CULTURAL COMPETENCE PLAN 2010

A P P E N D I X

COUNTY OF SAN DIEGO MENTAL HEALTH SERVICES
SEPTEMBER 2010

APPENDIX

Criterion 1

Adult System of Care Guiding Principles	1.I.A.1
Children's System of Care Guiding Principles	1.I.A.2
Cultural Competence Section of Organizational Provider Handbook	1.I.A.3-9

Criterion 2

Gap Analysis	2.III.B.1-15
Progress Towards Reducing Disparities: 5-Year Comparison Report	2.III.B.16-81

Criterion 3

Identified Disparities Table	3.II.A.1-5
MHSA/CSS Programs – Objectives/Actions/Timelines	3.III.B.IV.1-19
MHSA PEI Programs and Services	3.III.B.V.1-8
Recovery Self-Assessment (RSA)	3.V.B.1-14

Criterion 4

Policy & Procedure 01-01-207: Cultural Competence Resource Team (CCRT)	4.II.A.1-2
Policy & Procedure 01-01-203: Assuring Availability of Culturally Competent Services	4.II.A.3-6
CCRT Meeting Minutes: All	4.II.A.7-43
CCRT Meeting Minutes: 9/09	4.II.A.29-32
CCRT Meeting Minutes: 12/07, 5/08, 1/10	4.II.A.9-16 and 33-34
CCRT Meeting Minutes: 11/07, 12/07, 7 thru 9/08	4.II.A.7-12 and 17-28
CCRT Meeting Minutes: 7/08 and 8/08	4.II.A.17-24
CCRT Meeting Minutes: 6/10	4.II.A.35-36
CCRT Meeting Minutes: 11/07, 12/07, 5/08 and 7 thru 9/08, 9/09, 1/10	4.II.A.7-34

Criterion 5

CC-PAS – Program Annual Self-Evaluation	5.I.A.1-8
CBMCS – California Brief Multicultural Competence Scale	5.I.A.9-10
3-Year Training Plan for FY10-11 and 12-13	5.I.A.11-17
Cultural Competence Training Report	5.II.B.1-10
Training Evaluation Samples	5.III.A.1-3

Criterion 6

None

Criterion 7

Quick Guides in English and Threshold Languages	7.II.B.1-30
Examples of Client Records and Services Provided by Contractors in Threshold Languages AND Sample of Documentation that Findings/Reports Are Communicated in Client's Preferred Language	7.II.C.1-23
Sample Invoice from Interpreters Unlimited	7.III.B.1
Child & Adult Programs Oral Language Proficiency by Position Type	7.III.C.1-2
Sample Staff Schedules	7.III.C.3-5
Policy & Procedure 01-02-202: Provision of Culturally and Linguistically Appropriate Services	7.IV.A.1-4
Reports on Youth and Adult Satisfaction Surveys	7.V.C.1-25

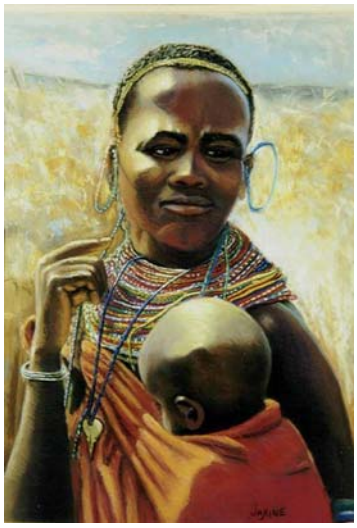
Criterion 8

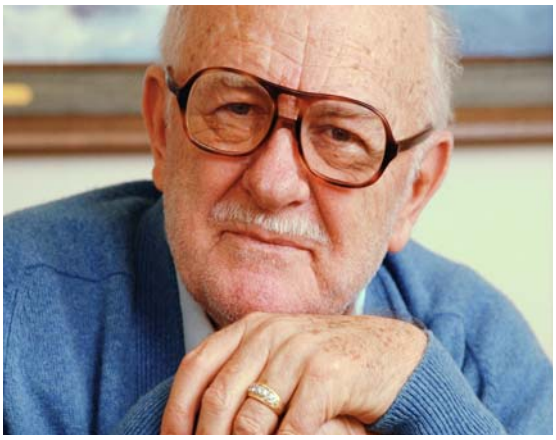
Directory of BHS Providers	8.II.A.1-103
Policy & Procedure 01-06-207: Grievances & Appeals	8.IV.C.1-4

