

2019 DESERT HEALTHCARE DISTRICT MENTAL & BEHAVIORAL HEALTH NEEDS ASSESSMENT

SECONDARY DATA REPORT

Prepared for:

Desert Healthcare District and Foundation



Prepared by:

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Introduction

EVALCORP Research and Consulting conducted a review and compilation of secondary data sources in order to inform the mental and behavioral health needs assessment of the Coachella Valley, initiated by the Desert Healthcare District & Foundation. A summary of the compiled secondary data is included in this report.

Methods

This report draws from multiple secondary data sources specific to the geographic areas served by the Desert Healthcare District & Foundation. When data specific to these zip codes and cities were not available, data sources that provide information at the County-level are reported. Sources used in this report reference data collected between 2013 to 2017 and are cited throughout the report, when appropriate. A full list of sources used in the report is provided below.

List of Secondary Data Sources

American Community Survey, 5-year estimates
California Department of Health Care Services (CDHCS) – Mental Health and Substance Use Disorder Services, California Involuntary Detentions Data Report
California Health Interview Survey (CHIS)
California Healthy Kids Survey (CHKS)
California Hospital Association
Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, CDC WONDER online database
Centers for Medicare and Medicaid Services (CMS)
Education Data Partnership
Office of Statewide Health Planning and Development (OSHPD)
Riverside County, Open Data Portal
Riverside University Health System – Behavioral Health (RUHS-BH)
Strategic Health Alliance Pursuing Equity (SHAPE) Riverside County, an initiative of the Riverside County Health Coalition

Demographic Overview

Demographic information from the U.S. Census Department’s 2017 American Community Survey (5-year estimates) was extracted and compiled for the zip codes and cities served by the Desert Healthcare District & Foundation. The relevant zip codes and cities are listed in **Table 1**, below.

Table 1. Zip Codes and Cities Served by the Desert Healthcare District & Foundation

Zip Codes	City
92201	Indio
92202*	Indio
92203	Indio, Bermuda Dunes
92210	Indian Wells
92211	Palm Desert
92234	Cathedral City
92236	Coachella
92240	Desert Hot Springs
92241	Desert Hot Springs, Desert Edge, Sky Valley
92247*	La Quinta
92248*	La Quinta
92253	La Quinta
92254	Mecca, North Shore
92260	Palm Desert
92262	Palm Springs
92263*	Palm Springs
92264	Palm Springs
92270	Rancho Mirage
92274	Thermal, Oasis, Vista Santa Rosa
92276	Thousand Palms

*No data is available from the 2017 American Community Survey, 5-year estimates for these zip codes as they are P.O. Boxes.

Demographic Data for Coachella Valley

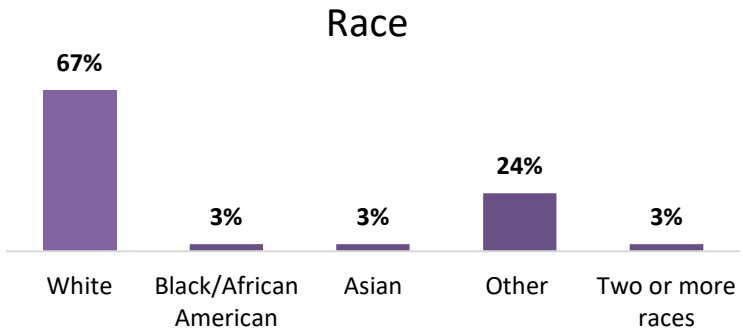
443,101

Estimated population served by Desert Healthcare District

53%

of residents identify as Hispanic/Latino.

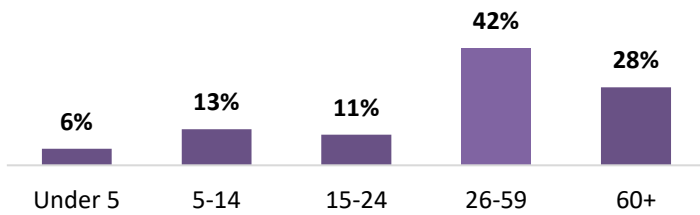
14% are Veterans



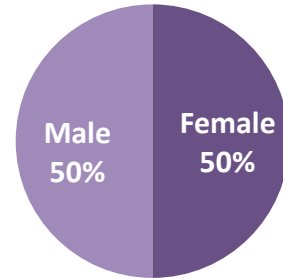
51% of community members speak English only.

40% of community members speak Spanish.

Age



Gender



7% of individuals under 18 live below federal poverty level.

