COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION

QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT
CALENDAR YEAR 2013

AND

QUALITY IMPROVEMENT WORK PLAN
CALENDAR YEAR 2014

Marvin J. Southard, D.S.W.
Acting Director

March 2014

COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION

QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT CALENDAR YEAR 2013 AND QUALITY IMPROVEMENT WORK PLAN CALENDAR YEAR 2014

Executive Summary

March 2014

Marvin J. Southard,D.S.W.

Director

The County of Los Angeles Department of Mental Health (LACDMH) Quality Improvement Annual Work Plan is organized into six (6) major domains, which include: Service Delivery Capacity, Accessibility of Services, Beneficiary Satisfaction, Clinical Care, Continuity of Care, and Provider Appeals. Each domain is designed to address service needs and the quality of services provided. The Quality Improvement Program is dedicated to fostering consumer focused, culturally competent services and improving access to underserved populations.

The County of Los Angeles is the most populated county in the nation with an estimated population of 9,905,351 in CY 2012. The estimated distribution by ethnicity in the major designated ethnic categories is: Latinos representing 48.2%, Whites 28.8%, Asian and Pacific Islanders 14.2%, African Americans 8.6%, and Native Americans representing 0.2%. During FY 2012-2013, the Department and its contracted and directly operated agencies provided a full array of mental health services to approximately 263,000 children and youth with Serious Emotional Disturbance (SED) and adults and older adults with Serious Mental Illness (SMI). The work plan goals focus on the outpatient programs that served 197,935 persons of all age groups in each of the 8 Service Areas and countywide.

This Quality Improvement Work Plan Evaluation Report details the progress LACDMH has made with respect to the 2013 Annual Work Plan Goals. The report presents an analysis of estimated unmet needs for populations countywide as well as for individual Service Areas. Retention and penetration rates are used to analyze service utilization and to measure disparity. The California Health Interview Survey (CHIS) estimated prevalence rates were adopted in 2013 to estimate the countywide and Service Area prevalence rates for persons with SED and SMI. The use of trending analysis is another means to further understand and assess target population needs. As such, trending data is included in this report as appropriate for selected performance measures. The expansion of services with healthcare reform is significant for LACDMH requiring integration of physical health, mental health, and substance abuse services. Service delivery capacity work plan goals for 2014 use the 138% Federal Poverty Level (FPL) to include the consumers newly eligible under the Medicaid Expansion as of January 2014.

The 2014 Quality Improvement Work Plan Goals are set by the PSB-QI Division under the authorization of the DMH Executive Management Team and in collaboration with DMH Bureaus and Divisions including: Emergency Outreach Bureau, Patients' Rights Office, Office of the Medical Director, ACCESS Center, the Mental Health Services Act (MHSA) Implementation and Outcomes Division, Office of the Director, Community and Government Relations Division, Managed Care Division, Provider Support Organization and Service Area Quality Improvement Committees and all have contributed to this report.

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THE ABOVE DOCUMENTS ARE AVAILABLE ONLINE AT:
HTTP://PSBQI.DMH.LACOUNTY.GOV/QI.HTM

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

QUALITY IMPROVEMENT WORK PLAN EVALUATION FOR CALENDAR YEAR 2013 and QUALITY IMPROVEMENT WORK PLAN FOR 2014

In partnering with clients, families and communities to create culturally competent opportunities for Hope, Wellness and Recovery, the County of Los Angeles Department of Mental Health (LACDMH) is committed to serving, improving and making a difference in the lives of Los Angeles County residents diagnosed with mental illness.

The Affordable Care Act National Strategies for Quality Improvement in Health Care guide our efforts to achieve the three aims of improving the quality of care, improving the health of consumers, and providing affordable care. Through ongoing innovation we strive for an integrated model of healthcare that encompasses mental health, physical health, and substance abuse services. LACDMH is working to design and implement a next-generation behavioral health service delivery system, which provides an integrated array of high-quality, recovery-focused behavioral health services achieving the triple aim. We embrace the cultural diversity of the communities we serve and we recognize that our highly diverse and interconnected set of communities each have unique cultures, strengths, challenges, and behavioral health needs.

The LACDMH Quality Improvement Work Plan Goals are specifically focused on Service Delivery Capacity and Accessibility of Services in order to eliminate disparities; increasing Beneficiary Satisfaction; improving Clinical Care and Continuity of Care; and the monitoring of Provider Appeals.

This report is completed in compliance with the Mental Health Plan reporting requirements of the California Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.440, concerning Quality Improvement.

SECTION 1

QUALITY IMPROVEMENT PROGRAM DESCRIPTION

Quality Improvement Program Structure

The Program Support Bureau (PSB), Quality Improvement Division (QID) is under the administration and direction of the PSB Deputy Director. PSB-QID shares responsibility with providers to maintain and improve the quality of service and the delivery infrastructure. QID establishes annual work plan goals, monitors departmental activities for effectiveness, and conducts processes for continuous improvement of services. The structure and process of the LACDMH QI Program are outlined in the Department's Policy and Procedure 105.1, Quality Improvement Program Policy. QID works to ensure that the quality and appropriateness of care delivered to consumers meets or exceeds local, State, and Federal service standards. The QI Program is organized and implemented in support of an organizational culture of continuous quality improvement that fosters wellness and recovery; reduces disparities; promotes consumer and family involvement; improves cultural competency; and integrates the treatment of mental health and substance use disorders with physical healthcare.

PSB-QID includes the following three (3) Units: Cultural Competency Unit (CCU), the Data-Geographic Information System (GIS) Unit, and the Under-Represented Ethnic Populations (UREP)/Innovations (INN) Unit. CCU, managed by the LACDMH Ethnic Services Manager (ESM), promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations. CCU provides technical assistance, language translation, and training necessary to integrate cultural competency into departmental operations and works to implement the Cultural Competency Plan. The Data GIS Unit provides for the collection, analysis, and reporting of LACDMH demographic and clinical data. The Data GIS Unit conducts assessments of the department's geographic distribution of mental health services. The UREP/INN Unit has responsibility for implementing one-time funded projects within our system of care to build capacity and increase access for under-represented populations, specifically the: African/African American, American Indian/Alaskan Native, Asian Pacific Islander, Eastern-European/Middle Eastern, and Latino communities. The UREP/INN Unit also implements the Community Integrated Service Management (ISM) Model which promotes the establishment of networks of care that include formal providers, non-traditional healers, and community-based organizations to integrate healthcare, mental health care, and substance use treatment for the five under-represented ethnic populations.

The QI Work Plan includes areas of performance measurement, monitoring, and management regarding departmental capacity; timeliness, accessibility, and quality of services; cultural competency; and consumer and family satisfaction. The data collected is analyzed and used for decision making, monitoring change,

and for performance management to improve services and the quality of care. QI Work Groups are established and designated as needed. Departmental Performance Improvement Projects (PIPs) are conducted to ensure that selected administrative and clinical processes are studied to improve performance outcomes. The QI Division collaborates and coordinates with many of the Department's Bureaus, Divisions and Units directly responsible for conducting related QI activities including the: Quality Assurance Division; ACCESS Center; Patients' Rights Office; Office of Strategies for Total Accountability and Total Success (STATS) and Informatics; Office of the Medical Director (OMD); Mental Health Services Act (MHSA) Implementation Outcomes Unit; Emergency Outreach Bureau (EOB); Service Area QI Committees and the multidisciplinary PIP Teams.

The Departmental Countywide Quality Improvement Council (QIC) is chaired by the PSB-QID Mental Health Clinical District Chief. It is Co-Chaired by a Regional Medical Director from OMD. The PSB-QID District Chief also participates on the Southern California QIC, the Statewide QIC, the LACDMH STATS, the Clinical Policy Committee, and the Executive Dashboard. The supervisor of the CCU serves as the LACDMH Ethnic Services Manager and is a standing member of the Departmental Countywide QIC and the Departmental Countywide Cultural Competency Committee (CCC).

The QI Program is integrated within the service delivery system. The Departmental Countywide QIC meets monthly and includes standing representation from each of the eight (8) Services Areas, departmental programs and divisions, and other stakeholders. All Service Areas have their own Service Area Quality Improvement Committee (SA QIC) meetings. Each SA QIC has a Chairperson and Co-Chairperson, one representing Directly Operated Providers and the other representing Contract Providers. The SA QIC Chairperson and Co-Chairperson are representative members of the Departmental Countywide QIC. The Quality Improvement Handbook is designed to be a reference for the QI structure and process providing guidelines for the functions and responsibilities of QIC members at all levels of participation.

At the provider level, all Directly Operated and Contracted Organizational Providers participate in their own Organizational QIC. In order to ensure that the QIC communication feedback loop is complete, all Service Area Organizational Providers are required to participate in their local SA QIC. This constitutes a structure that supports effective communication between Providers and Service Area QICs, up to the Departmental Quality Improvement Council, and back through the system of care. An additional communication loop exists between the SA QIC Chairperson and/or Co-Chairpersons and the respective Service Area District Chiefs and Service Area Advisory Committee (SAAC). The SAACs are comprised of consumers, family members, providers and LACDMH staff. The SAACs provide valuable information for program planning and opportunities

for program and service improvement. SAACs are a centralized venue for consumers and family members to participate at the SA QIC level.

The Cultural Competency Committee (CCC)

The CCC meets once a month and is led by two co-chairs elected annually by members of the Committee. The LACDMH Ethnic Services Manager (ESM) is a member of the Departmental Countywide QIC and the CCC. The LACDMH ESM is also the supervisor for the Cultural Competency Unit. This structure facilitates communication and collaboration for attaining the goals as set forth in the Departmental QI Work Plan and the Cultural Competency Plan to reduce disparities, increase capacity, and improve the quality and availability of services. Additionally, relevant CCC decisions and activities are reported at each Departmental QIC meeting.

At the end of each calendar year, the Committee holds an annual retreat to review accomplishments, vote on cultural competency objectives to be undertaken for the next year, and reinforce the collaborative team atmosphere among the Committee members. For 2013, the Committee formed four (4) workgroups: 1) The California Reducing Disparities Project (CRDP): Understanding Similarities and Differences Among Cultural Groups, 2) e-News Cultural Competency Column, 3) Training Recommendations for Inclusion of Family and Spirituality, and 4) Reduction of Criminalization Via Needs Assessment.

1) <u>California Reducing Disparities Project (CRDP): Understanding Similarities and Differences Among Cultural Groups Workgroup:</u> The goal of this workgroup is to increase understanding on how to utilize the CRDP Reports as a means of reducing disparities in access to mental health services, and promote knowledge about similarities and differences among cultural groups served by LACDMH. Accomplishments include:

- Review of the five CRDP Reports by workgroup members
- Discussion of reports and identification of the following eight themes to highlight/organize report content into a CRDP PowerPoint presentation:
    1. Introduction to the five CRDP Reports
    2. Range of subpopulations discussed in each CRDP Report: Difficulty in accurately representing needs of subpopulations of each ethnic category
    3. Community-based analysis needed in each ethnic group to understand mental health needs
    4. The religious/spiritual forums characteristic of each group and how mental health needs are understood and addressed as outlined in each CRDP Report
    5. Components that need to be addressed in therapeutic interventions highlighted by each CRDP Report
    6. Considerations of family in each CRDP Report
    7. Cultural/ethnic considerations that are unique to each CRDP Report

8. Summary of recommendations from each of the five CRDP Reports

- Development and hosting of a speaker presentation, "Rites of Passage in Childhood and Adolescence," held at the California Endowment Center on September 24th, 2013. Three speakers representing the Iranian, Filipino, and American Indian/Alaskan Native (Navajo Tribe) cultures, introduced a cultural ritual and engaged the audience in discussions that illustrated the cultural differences and placed emphasis on the uniqueness of each culture. The event was attended by 30 participants and received a very positive response.
- Compilation of the CRDP Matrix of recommendations that summarizes the recommendations from all five CRDP reports by the PSB Cultural Competency Unit which includes two (2) CRDP Workgroup members.

2) The e-News Cultural Competency Column Workgroup: The goal of this workgroup is to enrich the lives of Departmental staff through the dissemination of publications and articles that support the Department of Mental Health's Vision of Hope, Wellness and Recovery in the provision of culturally competent and culturally sensitive mental health services. Accomplishments include:

- Obtaining a dedicated space in the PIO e-News weekly distribution entitled "Cultural Competency e-News Column"
- Publishing the following seven articles, written by CCC members, in the Cultural Competency e-News Corner:
  - "Black History Month Recap: Cultural Awareness Brings About Change," by Trudy L. Washington, Ph.D., 5/30/13
  - "The Lunar New Year Celebration," by Sandra Chin, MPH, 6/6/13
  - "African-Centered Psychology Approach: the Integration of Cultural Competency and Evidence-Based Practice," by Staci Atkins, LCSW, 7/18/13
  - "African Immigrants With Ph.Ds. Work As Cab Drivers" by Trudy L. Washington, Ph.D., 8/22/13 (based on coverage of a conference entitled "Culturally Competent Service Delivery to the African Immigrant Population: Challenges and Opportunities).
  - "The Role Of Family: A Multi-Cultural Imperative?," by Michael Tredinnick, Ph.D., 10/31/13
  - "Unity In Diversity," by Lupe Ayala, MSW, 11/7/13
  - "Breaking Through Stigma – One Event at a Time," by Fimi Azizian, Psy.D. and Katrin Aslanian-Vartan.

3) Training Recommendations for Inclusion of Family and Spirituality Workgroup: The goal of this workgroup is to ensure that LACDMH includes trainings to promote the understanding of cultural differences and acknowledge the cultural components of family and spirituality as imperative to treatment and consumer recovery. Accomplishments include:

- Review of existing training guidelines from Project ABC's Guidelines for Presenters (draft version) and the State of California Core Practice Model Guide.

- Establishment of on-going collaboration efforts between the CCC and the Office of Family Engagement.
- Recruitment of diverse speakers such as the Office of Family Engagement on services and trainings available and Office of the Director on the LACDMH Spirituality Parameters.

4) Reduction of Criminalization via Needs Assessment Workgroup: The goal of this workgroup is to develop an assessment/analysis of the level of criminalization of adults with mental health needs in the County of Los Angeles. Although this workgroup was created, several external barriers stalled the attainment of its goal.

Quality Improvement Program Processes

The ultimate purpose for the design and implementation of the QI Program is to ensure an organizational culture of continuous self-monitoring and self-correcting quality improvement through effective strategies, best practices, and activities at all levels of the system.

PSB-QID works in collaboration with departmental staff to establish measureable QI Work Plan goals annually and to evaluate performance management activities. The QI Work Plan Goals are categorized into six (6) domains of State and Federal requirements including: Service Delivery Capacity, Accessibility of Services, Beneficiary Satisfaction, Clinical Care, Continuity of Care and Provider Appeals.

PSB-QID is responsible for the formal reporting on the effectiveness of QI processes through the development and completion of the State and County Performance Outcomes Report. The Outcomes Reports may be found online at http://psbqi.dmh. lacounty.gov/data.htm.

The PSB-QID staff prepares written updates to highlight progress made toward identified goals. These Quality Improvement Work Plan Implementation Status Reports are presented, discussed, and distributed at the Departmental QIC Meetings. The reports are also distributed at the respective SA QIC Meetings. The QI Work Plan Implementation Status Reports may be found online at http://psbqi.dmh.lacounty.gov/QI.htm.

The PSB-QID team works to engage and support the SA QIC members in QI processes related to the QI Work Plan, specific PIP activities, and other QI projects conducted at the SA level. SA QIC meetings provide a structured forum for the identification of QI opportunities that can specifically address the challenges and barriers encountered at the SA level and that may be a unique priority within the SA. SA QIC members also support the provider organizational QICs that are focused on internal organizational QI Programs and activities. Organizational QICs conduct internal monitoring to ensure performance standards are met consistent with Quality Assurance and Quality Improvement

standards. This includes activities such as: client record reviews, identifying clinical issues, and client satisfaction surveys.

PSB-QID Unit Program Descriptions

The PSB-QID Under-Represented Ethnic Populations (UREP)/Innovation (INN) Unit

One of the cornerstones of the Mental Health Services Act is to empower under-represented ethnic populations (UREP). During the planning phase of MHSA, a UREP Work Group, consisting of 56 culturally diverse mental health professionals and community and client advocates, was created to make implementation recommendations to LACDMH. This workgroup met extensively to develop guiding principles and recommendations for LACDMH as well as MHSA services. These recommendations were instrumental in establishing the Department's MHSA values and strategies in working with under-represented ethnic groups. In June, 2007, the Department established an internal UREP Unit within the Planning, Outreach and Engagement Division to address the ongoing needs of targeted ethnic and cultural groups. The UREP Unit has established sub-committees dedicated to working with the various under-represented ethnic populations in order to address their individual needs. These sub-committees are: African/African American; American Indian; Asian/Pacific Islander; Eastern European/Middle Eastern and Latino. In March 2012, the UREP/INN Unit was transitioned to the QI Division.

Each UREP sub-committee is allotted one-time funding totaling $100,000 per fiscal year to focus on Community Services and Supports (CSS) based capacity-building projects. This unique opportunity draws on the collective wisdom and experience of community members to determine the greatest needs and priorities in their communities. Project proposals were created and submitted via a participatory and consensus-based approach. The following are the projects implemented:

Latino – As an expansion of the previous capacity building project that funded the recruitment, training, and integration of Promotoras de Salud Project Model (Health Promoters) within the Latino Community, the 2013-2014 Latino UREP Sub-committee proposes to fund a research project that will measure the effectiveness of the Promotoras Project Model as an outreach and engagement strategy aimed at Latinos within the County of Los Angeles. The research findings will provide LACDMH with recommendations that will focus on the mental health disparities significantly impacting the Latino Community. Furthermore, Latinos continue to be the fastest growing ethnic population in the County of Los Angeles who continues to be underserved within the public mental health system. The approval of this project is in process.

Native American/Alaskan Native **(NA/AN)** – The American Indian/Alaska Native Mental Health Conference, an AI/AN UREP Project funded for fiscal year 2013-2014 was held on November 20, 2013. The theme of the conference was "Integrating Services to Heal Our Generations". This year's conference highlighted how the integration of mental health services, substance abuse services, physical health services, and traditional spiritual & cultural practices improve mental health outcomes for the American Indian/Alaska Native community. American Indian/Alaska Native researchers, clinicians, tribal chiefs, community leaders, veterans and youth representing local and national tribes presented an array of information related to these topics. With the remaining funding, the AI/AN UREP Committee is proposing to implement the American Indian/Alaska Native Community Spirit Wellness Project. To launch this project, a consultant will be hired to recruit and train AI/AN community members (called Community Spirit Healers) to outreach, engage, and educate the AI/AN Community, as well as facilitate linkage to mental health services, through community trainings and forums. The approval of this project is in process.

African/African American (AAA) – 1) Resource Mapping Project: Funds were allocated to identify community resources, service providers, community leaders, and agencies in Service Area 6 where there is a large African/African American (AAA) population to assist in providing tailored community awareness strategies. The focus of this project is to reduce stigma by funding agencies to provide outreach, engagement, training, education, non-traditional wellness activities, and using technological approaches in these areas to address mental illness. Each agency will target a unique subpopulation within the AAA community. 2) Culturally Relevant Brochures: Pamphlets will be used to outreach and engage underserved, inappropriately served and hard to reach ethnic communities. The purpose is to reduce stigma by identifying common mental health conditions experienced in the AAA community. The pamphlets will be used to educate and inform these ethnically diverse communities of the benefits of utilizing mental health services, and to provide referrals and contact information. The MHSA brochure will be translated into 5 different African languages including Amharic, Swahili, Ibo, Yoruba and Somali. 3) The Ethiopian Community Mental Health Training and Education (ECMHTE) Project is a joint effort of the Los Angeles County Department of Mental Health (LACDMH) and the African Communities Public Health Coalition (ACPHC) to reduce the stigma of mental illness in the Ethiopian community, to set a precedent of using culturally appropriate mental health education when working with ethnic communities and to increase access to appropriate mental health services for people of Ethiopian descent, especially during a mental health crisis. This nine month project will provide training to trusted and selected volunteer community members referred to as Ethiopian Community Advocates (ECAs), in order for them to become 'lay-experts' on mental health issues, crisis intervention, and appropriate mental health resources. The ECMHTE Project completed the training for prospective ECAs and the Project hosted its first community education workshop in December 2013. The workshop was hosted by the Project's trainer and serviced 45

community members. Since the implementation of the Ethiopian Community Mental Health and Training Education (ECMHTE) Project there has been a high level of interest amongst the Ethiopian community to participate. Additionally, word of this project has spread to other African communities in the Los Angeles area, specifically within the Somali and the Sierra Leonean communities, and they have expressed a strong interest in extending this project to their peoples.

Eastern-European/Middle-Eastern (EE/ME) – The EE/ME UREP Sub-Committee developed a project that produced culturally relevant promotional materials that were used to outreach and engage underserved and hard-to-reach families within the Armenian, Russian, Persian, and Arabic communities. The purpose is to educate and inform these ethnically diverse communities about MHSA and when and how to access services. A brochure on mental health has been created and translated into 4 threshold languages (Armenian, Russian, Farsi, and Arabic). The project includes promotional items such as pens, totes, magnets, and posters. All brochures and promotional items include the 24/7 toll free ACCESS number for mental health services.

As part of the outreach process for mental health services, LACDMH participated in the following events to outreach and distribute the promotional items: (1) Armenian Health Festival was conducted at the Civic Auditorium in Glendale, CA on August 2, 2013; and (2) the 16th Annual Persian Festival on October 5th and 6th, 2013. Both of these events served as an opportunity to educate and inform the Armenian, Russian, and Persian communities of available resources that are sponsored by LACDMH. Promotional items such as pens, totes, magnets and posters were distributed in Armenian, Russian, and Farsi. Informational Brochures pertaining to mental health issues and treatment in the Armenian, Russian, and Farsi languages were also distributed during the outreach events.

For the Fiscal Year 2013-2014, the Eastern European and Middle Eastern Sub-Committee is currently working on launching a Media Campaign with the Armenian and Russian communities. These multi-lingual and multi-media outreach campaigns will include 30 second Public Service Announcements (PSA's) utilizing traditional media venues and will be televised for the Russian and Armenian communities in Los Angeles County. These campaigns will inform these communities about common mental health issues, substance abuse, and domestic violence. This project will increase awareness about mental health by providing information and assistance to consumers who are in need of help, but may be unaware of mental health services, or shun away from it due to stigmas attached to mental health services with these underserved ethnic groups. For the Persian community, a radio campaign will be delivered for similar purposes. For the Arabic community in Los Angeles County, community education on mental health will be provided. This outreach and engagement model will connect spiritual-based organizations and schools to promote mental health services.

Asian Pacific-Islander – The API Consumer Leadership Council, which consists of adult API consumer leaders, completed the following tasks: 1) Community outreach; 2) development of an API Speaker's Bureau; 3) development of outreach and engagement media, including a Council website and newsletter. The API Consumer Leadership Council was able to build a sustainable program that provides ongoing consumer leadership development and recovery. For 2013-2014, the API UREP is proposing to hire a consultant to launch the API UREP Consumer Employment Training Program. The purpose of this program is to increase the number of culturally competent API Peer/Family Advocates and Health Navigators at mental health agencies that serve the API community. Further, this program will train API consumers and family members to become culturally competent Peer/Family Advocates and Health Navigators. Once trained, the consultant will facilitate employment of trainees into mental health agencies that serve the API community. The approval of this project is in process.

On February 18, 2009, the County of Los Angeles MHSA Stakeholder Delegates, a countywide, diverse, and representative group specifically created to ensure wide and meaningful public participation in ongoing MHSA planning, endorsed a process that would prioritize three populations greatly impacted by the above issues – UREP, the uninsured, and homeless persons. From 105 strategies that were reviewed, the UREP workgroup brought forth the Community-Designed Integrated Service Management Model (ISM). Currently under implementation, the 17 ISMs target the following ethnic communities: African; African American; American Indian; Armenian; Cambodian; Chinese; Iranian; Korean; Latino; and Samoan.

The ISM seeks to increase the quality of services by addressing the fragmentation inherent in the current system of care by building on the strengths of communities. This model envisions a model of care that is defined by the community itself and also promotes collaboration and partnerships between formal and non-traditional service providers and community-based organizations to integrate physical health, mental health, substance abuse, and other needed care to support the recovery of consumers. In the ISM model, "formal" providers are those that are traditionally recognized and funded through public and private insurance. "Non-traditional" providers are individuals who offer community-defined healing practices, but do not have credentials that permit reimbursement from public or private insurance.

The ISM enhances the resources of the formal network of regulatory providers (e.g. mental health, health, substance abuse, child welfare, and other formal service providers) with culturally-effective principles and values. Services are grounded in ethnic communities with a strong foundation of community-based, non-traditional, and natural support systems such as faith-based organizations, voluntary associations, and other service groups. In this model, ISM teams are integrated through: 1) community designed peer-based outreach and education;

2) community-designed peer-based enhanced engagement practices; 3) community-designed peer-based enhanced linkage and advocacy; and 4) harmonious intertwining of regulatory and non-traditional services and supports through facilitation of inter-provider communication.

The December 2013 Annual MHSA Innovation Program Report for the County of Los Angeles indicates that 1,120 clients have enrolled in the ISM programs. The report also indicates that current ISM clients are most likely to be females between the ages of 37 and 59. Further, the enrolled clients are most likely to be Latino/a (35.0%) or African/African American (31.1%). The report highlights that ISM providers have learned how to best engage their underserved and underrepresented communities by implementing culturally defined strategies. For some groups this means holding poetry reads, while for others it may take the form of education seminars. To combat stigma, many providers have turned to prominent community leaders or respected professionals in their communities to attract new clients. These culturally defined and culturally relevant approaches have proven to be effective, as enrollment is increasing and many clients are now being referred via word-of-mouth. After developing culturally defined best practices for outreach and engagement, ISM providers are optimistic and plan to continue to eliminate stigma related barriers to services within their respective underserved and underrepresented communities.

The PSB-QID Cultural Competency Unit

Cultural competency is a cross-cutting transformative principle. The Cultural Competency Unit (CCU) is under the direction of the PSB-QID. This organizational strategy allows for cultural competency to be integrated into PSB-QID roles and responsibilities to systematically improve services and accountability to our consumers, their family members, and the communities we serve. Additionally, it enables cultural competency efforts, such as the implementation of the State's Cultural Competency Plan Requirements, and most recently, the California Reducing Disparities Project (CRDP) Reports to be at the forefront of our service planning and delivery.

The LACDMH Cultural Competency Plan identifies the following 19 strategies to reduce disparities, especially those due to race, ethnicity and culture:

1. Outreach and Engagement

2. Community education to increase mental health awareness and decrease stigma

3. Multi-lingual/multicultural materials

4. Collaboration with faith-based and other trusted community entities/groups

5. School-based services

6. Field-based services

7. Programs that target specific ethnic and language groups

8. Designating and tracking ethnic targets for Full Service Partnerships (FSP)

9. Flexibility in FSP enrollment such as allowing “those living with family” to qualify as “at-risk of homelessness”

10. Countywide FSP Networks to increase linguistic/cultural access

11. Integrated Supportive Services

12. Co-location with other county departments (Department of Children and Family Services (DCFS), Department of Public Social Services (DPSS), and Department of Health Services (DHS)

13. Interagency Collaboration

14. Consultation to gatekeepers

15. Trainings/ case consultation

16. Provider communication and support

17. Multi-lingual/multi-cultural staff development and support

18. Evidence-Based Practices/ Community-Defined Practices for ethnic populations

19. Investments in learning such as the MHSA Innovation Plan

Collectively, these 19 strategies serve to organize our efforts to reduce disparities; combat stigma; promote hope, wellness, recovery and resiliency; and to serve our communities with quality care.

The release of the five CRDP Reports has solidified the LACDMH Cultural Competency Plan strategies. The CCU has played an active role in the progressive implementation of the CRDP Reports within LACDMH’s service planning and delivery. In 2013, the CCU thoroughly reviewed all five reports to: 1) Become familiar with the community voices of the five CRDP populations: African American, Asian Pacific Islander, Native American, Latino, and LGBTQ, 2) Develop an analysis of the general cultural and culture-specific

recommendations documented in each CRDP Report, 3) Organize the recommendations under strategy-based themes related to reducing mental health disparities, 4) Cross-reference the recommendations from each Report across all five CRDP Reports, and 5) Organize recommendations into a matrix that identifies 12 strategy-based themes to reduce mental health disparities, concrete recommendations under each theme, and page numbers of the CRDP Reports that address each recommendation.

The 12 strategy-based themes to reduce disparities include:

- System Capacity of Communities
- Services Accessibility in Communities
- General Cultural Recommendations
- Workforce Development
- Outreach and Engagement in Communities
- Service Delivery in Communities
- Prevention and Early Intervention
- Funding/MHSA Funding
- Outcome Measures, Research and Data Collection
- Leadership Development
- Policies & Procedures (P&Ps) to be Developed and Implemented
- Specific Cultural Recommendations

The CCU has intended for the CRDP Recommendations Matrix to provide a basis upon which LACDMH can develop new strategies, approaches, and interventions in order to achieve a higher level of cultural competency and reduce current mental health disparities in service delivery to the five identified underserved populations.

The CCU presented the CRDP Recommendation Matrix to the Underrepresented Ethnic Populations (UREP) Leadership Group and UREP Subcommittees as a foundation for new UREP capacity-building projects and for collective points of advocacy regarding the planning and delivery of mental health services. For example, the Latino UREP Subcommittee is initiating a Statement of Work to promote the Promotores de Salud (Health Promoters) Model into a Promising Practice for the Latino community. The Eastern European/Middle Eastern Subcommittee is pursuing an outreach and engagement campaign utilizing ethnic media for the Armenian and Farsi speaking communities.

Additionally, as a way to engage in collective efforts to reduce disparities and implement the CRDP Reports within LACDMH, CCU staff members have officially joined the UREP Subcommittees to act as cultural competency liaisons and continue promoting the knowledge of and implementation of the CRDP Recommendations.

In January 2014, the CRDP Reports and CRDP Recommendation Matrix were also utilized to develop a formal initial presentation to the LACDMH Systems

Leadership Team with the purpose of providing UREP and Cultural Competency Committee input for the 3 Year MHSA Program and Expenditure Plan.

The QID Data GIS Unit

The Data GIS Unit is responsible for compiling system wide information on consumers served and estimating populations in need of mental health services. The Data GIS Unit annually calculates the population estimated with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI), and penetration and retention rates by all demographic categories: age, gender, ethnicity and primary language. Trend analysis is conducted on these data to assess fluctuations in service utilization and service delivery capacity. The Prevalence, Penetration and Retention Rates are also calculated for the eight (8) Service Areas for dissemination to the respective District Chiefs and Quality Improvement Liaisons for Quality Improvement Projects and Performance Improvement Projects.

Mental Health Service Utilization Rates are calculated by census tracts to conduct spatial analysis to estimate geographic gaps in services. This information is used to estimate service delivery capacity and set targets for meeting the needs of underserved populations.

The Data GIS Unit also maintains and updates the LACDMH Provider Directory of Specialty Mental Health Services. The provider directory has information on age groups served, contact information, hours of operation and Specialty Mental Health Services provided at each service location to enable consumers and the public to find appropriate mental health services in the County of Los Angeles. The provider directory is disseminated as a hard copy annually to Service Area providers for use by consumers, and their family members, provider staff and other stakeholders. The provider directory is also maintained on the DMH internet site as a searchable web application. All the data reports and GIS applications developed and maintained by the Data GIS Unit are available online at http://psbqi.dmh.lacounty.gov

Summary

The evaluative report that follows assesses the performance outcomes identified in the DMH Quality Improvement Work Plan for Calendar Year 2013. The foundation for this evaluation is presented in the context of population demographics, both Countywide and by Service Area as well as other clinical and consumer satisfaction data, including trending data. Evaluation of the Quality Improvement Work Plan provides a basis for the establishment of goals and objectives for 2014.

SECTION 2

POPULATION NEEDS ASSESSMENT

The County of Los Angeles is the most populated county in the United States with an estimated population of 9,905,351 people in CY 2012. The County consists of 88 legal cities and includes 4,058 square miles. The population density, or the average number of people per square mile, is 2,440 in the County of Los Angeles while the population density in the State of California is 244.

The Population by Ethnicity in the County of Los Angeles as shown in **Fig. 1** is the highest among Latinos at 48.1%, followed by Whites at 28.8%, Asian/Pacific Islanders (API) at 14.2%, African Americans at 8.6%, and Native Americans at 0.2%. This section contains estimated population data for the County of Los Angeles by Ethnicity, Age, and Gender collected by the US Census Bureau for the Decennial Census conducted in 2010.

Methods

The population and poverty data is reported for the CY 2012. The population and poverty estimates are derived from the American Community Survey, US Census Bureau. These numbers are further adjusted locally and standardized to annual data provided by the Department of Finance to account for local variations in housing and household income in the County of Los Angeles. Data for Federal Poverty level (FPL) is reported for population living at or below 100%, 138% and 200% of FPL. Data for population living at or below 100% FPL is used to estimate prevalence of mental illness among population eligible for Medi-Cal benefits, the 138% FPL is used to estimate prevalence of mental illness among population eligible for Medi-Cal benefits under the Affordable Care Act (ACA) and the 200% FPL is used to estimate prevalence of mental illness among population that may be eligible for other non Medi-Cal programs. The data is reported by each Service Area (SA), ethnicity, age-group and gender.

Threshold languages for each SA are identified and reported for population enrolled in Medi-Cal and consumers served by LACDMH. Title 9 of the California Code of Regulations (CCR), DMH defines beneficiaries with threshold languages as “the annual numeric identification on a countywide basis and as indicated on the Medi-Cal Eligibility Data System (MEDS), from the 3,000 beneficiaries or five (5) percent of the Medi-Cal beneficiary population, whichever is lower, in an identified geographic area, whose primary language is other than English, and for whom information and services shall be provided in their primary language.”

Access to services is assessed by calculating Penetration Rates among consumers served in outpatient settings (Mode 15, 10 & 60) in Short Doyle/Medi-Cal facilities in fiscal year 2012-13. The count of consumers served does not include those served in jails, juvenile halls, acute care inpatient settings (both County and Fee For Service (FFS) hospitals,) and FFS outpatient providers.

The data include: Estimated Prevalence by age group for Serious Emotional Disturbance (SED) in Children and Youth and Serious Mental Illness (SMI) in Adults and Older Adults among the Total Population; Estimated Prevalence of persons with SED and SMI by Ethnicity and Gender; Estimated Population Living at or Below 200% FPL; and, Estimated Prevalence of persons with SED and SMI Living at or Below 200% FPL. These data sets together with demographic County Medi-Cal Enrollment Rates and demographic data for Consumers Served by the LACDMH provide a basic foundation for estimating target population needs.

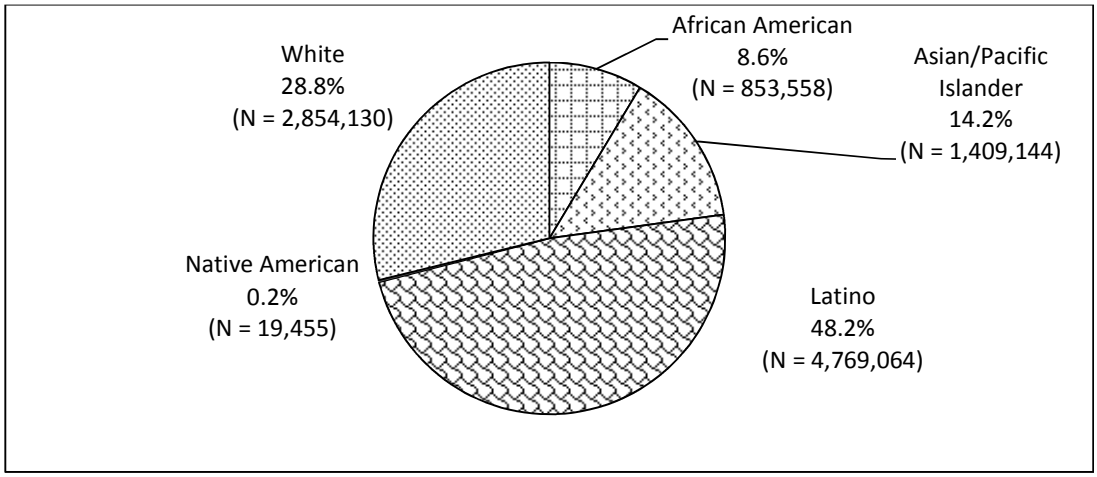
The Service Area Estimated Prevalence Rates for persons with SED and SMI are derived by using Countywide Estimated Prevalence Rates as established and provided by California Health Interview Survey (CHIS). Penetration Rates for persons with SED and SMI are derived by using demographic data for consumers served as compared with the estimated Prevalence Rates for that ethnic, gender, or age-group. Taken altogether and in consideration of other pertinent variables, this data composite is helpful in understanding and estimating target population needs.

The use of trending analysis is another means to further understand and assess target population needs. Capturing directional change over time and testing for significance are important steps to ensure appropriate future planning and decision making for estimating service delivery capacity. As such, trending data is also included in this report as appropriate for selected performance measures.

The impact of Healthcare Reform, and the 138% FPL expansion of services from the 100% FPL, is significant for the enhanced provision of integrated physical health, mental health, and substance abuse services. To more accurately assess demographic and geographic population needs, the 138% FPL data is used to set work plan goals related to monitoring service delivery capacity for FY 2013-14.

Total Population

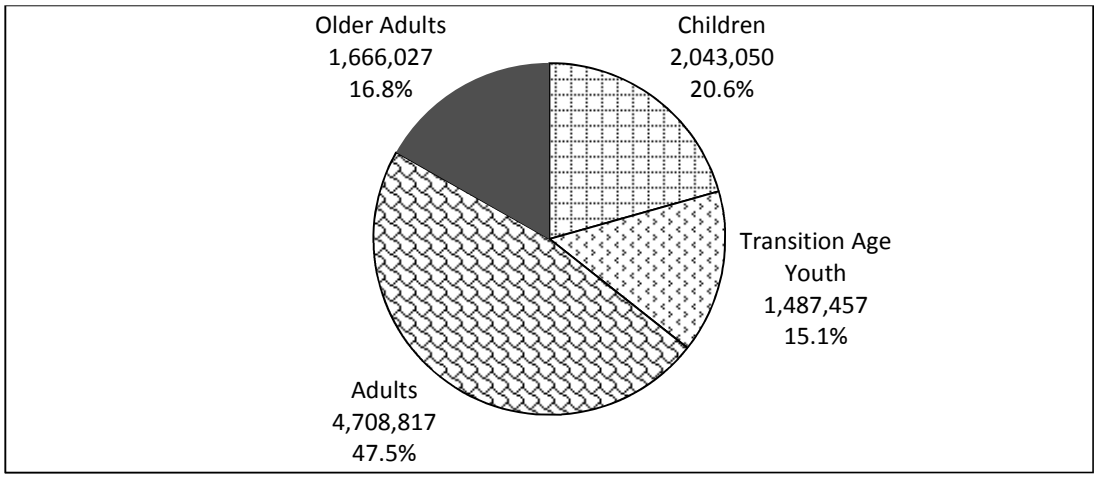
FIGURE 1: POPULATION BY ETHNICITY
CY 2012 (N = 9,905,351)



Data Source: US Census Bureau, 2012

Figure 1 shows population by ethnicity. Latinos are the largest group at 48.2%, followed by Whites at 28.8%, Asian/Pacific Islanders (API) at 14.2%, African Americans at 8.6%, and Native Americans at 0.2%.

FIGURE 2: POPULATION BY AGE GROUP
CY 2012 (N = 9,905,351)



Data Source: US Census Bureau, 2012

Figure 2 shows population by age group. Adults are the largest group at 47.6%, followed by Children at 20.6%, Older Adults at 16.8%, and Transition Age Youth (TAY) at 15.0%.

TABLE 1: POPULATION BY ETHNICITY AND SERVICE AREA
CY 2012

Service Area (SA)	African American	Asian / Pacific Islander	Latino	Native American	White	Total
SA 1	61,242	15,095	172,809	1,594	136,772	387,512
Percent	15.8%	3.9%	44.6%	**0.41%**	35.3%	100.0%
SA 2	75,959	240,984	849,813	3,929	976,647	2,147,332
Percent	3.5%	11.2%	39.6%	0.18%	45.5%	100.0%
SA 3	65,667	492,937	813,854	3,029	382,894	1,758,381
Percent	3.7%	**28.0%**	46.3%	0.17%	21.8%	100.0%
SA 4	60,643	198,330	581,082	2,128	281,152	1,123,335
Percent	5.4%	17.7%	51.7%	0.19%	25.0%	100.0%
SA 5	37,228	85,672	101,204	974	413,800	638,878
Percent	5.8%	13.4%	**15.8%**	0.15%	**64.8%**	100.0%
SA 6	286,605	18,328	684,305	1,470	24,443	1,015,151
Percent	**28.2%**	**1.8%**	67.4%	**0.14%**	**2.4%**	100.0%
SA 7	38,699	117,116	954,252	2,726	187,775	1,300,568
Percent	**3.0%**	9.0%	**73.4%**	0.21%	14.4%	100.0%
SA 8	227,515	240,682	611,745	3,605	450,647	1,534,194
Percent	14.8%	15.7%	39.9%	0.23%	29.4%	100.0%
Total	853,558	1,409,144	4,769,064	19,455	2,854,130	9,905,351
Percent	8.6%	14.2%	48.2%	0.20%	28.8%	100.0%

Note: Percentages describe the ethnic composition of a geographic area. Bold values highlight the Service Areas with the highest and the lowest proportional representation of an ethnic group. Data Source: US Census Bureau, 2012.

Differences by Ethnicity

SA 6 at 28.2% has the highest percentage of African Americans as compared to the lowest percentage in SA 7 at 3.0%.

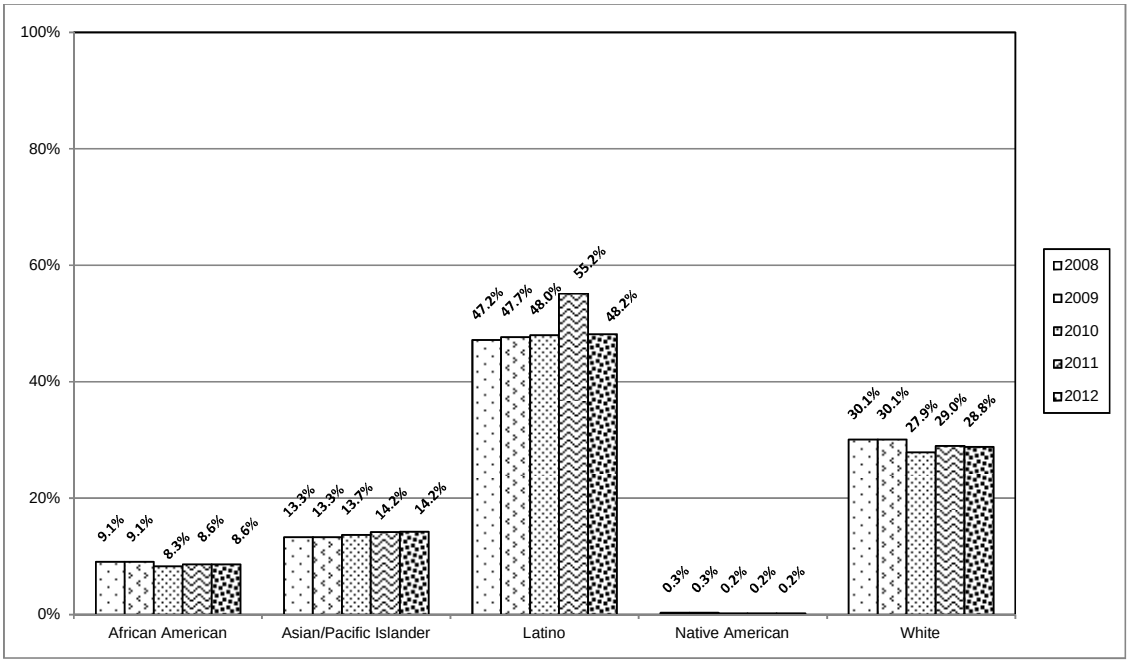
SA 3 at 28% has the highest percentage of Asian/Pacific Islanders (API) as compared to the lowest percentage in SA 6 at 1.8%.

SA 7 at 73.4% has the highest percentage of Latinos as compared to the lowest percentage in SA 5 at 15.8%.

SA 1 at 0.41% has the highest percentage of Native Americans as compared to the lowest percentage in SA 6 at 0.14%.

SA 5 at 64.8% has the highest percentage of Whites as compared to the lowest in SA 6 at 2.4%.

FIGURE 3: POPULATION PERCENT CHANGE BY ETHNICITY
CY 2008-2012



Note: Population Percent by Ethnicity = Total population in each ethnic group divided by total population.

The percentage of African Americans in the County has decreased by 0.5% points over the past five years. African Americans represented 9.1% of the total population in 2008 and represent 8.6% in 2012.

The percentage of Asian/Pacific Islanders (API) in the County has increased by 0.9% points over the past five years. API represented 13.3% of the total population in 2008 and represent 14.2% in 2012.

The percentage of Latinos in the County has increased by 1% over the past five years. Latinos represented 47.2% of the total population in 2008 and represent 48.2% in 2012.

The percentage of Native Americans in the County has decreased by 0.1% points over the past five years. Native Americans represented 0.3% of the total population in 2008 and represent 0.2% in 2012.

The percentage of Whites in the County has decreased by 1.3% points over the past five years. Whites represented 30.1% of the total population in 2008 and represent 28.8% in 2012.

