

# Progress Towards Reducing Disparities: A Report for San Diego County Mental Health



**Eight Year Comparison  
FY 2001-2002, FY 2006-2007, and FY 2009-2010**



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## **SECTION I: EXECUTIVE SUMMARY**

## Executive Summary

The purpose of the *Progress Towards Reducing Disparities* report is to report progress towards the reduction of disparities across racial/ethnic groups and age groups. The report covers three time points spanning the past 8 years (Fiscal Years 01-02, 06-07, and 09-10) and to note disparities that continue to exist in San Diego County for the 2009-2010 fiscal year.

The Mental Health Services Act (MHSA), which passed in 2004, allowed San Diego County to begin a large-scale implementation of programs in FY07-08. The influx of dollars made possible the creation of new services and, most importantly, the enhancement of current services/programs. This included the implementation of Full Service Partnership (FSP) services with a “whatever it takes” approach to address the client’s path to recovery. FSP programs provided comprehensive services offered by a team of mental health professionals. Services under FSP also included the availability of short term housing for adult clients. While there may not have been a large increase of clients served with the additional MHSA funding, the level and quality of care was enhanced for San Diego County’s un-served and underserved populations.



This report assesses racial/ethnic and age group disparities were assessed in access to mental health services (penetration rates), engagement (retention rates), type of services used (e.g., Outpatient vs. Emergency), and diagnosis.

Utilization and other client data for this report were obtained from both the Anasazi and INSYST medical information systems (the INSYSTS MIS system was replaced by the Anasazi MIS system midway through FY08-09). Analyses of access (penetration rates) required the calculation of a ratio consisting of mental health care system clients divided by the population eligible for services (target population) for a specific race/ethnicity or age segment. Eligible clients were defined as those individuals in San Diego County who were: Medi-Cal OR uninsured, AND under 200% of the Federal Poverty Level (FPL).

## Adult and Older Adult System Findings



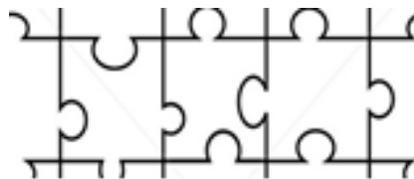
Steady increases from FY01-02 to FY09-10 in the number of clients served and access for all non-White racial/ethnic groups were the most notable evidence demonstrating progress toward reducing disparities for adults/older adults. Also notable was the observed steady increase in access to services for those over the age of 60 during the three fiscal years examined in this report.

While access increased for Hispanics, Native Americans, and Asian/Pacific Islanders, the number of accessed services was less than would be expected based on their proportion in the target population. Additionally, African American clients showed the greatest total difference between their most frequent diagnosis (Schizophrenia/Schizoaffective disorder; 31%

of clients), and their second most frequent (Other Depression/Adjustment disorders; 18% of clients).

Although the most frequently diagnosed disorder for White clients was also Schizophrenia/Schizoaffective disorder (23%), the second most frequently reported Major Depression disorder was almost as commonly seen at 22%. Major Depressive disorder was the most frequently diagnosed disorder among clients within the remaining racial/ethnic groups.

There were also some notable trends evident in the age group analysis. Access for all age groups increased from FY06-07 to FY09-10, most notably for transition age youth (TAY) and older adult groups, with rates for both groups increasing about 2% over the time period. However, the TAY group accessed fewer services than would be expected given the number of potential TAY age clients in the target population.



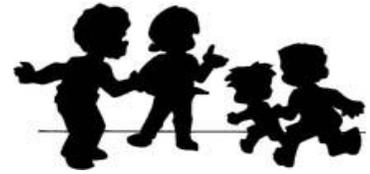
## Progress Towards Reducing Disparities: A Report for San Diego County Mental Health *Children's System Findings*

For children and youth, comparisons across fiscal years demonstrated that access for Hispanic clients increased from FY01-02 to FY06-07, and leveled off in FY09-10. For White clients, there was a decreasing trend in service utilization over the studied time periods, with large decreases from FY01-02 to FY06-07, and a lesser decrease in access from FY06-07 to FY09-10. Access also decreased for African American clients from FY06-07 to FY09-10. Although decreases in access were evident for Asian/Pacific Islander and Native American clients from FY01-02 to FY06-07, access rates remained steady or slightly increased from FY06-07 to FY09-10.

The disparities found for racial/ethnic groups for clients aged 0-17 were similar to those found in the adult system. Hispanic, Native American, and Asian/Pacific Islander children accessed services less frequently than would be expected based on their proportion in the target population. It should be noted that 56% of children and youth clients were Hispanic. Engagement was lowest for the Asian/Pacific Islander group.

When examining types of services used, it was found that while a majority of clients (96%) used Outpatient services, there were several racial/ethnic groups that utilized a

disproportionate share of more



restrictive levels of service. In FY09-10, the Asian/Pacific Islander group used Inpatient services without receiving any Outpatient services more than any other group. Additionally, African American and Asian/Pacific Islander clients used more Juvenile Forensic services without receiving any Outpatient services than any other group.

Furthermore, several disparities were found when examining racial and ethnic differences in diagnoses. Oppositional/Conduct Disorders were the most frequently diagnosed disorder among African American clients, ADHD was the most common diagnosis for White clients, and Depressive disorders were the most prevalent among Asian/Pacific Islander clients.

Access decreased among 6-11 year-olds, when comparing over fiscal years (although this decrease was minimal between FY06-07 to FY09-10 time periods, 6.4% and 6.3%, respectively). Access increased slightly among 0-5 year-olds over the same time period. For the 12-17 age group, access increased from FY01-02 to FY06-07, but decreased slightly from FY06-07 to FY09-10. Outpatient services were used the least by clients age 18 and older

## Progress Towards Reducing Disparities: A Report for San Diego County Mental Health

who continue to be served by children's mental health services, while the same group used a high number of Juvenile Forensic services. In summary, access rates differed markedly by racial/ethnic and age groups. This was also

true for engagement and type of service used; however, the differences seen were more pronounced between age groups than were seen between racial/ethnic groups.

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### *Progress Towards Reducing Disparities*

Efforts to decrease barriers to mental healthcare among racial/ethnic minorities and age groups have been a focus for SDCMHS for many years. This process is complicated by the fact that the demographic breakdown of those eligible<sup>1</sup> for services in the SDCMHS differs markedly from the demographic makeup of the County as a whole. For example, although persons of Hispanic origin makeup 32% of the San Diego County population,<sup>2</sup> this segment accounts for 60% of the target (eligible) population. Therefore, efforts to increase access and services often need to focus on specific groups disproportionately to their presence in the overall County population.

The key findings from this study indicated that improvements have been made; however, significant disparities still persist. A

comparison of the San Diego County target population to those who received mental health services (pages 14 through 16) demonstrated that disparities continued; most notably for Hispanic adults. Hispanics comprised 60% of the target population but only 23% of the adult clients who received mental health services. While the numbers were much better for children, 71% of the population compared to 56% of the clients that received mental health services, there was still significant room for improvement.

Although Hispanic, Asian /Pacific Islander, and Native American individuals were less likely to access services than expected given the number of potential clients, their access rates have shown improvement from FY06-07 through FY09-10. In summary, while disparities still existed, there has been an improvement over time.

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<sup>1</sup> The target population was defined as those eligible for services. Eligible clients were defined as those individuals in San Diego County who were: Medi-Cal OR uninsured, AND under 200% of the Federal Poverty Level (FPL). Please see page 68 for details on the calculation of the target population estimates.

<sup>2</sup> U.S. Census 2010. See Appendix for complete population figures.

## Key Findings



A summary of key findings for adults and children is provided below. Statistics and corresponding graphs are provided throughout for the following: general information for each major racial/ethnic group and age group; penetration and retention rates by age and by race/ethnicity; service utilization by age and by race/ethnicity; and differences in diagnosis by age and by race/ethnicity.

### ***By Race/Ethnicity***

- **Hispanics:**
  - Adults/Older Adults
    - Penetration rates went up slightly over the study time period. However, adults and older adults were proportionally less likely to access services based on their presence in the target population.
    - Retention continued to be a concern, as 10% had only one visit to an Outpatient program in FY09-10 (an increase since FY06-07).
  - Children and Youth
    - 56% of children and youth clients were Hispanic.
    - Use of services went up slightly over the study time period.
    - Retention rates were slightly lower than African American and Native American clients.
- **African Americans:**
  - Adults/Older Adults
    - Had increasing access rates over the study time periods.
    - Were more likely to use Inpatient/Emergency (19%) and only Jail services (28%), and less likely to use Outpatient services than the other racial/ethnic groups.
    - Had the highest rate of being diagnosed with Schizophrenia or Schizoaffective disorder.
    - Once engaged in services, had among the highest retention rates (proportion of clients with 8 or more Outpatient visits).
  - Children and Youth
    - Access rates decreased slightly from FY06-07 to FY09-10.
    - Had the highest rates of externalizing disorders and the lowest rates of internalizing disorders than any other racial/ethnic group in FY09-10.
    - Were the highest users of Juvenile Forensics services than other racial/ethnic group.
    - Were less likely to have 1 visit only compared to the last study period (8% versus 13%) and compared to other races/ethnicities, suggesting better engagement.

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- **Asian/Pacific Islanders:**
  - Adults/Older Adults
    - Were least likely to have only one Outpatient visit; however the proportion with eight or more Outpatients' visits decreased slightly from FY06-07 to FY09-10 indicating a slight decrease in retention.
    - Were less likely to use only Jail services than other racial/ethnic groups, although this tendency has decreased from FY06-07 to FY09-10.
    - Were most likely to be diagnosed with Major Depressive Disorder, with the tendency markedly increasing from FY06-07 to FY09-10.
    - Were far less likely to be uninsured as compared to the overall Adult/Older Adult Mental Health Services population (32% vs. 42% respectively).
  - Children and Youth
    - Had lower access rates compared to the other racial/ethnic groups (except for Native American), and access rates have stayed approximately the same since the last study period.
    - Were less likely to have 1 visit only compared to the last study period (10% versus 16%), suggesting better engagement.
    - Were more likely to have Inpatient/ESU only services compared to other racial/ethnic groups.
- **Native Americans:**
  - Adults/Older Adults
    - Penetration rates went up slightly over time. However, Native Americans had the second lowest access rates among racial/ethnic groups, indicating they were less likely to access services.
  - Children and Youth
    - Had the lowest access rates among racial/ethnic groups in FY09-10.

### By Age

- **Age group 0-5:**
  - Given the rarity of diagnosable mental health problems in this age category, children ages 0-5 had the lowest access rates among age groups. However, access rates increased slightly over time.
  - Had the lowest retention rates among age groups, indicating they were more likely to receive only 1 visit (with that one visit typically for the purposes of assessment), than the other age groups. This was expected given that there is an assessment only program for this age group.
  - Were more likely to use Outpatient services than clients ages 12 and older and about the same likelihood as clients age 6–11.

## Progress Towards Reducing Disparities: A Report for San Diego County Mental Health

- Age group 6-11:
  - Access/penetration rates have gone down since FY01-02.
  - Were more likely to use Outpatient services than clients ages 12 and older, and about the same as client's age 0-5.
- Age group 12-17:
  - Had the highest access rates among other children's age groups, indicating they were more likely to access services.
  - Use of Outpatient services has increased and use of Juvenile Forensic services only has decreased since the last study period (please note that the type of services is coded differently in this study period. See graph on pg. 40 for details).
- Age group 18-24 (Transitional Age Youth):
  - Had the lowest Outpatient access rates among adult and older adult age groups. However, their access to services increased from FY06-07 to FY09-10 as special services for transition age youth were put into place.
  - Had the lowest long term engagement rates among adult and older adult age groups, with 46% having had 8 or more visits.
  - Were more likely to use Inpatient/Emergency services (28%) and Jail services (26%) and less likely to use Outpatient services than the other adult and older adult age groups.
  - Usage of Inpatient/Emergency services increased from FY06-07 to FY09-10.
- Age 25 - 59 (Adults):
  - Had higher penetration and retention rates than transition age youth or older adult clients.
  - Had lower usage of Inpatient/Emergency services than transition age youth or older adults.
  - Were less likely to use Inpatient/Emergency services (18%) and Jail services (19%) and more likely to use Outpatient services than the TAY age range adults.
- Age 60 and older (Older Adults):
  - Had moderate to low access/penetration rates compared to clients age 25-59, however, rates markedly increased from FY06-07 to FY09-10.
  - Had increasing retention rates with the proportion of clients with 8 or more visits, increasing from FY06-07 to FY09-10.
  - Were more likely than adult clients age 25-59 to utilize Inpatient/Emergency services, and less likely to utilize Jail services than either of the other adult age groups.

### Next Steps

While the results of the report indicate that progress has been made, there is still much to do to reduce disparities in San Diego County. The Institute of Medicine (IOM) has recently made several recommendations for further eliminating health care disparities which are applicable to mental health care. Specifically, their *Unequal Treatment* report suggests that health care systems could improve minority access and help eliminate disparities in engagement, service utilization and diagnosis by increasing the diversity in the mental health workforce, as well as by providing culturally appropriate training and education for providers.<sup>1</sup>

There is also a need to improve the quality of training and include skill-based training for all behavioral staff regardless of their racial, ethnic, cultural, and/or linguistic background. Increasing the proportion of racial/ethnic minorities in the workforce would allow the County to be more specific and culturally appropriate with treatment. Additionally, increased diversity of mental health providers would offer language skills to match those of patients, rather than needing to use interpreter services.

One way San Diego County has been increasing the diversity and competency of the mental health workforce is through the Workforce Education and Training (WET) component of MHS. WET's purpose is to build the capacity of our current and prospective public mental health workforce. Specifically, WET funding includes educational, training, and stipend opportunities that are designed to recruit and prepare individuals for entry into a career in the public mental health system and to enhance the competency of current mental health staff. Currently, San Diego has fourteen WET programs to recruit staff for entry level through psychiatrist positions. All WET programs specifically target culturally diverse individuals to enhance the diversity and linguistic capacity of the workforce.

Culturally appropriate education for providers is another component needed to reduce racial/ethnic service disparities. Culturally Competent staff is important because they aid in reducing health disparities by recognizing and adjusting qualities of healthcare delivery to reflect patient culture. In fact, the Surgeon General's report from 1999 suggested that fundamental components of effective mental health service delivery include "culturally sensitive service."



<sup>1</sup> Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press; 2003.

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***The next steps in reducing disparities for San Diego County Mental Health Services based on the findings in this report are to:***



- 1) Evaluate the effectiveness and impact of past efforts to decrease disparities.
- 2) Conduct outreach to individuals along the continuum of the career pathway to encourage diversity in entry level positions, as well as for clinicians and psychiatrists.
- 3) Provide stipend opportunities to ethnically and linguistically diverse individuals for their commitment to future employment in public mental health.
- 4) Expand mental health internship opportunities to ethnically and culturally diverse individuals.
- 5) Continue culturally specific prevention and early intervention programs and expand successful programs as funding allows to better meet community needs.
- 6) Provide mental health education and outreach to culturally diverse communities through cultural brokers.
- 7) Continue to educate the public and underserved target populations about mental health awareness and stigma reduction through the use of a variety of print, screen and auditory media materials.
- 8) Continue to refine the WET Cultural Competency Academy, started in FY11-12, to provide intensive skill building and other types of cultural competence training to clerical staff, clinicians and supervisors.
- 9) Expand cultural competence training accessibility through the use of available technology such as the internet tutorials and webinars.
- 10) Identify best practices in providing culturally competent care and identify a metric for measuring the cultural competence in clinical practice.
- 11) Examine program level cultural competence plans and use high quality plans as a model for future plan development.
- 12) Conduct periodic system wide surveys and program staff specific surveys to assess the level of cultural competency of current behavioral health staff.

## SECTION II: DATA SUMMARY

**General Population, Target Population, and Mental Health Client Population for San Diego County**

RACE/ETHNICITY	Estimates of San Diego County Population in 2009 (age 18+)*	Target Population A/OA**	Actual Clients A/OAMHS (FY0910)
White (non Hispanic)	58%	22%	57%
Hispanic	26%	60%	23%
African American	5%	8%	14%
Asian/Pacific Islander	9%	9%	6%
Native American	1%	2%	1%

RACE/ETHNICITY	Estimates of San Diego County Population in 2010 (age 0-17)*	Target Population Children and Youth**	Actual Clients CMHS Clients (FY09-10)
White (non Hispanic)	44%	13%	26%
Hispanic	41%	71%	56%
African American	5%	9%	14%
Asian/Pacific Islander	10%	6%	3%
Native American	1%	2%	1%

\*Source: 2009 California Health Interview Survey data.

\*\*Estimates of target population (eligible clients) were derived from California Health Interview Survey (CHIS) estimates applied against 2010 census population data. Eligible clients were defined as San Diego County Uninsured or Medi-Cal Under 200% FPL.

**Comparison of Distribution of Target Population  
to Mental Health Clients**

**Adult/Older Adult System of Care Distribution Rates**

Target Population\* versus Actual Mental Health System Clients for

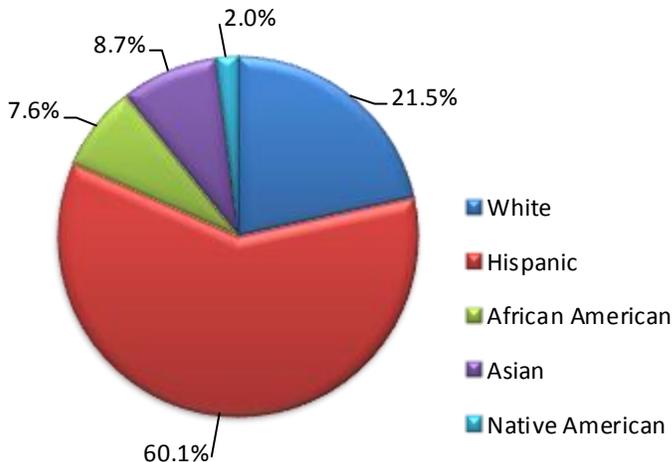
**Adult/Older Adult System of Care:**

FY 2009-2010

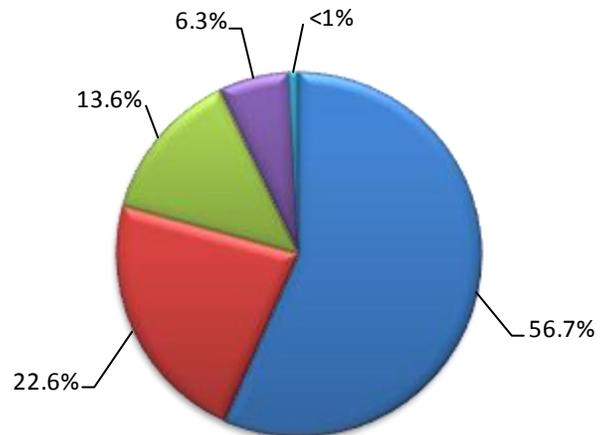
Race/Ethnicity**	FY 2009-2010			
	Eligible Clients		Actual Clients	
	San Diego County Uninsured or Medicaid under 200% FPL		A/OAMHS Clients	
	Number	%	Number	%
White	73,047	21.5%	22,077	56.7%
Hispanic	204,106	60.1%	8,801	22.6%
African American	25,939	7.6%	5,310	13.6%
Asian/ Pacific Isl.	29,561	8.7%	2,452	6.3%
Native American	6,703	2.0%	318	0.8%
<b>Total Clients</b>	<b>339,356</b>	<b>100.0%</b>	<b>38,958</b>	<b>100.0%</b>

\*\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (38,958 clients). An additional 4,425 clients (10%) were of 'other' or 'unknown' race/ethnicity.

**Eligible Clients: Estimates of San Diego County Uninsured or Medicaid under 200% FPL (FY09-10)**



**Actual Clients: A/OAMHS Clients (FY09-10)**



\*Estimates of target population (eligible clients) were derived from California Health Interview Survey (CHIS) estimates applied against 2010 census population data. Eligible clients were defined as San Diego County Uninsured or Medi-Cal Under 200% FPL.

## Children’s System of Care Distribution Rates

Target Population\* versus Actual Mental Health System Clients for

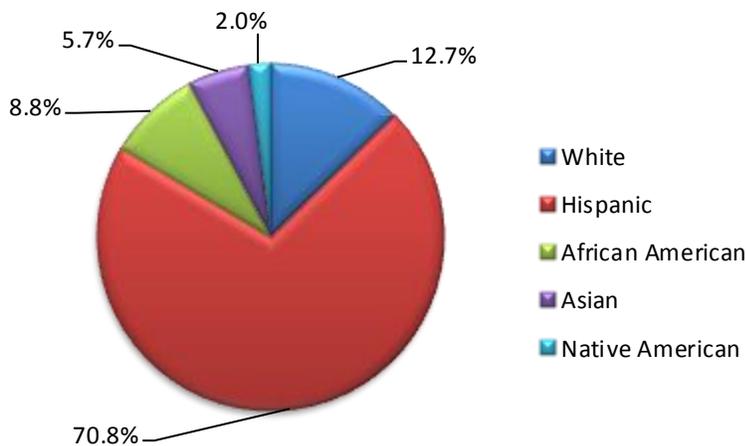
### Children’s System of Care:

FY 2009-2010

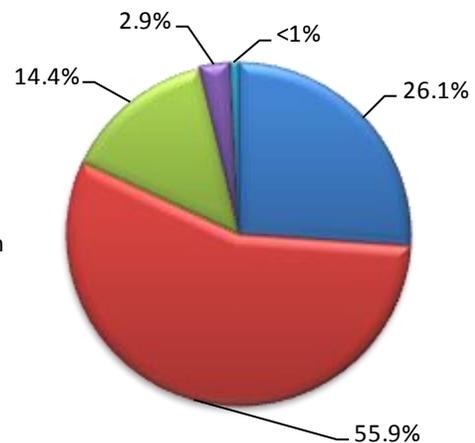
Race/Ethnicity**	FY 2009-2010			
	Eligible Clients		Actual Clients	
	San Diego County Uninsured or Medicaid under 200% FPL		CMHS Clients	
	Number	%	Number	%
White	30,705	12.7%	4,198	26.1%
Hispanic	171,177	70.8%	8,990	55.9%
African American	21,212	8.8%	2,318	14.4%
Asian/ Pacific Isl	13,667	5.7%	464	2.9%
Native American	4,925	2.0%	125	0.8%
<b>Total Clients</b>	<b>241,687</b>	<b>100.0%</b>	<b>16,095</b>	<b>100.0%</b>

\*\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (16,095 clients). An additional 3,126 clients (18%) were of ‘other’ or ‘unknown’ race/ethnicity.

**Potential Clients: Estimates of San Diego County Uninsured or Medicaid under 200% FP (2010)**



**Actual Clients: CMHS Clients (FY09-10)**



\*Estimates of target population (eligible clients) were derived from California Health Interview Survey (CHIS) estimates applied against 2010 census population data. Eligible clients were defined as San Diego County Uninsured or Medi-Cal Under 200% FPL.

## Comparison of Age Groups by Race/Ethnicity

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**White Adults and Older Adults**

- Total Clients Served: 22,077 White adult clients were served in FY09-10.
- Age and Gender: In FY09-10, 75% of White adult clients were between ages 25 and 59, and were 53% male.

