California Department of Mental Health Cultural Competence Plan Requirements
CCPR Modification

COVER SHEET

An original, three copies, and a compact disc of this report (saved in PDF [preferred] or Microsoft Word 1997-2003 format) due May 16, 2011 to:

Department of Mental Health
Office of Multicultural Services
1600 9th Street, Room 153
Sacramento, California 95814

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CHECKLIST OF THE CULTURAL COMPETENCE PLAN REQUIREMENTS MODIFICATION (2010) CRITERIA

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YOLO COUNTY
DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH

CULTURAL COMPETENCY PLAN 2O11

(Modification 2010 Criteria)

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Criterion 1:

Commitment to Cultural Competence

I. County Mental Health System commitment to cultural competence
***The county shall have the following available on site during the compliance review**:*
A. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

1. Mission Statement;
2. Statements of Philosophy;
3. Strategic Plans;
4. Policy and Procedure Manuals;
5. Other Key Documents (Counties may chose to include additional documents to show system-wide commitment to cultural and linguistic competence).

Mission statement:

The mission of Yolo County Department of Alcohol, Drug and Mental Health (ADMH) is to initiate, support, administer, and provide direct and contracted services that enhance the recovery from alcohol/drug abuse and dependence and debilitating effects of serious mental illness and severe emotional disturbance; and, to promote the emotional wellbeing, wellness and overall health of individuals and families in our community.

To accomplish this goal, services must be delivered in the least restrictive, fiscally responsible, most accessible environment within a coordinated system of care that is respectful of a person's family, language, heritage, and culture.

The above-referenced documents are available at our clinics and offices. Copies will be readily available during compliance review.

II. County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system

*The CCPR Modification (2010) shall be completed by the County Mental Health Department. The county will hold contractors accountable for reporting the information to be inserted into the CCPR. **Note:** The DMH recognizes some very small counties do not have contracts.*

***The county shall include the following in the CCPR Modification (2010)**:*

A. Provide a copy of the county's CSS plan that describes practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, linguistic, and other relevant small county cultural communities with mental health disparities.

Excerpts from the narrative descriptions of the original Mental Health Services Act (MHSA) Community Services and Supports (CSS) Three-Year Program and Expenditure Plan are included here as **ATTACHMENT A,** demonstrating Yolo's efforts and intentions to reach out to diverse populations, including Latino, African American, Russian, Native American, and groups with unique needs and identities, such as homeless persons; lesbian, gay, bisexual, transgender and questioning (LGBTQ) individuals; and isolated rural populations.
The four original CSS programs implemented in FY 2006-07 (one in each age group of Children's, Transition-Age Youth, Adults and Older Adults) remain operational. In FY 09-10, when ADMH began implementation of its MHSA Prevention and Early Intervention (PEI) plan, CSS Program #!, the *Greater Capay Valley Children's Pilot Program*, was modified; the program was expanded to include the entire western rural area of the county and the services were divided between CSS and PEI components. The direct mental health service aspect formed the *Rural Children's Mental Health Program* under CSS, and the PEI program serving the large rural western area of Yolo County became known as the *Rural Children's Resiliency Program*.

B. A one page description addressing the county's current involvement efforts and level of inclusion with the above identified underserved communities on the advisory committee.

Yolo County ADMH continues to offer open opportunities for individuals of all racial, cultural and ethnic communities to participate in its MHSA community stakeholder process. MHSA meeting notices and stakeholder communications are regularly sent to over 150 consumers, family members, community leaders, agency representatives, other stakeholders and staff. Over 40 agencies are represented as well. All posted public notices offer translation services, the offer itself being put forward in Spanish and Russian (threshold) languages. . Public postings have continued at treatment centers and local libraries, local newspaper notices, along with e-mail distributions and posting on ADMH's Website have been utilized to inform stakeholders of activities, upcoming meetings, and events.

Through January of the current fiscal year, the ADMH Cultural Competency Coordinator attended many racial, ethnic and culturally related events throughout the community, including those sponsored by the African American Community, the Latino Community, the Native American Community, and the Consumer Community. From these events, the Coordinator sot participation in the departments planning and the Cultural Competency Committee meetings.

C. Share lessons learned on efforts made on the items A and B above and any identified county technical assistance needs. Information on the county's current MHSA Annual Plan may be included to respond to this requirement.

The agency's effort to reach out to under-represented cultural groups in our community at the onset of our MHSA CSS program implementation was notably successful. However, those efforts have been more recently impacted by the circumstances of the California economy. Over the past 2-1/2 years, the department's county staff level decreased **in excess of 50%.** Providing direct

service to address the needs of the client community has remained a priority. Layoffs, which follow civil service rules of seniority, cost the department several culturally and linguistically competent staff, including family member and consumer employees hired in recent years through MHSA. These fiscal circumstances resulted in fewer opportunities for out reach to additional individuals in need of mental health and related services. Yet throughout this time, the departmental priorities remain in tact: to provide direct services to the most seriously mentally ill in the community of Yolo County

In large measure, lessons learned include (1) developing county job classifications that are specific to linguistic and cultural needs and thereby creating more flexibility in times of layoff by revising job classifications to require these skills; and (2) that continued opportunities be provide for staff members to participate in culturally related activities of interest to them in the community with community partners and staff reports of the activities to the Cultural Competency Committee. It is anticipated that this will assist staff in continuing to build interest in the agency's commitment to cultural appropriate and diverse services, investment in the process and planning, and increase the community's involvement in ensuring that culturally appropriate mental health services are provided.

III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence

The CC/ESM will report to, and/or have direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

The county shall include the following in the CCPR Modification (2010):

A. Detail who is designated the county's CC/ESM responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

Presently, Yolo County has designated Joan Beesley as the Cultural Competence/Ethnic Service Manager. This assignment has been modified since January 2011, due to staff shortages. The previous ADMH Cultural Competency Coordinator was reassigned to a unit providing direct clinical services, in light of the hiring freeze instituted by Yolo County in 2009. The nine member ADMH Management Team (Director, Medical Director, Clinical Deputy, Fiscal/Operations Deputy, Adult Program Manager, Children's Program Manager, Data/QA/IT Manager, MHSA/Cultural Competence Coordinator and Business Services Officer) shares responsibility for culturally competent and appropriate services and for promoting development of services that will meet the needs of Yolo County's racial, ethnic, cultural and linguistic populations.

IV. Identify budget resources targeted for culturally competent activities

The county shall include the following in the CCPR Modification (2010):

A. Evidence of a budget dedicated to cultural competence activities which may include, but not be limited to the following:

1. Budget amount spend on Interpreter and translation services;
2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities;
3. Budget amount allocated towards outreach to racial and ethnic county-identified target populations;
4. Special budget for culturally appropriate mental health services; and
5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.

The ADMH budget for the current fiscal year, FY 10-11, includes the following expenditures for culturally competent activities and full time equivalent (FTE) staff:

1. Interpreter Services: 19.5 FTE are paid a bilingual pay supplement which allows direct service and administrative support staff to provide culturally appropriate services; annual expenditure is $21,424.
2. One FTE Benefits Specialist, who is bilingual/bicultural Spanish-speaking is dedicated to assisting the un-served, un-insured and/or poor mentally ill consumers to access benefits and services, thereby removing barriers to mental health treatment. Of those individuals assisted with benefits access over the last twelve months, 21% were homeless; 14% were Spanish-speaking; 1% were Russian-speaking. Annual expenditure is $76,460.
3. Language Line Services annual expenditure is $5,095.
4. Grant funding and contracts for services to facilitate transition from homelessness for Veterans and other homeless populations; annual expenditure is $33,014.
5. The Service Utilization Review (SUR) multi-disciplinary team includes all local agencies that provide services to SMI adults are held biweekly, thereby facilitating communication among providers and promoting treatment access to homeless and high-risk SMI populations.
6. Bilingual training in Functional Family Therapy is provided, annual expenditure is $48,000.
7. Supportive housing and related services from Turning Point Community Programs for FSP homeless and high risk populations; annual expenditure is $450,000.
    a. In addition, supportive services are provided for two MHSA transitional housing cooperatives for homeless and at-risk SMI populations; annual expenditure is $40,000.
8. Children's Resiliency PEI Programs, Rural and Urban, which promote increased access to Spanish-speaking populations in both area. Annual expenditure is $180,000 for the Rural Children's Program, and $515,606 for the Urban Children's Program.
9. Clinical training on improving services to homeless mentally ill in the community, was provided by Mark Raggins, MD, of The Village in Los Angeles County, in partnership with the local Yolo Chapter of National Alliance for the Mentally Ill (NAMI); expenditure of $2,000.

10. Internet-based continuing educational opportunities are provided to clinical and support staff through Essential Learning, including translator training and cultural competency classes funded by MHSA Workforce Education and Training; annual expenditure is $5,734,.
11. Cultural Competency Coordinator, 0.5 FTE (first seven months of the fiscal year) plus Supervision at 0.1 FTE; annual expenditure$57,150.
12. NorCal Center for Deafness, American Sign Language translation services contract; annual expenditure is $1,500.
13. The Adult Wellness Center offers programs influenced by clients and their cultures, including many consumer-run programs, such as:
    i. Group learning about various cultures' holiday celebrations
    ii. Preparing and sharing ethnic foods
    iii. Group learning about faith and heritage in various cultures
    iv. Consumer art and textiles, with cultural influences
    v. Understanding and respecting consumer culture
    vi. Adjusting to being a transition age youth with SMI
    vii. TAY sexual identity (LGBTQ issues)
    viii. TAY parenting

    The Adult Wellness Center is open to mental health clients' weekdays until 4:00 p.m. Many groups and activities are led by clients and peer staff.
14. Assertive Community Treatment (ACT) Program services from TeleCare, Inc. for FSP clients, including homeless and high-risk SMI clients returning to community living, and including day center services with culturally diverse programs. Total annual expenditure is $909,300.

Yolo County ADMH requires its contracted service providers to report information relating to cultural competency activities and trainings, as well as staff linguistic and cultural diversity, on an annual basis. Contract terms are set forth in **ATTACHMENT B** hereto.

Criterion 2:

Updated Assessment of Service Needs

I. General Population

The county shall include the following in the CCPR Modification (2010):
A. Provide a description of the county's general population by race, ethnicity, age, gender, and other relevant small county cultural populations. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally). If appropriate, the county may use MHSA Annual Update Plan data here to respond to this requirement.

For all data pertaining to Criterion 2, see complete FIGURE 1 (page 9) – Yolo County Population, Poverty, Prevalence and Medi-Cal Data.

FIGURE 1 EXCERPT: Column A—Yolo County General Population

	Column A Yolo County General Population 2007	
Age Distribution		
0-17 years	48,798	24.9%
18-54 years	111,660	57.0%
55+ years	35,386	18.1%
Total	**195,844**	**100.0%**
Race Ethnicity Distribution		
Alaskan Native/American Indian	1,378	0.7%
Asian/Pacific Islander	23,917	12.2%
Black/African American	5,023	2.6%
Hispanic	54,766	28.0%
White	105,430	53.8%
Other/Unknown/Multiracial	5,330	2.7%
Total	**195,844**	**100.0%**
Gender Distribution		
Male	96,057	49.0%
Female	99,787	51.0%
	195,844	**100.0%**

As shown in Figure 1, the total Yolo County Population (2007 data) is 195,844. The age distribution shows that 24.9% are under the age of majority; 57.0% are between 18 and 54 years of age; and 18.1% are aged 55 or over. White Non-Hispanic, comprising 53.8%, and Hispanic, comprising 28.0%, represent the majority races in the county. Of the total county population, the majority are females (51% female; 49% male).

