



Department of Mental Health

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MENTAL HEALTH SERVICES ACT

COMMUNITY SERVICES AND SUPPORTS THREE-YEAR PROGRAM AND EXPENDITURE PLAN

[Fiscal Years 2005/06, 2006/07, 2007/08]

PART II, SECTION I

FINAL DRAFT FOR PUBLIC COMMENT

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**PART II
PROGRAM AND EXPENDITURE PLAN REQUIREMENTS**

Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports

Response I: Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected to be the focus of MHSa services over the next three years by placing an asterisk (*) next to these issues. (Please identify all issues for every age group even if some issues are common to more than one group.)

During the comprehensive needs assessment, completed as a part of the MHSa public planning process, community issues were identified by age groups: children/youth, transitional age youth, adults and older adults. These are presented in Table 2.1.1. An asterisk (*) indicates those issues that will be the focus of MHSa services in Merced County over the next three years.

Table 2.1.1: Community Issues by Age Group

Priority	Children/Youth (Ages 0-13)	Transition Age Youth (Ages 16-25)	Adults (Ages 26-59)	Older Adults (Ages 60+)
1	*Peer and family problems	*Inability to manage independence	*Inability to Work	*Isolation
2	*School failure	*Inability to work	*Incarceration	*Peer and family support
3	*Involvement In child welfare or juvenile justice system	*Homelessness	*Isolation	*Inability to work
4	*Out-of-home placement	*Institutionalization/ Incarceration	*Peer and family support	*Homelessness
5	*Inability to be in a mainstream environment	*Frequent hospitalization/ emergency room care	*Homelessness	*Frequent emergency room care
6	*Hospitalization	*Involuntary care and isolation		

Response 2: Please describe what factors or criteria led to the selection of the issues starred above to be the focus of MHSA services over the next three years. How were issues prioritized for selection? (If one issue was selected for more than one age group, describe the factors that led to including it in each.)

The MHSA Age-Specific Workgroups discussed the community issues that were reviewed during the public planning process, including the 28 focus groups, 5 system stakeholder meetings, and other presentations and outreach as outlined in Part I, Response 1. A process was developed by the workgroups to review the data synthesized by the Mental Health Department. Each Age-Specific Workgroup selected the top priorities among the major community issues listed in the Three-Year Program and Expenditure Plan Requirements using an oral voting process. Data was collected about each community issue and presented to the workgroup prior to the oral voting. Then, each workgroup selected service strategies and specific populations to serve under MHSA.

1. CHILDREN/YOUTH (Ages 0-18)

Priority #1: Peer and Family Problems

- Child abuse issues and/or involvement in the child protective system need to be addressed through MHSA.
- There is a strong need to assist children in avoiding juvenile hall and/or institutionalization in order to provide them with a positive growing environment.

Priority #2: School Failure

- It will be important to provide Full Service Partnership programs to address issues children and youth face when they do not achieve success in school, in addition, to the stigma associated with school failure.
- Programs funded through MHSA must work to improve the interaction between children/youth and their parents/guardians.

Priority #3: Involvement in Child Welfare or Juvenile Justice System

- It is crucial to focus on educating parents and/or guardians with children as early as infants to prevent them from entering the juvenile justice system.
- A special focus should be directed to the female population which is underserved.

Priority #4: Out-of-Home Placement

- Children involved in the foster care system are a vastly underserved population.
- To address this situation, wraparound services are needed to monitor consumers in out-of-home placements and to provide support to family members.

Priority #5: Inability to be in a Mainstream Environment

- Ethnic populations are at a higher risk of not being in mainstream environments.
- It is important to provide programs for Hispanic and Southeast Asian children to aid in cultural awareness and independent living skills before they “age out” of the foster care system.

Priority #6: Hospitalization

- Due to the lack of services to provide appropriate intervention prior to crisis, children/youth are hospitalized.
- By providing case management to monitor children/youth continuously while they are hospitalized and providing wraparound services, it is possible to aid them in transition from the hospital to the home environment.

2. TRANSITIONAL AGE YOUTH (Ages 16-25)

Priority #1: Inability to Manage Independence

- Transitional age youth consumers are considered “socially unacceptable” and impacted by a negative stigma.
- Programs funded under the MHSA will provide a case manager to aid these consumers in obtaining and maintaining independence.

Priority #2: Inability to Work

- Mental health consumers in the transitional age youth age range (16 to 25 years old) need help in locating and sustaining employment.
- Wraparound services are needed for the transitional age youth population to provide supportive housing, employment, and mentoring.

