# Madera County Spotlight
# Fiscal Year 2015-16 (FY 15-16)

## Madera County Demographics and County Mental Health Services

2015 Population: 154,998

2015 Unemployment: 9.9%

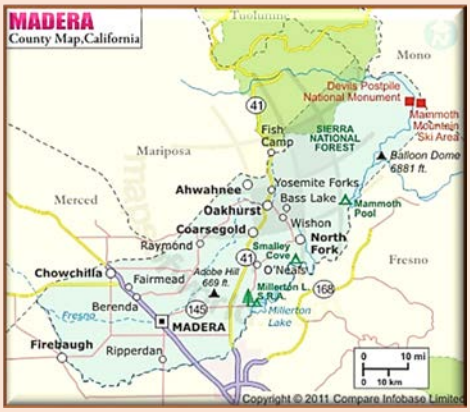
2014 Race/Ethnicity
4.5% - American Indian/Alaskan Native
2.5% - Asian
4.3% - Black/African American
56.1% - Hispanic/Latino
2.4% - Multiple
.3% - Native Hawaiian/Other Pacific islander
35.8% - White

Persons Under 18 Years Old: 27.6%

Poverty
22.3% - Persons In Poverty
32.4% - Children in Poverty

TANF Recipients 2016 - 5.7%

Health Insurance
22.8% - Persons Without Health Insurance Under Age 65



FY 2014-15

Individuals Served: 2,915

Age
997 - Child/Youth (0-15)
608 - Transition Age Youth (16-25)
1,142 - Adult (26-59):
168 - Older Adult (60+)

Race/Ethnicity
.7% - American Indian/Alaskan Native
.8% - Asian
4% - Black/African American
38% - Hispanic/Latino
.2% - Multiple
.2% - Native Hawaiian/Other Asian Pacific Islander
35% - Non- White Other
.8% - Unknown
20% - White

## Mental Health Services Act (MHSA) - Madera

Madera County Behavioral Health Services (MCBHS) MHSA services include *Community Services and Supports (CSS)*, *Prevention and Early Intervention (PEI)* and *Innovation (INN)*. CSS provides intensive outpatient treatment services (Full Service Partnerships – FSP) and expands the capacity of non-intensive outpatient treatment services (Expansion). Prevention and Early Intervention (PEI) services focus on preventing mental illness and reducing the impact of mental illness. It addresses the social contexts that can increase the risk factors that contribute to developing mental illness. Innovation provides funding to pilot projects to improve mental health services. A Community Program Planning process is conducted every year at part of the development of MHSA services.

**Community Program Planning (CPP)** Fiscal Year 2016-17

- 178 people participated in the CPP
- 101 of the participants completed a survey
- One community meeting was conducted at each of the five county libraries

| Draft Plan Presented to the Following Organizations/Groups | |
|---|---|
| Madera County Interagency Children and Youth Services Council (interagency group) | Madera County Behavioral Health Board |
| Madera Community Action Partnership SALT Meeting (interagency group) | Madera City Council |
| Madera County Public Health CAB Meeting (interagency group) | Madera Unified School District Nurses Staff |
| Local Workforce Connection Staff | Hope House Wellness Center x 2 |

| Participants Included Representatives From The | |
|---|---|
| Madera County Department of Behavioral Health Services | Madera City Parks and Recreation |
| Department of Social Service | Valley Children's Hospital |
| County Board of Supervisors | Mexican Consulate |
| County Sheriff's Office | Migrant Health |
| Madera County Superior Court | Special Agency Resource Team |
| Big Brothers/Big Sisters | Chamber of Commerce |
| County Office of Education | Chowchilla Police Department |
| Camarena Health (FQHC) | Madera County Schools |
| Court Appointed Special Advocates | Faith-based Organizations |
| Child Abuse Prevention Council | Employment Development Department |
| Community Action Partnership of Madera County | Madera Food Bank |
| General Community Members | Madera County Veterans Services |
| Cornerstone Family Counseling Services | Madera City Police Officers |
| First 5 Madera | Madera City Fire Fighters |
| Madera City Housing Authority | Local Child Care Providers |

The age ranges for those that completed surveys were: 6.8% (16-25), 76.7% (26-59), 16.5% (60+).

