CRITERION 2

COUNTY MENTAL HEALTH SYSTEM

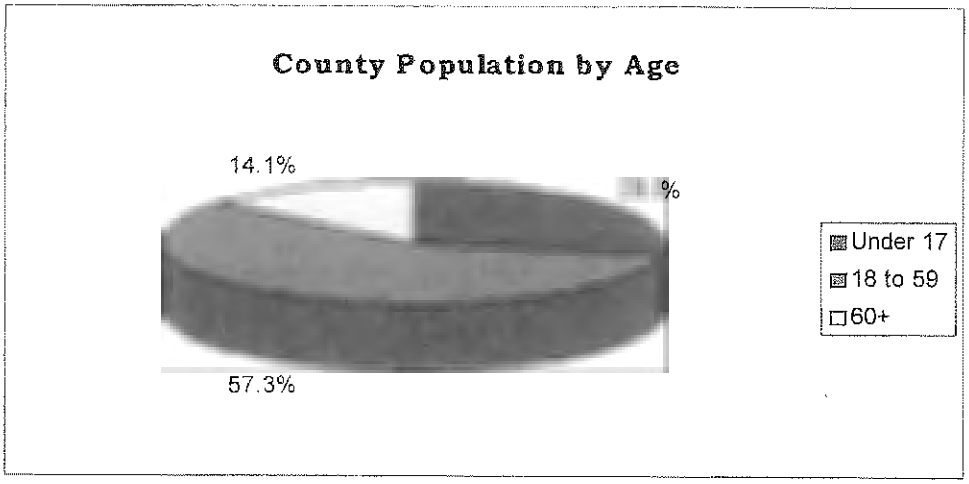
UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population

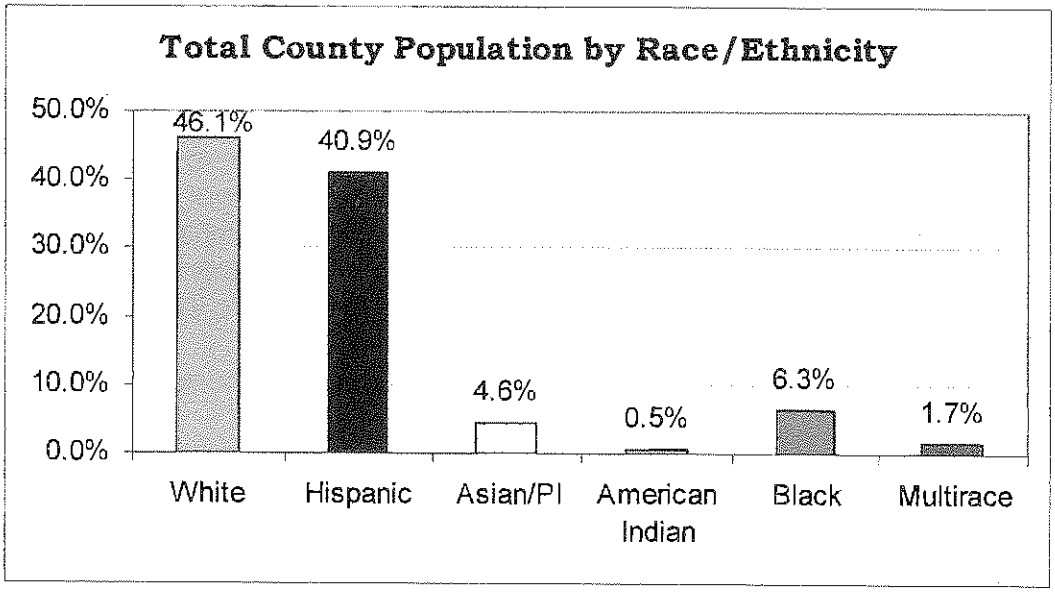
County General Population

Riverside County is a geographically large county with 7,303 square miles and a total population of 2,119,618 people. The County has a large youth population with 28% percent of the total population comprised of youth age 17 and under (Figure 1 page #23).

- Riverside County is large with 7,207.37 sq. Miles.
- Population projections indicate that the County's population increased by 36% from 2000 to 2008 and will continue to increase by (8.6%) from 2008 through 2011.
- White and Hispanic are the majority race/ethnic groups in Riverside County (46% white, and 40.9% Hispanic). Of the remaining 13%, the largest population is Black, followed by Asian/ Pacific Islander, Multi-race and American Indian. There is no significant difference in the number of females versus males within the County. Females comprise a slightly higher percentage of the population than males (Attachment #20).
- Projected changes from 2008 to 2011 indicate that the Hispanic proportion of the County's population will increase while the proportion in Non-Hispanic Whites will decrease. Yet, overall Non-Hispanic White residents will remain the largest racial/ethnic group.
- RCDMH programs are provided in three (3) geographic regions: West, Mid-County and Desert.
- Adults comprise 52.9 % of the population.
- Transition Age Older adults 55-64 are 7.70% of the population and older adults (65+) are 11.4% of the total population.