Figure 1 Yolo County Population, Poverty, Prevalence and Medi-Cal Data **DRAFT**

	A	B	C	D	E	F	G	H	I	J	K	L
	Yolo County Population 2007	Yolo County <200% of Poverty Population	Yolo County Medi-Cal Eligible Population FY 2009-10	SMI/SED Prevalence Estimate of <200% Poverty Reported 2004	ADMH Clients (All <200% of Poverty)	Ratio ADMH Clients to <200% of Poverty Population (E/B)	Ratio ADMH Clients to SMI/SED Prevalence Estimate (E/D)	ADMH Clients With Medi-Cal	Ratio ADMH Clients with Medi-Cal to Yolo County Total Medi-Cal Eligible Population (H/C)	ADMH Clients Without Medi-Cal (E-H)	<200% of Poverty Minus Total County Medi-Cal Eligible Population (B-C)	Ratio ADMH Clients w/out Medi-Cal to <200% of Poverty Minus Medi-Cal Eligible Population (J/K)
Age												
0-17 years	48,798	19,252	14,384	1,672	812	4.2%	48.6%	628	4.4%	184	4,868	3.8%
18-54 years	111,660	40,281	12,414	3,950	2,134	5.3%	54.0%	1,206	9.7%	928	27,867	3.3%
55+ years (See footnote 1)	35,386	8,074	4,473	509	598	7.4%	117.5%	387	8.7%	211	3,601	5.9%
Total	195,844	67,607	31,271	6,131	3,544	5.2%	57.8%	2,221	7.1%	1,323	36,336	3.6%
Race/Ethnicity												
AK, Native/American Indian	1,378	383	277	45	35	9.1%	77.8%	17	6.1%	18	106	17.0%
Asian/Pacific Islander	23,917	11,668	2,221	974	155	1.3%	15.9%	109	4.9%	46	9,447	0.5%
Black/African American	5,023	2,195	1,443	144	220	10.0%	152.8%	153	10.6%	67	752	8.9%
Hispanic	54,766	23,462	14,882	1,955	423	1.8%	21.6%	292	2.0%	131	8,580	1.5%
White	105,430	27,744	9,381	2,754	2,388	8.6%	86.7%	1,463	15.6%	925	18,363	5.0%
Other/Unknown/Multiracial	5,330	2,155	3,097	259	323	15.0%	124.7%	187	6.1%	136	-942	-14.5% See #3
Total	195,844	67,607	31,271	6,131	3,544	5.2%	57.8%	2,221	7.1%	1,323	36,336	3.6%
Gender Distribution												
Male	96,057	31,918	13,676	2,369	1,622	5.1%	68.5%	1,020	7.5%	602	18,242	3.3%
Female	99,787	35,689	17,595	3,762	1,922	5.4%	51.1%	1,201	6.8%	721	18,094	4.0%
Total	195,844	67,607	31,271	6,131	3,544	5.2%	57.8%	2,221	7.1%	1,323	36,336	3.6%
Primary Language See footnote #2												
English			17,727	55.6%	3,126	88.2%		1,937	87.2%	10.9%	1,189	
Spanish			9,630	30.2%	215	6.1%		134	6.0%	1.4%	81	
Russian			1,808	5.7%	39	1.1%		30	1.4%	1.7%	9	
Other/Unknown			2,713	8.5%	164	4.6%		120	5.4%	4.4%	44	
Total			31,878	100.0%	3,544	100.0%		2,221	100.0%	7.0%	1,323	

Data Sources:

Column A. http://www.dmh.ca.gov/Statistics_and_Data_Analysis/docs/Population_by_County/Yolo.pdf
CPES Estimates of Need for Mental Health Services for California, Yolo County (113) Chron MH imp7 D120-Agesq (w1xmhm2asq_3) for 2007
Department of Health Care Services. Number of Beneficiaries by County, 2003-2009. Report date July 2010.
http://www.dof.ca.gov/research/demographic/state/e-3/documents/2010Yolo.xls

Column B. CPES Estimates of Need for Mental Health Services for California, Yolo County (113) Chron MH imp7 D120-Agesq (w1xmhm2asq_3) for 2007

Column C. APS Healthcare Medi-Cal Approved Claims Data for Yolo County MHP Calendar Year 2009. Report prepared 5/12/2010; Language data provided by California DMH, Data Management Analysis of Medi-Cal Beneficiaries By Primary Language, Oct. 2009.

Column D. http://www.dmh.ca.gov/News/Reports_and_Data/default.asp Prevalence Table 2 Prevalence Estimates for Persons in Households <200% Poverty for 2000 Census Updated to July 2004.

Column E. ADMH Client Data from FY 2009-10; internal Avatar report prepared 5/05/2011

Column H. ADMH Client Data from FY 2009-10; internal Avatar report prepared 5/05/2011

1. Adult client population is divided from Older Adult population at age 55 in this table, although ADMH in its programs identifies Older Adult clients as those aged 60 and over. Age 55 is used as the age division here in the int
2. There was insufficient data available to provide a complete analysis of the primary language.
3. Anamolous result possibly a result of comparing latest 2004 prevalence estimates with FY 2009-10 Medi-Cal eligibility numbers

II. Medi-Cal population service needs (Use current CAEQRO data if available.)

The county shall include the following in the CCPR Modification (2010):

A. Summarize the following two categories by race, ethnicity, language, age, gender, and other relevant small county cultural populations:

1. The county's Medi-Cal population

2. The county's client utilization data

FIGURE 1 EXCERPT: Columns A, C, H and I—Medi-Cal Eligible Individuals

Figure 1 Yolo County Population, Poverty, Prevalence and Medi-Cal Data

EXCERPTED COLUMNS:	A		C		H		I
	Yolo County Population 2007		Yolo County Medi-Cal Eligible Population FY 2009-10		ADMH Clients With Medi-Cal		Ratio ADMH Clients with Medi-Cal to Yolo County Total Medi-Cal Eligible Population (H/C)
Age							
0-17 years	48,798	24.9%	14,384	46.0%	628	28.3%	4.4%
18-54 years	111,660	57.0%	12,414	39.7%	1,206	54.3%	9.7%
55+ years	35,386	18.1%	4,473	14.3%	387	17.4%	8.7%
Total	**195,844**	**100.0%**	**31,271**	**100.0%**	**2,221**	**100.0%**	**7.1%**
Race/Ethnicity							
AK. Native/Am. Indian	1,378	0.7%	277	0.9%	17	0.8%	6.1%
Asian/Pacific Islander	23,917	12.2%	2,221	7.1%	109	4.9%	4.9%
Black/African American	5,023	2.6%	1,443	4.6%	153	6.9%	10.6%
Hispanic	54,766	28.0%	14,882	47.6%	292	13.1%	2.0%
White	105,430	53.8%	9,381	30.0%	1,463	65.9%	15.6%
Other/Unknown/Multiracial	5,330	2.7%	3,067	9.8%	187	8.4%	6.1%
Total	**195,844**	**100.0%**	**31,271**	**100.0%**	**2,221**	**100.0%**	**7.1%**
Gender Distribution							
Male	96,057	49.0%	13,676	43.7%	1,020	45.9%	7.5%
Female	99,787	51.0%	17,595	56.3%	1,201	54.1%	6.8%
Total	**195,844**	**100.0%**	**31,271**	**100.0%**	**2,221**	**100.0%**	**7.1%**
Primary Language							
English			17,727	55.5%	1,937	87.2%	10.9%
Spanish			9,630	30.2%	134	6.0%	1.4%
Russian			1,808	5.7%	30	1.4%	1.7%
Other/Unknown			2,713	8.5%	120	5.4%	4.4%
Total			**31,878**	**100.0%**	**2,221**	**100.0%**	**7.0%**

B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

With regard to data on ages of Medi-Cal eligible individuals in Yolo County, the most noteworthy observations relate to children. Seventy-five percent (75%) of Yolo County children aged 0 to 17, living in families earning less than 200% of

poverty level, have Medi-Cal. Though children age 17 and under represent nearly half of Yolo County's Medi-Cal eligible population, they represent slightly more than a fourth of the Medi-Cal clients receiving mental health services. Further, the overall average number of mental health clients with Medi-Cal as compared to the total Medi-Cal eligibles in the county (average rate of penetration) is 7.1%, while the penetration rate among children 0 to 17 receiving mental health services is 4.4%, the lowest among the age groups noted.

The penetration rate for mental health clients with Medi-Cal over age 55 is 8.7%, falling above the county average of 7.1%, but is not remarkably high. Adults age 18 to 54 comprise 39.7% of the total Medi-Cal eligible individuals, though 54.3% of the mental health clients with Medi-Cal receive the highest percentage of mental health treatment. In this age group these older adult ADMH clients represent nearly one-tenth of the total Medi-Cal eligibles countywide.

When reviewing race and ethnicity distribution data among Medi-Cal eligible individuals and Medi-Cal eligible individuals receiving mental health services in Yolo County, of note is that the percentage of Medi-Cal clients receiving mental health services is much higher than average for Whites (at 15.6%) and somewhat higher than average for Blacks (at 10.6%). Although the percentage of Alaska Natives/Native Americans, Asian/ Pacific Islanders, and Other or Unknown populations is below average, the most remarkably low numbers are represented by the Hispanic population. Hispanic individuals who are Medi-Cal eligible, numbering 14,882, represent nearly half of the county's total eligibles, yet only 2% of these—fewer than 300 people—are mental health clients. Similarly, eligible individuals who indicate Spanish as their primary language represent 30.2% of the total Medi-Cal eligible clients, yet only 134 of those clients (1.4%) received mental health services last year.

As regards gender, given the health care needs and eligibility criteria of pregnant women, it is logical that a greater number of Medi-Cal eligible individuals are female (females represent 56.3% of the total). It is noted that the gender gap is somewhat smaller when it comes to ADMH clients with Medi-Cal (where females represent only 54.1%).`