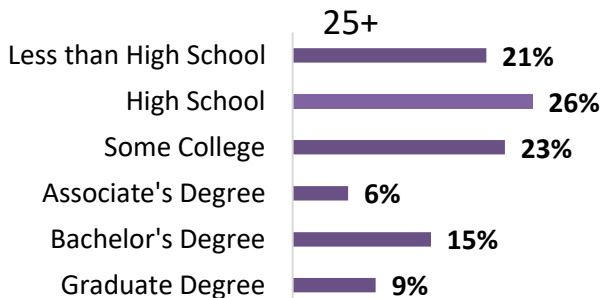
13% of individuals over 18 live below federal poverty level.

Total population for whom poverty status is determined: 440,865

19%

of households do not have internet access

Educational Attainment for Residents



10% of the labor force (16 years and older) are unemployed.

9% of households receive food stamp/SNAP benefits.

Mental and Behavioral Health Needs

The following summarizes secondary data relevant to the mental and behavioral health needs in the Coachella Valley, for children and youth, as well as for adults. When secondary data specific to Coachella Valley zip codes were not available, Riverside County data are provided.

Children and Youth (Under 18)

Self-reported indicators from the California Healthy Kids Survey (CHKS) related to mental and behavioral health, substance use, and bullying and harassment are reported below for the Coachella, Desert Sands, and Palm Springs Unified School Districts (USD). Chronic sadness/hopelessness and harassment or bullying are top issues in all three districts.

Table 2. Mental/Behavioral Health, Substance Use, and Bullying/Harassment Indicators for Grades 7, 9, and 11 (CHKS)*

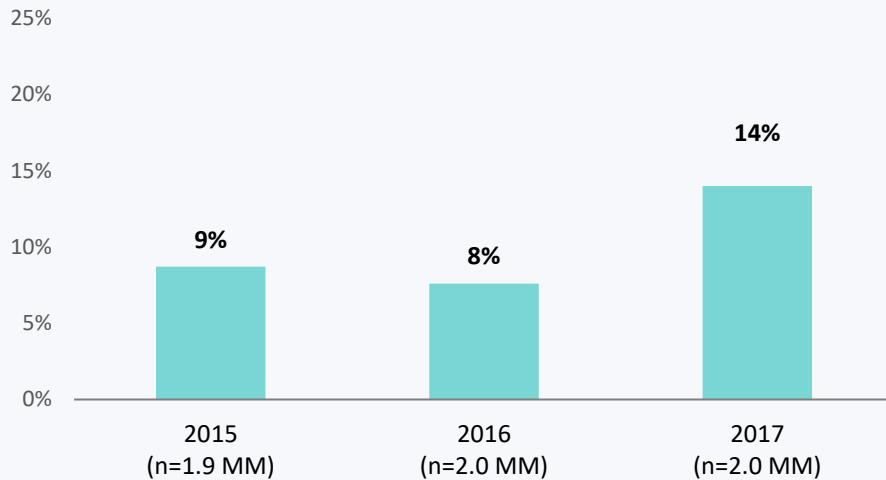
Indicator	Coachella USD (FY 17-18)	Desert Sands USD (FY 17-18)	Palm Springs USD (FY 15-16)
Total Enrollment for all students [†]	18,372	28,708	23,348
Experienced Chronic Sadness/Hopelessness, Past 12 Months	31%	33%	33%
Considered Suicide, Past 12 Months	14%	18%	19%
Any Current Alcohol or Drug Use, Past 30 Days	14%	14%	18%
Harassment or Bullying on School Property, for Any Reason, Past 12 Months	26%	34%	32%

* Percentages represent total average of self-reported data for grades 7, 9, and 11 in fiscal year shown.

† Enrollment data are for all students in the district for fiscal year shown and sourced from *Education Data Partnership*.

