



V E N T U R A C O U N T Y

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**BEHAVIORAL HEALTH**

A Department of Ventura County Health Care Agency



VENTURA COUNTY  
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November 4, 2022

# COMMUNITY HEALTH NEEDS ASSESSMENT

## Community Survey - Summary of Findings

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Prepared by:

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Measuring What Matters®

# VCCHIC Community Health Needs Assessment - Overview



VENTURA COUNTY  
**COMMUNITY HEALTH**  
IMPROVEMENT COLLABORATIVE

Community  
Survey

Secondary Data  
Analysis

Priority Health Areas

18 Focus Groups

# VCCHIC Community Health Needs Assessment - Overview

## Prioritized Health Issues

- Covid Readiness and Recovery
- Children and Youth Behavioral Health
- Climate Change

# VCCHIC Community Health Needs Assessment - Overview

## Prioritized Health Issues

- Covid Readiness and Recovery
- Children and Youth Behavioral Health
- Climate Change

## Guiding Principles toward Overall Health and Wellness

- Social-Ecological
- Life course and inter-generational
- Equity, antiracism and health equity
- Prevention, especially primary prevention

# CHNA Findings related to Mental Health

## Key Themes from Community Input



- Mental health problems (trauma, depression, bipolar, etc.) was the #1 most important health problem by both the general population (74%) and student respondents (82%)
- Mental health issues across the life span discussed in focus groups
- Suicide was most important health problem for 32% of student respondents

## Life Expectancy Analysis



Suicide ranked #7 in leading causes of premature death (2019-2021) for males and #9 overall for Ventura County

## Warning Indicators



- Alzheimer's Disease or Dementia: Medicare Population
- Depression: Medicare Population
- Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury

# VCCHIC Community Health Needs Assessment – Community Surveys

## Initial CHNA Community Surveys

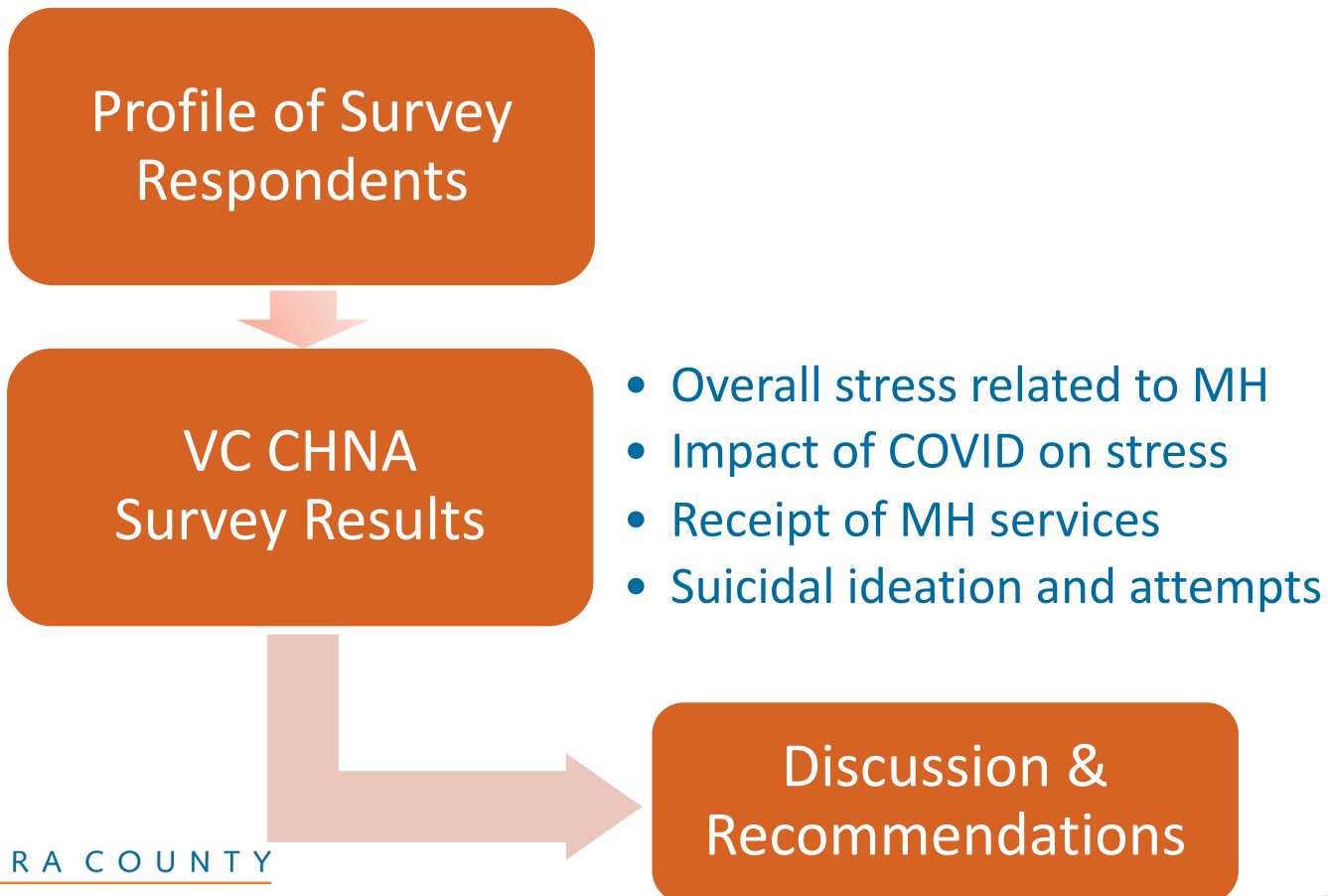
- February-March 2022
- English and Spanish
- Online and paper formats