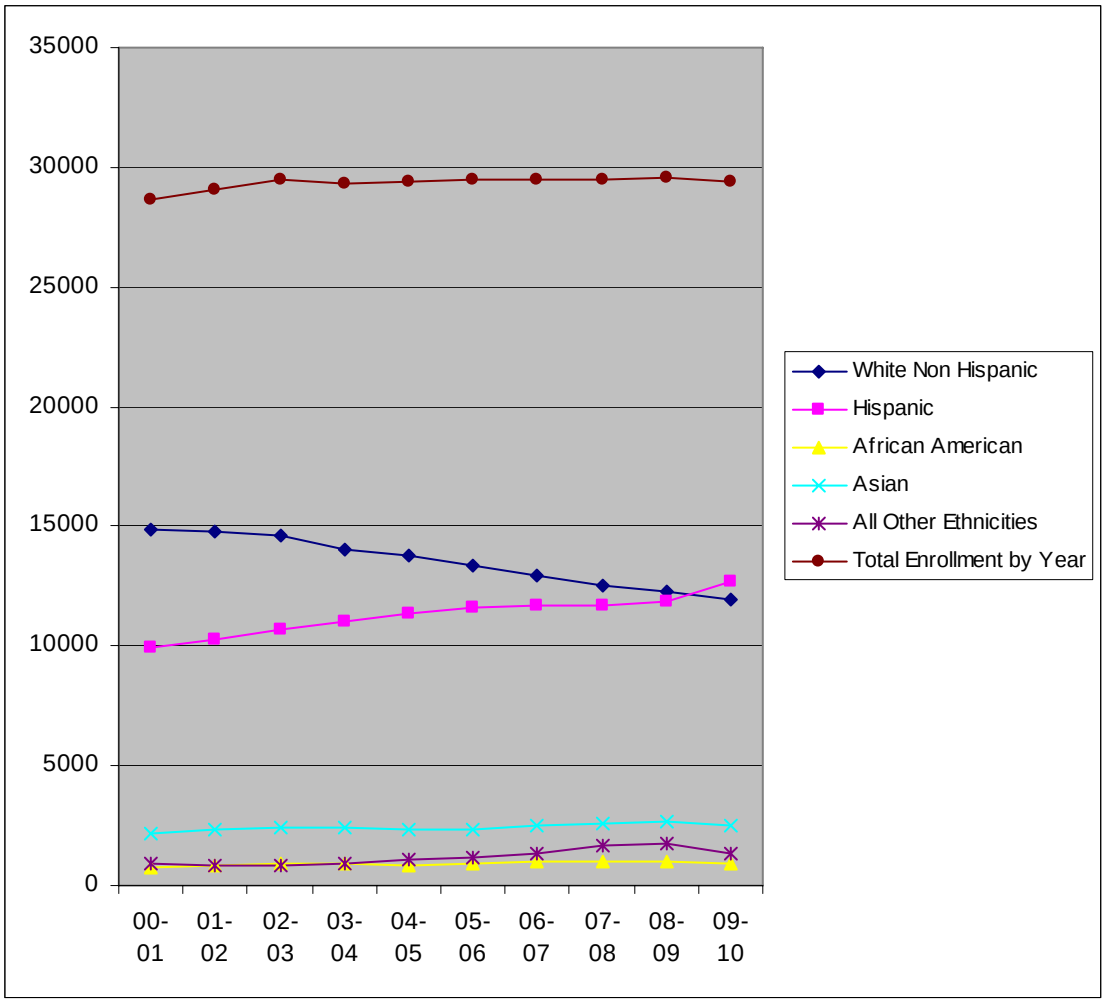
Clearly, in the distribution figures for Race/Ethnicity, Whites dominate the ADMH population (at 67.4%) whereas among the Yolo Medi-Cal population, Hispanics comprise 47.6% of the total eligible individuals. Of the possible factors, this discrepancy may be attributed to issues relating to access, identification of disability, Medi-Cal qualification, the economy, stigma around mental illness, and cultural beliefs.

An examination of Yolo County school enrollment data offers insight as to the ethnic makeup of the county's children. As set forth in **Figure 2: Yolo County School Enrollment by Ethnicity, 2000-2010**[1], in the 2009-10 school year, Hispanic children represented 12,683 of 29,440 total student enrollment (over 43%) in Yolo County schools, outnumbering all other ethnicities.

Figure 2

Yolo County School Enrollment by Ethnicity 2000-2010

Enrollment by Ethnicity	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
White Non Hispanic	14866	14793	14577	14059	13743	13378	12980	12559	12285	11951
Hispanic	9907	10305	10716	10989	11368	11577	11704	11733	11860	12683
African American	768	834	915	904	876	930	1010	1007	1011	910
Asian	2184	2342	2433	2425	2369	2373	2492	2574	2649	2533
All Other Ethnicities	921	825	825	944	1073	1202	1297	1634	1786	1363
Total Enrollment by Year	28646	29099	29466	29321	29429	29460	29483	29507	29591	29440



[1] California Department of Education; Yolo County enrollment by ethnicity, school years 2000-01 through 2009-10, see http://data1.cde.ca.gov/dataquest/; reports extracted 5/4/11.

The accompanying graph of school enrollment by ethnicity over the past 10 years illustrates that countywide total annual enrollment is flat, with only about 2.7% growth since 2000. Noteworthy, however, are (1) the consistent increase in enrollment of Hispanic children (from 35% to 43% of total students—an 8% increase) over the past then years, and (2) the consistent decrease in enrollment of White Non Hispanic children (from 52% to just over 40% of total—an 8% decrease) in the corresponding period. In addition, over a comparable period, the U.S. Census Bureau estimates that in Yolo County, Hispanic residents of all ages comprised 25.9% of the total in 2000 and 28.5% in 2009—an increase from 43,707 residents to 54,933[2].

The preceding analysis suggests that in Yolo County, Hispanic children aged 17 and under, many of whom may be Spanish-speaking, are the most underserved population for mental health services among Medi-Cal eligible individuals. Enrollment trends among school-aged children show that the numbers of Hispanic students are on the rise, while other populations have either remained relatively stable or have decreased sharply (as with Non-Hispanic Whites). These trends suggest that among the most underrepresented age group of Medi-Cal eligible persons receiving mental health services (0 to 17), a dramatic demographic shift has occurred parallel to that among the student population. Among school-aged children, the Hispanic population is dramatically increasing and now represents the ethnic majority. Restated, this data suggests that in Yolo County, the most underrepresented age group among Medi-Cal clients receiving mental health services—children 0 to 17—is now dominated in number by the Hispanic population.

III. 200% of Poverty (minus Medi-Cal) population and service needs. (
The county shall include the following in the CCPR Modification (2010):

A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, gender, and other relevant small county cultural populations.

B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

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[2] United States Census Bureau, http://factfinder.census.gov/home/saff/main.html?_lang=en; report updated 05/11/2011.

FIGURE 1 EXCERPT: Columns A through G – < 200% Poverty Population Including Medi-Cal Eligibles

Figure 1 Yolo County Population, Poverty, Prevalence and Medi-Cal Data

EXCERPTED COLUMNS:	A		B		C		D		E		F	G
	Yolo County Population 2007		Yolo County <200% of Poverty Population		Yolo County Medi-Cal Eligible Population FY 2009-10		SMI/SED Prevalence Estimate of <200% Poverty Reported 2004		ADMH Clients (All <200% of Poverty)		Ratio ADMH Clients to <200% of Poverty Population (E/B)	Ratio ADMH Clients to SMI/SED Prevalence Estimate (E/D)
Age												
0-17 years	48,798	24.9%	19,252	28.5%	14,384	46.0%	1,672	27.3%	812	22.9%	4.2%	48.6%
18-54 years	111,660	57.0%	40,281	59.6%	12,414	39.7%	3,950	64.4%	2134	60.2%	5.3%	54.0%
55+ years	35,386	18.1%	8,074	11.9%	4,473	14.3%	509	8.3%	598	16.9%	7.4%	117.5%
Total	**195,844**	**100.0%**	**67,607**	**100.0%**	**31,271**	**100.0%**	**6,131**	**100.0%**	**3544**	**100.0%**	**5.2%**	**57.8%**
Race/Ethnicity												
AK. Native/Am. Indian	1,378	0.7%	383	0.6%	277	0.9%	45	0.7%	35	1.0%	9.1%	77.8%
Asian/Pacific Islander	23,917	12.2%	11,668	17.3%	2,221	7.1%	974	15.9%	155	4.4%	1.3%	15.9%
Black/African American	5,023	2.6%	2,195	3.2%	1,443	4.6%	144	2.3%	220	6.2%	10.0%	152.8%
Hispanic	54,766	28.0%	23,462	34.7%	14,882	47.6%	1,955	31.9%	423	11.9%	1.8%	21.6%
White	105,430	53.8%	27,744	41.0%	9,381	30.0%	2,754	44.9%	2388	67.4%	8.6%	86.7%
Other/Unknown/Multiracial	5,330	2.7%	2,155	3.2%	3,067	9.8%	259	4.2%	323	9.1%	15.0%	124.7%
Total	**195,844**	**100.0%**	**67,607**	**100.0%**	**31,271**	**100.0%**	**6,131**	**100.0%**	**3,544**	**100.0%**	**5.2%**	**57.8%**
Gender Distribution												
Male	96,057	49.0%	31,918	47.2%	13,676	43.7%	2,369	38.6%	1,622	45.8%	5.1%	68.5%
Female	99,787	51.0%	35,689	52.8%	17,595	56.3%	3,762	61.4%	1,922	54.2%	5.4%	51.1%
Total	**195,844**	**100.0%**	**67,607**	**100.0%**	**31,271**	**100.0%**	**6,131**	**100.0%**	**3,544**	**100.0%**	**5.2%**	**57.8%**
Primary Language												
English					16,769	56.5%			3,126	88.2%		
Spanish					8,604	29.0%			215	6.1%		
Russian						0.0%			39	1.1%		
Other/Unknown					4,327	14.6%			164	4.6%		
Total					**29,700**	**100.0%**			**3,544**	**100.0%**		

A review of the demographic differences between populations living with household incomes under 200% of poverty (Column D) and the county's Medi-Cal eligible population (Column C) provides some interesting insights about levels of poverty in Yolo County. Note that among low income individuals, nearly 60% are in the 18 to 54 age group, the predominant race is White Non-Hispanic (41%) and there are somewhat more females than males. Among lower and no-income Medi-Cal eligibles, however, there is a bigger gap between the female and male populations (12.6%), the dominant age group is children 0 to 17, and the vast majority (47.6%) of individuals are Hispanic. When comparing the estimates of the prevalence of individuals with serious mental illness or serious emotional disturbances (SMI/SED) among the <200% of poverty population (Column D) to the total ADMH client population (Column E—note that income qualifications put all ADMH clients in the category of <200% of poverty), review of penetration figures (Column G—also an estimate) highlights that adults over age 55, Blacks and Whites, and males are over-represented relative to prevalence estimates. Stark by comparison is the gross underrepresentation of Asian-Pacific Islander (15.9%) and Hispanics (21.6%) among the ADMH population in

relation to SMI/SED Prevalence Estimates for the county. Overall, ADMH serves an estimated average of 57.8% of the estimated SMI/SED living on <200% poverty income.

