Fresno County Department of Behavioral Health

CRITERION 2: COUNTY MENTAL HEALTH SYSTEM
UPDATED ASSESSMENT OF SERVICE NEEDS

PLAN: DBH shall continue to monitor mental health service needs and mental health service utilizations on an annual basis. In addition to monitoring annual service utilizations by race/ethnicity, gender and age, DBH shall continue to refine preferred language data and make available by July of 2012, as well as develop data collection methods to expand race to include bi/multiracial groups and LGBTQ. DBH shall also conduct follow up and special studies to further tease out disparities.

I. County of Fresno General Population

GENERAL POPULATION

Fresno County (930,450) population has grown exponentially at 16.4% rate per year with diverse backgrounds and cultures presently comprised of 32.7% White, 8.8% African American, .6% Native Americans, 9.3% Asian, .1% Pacific Islanders, 50.3% Hispanic, .2% other race; and 1.8% reported two or more races (US Census, 2010). The population is 49.96% male, 50.04% female, and approximately 16.1% Children and Transitional Age Youth (16-25). It is linguistically diverse: 42% spoke a language other than English at home; 77% spoke Spanish; 23% spoke some other languages, and 46% reported that they did not speak English “very well.” Twenty-one percent (21%) of the people were living in poverty; 30% of related children under 18 were below the Federal Level Poverty (FLP in comparison to 10% of people 65 years old and over. Sixteen percent (16%) of all families and 37% of families with a female householder and no husband present had incomes below FLP. County has had a high percentage of economically disadvantaged residents compared to California and nationwide (27% school drop outs and have not enrolled in school or graduated from high school). The County has experienced high unemployment rate since the last two decades at 16%, higher than California 11.4% as of May 2011.

Data Sources: U.S. Census Bureau: American Community Survey 5-Year Estimates.
Source: U.S. Census Bureau, 2010 Census. Summary File 1, Tables P12, P13, and PCT12.
Employment Development Department. http://www.labormarketinfo@edd.ca.gov
CA DMH CY 2007 Estimates of Needs Data. Please refer to Exhibit A

Note: (Unless indicated, all of the following general population data were extracted from the CA DMH CY 2007 Estimates of Needs Data. Please refer to Exhibit A).

Total Population

The County population makes up 2.5% of California’s total population, .3% of the United States and represents 4% of the mental health service needs in the State of California for households at <200% FPL with Serious Emotional Disturbance and Serious Mental Illness.
Fresno County Department of Behavioral Health

(Note: The Bi/Multi-racial, Hispanics, and Asians can historically considered the newer generations or waves of immigrants to the United States. Due to the emphasis on family re-unification in the U.S. immigration policy, these ethnic/racial groups tended to consist of non-US born children of U.S. immigrant parents and/or the children of non-U.S. born or first generation immigrants to the U.S., especially in the State of California, which has been one of the major destinations for the new immigrants. The Whites who are historically the oldest immigrant racial group, the Pacific Islanders who are from territories or colonies of the U.S., the Southeast Asians were brought in as refugees from Asia, Africans/Blacks who were brought into the U.S. by the White immigrants, and the American (or Red) Indians who are natives to America tended to consist of those who are 18 years and older persons. Socio-economic and cultural factors in the last 50 years may well have affected the value of children for these racial/ethnic groups).

**Total Population – Migration**

Data from American Community Survey show 22% of the people living in Fresno County in 2005-2009 were foreign born; 78.5% native California.

**Total Population – Race/Ethnicity**

Fresno County residents consist of more than half White. Race/ethnicity break down consist of 36% White, 5.1% African American, 1% American Indian and Alaskan Native, 8.8% Asian, 48.1% Hispanic, less than .5% Native Hawaiian and Other pacific Islander, 19% some other races; and 4% reported two or more races (2005-2009 American Community Survey 5-Year Estimates).

**Total Population – Age**

Majority or two thirds (58.5%) of Fresno County population consists of Adults (48.79% ages 25-64 and 9.71% 65 +). Children and Transitional Age Youth make up 42.04% of the population (range 10.32% are 0 to 5; 9.46% are 6 to 11; 10% are 12-17; & 11.72% are 18 to 24). Adult ages 18 and over distribution represents 70.22% (28.79% White; 30.72% Hispanic; 5.82% Asian; 3.45% African American; .85% Multi-Race & .58% Native American. Children consist 29.78% of those ages 0 to 17 years old (7.22% White; 17.47%
Hispanic; 2.65% Asian; 1.63% African American; .59% Multi-Race & .21% Native American).

### CY 2007 Ethnicity by Age Group Distribution

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>18 &amp; Older</th>
<th>0 to 17 Years old</th>
<th>Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>631,530</td>
<td>267,818</td>
<td>899,348</td>
</tr>
<tr>
<td>White-NH</td>
<td>258,960</td>
<td>64,941</td>
<td>323,901</td>
</tr>
<tr>
<td>Asian/Pacific Islander-NH</td>
<td>52,375</td>
<td>23,838</td>
<td>76,213</td>
</tr>
<tr>
<td>Hispanic</td>
<td>276,297</td>
<td>157,130</td>
<td>433,427</td>
</tr>
<tr>
<td>African-American/Black-NH</td>
<td>31,072</td>
<td>14,694</td>
<td>45,766</td>
</tr>
<tr>
<td>Multi-Race-NH</td>
<td>7,627</td>
<td>5,335</td>
<td>12,962</td>
</tr>
<tr>
<td>Native American-NH</td>
<td>5,199</td>
<td>1,880</td>
<td>7,079</td>
</tr>
</tbody>
</table>

Source: CA DMH CY 2007 -Mental Health Need Estimates

### Total Population – Gender

The County population breaks down gender 50.6% female and 49.96% male.

