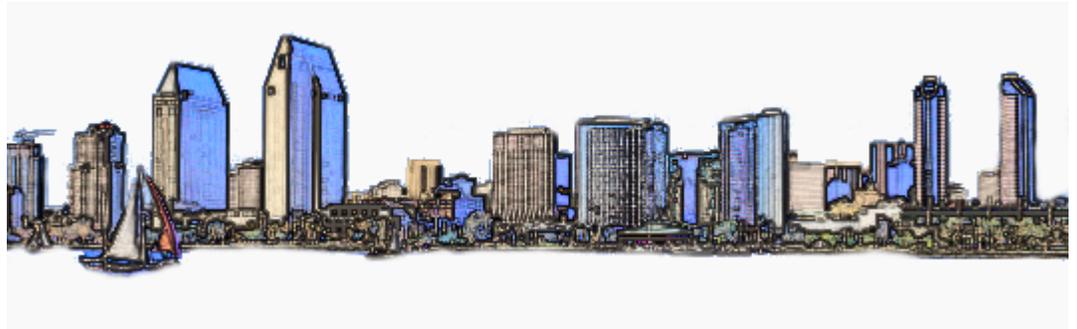


**COUNTY OF SAN DIEGO  
HEALTH AND HUMAN  
SERVICES AGENCY**

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**ADULT MENTAL  
HEALTH SERVICES**

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**OLDER ADULT MENTAL  
HEALTH SERVICES**

***ANNUAL REPORT***

**FISCAL YEAR  
2008 - 2009**



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## INTRODUCTION



### Overview

This report summarizes cumulative system and clinical outcomes for adults and older adults served by San Diego County Adult Mental Health Services (AMHS) in Fiscal Year 08-09 (July 2008-June 2009). AMHS primarily serves adults 18 and older with severe, persistent mental health needs or those experiencing a mental health crisis. San Diego is the second largest county in California, with an adult population estimated at approximately 3 million, and representing a vast diversity of race/ethnic groups, cultures and spoken languages.

### Topics covered in this report include:

- Client demographics
- Type and distribution of AMHS services utilized
- Multi-sector involvement
- System and client outcomes
- Service accessibility
- Client satisfaction

### *Services were delivered through nearly 100 programs in FY 08-09 including:*

- 32 Outpatient programs
- 21 Case Management programs
- 13 Clubhouses
- 6 Crisis Residential Facilities
- Emergency Psychiatric Unit and Walk-in Clinic
- Psychiatric Emergency Response Teams
- Inpatient Facilities
- Forensic Services
- Telepsychiatry

### **Adult Mental Health Services and the Mental Health Services Act**

The Mental Health Services Act (MHSA) 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 (CSS) 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 FY06-07 and 07-08. These new programs first reached full operation in FY08-09, and serve children and youth, transition age youth (TAY--transitioning from Children's to Adult Mental Health Services), adults, and older adults.

### **Rehabilitation and Recovery**

Beginning in 1997, San Diego County implemented a system redesign at all levels, from top managers to service delivery staff, involving families and all relevant public and community based agencies. 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 values peer support, advocates respect in the treatment of all people, and encourages consumers to take personal responsibility for their journey to recovery.

### **Recovery-Based Assessment**

Given this emphasis, San Diego County Mental Health Services began the process of selecting and implementing recovery-based assessments. In 2007, AMHS formed an Outcomes Committee comprised of representatives from County Behavioral Health Services, its treatment programs, and university researchers, to decide upon new measures to assess client performance outcomes. Among the criteria for these recovery-oriented measures were that they involve client voice, minimize burden on clinicians and consumers, and are clinically useful, while having good psychometric qualities. After a comprehensive evaluation of previous research, professional reviews of measures, pilot tests, and focus groups, the Outcomes Committee selected the Recovery Markers Questionnaire (RMQ) to assess client perception of individual recovery, the Illness Management and Recovery (IMR) scale to assess clinician perception of client recovery, and the Recovery Self Assessment (RSA) to assess the recovery orientation of AMHS. Although data from the majority of these recovery-based measures was not available for FY08-09, data from one measure (the RSA) was piloted during the year, and is briefly reported in the following pages.

### **Implementation of Anasazi**



For several years, San Diego County Mental Health Services staff have been working on the implementation of a new information technology system, Anasazi, to better coordinate client care, perform State-required reporting, bill Medi-Cal, Medicare, and other payers, and perform a range of managed care functions. In addition, Anasazi includes the foundation for an Electronic Health Record to help ensure a continuum of care for mental health treatment of vulnerable children, youth, adults, and older adults.

Anasazi was implemented in two major phases. Phase I occurred in October 2008 and involved the tracking of client services, billing and managed care functions. Phase II involved scheduling, assessments, progress notes, treatment plans, and a home page for doctors and clinicians and began in 2010. It is expected that full implementation of both phases will take several years to complete.

Due to the transition from a legacy system to Anasazi, there are differences in the way the data are collected. Some data in this fiscal year's report may not be directly comparable to data from previous years. Such data will be identified in the text or in a footnote.

### Key Findings from the San Diego County Adult and Older Adult Mental Health Services System for Fiscal Year 2008-2009



1. In Fiscal Year 2008-2009, San Diego County AMHS delivered mental health services to 43,561 adults and older adults, **up 6% from FY07-08**. The vast majority of clients served were White (52%) or Hispanic (19%).
2. The **most common diagnoses** in the Adult Mental Health System were: (1) major depression disorders, (2) schizophrenia and schizoaffective disorders, (3) 'other' adjustment disorders, and (4) bipolar disorders.
3. **Fewer clients initially entered care through the justice system**, possibly due to outreach programs, full-service partnerships (FSP), and other efforts. The proportion of clients who initially accessed services through Jail Mental Health Services decreased by 4% in the past two fiscal years.
4. The increased numbers of Psychiatric Emergency Response Teams (PERT) have led to
  - a. Increased early crisis intervention, which is reflected in
  - b. **Decreased initial access** through the Emergency Psychiatric Unit (EPU)
  - c. **Decreased initial access** through Jail Mental Health Care Services
5. **Clients who utilized emergency services** were more likely to be male and ages 18 through 24, White and be diagnosed with 'other depression' than the general client population.
6. 3,327 (unduplicated) clients were hospitalized at least once in FY08-09 representing 7.6% of clients receiving services during the fiscal year.
7. Of those clients hospitalized at least once during FY08-09, **25% were hospitalized more than once**.
8. **Clients were connected with services as their need increased**. Clients with multiple hospitalizations during FY08-09 were more likely to have used other adult mental health services than those hospitalized only once suggesting successful connection with services for clients with increased need.
9. More than twice as many (48%) Full Service Partnership clients in FY08-09 had a primary diagnosis of Schizophrenia/Schizoaffective Disorder, compared to the general mental health population (22%).
10. Engagement in County Mental Health Services was associated with reduced contact with police. Clients who had received services for more than one year reported **reduced encounters with police** as compared with clients who just entered the system.
11. **People were getting into services more quickly**. Average wait times for both routine mental health assessments and psychiatric assessments have trended downwards over the past three fiscal years.
12. **Clients were generally satisfied with the care they received from the Adult Mental Health Care systems**. At least 91% of consumers reported they "agreed" or "strongly agreed" with statements reflecting their general satisfaction.

