Analyzing the Impact of the Mental Health Services Act on Reducing Disparities in Access

Deliverable 1aii

In-Depth Analysis of Trend Information on Access for All Clients as well as Access Based on New Admissions to County Mental Health Systems

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Introduction

The purpose of this analysis is to aid the Mental Health Services Oversight and Accountability Commission (MHSOAC) in its efforts to ascertain the impact the Mental Health Services Act (MHSA) has had on reducing disparities in access to treatment services and the quality of the outcomes of the public mental health system. While there are various definitions of disparities, in this report disparities refer to a difference in treatment, access or outcomes in certain population groups that are not justified by differences in that group's health status, preferences, or socio-demographic composition in the general population. The MHSOAC selected the UC Davis Center for Reducing Health Disparities (CRHD) to determine disparities in access by age, gender, race/ethnicity, and primary language at county, region and statewide levels.

This report provides an in-depth quantitative data analysis of trends in the priority indicator of "access to care" for systems of mental health care including community services and supports. We utilized the Client Services Information (CSI) data to detect differences in access among population subgroups, and the California Health Interview Survey (CHIS) to define mental health status among population subgroups (at state and regional levels). Using these data, we made analytic comparisons to determine disparities in access to mental health care guided by these research questions:

- Did the MHSA have an impact on reducing disparities in access to mental health care in California?

- What are the mental health needs for racial/ethnic, language, nativity, gender and age sub-groups in California?

The Mental Health Services Act (MHSA)

The Mental Health Services Act (MHSA), approved by California voters in November of 2004, created an historic opportunity to expand programs to serve children, youth, adults, older adults, and families with mental health needs. Inspired by innovative models of mental health treatment offered in California, such as the successful AB 2034 that provided $10 million for pilot programs to reduce homelessness among the mentally ill, the MHSA represents an unparalleled effort to improve timely access to services for underserved populations and reform the fragmentation of mental health systems and services (Cashin, Scheffler, Felton, Adams, & Miller, 2008; UCLA, 2014). The MHSA increased funding for county mental health programs, while monitoring progress in the improvement of services for children, transitional age youth, older adults, and families (California Department of Mental Health, 2011). MHSA obtains its funding from a 1% tax imposed on California residents whose income exceeds one million dollars annually. To date, MHSA has provided an estimated $7.4 billion to counties during fiscal years 2006-2007 to 2011-2012 (California State Auditor, 2013). By taxing Californians with the highest incomes, the MHSA hoped to obtain the revenue to expand funds for mental health services while protecting existing vital state services from reductions (California Department of Mental Health, 2011).

The MHSA primarily sought to increase access to mental health care and develop a more consumer-driven mental health system focused on resiliency and recovery by achieving the following aims (California Department of Mental Health, 2011).

1. Define serious mental illness among children, adults and older adults as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.
2. Reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.
3. Expand innovative service programs for children, adults and older adults already existing in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services to individuals most severely affected by or at risk of serious mental illness.
4. Provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals' or families' insurance programs.
5. Ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

To achieve these aims, the MHSA allocated funds to programs targeting Community Services and Supports, Prevention and Early Intervention, Workforce Education and Training, Capital and Information Technology, Innovation, and Community Program Planning and Administration.

Challenges Impacting the MHSA

Despite the potential of the MHSA and its development of multiple services and programs to meet the mental health needs of Californians, it has encountered multiple challenges. The recent MHSA state audit report found limitations in all of the following activities (California State Auditor, 2013):

- Monitoring of funds provided to counties for MHSA programs
- Proper implementation of state approved MHSA plans
- The collection of county data relevant to service provision and the characteristics of clients receiving services
- The evaluation and reporting of the effectiveness of MHSA programs
- Inability to confirm successes within county-specific programs due to inconsistent approaches across counties to asses MHSA programs
- Although the MHSA was enacted with stakeholder input, the state audit indicated an absence of specific strategies used for the acquisition of continued stakeholder input in the planning and development of services

Through our analysis, we aim to provide the MHSOAC, mental health services providers, consumers and their family members, as well as advocates and all other relevant stakeholders a snapshot of current mental health disparities among underserved and inappropriately served groups throughout the state.

Mental Health Needs in California

Mental health has been defined by the Institute of Medicine as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” Unfortunately, many Californians suffer from mental ill-health, a condition in which psychological distress leads to decreased functioning in one or more domains of life. California contains a diverse population with need for mental health treatment. In a recent study utilizing the California Health Interview Survey, one in five (or 4.9 million) adults in California reported needing support for a mental health problem (Grant *et al.*, 2011). After estimating the presence

of serious psychological distress, it was noted that about two million adults met criteria for having serious mental health needs. Of the two million Californians, only half accessed mental health treatment in the past year, one quarter received some treatment, and the remaining quarter received minimal treatment. Among disadvantaged groups, American Indians and Alaska Natives, biracial Californians, sexual minorities, and single heads of household were found to have high levels of mental health needs. U.S. born Latinos were also found to have twice the risk for mental health needs in comparison to foreign-born Latinos. Young adults 18-24, older adults 65 and older, those with low levels of education and limited English proficiency, foreign-born Latinos and Asians, as well as Asian and African Americans were found to be less likely to receive any form of treatment. Lack of insurance and access to public health insurance were both associated with higher mental health needs among all adults interviewed, serving as a reminder that access to health insurance does not necessarily improve mental health status (Grant *et al.,* 2011).

Other work exploring California Mental Health penetration rates among diverse groups has confirmed poor access to care among ethnic groups. Using the California Department of Mental Health's (DMH) Medi-Cal Paid Claims File for service utilization information and the Client Service Information System (CSI) data for consumer ethnic characteristics, Snowden, Masland, Ma, and Ciemens (2006) found penetration rates for Asian Americans and Latinos to be particularly low in comparison to other ethnic groups in California.

Factors Influencing Treatment Access

Disadvantaged groups encounter multiple difficulties in accessing mental health treatment. The care they need is not readily available in the needed place and at the needed time. Often when services are accessed, poor interactions with providers can reduce interest in continued care (Lamb, Bower, Rogers, Dowrick & Gask, 2011; National Collaborating Centre for Mental Health (UK), 2011). Additional barriers, both external and internal to the individual, can prevent access to care among the underserved. For example, transportation, homelessness, lack of time for appointments, not meeting eligibility criteria for treatment, and difficulty with understanding how to navigate mental health systems present difficult barriers to overcome for several individuals (Aguilar-Gaxiola *et al.*, 2012; Lamb *et al.*, 2011; Snowden *et al.*, 2006). Further difficulties include personal, cultural, and social beliefs surrounding mental health concerns and the stigma associated care and treatment options (Lamb *et al.*, 2011).

Access to care is clearly a complex issue for underserved groups. It is a subjective as well as objective process whereby the individual assesses available resources and makes a judgment based on their evaluation of the available resources. The decision to access care also includes individual beliefs about one's own resources to manage mental health needs (Lamb *et al.*, 2011). If the individual decides to access services, he/she will soon realize that entry into mental health treatment is challenging, particularly for underserved groups, because there are several steps involved in actually accessing mental health care. The individual must meet criteria for care through qualified diagnoses and/or insurance coverage. If insurance coverage is lacking

the individual must determine if he/she has the ability to pay for care. The individual must then continue to navigate the mental health system to find a proper point of entry and treatment. The individual then interacts with providers, who may or may not be culturally competent enough to effectively explore his/her needs, and eventually receives a treatment recommendation. The initial contact with mental health providers and systems is critical as it can determine if the individual will successfully access treatment, remain in treatment, or decide not to pursue continued mental health treatment (National Collaborating Centre for Mental Health (UK), 2011).

Measuring Mental Health Disparities and Access

Given the difficulty in accessing care among underserved groups, it is important to define mental health disparities and measure their current status among the underserved. Through standardized definitions and measures of mental health disparities among distinct underserved groups, proper responses to disparities can ensue. The Institute of Medicine defines disparities as follows: racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, or appropriateness of intervention. This definition considers differential impacts on groups based on the operation of health care systems and the legal and regulatory climate in which health systems function; and discrimination encountered by patients at the individual, and patient-provider level (National Research Council, 2003).

Broad recommendations for adequate measurement of mental health disparities among underserved groups include assessment of services used by different individuals as well as measures of care expenditures, mental health status, preferences for care, race and ethnicity, and other demographic and socio-economic variables (Le Cook & McGuire, & Zaslavsky, 2012; McGuire, Alegria, Cook, Wells, & Zaslavsky, 2006).

The purpose of this evaluation was to help the MHSOAC and county mental health programs throughout the state in evaluating the impact of MHSA on the disparities in access to care, quality of care, and outcomes of the public mental health system by race, age, gender, and ethnicity. Our analysis provides an in-depth look at trends in access rates among mental health consumers as well as trends in mental health needs across the California population. Through our work, we seek to support steps toward reducing mental health disparities in access to care.

Methods

This analysis will focus on the individuals that are accessing mental health services through MHSA's Community Services and Supports (CSS) each year between January 2005 and December 2012, spanning the time from the initiation of the MHSA (i.e., January of 2005) to the most recent data available. We identified the demographic differences in access to mental health care services for *new* clients (those without service for the prior six months) and for all clients who received services via CSS each calendar year. We analyzed differences over time to discern trends. From these emerging trends, we address the question, "Did the MHSA have an impact on reducing disparities in access to care in California?" Our analytical methods to address the above question are described next. We describe the data sources that were accessed, managed and analyzed and provide an overview of the analytical methods employed. For a description of our original analytic plan showing specific step-by-step methods and variables used for our analysis please refer to Appendix A.

Client Services Information (CSI) Data

Our analysis builds on work done by the University of California at Los Angeles (UCLA) (Grant *et al.*, 2011). As part of their work, UCLA researchers developed a prioritized set of performance indicators covering both individual client outcomes and county mental health system performance. We chose to begin this in-depth evaluation in the latter area of county mental health system performance because detecting the impact from the MHSA might be more informative at the systems level, where practice and policy changes can be implemented. UCLA researchers suggested "Indicator #34 – New clients by county by age, gender, race ethnicity for FY 04/05 and FY 07/08" as an area for further research. We pursued this indicator and further expanded upon it by examining new clients AND all clients for all calendar years from January 2005 to December 2012.

The best data source for our analysis of trends in priority indicators was the Client Services Information (CSI) database. This database, which began on July 1, 1998 and replaced the Client Discharge System (CDS), covered the entire study period (July 2004 to December 2012) and provided data fields that facilitated the evaluation of the impact of MHSA on disparities in access. The CSI system collects data pertaining to mental health clients and the services they receive at the county level. The system reflects both Medi-Cal and non-Medi-Cal clients and includes a full range of Axis I and Axis II disorders. Our first task was to obtain and 'clean' the dataset. We carried out the latter task through an evaluation and correction of typographical errors, review of frequencies and potential outliers, and data standardization measures (such as aggregating the race categories across years of CSI data). No attempt was made to interpolate missing or incomplete data. However, when variables of interest had large amounts of missing or incomplete data, such is noted within the report.

We began our analysis with the identification of ***new clients*** within the database to provide insight about the MHSA's impact on outreach efforts to the unserved in need of treatment. Based on UCLA's recommendations, new clients are defined as those without service for the prior six months. We also analyzed ***all clients*** which included every unique client served within a calendar year of the CSI database as a measure of how the system is doing overall in reducing disparities in access to care. Both inpatient and outpatient services were included in the analysis. We categorized clients according to varied demographic variables (such as age, county of service, gender, race/ethnicity, language and nativity). For the demographic variables of interest we calculated frequencies and, where possible, proportions by county, region and statewide. Results are presented as trends over time using tabular and graphical methods with descriptive text.

California Health Interview Survey (CHIS) Data

Our quantitative analysis also focused on mental health needs in California by population subgroup. As noted in the introduction, in order to truly understand if disparities are present, one must control for the health status of the population subgroup in question, since the literature tells us that health status varies from one group to another and from one geographic place to another. For that reason, we utilized the California Health Interview Survey (2005, 2007, 2009, and 2011-2012) to provide context for mental health needs by subpopulation statewide and by geographic region over time.

Mental health needs were assessed based on the method outlined in the report to the Department of Mental Health (DMH) from November 2010 entitled, "Assessing Adult Mental Health Needs in California Using the California Health Interview Survey (CHIS)," by Padilla-Frausto, Grant and Aguilar-Gaxiola. In this report, mental health need was determined from a combination of distress and functional impairment measures. The distress component was based on a set of questions known as the Kessler-6 (K6). The K6, a continuous measure of psychological distress during the respondent's previous month, consists of six questions related to psychological distress scored from 6 (indicating no distress) to 30 (indicating severe distress). A low range score would be 6-11, a mild to moderate range score would be 12-19, and a high range score would be 20-30. Functional impairment was determined from the Sheehan Disability Score (SDS) which measured whether a respondent was experiencing impaired function in any one of four life domains. The SDS consists of three main constructs, work and school, social life, and family life and home responsibilities. Using a 10-point rating scale, these constructs are assessed, where a score of "0" means unimpaired to "30" highly impaired.

Because the California Health Interview Survey is constantly evolving and changing, our ability to consistently measure mental health needs was mildly impaired. Using the best information available, we calculated mental health need as follows:

- 2005: Kessler-6 questions with a score ≥ 13 were determined to have mental health need. No Sheehan Disability variables had been included in the survey in 2005 and thus were not included in the calculation of need.
- 2007, 2009, & 2011-2012: Kessler-6 questions with a score ≥ 13 and a Sheehan Disability Score > 0 indicated the presence of mental health need.

Based on the differences noted above, it is possible that mental health need is over-estimated for 2005 which did not have the inclusion of the Sheehan Disability Score. However, the likely over-estimation is small since the inclusion of the Sheehan Disability Score decreased the number of survey respondents qualifying as having mental health needs by 1.07%, 0.92%, and 1.12% for years 2007, 2009 and 2011-2012 respectively.

Demographic Data

In addition to the two primary datasets noted above, CSI and CHIS, we collected demographic data on California populations at the county and state level for each year of the study period. By using population-level data, we have made an assumption that any individual is equally likely to access mental health services provided by the county and similarly that any individual has an equal risk to develop a mental health need. We drew our data primarily from the U.S. Census Bureau's American Community Survey (ACS) which began producing intercensal population estimates with the year 2005 to provide communities with more current data than the decennial census. We chose U.S. Census data because of its high quality, availability and convenience. Should this work be replicated by counties in future years, census data are easy to obtain. The ACS is a continuous annual survey that relies on a smaller population sample than the decennial census, which surveys the entire U.S. population, and thus provides *estimates* of population data. Estimates provided are considered stable for single years in communities with >65,000 population (adequate for most California counties). Three years of data are combined to create estimates for areas with populations with 20,000 or more and five-year estimates are required to reduce the margin of error for populations with fewer than 20,000 individuals. Since this study was conducted at the county, region and state levels and included a study period beginning in 2005, one year estimates were used. This approach resulted in 'no data' for several smaller counties in California. For those counties, a population estimate from the California Department of Finance was used, covering the years 2005 to 2010. Based on our unanticipated need to use two sources for demographic data, we performed additional analysis relating to the use of demographic data for county-level studies. That analysis is provided in the accompanying report, "Analyzing the Impact of the Mental Health Services Act on Reducing Disparities in Access: Data Sources, Limitations and Recommendations."

Additional Analysis and Contextual Information

We conducted one additional area of analysis to enhance and explain our quantitative findings derived from the CSI and CHIS results. We sought to determine how mental health access (from the CSI results) compared to mental health need (from the CHIS results) to further clarify

disparities in access to care. The results are explained in the figure captions associated with the CHIS results. We also chose to provide some additional information by citing contextual factors that occurred during our 9 year study period that may have impacted disparities in mental health service access such as: the phasing-in schedule of the MHSA programs, socioeconomic variables that serve as proxies for the economic downturn, and other environmental or policy-related factors potentially associated with mental health access. Contextual factors were organized as a historical timeline, adapted from the one originally created by a staff member of the Mental Health Services Oversight and Accountability Commission. Additional elements were determined through our literature review, stakeholder interviews from our qualitative analysis, and expert opinion. This timeline can serve as a guide to interpretation of the quantitative results and is included as Appendix B.

Key Findings

Client Services Information Data Findings

Guide to Interpreting CSI Graphs

The results of the statewide and regional analyses of mental health access are presented as a series of graphs with explanatory figure captions. Each figure contains two graphs. The first graph, on the left side, marked 'a,' shows the data as simple frequencies over time for clients in the CSI database. The term, 'frequencies,' refers to the number of times something occurred. Therefore, in this study, 'frequencies' refers to the total number of unique clients who entered the mental health system during a calendar year. This information contributes to our understanding of whether the MHSA had an impact on reducing disparities in access to mental health care in California by showing whether more clients are entering into the mental health system each year. The right-sided graph, labeled 'b,' combines the frequency data with demographic data to create a proportion. The equation for the proportion is:

$$\frac{frequency}{population} * 100{,}000$$

This equation is applied to each segment of the population under analysis per year. For example, the number of California women entering the mental health system in 2005 (the frequency) is divided by the number of women in the California population (from the demographic data), multiplied by 100,000:

$$\frac{women\ in\ 2005}{population\ of\ women\ in\ 2005} * 100{,}000 = \frac{108{,}254}{17{,}781{,}261} * 100{,}000 = 609/100{,}000$$

The result of this equation could be read as, "609 of every 100,000 women in California accessed mental health services in 2005." The statistical term for this calculation is called normalization. The purpose of normalizing the frequency data is to adjust for the differences in the numbers of people in the underlying population subgroup. That way, the resulting number (609 in this case) can be compared over time and among subgroups. For example, when this calculation was applied to men in California for 2005, the result was 702, indicating that men in the state were accessing mental health services at a higher rate than women in 2005. Therefore, graph 'b' can be used to: 1) look at each subgroup's mental health system access over time while adjusting for changes in that subgroup's population each year, and 2) compare access to mental health systems among the different population subgroups and regions.

The data underlying the graphs in this report are available in Appendices B (for state and regional data) and C (for county data).

While each graph tells a part of the story of the impact of the MHSA on reducing disparities in access to mental health services, no graph tells the complete story on its own. For that reason, a summary section will be provided at the end of each geographic review combining the results for that area. Then, at the end of this report, an overall summary, integrating the results of all analyses, will be included to make a determination about the overall impact of the MHSA on reducing disparities in access to mental health services.

Important notes: 1) Some large counties did not have complete CSI data (see Table 1). 2) For those counties that submitted CSI data for 2012, the date range only covered January 1st through November 30th. For this reason, the 2012 data are shown only in tables in appendices C-E, as they represent an incomplete dataset for 2012. These data could be examined 'within county' to make comparisons among population subgroups. But since the year is incomplete, they cannot be used in trend analyses.

Table 1. Counties with incomplete data for the specified years

County	Missing Data
Inyo	2011, 2012
Marin	2012
Riverside	2012
Sacramento	2012
San Mateo	2012

Statewide Access to Mental Health Care Services

New Clients

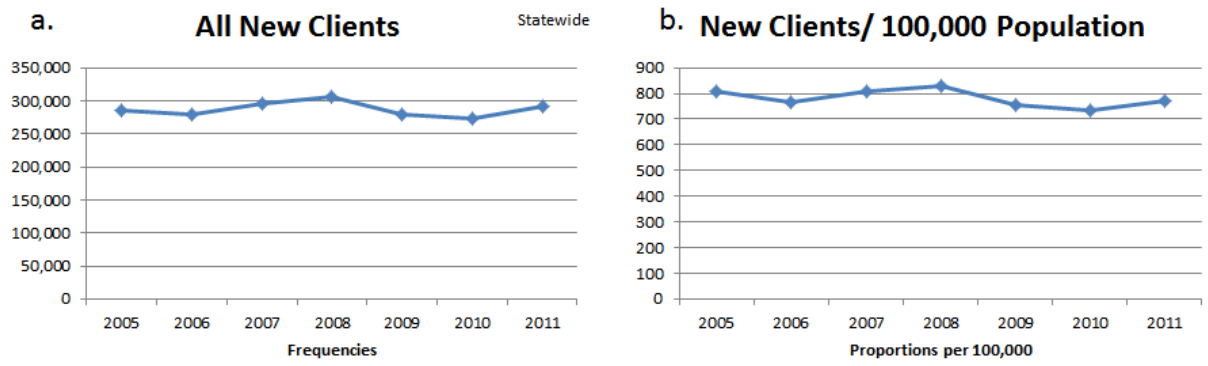


Figure 1. California mental health access trends for the total population of new clients obtaining services. Graph (a) shows frequencies or the actual number of new clients by year of service while graph (b) shows the number of new clients as a proportion of the state's overall population. Both graphs in this case indicate that there was a small decrease in access to mental health services in 2006, followed by increased access in 2007, peaking in 2008. Then, in 2009 and 2010, statewide access to mental health services decreased to below baseline levels (2005), but then increased again in 2011.

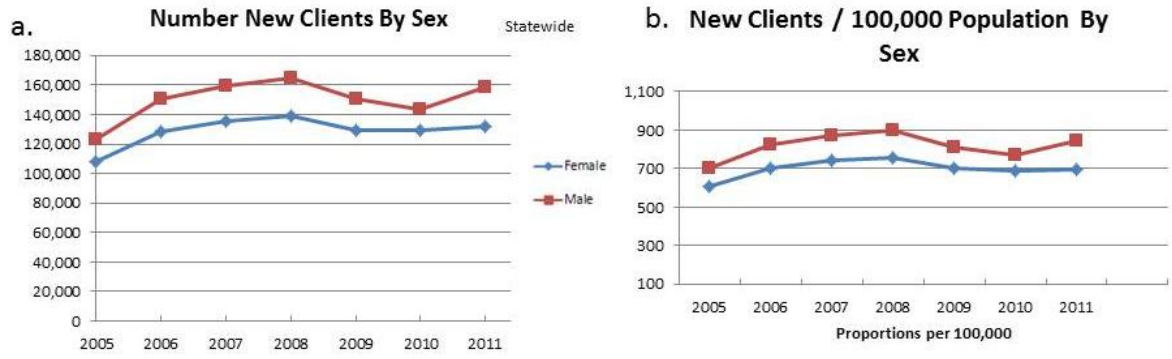


Figure 2. California mental health access trends by sex for new clients obtaining services. Graph (a) shows the number of new clients by sex and year of service while graph (b) shows the number of new clients as a proportion of the state's population for sex subgroups. Both graphs indicate increased access for males and females from the baseline year (2005) to 2008. In 2009 and 2010, statewide access for males and females decreased to 2006 levels, but then increased again in 2011, more so for males than for females.

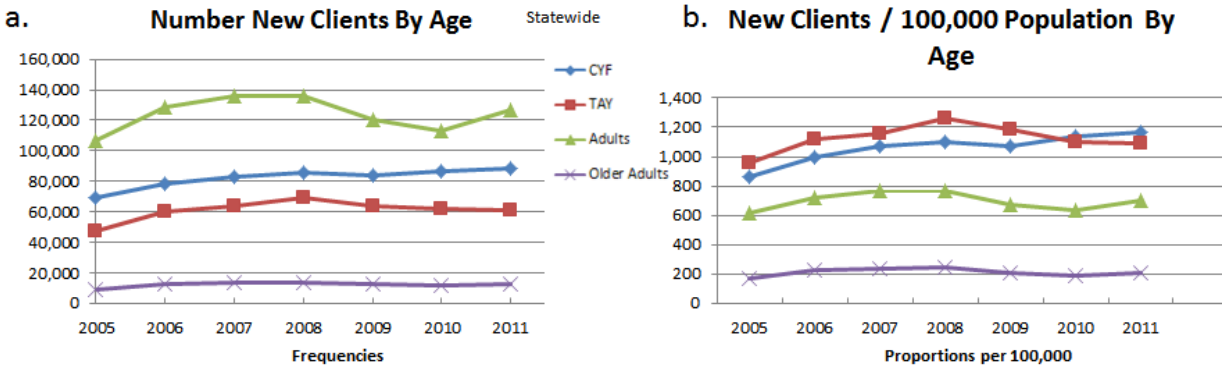


Figure 3. California mental health access trends by age group for new clients obtaining services. Graph (a) shows the number of new clients by age group and year of service while graph (b) shows the number of new clients as a proportion of the state's population for age subgroups. According to graph (a), the number of children, ages 0 to 15, that comprise the Children, Youth and Families (CYF) group, experienced a slow but steady increase in numbers accessing mental health services over the study period with the exception of a small drop in 2009. Transitional age youth (TAY), defined as the population age 16 to 25, also experienced increased numbers accessing services from the inception of the MHSA to 2008, but then there was a slow but continuing decrease in numbers through 2011. The adult population, ages 26-59, comprise the dominant users (by overall numbers of new clients) of mental health services statewide and experienced increased access through 2008, but also saw a decline during 2009 and 2010. Then, a sharp increase in the numbers accessing services was seen in 2011. Older adults, those ages 60 plus, have the fewest numbers of new clients accessing mental health services in California and no discernable trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), the CYF group showed increasing access over the study period with a steep rise from 2009 to 2011. In fact, for 2011, the CYF

group had the highest proportional levels of access among all age groups to the mental health system. The TAY group had increased access from 2005 to 2008, but then declined through 2011. According to graph (b), although adults and older adults had an increase in access to mental health services from 2005 to 2008, both groups are experiencing a relative disparity in access to service compared to CYF and TAY groups.

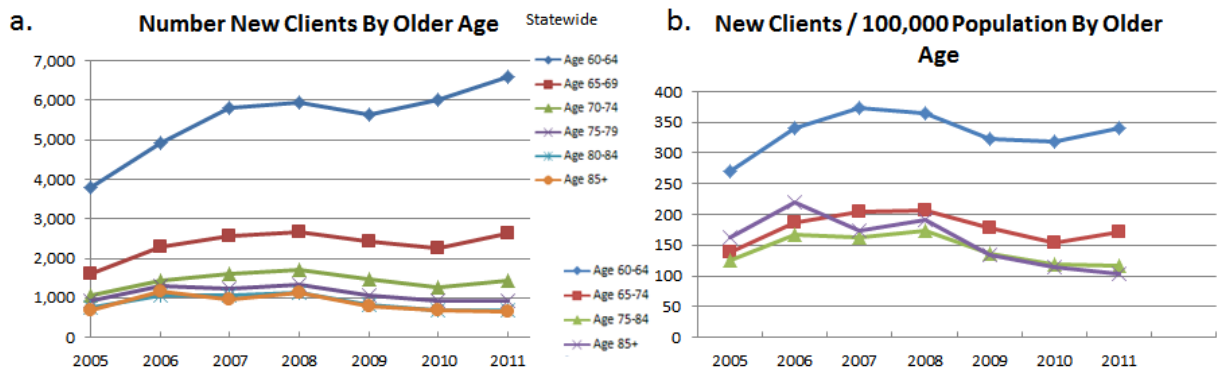


Figure 4. California mental health access trends by older age group for new clients obtaining services. Graph (a) shows the number of new clients by older age group and year of service while the graph (b) shows the number of new clients as a proportion of the state's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). Nonetheless, the trends are clear. The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. However, when normalized by the underlying population (graph (b)), it is still the youngest group, age 60-64, that have the greatest relative access to mental health care services. Access for this group increased through 2007, but then decreased steadily through 2010. Individuals over the age of 65 appear to experience a relative disparity in access compared to the 60-64 year olds and also have a general trend toward declining access over most of the study period. Although new clients in this analysis were not asked to report on their participation in Medicare, it is possible that older groups (i.e., age 65 and older) show a greater disparity in access because as they become eligible for Medicare, they have less need to use MHSA funded programs.

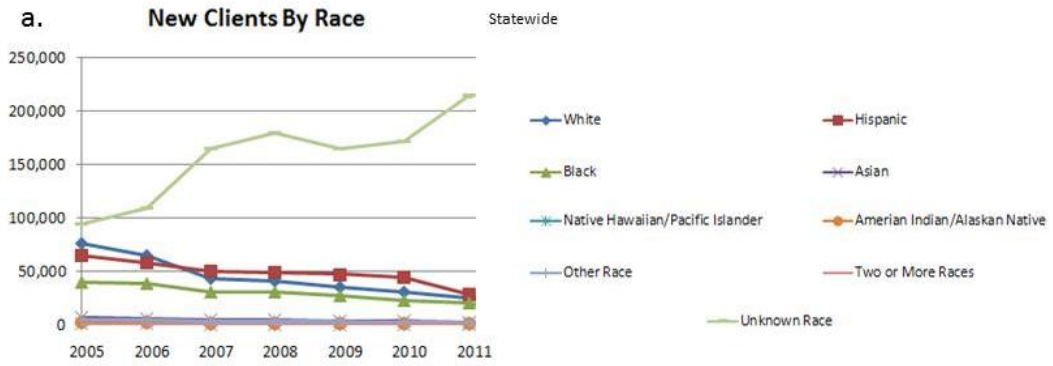


Figure 5. California mental health access trends by racial groups for new clients obtaining services. Graph (a) shows the number of new clients by racial group and year of service. Based on the CSI data, racial disparities are impossible to detect. In graph (a), one can see that the number of new clients with missing or unknown race data increased steadily over the study period. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable. For that reason, no regional or county graphics will be reported for race information from the CSI data in this report. However, the extent to which race data are missing can be seen for each region and county in the tables in appendices C-E. Table 2 below indicates the percentages of the total, statewide dataset missing race information by year.

Table 2. Summary of CSI data by year for new clients indicating the percentage of observations with race information that is unknown or missing

Year	Race Known	Race Unknown or Missing	Percentage of Race Unknown or Missing
2005	192,360	93,455	33%
2006	170,728	109,015	39%
2007	131,222	164,625	56%
2008	126,261	178,781	59%
2009	115,284	164,772	59%
2010	102,348	171,327	63%
2011	76,683	214,013	74%
2012	19,466	95,146	83%

All Clients

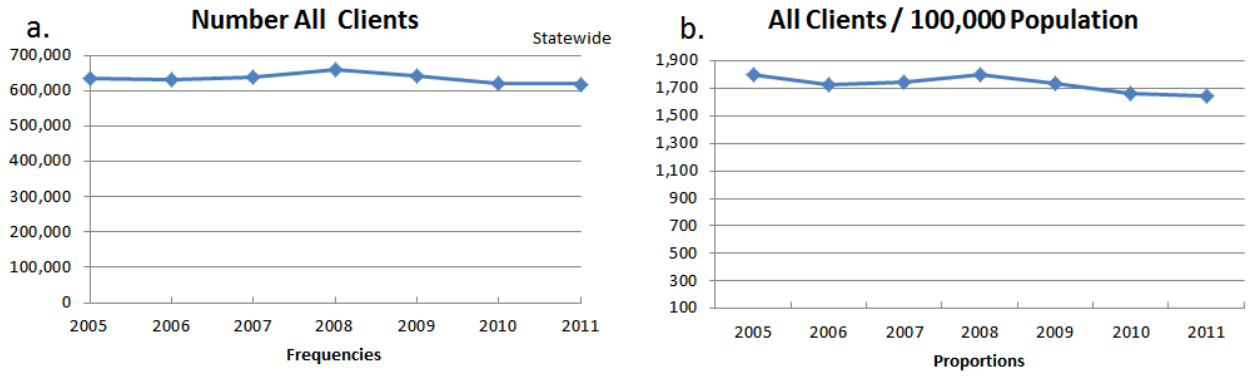


Figure 6. California mental health access trends for the total population of all clients obtaining services. Graph (a) shows frequencies or the actual number of all clients by year of service while graph (b) shows the number of all clients as a proportion of the state's overall population. Both graphs in this case indicate that there was a small decrease in access to mental health services in 2006, followed by increased access in 2007, peaking in 2008. Then, between 2009 and 2011, statewide access to mental health services decreased to below baseline levels (2005). Data for 2012 were incomplete and therefore it is too early to reflect on mental health access for all clients beyond 2011.

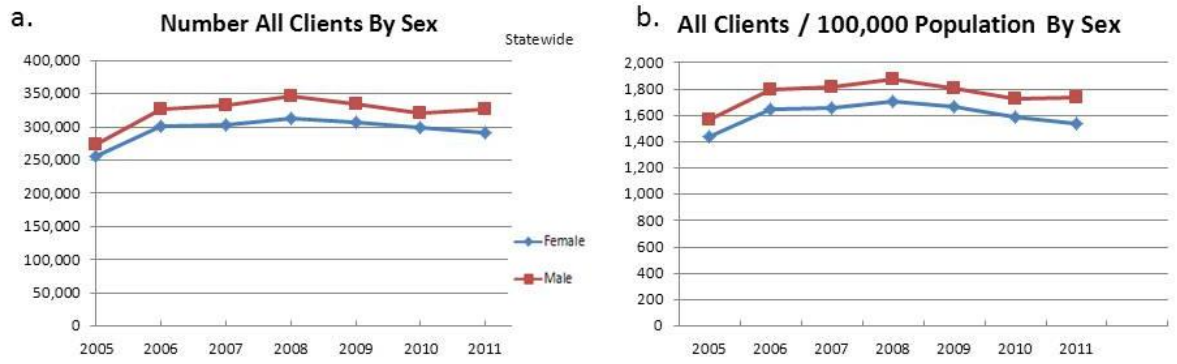


Figure 7. California mental health access trends by sex for all clients obtaining services. Graph (a) shows the number of all clients by sex and year of service while graph (b) shows the number of all clients as a proportion of the state's population for sex subgroups. Both graphs indicate increased access for males and females from the baseline year 2005 to 2008. In 2009 and 2010, statewide access for males and females decreased to 2006 levels, but then increased again in 2011 for males, while it decreased further for females.

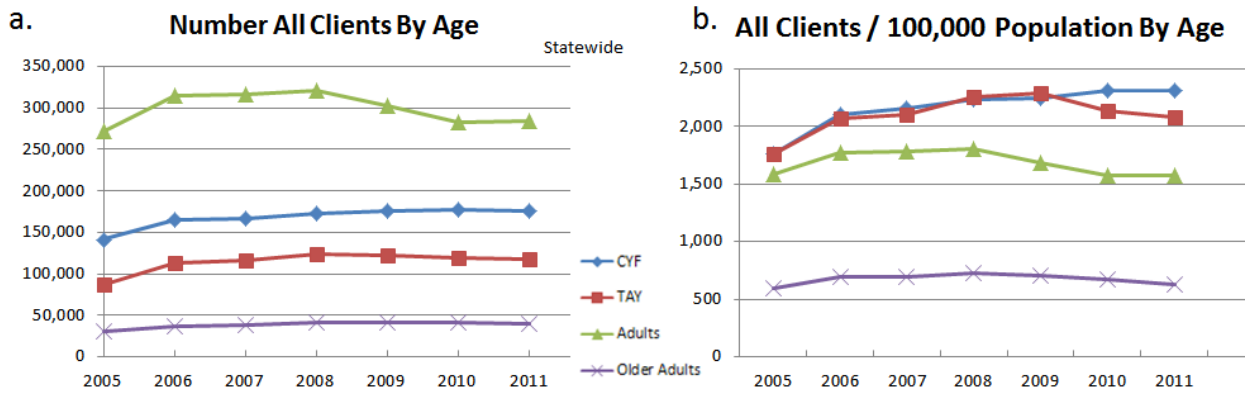


Figure 8. California mental health access trends by age group for all clients obtaining services. Graph (a) shows the number of all clients by age group and year of service while graph (b) shows the number of all clients as a proportion of the state's population for age subgroups. Data were incomplete for 2012. According to graph (a), the number of children, ages 0 to 15, that comprise the CYF age group, experienced a slow but steady increase in numbers accessing mental health services over the study period with the exception of a very small drop in 2011. Transitional age youth (TAY), defined as the population age 16 to 25, also experienced increased numbers accessing services from the inception of the MHSA to 2008, but then there was a slow but continuing decrease in numbers through 2010. The adult population, ages 26-59, comprise the dominant users (by overall numbers of clients) of mental health services statewide and experienced increased access through 2008, but also saw a decline during 2009 and 2010. Then, a sharp increase in the numbers accessing services was seen in 2011. Older adults, those ages 60 plus, have the fewest numbers of clients accessing mental health services in California and no discernable trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), the CYF group showed increasing access over the study period with a steep rise from 2009 to 2011. In fact, for 2011, the CYF group had the highest proportional levels of access among all age groups to the mental health

system. The TAY group had increased access from 2005 to 2009, but then declined through 2011. According to graph (b), although adults and older adults had an increase in access to mental health services from 2005 to 2008, both groups are experiencing a relative disparity in access to service compared to CYF and TAY groups.

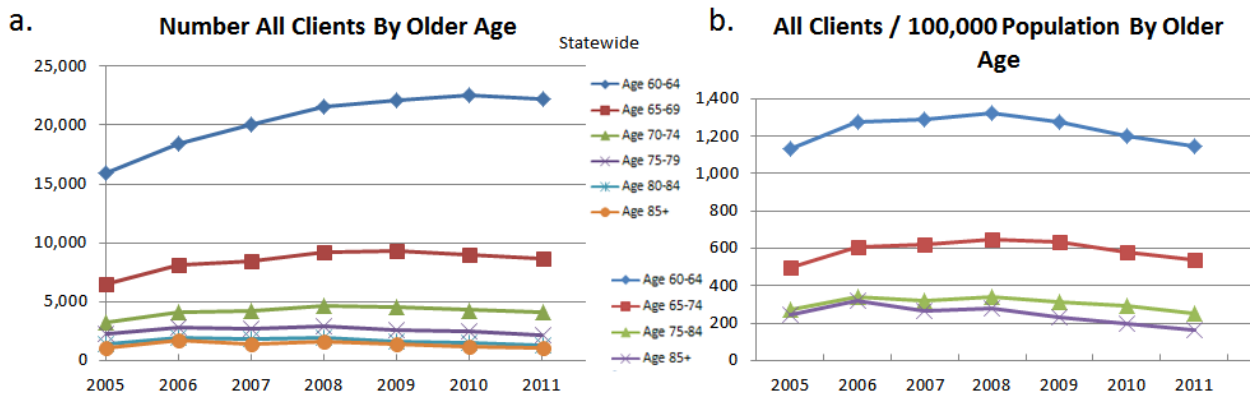


Figure 9. California mental health access trends by older age group for all clients obtaining services. Graph (a) shows the number of all clients by older age group and year of service while the graph (b) shows the number of all clients as a proportion of the state's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). Nonetheless, the trends are clear. The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. However, when normalized by the underlying population (graph (b)), it is still the youngest group, age 60-64, that have the greatest relative access to mental health care services. Access for this group increased through 2008, but then decreased steadily through 2011. Individuals over the age of 65 appear to experience a relative disparity in access compared to the 60-64 year olds and also have a general trend toward declining access over most of the study period.

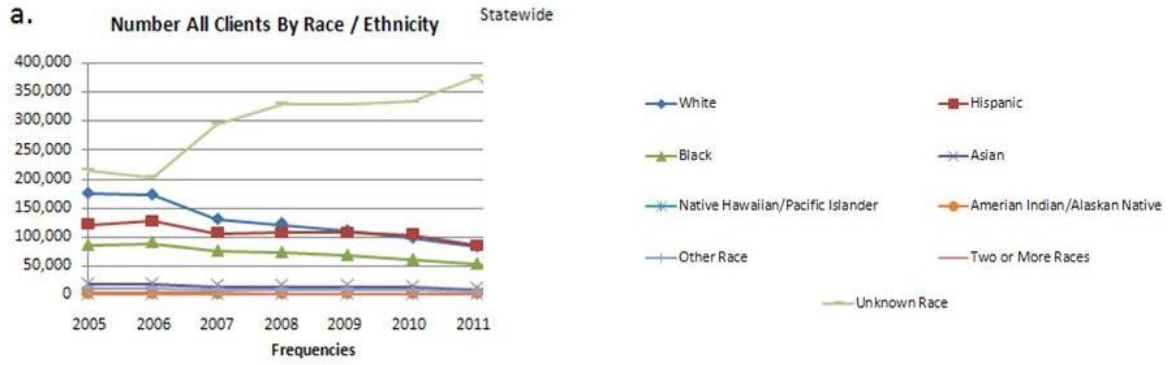


Figure 10. California mental health access trends by racial/ethnic groups for all clients obtaining services. Graph (a) shows the number of all clients by racial/ethnic group and year of service. Based on the CSI data, racial disparities are impossible to detect. In graph (a), one can see that the number of all clients with missing or unknown race data increased steadily over

the study period. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable. For that reason, no regional or county graphics will be reported for race information from the CSI data in this report. However, the extent to which race data are missing can be seen for each region and county in the tables in appendices C-E. Table 3 below indicates the percentages of the total, statewide dataset missing race information by year.

Table 3. Summary of CSI data for all clients by year indicating the percentage of observations with race/ethnicity information that is unknown or missing

Year	Race/Ethnicity Known	Race/Ethnicity Unknown or Missing	Percentage of Race/Ethnicity Unknown or Missing
2005	648,998	216,340	33%
2006	643,910	202,969	32%
2007	650,193	295,155	45%
2008	672,907	329,435	49%
2009	653,896	328,146	50%
2010	631,250	334,246	53%
2011	627,497	376,684	60%
2012	398,879	260,803	65%

Statewide Summary

Statewide CSI data indicate that there was a general trend toward increasing access to mental health services among new and all clients following the implementation of the MHSA until 2008, when increased numbers and proportions of clients receiving services were evident. This may reflect improvements in both the outreach to unserved clients (*vis a vis* the increase in numbers of new clients) and system wide changes to improve access to *all clients* following the MHSA. However, many population subgroups saw declining access for 2009 and 2010 with an upturn in 2011. The greatest disparities in access to mental health services were seen in the adult age group (ages 26 to 59) and in older adults (age 60 and beyond). It was impossible to detect disparities by racial group since data were missing for the majority of the overall clients for most years in the CSI database.

Regional Access to Mental Health Care Services

The same population subgroups described above were analyzed by region. We used the regions originally operationalized by the California Mental Health Directors Association's (CMHDA) designated five Workforce Education and Training (WET) regions since these regions correspond with other regional reports and programs such as CalMHSA, the California Mental Health Services Authority. Please see figure 11 below for a map indicating which counties are associated with the different WET regions.

Figure 11. California Workforce, Education and Training (WET) Program Regions and their Associated Counties

The results of the regional analyses of mental health access are presented as a series of graphs with explanatory figure captions. Each figure contains two graphs similar to the statewide analysis above.

Important notes: 1) Some counties did not have complete CSI data (see Table 1). In addition, the 2012 data received only covered January 1st through November 30th of the year. For this reason, the 2012 data are unreliable in the regional analyses. 2) Regional demographic data were prepared by summing data from individual counties composing a region. Eighteen counties in California had populations too small (fewer than 65,000 individuals) to be included in American Community Survey (ACS) 1-year estimates and we therefore relied on California Department of Finance (DOF) population estimates covering 2005 to 2010. Table 4 lists the counties and their associated region whose demographic data came from the DOF and were limited to 2005 to 2010.

Table 4. Counties and their associated regions with populations fewer than 65,000 that do not have 1-year demographic estimates available from the U.S. Census Bureau's American Community Survey and instead had 2005-2010 population estimates from the California Department of Finance

County	Region	County	Region
Alpine	Central	Modoc	Superior
Amador	Central	Mono	Central
Calaveras	Central	Plumas	Superior
Colusa	Superior	San Benito	Bay Area
Del Norte	Superior	Sierra	Superior
Glenn	Superior	Siskiyou	Superior
Inyo	Central	Tehama	Superior
Lassen	Superior	Tuolumne	Central
Mariposa	Central	Trinity	Superior

The Superior Region is most impacted since 10 of the 16 associated counties have relatively small populations without ACS demographic information. The Central Region is somewhat impacted with 7 out of 20 associated counties without ACS demographic data. The Bay Area region has only 1 out of 12 associated counties that did not have demographic data from ACS. Both the Southern Region and the Los Angeles region are unaffected by this issue.

Superior Region

The Superior Region includes 16 counties in the northernmost part of the state.

New Clients

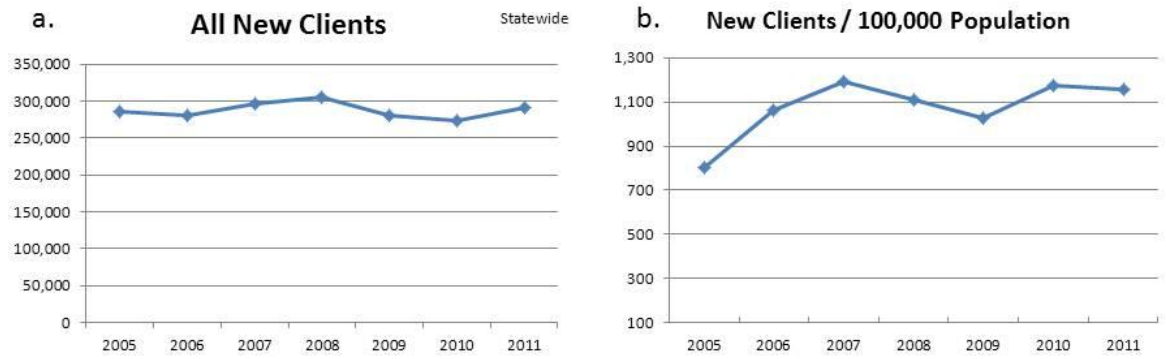


Figure 11. Superior region mental health access trends for the total population of new clients obtaining services. Graph (a) shows frequencies or the actual number of new clients by year of service. Over the study period the trend is toward an increasing number of clients accessing mental health services with only a small drop in 2007 and a slightly larger drop in 2009. Graph (b) shows the number of new clients as a proportion of the region's overall population. Here the trend is different. There is an increase in access between 2005 and 2006, a levelling from 2006 to 2011.