### Total Population – Threshold Languages

Based on 2005-2009 American Community Survey, 91.07% (811,247) of Fresno County residents with five years and older family members at home and more than half (58.06%) of those speak only English. The population is linguistically diverse with 42% reported speaking a language other than English at home in comparison to 23% for the State of California. Fresno County’s threshold languages consist of English, Spanish and Hmong. Hispanic population represents 433,427 of the County residents with 32.39% (262,787) speaking only Spanish and half of those 15.05% “speak English less than very well.” Whereas Hmong represents by 24,113, which embedded with the aggregate 5.86% Asian languages indicated 2.82% of those “speaking English less than very well.” Theoretically Hmong comprised the majority of the 2.82% due to their most recent refugee status in comparison to all other Asians currently reside in Fresno County.

### American Community Survey 2005 to 2009

<table>
<thead>
<tr>
<th>Language Spoken at Home</th>
<th>Fresno County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 5 Years &amp; Older</td>
<td>811,247</td>
</tr>
<tr>
<td>Only English</td>
<td>471,036</td>
</tr>
<tr>
<td>Other than English</td>
<td>340,211</td>
</tr>
<tr>
<td>*Speak English Less than <em>very well</em></td>
<td>155,717</td>
</tr>
<tr>
<td>Spanish</td>
<td>262,787</td>
</tr>
<tr>
<td>*Speak English Less than <em>very well</em></td>
<td>122,056</td>
</tr>
<tr>
<td>Other European Languages</td>
<td>25,696</td>
</tr>
<tr>
<td>*Speak English Less than <em>very well</em></td>
<td>9,431</td>
</tr>
<tr>
<td>Asian Languages</td>
<td>47,572</td>
</tr>
<tr>
<td>*Speak English Less than <em>very well</em></td>
<td>22,866</td>
</tr>
<tr>
<td>Other Languages</td>
<td>4,156</td>
</tr>
<tr>
<td>*Speak English Less than <em>very well</em></td>
<td>1,364</td>
</tr>
</tbody>
</table>
Total Population – Education

CA DMH CY 2007 MH Needs Estimates and American Community Survey (ACS) presented a significant difference in Fresno County resident’s educational achievements. CA DMH CY 2007 MH Needs Estimates indicated more than half of the County’s population (60.91%) graduated from high school; while ACS reported (13.64%) fewer achieved high school education. To average both estimates, more residents received high school education (Fresno 37.28%; CA 21.87%) than college (Fresno 16.61%; CA 37.37%) and less college graduates in comparison to California.

<table>
<thead>
<tr>
<th>Education</th>
<th>CA DMH CY 2007</th>
<th>ACS - 2005 to 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FC</td>
<td>FC</td>
</tr>
<tr>
<td>Population</td>
<td>526,142</td>
<td>890,750</td>
</tr>
<tr>
<td>0-11</td>
<td>219,315</td>
<td>41.68%</td>
</tr>
<tr>
<td>HS Graduate</td>
<td>320,473</td>
<td>60.91%</td>
</tr>
<tr>
<td>College Graduate</td>
<td>91,743</td>
<td>17.44%</td>
</tr>
</tbody>
</table>

Source: CA DMH CY 2007 -Mental Health Need Estimates

Total Population – Socio-Economic Status

Over half the residents (64%) are at 0% to 299% of the poverty level; 25.29% is at 0% to 199% of the FPL; and 22.70% below 100% of the FPL. Based on the 2005-2009 American Community Survey, the median household income in Fresno County is $46,230, which is lower than most of the United States and the State of California. Over sixty percent of related children under 18 were below the poverty level, which comparison to 10% of people 65 years and over; and 16% of all families and 37% of families household and no husband present had incomes below the poverty level.

Total Population - Unemployment

In Fresno County, all time high annual unemployment rate of 16% as of May 2011, compared to 11.7% for California and 9.1% national rate (State of California Employment Development Department, Labor Market Information Division, 2011). Fresno County has been going through budget deficits/crisis since early 2000, is not immune to collapse of the U.S. Banking System, the Real Estate market in late 2000s (the mortgage and lending industry), and the economic effects of the simultaneous wars between the U.S. and Iraq and Afghanistan. Its unemployment rate has gone up since mid 2000 to most current 16% in May 2011, which is higher than the national and State rates of 9.1% and 11.7% for the same time period.

II. Fresno County Medi-Cal Population Service Needs
SERVICE UTILIZATION DATA BY RACE/ETHNICITY, LANGUAGE, AGE, AND GENDER

Certainly inequity of services found in relative to race/ethnicity, language, age and gender disparities. Fresno County experienced lower overall service penetration rates in comparison to the Large MHP and California. English remains as most preferred language for attaining service in Fresno County MH, while Spanish and Hmong the most prevalent spoken languages among clients next to the undetermined unknown language. Hispanic and Asian/Pacific Islanders had the worst access to mental health services compared to Whites and others. Client age groups 0 to 5 and 60+ had the lowest penetration rates; females had lower penetration rate than males and retention rates lowest at the 15 service unit. Foster care has consistently higher penetration rates for both CY 2009 & CY 2008 compared to the Large MHP and California in both foster care and MH services. However, a substantial decreased in access to service with lowest penetration rates for Asian, Native American, and African American compared to White and Other from 2008 to 2009. For TAY population, an overall low penetration rates and decreased for both CY 2009 & CY 2008 in comparison with the Large MHP and California. Substantial challenges in access to service for the Hispanic and Asian populations and decreased in retention rates for service both at the 5 to 15 and 15 or more units.

The Medi-Cal Population by Language Spoken

Based on the CAEQRO CY 09, majority of those residents eligible for Medi-Cal is 63.46% Hispanic, 13.88% White, 10.63% Asian/Pacific Islander, 7.58% African-American 3.84% other and .062% Native According to HSIS Report prepared 6/10/11, primary language spoken by the majority (82.34%) of Fresno County MH service utilization clients is English, follow by Spanish (9.58%), Unknown language (2.94%), and Hmong (2.51%). Whereas preferred language English (74.26%), Unknown (16.95%), Spanish (4.84%), and Hmong 1.97%. (Note: The number of Medi-Cal eligible persons may be higher, because it is likely that not all who qualify do apply or that specific population “for some reason”).