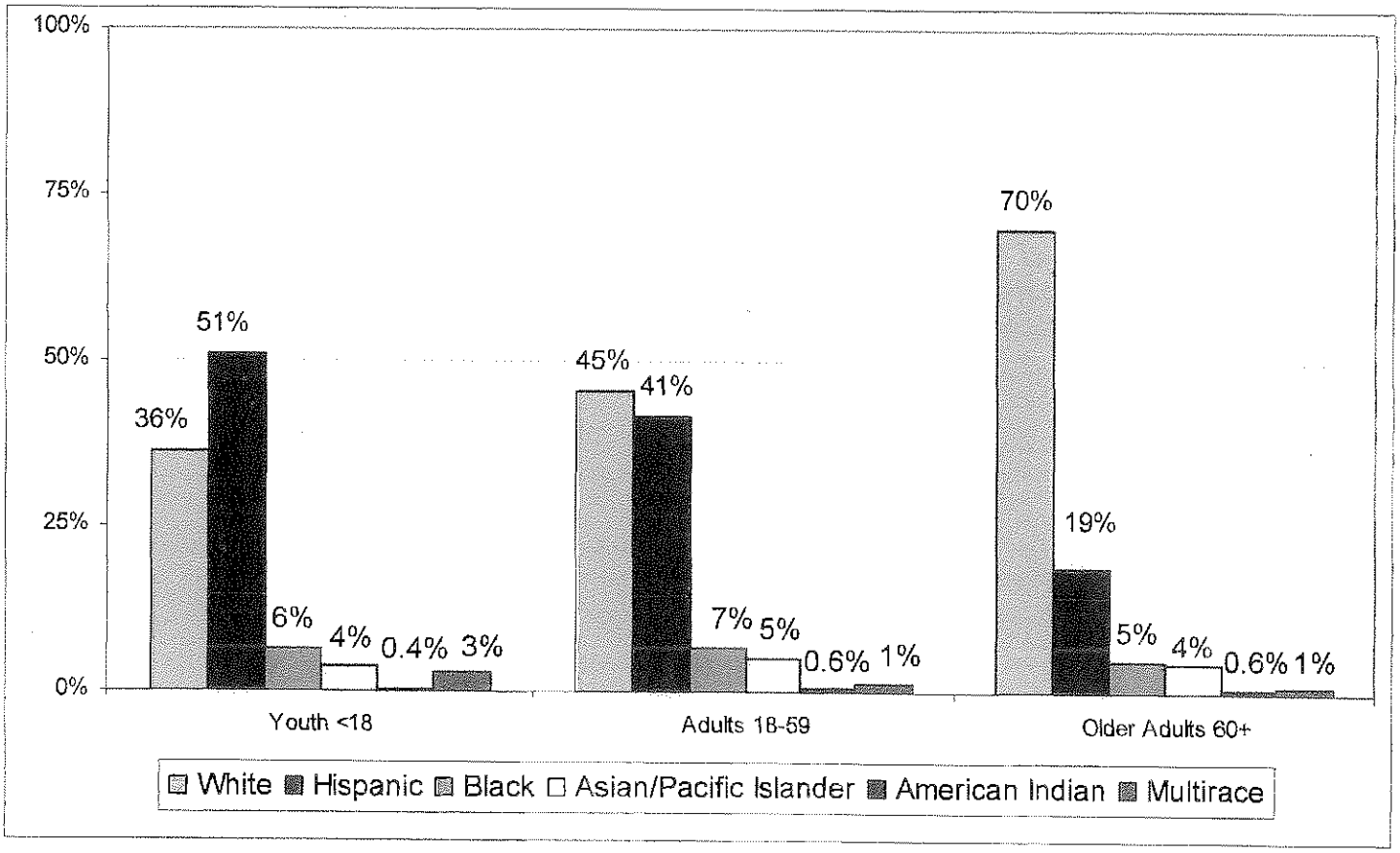


The majority of the race/ethnic population in the County is represented by the White and Hispanic/Latino groups with much smaller proportions of African American/Black, Asian American and Native American groups (Figure 2).



There is no significant difference in gender distribution in youths under age 18 and in adults ages18-59 population. However, in the older adult population age 60 and above, 55% of the population is female and 45% is male.

An analysis of age by race/ethnicity showed that the distribution varies by age group. The populations for each age group are dominated by the two largest race/ethnic groups in the County which are White and Hispanic /Latino. There is some variation in the pattern depending on the age group. Older adults are predominantly White while a large proportion of youth under age 18 are Hispanic/Latino. The adult population is dominated by the two largest race/ethnic groups in the County which are White and Hispanic/Latino in nearly the same proportions. A much smaller proportion of the adult population (7%) is African American/Black or Asian American, Pacific Islander and an even smaller proportion is Native American (<1%) and 1% reports is multiracial. The same pattern is true for the youth with most of the population falling into the White or Hispanic/Latino groups and a much smaller proportion in the African American/Black or Asian American, Pacific Islander groups. For older adults the Hispanic/Latino population is much smaller than in the adult and youth age groups. The proportion of older adults that are in the remaining race/ethnic groups is similar to the youth and adult pattern with 5% African American/Black slightly fewer in the Asian American, Pacific Islander groups and fewer still in the Native American or Multiracial group.