CRITERION 1

COUNTY OF SAN DIEGO MENTAL HEALTH SYSTEM

COMMITMENT TO CULTURAL COMPETENCE





CRITERION 1 – COMMITMENT TO CULTURAL COMPETENCE

Adult System of Care Guiding Principles	1.I.A.1
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Guiding Principles of the Adult and Older Adult System of Care

The AOAMHS System of Care is based on Biopsychosocial and Rehabilitation (BPSR) principles that have proven to be effective in reducing psychiatric hospitalization and assisting mental health clients to become more productive community members. BPSR guiding principles specify that services are :

- Client centered;
- Comprehensive and integrated with a broad array of services;
- Individualized, culture-centered, and built upon client's strengths;
- Provided in the least restrictive and most appropriate setting;
- Coordinated both at the system and service delivery levels;
- Delivered with clients as full partners in their treatment and care;
- Protective of client rights.

Following these guiding principles, the BPSR Center's program shall provide bio-psychosocial rehabilitation and recovery services which are comprehensive, culturally competent, age and developmentally appropriate, and which exemplify evidence based and best practices in psychiatric, vocational, nursing, social skill and illness management techniques, and which provide activities tailored to individual client's needs and choices within their cultural context.

The objective is to improve clients' competencies for a quality life in the community by offering services which not only eliminate or alleviate client symptomology, but enable clients to manage their illness within a recovery and strength based context. BPSR Centers shall promote wellness and recovery by providing a user-friendly environment that is welcoming to clients of diverse cultural backgrounds and to others significant in these clients' lives. The Centers shall be an integral part of their regional communities, and places which encourage family members, local citizens and former clients to volunteer their talents to enrich their rehabilitation and recovery activities.

The mission and principles of the organization are a yardstick against which to measure outcomes. Consumers (clients and family members) of mental health services are valued members of the community.

Treatment and care shall be client centered and:

- Planned in consideration of the client's individual goals, diverse needs, concerns, strengths, and motivations.
- Culturally, linguistically, and developmentally appropriate to the client.
- Based on a continuing analysis of the client's need and be flexible enough to incorporate new information and new technology.
- Planned and delivered in a quality-based, cost-effective manner.
- Mental health services must build on the assets of the clients and their support systems(family and friends).
- Priority must be given to the development of services in the community.

Revised: May 2005

CHILDREN'S SYSTEM OF CARE PRINCIPLES

CSOC Council Vision: *San Diego children and youth are healthy, safe, successful in school, and law abiding, while living in a home and community that supports strong family connections.*

Mission: *The purpose of the System of Care Council is to ensure that all agencies serving San Diego county children have coordinated services resulting in improved child, family, and system outcomes consistent with System of Care Values and Principles.*

1. **Collaboration of four sectors:** The cornerstone of the Children's System of Care is a strong partnership between families/youth, public agencies, private organizations and education.

2. **Integrated:** Services are coordinated between the four sectors, respond to the multiple needs of children/youth/families/care-givers, are coordinated with multiple systems-both formal and informal; ensure an appropriate and clear transition between levels of care and between the youth and adult mental health systems of care. Services strive to be seamless and easily accessible.

3. **Child/youth focus, family centered:** Service delivery, service planning, program, and policy development include the full participation of families/care-givers and their children/youth.

4. **Individualized:** Services are designed to meet the unique set of needs and build on the unique strengths for each child/youth/family/care-giver. Services are guided by an individualized service plan, which is comprehensive and responds to the evolving needs.

5. **Strength-based:** Plans and services identify and build on strengths, which help facilitate the child/youth/family/care-givers' attainment of goals.

6. **Community-based**: A continuum of care is identified, developed and provided in the local region where the child/youth/family/care-giver lives.

7. **Outcome driven**: Outcomes for children/youth/families/care-givers and service delivery systems are clearly stated, measurable, and used to drive decisions to further improve outcomes for the CSOC.

8. **Culturally Competent:** Services are culturally, linguistically and developmentally appropriate.

H. CULTURAL COMPETENCE

Cultural Competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family member providers, and professionals that enables that system, agency or those professionals, consumer, and family member providers to work effectively in cross-cultural situations.