TABLE 2: POPULATION BY AGE GROUP AND SERVICE AREA
CY 2012

Service Area (SA)	Children 0-15 yrs	Transition Age Youth (TAY) 16-25 yrs	Adults 26-59 yrs	Older Adults 60 + yrs	Total
SA 1	96,387	67,362	170,851	52,912	387,512
Percent	24.9%	17.4%	44.1%	13.7%	100.0%
SA 2	424,065	302,323	1,043,665	377,279	2,147,332
Percent	19.7%	14.1%	48.6%	17.6%	100.0%
SA 3	345,902	264,481	812,030	335,968	1,758,381
Percent	19.7%	**15.0%**	46.2%	19.1%	100.0%
SA 4	194,620	150,728	598,161	179,826	1,123,335
Percent	17.3%	**13.4%**	**53.2%**	16.0%	100.0%
SA 5	90,238	85,615	329,508	133,517	638,878
Percent	**14.1%**	**13.4%**	51.6%	**20.9%**	100.0%
SA 6	267,323	185,882	442,661	119,285	1,015,151
Percent	**26.3%**	18.3%	**43.6%**	**11.8%**	100.0%
SA 7	302,383	212,789	583,167	202,229	1,300,568
Percent	23.3%	16.4%	44.8%	15.5%	100.0%
SA 8	322,132	218,277	728,774	265,011	1,534,194
Percent	21.0%	14.2%	47.5%	17.3%	100.0%
Total	2,043,050	1,487,457	4,708,817	1,666,027	9,905,351
Percent	20.6%	15.0%	47.6%	16.8%	100.0%

Note: Percentages describe a geographic area's age distribution. Bold values highlight the Service Areas with the highest and the lowest proportional representation of an age group. Data Source: US Census Bureau, 2012.

Differences by Age Group

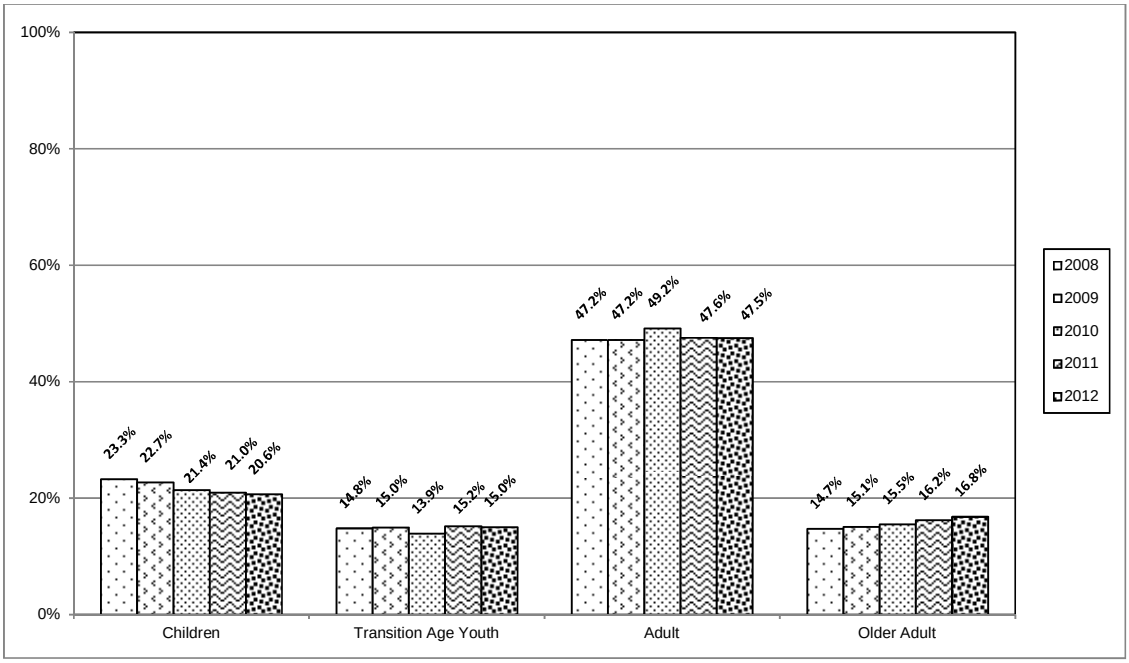
SA 6 at 26.3% has the highest percentage of Children as compared with the lowest percentage in SA 5 at 14.1%.

SA 6 at 18.3% has the highest percentage of TAY as compared with the lowest percentage in SAs 4 and 5 at 13.4%.

SA 4 at 53.2% has the highest percentage of Adults as compared with the lowest percentage in SA 6 at 43.6%.

SA 5 at 20.9% has the highest percentage of Older Adults as compared with the lowest percentage in SA 6 at 11.8%.

FIGURE 4: POPULATION PERCENT CHANGE BY AGE GROUP
CY 2008-2012



Note: Population Percent by Age Group = Total population in each age group divided by total population.

The percentage of Children in the County has decreased by 2.7% points over the past five years. Children represented 23.3% of the total population in 2008 and represent 20.6% in 2012.

The percentage of Transition Age Youth (TAY) in the County has increased by 0.2% points over the past five years. TAY represented 14.8% of the total population in 2008 and represent 15.0% in 2012.

The percentage of Adults in the County has increased by 0.3% points over the past five years. Adults represented 47.2% of the total population in 2008 and represent 47.5% in 2012.

The percentage of Older Adults in the County has increased by 2.1% points over the past five years. Older Adults represented 14.7% of the total population in 2008 and represent 16.8% in 2012.

TABLE 3: POPULATION BY GENDER AND SERVICE AREA
CY 2012

Service Area (SA)	Male	Female	Total
SA 1	192,666	194,846	387,512
Percent	49.7%	50.3%	100.0%
SA 2	1,063,465	1,083,867	2,147,332
Percent	49.5%	50.5%	100.0%
SA 3	858,409	899,972	1,758,381
Percent	48.8%	51.2%	100.0%
SA 4	577,251	546,084	1,123,335
Percent	**51.4%**	**48.6%**	100.0%
SA 5	309,453	329,425	638,878
Percent	**48.4%**	**51.6%**	100.0%
SA 6	494,207	520,944	1,015,151
Percent	48.7%	51.3%	100.0%
SA 7	639,017	661,551	1,300,568
Percent	49.1%	50.9%	100.0%
SA 8	750,666	783,528	1,534,194
Percent	48.9%	51.1%	100.0%
Total	4,885,134	5,020,217	9,905,351
Percent	49.3%	50.7%	100.0%

Note: Percentages describe a geographic area's gender distribution. Bold values highlight the Service Areas with the highest and the lowest proportional representation of a given gender. Data Source: US Census Bureau, 2012.

Differences by Gender

SA 4 at 51.4% has the highest percentage of Males as compared with the lowest percentage in SA 5 at 48.4%.

SA 5 has the highest percentage of Females at 51.6% as compared with the lowest percentage in SA 4 at 48.6%.

Estimated Prevalence

TABLE 4: ESTIMATED PREVALENCE OF SED & SMI AMONG TOTAL POPULATION BY ETHNICITY AND SERVICE AREA CY 2012

Service Area (SA)	African American	Asian / Pacific Islander	Latino	Native American	White	Total
SA 1	4,777	1,042	14,862	309	10,531	31,521
Percent Within Ethnicity	7.2%	**1.1%**	3.6%	8.2%	4.8%	4.0%
Percent Within SA	15.2%	3.3%	**47.1%**	**1.0%**	33.4%	100.0%
SA 2	5,925	16,628	73,084	762	75,202	171,601
Percent Within Ethnicity	8.9%	17.1%	17.8%	**20.2%**	**34.2%**	21.5%
Percent Within SA	3.5%	9.7%	42.6%	**0.4%**	**43.8%**	100.0%
SA 3	5,122	34,013	69,991	588	29,483	139,197
Percent Within Ethnicity	7.7%	**35.0%**	17.1%	15.6%	13.4%	17.5%
Percent Within SA	3.7%	24.4%	**50.3%**	**0.4%**	21.2%	100.0%
SA 4	4,730	13,685	49,973	413	21,649	90,450
Percent Within Ethnicity	7.1%	14.1%	12.2%	10.9%	9.9%	11.3%
Percent Within SA	5.2%	15.1%	**55.2%**	**0.5%**	23.9%	100.0%
SA 5	2,904	5,911	8,704	189	31,863	49,570
Percent Within Ethnicity	**4.4%**	6.1%	**2.1%**	**5.0%**	14.5%	6.2%
Percent Within SA	5.9%	11.9%	17.6%	**0.4%**	**64.3%**	100.0%
SA 6	22,355	1,265	58,850	285	1,882	84,637
Percent Within Ethnicity	**33.6%**	1.3%	14.3%	7.6%	**0.9%**	10.6%
Percent Within SA	26.4%	1.5%	**69.5%**	**0.3%**	2.2%	100.0%
SA 7	3,019	8,081	82,066	529	14,459	108,153
Percent Within Ethnicity	4.5%	8.3%	**20.0%**	14.0%	6.6%	13.6%
Percent Within SA	2.8%	7.5%	**75.9%**	**0.5%**	13.4%	100.0%
SA 8	17,746	16,607	52,610	699	34,700	122,362
Percent Within Ethnicity	26.7%	17.1%	12.8%	18.5%	15.8%	15.3%
Percent Within SA	14.5%	13.6%	**43.0%**	**0.6%**	28.4%	100.0%
Total	66,578	97,231	410,140	3,774	219,768	797,490
Total Percent Within Ethnicity	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Percent Across Ethnicity	8.3%	12.2%	51.4%	0.5%	27.6%	100.0%

Note: "Percent within Ethnicity" describes an ethnic group's distribution across Service Areas. "Percent Within SA" describes the ethnic composition within Service Areas. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Data Source: US Census Bureau, 2012. Estimated prevalence rates of mental illness by ethnicity for the County of Los Angeles are provided by the California Health Interview Survey (CHIS).

Differences by Ethnicity

SA 6 at 33.6% has the highest percentage of African Americans estimated with SED and SMI as compared with the lowest percentage in SA 5 at 4.4%.

SA 3 at 35.0% has the highest percentage of Asian/Pacific Islanders (API) estimated with SED and SMI as compared with the lowest percentage in SA 1 at 1.1%.

SA 7 at 20.0% has the highest percentage of Latinos estimated with SED and SMI as compared with the lowest percentage in SA 5 at 2.1%.

SA 2 at 20.2% has the highest percentage of Native Americans estimated with SED and SMI as compared with the lowest percentage in SA 5 at 5.0%.

SA 2 at 34.2% has highest percentage of Whites estimated with SED and SMI as compared with the lowest percentage in SA 6 at 0.9%.

SAs 2 and 5 are similar with a higher percentage of Whites and a very low percentage of Native Americans. All other SAs have higher percentages of Latinos with a low percentage of Native Americans.

TABLE 5: ESTIMATED PREVALENCE OF SED & SMI AMONG TOTAL POPULATION BY AGE GROUP AND SERVICE AREA CY 2012

Service Area (SA)	Children 0-15 yrs	Transition Age Youth (TAY) 16-25 yrs	Adults 26-59 yrs	Older Adults 60 + yrs	Total
SA 1	7,711	6,669	15,206	2,064	31,649
Percent Within Age Gp	4.7%	**4.5%**	**3.6%**	**3.2%**	4.0%
Percent Within SA	24.4%	21.1%	**48.0%**	**6.5%**	100.0%
SA 2	33,925	29,930	92,886	14,714	171,455
Percent Within Age Gp	**20.8%**	**20.3%**	**22.2%**	**22.6%**	21.6%
Percent Within SA	19.8%	17.5%	**54.2%**	**8.6%**	100.0%
SA 3	27,672	26,184	72,271	13,103	139,229
Percent Within Age Gp	16.9%	17.8%	17.2%	20.2%	17.5%
Percent Within SA	19.9%	18.8%	**51.9%**	**9.4%**	100.0%
SA 4	15,570	14,922	53,236	7,013	90,741
Percent Within Age Gp	9.5%	10.1%	12.7%	10.8%	11.4%
Percent Within SA	17.2%	16.4%	**58.7%**	**7.7%**	100.0%
SA 5	7,219	8,476	29,326	5,207	50,228
Percent Within Age Gp	**4.4%**	5.8%	7.0%	8.0%	6.3%
Percent Within SA	14.4%	16.9%	**58.4%**	**10.4%**	100.0%
SA 6	21,386	18,402	39,397	4,652	83,837
Percent Within Age Gp	13.1%	12.5%	9.4%	7.2%	10.5%
Percent Within SA	25.5%	22.0%	**47.0%**	**5.5%**	100.0%
SA 7	24,191	21,066	51,902	7,887	105,046
Percent Within Age Gp	14.8%	14.3%	12.4%	12.1%	13.2%
Percent Within SA	23.0%	20.1%	**49.4%**	**7.5%**	100.0%
SA 8	25,771	21,609	64,861	10,335	122,576
Percent Within Age Gp	15.8%	14.7%	15.5%	15.9%	15.4%
Percent Within SA	21.0%	17.6%	**52.9%**	**8.4%**	100.0%
Total	163,444	147,258	419,085	64,975	794,762
Total Percent Within Age Group	100.0%	100.0%	100.0%	100.0%	100.0%
Total Percent Across Age Group	20.6%	18.5%	52.7%	8.2%	100.0%

Note: "Percent Within Age Gp" describes an age group's distribution across Service Areas. "Percent Within SA" describes the age distribution within a Service Area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Data Source: US Census Bureau, 2012. Estimated prevalence rates of mental illness by age group for the County of Los Angeles are provided by the California Health Interview Survey (CHIS). A general population rate was applied to Children since CHIS does not inquire about the mental health of respondents younger than 12 years of age.

Differences by Age Group

SA 2 at 20.8% has the highest percentage of Children estimated with SED as compared with the lowest percentage in SA 5 at 4.4%.

SA 2 at 20.3% has the highest percentage of TAY estimated with SED or SMI as compared with the lowest percentage in SA 1 at 4.5%.

SA 2 at 22.2% has the highest percentage of Adults estimated with SMI as compared with the lowest percentage in SA 1 at 3.6%.

SA 2 at 22.6% has the highest percentage of Older Adults estimated with SMI as compared with the lowest percentage in SA 1 at 3.2%.

All SAs have high percentages of Adults ranging from 47% to 58.7% and low percentages of Older Adults ranging from 5.5% to 10.4%.

TABLE 6: ESTIMATED PREVALENCE OF SED & SMI AMONG TOTAL POPULATION BY GENDER AND SERVICE AREA CY 2012

Service Area (SA)	Male	Female	Total
SA 1	14,643	16,562	31,205
Percent Within Gender	**3.9%**	**3.9%**	3.9%
Percent Within SA	46.9%	53.1%	100.0%
SA 2	80,823	92,129	172,952
Percent Within Gender	**21.8%**	**21.6%**	21.7%
Percent Within SA	46.7%	53.3%	100.0%
SA 3	65,239	76,498	141,737
Percent Within Gender	17.6%	17.9%	17.8%
Percent Within SA	46.0%	54.0%	100.0%
SA 4	43,871	46,417	90,288
Percent Within Gender	11.8%	10.9%	11.3%
Percent Within SA	48.6%	51.4%	100.0%
SA 5	23,518	28,001	51,520
Percent Within Gender	6.3%	6.6%	6.5%
Percent Within SA	45.6%	54.4%	100.0%
SA 6	37,560	44,280	81,840
Percent Within Gender	10.1%	10.4%	10.3%
Percent Within SA	45.9%	54.1%	100.0%
SA 7	48,565	56,232	104,797
Percent Within Gender	13.1%	13.2%	13.1%
Percent Within SA	46.3%	53.7%	100.0%
SA 8	57,051	66,600	123,650
Percent Within Gender	15.4%	15.6%	15.5%
Percent Within SA	46.1%	53.9%	100.0%
Total	371,270	426,718	797,989
Total Percent Within Gender	100.0%	100.0%	100.0%
Total Percent Across Gender	46.5%	53.5%	100.0%

Note: "Percent Within Gender" describes a gender's distribution across Service Areas. "Percent Within SA" describes the gender distribution within a geographic area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Data Source: US Census Bureau, 2012. Estimated prevalence rates of mental illness by gender for the County of Los Angeles are provided by the California Health Interview Survey (CHIS).

Differences by Gender

SA 2 at 21.8% has the highest percentage of Males estimated with SED and SMI as compared with the lowest percentage in SA 1 at 3.9%.

SA 2 at 21.6% has the highest percentage of Females estimated with SED and SMI as compared with the lowest percentage in SA 1 at 3.9%.

Estimated Population Living at or Below 200% Federal Poverty Level (FPL)

TABLE 7: ESTIMATED POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY AND SERVICE AREA CY 2012

Service Area (SA)	African American	Asian / Pacific Islander	Latino	Native American	White	Total
SA 1	36,389	2,725	93,285	718	31,447	164,564
Percent	22.1%	1.7%	56.7%	**0.44%**	19.1%	100.0%
SA 2	30,190	50,585	478,023	1,355	226,914	787,067
Percent	3.8%	6.4%	60.7%	0.17%	28.8%	100.0%
SA 3	25,940	170,783	379,204	1,099	79,848	656,874
Percent	3.9%	**26.0%**	57.7%	0.17%	12.2%	100.0%
SA 4	29,231	78,126	384,080	1,241	85,999	578,677
Percent	5.1%	13.5%	66.4%	0.21%	14.9%	100.0%
SA 5	11,198	24,288	44,714	197	75,596	155,993
Percent	7.2%	15.6%	**28.7%**	**0.13%**	**48.5%**	100.0%
SA 6	156,619	10,310	478,811	1,199	10,149	657,088
Percent	**23.8%**	**1.6%**	72.9%	0.18%	**1.5%**	100.0%
SA 7	14,539	23,469	460,926	1,089	39,188	539,211
Percent	**2.7%**	4.4%	**85.5%**	0.20%	7.3%	100.0%
SA 8	84,798	63,202	334,804	1,294	73,483	557,581
Percent	15.2%	11.3%	60.0%	0.23%	13.2%	100.0%
Total	388,904	423,488	2,653,847	8,192	622,624	4,097,055
Percent	9.5%	10.3%	64.8%	0.20%	15.2%	100.0%

Note: Percentages describe the ethnic composition of a geographic area. Bold values highlight the Service Areas with the highest and the lowest proportional representation of an ethnic group. Data Source: US Census Bureau, 2012.

Differences by Ethnicity

SA 6 at 23.8% has the highest percentage of African Americans living at or below 200% FPL as compared with the lowest percentage in SA 7 at 2.7%. Of the County's population living at or below 200% FPL 9.5% self-identify as African American.

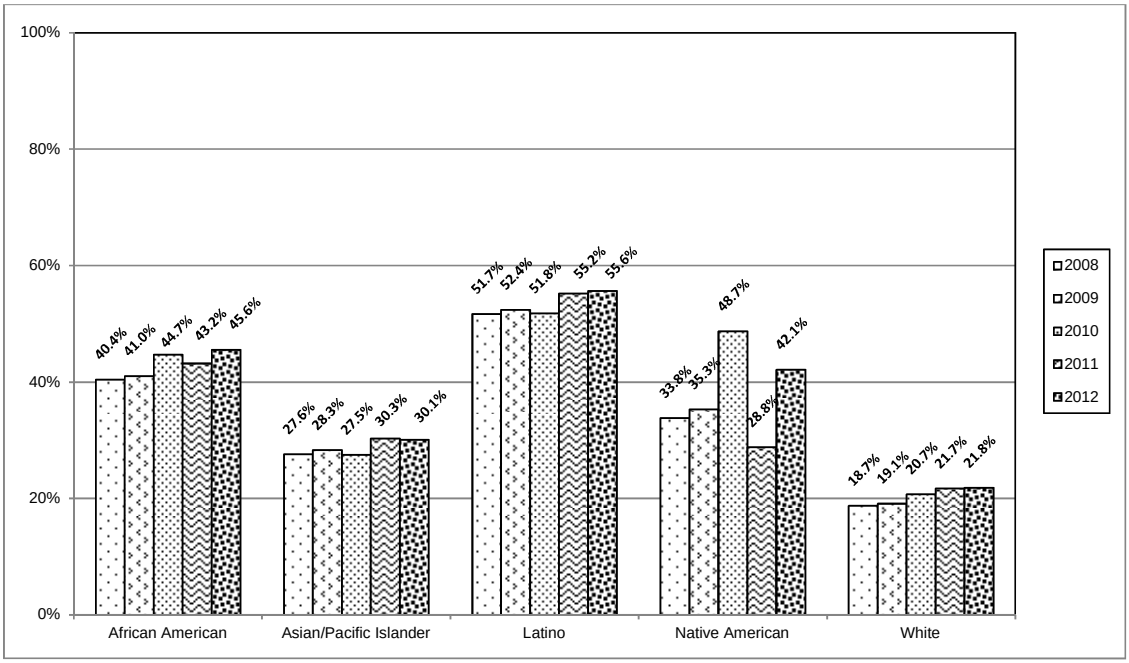
SA 3 at 26.0% has the highest percentage of Asian/Pacific Islanders (API) living at or below 200% FPL as compared with the lowest percentage in SA 6 at 1.6%. Of the County's population living at or below 200% FPL 10.3% self-identify as API.

SA 7 at 85.5% has the highest percentage of Latinos living at or below 200% FPL as compared with the lowest percentage in SA 5 at 28.7%. Of the County's population living at or below 200% FPL 64.8% self-identify as Latino.

SA 1 at 0.44% has the highest percentage of Native Americans living at or below 200% FPL as compared with the lowest percentage in SAs 5 at 0.13%. Of the County's population living at or below 200% FPL 0.20% self-identify as Native American.

SA 5 at 48.5% has highest percentage of Whites living at or below 200% FPL as compared with the lowest percentage in SA 6 at 1.5%. Of the County's population living at or below 200% FPL 15.2% self-identify as White.

FIGURE 5: ESTIMATED POVERTY PERCENT CHANGE AMONG POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY CY 2008-2012



Note: Estimated Poverty Rate by Ethnicity = Total population living at or below 200% FPL divided by total population in each ethnic group.

The percentage of the African American population estimated to be living at or below the 200% FPL increased by 5.2% from 40.4% in 2008 to 45.6% in 2012.

The percentage of the Asian Pacific Islander (API) population estimated to be living at or below the 200% FPL increased by 2.5% from 27.6% in 2008 to 30.1% in 2012.

The percentage of the Latino population estimated to be living at or below the 200% FPL increased by 3.9% from 51.7% in 2008 to 55.6% in 2012.

The percentage of the Native American population estimated to be living at or below the 200% FPL increased by 8.3% from 33.8% in 2008 to 42.1% in 2012.

The percentage of the White population estimated to be living at or below the 200% FPL increased by 3.1% from 18.7% in 2008 to 21.8% in 2012.

TABLE 8: ESTIMATED POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP AND SERVICE AREA CY 2012

Service Area (SA)	Children 0-15 yrs	Transition Age Youth (TAY) 16-25 yrs	Adults 26-59 yrs	Older Adults 60 + yrs	Total
SA 1	55,903	31,730	62,803	14,128	164,564
Percent	**34.0%**	**19.3%**	**38.2%**	8.6%	100.0%
SA 2	209,587	125,798	358,816	92,866	787,067
Percent	26.6%	16.0%	45.6%	11.8%	100.0%
SA 3	178,078	107,864	284,203	86,729	656,874
Percent	27.1%	16.4%	43.3%	**13.2%**	100.0%
SA 4	136,543	86,565	284,015	71,554	578,677
Percent	23.6%	**15.0%**	49.1%	12.4%	100.0%
SA 5	21,285	29,216	85,642	19,850	155,993
Percent	**13.6%**	18.7%	**54.9%**	12.7%	100.0%
SA 6	219,801	118,771	264,875	53,640	657,088
Percent	33.5%	18.1%	40.3%	**8.2%**	100.0%
SA 7	182,517	88,237	211,116	57,341	539,211
Percent	33.8%	16.4%	39.2%	10.6%	100.0%
SA 8	163,478	92,478	247,330	54,295	557,581
Percent	29.3%	16.6%	44.4%	9.7%	100.0%
Total	1,167,192	680,659	1,798,801	450,403	4,097,055
Percent	28.5%	16.6%	43.9%	11.0%	100.0%

Note: Percentages describe a geographic area's age distribution. Bold values highlight the Service Areas with the highest and the lowest proportional representation of an age group. Data Source: US Census Bureau, 2012.

Differences by Age Group

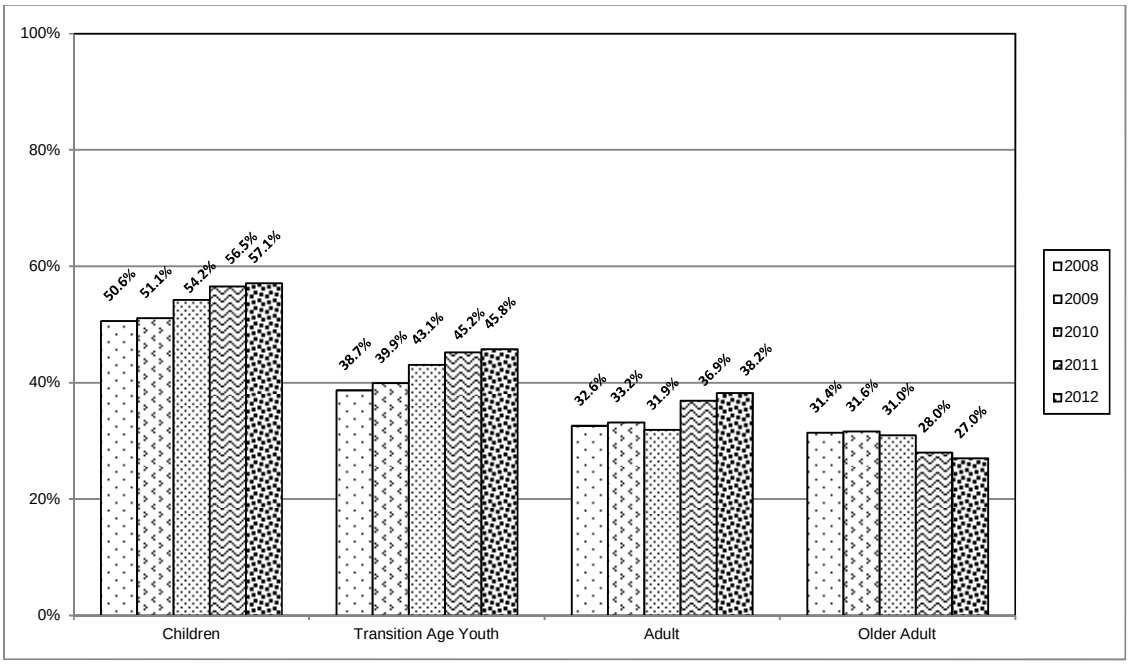
SA 1 at 34.0% has the highest percentage of Children estimated to be living at or below 200% FPL as compared with the lowest percentage in SA 5 at 13.6%.

SA 1 at 19.3% has the highest percentage of TAY estimated to be living at or below 200% FPL as compared with the lowest percentage in SA 4 at 15.0%.

SA 5 at 54.9% has the highest percentage of Adults estimated to be living at or below 200% FPL as compared with the lowest percentage in SA 1 at 38.2%.

SA 3 at 13.2% has the highest percentage of Older Adults estimated to be living at or below 200% FPL as compared with the lowest percentage in SA 6 at 8.2%.

FIGURE 6: ESTIMATED POVERTY PERCENT CHANGE AMONG POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP CY 2008-2012



Note: Estimated Poverty Rate by Age Group = Total population living at or below 200% FPL divided by total population in each age group.

The percentage of Children estimated to be living at or below 200% FPL increased by 6.5% from 50.6% in 2008 to 57.1% in 2012.

The percentage of Transition Age Youth (TAY) estimated to be living at or below 200% FPL increased by 7.1% from 38.7% in 2008 to 45.8% in 2012.

The percentage of Adults estimated to be living at or below the 200% FPL increased by 5.6% from 32.6% in 2008 to 38.2% in 2012.

The percentage of Older Adults estimated to be living at or below the 200% FPL decreased by 4.4% from 31.4% in 2008 to 27.0% in 2012.

TABLE 9: ESTIMATED POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY GENDER AND SERVICE AREA CY 2012

Service Area (SA)	Male	Female	Total
SA 1	76,396	88,168	164,564
Percent	46.4%	53.6%	100.0%
SA 2	370,832	416,235	787,067
Percent	47.1%	52.9%	100.0%
SA 3	304,809	352,065	656,874
Percent	46.4%	53.6%	100.0%
SA 4	279,198	299,479	578,677
Percent	**48.2%**	**51.8%**	100.0%
SA 5	72,399	83,594	155,993
Percent	46.4%	53.6%	100.0%
SA 6	301,818	355,270	657,088
Percent	**45.9%**	**54.1%**	100.0%
SA 7	248,024	291,187	539,211
Percent	46.0%	54.0%	100.0%
SA 8	257,292	300,289	557,581
Percent	46.1%	53.9%	100.0%
Total	1,910,768	2,186,287	4,097,055
Percent	46.6%	53.4%	100.0%

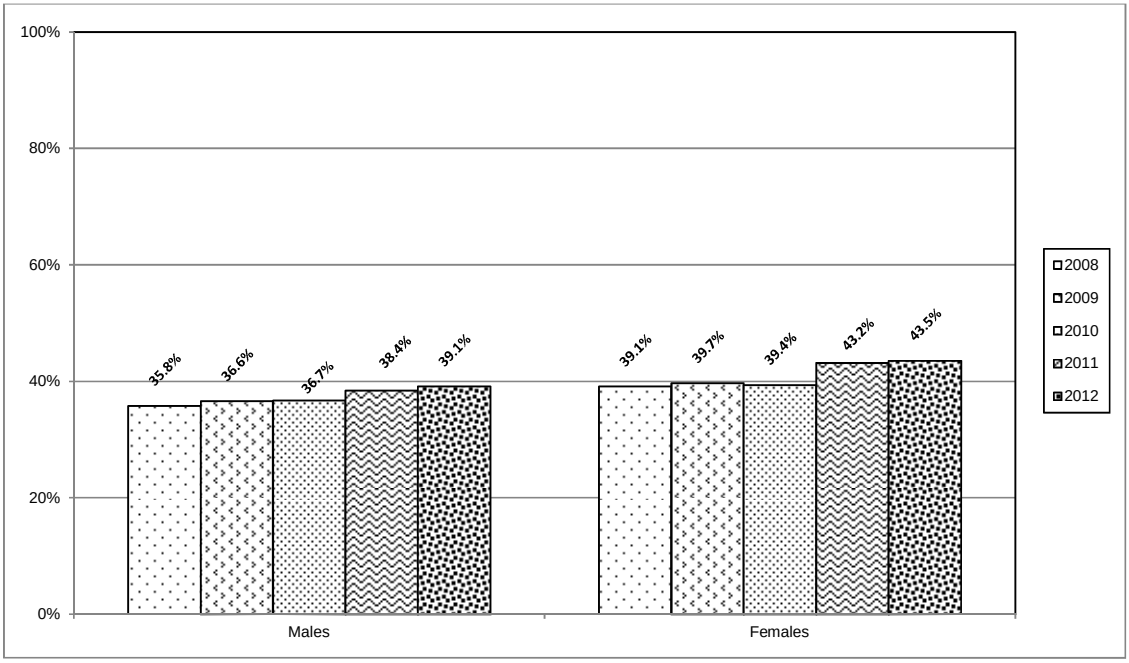
Note: Percentages describe a geographic area's gender distribution. Bold values highlight the Service Areas with the highest and the lowest proportional representation of a given gender. Data Source: US Census Bureau, 2012.

Differences by Gender

SA 4 at 48.2% has the highest percentage of Males estimated to be living at or below 200% FPL as compared with the lowest percentage in SA 6 at 45.9%.

SA 6 at 54.1% has the highest percentage of Females estimated to be living at or below 200% FPL as compared with the lowest percentage in SA 4 at 51.8%.

FIGURE 7: ESTIMATED POVERTY PERCENT CHANGE AMONG POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY GENDER CY 2008-2012



Note: Estimated Poverty Rate by Gender = Total population living at or below 200% FPL divided by total population in each gender group.

The percentage of Males estimated to be living at or below 200% FPL increased by 3.3% from 35.8% in 2008 to 39.1% in 2012.

The percentage of Females estimated to be living at or below 200% FPL increased by 4.4% from 39.1% in 2008 to 43.5% in 2012.

Estimated Prevalence

TABLE 10: ESTIMATED PREVALENCE OF SED & SMI AMONG POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY AND SERVICE AREA CY 2012

Service Area (SA)	African American	Asian / Pacific Islander	Latino	Native American	White	Total
SA 1	5,094	144	9,888	136	4,088	19,352
Percent Within Ethnicity	9.4%	**0.6%**	3.5%	8.8%	5.1%	4.4%
Percent Within SA	26.3%	0.7%	**51.1%**	**0.7%**	21.1%	100.0%
SA 2	4,227	2,681	50,670	257	29,499	87,334
Percent Within Ethnicity	7.8%	11.9%	**18.0%**	**16.5%**	**36.4%**	19.8%
Percent Within SA	4.8%	3.1%	**58.0%**	**0.3%**	33.8%	100.0%
SA 3	3,632	9,051	40,196	209	10,380	63,468
Percent Within Ethnicity	6.7%	**40.3%**	14.3%	13.4%	12.8%	14.4%
Percent Within SA	5.7%	14.3%	**63.3%**	**0.3%**	16.4%	100.0%
SA 4	4,092	4,141	40,712	236	11,180	60,361
Percent Within Ethnicity	7.5%	18.4%	14.5%	15.1%	13.8%	13.7%
Percent Within SA	6.8%	6.9%	**67.4%**	**0.4%**	18.5%	100.0%
SA 5	1,568	1,287	4,740	37	9,827	17,460
Percent Within Ethnicity	**2.9%**	5.7%	**1.7%**	**2.4%**	12.1%	4.0%
Percent Within SA	9.0%	7.4%	27.1%	**0.2%**	**56.3%**	100.0%
SA 6	21,927	546	50,754	228	1,319	74,774
Percent Within Ethnicity	**40.3%**	2.4%	**18.0%**	14.6%	**1.6%**	17.0%
Percent Within SA	29.3%	0.7%	**67.9%**	**0.3%**	1.8%	100.0%
SA 7	2,035	1,244	48,858	207	5,094	57,439
Percent Within Ethnicity	3.7%	5.5%	17.4%	13.3%	6.3%	13.0%
Percent Within SA	3.5%	2.2%	**85.1%**	**0.4%**	8.9%	100.0%
SA 8	11,872	3,350	35,489	246	9,553	60,509
Percent Within Ethnicity	21.8%	14.9%	12.6%	15.8%	11.8%	13.7%
Percent Within SA	19.6%	5.5%	**58.7%**	**0.4%**	15.8%	100.0%
Total	54,447	22,445	281,308	1,556	80,941	440,697
Total Percent Within Ethnicity	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Percent Across Ethnicity	12.4%	5.1%	63.8%	0.4%	18.4%	100.0%

Note: "Percent Within Ethnicity" describes an ethnic group's distribution across Service Areas. "Percent Within SA" describes the ethnic composition of a geographic area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Data Source: US Census Bureau, 2012. Estimated prevalence rates of mental illness by ethnicity for the County of Los Angeles are provided by the California Health Interview Survey (CHIS) for population living at or below 200% FPL.

Differences by Ethnicity

SA 6 at 40.3% has the highest percentage of African Americans living at or below 200% FPL and estimated with SED and SMI as compared with the lowest in SA 5 at 2.9%.

SA 3 at 40.3% has the highest percentage of Asian/Pacific Islanders (API) living at or below 200% FPL and estimated with SED and SMI as compared with the lowest in SA 1 at 0.6%.

SAs 2 and 6 at 18.0% have the highest percentage of Latinos living at or below 200% FPL and estimated with SED and SMI as compared to the lowest in SA 5 at 1.7%.

SA 2 at 16.5% has the highest percentage of Native Americans living at or below 200% FPL and estimated with SED and SMI as compared to the lowest in SA 5 at 2.4%.

SA 2 at 36.4% has the highest percentage of Whites living at or below 200% FPL and estimated with SED and SMI as compared to the lowest in SA 6 at 1.6%.

TABLE 11: ESTIMATED PREVALENCE OF SED & SMI AMONG POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP AND SERVICE AREA CY 2012

Service Area (SA)	Children 0-15 yrs	Transition Age Youth (TAY) 16-25 yrs	Adults 26-59 yrs	Older Adults 60 + yrs	Total
SA 1	5,982	3,236	7,599	989	17,806
Percent Within Age Gp	4.8%	4.7%	**3.5%**	**3.1%**	4.0%
Percent Within SA	33.6%	18.2%	**42.7%**	**5.6%**	100.0%
SA 2	22,426	12,831	43,417	6,501	85,175
Percent Within Age Gp	18.0%	**18.5%**	**19.9%**	**20.6%**	19.2%
Percent Within SA	26.3%	15.1%	**51.0%**	**7.6%**	100.0%
SA 3	19,054	11,002	34,389	6,071	70,516
Percent Within Age Gp	15.3%	15.8%	15.8%	19.3%	15.9%
Percent Within SA	27.0%	15.6%	**48.8%**	**8.6%**	100.0%
SA 4	14,610	8,830	34,366	5,009	62,814
Percent Within Age Gp	11.7%	12.7%	15.8%	15.9%	14.2%
Percent Within SA	23.3%	14.1%	**54.7%**	**8.0%**	100.0%
SA 5	2,277	2,980	10,363	1,390	17,010
Percent Within Age Gp	**1.8%**	**4.3%**	4.8%	4.4%	3.8%
Percent Within SA	13.4%	17.5%	**60.9%**	**8.2%**	100.0%
SA 6	23,519	12,115	32,050	3,755	71,438
Percent Within Age Gp	**18.8%**	17.4%	14.7%	11.9%	16.1%
Percent Within SA	32.9%	17.0%	**44.9%**	**5.3%**	100.0%
SA 7	19,529	9,000	25,545	4,014	58,088
Percent Within Age Gp	15.6%	13.0%	11.7%	12.7%	13.1%
Percent Within SA	33.6%	15.5%	**44.0%**	**6.9%**	100.0%
SA 8	17,492	9,433	29,927	3,801	60,652
Percent Within Age Gp	14.0%	13.6%	13.7%	12.1%	13.7%
Percent Within SA	28.8%	15.6%	**49.3%**	**6.3%**	100.0%
Total	124,890	69,427	217,655	31,528	443,500
Total Percent Within Age Group	100.0%	100.0%	100.0%	100.0%	100.0%
Total Percent Across Age Group	28.2%	15.7%	49.1%	7.1%	100.0%

Note: "Percent Within Age Gp" describes an age group's distribution across Service Areas. "Percent Within SA" describes the age distribution within a geographic area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Data Source: US Census Bureau, 2012. Estimated prevalence rates of mental illness by age group for the County of Los Angeles are provided by the California Health Interview Survey (CHIS) for population living at or below 200% FPL. A general population rate was applied to Children since CHIS does not inquire about the mental health of respondents younger than 12 years of age.

Differences by Age Group

SA 6 at 18.8% has the highest percentage of Children living at or below 200% FPL and estimated with SED as compared to the lowest in SA 5 at 1.8%.

SA 2 at 18.5% has the highest percentage of TAY living at or below 200% FPL and estimated with SED and SMI as compared to the lowest in SA 5 at 4.3%.

SA 2 at 19.9% has the highest percentage of Adults living at or below 200% FPL and estimated with SMI as compared to the lowest in SA 1 at 3.5%.

SA 2 at 20.6% has the highest percentage of Older Adults living at or below 200% FPL and estimated with SMI as compared to the lowest in SA 1 at 3.1%.

TABLE 12: ESTIMATED PREVALENCE OF SED & SMI AMONG POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY GENDER AND SERVICE AREA CY 2012

Service Area (SA)	Male	Female	Total
SA 1	7,869	9,698	17,567
Percent Within Gender	4.0%	4.0%	4.0%
Percent Within SA	44.8%	55.2%	100.0%
SA 2	38,196	45,786	83,982
Percent Within Gender	**19.4%**	**19.0%**	19.2%
Percent Within SA	45.5%	54.5%	100.0%
SA 3	31,395	38,727	70,122
Percent Within Gender	16.0%	16.1%	16.0%
Percent Within SA	44.8%	55.2%	100.0%
SA 4	28,757	32,943	61,700
Percent Within Gender	14.6%	13.7%	14.1%
Percent Within SA	46.6%	53.4%	100.0%
SA 5	7,457	9,195	16,652
Percent Within Gender	**3.8%**	**3.8%**	3.8%
Percent Within SA	44.8%	55.2%	100.0%
SA 6	31,087	39,080	70,167
Percent Within Gender	15.8%	16.2%	16.0%
Percent Within SA	44.3%	55.7%	100.0%
SA 7	25,546	32,031	57,577
Percent Within Gender	13.0%	13.3%	13.2%
Percent Within SA	44.4%	55.6%	100.0%
SA 8	26,501	33,032	59,533
Percent Within Gender	13.5%	13.7%	13.6%
Percent Within SA	44.5%	55.5%	100.0%
Total	196,809	240,492	437,301
Total Percent Within Gender	100.0%	100.0%	100.0%
Total Percent Across Gender	45.0%	55.0%	100.0%

Note: "Percent Within Gender" describes a gender's distribution across Service Areas. "Percent Within SA" describes the gender distribution within a geographic area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Data Source: US Census Bureau, 2012. Estimated prevalence rates of mental illness by gender for the County of Los Angeles are provided by the California Health Interview Survey (CHIS) for population living at or below 200% FPL.

Differences by Gender

SA 2 at 19.4% has the highest percentage of Males living at or below 200% FPL and estimated with SED and SMI as compared with the lowest in SA 5 at 3.8%.

SA 2 at 19.0% has the highest percentage of Females living at or below 200% FPL and estimated with SED and SMI as compared with the lowest in SA 5 at 3.8%.

Estimated Population Living at or Below 138% Federal Poverty Level (FPL)

TABLE 13: ESTIMATED POPULATION LIVING AT OR BELOW 138% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY AND SERVICE AREA CY 2012

Service Area (SA)	African American	Asian / Pacific Islander	Latino	Native American	White	Total
SA 1	29,551	1,808	68,107	548	20,546	120,560
Percent	**24.5%**	1.5%	56.5%	**0.45%**	17.0%	100.0%
SA 2	19,164	30,382	322,746	766	142,326	515,384
Percent	3.7%	5.9%	62.6%	0.15%	27.6%	100.0%
SA 3	15,095	99,277	221,436	530	46,148	382,485
Percent	3.9%	**26.0%**	57.9%	0.14%	12.1%	100.0%
SA 4	22,534	55,516	286,512	1,010	60,560	426,132
Percent	5.3%	13.0%	67.2%	0.24%	14.2%	100.0%
SA 5	7,499	18,488	31,121	116	52,695	109,918
Percent	6.8%	16.8%	**28.3%**	**0.11%**	**47.9%**	100.0%
SA 6	117,370	8,100	345,498	998	7,902	479,868
Percent	**24.5%**	**1.7%**	72.0%	0.21%	**1.6%**	100.0%
SA 7	8,453	13,426	284,654	628	23,324	330,485
Percent	**2.6%**	4.1%	**86.1%**	0.19%	7.1%	100.0%
SA 8	59,836	41,191	232,729	972	45,332	380,061
Percent	15.7%	10.8%	61.2%	0.26%	11.9%	100.0%
Total	279,503	268,189	1,792,801	5,568	398,833	2,744,893
Percent	10.2%	9.8%	65.3%	0.20%	14.5%	100.0%

Note: Percentages describe the ethnic composition of a geographic area. Bold values highlight the Service Areas with the highest and the lowest proportional representation of an ethnic group. Data Source: US Census Bureau, 2012.

Differences by Ethnicity

SAs 1 and 6 at 24.5% have the highest percentage of African Americans living at or below 138% FPL as compared with the lowest percentage in SA 7 at 2.6%. Of the County's population living at or below 138% FPL 10.2% self-identify as African American.

SA 3 at 26.0% has the highest percentage of Asian/Pacific Islanders (API) living at or below 138% FPL as compared with the lowest percentage in SA 6 at 1.7%. Of the County's population living at or below 138% FPL 9.8% self-identify as API.

SA 7 at 86.1% has the highest percentage of Latinos living at or below 138% FPL as compared with the lowest percentage in SA 5 at 28.3%. Of the County's population living at or below 138% FPL 65.3% self-identify as Latino.

SA 1 at 0.45% has the highest percentage of Native Americans living at or below 138% FPL as compared with the lowest percentage in SAs 5 at 0.11%. Of the County's population living at or below 138% FPL 0.20% self-identify as Native American.

SA 5 at 47.9% has highest percentage of Whites living at or below 138% FPL as compared with the lowest percentage in SA 6 at 1.6%. Of the County's population living at or below 138% FPL 14.5% self-identify as White.

TABLE 14: ESTIMATED POPULATION LIVING AT OR BELOW 138% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP AND SERVICE AREA CY 2012

Service Area (SA)	0-18 yrs.	19-20 yrs.	21-25 yrs.	26-59 yrs.	60-64 yrs.	65+ yrs.	Total
SA 1	51,185	4,652	9,604	45,249	3,931	5,939	120,560
Percent	**42.5%**	**3.9%**	8.0%	**37.5%**	**3.3%**	4.9%	100.0%
SA 2	170,026	15,220	38,710	230,925	20,425	40,078	515,384
Percent	33.0%	3.0%	7.5%	44.8%	4.0%	7.8%	100.0%
SA 3	127,254	12,091	28,156	165,211	16,942	32,831	382,485
Percent	33.3%	3.2%	7.4%	43.2%	**4.4%**	**8.6%**	100.0%
SA 4	128,091	11,128	31,770	203,926	16,617	34,600	426,132
Percent	30.1%	2.6%	7.5%	47.9%	3.9%	8.1%	100.0%
SA 5	17,114	2,621	15,955	60,895	4,571	8,762	109,918
Percent	**15.6%**	**2.4%**	**14.5%**	**55.4%**	4.2%	8.0%	100.0%
SA 6	199,689	16,853	39,777	185,745	14,619	23,185	479,868
Percent	41.6%	3.5%	8.3%	38.7%	3.0%	**4.8%**	100.0%
SA 7	136,575	10,235	22,696	126,736	11,514	22,728	330,485
Percent	41.3%	3.1%	**6.9%**	38.3%	3.5%	6.9%	100.0%
SA 8	139,484	11,768	29,427	164,101	14,319	20,961	380,061
Percent	36.7%	3.1%	7.7%	43.2%	3.8%	5.5%	100.0%
Total	969,418	84,567	216,097	1,182,789	102,938	189,084	2,744,893
Percent	35.3%	3.1%	7.9%	43.1%	3.8%	6.9%	100.0%

Note: Age groups relevant to the Affordable Care Act are used in the 138% table by contrast with other age group tables. Percentages describe a geographic area's age distribution. Bold values highlight the Service Areas with the highest and the lowest proportional representation of an age group. Data Source: US Census Bureau, 2012.