II. Medi-Cal Population Services Needs (Use current CAEQRO data if available)

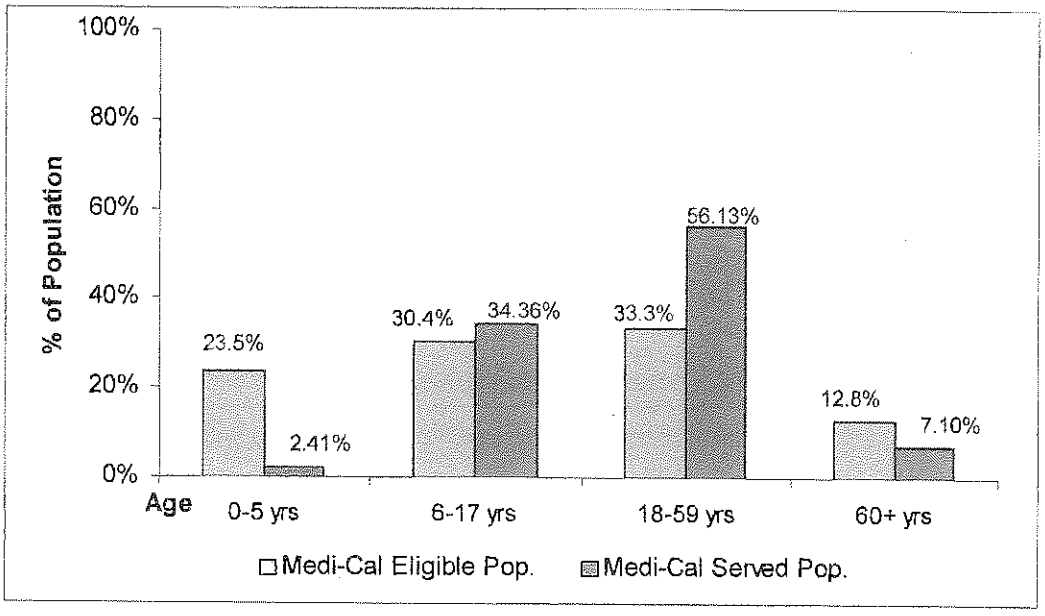
The County shall include the following in the CCPR:

A. **Summarized Medi-Cal population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).**
B. **Provide an analysis of disparities as identified in the above summary.**

According to the Medi-Cal population and client utilization data provided by CAEQRO for calendar year 2008, the average number of people eligible for Medi-Cal in Riverside County was 336,844 and the total number of beneficiaries served by the RCDMH was 18,547.

Age

Over half the total Medi-Cal eligible population (53.7%) are youth under the age of 18. Adults are the next largest group (33.3%) with older adults comprising only 12.8% of the total Medi-Cal eligible population. According to the CEQRO 2008 calendar year data RCDMH served a total of 18,457 beneficiaries. Over half the beneficiaries served were adults (56.13%) between 18-59 years of age. Youth under the age of 18 represented 36.77% of those served and older adults were 7.10% of the beneficiaries served. See Figure 1 for a comparison of Medi-Cal eligible population to Medi-Cal population served by age groups.