**Community Program Planning Recommendations**

The Most Frequent CPP Recommendations for MHSA Services:

| Community Services and Supports | |
|---|---|
| *Child/Youth/Transition Age Youth – FSP* | *Adult/Older Adult FSP* |
| Top Recommendations:<br>People Experiencing Serious Emotional Disturbance | Top Recommendation:<br>People Experiencing Serious Mental Illness |
| Homelessness | Homelessness |
| Out of Home Placement | Incarceration |
| Juvenile Justice Involvement | Out of Home Placement/Institutionalization |
| At-risk Youth | Substance Users |
| Ethnic Minorities | Veterans that cannot access Veterans Administration services |
| | Pregnant and Parenting Women |

| Prevention and Early Intervention | |
|---|---|
| ***Main PEI Emphasis:* Outreach for Increasing Early Signs of Mental Illness** | |
| Suicide Prevention | Families of People Experiencing or at Risk of Mental Illness |
| Access and Linkage to Treatment | Homeless Individuals Experiencing Mental Illness |
| Stigma reduction | Perinatal Mental Health Services |
| Mental Health Training Community Leaders | Parenting Training for Parents of Children Experiencing Serious Emotional Disturbance |
| High School Students | Focusing on Jail Inmates |
| Children 0-5 | Youth and Young Adults |

| Innovation |
|---|
| **Stakeholder recommended the following three services for Innovation services** |
| Increasing access to mental health services for underserved groups |
| Increasing access to mental health services |
| Increasing the quality of mental health service, including measurable outcome |

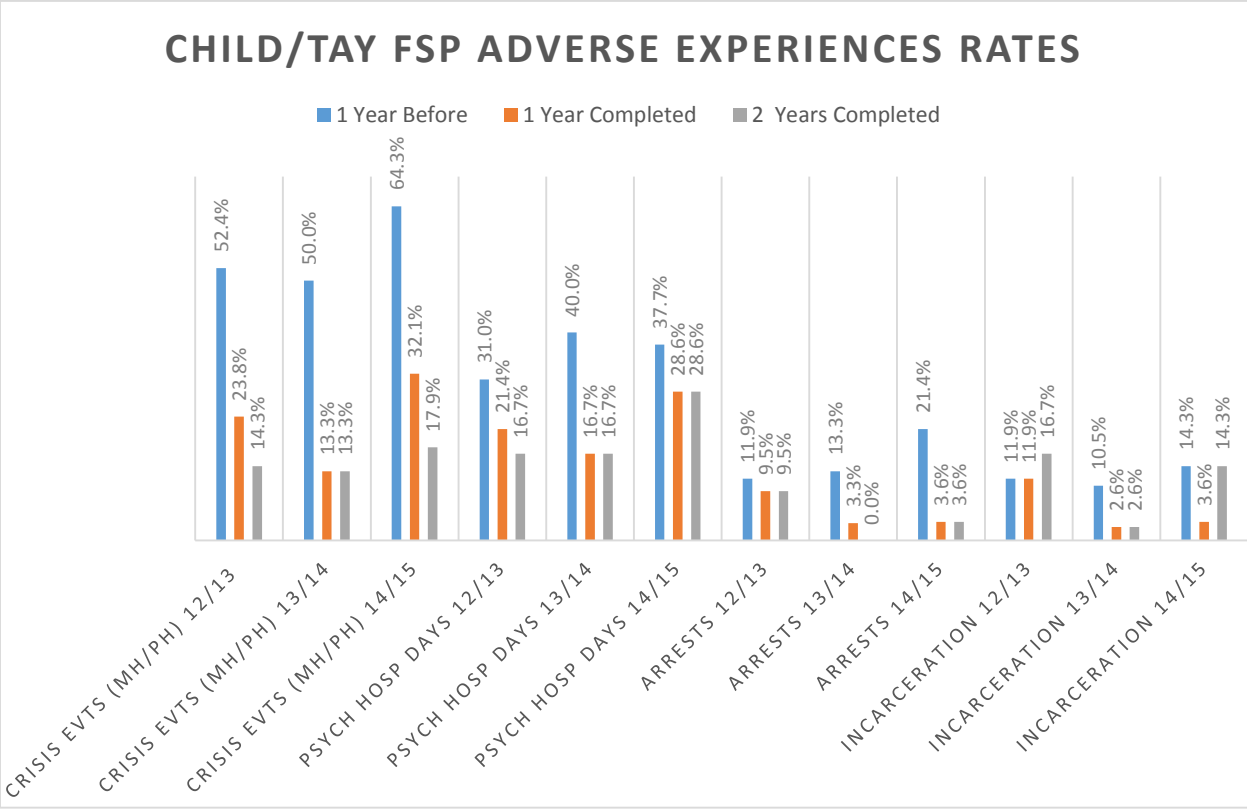
The Local Review of the draft plan was from April 2016 through May, 2016.