Differences by Age Group

SA 1 at 42.5% has the highest percentage of 0-18 year olds estimated to be living at or below 138% FPL as compared with the lowest percentage in SA 5 at 15.6%.

SA 1 at 3.9% has the highest percentage of 19-20 year olds estimated to be living at or below 138% FPL as compared with the lowest percentage in SA 5 at 2.4%.

SA 5 at 14.5% has the highest percentage of 21-25 year olds estimated to be living at or below 138% FPL as compared with the lowest percentage in SA 7 at 6.9%.

SA 5 at 55.4% has the highest percentage of 26-59 year olds estimated to be living at or below 138% FPL as compared with the lowest percentage in SA 1 at 37.5%.

SA 3 at 4.4% has the highest percentage of 60-64 year olds estimated to be living at or below 138% FPL as compared with the lowest percentage in SA 6 at 3.0%.

SA 3 at 8.6% has the highest percentage of 65 year old and over estimated to be living at or below 138% FPL as compared with the lowest percentage in SA 6 at 4.8%.

TABLE 15: ESTIMATED POPULATION LIVING AT OR BELOW 138% FEDERAL POVERTY LEVEL (FPL) BY GENDER AND SERVICE AREA CY 2012

Service Area (SA)	Male	Female	Total
SA 1	55,288	65,272	120,560
Percent	45.9%	54.1%	100.0%
SA 2	241,713	273,671	515,384
Percent	46.9%	53.1%	100.0%
SA 3	177,177	205,308	382,485
Percent	46.3%	53.7%	100.0%
SA 4	204,303	221,829	426,132
Percent	**47.9%**	**52.1%**	100.0%
SA 5	51,069	58,849	109,918
Percent	46.5%	53.5%	100.0%
SA 6	219,441	260,427	479,868
Percent	**45.7%**	**54.3%**	100.0%
SA 7	152,177	178,308	330,485
Percent	46.0%	54.0%	100.0%
SA 8	174,756	205,305	380,061
Percent	46.0%	54.0%	100.0%
Total	1,275,924	1,468,969	2,744,893
Percent	46.5%	53.5%	100.0%

Note: Percentages describe a geographic area's gender distribution. Bold values highlight the Service Areas with the highest and the lowest proportional representation of a given gender. Data Source: US Census Bureau, 2012.

Differences by Gender

SA 4 at 47.9% has the highest percentage of Males estimated to be living at or below 138% FPL as compared with the lowest percentage in SA 6 at 45.7%.

SA 6 at 54.3% has the highest percentage of Females estimated to be living at or below 138% FPL as compared with the lowest percentage in SA 4 at 52.1%.

TABLE 16: ESTIMATED PREVALENCE OF SED & SMI AMONG POPULATION LIVING AT OR BELOW 138% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY AND SERVICE AREA CY 2012

Service Area (SA)	African American	Asian / Pacific Islander	Latino	Native American	White	Total
SA 1	4,669	132	7,764	132	2,260	14,957
Percent Within Ethnicity	10.6%	**0.7%**	3.8%	9.8%	5.2%	4.8%
Percent Within SA	31.2%	0.9%	**51.9%**	**0.9%**	15.1%	100.0%
SA 2	3,028	2,218	36,793	184	15,656	57,879
Percent Within Ethnicity	6.9%	11.3%	18.0%	13.8%	**35.7%**	18.5%
Percent Within SA	5.2%	3.8%	**63.6%**	**0.3%**	27.0%	100.0%
SA 3	2,385	7,247	25,244	127	5,076	40,079
Percent Within Ethnicity	5.4%	**37.0%**	12.4%	9.5%	11.6%	12.8%
Percent Within SA	6.0%	18.1%	**63.0%**	**0.3%**	12.7%	100.0%
SA 4	3,560	4,053	32,662	242	6,662	47,179
Percent Within Ethnicity	8.1%	20.7%	16.0%	**18.1%**	15.2%	15.1%
Percent Within SA	7.5%	8.6%	**69.2%**	**0.5%**	14.1%	100.0%
SA 5	1,185	1,350	3,548	28	5,796	11,906
Percent Within Ethnicity	**2.7%**	6.9%	**1.7%**	**2.1%**	13.2%	3.8%
Percent Within SA	10.0%	11.3%	29.8%	**0.2%**	**48.7%**	100.0%
SA 6	18,544	591	39,387	240	869	59,631
Percent Within Ethnicity	**42.0%**	3.0%	**19.3%**	17.9%	**2.0%**	19.0%
Percent Within SA	31.1%	1.0%	**66.1%**	**0.4%**	1.5%	100.0%
SA 7	1,336	980	32,451	151	2,566	37,483
Percent Within Ethnicity	3.0%	5.0%	15.9%	11.3%	5.8%	12.0%
Percent Within SA	3.6%	2.6%	**86.6%**	**0.4%**	6.8%	100.0%
SA 8	9,454	3,007	26,531	233	4,987	44,212
Percent Within Ethnicity	21.4%	15.4%	13.0%	17.5%	11.4%	14.1%
Percent Within SA	21.4%	6.8%	**60.0%**	**0.5%**	11.3%	100.0%
Total	44,161	19,578	204,379	1,336	43,872	313,326
Total Percent Within Ethnicity	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Percent Across Ethnicity	14.1%	6.2%	65.2%	0.4%	14.0%	100.0%

Note: "Percent Within Ethnicity" describes an ethnic group's distribution across Service Areas. "Percent Within SA" describes the ethnic composition of a geographic area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Data Source: US Census Bureau, 2012. Estimated prevalence rates of mental illness by ethnicity for the County of Los Angeles are provided by the California Health Interview Survey (CHIS) for population living at or below 138% FPL.

Differences by Ethnicity

SA 6 at 42.0% has the highest percentage of African Americans living at or below 138% FPL and estimated with SED and SMI as compared with the lowest in SA 5 at 2.7%.

SA 3 at 37.0% has the highest percentage of Asian/Pacific Islanders (API) living at or below 138% FPL and estimated with SED and SMI as compared with the lowest in SA 1 at 0.7%.

SA 6 at 19.3% has the highest percentage of Latinos living at or below 138% FPL and estimated with SED and SMI as compared to the lowest in SA 5 at 1.7%.

SA 4 at 18.1% has the highest percentage of Native Americans living at or below 138% FPL and estimated with SED and SMI as compared to the lowest in SA 5 at 2.1%.

SA 2 at 35.7% has the highest percentage of Whites living at or below 138% FPL and estimated with SED and SMI as compared to the lowest in SA 6 at 2.0 %.

TABLE 17: ESTIMATED PREVALENCE OF SED & SMI AMONG POPULATION LIVING AT OR BELOW 138% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP AND SERVICE AREA CY 2012

Service Area (SA)	0-18 yrs.	19-20 yrs.	21-25 yrs.	26-59 yrs.	60-64 yrs.	65+ yrs.	Total
SA 1	5,835	377	1,018	5,792	460	463	13,945
Percent Within Age Gp	5.3%	5.5%	**4.4%**	**3.8%**	**3.8%**	**3.1%**	4.4%
Percent Within SA	**41.8%**	**2.7%**	7.3%	41.5%	3.3%	3.3%	100.0%
SA 2	19,383	1,233	4,103	29,558	2,390	3,126	59,793
Percent Within Age Gp	17.5%	18.0%	17.9%	**19.5%**	**19.8%**	**21.2%**	18.8%
Percent Within SA	32.4%	**2.1%**	6.9%	**49.4%**	4.0%	5.2%	100.0%
SA 3	14,507	979	2,985	21,147	1,982	2,561	44,161
Percent Within Age Gp	13.1%	14.3%	13.0%	14.0%	16.5%	17.4%	13.9%
Percent Within SA	32.9%	**2.2%**	6.8%	**47.9%**	4.5%	5.8%	100.0%
SA 4	14,602	901	3,368	26,103	1,944	2,699	49,617
Percent Within Age Gp	13.2%	13.2%	14.7%	17.2%	16.1%	18.3%	15.6%
Percent Within SA	29.4%	**1.8%**	6.8%	**52.6%**	3.9%	5.4%	100.0%
SA 5	1,951	212	1,691	7,795	535	683	12,867
Percent Within Age Gp	**1.8%**	**3.1%**	7.4%	5.1%	4.4%	4.6%	4.0%
Percent Within SA	15.2%	**1.6%**	13.1%	**60.6%**	4.2%	5.3%	100.0%
SA 6	22,765	1,365	4,216	23,775	1,710	1,808	55,640
Percent Within Age Gp	**20.6%**	**19.9%**	**18.4%**	15.7%	14.2%	12.3%	17.5%
Percent Within SA	40.9%	**2.5%**	7.6%	**42.7%**	3.1%	3.3%	100.0%
SA 7	15,570	829	2,406	16,222	1,347	1,773	38,147
Percent Within Age Gp	14.1%	12.1%	10.5%	10.7%	11.2%	12.0%	12.0%
Percent Within SA	40.8%	**2.2%**	6.3%	**42.5%**	3.5%	4.6%	100.0%
SA 8	15,901	953	3,119	21,005	1,675	1,635	44,289
Percent Within Age Gp	14.4%	13.9%	13.6%	13.9%	13.9%	11.1%	13.9%
Percent Within SA	35.9%	**2.2%**	7.0%	**47.4%**	3.8%	3.7%	100.0%
Total	110,514	6,850	22,906	151,397	12,044	14,749	318,459
Total Percent Within Age Group	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Percent Across Age Group	34.7%	2.2%	7.2%	47.5%	3.8%	4.6%	100.0%

Note: "Percent Within Age Gp" describes an age group's distribution across Service Areas. "Percent Within SA" describes the age distribution within a Service Area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Data Source: US Census Bureau, 2012. Estimated prevalence rates of mental illness by age group for the County of Los Angeles are provided by the California Health Interview Survey (CHIS) for population living at or below 138% FPL. Because of CHIS restrictions, a general population rate is applied to the 0-18 yrs. group, and a rate derived from 18-21 year-olds is applied to the 19-21 yrs. group.

Differences by Age Group

SA 6 at 20.6% has the highest percentage of 0-18 year olds living at or below 138% FPL and estimated with SED as compared to the lowest in SA 5 at 1.8%.

SA 6 at 19.9% has the highest percentage of 19-20 year olds living at or below 138% FPL and estimated with SED and SMI as compared to the lowest in SA 5 at 3.1%.

SA 6 at 18.4% has the highest percentage of 21-25 year olds living at or below 138% FPL and estimated with SMI as compared to the lowest in SA 1 at 4.4%.

SA 2 at 19.5% has the highest percentage of 26-59 year olds living at or below 138% FPL and estimated with SMI as compared to the lowest in SA 1 at 3.8%.

SA 2 at 19.8% has the highest percentage of 60-64 year olds living at or below 138% FPL and estimated with SMI as compared to the lowest in SA 1 at 3.8%.

SA 2 at 21.2% has the highest percentage of 65 year old and over living at or below 138% FPL and estimated with SMI as compared to the lowest in SA 1 at 3.1%.

TABLE 18: ESTIMATED PREVALENCE OF SED & SMI AMONG POPULATION LIVING AT OR BELOW 138% FEDERAL POVERTY LEVEL (FPL) BY GENDER AND SERVICE AREA CY 2012

Service Area (SA)	Male	Female	Total
SA 1	5,916	7,767	13,683
Percent Within Gender	4.3%	4.4%	4.4%
Percent Within SA	43.2%	56.8%	100.0%
SA 2	25,863	32,567	58,430
Percent Within Gender	**18.9%**	**18.6%**	18.8%
Percent Within SA	44.3%	55.7%	100.0%
SA 3	18,958	24,432	43,390
Percent Within Gender	13.9%	14.0%	13.9%
Percent Within SA	43.7%	56.3%	100.0%
SA 4	21,860	26,398	48,258
Percent Within Gender	16.0%	15.1%	15.5%
Percent Within SA	45.3%	54.7%	100.0%
SA 5	5,464	7,003	12,467
Percent Within Gender	**4.0%**	**4.0%**	4.0%
Percent Within SA	43.8%	56.2%	100.0%
SA 6	23,480	30,991	54,471
Percent Within Gender	17.2%	17.7%	17.5%
Percent Within SA	43.1%	56.9%	100.0%
SA 7	16,283	21,219	37,502
Percent Within Gender	11.9%	12.1%	12.0%
Percent Within SA	43.4%	56.6%	100.0%
SA 8	18,699	24,431	43,130
Percent Within Gender	13.7%	14.0%	13.9%
Percent Within SA	43.4%	56.6%	100.0%
Total	136,524	174,807	311,331
Total Percent Within Gender	100.0%	100.0%	100.0%
Total Percent Across Gender	43.9%	56.1%	100.0%

Note: "Percent Within Gender" describes a gender's distribution across Service Areas. "Percent Within SA" describes the gender distribution within a geographic area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Data Source: US Census Bureau, 2012. Estimated prevalence rates of mental illness by gender for the County of Los Angeles are provided by the California Health Interview Survey (CHIS) for population living at or below 138% FPL.

Differences by Gender

SA 2 at 18.9% has the highest percentage of Males living at or below 138% FPL and estimated with SED and SMI as compared with the lowest in SA 5 at 4.0%.

SA 2 at 18.6% has the highest percentage of Females living at or below 138% FPL and estimated with SED and SMI as compared with the lowest in SA 5 at 4.0%.

Population Enrolled in Medi-Cal

TABLE 19: POPULATION ENROLLED IN MEDI-CAL BY ETHNICITY AND SERVICE AREA MARCH 2011

Service Area (SA)	African American	Asian / Pacific Islander	Latino	Native American	White	Total
SA 1	23,827	1,928	47,957	234	17,920	91,866
Percent	25.9%	2.1%	52.2%	**0.25%**	19.5%	100.0%
SA 2	13,868	23,474	204,861	384	110,407	352,994
Percent	3.9%	6.6%	58.0%	0.11%	31.3%	100.0%
SA 3	14,162	79,467	194,328	387	29,259	317,603
Percent	4.5%	**25.0%**	61.2%	0.12%	9.2%	100.0%
SA 4	13,202	33,271	167,247	258	26,840	240,818
Percent	5.5%	13.8%	69.4%	0.11%	11.1%	100.0%
SA 5	5,449	2,984	15,555	86	15,935	40,009
Percent	13.6%	7.5%	**38.9%**	0.21%	**39.8%**	100.0%
SA 6	99,854	3,070	242,153	209	6,090	351,376
Percent	**28.4%**	**0.9%**	68.9%	**0.06%**	**1.7%**	100.0%
SA 7	8,229	13,203	241,533	355	17,365	280,685
Percent	**2.9%**	4.7%	**86.1%**	0.13%	6.2%	100.0%
SA 8	57,654	31,372	155,935	427	24,303	269,691
Percent	21.4%	11.6%	57.8%	0.16%	9.0%	100.0%
Total	236,245	188,769	1,269,569	2,340	248,119	1,945,042
Percent	12.1%	9.7%	65.3%	0.12%	12.8%	100.0%

Note: Percentages describe the ethnic composition of a geographic area. Bold values highlight the Service Areas with the highest and the lowest proportional representation of an ethnic group. Data Source: State MEDS File, March 2011.

Differences by Ethnicity

SA 6 at 28.4% has the highest percentage of African Americans enrolled in Medi-Cal as compared with the lowest in SA 7 at 2.9%.

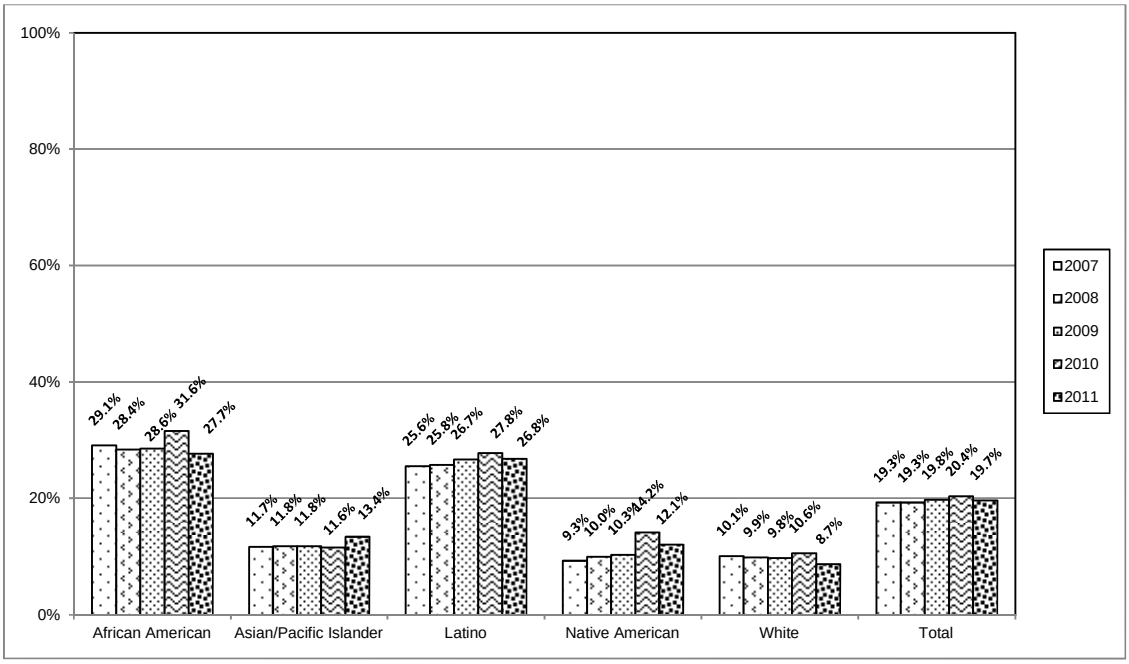
SA 3 at 25.0% has the highest percentage of Asian/Pacific Islanders (API) enrolled in Medi-Cal as compared with the lowest in SA 6 at 0.9%.

SA 7 at 86.1% has the highest percentage of Latinos enrolled in Medi-Cal as compared with the lowest in SA 5 at 38.9%.

SA 1 at 0.25% has the highest percentage of Native Americans enrolled in Medi-Cal as compared with the lowest in SA 6 at 0.06%.

SA 5 at 39.8% has the highest percentage of Whites enrolled in Medi-Cal as compared with the lowest in SA 6 at 1.7%.

FIGURE 8: MEDI-CAL ENROLLMENT PERCENT CHANGE BY ETHNICITY MARCH 2007-2011



Note: Medi-Cal Enrollment Rate = Medi-Cal enrolled population divided by total population in each ethnic group.

The percentage of African Americans enrolled in Medi-Cal has decreased by 1.4% from a rate of 29.1% in March 2007 to 27.7% in March 2011. In March 2008 the African American Medi-Cal enrollment rate was at 28.4%, in March 2009 it was at 28.6%, and in March 2010 it was at 31.6%.

The percentage of Asian/Pacific Islanders (API) enrolled in Medi-Cal has increased by 1.7% from a rate of 11.7% in March 2007 to 13.4% in March 2011. In March 2008 the API Medi-Cal enrollment rate was at 11.8%, in March 2009 it was at 11.8%, and in March 2010 it was at 11.6%.

The percentage of Latinos enrolled in Medi-Cal has increased 1.2% from 25.6% in March of 2007 to 26.8% in March 2011. In March 2008 the Latino Medi-Cal enrollment rate was at 25.8%, in March 2009 it was at 26.7%, and in March 2010 it was at 27.8%.

The percentage of Native Americans enrolled in Medi-Cal has increased 2.8% from 9.3% in March 2007 to 12.1% in March 2011. In March 2008 the Native American Medi-Cal enrollment rate was at 10.0%, in March 2009 it was at 10.3%, and in March 2010 it was at 14.2%.

The percentage of Whites enrolled in Medi-Cal has decreased 1.4% from 10.1% in March 2007 to 8.7% in March 2011. In 2008 the White Medi-Cal enrollment rate was at 9.9%, in March 2009 it was at 9.8%, and in March 2010 it was at 10.6%.

TABLE 20: POPULATION ENROLLED IN MEDI-CAL BY AGE GROUP AND SERVICE AREA MARCH 2011

Service Area (SA)	Children 0-15 yrs	Transition Age Youth (TAY) 16-25 yrs	Adults 26-59 yrs	Older Adults 60 + yrs	Total
SA 1	47,800	15,887	20,688	7,491	91,866
Percent	52.0%	**17.3%**	**22.5%**	**8.2%**	100.0%
SA 2	165,782	47,615	69,625	69,972	352,994
Percent	47.0%	13.5%	19.7%	19.8%	100.0%
SA 3	154,690	47,193	57,447	58,273	317,603
Percent	48.7%	14.9%	18.1%	18.3%	100.0%
SA 4	113,691	32,836	43,887	50,404	240,818
Percent	47.2%	13.6%	18.2%	20.9%	100.0%
SA 5	15,383	4,708	8,298	11,620	40,009
Percent	**38.4%**	**11.8%**	20.7%	**29.0%**	100.0%
SA 6	198,304	57,069	64,415	31,588	351,376
Percent	**56.4%**	16.2%	18.3%	9.0%	100.0%
SA 7	153,753	44,208	46,939	35,785	280,685
Percent	54.8%	15.8%	**16.7%**	12.7%	100.0%
SA 8	140,147	42,459	53,259	33,826	269,691
Percent	52.0%	15.7%	19.7%	12.5%	100.0%
Total	989,550	291,975	364,558	298,959	1,945,042
Percent	50.9%	15.0%	18.7%	15.4%	100.0%

Note: Percentages describe a geographic area's age distribution. Bold values highlight the Service Areas with the highest and the lowest proportional representation of an age group. Data excludes Medi-Cal enrolled who are without Service Area designations (N = 90,660 or 4.05% from the total count of 2,239,690 in the States Meds Beneficiary file.). Data Source: Data Source: State MEDS File, March 2011.

Differences by Age Group

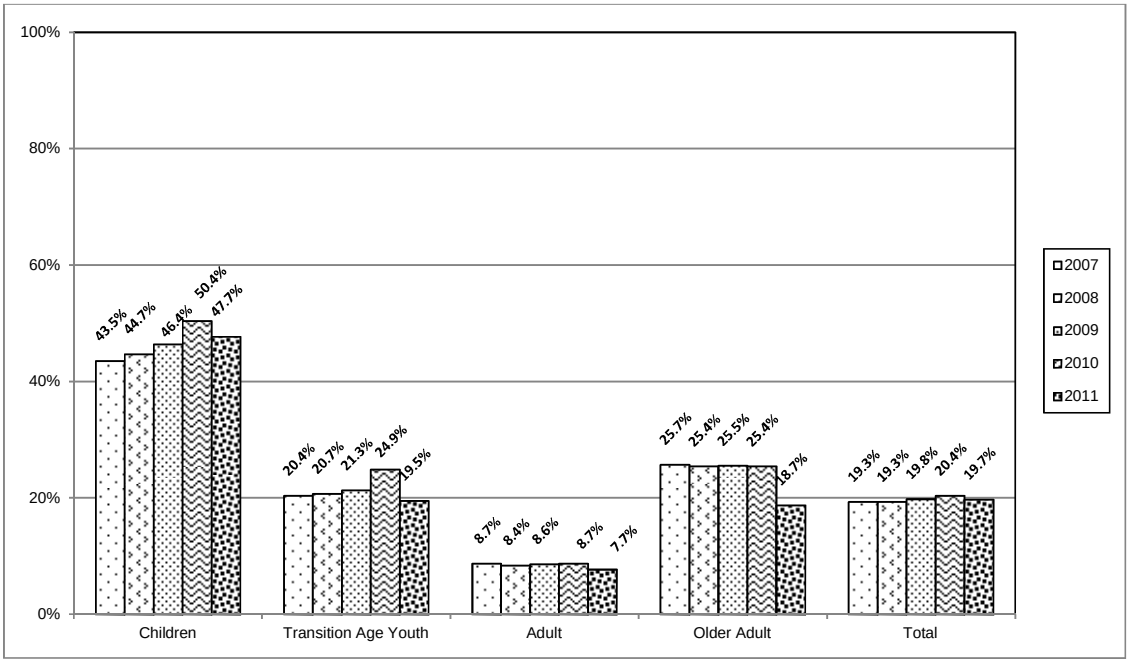
SA 6 at 56.4% has the highest percentage of Children enrolled in Medi-Cal as compared with the lowest in SA 5 at 38.4%.

SA 1 at 17.3% has the highest percentage of TAY enrolled in Medi-Cal as compared with the lowest in SA 5 at 11.8%.

SA 1 at 22.5% has the highest percentage of Adults enrolled in Medi-Cal as compared with the lowest in SA 7 at 16.7%.

SA 5 at 29.0% has the highest percentage of Older Adults enrolled in Medi-Cal as compared with the lowest in SA 1 at 8.2%.

FIGURE 9: MEDI-CAL ENROLLMENT PERCENT CHANGE BY AGE GROUP MARCH 2007 – 2011



Note: Medi-Cal Enrollment Rate = Medi-Cal enrolled population divided by total population in each age group.

The percentage of Children enrolled in Medi-Cal increased by 4.2% from 43.5% in March 2007 to 47.7% in March 2011. In March 2008 the Child Medi-Cal enrollment rate was at 44.7, in March 2009 it was at 46.4%, and in March 2010 it was at 50.4%.

The percentage of Transition Age Youth (TAY) enrolled in Medi-Cal decreased by 0.9% from 20.4% in March 2007 to 19.5% in March 2011. In March 2008 the TAY Medi-Cal enrollment rate was at 20.7%, in March 2009 it was at 21.3%, and in March 2010 it was at 24.9%.

The percentage of Adults enrolled in Medi-Cal decreased by 1.0% from 8.7% in March 2007 to 7.7% in March 2011. In March 2008 the Adult Medi-Cal enrollment rate was at 8.4%, in March 2009 it was at 8.6%, and in March 2010 it was at 8.7%.

The percentage of Older Adults enrolled in Medi-Cal decreased by 7.0% from 25.7% in March 2007 to 18.7% in March 2011. In March 2008 the Older Adult Medi-Cal enrollment rate was at 25.4%, in March 2009 it was at 25.5%, and in March 2010 it was at 25.4%.

TABLE 21: POPULATION ENROLLED IN MEDI-CAL BY GENDER AND SERVICE AREA MARCH 2011

Service Area (SA)	Male	Female	Total
SA 1	51,295	40,571	91,866
Percent	55.8%	44.2%	100.0%
SA 2	193,996	158,998	352,994
Percent	55.0%	45.0%	100.0%
SA 3	175,181	142,422	317,603
Percent	55.2%	44.8%	100.0%
SA 4	132,463	108,355	240,818
Percent	55.0%	45.0%	100.0%
SA 5	22,381	17,628	40,009
Percent	**55.9%**	**44.1%**	100.0%
SA 6	194,007	157,369	351,376
Percent	55.2%	44.8%	100.0%
SA 7	153,904	126,781	280,685
Percent	**54.8%**	**45.2%**	100.0%
SA 8	149,854	119,837	269,691
Percent	55.6%	44.4%	100.0%
Total	1,073,081	871,961	1,945,042
Percent	55.2%	44.8%	100.0%

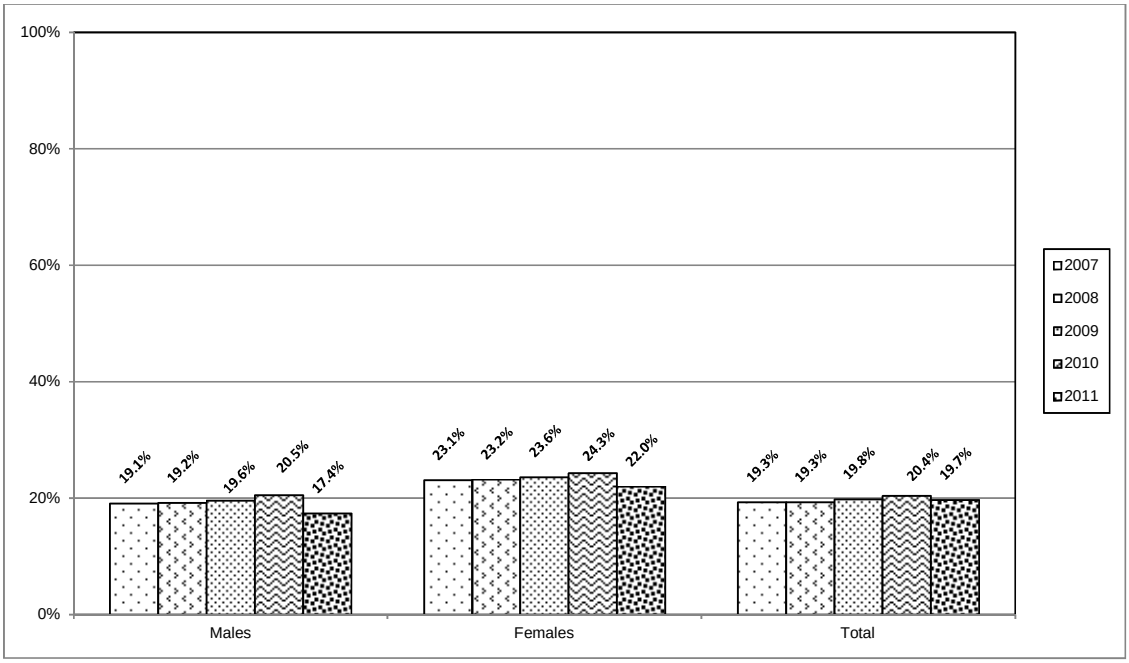
Percentages describe a geographic area's gender distribution. Bold values highlight the Service Areas with the highest and the lowest proportional representation of a given gender. Data excludes Medi-Cal enrolled who are without Service Area designations (N = 90,660 or 4.05% from the total count of 2,239,690 in the States Meds Beneficiary file.) Data Source: State MEDS File, March 2011.

Differences by Gender

SA 5 at 55.9% has the highest percentage of Males enrolled in Medi-Cal as compared with the lowest in SA 7 at 54.8%.

SA 7 at 45.2% has the highest percentage of Females enrolled in Medi-Cal as compared with the lowest in SA 5 at 44.1%.

FIGURE 10: MEDI-CAL ENROLLMENT PERCENT CHANGE BY GENDER MARCH 2007 – 2011



Note: Medi-Cal Enrollment Rate = Medi-Cal enrolled population divided by total population in each group.

The percentage of Males enrolled in Medi-Cal decreased by 1.7% from 19.1% in March 2007 to 17.4% in March 2011. In March 2008 the Male Medi-Cal enrollment rate was at 19.2%, in March 2009 it was at 19.6%, and in March 2010 it was at 20.5%.

The percentage of Females enrolled in Medi-Cal decreased by 1.1% from 23.1% in March of 2008 to 22.0% in March 2011. In March 2008 the Female Medi-Cal enrollment rate was at 23.2%, in 2009 it was at 23.6%, and in March 2010 it was at 24.3%.

TABLE 22: ESTIMATED PREVALENCE OF SED & SMI AMONG MEDI-CAL ENROLLED POPULATION BY ETHNICITY AND SERVICE AREA MARCH 2011

Service Area (SA)	African American	Asian / Pacific Islander	Latino	Native American	White	Total
SA 1	3,503	125	5,467	58	2,563	11,716
Percent Within Ethnicity	10.1%	**1.0%**	3.8%	10.0%	7.2%	5.1%
Percent Within SA	29.9%	1.1%	**46.7%**	**0.5%**	21.9%	100.0%
SA 2	2,039	1,526	23,354	96	15,788	42,802
Percent Within Ethnicity	5.9%	12.4%	16.1%	16.4%	**44.5%**	18.8%
Percent Within SA	4.8%	3.6%	**54.6%**	**0.2%**	36.9%	100.0%
SA 3	2,082	5,165	22,153	96	4,184	33,681
Percent Within Ethnicity	6.0%	**42.1%**	15.3%	16.5%	11.8%	14.8%
Percent Within SA	6.2%	15.3%	**65.8%**	**0.3%**	12.4%	100.0%
SA 4	1,941	2,163	19,066	64	3,838	27,072
Percent Within Ethnicity	5.6%	17.6%	13.2%	11.0%	10.8%	11.9%
Percent Within SA	7.2%	8.0%	**70.4%**	**0.2%**	14.2%	100.0%
SA 5	801	194	1,773	21	2,279	5,068
Percent Within Ethnicity	**2.3%**	1.6%	**1.2%**	**3.7%**	6.4%	2.2%
Percent Within SA	15.8%	3.8%	35.0%	**0.4%**	**45.0%**	100.0%
SA 6	14,679	200	27,605	52	871	43,406
Percent Within Ethnicity	**42.3%**	1.6%	**19.1%**	8.9%	**2.5%**	19.1%
Percent Within SA	33.8%	0.5%	**63.6%**	**0.1%**	2.0%	100.0%
SA 7	1,210	858	27,535	88	2,483	32,174
Percent Within Ethnicity	3.5%	7.0%	19.0%	15.2%	7.0%	14.1%
Percent Within SA	3.8%	2.7%	**85.6%**	**0.3%**	7.7%	100.0%
SA 8	8,475	2,039	17,777	106	3,475	31,873
Percent Within Ethnicity	24.4%	16.6%	12.3%	**18.2%**	9.8%	14.0%
Percent Within SA	26.6%	6.4%	**55.8%**	**0.3%**	10.9%	100.0%
Total	34,728	12,270	144,731	583	35,481	227,793
Total Percent Within Ethnicity	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Percent Across Ethnicity	15.2%	5.4%	63.5%	0.3%	15.6%	100.0%

Note: "Percent Within Ethnicity" describes an ethnic group's distribution across Service Areas. "Percent Within SA" describes the ethnic composition of a Service Area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Estimated prevalence rates of mental illness by ethnicity for the County of Los Angeles are provided by the California Health Interview Survey (CHIS) for population living at or below 100% FPL.

Differences by Ethnicity

SA 6 at 42.3% has the highest percentage of African Americans estimated with SED and SMI enrolled in Medi-Cal as compared with the lowest in SA 5 at 2.3%.

SA 3 at 42.1% has the highest percentage of Asian/Pacific Islanders (API) estimated with SED and SMI enrolled in Medi-Cal as compared with the lowest in SA 1 at 1.0%.

SA 6 at 19.1% has the highest percentage of Latinos estimated with SED and SMI enrolled in Medi-Cal as compared with the lowest in SA 5 at 1.2%.

SA 8 at 18.2% has the highest percentage of Native Americans estimated with SED and SMI enrolled in Medi-Cal as compared with the lowest in SA 5 at 3.7%.

SA 2 at 44.5% has the highest percentage of Whites estimated with SED and SMI enrolled in Medi-Cal as compared with the lowest in SA 6 at 2.5%.

TABLE 23: ESTIMATED PREVALENCE OF SED & SMI AMONG MEDI-CAL ENROLLED POPULATION BY AGE GROUP AND SERVICE AREA MARCH 2011

Service Area (SA)	Children 0-15 yrs	Transition Age Youth (TAY) 16-25 yrs	Adults 26-59 yrs	Older Adults 60 + yrs	Total
SA 1	5,545	6,355	2,669	674	15,243
Percent Within Age Gp	4.8%	5.4%	5.7%	**2.5%**	5.0%
Percent Within SA	36.4%	**41.7%**	17.5%	**4.4%**	100.0%
SA 2	19,231	19,046	8,982	6,297	53,556
Percent Within Age Gp	16.8%	16.3%	**19.1%**	**23.4%**	17.5%
Percent Within SA	**35.9%**	35.6%	16.8%	**11.8%**	100.0%
SA 3	17,944	18,877	7,411	5,245	49,476
Percent Within Age Gp	15.6%	16.2%	15.8%	19.5%	16.2%
Percent Within SA	36.3%	**38.2%**	15.0%	**10.6%**	100.0%
SA 4	13,188	13,134	5,661	4,536	36,520
Percent Within Age Gp	11.5%	11.2%	12.0%	16.9%	12.0%
Percent Within SA	**36.1%**	36.0%	15.5%	**12.4%**	100.0%
SA 5	1,784	1,883	1,070	1,046	5,784
Percent Within Age Gp	**1.6%**	**1.6%**	**2.3%**	3.9%	1.9%
Percent Within SA	30.9%	**32.6%**	18.5%	**18.1%**	100.0%
SA 6	23,003	22,828	8,310	2,843	56,983
Percent Within Age Gp	**20.0%**	**19.5%**	17.7%	10.6%	18.7%
Percent Within SA	**40.4%**	40.1%	14.6%	**5.0%**	100.0%
SA 7	17,835	17,683	6,055	3,221	44,794
Percent Within Age Gp	15.5%	15.1%	12.9%	12.0%	14.7%
Percent Within SA	**39.8%**	39.5%	13.5%	**7.2%**	100.0%
SA 8	16,257	16,984	6,870	3,044	43,155
Percent Within Age Gp	14.2%	14.5%	14.6%	11.3%	14.1%
Percent Within SA	37.7%	**39.4%**	15.9%	**7.1%**	100.0%
Total	114,788	116,790	47,028	26,906	305,512
Total Percent Within Age Group	100.0%	100.0%	100.0%	100.0%	100.0%
Total Percent Across Age Group	37.6%	38.2%	15.4%	8.8%	100.0%

Note: "Percent Within Age Gp" describes an age group's distribution across Service Areas. "Percent Within SA" describes the age distribution within a Service Area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Estimated prevalence rates of mental illness by age group for the County of Los Angeles are provided by the California Health Interview Survey (CHIS) for population living at or below 100% FPL. A general population rate was applied to Children because CHIS does not inquire about the mental health of respondents younger than 12 years of age.

Differences by Age Group

SA 6 at 20.0% has the highest percentage of Children estimated with SED enrolled in Medi-Cal as compared with the lowest in SA 5 at 1.6%.

SA 6 at 19.5% has the highest percentage of TAY estimated with SED and SMI enrolled in Medi-Cal as compared with the lowest in SA 5 at 1.6%.

SA 2 at 19.1% has the highest percentage of Adults estimated with SMI enrolled in Medi-Cal as compared with the lowest in SA 5 at 2.3%.

SA 2 at 23.4% has the highest percentage of Older Adults estimated with SMI enrolled in Medi-Cal as compared with the lowest in SA 1 at 2.5%.

TABLE 24: ESTIMATED PREVALENCE OF SED & SMI AMONG MEDI-CAL ENROLLED POPULATION BY GENDER AND SERVICE AREA MARCH 2011

Service Area (SA)	Male	Female	Total
SA 1	5,745	4,869	10,614
Percent Within Gender	4.8%	4.7%	4.7%
Percent Within SA	54.1%	45.9%	100.0%
SA 2	21,728	19,080	40,807
Percent Within Gender	18.1%	**18.2%**	18.2%
Percent Within SA	53.2%	46.8%	100.0%
SA 3	19,620	17,091	36,711
Percent Within Gender	16.3%	16.3%	16.3%
Percent Within SA	53.4%	46.6%	100.0%
SA 4	14,836	13,003	27,838
Percent Within Gender	12.3%	12.4%	12.4%
Percent Within SA	53.3%	46.7%	100.0%
SA 5	2,507	2,115	4,622
Percent Within Gender	**2.1%**	**2.0%**	2.1%
Percent Within SA	54.2%	45.8%	100.0%
SA 6	21,729	18,884	40,613
Percent Within Gender	**18.1%**	18.0%	18.1%
Percent Within SA	53.5%	46.5%	100.0%
SA 7	17,237	15,214	32,451
Percent Within Gender	14.3%	14.5%	14.4%
Percent Within SA	53.1%	46.9%	100.0%
SA 8	16,784	14,380	31,164
Percent Within Gender	14.0%	13.7%	13.9%
Percent Within SA	53.9%	46.1%	100.0%
Total	120,185	104,635	224,820
Total Percent Within Gender	100.0%	100.0%	100.0%
Total Percent Across Gender	53.5%	46.5%	100.0%

Note: "Percent Within Gender" describes a gender's distribution across Service Areas. "Percent Within SA" describes the gender distribution within a Service Area. Bold values represent the highest and lowest values in a range. SED = Serious Emotional Disturbance (Children), SMI = Serious Mental Illness (Adults). Estimated prevalence rates of mental illness by gender for the County of Los Angeles are provided by the California Health Interview Survey (CHIS) for population living at or below 100% FPL.

Differences by Gender

SA 6 at 18.1% has the highest percentage of Males estimated with SED and SMI enrolled in Medi-Cal as compared with the lowest in SA 5 at 2.1%.

SA 2 at 18.2% has the highest percentage of Females estimated with SED and SMI enrolled in Medi-Cal as compared with the lowest in SA 5 at 2.0%.

TABLE 25: POPULATION ENROLLED IN MEDI-CAL BY THRESHOLD LANGUAGE AND SERVICE AREA MARCH 2011

Service Area (SA)	Armen -ian	Cambod -ian	Cantonese	English	Farsi	Korean	Mandarin	Other Chinese	Russian	Spanish	Tagalog	Vietnamese	Total
SA 1	81	11	14	66,573	27	65	5	19	5	24,756	145	72	91,866
Percent	0.1%	0.0%	0.0%	**72.5%**	0.0%	0.1%	0.0%	0.0%	0.0%	**26.9%**	0.2%	0.1%	100.0%
SA 2	48,838	165	160	144,193	6,301	2,999	262	210	3,847	138,960	2,890	2,259	352,994
Percent	***13.8%***	0.0%	0.0%	***40.8%***	***1.8%***	0.8%	0.1%	0.1%	**1.1%**	**39.4%**	0.8%	0.6%	100.0%
SA 3	2,022	1,006	19,796	149,690	215	1,694	14,834	6,349	96	103,655	1,913	15,766	317,603
Percent	0.6%	0.3%	**6.2%**	**47.1%**	0.1%	0.5%	**4.7%**	**2.0%**	0.0%	**32.6%**	0.6%	*5.0%*	100.0%
SA 4	7,235	527	6,003	83,900	464	10,683	836	826	4,807	121,034	2,990	1,395	240,818
Percent	**3.0%**	0.2%	**2.5%**	**34.8%**	0.2%	**4.4%**	0.3%	0.3%	**2.0%**	**50.3%**	1.2%	0.6%	100.0%
SA 5	47	7	43	24,130	3,382	256	121	90	1,313	10,318	55	54	40,009
Percent	0.1%	0.0%	0.1%	**60.3%**	**8.5%**	0.6%	0.3%	0.2%	3.3%	**25.8%**	0.1%	0.1%	100.0%
SA 6	22	125	56	173,817	6	833	22	17	22	176,287	82	65	351,376
Percent	0.0%	0.0%	0.0%	**49.5%**	0.0%	0.2%	0.0%	0.0%	0.0%	**50.2%**	0.0%	0.0%	100.0%
SA 7	650	727	482	131,376	28	1,827	866	382	56	142,450	945	610	280,685
Percent	0.2%	0.3%	0.2%	**46.8%**	0.0%	0.7%	0.3%	0.1%	0.0%	**50.8%**	0.3%	0.2%	100.0%
SA 8	91	5,290	191	156,611	286	2,160	376	275	135	100,045	1,680	2,393	269,691
Percent	0.0%	**2.0%**	0.1%	**58.1%**	0.1%	0.8%	0.1%	0.1%	0.1%	**37.1%**	0.6%	0.9%	100.0%
Total	58,986	7,858	26,745	930,290	10,709	20,517	17,322	8,168	10,281	817,505	10,700	22,614	1,941,695
Percent	3.0%	0.4%	1.4%	47.8%	0.6%	1.1%	0.9%	0.4%	0.5%	42.0%	0.6%	1.2%	100.0%

Note: SA Threshold Languages are in bold. Arabic is a Countywide threshold language and does not meet threshold language criteria at the SA level and thus is not included, N = 3,347 (0.2%). 4,149 (0.2%) individuals enrolled in Medi-Cal reported "Other" as a primary language. 78,084 (3.5%) were "Unknown/Missing" for primary language and 90,660 (4.1%) were missing a Service Area designation. Data Source: State MEDS File, March 2011.

Table 25 shows that among the thirteen (13) threshold languages, Spanish is the only Non-English threshold language present in all of the Service Areas. The Service Area with the highest percentage of Medi-Cal Enrolled with English as the primary language is SA 1 at 72.5%, and the lowest percentage is SA 4 at 34.8%. The Service Area with the highest percentage of Medi-Cal Enrolled with Spanish as the primary language is SA 7 at 50.8%, and the lowest percentage is SA 5 at 25.8%. The following highlights the threshold languages by Service Area.

SA 1 has two (2) threshold languages: English (72.5%) and Spanish (26.9%).

SA 2 has five (5) threshold languages: Armenian (13.8%), English (40.8%), Farsi (1.8%), Russian (1.1%), and Spanish (39.4%).

SA 3 has six (6) threshold languages: Cantonese (6.2%), English (47.1%), Mandarin (4.7%), Other Chinese (2.0%), Spanish (32.6%), and Vietnamese (5.0%).

SA 4 has six (6) threshold languages: Armenian (3.0%), Cantonese (2.5%), English (34.8%), Korean (4.4%), Russian (2.0%), and Spanish (50.3%).

SA 5 has three (3) threshold languages: English (60.3%), Farsi (8.5%), and Spanish (25.8%).

SA 6 has two (2) threshold languages: English (49.5%) and Spanish (50.2%).

SA 7 has two (2) threshold languages: English (46.8%) and Spanish (50.8%).

SA 8 has three (3) threshold languages: Cambodian (2.0%), English (58.1%), and Spanish (37.1%).

Countywide, the highest percentage of Medi-Cal Enrolled with English as the primary language is 47.8% and the second highest is Spanish at 42.0%. All other threshold languages range between 3.0% (Farsi) to 0.2% Arabic.