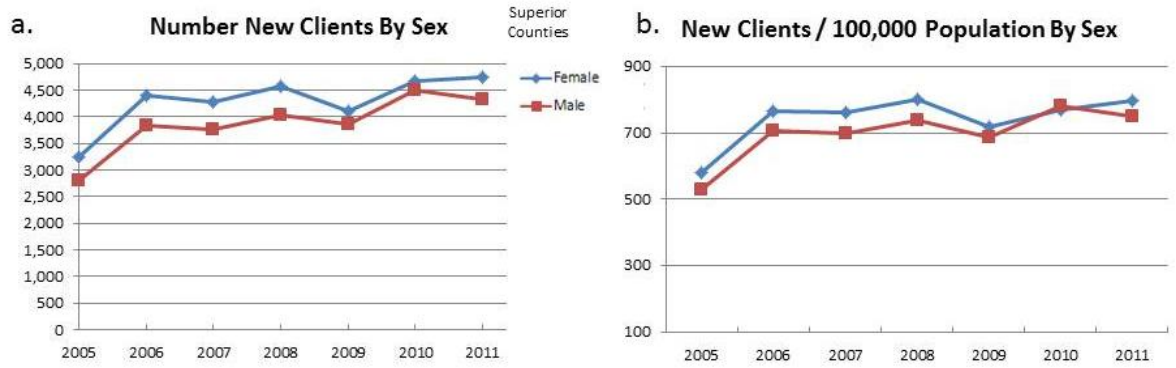


Figure 12. Superior region mental health access trends by sex for new clients obtaining services. Graph (a) shows the number of new clients by sex and year of service. Over the study period the trend is similar to that seen in the overall population with an increasing number of clients accessing mental health services, despite a small drop in 2007 and a slightly larger drop in 2009. More females are obtaining services than males. Graph (b) shows the number of new clients as a proportion of the region's overall population. The trend shows a significant increase in access between 2005 and 2006. From there, access is generally level through 2011.

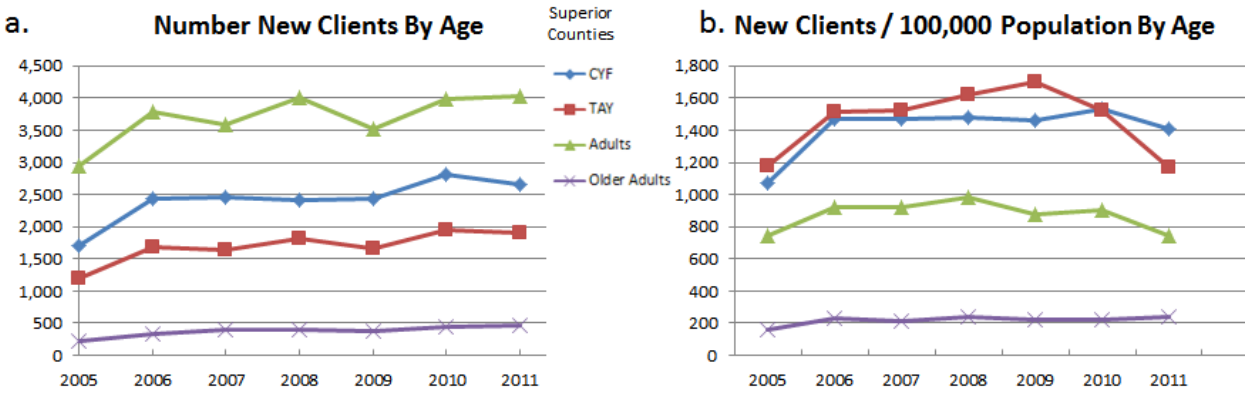


Figure 13. Superior region mental health access trends by age group for new clients obtaining services. Graph (a) shows the number of new clients by age group and year of service while graph (b) shows the number of new clients as a proportion of the state's population for age subgroups. According to graph (a), the number of children, ages 0 to 15, that comprise the Children, Youth and Families (CYF) group, experienced a significant increase in numbers accessing mental health services between 2005 and 2006, but leveled off over the next 3 years. Then another increase was seen in 2010 and 2011. Transitional Age Youth (TAY), defined as the population age 16 to 25, trended toward slowly increasing numbers accessing services from the inception of the MHSA to 2011. The adult population, ages 26-59, comprise the dominant users (by overall numbers of new clients) of mental health services in the Superior region and follow an up and down pattern in the numbers of new clients obtaining services over the study period with a leveling off in 2011. Older adults, those ages 60 plus, have the fewest numbers of new clients accessing mental health services in the Superior region and show a slow rise in the numbers of older adults accessing services. When reviewing the proportions accessing services by age group in graph (b), all age groups showed increasing access between 2005 and 2006. The TAY group had additional increases in access between 2007 through 2009. During this period, the other age groups were level. From 2010 to 2011, all age groups had declines in access. According to graph (b), although adults and older adults saw some increases in access to mental health services overall, both groups are experiencing a relative disparity in access to service compared to CYF and TAY groups.

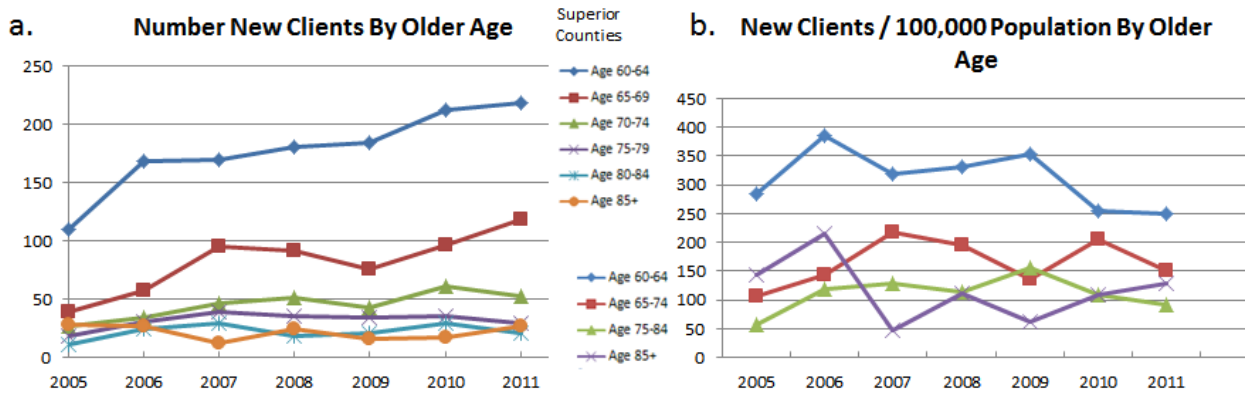


Figure 14. Superior region mental health access trends by older age group for new clients obtaining services. Graph (a) shows the number of new clients by older age group and year of service while the graph (b) shows the number of new clients as a proportion of the region's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). Nonetheless, the trends are clear. The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. However, when normalized by the underlying population (graph (b)), it is still the youngest group, age 60-64, that have the greatest relative access to mental health care services. Access for this group increased through 2006, but then leveled and decreased through 2011. Individuals over the age of 65 appear to experience a relative disparity in access compared to the 60-64 year olds and also have a general trend toward level access over most of the study period. Furthermore, significant decreases in access from 2005 levels are seen for the age 85 plus group.

Superior Region mental health access trends by race groups for new clients obtaining services. Based on the CSI data, racial disparities are impossible to detect. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable. Table 5 below indicates the percentages of the total dataset missing race information by year.

Table 5. Summary of CSI data by year for new clients in the Superior Region indicating the percentage of observations with race information that is unknown or missing

Year	Race Known	Race Unknown or Missing	Percentage of Race Unknown or Missing
2005	4,869	1,216	20%
2006	4,209	4,050	49%
2007	1,802	6,286	78%
2008	1,999	6,651	77%
2009	1,568	6,430	80%
2010	1,599	7,587	83%
2011	1,531	7,551	83%
2012	989	5,306	84%

Counties of the Superior Region – Summaries of New Client Trends

Butte County

Overall, Butte County showed a general trend of increasing levels of access to mental health services between 2005 and 2011. The CYF group not only had the greatest levels of increased access, but this group had the overall highest rate of mental health care access per 100,000 of the CYF population. Other groups with consistently increasing access were: Females, Males, TAY, Adults and Older Adults. Notably, Older Adults had much lower access than the above mentioned groups per 100,000 population of older adults and the increase in access was less dramatic than the other groups. In Butte County, race data were missing for 25-87% of the population over the study period (average 71%), making racial disparities impossible to reliably detect.

Colusa County
In Colusa County, other than Older Adults, all age groups had increase access between 2005 and 2006. The TAY age group continued to see an increase in access through 2007. However, all age groups declined in access through 2010 but remained above baseline levels (2005). Race data were missing for 12-89% of the population over the study period (average 64%), making racial disparities impossible to reliably detect.

Del Norte County
In Del Norte County, the TAY and Older Adult age groups saw mild to moderate increases in access between 2005 and 2006. However, all age groups saw much less access to mental health services in 2010 compared to the baseline year of 2005. In Del Norte County, race data were missing for 11-85% of the population over the study period (average 65%), making racial disparities impossible to reliably detect.

Glenn County
Following the implementation of the MHSA in Glenn County, there was a drop in all age groups other than Older Adults in access to mental health services (2005 to 2007). Then, the overall trend was an increase in access for all age groups through 2010, excepting a drop in 2009 for Older Adults and the CYF group (both of which recovered to higher levels of access in 2010). The TAY and CYF age groups had the highest levels of access per 100,000 population while Older Adults had the lowest levels. In Glenn County, race data were missing for 31-92% of the population over the study period (average 76%), making racial disparities impossible to reliably detect.

Humboldt County
The trend for mental health services access in Humboldt County was similar for both sexes and all age groups. From 2005 to 2006 there was a moderate increase in access with a mild to moderate decrease in 2007. Steep increases were seen between 2007 and 2009. But then significant decreases in access were seen for all groups through 2007 to at or below the baseline levels of 2005. The CYF and TAY groups consistently had the highest levels of access while the Older Adult group consistently had the least access. In Humboldt County, race data were missing for 7-81% of the population over the study period (average 60%), making racial disparities impossible to reliably detect.

Lake County
In Lake County, there were increases in access for all sex and age groups between 2005 and 2007, with the CYF and TAY groups having the highest access and Older Adults having the lowest access. Between 2007 and 2010 only the Older Adults group saw mild improvements or stabilization of their access to mental health services. All other groups had declines to the 2005 level. More access was experienced in the county in 2011, but did not reflect a full recovery to 2007 peak levels. In Lake County, race data were missing for 0-86% of the population over the study period (average 66%), making racial disparities impossible to reliably detect.

Lassen County
During the first two years after passage of the MHSA, Lassen County had increased levels of access to mental health services for all age groups. While a dip in access was seen in 2008, there was a surge in access to 2010. CYF and TAY groups had the greatest access and Older Adults had the least access. In Lassen County, race data were missing for 65-94% of the

population over the study period (average 86%), making racial disparities impossible to reliably detect.

Mendocino County
Mendocino County provided increased access to mental health services between 2005 and 2008/2009 (except for a small dip for Adults and Older Adults in 2007). Then all groups showed a decline through 2011 to baseline levels (2005). CYF and TAY age groups had the greatest access while Older Adults had the lowest overall access per 100,000 population. In Mendocino County, race data were missing for 25-90% of the population over the study period (average 74%), making racial disparities impossible to reliably detect.

Modoc County
In Modoc County, the TAY age group has experienced significant increases in mental health service access since the inception of the MHSA and enjoys by far the highest levels of access per 100,000 population as compared to other groups. The other age groups show some increased access during the first year after implementation (2006), but then have a pattern of increases and decreases each year through 2010. However, the access in 2010 is slightly increased overall from the baseline year of 2005 in every age group except for Older Adults in which case the access is slightly lower than baseline. In Modoc County, race data were missing for 11-78% of the population over the study period (average 62%), making racial disparities impossible to reliably detect.

Nevada County
The pattern of access to mental health services in Nevada County resembles a 'U' shaped curve in which all age groups (except Older Adults) and sexes saw large increases in access between 2005 and 2006. Then there were significant decreases from 2006 to 2007 that remained through 2010. Then there was a surge in access between 2010 and 2011 for all groups (including Older Adults). The CYF group, followed by TAY had the highest levels of access each year while the Older Adults had the lowest. In Nevada County, race data were missing for 52-92% of the population over the study period (average 77%), making racial disparities impossible to reliably detect.

Plumas County
In Plumas County, there is essentially a 'flat' line when reviewing the access to mental health services for age and sex groups. The only significant changes seen in this county include an increase in access for the CYF group from 2008 to 2010 with a concomitant decrease in service for the TAY group during that period. However, both of these young age groups had the highest levels of access in the county over the entire study period while Older Adults had the lowest levels of access. In Plumas County, race data were missing for 16-99% of the population over the study period (average 68%), making racial disparities impossible to reliably detect.

Shasta County
All age and sex groups in Shasta County experienced increased access over the entire study period. The greatest increases were seen between 2005 and 2006, but the trend continued through 2011. Consistent with the other counties of this region, the CYF and TAY age groups had the greatest levels of access while Older Adults had the lowest levels. In Shasta County, race data were missing for 16-83% of the population over the study period (average 67%), making racial disparities impossible to reliably detect.

Sierra County
The CYF and TAY age groups both saw dramatic increases in access to mental health services in Sierra County, the former from 2005 to 2007 and the latter from 2008-2009. The CYF group had a decrease in access in 2008, but then leveled off through 2010 at a level significantly higher than baseline (2005). For the TAY group, there was a sharp decline in access between 2009 and 2010 that returned the levels to baseline. While the Older Adult age group had the least access to services in this county, the rate of access per 100,000 population was steady with a mild increase by 2010. In Sierra County, race data were missing for 13-97% of the population over the study period (average 54%), making racial disparities impossible to reliably detect.

Siskiyou County
In Siskiyou County, all age groups had immediate increases in access between 2005 and 2006. The TAY group continued the trend of increasing access through 2010. For the CYF, Adult and Older Adult age groups, a slow decline in access was seen by 2010, but remained above baseline levels (2005). In Siskiyou County, race data were missing for 7-81% of the population over the study period (average 62%), making racial disparities impossible to reliably detect.

Tehama County
For the TAY, Adult and Older Adult age groups in Tehama County, increased access to mental health services occurred from inception of the MHSA through 2008. Despite small dips in 2009, all of these groups had higher levels of access in 2010 compared to baseline (2005). The CYF group had a large increase in access between 2005 and 2006, but then experienced a sharp decline between 2006 and 2009, with a hint toward recovery in 2010. Overall, the CYF group also had much higher levels of access in 2010 as compared to 2005. In Tehama County, race data were missing for 30-85% of the population over the study period (average 71%), making racial disparities impossible to reliably detect.

Trinity County
There does not appear to be a generalizable pattern to mental health service access in Trinity County. Over the study period, the county experienced ups and down in the different age groups and ended in 2010 with access levels near or below baseline (2005). Similar to other counties in the region, the CYF and TAY groups had by far the highest levels of access and the Older Adult group had the lowest levels. In Trinity County, race data were missing for 10-88% of the population over the study period (average 69%), making racial disparities impossible to reliably detect.

All Clients

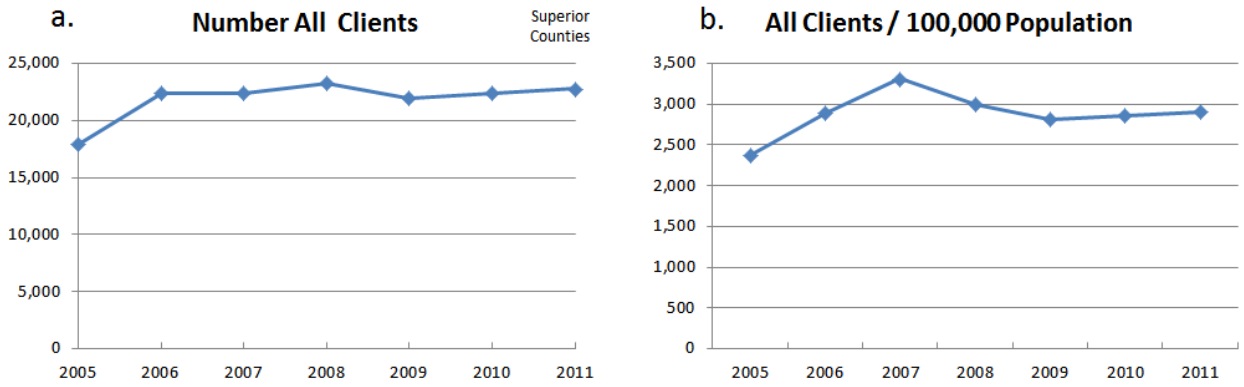


Figure 15. Superior region mental health access trends for the total population of all clients obtaining services. Graph (a) shows frequencies or the actual number of all clients by year of service while graph (b) shows the number of all clients as a proportion of Superior Region's overall population. Both graphs in this case indicate that there was an increase in access to mental health services in 2006 and 2007, with the number of clients peaking in 2007 and client access peaking in 2008. Then, between 2009 and 2011, Superior Region access to mental health services increased and remained well above baseline levels (2005). Data for 2012 were incomplete and are therefore not reliable.

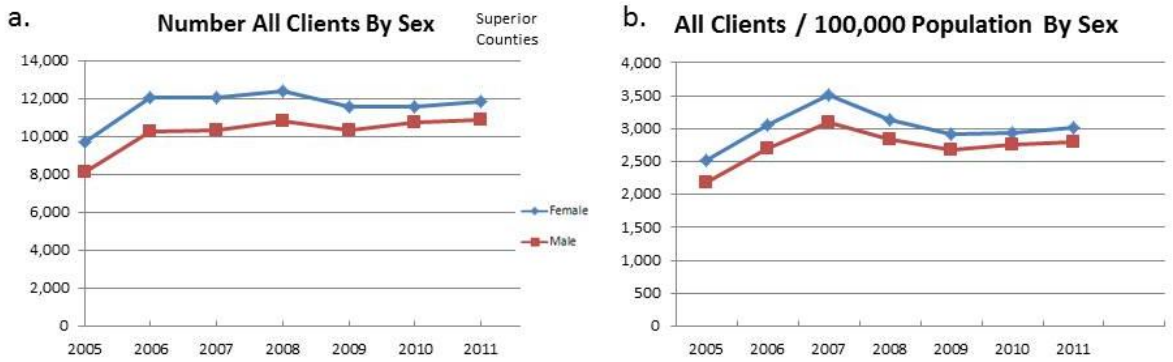


Figure 16. Superior region mental health access trends by sex for all clients obtaining services. Graph (a) shows the number of all Superior Region clients by sex and year of service while graph (b) shows the number of all clients as a proportion of the Superior Region's population for sex subgroups. Graph (a) indicates increased access for males and females from the baseline year (2005) to 2008. Between 2008 and 2009 there were decreases in the number of both male and female clients, and then slight increases until 2011, finishing with numbers that were well above the 2005 baseline. Graph (b) portrays a substantial increase from baseline (2005) to 2007. Between 2007 and 2009, Superior Region mental health access for males and females decreased, but then increased again slightly in 2010 and 2011.

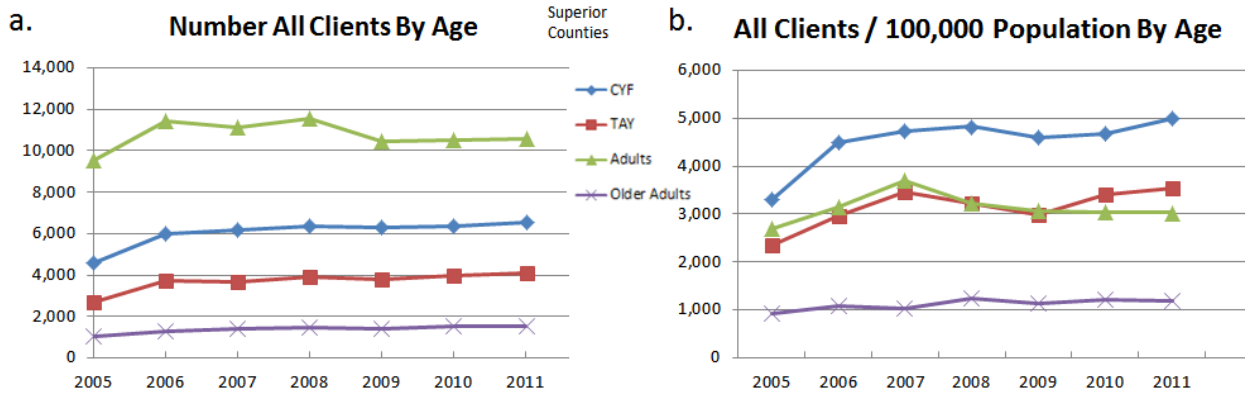


Figure 17. Superior region mental health access trends by age group for all clients obtaining services. Graph (a) shows the number of all Superior Region clients by age group and year of service while graph (b) shows the number of all Superior Region clients as a proportion of the region's population for age subgroups. Data were incomplete for 2012. According to graph (a), the number of children, ages 0 to 15, that comprise the CYF age group, experienced a slow but steady increase in numbers accessing mental health services over the study period. Transitional age youth (TAY), defined as the population age 16 to 25, also experienced increased numbers accessing services from the inception of the MHSA to 2008, but then there was a leveling off in the numbers through 2011. The adult population, ages 26-59, comprise the dominant users (by overall numbers of clients) of mental health services statewide and experienced increased access through 2008, but also saw a decline during 2009. Then, the numbers of clients accessing services in the region leveled off between 2009 and 2011. Older adults, those ages 60 plus, have the fewest numbers of clients accessing mental health services in the region and no discernible trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), the CYF group showed increasing access over the study period with a steady rise from 2005 to 2008. In fact, for 2011, the CYF group had the highest proportional levels of access among all age groups to the mental health system. The TAY group had increased access from 2005 to 2007, but then declined through 2009, and rose again in 2010 and 2011. According to graph (b), although adults had an increase in access to mental health services from 2005 to 2007, and had a slight increase between 2005 and 2008, both groups are experiencing a relative disparity in access to service compared to CYF and TAY groups.

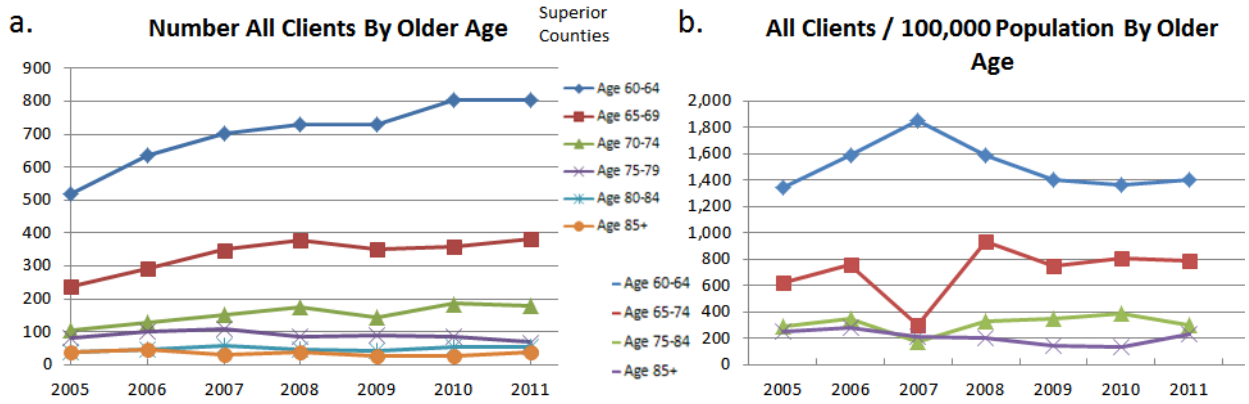


Figure 18. Superior region mental health access trends by older age group for all clients obtaining services. Graph (a) shows the number of all clients by older age group and year of service while the graph (b) shows the number of all clients as a proportion of the region's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. The youngest group, age 60-64, had the greatest relative access to mental health care services. Access for this group increased through 2010, but then leveled off into 2011. However, when normalized by the underlying population (graph (b)), it is still Individuals over the age of 65 appear to experience a relative disparity in access compared to the 60-64 year olds.

Superior region mental health access trends by race groups for all clients obtaining services. Based on the CSI data, racial disparities are impossible to detect. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable.

Counties of the Superior Region – Summaries of All Client Trends

Butte County

Overall, Butte County showed a general trend of increasing levels of access to mental health services between 2005 and 2011. The CYF group had the overall highest rate of mental health care access per 100,000 when compared to all other mental health client subgroups in the CSI data. Other groups with overall increasing access were: Females, Males, TAY, Adults and Older Adults. Notably, Older Adults had much lower access than the above mentioned groups per 100,000 population. In Butte County, race data were missing for 22-60% of the population over the study period (average 50%), making racial disparities impossible to reliably detect.

Colusa County

In Colusa County, the primary group accessing mental health services is the adult age group. Between 2005 and 2007 there was a very increase in the number and proportion of adults per 100,000 accessing services. Both the number and proportion doubled from 2005-2007. After 2007, however, the number and proportion of adults accessing services per 100,000 decreased consistently through 2010. A general trend for the overall female population, and the CYF and TAY age groups was a steady and steep increase in the proportion of individuals receiving access between 2005 and 2008. Race data were missing for 8-55% of the population over the study period (average 41%), making racial disparities impossible to reliably detect.

Del Norte County

In Del Norte County, while the numbers of individuals accessing services are understandably lower than those observed in larger, more populated counties, the proportion of mental health clients per 100,000 population are notably higher than those observed in many other counties for males, females, CYF, TAY, adult, and several race subcategories. While the overall number and proportion of clients accessing services in Del Norte County increased between 2005 and 2006, the trend for all groups in this county was one of decreasing access to services from 2007 to 2010. In Del Norte County, race data were missing for 7-56% of the population over the study period (average 35%), making racial disparities impossible to reliably detect.

Glenn County
In Glenn County, the overall trend in the number and proportion of clients accessing mental health services is one of steady increases from 2005 to 2008, accompanied by a leveling off from 2008 to 2010. Similar trends were notable in the male, female, CYF, TAY, and Adult subgroups. In Glenn County, race data were missing for 31-67% of the population over the study period (average 56%), making racial disparities impossible to reliably detect.

Humboldt County
The trend for mental health services access in Humboldt County was similar for both sexes and all age groups. From 2005 to 2006 there was a steep increase in access with a mild to moderate decrease in 2007. The decrease was sustained until 2009 for Males, Females, Adults, and the TAY group. Moderate to steep increases were seen between 2009 and 2010 in all groups. But then significant decreases in access were seen for all groups in 2011 to levels that were slightly above the baseline levels of 2005. The Older Adult group consistently had the least access. In Humboldt County, race data were missing for 7-51% of the population over the study period (average 39%), making racial disparities impossible to reliably detect.

Lake County
In Lake County, there were increases in access for all sex and age groups between 2005 and 2007, with the Older Adults having the lowest access. Between 2007 and 2008 the Older Adults, TAY, and CYF groups saw moderate improvements in their access to mental health services. From 2008 to 2010 all groups saw moderate to steep decreases. More access was experienced in the county in 2011 for the TAY, CYF, and Female groups. By 2011, most groups finished near baseline access levels of 2005. In Lake County, race data were missing for 0-53% of the population over the study period (average 35%), making racial disparities impossible to reliably detect.

Lassen County
During the first year after passage of the MHSA, Lassen County had increased levels of access to mental health services for all age groups. While a dip or leveling in access was seen in 2007 and 2008, there was an increase in access in 2009 for all groups except Older Adults. The CYF group had the greatest access and Older Adults had the least access. In Lassen County, race data were missing for 65-94% of the population over the study period (average 86%), making racial disparities impossible to reliably detect. In Lassen County, race data were missing for 65-75% of the population over the study period (average 71%), making racial disparities impossible to reliably detect.

Mendocino County
Mendocino County provided increased access to mental health services between 2005 and 2008/2009 (except for a dip for Adults and Older Adults in 2007). Then all groups except the CYF and TAY groups showed a decline through 2011, below baseline levels (2005). The CYF age group had the greatest access while Older Adults had the lowest overall access per 100,000 population. In Mendocino County, race data were missing for 16-54% of the population over the study period (average 44%), making racial disparities impossible to reliably detect.

Modoc County
In Modoc County, the TAY age group has experienced significant increases in mental health service access since the inception of the MHSA and enjoys by far the highest levels of access per 100,000 population as compared to other groups. Although there was a decrease in access from 2006 to 2007, the other age groups experienced increased access from 2007 through

2010. Access in 2010 is increased overall from the baseline year of 2005 in every age group, and for Males and Females. Race data were missing for 14-60% of the Modoc County population over the study period (average 47%), making racial disparities impossible to reliably detect.

Nevada County
Access to mental health services in Nevada County across all age groups and sexes increased in access between 2005 and 2006, followed by decreases from 2006 to 2007. Between 2007 and 2011, there were steady increases in access for all groups, ending at rates per 100,000 population that were well above baseline (2005) rates (except Older Adults). The CYF group had the highest levels of access each year (except 2007) while the Older Adults had the lowest. In Nevada County, race data were missing for 54-76% of the population over the study period (average 67%), making racial disparities impossible to reliably detect.

Plumas County
In Plumas County, access to mental health services for age and sex groups remained relatively level. The only changes of note seen in Plumas County include a large increase in access for the CYF group from 2008 to 2010 with a concomitant decrease in service for the TAY group during that period. However, both of these young age groups had the highest levels of access in the county over the entire study period while Older Adults had the lowest levels of access. Race data were missing for 12-60% of the population in Plumas County over the study period (average 41%), making racial disparities impossible to reliably detect.

Shasta County
All age and sex groups in Shasta County experienced increased access between 2005 and 2006, decreased access between 2006 and 2007, and then increased access from 2007 to 2011 (except the CYF and Male groups). The CYF group experienced decreased access from 2008 to 2010, followed by an increase in 2011. The Male group saw a steady increase from 2007 to 2010, followed by a slight decrease during 2011. Consistent with the other counties of this region, the CYF and TAY age groups had the greatest levels of access while Older Adults had the lowest levels. In Shasta County, race data were missing for 18-56% of the population over the study period (average 45%), making racial disparities impossible to reliably detect.

Sierra County
The CYF and TAY age groups both saw dramatic increases in access to mental health services in Sierra County, the former from 2005 to 2008 and the latter from 2007-2010. The CYF group had a decrease in access in 2008 to 2010, ending at a level substantially higher than baseline (2005). While the Older Adult age group had the lowest access to services in this county, the rate of access per 100,000 population was steady with an overall increase by 2010. In Sierra County, race data were missing for 35-76% of the population over the study period (average 59%), making racial disparities impossible to reliably detect.

Siskiyou County
In Siskiyou County, all age groups had immediate increases in access between 2005 and 2007. The TAY group continued the trend of increasing access through 2010. For the CYF, Adult and Older Adult age groups, a leveling or a slower increased in access was seen by 2010, but remained above baseline levels (2005). In Siskiyou County, race data were missing for 2-43% of the population over the study period (average 29%), making racial disparities impossible to reliably detect.

Tehama County
For all age groups and sexes, there was increased access to mental health services from inception of the MHSA through 2006. The trend continued for the Adult and Female groups until 2008, and for the TAY and Older Adult groups through 2010. Despite a virtual leveling in access from 2006-2009 for CYF and Males, these groups experienced increased access in 2010 and had much higher levels in 2010 compared to baseline (2005). The TAY group had the highest level of access over the course of the study period (except 2005) while the Older Adults had the lowest access from 2005-2011. In Tehama County, race data were missing for 42-69% of the population over the study period (average 63%), making racial disparities impossible to reliably detect.

Trinity County
There does not appear to be a discernable pattern to mental health service access in Trinity County. Over the study period, the county experienced ups and down in the different age groups and ended in 2010 with access levels near or below baseline (2005). Similar to other counties in the region, the CYF and TAY groups had by far the highest levels of access and the Older Adult group had the lowest levels. In Trinity County, race data were missing for 6-55% of the population over the study period (average 39%), making racial disparities impossible to reliably detect.

Superior Region Summary – New Clients
New clients received increased access to mental health services in the Superior Region from 2005 to 2006 with few exceptions (Del Norte, Glenn and Plumas for a few population subgroups). On average, access for these previously unserved clients remained steady during the study period and then declined some in 2011. However, there were some counties that showed consistent increases in access throughout the study period (Butte, Modoc and Shasta). Males and females had similar trends with females showing slightly higher levels of access. For age groups, the CYF and TAY groups had the highest proportion of access per 100,000 population and the older adults had the lowest.

Superior Region Summary – All Clients
All Clients of both sexes and all age groups received increased access to mental health services in the Superior Region from 2005 to 2006 in most counties, with few exceptions (e.g., Plumas). The increasing trend in access continued into later years in number of counties for the TAY and CYF age groups (Glenn, Lake, Mendocino, Sierra, Siskiyou). The TAY and CYF groups consistently experienced the highest level of access within counties across the Superior Region. On average, access for All Clients remained steady during the study period, finishing off at levels similar to those seen at baseline (2005). However, there were some counties that showed consistent increases in access throughout the study period (Butte and Modoc). Males and females had similar trends with females showing slightly higher levels of access. For age groups, the CYF and TAY groups had the highest proportion of access per 100,000 population and the older adults had the lowest.

Superior Region Summary – All Data
The mental health services act appears to have increased access to mental health services for both new and all clients in the early days of its inception. Several counties continued to develop higher levels of access (Butte, Modoc and Shasta) throughout the study period. CYF and TAY age groups experienced the highest levels of access while older adults had the lowest levels. By the end of the study period, the overall level of access for all clients was at or near baseline – reflecting no net change over time.

Bay Area Region

The Bay Area Region includes 12 counties in the northwestern part of the state.

New Clients

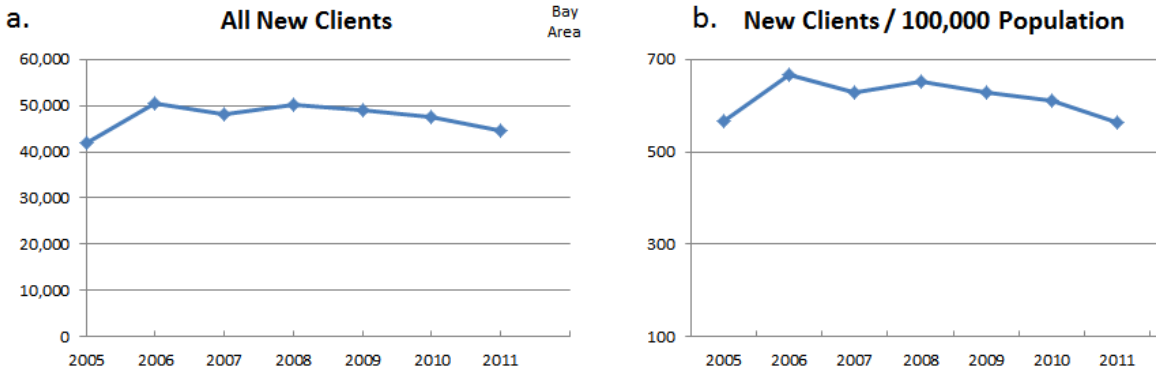


Figure 19. Bay Area mental health access trends for the total population of new clients obtaining services. Graph (a) shows frequencies or the actual number of new clients by year of service while graph (b) shows the number of new clients as a proportion of the region's overall population. Both graphs in this case indicate that there was a small increase in access to mental health services in 2006 (2007 for graph (b)), followed by a slow decline through 2011.

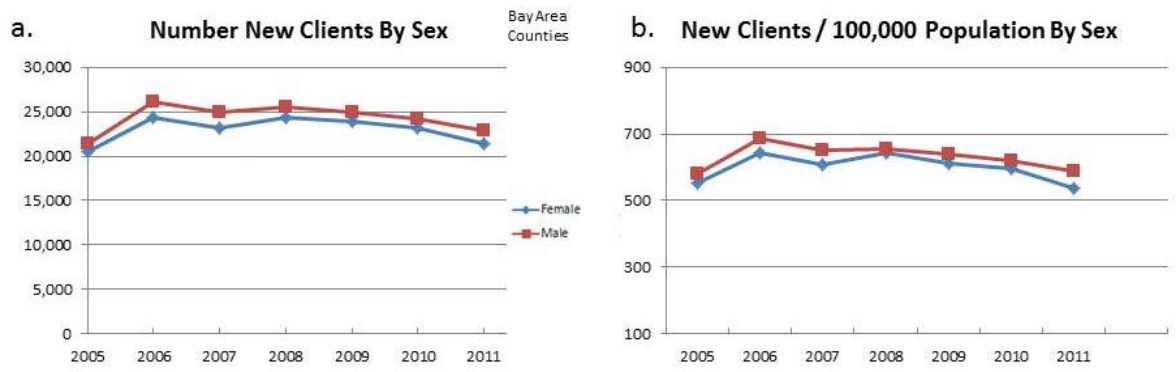


Figure 20. Bay Area mental health access trends by sex for new clients obtaining services. Graph (a) shows the number of new clients by sex and year of service while graph (b) shows the number of new clients as a proportion of the region's population for sex subgroups. Both graphs indicate increased access for males and females from the baseline year (2005) to 2006 but then a slow decline through 2011. Male and female clients have near identical access to mental health services.

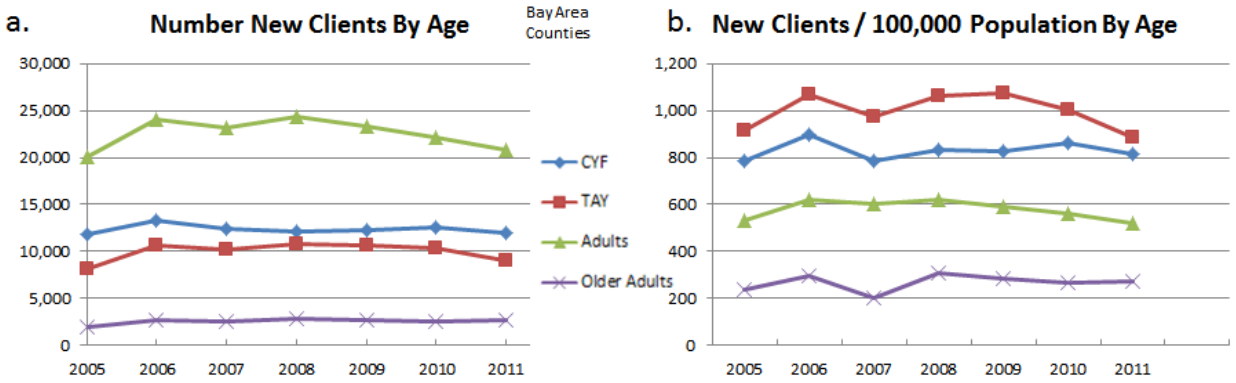


Figure 21. Bay Area mental health access trends by age group for new clients obtaining services. Graph (a) shows the number of new clients by age group and year of service while graph (b) shows the number of new clients as a proportion of the region's population for age subgroups. According to graph (a), the number of children, ages 0 to 15, that comprise the Children, Youth and Families (CYF) group, experienced virtually no change in numbers accessing mental health services over the study period. Transitional age youth (TAY), defined as the population age 16 to 25, experienced an increase from 2005 to 2006, but little change thereafter. The adult population, ages 26-59, comprise the dominant users (by overall numbers of new clients) of mental health services in the Bay Area region and experienced increased access from the baseline year (2005) through 2008, but then experienced a decline in total numbers of new clients from 2008 to 2011. Older adults, those ages 60 plus, have the fewest numbers of new clients accessing mental health services in the Bay Area region and no discernable trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), all age groups followed a similar trend with increased access during the 2005 to 2006 period, levelling through 2010 and then a decline in 2011 to baseline numbers. Among all age groups, the TAY enjoys the greatest proportional access to mental health services in the region. Both adult and older adult groups are experiencing a relative disparity in access to service compared to CYF and TAY groups.

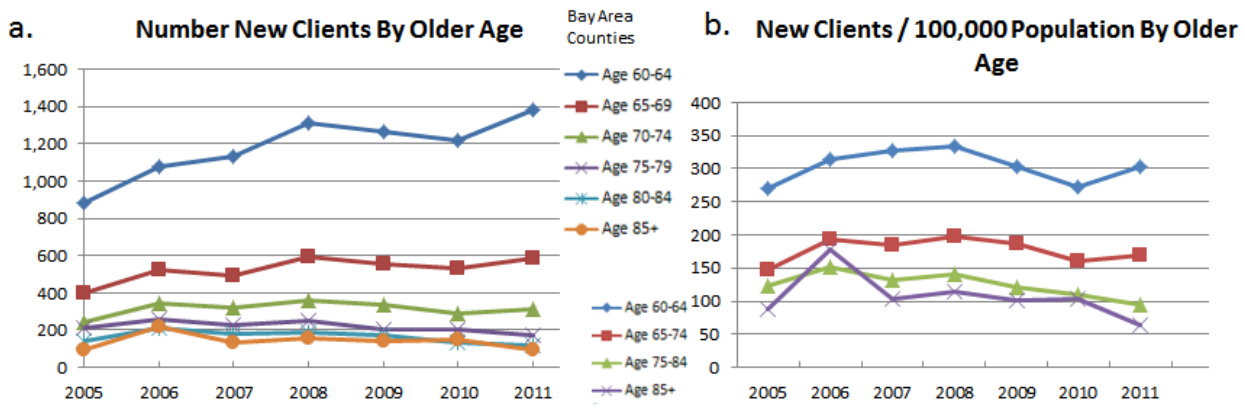


Figure 22. Bay Area mental health access trends by older age group for new clients obtaining services. Graph (a) shows the number of new clients by older age group and year of service while the graph (b) shows the number of new clients as a proportion of the region's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). Nonetheless, the trends are clear. The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. However, when normalized by the underlying population (graph (b)), it is still the youngest group, age 60-64, that have the greatest relative access to mental health care services. Access for this group increased through 2007, but then decreased steadily through 2010 with some recovery in 2011. Individuals over the age of 65 appear to experience a relative disparity in access compared to the 60-64 year olds and also have a general trend toward steady or declining access over most of the study period.

Bay Area Region mental health access trends by race groups for new clients obtaining services. Based on the CSI data, racial disparities are impossible to detect. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable. Table 6 below indicates the percentages of the total dataset missing race information by year.

Table 6. Summary of CSI data by year for new clients in the Bay Area Region indicating the percentage of observations with race information that is unknown or missing

Year	Race Known	Race Unknown or Missing	Percentage of Race Unknown or Missing
2005	34,945	7,074	17%
2006	28,484	22,114	44%
2007	14,593	33,569	70%
2008	14,123	35,975	72%
2009	12,345	36,565	75%
2010	10,142	37,380	79%
2011	9,002	35,489	80%
2012	3,700	15,877	81%

Counties of the Bay Area Region – Summaries of New Client Trends

Alameda County

Alameda County showed significant and steady increases in mental health services access for all sexes and age groups (except older adults) from 2005 to 2009/2010. All groups saw some decline in 2011. While older adults did see increases in access, they peaked in 2008, then slowly declined. Nevertheless, the level of access in 2011 was still well above baseline (2005) for this group. In Alameda County, race data were missing for 6-80% of the population over the study period (average 61%), making racial disparities impossible to reliably detect.

Contra Costa County

In Contra Costa County, the only group to see moderate increases in access to mental health services was the TAY group. However, between 2010 and 2011, access for this age group declined. The general trend for other age groups, both sexes and the total population was a mild increase in access between 2005 and 2011. In Contra Costa County, race data were missing for 7-81% of the population over the study period (average 61%), making racial disparities impossible to reliably detect.

Marin County

In Marin County, all age and sex groups had ups and downs during the study period. Initial increases in access were seen for all groups between 2005 and 2006. Sharp declines in access were seen in 2007 for the older adults and in 2008 for all others, with good recovery in 2009. The older adult age group reached a peak level of access in 2010 as did the TAY group. Still, older adults suffered a relative disparity in access as compared to all other groups. Additionally, In Marin County, race data were missing for 8-79% of the population over the study period (average 61%), making racial disparities impossible to reliably detect.

Monterey County

All sex and age groups in Monterey County show similar trends, in which access to mental health services increases steadily through 2008, dips significantly in 2009 and then recovers somewhat in 2010. However, declines in access occur between 2010 and 2011. The CYF and TAY groups had the greatest proportional access (per 100,000 population) in the county while the older adults had the lowest access. In Monterey County, race data were missing for 3-86% of the population over the study period (average 66%), making racial disparities impossible to reliably detect.

Napa County

In Napa County, the CYF group had a stark increase (>300%) in access to services between 2005 and 2011 (other than a small dip in 2008). In addition, the older age group had a general trend toward increased access over the study period. The other groups: TAY, adults, males and females had increased access between 2005 and 2006/2007, declines in 2008 and recovery by 2011. In Napa County, race data were missing for 58-96% of the population over the study period (average 83%), making racial disparities impossible to reliably detect.

San Benito County

Mental health services access in San Benito County increased significantly for all age groups between 2005 and 2007. Declines were seen to 2009 with recovery in 2010 (except for older adults whose access remained steady in 2010). In San Benito County, race data were missing

for 0-96% of the population over the study period (average 77%), making racial disparities impossible to reliably detect.

San Francisco County
In San Francisco County, all age (except older adults) and sex groups saw a trend toward increasing access to services between 2005 and 2006, but then trended toward lower levels of service than baseline by 2011. Older adults had an up and down pattern each year with little net change until 2011 when a significant increase in access can be seen. In this county, CYF and TAY age groups have the greatest access while older adults have the lowest access. Men access services at a higher proportional rate than women. In San Francisco County, race data were missing for 15-79% of the population over the study period (average 62%), making racial disparities impossible to reliably detect.

San Mateo County
The TAY age group has by far the greatest proportional access to mental health services than any other age or sex group. Other than older adults, all age and sex groups demonstrate overall increases in access to 2009 with a small decline in 2010. The older adults had increases in access in 2006, but a sharp decline in 2007. After a recovery in 2008, the levels of access remained steady through the study period. In San Mateo County, race data were missing for 33-89% of the population over the study period (average 76%), making racial disparities impossible to reliably detect.

Santa Clara County
Every age and sex group in Santa Clara County experienced sharp decreases in access to mental health services between 2005 and 2007. The rate of decline slowed, but the trend of decreasing access continued through 2011. In Santa Clara County, race data were missing for 30-59% of the population over the study period (average 43%), making racial disparities impossible to reliably detect.

Santa Cruz County
Mental health access increased for all sex and age groups between 2005 and 2006 and for most groups increased again in 2007 (except TAY and older adults groups). From 2007 to 2010, decreases in access were seen for TAY, Adult, Male and Female groups. All groups recovered in 2011 to levels above baseline, except for the TAY group, which although access increased in 2011, it did not return to baseline (2005) levels. The older adult group had the lowest overall access, but had the most consistent improvement in access over the study period. In Santa Cruz County, race data were missing for 2-80% of the population over the study period (average 60%), making racial disparities impossible to reliably detect.

