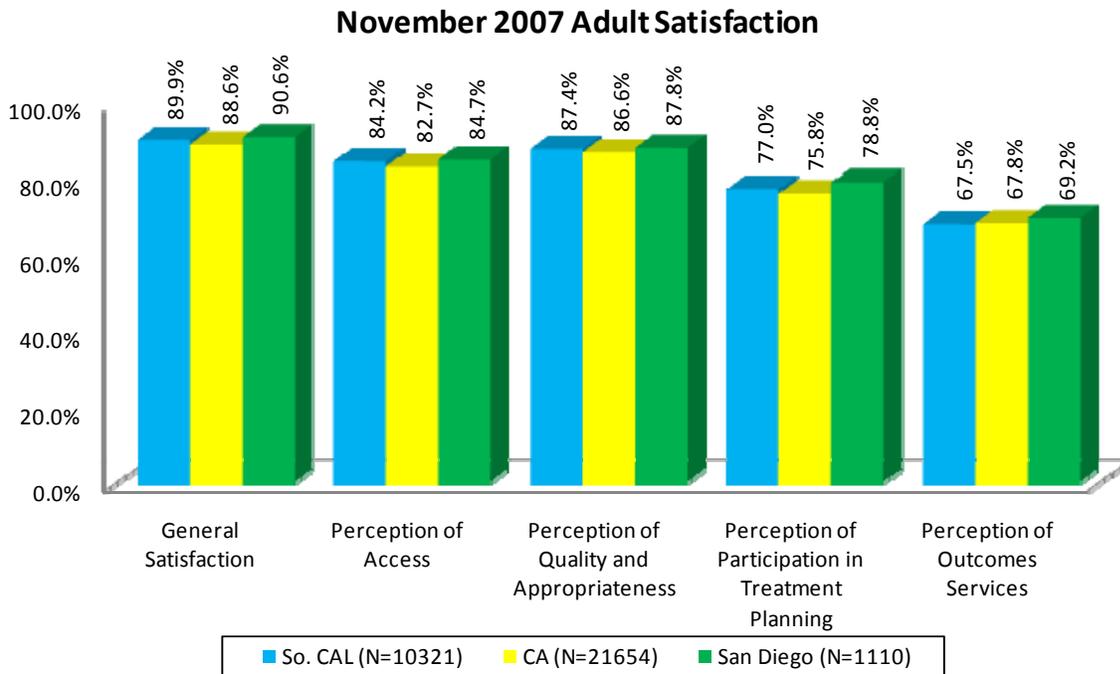
Similar to FY06-07, comparison of the “general satisfaction” domain in FY07-08 reveals that at least 90% of consumers reported they “agreed” or “strongly agreed” with statements reflecting their general satisfaction. Consumer’s satisfaction with their participation in treatment increased by 11% from FY 06-07; the other three non-general domains also showed a small increase in the percentage of satisfied consumers. The “Perception of Outcomes Services” domain had the lowest reported level of satisfaction across the Fall 2007 and Spring 2008 survey periods, despite its continual increase since FY05-06.



The proportion of satisfied consumers for all satisfaction domains was slightly higher in the Spring 2008 survey period than the Fall 2007 survey period. This trend is similar to that seen in FY06-07, with scores for the Spring survey period generally higher compared to the Fall period.

Adult Consumer Satisfaction: Comparison with State and Southern California Region

- A comparison of the San Diego County Adult Satisfaction Survey results with the Statewide and Southern California results show that, for the Fall 2007 survey period, consumers in San Diego reported approximately the same or higher levels of satisfaction as consumers in both the Southern California region, and the State as a whole for both general satisfaction and all satisfaction domains (information for State and Regional levels for Spring 2008 not available at the time of this report).

