Part I

Approach to Data for Prevention and Early Intervention

PEI Data-driven Approach

Communities in Los Angeles County

Key Indicators of Mental Health

PEI Data-driven Approach

MENTAL HEALTH PLANNING for Prevention and Early Intervention is no easy task because it inevitably involves making difficult decisions about where limited funds should be placed. Typically, planners are charged with prioritizing levels of risk, assessing needs, and then projecting these elements against future concerns and resources. Funding certain programs over other promising programs, or placing funds in certain geographic areas over other deserving locations, is an unavoidable and potentially contentious task. The fact is, not everyone can or will receive an equal slice of pie. But to be fair-minded about rationing funds, planners can ensure that everyone, at the very least, can have a say in how the pie is divided. Clearly, the legislators who created the Mental Health Services Act (MHSA) meant for planners to engage in the thoughtful and difficult process of resource allocation so that issues of inclusion and representation are in evidence without becoming an end unto themselves.

This report contains information on the population of Los Angeles County across a selected list of demographic, mental health, and other social indicators. It is a distillation of many data sources into a collection of tables containing numerical information meant for local planners as they craft a Prevention and Early Intervention (PEI) Plan for the county. With all of the columns and rows of numbers in the document, one might be tempted to approach the planning task as a purely actuarial one or to wrongly construe that the county has a grand equation in mind that will determine, through number crunching and statistical wizardry, a perfect plan. Additionally, it is easy enough to get lost in a matrix of numbers or to assume the numbers carry more weight and finality than they do, especially when they are uncertain. So, the prudent planner will use these numbers as a basis for decision-making, not as a single-minded strategy excluding other sources of information.

That said, many of the numbers in this report are quite compelling indictors of risk for a variety of problems in the community. Without examining the numbers for, say, child abuse statistics or older adult suicide rates, planners would need to rely upon opinions and other sources of unreliable and potentially biased information. Who is most at risk for developing a mental illness, or for dropping out of school, or for committing a crime? It is difficult to find the exact set of numbers to answer these kinds of questions, and, for this reason, the reader may find omissions in the figures reported here or there, or object to the presentation of still other figures. In order to provide you with a timely document that was brief and accessible to most people, not every statistic being counted could be reported here. We apologize for any glaring omissions and urge you as a planner to use your other sources of data accordingly.

counts of individuals with a particular mental health disorder, ethnicity, or some other category of interest. You can imagine a pollster asking a group of people, "How many of you have a safe place nearby where your kids can play?" and then counting hands. That is the level of most of the data.

So, this document is not so much of a data book as it is an annotated list of important hand-counts. How many people have graduated high school? Or, how many people are unemployed? Or, what language does one speak at home are the kinds of questions that are answered here. Additionally, when an answer is given, it is with an explanation for why the question was posed in the first place. We have tried to provide a context for the numbers, a context that is decidedly concerned with prevention and early intervention of a variety of problems in the community. Without this context, the document could have easily become a data book, an

There are lies, damned lies, and then there are statistics.

Statistics can be misleading and, in order to avoid leading you astray, no inferential statistics are presented in the current document, only those that are purely descriptive. In some cases, where the implication of a particular number is not apparent, a simple arithmetic calculation may be presented such as a sum, ratio, average, or percentage. Because the best data are often those tangible sources that you can count on your fingers, many of these figures are just that, frequency

exhaustive list of numbers, (e.g., Statistical Abstract of the United States); as interesting as this may be, it is essentially a lot of numbers with little to no explanation. While data books are excellent reference material for the researcher, planners need a different sort of text, one that can infuse the numbers with more meaning for the task at-hand.

