

**Merced County
Department of Mental Health**

MENTAL HEALTH SERVICES ACT

**COMMUNITY SERVICES AND SUPPORTS
THREE-YEAR PROGRAM AND EXPENDITURE PLAN**

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

PART II, SECTIONS III AND IV

Section III

IDENTIFYING INITIAL POPULATIONS FOR FULL SERVICE PARTNERSHIPS

Response 1: From your analysis of community issues and mental health needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g., youth in the juvenile justice system, transition age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.

Children/Youth (Ages 0-18)

The Children/Transition Age Youth Age-Specific Workgroup's analysis of community issues and mental health needs identified children in foster care, an unserved and underserved population, as a priority for a Full Service Partnership program. A primary focus of service is those youth having experienced multiple placements. Within this group are Hispanic youth and families, also identified as a significant unserved and underserved population.

The target age group for our first Full Service Partnership will be 8-18. The selection of the age group, 8 to 18 years old, is based on need. A majority of children in foster care are within this age range. Additionally, youth "age out" of the court dependency once they become of legal majority. In most cases, youth must leave their foster home as a result of termination of foster care funding upon the youth's eighteenth birthday. There are exceptions, due to educational status and extenuating circumstances, however in most cases the youth will be exited from the Child Welfare/Probation system upon age eighteen. Accordingly, the WeCan program designated the aforementioned age grouping to eighteen. The WeCan program will transition the emancipated youth, if appropriate and desired, to the CARE program. Unlike the dependency system, the transition will not occur in an abrupt manner and will not be based on age, rather guided by need. This target population for this FSP will include children and transition age youth across two age group categories, ages 0-18 and ages 16-25.

Children/Transition Age Youth (Ages 16-25)

The Children/Transition Age Youth Age-Specific Workgroup identified those youth aging out of the foster care system as the priority population. They further refined this selection to include those youth who were parents and had a co-occurring disorder as the majority population for the Full Service Partnership program. In addition, the Workgroup identified that the majority of these youth were Hispanic. A review of the demographic data indicated that the Hispanic population was the most unserved/underserved population in Merced County.

Adults (Ages 26-54)

The priority adult population identified by the Adults/Older Adults Age-Specific Workshop for the Full Service Partnership program is the seriously mentally ill adults, ages 26 to 54, who are homeless or at risk of homelessness. The Workgroup further identified the priority populations to include those individuals with a co-occurring drug/alcohol disorder and/or who are coming out of an IMD, jail, or psychiatric hospital, with a majority focus on the unserved/underserved Hispanic population.

Transition Age Adults (Ages 55-59)

With funding from the MHSA, transition age adults are another population that will be better served through a Full Service Partnership program. Those seriously mentally ill individuals who are aging out of the adult board and care housing and/or IMD facilities will be served.

Older Adults (Ages 60+)

The older adult population was not selected for a Full Service Partnership program. Currently, the Mental Health Department is serving ninety seven (97) older adults. The Adults/Older Adults Age-Specific Workgroup decided that a vigorous Outreach and Engagement program could best serve this population. In addition, the community focus groups did not identify this population in need of a Full Service Partnership program. Community input indicated that older adults wanted treatment in their homes or in conjunction with their primary care physicians. Older adults wanted transportation, education regarding mental illness, and coordination with physical health care provider.

The approach is to provide outreach and engagement while also collecting the data to support a Full Service Partnership program in the future. Merced County Department of Mental Health will work over the next three years to increase the numbers of older adults in our system and to develop an older adult system of care that will justify and sustain the development of an older adult Full Service Partnership within the next five to six years. The situational characteristics of an older adult fully served population will be determined by the data collected over the next three years, combined with input from consumers and family members.

Response 2: Please describe what factors were considered or criteria established that led to the selection of the initial populations for the first three years. (Distinguish between criteria used for each age group if applicable.)