AGE	FY06-07	FY09-10
<18-24*	12%	13%
25-59	79%	75%
60+	9%	12%

- In FY09-10, 99% of White adult clients identified English as their preferred language.

GENDER	FY06-07	FY09-10
Females	48%	47%
Males	51%	53%
Other / Unknown	1%	<1%

- Top 3 diagnoses FY09-10:
  1. Schizophrenia and Schizoaffective disorders
  2. Major Depression disorders
  3. Other Depression/Adjustment disorders

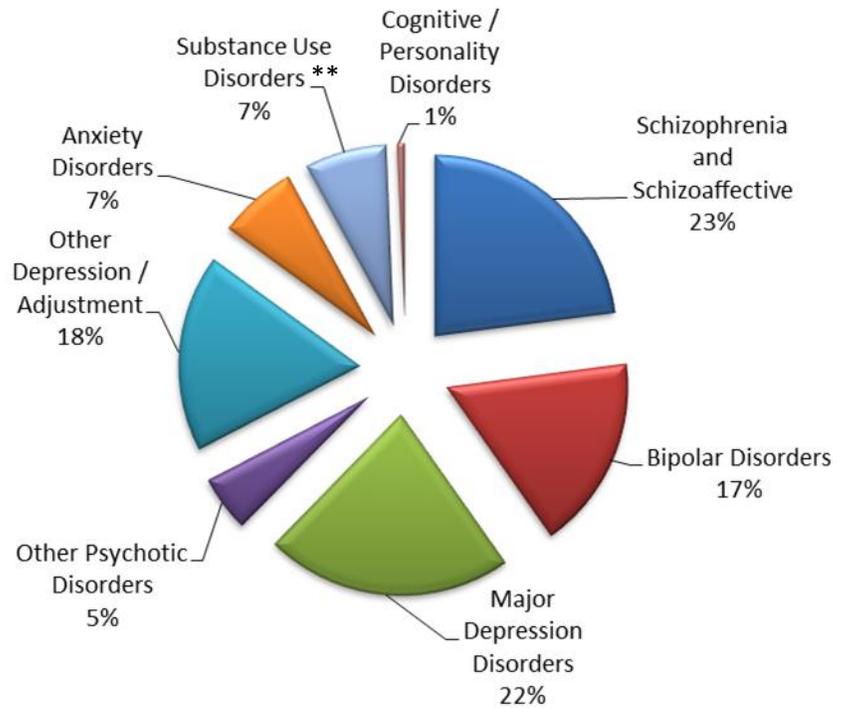
- Access (Penetration):
  - FY01-02: 33.7%
  - FY06-07: 28.2%
  - FY09-10: 30.2%

- Engagement FY09-10 (Retention):
  - <4 visits: 21%
  - 8+ visits: 57%

- Compared to the overall client population, clients who utilized Inpatient/Emergency services were more likely to be White (22%).

- White adult clients were more likely to be uninsured, as compared to the overall AOAMHS population (47% vs. 42% respectively).

**White Diagnosis Distribution**



\* A small number of clients treated in the Adult system were under the age of 18.

\*\* Although Substance Use disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. An example of when this may occur is when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

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**White Children and Youth**

- 4,198 White children and youth clients were served in FY09-10, of whom 42.1% were new clients.
- Age and Gender: In FY09-10, 57% of White children and youth clients were between ages 12 and 17, and were 62% male.
- Top 3 diagnoses FY09-10:
  1. ADHD
  2. Depressive Disorders
  3. Oppositional/Conduct Disorders
- Access (Penetration):
  - FY01-02: 28.2%
  - FY06-07: 15.6%
  - FY09-10: 13.7%

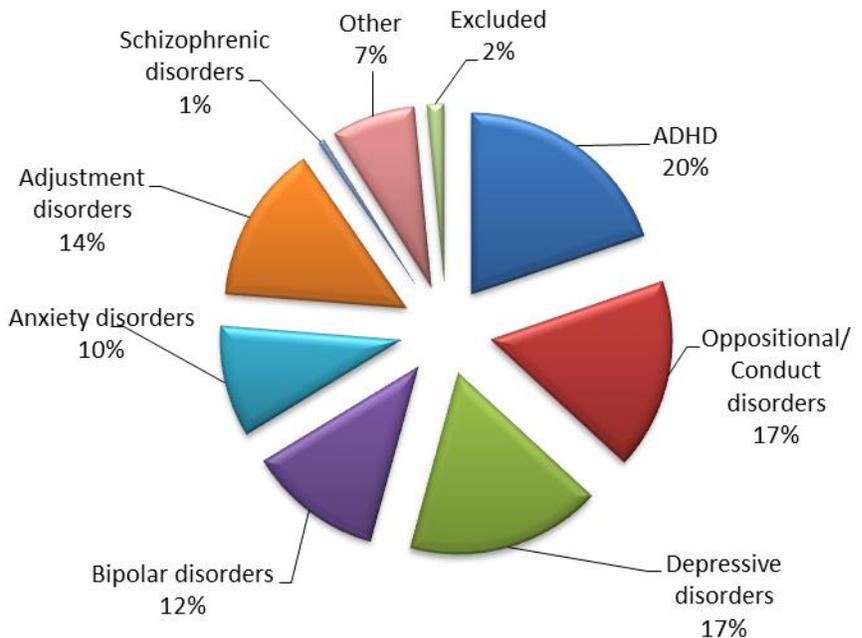
AGE	FY06-07	FY09-10
0-5	10%	9%
6-11	29%	30%
12-17	57%	57%
18+	5%	5%

GENDER	FY06-07	FY09-10
Females	39%	38%
Males	60%	62%
Other / Unknown	<1%	<1%

- Engagement FY09-10 (Retention):
  - Mean visits: 30.8
  - Median visits: 15
  - 9% of White clients had only one visit during FY09-10

- White children and youth clients were less likely to have Medi-Cal insurance only as compared to the overall CMH population (68% vs. 79%). White children and youth clients were more likely to have private insurance as compared to the overall CMH population (14% vs. 8%).

**White Diagnosis Distribution**



Progress Towards Reducing Disparities: A Report for San Diego County Mental Health

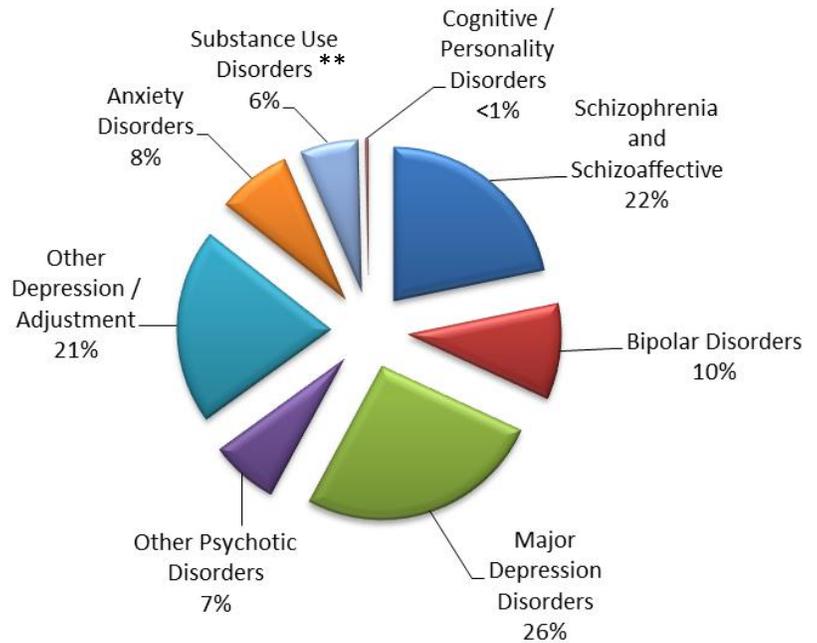
**Hispanic Adults and Older Adults**

- 8,801 Hispanic adult clients were served in FY09-10.
- Age and Gender: In FY09-10, 71% of Hispanic adult clients were between ages 25 and 59, and were 50% male.
- 32% of Hispanic adult clients identified Spanish as their preferred language.
- Top 3 diagnoses FY09-10:
  1. Major Depression disorders
  2. Schizophrenia and Schizoffective disorders
  3. Other Depression/ Adjustment disorders
- Access (Penetration):
  - FY01-02: 3.5%
  - FY06-07: 4.2%
  - FY09-10: 4.3%
- Engagement FY09-10 (Retention):
  - <4 visits: 24%
  - 8+ visits: 55%
- Hispanic adult clients were slightly less likely to utilize only Jail services (no other types of services), than the overall AOAMHS population (18% vs. 19% respectively).
- Hispanic adult clients were slightly more likely to be uninsured, as compared to the overall AOAMHS population (43% vs. 42% respectively).

AGE	FY06-07	FY09-10
<18-24*	19%	22%
25-59	75%	71%
60+	7%	6%

GENDER	FY06-07	FY09-10
Females	52%	50%
Males	47%	50%
Other / Unknown	1%	<1%

**Hispanic Diagnosis Distribution**



SDCMHS Hispanic Race/Ethnicity Categories			
Hispanic Ethnicity	N	%	
Mexican American/Chicano	7,253	82%	
Other Hispanic	1,134	13%	
Puerto Rican	217	2%	
Cuban	86	1%	
Dominican	65	1%	
Salvadoran	46	1%	
<b>TOTAL</b>	<b>8,801</b>	<b>100%</b>	

\* A small number of clients treated in the Adult system were under the age of 18.  
 \*\* Although Substance Use disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. An example of when this may occur is when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

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**Hispanic Children and Youth**

- 8,990 Hispanic children and youth clients were served in FY09-10, of whom 50% were new clients. Note: There were more Hispanic children and youth clients than Hispanic adult clients (8,990 compared to 8,801, respectively).

AGE	FY06-07	FY09-10
0-5	10%	11%
6-11	30%	30%
12-17	57%	55%
18+	4%	4%

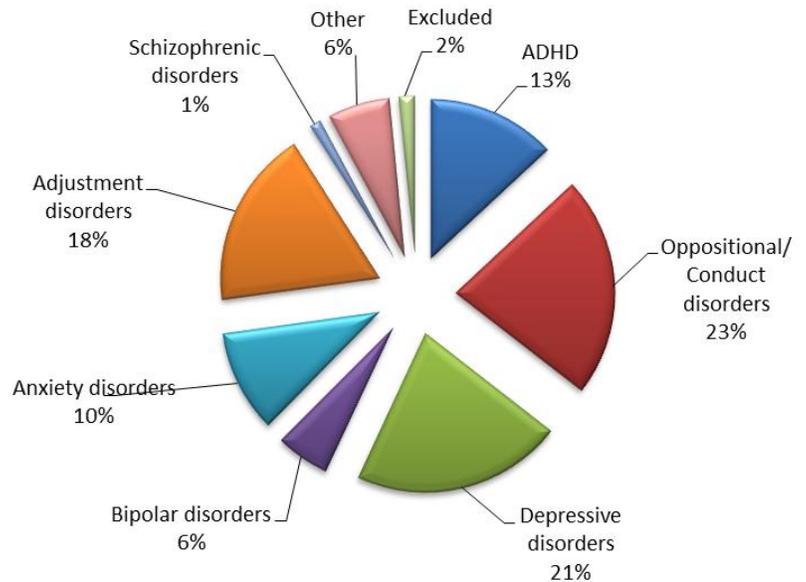
- Almost 17% of Hispanic children and youth clients identified Spanish as their preferred language.

GENDER	FY06-07	FY09-10
Females	38%	38%
Males	61%	62%
Other / Unknown	1%	<1%

- Age and Gender: In FY09-10, 55% of Hispanic children and youth clients were between ages 12 and 17, and were 62% male.

- Top 3 diagnoses FY09-10:
  1. Oppositional/Conduct disorders
  2. Depressive disorders
  3. Adjustment disorders

**Hispanic Diagnosis Distribution**



- Access (Penetration):
  - FY01-02: 2.8%
  - FY06-07: 5.1%
  - FY09-10: 5.3%

- Engagement FY09-10 (Retention):
  - Mean visits: 23.8
  - Median visits: 12
  - 10.5% of Hispanic clients had only one visit during FY09-10

- Hispanic children and youth clients were less likely to have private insurance, as compared to the overall CMHS population (5% vs. 8%) and more likely to have Medi-Cal (82% versus 78%).

Hispanic Race/Ethnicity Categories		
Hispanic Ethnicity	N	%
Mexican American/Chicano	8085	89.9
Other Hispanic/Hispanic	731	8.1
Puerto Rican	71	0.8
Dominican	57	0.6
Cuban	24	0.3
Salvadoran	22	0.2
<b>TOTAL</b>	<b>8,990</b>	<b>100%</b>

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**African American Adults and Older Adults**

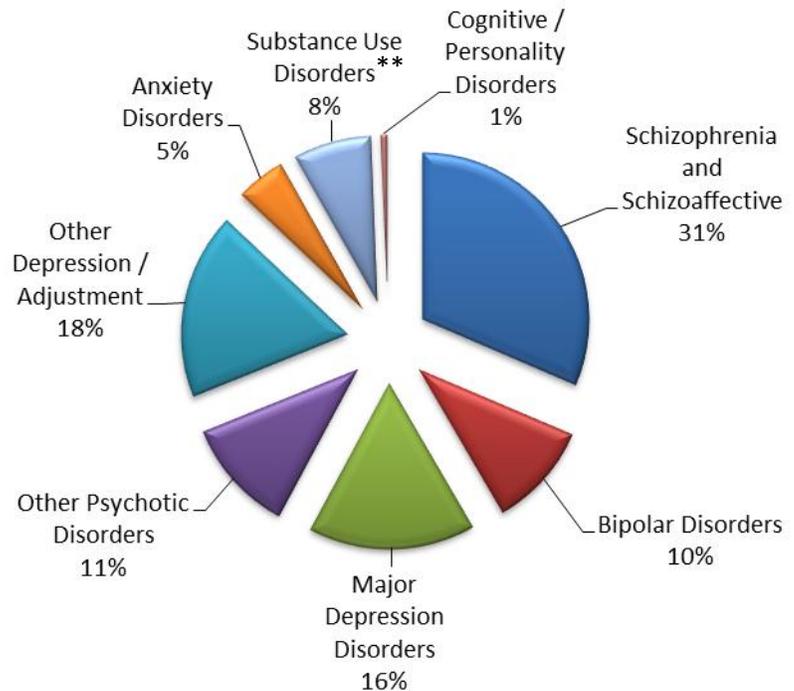
- 5,310 African American adult clients were served in FY09-10.
- 99.7% of African American adult clients identified English as their preferred language.
- Age and Gender: In FY09-10, 76% of African American adult clients were between ages 25 and 59, and were 56% male.
- Top 3 diagnoses FY09-10:
  1. Schizophrenia and Schizoaffective disorders
  2. Other Depression/Adjustment disorders
  3. Major Depression disorders

AGE	FY06-07	FY09-10
<18-24*	13%	17%
25-59	82%	76%
60+	5%	7%

GENDER	FY06-07	FY09-10
Females	47%	43%
Males	53%	56%
Other / Unknown	0%	<1%

- Access (Penetration):
  - FY01-02: 17.9%
  - FY06-07: 19.0%
  - FY09-10: 20.5%
- Engagement FY09-10 (Retention):
  - <4 visits: 21%
  - 8+ visits: 57%
- African American adult clients were more likely to utilize only Jail services (no other types of services), as compared to the overall AOAMHS population (28% vs. 19% overall).
- African American adult clients were less likely to be uninsured, as compared to the overall AOAMHS population (40% vs. 42% respectively).

**African American Diagnosis Distribution**



\* A small number of clients treated in the Adult system were under the age of 18.

\*\* Although Substance Use disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. An example of when this may occur is when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

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**African American Children and Youth**

- 2,318 African American children and youth clients were served in FY09-10, of whom 40.4% were new clients.

AGE	FY06-07	FY09-10
0-5	9%	9%
6-11	29%	28%
12-17	58%	57%
18+	5%	6%

- Age and Gender: In FY09-10, 57% of African American children and youth clients were between ages 12 and 17, and were 61% male.

GENDER	FY06-07	FY09-10
Females	38%	38%
Males	61%	61%
Other / Unknown	1%	<1%

- Top 3 diagnoses FY09-10:
  1. Oppositional/Conduct disorders
  2. ADHD
  3. Adjustment disorders

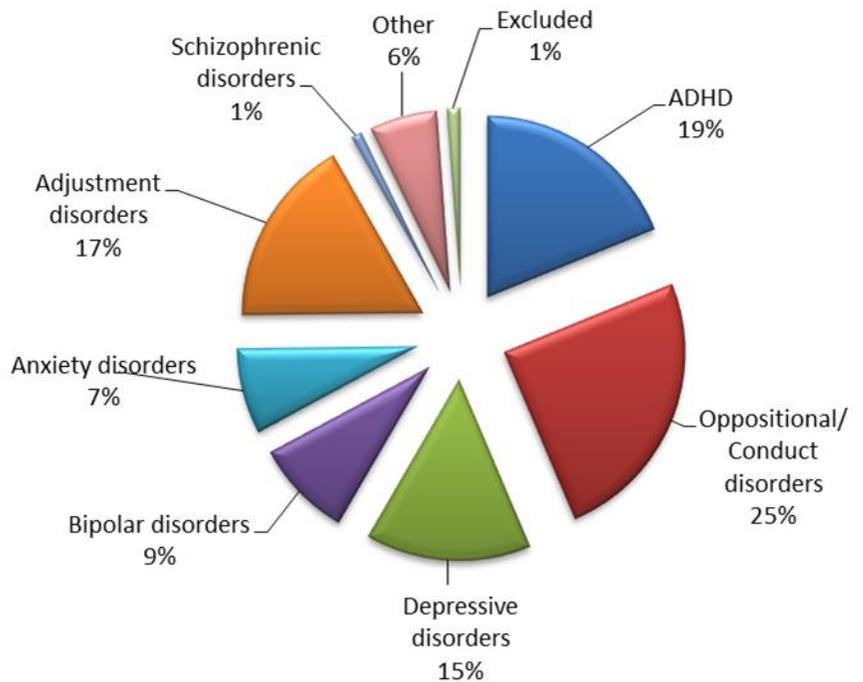
- Access (Penetration):
  - FY01-02: 12.4%
  - FY06-07: 12.4%
  - FY09-10: 10.9%

- Engagement FY09-10 (Retention):
  - Mean visits: 32.6
  - Median visits: 14.5
  - 8.1% of African American clients had only one visit during FY09-10, down from 13.0%

- African American children and youth clients were more likely to receive services ONLY from Juvenile Justice related providers than the general CMHS population (3.6% vs. 2.3%).

- African American children and youth clients were more likely to have Medi-Cal insurance only as compared to the overall CMH population (85% vs. 79%).

**African American Diagnosis Distribution**



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**Asian/Pacific Islander Adults and Older Adults**

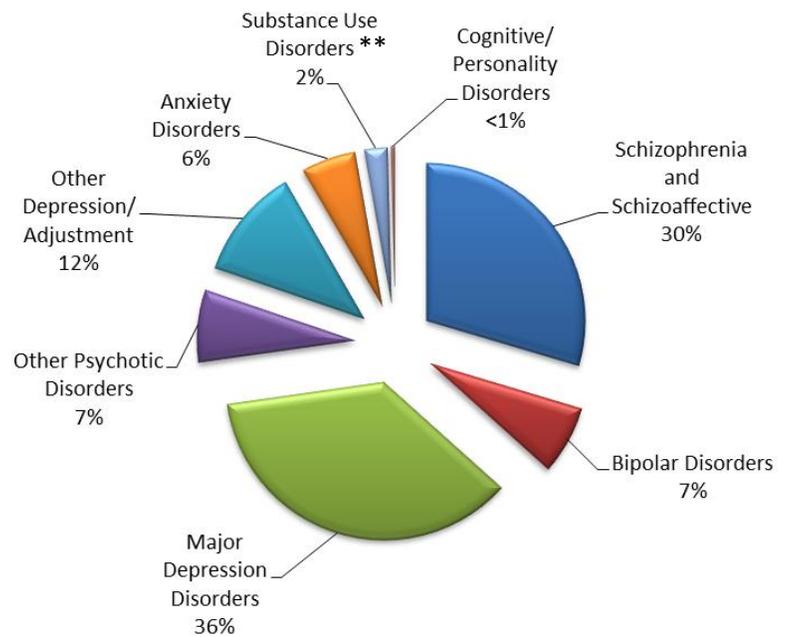
- 2,452 Asian/Pacific Islander adult clients were served in FY09-10.
- 46% of Asian/Pacific Islander adult clients identified an Asian language as their preferred language.
- Age and Gender: In FY09-10, 73% of Asian/Pacific Islander adult clients were between ages 25 and 59, and were 45% male.
- Top 3 diagnoses FY09-10:
  1. Major Depression disorders
  2. Schizophrenia and Schizoaffective disorders
  3. Other Depression/Adjustment disorders

AGE	FY06-07	FY09-10
<18-24*	10%	11%
25-59	75%	73%
60+	15%	15%

GENDER	FY06-07	FY09-10
Females	54%	54%
Males	46%	45%
Other / Unknown	1%	<1%

- Access (Penetration):
  - FY01-02: 6.1%
  - FY06-07: 7.9%
  - FY09-10: 8.3%
- Engagement FY09-10 (Retention):
  - <4 visits: 19%
  - 8+ visits: 46%
- Asian/Pacific Islander adult clients were less likely to utilize Inpatient/Emergency services, as compared to the overall AOAMHS population (15% vs. 21%).
- Asian/Pacific Islander adult clients were far less likely to be uninsured, as compared to the overall AOAMHS population (32% vs. 42% respectively).

**Asian/Pacific Islander Diagnosis Distribution**



SDCMHS Asian/Pacific Islander Subcategories					
Description	N	%	Description	N	%
Filipino	687	28%	Other Pacific Islander	65	3%
Vietnamese	675	28%	Samoan	40	2%
Cambodian	228	9%	Hawaiian Native	40	2%
Other Asian	210	9%	Asian Indian	35	1%
Chinese	148	6%	Guamanian	27	1%
Laotian	100	4%	Hmong	2	0%
Japanese	105	4%	Mien	1	0%
Korean	89	4%	<b>TOTAL</b>	<b>2,452</b>	<b>100%</b>

\* A small number of clients treated in the Adult system were under the age of 18.

\*\* Although Substance Use disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. An example of when this may occur is when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

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**Asian/Pacific Islander Children and Youth**

- 464 Asian/Pacific Islander children and youth clients were served in FY09-10, of whom 48.7% were new clients.
- 80% of Asian/Pacific Islander children and youth clients identified English as their preferred language.
- Age and Gender: In FY09-10, 59% of Asian/Pacific Islander children and youth clients were between ages 12 and 17, and were 62% male.

