

Secondary Data: Mental Health and Substance Abuse within the Coachella Valley



Betty Ford Center

Part of the Hazelden Betty Ford Foundation

Report By:



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Executive Summary

Background

The Hazelden Betty Ford Foundation is the largest nonprofit treatment provider in the nation, with 17 site locations throughout the United States. Betty Ford Center, in Rancho Mirage, offers a range of services regarding substance abuse and mental health for incoming patients.

The Betty Ford Center hired HARC to conduct a Community Health Needs Assessment (CHNA) in order to identify unmet needs and gaps in services that may exist. The first step of this process requires an understanding of what is already known in the community. For this reason, secondary data is presented on various mental health and substance abuse variables of interest to the Betty Ford Center. When available, data is presented at the Coachella Valley level. If this was not available, then data are presented at the Riverside County, or Riverside/Imperial County level and then extrapolated down to the Coachella Valley region.

Results

Demographics

Of the 400,000+ people living in the Coachella Valley, about a quarter (24%) are minors, and an additional third (32%) are seniors age 55 and over. The number of seniors living in the region is high due to retirees who move to the area and “snowbirds” who spend the winter months in the Coachella Valley and their summer months in cooler climes. Due to the influx of retirees, most adults in the Valley are non-Hispanic Caucasians, while most of the children in the region are Hispanic/Latino.

Income is widely disparate; more than a quarter of local adults live in poverty, as do more than a third of local children. In contrast, there is also extreme wealth present in the Valley; this sharp contrast is one of the things that makes the Valley so unique. Nearly 20% of Coachella Valley adults lack a high school degree or equivalency. Another unique aspect of the region is sexual orientation—nearly 12% of our local adults identify as lesbian, gay, bisexual, or other orientation, a rate nearly double that in California overall. Language in our community is fairly simple: the vast majority speak either English or Spanish, with very few other languages present.

Healthcare Access and Utilization

There are more than 37,230 uninsured people living in the Coachella Valley. Most of these are working age-adults, as virtually all seniors are insured via Medicare. However, we do have more than 4,800 uninsured children in the region. Most locals receive healthcare regularly; however, 15% of adults and 11% of children have not visited a healthcare provider in the past year. Continuity of care is relatively low; less than half of adults say that their usual source of care is their primary care provider’s office (many utilize urgent care, clinics, ERs, and hospitals as their usual source of care).

Adult Mental Health

Approximately 22% of local adults—about 68,500 people—have been diagnosed with a mental health disorder. Common disorders include depression and anxiety. About 26% of adults have had an emotional, mental, or behavioral problem that concerned them in the past year.

About 5% of local adults have seriously considered suicide in the past year (more than 13,730 people). The age-adjusted ER rate due to suicide/intentional self-harm is 22.4 ER visits per 10,000 adults (a rate slightly higher than the California average). Extrapolating this rate to the Coachella Valley indicates that there are approximately 680 ER visits in the region each year that stem from suicide/self-harm. The age-adjusted death rate due to suicide in Riverside County is 10.3 for every 100,000 persons, which is the same as the average rate in California.

Adult Substance Abuse

About half of Coachella Valley adults are not active drinkers (i.e., have not had a single beverage in the past month). Of the half of Coachella Valley adults who have had an alcoholic drink in the past month, most of them (69%) drink twice a week or less, and most (69%) consume one to two drinks on days that they drink. This represents moderate drinking. However, 38% of drinkers (58,900+ adults) have engaged in binge drinking once or more in the past month, and over 10,000 Coachella Valley adults are engaging in binge drinking seven or more times per month. The Riverside County age-adjusted ER rate due to acute or chronic alcohol abuse is 32.6 ER visits per 10,000 adults. This is substantially better than the California rate of 44.2 ER visits per 10,000 adults.

An estimated 10.3% of adults in the Riverside County/Imperial County area have used illicit drugs in the past month. When excluding marijuana, this drops to approximately 3.5%. Extrapolating those rates to the Coachella Valley community would mean that approximately 31,640 local adults used illicit drugs in the past month, and excluding marijuana would bring this number to approximately 10,750.

An estimated 3.7% of people in Riverside County are opioid prescription patients; there are approximately 458 prescriptions per 10,000 population. This is fairly middle-of-the-road compared to other California counties.

In Riverside County, the age-adjusted ER rate due to substance abuse is 17.9 ER visits per 10,000 adults. This is slightly lower than the rate for California overall, which is 18.6 ER visits per 10,000 adults. Extrapolating this to the Coachella Valley population indicates that there are likely around 545 ER visits due to substance abuse each year in our community.

In Riverside County, the age-adjusted death rate due to drugs is 14.8 per 100,000 adults, higher than the California rate of 11.8, and higher than the “Healthy People 2020” goal of 11.3.

Adult Treatment

Approximately 10.1% of Coachella Valley adults with a mental health diagnosis or concern had a time in the past year when they needed mental health care and could not get it. This equates to more than 10,500 locals in need. Similarly, 7.9% needed mental health medication and couldn't get it (more than 8,150 people).

In the past year, approximately 13% of Coachella Valley adults (more than 40,710 people) felt that they might need to see a professional due to problems with their health, emotions, nerves, or use of alcohol/drugs. This is similar to rates in the County and State overall. Of those who felt they needed help, most (70%) were able to get that help. However, more than 12,050 local adults didn't get the help they felt they needed.

Youth Mental Health

About 18.2% of Coachella Valley children age three and older (15,147 children) have been diagnosed with one or more mental health disorders. The most common mental health disorders are ADD/ADHD (9%), anxiety disorder (6%), and developmental delay (5%).

In Riverside County, the age-adjusted emergency room (ER) rate due to mental health issues is 24.9 ER visits per 10,000 youth. This is lower than the rate in California overall of 30.4 ER visits per 10,000 youth. Given the fact that there are more than 99,400 children in the Coachella Valley, this means that there are approximately 248 ER visits each year in our community that stem from pediatric mental health issues.

In the ninth grade, anywhere between 17% and 22% of local students have seriously considered suicide in the past month. Rates are somewhat lower for eleventh grade, but still disturbingly high; the lowest amount is 13% of CVUSD 11th graders who seriously considered suicide in the past month.

In Riverside County, the age-adjusted ER rate due to adolescent (12 to 17) suicide and intentional self-inflicted injury is 43.1 per 10,000 adolescents (ages 12-17). Since there are more than 33,500 children in that age group in the Coachella Valley, that means there are approximately 144 ER visits each year in Coachella Valley that are to address suicide/intentional self-harm in adolescents.

Youth Substance Abuse

Lifetime use of alcohol and/or other drugs (AOD) is at 36% for local ninth-graders and 51% for local eleventh graders. Current (within the past 30 days) AOD use is at 19% for ninth-graders and 29% for local eleventh graders. Alcohol is by far the dominant substance of choice for teens, followed by marijuana and then by prescription pain killers.

While most local youth have not consumed alcohol (55%), of those who do, most of them do so for the first time before the age of 15 (about 70% of teen drinkers have already had their first drink before they turn 15). Marijuana is not only less common (78% have never used it), but also appears to have a slightly older start.

About 20% of ninth-graders and 17% of eleventh-graders believe there is no harm in regular binge drinking. Access does not appear to be problematic; 26% of ninth-graders and 41% of eleventh-graders believe it is “very easy” to obtain alcohol, and obtaining marijuana is even easier. Approximately 14% of ninth-graders and 17% of eleventh-graders have been in a car driven by someone who was drinking at least once.

About 6% of ninth-graders and 8% of eleventh-graders have had problems stemming from AOD use (such as issues with emotions or mental health, problems with schoolwork, or blackouts). About 2% of ninth-graders and 4% of eleventh-graders felt that they might need help/treatment for their alcohol or drug use. However, relatively few felt that a student might be able to get that help through the school.

Results

The data collected within this report present an important first step in understanding the landscape of substance abuse treatment in the Coachella Valley. However, much remains to be understood; the next phase of the CHNA will tackle that issue by gathering data from local health leaders and the general community.

Introduction

The Hazelden Betty Ford Foundation is the largest nonprofit substance abuse treatment provider in the nation, with 17 locations throughout the United States. One of these locations includes the Betty Ford Center in Rancho Mirage. Betty Ford Center is located in the heart of the Coachella Valley, a community of more than 400,000 people in Riverside County, California. Services offered at Betty Ford Center include inpatient and outpatient treatment, specialized addiction programs, sober recovery housing, and family and children programs, to name a few.

As a nonprofit hospital, Betty Ford Center is required to conduct a community health needs assessment (CHNA) every three years to maintain compliance with the Internal Revenue Service (IRS). Regulations stipulate that each organization must conduct the CHNA and also adopt a corresponding implementation strategy to address the needs identified.^{1 2}

For the purposes of this report, Betty Ford Center's "community" is defined geographically; that is, the local community of the Coachella Valley, where the Betty Ford Center is located. The Coachella Valley is a unique community, geographically isolated by mountain ranges so that it almost functions as an island.

An invaluable starting point in the CHNA process is to evaluate the existing data or "secondary data" that can be utilized to better understand and describe the population of a given community. This allows us to understand what information is already known about the region, and to gain a deeper understanding of the local needs. In this case, this secondary data report includes some demographic data used to describe the community before drilling down to mental health and substance abuse data pertinent to the services offered by Betty Ford Center.

There was no data collection at this phase of the CHNA, and only data that is publicly available is reported within this report.

When available, data are presented at the Coachella Valley level. However, not all data is available at this level, and so, at times, Riverside County level, and Riverside/Imperial County level data are presented and then extrapolated to the Coachella Valley region.

¹ <https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable>

² https://www.irs.gov/irb/2011-30_IRB

Results

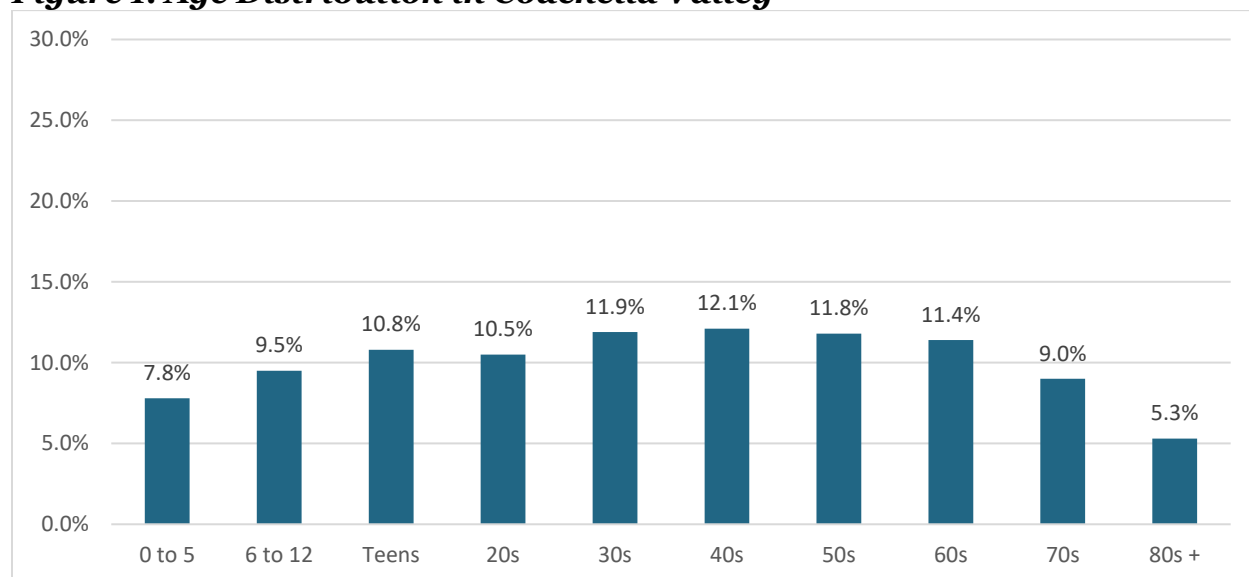
Section 1: Coachella Valley Demographics

This section of the report examines who lives in the community surrounding Betty Ford Center: what do they look like, demographically?

About a quarter (24.4%) are minors, as illustrated in Figure 1, and another third (31.4%) can be considered seniors (ages 55 and older). In fact, as illustrated in Figure 1, 5.3% of the Coachella Valley is age 80 and over (more than 21,500 people).

The percent of adults that are seniors is significantly higher in the Coachella Valley than in California as a whole. Specifically, 32% of California adults are age 55 and older³, while in the Coachella Valley, approximately 42% of adults are age 55 and older.

Figure 1. Age Distribution in Coachella Valley



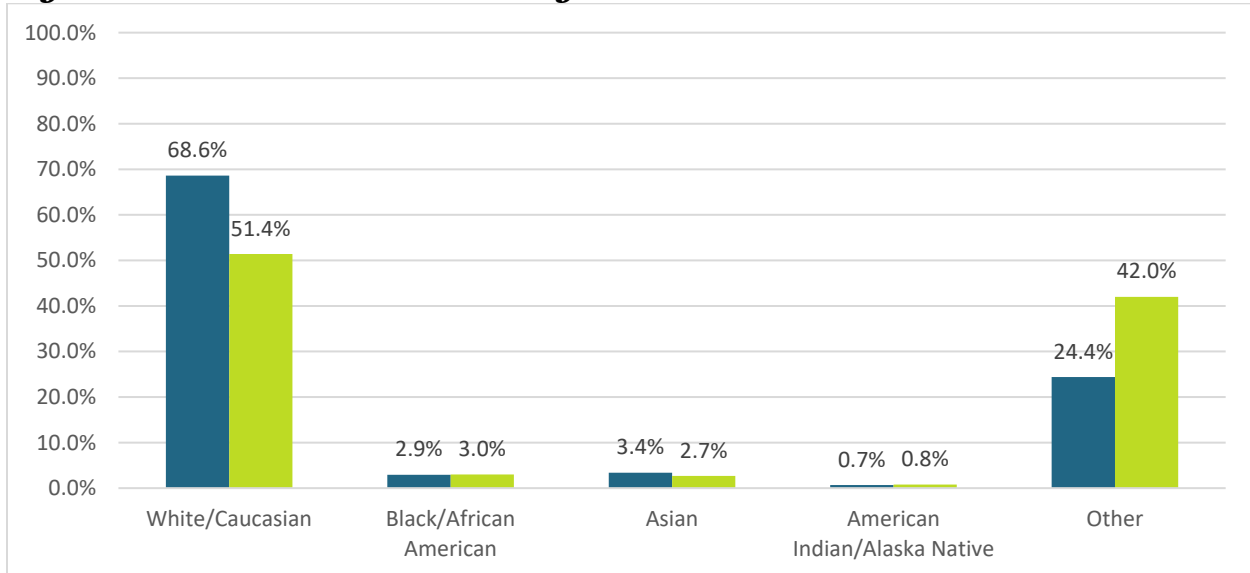
Note: $n = 406,668$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Gender in the Coachella Valley is split evenly; 50% men and 50% women.

³ California data are from the U.S. Census Bureau's 2012-2016 American Community Survey 5-Year Estimates.

As illustrated in Figure 2, more than half of the residents of the Coachella Valley identify as White/Caucasian. However, the rate is higher for adults than for children; more children identify with an “other” race.

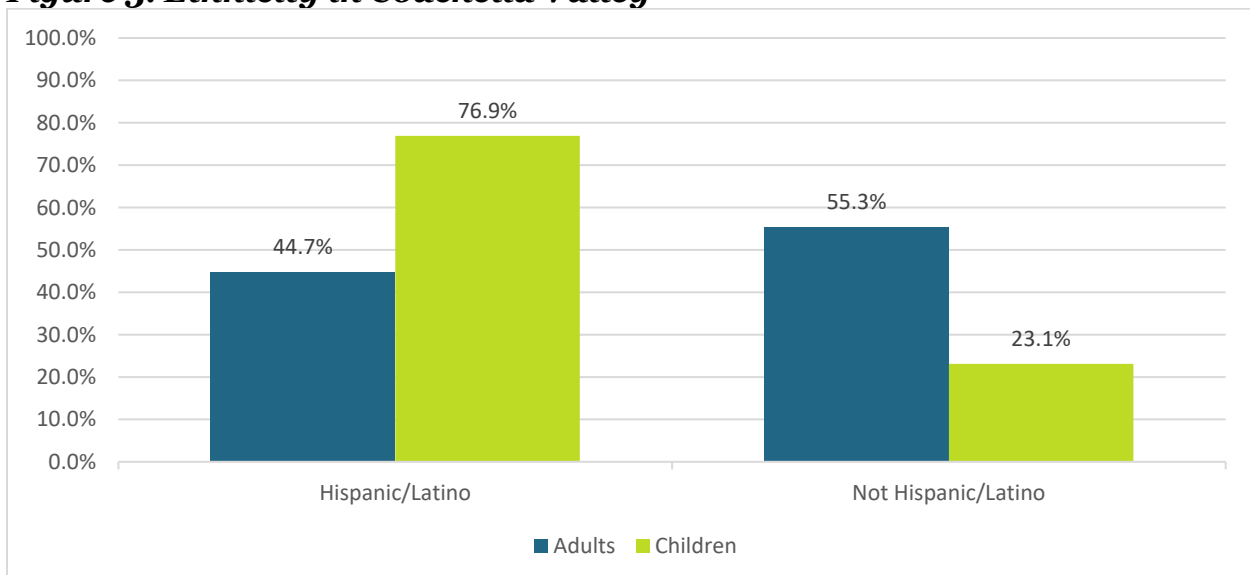
Figure 2. Race in Coachella Valley



Note: $n = 378,551$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

This is likely because local children are more likely to be Hispanic than local adults, as illustrated in Figure 3. This illustrates the unique nature of the Coachella Valley, which includes many white retirees who relocated to the area as well as local Hispanic families with children.