The following factors were considered in the selection of the initial population for all age groups:

- Community and stakeholder input
- Prevalence data
- Community issues
- Identification of the most vulnerable populations
- Identification of high-risk unserved and underserved populations
- Wellness focus of service
- Focus on an integrated service experience
- Examination of how mental health is currently conceptualized and delivered

Children/Youth (Ages 8-16)

A common concern voiced by the community and stakeholders, and supported by data, was the inclination for children in foster care, with severe emotional disturbances, to spiral into a negative trajectory of criminal justice involvement, diminished educational opportunities, continued family conflict, and community separation. The Children/Transition Age Youth Age Specific Workgroup identified the need for youth to remain in a home-like environment in order to prosper developmentally and socially, concurrent with supportive assistance for and from their family. Therefore, the vulnerable population of youth in foster care, particularly Hispanic youth placed out of county, has been selected for a Full Service Partnership program.

Transition Age Youth (Ages 16-25)

Transition age youth in foster care and incarcerated in juvenile hall were surveyed for information related to their needs. Their responses were congruent with the community and stakeholder input/feedback – a need for teen-friendly intensive supportive services to assist them in transitioning to adulthood. Accordingly, data and anecdotal conversations identified the need for supportive housing, vocational opportunities, educational support, social connectiveness, and community integration. Youth with young children were identified as a priority population.

Adults (Ages 26-54)

Merced County does not have an AB 2034 program. This results in a serious need for those services afforded by this level of intensive programming for unserved adults. Furthermore, the Mental Health Department has not had the ability in the past to initiate a systematic approach to homeless outreach and engagement. Specifically, only one worker has been allocated under the federal PATH grant for homeless outreach for funding to serve all of Merced County.

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There is currently no coordination between the jails and Mental Health Department when inmates are released, even when they have been identified as mental health clients. The inmates are released without medication or appointments, and there is no notification to the Mental Health Department that they have been released. This high-risk population, newly released from custody without any supportive services, was identified as a priority for a Full Service Partnership program.

Merced County received a two-year grant in July 2003 to move clients out of IMDs to lower levels of care including independent living in the community. This grant fully serviced the twenty-two clients that were moved from the IMDs and proved that, with a full-service type of program, individuals who had been in locked facilities could improve the quality of their lives and remain stable in the community. Due to funding cuts, this program is no longer available. However, the clear success of this program demonstrated that, with the intensive services available to these individuals under a Full Service Partnership program, independent living is possible.

Numerous indicators resulted in the selection of individuals with co-occurring drug/alcohol disorders. In-patient statistics gathered from the Merced County psychiatric health facility – the Marie Green Psychiatric Center – indicated that over 50% of those admitted had a co-occurring substance use disorder. This is not surprising in that Merced County is nationally known for its significant amphetamine/methamphetamine manufacture and use. National prevalence data indicates that 50% of homeless individuals are dually diagnosed. Extrapolating from this would yield a potential population in Merced County of approximately 900 individuals in need of treatment. As this is a difficult population to engage, the "whatever it takes" approach offered by a Full Service Partnership program would be beneficial.

Transition Age Adults (Ages 55-59)

Transition age adults was selected because there are few housing opportunities not linked to physical care needs. During the IMD grant, the Mental Health Department was able to bring out three individuals in this age group who had been in locked facilities. One of the individuals had been in a locked skilled nursing facility for seventeen years. He was released, is now living in his own studio apartment, and has been reunited with a daughter that he had not seen in many years. Each of these individuals is now over sixty and is living independently in the community. Participation in a Full Service Partnership program would afford other individuals who are required to move from their current housing (due to licensing regulations) the ability to live independently as well.