The CY 2008 and CY 2009 Medi-Cal Population: Race/Ethnicity, Age, Gender

(Refer to Exhibit A & B). The CY 2008 & CY 2009 data from the CA-EQRO APS show that:

- Fresno County’s overall average penetration rate for CY 2009 and CY 2008 (4.11%) was lower compared to that of other large MHP(6.18%) and Statewide (6.09%);

- Amongst Medi-Cal Eligible residents of Fresno County for 2009, the 6-17 (4.84%) and 18-59 (4.89%) had the highest penetration rate, while the 0 to 5 (1.45%) and 60+ (2.31%) years old and older had the worst;
For CY 2009 and CY 2008, Fresno County’s penetration rates for both males (4.26% and 4.32%) and females (3.65% and 4.05%) were lower compared to that of other Large MHP (males: 6.66% and 6.96%; females: 5.57% and 5.83%) and Statewide (males: 6.67% and 6.90%; females: 5.46% and 5.65);

The overall retention rates at the 5 to 15 and more than 15 service units were slightly higher at the 5-15 services with .55%, but significantly lower for 15 unit services by compared to California (FC: 32.79% and 32.12%, respectively; and California: 32.24 and 42.31%, respectively);

Adults consisted 40% of the County’s Medi-Cal population, received 48% of the Medi-Cal mental health services.

Children, 30% of the County’s Medi-Cal population, received 38% of Medi-Cal mental health services.

Whereas young children comprised 20% of the County’s Medi-Cal population, received 8% Medi-Cal mental health services. This under-representation is reflective, in part, of a population, including too young to exhibit diagnosable problems and of clinician’s discomfort with early labeling of small children. Other potential disparities include language/cultural barriers, and certain racial/ethnic parents avoid seeking mental health services for fear of labeling, stereotyping, and stigmatizing of their children and themselves.

Older adults, consisted of 10% Medi-Cal population, received only 6% of the Medi-Cal mental health services, appearing to be an underserved group. Difficulty accessing services is believed to be one of the main causes for disparity. Older adult lacks transportation, language/cultural barriers, unaware of the concept of recovery from mental illness, and limited bi-cultural/bi-lingual clinicians available to render culturally competent service to consumers where needed.

The Medi-Cal Population: Foster Care and Transitional Age Youth (TAY)

The CA-EQRO APS report also included Foster Care mental health services utilization data as well as utilization data specifically for the 16 to 25 age group (Refer to Exhibit C).

**CY 2009 Foster Care Data.** Fresno County CY 2009 Foster Care data show a total of 1,655 out of 2,550 eligible persons per month accessed MH services along with foster care. The County’s penetration rate was 64.90%, which higher than both the Large MHP (57.66%) and California (61.11%). In the County: the highest penetration rate was found among the Whites (76.09%) and the lowest among the Other (51.06%); penetration rate found lowest among 6+ age group (64%); and, more males (67.99%) than females (61.78%) accessed MH services. The retention rate for MH service users among CY 2009 foster care clients were significantly lower for both the County at the 5 to 15 services and 15 or more compared to California (Fresno County: 22.84%; Statewide: 24.86%) and (Fresno County: 38.73%; Statewide: 55.48%).
CY 2008 Foster Care Data. Fresno County CY 2008 Foster Care data show a total of 1,687 out of 2,650 eligible persons per month accessed MH services along with foster care. The County’s penetration rate 63.66% was significantly higher than both the Large MHP (55.98%) and California (58.11%). In the County: the highest penetration rate amongst the Other (131.25%), Asian/Pacific Islander (72.97%), Native American (72.81%) and White (71.11%), while the African American (58.00%) and Hispanic (60.73%) had slightly lower penetration rates. The penetration rates were lowest among the 6+ age group (61.90%); and, more males (64.75%) and females (62.51%) accessed MH services. The retention rate for MH service users among CY 2008 foster care clients for the County was low at both the 5 to 15 services units and 15+ compared to California (Fresno County: 24.18%; California: 24.80, respectively).

CY 2009 TAY Data. The number of 16-25 year olds served in CY 2009 was 2,166 out of 50,999 average eligibility persons per month. Fresno County’s penetration rate was 4.25% which is significantly lower than both the Large MHP (6.91%) and California (7.01%). In the County: the White (7.36%), Native American (7.85%) and Other (7.26%) had the highest penetration rates, while the Asian/Pacific Islander (1.80%) and Hispanic (3.43%) had the lowest; amongst the Medi-Cal eligible 16-25 age group, the 16-17 year olds (6.32%) accessed MH services the best and 22-25 worst (3.13%); more males (5.21%) than females (3.60%) accessed services. The retention rates among the 16-25 year old clients (TAY) for the County accessed more services at the 5 to 15 units (Fresno County: 32.18%; California: 28.35%) and less at 15 or more units in compared to California (Fresno County: 32.55%; California: 44.96%).

ANALYSIS OF DISPARITIES WITHIN THE MEDI-CAL POPULATION

Fresno County represents 4.32% of the total MH service needs in the State of California amongst those households at <200% of the Federal Poverty Level (FC= 35,272 and CA Prevalence =971,781) (CPES Estimates of Need for MH Services CY 2007).
Fresno County Department of Behavioral Health

The results of a straightforward review of penetration rates data for persons eligible for Medi-Cal, show: race/ethnicity, age, and gender related disparities in access to MH services utilization:

- Hispanics and APIs have the poorest access or lowest penetration rates compared to Whites and others;
- 0 to 5 and 60+ age groups have the lowest penetration rates; while the 18-59 and 6-17 groups have the highest penetration rates;
- Penetration rates for males are far better than females;
- Foster Care data show the highest penetration rate and increased significantly for Whites, consistently for both CY 2009 & CY 2008. An overall increased in penetration rates for African-American, Hispanic, and White in CY 2009, while substantial decreased in penetration rates for Asian, Native American and Other in the same year.
- The 22-25 age group (CY 2008: 3.49% and CY 2009: 3.13%) penetration rate is lower than the County’s overall average penetration rate of 4.39% for both CY 2008 & CY 2009.