Priority #3: Homelessness

- Transitional age youth are adversely impacted if/when parents/guardians are unable to provide a home for the family.
 - They become socially isolated from their peers and the stigma of mental issues increases.
 - There is no stability for schooling, medication management, and/or employment.
- A solution is to provide after-school services and places for recreation for those transitional age youth who may be homeless.

Priority #4: Institutionalization/Incarceration

- If/when transitional age youth are institutionalized or incarcerated, it affects family members and friends as isolation occurs and progress in treatment goals and care plans is halted.

Priority #5: Frequent Hospitalization/Emergency Room Care

- For transitional age youth at risk of frequent hospitalizations and/or emergency care, it is essential to provide case management services at all times to decrease their use of these services.

Priority #6: Involuntary Care

- Programs funded by MHSA should focus on transition from a 5150/5250 placement to a home partnership with the family and provide wraparound services to families and children.

Priority #6: Isolation

- Isolation hinders the development of healthy personal relationships.
 - With isolation, mental health stigma increases.
 - This is particularly challenging among ethnic populations, which are typically more isolated and underserved.
- It is important to provide services to prevent isolation, promote mental health, and offer socialization activities.

All survey data was categorized and resulted in the following community needs identified as needing to be addressed:

Children/Youth

- Recreation
- Access
- Consumer Education
- Family Services and/or On-Site Services

Transition Age Youth

- Recreation
- More Staff
- Consumer Education
- Family Services and/or On-Site Services

The Children/Transitional Age Youth Age-Specific Workgroup has further determined that foster youth and migrant farm workers are underserved and/or inappropriately served. Hispanics are the primary underserved population, with Southeast Asians the second most underserved in Merced County. A Full Service Partnership program providing a continuum of care for these populations is imperative for consumer success.

3. ADULTS (Ages 26-59)

Priority #1: Inability to Work

- Merced County has the third highest unemployment rate in California.
- Among consumers, only 7.5% are working.
- Without a regular job, consumers cannot pay bills, which causes other mental health issues.

- Poverty and related stress are a trigger for other mental health problems which affects and reduces self-esteem.
- Work is one of the major aspects of life and a factor in quality of life.
- There is a major “ripple effect” of not working: AOD issues and incarceration, which is expensive for Merced County.
- When consumers are working, it leads to decreased isolation and a connection to people to the community.
- Mental health consumers are even more disadvantaged in finding/sustaining employment.

Priority #2: Incarceration

- Incarceration of the mentally ill is very costly, and it affects a lot of people, both directly and indirectly.
- There is inadequate assistance in the jails in Merced County, which means some problems are worsened or at least not helped.
- Individuals with a jail record have difficulty being hired, further contributing to their higher levels of unemployment.
- There is a “ripple effect” in Merced County: an increase in the crime rate creates a sense of an unsafe environment, which causes more isolation for everyone.

Priority #3: Isolation

- Isolation aggravates any mental illness and is symptomatic of some mental illnesses.
- Ethnic and cultural problems increase isolation.
- Cultural and stigma issues are significant in Merced County related to its large ethnic populations.
- For those who are institutionalized (i.e., in IMDs or out-of-home placements), isolation is more prevalent.
- The mentally ill are more vulnerable to abuses when they are isolated.
- Meaningful relationships and integration into the community are impacted.
- Peer networking and supportive relationships are needed in Merced County.
- There are issues of different languages and lack of cultural understanding impacting full participation in life.

Priority #4: Peer and Family Support

- Peer networking is needed in Merced County.
- There are inter-generational problems in refugee and ethnic populations.
- Lack of family support is due to stigma issues, and families distance themselves from consumers.
- Mental illness does not happen in a vacuum – it affects other family members.
- Merced County needs programs to educate families and other community members about mental illness and how it can be understood and treated.
- When support is available, incarceration and unemployment are reduced.

Priority #5: Homelessness

- There is a true “ripple effect”: being homeless effects many other areas of life.
- In general, homelessness has a huge impact on Merced County.
- Homelessness has an emotional impact on the community: citizens feel ashamed.
- When adults are homeless, children are impacted.
- Homelessness represents a visible failure of the community to address social problems.

OLDER ADULTS (Ages 60+)

Priority #1: Isolation

- An issue facing older adults is that family members and peers are dying.
- In many cases, family members may not be able to care for older ones because they are too busy and/or because they cannot fulfill the cultural expectations.
- There are few programs in Merced County specifically for older adults that are not tied to a physical problem.
- Major depression affects 75% of older adults.
- Suicide data shows that the elderly visited primary care physicians one month prior to suicide.
- Ethnicity was not an issue in Southeast Asia; however, in America, many Hmong feel they do not have the same status as they had in Laos or Thailand.