AGE	FY06-07	FY09-10
0-5	11%	8%
6-11	25%	28%
12-17	59%	59%
18+	5%	5%

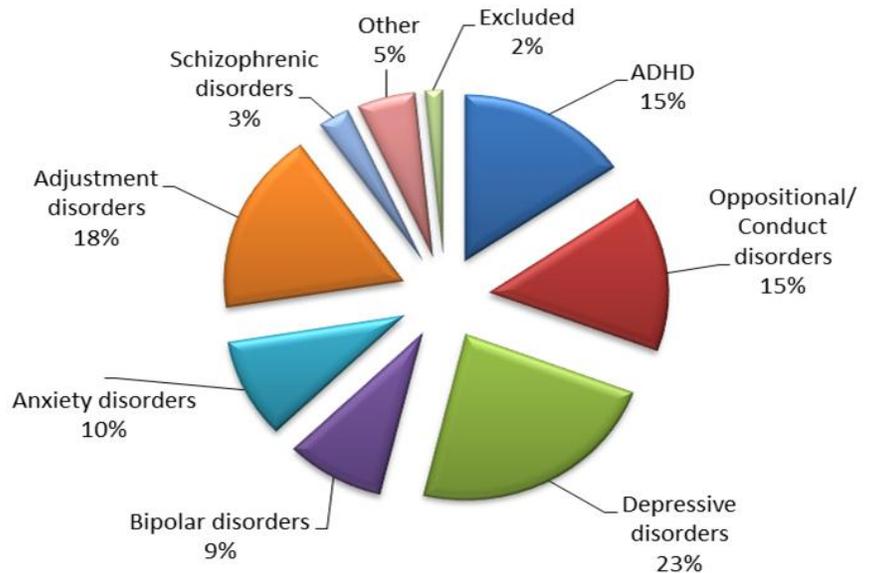
GENDER	FY06-07	FY09-10
Females	39%	38%
Males	60%	62%
Other / Unknown	1%	0%

- Top 3 diagnoses FY09-10:
  1. Depressive disorders
  2. Adjustment disorders
  3. ADHD

- Access (Penetration):
  - FY01-02: 4.6%
  - FY06-07: 3.2%
  - FY09-10: 3.4%

- Engagement FY09-10 (Retention):
  - Mean visits: 28.4
  - Median visits: 11
  - 9.8% of Asian/Pacific Islander clients had only one visit during FY09-10.

**Asian/Pacific Islander Diagnosis Distribution**



- Asian/Pacific Islander children and youth clients were more likely to use Inpatient services than any other racial/ethnic group.

Asian Subcategories		
Description	N	%
Filipino	150	32.3
Vietnamese	63	13.6
Cambodian	36	7.8
Samoan	34	7.3
Other Asian	34	7.3
Laotian	31	6.7
Chinese	26	5.6
Other Pacific Islander	25	5.4
Hawaiian Native	17	3.7
Asian Indian	13	2.8
Korean	13	2.8
Guamanian	12	2.6
Japanese	9	1.9
Hmong	1	0.2
<b>TOTAL</b>	<b>464</b>	<b>100%</b>

## Native American Adults and Older Adults

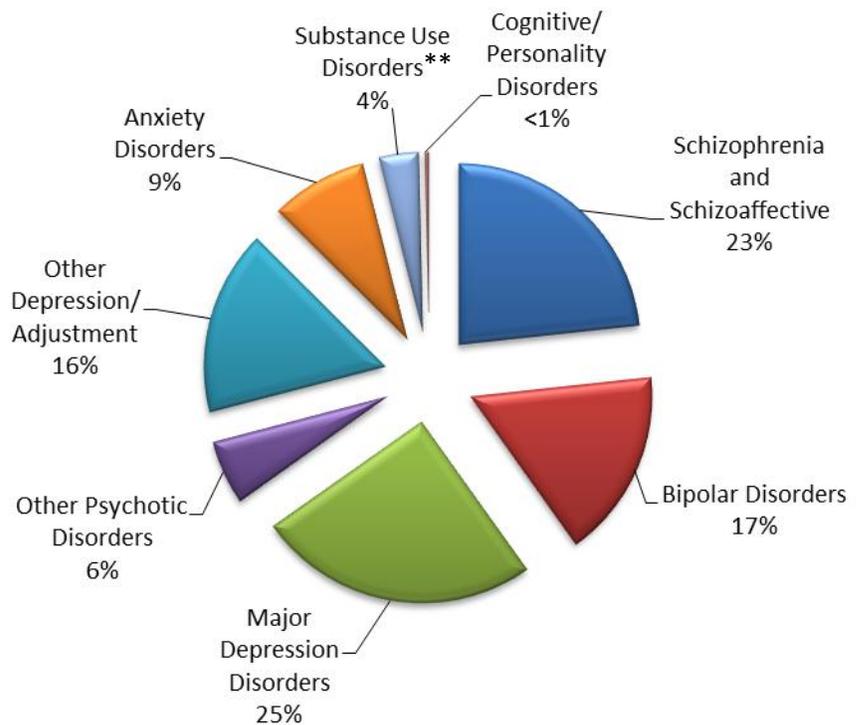
- 318 Native American adult clients were served in FY09-10.
- 99% of Native American adult clients identified English as their preferred language.
- Age and Gender: In FY09-10, 79% of Native American adult clients were between ages 25 and 59, and were 48% male.
- Top 3 diagnoses FY09-10:
  1. Major Depression disorders
  2. Schizophrenia and Schizo affective disorders
  3. Bipolar disorders
- Access (Penetration):
  - FY01-02: 3.6%
  - FY06-07: 3.5%
  - FY09-10: 4.7%

AGE	FY06-07	FY09-10
<18-24*	13%	14%
25-59	83%	79%
60+	4%	7%

GENDER	FY06-07	FY09-10
Females	56%	52%
Males	44%	48%
Other / Unknown	0%	0%

- Engagement FY09-10 (Retention):
  - <4 visits: 24%
  - 8+ visits: 56%
- Native American adult clients were slightly more likely to be uninsured, as compared to the overall AOAMHS population (44% vs. 42%).

### Native American Diagnosis Distribution



\* A small number of clients treated in the Adult system were under the age of 18.

\*\* Although Substance Use disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. An example of when this may occur is when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

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**Native American Children and Youth**

- 125 Native American children and youth clients were served in FY09-10, of whom 42.4% were new clients.

AGE	FY06-07	FY09-10
0-5	7%	6%
6-11	32%	34%
12-17	54%	52%
18+	6%	8%

- Age and Gender: In FY09-10, 52% of Native American children and youth clients were between ages 12 and 17, and 58% were male.

GENDER	FY06-07	FY09-10
Females	44%	42%
Males	56%	58%
Other / Unknown	<1%	0%

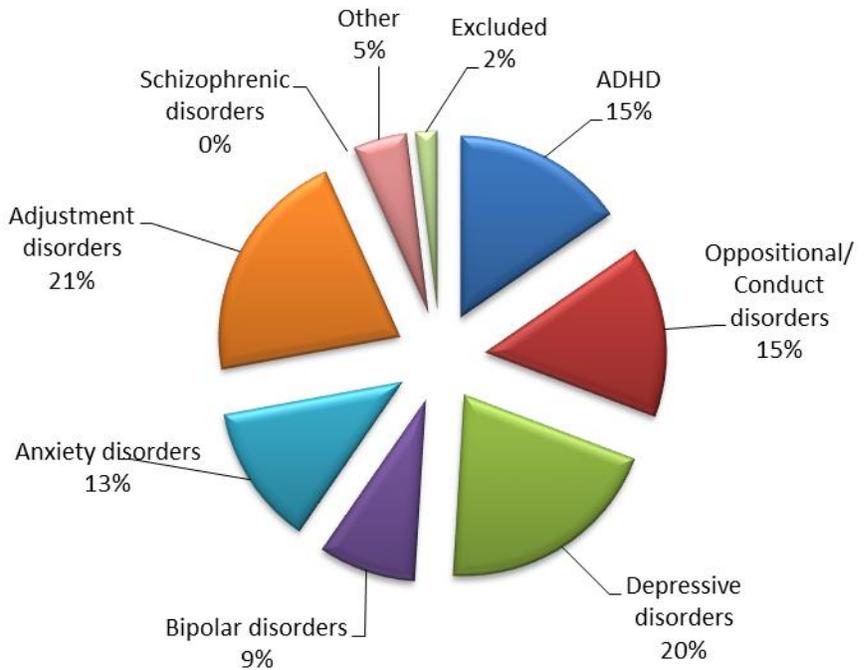
- Top 3 diagnoses FY09-10:
  1. Adjustment disorders
  2. Depressive disorders
  3. ADHD and Oppositional/Conduct disorders

- Access (Penetration):
  - FY01-02: 4.0%
  - FY06-07: 2.4%
  - FY09-10: 2.5%

- Engagement FY09-10 (Retention):
  - Mean visits: 34.3
  - Median visits: 14
  - 9% of Native American clients had only one visit during FY09-10

- Native American children and youth clients had the highest mean number of Day Treatment days, as compared to the other racial/ethnic groups.

**Native American Diagnosis Distribution**



## **Disparities in Access and Engagement**

### **Analysis of Penetration and Retention Rates by Age Group and by Race/Ethnicity**

Disparities in access to services were identified by comparing the target population to the number who actually receive San Diego County mental health services (penetration rate). Disparities in engagement were identified by analyzing the percentage of clients who continued services past eight visits for adults and ten visits for children (retention rate). An algorithm based on the 2007-2009 California Health Interview Survey (CHIS) estimates of the proportional representation of the population who were uninsured or Medi-Cal/Medi-Care, and were under 200% of the federal poverty level, was used to estimate the eligible population for each ethnicity and age category. This resulted in a constant for each category that was applied against the population estimate from the most recent census data to derive the estimates for the eligible target population.

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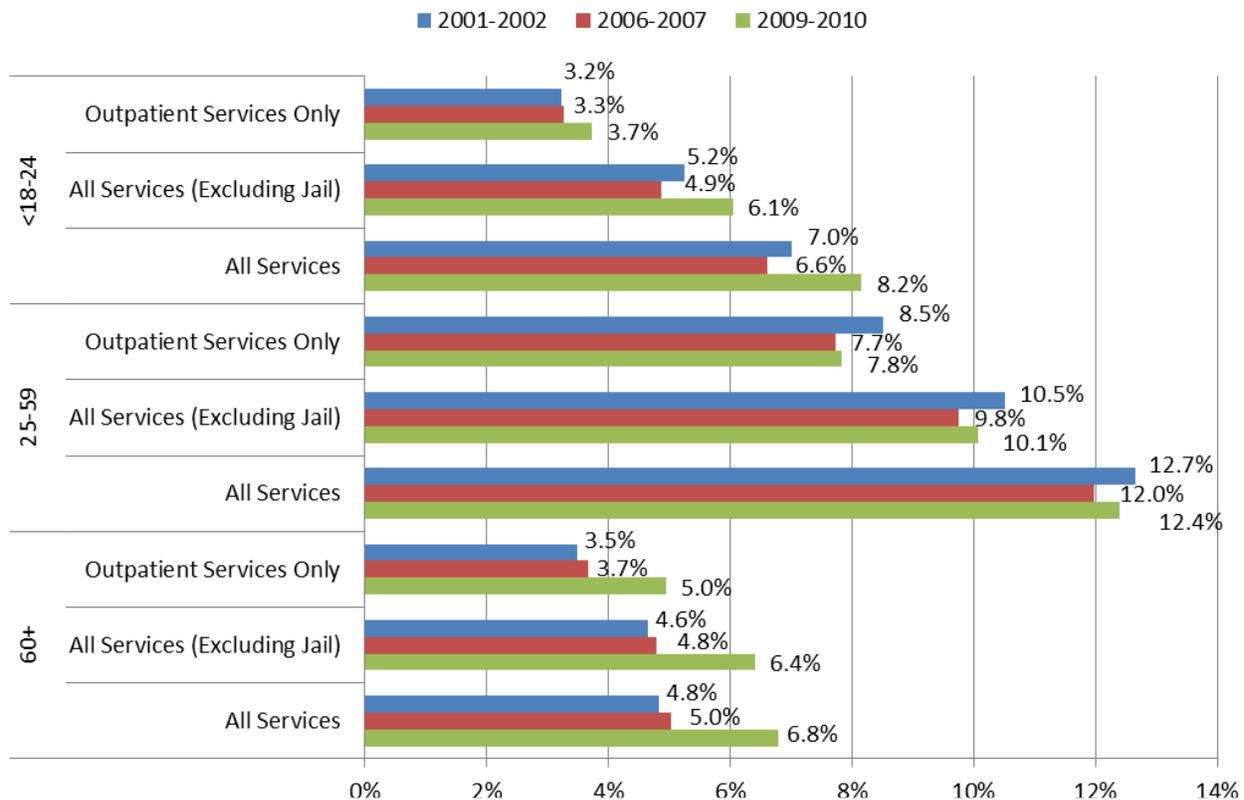
**Adult and Older Adult Penetration Rates by Age**

Penetration rates for Outpatient Services Only, All Services (Excluding Jail), and All Services, were examined across three age groups: <18-24, 25-59, and 60+. Penetration rates were calculated as number of actual clients within a specific age group (i.e. <18-24, 25-59, and 60+) who received services (AOAMHS clients) divided by number of potential clients (San Diego County residents under 200% FPL who were either uninsured or Medi-Cal beneficiaries\*) within that age group (i.e. <18-24, 25-59, and 60+). Each age grouping was further broken down by three service categories: (1) Outpatient Services Only, (2) All Services Excluding Jail, and (3) All Services. The category excluding services provided while in Jail allows for the examination of penetration rates uninfluenced by mandatory services such as provided as part of the justice system.

Differences in penetration rates were examined across years by comparing penetration rates in 2001-2002, 2006-2007, and 2009-2010. Detailed tabular data are provided in Appendix A, Table 1.

- Clients age 25-59 had the highest penetration rates for all types of services for all three fiscal years.
- Clients age 18-24 had the lowest penetration rates for Outpatient Services for all three fiscal years.
- Clients age 60+ had the lowest penetration rates for all types of services combined for all three years.
- Penetration rates for all three categories of service types increased for all age groups from FY06-07 to FY09-10.

**Penetration Rates by Age**



\*Estimates of potential clients were derived from California Health Interview Survey (CHIS) estimates applied against 2010 census population data

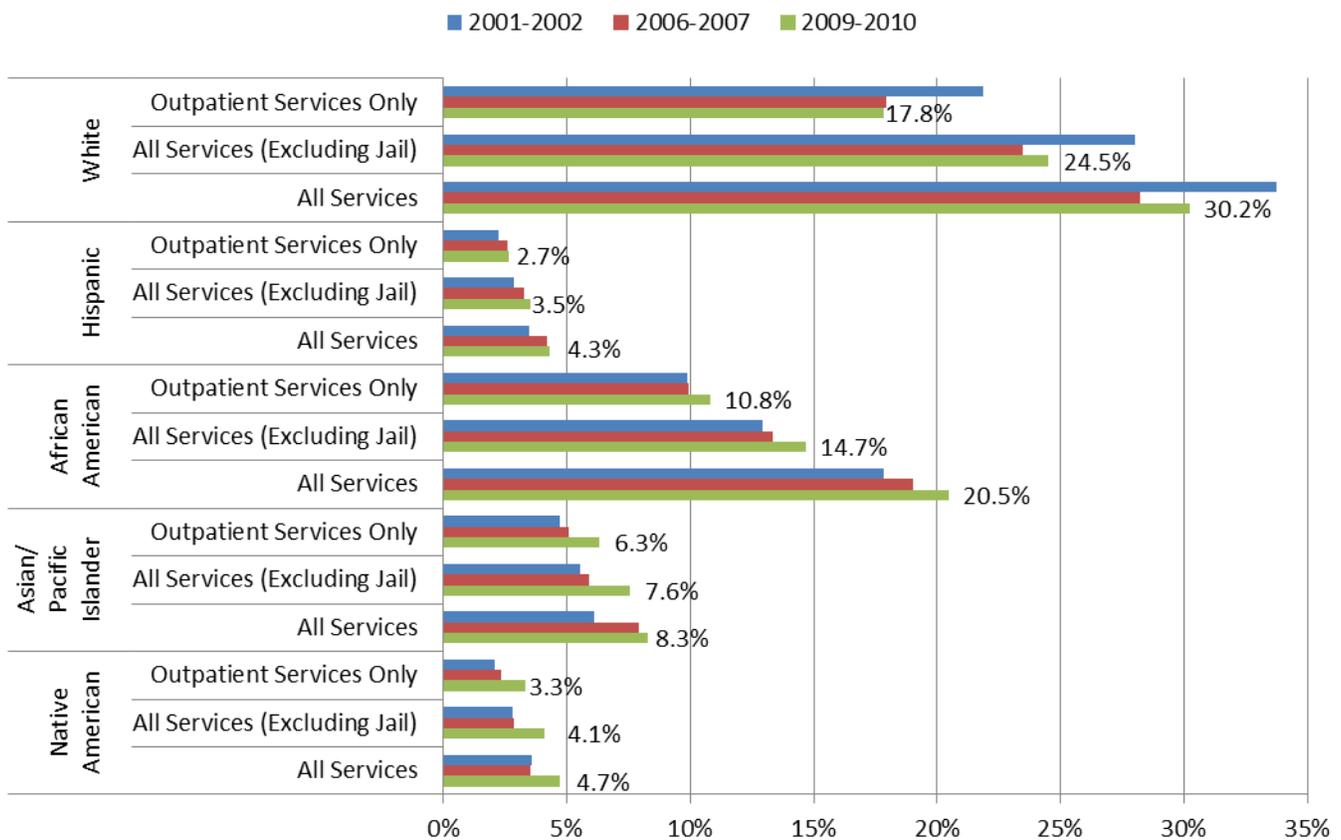
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## Adult and Older Adult Penetration Rates by Race/Ethnicity

Penetration rates for Outpatient Services Only, All Services (Excluding Jail), and All Services, were examined across five race/ethnicity groups: Whites, Hispanics, African Americans, Asians/Pacific Islanders, and Native Americans. Penetration rates were calculated as number of actual clients within a specific racial/ethnic group (i.e., Whites, Hispanics, African Americans, Asians/Pacific Islanders, and Native Americans) who received services (AOAMHS clients) divided by number of potential clients (San Diego County residents under 200% FPL who were either uninsured or Medi-Cal beneficiaries\*) within that racial/ethnic group. Differences in penetration rates were examined across years by comparing penetration rates in 2001-2002 to penetration rates in 2006-2007 and 2009-2010. Detailed tabular data are provided in Appendix A, Table 2.

- For all three service categories penetration rates among all ethnicities increased over all fiscal years.
- Hispanic and Native American clients had the lowest penetration rates for all three categories of services over all fiscal years.
- White clients had the highest penetration rates for all three categories of services over all fiscal years.

### Penetration Rates by Race/Ethnicity



\*Estimates of potential clients were derived from California Health Interview Survey (CHIS) estimates applied against 2010 census population data

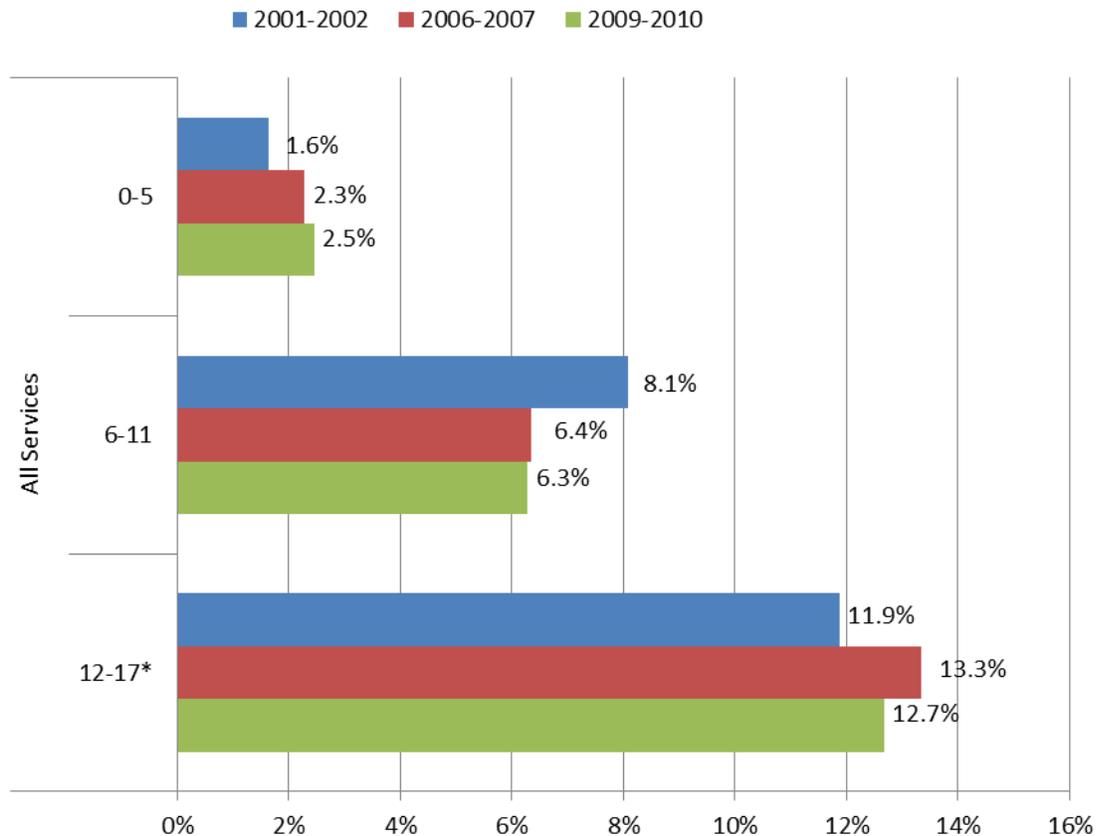
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### Children and Youth Penetration Rates by Age

Penetration rates for Children’s Mental Health Services clients were examined across three age groups: 0-5, 6-11, and 12-17. Penetration rates were calculated as the number of actual clients within a specific age group (i.e. 0-5, 6-11, and 12-17) who received services (CMHS clients) divided by number of potential clients (San Diego County residents under 200% FPL who were either uninsured or Medi-Cal beneficiaries\*\*) within that age group (i.e. 0-5, 6-11, and 12-17). Differences in penetration rates were examined across years by comparing penetration rates in 2001-2002 to penetration rates in 2006-2007 and 2009-2010. Detailed tabular data are provided in Appendix A, Table 3.

- Clients age 12-17 had the highest penetration rates in for all three fiscal years.
- Client’s age 0-5 had the lowest penetration rates for all three fiscal years.
- Penetration rates for client’s age 0-5 increased slightly over all three fiscal years.
- Penetration rates across clients age 6-11 decreased over all three fiscal years.

### Children and Youth Penetration Rates by Age



\*12-17 age category includes clients 18+ who utilized youth services.