To further assess the identified disparities, gaps in penetration rates were examined by calculating: a) the difference between the race/ethnic group with the highest penetration rate (the White), and each of the other race/ethnic groups; b) the difference between the age group with the highest penetration rate (the 18-59 years old age group, and each of the other age groups; and, c) the difference between the male and female penetration rates (the males have a higher rate than females).

**Racial/Ethnicity**

The overall penetration rates in CY 2009 and CY 2008 for Asian/Pacific Islanders, Hispanics and African Americans were the poorest compared to all the other racial/ethnic groups for Fresno County, the Large MHP and California (Refer to Exhibit B). For CY 2008 & CY 2009, the rates went down from (Ranges -.089 to -2.44%) for Native American and Multi-Race, although the other ethnic groups also experiencing significant changes at the same time across boundaries from County to a statewide border. Fresno County has overall decreased and lower penetration rates by comparison to the Large MHP and California. Disparities are affected all clients of DBH and hits especially hard in the Multi-race and Native American, White, Asian/Pacific Islander and African American, while Hispanic experienced the least impact of penetration rate reductions.

### Race/Ethnicity: Penetration Rates Change from CY 2008 to CY 2009

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White-NH</td>
<td></td>
<td>7.95%</td>
<td>8.67%</td>
<td>-0.72%</td>
<td>11.17%</td>
<td>11.80%</td>
<td>-0.63%</td>
<td></td>
<td>11.09%</td>
<td>11.72%</td>
<td>-0.63%</td>
<td></td>
</tr>
<tr>
<td>Asian/Pacific Islander-NH</td>
<td></td>
<td>3.14%</td>
<td>3.77%</td>
<td>-0.63%</td>
<td>4.27%</td>
<td>4.42%</td>
<td>-0.15%</td>
<td></td>
<td>4.25%</td>
<td>3.49%</td>
<td>0.76%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>2.69%</td>
<td>2.83%</td>
<td>-0.14%</td>
<td>3.43%</td>
<td>3.47%</td>
<td>-0.04%</td>
<td></td>
<td>3.46%</td>
<td>3.41%</td>
<td>0.05%</td>
<td></td>
</tr>
<tr>
<td>African-American/Black-NH</td>
<td></td>
<td>6.60%</td>
<td>7.24%</td>
<td>-0.64%</td>
<td>10.10%</td>
<td>9.97%</td>
<td>0.13%</td>
<td></td>
<td>10.22%</td>
<td>10.10%</td>
<td>0.12%</td>
<td></td>
</tr>
<tr>
<td>Multi-Race-NH</td>
<td></td>
<td>5.90%</td>
<td>7.44%</td>
<td>-1.54%</td>
<td>7.46%</td>
<td>8.65%</td>
<td>-1.19%</td>
<td></td>
<td>7.71%</td>
<td>8.96%</td>
<td>-1.25%</td>
<td></td>
</tr>
<tr>
<td>Native American-NH</td>
<td></td>
<td>9.08%</td>
<td>11.52%</td>
<td>-2.44%</td>
<td>11.38%</td>
<td>12.44%</td>
<td>-1.06%</td>
<td></td>
<td>9.80%</td>
<td>10.69%</td>
<td>-0.89%</td>
<td></td>
</tr>
</tbody>
</table>

### Age Group

...
The overall penetration rates in CY 2009 and CY 2008 for the age group 18-59 year old age group were the highest compared to all the other age groups for Fresno County, the Large MHP and the State of California. For Fresno County, the rates went down from CY 2008 to CY 2009 for all age groups (0 to 5: -0.03; 6-17: -.43%; 15-59: -.58%, and 60+: -.27%).

### Age Group: Penetration Rates Change from CY 2008 to CY 2009

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Fresno County</th>
<th>Large MHP</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3.93%</td>
<td>4.31%</td>
<td>-0.38%</td>
</tr>
<tr>
<td>0-5</td>
<td>1.45%</td>
<td>1.48%</td>
<td>-0.03%</td>
</tr>
<tr>
<td>6-17</td>
<td>4.84%</td>
<td>5.27%</td>
<td>-0.43%</td>
</tr>
<tr>
<td>18-59</td>
<td>4.89%</td>
<td>5.47%</td>
<td>-0.58%</td>
</tr>
<tr>
<td>60+</td>
<td>2.31%</td>
<td>2.58%</td>
<td>-0.27%</td>
</tr>
</tbody>
</table>

The age group equity gap (e.g. relative to the age group with the highest penetration rate) is between the 18-59 and 0 to 5 age groups (CY 2008: 5.47% minus 1.48%=3.99%; CY 2009: 4.89% minus 1.45%=3.44%); and the 18 to 59 and 60+ (CY 2008: 5.47% minus 2.58%=2.89%; CY 2009: 4.89% minus 2.31%=2.58%). The data show that from CY 2008 to CY 2009 there were narrowing the gaps (e.g. improvements) or declines in the gap between age 18 to 59 and 0 to 5 age groups from (from 3.99% in CY 2008 down to 3.44% in CY2009 or a .55% decrease) and between 18 to 59 and 6 to 17 age group (from .20% in CY 2008 to .05% in CY 2009 or a .15% decrease).

### Gender

The overall penetration rates in CY 2009 and CY 2008 for the males were higher than the females for Fresno County, and the Large MHP and the State of California. For Fresno County, the rates went down from CY 2008 to CY 2009 for the males (-.38%) and for the females (-.40%). A reduction of 10% in penetration rates for County female MH consumer during CY2009 in comparison to its male counterpart of 8%.

- The population of males to females in the County is consistent with 50.4% to 49.6%; the populations among Fresno’s Medi-Cal population and among recipients of County Mental Health service have a higher percentage of males than females. Female penetration rate reduced for CY2008 & CY2009MH reduced by 10%.
- 55% of those eligible for Medi-Cal services were male and 45% female.
- Among individuals receiving Medi-Cal mental health services, the percentage of females was 3% higher (48%), while males comprised 52% of the population.

