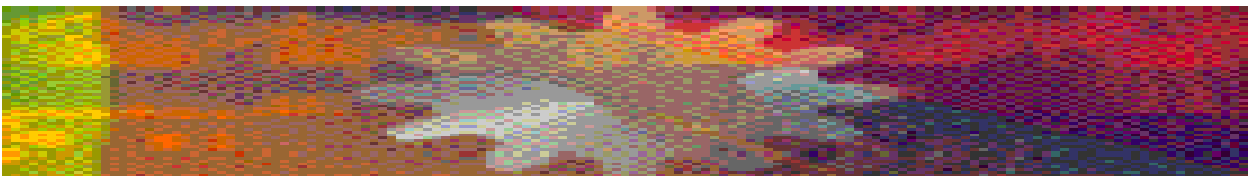


# ***CULTURAL COMPETENCE PLAN***

**County of San Diego  
Mental Health Services**

**Revised, March 2004**



**FOREWORD**

The Cultural Competence Resource Team (CCRT) and the Quality Improvement Units of San Diego County Mental Health present the 2003 Cultural Competence Plan for Mental Health Services. The 2003 Cultural Competence Plan (CCP) identifies the plan to continue the development of, and monitor the provision of, linguistically and culturally appropriate services for the diverse populations of San Diego County.

The CCP is embodied in the Adult/Older Adult and Children's Mental Health Services' mission statements as follows:

Adult/Older Adult: To provide quality, cost-effective mental health treatment, care and prevention services, by dedicated and caring staff to people in the service population.

Children's Services: To provide a rich array of services within a community-based system of care that will enable children and adolescents to achieve positive outcomes.

The CCP incorporates the perspectives of mental health professionals in the public and private sector, as well as, consumers, family members, the school system (for children), and other community stakeholders.

Our purpose is to ensure that effective services will be available to serve the culturally, linguistically, and ethnically diverse population throughout San Diego County. As active participants in the exciting evolution of health care reform, we have a continued opportunity to pursue our commitment to advocate, influence, and promote mental health services that are culturally and linguistically appropriate.

It is with this in mind that San Diego County Mental Health Services endorses this document and the continued implementation of an integrated, culturally and linguistically competent system of care for the residents of San Diego County.

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<sup>1</sup> Number 4 on State Plan

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**CULTURAL COMPETENCE PLAN  
ANNUAL UPDATE FY 2003-04**

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**SAN DIEGO COUNTY MENTAL HEALTH SERVICES  
2003 CULTURAL COMPETENCE PLAN**

**INTRODUCTION**

The increasing emphasis and focus on cultural diversity and cultural competence are a reflection of the changing mosaic of the United States population. The 2000 United States Census reports that racially and ethnically diverse groups comprised 46% of the total population. The forecast according to the San Diego Association of Governments (SANDAG) is that by 2015 ethnically diverse populations will comprise 49% of the general population for San Diego County.

These demographic dynamics, combined with the recognition that culture is a key factor in service delivery, pose a significant challenge. Cultural norms, values, beliefs, customs, and behaviors influence the manifestation of mental health problems, the utilization of appropriate levels of care, the course of treatment and the successful attainment of mental and emotional stability. In order to meet the challenges of serving linguistically, ethnically, and culturally diverse populations, it is imperative that public mental health systems of care incorporate Cultural Competency Standards throughout the service delivery system, at all levels of the organization.

**MISSION FOR A CULTURALLY COMPETENT SYSTEM**

A culturally competent system acknowledges, recognizes, and promotes congruent behaviors, approaches and policies that enable the system to effectively provide services to culturally and linguistically diverse populations.

**GUIDING PRINCIPLES OF CULTURAL COMPETENCE PLAN**

This plan represents a “living document” and a working guide to be used to facilitate the development of a culturally competent system over time. The following principles are affirmed by SDMHS as essential in the continued progress toward a mental health system that advocates for and provides multilingual and multicultural services for its diverse populations:

- A comprehensive, competent mental health system provides and integrates relevant linguistic and cultural values and capacities in its service system.
- A culturally competent mental health system seeks to understand, respect, and accept differences of multi-cultural groups.
- A system that is moving towards cultural competence develops standards and criteria to evaluate its performance.

## **GOALS ACCOMPLISHED**

Starting with the Cultural Competence Plan San Diego County Mental Health originally developed in 1996 objectives were identified and prioritized, and strategic plans were established to ensure that objectives would be met. The strategic plans established in the 1996 plan focused on practice standards, training development, research, resource and policy development. Although strategic plans and objectives have changed over the passing years, it is important to reflect briefly on the past accomplishments. Some of the County's achievements regarding the 1996 strategic plans are as follows:

### **Practice Standards**

The objective was to develop and implement Clinical Practice Standards that would: 1) promote and encourage values and approaches that are necessary for the support and development of culturally competent practices; 2) increase and improve knowledge and understanding of concepts and information critical for the development and implementation of culturally competent practice, and; 3) establish goals for the development/improvement of practice skills of all members in the system to ensure that cultural competence is an integral part of service delivery at all levels.

A significant portion of this goal was achieved by the publication of the Culturally Competent Clinical Practice Standards that were originally written in 1996 and revised in 2001. The practice standards include specific measurable objectives and outcomes that can be monitored to evaluate service providers as to their adherence to culturally competent practice principles (see Attachment 1).

### **Resources**

The objective regarding resources was to ensure that the mental health system had the capacity and ability to provide the necessary efforts to meet the needs of cultural and ethnically diverse consumers. Achievements include a require for programs to report periodically on the linguistic, cultural and ethnic composition of providers, a review of the linguistic, cultural and ethnic composition of clients, and the identification of the mental health materials that are required to be available in threshold languages.

### **Research**

The objective was to promote quality mental health research on diverse populations within San Diego County, and to use the findings for planning and evaluation of services.

Various participants completed literature reviews on the operational definitions of cultural competency; the methodology and technical specifications used to measure and evaluate cultural competency, and on treatment approaches relevant to people from diverse populations.

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**Policy and Administration**

The objective was to develop system wide policies that would institutionalize the approaches, behaviors, and practices that would guide the system towards cultural competence. The policies that have since been implemented include, but are not limited to:

- 01-01-19 Cultural Competence Resources Team
- 01-01-109 Client's Access & Authorization for Interpreter Services
- 01-01-117 Assuring the Availability of Culturally and Linguistically Competent Service
- 01-01-119 Assuring Cultural and Linguistic Competence of County Staff
- 01-06-53 Written Information in English and the Threshold Languages to Assist Clients in Accessing Specialty Mental Health Services
- 01-06-108 Provision of Culturally and Linguistically Appropriate Services

**Training**

The objective was to develop and implement cultural competency training for the entire continuum of human resources (to include administrative staff, clerical support staff, clinical staff and consumers) and to assure that training addressed relevant cultural issues. Partially, as a result of these efforts, training on cultural competence has been offered each quarter by the Health and Human Services Agency. Examples of training topics that have been offered include:

- o Cross Cultural Issues: Introduction
- o DSM IV: Cultural Formulation
- o Hispanic/Latino Populations
- o African American Populations
- o Advanced Older Adults/Cultural Diversity
- o Northeast African Refugee Populations
- o Southeast Asian Populations
- o American Indian Populations
- o Gay & Lesbian Populations

In addition, a plan was implemented to systematically assess the cultural competence training needs of all mental health service providers. An analysis of the initial system-wide assessment was completed in July of 2002.

**Other**

Other major accomplishments toward furthering cultural competence in San Diego County include:

Development and implementation of the intake assessment form, which included 14 cultural competency items (see Attachment 2).

The Implementation of Cultural Competence Standards for all contractors in 1998.

Development of internal cultural resources via Training Institutes that addresses the needs of three main cultural groups (i.e., African American, Asian/Pacific Islander, and Latino) and minor cultural groups (i.e., Middle Eastern, East African, and recent immigrants from Eastern European groups).

The enhancement of the Provider Resource Manual to include information about provider language and cultural specialties.

**SUMMARY OF PLAN OBJECTIVES FOR FY 2003-2004**

- Objective #1      Evaluate the system for providing culturally competent services based on analysis of population and provider assessment (NEW).
- Objective #2.      Continue to implement an enhanced Cultural Competence Training Plan based on system-wide cultural competence assessment recommendations (continued from '02).
- Objective #3      Evaluate the system for providing linguistically competent services by continuing to monitor use of Interpreter Services to identify trends and evaluate utilization (continued from '02).
- Objective #4      Evaluate the system for providing linguistically competent services by continuing to monitor both FFS and organizational providers capacities to meet both threshold and non-threshold language needs (continued from '02).
- Objective #5      For growing cultural populations in San Diego County, investigate possible methods to mitigate identified service gaps (NEW)
- Objective #6      Study access to care issues for underserved populations and address and address as resources become available (continued from '02).

## I. DATA, ANALYSIS AND OBJECTIVES

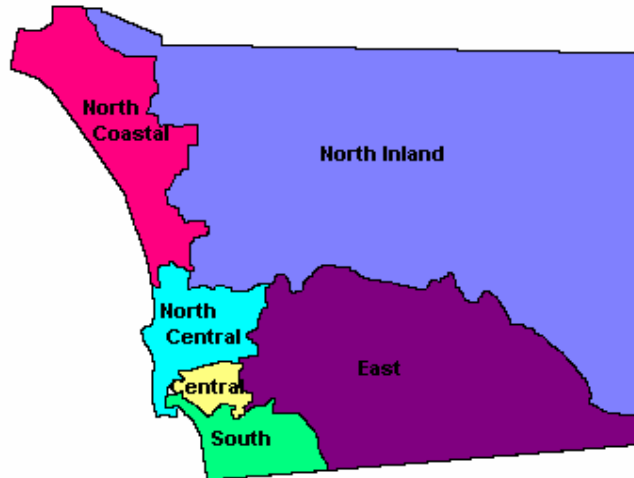
1) Provide the current MHP updated County population assessment and utilization data.

### A) County Geographic and Socio-economic Profile

1) Geographical location and attributes of the County and by region, including:

a) Main urban and rural centers;

The County of San Diego is the sixth most populous county in the USA and the third largest in California. While the total population of San Diego County is approximately 2.9 million, almost one million persons live in the urban and rural areas outside the City of San Diego, which covers a large geographical area. The population increased by about 7.4% since the 1998 Cultural Competency Plan was submitted. Because of the sizeable distances between points in the County, the Health and Human Services Agency has created six service regions.



The most densely populated section of the County is in the Central Region, north and east of downtown San Diego, with other areas of significant population density in Carmel Valley, Mira Mesa, University City and Crown Point/Pacific Beach in the North Central Region and the communities of Oceanside, Vista, Escondido, and Rancho Penasquitos in the North Regions. The rural centers surround the communities of Fallbrook, Ramona, and Borrego Springs in the North Inland Region of the County. There are 18 incorporated municipalities ranging in size from the City of San Diego with 1.2 million in population to Del Mar with 4,500 in population.

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The Central Region is located within the City of San Diego, and includes approximately 48 neighborhood communities. Its borders include Interstate 8 on the north, National City on the south, Lemon Grove and La Mesa on the east, and the San Diego Bay on the west. The Central Region is home to approximately 474,000 residents.

The East Region is home to approximately 472,000 people, and is the second largest geographically of the Agency's six regions. The East Region includes a mixture of urban and rural communities. The largest urban city of El Cajon has a population of 163,206.

The North Central Region, located within the City of San Diego, is composed of 39 diverse coastal and inland communities. The total population for this region is approximately 600,000 people, experiencing a period of rapid growth in the three years prior to the census. The military presence is evident in the North Central Region. Both the Marine Corps Recruit Depot (MCRD) and the Naval Air Station at Miramar are within North Central boundaries. Military housing communities are located in Tierrasanta, Pacific Beach, Kearny Mesa, and Point Loma.

The North Coastal Region begins at Del Mar on its southwest corner extending north to the Orange and Riverside County lines, east to San Marcos then south to include Rancho Santa Fe. The region is home to 487,592 persons. Eight (8) communities are located in the North Coastal Region; the largest is the City of Oceanside. The County's largest military community, Camp Pendleton, is located in the North Coastal Region.

The North Inland Region encompasses about 60% of the land area of the county and is geographically the largest of the six regions. The region begins to the east of the North Coastal Region, extends north to Riverside County, east to Imperial County and South to include the community of Poway. The total population of the region is 494,003. Nineteen (19) communities are located in the North Inland Region; the largest community is the City of Escondido. Twelve of the County's 20 Indian reservations are located in the North Inland Region.

The South Region is bordered by the Pacific Ocean to the west; Mexico to the south; the rugged, Otay Mountains to the east; and the City of San Diego to the north. This region is the smallest in the County, home to 397,256 persons. Several areas have a majority concentration of Hispanic residents. The region's largest city, Chula Vista, is the second fastest growing and second most populated city in the County with an estimated population in 2000 of 172,836.

**b) Terrain and distances; and,**

The County of San Diego covers 4,255 square miles (almost the size of the State of Connecticut). It is bordered by Mexico on the south, Orange County on the north, Imperial County on the east, and the Pacific Ocean on the west. The County encompasses a variety of geographical zones ranging from coastal to mountainous to desert. Approximately 90% of the population lives within 20 miles of the coast. In the North Inland and East Regions, the setting becomes more rural, going through Native

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American reservations, through the Cleveland National Forest, and culminating in the Anza-Borrego Desert. Much of this area of the County is parkland, ranches, and deserts, with low population density. The northernmost town, Fallbrook, is 57 road miles from downtown San Diego. The easternmost town, Borrego Springs, is 141 road miles from downtown.

**c) Main transportation routes and availability of public transportation**

There are only three major north-south highways in the County — Interstates 5, 805, and 15. Route 101 skirts the shore from north to south, passing through numerous towns. The major east-west routes are Highways 94, 52, 78, 76, and Interstate 8. The coastal areas are divided by canyons and mesas, which limit road construction and complicate the development of mass transit.

Public transportation is available in San Diego County via bus, trolley and/or train service. Though some routes are limited, as is the frequency of service, even the furthest towns in the County are accessible via public transportation. Train service connects the North Coastal Region to the Central Region. Trolley service connects the South Region to the Central and East Regions of the County. Bus service is available throughout the County in every region. There is some limited para-transit.

**2) Socio-economic characteristics of the County and by region, including**

**a) Primary economic support:**

The job market is bifurcated with growth in the high technology fields with high-skill demands, but also in the large service industry with many low paying jobs. In San Diego, the service industry is the largest employer in all six regions of the County. Because of the area's temperate climate, variety of outdoor activities, natural beauty, convention facilities, and visitor attractions, tourism is a powerful economic force. Visitor Services is an important service industry employing about one-fourth of the workforce. Indian gaming is a significant visitor attraction and another component of the service industry.

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Approximately 40% of the region's total payroll is earned by one-third of the workforce with high-level skills working in the following industry clusters: Biomedical Products, Biotechnology, Business Services, Communications, Medical Services, Software & Computer Services, Defense and Transportation Manufacturing, Entertainment and Amusement, Visitor Services, and Computer and Electronics Manufacturing. San Diego is one of the largest recipients of defense contracts in the United States.

Twenty-five percent of the firms using high skill employees, such as Biotechnology, Pharmaceuticals, and Computer and Electronics Manufacturing have used H-1B Visas to hire employees with needed skill levels (San Diego Workforce Partnership, Inc., Executive Summary, pg. 5). High housing, energy, and commuting costs increase the cost of doing business in the County.

**b) Average income levels;**

The average median household income for San Diego County, according to the 2000 census, was \$46,081. This is an increase of 7% from the 1997 level of \$42,983. The distribution of income within each geographic region is uneven, but there are more high-income areas located in the North Coastal and North Central regions and more low-income regions located in the Central Region and South Region.

According to the Economic Policy Institute, in 1999, a family of four in San Diego would have needed a budget of \$38,659 to supply food, shelter, clothing, and transportation to school and work. This budget would not include savings, restaurant meals, emergency fund set aside, nor renters' insurance.

The California Budget Project is projecting that most job growth in the State will occur in relatively low wage occupations, with 26% in jobs paying under \$10.00/hour and another 12% in jobs paying between \$10.01 and \$12.50/hour (\$26,000 per year). Latino families are disproportionately represented among the working poor and near poor. During the late 1990s, 25% of California's working families were headed by Latinos, while 59.6% of the working poor and 50.7% of working families with incomes between 100 and 200% of the federal poverty line were Latino (California Budget Project, January 2002).

**SAN DIEGO COUNTY  
POPULATION AND MEDIAN HOUSEHOLD INCOME BY HHSA REGION**

HHSA REGION	TOTAL POPULATION	MEDIAN HOUSEHOLD INCOME *		
		Current	1997	% Increase
Central	474,280	\$32,686	\$29,535	11%
East	472,153	\$47,049	\$41,705	13%
North Central	586,184	\$50,879	\$47,711	7%
North Coastal	487,592	\$55,941	\$44,261	26%
North Inland	494,003	\$46,080	\$46,612	-1%
South	397,256	\$43,850	\$37,825	16%
County Total	2,911,468	\$46,081	\$42,983	7%

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SANDAG, constructed from US Census Bureau 2000 Summary Files

The Central Region continued to have the lowest median household income from 1997 through the 2002 projection.

**SAN DIEGO COUNTY  
CONSUMER PRICE INDEX**

Consumer prices in the San Diego metropolitan area are rising. The consumer price index for housing experienced the highest increase among all major expenditure categories, rising 9.7 % in 2002. Shelter prices increased by 6.8% and utilities rose 4.3%. A comparison below shows the cost of living for San Diego versus the national average by major category indicating the higher costs San Diegans pay to live in the County:

Category	Description	National Average	San Diego County
Overall	100=national average (lower = better)	100	134.6
Housing	comprises 31% of overall COL	100	179
Food and groceries	comprises 16% of overall COL	100	114
Transportation	comprises 10% of overall COL	100	119
Utilities	comprises 8% of overall COL	100	115
Health	comprises 5% of overall COL	100	112
Miscellaneous	comprises 30% of overall COL	100	114

*Bureau of Labor Statistics*

**c) Welfare caseload; and,**

**SAN DIEGO COUNTY  
PUBLIC ASSISTANCE CASELOAD (UNDUPLICATED)**

**CalWORKS:**

Average Per Region	1998 Caseload	2003 Caseload	Change	%
Central Region	4107	2750	-1358	(33.05%)
North Central Region	6460	3433	-3027	(46.86%)
North Inland Region	4238	2177	-2060	(48.62%)
North Coastal Region	2351	1900	-451	(19.19%)
East Region	4493	2513	-1979	(44.06%)
South Region	8669	4481	-4189	(48.32%)
<b>Average For Year**</b>	<b>43777</b>	<b>24459</b>	<b>19319</b>	<b>(44.13%)</b>

\*\* This amount does not represent the sum of the total above. It represents the average of the total CalWORKs cases for all regions for the year.

Additional information about Welfare Caseloads in San Diego County:

PROGRAM	1998 CASELOAD	MARCH, 2003 CASELOAD*	CHANGE
Foster Care	4,842	4,798	1% Decrease
Medi-Cal	83,263	124,061	49% Increase
Total	129,429**	153,665**	19% Increase

\* represents Family Budget Units which may include more than one person  
 \*\*General Relief and Non Assistance Food Stamp Caseloads not included in total because of possible duplication with the Medi-Cal Caseload. The number has stayed relatively constant between 1998 and 2003.

The percentage of the total Medi-Cal and Cal/WORKs public assistance by ethnicity and primary language of cases in 1998 compared to March, 2003 can be seen below: The percentage of Caucasian and African American cases in both programs declined, while the percentage of Hispanic cases rose, and other nationalities measured remained largely the same.

**SAN DIEGO COUNTY PUBLIC ASSISTANCE CASES  
ETHNICITY/RACE**

	Medi-Cal		CalWORKs	
	1998	2003	1998	2003
Caucasian	34%	30%	26%	22%
African American	9%	7%	20%	19%
Hispanic	42%	49%	41%	46%
Vietnamese	3%	3%	4%	3%
Cambodian	1%	1%	2%	2%
Filipino	5%	5%	1%	1%
Laotian	1%	1%	1%	1%
Other	4%	5%	5%	5%

**d) Employment data.**

The average number employed in 2002 in San Diego County was 1,406,000 persons, with an unemployment rate averaging 4.3%. The unemployment rate was the same in 1997 but was reduced to the 3% level during much of 2000. (Employment Development Department, Labor Market Information Division) Figures for employment by major industry grouping in each HHS Region are shown below. The predominance of each grouping remains the same since the 1999 Addendum to the Cultural Competency Plan. One new category, "Self-Employed & Domestic," was added.

**SAN DIEGO COUNTY AND HHS REGIONS  
PRIMARY INDUSTRIES AND ASSOCIATED EMPLOYMENT DATA**

	Employed Population Age 16 and Older							County Total	
	Central	East	North Central	North Coastal	North Inland	South	2002	1998	
Services	55,209	33,639	120,183	39,371	37,870	24,628	310,900	310,886	
Retail Trade	23,719	26,185	56,393	28,996	27,737	23,570	186,600	186,600	
Government	51,982	16,052	59,402	19,533	16,558	22,573	186,100	183,296	
Manufacturing	13,982	8,728	43,103	16,962	21,598	10,527	114,900	114,900	
Military	25,720	0	21,913	38,289	0	15,968	101,890	91,875	
Self-Employed & Domestic	12,681	13,621	27,576	16,416	16,396	8,957	95,647	NA	
Finance, Insurance, Real Estate	6,254	5,612	24,695	8,050	6,443	4,746	55,800	55,800	
Construction	3,433	10,417	12,871	5,562	9,151	2,166	43,600	43,600	
Wholesale Trade	3,792	4,658	14,614	6,844	7,167	5,825	42,900	42,900	
Transportation, Communication, Utilities	7,726	3,061	13,834	5,183	3,481	4,115	37,400	34,400	
Agriculture & Mining	144	366	442	5,250	4,816	82	11,100	11,100	
<b>Total</b>	<b>204,642</b>	<b>122,339</b>	<b>395,026</b>	<b>190,456</b>	<b>150,587</b>	<b>123,157</b>	<b>1,186,207</b>	<b>1,079,357</b>	

SANDAG: 2000 Census and estimated data

Sixty percent of job growth between the present and 2030 is expected to be in the Services Sector, which includes many low paying jobs. Because of the high cost of housing, a significant number of employed persons are choosing to keep San Diego jobs and live outside of county in Riverside County to the North or northern Baja California, Mexico, creating long commutes and heavier road traffic. (SANDAG Regional Growth Trends 2030, p. 31) Large companies employing over 500 persons at one site employ

only 7% of the total workforce in the County. (100,986 employees) There are 82 such major employers. (SANDAG Source Point May 02, p. 2)

**3) Other relevant county or regional characteristics of interest.**

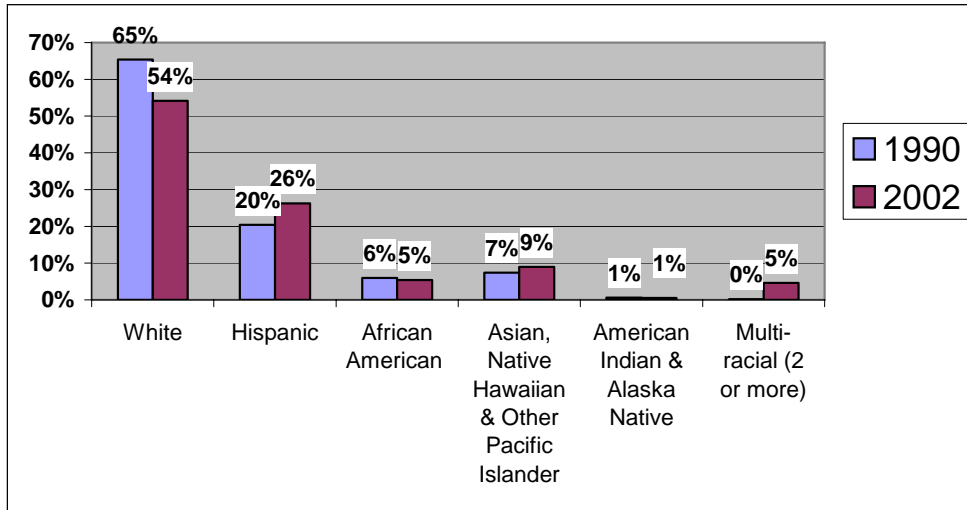
- The County has an international border with Mexico. Approximately four thousand persons cross into and out of Mexico daily through two main border checkpoints to go to work, to get to their residences, to obtain services, or to visit. Thousands of trucks also go through the same checkpoints. The border is a main point of entry for immigrants into the USA, both legal and undocumented.
- Housing construction is not keeping up with demand. The National Association of Realtors regularly ranks San Diego as one of the top ten areas with the highest priced and least affordable homes in the country. Since early 1996 when rental rates began to move up, the average rental rate has increased by 47%, while the number of multiple-family dwellings being built has declined, in preference to single-family houses. Low-income households make up about 38% of the households in the County and need some sort of subsidy to afford housing; subsidies are in short supply. (SANDAG: Solving the San Diego Region's Housing Crisis, p. 5-9)
- The large rural area of the North Inland and East Regions lack some critical services, such as public transportation and emergency medical services.
- San Diego is home to the world's largest Navy/Marine complex. A large military population is concentrated around the military bases including Miramar, Camp Pendleton, Point Loma and North Island, and the San Diego Harbor area.
- San Diego County has more Indian reservations (20) than any other county in the United States. However, the reservations are very small, with total land holdings of just over 124,000 acres, or about 193 square miles of the 4,205 square miles in San Diego County (San Diego County Tax Assessor). Of the 20,000 Native Americans who live in San Diego County, only a small percentage lives on reservation land.

**B) Demographics (by ethnicity, age, and primary language spoken)**

**1) General population in County:**

Based on the 2000 Census, the estimated population for 2002 was 2,911,468 persons living in San Diego County. The population growth has averaged about 50,000 per year since the end of the recession in the mid-1990s. Despite the expectation that the County will add a million more persons between 2000 and 2030, the growth rate is slowing and is expected to be below the national average of about 1% by the mid-2020s. (SANDAG: Mapping the Census)

SAN DIEGO COUNTY  
ETHNICITY/RACE



SANDAG

White (Non-Hispanic) (54%): While this group is fairly evenly represented across the County, the highest concentrations can be found in the cities of Carlsbad, Encinitas, Solana Beach, and Del Mar in the North Coastal Region, Poway in the North Inland Region, La Mesa and Santee in the East Region, and the coastal sections of the City of San Diego in the North Central Region. Areas in the South Region, including National City, parts of Chula Vista, and the border area of San Ysidro and parts of the City of San Diego including Mid-City in the Central Region, have the lowest concentrations—15% or fewer.