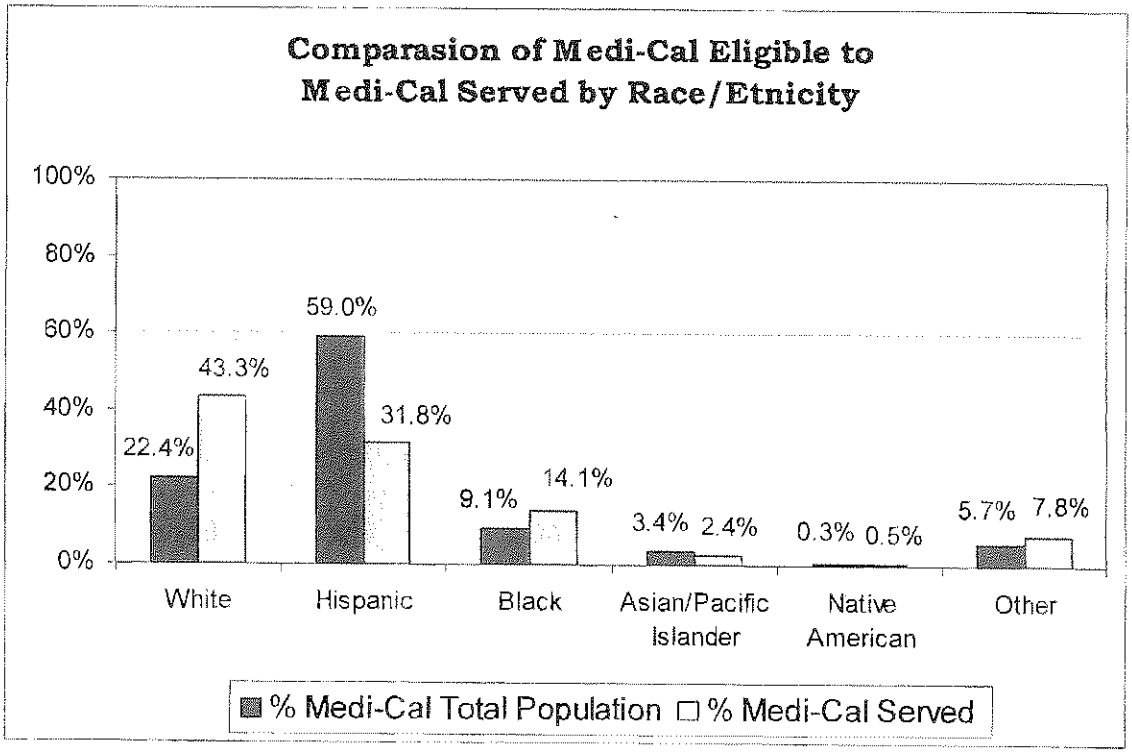
Disparities are present for youth and older adults in the Medi-Cal population. A smaller proportion of youth is utilizing services than the proportion they represent in the Medi-Cal population. Youth comprises 53% of the Medi-Cal population but only 36.77% of those are served. The penetration rate for youth in Riverside County at 6.22% is less than the rate for large counties (8.01%) and the state (8.0%). Also, the penetration rate for youth ages 6-17 in Riverside County decreased between 2007 and 2008. The older adults served are also disproportionate to their representation in the Medi-Cal population. However, the disparity for older adults has shown slight improvement with the penetration rate increasing from 2.81 in 2007 to 3.05 in 2008. The older adult penetration rate is slightly lower than the rate of other large counties and the state.

Adults represent a smaller proportion of the Medi-Cal population yet are served in a much larger proportion compared to the youth and older adults served. Adults are served in a proportion that is greater than their representation in the Medi-Cal population (34% of Medi-Cal population and 56% of those served). The rate for adults at 9.28% is higher than the state rate and similar to other large counties.

Females represent a greater proportion (57.13%) of the total eligible population than males (42.87%). The gender distribution of beneficiaries served was 53.21% female and 46.79% male. Females comprised a larger proportion of the Medi-Cal population.

