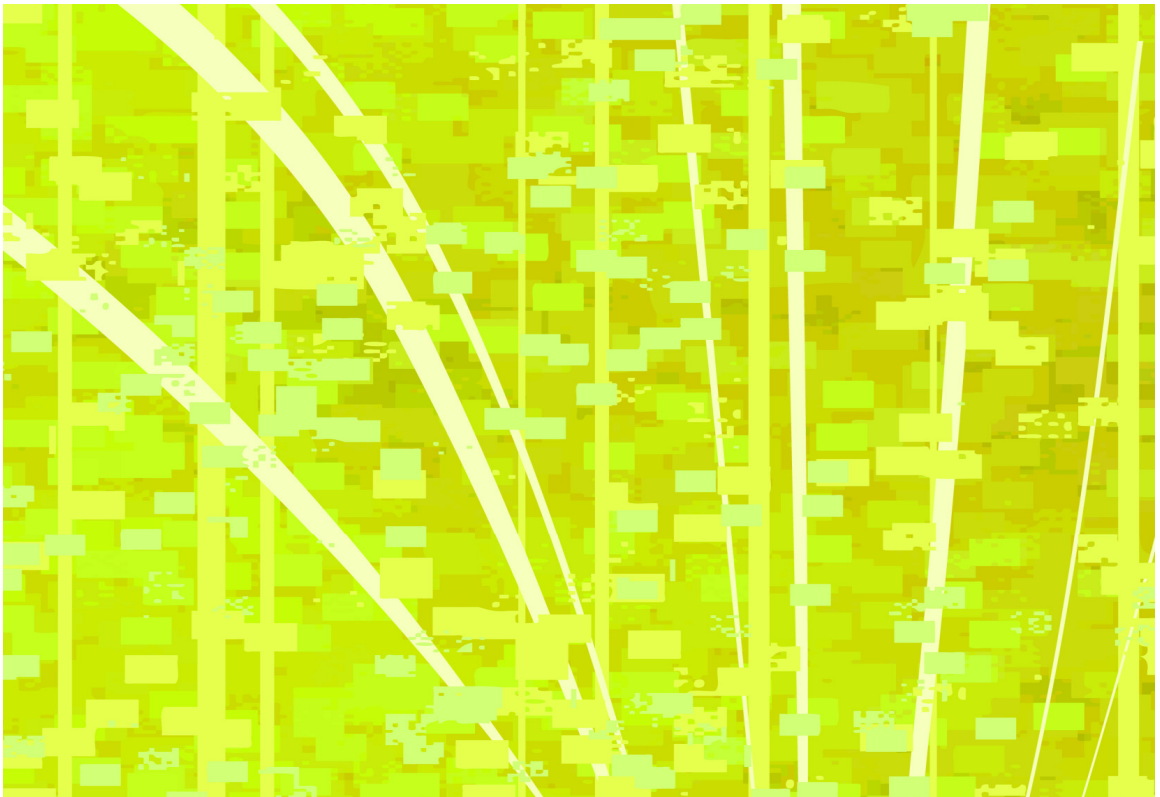


# Vulnerable Communities in Los Angeles County:

## Key Indicators of Mental Health

Fall 2008



County of Los Angeles Department of Mental Health 550 South Vermont Avenue, Los Angeles CA 90020



Prevention and Early Intervention, Mental Health Services Act



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**Acknowledgements**

The following individuals and organizations were instrumental in preparing this report.