## Additional Targeted Community Surveys

- July-August 2022
- Under-represented in  
initial CHNA surveys
- Food pantries in 4 regions

# Organization of Summary of Findings

The Summary of Findings is organized as follows:







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# SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT

## PROFILE OF SURVEY RESPONDENTS

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# Demographic Profile of Survey Respondents

- Age groups
  - 0-17 (5%), 18-24 (11%), 25-34 (18%), 35-44 (23%), 45-54 (15%), 55-64 (14%), and 65+ (14%)
- Gender Identity
  - Female/Woman (77%), Male/Man (20%), Another Gender Identity or Prefer Not to Answer (3%)
- Household Income
  - 49% of respondents had a household income of less than \$50K per year
- Race or Ethnicity
  - 75% of respondents identified as Hispanic/Latino, 71% White, 4% Asian, 3% American Indian or Alaska Native, 2% Black/African American, 1% Native Hawaiian or Pacific Islander, 13% another race, and 6% more than one race.
- Primary Language
  - English (65%), Spanish (27%), Mixtec (4%), Other (2%), Tagalog (1%), Arabic (1%)

# Demographic Profile of Survey Respondents

- Marital Status
  - Married (48%), Not Married/Single (32%), Domestic Partner (9%), Other (4%), Prefer not to answer (4%)
- Education
  - Less than high school graduate (18%), high school/GED (14%), bachelor's degree or higher (43%)
- Military
  - Currently serve or served in the past (4%)
- Physical or Mental Disability
  - Has a disability (11%)
- Insurance
  - Medi-Cal (17%), Medicare (5%), Medi-Cal and Medicare (2%), Cash Pay/No insurance (8%)
- Industry/Business
  - Healthcare (37%), Government (28%), Education (5%), Agriculture (8%), Food Service or Retail (5%)



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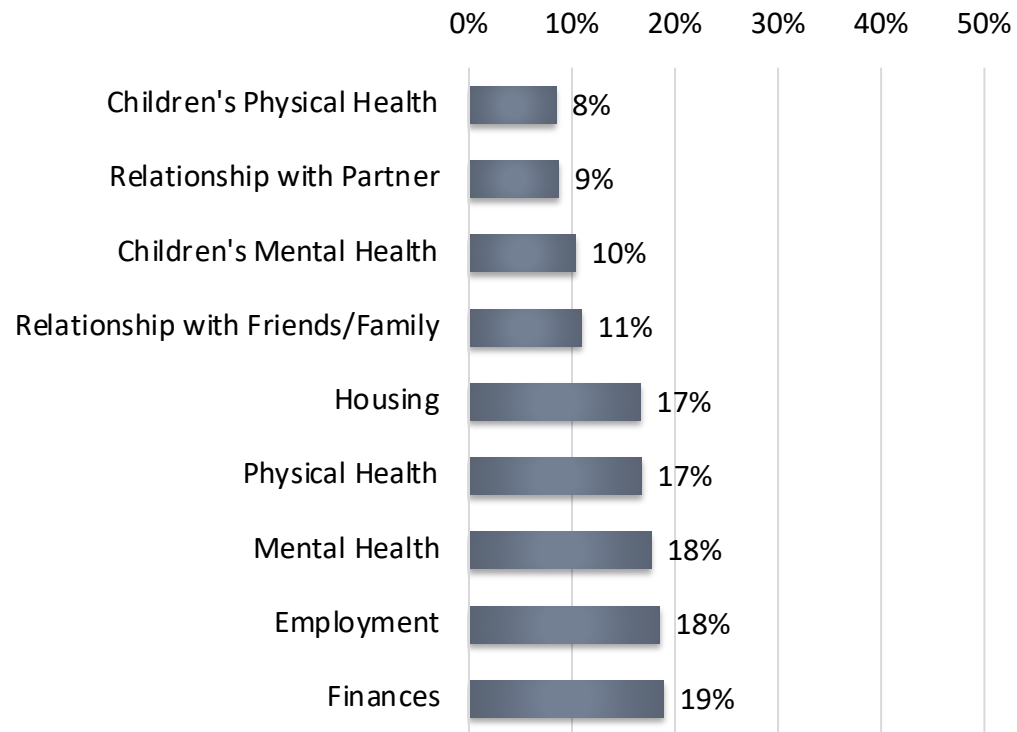
# SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT

## MENTAL HEALTH STRESS

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# Sources of Great Stress

## SOURCES OF GREAT STRESS AMONG ALL RESPONDENTS (N = 3430)



The top sources of great stress among all surveyed were:

1. Finances
2. Employment
3. Mental Health

# Sources of Great Stress – Income Comparisons

- Individuals with a higher income were less likely to report a great deal of stress about their mental health than individuals with a lower income.
  - As income increased, the percentage reporting “a great deal” of stress decreased

Source of Stress	Level of Stress	Income Range					
		Less than \$20k (n <sub>1</sub> = 399, n <sub>2</sub> = 249)	\$20k - \$39,999 (n <sub>1</sub> = 450, n <sub>2</sub> = 292)	\$40k - \$59,999 (n <sub>1</sub> = 332, n <sub>2</sub> = 193)	\$60k - \$79,999 (n <sub>1</sub> = 273, n <sub>2</sub> = 149)	\$80k - \$99,999 (n <sub>1</sub> = 215, n <sub>2</sub> = 132)	\$100k or more (n <sub>1</sub> = 660, n <sub>2</sub> = 447)
Mental Health <sub>1</sub>	None at all	29%	28%	27%	29%	31%	34%
	A moderate amount	40%	45%	50%	47%	47%	49%
	A great deal	<b>31%</b>	<b>27%</b>	<b>24%</b>	<b>24%</b>	<b>22%</b>	<b>17%</b>
Children’s Mental Health <sub>2</sub>	None at all	46%	36%	39%	28%	30%	31%
	A moderate amount	38%	47%	37%	45%	41%	44%
	A great deal	16%	17%	24%	27%	29%	25%

# Sources of Stress – Ethnicity Comparisons

- Individuals who identified as Hispanic/Latino reported similar levels of stress about their children’s and their own mental health as those who identified as Non-Hispanic/Latino
- About  $\frac{1}{4}$  of individuals, regardless of ethnicity, reported a great deal of stress about their mental health

Source of Stress	Level of Stress	Ethnicity Category	
		Hispanic/Latino ( $n_1 = 1295, n_2 = 884$ )	Non-Hispanic/Latino ( $n_1 = 963, n_2 = 546$ )
<b>Mental Health<sub>1</sub></b>	None at all	29%	30%
	A moderate amount	44%	49%
	A great deal	26%	22%
<b>Children’s Mental Health<sub>2</sub></b>	None at all	39%	29%
	A moderate amount	41%	46%
	A great deal	20%	25%

# Sources of Great Stress – Racial Comparisons

- Individuals who identified as Native Hawaiian/Pacific Islander, Asian, and Multi-racial were more likely to report at least moderate levels of stress about their mental health.
- Individuals who identified as Native Hawaiian/Pacific Islander were also more likely to report at least moderate levels of stress concerning their children’s mental health.

Source of Stress	Level of Stress	Racial Category						
		American Indian/ Alaska Native (n <sub>1</sub> = 59, n <sub>2</sub> = 37)	Asian (n <sub>1</sub> = 99, n <sub>2</sub> = 64)	Black or African American (n <sub>1</sub> = 33, n <sub>2</sub> = 17)	Native Hawaiian/Pacific Islander (n <sub>1</sub> = 10, n <sub>2</sub> = 9)	White (n <sub>1</sub> = 1426, n <sub>2</sub> = 850)	Other (n <sub>1</sub> = 248, n <sub>2</sub> = 160)	Multi-Racial (n <sub>1</sub> = 121, n <sub>2</sub> = 71)
Mental Health <sub>1</sub>	None at all	32%	21%	30%	20%	32%	28%	22%
	A moderate amount	44%	51%	39%	50%	44%	49%	51%
	A great deal	24%	28%	30%	30%	24%	23%	26%
Children’s Mental Health <sub>2</sub>	None at all	41%	23%	24%	11%	35%	37%	25%
	A moderate amount	43%	47%	59%	56%	42%	41%	44%
	A great deal	16%	30%	18%	33%	23%	23%	31%