Hispanic (26%): The population growth of this group represents 76% of the County’s growth between the 1990 and 2000 census. Areas of high concentration (more than 65% of a census tract’s population) are found in the southwest part of the County, including Southeastern San Diego, National City, Chula Vista, and San Ysidro border area. Smaller areas of high concentrations of Hispanics are found in the North County cities of Oceanside, Vista, San Marcos and Escondido. In the rural areas around Fallbrook, Ramona, Pala, Pauma Valley, Jamul and in East County, there are also areas with concentrations of Hispanics comprising between 20-65% of the population. See Attachment 4 for map showing the concentration of Hispanics by zip code. (SANDAG Data Warehouse, Census 2000)

Black or African American (Non-Hispanic) (5%): In many parts of Chula Vista, Imperial Beach, Lemon Grove, Oceanside, parts of the City of San Diego and in the unincorporated community of Spring Valley, east of Lemon Grove, African Americans make up more than 15% of the population. They also represent relatively high shares of the population in the areas surrounding military bases. Conversely, throughout East

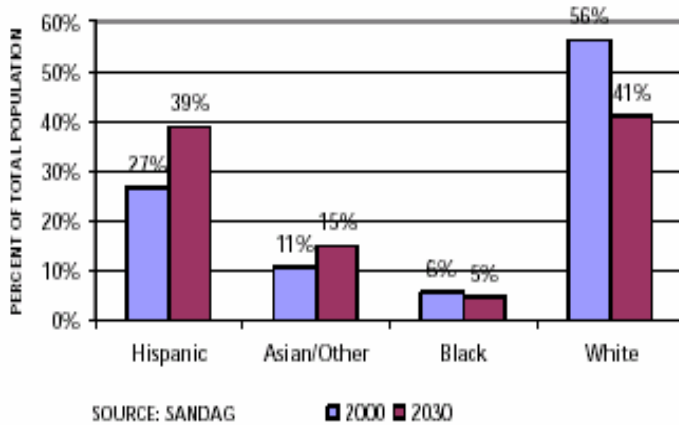
County, the coastal cities of Carlsbad, Encinitas, Solana Beach, Del Mar and in most of the inland cities and communities in the northern part of the County, Blacks or African Americans represent 3% or less of the population. See Attachment 5 for map showing the concentration of African Americans by zip code. (SANDAG Data Warehouse, Census 2000)

Asian, Native Hawaiian, & Other Pacific Islander (Non-Hispanic) (9%): This population tends to be located in the urban and suburban areas in the western section of the County. The highest concentrations (more than 20% of the population) are located in National City, eastern Chula Vista, and the City of San Diego communities, including Paradise Hills, Mira Mesa and Rancho Penasquitos. Areas with less than 2% of this population include most of the eastern two-thirds of San Diego and the City of San Diego communities of Ocean Beach, Point Loma, and the neighborhoods immediately south and east of center of the City. See Attachment 6 for a map showing the percent of Asian and Pacific Islanders in San Diego. (SANDAG, Mapping the Census: Race and Ethnicity, Map 5, p.13)

Two or More Races (5%): Approximately 5% of the population claim to be two or more races; of this group, more than 75% designate themselves as a combination of White and Other (largely Hispanic), Asian, American Indian, or Black. The highest concentrations of the multi-racial population (more than 6.5% of the total population) are located in urban and suburban areas in the western section of the County, including the central and southern sections of the City of San Diego, along the Interstate 15 corridor from Mira Mesa to Escondido and in the Cities of National City, Chula Vista, Oceanside, Imperial Beach, El Cajon, Lemon Grove, and the unincorporated community of Spring Valley. The lowest concentrations (less than 2.5%) are in the coastal cities and in most rural areas.

American Indian and Alaska Native (1%): The highest concentration of American Indians (more than 0.7% of the total population) can be found in the northeast and southeast sections of the county. In addition, there is a concentration on or near military bases. (SANDAG Report—Mapping the Census: Race and Ethnicity in the San Diego Region)

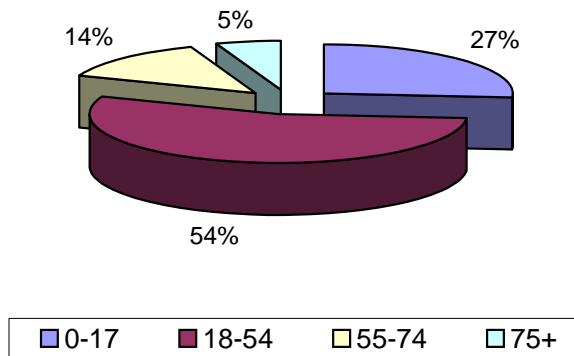
**FORECAST OF COUNTY’S CHANGING ETHNIC/RACIAL COMPOSITION**



While the population is expected to grow by about 38% by 2030, the Hispanic and the Asian/Other groups will each almost double in size during that period. The Black population is expected to stay relatively constant at 5-6%. The non-Hispanic white population is expected to decline from the current level of 56% to 41%. While the non-Hispanic population increased by 75,464 between 1990 and 2000, the Hispanic population grew by 240,184 and represents 75% of the region’s growth. (SANDAG, Info, April 2002, p. 6)

The highest Hispanic growth areas (over 3,000) are in the southern part of the County and in the northern cities of Oceanside, Vista, San Marcos, and Escondido. In the City of San Diego, there is a region of high Hispanic growth along I-805 south of I-8 in the Central Region and in the eastern area of the City of Chula Vista in the South Region.

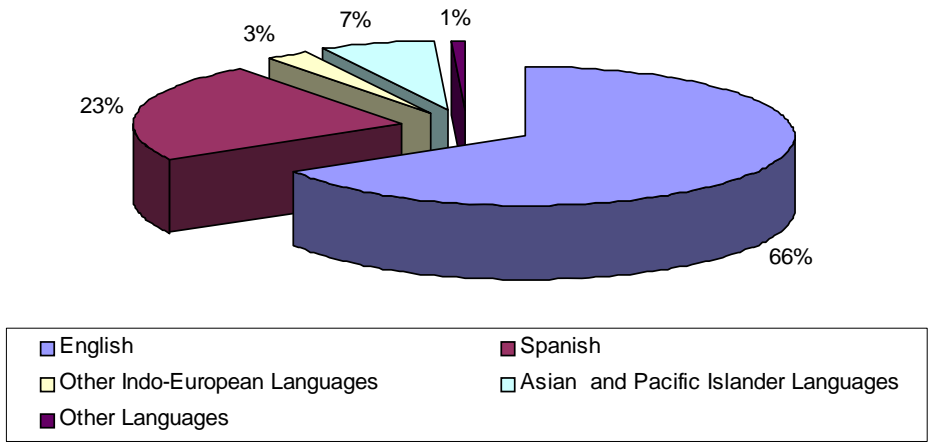
**COUNTY POPULATION BY AGE** (SANDAG 2002 ESTIMATES FROM 2000 CENSUS)



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Under age 18 population equals 27% of population, representing an 18.4% increase from 1990—almost twice as high a growth rate as for those 18 and over. There is a high concentration of children and youth (more than 35%) in Vista in the North Coastal Region, San Marcos and Escondido in the North Inland Region, and various communities within the City of San Diego. These communities include areas stretching from Carmel Valley to Mira Mesa in the North Central Region, Sherman Heights to Encanto that are south and east of Centre City in the Central Region and in City Heights and San Ysidro in the South Region. In the part of Tierrasanta in the North Central Region that contains off-base navy family housing, 54% of the population is under 18 years of age. The areas with the lowest concentrations of persons under 18 tend to be found adjacent to the coastline or in neighborhoods near large universities. (SANDAG, Info, April 2002, p. 18)

**COUNTY POPULATION BY PRIMARY LANGUAGE**

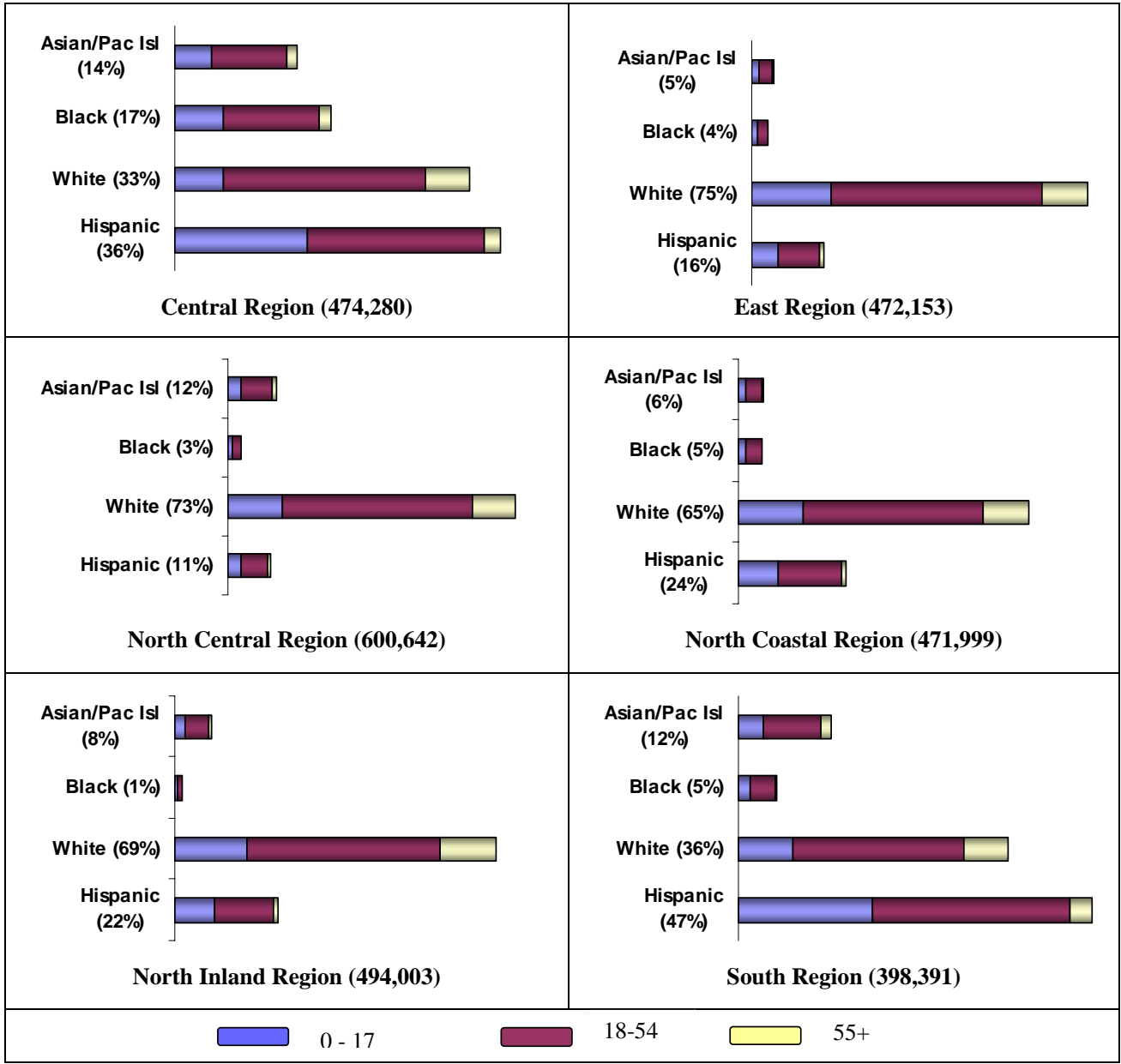


2002 estimates from Census 2000, SANDAG

The English-only population dropped from 75% to 66% since 1997. The Spanish-speaking population increased from 16% to 23% since 1997 and the Asian and Pacific Islander languages grew from 5% to 7%. The other Indo-European languages and the other languages remained the same at 3% and 1%, respectively.

2) General population in county by region;

HHSR REGIONS  
ETHNICITY/RACE BY AGE



2002 estimates from Census 2000, SANDAG

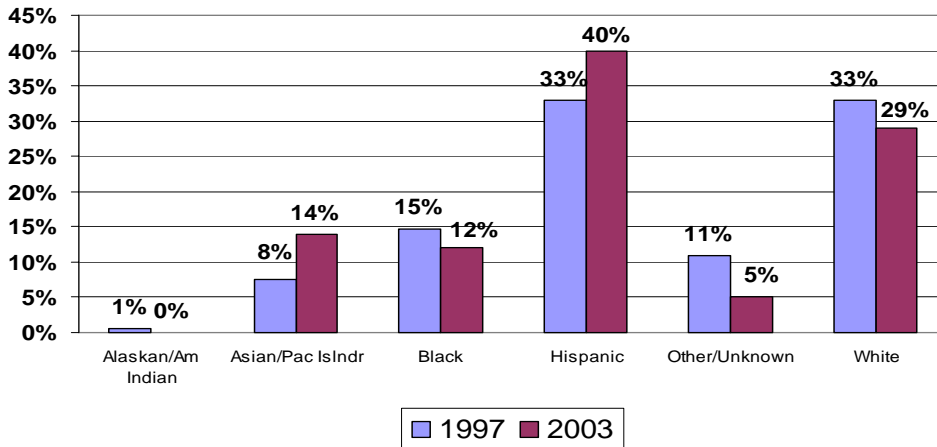
**HHSR REGIONS  
LANGUAGES**

Central	<b>Population 5 years and over</b>	<b>429,945</b>
	English	52%
	Spanish	33%
	Other Indo-European languages	2%
	Asian and Pacific Islander languages	11%
	Other languages	1%
East	<b>Population 5 years and over</b>	<b>417,007</b>
	English	80%
	Spanish	10%
	Other Indo-European languages	3%
	Asian and Pacific Islander languages	5%
	Other languages	2%
North Central	<b>Population 5 years and over</b>	<b>511,890</b>
	English	74%
	Spanish	9%
	Other Indo-European languages	5%
	Asian and Pacific Islander languages	11%
	Other languages	1%
North Coastal	<b>Population 5 years and over</b>	<b>471,986</b>
	English	74%
	Spanish	19%
	Other Indo-European languages	3%
	Asian and Pacific Islander languages	3%
	Other languages	1%
North Inland	<b>Population 5 years and over</b>	<b>485,838</b>
	English	72%
	Spanish	19%
	Other Indo-European languages	3%
	Asian and Pacific Islander languages	5%
	Other languages	1%
South	<b>Population 5 years and over</b>	<b>369,257</b>
	Spanish	44%
	English	46%
	Other Indo-European languages	1%
	Asian and Pacific Islander languages	9%
	Other languages	0%

*U.S. Census Bureau, 2000 Supplementary Survey Profile*

**3. Most recent available number of Medi-Cal beneficiaries in county:**

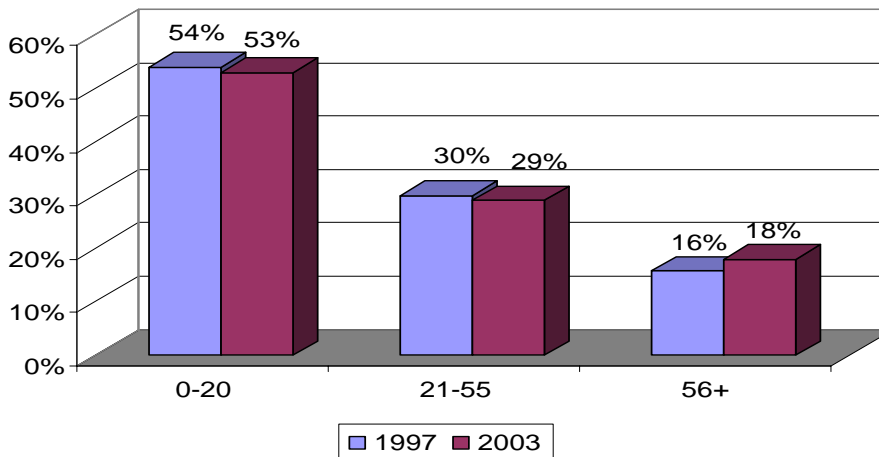
**MEDI-CAL BENEFICIARIES  
ETHNICITY/RACE**



*California Department of Health, July, 1997 and July, 2003, Medi-Cal Statistics*

The most notable changes have been the increases in Asian/Pacific Islander and Hispanic beneficiaries.

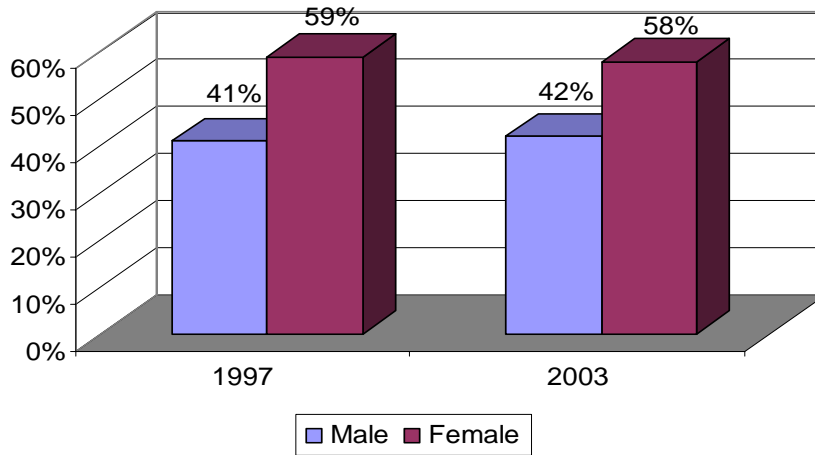
**MEDI-CAL BENEFICIARIES  
AGE**



*California Department of Health, July 1997 and July, 2003, Medi-Cal Statistics*

There have been no notable changes in the age ranges between 1997 and 2003.

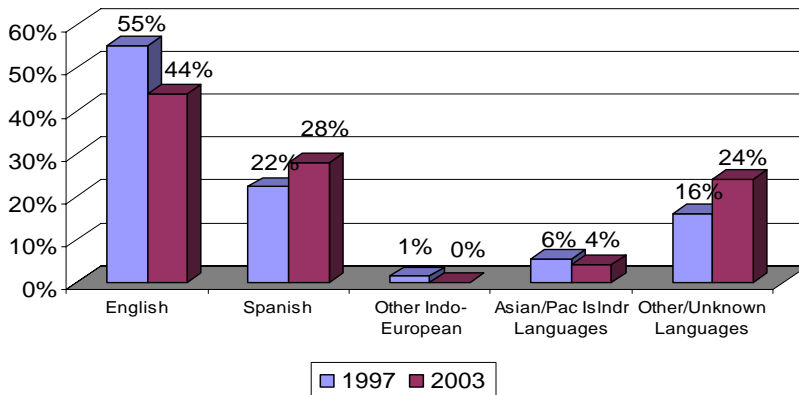
**MEDI-CAL BENEFICIARIES  
GENDER**



*California Department of Health, July 1997 and July, 2003, Medi-Cal Statistics*

There has been little change in the gender distribution of beneficiaries between 1997 and 2003.

**MEDI-CAL BENEFICIARIES  
LANGUAGES**



*California Department of Health, July 1997 and July, 2003, Medi-Cal Statistics*

The percent of English-only beneficiaries has dropped proportionally to the general population. The percent of Spanish-speaking beneficiaries has increased similarly. There has been a decrease in the percent of Asian/Pacific Islander languages for beneficiaries, unlike the increase in the general population. There is also an increase in other languages.

**4) Most recent number of Medi-Cal beneficiaries in County by region, and:**

**MEDI-CAL BENEFICIARIES BY HHSA REGIONS  
ETHNICITY/RACE BY REGION**

	Central	East	No Central	No Coastal	No Inland	South
Alaskan/American Indian	0%	1%	0%	0%	1%	0%
Asian/Pacific Islander	25%	7%	34%	14%	10%	11%
Black	19%	11%	8%	6%	3%	4%
Hispanic	40%	21%	13%	47%	49%	71%
Other/Unknown	4%	5%	7%	4%	4%	4%
White	12%	56%	37%	29%	33%	11%
Total Numbers:	111,854	51,316	36,856	35,869	41,529	96,295

*California Department of Health, Medi-Cal Statistics*

**AGE BY REGION**

	Central	East	No Central	No Coastal	No Inland	South
0-5	20%	17%	14%	25%	24%	17%
6-17	32%	30%	22%	28%	29%	30%
18-20	4%	4%	4%	4%	4%	5%
21-64	33%	37%	38%	31%	30%	29%
65+	12%	12%	22%	11%	14%	19%
Total Numbers:	111,854	51,316	36,856	35,869	41,529	96,295

*California Department of Health, Medi-Cal Statistics*

**GENDER BY REGION**

	Central	East	No Central	No Coastal	No Inland	South
Male	43%	41%	43%	40%	41%	41%
Female	57%	59%	57%	60%	59%	59%
Total Numbers:	111,854	51,316	36,856	35,869	41,529	96,295

*California Department of Health, Medi-Cal Statistics*

**LANGUAGE BY REGION**

	Central	East	No Central	No Coastal	No Inland	South
English	37%	62%	42%	45%	46%	42%
Spanish	33%	9%	9%	37%	34%	33%
Other Indo-European languages	0%	0%	1%	0%	0%	0%
Asian and Pacific Islander languages	6%	1%	14%	1%	2%	2%
Other languages or unknown	24%	27%	34%	17%	18%	23%
Total Numbers:	111,854	51,316	36,856	35,869	41,529	96,295

*California Department of Health, July, 2003, Medi-Cal Statistics*

**5) Seasonal migrants who are Medi-Cal beneficiaries in the County by region (estimate number if available and appropriate.)**

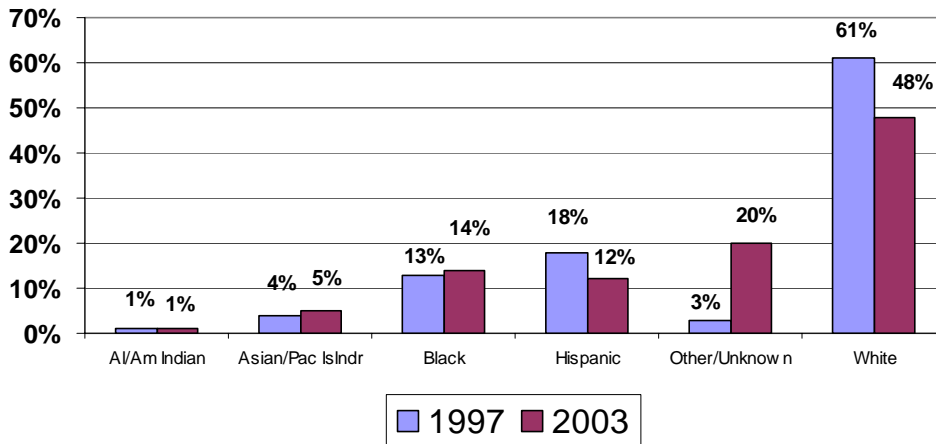
Although the number of seasonal migrants who are Medi-Cal beneficiaries is unknown, according to the Migrant and Seasonal Farm Worker Enumeration Profiles Study California, there are 19,719 migrant and seasonal workers and another 15,317 non worker household members in San Diego County. There are approximately 8,200 migrant children in school systems across county. Since only food stamp aid data tracks migrant households receiving benefits and since this category is also used to identify homeless households with a temporary address, any statistics would provide combined data and therefore not be useful.

**C) Utilization of Medi-Cal Specialty Mental Health Services (by ethnicity, age and gender, diagnosis and primary language spoken)**

**1) Most recent available number of Medi-Cal beneficiaries using medically necessary specialty mental health services in the County (FFS and SD/MC) arrayed by one of the following service category groupings:**

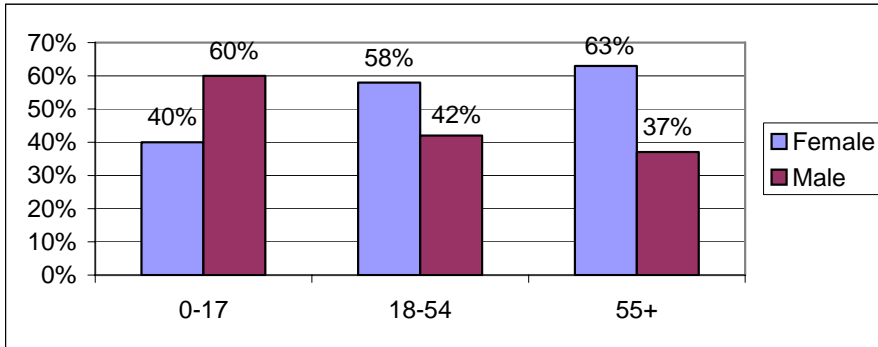
- a) Medi-Cal Beneficiaries
- b) All Services (clients)
  - 1) Inpatient
  - 2) Crisis
  - 3) Outpatient
  - 4) Day Treatment/Residential

**MEDI-CAL MENTAL HEALTH CLIENTS  
ETHNICITY/RACE**



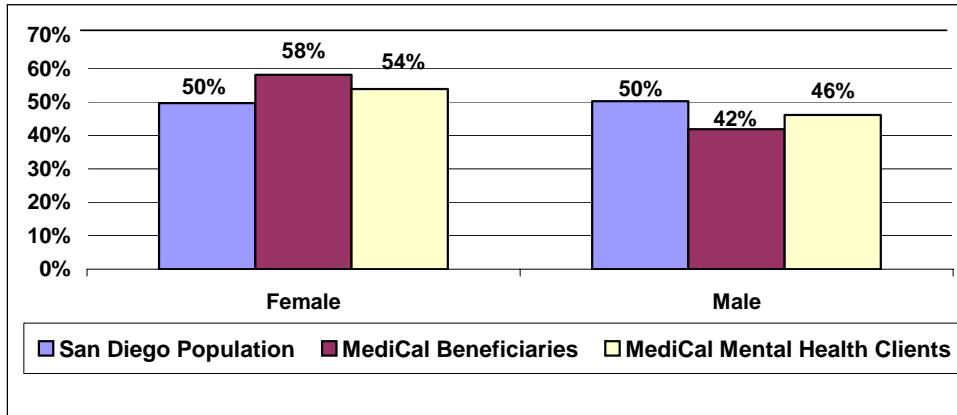
*InSyst Data. Total clients in FY 1997-98, 22,071. Total clients in FY 2002-03, 28,063.*

**MEDI-CAL MENTAL HEALTH CLIENTS  
AGE AND GENDER**



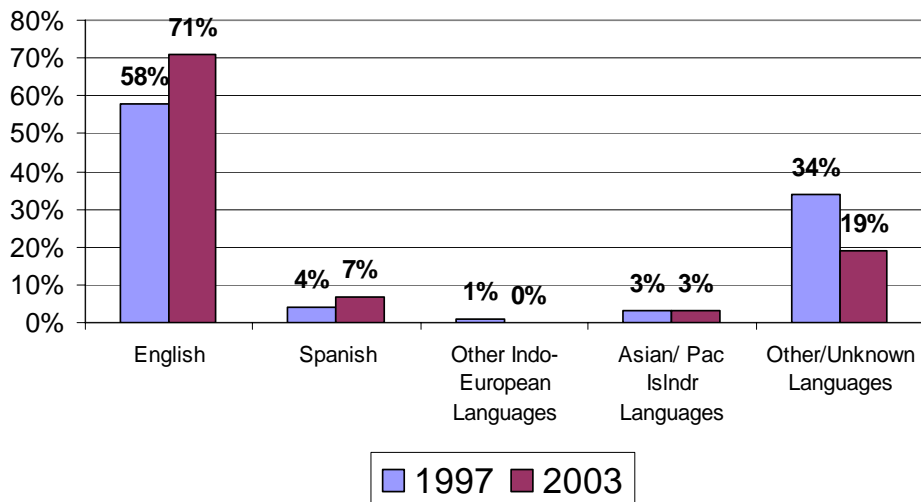
*InSyst Data. Total clients in FY 1997-98, 22,071. Total clients in FY 2002-03, 28,063.*

**A COMPARISON OF THE SAN DIEGO COUNTY POPULATION, MEDI-CAL BENEFICIARIES, AND MEDI-CAL MENTAL HEALTH CLIENTS BY GENDER**



*SANDAG, California Department of Health Medi-Cal Statistics, and InSyst data for 2002-03.*

**MEDI-CAL MENTAL HEALTH CLIENTS  
LANGUAGE**



*InSyst Data. Total clients in FY 1997-98, 22,071. Total clients in FY 2002-03, 28,063.*

**MEDI-CAL MENTAL HEALTH CLIENTS  
DIAGNOSIS**

Of the total clients with each disorder, the table below presents information on the percentage of the major ethnic groups who were diagnosed with that disorder.