WHO ARE WE SERVING?

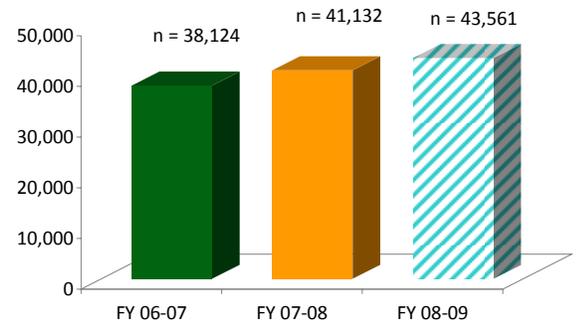
**In Fiscal Year 2008-2009, San Diego County delivered mental health services to 43,561 adults and older adults: A 6% increase from Fiscal Year 2007-2008.**

**Age, Gender, and Ethnicity**

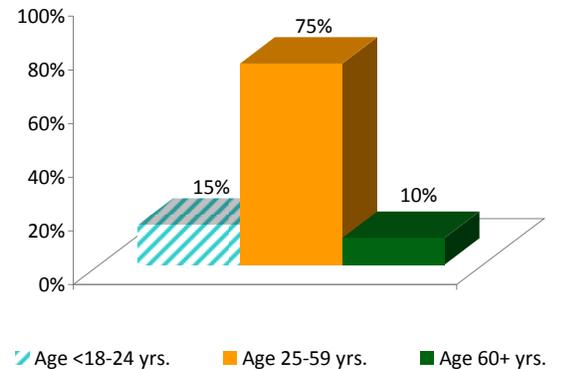
15% of AMHS clients served in FY08-09 were in the Transition Age Youth (TAY) category of 18 to 24 years of age. 75% of clients were between the ages of 25 and 59, and 10% of clients served were older adults (60+ years of age). Client gender was approximately evenly split between males and females.

The distribution of client ethnicity remained essentially stable from FY06-07 to FY08-09, except for an apparent 3% decline in the number of Hispanics served. However, this decline may be due to a different State method for recording Latino ethnicity which resulted in an increased number of reported "Unknowns."

Number of Clients Served by Fiscal Year



Age Distribution FY08-09

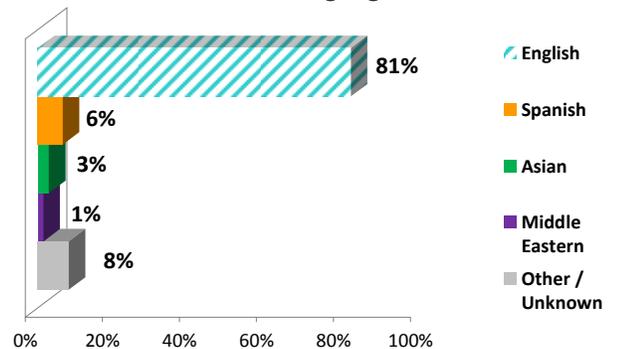


<b>Ethnicity</b>	<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>
White	52%	51%	52%
Hispanic	21%	22%	19%
African American	12%	13%	12%
Asian	6%	6%	6%
Native American	1%	1%	1%
Other / Unknown	8%	8%	10%

**Language**

Similar to previous years, a majority of clients in FY08-09 (81%) reported English as their preferred language, with an additional 6% preferring Spanish.

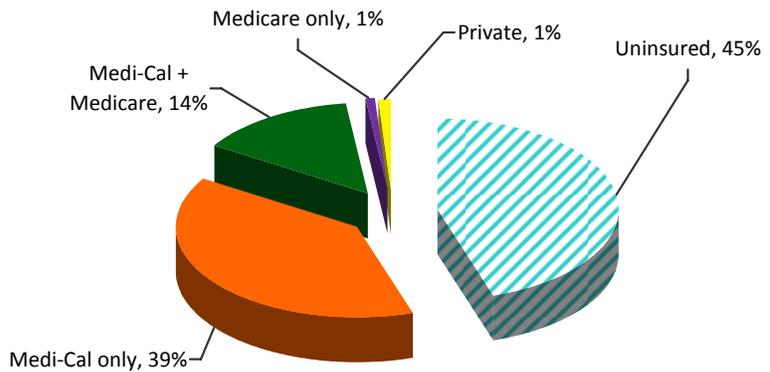
Preferred Language



**Insurance<sup>1</sup>**

**The majority of clients served in FY08-09 received Medi-Cal (39%) or a combination of Medi-Cal and Medicare (14%). 45% were uninsured.**

**Insurance Type (Q2 through Q4 only)**



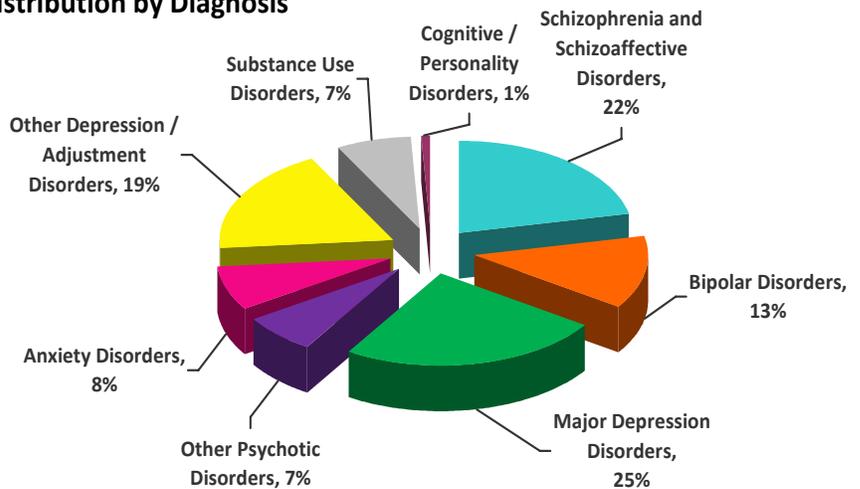
**Primary Diagnosis<sup>2</sup>**

The information presented below represents data for the 34,026 clients who received services from County contracted organizational providers during FY08-09, and for whom a primary diagnosis was available.