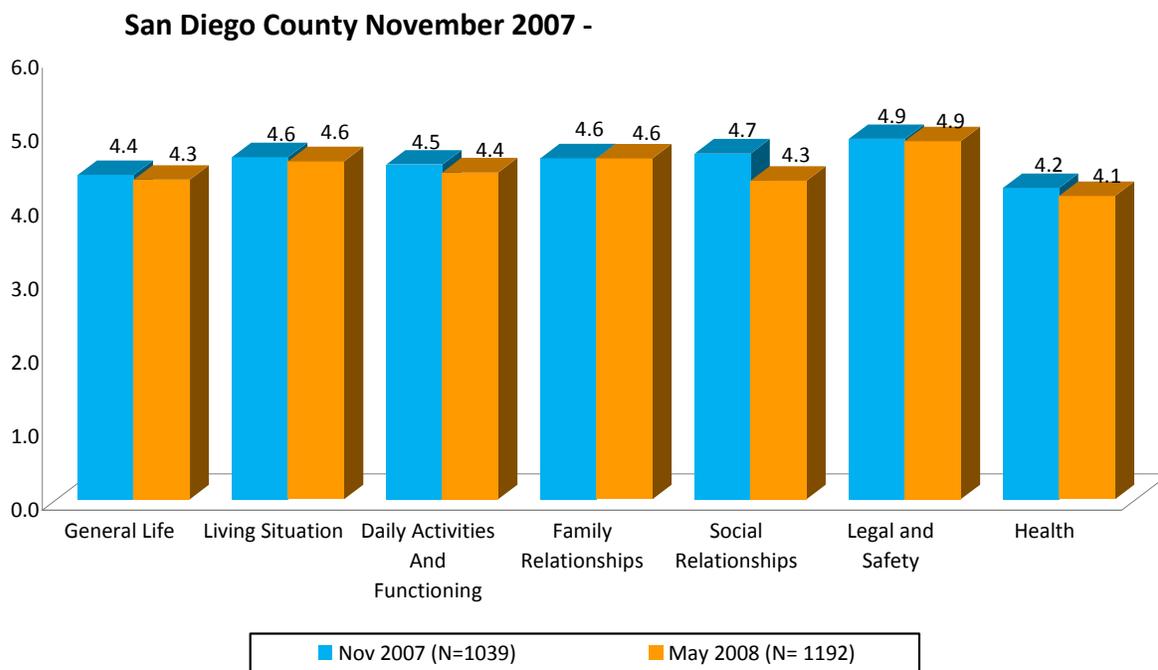


Adult Quality of Life

ADULT QUALITY OF LIFE

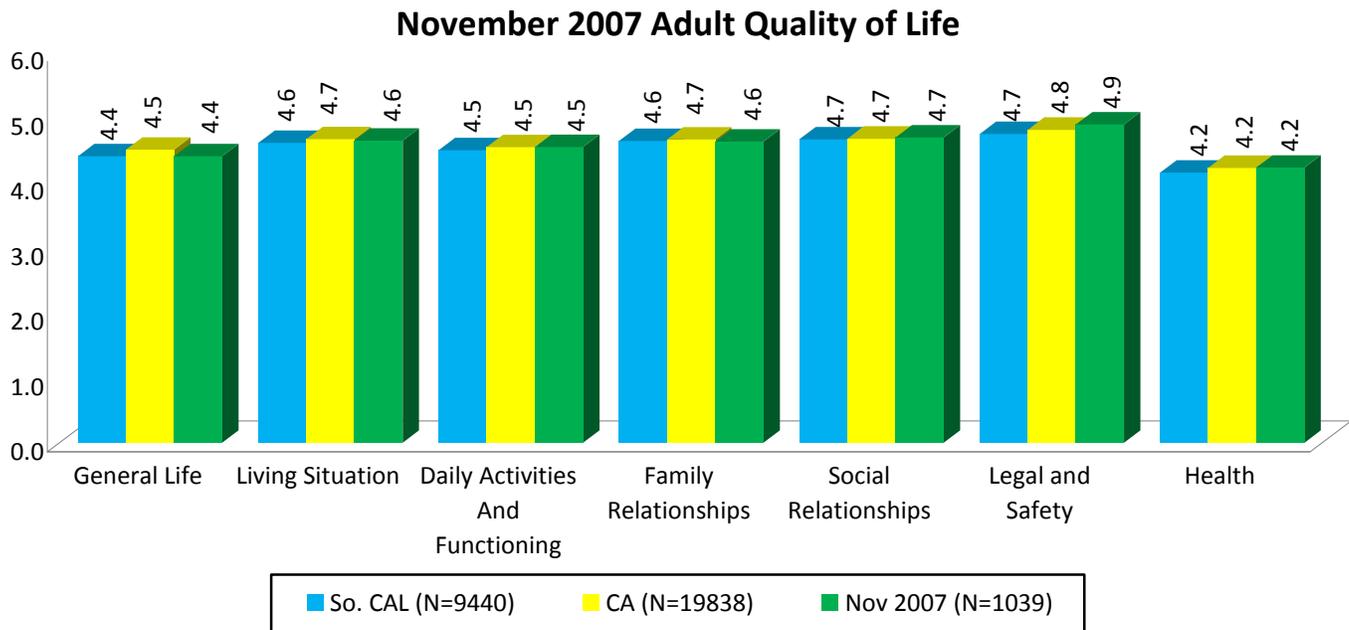
The twice-yearly consumer satisfaction survey contained an additional series of questions designed to assess consumer quality of life (QOL). The quality of life questions were scored to obtain six different domains of QOL: (1) Living Situation; (2) Daily Activities and Functioning; (3) Family Relationships; (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 FY07-08 was about equal to or the QOL in FY06-07 in all domains with the exception of "Social Relationships," which dropped from 4.7 in Spring 2007 to 4.3 in Spring 2008.