Priority #2: Peer and Family Support

- Older adult issues include both physical abuse and monetary abuse.
- There is a lack of education about the needs of the elderly.
- Older adults need to avoid institutionalization (i.e., skilled nursing facilities).

Priority #3: Inability to Work

- Consumers want and need to decrease their dependence on peers and family.
- Consumers want to connect with people in the community.
- Avoiding isolation was identified as the first priority.
- Whether working or volunteering, consumers feel less isolated.
- Retirement cannot support many older adults – they need more income to survive.
- Many older adults have problems adjusting after retirement with no meaningful activity.
- MCDMH needs to work to help foster independence among older adults.

Priority #4: Homelessness

- The loss of one’s residence has a significant impact on families and the community.
- There is a lack of residences and services for the elderly.
- The overwhelming response from consumers is that Merced County needs more housing options for those on limited income.

Priority #5: Frequent Emergency Room Care

- Mercy Hospital has statistical data that was useful in the workgroup discussions.
- Many older adults seek only health care from a physician, not mental health care.
- Outreach and education is needed to target the underserved.
- The impact on the community is high in cost, with medical problems and mental illness, i.e., depression.

All survey data was categorized and resulted in the following community needs for consumers:

Adults

- Housing
- Employment or Education
- Social Activities and Recreation
- Improved Drop-In Center

Older Adults

- Transportation
- Services in the home or private location
- Education and help with health problems
- Physical activities
- More outreach and education about mental health problems and health problems

Response 3: Please describe the specific racial ethnic and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in county juvenile or criminal justice systems, foster care disparities, access disparities on American Indian rancherias or reservations, school achievement drop-out rates, and other significant issues.

As part of the planning process, the Department of Mental Health analyzed Merced County by looking at various populations to determine if/where there were disparities that could be addressed through MHSA funding. On the following page, the analysis is described in terms of:

- General Population (22 cities/towns in Merced County)
- Homeless Population
- Juvenile and Criminal Justice Population
- Foster Care Population
- School Drop-out Population
- Other Significant Populations
 - Unemployed
 - Emergency Room Care
 - Involuntary Care
 - Child Welfare System

MENTAL HEALTH SERVICES ACT COMMUNITY SERVICES AND SUPPORTS PLAN

ANALYSIS OF GENERAL POPULATION

Table 2.1.2 shows the incidence of poverty, services provided by MCDMH, estimated prevalence of SED/SMI among children, estimated number of unserved children, estimated population of SMI, and estimated number of unserved adults by zip code in Merced County.

Table 2.1.2: Analysis of General Population Disparities by City

City	<200% Poverty (All Ages)	Served by MCDMH	Estimated Prevalence (SED/SMI Children)	Estimated Number Un-Served Children	Estimated Prevalence (SMI Adults)	Estimated Number Un-Served Adults
Chowchilla	107	16	4	0	6	0
Atwater	14,426	621	543	384	761	303
El Nido	413	14	15	12	22	11
Le Grand	1,689	31	69	61	86	63
Merced	42,758	2,760	1,613	986	2,255	131
Planada	2,151	58	93	74	105	66
Snelling	563	10	21	20	30	21
Dos Palos	4,200	136	164	115	217	130
Firebaugh	48	3	3	1	2	1
Los Banos	15,115	563	579	362	791	445
S. Dos Palos	172	12	8	6	8	0
Gustine	4,084	119	141	104	225	143
Newman	98	4	3	2	5	2
Winton	5,946	280	243	148	300	115
Turlock	517	20	16	10	30	16
Stevinson	1,009	40	36	10	55	25
Livingston	6,574	211	267	198	333	192
Hilmar	3,715	69	120	101	210	160
Ballico	414	6	14	12	23	19
Cressey	22	2	1	0	1	0
Delhi	5,264	236	210	152	269	94
Denair	1	3	0	0	0	0
County	109,288	5,214	4,162	2,772	5,735	1,927

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The communities with the highest need in Merced County for children's mental health services are Merced, Atwater, Los Banos, Livingston, Delhi, Winton, Dos Palos, and Gustine. There are currently services for children in Merced, Livingston and Los Banos. The Livingston Clinic serves the Atwater, Delhi, Winton and Gustine areas. Los Banos serves the Dos Palos area.