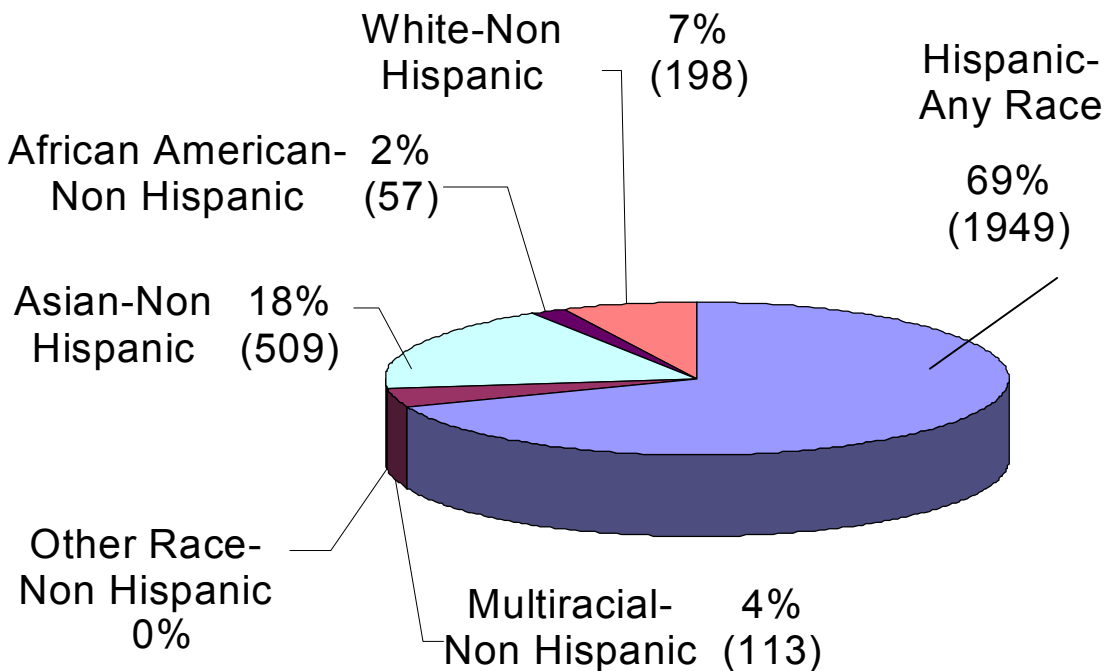
Response 3: Please discuss how your selections of initial populations in each age group will reduce specific ethnic disparities in your county.

Youth, Transition Age Youth, and Adults

Merced County’s demographic, prevalence rates and penetration data indicated that, in all communities throughout the County, the Hispanic population of all ages (See Graphs 2.3.1 and 2.3.2) is significantly underserved. Also, data collected as part of a local Substance Abuse and Mental Health Services Administration (SAMSHA) grant on ethnicities served in the correctional facilities indicates that the Hispanic population is double the percentage of all other ethnicities. By focusing Merced County’s Full Service Partnership programs on the youth, transition age youth and adult Hispanic population, the Department will begin to provide the most intensive services to the most under/unserved population. By focusing on the youth and adult incarcerated Hispanic population, we will continue to reduce the ethnic disparity in Merced County.

In addition, Merced County is responding to the input from the Hispanic community provided at the “platica” held at Lake Yosemite. At that event, the Hispanic population agreed with the community issues as identified in the Community Services and Supports Plan and identified homelessness, hospitalization, and frequent emergency care as their top three priorities. The intensive supports offered by a Full Service Partnership program will remedy these issues for the participants.

Graph 2.3.1: Estimated Population Under Age 18, by Race, In Need of Services From the Merced County Department of Mental Health