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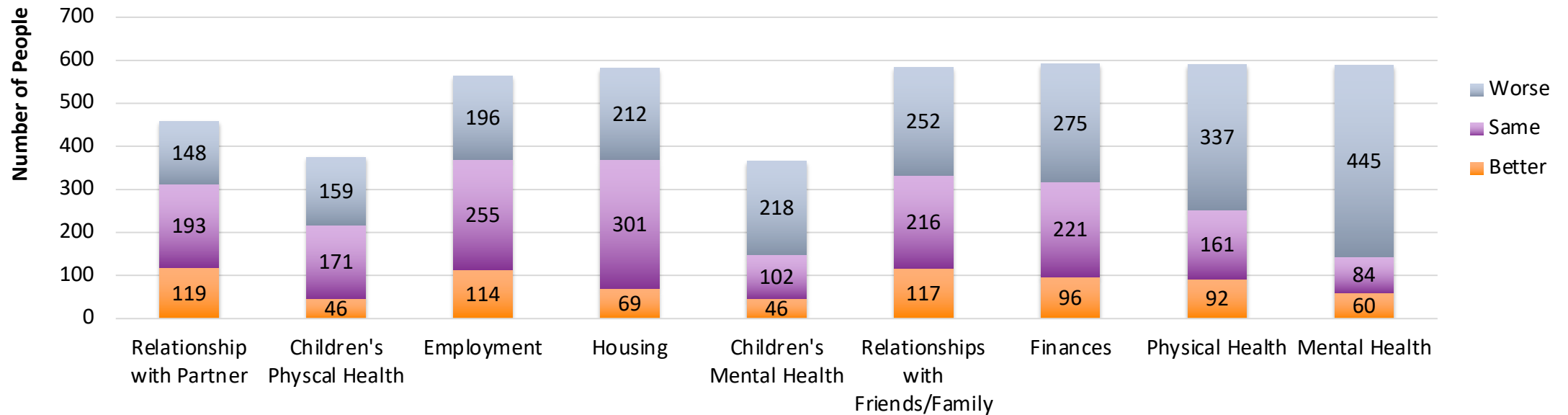
# SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT

## CHANGES IN CONCERN SINCE COVID 19

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# Changes in Concerns Since COVID-19

## CHANGES IN CONCERNS SINCE COVID-19 AMONG INDIVIDUALS WITH A GREAT DEAL OF MENTAL HEALTH STRESS (N = 606)



Among those who reported a great deal of mental health stress, a large proportion also reported that COVID-19 worsened their mental health and children's mental health



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# SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT

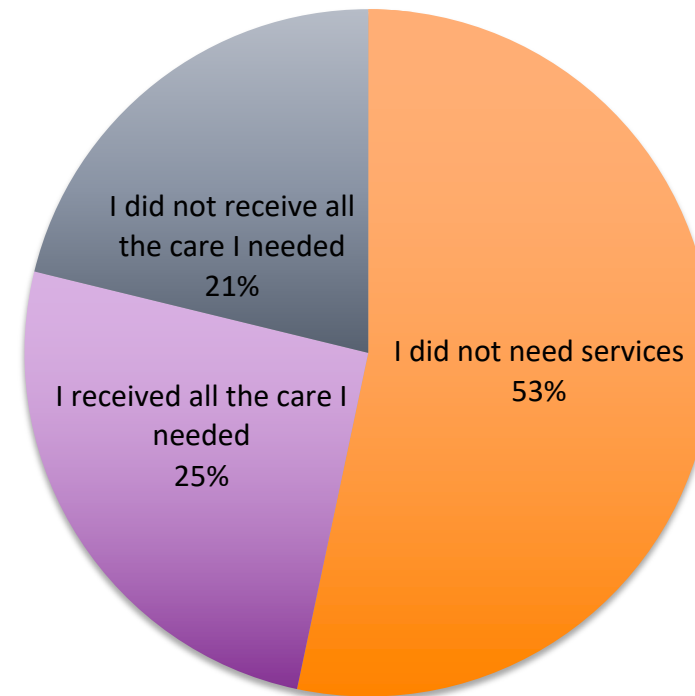
## RECEIPT OF MENTAL HEALTH SERVICES

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# Receipt of Mental Health Services

- Almost **50%** of respondents reported needing mental health care in the last 12 months, while more than half indicated that they did not
- More than **20%** (n=593) of the respondents reported they did not receive the mental health care they needed