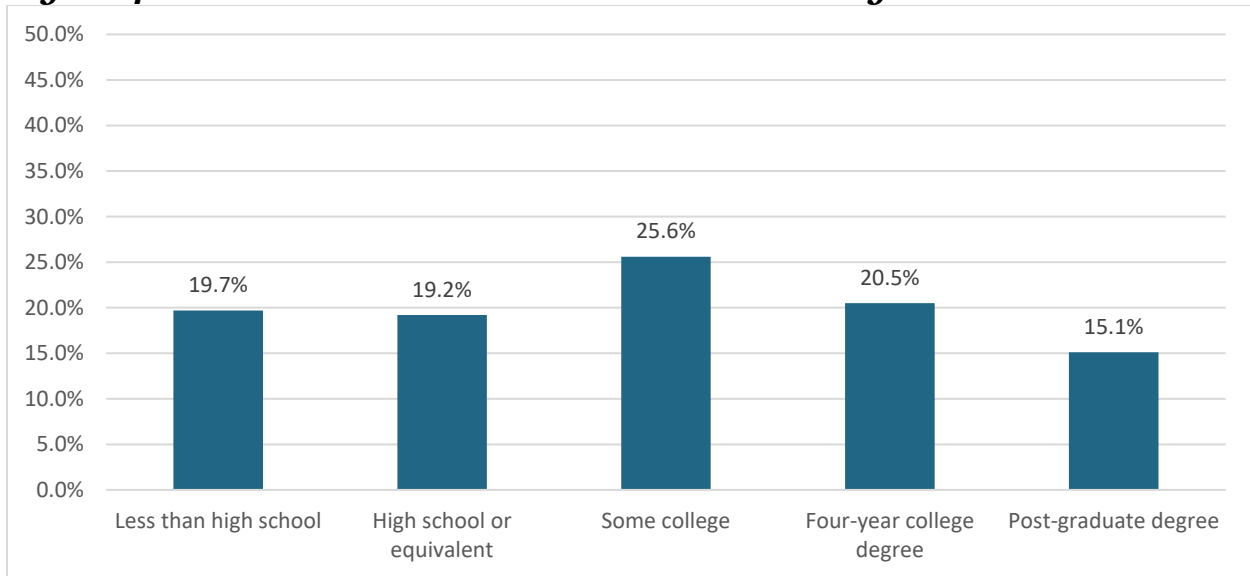
Figure 3. Ethnicity in Coachella Valley



Note: $n = 403,604$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

About 38.9% of local adults (ages 18+) have a high school degree or less, as illustrated in Figure 4. This indicates that more than 60,000 local adults lack a high school degree.

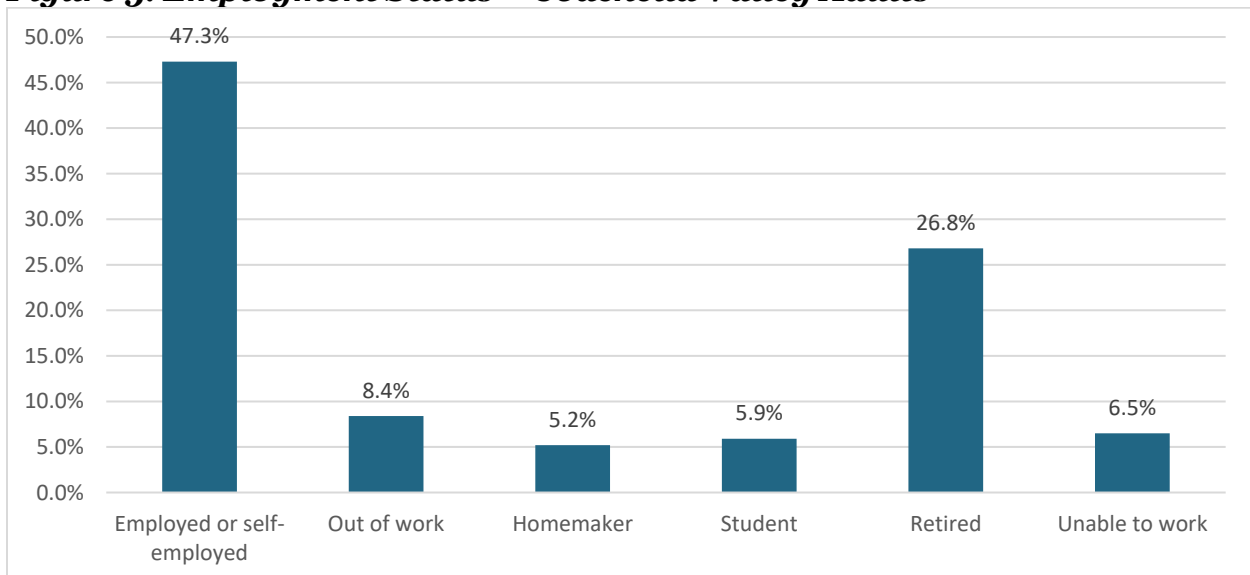
Figure 4. Educational Attainment – Coachella Valley Adults



Note: $n = 305,740$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

About half of Coachella Valley adults are employed or self-employed, as illustrated in Figure 5. The Coachella Valley is a retirement destination for many, as evidenced by the 26.8% of adults who are retired.

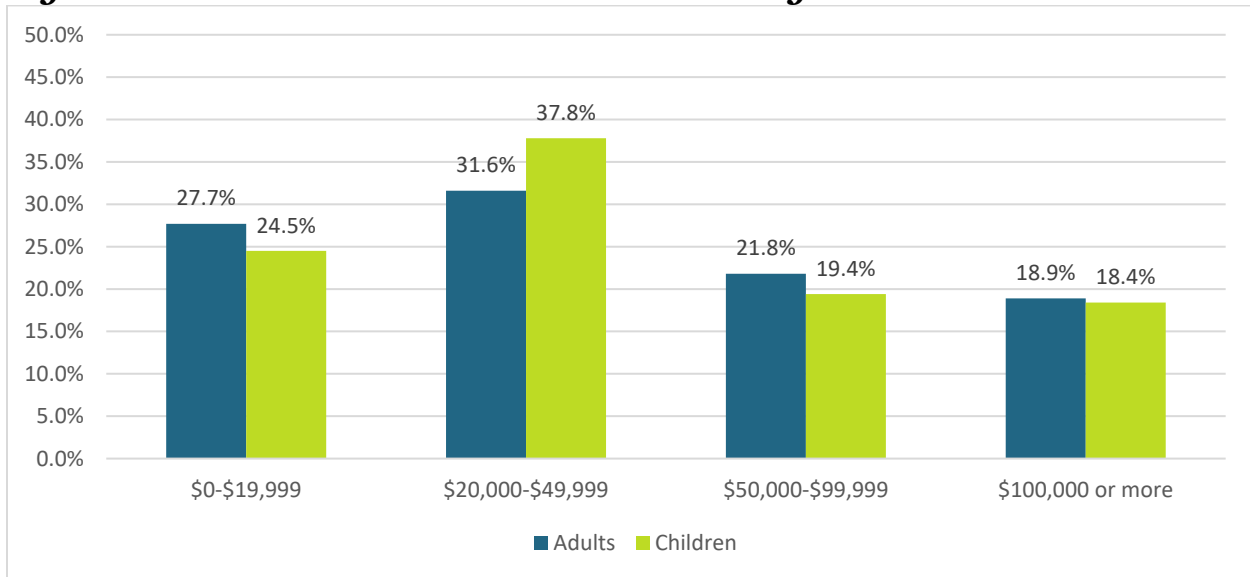
Figure 5. Employment Status – Coachella Valley Adults



Note: $n = 305,209$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

As illustrated in Figure 6, about a quarter of locals live in a household with an annual income under \$20,000.

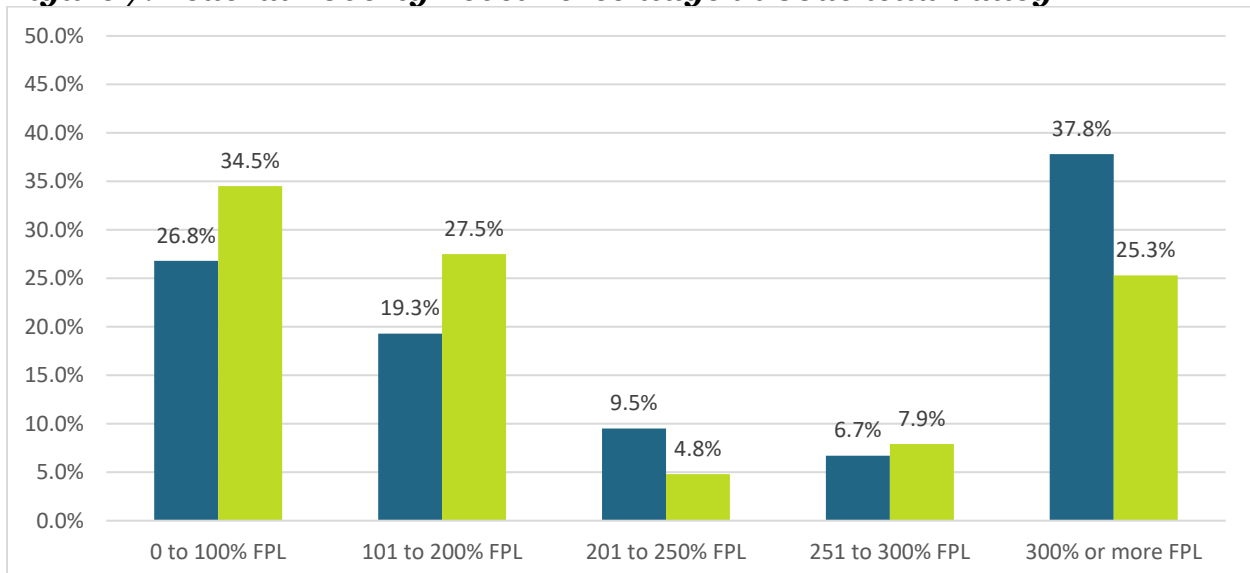
Figure 6. Household Income in Coachella Valley



Note: $n = 308,942$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Poverty was calculated using the number of people living in the home and the household income level. As illustrated in Figure 7, more than a quarter of local adults live below the federal poverty level (FPL), as do more than a third of local children.

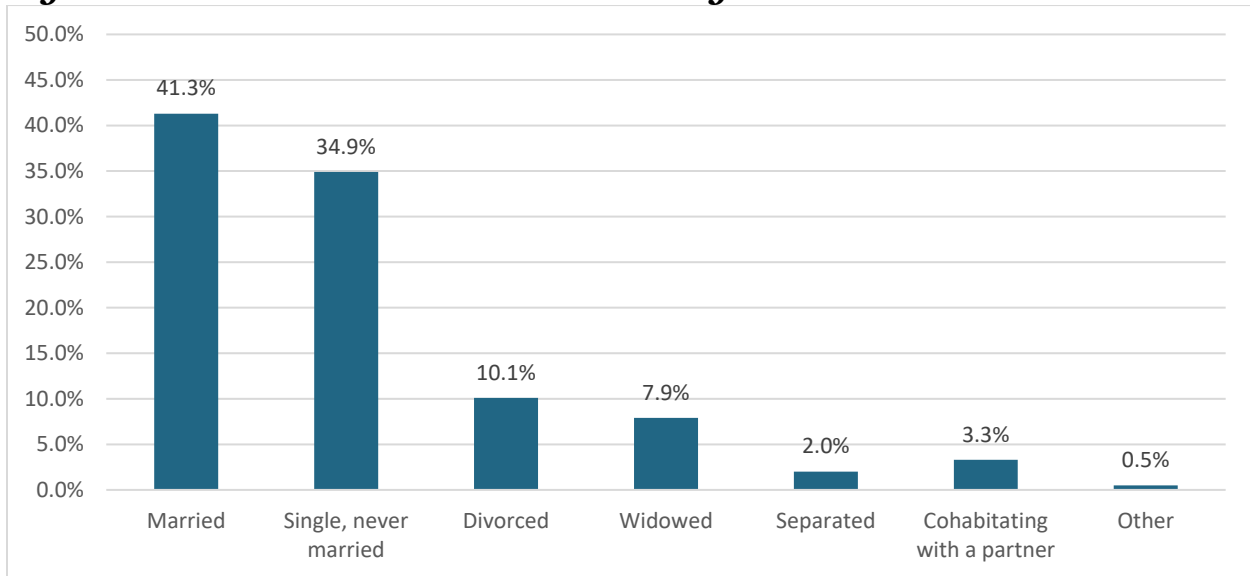
Figure 7. Federal Poverty Level Percentage in Coachella Valley



Note: $n = 308,214$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Most Coachella Valley adults are either married (41.3%) or single (34.9%), as illustrated in Figure 8. Some are divorced (10.1%) and some are widowed (7.9%).

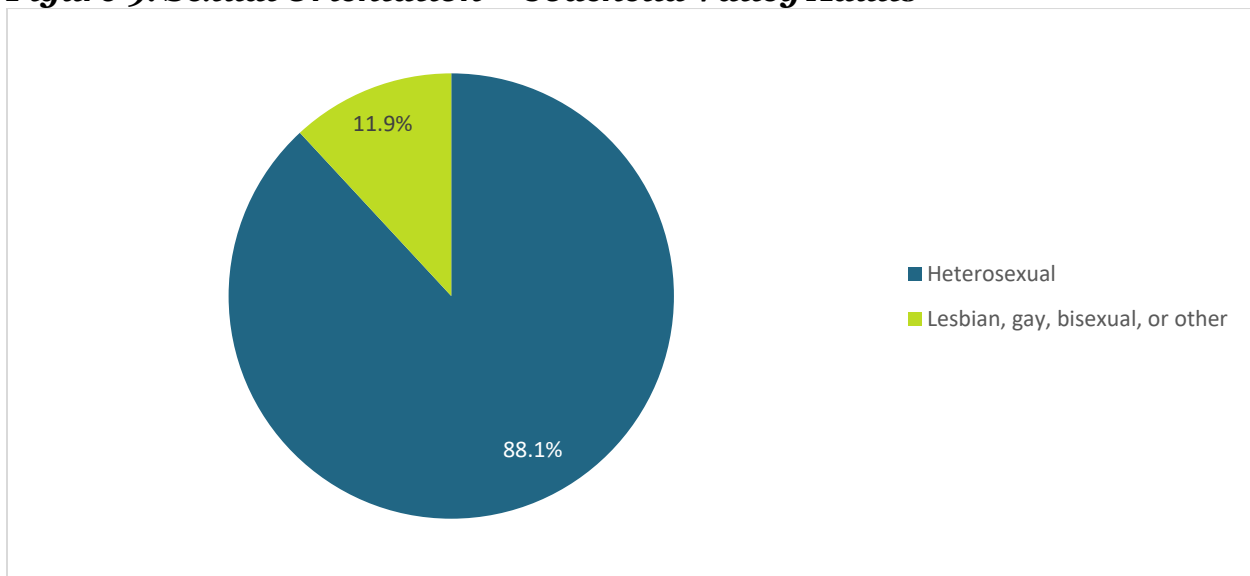
Figure 8. Marital Status – Coachella Valley Adults



Note: $n = 306,554$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Approximately 11.9% of Coachella Valley adults identify as lesbian, gay, bisexual, or other sexual orientation, as illustrated in Figure 9. This is significantly higher than the rate in the state of California as a whole, where only 6.7% identify as lesbian, gay, bisexual or other sexual orientation.⁴

Figure 9. Sexual Orientation – Coachella Valley Adults

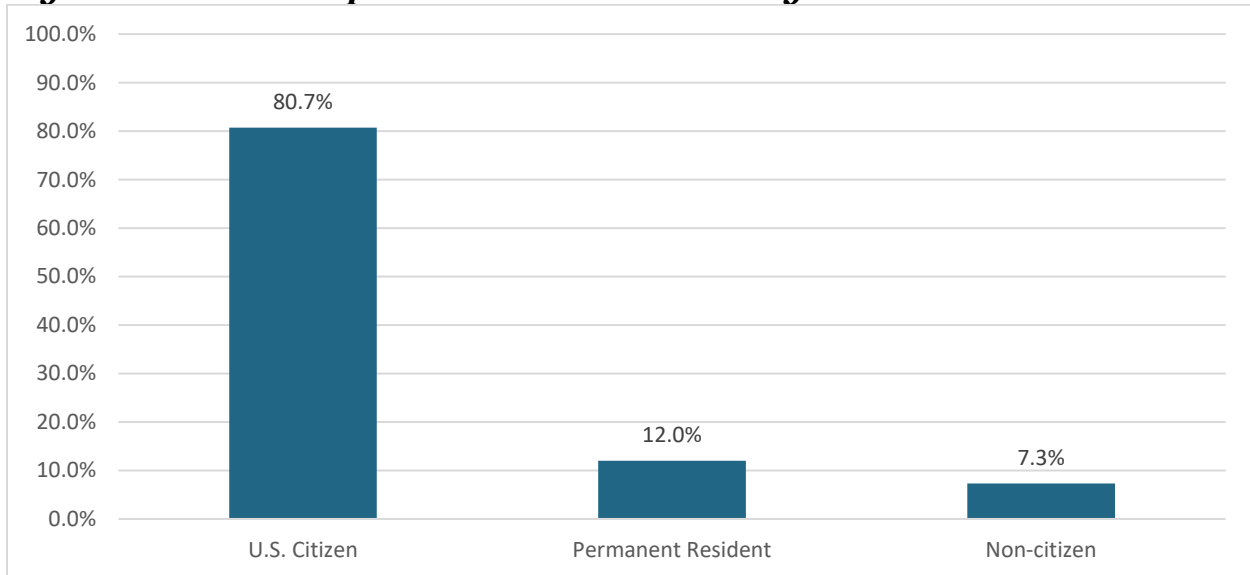


Note: $n = 299,923$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

⁴ California Health Interview Survey (2016). Available online at ask.chis.ucla.edu

About 80.7% of Coachella Valley adults are citizens, whereas 19.3% are non-citizens. Most of the non-citizens are permanent residents with a green card, but not all, as illustrated in Figure 10.