**Consultant**

Randall Ahn, PhD, MLIS

**Walter R. McDonald and Associates, Inc.**

John Hedderson, PhD; Judy Rothschild, PhD; Sheeva Sabati; Joyce Bixler

**County of Los Angeles - Urban Research/GIS, Internal Services Department**

Howin Song, MPH; Yoko Myers; Peter Fonda-Bonardi

**County of Los Angeles - Internal Services Department**

Carol Chu; Ramesh Ramnani

**County of Los Angeles - Department of Mental Health**

Program Support Bureau, Planning Division – Vandana Joshi, PhD; Sandra Chin; Ella Granston; Jacquelyne Ramos; Nyja Tapscott; Mirian Sandoval

Program Support Bureau, Prevention and Early Intervention Administration – Lisa Wicker, LCSW; Lillian Bando, JD, MSW; Mary Silvestrini, LCSW; Lea VanDenburgh Bush, MSW, MPA; Kristen Laws, MSW

Thanks also to the County of Los Angeles Departments of Children and Family Services, Community and Senior Services, Probation, and Public Health and to the Statistical Consulting Group, UCLA Academic Technology Services.

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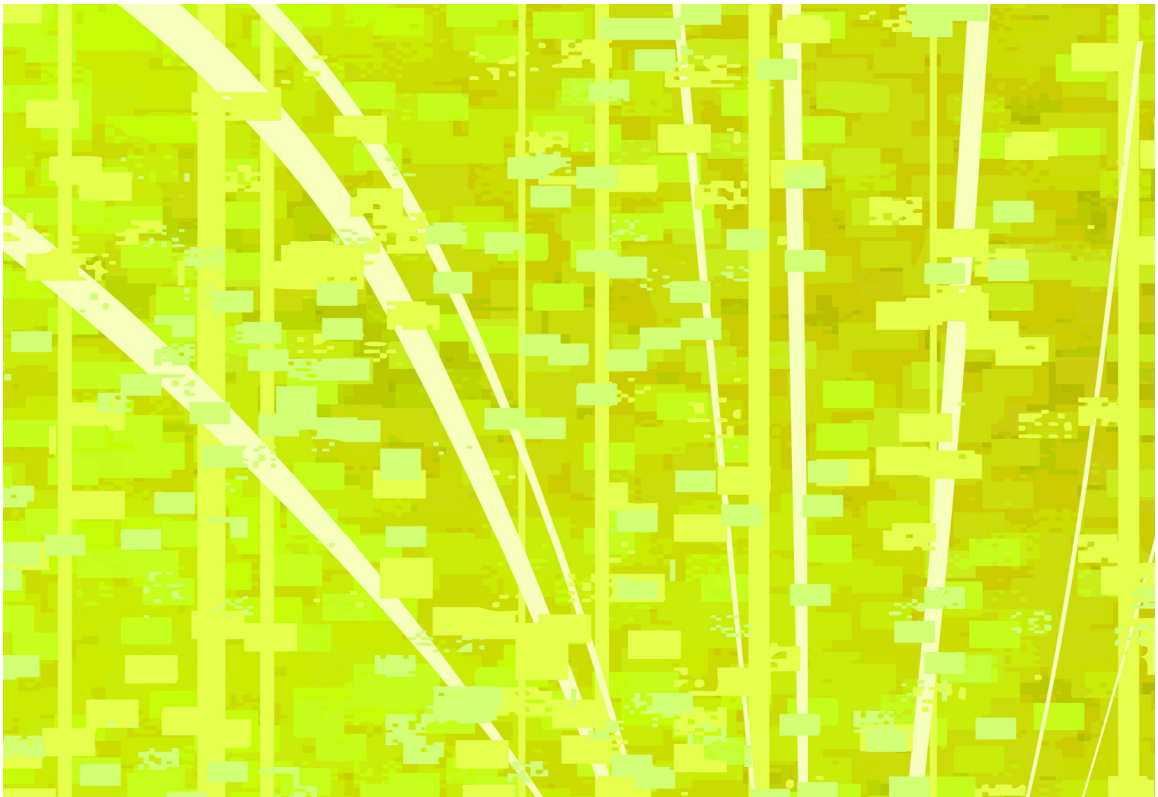
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# Vulnerable Communities in Los Angeles County:

## Key Indicators of Mental Health

Fall 2008

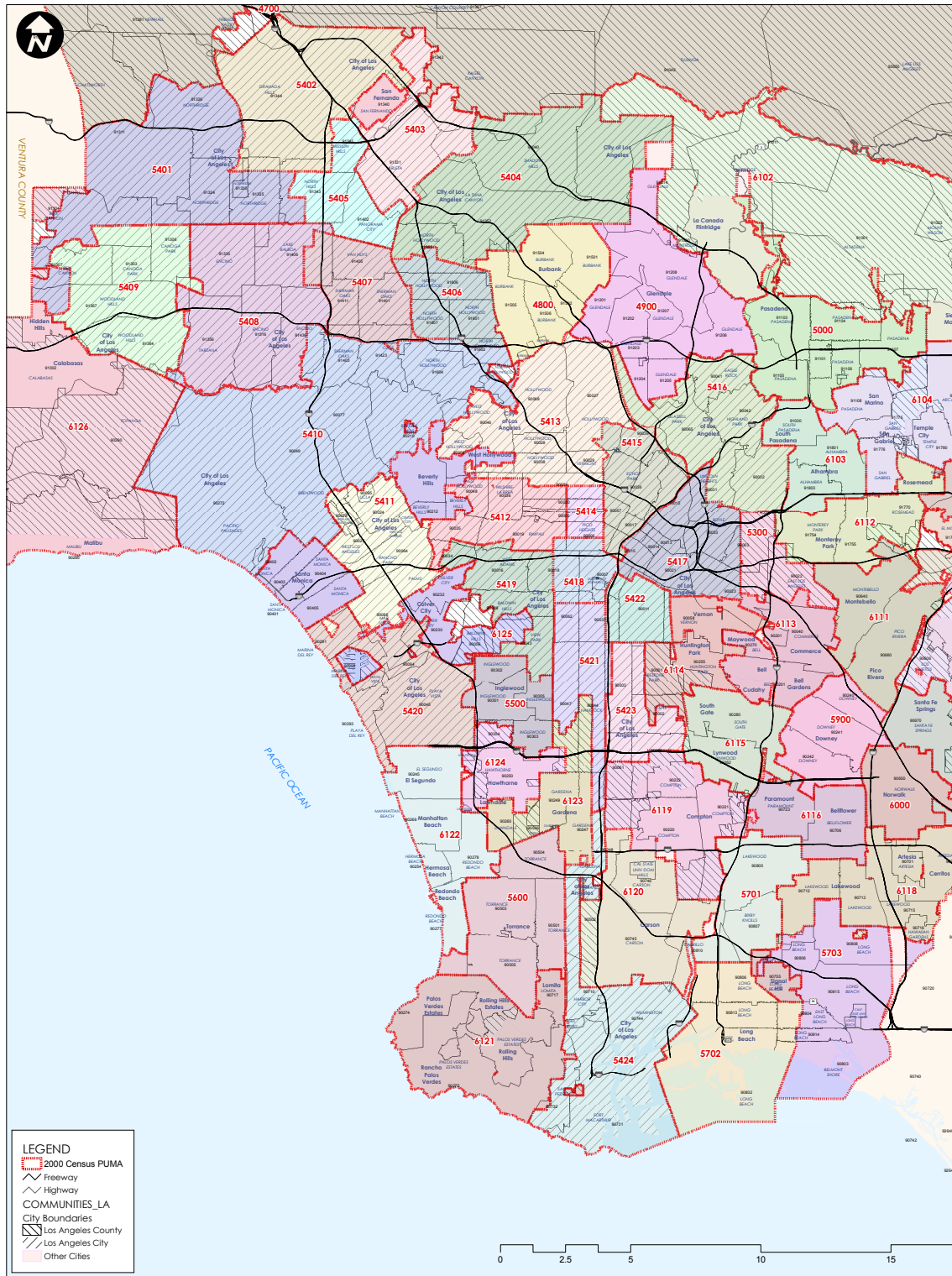


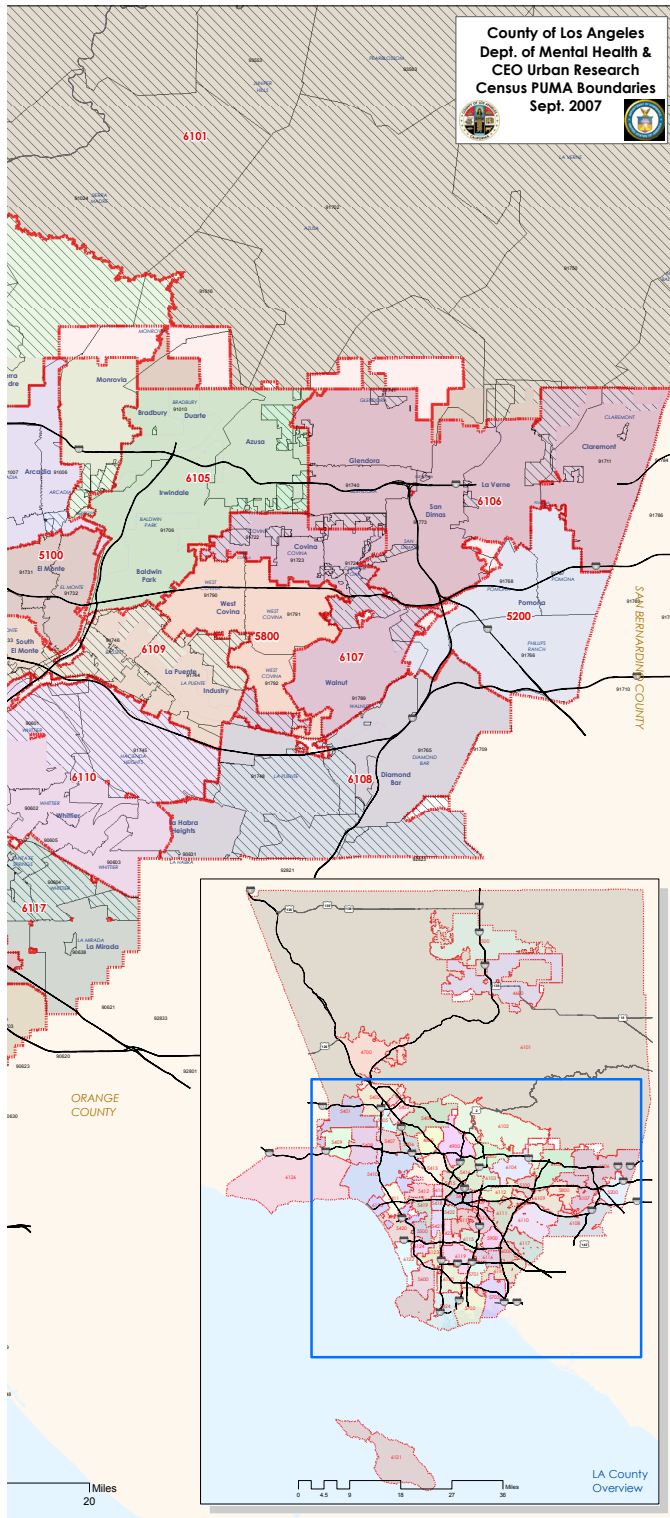