Consumers Served In Outpatient Short Doyle/Medi-Cal Facilities

TABLE 26: CONSUMERS SERVED IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY AND SERVICE AREA FY 2012 – 2013

Service Area (SA)	African American	Asian/ Pacific Islander	Latino	Native American	White	Total
SA 1	4,158	137	3,866	75	3,145	11,381
Percent	36.5%	1.2%	34.0%	0.7%	27.6%	100.0%
SA 2	3,400	1,155	16,326	121	10,048	31,050
Percent	11.0%	3.7%	52.6%	0.4%	32.4%	100.0%
SA 3	3,329	2,175	17,087	131	4,396	27,118
Percent	12.3%	**8.0%**	63.0%	0.5%	16.2%	100.0%
SA 4	11,397	2,768	22,130	320	7,580	44,195
Percent	25.8%	6.3%	50.1%	0.7%	17.2%	100.0%
SA 5	2,637	246	2,953	46	3,555	9,437
Percent	27.9%	2.6%	**31.3%**	0.5%	**37.7%**	100.0%
SA 6	17,092	296	14,832	53	1,191	33,464
Percent	**51.1%**	**0.9%**	44.3%	**0.2%**	**3.6%**	100.0%
SA 7	1,777	580	17,536	342	2,972	23,207
Percent	**7.7%**	2.5%	**75.6%**	**1.5%**	12.8%	100.0%
SA8	11,170	2,383	15,458	117	7,032	36,160
Percent	30.9%	6.6%	42.7%	0.3%	19.4%	100.0%
Total	49,087	9,227	101,353	1,102	37,166	197,935
Percent	24.8%	4.7%	51.2%	0.6%	18.8%	100.0%

Note: Bold values represent the highest and lowest percent in each group. Excludes those whose ethnicity is unknown (N = 8,734). Total reflects unduplicated count of consumers served. Some consumers (N = 18,642) were served in more than one SA or 216,577 duplicated count. Data Source: LACDMH-IS Database, October 2013.

Differences by Ethnicity

SA 6 at 51.1% has the highest percentage of African American consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percentage in SA 7 at 7.7%.

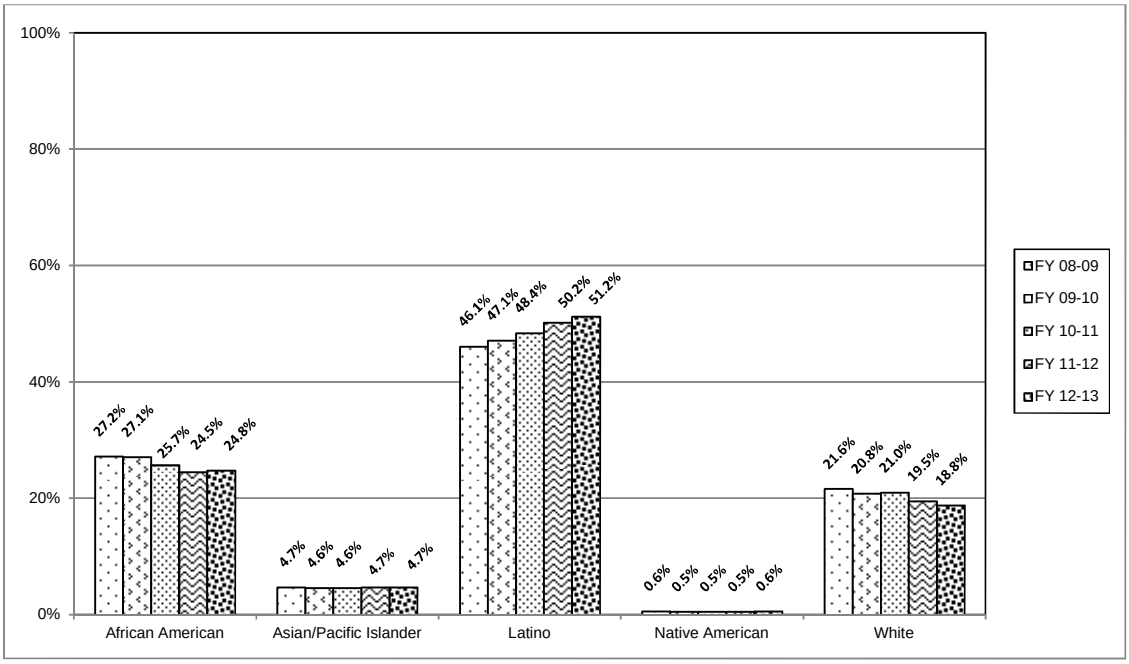
SA 3 at 8.0% has the highest percentage of Asian/Pacific Islander (API) consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percentage in SA 6 at 0.9%.

SA 7 at 75.6% has the highest percentage of Latino consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percentage in SA 5 at 31.3%.

SA 7 at 1.5% has the highest percentage of Native American consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percentage in SA 6 at 0.2%.

SA 5 at 37.7% has the highest percentage of White consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percentage in SA 6 at 3.6%.

FIGURE 11: PERCENT CHANGE IN CONSUMERS SERVED IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY FY 2008-2009 TO FY 2012-2013



As a percentage of consumers served, African Americans served in Short Doyle/Medi-Cal facilities decreased by 2.4% from 27.2% to 24.8% between FY 08-09 and FY 12-13. In FY 09-10 the percentage of African Americans served in Short Doyle/Medi-Cal facilities was at 27.1%, in FY 10-11 it was at 25.7%, and in FY 11-12 it was at 24.5%.

As a percentage of consumers served, Asian/Pacific Islanders served in Short Doyle/Medi-Cal facilities stayed the same at 4.7% in both FY 08-09 and FY 12-13. In FY 09-10 the percentage of Asian/Pacific Islanders served in Short Doyle/Medi-Cal facilities was at 4.6%, in FY 10-11 it was at 4.6%, and in FY 11-12 it was at 4.7%.

As a percentage of consumers served, Latinos served in Short Doyle/Medi-Cal facilities increased by 5.1% from 46.1% to 51.2% between FY 08-09 and FY 12-13. In FY 09-10 the percentage of Latinos served in Short Doyle/Medi-Cal facilities was at 47.1%, in FY 10-11 it was at 48.4%, and in FY 11-12 it was at 50.2%.

As a percentage of consumers served, Native Americans served in Short Doyle/Medi-Cal facilities stayed the same at 0.6% in both FY 08-09 and FY 12-13. In FY 09-10, FY 10-11 and FY 11-12 the percentage of Native Americans

served in Short Doyle/Medi-Cal facilities was at 0.5%.

As a percentage of consumers served, Whites served in Short Doyle/Medi-Cal facilities decreased by 2.8% from 21.6% to 18.8% between FY 08-09 and FY 12-13. In FY 09-10 the percentage of Whites served in Short Doyle/Medi-Cal facilities was at 20.8%, in FY 10-11 it was at 21.0% in FY 11-12 it was at 19.5%.

TABLE 27: CONSUMERS SERVED IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP AND SERVICE AREA FY 2012 - 2013

Service Area	Children 0-15 yrs	Transition Age Youth (TAY) 16-25 yrs	Adult 26-59 yrs	Older Adult 60 + yrs	Total
SA 1	4,162	2,058	4,689	472	11,381
Percent	36.6%	18.1%	41.2%	**4.2%**	100.0%
SA 2	9,493	6,096	12,973	2,488	31,050
Percent	30.6%	19.6%	41.8%	8.0%	100.0%
SA 3	11,523	5,880	8,199	1,516	27,118
Percent	**42.5%**	**21.7%**	**30.2%**	5.6%	100.0%
SA 4	12,271	7,092	20,684	4,148	44,195
Percent	27.8%	16.0%	46.8%	9.4%	100.0%
SA 5	2,762	1,391	4,289	995	9,437
Percent	**29.3%**	**14.7%**	**45.4%**	**10.5%**	100.0%
SA 6	12,032	5,126	14,293	2,013	33,464
Percent	36.0%	15.3%	42.7%	6.0%	100.0%
SA 7	9,172	4,573	8,128	1,334	23,207
Percent	39.5%	19.7%	35.0%	5.7%	100.0%
SA 8	11,878	6,304	15,528	2,450	36,160
Percent	32.8%	17.4%	42.9%	6.8%	100.0%
Total	65,631	34,098	83,332	14,874	197,935
Percent	33.2%	17.2%	42.1%	7.5%	100.0%

Note: Bold values represent the highest and lowest percent in each group. Total reflects unduplicated count of consumers served. Some consumers (N = 18,642) were served in more than one SA or 216,577 duplicated count. Data Source: LACDMH-IS Database, October 2013.

Differences by Age Group

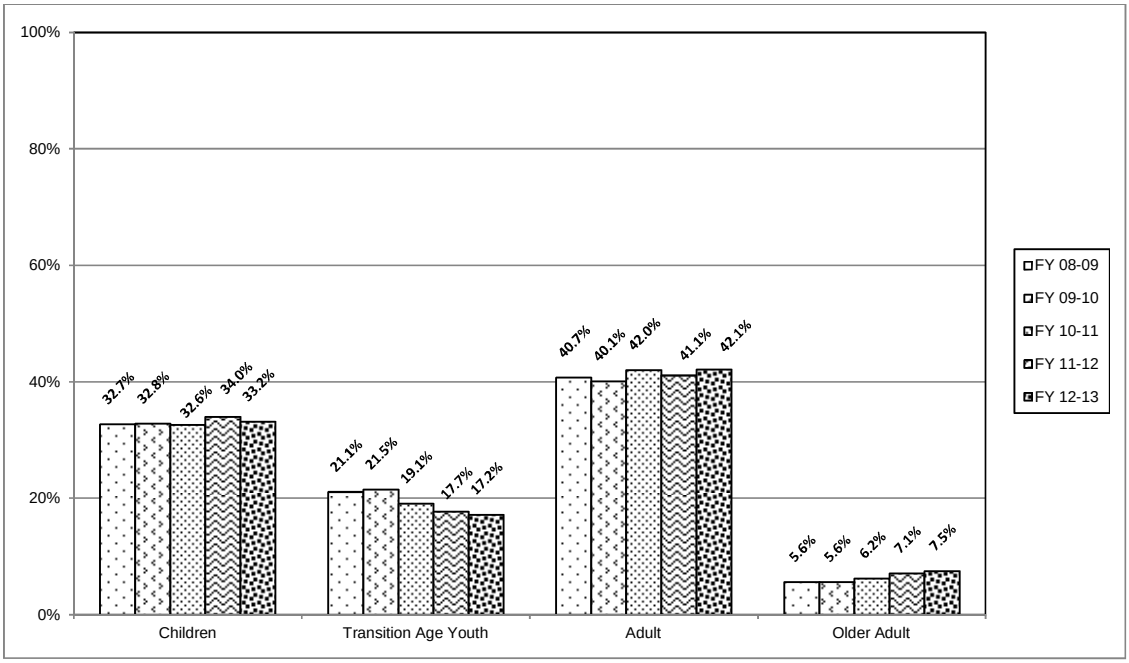
SA 3 at 42.5% has the highest percentage of Children served as compared with the lowest percentage in SA 5 at 29.3%.

SA 3 at 21.7% has the highest percentage of TAY served as compared with the lowest percentage in SA 5 at 14.7%.

SA 5 at 45.4% has the highest percentage of Adults served as compared with the lowest percentage in SA 3 at 30.2%.

SA 5 at 10.5% has the highest percentage of Older Adults served as compared with the lowest percentage in SA 1 at 4.2%.

FIGURE 12: PERCENT CHANGE IN CONSUMERS SERVED IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP FY 2008 – 2009 TO FY 2012 – 2013



As a percentage of consumers served, Children served in Short Doyle/Medi-Cal facilities increased by 0.5% from 32.7% to 33.2% between FY 08-09 and FY 12-13. In FY 09-10 the percentage of Children served in Short Doyle/Medi-Cal facilities was at 32.8%, in FY 10-11 it was at 32.6%, and in FY 11-12 it was at 34.0%.

As a percentage of consumers served, TAY served in Short Doyle/Medi-Cal facilities decreased by 3.9% from 21.1% to 17.2% between FY 08-09 and FY 12-13. In FY 09-10 the percentage of TAY served in Short Doyle/Medi-Cal facilities was at 21.5%, in FY 10-11 it was at 19.1%, and in FY 11-12 it was at 17.7%.

As a percentage of consumers served, Adults served in Short Doyle/Medi-Cal facilities increased by 1.4% from 40.7% to 42.1% between FY 08-09 and FY 12-13. In FY 09-10 the percentage of Adults served in Short Doyle/Medi-Cal facilities was at 40.1%, in FY 10-11 it was at 42.0%, and in FY 11-12 it was at 41.1%.

As a percentage of consumers served, Older Adults served in Short Doyle/Medi-Cal facilities increased by 1.9% from 5.6% to 7.5% between FY 08-09 and FY 12-13. In FY 09-10 the percentage of Older Adults served in Short Doyle/Medi-Cal facilities was at 5.6%, in FY 10-11 it was at 6.2%, and in FY 11-12 it was at 7.1%.

TABLE 28: CONSUMERS SERVED IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY GENDER AND SERVICE AREA FY 2012 - 2013

Service Area (SA)	Male	Female	Total
SA 1	5,448	5,933	11,381
Percent	**47.9%**	**52.1%**	100.0%
SA 2	15,397	15,653	31,050
Percent	49.6%	50.4%	100.0%
SA 3	13,685	13,433	27,118
Percent	50.5%	49.5%	100.0%
SA 4	23,994	20,201	44,195
Percent	**54.3%**	**45.7%**	100.0%
SA 5	4,854	4,583	9,437
Percent	51.4%	48.6%	100.0%
SA 6	16,733	16,731	33,464
Percent	50.0%	50.0%	100.0%
SA 7	11,457	11,750	23,207
Percent	49.4%	50.6%	100.0%
SA 8	17,921	18,239	36,160
Percent	49.6%	50.4%	100.0%
Total	99,277	98,658	197,935
Percent	50.2%	49.8%	100.0%

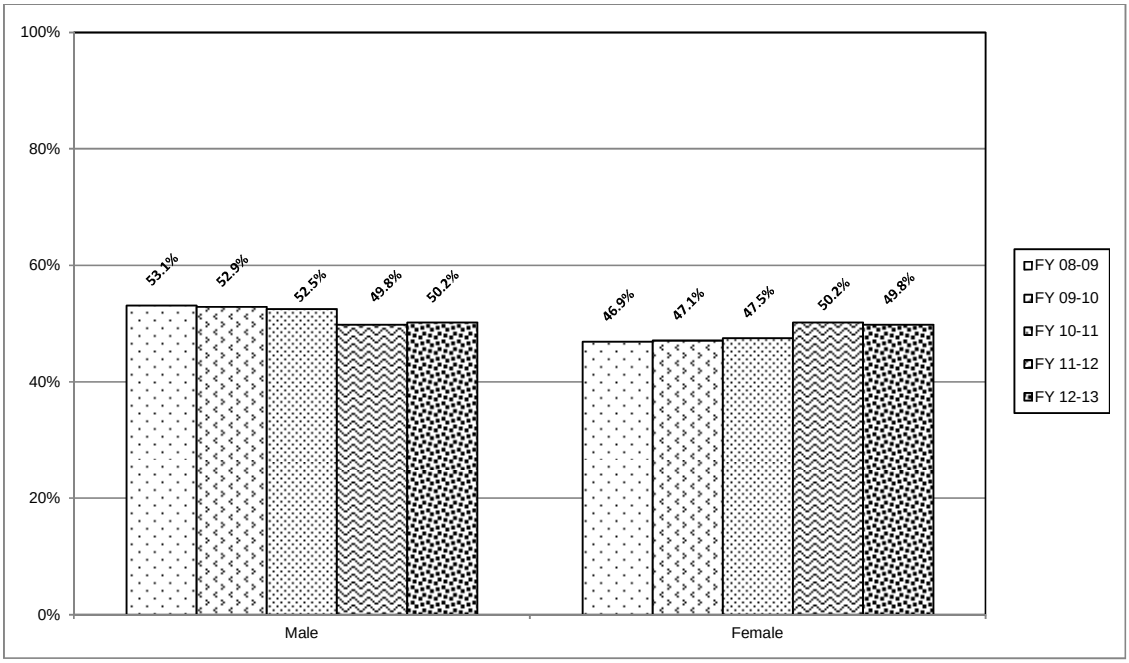
Note: Bold values represent the highest and lowest percent in each group. Excludes consumers not reporting their gender, (N = 86). Total reflects unduplicated count of consumers served. Some consumers (N = 18,642) were served in more than one SA or 216,577 duplicated count. Data Source: LACDMH-IS Database, October 2013.

Differences by Gender

SA 4 at 54.3% has the highest percentage of Males served in Short Doyle/Medi-Cal facilities as compared with the lowest percentage in SA 1 at 47.9%.

SA 1 at 52.1% has the highest percentage of Females served in Short Doyle/Medi-Cal facilities as compared with the lowest percentage in SA 4 at 45.7%.

FIGURE 13: PERCENT CHANGE IN CONSUMERS SERVED IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY GENDER FY 2008 – 2009 TO FY 2012 – 2013



As a percentage of consumers served, Males served in Short Doyle/Medi-Cal facilities decreased by 2.9% from 53.1% to 50.2% between FY 08-09 and FY 12-13. In FY 09-10 the percent of Males served in Short Doyle/Medi-Cal facilities was at 52.9%, in FY 10-11 it was at 52.5%, and in FY 11-12 it was at 49.8%.

As a percentage of consumers served, Females served in Short Doyle/Medi-Cal facilities increased by 2.9% from 46.9% to 49.8% between FY 08-09 and FY 12-13. In FY 09-10 the percentage of Females served in Short Doyle/Medi-Cal facilities was at 47.1%, in FY 10-11 it was at 47.5%, and in FY 11-12 it was at 50.2%.

TABLE 29: PRIMARY LANGUAGE OF CONSUMERS SERVED IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY THRESHOLD LANGUAGE FY 2012 - 2013

Service Area (SA)	Armen -ian	Cambod -ian	Cantonese	English	Farsi	Korean	Mandarin	Other Chinese	Russian	Spanish	Tagalog	Vietnamese	Total
SA 1	100	49	21	8,465	30	49	26	4	15	2,331	22	45	11,157
Percent	0.9%	0.4%	0.2%	**75.9%**	0.3%	0.4%	0.2%	0.0%	0.1%	**20.9%**	0.2%	0.4%	100.0%
SA 2	235	133	83	22,624	71	158	86	34	37	6,298	71	111	29,941
Percent	0.8%	0.4%	0.3%	**75.6%**	**0.2%**	0.5%	0.3%	0.1%	**0.1%**	21.0%	0.2%	0.4%	100.0%
SA 3	200	132	70	19,094	78	120	72	22	34	5,642	56	*103*	25,623
Percent	0.8%	0.5%	**0.3%**	**74.5%**	0.3%	0.5%	**0.3%**	**0.1%**	0.1%	22.0%	0.2%	*0.4%*	100.0%
SA 4	337	213	113	30,072	113	215	103	37	48	8,049	87	174	39,561
Percent	0.9%	0.5%	**0.3%**	**76.0%**	0.3%	**0.5%**	0.3%	0.1%	**0.1%**	20.3%	**0.2%**	0.4%	100.0%
SA 5	64	45	28	6,263	32	43	19	8	15	1,580	32	36	8,165
Percent	0.8%	0.6%	0.3%	**76.7%**	**0.4%**	0.5%	0.2%	0.1%	0.2%	19.4%	0.4%	0.4%	100.0%
SA 6	269	156	93	22,409	92	156	83	21	39	6,212	68	127	29,725
Percent	0.9%	0.5%	0.3%	**75.4%**	0.3%	0.5%	0.3%	0.1%	0.1%	20.9%	0.2%	0.4%	100.0%
SA 7	154	88	54	14,863	65	103	50	26	25	4,240	40	79	19,787
Percent	0.8%	0.4%	0.3%	**75.1%**	0.3%	0.5%	0.3%	0.1%	0.1%	21.4%	0.2%	0.4%	100.0%
SA 8	212	173	104	22,404	79	164	74	31	40	6,360	58	108	29,807
Percent	0.7%	0.6%	0.3%	**75.2%**	0.3%	0.6%	0.2%	0.1%	0.1%	21.3%	0.2%	0.4%	100.0%
Total	1,571	989	566	146,194	560	1,008	513	183	253	40,712	434	783	193,766
Percent	0.8%	0.5%	0.3%	75.4%	0.3%	0.5%	0.3%	0.1%	0.1%	21.0%	0.2%	0.4%	100.0%

Note: SA Threshold Languages are in bold. 1,241 consumers served in Short Doyle/Medi-Cal (SD/MC) facilities reported “Other” as their primary language. 2,765 consumers served in SD/MC facilities reported their primary language as “Unknown” or were “Missing” in the IS database. Arabic is a Countywide threshold language and does not meet the threshold language criteria at the SA level and is not reported in the table by Service Area, N = 163 (0.2%).

Table 29 shows the primary language of consumers served by threshold language. Below is a discussion of the threshold languages by Service Area.

SA 1: 8,465 (75.9%) English speaking consumers were served and 2,331 (20.9%) Spanish speaking consumers were served.

SA 2: 235 (0.8%) Armenian speaking consumers were served; 22,624 (75.6%) English speaking consumers were served; 71 (0.2%) Farsi speaking consumers were served; and 6,298 (21.0%) Spanish speaking consumers were served.

SA 3: 132 (0.5%) Cambodian speaking consumers were served; 70 (0.3%) Cantonese speaking consumers were served; 19,094 (74.5%) English speaking consumers were served; 72 (0.3%) Mandarin speaking consumers were served; 22 (0.1%) Other Chinese speaking consumers were served; 5,642 (22.0%) Spanish speaking consumers were served; and 103 (0.4%) Vietnamese speaking consumers were served.

SA 4: 337 (0.9%) Armenian speaking consumers were served; 113 (0.3%) Cantonese speaking consumers were served; 30,072 (76.0%) English speaking consumers were served; 215 (0.5%) Korean speaking consumers were served; 48 (0.1%) Russian speaking consumers were served; and 8,049 (20.3%) Spanish speaking consumers were served.

SA 5: 6,263 (76.7%) English speaking consumers were served; 32 (0.4%) Farsi speaking consumers were served; and 1,580 (19.4%) Spanish speaking consumers were served.

SA 6: 22,409 (75.4%) English speaking consumers were served and 6,212 (20.9%) Spanish speaking consumers were served.

SA 7: 14,863 (75.1%) English speaking consumers were served and 4,240 (21.4%) Spanish speaking consumers were served.

SA 8: 173 (0.6%) Cambodian speaking consumers were served; 22,404 (75.2%) English speaking consumers were served; and 6,360 (21.3%) Spanish speaking consumers were served.

Demographic Needs Assessment for Consumers Served In Outpatient Short Doyle/Medi-Cal Facilities by Service Area

The following section provides analysis of disparities in access to services by using Penetration Rate and number of services received by using Retention Rate by ethnicity and age group in each SA. Population enrolled in Medi-Cal and estimated in need of mental health services based on prevalence rates from CHIS is subtracted from consumers served by LACDMH in outpatient services. This provides us with “Estimated Need Served” and “Estimated Need Not Served.” For identified unserved consumer groups, Retention Rates are displayed to further depict the number of services received by these groups.

Service Area 1

FIGURE 14: TOTAL POPULATION BY ETHNICITY
CY 2012 - SA 1 (N = 387,512)

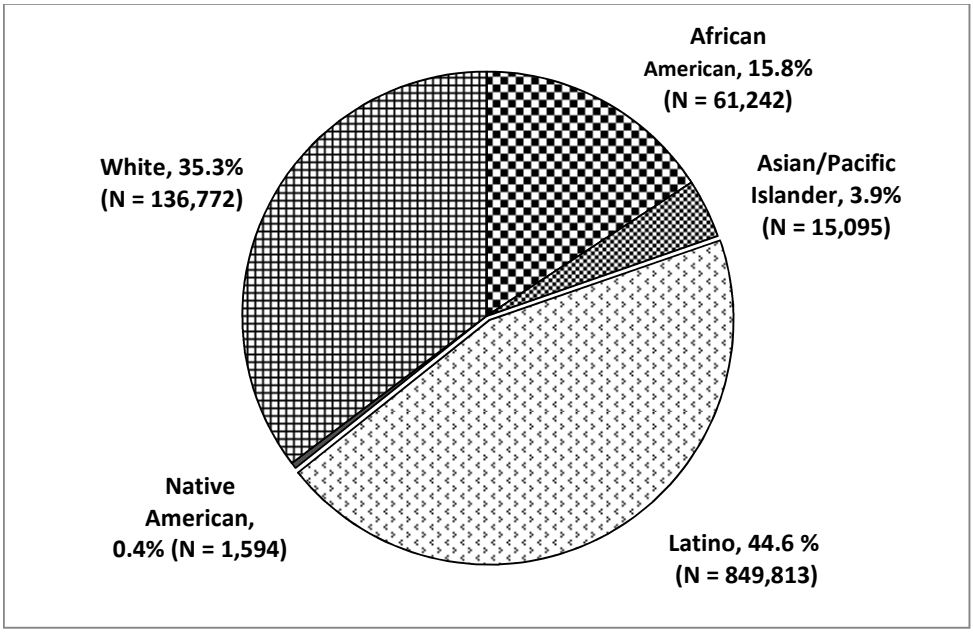


FIGURE 15: TOTAL POPULATION BY AGE GROUP
CY 2012 - SA 1 (N= 387,512)

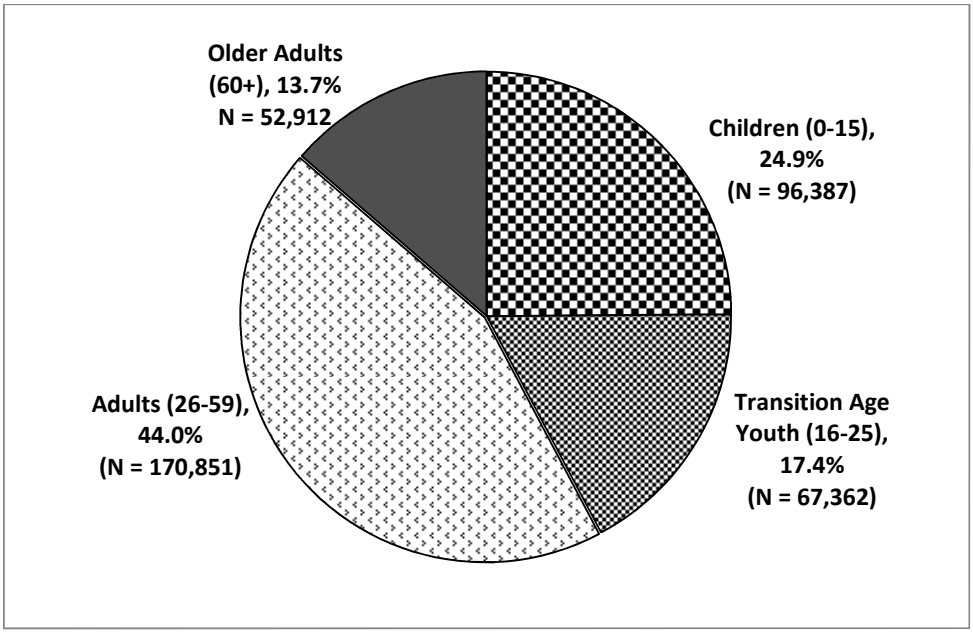


FIGURE 16: PENETRATION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY AND AGE GROUP FY 2012 - 2013 - SA 1

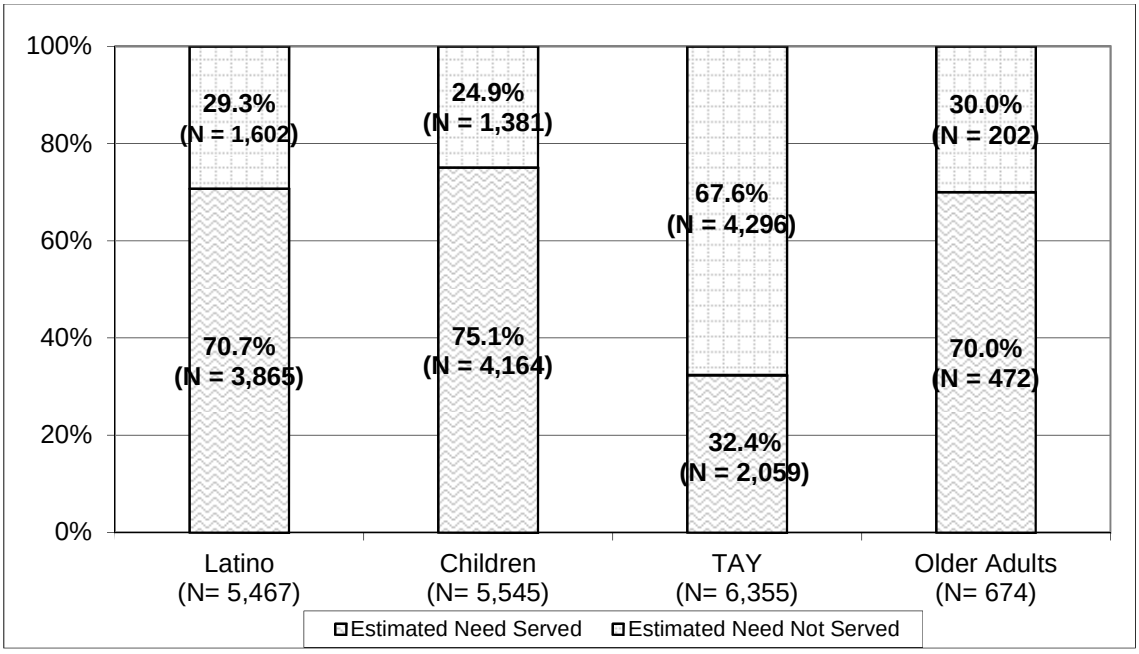
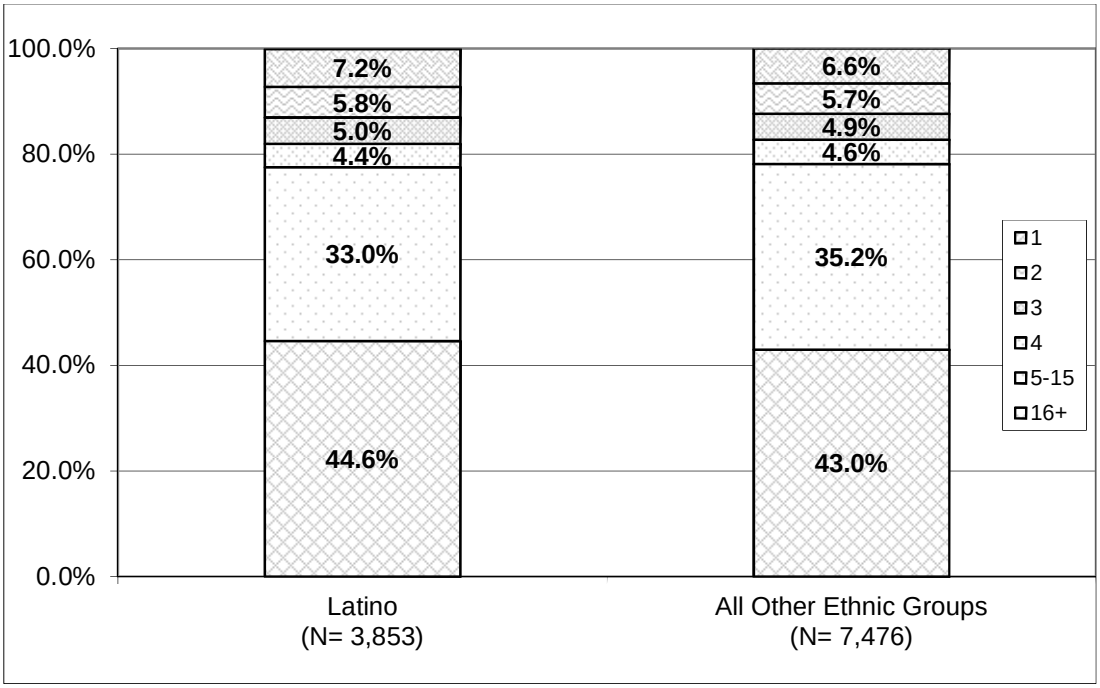


Figure 16 shows that among all ethnic groups reported, the Latino population has an estimated unmet need for services in SA 1. The Penetration Rate is calculated as the number of consumers served in Outpatient Short Doyle/Medi-Cal facilities divided by the total number of Medi-Cal enrollees with estimated Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Using Penetration Rate to conduct a needs assessment indicates that Latino consumers served in SA 1 represent 70.7% while 29.3% are estimated to remain in need of services.

Figure 16 also shows that among all age groups reported, the Child, TAY, and Older Adult populations have an estimated unmet need for services in SA 1. Using Penetration Rate to conduct a needs assessment indicates Children served in SA 1 represent 75.1%, while 24.9% are estimated to remain in need of services; TAY consumers served represent 32.4%, while 67.6% are estimated to remain in need of services; and Older Adult consumers served in SA 1 represent 70.0%, while 30.0% are estimated to remain in need of services.

Retention rates are presented in the figures that follow for those groups with estimated unmet need for services in SA 1.

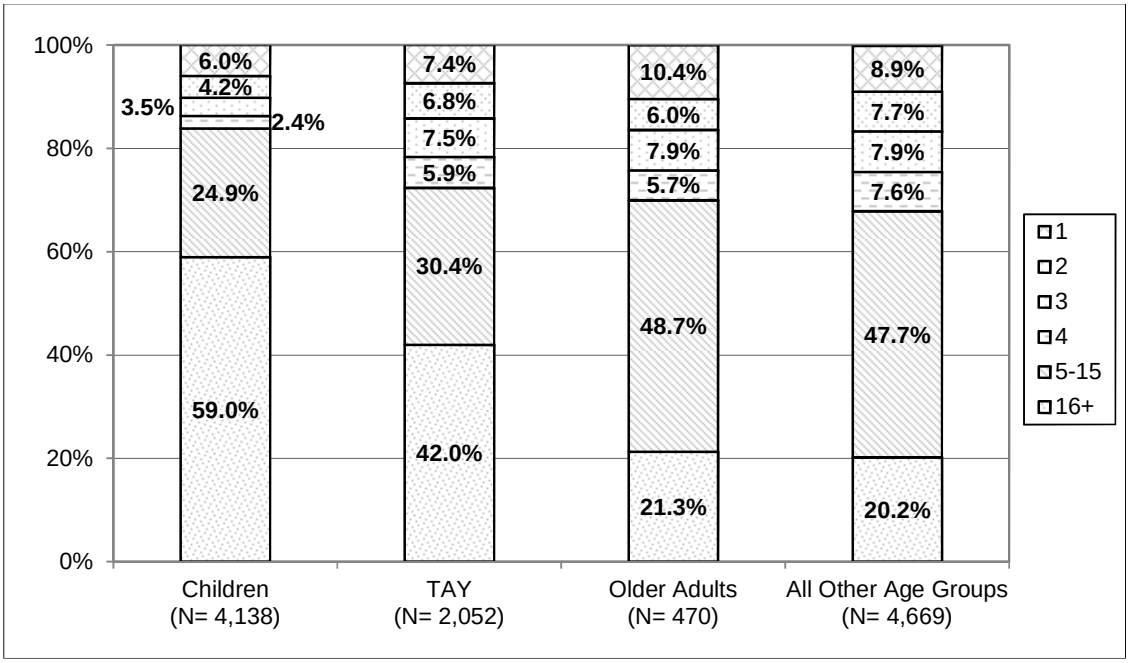
FIGURE 17: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY
FY 2012 - 2013 - SA 1



Note: Retention Rate = Number of Approved Outpatient Claims

Figure 17 shows that among Latino consumers served in Outpatient Short Doyle/Medi-Cal facilities in SA 1, 22.4% (7.2 + 5.8 + 5.0 + 4.4 = 22.4%) received four or fewer services compared to 21.8% (6.6 + 5.7 + 4.9 + 4.6 = 21.8%) for all other ethnic groups; 33.0% received 5 to 15 services compared to 35.2% for all other ethnic groups; and 44.6% received 16 or more services compared to 43.0% for all other ethnic group consumers that received Outpatient Services in SA 1.

FIGURE 18: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2012 - 2013 - SA 1



Note: Retention Rate = Number of Approved Outpatient Claims

Figure 18 shows that among Children served in Outpatient Short Doyle/Medi-Cal facilities in SA 1, 16.1% (6.0 + 4.2 + 3.5 + 2.4 = 16.1%) received four or fewer services; compared to 27.6% (7.4 + 6.8 + 7.5 + 5.9 = 27.6%) for TAY; 30% (10.4 + 6.0 + 7.9 + 5.7 = 30.0%) for Older Adults; and compared to 32.1% (8.9 + 7.7 + 7.9 + 7.6 = 32.1%) for Adults.

Figure 18 also shows that among Children served, 24.9% received 5 to 15 services and 59.0% received 16 or more services; as compared to TAY of which 30.4% received 5 to 15 services and 42.0% received 16 or more services; Older Adults of which 48.7% received 5 to 15 services, and 21.3% received 16 or more services; and compared with Adults, of which 47.7% received 5 to 15 services, and 20.2% received 16 or more services.

Service Area 2

FIGURE 19: TOTAL POPULATION BY ETHNICITY
CY 2011 - SA 2 (N = 2,147,332)

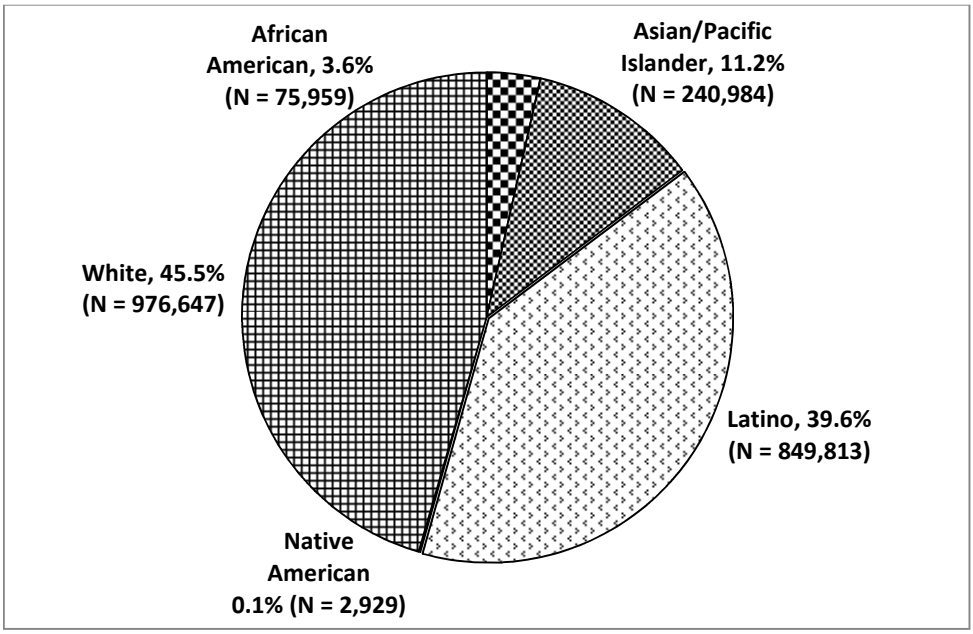


FIGURE 20: TOTAL POPULATION BY AGE GROUP
CY 2011 - SA 2 (N = 2,147,332)

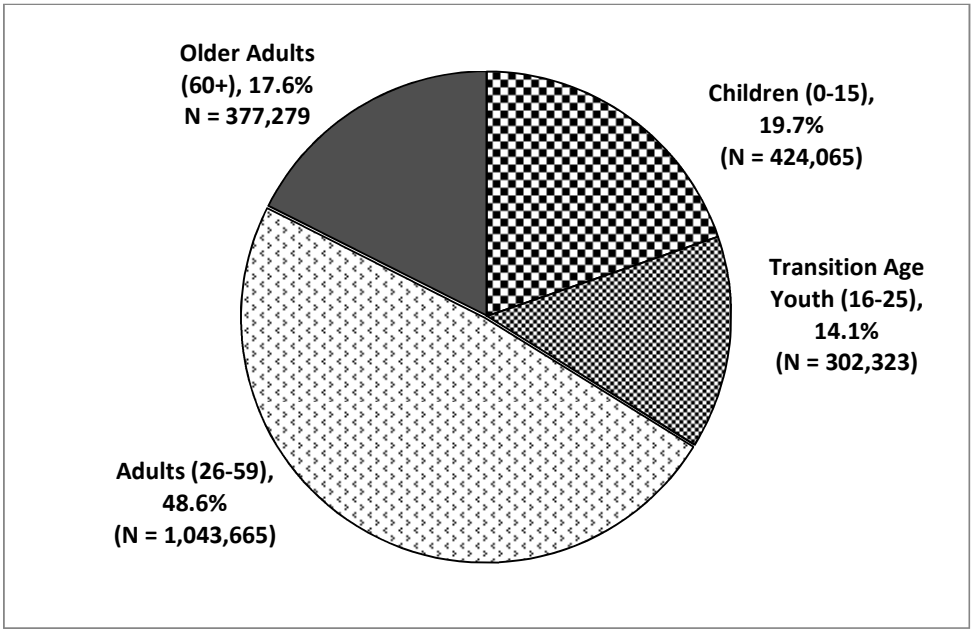
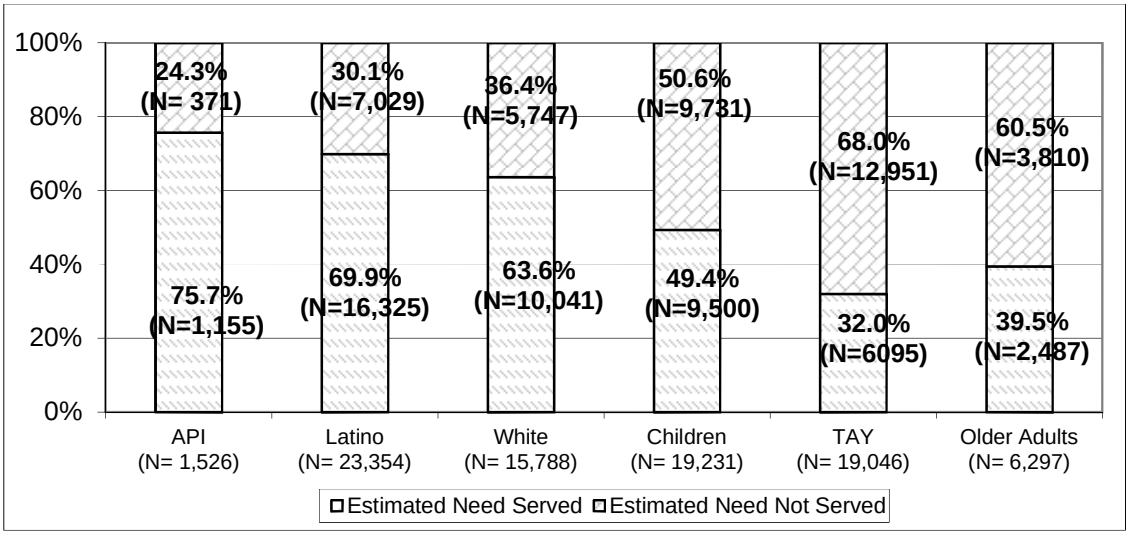


FIGURE 21: PENETRATION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY AND AGE GROUP FY 2012 - 2013 - SA 2



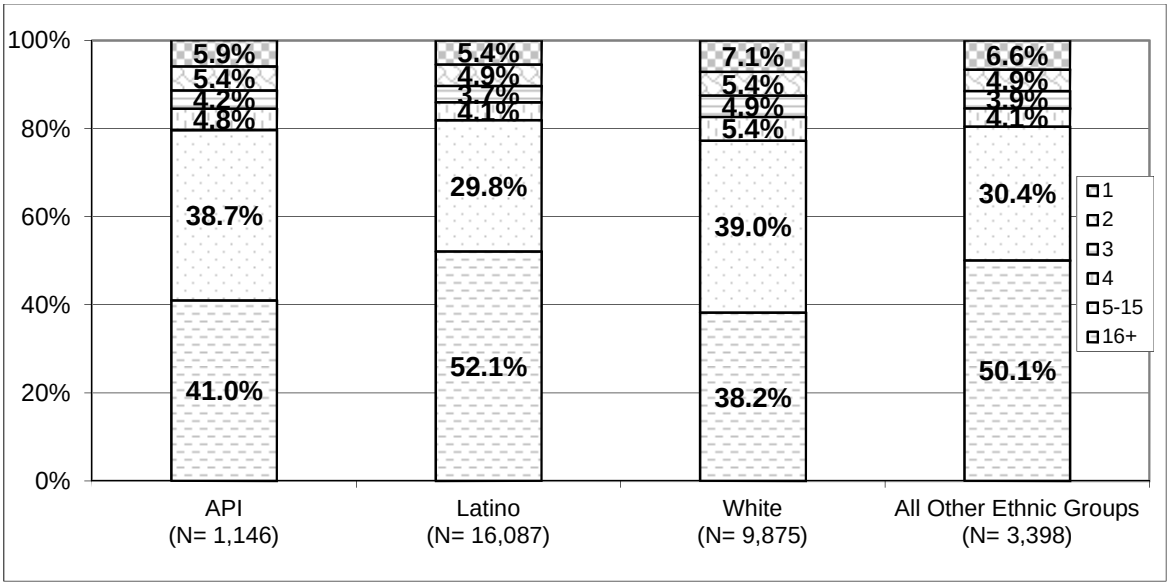
Note: API = Asian/Pacific Islander

Figure 21 shows that among all ethnic groups reported, the API, Latino, and White populations have an estimated unmet need for services in SA 2. The Penetration Rate is calculated as the number of consumers served in Outpatient Short Doyle/Medi-Cal facilities divided by the total number of Medi-Cal enrollees with estimated Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Using Penetration Rate to conduct a needs assessment indicates that API consumers served in SA 2 represent 75.7%, while 24.3% are estimated to remain in need of services; Latino consumers served in SA 2 represent 69.9%, while 30.1% are estimated to remain in need of services; White consumers served in SA 2 represent 63.6%, while 36.4% are estimated to remain in need of services.

Figure 21 also shows that among all age groups reported, the Child, TAY and Older Adult populations have an estimated unmet need for services in SA 2. Using Penetration Rate to conduct a needs assessment indicates that Children served in SA 2 represent 49.4%, while 50.6% are estimated to remain in need of services; TAY consumers served represent 32.0%, while 68% are estimated to remain in need of services; and Older Adult consumers served in SA 2 represent 39.5%, while 60.5% are estimated to remain in need of services.

Retention rates are presented in the figures that follow for those groups with estimated unmet need for services in SA 2.