## PERFORMANCE OUTCOMES

### Community Services and Supports

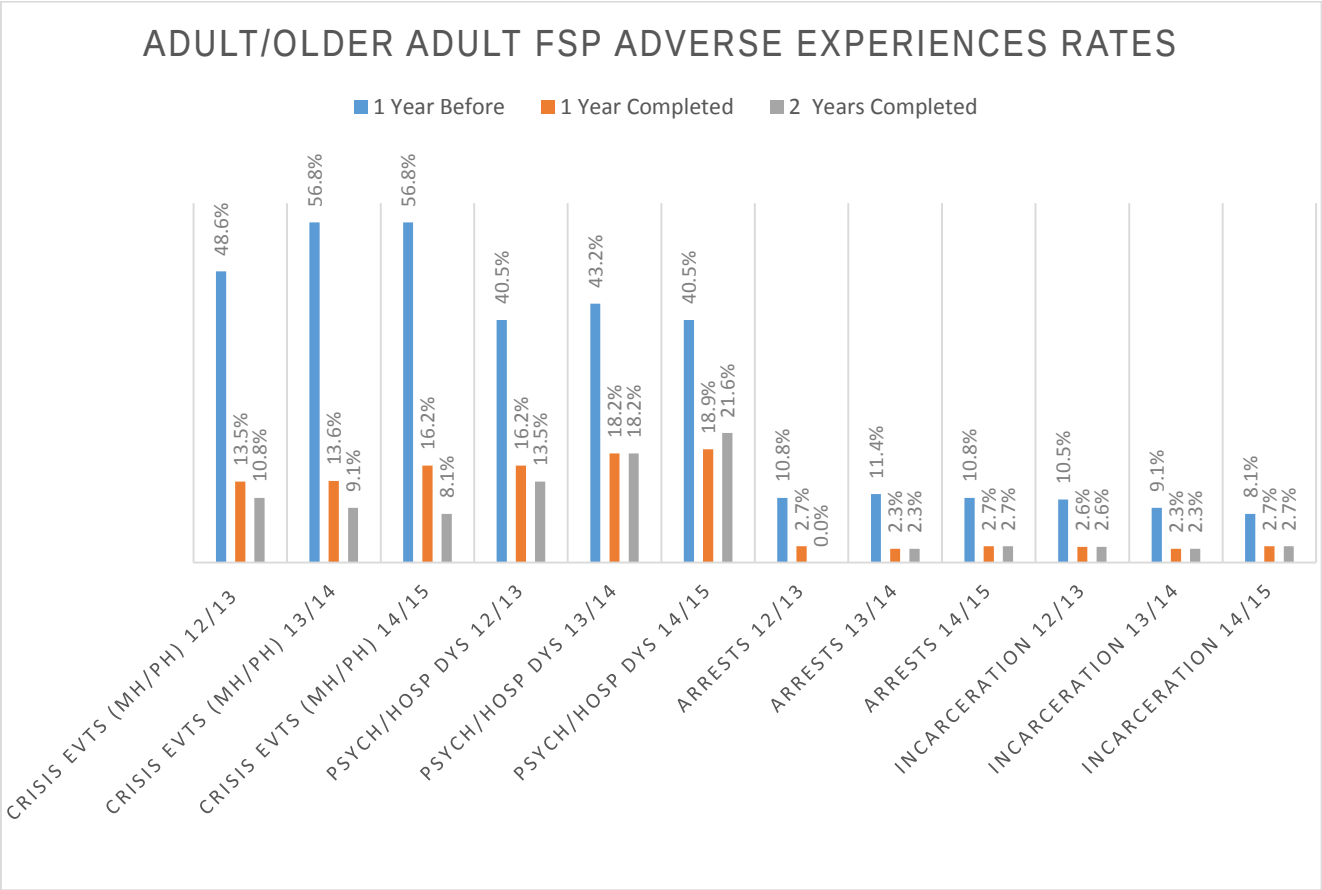
| Full Service Partnerships Number of People Served - FY 15-16 | |
|---|---|
| 54 – Child | 58 – Adult |
| 38 – Transition Age Youth | 9 – Older Adult |