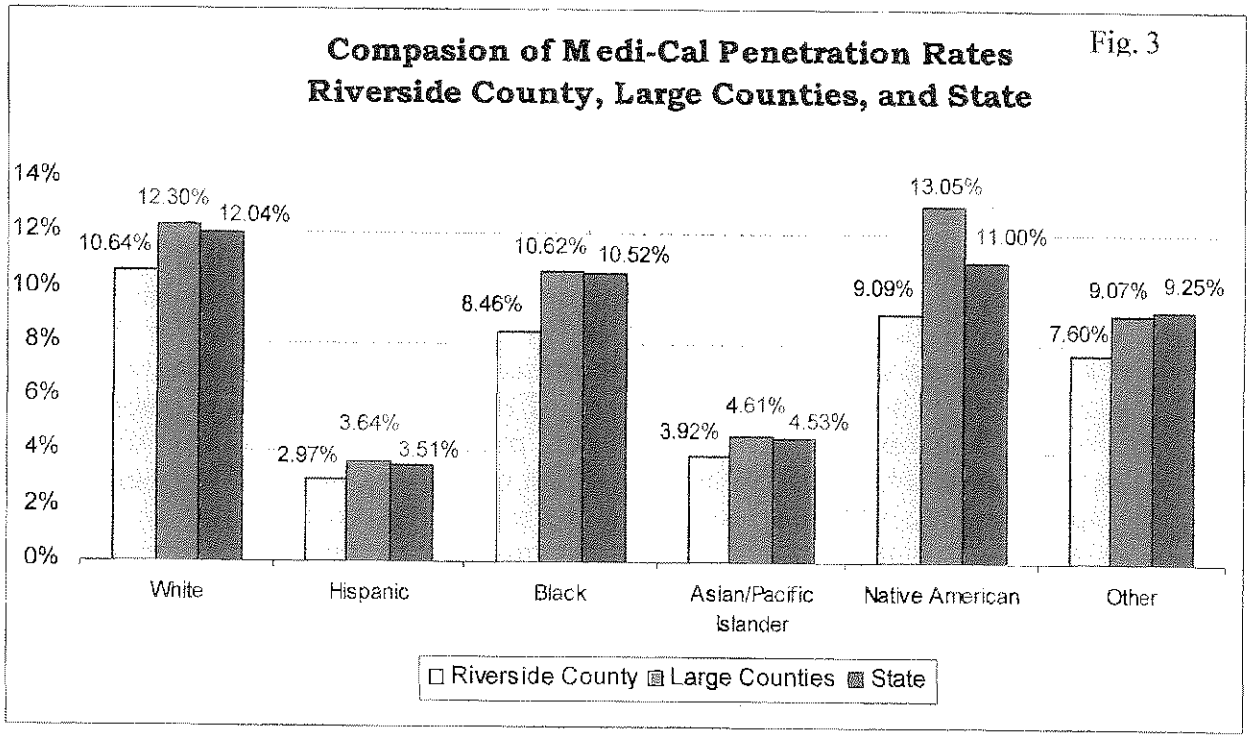
Ethnicity

The distribution of Medi-Cal eligibles and Medi-Cal served by Race/Ethnicity is presented in Figure 2. The Hispanic group is the largest proportion of Medi-Cal eligibles while the proportion of White Medi-Cal eligibles is one half that of the Hispanic/Latino group. Black/African American comprises a much smaller percentage of the eligible population and Asian American/Pacific Islander and Multirace are the smallest groups of Medi-Cal eligible beneficiaries. This race/ethnic distribution could be affected by the age of the beneficiaries since a large proportion of the Medi-Cal eligibles are youth and the youth population in Riverside County is 51% Hispanic/Latino. Beneficiaries served by ethnicity/race group showed that more White beneficiaries are served than any other race/ethnic group. Figure 2 shows the distribution of each race/ethnic group for those in the total Medi-Cal population and the population of RCDMH beneficiaries served. The white group served is nearly twice the proportion represented in the Medi-Cal population. The Hispanic proportion served is just over half the proportion represented in the population. The Black group showed an overrepresentation given the proportion in the total Medi-Cal population. The Hispanic and Asian/Pacific Islander group shows the most disparity although the Asian/Pacific Islander group is a much smaller proportion of the total Medi-Cal population.



Medi-Cal penetration rates for each race/ethnicity further illustrate the disparities for Hispanic/Latino groups and Asian American beneficiaries (Figure 3). Overall Riverside County penetration rates in 2008 were lower than other large counties and the state across all race/ethnic groups. Penetration rates for the Hispanic/Latino group and the Asian/Pacific Islander group are considerably lower than the rates for other race/ethnic groups and are less than the rates for other large counties and the state. Some of the low penetration rate could be accounted for by the age of the Hispanic/Latino Medi-Cal eligibles but this certainly does not explain all of the disparity.

Fig. 3



The penetration rate ratio is another method for examining disparities. "Penetration rate ratio" is a ratio of one demographic or ethnic group to another. A ratio of 1.0 reflects an equitable penetration rate based upon the beneficiary population. The further the value is from 1.0, the greater the disparity. Penetration rate ratios for Riverside County are .28 for the Hispanic/Latino vs. White population in calendar year 2007. The average payment per beneficiary served shows less disparity with a ratio of .82 and average claims per beneficiary at $2,388 for Hispanic/Latino and $2,897 for White in calendar year 2007[1].

Note: Objectives for these defined disparities will be identified in Criterion 3, Section III.

III. 200% of Poverty (minus Medi-Cal) Population and Services Needs.

The county shall include the following in the CCPR:

A. **Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race ethnicity language age and gender (other social/cultural groups may be addressed as data is available and collected locally).**
B. **Provide an analysis of disparities as identified in the above summary.**

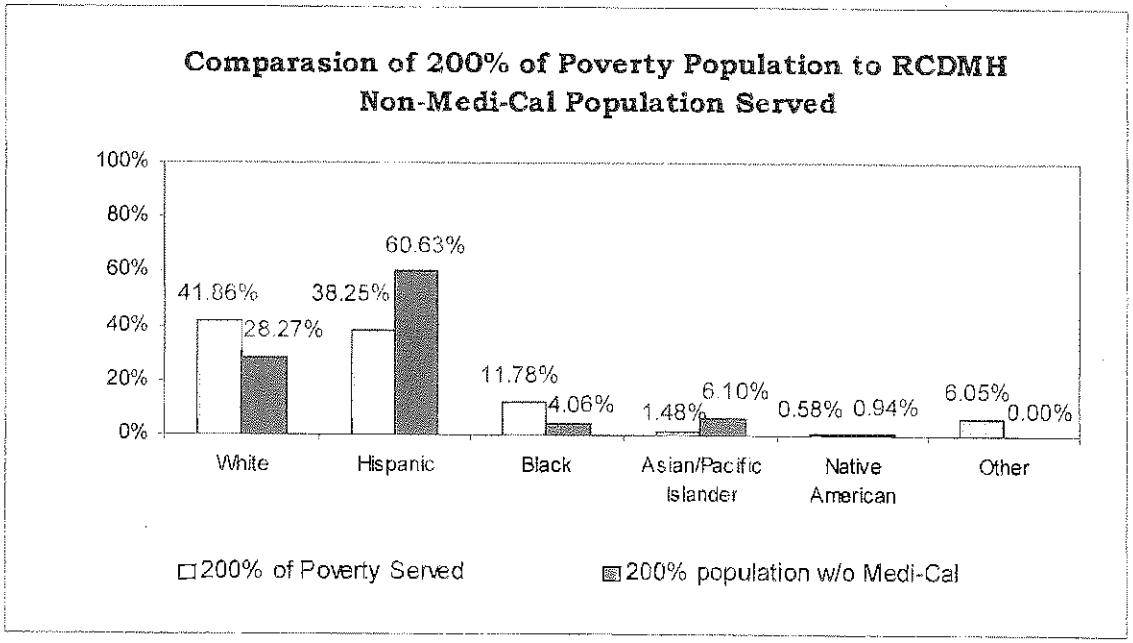
Population at 200% of Poverty without Medi-Cal Eligibles