	<b>Ethnicity</b>	<b>Percent</b>
Adjustment Disorders	African American	20%
	Asian & Pacific Islander	4%
	Hispanic	19%
	Native American	1%
	Other	8%
	White	47%
<b>Adjustment Disorders Total</b>	<b>4,325</b>	<b>12%</b>
Anxiety Disorders	African American	10%
	Asian & Pacific Islander	5%
	Hispanic	15%
	Native American	1%
	Other	9%
	White	60%
<b>Anxiety Disorders Total</b>	<b>1,396</b>	<b>4%</b>

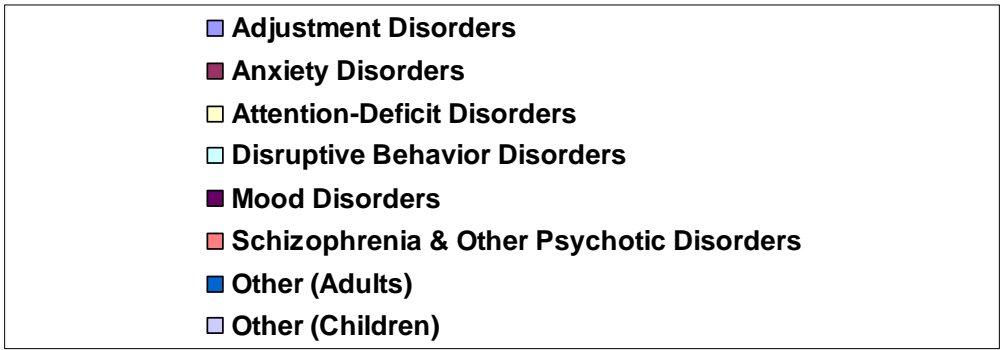
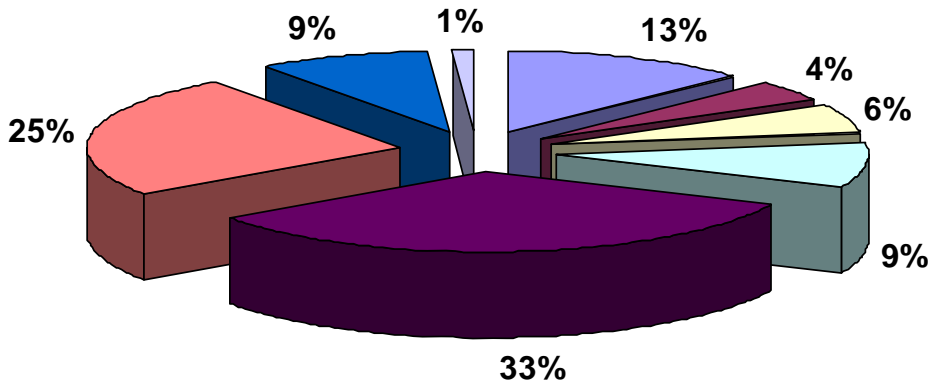
**CULTURAL COMPETENCE PLAN  
ANNUAL UPDATE FY 2003-04**

**Revised March 2004**

Attention-Deficit Disorders	African American	23%
	Asian & Pacific Islander	2%
	Hispanic	18%
	Native American	1%
	Other	8%
	White	48%
<b>Attention-Deficit Disorders Total</b>		<b>2,1466%</b>
Disruptive Behavior Disorders	African American	23%
	Asian & Pacific Islander	3%
	Hispanic	21%
	Native American	1%
	Other	8%
	White	44%
<b>Disruptive Behavior Disorders Total</b>		<b>2,9739%</b>
Mood Disorders	African American	15%
	Asian & Pacific Islander	5%
	Hispanic	11%
	Native American	1%
	Other	10%
	White	58%
<b>Mood Disorders Total</b>		<b>11,51934%</b>
Other	African American	18%
	Asian & Pacific Islander	3%
	Hispanic	7%
	Native American	1%
	Other	5%
	White	66%
<b>Other Total</b>		<b>3,0389%</b>
Other Disorders of Infancy, Childhood, or Adolescence	African American	18%
	Asian & Pacific Islander	4%
	Hispanic	13%
	Native American	2%
	Other	10%
	White	53%
<b>Other Disorders of Infancy, Childhood, or Adolescence Total</b>		<b>3041%</b>
Schizophrenia and Other Psychotic Disorders	African American	16%
	Asian & Pacific Islander	5%
	Hispanic	7%
	Native American	1%
	Other	8%
	White	63%
<b>Schizophrenia and Other Psychotic Disorders Total</b>		<b>8,60025%</b>

*Note: Diagnoses are assigned per episode. Many clients have more than one episode per year and as a result, the number of diagnoses will be greater than the number of clients served. InSyst Data for FY 02-03.*

**Medi-Cal Mental Health Clients by Diagnosis**



*InSyst Data for FY 02-03*

2) Most recent available number of Medi-Cal beneficiaries using medically necessary specialty mental health services by County region (FFS and SD/MC) arrayed by one of the following service category groupings:  
a) Medi-Cal Beneficiaries  
b) All Services (clients)  
1) Inpatient

The data presented on the next page is for Medi-Cal Mental Health Clients (adults and children) in FY 01-02.

**INPATIENT MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
ETHNICITY**

Central	Alaskan/American Indian	1
	Asian/Pacific Islander	36
	Black	166
	Hispanic	72
	Other/Unknown	33
	White	331
		639

North Coastal	Alaskan/American Indian	1
	Asian/Pacific Islander	5
	Black	8
	Hispanic	8
	Other/Unknown	4
	White	100
		126

East	Alaskan/American Indian	3
	Asian/Pacific Islander	21
	Black	64
	Hispanic	38
	Other/Unknown	47
	White	410
		583

North Inland	Alaskan/American Indian	10
	Asian/Pacific Islander	4
	Black	5
	Hispanic	15
	Other/Unknown	0
	White	95
		129

North Central	Alaskan/American Indian	7
	Asian/Pacific Islander	12
	Black	41
	Hispanic	36
	Other/Unknown	23
	White	162
		281

South	Alaskan/American Indian	2
	Asian/Pacific Islander	17
	Black	32
	Hispanic	80
	Other/Unknown	14
	White	123
		268

**INPATIENT MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
GENDER**

Central	Female	327
	Male	312
		639

North Coastal	Female	72
	Male	54
		126

East	Female	278
	Male	305
		583

North Inland	Female	71
	Male	58
		129

North Central	Female	145
	Male	136
		281

South	Female	129
	Male	139
		268

**INPATIENT MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
AGE**

Central	0-20	87
	21-65	534
	66+	18
		639

North Coastal	0-20	30
	21-65	96
	66+	0
		126

East	0-20	81
	21-65	479
	66+	23
		583

North Inland	0-20	39
	21-65	90
	66+	0
		129

North Central	0-20	118
	21-65	149
	66+	14
		281

South	0-20	85
	21-65	182
	66+	1
		268

**INPATIENT MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
LANGUAGE**

Central	English	546
	Other	9
	Spanish	36
	Unknown	41
	Vietnamese	7
		639

North Coastal	English	116
	Other	1
	Spanish	3
	Unknown	6
	Vietnamese	0
		126

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East	English	524
	Other	7
	Spanish	25
	Unknown	26
	Vietnamese	1
		583

North Inland	English	113
	Other	0
	Spanish	6
	Unknown	9
	Vietnamese	1
		129

North Central	English	249
	Other	5
	Spanish	9
	Unknown	15
	Vietnamese	3
		281

South	English	212
	Other	3
	Spanish	41
	Unknown	12
	Vietnamese	0
		268

**INPATIENT MEDICAL MENTAL HEALTH CLIENTS BY REGION  
DIAGNOSIS**

<b>Central</b>	Adjustment Disorders	132
	Anxiety Disorders	47
	Attention-Deficit Disorders	32
	Disruptive Behavior Disorders	78
	Mood Disorders	440
	Other Disorders of Infancy, Childhood or Adolescence	9
	Others	457
	Personality disorders	8
	Schizophrenia and Other Psychotic disorders	494
		1697

<b>North Coastal</b>	Adjustment Disorders	22
	Anxiety Disorders	11
	Attention-Deficit Disorders	16
	Disruptive Behavior Disorders	25
	Mood Disorders	106
	Other Disorders of Infancy, Childhood or Adolescence	113
	Others	1
	Personality disorders	77
	Schizophrenia and Other Psychotic disorders	92
		463

<b>East</b>	Adjustment Disorders	72
	Anxiety Disorders	23
	Attention-Deficit Disorders	42
	Disruptive Behavior Disorders	80
	Mood Disorders	317
	Other Disorders of Infancy, Childhood or Adolescence	7
	Others	361
	Personality disorders	2
	Schizophrenia and Other Psychotic disorders	445
		1349

<b>North Inland</b>	Adjustment Disorders	26
	Anxiety Disorders	6
	Attention-Deficit Disorders	15
	Disruptive Behavior Disorders	27
	Mood Disorders	100
	Other Disorders of Infancy, Childhood or Adolescence	1
	Others	66
	Personality disorders	2
	Schizophrenia and Other Psychotic disorders	75
		318

<b>North Central</b>	Adjustment Disorders	80
	Anxiety Disorders	14
	Attention-Deficit Disorders	51
	Disruptive Behavior Disorders	102
	Mood Disorders	190
	Other Disorders of Infancy, Childhood or Adolescence	9
	Others	193
	Personality disorders	5
	Schizophrenia and Other Psychotic disorders	158
		802

<b>South</b>	Adjustment Disorders	69
	Anxiety Disorders	21
	Attention-Deficit Disorders	31
	Disruptive Behavior Disorders	61
	Mood Disorders	191
	Other Disorders of Infancy, Childhood or Adolescence	5
	Others	148
	Personality disorders	5
	Schizophrenia and Other Psychotic disorders	183
		714

(InSyst)

**2) Crisis**

**CRISIS MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
ETHNICITY/RACE**

<b>Central</b>	Alaskan/American Indian	4
	Asian/Pacific Islander	58
	Black	360
	Hispanic	154
	Other/Unknown	66
	White	625
		1267

<b>North Coastal</b>	Alaskan/American Indian	2
	Asian/Pacific Islander	8
	Black	24
	Hispanic	25
	Other/Unknown	10
	White	179
		248

<b>East</b>	Alaskan/American Indian	7
	Asian/Pacific Islander	15
	Black	83
	Hispanic	56
	Other/Unknown	55
	White	444
		660

<b>North Inland</b>	Alaskan/American Indian	4
	Asian/Pacific Islander	9
	Black	15
	Hispanic	27
	Other/Unknown	11
	White	164
		230

<b>North Central</b>	Alaskan/American Indian	16
	Asian/Pacific Islander	30
	Black	148
	Hispanic	118
	Other/Unknown	74
	White	416
		802

<b>South</b>	Alaskan/American Indian	3
	Asian/Pacific Islander	25
	Black	64
	Hispanic	175
	Other/Unknown	35
	White	268
		570

**CRISIS MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
GENDER**

<b>Central</b>	Female	599
	Male	668
		1267

<b>North Coastal</b>	Female	130
	Male	118
		248

<b>East</b>	Female	323
	Male	337
		660

<b>North Inland</b>	Female	134
	Male	96
		230

<b>North Central</b>	Female	422
	Male	380
		802

<b>South</b>	Female	290
	Male	280
		570

**CRISIS MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
AGE**

Central	0-20	250
	21-65	978
	66+	39
		1267

North Coastal	0-20	65
	21-65	178
	66+	5
		248

East	0-20	198
	21-65	452
	66+	10
		660

North Inland	0-20	82
	21-65	145
	66+	3
		230

North Central	0-20	540
	21-65	251
	66+	11
		802

South	0-20	230
	21-65	316
	66+	24
		570

**CRISIS MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
LANGUAGE**

Central	English	1103
	Other	17
	Spanish	70
	Unknown	60
	Vietnamese	17
		1267

North Coastal	English	229
	Other	2
	Spanish	8
	Unknown	8
	Vietnamese	1
		248

East	Other	1
	Vietnamese	2
	Spanish	22
	Unknown	36
	English	599
		660

North Inland	English	214
	Other	1
	Spanish	7
	Unknown	6
	Vietnamese	2
		230

North Central	English	719
	Other	7
	Spanish	25
	Unknown	45
	Vietnamese	6
		802

South	English	427
	Other	7
	Spanish	112
	Unknown	24
	Vietnamese	0
		570

**CRISIS MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
DIAGNOSIS**

<b>Central</b>	Adjustment Disorders	277
	Anxiety Disorders	90
	Attention-Deficit Disorders	91
	Disruptive Behavior Disorders	187
	Mood Disorders	849
	Other Disorders of Infancy, Childhood or Adolescence	12
	Others	793
	Personality disorders	17
	Schizophrenia and Other Psychotic disorders	790
		3106

<b>North Coastal</b>	Adjustment Disorders	47
	Anxiety Disorders	11
	Attention-Deficit Disorders	26
	Disruptive Behavior Disorders	43
	Mood Disorders	178
	Other Disorders of Infancy, Childhood or Adolescence	5
	Others	129
	Personality disorders	3
	Schizophrenia and Other Psychotic disorders	115
		557

<b>East</b>	Adjustment Disorders	118
	Anxiety Disorders	48
	Attention-Deficit Disorders	89
	Disruptive Behavior Disorders	145
	Mood Disorders	422
	Other Disorders of Infancy, Childhood or Adolescence	9
	Others	360
	Personality disorders	4
	Schizophrenia and Other Psychotic disorders	381
		1576

<b>North Inland</b>	Adjustment Disorders	57
	Anxiety Disorders	12
	Attention-Deficit Disorders	29
	Disruptive Behavior Disorders	40
	Mood Disorders	164
	Other Disorders of Infancy, Childhood or Adolescence	2
	Others	122
	Personality disorders	4
	Schizophrenia and Other Psychotic disorders	103
		533

<b>North Central</b>	Adjustment Disorders	261
	Anxiety Disorders	31
	Attention-Deficit Disorders	132
	Communication Disorders	2
	Disruptive Behavior Disorders	276
	Mood Disorders	412
	Other Disorders of Infancy, Childhood or Adolescence	17
	Others	570
	Personality disorders	8
	Schizophrenia and Other Psychotic disorders	217
		1926

<b>South</b>	Adjustment Disorders	154
	Anxiety Disorders	56
	Attention-Deficit Disorders	74
	Disruptive Behavior Disorders	147
	Mood Disorders	350
	Other Disorders of Infancy, Childhood or Adolescence	11
	Others	279
	Personality disorders	4
	Schizophrenia and Other Psychotic disorders	278
		1353

(InSyst)

**3) Outpatient**

**OUTPATIENT MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
ETHNICITY/RACE**

<b>Central</b>	Alaskan/American Indian	32
	Asian/Pacific Islander	337
	Black	1317
	Hispanic	653
	Other/Unknown	394
	White	2172
		4905

<b>North Coastal</b>	Alaskan/American Indian	11
	Asian/Pacific Islander	43
	Black	137
	Hispanic	166
	Other/Unknown	103
	White	933
		1393

<b>East</b>	Alaskan/American Indian	42
	Asian/Pacific Islander	110
	Black	349
	Hispanic	240
	Other/Unknown	247
	White	2124
		3112

<b>North Inland</b>	Alaskan/American Indian	26
	Asian/Pacific Islander	32
	Black	103
	Hispanic	227
	Other/Unknown	79
	White	952
		1419

<b>North Central</b>	Alaskan/American Indian	42
	Asian/Pacific Islander	190
	Black	399
	Hispanic	262
	Other/Unknown	272
	White	1307
		2472

<b>South</b>	Alaskan/American Indian	11
	Asian/Pacific Islander	120
	Black	220
	Hispanic	767
	Other/Unknown	172
	White	1118
		2408

**OUTPATIENT MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
GENDER**

<b>Central</b>	Female	2507
	Male	2398
		4905

<b>North Coastal</b>	Female	785
	Male	608
		1393

<b>East</b>	Female	1514
	Male	1598
		3112

<b>North Inland</b>	Female	740
	Male	679
		1419

<b>North Central</b>	Female	1266
	Male	1206
		2472

<b>South</b>	Female	1250
	Male	1158
		2408

**OUTPATIENT MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
AGE**

Central	0-20	1141
	21-65	3597
	66+	167
		4905

North Coastal	0-20	416
	21-65	944
	66+	33
		1393

East	0-20	986
	21-65	2039
	66+	87
		3112

North Inland	0-20	604
	21-65	775
	66+	40
		1419

North Central	0-20	1259
	21-65	1129
	66+	84
		2472

South	0-20	960
	21-65	1365
	66+	83
		2408

**OUTPATIENT MEDI-CAL MENTAL HEALTH CLIENTS BY REGION  
LANGUAGE**

Central	English	3908
	Other	170
	Spanish	408
	Unknown	259
	Vietnamese	160
		4905

North Coastal	English	1206
	Other	19
	Spanish	97
	Unknown	65
	Vietnamese	6
		1393

East	English	2790
	Other	23
	Spanish	104
	Unknown	186
	Vietnamese	9
		3112

North Inland	English	1256
	Other	11
	Spanish	95
	Unknown	49
	Vietnamese	8
		1419

North Central	English	2078
	Other	67
	Spanish	79
	Unknown	155
	Vietnamese	93
		2472

South	English	1624
	Other	42
	Spanish	643
	Unknown	96
	Vietnamese	3
		2408

**OUTPATIENT MEDICAL MENTAL HEALTH CLIENTS BY REGION  
DIAGNOSIS**

Central	Adjustment Disorders	931
	Anxiety Disorders	353
	Attention-Deficit Disorders	379
	Disruptive Behavior Disorders	560
	Mood Disorders	2781
	Other Disorders of Infancy, Childhood or Adolescence	39
	Others	2058
	Personality disorders	40
	Schizophrenia and Other Psychotic disorders	2315
		9456

North Coastal	Adjustment Disorders	225
	Anxiety Disorders	97
	Attention-Deficit Disorders	143
	Communication Disorders	2
	Disruptive Behavior Disorders	148
	Mood Disorders	798
	Other Disorders of Infancy, Childhood or Adolescence	19
	Others	421
	Personality disorders	8
	Schizophrenia and Other Psychotic disorders	508
		2369

East	Adjustment Disorders	494
	Anxiety Disorders	178
	Attention-Deficit Disorders	424
	Communication Disorders	2
	Disruptive Behavior Disorders	497
	Mood Disorders	1510
	Other Disorders of Infancy, Childhood or Adolescence	63
	Others	1105
	Personality disorders	9
	Schizophrenia and Other Psychotic disorders	1506
		5788

North Inland	Adjustment Disorders	329
	Anxiety Disorders	85
	Attention-Deficit Disorders	195
	Disruptive Behavior Disorders	213
	Mood Disorders	735
	Other Disorders of Infancy, Childhood or Adolescence	16
	Others	403
	Personality disorders	9
	Schizophrenia and Other Psychotic disorders	455
		2440

North Central	Adjustment Disorders	669
	Anxiety Disorders	138
	Attention-Deficit Disorders	360
	Disruptive Behavior Disorders	548
	Mood Disorders	1208
	Other Disorders of Infancy, Childhood or Adolescence	54
	Others	1224
	Personality disorders	12
	Schizophrenia and Other Psychotic disorders	690
		4903

South	Adjustment Disorders	581
	Anxiety Disorders	221
	Attention-Deficit Disorders	277
	Disruptive Behavior Disorders	416
	Mood Disorders	1223
	Other Disorders of Infancy, Childhood or Adolescence	27
	Others	708
	Personality disorders	10
	Schizophrenia and Other Psychotic disorders	852
		4315

(InSyst)

**4) Day Treatment**

**DAY TREATMENT MEDICAL MENTAL HEALTH CLIENTS BY REGION  
ETHNICITY/RACE**

<b>Central</b>	Alaskan/American Indian	2
	Asian/Pacific Islander	76
	Black	280
	Hispanic	143
	Other/Unknown	64
	White	452
		1017

<b>North Coastal</b>	Alaskan/American Indian	0
	Asian/Pacific Islander	7
	Black	28
	Hispanic	26
	Other/Unknown	11
	White	148
		220

<b>East</b>	Alaskan/American Indian	8
	Asian/Pacific Islander	19
	Black	94
	Hispanic	59
	Other/Unknown	40
	White	433
		653

<b>North Inland</b>	Alaskan/American Indian	4
	Asian/Pacific Islander	8
	Black	43
	Hispanic	33
	Other/Unknown	13
	White	153
		254

<b>North Central</b>	Alaskan/American Indian	145
	Asian/Pacific Islander	42
	Black	102
	Hispanic	18
	Other/Unknown	68
	White	349
		724

<b>South</b>	Alaskan/American Indian	3
	Asian/Pacific Islander	26
	Black	52
	Hispanic	131
	Other/Unknown	30
	White	205
		447

**DAY TREATMENT MEDICAL MENTAL HEALTH CLIENTS BY REGION  
GENDER**

<b>Central</b>	Female	498
	Male	519
		1017

<b>North Coastal</b>	Female	125
	Male	95
		220

<b>East</b>	Female	256
	Male	397
		653

<b>North Inland</b>	Female	137
	Male	117
		254

<b>North Central</b>	Female	362
	Male	362
		724

<b>South</b>	Female	229
	Male	218
		447

**DAY TREATMENT MEDICAL MENTAL HEALTH CLIENTS BY REGION  
AGE**

<b>Central</b>	0-20	209
	21-65	794
	66+	14
		1017

<b>North Coastal</b>	0-20	58
	21-65	161
	66+	1
		220

<b>East</b>	0-20	274
	21-65	377
	66+	2
		653

<b>North Inland</b>	0-20	135
	21-65	118
	66+	1
		254

<b>North Central</b>	0-20	471
	21-65	243
	66+	10
		724

<b>South</b>	0-20	180
	21-65	263
	66+	4
		447

**DAY TREATMENT MEDICAL MENTAL HEALTH CLIENTS BY REGION  
LANGUAGE**

<b>Central</b>	English	849
	Other	44
	Spanish	63
	Unknown	46
	Vietnamese	15
		1017

<b>North Coastal</b>	English	202
	Other	1
	Spanish	9
	Unknown	8
	Vietnamese	0
		220

<b>East</b>	English	602
	Other	1
	Spanish	19
	Unknown	27
	Vietnamese	4
		653

<b>North Inland</b>	English	239
	Other	1
	Spanish	5
	Unknown	8
	Vietnamese	1
		254

<b>North Central</b>	English	618
	Other	10
	Spanish	22
	Unknown	46
	Vietnamese	28
		724

<b>South</b>	English	330
	Other	8
	Spanish	90
	Unknown	18
	Vietnamese	1
		447

**DAY TREATMENT MEDICAL MENTAL HEALTH CLIENTS BY REGION  
DIAGNOSIS**

<b>Central</b>	Adjustment Disorders	206
	Anxiety Disorders	70
	Attention-Deficit Disorders	80
	Disruptive Behavior Disorders	159
	Mood Disorders	667
	Other Disorders of Infancy, Childhood or Adolescence	11
	Others	571
	Personality disorders	10
	Schizophrenia and Other Psychotic disorders	613
		2387

<b>North Coastal</b>	Adjustment Disorders	45
	Anxiety Disorders	20
	Attention-Deficit Disorders	34
	Communication Disorders	1
	Disruptive Behavior Disorders	39
	Mood Disorders	163
	Other Disorders of Infancy, Childhood or Adolescence	6
	Others	105
	Personality disorders	2
	Schizophrenia and Other Psychotic disorders	101
	516	

<b>East</b>	Adjustment Disorders	122
	Anxiety Disorders	36
	Attention-Deficit Disorders	153
	Disruptive Behavior Disorders	178
	Mood Disorders	346
	Other Disorders of Infancy, Childhood or Adolescence	31
	Others	313
	Personality disorders	1
	Schizophrenia and Other Psychotic disorders	346
		1526

<b>North Inland</b>	Adjustment Disorders	82
	Anxiety Disorders	19
	Attention-Deficit Disorders	29
	Disruptive Behavior Disorders	78
	Mood Disorders	167
	Other Disorders of Infancy, Childhood or Adolescence	6
	Others	126
	Personality disorders	2
	Schizophrenia and Other Psychotic disorders	73
		582

<b>North Central</b>	Adjustment Disorders	270
	Anxiety Disorders	33
	Attention-Deficit Disorders	150
	Communication Disorders	2
	Disruptive Behavior Disorders	289
	Mood Disorders	419
	Other Disorders of Infancy, Childhood or Adolescence	22
	Others	452
	Personality disorders	3
	Schizophrenia and Other Psychotic disorders	195
	1835	

<b>South</b>	Adjustment Disorders	140
	Anxiety Disorders	35
	Attention-Deficit Disorders	74
	Disruptive Behavior Disorders	143
	Mood Disorders	257
	Other Disorders of Infancy, Childhood or Adolescence	11
	Others	217
	Personality disorders	2
	Schizophrenia and Other Psychotic disorders	210
		1089

**2) Analysis:**

An annual analysis of the population assessment data and conclusion drawn by the MHP in terms of designing and planning for the provision of appropriate and effective specialty mental health services. The analysis ~~may~~ include:

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The population of San Diego is increasing by approximately 50,000 persons annually, with the expectation of population expansion from almost three million to four million by 2030. In the next few years, the County will be placed in the difficult position of trying to provide services for a growing, increasing diverse, mental health services population with reduced state funding, a crisis in providing affordable housing, and a limited public transportation system.

Population growth is not evenly distributed. Three concentrations of very high growth (6,000 additional residents or more) occurred in eastern Chula Vista, Carmel Valley, Scripps Ranch, Mira Mesa and Sabre Springs, and Oceanside. Other areas of high population growth (3,001-6,000) are generally contiguous with the very high growth areas in North County and South Bay. However, the preponderance of new housing being built is single-family housing with a median price of \$333,000, rather than rental units. The lack of affordable housing may mitigate increases to the Medi-Cal population in those areas.

As the County continues to develop, implement, and integrate Bio Psycho-Social Rehabilitation practices, the close relationship between mental health problems and substance abuse has come to the forefront. It is estimated that over 50% of mental health clients also have a substance abuse problem. The County is in the midst of an effort to increase coordination and integration between Mental Health and Substance Abuse services to provide the most effective assistance for beneficiaries.

- Access for specific groups by mode of service and age group

The County has a growing population of children and youth, with the under 18 population equaling 25.7% of the total. The growth rate for this group is almost twice as high as the growth rate for persons 18 and older. In Vista, San Marcos, Escondido and various communities within the City of San Diego, this age group makes up more than 35% of the total population. The need for children's mental health facilities is expected to continue to grow commensurately. Because of the growth of school-based facilities, children's mental health services have already expanded to bring services to youth in over 220 schools in the County.

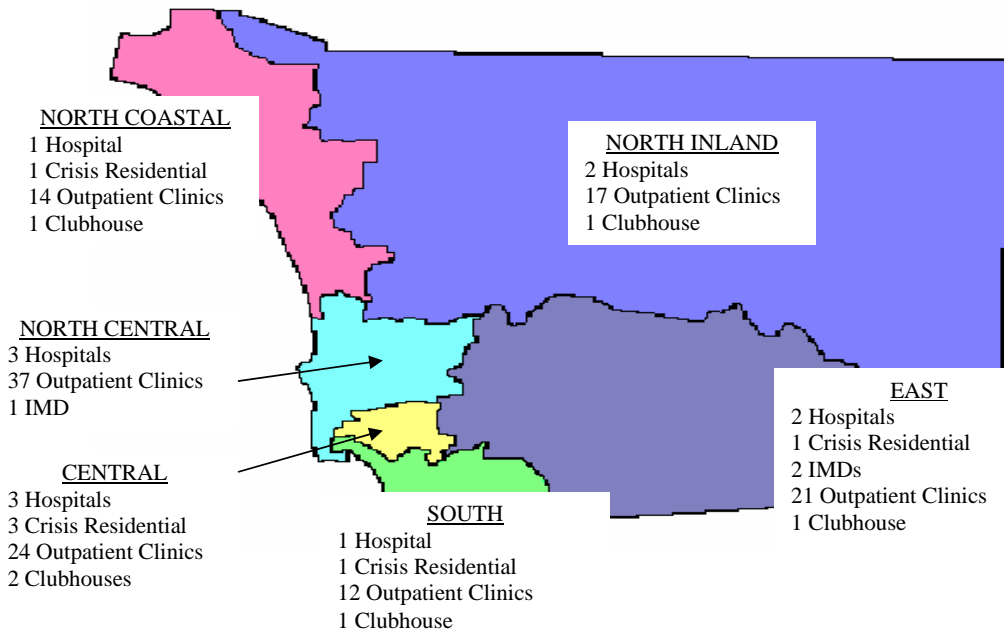
In common with the rest of the nation, San Diego is also experiencing the aging of its population, with the Baby Boomer generation moving into retirement age. Almost 30% of the County's residents fall into the Boomer generation. While persons 65 and older represented 10% of the population in 1990, that number is expected to grow to 16% by 2020 and 19% by 2030. This will create a need for refocusing services, targeting more toward the Older Adults with specialty mental health service needs. Currently, the largest numbers of seniors are located the Central and South Regions.