## EXTENT INDIVIDUALS RECEIVED THE MENTAL HEALTH CARE THEY NEEDED (N = 2798)

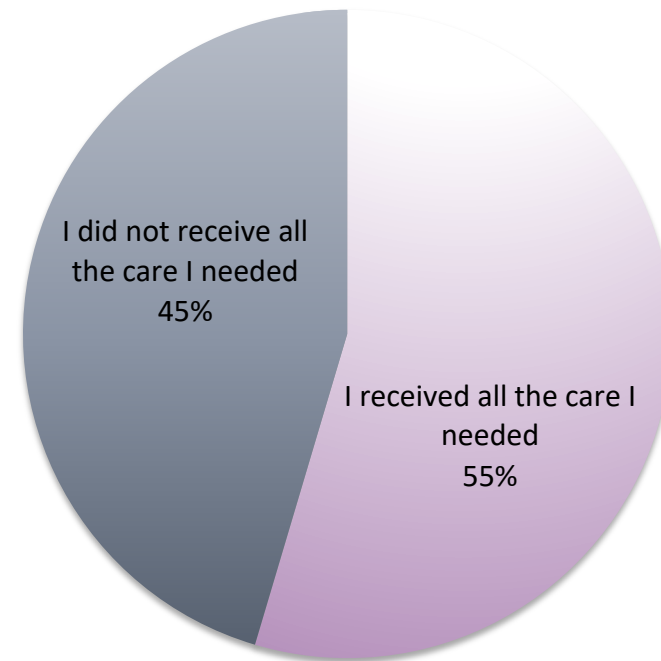


■ I did not need services ■ I received all the care I needed ■ I did not receive all the care I needed

# Receipt of Mental Health Services

- Of those who reported needing mental health services, **45%** reported that they did *not* receive the mental health care they needed.

## EXTENT INDIVIDUALS WHO NEEDED SERVICES RECEIVED THE MENTAL HEALTH CARE THEY NEEDED (n = 1293)



■ I received all the care I needed

■ I did not receive all the care I needed

# Receipt of Mental Health Services

## DEMOGRAPHICS OF INDIVIDUALS WHO DID NOT RECEIVE NEEDED MH CARE

Age Group (n = 566)	%
0-17 years	5%
18-24 years	14%
25-34 years	<b>19%</b>
35-44 years	<b>23%</b>
45-54 years	16%
55-64 years	14%
65+ years	9%

Racial Category (n = 473)	%
Black/African American	1%
Native Hawaiian/Pacific Islander	1%
American Indian/Alaska Native	2%
Asian	5%
Multi-racial	8%
Other	<b>12%</b>
White	<b>71%</b>

Ethnicity Category (n = 512)	%
Hispanic/Latino	<b>56%</b>
Non-Hispanic/Latino	<b>44%</b>

Individuals most likely to not receive the mental health care they needed were those between the ages of 25-44, those who identified as White or Other, and/or those who identified as Hispanic/Latino.



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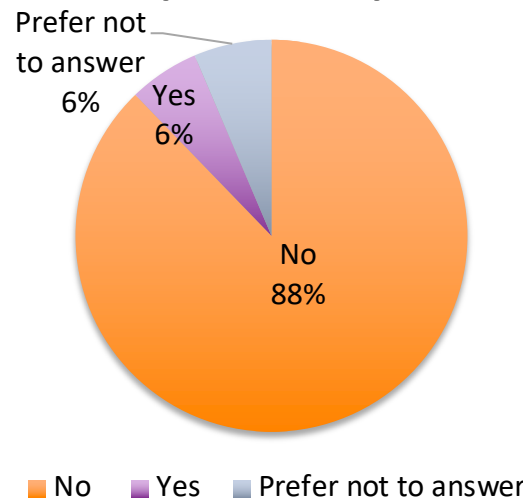
# SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT

## SUICIDAL IDEATION AND ATTEMPTS

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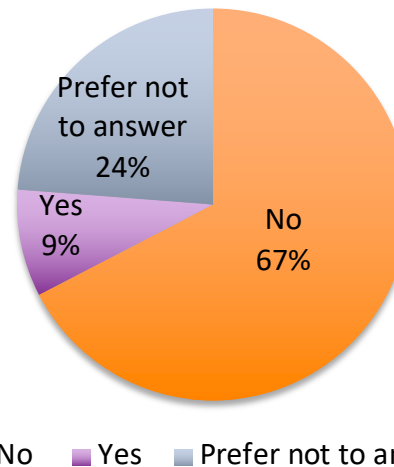
# Suicidal Ideation and Attempts

## SUICIDAL THOUGHTS IN THE PAST 12 MONTHS (n = 2855)



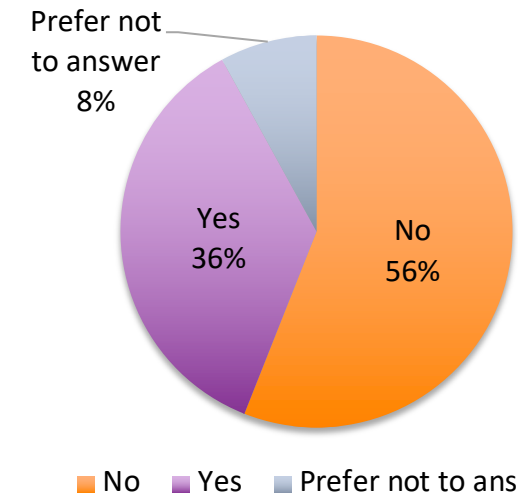
About **6%** of survey respondents reported having thoughts of suicide in the past 12 months.