### Gender: Penetration Rates from CY 2008 to CY 2009

<table>
<thead>
<tr>
<th>Gender</th>
<th>Fresno County</th>
<th>MH Large</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>3.65%</td>
<td>4.05%</td>
<td>-0.40%</td>
</tr>
<tr>
<td>Male</td>
<td>4.26%</td>
<td>4.64%</td>
<td>-0.38%</td>
</tr>
</tbody>
</table>
III. 200% of Poverty (minus Medi-Cal) population and service needs.

SUMMARY OF 200% POVERTY (minus MEDI-CAL) CLIENT UTILIZATION DATA BY RACE, ETHNICITY, LANGUAGE, AGE, AND GENDER

Among Medi-Cal Eligibility persons in CY 2009: proportionately more African American individuals with SED/SMI living below the 200% FPL in Fresno County were not on Medi-Cal, while majority of the Two or More Races on Medi-Cal with SED/SMI living above the 200% FPL; and between 19.93% to 29% of the other racial/ethnic groups were on Med-Cal with SED/SMI living below the 200% FPL. The males have a higher penetration rate than females in CY 2009; the 6 to 17 age group have the highest penetration rate than the rest of the other age groups; and those age 0 to 5 on Medi-Cal not living below the 200% FPL in Fresno County.

In planning for services, Fresno County Department of Behavior Health (DBH) has found it more useful and reflective of the County’s population to consider the combined needs of the Medi-Cal and Indigent populations, Mental Health population consisted of 36.20% children and 63.80% adults and of those 79% children and 49% adults are uninsured.

Based on CY 2009 HSIS Report, DBH served 19,023 individuals. The number of persons eligible for Medi-Cal may actually be higher, but it is likely that not all who qualify do apply. It is highly likely that the unserved may likewise include those who are eligible, but are not on Medi-Cal.

The CY 2008 and CY 2009 data on the estimates of needs and poverty for Fresno County from the State of California Department of Mental Health show disparities in financial support to access health care services, related to race/ethnicity, age, and gender (Refer to Exhibit D, Column c):
**Race/Ethnicity**

Excluding those who are Medi-Cal eligible from the 200% of FPL population, the data show that (See Exhibit D):

**Hispanic Adults may be underserved and not as easily engaged**

Twenty-nine percent (29%) in CY 2009 Hispanic with SED/SMI individuals living below the 200% Federal Poverty Level (FPL) in Fresno County was not on Medi-Cal. It is presumed that many Hispanics who may be Medi-Cal eligible were not on Medi-Cal because this ethnic group: a) includes documented and undocumented new immigrants and their children; b) may or may not know how to navigate the system; and because of the cultural stigma associated with being mentally ill; and/or c) cultural and linguistic barriers requiring access to culturally competent service.

- 45% of the County’s 49% Hispanic residents being served, of those 43% received full service encounters. Whereas 23% unique White clients, of those 38% received full service encounters.
- 2.69% low penetration rate for Hispanic to a higher 7.95% for White clients, with a .31% inequitable penetration ratio of Hispanic to White (CY09, EQRO).
- Some Hispanic individuals do not feel comfortable working with staff that younger than they are.
- The homeless and LGBTQ populations have certain needs that may not being addressed adequately due to his/her culture and background.

**African-American may be underserved and/or not as easily linked with less acute levels of care**

One hundred twenty-six percent (125.57%) of African American Households, who were living below the 200% FPL with SD/SMI in Fresno County not on Medi-Cal in comparison to Whites 19.93%. (*African Americans make up 5.10% of Fresno County*...
population and 6.68% of the total cases in Households at or below 200% FPL in need of MH services in CY 2007. Perhaps some members of this racial group were using Medi-Cal for other services other than MH services, such as: emergency services to obtain certain drugs that proportionately way more of this group in need of MH cares was on Med-Cal.

- 5% of county residents are African-American, represented only 13% unique clients, and of those received 13% all service encounters.
- 30% unique Inpatient clients, 16% or just half of those Inpatients received service encounters, whereas 34% Hispanic and 38% White received more Inpatient service encounters.
- 14% unique Crisis clients, of those 16% received service encounters. It is highly likely that less Inpatient service encounters correlated with Crisis clients requiring higher level and more frequent acute care.
- 8.42% represented Transition Age Youth population eligible for Medi-Cal service, 14.59% received service encounters. Whereas 12.2% TAY eligible Medi-Cal population, received 24.24% service encounters.

Asian/Pacific Islander was underserved and less likely able to access MH services.

Twenty-two percent (22.20%) API individuals with SED/SMI living below the 200% FPL level in Fresno County not on Medi-Cal. (It is presumed that many APIs were not on Medi-Cal because this ethnic may: a) include documented and undocumented new immigrants and their children; b) may not know how to navigate the system; c) maybe subscribing to other health care practices that insurance coverage combined; and e) because of cultural stigma associated with being on public support.

- 9% county residents identified as Asian/Pacific Islander (API) and preferred their language, of those only 8% unique clients, 8% received service encounters. Whereas 49% Hispanic population with 45% unique clients, received 43% service encounters; 35% White population, represented 31% unique clients, 32% received service encounters and 5% African-American, 13% unique clients, received 13% service encounters. Clearly API is under-served in comparison to White, Hispanic, and African-American populations.
- 3% Inpatient unique clients, of those received 10% Inpatient service encounters. Highly likely that the population required more frequent interventions in comparable to 23% White Inpatient unique clients and 38% service encounters, with an equitable penetration ratio of 2.02 for API to White. However, the low Inpatient unique clients represented under-served population requiring higher level and more frequent acute care.
- API’s low 3.14% penetration rate indicated difficulty accessing MH services in comparable to 22.03% Hispanic and 44.11% African-American counterparts. Certain racial/ethnic cultures unfamiliar with MH services and the concept of wellness and recovery from mental illness. Language and culture is known to be the primary factors in accessing MH services. Certain Asian ethnic groups not accustom to the service system, particularly mental health services through a
bureaucracy system. Education for both the system and client population to bridge gaps on language/cultural barriers and orientation to the service system.