A preliminary task for the planner – examining the variables, the social indicators that have most relevance for the process of select-

ing and funding mental health related programs in the county – is an important first step in formulating a plan of action. Here, no particular emphasis is placed on any given indicator reported, as all have appeared in the research literature regarding some aspect concerning prevention or early intervention. It is up to the reader to assign a relative ranking of importance to the numbers or conjure a model of risk that makes sense to them, and proceed with their planning tasks as such. In this sense, the present document has a heuristic value that should stimulate discussions beyond the simple reporting of numbers, toward the goal of developing an effective and fair-minded strategy for the Prevention and Early Intervention Plan in Los Angeles County.

Communities in Los Angeles County

PEI Service Area-driven Approach and Focus on Communities

The PEI planning process in Los Angeles County is also a service area-driven approach that focuses on local communities within each service area. Identification of needs and prioritization of populations for the PEI Plan is intended to be grounded in the service area and, more specifically, for at-risk communities and populations in the service area. Toward this end, the data in this report are organized by service areas and, whenever possible, local communities delineated by Public Use Microdata Areas (PUMAs) as described below.

Service Areas

The Los Angeles County Department of Mental Health divides the county into eight service areas for the purpose of planning and service delivery:

- ⌘   Service Area 1 – Antelope Valley
- ⌘   Service Area 2 – San Fernando
- ⌘   Service Area 3 – San Gabriel
- ⌘   Service Area 4 – Metro
- ⌘   Service Area 5 – West
- ⌘   Service Area 6 – South
- ⌘   Service Area 7 – East
- ⌘   Service Area 8 – South Bay

The service areas vary widely in geographic size and climate, as well as a variety of demographic and socio-economic factors, such as density of population, racial/ethnic diversity, poverty levels, etc.

PUMAs Cited in Los Angeles

The scope of the present document is Los Angeles County and the challenge of profiling a large population involves striking a balance between brevity and summation while providing enough detail for the local planner to use. Sometimes, too many numbers can obscure information. For instance, demographic and other population data are typically reported by ZIP codes or census tracts, common units of measure found in data book publications. This is useful if you are interested in a particular ZIP code or cen-

sus tract (4000-8000 people), but quickly becomes unwieldy if you are interested in one of the eight county service areas or even the county as a whole. So how is one to proceed?

There are several hundred census tracts covering Los Angeles – too large to examine in detail, busy as you are. Fortunately, in recognizing the plight of planners, the US Census Bureau has created Public Use Microdata Areas (PUMAs), which are communities of aggregated census tracts. In this document, we use 92 PUMAs (including PUMA fragments) covering the entire county as our unit of analysis, a much more manageable number of cases to examine than the hundreds and hundreds of ZIP codes and census tracts.

PUMAs are not entirely without issues. It is important, for example, to make note of the PUMA naming conventions and all of the geography contained within them. PUMAs, more often than not, contain multiple neighborhoods, cities, and unincorporated areas of Los Angeles. The Northridge PUMA, for example, does contain the Northridge neighborhood, but also other neighborhoods of the San Fernando Valley. Another issue involves PUMAs that cross service area boundaries. In these cases, PUMAs were split by apportioning data according to population size for each of the containing geographic sub-areas.

US Census Bureau PUMA Description

A public use microdata area (PUMA) is an area with a decennial census population of 100,000 or more people for which the U.S. Census Bureau provides specially selected extracts of raw data from a small sample of long-form census records screened to protect confidentiality. These extracts are referred to as "public use microdata sample (PUMS)" files. Data users can use these files to create their own statistical tabulations and data summaries. For Census 2000, there are state-level and national PUMS files. The U.S. Census Bureau first provided PUMS information in conjunction with the 1960 census data tabulations.

For Census 2000, state, District of Columbia, Puerto Rico, and Island Area participants, following U.S. Census Bureau criteria, delineated two types of PUMAs within their states. PUMAs of one type comprise areas that contain at least 100,000 people. The PUMS files for these PUMAs contain a 5-percent sample of the long-form records. The other type of PUMAs, super-PUMAs, comprise areas of at least 400,000 people. The sample size is 1 percent for the PUMS files for super-PUMAs.

