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, SECTION II

Part II

Section II: Analyzing Mental Health Needs in the Community

Response 1: Using the information from population data for the county and any available estimates of unserved populations, provide a narrative analysis of the unserved populations in your county by age group. Specific attention should be paid to racial ethnic disparities

Information for the analysis of unserved populations was drawn from Merced County ITWS data base Fiscal Year 2003-2004, from Merced County's Institute of Mental Disease grant data bank and from prevalence data, Tables 2.2.1 through 2.2.4, developed by Charles Holzer, Ph.D., for the State Department of Mental Health and statistical information from the 2000 US Census.

The total number of clients served during fiscal year 2003-2004 was 5492. This total includes those fully served and those underserved and/or inappropriately served. The data indicates a significant service population who are underserved and/or inappropriately served.

The total county population, based on an increase of 10.2% of the reported 2000 Census for July 2004, is 232,030. Of this total, 80,098 were youth, 24,309 were transition age youth, 89,641 were adults, and 37, 982 were older adults. In evaluating data related to individuals living in households 200% below poverty with an estimated prevalence of person's with serious emotional disturbance (SED) and/or having a serious mental illness (SMI), the data clearly demonstrates that this population is significantly unserved. According to the numerical county profile presented in Tables 2.2.1 through 2.2.4 only eighteen (18) clients were fully served during fiscal year 2003-2004. The Institute of Mental Disease (IMD) program funded by the State Department of Mental Health served these clients. The total estimated number of SED/SMI County Population was 9898. Of this number, 4162 were youth, 1347 were transition age youth, 3491were adults, and 898 were older adults. Of the 9898 identified as in need of mental health services, only 45% (5492) were served. As related to a categorization by age, of the 4162 estimated SED/SMI children and youth, only 1643 (39%) were served. In the transition age youth group of 1347, 718 (53%) were served. As related to the estimated 3491 adults in this population, 2850 (82%) were served. In the older adult population of 898, the number of individuals served was 281 (31%).

A trend of penetration rates by gender is derived from the data. Males tend to access services during youth and early adulthood, while females tend to access service as an adult and older adult. This information will be useful in the prevention component of the MHSA.

Children and Youth (Ages 0-17)

Children and youth represent a vulnerable population that is unserved and underserved and/or inappropriately served. Of the estimated total of 80,098 children in Merced County, 4162 were identified as in need of mental health services. Of this number, 1643 were served. In this age group, males accessing service is slightly higher than the served female population (955 male: 688 female). A significant ethnic disparity in children and youth occurs in the Hispanic and Southeast Asian population. The number of Hispanic youth within the total estimated number of SED/SMI County Population was 2610. Of this number, only 730 were served. The number of Southeast Asian youth within the total estimated number of SED/SMI County Population was 525. Of this number, only 41 were served.

Transition Age Youth (Ages 18-25)

It is estimated that 12,577 transition age youth (TAY) live 200% below poverty. As with the Children and Youth age group, the Transition Age Youth (TAY) population also demonstrates a tremendous ethnic disparity of access to service. The number of Hispanic TAY within the total estimated number of SED/SMI County Population number 588 individuals. Of this number, 269 (39%) were served, 125 males and 144 females. Second in an ethnic unserved population is the Southeast Asian TAY group. There is an estimated SED/SMI County Population of 89 Southeast Asian youth. Of this number, 26 were served. Two male transition age youth were fully served through the IMD grant.

Adults (Ages 26-59)

There are 37,102 individuals living 200% below poverty and of those, 3491 are in need of mental health services within this age group. A total of 2850 were underserved/inappropriately served. Of this number, 1080 were male and 1756 were female. Ethnic disparity was demonstrated in those accessing services. The number of Hispanic adults within the total estimated number of SED/SMI County Population was 1736. Of this number, only 743 were served (43%). This is in contrast to the number of Caucasian adults within the same SED/SMI County Population category. Of the 1150 identified Caucasian adults, 1252 were served. The number of Southeast Asian adults within the total estimated number of SED/SMI County Population was 263. Of this number, 344 (77%) were served. The adult Caucasian and Southeast Asian population is over represented in those served. However, Southeast Asian children, TAY and older Adults were unserved and underserved. As indicated in Tables 2.2.1 through 2.2.4, nine male and five female adults were fully served.