FIGURE 22: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY
FY 2012 - 2013 - SA 2

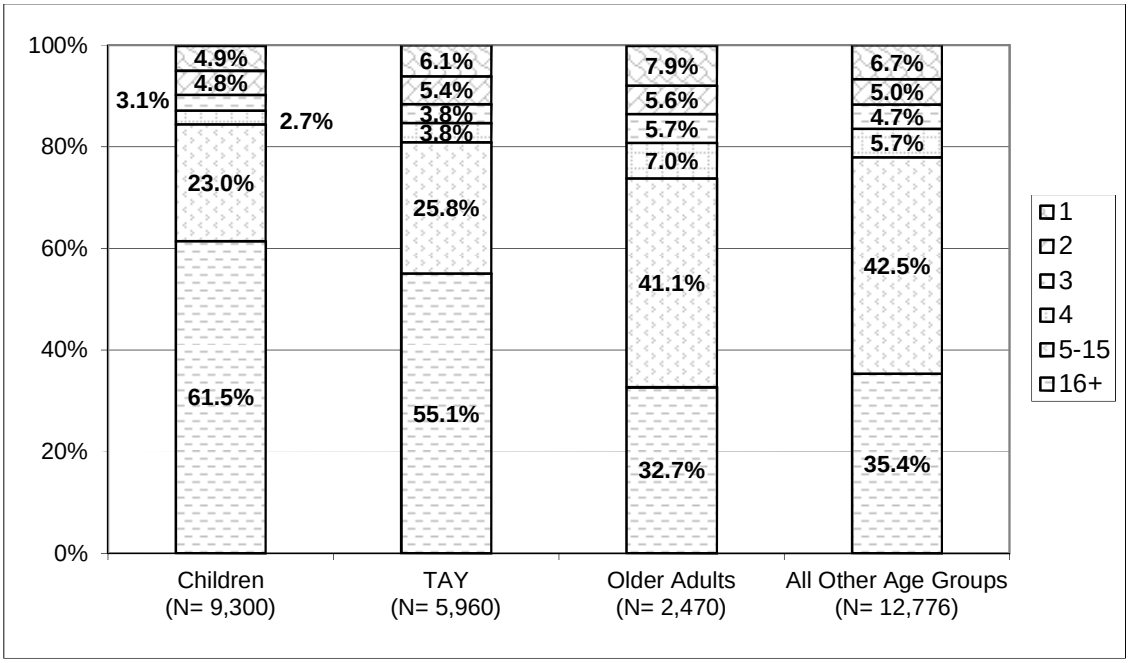


Note: API = Asian/Pacific Islander, Retention Rate = Number of Approved Outpatient Claims

Figure 22 shows that among the API consumers served in Outpatient Short Doyle/Medi-Cal facilities in SA 2, 20.3% (5.9 + 5.4 + 4.2 + 4.8 = 20.3%) received four or fewer services as compared to 18.1% (5.4 + 4.9 + 3.7 + 4.1 = 18.1%) for Latinos; compared to 22.8% (7.1 + 5.4 + 4.9 + 5.4 = 22.8%) for Whites; and compared to 19.5% (6.6 + 4.9 + 3.9 + 4.1 = 19.5%) for all other ethnic groups.

Figure 22 also shows that among the API consumers served in SA 2, 38.7% received 5 to 15 services and 41.0% received 16 or more services; as compared to Latinos of which 29.8% received 5 to 15 services, and 52.1% received 16 or more services; Whites of which 39.0% received 5 to 15 services, and 38.2% received 16 or more services; and compared to all other ethnic groups of which 30.4% received 5 to 15 services, and 50.1% received 16 or more services.

FIGURE 23: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2012 - 2013 - SA 2



Note: Retention Rate = Number of Approved Outpatient Claims

Figure 23 shows that among Children served in Outpatient Short Doyle/Medi-Cal facilities in SA 2, 15.5% (4.9 + 4.8 + 3.1 + 2.7 = 15.5%) received four or fewer services compared to 19.1% (6.1 + 5.4 + 3.8 + 3.8 = 19.1%) for TAY, 26.2% (7.9 + 5.6 + 5.7 + 7.0 = 26.2%) for Older Adults, and compared to 20.7% (6.7 + 5.0 + 4.7 + 5.7 = 22.1%) for Adults.

Figure 23 also shows that among Children served, 23.0% received 5 to 15 services and 61.5% received 16 or more services; compared with TAY of which 25.8% received 5 to 15 services and 55.1% received 16 or more services; Older Adults of which 41.1% received 5 to 15 services, and 32.7% received 16 or more services; and compared with Adults of which 42.5% received 5 to 15 services, and 35.4% received 16 or more services.

Service Area 3

FIGURE 24: TOTAL POPULATION BY ETHNICITY
CY 2012 - SA 3 (N= 1,758,381)

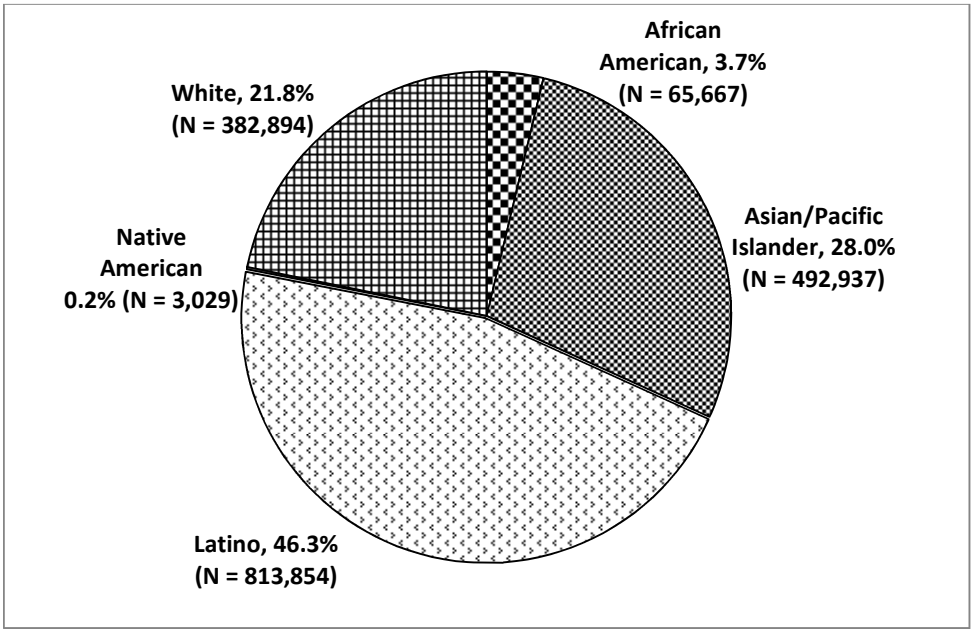


FIGURE 25: TOTAL POPULATION BY AGE GROUP
CY 2012 - SA 3 (N = 1,758,381)

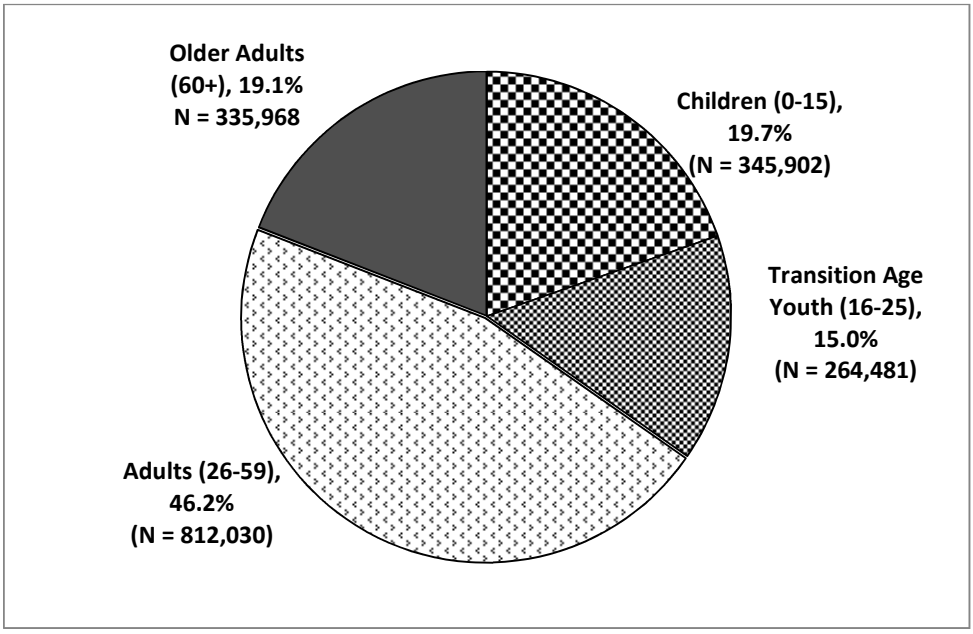
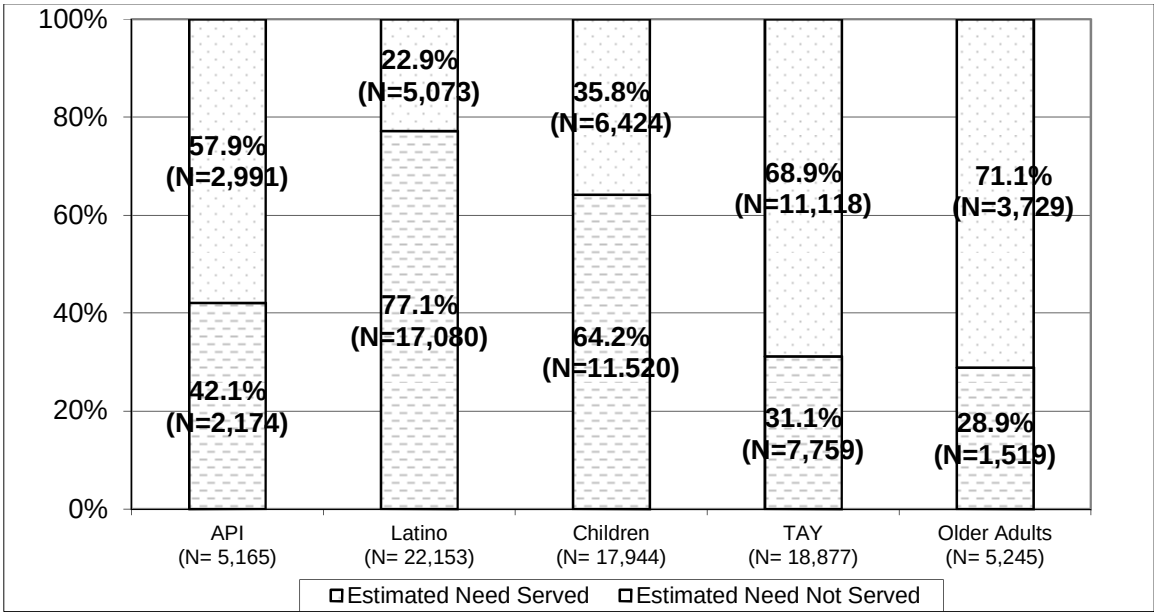


FIGURE 26: PENETRATION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY AND AGE GROUP FY 2012 - 2013 - SA 3



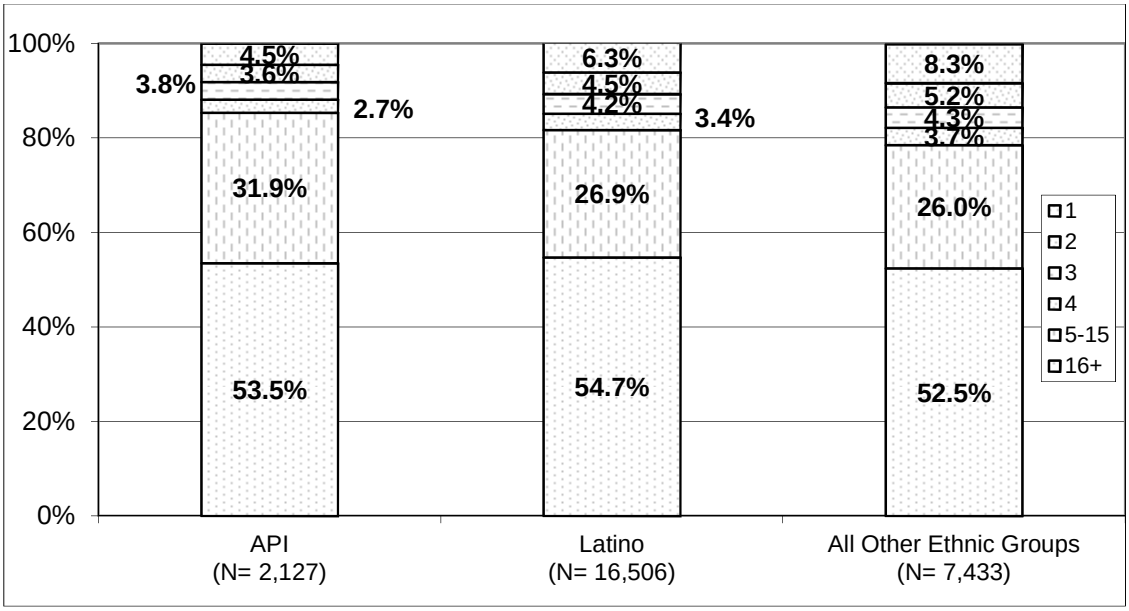
Note: API = Asian/Pacific Islander

Figure 26 shows that among all ethnic groups reported, the API and the Latino populations have an estimated unmet need for services in SA 3. The Penetration Rate is calculated as the number of consumers served in Outpatient Short Doyle/Medi-Cal facilities divided by the total number of Medi-Cal enrollees with estimated Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Using Penetration Rate to conduct needs assessment indicates that API consumers served in SA 3 represent 42.1%, while 57.9% are estimated to remain in need of services; Latino consumers served represent 77.1%, while 22.9% are estimated to remain in need of services.

Figure 26 also shows that among all age groups reported, the Child, TAY, and Older Adult populations have an estimated unmet need for services in SA 3. Using Penetration Rate to conduct needs assessment Children served in SA 3 represent 64.2%, while 35.8% are estimated to remain in need of services; TAY served represent 31.1%, while 68.9% are estimated to remain in need of services; and Older Adults served represent 28.9%, while 71.1% are estimated to remain in need of services.

Retention rates are presented in the figures that follow for those groups with estimated unmet need for services in SA 3.

FIGURE 27: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY
FY 2012 - 2013 - SA 3

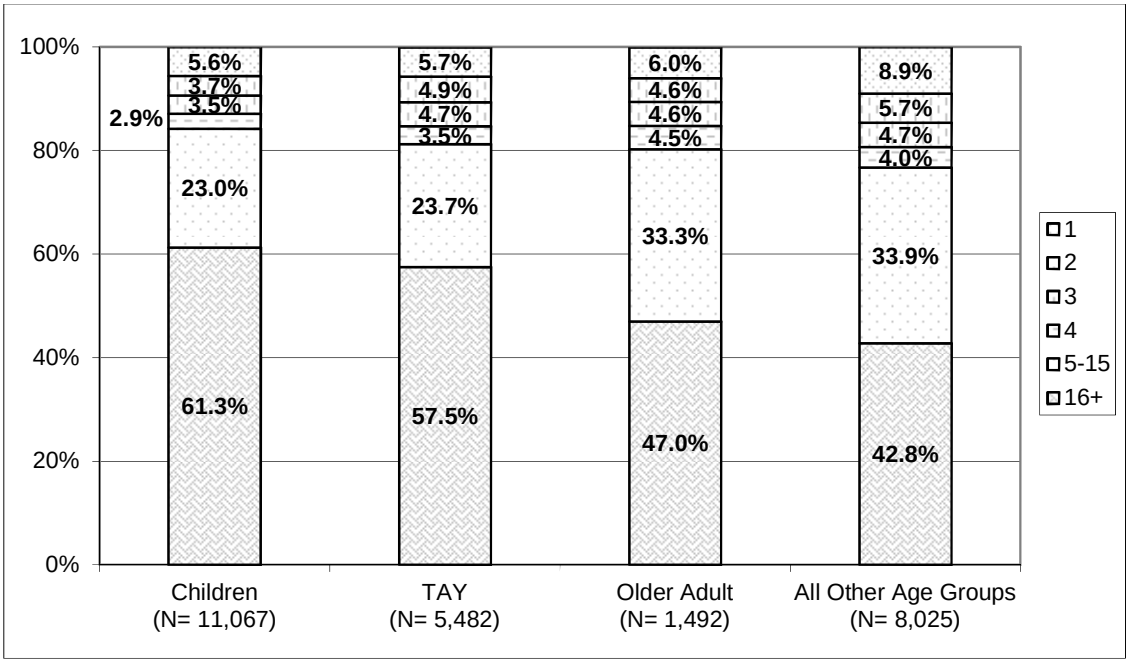


Note: API = Asian/Pacific Islander, Retention Rate = Number of Approved Outpatient Claims

Figure 27 shows that among the API consumers served in Outpatient Short Doyle/Medi-Cal facilities in SA 3, 14.6% (4.5 + 3.6 + 3.8 + 2.7 = 14.6%) received four or fewer services; as compared to Latinos of which 18.4% (6.3 + 4.5 + 4.2 + 3.4 = 18.4%) received four or fewer services; and compared to all other ethnic groups of which 21.5% (8.3 + 5.2 + 4.3 + 3.7 = 21.5%) received four or fewer services.

Figure 27 also shows that among the API consumers served in SA 3, 31.9% received 5 to 15 services, and 53.5% received 16 or more services; as compared to Latinos of which 26.9% received 5 to 15 services, and 54.7% received 16 or more services; and compared to all other ethnic groups of which 26.0% received 5 to 15 services, and 52.5% received 16 or more services.

FIGURE 28: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2012 – 2013 – SA 3



Note: Retention Rate = Number of Approved Outpatient Claims

Figure 28 shows that among Children served in Outpatient Short Doyle/Medi-Cal facilities services in SA 3, 15.7% (5.6 + 3.7 + 3.5 + 2.9 = 15.7%) received four or fewer services; as compared to TAY of which 18.8% (5.7 + 4.9 + 4.7 + 3.5 = 18.8%) received four or fewer services; Older Adults of which 19.7% (6.0 + 4.6 + 4.6 + 4.5 = 19.7%) received four or fewer services; and compared to Adults of which 23.3% (8.9 + 5.7 + 4.7 + 4.0 = 23.3%) received four or fewer services.

Figure 28 also shows that among Children served, 23.0% received 5 to 15 services and 61.3% received 16 or more services; as compared with TAY served, 23.7% received 5 to 15 services and 57.5% received 16 or more services; Older Adults of which 33.3% received 5 to 15 services and 47.0% received 16 or more services; and compared with Adults of which 33.9% received 5 to 15 services, and 42.8% received 16 or more services.

Service Area 4

FIGURE 29: TOTAL POPULATION BY ETHNICITY
CY 2012 - SA 4 (N= 1,123,335)

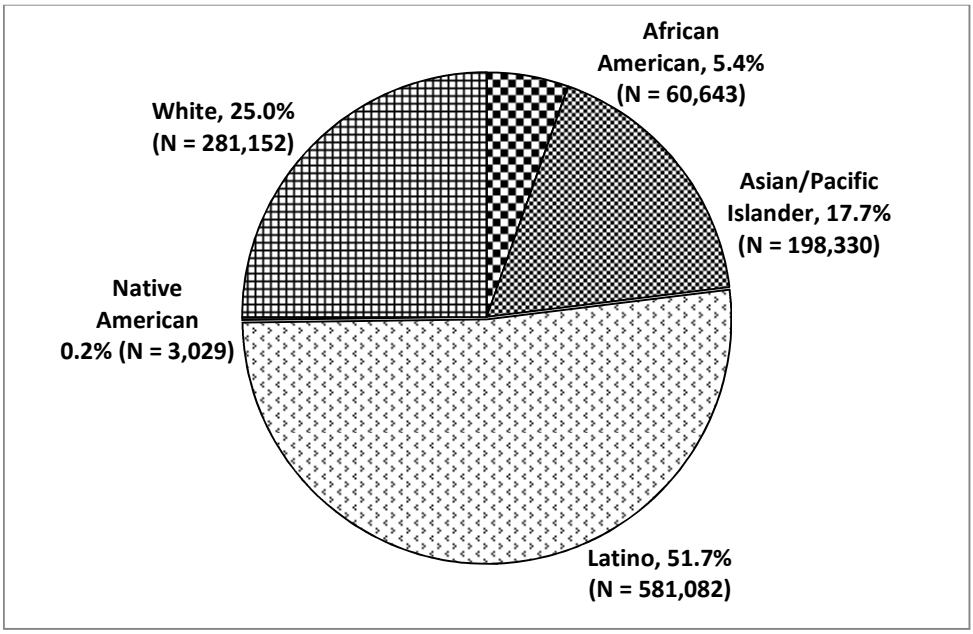


FIGURE 30: TOTAL POPULATION BY AGE GROUP
CY 2011 - SA 4 (N= 1,123,335)

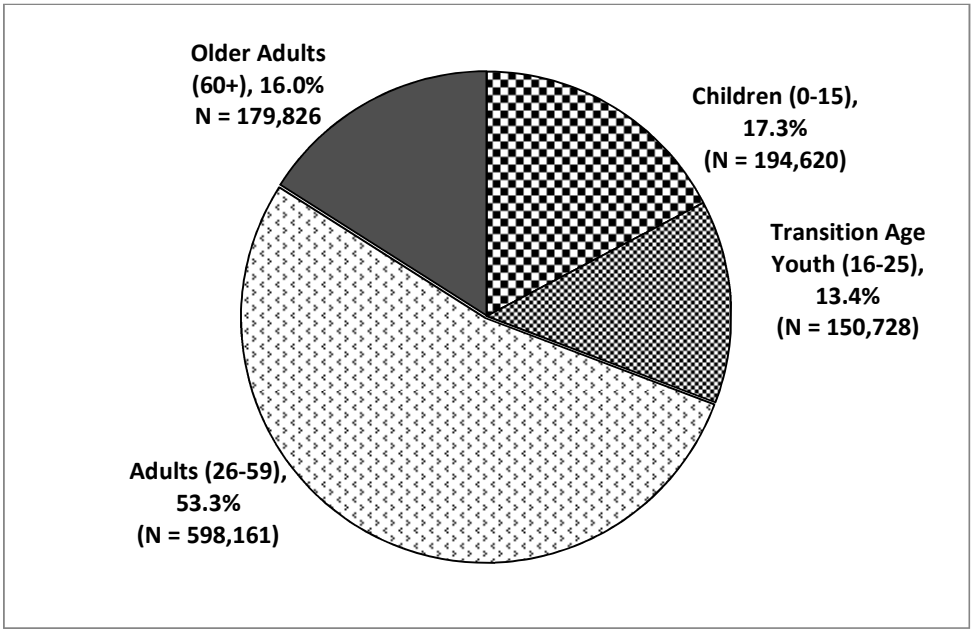


FIGURE 31: PENETRATION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY AND AGE GROUP FY 2012 - 2013 - SA 4

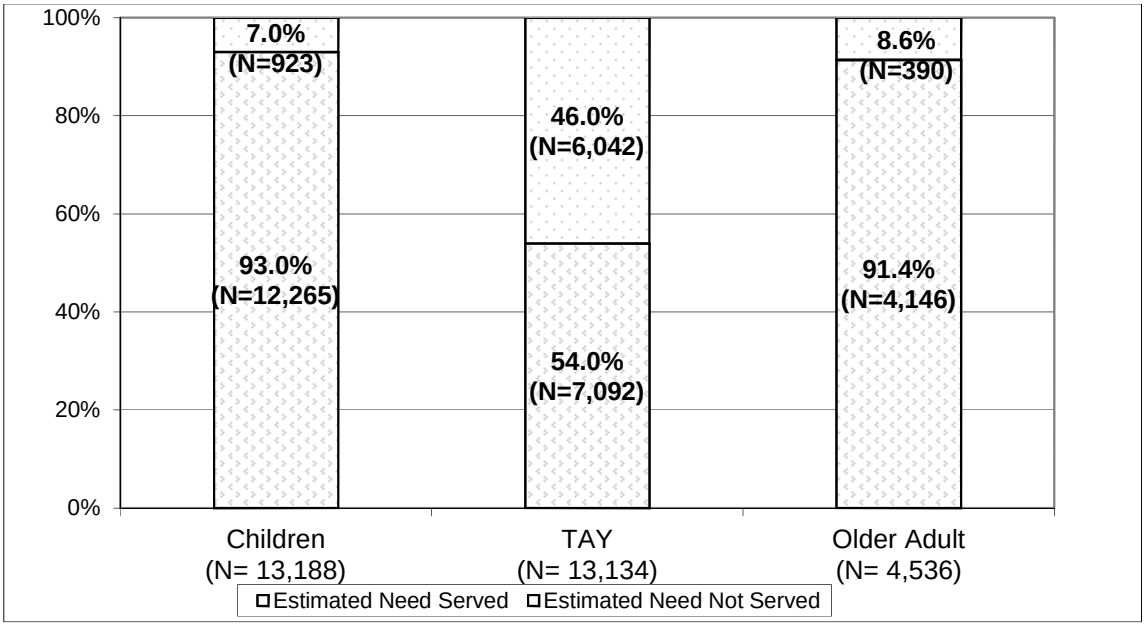
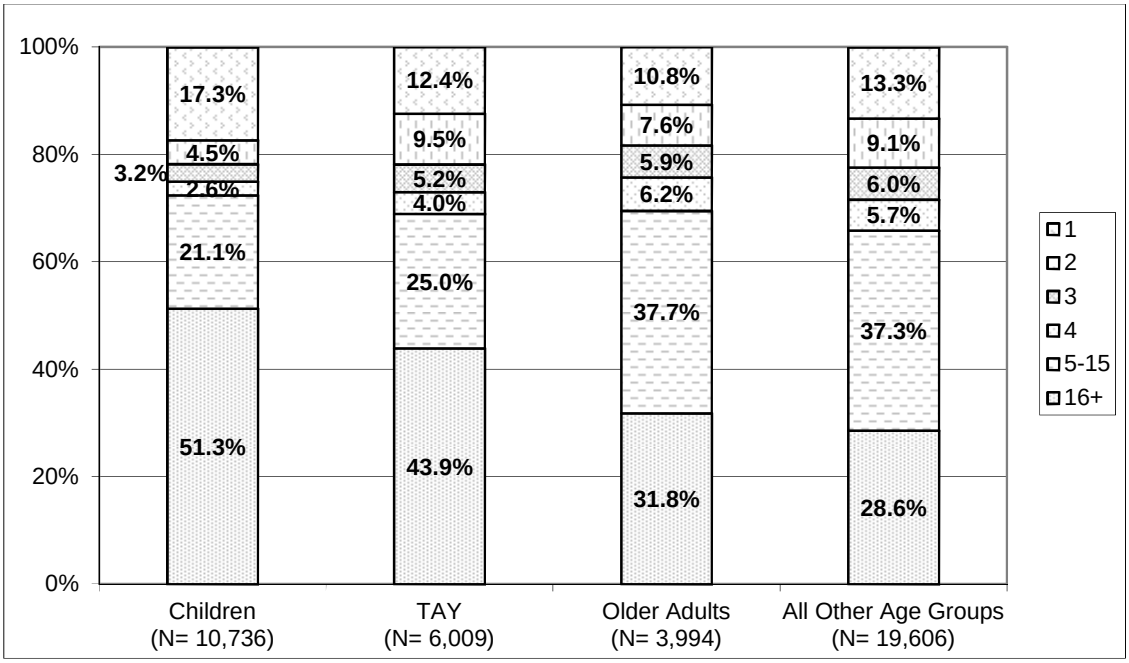


Figure 31 shows that among all age groups reported, the Child, TAY, and Older Adult populations have estimated unmet need for services in SA 4. The Penetration Rate is calculated as the number of consumers served in Outpatient Short Doyle/Medi-Cal facilities divided by the total number of Medi-Cal enrollees with estimated Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Using Penetration Rate to conduct a needs assessment indicates that Children served in SA 4 represent 93.0%, while 7.0% are estimated to remain in need of services; TAY served represent 54.0%, while 46.0% are estimated to remain in need of services; and Older Adult consumers served in SA 4 represent 91.4%, while 8.6% are estimated to remain in need of services.

Retention rates are presented in the figure that follows for those groups with estimated unmet need for services in SA 4.

FIGURE 32: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2012 - 2013 - SA 4



Note: Retention Rate = Number of Approved Outpatient Claims

Figure 32 shows that among Children served in Outpatient Short Doyle/Medi-Cal facilities in SA 4, 27.6% (17.3 + 4.5 + 3.2 + 2.6 = 27.6%) received four or fewer services; compared to TAY of which 31.1% (12.4 + 9.5 + 5.2 + 4.0 = 31.1%) received four or fewer services; Older Adults of which 30.5% (10.8 + 7.6 + 5.9 + 6.2 = 30.5%) received four or fewer services; and compared to Adults of which 34.1% (13.3 + 9.1 + 6.0 + 5.7 = 34.1%) received four or fewer services.

Figure 32 also shows that among Children served, 21.1% received 5 to 15 services and 51.3% received 16 or more services; compared to TAY of which 25.0% received 5 to 15 services and 43.9% received 16 or more services; compared to Older Adults of which 37.7% received 5 to 15 services, and 31.8% received 16 or more services; and Adults of which 37.3% received 5 to 15 services, and 28.6% received 16 or more outpatient services in SA 4.

Service Area 5

FIGURE 33: TOTAL POPULATION AND POPULATION BY ETHNICITY CY 2012 – SA 5 (N= 638,878)

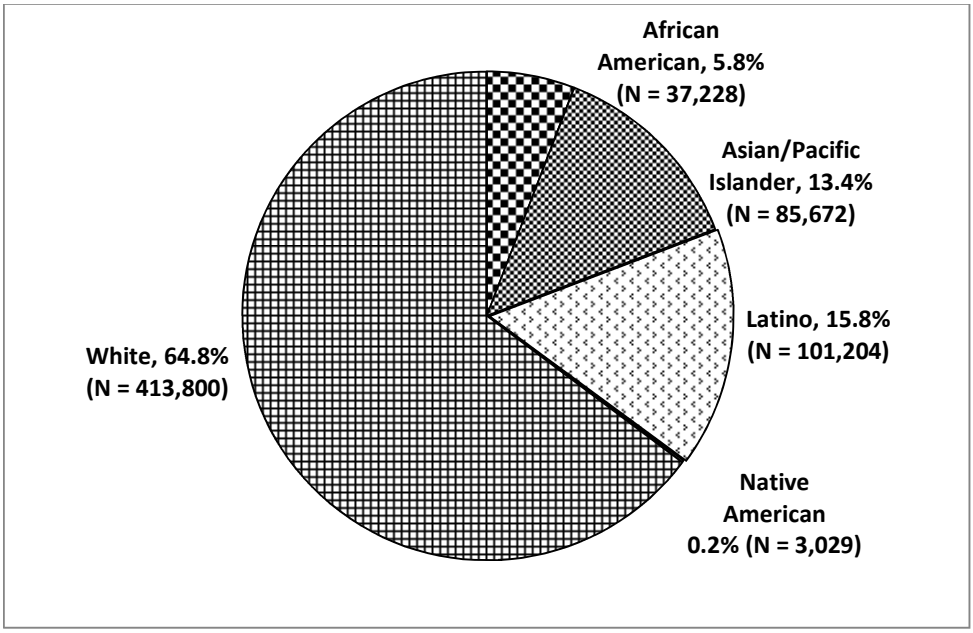


FIGURE 34: TOTAL POPULATION AND POPULATION BY AGE GROUP CY 2012 – SA 5 (N= 638,878)

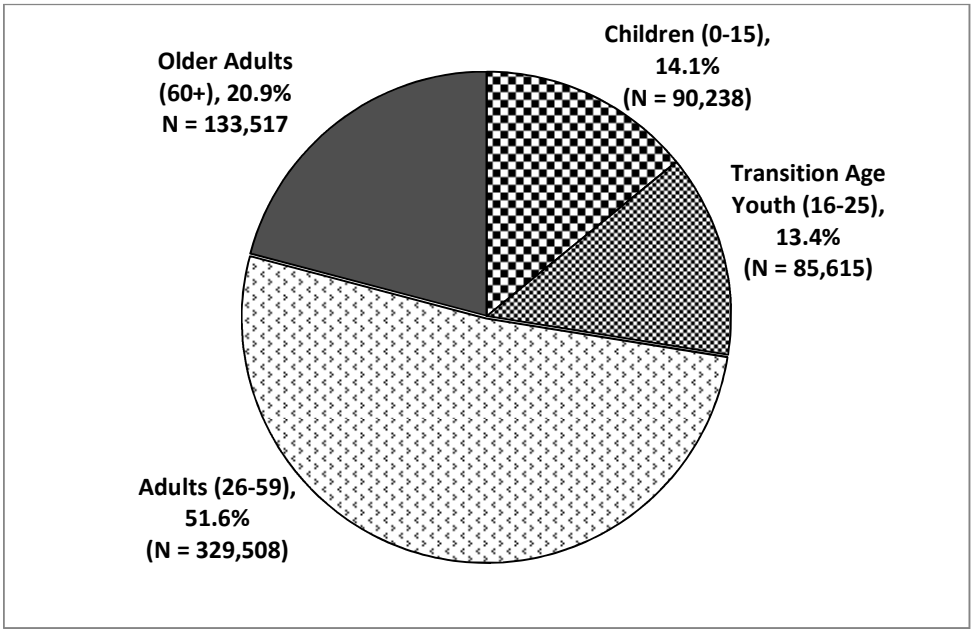


FIGURE 35: PENETRATION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY AND AGE GROUP FY 2012 – 2013 – SA 5

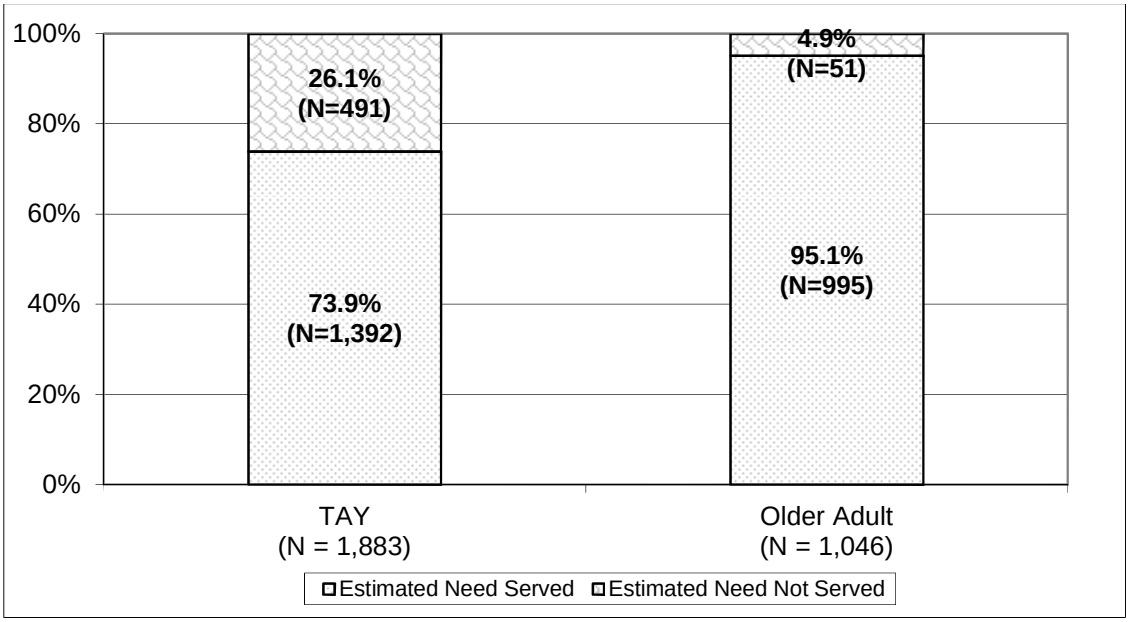
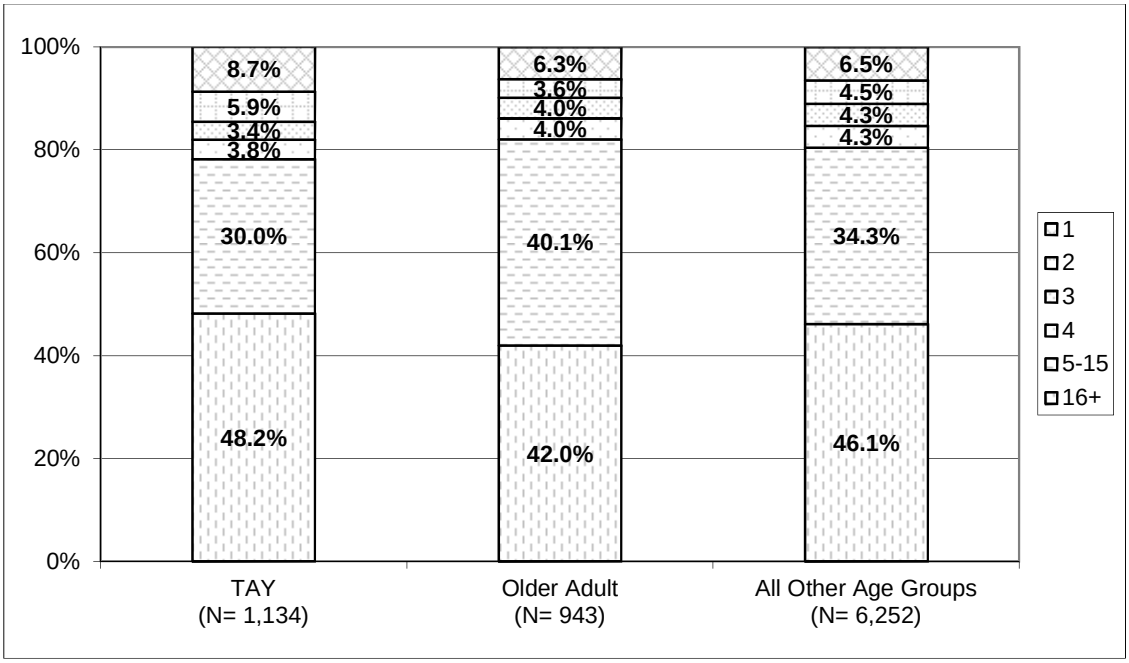


Figure 35 shows that among all age groups reported, the TAY and Older Adult populations have estimated unmet need for services in SA 5. The Penetration Rate is calculated as the number of consumers served in Outpatient Short Doyle/Medi-Cal facilities divided by the total number of Medi-Cal enrollees with estimated Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Using Penetration Rate to conduct a needs assessment indicates that the TAY consumers served in SA 5 represent 73.9%, while 26.1% are estimated to remain in need of services and the Older Adult consumers served in SA 5 represent 95.1%, while 4.9% are estimated to remain in need of services.

Retention rates are presented in the figure that follows for those groups with estimated unmet need for services in SA 5.

FIGURE 36: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2011 – 2012 – SA 5



Note: Retention Rate = Number of Approved Outpatient Claims

Figure 36 shows that among TAY served in Outpatient Short Doyle/Medi-Cal facilities in SA 5, 21.8% (8.7 + 5.9 + 3.4 + 3.8 = 21.8%) received four or fewer services; compared to Older Adults of which 17.9% (6.3 + 3.6 + 4.0 + 4.0 = 17.9%) received four or fewer services; and compared to all other age groups of which 19.6% (6.5 + 4.5 + 4.3 + 4.3 = 19.6%) received four or fewer services.

Figure 36 also shows that among TAY served in SA 5, 30.0% received 5 to 15 services and 48.2% received 16 or more services; as compared to Older Adults of which 40.1% received 5 to 15 services, and 42.0% received 16 or more services; and all other age groups of which 34.3% received 5 to 15 services, and 46.1% received 16 or more Outpatient services in SA 5.

Service Area 6

FIGURE 37: TOTAL POPULATION BY ETHNICITY
CY 2012 - SA 6 (N= 1,015,151)

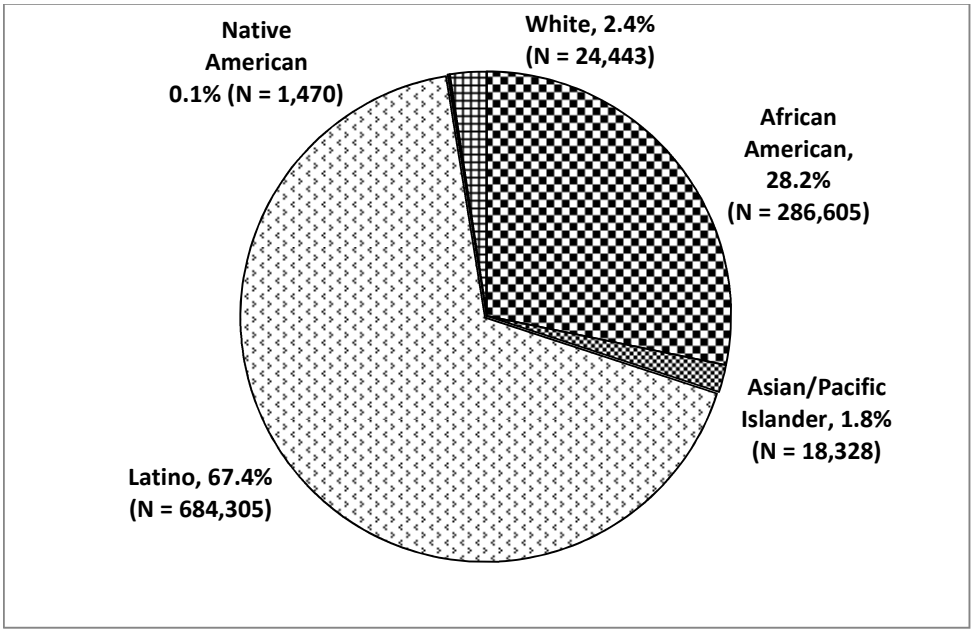


FIGURE 38: TOTAL POPULATION BY AGE GROUP
CY 2012 - SA 6 (N = 1,015,151)

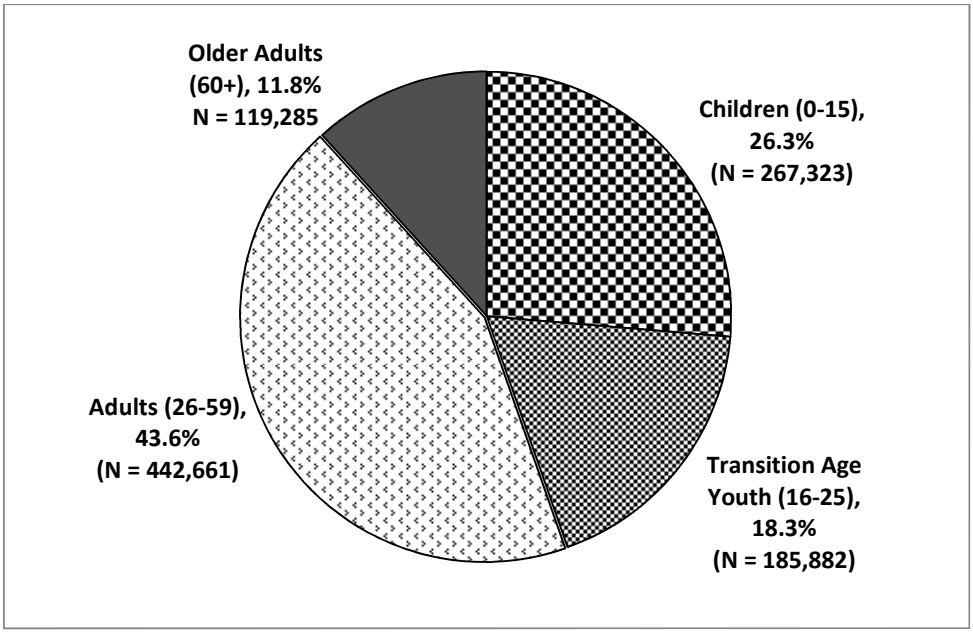


FIGURE 39: PENETRATION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY AND AGE GROUP FY 2012 - 2013 - SA 6

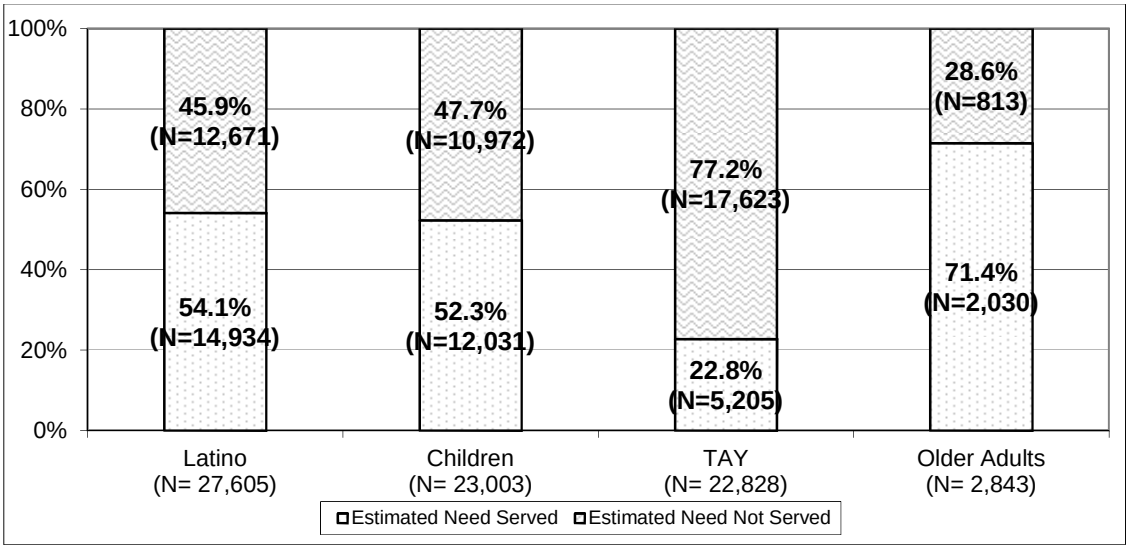
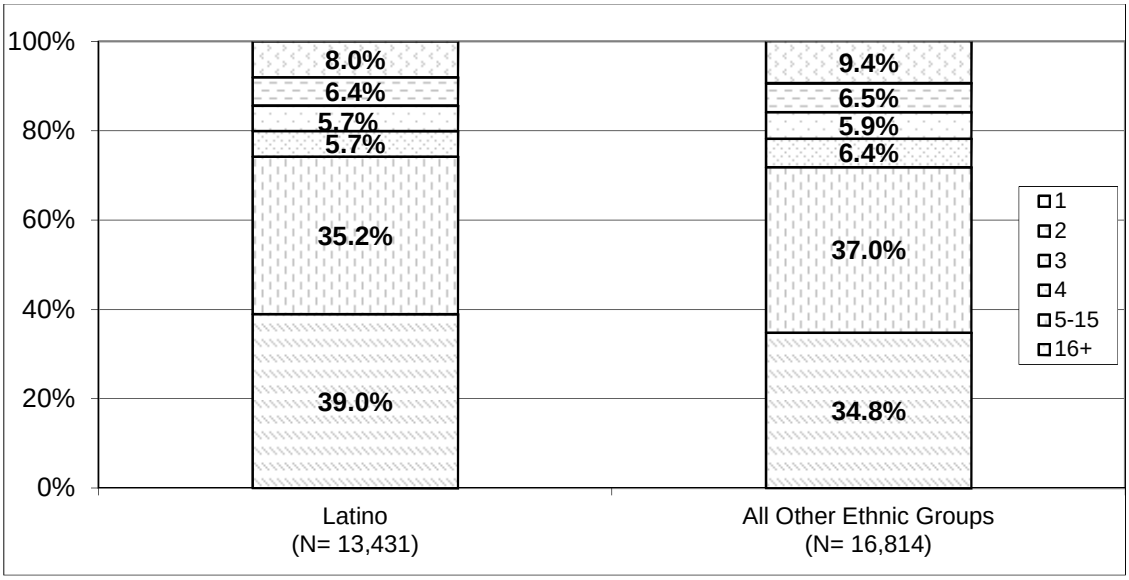


Figure 39 shows that among all ethnic groups reported, the Latino population has an estimated unmet need for services in SA 6. The Penetration Rate is calculated as the number of consumers served in Outpatient Short Doyle/Medi-Cal facilities divided by the total number of Medi-Cal enrollees with estimated Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Using Penetration Rate to conduct a needs assessment indicates that Latino consumers served in SA 6 represent 54.1%, while 45.9% are estimated to remain in need of services.