While there are 1.5% more males than females in the County, the Medi-Cal Mental Health beneficiaries reflect a reverse gender composition where 58% of recipients are female and 42% are male. However, among Medi-Cal Mental Health clients, 60% of the clients aged 0-17 are male and 40% are female. This may be reflective of the efficacy of bringing services into the schools. The preponderance of males disappears in the 18-54 year old age group, dropping to 42%. The male client percentage drops to 37% among clients 55 years and over. Since the suicide rate among male seniors is high, a need to engage older men is becoming apparent.

The Hispanic population is expected to rise from a current level of 26% of the population to 39% by 2030. In the Central and Southern Regions, Hispanics are the largest population group. Sixty-one (61%) percent of the County’s census tracts lost non-Hispanic population, heavily concentrated in the southwest quadrant of the region and in the cities of Vista, San Marcos, and Escondido. There has been a 7% increase in the number of Hispanic persons receiving Medi-Cal between November 1998 and March 2003, with a 5% increase in the number on CalWORKs.

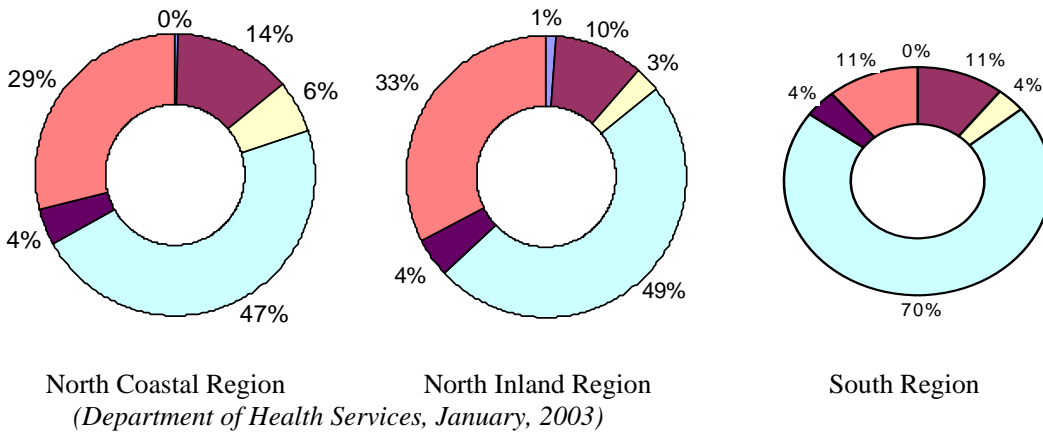
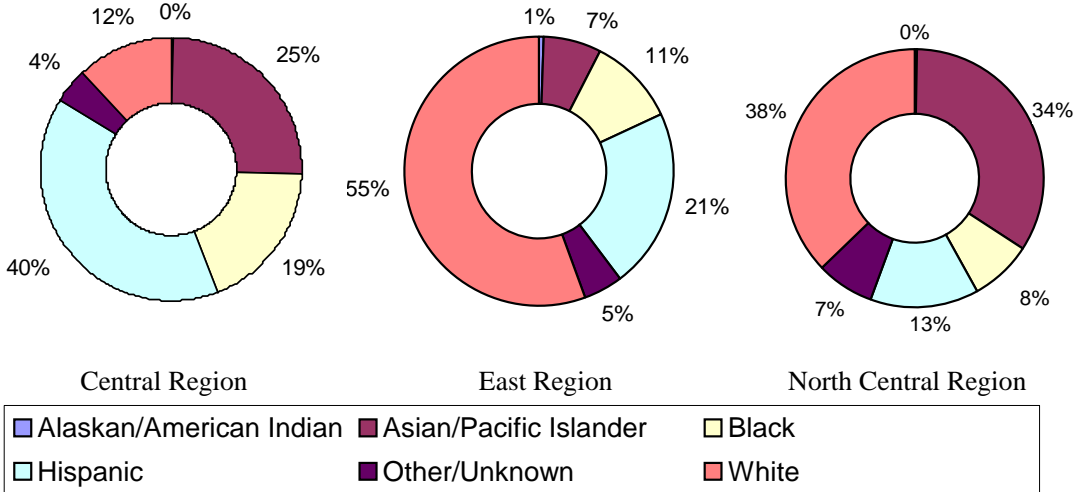
The gross geographical distribution of service providers can be seen from the map below. It should be noted that the highest concentration of providers is in the Central Region, an area with the greatest number of Medi-Cal beneficiaries, the lowest median income in the County and the most diverse population, with over 50 languages spoken.

**SAN DIEGO COUNTY BY HHSA REGIONS  
GEOGRAPHICAL DISTRIBUTION OF MENTAL HEALTH PROVIDERS**



• Comparison of disparities by ethnic group along service types

**MEDI-CAL BENEFICIARIES BY HHSA REGIONS  
ETHNICITY/RACE**



Among the Medi-Cal population, 24% are white, 44% are Hispanic, 10% are Black and 17% are Asian/Pacific Islander while among the Medi-Cal Mental Health population, 48% of the clients are white, 14% are Black/African American, only 12% are Hispanic and 10% are Asian/Pacific Islander. Because these statistics have been aggregated from different sources, any comparison can only be used as a rough indicator of service disparity. The numbers suggest that Whites are largely over-represented in the mental health system, as are Black/African Americans to a much smaller degree. Hispanic and Asian/Pacific Islanders are significantly under-represented.

Vietnamese is one of San Diego's threshold languages, along with Spanish and English. The majority of San Diego Medi-Cal clients speaking Vietnamese are concentrated in the Central Region (3,552 persons) and the North Central Region (2,641 persons). Only 477 Vietnamese-speaking persons are Medi-Cal mental health clients. Most mental health services are provided through the Union of Pan Asian Communities (UPAC); despite widespread recruiting efforts by the County's Administrative Services Organization, there are only two Vietnamese-speaking providers available through the Fee-for-Service Provider Network. However, interpreter services for Vietnamese are utilized, with 156 service units provided in FY 02-03.

- Discrepancies and utilization by mode of service

Of the six regions in the County, the Central Region ranks the fourth highest in population but the very lowest in median household income (\$32,686). However, the Central Region beneficiaries are the highest utilizers of all modes of mental health services. The East Region ranks fifth out of six in population, but their mental health clients are the second highest utilizers of inpatient services.

Older Adults represent 18% of the Medi-Cal beneficiary population and 15% of the Medi-Cal mental health population. The only mode of service where they are represented to a significant extent is outpatient services.

Females represent 40% of the mental health population in childhood. As adults, females represent 58% of the mental health population and this percentage rises to 63% for females in the older adult years. The reverse trend is true for males who represent 60% of the mental health Medi-Cal population in childhood, 42% in adulthood, and 37% in older adulthood. Women make up the majority of outpatient clients in all regions, except East. In East Region, males make up the majority of users of all modes of service. There are also more males than females in inpatient services in the North Central and South regions.

Although 44% of the Medi-Cal population is Hispanic, only 12% of those Medi-Cal clients are using Mental Health Services. Of the four types of services tracked for this report, Hispanics use outpatient service more often, comprising 17% of the outpatient clients, but only 12% of the inpatient and day treatment services and 15% of the crisis services clients. However, in the South Region of the County, where the concentration of Hispanic Medi-Cal beneficiaries reaches approximately 70%, Hispanic usage of all four types of services climbs to about 30%.

The Asian/Pacific Islander population is also under-represented in Mental Health Services, comprising 17% of the Medi-Cal population but only 10% of the mental health clients. In looking at utilization, across the four types of services reported on, Asian/Pacific Islander clients consistently made up about 5% of the clients.

Specifically identify any objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment, the identified threshold languages and the disparities or discrepancies in access and service delivery. The objectives shall be measurable and include specified activities to meet objectives, required resources and identified timelines.

Of the six objectives San Diego has adopted for its Cultural Competence Plan, the following objectives were developed as a result of findings from demographic information:

- |               |  |
|---------------|--|
| Objective # 3 | Evaluate the system for providing linguistically competent services by continuing to monitor use of Interpreter Services to identify trends and evaluate utilization (continued from '02). |
| Objective #5  | For growing cultural populations* in San Diego County, investigate possible methods to mitigate identified service gaps<br>(NEW)   |
| Objective # 6 | Study access to care issues for underserved populations and address and address as resources become available  |

Listed on the next page are the activities, resources, and timelines planned to help achieve these objectives.

**CULTURAL COMPETENCE PLAN  
ANNUAL UPDATE FY 2003-04**

Revised March 2004

**PLANNED ACTIVITIES, RESOURCES, AND TIMELINES TO MEET CCP OBJECTIVES**

<b>ACTIVITIES</b>	<b>REQUIRED RESOURCES</b>	<b>TIMELINES</b>
Ensure that mandated key points of contact have established a standard of having at least one person speaking Spanish available in all regular operating hours.	Staff time –MHP Staff time—contractor Bilingual staff availability	June, 2004
Ensure that the mandated key point of contact in the Central region has established a standard to have at least one Vietnamese-speaking staff available during all regular working years.	Staff time—MHP Staff time—contractor Bilingual staff availability	June, 2004
Work to increase the availability of Mental Health staff that are bilingual in Spanish throughout the County	ASO recruitment campaign ASO staff time Available Spanish practitioners and therapists	On-going
Work to increase the availability of Mental Health staff that is bilingual in Vietnamese in the Central Region.	ASO recruitment campaign ASO staff time Available Vietnamese practitioners and therapists	December, 2004
Work to increase the availability of mental health staff that are bilingual in Arabic in the East Region	ASO recruitment campaign ASO staff time Available Arabic practitioners and therapists	December, 2004
Investigate the feasibility of setting up a telepsychiatry system to meet specific cultural needs in rural areas and other underserved areas.	Staff time—MHP Funding for necessary equipment Facility space	June, 2004
Incorporate into contract language for all new RFPs the mandate to provide cultural and linguistic services to reflect the provider's community and incorporate into all contract renewals the mandate to provide cultural and linguistic services to reflect the provider's community.	Staff time—MHP Contracts Unit Staff time—provider	January, 2004
Within the limits of available funding, make translation services available to all County contracted providers, publicizing the availability of those services at least annually	Funding Staff time—Financial Unit Continuation of QI Newsletter	June, 2004
Conduct outreach and educational activities, using a variety of media, for the Latino community to explain the role of mental health services and how to access them.	Staff time Access to ethnic communications media	June, 2004
Investigate new ways to bring cultural competence trainings to providers, including use of websites, teleconferencing, etc.	Staff time Funding	December, 2004

**3) Objectives:**

**A) Report the progress toward your objectives, as listed in the MHP's revised CCP to design, plan, and provide culturally and linguistically appropriate and effective mental health services based on your population data analysis and conclusions. Identify barriers that impede progress in your objective. What steps have been taken to address identified barriers?**

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2002 Objective #1.

Continue to evaluate implementation of the Culturally Competent Clinical Practice Standards

Progress:

- Conducted Systemwide Assessment of cultural competence in 2002 to establish baseline for cultural competence of system and identify areas of needed improvement.
- Established a process to monitor adherence to standards through medical record review and site reviews.
- Measured variances in client satisfaction through result of MHSIP based on language to evaluate effectiveness of Culturally Competent Clinical Practice Standards.

Barrier: Difficult to identify a method to measure implementation of and adherence to Culturally Competent Clinical Practice Standards.

Remedies:

- Revised goal from evaluation of implementation Culturally Competent Clinical Practice Standards to evaluating system for providing culturally competent services based on analysis of population and provider assessment.
- Incorporated items into QI's medical record review tool that address culturally competent clinical practice standards

2002 Objective #2.

Monitor compliance with the four-hour annual training requirement for Organizational provider staff and FFS providers (incorporated into Objective #2 for 2003-2006)

Progress:

- Included in Organizational provider site review
- Providers send in reports on training attendance twice annually in their monthly status report

Barrier: Monitoring is complicated by size of system and number of providers. Also the fact that many of the providers are contractors makes monitoring more difficult

Remedies:

- Plan to include this item in FFS provider site review (03-04)

2002 Objective #3.

Monitor use of Interpreter Services to identify trends and evaluate utilization. (Objective #3 for 2003-2006).

Progress:

- Monitoring of Interpreter Services is done on monthly basis.

Barrier: Limited resources were initially allocated for Interpreter Services which limited availability of these services so that reports on use of interpreters did not clearly reflect client needs.

Remedy: As more resources were allocated to this contract the report became more reflective of actual demand.

2002 Objective #4. Monitor both FFS and organizational providers capacities to meet both threshold and non-threshold language needs. (Objective #4 for 2003-2006)

Progress:

- County reviews reports of languages spoken by Organizational and FFS
- County monitors Complaints and Grievances to identify any trends regarding language needs that are not being met.

Barrier: Monitoring language capability of providers has been limited to reviewing a sample of medical records

Remedy:

- Develop reports to compare potential language demand and provider language capacity.

2002 Objective #5. Develop definition of culture for San Diego County (*sic. that is measurable and can be used as indicators*)

Progress: *COMPLETED*

Barrier: Development of a definition of culture that could be operationalized was hindered because of the limitations of the InSys management information system in capturing data.

Remedy

San Diego County determined that we will use

- ethnicity,
- language,
- age, and
- gender

as measurable elements of culture until a new management information system is implemented that will allow greater flexibility in data entry and tracking.

2002 Objective #6. Study access to care for Hispanic and other underserved populations (Objective #6 for 2003-2006)

Progress:

- QI conducted client focus groups with Latino and Vietnamese clients to study Ease of Access to Care

Barrier: Limited staff time to study access to care. Lack of baseline figures on need and capacity.

Remedy:

- In response to a State requirement for QI to conduct Latino Access to Care Study staff has been reprioritized to conduct the study
- Develop information/reports comparing need and capacity

B) Identify any new or changed or updated objectives developed to reflect a better way to meet the needs identified in the original or, if applicable, new population analysis.

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Of the six objectives developed for this revised Cultural Competence Plan, the three new/changed/updated objectives were developed to meet the needs identified in the FY 03 population analysis. These objectives, which include the identification of potential barriers and possible remedies to overcome barriers, are as follows:

2003-06 Objective # 3 Evaluate the system for providing linguistically competent services by continuing to monitor use of Interpreter Services to identify trends and evaluate utilization (continued from '02).

Barrier: Use of contracted interpreters through Interpreters Services can be tracked and monitored, but it is difficult to track time contributed by other program staff, which may also be a good indicator of need.

Remedy

- Establish a requirement for Mandated Key Points of Contact to track staff time used for interpreting
- Utilize penetration and retention data to inform administration and to evaluate system needs

2003-06 Objective #5 For growing cultural populations\* in San Diego County, investigate possible methods to mitigate identified service gaps (NEW)

\*For 03-06 growing cultural populations may include children, seniors, Vietnamese, dually diagnosed, Arabic, and other large cultural groups.

Barrier: Limited staff time

Remedy:

- Investigate the option of utilizing Telepsychiatry to provide services to special populations.
- Establish one or more cultural competence objective/s by region to address inequities in services based on demographic findings
- Continue recruitment efforts to increase cultural diversity of provider staff
- Utilize data on system capacity and client needs in budget planning

2003-06 Objective # 6 Study access to care issues for underserved populations and address and address as resources become available

Barrier: Limited staff time. Limited funds.

Remedy

- QI is conducting the Latino Access to Care Study
- MH established a business goal to enhance current penetration rates for Latino (from 2.5% to 2.6%) and Asian populations (from 3.2% to 3.3%)
- MH is conducting outreach and educational activities utilizing radio for the Latino population to explain the role of and how to access mental health services.

- Consider conducting targeted client focus groups to assess what changes need to be made to current system/programs to increase awareness of services and reduce stigma.

C) Has the MHP identified any local trends that impact culturally competent services? If yes, please describe. For instance, change in Medi-Cal populations, ethnic population, threshold language, influx of immigration or migrant workers, etc.

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Yes. The MHP has noted and is responding to the following trends:

- DMH Information Notice 03-04 indicates 29% of Medi-Cal beneficiaries are Spanish speaking. This percentage increased from 22% reported in the DMH 01-06 letter, to 27% in 02-04. This represents a 7% increase in the last year alone and a 32% increase since 2001. The Hispanic Medi-Cal population appears to be highly concentrated in the South Region. Hispanics made up 56% of that region's Medi-Cal population, according to the 1999 Cultural Competency Addendum, and are now 70% of the Medi-Cal population in 2003.
- DMH Information Notice 02-04 indicates that Arabic almost qualifies as a threshold language. Arabic-speaking beneficiaries are primarily concentrated in the East Region according to the report "San Diego County Wide Medi-Cal Data" developed from the State Department of Health Tables for October 2001.
- Influx of East African refugees (e.g., Ethiopian, Somali, Eritrea, Sudanese) within the past 10 years due to political upheaval and drought. Most reside and access services in the Central Region.
- According to a Chaldean clinician in the East County Mental Health Clinic, a community of approximately 30,000 Chaldean Iraqis resides in the East County area. This population speaks both Aramaic and Arabic.

*Cultural Competence Plan criteria: Identify any new or revised objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment and the identified threshold language.*

## II. ORGANIZATIONAL AND SERVICE PROVIDER ASSESSMENT UPDATE

### 1) Human Resources Assessment Data

#### A) Current Composition:

#### 1) Ethnicity By Function:

- a) Administration/management;
- b) Direct services;
- c) Support services;

Data is received in a cultural competency report submitted semiannually by each provider. The following data was submitted in December 2002.

	Full Time Equivalent Positions				
	Administration	Direct Service	Support	Interpreters*	Consumers*
African American	10.15	72.45	30.3	NA	
Amerasian	0	2.5	0	NA	
American Indian	1	5.75	1.15	NA	
Cambodian	0	0	3	NA	
Asian Indian	0	3.5	0	NA	
Chinese	1	4.6	0.4	NA	
Cuban	0.25	0.5	0.5	NA	
Dominican	0	0.6	0	NA	
Ethiopian	0	1	0	NA	
Filipino	2	21.7	17.4	NA	
Hawaiian Native	0	2.4	0	NA	
Hmong	0	0	1	NA	
Iranian	1	10.6	0	NA	
Iraqi	0	0.5	0	NA	
Japanese	1	4.5	0	NA	
Korean	0.5	1.9	1	NA	
Laotian	0	0	1	NA	
Mexican American	13.5	117.85	63.2	NA	
Other	2.5	15.3	0	NA	
Other Asian	0.5	2.7	1	NA	
Other Latin American	1.9	26.25	6.5	NA	
Pacific Islander	1	1.3	0.75	NA	
Puerto Rican	0.5	5.1	5	NA	
Salvadoran	1	1	1	NA	
Samoan	0	1	0	NA	
Unknown	1.5	1.5	0	NA	66
Vietnamese	0.5	4	2.7	NA	
White	123.65	642.7	99.65	NA	
Total	163.45	951.2	235.55	NA	66

**d) Interpreters\*: and**

Interpreter services are handled through a contract and according to County Counsel we cannot request information about ethnicity of interpreter contractor staff. Please see page 59 for information as to interpreter services provided by language and by region.

**e) Staff who has voluntarily self-identified as consumers\***

Due to problems with reliability of data gathered regarding ethnicity of staff who have voluntarily self-identified as consumers, this information is not available. Please see page 59 for information regarding staff who have voluntarily self-identified as consumers by region.

**2) Bilingual Staff By Function and Language:**

**a) Administration/management:**

**b) Direct services:**

**c) Support services:**

	Full Time Equivalent Positions				
	Administration	Direct Services	Support	Interpreters*	Consumers*
Arabic	0	1.5	2.25	NA	
Armenian	0	2	0.5	NA	
Cambodian	0	0	3.5	NA	
Cantonese Chinese	2	4.1	1.9	NA	
Ethiopian	0	1	0	NA	
Farsi	0	9.6	0	NA	
Filipino Dialect	0	2.5	0	NA	
French	3.9	19.95	1.75	NA	
German	1.4	7.5	2.3	NA	
Hebrew	0.1	3.6	0	NA	
Hmong	0	1	1	NA	
Italian	0	8.05	1	NA	
Japanese	0	7.6	4.4	NA	
Korean	0	4.5	0	NA	
Laotian	1	5.5	2.2	NA	
Mandarin Chinese	0	4.8	3	NA	
Other	0	8.65	1.75	NA	
Other Chinese	0.8	2	0	NA	
Polish	0	2.7	0	NA	
Portuguese	1	6.5	1	NA	
Russian	0	0.6	0	NA	
Samoan	0	1	0	NA	
Sign Language	0	3.35	1.75	NA	
Spanish	22.2	153.55	69.45	NA	
Tagalog	1.5	13.8	11.1	NA	
Turkish	0	2.5	0.5	NA	
Vietnamese	1	5.5	2.2	NA	
Unknown					66
<b>Total</b>	<b>34.9</b>	<b>283.35</b>	<b>111.55</b>	<b>NA</b>	<b>66</b>

**d) Interpreters\*: and**

Interpreter services are handled through a contract; all providers are bilingual, but information regarding each individual staff person's bilingual capability is not captured.

**e) Staff who has voluntarily self-identified as consumers\***

Due to problems with reliability of data gathered regarding bilingual capability of staff who have voluntarily self-identified as consumers this information is not. Please see page 59 for information regarding staff who has voluntarily self-identified as consumers by region.

**3) Staff Proficiency in Reading and/or Writing in a Language Other than English By Function and Language**

**a) Administration/management;**

**b) Direct services;**

**c) Support services**

	Full Time Equivalent Positions				
	Administration	Direct	Support	Interpreters*	Consumers*
Arabic	0	1.5	2.25	NA	
Armenian	0	2	0	NA	
Cambodian	0	1.9	4	NA	
Cantonese Chinese	2	2.5	1.9	NA	
Ethiopian	0	2	0	NA	
Farsi	0	4.4	0	NA	
Filipino Dialect	1	3.5	0.5	NA	
French	3.4	16.75	3.75	NA	
German	1.4	8	1.3	NA	
Hebrew	0.1	3.6	0	NA	
Hmong	0	1.6	1	NA	
Italian	0	7.55	1	NA	
Japanese	0.5	8.4	3.5	NA	
Korean	0	2.9	0	NA	
Laotian	0.5	3.5	2	NA	
Mandarin Chinese	0	3.7	3	NA	
Other	1	7.85	1	NA	
Other Chinese	0	3.1	0	NA	
Polish	0	2	0	NA	
Portuguese	1	6.5	1	NA	
Russian	0	1.1	0	NA	
Samoan	0	1	0	NA	
Sign Language	0	0	0	NA	
Spanish	18.1	136.75	65.5	NA	
Tagalog	1	13.3	8.1	NA	
Turkish	0	2.5	0.5	NA	
Vietnamese	0.5	3.5	2	NA	
Unknown					66
Total	30.5	251.4	102.3	NA	66

**d) Interpreters; and**

Interpreter services are handled through a contract; information regarding each individual staff person's proficiency in reading and writing is not captured.

**e) Staff who has voluntarily self-identified as consumers**

Due to problems with reliability of data gathered regarding proficiency in reading and writing of staff who have voluntarily self-identified as consumers this information is not available. Please see page 59 for information regarding staff who has voluntarily self-identified as consumers by region.

**B) Location:**

**1) Ethnicity By Function:**

**a) Administration/management:**

	Full Time Equivalent Positions					
	Central	East	North Central	North Coastal	North Inland	South
African American	5.4	0.75	2	2		
American Indian	1					
Chinese	1					
Cuban					0.25	
Filipino	1			1		
Iranian					1	
Japanese	1					
Korean						0.5
Mexican American	7.5	1.5		0.5	1	3
Other	1.5					1
Other Asian	0.5					
Other Latin American	1		0.9			
Pacific Islander	1					
Puerto Rican			0.5			
Unknown	0.5					1
Vietnamese	0.5					
White	42.25	24.1	19.4	12.4	15.9	9.6
Total	64.15	26.35	22.8	15.9	18.15	15.1

**CULTURAL COMPETENCE PLAN  
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Revised March 2004

**b) Direct services;**

	Central		East		North Central		North Coastal		North Inland		South	
	FTE	HR	FTE	HR	FTE	HR	FTE	HR	FTE	HR	FTE	HR
African American	40.45	4522	9.7	1084	12	1342	5.65	632	1.25	140	3.4	380
Amerasian	1.5	168		0		0		0	1	112		0
American Indian	1	112	1.5	168	1	112		0	2.25	252		0
Cambodian		0		0		0		0	0.4	45		0
Asian Indian	2	224	1.1	123		0		0		0		0
Chinese	2.5	280		0	1.6	179		0		0	0.5	56
Cuban		0		0		0		0	0.5	56		0
Dominican	0.4	45		0		0		0		0	0.2	22
Ethiopian	1	112		0		0		0		0		0
Filipino	9.5	1062	3.2	358	7	783		0	1	112	1	112
Hawaiian Native	1.4	157	1	112		0		0		0		0
Iranian	1.5	168	3.9	436	2	224	1.2	134		0	2	224
Iraqi		0	0.5	56		0		0		0		0
Japanese	3.5	391		0		0		0		0	1	112
Korean	0.9	101		0	1	112		0		0		0
Mexican American	44.8	5009	17.7	1979	14	1565	9.9	1107	10.35	1157	21.1	2359
Other	5.9	660	3.2	358	2.7	302		0	1	112	2.5	280
Other Asian	2.5	280	0.2	22		0		0		0		0
Other Latin American	4.5	503	3	335	3.6	402	3.85	430	2.5	280	8.8	984
Pacific Islander		0		0	0.5	56		0		0	0.8	89
Puerto Rican	0.6	67	1	112	1	112	1	112		0	1.5	168
Salvadoran		0		0		0		0		0	1	112
Samoan		0		0	1	112		0		0		0
Unknown	1	112		0	0.5	56		0		0		0
Vietnamese	3.5	391		0	0.5	56		0		0		0
White	225.5	25211	124.05	13869	115.65	12930	68.9	7703	54.3	6071	54.3	6071
Total	353.95	39572	170.05	19012	164.05	18341	90.5	10118	74.55	8335	98.1	10968

Note: The above table shows the number of FTEs for direct service staff and the target productivity hours for each FTE, which was considered to be 65% of the total hours per month. The total FTEs are 951.2 and the total productivity hours are 107,346. San Diego County will utilize this data to analyze system capacity for providing services and identifying service gaps.

**c) Support services:**

	Full Time Equivalent Positions					
	Central	East	North Central	North Coastal	North Inland	South
African America	11.1	3.5	7.5	2.1	4.5	1.6
American Indian				0.4	0.75	
Cambodian	3					
Chinese	0.4					
Cuban	0.5					
Filipino	2.15	1	9.25	2	2	1
Hmong			1			
Korean				1		
Laotian	1					
Mexican America	20.3	11.75	3	4.7	7.95	15.5
Other Asian			1			
Other Latin American	3	0.5	1	1		1
Pacific Islander					0.75	
Puerto Rican	2		1	1	1	
Salvadoran						1
Vietnamese	1		1.7			
White	24.95	25.4	13	4.7	29.5	2.1
<b>Grand Total: 235.55</b>	<b>69.4</b>	<b>42.15</b>	<b>38.45</b>	<b>16.9</b>	<b>46.45</b>	<b>22.2</b>

**d) Interpreters\*; and**

Interpreter services are handled through a contract and according to County Counsel we cannot request information about ethnicity of interpreter contractor staff. Please page 59 for information as to interpreter services provided by language and by region.