Older Adults (Age 60 +)

The older adult county population numbers 37,982. It is estimated that the count of individuals SED/SMI County Population number is 898. Of this number, 281 (31%) have been served. The highest number to access service is the Caucasian population with a 59% penetration rate. In contrast, the Hispanic population of the same age group and SED/SMI County Population were only at a 19% penetration rate; followed by 8% Southeast Asian and 6% African American.

Response 2: Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/inappropriately served, by age group, race ethnicity, and gender. Also, provide the total county and poverty population by age group and race ethnicity. (Transition Age Youth may be shown in a separate category or as a part of Children and Youth or Adults.)

Chart A. Table 2.2.1: Children and Youth

CHILDREN AND YOUTH (Ages 0-17)	Fully Served (IMD Alternative Grant)		Underserved /Inappropriately Served (Non-IMD Alternative Grant)		Total Served (ITWS)		County Poverty 200% Population (Prevalence Table 2 7/04)		County Population (Prevalence Table 1 2000 +10.2%)	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	**0**	**0**	**955**	**688**	**1,643**	**30**	**46,403**	**42**	**80,098**	**35**
African American	0	0	72	49	121	7	1,994	4	2,852	3
Asian Pacific Islander	0	0	29	12	41	3	5,712	12	7,198	9
Hispanic	0	0	419	311	730	44	29,150	63	43,619	54
Native American	0	0	4	7	11	1	165	1	318	1
Caucasian	0	0	357	255	612	37	8,203	18	23,356	30
Other	0	0	74	54	128	8	1,179	3	2,755	3

Chart A. Table 2.2.2: Transition Age Youth

TRANSITION AGE YOUTH	Fully Served (IMD Alternative Grant) (Age 18-25)		Underserved /Inappropriately Served (Non-IMD Alternative Grant) (Age18-25)		Total Served (ITWS) (Age 18-25)		County Poverty 200% Population (Prevalence Table 2 7/04) (Age 18-24)		County Population (Prevalence Table 1 2000 + 10.2%) (Age 18-24)	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	**2**	**0**	**314**	**402**	**718**	**13**	**12,577**	**12**	**24,309**	**10**
African American	0	0	22	32	54	8	460	4	883	3
Asian Pacific Islander	1	0	12	13	26	4	885	7	1,374	6
Hispanic	0	0	125	144	269	37	6,713	53	9,853	41
Native American	1	0	2	5	8	1	88	1	146	1
Caucasian	0	0	127	170	297	41	4,072	32	11,353	47
Other	0	0	26	38	64	9	359	3	700	2

Chart A. Table 2.2.3: Adults

ADULTS	Fully Served (Age 26-59)		Underserved /Inappropriately Served (Age 26-59)		Total Served (ITWS) (Age 26-59)		County Poverty 200% Population (Age 25-54)		County Population (Age 25-54)	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	**9**	**5**	**1,080**	**1,756**	**2,850**	**52**	**37,102**	**34**	**89,641**	**39**
African American	1	1	107	127	236	8	1,357	4	3,255	3
Asian	1	0	84	259	344	12	2,611	7	5,065	6
Hispanic	4	0	278	461	743	26	19,804	53	36,335	41
Native American	0	0	5	19	24	<1	258	1	537	1
Caucasian	3	4	521	724	1252	44	12,014	32	41,866	46
Other	0	0	85	166	251	9	1,058	3	2,583	3

Chart A. Table 2.2.4: Older Adults

OLDER ADULTS	Fully Served (Age 60+)		Underserved /Inappropriately Served (Age 60+)		Total Served (ITWS) (Age 60+)		County Poverty 200% Population (Age 55+)		County Population (Age 55+)	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	1	1	109	170	281	5	13,206	12	37,982	16
African American	0	0	8	9	17	6	483	4	1,379	4
Asian	0	0	8	14	22	8	929	7	2,146	6
Hispanic	0	0	26	28	54	19	7,049	53	15,396	40
Native American	0	0	0	1	1	<1	92	1	227	<1
Caucasian	1	1	57	108	167	59	4,276	32	17,740	46
Other	0	0	10	10	20	7	377	3	1,094	3

Response 3: Provide a narrative discussion/analysis of ethnic disparities in fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race, ethnicity, gender, primary language, sexual orientation, and special needs.

The following tables which contain the data compiled by the Public Health Department epidemiologist is based on U. S. Census data for Merced County, multiplied by a 10.2% increase, prevalence rates, and departmental data for ages 0-17 and ages 18 and older.