**The most common diagnoses among adults who received services in FY08-09:**

- 1) Major Depression Disorders (25%)**
- 2) Schizophrenia and Schizoaffective Disorder (22%)**
- 3) Other Depression/Adjustment Disorders (19%)**

**Distribution by Diagnosis**



<sup>1</sup> Beginning in the 2nd quarter of FY08-09, more detailed data regarding the type of insurance was available through the Anasazi system. In previous fiscal years, information regarding Medicare was unavailable.

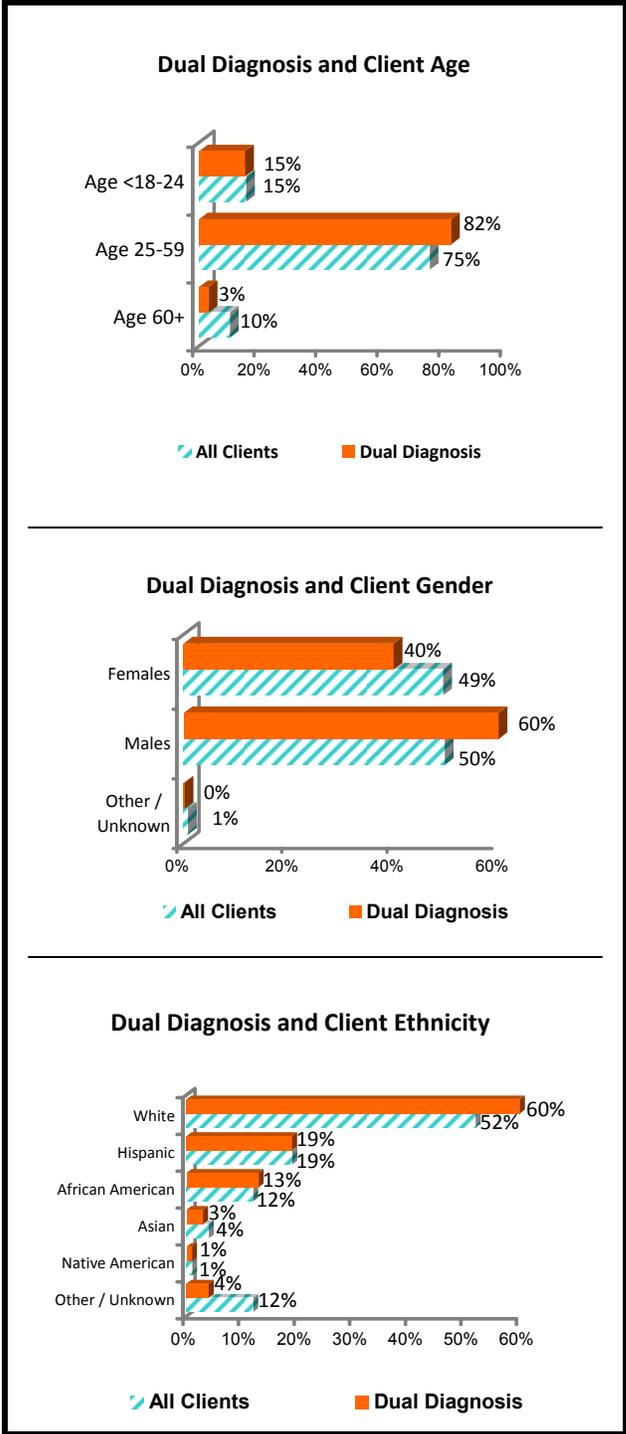
<sup>2</sup> Of the 43,561 clients who received services during FY08-09, 9,535 were served by the Fee-for-Service (FFS) system which does not enter diagnosis information into InSyst/Anasazi. Therefore, primary diagnosis and dual diagnosis information is based only on those 34,026 clients with a primary diagnosis.

Dual Diagnosis<sup>3</sup>

Of the 34,026 adult clients who had a mental health diagnosis in their records, **30%** also had a diagnosis of substance abuse.

Compared to the general mental health client population, clients with a dual diagnosis tended to be:

- Between 25 and 59 years old
- Male
- White



<sup>3</sup> 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.

**WHAT KINDS OF SERVICES ARE BEING USED?**

In Fiscal Year 2008-2009, the Adult Mental Health Services program served adults with mental health needs through a number of types of Outpatient Services.

**Outpatient Clinics**

Outpatient clinics offer treatment, rehabilitation, and recovery services which include screening and assessment, medication management, crisis intervention, group and individual short term therapy, for people who are experiencing persistent and severe mental illness or a mental health crisis.

**Fee-for-Service Providers**

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.

**Case Management**

Case Management services help and support people with long-term mental health problems to maintain housing, and obtain financial assistance, medical and psychiatric treatment, and assist clients to link with other community services such as education, work and social programs.

**Full Service Partnerships (FSP)**

FSPs are comprehensive programs that provide all necessary services and supports, including intensive services and housing assistance, 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.

**Types of services used<sup>4</sup>**

	<b>Percent Users</b>	<b>Average # of visits</b>
<b>Outpatient Services</b>		
Combined Outpatient Services	71%	13.0
<b>Emergency Services</b>		
EPU	19%	1.9
PERT	10%	1.3
<b>Forensic Services</b>		
Jail	24%	4.1
<b>24 hour Services</b>		
Crisis Residential	3%	16.2
IMD	1%	175.4
Edgemoor	0%	262.6
*Residential	0%	117.9
<b>Inpatient Admissions</b>		
County Hospital	3%	1.3
FFS Hospitals	6%	1.3

\*Calculated for Anasazi Q2-Q4 only

**Outpatient Programs accounted for 71% of services used.**

<sup>4</sup> Clients may use more than one service and so may be represented in more than one service type category.