FIGURE 1 EXCERPT: Columns B, C, E, H, J, K and L – < 200% Poverty Population Excluding Medi-Cal Eligibles

Figure 1 Yolo County Population, Poverty, Prevalence and Medi-Cal Data

EXCERPTED COLUMNS:	B		C		E		H		J	K	L
	Yolo County <200% of Poverty Population		Yolo County Medi-Cal Eligible Population FY 2009-10		ADMH Clients (All <200% of Poverty)		ADMH Clients With Medi-Cal		ADMH Clients Without Medi-Cal (E-H)	<200% of Poverty Minus Total County Medi-Cal Eligible Population (B-C)	Ratio ADMH Clients w/out Medi-Cal to <200% of Poverty Minus Medi-Cal Eligible Population (J/K)
Age											
0-17 years	19,252	28.5%	14,384	46.0%	812	22.9%	628	28.3%	184	4,868	3.8%
18-54 years	40,281	59.6%	12,414	39.7%	2134	60.2%	1,206	54.3%	928	27,867	3.3%
55+ years	8,074	11.9%	4,473	14.3%	598	16.9%	387	17.4%	211	3,601	5.9%
Total	**67,607**	**100.0%**	**31,271**	**100.0%**	**3544**	**100.0%**	**2,221**	**100.0%**	**1,323**	**36,336**	**3.6%**
Race/Ethnicity											
AK. Native/Am. Indian	383	0.6%	277	0.9%	35	1.0%	17	0.8%	18	106	17.0%
Asian/Pacific Islander	11,668	17.3%	2,221	7.1%	155	4.4%	109	4.9%	46	9,447	0.5%
Black/African American	2,195	3.2%	1,443	4.6%	220	6.2%	153	6.9%	67	752	8.9%
Hispanic	23,462	34.7%	14,882	47.6%	423	11.9%	292	13.1%	131	8,580	1.5%
White	27,744	41.0%	9,381	30.0%	2388	67.4%	1,463	65.9%	925	18,363	5.0%
Other/Unknown/Multiracial	2,155	3.2%	3,067	9.8%	323	9.1%	187	8.4%	136	-912	-14.9%
Total	**67,607**	**100.0%**	**31,271**	**100.0%**	**3,544**	**100.0%**	**2,221**	**100.0%**	**1,323**	**36,336**	**3.6%**
Gender Distribution											
Male	31,918	47.2%	13,676	43.7%	1,622	45.8%	1,020	45.9%	602	18,242	3.3%
Female	35,689	52.8%	17,595	56.3%	1,922	54.2%	1,201	54.1%	721	18,094	4.0%
Total	**67,607**	**100.0%**	**31,271**	**100.0%**	**3,544**	**100.0%**	**2,221**	**100.0%**	**1,323**	**36,336**	**3.6%**
Primary Language											
English			17,727	55.6%	3,126	88.2%	1,937	87.2%	1,189		
Spanish			9,630	30.2%	215	6.1%	134	6.0%	81		
Russian			1,808	5.7%	39	1.1%	30	1.4%	9		
Other/Unknown			2,713	8.5%	164	4.6%	120	5.4%	44		
Total			**31,878**	**100.0%**	**3,544**	**100.0%**	**2,221**	**100.0%**	**1,323**		

Essentially, the review of the <200 Poverty "Minus Medi-Cal" populations reaffirms observations previously made. For example, ADMH Clients who do not have Medi-Cal (i.e., "Minus Medi-Cal" clients who are SMI/SED and earn <200% Poverty) are also predominately adults aged 18 to 54 and White. Slightly more are male. An examination of the penetrate rate of ADMH "Minus Medi-Cal" clients to the <200% Poverty "Minus Medi-Cal" population shows a poor overall average penetration rate of 3.6% (as compared to 5.2% for the "Medi-Cal Included" population) and Asian-Pacific Islanders and Hispanics show the greatest gap in representation.

IV. MHSA Community Services and Supports (CSS) population assessment and service needs

The county shall include the following in the CCPR Modification (2010):

A. From the county's approved CSS plan, extract a copy of the population assessment and summarize population and client utilization data by race, ethnicity, language, age, gender and other relevant small county cultural populations.

See **FIGURE 3** (next page), an excerpt of the Yolo MHSA Community Services and Supports Plan, and refer to Figure 1 Excerpt of Columns D, E and G below.

FIGURE 1 EXCERPT: Columns D, E and G – SMI/SED Prevalence Estimates and ADMH Client Data

Figure 1 Yolo County Population, Poverty, Prevalence and Medi-Cal Data

EXCERPTED COLUMNS:	D		E		G
	SMI/SED Prevalence Estimate of <200% Poverty Reported 2004		ADMH Clients (All <200% of Poverty)		Ratio ADMH Clients to SMI/SED Prevalence Estimate (E/D)
Age					
0-17 years	1,672	27.3%	812	22.9%	48.6%
18-54 years	3,950	64.4%	2134	60.2%	54.0%
55+ years	509	8.3%	598	16.9%	117.5%
Total	**6,131**	**100.0%**	**3544**	**100.0%**	**57.8%**
Race/Ethnicity					
AK. Native/Am. Indian	45	0.7%	35	1.0%	77.8%
Asian/Pacific Islander	974	15.9%	155	4.4%	15.9%
Black/African American	144	2.3%	220	6.2%	152.8%
Hispanic	1,955	31.9%	423	11.9%	21.6%
White	2,754	44.9%	2388	67.4%	86.7%
Other/Unknown/Multiracial	259	4.2%	323	9.1%	124.7%
Total	**6,131**	**100.0%**	**3,544**	**100.0%**	**57.8%**
Gender Distribution					
Male	2,369	38.6%	1,622	45.8%	68.5%
Female	3,762	61.4%	1,922	54.2%	51.1%
Total	**6,131**	**100.0%**	**3,544**	**100.0%**	**57.8%**
Primary Language					
English			3,126	88.2%	
Spanish			215	6.1%	
Russian			39	1.1%	
Other/Unknown			164	4.6%	
Total			**3,544**	**100.0%**	

B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

A review of Figure 3 (see page 17 at bottom), Yolo County client and information and prevalence estimates from FY 2004-05 (included as Fig. 4 in the MHSA CSS Plan), and a comparison to the information contained in Figure 1 Excerpt, Columns D, G and E, and other pertinent population data, invites the following observations:

Yolo County Department of Alcohol, Drug, and Mental Health Services

Figure 4
Prevalence Rates

		Prevalence Estimates <200% poverty		Percent of Total Mental Health Consumers	Percent of Mental Health Consumers compared to the prevalence estimates	
		2004		FY 2004/05	FY 2004/05	
Total		6,131	100.0%		3,716	60.6%
Gender Distributions						
Male		2,369	38.6%	45.4%	1,688	71.3%
Female		3,762	61.4%	54.5%	2,025	53.8%
Age Distributions						
Youth	00-17	1,672	27.3%	30.9%	1,148	68.7%
00-05		*585*				
06-11		*591*				
12-17		*496*				
Transition Age Youth	18-25	2,144	35.0%			
Transition Age Youth	16-25			19.3%	718	33.5%
18-20		*1,070*				
21-24		*1,074*				
25-34		*718*				
35-44		*804*				
45-54		*282*				
55-64		*202*				
Adults	18-64	4,150	67.7%			
Adults	18-59			63.9%	2,375	57.2%
Older Adults	65+	307	5.0%			
Older Adults	60+				193	62.9%
Race/Ethnicity Distributions						
White		2,754	44.9%	64.7%	2,406	57.4%
African American		144	2.3%	5.5%	203	141.0%
Asian/Pacific Islander		974	15.9%	4.5%	166	17.0%
Hispanic		1,955	31.9%	14.2%	526	26.9%
Native American		45	0.7%	1.6%	61	135.6%
Other		259	4.2%	9.5%	354	136.7%
Language Distributions *(not available for prevalence subpopulation analysis)*						
		Total Population			Mental Health Consumers	
		>5 years old			FY 2004/05	
English Only		107,131	67.9%		3,221	
Non -English		50,661	32.1%		495	15.4%
Spanish		*30,577*			*256*	
Russian		*n/a*	n/a		*42*	
Other		*20,084*			*197*	
Total Population>5 years old		157,792	100.0%			

FIGURE 3
[1-Page Excerpt from MHSA CSS Program and Expenditure Plan]

Mental Health Services Act Community Services and Supports Plan

- The population estimates for Yolo County increased 7.3%, from 185,850 in 2005 to 199,407 in 2009[3].
- The ADMH client population declined 4.6% from 3,716 in 2005 to 3,544 in 2010.
- The overall ratio of ADMH consumers to the SMI/SED prevalence estimates was 60.6% in 2005 and 57.8% in 2010; however, it should be noted that the same 2004 prevalence estimates were used in both comparisons.
- For children 0-17, the ratio of ADMH consumers to the SMI/SED prevalence estimate went from 71.3% in 2005 (more than 10 points above the average ratio) to 48.6% in 2010 (nearly 10 points below the average ratio), indicating a sharp decrease in the penetration rate of SED children over the five-year period.
- As to Race/Ethnicity figures, Asian/Pacific Islander and Hispanic clients are very underrepresented in both data sets.

These observations confirm earlier conclusions that Children aged 0 to 17, Asian/Pacific Islanders, and Hispanics are underrepresented among ADMH clients. Children aged 0 to17 appear to be far less prevalent among ADMH clients than they were in 2005.

V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations

The county shall include the following in the CCPR Modification (2010):

A. Describe which PEI priority population(s) the county identified in their PEI plan and describe the process and rationale used by the county in selecting them. PEI Plan sections should be used to respond to priority populations identified by the county.

The method of identification of PEI priority populations is set forth in **ATTACHMENT C** hereto, entitled *Yolo County Prevention and Early Intervention (PEI) Community Planning Process – Narrative Report of Findings* and submitted to ADMH by CIMH on May 15, 2008. ADMH included this report as an attachment to its original MHSA PEI plan. In particular, see pages 10 through 12 of the report, *Section III. Synthesis of Findings* for an outline of key community needs and priority populations.

The approved Yolo County MHSA PEI Plan projects and programs, and their corresponding priority populations are:

Project One: Yolo Wellness Project

- **Urban Children's Resiliency Program:** The community planning process identified children, youth and transition-aged youth (TAY), especially those in stressed families, at risk of school failure, or at risk of Juvenile Justice

[3] United States Census Bureau, http://quickfacts.census.gov/qfd/states/06/06113.html, report updated 05/09/2011.

involvement as priority populations, and recognized underserved cultural populations of Latino, Russian and LGBTQ as a priority.

- **Rural Children's Resiliency Program:** With access issues of rural populations as an overarching concern, the community planning process identified children, youth and transition-aged youth (TAY), especially those in stressed families, at risk of school failure, or at risk of Juvenile Justice involvement as priority populations, and recognized underserved cultural populations of Latino and LGBTQ as a priority.
- **Senior Peer Counselors:** The community planners recognized access issues for older adults, due in large part to health and aging issues and stigma relating to mental illness. Using trained volunteers, this program targets individuals experiencing onset of psychiatric illness, individuals at high risk for suicide and/or depression, as well as aging Russian immigrant populations.

Project Two: Early Signs Project

- **Early Signs Training and Assistance:** Recognizing the need to increase access to children, youth and TAY, and to reduce stigma and discrimination surrounding mental illness at any age, this program seeks to assist with early intervention support with first-break referral services and provide education and stigma-reduction services to the community through offering Mental Health First Aid certification.
- **Crisis Intervention Training:** Our community planners were adamant about the need for mental health education and evidence-based certification for law enforcement and other first-responders. The program includes components of cultural competence, encourages law enforcement to recognize symptoms of mental illness early on, and seeks to help all ages and all cultures access mental health treatment services when in crisis.

Criterion 3:

Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities

Note: *The purpose of this section is to use this CCPR Modification (2010) as a logic model by continuing the analyses from Criterion 2 and to correlate the county's defined disparities with targeted activities to address them.*

The county shall include the following in the CCPR Modification (2010):

I. List the target populations with disparities your county identified in Medi-Cal and all MHSA components (CSS, WET, and PEI)

A. Briefly describe the process and rationale the county used to identify and target the population(s) (with disparities) in its PEI population.

With regard to the PEI population, to the extent that this information is not included in Criterion 2, Part V, see also Attachment C hereto: *Yolo County Prevention and Early Intervention (PEI) Community Planning Process Narrative Report of Findings.*

II. Then list disparities in each of the populations (Medi-Cal, CSS, WET, and PEI).

List of Identified Target Populations with Disparities (I and II):

- **Medi-Cal**
  A review of *Medi-Cal Approved Claims Data for Yolo County MHP Calendar Year 2009* provided by APS Health Care, attached hereto as **Figure 4** (next page), serves to confirm the target populations identified in Criterion 2.
  - Children 0-17
    - The Medi-Cal approved Claims Data also identifies children 0-5 as more underserved within the age classification.
    - School data in Criterion 2 (see Figure 2) also indicates a rapid increase in the Hispanic population within school-aged children.