Adult Consumer Quality of Life: Comparison with State and Southern California Region

- Comparison of the San Diego County Adult Quality of Life results with the Statewide and Southern California results show that for Fall 2007 consumers in San Diego reported similar QOL in all domains as consumers in the State as a whole, or the Southern California region. Mean scores for San Diego County in Fall 2007 were higher than both the State as a whole or the Southern California region for the “Legal and Safety” domain (information for State and Regional levels for Spring 2008 not available at the time of this report).

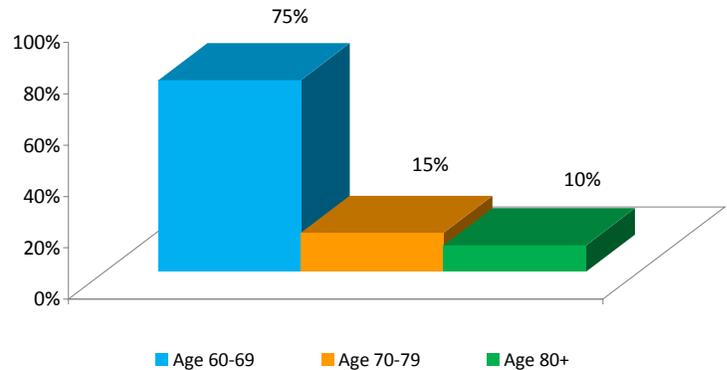


Services Provided to Older Adults

SERVICES PROVIDED TO OLDER ADULTS

- During FY07-08, services were provided to 3,796 older adult clients (age 60 or above), representing 9% of total clients served.
- 60% of Older Adult Clients served in FY07-08 were female, compared to 49% in the total client population.

Age Distribution of Older Adult Clients



- 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 FY07-08 were most likely to have a primary diagnosis of ‘Major Depression Disorder’ (31%); however, the proportion of older adult clients with this diagnosis declines steadily with age. A similar trend (decline with age) was seen for the diagnoses of ‘Schizophrenia and Schizoaffective,’ and to a lesser extent, ‘Bipolar Disorders.’ Conversely, the proportion of older adult clients with a primary diagnosis of ‘Cognitive/Personality Disorders,’ ‘Other Psychotic Disorders,’ and ‘Other Depression,’ increased with age.

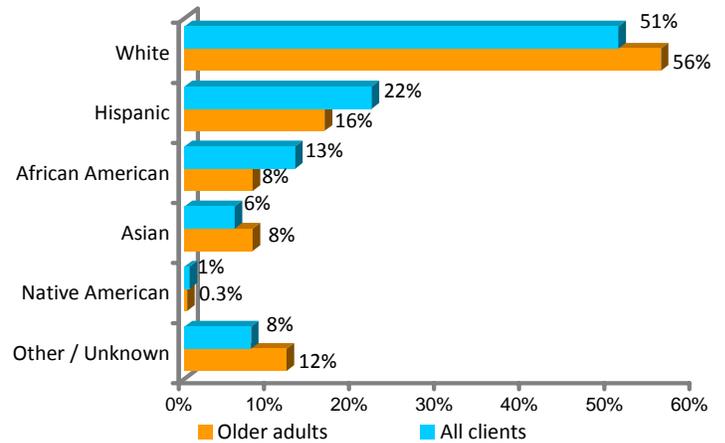
Older Adult Clients by Primary Diagnosis