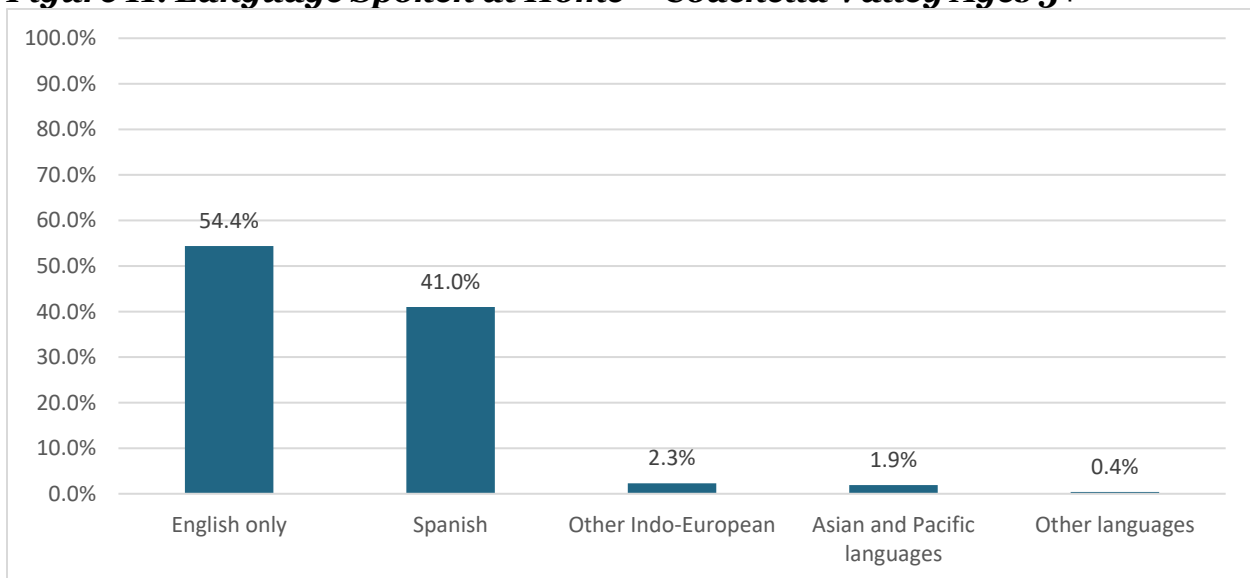
Figure 10. Citizenship Status – Coachella Valley Adults



Note: $n = 302,603$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

The majority of the Coachella Valley speaks either English (54.4%) or Spanish (41.0%) at home, as illustrated in Figure 11.

Figure 11. Language Spoken at Home – Coachella Valley Ages 5+



Note: Coachella Valley, Five years and older, $n = 389,291$. Estimates were computed by aggregating the nine Coachella Valley cities and surrounding census designated places (CDPs) from the U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates.

Approximately 13.7% of Coachella Valley adults (41,909 people) are caregivers that provide unpaid care or assistance to a family member or friend with a health condition, long-term illness, or disability.⁵

About 9.3% of Coachella Valley adults are veterans (28,652 people), and about half of those veterans (56.3%, or 16,100 soldiers) were deployed in the line of duty.⁶

The Coachella Valley is an appealing destination in the winter months, but less popular in the summer months due to the heat. As a result, the area is home to many “snowbirds” who spend the winter in Coachella Valley and the summer in a different location (often the northern part of the U.S. or Canada). Approximately 5.4% of Coachella Valley adults (more than 16,480 people) are seasonal residents. However, 61.2% of these snowbirds stay for 5 months or longer in the region, indicating they are an integral and active part of the community.⁷

Overall, these demographics help describe some of the things that make the Coachella Valley a unique place. The region is home to very wealthy, white retirees who have relocated here, but also to lower-income families, mostly Hispanic, who struggle to make ends meet. In order to adequately serve the Coachella Valley population, Betty Ford Center must be cognizant of these differences and prepared to address them. Additionally, Betty Ford Center needs to be prepared to provide culturally competent services to the Hispanic/Latino community, and have services available in Spanish. Betty Ford Center will also need to be familiar with the unique needs of the LGBT community, veterans, and snowbirds in order to be able to help them.

⁵ Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

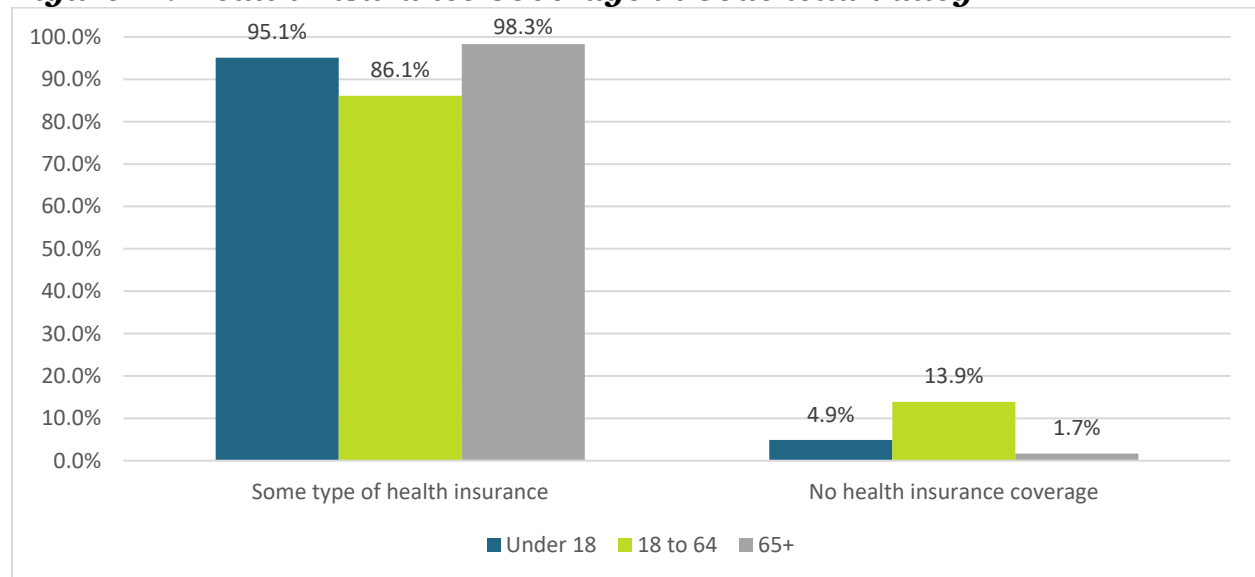
⁶ Ibid.

⁷ Ibid.

Section 2: Healthcare Access and Utilization

There are more than 37,230 uninsured people living in the Coachella Valley, including more than 4,800 children. As illustrated in Figure 12, working age adults are the most likely to be uninsured. Virtually all seniors have health insurance due to Medicare.

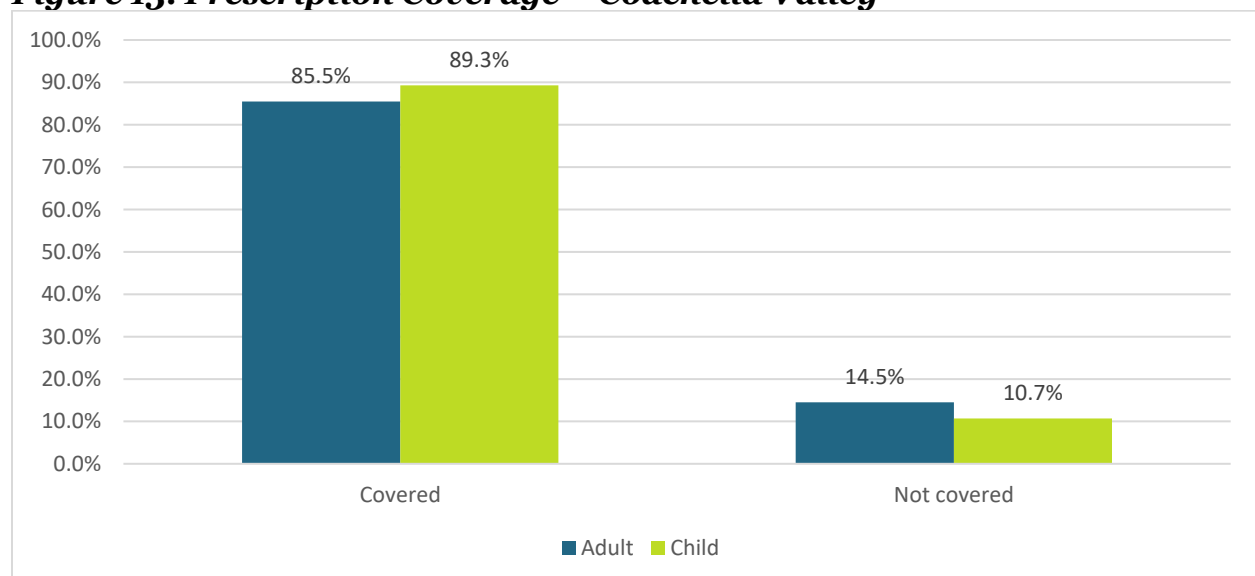
Figure 12. Health Insurance Coverage in Coachella Valley



Note: $n = 404,378$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Most Coachella Valley residents who have health insurance have insurance to cover some or all of the cost of prescription drugs, as illustrated in Figure 13.

Figure 13. Prescription Coverage – Coachella Valley



Note: Adult $n = 263,763$. Child $n = 96,987$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Most Coachella Valley residents receive healthcare regularly, as illustrated in Table 1. This indicates they likely have some investment in their health and some interaction with healthcare professionals. However, 14.5% of adults and 10.7% of children have not been to a healthcare provider in the past year.

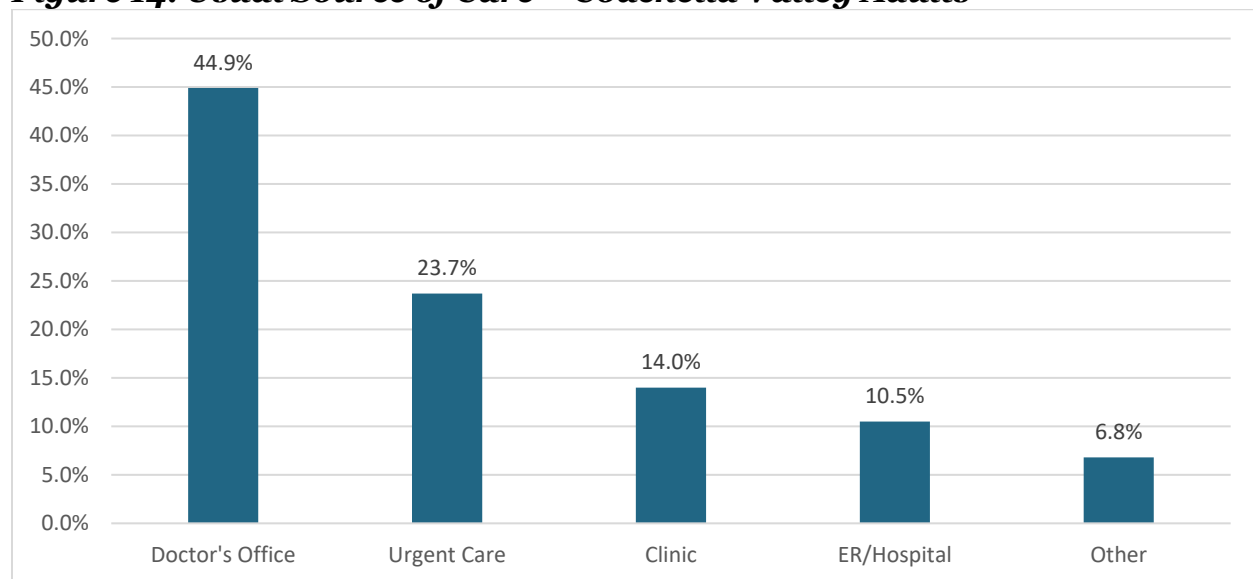
Table 1. Most Recent Visit to a Healthcare Provider

Time since visit	Adults		Children	
	%	N	%	n
Within the past six months	72.0%	220,622	72.6%	71,474
Between six months and one year ago	13.4%	41,189	16.7%	16,467
Between one year and two years ago	7.2%	22,109	8.3%	8,168
Between two years and five years ago	4.3%	13,156	1.4%	1,380
Five or more years ago	2.8%	8,452	0.6%	611
Never	0.2%	716	0.4%	409
Total	100.0%	306,244	100.0%	98,509

Note: Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

However, just because they see a healthcare professional does not necessarily indicate that they have a medical home or receive continuity of care. In fact, as illustrated in Figure 14, less than half of local adults go to a doctor's office when they are sick or in need of healthcare.

Figure 14. Usual Source of Care – Coachella Valley Adults

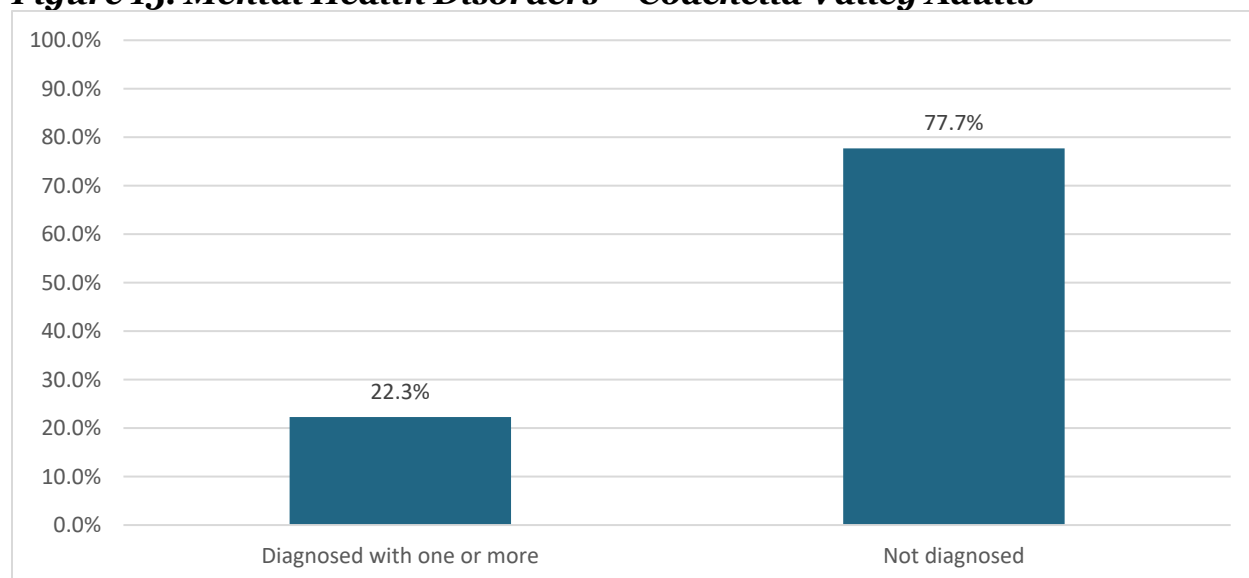


Note: $n = 288,058$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Section 3: Mental Health – Adults

Close to a quarter (22.3%) of Coachella Valley adults—about 68,500 people—have been diagnosed with one or more mental health disorders, as illustrated in Figure 15. This is particularly relevant for the Betty Ford Center as many people with mental disorders have co-occurring substance abuse disorders.⁸

Figure 15. Mental Health Disorders – Coachella Valley Adults



Note: $n = 306,866$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

The most common mental disorder diagnoses for adults in the Coachella Valley include depressive disorder (12.5%) and anxiety disorder (9.4%), as illustrated in Table 2.