Figure 4--APS Healthcare: Medi-Cal Approved Claims Data for Yolo County MHP Calendar Year 09

	YOLO					SMALL		STATEWIDE	
	Average Number of Eligibles per Month (4)	Number of Beneficia-ries Served per Year	Approved Claims	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year
TOTAL									
	31,271	2,008	$8,311,304	6.42%	$4,139	7.38%	$4,046	5.98%	$4,784
AGE GROUP									
0-5	5,842	46	$80,690	0.79%	$1,754	1.19%	$2,853	1.46%	$3,886
6-17	8,543	540	$2,916,451	6.32%	$5,401	9.84%	$5,304	7.71%	$6,316
18-59	12,415	1,222	$4,748,394	9.84%	$3,886	9.72%	$3,404	8.03%	$4,057
60+	4,473	200	$565,768	4.47%	$2,829	3.79%	$3,249	3.41%	$3,174
GENDER									
Female	17,596	1,126	$4,258,393	6.40%	$3,782	7.03%	$3,625	5.46%	$4,213
Male	13,676	882	$4,052,911	6.45%	$4,595	7.82%	$4,520	6.67%	$5,391
RACE/ETHNICITY									
White	9,382	1,136	$4,882,880	12.11%	$4,298	10.64%	$4,226	11.09%	$4,894
Hispanic	14,883	443	$1,666,373	2.98%	$3,762	3.92%	$3,309	3.46%	$4,580
African-American	1,443	133	$588,303	9.22%	$4,423	10.22%	$4,129	10.22%	$5,218
Asian/Pacific Islander	2,221	110	$344,406	4.95%	$3,131	5.53%	$2,847	4.25%	$3,493
Native American	277	17	$25,631	6.14%	$1,508	6.90%	$4,984	9.80%	$5,120
Other	3,067	169	$803,710	5.51%	$4,756	10.46%	$5,330	7.71%	$5,344
ELIGIBILITY CATEGORIES									
Disabled	5,420	1,149	$5,049,854	21.20%	$4,395	18.38%	$4,216	18.93%	$4,710
Foster Care	339	117	$711,878	34.51%	$6,084	50.16%	$7,596	61.11%	$7,619
Other Child	13,531	433	$1,645,110	3.20%	$3,799	5.14%	$3,914	4.06%	$4,661
Family Adult	6,644	286	$744,425	4.30%	$2,603	5.48%	$1,879	4.21%	$2,239
Other Adult	5,853	66	$160,037	1.13%	$2,425	1.42%	$3,054	0.96%	$3,324
SERVICE CATEGORIES									
24 Hours Services	31,271	176	$1,234,842	0.56%	$7,016	0.43%	$7,446	0.46%	$8,248
23 Hours Services	31,271	23	$27,880	0.07%	$1,212	0.25%	$1,526	0.31%	$1,601
Day Treatment	31,271	32	$412,146	0.10%	$12,880	0.06%	$14,396	0.10%	$11,632
Linkage/Brokerage	31,271	547	$514,586	1.75%	$941	2.83%	$1,152	2.61%	$898
Outpatient Services	31,271	1,324	$3,723,831	4.23%	$2,813	6.00%	$2,634	5.00%	$3,228
TBS	31,271	15	$233,267	0.05%	$15,551	0.03%	$14,952	0.06%	$13,830
Medication Support	31,271	1,439	$2,164,752	4.60%	$1,504	4.10%	$1,411	3.19%	$1,212

Date Prepared: 05/12/2010, Version 1.0. Data Sources: DMH Approved Claims and MMEF Data - Notes (1) and (2)
Prepared by: Hui Zhang, APS Healthcare / CAEQRO. Data Process Dates: 04/14/2010, 04/20/2010, and 04/07/2010 - Note (3)

Footnotes:

1 - Report of approved claims based on Medi-Cal recipient's "County of Fiscal Responsibility". The report includes approved claims data on MHP eligible beneficiaries who were served by other MHPs

2 - Includes Short-Doyle/Medi-Cal (SD/MC) and Inpatient Consolidation (IPC) approved claims for those whose aid codes were eligible for SD/MC program funding

3 - The most recent processing dates for SD/MC and IPC approved claims and MEDS Monthly Extract File (MMEF) respectively by DMH for the indicated calendar year and data included in the report

4 - County total number of yearly unduplicated Medi-Cal eligibles is 303,732

- Hispanic Consumers
  - APS Medi-Cal Data shows that the penetration rate for Hispanic Consumers (2.98%) is far lower than the county average of 6.42%, and lower than the small county and statewide averages.
  - As noted in Criterion 2, the U.S. Census Bureau estimates a 25% increase in Hispanic residents for Yolo County in the years 2000 to 2009.
- Spanish-speaking Consumers
  - Criterion 2 data demonstrates a very low penetration rate among Medi-Cal eligibles for mental health clients who list Spanish as their primary language (see Figure 1).
- Asian and Pacific Islander Populations
  - ADMH service data indicates a penetration rate for Asian/Pacific Islander populations which is below the average for the county, and which is amongst the lowest overall (see Figure 1).

- **Community Services and Supports (CSS)**
  - Yolo County's MHSA CSS Plan identified the following populations as being underserved, with some specific areas where disparities were more dramatic:
    - Children aged 0 to 17—below prevalence estimates
    - Hispanics, Adult and Children—well below prevalence estimates
    - Asian/Pacific Islanders—well below prevalence estimates
    - White Non Hispanic
    - Homeless—higher concentration of SMI individuals
    - Transition-Aged Youth (TAY) emancipating from Foster Care or Juvenile Hall—high risk populations with low penetration rate
    - Lesbian, Gay, Bisexual, Transgender or Questioning—no actual client count; no services for youth in rural areas; stigma can be greater in rural areas; information, education and support services are lacking; special cultural considerations are lacking.
    - Older Adults with Spanish, Russian or Southeast Asian languages as their primary languages—cultural issues; stigma issues.
    - Rural Populations, particularly non-English speaking and underinsured farm worker populations
    - SMI individuals with co-occurring substance abuse disorders

- **Workforce Education and Training**
  - WET Component affirms that Non-English speaking individuals are underserved, including:
    - Spanish
    - Russian
    - Ukrainian
    - Deaf/hearing impaired
  - Although the staff demographics are inclusive of these underserved groups, more bilingual/bicultural staff is needed.
    - LGBTQ special services are not available; staff is not recently trained to serve LGBTQ youth and adults.
    - Consumers and Family Member staff are underrepresented among staff.

- Prevention and Early Intervention
  - Access disparities, particularly among
    - Children and TAY
    - Individuals experiencing early signs and symptoms of mental illness
      - Stigma and discrimination issues
    - Underserved cultural populations/cultural barriers to treatment
      - Hispanic/Spanish-speaking, particularly rural poor and migrant populations
      - Russian/Ukrainian populations
        - Language issues
        - Older adult Russian immigrant
      - Southeast Asian populations
      - Lesbian, Gay, Bisexual, Transgender
        - Issue for TAY, particularly in rural communities

  - Stigma and its restrictive effect on access
    - Lack of mental health education among law enforcement and community members contributes to stigma and hampers access
    - Low community awareness regarding mental health contributes to stigma and reduces access opportunities to poor and disadvantaged

  - Children and Youth/TAY in high-risk circumstances
    - Children experiencing family stress
    - Children at risk of school failure
    - Children at risk of Juvenile Justice involvement

  - Individuals experiencing onset of mental illness
    - Delays in accessing treatment may enhance severity of illness

III. Then list strategies for the Medi-Cal population as well as those strategies identified in the MHSA plans (CSS, WET, and PEI) for reducing those disparities described above

Strategies Identified for Reducing Disparities:

- Medi-Cal
  Based on the information included here in *Criterion II: Updated Assessment of Service Needs*, ADMH is facing its most serious service disparity among two specific populations, Children 0-17 and Hispanics, with a more profound disparity where these populations overlap. Yolo County school enrollment figures over the past ten years reflect that overall enrollment rose less than 3%, while enrollment of Hispanic children increased an astounding 28%. Further, Hispanic children, represent our largest population of Medi-Cal eligibles, yet our lowest rate of penetration for mental health services. Strategies for bridging this gap should attack disparities from all angles.

Although Medi-Cal enrollment seems less of an issue for Hispanic children, specific access to mental health services must be addressed, along with cultural attitudes toward conventional Medi-Cal mental health care, opportunities for alternative traditional cultural methods, and stigma reduction through education of parents and students.

Given the apparent reluctance of all of Yolo County's underserved cultures and non-English speaking populations (Hispanic/Latino Spanish-speaking residents, Russian and Ukrainian immigrant residents, and Asian/Pacific Islander populations) to come forward for mental health treatment at ADMH clinics, current strategies should be revisited. Three examples of possible access outreach strategies are (1) taking more services to where the children are and the parents can be contacted (such as in schools and pre-schools or via primary health care); (2) offering bilingual/bicultural outreach services and parent education by paraprofessionals in schools and in the community to reduce stigma and enhance understanding of mental health issues; and (3) initiating efforts to bridge the cultural gaps relative to healing alternatives and collaborate with practitioners in serving these families.

- Community Services and Supports (CSS)
  Yolo County's CSS Plan includes one program for each of the four age divisions within MHSA Programs, and each program has noteworthy strategies for reducing disparities:
  - **Rural Children's Mental Health Program** (originally coupled with Capay Valley Children's Resiliency Program, later expanded under PEI) brings mental health services by a bilingual/bicultural clinician to the large western rural area of Yolo County.
  - **Pathways to Independence for Transition-Age Youth** provides blended CSS services to SMI youth in transition to adulthood, with strategies that include benefits assistance, housing support, vocational support, etc., as well as offering the camaraderie of other TAY at groups and Wellness Center activities. The intention is to increase stability and recovery-oriented services, while reducing episodes of the homelessness and lapses in benefits so often associated with SMI youth transitioning to adult mental health services.
  - **Wellness Alternatives for Adults Program** seeks to reduce homelessness and promotes independent living among our most disabled SMI adult population by offering community-based intensive services. Strategies include offering housing assistance, Wellness Center supports, substance abuse counseling, Wellness Recovery Action Plan (WRAP) opportunities, life skills, peer support and pro-social activities, with an overall aim of helping SMI clients stay in the community and avoid episodes of hospitalization and homelessness.
  - **Outreach and Assessment for Older Adults** strives to help those with serious mental illness to remain independent and in the community. Strategies involve reaching out to isolated seniors, offering mental health assessments, coordinating with senior peer counselors and local agencies such as Adult Protective Services. When economic conditions improve and hiring resumes, ADMH intends to refocus efforts to engage Russian-,

Ukrainian- and Spanish-speaking older adult groups using bilingual/bicultural staff.