Solano County
The general trend in mental health access for age and sex groups in Solano County was toward increased access to 2008 and then declines to baseline by the end of the study period. Only the CYF group showed significant increases in access from 2005 to 2011. Older adults had the lowest access to services overall. In Solano County, race data were missing for 12-85% of the population over the study period (average 67%), making racial disparities impossible to reliably detect.

Sonoma County
In Sonoma County, increased access can be seen between 2005 and 2006. While there are a few ups and downs between 2006 and 2011, the overall trend appears relatively flat with slightly

increased access for all groups by 2011. The In Sonoma County, race data were missing for 9-83% of the population over the study period (average 65%), making racial disparities impossible to reliably detect.

All Clients

Figure 23. Bay Area region mental health access trends for the total population of all clients obtaining services. Graph (a) shows frequencies or the actual number of all clients by year of service while graph (b) shows the number of all clients as a proportion of the Bay Area's overall population. Both graphs in this case indicate that there was an increase in access to mental health services in 2006, and then a leveling off in the number of clients and client access through 2010, before both decreased between 2010 and 2011. By 2011, Bay Area access to mental health services returned to levels that were below initial baseline (2005) levels. Data for 2012 were incomplete and are therefore not reliable.

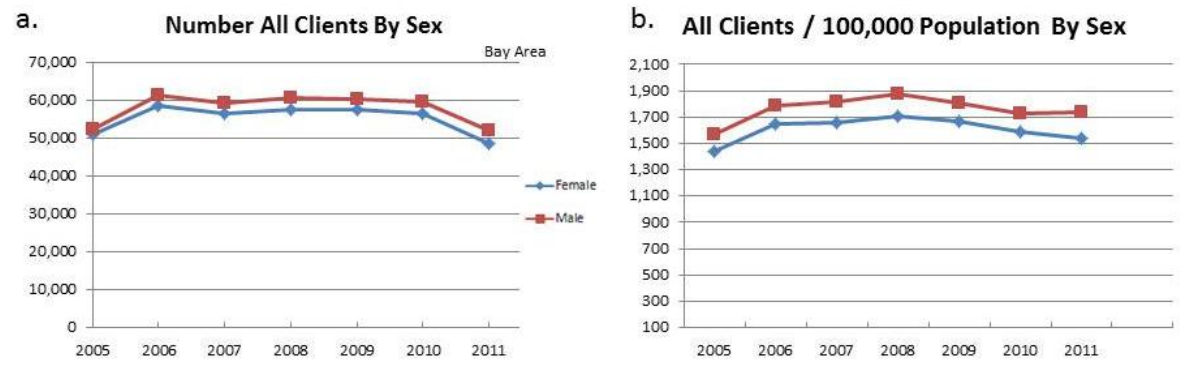


Figure 24. Bay Area region mental health access trends by sex for all clients obtaining services. Graph (a) shows the number of all Bay Area clients by sex and year of service while graph (b) shows the number of all clients as a proportion of the Bay Area's population for sex subgroups. Graph (a) indicates increased access for males and females from the baseline year (2005) to 2006, and then a decrease between 2006 and 2007. Between 2009 and 2011, there were decreases in the number of both male and female clients. Graph (b) portrays a general

increase from baseline (2005) to 2008. The decline continued for females in the Bay Area into 2011, while there was a leveling off in access among males between 2010-2011.

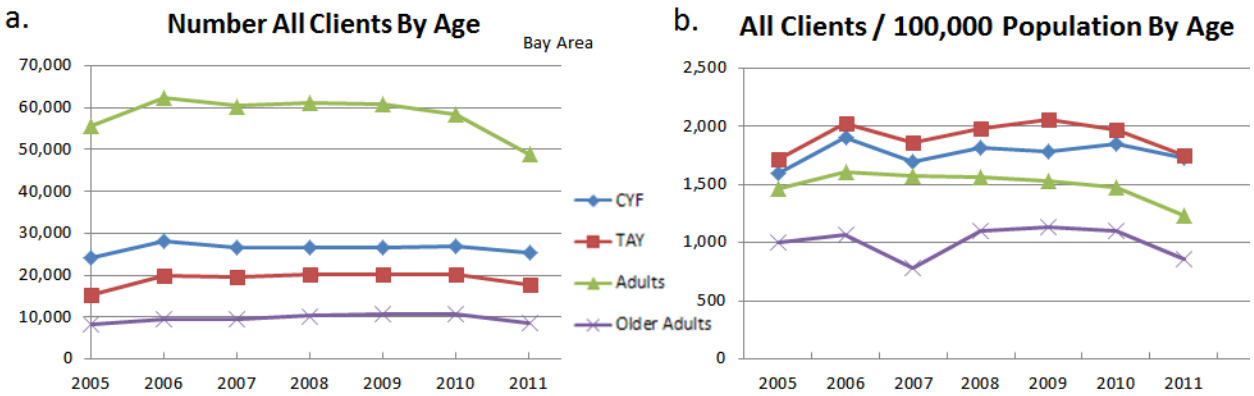


Figure 25. Bay Area region mental health access trends by age group for all clients obtaining services. Graph (a) shows the number of all clients by age group and year of service while graph (b) shows the number of all Bay Area clients as a proportion of the region's population for age subgroups. According to graph (a), the number of children, ages 0 to 15, that comprise the CYF age group, were accessing mental health services at an increased from 2005 to 2006, remained relatively level from 2006 to 2009, and then decreased in 2010 and 2011. Transitional age youth (TAY), defined as the population age 16 to 25, also experienced increased numbers accessing services from the inception of the MHSA to 2006, but then there was a virtual leveling off in the numbers through 2011. The adult population, ages 26-59, comprise the dominant users (by overall numbers of clients) of mental health services in the region and experienced increased access in 2006, but saw little change between 2006 and 2009, when a decline began and lasted into 2011. Older adults, those ages 60 plus, have the fewest numbers of clients accessing mental health services in the Bay Area and no discernible trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), all groups showed increasing access between 2005 and 2006. The CYF and TAY age groups remained relatively stable over the remainder of the study period. After the increase in the initial year post MHSA initiation, the adult age group experienced a slow and steady decrease in access over the study period.

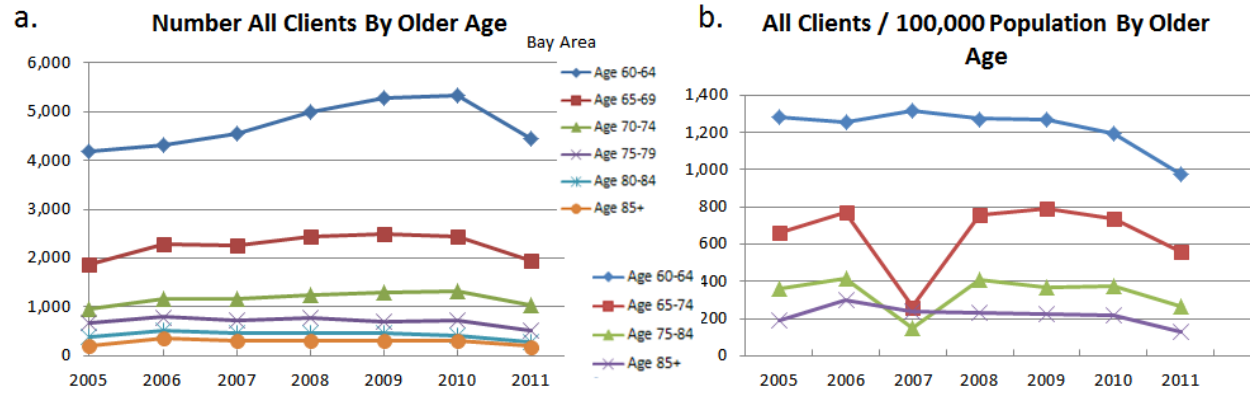


Figure 26. Bay Area region mental health access trends by older age group for all clients obtaining services. Graph (a) shows the number of all clients by older age group and year of service while the graph (b) shows the number of all clients as a proportion of the region's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. The youngest group, age 60-64, had the greatest relative access to mental health care services. Access for this group increased through 2010, but then leveled off into 2011. However, when normalized by the underlying population (graph (b)), it is still Individuals over the age of 65 appear to experience a relative disparity in access compared to the 60-64 year olds.

Bay Area Region mental health access trends by race groups for all clients obtaining services. Based on the CSI data, racial disparities are impossible to detect. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable.

Counties of the Bay Area Region – Summaries of All Client Trends

Alameda County

Alameda County showed significant and steady increases in mental health services access for all sexes and age groups (except Older Adults) from 2005 to 2009/2010. All groups saw some decline in 2011. While older adults did see increases in access, they peaked in 2009, then slowly declined. Nevertheless, the level of access in 2011 was still well above baseline (2005) for this group, as well as all other groups. In Alameda County, race data were missing for 7-64% of the population over the study period (average 46%), making racial disparities impossible to reliably detect.

Contra Costa County

In Contra Costa County, all groups saw a general increasing trend in access to mental health services between the baseline 2005 and 2011. For TAY, despite a decrease in access from 2010 to 2011, the group had the highest access to mental health services of all groups over the course of the study. Older Adults had the lowest level of access. In Contra Costa County, race data were missing for 4-54% of the population over the study period (average 39%), making racial disparities impossible to reliably detect.

Marin County

In Marin County, all age and sex groups had ups and downs resembling an "m-shaped" trend during the study period. Initial increases in access were seen for all groups between 2005 and 2006 (2007 for TAY), followed by intermittent decreases and increases. Over the course of the study period (2005-2011), a general declining trend was seen in all age groups and sexes except for Older Adults. The Older Adult age group suffered a relative disparity in access as compared to all other groups, while the TAY group had the great level of access. In Marin County, race data were missing for 3-44% of the population over the study period (average 29%), making racial disparities impossible to reliably detect.

Monterey County
All sex and age groups (except Older Adults) in Monterey County show similar trends, in which access to mental health services increases steadily through 2008, and then decreases between 2008 and 2011, back to levels that are not much higher than those seen at baseline (2005). The CYF and TAY groups had the greatest proportional access (per 100,000 population) in Monterey county while the older adults had the lowest access. Race data were missing for 2-51% of the Monterey County population over the study period (average 37%), making racial disparities impossible to reliably detect.

Napa County
In Napa County, there were no discernible trends in access to mental services in any of the sex and age groups with the exception of CYF. The CYF age group saw a steep increase in access over the study period, and attained levels of access far above those of all other age and sex groups. The Older Age group had lower levels of access to mental health services than all other groups and finished at a level that was lower than those experienced at baseline (2005). In Napa County, race data were missing for 54-75% of the population over the study period (average 67%), making racial disparities impossible to reliably detect.

San Benito County
Mental health services access in San Benito County increased substantially for all age groups and sexes between 2005 and 2008 (2010 for TAY). Declines were seen to 2009 with recovery in 2010 (except for older adults whose access continued to decrease slightly in 2010). The Older Age group experienced the greatest disparity in mental health services when compared to all other age groups and sexes. In San Benito County, race data were missing for 0-67% of the population over the study period (average 51%), making racial disparities impossible to reliably detect.

San Francisco County
In San Francisco County, all age (except TAY and Older Age) and sex groups saw a trend toward increasing access to services between 2005 and 2006, but then trended toward lower levels of service than baseline by 2011. TAY and Older Adult age groups had an up and down ("M") pattern with little net change until 2010 and 2011, respectively, when a steep decrease in access can be seen. In San Francisco County, the CYF age group has the greatest access. Men access mental health services at a higher proportional rate than women. Race data were missing for 18-57% of the San Francisco County population over the study period (average 41%), making racial disparities impossible to reliably detect.

San Mateo County
In San Mateo County, the TAY age group has by far the greatest proportional access to mental health services than any other age or sex group. Other than older adults, all age and sex groups demonstrate overall increases in access to 2009/2010 with a decline in 2011. The older adults had increases in access in 2006, but a sharp decline in 2007. After a recovery in 2008, and an additional increase in 2009, the levels of access decreased again in 2011. Over the course of the study period, most age and sex groups finished only slightly above baseline (2005) access levels. In San Mateo County, race data were missing for 35-67% of the population over the study period (average 60%), making racial disparities impossible to reliably detect.

Santa Clara County
Every age and sex group in Santa Clara County experienced sharp decreases in access to mental health services between 2005 and 2007. The rate of decline slowed, but the trend of

decreasing access continued through 2011. The CYF age group had substantially lower access than all other age and sex groups between 2007 and 2011. In Santa Clara County, race data were missing for 50-69% of the population over the study period (average 61%), making racial disparities impossible to reliably detect.

Santa Cruz County
In Santa Cruz County, mental health access increased for all sex and age groups between 2005 and 2006 and for most groups increased again in 2007 (except TAY and Older Age groups). From 2007 to 2010, decreases in access were seen for TAY, Adult, Male and Female groups. All groups recovered in 2011 to levels above baseline, except for the TAY group, which did not return to baseline (2005) levels. The older adult group had the lowest overall access, but had the most consistent improvement in access between 2005-2011. In Santa Cruz County, race data were missing for 1-50% of the population over the study period (average 36%), making racial disparities impossible to reliably detect.

Solano County
The general trend in mental health access for age and sex groups in Solano County was toward increased access to 2008 and then declines to levels below baseline (2005) by the end of the study period. Only the CYF group showed substantial increases in access from 2005 to 2011. Older adults had the lowest access to services overall. In Solano County, race data were missing for 11-53% of the population over the study period (average 40%), making racial disparities impossible to reliably detect.

Sonoma County
Increased access can be seen between 2005 and 2006 in Sonoma County. While there are a few increases and decreases between 2006 and 2011, the overall trend appears relatively flat, except for the CYF age group which finishes a bit above baseline (2005) levels. The In Sonoma County, race data were missing for 10-52% of the population over the study period (average 40%), making racial disparities impossible to reliably detect.

Bay Area Region Summary – New Clients
In the Bay Area Region, the overall trend was toward increasing access to mental health services for new clients (previously unserved) between 2005 and 2006 (except Santa Clara County). Overall, males had higher levels of access than females, but not significantly so. For age groups, the TAY age group had the highest levels of access for the region and for most counties (except Monterey, Napa and Solano) and older adults had the lowest levels (except in Napa). Of interest, Napa County had very similar levels of access for all groups except the CYF group which had higher levels of access. They were one of the few counties in which the older adult age groups did not consistently have the lowest levels of access. Santa Clara County had a dramatic reduction in access for new clients from 2005 to 2007 which then slowed through the remained of the study period.

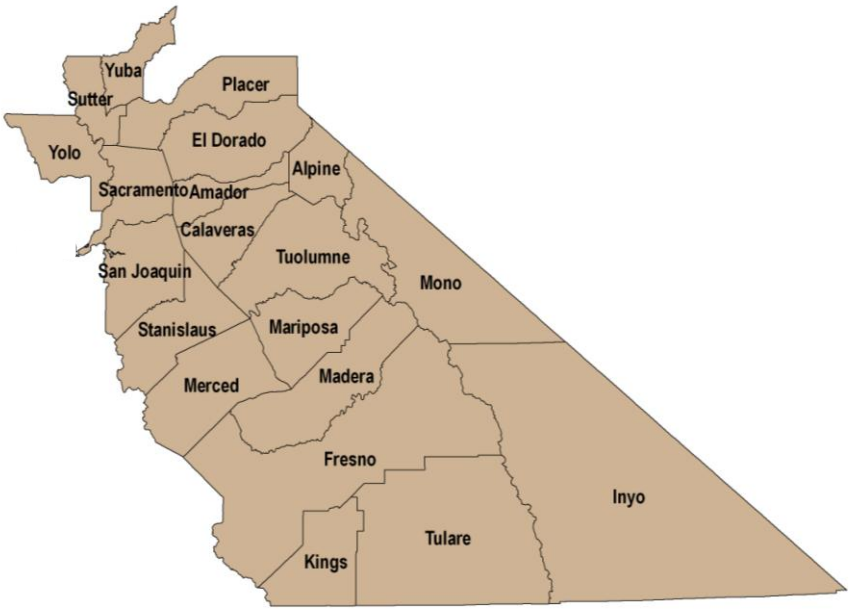
Bay Area Region Summary – All Clients
In the Bay Area Region, the overall trend was toward increasing access to mental health services for all clients (previously served) between 2005 and 2006 with one exception (Santa Clara County). Overall, males had slightly higher levels of access than females across the study period. For age groups, the TAY age group had the highest levels of access for the region and for most counties (except Santa Cruz, San Francisco) and older adults had the lowest levels (except in San Francisco). Of interest, Napa County had relatively stable levels of access for all groups except the CYF group which had higher levels of access, with a steep increase between

2007 and 2011. San Francisco was one of the few counties in which the Older Adult age groups did not consistently have the lowest levels of access. Santa Clara County had a dramatic reduction in access for all clients from 2005 to 2011.

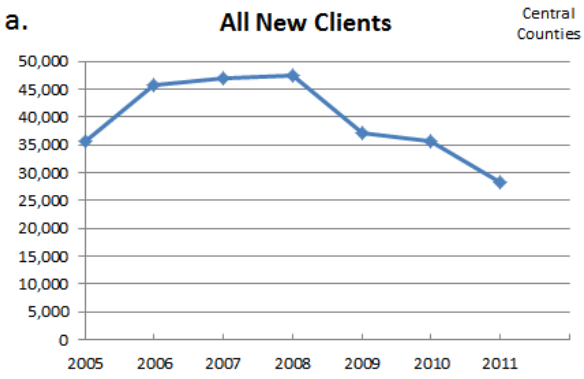
Bay Area Region Summary – All Data
In the first years of the MHSA a significant increase in access was seen for new and all clients. Males tended to have slightly higher access than females and the TAY age group had the highest levels of access overall. Of interest, for Older Adults, Napa County showed comparatively higher rates of access for the previously unserved and San Francisco had higher levels of access for all older adults. Santa Clara County had dramatic reductions in access over the study period showing a geographic disparity for this county.

Central Region

The Central Region includes 20 counties in the central valley of California.



New Clients



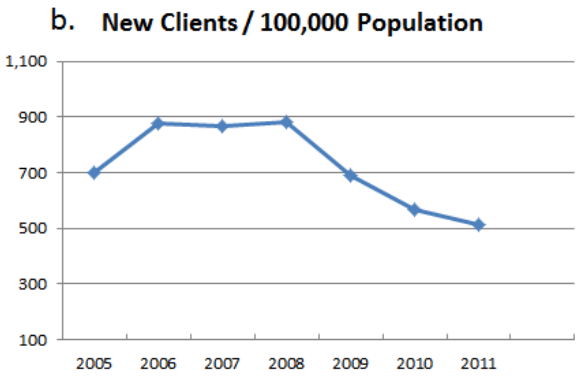


Figure 27. Central mental health access trends for the total population of new clients obtaining services. Graph (a) shows frequencies or the actual number of new clients by year of service while graph (b) shows the number of new clients as a proportion of the region's overall population. Both graphs in this case indicate that there was an increase in access in 2006 that remained relatively steady through 2008 and then a steep decline in access for this region's population through 2011.

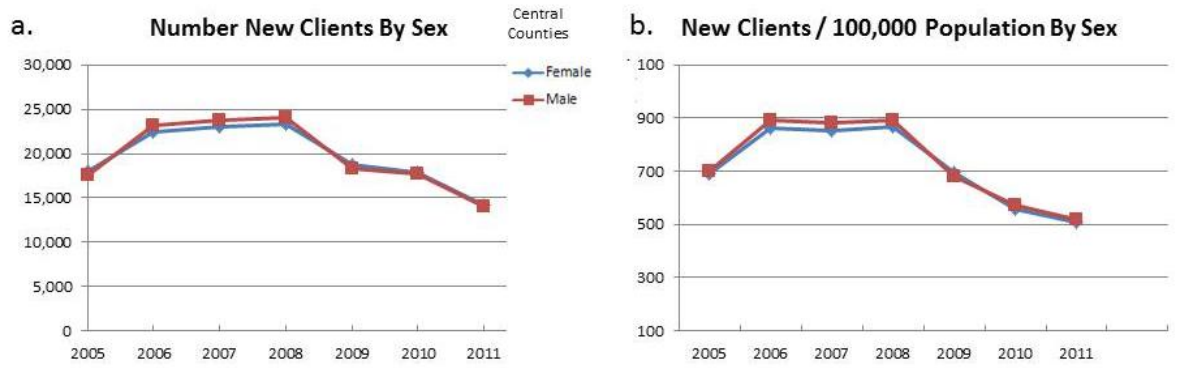


Figure 28. Central mental health access trends by sex for new clients obtaining services. Graph (a) shows the number of new clients by sex and year of service while graph (b) shows the number of new clients as a proportion of the region's population for sex subgroups. Both graphs indicate increased access for males and females from the baseline year (2005) to 2008. Access then significantly declined through 2011. Male and female clients have near identical access to mental health services.

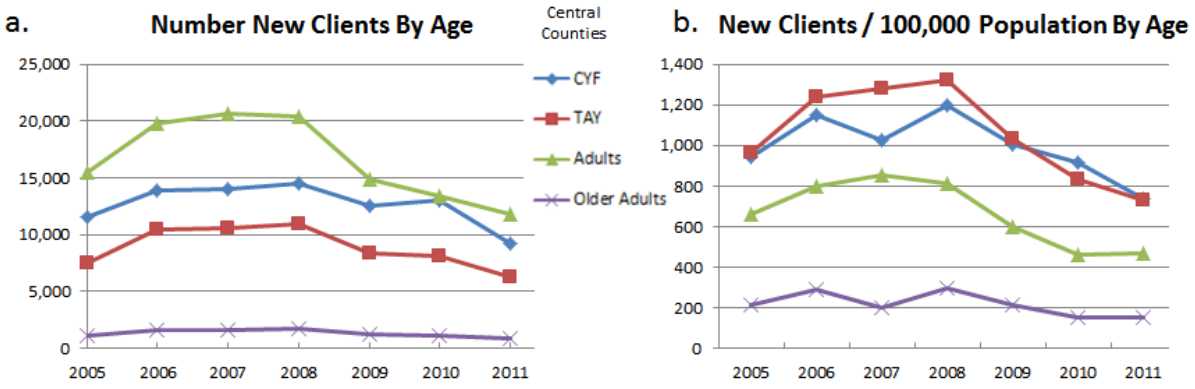


Figure 29. Central mental health access trends by age group for new clients obtaining services. Graph (a) shows the number of new clients by age group and year of service while graph (b) shows the number of new clients as a proportion of the region's population for age subgroups. According to graph (a), the number of children, ages 0 to 15, that comprise the Children, Youth and Families (CYF) group, experienced some small increases in services to

new clients between 2005 and 2008, but then declined to below 2005 levels by 2011. Transitional age youth (TAY), defined as the population age 16 to 25, experienced the same pattern as the CYF group. The adult population, ages 26-59, comprise the dominant users (by overall numbers of new clients) of mental health services in the Central region and experienced greater increases in the number of new clients accessing services than other age groups. However, this group also experienced the sharpest decline in access beginning in 2009 and continuing through 2011. Older adults, those ages 60 plus, have the fewest numbers of new clients accessing mental health services in the Central region and no discernable trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), all age groups experienced increased access between 2005 and 2006. The TAY group peaked in 2007 and then began a decline to baseline by 2011. The CYF age group had peak access in 2008 but by 2011 had lower levels of access than in 2005. Adults had a slower increase in access between 2005 and 2008, but then declined to below baseline levels by 2011. Older adults saw little overall change in access over the study period. Among all age groups, both the CYF and TAY groups have similar proportional access to mental health services in the region. However, according to graph (b), the adult and older adult groups are experiencing a relative disparity in access to service compared to CYF and TAY groups.

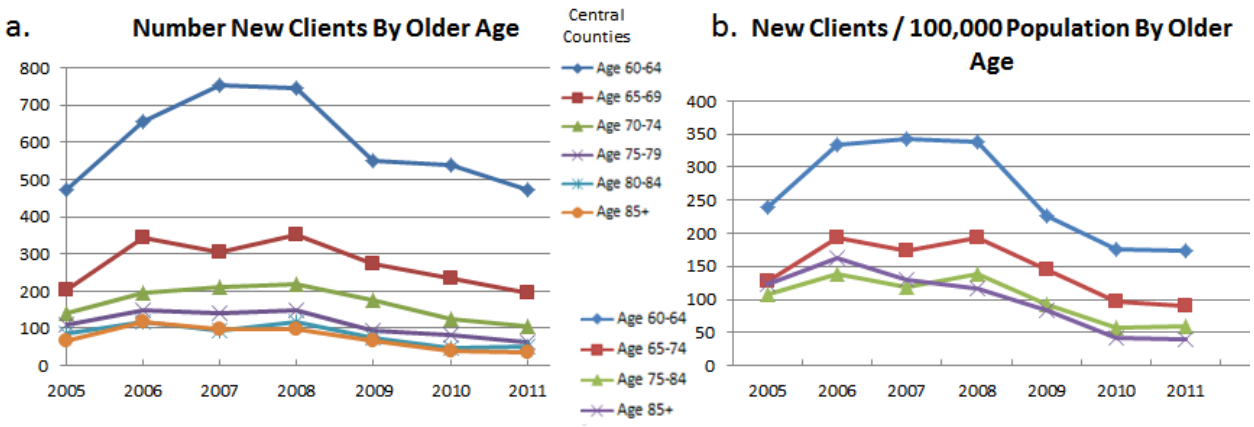


Figure 30. Central mental health access trends by older age group for new clients obtaining services. Graph (a) shows the number of new clients by older age group and year of service while the graph (b) shows the number of new clients as a proportion of the region's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). Nonetheless, the trends are clear. The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. However, when normalized by the underlying population (graph (b)), it is still the youngest group, age 60-64, that has the greatest relative access to mental health care services. Access for this group increased between 2005 and 2006, but then experienced ups and downs so that by 2011 access was just slightly over baseline levels. In the 75-84 year old age group, there were large increases in access in 2008 through 2010, but this effect returned to baseline by 2011. The oldest age group (85+ years) continued to have the lowest overall access to mental health services during the study period.

Central Region mental health access trends by race groups for new clients obtaining services. Based on the CSI data, racial disparities are impossible to detect. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable. Table 7 below indicates the percentages of the total dataset missing race information by year.

Table 7. Summary of CSI data by year for new clients in the Central Region indicating the percentage of observations with race information that is unknown or missing

Year	Race Known	Race Unknown or Missing	Percentage of Race Unknown or Missing
2005	30,347	5,297	15%
2006	24,365	21,307	47%
2007	14,482	32,410	69%
2008	12,948	34,594	73%
2009	9,143	28,043	75%
2010	8,028	27,610	77%
2011	5,443	22,829	81%
2012	2,070	10,475	83%

Counties of the Central Region – Summaries of New Client Trends

Alpine County

The only age group in Alpine County that did not have an increase in mental health access between 2005 and 2006 was the CYF group. However, the CYF group did see a significant increase in access in 2007 and 2008. By 2010, however, the levels were significantly below baseline. Similarly for the TAY and Adult age groups, the level of access seen in 2010 was lower than in 2005. The older adult group, on the other hand, had a net increase in access between 2005 and 2010. In Alpine County, race data were missing for 0-100% of the population over the study period (average 69%), making racial disparities impossible to reliably detect.

Amador County

In Amador County, the CYF, TAY and Adult age groups had increased access between 2005 and 2007. The TAY group continued to have significant gains in access by 2010, surpassing the baseline level by >400%. The CYF group had a decline in 2008 but recovered in 2009 and 2010. Similarly, adults declined in 2009 with recovery in 2010. The older adults showed modest positive increases in access in 2007 and 2010, but remained the lowest access age group throughout the study period. In Amador County, race data were missing for 8-87% of the population over the study period (average 61%), making racial disparities impossible to reliably detect.

Calaveras County

All age groups in Calaveras saw significantly escalating levels of access to mental health services between 2005 and 2010. Only the older adult group had a slower increase. In Calaveras County, race data were missing for 5-95% of the population over the study period (average 67%), making racial disparities impossible to reliably detect.

El Dorado County
A trend of increased access to 2008, followed by decreased access was seen for Adults, Males and Females. While older adults had year to year variations in access, the overall trend was low access with no net increase or decrease over the study period. The greatest levels of mental health care was seen for CYF and TAY groups with strong increases in access from 2005 to 2007, followed by a decline. In El Dorado County, race data were missing for 7-87% of the population over the study period (average 69%), making racial disparities impossible to reliably detect.

Fresno County
The following groups in Fresno County experienced increased access to mental health services in the first year after implementation of the MHSA (2005-2006): TAY, CYF, Males, Females, Adults and Older Adults. However, these groups joined all other groups in a significant decreasing trend in access for the balance of the study period. In Fresno County, race data were missing for 29-78% of the population over the study period (average 67%), making racial disparities impossible to reliably detect.

Inyo County
Despite a few declines in access, the general trend for all age groups in Inyo County was one of increased access to services. Peak years were 2008 and 2009. However, all age groups had lower levels of service in 2010 than at baseline (2005). In Inyo County, race data were missing for 13-86% of the population over the study period (average 63%), making racial disparities impossible to reliably detect.

Kings County
Both sexes and all age groups (except older adults) had lower levels of access in 2011 than in 2005. Only Females, CYF and Older Adult groups saw an increase in access with the inception of the MHSA between 2005 and 2006. In Kings County, race data were missing for 7-80% of the population over the study period (average 62%), making racial disparities impossible to reliably detect.

Madera County
Increased access to mental health services was seen in Madera County with the inception of the MHSA (2005 to 2006) for CYF, TAY, and Older Adult age groups as well as for both sexes. Adults did not see an increase in services until 2007. All groups experienced declining levels of access from 2007 to 2009/2010 with mild upswings in access in 2011. The CYF and TAY age groups have the highest levels of access in the county and the older age group has the lowest levels – indicating a relative disparity in access. In Madera County, race data were missing for 1-86% of the population over the study period (average 66%), making racial disparities impossible to reliably detect.

Mariposa County
In Mariposa County all age groups experience increases and decreases in access to services over the study period. However, all groups had some increase between 2005 and 2006 and all but the older adults had significant increases in 2010 to peak levels. The older age group had a small net decrease in access. In Mariposa County, race data were missing for 14-90% of the population over the study period (average 67%), making racial disparities impossible to reliably detect.

Merced County
In Merced County, the following groups had significantly increasing levels of service access from 2005 to 2008: TAY, Adults, Females, and Males. By 2010, all of these groups returned to baseline levels of access which then leveled off. Both the CYF and Older Adult groups also had increases in access, but more modest in nature. They too had declines in access by 2011. On significant different seen in this county as compared to others is that the access for adults is high and access for the CYF group is lower – a relative disparity. In Merced County, race data were missing for 7-75% of the population over the study period (average 54%), making racial disparities impossible to reliably detect.

Mono County
The younger age groups, CYF and TAY, in Mono County had dramatic increases in access from 2005 to 2010. While the adult and older adult age groups also ultimately had increased access by 2010, the increase was more modest. In Mono County, race data were missing for 6-97% of the population over the study period (average 79%), making racial disparities impossible to reliably detect.

Placer County
Although both sexes and all age groups had gains in mental health services access in 2006 and 2007, the overarching trend for this county was a decline in access through 2011 to below baseline levels. In Placer County, race data were missing for 74-96% of the population over the study period (average 92%), making racial disparities impossible to reliably detect.

Sacramento County
Sacramento had moderately increasing mental health access for both sexes and all age groups from 2005 to 2008, but then saw sharp declines through 2010 to near or below baseline levels. In Sacramento County, race data were missing for 3-73% of the population over the study period (average 56%), making racial disparities impossible to reliably detect.

San Joaquin County
In San Joaquin County, the TAY group has by far the greatest levels of access to services and saw steep increases between 2005 and 2008 after the implementation of the MHSA. Older adults had much lower access than other age and sex groups and saw declining service access over the study period, indicating a relative disparity. The other groups – CYF, Adults, Females and Males – had increased access from 2005 to 2007 and maintained that higher level of access through 2011. In San Joaquin County, race data were missing for 6-78% of the population over the study period (average 59%), making racial disparities impossible to reliably detect.

Stanislaus County
While all sex and age groups experienced greater access to mental health services between 2005 and 2006, only CYF, TAY, Female, and Male groups continued that trend through the entire study period. For Adults and Older Adults, the initial gains in access declined some. Adults still had greater access in 2011 than in 2005, but the older adults had significant declines in access. In Stanislaus County, race data were missing for 8-83% of the population over the study period (average 65%), making racial disparities impossible to reliably detect.

Sutter/Yuba County
Sutter and Yuba counties showed steep increases in service access for all ages and sexes throughout the study period .In Sutter/Yuba County, race data were missing for 44-85% of the population over the study period (average 75%), making racial disparities impossible to reliably detect.

Tuolumne County
The TAY, Adult and Older Adult age groups all experienced increased access from 2005 to 2008 with a levelling off from 2008-2010. The CYF age group had a rather steep incline in the first year (2005 to 2006), followed by a steep drop through 2009 with moderate recovery in 2010. Older adults suffer a relative disparity compared to other age groups. In Tuolumne County, race data were missing for 1-79% of the population over the study period (average 59%), making racial disparities impossible to reliably detect.

Tulare County
While Tulare County experienced ups and downs in access to mental health services from 2005 to 2011, the general trend is toward increased access. The CYF group has significantly higher levels of access than other groups and the Older Adults have significantly less access – indicating relative disparities. In addition, the adult age group also appears to have less access than expected, producing a disparity. In Tulare County, race data were missing for 39-91% of the population over the study period (average 78%), making racial disparities impossible to reliably detect.

Yolo County
The pattern of service access in Yolo County looks like the letter 'M" with two large peaks, indicating increased levels of access, in 2007 and 2010. There is a significant valley between those peaks (except for adults) during 2009. Access levels decline again in 2011, but remained above baseline levels. In Yolo County, race data were missing for 2-90% of the population over the study period (average 66%), making racial disparities impossible to reliably detect.

All Clients

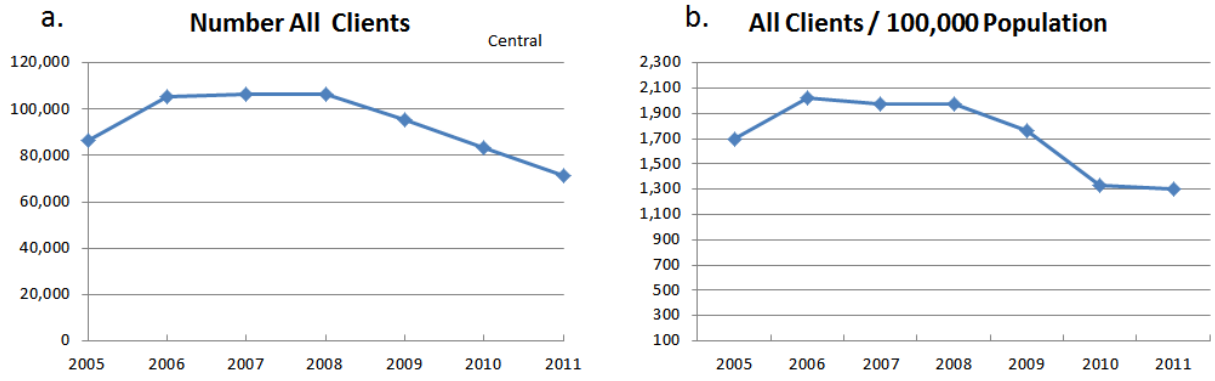


Figure 31. Central region mental health access trends for the total population of all clients obtaining services. Graph (a) shows frequencies or the actual number of all Central Region clients by year of service while graph (b) shows the number of all clients as a proportion of the Central Region's overall population. Both graphs in this case indicate that there was an

increase in access to mental health services from 2005 and 2006, with the number and proportion of clients leveling off between 2006 and 2008. Then, between 2008 and 2011, Central Region access to mental health services decreased steadily and ended well below baseline levels (2005). Data for 2012 were incomplete and are therefore not reliable.

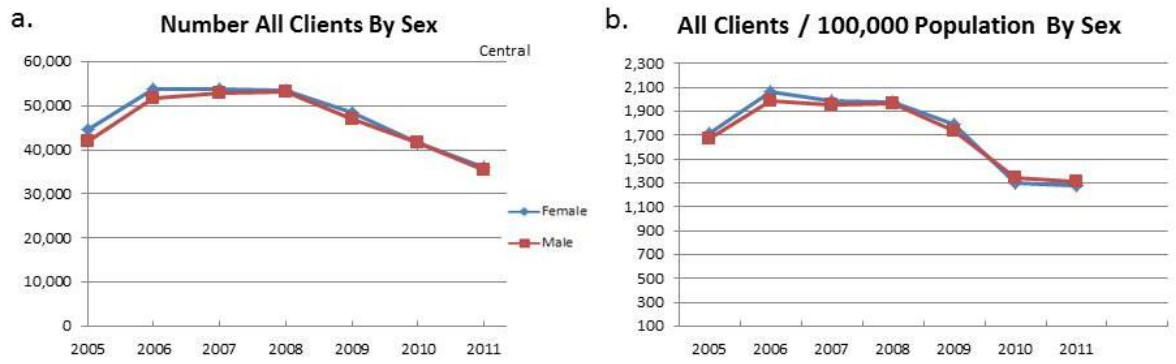


Figure 32. Central region mental health access trends by sex for all clients obtaining services. Graph (a) shows the number of all Central Region clients by sex and year of service while graph (b) shows the number of all clients as a proportion of the Central Region's population for sex subgroups. Graphs (a) and (b) indicate increased access for males and females from the baseline year (2005) to 2006. Between 2006 and 2008, the number and proportion of both male and female clients remained relatively stable, and then decreased steadily between 2008 and 2011, finishing with numbers and proportions that were well below the 2005 baseline.

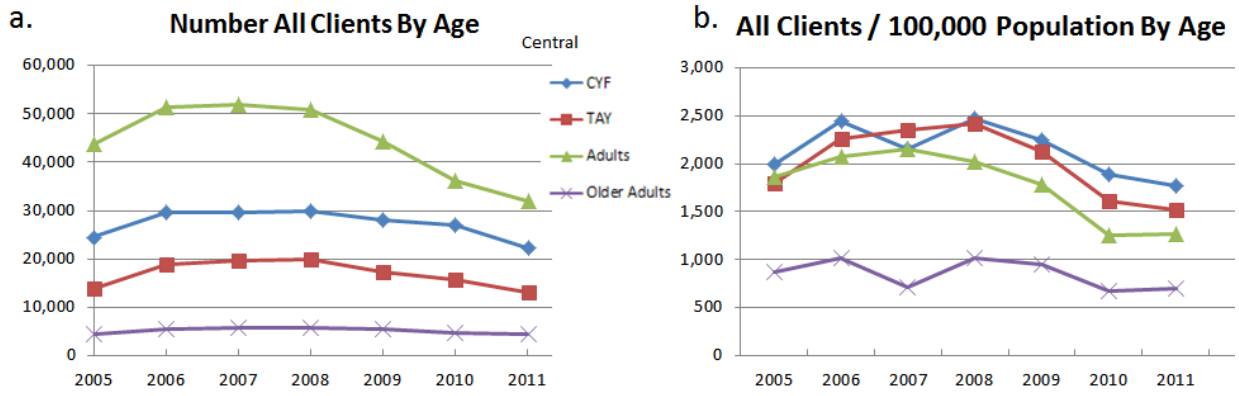


Figure 33. Central region mental health access trends by age group for all clients obtaining services. Graph (a) shows the number of all Central Region clients by age group and year of service while graph (b) shows the number of all Central Region clients as a proportion of the region's population for age subgroups. Data were incomplete for 2012. According to graph (a), the number of children, ages 0 to 15, that comprise the CYF age group, experienced an increase in numbers accessing mental health services from 2005 to 2006, a leveling off in numbers between 2006 and 2008, and a steady decrease between 2008 and 2011. Transitional age youth (TAY), defined as the population age 16 to 25, slightly increased

numbers accessing services from the inception of the MHSA to 2008, but then there was a slow by steady decrease in the numbers from 2008 through 2011. The adult population, ages 26-59, comprise the dominant users (by overall numbers of clients) of mental health services in the region and experienced increased access through 2008, but saw a steady and steep decline from 2008 to 2011. Older adults, those ages 60 plus, have the fewest numbers of clients accessing mental health services in the Central region and no discernible trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), the CYF group showed cyclical increases and decreases from 2005 to 2008, followed by a steady decrease from 2008 through 2011. For 2008 through 2011, the CYF group had the highest proportional levels of access among all age groups to the mental health system. The TAY group had increased access from 2005 to 2008, but then declined through 2011, well below baseline (2005) levels. According to graph (b), although adults had an increase in access to mental health services from 2005 to 2008, they had a steep decrease in access from 2008 to 2011. Older adults had somewhat stable access between 2005 and 2009, followed by a decrease between 2010 and 2011. Both adults and older adults are experiencing a relative disparity in access to service compared to CYF and TAY groups.

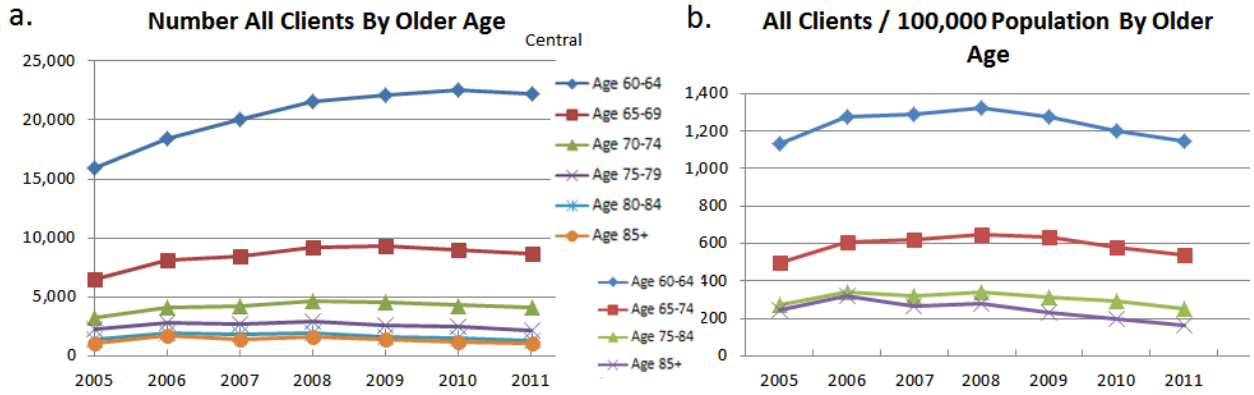


Figure 34. Central region mental health access trends by older age group for all clients obtaining services. Graph (a) shows the number of all Central Region clients by older age group and year of service while the graph (b) shows the number of all Central Region clients as a proportion of the region's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. The youngest group, age 60-64, had the greatest relative access to mental health care services. Access for this group increased through 2010, but then leveled off into 2011. However, when normalized by the underlying population (graph (b)), individuals over the age of 65 appear to experience a relative disparity in access compared to the 60-64 year olds.

Central Region mental health access trends by race groups for all clients obtaining services. Based on the CSI data, racial disparities are impossible to detect. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable.

Counties of the Central Region – Summaries of All Client Trends

Alpine County

The overall trend for the females, CYF, adults, and older adults show an increase in access to mental health care between 2005 and 2008. For males and the TAY group, the trends varied. The total population of approximately 456 people seems a bit small and hard to determine the impact of MHSA on reducing disparities. However, the trends between 2009 and 2011 seem to be steady. In Alpine County, race data were missing for 0-70% of the population over the study period (average 44%), making racial disparities impossible to reliably detect.

Amador County

The following groups in Amador County experienced a moderate increase in access to mental health care between 2005 and 2011: Females, males, and adults. Trends for CYF, TAY and older adults varied from year to year. Overall, adults seem to show a moderate increase is their access of mental health care with a strong and consistent numbers from 2005 to 2011 with minor decreases 2009 and 2010. In Amador County, race data were missing for 7-61% of the population over the study period (average 40%), making racial disparities impossible to reliably detect.

Calaveras County

Both males and females showed consistent growth in access to services from 2005 to 2011. A consistent level of growth in groups that access mental health care was seen for CYF and TAY groups, and adults and older adults. These four groups show a positive direction in their access to care. In Calaveras County, race data were missing for 4-71% of the population over the study period (average 44%), making racial disparities impossible to reliably detect.

El Dorado County

An overall trend of increased access between from 2005 to 2009 was evident for females, males, the CYF and TAY group. For adults and older adults, access to care decreased in 2010. The greatest levels of mental health care was seen for the CYF group with a consistent increase in access from 2005 to 2009. In El Dorado County, race data were missing for 6-57% of the population over the study period (average 43%), making racial disparities impossible to reliably detect.

Fresno County

Typically an overall trend of increased access between 2005 and 2008 was evident. Specifically, adults experienced the greatest level of mental health care between 2005 and 2007 followed by the CYF group. Access for these two groups declined somewhat in 2008 and continued decreasing from 2009 to 2011. Older adults showed a similar pattern with ages 70 and over having the least access to care. In Fresno County, race data were missing for 37-65% of the population over the study period (average 58%), making racial disparities impossible to reliably detect.

Inyo County

According to the frequencies, all groups showed modest increased access to services between 2005 and 2011. Adults seem to have the greatest level of access with 192 in 2009 compared to older adults with a low of 59 that same year. Access care trend declined for these two groups

and others after 2009. In Inyo County, race data were missing for 10-50% of the population over the study period (average 35%), making racial disparities impossible to reliably detect.

Kings County
Overall, modest increases in access to care were shown for all groups between 2005 and 2008. Adults showed a higher level of access to care going from 1,560 in 2005 to 1,724 in 2008. Numbers for adults decreased somewhat the years that followed. Even though older adults indicated low to moderate increased access to care, they are doing the poorest in terms of access when compared to the other groups. In Kings County, race data were missing for 4-52% of the population over the study period (average 36%), making racial disparities impossible to reliably detect.

Madera County
In general, all groups experienced increased access to mental health care between 2005 and 2008. For example, adults increased from 1,283 in 2005 to 1,536 in 2008, a modest increase of 253. However, from 2009 to 2011, the trend declined for all groups. Adults represented the group with the greatest level of access with older adults showing the least level of access. In Madera County, race data were missing for 0-55% of the population over the study period (average 38%), making racial disparities impossible to reliably detect.

Mariposa County
Overall, the following groups in Mariposa County experienced a small to modest increase in access to mental health care in the first five years (2005-2009): Females, males, CYF, and TAY. Females, for example, their access increased by 102 and for males the increase was 43.. In Mariposa County, race data were missing for 7-64% of the population over the study period (average 44%), making racial disparities impossible to reliably detect.