**e) Staff who has voluntarily self-identified as consumers\***

Due to problems with reliability of data gathered regarding ethnicity of staff who has voluntarily self-identified as consumers this information is not available. Please page 59 for information regarding staff who have voluntarily self-identified as consumers by region.

**CULTURAL COMPETENCE PLAN  
ANNUAL UPDATE FY 2003-04**

**Revised March 2004**

**2) Bilingual Staff By Function and Language:**

**a) Administration/management:**

	Full Equivalent Positions					
	Central	East	North Central	North Coastal	North Inland	South
Cantonese Chinese	1.5					0.5
French	1.9		2			
German	0.4	1				
Hebrew					0.1	
Laotian	0.5		0.5			
Other	0.8					
Portuguese						1
Spanish	13.2	1.6	1.4		1	5
Tagalog	0.5		1			
Vietnamese	0.5		0.5			
Grand Total: 34.9	19.3	2.6	5.4	0	1.1	6.5

**b) Direct services:**

	Central		East		North Central		North Coastal		North Inland		South	
	FTE	HR	FTE	HR	FTE	HR	FTE	HR	FTE	HR	FTE	HR
Arabic	0.5	56	1	112		0		0		0		0
Armenian	0.5	56		0	1	112		0		0	0.5	56
Cantonese Chinese		0		0	1.6	179		0		0	2.5	280
Ethiopian		0	1	112		0		0		0		0
Farsi	2.5	280	1.4	157	3.5	391	1.2	134		0	1	112
Filipino Dialect		0	1.5	168	1	112		0		0		0
French	8.45	945	4.8	537	1	112	1	112		0	4.7	525
German	0.7	78	2.4	268	0.5	56	0.5	56		0	3.4	380
Hebrew	2.2	246	1.4	157		0		0		0		0
Hmong		0		0		0		0		0	1	112
Italian	0.75	84	2.5	280		0	0.5	56	1	112	3.3	369
Japanese	2.6	291	1.5	168	2	224		0		0	1.5	168
Korean	3.5	391		0	1	112		0		0		0
Laotian	3.5	391		0	1	112		0		0	1	112
Mandarin Chinese	1.5	168	2.2	246	0.6	67		0		0	0.5	56
Other	2.9	324	2.1	235	1.2	134		0	1.25	140	1.2	134
Other Chinese	1	112		0		0		0		0	1	112
Polish	1.5	168		0	1	112		0		0	0.2	22
Portuguese	2.5	280	1	112	2	224	1	112		0		0
Russian	0.6	67		0		0		0		0		0
Samoan		0		0	1	112		0		0		0
Sign Language	1.25	140		0	1	112		0		0	1.1	123
Spanish	55.3	6183	19.55	2186	12.1	1353	12.55	1403	15.35	1716	38.7	4327
Tagalog	5	559	1	112	6	671		0	1	112	0.8	89
Turkish	1	112		0		0	0.5	56		0	1	112
Vietnamese	3.5	391		0	1	112		0		0	1	112
	101.25	11320	43.35	4847	38.5	4304	17.25	1929	18.6	2079	64.4	7200

**FEE-FOR-SERVICE PROVIDER NETWORK**

	Central	East	North Central	North Coastal	North Inland	South	Totals
Arabic	2		2	2			6
Farsi	4	2	3		1	1	11
French	7	1	6	1			15
Hebrew	1	1	4		2	1	9
Italian	1	1	1	1			4
Japanese			1				1
Mandarin Chinese	1					1	2
Persian	1						1
Polish			1				1
Portuguese	2		5				7
Russian	3	1	2			2	8
Sign Language				1			1
Spanish	16	7	27	8	9	32	99
Tagalog	6						6
Vietnamese						2	2
Other	8	3	6	3		5	25
Unknown			1		1		2
<b>Total</b>	<b>52</b>	<b>16</b>	<b>59</b>	<b>16</b>	<b>13</b>	<b>44</b>	<b>200</b>

**c) Support services:**

	Central	East	North Central	North Coastal	North Inland	South
Arabic	1		1.25			
Armenian		0.5				
Cambodian	3.5					
Cantonese Chinese	0.4		1			0.5
French			1		0.75	
German				0.5	1	0.8
Hmong			1			
Italian				1		
Japanese	3.4		1			
Laotian	0.5		1.7			
Mandarin Chinese	1		2			
Other	1				0.75	
Portuguese					1	
Sign Language		1			0.75	
Spanish	19.9	12.65	3.5	6.2	9.7	17.5
Tagalog	1.9	1	6	1.2		1
Turkish		0.5				
Vietnamese	0.5		1.7			
<b>Total</b>	<b>33.1</b>	<b>15.65</b>	<b>20.15</b>	<b>8.9</b>	<b>13.95</b>	<b>19.8</b>

**d) Interpreters\*:** and

Interpreter services are handled through a contract; all providers are bilingual, but information regarding each individual staff person's bilingual capability is not captured. Following report is information about language services provided by region:

Region	Amharik	Arabic	Cambodian	Cantonese	Farsi	Ilocano	Japanese	Korean	Kurdi	Laotian	Polish	Russian	Serbian	Language	Somalian	Spanish	Tagalog	Vietnamese	
Central	27			1	4	4	31	9		12	44	1	20	1	2	172		34	362
East	2	325		1	28		1		1			25				7			390
South											1	4				7			12
North Central	2		2		9							10				1	4	10	38
North Coastal					5							1							6
North Inland		1																4	5
<b>Total Per Language Requested</b>	<b>31</b>	<b>326</b>	<b>2</b>	<b>2</b>	<b>46</b>	<b>4</b>	<b>32</b>	<b>9</b>	<b>1</b>	<b>12</b>	<b>45</b>	<b>41</b>	<b>20</b>	<b>1</b>	<b>2</b>	<b>187</b>	<b>4</b>	<b>48</b>	

Data is from FY 02-03 as reported by interpreter services provider through monthly bills for services provided.

**e) Staff who has voluntarily self-identified as consumers**

Due to problems with reliability of data gathered regarding bilingual capability of staff who has voluntarily self-identified as consumers, this information is not available. Following is information about number of clients providing services by region. Of importance to note, is the increase of number of clients involved in providing services has increased from 23 in 2000 to 66. This is very strong indicator of the system-wide values of the importance of involving consumers at all levels of the mental health system.

	Central	East	North (Combined)	South	Total
Clinic	12	4	7	0	23
Clubhouse	27	7	7	2	43
Total	39	11	14	2	66

Data is from Dec 2003 based on reports from each clinic and clubhouse.

**3) Staff Proficient in Reading and/or Writing in a Language Other than English by Function:**

**a) Administration/management**

	Central	East	North Central	North Coastal	North Inland	South
Cantonese Chinese	1.5					0.5
Filipino Dialect			1			
French	1.4		2			
German	0.4	1				
Hebrew					0.1	
Japanese		0.5				
Laotian	0.5					
Other		1				
Portuguese						1
Spanish	10.7	1.5	0.9		1	4
Tagalog			1			
Vietnamese	0.5					
Total	15	4	4.9	0	1.1	5.5

**b) Direct services;**

	Central		East		North Central		North Coastal		North Inland		South	
	FTE	HR	FTE	HR	FTE	HR	FTE	HR	FTE	HR	FTE	HR
Arabic	0.5	56	1	112		0		0		0	0.5	56
Armenian	0.5	56		0	1	112		0		0		0
Cambodian	1.9	212		0		0		0		0		0
Cantonese Chinese		0		0		0		0		0	2.5	280
Ethiopian	1	112	1	112		0		0		0		0
Farsi	0.5	56	1.4	157	2.5	280		0		0		0
Filipino Dialect		0	3.5	391		0		0		0		0
French	5.25	587	4.8	537	1	112		1	112		4.7	525
German	0.7	78	2.4	268	0.5	56	0.5	56	0.5	56	3.4	380
Hebrew	2.2	246	1.4	157		0		0		0		0
Hmong		0	0.6	67		0		0		0	1	112
Italian	0.75	84	2.5	280		0		0	1	112	3.3	369
Japanese	3.9	436	1	112	2	224		0		0	1.5	168
Korean	1.9	212	1	112		0		0		0		0
Laotian	2	224		0	0.5	56		0		0	1	112
Mandarin Chinese	1	112	2.2	246		0		0		0	0.5	56
Other	1.9	212	3.1	347	1.2	134		0	1.25	140	0.4	45
Other Chinese		0	2.1	235		0		0		0	1	112
Polish	1.5	168	0.5	56		0		0		0		0
Portuguese	2.5	280	1	112	2	224	1	112		0		0
Russian	0.6	67	0.5	56		0		0		0		0
Samoan		0		0	1	112		0		0		0
Spanish	47.4	5299	20.55	2297	7	783	11.55	1291	15.35	1716	34.9	3902
Tagalog	4.5	503	2	224	5	559		0	1	112	0.8	89
Turkish	1	112		0		0	0.5	56		0	1	112
Vietnamese	2	224		0	0.5	56		0		0	1	112
Total	83.5	9335	52.55	5875	24.2	2706	14.55	1627	19.1	2135	57.5	6429

Note: The above table shows the number of direct service staff and the target productivity hours for each person per month. San Diego County will utilize this data to analyze system capacity for providing services and identifying service gaps.

**c) Support staff.**

	Central	East	North Central	North Coastal	North Inland	South
Arabic	1		1.25			
Armenian						
Cambodian	4					
Cantonese Chinese	0.4		1			0.5
Filipino Dialect	0.5					
French	1.5		1.5		0.75	
German				0.5		0.8
Hmong			1	1		
Italian						
Japanese	2.5					1
Laotian	0.5		1.5			
Mandarin Chinese	1		2			
Other	1					
Portuguese					1	
Sign Language						
Spanish	17.8	12.65	3.5	4.6	10.45	16.5
Tagalog	1.9	1	4	0.2		1
Turkish		0.5				
Vietnamese	0.5		1.5			
Total	32.6	14.15	17.25	6.3	12.2	19.8

**d) Interpreters\*;** and

Interpreter services are handled through a contract; information regarding each individual staff person's proficiency in reading and writing is not captured. Information about interpreter services contractor staff proficiency in reading and writing is not available.

**e) Staff who has voluntarily self-identified as consumers\*.**

Due to problems with reliability of data gathered regarding proficiency in reading and writing of staff who has voluntarily self-identified as consumers, this information is not available. Please see page 59 for information regarding staff who has voluntarily self-identified as consumers by region.

**4) Analysis:** An annual analysis of the human resources composition by location data in contrast to the population needs assessment data for each population category, and conclusions drawn by the MHP in terms of designing and planning for the provision of appropriate and effective specialty mental health services.

- Identify any objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population and human resources assessment.

Of the six objectives in the FY 03 Cultural Competence Plan, the following four are related to the need for and the provision of culturally competent services based on the population and human resources assessment:

Objective #1 Evaluate the system for providing culturally and linguistically competent services based on analysis of population and provider assessment.

Objective #3 Evaluate the system for providing linguistically competent services by continuing to monitor use of interpreter services to identify trends and evaluate utilization.

Objective # 4 Evaluate the system for providing linguistically competent services by continuing to both FFS and organizational provider capacities to meet threshold and non-threshold language needs

Objective #5 For growing cultural populations in San Diego County, investigate possible methods to mitigate identified service gaps.

For a list of planned Activities, Resources and Timelines to meet these objectives, please see page 44.

- Identify disparities between the Medi-Cal beneficiary population and the cultural, ethnic and linguistic diversity of the MHP's direct service providers.
  - With Spanish-speaking Medi-Cal beneficiaries making up 28% of the County Medi-Cal population, there is a shortage of Spanish-speaking clinicians in every region of the County with the most severe shortage occurring in the South region where 71% of the clients are of Hispanic origin.
  - The number of Vietnamese/other Asian culture direct service providers is less than needed to meet the cultural demand.
  - There is a scarcity of staff with bilingual capabilities in the North Coastal and North Inland Regions.
- Compare the percentages of culturally, ethnically and linguistically diverse direct service providers to the same characteristics of the Medi-Cal beneficiary population. Any identified disparity must be addressed in the Cultural Competence Plan.

**A COMPARISON OF THE MEDI-CAL BENEFICIARY POPULATION AND ORGANIZATIONAL PROVIDER DIRECT SERVICE STAFF BY ETHNICITY**

	Medi-Cal Beneficiaries	Direct Service Providers
Alaskan/American Indian	0%	1%
Asian/Pacific Islander	14%	5%
Black	12%	8%
Hispanic	40%	16%
Other/Unknown	5%	2%
White	29%	68%

Note: The percentages shown above do not include the 771 Fee-for-Service providers for whom ethnicity data is not available. Data Sources: CCRs, Dec. 2002 and CA DHS.

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**A COMPARISON OF THE MEDI-CAL BENEFICIARY POPULATION AND THE DIRECT SERVICE PROVIDERS BY LANGUAGES SPOKEN**

	Medi-Cal Beneficiaries	Direct Service Providers
English	44%	74%
Spanish	28%	14%
Other Indo European Languages	0%	6%
Asian and Pacific Islander Languages	4%	4%
Other Languages or Unknown	24%	2%

Note: The percentages shown above include the 771 Fee-for-Service providers. Data Sources: CCRs, Dec. 2002, UBH-SD Credentialing Database, and CA DHS, Jan. 2003.

As discussed previously, there is a disparity between the percentage of beneficiaries of Hispanic origin (40%) and the number of direct service providers (16%). Additionally, the percentage of Spanish-speaking beneficiaries is twice that of direct service staff.

Available statistics are limited, aggregating Asian and Pacific Islander languages and creating the impression of parity with the percentage of direct service staff with these language capabilities. However, there is an acknowledged lack of Vietnamese clinical staff serving both children and adults. The increased usage of Cambodian interpreter services among Children Mental Health providers may be an indicator of a potential need for additional Cambodian speaking clinical staff also.

Also noted previously is the growing need for Arabic-speaking direct service providers, especially in the East Region, although this language data has also been lost in the aggregated statistics available.

The 03-04 Cultural Competence Plan Objectives #5 and #6 deal with the services gaps and access problems for growing cultural populations.

*Cultural Competence Plan Criteria: A narrative analysis of the human resource composition and location data, in contrast to population needs assessment data.*

**5) Objectives:**

**A) Report the progress toward your objectives, as listed in the MHP's FY 2002 Revised FY Cultural Competence Plan, to design, plan, and provide culturally and linguistically appropriate and effective mental health services based on your human resources composition in contrast to the population needs assessment data and conclusions. Identify barriers that impede progress in your objectives. What steps have been taken to address identified barriers?**

2002 Objective #1. Continue to evaluate implementation of the Culturally Competent Clinical Practice Standards.

Progress:

- Conducted Systemwide Assessment of cultural competence in 2002 to establish baseline for cultural competence of system and identify areas of needed improvement.
- Established a process to monitor adherence to standards through medical record review and site reviews.
- Measured variances in client satisfaction through result of MHSIP based on language to evaluate effectiveness of Culturally Competent Clinical Practice Standards.

Barrier: Difficult to identify a method to measure implementation of and adherence to Culturally Competent Clinical Practice Standards.

Remedies:

- Revised goal from evaluation of implementation Culturally Competent Clinical Practice Standards to evaluating system for providing culturally competent services based on analysis of population and provider assessment.
- Incorporated items into QI's medical record review tool that address culturally competent clinical practice standards.

2002 Objective #2. Monitor compliance with the four-hour annual training requirement for Organizational provider staff and FFS providers (incorporated into Objective #2 for 2003-2006).

Progress:

- Included in Organizational provider site review.
- Providers send in reports on training attendance twice annually in their monthly status report.

Barrier: Monitoring is complicated by size of system and number of providers. Also the fact that many of the providers are contractors makes monitoring more difficult.

Remedies:

- Plan to include this item in FFS provider site review (03-04).

2002 Objective #3.

Monitor use of Interpreter Services to identify trends and evaluate utilization. (Objective #3 for 2003-2006).

Progress:

- Monitoring of Interpreter Services is done on monthly basis.

Barrier: Limited resources were initially allocated for Interpreter Services which limited availability of these services so that reports on use of interpreters did not clearly reflect client needs.

Remedy: As more resources were allocated to this contract the report became more reflective of actual demand.

2002 Objective #4.

Monitor both FFS and organizational providers capacities to meet both threshold and non-threshold language needs. (Objective #4 for 2003-2006).

Progress:

- County reviews reports of languages spoken by Organizational and FFS.
- County monitors Complaints and Grievances to identify any trends regarding language needs that are not being met.

Barrier: Monitoring language capability of providers has been limited to reviewing a sample of medical records

Remedy:

- Develop reports to compare potential language demand and provider language capacity.

2002 Objective #5.

Develop definition of culture for San Diego County (sic. *that is measurable and can be used as indicators*).

Progress: *COMPLETED*

Barrier: Development of a definition of culture that could be operationalized was hindered because of the limitations of the InSyst management information system in capturing data.

Remedy

San Diego County determined that we will use

- ethnicity,
- language,
- age, and
- gender.

as measurable elements of culture until a new management information system is implemented that will allow greater flexibility in data entry and tracking.

2002 Objective #6.

Study access to care for Hispanic and other underserved populations (Objective #6 for 2003-2006).

Progress:

- QI conducted client focus groups with Latino and Vietnamese clients to study Ease of Access to Care.

Barrier: Limited staff time to study access to care. Lack of baseline figures on need and capacity.

Remedy:

- In response to a State requirement for QI to conduct Latino Access to Care Study staff has been reprioritized to conduct the study.
- Develop information/reports comparing need and capacity.

**B) Identify new or changed objectives developed to reflect a better way to meet human resources needs or the needs of the organization and the providers of services.**

Of the six objectives developed for this revised Cultural Competence Plan, four new/changed/updated objectives were developed to reflect a better way to meet human resources needs or the needs of the organization and the providers of services. These objectives with their barriers and possible remedies to overcome barriers are as follows:

2003-06 Objective # 1 Evaluate the system for providing culturally competent services based on analysis of population and provider assessment. (NEW)

Barrier: Determining a method for evaluating the system.

Remedies:

Use penetration and retention data to identify ineffective and inappropriate service patterns  
Monitor results of client satisfaction surveys.

2003-06 Objective # 2. Continue to implement an enhanced Cultural Competence Training Plan based on system-wide cultural competence assessment recommendations. (Continued from 2003, #2)

Barriers:

1. Large size of system
2. Both County and numerous Contracted providers
3. Limited budget for training
4. Limited staff time for training

Remedy

Investigate use of alternative methods for training such as:

- a. Web-based training
- b. Distributing written materials
- c. Train the Trainer models
- d. Video-taping training

2003-06 Objective # 3 Evaluate the system for providing linguistically competent services by continuing to monitor use of Interpreter Services to identify trends and evaluate utilization (continued from '02).

Barrier: Use of contracted interpreters through Interpreters Services can be tracked and monitored, but it is difficult to track time contributed by other program staff, which may also be a good indicator of need.

Remedy

- Establish a requirement for Mandated Key Points of Contact to track staff time used for interpreting
- Utilize penetration and retention data to inform administration and to evaluate system needs

2003-06 Objective # 4

Evaluate the system for providing linguistically competent services by continuing to monitor both FFS and organizational providers capacities to meet both threshold and non-threshold language needs (continued from '02).

Barrier: Currently we can monitor numbers of providers who claim that they are able to provide services in languages other than English, however it is difficult to determine linguistic availability and capacity of system.

Remedy:

Basic data about system capacity based on provider availability is being compared to historical data about client utilization.

C) Has the MHP identified any local trends in human resources that impact culturally competent services? For instance, staff turnover, difficulty in finding culturally and linguistically competent service providers, availability of interpreters, etc. If yes, please describe.

In Southern California there is very strong competition for Spanish-speaking professionals. In addition, there is the added complication of the high cost of housing in San Diego vs. lower average pay than exists in some other counties.

Ethnically diverse professionals are not entering the mental health field due to low salary levels. This impacts the ability to hire culturally competent clinicians in both contract and County programs and, in particular, in children's programs. East Africans and Arabic clinicians and interpreters training in mental health issues are underrepresented, as are Asian Hispanic and African American clinicians. Non-threshold language needs have been identified in the FFS network in the Eastern European and Asian refugee groups. Efforts to recruit FFS Vietnamese-speaking clinicians and psychiatrists have failed to yield more than a few recruits.

*Cultural Competence Plan Criteria: Identify any objectives related to the need for, and the provision of, culturally and linguistically competent services that are based on the analysis.*

### III. TRAINING IN CULTURAL COMPETENCE (SINCE JULY 31, 2002)

This section requires a description of cultural competence training for staff and contract providers, including training in the use of interpreters since your last annual submission.

A) What cultural competence training has the MHP provided since the last CCP Updates, including Competency in Client Culture? List training and staff attendance by function:

- 1) Administration/management
- 2) Direct services: MHP's staff;
- 3) Direct Services: contractors
- 4) Support services; and,
- 5) Interpreters.

The MHP, its direct service providers, and other outside agencies have provided four broad types of cultural competence training for County and provider staff, since the last CCP update in July, 2002. These types are Awareness Training, Knowledge Training, Skill Set Development Training, and combinations of two or more types of training. The wide scope of these trainings can be seen from the following examples:

A wide variety of individual population trainings (e.g., American Indian, gang, refugee); client culture, clinical cross-cultural trainings, CPS reporting issues, documentation training, cultural competency in vocational and life skills training, cultural issues for juvenile court clients, elder abuse prevention, family violence, prejudices and stereotypes.

Over 140 trainings were given, many of which were for limited numbers of persons. Since there are about 2,000 administration, direct service and support staff working for the County/organizational providers, plus 750 FFS providers, the need to have multiple opportunities to receive a training on any given topic is apparent. The difficulty in training all staff in multiple cultures is also apparent.

For a complete listing of trainings and staff attendance by number and function, please see the Attachments section of this report, pages 101-125.

In addition to provider staff assisting with interpreter services, the County uses a contractor to provide additional interpreter services. The contractor has the primary responsibility for training interpreters. The MHP conducted an additional two-day training on interpreter services in December 2002. The first day was tailored for professionals who use interpreters, educating them on best practices in using an interpreter, and the second day was geared to bilingual professional and interpreters, educating them about mental health issues. The mental health topics covered on Day

Two included stages of interpreting; ethics and confidentiality; major barriers to effective communication; basic mental health concepts and symptoms; issues and problems in clinical assessment. The County anticipates providing the interpreters' training quarterly, in various locations around the County, within the constraints of funding availability.

## IV. CCP SELECTED REQUIREMENTS

D. MHPs have assessed factors and developed plans and evidence of implementation of these plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

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- location, transportation, hours of operation or other relevant areas;
- adapting physical facilities to be comfortable and inviting to persons of diverse cultural backgrounds; i.e., posters, magazines, décor, signs; and
- locating facilities in settings that are non-threatening, including co-location of services and/or partnerships with community groups.

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### *Cultural Competence Plan Criteria:*

A) *Evidence of a study or analysis of the above factors.*

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Beginning in fiscal year 2002-2003, the MHP conducted a study to evaluate access to care for the Latino and Vietnamese populations, to identify the needs of the population, and identify interventions to enhance Latino beneficiaries' access to care. The Quality Improvement Unit identified Mandated Key Points of Contact for adults, older adults, and children in each region of the County. Information regarding the ethnicity and linguistic capability of staff and the penetration and retention rates for Latino and Vietnamese clients at these programs was analyzed. This data was presented to the Cultural Competence Resource Team to assist in the identification of focus areas and goals regarding the mental health service needs of these populations.

In March 2003, the "Ease of Access to Care Study" was undertaken to identify potential barriers that may be experienced by culturally and linguistically diverse populations in obtaining mental health services. Surveys asked current Spanish- and Vietnamese-speaking mental health clients about their satisfaction with written information, the physical facility, convenience of location, hours and accessibility by public transportation. Surveys translated into Spanish were distributed to Spanish-speaking clients at five outpatient clinics: Maria Sardinias, South Bay Guidance, East County Mental Health, San Ysidro Mental Health, and Southeast Mental Health. Language-appropriate surveys were distributed to Vietnamese-speaking clients at the Union of Pan Asian communities clinic and to Spanish-speaking clients at five outpatient clinics.

Results from Spanish-speaking clients: Of the 71 clients completing the survey:

- 98.6% expressed satisfaction with access to written materials in their primary language.
- 100% expressed satisfaction with the physical facility.
- 97.2% expressed satisfaction with the convenience of the location.
- 97.2% expressed satisfaction with the hours of operation.
- 98.6% expressed satisfaction with accessibility of public transportation.

Survey results indicate that for Spanish-speaking persons who are already receiving mental health services, the level of satisfaction is consistently quite high. The number of participants in the study may have been too small for the result to be reflective of satisfaction across the Spanish-speaking community.

Results from Vietnamese-speaking Clients: Of the 16 Vietnamese-speaking clients completing the survey:

- 93.8% expressed satisfaction with access to written materials in their primary language.
- 93.8% expressed satisfaction with the physical facility.
- 100% expressed satisfaction with convenience of the location.
- 87.5% expressed satisfaction with the hours of operation.
- 93.8% expressed satisfaction with accessibility by public transportation.

Survey results indicate that among Vietnamese-speaking persons who are already receiving mental health services, the level of satisfaction with the above indicators is quite high. The only area scoring significantly lower than the others was satisfaction with hours of operation. The small number of respondents may influence the reliability of the data, and may reflect possible respondent concerns about the confidentiality of the returns.

*B) Evidence that the MHP's program is adjusted and the plan is implemented based upon the findings of their study or analysis.*

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Results from Spanish-speaking Clients: Early indicators from the study suggest that the existing facilities providing services for the Spanish-speaking community may provide an example of best practices, as far as physical conditions. For future surveys, the study questions may need to be expanded to include quality of care and utilization patterns and to further explore other possible barriers for this population.

Results from Vietnamese-speaking Clients: The comparative unhappiness with hours of operation will be addressed with the contractor as a continuous quality improvement opportunity. Both the process for administering the survey and the questions may need to be revised and/or expanded to include quality of care and utilization patterns, and to identify other possible barriers and to achieve greater returns.

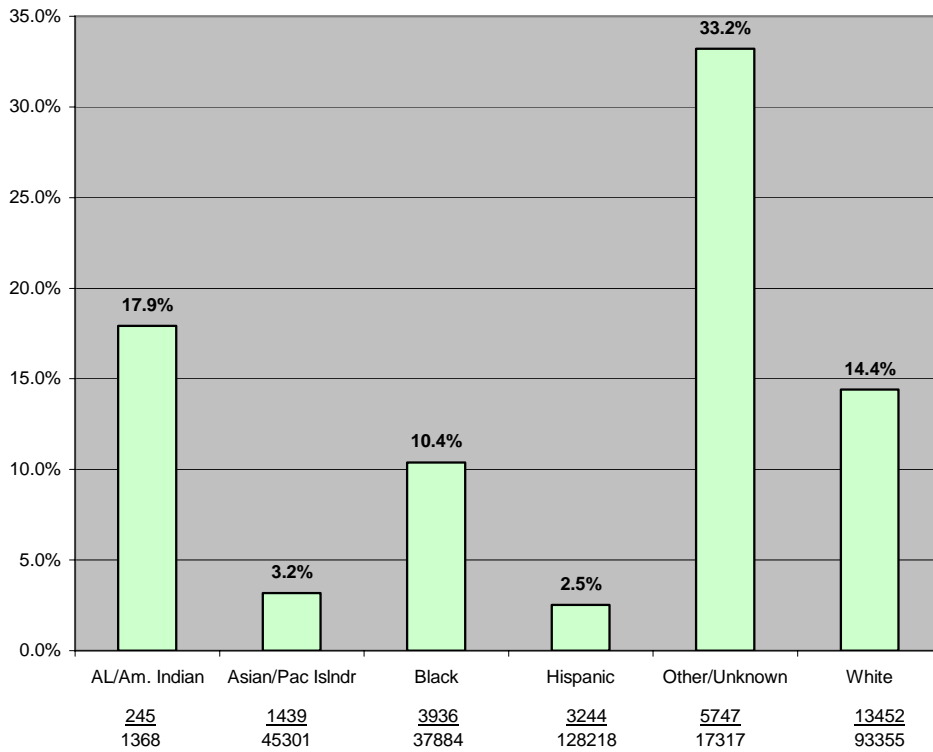
The Quality Improvement Work Plan will be revised in August 2003 to reflect the results of the above studies.