Table 2. Mental Disorder Diagnoses

Mental Health Disorder	Percent of Adults Diagnosed	Population Estimate
Depressive disorder	12.5%	38,295
Anxiety disorder	9.4%	28,847
Post-traumatic disorder	5.4%	16,623
Phobia	5.0%	15,199
Panic disorder	4.7%	14,388
Bipolar disorder	3.0%	9,102
Obsessive-compulsive disorder	2.9%	8,803
Schizophrenia	0.9%	2,805
Another mental health disorder	2.8%	8,475

Note: Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

⁸ Common Physical and Mental Health Comorbidities with Substance Use Disorders. National Institute on Drug Abuse.

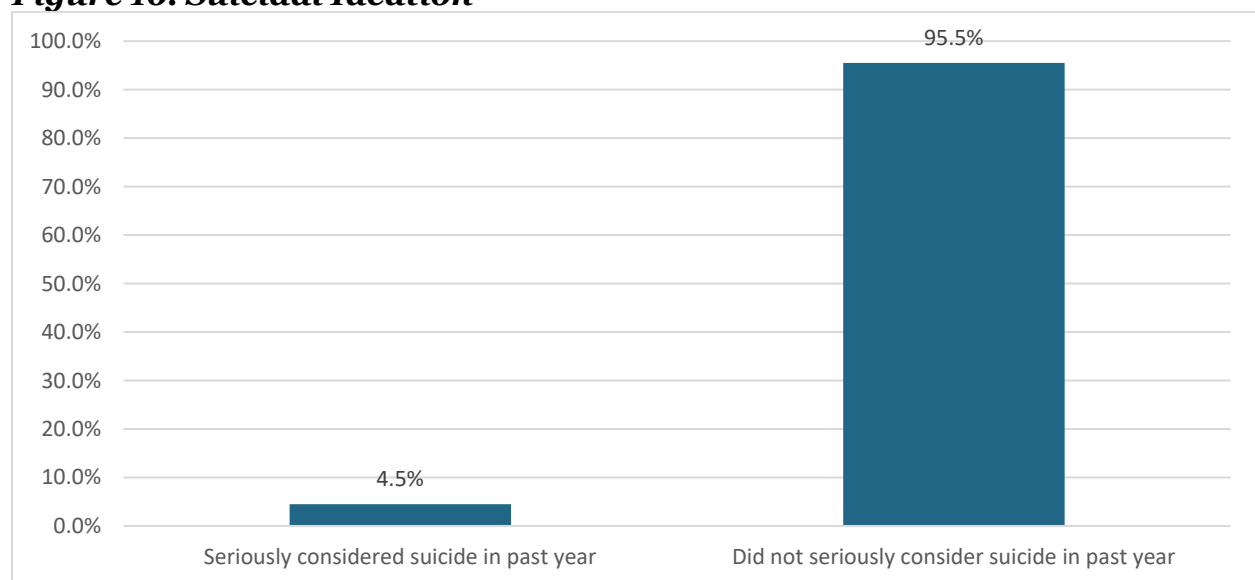
<https://www.drugabuse.gov/publications/research-reports/common-physical-mental-health-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>

Not all mental health issues have been diagnosed, and thus, it is worth exploring mental health concerns. About a quarter of Coachella Valley adults (25.9%, 79,184 people) have had an emotional, mental, or behavioral problem that concerned them in the past year. Slightly more than half of these (55.5%, 43,077 people) felt that the concern was severe enough to require professional help.

Mental health symptoms can sometimes result in trips to the emergency room (ER). In Riverside County, the age-adjusted ER rate due to mental health issues is 91.1 ER visits per 10,000 adults. This includes emergency room visits related to adjustment disorders, anxiety disorders, attention deficit conduct and disruptive behavior disorders, delirium, dementia, amnestic and other cognitive disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, and impulse control disorders. This is fairly similar to rates in California overall, which is 93.4 ER visits per 10,000 adults.⁹

In the past year, about 4.5% of Coachella Valley adults—more than 13,730 people—have seriously considered suicide, as illustrated in Figure 16.

Figure 16. Suicidal Ideation



Note: $n = 306,328$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

The age-adjusted ER rate due to suicide/intentional self-inflicted injury is 22.4 ER visits per 10,000 adults. This is slightly higher than the rate for California (21.7).¹⁰

The age-adjusted death rate due to suicide in Riverside County is 10.3 for every 100,000 persons, which is the same as the overall California rate.¹¹

⁹ Riverside County Adults (18+). Data are from the California Office of Statewide Health Planning and Development, 2013-2015.

¹⁰ Ibid.

¹¹ California Department of Public Health, County Health Status Profiles 2017. Data measured in 2013-2015

Section 4: Substance Use – Adults

Alcohol

About half of Coachella Valley adults (49.5%, 151,083 people) have not consumed alcohol in the past month. Of the half of Coachella Valley adults who have had an alcoholic drink in the past month, most of them (68.5%) drink twice a week or less, as illustrated in Table 3. However, 9.5% of drinkers (14,652 adults) drink every day, which may put them at risk for health problems.

Table 3. Drinking Days per Month

Days per month of drinking, drinkers only	Weighted Percent	Population Estimate
1 to 4 days	44.7%	68,791
5 to 8 days	23.8%	36,638
9 to 12 days	8.9%	13,689
13 to 16 days	4.9%	7,593
17 to 29 days	8.1%	12,473
30 days	9.5%	14,652
Total	100.0%	153,837

Note: Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Most Coachella Valley drinkers (69.0%) consume one to two drinks on days that they drink, as illustrated in Table 4. This represents moderate drinking.

Table 4. Number of Drinks on Drinking Days

Number of drinks per drinking day, drinkers only	Weighted Percent	Population Estimate
One drink	38.2%	58,360
Two drinks	30.8%	47,148
Three drinks	12.8%	19,535
Four to six drinks	11.8%	18,114
Seven drinks or more	6.4%	9,765
Total	100.0%	152,922

Note: Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Overall, results indicate that most Coachella Valley adults who drink have one to two drinks twice a week or less, constituting, non-problematic drinking habits.

One problematic form of alcohol abuse is binge drinking. Having four or more drinks on a single occasion for women, and five or more for men qualifies as binge drinking. The consumption of any amount of alcohol that raises an individual's blood alcohol concentration (BAC) to 0.08 or more also qualifies as binge drinking.

Most Coachella Valley drinkers (61.8%, or 95,272 adults) have not engaged in binge drinking in the past month. However, 38.2% (58,903 adults) have engaged in binge drinking once or more in the past month.

As illustrated in Table 5, over 10,000 Coachella Valley adults are engaging in binge drinking seven or more times per month, and are likely damaging their health as a result.

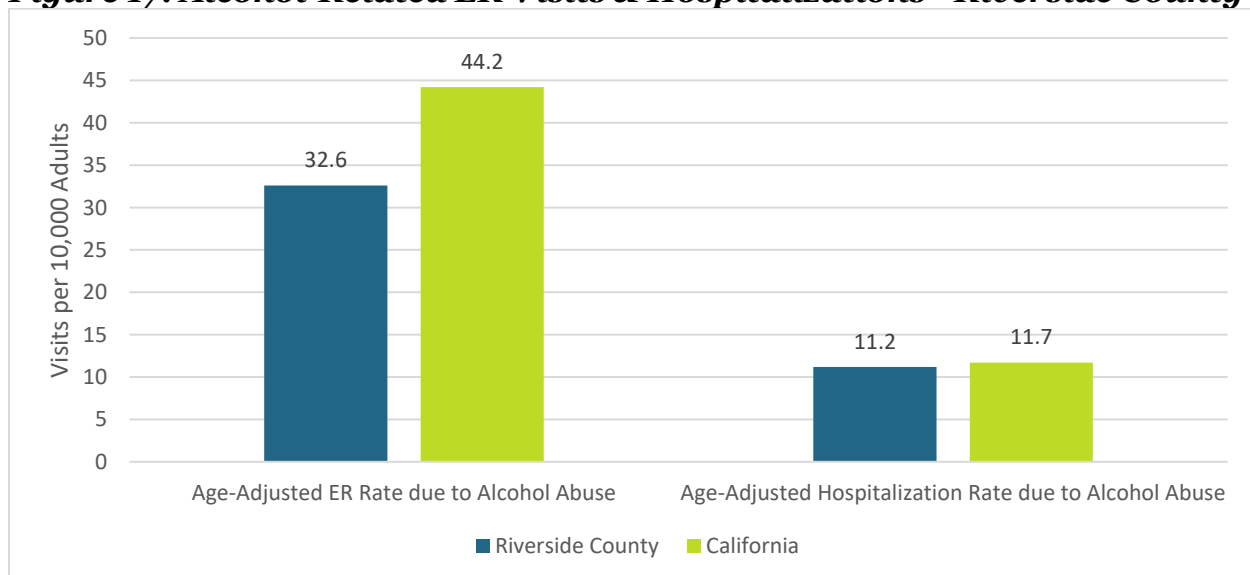
Table 5. Binging Occasions Per Month

Number of binge occasions in past month, drinkers only	Weighted Percent	Population Estimate
None	61.8%	95,272
One	13.9%	21,406
Two	8.8%	13,618
Three to six	8.6%	13,248
Seven or more	6.9%	10,361
Total	100.0%	154,175

Not all of the ill effects of alcohol on health are manifested internally. Another threat to health is that of driving while under the influence, which puts not only the drinker at risk, but also other people around them. Approximately 2.7% of Coachella Valley drinkers (4,250 people) report driving after having perhaps too much to drink.¹²

Alcohol abuse can sometimes end with a trip to the emergency room (ER) or hospital. The Riverside County age-adjusted ER rate due to acute or chronic alcohol abuse is 32.6 ER visits per 10,000 adults. This is substantially better than the California rate of 44.2 ER visits per 10,000 adults, as illustrated in Figure 17. Alcohol-related hospitalization rates are somewhat lower.

Figure 17. Alcohol-Related ER Visits & Hospitalizations - Riverside County



Note: Ages 18+. Data are from the California Office of Statewide Health Planning and Development, 2013-2015.

¹² HARC, Inc. (2017). Coachella Valley Community Health Survey.

Drugs

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) collects data on illicit drug usage and estimates the percentage in the population. Illicit drug usage, as defined by SAMHSA, includes “misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.”

SAMHSA collects this data at regional levels, and Riverside/Imperial County estimates were available. For these counties combined, it is estimated that approximately 10.3%, or 182,729 adults, used illicit drugs in the past month.¹³ When excluding marijuana, approximately 3.5%, or 69,093 adults engaged in illicit drug use in the past month.¹⁴

Extrapolating those rates to the Coachella Valley community would mean that approximately 31,640 local adults used illicit drugs in the past month. Excluding marijuana would bring this number to approximately 10,750.

SAMHSA also estimates that approximately 2.0%, or 35,481 adults in Riverside/Imperial County have used cocaine in the past year.¹⁵ Additionally, about 4.7%, or 83,381 adults in these counties have engaged in nonmedical usage of pain relievers.¹⁶

Once again extrapolating those rates to the Coachella Valley would equate to approximately 6,140 cocaine users and 14,440 people using pain relievers for non-medical uses.

Opioid abuse is a serious public health issue. An estimated 3.7% of people in Riverside County are opioid prescription patients; there are approximately 458 prescriptions per 10,000 population.¹⁷ This is fairly middle-of-the-road compared to other California counties.

In Riverside County, the age-adjusted ER rate due to substance abuse is 17.9 ER visits per 10,000 adults. This is slightly lower than the rate for California overall, which is 18.6 ER visits per 10,000 adults.¹⁸

Unfortunately, drug use can be fatal, despite visits to the ER. In Riverside County, the age-adjusted death rate due to drugs is 14.8 per 100,000 adults, higher than the California rate of 11.8, and higher than the “Healthy People 2020” goal of 11.3.¹⁹

¹³ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, (2012-2014). <https://www.samhsa.gov/data/population-data-nsduh>

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Controlled Substance Utilization Review and Evaluation System (November 2017).

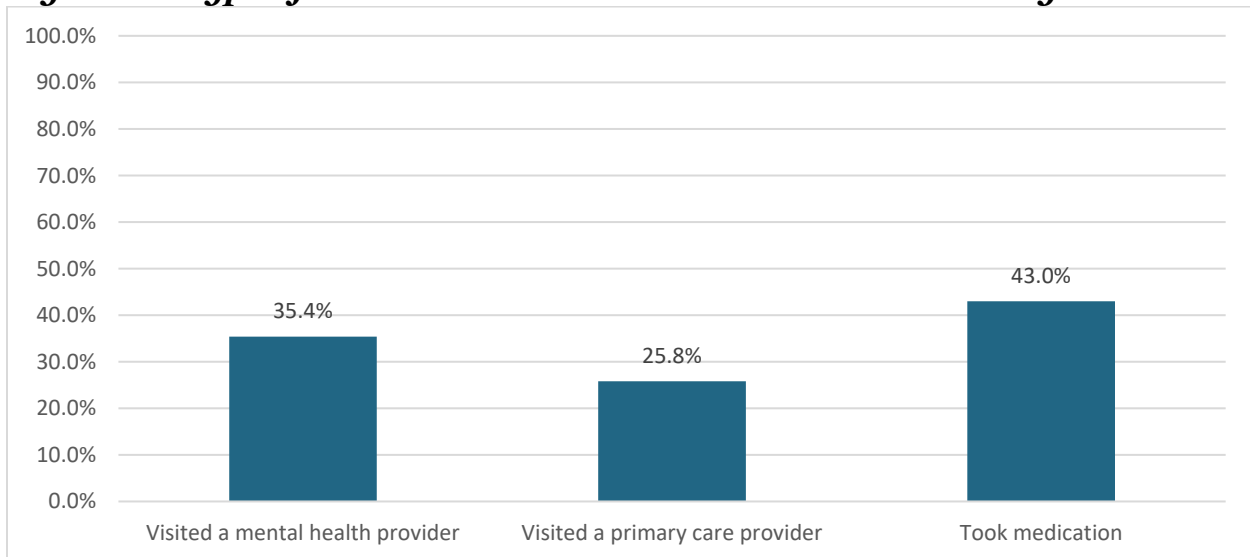
¹⁸ Ages 18+. Data are from the California Office of Statewide Health Planning and Development, 2013-2015.

¹⁹ Data are from California Department of Public Health, County Health Status Profiles 2017. Data measured in 2013-2015.

Section 5: Treatment – Adult

Approximately 43% of adults with a diagnosed mental health disorder and/or a mental health issue that concerned them took medication to treat the issue, as illustrated in Figure 18.

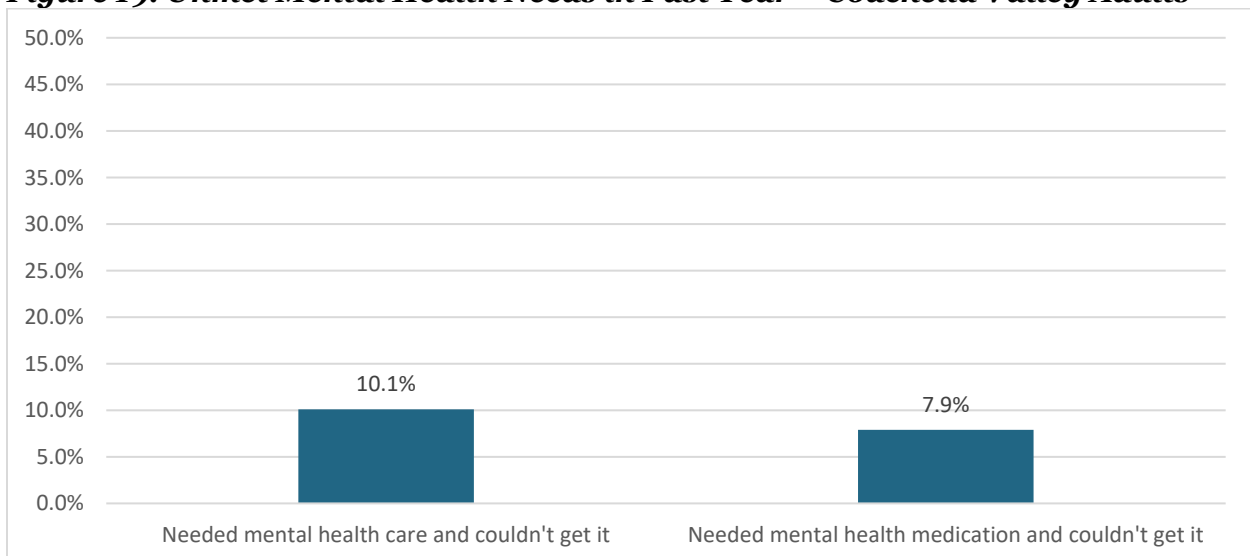
Figure 18. Type of Mental Health Treatment – Coachella Valley Adults



Note: Adults with mental concerns, or diagnoses $n = 101,407$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Approximately 10.1% of people with a mental health diagnosis or concern had a time in the past year when they needed mental health care and could not get it. This equates to more than 10,500 people in need. Similarly, 7.9% needed mental health medication and couldn't get it, as illustrated in Figure 19.