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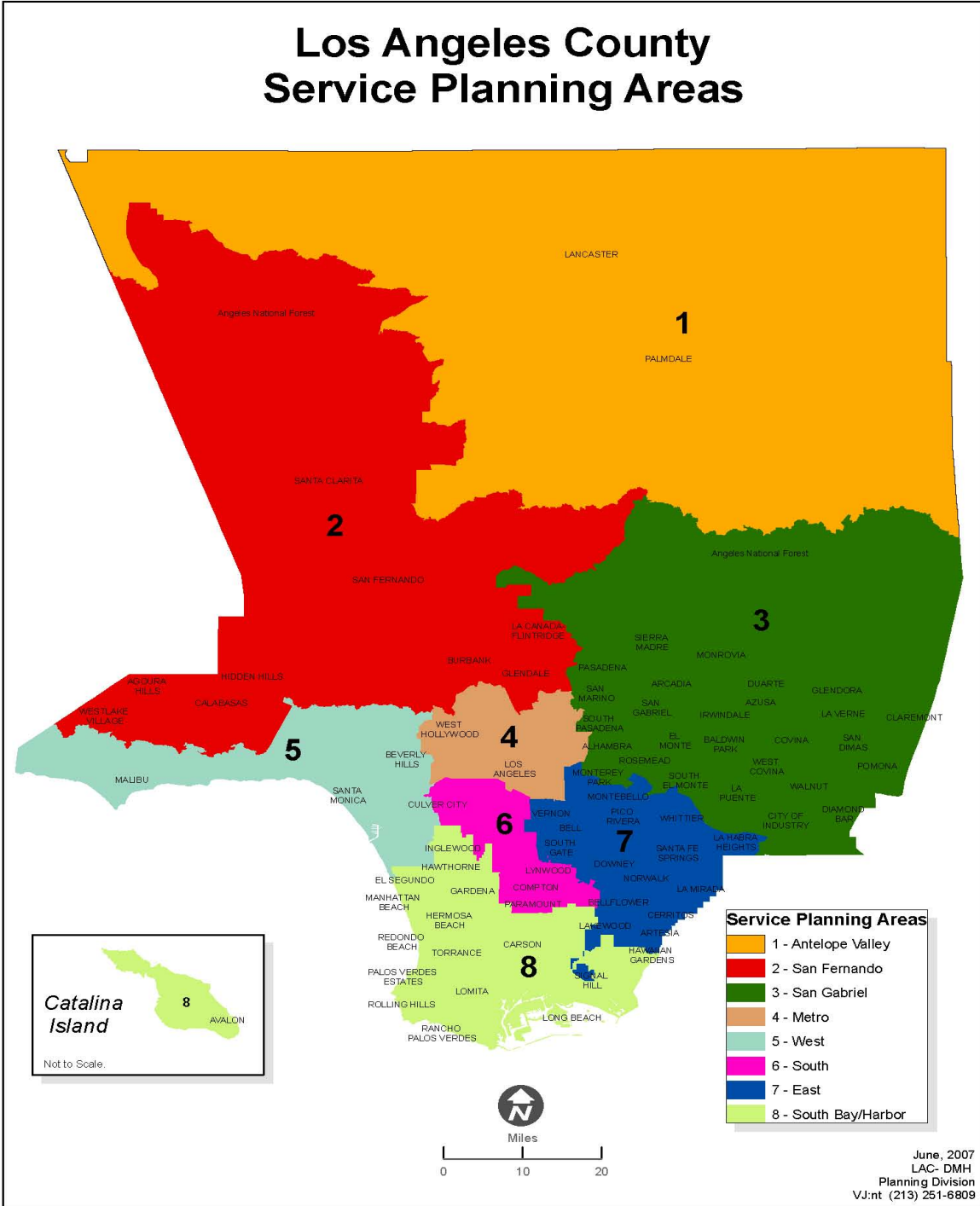
# Community Reference Map