## SUICIDE ATTEMPTS IN THE PAST 12 MONTHS (n = 328)



**9%** of individuals who responded reported that they attempted suicide. Additionally, **17%** of individuals who reported having suicidal thoughts indicated that they attempted suicide.

## RECEIVED MEDICAL ATTENTION AFTER ATTEMPT (n = 25)



Most individuals who made a suicide attempt did not receive medical attention afterward.



# Suicidal Ideation and Attempts – Age Comparisons

- Suicidal *thoughts* were more common among younger age groups.
- Suicide *attempts* were most common among individuals aged 45-54 and under 18 years
- Older age groups were less likely to have suicidal thoughts, but more likely to have made attempts, compared to their younger counterparts

Age Group	Suicidal Thoughts <sub>1</sub>	Suicide Attempts <sub>2</sub>
<b>0 – 17 Years</b> ( $n_1 = 133, n_2 = 99$ )	<b>15%</b>	<b>15%</b>
<b>18 – 24 Years</b> ( $n_1 = 292, n_2 = 76$ )	<b>12%</b>	7%
<b>25 – 34 Years</b> ( $n_1 = 502, n_2 = 62$ )	6%	7%
<b>35 – 44 Years</b> ( $n_1 = 629, n_2 = 56$ )	5%	11%
<b>45 – 54 Years</b> ( $n_1 = 427, n_2 = 31$ )	5%	<b>16%</b>
<b>55 – 64 Years</b> ( $n_1 = 388, n_2 = 35$ )	4%	3%
<b>65 Years and Up</b> ( $n_1 = 370, n_2 = 18$ )	2%	11%

# Suicidal Ideation and Attempts – Gender Comparisons

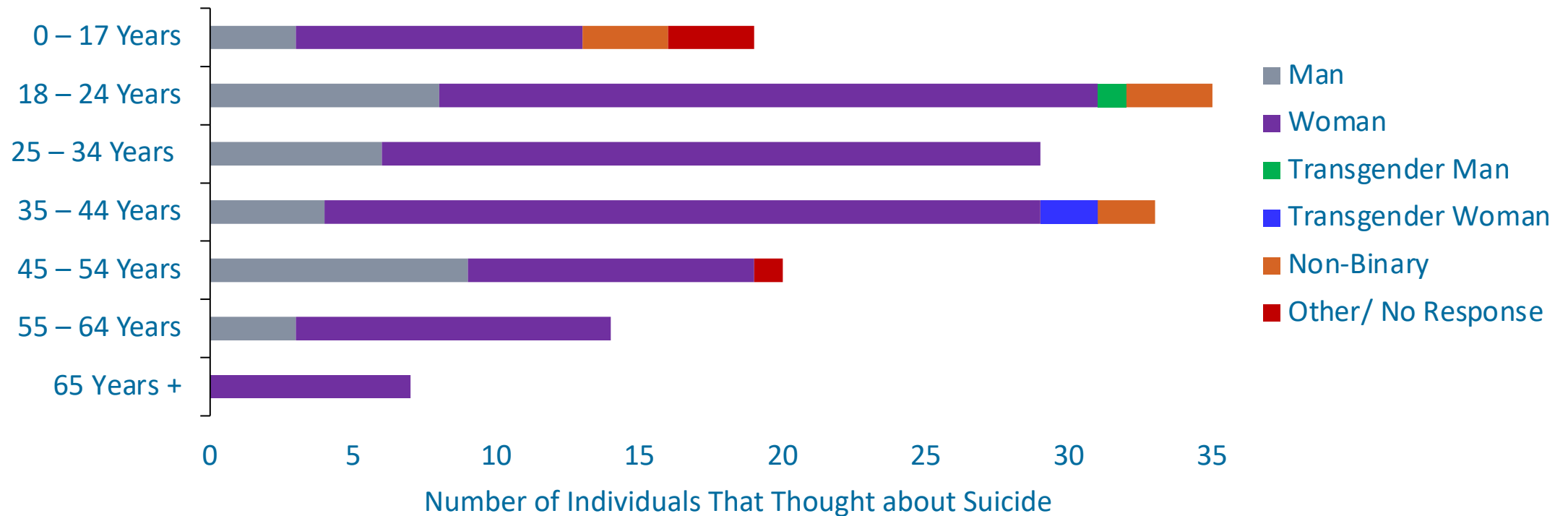
- Suicidal thoughts and suicide attempts were more common among individuals who did not identify as a man or woman (Note: sample sizes are lower in these categories)