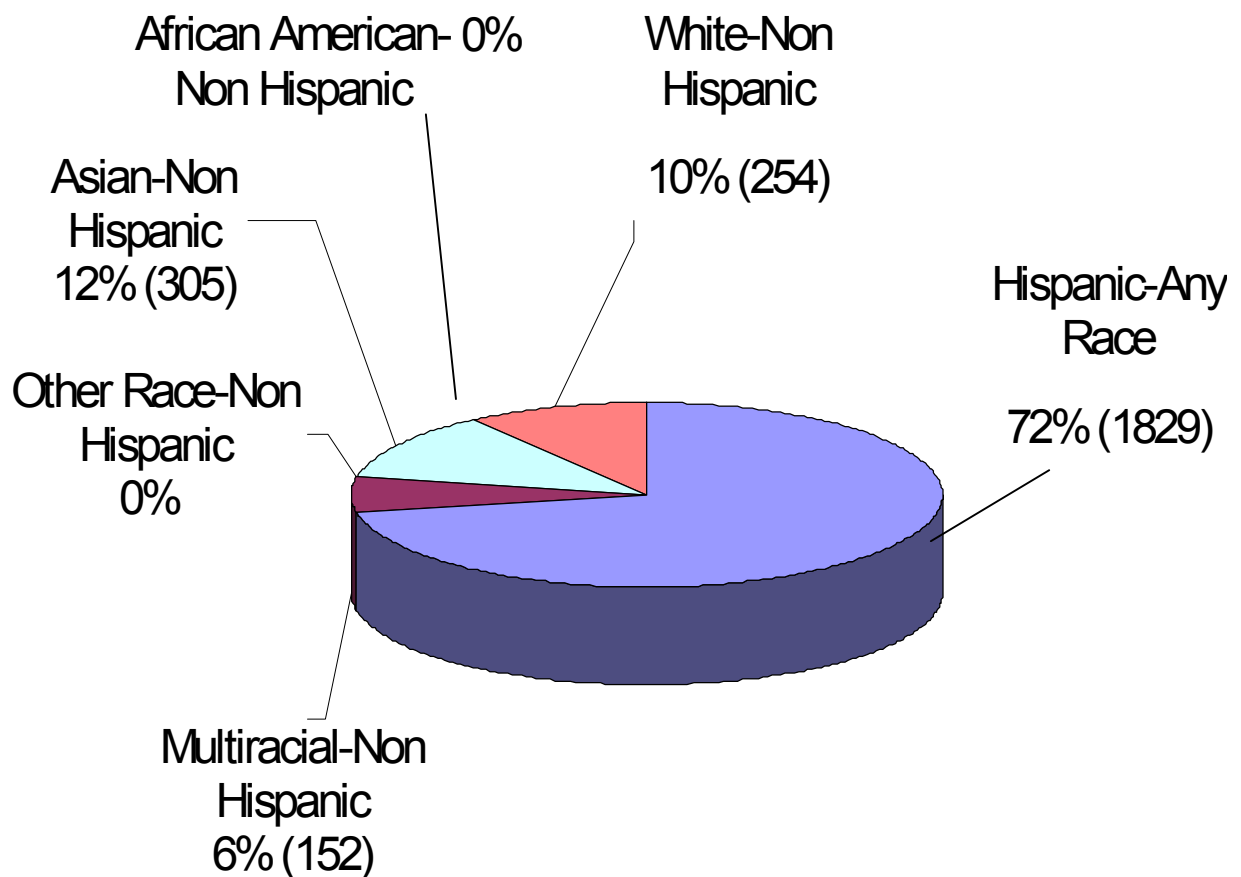


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The Southeast Asian population is the second most unserved ethnicity in Merced County (See Graphs 2.3.1 and 2.3.2). In meetings with Hmong community leaders and consumers, they identified unemployment, lack of transportation, and difficulty integrating into the community as barriers to a meaningful quality of life.

MCDMH will address the priorities established by stakeholders in a Full Service Partnership program, even though starting “smart and small.”

Graph 2.3.2: Estimated Population Over Age 18, by Race, In Need of Services From the Merced County Department of Mental Health



Section IV
IDENTIFYING PROGRAM STRATEGIES

Response 1: If your county has selected one or more strategies to implement with MHSa funds that are not listed in this section, please describe those strategies in detail in each applicable program work plan including how they are transformational and how they will promote wellness/recovery/resiliency and are consistent with the intent and purpose of the MHSa. No separate response is necessary in this section.

NOT APPLICABLE

SEE EXHIBIT FOUR – PROGRAM WORK PLAN SUMMARY