The Child/Youth/TAY FSP was able to reduce the negative experiences for their clients as depicted in the chart below:




- The three largest race/ethnic groups served by the Child/Youth/Transition Age Youth were:
  - 54% - Other
  - 56% - Hispanic
  - 24% - White

The Adult/older Adult FSP was able to reduce the negative experiences for their clients as depicted in the chart below:




- The three largest race/ethnic groups served were
    - 50.7% - White
    - 35% - Hispanic
    - 32% - Other

**Expansion Services**

The expansion service served 1,672 individuals in FY 15-16.

**Prevention and Early Intervention (PEI)**

There are two PEI programs: Community Outreach and Wellness Centers and the Community and Family Education Program. There are six categories of services: Information Dissemination, Education, Problem Identification and Referral, Community Based Process, Environmental and Alternatives.

The Centers for the Community Outreach and Wellness are Hope House and the Mountain Wellness Center. A Health Educator also provides services. We are tracking prevention services our Department provides to CalWORKs recipients and other community members/clients and families as they receive trainings such as the Nurturing Parenting Program, SafeTALK, Applied Suicide Intervention Services Training (ASIST) and Mental Health First Aid. The total counts for the people served in FY 13/14 and FY 14/15 are shown in the chart below. The first year was a pilot year to test out our new service definitions and data collection tools.

| | FY 13/14 | FY 14/15 |
|---|---|---|
| Hope House | 2,958 | 7,571 |
| Mountain Wellness Center | 0 | 539 |
| Health Educator | 576 | 5,084 |

While the preliminary information and data collection methodology are still being refined, the overall data patterns reveal important information. For example, the data identified that the percentage of Hispanic/Latino participants attending PEI services is more than double the White/Caucasian participants. The categories below only list the people that attended services.

| Race/Ethnicity/Orientation | | |
|---|---|---|
| | FY 13/14 | FY 14/15 |
| LGBT | 11 | 2 |
| White | 946 | 728 |
| Multiple | 0 | 10 |
| Hispanic | 2,300 | 1,255 |
| Black African American | 64 | 91 |
| Asian | 161 | 28 |
| American Indian/Alaskan Native | 14 | 5 |

| Four Mandate Service Categories | | | | |
|---|---|---|---|---|
| | Number of Individuals | | Number of Events | |
| | FY 13/14 | FY 14/15 | FY 13/14 | FY 14/15 |
| Outreach for Increasing Recognition of Early Signs of Mental Illness (Potential Responders) | 982 | 1,641 | 20 | 22 |
| Suicide and Stigma Reduction Training (Potential Responders) | 142 | 278 | 4 | 4 |
| Access and Linkage to Treatment (Outpatient) | 30 | 48 | N/A | N/A |
| Improving Timely Access to Mental Health Services for individuals and/or Families from Underserved Populations | 665 | 1,641 | 14 | 16 |

## Innovation

Our current Innovation Project promotes interagency and community collaboration related to mental health services, supports or outcomes. The project is titled the Perinatal Health Integration Project/Nurture to Nurture Madera. A group of community-based organizations have come together to develop and implement services provided to mothers experiencing significant pre and post-partum mental health symptoms. The collaborative group is called the Maternal Wellness Coalition. The individuals served by this group need to access many different services simultaneously to promote their and their child's wellbeing. One of the initial group project's was to follow the evidence based Pathways Model. This model standardized access to services. This effectively increased access to community resources.

### FY 14-15 Nurture2Nutrue Madera (N2N-M) Outcomes

There is a detailed outcomes report, posted on our Department's website. Below are some of the data contained in the report.

### Engaging the Community

- Conducted 16 outreach events, in addition to informal meetings
- County-wide providers were identified and contacted
- Conducted and awareness and promotion campaign for the project
- Initial coalition leaders were convened
- Baseline collaborative strength of the coalition was assessed, using a standardize instrument
- Primary care and behavioral health linkages were initiated

**Training and Education**

- A total of nine medical provider trainings and workshops were provided, in addition to other trainings, workshops and informal training session
- Approximately 26 trainings and workshops were provided to non-medical personnel
- 90 Pre and 85 Post-training participants demonstrated an overall 23.4% net gain in PMAD understanding following the training
- 97% of trainees report to "Agree" or "Strongly Agree" that they had a better understanding of PMAD following the training.