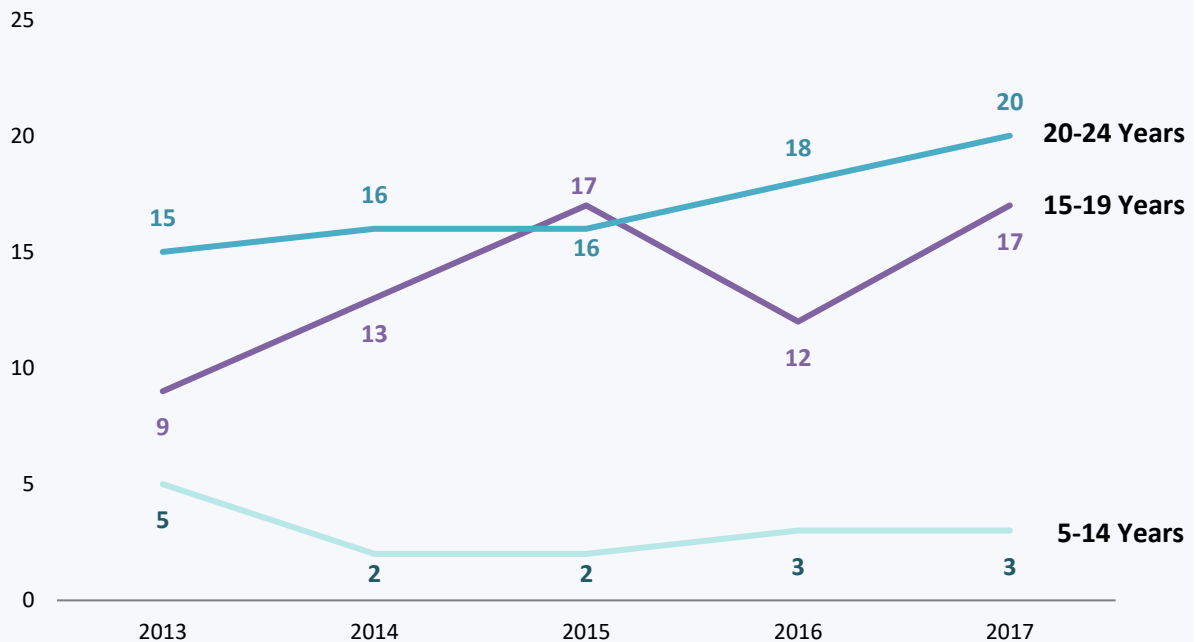
The California Health Interview Survey (CHIS) gathers self-reported data from youth ages 12-17 on mental and behavioral health characteristics at the county level. Stable estimates are available from 2015-2017 for teens in Riverside County who reported experiencing serious psychological distress within the past 12 months. A higher percentage of youth in 2017 reported experiencing psychological distress in the past 12 months compared to the previous two years (**Figure 1**).

Figure 1. Teens 12-17 years old in Riverside County that Have Experienced Serious Psychological Distress in the Past 12 Months (CHIS, 2015-2017)



County level data are also available on youth suicide rates from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics through the online CDC WONDER database. Trend data for Riverside County youth suicide deaths are shown in **Figure 2** below by age group.

Figure 2. Number of Deaths by Suicide Among Youth in Riverside County (CDC, 2013-2017)



Since 2013, there have been gradual increases in the number of deaths by suicide per year among youth 15-19 years old and youth ages 20-24 years old.

Adults (Ages 18+)

CHIS also collects self-reported data from adults 18 and older on mental and behavioral health characteristics. Four key mental and behavioral health indicators are described by CHIS as follows:

- **Serious psychological distress:** Adults ages 18+ who reported serious psychological distress in the past 12 months.
- **Family life impairment:** Adult respondents ages 18+ whose emotions interfered with their relationship with friends and/or family in past 12 months.
- **Needed help for mental health problems:** Adult respondents ages 18+ who needed help for emotional/mental or alcohol/drug problem in past 12 months.
- **Work impairment:** Adult respondents ages 18+ whose emotions interfered with work performance in past 12 months.

The four key mental and behavioral health indicators from 2014 are presented in **Table 3** at the state- and county-level. Also provided is information on these indicators across the five most populous cities in the Desert Healthcare District (see **Appendix A** for city-level data from each of the 18 cities within the Desert Healthcare District; the most recent data available at the city-level is from 2014).