The communities with the highest need in Merced County for adult mental health services are Los Banos, Atwater, Livingston, Hilmar, Gustine, Merced, Dos Palos, and Winton. The communities of Livingston, Los Banos and Merced all have services currently available. Merced and Livingston Clinic sites serve Hilmar, Gustine, Atwater and Winton. The Los Banos clinic serves the Dos Palos area.

The ethnicities that are most underserved by MCDMH children services are:

- Hispanic: 69%
- Asian: 18%
- White 7%
- African American: 2%
- Other Race/Multi Race: 4%

The age groups most underserved are ages 0-5 and 6-11. It is anticipated that these populations will be a major focus through the Prevention and Early Intervention component of the MHSA.

The ethnicities that are most underserved by MCDMH adult services are:

- Hispanic: 72%
- Asian: 12%
- White: 10%
- Other Race/Multi Race: 6%

The underserved age groups in rank order of need are:

- 35-44:
- 25-34:
- 18-20:
- 21-24
- 65 and older
- 55-64:

The gender breakdown of underserved children is: 45% female and 55% male. The gender breakdown of underserved adults is 30% male and 70% female.

A study was completed reviewing Medi-Cal Eligibles showing that there are currently 2,040 children and 220 adults in need of mental health services, but not receiving them.

ANALYSIS OF HOMELESS POPULATION

The Merced County Association of Governments estimated the total count of youth and adults who experienced homelessness in Merced County:

- Homeless youth: 588 (429 males and 159 females)
- Homeless adults: 1,967 (1,436 males and 531 females)

Merced County currently does not have a year-around homeless shelter. Grant funding for a permanent year-around shelter has been secured and residency for fifty beds is planned for occupancy starting in November 2006. The following fourteen agencies provide homeless services, primarily food, in Merced County:

- Merced County Department of Human Services
- Community Action Agency
- Merced Rescue Mission
- Merced County Housing Authority
- Salvation Army
- Sierra Presbyterian Church
- Atwater Church of Christ
- Calvary Temple
- Catholic Social Services
- Love Inc.
- Food Bank
- Harvest Time Warehouse
- Lifeline Community Center
- St. Vincent De Paul

According to the 2000 Census, the Merced County median homeowner costs were 22.3% of 1999 household income. Merced renters spent 26.8% to pay 1999 median gross rent. In 1999, African American, Asian, and Hispanic/Latino residents of Merced County paid a higher percentage of their household income for monthly homeowner and renter costs than did White residents. Given the current housing market of high home and rental prices, Merced's ethnic communities are paying a higher percentage of their monthly incomes for owner and renter costs.

The 2000 Census reported that 31% of renter-occupied units in Merced County had household incomes below the national poverty level. Nearly all Asian renter occupied units had household incomes below the poverty level. More than one third of both African American and Hispanic renter-occupied units had household incomes below the poverty level. The high percentages of African American, Asian, and Hispanic renter-occupied units with incomes below the poverty level indicates these residents are most affected by the County's chronic high unemployment rate or are employed in low paying jobs.

The total homeless population served by MCDMH in Fiscal Year 2003-04 was 220, of which 93 were youth and 127 were adults. Outreach work is conducted under the SAMSHA PATH grant and 113 persons were contacted by bi-lingual/bi-cultural staff. Additionally, a brochure delineating mental health services was posted at each of the fourteen agencies providing services to the homeless. A Resource Card was developed to distribute to homeless persons that listed all community agencies providing services for homeless persons.

ANALYSIS OF JUVENILE AND ADULT CRIMINAL JUSTICE POPULATION

Merced County has multiple factors leading to involvement with law enforcement. The high rate of methamphetamine laboratories and subsequent addiction are believed to be correlated to poverty and unemployment in Merced County. Gang involvement has been increasing and is of particular community concern for youth and children.

Total juvenile referrals and intake dispositions for fiscal year 2003-04 were 3,346. The gender of these cases was 86% male and 14% female. Juvenile hall admissions totals were 1,424, of which 81% were male and 19% were female. The probation total was 891. The home supervision total was 615. There is no longer a crisis home in Merced County for W&I 601 cases of out-of-control or runaway youth. Merced County uses foster care placement for these youth.

Total juvenile hall contacts for mental health for fiscal year 2003-04 were 223 youth. There were 141 previous/current contacts made with youth consumers and 82 first contacts with youth consumers in the juvenile hall setting.