PUMA	Service Area	Community
4500	1	Lancaster
4600	1	Palmdale
4700	2	Santa Clarita
4800	2	Burbank
4900	2	Glendale
5000	3	Pasadena
5100	3	El Monte
5200	3	Pomona
5300	7	East LA
5401	2	Northridge
5402	2	Granada Hills
5403	2	Pacoima-Arleta
5404	2	La Tuna Cyn.
5405	2	Panorama City
5406	2	North Hollywood
5407	2	Sherman Oaks
5408	2	Encino
5409	2	Woodland Hills
5410	2	Brentwood N.
5410	5	Brentwood S.
5411	5	West LA
5412	4	Wilshire La Brea E.
5412	5	Wilshire La Brea W.
5413	4	Hollywood
5414	4	Pico Heights
5415	4	Echo Park
5416	4	Highland Park
5417	4	Downtown
5418	4	USC N.
5418	6	USC S.
5419	4	West Adams
5419	5	Baldwin Hills W.
5419	6	Baldwin Hills S.
5420	5	Playa Vista
5421	6	Hancock N.
5421	8	Hancock S.
5422	6	USC E.
5423	6	Watts
5424	8	Wilmington
5500	8	Inglewood
5600	8	Torrance
5701	8	Long Beach N.
5702	8	Long Beach S.
5703	8	Long Beach E.
5800	3	West Covina
5900	7	Downey
6000	7	Norwalk
6101	1	North County E.
6101	2	North County W.
6102	2	La Canada-Flintridge
6102	3	Altadena-Monrovia-Sierra Madre
6103	3	Alhambra-S. Pasadena
6104	3	Arcadia-San Gabriel-Temple City-San Marino
6105	3	Baldwin Park-Azusa-Duarte
6106	3	Glendora-Clearmont-San Dimas-La Verne
6107	3	Covina-Walnut
6108	3	Diamond Bar
6109	3	La Puente-S. El Monte
6110	3	Hacienda Heights
6110	7	Whittier
6111	7	Montebello
6112	3	Monterey Park-Rosemead
6113	7	Bell Gardens-Bell-Maywood-Cudahy-Commerce
6114	6	Florence-Firestone
6114	7	Huntington Park
6115	6	Lynwood
6115	7	South Gate
6116	6	Paramount
6116	7	Bellflower
6117	7	La Mirada-Santa Fe Springs
6118	7	Lakewood-Cerritos-Artesia-Hawaiian Gardens
6119	6	Compton
6120	8	Carson
6121	7	Signal Hill
6121	8	Palos Verdes-Lomita
6122	8	Redondo-Manhattan-Hermosa-El Segundo
6123	8	Gardena-Lawndale
6124	8	Hawthorne
6125	4	West Hollywood
6125	5	Santa Monica-Culver City-Beverly Hills
6126	2	San Fernando-Calabasas-Agoura
6126	5	Malibu