Merced County
A positive trend in access to care was evident for the following groups after the implementation of the MHSA (2005-2006): Females, males, TAY, adults, and older adults. The trend was not positive for the CYF group after implementation. In fact, the CYF showed a decline after 2006. Adults showed a higher level of access to care going from 1,704 in 2005 to 2,237 in 2009. In Merced County, race data were missing for 3-47% of the population over the study period (average 32%), making racial disparities impossible to reliably detect.

Mono County
The following groups had the highest access of care in 2010: Females, males, and CYF. The trend leading to 2010 showed moderate levels of increased access for all groups. It is noteworthy to say that the older adults showed less access to care when compared to other groups. In Mono County, race data were missing for 2-71% of the population over the study period (average 47%), making racial disparities impossible to reliably detect.

Placer County
The following groups experienced increased access to care between 2005 and 2007: Females, males, and adults. For example in 2005, 1,557 females accessed care compared to 1,303 males. However, 1,957 females accessed care in 2007 compared to 1,837 males. Another group that showed increase access from 2005 to 2007 were the adults (1,545 in 2005 and 2,047 in 2007). The CYF, TAY and older adults were among the groups with the lowest access to care from 2005 to 2007. All groups showed a declining trend in access to care from 2008 to 20012.

In Placer County, race data were missing for 64-79% of the population over the study period (average 75%), making racial disparities impossible to reliably detect.

Sacramento County
Overall, most groups showed an increase in access to mental health care (i.e. females, males, CYF, TAY, adults and older adults) from 2005 to 2008. In particular, adults showed the highest level of access with 12,493 using services in 2005 and 15,864 in 2008, an increase of 3,371 in three years. The trend for most groups also declined after 2008, with older adults doing the worst of the groups going from 1,683 in 2008 to 453 in 2011. Access to care for older adults tend to decline even more the longer they live. In Sacramento County, race data were missing for 2-40% of the population over the study period (average 28%), making racial disparities impossible to reliably detect.

Stanislaus County
The highest access of services for groups in Stanislaus County between 2005 and 2011 were: males, CTF, TAY, and adults. For females, their access to care varied with 3,365 in 2005, 4,153 in 2006, and 3,900 in 2011. A similar pattern is seen with older adults. The groups that seem to have gained the most with regards to access were the males and CYF group. In Stanislaus County, race data were missing for 6-48% of the population over the study period (average 35%), making racial disparities impossible to reliably detect.

Sutter/Yuba County
After the implementation of the MHSA in 2005, the majority of the groups experienced a positive trend from all the way to 2011. For example, females showed in increase from 1,372 in 2006 to 1,887 in 2011; males also increased from 1,124 in 2006 to 1,629 in 2011. Another group with a high access rate was the adults. The adults seemed to have gained the most from MHSA services by improving their access from 1,377 in 2006 to 1,826 in 2011. The CYF and TAY groups made moderate increases 586 in 2006 to 830 in 2011 and 350 in 2006 to 564 in 2011 respectively. In Sutter/Yuba County, race data were missing for 58-75% of the population over the study period (average 69%), making racial disparities impossible to reliably detect.

Tuolumne County
The groups with highest level of access to care seem to be females, males, and adults. For example, females showed an increase from 654 in 2005 to 859 in 2008. Along similar lines, males increased from 506 to 698 and adults from 564 to 829. The group showing the least access was the older adults. Although they made moderate increases, those over the age of 60 show a diminishing trend. Both the CYF and TAY groups also made moderate increases. Tuolumne County, race data were missing for 1-49% of the population over the study period (average 34%), making racial disparities impossible to reliably detect.

Tulare County
The groups showing the highest access to care in Tulare County are males, females, and the CYF group. These three groups maintained a steady increase staying above 3,200. The TAY group and adults followed with reasonable numbers. Interestingly, the older adults population made slight increases from 2005 (n = 162) to 2008 (n = 250). The adults also maintained a strong trend improving in 2005 to 2011. In Tulare County, race data were missing for 36-62% of the population over the study period (average 55%), making racial disparities impossible to reliably detect.

Yolo County
Overall, all groups Yolo County showed an increase in access between 2005 and 2007. For adults, a positive trend was also evident between 2008 and 2010. Both females and adults had the highest level of accessed care when compared to other groups. The CYF and TAY groups also showed consistent numbers between 2005 and 2011. In Yolo County, race data were missing for 1-53% of the population over the study period (average 36%), making racial disparities impossible to reliably detect.

Central Region Summary – New Clients
Access for the previously unserved (new clients) in the Central Region improved after the passage of the MHSA by 2006 for all counties except Kings County, which saw declines in access for several subpopulations. Several counties maintained relatively consistent increases in access including: Amador, Calaveras, Mono, Stanislaus and Sutter/Yuba. In this region females had greater access than males but only slightly (except in Kings County where the access for females was much higher than males). The TAY age group also tended to have the greatest access, although in some counties the CYF group dominated (Alpine, Mono, Stanislaus). Older adults tended to have the lowest levels of access overall and did not seen much change in access based on the regional averages.

Central Region Summary – All Clients
Within the Central Region, access for the previously served (all clients) improved after the passage of the MHSA in 2005 until 2006, then leveled off for a couple of years, before decreasing steadily between 2008 and 2011. Men and women had virtually the same level of access to mental health services, experiencing an initial increase in access followed by stable rates for a couple of years, ultimately yielding to decreases in access in more recent years. The TAY and CYF age groups also tended to have the greatest access, although in some counties the CYF group dominated. Older adults tended to have the lowest levels of access overall and did not see much change in access based on the regional averages.

Central Region Summary – All Data
In the Central Region, despite early gains in access in 2006, there is a trend toward levelling off and for all clients, decline, to the end of the study period. Kings County notably did not have initial increases in access and also had a disparity between the sexes such that females enjoyed much greater access than males here. While CYF and TAY age groups still dominate access to mental health services for new and all clients, the older adults saw little change at all from their position of low access.

Southern Region

The Southern Region includes 9 counties in the southernmost part of the state.

New Clients

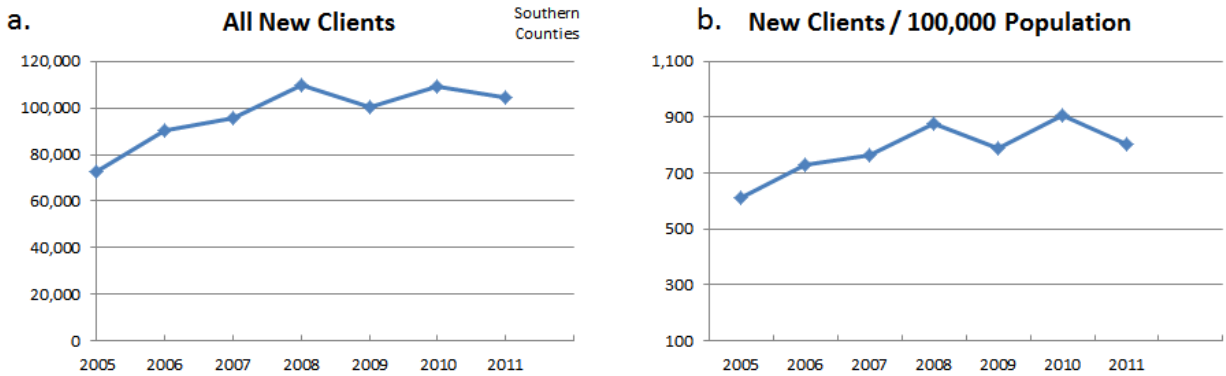


Figure 35. Southern region mental health access trends for the total population of new clients obtaining services. Graph (a) shows frequencies or the actual number of new clients by year of service while graph (b) shows the number of new clients as a proportion of the region's overall population. Both graphs in this case indicate that there was a trend toward increased access to mental health services throughout the study period, despite a small decline in 2009.

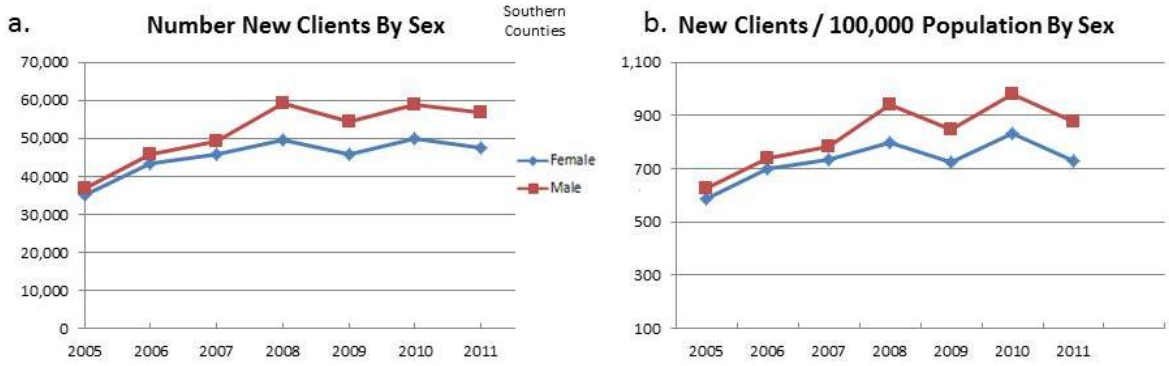


Figure 36. Southern region mental health access trends by sex for new clients obtaining services. Graph (a) shows the number of new clients by sex and year of service while graph (b) shows the number of new clients as a proportion of the region's population for sex subgroups. Both graphs indicate increased access for males and females from the baseline year (2005) to 2008 that levels off through 2011. Males have slightly greater access to mental health services in the region.

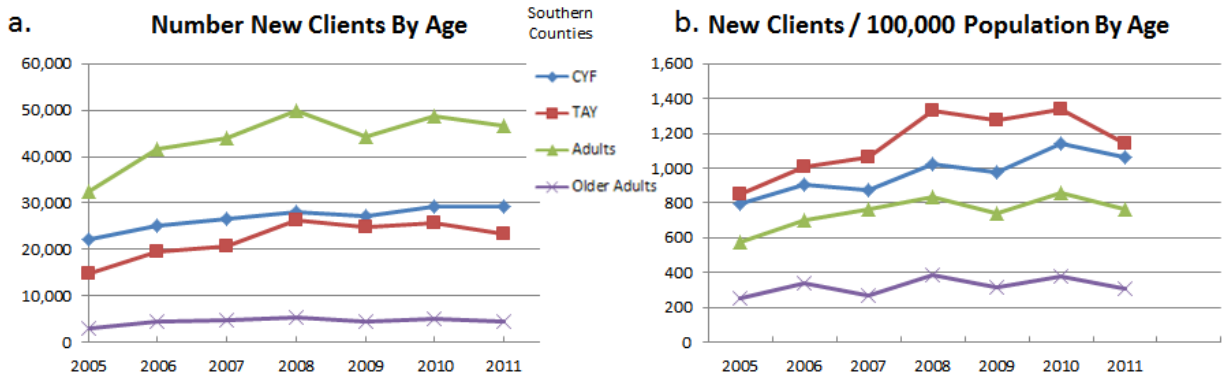


Figure 37. Southern region mental health access trends by age group for new clients obtaining services. Graph (a) shows the number of new clients by age group and year of service while graph (b) shows the number of new clients as a proportion of the region's population for age subgroups. According to graph (a), the number of children, ages 0 to 15, that comprise the Children, Youth and Families (CYF) group, experienced increases in services to new clients between 2005 through 2011 with a minimal dip in 2009. Transitional age youth (TAY), defined as the population age 16 to 25, experienced the same pattern as the CYF group. The adult population, ages 26-59, comprise the dominant users (by overall numbers of new clients) of mental health services in the Southern region and experienced greater increases in the number of new clients accessing services than other age groups. However, this group also experienced a decline in access in 2009 with recovery to near peak levels through 2011. Older adults, those ages 60 plus, have the fewest numbers of new clients accessing mental health services in the Southern region and no discernable trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), all age groups experienced increased access between 2005 and 2008. The TAY group peaked in 2008 and then levelled off. The CYF age group steadily increased access through 2011. Adults had a slower increase in access between 2005 and 2008 with mild decline and levelling by 2011. Older adults saw little overall change in access over the study period. Among all age groups, both the CYF and TAY groups have similar proportional access to mental health services in the region. However, according to graph (b), the adult and older adult groups are experiencing a relative disparity in access to service compared to CYF and TAY groups.

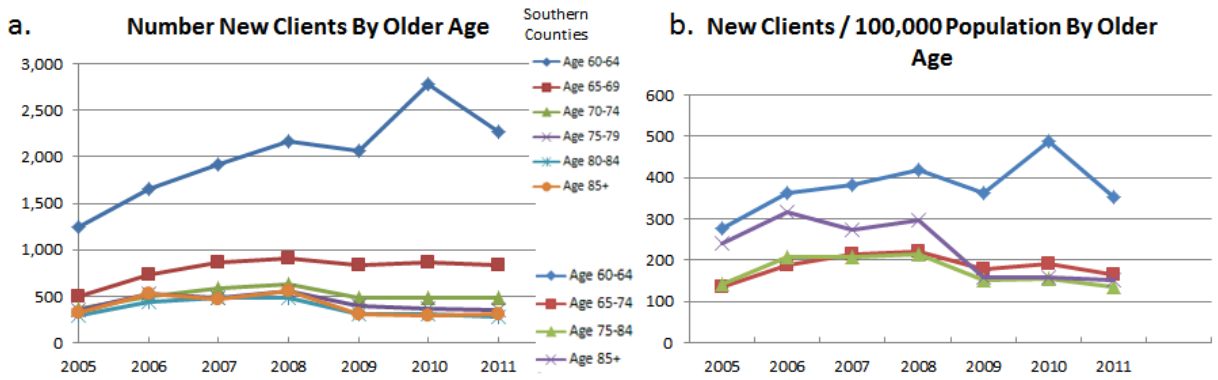


Figure 38. Southern region mental health access trends by older age group for new clients obtaining services. Graph (a) shows the number of new clients by older age group and year of service while the graph (b) shows the number of new clients as a proportion of the region's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). Nonetheless, the trends are clear. The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. However, when normalized by the underlying population (graph (b)), it is still the youngest group, age 60-64, that has the greatest relative access to mental health care services. Access for this group increased between 2005 and 2008, but then experienced ups and downs so that by 2011 access was just slightly over baseline levels. The next two older age groups all had similar proportional access during the study period which amounted to little overall change from baseline. The oldest age group, 85+ years, experienced relative declines in access.

Southern Region mental health access trends by race groups for new clients obtaining services. Based on the CSI data, racial disparities are impossible to detect. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable. Table 8 below indicates the percentages of the total dataset missing race information by year.

Table 8. Summary of CSI data by year for new clients in the Southern Region indicating the percentage of observations with race information that is unknown or missing

Year	Race Known	Race Unknown or Missing	Percentage of Race Unknown or Missing
2005	58,029	14,529	20%
2006	41,660	48,808	54%
2007	22,170	73,547	77%
2008	23,369	86,233	79%
2009	18,939	81,546	81%
2010	17,315	91,626	84%
2011	15,874	88,774	85%
2012	8,402	54,935	87%

Counties of the Southern Region – Summaries of New Client Trends

Imperial County

Several groups in Imperial County had initial decreases in access to mental health services (CYF, TAY, Adults, Males), however the overall trend showed increasing access for all groups by 2011. In Imperial County, race data were missing for 54-93% of the population over the study period (average 85%), making racial disparities impossible to reliably detect.

Kern County

In Kern County, all age and sex groups enjoyed increased access to care between 2005 and 2011 except for older adults who had some variation but little net change overall. In Kern County, race data were missing for 0-92% of the population over the study period (average 73%), making racial disparities impossible to reliably detect.

Orange County

Several groups in Orange County experienced increased access to mental health care between 2005 and 2010 including: Females, Adults, Males, CYF and TAY. All of these groups, however, had decreasing access after 2010. The TAY group had, by far, the highest levels of access overall while Older Adults had the lowest levels of access with no net change in access over the study period. In Orange County, race data were missing for 38-91% of the population over the study period (average 80%), making racial disparities impossible to reliably detect.

Riverside County

All sex and age groups in Riverside County saw increased access to mental health services between 2005 and 2008. However, these levels of access declined for all groups by 2010, yet remained well above baseline. In Riverside County, race data were missing for 16-82% of the population over the study period (average 66%), making racial disparities impossible to reliably detect.

San Bernardino County

In San Bernardino County, there is a trend toward increasing access to care from 2005 to 2011 with mild dips/levelling I 2009. The TAY group had the highest access while older adults had much lower access than other groups, indicating a relative disparity. In San Bernardino County, race data were missing for 27-86% of the population over the study period (average 72%), making racial disparities impossible to reliably detect.

San Diego County

San Diego's overall trend in mental health service access was positive between 2005 and 2011 with the exception of a mild dip/flattening of the trend between 2008 and 2010. The highest levels of access were seen for the CYF group and the lowest levels occurred in the Older Adult group. In San Diego County, race data were missing for 7-76% of the population over the study period (average 60%), making racial disparities impossible to reliably detect.

San Luis Obispo County

The major trend seen in San Luis Obispo County is a mild to moderate increase in access between 2005 and 2007, followed by decreasing access through 2011. Overall, the CYF group had by far the greatest access. Conversely, the Older Adult group had by far the lowest access to mental health services. In San Luis Obispo County, race data were missing for 8-96% of the

population over the study period (average 69%), making racial disparities impossible to reliably detect.

Santa Barbara County
While ups and downs are seen on a year to year basis, the trend in Santa Barbara County for TAY, Adults, Males and Females is one of decreasing access overall. Despite early increases (2005-2006), the level of access for these groups in 2011 is lower than at baseline. The older adult age group had a mild decline and the CYF group had a recovery in service access in 2011 that was higher than baseline levels. In Santa Barbara County, race data were missing for 10-86% of the population over the study period (average 70%), making racial disparities impossible to reliably detect.

Ventura County
In Ventura County, all groups saw increasing mental health access between 2005 and 2008, but then had sharp decreases in 2009 and 2010. Then in 2011, significant recovery in access was seen for all groups such that access in 2011 was higher than at baseline in 2005. In Ventura County, race data were missing for 2-90% of the population over the study period (average 70%), making racial disparities impossible to reliably detect.

All Clients

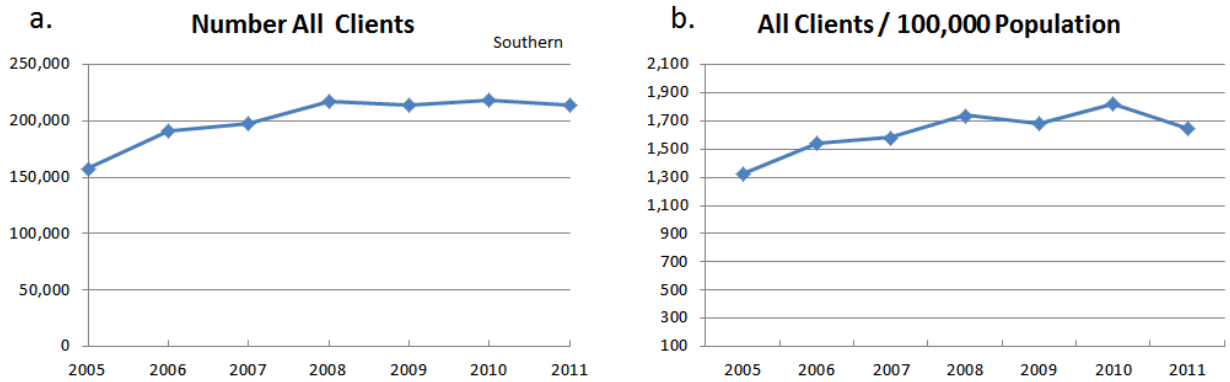


Figure 39. Southern region mental health access trends for the total population of all clients obtaining services. Graph (a) shows frequencies or the actual number of all Southern Region clients by year of service while graph (b) shows the number of all clients as a proportion of Southern Region's overall population. Both graphs in this case indicate that there was an increase in access to mental health services between 2005 and 2008. The number of clients remained relatively stable between 2008 and 2011, finishing well above baseline (2005) levels. The proportion of clients obtaining access peaked in 2010. Then, between 2010 and 2011, Southern Region access to mental health services decreased once again, but remained well above baseline levels (2005). Data for 2012 were incomplete and are therefore not reliable.

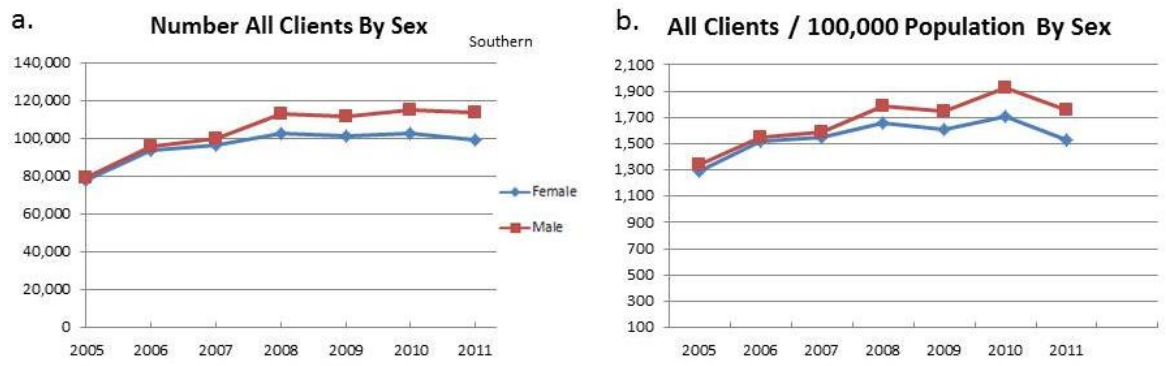


Figure 40. Southern region mental health access trends by sex for all clients obtaining services. Graph (a) shows the number of all Southern Region clients by sex and year of service while graph (b) shows the number of all clients as a proportion of the Southern Region's population for sex subgroups. Graph (a) indicates increased access for males and females from the baseline year (2005) to 2008. Between 2008 and 2011, the number of both male and female clients remained relatively stable, finishing with numbers that were well above the 2005 baseline. While both males and females started at similar levels, the number of males receiving access outpaced those of female clients. Graph (b) portrays a substantial increase from baseline (2005) to 2008. Between 2008 and 2011, Southern Region mental health access for males and females decreased and increased in a cyclical fashion, but finished with access in 2011 that was above baseline levels.

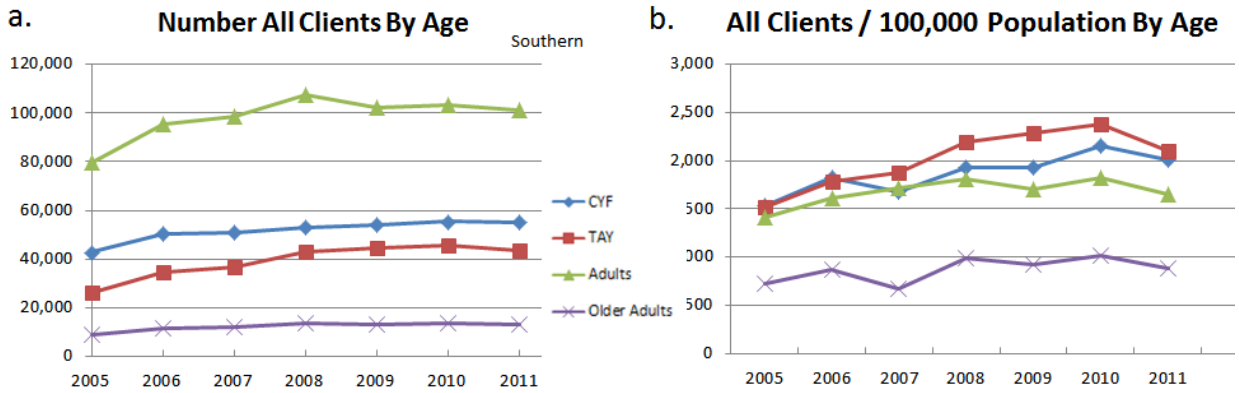


Figure 41. Southern region mental health access trends by age group for all clients obtaining services. Graph (a) shows the number of all Southern Region clients by age group and year of service while graph (b) shows the number of all Southern Region clients as a proportion of the region's population for age subgroups. Data were incomplete for 2012. According to graph (a), the number of children, ages 0 to 15, that comprise the CYF age group, experienced a slow but steady increase in numbers accessing mental health services over the study period. Transitional age youth (TAY), defined as the population age 16 to 25, also experienced increased numbers accessing services from the inception of the MHSA to 2010, but then there was a decrease in the numbers through 2011. The adult population, ages 26-59, comprise the dominant users (by overall numbers of clients) of mental health services statewide and experienced increased access through 2008, but also saw a decline during 2009. Then, the numbers of clients accessing services in the region leveled off between 2009 and 2011.

Older adults, those ages 60 plus, have the fewest numbers of clients accessing mental health services in the Southern Region and no discernible trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), the CYF group showed increasing access over the study period with an overall rise from 2005 to 2010, followed by a decrease in 2011. The TAY group had steady, increased access from 2005 to 2010. In fact, from 2007 to 2011, the CYF group had the highest proportional levels of access among all age groups within the Southern Region's mental health system. According to graph (b), although adults had an increase in access to mental health services from 2005 to 2008, followed by a general leveling off, both groups are experiencing a relative disparity in access to service compared to CYF and TAY groups.

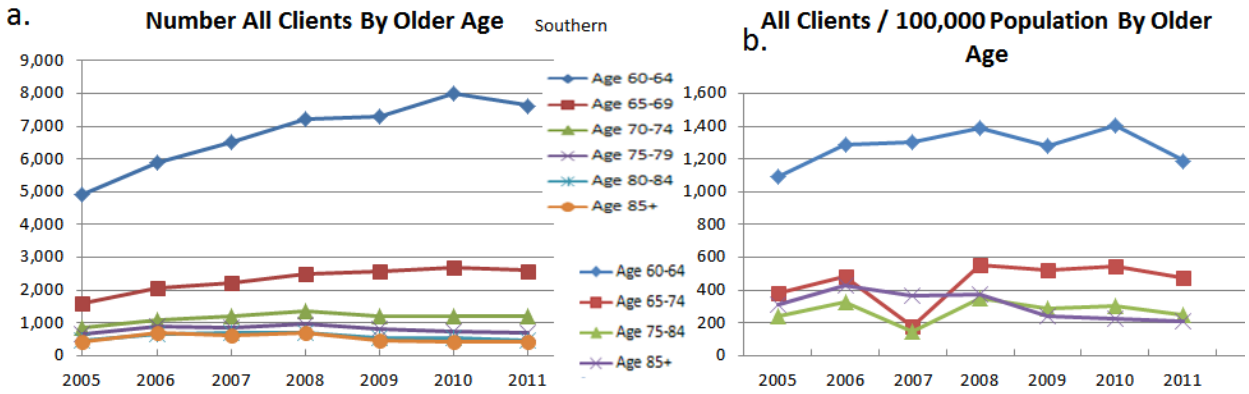


Figure 42. Southern region mental health access trends by older age group for all clients obtaining services. Graph (a) shows the number of all Southern Region clients by older age group and year of service while the graph (b) shows the number of all Southern Region clients as a proportion of the region's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. The youngest group, age 60-64, had the greatest relative access to mental health care services. Access for this group increased through 2010, but then decreased into 2011. However, when normalized by the underlying population (graph (b)), it is still Individuals over the age of 65 appear to experience a relative disparity in access compared to the 60-64 year olds.

Southern Region mental health access trends by race groups for all clients obtaining services. Based on the CSI data, racial disparities are impossible to detect. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable.

Counties of the Southern Region – Summaries of All Client Trends

Imperial County

Overall, most groups in Imperial County showed moderate to high increases in their access to mental health care between 2005 and 2011 including: Females, males, adults, and CYF. For example, male's access to mental health care increased from 1,408 in 2005 to more than 2,000 in 2011. Similarly, adult's access to care also increased in 2005 to 2011. Males and adults seem

to have the highest level of access compared to other groups. The TAY group and older adults had moderate increases. Specifically, from 2005 to 2011, the TAY group increased by 522 and the older adults by 160. In Imperial County, race data were missing for 45-69% of the population over the study period (average 63%), making racial disparities impossible to reliably detect.

Kern County
The majority of groups in Kern County experienced increased access to mental health care between 2005 and 2011. For example, the adult group showed the highest level of access when compared to the TAY, CYF, and older adult groups. The older adults showed the lowest levels of access the older in age. In Kern County, race data were missing for 0-61% of the population over the study period (average 41%), making racial disparities impossible to reliably detect.

Orange County
The trend for groups in Orange County demonstrated an increase in access to mental health care between 2005 and 2010. With regards to gender, both females and males experienced increased access from 17,157 in 2005 to 23,407 in 2010 and 18,281 in 2005 and 25,853 in 2010 respectively. The CYF, TAY, and adults also showed increase levels of access. Although all groups had decreasing access to care after 2010, the older adults continue to be the group that fares the worst when compared to other groups. In Orange County, race data were missing for 44-74% of the population over the study period (average 67%), making racial disparities impossible to reliably detect.

Riverside County
Between 2005 and 2010 most groups in Riverside County experienced increased access to mental health care including: Females, males, adults, CYF, and TAY. Older adults showed moderate to low increased access to care. For example, the CYF group's access to mental health care increased from 6,277 in 2005 to 8,075 in 2010. Similarly, the TAY group's access to care also increased from 5,237 on 2005 to 9,787 in 2010. All groups, however, showed a decrease in access in 2011. For instance, from 2010 to 2011, the adult's access to care decreased by 5,442 followed by the TAY group with a decrease of 3,302, and CYF with 2,080. In Riverside County, race data were missing for 13-60% of the population over the study period (average 46%), making racial disparities impossible to reliably detect.

San Bernardino County
While the majority of groups in San Bernardino County showed moderate increased between 2005 and 2011, access decreased after 2011. For example, between 2005 and 2007 females increase by 3,048, but decreased by 728 between 2008 and 2011. A similar trend is found for males, an increase by 3,157 between 2005 and 2007 and decrease by 91 between 2008 and 2011. However, decrease in access for both genders were more severe after 2011. A similar trend can be seen for adults. For the CYF and TAY groups, access after 2011 decreased by 500 and 836 respectively. Older adults showed a moderate to low decrease after 2011. In San Bernardino County, race data were missing for 29-64% of the population over the study period (average 55%), making racial disparities impossible to reliably detect.

San Diego County
Between 2005 and 2011 most groups in San Diego County experienced increased access to mental health care including: Females, males, adults, CYF, and TAY. Older adults showed low to moderate increased access to care. For example, the CYF group's access to mental health care increased from 10,448 in 2005 to 13,458 in 2011. Similarly, the TAY group's access to care also increased from 5,015 on 2005 to 10,264 in 2011. With regards to gender, both females and

males also experienced an increase in access to care with females increasing from 19,701 in 2005 to 25,546 in 2011 and males from 18,586 in 2005 to 30,598 in 2011. In general, the trend indicates that the older people get, the more access to care decreases. In San Diego County, race data were missing for 6-51% of the population over the study period (average 36%), making racial disparities impossible to reliably detect.

San Luis Obispo County
The overarching goal of MHSA is to reduce disparities in access to mental health care. Based on frequencies from 2005 to 2010, access to care did increase moderately for several groups. For example, the CYF group's access to care increased from 950 in 2005 to 1,236 in 2010 and continued to 1,245 for 2011. For adults, on the other hand, access increased to 2,120 in 2010, deceased to 1,930 in 2011. The trend pattern seen for adults also explains the trends for the other groups. In San Luis Obispo County, race data were missing for 6-58% of the population over the study period (average 40%), making racial disparities impossible to reliably detect.

Santa Barbara County
Consistent with other counties in this region, most groups in Santa Barbara experienced an increase in access to mental health care with much of the increase occurring between 2005 and 2011. With the exception of older adults, other groups showed a decrease in access after 2011 including: Females, males, adults, CYF, and TAY. The disparity in access to care does not seem to be huge for older adults over age 60. Traditionally, this group experience higher disparities the higher in age. In Santa Barbara County, race data were missing for 5-48% of the population over the study period (average 35%), making racial disparities impossible to reliably detect.

Ventura County
We see a consistent pattern in that the majority of groups in Ventura County show an increase in access to mental health services between 2005 and 2011. Again with the older adults, their access to care declines the older they get. For example, in 2011 322 older adults had access to care compared to 37 individuals over 85 that same year. Again, the number of older adults accessing mental health care is relatively low. In Ventura County, race data were missing for 1-55% of the population over the study period (average 37%), making racial disparities impossible to reliably detect.

Southern Region Summary – New Clients
In the Southern Region of the state the overall trend was toward increasing access to mental health services for the previously unserved between 2005 and 2008. Only Imperial County did not have immediate increases in access after the implementation of the MHSA. Males and females had similar trends of increased access to 2008 and then levelling off to 2010 with males having slightly more access overall. In 2011, the only age group to see increased access was the CYF group. The TAY, Adult and Older Adult groups had mild decreases in access that year. Four counties experienced increased access throughout the study period including: Kern, Orange, San Bernardino and San Diego. Santa Barbara had a trend toward decreasing access over the study period.

Southern Region Summary – All Clients
In the Southern Region of the state the overall trend was toward increasing access to mental health services for the previously served (all clients) between 2005 and 2008. Males had slightly higher access to services than females, and both sex groups had similar trends of increased access to 2010 and then a decrease to 2011. From baseline (2005) until 2010, the CYF and

TAY age groups to saw increases in access, and these two groups experienced greater proportional access to services per 100,000 when compared to the other age groups.

Southern Region Summary – All Data
More than other regions, the Southern Region experienced a more prolonged (2005-2008) increase in access to mental health services following the MHSA implementation. In fact, four counties had sustained increases in access to 2011 for previous unserved clients: Kern, Orange, San Bernardino and San Diego. The CYF and TAY groups continued to exhibit greater access for new and all clients as compared to adults and older adults.

Los Angeles Region

The Los Angeles Region includes Los Angeles County, located in the southwestern part of the state.

New Clients

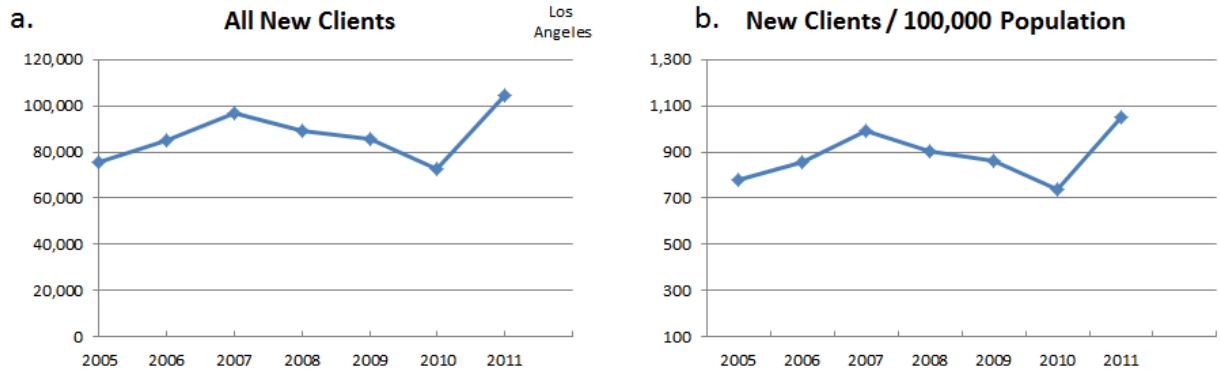


Figure 43. Los Angeles region mental health access trends for the total population of new clients obtaining services. Graph (a) shows frequencies or the actual number of new clients by year of service while graph (b) shows the number of new clients as a proportion of the region's overall population. Both graphs in this case indicate that there was a trend toward increased access to mental health services through 2007, then a steady decline through 2010 with a sharp increase in 2011.

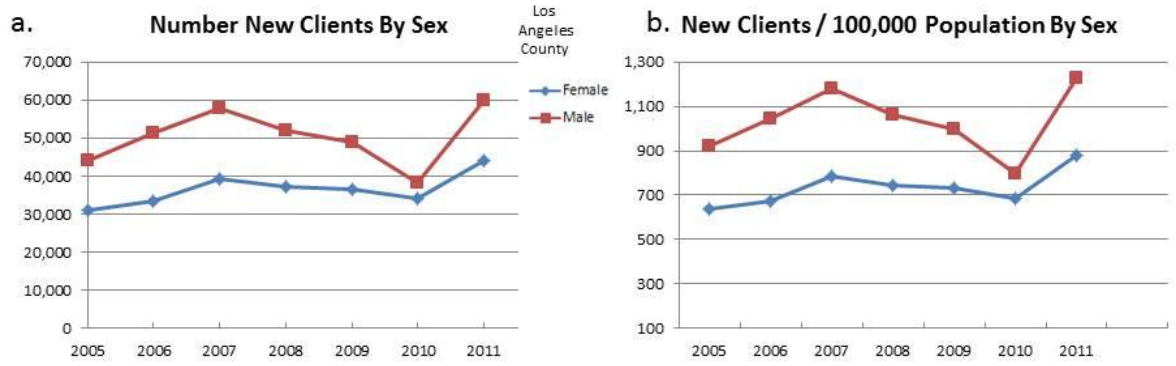


Figure 44. Los Angeles region mental health access trends by sex for new clients obtaining services. Graph (a) shows the number of new clients by sex and year of service while graph (b) shows the number of new clients as a proportion of the region's population for sex subgroups. Both graphs indicate increased access for males and females from the baseline year (2005) to 2007, followed by a steady decline to near or below baseline levels through 2010, then a sharp increase in 2011. Males have significantly greater access to mental health services in the region.

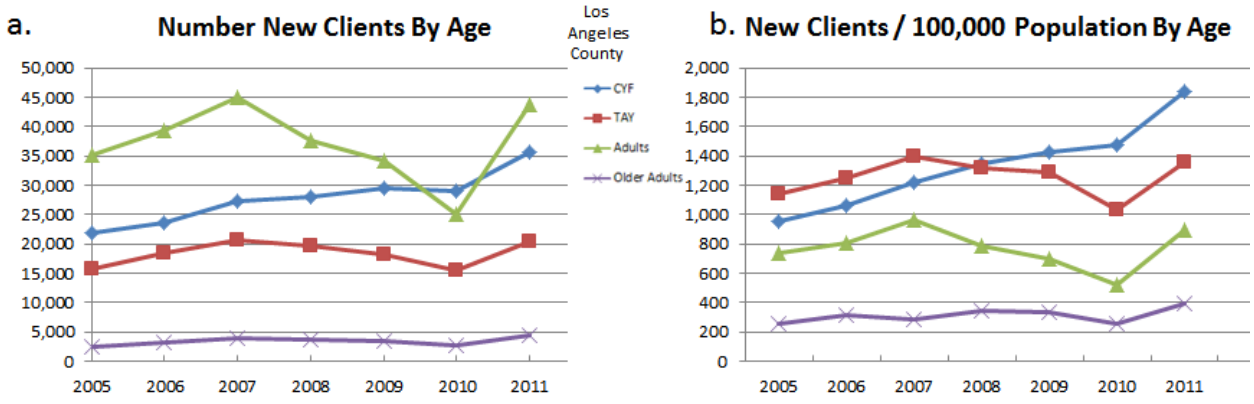


Figure 45. Los Angeles region mental health access trends by age group for new clients obtaining services. Graph (a) shows the number of new clients by age group and year of service while graph (b) shows the number of new clients as a proportion of the region's population for age subgroups. According to graph (a), the number of children, ages 0 to 15, that comprise the Children, Youth and Families (CYF) group, experienced mild increases in services to new clients between 2005 through 2011. Transitional age youth (TAY), defined as the population age 16 to 25, saw increases in access through 2008, with slow decline through 2010 and recovery in 2011. The adult population, ages 26-59, comprise the dominant users (by overall numbers of new clients) of mental health services in the Los Angeles region and experienced greater increases in the number of new clients accessing services than other age groups, peaking in 2007. However, this group also experienced a decline in access between 2007 and 2010 with recovery to near peak levels in 2011. Older adults, those ages 60 plus, have the fewest numbers of new clients accessing mental health services in the Los Angeles region and no discernable trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), all age groups experienced increased access

between 2005 and 2006. The TAY group peaked in 2007, and then declined to below baseline by 2010 with recovery to peak levels in 2011. The CYF age group steadily increased access through 2011. Adults had an increase in access between 2005 and 2007 with decline to below baseline to 2010 and recovery in 2011 to near peak levels. Older adults saw little overall change in access over the study period except for a noticeable bump in access n 2011. Among all age groups, both the CYF and TAY groups have greater proportional access to mental health services in the region as compared to adult and older adult groups.

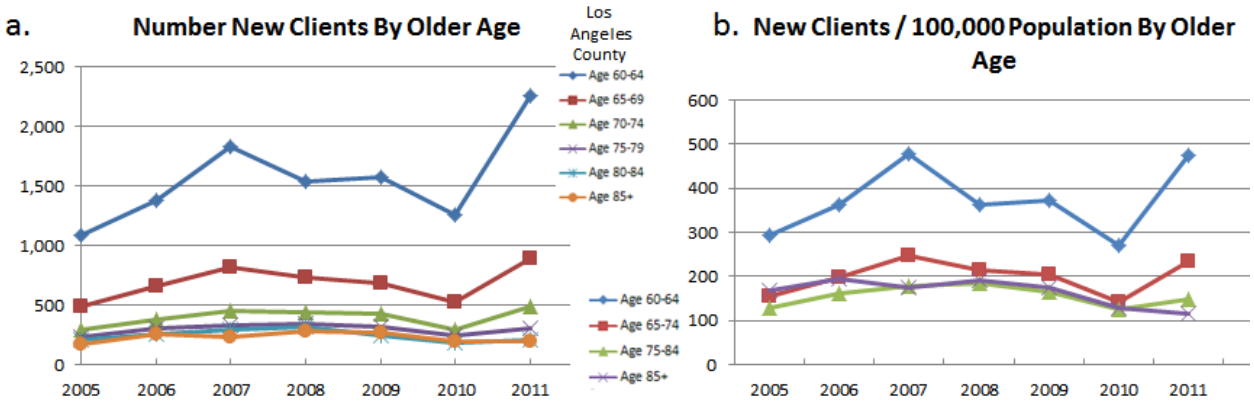


Figure 46. Los Angeles region mental health access trends by older age group for new clients obtaining services. Graph (a) shows the number of new clients by older age group and year of service while the graph (b) shows the number of new clients as a proportion of the region's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). Nonetheless, the trends are clear. The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. However, when normalized by the underlying population (graph (b)), it is still the youngest group, age 60-64, that has the greatest relative access to mental health care services. Access for this group increased between 2005 and 2007, but then decreased through 2010 and bumped up again in 2011.

Los Angeles Region mental health access trends by race groups for new clients obtaining services. Based on the CSI data, racial disparities are impossible to detect. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable. Table 9 below indicates the percentages of the total dataset missing race information by year.

Table 9. Summary of CSI data by year for new clients in the Los Angeles Region indicating the percentage of observations with race information that is unknown or missing

Year	Race Known	Race Unknown or Missing	Percentage of Race Unknown or Missing
2005	64,170	11,144	15%
2006	72,010	12,736	15%
2007	78,175	18,812	19%
2008	73,882	15,325	17%
2009	73,289	12,188	14%
2010	65,266	7,124	10%
2011	44,833	59,370	57%
2012	4,305	8,571	67%

All Clients

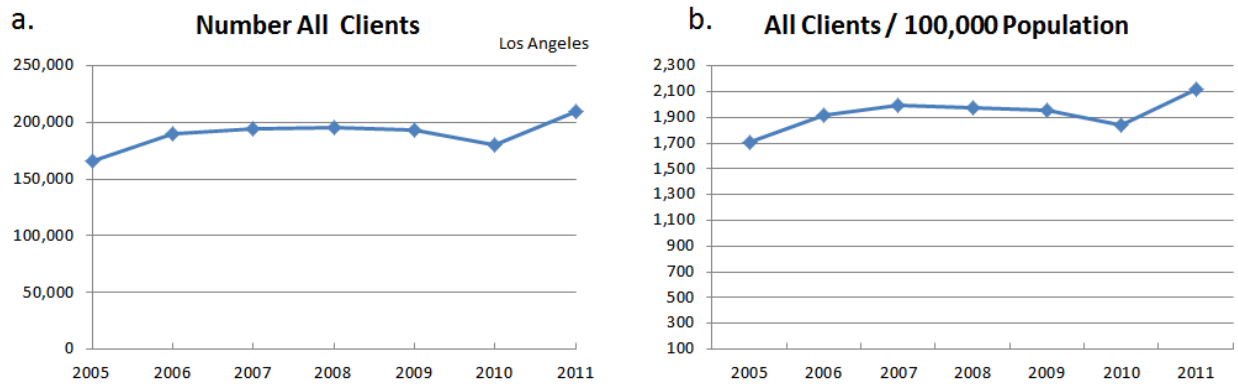


Figure 47. Los Angeles region mental health access trends for the total population of all clients obtaining services. Graph (a) shows frequencies or the actual number of all Los Angeles Region clients by year of service while graph (b) shows the number of all clients as a proportion of the Los Angeles Region's overall population. Both graphs in this case indicate that there was an increase in access to mental health services in 2006 and 2007, followed by a slow gradual decrease through 2010, and a sharp increase into 2011. Los Angeles Region access to mental health services finished well above baseline levels (2005). Data for 2012 were incomplete and are therefore not reliable.