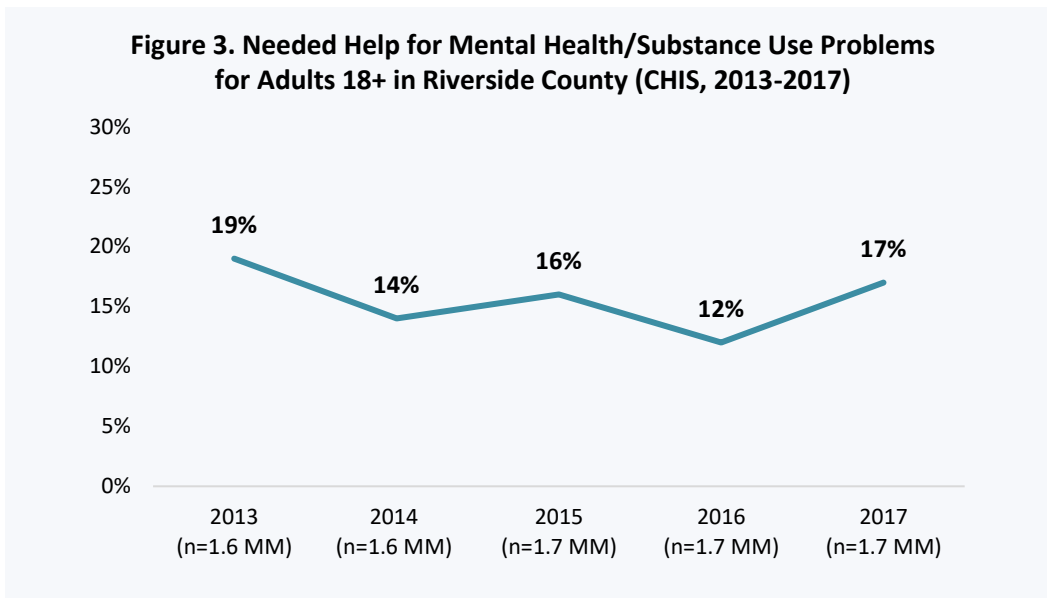
Across city, county, and state-levels, percentages were consistently the highest among two CHIS indicators, *family life impairment* and *needed help for mental health problems*.

Table 3. Mental & Behavioral Health Characteristics for Adults 18+ (CHIS, 2014)

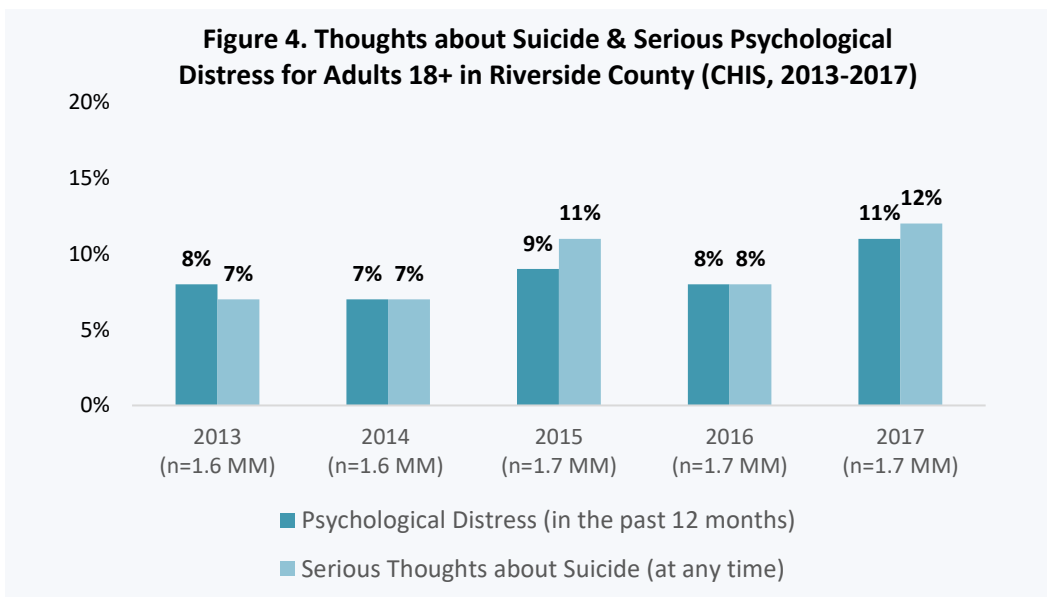
Location	Population	% Serious psychological distress	% Family life impairment	% Needed help for mental health	% Work impairment
California	28,539,200	8%	14%	16%	9%
Riverside County	1,653,400	8%	14%	17%	9%
5 most populous cities in the Desert Healthcare District combined*	202,700	7%	13%	17%	8%

*The most populous cities in the Desert Healthcare District service area are: Cathedral City, Coachella, Indio, Palm Desert, and Palm Springs.

CHIS data for adults 18 and older in Riverside County over the past five years show that the percentage of adults who needed help for emotional/mental health problems or substance use has recently increased (**Figure 3**).



In 2017, adults 18 and older in Riverside County reported higher percentages of having serious thoughts about suicide (12%) or having experienced serious psychological distress (11%) than in any of the previous four years.



Mental and Behavioral Health Services and Utilization

The following pages summarize extant data relevant to the availability of mental and behavioral health and service utilization rates. Where secondary data specific to the Desert Healthcare District were not available, secondary data for Riverside County is provided.