**2) Penetration/Retention: Persons of diverse ethnic background access the service system in numbers consistent with their representation in the Medi-Cal beneficiary population and relevant incidence and prevalence data. (Note: DMH will continue to provide penetration and retention rate data to facilitate compliance with these requirements.):**

*Cultural Competence Plan Criteria:*

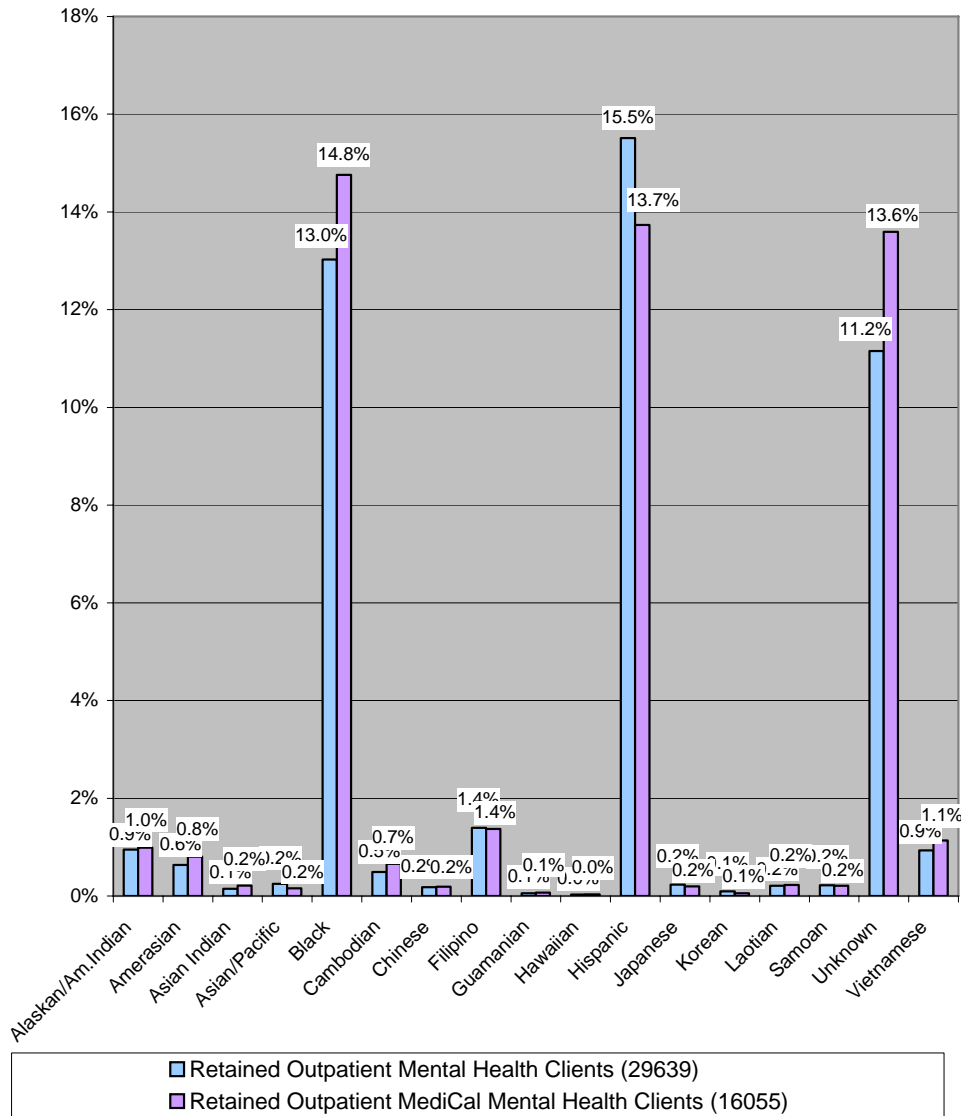
- A) Track penetration and retention rates by ethnic groups.
- B) Compare these rates across ethnic groups.

**A Comparison of the Penetration Rates By Ethnicity**



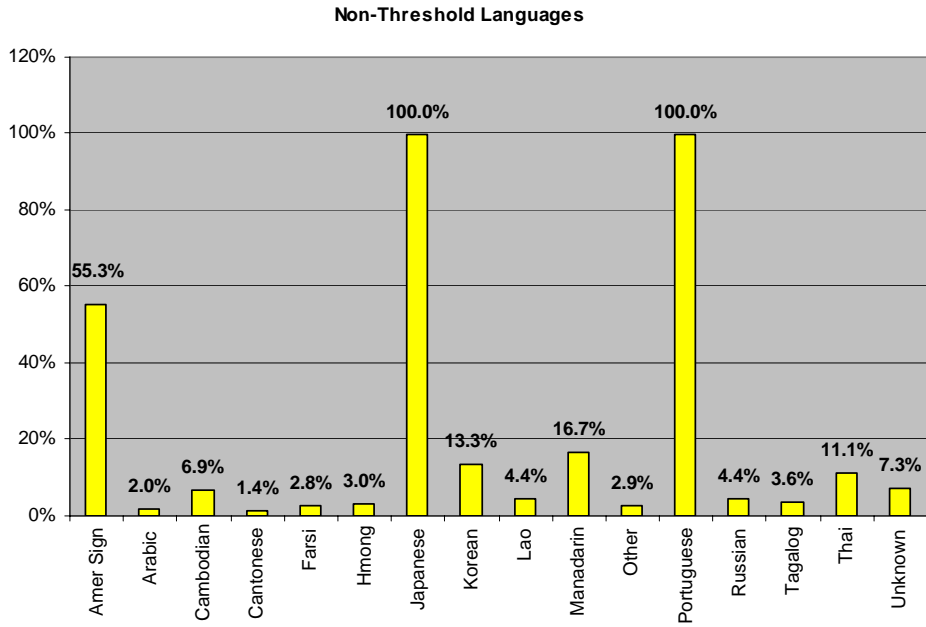
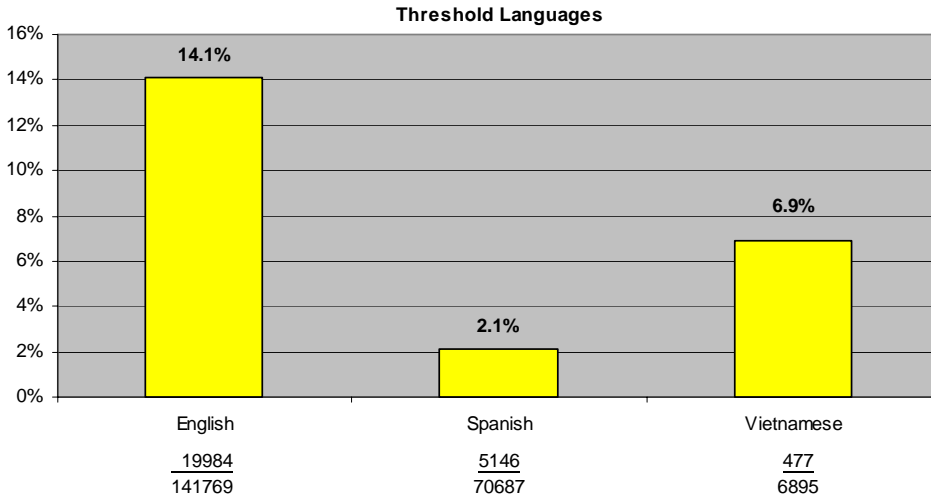
San Diego County has defined penetration as the total number of MediCal clients receiving mental health services divided by the total number of all MediCal beneficiaries. Data Sources: InSyst and Ca. Dept. of Health Services.

**A Comparison of Retained Outpatient Mental Health Clients to Retained Outpatient MediCal Mental Health Clients By Ethnicity**



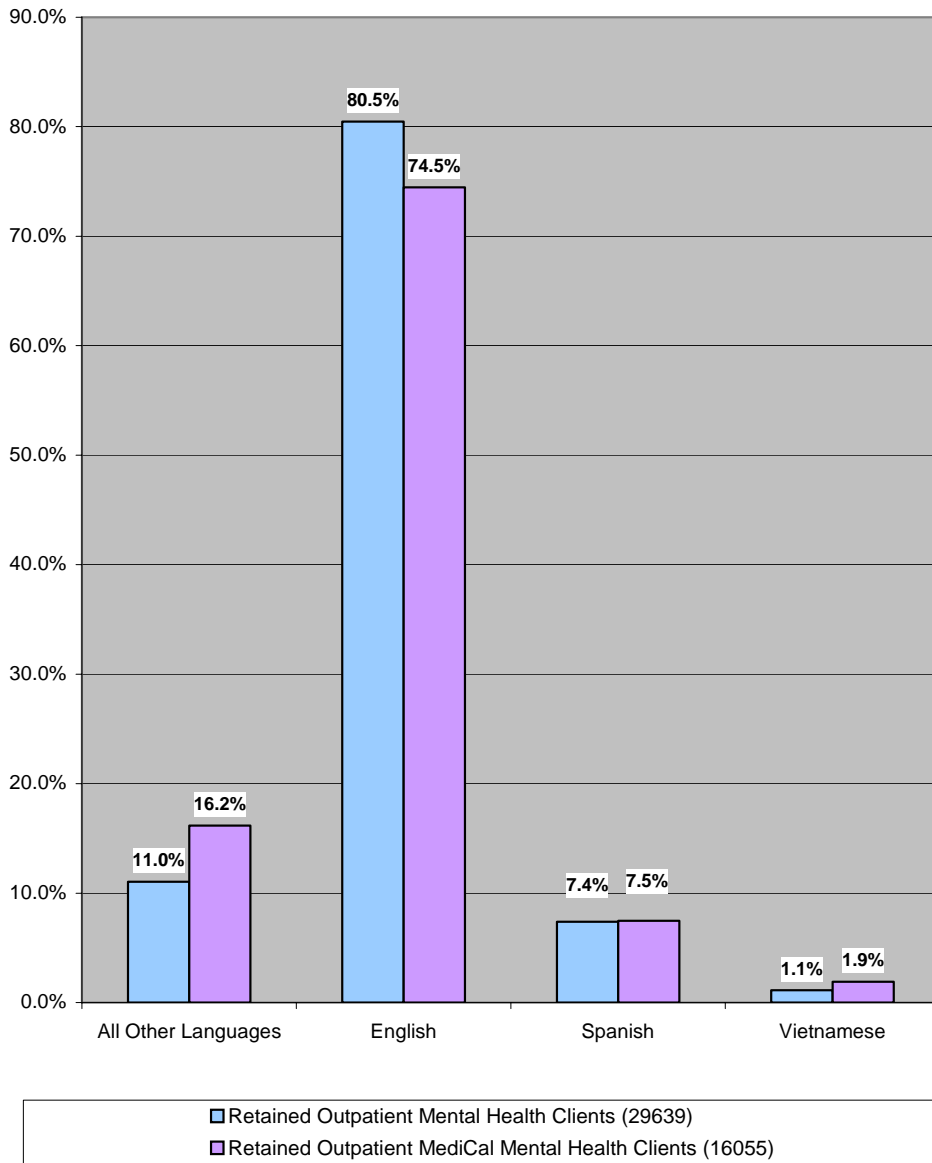
San Diego County has defined retention as clients receiving more than three visits during the fiscal year including county, contract and fee for services providers. Mental health clients includes all clients receiving services with private insurance, Medicare, MediCal and the indigent. The chart excludes the 54.5% of Mental Health Clients and 51.6% of MediCal Mental Health Clients who are white.

**A Comparison of Penetration Rates By Language**



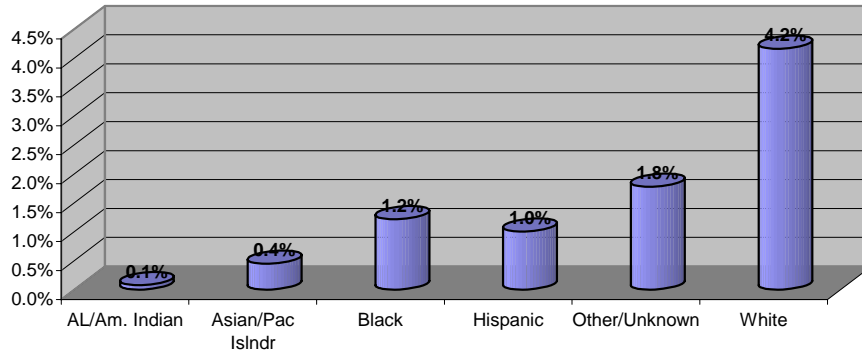
San Diego County has defined penetration as the total number of MediCal clients receiving mental health services divided by the total number of all MediCal beneficiaries. Data Sources: InSyst and Ca. Dept. of Health Services.

**A Comparison of Retained Mental Health Clients to  
Retained MediCal Mental Health Clients By Language**

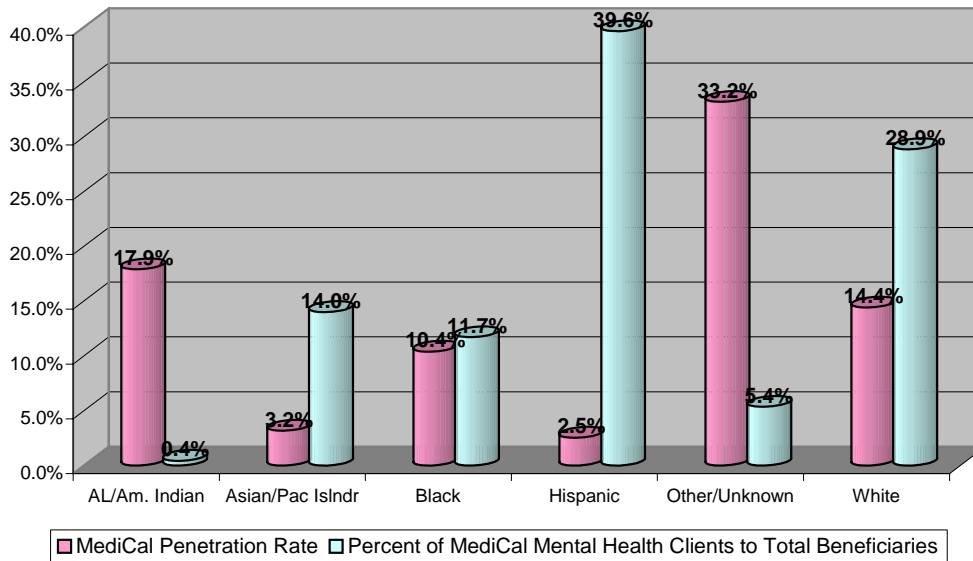


**C) Compare these rates of ethnic groups in the Medi-Cal beneficiary population.**

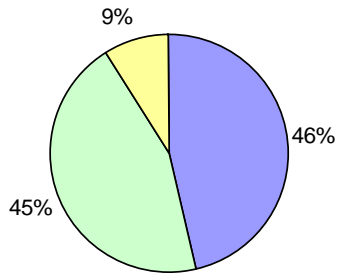
**Percent of MediCal Mental Health Clients By Ethnicity to Total MediCal Beneficiaries**



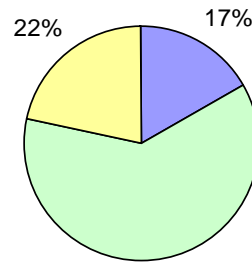
**A Comparison of the Penetration Rate to the Percent of MediCal Mental Health Clients to Total Beneficiaries**



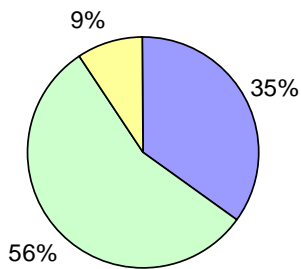
*D) Analyze these rates for each ethnic group by factors including age, diagnosis, gender, and primary language of Medi-Cal mental health clients to identify potential problem areas.*



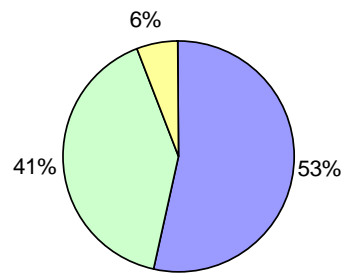
Alaskan/American Indian



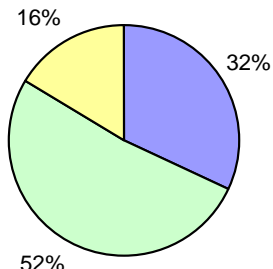
Asian/Pacific Islander



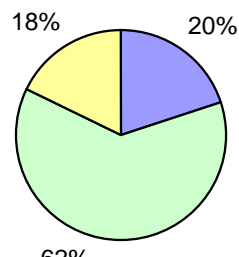
Black



Hispanic



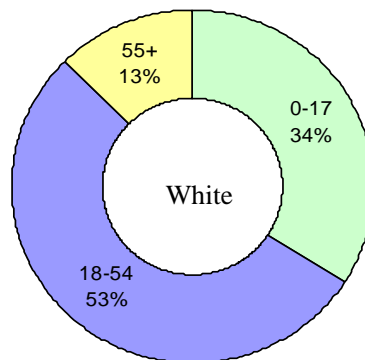
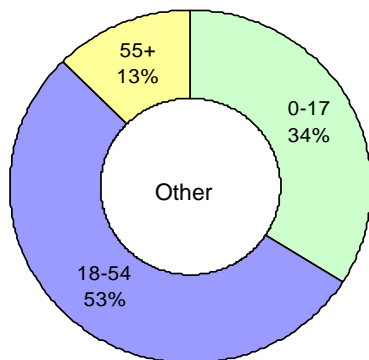
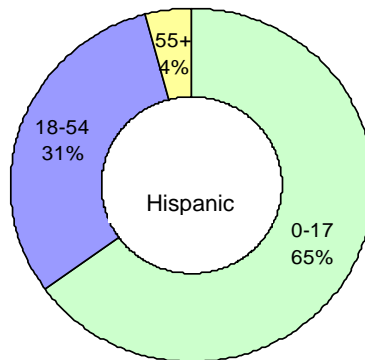
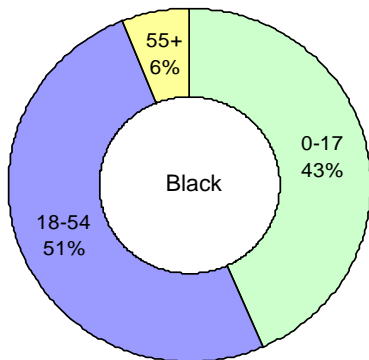
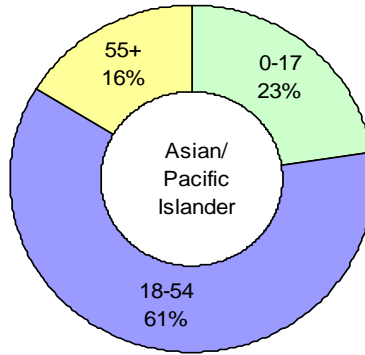
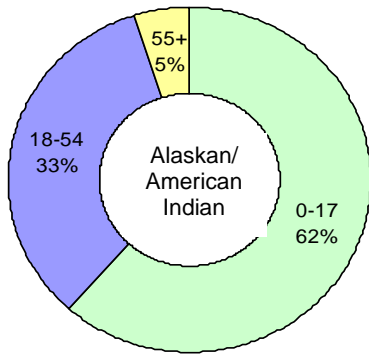
Other



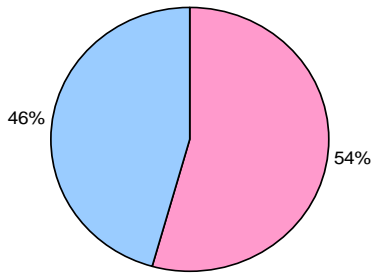
White

0-17    
  18-54    
  55+

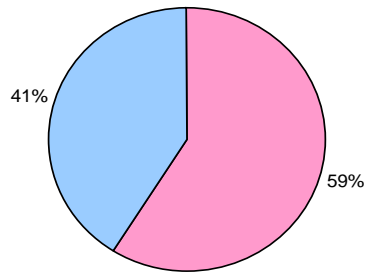
*Penetration by ethnicity and age. InSyst 2002*



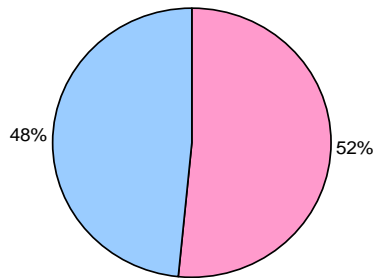
*Retention By Ethnicity and Age, InSyst 2002*



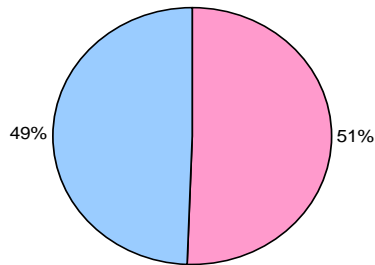
Alaskan/American Indian



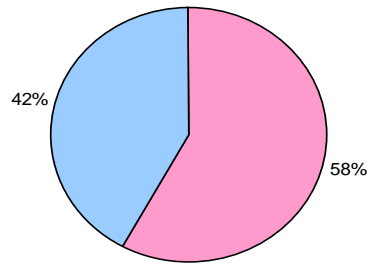
Asian/Pacific Islander



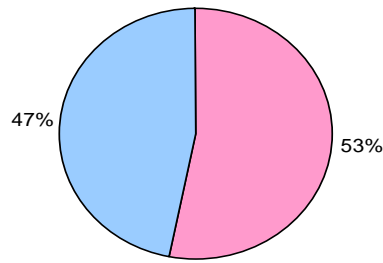
Black



Hispanic



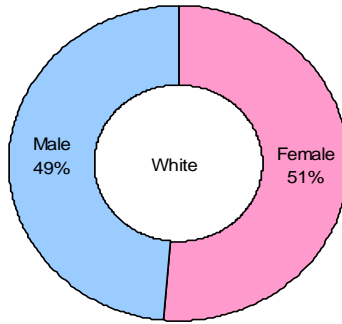
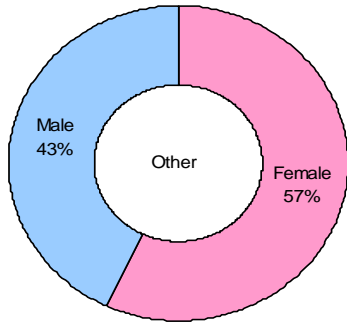
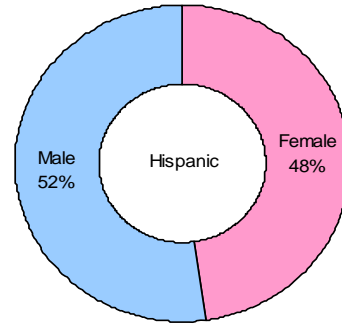
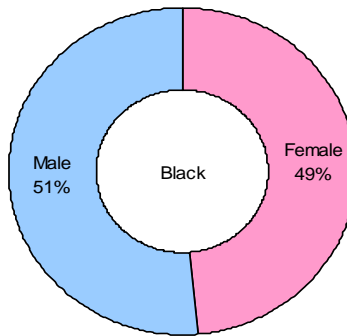
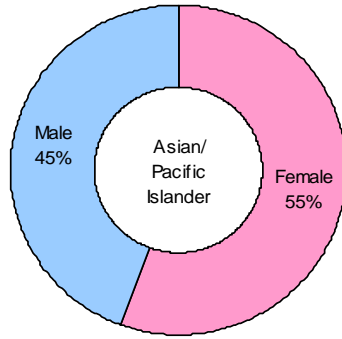
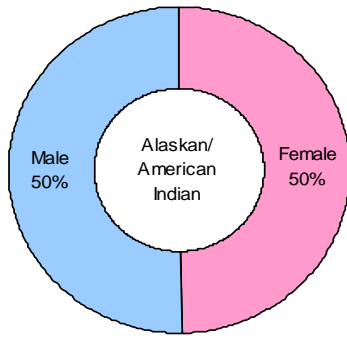
Other



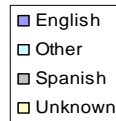
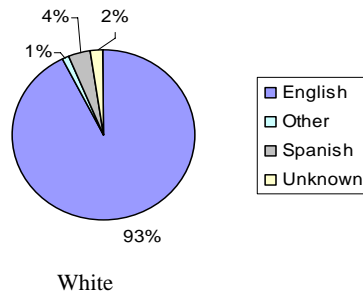
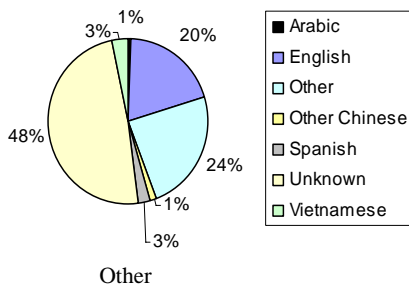
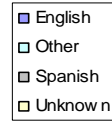
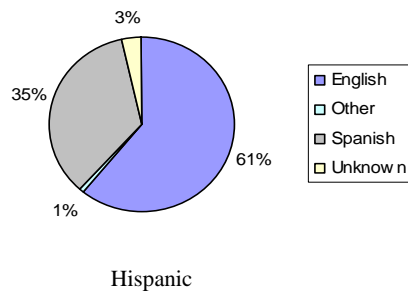
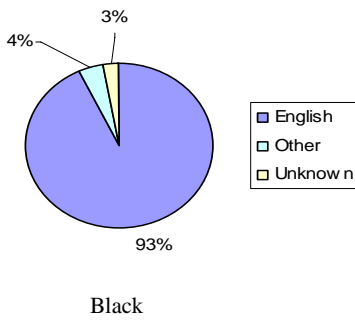
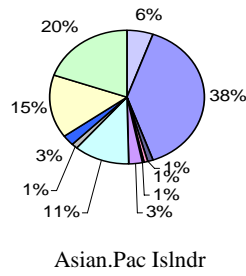
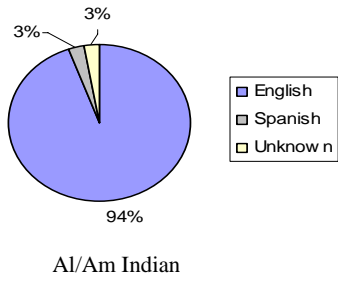
White