	Age 60-69 (N = 2,861)	Age 70-79 (N = 557)	Age 80+ (N = 378)	All Older Adults (N = 3,796)
<i>Other Psychotic Disorders</i>	6%	15%	18%	9%
<i>Other Depression</i>	9%	8%	17%	10%
<i>Cognitive / Personality Disorders</i>	2%	12%	33%	7%
<i>Schizophrenia and Schizoaffective</i>	25%	22%	11%	23%
<i>Bipolar Disorders</i>	13%	8%	5%	11%
<i>Major Depression Disorders</i>	36%	26%	10%	31%
<i>Anxiety Disorder</i>	7%	6%	5%	7%
<i>Substance Use Disorder</i>	3%	2%	1%	2%

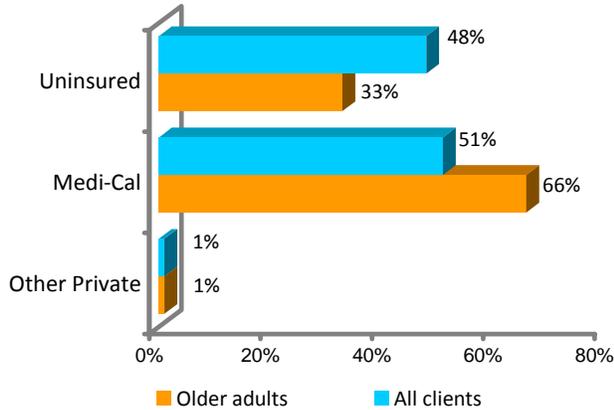
Services Provided to Older Adults

- As with the total client population, Older Adult clients served in FY07-08 were predominantly White (56%). Compared to the total client population, a higher percentage Older Adult clients were Asian, and a lower percentage Hispanic or African American.

Ethnicity of Older Adult Clients



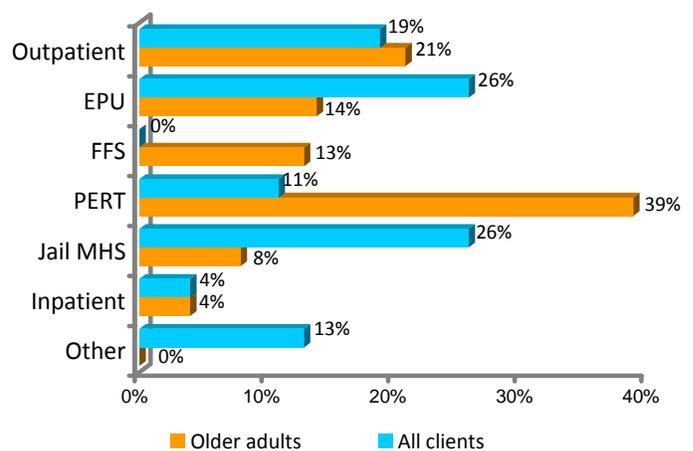
Type of Insurance for Older Adult Clients



- 66% of older adult clients were insured through Medi-Cal, and 33% were uninsured. This compares to 51% Medi-Cal and 48% uninsured for the total client population.

- In FY07-08, among Older Adult new clients, 39% most often received first mental health care services through PERT. This compares with 11% of the total client new general population. This may be related to difficulties for older adults obtaining transportation.