History and Background

Cultural norms, values, beliefs, customs and behaviors may influence the manifestation of mental health problems, the use of appropriate levels of care/services, the course of treatment and the successful attainment of positive outcomes. The County's demographic dynamics combined with the recognition that culture is a key factor in service delivery pose an ongoing challenge for the MHP and its contracted mental health care providers. The 2000 United States Census reports that racially and ethnically diverse groups comprised 25% of the total population, with continued growth expected. The demographics for San Diego County reveal magnification of that trend. According to the San Diego Association of Governments (SANDAG) growth forecast, ethnically diverse populations will increase from 40% of the population of San Diego County in 2000 to 51% in the year 2020.

As the diversity of the population continues to increase, the 2003 –2004 Cultural Competence Plan San Diego County Mental Health noted an increase in the number of Medi-Cal mental health clients from various minority populations, but found minority populations under-represented among total mental health clients. For example, as of 2002, 26% of the County population was Hispanic, but only 12% of the mental health clients are from this ethnic group and only approximately 13% of direct service providers. A disparity was also found between the number of minority clients participating in the Medi-Cal program and the number of clinicians available with self-assessed proficiency in needed cultural specialties.

The Cultural Competence Plan reports that in addition to changing demographics related to ethnicity and race, age demographics are changing in the county and will affect service demands. The child population is the most rapidly increasing portion of the population. The number of older adults living in San Diego is also growing, with 18% of the target population being 56 plus years of age.

Cultural Competence Plan

To address these issues in the 2003-2004 Cultural Competence Plan, the MHP set the following objectives to improve cultural competence in the provision of mental health services:

1) Conduct an ongoing evaluation of the level of cultural competence of the mental health system, to be based on an analysis of gaps in services that are identified by comparing the target population to provider staffing

2) Investigate possible methods to mitigate identified service gaps
3) Enhance cultural competence training system-wide
4) Evaluate the need for linguistically competent services through monitoring usage of interpreter services
5) Evaluate system capability for providing linguistically competent services through monitoring organizational providers and FFS capacities, compared to both threshold and non-threshold language needs
6) Study and address access to care issues for underserved populations.

Current Standards and Requirements

To meet State and County requirements, providers are required to maintain and reflect linguistic and cultural competence through all levels of their organization in their policies, procedures, and practices. Providers must ensure that program staff is representative of, and knowledgeable about, the clients' culturally diverse backgrounds and that programs are reflective of the specific cultural patterns of the service region.

Clinical Practice Standards:

The Culturally Competent Clinical Practice Standards currently utilized by SDCMHS were originally written in 1998. These standards have been revised by the Cultural Competence Resource Team (CCRT) in order to ensure that the Clinical Practice Standards would: 1) promote and encourage values and approaches that are necessary for the support and development of culturally competent practices; 2) increase and improve knowledge and understanding of concepts and information critical for the development and implementation of culturally competent practice, and; 3) establish goals for the development/improvement of practice skills of all members in the system to ensure that cultural competence is an integral part of service delivery at all levels.

The revised standards are as follows:

1) Providers engage in a culturally competent community needs assessment.
2) Providers engage in community outreach to diverse communities based on the needs assessment.
3) Providers create an environment that is welcoming to diverse communities.
4) Staffing at all levels, clinical, clerical, and administrative, shall be representative of the community served.
5) There is linguistic capacity & proficiency to communicate effectively with the population served.
6) Use of interpreter services is appropriate and staff is able to demonstrate ability to work with interpreters as needed.
7) Staff shall demonstrate knowledge of diversity within ethnic and cultural groups in terms of social class, assimilation, and acculturation.

8) Staff shall demonstrate knowledge about a) specific cultural features that may be present in various disorders, b) culture-bound syndromes, c) cultural explanations of illness, d) help seeking behaviors, include faith-based, in diverse populations, and e) appreciation for traditional ethnic and cultural healing practices.
9) Cultural factors are integrated into the clinical interview and assessment.
10) Staff take into consideration the potential bias present in clinical assessment instruments and critically interpret findings within the appropriate cultural, linguistic and life experiences context of the client.
11) Culture-specific consideration consistent with the cultural values and life experiences of the client shall be integral in the intervention and shall be reflected in progress notes, treatment planning and discharge planning.
12) Psychiatrists consider the role of cultural factors (ethnopsychopharmarcology) in providing medication services.
13) Providers promote an environment that encourages staff to conduct self-assessment as a learning tool.
14) Staffs actively seek out educational, consultative and multicultural experiences, including a minimum of 4 hours of cultural competence training annually.