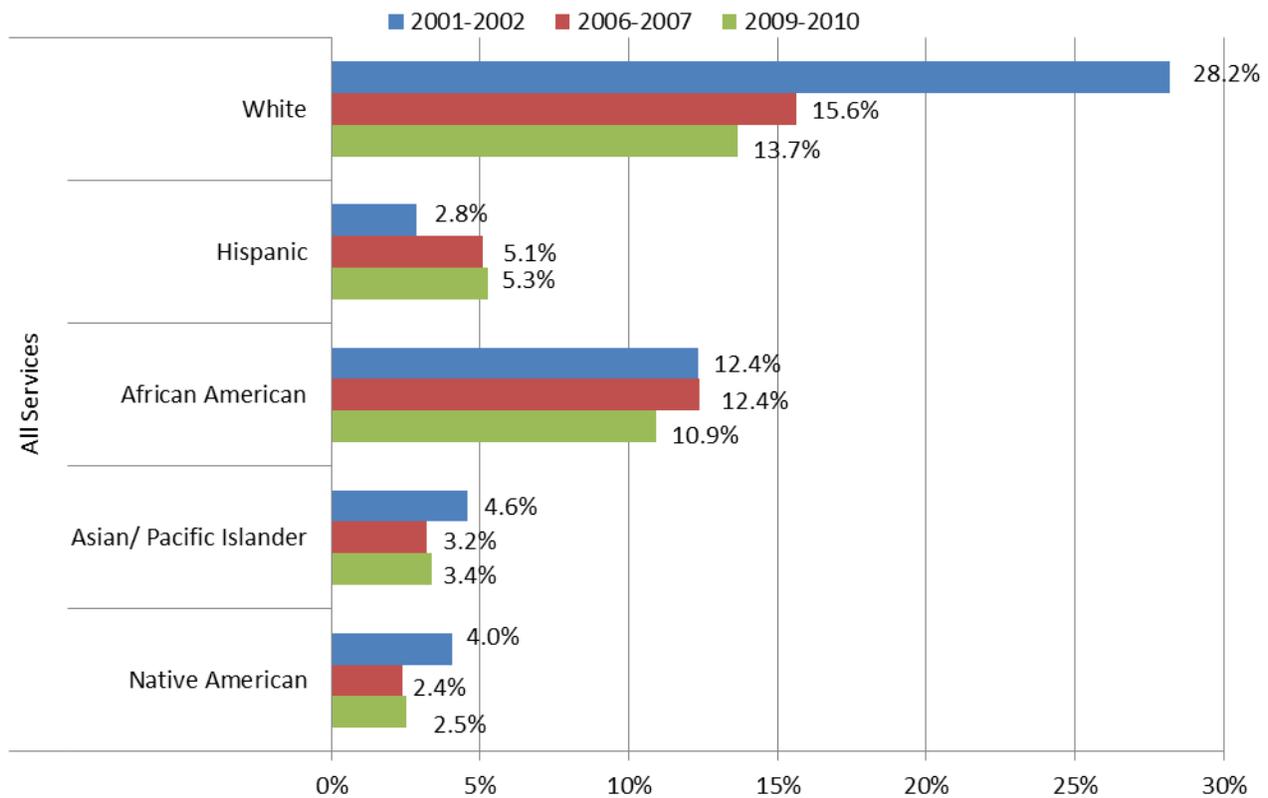
\*\*Estimates of potential clients were derived from California Health Interview Survey (CHIS) estimates applied against 2010 census population data

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**Children and Youth Penetration Rates by Race/Ethnicity**

Penetration rates for CMHS clients were examined across five race/ethnicity groups: Whites, Hispanics, African Americans, Asians/Pacific Islanders, and Native Americans. Penetration rates were calculated as number of actual clients within a specific racial/ethnic group (i.e. Whites, Hispanics, African Americans, Asians/Pacific Islanders, and Native Americans) who received services (CMHS clients) divided by number of potential clients (San Diego County residents under 200% FPL who were either uninsured or Medi-Cal beneficiaries\*) within that racial/ethnic group. Differences in penetration rates were examined across years by comparing penetration rates in 2001-2002 to penetration rates in 2006-2007 and 2009-2010. Detailed tabular data are provided in Appendix A, Table 4.

- Although White clients had the highest penetration rates for all types of services for all three fiscal years, there was a steady decline for White clients over the time.
- Hispanic, Native American, and Asian/Pacific Islander clients had the lowest penetration rates for all three fiscal years.

**Children and Youth Penetration Rates by Race/Ethnicity**

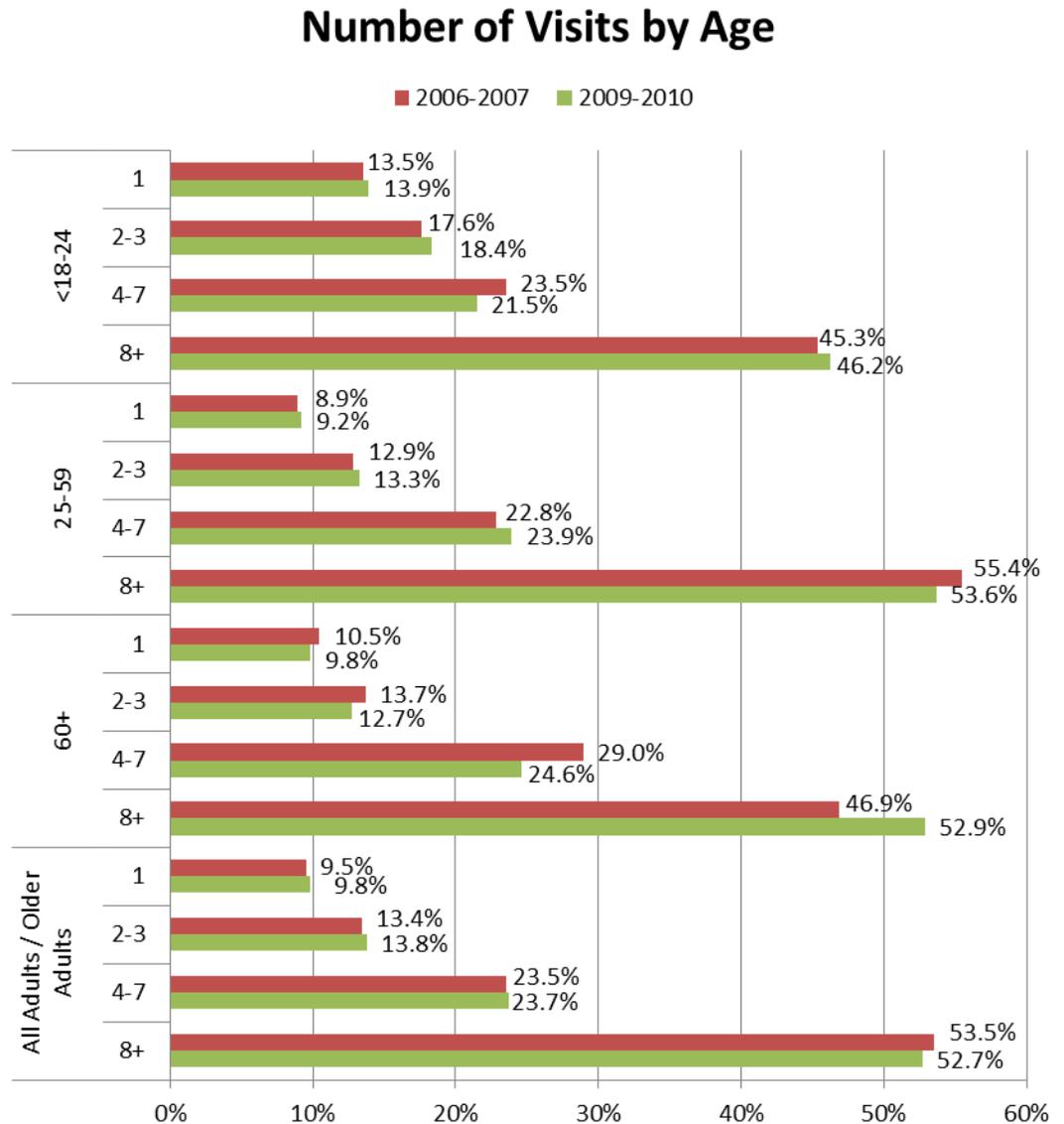


\*Estimates of potential clients were derived from California Health Interview Survey (CHIS) estimates applied against 2010 census population data

## Adult and Older Adult Retention Rates by Age for Number of Outpatient Visits

Outpatient service retention rates for AOAMHS clients were examined in 2009-2010 across three age groups: <18-24, 25-59, and 60+. Retention rates were defined as the number of Outpatient visits for each client during the fiscal year. Detailed tabular data are provided in Appendix A, Table 5.

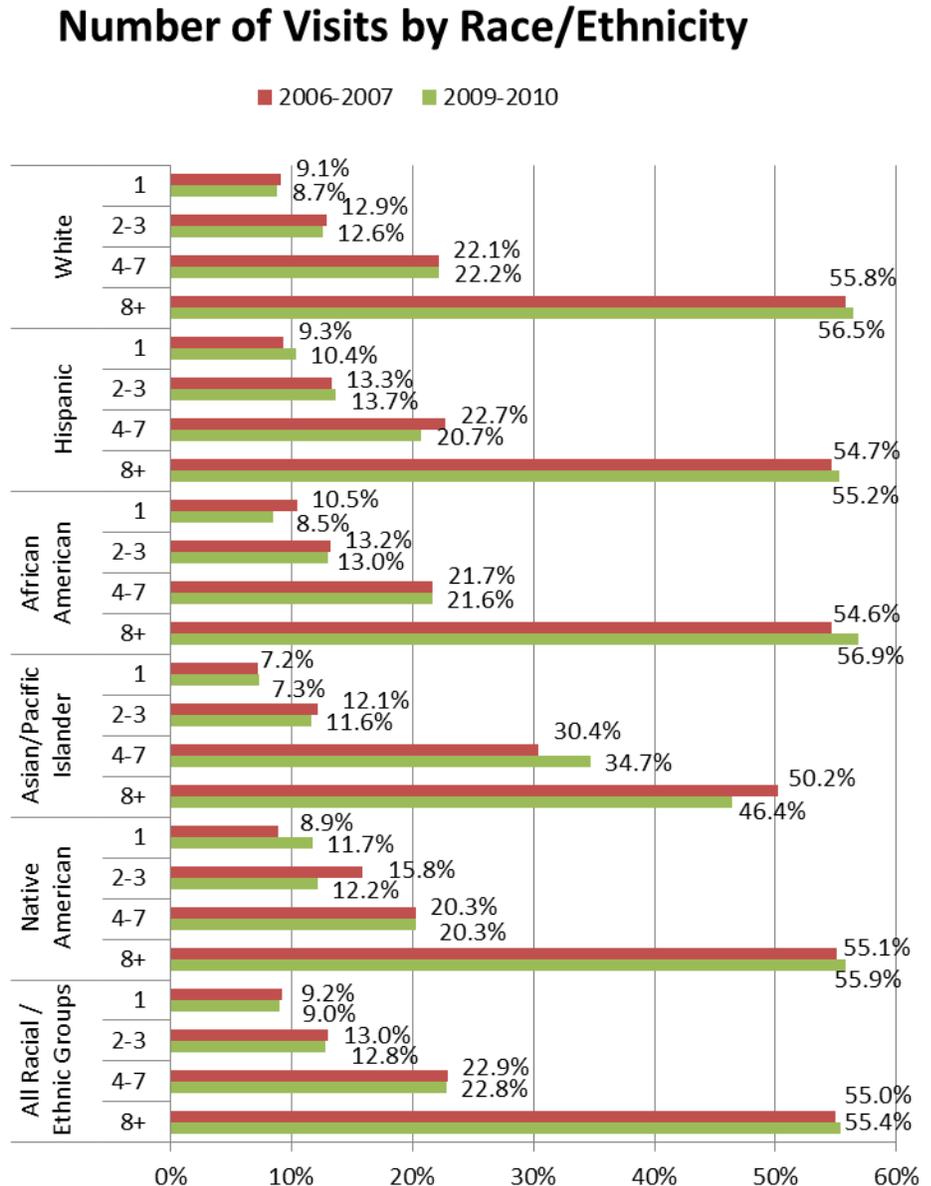
- 52.7% of all clients had retention rates of 8 or more visits.
- Clients age 18-24 were most likely to have under 4 visits, and correspondingly less likely to have 4 or more visits.
- Clients age 25-59 were most likely to have had 8 or more visits.
- Retention rates of clients age 60+ were very similar to retention rates for the total adult client population.



## Adult Retention Rates by Race/Ethnicity for Number of Outpatient Visits

Outpatient service retention rates for AOAMHS clients were examined in 2009-2010 across five racial/ethnic groups: Whites, Hispanics, African Americans, Asians/Pacific Islanders, and Native Americans. Retention rates were defined as the number of Outpatient visits for each client during the fiscal year. Detailed tabular data are provided in Appendix A, Table 6.

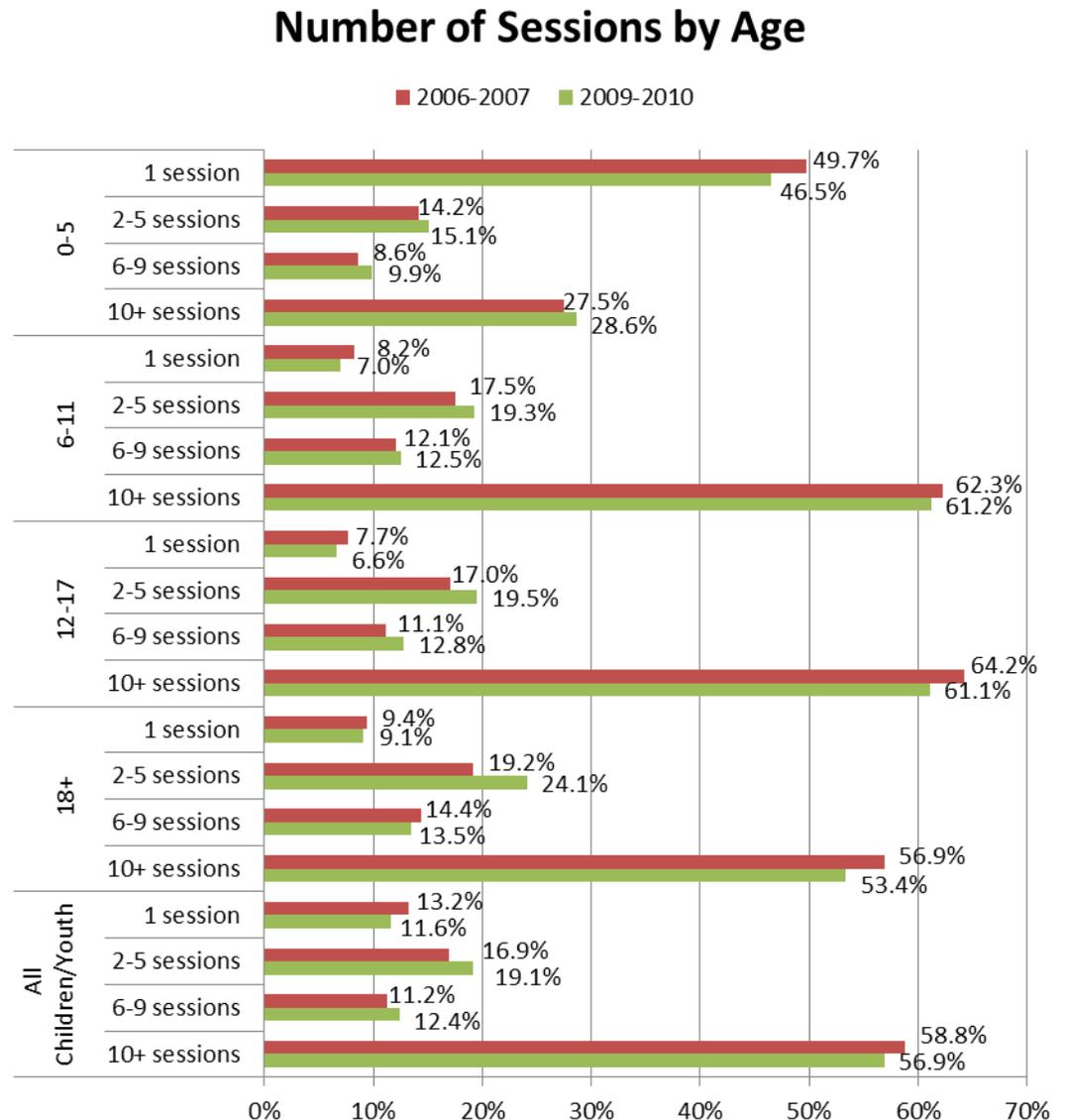
- Hispanic clients had the highest retention rates for the 2-3 visits category than any other racial/ethnic group (13.7%)
- African American clients were most likely to continue services after 8 or more visits than any other racial/ethnic group.
- Asian/Pacific Islander clients had lower retention rates than any other racial/ethnic group for 8 or more visits, while there was very little difference between all the other racial/ethnic groups for this category.
- Native American clients were the most likely to have only one visit.
- 55% of all racial/ethnic groups were retained for 8 or more visits.



## Children and Youth Retention Rates by Age for Number of Sessions

Service retention rates for CMHS clients were examined in 2009-2010 across four age groups: 0-5, 6-11, 12-17, 18+. Retention rates were defined as the number of sessions for each client during the fiscal year. Note: Visit data was not available for clients served solely by the Juvenile Forensic Services (JFS) and Spectrum programs; these clients are excluded from the figure below. Detailed tabular data are provided in Appendix A, Table 7.

- 56.9% of all clients had retention rates of 10 or more sessions.
- Retention rates varied greatly by client age.
- Clients ages 0-5 had the lowest retention rates and were most likely to have only one session (in most cases, this visit was for assessment purposes).
- Clients age 6-11 and 12-17 had the highest retention rates, and were more likely than the other age groups to continue services past 10 sessions.

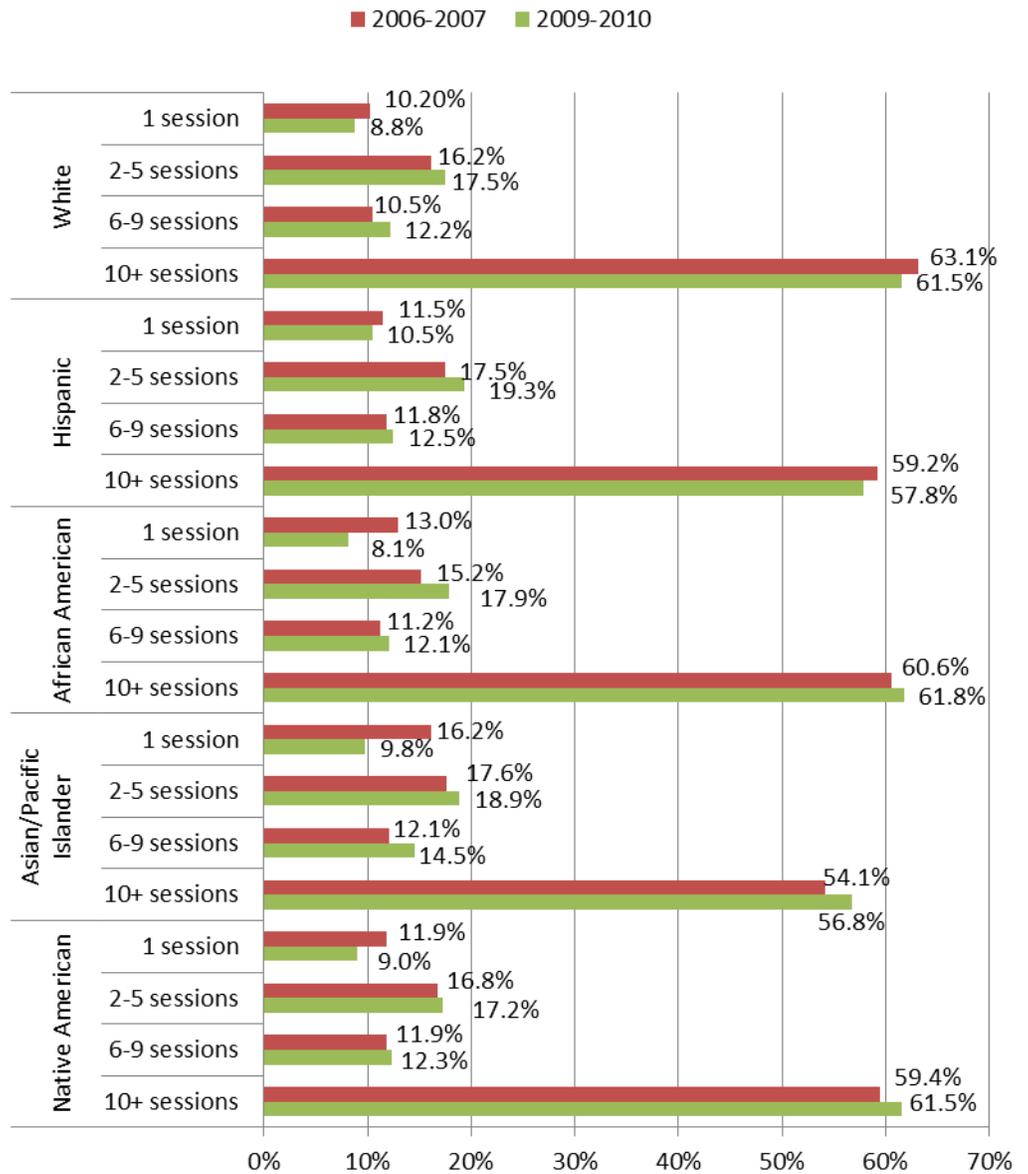


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**Children and Youth Retention Rates by Race/Ethnicity**  
**for Number of Sessions**

Service retention rates for CMHS clients were examined in 2009-2010 across five racial/ethnic groups: Whites, Hispanics, African Americans, Asians/Pacific Islanders, and Native Americans. Retention rates were defined as the number of sessions for each client during the fiscal year. Note: Visit data was excluded for clients served solely by Juvenile Forensic Services (JFS) programs. Detailed tabular data are provided in Appendix A, Table 8.

**Number of Sessions by Race/Ethnicity**

- Hispanic and Asian/Pacific Islander clients were slightly more likely to have only one session than the other racial/ethnic groups in FY09-10.
- White, African American, and Native American clients had similar retention rates. This represents a change from FY06-07, which showed White clients as having the highest retention rates.
- Asian/Pacific Islander clients had lower retention rates than any other racial/ethnic group for 10 or more visits.