Female Male

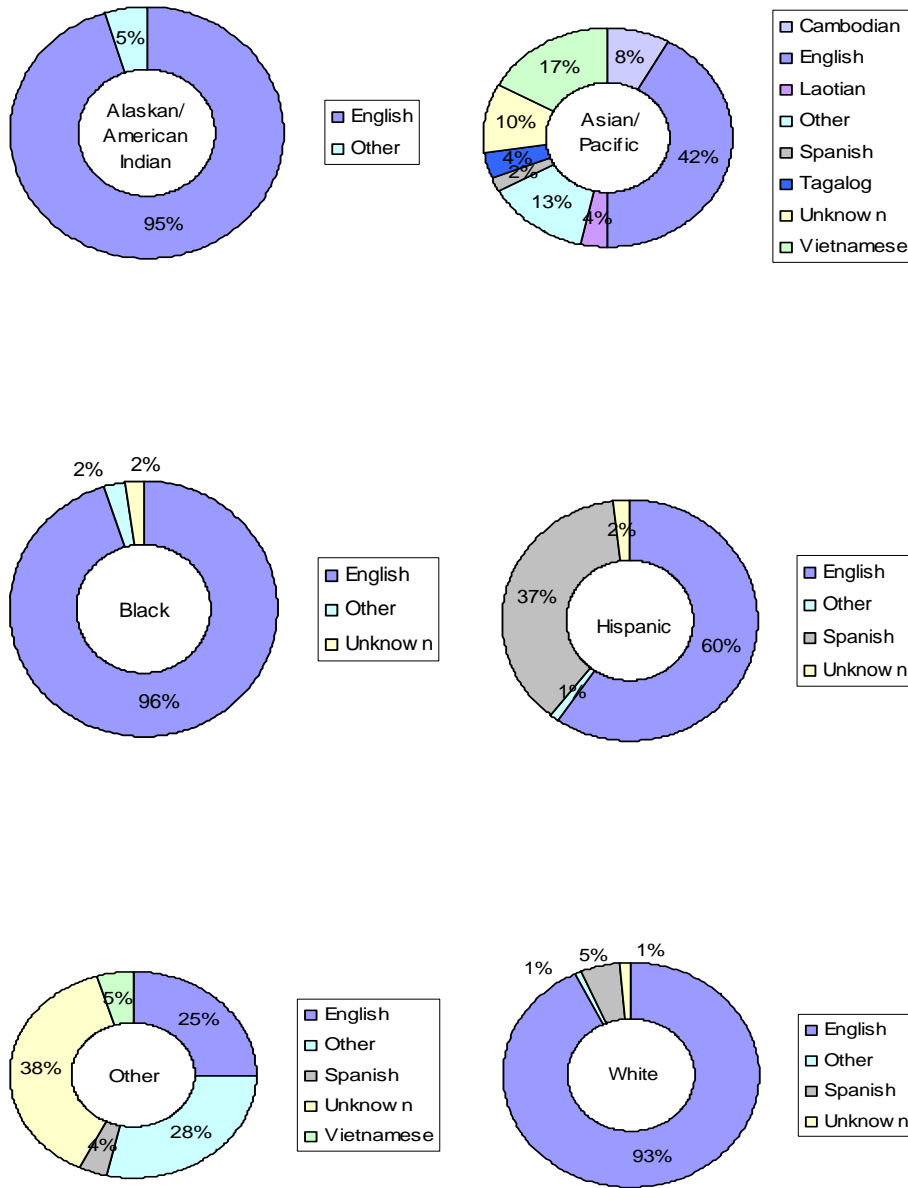
*Penetration By Ethnicity and Gender, InSyst, 2002*



*Retention By Ethnicity and Gender, InSyst 2002*



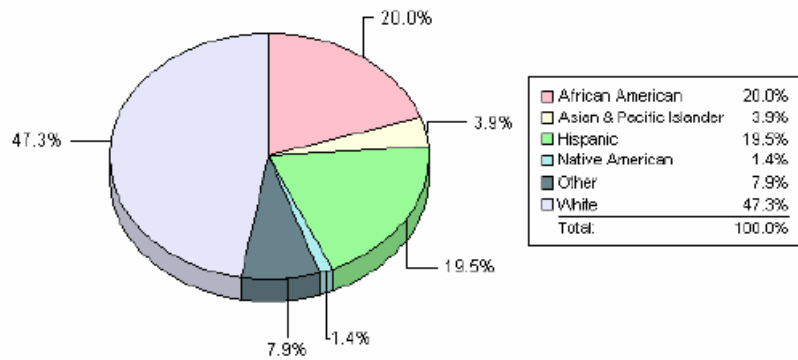
*Penetration By Ethnicity and Language, Insyst, 2002*



*Retention By Ethnicity and Language, InSyst, 2002*

**MediCal Mental Health Clients By Ethnicity and Diagnostic Category**

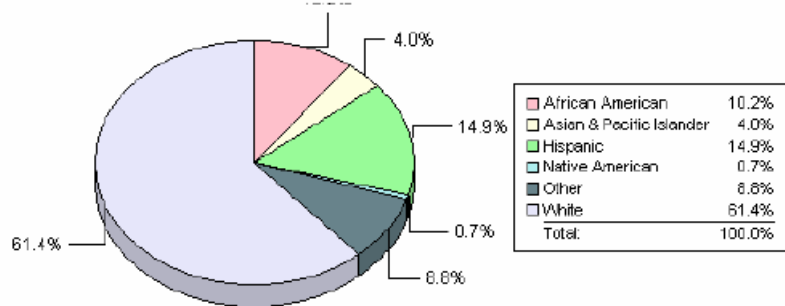
**Adjustment Disorders**



**Adjustment Disorders**

**12.61%**

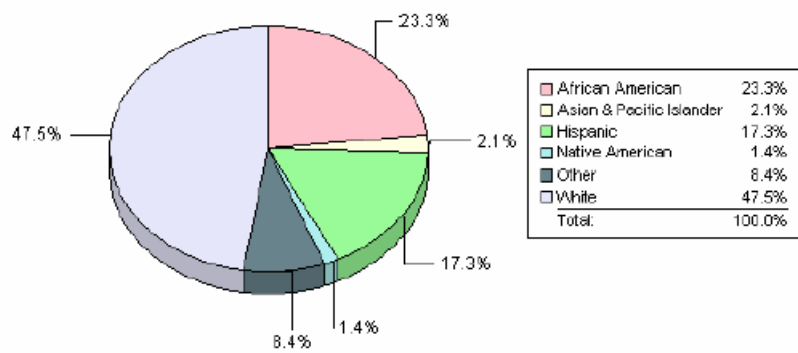
**Anxiety Disorders**



**Anxiety Disorders**

**4.07%**

**Attention-Deficit Disorders**



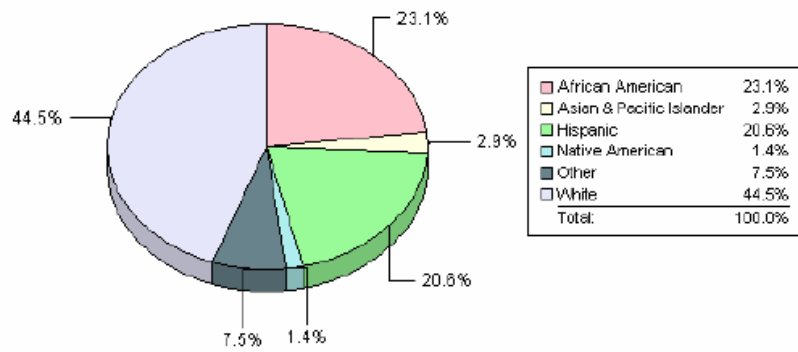
**Attention-Deficit Disorders**

**6.26%**

**CULTURAL COMPETENCE PLAN  
ANNUAL UPDATE FY 2003-04**

Revised March 2004

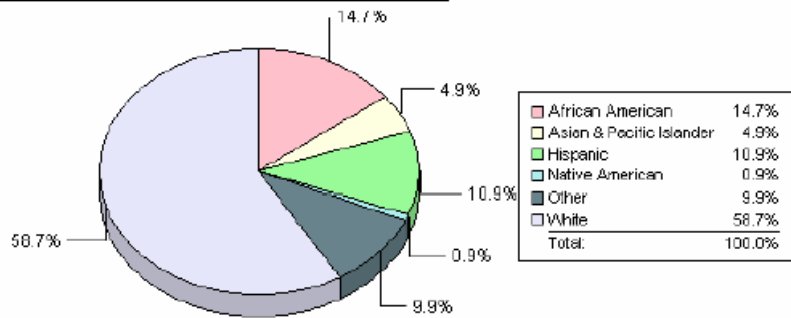
**Disruptive Behavior Disorders**



**Disruptive Behavior Disorders**

8.67%

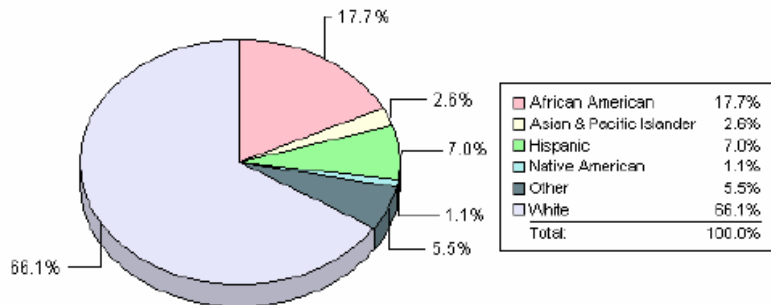
**Mood Disorders**



**Mood Disorders**

33.58%

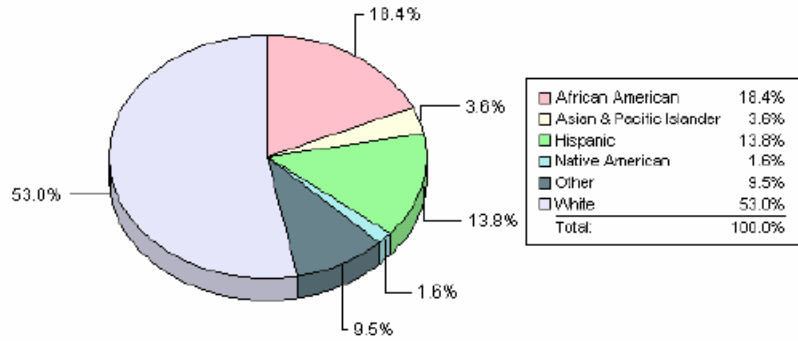
**Other**



**Other**

8.86%

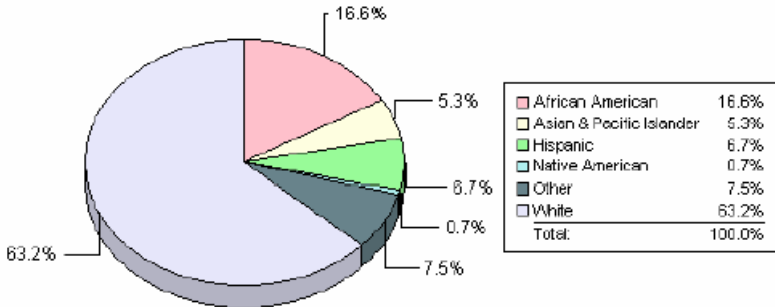
**Other Disorders of Infancy, Childhood, or Adolescence**



**Other Disorders of Infancy, Childhood, or Adolescence**

**0.89%**

**Schizophrenia and Other Psychotic Disorders**



**Schizophrenia and Other Psychotic Disorders**

**25.07%**

***D) Analyze these rates for each group by factors including age, diagnosis, gender, and primary language of Medi-Cal mental health clients to identify potential problem areas.***

Age: The most successful penetration in the MHS appears to be occurring among youngsters, where over half of the Asian/Pacific Islanders, Black/African Americans, White, and "Other" clients are 0-17 years of age. Because the school-based mental health program has expanded to over 220 schools, the ease and convenience of access to services may be cardinal in achieving this degree of penetration.

Among person 55 and over, the greatest degree of penetration occurs among the Asian/Pacific Islanders, with 22% of their MHS participants in this category. Whites and Others followed with 18% and 16%, respectively. Penetration among Blacks was lower at 9% and among Hispanics aged 55 and over comprise only 6%.

Of the clients engaged in mental health services, Hispanic children have the highest retention rate at 65%. All children make up 41% of the MHS population.

Asian/Pacific Islander adults have the highest retention rate—61%—among age groups in that ethnicity. This rate is significantly higher than that of Asian children at 23%. Whites, “Other” and Blacks also have significant retention rates among adults at 56%, 53% and 51%, respectively. Although Black children comprise 56% of that racial groups MHS population, they are retained in the system at a lower rate of 43%.

**Gender:** While the Mental Health Medi-Cal beneficiary population is predominately female (54% versus 46%), among Blacks and Hispanics, 51% and 52% respectively of the male population is retained in mental health services.

**Primary Language:** The retention rate among English speaking persons of all ethnicities is higher than any other language-speaking group. This can be related directly to the preponderance of English-speaking therapists in the MHS, facilitating access to care. Among beneficiaries with a primary language other than English, 37% of the Spanish-speaking population was retained.

**Diagnoses:** Whites, as the largest ethnic group using MHS, also lead with the percent diagnosed as having each of the major disorder categories (adjustment, anxiety, attention deficit, disruptive behavior, mood, other disorders of infancy, childhood, or adolescence) and also Schizophrenia and other psychotic disorders. Also, about two thirds of the mental health population with anxiety disorders and with schizophrenia are white.

Black/African Americans rank second in the percentage diagnosed with all of the major disorder categories, except anxiety, although they comprise only about 12% of the County’s Medi-Cal beneficiaries. Hispanics, who make up 40% of the Medi-Cal beneficiary population, have fewer diagnoses in all the major categories (other than anxiety) than Black/African Americans. While Asian Americans make up 14 % of the Medi-Cal beneficiaries they make up less that 4% of persons diagnosed in all the major disorder categories, except schizophrenia, where they comprise 6% of those so diagnosed.

*E) Establish a “percent improvement” for penetration and retention rates of ethnic groups with low penetration/retention rates.*

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Included in the objectives for the FY 03 Cultural Competence Plan, is the following target for improvement in penetration/retention rates:

Objective 4. Study access to care issues for underserved populations.

- Enhance current penetration rates for both Latino (from 2.5% to 2.6%) and Asian populations (from 3.2% to 3.3%).

This objective has been reviewed and approved by the Cultural Competence Resource Team (CCRT) and by the Adult Mental Health Services Executive Team.

*F) Take specific actions to meet the “percent improvement” improvement in “E” above.*

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- Beginning in February 2003, monthly hour-long discussions of issues related to mental health and access to services began to be broadcast Countywide on a local Spanish-language radio station.
- In FY 2003-04, presentations on mental health and accessing specialty mental health services are being conducted for staff and primary care physicians at community health centers to foster a closer, active working relationship.
- Trainings in Spanish have been offered to the Spanish-speaking community at the annual Consumer Conference.
- Focus groups have been held in various regions to address specific cultural needs.

Within the constraints of available funding, it is expected that these activities will continue throughout FY 03.



**CULTURE/FAMILY and RECOVERY POTENTIAL:**

**Birth place:** ( )San Diego ( )USA ( )Other (fill in birth place and year moved to USA):

Language of choice for therapy: English Spanish Vietnamese Other(fill in Language)

Ethnicity:  Latino/Hispanic  African American  Asian/Pacific Islander (fill in):

White  American Indian  Other (fill in):

Culture specific symptomatology/explanations for behavior (May reference Appendix I of DSM-IV-TR)

**Family/Community Support System-** (Describe it, including alternative relationship support, if any for mental health and/or substance use. Who is supportive? Community groups, e.g. AA/NA).

**Socio-Economic Factors:** (Educational achievement, occupation, income source and level).

**Religious/Spiritual Issues:** (Is R/S important in your life? If yes, is it a source of strength in your recovery process? Describe how/who: persons, practices).

**ASSETS/STRENGTHS:** (What abilities or skills do you have that you would choose to develop during your recovery? What new ones might you choose to develop? Describe strengths that contributed to recent treatment successes, sobriety, etc).

**MEDICAL HISTORY:** (Indicate any significant medical history related to client’s current mental health or substance use condition, including dates/providers related to prior treatment, as well as client’s adjustment to co-occurring disabilities).

Current Medication(s)	Dose	Frequency	Taken as Prescribed?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**ALLERGIES AND ADVERSE MEDICATION REACTIONS:**

NKA(s)

Other (s)

**HEALING AND HEALTH:** (Alternative healing practices/beliefs. Apart from mental health professionals, who-- or what-- helps you deal with disability/illness and/or to address substance use problems? Describe):

County of San Diego  
Health and Human Services Agency  
Mental Health Services

**INITIAL MENTAL HEALTH ASSESSMENT**

HHSA:MHS-912 (7/25/2003)

**Client:** \_\_\_\_\_

**MR/Client ID #:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**NAME OF CURRENT PRIMARY CARE PHYSICIAN:**

May we consult?  Yes  No      Date Last Seen: \_\_\_\_\_ Release of Information Form:  Yes  No

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone number (including area code) \_\_\_\_\_

**CLIENT'S HOSPITAL OF CHOICE:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone number (including area code) \_\_\_\_\_

**SUBSTANCE USE INFORMATION**      Indicate if no history of use       History unknown   
 (Describe the most recent baseline and characteristics in terms of symptoms, functioning, substance use, treatment, successful interventions, and factors (in sequence) that led to present deterioration. Identify periods of abstinence or minimal use of substances): \_\_\_\_\_

Type:	Date of Last Use	Amount of Last Use	Frequency and Amount of Use	Length of Time Using	Age of First Use
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**MENTAL STATUS EXAM:**

<b>Level of Consciousness:</b>	<input type="checkbox"/> Alert	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Stuporous			
<b>Orientation:</b>	<input type="checkbox"/> Person	<input type="checkbox"/> Place	Time <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year		<input type="checkbox"/> Current Situation	<input type="checkbox"/> None
<b>Appearance:</b>	<input type="checkbox"/> Clean	<input type="checkbox"/> Well-Nourished	<input type="checkbox"/> Malodorous	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Malnourished	<input type="checkbox"/> Reddened Eyes
<b>Speech:</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Slurred	<input type="checkbox"/> Loud	<input type="checkbox"/> Pressured	<input type="checkbox"/> Slow	<input type="checkbox"/> Mute
<b>Thought Process:</b>	<input type="checkbox"/> Coherent	<input type="checkbox"/> Tangential	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Loose Association	
<b>Behavior:</b>	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Evasive	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Threatening	<input type="checkbox"/> Agitated	<input type="checkbox"/> Combative
<b>Affect:</b>	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Blunted	<input type="checkbox"/> Flat	<input type="checkbox"/> Restricted	<input type="checkbox"/> Labile	<input type="checkbox"/> Other
<b>Intellect:</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Below Normal	<input type="checkbox"/> Paucity of Knowledge	<input type="checkbox"/> Vocabulary Poor	<input type="checkbox"/> Poor Abstraction	<input type="checkbox"/> Uncooperative
<b>Mood:</b>	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Elevated	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Depressed	<input type="checkbox"/> Anxious	<input type="checkbox"/> Irritable
<b>Memory:</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor Recent	<input type="checkbox"/> Poor Remote	<input type="checkbox"/> Inability to Concentrate	<input type="checkbox"/> Confabulation	<input type="checkbox"/> Amnesia
<b>Judgment:</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor	<input type="checkbox"/> Unrealistic	<input type="checkbox"/> Unmotivated	<input type="checkbox"/> Uncertain	
<b>Motor:</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Agitated	<input type="checkbox"/> Tremors	<input type="checkbox"/> Tics	<input type="checkbox"/> Repetitive Motions
<b>Insight:</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Adequate	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		

Note: A narrative mental status exam may be done on a progress note, in lieu of above.

County of San Diego  
 Health and Human Services Agency  
 Mental Health Services

**INITIAL MENTAL HEALTH ASSESSMENT**

HHSA:MHS-912 (7/25/2003)

**Client:** \_\_\_\_\_

**MR/Client ID #:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Visual Hallucinations:**  No  Yes Specify: \_\_\_\_\_  
**Auditory Hallucinations:**  No  Yes Specify: \_\_\_\_\_  
**Delusions:**  No  Yes Specify: \_\_\_\_\_  
**Other Information (optional):** \_\_\_\_\_

**POTENTIAL FOR HARM** (Include risk factors, e.g. chronic illness, recent loss of job, age)  
**Current SI**  No  Yes Specify plan: method, vague, passive, imminent \_\_\_\_\_

Access to means  No  Yes Specify \_\_\_\_\_  
 Previous Attempts  No  Yes Specify \_\_\_\_\_

Client Contract for Safety  No  Yes Specify in Progress Notes \_\_\_\_\_  
**Current HI**  No  Yes Specify Plan: vague, intent, with/without means \_\_\_\_\_

Identified Victim  No  Yes Name and contact information \_\_\_\_\_  
 No  Yes Tarasoff warning \_\_\_\_\_

Client No Harm Contract  No  Yes Specify in Progress Notes \_\_\_\_\_  
**History of Violence**  No  Yes Specify Type: past, current \_\_\_\_\_

**History of Domestic Violence** \_\_\_\_\_  
**History of Abuse**  No  Yes Specify Type: past, current \_\_\_\_\_

Abuse Reported  No  Yes

**Probation Officer Contact Info:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (including Area Code) \_\_\_\_\_  
**CONVICTION OF FELONY AND JAIL TIME**  No  Yes

What was the conviction for? Length of jail time? \_\_\_\_\_

DSM IV DIAGNOSIS: Impairment/Disability		Enter P in front of primary	DIAGNOSTIC CODE
Use DSM-IV-TR Codes. Indicate (P) – Primary and (S) – Secondary			
AXIS I			
AXIS I			
AXIS I			
AXIS II			
AXIS III	Relevant Medical Conditions:		
AXIS IV	Psychosocial and Environmental Problems:		
AXIS V	Current GAF: _____ Highest in Past Year: _____	COD: <input type="checkbox"/> Yes <input type="checkbox"/> No	

County of San Diego  
 Health and Human Services Agency  
 Mental Health Services

**INITIAL MENTAL HEALTH ASSESSMENT**

HHSA:MHS-912 (7/25/2003)

**Client:** \_\_\_\_\_  
**MR/Client ID #:** \_\_\_\_\_  
**Program:** \_\_\_\_\_



## Quality Improvement Work Plan 2002-2003

**QI Work Plan Addendum: Latino Access to Care Study**

## Overview:

Beginning in FY 02-03, San Diego County Mental Health Services will conduct a study to evaluate access to care for the Latino population. The study will assist the county to evaluate the needs of this population and to identify interventions to enhance Latino beneficiaries' access to care.

## Phase 1:

Based on recommendations from various stakeholder groups, including the Cultural Competence Resource Team (CCRT), Adult/Older Adult and Children's Quality Review Councils (QRCs), the County Quality Improvement (QI) Unit will identify Mandated Key Points of Contact for adults, older adults, and children in each region of the county. Information regarding the ethnicity and linguistic capability of program staff, including direct service, administrative, and support staff at each of the identified programs, will be collected. Data regarding the penetration and retention rates for Latino clients at these programs will be determined. Based on this information, the QI Unit will analyze the capacity of the identified programs to provide linguistically and culturally appropriate services to Latino clients. The data will be analyzed by at the end of the fourth quarter of 2002-2003.

The results of this analysis will be reviewed by the CCRT and will be presented to both the QRCs. These stakeholder groups will assist in the identification of focus areas and goals regarding the needs of Latino population in the area of accessing mental health services.

## Phase 2:

Beginning in FY 2002-2003 and carrying over to FY 2003-2004, the following planned interventions to enhance Latino access to care will/may be implemented. The QI Unit will measure the rate of penetration and retention prior to the implementation of the intervention.

- 1) Establish standards for linguistic capacity for Mandated Key Points of Contact. – To be implemented in FY 2003-2004.
- 2) Implement the following outreach programs targeted to reach the Latino population:
  - Monthly hour-long discussion of issues related to mental health on a local radio station which broadcasts countywide. – Implemented February, 2003.

## Quality Improvement Work Plan 2002-2003

Conduct presentations on mental health and accessing specialty mental health services for staff and primary care physicians at community health centers. – To be implemented in FY 2003-2004.

- 3) Identify a training program that specifically addresses increasing Latino penetration and retention and provide this training to staff of County and contracted programs. – Training to be offered in 2003-2004 or 2004-2005.
- 4) Develop clinical assessment tools that will be piloted at designated programs currently serving the Latino population. – Implemented in FY 2002-2003.

In addition, other studies conducted to analyze how Latino access to care compares to access by other ethnic and linguistic groups may also be implemented, such as:

- 5) Tracking time between 1<sup>st</sup> appointment and 2<sup>nd</sup> appointment,
- 6) Conducting focus groups with Latino clients,
- 7) Identifying the average number of contacts at a clinic a client has before actually beginning services (one of the major barriers identified by Latino clients in studies conducted by Josie Romero).

## Phase 3:

The QI Unit will conduct a follow-up study on penetration and retention of the Latino population to measure the impact of the planned interventions. Analysis of this data will be used to identify which interventions successfully enhance Latino access to services.

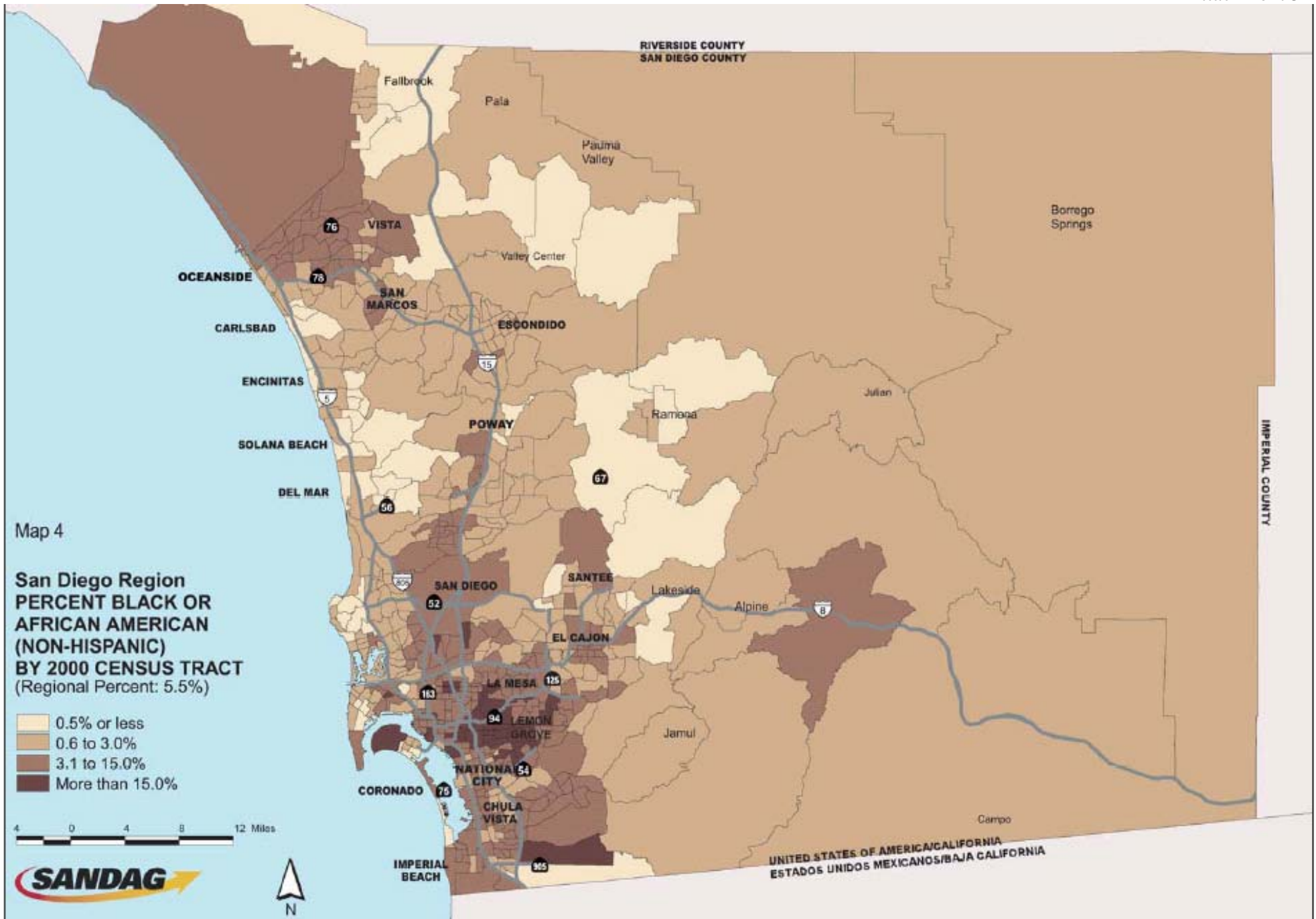
## Expected Outcome:

The goal of the interventions will be to improve the penetration rate as noted below.

Utilizing InSyst data, San Diego County Mental Health Services has established a goal for improvement of the current penetration rates for the Hispanic population for SD County for 2003-2004 as 2.6%, a 5% increase over the current rate.