- API population consisted of many ethnic groups and diverse cultures with many factors often overlooked by mainstream service providers. API has been historically lumped together in various settings without regard to the individual cultural group’s various barriers and life experiences, beliefs, cultural practices, acculturation level and socio-economic backgrounds. For example, outreach to the various ethnic groups required different approaches to disseminate information appropriate for specific channels of contacts in order to maximize effectiveness and best use of resources.

- Hmong culture may be less accustomed to mental illness, wellness and recovery concept in mental health, lack of trust in Western medicine/providers, and dislikes visit to doctor’s office unless the patient has exhausted all alternative treatments and as the last resort to save lives. Psychiatric medications and psychoanalysis generally not viewed as positive treatment methods for unfamiliarity with the concept of mental health services and trust that it can be cured or believe as a healing method. Education may be a key, however, very little has done to bridge this gap for the community. Very similar concerns are shared among and across the various Asian ethnic groups and cultures.

- In certain Asian culture, differences between clinician and client in age, gender, political parties, and reputation in the community can have adverse effect on client service outcome and treatment engagements.

- Some Asian cultures, taboos and/or attitudes toward mental health service may play a role in client/patient abstaining from seeking and/or accepting the service he/she needs, in the strictest sense, would be mental health service is for “crazy people only and contagious by association or affiliation.”

- Cultural adjustment, substance abused/mental health issues, social & economic disadvantaged has escalated violent among Hmong youth and families that people successfully committed suicide or took the lives of young/innocent children for lack of access to timely and culturally appropriate mental health interventions.

- 13.15% API TAY eligible Medi-Cal population, 5.59% received Medi-Cal MH service, significantly lower than its counterpart White of 12.52% eligibility, received 24.24% Medi-Cal MH services. API received overall disproportionally lower MH service in comparison to all other ethnic groups: White, African American, Hispanic, and Native-American populations.

Native Americans: Other Factors Affecting Children’s Usage of Mental Health Services

Twenty-two percent (22.32%) Native American individuals with SED/SMI living below the 200% FPL in Fresno County was not on Medi-Cal. (It is assumed that many Native Americans who may be eligible for Med-Cal were not on Medi-Cal because this ethnic group: a) may not know how to navigate the system; b) may distrust the system; c) maybe using alternative healthcare practices that Medi-Cal does not pay for, and also d) because of the cultural stigma associated with being mentally ill.)
Transitional Age Youth (TAY) consisted 16% of County MH population, 25% unique clients and received 19% encounter services. Representing the third highest unmet need group of MH populations next to children and youth, and adult being the highest group in receiving proportional service and unique clients of MH.

- 52% proportion of TAY Inpatient clients, but received a significantly lower 21% Inpatient service encounters.
- 31% unique TAY crisis clients, received 26% proportional service encounters.
- 4.25% penetration rate, slightly higher in comparison to 3.93% statewide penetration rate for the same (TAY) client age group.

Gender

In CY 2009, 39.44% male and 9.02% female individuals living below the 200% FPL in Fresno County were not on Medi-Cal. (Note: It may be that those females who are eligible for Medi-Cal, but were not, may be receiving health care support from other sources [i.e., other public and private insurance]. With regards to the males in need of mental health services but were not on Medi-Cal, they perhaps consist the uninsured or the so-called underinsured.)

Age Group

- CY 2009 data show that 86.24% and 17.78% of 18 Years Old and Older Age Group individuals living below the 200% FPL in Fresno County was not on Medi-Cal. (Note: A number of the 18 years old and older in the U.S., may be regarded as the gap group as far as health insurance is concerned – working enough to be out of Medi-Cal or have recently fallen out of parental health insurance coverage and yet still not on Medi-Cal).
- Proportionately more of the age group 0 to 5 Year Old individuals not living below the 200% FPL in Fresno County were on Medi-Cal [-133.14%]. 0 to 5 year old individuals make up 10.32% of the County population and 14.94% of Cases for Households at or below 200% of the FPL in need of MH services in CY 2009. (Note: Perhaps some members of this age group were using Medi-Cal for other services other than MH services, such as: emergency services to obtain certain drugs, medical treatments, that proportionately way more of this group in need of mental health care were on Medi-Cal.)

Language

According to HSIS Report CY 2009, DBH served 19,023 unique clients, of those Preferred Languages: 4.84% Spanish, 1.97% Hmong, and from .01% to .73% other languages, while 74.26% preferred English (Exhibit G).
### IV. MHSA Community Services Supports (CSS) population assessment service needs

**FRESNO COUNTY’S CSS PLAN: POPULATION ASSESSMENT**

In summarizing Fresno County’s un-served populations, local data demonstrates that transition age youth and older adults have the greatest need for mental health services followed by children. For children and transition age youth, Hispanics and Asians report the highest unmet need. For older adults, it is Hispanic, and Native American women who exhibit a high percent of the un-served. Asian children regardless of gender exhibit the greatest unmet need amongst all racial ethnic populations and age groups. Older adult men regardless of racial ethnic composition exhibit are the most un-served only following Asian children. Hispanic and Caucasian adults regardless of gender comprise the underserved among the adult age group even though adults are the most widely served across all age groups.

Note: From original CSS Plan: Section II: Analyzing Mental Health Needs in the Community.

The estimated prevalence of mental health needs among those in poverty, for all age groups, across each ethnic classification, contrasted to the numbers of those served in the system.

As can be seen in the figures below, significant ethnic/racial disparities exist among numbers of persons expected to need services, compared to those receiving services in today’s system. In addition to the notable disparities demonstrated in the data, these
findings were re-affirmed through the community input provided by family members, providers and other interested community stakeholders.