- Workforce Education and Training
  - Hiring strategies to better meet the needs of its underserved populations include:
    - Targeted hiring of bilingual/bicultural Spanish-speaking and Russian-speaking clinical staff;
    - Screening at interview for developed skills and experience in serving LGBTQ clients

- Prevention and Early Intervention
  - **Yolo Wellness Project/Urban Children's Resiliency Program:** Services are provided by Victor Community Support Services, who employs Evidence Based Practices with urban children and youth, working through schools in the three urban districts, community programs that offer parenting support, and Juvenile Justice programs. Successful strategies include employment of bilingual/bicultural professionals and paraprofessionals who help children build interpersonal skills and increase resiliency. Staff identifies those who may need intensive services and refers as appropriate.
  - **Yolo Wellness Project/Rural Children's Resiliency Program:** Services are provided by RISE Inc. seeking to build resiliency among children 0 to17 living in the large western rural area of Yolo County, an area with a Hispanic population in excess of 65%. Strategies include employing paraprofessional staff comprised mostly of bilingual/ bicultural individuals, offering programs tailored to the needs of children in farm worker families, and using Evidence Based Practice programs in both Spanish and English, building interpersonal skills and increasing resiliency. This rural team also makes referrals for intensive services as appropriate.
  - **Senior Peer Counselors:** Services are provided by ADMH staff and volunteers for older adults with mental health issues. The single most effective strategy for reducing disparities is to offer direct contact with a peer or paraprofessional, in-home or in-community, to build trusting relationships with at-risk, "resistant" older adults in underserved communities.
  - **Early Signs Training and Assistance:** This program is provided by ADMH staff, volunteers and partner agencies, using the strategy of community outreach and mental health education to reduce stigma. Mental Health First Aid curriculum is available from certified instructors, some of whom are consumer and family member employees. Also, this program offers early intervention support with first-break referral services.
  - **Crisis Intervention Training:** This training is contracted out and offers mental health education through an evidence-based program certification for law enforcement and other first-responders. The program includes a cultural competence component, and trains law enforcement and other first responders to recognize symptoms of mental illness and intervene more appropriately, while promoting access for all ages and all cultures.

IV. Then discuss how the county measures and monitors activities/ strategies for reducing disparities.

Through use of the county's Practice Management and Electronic Health Record system, as well as the performance measurement and cultural competency requirements set forth in provider contracts, Yolo County ADMH is making an effort to measure client contacts in the level of detail that would eventually document changes which correlate to specific program attributes. Recent enhancements represent steps in the right direction. As staffing increases once again, opportunities for focusing on program evaluation increase as well. In the meantime, direct monitoring and observation (such as noting cultural inroads and missteps) may be anecdotal.

V. Share what has been working well and lessons learned through the process of the county's development and implementation of strategies that work to reduce disparities (within Medi-Cal, CSS, WET, and PEI).

All ADMH programs, including Medi-Cal and MHSA funding, have demonstrated the efficacy of bilingual/bicultural staff. Working as professionals, paraprofessionals and clerical, in the clinic/office or field, all staff strive to reduce disparities while enhancing services to underserved cultural populations of all ages. One unfortunate reality was realized through the layoff process during tough budget times. MHSA programs proudly hired several effective bilingual/bicultural consumers, clinicians, and front desk staff. Unfortunately, many were lost due to the "last in—first out" civil service policies that govern county employment. ADMH looks forward to hiring future staff with bi-lingual skills and bi-cultural backgrounds.

ADMH will continue to review the effectiveness of each program, and looks forward to increasing the capacity to assemble and interpret data to use that additional information accordingly.

Criterion 4:

Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System

I. The county has a Cultural Competence Committee, or similar group that addresses cultural issues, has participation from cultural groups, that is reflective of the community, and integrates its responsibilities into the mental health system.

The county shall include the following in the CCPR Modification (2010):

A. If so, briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee), The so inclusive committee shall demonstrate how cultural competence issues are included in committee work.

The ADMH Cultural Competency Committee met throughout 2010, with its primary goal being the composition of a new Cultural Competency Plan.

The Committee included representatives of the African American, Latino, Asian-Pacific Islander, Russian, Gay/Lesbian/Bisexual/Transgender community, adult and older adult consumers, family members, and ADMH staff.

The Committee identified several issues relating to cultural competency:

- A "Comfort Agreement" was drafted, identifying the terms of group communication and promoting a safe and nonjudgmental atmosphere
- A presentation and discussion occurred on the topic of welcoming and improving services to LGBT clients
- Committee members agreed to encourage diversity by varying the location of Cultural Competency meetings and thereby expose members to key locations of interest in the county
- Russian and Slavic residents addressed to the committee and became committee members

The Coordinator worked to accommodate members' schedules by changing locations and times with limited success. Because participant attendance varied at each meeting, information and knowledge could not be built upon, making discussion and decision making somewhat

challenging from meeting to meeting. Queries from partner agencies and participants netted the following reasons: lower staffing and budget cuts, too many duties and not enough time, etc.

A change in the Cultural Competency Coordinator occurred in early 2011. To allow focus on drafting the plan the Committee agreed to suspend the meetings temporarily. Cultural Competency developments continued to be reported to the Committee members and stakeholders via e-mail; and to ADMH staff, the Local Mental Health Board, and the Quality Improvement Committee on a monthly basis.

Draft chapters of the Cultural Competency Plan were posted on the ADMH Documents website, and notice of this posting (and encouraging submission of comments) was sent to Cultural Competency Committee members, Local Mental Health Board Members, consumers, family members, providers, stakeholders and other persons of interest—over 150 individuals and agencies. The draft Cultural Competency Plan will remain posted and comments will be encouraged until the plan is finalized and approved by the California Department of Mental Health. Quarterly Cultural Competency Committee Meetings are expected to resume in FY 11-12.

B. *If so, briefly describe how the committee integrates with the county mental health system by participating in and reviewing MHSA planning process.*

Cultural Competency Committee members are community stakeholders, and as such they have a vested interest in all facets of MHSA implementation in Yolo County. Just as all MHSA stakeholders received notices relative to the development of the 2011 Cultural Competency Plan, Cultural Competency Committee members have been involved throughout the MHSA planning process, and have also receive updates and notices. As various facets of mental health services are integrated, it is important that committees integrate as well. Cross-communication and integration among Cultural Competency Committee Members, MHSA Stakeholders, and Quality Improvement Committee Members and their respective meetings appear to be a logical and efficient next step in community involvement.

Criterion 5:

Culturally Competent Training Activities

I. The county system shall require all staff and shall invite stakeholders to receive annual cultural competence training.

The county shall include the following in the CCPR Modification (2010):

A. The county shall develop a three year training plan for required cultural competence training that includes the following: (The county may submit information from the county's WET plan provisions for training. The county shall describe how training efforts are integrated and can reasonably be expected to create and maintain a culturally competent workforce).

1. *Steps the county will take to provide required cultural competence training to 100% of their staff over a three year period.*
2. *How cultural competence has been embedded into all trainings.*
3. *A report list of annual training for staff, documented stakeholder invitation. Attendance by function to include: Administration/Management; Direct Services, Counties; Direct Services, Contractors, Support Services; Community Members/General Public; Community Event; Interpreters; Mental Health Board and Commissions; and Community-based Organizations/Agency Board of Director, and if available, include if they are clients and/or family members.*

B. Annual cultural competence trainings topics shall include, but not be limited to the following:

1. *Cultural Formulation;*
2. *Multicultural Knowledge;*
3. *Cultural Sensitivity;*
4. *Cultural Awareness; and*
5. *Social/Cultural Diversity (Diverse groups, LGBTQ, SES, Elderly, Disabilities, etc.).*
6. *Interpreter Training in Mental Health Settings*
7. *Training Staff in the Use of Mental Health Interpreters*

The Cultural Competency Training Calendars for FY 11-12 (**Figure 6**), FY 12-13 (**Figure 7**) and FY13-14 (**Figure 8**) included here outline the steps ADMH will take to provide appropriate Cultural Competency training to its staff. Biannually, ADMH will host trainings to which all staff, contractor providers, community members, Local Mental Health Board Members, Community-Based Organizations and other agency staff will be invited. Annually, in the first week of October, ADMH will acknowledge Mental Illness Awareness Week by hosting a

presentation by consumers and family members relating their personal experiences with the services they receive. Other open presentations will include trainings on experiences of clients who are Gay, Lesbian, Bisexual, Transgender and Questioning (LGBTQ), and how staff can work more effectively with trained Mental Health Interpreters.

Yolo County's approved MHSA Workforce Education and Training (WET) Component includes e-Learning for ADMH staff, consumers and family members. The library of courses contains instruction on the provision of services to the SMI/SED population, including several courses on the role of the mental health Interpreter and numerous courses focused on Cultural Competency (see **Figure 5** below). The training calendars also include cultural competency-related E-learning courses for Interpreters, as well as a course for members of the Local Mental Health Board.

Figure 5
On-Line Courses in Cultural Competency
Currently Available to ADMH Staff

Course Title	*Credit Hours*
Cultural Diversity	2.0
Cultural Diversity for Paraprofessionals	1.5
Cultural Issues In Mental Health Treatment	3.0
Cultural Issues in Mental Health Treatment for Paraprofessionals	3.0
Integrating Race and Culture into the Psychiatric Rehabilitation Assessment	1.5
Military Cultural Competence	3.0

II. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system.

The county shall include the following in the CCPR Modification (2010):

A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, linguistic, and relevant small county cultural communities.

B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretaker's, personal experiences with the following:

1. Family focused treatment;
2. Navigating multiple agency services; and
3. Resiliency.

Mental Illness Awareness Week (MIAW) occurs in the first week of October each year, during which NAMI of Yolo County holds a MIAW Rally at the County Courthouse, a community dinner, community outreach, and a prayer vigil. ADMH will join with NAMI in noting these annual efforts to raise awareness by hosting the following 90-minute "Consumer Experience" training presentations by consumers and family members to ADMH staff and all interested community stakeholders:

Oct. 6, 2011: *The Consumer Experience: Navigating the Mental Health System*
Oct. 4, 2012: *The Consumer Experience: Mental Health Recovery and Resiliency*
Oct. 3, 2013: *The Consumer Experience: Children, TAY and Family Perspective*

Figure 6: FY 2011-12 Cultural Competency Training Calendar

Training Event	Description of Training	How long and often	Attendance by Function	Est. of Attend-ees and Total	Date of Training	Name of Presenter
Cultural Competency in MH	Staff Choice From CC E-Learning List	1 class during quarter	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Serv. Contractor/Supp. Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	*All ADMH ***78**	1st Qtr 11-12 On Line Education	Essential Learning
MH Interpreter Training	Pt 1 of 3—Role of BH Interpreter	Complete series this FY; repeat triennially	Interpreters	**18**	1st Qtr. 11-12 On Line Education	Essential Learning
Board Member Training	Board Members: Roles and Responsi-bilities	Triennially	Administration/Management LMHB/Commissions **Total**	2 15 **17**	1st or 2nd Qtr. 11-12 On Line Education	Essential Learning
The Consumer Experience: Navigating the MH System	Consumer/FM panel presen-tation; promote understanding; Mental Illness Awareness Wk	Annually; 90 min.	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Services Contr/Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	ADMH* 78* 4 2 6 2 2 **94**	Oct. 6, 2011 2nd Qtr 11-12	Live Presentation: Consumers/ Family Members
MH Interpreter Training	Pt 2 of 3—Role of Culture for BH Interpreter	Complete series this year	Interpreters	**18**	2nd Qtr. 11-12 On Line Education	Essential Learning
Cultural Competency in MH	Staff Choice From CC E-Learning List	1 class during quarter	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Services Contr/Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	*All ADMH ***78**	3rd Qtr 11-12 On Line Education	Essential Learning
MH Interpreter Training	Pt 3 of 3—Communica-tion for BH Interpreters	Complete series this year	Interpreters	**18**	3rd Qtr. 11-12 On Line Study	Essential Learning
LGBTQ Culture	Meeting the needs of gay and lesbian clients	Biennially; 90 min	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Services Contr/Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	ADMH* 78* 4 2 6 2 2 **94**	4th Qtr 11-12	Live Presentation: Mental Health America
MH Interpreter Training	Complete if needed 3 pts. Role of BH Interpreter	Complete series this year	Interpreters	As needed to complete series	4st Qtr. 11-12 On Line Study	Essential Learning