Total adult intake for court referrals were 1,693 and probation was granted to 1,252 individuals. The probation total was 3,114.

Total jail contacts for mental health for fiscal year 2003-04 were 288 adults. There were 141 contacts made with previous/current adult consumers and 147 first contacts in the jail setting.

ANALYSIS OF FOSTER CARE POPULATION: WARDS AND DEPENDENTS OF THE COURT

On January 1, 2005, 604 children ages 0-20 were in a supervised foster care placement. The ethnicity totals are:

- White: 12%
- Hispanic: 51%
- African American: 35%
- Asian and Other: 2%

The gender breakdown was males 52% and females 48%.

The greatest disparity is African American children as the county overall percentage of African American is only 3.6% and Medi-Cal ethnicity shows 6.04%.

There were 1,325 new child welfare dependency cases opened in 2003-04. The ethnicities were:

- Hispanic: 51%
- White: 33%
- African American: 12%
- Asian: 2%
- Other: 2%

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There are currently 494 active participants in the Independent Living Program at Merced College through Merced County Human Service Agency. Of these, there are 111 at age 17, and there are 20 at ages 18-21.

There were 32 individuals aging out of foster care last year. They were primarily female; however 34% were male. The ethnicities were:

- Hispanic: 43%
- White: 23%
- African American: 7%
- Laotian: 3%
- Native American: 1%
- Other: 23%

The highest rates for detention in foster care were at age 13 and 16. Five individuals were detained at age 13 and five at age 16.

There were 56 foster children served by MCDMH in fiscal year 2003-04, including:

- White: 19
- Latino: 19
- African American: 10
- American Indian: 2
- Southeast Asian: 1
- Other: 5

The gender breakdown was 69.6% Male and 30.4% Female.

Age breakdown is as follows:

- Ages 0-5: 5
- Ages 6-11: 25
- Ages 12-17: 22
- Ages 18 and up: 4

A child in placement includes those supervised by Probation and there were 51 placements in December 2003. There were 5 in-county, 45 out-of-county and 1 youth was placed out-of-state.

In 2002, there were 29 foster care placements in Rate Certification Level (RCL) 12-14, ages 1-20, in Merced County. In 2003, there were 43 placements in this category.

In fiscal year 2004-05, there were 32 youth who aged out of foster care system. The ethnicity breakdown was:

- White: 41%
- Hispanic: 38%
- African American: 13%
- Mexican: 6%
- Laotian: 2%

The gender count was 66% female and 34% male.

ANALYSIS OF SCHOOL DROP-OUT POPULATION

Merced County's 2003-04 drop-out data from California Department of Education (CDE) reveals a total of 180 students in seventh through twelfth grade left school. The highest ethnic drop-out count was 127 Hispanic students followed by 39 White students, and 14 students of other ethnicities. Of these, there were 106 male and 74 female.

According to the California Department of Education, the 2003-04 overall drop-out rate for grades 9-12 in Merced County was 1.1%, compared to the State overall drop-out rate of 3.3% for grades 9-12.

The Census 2000 reports less than one quarter of Merced County's population twenty-five years and older had a high school diploma or the equivalent. The percentage of those earning a bachelor degree was less than 10%.

The low rate within the County is attributed to the large population of students who are at Community School. There were 1,421 students enrolled at the County's Community Schools and the Hispanic population represents the largest ethnic group enrolled at 55%, followed by White at 28%. In 2003-04 there were 235 students expelled from school in Merced County. Special Education students for Merced County total 5,938. Their ethnicity percentages include:

- Hispanic: 56%
- White: 29%
- African American: 7%
- Southeast Asian: 5%
- Other Races: 3%

Client and Services Information (CSI) data reveals MCDMH served a total of 43 children under AB 3632 in 2003-04. There were 7 Medi-Cal eligible youth age 5-11; 18 youth age 12-17; 9 youth age 18-21. There were 2 non-Medi-Cal eligible youth age 5-11 and 7 age 12-17.

OTHER SIGNIFICANT POPULATIONS: UNEMPLOYED

High unemployment rates are a constant feature of Merced County's economy. As of June 2005, the Merced County unemployment rate is reported by the Employment Development Department as being at 9.3% compared to the State unemployment rate of 5% and the U.S. unemployment rate of 4.9%. In the last six years, Merced County recorded a yearly unemployment rate significantly higher than the State's. Although Merced County's unemployment has decreased since 1998, the rates have remained above 13%. Merced County's high unemployment rate in the late 1990's is attributed to the closure of the Castle Air Force Base and overall loss of government jobs.