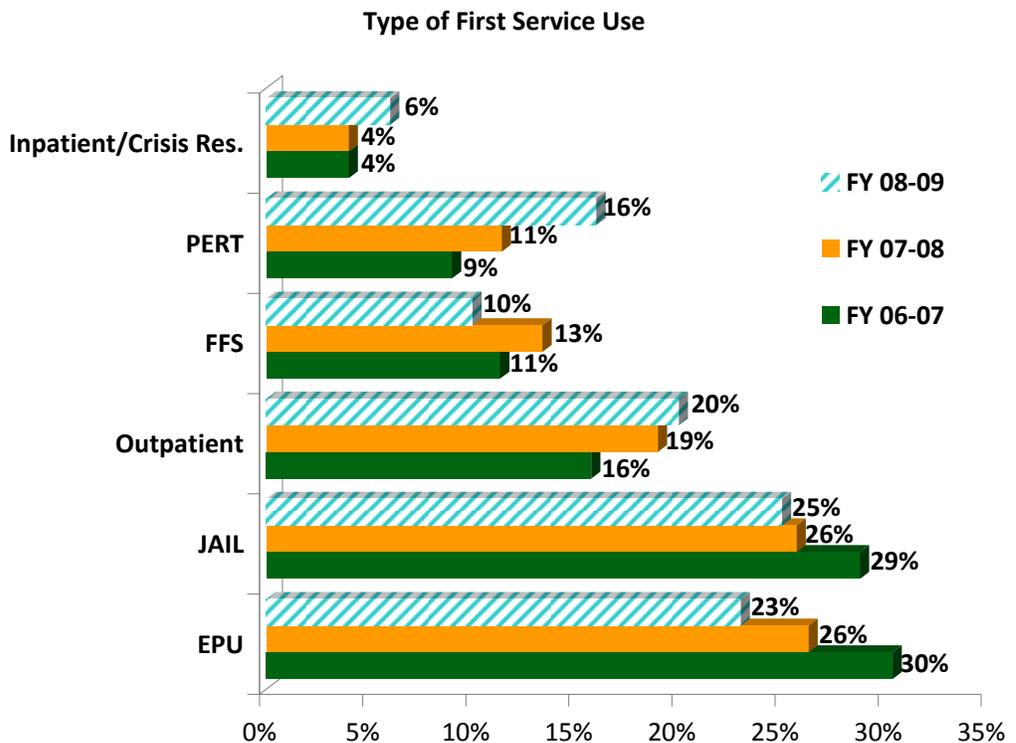
**First Service Use**

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.

**Initial access through Outpatient Services increased 4% over the past two fiscal years, possibly due to outreach programs and other efforts.**

*Initial access to County Mental Health Services through EPU and Jail Mental Health Services decreased in the past two fiscal years.*

The percentage of clients initially accessing services from PERT (Psychiatric Emergency Response Team) increased from 9% to 16% from FY06-07 to FY08-09. This is largely due to the addition of eight PERT units in the past three years. These new teams are now able to cover a larger geographical area, and operate more hours each day. Early intervention by PERT helps reduce Jail and EPU usage. The percentage of clients initially accessing services from the EPU decreased from 30% to 23% from FY06-07 to FY08-09, and the percentage of clients initially accessing services from Jail Mental Health Services decreased from 29% to 25% during the same period.



**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). In FY08-09, the EPU provided 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.

**Utilization Trends**

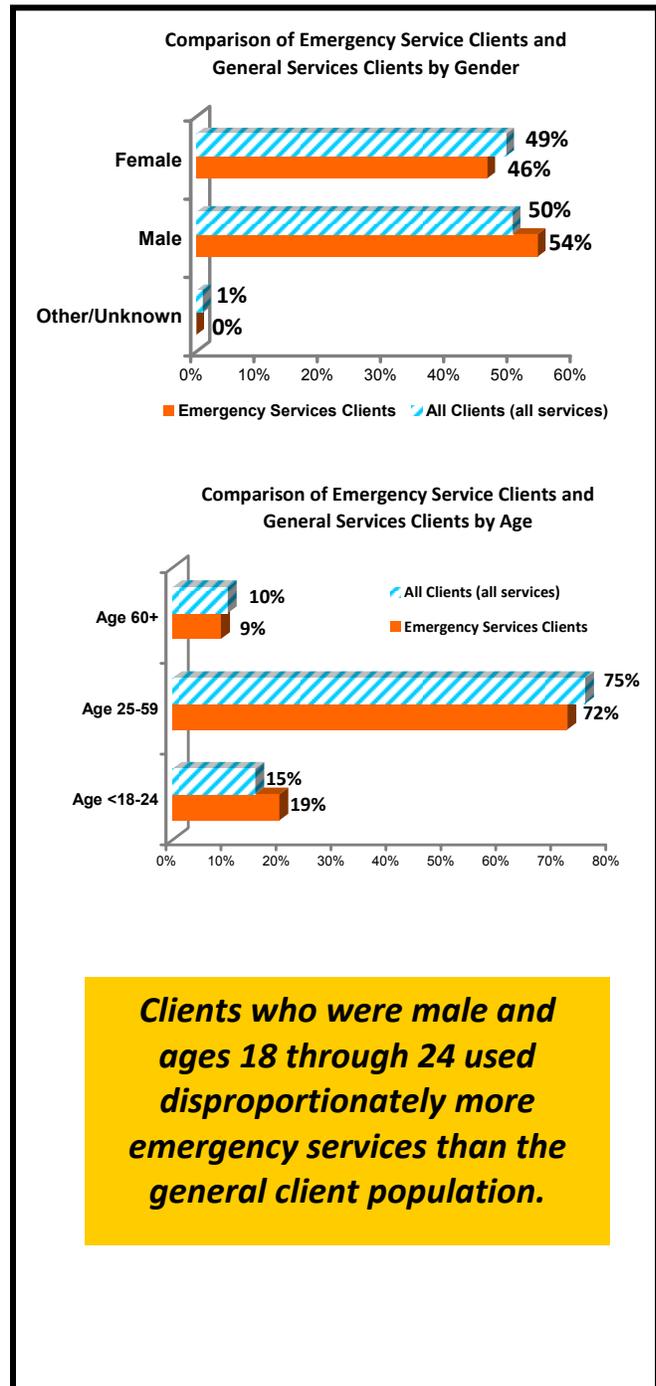
11,674 clients (unduplicated)<sup>5</sup> utilized emergency services (EPU and/or PERT) during FY08-09. This total represents a 2% increase over the 11,470 unduplicated clients who utilized emergency services in FY07-08.

**Emergency Services and Gender**

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.

**Emergency Services and Age**

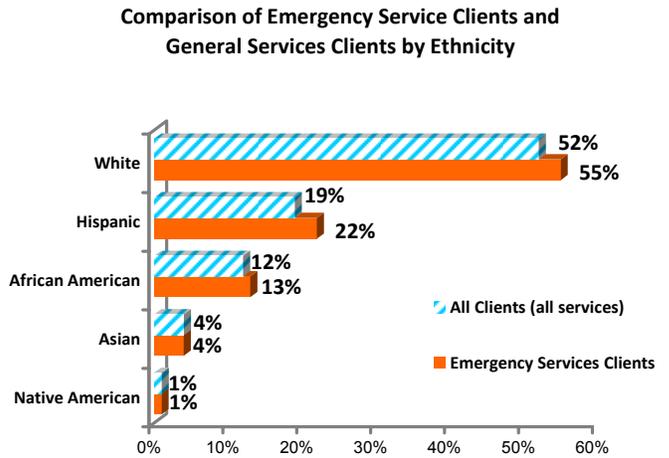
Clients who utilized emergency services were more likely to be age 18 through 24 (19% versus 15%) than the general client population. This may be indicative of a reluctance of young adults to enter or stay engaged in (non-emergency) adult mental health care services and their associated preventative effects.