Mental Health Professional Shortage Areas

The Office of Statewide Health Planning and Development (OSHPD) reports data on mental healthcare provider shortages across California's Medical Service Study Areas (MSSAs).¹ Mental health professional shortage areas are determined by comparing the population in the MSSA to the number of full-time equivalent (FTE) core mental health professionals and psychiatrists.²

As of 2018, parts of the Desert Healthcare District are designated as mental health professional shortage areas, including: Bermuda Dunes, Cathedral City, Coachella, Indio, La Quinta, Mecca, Oasis, Palm Desert, Palm Springs, Rancho Mirage, and Thermal.

Psychiatric Bed Availability

The California Hospital Association's (CHA) Annual Report on the Behavioral Health Delivery System includes information at the county level on psychiatric bed availability. The CHA sets a goal of 50 psychiatric beds per 100,000 residents. As of 2017, Riverside County had 199 total psychiatric beds available, which equates to 8.21 beds per 100,000 residents. Among the 199 beds, 12 were designated as child/adolescent beds.

Clinic Service Availability for Mental and Behavioral Health

OSHPD houses data from 2017 for 14 licensed primary care clinics across 8 of the cities within the Desert Healthcare District service area. Relevant service availability and utilization data for each clinic are included in Appendix B.

Among the 14 clinics, all are classified as a Federally Qualified Health Center (FQHC) or an FQHC "look-alike."³ One of the fourteen clinics provides community services for those experiencing homelessness and substance abuse. For the 12 clinics indicating they serve Spanish-speaking patients, all 12 also reported having one or more staff members who speak Spanish. Eight clinics have mental health providers on staff or by contract.

FQHCs are not required by the Public Health Services Act to provide mental health services and across all clinics there are fewer than 20 full-time equivalent mental health providers. These providers include psychiatrists, clinical psychologists, licensed clinical social workers (LCSW), marriage and family therapists (MFT), and substance abuse counselors.

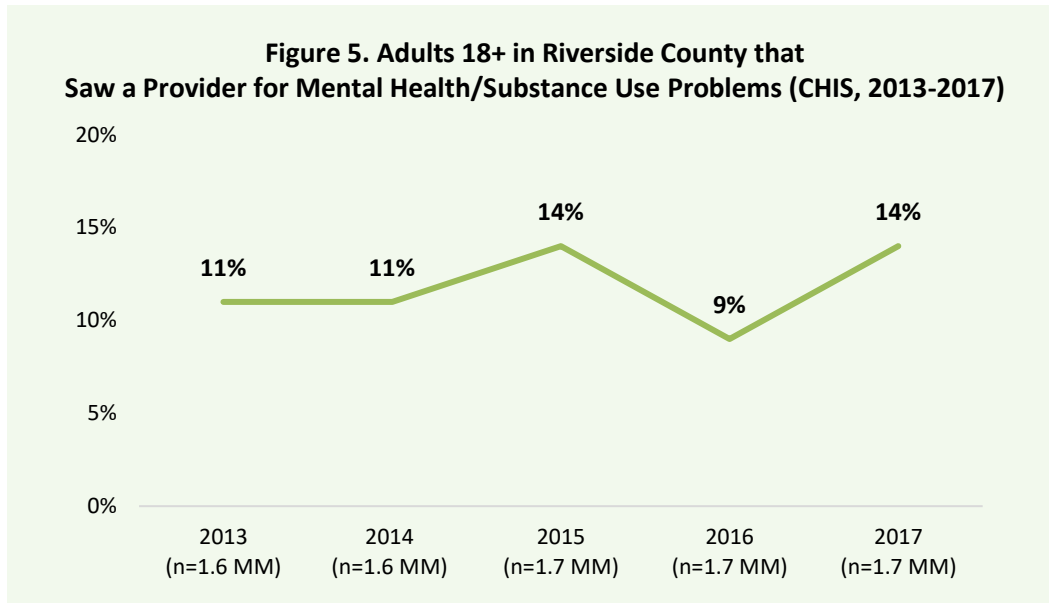
¹ MSSAs are defined by OSHPD as "sub-city and sub-county geographical units used to organize and display population, demographic, and physician data."

² According to the federal Health Resources and Services Administration, health professional shortage area designation for mental health providers relies on an overall score comprised of seven criteria: population-to-provider ratio, percent of population below 100% federal poverty level, elderly ratio, youth ratio, alcohol abuse prevalence, substance abuse prevalence and travel time to the nearest source of care.