Estimates of Unserved Populations in Fresno County

13,209 Children and Youth Unserved Populations in Fresno County
- Of these, the primary group of unserved are 90.0% Asian male (901) and 2.1% female (871), 76.3% Hispanic female (3,943), and 70.0% White female (1,530)
- 48.45% male and 51.48% female;
- Asian/Pacific Islander consisted of 12% (17,614) county poverty population with no fully service, 6% (407) either underserved or inappropriately served.
- African-American represented 6% (9,131) of county poverty population with 15% (937) low female fully served and a significant numbers either underserved or inappropriately served.
- Other (multi-race) consisted of 3% county poverty population (8,452), 5% of those either received significant underserved or inappropriately served, follow by 14% White (20,492) county poverty population, 26% received somewhat underserved or inappropriately served.

4,952 Transition Age Youth Unserved Population Estimates
- Of these, highest unserved group represented 75.4% Hispanic female (1,515) and 74.2% male (1,735) followed by 64.2% White female (555), 63.3% Asian female (231);
- 50.81% male and 49.1% female
- 1% Native-American comprised of county poverty population (964), 1% served (24), mostly female either underserved or inappropriately served.
- Other (multi-race) consisted of 2% county poverty population (1,931), received 4% service with 11 female underserved or inappropriately served.
- 10% county poverty population consisted of Asian/Pacific Islanders (10,054), 11% served (297), mostly male either underserved or inappropriately served.

13,294 Adult Unserved Population Estimates
- 56.29% male and 43.70 female;
- Of these, highest underserved population represented by 66.8% Hispanic male (3,820), 64.3% White male (3,079) and 56.4% White female (2,782).
- 1% Native-American county poverty population (2,324), 1% received (102) service with mostly female either underserved or inappropriately served.
- 2% Other (multi-race) county poverty population (4,638), 1% received service (201) of significantly no male fully or underserved/inappropriately served.
- 9% Asian/Pacific Islander (19,402), 10% received service (1,174) of either fully served or somewhat underserved/inappropriately served.

5,752 Older Adults Unserved Population Estimates
- Unnerved population represented by 55.04% female and 44.95% male underserved
Fresno County Department of Behavioral Health

- Of these, highest unserved population 88.4% White male (1,605), 85.7% Native-American male (2), and 85.2% White female (2,135);
- Other (multi-race) consisted of 2% county poverty population (4,638), 2% receive service (28) with mostly either underserved or inappropriately served.
- 1% Native-American represented county poverty population, 1% received service (5) of significantly low in fully served, underserved and inappropriately served.
- 6% African-American represented county poverty population (12,332), 8% received service (96) with significantly high underserved and inappropriately served.
- 9% county poverty population consisted of Asian/Pacific Islander (19,402), 18% received (219), of those high representation in either underserved or inappropriately served.

**ANALYSIS OF ETHNIC DISPARITIES IN FULLY SERVED, UNDERSERVED/INAPPROPRIATELY SERVED POPULATION IN FRESNO COUNTY.**

The populations continue to have disparities in mental health service in Fresno County. The disparities and variations in penetration rates and retention rates continue to be addressed through evidence-based practices, staff training and development, program implementations and evaluations. Disparities are addressed through specific MHSA programs that developed to increase services to these populations.

**Hispanic**

Analysis clearly demonstrated a need to increase access to care for Hispanic older adult, transition age youth, adult and children and youth who live in poverty. 43.45% of 63.46% Hispanic county poverty population received service with a 22.03% penetration rates for CY 2009. Hispanic female received less service in comparison to its male counterpart and older adult male exhibited greatest needs in service deficiencies. Older adult male received the least fully served, adult female and older adult male either received underserved or inappropriately served support, whereas older adult received the least total served in comparison to all the other age groups. The Hispanic people comprised of broad and diverse cultural backgrounds and heritages that pose question for a clearer definition of the population and its uniqueness for better care in MH service.

**Asian/Pacific Islanders**

The Asian/Pacific Islander (API) population is under-served and under-represented in the public mental health system, consisting 10.63% of the target population and only received 8.49% of the current mental health service. This need is complex, and poses many challenges to the mental health system due to grouping of APIs composed linguistically and ethnically diverse groups. This group includes Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, Pacific Islander, Vietnamese and Hmong. API male is received slightly less service in comparison to female. Children/youth and transitional
age youth, and older adult exhibited a great need for MH service. No API children and youth received full service, the highest underserved or inappropriately served age group and only 6% of the 12% total API county poverty population being served in the county public mental health system. Children/youth and adult received the least total served support among all the age groups. Overall, API population received significantly less service in comparison to all the other ethnic groups for many factors, including racial, ethnic, language, culture and socio-economic disparities.

**African-American**

The African-American general population represented 7.58% of the target population and received 12.75% of county MH services with a 44.11% penetration rate in CY 2009. African-American male population received the least service than all the other age groups within the population. The adult population was undetermined from the current data source - a larger number of estimated clients subtracted from less total prevalence generated a negative result at this time. Transition Age Youth represented the least fully served group, adult is the most unserved/inappropriately served group, and older adult represented the least total served in comparison to the overall age group populations.

**Others (Multi-race)**

3.84% represented the targeted population with 5.77% received MH services and 1.18% penetration rate for CY 2009. Multi-race male received slightly less service than female. Older adult male exhibited greatest unmet needs in comparison to all the other age groups. Older adult population received the least total served. No adult male received the least fully served or underserved and inappropriately served support. Transitional youth male received zero underserved/inappropriately served, which represented 2% of the targeted or county poverty population.

**Caucasian**

13.8% of the targeted population are White, 28.09% received MH service with a 10.97% penetration rate for CY2009. Female revealed more need for MH service in comparison to its counterpart male population and older adult, children/youth and adult exhibited greatest needs for MH services. Transition age youth (TAY) male received the least fully served, female the most underserved or inappropriately served populations, and children and youth represented the least total served among all age groups.