Please note: This goal has been reviewed and approved by the Cultural Competence Resource Team (CCRT) and by the Adult Mental Health Services Executive team. The Children's Mental Health Services Executive team has agreed to establish a goal for improving penetration, but has not yet reviewed this proposal.





Map 4  
**San Diego Region  
PERCENT BLACK OR  
AFRICAN AMERICAN  
(NON-HISPANIC)  
BY 2000 CENSUS TRACT**  
(Regional Percent: 5.5%)

- 0.5% or less
- 0.6 to 3.0%
- 3.1 to 15.0%
- More than 15.0%

0 4 8 12 Miles



UNITED STATES OF AMERICA/CALIFORNIA  
ESTADOS UNIDOS MEXICANOS/BAJA CALIFORNIA



**Adult/Older Adult and Children's Mental Health Services**

Region	Program	Threshold Language (TL)	Hours of Operation	FTEs in TL	TL FTE Hours per Week	# Spanish or Vietnamese Speaking Medi-Cal per Region	# Medi-Cal Beneficiaries per Region	% of Spanish or Vietnamese Speaking Medi-Cal per Region	% Satisfied w/Staff Sensitive to Culture*
East	East County Mental Health Center	Spanish	M-T-F 8 am-5 pm & W-Th 8 am- 8 pm	4.65	186	4815 (SP)	51932	9.2% (SP)	71.40%
Central	Heartland Center	Spanish	M-F 8:30 am-4:30 pm	3.5	140	33902 (SP) 3552 (V)	102836	25.2% (SP) 3.45% (V)	59.10%
	Southeast Mental Health Center	Spanish	M-F 8 am-5 pm	11.7	468				76.50%
	Downtown Mental Health	Spanish	M-F 8 am-5 pm	3	120				Not Reported
	UPAC	Vietnamese	M 8:30 am-7 pm & T-F 8:30 am-7 pm	5.85	234				Not Reported
North Central	Project Enable	Spanish	M-F 8 am-5 pm	6.4	256	2958 (SP) 2641 (V)	31460	9.40% (SP) 8.03% (V)	86.20%
	North Central Mental Health Center	Spanish Vietnamese	M-Th-F 8 am-5 pm & T-W 8 am-7 pm	4.1 .5	164 (SP) 40 (V)				Not Reported
North Coastal	UPAC Satellite	Vietnamese	M-F 8:30 am-5 pm	0.63	25.2	12637 (SP)	34543	36.5% (SP)	Not Reported
	COP NC	Spanish	M-F 8 am-5 pm	4.5	180				N/A
	North Coastal Mental Health Center	Spanish	M-F 8 am-5 pm	5.83	233				100%
North Inland	BPSR-Vista	Spanish	M-F 8:30 am-5 pm	3	120	15592 (SP)	45503	34.2% (SP)	Not Reported
	COP NI	Spanish	M-F 8 am-5 pm	2.92	116.8				N/A
South	North Inland Mental Health Center	Spanish	M-W 8 am- 6 pm & Th-F 8 am-5 pm	1.5	60	20452	61205	33.42% (SP)	100%
	YES	Spanish	M-T 10 am-7 pm & W-F 8:30 am-5 pm	8.5	340				N/A
	South Bay Community Services	Spanish	M-F 8:30 am-8 pm	9.5	380				Not Reported
	South Bay Guidance Center	Spanish	M 9 am-8 pm & T-W-F 9 am-5 pm & Th 9 am-8 pm	7.4	296				66.70%
	Maria Sardinias Center	Spanish	T 9 am-5 pm & W 12 pm-8 pm & F 1 pm-5 pm	3.7	148				100%
Countywide	San Ysidro Mental Health Center	Spanish	M 8:30 am-6:30 pm & T-Th 8:30 am-5:30 pm & F 9 am-5 pm	9.8	392				86.90%
	Access and Crisis Line (ACL)		7 Days/Week, 24 Hrs/Day			*Based on clients responses on question #13 from MHSIP results 7/1/02-9/30/02			

### TRAINING IN CULTURAL COMPETENCE SINCE JULY 31, 2002

Cultural Competence trainings provided by and attended by the MHP since the last CCP Update in July, 2002. Staff attendance by the following functions is listed:

- 1) Administration/ management
- 2) Direct Services: MHP's staff
- 3) Direct Services: Contractors
- 4) Support Service
- 5) Interpreters.

It should be noted that if provider direct service/support staff cannot provide interpretation, interpretation services are provided through a separate contractor who has primary responsibility for providing training.

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Cultural Competence Introduction	Four-hour awareness training on cultural competence issues in mental health treatment settings	36	Direct Services: MHP's staff	7/1/2002 - 6/30/2003
		486	Direct Services: Contractors	
		74	Administration	
		56	Support Services	
		486	Direct Services: Contractors	
American Indian Populations	Four-hour awareness training	10	Direct Services: MHP's staff	12/3/2002; 4/29/2003
		15	Direct Services: Contractors	
		7	Administration	
		2	Support Services	
Cross Cultural Clinical Supervision	Seven-and-a-half-hour skill set development training	4	Direct Services: MHP's staff	7/18/2002; 3/5/2003
		16	Direct Services: Contractors	
		11	Administration	
		0	Support Services	
Cultural Competence	Five-hour awareness and knowledge-based training	3	Direct Services: MHP's staff	7/3/2002; 4/30/2003
			Direct Services: Contractors	
		6	Administration	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Cultural Competency - Healthcare Disparities	One-and-a-half-hour knowledge-based training	9	Direct Services: MHP's staff	6/19/2003; 6/26/2003
		0	Direct Services: Contractors	
		2	Administration	
		1	Support Services	
Eastern European Population	Four-hour awareness training	1	Direct Services: MHP's staff	8/2/2002; 12/2/2002
		26	Direct Services: Contractors	
		2	Administration	
		1	Support Services	
Filipino Populations	Four-hour awareness training		Direct Services: MHP's staff	4/3/2003
		17	Direct Services: Contractors	
		3	Administration	
		3	Support Services	
Gay and Lesbian Populations	Four-hour awareness training	1	Direct Services: MHP's staff	1/8/2003
		4	Direct Services: Contractors	
		1	Administration	
		3	Support Services	
Hispanic Cross-Cultural Training	Four-hour awareness training	2	Direct Services: MHP's staff	2/24/2003
		7	Direct Services: Contractors	
		2	Administration	
		1	Support Services	
Lesbian/Gay Transsexual Issues	Four-hour awareness/knowledge training		Direct Services: MHP's staff	2/7/2003
		12	Direct Services: Contractors	
		3	Administration	
			Support Services	
North African Refugee Training	Four-hour awareness/knowledge training		Direct Services: MHP's staff	11/13/02
		9	Direct Services: Contractors	
		3	Administration	
		1	Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Use of Interpreters in Mental Health	Seven-hour awareness/knowledge training	6	Direct Services: MHP's staff	12/9/2002
		37	Direct Services: Contractors	
		10	Administration	
		5	Support Services	

B) List training and staff attendance of cultural competence training provided through **outside** agencies/resources other than the MHP's internal training process. Include trainings established by direct services contractors:

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Afghan Community	One-hour awareness training		Direct Services: MHP's staff	2/14/2003
		12	Direct Services: Contractors	
		1	Administration	
			Support Services	
African American Clients	Two-hour awareness training		Direct Services: MHP's staff	8/14/2002
		2	Direct Services: Contractors	
		2	Administration	
		1	Support Services	
American Culture and History	Four-hour awareness/knowledge training		Direct Services: MHP's staff	1/7/2003
		3	Direct Services: Contractors	
		1	Administration	
		4	Support Services	
African American Culture	Four-hour awareness training		Direct Services: MHP's staff	5/21/2003
		25	Direct Services: Contractors	
		1	Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
African American Families	Four-hour awareness/knowledge training		Direct Services: MHP's staff	3/12/2003
		1	Direct Services: Contractors	
		5	Administration	
		1	Support Services	
African American Respective on Families	Six-hour USD awareness/knowledge training		Direct Services: MHP's staff	9/2/2002
		1	Direct Services: Contractors	
			Administration	
			Support Services	
Asian Cultures	MHS awareness/knowledge training		Direct Services: MHP's staff	5/13/2003
		2	Direct Services: Contractors	
		1	Administration	
			Support Services	
Collaboration Story	Two-and-a-half-hour awareness training		Direct Services: MHP's staff	10/3/2002
		2	Direct Services: Contractors	
		1	Administration	
		2	Support Services	
CPS Reporting with Diverse Cultures	Six-hour USD awareness/knowledge training		Direct Services: MHP's staff	10/2/2002
		1	Direct Services: Contractors	
			Administration	
			Support Services	
Creating a Culturally Competent Environment	Five-hour awareness training	6	Direct Services: MHP's staff	7/17/2002, 4/30/2003
		50	Direct Services: Contractors	
		9	Administration	
		15	Support Services	
Cross Cultural Issues in Counseling	Two-hour awareness training		Direct Services: MHP's staff	11/7/2002
			Direct Services: Contractors	
		3	Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Cross Cultural Issues in Family Treatment	Three-day conference providing knowledge training		Direct Services: MHP's staff	10/4/2002
		27	Direct Services: Contractors	
		6	Administration	
			Support Services	
Cultural Awareness: Teaching Life Skills	Two-hour awareness training	2	Direct Services: MHP's staff	8/8/2002
		2	Direct Services: Contractors	
		1	Administration	
		2	Support Services	
Cultural Competency and the Wraparound Process	Awareness/knowledge training	3	Direct Services: MHP's staff	4/4/2003, 5/12/2003
		36	Direct Services: Contractors	
		19	Administration	
		3	Support Services	
Cultural Competency Training	Four-hour awareness training by staff		Direct Services: MHP's staff	6/15/2003
			Direct Services: Contractors	
			Administration	
			Support Services	
Cultural Competency	Two-hour awareness training by SDCC		Direct Services: MHP's staff	7/2/2002
		6	Direct Services: Contractors	
		1	Administration	
		1	Support Services	
Cultural Competency Basics	Four-hour awareness training		Direct Services: MHP's staff	8/28/2002, 11/1/2002
		33	Direct Services: Contractors	
		5	Administration	
		2	Support Services	
Cultural Competency and Foster Care	Four-hour awareness training		Direct Services: MHP's staff	4/3/2003
		1	Direct Services: Contractors	
			Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Cultural Competency in the Client's Home	Two-hour awareness training		Direct Services: MHP's staff	1/29/2003
		3	Direct Services: Contractors	
		4	Administration	
			Support Services	
Cultural Competency Introduction	Awareness training by UCSD		Direct Services: MHP's staff	2/12/2003, 5/6/2003
		23	Direct Services: Contractors	
		6	Administration	
		15	Support Services	
Cultural Competency in Vocational Training	Eight-hour awareness training		Direct Services: MHP's staff	1/28/2003, 4/24/2003
		23	Direct Services: Contractors	
		5	Administration	
		3	Support Services	
Cultural Competency Training	Four-hour awareness training		Direct Services: MHP's staff	9/16/2002, 5/15/2003
		58	Direct Services: Contractors	
		13	Administration	
		5	Support Services	
Cultural Competency for Family Support Partners	Two-hour awareness training	1	Direct Services: MHP's staff	Fall, 2002
		9	Direct Services: Contractors	
		3	Administration	
			Support Services	
Cultural Competency Training by MHS, Inc.	Two-hour awareness training		Direct Services: MHP's staff	1/6/2003, 5/22/2003
		9	Direct Services: Contractors	
		4	Administration	
		23	Support Services	
Cultural Competent Documentation Training	Eight-hour awareness/knowledge training		Direct Services: MHP's staff	8/22/2002
		24	Direct Services: Contractors	
		3	Administration	
		1	Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Cultural Diversity	Eight-hour awareness training	2	Direct Services: MHP's staff	3/26/2003
		20	Direct Services: Contractors	
			Administration	
		2	Support Services	
Cultural Diversity and the DSM IV	Six-hour USD knowledge training		Direct Services: MHP's staff	7/2/2002
		2	Direct Services: Contractors	
			Administration	
			Support Services	
Cultural Diversity Community Fair	Four-hour awareness event		Direct Services: MHP's staff	8/15/2002
		6	Direct Services: Contractors	
		3	Administration	
		1	Support Services	
Cultural Diversity Conference	Seven-hour awareness/knowledge training (included segment on client culture)		Direct Services: MHP's staff	2/28/2003
		7	Direct Services: Contractors	
		2	Administration	
			Support Services	
Cultural Diversity in Organization	Two-hour awareness training	7	Direct Services: MHP's staff	5/13/2003
			Direct Services: Contractors	
			Administration	
			Support Services	
Cultural Diversity Luncheon	One-hour awareness training	6	Direct Services: MHP's staff	8/15/2002
		1	Direct Services: Contractors	
		2	Administration	
			Support Services	
Cultural Diversity MHS, Inc.	Two-hour awareness training		Direct Services: MHP's staff	1/6/2003
		14	Direct Services: Contractors	
		2	Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Cultural Diversity Training - YMCA	Four-hour awareness training		Direct Services: MHP's staff	10/14/2002
		14	Direct Services: Contractors	
			Administration	
			Support Services	
Cultural Factors and TBS Coaching	Two-hour skill set development training		Direct Services: MHP's staff	3/26/2003
		20	Direct Services: Contractors	
		1	Administration	
			Support Services	
Cultural Factors in Working with Latino Families	One-hour awareness training	16	Direct Services: MHP's staff	12/4/2002
		1	Direct Services: Contractors	
		3	Administration	
		1	Support Services	
Cultural Issues for Youth In Detention	Four-hour awareness/knowledge training		Direct Services: MHP's staff	10/18/2002
		4	Direct Services: Contractors	
			Administration	
			Support Services	
Cultural Issues for Juvenile Drug Court	16-hour awareness/knowledge training		Direct Services: MHP's staff	6/5/2003
		4	Direct Services: Contractors	
		6	Administration	
			Support Services	
Cultural Issues in Psychotherapy	Skill set development training		Direct Services: MHP's staff	6/23/2003
		4	Direct Services: Contractors	
			Administration	
			Support Services	
Cultural Issues Related to Gender Identity	Awareness/knowledge training		Direct Services: MHP's staff	9/20/2002
		2	Direct Services: Contractors	
		1	Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Cultural Sensitivity	Five-hour awareness training	3	Direct Services: MHP's staff	7/31/2002, 1/22/2003
		67	Direct Services: Contractors	
		13	Administration	
		6	Support Services	
Cultural and Interpretive Skills Training	Skill set development training		Direct Services: MHP's staff	9/2/2002
		1	Direct Services: Contractors	
			Administration	
			Support Services	
Cultural, Race, Ethnicity and Child Maltreatment	One-and-a-half-hour awareness training		Direct Services: MHP's staff	9/27/2002
		39	Direct Services: Contractors	
		7	Administration	
		3	Support Services	
Different People	Three-hour awareness training		Direct Services: MHP's staff	6/10/2003
		1	Direct Services: Contractors	
		1	Administration	
			Support Services	
Discerican Cultures	Four-hour awareness/knowledge training		Direct Services: MHP's staff	5/12/2003
			Direct Services: Contractors	
		1	Administration	
			Support Services	
Diversity and Power	Eight-hour awareness/knowledge training		Direct Services: MHP's staff	3/3/2003
			Direct Services: Contractors	
		1	Administration	
			Support Services	
Diversity Training	Four-hour awareness training	2	Direct Services: MHP's staff	2/20/2003
		26	Direct Services: Contractors	
		5	Administration	
		3	Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Domestic Violence for Culturally Diverse Populations	Eight-hour awareness/knowledge training		Direct Services: MHP's staff	2/7/2003
		4	Direct Services: Contractors	
			Administration	
			Support Services	
Domestic Violence: Ethnic Considerations	Four-hour knowledge training		Direct Services: MHP's staff	2/3/2003
		1	Direct Services: Contractors	
			Administration	
			Support Services	
Drug and Gang Cultures	Awareness training		Direct Services: MHP's staff	5/29/2003
		8	Direct Services: Contractors	
			Administration	
			Support Services	
Dual Diagnosis With Latinos	Five-hour knowledge training		Direct Services: MHP's staff	4/3/2003
			Direct Services: Contractors	
		1	Administration	
			Support Services	
East African Refugee Populations	Three-and-a-half-hour knowledge training		Direct Services: MHP's staff	11/13/2002
		4	Direct Services: Contractors	
			Administration	
			Support Services	
Effective Interventions with Gay and Lesbian Youth	Two-hour skill set development training	1	Direct Services: MHP's staff	7/31/2002
		14	Direct Services: Contractors	
		2	Administration	
			Support Services	
Elder Abuse Training	Two-hour knowledge training	2	Direct Services: MHP's staff	3/26/2003
		27	Direct Services: Contractors	
		40	Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Embracing Cultural Diversity	Two-hour awareness training		Direct Services: MHP's staff	5/19/2003
			Direct Services: Contractors	
			Administration	
		2	Support Services	
Ethnicity and Family Therapy	Two-hour skill set development training	2	Direct Services: MHP's staff	10/3/2002
			Direct Services: Contractors	
		1	Administration	
		2	Support Services	
Ethnographic Style of Intervention	Two-hour skill set development training		Direct Services: MHP's staff	10/2/2002
			Direct Services: Contractors	
		1	Administration	
			Support Services	
Family Rules and Rituals	Awareness training		Direct Services: MHP's staff	4/12/2003
		6	Direct Services: Contractors	
		2	Administration	
		2	Support Services	
Family Violence Conference	Eight-hour awareness/knowledge/skill set development training		Direct Services: MHP's staff	9/25/2002
		1	Direct Services: Contractors	
		1	Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Filipino Families	One-hour awareness/knowledge training		Direct Services: MHP's staff	2/27/2003
		15	Direct Services: Contractors	
		4	Administration	
		3	Support Services	
Gang Awareness	One-and-a half-hour awareness/knowledge training		Direct Services: MHP's staff	8/16/2002
		14	Direct Services: Contractors	
		1	Administration	
			Support Services	
Gang Awareness and Prevention	Four-hour awareness/knowledge training		Direct Services: MHP's staff	5/6/2003
		6	Direct Services: Contractors	
		3	Administration	
			Support Services	
Gang Violence	Two-hour awareness training		Direct Services: MHP's staff	4/23/2003
			Direct Services: Contractors	
		1	Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Gay and Lesbian Issues	Four-hour awareness/knowledge training		Direct Services: MHP's staff	2/21/2003
		9	Direct Services: Contractors	
		3	Administration	
		1	Support Services	
Gay/Lesbian Bisexual/Trans-Gendered Youth	Three-hour awareness/knowledge training		Direct Services: MHP's staff	1/16/2003
		2	Direct Services: Contractors	
		1	Administration	
			Support Services	
Gay/Lesbian Bisexual/Trans-Gendered Individuals	Four-hour awareness/knowledge training	1	Direct Services: MHP's staff	8/2/2002
		1	Direct Services: Contractors	
		2	Administration	
			Support Services	
Gay/Lesbian Bisexual/Trans-Gendered Youth	One-hour awareness/knowledge training		Direct Services: MHP's staff	1/23/2003
		17	Direct Services: Contractors	
		3	Administration	
		2	Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Girls Issues Conference	Eight-hour awareness/knowledge training		Direct Services: MHP's staff	11/22/2002
		1	Direct Services: Contractors	
			Administration	
			Support Services	
Hannukah Training	One-hour awareness training		Direct Services: MHP's staff	12/4/2002
		34	Direct Services: Contractors	
		7	Administration	
			Support Services	
Harassment Based on Culture and Gender	Four-hour awareness/knowledge training	2	Direct Services: MHP's staff	9/25/2002
		19	Direct Services: Contractors	
		26	Administration	
			Support Services	
Hispanic Families	One-and-a-half-hour knowledge training		Direct Services: MHP's staff	6/1/2003
		5	Direct Services: Contractors	
		1	Administration	
		1	Support Services	
Hispanic Heritage – Bi-Cultural Concepts	Two-hour knowledge training		Direct Services: MHP's staff	12/12/2002
		23	Direct Services: Contractors	
		6	Administration	
		1	Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Hispanic Population	Four-hour awareness/knowledge training		Direct Services: MHP's staff	2/3/2003
		1	Direct Services: Contractors	
			Administration	
		2	Support Services	
Home-Based Service: Building Better Foundations	Two-hour skill set development training		Direct Services: MHP's staff	10/8/2002
		2	Direct Services: Contractors	
			Administration	
			Support Services	
Honoring Cultural Strengths	Nine-hour knowledge training		Direct Services: MHP's staff	2/28/2003
		19	Direct Services: Contractors	
		16	Administration	
		3	Support Services	
Indian Child Welfare Act	Six-hour knowledge training		Direct Services: MHP's staff	5/16/2003
			Direct Services: Contractors	
			Administration	
		3	Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
In-Service Training Videos	Four-hour awareness training		Direct Services: MHP's staff	8/21/2002
		46	Direct Services: Contractors	
		3	Administration	
		2	Support Services	
International Family Therapy Festival in Rome	24-hour awareness/knowledge/skill set development trainings		Direct Services: MHP's staff	11/1/2002
		3	Direct Services: Contractors	
		4	Administration	
			Support Services	
Interpretation Skills Training	Three-hour skill set development training		Direct Services: MHP's staff	10/18/2002
		6	Direct Services: Contractors	
			Administration	
		1	Support Services	
Issues in Latino Mental Health	One-and-a-half-hour awareness training		Direct Services: MHP's staff	12/6/2002
		36	Direct Services: Contractors	
		7	Administration	
		3	Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Issues of Diversity in Therapy	Class – Four meetings Knowledge training	1	Direct Services: MHP's staff	9/2/2002
		3	Direct Services: Contractors	
		3	Administration	
		10	Support Services	
John Gottman Family Therapy	Two-hour awareness training		Direct Services: MHP's staff	9/2/2002
		2	Direct Services: Contractors	
			Administration	
			Support Services	
Knowledge is Empowerment	Eight-hour awareness/ knowledge training (included segment on client culture)		Direct Services: MHP's staff	5/19/2003
		3	Direct Services: Contractors	
			Administration	
			Support Services	
Korean Families	One-hour awareness training		Direct Services: MHP's staff	2/1/2003
		4	Direct Services: Contractors	
		2	Administration	
		1	Support Services	
Kwanzaa Training	Two-hour awareness training		Direct Services: MHP's staff	12/18/2003
		16	Direct Services: Contractors	
		3	Administration	
		5	Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Language and Cultural Barriers in Refugee Health Settings	Five-hour knowledge training		Direct Services: MHP's staff	10/8/2002
		5	Direct Services: Contractors	
		1	Administration	
		1	Support Services	
Latina and Latino Populations MHS, Inc.	Four-hour knowledge training		Direct Services: MHP's staff	6/26/2003
		2	Direct Services: Contractors	
			Administration	
			Support Services	
Latino Population and Immigrants	Four-hour knowledge training		Direct Services: MHP's staff	9/16/2002
		9	Direct Services: Contractors	
		3	Administration	
			Support Services	
Latino/Latina Culture	Awareness/knowledge training		Direct Services: MHP's staff	6/25/2003
		6	Direct Services: Contractors	
		1	Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Lesbian, Gay, Bisexual and Transsexual Issues	Three-hour awareness/knowledge training		Direct Services: MHP's staff	2/7/2003
		7	Direct Services: Contractors	
			Administration	
		2	Support Services	
Lesbian, Gay, Bisexual and Transgendered Youth and Families	Four-hour awareness/knowledge training		Direct Services: MHP's staff	2/7/2003
		12	Direct Services: Contractors	
		3	Administration	
		5	Support Services	
Lesbians and Gay Men	Two-hour awareness training		Direct Services: MHP's staff	4/11/2003
		2	Direct Services: Contractors	
		3	Administration	
		1	Support Services	
Males as a Positive Force	Seven-hour awareness/knowledge training		Direct Services: MHP's staff	10/8/2002
		3	Direct Services: Contractors	
			Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Materials for a Diverse Population	One-hour knowledge training		Direct Services: MHP's staff	11/2/2002
		2	Direct Services: Contractors	
			Administration	
			Support Services	
Mexican American Populations	Four-hour awareness/knowledge training		Direct Services: MHP's staff	2/25/2003
		8	Direct Services: Contractors	
		1	Administration	
			Support Services	
MHS Cultural Competency 101-B	Awareness/knowledge training		Direct Services: MHP's staff	2/25/2003
		11	Direct Services: Contractors	
		2	Administration	
			Support Services	
Migration, Ambiguous Loss and Family Rituals	One-and-a-half-hour knowledge training		Direct Services: MHP's staff	11/1/2002
		37	Direct Services: Contractors	
		8	Administration	
		3	Support Services	
Multicultural Factors in the Therapy Session	One-hour knowledge training		Direct Services: MHP's staff	2/26/2003
		26	Direct Services: Contractors	
		5	Administration	
		3	Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
National Drug Court	32-hour awareness training		Direct Services: MHP's staff	1/7/2003
		1	Direct Services: Contractors	
		2	Administration	
			Support Services	
Native American and Asian Populations	Awareness/knowledge training		Direct Services: MHP's staff	6/17/2003
		2	Direct Services: Contractors	
		1	Administration	
			Support Services	
Native American Approaches to Child Mental Health	Two-hour knowledge training		Direct Services: MHP's staff	9/23/2002
		4	Direct Services: Contractors	
		2	Administration	
			Support Services	
Native American History and Spiritual Beliefs	Two-hour knowledge training		Direct Services: MHP's staff	3/26/2003
		27	Direct Services: Contractors	
		1	Administration	
		2	Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Native American Training	Four-hour knowledge training		Direct Services: MHP's staff	6/17/2003
		5	Direct Services: Contractors	
		3	Administration	
			Support Services	
Native American and Mexican Clients	Two-hour awareness/knowledge training		Direct Services: MHP's staff	8/8/2002
		7	Direct Services: Contractors	
			Administration	
			Support Services	
Native Americans, Chaldeans, African-American and Vietnamese Population	Four-hour awareness/knowledge training	1	Direct Services: MHP's staff	9/16/2002
		4	Direct Services: Contractors	
		1	Administration	
			Support Services	
Northeast African Clients	Knowledge training		Direct Services: MHP's staff	6/25/2003
		3	Direct Services: Contractors	
		1	Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Nigerian Families	One-hour awareness training	1	Direct Services: MHP's staff	4/24/2003
		15	Direct Services: Contractors	
		3	Administration	
		3	Support Services	
North African Refugees	Three-and-one-half-hour intro training	3	Direct Services: MHP's staff	11/13/2002
		3	Direct Services: Contractors	
		5	Administration	
		1	Support Services	
Prejudice and Stereotypes	Four-hour awareness training		Direct Services: MHP's staff	1/16/2003
		2	Direct Services: Contractors	
		1	Administration	
			Support Services	
Providing CC in the Group Home Environment	Two-and-a-half-hour skill set development training		Direct Services: MHP's staff	1/3/2003
		2	Direct Services: Contractors	
			Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Providing Counseling in Diverse Cultures	Four-hour knowledge and skill set development training		Direct Services: MHP's staff	12/4/2003
		14	Direct Services: Contractors	
		4	Administration	
			Support Services	
Refugee Populations	One-hour awareness training		Direct Services: MHP's staff	1/23/2003
		30	Direct Services: Contractors	
		6	Administration	
		4	Support Services	
Role of Culture in DV	Three-hour knowledge training		Direct Services: MHP's staff	5/3/2003
		3	Direct Services: Contractors	
			Administration	
			Support Services	
Samoan Community	One-hour knowledge training		Direct Services: MHP's staff	6/24/2003
		7	Direct Services: Contractors	
		2	Administration	
			Support Services	

<b>Training Event</b>	<b>Description of Training</b>	<b>Number of Attendees</b>	<b>Attendees by Function</b>	<b>Date</b>
Samoan Families	Two-hour knowledge training		Direct Services: MHP's staff	5/1/2003
		1	Direct Services: Contractors	
		3	Administration	
		2	Support Services	