**Disparities in Service Utilization**  
**by Age and by Race/Ethnicity**

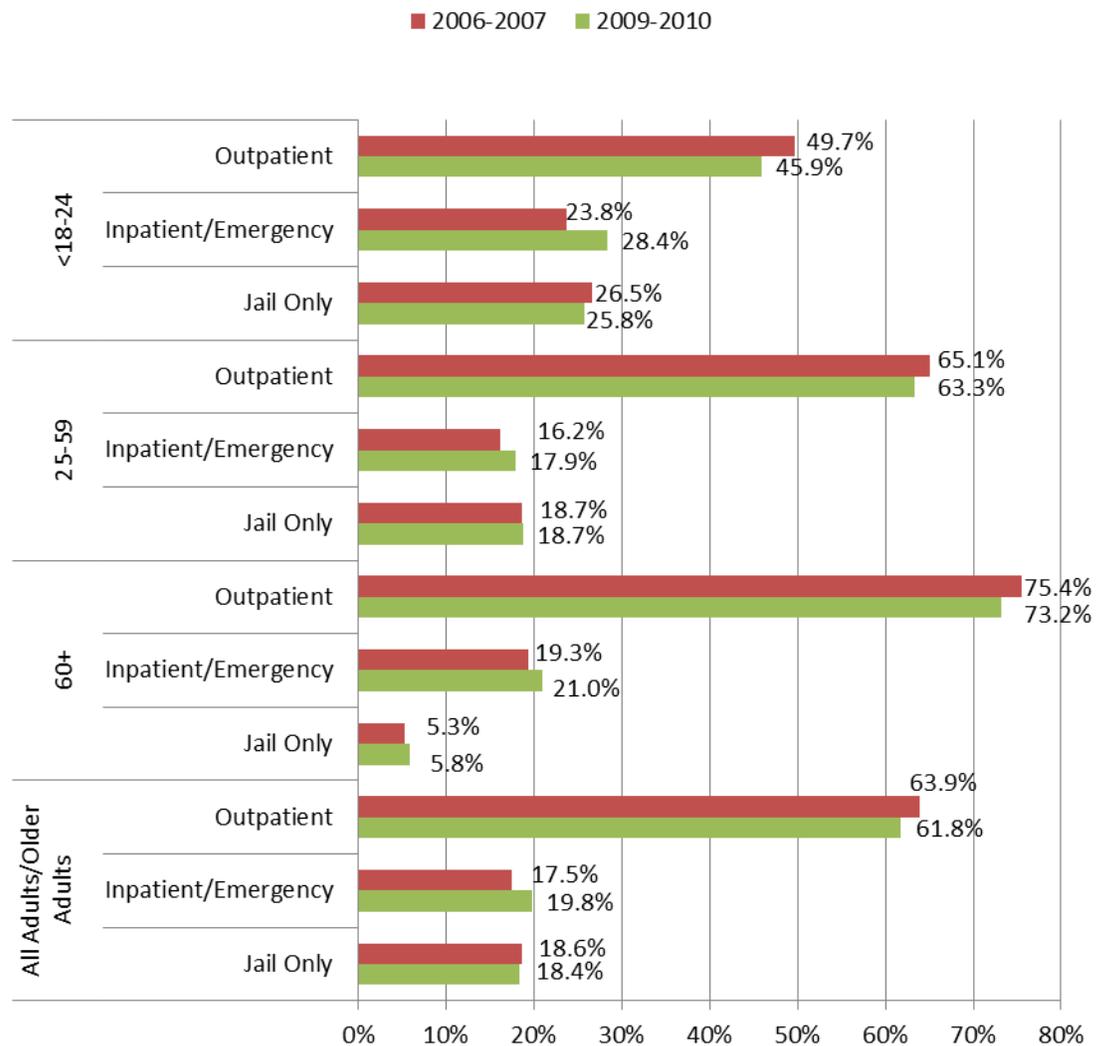
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**Adult and Older Adult Type of Services Used by Age**

A goal of AOAMHS has been to increase use of Outpatient services and decrease use of Inpatient/Emergency services. Types of services used by all AOAMHS clients were examined for FY09-10 across three age groups: <18-24, 25-59, and 60+. Utilization rates were calculated as number of clients within a specific age group (i.e. <18-24, 25-59, and 60+) who used a specific type of service (i.e. Outpatient, Inpatient/Emergency, and Jail Only) divided by number of total clients within that age group (i.e. <18-24, 25-59, and 60+). Detailed tabular data are provided in Appendix A, Table 9.

- Outpatient services decreased while Inpatient/Emergency services increased across all ages.
- 62% of clients of all ages used Outpatient services.
- Clients age 18-24 used more Inpatient/Emergency and Jail Only services and less Outpatient services than the other age groups.
- Clients age 60+ used more Outpatient services than other age group.
- Clients age 25-59 used fewer Inpatient/Emergency services than other age groups.

**Age by Service Type**



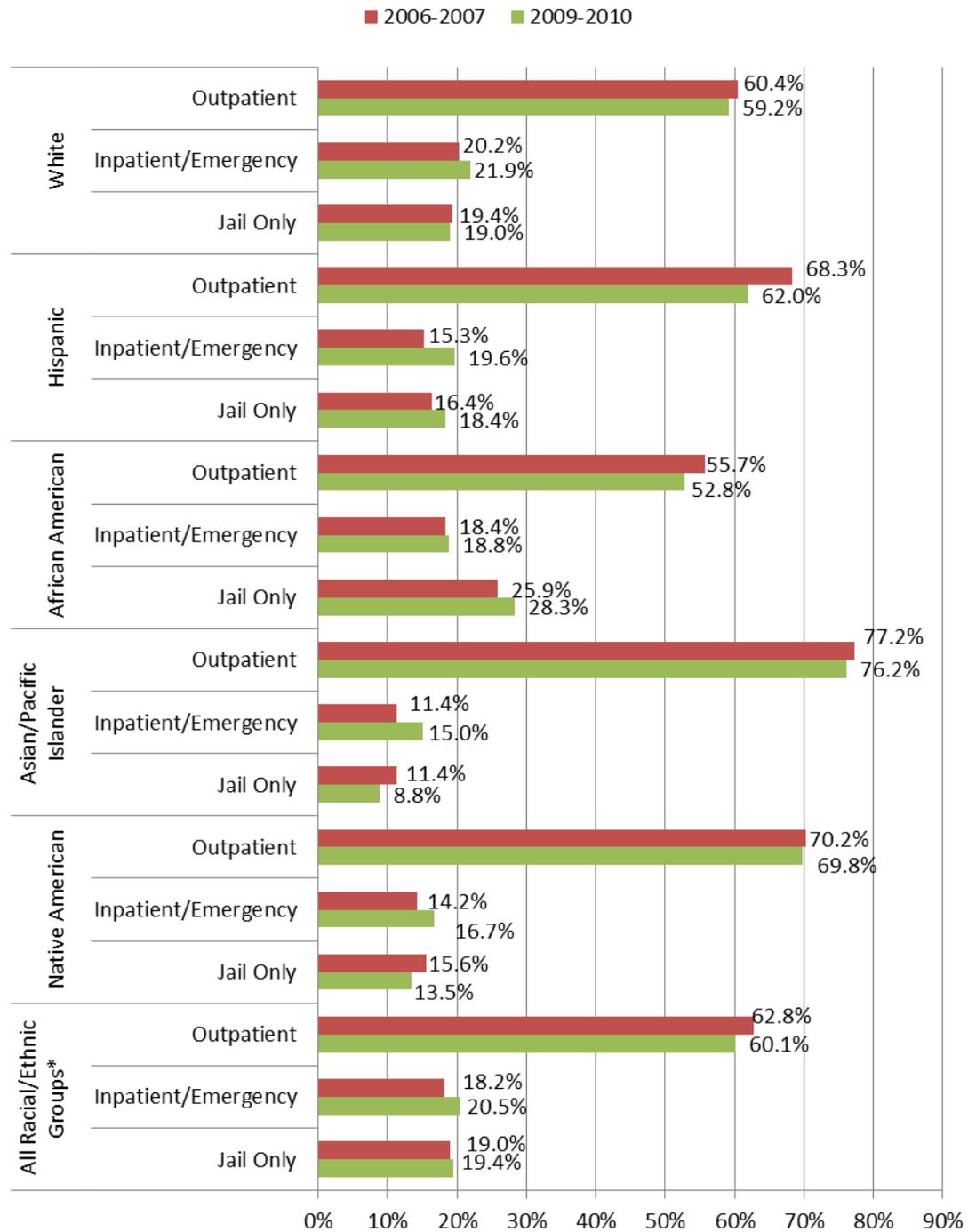
Note: Inpatient/Emergency may include some clients that also have Jail services.

**Progress Towards Reducing Disparities: A Report for San Diego County Mental Health**  
**Adult and Older Adult Type of Services Used by Race/Ethnicity**

Types of services used by AOAMHS clients were examined for FY09-10 across five racial/ethnic groups: Whites, Hispanics, African Americans, Asians/Pacific Islanders, and Native Americans. Utilization rates were calculated as number of clients within a specific racial/ethnic group (i.e. Whites, Hispanics, African Americans, Asians/Pacific Islanders, and Native Americans) who used a specific type of service (i.e. Outpatient, Inpatient/Emergency, and Jail Only) divided by number of total clients within that race/ethnicity group. Detailed tabular data are provided in Appendix A, Table 10.

- White, Hispanic, and African American clients used more Inpatient/Emergency and Jail Only services than the other racial/ethnic groups.
- Asian/Pacific Islander, and to a lesser extent, Native American clients, used more Outpatient services than other racial/ethnic groups.

**Race/Ethnicity by Service Type**



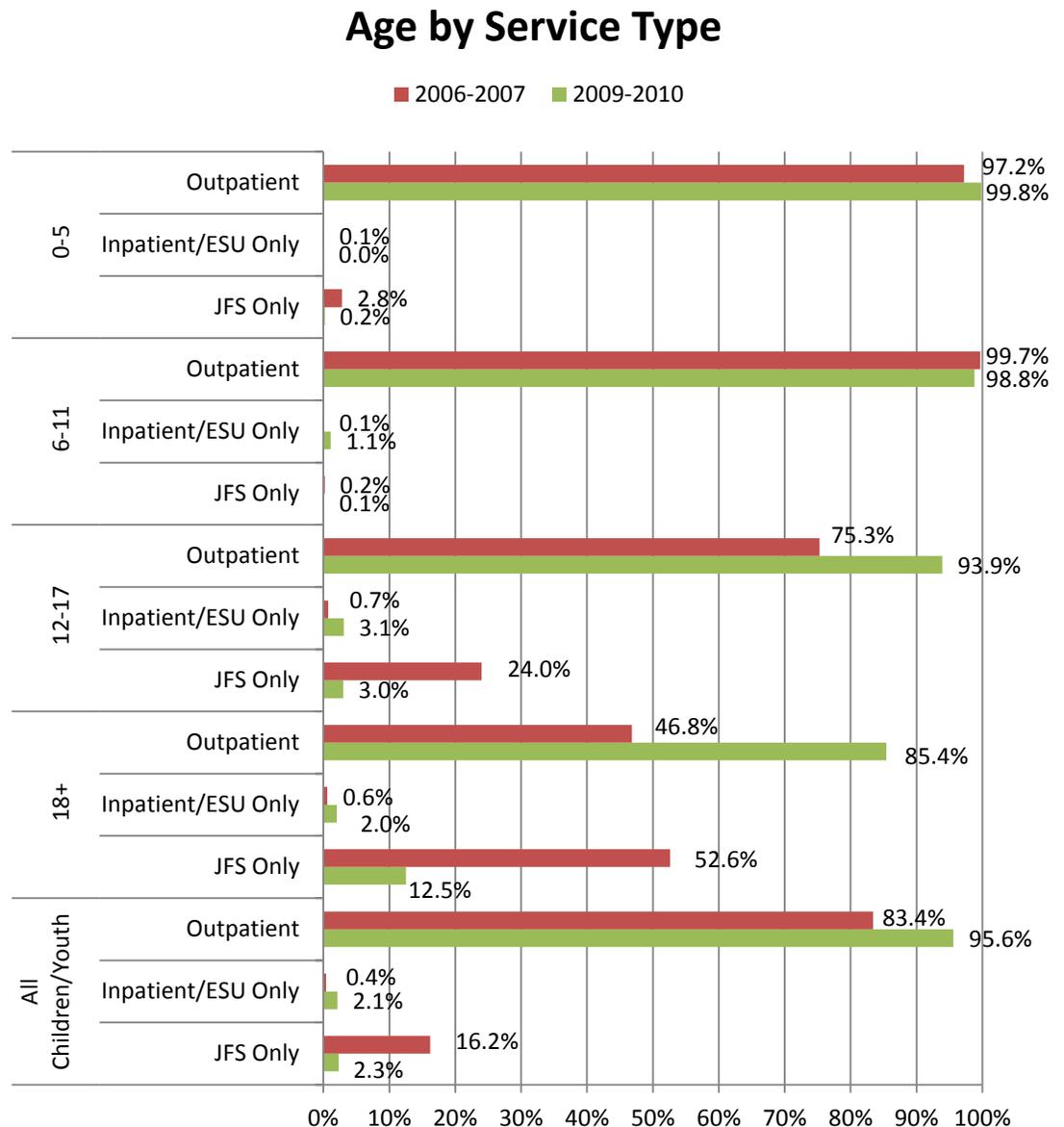
\*All Racial/Ethnic Groups excludes Other/Unknown. Note: Inpatient/ Emergency may contain some clients that also have Jail services.

Progress Towards Reducing Disparities: A Report for San Diego County Mental Health

**Children and Youth Type of Services Used by Age**

A goal of CMHS has been to increase use of Outpatient services and decrease use of Inpatient/Emergency services. Types of services used by all CMHS clients were examined for FY09-10 across four age groups: 0-5, 6-11, 12-17, 18+. Utilization rates were calculated as number of clients within a specific age group (i.e. 0-5, 6-11, 12-17, 18+) who used a specific type of service (i.e. Outpatient, Inpatient/Emergency only, and JFS only) divided by number of total clients within that age group (i.e. 0-5, 6-11, 12-17, 18+). Detailed tabular data are provided in Appendix A, Table 11. (NOTE: In FY06-07 Spectrum only clients were combined with the JFS only group. Due to the shift to Anasazi, the FY09-10 Spectrum services were included in the Outpatient group below.)

- 95.6% of all clients used Outpatient services. This represents a 12% increase from FY06-07.
- 2.1% of all clients used only Inpatient/Emergency services during the fiscal year.
- Clients ages 18+ used more JFS only services and less Outpatient services than the other age groups.



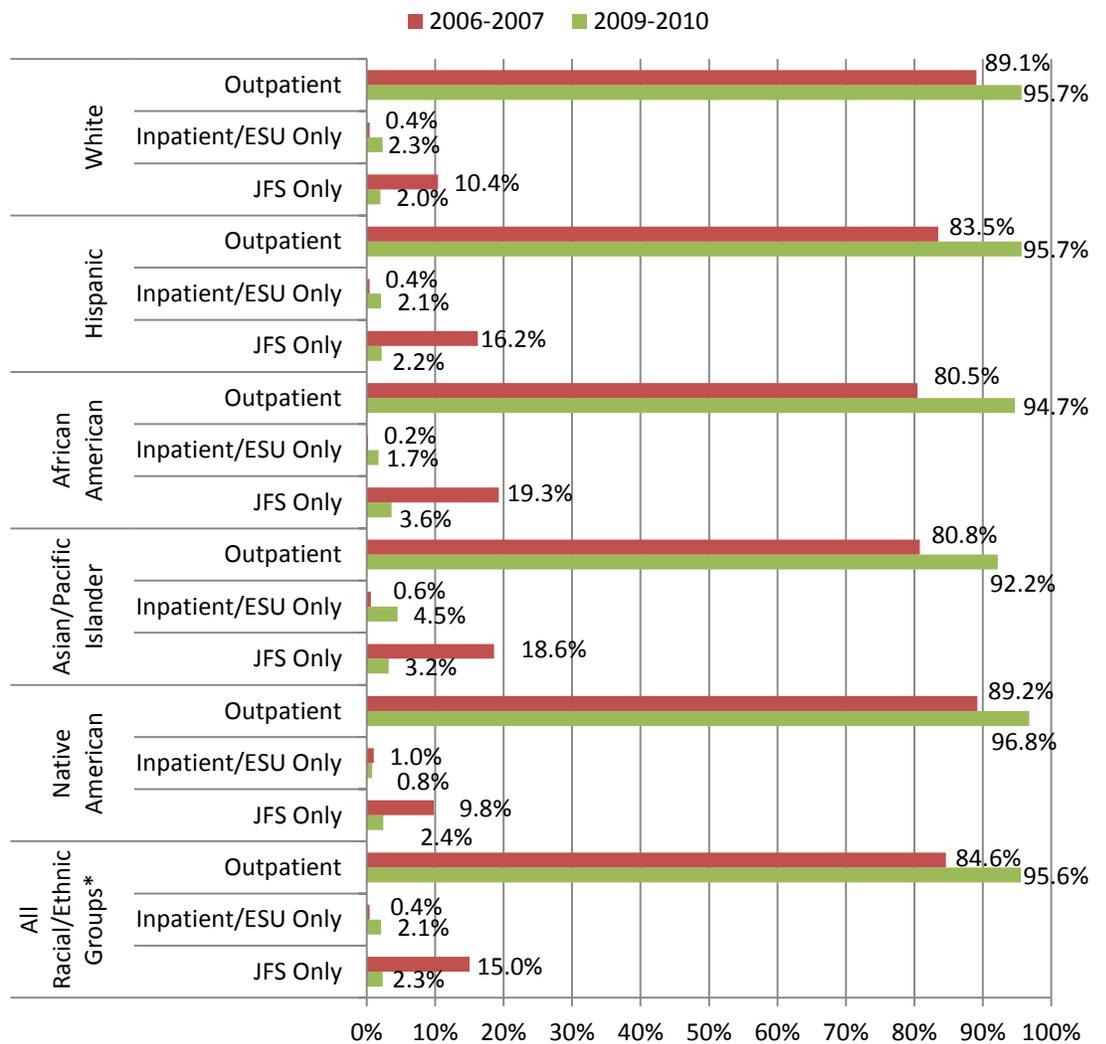
## Progress Towards Reducing Disparities: A Report for San Diego County Mental Health

### Children and Youth Type of Services Used by Race/Ethnicity

Types of services used by CMHS clients were examined for FY09-10 across five racial/ethnic groups: Whites, Hispanics, African Americans, Asians/ Pacific Islanders, and Native Americans. Utilization rates were calculated as number of clients within a specific racial/ethnic group (i.e. Whites, Hispanics, African Americans, Asians/ Pacific Islanders, and Native Americans) who used a specific type of service (i.e., Outpatient, Inpatient/Emergency only, and JFS only) divided by number of total clients within that race/ethnicity group. Detailed tabular data are provided in Appendix A, Table 12. (NOTE: In FY06-07 Spectrum only clients were combined with the JFS only group. Due to the shift to Anasazi, the FY09-10 Spectrum services were included in the Outpatient group below.)

### Race/Ethnicity by Service Type

- The majority of all clients (95.6%) used non-JFS Outpatient services, while few clients (2.1%) used only Inpatient/Emergency services.
- In FY09-10, slightly more African American and Asian/Pacific Islander clients used more JFS-only services and less Outpatient services than the other racial/ethnic groups.

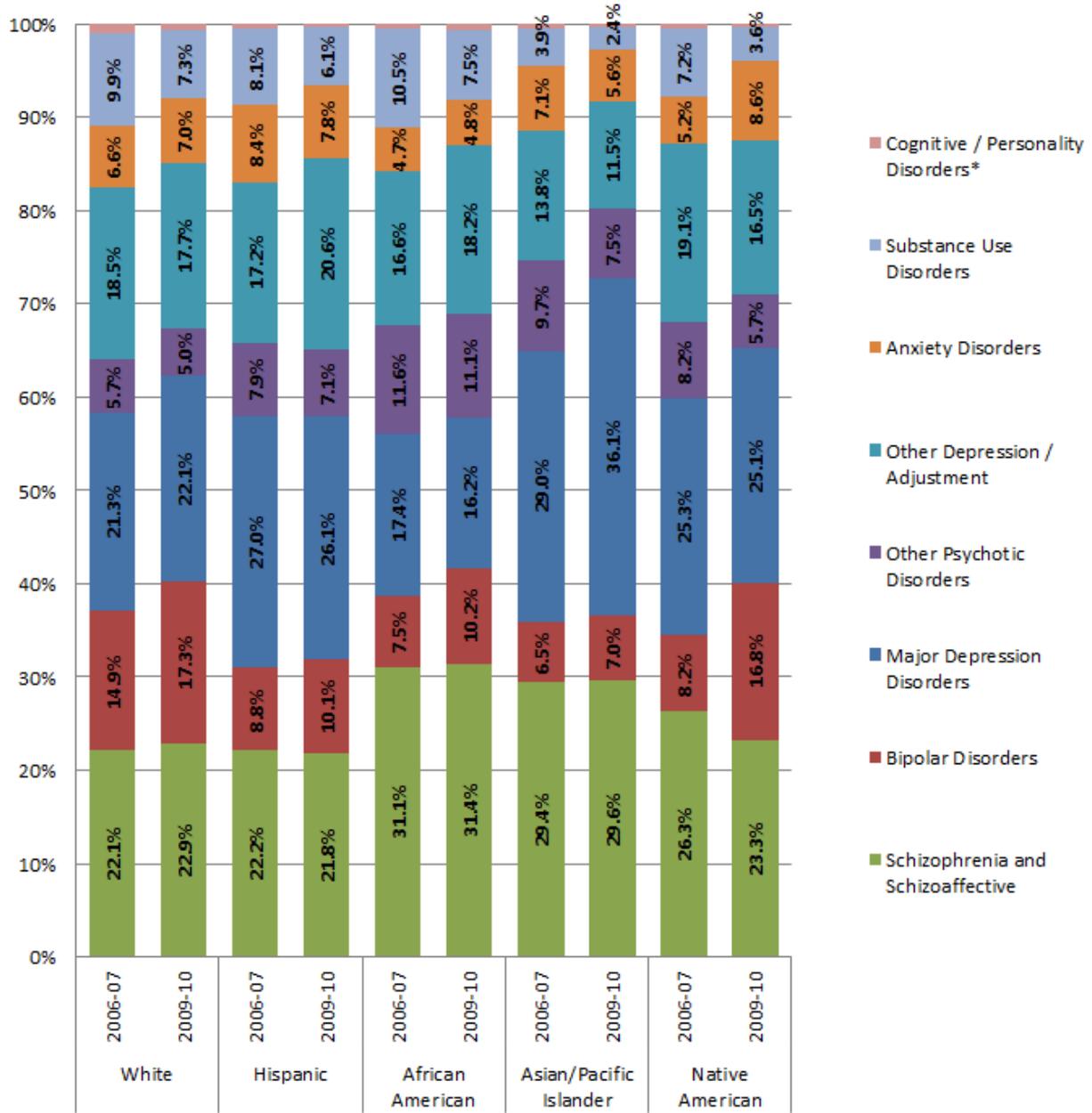


\*All Racial/Ethnic Groups excludes Other/Unknown.

## Disparities in Diagnosis by Age and by Race/Ethnicity

## Adult and Older Adult Diagnosis by Race/Ethnicity

### Diagnosis Distributions for FY06-07 and FY09-10



\* Numbers not displayed on chart. Less than 1% of clients for all categories and years had a reported diagnosis of Cognitive/Personality disorder.