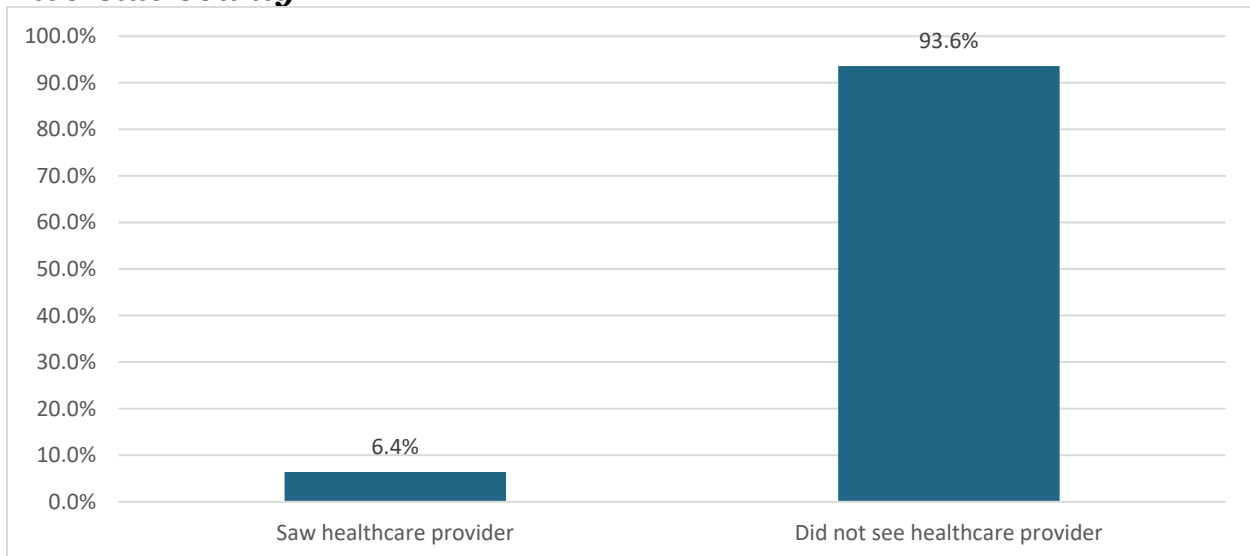
Figure 19. Unmet Mental Health Needs in Past Year – Coachella Valley Adults



Note: Adults with mental concerns, or diagnoses $n = 101,407$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Approximately 6.4% of Riverside County adults (93,000 people) saw a healthcare professional in the past year due to problems with mental health, emotions, nerves, or use of alcohol/drugs, as illustrated in Figure 20. Extrapolating the 6.4% to the Coachella Valley population would mean approximately 19,600 local adults had seen a healthcare provider in the past year due to address such issues.

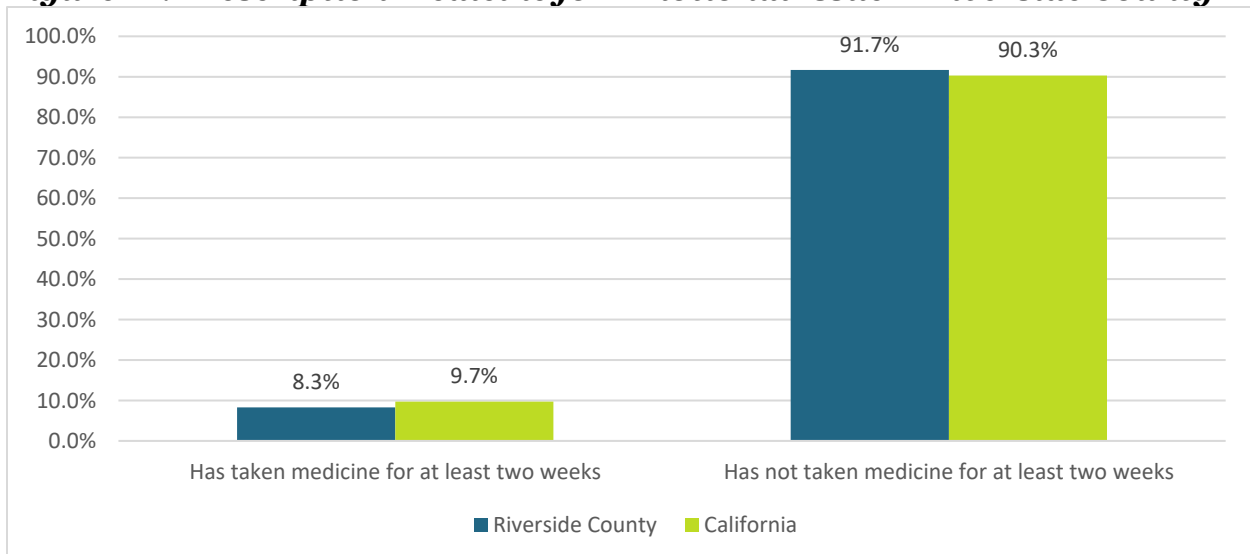
Figure 20. Visited Provider for Mental/Substance Problems in Past Year – Riverside County



Note: Riverside County Adults $n = 1,463,000$. Data are from 2016 California Health Interview Survey.

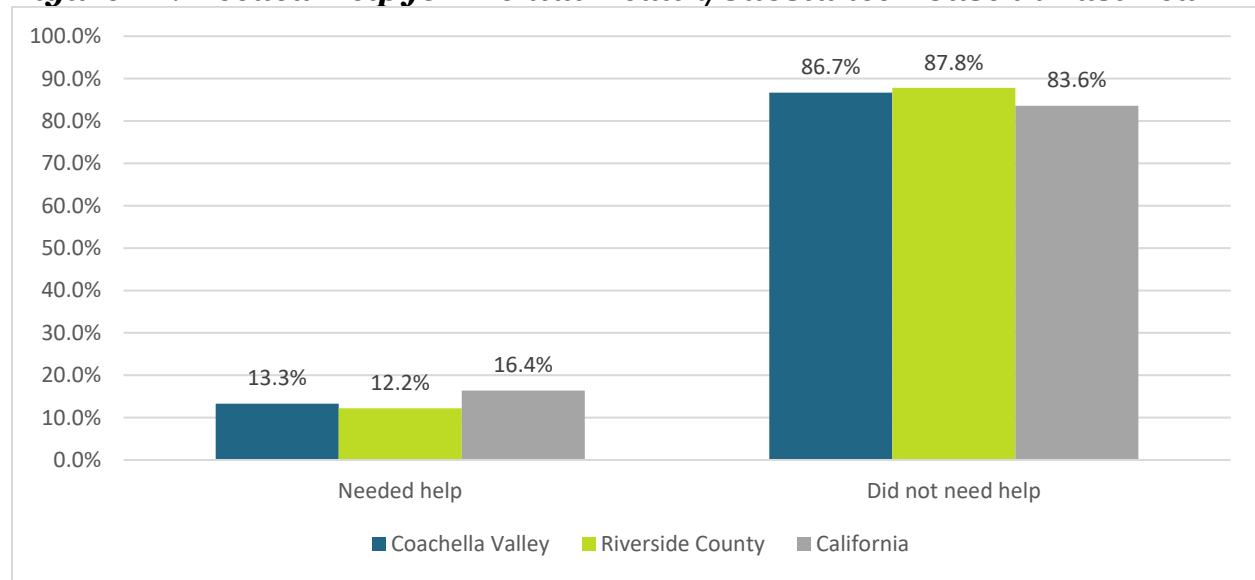
In the past year, about 8.3% of Riverside County adults (121,000 people) have taken a prescription medication (such as an antidepressant or sedative) for an emotional or personal problem. This is relatively similar to rates in California overall, as illustrated in Figure 21. Extrapolating the 8.3% to the Coachella Valley population would mean approximately 25,500 local adults took prescription medications in the past year.

Figure 21. Prescription Medicine for Emotional Issue – Riverside County



In response to the statement, “Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions, or nerves, or your use of alcohol and drugs?”, 13.3% of Coachella Valley adults agreed. That equates to more than 40,710 local adults who felt they needed professional help in the past year. This is similar to rates in the county and state as a whole, as illustrated in Figure 22.

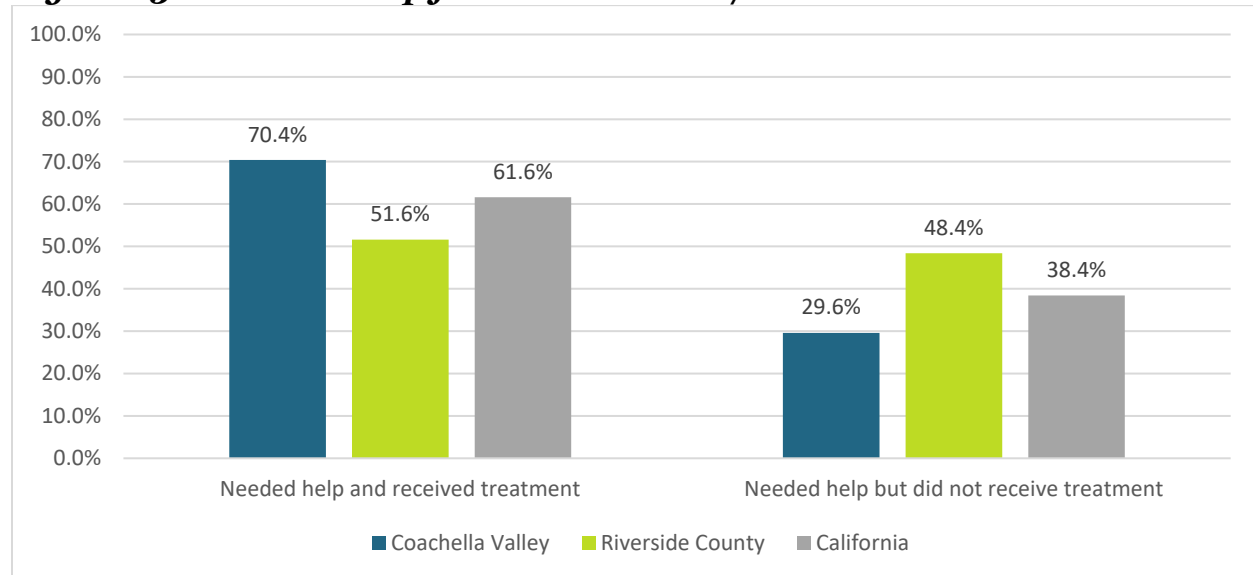
Figure 22. Needed Help for Mental Health/Substance Abuse in Past Year



Note: Coachella Valley adults $n = 305,514$. Riverside County Adults $n = 1,731,000$. California adults $n = 29,277,000$. Coachella Valley data are from HARC, Inc. (2017). Coachella Valley Community Health Survey. Riverside County and California data are from 2016 California Health Interview Survey.

Of those who felt that they needed help, most (70.4%) were able to get that help. However, more than 12,050 local adults did not get the help they felt that they needed. Coachella Valley numbers compare favorably to the county and the state, as illustrated in Figure 23.

Figure 23. Received Help for Mental Health/Substance Abuse in Past Year



Note: Coachella Valley adults $n = 40,715$. Riverside County Adults $n = 212,000$. California adults $n = 4,797,000$. Coachella Valley data are from HARC, Inc. (2017). Coachella Valley Community Health Survey. Riverside County and California data are from 2016 California Health Interview Survey.

SAMHSA reports that approximately 2.2%, or 39,030 adults in Riverside/Imperial County needed treatment for illicit drug usage in the past year but did not receive treatment.²⁰

²⁰ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, (2012-2014). <https://www.samhsa.gov/data/population-data-nsduh>

Section 6: Mental Health – Youth

About 24.4% of Coachella Valley children ages 3 to 17 (20,749 children) have difficulties with emotions, concentration, behavior, or getting along with others.²¹ Most of these issues (77.4%, 15,043 children) are minor; however, 22.6% (4,384 children) have severe issues.²²

About 18.2% of Coachella Valley children age three and older (15,147 children) have been diagnosed with one or more mental health disorders. The most common mental health disorder is attention deficit disorder (ADD)/attention deficit hyperactivity disorder (ADHD), as illustrated in Table 6.

Table 6. Child Mental Disorders

Mental Health Disorder	Weighted Percent	Population Estimate
ADD/ADHD	9.3%	7,734
Anxiety disorder	5.9%	4,898
Developmental delay	5.2%	4,238
Mood disorder (depressive or bipolar)	4.3%	3,584
Autism	2.5%	2,092
Eating disorders	2.0%	1,657
Suicidal thoughts	1.3%	1,060
Other mental health disorders	5.8%	4,820

Note. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

In Riverside County, the age-adjusted emergency room (ER) rate due to mental health issues is 24.9 ER visits per 10,000 youth. This includes causes such as adjustment disorders, anxiety disorders, attention deficit conduct and disruptive behavior disorders, delirium, dementia, amnestic and other cognitive disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, and impulse control disorders for those under the age of 18. This is lower than the rate in California overall of 30.4 ER visits per 10,000 youth.²³

Given the fact that there are more than 99,400 children in the Coachella Valley, this means that there are approximately 248 ER visits each year in our community that stem from pediatric mental health issues.

²¹ HARC, Inc. (2017). Coachella Valley Community Health Survey.

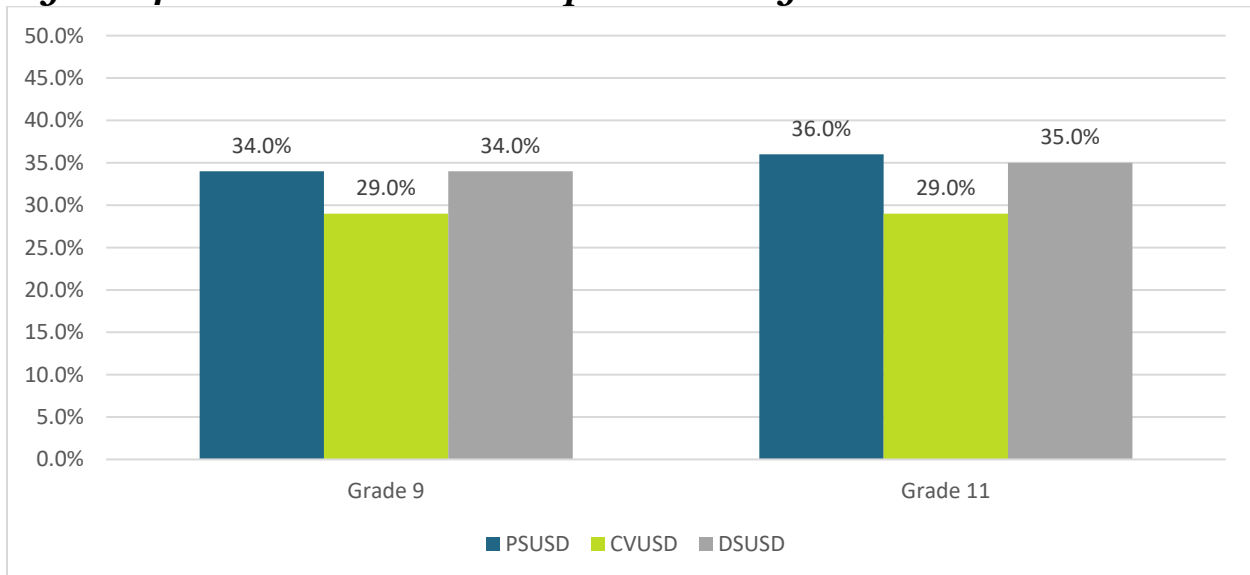
²² Ibid.

²³ Ages 0 to 17. Data are from the California Office of Statewide Health Planning and Development, 2013-2015.

The California Healthy Kids Survey is administered to youth in schools. Data from this survey are presented for each of the three school districts in the Coachella Valley: Palm Springs Unified (PSUSD), Desert Sands Unified (DSUSD), and Coachella Valley Unified (CVUSD). Data presented here includes the most recently available data, which is from school year 2015-2016 for PSUSD and DSUSD, and from school year 2014-2015 for CVUSD.