PUMAs cannot be in more than one state or statistically equivalent entity. The larger 1-percent PUMAs are aggregations of the smaller 5-percent PUMAs. PUMAs of both types, wherever the population size criteria permit, comprise areas that are entirely within or outside metropolitan areas or the central cities of metropolitan areas. Each PUMA is identified by a five-digit numeric census code.

Source: http://www.census.gov/geo/www/cob/pu_metadata.html
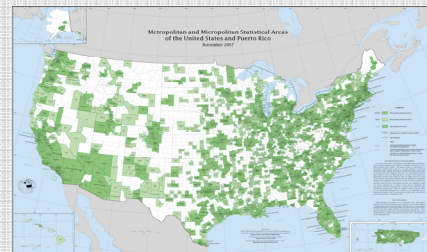
Title:	Census 2000 Public Use Microdata Areas 1 Percent
Location:	http://www.census.gov/geo/www/cob/pu1_2000.html
Geography:	Each State, District of Columbia, Puerto Rico
Vintage:	January 1, 2000
Formats:	ARC/INFO Export (.e00), Arcview Shapefile, and ARC/INFO Ungenerate (ASCII)
Projection:	Geographic (Lat/Lon)

Figure 1.0 US Census Bureau PUMA Description

Key Indicators of Mental Health

Indicators

In order to provide planners with an overview of where high-risk communities were located, a collection of bio-psycho-social and demographic variables was assembled which had relevance to the PEI mission. In particular, 24 key indicators were chosen to provide measures of important aspects of the six PEI priority populations (Underserved Cultural Populations, Individuals Experiencing Onset of Serious Psychiatric Illness, Children/Youth in Stressed Families, Trauma-exposed Individuals, Children/Youth at Risk for School Failure, and Children/Youth at Risk of or Experiencing Juvenile Justice Involvement) and two PEI key community needs (Stigma and Discrimination and Suicide Risk).

Each indicator was selected on the basis of its face validity and/or its appearance in the research literature linking it with a PEI population or community need. For this reason, the indicators, along with the underlying reporting geography, can identify vulnerable populations and/or specific areas at high risk for contributing to behavioral and social problems.

Data gathering and processing was quite extensive and included a long period of acquiring raw data from numerous sources, geocoding, allocating and aggregating, and performing lightweight analyses. When possible, these data were reported in terms of PEI age groups, ethnicity, and service area communities. Generally, the numbers reflected actual frequency counts or population percentages, but when necessary, additional calculations were performed on the data to render them interpretable to the planner.

Key Indicators

PEI Priority Populations

Underserved Cultural Populations
- ⌘ Ethnicity
- ⌘ Primary Language
- ⌘ Linguistic Isolation

Individuals Experiencing Onset of Serious Psychiatric Illness
- ⌘ Mental Health Treatment Penetration Rate
- ⌘ Depressive Disorders
- ⌘ Co-occurring Disorders (COD)

Children/Youth in Stressed Families

- ⌘ Poverty
- ⌘ Unemployment Rate
- ⌘ Disrupted Families
- ⌘ A Safe Play to Play

Trauma-exposed Individuals

- ⌘ Child Abuse
- ⌘ Elder and Dependent Adult Abuse
- ⌘ Homelessness
- ⌘ Posttraumatic Stress Disorder (PTSD) Rates

Children/Youth at Risk for School Failure

- ⌘ 4-year Dropout Rates
- ⌘ High School Graduation Rates
- ⌘ English Fluency
- ⌘ 3rd Grade Reading Level

Children/Youth at Risk of or Experiencing Juvenile Justice Involvement

- ⌘ School Discipline
- ⌘ Juvenile Felony Arrests
- ⌘ Youth on Probation

Key PEI Community Mental Health Needs

Stigma and Discrimination

- ⌘ Language Capacity of Mental Health Providers

Suicide Risk

- ⌘ Deaths by Suicide
- ⌘ Mental Health Emergency Statistics