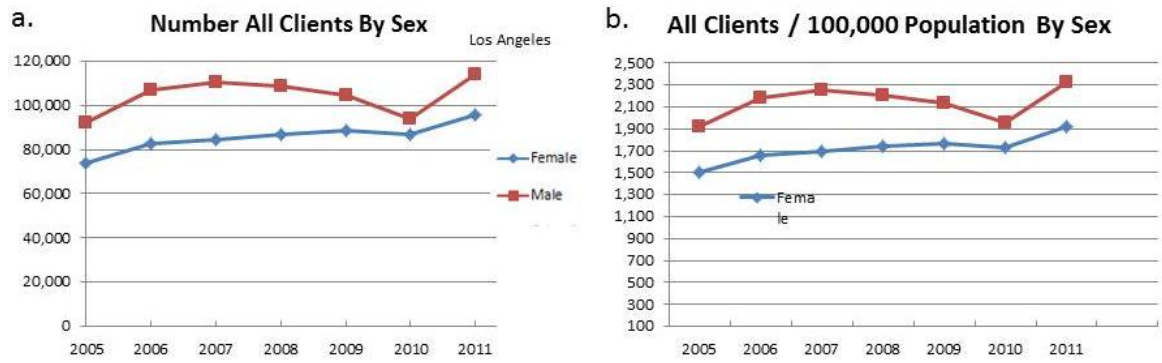


Figure 48. Los Angeles region mental health access trends by sex for all clients obtaining services. Graph (a) shows the number of all Los Angeles Region clients by sex and year of service while graph (b) shows the number of all clients as a proportion of the Los Angeles Region's population for sex subgroups. Graph (a) indicates increased access for females from the baseline year (2005) to 2011, finishing well above baseline (2005) levels. There was increased access for males between 2005 and 2007, followed by decreasing trend from 2007 to 2010, and a steep increase between 2010 and 2011. Graph (b) portrays similar patterns in access to mental health services, with a general, steady increase among females. Among males in the Los Angeles Region, there was increased access between 2005 and 2007, followed by decreases between 2007 to 2010, and a steep increase between 2010 and 2011.

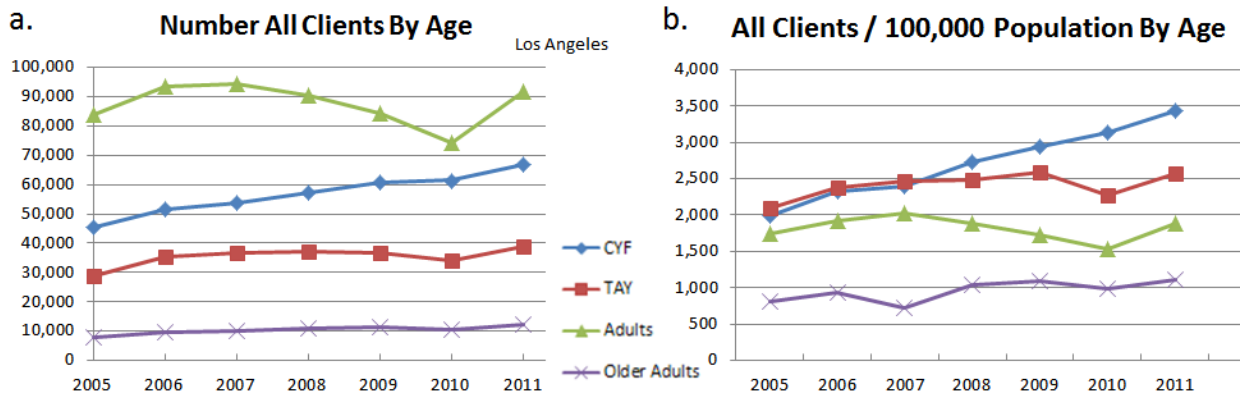


Figure 49. Los Angeles region mental health access trends by age group for all clients obtaining services. Graph (a) shows the number of all Los Angeles Region clients by age group and year of service while graph (b) shows the number of all Los Angeles Region clients as a proportion of the region's population for age subgroups. Data were incomplete for 2012. According to graph (a), the number of children, ages 0 to 15, that comprise the CYF age group, experienced a steady increase in numbers accessing mental health services over the study period. Transitional age youth (TAY), defined as the population age 16 to 25, also experienced increased numbers accessing services from the inception of the MHSA to 2008, but then there was a decrease into 2010 followed by an increase in 2011. The adult population, ages 26-59, comprise the dominant users (by overall numbers of clients) of mental health services in Los Angeles, and experienced increased access through 2007, but also saw a steady decline between 2007 and 2010. Then, the numbers of clients accessing services in the region increased between 2010 and 2011. Older adults, those ages 60 plus, have the fewest numbers of clients accessing mental health services in Los Angeles and no discernible trend over the study period is seen. When reviewing the proportions accessing services by age group in graph (b), the CYF group showed increasing access over the study period with a steady rise from 2005 to 2011. In fact, from 2008 to 2011, the CYF group had the highest proportional levels of access among all age groups to the mental health system. The TAY group had increased access from 2005 to 2009, but then declined through 2010, and rose again in 2011. According to graph (b), adults had an increase in access to mental health services from 2005 to 2007, followed by steady decrease from 2007 to 2010. Both the adult and older adult groups the Los Angeles Region are experiencing a relative disparity in access to service compared to CYF and TAY groups.

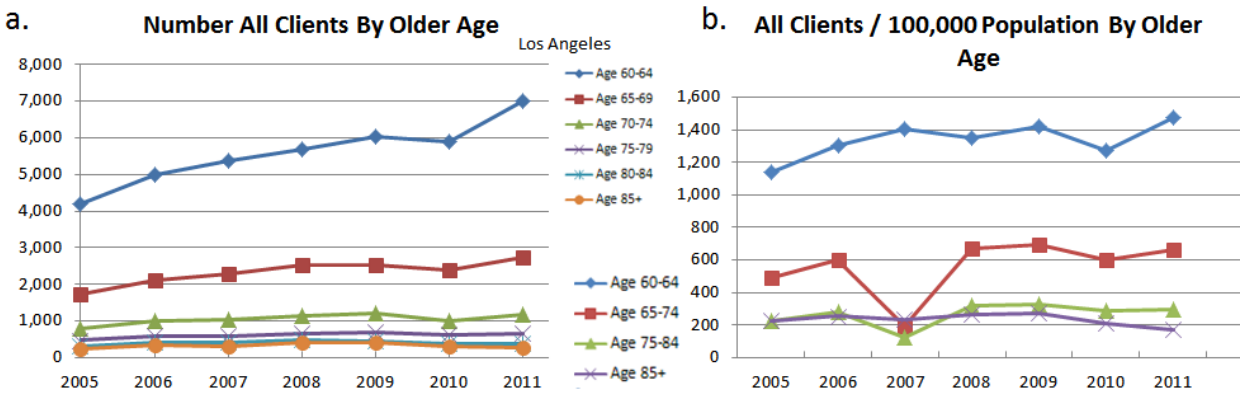


Figure 50. Los Angeles region mental health access trends by older age group for all clients obtaining services. Graph (a) shows the number of all Los Angeles Region clients by older age group and year of service while the graph (b) shows the number of all clients as a proportion of the Los Angeles Region's population for older age subgroups. Note that the older age group categories differ between the two graphs (due to U.S. Census Bureau subdivision methods). The number of older adults obtaining services (graph (a)) diminishes by increasing age, likely a result of both decreasing lifespan and potentially a transfer to Medicare providers working outside the county system. The youngest group, age 60-64, had the greatest relative access to mental health care services. Access for this group increased substantially between 2005 and 2011. However, when normalized by the underlying population (graph (b)), it is still Individuals over the age of 65 appear to experience a relative disparity in access compared to the 60-64 year olds.

Los Angeles Region mental health access trends by race groups for all clients obtaining services. Based on the CSI data, racial disparities are impossible to detect. When such a large percentage of the race information is missing then all of the numbers must be considered unreliable.

Los Angeles Region Summary – New Clients

The Los Angeles Region saw increased access to mental health services from the inception of the MHSA to 2007. Then a decline occurred to 2010 with recover to peak levels in 2011. Previously unserved men had significantly higher access than women but both sexes followed the same overall access trend noted. The CYF age group was the only group to have consistently increasing access to mental health services over the entire study period. Older adults saw little change from baseline levels.

Los Angeles Region Summary – All Clients

In the Los Angeles Region, overall access to mental health services among previously served (all clients) increased from 2005 to 2007, followed by a leveling off until 2009, and increase in 2011. Males and female access trends paralleled those of overall trends, but males had higher access to services than females throughout the study period. The CYF age group experienced increasing access from baseline (2005) through 2011. From 2008-2011 the CYF age group had the greatest overall access to services when compared to all age groups in Los Angeles, and the Older Age group had the greatest disparity in access. Of note, the age groups other than CYF maintained relatively stable access to mental health services throughout the study period.

Los Angeles Region Summary – All Data
Overall, in Los Angeles Region, access for new and all clients looked very similar. Major trends were increasing access for the CYF group and higher levels of access for males versus females. While access appeared to increase in the first few years due to the MHSA, there was a trend toward stable levels of access overall.

Key Findings for Research Question 1:
Did the MHSA have an impact on reducing disparities in access to mental health care in California?

The increased levels of mental health services for all subpopulations in the majority of counties and regions in California provides convincing evidence that the implementation of the MHSA has had an impact and led to the growth of mental health access for all subpopulations in the state. Unfortunately, for the majority of counties and regions, the impact did not appear to be sustained during the entire study period. We explore this negative outcome in the analyses that following in the next section.

California Health Interview Survey Findings

In California, mental health need varies by population subgroup, by geography and over time. Mental health need could be considered an opposite of mental health which has been defined by the Institute of Medicine as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to her or his community." Many Californians suffer from mental ill-health, herein defined as a condition in which severe psychological distress leads to decreased functioning in one or more domains of life. The following graphs and explanatory text come from data provided by the California Health Interview Survey and are meant to supplement our understanding of the access patterns seen in the state, regions and counties previously described. Although we use CHIS data to highlight the need for mental health care and enhance our findings regarding access to care patterns using CSI data, our analyses of these finding should be viewed with some caution because the CSI and CHIS may vary in data collection procedures and aims (please refer back to remarks about each dataset in the Methodology section).

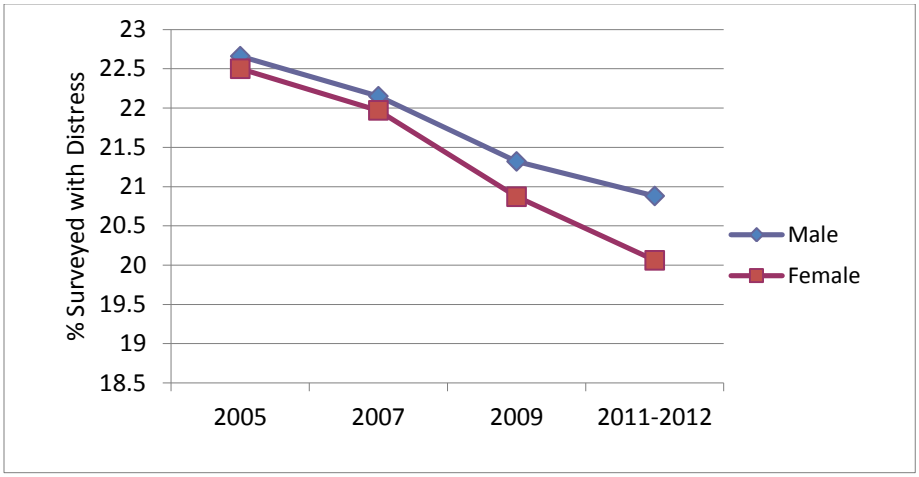


Figure 51. California mental health needs by sex. A slightly higher percentage of men qualified has having severe mental distress than women, but the percentage of distressed men and women both are clearly declining over time (please note that the scale increments are small on the Y-axis). Nevertheless, when this trend is compared to figure 2, the statewide access for new clients by sex and figure 7, the statewide access for all clients by sex, one should note that the access trends are quite steady over time. Therefore, if access is stable and need is decreasing, then one may conclude that there is increased access to mental health services, for both sexes, relative to need. One should also note that a higher percentage of males have severe mental distress than females based on the CHIS, and similarly have slightly greater access to services as shown in figures 2 and 7. Hence, there does not appear to be a gender disparity in access on a statewide level.

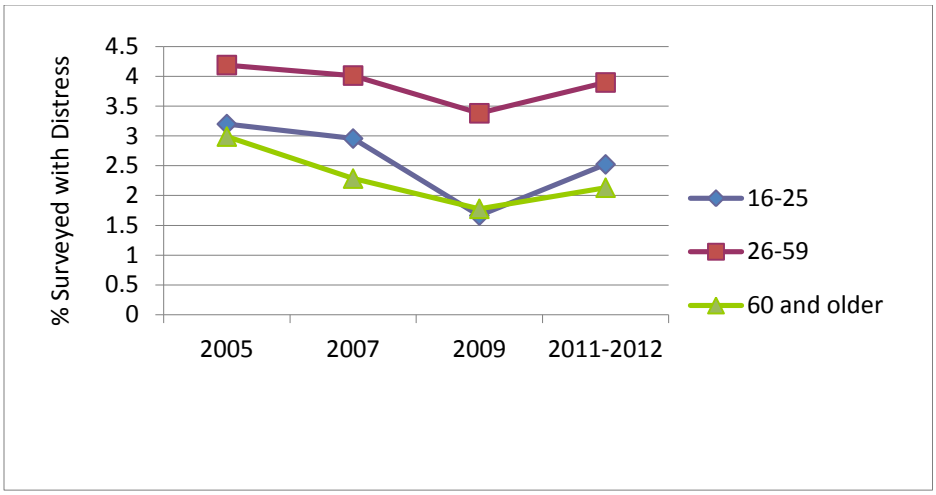


Figure 52. California mental health needs by age group. A lower percentage of individuals 60 and older appear to have severe mental distress relative to everyone else, while the 26-59 year old age group has the highest percentage with severe mental distress. Please note, however, that the range on the Y-axis is quite small and differences may not be statistically significant. All groups seem to be improving in need from 2005-2009, and then need appears to increase again from 2009-2011/2012. These trends can be compared to the data in figures 3 and 8 showing statewide access to mental health services for new clients and all clients respectively. The older adult age group (ages >60) has, by far, the lowest levels of access to mental health care services and these levels remain generally stable between 2005 and 2011. As previously mentioned, this may be related to an overall transition of older adult care to the Medicare system, outside of the county mental health system. Based on these data alone, with the mental health need for older adults trending toward a decline, this could indicate some increased access relative to need in this population. However, the percentage of survey respondents with severe mental distress in the older adults age group is similar, in general, to the percentage of survey respondents with severe mental distress in the TAY age group (ages 16-25). However, in figures 3 and 8, the TAY group has among the highest levels of access to care. This may signify a relative disparity for older adults as compared to the TAY population. Adults, in this CHIS sample had the highest percentages of respondents reflecting mental distress, indicating higher levels of mental health service need. In figures 3 and 8, adults have increasing access between 2005 and 2007, decreased access in 2009 and another increase in 2011. The trend follows the trend for mental health needs nicely. However, the expectation for access, based on this figure, would be that adults would have a higher proportional access to care than other groups. Since this is not the case, it may indicate a relative disparity for adults in access to care, relative to need.

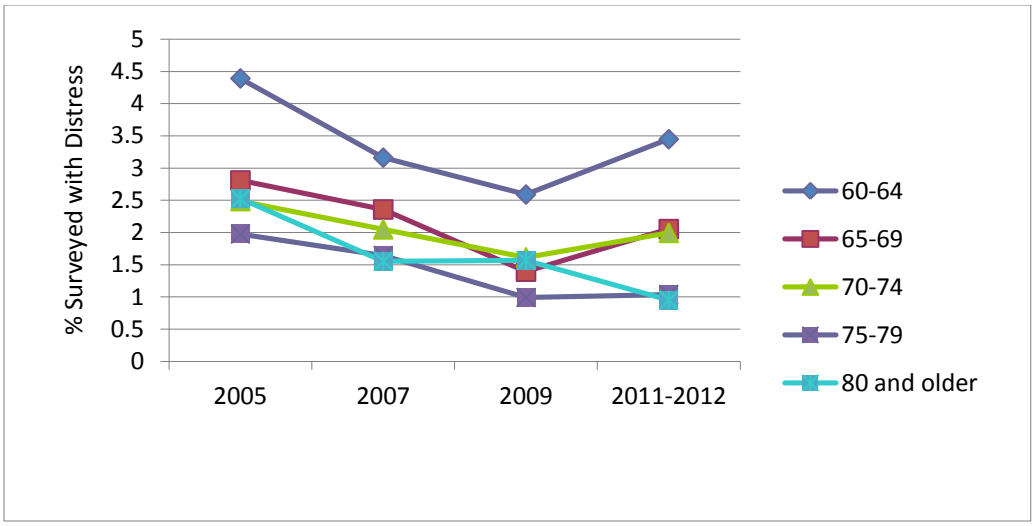


Figure 53. California mental health needs by older age group. The pattern of declining need from 2005-2009 is replicated in the older adult age group, with percentages of severe mental distress somewhat increasing from 2009-2011/2012 (again, please note the small range of y-axis values and interpret with caution). The general trend among these age groups seems to be that as one ages, he/she appears to have less mental distress and thus less presumed need for mental health services. A similar pattern was reflected in figures 4 and 9, showing the statewide trends for access to mental health services for older adults who are new clients and all clients respectively. In these figures it is also clear that the older the adult, the less access to mental health services is seen (potentially due to a transition to Medicare).Among the older adult age groups, there may not be a relative disparity as access is compared to mental health needs. In figure 9, the older adult age groups all show a relatively steady level of access between 2005 and 2011. This may indicate that access improved compared to need between 2005 and 2009. However, by the same token, there may have been a relative decrease in access in 2011. In the 'new client' analysis represented in figure 4, although the levels of access vary gently over the study period, we can see an increase in access between 2005 and 2006/2007, followed by decreasing access to 2010 with a small increase in access in 2011. This follows the pattern of need shown above very closely. One might then posit that for new clients there was some increase in access associated with the early years of the MHSA, but then a stable pattern of access compared to need.

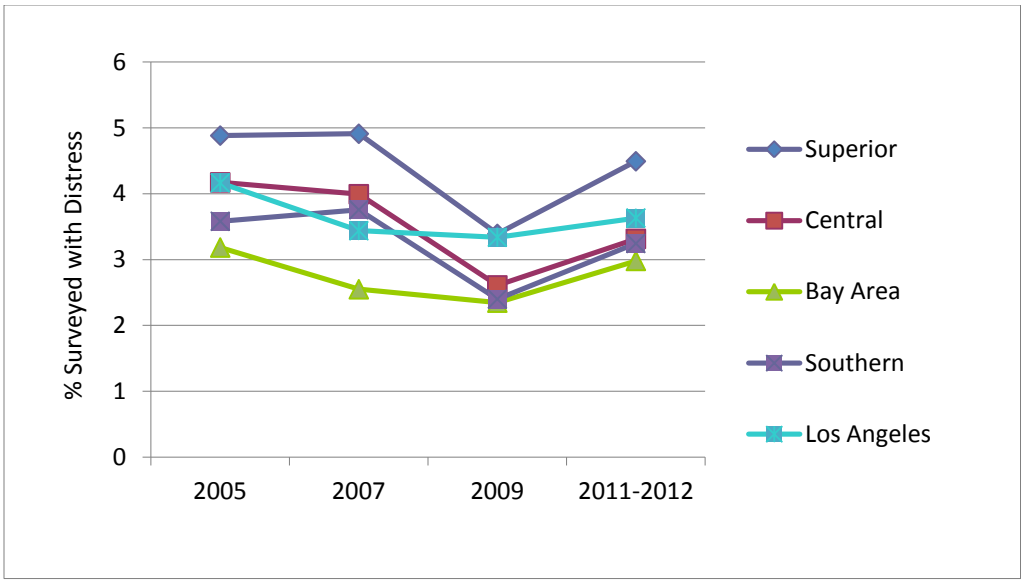


Figure 54. California mental health needs by WET Region. The trend of decreasing need until 2009 is replicated in the region data. Superior region has the highest percentage of individuals with need, with the Bay Area having the lowest. In figure 11, the total Superior Region population levels of access for new clients to mental health care services, we see that access increased between 2005 and 2006, was steady until 2010 and then declined in 2011. When considering the need indicated above, that would translate to increased access between 2005 and 2009, but decreased access in 2011 relative to need. For all clients in the Superior Region (figure 15), there is a stronger message indicating increased to stable access throughout the study period. In the Bay Area Region, new clients (figure 19) and all clients (figure 23) saw improved access relative to need until 2011 when there was a decrease. The pattern of access versus need is similar in the Central Region. This region had significantly improved access for new clients (figure 27) and all clients (figure 31) through 2009 but had declining access in 2011 compared to need. The Southern Region had similar, though slightly lower, mental health needs, but when evaluated against access (see figures 35 and 39) had improvements throughout the study period for both new and all clients. The Los Angeles Region has a nearly flat curve indicating that mental health need over the study period changed very little. Mental health access for new and all clients (figures 43 and 47) in the Los Angeles Region increased to 2007, decreased to 2010 and then increased again in 2011. This tells us that the Los Angeles Region kept pace with mental health need and likely improved access in 2011 relative to need. In reviewing the regions relative to one another, the Los Angeles Region provided the highest levels of access to new clients, followed by the Superior Region. The Central and Southern Regions had the next highest levels of proportional access and the Bay Area Region had the lowest levels. Thus there may be a relative geographic disparity in access to mental health services relative to need in the Superior Region. For all clients, the highest access was seen in the Superior Region, followed by the Los Angeles Region, then Central, Bay Area and Southern Regions. If a geographic disparity exists for all clients, then it is in slightly less access according to need for the Southern Region.

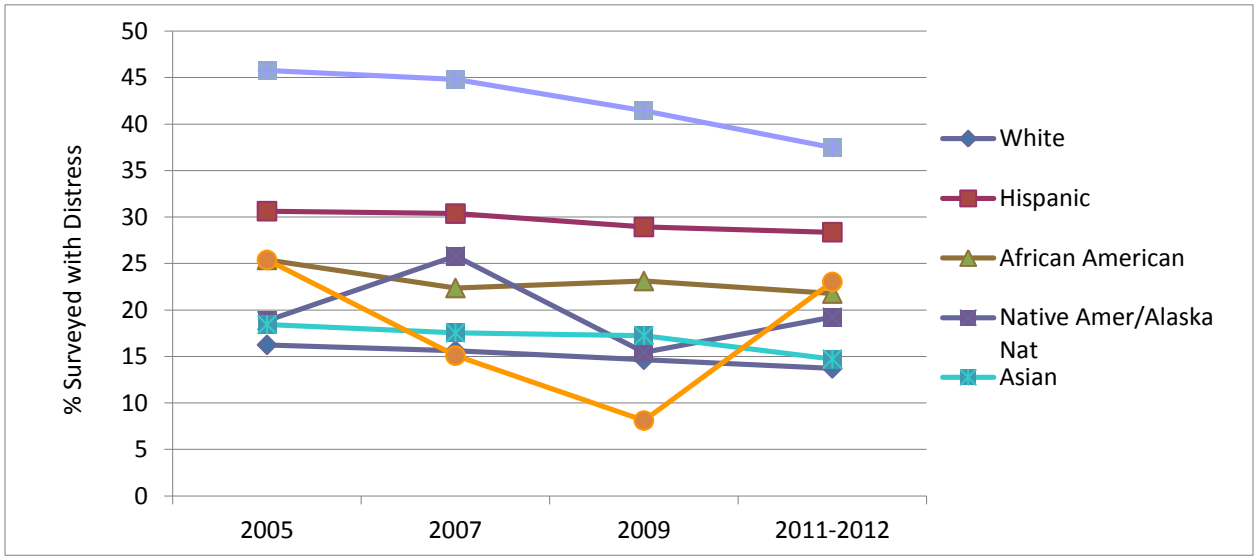


Figure 55. California mental health needs by race. There is a slow decline in mental health need for Hispanics, African Americans, Asians and Whites and multi-race individuals over the study period. The decline in need was more significant for Pacific Islanders through 2009, but increased to baseline levels by 2011-2012. Native American/Alaskan Natives had a varying level of need over the study period with no net change from 2005 to 2011-2012. As previously noted, due to missing race/ethnicity data from the CSI database, comparisons to mental health access cannot be made. However, information on the relative levels of need for mental health services by racial/ethnic group in California is useful when considering outreach efforts.

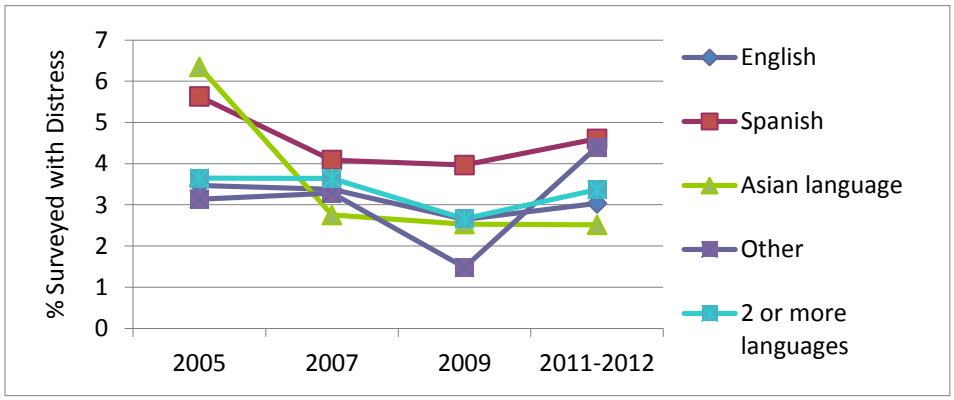


Figure 56. California mental health needs by language spoken at home. In 2005, those who spoke Asian languages at home had the highest levels of mental health need. However, those levels decreased dramatically for 2007 through 2011-2012. From 2007 on, Spanish speakers had the highest need for mental health services.

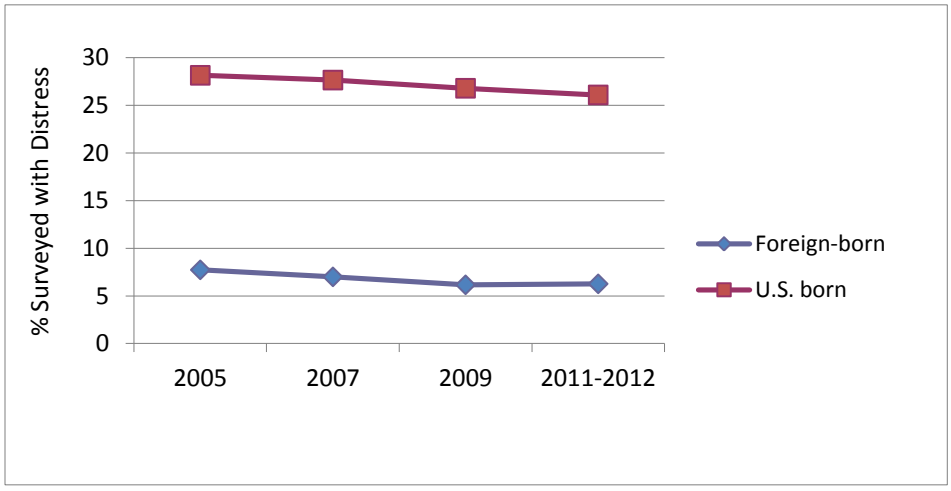


Figure 57. California mental health needs by nativity status. Those who were born in the U.S. have the highest level of need, but for both U.S. born and foreign-born individuals, need slightly decreased over time. There may be many reasons for these trends. Foreign-born residents may feel less comfortable discussing mental health issues and mental health needs due to different definitions and cultural views of "distress" and "mental health." As a result, it is possible that "distress" is under-reported in foreign-born populations. It is also possible that the CHIS sample relies on a smaller sample of foreign-born respondents, which is not representative of all foreign-born people in California. Further, undocumented, foreign-born residents may feel less comfortable participating in health surveys, especially if they are sponsored by the government. Finally, a number of studies indicate that health and mental health complications are positively associated with assimilation to U.S. culture. The level of assimilation among foreign-born CHIS respondents may be positively associated with distress levels and other mental health indicators among foreign-born respondents and, if newly arrived foreign-born respondents (who are less assimilated) are oversampled, they may have substantially lower levels of distress.

Key Findings for Research Question 2:
What are the mental health needs for racial/ethnic, language, nativity, gender and age sub-groups in California?

In California, according to the analysis of respondents to the California Health Interview Survey, the highest levels of mental health needs are seen for the following population sub-groups in general highest to lowest order: multi-racial, Hispanic, US born, African American and American Indian/Alaskan Native, men, women, Asian/Pacific Islander, White, Spanish language, adults and older adults.

Overall Summary of Access to Mental Health Care Relative to Need

By comparing the results of the study of mental health access to mental health needs, an encouraging picture emerges. Overall, most groups enjoyed increased access to mental health services based on varying levels of need over time, geography and population subgroup. No gender disparity was detected at all. It is possible that there is some age disparity in access for adults and older adults. However, the disparity for older adults is not as dire as the analysis without need would have indicated. Older adults, according to the CHIS analysis, have significantly lower levels of mental distress and so less access is expected for this group. Adults, however, have the highest levels of mental distress, but have lower relative access than the younger age groups, CYF and TAY. This may be indicative of a more important disparity. Geograhically, for new clients – those previously unserved by the county mental health system – the Superior Region may have a disparity in access based on the higher levels of need for this region. For the Southern region, there may be a mild disparity in access for all clients since there were relatively higher levels of need for this county versus access. This analysis provides important perspective in interpretation of the CSI data analysis for access.

Conclusion

This study provides evidence that the implementation of the MHSA has led to a notable growth of mental health access overall, and for all subpopulations, at the state and regional levels, and in most of the 58 California counties. The most notable trend was increasing access to mental health care services between 2005 and 2006. Based on a historical timeline providing contextual information on events occurring during the study period (see Appendix B), there were a number of planning activities in 2005 and 2006 related to the implementation of the MHSA which likely contributed to the addition or growth of programs that improved access to mental health care. Tracking requirements during these early years, especially those that focused on financial components of the MHSA, may have also encouraged early growth and monitoring of programs. It is also likely that the new law led to a generalized energy and enthusiasm among professionals working in the county mental health programs, recognizing the importance of their work with a large infusion of resources. This, coupled with the interest among professionals in seeing positive outcomes, may have also contributed to the increased provision of services and access to care observed in our analysis in the first years of implementation of the MHSA.

Despite the early promise of the MHSA, there were declines in access to mental health services that varied geographically and by population subgroup. However, the majority of these declines occurred between 2008 and 2010. Based on the historical timeline, it is likely that the economic downturn both nationwide and in California led to decreased access to mental health care. This may have occurred both at the personal level, as patients could not afford or get to care appointments, and at the county level, as mental health systems may have shifted resources away from programs that were successful in promoting access to care.

Another notable finding in the CSI data was an increase in service access in 2011. This upturn appears to coincide with both economic recovery and policy changes such as Assembly Bill 114, providing additional funding for mental health educational resources to counties, and AB 100 which provided a framework within which to streamline funding and management of county mental health systems.

Overall, the results of our analysis points to a number of positive outcomes in mental health service access and utilization following implementation of the MHSA in California. Our analysis also helps to highlight gaps in services and a number of areas for improvement from a mental health service perspective, and from a program evaluation perspective. Although our analysis did not allow for a thorough assessment of mental health disparities by race/ethnicity (the data was not available), we were able to analyze disparities overall, and by gender, age groups and geography. When we compared the levels of access to county mental health services with the overall population need for mental health services (by age and gender groups as well as geographic region) we found that the groups most likely to be experiencing disparities were adults (ages 26-59), older adults (ages 60 plus), and those living in the Superior Region of the state. Future MHSA program planning, interventions, and evaluations should aim to address these disparities, assess whether other disparities exist (aided by improved data collection),

work to further strengthen mental health service access and utilization, and prioritize and implement systematic and thorough evaluation of future outcomes.

Appendix A. Detailed Methodology

Client Services Information (CSI) Dataset Analysis

We began with the identification of new clients within the database. Based on UCLA's recommendations, new clients were defined as those without service for the prior six months (i.e. 182 days). Our method for determination of new clients was as follows:

1. Data were collected in 1.5 year groupings as follows:
    a. July 1, 2004 – December 31, 2005
    b. July 1, 2005 – December 31, 2006
    c. July 1, 2006 – December 31, 2007
    d. July 1, 2007 – December 31, 2008
    e. July 1, 2008 – December 31, 2009
    f. July 1, 2009 – December 31, 2010
    g. July 1, 2010 – December 31, 2011
    h. July 1, 2011 – December 31, 2012

2. For each County Client Number (CCN),[1] we reviewed ADMISSION-DATE and SERVICE-DATE fields. According to the CSI data dictionary, the SERVICE-DATE "identifies the date of service for non-24-hour mode of services." We confirmed with the Department of Health Care Services (DHCS) that this date refers to outpatient types of service (also validated using the MODE OF SERVICE field which distinguishes inpatient and outpatient types of service). In addition, the field, ADMISSION-DATE, "identifies the date the client was admitted," and is an indicator of inpatient services. Thus the two fields are complementary (one inpatient and one outpatient) and were used to create a new date field, DATE-OF-SERVICE, that was used to determine a new patient without service in the prior 6 months.

3. The DATE-OF-SERVICE from step 2 was selected and used in Step 4.

4. Using statistical software, we converted the date field to a format that allows for date calculations:
    a. The first instance of a CCN in each service calendar year was flagged. We decided to utilize calendar years because:

        i. The use of calendar year corresponds to other data sources, particularly the U.S. Census Bureau, which we used to compare proportions of population subgroups who are accessing county mental health services. This comparison is particularly important for counties that may have significant shifts in their populations over time. The flagged dates were

[1] Capitalized words generally refer to CSI variable names.

then analyzed to determine if the client is new by subtracting 182 days and checking if any prior visits/encounters fall within that 182 day period. Those without a prior visit/encounter were considered 'new' clients.

5. We also performed an analysis of ***all clients*** in the CSI database during the above noted study period. In this case, data were aggregated in typical 1-calendary year groupings. Similar to the new client process, we reviewed ADMISSION-DATE and SERVICE-DATE fields to create our DATE-OF-SERVICE variable. We found that there were some clients who had an ADMISSION-DATE from a prior year, indicating continuous inpatient status beginning before the calendar year of interest. Those clients were excluded from the analysis, leaving only unique clients (based on CCN) with a DATE-OF-SERVICE for each study year.

Both new and all clients were categorized as follows:

- Belonging to the county in which they received services.[2] In the CSI dataset this is the variable designated as SUBMITTING COUNTY CODE which identifies the County/City/Mental Health Plan submitting the record.

- Belonging to a region[3]

- Belonging to the State of California

- Age groups.[4] The client's age was calculated by subtracting the DATE-OF-BIRTH from the DATE-OF-SERVICE.

- Sex, including Male, Female, Other and Unknown/Not Reported using the CSI data field, GENDER[5]

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[2] We note the limitation caused by not having the patient's actual county of residence and simply assuming that they reside in the county in which they receive services.

[3] We used the regions originally operationalized by the California Mental Health Directors Association's (CMHDA) designated five Workforce, Education and Training (WET) regions since these regions will correspond with other regional reports and programs such as CalMHSA. See http://www.cmhda.org/go/aboutcmhda/organizationalstructure.aspx for a regional definition map.

[4] Age groups to be used in all analyses include: Children Youth and Families (CYF) 0-15 years, Transitional Age Youth (TAY) 16-25 years, Adults 26-59 years, Older Adults 60+ years. In addition, the category of Older Adults (age 60+) was further disaggregated as follows: 60-64, 65-69, 70-74, 75-80, 80-84, 85+. This will more accurately document the access for the last 40 years of the individual's life.

[5] We will provide frequency statistics for the Other and Unknown/Not Reported categories. However, these categories are not large enough for multi-dimensional analysis.

- RACE, including Caucasian, Hispanic, African American, Asian, Hawaiian/Pacific Islander, American Indian/Alaskan Native, Other, Two or More Races, and Unknown Race[6]

- ETHNICITY to identify whether the client is Hispanic or Latino[7]

- PRIMARY LANGUAGE used by the client[8]

- Nativity using POB-COUNTRY.

For each categorical variable above, we calculated frequencies and proportions by county, region, and state, and presented trend information over time using appropriate tabular and graphical methods.

California Health Interview Survey (CHIS) Analysis

Although our CSI analysis focuses on mental health access in California by population subgroup, we assert that in order to truly understand if disparity is present, one must control for the health status of the population subgroup in question; since the literature tell us that health status varies from one group to another and from one geographic place to another. For that reason, we also utilized the California Health Interview Survey (CHIS) to better understand how mental health needs differ by population and place. Our method for analysis of CHIS data was as follows:

We provide state and regional information on mental health needs across time (via CHIS[9]) in California for 2005, 2007, 2009, and 2011-2012.

- The method is based on the report to DMH from 11/2010 entitled, "Assessing Adult Mental Health Needs in California Using the California Health Interview Survey

[6] Apparently, there was a change in CSI reporting requirements in 2006 to expand the reporting of ethnicity and race. This led to an uneven implementation of this change by counties and lack of consistency of information before and after 2006. We will make adjustments as necessary due to this change in the collection of race/ethnicity data in 2006. We will analyze the differences in reporting of ethnicity and race and create an approach that will maximize homogeneity in the data. Most likely, this will involve 'up aggregating' ethnic groups to the most common level (e.g., Chinese, Korean and Vietnamese may need to be aggregated to a category of Asian/Pacific Islander). In the event that some larger counties have consistently collected expanded race/ethnicity categories, we will perform our analysis for those counties at the subgroup, more granular level.

[7] Within the CSI database, race and ethnicity are treated separately. In addition, the U.S. Census Bureau takes the same approach. Therefore, to allow comparisons to larger populations, we will treat race and ethnicity as separate variables.

[8] Similar to footnote 7 above, we expect that primary and preferred language fields will need to be 'aggregated' to ensure adequate power for analysis. According to the 2000 U.S. Census, there were over 150 different languages spoken in U.S. households. Potential solutions include classification according to root languages or by consistency with Race/Ethnicity categories.

[9] The California Health Interview Survey is conducted every other year (e.g., 2005 results were collected between July 2005 and April 2006). The determination of mental health need developed by UCLA/UCD uses a set of mental health and substance use related questions that became a part of the survey in 2005.

(CHIS)" by Padilla-Frausto, Grant and Aguilar-Gaxiola (see references for details on the methodology).

- In this report, mental health need was determined from a combination of distress and functional impairment measures. The distress component was based on a set of questions known as the Kessler 6, resulting in a continuous measure of psychological distress during the respondents previous month. Functional impairment was determined from the Sheehan Disability Score which measured whether a respondent was experiencing impaired function in any one of four life domains.
- Because the California Health Interview Survey is constantly evolving and changing, our ability to measure mental health needs consistently was impaired. Using the best information available, we calculated mental health needs as follows:
  - 2005: includes distress measure only as Sheehan variables were not yet part of the survey
  - 2007 & 2009: used both distress and functional impairment measures
  - 2011-2012: also used both distress and functional impairment measures, however the distress scores have a higher qualifying score this year than in 2007 and 2009 and are therefore not fully comparable.

Appendix B. Contextual Information – A Historical Timeline

A detailed timeline, organizing contextual factors surrounding the implementation of the MHSA and other statutes, regulations, policies and external forces impacting mental health access is provided over the following several pages.

MHSA Timeline[10]

November 2004	Proposition 63 (Mental Health Services Act) passed
	Includes funding "formulas" (WIC sections 5891 and 5892) for Community Services and supports, Innovation, Capital Facilities and Technological Needs, Workforce Education and Training, Local Prudent Reserve and Administrative costs.
	Includes required information for Community Planning process (5848), Development of three year program and expenditure plans and annual updates (5847), requirements for MHSOAC (5845), Human Resources, education and training (later called Workforce Education and Training) (5820), Innovative Programs (5830), MHSA fiscal requirements (5890 and 5891 in addition to the allocation amounts described in 5892.
January 2005	DMH Letter 05-01; Instruction to counties regarding how to make MHSA funding requests for Community Planning
June 2005	DMH Letter 05-02; Notification of Planning Estimates
July 2005	DMH Letter 05-04; Instruction to counties regarding non-supplantation of MHSA funds (5891)
August 2005	DMH Letter 05-05; Instruction to counties regarding how to develop three year program and expenditure plans for the community services and supports component of the MHSA
September 2005	DMH Letter 05-06; instruction to counties on how to use start-up funding and the Local Prudent Reserve
October 2005	DMH Letter 05-08; Instruction to counties as to funding requirement of the MHSA

[10] The timeline used in this report was originally created by a staff member of the Mental Health Services Oversight and Accountability Commission with a focus on the significant events related to the Mental Health Services Act (MHSA). We have added additional information to this historical timeline to highlight other events that may be related to access to mental health care and therefore to our evaluation of the impact of the MHSA.

April 2006	DMH Information Notice 06-02; Instruction to counties regarding costs and program oversight tracking requirements under federal accountability reporting req1uirements
August 2006	DMH Information Notice 06-08; Instruction to counties regarding implementation of integrated three year program and expenditure plans (5847, 5848 and 5892)
October 2006	DMH Information Notice 06-12; Instruction to counties regarding pilot for cash flow statement
November 2006	DMH Information Notice 06-13; Allowable use of CSS funds for enhancing local infrastructure
December 2006	DMH Information Notice 06-15; instruction to counties regarding performance contract amendment process to capture CSS component
February 2007	CSS Regulations Promulgated; codifies fiscal and programmatic requirements of MHSA funds to the counties. Defines terms, defines parameters of supplant, defines and codifies full service partnerships, outreach and engagement, general system delivery. Defines and codifies community planning process, defines and codifies some fiscal policies. Codifies reporting requirements.
July 2007	DMH Information Notice 07-14; Mental Health Services Act (MHSA) Workforce Education and Training Component - Proposed Three Year Program and Expenditure Plan Guidelines, Fiscal Years 2006-07, 2007-08, and 2008-09
September 2007	DMH Information Notice 07-19; Mental Health Services Act (MHSA) Prevention and Early Intervention Component — Proposed Three-Year Program and Expenditure Plan Guidelines, Fiscal Years 2007-08 and 2008-09
December 2007	DMH Information Notice 07-25; Mental Health Services Act Fiscal Policy Changes Accounting changes from quarterly payments to 75% and 25% depending on successful submission of Revenue and Expenditure report, cash flow statements. Information Notice also clarifies and defines interest earned on the mental health services fund, local prudent reserve, component allocations, unexpended funds. Program sustainability, one time funding, cash management, MHSA agreement, payments to the counties DMH Information Notice 07-26; Implementation of the Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report for Fiscal Year 2006-07; (WIC 5847)

End of Year 2007	Beginning of economic crisis. By year end, the U.S. foreclosure rate was up 75% from 2006. More than 1% of all households were in some stage of foreclosure during 2007.
January 2008	DMH Information Notice 08-01; Request to dedicate funds to the Mental Health Services Act Community Services and Supports Prudent Reserve. (WIC 5847)
January 2-21, 2008	Stock market downturn.
March 2008	DMH Information Notice 08-07; Mental Health Services Act (MHSA) Reversion Policy (WIC 5892)
	DMH Information Notice 08-08; Implementation Progress Report for the Community Services and Supports (CSS) Component of the Three-Year Program and Expenditure Plan for Calendar Year 2007
	DMH Information Notice 08-09; Mental Health Services Act Capital Facilities and Technological Needs Component - Three-Year Program and Expenditure Plan Guidelines (WIC 5847, 5848, 5892)
April 2008	DMH Information Notice 08-10; Community Services and Supports (CSS) Plan Update Guidelines for Fiscal Year (FY) 2008/09 (5847, 5878.3, 5892)
	DMH Information Notice 08-11; Assignment of Community Services and Supports (CSS) Funds for the Mental Health Services Act (MHSA) Housing Program
	DMH Information Notice 08-12; Community Services and Supports General System Development Housing
July 2008	DMH Information Notice 08-16; Plan Update Guidelines for Fiscal Year 2008/09 Addendum—Modified Process Changes counties' use of unexpended funds, delays deadline for prudent reserve plan, allows for continuation of previously approved WET and CFTN projects.
July 30, 2008	Housing and Economic Recovery Act of 2008.
October 2008	DMH Information Notices 08-28; Proposed Guidelines for the Mental Health Services Act (MHSA) Fiscal Year (FY) 2009/2010 Annual Update to the Three-Year Program and Expenditure Plan (5847)

End of Year 2008	Foreclosure rate up 81% from 2007. More than 1.84% of all households were in some stage of foreclosure during 2008.
January 2009	DMH Information Notice 09-01; Implementation of the Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report for FY 2007-08 (5847)
January 5, 2009	AB5XXX, amends WIC Sections 5845, 5846 and 5847 of the MHSA 5845: (paraphrased) That the commission will administers its operations separate from the State Department of Mental Health, that the commission may enter into contracts, that the commission may obtain data and information form the State Department of Mental Health, or other state or local entities that receive Mental Health Services Act Funds, for the commission to utilize its oversight, review and evaluation capacity regarding projects and programs supported with Mental Health Services Act funds, participate in the joint state-county decision making process, as contained in Section 4061, for training, technical resources to meet the mission and goals of the state's mental health system. 5846: *The commission shall place a county expenditure plan for consideration on a meeting agenda no later than 60 days after receipt, The commission shall issue guidelines for expenditures pursuant to Part 3.2 (commencing with Section 5830), for innovative programs, and Part 3.6 (commencing with Section 5840), for prevention and early intervention, no later than 180 days before the fiscal year for which the funds will apply* 5847: (a) It is the intent of the Legislature to streamline the approval processes of the State Department of Mental Health and the Mental Health Services Oversight and Accountability Commission of programs developed pursuant to Sections 5891 and 5892 (g) (1) The department shall evaluate each proposed expenditure plan and determine the extent to which each county has the capacity to serve the proposed number of children, adults and seniors pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850);

	the extent to which there is an unmet need to serve that number of children, adults and seniors; and determine the amount of available funds; and provide each county with an allocation from the funds available. The department shall give greater weight for a county or a population which has been significantly underserved for several years. The department shall approve, deny, or request information on a county expenditure plan or update no later than 60 days upon receipt.
	(g)(2) The department shall only evaluate those programs in a county expenditure plan or update that have not previously been approved or that have previously identified problems which have been conveyed to the county. The department shall distribute the funds for renewal of the previously approved programs contained in the county expenditure plan or update prior to approval of the county expenditure plan or update.
January 30, 2009	DMH Innovation Notice 09-02: Proposed Guidelines for the Innovation Component (WIC 5830)
March 2009	DMH Information Notice 09-03: State Administered Mental Health Loan Assumption Program (WET)
August 2009	DMH Information Notice 09-16: MHSA Prudent Reserve
	ABX3 5 amended WIC 5847(b) (7) and expanded Prudent reserve to include CSS and PEI programs; changed sue date for level of funding of prudent reserve to June 30, 2011; prior to FY 2008-09 both CSS and PEI funds may be used to fund the prudent reserve; access to local prudent reserve effective July 1, 2010; 50% prudent reserve requirement suspended
December 2009	DMH Information Notice 09-20: Planning Estimates for FY 2010-11.
	Limit on the use of CSS funds in addition to estimates for CSS, PEI, and INN
	DMH Information Notice 09-22: MHSA Revenue and Expenditure report for Fiscal Year 2008-09
	Workforce Education and Training Component Regulations promulgated.
End of Year 2009	Foreclosure rate up 21% from 2008. More than 2.21% of all households were in some stage of foreclosure during 2009.
2010	The Patient Protection and Affordable Care Act includes measures to expand affordable forms of health insurance

coverage and identifies mental health and substance abuse as one of 10 essential areas of coverage.