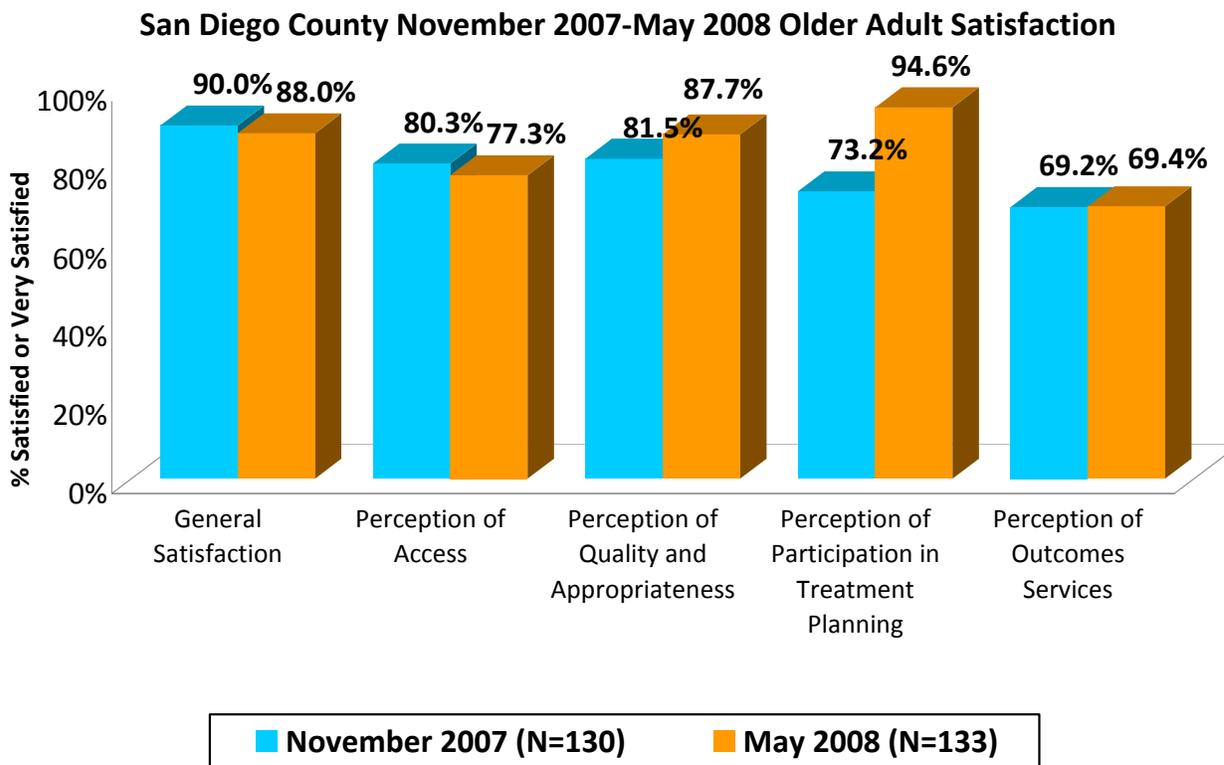
First Service Usage for Older Adult Clients



Older Adult Consumer Satisfaction

OLDER ADULT CONSUMER SATISFACTION TRENDS FY07-08

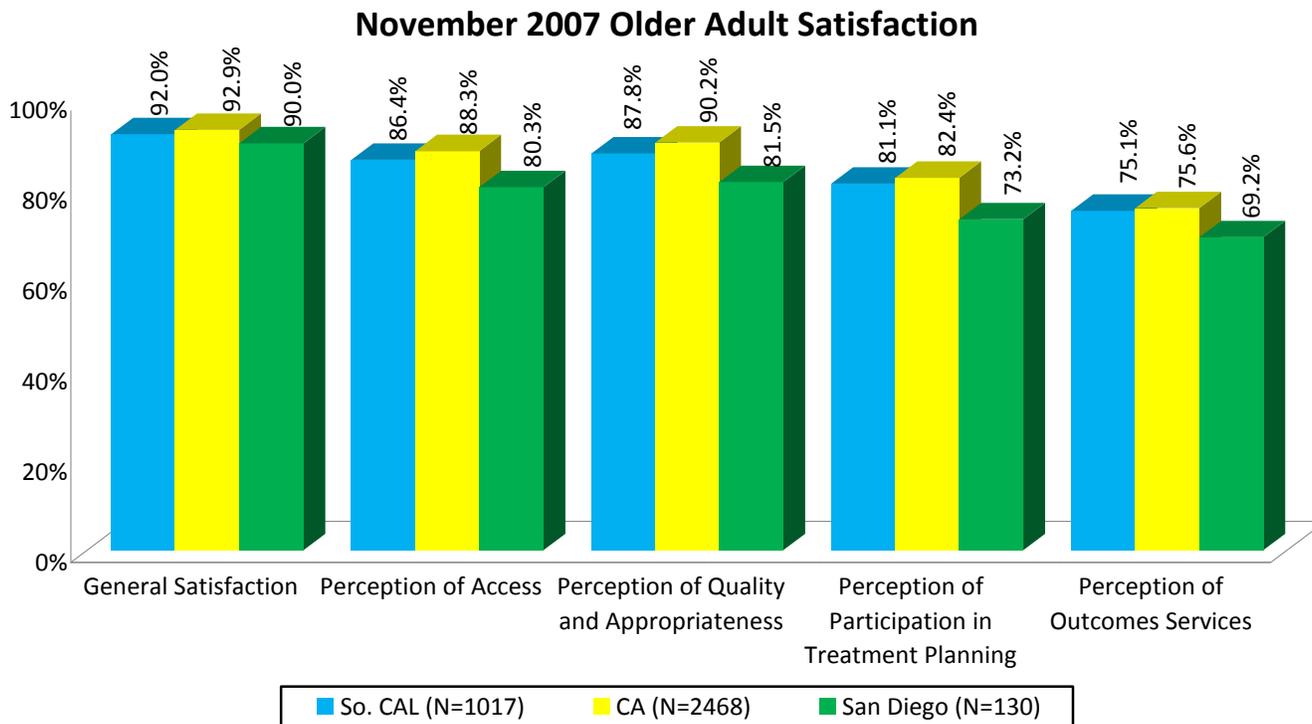
- At least 88.0% of consumers in Fall 2007 and Spring 2008 reported they were either “satisfied” or “very satisfied” with services.
- The proportion of satisfied older adult consumers for the “Perception of Access” domain was lower in the Spring 2008 survey period (77.3%) than in the Fall 2007 survey period (80.3%).
- Satisfaction with “Perception of Participation in Treatment Planning” increased substantially (21.4%) from Fall 2007 to Spring 2008.
- Satisfaction with “Perception of Quality and Appropriateness” of treatment increased 6.2% in Spring 2008 over Fall 2007.