Staffing Requirements:
To support the cultural competence standards, providers are required to take the following steps:

1. Develop policies and procedures that support culturally competent services and provide training to staff.
2. Contractors are encouraged to provide a Human Resource Plan (e.g. Cultural Competence Plan) that includes how contractor will recruit, hire and retain bilingual and culturally diverse staff.
3. Staff should reflect the specific cultural patterns of the region to the maximum extend possible.
4. Providers are to recruit staff who can meet the language needs of their clients.
5. Include in job applications questions regarding experience in working with ethnic/minority clients, and/or culture communities for direct service or interpreting positions.
6. Establish a method or process for ensuring that staff who indicate they are bi/multi-lingual have the language capability to appropriately communicate ideas, concerns, and rationales.
7. Contractor shall ensure that program staff is knowledgeable of the culturally diverse backgrounds of the clients.
8. Establish a method or process for ensuring that staff who indicate they are bi/multi-cultural have knowledge of culturally appropriate evaluation, diagnosis, treatment, referral resources, and familiarity with culturally variant beliefs regarding mental illness.
9. Require that at a minimum, all provider staff, including support staff dealing with clients or anyone who provides interpreter services, must participate in at least four (4) hours of cultural competence training per year. Training may include attending lectures, written

coursework, review of published articles, web training, viewed videos, or attended a conference can count the amount of time devoted to cultural competence enhancement. A record of annual minimum four hours of training shall be maintained at the program site.
10. Train direct services staff on MHP Cultural Competence Clinical Practice Standards and establish a process for monitoring adherence to the standards.

Cultural/Ethnicity Requirements:

Consumers must be given an initial choice of the person who will provide specialty mental health services, including the right to use culturally specific providers. Providers are also reminded that whenever feasible and at the request of the beneficiary, clients have the right to request a change of providers.

Language Requirements:

Services should be provided in the client's preferred language. Providers are required to inform individuals with limited English proficiency in a language they understand that they have a right to free language assistance services. There shall not be the expectation that family members provide interpreter services, including the use of minor children. A consumer may still choose to use a family member or friend as an interpreter, only after first being informed of the availability of free interpreter services. The offer of interpreter services and the client's response must be documented.

Progress notes shall indicate when services are provided in a language other than English. Providers are also reminded that, whenever feasible and at the request of the beneficiary, consumers must be given an initial choice of or the ability to change the person who will provide specialty mental health services, including the right to use linguistically specific providers.

Some county and contracted programs are Mandated Key Points of Contact. As a Mandated Key Point of Contact, the program must have staff or interpretation available to clients during regular operating hours that are linguistically proficient in the mandated threshold languages. The Access and Crisis Line, the EPU, and the Center for Community Health Education and Advocacy are Mandated Key Points of Entry for all threshold languages. In addition the following clinics are also designated as Mandated Key Points of Entry for the languages listed:

- Spanish
  - EPU
  - All Outpatient and Case Management programs
- Vietnamese
  - UPAC
- Tagalog
  - UPAC
- Arabic
  - East County Mental Health

All other County and Contracted providers must at a minimum be able to link clients with appropriate services that meet the clients language needs whether the language is a threshold language or not.

Facility Requirements:

In order to present a welcoming appearance to unique communities, providers are required to ensure that their facility is comfortable and inviting to the area's special cultural and linguistic populations. Program hours of operation must be convenient to accommodate the special needs of the service's diverse populations.

Additional Program Standards

Programs will also be encouraged to do the following:

1) Develop and implement a Cultural Competence Plan for each provider site/program.

- If providers have already developed a plan, they may continue to use their current plan to meet this requirement.
- Progress on plans made throughout the year may be noted in the MSR under QI activities.
- County can provide technical assistance for Cultural Competence Plan development.

2) If there is no process currently in place, develop a process to evaluate the linguistic competency of staff that is providing service or interpretation during services, in a language other than English. This may be accomplished through a test, supervision or some other reliable method. The process must be documented.