As illustrated in Figure 24, nearly a third of participating students from each school district among both grade levels experienced chronic sadness or hopeless feelings in the past month.

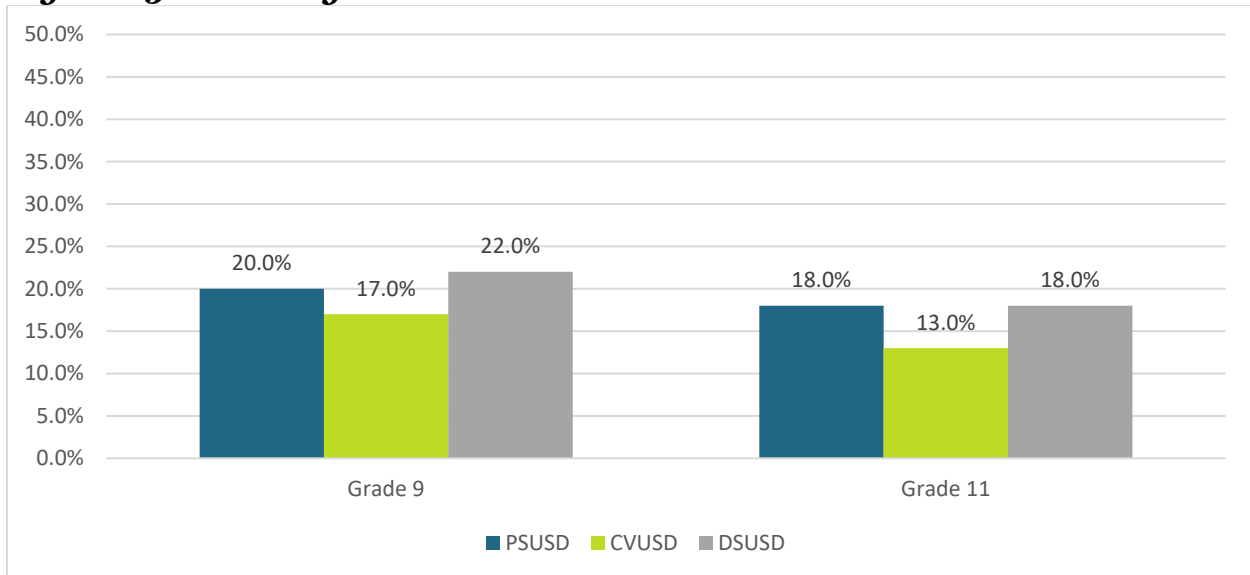
Figure 24. Chronic Sadness or Hopeless Feelings – Past Month



Note: Data are from the California Healthy Kids Survey. The overall sample sizes were as follows: PSUSD 2015-2016 (Grade 9 $n = 1,150$, grade 11 $n = 1,070$), DSUSD 2015-2016 (Grade 9 $n = 1,738$, grade 11 $n = 1,322$), and CVUSD 2014-2015 (Grade 9 $n = 477$, grade 11 $n = 463$).

Suicidal ideation in local high schoolers is extremely high, as illustrated in Figure 25. On average, 21% of local ninth-graders have seriously considered suicide in the past month. This drops slightly by the 11th grade; on average, 17% of local eleventh-graders have seriously considered suicide in the past month.

Figure 25. Seriously Considered Suicide – Past Month



Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

Unfortunately, these ideas sometimes translate into actions. In Riverside County, the age-adjusted ER rate due to adolescent (12 to 17) suicide and intentional self-inflicted injury is 43.1 per 10,000 adolescents (ages 12-17).²⁴

Since there are more than 33,500 children in that age group in the Coachella Valley, that means there are approximately 144 ER visits each year in Coachella Valley that are to address suicide/intentional self-harm in adolescents.

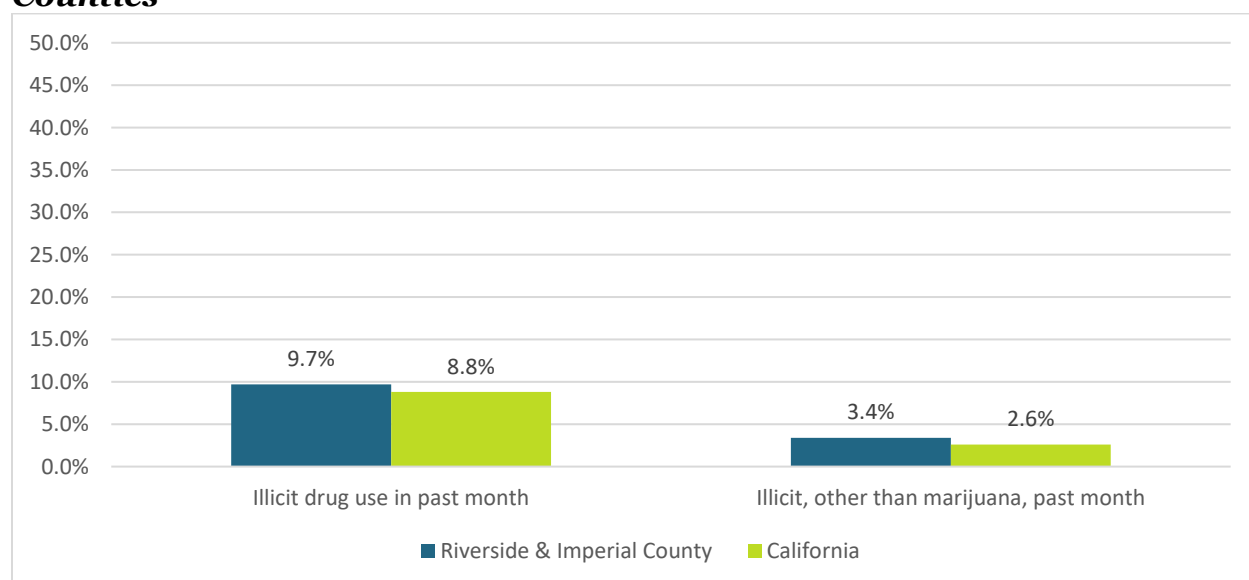
²⁴ Data are from the California Office of Statewide Health Planning and Development, 2013-2015.

Section 7: Substance Use – Youth

Illicit drug use, as defined by SAMHSA includes “misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.”

As illustrated in Figure 26, about 9.7% of Riverside/Imperial County adolescents engaged in illicit drug use in the past month. When excluding marijuana, about 3.4% engaged in illicit drug use in the past month. Since there are more than 33,500 children in that age group in the Coachella Valley, that means there are approximately 3,250 local adolescents who have engaged in illicit drug use in the past month (1,140 of them who have used a drug other than marijuana).

Figure 26. Recent Adolescent Illicit Drug Use – Riverside/Imperial Counties



Note: Ages 12-17. California data are from SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016. County data are from SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

SAMHSA also estimates that, for Riverside/Imperial County, about 0.9% of adolescents (ages 12-17) have used cocaine in the past year.²⁵ Additionally, about 5.7% of adolescents have used pain relievers for non-medical purposes.²⁶

SAMHSA reports that 3.9% of Riverside/Imperial county minors (ages 12-17), needed treatment for illicit drug usage in the past year, and did not receive it.²⁷ Extrapolating this to the Coachella Valley would mean that approximately 1,300 local adolescents needed treatment for illicit drug use in the past year and were not able to get it.

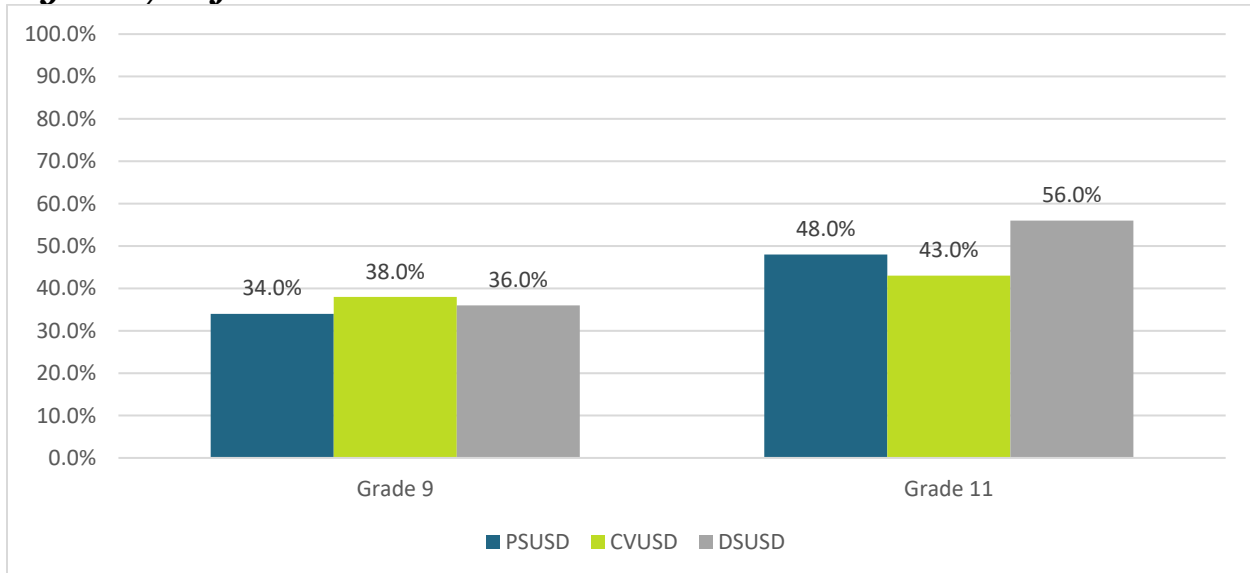
²⁵ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, (2012-2014). <https://www.samhsa.gov/data/population-data-nsduh>

²⁶ Ibid.

²⁷ Ibid.

More than a third of local ninth graders report having tried alcohol and/or other drugs (AOD) at least once, as illustrated in Figure 27. Not surprisingly, AOD use is substantially higher for older students (grade 11) than younger students (grade 9).

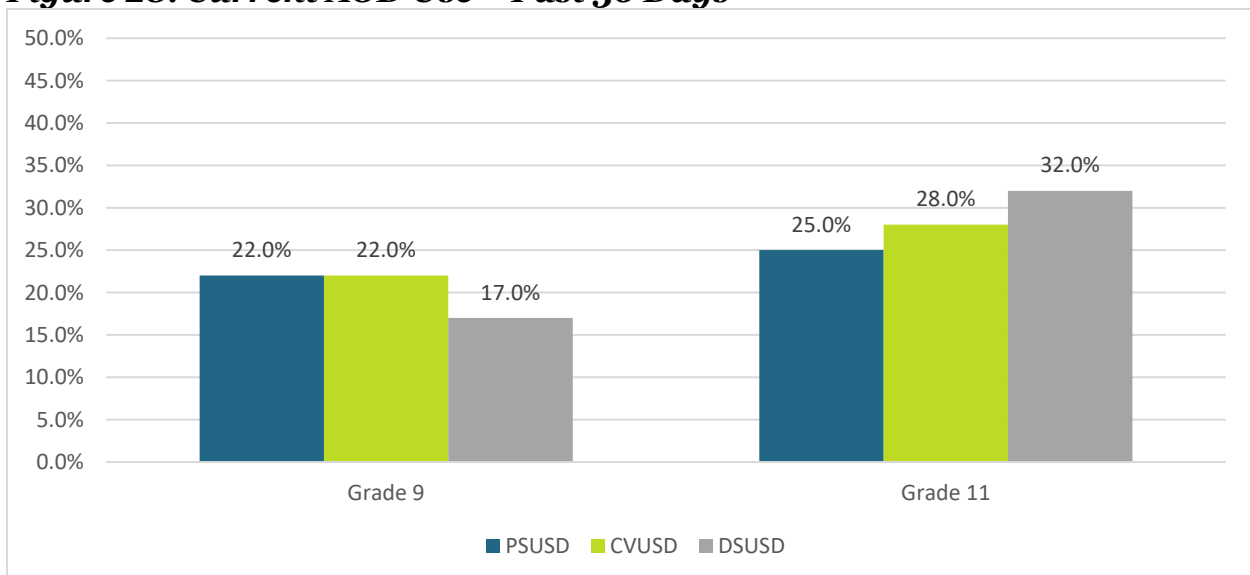
Figure 27. Lifetime AOD



Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

Approximately 29% of local eleventh-graders are current AOD users, as are 19% of ninth-graders, as illustrated in Figure 28. AOD use has the sharpest change in the DSUSD school district, going from 17% in ninth grade to 32% just two years later (a nearly 100% increase).

Figure 28. Current AOD Use – Past 30 Days



Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

As illustrated in Table 7, alcohol by far the most common type of substance for local teens to have tried. Marijuana is also common, as are prescription pills. There is relatively little use of inhalants, cocaine, and/or psychedelics. Overall, CVUSD seems to have less alcohol and marijuana use than the other two school districts in the Coachella Valley.

Table 7. Lifetime AOD User by Type

Type of AOD	PSUSD		CVUSD		DSUSD	
	Grade 9	Grade 11	Grade 9	Grade 11	Grade 9	Grade 11
Alcohol	28%	44%	34%	39%	28%	50%
Marijuana	21%	32%	16%	28%	17%	36%
Inhalants	5%	4%	6%	8%	7%	7%
Cocaine	2%	4%	3%	6%	3%	7%
Ecstasy, LSD, psychedelics	2%	5%	2%	2%	3%	8%
Prescription pain killers, diet pills, or other prescription stimulants	14%	16%	12%	16%	14%	21%

Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

Roughly a quarter of local eleventh graders have consumed alcohol in the past month, as illustrated in Table 8. Regular marijuana use is also common. DSUSD rates appear to be slightly higher than those in the other two districts, at least in the eleventh grade.

Table 8. Current AOD User by Type – Past 30 Days

Type of AOD	PSUSD		CVUSD		DSUSD	
	Grade 9	Grade 11	Grade 9	Grade 11	Grade 9	Grade 11
Alcohol	16%	19%	18%	24%	13%	26%
Marijuana	10%	14%	8%	13%	8%	18%
Inhalants	2%	1%	2%	3%	3%	2%
Prescription medications to get high or for reasons other than prescribed	5%	5%	2%	4%	3%	5%
Other drugs	3%	3%	2%	2%	4%	4%

Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

About 6% of local ninth-graders and 13% of local eleventh-graders are current heavy drinkers. Similarly, about 7% of local ninth-graders are current heavy drug users, as are 11% of eleventh-graders, as illustrated in Table 9.

Table 9. AOD Heavy Users – Past 30 Days

	PSUSD		CVUSD		DSUSD	
	Grade 9	Grade 11	Grade 9	Grade 11	Grade 9	Grade 11
Current heavy drug user	8%	10%	5%	10%	6%	13%
Current heavy alcohol user (binge drinking)	5%	9%	6%	13%	7%	16%

Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

The lifetime frequency of being drunk or high is reported in Table 10. More than 12% of local eleventh-graders have been high seven or more times. Becoming very drunk or sick after drinking is somewhat less common; about 6% of local eleventh-graders have been drunk seven or more times.

Table 10. Frequency of Being Drunk/High

	PSUSD		CVUSD		DSUSD	
	Grade 9	Grade 11	Grade 9	Grade 11	Grade 9	Grade 11
Very drunk or sick after drinking						
0 times	87%	87%	85%	79%	88%	73%
1-2 times	8%	13%	11%	12%	8%	14%
3-6 times	3%	6%	2%	4%	2%	7%
7 or more times	2%	4%	2%	5%	2%	7%
High from using drugs						
0 times	82%	72%	86%	77%	87%	68%
1-2 times	7%	10%	6%	6%	6%	9%
3-6 times	4%	6%	4%	5%	3%	6%
7 or more times	6%	12%	4%	12%	5%	16%

Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

The majority of students report not using alcohol or marijuana. Those who do use these substances were asked how many times they have tried to quit or stop using. As illustrated in Table 11, cessation attempts by local youth are not common. About 4% of ninth-graders and about 6% of eleventh-graders have tried to stop using alcohol at least once. Rates are somewhat higher for marijuana cessation attempts; about 6% of ninth-graders and 9% of eleventh-graders have tried to stop using marijuana at least once.

Table 11. Frequency of Cessation Attempts

Number of Cessation Attempts	PSUSD		CVUSD		DSUSD	
	Grade 9	Grade 11	Grade 9	Grade 11	Grade 9	Grade 11
Alcohol						
Don't use	86%	79%	85%	77%	87%	72%
0 times	9%	15%	11%	17%	9%	20%
1 time	3%	3%	3%	4%	2%	4%
2-3 times	1%	1%	0%	1%	1%	2%
4 or more	1%	1%	0%	2%	1%	1%
Marijuana						
Don't use	83%	79%	87%	79%	88%	74%
0 times	8%	12%	8%	11%	8%	16%
1 times	4%	5%	4%	5%	3%	5%
2-3 times	2%	2%	1%	2%	1%	2%
4 or more	2%	1%	1%	3%	1%	2%

Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

Youth were asked whether they had ever driven a car while drinking or been in a car driven by a friend when he/she had been drinking. Results show that the majority of local youth have not been in such a dangerous situation, as illustrated in Table 12. However, approximately 14% of ninth-graders and 17% of eleventh-graders have been in a car with a driver who'd been drinking (either themselves, or a friend) at least once.