Older Adult Consumer Satisfaction

Older Adult Consumer Satisfaction: Comparison with State and Southern California Region

- Older adult satisfaction across all satisfaction domains in Fall 2007 was lower than the State of California as a whole or the Southern California region for the same survey period.

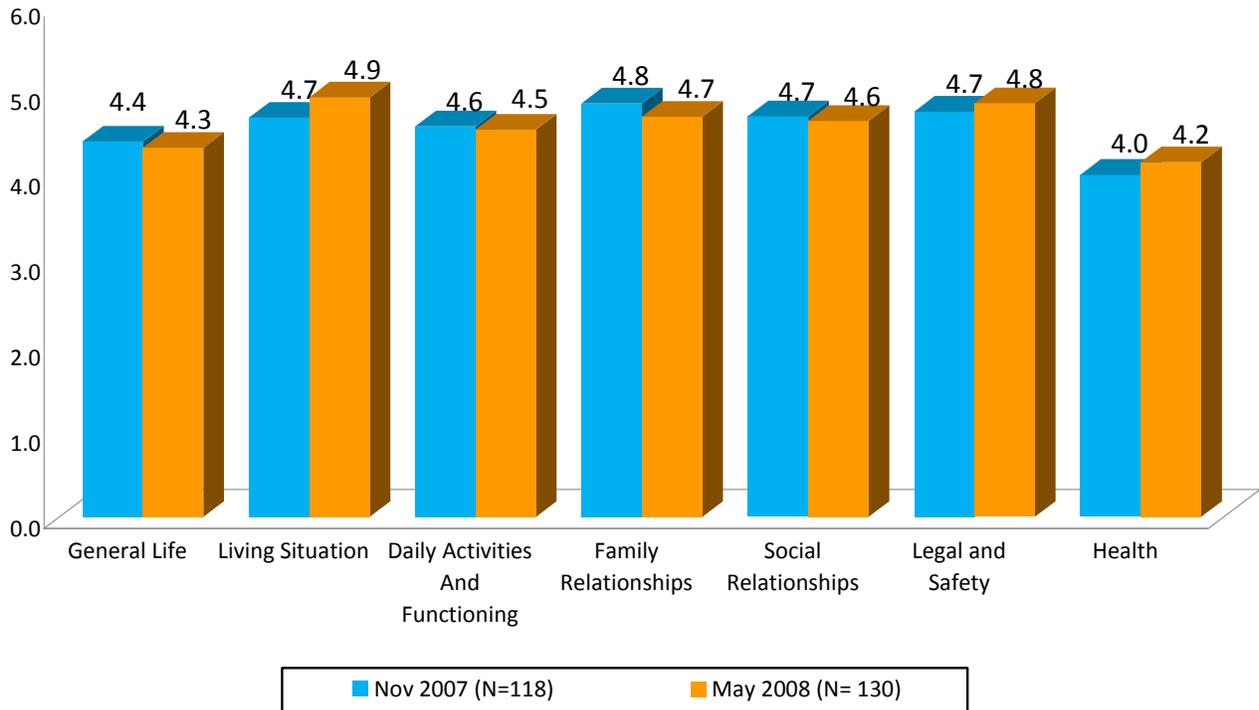


Older Adult Quality of Life

OLDER ADULT QUALITY OF LIFE

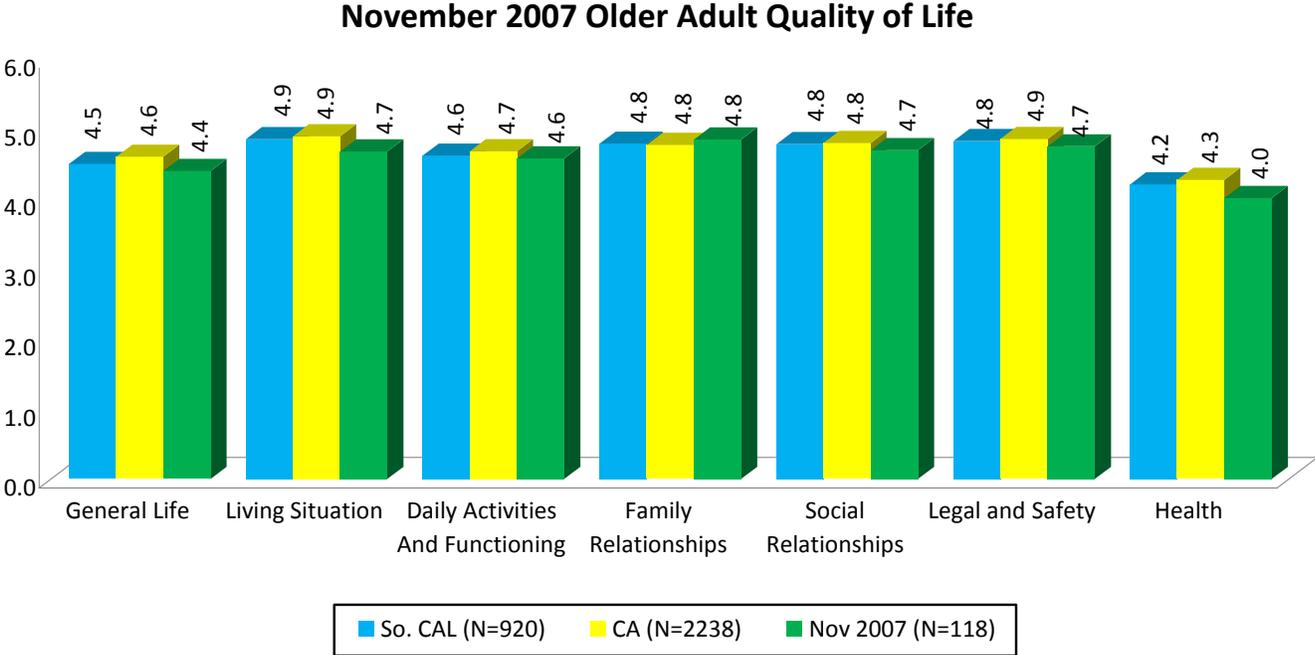
A comparison of the Older Adult QOL domains reveals that the mean QOL scores across all domains were similar for the Fall 2007 and Spring 2008 survey periods. The greatest differences were seen for the “Living Situation” and “Health” domains, which were higher for the Spring 2008 survey period than the Fall 2007 survey period.

San Diego County November 2007 - May 2008 Older Adult Quality of Life



Older Adult Consumer Satisfaction: Comparison with State and Southern California Region

- Comparison of the San Diego County Older Adult Quality of Life results show that, for Fall 2007, consumers in San Diego had generally lower QOL than consumers in the state as a whole, or the Southern California region. Mean QOL scores for San Diego County were lower for “General Life,” “Living Situation,” “Daily Activities and Functioning,” “Social Relationships,” “Legal and Safety,” and “Health” as compared to the state as a whole and the Southern California region (information for State and Regional levels for Spring 2008 not available at the time of this report).





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