3) Conduct a survey or client focus group every couple of years and include clients who are bi-lingual and monolingual to assess program and staff cultural competence, assess community needs and what efforts the program is making to meet those needs. Topics that must be covered in the survey or focus group are:

- Regarding Language:
  - Offers of providers who speak the client's language, or interpreter services
  - Linguistic proficiency of staff providing services or of interpreter if one is used
  - Staff's ability to clearly communicate ideas, concerns, and rationales in client's preferred language
  - Availability of written materials, including alternate formats in client's preferred language

- Regarding Cultural/Ethnicity:
  - Direct services staff's knowledge of culturally appropriate evaluation, diagnosis, and treatment
  - Direct services staff's knowledge of culturally appropriate referral resources
  - Direct services staff's familiarity with variant beliefs regarding mental illness
  - Appropriateness of clinic environment
- Results shall include outcomes, findings, and plans for interventions as needed.
- The County can provide technical assistance with developing survey/focus group questions.

4) Conduct a survey or focus group at least once and periodically if needed in the community to assess broader cultural competence issues that may be creating barriers to services.

- The County can provide technical assistance with developing survey/focus group questions.

Monitoring Cultural Competence

The MHP QI Unit is responsible for monitoring compliance with cultural competence standards as outlined in the County's Cultural Competence Plan and with State and Federal requirements. The QI Unit utilizes both the medical record review and site review process to monitor providers regarding cultural competence. To assist in the assessment of the cultural competence of staff system-wide, providers are asked to report the cultural and linguistic background of all staff members on the Monthly Status Report, including experience and training with any diverse population so that QI may compare the availability of staff to target population.

Evaluating Cultural Competence

Program competence- SDCBHS and the Cultural Competence Resource Team have developed a self-assessment survey tool that can be used to assess the current level of cultural competence of programs. This survey tool, the Culturally Competent Program Annual Self-Evaluation (CC-PAS), was piloted at three program sites to assess it's usefulness. This tool can be found in *Appendix A-H-1*. The CC-PAS is not currently required unless noted in your contract, however, providers are encouraged to use this tool to establish a baseline of cultural competence in FY 09-10. There is a possibility that this tool will become a requirement at some point in the future.

Staff competence - SDCBHS and the Cultural Competence Resource Team have identified the following methods for evaluating staff competence: 1) use of the California Brief Multicultural Competence Scale (CBMCS) or other standardized measure, 2) conducting a survey amongst their clients to determine if the program's clinical and administrative services are perceived as culturally competent, 3) conducting a survey amongst their clients to determine if the program's

clinical and administrative services are perceived as linguistically competent. The CBMCS is available on line. Surveys can be developed independently or if providers prefer samples of surveys will be published in a new Cultural Competence handbook that is being drafted, and will be available soon.

CRITERION 2

COUNTY OF SAN DIEGO MENTAL HEALTH SYSTEM

UPDATED ASSESSMENT OF SERVICES NEEDED

CRITERION 2 – UPDATED ASSESSMENT OF SERVICE NEEDS

Gap Analysis	2.III.B.1-15
Progress Towards Reducing Disparities:	
5-Year Comparison Report	2.III.B.16-81

San Diego County Mental Health Services
Adult Gap Analysis Summary (Based on Services Provided in 03-04)

UNSERVED ADULTS				
Populations	**State Prevalence Data Estimated Need**	**Compared To Who We Are Currently Serving**	**Estimated Service Needs** ***(Based On 03-04 Data)***	Examples of State Recommended Service Interventions
Latino Adults (25-59)	Prevalence Data indicates that there may be a need for services for up to: **15,415**	Currently Serving: **5,993**	Prevalence Data: 15,415 Currently Serving: - 5,993 **9,422**	On-site services in primary care clinics On-site services in faith based communities Education for client and family or other caregivers on mental illness
Asian/Pacific Islander Adults (25-59)	Prevalence Data indicates that there may be a need for services for up to **3,596**	Currently Serving: **1,626**	Prevalence Data: 3,596 Currently Serving: - 1,626 **1,970**	On-site services in primary care clinics On-site services in faith based communities Education for client and family or other caregivers on mental illness
Adults (25-59)	No prevalence data available	4,615 Adults received only Emergency or Inpatient Services • 3,836 of those received 1-2 Crisis/Emergency Services only • 300 of those received 1-2 IP and 0-2 Crisis/Emergency Services only • 479 of those received 3+ IP or Crisis/Emergency Services only	Estimated Service Needs: 4,615	Assertive community treatment teams Integrated substance abuse and mental health services where the client receives substance abuse and mental health services from one tem with one plan.
Estimated # of Adults (25-59) unserved potentially needing MH Services			**=**	**16,007**

Other Notes: It is estimated that of the total unserved adults:

- 11,000 may not have Medi-Cal or any other type of insurance.
- 1,190 may have been homeless sometime during the year

By CM
July 7, 2005

San Diego County Mental Health Services
Adult Gap Analysis Summary (Based on Services Provided in 03-04)

UNDERSERVED & INAPPROPRIATELY SERVED ADULTS			
Populations	**Number Potentially Underserved By Age And Services Received**	Estimated Service Needs	**Examples of State Recommended Service Interventions**
	•		
Adults (25-59)	613 Adults receive only 1-3 Outpatient and/or Case Management Services a year • 343 of those received 1-2 Crisis/Emergency Services. • 178 of those received 1-2 Inpatient and 0-2 Crisis/Emergency Services. • 92 of those received 3+ Inpatient or Crisis/Emergency Services.	Estimated Service Needs: 613	24 hour, 7 day a week response by Personal Services Coordinators Peer supportive services and client and family run services
Adults (25-59)	3,093 Adults receive 7+ Outpatient and Case Management Services a year • 1,119 of those received 1-2 Crisis/Emergency Services • 1,176 of those received 1-2 Inpatient and 0-2 Crisis/Emergency Services • 798 of those received 3+ Inpatient or Crisis/Emergency Services	Estimated Service Needs: 3,093	Development of temporary housing options Mobil crisis services
Adults (25-59)	4,824* Adults receive only Medication Management Services a year *Includes adults with a diagnosis of Schizophrenia, Bipolar, Major Depression and Other Psychosis • Note 27.3% of African Americans were diagnosed with Schizophrenia compared to 18.7% of the total client population	Estimated Service Needs: 4,824	Values driven evidence based clinical services that are integrated with overall services planning and support housing, employment, and/or education goals.
Estimated # of Adults (25-59) underserved potentially needing MH Services = 8,530			

Other Notes:

- 7,239 Adults received Jail MH services
  - 34.3% were African American compared to 23.9% for the total client population
- 8,774 Adults were dually diagnosed
- 2,765 Mentally Ill Adults may have been homeless (estimated)

By CM
July 7, 2005

San Diego County Mental Health Services
Children's Mental Health Services
Gap Analysis Summary

POPULATIONS	STATE ESTIMATE OF NEED -PREVALENCE	CMH PROVIDED SERVICE	POTENTIAL SERVICE GAP
TOTAL UNSERVED = 15,821*			
Children Ages 0-5	**9,593** children need services	CMH served 1,726 children in FY03-04, a difference of **7,867**. However, only 47% of these children meet criteria for additional MH services.	3,697
Children Ages 6-11	10,099 children need services.	CMH served 6,945 children FY03-04.	3,154
Children Ages 12-17	7,697 children need services.	CMH served 9,307 children in FY03-04.	No Unserved Gap – **This population may have Underserved needs**
Asian/Pacific Islander Children	**1,911** Asian/Pacific Islander children need services	CMH served 464 Asian/Pacific Islander children in FY03-04, a difference of **1,447.**	888, adjusted for Age
Hispanic Children	**15,931** Hispanic children need services	CMH served 7,126 Hispanic children in FY03-04, a difference of **8,805.**	4,975, adjusted for Age
African American Children	**2,021** African American children need services	CMH served 2,653 children in FY03-04.	No Unserved Gap – **this population may have Underserved needs**
Native American Children	**169** Native American children need services	CMH served 157 children in FY03-04, a difference of 12.	No Unserved Gap, adjusted for Age – **this population may have Underserved needs**
Dependent Children, Child Welfare System	CASRC estimated 41.8% of CWS clients need MH services. 14,177 clients open to CWS FY02-03, an estimated need of **5,926.**	CMH served 4,335 clients open to CWS FY02-03, a difference of **1,591**.	246, adjusted for Age and Ethnicity/Race
Wards of the Court, Juvenile Justice System	CASRC estimated 52.1% of JJ clients needed MH services. 8,801 clients in JJ in FY02-03, an estimate of need of **4,585**.	CMH provided services to 3,545 clients open to JJ in FY02-03, a difference of **1,040**.	965, adjusted for Age and Ethnicity/Race
Unfunded Children	Children without MediCal receive fewer services and have more difficulty accessing services. **15,667** unfunded children, <200% poverty that are not MediCal enrollees.	956 Children seen without MediCal or AB2726 funding, resulting in a difference of **14,711**.	1,896, adjusted for Age and Ethnicity/Race

*The State's estimate of need for all children 0-17 in San Diego County is 27,391. In FY03-04, CMH provided services to 17,716 (unduplicated) children.