Age

The population living at 200% of poverty or below who are not Medi-Cal eligible is another population of interest. Unlike the Medi-Cal eligibles the population at 200% of poverty or less has a much smaller proportion of youth (24.25%) and older adults (7.83%); while the adults are a much larger proportion of this population at 67.92%. An examination of RCDMH service data showed a similar pattern as that shown for Medi-Cal beneficiaries served with a much larger proportion of adults served and fewer youth and older adults served. However, the proportion of adults served (86.5%) is even more disproportionate to the percentage of adults in the 200% of poverty population. The proportion of youth served was about half the proportion (11.5%) they represented in the 200% of poverty population. For older adults the proportion served (2%) was about 3 times less than their proportion in the 200% of poverty population.

Ethnicity

The race/ethnic distribution of the 200% of poverty population (minus Medi-Cal eligibles) is presented in the following Figure.



Similar patterns are found in the 200% of poverty population as was true for the Medi-Cal population. The white group represents the largest proportion served and the Hispanic group shows a smaller proportion served than is represented in the population. In this population the Black group is again overrepresented. Disparities are present for the Asian/Pacific Islanders group with a much smaller proportion served than is present in the population. For this low income population the proportion of Whites, Hispanics and other race are similar to the proportion found in the Medi-Cal eligible population. However, differences are noted for the Asian/Pacific Islander group and the Black group. The Asian/Pacific Islander group in this low income population is twice that found in the Medi-Cal eligible population (6.10% compared to 3.4%) and for the Black group the proportion is less than the that found in the Medi-Cal eligible population (9.1% compared to 4.06%).

Examining this population by gender showed that 51% are male and 43% are female. RCDMH service data showed that 63.2% of those served without Medi-cal are male and 36.8% are female. The disproportionate representation may be influenced by the high percentage of male consumers served in RCDMH detention services which is not billed to medi-cal and has a higher proportion of uninsured.

Note: Objectives for these defined disparities will be identified in Criterion 3, Section III.

IV. MHSA Community Services and Supports (CSS) Population Assessment and Services Needs.

The County shall include the following in the CCPR:

A. **From the County's approved CSS Plan, extract a copy of the population assessment. If updates have been made to this assessment, please include the updates. Summarize population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).**

B. **Provide an analysis of disparities as identified in the above summary.**

A full Mental Health Community Needs analysis was developed by the Research Department and incorporated into the CSS planning process. Riverside County anticipated the increase in total population of 9.29% over the next three years. The anticipated population growth included an increase in female population by 9.34%, and male population by 9.26%. It also included the increase in each ethnic group in Riverside County. The largest anticipated ethnic population growth is seen among the Hispanic/Latino population with an increase of 16.99%. The Asian American and Pacific Islander population also shows dramatic growth with a percentage increase of 16.42%.

The Department acknowledges that several of the identified needs crossed over among age groups. These needs surfaced independently through the community input and committee processes. The identified needs that surfaced in multiple age categories were homelessness, co-occurring disorders, and mentally ill population that surface through the juvenile or criminal justice system. Youth experiencing difficulties transitioning from children to adult services appeared in both the youth/children/TAY planning process.

MHSA CSS Population and Service Needs

Similar to the analysis of Medi-Cal and 200% of poverty data, the Hispanic and Asian/Pacific Islander populations were identified in the RCDMH Community Services and Support (CSS) Plan as communities with disparities. Unmet Need was used to examine population disparities in the Department's CSS Plan in 2003-2004. Updates to the original Unmet Need table have been completed with current population and service data and will be described further in the following summary. Utilizing prevalence rates is a useful method for examining disparities. Unmet Need is based on the difference between known prevalence rates and the number of people who received mental health services in the County. To determine 'Unmet Need' a formula is used to estimate the population needing services based on published prevalence rates for Serious Mental Illness

(SMI)/Serious Emotional Disturbance (SED), County population data, and the number of consumers served by the Department. This does not take into account any serve received outside the county system.