<sup>5</sup> 12,710 total clients received emergency services during FY08-09 from EPU and/or PERT. Of these, 1,036 received services more than once resulting in 11,674 unique (unduplicated) clients receiving emergency services from PERT and/or EPU in FY08-09.

**Ethnicity and Emergency Services**

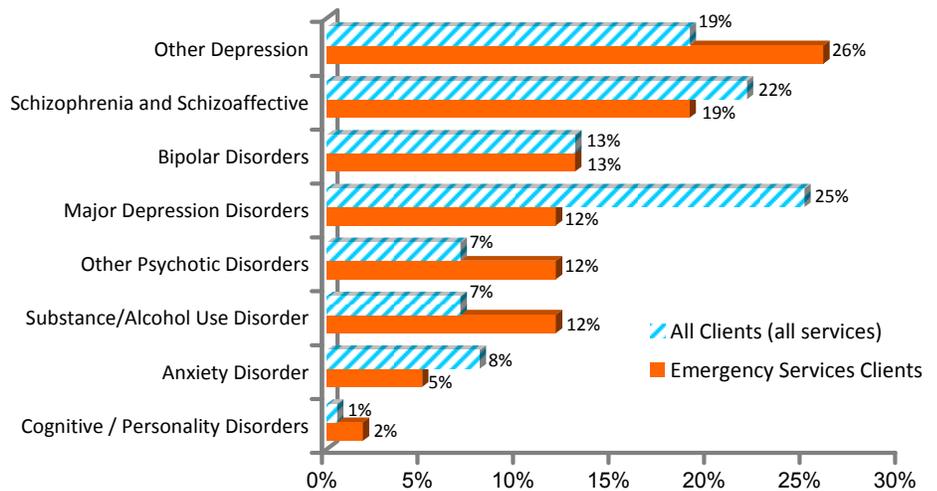
Clients who utilized emergency services were more likely to be White (55% versus 52%) or Hispanic (22% versus 19%) than the general client population.



**Emergency Services and Primary Diagnosis**

Although clients with a primary diagnosis of 'Major Depression Disorder' represented 25% of the general client population, they only accounted for about 12% of clients who utilized<sup>6</sup> emergency services.

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



**Clients who utilized emergency services were more likely to be White and be diagnosed with 'other depression, other psychotic disorder,' or initially with 'substance/alcohol abuse disorder.'**

<sup>6</sup> Of the 43,561 clients who received services during FY08-09, 9,535 were served by the FFS system which does not enter diagnosis information into InSyst/Anasazi. Therefore, primary diagnosis and dual diagnosis information is based only on those 34,026 clients with a primary diagnosis.

**Full Service Partnership (FSP) Programs**

Full Service Partnerships are comprehensive programs which provide all necessary services and supports, including intensive services and housing assistance, 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.

**Gender and Ethnicity of FSP Clients**

Compared to the general mental health population, FSP clients tended to be Male and either White or African American.

**Gender Distribution for FSP Clients**

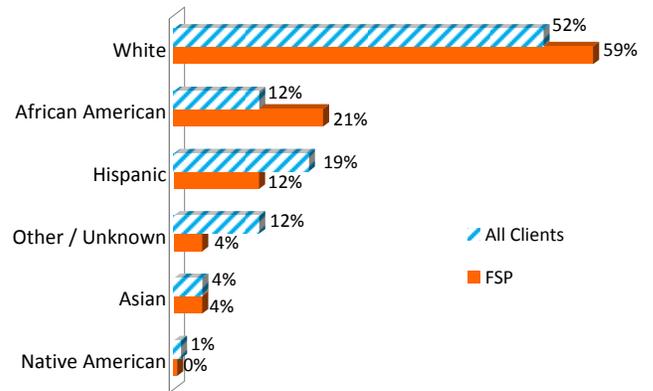


**Primary Diagnosis of FSP Clients**

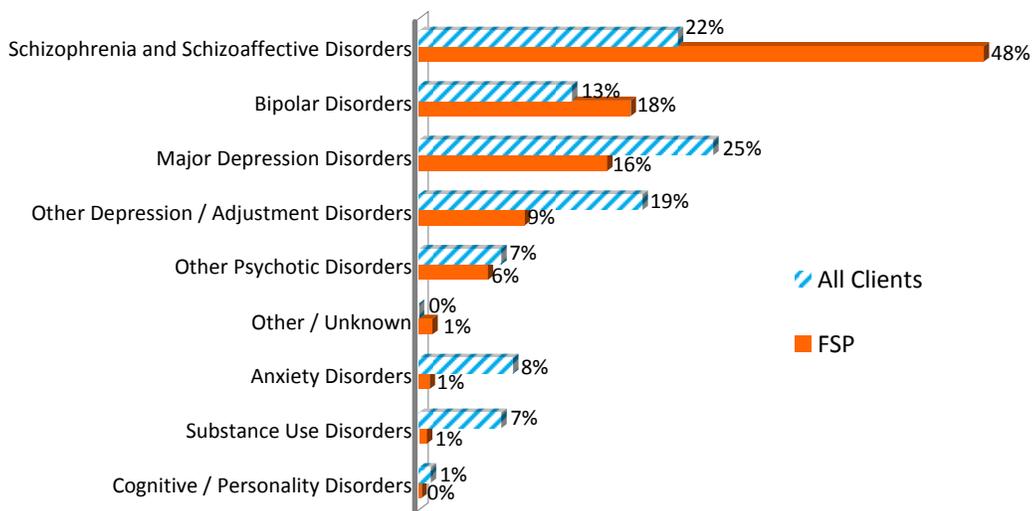
More than twice as many FSP clients in FY08-09 had a primary diagnosis of Schizophrenia/Schizoaffective Disorder, compared to the general mental health population.

FSP clients also were more likely to be diagnosed with Bipolar disorder than clients in the general mental health population. This provides evidence that FSP programs are serving more severe conditions which reflects their target population.

**Ethnicity for FSP Clients**



**Primary Diagnosis for FSP Clients**



### Hospitalizations

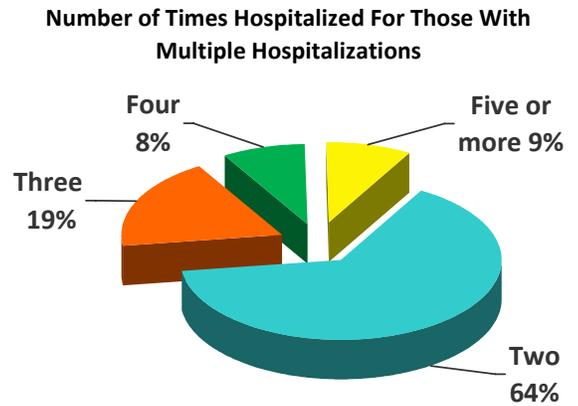
San Diego County inpatient facilities provide services for mental health emergencies and situations that require intensive supervision and medical necessity of a hospital setting. Inpatient treatment is available through either the San Diego County Psychiatric Hospital, or through private (Fee-for-Service) facilities.