\*\* Although Substance Use Disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. An example of when this may occur is when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

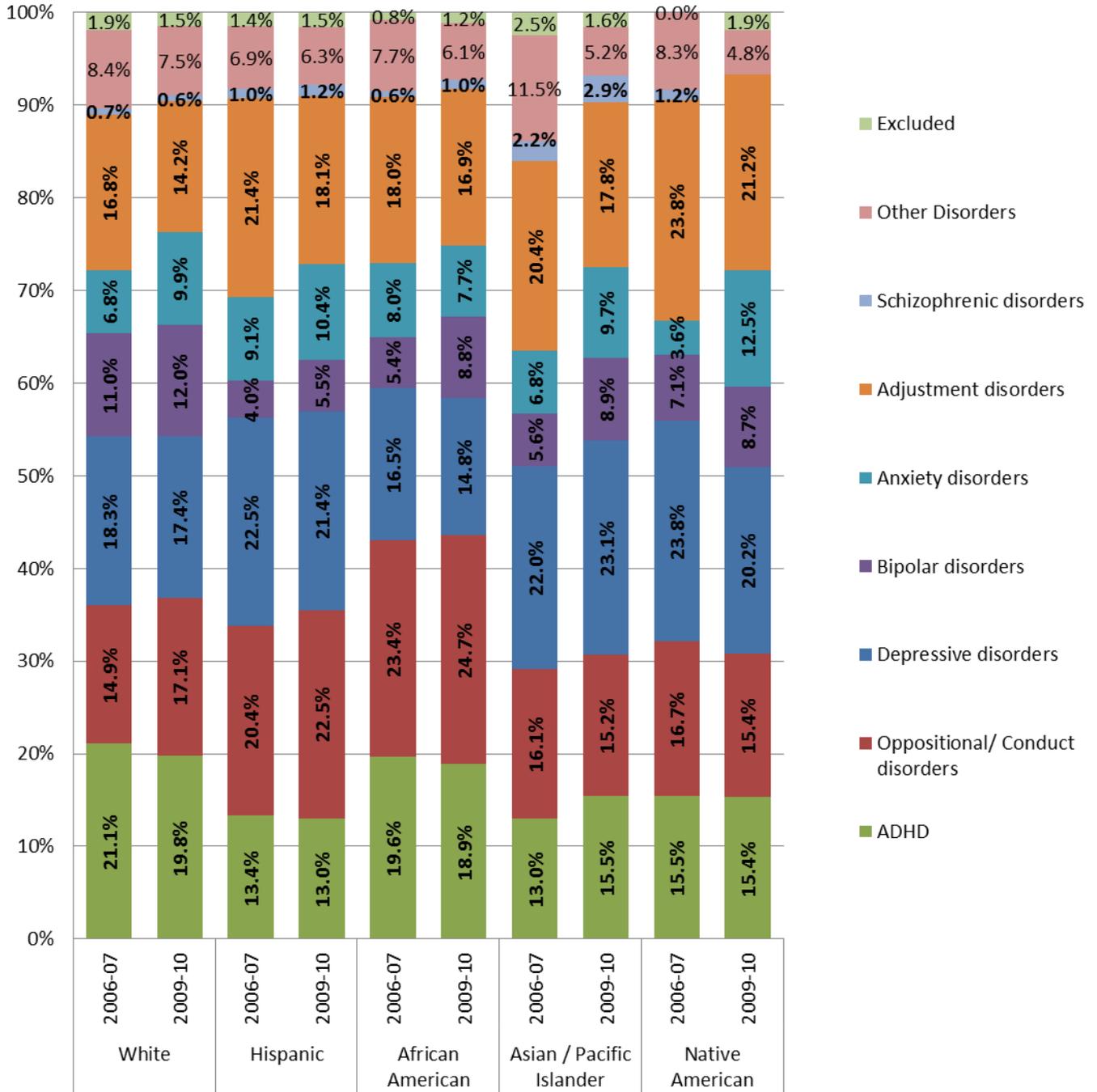
## Adult and Older Adult Diagnosis by Race/Ethnicity

Schizophrenia/schizoaffective, bipolar disorder, major depression disorder, other psychotic disorder, other depression/adjustment disorder, anxiety disorder, and substance abuse disorder diagnosis rates were examined by race/ethnicity. Detailed tabular data are provided in Appendix A, Table 13.

- African American clients had the highest prevalence rates of Schizophrenia and Schizoaffective disorders, while Hispanic clients had the lowest prevalence rates of Schizophrenia and Schizoaffective disorders.
- White clients had the highest prevalence rates of Bipolar disorders, while Asian/Pacific Islander clients had the lowest prevalence rates of Bipolar disorders.
- Asian/Pacific Islander clients had the highest prevalence rates of Major Depression disorders, while African American clients had the lowest prevalence rates of Major Depression disorders.
- African American clients had the highest prevalence rates of Other Psychotic disorders, while White clients had the lowest prevalence rates of Other Psychotic disorders.
- Asian/Pacific Islander clients had the lowest prevalence rates of Other Depression/Adjustment disorders.
- Hispanic and Native American clients had the highest prevalence rates of Anxiety disorders, while African American clients had the lowest prevalence rates of Anxiety disorders.

## Children and Youth Diagnosis by Race/Ethnicity

### Diagnosis Distributions for FY06-07 and FY09-10



## Children and Youth Diagnosis by Race/Ethnicity

Diagnosis data for Children and Youth clients were examined by race/ethnicity. Detailed tabular data are provided in Appendix A, Table 14.

- White and African American clients had the highest prevalence rates of ADHD in FY09-10 (19.8% and 18.9%, respectively).
- African American clients had the highest rates of externalizing disorders (i.e., Oppositional/Conduct disorders) and the lowest rates of internalizing disorders (i.e., Depressive and Anxiety disorders) than any other racial/ethnic group in FY09-10.
- Asian/Pacific Islander clients had the highest prevalence rates of Depressive disorders and the lowest prevalence rates of Oppositional/Conduct disorders than any other racial/ethnic group for both FY06-07 and FY09-10.
- White clients had the highest prevalence rates of Bipolar disorders, while Hispanic clients had the lowest prevalence rates of these disorders in both FY06-07 and FY09-10.
- Native American clients had the lowest prevalence rates of Anxiety disorders in FY06-07 than any other racial/ethnic group and the highest prevalence rates in FY09-10 than any other racial/ethnic group (3.6% and 12.5%, respectively).
- Native American clients had the highest prevalence rates of Adjustment disorders than any other racial/ethnic group in both FY06-07 and FY09-10.

**Disparities in Transition Age Youth (18-24)**

**(TAY)**

## TAY Demographics

- Total TAY Clients Served: 6,514 TAY clients were served in FY09-10.
- Age and Gender: In FY09-10, 11% of TAY clients were under 18 but received services through an adult provider, 49% were 18-21, and 41% were 22-24. The majority of TAY clients (59%) were male.
- In FY09-10, 84% of TAY clients identified English as their preferred language.

AGE	FY06-07	FY09-10
<18*	6%	11%
18-21	48%	49%
22-24	46%	41%

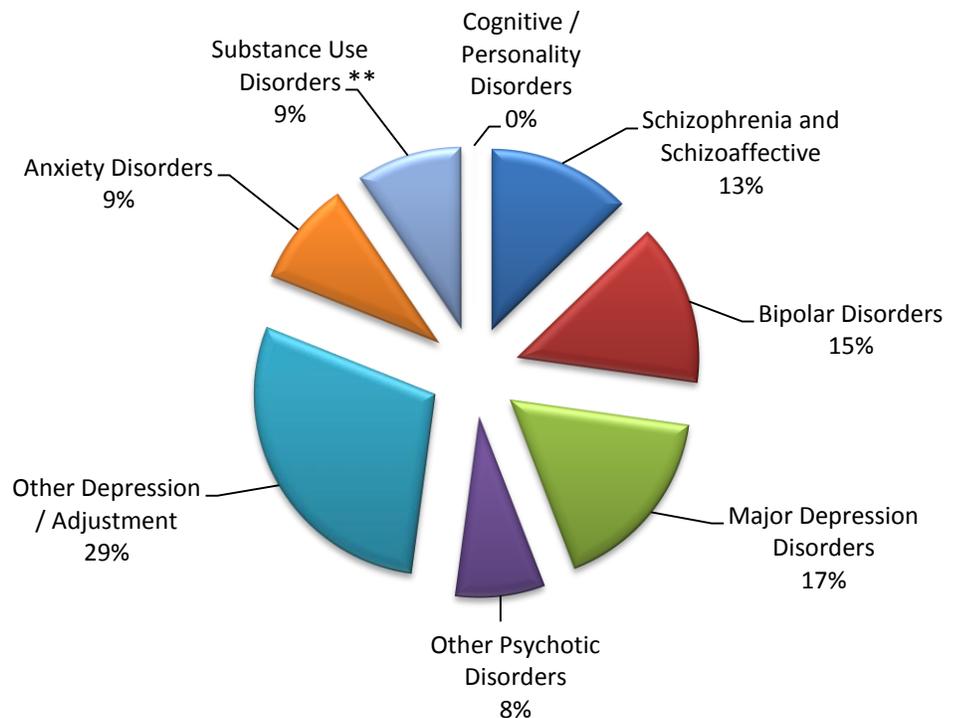
GENDER	FY06-07	FY09-10
Females	43%	41%
Males	56%	59%
Other / Unknown	1%	<1%

- Top 3 diagnoses for FY09-10:
  1. Other Depression /Adjustment disorders
  2. Major Depression disorders
  3. Bipolar disorders

- Access (Penetration):
  - FY01-02: 7.0%
  - FY06-07: 6.6%
  - FY09-10: 8.2%

- Engagement FY09-10 (Retention):
  - <4 visits: 32%
  - 8+ visits: 46%

### TAY Diagnosis Distribution FY09-10



\* A small number of clients treated in the Adult system were under the age of 18.

\*\* Although Substance Use disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. An example of when this may occur is when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

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**TAY Penetration Rates**

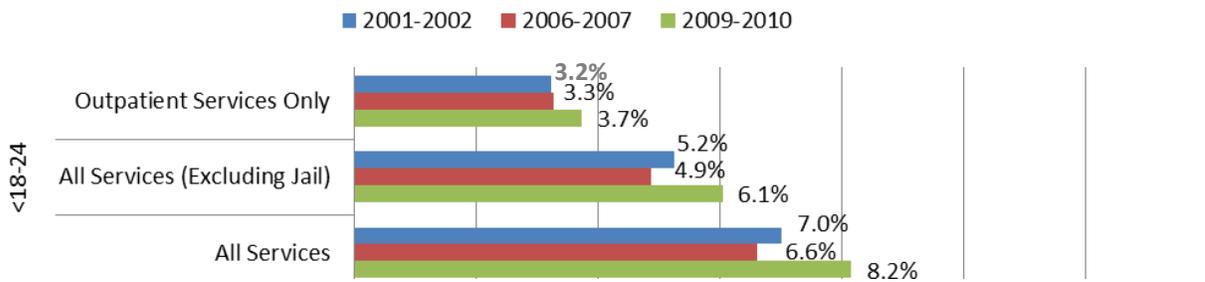
Penetration rates for all services, all services excluding Jail, and Outpatient services were examined and calculated as the number of TAY age AOAMHS clients who received services divided by the number of potential TAY clients (San Diego County residents under 200% FPL who were either uninsured or Medi-Cal beneficiaries\*). Data are presented by three service categories: (1) Outpatient Services Only, (2) All Services Excluding Jail, and (3) All Services. The category excluding services provided while in Jail allows for the

examination of penetration rates uninfluenced by mandatory services such as provided as part of the justice system.

Differences in penetration rates were examined across years by comparing penetration rates in 2001-2002, 2006-2007, and 2009-2010. Detailed tabular data are provided in Appendix A, Table 1.

- Penetration rates for all three categories increased from FY06-07 to FY09-10.

**Penetration Rates by Age**



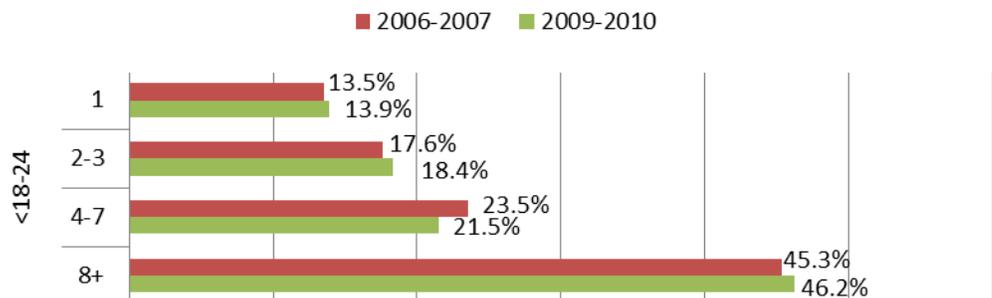
\*Estimates of potential clients were derived from California Health Interview Survey (CHIS) estimates applied against 2010 census population data.

**TAY Retention Rates for Number of Outpatient Visits**

TAY Outpatient service retention rates for AOAMHS clients were examined for FY09-10. Retention rates were defined as the number of Outpatient visits for each client during the fiscal year. Detailed tabular data are provided in Appendix A, Table 5.

- TAY clients were more likely to have had only one visit and under 4 visits than any other age group.
- TAY client were the least likely to have had 4 or more visits than any other age group.

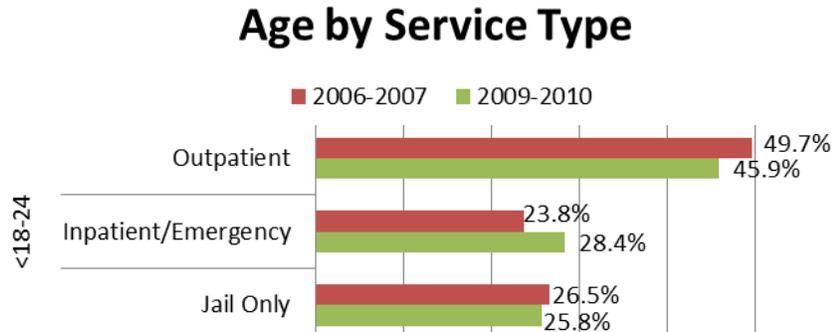
**Number of Visits by Age**



## TAY Utilization Rates by Type of Services Used

A goal of AOAMHS has been to increase use of Outpatient services and decrease use of Inpatient/Emergency services. Types of services used specifically by TAY AOAMHS clients were examined for FY09-10. Utilization rates were calculated as number of TAY clients who used a specific type of service (i.e. Outpatient, Inpatient/Emergency, and Jail only) divided by number of TAY total clients. Detailed tabular data are provided in Appendix A, Table 9.

- Clients age 18-24 used more Inpatient/Emergency and Jail only services and less Outpatient services than adults (25-59) and older adults (60+).



Note: Inpatient/Emergency may include some clients that also have Jail services.

**Disparities in Older Adult Clients (60+)**

**(OA)**

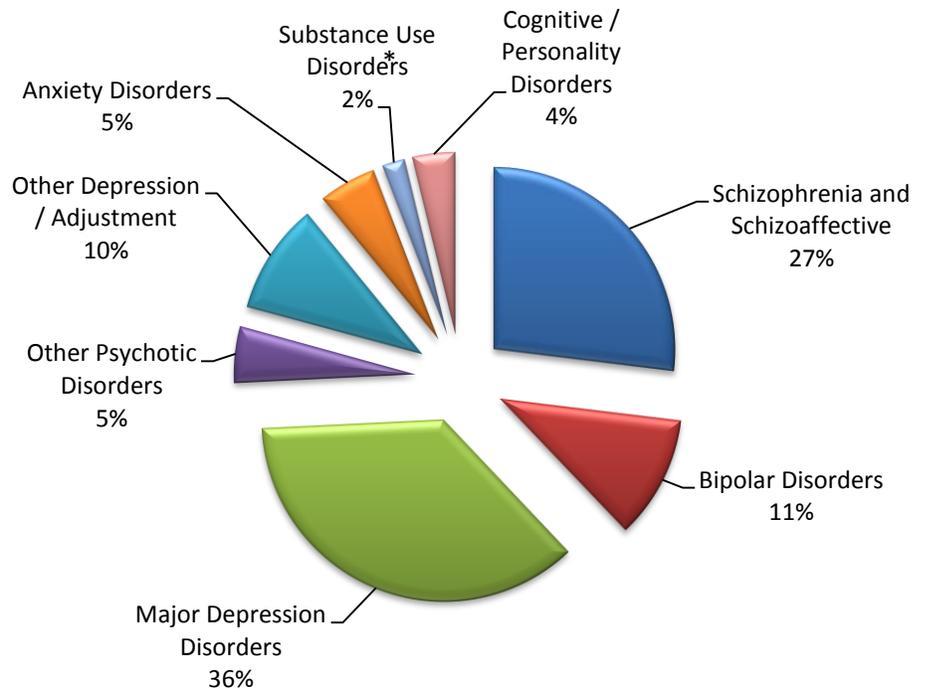
## Older Adult Demographics

- Total Clients Served: 4,706 OA clients were served in FY09-10.
- Age and Gender: In FY09-10, 75% of OA were 60-69, 15% were ages 70-79 and 10% were 80 years old or older. 59% of OA clients were female.
- In FY09-10, 66% of OA clients identified English as their preferred language.
- Top 3 diagnoses FY09-10:
  1. Major Depression disorders
  2. Schizophrenia and Schizoaffective disorders
  3. Bipolar disorders
- Access (Penetration):
  - FY01-02: 4.8%
  - FY06-07: 5.0%
  - FY09-10: 6.8%
- Engagement FY09-10 (Retention):
  - <4 visits: 23%
  - 8+ visits: 53%

AGE	FY06-07	FY09-10
60-69	75%	75%
70-79	15%	15%
80+	10%	10%

GENDER	FY06-07	FY09-10
Females	60%	59%
Males	39%	41%
Other / Unknown	1%	<1%

### OA Diagnosis Distribution FY09-10



\* Although Substance Use disorders are generally not considered a primary diagnosis in the Mental Health System, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes its place at subsequent assessment, the diagnosis remains in the MIS system. An example of when this may occur is when a client enters the MHS through such pathways as Jail or Emergency Psychiatric Unit services.

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**Older Adult Penetration Rates**

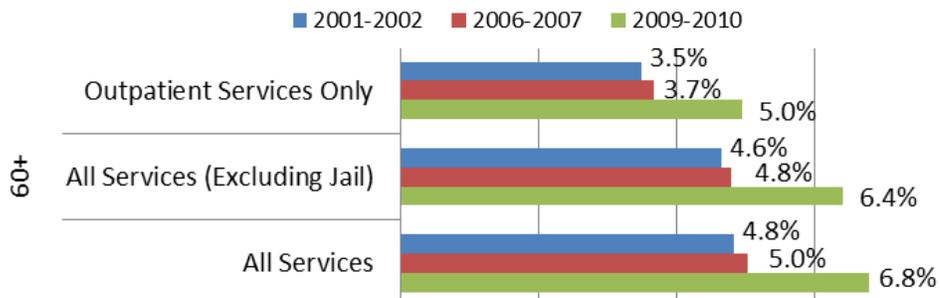
Penetration rates for all services, all services excluding Jail services, and Outpatient services were examined for older adults. Penetration rates were calculated as number of actual OA clients who received services divided by the number of potential OA clients (San Diego County residents under 200% FPL who were either uninsured or Medi-Cal beneficiaries\*). Data was analyzed by three service categories: (1) Outpatient Services Only, (2) All Services Excluding Jail, and (3) All Services. The category excluding services provided while in Jail

allows for the examination of penetration rates uninfluenced by mandatory services such as provided as part of the justice system.

Differences in penetration rates were examined across years by comparing penetration rates in 2001-2002, 2006-2007, and 2009-2010. Detailed tabular data are provided in Appendix A, Table 1.

- Penetration rates for Older Adult clients increased dramatically from FY06-07 to FY09-10.

**Penetration Rates by Age**



\*Estimates of potential clients were derived from California Health Interview Survey (CHIS) estimates applied against 2010 census population data.

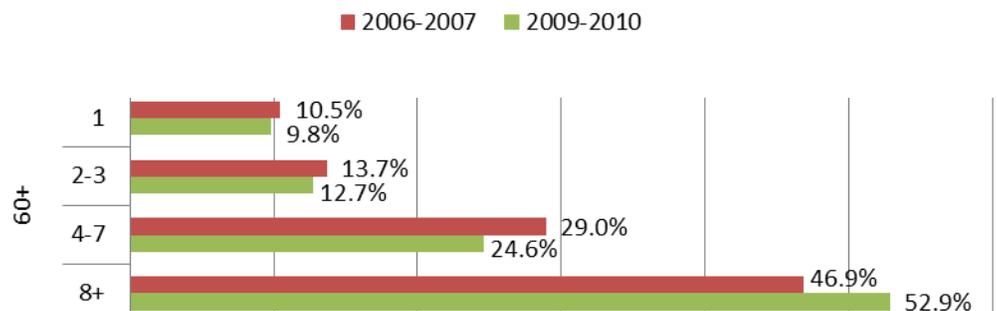
**Older Adult Retention Rates for Number of Outpatient Visits**

Outpatient service retention rates for older adult AOAMHS clients were examined in 2009-2010. Retention rates were defined as the number of Outpatient visits for each client during the fiscal year. Detailed tabular data are provided in Appendix A, Table 5.

- Retention rates for 8 or more visits increased 6% from FY06-07 to FY 09-10 (46.9% to 52.9%).

- Retention rates of clients age 60+ were very similar to retention rates for the total adult client population.

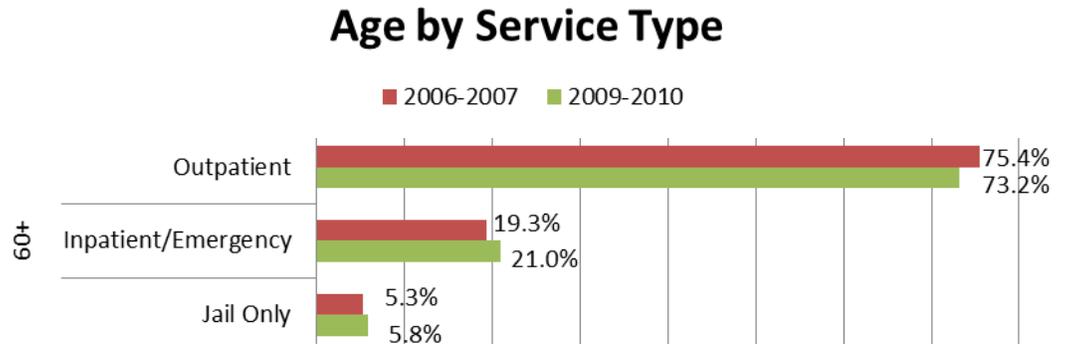
**Number of Visits by Age**



## OA Utilization Rates by Type of Services Used

A goal of AOAMHS has been to increase use of Outpatient services and decrease use of Inpatient/Emergency services. Types of services used by Older Adult clients were examined for FY09-10. Utilization rates were calculated as the number of OA clients who used a specific type of service (i.e. Outpatient, Inpatient/Emergency, and Jail only) divided by number of total OA clients. Detailed tabular data are provided in Appendix A, Table 9.

- Clients age 60+ used more Outpatient services than any other age group.



Note: Inpatient/Emergency may include some clients that also have Jail services.