Figure 7: FY 2012-13 Cultural Competency Training Calendar

Training Event	Description of Training	How long and often	Attendance by Function	No. of Attendees and Total	Date of Training	Name of Presenter
Cultural Competency in MH	Staff Choice From CC E-Learning List	1 class during quarter	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Services Contr/Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	*All ADMH ***78**	1st Qtr 12-13 On Line Education	Essential Learning
MH Interpreter Training	Complete all 3 parts-- Role of BH Interpreter	Complete series this FY	Interpreters	New hires	FY 12-13 On Line Study	Essential Learning
Board Member Training	Board Members: Roles and Responsi-bilities	Triennially	LMHB/Commissions	New LMHB Members	1st or 2nd Qtr. 12-13 On Line Education	Essential Learning
The Consumer Experience: MH Recovery and Resiliency	Consumer/FM panel presen-tation; promote understand MH recovery; Mental Illness Awareness Wk	Annually; 90 min.	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Services Contr/Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	ADMH* 78* 4 2 6 2 2 **94**	Oct. 4, 2012 2nd Qtr 12-13	Live Presentation: Consumers/ Family Members
Cultural Competency in MH	Staff Choice From CC E-Learning List	1 class during quarter	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Services Contr/Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	*All ADMH ***78**	3rd Qtr 12-13 On Line Education	Essential Learning
Working with MH Interpreters	Coordination with MH Interpreters; how to best serve clients	Biennially 90 min.	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Serv, Contractor, Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	ADMH* 78* 1 2 1 1 1 **84**	4th Qtr 12-13	ADMH Trained Interpreters

Figure 8: FY 2013-14 Cultural Competency Training Calendar

Training Event	Description of Training	How long and often	Attendance by Function	No. of Attendees and Total	Date of Training	Name of Presenter
Cultural Competency in MH	Staff Choice From CC E-Learning List	1 class during quarter	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Services Contr/Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	*All ADMH *78	1st Qtr 13-14 On Line Education	Essential Learning
MH Interpreter Training	Complete all 3 parts-- Role of BH Interpreter	Complete series this FY	Interpreters	New hires	1st Qtr 13-14 FY 12-13 On Line Study	Essential Learning
Board Member Training	Board Members: Roles and Responsi-bilities	Triennially	LMHB/Commissions	New LMHB Members	1st or 2nd Qtr. 13-14 On Line Education	Essential Learning
The Consumer Experience: Children, TAY and Family Perspective	Consumer/FM panel presen-tation; promote understanding; Mental Illness Awareness Wk	Annually; 90 min.	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Services Contr/Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	ADMH* 78* 4 2 6 2 2 **94**	Oct. 3, 2013 2nd Qtr 11-12	Live Presentation: TAY Consumers and Family Members
Cultural Competency in MH	Staff Choice From CC E-Learning List	1 class during quarter	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Services Contr/Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	*All ADMH *78	3rd Qtr 13-14 On Line Education	Essential Learning
LGBTQ—How Are We Doing?	Review of progress in serving gay and lesbian clients	Biennially; 90 min.	Administration/Management* Direct Services ADMH Staff* Interpreters* Direct Services Contr/Support Community/Gen Public Community Event LMHB/Commissions CBO/Agency Bd. Dir. **Total**	ADMH* 88* 4 2 6 2 2 104	4th Qtr 13-14	Mental Health America

Criterion 6:
Yolo County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified un-served and underserved populations
The county shall include the following in the CCPR Modification (2010):
A. Extract and attach a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component.

For the Workforce Needs Assessment included as Exhibit 3 to Yolo County's Workforce Education and Training Component of the MHSA Program and Expenditure Plan, see **ATTACHMENT D** hereto.

B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data.

This comparison of data yielded the observations noted below. To facilitate this comparison, please see below (**Figure 1 Excerpt—Columns A, B, C** and accompanying **Figure 9**, WET Plan Data[4]).

Alaska Native/American Indian: Overall, Alaska Native and American Indian populations in Yolo County are low, representing less than 1% among the three groups shown. Concentrations appear to be highest among the Medi-Cal eligible population at 0.9%. The Yolo County workforce, as set forth in the WET Plan, includes 1.3% in this racial/ethnic group, indicating the group is adequately represented in the workforce.

Asian/Pacific Islander: Among Asian/Pacific Islander populations, it is noteworthy that concentrations are proportionately highest among the poor (17.3%) and lowest among the Medi-Cal eligible population (7.1%). At 7.7% of mental health workers, it appears this population is underrepresented among the county's mental health workforce.

Black/African American: The below data indicates that the Black/African Americans population comprises 2.6% of the county's residents, 3.2% of those living <200% of poverty, and 4.6% of the Medi-Cal eligible population. Workforce

[4] Yolo County MHSA Workforce Education and Training Component, Exhibit 3: Workforce Needs Assessment, page 11.

figures indicate 9.2% of the mental health workforce is Black/African American. Only about 4% of the ADMH staff is Black/African American, but both ADMH and the countywide totals indicate they are adequately represented in the mental health workforce.

Hispanic: The Hispanic population represents at least 28% of Yolo's residents (a figure that is rising, especially among children), representing over one-third of the <200% poverty population, and nearly one-half of the Medi-Cal eligibles in Yolo County. Relative to race/ethnicity correlating data, the county's total mental health workforce is 11.1% Hispanic, while for ADMH, the percentage is signifi-cantly higher, at 20.61%. This growing population widened the gap between the workforce and the beneficiary population during static budget times, with even greater disproportion occurring in the last 2-3 years due the budget cuts.

White: At 66.1% of the total mental health workforce, the percentage of White workforce members exceeds that of all service populations, continuing to remain the majority population in both the workforce and service populations.

FIGURE 1 EXCERPT: Columns A, B, C
Population, Poverty and Medi-Cal Data

FIGURE 9
WET Plan Data

Figure 1 - Yolo County Population, Poverty, Prevalence and Medi-Cal Data / Workforce Needs Assessment

	A		B		C		Race/Ethnicity Data			
	Yolo County Population 2007		Yolo County <200% of Poverty Population		Yolo County Medi-Cal Eligible Population FY 2009-10		Yolo ADMH Staff	All Other CBO's etc.	Total Yolo County MH Workforce	
Age										
0-17 years	48,798	24.9%	19,252	28.5%	14,384	46.0%	-	-	-	-
18-54 years	111,660	57.0%	40,281	59.6%	12,414	39.7%	-	-	-	-
55+ years	35,386	18.1%	8,074	11.9%	4,473	14.3%	-	-	-	-
Total	**195,844**	**100.0%**	**67,607**	**100.0%**	**31,271**	**100.0%**	-	-	-	-
Race/Ethnicity							**Race/Ethnicity**			
AK. Native/Am. Indian	1,378	0.7%	383	0.6%	277	0.9%	4.9	7.3	12.2	1.3%
Asian/Pacific Islander	23,917	12.2%	11,668	17.3%	2,221	7.1%	7.8	66.1	73.9	7.7%
Black/African American	5,023	2.6%	2,195	3.2%	1,443	4.6%	4.1	84.0	88.1	9.2%
Hispanic	54,766	28.0%	23,462	34.7%	14,882	47.6%	20.1	86.6	106.7	11.1%
White	105,430	53.8%	27,744	41.0%	9,381	30.0%	54.2	580.9	635.1	66.1%
Other/Unknown/Multiracial	5,330	2.7%	2,155	3.2%	3,067	9.8%	6.5	38.3	44.8	4.7%
Total	**195,844**	**100.0%**	**67,607**	**100.0%**	**31,271**	**100.0%**	**97.6**	**863.2**	**960.8**	**100.0%**
Gender Distribution										
Male	96,057	49.0%	31,918	47.2%	13,676	43.7%	-	-	-	-
Female	99,787	51.0%	35,689	52.8%	17,595	56.3%	-	-	-	-
Total	**195,844**	**100.0%**	**67,607**	**100.0%**	**31,271**	**100.0%**	-	-	-	-
Primary Language										
English					17,727	55.6%	-	-	-	-
Spanish					9,630	30.2%	-	-	-	-
Russian					1,808	5.7%	-	-	-	-
Other/Unknown					2,713	8.5%	-	-	-	-
Total					**31,878**	**100.0%**	-	-	-	-

C. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.

In the two years since submitting its WET Plan, ADMH has experienced further staffing reductions, as have other counties across the state. When the plan was submitted in May 2009, ADMH decreased by 55 FTE's due to budget cuts, with a workforce of 97.6 FTE. By May of 2011, additional reductions netted 76.7 FTE. The MHSA WET Plan did not set specific target growth numbers for the multicultural workforce at that time. The following was noted:

> *Using data from our Needs Assessment and other surveys compared to data from our automated Electronic Health Record, we found very few disparities in race/ethnicity in our workforce compared to our consumers. However, by city and clinical site additional Spanish-speaking, Latino-culture members and Russian-speaking, Russian/Ukrainian-culture members are needed in our workforce. This is particularly true of clinical, direct-service staff.*[5]

Both the WET Plan and the Cultural Competency Plan note the need for more bilingual/bicultural Hispanic staff, as well as from Russian, Ukrainian, and Asian/Pacific Islander cultures. Along with other counties across the state and nation, ADMH hopes to hire bilingual/bi-cultural staff as the economy continues on the slow upward trajectory. Priority will be given to seek qualified direct service and first contact personnel who are bilingual and bicultural from these ethnicities.

D. Share lessons learned on efforts in rolling out county WET implementation efforts.

Many bilingual/bi-cultural staff and consumers that spoke Spanish, Russian or Tagalog are no longer employees of ADMH. This lesson learned is related to job classification specifics as stated above, and in Criterion 2.

In addition, it is important to ensure capacity building for supervision to maximize the ability to utilize Student Interns and MHSA stipend volunteers, which can assist in bolstering service delivery. Maximizing dwindling resources by maintaining sufficient infrastructure to benefit from these volunteers, while potentially gaining future well-trained employees, will in the future greatly enhance the workforce.

E. Identify county technical assistance needs.

ADMH would benefit from technical assistance in two areas:

- Civil Service Positions including Titles, Minimum Qualifications, and Job Descriptions.

[5] Ibid., page 13.

- Development of a plan to rebuild the workforce prioritized to address the changes and needs of the consumers over time, and anticipates revenue flow, while accounting for succession planning.

Criterion 7:

Language Capacity

I. Increase bilingual workforce capacity

The county shall include the following in the CCPR Modification (2010):

A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity, including the following: (Counties shall document the constraints that limit the capacity to increase bilingual staff.)

1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.

See WET Plan Workforce Needs Assessment (attached hereto as Attachment D) at page 13.

2. Updates from Mental Health Services Act (MHSA), Community Service and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.

As indicated in the most recent CSS update, ADMH is unable to expand staff at this time due to budget constraints; however, PEI programs serving both urban and rural children, which were implemented in FY 09-10, continue to require contractors to provide bilingual/bicultural Spanish-speaking staff.

3. Total annual dedicated resources for interpreter services in addition to bilingual staff.

The total annual amount dedicated resources for interpreter services in addition to bilingual staff is $26,519.

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.