³ FQHCs meet the federal requirements outlined in the Public Health Services Act, including that they must provide primary care services in underserved areas on a sliding fee scale and have patients on their governing boards. FQHC "look-alike" providers meet FQHC requirements in all ways, but do not receive federal Health Center Program funding.

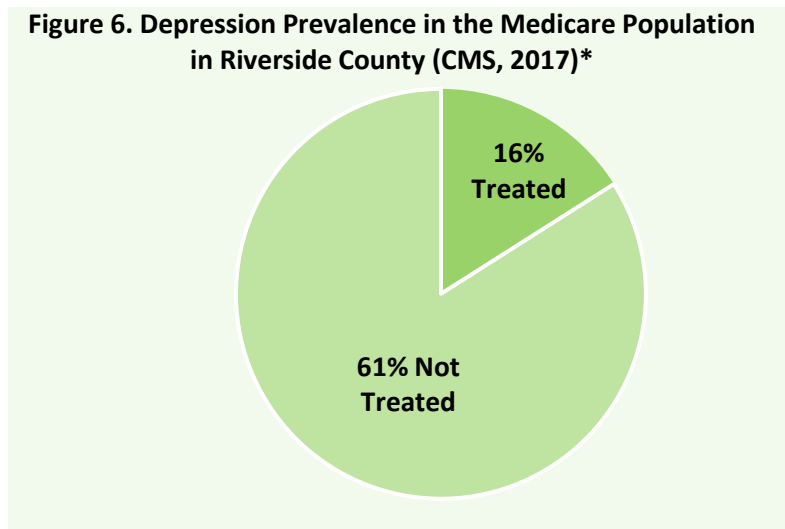
Utilization of Mental and Behavioral Health Services

The figure below shows the number of adults age 18 and older in Riverside County that saw a provider for mental health or a substance abuse problem.



The Centers for Medicare & Medicaid Services report data on the percentage of the Medicare population⁴ that has been treated for depression by county. This population represents older adults (65+) and adults under 65 with disabilities and other chronic conditions. In 2017, nearly one-sixth of adults with Medicare have been treated for depression in Riverside County. Note that this data is based on utilization; need for treatment is not indicated in this data.

Figure 6. Depression Prevalence in the Medicare Population in Riverside County (CMS, 2017)*



* The total n for this data is not available from CMS; however, the American Community Survey (5-year estimates) for 2017 estimates that 342,024 people in Riverside County have some form of Medicare.

⁴ This data includes Medicare fee-for-service beneficiaries participating in both Part A and Part B, and excludes Medicare Advantage beneficiaries.

Emergency Department Utilization for Mental and Behavioral Health

OSHPD maintains emergency department utilization data for three licensed general acute care hospitals within the Desert Healthcare District: Desert Regional Medical Center, Eisenhower Medical Center, and John F. Kennedy Memorial Hospital. Data on emergency department utilization for mental and behavioral health concerns is presented in **Table 4**.

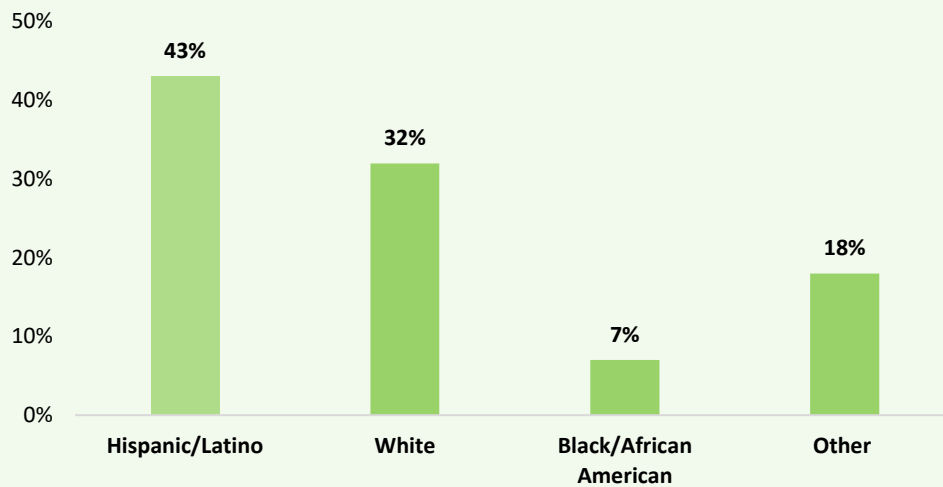
Table 4. Desert Healthcare District Emergency Department Utilization for Mental and Behavioral Health (OSHPD, 2017)