Figure 39 also shows that among all age groups reported, Children, TAY, and Older Adult populations have an estimated unmet need for services in SA 6. Using Penetration Rate to conduct a needs assessment indicates that Children served in SA 6 represent 52.3%, while 47.7% are estimated to remain in need of services; TAY consumers served in SA 6 represent 22.8% while 77.2% are estimated to remain in need of services; Older Adult consumers served in SA 6 represent 71.4%, while 28.6% are estimated to remain in need of services.

Retention rates are presented in the figures that follow for those groups with estimated unmet need for services in SA 6.

FIGURE 40: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY
FY 2012 - 2013 - SA 6

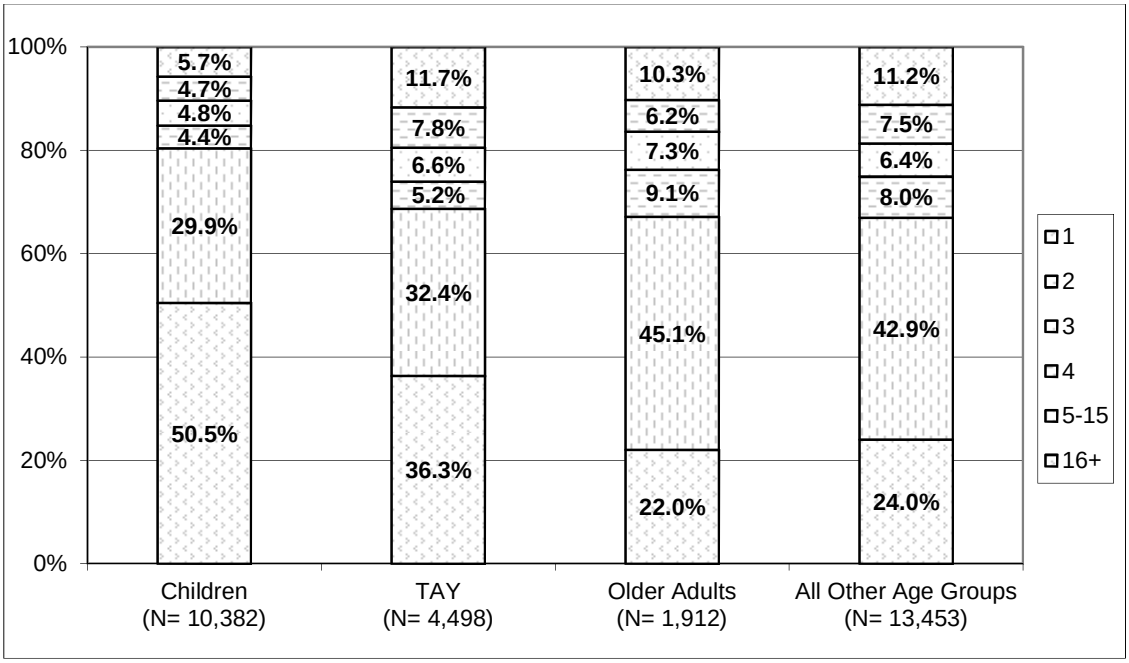


Note: Retention Rate = Number of Approved Outpatient Claims

Figure 40 shows that among Latino consumers served in Outpatient Short Doyle/Medi-Cal facilities in SA 6, 25.8% (8.0 + 6.4 + 5.7 + 5.7 = 25.8%) received four or fewer services, as compared to all other ethnic groups of which 28.2% (9.4 + 6.5 + 5.9 + 6.4 = 28.2%) received four or fewer services.

Figure 40 also shows that among Latino consumers served, 35.2% received 5 to 15 services and 39.0% received 16 or more services; as compared all other age groups of which 37.0% received 5 to 15 services, and 34.8% received 16 or more services.

FIGURE 41: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2012 - 2013 - SA 6



Note: Retention Rate = Number of Approved Outpatient Claims

Figure 41 shows that among Children served in Outpatient Short Doyle/Medi-Cal facilities in SA 6, 19.6% (5.7 + 4.7 + 4.8 + 4.4 = 19.6%) received four or fewer services; compared to TAY of which 31.3% (11.7 + 7.8 + 6.6 + 5.2 = 31.3%) received four or fewer services; compared to Older Adults of which 32.9% (10.3 + 6.2 + 7.3 + 9.1 = 32.9%) received four or fewer services; and compared to Adults of which 33.1% (11.2 + 7.5 + 6.4 + 8.0 = 33.1%) received four or fewer services.

Figure 41 also shows that among Children served, 29.9% received 5 to 15 services and 50.5% received 16 or more services; compared to TAY, of which 32.4% received 5 to 15 services and 36.3% received 16 or more services; compared to Older Adults, of which 45.1% received 5 to 15 services, and 22.0% received 16 or more services; and Adults, of which 42.9% received 5 to 15 services, and 24.0% received 16 or more services.

Service Area 7

FIGURE 42: TOTAL POPULATION BY ETHNICITY
CY 2012 - SA 7 (N = 1,300,568)

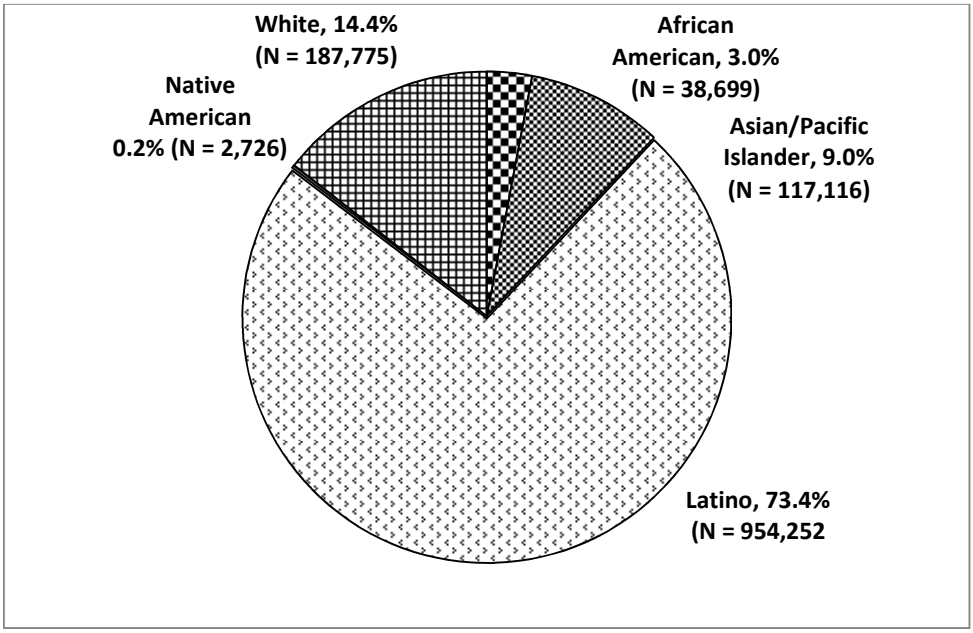


FIGURE 43: TOTAL POPULATION BY AGE GROUP
CY 2012 - SA 7 (N = 1,300,568)

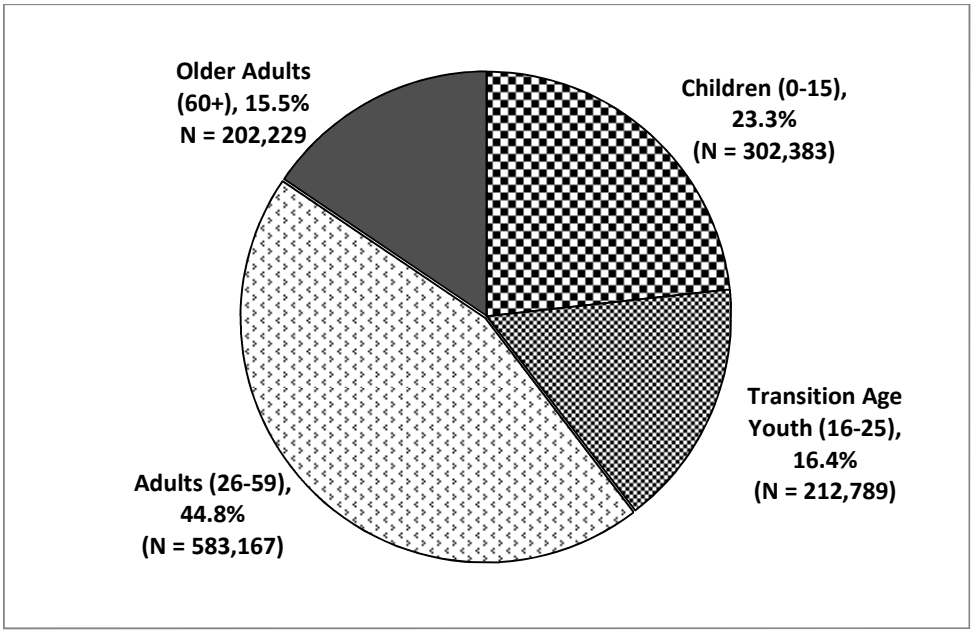
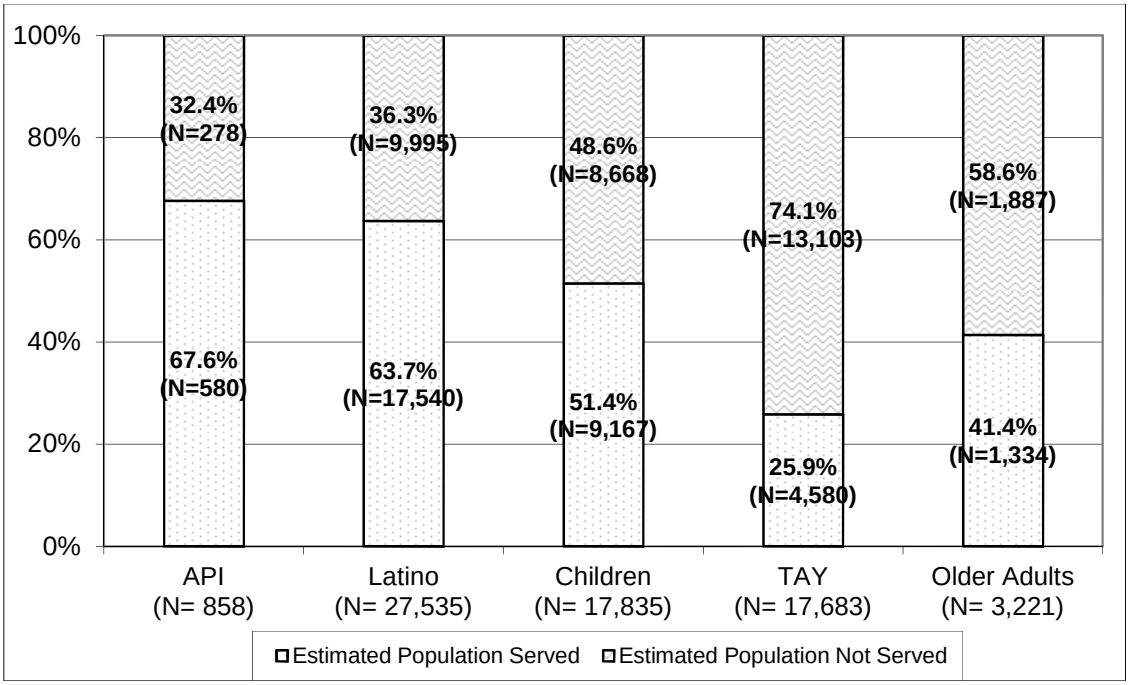


FIGURE 44: PENETRATION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY AND AGE GROUP FY 2012 - 2013 - SA 7



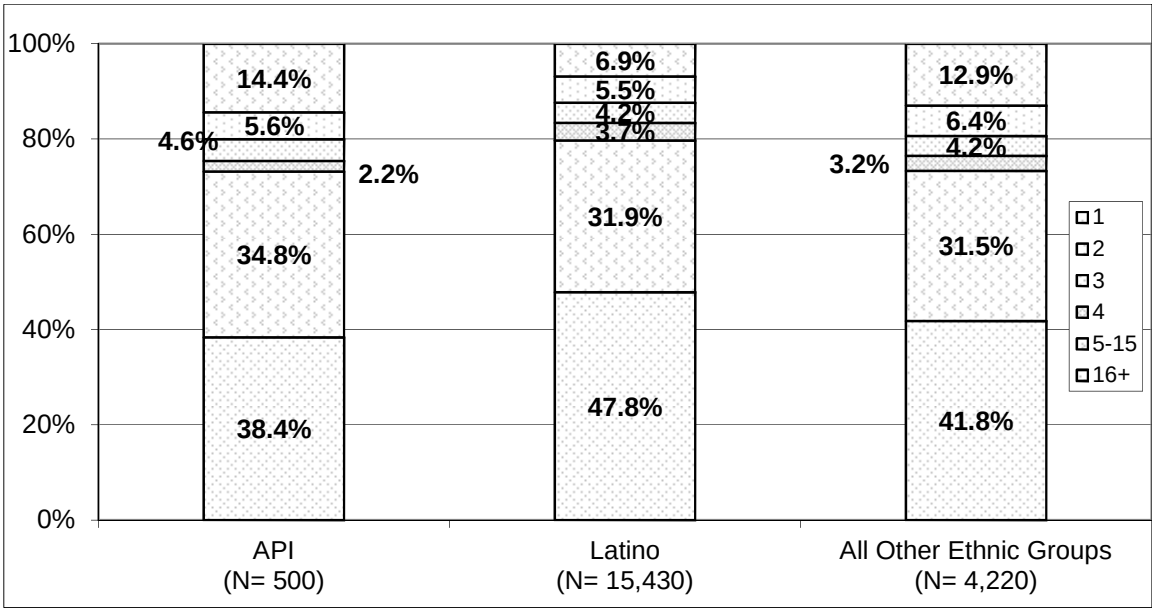
Note: API = Asian/Pacific Islander

Figure 44 shows that among all ethnic groups reported, the API and the Latino populations have an estimated unmet need for services in SA 7. The Penetration Rate is calculated as the number of consumers served in Outpatient Short Doyle/Medi-Cal facilities divided by the total number of Medi-Cal enrollees with estimated Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Using Penetration Rate to conduct a needs assessment indicates that API consumers served in SA 7 represent 67.6%, while 32.4% are estimated to remain in need of services; Latino consumers served in SA 7 represent 63.7%, while 36.3% are estimated to remain in need of services.

Figure 44 also shows that among all age groups reported, the Child, TAY and Older Adult populations have an estimated unmet need for services in SA 7. Using Penetration Rate to conduct a needs assessment indicates that Children served in SA 7 represent 51.4%, while 48.6% are estimated to remain in need of services; TAY consumers served represent 25.9%, while 74.1% are estimated to remain in need of services, and the Older Adult consumers served represent 41.4%, while 58.6% are estimated to remain in need of services.

Retention rates are presented in the figures that follow for those groups with estimated unmet need for services in SA 7.

FIGURE 45: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY FY 2012 - 2013 - SA 7

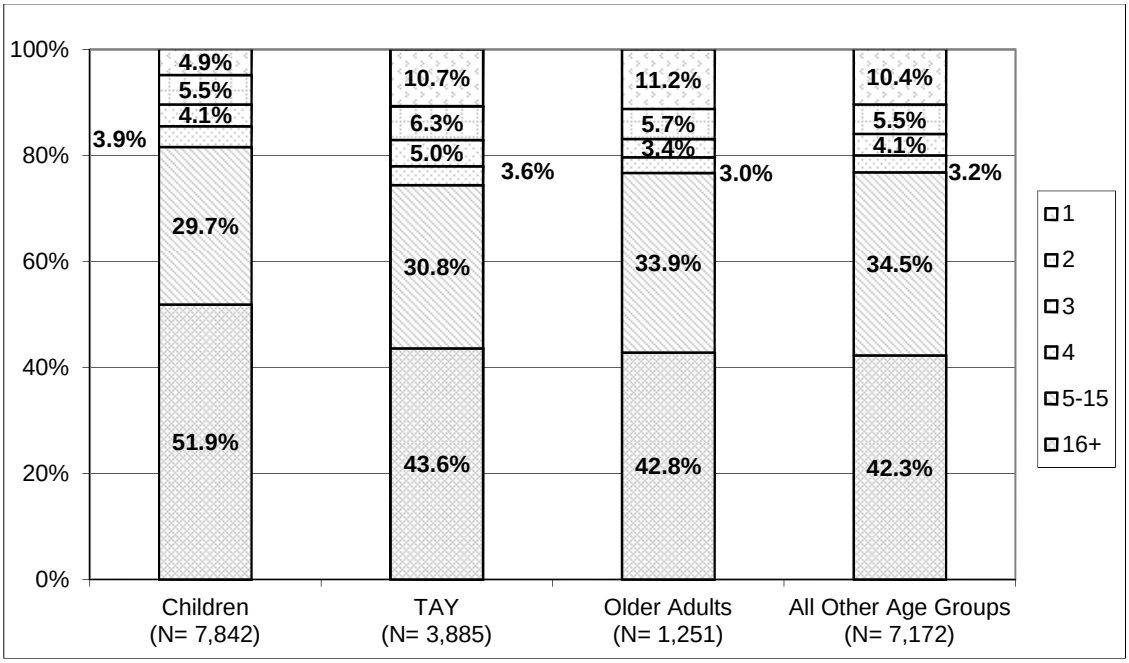


Note: API = Asian/Pacific Islander, Retention Rate = Number of Approved Outpatient Claims

Figure 45 shows that among API consumers served in Outpatient Short Doyle/Medi-Cal facilities in SA 7, 26.8% (14.4 + 5.6 + 4.6 + 2.2 = 26.8%) received four or fewer services, compared to Latinos of which 20.3% (6.9 + 5.5 + 4.2 + 3.7 = 20.3%) received four or fewer services, and compared to all other ethnic groups of which 26.7% (12.9 + 6.4 + 4.2 + 3.2 = 26.7%) received four or fewer services.

Figure 45 also shows that among API consumers served, 34.8% received 5 to 15 services and 38.4% received 16 or more services; compared to Latinos of which 31.9% received 5 to 15 services, and 47.8% received 16 or more services; and compared to all other ethnic groups of which 31.5% received 5 to 15 services, and 41.8% received 16 or more services.

FIGURE 46: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2012 – 2013 – SA 7



Note: Retention Rate = Number of Approved Outpatient Claims

Figure 46 shows that among Children served in Outpatient Short Doyle/Medi-Cal facilities in SA 7, 18.4% (4.9 + 5.5 + 4.1 + 3.9 = 18.4%) received four or fewer services; compared to TAY of which 25.6% (10.7 + 6.3 + 5.0 + 3.6 = 25.6%) received four or fewer services; Older Adults of which 23.3% (11.2 + 5.7 + 3.4 + 3.0 = 23.3%) received four or fewer services; and Adults of which 23.2% (10.4 + 5.5 + 4.1 + 3.2 = 23.2%) received four or fewer services.

Figure 46 also shows that among Children served, 29.7% received 5 to 15 services and 51.9% received 16 or more services; compared to TAY of which 30.8% received 5 to 15 services and 43.6% received 16 or more services; Older Adults of which 33.9% received 5 to 15 services, and 42.8% received 16 or more services; and Adults of which 34.5% received 5 to 15 services, and 42.3% received 16 or more services.

Service Area 8

FIGURE 47: TOTAL POPULATION BY ETHNICITY
CY 2012 - SA 8 (N = 1,534,194)

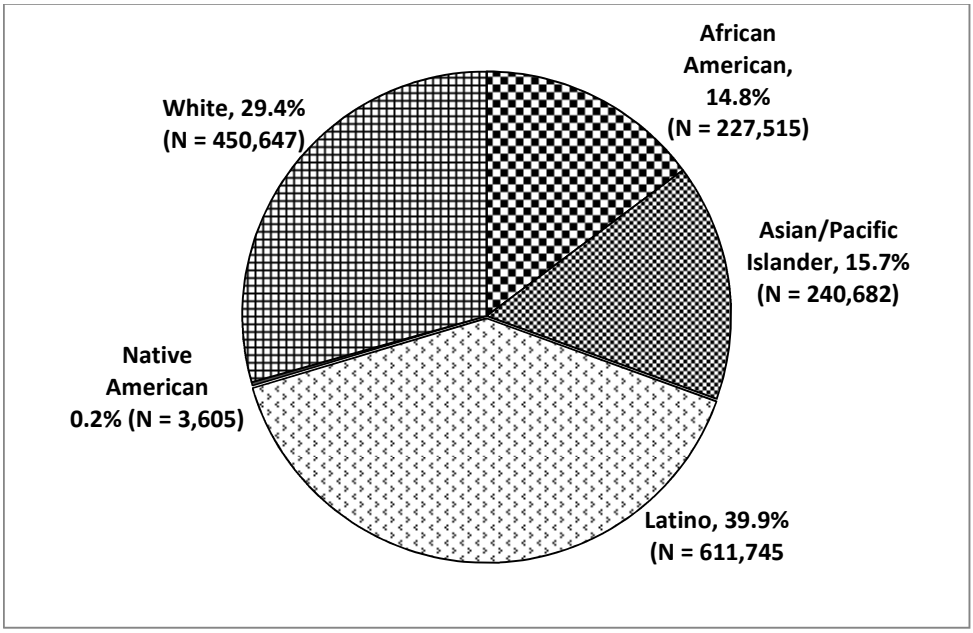


FIGURE 48: TOTAL POPULATION BY AGE GROUP
CY 2012 - SA 8 (N = 1,534,194)

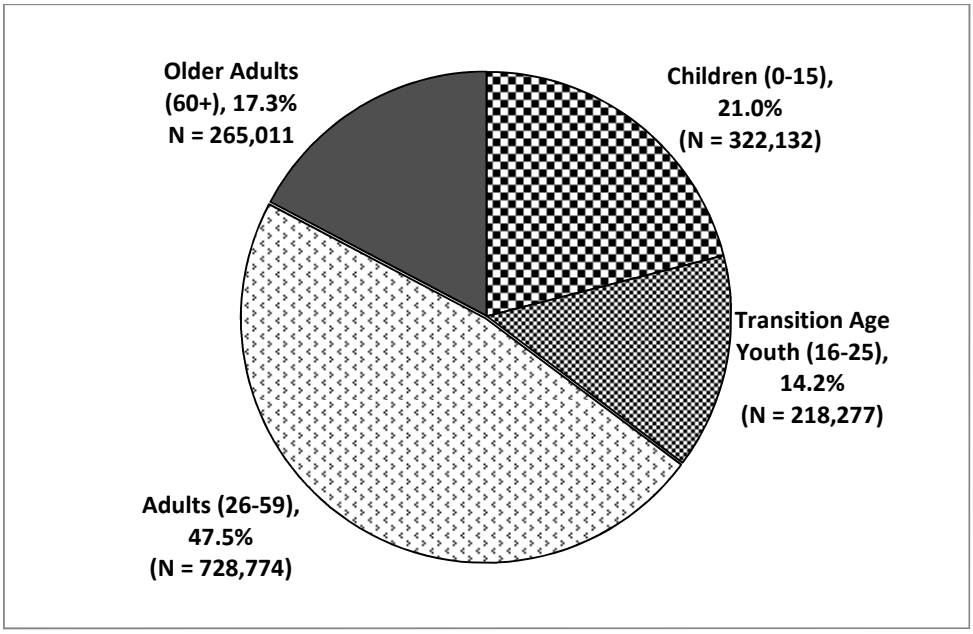


FIGURE 49: PENETRATION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY AND AGE GROUP FY 2012 - 2013 - SA 8

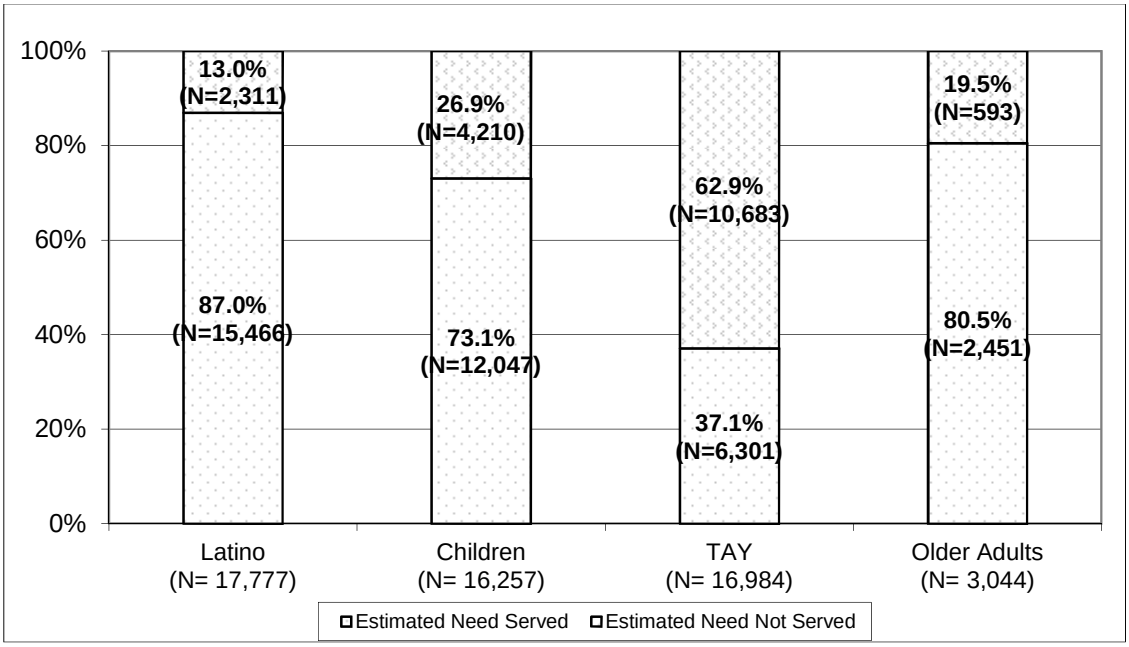
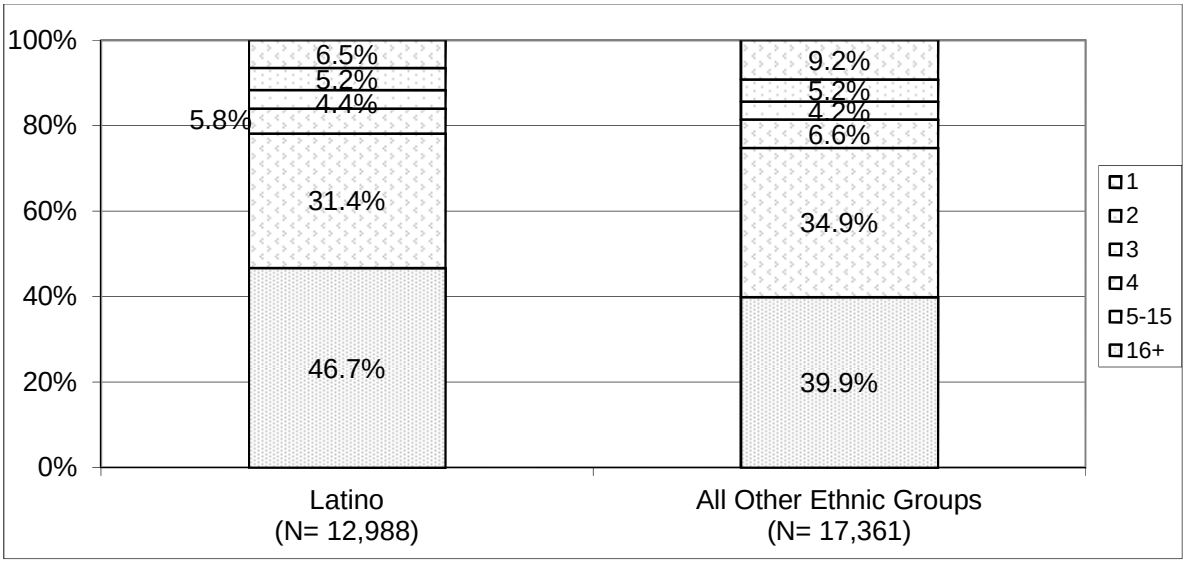


Figure 49 shows that among all ethnic groups reported, the Latino population has an estimated unmet need for services in SA 8. The Penetration Rate is calculated as the number of consumers served in Outpatient Short Doyle/Medi-Cal facilities divided by the total number of Medi-Cal enrollees with estimated Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Using Penetration Rate to conduct a needs assessment indicates that Latino consumers served in SA 8 represent 87.0%, while 13.0% are estimated to remain in need of services.

Figure 49 also shows that among all age groups reported, the Child, TAY, and Older Adult populations have an estimated unmet need for services in SA 8. Using Penetration Rate to conduct a needs assessment indicates that Children served in SA 8 represent 73.1%, while 26.9% are estimated to remain in need of services; TAY consumers served in SA 8 represent 37.1%, while 62.9% are estimated to remain in need of services; and Older Adult consumers served in SA 8 represent 80.5%, while 19.5% are estimated to remain in need of services.

Retention rates are presented in the figures that follow for those groups with estimated unmet need for services in SA 8.

FIGURE 50: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY
FY 2012 - 2013 - SA 8

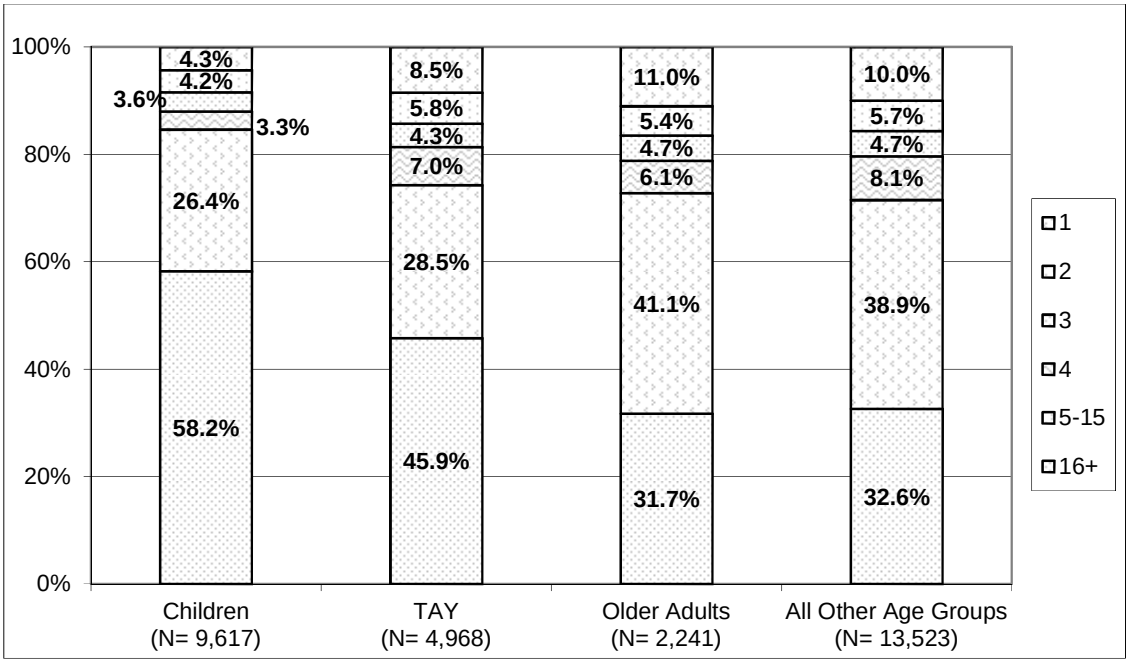


Note: Retention Rate = Number of Approved Outpatient Claims

Figure 50 shows that among Latino consumers served in Outpatient Short Doyle/Medi-Cal facilities in SA 8, 21.9% (6.5 + 5.2 + 4.4 + 5.8 = 21.9%) received four or fewer services as compared all other ethnic groups of which 25.2% (9.2 + 5.2 + 4.2 + 6.6 = 25.2%) received four or fewer services.

Figure 50 also shows that among Latino consumers served, 31.4% received 5 to 15 services and 46.7% received 16 or more services as compared to all other ethnic groups of which 34.9% received 5 to 15 services, and 39.9% received 16 or more services.

FIGURE 51: RETENTION RATE IN OUTPATIENT SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2012 - 2013 - SA 8



Note: Retention Rate = Number of Approved Outpatient Claims

Figure 51 shows that among Child consumers served in Outpatient Short Doyle/Medi-Cal facilities in SA 8, 15.4% (4.3 + 4.2 + 3.6 + 3.3 = 15.4%) received four or fewer services; compared to TAY of which 25.6% (8.5 + 5.8 + 4.3 + 7.0 = 25.6%) received four or fewer services; Older Adults of which 27.2% (11.0 + 5.4 + 4.7 + 6.1 = 27.2%) received four or fewer services; and Adults of which 28.5% (10.0 + 5.7 + 4.7 + 8.1 = 28.5%) received four or fewer services.

Figure 51 also shows that among Children served, 26.4% received 5 to 15 services and 58.2% received 16 or more; compared to TAY of which 28.5 received 5 to 15 services, and 45.9% received 16 or more; Older Adults of which 41.1% received 5 to 15 services, and 31.7% received 16 or more services; and Adults of which 38.9% received 5 to 15 services, and 32.6% received 16 or more services.

SECTION 3

QI WORK PLAN EVALUATION REPORT FOR CY 2013

LACDMH provides a full array of treatment services as required under W&IC Sections 5600.3, State Medi-Cal Oversight Review Protocol. The QI Work Plan Goals are in place to improve the quality of the service delivery system. In accordance with State standards, the LACDMH evaluation of Quality Improvement activities are structured and organized according to the following domains:

1. Monitoring Service Delivery Capacity
2. Monitoring Accessibility of Services
3. Monitoring Beneficiary Satisfaction
4. Monitoring Clinical Care
5. Monitoring Continuity of Care
6. Monitoring Provider Appeals

The QI Work Plan Goals for 2013 focus on monitoring access to services for target populations, timeliness of the services provided, language needs of consumers, consumer satisfaction with the services received, the quality of services provided, and other goals as identified by the LACDMH.

The following Section 3 provides an evaluation summary on the progress made by LACDMH in reaching each goal.

QUALITY IMPROVEMENT WORK PLAN CY 2013

I. MONITORING SERVICE DELIVERY CAPACITY

1. Increase Accessibility of Services.

a. *Increase the number of Latino consumers served who are estimated with SED and SMI at or below the 200% Federal Poverty Level (FPL) from 36.8% to 37.8% in FY 12-13 for CHIS.*

b. *Increase the number of Asian/Pacific Islander (API) consumers served who are estimated with SED and SMI at or below the 200% Federal Poverty Level (FPL) from 21.1% to 22.1% in FY 12-13 for CHIS.*

c. *Increase the percent of Latino consumers retained for 5-15 services from 30.3% to 31.3% and for 16 or more services from 46.8% to 47.8%.*

d. *Increase the percent of Asian/Pacific Islander (API) consumers retained for 5-15 services from 32.5% to 33.5% and for 16 or more services from 48.5% to 49.5%.*

e. *Continue to provide Service Area Trainings on evaluating data for Quality Improvement to consumers, family members, providers, and other stakeholders at least one time per year.*

II. MONITORING ACCESSIBILITY OF SERVICES

1. *Maintain access to after-hours care at 70% of Psychiatric Mobile Response Team (PMRT) -response time of one hour or less between PMRT acknowledgement of receipt of the call to PMRT arrival on the scene and continue year to year trending of the data.*
2. *Maintain the rate of abandoned calls (responsiveness of the 24-hour toll free number) at an overall annual rate of 16% or less.*
3. *Maintain percent at 87.1% in 2013 for consumers/families reporting that they are able to receive services at convenient locations and continue year to year trending of the data.*
4. *Maintain percent at 89.7% in 2013 for consumers/families reporting that they are able to receive services at convenient times and continue year to year trending of the data.*

III. MONITORING BENEFICIARY SATISFACTION

1. *Complete the State Performance Outcomes Survey Report for the August 2012 MHSIP Consumer Survey in collaboration with CDHCS and CiMH.*
2. *Maintain percent at 86.1% CY 2013 for consumers/families reporting that staff was sensitive to cultural/ethnic background and continue year to year trending of the data.*
3. *Maintain percent at 82% CY 2013 for consumers/families reporting overall satisfaction with services provided and continue year to year trending of the data.*
4. *Continue to monitor beneficiary grievances, appeals and State Fair Hearings processes, including year to year trending of the data.*
5. *Continue to monitor Beneficiary Requests for Change of Provider including reasons given by consumers for their change of provider request and continue year to year trending of the data.*

IV. MONITORING CLINICAL CARE

1. *Continue to improve medication practices through systematic use of medication parameters, medication peer review, and trainings for the use of medication.*

V. MONITORING CONTINUITY OF CARE

1. *Initiate a Quality Improvement Project in Service Area 4 for piloting a web based client flow e-tool.*

VI. MONITORING OF PROVIDER APPEALS

1. *Continue monitoring the rate of zero appeals through CY 2013.*

I. MONITORING SERVICE DELIVERY CAPACITY

1. Increase Accessibility of Services.

    a. Increase the number of Latino consumers served who are estimated with SED and SMI at or below the 200% Federal Poverty Level (FPL) from 36.8% to 37.8% in FY 12-13 for CHIS. (Please see footnote under Table 30A for change in the calculation of Penetration Rates.)

    b. Increase the number of Asian/Pacific Islander (API) consumers served who are estimated with SED and SMI at or below the 200% Federal Poverty Level (FPL) from 21.1% to 22.1% in FY 12-13 for CHIS. (Please see footnote under Table 30A for change in the calculation of Penetration Rates.)

    c. Increase the percent of Latino consumers retained for 5-15 services from 30.3% to 31.3% and for 16 or more services from 46.8% to 47.8%.

    d. Increase the percent of Asian/Pacific Islander (API) consumers retained for 5-15 services from 32.5% to 33.5% and for 16 or more services from 48.5% to 49.5%.

Penetration Rate Numerator: Unduplicated number of consumers served by ethnicity during the fiscal year in SD / Medi-Cal outpatient and day treatment facilities.

Penetration Rate Denominator: Total County population living at or below 200% FPL estimated with SED and SMI.

Retention Rate Numerator: Number of consumers receiving 5-15 and 16 or more approved outpatient and day treatment claims.

Retention Rate Denominator: Total number of consumers receiving outpatient and day treatment services as measured by approved claims.

EVALUATION

Prevalence rates utilized to estimate SED and SMI were derived from the California Health Interview Survey (CHIS). The CHIS rates are estimated from a random sample of surveys of the population of the County of Los Angeles. The CHIS collects survey data on mental health utilization patterns from the population of the County of Los Angeles every two years within each Service Area and by the ethnicity. This allows for more precise estimates of prevalence and provides the ability to conduct trend analysis.

TABLE 30A: FOUR YEAR TREND IN PENETRATION RATE BY ETHNICITY FOR POPULATION LIVING AT OR BELOW 200% FPL BASED ON PREVALENCE RATE FROM CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

Ethnicity	FY 09-10	FY 10-11	FY 11-12	FY 12-13
African American	46.88%	49.68%	88.27%	90.16%
Consumers Served	45,102	47,859	45,474	49,087
Estimated population with SED/SMI	96,214	96,344	51,518	54,447
Asian/Pacific Islander	37.43%	37.98%	38.55%[1]	41.11%[1]
Consumers Served	8,455	8,591	8,702	9,227
Estimated population with SED/SMI	22,591	22,622	22,576	22,445
Latino	41.97%	45.24%	33.68%[2]	36.03%[2]
Consumers Served	83,498	90,127	93,251	101,353
Estimated population with SED/SMI	198,938	199,209	276,906	281,308
Native American	111.30%	109.22%	90.01%	70.80%
Consumers Served	940	924	948	1,102
Estimated population with SED/SMI	845	846	1,053	1,556
White	67.71%	70.40%	44.82%	45.9%
Consumers Served	37,083	38,607	36,119	37,166
Estimated population with SED/SMI	54,764	54,839	80,593	80,941
Total	48.3%	53.6%	42.8%	44.9%
Consumers Served	175,078	194,339	184,494	197,935
Estimated population with SED/SMI	362,259	362,753	431,398	440,697

Notes: 1 & 2 = Previously the Prevalence Rate used to calculate the Penetration Rate for all ethnic groups was based on the overall rate for population living at or below 200% FPL from CHIS and CDHCS. In 2013, ethnic specific Prevalence Rates from CHIS were used and adjustments made to previous year's Penetration Rates for comparison purposes.

Data Source: LACDMH –IS for Consumers, U.S. Census Bureau, California Department of Finance for poverty estimates, CHIS for Prevalence Rates. Data for Prevalence Rate (PR) by CHIS are collected every other year. Therefore PR for 2009 are applied to calculate Penetration Rates for FY 09-10 and FY 10-11 and PR for 2011 are applied to calculate Penetration Rates for FY 11-12 and FY 12-13.

The 2009 CHIS PR with Confidence Intervals (CI) by ethnicity: African American 26.4.%*, [CI = 7.6-45.3]. API 6.1%* [CI = 2.2-10.1], Latino 8.2%, [CI= 6.0-10.4], Native American 9.2%* [CI = 0.0-27.0], and White 9.7% [CI = 5.8-13.6].

The 2011 PR by ethnicity: African American 14.0% [CI 8.6-19.5], API 5.3% [CI 2.4-8.2], Latino 10.6% [CI 8.6-12.6], Native American 19.0%* [CI 0.0-40.7], and White 13.0% [CI 8.1-7.8]. The PR for 2009 for Total Population at or below 200% FPL was at 9.7%* [CI = 7.2-12.2] and in 2011 at 10.7% [CI = 9.1-12.3]. PRs with an * symbol are reported by CHIS as statistically unreliable for that population for that year.

Table 30A shows the four year trend in penetration rates using prevalence estimates from CHIS. As shown in the table above, goal I.1.a, which specifies an increase of 1% for Latinos has been met with the increase from 33.7% to 36.0%. Goal I.1.b, which also specifies an increase of 1% for API has also been met with the increase from 38.5% to 41.1%.