Table 12. Drinking while Driving

Number of Times	PSUSD		CVUSD		DSUSD	
	Grade 9	Grade 11	Grade 9	Grade 11	Grade 9	Grade 11
Never	89%	84%	82%	82%	85%	81%
1 time	3%	4%	4%	3%	4%	5%
2 times	3%	4%	6%	4%	3%	5%
3-6 times	3%	4%	4%	6%	4%	5%
7 or more times	3%	3%	5%	5%	3%	4%

Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

Most students have never been drunk or high while on school property, as illustrated in Table 13. However, about 13% of local eleventh-graders have been drunk or high on school property at least once in their lives.

Table 13. Lifetime Drunk/High on School Property

Number of Times	PSUSD		CVUSD		DSUSD	
	Grade 9	Grade 11	Grade 9	Grade 11	Grade 9	Grade 11
0 times	92%	87%	93%	90%	94%	85%
1-2 times	4%	6%	3%	5%	4%	8%
3-6 times	1%	3%	2%	2%	2%	3%
7 or more times	2%	4%	2%	3%	1%	4%

Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

As illustrated in Table 14, current AOD usage on school property is low among both grade levels across the three districts.

Table 14. Current AOD Usage on School Property – Past 30 Days

	PSUSD		CVUSD		DSUSD	
	Grade 9	Grade 11	Grade 9	Grade 11	Grade 9	Grade 11
Alcohol						
0 days	96%	9%	96%	95%	97%	95%
1-2 days	3%	2%	3%	2%	3%	3%
3 or more days	1%	1%	1%	3%	1%	1%
Marijuana						
0 days	96%	97%	97%	96%	97%	96%
1-2 days	2%	1%	2%	2%	2%	2%
3 or more days	2%	1%	1%	3%	1%	2%
Other drugs						
0 days	98%	98%	99%	97%	97%	97%
1-2 days	1%	1%	1%	1%	1%	2%
3 or more days	1%	1%	0%	2%	1%	1%

Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

Students' perceptions of harm from consuming alcohol and marijuana are reported in Table 15. About 20% of ninth graders and 17% of eleventh graders believe there is no harm in regular binge drinking, which may be a dangerous belief for their health.

Similarly, approximately 25% of local ninth-graders and 27% of local eleventh-graders see no harm in regular marijuana use.

Table 15. Perceived Harm of Alcohol and Marijuana

	PSUSD		CVUSD		DSUSD	
	Grade 9	Grade 11	Grade 9	Grade 11	Grade 9	Grade 11
Alcohol – drinking occasionally						
Great	32%	33%	34%	33%	35%	30%
Moderate	26%	28%	27%	27%	23%	29%
Slight	21%	21%	16%	17%	23%	26%
None	21%	17%	23%	23%	18%	15%
Alcohol – 5 or more drinks once or twice a week						
Great	47%	52%	42%	43%	52%	53%
Moderate	23%	24%	20%	24%	23%	27%
Slight	11%	9%	13%	12%	11%	11%
None	20%	15%	25%	22%	15%	10%
Marijuana – smoke occasionally						
Great	34%	27%	40%	35%	42%	29%
Moderate	21%	23%	20%	18%	19%	21%
Slight	16%	21%	12%	16%	16%	22%
None	29%	29%	28%	31%	23%	29%
Marijuana – smoke once or twice per week						
Great	36%	33%	37%	34%	48%	36%
Moderate	19%	21%	19%	19%	17%	20%
Slight	16%	18%	15%	17%	13%	18%
None	29%	28%	29%	30%	22%	25%

Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

As illustrated in Table 16, many local students consider it to be quite easy to obtain alcohol and marijuana. In fact, 26% of ninth-graders and 41% of eleventh-graders believe it is “very easy” to obtain alcohol. Obtaining marijuana is even easier; 31% of ninth-graders and 47% of eleventh-graders believe it is “very easy” to obtain marijuana. There seem to be no major differences between school districts on this measure; all are fairly similar in the perceived availability of AOD.

Table 16. Perceived Difficulty of Obtaining Alcohol or Marijuana

	PSUSD		CVUSD		DSUSD	
	Grade 9	Grade 11	Grade 9	Grade 11	Grade 9	Grade 11
Alcohol						
Very difficult	7%	7%	8%	6%	9%	6%
Fairly difficult	8%	7%	9%	7%	10%	7%
Fairly easy	24%	23%	18%	20%	23%	24%
Very easy	27%	39%	29%	41%	25%	42%
Don't know	34%	25%	36%	26%	34%	22%
Marijuana						
Very difficult	7%	6%	10%	6%	11%	6%
Fairly difficult	6%	3%	7%	6%	8%	5%
Fairly easy	18%	17%	17%	15%	18%	21%
Very easy	36%	49%	30%	46%	28%	46%
Don't know	33%	24%	36%	27%	36%	22%

Note: Data are from the California Healthy Kids Survey. Sample sizes: PSUSD (grade 9 $n = 1,150$, grade 11 $n = 1,070$). DSUSD (grade 9 $n = 1,738$, grade 11 $n = 1,322$). CVUSD (Grade 9 $n = 477$, grade 11 $n = 463$).

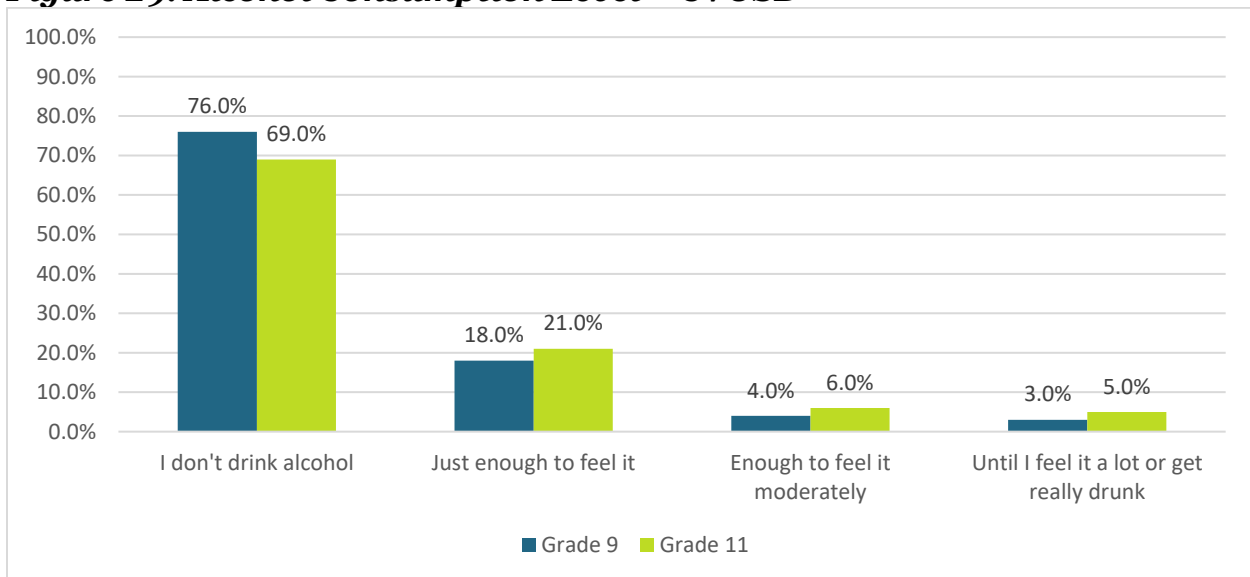
Section 8: Substance Abuse – Youth – CVUSD Focus

Previous sections have provided data on students from grades nine and eleven across the three school districts in the Coachella Valley. For this section, however, only CVUSD results are displayed. This is because the district chose to measure additional relevant variables (AOD behaviors and consequences, AOD selling, etc.) on their most recent California Healthy Kids Survey (known as “optional modules”, or survey add-ons). The overall sample size for this section was 323 ninth-graders, and 349 eleventh-graders.

Given the relative similarities between districts in the previous section, it is likely that Betty Ford Center can use this CVUSD-specific data to generalize to the Coachella Valley adolescent population as a whole.

As illustrated in Figure 29, most students from CVUSD report not drinking alcohol. However, students who do drink most commonly report drinking just enough to feel it.

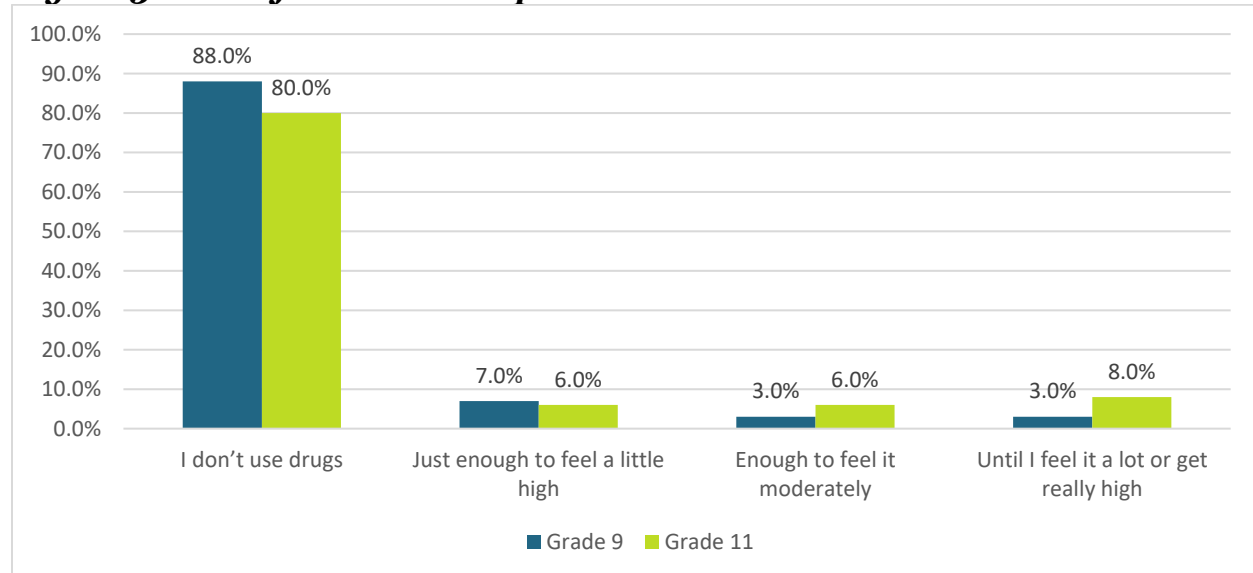
Figure 29. Alcohol Consumption Level – CVUSD



Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

Marijuana consumption levels are lower for students when compared to alcohol consumption. Ninth-graders typically only use enough marijuana to feel a little high, as illustrated in Figure 30.

Figure 30. Marijuana Consumption Level – CVUSD



Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

Table 17 illustrates the age of first drink and first experience with marijuana. While most local youth have not consumed alcohol (55%), of those who do, most of them do so for the first time before the age of 15 (about 70% of teen drinkers have already had their first drink before they turn 15). Marijuana is not only less common, but also appears to have a slightly older start.

Table 17. Age of Onset of Drinking and Marijuana – CVUSD

	Grade 9	Grade 11	HS Average
Alcohol (one or more full drinks)			
Never	56%	55%	55%
10 or under	10%	6%	8%
11 to 12 years old	10%	5%	7%
13 to 14 years old	21%	11%	16%
15 to 16 years old	3%	21%	12%
17 years or older	-	2%	1%
Marijuana			
Never	84%	73%	78%
10 or under	1%	1%	1%
11 to 12 years old	4%	3%	3%
13 to 14 years old	10%	10%	10%
15 to 16 years old	0%	12%	6%
17 years or older	-	1%	1%

Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

Students were asked to report on any problems they experienced as a result of AOD use. Most students report either not engaging in AOD usage or, engaging, but not experiencing problems, as illustrated in Table 18. However, for those who do experience problems, the three most common are having problems with emotions, nerves, or mental health; having problems with schoolwork; and forgetting what happened/passing out.

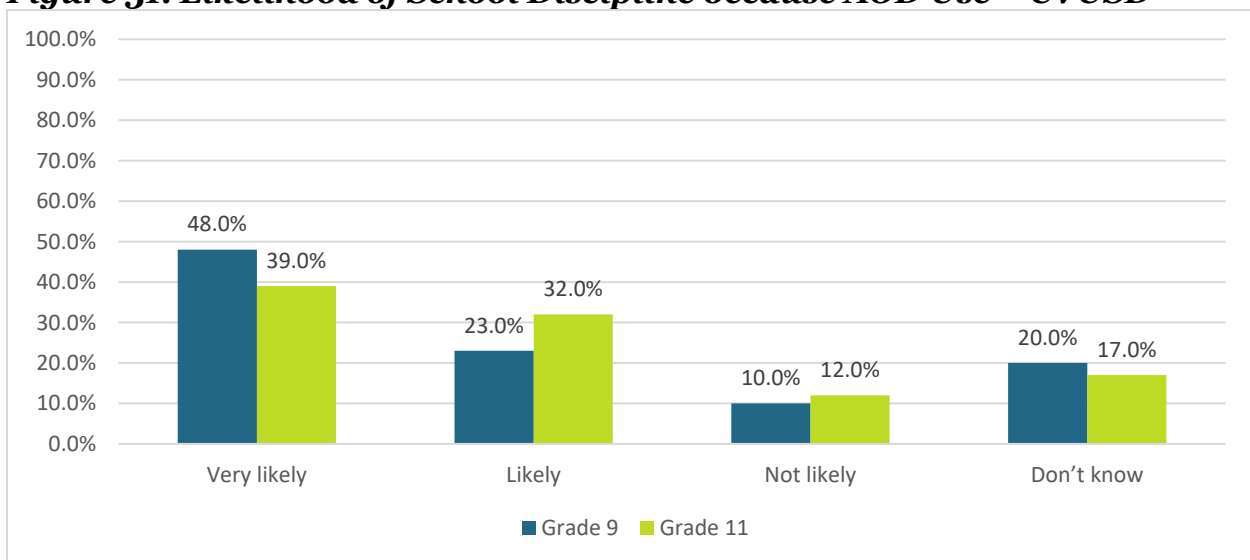
Table 18. Experienced Problems from AOD Use – CVUSD

	Grade 9	Grade 11
Doesn't apply; I've never used alcohol or drugs	82%	71%
Have problems with emotions, nerves, or mental health	2%	4%
Have problems with schoolwork	2%	4%
Forget what happened or pass out	3%	3%
Damage a friendship	2%	3%
Get into trouble or have problems with the police	1%	3%
Have money problems	1%	3%
Miss school	1%	3%
Have any other problems	1%	3%
Fight with other kids	2%	2%
Physically hurt or injure yourself	1%	2%
Have unwanted or unprotected sex	1%	2%
I've used alcohol or drugs but never had any problems	12%	21%

Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

One potential problem stemming from AOD use could mean suspension, expulsion, or transfer to a different school. However, as illustrated in Figure 31, 10% of ninth-graders and 12% of eleventh graders do not believe it is likely that a student would be suspended, expelled, and/or transferred for AOD usage.

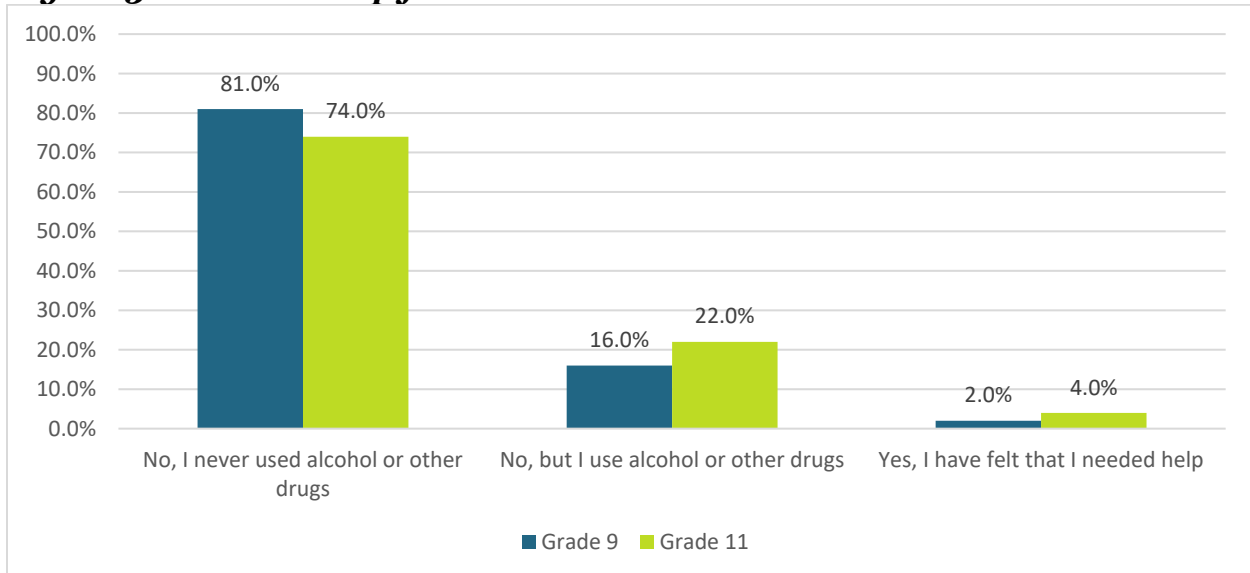
Figure 31. Likelihood of School Discipline because AOD Use – CVUSD



Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

Youth were asked, “Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use?”. As illustrated in Figure 32, about 2% of ninth-graders and 4% of eleventh-graders felt that they needed this type of help.