3,327 (unduplicated)<sup>7</sup> clients were hospitalized at least once in FY08-09 representing 7.6% of clients receiving services during the fiscal year.

### Multiple Hospitalizations

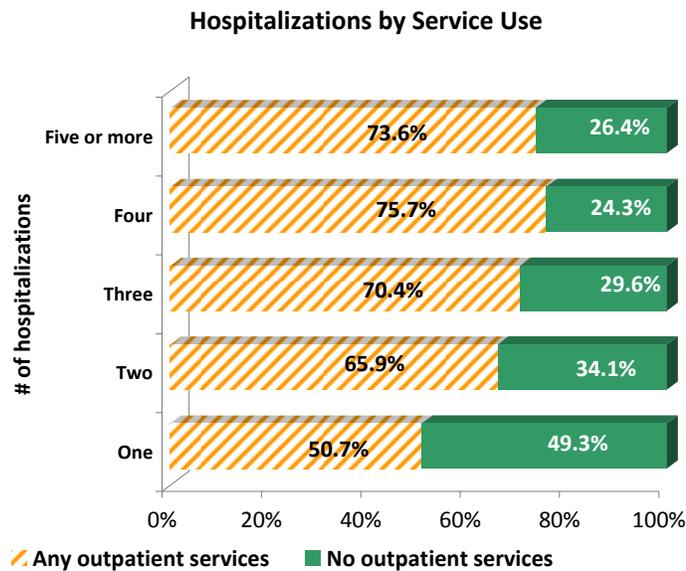
Of the 3,327 clients hospitalized at least once in FY08-09, 25% were hospitalized multiple times.

Of those 25% experiencing multiple hospitalizations, 64% were hospitalized twice, 19% three times, 8% four times, and 9% five or more times (during the fiscal year).



### Hospitalizations and Service Use

Clients with multiple hospitalizations during FY08-09 were more likely to be using other Adult Mental Health Services (outpatient, case management, FSP, or Fee-for-Service) than those hospitalized only once, indicating the severity of their mental health issues.

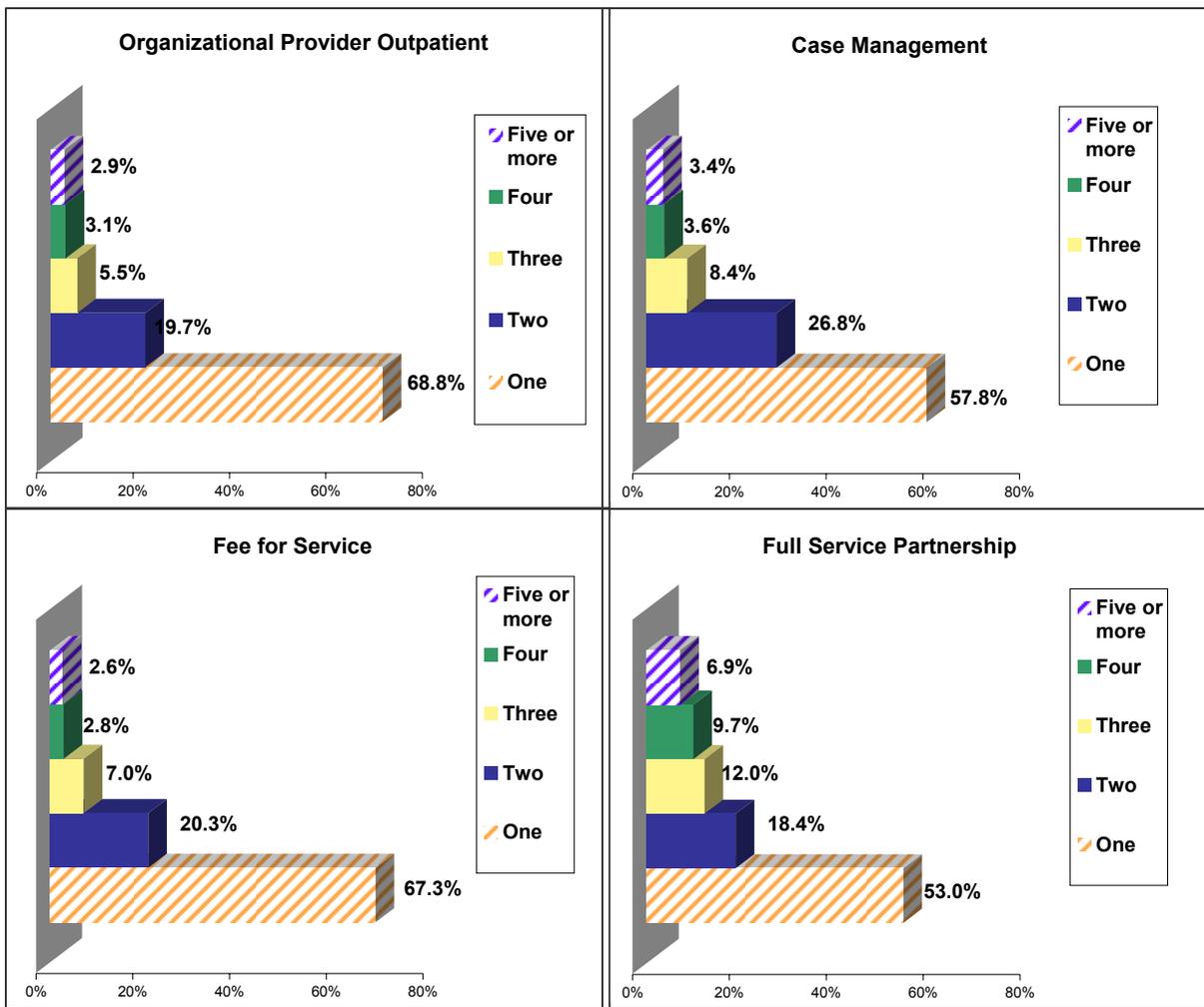


<sup>7</sup> A total of 3,625 clients were hospitalized during FY08-09, with 298 hospitalized at both San Diego County Psychiatric Hospital and at least one Fee-for-Service facility. The difference of 3,327 represents unique (unduplicated) clients hospitalized during FY08-09 at either/or of these facilities.