TABLE 30B: PENETRATION RATE BY ETHNICITY AND SERVICE AREA
FY 2012 - 2013

Ethnicity and Service Area	Number of Consumers Served[1]	Total Population Estimated with SED and SMI	Penetration Rates for Total Population[2]	Population Living At or Below 200% Federal Poverty Level and Estimated with SED and SMI	Penetration Rates for Population Living At or Below 200% Federal Poverty Level[2]
SA 1					
African American	4,158	4,777	87.0%	5,094	81.6%
Asian/Pacific Islander	137	1,042	13.1%	144	95.1%
Latino	3,866	14,862	26.0%	9,888	39.1%
Native American	75	309	24.3%	136	55.1%
White	3,145	10,531	29.9%	4,088	76.9%
Total	11,381	31,521	36.1%	*19,350*	58.8%
SA 2					
African American	3,400	5,925	57.4%	4,227	80.4%
Asian/Pacific Islander	1,155	16,628	6.9%	2,681	43.1%
Latino	16,326	73,084	22.3%	50,670	32.2%
Native American	121	762	15.9%	257	47.1%
White	10,048	75,202	13.4%	29,499	34.1%
Total	31,050	171,601	18.1%	87,334	35.6%
SA 3					
African American	3,329	5,122	65.0%	3,632	91.7%
Asian/Pacific Islander	2,175	34,013	6.4%	9,051	24.0%
Latino	17,087	69,991	24.4%	40,196	42.5%
Native American	131	588	22.3%	209	62.7%
White	4,396	29,483	14.9%	10,380	42.4%
Total	27,118	139,197	19.5%	63,468	42.7%
SA 4					
African American	11,397	4,730	241.0%	4,092	278.5%
Asian/Pacific Islander	2,768	13,685	20.2%	4,141	66.8%
Latino	22,130	49,973	44.3%	40,712	54.4%
Native American	320	413	77.5%	236	135.6%
White	7,580	21,649	35.0%	11,180	67.8%
Total	44,195	90,450	48.9%	60,361	73.2%
SA 5					
African American	2,637	2,904	90.8%	1,568	168.2%
Asian/Pacific Islander	246	5,911	4.2%	1,287	19.1%
Latino	2,953	8,704	33.9%	4,740	62.3%
Native American	46	189	24.3%	37	124.3%
White	3,555	31,863	11.2%	9,827	36.2%
Total	9,437	49,571	19.0%	17,459	54.1%

TABLE 30B: PENETRATION RATE BY ETHNICITY AND SERVICE AREA FY 2012 - 2013

Ethnicity and Service Area	Number of Consumers Served[1]	Total Population Estimated with SED and SMI	Penetration Rates for Total Population[2]	Population Living At or Below 200% Federal Poverty Level and Estimated with SED and SMI	Penetration Rates for Population Living At or Below 200% Federal Poverty Level[2]
SA 6					
African American	17,501	22,355	78.3%	21,927	79.8%
Asian/Pacific Islander	300	1,265	23.7%	546	54.9%
Latino	14,944	58,850	25.4%	50,754	29.4%
Native American	55	285	19.3%	228	24.1%
White	1,229	1,882	65.3%	1,319	93.2%
Total	34,029	84,637	40.2%	74,774	45.5%
SA 7					
African American	1,777	3,019	58.9%	2,035	87.3%
Asian/Pacific Islander	580	8,081	7.2%	1,244	46.6%
Latino	17,536	82,066	21.4%	48,858	35.9%
Native American	342	529	64.7%	207	165.2%
White	2,972	14,459	20.6%	5,094	58.3%
Total	23,207	*108,154*	21.5%	*57,438*	40.4%
SA 8					
African American	11,170	17,746	62.9%	11,872	94.1%
Asian/Pacific Islander	2,383	16,607	14.3%	3,350	71.1%
Latino	15,458	52,610	29.4%	35,489	43.6%
Native American	117	699	16.7%	246	47.6%
White	7,032	34,700	20.3%	9,553	73.6%
Total	36,160	122,362	29.6%	*60,510*	59.8%
Unduplicated Consumers Served in At Least 1 Service Area					
African American	49,087	66,578	73.7%	54,447	90.2%
Asian/Pacific Islander	9,227	97,231	9.5%	22,445	41.1%
Latino	101,353	410,140	24.7%	281,308	36.0%
Native American	1,102	3,774	29.2%	1,556	70.8%
White	37,166	219,768	16.9%	80,941	45.9%
Total	197,935	*797,491*	24.8%	440,697	44.9%
Duplicated Countywide Consumers Served in More Than one Service Area					
		Percent			
African American	6,282	12.8%			
Asian/Pacific Islander	517	5.6%			
Latino	8,947	8.8%			
Native American	105	9.5%			
White	2,791	7.5%			
Total	18,642	9.4%			

Data Source: Prevalence Rate by ethnicity from 2011 California Health Interview Survey (CHIS). Notes: [1] Number of Consumers Served represents consumers served by LACDMH in Short Doyle/Medi-Cal Facilities. The count does not include consumers served by Fee-For Service Outpatient & Inpatient Services and County Hospitals. [2] Penetration Rate = Number of Consumers Served / Number of People Estimated with SED & SMI.

TABLE 31: CHIS PREVALANCE RATES WITH CONFIDENCE INTERVALS: 2009 AND 2011

	Total Population			
	2009	Confidence Interval	2011	Confidence Interval
Total	7.3%	(6.0-8.6)	8.0%	(7.1-8.9)
African American	14.6*	(5.2-24.1)	7.8%	(5.0-10.6)
API	6.1%	(3.7-8.4)	6.9%	(4.4-9.4)
Latino	7.3%	(5.5-9.1)	8.6%	(7.2-10.0)
Native American	.025*	(0.0-7.3)	19.4*	(1.6-37.2)
White	6.1%	(4.5-7.7)	7.7%	(6.2-9.3)
Two or More Races	.056*	(1.3-9.9)	6.9%*	(0.7-13.1)

	Population at or Below 100% FPL			
	2009	Confidence Interval	2011	Confidence Interval
Total	10.5%	(6.6 - 14.4)	11.6%	(9.4 - 13.9)
African American	37.5%*	(9.0 - 66.1)	14.7%	(6.6 - 22.7)
API	9.0%*	(1.4 - 16.7)	6.5%*	(1.0 - 12.0)
Latino	8.0%	(5.4 - 10.6)	11.4%	(8.7 - 14.2)
Native American	-	-	24.9%*	(0.0 - 65.5)
White	8.1%	(3.4 - 12.8)	14.3%	(6.9 - 21.7)
Two or More Races	10.2%*	(0.0 - 27.2)	20.3%*	(0.0 - 52.0)
	Population at or Below 138% FPL			
	2009	Confidence Interval	2011	Confidence Interval
Total	8.8%	(6.1 - 11.6)	11.4%	(9.5 - 13.3)
African American	29.3%*	(4.8 - 53.8)	15.8%	(9.0 - 22.6)
API	7.6%*	(2.3 - 13.0)	7.3%	(3.1 - 11.5)
Latino	7.0%	(5.1 - 8.9)	11.4%	(9.0 - 13.8)
Native American	-	-	24.0%*	(0.0 - 63.2)
White	8.2%	(4.7 - 11.6)	11.0%	(5.8 - 16.2)
Two or More Races	7.4%*	(0.0 - 17.9)	14.8%*	(0.0 - 37.7)
	Population at or Below 200% FPL			
	2009	Confidence Interval	2011	Confidence Interval
Total	9.7%	(7.2-12.2)	10.7%	(9.1-12.3)
African American	26.4%*	(7.6-45.3)	14.0%	(8.6-19.5)
API	6.1%*	(2.2-10.1)	5.3%	(2.4-8.2)
Latino	8.2%	(6.0-10.4)	10.6%	(8.6-12.6)
Native American	9.2%*	(0.0-27.0)	19%*	(0.0-40.7)
White	9.7%	(5.8-13.6)	13.0%	(8.1-7.8)
Two or More Races	7.4%*	(0.0-16.6)	14.1%*	(0.0-32.1)

Note: * = Statistically Unreliable

Disparities by Service Area

Disparities are defined using demographic data specific to each Service Area. Strategies are matched where unmet needs are estimated to exist using Penetration Rates by Service Area for Estimated SED and SMI Populations enrolled in Medi-Cal using CHIS prevalence rates.

The following are specific populations by ethnicity and age with estimated unmet needs by Service Area:

SA 1: Latino, Children, TAY and Older Adults.

SA 2: API, Latinos, White, Children, TAY, Older Adults.

SA 3: API, Latinos, Children, TAY, Older Adults.

SA 4: Children, TAY, and Older Adults.

SA 5: TAY and Older Adults.

SA 6: Latinos, Children, TAY, Older Adults.

SA 7: API, Latinos, Children, TAY, Older Adults.

SA 8: Latinos, Children, TAY, and Older Adults.

By Ethnicity:

APIs are estimated to be underserved in Service Areas 2, 3, and 7. Latinos are estimated to be underserved in all Service Areas except Service Areas 4 and 5.

By Age Group:

Older Adults are estimated to be underserved in all Service Areas. Children are estimated to be underserved in all Service Areas except SA 5. TAY are estimated to be underserved in all Service Areas.

TABLE 32: RETENTION RATE BY ETHNICITY – NUMBER OF CONSUMERS WITH APPROVED OUTPATIENT CLAIMS - FY 2012 – 2013

Number of Claims	African American	Asian/Pacific Islander	Latino	Native American	White	Total
One						
Consumers	4,805	645	8,102	71	3,979	17,602
Percent	9.8%	7.0%	8.0%	6.4%	10.7%	100.0%
Two						
Consumers	3,244	415	5,491	68	2,449	11,667
Percent	6.6%	4.5%	5.4%	6.2%	6.6%	100.0%
Three						
Consumers	2,618	364	4,471	46	1,903	9,402
Percent	27.8%	4.0%	4.4%	4.2%	5.1%	100.0%
Four						
Consumers	2,861	317	4,470	45	2,002	9,695
Percent	5.8%	3.4%	4.4%	4.1%	5.4%	100.0%
5 - 15						
Consumers	16,851	3,064	31,166	338	13,084	64,503
Percent	34.4%	33.3%	30.8%	30.7%	35.3%	100.0%
16 or More						
Consumers	18,543	4,390	47,370	534	13,613	84,450
Percent	37.9%	47.7%	46.9%	48.5%	36.8%	100.0%
Total						
Consumers	48,922	9,195	101,070	1,102	37,030	197,319
Percent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Data Source: LACDMH – IS Database, October 2013.

Table 32 shows the Retention Rate Countywide: The highest percentage with 5 to 15 approved outpatient claims was for Whites at 35.3%, followed by African Americans at 34.4%, Asian/Pacific Islanders at 33.3%, Latinos at 30.8% and Native Americans at 30.7%. Countywide, the highest percentage with 16 or more approved outpatient claims was for Native Americans at 48.5%, followed by Asian/Pacific Islanders at 47.7%, Latinos at 46.9%, African Americans at 37.9% and Whites at 36.8%.

Goal I.1.c, to increase the percent of Latino consumers retained for 5-15 services from 30.3% to 31.3% and for 16 or more services from 46.8% to 47.8% has not been met. Goal I.1.d, to increase the percent of Asian/Pacific Islander (API) consumers retained for 5-15 services from 32.5% to 33.5% has almost been met at 33.3%, while the goal for 16 or more services from 48.5% to 49.5% has not been met.

TABLE 33: RETENTION RATE – NUMBER OF APPROVED OUTPATIENT CLAIMS - FOUR YEAR TREND FY 2009 - 2010 TO FY 2012 - 2013

Number of Claims	Fiscal Year			
	FY 09-10	FY 10-11	FY 11-12	FY 12-13
1 Claim				
Consumers	17,400	22,196	15,827	17,602
Percent	10.3%	12.6%	8.6%	8.9%
2 Claims				
Consumers	9,604	12,953	10,439	11,667
Percent	5.7%	7.3%	5.7%	5.9%
3 Claims				
Consumers	8,058	10,404	8,541	9,402
Percent	4.8%	5.9%	4.6%	4.8%
4 Claims				
Consumers	7,056	9,303	8,990	9,695
Percent	4.2%	5.3%	4.9%	4.9%
5-15 Claims				
Consumers	52,166	58,549	60,024	64,503
Percent	30.9%	33.2%	32.6%	32.7%
16+ Claims				
Consumers	74,491	62,941	80,526	84,450
Percent	44.1%	35.7%	43.7%	42.8%
Total				
Consumers	167,931	176,346	184,347	197,319
Percent	100.0%	100.0%	100.0%	100.0%

Note: Data Source: LACDMH – IS Database, October 2013.

Table 33 shows the four-year trend for Retention Rate. Between FY 09-10 and FY 12-13 the percentage of consumers receiving only one service or claim decreased by 1.4% from 10.3% in FY 09-10 to 8.9% in FY 12-13.

The percentage of consumers receiving 5-15 services or claims increased by 2.3% from 30.9% in FY 09-10 to 33.2% in FY 10-11. The percentage dropped 0.6% to 32.6% in FY 11-12 and then rose slightly to 32.7% in FY 12-13. The percentage of consumers receiving 16 or more claims decreased by 1.3% from 44.1% in FY 09-10 to 42.8% in FY 11-12.

FIGURE 52: PENETRATION RATE BY ETHNICITY FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL – FOUR YEAR TREND FY 2009 - 2010 TO FY 2012 - 2013 - SA 1

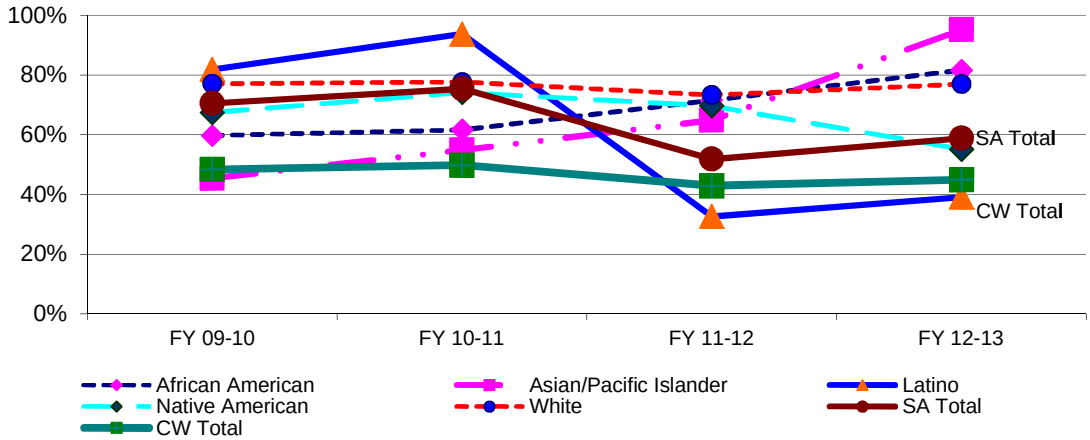


Figure 52 shows the 4-year trend for Penetration Rate for population living at or below 200% Federal Poverty Level from FY 09-10 to FY 12-13 in Service Area 1.

FIGURE 53: RETENTION RATE BY ETHNICITY FY 2012 - 2013 - SA 1

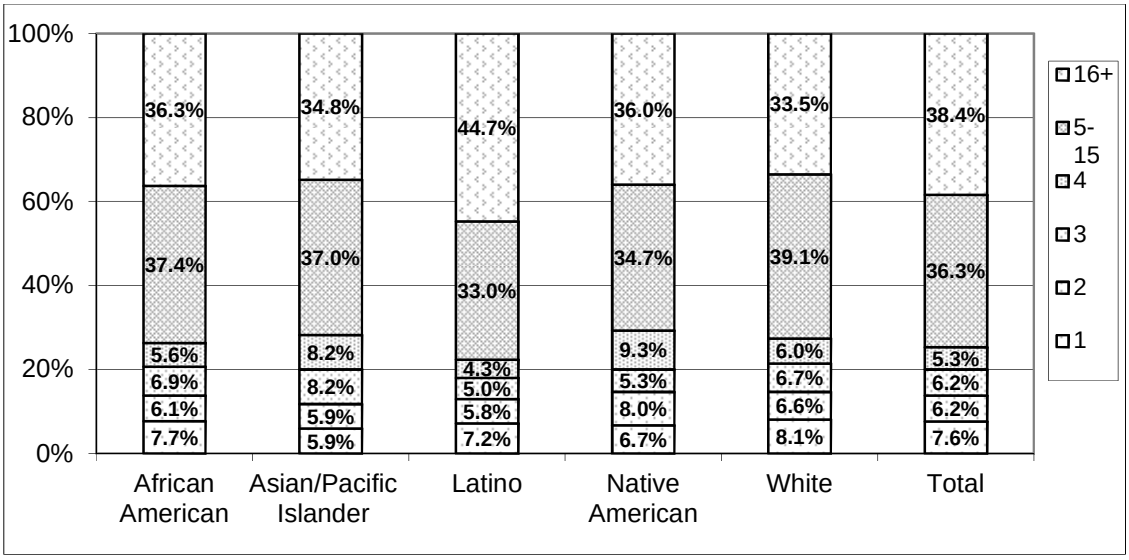


Figure 53 shows the Number of Approved Outpatient Claims (Retention Rate) by ethnicity for consumers served in FY 12-13 in Service Area 1.

FIGURE 54: PENETRATION RATE BY ETHNICITY FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL – FOUR YEAR TREND FY 2009 - 2010 TO FY 2012 - 2013- SA 2

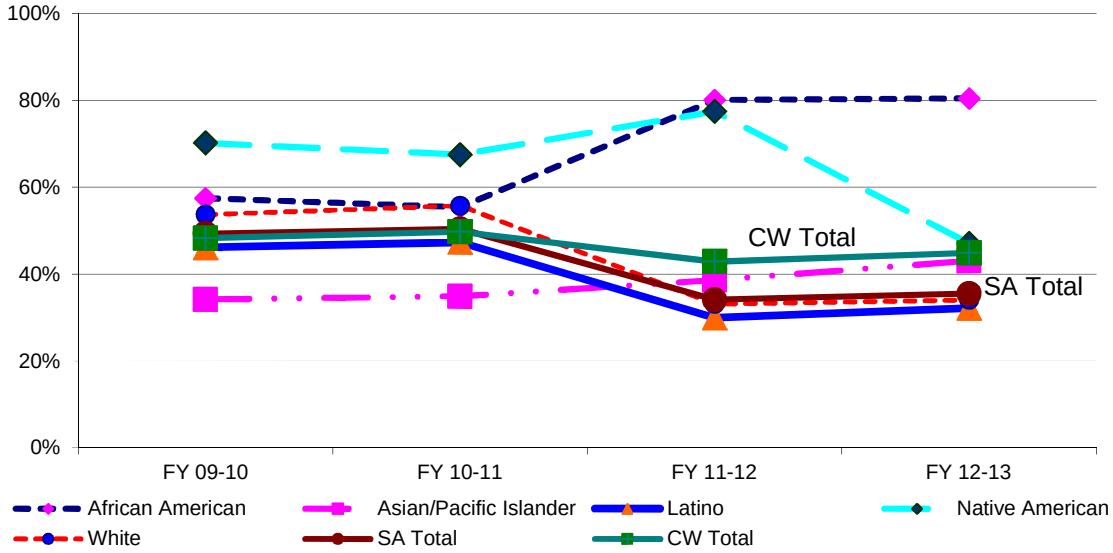


Figure 54 shows the 4-year trend for Penetration Rate for population living at or below 200% Federal Poverty Level from FY 09-10 to FY 12-13 in Service Area 2.

FIGURE 55: RETENTION RATE BY ETHNICITY FY 2012 - 2013 - SA 2

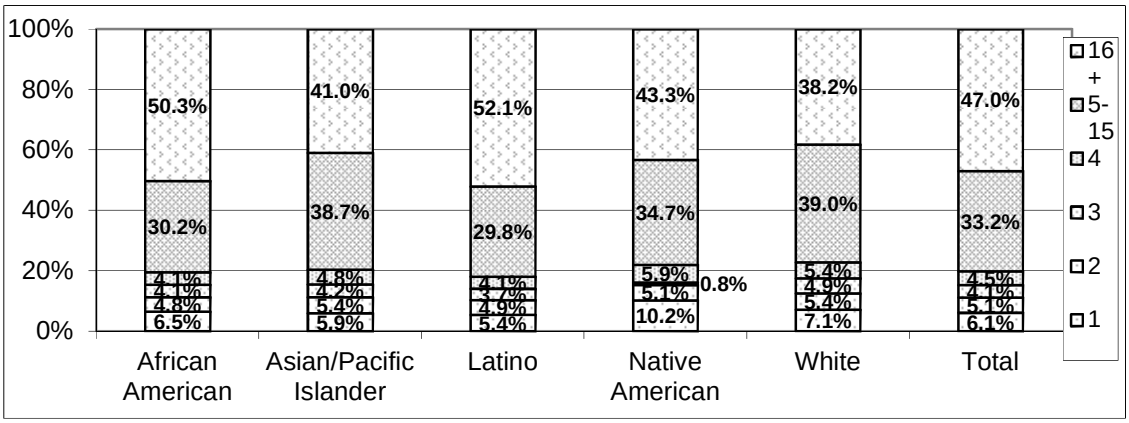


Figure 55 shows the Number of Approved Outpatient Claims (Retention Rate) by ethnicity for consumers served in FY 12-13 in Service Area 2.

FIGURE 56: PENETRATION RATE BY ETHNICITY FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL – FOUR YEAR TREND FY 2009 - 2010 TO FY 2012 - 2013- SA 3

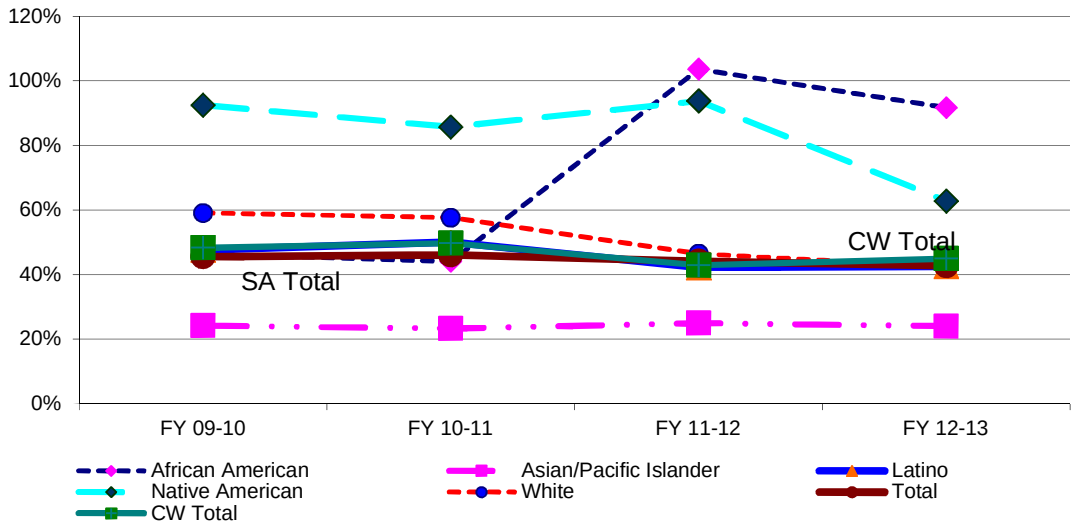


Figure 56 shows the 4-year trend for Penetration Rate for population living at or below 200% Federal Poverty Level from FY 09-10 to FY 12-13 in Service Area 3.

FIGURE 57: RETENTION RATE BY ETHNICITY FY 2012 - 2013 - SA 3

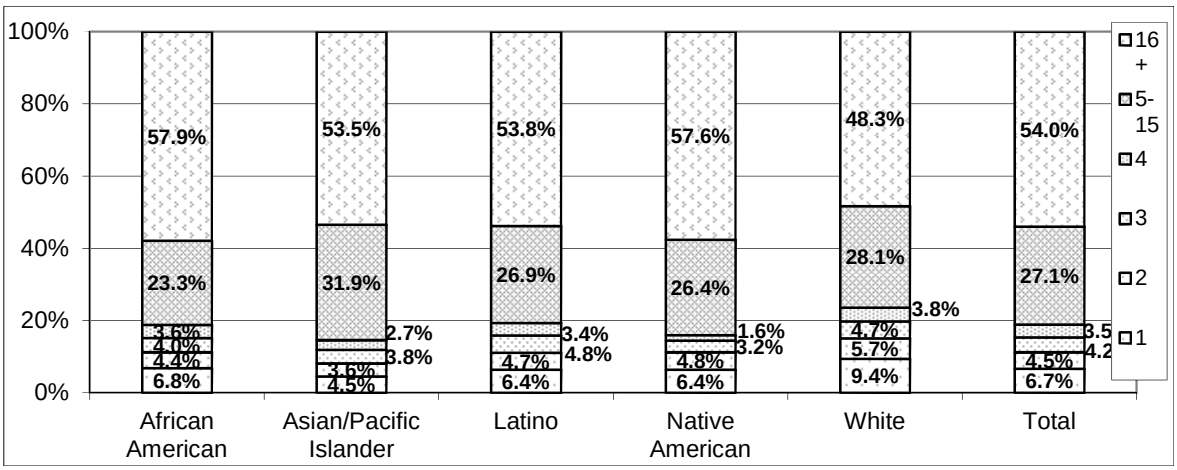


Figure 57 shows the Number of Approved Outpatient Claims (Retention Rate) by ethnicity for consumers served in FY 12-13 in Service Area 3.

FIGURE 58: PENETRATION RATE BY ETHNICITY FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL – FOUR YEAR TREND FY 2009 - 2010 TO FY 2012 - 2013 - SA 4

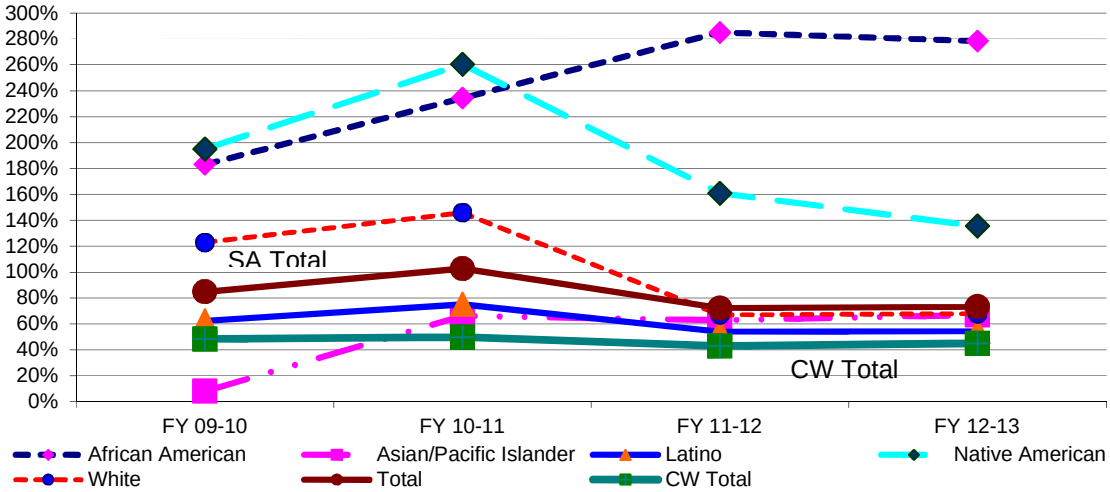


Figure 58 shows the 4-year trend for Penetration Rate for population living at or below 200% Federal Poverty Level from FY 09-10 to FY 12-13 in Service Area 4.

FIGURE 59: RETENTION RATE BY ETHNICITY FY 2012 - 2013 - SA 4

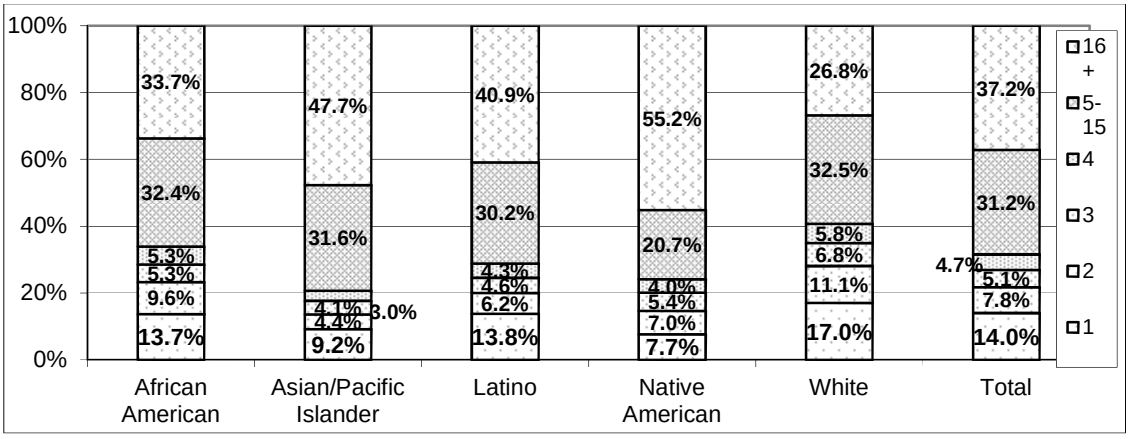


Figure 59 shows the Number of Approved Outpatient Claims (Retention Rate) by ethnicity for consumers served in FY 12-13 in Service Area 4.

FIGURE 60: PENETRATION RATE BY ETHNICITY FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL – FOUR YEAR TREND FY 2009 - 2010 TO FY 2012 - 2013 - SA 5

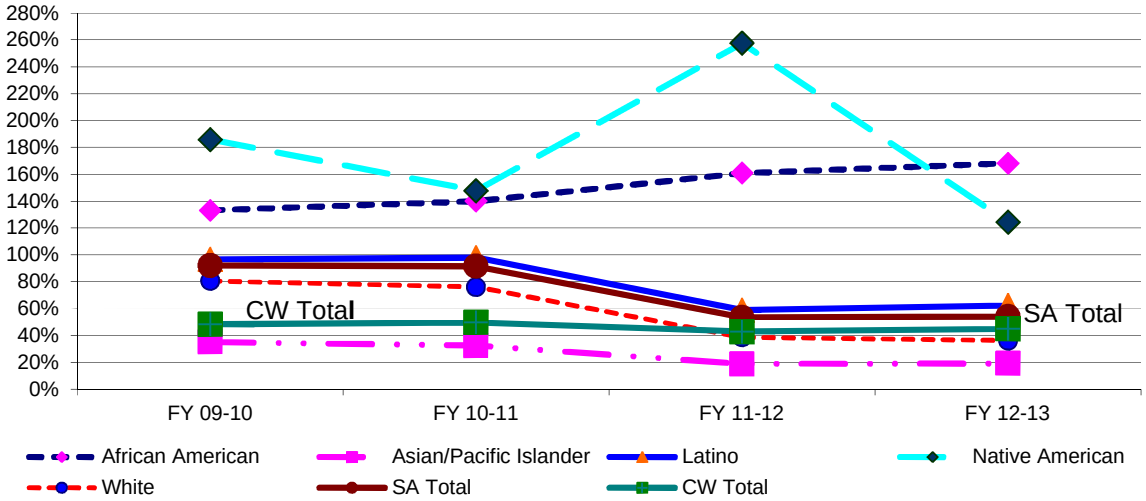


Figure 60 shows the 4-year trend for Penetration Rate for population living at or below 200% Federal Poverty Level from FY 09-10 to FY 12-13 in Service Area 5.

FIGURE 61: RETENTION RATE BY ETHNICITY FY 2012 - 2013 - SA 5

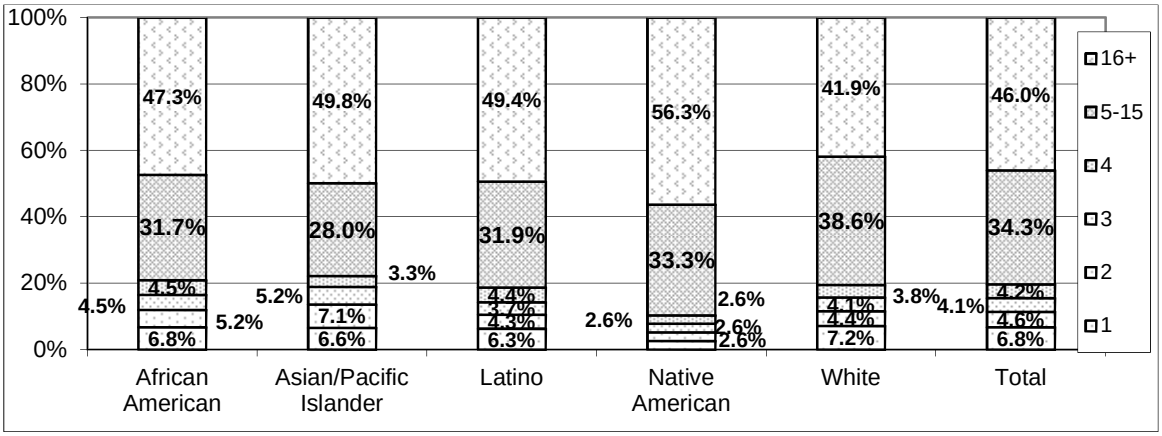


Figure 61 shows the Number of Approved Outpatient Claims (Retention Rate) by ethnicity for consumers served in FY 12-13 in Service Area 5.

FIGURE 62: PENETRATION RATE BY ETHNICITY FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL – FOUR YEAR TREND FY 2009 - 2010 TO FY 2012 - 2013 - SA 6

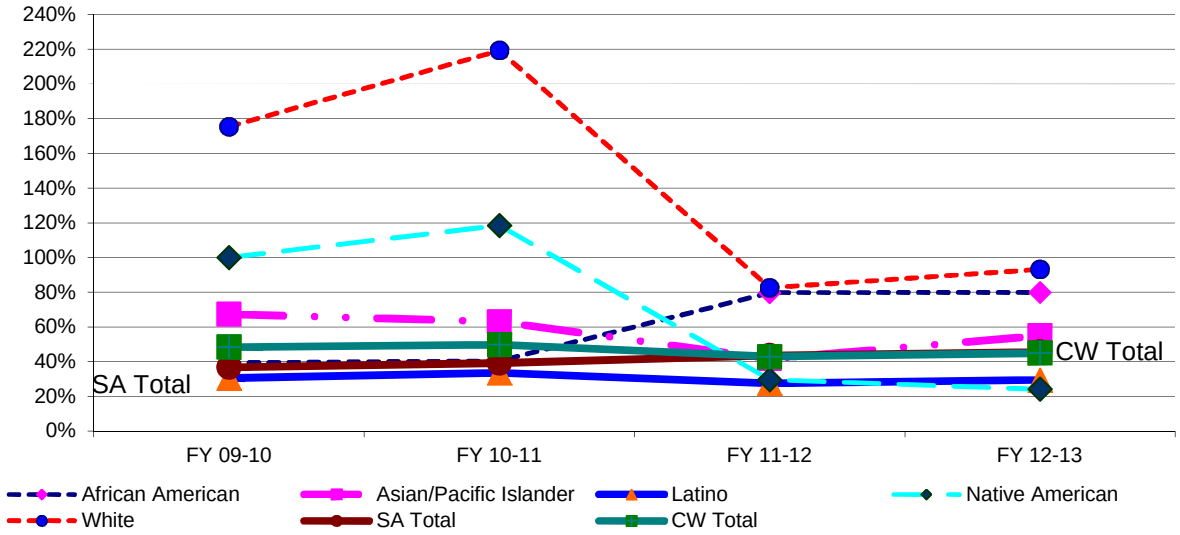


Figure 62 shows the 4-year trend for Penetration Rate for population living at or below 200% Federal Poverty Level from FY 09-10 to FY 12-13 in Service Area 6.

FIGURE 63: RETENTION RATE BY ETHNICITY FY 2012 - 2013 - SA 6

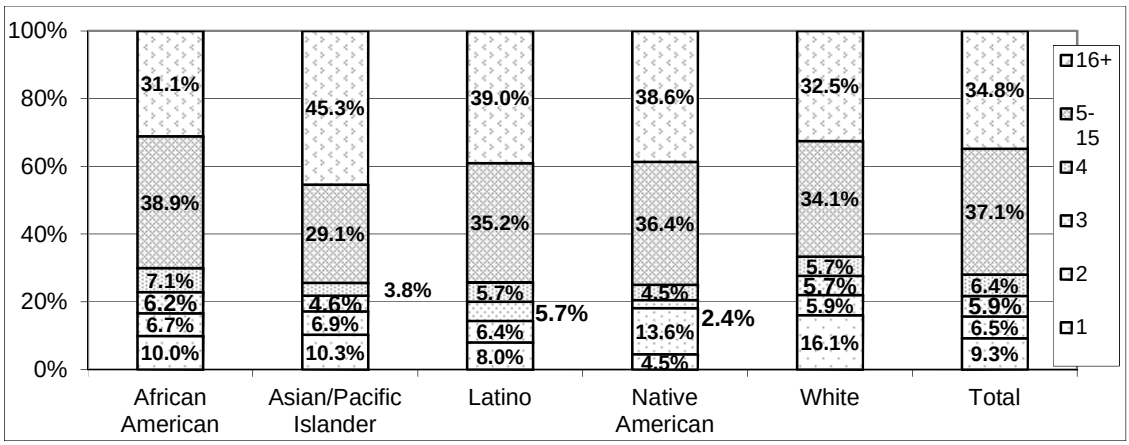


Figure 63 shows the Number of Approved Outpatient Claims (Retention Rate) by ethnicity for consumers served in FY 12-13 in Service Area 6.

FIGURE 64: PENETRATION RATE BY ETHNICITY FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL – FOUR YEAR TREND FY 2009 - 2010 TO FY 2012 - 2013 - SA 7

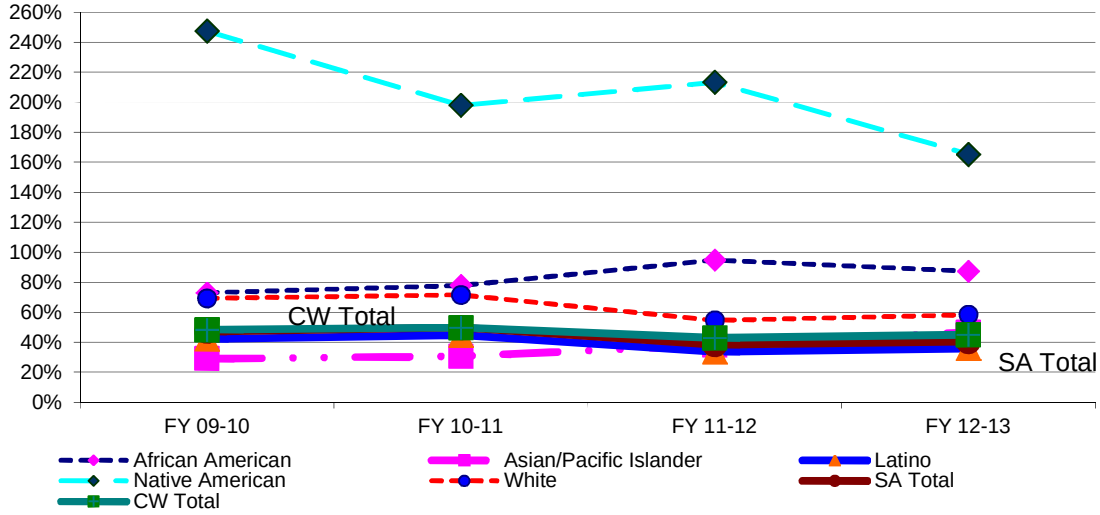


Figure 64 shows the 4-year trend for Penetration Rate for population living at or below 200% Federal Poverty Level from FY 09-10 to FY 12-13 in Service Area 7.

FIGURE 65: RETENTION RATE BY ETHNICITY FY 2012 - 2013 - SA 7

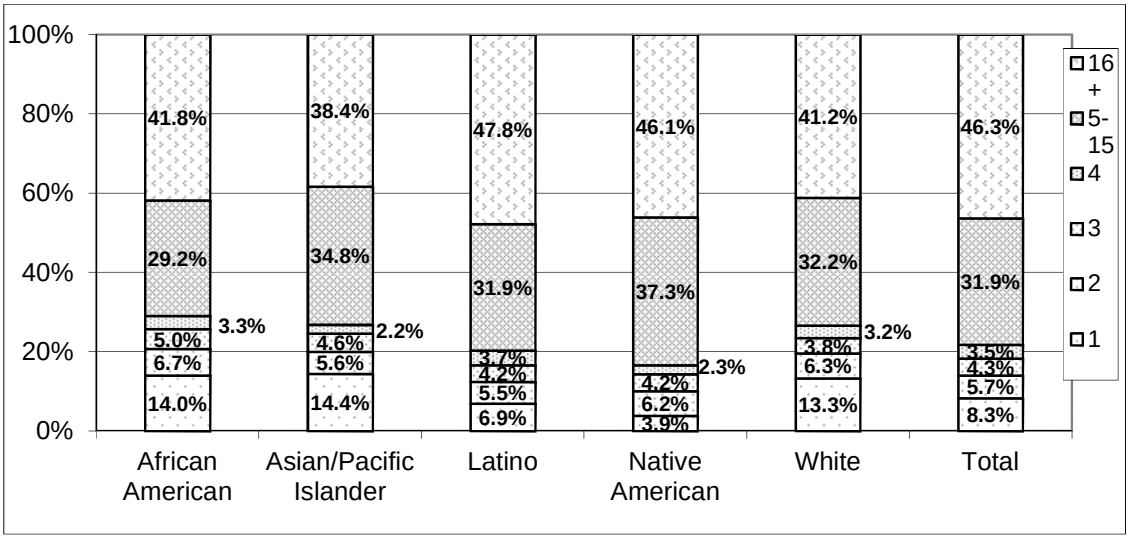


Figure 65 shows the Number of Approved Outpatient Claims (Retention Rate) by ethnicity for consumers served in FY 12-13 in Service Area 7.

FIGURE 66: PENETRATION RATE BY ETHNICITY FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL – FOUR YEAR TREND FY 2009 - 2010 TO FY 2012 - 2013 - SA 8

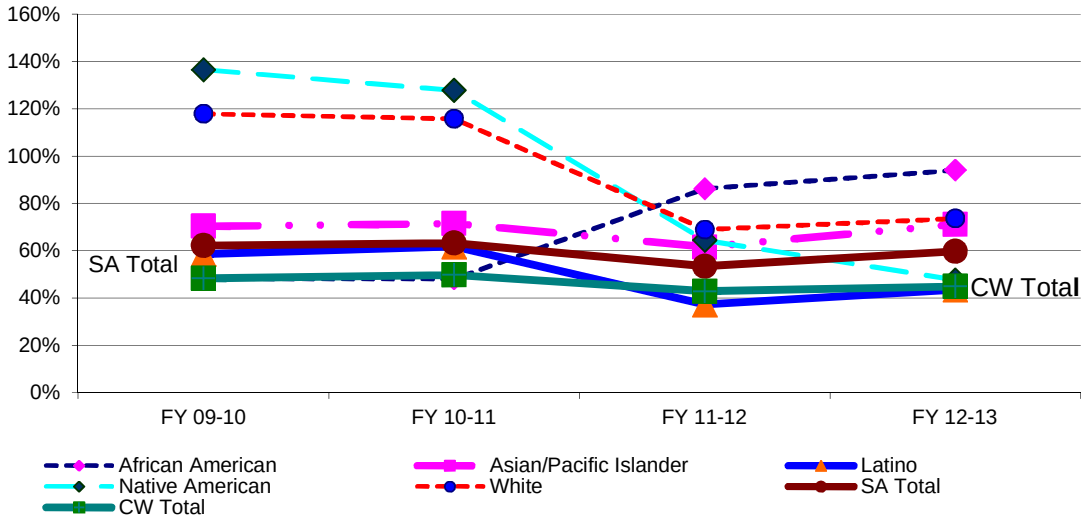


Figure 66 shows the 4-year trend for Penetration Rate for population living at or below 200% Federal Poverty Level from FY 09-10 to FY 12-13 in Service Area 8.

FIGURE 67: RETENTION RATE BY ETHNICITY FY 2012 - 2013 - SA 8

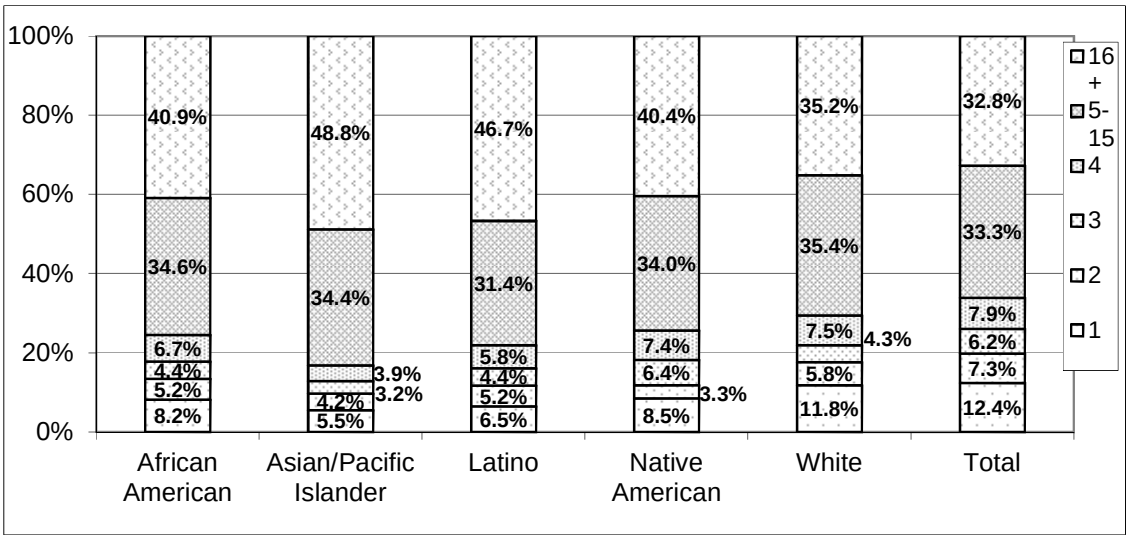


Figure 67 shows the Number of Approved Outpatient Claims (Retention Rate) by ethnicity for consumers served in FY 12-13 in Service Area 8.

FIGURE 68: PENETRATION RATE BY ETHNICITY FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL – FOUR YEAR TREND FY 2009 - 2010 TO FY 2012 - 2013 – COUNTYWIDE

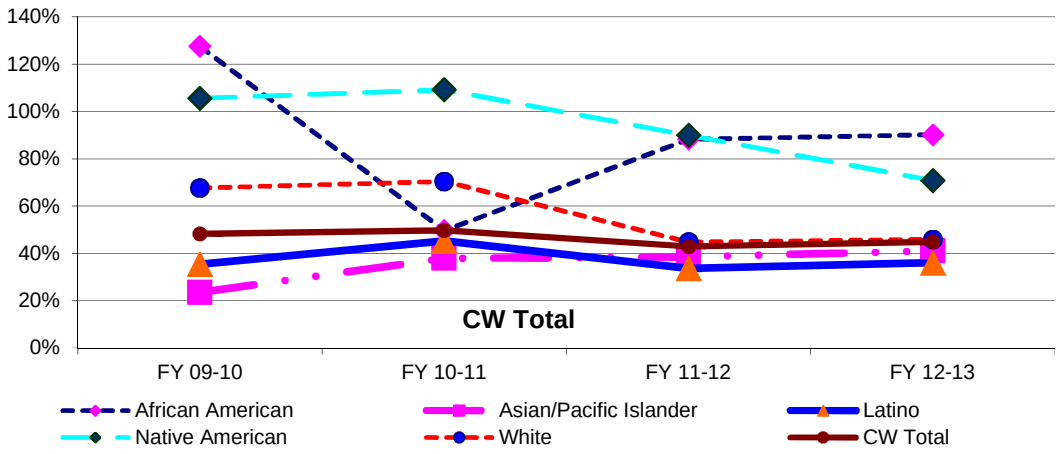


Figure 68 shows the Countywide 4-year trend for Penetration Rate for population living at or below 200% Federal Poverty Level from FY 09-10 to FY 12-13.