Hospital	Licensed Bed Size	# Total ED Visits	# ED Visits and Admits for Mental Health Disorders	# ED Admits for Mental Health Disorders	# Discharged/ Transferred to Psychiatric care
Desert Regional Medical Center	300-499	75,361	3,143	223	1,216
Eisenhower Medical Center	300-499	80,592	1,854	176	290
John F. Kennedy Memorial Hospital	100-149	46,840	2,571	53	897

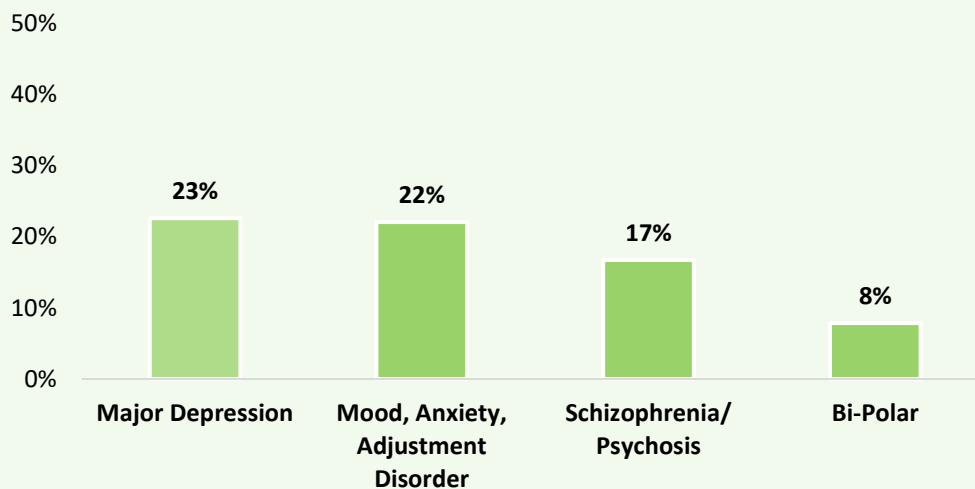
Riverside University Health System Behavioral Health Utilization Data

Riverside County maintains an open data portal inclusive of statistics from various county agencies. Riverside University Health System – Behavioral Health (RUHS-BH) is a county-level department that provides mental health services and substance abuse prevention and treatment programming. The figures below present behavioral health data (i.e., age, race/ethnicity, and primary diagnosis) from RUHS-BH electronic health records for close to 13,000 unduplicated clients from fiscal year 2016. The data below are specific to the Desert Region, which includes 12 of the 18 cities in the Desert Healthcare District: Cathedral City, Coachella, Desert Hot Springs, La Quinta, Indian Wells, Indio, Mecca, Palm Desert, Palm Springs, Rancho Mirage, Oasis, and Thermal. Nearly a quarter of all clients served are under 18 years of age and 19% are Transition Age Youth (TAY; age 16-25).

**Figure 7. Desert Region Unduplicated Client Data
Race/Ethnicity (RUHS-BH, Fiscal Year 2016)**



**Figure 8. Desert Region Unduplicated Client Data
Top Four Most Recent Primary Diagnoses (RUHS-BH, Fiscal Year 2016)**



Involuntary Detention for Psychiatric Treatment (“5150 Holds”)

Data on the number of involuntary detentions for psychiatric treatment (e.g., admissions under the Welfare and Institutions Code (WIC) Section 5150) is not readily available for Riverside County and its sub-regions. The California Department of Health Care Services (DHCS) produces an annual report called *California Involuntary Detentions Data Report* that contains county-level information on involuntary detentions for both private and county psychiatric treatment. While Riverside County may be tracking this information separately, it has not reported data to DHCS for the past three years (2015-2017).

In its Mental Health Services Act (MHSA) Annual Plan Updates, RUHS reports data about Mobile Crisis Stabilization Outreach teams and their work to discontinue 5150 holds already in place for people in emergency rooms at community hospitals. In the RUHS fiscal year 2018-2019 update, it was reported that outreach teams contributed to the release of 5150 holds for 243 people.

In their 2019-2020 update, RUHS reported that the outreach team provided interventions to approximately 860 people with 5150 holds in community hospital emergency rooms. These interventions resulted in the release of 5150 holds for 206 people.⁵

⁵ The data reported by RUHS are not representative of the total population of individuals being detained under 5150 holds in Riverside County.