# Los Angeles County Service Planning Areas



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## Abbreviations

ACS	American Communities Survey
APA	American Psychiatric Association American Psychological Association
APS	Adult Protective Services
CCR	California Code of Regulations
COD	Co-occurring Disorder
DALY	Disability Adjusted Life Years
DCFS	Department of Children and Family Services
DF	Disrupted Families
DHHS	Department of Health and Human Services (United States)
DMH	Department of Mental Health
DSM IV-TR	Diagnostic and Statistical Manual IV – Text Revision
EDD	Employment Development Division (California State)
FBI	Federal Bureau of Investigations
FPL	Federal Poverty Level
IOM	Institute of Medicine
LAC	Los Angeles County
LAHSA	Los Angeles Homeless Services Authority
LAO	Legislative Analyst’s Office (California State)
LAPD	Los Angeles Police Department
MEDS	Medi-Cal Eligibility System
MHE-Rate	Mental Health Emergency Rate
MHSA	Mental Health Services Act
PEI	Prevention and Early Intervention
PMRT	Psychiatric Mobile Response Team
PTSD	Posttraumatic Stress Disorder
PUMA	Public Use Microdata Area
SA	Service Area
SCAN	Suspected Child Abuse and Neglect

## Abbreviations continued

SES	Socio-economic Status
SMI	Serious Mental Illness
SPA	Service Planning Area
USC	University of Southern California
YLD	Years Lived with a Disability