FIGURE 69: RETENTION RATE BY ETHNICITY FY 2012 - 2013 - COUNTYWIDE

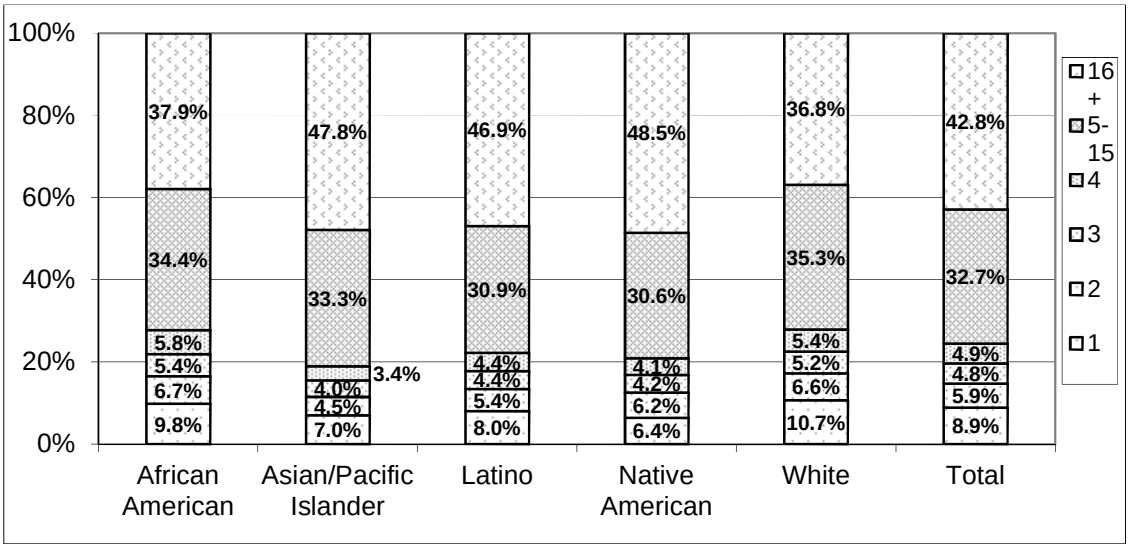


Figure 69 shows the Countywide Number of Approved Outpatient Claims (Retention Rate) by ethnicity for consumers served in FY 12-13.

Goal I.1.e.
Continue to provide Service Area Trainings on evaluating data for Quality Improvement to consumers, family members, providers, and other stakeholders at least one time per year.

Trainings on the use of demographic data and the availability of updated maps were conducted in SA QIC meetings during the annual MHSIP Survey Training and also online via WebEx trainings. Eight survey trainings, one in each Service Area, were conducted in August 2013 to administer the MHSIP surveys. Randomly selected providers were trained on data collection, accessing survey forms from the LACDMH PSB/QI website and downloading survey data for their Legal Entities and providers.

An online Location Management System (LMS) was implemented that allows providers to update provider information using an online system. Updates made in the LMS are used to automatically update the online provider search for mental health services. The LMS training was conducted online with SA Liaisons and QI staff using WebEx.

II. MONITORING ACCESSIBILITY OF SERVICES

Goal II.1.

Maintain access to after-hours care at 70% of Psychiatric Mobile Response Team (PMRT) response time of one hour or less between PMRT acknowledgement of receipt of the call to PMRT arrival on the scene and continue year to year trending of the data.

Numerator: The number of after-hour PMRT responses with a response time of one hour or less.

Denominator: Total number of after-hour PMRT responses.

EVALUATION

This goal has been met.

TABLE 34: PSYCHIATRIC MOBILE RESPONSE TEAM (PMRT) AFTER-HOUR RESPONSE RATES OF ONE HOUR OR LESS CY 2009 – 2013

Month	2009	2010	2011	2012	2013
January	68%	67%	76%	69%	75%
February	69%	65%	72%	64%	68%
March	64%	63%	71%	66%	68%
April	68%	65%	69%	61%	72%
May	72%	63%	74%	66%	71%
June	72%	68%	68%	65%	71%
July	72%	71%	71%	70%	71%
August	62%	75%	67%	70%	71%
September	63%	74%	68%	65%	74%
October	69%	71%	68%	67%	75%
November	66%	70%	66%	70%	73%
December	66%	71%	68%	N/A	74%
Annual Total	**3,448**	**3,857**	**4,288**	**3,984**	**4,859**
Annual Average %	**68%**	**69%**	**70%**	**67%**	**72%**

Note: December 2012 data is not available due to transition to the new phone monitoring system on November 27, 2012.

Table 34 shows that in 2013 an average of 72% of PMRT calls resulted in mobile teams being present at the scene within one hour or less from acknowledgement

of receipt of the call. This reflects a 5% increase over the previous year performance of 67%.

Trending analysis during a five (5) year period, from 2009 to 2013, shows an increase in the annual total number of after-hour PMRT responses to calls in one hour or less. The total number of after-hour PMRT responses to calls in one hour or less in 2009 were 3,448; in 2010 3,857; in 2011 4,288; in 2012 3,984; and in 2013 4,859.

In FY 2011-2012, EOB Field Response Operations was approved for the addition of 10 staff items (6 Psychiatric Social Worker II and 4 Clinical Psychologist II) funded by Katie A dollars. The hiring of the staff was initiated in late calendar year 2012 and early 2013. Despite the increase in the number of PMRT after hour response requests for Calendar Year 2013, this augmentation in staff was instrumental in the improvement of PMRT response time performance for Calendar Year 2013 to 72% compared to the previous year's performance at 67%.

LACDMH utilizes the ACCESS Center PMRT responsiveness as an indicator of timeliness of field visits requiring rapid intervention and assistance. The rationale for this indicator concerns providing alternatives to hospitalization and linkage with other appropriate levels of care such as Urgent Care Centers.

ACCESS Center Abandoned Call Rate

Goal II.2.
Maintain the rate of abandoned calls (responsiveness of the 24-hour toll free number) at an overall annual rate of 16% or less.

Numerator: Total number of calls in which caller hung up after 30 seconds.

Denominator: Total number of calls to the ACCESS Center.

EVALUATION

This goal has been met.

LACDMH's ACCESS Center provides emergency and non-emergency services. The ACCESS Center strives to meet the cultural and linguistic needs of our communities by providing language assistance services in threshold and non-threshold languages at the time of first contact. Callers request information related to mental health services and other social needs, and the ACCESS Center supplies them with referrals to culture-specific providers and services that are appropriate to their needs and conveniently located.

The ACCESS Center Abandoned Call Rate is used as an indicator of response time to calls received by the 24/7 Toll-Free Telephone Line for mental health services and other referrals as appropriate, including the calls received in non-English languages. It is also a means of measuring linguistic and cultural accessibility to mental health services. This national indicator is also monitored by LACDMH Test-Calls Protocols and data is reported in the Annual Test-Calls Report prepared by the Quality Improvement Division. (See Appendix for Test-Calls Report 2013).

TABLE 35: ABANDONED CALLS BY NUMBER AND PERCENT
CY 2013

Month	Total # of Calls to the NIVR[1]	Total # of Calls Extended to Agents[2]	Total # of Calls that were Abandoned After 30 Seconds in Queue	Percentage of Calls in Queue that were Abandoned After 30 Seconds[3]
January	19,478	14,326	1,364	10%
February	18,235	13,395	1,715	13%
March	20,574	15,092	2,232	15%
April	22,019	16,338	2,455	15%
May	22,774	16,546	2,015	12%
June	18,907	13,921	898	6%
July	19,362	14,263	987	7%
August	19,970	14,645	1,410	10%
September	20,479	15,229	1,367	9%
October1- 28[4]	20,380	15,477	1,902	12%
November[5]	19,763	15,126	1,598	11%
December	17,625	13,388	791	6%
Average	**19,964**	**14,812**	**1,561**	**11%**

Notes:
[1] Total calls to the Network Interactive Voice Response (NIVR) includes all calls to the public and the provider lines.
[2] Abandoned calls are included in the total calls extended to agents.
[3] Effective January 1, 2006 the National Committee on Quality Assurance (NCQA) methodology and criteria are applied to measure the abandoned call rate. The abandoned rate is determined by using the number of callers who hang up after 30 seconds divided by total calls.
[4] ACCESS experienced a phone system change resulting in a loss of data for the rest of the month.
[5] Data from November 1st onward come from the new phone system, Virtual Call Center (VCC) implemented on October 29, 2013.

Table 35 shows an average abandoned call rate of 11% for Calendar Year 2013. The average number of calls per month from January to December 2013 was 14,812 for calls extended to the agents and 19,964 for calls to the NIVR. The time measurement on calls to the new phone system starts once the call presents itself to the VCC and not the NIVR (the caller may either choose an option to extend the call from the NIVR to the VCC or to remain on the line until they are automatically directed to a live agent). In other words, the number of seconds on the abandoned calls is measured from when the call presents itself to the VCC.

The abandoned call rate dropped significantly in Calendar Year 2013 to an annual average of 11% as the automatic clinic roll over process for clinics to roll over calls to the ACCESS Center during afterhours was changed when the new phone system was implemented in November 2012. With the new system, callers who call the clinics after hours have an option of selecting a transfer to the ACCESS Center toll free number or to hang up and call the clinics the next business day if they wish to do so. This change has reduced the number of calls that automatically roll over to ACCESS Center and thereby reduced the total number of calls to the ACCESS Center.

Trending of ACCESS Center data to compare data for Calendar Year 2013 with previous years is not included in this report as the data for Calendar Year 2013 is from a new and different phone system (VCC) that has significantly different measurement systems compared to the Private Branch Exchange (PBX) system used by ACCESS Center until November 2012.

For Calendar Year 2014, the goal for the responsiveness of the toll free number will no longer be measured by the abandoned call rate and will instead be the percentage of VCC calls answered within a minute.

ACCESS Center Calls Received in Non-English Languages

Non-English speaking and Limited English Proficiency persons have a right to receive services in their primary or preferred language. LACDMH has 13 threshold languages including: Arabic, Armenian, Cambodian, Cantonese, English, Farsi, Korean, Mandarin, Other Chinese, Russian, Spanish, Tagalog, and Vietnamese. When ACCESS Center staff cannot assist callers because of a language barrier, they immediately contact the Language Line for assistance with language interpretation services. The ACCESS Center also provides equitable language assistance services to deaf/hearing impaired consumers and providers requesting American Sign Language (ASL) interpretation services for their consumers.

TABLE 36: NON-ENGLISH LANGUAGE CALLS RECEIVED BY THE ACCESS CENTER FOUR YEAR TREND - CY 2010 – 2013

Language	2010	2011	2012	2013
AMHARIC	0	2	2	0
*ARABIC	13	7	4	21
*ARMENIAN	36	35	61	48
BENGALI	3	1	2	1
BULGARIAN	1	0	0	0
BURMESE	3	0	0	0
*CANTONESE	19	19	7	46
*FARSI	31	46	59	70
FRENCH	1	2	1	1
GERMAN	2	0	0	0
HEBREW	0	0	0	1
HINDI	0	1	5	0
HUNGARIAN	0	0	0	0
ITALIAN	1	0	0	0
JAPANESE	7	6	5	3
KHMER	10	16	35	10
*KOREAN	61	54	83	109
LAOTIAN	0	0	0	0
*MANDARIN	59	52	40	57
MONGOLIAN	0	0	0	1
NEPALI	0	0	0	1
OROMO	0	0	0	0
POLISH	0	0	0	0
PORTUGUESE	1	0	0	0
PUNJABI	2	0	0	0
SERBIAN	5	0	0	5
ROMANIAN	1	0	1	0
*RUSSIAN	15	21	26	15
SAMOAN	0	0	0	5
SERBIAN	5	0	0	0
*SPANISH (AVAZA Language Services)	4,547	4,282	4,552	2,509
SPANISH ACCESS CTR	4,644	4,393	4,043	11,240
SPANISH SUB TOTAL	9,191	8,675	8,595	13,749
*TAGALOG	26	35	14	16
THAI	6	2	1	1
TURKISH	0	0	1	0
URDU	1	1	3	2
*VIETNAMESE	23	15	23	24
TOTAL	**9,523**	**8,990**	**8,968**	**14,184**

*LACDMH Threshold Language excluding Other Chinese and English.

Table 36 summarizes the total number of calls in 36 non-English languages received by the ACCESS Center for calendar years 2010 through 2013. The trending over the last four years indicates that the majority of non-English callers

requested language interpretation services in the threshold languages, and mostly in Spanish. Additionally noted were calls received in Korean, Mandarin, Cantonese, Armenian, Farsi, Vietnamese, and Arabic.

In 2013 the ACCESS Center received 13,749 calls in Spanish or 96.9% of all non-English calls. Spanish is the most common language after English for calls received by the ACCESS Center in 2013. The second most common language of non-English calls received by the ACCESS Center in 2013 was Korean at 109 calls or 0.7% of all non-English calls.

As noted in Table 36 there was a substantial increase in the number of Spanish language calls to the ACCESS Center. The new ACCESS Center telephone system (VCC) includes the preprogrammed number of the language line which now dials out by clicking on the programmed number from the computer screen. Previously the Web center was losing calls on the language line where agents were required to dial out manually and if another agent was trying to call out at the same time both calls were dropped. The transition to VCC shows the improvement of better tracking capability for the Spanish speaking callers.

Other factors contributing to the increased number in Spanish ACCESS Center calls include the hiring in February 2013 through October 2013 of 10 Spanish speaking employees who were able to answer calls from Spanish speaking callers. There was also a partnership with “World Meta Peace” in 2013 where Spanish language posters were distributed to schools, Department of Children and Family Services (DCFS) and the DMH children’s clinics. DMH PIO also established a partnership with Univision who regularly televises the 800 number.

Consumer Satisfaction Survey Goals

Goal II.3.
Maintain percent at 87.1% in CY 2013 for consumers/families reporting that they are able to receive services at convenient locations and continue year-to-year trending of the data.

EVALUATION

This goal has not been met.

TABLE 37: PERCENT OF CONSUMERS / FAMILIES WHO STRONGLY AGREE OR AGREE WITH "LOCATION OF SERVICES WAS CONVENIENT FOR ME"
BY AGE GROUP

AGE GROUP	FY 08-09	FY 08-09	FY 11-12	FY 12-13	FY 13-14
	Nov 2008	May 2009	Feb 2012	Aug 2012	Aug 2013
YSS-F					
Number	8,463	6,889	9,920	3,384	2,898
Percent	92.3%	93.3%	93.7%	91.0%	91.5%
YSS					
Number	5,684	4,577	5,974	1,727	1,371
Percent	81.3%	82.9%	81.0%	80.6%	82.1%
Adult					
Number	6,644	5,559	9,855	3,244	4,431
Percent	83.9%	84.6%	84.7%	82.0%	83.0%
Older Adult					
Number	593	615	1,211	292	267
Percent	88.1%	90.0%	82.4%	87.7%	87.6%
Total					
Number	21,384	17,640	26,960	8,647	8,967
Percent	86.4%	87.7%	87.1%	85.5%	85.7%

Notes: YSS-F = survey for guardians of children 0-12 years old; YSS = survey for youth 12 to 17 years. For FY07-08 to FY 11-12 and in line with earlier publications, Number of Responses is the number of surveys received that were complete. For FY 12-13, Number of Responses is the number of responses between 1 and 5 on a specific survey item. This was the effective denominator in all fiscal years. Per CDMH Memo June 14, 2010, Consumer Satisfaction Survey data collection was suspended for CY 2010.

Table 37 shows percent of consumers and families that agree or strongly agree they received services at convenient locations for five (5) distinct survey periods,

from November 2008 to August 2013. For YSS-F, the percent increased from 92.3% in November 2008 to 93.7% in February 2012 and then declined to 91.5% in August 2013. For YSS, the percent increased from 81.3% in November 2008 to 82.9% in May 2009 and then declined back to 82.1% in August 2013. For Adults, the percent increased from 83.9% in November 2008 to 84.7% in February 2012 before declining to 83.0% in August 2013. For Older Adults, the percent increased from 88.1% in November 2008 to 90.0% in May 2009 before declining to 87.6 in August 2013. Overall for all age groups, the percent decreased slightly from 86.4% in November 2008 to 85.7% in August 2013.

Goal II.4.
Maintain percent at 89.7% in CY 2013 for consumers/families reporting that they are able to receive services at convenient times and continue year to year trending of the data.

EVALUATION

This goal has been met.

TABLE 38: PERCENT OF CONSUMERS / FAMILIES WHO STRONGLY AGREE OR AGREE WITH "SERVICES WERE AVAILABLE AT TIMES THAT WERE GOOD FOR ME" BY AGE GROUP

AGE GROUP	FY 08-09	FY 08-09	FY 11-12	FY 12-13	FY 13-14
	Nov 2008	May 2009	Feb 2012	Aug 2012	Aug 2013
YSS-F					
Number	8,463	6,889	9,920	3,375	2,908
Percent	93.7%	94.1%	94.2%	93.2%	93.4%
YSS					
Number	5,684	4,577	5,974	1,735	1,367
Percent	79.5%	81.7%	81.7%	80.6%	85.4%
Adult					
Number	6,644	5,559	9,855	3,261	4,449
Percent	87.9%	89.7%	89.5%	89.0%	91.3%
Older Adult					
Number	593	615	1,211	295	283
Percent	92.7%	93.4%	93.2%	95.3%	91.2%
Total					
Number	21,384	17,640	26,960	8,666	9,007
Percent	88.5%	89.7%	89.7%	89.2%	91.0%

Notes: YSS-F = survey for guardians of children 0-12 years old; YSS = survey for youth 12 to 17 years. For FY07-08 to FY 11-12 and in line with earlier publications, Number of Responses is the number of surveys received that were complete. For FY 12-13, Number of Responses is the number of responses between 1 and 5 on a specific survey item. This was the effective denominator in all fiscal years. Per CDMH Memo June 14, 2010, Consumer Satisfaction Survey data collection was suspended for CY 2010.

Table 38 shows percent of consumers and families that agree or strongly agree that services were available at times that were convenient for them for five (5) distinct survey periods, from November 2008 to August 2013. For YSS-F, the percent has increased from 93.7% in November 2008 to 94.2% in February 2012, before declining to 93.4% in August 2013. For YSS, the percent has increased from 79.5% in November 2008 to 81.7% in February 2012, and to 85.4% in August 2013. For Adults, the percent increased from 87.9% in November 2008 to 91.3% in August 2013. For Older Adults, the percent decreased from 92.7% in May 2008 to 91.2% in August 2013. Overall, for all age groups the percent increased from 88.5% in November 2008 to 91.0% in August of 2013.

III. MONITORING BENEFICIARY SATISFACTION

Goal III.1.
Complete the State Performance Outcomes Survey Report for the August 2012 MHSIP Consumer Survey in collaboration with CDHCS and CiMH.

EVALUATION

This goal has been met.

In conformance with DMH INFORMATION NOTICE NO.: 12-03 that was issued on May 8, 2012 LACDMH administered consumer perception surveys from August 20-24, 2012. The results were provided to the California Institute for Mental Health (CiMH) as directed. In addition, Service Area and provider level results have been made available to all participating providers to use for quality improvement initiatives. The completed State Performance Outcomes Survey Report for the August 2012 MHSIP Consumer Survey can be found on the Program Support Bureau, Quality Improvement Division website at:
http://psbqi.dmh.lacounty.gov/QI.htm

Summary tables reflecting the County Performance Outcome Survey Item Findings for the August 2012 Survey period follow.

Goal III.2.
Maintain percent at 86.1% CY 2013 for consumers/families reporting that staff was sensitive to cultural/ethnic background and continue year to year trending of the data.

EVALUATION

This goal has been met.

TABLE 39: PERCENT OF CONSUMERS / FAMILIES WHO STRONGLY AGREE OR AGREE WITH "STAFF WERE SENSITIVE TO MY CULTURAL BACKGROUND" BY AGE GROUP

AGE GROUP	FY 08-09	FY 08-09	FY 11-12	FY 12-13	FY 13-14
	Nov 2008	May 2009	Feb 2012	Aug 2012	Aug 2013
YSS-F					
Number	8,463	6,889	9,920	3,087	2,669
Percent	94.9%	95.5%	91.1%	94.8%	95.1%
YSS					
Number	5,684	4,577	5,974	1,627	1,229
Percent	83.2%	84.6%	76.8%	82.7%	87.6%
Adult					
Number	6,644	5,559	9,855	3,126	4,254
Percent	85.5%	84.6%	86.0%	85.1%	85.8%
Older Adult					
Number	593	615	1,211	278	266
Percent	90.9%	91.2%	90.8%	90.3%	91.0%
Total					
Number	21,384	17,640	26,960	8,118	8418
Percent	88.6%	89.0%	86.1%	88.5%	89.2%

Notes: YSS-F = survey for guardians of children 0-12 years old; YSS = survey for youth 12 to 17 years. For FY07-08 to FY 11-12 and in line with earlier publications, Number of Responses is the number of surveys received that were complete. For FY 12-13, Number of Responses is the number of responses between 1 and 5 on a specific survey item. This was the effective denominator in all fiscal years. Per CDMH Memo June 14, 2010, Consumer Satisfaction Survey data collection was suspended for CY 2010.

Table 39 shows percent of consumers and families that agree or strongly agree that staff were sensitive to their cultural background for five (5) distinct survey periods, from November 2008 to August 2013. For YSS-F, the percent decreased from 94.9% in November 2008 to 91.1% in February 2012 before increasing to 95.1 in August 2013. For YSS, the percent increased from 83.2% in November 2008 to 87.6% in August 2013. For Adults, the percent increased

from 85.5% in November 2008 to 85.8% in August 2013. For Older Adults, the percent increased from 90.9% in November 2008 to 91.0% in August 2013. Overall, for all age groups the percent increased just slightly from 88.6% to 89.2%.

Goal III.3.
Maintain percent at 82% CY 2013 for consumers/families reporting overall satisfaction with services provided and continue year to year trending of the data.

EVALUATION

This goal has been met. The August 2013 Overall Satisfaction rating was 83%. Year to year trending will be reported next year in 2014.

Goal III.4.
Continue to monitor beneficiary grievances, appeals and State Fair Hearings processes, including year to year trending of the data.

EVALUATION

This goal has been met.

The Quality Improvement Division is responsible to conduct the "annual evaluation of beneficiary grievances, appeals, and fair hearings." (State Department of Health Care Services, Program Oversight and Compliance, 2012-2013)

The MHP shall insure that a procedure is included by which issues identified as a result of the grievance, appeal or expedited appeal processes are transmitted to the MHP's Quality Improvement Council, the MHP's administration or another appropriate body within the MHP. (State Department of Health Care Services, Program Oversight and Compliance, 2012-2013)

TABLE 40A: INPATIENT AND OUTPATIENT GRIEVANCES AND APPEALS FY2011-2012 TO FY 2012-2013

CATEGORY	FY 11 - 12 Inpatient/Out patient	FY 12 -13 Inpatient/Out patient
ACCESS	**21**	**0**
Percent	100.0%	0.0%
TERMINATION OF SERVICES	1	8
Percent	100.0%	100.0%
DENIED SERVICES (NOA - A Assessment)	0	5
Percent	0.0%	100.0%
CHANGE OF PROVIDER	10	5
Percent	100.0%	100.00%
QUALITY OF CARE		
Provider Relations	305	317
Percent	52.0%	64.2%
Medication	86	95
Percent	14.7%	19.2%
Discharge/Transfer	24	22
Percent	4.1%	4.5%
Patient's Rights Materials	12	2
Percent	2.0%	0.4%
Treatment Concerns	24	8
Percent	4.1%	1.6%
Abuse - Physical	32	26
Percent	5%	5.3%
Abuse - Sexual	8	4
Percent	1.37%	0.8%
Abuse Verbal	12	5
Percent	2.05%	1.0%
Abuse (Total)	52	35
Percent	100.0%	7.1%
Delayed Services	4	0
Percent	1.9%	0.0%
Seclusion and Restraint	11	14
Percent	1.9%	2.8%
Quality of Care	13	1
Percent	2.2%	0.2%
Reduction of Services	3	0
Percent	0.5%	0.0%
Sub-Total for Quality of Care	**534**	**494**
Percent	100.0%	100.0%

TABLE 40A (Cont.): INPATIENT AND OUTPATIENT GRIEVANCES AND APPEALS, FY 2011-12 TO FY 2012-13

CATEGORY	FY 11 - 12	FY 12 -13
CONFIDENTIALITY	10	6
Percent	100.0%	100.0%
OTHER		
Access to Personal Belongings	1	0
Percent	1.1%	0.0%
Housing Concerns	17	13
Percent	19.1%	15.3%
Legal Concerns	11	0
Percent	12.4%	20.0%
Lost/Stolen Belongings	11	17
Percent	12.4%	20.0%
Money/Funding/Billing	10	10
Percent	11.2%	11.8%
Non HIPAA Concerns	2	2
Percent	2.2%	2.4%
Non Provider Concerns	3	15
Percent	3.4%	17.6%
Phone	6	5
Percent	6.7%	5.9%
Smoking	7	6
Percent	7.9%	7.1%
Visitors	1	4
Percent	1.1%	4.7%
Miscellaneous	13	6
Percent	14.6%	7.1%
Clothing	5	4
Percent	0.2%	4.7%
Letter Writing Material	NA	3
Percent	NA	3.5%
Other	2	NA
Percent	2.2%	NA
Sub-Total	**89**	**85**
Percent	100.0%	100.0%
Total	**665**	**603**
Percent	100.0%	100.0%

Note: Shaded cells without numerical values indicate that data is not available for the fiscal year.

Table 40A shows that the total number of inpatient and outpatient grievances and appeals decreased by 10% from 665 in FY 11-12 to 603 in FY 12-13. The majority of inpatient and outpatient grievances and appeals were for Quality of Care for both FY 11-12 (80%) and FY 12-13 (82%).

TABLE 40B: INPATIENT AND OUTPATIENT GRIEVANCES AND APPEALS BY LEVEL AND DISPOSITION FY 2012 - 2013

CATEGORY	LEVEL				
	Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing
Access	0	0	0	15	0
Percent	0.0%	0.0%	0.0%	100.0%	0.0%
Termination of Services	5	3	0	0	0
Percent	0.8%	100.0%	0.0%	0.0%	0.0%
Denied Services (NOA- A Assessment)	5	0	0	0	0
Percent		0.0%	0.0%	0.0%	0.0%
Change of Provider	5	0	0	0	0
Percent		0.0%	0.0%	0.0%	0.0%
Quality of Care	494	0	0	0	0
Percent	82.3%	0.0%	0.0%	0.0%	0.0%
Confidentiality	6	0	0	0	0
Percent	1.0%	0.0%	0.0%	0.0%	0.0%
Other	85	0	0	0	0
Percent	14.2%	0.0%	0.0%	0.0%	0.0%
Total	600	3	0	15	0
Percent	100.0%	100.0%	0.0%	100.0%	0.0%

CATEGORY	DISPOSITION		
	Referred Out	Resolved	Still Pending
Access	0	15	0
Percent	0.0%	2.5%	0.0%
Termination of Services	0	8	0
Percent	0.0%	1.3%	0.0%
Denied Services (NOA- A Assessment)	0	5	0
Percent	0.0%	0.8%	0.0%
Change of Provider	0	5	0
Percent	0.0%	0.8%	0.0%
Quality of Care	6	488	0
Percent	100.0%	79.7%	0.0%
Confidentiality	0	6	0
Percent	0.0%	1.0%	0.0%
Other	0	85	0
Percent	0.0%	13.9%	0.0%
Total	6	612	0
Percent	100.0%	100.0%	0.0%

Table 40B shows that among the inpatient and outpatient grievances and appeals in FY 11-12 there were 600 grievances and 3 appeals and 15 requests for State Fair Hearings. Table 40B also shows that by disposition among these grievances and appeals, 6 were referred out, 612 were resolved, and none were reported as still pending.

QID is in the process of acquiring software to improve data accuracy and processing capacity by using electronic data entry forms. The Quality Improvement Division will continue to meet its' commitment to monitor beneficiary grievances, appeals and State Fair Hearings as well as assist and support PRO in developing increasingly sensitive and useful measures. (See QI Implementation Status Report for Annual Beneficiary Grievances and Appeals, dated March 2013.)

Goal III.5.
Continue to monitor Beneficiary Requests for Change of Provider including reasons given by consumers for their change of provider request and continue year to year trending of the data.

EVALUATION

This goal has been met.

TABLE 41: REQUEST FOR CHANGE OF PROVIDER BY REASONS AND PERCENT APPROVED FY 2011 – 2012 TO FY 2012 – 2013

Reason*	FY 2011 - 2012			FY 2012 - 2013		
	Number of Requests	Percent Approved	Rank Order	Number of Requests	Percent Approved	Rank Order
Not A Good Match	263	90.11%	1	320	91.25%	1
Uncomfortable	221	86.69%	2	255	89.02%	2
Does Not Understand Me	173	89.02%	3	193	89.12%	4
Treatment Concerns	154	89.61%	4	168	87.50%	5
Other	151	82.78%	5	221	91.86%	3
Lack of Assistance	134	88.06%	6	155	87.10%	7
Insensitive/Unsympathetic	125	88.00%	7	157	89.17%	6
Medication Concerns	107	92.52%	8	121	85.95%	8
Not Professional	99	88.89%	9	108	87.96%	11
Gender	83	87.95%	10	109	89.91%	10
No Reason Given	69	78.26%	11	112	84.82%	9
Language	54	92.59%	12	75	93.33%	12
Want 2nd Opinion	49	85.71%	13	43	81.40%	15
Time/Schedule	48	91.67%	14	62	90.32%	13
Want Previous Provider	35	74.29%	15	45	75.56%	14
Age	18	83.33%	16	28	85.71%	15
Treating Family Member	18	94.44%	16	15	93.33%	16
Total	**1,801**	**87.29%**		**2,187**	**87.42%**	

Note: Sorted by Number of Requests in FY 10-11. Multiple Reasons may be given by a consumer.
Data Source: LACDMH Patients' Rights Office.

Table 41 shows the outpatient number of Request for Change of Provider by reasons, percent, and rank order according to frequency for FY 11-12 and FY 12-13. Data for the requests for change provider are based on the information from forms which agencies are required to submit on a monthly basis to PRO. The total number of recorded Requests for Change of Provider increased by 21% from 1,801 in FY 11-12 to 2,187 in FY 12-13.

IV. MONITORING CLINICAL CARE

Goal IV.1.

Continue to improve medication practices through systematic use of medication parameters, medication peer review, and trainings for the use of medications.

EVALUATION

This goal has been met. (See QI Work Plan Implementation Status Report, Medication Support Services, October 17 2013.)

During 2013, LACDMH reviewed and revised a number of policies and parameters regarding medications. Policy 103.06, Indigent Medications Program, was updated May 14, 2013 and specifies procedures to obtain prescribed medications for eligible indigent and low income clients who receive services at directly operated LACDMH programs at no cost from pharmaceutical company foundations. Parameters 2.7, Assessment of Co-occurring Mental Health Disorders & Cognitive Impairment were revised on May 29, 2013. These parameters apply to those at risk for co-occurring cognitive impairment specifying signs and symptoms that prompt a formal assessment of cognitive functioning. The parameter outlines cognitive functioning assessment procedures. Parameters 3.8, Use of Psychotropic Medications in Children and Adolescents, were issued on June 19, 2013, replacing former guidelines on this topic. Parameters 3.9, For Juvenile Court Mental Health Services' (JCMHS') Review of Psychotropic Medication Application Forms (PMAFS) for Youth in State Custody were established on May 1, 2013. These parameters define general categories of findings and specify fact patterns which trigger a categorical finding and recommendation. Parameters 3.10, For the Use of Medication Assisted Treatment in Individuals with Co-occurring Substance Use Disorders were established in October 2013 and describe those situations where medication assisted treatment (MAT) should be used to treat co-occurring substance use disorders in DMH Programs.

During 2013, LACDMH Office of the Medical Director concluded the Peer Review of indigent clients prescribed 5 or more concurrent psychotropic medications from twenty-two (22) directly operated Mental Health Centers monitoring compliance with existing DMH parameters and policies. Any noncompliance requires appropriate documentation. A report summarizing the findings dated May 7, 2013 has been prepared and was presented to the Departmental Quality Improvement Council on May 13, 2013. All departures and discrepancies have been addressed.

During 2013, four trainings were sponsored by the department regarding medication practices, providing training to 121 individuals.

V. MONITORING CONTINUITY OF CARE

Goal V.1.
Initiate a Quality Improvement Project in Service Area 4 for piloting a web based client flow e-tool.

EVALUATION

This goal has been met.

The Vacancy Referral Reporting System (VANS) has been implemented in SA 4. The project is a web-based tool allowing the service providers to better manage client flow through the system of care. Providers log in regularly to update and post what openings they have in their programs allowing for up to date information for other providers looking for clinical openings in the system of care. Search features of this tool include language and mapping information both created to maximize the likelihood of achieving a good fit for the consumer. The mapping feature provides information about the distance and location of the clinical openings.

VI. MONITORING PROVIDER APPEALS

Goal VI.1.
Continue monitoring the rate of zero appeals through CY 2013.

This goal has been met for day treatment but has not been met for outpatient and inpatient as seen in Table 42.

TABLE 42: PROVIDER APPEALS
CY 2013

Appeals	Day Treatment	Network Inpatient	Network Outpatient
Total	0	1,374	99
Approved	0	440	53
Denied	0	934	29
Pending	0	0	17

There were errors in the data reported by QID on provider appeals information for the previous years. The data for CY 2013 will be used as the baseline for trending for future years. The goal for CY 2014 will be related to the MHP's timeliness of response in writing to appeals from providers.

There was a greater number of appeals from inpatient providers (1,374) compared to outpatient providers (99). Thirty two percent (32%) of the inpatient

provider appeals were approved and 68% of the appeals were denied. In contrast, a larger percentage of appeals from outpatient providers were approved (54%), 29% were denied, and 17% are pending resolution. There were no appeals from day treatment providers for CY 2013.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

QI WORK PLAN GOALS FOR 2014

PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 1: 49% of Latinos estimated with SED and SMI at or below the 138% Federal Poverty Level (FPL) will be served in LACDMH Short Doyle/Medi-Cal (SD/MC) facilities in FY 13-14.

Population: Latino population estimated with SED and SMI and living at or below 138% FPL.

Indicator: Latino consumers receiving outpatient services in SD/MC facilities.

Measure: Unduplicated number of Latino consumers served in LACDMH SD/MC outpatient facilities **/** By Latino population estimated with SED and SMI at or below 138% FPL multiplied by 100.

Source(s) of Information:

1. Prevalence: California Health Interview Survey (CHIS)
2. Consumers Served: LACDMH Integrated System (IS)
3. Population Estimates: American Community Survey (ACS), U.S. Census Bureau

Responsible Entity: QI Division, Data GIS Unit

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 2: 47% of Asian Pacific Islanders (API) estimated with SED and SMI at or below the 138% Federal Poverty Level (FPL) will be served in LACDMH Short Doyle/Medi-Cal (SD/MC) facilities in FY 13-14.

Population: API population estimated with SED and SMI at or below 138% FPL.

Indicator: API consumers receiving outpatient services in SD/MC facilities.

Measure: Unduplicated number of API persons served in SD/MC outpatient facilities / By API population estimated with SED and SMI at or below 138% FPL multiplied by 100.

Source(s) of Information:
1. Prevalence: California Health Interview Survey (CHIS)
2. Consumers Served: LACDMH Integrated System (IS)
3. Population Estimates: American Community Survey (ACS), U.S. Census Bureau

Responsible Entity: QI Division, Data-GIS Unit

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 3: Increase the number of consumers receiving mental health services through tele-psychiatry appointments by 50% in Calendar Year 2014 compared to Calendar Year 2013.

Population: Consumers receiving mental health services through tele-psychiatry at various end points in Directly Operated Clinics of the Department of Mental Health.

Indicator: Service delivery capacity for psychiatry appointments via tele-psychiatry.

Measure: The percentage increase in the number of consumers receiving mental health services through tele-psychiatry appointments in Calendar Year 2014 compared to Calendar Year 2013.

Source(s) of Information/: LACDMH IS approved claims data

Responsible Entity: OMD, QI Division, Data-GIS Unit

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 1: Maintain the percentage of after-hour PMRT responses with a response time of one hour or less at 72%.

Population: Consumers receiving urgent after-hour care from Psychiatric Mobile Response Teams (PMRT) of the LAC-DMH Emergency Outreach Bureau (EOB).

Indicator: Timeliness of after-hour care.

Measure: The number of after-hour PMRT responses with response times of one hour or less / the total number of after-hour PMRT responses for the Calendar Year 2014 multiplied by 100.

Source(s) of Information: LACDMH ACCESS Center Data

Responsible Entity: EOB, ACCESS Center, QI Division

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 2: Seventy five percent of calls to the toll free hotline are answered by a live agent within a minute from when they present to the Virtual Call Center (VCC) of the toll free hotline.

Population: Callers using the ACCESS 24/7 Toll Free number: 1-800-854-7771.

Indicator: Responsiveness of the MHP's toll free hotline.

Measure: The number of calls for the Calendar Year 2014 that are answered within one minute from when they present to the Virtual Call Center (VCC) / the total number of calls extended to the VCC for the Calendar Year 2014 multiplied by 100.

Source(s) of Information: LACDMH ACCESS Center

Responsible Entity: ACCESS Center, QI Division

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 3: Maintain percent of completed test calls to the toll free hotline at 95% in CY 2014.

Population: Callers using the 24/7 Toll Free number: 1-800-854-7771.

Indicator: Percent of Test Calls completed.

Measure: Number of test calls completed / total number of test calls multiplied by 100.

Source(s) of Information: SA QIC Test Call Study Findings.

Responsible Entity: ACCESS Center, SA QICs, QI Division, Data-GIS Unit

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 4: Maintain the percent of consumers/families reporting that they are able to receive services at convenient locations at 85.7% in CY 2014.

Population: Consumers served in SD / MC Outpatient and Day Treatment Facilities

Indicator: Convenience of service locations.

Measure: The number of consumers/family members that agree or strongly agree on the MHSIP survey that they are able to receive services at convenient locations / By the total number of consumers/family members that completed the survey during the survey period multiplied by 100.

Source(s) of Information: Mental Health Statistics Improvement Program (MHSIP) Consumer Survey-State Performance Outcomes

Responsible Entity: QI Division, Data-GIS Unit, LACDMH Outpatient and Day treatment Providers

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 5: Maintain the percent of consumers/families reporting that they are able to receive services at convenient times at 91.0% in CY 2014.

Population: Outpatient Clinic and Day Treatment Program consumers/families.

Indicator: Convenience of appointment times.

Measure: The number of consumers/family members that agree or strongly agree on the MHSIP survey that they are able to receive services at convenient times / By the total number of consumers/family members that completed the survey during the survey period multiplied by 100.

Source(s) of Information: Mental Health Statistics Improvement Program (MHSIP) Consumer Survey-State Performance Outcomes

Responsible Entity: QI Division, Data-GIS Unit, LACDMH Outpatient and Day treatment Providers

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 6: 100 clergy who serve underserved populations (Latino & Asian) will have received at least 5 of the courses of the Clergy Academy curriculum by Dec. 31, 2014.

Population: Underserved Latino and Asian populations.

Indicator: Collaboration of LACDMH with faith based communities to reduce disparities for the underserved populations with mental health needs.

Measure: Number of clergy trained in the Clergy Academy at LACDMH to expand their knowledge in mental health issues and enhance outreach and engagement of the underserved populations they serve – Latino and Asian.

Source(s) of Information: Office of the Director, Community and Government Relations - Spirituality Initiative

Responsible Entity: Office of the Director, Community and Government Relations – Spirituality Initiative, QI Division

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 1: Maintain the percent of consumers/families reporting that staff was sensitive to their cultural/ethnic background at 89% in CY 2014.

Population: Outpatient Clinic and Day Treatment Program consumers/families.

Indicator: Sensitivity to cultural/ethnic background.

Measure: The number of consumers/family members that agree or strongly agree that staff was sensitive to cultural/ethnic background / By the total number of consumers/family members that completed the survey during the survey period multiplied by 100.

Source(s) of Information: Mental Health Statistics Improvement Program (MHSIP) Consumer Survey-State Performance Outcomes

Responsible Entity: QI Division, Data-GIS Unit, LACDMH Outpatient and Day treatment Providers

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 2: Maintain the percent of all age group consumers/families reporting overall satisfaction with services provided at 83% in CY 2014 and continue year to year trending of the data.

Population: Outpatient Clinic and Day Treatment Program consumers/families.

Indicator: Overall satisfaction with services provided.

Measure: The number of consumers/family member that agree or strongly agree they are satisfied overall with the services they have received / By the total number of consumers/family member that completed the survey during the survey period multiplied by 100.

Source(s) of Information: Mental Health Statistics Improvement Program (MHSIP) Consumer Survey

Responsible Entity: QI Division, Data-GIS Unit, LACDMH Outpatient and Day treatment Providers

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 3: **Monitor the grievances, appeals and requests for State Fair Hearings for FY 2013-2014.**

Resolve all standard appeals within 45 days of receipt of appeal by Patients' Rights Office. Resolve all grievances within 60 calendar days from the date the grievance was logged on the Problem Resolution Log.

Population: Consumers/family members served by LACDMH.

Indicator: Beneficiary grievances, appeals, and requested State Fair Hearings.

Measure: Number and type of the beneficiary grievances, appeals, and State Fair Hearings resolved and referred out, and pending for FY 2013-2014.

Source(s) of Information: Patients' Rights Office (PRO) Reports

Responsible Entity: Patients' Rights Office (PRO), QI Division, Data-GIS Unit

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 4: Monitor Beneficiary Requests for Change of Provider including reasons given by consumers for their change of provider requests.

Maintain a rate of 94 percent of providers reporting the requests for change of provider for the CY 2014.

Population: Consumers and their family members in the County of Los Angeles.

Indicator: Number and type of Requests for Change of Provider.

Measure: Number of providers reporting their requests for change of provider / By the number of providers required to report their requests for change of provider to PRO multiplied by 100.

Source(s) of Information: Patients' Rights Office (PRO) Reports

Responsible Entity: Patients' Rights Office (PRO), QI Division, Data-GIS Unit

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN IV: MONITORING CLINICAL CARE

GOAL 1: Continue to improve medication practices through systematic use of medication parameters, medication peer review, and trainings for the use of medication.

Population: Consumers receiving medication support services.

Indicator: Prescribing standards and parameters.

Measure: Review and update of medication parameters, medication-related trainings, and reports of psychiatric peer review.

Source(s) of Information: Office of the Medical Director (OMD) Reports

Responsible Entity: Office of the Medical Director (OMD), QI Division

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN V: MONITORING THE CONTINUITY OF CARE

GOAL 1: 10% of clients enrolled in the FSP pilot integration project will transition to a lower level of care in Calendar Year 2014.

Population: Consumers who enrolled into the FSP Pilot Integration Project and received services for the Calendar Year 2014.

Indicator: Client flow from higher to lower levels of care.

Measure: The number of clients served in the FSP Pilot Integration Project who transitioned into a lower level of care in CY 2014 / By the total number of clients served in the FSP Pilot Integration Project in CY 2014 multiplied by 100.

Source(s) of Information: LAC-DMH MHSA Implementation and Outcomes Division

Responsible Entity: LAC-DMH MHSA Implementation and Outcomes Division, QI Division

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

QI WORK PLAN GOALS FOR 2014

DOMAIN VI: MONITORING PROVIDER APPEALS

GOAL 1: The MHP will respond in writing to 100% of all appeals from providers within 60 calendar days from the date of receipt of the appeal.

Population: Contracted Providers.

Indicator: Timeliness of the MHP's written response to Provider Appeals.

Measure: Number of MHP's responses to Provider Appeals (day treatment, inpatient, and outpatient) within 60 calendar days for Calendar Year 2014 / By the total number of provider appeals for Calendar Year 2014 multiplied by 100.

Source(s) of Information: LACDMH Managed Care Division and Provider Support Organization (PSO)

Responsible Entity: Managed Care Division, PSO, QI Division

QUALITY IMPROVEMENT WORK PLAN CY 2014

I. MONITORING SERVICE DELIVERY CAPACITY

1. *49% of Latinos estimated with SED and SMI at or below the 138% Federal Poverty Level (FPL) will be served in LACDMH Short Doyle/Medi-Cal (SD/MC) facilities in FY 13-14.*

2. *47% of Asian Pacific Islanders (API) estimated with SED and SMI at or below the 138% Federal Poverty Level (FPL) will be served in LACDMH Short Doyle/Medi-Cal (SD/MC) facilities in FY 13-14.*

3. *Increase the number of consumers receiving mental health services through tele-psychiatry appointments by 50% in Calendar Year 2014 compared to Calendar Year 2013.*

II. MONITORING ACCESSIBILITY OF SERVICES

1. *Maintain the percentage of after-hour PMRT responses with a response time of one hour or less at 72%.*
2. *Seventy five percent of calls to the toll free hotline are answered by a live agent within a minute from when they present to the Virtual Call Center (VCC) of the toll free hotline.*
3. *Maintain percent of completed test calls to the toll free hotline at 95% in CY 2014.*
4. *Maintain the percent of consumers/families reporting that they are able to receive services at convenient locations at 85.7% in CY 2014.*
5. *Maintain the percent of consumers/families reporting that they are able to receive services at convenient times at 91.0% in CY 2014.*
6. *100 clergy who serve underserved populations (Latino & Asian) will have received at least 5 of the courses of the Clergy Academy curriculum by Dec. 31, 2014.*

III. MONITORING BENEFICIARY SATISFACTION

1. *Maintain the percent of consumers/families reporting that staff was sensitive to their cultural/ethnic background at 89% in CY 2014.*
2. *Maintain the percent of all age group consumers/families reporting overall satisfaction with services provided at 83% in CY 2014 and continue year to year trending of the data.*
3. *Monitor the grievances, appeals and requests for State Fair Hearings for FY 2013-2014. Resolve all standard appeals within 45 days of receipt of appeal by Patients' Rights Office. Resolve all grievances within 60 calendar days from the date the grievance was logged on the Problem Resolution Log.*
4. *Monitor Beneficiary Requests for Change of Provider including reasons given by consumers for their change of provider requests. Maintain a rate of 94 percent of providers reporting the requests for change of provider for the CY 2014.*

IV. MONITORING CLINICAL CARE

1. *Continue to improve medication practices through systematic use of medication parameters, medication peer review, and trainings for the use of medication.*

V. MONITORING CONTINUITY OF CARE

1. *10% of clients enrolled in the FSP pilot integration project will transition to a lower level of care in Calendar Year 2014.*

VI. MONITORING OF PROVIDER APPEALS

1. *The MHP will respond in writing to 100% of all appeals from providers within 60 calendar days from the date of receipt of the appeal.*