Conclusion

Data collected and analyzed for the Secondary Data Indicators Report demonstrate that the residents of Coachella Valley are a diverse group in need of multi-cultural and multi-lingual services. Though there is a shortage of mental health providers, those that do operate in the region, tend to have services available in threshold languages (i.e. Spanish). Additionally, residents of the Coachella Valley tend to have low levels of education, this could be a contributing factor to the high level of poverty experienced by residents and indicate a need for low or no-cost services.

Furthermore, data analyzed clearly indicated a sub-group in need of further attention; youth and young adults. The most recently available data shows that a third of students (Grades 7-11) have reported experiencing chronic sadness or hopelessness in the past year. Additionally, since 2013, there has been an increase in self-reported serious psychological disorders and an upward trend in death by suicide among youth and young adults 15-24.

Though the data available is limited it is clear that the Coachella Valley is in need of additional resources to address current mental and behavioral health needs, especially among youth and young adults.

APPENDIX A

Mental & Behavioral Health Characteristics for Adults 18+ in Desert Healthcare District Cities (CHIS, 2014)

Location	Population	% Serious psychological distress	% Family life impairment	% Needed help for mental health	% Work impairment
Bermuda Dunes	8,100	8%	15%	18%	10%
Cathedral City*	34,600	8%	14%	16%	9%
Coachella*	28,500	8%	13%	13%	7%
Desert Edge	2,200	5%	9%	14%	5%
Desert Hot Springs	18,000	8%	14%	16%	8%
Indian Wells	4,700	4%	8%	16%	6%
Indio*	55,800	8%	14%	16%	9%
La Quinta	25,100	7%	14%	17%	9%
Mecca[†]	6,400	-	-	-	-
North Shore[†]	3,000	-	-	-	-
Oasis	4,300	7%	11%	11%	7%
Palm Desert*	41,000	7%	12%	18%	8%
Palm Springs*	42,800	7%	13%	18%	7%
Rancho Mirage	15,500	5%	9%	15%	6%
Sky Valley	1,900	6%	12%	14%	6%
Thermal	1,100	9%	13%	13%	9%
Thousand Palms	6,000	6%	11%	12%	7%
Vista Santa Rosa	5,900	7%	12%	14%	7%

* The most populous cities in the Desert Healthcare District are: Cathedral City, Coachella, Indio, Palm Desert, and Palm Springs.

[†] Mecca and North Shore data are not available because the response rate was too low for these cities.

APPENDIX B

Desert Healthcare District Primary Care Clinic Data (OSHPD 2017)

Primary Clinic by City	Total # of Patients	Community Services	Mental Health Provider FTEs*	Mental Health Patient Encounters/Contacts†	Patient Age Groups	Staff Language Capacity
Cathedral City						
Centro Medico	30,052	-	6.62	10,964	0-65+	Spanish
Coachella						
Coachella Health Clinic	4,527	-	1	857	0-65+	Spanish
Planned Parenthood – Coachella Valley	5,877	-	0	0	13-64	Spanish
Desert Hot Springs						
Desert Hot Springs Community Health Center	49,054	-	0.8	995	0-65+	American Sign Language
Desert Hot Springs Health and Wellness Center	3,098	-	0	-	0-65+	Spanish
Indio						
Central City Community Health Center, Inc.	(no data)	-	-	-	-	-
Indio Health Center	(no data)	-	-	-	-	-
Mecca						
Mecca Health Clinic (Suite 300)	1,943	-	0	-	0-65+	Spanish
Mecca Health Clinic (Suite 500)	5,457	-	0.07	282	0-65+	Spanish
Palm Springs						
Desert AIDs Project	4,584	Homeless, Substance Abuse	6.38	5,133	15-65+	Spanish
Desert Oasis Womens Health Center	2,995	-	0.1	121	5-65+	Spanish
Rancho Mirage						
Planned Parenthood – Rancho Mirage	8,713	-	0	-	5-65+	Spanish
Thermal						
Centro Medico, Coachella	5,275	-	0.94	1,206	0-65+	Spanish
Centro Medico, Oasis	4,099	-	0	1	0-65+	Spanish
Total	125,674	-	15.91	19,559	-	-

* Includes full-time equivalent psychiatrists, clinical psychologists, licensed clinical social workers (LCSW), marriage and family therapists (MFT), and substance abuse counselors.

† As defined by OSHPD, patient encounters are recorded when a licensed primary care practitioner examines or treats a patient. Multiple encounters on the same day are possible but they require multiple providers, a separate diagnosis, or treatment plan by each provider. A patient contact is similar, but for clinical support staff such as Marriage and Family Therapists and Substance Abuse Counselors.