The contracted MHSA epidemiologist subtracted the served population from the population estimated to have prevalence of mental illness or serious mental disorder. It should be noted that Merced County has a significant percentage (46%) of residents living 200% below Federal Poverty Rate.

Table 2.2.5

Age	Mental Illness or SED Prevalence Estimate	Served by MCDMH	Unserved	200% Below Poverty
0-17	4,162	1,643	2,519	46,403
18+	5,736	3,849	1,887	62,886

Table 2.2.6 Gender

Age	Gender	Served by MCDMH	Unserved	Prevalence Estimate 200% Below Poverty
0-17	Male	955	1143	2098
0-17	Female	688	1376	2064
18+	Male	1503	535	2038
18+	Female	2328	1370	3698

Table 2.2.7 Ethnicity

Age	Race	Served by MCDMH	Unserved	Prevalence Estimate 200% Below Poverty	Total Count 200% Below Poverty
0-17	Caucasian	612	109	721	8,203
0-17	Black	121	61	182	1,994
0-17	Asian/P.I.	41	484	525	5,712
0-17	Multi/Other	128	0	120	1,117
0-17	Hispanic	730	1,880	2,610	29,150
0-17	N. American	11	4	15	165
18+	Caucasian	1,716	233	1,949	20,362
18+	Black	307	0	197	2,300
18+	Asian/P.I.	392	53	445	4,425
18+	Multi/Other	335	0	177	1,794
18+	Hispanic	1,066	1,876	2,942	33,566
18*	N. American	33	0	23	437

The ethnic profile of Merced County demonstrates a diverse community; 4% African American, 6% Asian Pacific, 45% Hispanic, 1% Native American, 41% Caucasian, and

3% other/multi-ethnic. As indicated in Tables 2.2.1 through 2.2.4, the ethnic profile of those underserved and/or inappropriately served was a close parallel to the county population. However, in identifying the underserved and/or inappropriately served within the context of the poverty population, the marginal penetration percentages are inclusive of all ethnic populations. Of particular, the Hispanic and Southeast Asian populations have the lowest penetration rate. The Hispanic population has an estimated total of 5552 living in poverty and in need of mental health services. Of this number, 1796 individuals were served, leaving 3756 in need of services. In contrast, the Caucasian Population living in poverty and in need of mental health services is 2670. Of this number, 2328 individuals were served, leaving 342 in need of services. The Southeast Asian population is identified as having 970 individuals within the 200% poverty range and in need of mental health service. Of the 970 individuals, 433 were served, resulting in 537 individuals in need of service. A total of 55% of the overall Southeast Asian population were not served.

The analysis of age as related to ethnicity has considerable implications for outreach and service planning. For example, of the 433 Southeast Asians served, 392 were adults and only 41 were youth. Of the served adults served, 259 were female and only 84 were male. Implications from the data indicate that focused outreach is needed to engage Southeast Asian youth and adult males. Additionally, significant cultural implications will need to be considered in the strategy of engagement.

As discerned from the previous Tables, children and youth ages 0-17 are underserved. There are 2519 children and youth currently not receiving any services or who are only seeking medication from their primary care health providers. It is estimated that there are an additional 1643 that are underserved/inappropriately served.

Two populations identified at highest risk of emotional disturbance/mental illness and homelessness are Merced County's foster children and juvenile justice youth. Accordingly, children aging out of foster care or probation group homes were selected by the Children/Transition Age Youth Age-Specific Workgroup as a population for which MCDMH needs to enhance services. It is estimated that 1347 transition age youth are in need of service. Of this number, 718 were unserved and underserved/inappropriately served. Of the 718 individuals, 314 were male and 402 were female. Service implications are imbedded in the high number of youth in need of full service programs.

For adults ages 18-59, there are 3491 individuals in need of service. An additional 2850 are underserved/inappropriately served. In terms of ethnicity, the Hispanic population is over represented in both categories of unserved and underserved/inappropriately. As related to gender, the data indicates an overall low penetration service rate of females. For those underserved/inappropriately served, 1080 were male and 1756 were female. Additionally, for the unserved adult population, 535 were male, while 1370 were female.

It is estimated there are 898 older adults, ages 60 plus, who are currently not being served by MCDMH. They may be receiving medication only through their primary care provider or no services for a mental health condition. There are an additional 281 who received some services from mental health for a total of 617 in need of services.