## Current Workforce Diversity

## Progress Towards Reducing Disparities: A Report for San Diego County Mental Health

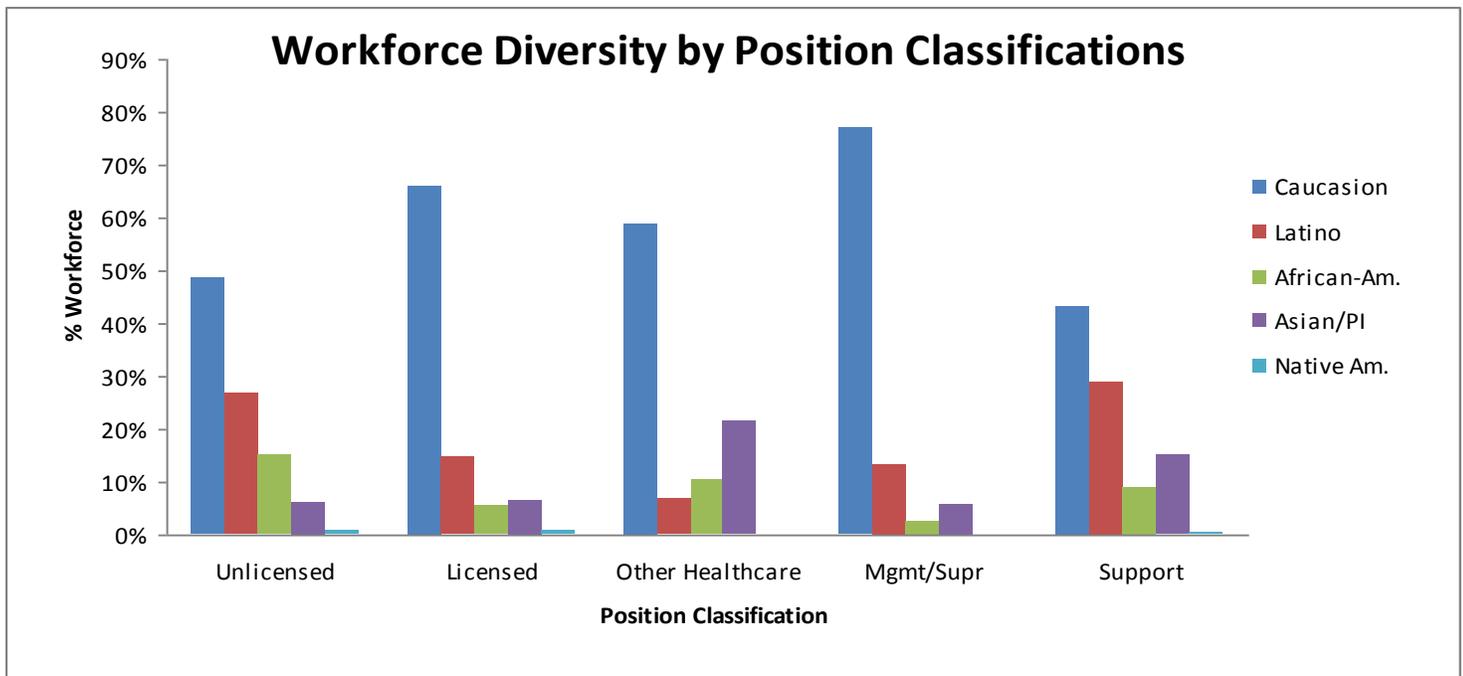
### Current Workforce Diversity

Data shows that the overall mental health workforce in San Diego County is considerably diverse. However, the ethnic diversity of the workforce does not mirror that of the mental health population. Future efforts to increase the diversity of workforce may aid in reducing health disparities.

Overall, the workforce is 59% Caucasian, 19% Hispanic/Hispanic, 9% African Americans/Blacks, 8% Asian/Pacific Islanders, and 1% Native American<sup>3</sup>.

An examination of the diversity in the workforce by position classification yields the following additional information:

- Diversity of Managerial and Supervisory Staff is the lowest of all occupational classifications. Twenty-three percent of Managerial and Supervisory Staff are of diverse ethnicities.
- The diversity of Unlicensed Direct Staff and Support Staff are closest to the 56% diversity of those being served in the public mental health system. Diversity of Unlicensed Direct Staff and Support Staff are 51% and 57% respectively.

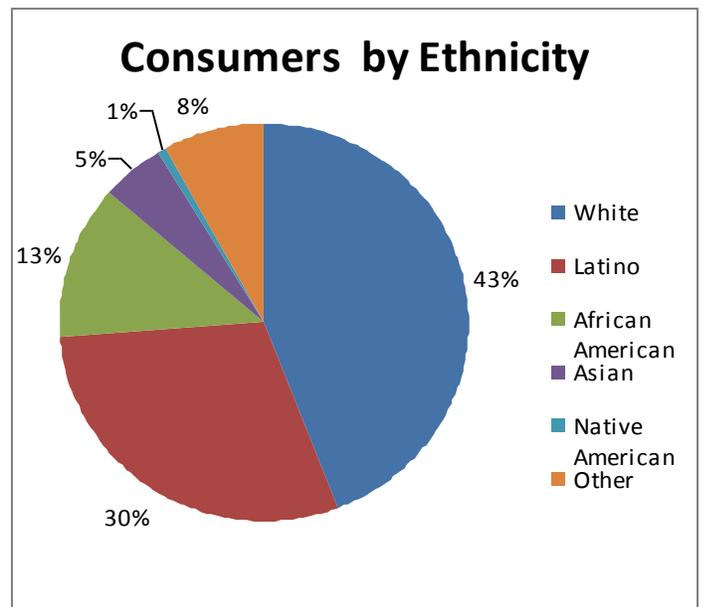
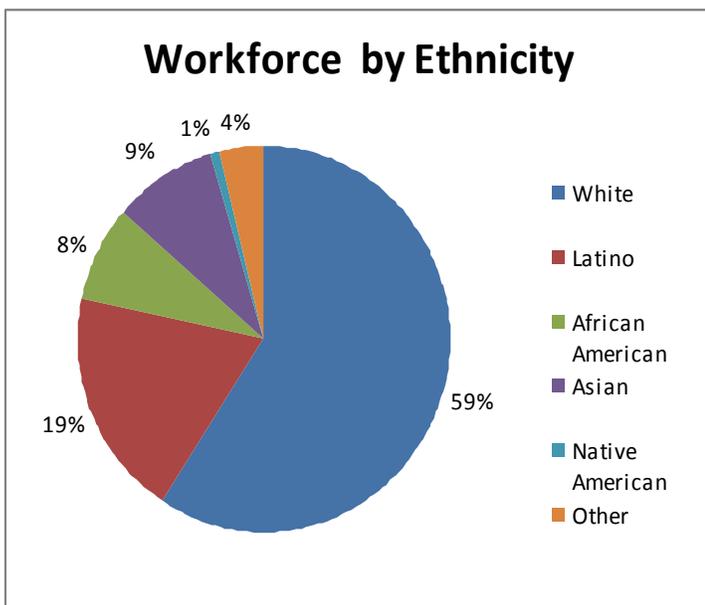


<sup>3</sup> County of San Diego Mental Health Services, "Workforce Employment and Training Needs Assessment," MHA Proposition 63.

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Provided below is a detailed breakdown of the comparison between diversity in the mental health workforce and the population served.

- Overall, 41% of the workforce is ethnically and culturally diverse, whereas 57% of the population served is ethnically and culturally diverse.
- Caucasians and Asians are overrepresented in the workforce, while African Americans and Hispanics are underrepresented. It should be noted that many clinicians are Japanese and comparatively few clients are Japanese.



## **ATTACHMENTS**

**Research Article Summary**

**Race/Ethnicity Determination**

**Glossary**

**Appendix A: Tabular data used for figures**

## Research Article Summary

### Assessing the Needs for Mental Health and Other Services Among Transitional Age Youth

Gilmer T, Ojeda V, Leich J, Heller R, Garcia P, Palinkas L.

In Press (2012), *Psychiatric Services*.

**Objectives:** This qualitative study assessed the needs for mental health and other services among transitional age youth who were receiving services in youth specific programs. Youth were sampled from geographically diverse programs around San Diego County to obtain a broad range of perspectives.

**Methods:** The qualitative study was based on 13 focus groups, conducted between June 2008 and January 2009. This study purposefully sampled transitional age youth age 18-24 receiving services in youth specific programs (N=75, 8 groups), and parents (N=14, 2 groups) and providers (N=14, 3 groups) of transitional age youth. The qualitative analysis followed an inductive approach in which investigators focused on generating themes and identifying relationships between themes. Through the process of constantly comparing these categories with each other, the different categories were further condensed into broad themes illustrating service needs.

**Results:** Youths expressed needs for improved scheduling of services, stronger patient provider relationships, and group therapies that address past experiences of violence, loss, and sexual abuse, and which provide skills for developing and nurturing healthy relationships. Parents and providers expressed needs for increased community based and peer led services. Youths, parents, and providers all expressed needs for increased housing options and for mentors with similar life experiences who could serve as role models, information brokers, and sources of social support for youths pursuing goals related to education and employment.

**Conclusions:** Findings from the focus groups suggest that there remains room for improvement in the provision of services that are relevant to the current needs and life experiences of transitional age youth. Even within the age specific programs, improvements in services are needed to foster transitions to independence.

#### **Youth quotes: Dissatisfaction with Content of Group Therapy**

·They have music appreciation, they have yoga, they have fitness training, three days a week they have (dual) recovery. And stuff like that. And they have cooking classes, and they have car washes, they have stuff like that. But they don't have the groups that will actually help us along the way. Say like someone lost someone they really love? They don't have a group, where we'll be able to talk about our feelings about it, and help us like, you know, help us through the feelings we're feeling about that loss.

·We can talk about anything but you need more support, but me, I need a lot more support for what happened in my past." [TAY responding]: "Watching your mom get beat to death, it's not a good thing for a 10 year old.

·One of the groups recovery, a lot of the time they show a video that we seen over and over and over again, and it gets a little annoying after a while...

·Yeah there should be a group on relationships and how to have healthy ones. Yeah. (Participant 2 Interrupts): I have a husband and he beats on me, so.... (Participant 3 Interrupts): And I have a fiancé and I'm pregnant...

## Research Article Summary

### Effect of Providing Specific Services on Utilization of Mental Health Services Among Transitional Age Youth

Gilmer T, Ojeda V, Fawley-King K, Larson B, Garcia P.

In Press (2012), *Psychiatric Services*.

The San Diego County Adult and Older Adult Mental Health Services (AOAMHS) Managements Information System (MIS) was used in this study to examine client data. The purpose of this study was to examine changes in service use associated with providing age specific services for transitional age youths (age 18-24).

Methods: A quasi-experimental, difference-in-difference design with propensity score weighting was used to compare mental health service utilization (use of outpatient, inpatient, emergency, and justice system services) among 931 youths enrolled in transitional age youth specific outpatient programs to 1574 youths enrolled in standard adult outpatient programs in San Diego County, California from July 2004 through December 2009.

Results: Among youths enrolled in transitional age youth specific outpatient programs, mean annual outpatient mental health visits increased by 12.2 (P<.001) relative to youths enrolled in standard adult outpatient programs.

Conclusions: Provision of age specific services was associated with an increased use of outpatient mental health services. This study suggests that age specific programs were associated with increases in outpatient service use as compared to traditional adult outpatient mental health programs. Future research is needed to assess the effectiveness of age specific programs for transitional age youths, and how use of these programs relates to improved clinical, educational, and vocational outcomes over time.

Difference-in-Difference Estimates of Changes in Use of Mental Health Services Among Transitional Age Youth in the Twelve Months Prior and Twelve Months Post Enrollment in a Youth Specific Outpatient Program (TAY OP) compared to an Adult Outpatient Program (Adult OP) in San Diego County, 2005-2009.

	Standardized Estimate			Standardized Estimate with Inverse Probability Weighting		
	M	SE	p	M	SE	p
TAY OP vs. Adult OP						
Outpatient visits	12.2	.9	<.001	12.2	.9	<.001
Inpatient admissions	.04	.2	.780	.03	.2	.826
Emergency services	.09	.07	.172	.02	.06	.710
Jail service days	-.03	0.1	.874	.02	.1	.790

Note: M and SE are the standardized mean and its standard error, respectively. Standardized estimates were calculated using two-part regressions that adjusted for age, gender, race/ethnicity, clinical diagnosis, comorbid substance use disorder, and Medicaid coverage. Standard errors were calculated using the nonparametric bootstrap, and p-values were calculated using the percentile method.

## Research Article Summary

### Access to public mental health services among older adults with severe mental illness

Todd P. Gilmer, Ph.D., Victoria D. Ojeda, Ph.D., M.P.H., Dahlia Fuentes, M.P.H., M.S.W., Viviana Criado, M.P.A., and Piedad Garcia, Ed.D.

2008 *International Journal of Geriatric Psychiatry*, published online.

The San Diego County Adult and Older Adult Mental Health Services (AOAMHS) Managements Information System (MIS) was used in this study to examine client data. The purpose of this study was to investigate how older adults first access the mental health system, which could potentially inform intervention strategies.

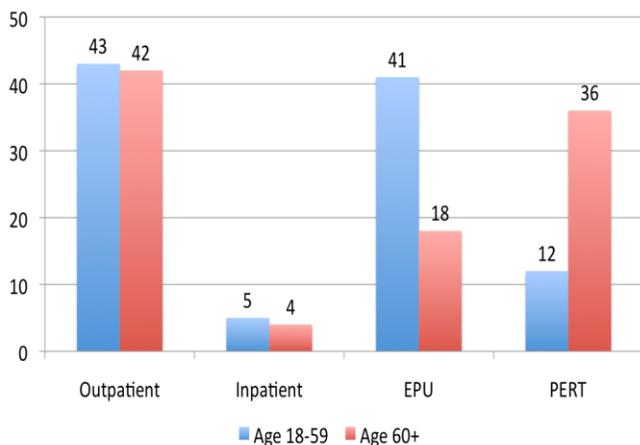
Older adults were defined as those age 60+. Emergency services were separated into EPU (psychiatric emergency unit) and PERT (psychiatric emergency response team). Inpatient services were defined as admissions to acute psychiatric inpatient and crisis residential facilities, and Outpatient services were defined as case management, individual or group therapy, and medication management.

Analyses aimed to compare type of services used in older adults vs. younger adults, and to investigate which type of service was most likely to be the point of access for older adults: emergency, inpatient, or Outpatient services.

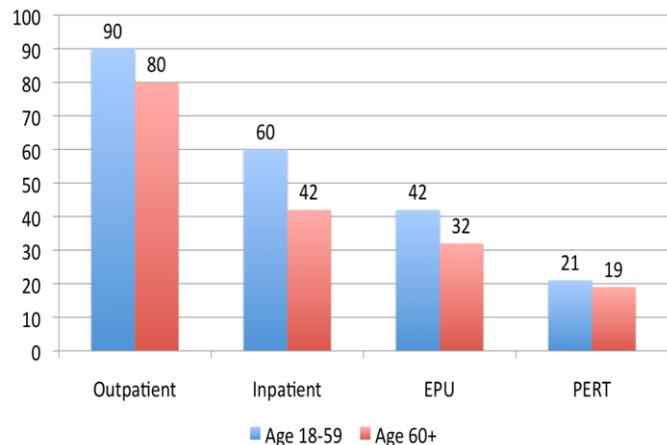
Results indicated that older adults were less likely to use inpatient care as point of contact when compared to younger adults. Older adults were also much less likely to use EPU emergency services as point of contact when compared to younger adults, but much more likely to use PERT response team emergency services. Researchers attribute the increased use of PERT in older adults as being partly due to the decrease in EPU use. However, older adults were also significantly less likely to receive follow up care when compared to younger adults. Additionally, only 48% of older adults compared to 61% of adults age 60 and under used follow up services within 90 days of initial contact.

The researchers suggest that the link between PERT and Outpatient providers be improved in order to support older adults to receive follow up care. They also suggest that specific programs and efforts be made at Outpatient programs to retain older adults. FSPs (Full Service Partnerships) are suggested as one way to improve these problems.

Percent Initiating by Type of Service



Percent Receiving Any Additional Service  
by Type of First Service



**Research Article Summary**

**Initiation and Use of Public Mental Health Services by Persons with Severe Mental Illness and Limited English Proficiency**

Todd P. Gilmer, Ph.D., Victoria D. Ojeda, Ph.D., M.P.H., David P. Folsom, M.D., M.P.H., Dahlia Fuentes, M.P.H., M.S.W., Piedad Garcia, Ed.D., and Dilip V. Jeste, M.D.

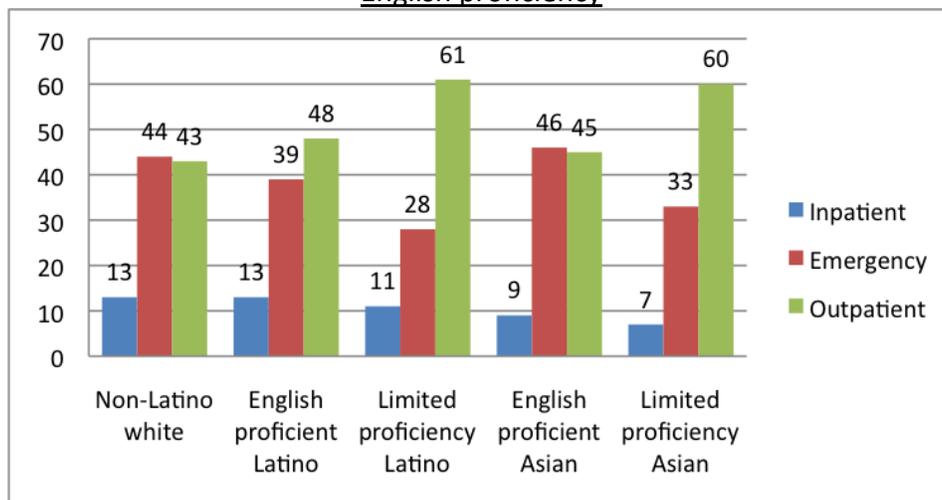
2007 *Psychiatric Services*, 58(12), 1555-1562.

The San Diego County Adult and Older Adult Mental Health Services (AOAMHS) Managements Information System (MIS) was used in this study to examine client data. Asian and Hispanic clients were identified and compared to Caucasian clients. Asian and Hispanic clients were also identified as either English speaking, or non English speaking. However, this was simply determined by the client’s preference for language spoken at their provider. The researchers refer to this as “English proficiency vs. limited English proficiency”.

The data were analyzed to compare use of emergency, inpatient, and Outpatient services between English speaking Asians vs. non English speaking Asians, English speaking Hispanics vs. non English speaking Hispanics, and all groups vs. Caucasians. The researchers hypothesized that the non English speaking groups would be more likely to use emergency services and less likely to use Outpatient services than the English speaking groups. It is important to note that the English speaking Asians and Hispanics had a higher prevalence of Schizophrenia and lower prevalence of Depression when compared to the non English speaking Asians and Hispanics.

Results indicated that, when looking at point of access and 6 month follow up, non English speaking Asians and Hispanics were more likely to use Outpatient services and less likely to use emergency services than English speaking Asians, Hispanics, and Caucasians. When looking at the 12 and 18 month follow up after initial point of access, there were no statistically significant differences in types of services (emergency, inpatient, or Outpatient) used between non English vs. English speaking Asians, Hispanics, and Caucasians.

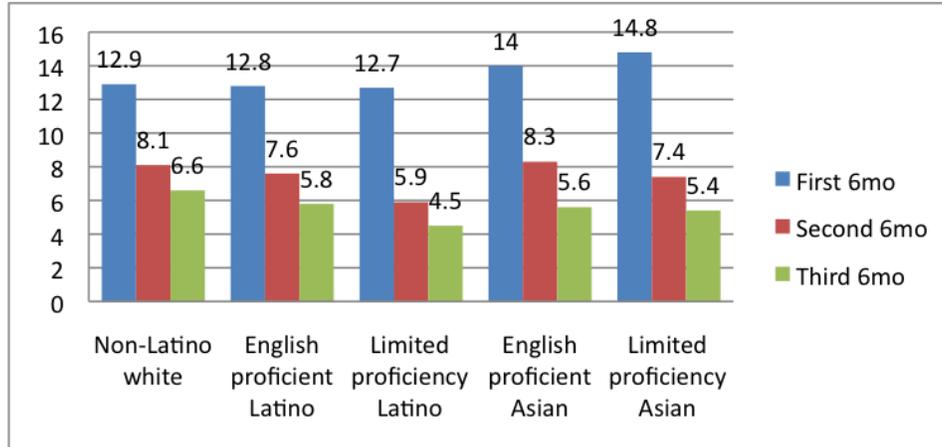
**Point of first contact (%) with the mental health system for non-Hispanic white, Hispanic, and Asian clients, by English proficiency**



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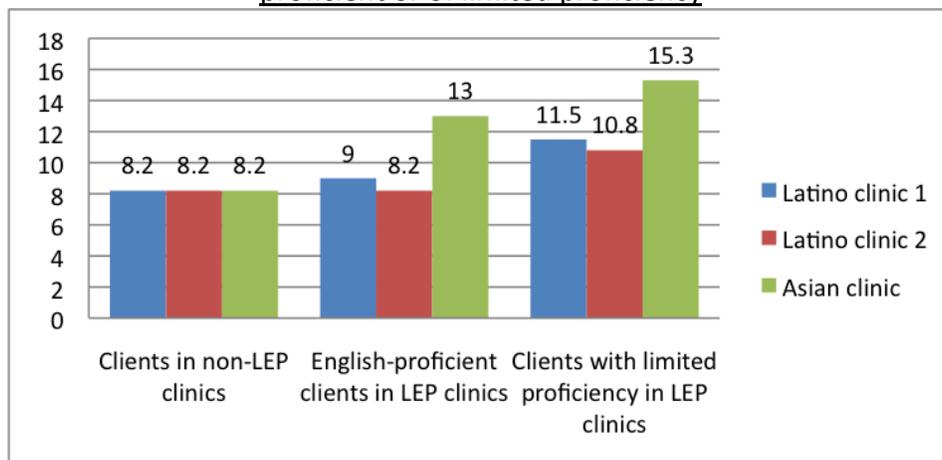
When looking specifically at number of Outpatient services used, non English speaking Hispanics used fewer Outpatient services compared to English speaking Hispanics, but number of Outpatient services used by non English speaking and English speaking Asians did not differ.

### Number of Outpatient mental health services visits in three six-month periods after first use of the system among non-Hispanic white, Hispanic, and Asian clients who were English proficient or of limited proficiency



Researchers found that 82% of non English speaking Asian clients received the majority of their services from a clinic that specialized in the Pan-Asian community, and that 32% of non English speaking Hispanic clients received the majority of their services from one of two clinics that specialized in the Hispanic community. Clients in these clinics, especially those who were non English speakers, were more likely to use Outpatient services than clients from other clinics.

### Number of Outpatient mental health visits at clinics serving large numbers of clients with limited English proficiency (LEP clinics) among 9,243 non-Hispanic white, Hispanic, and Asian clients who were English proficient or of limited proficiency



The researchers partly attribute these findings to the theory that non English speaking clients have higher levels of familial and other social support to help direct them to the right type of services (i.e. these bilingual clinics, or Outpatient services in general). The researchers suggest that these bilingual clinics are especially successful in supporting underserved clients (and clients in general) to use Outpatient rather than emergency type services, and that further funding and research should be directed toward these clinics.