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## Preface

This report contains information on the population of Los Angeles County across a selected list of demographic, mental health, and other social indicators. It has been prepared as a resource for the Mental Health Services Act (MHSA) Prevention and Early Intervention planning process. One of the intentions of the MHSA is to transform traditional mental health services into a system that is better able to address an individual's needs in the context of their social ecology. With regard to the Prevention and Early Intervention component of the MHSA, this means that planners must take into consideration a broad range of factors that prior to the MHSA were often left out of discussions. The MHSA compels planners to adopt a more holistic and systemic approach in creating a PEI plan, one that involves a variety of sectors, aside from mental health, such as health, education, juvenile justice, child welfare, and community members. As a result of this, the coverage of this report is correspondingly broad and spans several sectors of society beyond what is typically encountered in mental health planning documents. Consequently, although it has been prepared for the PEI planning process, because of its breadth and depth, the present report may be of interest to others with a need for community level data in these areas.

Besides the quantitative information found in this report, PEI planning also involves qualitative sources of information gleaned from key individual interviews and focus group discussions. Together, these very different sources can reveal a community's social and mental health needs. A good needs assessment provides a solid foundation upon which planners can envision the PEI programs most beneficial to their community.

To assist the local planner, this report contains information on communities within each of the county's eight service planning areas. Previously unseen in county planning documents, this level of geographic detail represents an advance our ability to understand the demographic composition and variation within service areas. With such granular data available, it is likely

that planners located in different parts of the county or, representing different segments of society, may arrive at different conclusions regarding the relative importance of a particular statistic and/or a relative need. Such is one the many hurdles facing PEI planners.

Indeed, with its geographic differences, racial and ethnic diversity, cultural richness, age spans, and life experiences, Los Angeles County challenges planners at each step along the roadmap as they formulate services for the individuals and families to be served by the PEI Plan.

As PEI planners, your dedication to this task does not go unnoticed and your input as stakeholders in the MHSA process is indispensable and greatly appreciated.

*Prevention and Early Intervention Administration*

*Fall 2008*

## Introduction

### **Data-driven Decisions**

As the experience from the Los Angeles County Mental Health Services Act Community Services and Supports planning process in 2005-2006 demonstrated, stakeholders as well as administrators, need access to a wide variety of data sources in order to develop strategies to serve the diverse communities throughout the county. The Los Angeles County Department of Mental Health (LACDMH) is currently engaged in a broad-based community effort utilizing a variety of needs assessment approaches to develop the county's Prevention and Early Intervention (PEI) Plan. Because a key tenet for the MHSA PEI Plan is that decisions should be based on available objective data, it was deemed necessary that this report should include an overview of the demographic characteristics of Los Angeles County, as well as key indicators of risk in the community. This is accomplished through the reporting of descriptive statistics across and within the county's eight service areas. An-

other key tenet, that the planning process be stakeholder-driven, means that this report must be accessible to the broadest section of the community as possible. It is anticipated that this report will be read by a varied audience and it has been prepared with these role differences in mind.

### **The Mental Health Services Act**

In 2004, California voters approved Proposition 63 which became state law in January 2005 as the Mental Health Services Act (MHSA). The MHSA is thought by many to be the most significant mental health legislation in California over the last 20-30 years because it aims to support new and innovative mental health services that are evidence-based and individualized based upon a community's culture, needs, and stakeholder input. The Act calls for a 1% tax on individuals with adjusted gross incomes over \$1,000,000 (affecting about 30,000 individuals) and has resulted in tax revenues that have exceeded initial expectations. In 2004, for example, the Legislative Analyst's Office (LAO) estimated

that the initiative would raise about \$800 million in state revenues annually; but, by fiscal year 2006-07, tax revenues were closer to \$1.5 billion. Current projections show this figure to increase in the coming years. As funds become available throughout the State of California, it is important for each county to decide which programs will be offered in their area.