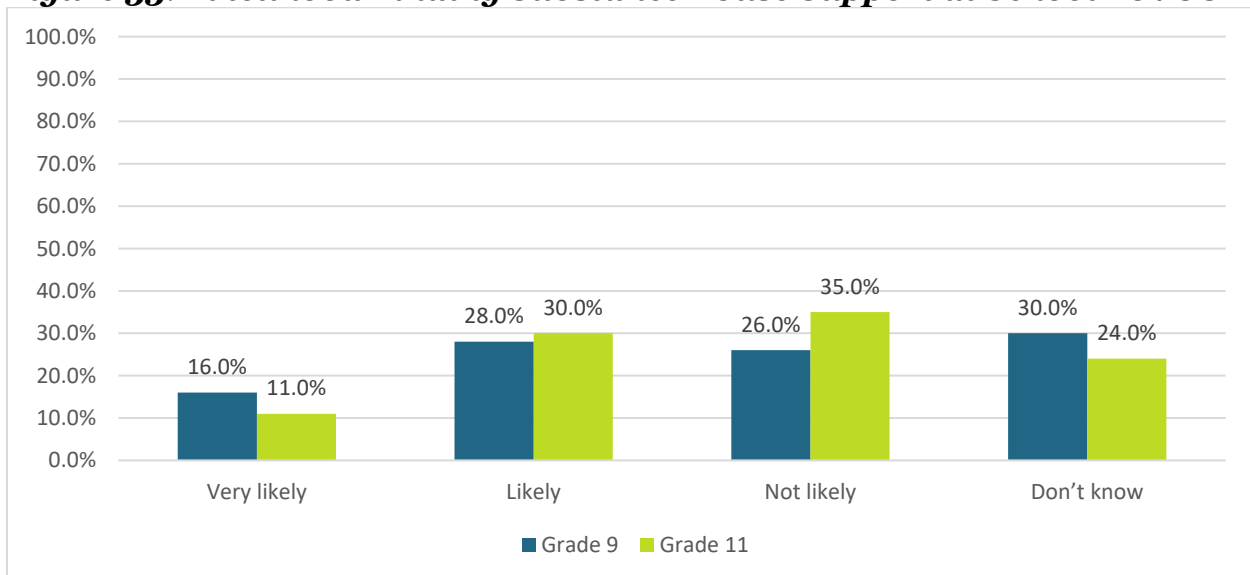
Figure 32. Needed Help for AOD Use – CVUSD



Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

Students from CVUSD were also asked about the likelihood of finding help at their school from teachers, counselors, or other adults that would support them in their efforts to reduce using alcohol or other drugs. Over a quarter (26%) of ninth-graders and over a third (35%) of eleventh-graders report that finding substance abuse support at school is unlikely, as illustrated in Figure 33.

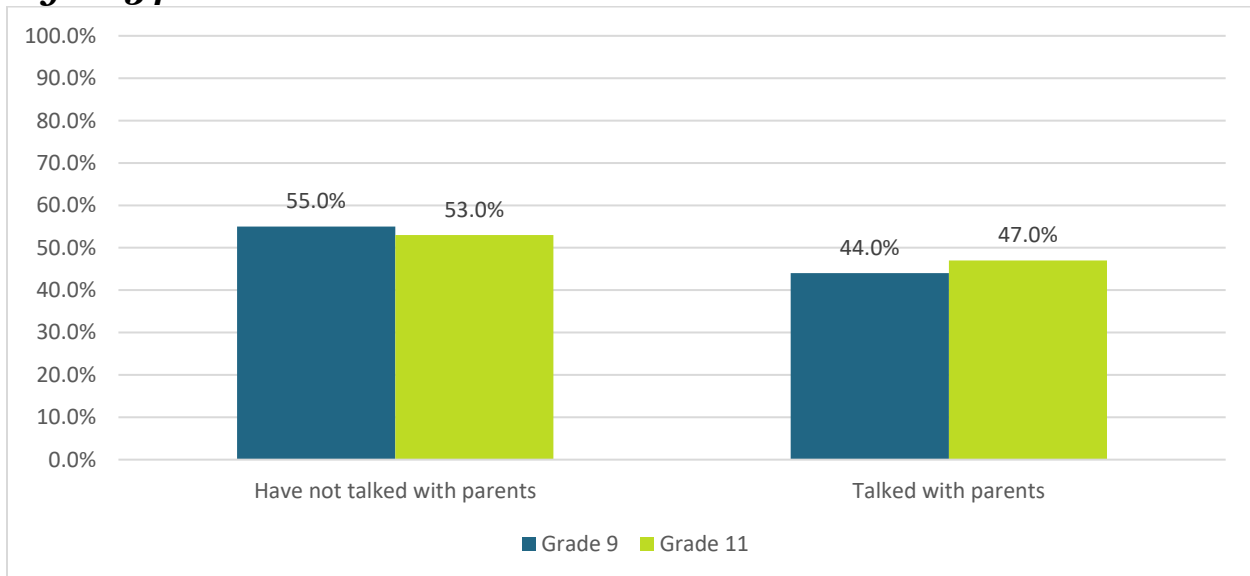
Figure 33. Likelihood Finding Substance Abuse Support at School - CVUSD



Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

Youth were asked, “During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or drug use?” As illustrated in Figure 34, results are fairly mixed—slightly less than half of CVUSD youth have had such a conversation.

Figure 34. Talked with Parents about ATOD Use – Past 12 Months - CVUSD



Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

Most students report that their parents would disapprove of them using alcohol, marijuana, and/or prescription drugs (other than prescribed), as illustrated in Table 19.

Table 19. Parent Approval/Disapproval of ATOD Usage - CVUSD

	Grade 9	Grade 11
Taking one or two drinks of alcohol nearly everyday		
Very wrong	81%	78%
Wrong	12%	14%
A little wrong	5%	5%
Not at all wrong	2%	3%
Use marijuana		
Very wrong	86%	83%
Wrong	9%	8%
A little wrong	4%	5%
Not at all wrong	2%	4%
Use prescription drugs to get high or for reasons other than prescribed		
Very wrong	88%	86%
Wrong	7%	8%
A little wrong	3%	2%
Not at all wrong	2%	4%

Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

CVUSD youth were asked to report perceptions on those same behaviors, but as seen through the eyes of their close friends. Perceptions of how friends would react to AOD use versus parent reactions were quite different, as illustrated in Table 20.

About 9% of ninth-graders and 13% of eleventh-graders believe their friends would have no problem if they drank alcohol every day. Similarly, 9% of ninth-graders and 18% of eleventh-graders believe their friends would have no problem if they used marijuana. Finally, 6% of ninth-graders and 10% of eleventh graders believe their friends would not consider it wrong if they used prescription drugs to get high or for reasons other than prescribed.

Table 20. Peer Approval/Disapproval of AOD Usage

	Grade 9	Grade 11
Taking one or two drinks of alcohol nearly everyday		
Very wrong	51%	52%
Wrong	29%	21%
A little wrong	11%	14%
Not at all wrong	9%	13%
Use marijuana		
Very wrong	57%	53%
Wrong	20%	19%
A little wrong	15%	10%
Not at all wrong	9%	18%
Use prescription drugs to get high or for reasons other than prescribed		
Very wrong	64%	64%
Wrong	19%	18%
A little wrong	11%	8%
Not at all wrong	6%	10%

Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

Students from CVUSD were asked how they would feel about someone their age engaging in AOD use. As illustrated in Table 21, responses were mixed. A substantial portion (35% to 45%) stated that they would be neutral about the issues.

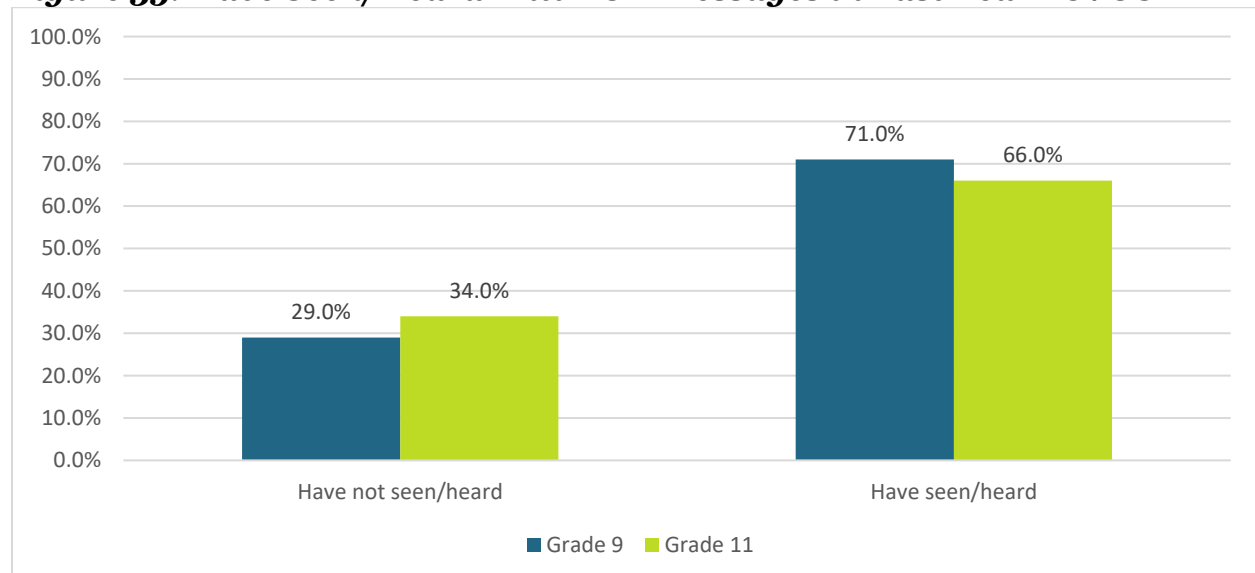
Table 21. Student Disapproval of AOD Usage – CVUSD

	Grade 9	Grade 11
Having one or two drinks of any alcoholic beverage nearly every day		
Neither approve nor disapprove	38%	35%
Somewhat disapprove	18%	26%
Strongly disapprove	44%	39%
Trying marijuana or hashish once or twice		
Neither approve nor disapprove	41%	43%
Somewhat disapprove	15%	21%
Strongly disapprove	44%	36%
Using marijuana once a month or more		
Neither approve nor disapprove	41%	45%
Somewhat disapprove	14%	22%
Strongly disapprove	45%	34%

Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

One way to change AOD behaviors in adolescents is to use a public health campaign. The majority of CVUSD high-schoolers have seen or heard messages in the past year that caution against using alcohol or drugs, as illustrated in Figure 35. However, about a third have not seen or heard such messages.

Figure 35. Have Seen/Heard Anti-AOD Messages in Past Year - CVUSD



Note: Data are from the California Healthy Kids Survey AOD Module for CVUSD, 2014-2015. Sample sizes: grade 9 $n = 323$, grade 11 $n = 349$.

Conclusion

What We Know

In order to properly serve the needs of the Coachella Valley community, Betty Ford Center must be prepared to treat young and old alike, with a deep understanding of substance abuse and mental health in the senior/retiree population. Additionally, Betty Ford Center must cultivate cultural competency for the Spanish-speaking population as well as the LGBT population. Income disparities are wide, and there remain many who live in great poverty. Scholarships/sliding scales such as those already employed by Betty Ford Center are extremely important in order to ensure the needs are met for these individuals with low socioeconomic status.

Nearly a quarter of local adults have been diagnosed with a mental health disorder; most commonly depression and anxiety. Betty Ford Center must be able to treat substance abuse and mental health together, given how closely aligned they are.

While most local adults drink responsibly or not at all, there are more than 10,000 who engage in binge drinking twice a week or more, and it is these adults who are prime clients for Betty Ford Center. Opioid use in the region is relatively average compared to other counties in California. While our age-adjusted ER rate due to substance abuse is better than average, our age-adjusted death rate due to drugs is worse than average, indicating many substance abuse-related fatalities do not make it to the ER at all.

There is a substantial population in our Valley that needs mental health care and cannot access it (more than 10,000 people). More than 40,700 local adults felt that they might need to see a professional due to problems with their health, emotions, nerves, or use of alcohol/drugs. Most of these people (70%) were able to get the help they needed, but more than 12,000 did not. Thus, it would appear that there are thousands of local adults who need the services offered by Betty Ford Center who have not yet gotten help.

We must not forget the needs of our local youth, either. There are approximately 248 ER visits each year in the Coachella Valley that are due to pediatric mental health issues, and 18% of children 3 and older have been diagnosed with one or more mental health disorder. Suicidal ideation is high; 21% of ninth-graders and 17% of eleventh-graders have seriously considered taking their own lives in the prior month. There are approximately 144 ER visits each year in the community that are to address suicide and/or self-harm in adolescents.

Use of alcohol and/or other drugs is at 36% for local ninth-graders and 51% for local eleventh graders. Current (within the past 30 days) AOD use is at 19% for ninth-graders and 29% for local eleventh graders. Alcohol is by far the dominant substance of choice for teens, followed by marijuana and then by prescription pain killers.

While most local youth have not consumed alcohol (55%), of those who do, most of them do so for the first time before the age of 15 (about 70% of teen drinkers have

already had their first drink before they turn 15). As a result, any efforts to target teen drinking must be directed at young children—say, between the ages of 10 and 12. About a third of local high schoolers have not been exposed to messaging about the dangers of alcohol and drug use in the past year, indicating a lack of widespread messaging about this public health issue, and a potential intervention point for Betty Ford Center to tackle.

Next Steps

In sum, the existing data provides us with a strong picture of mental health and substance use in the Coachella Valley. This will help Betty Ford Center to respond to some of these needs, and plan activities and outreach that will help address these issues.

However, much remains to be learned by the next phase of the Community Health Needs Assessment (CHNA) project, where we will collect data directly from the community and from local healthcare leaders. For example, it would be useful to better understand the care network: if an individual wants to seek out substance abuse treatment, where do they go? Is Betty Ford Center on their radar? What barriers exist to seeking treatment?

From local leaders, we want to hear their perceptions: what are the new, emerging addiction issues in the region? How can Betty Ford Center address those issues and serve the community? What is especially unique about the mental health/substance abuse needs of their target population (e.g., seniors, LGBT, youth, Hispanics, etc.)? How should Betty Ford Center outreach to those populations, and what competencies must Betty Ford Center have in order to serve their unique needs?

These questions and many others will be answered in the next phase of the project.

Appendix: Substance Providers Available

There are approximately fourteen substance abuse providers available in the area. See Table 22 for a list of Substance Abuse Providers in the Coachella Valley.

Table 22. Substance Abuse Providers

Substance Abuse Facility	City	Address
ABC Recovery Center Inc.	Indio	44359 Palm St
Awareness Program	Indio	45926 Oasis St
Bella Monte Recovery Center	Desert Hot Springs	68111 Calle Las Tiendas
Desert Comprehensive Treatment Center	Palm Springs	1330 N Indian Canyon Drive Suite A
Hazelden Betty Ford Foundation	Rancho Mirage	39000 Bob Hope Drive
iRecover	Cathedral City	37066 Bankside Drive
Ken Seeley Recovery Community	Palm Springs	420 S Palm Canyon Drive
Mental Health Systems Inc.	Cathedral City	68100 Ramon Road, Suite B-18
Michael's House Treatment Center	Palm Springs	3019, 2095 N Indian Canyon Drive
Ranch Recovery Centers Inc. Hacienda Valdez	Desert Hot Springs	12890 Quinta Way
Riverside Latino Commission Counseling Center	Coachella	1612 First Street
RUHS - Behavioral Health	Cathedral City	68615 Perez Road
Soroptimist House of Hope	Desert Hot Springs	3525 Cielo Azul Way
Sunspire Health Desert Palms	Cathedral City	67580 Jones Road

Note: Data are from Substance Abuse and Mental Health Services Administration, Behavioral Health Services Treatment Locator.

As illustrated in Figure 36, most substance abuse providers are geographically situated in the Palm Springs and Cathedral City area. All providers in Figure 36 are from Table 22 above.

Figure 36. Map of Substance Abuse Providers

