

**June 26, 2005**

**TO:** MHSAs Planning Panels and their Workgroups/Focus Groups

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**RE:** Report 1: "Calendar Year 2004: Prevalence Estimates for Impoverished Adults with Severe Mental Illness and Impoverished Children/Youth with Serious Emotional Disturbance Compared with Users of Non-Crisis Community Based Outpatient Services in Alameda County "

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Attached please find Data Report 1 for our Alameda County Behavioral Health Services Mental Health Services Act (MHSAs) planning. The objective of this report is to show client utilization of non-crisis community-based outpatient services in calendar year 2004. The attached tables summarize prevalence data for impoverished adults with severe mental illness (SMI) and impoverished children/youth with severe emotional disturbance (SED) in Alameda County.

The intent is to report the number of clients who received community based services with the system. (Reports describing utilization of crisis oriented services and criminal justice services are forthcoming.)

*What Do the Tables in Report 1 Tell Us?*

- 1) ACBHCS provided non-crisis community based outpatient services to 17,907 individuals in calendar year 2004.
- 2) The most useful part of these tables is the "% of Poverty Prevalence Served" column. Although the poverty prevalence figure has been underestimated, making some of these poverty prevalence statistics exceed 100%, **the relative proportions in the "poverty prevalence served" data are accurate.** Conclusions regarding BHCS' 2004 service provision can be reached. For example:
  - Transition age youth (18-24) and older adults (65+) are the least likely to receive services
  - A larger percentage of the prevalence population of males is served than the prevalence population of females.
  - In the child/youth population, White and African American individuals are served at nearly four times the rate of Asian/Pacific Islanders and three times the rate of Latinos. Similar ethnic disparities are also found in the adult/older adult population.

### Understanding this Report

#### *What definition of Community Outpatient Services was used to create this Report?*

The definition of Community Outpatient Services excludes criminal justice, juvenile justice, hospitalization and crisis stabilization (Sausal Creek or Psych Emergency Services). It also excludes crisis intervention visits by Mobile Crisis Response and ACCESS services.

#### *What is the definition of a client?*

The definition of a client includes individuals who had four or more visits to non-crisis community outpatient services. For the purpose of this count services were looked at for an 18 month period, 3 months prior to and after calendar 2004 to account for clients entering or leaving services. Clients had to receive at least one service in 2004 to be counted.

Adults with out-of-county addresses were excluded but children/youth with out-of-county addresses were included because many of these children/youth are Child and Family Services placements.

#### *Why does the "Percentage of Poverty Prevalence Served" exceed 100% for many age groups and ethnic categories?*

- For consistency we used the statewide prevalence estimate for SMI and SED that DMH is using for MHSA planning. The tables in this report are based on a prevalence estimate of 8.71%. This prevalence reflects only the most acutely ill and is not a good indicator of demand or actual need for services. A better measure of need might be the US Surgeon General's Report (1999), which places the prevalence rate somewhere in the range of 19%.
- The State Department of Mental Health's prevalence table uses 200% of the Federal Poverty rate. This poverty rate understates the number of people in poverty in Alameda County, where the cost of living is very high compared for example to the cost of living in the midwest. The actual poverty rate could easily be set at 300% of poverty or more.

#### Attachments:

- Excell spread sheet: 6.27 data report
- 2005 Federal Poverty Guidelines