**PMAD Awareness (Key Informant Interviews)**

- Information campaign consisted of billboards, bilingual radio and television advertisements, and pamphlet distribution
- 304 Awareness Survey responses for benchmark Madera County data that indicated that Perinatal Mood and Anxiety Disorders (PMAD) understanding was relatively weak
- Post-information campaign showed an increase in awareness of PMAD and a significant increase in awareness of the INN project N2N-M.

**System-Level Change**

Indicators showed that system change was occurring. There were leadership and provider's behavior changes, a growing PMAD awareness, an increase in capacity of services, and a strong coalition serving this population developed as a result.

**PMAD Services**

- 90 consumers suffering with PMAD were referred to N2N
- 25 participants attended regular weekly support groups, with an average group size of 8 per week
- 144 mothers from Madera community were referred to Perinatal Maternal Health Integration Project (PMHIP)/N2N-M, with 10 mothers receiving direct N2N support
- 40 mothers received follow-up calls after giving birth at Madera Community Hospital

**Information on Collaborative Development**

As presented in the contractor's first year report, the instruments for measuring change include a Training Assessment, Participant Satisfaction, Stakeholder Satisfaction, Collaborative Strength, PMAD Awareness, Client Satisfaction, and Semi-Structured Key Informant Interview. Because the emphasis on promoting interagency and community collaboration related to mental health services, supports and outcomes, this annual update focused on the Collaborative' s strength outcomes. The entire report is available upon request.

Awareness of the N2N-M Survey Benchmark Results show a total of 304 respondents answered the survey, with a majority of them being female (89%, n = 264) and 30 male (11%) (10 respondents did not state). Average age of the respondents was 32.8 years (SD = 11.38). Most of the respondents

identified themselves as Hispanic/Latino (73%, n = 215), followed by White (19%, n = 56), African American (3%, n = 9), Asian/Pacific Islander (2%, n= 6), Native American (0.7%, n = 2), and other (1.0%, n = 4) (California Health Collaborative and Research Evaluation Specialists, Madera County Perinatal Mental Health Integration Project: 2014-2015, 2016, p. 41).

## Workforce Development

As of January 16, 2015, the MCBHS had 126 people working for the Department. Race/Ethnicity breakdown is in the table below. For this update we looked at the past three years to see progress on achieving goals related to increasing the number of individuals of Hispanic decent and individuals that are Spanish-speaking. See the chart below.

| BHS Staffing Race/Ethnicity | | | |
|---|---|---|---|
| | 2015 | 2014 | 2013 |
| White | 43 | 50 | 47 |
| Hispanic | 65 | 55 | 47 |
| African American | 7 | 10 | 6 |
| Asian | 3 | 3 | 3 |
| Other | 8 | 9 | 6 |

| Staffing Data | |
|---|---|
| **Needs** | **Improvements (2013 – 2015)** |
| • Psychiatrist (especially certified specialties)<br>• Registered Nurses<br>• LCSW/LMFT Therapists<br>• ASW/MFT (Pre-licensed)<br>• Certified AOD Counselor<br>• Hispanic/Spanish Speaking Direct Service Providers | • 10% Increase in Hispanic Clinicians 45% - 55%<br>• 50% Increase in Spanish Speaking Staff 22% - 44%<br>• 23% Increase in Hispanic Peer Support Staff 33% - 56%<br>• 9% Increase in Overall Hispanic Employees<br>• 12% Increase in Overall Spanish Speaking Employees<br>• 2 part-time Spanish-speaking Child Psychiatrists |

MCBHS has made some advancement in the number if Hispanic clinicians and peer support. MCBHS' primary workforce diversity needs are staff member that are of Hispanic/Latino decent, especially in the professional level categories of direct services practitioners. Persons of African American, Native American, descent and staff who speak Mixteco, Sign-language and Farsi are also needed.

More financial incentive programs, such as stipends and loan assumptions, for a broader range of staff would encourage individuals to work for County Behavioral Health. This would be true for our high need areas listed above.