Data related to sexual orientation is unavailable due to the current lack of formal lesbian, gay, bisexual and transgender organizations in the County. In the course of an unsuccessful search of informal gatherings of gay, lesbian and transgender populations, it became apparent that the Department is in need of culturally competent outreach efforts in order to establish a link and a dialogue of engagement and service. The Department's goal is to develop a process for identifying the prevalence and needs of this specific population in the next three years.

Data analysis based on current unserved and underserved/inappropriately served populations.

Table 2.2.8

Age	Race	Fully Served		Underserved Inappropriately Served		Unserved	
		Total	%	Total	%	Total	%
0-17	Total	0	0	1,643	100	2,094	100
0-17	Caucasian	0	0	612	37	109	6
0-17	African American	0	0	121	7	61	3
0-17	Asian/P.I.	0	0	41	3	44	2
0-17	Multi/Other	0	0	128	8	0	0
0-17	Hispanic	0	0	730	44	1,880	89
0-17	Native American	0	0	11	1	0	0
18+	Total	18	100	3,831	100	2,162	100
18+	Caucasian	9	50	1,707	44	233	11
18+	African American	2	11	305	8	0	0
18+	Asian/P.I.	2	11	390	10	53	2
18+	Multi/Other	0	0	335	9	0	0
18+	Hispanic	4	22	1,062	28	1,876	87
18+	Native American	1	6	32	1	0	0

Data analysis based on current unserved population.

Table 2.2.9

Age	Gender	Fully Served		Underserved Inappropriately Served		Unserved	
		Total	%	Total	%	Total	%
0-17	Male	0	0	955	58	1,143	45
0-17	Female	0	0	688	42	1,376	55
18+	Male	12	67	1,503	39	523	28
18+	Female	6	33	2,328	61	1,364	72

Response 4: Identify objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment, the county's threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this Plan.

According to U. S. Census 2000, the largest monolingual population is Spanish at 35%, followed by Hmong, Portuguese, Punjabi, Laotian, or Mien. Forty-five percent (45%) of the county's population speaks a language other than English. During this past year, Hmong has been added as a threshold language for Merced County.

The disparities in access and service to the Hispanic population are to be addressed by strategic planning to increase bi-cultural/bi-lingual staff. The strategic plan of "growing" and recruitment of bi-cultural/bi-lingual staff will be under the purview of the Department's Cultural Competency Committee. The Department has initiated a curriculum for Spanish interpreters to ensure a high level of language competency as well as to promote the on-going consideration of regional, gender, and age dynamics. The Department has made inroads to Hispanic and Southeast Asians communities in the course of seeking MHSA input. The goal of the Department is to continue relations and respond to service needs in the manner in which the community has requested; i.e., Hispanic women groups in a community setting with a focus on informality and culturally acceptable activities, coordinated care with Shamans, outreach to labor camps, etc.

Additionally, in terms of building language capacity, the Department will offer conversational Spanish classes to all employees as well as basic communication in the Hmong language.

Merced County's Hmong population has increased by 528 new refugees in the last fiscal year. MCDMH will address increased language and bi-cultural needs by contracting with a local Hmong service provider. The Southeast Asian community has identified acculturation issues as a major contributor to depression, isolation, and

suicidal ideation. The Department has, in preparation for an agency-wide recovery model, recently established a county position of Consumer Assistance Worker. The hiring of Southeast Asian Consumer Assistance Workers will promote hope, recovery, and resiliency . A significant number of recent and longtime refuges have experienced severe trauma. The Department will confer with Hmong service providers and elders in the training of staff. Eye Movement Desensitization Reprocessing, an evidenced based model to treat trauma induced emotional/mental disturbance, will be offered to all staff including Hmong service providers.

The languages and ethnicities under represented by staff and bi-lingual interpreters are Spanish and Hmong. It should be noted that the Census Bureau as Asian counts Punjabi and there is a large population in Livingston. We have only a small group of Punjabi consumers and language could be a barrier to access. There are currently 18% staff that are certified bi-lingual interpreters.

The data collected on MH4701, a MCDMH Information Systems (IS) report, reveals that in fiscal year 2003-04 there were the following requests for interpreters by service sites:

- 36 Marie Green Inpatient Unit
- 646 Adult and Children Outpatient
- 160 Livingston
- 47 Los Banos Adult and Children Outpatient
- 40 CalWORKs
- 3 Dual Diagnosis Program

When bi-lingual staff is not available, staff may choose to use the AT&T language line or contact Healthy House, a local interpreter services provider.

This page left intentionally blank