It was noted in the CSS plan that the greatest Unmet Need was in the Asian/Pacific Islander and Hispanic/Latino populations. The Hispanic population represented the highest prevalence figure as well as the largest number of unserved children/youth. The Hispanic population was expected to experience significant growth which could further contribute to existing disparities. Unmet Need Analysis provided in the CSS plan showed that out of all mentally ill, Asian/Pacific Islanders, 85% of children remain unserved and 80% of adults remain unserved. Again it was noted that the Asian/Pacific Islander population had a higher total percentage of unserved consumers but they also represent the lowest population total. CSS Plan analysis showed that out of all mentally ill Hispanic/Latinos, 83% of children remain unserved and 78% of adults remain unserved. Also of note in the CSS Plan was the fact that more male Hispanics were served than female Hispanics served in all age groups except for older adults suggesting outreach was needed to particularly focus on female Hispanics. This gender difference did not appear to apply to the Asian/Pacific Islander population. The CSS Plan made note of the needs of youth and older adults as these populations were expected to increase. Gender differences were noted in the older adult population receiving mental health services in that, females served almost doubled the males served.

Additional populations noted in the CSS Plan were deaf and hard of hearing. Prevalence estimates and population data indicated in the data analysis section of the CSS Plan, showed there are 10,939 deaf or hard of hearing mentally ill individuals in Riverside County. Estimates were that less than 100 individuals were receiving or have requested to receive services. There are sign language translation services available, but a need for deaf clinical staff and enhanced training was noted in the Plan. The CSS Plan also noted specific strategies to address the unique needs of the TAY age group, but did not indicate disparities compared to other age groups.

Table 1 shows data for Unmet Need FY 2003-2004 used in the County CSS Plan compared to updated data on Unmet Need. Table 1 shows that Unmet Need has increased for youth and has decreased slightly for adults and older adults. Due to population increases and decreases in the number of youth served the Unmet Need for youth has increased. Decreases in Unmet Need have been shown for adults and older adults.

Table 2 shows Unmeet Need fiscal year comparisons for youth by ethnicity. Unmet Need is highest for the Asian/Pacific Islander youth and has increased since the CSS Plan analysis, however, this group represents a smaller proportion of the population. The Hispanic and White youth have the next highest Unmet Need in similar proportions but with the Hispanic group somewhat higher. The increase in Unmet Need for Hispanic youth is much less than the increases for

other groups. Although lower than the other groups Unmet Need for the Black youth has increased more than other groups.

Unmet Need 2008- 2009 by Age Group (Table 1)

Age Group	Riverside County Population Total [1]	RCDMH Clients Served [2]	Prevalence Total [3]	Unmet Need [4]	% of Unmet Need 2008-2009 [5]	% of Unmet Need 2003 - 2004[6]	Change in Unmet need
Youth	594,358	9,763	44,815	35,052	78.68%	74.12%	4.56%
Adults	1,175,678	27,127	77,359	50,232	62.15%	65.03%	-2.88%
Older Adults	291,563	2,054	15,015	12,961	85.59%	88.66%	-3.07%

Unmet Need 2008-2009 by Ethnicity-Youth (Table 2)

Race/Ethnic Group	Riverside County Population Total [1]	RCDMH Clients Served [2]	Prevalence Total [3]	Unmet Need [4]	% of Unmet Need 2008-2009 [5]	% of Unmet Need 2003 - 2004[6]	Change in Unmet need
White	219,788	2,680	15,363	12,683	82.56%	68.48%	14.08
Hispanic	313,600	3,864	24,963	21,099	84.52%	83.05%	1.47
Black	38,604	1,067	3,030	1,963	64.79%	51.66%	13.13
Asian/Pacific Islander	23,242	91	1,759	1668	94.83%	85.43%	9.40
Native American	2,468	59	192	133	69.31%	42.39%	N/A[7]
Other/Multi	17,281	2,126	1,320	-806	-61.03%		

Riverside County Population Total-Data source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2005. Sacramento, CA, July 2009.

2 RCDMH Clients Served-Data Source: FY 2008-2009 RCDMH Who We Serve internal database pull (07.2009).

3 Prevalence Total -Riverside Co. Population multiplied by Prevalence Rate. Prevalence rates data source: California Dept. of Mental Health, Prevalence Webpage (http://www.dmh.ca.gov/Statistics_and_Data_Analysis/Prevalence_Rates_Mental_Disorders.asp).

4 Unmet Need is Prevalence Total minus RCDMH Clients Served

5 Percent of Unmet Need is Unmet Need divided by Prevalence Total

6 Percent of Unmet Need from RCDMH Unmet Needs Report FY 2003-2004

7 In the RCDMH 2003-2004 Unmet Needs report the Native American, Other and Multi ethnicity categories were combined

For adults Unmet Need is highest for the Asian/Pacific Islander and Hispanic groups. The Asian/Pacific Islander group has shown an increase in Unmet Need while the Hispanic group has shown some decrease in Unmet Need since the original CSS Plan analysis.