## Progress Towards Reducing Disparities: A Report for San Diego County Mental Health

### Race/Ethnicity Determination

**How race/ethnicity is defined:**

Race/ethnicity data were collected from the InSyst (FY01-02 and FY06-07) and Anasazi (FY09-10) MIS systems. The two systems utilized different descriptors for certain racial/ethnic categories, which were then recoded into common labels to facilitate multi-year comparisons. The classification procedure for the purposes of this report follows the United States Census Bureau definitions of race. The term race/ethnicity reflects a social/cultural definition. The definition of race/ethnicity does not conform to any biological, anthropological or genetic criteria. Hispanic ethnicity is tracked separately than race. People who identify their origin as Spanish, Hispanic, or Hispanic are classified as Hispanic but may be of any race (i.e. White or African American). See the following website for further information: <http://www.census.gov/PressRelease/www/2001/raceqandas.html>

**Race/ethnicity mapping for InSyst and Anasazi Systems:**

Description in InSyst	Race/Ethnicity Determination in InSyst	Description in Anasazi	Race/Ethnicity Determination in Anasazi
African American	African American	Asian Indian	Asian
Amerasian	Asian	Black/AfricanAm	African American
Asian Indian	Asian	Cambodian	Asian
Cambodian	Asian	Chaldean	Other
Chinese	Asian	Chinese	Asian
Cuban	Hispanic	Cuban	Hispanic
Dominican	Hispanic	Dominican	Hispanic
Ethiopian	Other	Eskimo/AlaskanNative	Native American
Filipino	Asian	Ethiopian	Other
Guamanian	Asian	Filipino	Asian
Hawaiian Native	Asian	Guamanian	Asian
Hmong	Asian	HawaiianNative	Asian
Iranian	Other	Hmong	Asian
Iraqi	Other	Iranian	Other
Japanese	Asian	Iraqi	Other
Korean	Asian	Japanese	Asian
Laotian	Asian	Korean	Asian
Mexican American/Chicano	Hispanic	Laotian	Asian
Multiple	Other	Mexican American/Chicano	Hispanic
Native American	Native American	Mien	Asian
Other	Other	Native American	Native American
Other Asian	Asian	Other Asian	Asian
Other Hispanic	Hispanic	Other Hispanic Latino	Hispanic
Other Latin American	Hispanic	Other Non-White/Non-Caucasian	Other
Other Non-White	Other	Other Pacific Islander	Asian
Other Southeast Asian	Asian	Puerto Rican	Hispanic
Pacific Islander	Asian	Salvadoran	Hispanic
Puerto Rican	Hispanic	Samoaan	Asian
Salvadoran	Hispanic	Somali	Other
Samoaan	Asian	Sudanese	Other
Somali	Other	Unknown	Unknown
Sudanese	Other	Unknown/Not Reported	Unknown
Unknown	Unknown	Vietnamese	Asian
Vietnamese	Asian	White/Caucasian	White
White	White		

## Progress Towards Reducing Disparities: A Report for San Diego County Mental Health

### Glossary

200% FPL – Poverty level requirements to qualify for San Diego County mental health services; annual income for family of 2 less than \$29k.

Access – Having the necessary resources and ability to obtain mental health services.

AOAMHS – Adult and older adult mental health services; acronym for San Diego County adult mental health system.

CMHS – Children’s mental health services; acronym for San Diego County children’s mental health system.

Cultural Competency – Ability to interact effectively with people of different cultures and ethnicities.

Cultural Sensitivity – Awareness of cultural and ethnic differences, without judgments of right or wrong.

Disparities – Differences or inequalities between groups of people.

Emergency Services – One-time use services such as the psychiatric emergency room and psychiatric emergency response team.

Inpatient Services – Acute services, typically in psychiatric inpatient hospitals or crisis residential facilities.

Jail Services – Any mental health services offered to those serving Jail sentences.

JFS/Spectrum Services – Services provided through the JFS and Spectrum programs. These services are typically delivered to Probation-involved youth, and are not entered into the INSYST billing system.

Outpatient Services – Services such as case management, individual or group therapy, and medication management.

Penetration –The degree to which services are used.

Racial/Ethnic Identity – Identifying with a specific racial or ethnic group.

Retention – The ability to retain clients in services for a desired or necessary amount of time to maximize treatment effects.

Self-Awareness –Being aware of one’s own thoughts and the impact those thoughts or actions derived from those thoughts may have on other people.

Utilization –The manner in which a service is used.

## APPENDIX A: Tabular data used for figures

NOTE: \*An algorithm based on the 2007-2009 California Health Interview Survey (CHIS) estimates of the proportional representation of the population who were uninsured or Medi-Cal/Medicare, and were under 200% of the federal poverty level was used to estimate the eligible population for each ethnicity and age category. This resulted in a constant for each category that was applied against the population estimate from the most recent census data to derive the estimates for the eligible target population.

Progress Towards Reducing Disparities: A Report for San Diego County Mental Health

**Table 1. Adult and Older Adult Penetration Rates by Client Age by Service Type\***

Adult and Older Adult Penetration Rates by Age for Service Types									
All Services	POTENTIAL CLIENTS			ACTUAL CLIENTS			PENETRATION RATE		
	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10
<18-24	74,552	76,425	79,875	5,232	5,061	6,514	7.0%	6.6%	8.2%
25-59	242,191	248,273	259,482	30,651	29,725	32,163	12.7%	12.0%	12.4%
60+	64,543	66,164	69,151	3,118	3,338	4,706	4.8%	5.0%	6.8%
TOTAL	381,287	390,862	408,508	39,001	38,124	43,383	10.2%	9.8%	10.6%

Excluding persons only receiving services in jails	POTENTIAL CLIENTS			ACTUAL CLIENTS			PENETRATION RATE		
	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10
<18-24	74,552	76,425	79,875	3,913	3,725	4,835	5.2%	4.9%	6.1%
25-59	242,191	248,273	259,482	25,489	24,222	26,145	10.5%	9.8%	10.1%
60+	64,543	66,164	69,151	3,000	3,168	4,434	4.6%	4.8%	6.4%
TOTAL	381,287	390,862	408,508	32,402	31,115	35,414	8.5%	8.0%	8.7%

Including only persons receiving outpatient services	POTENTIAL CLIENTS			ACTUAL CLIENTS			PENETRATION RATE		
	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10
<18-24	74,552	76,425	79,875	2,413	2,502	2,986	3.2%	3.3%	3.7%
25-59	242,191	248,273	259,482	20,620	19,204	20,346	8.5%	7.7%	7.8%
60+	64,543	66,164	69,151	2,252	2,438	3,424	3.5%	3.7%	5.0%
TOTAL	381,287	390,862	408,508	25,285	24,144	26,756	6.6%	6.2%	6.5%

\*Excluding services provided while in Jail allows for the examination of penetration rates uninfluenced by mandatory services such as provided as part of the justice system.

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**Table 2. Adult and Older Adult Penetration Rates by Race/Ethnicity\* by Service Type\*\***

Adult and Older Adult Penetration Rates by Race / Ethnicity for Service Types									
All Services	POTENTIAL CLIENTS			ACTUAL CLIENTS			PENETRATION RATE		
	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10
White	68,180	69,892	73,047	22,991	19,716	22,077	33.7%	28.2%	30.2%
Hispanic	190,506	195,290	204,106	6,660	8,242	8,801	3.5%	4.2%	4.3%
African American	24,211	24,819	25,939	4,323	4,723	5,310	17.9%	19.0%	20.5%
Asian / Pacific Islander	27,591	28,284	29,561	1,686	2,242	2,452	6.1%	7.9%	8.3%
Native American	6,256	6,413	6,703	223	227	318	3.6%	3.5%	4.7%
TOTAL	316,744	324,698	339,356	35,883	35,150	38,958	11.3%	10.8%	11.5%

Excluding persons only receiving services in jails	POTENTIAL CLIENTS			ACTUAL CLIENTS			PENETRATION RATE		
	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10
White	68,180	69,892	73,047	19,092	16,415	17,897	28.0%	23.5%	24.5%
Hispanic	190,506	195,290	204,106	5,465	6,363	7,183	2.9%	3.3%	3.5%
African American	24,211	24,819	25,939	3,132	3,310	3,809	12.9%	13.3%	14.7%
Asian / Pacific Islander	27,591	28,284	29,561	1,536	1,676	2,236	5.6%	5.9%	7.6%
Native American	6,256	6,413	6,703	177	183	275	2.8%	2.9%	4.1%
TOTAL	316,744	324,698	339,356	29,402	27,947	31,400	9.3%	8.6%	9.3%

Including only persons receiving outpatient	POTENTIAL CLIENTS			ACTUAL CLIENTS			PENETRATION RATE		
	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10
White	68,180	69,892	73,047	14,900	12,528	13,034	21.9%	17.9%	17.8%
Hispanic	190,506	195,290	204,106	4,308	5,131	5,444	2.3%	2.6%	2.7%
African American	24,211	24,819	25,939	2,396	2,465	2,801	9.9%	9.9%	10.8%
Asian / Pacific Islander	27,591	28,284	29,561	1,299	1,431	1,866	4.7%	5.1%	6.3%
Native American	6,256	6,413	6,703	130	151	222	2.1%	2.4%	3.3%
TOTAL	316,744	324,698	339,356	23,033	21,706	23,367	7.3%	6.7%	6.9%

\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (38,958 clients). An additional 4,425 clients (10%) were of 'other' or 'unknown' race/ethnicity.

\*\*Excluding services provided while in Jail allows for the examination of penetration rates uninfluenced by mandatory services such as provided as part of the justice system.

## Progress Towards Reducing Disparities: A Report for San Diego County Mental Health

**Table 3. Children and Youth Penetration Rates by Client Age**

Children and Youth Penetration Rates by Age									
AGE	POTENTIAL CLIENTS			ACTUAL CLIENTS			PENETRATION RATE		
	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10
0 - 5	78,728	80,705	84,348	1,294	1,850	2,075	1.6%	2.3%	2.5%
6 - 11	76,077	77,987	81,508	6,146	4,959	5,129	8.1%	6.4%	6.3%
12 - 17	70,778	72,555	75,830	8,410	9,684	9,623	11.9%	13.3%	12.7%
TOTAL	225,583	231,247	241,687	15,850	16,493	16,827	7.0%	7.1%	7.0%

**Table 4. Children and Youth Penetration Rates by Race/Ethnicity\***

Children and Youth Penetration Rates by Race / Ethnicity									
Race / Ethnicity	POTENTIAL CLIENTS			ACTUAL CLIENTS			PENETRATION RATE		
	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10	2001-02	2006-07	2009-10
White	28,660	29,379	30,705	8,082	4,590	4,198	28.2%	15.6%	13.7%
Hispanic	159,771	163,783	171,177	4,549	8,354	8,990	2.8%	5.1%	5.3%
African American	19,799	20,296	21,212	2,446	2,515	2,318	12.4%	12.4%	10.9%
Asian / Pacific Islander	12,757	13,077	13,667	587	420	464	4.6%	3.2%	3.4%
Native American	4,597	4,712	4,925	186	112	125	4.0%	2.4%	2.5%
TOTAL	225,584	231,247	241,687	15,850	15,991	16,095	7.0%	6.9%	6.7%

\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (16,095 clients). An additional 3,126 clients (18%) were of 'other' or 'unknown' race/ethnicity.

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**Table 5. Adult and Older Adult Outpatient Retention Rates (number of visits) by Client Age**

Adult and Older Adult Retention Rates by Age										
AGE	Number of Visits									
	1		2-3		4-7		8+		Overall	
	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate
<18-24	416	13.9%	548	18.4%	642	21.5%	1,380	46.2%	2,986	100%
25-59	1,863	9.2%	2,701	13.3%	4,867	23.9%	10,915	53.6%	20,346	100%
60+	336	9.8%	435	12.7%	842	24.6%	1,811	52.9%	3,424	100%
<b>TOTAL</b>	<b>2,615</b>	<b>9.8%</b>	<b>3,684</b>	<b>13.8%</b>	<b>6,351</b>	<b>23.7%</b>	<b>14,106</b>	<b>52.7%</b>	<b>26,756</b>	<b>100%</b>

**Table 6. Adult and Older Adult Outpatient Retention Rates (number of visits) by Race/Ethnicity\***

Adult and Older Adult Retention Rates by Ethnicity										
Race / Ethnicity	Number of Visits									
	1		2-3		4-7		8+		Overall	
	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate
White	1,139	8.7%	1,640	12.6%	2,893	22.2%	7,362	56.5%	13,034	100%
Hispanic	564	10.4%	744	13.7%	1,129	20.7%	3,007	55.2%	5,444	100%
African American	237	8.5%	365	13.0%	605	21.6%	1,594	56.9%	2,801	100%
Asian / Pacific Islander	136	7.3%	216	11.6%	648	34.7%	866	46.4%	1,866	100%
Native American	26	11.7%	27	12.2%	45	20.3%	124	55.9%	222	100%

\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (38,958 clients). An additional 4,425 clients (10%) were of 'other' or 'unknown' race/ethnicity.

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**Table 7. Children and Youth Retention Rates (number of sessions) by Client Age**

AGE	Children and Youth Retention Rates by Age									
	Number of Sessions									
	1		2-5		6-9		10+		Overall	
	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate
<b>0-5</b>	962	46.5%	313	15.1%	204	9.9%	592	28.6%	2,071	100%
<b>6-11</b>	359	7.0%	991	19.3%	639	12.5%	3,133	61.2%	5,122	100%
<b>12-17</b>	617	6.6%	1,816	19.5%	1,195	12.8%	5,703	61.1%	9,331	100%
<b>18+</b>	66	9.1%	175	24.1%	98	13.5%	388	53.4%	727	100%
<b>TOTAL</b>	2,004	11.6%	3,295	19.1%	2,136	12.4%	9,816	56.9%	17,251	100%

**Table 8. Children and Youth Retention Rates (number of sessions) by Race/Ethnicity\***

Race / Ethnicity	Children and Youth Retention Rates by Race / Ethnicity									
	Number of Sessions									
	1		2-5		6-9		10+		Overall	
	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate
<b>White</b>	364	8.8%	719	17.5%	501	12.2%	2,531	61.5%	4,115	100%
<b>Hispanic</b>	923	10.5%	1,695	19.3%	1,095	12.5%	5,078	57.8%	8,791	100%
<b>African American</b>	182	8.1%	400	17.9%	271	12.1%	1,381	61.8%	2,234	100%
<b>Asian / Pacific Islander</b>	44	9.8%	85	18.9%	65	14.5%	255	56.8%	449	100%
<b>Native American</b>	11	9.0%	21	17.2%	15	12.3%	75	61.5%	122	100%

\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (16,095 clients). An additional 3,126 clients (18%) were of 'other' or 'unknown' race/ethnicity.

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**Table 9. Adult and Older Adult Type of Service Used by Age**

	Adult and Older Adult Service Type by Age							
	Outpatient		Inpatient/Emergency		Jail Only		TOTAL	
	Clients	%	Clients	%	Clients	%	Clients	%
<b>&lt;18-24</b>	2,986	45.9%	1,846	28.4%	1,679	25.8%	6,511	100.0%
<b>25-59</b>	20,346	63.3%	5,754	17.9%	6,018	18.7%	32,118	100.0%
<b>60+</b>	3,424	73.2%	982	21.0%	272	5.8%	4,678	100.0%
<b>TOTAL</b>	26,756	61.8%	8,582	19.8%	7,969	18.4%	7,969	100.0%

**Table 10. Adult and Older Adult Type of Service Used by Race/Ethnicity\***

Race / Ethnicity	Adult and Older Adult Service Type by Race / Ethnicity							
	Outpatient		Inpatient/Emergency		Jail Only		TOTAL	
	Clients	%	Clients	%	Clients	%	Clients	%
<b>White</b>	13,034	59.2%	4,815	21.9%	4,180	19.0%	22,029	100.0%
<b>Hispanic</b>	5,444	62.0%	1,724	19.6%	1,618	18.4%	8,786	100.0%
<b>African American</b>	2,801	52.8%	998	18.8%	1,501	28.3%	5,300	100.0%
<b>Asian / Pacific Islander</b>	1,866	76.2%	368	15.0%	216	8.8%	2,450	100.0%
<b>Native American</b>	222	69.8%	53	16.7%	43	13.5%	318	100.0%

\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (38,958 clients). An additional 4,425 clients (10%) were of 'other' or 'unknown' race/ethnicity.

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**Table 11. Children and Youth Type of Service Used by Age**

	Children and Youth Service Type by Age							
	Outpatient		Inpatient/ESU		JFS Only		TOTAL	
	Clients	%	Clients	%	Clients	%	Clients	%
<b>0-5</b>	2,070	99.8%	1	0.0%	4	0.2%	2,075	100.0%
<b>6-11</b>	5,066	98.8%	56	1.1%	7	0.1%	5,129	100.0%
<b>12-17</b>	9,035	93.9%	297	3.1%	291	3.0%	9,623	100.0%
<b>18+</b>	710	85.4%	17	2.0%	104	12.5%	831	100.0%
<b>TOTAL</b>	16,881	95.6%	371	2.1%	406	2.3%	17,658	100.0%

**Table 12. Children and Youth Type of Service Used by Race/Ethnicity\***

Race / Ethnicity	Children and Youth Service Type by Race / Ethnicity							
	Outpatient		Inpatient/ESU		JFS Only		TOTAL	
	Clients	%	Clients	%	Clients	%	Clients	%
<b>White</b>	4,018	95.7%	97	2.3%	83	2.0%	4,198	100.0%
<b>Hispanic</b>	8,605	95.7%	187	2.1%	198	2.2%	8,990	100.0%
<b>African American</b>	2,194	94.7%	40	1.7%	84	3.6%	2,318	100.0%
<b>Asian / Pacific Islander</b>	428	92.2%	21	4.5%	15	3.2%	464	99.9%
<b>Native American</b>	121	96.8%	1	0.8%	3	2.4%	125	100.0%

\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (16,095 clients). An additional 3,126 clients (18%) were of 'other' or 'unknown' race/ethnicity.

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**Table 13. Adult and Older Adult Distribution of Diagnoses by Race/Ethnicity\***

Primary Diagnosis	Adult and Older Adult Diagnosis Distribution by Race / Ethnicity									
	White		Hispanic		African American		Asian / Pacific Islander		Native American	
	Clients	%	Clients	%	Clients	%	Clients	%	Clients	%
Schizophrenia and Schizoaffective	4,018	22.9%	1,526	21.8%	1,326	31.4%	612	29.6%	65	23.3%
Bipolar Disorders	3,028	17.3%	705	10.1%	430	10.2%	145	7.0%	47	16.8%
Major Depression Disorders	3,873	22.1%	1,826	26.1%	683	16.2%	747	36.1%	70	25.1%
Other Psychotic Disorders	883	5.0%	500	7.1%	466	11.1%	154	7.5%	16	5.7%
Other Depression / Adjustment	3,100	17.7%	1,445	20.6%	766	18.2%	237	11.5%	46	16.5%
Anxiety Disorders	1,232	7.0%	550	7.8%	202	4.8%	115	5.6%	24	8.6%
Substance Use Disorders	1,275	7.3%	430	6.1%	318	7.5%	49	2.4%	10	3.6%
Cognitive / Personality Disorders	111	0.6%	26	0.4%	26	0.6%	8	0.4%	1	0.4%
<b>TOTAL</b>	<b>17,520</b>	<b>100%</b>	<b>7,008</b>	<b>100%</b>	<b>4,217</b>	<b>100%</b>	<b>2,067</b>	<b>100%</b>	<b>279</b>	<b>100%</b>

\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (38,958 clients). An additional 4,425 clients (10%) were of 'other' or 'unknown' race/ethnicity.

**Table 14. Children and Youth Distribution of Diagnoses by Race/Ethnicity**

Primary Diagnosis	Children and Youth Diagnosis Distribution by Race / Ethnicity									
	White		Hispanic		African American		Asian / Pacific		Native American	
	Clients	%	Clients	%	Clients	%	Clients	%	Clients	%
ADHD	716	19.8%	982	13.0%	365	18.9%	59	15.5%	16	15.4%
Oppositional/Conduct disorders	618	17.1%	1,693	22.5%	478	24.7%	58	15.2%	16	15.4%
Depressive disorders	631	17.4%	1,615	21.4%	286	14.8%	88	23.1%	21	20.2%
Bipolar disorders	436	12.0%	413	5.5%	170	8.8%	34	8.9%	9	8.7%
Anxiety disorders	360	9.9%	783	10.4%	148	7.7%	37	9.7%	13	12.5%
Adjustment disorders	513	14.2%	1,366	18.1%	327	16.9%	68	17.8%	22	21.2%
Schizophrenic disorders	22	0.6%	89	1.2%	19	1.0%	11	2.9%	0	0.0%
Other Disorders	271	7.5%	476	6.3%	118	6.1%	20	5.2%	5	4.8%
Excluded	54	1.5%	116	1.5%	23	1.2%	6	1.6%	2	1.9%
<b>TOTAL</b>	<b>3,621</b>	<b>100%</b>	<b>7,533</b>	<b>100%</b>	<b>1,934</b>	<b>100%</b>	<b>381</b>	<b>100%</b>	<b>104</b>	<b>100%</b>

\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (16,095 clients). An additional 3,126 clients (18%) were of 'other' or 'unknown' race/ethnicity.

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**Table 15. Adult and Older Adult Insurance Rates by Race/Ethnicity**

Insurance Type	Adult and Older Adult Insurance Status by Race / Ethnicity									
	White		Hispanic		African American		Asian / Pacific		Native American	
	Clients	%	Clients	%	Clients	%	Clients	%	Clients	%
<b>Uninsured/Unknown</b>	10,424	47.2%	3,817	43.4%	2,143	40.4%	792	32.3%	139	43.7%
<b>Medi-Cal Only</b>	7,095	32.1%	3,788	43.0%	2,295	43.2%	1,185	48.3%	131	41.2%
<b>Medi-Cal + Medicare</b>	3,778	17.1%	888	10.1%	738	13.9%	409	16.7%	39	12.3%
<b>Medicare Only</b>	252	1.1%	40	0.5%	30	0.6%	10	0.4%	2	0.6%
<b>Private</b>	528	2.4%	268	3.0%	104	2.0%	56	2.3%	7	2.2%
<b>TOTAL</b>	22,077	100.0%	8,801	100.0%	5,310	100.0%	2,452	100.0%	318	100.0%

\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (38,958 clients). An additional 4,425 clients (10%) were of 'other' or 'unknown' race/ethnicity.

**Table 16. Children and Youth Insurance Rates by Race/Ethnicity**

Insurance Type	Children and Youth Insurance Status by Race / Ethnicity									
	White		Hispanic		African American		Asian / Pacific		Native American	
	Clients	%	Clients	%	Clients	%	Clients	%	Clients	%
<b>Medi-Cal Only</b>	2,851	67.9%	7,362	81.9%	1,966	84.8%	334	72.0%	99	79.2%
<b>Any Private Insurance</b>	574	13.7%	489	5.4%	153	6.6%	61	13.1%	8	6.4%
<b>Other Insurance</b>	181	4.3%	466	5.2%	32	1.4%	22	4.7%	3	2.4%
<b>Unknown/Uninsured</b>	592	14.1%	673	7.5%	167	7.2%	47	10.1%	15	12.0%
<b>TOTAL</b>	4,198	100.0%	8,990	100.0%	2,318	100.0%	464	100.0%	125	100.0%

\*For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnic categories are reported (16,095 clients). An additional 3,126 clients (18%) were of 'other' or 'unknown' race/ethnicity.