Unemployment by ethnicity included in 1999 statistics from the 2000 Census show Merced's White labor force had the lowest unemployment rate, nearly 20% lower than the County's rate. The Hispanic, African American and Asian labor forces had unemployment rates at least 20% greater than the White unemployment rate. Hispanics had the highest unemployment rate among the county's ethnic groups, which was over 75% greater than Whites. African Americans and Asians had unemployment rates that were nearly 43% and 28% respectively greater than the White labor force unemployment rate.

OTHER SIGNIFICANT POPULATIONS: EMERGENCY ROOM CARE

In a study conducted by Mercy Medical Center of patients who had three visits to the hospital emergency room, 608 unduplicated individuals had a primary diagnosis of mental illness or alcohol/drugs. Mental illnesses were primarily anxiety and depression and the highest substance use was alcohol, followed by opiates and methamphetamine.

OTHER SIGNIFICANT POPULATIONS: INVOLUNTARY CARE

The population in institutional care skilled nursing facilities for MCDMH in fiscal year 2003-04 was seven consumers: one in age group 55-64 and six in age group 65 and over. They were 52% male and 48% female. Ethnicities were 85% White and 15% African American

In fiscal year 2003-04, the count of Involuntary Care patients on 5150 holds for Marie Green Inpatient Unit totaled 425. The unduplicated patient count was 372. There were 53 patients who had to return to Involuntary Care. There were:

- 12 re-admits ages 21-24
- 11 readmits age 25-34
- 12 re-admits age 35-44
- 16 re-admits age 45-54
- 1 re-admit age group 55-64
- 1 re-admit age group 65 and over

The ethnicity on the unduplicated count is:

- White: 49%
- Hispanic: 31%
- African American: 11%
- Unknown: 5%
- Asian: 3%
- American Indian: 1%
- Pacific Islander: 1%

Gender was 49% male and 51% female.

Managed Care placed 15 additional adult patients on 5150 holds in out-of-county placements due to inpatient units being full or other care issues. One was in age group 18-20, 13 in age group 25-64 and one is age group 65+. They were primarily female at 67% and 33% male. Their ethnicity was 53% White, 20% African American, 20% Hispanic/Latino and 7% Other.

Managed care placed 39 children in out-of-county placements after being detained by child protective services. There is no children's skilled nursing facility in Merced County. Of these, 7% were in age group 6-11, 62% in age group 12-17, 31% in age group 18-20. They were evenly split between male and female. The ethnicities were 33% White, 44% Hispanic/Latino, 10% African American, 10% Asian, and 3% Other.

OTHER SIGNIFICANT POPULATIONS: CHILD WELFARE SYSTEM

In 2004, CPS Workers received 4,460 child abuse report referrals for maltreatment of children ages 0-17 and of these, 1,445 were substantiated. The ethnicity was:

- Hispanic at 43% referred, and 49% of the substantiated claims
- White at 25% referred and 29% of the substantiated claims
- African American at 8% referred, and 8% of the substantiated claims
- Other at 20% referred and 11% of the substantiated claims
- Asian at 3% referred and 2% of the substantiation claims
- Native Americans at 1% referred and 1% of the substantiated claims

Response 4: If you selected any community issues that are not identified in the “Direction” section above, please describe why these issues are more significant for your county/community and how the issues are consistent with the purpose and intent of the MHSA.

TEEN PREGNANCY

Teen pregnancy was selected by the Children/Transition Age Youth Age-Specific Workgroup as a priority issue. Merced County has ranked 50-53rd in the state in the last five years based on the 58 total California Counties. Total population of females age 15-19 in Merced in 2002 was 10,344 and the average live birth in this age group was 560 total babies. This 6% of children are:

- Hispanic: 63%
- White: 23%
- Asian: 9%
- African American and Other: 5%

Interruption of education is a huge risk to this population. Of the total live births in the year 2000 for women under age 18:

- 1st –8th grade births were 8%
- 9th –11th grade births were 48%
- 12th grade births were 40%
- Unknown: 4%

At Merced High School East Campus, there is a parent-child center for high school students with children that has 60 registered so far this school year and usually serves a minimum of 100 young parents and pregnant teens per year. The Center offers parenting classes and child development education.

SUICIDALITY

In calendar year 2003, there were 14 deaths identified by the coroner as suicides, consisting of 12 adults and 2 older adults. In calendar year 2004, there were 21 deaths identified by the coroner as suicide, consisting of 2 youth, 13 adults and 6 older adults.