Gender Identity	Suicidal Thoughts <sub>1</sub>	Suicide Attempts <sub>2</sub>
<b>Woman</b> ( $n_1 = 2094, n_2 = 220$ )	5%	9%
<b>Man</b> ( $n_1 = 539, n_2 = 62$ )	6%	5%
<b>Transgender Man</b> ( $n_1 = 5, n_2 = 3$ )	20%	33%
<b>Transgender Woman</b> ( $n_1 = 3, n_2 = 2$ )	67%	50%
<b>Non-Binary</b> ( $n_1 = 25, n_2 = 14$ )	32%	21%
<b>Other</b> ( $n_1 = 6, n_2 = 3$ )	33%	0%

# Suicidal Ideation – Age and Gender

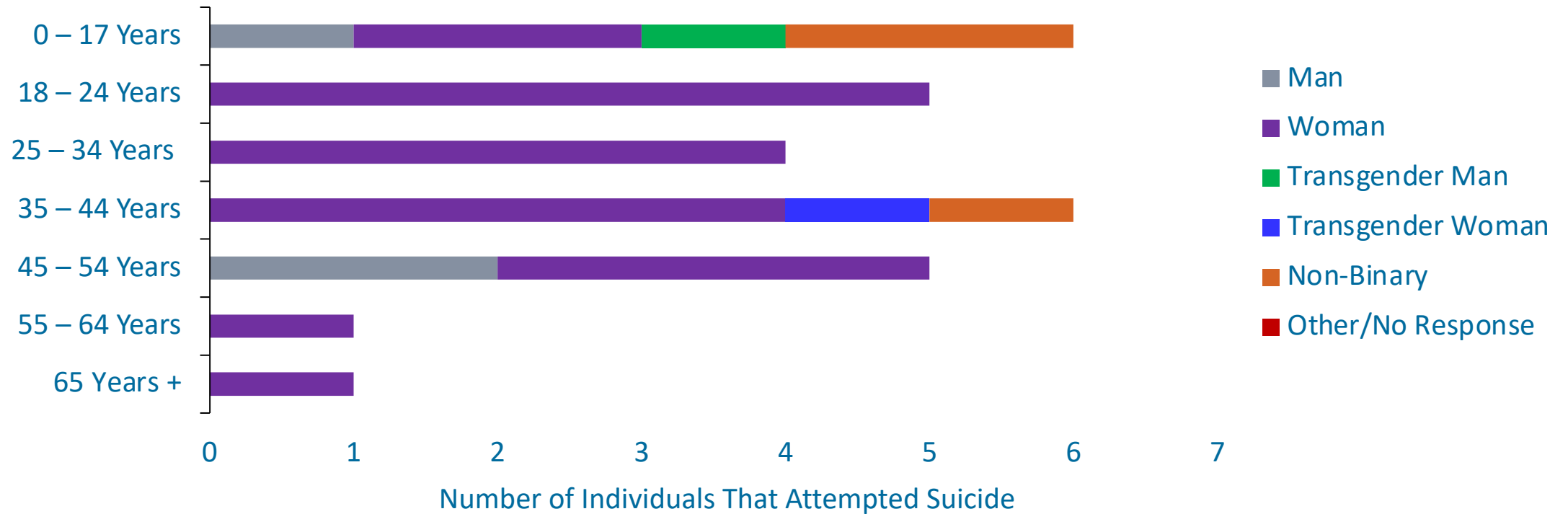
## DEMOGRAPHICS OF INDIVIDUALS WHO THOUGHT ABOUT SUICIDE IN THE LAST 12 MONTHS

(n = 157)