**Number of Hospitalizations by Level of Care**

The levels of care in the San Diego County Adult Mental Health Services System are designed to address differing client needs in terms of severity of illness and life situation. For example, clients receiving outpatient services through either the Fee-for-Service or Organizational Provider Clinics are more likely to have only one hospitalization. Clients requiring more intensive services such as Case Management or Full Service Partnerships are more likely to have multiple hospitalizations.

Number of Hospitalizations by Level of Care



## DO CLIENTS GET BETTER?

### Rehabilitation and Recovery



Recovery-based systems recognize that recovery is based on the individual and his/her self-direction toward continual growth. 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 values peer support, advocates respect in the treatment of all people, and encourages consumers to take personal responsibility for their journey to recovery.

There are indicators in the currently available system data that indicate the extent to which clients are recovering. These include enhanced quality of life, and reduced contacts with the justice system, as well as data from more specific recovery-based measures when available. The recent systemic emphasis on rehabilitation and recovery has led to the selection and implementation of numerous assessments designed to gauge the recovery status of both the client and the system. Although data from some of these measures will not be reported on until FY09-10, pilot data was available for one recovery-based measure, the Recovery Self Assessment (RSA), which was collected during FY08-09 and is included in this report. The RSA was developed to measure the degree to which mental health organizations implement recovery-oriented processes. The RSA scale is comprised of 5 factors – Life Goals, Involvement, Diversity of Treatment Options, Choice and Individually-tailored services. Higher scores on the RSA correspond to greater recovery-oriented values activities, and practices.

In May 2009, the RSA was administered to clients as a supplemental section of the Consumer Satisfaction Survey. The clients rated the level of recovery orientation of their programs. Highlights are presented below.

- On average, clients rated the San Diego County Mental Health Services system highest in the “Life Goals” and “Choice” subscales, and lowest for the “Involvement” subscale.
- Males rated the system higher than females across all subscales.
- Clients with Bipolar Disorder and Other Psychotic Disorder(s) rated the system highest across all subscales. There were no consistent patterns among the lowest average system scores.
- When comparing RSA subscale means by race/ethnicity, African Americans and clients in the “Other” race/ethnicity category rated the system higher across all subscales except “Treatment Diversity” as compared to Asian, Caucasian, Hispanic, or Native American respondents.

### Arrests and Encounters with Police

Reduced encounters with the justice system is another indicator of client rehabilitation and recovery. The twice-yearly consumer satisfaction survey contains a series of questions asking clients to report any arrests and encounters with police during the period they were receiving mental health services, and also during the period 12 months prior to first receiving services. The averaged data for the Fall 2008 and Spring 2009 consumer satisfaction survey for these questions is shown below.

In general, clients who have been in services more than one year report more favorable outcomes in this area. This suggests that engagement and retention in mental health services aids in the reduction of arrests and encounters.

- For those receiving mental health services less than one year, 68% reported reduced encounters with police since the start of services.
- For those receiving mental health services for more than one year, 62% reported reduced encounters with police over the past year.

#### Reported Arrests for Those in Services Less Than 1 Year

Were you arrested since you began to receive mental health services?	%
Yes	8.0
No	92.0
Were you arrested during the 12 months prior to that?	
Yes	15.1
No	84.9
Since you began to receive mental health services, have your encounters with the police . . .	
Been reduced	67.9
Stayed the same	26.5
Increased	5.6

#### Reported Arrests for Those in Services More Than 1 Year

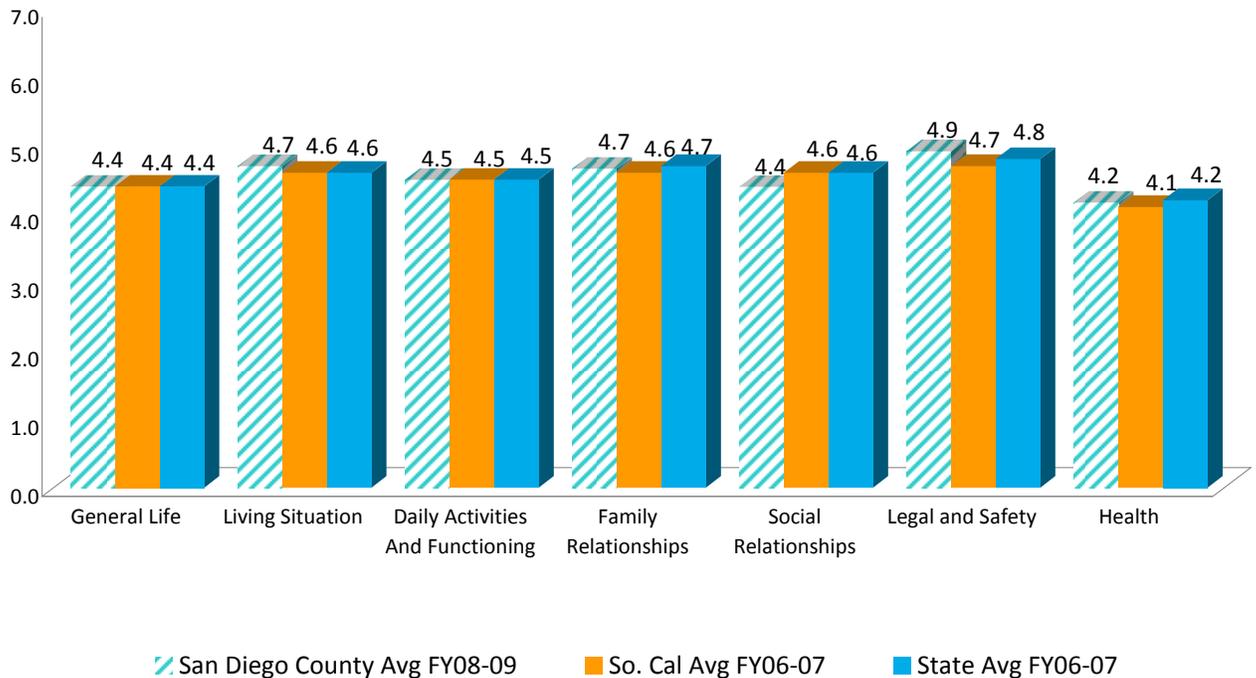
Were you arrested during the last 12 months?	%
Yes	8.1
No	90.9
Were you arrested during the 12 months prior to that?	
Yes	8.6
No	90.6
Over the last year, have your encounters with the police . . .	
Been reduced	62.2
Stayed the same	27.3
Increased	10.6

**Client Quality of Life**

Rehabilitation and recovery emphasizes continued individual growth, which is reflected in enhanced Quality of Life (QoL). The twice-yearly consumer satisfaction survey contained a series of questions designed to assess consumer 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. Rating choices were on a 7-point scale ranging from “Delighted” to “Terrible.”