**LBGTQ Populations**

Currently not a lot of data is available for this population. FCDBH is highly sensitive to servicing and ensuring people are inclusive in future data compilation and documentation of service activities. Clearly a greater need to address this population, although currently the LBGTQ has been served through existing contracted programs and services close to its neighborhood communities.
V. The Prevention and Early Intervention (PEI) Plan

THE PEI PRIORITY POPULATION

All six of the Priority Populations were identified in Fresno County’s PEI Plan. Twelve PEI project work plans were submitted and each one identified at least one of the Priority Populations and most addressed at least two or three. Fresno County identified five (5) priority populations based on community member input, inclusive within the broader six listed above. These are as follows: Disparities in Access to mental health Services; Psycho-social Impact of Trauma; At-Risk Children, Youth and Young Adult Populations; Stigma and Discrimination; and Suicide Risk through outreach, education and media campaigns.

- 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
- 6. Children/youth at risk or experiencing juvenile justice involvement

THE PROCESS AND RATIONALE FOR SELECTION OF PEI PRIORITY POPULATION

The MHSA Planning Team worked with other Fresno County DBH and DCFS staff, Fresno County Mental Health Board Members and the Fresno County Board of Supervisors to implement an expansive outreach effort to educate members of the community and include them at each stage of the planning process. Efforts were made to provide targeted outreach to groups traditionally underserved by the mental health system and provide opportunities for their meaningful participation throughout the planning process. The process included the engagement of diverse local stakeholders, including those from required strategic sectors, systems and organizations.

Members of the community were encouraged to become involved in the PEI Planning Process in a variety of ways. They were invited to participate in Public Stakeholder Meetings, complete the Community Survey, develop and participate in focus groups, sit on the PEI Planning Panel, draft PEI strategies through the Planning Panel working groups, and vote on the priority ranking of the PEI draft strategies. Many opportunities for participation were planned and advertised to inform and engage the community in the identification and selection of PEI targeted population process. The following process and rationale used to identify, assess and prioritize the county’s targeted populations.

1. Invitations were sent to individuals, organizations, including schools, faith-based organizations, community-based organizations, mental health providers, primary care clinics and providers, consumer advocacy groups, and ethnic, advocacy organizations throughout the county in multiple languages, including Spanish, Hmong, and Lao using mailing lists and email list-serves.
2. Kings View Corporation, a contracted MHSA agency for Fresno County Outreach and Engagement efforts worked with consumers/family members on community needs survey’s, provided transportation for consumers/family members to PEI events/meetings, and provided culturally diverse Parent Partner staff to assist with translations and dialogue with diverse communities, and provided food/refreshments and stipends to attend PEI events.

3. Public Stakeholder Meetings were planned throughout geographically disperse areas of Fresno County to reach:
   - Migrant Workers, Undocumented, Latino, Punjabi, and Sikh populations on the western side of Fresno County
   - Rural and Native American populations in the foothills of the Sierra Nevada on the eastern side of Fresno County
   - Urban and ethnic populations in Fresno metropolitan area, including Hmong, Native American, Latino, African American, Lao, and Khmer populations

4. The Stakeholder Meetings were advertised using a variety of media:
   - Hmong radio stations KQEQ and KBIF
   - Latino media, including Radio Bilingue and Univision
   - Public radio, including Fresno State KFSR, KFCF
   - Commercial radio, including Clear Channel Communications, and KJWL
   - Advertisements in local newspapers throughout the county
   - Strategically distributed flyers announcing local Stakeholder Meetings
   - Made significant efforts to include individuals from the LGBTQ community. Staff attended the LGBTQ Social Work event, requested survey responses, key informant interviews, and made multiple phone calls to/spoke with individuals from PFLAG, CCA, Breaking the Silence, Youth Alliance, Wesley United Methodist Church, GSA Network, NCLP, and CYC

5. PEI focus groups targeting un-served and underserved populations were planned and conducted with the help of several calls for focus groups which were posted and sent to various organizations and providers who specifically work with these populations

6. Additionally, information was obtained from underserved communities through the completion of two PEI Community Surveys. There were 1050 individuals who responded to these surveys.

The PEI Community Planning Process for Fresno County found that the highest priority population was the underserved cultural populations. Survey data also identified individuals who are poor as a high priority underserved population. The geographically disperse area of western Fresno County is predominately populated by migrant Latino farm workers, many of whom are undocumented, and who do not have access to mental health services. Native Americans in the eastern foothills and south central areas of Fresno County and the African American, Hmong and Southeast Asian populations in the metropolitan areas of the City of Fresno also experience disproportionately high rates of poverty. In numerous focus groups, interviews and community meetings throughout Fresno County, stakeholders discussed the importance
of primary care facilities in mental health prevention and early intervention, in particular in the rural and underserved areas of the county. For a number of reasons, including culture-based stigma and transportation, many of Fresno County’s immigrant families are unable to address mental health concerns in a timely manner. As a result, first contact with mental health services is often after a mental health concern has progressed to a crisis level. It is critical that primary care centers that are Rural Clinics, FQHCs, and Tribal Clinics have an integrated mental health prevention and early intervention services component that can serve as a non-stigmatizing, warm site for identification of and, if necessary, entry to mental health services funded through CSS or other County/private agencies, as appropriate. Integrating mental health prevention and early intervention services at community-based primary care facilities that currently provide services to underserved rural families will in part also address transportation concerns as one of the major barriers to accessing services as a result of the geographic size of Fresno County and the location of existing mental health services mostly within the metropolitan area of the City of Fresno.

Integrating primary care and mental health prevention and early intervention services will also provide much needed opportunities across all ages for addressing trauma-exposed individuals, including culturally based, intergenerational PTSD and trauma associated with an individual’s immigration status or new life in a foreign and often unwelcoming host culture. This project may also address children and youth in stressed families whose undocumented immigration status and poverty are causes of significant stress, especially in the absence of mental health services. This project will also be particularly advantageous to older adults who may have less personal difficulty seeking mental health advice and outreach at a primary care facility.

In the majority of the forum and focus groups, input was received recommending the County to address access disparities for underserved ethnic communities that presently not being served through existing services. All regions of the County must have access to services, with special focus on un-served and underserved areas of Fresno County.