January 2010

DMH Information Notice 10-01: Proposed Guidelines for the Mental Health Services Act (MHSA) Fiscal Year 2010/11 Annual Update to the Three-Year Program and Expenditure Plan
Provides fiscal distinction for reporting previously approved, new, eliminated and consolidated component services and programs to meet criteria established in AB X3 5. Fiscal distinction for administrative and operating costs, suspension of 50% funding level requirement for local prudent reserve for FY 10-11

March 17, 2010

DMH Information Notice 10-04: Clarification and Modifications to Enclosures for the Proposed Guidelines for the Mental Health Services Act (MHSA) Fiscal Year 2010/11 Annual Update to the Three-Year Program and Expenditures Plan
This Department of Mental Health (DMH) Information Notice provides an update and clarification to Counties about policies related to the Proposed Guidelines for the Mental Health Services Act (MHSA) Fiscal Year (FY) 2010/11 annual update to the Three-Year Program and Expenditure Plan released on January 19, 2010. (Information Notice No. 10-01) This has been prepared to summarize the changes made by DMH and the Mental Health Services Oversight and Accountability Commission (MHSOAC) to some exhibits as a result of Counties' questions and inquiries on the exhibits released. Please continue to use the exhibits in Information Notice No. 10-01, unless the exhibit has been replaced with one of the exhibits listed below. Specifically, this Information Notice addresses the following topics:

1. Exhibit C1, Implementation Progress Report on FY 08/09 Activities
2. Exhibit D, Previously Approved Program for Community Services and Supports (CSS), Workforce Education and Training (WET), Prevention and Early Intervention (PEI), and Innovation (INN) components
3. Exhibit E4, PEI Budget Summary
5. Exhibit F3, TN New and Existing Project Description
6. Exhibit F4, PEI New Program Description
7. Exhibit F5, INN New Program Description
8. Exhibit I, Training, Technical Assistance and Capacity Building Funds Request Form (Prevention and Early Intervention Statewide Project)

March 29, 2010	DMH Information Notice 10-05: Assignment of MHSA Prevention and Early Intervention Funds for Statewide Programs (Suicide Prevention, Student Mental Health Initiative, Stigma and Discrimination Reduction) Provides the counties ways to make these assignments: ▪ To DMH for statewide administration of PEI programs ▪ To DMH to enter into contract with CalMHSA for administration of the programs or ▪ A county may enter into an agreement with other counties to implement a statewide program DMH Information Notice 10-06: Guidelines for Prevention and Early Intervention Statewide Programs
May 25, 2010	DMH Information Notice 10-12: Clarification and Modification to the Annual MHSA Revenue and Expenditure Report for FY 2008-09 Provides an update and clarification to Counties about guidance for the Mental Health Services Act (MHSA) Annual Revenue and Expenditure Report (Revenue and Expenditure Report) requirements for Fiscal Year (FY) 2008-09 released on December 28, 2009 (Information Notice No. 09-22). This update is necessary to: 1. Allow Counties to report expenditures of Prevention and Early Intervention (PEI) Statewide Training, Technical Assistance and Capacity Building funds, and 2. Instruct Counties on the reporting of expenditures when Counties incur expenditures prior to the disbursement of funds.
June 17, 2010	DMH Information Notice 10-13: Reversion Policy of MHSA Prevention and Early Intervention Funds for Component Allocation for the PEI Statewide Programs. This is later changed with a letter to CalMHSA however the Information Notice is not rescinded. The letter advises CalMHSA that funds "assigned" to them are considered spent and therefore will not revert, in the same way that MHSA Housing funds were assigned to CalHFA and not subject to reversion.
November 24, 2010	DMH Information Notice 10-26: Implementation of the Annual MHSA Revenue and Expenditure Report for Fiscal Year 2009-10 Superseded by Information Notice 10-29

	Includes revision dated 03-08-2011 to the County RER Summary, enclosure 11
December 2, 2010	DMH Information Notice 10-27: Implementation of the State-Administered Mental Health Loan Assumption Program for state Fiscal Year 29010-11
December 8, 2010	DMH Information Notice 10-29: Clarification to Implementation of the Annual Mental Health Services Act Revenue and Expenditure Report for Fiscal Year 2009-10; supersedes Information Notice 10-26 This Information Notice supersedes Information Notice No. 10-26, which was released November 24, 2010. Paragraph two of Information Notice No. 10-26 is revised to read as follows: *The MHSA intends that Counties use other available funding sources to offer mental health services prior to the expenditure of MHSA dollars. Currently, Counties report the expenditure of other funds, including FFP, in aggregate for all ages on the Revenue and Expenditure Report. Next year, Counties will be expected to report leveraged FFP funding separately for children (under age 21) and for adults. In preparation for the reporting of this data, Counties are advised to begin to establish necessary tracking mechanisms, if not already in place.* Please note that other than the minor revision made in the above paragraph, other information and forms listed in Information Notice No. 10-26 remain the same and in effect.
December 21, 2010	DMH Information Notice 10-21: Guidelines for FY 2011-12 Annual Update. Supersedes Information Notices 10-01 and 10-04 Fully implements the previously approved, new, elimination and consolidation of programs definitions. Defines unexpended and unapproved funds. Defines administrative costs (direct service and indirect administrative costs), operating reserve, provides access and procedural access to local prudent reserve.
End of Year 2010	Foreclosure rate up 2% from 2009. More than 2.23% of all households were in some stage of foreclosure during 2010.

2011	Realignment 2011 gives counties more money and more responsibility for a range of mental health, substance abuse, and criminal justice services. Assembly Bill 114 transfers responsibility and funding for educationally related mental health services from county mental health departments to county education departments.
March 24, 2011	Governor Brown signed into law AB 100, an urgency bill which went into effect immediately. Some of the major changes included: • Deleted requirement that the Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) annually review and approve county plans and updates. • Deleted requirement that a county annually update the 3-year plan but still required that there be updates. • The Commission, instead of DMH, may provide technical assistance to any county mental health plan as needed. • The "state" instead of DMH will administer the Mental Health Services Fund (MHSF). • The "state" instead of DMH will issue regulations. • Starting July 1, 2012 the Controller shall distribute on a monthly basis to counties all unexpended and unreserved ("Unreserved funds" are those funds that are not held in trust or are not set forth in component allocations) funds on deposit in the MHSF as of the last day of the prior month. • Reduced the administrative funds reserved for DMH, MHSOAC, and California Mental Health Planning Council (CMHPC) from five percent (5%) to three and half percent (3.5%) and that these funds are subject to legislative appropriation. • Provided for a one time transfer of $862M from the MHSF which is not subject to repayment to be distributed in the following order: • $183,600,000 for Medi-Cal Specialty Health Managed Care; • $98,586,000 for mental health services for special education pupils (generally referred to as AB 3632); • 50% of each county's 2011/12 MHSA component allocations not to exceed $488,000,000; • $579,000,000 for Early and Periodic Screening, Diagnostics and Treatment (EPSDT); and • The remainder of each county's 2011/12 component allocation. • Established monthly distributions to counties by SCO commencing April 30, 2012 • Unstated were issues related to revenue and expenditure report, when and how and to whom should it be reported;

annual update, to whom should it go and other oversight and fiduciary responsibilities previously held by DMH, MHSOAC, etc.

- This bill along with AB 102, passed in the same year, sets into motion the elimination of the Department of Mental Health and call various other departments (Alcohol and Drug Programs, Health Care Services, Public Health as well as DMH) to commence with stakeholder meetings and to begin to prepare transition plans for programs and staff that were remaining after the initial reduction in force of 119 DMH employees.

April 8, 2011	DMH Information Notice 11-05: MHSA Prudent Reserve Fiscal Policy Change Welfare and Institutions Code (Welf. & Inst. Code) section 5847, subdivision (b)(7), requires Counties to include in their Three-Year Program and Expenditure Plans or updates a prudent reserve to ensure that the County programs will continue to be able to serve those currently being served should MHSA revenues decrease. DMH Information Notice No.: 07-25 required that Counties establish and maintain a Local Prudent Reserve equal to 50 percent of the amount approved from Community Services and Supports (CSS) for services in the fiscal year. The 50 percent Local Prudent Reserve requirement is rescinded by the publication of this Information Notice. Please note that, other than this change in fiscal policy, all other policy and guidance on the Local Prudent Reserve remains in effect. With the rescission of this policy, Counties may fund the Local Prudent Reserve to a level the County determines is appropriate consistent with Welf. & Inst. Code § 5892, subd. (b). Welfare & Institutions Code section 5892, subdivision (b) permits a County to use up to 20 percent of the average amount of funds allocated to that county for the previous five years to fund for technological needs and capital facilities, human resource needs, and a prudent reserve. This change in policy permits a County to use the total of this amount to fund its Local Prudent Reserve needs, if it elects to do so, even if this amount exceeds the previously required 50 percent level.
Mid-Year 2011	Foreclosure rate down 34% from 2010. A total of 0.9% of all households were in some stage of foreclosure during the first half of 2011.
October 27, 2011	DMH Information Notice 11-13 Implementation of the State – Administered Mental Health loan Assumption Program.

December 5, 2011	DMH Information Notice 11-15: Calculation of Reversion of MHSA Innovation Component Funds Section 5892(h) of WIC requires the reversion of funds which have not been spent for their authorized purpose within specified timeframes to the state Mental Health Services Fund. In calculating reversion of unexpended funds Counties should consider Innovation funds that have been expended as part of their CSS and PEI expenditures, with 20 percent of the Innovation expenditures associated with PEI and 80 percent associated with CSS. To determine the amounts of funds subject to reversion, Counties are instructed to total their expenditures and subtract these expenditures from the distribution for the year for which funds are reverting separately for PEI and CSS. If the total expenditures for CSS or PEI (including Innovation funds) are greater than the amount distributed for CSS or PEI (including Innovation funds), no funds will revert. If expenditures are less than the amount distributed, the difference is the amount of funds that will revert to the State Mental Health Services Fund.
December 27, 2011	DMH Information Notice 11-16: Amendment of the Annual MHSA Revenue and Expenditure Report for Fiscal Years 2008-09 and 2009-10 This Department of Mental Health (DMH) Information Notice provides clarification and guidance to Counties for the Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report (Revenue and Expenditure Report) for Fiscal Years (FY) 2008-09 and 2009-10. This clarification and guidance is necessary to address how to report the expenditures of approved funds released to some Counties over two fiscal years and to provide a simplified reporting format. In order to simplify the completion of the Revenue and Expenditure Report, the State has amended and consolidated the required information. This Information Notice supersedes previous guidance provided in DMH Information Notice Nos.: 09-22, 10-12, and 10-26.
2012	Legislature eliminates the Department of Mental Health,

	creates the Department of State Hospitals, and transitions responsibility for managing all community mental health services functions to the Department of Health Care Services.
May 17, 2012	DMH Information Notice 12-04: Implementation of the Annual MHSA Revenue and Expenditure Report for Fiscal Year 2010-11 Expenditures should be reported using the modified accrual basis of accounting. The modified accrual basis of accounting requires expenditures to be reported in the fiscal year in which the fund liability is incurred, whether or not the e expenditure has been paid. This is to acknowledge some situations where Counties were approved for a level of funds and received the funds over two fiscal years.
May 18, 2012	Final draft of DMH Transition Plan. Required by AB 102, the Department of Mental Health was required to develop a transition plan, based on input from its stakeholders, reporting the process for transferring its staff, programs and financing to other State Departments. Complete copy of text below: http://www.dsh.ca.gov/Publications/docs/Transition_Plan/DMHTransitionPlan.pdf
July 1, 2012	AB 1467 introduced January 2012, approved June 27, 2012, effective July 1, 2012 • Completes the transfer of DMH MHSA programs and staff to other state departments • Clarifies approval process for Innovation, annual updates, promulgation of regulations, fiscal reporting requirements, stakeholder processes, other fiscal issues • Clarifies departmental roles in providing technical assistance, revenue and expenditure reporting, annual update review and approval process at county • Complete copy of text below: http://legiscan.com/CA/text/AB100/id/222597
2013	The State Auditor Completes Audit on the MHSA The 2010 Cultural Competence Plans under review.

The Obama administration will issue long-awaited final rules requiring all private American insurance plans — in the individual, group, and employer markets — to cover mental health treatments on equal footing with more traditional physical medical care. The new rules are the final step in implementing the 2008 Wellstone-Domenici Mental Health Parity and Addiction Equity Act and add to Affordable Care Act requirements that will extend mental health benefits to millions of Americans for the first time, making the regulations one of the single biggest expansions of mental health coverage in American history.

The Affordable Care Act builds on the Mental Health Parity and Addictions Equity Act to expand mental health and substance use disorder benefits and federal parity protections for more than 60 million Americans. New health plans are now required to cover preventive services like depression screenings for adults and behavioral assessments for children at no additional cost. And starting next year, insurance companies will no longer be able to deny health care coverage to anyone because of a pre-existing mental health condition.

June 2013 — White House has National Conference on Mental Health

2013 — Ongoing shootings throughout the nation may have impacted stigma toward mental illness.

Government shut down stalled monthly benefits to veterans and the unemployed, and may also have affected disability payments. Some people with mental illness get disability because of their diagnosis.

We are having a cold winter. When the weather gets cold some homeless people with mental illness exacerbate their symptoms so that they can be detained (via psychiatric hold). They lack housing. Without proper housing they cannot have proper recovery.

Appendix C. CSI Data Tables – State and Region Tables

Note: NEW client tables are green, ALL client tables are blue. 2012 has been shaded in grey to indicate data are incomplete. The 2012 data can, however, be used to compare between subgroups for the year, but is not appropriate for trending analysis.

Statewide – New Clients	Frequencies (Actual Counts of New Clients)							
Variable	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Female	108,254	128,266	135,232	139,012	129,181	129,742	131,965	52,883
Male	122,886	150,273	159,520	165,039	150,375	143,415	158,252	61,496
Other Sex	11	18	16	21	26	24	23	13
Unknown Sex	54,664	1,186	1,078	970	474	494	456	238
CYF	69,209	78,253	82,679	85,301	83,947	86,758	88,693	31,394
TAY	47,212	60,578	63,780	69,420	63,632	61,627	61,023	25,026
Adults	106,313	128,668	136,075	136,349	120,176	113,212	127,172	52,134
Older Adults	8,842	12,192	13,248	13,891	12,196	11,856	12,944	5,314
Age 60-64	3,799	4,932	5,807	5,937	5,630	6,006	6,600	2,742
Age 65-69	1,620	2,307	2,579	2,682	2,426	2,256	2,628	1,102
Age 70-74	1,062	1,448	1,619	1,705	1,461	1,260	1,450	571
Age 75-79	930	1,287	1,228	1,323	1,054	936	931	354
Age 80-84	746	1,060	1,070	1,121	825	696	679	290
Age 85+	685	1,158	945	1,123	800	702	656	255
Age Missing	54,239	52	64	81	105	222	864	762
Hispanic	22,207	51,113	80,890	91,413	90,155	92,246	97,776	38,991
Not Hispanic	37,272	74,854	112,623	124,728	115,140	116,222	116,074	50,669
Unknown Ethnicity	226,336	153,776	102,333	88,901	74,761	65,207	76,846	24,970
White	75,885	64,070	42,559	40,125	34,385	30,269	24,969	8,880
Hispanic	63,969	57,167	49,243	48,116	46,778	43,844	27,743	5,451
Black	39,456	37,946	30,776	29,903	26,681	22,226	19,660	3,956
Asian	6,272	5,139	4,068	3,672	3,332	2,767	1,889	440
Native Hawaiian/Pacific Islander	389	276	190	186	154	139	108	33
American Indian/Alaskan Native	1,868	1,551	1,060	906	818	710	560	234
Other Race	4,445	4,524	3,304	3,334	3,123	2,381	1,742	467
Two or More Races	76	55	22	19	13	12	12	5
Unknown Race	93,455	109,015	164,624	178,781	164,772	171,327	214,013	95,164
USA Born	163,878	195,177	208,816	222,128	208,499	206,521	212,356	86,055
Foreign Born	67,299	83,940	86,544	82,494	71,196	66,901	78,052	28,450
Unknown Place of Birth	54,638	626	486	420	361	253	288	125
Language Reported	53,330	64,420	70,805	63,865	47,998	31,398	29,952	8,067
Language Unknown	232,485	215,323	225,041	241,177	232,058	242,277	260,744	106,563
Total Population	285,815	279,743	295,846	305,042	280,056	273,675	290,696	114,630

Statewide - New Clients	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	609	704	740	757	700	691	697	277
Male	702	825	873	898	812	772	844	325
CYF	860	992	1,071	1,104	1,072	1,135	1,162	412
TAY	957	1,114	1,160	1,263	1,189	1,099	1,086	444
Adults	618	724	765	767	671	631	702	286
Older Adults	173	227	239	242	207	193	204	81
Age 60-64	270	341	374	364	324	319	340	139
Age 65-74	138	187	205	206	178	153	172	66
Age 75-84	125	168	163	175	137	120	116	46
Age 85+	163	221	174	191	134	114	104	39
Total Population	810	767	809	830	758	733	771	301

Statewide-All Clients	Frequencies (Actual Counts of All Clients)							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	256,442	300,956	302,969	313,356	307,021	298,940	291,596	186,659
Male	273,653	326,341	332,612	345,393	334,033	320,909	326,243	205,664
Other Sex	40	47	40	46	56	47	52	37
Unknown Sex	104,453	2,111	2,248	2,015	1,007	1,004	765	471
CYF	141,397	165,515	166,635	173,004	175,529	176,997	176,283	108,337
TAY	86,852	112,409	115,740	124,281	122,416	119,916	116,998	70,909
Adults	272,693	314,441	316,707	321,579	302,367	282,671	284,771	184,513
Older Adults	30,331	36,988	38,665	41,810	41,644	41,033	39,609	28,083
Age 60-64	15,958	18,427	20,008	21,561	22,144	22,562	22,241	16,318
Age 65-69	6,471	8,070	8,433	9,204	9,262	9,004	8,671	6,176
Age 70-74	3,227	4,074	4,243	4,615	4,581	4,272	4,128	2,786
Age 75-79	2,227	2,840	2,675	2,867	2,623	2,461	2,202	1,396
Age 80-84	1,404	1,895	1,860	1,938	1,665	1,538	1,337	845
Age 85+	1,044	1,682	1,446	1,625	1,369	1,196	1,030	562
Age Missing	103,315	102	122	136	161	283	995	989
Hispanic	53,787	92,624	139,706	165,630	175,251	180,752	186,209	115,580
Not Hispanic	121,374	174,017	235,957	263,837	262,596	256,999	246,755	154,955
Unknown Ethnicity	459,427	362,814	262,206	231,343	204,270	183,149	185,692	122,296
White	174,952	173,035	130,353	121,849	110,410	97,383	83,533	50,468
Hispanic	121,395	127,653	106,693	108,172	108,314	104,275	84,992	43,036
Black	85,484	89,625	76,151	72,953	67,984	60,795	53,869	26,352
Asian	18,992	18,706	15,397	14,851	14,327	13,077	10,451	6,690
Native Hawaiian/Pacific Islander	736	682	516	473	437	387	317	179
American Indian/Alaskan Native	4,285	4,336	3,288	2,989	2,730	2,398	1,982	1,269
Other Race	12,301	12,335	10,243	10,036	9,728	8,304	6,797	4,008
Two or More Races	103	114	73	52	41	35	31	26
Unknown Race	216,340	202,969	295,155	329,435	328,146	334,246	376,684	260,803
USA Born	387,145	457,841	467,403	491,631	485,318	471,480	459,935	286,319
Foreign Born	142,544	169,653	168,740	167,862	155,723	148,673	157,993	105,982
Unknown Place of Birth	104,899	1,961	1,726	1,317	1,076	747	728	530
Language Reported	119,487	142,670	147,851	145,809	128,776	105,534	94,997	62,319
Language Unknown	515,101	486,785	490,018	515,001	513,341	515,366	523,659	330,512
Total Population	634,588	629,455	637,869	660,810	642,117	620,900	618,656	392,831

Statewide-All Clients	Proportion of All Clients per 100,000 Population

Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,442	1,651	1,658	1,706	1,665	1,592	1,539	976
Male	1,564	1,791	1,819	1,879	1,804	1,728	1,740	1,087
CYF	1,758	2,098	2,158	2,238	2,242	2,316	2,311	1,421
TAY	1,760	2,068	2,105	2,260	2,287	2,138	2,082	1,258
Adults	1,586	1,771	1,781	1,808	1,689	1,575	1,573	1,013
Older Adults	594	688	696	728	708	667	625	427
Age 60-64	1,134	1,275	1,290	1,323	1,274	1,200	1,147	828
Age 65-74	499	606	619	649	635	579	538	353
Age 75-84	271	338	322	343	313	293	255	159
Age 85+	248	321	266	277	230	195	163	86
Total Population	1,799	1,727	1,745	1,798	1,737	1,662	1,641	1,033

Superior Region – New Clients	Frequencies (Actual Counts of New Clients)							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	3,248	4,401	4,291	4,569	4,111	4,679	4,743	3,208
Male	2,816	3,837	3,770	4,025	3,857	4,493	4,323	3,056
Other Sex	0	1	0	2	1	0	1	2
Unknown Sex	21	20	27	54	29	14	15	29
CYF	1,715	2,442	2,451	2,424	2,443	2,803	2,667	1,735
TAY	1,196	1,688	1,646	1,813	1,656	1,948	1,909	1,349
Adults	2,936	3,785	3,597	4,011	3,524	3,979	4,037	2,852
Older Adults	234	343	391	401	374	452	467	348
Age 60-64	110	169	170	181	184	212	219	157
Age 65-69	39	58	95	91	76	97	118	92
Age 70-74	27	34	46	51	43	61	53	48
Age 75-79	19	30	39	36	34	36	29	22
Age 80-84	11	25	29	18	21	29	21	15
Age 85+	28	27	12	24	16	17	27	14
Age Missing	4	1	3	1	1	4	2	11
Hispanic	196	419	675	891	910	1,138	1,198	801
Not Hispanic	2,044	3,701	4,882	5,924	6,034	6,930	6,730	4,592
Unknown Ethnicity	3,845	4,139	2,531	1,835	1,054	1,118	1,154	902
White	4,026	3,546	1,523	1,678	1,313	1,338	1,280	832
Hispanic	300	276	110	121	89	80	97	43
Black	119	83	39	44	39	37	40	18
Asian	44	32	9	17	13	10	5	8
Native Hawaiian/Pacific Islander	6	1	2	1	1	2	1	1
American Indian/Alaskan Native	299	212	94	97	81	88	74	61
Other Race	75	59	25	41	32	43	34	26
Two or More Races	0	0	0	0	0	1	0	0
Unknown Race	1,216	4,050	6,286	6,651	6,430	7,587	7,551	5,306
USA Born	5,426	7,396	7,410	7,997	7,480	8,635	8,501	5,844
Foreign Born	652	830	663	626	488	536	558	430
Unknown Place of Birth	7	33	15	27	30	15	23	21
Language Reported	557	751	511	517	328	159	137	85
Language Unknown	5,528	7,508	7,577	8,133	7,670	9,027	8,945	6,210
Total Population	6,085	8,259	8,088	8,650	7,998	9,186	9,082	6,295

Superior Region–New Clients	Proportion of New Clients per 100,000 Population

Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	580	766	762	802	720	769	795	473
Male	528	704	698	738	687	779	750	462
CYF	1,075	1,472	1,472	1,483	1,464	1,535	1,206	712
TAY	1,177	1,516	1,523	1,623	1,697	1,519	1,002	597
Adults	748	919	923	984	874	904	641	405
Older Adults	161	232	211	238	227	224	206	140
Age 60-64	285	384	319	331	354	255	215	139
Age 65-74	107	142	218	196	136	204	129	102
Age 75-84	58	119	128	115	157	109	78	45
Age 85+	143	214	47	110	62	108	111	57
Total Population	731	939	935	969	902	910	663	403

Superior Region-All Clients	Frequencies (Actual Counts of All Clients)							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	9,697	12,085	12,022	12,419	11,558	11,593	11,846	9,993
Male	8,141	10,289	10,360	10,789	10,308	10,744	10,899	9,171
Other Sex	1	2	2	2	3	1	2	3
Unknown Sex	27	27	36	75	57	32	26	43
CYF	4,586	5,973	6,182	6,337	6,275	6,338	6,571	5,336
TAY	2,690	3,754	3,681	3,938	3,785	3,987	4,103	3,407
Adults	9,565	11,420	11,151	11,553	10,481	10,523	10,568	9,009
Older Adults	1,021	1,251	1,401	1,454	1,382	1,516	1,525	1,443
Age 60-64	520	636	701	729	729	802	802	772
Age 65-69	239	291	349	378	350	360	382	373
Age 70-74	106	129	152	176	144	185	181	160
Age 75-79	80	100	108	87	90	86	68	67
Age 80-84	39	47	60	46	43	55	53	42
Age 85+	37	48	31	38	26	28	39	29
Age Missing	4	5	5	3	3	6	6	15
Hispanic	731	1,097	1,625	2,007	2,194	2,477	2,726	2,272
Not Hispanic	8,543	11,454	14,216	16,092	16,543	17,061	17,280	14,507
Unknown Ethnicity	8,592	9,852	6,579	5,186	3,189	2,832	2,767	2,431
White	11,407	11,768	7,494	7,019	6,011	5,579	5,103	4,082
Hispanic	758	838	501	484	387	360	328	250
Black	302	323	197	162	147	134	134	107
Asian	210	227	172	166	136	115	99	73
Native Hawaiian/Pacific Islander	15	9	13	9	7	9	8	11
American Indian/Alaskan Native	698	703	425	385	310	310	261	228
Other Race	342	338	279	268	246	231	211	170
Two or More Races	0	0	0	0	0	1	0	0
Unknown Race	4,134	8,197	13,339	14,792	14,682	15,631	16,629	14,289
USA Born	16,287	20,357	20,600	21,556	20,440	20,918	21,263	17,872
Foreign Born	1,566	2,000	1,781	1,678	1,430	1,410	1,462	1,296
Unknown Place of Birth	13	46	39	51	56	42	48	42
Language Reported	1,291	1,720	1,529	1,535	1,320	956	841	616
Language Unknown	16,575	20,683	20,891	21,750	20,606	21,414	21,932	18,594
Total Population	17,866	22,403	22,420	23,285	21,926	22,370	22,773	19,210

Superior Region-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,526	3,048	3,513	3,126	2,926	2,941	3,010	2,550
Male	2,188	2,704	3,086	2,836	2,675	2,759	2,797	2,335
CYF	3,311	4,503	4,721	4,822	4,588	4,668	4,984	4,104
TAY	2,359	2,966	3,451	3,213	2,988	3,406	3,534	2,953
Adults	2,698	3,143	3,694	3,211	3,052	3,028	3,025	2,613
Older Adults	924	1,094	1,017	1,231	1,136	1,217	1,184	1,070
Age 60-64	1,348	1,587	1,854	1,590	1,403	1,369	1,403	1,293
Age 65-74	627	756	302	939	750	805	786	703
Age 75-84	291	353	171	327	353	394	299	268
Age 85+	254	280	212	206	144	133	234	157
White	1,873	1,887	1,409	1,142	981	916	845	676
Hispanic	953	1,012	631	62	50	46	42	32
Black	4,900	3,860	2648	2,043	1,735	1,617	1,643	1,106
Asian	1,303	1,224	1019	800	657	586	504	321
Native Hawaiian/Pacific Islander	1,272	929	1209	854	146	368	463	865
American Indian/Alaskan Native	3,622	3,709	2166	2,087	1,768	1,627	1,355	1,312
Other Race	13,545	91,351	-	40,729	47,036	16,643	22,281	25,185
Two or More Races	0	0	0	0	0	4	0	0
Total Population	2,363	2,883	3310	2,994	2,810	2,855	2,907	2,448

Bay Area Region – New Clients	Frequencies (Actual Counts of New Clients)							
Variable	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Female	20,521	24,369	23,105	24,412	23,885	23,178	21,457	9,548
Male	21,428	26,107	24,953	25,606	24,935	24,212	22,890	9,990
Other Sex	6	8	12	11	10	8	11	4
Unknown Sex	64	114	92	72	80	124	133	35
CYF	11,803	13,319	12,389	12,108	12,265	12,601	11,964	5,321
TAY	8,122	10,577	10,179	10,839	10,581	10,298	9,015	4,043
Adults	20,120	24,065	23,107	24,299	23,387	22,098	20,840	9,185
Older Adults	1,973	2,632	2,486	2,855	2,677	2,525	2,670	1,025
Age 60-64	885	1,077	1,135	1,310	1,263	1,219	1,386	562
Age 65-69	396	521	495	593	557	533	585	213
Age 70-74	240	341	322	362	336	287	315	101
Age 75-79	213	262	225	247	207	204	174	77
Age 80-84	145	214	178	186	174	133	115	45
Age 85+	94	217	131	157	140	149	95	27
Age Missing	1	5	1	0	0	0	2	3
Hispanic	4,995	8,220	10,216	11,104	11,638	12,370	11,686	5,884
Not Hispanic	8,785	14,269	18,641	18,293	18,340	17,895	17,382	6,189
Unknown Ethnicity	28,239	28,109	19,305	20,704	18,932	17,257	15,423	7,504
White	13,917	11,238	5,894	5,520	4,833	4,082	3,656	1,735
Hispanic	8,340	6,197	2,783	2,623	2,336	1,959	1,579	712
Black	8,848	7,797	4,630	4,639	4,062	3,251	2,970	981
Asian	2,189	1,616	688	718	583	440	442	132
Native Hawaiian/Pacific Islander	97	91	32	38	31	25	15	6
American Indian/Alaskan Native	299	245	134	104	101	72	74	39
Other Race	1,238	1,280	429	476	398	308	264	95
Two or More Races	17	20	3	5	1	5	2	0
Unknown Race	7,074	22,114	33,569	35,978	36,565	37,380	35,489	15,877
USA Born	28,955	34,580	32,989	33,468	33,166	32,789	30,995	12,755
Foreign Born	13,035	16,002	15,163	16,615	15,729	14,694	13,464	6,813
Unknown Place of Birth	29	16	10	18	15	39	32	9
Language Reported	6,867	8,437	8,024	7,578	4,406	2,285	2,074	680
Language Unknown	35,152	42,161	40,138	42,523	44,504	45,237	42,417	18,897
Total Population	42,019	50,598	48,162	50,101	48,910	47,522	44,491	19,577

Bay Area Region – New Clients	Proportion of New Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	504	611	603	610	578	547	501	318
Male	532	640	638	629	601	585	549	332
CYF	717	896	878	899	848	905	853	538
TAY	824	1,026	1,013	1,056	1,040	997	776	470
Adults	471	573	622	607	561	560	477	295
Older Adults	185	249	194	272	257	244	245	124
Age 60-64	218	275	298	290	264	245	262	146
Age 65-74	113	169	162	194	173	155	157	69
Age 75-84	100	126	137	133	130	119	85	53
Age 85+	80	136	115	108	96	105	65	25
Total Population	510	631	656	651	610	610	527	325

Bay Area Region-All Clients	Frequencies (Actual Counts of All Clients)							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	50,857	58,583	56,419	57,538	57,567	56,362	48,636	30,237
Male	52,370	61,397	59,323	60,473	60,277	59,463	51,908	33,467
Other Sex	29	29	25	29	29	22	22	16
Unknown Sex	150	218	195	187	189	232	236	115
CYF	24,140	28,268	26,639	26,547	26,465	26,999	25,440	16,874
TAY	15,237	19,994	19,444	20,182	20,236	20,223	17,846	10,752
Adults	55,741	62,532	60,398	61,272	60,790	58,314	49,056	30,682
Older Adults	8,287	9,428	9,479	10,225	10,571	10,543	8,458	5,523
Age 60-64	4,184	4,304	4,563	4,981	5,284	5,337	4,458	2,978
Age 65-69	1,875	2,277	2,263	2,431	2,506	2,445	1,946	1,309
Age 70-74	972	1,178	1,164	1,240	1,311	1,315	1,044	650
Age 75-79	669	791	729	778	698	717	525	318
Age 80-84	384	512	462	477	456	412	292	176
Age 85+	203	366	298	318	316	317	193	92
Age Missing	1	5	2	1	0	0	2	4
Hispanic	12,071	17,361	21,154	23,265	24,948	26,257	24,470	16,597
Not Hispanic	30,361	39,412	47,745	49,192	50,041	49,211	41,757	24,741
Unknown Ethnicity	60,974	63,454	47,063	45,770	43,073	40,611	34,575	22,497
White	33,375	32,395	23,722	21,389	19,377	17,399	13,808	9,257
Hispanic	15,828	15,333	9,662	8,517	7,716	6,830	5,394	3,692
Black	20,253	20,661	15,647	14,469	13,461	11,980	9,470	5,700
Asian	6,706	6,291	4,714	4,326	3,986	3,658	2,528	1,638
Native Hawaiian/Pacific Islander	206	212	133	115	107	88	57	33
American Indian/Alaskan Native	671	661	495	428	375	303	239	155
Other Race	3,894	3,149	2,124	1,969	1,831	1,640	1,163	709
Two or More Races	24	32	14	13	7	7	6	2
Unknown Race	22,449	41,493	59,451	67,001	71,202	74,174	68,137	42,649
USA Born	71,643	84,631	82,360	83,184	83,516	82,721	74,026	46,948
Foreign Born	31,713	35,562	33,577	35,013	34,519	33,301	26,712	16,849
Unknown Place of Birth	50	34	25	30	27	57	64	38
Language Reported	17,250	20,653	20,097	19,979	16,567	12,710	8,657	5,137
Language Unknown	86,156	99,574	95,865	98,248	101,495	103,369	92,145	58,698
Total Population	103,406	120,227	115,962	118,227	118,062	116,079	100,802	63,835

Bay Area Region-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,375	1,542	1,487	1,514	1,476	1,445	1,216	756
Male	1,415	1,616	1,552	1,551	1,546	1,525	1,331	837
CYF	1,601	1,903	1,694	1,821	1,780	1,847	1,733	1,144
TAY	1,713	2,025	1,861	1,981	2,055	1,973	1,750	1,046
Adults	1,468	1,609	1,579	1,566	1,534	1,474	1,228	759
Older Adults	1,004	1,069	777	1,102	1,132	1,100	855	534
Age 60-64	1,280	1,255	1,317	1,273	1,273	1,194	974	652
Age 65-74	661	771	262	759	794	735	562	345
Age 75-84	364	418	152	408	368	372	266	156
Age 85+	191	301	236	233	226	221	128	61
White	982	926	685	611	554	527	418	281
Hispanic	931	852	524	111	99	88	68	46
Black	4,410	4,258	3,206	3,031	2,837	2,517	1,989	1,230
Asian	447	419	300	270	249	215	149	91
Native Hawaiian/Pacific Islander	550	511	317	285	263	191	126	71
American Indian/Alaskan Native	2,789	2,900	2,045	2,170	1,564	1,285	1,076	733
Other Race	11,936	9,491	-	6,063	8,285	8,360	5,150	3,099
Two or More Races	13	17	6	6	3	3	2	7,143
Total Population	1,397	1,582	1,513	1,535	1,514	1,488	1,276	798

Central Region – New Clients	Frequencies (Actual Counts of New Clients)							
Variable	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Female	18,015	22,429	23,046	23,381	18,738	17,816	14,234	6,452
Male	17,566	23,196	23,794	24,109	18,360	17,710	13,994	6,074
Other Sex	1	2	1	2	3	2	1	2
Unknown Sex	62	45	51	50	85	108	43	17
CYF	11,601	13,841	14,076	14,551	12,585	13,037	9,238	3,811
TAY	7,473	10,421	10,589	10,917	8,425	8,138	6,276	2,726
Adults	15,488	19,826	20,623	20,387	14,931	13,379	11,816	5,523
Older Adults	1,080	1,580	1,597	1,678	1,235	1,070	923	473
Age 60-64	472	656	752	746	550	540	474	259
Age 65-69	205	342	303	352	273	234	194	92
Age 70-74	139	197	210	219	175	126	104	48
Age 75-79	108	150	140	147	95	83	63	37
Age 80-84	88	116	94	118	74	46	53	19
Age 85+	68	119	98	96	68	41	35	18
Age Missing	2	4	7	9	10	12	19	12
Hispanic	4,169	7,707	13,144	14,060	12,000	11,924	10,825	4,877
Not Hispanic	10,235	17,184	25,711	27,455	20,252	19,729	14,812	6,550
Unknown Ethnicity	21,240	20,781	8,037	6,027	4,934	3,983	2,635	1,118
White	14,843	11,902	7,086	6,431	4,479	3,999	2,782	1,090
Hispanic	8,591	6,767	3,753	3,322	2,465	2,094	1,622	628
Black	4,867	4,018	2,717	2,451	1,626	1,441	731	226
Asian	886	715	363	275	226	200	131	51
Native Hawaiian/Pacific Islander	35	32	14	13	10	9	9	1
American Indian/Alaskan Native	403	289	214	166	131	106	82	37
Other Race	719	636	332	290	206	177	86	37
Two or More Races	3	6	3	0	0	0	0	0
Unknown Race	5,297	21,307	32,410	34,594	28,043	27,610	22,829	10,475
USA Born	30,279	38,536	39,810	40,916	32,329	30,851	23,919	10,730
Foreign Born	5,351	7,111	7,056	6,574	4,802	4,738	4,321	1,805
Unknown Place of Birth	14	25	26	52	55	47	32	10
Language Reported	3,969	5,532	5,797	4,749	2,738	1,605	1,150	408
Language Unknown	31,675	40,140	41,095	42,793	34,448	34,031	27,122	12,137
Total Population	35,644	45,672	46,892	47,542	37,186	35,636	28,272	12,545

Central Region – New Clients	Proportion of New Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	629	759	803	809	693	653	610	379
Male	561	694	746	759	616	609	577	337
CYF	920	1,019	1,031	1,293	980	1,026	814	441
TAY	865	1,169	1,299	1,220	1,082	1,107	851	517
Adults	672	777	786	801	685	644	560	358
Older Adults	153	273	195	259	221	258	202	125
Age 60-64	186	282	279	289	206	345	204	153
Age 65-74	99	262	193	164	150	186	123	64
Age 75-84	75	111	120	260	226	79	97	57
Age 85+	104	124	109	103	91	77	77	48
Total Population	653	789	796	851	699	698	592	357

Central Region-All Clients	Frequencies (Actual Counts of All Clients)							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	44,656	53,624	53,807	53,454	48,336	41,737	35,894	23,462
Male	41,836	51,687	52,799	53,014	46,849	41,687	35,549	22,719
Other Sex	3	4	4	3	4	3	4	5
Unknown Sex	75	73	67	68	103	155	77	31
CYF	24,497	29,491	29,498	29,991	28,158	27,000	22,186	12,770
TAY	13,869	18,975	19,532	19,944	17,360	15,710	13,044	7,722
Adults	43,744	51,374	51,987	50,792	44,289	36,152	31,927	22,330
Older Adults	4,446	5,532	5,632	5,780	5,452	4,684	4,325	3,367
Age 60-64	2,160	2,629	2,837	2,954	2,822	2,522	2,346	1,863
Age 65-69	1,028	1,302	1,310	1,341	1,278	1,101	1,008	802
Age 70-74	522	671	681	706	677	543	507	365
Age 75-79	367	440	398	393	349	274	238	181
Age 80-84	215	277	224	226	190	150	146	98
Age 85+	154	213	182	160	136	94	80	58
Age Missing	14	16	28	32	33	36	42	28
Hispanic	11,218	16,763	25,282	28,111	26,489	25,313	23,898	16,091
Not Hispanic	33,361	44,827	59,367	63,076	55,633	47,568	39,546	24,745
Unknown Ethnicity	41,991	43,798	22,028	15,352	13,170	10,701	8,080	5,381
White	35,936	34,765	24,865	22,137	18,657	14,506	11,239	6,972
Hispanic	16,662	16,013	9,982	9,005	7,650	6,250	5,093	3,271
Black	10,621	10,485	7,926	7,172	5,774	4,359	2,900	1,390
Asian	3,181	3,093	2,321	2,004	1,823	1,442	1,200	866
Native Hawaiian/Pacific Islander	85	84	64	47	47	32	25	10
American Indian/Alaskan Native	1,070	996	762	679	613	509	404	283
Other Race	2,303	2,379	1,864	1,671	1,479	1,054	801	522
Two or More Races	4	7	6	0	0	0	0	0
Unknown Race	16,708	37,566	58,887	63,824	59,249	55,430	49,862	32,903
USA Born	71,521	87,453	88,978	90,020	80,998	71,088	60,155	38,419
Foreign Born	14,988	17,861	17,610	16,398	14,157	12,366	11,267	7,731
Unknown Place of Birth	61	74	89	121	137	128	102	67
Language Reported	11,020	13,753	14,256	13,116	10,498	7,272	5,815	4,009
Language Unknown	75,550	91,635	92,421	93,423	84,794	76,310	65,709	42,208
Total Population	86,570	105,388	106,677	106,539	95,292	83,582	71,524	46,217

Central Region-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,718	2,062	1,991	1,980	1,790	1,304	1,282	838
Male	1,673	1,988	1,960	1,963	1,735	1,345	1,317	811
CYF	1,995	2,446	2,148	2,470	2,245	1,892	1,770	1,018
TAY	1,793	2,262	2,358	2,416	2,126	1,611	1,516	903
Adults	1,861	2,072	2,156	2,027	1,787	1,252	1,268	886
Older Adults	872	1,019	716	1,013	949	677	705	522
Age 60-64	1,096	1,336	1,293	1,338	1,166	824	862	666
Age 65-74	570	706	231	692	633	441	455	324
Age 75-84	318	376	114	323	293	191	198	143
Age 85+	281	292	242	193	167	98	93	64
White	1,437	1,391	956	885	746	518	468	291
Hispanic	980	890	545	170	142	99	93	58
Black	3,976	3,750	2,780	2,455	2,017	1,443	1,020	483
Asian	686	635	479	419	373	250	227	158
Native Hawaiian/Pacific Islander	517	444	290	248	219	127	94	39
American Indian/Alaskan Native	2,833	2,818	2,073	2,042	1,845	1,488	1,188	1,049
Other Race	17,137	16,597	-	11,260	9,538	15,436	5,887	4,857
Two or More Races	4	6	4	0	0	0	0	0
Total Population	1,697	2,027	1,976	1,973	1,765	1,327	1,300	825

Southern Region – New Clients	Frequencies (Actual Counts of New Clients)							
Variable	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Female	35,295	43,523	45,642	49,540	45,824	49,853	47,439	28,346
Male	36,949	45,961	49,187	59,291	54,397	58,849	56,981	34,838
Other Sex	4	7	3	6	12	14	10	5
Unknown Sex	310	977	885	765	252	225	218	148
CYF	22,193	24,966	26,436	28,091	27,158	29,309	29,126	18,096
TAY	14,721	19,407	20,571	26,158	24,697	25,718	23,441	14,132
Adults	32,530	41,662	43,845	49,981	44,155	48,603	46,702	27,502
Older Adults	3,077	4,391	4,812	5,301	4,381	5,105	4,538	2,871
Age 60-64	1,246	1,651	1,925	2,167	2,059	2,776	2,268	1,427
Age 65-69	496	729	864	912	833	872	840	580
Age 70-74	360	498	584	628	478	490	484	313
Age 75-79	354	534	491	551	396	367	357	194
Age 80-84	296	447	480	483	306	304	281	184
Age 85+	325	532	468	560	309	296	308	173
Age Missing	37	42	53	71	94	206	841	736
Hispanic	12,847	24,184	31,743	38,029	36,930	38,874	40,154	25,553
Not Hispanic	16,208	30,151	43,177	51,044	48,990	52,702	54,083	31,687
Unknown Ethnicity	43,503	36,133	20,797	20,529	14,565	17,365	10,411	6,097
White	28,886	21,463	12,015	12,256	9,813	9,100	8,469	4,381
Hispanic	18,791	12,244	5,790	6,257	5,180	4,731	4,013	2,217
Black	6,775	5,228	3,144	3,504	2,847	2,574	2,483	1,320
Asian	1,575	1,123	513	605	454	359	356	169
Native Hawaiian/Pacific Islander	172	86	50	48	38	31	35	19
American Indian/Alaskan Native	508	375	201	211	163	179	159	77
Other Race	1,266	1,112	441	474	432	335	349	214
Two or More Races	56	29	16	14	12	6	10	5
Unknown Race	14,529	48,808	73,547	86,233	81,546	91,626	88,774	54,935
USA Born	55,091	66,531	71,583	82,612	78,477	82,169	83,597	51,776
Foreign Born	17,086	23,391	23,707	26,675	21,748	26,621	20,852	11,476
Unknown Place of Birth	381	546	427	315	260	151	199	85
Language Reported	10,140	13,476	15,126	15,870	8,731	4,574	3,863	2,112
Language Unknown	62,418	76,992	80,591	93,732	91,754	104,367	100,785	61,225
Total Population	72,558	90,468	95,717	109,602	100,485	108,941	104,648	63,337

Southern Region – New Clients	Proportion of New Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	618	721	737	780	736	753	762	578
Male	665	733	761	899	824	853	851	651
CYF	933	1,001	959	1,144	1,073	1,118	1,212	915
TAY	830	947	1,026	1,199	1,180	1,164	1,097	836
Adults	580	687	717	775	709	734	716	546
Older Adults	242	315	230	345	296	320	316	253
Age 60-64	278	361	341	397	331	368	351	283
Age 65-74	135	189	196	209	180	187	184	158
Age 75-84	142	194	176	181	144	143	150	107
Age 85+	225	236	181	211	130	131	134	116
Total Population	643	731	747	843	784	807	810	618