For FY08-09, average scores for all domains ranged from between 4 (mixed satisfaction) and 5 (mostly satisfied) on the 7-point scale. For San Diego County, the highest QoL scores were seen for the Legal and Safety and Living Situation, and Family Relationships domains. Compared to the State as a whole and the Southern California region, San Diego County QoL scores are comparable for all domains with the exception of the Social Relationships domain for which scores are slightly lower.<sup>8</sup>

**Quality of Life**



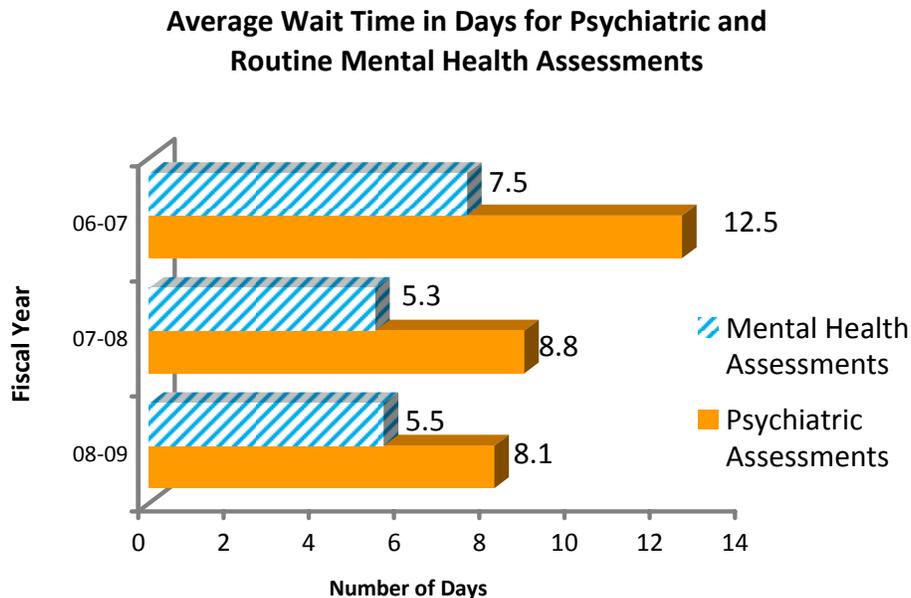
<sup>8</sup> Last available State survey data for the State and Southern California region was for FY06-07. Spring and Fall survey results for each fiscal year are averaged together.

## HOW ACCESSIBLE ARE SERVICES?

### Wait Times

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

- Average wait times for routine mental health assessments decreased from 7.5 days in FY06-07 to 5.5 days in FY08-09. This may largely be due to the implementation of Rapid Access hours at most clinics.
- Average wait times for psychiatric assessments have similarly trended downwards over the past three fiscal years, from 12.5 days in FY06-07 to 8.1 days in FY08-09.



## ARE CLIENTS SATISFIED WITH SERVICES?

### Consumer Satisfaction

A consumer satisfaction survey was conducted during the first two weeks of November and the first two weeks of May during the 2008-2009 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 create 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.”

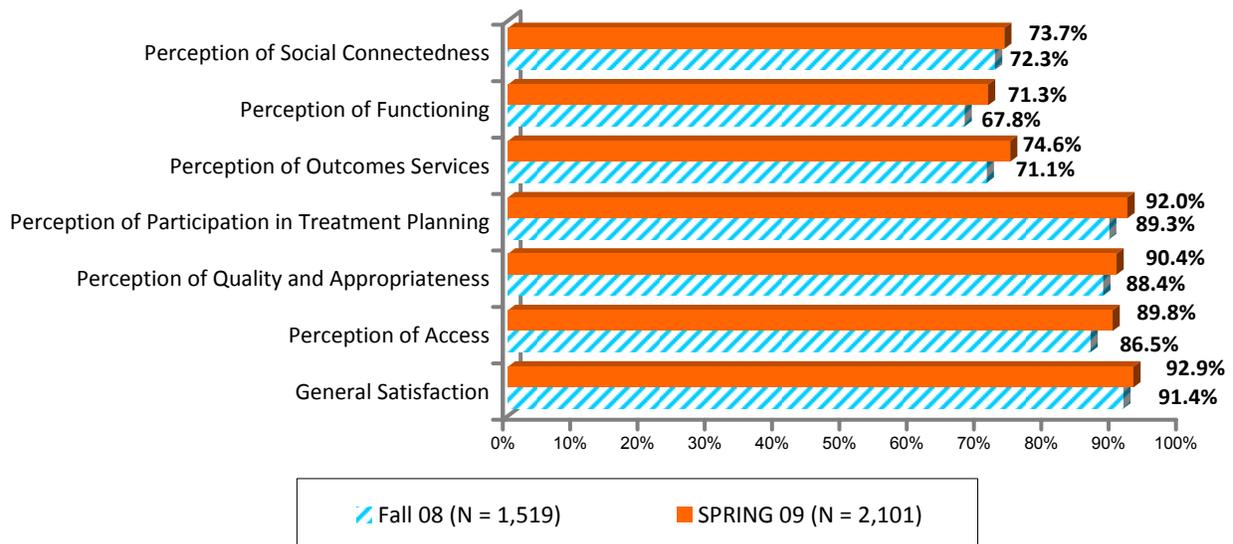
### Adult Consumer Satisfaction Trends:

Similar to FY07-08, comparison of the “general satisfaction” domain in FY08-09 reveals that at least 91% of consumers reported they “agreed” or “strongly agreed” with statements reflecting their general satisfaction.

The “Perception of Functioning,” “Perception of Social Connectedness,” and “Perception of Outcomes Services” domains had the lowest reported level of satisfaction across the Fall 2008 and Spring 2009 survey periods.

**The proportion of satisfied consumers for all satisfaction domains was slightly higher in the Spring 2009 survey period than the Fall 2008 survey period. This trend is similar to that seen in past surveys, with scores for the Spring survey period generally higher compared to the Fall period.**

**San Diego County Fall 2008/Spring 2009 Adult Consumer Satisfaction:  
Percentage of Clients 'Satisfied' or 'Very Satisfied' with Services**



## County of San Diego

### Board of Supervisors

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



Chief Administrative Officer  
Walter F. Ekard

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## County of San Diego Health and Human Services Agency

### Health and Human Services Agency Director

Nick Macchione

### Behavioral Health Services

#### Adult/Older Adult Mental Health Services & Children's Mental Health Services

### Behavioral Health Services Director

Jennifer Schaffer, Ph.D.

### Mental Health Services Director

Alfredo Aguirre, LCSW

### Clinical Director

Marshall Lewis, M.D.



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