The California Department of Mental Health has defined five components to the MHSA:

- ⌘ Community Services and Supports
- ⌘ Prevention and Early Intervention
- ⌘ Workforce Education and Training
- ⌘ Capital Facilities and Technology
- ⌘ Innovative Programs

### **Prevention and Early Intervention**

The Prevention and Early Intervention (PEI) component of the MHSA covers services which address risk factors prior to developing mental illness and early symptoms of mental illness when it does develop. As such, some PEI programs may focus on preventing disorders while others may seek to inhibit the progression of a disorder as soon as possible.

The state guidelines designated priority populations for the PEI component that have been identified as being particularly vulnerable to mental illness and/or at risk of not receiving mental health services due to social, economic, or cultural barriers:

- ⌘ Underserved Cultural Populations
- ⌘ Individuals Experiencing Onset of Serious Psychiatric Illness
- ⌘ Children/Youth in Stressed Families
- ⌘ Trauma-exposed

- ⌘ Children/Youth at Risk for School Failure

- ⌘ Children/Youth at Risk of or Experiencing Juvenile Justice Involvement

Additionally, the state has highlighted five key community mental health needs for the state:

- ⌘ Disparities in Access to Mental Health Services
- ⌘ Psycho-social Impact of Trauma
- ⌘ At-risk Children, Youth, and Young Adult Populations
- ⌘ Stigma and Discrimination
- ⌘ Suicide Risk

Finally, it should be noted that in order to assist PEI planning activities, the state has specified broad community sectors crucial to the planning process. Integrating and representing stakeholders with specialized knowledge and a breadth of experiences from all of these sectors is an organizing principle in creating an inclusive community mental health plan:

Required Sectors:

- ⌘ Underserved Communities
- ⌘ Education
- ⌘ Individuals with Serious Mental Illness and/or their Families
- ⌘ Providers of Mental Health Services
- ⌘ Health
- ⌘ Social Services
- ⌘ Law Enforcement

Recommended Sectors:

- ⌘ Community Family Resource Centers
- ⌘ Employment
- ⌘ Media

## Organization of the Report

With the enormous amounts of data available today, it was not a trivial task to retrieve, organize, analyze, and disseminate statistical information in a way that is readily understandable. Every effort has been made to accomplish this task and numerous individuals and county departments have contributed to the effort. Data-gathering included collecting and tabulating information from the American Community Survey (ACS) (2005, 2006, 2007) for basic demographic information at the community level. Aggregate reports from different county departments were also gathered in order to shed light on various sectors of the community, such as, mental health, health and welfare, education, and law enforcement and juvenile justice. Data culled from these sectors are reported so that readers can get a cross-sectional view of Los Angeles County from different perspectives with an explanation for why such data are important to the PEI component.

Part I includes an overview of the data-driven approach to PEI planning, an explanation of the reporting geography in the current report, and a description of the key indicators of risk for behavioral and social problems for each of the six PEI priority populations and two community needs. The indicators have been selected on a theoretical basis and, when possible, where research has shown that a given indicator has the ability to predict mental illness and/or maladaptive behaviors. Only two community needs are covered (Stigma and Discrimination associated with mental illness, and Suicide Risk),

as the remaining needs (Disparities in Access to Mental Health Services, Psycho-social Response to Trauma, and At-risk Children, Youth, and Adult populations) overlap conceptually with the priority populations, (e.g., Underserved Cultural Populations, Trauma-exposed, and Children/Youth in Stressed Families) and the reader is directed to those sections of the document for that information.

Part II presents basic demographic information so that a reader may obtain an overview of the population characteristics of Los Angeles County and their respective service area of interest. Additionally, summaries of the key indicators are available for each service area. Each section devoted to a particular service area provides a cross-sectional perspective of the indicators.

Part III contains the 24 key indicators with all data tables, figures, and maps. Additionally, the reader will find a countywide analyses for each indicator as well as the service area findings reported above. Part III provides the reader with a more complete picture of how an indicator varies across the county.

We hope you find the document useful in your work and know that it cannot possibly answer all of the questions that one could pose. It should be used to supplement other PEI planning materials, such as the PEI key individual interviews, focus group interviews, and community forum reports.