Southern Region-All Clients	Frequencies (Actual Counts of All Clients)							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	77,525	93,902	96,358	102,883	101,153	102,642	99,427	71,087
Male	79,290	95,975	99,724	112,741	111,826	115,232	113,943	82,429
Other Sex	7	12	9	12	20	21	24	13
Unknown Sex	964	1,757	1,917	1,643	614	545	362	249
CYF	42,705	50,177	50,715	53,051	53,860	55,295	55,183	41,439
TAY	26,268	34,436	36,420	43,051	44,375	45,778	43,294	30,046
Adults	79,871	95,629	98,648	107,643	102,346	103,475	101,290	71,475
Older Adults	8,869	11,328	12,138	13,434	12,907	13,651	13,044	9,876
Age 60-64	4,907	5,879	6,520	7,200	7,289	8,003	7,626	5,935
Age 65-69	1,606	2,072	2,235	2,509	2,585	2,695	2,592	1,942
Age 70-74	839	1,094	1,216	1,353	1,224	1,211	1,209	881
Age 75-79	645	910	858	953	800	755	715	500
Age 80-84	452	659	689	709	534	556	468	351
Age 85+	420	714	620	710	475	431	434	267
Age Missing	73	76	87	100	125	241	945	942
Hispanic	29,767	46,818	59,907	69,822	72,455	74,878	76,572	57,898
Not Hispanic	49,109	68,773	89,222	102,463	104,349	107,927	108,782	77,629
Unknown Ethnicity	78,910	76,055	48,879	44,994	36,809	35,635	28,402	18,251
White	62,479	58,593	40,821	38,816	34,619	31,036	28,433	18,882
Hispanic	33,768	30,260	18,325	17,789	16,063	14,431	12,742	8,431
Black	14,079	13,353	9,436	9,351	8,529	7,744	7,247	4,664
Asian	3,982	3,671	2,537	2,529	2,321	2,087	1,816	1,349
Native Hawaiian/Pacific Islander	285	219	134	119	101	90	95	68
American Indian/Alaskan Native	1,100	1,057	742	678	601	535	496	323
Other Race	2,803	2,923	1,949	1,825	1,692	1,518	1,407	1,051
Two or More Races	75	75	53	39	34	27	25	24
Unknown Race	39,215	81,495	124,011	146,133	149,653	160,972	161,495	118,986
USA Born	120,061	143,705	149,943	165,895	166,957	169,026	168,144	123,197
Foreign Born	36,189	46,149	46,502	50,280	45,801	48,895	45,100	30,198
Unknown Place of Birth	1,536	1,792	1,563	1,104	855	519	512	383
Language Reported	22,282	28,409	30,640	32,682	25,754	18,593	14,478	9,753
Language Unknown	135,504	163,237	167,368	184,597	187,859	199,847	199,278	144,025
Total Population	157,786	191,646	198,008	217,279	213,613	218,440	213,756	153,778

Southern Region-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,292	1,515	1,553	1,659	1,606	1,711	1,530	1,077
Male	1,344	1,548	1,592	1,790	1,747	1,921	1,753	1,249
CYF	1,528	1,824	1,683	1,932	1,931	2,150	2,010	1,510
TAY	1,524	1,784	1,882	2,192	2,285	2,384	2,103	1,451
Adults	1,407	1,613	1,713	1,804	1,710	1,820	1,651	1,157
Older Adults	723	872	668	986	929	1,020	881	638
Age 60-64	1,092	1,287	1,300	1,387	1,281	1,406	1,190	912
Age 65-74	384	483	179	556	520	544	475	330
Age 75-84	241	330	148	347	289	304	249	180
Age 85+	311	425	363	376	244	229	212	121
White	1,116	1,028	710	681	618	609	517	343
Hispanic	767	658	387	137	124	120	98	65
Black	2,750	2,409	1,656	1,705	1,513	1,397	1,267	803
Asian	362	334	227	230	211	174	140	104
Native Hawaiian/Pacific Islander	850	626	369	318	274	265	262	166
American Indian/Alaskan Native	1,982	1,969	1,327	1,308	1,269	1,147	956	652
Other Race	4,762	4,759	-	6,042	4,784	6,784	7,843	5,494
Two or More Races	37	32	20	15	13	9	8	8
Total Population	1,326	1,546	1,581	1,738	1,682	1,820	1,644	1,165

Los Angeles Region-New Clients	Frequencies (Actual Counts of New Clients)							
Variable	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Female	31,175	33,544	39,148	37,110	36,623	34,216	44,092	5,329
Male	44,127	51,172	57,816	52,008	48,826	38,151	60,064	7,538
Other Sex	0	0	0	0	0	0	0	0
Unknown Sex	12	30	23	29	28	23	47	9
CYF	21,897	23,685	27,327	28,127	29,496	29,008	35,698	2,431
TAY	15,700	18,485	20,795	19,693	18,273	15,525	20,382	2,776
Adults	35,239	39,330	44,903	37,671	34,179	25,153	43,777	7,072
Older Adults	2,478	3,246	3,962	3,656	3,529	2,704	4,346	597
Age 60-64	1,086	1,379	1,825	1,533	1,574	1,259	2,253	337
Age 65-69	484	657	822	734	687	520	891	125
Age 70-74	296	378	457	445	429	296	494	61
Age 75-79	236	311	333	342	322	246	308	24
Age 80-84	206	258	289	316	250	184	209	27
Age 85+	170	263	236	286	267	199	191	23
Age Missing	0	0	0	0	0	0	0	0
Hispanic	0	10,583	25,112	27,329	28,677	27,940	33,913	1,876
Not Hispanic	0	9,549	20,212	22,012	21,524	18,966	23,067	1,651
Unknown Ethnicity	75,314	64,614	51,663	39,806	35,276	25,484	47,223	9,349
White	14,213	15,921	16,041	14,240	13,947	11,750	8,782	842
Hispanic	27,947	31,683	36,807	35,793	36,708	34,980	20,432	1,851
Black	18,847	20,820	20,246	19,265	18,107	14,923	13,436	1,411
Asian	1,578	1,653	2,495	2,057	2,056	1,758	955	80
Native Hawaiian/Pacific Islander	79	66	92	86	74	72	48	6
American Indian/Alaskan Native	359	430	417	328	342	265	171	20
Other Race	1,147	1,437	2,077	2,053	2,055	1,518	1,009	95
Two or More Races	0	0	0	0	0	0	0	0
Unknown Race	11,144	12,736	18,812	15,325	12,188	7,124	59,370	8,571
USA Born	44,127	48,134	57,024	57,135	57,047	52,077	65,344	4,950
Foreign Born	31,175	36,606	39,955	32,004	28,429	20,312	38,857	7,926
Unknown Place of Birth	12	6	8	8	1	1	2	0
Language Reported	31,797	36,224	41,347	35,151	31,795	22,775	22,728	4,782
Language Unknown	43,517	48,522	55,640	53,996	53,682	49,615	81,475	8,094
Total Population	75,314	84,746	96,987	89,147	85,477	72,390	104,203	12,876

Los Angeles Region-New Clients	Proportion of New Clients per 100,000 Population							
Variable	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Female	636	671	785	742	732	684	882	107
Male	919	1,044	1,182	1,061	996	795	1,226	154
CYF	959	1,065	1,217	1,343	1,424	1,481	1,837	126
TAY	1,146	1,249	1,401	1,316	1,291	1,030	1,357	185
Adults	737	811	964	786	698	521	899	145
Older Adults	260	320	286	346	338	252	395	52
Age 60-64	295	361	476	363	371	272	475	69
Age 65-74	154	198	246	213	205	143	235	30
Age 75-84	128	160	178	186	165	125	149	14
Age 85+	169	195	176	191	175	129	117	14
Total Population	776	856	992	900	863	739	1,053	130

Los Angeles Region-All Clients	Frequencies (Actual Counts of All Clients)							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	73,707	82,762	84,363	87,062	88,407	86,606	95,793	51,880
Male	92,016	106,993	110,406	108,376	104,773	93,783	113,944	57,878
Other Sex	0	0	0	0	0	0	0	0
Unknown Sex	14	36	33	42	44	40	64	33
CYF	45,469	51,606	53,601	57,078	60,771	61,365	66,903	31,918
TAY	28,788	35,250	36,663	37,166	36,660	34,218	38,711	18,982
Adults	83,772	93,486	94,523	90,319	84,461	74,207	91,930	51,017
Older Adults	7,708	9,449	10,015	10,917	11,332	10,639	12,257	7,874
Age 60-64	4,187	4,979	5,387	5,697	6,020	5,898	7,009	4,770
Age 65-69	1,723	2,128	2,276	2,545	2,543	2,403	2,743	1,750
Age 70-74	788	1,002	1,030	1,140	1,225	1,018	1,187	730
Age 75-79	466	599	582	656	686	629	656	330
Age 80-84	314	400	425	480	442	365	378	178
Age 85+	230	341	315	399	416	326	284	116
Age Missing	0	0	0	0	0	0	0	0
Hispanic	0	10,585	31,738	42,425	49,165	51,827	58,543	22,722
Not Hispanic	0	9,551	25,407	33,014	36,030	35,232	39,390	13,333
Unknown Ethnicity	165,737	169,655	137,657	120,041	108,029	93,370	111,868	73,736
White	31,755	35,514	33,451	32,488	31,746	28,863	24,950	11,275
Hispanic	54,379	65,209	68,223	72,377	76,498	76,404	61,435	27,392
Black	40,229	44,803	42,945	41,799	40,073	36,578	34,118	14,491
Asian	4,913	5,424	5,653	5,826	6,061	5,775	4,808	2,764
Native Hawaiian/Pacific Islander	145	158	172	183	175	168	132	57
American Indian/Alaskan Native	746	919	864	819	831	741	582	280
Other Race	2,959	3,546	4,027	4,303	4,480	3,861	3,215	1,556
Two or More Races	0	0	0	0	0	0	0	0
Unknown Race	30,611	34,218	39,467	37,685	33,360	28,039	80,561	51,976
USA Born	107,633	121,695	125,522	130,976	133,407	127,727	136,347	59,883
Foreign Born	58,088	68,081	69,270	64,493	59,816	52,701	73,452	49,908
Unknown Place of Birth	16	15	10	11	1	1	2	0
Language Reported	67,644	78,135	81,329	78,497	74,637	66,003	65,206	42,804
Language Unknown	98,093	111,656	113,473	116,983	118,587	114,426	144,595	66,987
Total Population	165,737	189,791	194,802	195,480	193,224	180,429	209,801	109,791

Los Angeles Region-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,504	1,655	1,692	1,741	1,768	1,732	1,916	1,038
Male	1,917	2,184	2,256	2,212	2,138	1,954	2,325	1,181
CYF	1,991	2,320	2,387	2,726	2,935	3,132	3,444	1,650
TAY	2,101	2,383	2,471	2,484	2,591	2,270	2,577	1,262
Adults	1,751	1,928	2,029	1,884	1,726	1,537	1,888	1,042
Older Adults	809	932	723	1,035	1,087	993	1,114	688
Age 60-64	1,136	1,304	1,407	1,347	1,418	1,272	1,478	980
Age 65-74	495	598	198	667	692	598	666	398
Age 75-84	226	282	122	322	326	288	298	141
Age 85+	228	253	236	267	273	211	174	72
White	1,134	1,225	1,177	1,160	1,134	1,069	924	418
Hispanic	1,182	1,387	1,485	731	781	780	621	274
Black	4,768	5,179	5,013	5,002	4,903	4,532	4,266	1,813
Asian	378	417	445	448	466	444	370	197
Native Hawaiian/Pacific Islander	559	664	729	757	713	767	540	254
American Indian/Alaskan Native	3,396	3,603	4,161	3,880	4,238	4,829	3,619	1,626
Other Race	7,527	8,773	-	15,451	15,050	18,455	17,430	5,244
Two or More Races	0	0	0	0	0	0	0	0
Total Population	1,709	1,917	1,993	1,975	1,952	1,841	2,119	1,109

Appendix D. CSI Data Tables – County New Clients (in Alphabetical Order)

Alameda County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	774	907	926	956	1,067	1,040	938	129
Male	840	1,029	1,045	1,090	1,146	1,149	1,094	172
CYF	1,018	1,269	1,213	1,301	1,491	1,601	1,518	215
TAY	1,221	1,373	1,377	1,621	1,904	1,727	1,691	251
Adults	795	967	979	982	1,021	1,015	913	139
Older Adults	277	337	273	448	440	405	366	54
Age 60-64	344	411	526	548	529	471	432	71
Age 65-74	173	221	221	262	300	224	212	24
Age 75-84	93	104	133	146	120	132	121	22
Age 85+	78	117	73	115	75	72	54	8
Total Population	809	972	981	1,025	1,109	1,098	1,018	151

Alpine County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	4,315	2,232	3,466	6,515	2,181	855	NA	NA
TAY	2,015	3,345	3,819	1,761	893	990	NA	NA
Adults	2,316	2,702	1,513	2,067	1,752	1,064	NA	NA
Older Adults	-	929	444	425	373	1,449	NA	NA
Age 60-64	-	-	-	-	-	2,727	NA	NA
Age 65-74	-	2,036	1,049	-	-	917	NA	NA
Age 75-84	-	-	-	2,369	2,079	-	NA	NA
Age 85+	-	-	-	-	-	-	NA	NA
Total Population	2,235	2,390	1,923	2,566	1,441	1,106	NA	NA

Amador County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	197	475	578	287	397	542	NA	NA
TAY	268	574	797	730	817	1,056	NA	NA
Adults	214	345	334	511	291	511	NA	NA
Older Adults	21	21	51	39	18	89	NA	NA
Age 60-64	41	77	-	67	31	236	NA	NA
Age 65-74	28	-	80	51	23	45	NA	NA
Age 75-84	-	-	81	-	-	-	NA	NA
Age 85+	-	-	-	-	-	-	NA	NA
Total Population	170	308	347	370	282	446	NA	NA

Butte County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	500	643	635	738	570	1,124	1,316	961
Male	461	604	652	726	558	1,092	1,207	958
CYF	887	1,184	1,153	1,147	1,151	2,272	2,320	1,674
TAY	461	666	694	790	548	1,292	1,382	1,149
Adults	492	618	633	812	562	1,025	1,317	974
Older Adults	99	115	162	206	150	359	387	385
Age 60-64	210	183	287	217	138	363	369	424
Age 65-74	57	75	151	187	130	237	257	287
Age 75-84	26	51	111	87	64	170	180	110
Age 85+	20	71	56	83	73	101	244	101
Total Population	481	624	649	733	567	1,111	1,264	963

Calaveras County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	328	247	389	360	534	626	NA	NA
TAY	307	155	295	772	669	603	NA	NA
Adults	190	155	273	268	327	341	NA	NA
Older Adults	17	17	56	54	36	65	NA	NA
Age 60-64	30	29	110	130	98	118	NA	NA
Age 65-74	20	-	58	18	17	52	NA	NA
Age 75-84	-	-	-	-	-	-	NA	NA
Age 85+	-	115	-	112	-	103	NA	NA
Total Population	181	135	237	271	309	331	NA	NA

Colusa County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	236	872	731	762	648	724	NA	NA
TAY	289	906	1,040	727	809	575	NA	NA
Adults	282	643	546	468	362	379	NA	NA
Older Adults	97	95	62	90	144	112	NA	NA
Age 60-64	352	113	109	103	297	-	NA	NA
Age 65-74	-	172	84	81	74	219	NA	NA
Age 75-84	-	-	-	-	127	-	NA	NA
Age 85+	-	-	-	307	-	287	NA	NA
Total Population	243	661	592	524	465	453	NA	NA

Contra Costa County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	620	750	723	849	808	832	835	663
Male	614	744	762	818	787	827	796	683
CYF	812	998	870	951	1,025	1,035	1,059	816
TAY	1,030	1,331	1,429	1,396	1,459	1,563	1,411	1,203
Adults	571	661	688	828	739	783	794	673
Older Adults	228	303	202	387	314	315	306	248
Age 60-64	246	273	328	439	355	315	362	317
Age 65-74	128	213	74	268	183	216	195	138
Age 75-84	116	150	49	132	121	121	75	90
Age 85+	100	180	70	48	65	69	51	26
Total Population	617	747	741	834	798	829	816	673

Del Norte County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	2,542	2,293	2,691	2,319	2,484	1,660	NA	NA
TAY	3,522	3,643	3,026	3,349	2,300	1,895	NA	NA
Adults	2,171	1,975	1,982	2,132	1,559	1,248	NA	NA
Older Adults	494	548	576	617	457	356	NA	NA
Age 60-64	1,139	1,337	910	1,185	974	344	NA	NA
Age 65-74	428	211	627	511	331	464	NA	NA
Age 75-84	80	318	314	308	78	158	NA	NA
Age 85+	-	236	-	-	231	438	NA	NA
Total Population	2,137	2,009	2,012	2,051	1,618	1,237	NA	NA

El Dorado County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	618	843	886	888	643	695	725	224
Male	590	726	758	877	665	626	754	225
CYF	786	866	847	1,557	1,107	1,117	1,343	334
TAY	857	1,139	1,519	1,252	1,120	1,303	1,116	410
Adults	611	823	871	790	570	534	689	230
Older Adults	269	370	232	371	232	311	283	63
Age 60-64	250	375	358	276	224	347	211	72
Age 65-74	185	267	216	231	120	147	153	39
Age 75-84	102	92	145	183	58	166	205	23
Age 85+	105	199	73	167	133	29	178	0
Total Population	604	786	816	883	657	661	739	225

Fresno County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,013	1,135	1,070	969	732	618	579	116
Male	1,035	1,335	1,199	1,109	837	707	604	108
CYF	1,169	1,425	1,205	1,282	982	950	682	129
TAY	1,400	1,786	1,674	1,501	1,137	888	792	162
Adults	1,039	1,216	1,178	1,014	752	608	637	116
Older Adults	326	410	209	218	188	144	139	30
Age 60-64	377	403	385	267	260	173	171	44
Age 65-74	182	299	186	153	139	95	71	15
Age 75-84	182	206	103	84	49	43	57	10
Age 85+	244	192	82	37	7	7	38	0
Total Population	1,029	1,240	1,138	1,043	788	665	593	112

Glenn County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	702	584	478	848	629	987	NA	NA
TAY	563	563	374	919	1,033	939	NA	NA
Adults	428	334	315	537	577	643	NA	NA
Older Adults	42	104	184	180	58	232	NA	NA
Age 60-64	-	238	78	151	144	209	NA	NA
Age 65-74	55	109	265	154	-	342	NA	NA
Age 75-84	-	-	161	322	82	169	NA	NA
Age 85+	220	-	206	-	-	-	NA	NA
Total Population	450	389	343	605	556	693	NA	NA

Humboldt County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	417	572	550	683	798	737	395	259
Male	497	588	556	628	838	703	382	253
CYF	366	574	530	968	1,220	1,007	449	216
TAY	692	724	723	824	974	998	493	357
Adults	539	688	625	659	843	747	473	332
Older Adults	128	205	125	282	364	270	89	57
Age 60-64	121	292	267	360	390	296	77	69
Age 65-74	114	86	84	158	185	136	70	45
Age 75-84	37	81	70	115	209	163	37	-
Age 85+	128	109	-	69	87	-	-	-
Total Population	456	580	537	656	818	720	389	256

Imperial County Southern Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	867	892	860	960	1,017	987	1,112	1,121
Male	1,188	980	969	1,053	1,125	1,126	1,210	1,120
CYF	1,848	1,689	1,351	1,817	1,822	1,846	1,998	1,851
TAY	1,054	973	1,265	1,097	1,496	1,396	1,534	1,469
Adults	771	715	656	758	743	762	866	871
Older Adults	271	361	292	381	385	461	523	540
Age 60-64	437	611	374	427	448	433	578	653
Age 65-74	168	271	322	292	268	316	326	368
Age 75-84	101	122	229	198	202	333	327	221
Age 85+	63	60	64	139	61	152	77	373
Total Population	1,025	939	890	1,009	1,077	1,065	1,173	1,133

Inyo County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	1,146	1,259	1,052	1,333	1,270	848	NA	NA
TAY	1,197	1,254	1,279	1,502	1,217	678	NA	NA
Adults	693	804	899	615	880	396	NA	NA
Older Adults	222	310	285	389	455	144	NA	NA
Age 60-64	275	627	437	830	156	149	NA	NA
Age 65-74	178	237	59	235	444	165	NA	NA
Age 75-84	156	161	486	321	730	84	NA	NA
Age 85+	442	211	209	-	586	192	NA	NA
Total Population	720	820	819	789	878	442	NA	NA

Kern County Southern Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	653	800	762	883	987	977	1,131	879
Male	660	769	812	946	1,094	1,258	1,335	1,065
CYF	1,113	1,060	1,017	1,225	1,393	1,467	1,873	1,297
TAY	681	996	956	1,300	1,600	1,660	1,642	1,379
Adults	474	698	729	806	862	991	994	874
Older Adults	422	355	122	288	367	341	415	331
Age 60-64	211	260	212	356	356	324	391	335
Age 65-74	235	190	118	156	224	175	247	179
Age 75-84	409	310	43	117	225	205	247	152
Age 85+	669	438	38	188	170	171	197	128
Total Population	657	784	773	916	1,043	1,123	1,236	975

Kings County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,212	1,404	1,346	1,444	1,247	1,091	1,120	922
Male	941	807	848	902	741	773	748	673
CYF	982	1,432	1,127	1,410	1,102	920	980	735
TAY	1,720	1,406	1,623	1,622	1,382	1,466	1,446	1,359
Adults	1,129	915	958	1,012	876	849	841	757
Older Adults	378	532	321	444	437	497	481	349
Age 60-64	370	549	433	251	214	460	359	372
Age 65-74	257	392	350	375	385	316	387	191
Age 75-84	145	218	244	399	349	215	197	240
Age 85+	312	215	-	75	79	307	172	142
Total Population	1,076	1,064	1,047	1,132	953	914	909	784

Lake County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	561	770	1,040	983	668	520	687	349
Male	521	671	842	837	594	642	657	263
CYF	755	1,280	1,311	1,343	1,038	827	981	404
TAY	760	848	1,656	1,493	1,085	677	1,108	573
Adults	597	720	1,001	946	581	669	711	327
Older Adults	128	244	233	348	322	328	334	145
Age 60-64	200	304	351	312	377	236	381	113
Age 65-74	20	194	218	207	177	275	195	88
Age 75-84	116	80	130	194	186	144	85	59
Age 85+	60	-	222	154	58	51	132	205
Total Population	541	722	953	911	631	581	672	306

Lassen County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	502	877	1,227	820	1,117	967	NA	NA
TAY	498	1,014	877	852	783	1,525	NA	NA
Adults	317	561	529	410	600	819	NA	NA
Older Adults	139	179	213	103	135	151	NA	NA
Age 60-64	161	304	209	192	170	218	NA	NA
Age 65-74	120	118	227	112	205	151	NA	NA
Age 75-84	188	92	266	-	-	-	NA	NA
Age 85+	-	276	-	-	-	223	NA	NA
Total Population	356	640	660	504	638	845	NA	NA

Los Angeles County Los Angeles Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	636	671	785	742	732	684	882	107
Male	919	1,044	1,182	1,061	996	795	1,226	154
CYF	959	1,065	1,217	1,343	1,424	1,481	1,837	126
TAY	1,146	1,249	1,401	1,316	1,291	1,030	1,357	185
Adults	737	811	964	786	698	521	899	145
Older Adults	260	320	286	346	338	252	395	52
Age 60-64	295	361	476	363	371	272	475	69
Age 65-74	154	198	246	213	205	143	235	30
Age 75-84	128	160	178	186	165	125	149	14
Age 85+	169	195	176	191	175	129	117	14
Total Population	776	856	992	900	863	739	1,053	130

Madera County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,039	1,064	1,127	1,046	822	788	831	679
Male	740	941	974	952	711	741	775	516
CYF	1,104	1,340	1,171	1,320	1,030	1,074	943	667
TAY	1,127	1,307	1,699	1,527	1,243	1,118	1,175	805
Adults	957	940	1,016	896	684	703	806	657
Older Adults	171	387	290	358	328	216	355	247
Age 60-64	103	329	290	237	222	173	212	213
Age 65-74	125	283	329	313	210	136	229	141
Age 75-84	129	349	224	153	215	143	276	142
Age 85+	83	163	298	415	108	274	372	209
Total Population	886	1,006	1,050	1,001	768	765	804	600

Marin County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	470	539	543	423	566	481	233	NA
Male	455	499	480	391	507	466	256	NA
CYF	752	775	676	608	818	707	423	NA
TAY	819	850	1,005	732	878	992	481	NA
Adults	436	511	504	377	516	422	218	NA
Older Adults	206	240	177	250	319	327	130	NA
Age 60-64	208	236	240	225	281	289	95	NA
Age 65-74	107	121	128	132	141	199	97	NA
Age 75-84	81	121	161	147	267	125	70	NA
Age 85+	209	242	190	245	212	434	73	NA
Total Population	466	519	510	407	536	475	245	225

Mariposa County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	1,577	1,863	1,455	1,753	1,770	2,355	NA	NA
TAY	1,677	2,569	2,303	1,987	2,846	3,010	NA	NA
Adults	1,468	1,514	1,289	1,341	1,188	1,625	NA	NA
Older Adults	261	340	166	240	355	240	NA	NA
Age 60-64	537	754	515	349	717	377	NA	NA
Age 65-74	214	155	-	242	315	311	NA	NA
Age 75-84	92	272	89	87	81	-	NA	NA
Age 85+	-	-	-	289	-	-	NA	NA
Total Population	1,202	1,381	1,126	1,175	1,203	1,463	NA	NA

Mendocino County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,185	1,412	1,436	1,434	1,244	1,133	988	352
Male	917	1,196	1,249	1,214	1,113	1,013	830	362
CYF	1,671	2,074	2,256	2,174	2,209	2,170	1,907	755
TAY	1,442	1,638	2,094	2,007	1,814	1,517	1,506	476
Adults	1,031	1,317	1,159	1,297	1,087	932	720	350
Older Adults	313	521	314	414	334	334	247	100
Age 60-64	480	652	413	450	294	334	205	102
Age 65-74	136	276	349	273	215	137	163	79
Age 75-84	143	312	263	173	167	208	154	-
Age 85+	77	114	-	191	86	109	119	-
Total Population	1,056	1,313	1,326	1,338	1,182	1,075	908	365

Merced County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	446	626	746	783	799	465	455	410
Male	360	525	778	757	649	409	396	394
CYF	380	532	561	490	519	369	300	373
TAY	592	841	1,023	1,106	1,149	551	580	546
Adults	422	604	928	964	824	519	516	454
Older Adults	162	261	218	342	344	228	200	156
Age 60-64	151	256	340	467	294	138	238	218
Age 65-74	72	161	146	184	220	176	117	79
Age 75-84	90	68	144	105	185	166	100	24
Age 85+	262	431	354	265	438	125	33	110
Total Population	403	575	750	770	724	437	426	402

Modoc County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	766	1,629	1,457	1,576	1,583	1,343	NA	NA
TAY	818	1,650	1,563	2,598	2,806	3,138	NA	NA
Adults	1,127	1,126	882	1,641	1,316	1,402	NA	NA
Older Adults	173	340	208	402	374	146	NA	NA
Age 60-64	319	155	296	272	996	363	NA	NA
Age 65-74	216	211	209	712	187	90	NA	NA
Age 75-84	-	348	173	176	-	-	NA	NA
Age 85+	-	1,569	-	-	-	-	NA	NA
Total Population	793	1,089	897	1,403	1,256	1,208	NA	NA

Mono County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	496	639	1,071	751	1,170	2,466	NA	NA
TAY	143	635	505	623	474	1,325	NA	NA
Adults	189	147	240	616	310	531	NA	NA
Older Adults	60	55	52	201	44	137	NA	NA
Age 60-64	158	-	140	268	122	123	NA	NA
Age 65-74	-	125	-	120	-	217	NA	NA
Age 75-84	-	-	-	281	-	-	NA	NA
Age 85+	-	-	-	-	-	-	NA	NA
Total Population	225	304	408	583	440	944	NA	NA

Monterey County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	477	584	662	784	525	653	602	530
Male	394	522	575	656	456	594	553	520
CYF	717	915	1,030	1,173	676	1,052	1,005	901
TAY	671	828	881	1,033	820	983	898	773
Adults	319	412	462	573	412	479	435	409
Older Adults	84	130	99	174	151	163	165	161
Age 60-64	148	157	219	184	123	138	150	148
Age 65-74	30	85	68	128	140	91	104	106
Age 75-84	28	67	33	84	61	101	68	87
Age 85+	60	17	51	16	14	119	102	59
Total Population	436	552	616	718	489	627	582	526

Napa County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	161	239	226	131	175	166	237	190
Male	147	177	179	102	164	184	259	166
CYF	202	273	276	214	390	477	670	494
TAY	245	328	345	172	209	225	297	195
Adults	166	221	204	99	127	108	173	120
Older Adults	36	58	45	56	70	53	37	36
Age 60-64	55	47	42	39	74	79	12	46
Age 65-74	12	65	44	63	38	29	36	18
Age 75-84	18	14	59	31	64	14	30	28
Age 85+	-	40	30	-	-	-	26	-
Total Population	157	212	206	118	172	178	250	178

Nevada County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	343	413	206	184	218	239	503	555
Male	342	442	206	191	218	215	499	487
CYF	594	918	263	346	395	466	1,264	1,215
TAY	489	550	368	344	358	404	926	933
Adults	343	417	205	184	223	209	409	461
Older Adults	177	139	94	40	71	74	179	192
Age 60-64	94	146	127	15	74	80	190	153
Age 65-74	64	71	77	33	50	29	105	141
Age 75-84	34	17	100	-	-	88	31	102
Age 85+	716	252	42	103	91	-	179	70
Total Population	353	432	204	187	218	227	501	522

Orange County Southern Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	528	650	687	704	644	879	759	539
Male	590	751	809	829	760	994	935	725
CYF	638	791	807	885	821	1,068	956	771
TAY	971	1,163	1,223	1,293	1,239	1,387	1,348	1,029
Adults	535	682	740	728	642	919	835	614
Older Adults	341	470	385	468	353	580	345	270
Age 60-64	274	367	420	375	342	822	366	312
Age 65-74	161	236	299	249	202	213	165	147
Age 75-84	255	390	429	356	223	232	206	141
Age 85+	486	522	500	470	259	272	233	135
Total Population	563	722	771	781	704	938	848	630

Placer County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	413	454	486	441	248	274	266	240
Male	339	440	466	417	232	269	257	220
CYF	625	786	544	615	319	369	412	342
TAY	541	678	882	778	456	528	510	388
Adults	364	404	513	423	247	278	261	242
Older Adults	63	91	89	85	46	32	28	46
Age 60-64	130	188	182	212	73	52	52	80
Age 65-74	27	46	70	16	33	17	10	24
Age 75-84	6	33	32	20	-	6	-	11
Age 85+	-	-	35	16	12	-	-	13
Total Population	378	448	482	432	242	273	265	232

Plumas County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	2,409	2,158	2,398	2,115	2,500	2,728	NA	NA
TAY	3,032	3,401	2,600	3,020	2,610	2,244	NA	NA
Adults	1,520	1,788	1,571	1,559	1,546	1,604	NA	NA
Older Adults	333	311	251	314	198	296	NA	NA
Age 60-64	637	561	356	448	424	466	NA	NA
Age 65-74	233	230	362	262	118	197	NA	NA
Age 75-84	78	158	-	164	-	334	NA	NA
Age 85+	500	241	-	453	232	-	NA	NA
Total Population	1,529	1,632	1,461	1,453	1,406	1,449	NA	NA

Riverside County Southern Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	682	838	841	941	798	901	492	NA
Male	756	923	936	1,538	1,144	1,161	586	NA
CYF	826	953	795	908	808	908	485	NA
TAY	1,125	1,391	1,496	2,264	1,845	1,758	865	NA
Adults	720	866	974	1,354	1,108	1,135	591	NA
Older Adults	184	266	216	367	323	305	162	NA
Age 60-64	317	392	369	570	404	412	205	NA
Age 65-74	100	182	185	251	204	188	101	NA
Age 75-84	74	121	133	142	138	118	48	NA
Age 85+	65	89	146	132	122	89	101	NA
Total Population	721	882	886	1,228	974	1,033	540	NA

Sacramento County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	762	924	900	990	607	542	41	NA
Male	925	1,141	1,130	1,141	645	590	44	NA
CYF	1,370	1,617	1,449	1,568	1,298	1,387	101	NA
TAY	1,282	1,663	1,520	1,708	945	804	60	NA
Adults	677	849	896	922	412	314	25	NA
Older Adults	174	219	178	347	173	94	6	NA
Age 60-64	218	332	352	389	179	121	10	NA
Age 65-74	112	137	165	224	95	60	3	NA
Age 75-84	80	75	59	178	89	17	-	NA
Age 85+	41	69	63	135	124	4	-	NA
Total Population	842	1,030	1,012	1,065	629	571	42	NA

San Benito County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	447	894	1,175	1,147	923	1,109	NA	NA
TAY	652	896	1,679	1,488	1,546	1,813	NA	NA
Adults	418	617	1,140	945	723	1,114	NA	NA
Older Adults	75	118	273	264	221	214	NA	NA
Age 60-64	150	144	232	267	242	233	NA	NA
Age 65-74	-	160	233	337	210	201	NA	NA
Age 75-84	123	61	369	184	238	297	NA	NA
Age 85+	-	-	324	156	146	-	NA	NA
Total Population	417	670	1,113	983	819	1,082	NA	NA

San Bernardino County Southern Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	675	767	798	826	759	781	812	674
Male	666	745	814	937	888	882	918	775
CYF	801	841	851	1,045	981	1,055	1,146	932
TAY	847	1,010	1,102	1,286	1,286	1,265	1,208	972
Adults	671	759	842	818	733	709	738	644
Older Adults	189	269	204	287	266	282	298	252
Age 60-64	266	372	390	385	312	310	358	293
Age 65-74	101	182	161	159	142	164	165	132
Age 75-84	59	56	71	65	91	93	78	74
Age 85+	13	40	115	93	87	71	32	54
Total Population	672	758	810	883	824	833	866	725

San Diego County Southern Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	575	637	703	768	748	707	758	380
Male	576	643	698	815	799	772	993	509
CYF	858	1,002	977	1,104	1,119	1,190	1,250	657
TAY	661	704	755	1,025	1,099	982	1,112	560
Adults	536	625	687	735	675	648	854	397
Older Adults	246	328	277	452	333	304	366	183
Age 60-64	317	389	443	470	462	378	453	233
Age 65-74	141	157	217	251	160	155	185	99
Age 75-84	106	162	179	256	129	135	132	72
Age 85+	222	452	311	406	132	119	144	75
Total Population	579	649	700	797	774	742	876	445

San Francisco County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	906	1,056	1,025	1,047	875	685	730	232
Male	1,100	1,370	1,338	1,272	1,136	860	869	273
CYF	1,360	1,824	1,731	1,718	1,388	1,305	1,230	417
TAY	1,518	2,253	1,391	2,196	1,869	1,065	768	262
Adults	1,042	1,161	1,151	1,110	992	779	817	270
Older Adults	551	656	533	622	568	429	800	164
Age 60-64	689	884	880	751	682	453	917	205
Age 65-74	369	436	482	417	379	248	559	112
Age 75-84	338	341	387	327	226	196	268	52
Age 85+	187	323	290	307	230	221	178	11
Total Population	1,005	1,222	1,147	1,165	1,010	776	806	255

San Joaquin County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	735	879	940	933	955	895	901	288
Male	605	716	845	885	845	874	864	292
CYF	638	698	708	973	821	898	1,025	314
TAY	925	1,170	1,389	1,518	1,513	1,492	1,380	465
Adults	727	852	1,013	859	938	882	849	297
Older Adults	328	453	349	417	393	307	337	94
Age 60-64	317	425	607	452	397	382	444	123
Age 65-74	212	285	207	274	283	205	211	49
Age 75-84	201	286	247	222	140	81	110	28
Age 85+	129	387	403	189	134	115	56	21
Total Population	670	797	894	909	900	885	882	290

San Luis Obispo County Southern Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	711	860	929	880	855	819	749	490
Male	631	693	737	778	719	732	663	450
CYF	1,060	1,143	1,268	1,359	1,278	1,323	1,327	848
TAY	798	838	970	937	838	934	775	557
Adults	695	829	847	828	883	777	714	472
Older Adults	195	357	243	407	254	329	301	216
Age 60-64	346	445	414	507	260	356	358	187
Age 65-74	87	247	155	273	190	245	182	175
Age 75-84	91	224	217	183	89	104	105	100
Age 85+	185	136	178	196	108	163	163	64
Total Population	671	774	824	827	785	774	706	470

San Mateo County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	495	683	710	736	800	675	452	NA
Male	400	602	591	600	654	620	393	NA
CYF	586	771	868	827	1,045	933	540	NA
TAY	944	1,310	1,329	1,271	1,422	1,353	870	NA
Adults	391	546	546	614	612	526	393	NA
Older Adults	195	468	247	389	439	399	214	NA
Age 60-64	223	295	324	316	329	338	209	NA
Age 65-74	110	302	233	252	284	267	132	NA
Age 75-84	120	361	188	229	269	251	124	NA
Age 85+	100	520	243	332	334	236	69	NA
Total Population	448	643	653	669	727	649	424	NA

Santa Barbara County Southern Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	531	629	564	533	365	369	478	334
Male	542	647	563	575	381	386	469	334
CYF	893	1,069	981	1,075	694	676	991	622
TAY	654	685	584	655	370	478	578	418
Adults	482	596	542	487	369	351	368	286
Older Adults	173	235	151	203	158	160	158	132
Age 60-64	191	253	232	276	217	176	216	148
Age 65-74	121	145	154	118	93	155	112	112
Age 75-84	89	177	110	122	50	21	60	34
Age 85+	182	171	62	41	69	44	51	48
Total Population	540	639	577	574	387	394	483	340

Santa Clara County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	347	276	71	61	48	48	31	26
Male	372	286	80	66	56	53	39	28
CYF	644	435	85	61	45	39	27	18
TAY	641	481	148	139	105	105	65	44
Adults	242	226	68	58	52	50	39	33
Older Adults	179	110	23	30	27	33	13	13
Age 60-64	212	116	29	39	30	41	16	17
Age 65-74	110	68	29	20	20	23	9	8
Age 75-84	91	64	11	7	11	8	2	6
Age 85+	20	60	4	4	4	-	4	-
Total Population	360	281	76	63	52	51	35	27

Santa Cruz County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	550	738	759	677	643	618	650	365
Male	743	932	993	909	857	803	891	421
CYF	1,060	1,373	1,413	1,422	1,142	1,263	1,407	726
TAY	951	1,226	1,040	1,044	978	804	858	449
Adults	563	708	782	706	717	679	727	364
Older Adults	118	201	166	192	227	265	306	139
Age 60-64	103	281	343	184	245	274	325	164
Age 65-74	103	110	109	124	143	142	171	70
Age 75-84	33	66	77	100	67	61	65	59
Age 85+	76	48	24	-	-	40	45	19
Total Population	647	835	856	794	750	711	770	393

Shasta County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	477	784	706	790	822	862	883	362
Male	431	726	681	831	801	1,009	926	452
CYF	741	1,412	1,248	1,470	1,345	1,463	1,519	717
TAY	638	1,097	1,076	1,211	1,136	1,516	1,601	693
Adults	452	663	651	760	839	962	859	392
Older Adults	110	182	129	235	167	219	206	101
Age 60-64	94	257	182	316	214	328	282	110
Age 65-74	66	67	111	183	82	94	114	75
Age 75-84	67	117	126	42	92	81	59	41
Age 85+	131	151	54	46	50	45	104	22
Total Population	454	756	718	823	814	934	904	407

Sierra County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	193	1,553	2,804	2,216	2,295	2,321	NA	NA
TAY	1,113	1,160	1,606	1,436	3,977	1,095	NA	NA
Adults	361	846	1,427	1,401	1,079	1,156	NA	NA
Older Adults	113	220	109	213	299	196	NA	NA
Age 60-64	414	793	372	686	302	289	NA	NA
Age 65-74	-	-	-	-	-	253	NA	NA
Age 75-84	-	-	-	-	1,000	-	NA	NA
Age 85+	-	-	-	-	-	-	NA	NA
Total Population	350	818	1,286	1,188	1,264	1,019	NA	NA

Siskiyou County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	1,388	1,878	1,747	1,906	2,018	1,683	NA	NA
TAY	1,005	1,523	1,535	1,565	1,754	1,982	NA	NA
Adults	659	968	1,079	1,060	978	888	NA	NA
Older Adults	81	178	192	178	232	175	NA	NA
Age 60-64	170	195	310	320	321	209	NA	NA
Age 65-74	97	240	142	136	166	223	NA	NA
Age 75-84	-	137	208	35	285	74	NA	NA
Age 85+	-	-	-	269	88	87	NA	NA
Total Population	703	1,005	1,030	1,046	1,052	951	NA	NA

Solano County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	425	551	629	676	492	446	447	408
Male	442	492	592	640	483	429	476	413
CYF	516	632	728	801	673	737	874	771
TAY	629	748	871	903	629	553	571	534
Adults	432	517	599	667	489	394	386	343
Older Adults	137	202	178	311	198	185	199	165
Age 60-64	143	239	266	339	184	174	198	159
Age 65-74	114	126	195	210	163	131	113	77
Age 75-84	66	101	90	160	48	51	67	108
Age 85+	18	39	38	56	55	39	63	82
Total Population	434	521	605	658	487	438	462	411

Sonoma County Bay Area Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	315	401	360	374	358	378	355	318
Male	340	390	386	378	366	445	411	310
CYF	487	595	469	562	565	607	632	481
TAY	569	693	659	671	664	780	627	524
Adults	282	332	337	328	326	375	349	301
Older Adults	134	170	113	143	112	140	158	138
Age 60-64	90	217	143	151	98	139	166	186
Age 65-74	97	115	131	118	77	84	101	69
Age 75-84	94	65	89	47	69	68	43	29
Age 85+	108	42	40	18	18	36	45	25
Total Population	329	396	367	378	364	412	384	316

Stanislaus County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	440	628	733	694	777	725	743	66
Male	380	633	673	699	746	749	790	71
CYF	615	975	1,026	1,332	1,470	1,509	1,602	163
TAY	479	803	872	908	1,067	1,003	1,022	90
Adults	357	512	618	487	506	464	493	37
Older Adults	188	316	221	167	112	125	98	3
Age 60-64	186	260	269	189	112	177	145	4
Age 65-74	103	240	225	125	84	65	43	-
Age 75-84	91	181	195	81	60	52	23	6
Age 85+	224	281	130	27	12	-	23	-
Total Population	410	630	708	697	762	738	767	69

Sutter/Yuba Counties Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	202	296	428	511	631	812	721	496
Male	157	224	341	410	537	640	700	452
CYF	164	228	370	505	624	745	765	460
TAY	290	328	596	730	895	1,174	1,033	720
Adults	202	318	445	461	631	790	798	532
Older Adults	40	75	52	135	170	234	216	190
Age 60-64	49	112	73	227	265	195	238	289
Age 65-74	-	43	60	75	78	152	121	89
Age 75-84	57	16	33	33	-	118	87	48
Age 85+	58	-	-	42	-	173	-	-
Total Population	179	260	388	460	585	727	710	474

Tehama County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	460	1,496	1,233	1,089	882	1,137	NA	NA
TAY	958	1,587	1,798	2,026	1,869	1,881	NA	NA
Adults	662	913	1,096	1,129	1,022	1,002	NA	NA
Older Adults	40	111	186	189	144	191	NA	NA
Age 60-64	63	244	379	274	230	197	NA	NA
Age 65-74	40	78	173	132	142	245	NA	NA
Age 75-84	32	64	-	222	95	158	NA	NA
Age 85+	-	-	180	90	-	-	NA	NA
Total Population	528	968	1,027	1,033	905	963	NA	NA

Tuolumne County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	460	1,496	1,233	1,089	882	1,137	NA	NA
TAY	958	1,587	1,798	2,026	1,869	1,881	NA	NA
Adults	662	913	1,096	1,129	1,022	1,002	NA	NA
Older Adults	40	111	186	189	144	191	NA	NA
Age 60-64	63	244	379	274	230	197	NA	NA
Age 65-74	40	78	173	132	142	245	NA	NA
Age 75-84	32	64	-	222	95	158	NA	NA
Age 85+	-	-	180	90	-	-	NA	NA
Total Population	528	968	1,027	1,033	905	963	NA	NA

Trinity County Superior Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	NA	NA	NA	NA	NA	NA	NA	NA
Male	NA	NA	NA	NA	NA	NA	NA	NA
CYF	2,992	2,773	2,031	2,634	1,907	2,808	NA	NA
TAY	2,553	3,281	3,332	2,810	3,301	2,623	NA	NA
Adults	986	1,124	1,075	748	802	784	NA	NA
Older Adults	116	227	332	-	176	148	NA	NA
Age 60-64	97	375	454	-	320	154	NA	NA
Age 65-74	71	140	410	-	122	179	NA	NA
Age 75-84	129	127	126	-	120	-	NA	NA
Age 85+	435	407	-	-	-	388	NA	NA
Total Population	1,269	1,389	1,262	1,056	1,038	1,088	NA	NA

Tulare County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	409	538	542	563	433	484	617	509
Male	415	525	507	537	447	499	661	558
CYF	789	890	830	948	753	822	1,133	996
TAY	408	637	663	674	554	679	792	574
Adults	278	407	381	391	311	339	443	375
Older Adults	79	111	92	176	103	130	160	129
Age 60-64	111	136	118	260	115	173	214	162
Age 65-74	35	55	106	92	82	57	89	75
Age 75-84	15	67	60	78	41	58	22	44
Age 85+	81	39	40	-	15	60	51	35
Total Population	412	531	522	550	440	491	639	534

Ventura County Southern Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	340	419	487	529	455	355	570	210
Male	374	450	509	622	503	369	545	233
CYF	363	461	582	883	743	527	884	346
TAY	683	762	877	930	851	616	812	306
Adults	334	411	434	465	370	318	486	208
Older Adults	158	197	184	254	222	115	275	100
Age 60-64	141	158	219	212	174	104	234	104
Age 65-74	99	93	159	128	135	72	177	55
Age 75-84	98	179	169	192	147	44	147	60
Age 85+	136	217	216	234	166	98	206	49
Total Population	358	435	493	576	482	364	564	226