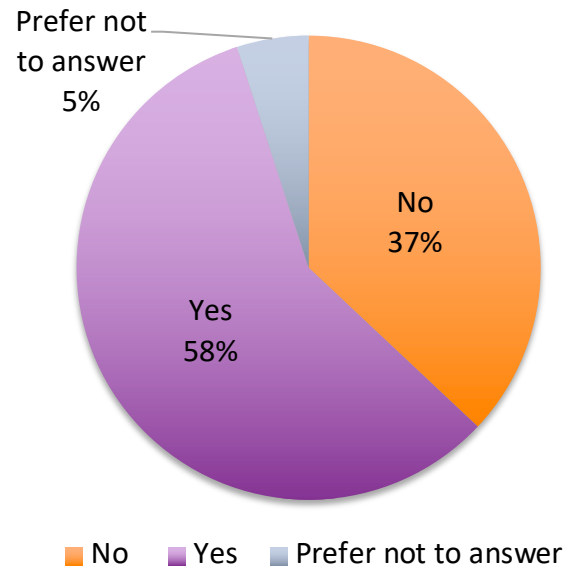
# Suicide Attempts – Age and Gender

## DEMOGRAPHICS OF INDIVIDUALS WHO ATTEMPTED SUICIDE IN THE LAST 12 MONTHS (n = 29)



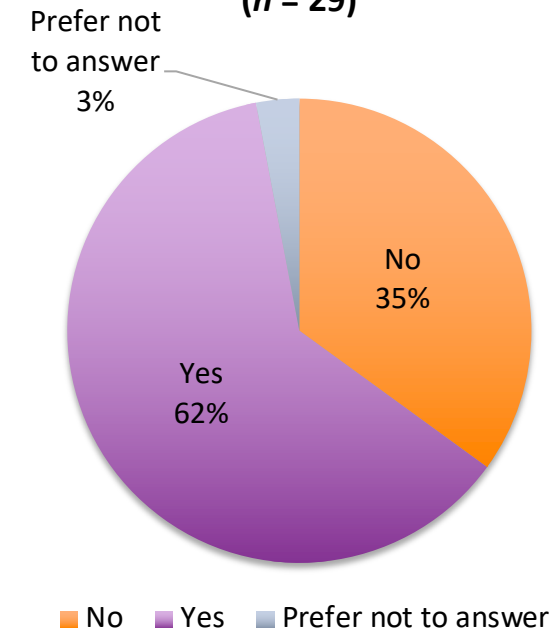
# Suicidal Ideation and Attempts – Awareness of Resources

**AWARENESS OF RESOURCES AMONG INDIVIDUALS WITH SUICIDAL IDEATION**  
(*n* = 166)



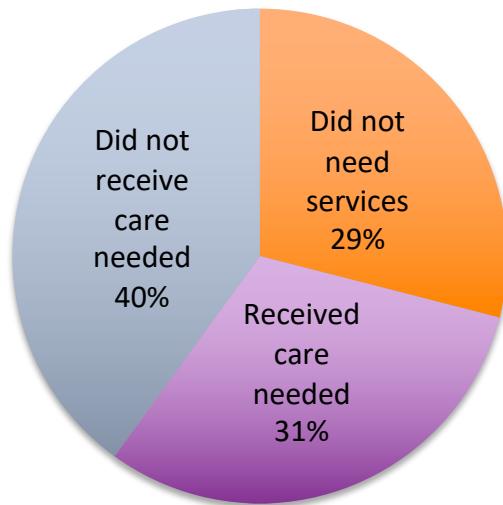
A significant proportion of individuals who had thoughts of suicide (**58%**) or attempted suicide (**62%**) reported awareness of the resources in their communities.

**AWARENESS OF RESOURCES AMONG INDIVIDUALS WITH SUICIDE ATTEMPTS**  
(*n* = 29)



# Suicidal Ideation and Attempts – Need of MH Care

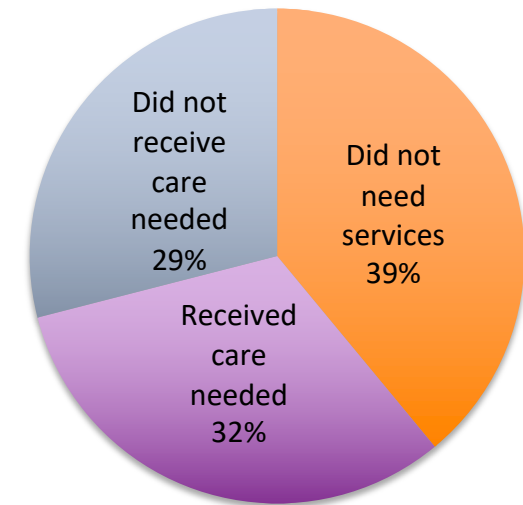
**EXTENT INDIVIDUALS WITH SUICIDAL THOUGHTS RECEIVED NEEDED MENTAL HEALTH CARE**  
(n = 156)



**62 out of 156** individuals who had suicidal thoughts within the past 12 months (40%) reported they did not receive the mental health care that they needed.

**8 out of 28** individuals who attempted suicide within the past 12 (29%) months reported they did not receive the mental health care that they needed.

**EXTENT INDIVIDUALS WHO ATTEMPTED SUICIDE RECEIVED NEEDED MENTAL HEALTH CARE**  
(n = 28)



# Summary of Findings - Discussion

Mental health was a top source of stress across all respondents, but especially among younger individuals and those with a lower income.

COVID-19 exacerbated concerns regarding personal and children's mental health.

Suicidal thoughts were more common among younger respondents and those who did not identify as cis-gendered men or women.

More than half of all survey respondents, as well as those who had suicidal thoughts, received the MH care that they needed.

# Summary of Findings - Recommendations

Expand mental health services across the county. Find ways to target individuals who report having unmet mental health needs.

Help individuals experiencing mental health stress identify factors in their life that are contributing to the stress and provide co-occurring, integrated services.

Outreach to individuals for mental health services should target individuals who identify as Hispanic/Latino or non-CIS gendered individuals between the ages of 25 and 44.

Almost 1 out of 5 respondents who reported having suicidal thoughts also indicated that they attempted suicide. Training to potential responders should acknowledge this high risk of dying that people are in when having suicidal ideation.





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