Unmet Need 2008- 2009 by Ethnicity Adults Age 18- 60+

Race/Ethnic Group	Riverside County Population Total [1]	RCDMH Clients Served [2]	Prevalence Total [3]	Unmet Need [4]	% of Unmet Need 2008-2009 [5]	% of Unmet Need 2003 - 2004 [6]	Change in Unmet need
White	746,872	14,240	46,381	32,141	68.72%	68.67%	-0.05%
Hispanic	532,799	8,885	37,296	28,411	72.42%	77.87%	-5.45%
Black	91,278	3,334	5,769	2,435	32.95%	32.22%	.73%
Asian/Pacific Islander	70,562	620	4,657	4,037	86.47%	79.51%	6.96%
Native American	8,423	188	390	202	51.79%	62.78%[8]	N/A[7]
Other/Multi	17,305	1,914	1,391	-523	-37.57%	62.78%[8]	

RCDMH Clients Served-Data Source: FY 2008-2009 RCDMH Who We Serve internal database pull (07.2009).

3 Prevalence Total -Riverside Co. Population multiplied by Prevalence Rate. Prevalence rates data source: California Dept. of Mental Health, Prevalence Webpage (http://www.dmh.ca.gov/Statistics_and_Data_Analysis/Prevalence_Rates_Mental_Disorders.asp).

4 Unmet Need is Prevalence Total minus RCDMH Clients Served

5 Percent of Unmet Need is Unmet Need divided by Prevalence Total

6 Percent of Unmet Need from RCDMH Unmet Needs Report FY 2003-2004

7 In the RCDMH 2003-2004 Unmet Needs report the Native American, Other and Multi ethnicity categories were combined

Note: objectives will be identified in Criterion 3, Section III.

V. Prevention and Early Intervention (PEI) Plan: The Process Used to Identify the PEI Priority Populations.

The County shall include the following in the CCPR:

A. Which PEI priority population(s) did the County identify in their PEI Plan? The County could choose from the following six PEI priority populations:

The PEI Priority Populations that were identified in the planning process are:

1. Underserved cultural populations.
2. Individuals experiencing onset of serious psychiatric illness.
3. Children/youth in stressed families.
4. Trauma-exposed.
5. Children/youth at risk of school failure.

B. Describe the process and rationale used by the County in selecting their PEI priority population(s) (e.g., assessment tool or method utilized).

Contact was initiated with stakeholders and members of underserved communities utilizing a network of contacts, telephone, and electronic outreach. Meetings were held with community leaders, community based service providers, and consortiums throughout Riverside County ensuring contact with representatives from each of the three regions (Western, Mid-County, and Desert). The PEI team attended numerous existing community based stakeholder meetings as a part of the outreach campaign to begin the coordination and scheduling of focus groups and community forums. Between July and October 2008, 108 focus groups and community forums were facilitated throughout the County with a total attendance of 1,147 participants. A network of contacts that had been developed through telephone and electronic outreach was used to inform as many members of the community about the available focus groups and community forums. To ensure that stakeholders could fully participate in the community input process, specific Spanish speaking focus groups were facilitated and Spanish translation was available at each community forum. Other specific focus groups were held for older adults, deaf/hard of hearing, Native Americans, and LGBTQ individuals. As a means to further solicit input from community stakeholders a community survey was

developed and posted on the RCDMH website (www.mentalhealth.co.riverside.ca.us) in both English and Spanish.

A total of 2,354 surveys were completed and returned. The survey was designed to ascertain stakeholder input regarding priorities about key community mental health needs and priority populations in Riverside County. PEI Planning utilized the existing four age group MHSA planning committees (Children, TAY, Adult and Older Adult). Due to a great deal of interest in the PEI planning process, there were additional stakeholders who joined each of the committees so that the membership reflected all key stakeholders. Through the planning process, it was determined that there was a need to develop three workgroups to address specific PEI needs. They were the Trauma Workgroup, the Reducing Disparities Workgroup and the Reducing Stigma and Discrimination Workgroup.

There was specific outreach to stakeholders for participation, including members of unserved and underserved cultural communities, community providers with expertise as well as consumers and family members of consumers. Each of the age group committees (Children, TAY, Adult and Older Adult) participated in a two day facilitated process to determine the priority needs and recommendations for the age group they represented. Each committee was tasked with ensuring that the voice of the community was heard in the recommendations that were developed. They began with a review of PEI related recommendations that were gathered as a part of the CSS planning process. Committees also received the analysis of the information gathered from the focus groups, community surveys and the three workgroups (Trauma, Reducing Disparities, and Reducing Stigma and Discrimination). Each committee provided a document with their recommendations and each workgroup assigned representatives to attend the PEI Steering Committee to convey their respective committee and workgroup recommendations. The Steering Committee identified and prioritized the final PEI strategies.