The county shall include the following in the CCPR Modification (2010):

A. Evidence of policies, procedures, and practices for meeting clients' language needs, including the following:

1. *A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals.* ***Note:*** *The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.*
2. *Least preferable are language lines. Consider use of new technologies such as video language conferencing as resources are available Use new technology capacity to grow language access.*

3. *Description of protocol used for implementing language access through the county's 24-hour phone line with statewide toll-free access including staff training protocol.*

   See ADMH Policy and Procedure entitled **Language and Special Communications Needs**, incorporated in this plan as **ATTACHMENT E.** Staff is provided with annual demonstrations of language line access by the Quality Assurance Unit; training is also provided to staff on request.

   For clients with Limited English Proficiency (LEP) ADMH posts language identification charts in every waiting room. The charts use pictures to direct the client to point to their preferred language. Staff is reminded of the free language assistance availability during interpreter trainings, staff meetings and Cultural Competency trainings. Staff is reminded to inquire during the intake process by the prompt on the Acknowledgment of Receipt checklist.

B. Evidence that clients are informed in writing in their primary language, of their rights to language assistance services.

All access, crisis, grievance and other informational materials are available in English and Yolo's two threshold languages, Spanish and Russian, in all ADMH reception and waiting room areas. Clients whose primary language is one other than English, Spanish or Russian are assisted through the procedure listed in the previous section.

C. Evidence that the county/agency accommodate persons who have LEP by using bilingual staff or interpreter services.

Upon initial contact with a customer who has limited proficiency in English, but who does not speak a designated threshold language (Spanish or Russian), office support staff may use a Language Identification Chart to assist in identifying the person's language needs and summon a translator from an established list and schedule. If a translator for that language is not available, the language line is used. For return appointments, interpreters are scheduled in accordance with client appointments, and the language line is used if no interpreters are available in the client's preferred language.

D. Share historical challenges on efforts made on the items A, B, and C above. Share lessons learned.

The most significant challenged ADMH faced is related to after hours calls, both crisis and non-crisis type, which originally rolled over to Yolo County Dispatch. Occasions involving non-English callers failed to connect with translation services or appropriate mental health assistance. Over 1.5 years ago all after-hours calls were diverted via Contract to Yolo Community Care Continuum, who provide staff available on a 24/7 basis, well-versed in mental health issues and knowledgeable about use of translation services, through their other contracted programs. This

solution resolved this concern, with positive feedback from the consumer/family member community, including the Yolo Chapter of National Alliance for the Mentally Ill (NAMI) and the Local Mental Health Board.

E. Identify county technical assistance needs. (DMH is requesting counties identify language access technical assistance needs so that DMH may aggregate information and find solutions for small county technical assistance needs.)

ADMH does not have language access technical assistance needs at this time.

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.

Note: *The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable. Counties should train their staff for the proper use of language lines but should seek other options such as training interpreters or training bilingual community members as interpreters.*

The county shall include the following in the CCPR Modification (2010):

A. Evidence of availability of interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken by community.

Of the Front Desk Staff providing first contact, one-half are bilingual Spanish-English Speaking. Staff also has immediate access to the **ADMH Bilingual Staff List** which includes Spanish and Russian interpreters, and other available languages. ADMH maintains this list on its department website, so it is available to all staff. A copy is attached to this plan as **ATTACHMENT F.** In addition, Spanish-speaking interpreters are assigned during *prime time hours* on a fixed schedule to ensure availability, which the Office Support Supervisor maintains.

B. Documented evidence that interpreter services are offered and provided to clients and the response to the offer is recorded.

See documents included with Attachment E, specifically the document entitled, **Consumer Agreement to Interpreter Services**.

C. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.

All ADMH staff has immediate access to the **ADMH Bilingual Staff List**, which includes the interpreter's phone extension and location. ADMH maintains this list on its department website, and is also sent electronically via email as updates occur, making it available to all staff (see above, and Attachment F). Again, the Office Support Supervisor maintains the schedule for Spanish interpreters.

D. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing)

See ADMH Policy and Procedure entitled **Training of Interpreters** and ADMH Policy and Procedure entitled **Cultural Competency and Training of Interpreters**; copies of both are included in this plan as **ATTACHMENT G.** In FY 11-12, all ADMH Interpreters will be required to enroll and pass three on-line courses for mental health interpreters from Essential Learning, to be repeated triennially (see Criterion 5, Culturally Competent Training Activities).

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system at all points of contact. The county shall include the following in the CCPR Modification (2010):

A. Policies, procedures, and practices that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.

See responses to Section III above.

B. Provide a written plan for how clients who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.

1. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 (see page 27) requirements: Prohibiting the expectation that family members provide interpreter services;
2. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services; and
3. Minor children should not be used as interpreters

See document entitled, State Department of Mental Health Medi-Cal Oversight Fiscal Year (FY) 2008-2009 for written plan regarding service to clients with Limited English Proficiency, a copy of which is attached hereto as **ATTACHMENT H.**

V. Required translated documents, forms, signage, and client informing materials

The county shall have the following available for review during the compliance visit:

A. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:

1. Member service handbook or brochure;
2. General correspondence;
3. Beneficiary problem, resolution, grievance, and fair hearing materials;
4. Beneficiary satisfaction surveys;
5. Informed Consent for Medication form;
6. Confidentiality and Release of Information form;
7. Service orientation for clients;

8. Mental health education materials, and
9. Evidence of appropriately distributed and utilized translated materials.

B. Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients' preferred language.
C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).
D. Report mechanisms for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).
E. Report mechanisms for ensuring translated materials are at an appropriate reading level (6th grade). Source: Department of Health Services and Managed Risk Medical Insurance Boards.

These documents are currently available at all three (3) ADMH Clinic Sites: Davis, West Sacramento, and Woodland. Copies of the documents on this list will be available for review during the next compliance visit.

Criterion 8:

Adaptation of Services

I. Client driven/operated recovery and wellness programs

The county shall include the following in the CCPR Modification (2010):

A. List client-driven/operated recovery and wellness programs and options for consumers that accommodate racially, ethnically, culturally, and linguistically specific diverse differences.

Activities of both Transition-Age Youth and Adult Clients at the "Wellness Alternatives" Wellness Center are client-driven. Clients have access to their own bank of computers with Internet access and printers, which they can use to pursue personal enrichment or vocational services. Clients are provided with peer-run Wellness Recovery Action Planning "WRAP" group opportunities, as well as peer-run cooking, budgeting and other life skill classes. Clients now have the opportunity to utilize the on-line Essential Learning program, that provides access to a broad Community Access Library of mental health-related topics (several are recovery-oriented), and including courses on cultural competency, as well as general self-improvement topics. This opportunity is available to clients free of charge through the MHSA Workforce Education and Training (WET) Plan.

At the Wellness Center, which is open all weekdays, clients of all cultures share practices, beliefs, and ethnic foods, as well as games and other activities. Cultural holidays, such as *Cinco de Mayo,* are celebrated through activities of the Wellness Center. Consumers often engage in art projects involving painting, drawing, textiles, sculpture, jewelry, poetry and short stories. These projects reflect the cultural and religious diversity of the clientele, as well as their talents and imagination. A Consumer Art Show has been held for the last 2 years in late April, allowing opportunity for projects to be displayed.

This year's Consumer Art Show rendered 66 entries. Over 300 votes were cast by visitors to the art show, and nine prizes were awarded in all (1st, 2nd and 3rd in three categories). Many of the consumers had their art entries purchased. Two artists were featured at the Board of Supervisor's Meeting on May 3, 2011, where a Resolution was presented recognizing May as Mental Health Month. The resolution is displayed in the Wellness Center, with those from other years. Many consumers use the Consumer Art Show as preparation for entry in Yolo NAMI's Sunflower Art Show held each June.

Recovery-oriented vocational rehabilitation opportunities are offered to Wellness Center clients by Turning Point Community Programs. Cool Beans Coffee & Eats, a consumer-supervised, consumer-operated coffee station located at ADMH's Woodland Site is one among many paid training opportunities offered to consumers through Turning Point. There the consumers develop self-confidence, as well as experience with making espresso drinks, selling food and snacks, and cashiering.

II. Responsiveness of mental health services
The county shall include the following in the CCPR Modification (2010):

A. *Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider.*
(Counties may develop a listing of available alternatives and options of cultural/linguistic services that shall be provided to clients upon request. The county may also include evidence that it is making efforts to include additional culture-specific community providers and services in the range of programs offered by the county).

See ADMH Policy and Procedure entitled **Alternative Healer Resources**, included in this plan as **ATTACHMENT I.**

B. *Evidence that the county informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the county will include it in their next printing or within one year of the submission of their CCPR.*

ADMH is in the process of updating the member services brochure to include the list of Alternative Healer Resources.

C. *Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services.*
*(Counties may include **a.)** Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services; or **b.)** Evidence of outreach for informing under-served populations of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.)*

See the following documents collectively attached to this plan as **ATTACHMENT J:**

- Policy and Procedure: **Information Dissemination and Cultural Competency**

- Policy and Procedure: **Availability of Translated Materials**
- **Yolo County Guide to Mental Health Services**

D. Evidence that the county has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

1. Location, transportation, hours of operation, or other relevant areas;
2. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs); and
3. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis.)

All ADMH offices are ADA-compliant and close to public transportation. Offices are decorated with paintings, sculptures and other objects that include artwork and scenes from varied cultural groups, making the offices welcoming to clients and the community. Consumer artwork is prevalent, both in the hallways and in treatment rooms, reflecting the diversity of the clientele.

Due to budget constraints, ADMH relocated the Wellness Center to the main Woodland site in the Bauer Building in 2010. This has been more successful than anticipated, as attendance has increased and participation in Wellness Center activities has doubled. Besides planned attendance for specific center activities, early arrivals for appointments are now a bonus, as consumers now have a place to “hang out” with peers before and/or after their appointments. The Wellness Center enjoys a large space that is separate and distinct from clinic offices, decorated with comfortable, home-like furniture, and the walls display consumer artwork and awards, with a designated area for the Transitional Age Youth.

The contract provider CommuniCare Health Centers has co-located behavioral health treatment with physical health clinic offices, which may serve to reduce stigma. And Children’s Resiliency-Building PEI programs, both urban- and rural- with a staff of over 50% bilingual Spanish/English almost exclusively serving children and youth in their community, where they live, play and go to school. Bilingual/bicultural clinicians from ADMH’s Children’s Unit serve the large western rural area of Yolo County, to accommodate working parents.

III. Quality Assurance

Requirement: *A description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:*

The county shall include the following in the CCPR Modification (2010):

A. Grievances and Complaints: Provide a description of how the county mental health process for Medi-Cal and non-Medi-Cal client Grievance and Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.

Upon receipt of a grievance from a consumer:

- Information is verified in the AVATAR Management Information System, including Medical Record Number, Address, Phone number
- If the grievance is related to service delivery, notes in the system are reviewed
- Medi-Cal is checked/verified
- Information is noted in the log, with the date.
- An acknowledgement of the grievance is mailed to the individual with contact information for Quality Management,
- Written response is sent within 60 days.

During the investigation phase, the QI officer gathers information by talking with the grieving party regarding the circumstances surrounding the grievance, learning what the party would like to have done to resolve the grievance. Other necessary parties (e.g., staff involved in the grievance, staff that might have information surrounding the circumstances) are interviewed. Finally, a plan to address the grievance is developed and implemented, with notification back to the grieving party.

In FY 09-10, ADMH received a total of 18 grievances/complaints from 16 different clients. Fifteen were Medi-Cal beneficiaries. Special note is made when any grievance is specifically related to cultural issues (such as language, religion, race/ethnicity, or other factors). Race/ethnicity is not currently one of the data points tracked, but will be added to the demographics for the future. Of the clients filing grievances, nine were female, seven were male.