Yolo County Central Region	Proportions per 100,000							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	265	323	427	440	425	450	321	222
Male	242	312	435	421	341	434	333	199
CYF	334	355	515	487	392	509	480	340
TAY	243	328	429	462	312	475	303	172
Adults	271	351	474	452	499	485	360	239
Older Adults	113	175	210	327	247	266	121	62
Age 60-64	167	271	313	340	201	241	150	110
Age 65-74	82	131	187	259	178	149	46	8
Age 75-84	49	29	129	124	125	191	88	55
Age 85+	-	45	203	99	86	68	-	-
Total Population	254	318	438	431	384	442	327	211

Appendix E. CSI Data Tables – County All Clients (in Alphabetical Order)

Alameda County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,763	2,040	2,044	2,081	2,220	2,218	2,086	844
Male	1,818	2,136	2,176	2,252	2,380	2,437	2,378	1,078
CYF	2,095	2,598	2,513	2,770	3,061	3,346	3,340	1,735
TAY	2,202	2,556	2,453	2,847	3,393	3,186	3,175	1,315
Adults	1,898	2,179	2,209	2,174	2,194	2,218	2,059	796
Older Adults	905	1,042	804	1,234	1,302	1,279	1,209	509
Age 60-64	1,257	1,397	1,599	1,622	1,719	1,552	1,534	665
Age 65-74	553	680	708	731	823	739	675	282
Age 75-84	218	256	290	305	294	313	321	132
Age 85+	108	150	105	163	119	121	82	36
Total Population	1,797	2,096	2,101	2,174	2,307	2,335	2,238	962

Alpine County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	3,448	4,134	4,344	6,195	5,265	4,042	NA	NA
Male	2,708	4,768	3,234	3,190	3,441	2,640	NA	NA
CYF	5,274	6,251	6,499	9,120	7,850	5,556	NA	NA
TAY	2,015	4,683	3,819	3,522	1,785	1,980	NA	NA
Adults	3,551	4,954	3,783	4,452	4,904	3,191	NA	NA
Older Adults	0	929	887	1,275	1,120	2,174	NA	NA
Age 60-64	0	0	0	1,105	902	4,545	NA	NA
Age 65-74	0	2,036	2,098	1,083	988	917	NA	NA
Age 75-84	0	0	0	2,369	2,079	0	NA	NA
Age 85+	0	0	0	0	0	0	NA	NA
Total Population	3,974	5,578	4,968	6,374	5,847	4,426	NA	NA

Amador County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	971	1,297	1,540	1,381	1,268	1,263	NA	NA
Male	540	801	819	923	797	757	NA	NA
CYF	986	1,409	1,769	1,284	1,227	1,252	NA	NA
TAY	950	1,548	1,928	1,839	1,813	1,932	NA	NA
Adults	896	1,195	1,195	1,388	1,225	1,210	NA	NA
Older Adults	160	239	374	332	266	187	NA	NA
Age 60-64	371	542	685	433	462	442	NA	NA
Age 65-74	167	191	372	435	234	112	NA	NA
Age 75-84	0	81	163	166	166	42	NA	NA
Age 85+	0	0	0	0	0	0	NA	NA
Total Population	893	1,251	1,428	1,331	1,190	1,163	NA	NA

Butte County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,755	2,126	2,159	2,284	1,919	2,325	2,801	2,510
Male	1,575	1,948	2,048	2,190	1,818	2,123	2,633	2,328
CYF	2,698	3,598	3,406	3,764	3,335	4,032	4,820	4,113
TAY	1,226	1,673	1,798	1,905	1,371	2,151	2,608	2,424
Adults	1,897	2,234	2,386	2,519	2,194	2,351	2,958	2,635
Older Adults	701	743	672	898	762	996	1,142	1,162
Age 60-64	1,344	1,291	1,249	1,155	973	1,049	1,251	1,377
Age 65-74	594	654	748	838	620	775	809	795
Age 75-84	104	194	281	237	202	292	386	313
Age 85+	61	125	150	167	127	152	366	302
Total Population	2,161	2,650	2,756	2,877	2,450	2,908	3,526	3,106

Calaveras County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	638	793	862	840	1,040	1,143	NA	NA
Male	492	583	627	622	870	955	NA	NA
CYF	857	1,000	862	948	1,353	1,644	NA	NA
TAY	855	977	1,270	1,474	1,873	1,898	NA	NA
Adults	658	840	947	848	1,125	1,212	NA	NA
Older Adults	94	116	152	162	182	210	NA	NA
Age 60-64	212	261	302	414	440	473	NA	NA
Age 65-74	20	20	38	37	34	52	NA	NA
Age 75-84	0	0	0	0	35	0	NA	NA
Age 85+	0	115	0	112	0	103	NA	NA
Total Population	717	867	901	904	1,194	1,325	NA	NA

Colusa County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,132	1,848	2,331	2,470	2,198	1,999	NA	NA
Male	943	1,481	2,050	1,989	1,753	1,725	NA	NA
CYF	1,054	1,761	2,263	2,320	2,241	2,349	NA	NA
TAY	964	2,007	2,584	2,943	2,763	2,603	NA	NA
Adults	1,265	1,895	2,499	2,407	1,933	1,691	NA	NA
Older Adults	420	475	835	961	976	896	NA	NA
Age 60-64	822	905	1,744	1,238	1,285	1,486	NA	NA
Age 65-74	174	258	336	733	445	439	NA	NA
Age 75-84	0	0	0	0	0	0	NA	NA
Age 85+	0	0	0	307	300	287	NA	NA
Total Population	1,318	2,135	2,808	2,862	2,576	2,479	NA	NA

Contra Costa County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,243	1,469	1,421	1,593	1,676	1,784	1,818	1,661
Male	1,241	1,458	1,439	1,543	1,558	1,689	1,706	1,579
CYF	1,728	2,055	1,785	2,015	1,927	2,076	2,134	1,918
TAY	1,748	2,214	2,373	2,286	2,405	2,705	2,544	2,312
Adults	1,185	1,361	1,361	1,557	1,656	1,764	1,839	1,718
Older Adults	491	600	418	754	859	912	942	880
Age 60-64	603	655	719	880	992	1,020	1,112	1,129
Age 65-74	286	416	424	526	564	610	610	533
Age 75-84	171	220	182	221	238	270	253	242
Age 85+	128	208	94	75	98	84	89	77
Total Population	1,613	1,882	1,836	1,968	2,013	2,161	2,191	2,000

Del Norte County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	5,590	6,205	5,686	5,228	3,734	3,125	NA	NA
Male	4,015	4,271	3,947	3,828	3,094	2,483	NA	NA
CYF	5,729	6,246	6,095	5,701	5,316	4,029	NA	NA
TAY	6,169	7,152	6,619	6,199	4,797	3,818	NA	NA
Adults	5,080	5,413	4,785	4,518	3,169	2,762	NA	NA
Older Adults	1,379	1,583	1,627	1,696	1,078	873	NA	NA
Age 60-64	2,961	3,566	3,221	3,094	2,132	1,263	NA	NA
Age 65-74	214	105	366	256	236	325	NA	NA
Age 75-84	159	80	392	385	78	238	NA	NA
Age 85+	0	471	0	0	231	656	NA	NA
Total Population	5,848	6,362	5,927	5,583	4,401	3,523	NA	NA

El Dorado County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,160	1,534	1,537	1,618	1,352	1,155	1,187	647
Male	1,113	1,400	1,393	1,598	1,416	1,245	1,301	751
CYF	1,540	1,865	1,528	2,675	2,483	2,322	2,451	1,375
TAY	1,335	1,804	2,502	2,089	1,990	2,159	1,858	960
Adults	1,199	1,549	1,569	1,516	1,224	926	1,086	664
Older Adults	517	715	463	806	562	508	490	222
Age 60-64	521	740	687	686	533	536	428	293
Age 65-74	361	526	478	497	345	313	282	112
Age 75-84	161	198	263	305	117	191	260	70
Age 85+	105	239	109	209	133	29	178	0
Total Population	1,418	1,784	1,781	2,066	1,862	1,631	1,680	936

Fresno County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,165	2,460	2,260	2,014	1,658	1,487	1,366	842
Male	2,067	2,508	2,362	2,183	1,800	1,629	1,410	839
CYF	2,087	2,588	2,178	2,314	1,932	1,880	1,555	863
TAY	2,259	2,873	2,860	2,560	2,067	1,734	1,548	852
Adults	2,453	2,749	2,653	2,251	1,836	1,652	1,530	978
Older Adults	1,195	1,358	847	978	862	801	766	575
Age 60-64	1,586	1,646	1,636	1,290	1,267	1,017	986	791
Age 65-74	784	979	793	677	568	522	476	356
Age 75-84	423	469	349	306	243	180	185	124
Age 85+	477	329	164	105	49	35	53	13
Total Population	2,666	3,136	2,912	2,674	2,219	2,024	1,772	1,053

Glenn County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,819	1,908	1,838	2,414	2,251	2,326	NA	NA
Male	972	1,257	1,266	1,493	1,583	1,536	NA	NA
CYF	1,824	1,975	1,967	2,325	2,348	2,561	NA	NA
TAY	1,743	2,331	1,896	2,621	2,650	2,217	NA	NA
Adults	1,436	1,609	1,601	2,031	1,990	2,004	NA	NA
Older Adults	399	395	592	741	600	677	NA	NA
Age 60-64	961	794	862	905	935	1,116	NA	NA
Age 65-74	111	109	106	360	193	342	NA	NA
Age 75-84	80	0	0	0	82	253	NA	NA
Age 85+	220	424	411	208	206	0	NA	NA
Total Population	1,871	2,102	2,074	2,560	2,513	2,564	NA	NA

Humboldt County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,431	1,836	1,763	1,699	1,669	1,863	1,595	1,616
Male	1,436	1,758	1,699	1,662	1,658	1,869	1,591	1,622
CYF	1,282	1,746	1,569	1,918	2,090	2,305	1,835	1,826
TAY	1,576	1,894	1,803	1,718	1,644	2,214	1,690	1,884
Adults	1,734	2,223	2,074	1,970	1,940	2,068	1,905	1,888
Older Adults	742	825	623	926	955	1,058	890	942
Age 60-64	885	922	1,070	1,079	1,107	1,137	963	1,196
Age 65-74	620	640	645	707	576	651	548	564
Age 75-84	352	227	280	287	323	428	276	223
Age 85+	171	383	123	104	87	34	80	120
Total Population	1,668	2,089	1,965	2,005	2,017	2,253	1,894	1,920

Imperial County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,469	1,842	1,820	1,953	2,133	2,105	2,318	2,460
Male	2,004	2,251	2,286	2,384	2,630	2,665	2,797	2,813
CYF	2,745	3,484	2,918	3,573	3,924	4,062	4,292	4,392
TAY	1,540	1,912	2,288	2,027	2,736	2,964	2,981	3,084
Adults	1,589	1,733	1,703	1,906	1,869	1,798	2,058	2,125
Older Adults	662	917	806	1,104	1,214	1,221	1,333	1,390
Age 60-64	973	1,702	1,479	1,693	1,775	1,617	1,721	1,989
Age 65-74	492	653	765	760	781	759	811	900
Age 75-84	220	274	408	356	405	586	607	521
Age 85+	125	60	64	209	122	152	116	456
Total Population	2,462	2,893	2,789	3,043	3,392	3,380	3,607	3,693

Inyo County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,030	2,245	2,289	2,204	2,357	1,882	NA	NA
Male	1,791	2,086	1,785	2,082	1,893	2,021	NA	NA
CYF	2,234	2,747	2,217	2,723	2,484	2,778	NA	NA
TAY	2,441	2,749	2,508	2,952	2,805	3,337	NA	NA
Adults	2,257	2,411	2,266	2,423	2,493	2,160	NA	NA
Older Adults	776	996	768	972	869	1,108	NA	NA
Age 60-64	1,191	1,702	1,137	1,578	1,245	1,718	NA	NA
Age 65-74	178	237	177	235	166	440	NA	NA
Age 75-84	234	322	243	321	243	418	NA	NA
Age 85+	1,105	421	1,047	417	586	384	NA	NA
Total Population	2,334	2,687	2,575	2,655	2,851	2,222	NA	NA

Kern County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,533	1,866	1,750	1,919	1,998	1,796	1,912	1,705
Male	1,588	1,810	1,763	1,952	2,083	2,183	2,264	2,016
CYF	2,280	2,623	2,117	2,509	2,630	2,697	3,134	2,655
TAY	1,369	1,800	1,825	2,289	2,681	2,717	2,701	2,424
Adults	1,451	1,717	1,787	1,865	1,875	1,772	1,723	1,639
Older Adults	913	1,021	456	826	878	765	816	724
Age 60-64	854	1,046	869	1,149	1,087	826	940	820
Age 65-74	538	590	406	485	513	425	476	378
Age 75-84	591	629	147	238	336	306	314	262
Age 85+	775	828	103	201	204	196	246	170
Total Population	2,167	2,483	2,314	2,559	2,721	2,672	2,874	2,527

Kings County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,533	1,866	1,750	1,919	1,998	1,796	1,912	1,705
Male	1,588	1,810	1,763	1,952	2,083	2,183	2,264	2,016
CYF	2,280	2,623	2,117	2,509	2,630	2,697	3,134	2,655
TAY	1,369	1,800	1,825	2,289	2,681	2,717	2,701	2,424
Adults	1,451	1,717	1,787	1,865	1,875	1,772	1,723	1,639
Older Adults	913	1,021	456	826	878	765	816	724
Age 60-64	854	1,046	869	1,149	1,087	826	940	820
Age 65-74	538	590	406	485	513	425	476	378
Age 75-84	591	629	147	238	336	306	314	262
Age 85+	775	828	103	201	204	196	246	170
Total Population	2,167	2,483	2,314	2,559	2,721	2,672	2,874	2,527

Lake County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,795	2,159	2,759	2,770	2,211	1,250	1,432	1,192
Male	1,408	1,804	2,229	2,279	1,970	1,424	1,365	896
CYF	1,747	2,700	3,137	3,378	2,948	1,768	1,972	1,306
TAY	1,623	2,039	3,188	3,489	3,255	1,308	2,015	1,810
Adults	2,087	2,357	3,100	2,889	2,248	1,673	1,550	1,121
Older Adults	580	750	635	1,063	949	789	770	624
Age 60-64	999	1,038	1,078	1,014	1,151	758	925	717
Age 65-74	316	544	569	736	562	535	466	394
Age 75-84	202	213	364	420	447	253	142	118
Age 85+	60	0	296	307	58	102	198	274
Total Population	1,929	2,489	3,135	3,120	2,643	1,649	1,716	1,258

Lassen County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,977	2,908	2,679	2,423	2,544	2,805	NA	NA
Male	885	1,210	1,091	1,094	1,300	1,245	NA	NA
CYF	1,925	2,916	2,891	2,827	3,205	2,480	NA	NA
TAY	1,566	2,344	2,167	2,157	2,310	2,914	NA	NA
Adults	1,193	1,635	1,415	1,324	1,542	1,686	NA	NA
Older Adults	417	515	490	393	404	433	NA	NA
Age 60-64	646	837	698	706	622	764	NA	NA
Age 65-74	120	59	114	112	154	101	NA	NA
Age 75-84	188	92	355	90	94	0	NA	NA
Age 85+	0	553	0	0	0	223	NA	NA
Total Population	1,616	2,319	2,143	2,033	2,249	2,192	NA	NA

Los Angeles County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,504	1,655	1,692	1,741	1,768	1,732	1,916	1,038
Male	1,917	2,184	2,256	2,212	2,138	1,954	2,325	1,181
CYF	1,991	2,320	2,387	2,726	2,935	3,132	3,444	1,650
TAY	2,101	2,383	2,471	2,484	2,591	2,270	2,577	1,262
Adults	1,751	1,928	2,029	1,884	1,726	1,537	1,888	1,042
Older Adults	809	932	723	1,035	1,087	993	1,114	688
Age 60-64	1,136	1,304	1,407	1,347	1,418	1,272	1,478	980
Age 65-74	495	598	635	667	692	598	666	398
Age 75-84	226	282	289	322	326	288	298	141
Age 85+	228	253	236	267	273	211	174	72
Total Population	2,177	2,438	2,541	2,551	2,566	2,467	2,795	1,431

Madera County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,095	2,178	2,309	2,259	2,018	1,810	1,718	1,530
Male	1,533	1,859	1,956	2,068	1,770	1,641	1,607	1,286
CYF	1,911	2,344	2,225	2,599	2,215	2,116	1,815	1,312
TAY	1,890	2,190	2,750	2,800	2,554	2,043	2,021	1,765
Adults	2,204	2,167	2,339	2,151	1,965	1,819	1,835	1,667
Older Adults	712	998	753	1,108	1,092	836	946	852
Age 60-64	617	1,184	1,016	1,168	876	1,051	774	829
Age 65-74	539	823	818	1,005	724	595	677	564
Age 75-84	313	554	448	306	454	286	466	337
Age 85+	166	204	417	461	162	319	497	313
Total Population	2,284	2,564	2,717	2,761	2,448	2,219	2,081	1,725

Marin County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,217	1,360	1,358	1,223	1,329	1,122	819	NA
Male	1,232	1,341	1,310	1,207	1,247	1,167	908	NA
CYF	1,637	1,825	1,531	1,606	1,770	1,514	1,126	NA
TAY	1,738	1,891	2,242	1,616	1,876	1,962	1,373	NA
Adults	1,302	1,433	1,411	1,290	1,318	1,130	887	NA
Older Adults	693	742	591	850	890	880	679	NA
Age 60-64	796	875	964	942	903	937	640	NA
Age 65-74	394	412	550	537	547	571	505	NA
Age 75-84	195	281	298	327	404	294	210	NA
Age 85+	358	352	277	359	376	547	219	NA
Total Population	1,517	1,651	1,614	1,472	1,590	1,410	1,057	NA

Mariposa County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,093	2,917	2,947	3,026	3,197	3,062	NA	NA
Male	2,094	2,635	2,243	2,283	2,534	2,535	NA	NA
CYF	2,818	3,127	3,043	3,506	3,779	4,247	NA	NA
TAY	2,439	4,110	4,606	4,081	5,583	5,072	NA	NA
Adults	2,760	3,505	3,170	3,295	3,283	3,227	NA	NA
Older Adults	479	786	497	500	785	628	NA	NA
Age 60-64	690	1,508	957	698	1,565	1,258	NA	NA
Age 65-74	268	258	149	338	270	222	NA	NA
Age 75-84	0	91	89	0	0	0	NA	NA
Age 85+	0	0	0	289	0	0	NA	NA
Total Population	2,619	3,322	3,096	3,225	3,468	3,446	NA	NA

Mendocino County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,629	3,140	3,173	3,182	2,984	2,574	2,279	1,394
Male	1,999	2,516	2,568	2,688	2,622	2,410	2,092	1,438
CYF	3,064	4,052	4,223	4,983	4,970	5,046	4,857	3,301
TAY	2,518	3,148	3,698	3,739	3,846	3,274	3,615	2,171
Adults	2,625	3,063	2,821	2,850	2,696	2,144	1,566	1,058
Older Adults	956	1,369	936	1,352	1,179	1,060	762	558
Age 60-64	1,352	1,779	1,564	1,856	1,276	1,211	865	575
Age 65-74	452	775	889	820	731	533	466	385
Age 75-84	500	755	549	345	334	347	256	124
Age 85+	231	152	56	255	130	109	178	0
Total Population	2,910	3,560	3,683	3,844	3,739	3,426	3,077	2,025

Merced County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,466	1,775	1,789	1,744	1,786	1,386	1,348	1,235
Male	1,213	1,415	1,621	1,556	1,474	1,124	1,135	1,091
CYF	1,117	1,330	1,149	1,096	1,018	857	855	849
TAY	1,470	1,818	1,901	1,872	2,028	1,303	1,230	1,158
Adults	1,639	1,936	2,241	2,166	2,084	1,652	1,660	1,539
Older Adults	730	833	658	940	1,053	907	838	789
Age 60-64	866	919	1,054	1,311	1,210	914	1,121	1,055
Age 65-74	462	586	578	581	723	614	484	448
Age 75-84	313	314	327	301	419	402	287	204
Age 85+	299	467	673	265	548	250	98	220
Total Population	1,645	1,941	2,009	1,932	1,897	1,477	1,456	1,379

Modoc County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,512	3,066	2,445	2,857	3,434	4,035	NA	NA
Male	1,670	2,461	2,146	2,611	2,533	2,891	NA	NA
CYF	2,025	3,203	2,537	2,994	3,218	3,330	NA	NA
TAY	1,909	3,209	3,125	4,364	4,884	6,904	NA	NA
Adults	2,830	3,379	2,809	3,305	3,706	4,328	NA	NA
Older Adults	821	1,061	831	924	1,010	1,025	NA	NA
Age 60-64	1,436	1,397	1,481	952	1,744	1,572	NA	NA
Age 65-74	0	106	105	407	373	451	NA	NA
Age 75-84	346	174	173	353	0	175	NA	NA
Age 85+	0	2,093	512	488	0	441	NA	NA
Total Population	2,472	3,372	2,784	3,325	3,613	4,099	NA	NA

Mono County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	802	1,119	1,283	1,326	1,180	1,818	NA	NA
Male	511	669	783	1,041	1,126	1,550	NA	NA
CYF	1,106	1,428	2,295	2,096	2,542	4,135	NA	NA
TAY	573	1,362	1,516	1,439	1,423	2,307	NA	NA
Adults	634	709	613	1,018	929	1,076	NA	NA
Older Adults	60	166	262	401	220	365	NA	NA
Age 60-64	158	303	699	805	367	492	NA	NA
Age 65-74	0	0	0	120	0	108	NA	NA
Age 75-84	0	0	0	0	0	0	NA	NA
Age 85+	0	0	0	0	0	0	NA	NA

Monterey County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,075	1,308	1,409	1,615	1,399	1,332	1,275	1,158
Male	1,027	1,185	1,306	1,437	1,306	1,263	1,278	1,217
CYF	1,435	1,850	2,003	2,369	1,914	1,952	1,983	1,803
TAY	1,394	1,681	1,791	1,941	1,895	1,883	1,815	1,621
Adults	949	1,060	1,153	1,300	1,181	1,102	1,069	1,021
Older Adults	436	487	393	636	664	580	608	625
Age 60-64	698	627	769	752	730	596	605	632
Age 65-74	316	372	390	508	530	414	442	488
Age 75-84	83	155	127	176	151	197	210	196
Age 85+	60	17	51	16	28	136	102	71
Total Population	1,413	1,676	1,846	2,063	1,793	1,735	1,728	1,597

Napa County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	615	825	869	691	753	688	770	730
Male	633	743	818	653	756	770	904	887
CYF	781	1,019	990	1,099	1,220	1,411	1,700	1,691
TAY	676	953	1,161	758	852	965	1,195	1,027
Adults	702	842	907	655	765	597	666	664
Older Adults	455	490	364	433	413	427	404	370
Age 60-64	465	583	575	499	395	511	525	497
Age 65-74	332	430	383	324	366	317	289	274
Age 75-84	235	196	235	168	145	113	135	71
Age 85+	37	79	121	143	92	65	79	78
Total Population	800	991	1,061	885	1,000	1,005	1,161	1,127

Nevada County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	877	1,095	912	963	1,084	1,125	1,447	1,507
Male	812	1,067	869	1,000	1,035	1,134	1,464	1,474
CYF	1,097	1,765	1,024	1,728	1,913	2,151	3,459	3,844
TAY	787	1,161	1,013	1,178	1,405	1,597	2,149	2,129
Adults	1,041	1,209	1,073	1,075	1,138	1,160	1,382	1,393
Older Adults	468	537	350	386	428	468	503	485
Age 60-64	439	583	619	529	457	528	571	470
Age 65-74	255	357	276	272	279	271	281	364
Age 75-84	170	155	232	72	167	243	155	153
Age 85+	763	419	125	138	137	76	223	70
Total Population	1,027	1,343	1,064	1,218	1,342	1,466	1,960	2,027

Orange County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,144	1,363	1,378	1,420	1,359	1,560	1,428	1,169
Male	1,219	1,477	1,511	1,569	1,523	1,724	1,683	1,470
CYF	1,260	1,513	1,469	1,636	1,596	1,835	1,729	1,556
TAY	1,718	2,041	2,074	2,186	2,267	2,337	2,313	1,967
Adults	1,251	1,474	1,546	1,520	1,385	1,626	1,537	1,313
Older Adults	916	1,120	878	1,152	967	1,176	870	753
Age 60-64	1,254	1,454	1,560	1,455	1,371	1,754	1,217	1,173
Age 65-74	371	502	569	538	464	468	370	321
Age 75-84	389	566	635	563	379	381	321	251
Age 85+	587	719	708	622	369	365	307	183
Total Population	1,488	1,796	1,840	1,878	1,784	2,017	1,905	1,619

Placer County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	978	1,134	1,156	1,087	832	628	596	561
Male	841	1,025	1,122	1,047	811	686	625	548
CYF	1,246	1,526	1,187	1,335	946	850	822	744
TAY	1,072	1,319	1,702	1,570	1,270	1,105	1,124	865
Adults	990	1,151	1,336	1,161	933	686	633	599
Older Adults	331	384	324	378	284	219	191	203
Age 60-64	518	754	677	762	483	322	280	355
Age 65-74	213	234	277	231	183	141	99	106
Age 75-84	74	106	96	50	43	46	37	53
Age 85+	47	38	69	16	12	14	14	26
Total Population	1,148	1,355	1,419	1,310	1,011	826	776	701

Plumas County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	3,177	3,767	3,586	3,628	3,597	3,619	NA	NA
Male	2,555	2,972	2,666	2,802	2,643	2,839	NA	NA
CYF	4,043	4,372	4,111	3,996	4,629	5,039	NA	NA
TAY	4,280	5,838	4,689	5,191	4,707	4,301	NA	NA
Adults	3,352	3,902	3,782	3,931	3,883	4,026	NA	NA
Older Adults	630	806	806	889	691	805	NA	NA
Age 60-64	1,211	1,746	1,545	1,735	1,430	1,606	NA	NA
Age 65-74	186	0	271	350	158	237	NA	NA
Age 75-84	78	0	0	82	0	167	NA	NA
Age 85+	500	241	0	453	232	0	NA	NA
Total Population	3,567	4,124	3,826	3,884	3,873	4,019	NA	NA

Riverside County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,270	1,584	1,595	1,693	1,636	1,738	1,318	NA
Male	1,403	1,696	1,715	2,395	2,019	2,038	1,447	NA
CYF	1,376	1,719	1,428	1,621	1,497	1,582	1,175	NA
TAY	1,807	2,260	2,472	3,250	2,998	2,848	1,856	NA
Adults	1,464	1,709	1,907	2,286	2,189	2,169	1,596	NA
Older Adults	545	671	530	825	855	856	713	NA
Age 60-64	998	1,172	1,091	1,461	1,239	1,247	1,008	NA
Age 65-74	345	458	450	576	547	562	463	NA
Age 75-84	133	190	209	207	223	217	150	NA
Age 85+	111	149	172	168	181	127	158	NA
Total Population	1,668	2,037	2,031	2,403	2,177	2,258	1,658	NA

Sacramento County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,884	2,192	2,233	2,306	1,941	1,253	534	NA
Male	2,054	2,458	2,492	2,495	1,954	1,380	599	NA
CYF	2,749	3,300	2,999	3,255	2,977	2,716	1,202	NA
TAY	2,290	3,021	2,884	3,160	2,375	1,612	640	NA
Adults	1,924	2,195	2,399	2,332	1,793	957	400	NA
Older Adults	755	857	691	1,065	983	503	275	NA
Age 60-64	1,062	1,309	1,397	1,462	1,253	661	371	NA
Age 65-74	534	611	677	724	653	320	189	NA
Age 75-84	193	227	187	296	250	80	38	NA
Age 85+	90	119	102	162	209	17	12	NA
Total Population	2,603	3,040	3,062	3,099	2,587	1,895	818	NA

San Benito County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,226	1,783	2,214	2,226	2,026	2,373	NA	NA
Male	1,117	1,469	1,845	2,066	1,840	1,976	NA	NA
CYF	1,300	1,863	2,133	2,253	2,058	2,254	NA	NA
TAY	1,421	1,964	2,678	2,881	2,962	3,086	NA	NA
Adults	1,208	1,662	2,136	2,240	1,904	2,294	NA	NA
Older Adults	450	574	703	834	779	756	NA	NA
Age 60-64	902	961	881	1,067	969	1,010	NA	NA
Age 65-74	161	279	117	449	315	269	NA	NA
Age 75-84	184	184	184	184	238	178	NA	NA
Age 85+	0	172	485	156	146	0	NA	NA
Total Population	1,525	2,126	2,600	2,745	2,463	2,748	NA	NA

San Bernardino County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,435	1,650	1,687	1,774	1,761	1,666	1,701	1,609
Male	1,447	1,592	1,682	1,880	1,950	1,841	1,871	1,763
CYF	1,622	1,803	1,654	2,012	2,072	2,026	2,149	2,064
TAY	1,471	1,746	1,957	2,166	2,389	2,264	2,191	1,931
Adults	1,577	1,746	1,918	1,898	1,860	1,691	1,692	1,620
Older Adults	616	733	577	888	878	863	877	828
Age 60-64	940	1,143	1,179	1,248	1,112	1,045	1,106	1,027
Age 65-74	323	433	460	502	493	487	469	429
Age 75-84	117	127	152	168	190	195	179	180
Age 85+	39	46	141	132	130	121	72	109
Total Population	1,863	2,062	2,140	2,318	2,367	2,248	2,310	2,184

San Diego County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,407	1,504	1,582	1,680	1,695	1,628	1,597	1,162
Male	1,328	1,430	1,494	1,634	1,700	1,640	1,912	1,414
CYF	1,646	1,948	1,887	1,998	2,123	2,198	2,244	1,633
TAY	1,293	1,345	1,381	1,699	1,982	1,884	2,073	1,449
Adults	1,484	1,621	1,680	1,784	1,682	1,621	1,828	1,308
Older Adults	763	884	695	1,102	1,054	1,020	1,075	841
Age 60-64	1,291	1,474	1,498	1,592	1,546	1,406	1,465	1,253
Age 65-74	418	472	510	617	559	546	555	444
Age 75-84	196	259	272	371	303	324	278	204
Age 85+	275	512	355	469	241	203	216	140
Total Population	1,745	1,882	1,933	2,080	2,138	2,060	2,177	1,597

San Francisco County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,628	2,922	2,846	2,790	2,617	2,410	1,260	1,051
Male	3,071	3,434	3,386	3,270	3,103	2,850	1,543	1,258
CYF	3,386	3,910	3,886	3,794	3,531	3,480	2,287	1,672
TAY	2,950	3,895	2,520	3,956	3,655	2,566	1,359	1,075
Adults	3,040	3,276	3,217	3,068	2,879	2,713	1,411	1,175
Older Adults	2,509	2,782	2,248	2,728	2,848	2,898	1,350	1,256
Age 60-64	3,497	3,958	4,228	3,774	3,542	3,226	1,640	1,494
Age 65-74	1,883	2,151	2,162	2,026	2,126	2,050	928	922
Age 75-84	1,100	1,190	1,201	1,069	914	981	392	371
Age 85+	522	680	718	623	667	635	217	140
Total Population	3,293	3,690	3,494	3,520	3,306	3,029	1,671	1,351

San Joaquin County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,847	2,030	2,037	2,067	2,073	1,965	1,981	1,306
Male	1,539	1,643	1,749	1,867	1,859	1,863	1,877	1,243
CYF	1,161	1,295	1,204	1,611	1,482	1,477	1,659	998
TAY	1,617	1,920	2,137	2,424	2,519	2,426	2,348	1,306
Adults	2,203	2,275	2,484	2,260	2,338	2,240	2,206	1,580
Older Adults	1,418	1,547	1,117	1,526	1,525	1,499	1,505	1,163
Age 60-64	1,547	1,847	1,928	1,939	1,654	1,883	1,954	1,343
Age 65-74	888	1,028	928	971	1,037	981	970	757
Age 75-84	711	715	643	676	529	507	483	325
Age 85+	540	727	719	401	424	345	262	258
Total Population	1,984	2,143	2,222	2,351	2,333	2,270	2,326	1,512

San Luis Obispo County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,477	1,710	1,734	1,760	1,759	1,709	1,565	1,306
Male	1,358	1,466	1,466	1,585	1,564	1,583	1,521	1,267
CYF	2,320	2,686	2,540	3,015	2,940	3,011	3,083	2,581
TAY	1,372	1,428	1,579	1,707	1,581	1,696	1,447	1,207
Adults	1,556	1,738	1,715	1,689	1,858	1,715	1,611	1,358
Older Adults	396	625	454	724	580	645	644	541
Age 60-64	834	1,029	961	1,134	781	829	870	611
Age 65-74	209	404	315	442	371	467	418	396
Age 75-84	98	240	246	219	130	142	119	161
Age 85+	231	166	196	213	123	163	196	76
Total Population	1,815	1,991	2,017	2,129	2,104	2,102	2,001	1,686

San Mateo County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,156	1,450	1,556	1,609	1,692	1,606	1,255	NA
Male	1,024	1,298	1,350	1,384	1,443	1,487	1,157	NA
CYF	1,089	1,401	1,570	1,634	1,797	1,797	1,241	NA
TAY	1,779	2,276	2,367	2,387	2,573	2,625	2,011	NA
Adults	1,121	1,358	1,403	1,480	1,497	1,441	1,195	NA
Older Adults	779	1,110	864	1,204	1,355	1,348	1,105	NA
Age 60-64	892	969	1,214	1,091	1,192	1,299	1,065	NA
Age 65-74	193	331	357	365	414	406	333	NA
Age 75-84	153	270	194	211	257	244	167	NA
Age 85+	191	681	607	689	583	489	301	NA
Total Population	1,309	1,648	1,772	1,803	1,906	1,881	1,439	NA

Santa Barbara County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,373	1,658	1,613	1,562	1,293	1,391	1,351	1,142
Male	1,398	1,678	1,650	1,629	1,328	1,477	1,364	1,142
CYF	1,821	2,357	2,238	2,369	1,750	2,115	2,146	1,580
TAY	1,439	1,606	1,469	1,529	1,109	1,438	1,250	1,104
Adults	1,495	1,777	1,756	1,720	1,577	1,541	1,393	1,216
Older Adults	634	794	620	859	801	875	835	814
Age 60-64	902	1,112	1,135	1,211	1,066	1,172	1,323	1,148
Age 65-74	502	636	669	661	647	661	618	586
Age 75-84	198	319	274	289	176	203	197	220
Age 85+	327	329	185	113	118	120	81	77
Total Population	1,779	2,144	2,084	2,078	1,677	1,866	1,771	1,445

Santa Clara County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,070	997	662	560	470	361	287	217
Male	1,045	1,018	649	548	465	387	310	246
CYF	1,113	1,119	484	324	197	163	116	81
TAY	1,263	1,271	685	558	433	358	285	206
Adults	1,047	991	762	662	584	462	368	297
Older Adults	1,179	938	554	707	662	540	447	330
Age 60-64	1,673	1,081	865	749	733	561	509	408
Age 65-74	668	700	605	523	515	410	343	230
Age 75-84	362	352	281	289	237	194	121	88
Age 85+	143	215	119	96	86	65	61	31
Total Population	1,298	1,244	767	620	508	407	322	248

Santa Cruz County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,147	1,427	1,507	1,445	1,291	1,207	1,219	931
Male	1,495	1,836	1,969	1,938	1,886	1,733	1,811	1,298
CYF	1,908	2,509	2,681	2,971	2,679	2,744	2,847	2,188
TAY	1,808	2,188	2,121	2,237	1,962	1,709	1,651	1,209
Adults	1,261	1,503	1,560	1,492	1,448	1,317	1,371	951
Older Adults	368	460	385	542	540	645	766	614
Age 60-64	392	637	770	587	593	652	740	702
Age 65-74	292	291	289	311	334	377	500	364
Age 75-84	87	133	176	244	144	146	173	202
Age 85+	114	48	24	0	32	60	90	56
Total Population	1,693	2,090	2,205	2,221	2,077	1,942	2,002	1,490

Shasta County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,794	2,172	2,057	2,089	2,205	2,173	2,092	1,410
Male	1,726	2,054	1,936	2,129	2,162	2,344	2,235	1,538
CYF	2,697	3,571	3,244	3,746	3,568	3,397	3,676	2,685
TAY	1,983	2,458	2,457	2,472	2,695	3,045	3,132	1,934
Adults	1,915	2,127	2,103	2,146	2,316	2,485	2,170	1,519
Older Adults	581	693	543	730	673	752	671	465
Age 60-64	728	1,084	996	1,051	969	1,049	962	620
Age 65-74	373	418	499	534	389	451	445	339
Age 75-84	193	253	283	137	150	185	109	93
Age 85+	219	242	108	69	124	67	104	22
Total Population	2,280	2,758	2,719	2,798	2,863	2,888	2,827	1,937

Sierra County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,595	2,132	3,458	4,576	4,561	4,956	NA	NA
Male	1,209	2,247	2,595	3,300	3,897	3,341	NA	NA
CYF	1,929	3,494	5,207	7,454	7,095	6,329	NA	NA
TAY	3,059	3,189	3,855	6,822	10,122	10,584	NA	NA
Adults	1,262	2,174	3,225	4,011	4,250	3,946	NA	NA
Older Adults	675	1,101	1,194	1,065	1,194	1,663	NA	NA
Age 60-64	1,243	2,378	2,605	2,401	1,510	2,312	NA	NA
Age 65-74	0	0	0	0	254	0	NA	NA
Age 75-84	0	0	0	0	500	966	NA	NA
Age 85+	0	0	0	0	0	0	NA	NA
Total Population	1,691	2,716	3,798	5,055	5,273	5,062	NA	NA

Siskiyou County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,637	3,052	3,349	3,306	3,484	3,493	NA	NA
Male	2,240	2,769	2,947	2,988	3,063	2,956	NA	NA
CYF	4,701	5,514	5,811	5,518	5,922	5,886	NA	NA
TAY	2,420	3,523	4,016	4,232	4,683	4,801	NA	NA
Adults	2,568	2,953	3,278	3,333	3,382	3,338	NA	NA
Older Adults	471	579	577	670	760	722	NA	NA
Age 60-64	885	1,009	929	1,222	1,285	1,073	NA	NA
Age 65-74	217	192	189	181	228	202	NA	NA
Age 75-84	0	137	104	0	178	74	NA	NA
Age 85+	97	0	91	269	88	87	NA	NA
Total Population	3,315	3,938	4,240	4,198	4,385	4,292	NA	NA

Solano County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,017	1,148	1,223	1,254	1,147	1,030	787	681
Male	1,124	1,163	1,262	1,353	1,234	1,161	946	811
CYF	1,270	1,531	1,545	1,808	1,651	1,718	1,862	1,760
TAY	1,239	1,384	1,575	1,608	1,474	1,298	1,148	992
Adults	1,116	1,151	1,229	1,272	1,175	1,040	621	485
Older Adults	535	550	423	661	640	566	326	250
Age 60-64	634	648	678	752	672	566	305	258
Age 65-74	400	357	421	462	453	367	215	131
Age 75-84	263	275	228	293	175	160	100	121
Age 85+	36	58	75	84	147	117	79	98
Total Population	1,367	1,484	1,581	1,675	1,532	1,439	1,235	1,088

Sonoma County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	813	946	858	809	781	803	805	714
Male	858	981	925	914	902	1,011	972	853
CYF	892	1,166	924	1,098	1,175	1,266	1,324	1,155
TAY	1,054	1,251	1,240	1,165	1,247	1,414	1,351	1,112
Adults	907	994	930	870	822	868	832	764
Older Adults	563	608	410	553	498	544	554	503
Age 60-64	570	686	625	617	493	514	530	547
Age 65-74	439	486	501	431	380	410	397	334
Age 75-84	268	242	201	194	171	198	186	168
Age 85+	156	136	60	36	45	62	109	83
Total Population	1,012	1,181	1,065	1,060	1,059	1,136	1,126	989

Stanislaus County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,342	1,610	1,573	1,510	1,550	1,484	1,496	633
Male	1,324	1,642	1,611	1,555	1,618	1,600	1,637	747
CYF	1,931	2,527	2,277	2,712	2,831	2,922	3,048	1,303
TAY	1,310	1,758	1,835	1,781	1,966	1,887	1,862	714
Adults	1,251	1,396	1,446	1,190	1,183	1,096	1,121	529
Older Adults	760	941	582	637	560	546	538	358
Age 60-64	792	975	867	799	647	708	653	431
Age 65-74	477	659	628	487	413	352	354	233
Age 75-84	375	499	346	216	205	197	175	109
Age 85+	430	609	188	82	36	13	23	12
Total Population	1,812	2,221	2,200	2,165	2,266	2,229	2,273	991

Sutter-Yuba Counties-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,381	1,720	1,847	1,909	2,084	2,276	2,245	2,041
Male	1,118	1,370	1,599	1,551	1,665	1,897	1,953	1,743
CYF	1,120	1,633	1,685	1,810	1,884	2,125	2,075	1,839
TAY	1,024	1,236	1,796	1,746	2,120	2,507	2,320	1,972
Adults	1,604	1,886	2,076	1,939	2,137	2,381	2,464	2,229
Older Adults	868	1,045	803	1,225	1,329	1,343	1,507	1,504
Age 60-64	1,137	1,189	1,347	1,603	1,472	1,324	1,471	1,803
Age 65-74	549	776	805	974	891	968	1,057	1,005
Age 75-84	364	328	364	397	322	400	462	461
Age 85+	288	210	315	166	190	404	290	136
Total Population	1,523	1,905	2,172	2,152	2,319	2,587	2,595	2,319

Tehama County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,971	2,504	2,707	2,948	2,644	2,716	NA	NA
Male	1,279	1,883	1,852	1,939	1,897	2,040	NA	NA
CYF	1,088	2,305	2,317	2,255	2,030	2,414	NA	NA
TAY	2,281	2,911	3,153	3,564	3,612	3,712	NA	NA
Adults	2,322	2,770	2,826	3,152	2,901	2,860	NA	NA
Older Adults	396	467	620	696	700	778	NA	NA
Age 60-64	912	915	1,255	1,208	1,276	1,428	NA	NA
Age 65-74	80	118	173	264	230	210	NA	NA
Age 75-84	32	64	0	158	126	158	NA	NA
Age 85+	0	0	360	90	0	0	NA	NA
Total Population	1,889	2,733	2,820	2,997	2,769	2,943	NA	NA

Tuolumne County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,457	3,052	3,066	3,252	2,821	2,071	NA	NA
Male	1,696	2,088	1,975	2,355	1,787	1,467	NA	NA
CYF	3,803	4,342	3,743	3,533	2,552	2,188	NA	NA
TAY	2,709	3,739	3,761	4,656	3,482	2,782	NA	NA
Adults	2,137	2,702	2,846	3,236	2,899	2,110	NA	NA
Older Adults	454	550	526	746	666	573	NA	NA
Age 60-64	904	1,085	1,028	1,203	1,187	1,004	NA	NA
Age 65-74	145	89	89	191	229	178	NA	NA
Age 75-84	131	185	54	163	27	110	NA	NA
Age 85+	0	77	291	565	68	203	NA	NA
Total Population	2,678	3,250	3,096	3,348	2,669	2,088	NA	NA

Trinity County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	2,658	3,156	3,005	2,814	2,714	2,353	NA	NA
Male	2,327	2,857	2,536	2,174	2,169	2,362	NA	NA
CYF	4,769	5,634	4,581	4,793	4,479	5,341	NA	NA
TAY	4,347	6,064	6,072	5,151	6,219	4,938	NA	NA
Adults	2,382	2,734	2,580	2,244	2,230	2,031	NA	NA
Older Adults	378	567	692	538	352	443	NA	NA
Age 60-64	682	1,311	1,271	1,202	719	926	NA	NA
Age 65-74	142	70	137	133	122	119	NA	NA
Age 75-84	0	127	252	128	0	0	NA	NA
Age 85+	435	407	0	383	0	388	NA	NA
Total Population	3,285	3,943	3,532	3,292	3,166	3,199	NA	NA

Tulare County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,162	1,472	1,586	1,602	1,513	1,446	1,535	1,423
Male	1,215	1,497	1,593	1,666	1,644	1,600	1,707	1,669
CYF	2,002	2,548	2,429	2,819	2,709	2,627	2,857	2,768
TAY	1,002	1,458	1,677	1,722	1,709	1,809	1,843	1,638
Adults	1,000	1,170	1,292	1,246	1,170	1,075	1,158	1,126
Older Adults	443	554	448	611	553	564	581	562
Age 60-64	603	734	797	908	810	808	755	774
Age 65-74	267	358	420	351	335	311	357	328
Age 75-84	108	202	218	190	179	137	116	138
Age 85+	81	39	100	80	45	100	51	35
Total Population	1,741	2,162	2,303	2,380	2,325	2,235	2,394	2,291

Ventura County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	816	989	1,100	1,181	1,138	969	1,267	908
Male	901	1,068	1,163	1,340	1,285	1,083	1,285	975
CYF	785	997	1,110	1,695	1,675	1,454	1,806	1,298
TAY	1,249	1,480	1,729	1,771	1,788	1,480	1,692	1,114
Adults	925	1,083	1,147	1,177	1,099	960	1,231	968
Older Adults	527	615	505	687	683	472	674	510
Age 60-64	560	677	772	697	679	519	723	636
Age 65-74	347	374	456	414	450	301	446	325
Age 75-84	261	348	345	367	313	144	232	175
Age 85+	252	335	307	351	267	159	263	80
Total Population	1,040	1,247	1,386	1,619	1,574	1,335	1,659	1,213

Yolo County-All Clients	Proportion of All Clients per 100,000 Population							
Variable	2005	2006	2007	2008	2009	2010	2011	2012
Female	1,009	1,220	1,269	1,239	1,177	1,243	1,011	866
Male	879	1,037	1,119	1,164	985	1,170	980	775
CYF	1,056	1,317	1,262	1,314	998	1,170	1,133	992
TAY	639	819	898	1,016	696	972	753	542
Adults	1,184	1,367	1,513	1,399	1,508	1,517	1,243	1,027
Older Adults	543	805	701	975	974	1,048	762	669
Age 60-64	1,021	1,338	1,239	1,283	1,113	1,214	999	1,075
Age 65-74	309	501	627	658	581	616	463	313
Age 75-84	162	189	322	263	281	333	161	201
Age 85+	55	181	405	246	171	204	101	0
Total Population	1,165	1,385	1,466	1,451	1,273	1,425	1,203	996

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