PAH: 5-17-05

San Diego County Mental Health Services
Children's Mental Health Services
Gap Analysis Summary

Populations	Identified Underserved Populations	CMH Served	Potential Service Gap
UNDERSERVED CHILDREN			
Children Utilizing Inpatient or Crisis Services	Children/adolescents who repeatedly utilize hospital or crisis services are seen at increased risk for needing higher level of residential placement or greater involvement within JJ.	In FY03-04, 531 CMH clients were placed in psychiatric hospitalization; 2,128 clients were seen for Crisis services	- 175 CMH clients were hospitalized more than once in FY03-04, 95 within 30 days of last discharge - 31 received inpatient services only - 115 received Crisis Services (ESU) only
Co-Occurrence of Substance Use Disorder (SUD), Dual Diagnosis	CASRC study indicates 40.8% of CMH clients meet criteria for a SUD, resulting in prevalence estimate for the co-occurrence of a SUD in **7,228** children.	1,122 CMH clients were concurrently open to ADS in FY02-03 (data available), representing 6% of all CMH clients. Only 266 CMH had a Substance Use Disorder indicated as a secondary diagnosis.	Potentially 6,106 CMH clients may be underserved related to a co-occurring substance use disorder.
Children Receiving Services ONLY through Juvenile Forensic Services	The Juvenile Justice System has recognized that children leaving their custody who had been receiving mental health services only through JFS fail to continue to obtain subsequent treatment/supervision in the community, and are at a higher risk for reoffending/rearrest as a result.	In FY03-04, **2,698** children in the Juvenile Justice System received services through JFS only –did not have additional treatment provided within the CMH system. According to a study supervised by Judge James Milliken, 25% of children leaving the JJ system had private insurance.	**Potentially** 2,024children, or 75% of those leaving the Juvenile Justice System having received no further CMH services, may be underserved.
African American Children	The State estimate of SED among African American children ≤200% poverty is 2,021	CMH provided service to 2,653 African American Children in FY03-04	African American children represented 16% of those served by CMH, 22% of those concurrently open to CWS, 13% open to ADS, and 18% of those open to JFS in FY03-04.
Native American Children	The State estimate of SED among Native American children ≤200% poverty is 169	CMH provided service to 157 Native American children in FY03-04	Native American children represented 1% of those served by CMH, 1.6% of those concurrently open to CWS, 3.1% open to ADS, and 0.2% of those open to JFS in FY03-04.
Transition Age Youth	25% of 18 year-old clients seen by AMH had been seen by CMH the prior year. Analysis of the percentage of 17 year-old CMH clients served by AMH the next year by AMH is pending.	CMH provided services to 368 clients 18 years or older in FY03-04.	**Approximately 75% of 18 year-old AMH clients had no prior CMH service. Differences in the diagnostic eligibility requirements exist between AMH and CMH.**

PAH: 5-17-05

San Diego County Mental Health Services
Older Adult Gap Analysis Summary (Based on Services Provided in 03-04)

UNSERVED OLDER ADULTS				
Populations	**State Prevalence Data Estimated Need**	**Compared To Who We Are Currently Serving**	**Estimated Service Needs** ***(Based On 03-04 Data)***	**Examples of State Recommended Service Interventions**
Older Adults 65+	Prevalence Data indicates that there may be a need for Older adults 65 + for services for up to **4,492**	Currently Serving: **1,357**	Prevalence Data: 4,492 Currently Serving: ~~- 1,357~~ **3,135**	Integrated assessment teams Mobile services Linkage to a full range of services Peer supportive services Home care assistance
Latino Older Adults 60+	Prevalence Data indicates that there may be a need for services for up to **1,070** By age group: • 60-64 = 495 • 65+ = 575	Currently Serving: **420** By age group: • 60-64 = 195 • 65+ = 225	Prevalence Data: 1,070 Currently Serving: - 420 **650** By age group: • 60-64 = 495 - 195 = 300 • 65+ = 575 - 225 = 350	On-site services in primary care clinics On-site services in faith based communities Education for client and family or other caregivers on mental illness
Asian/Pacific Islander Older Adults 60+	Prevalence Data indicates that there may be a need for services for up to **437** By age group: • 60-64 = 281 • 65+ = 156	Currently Serving: **187** By age group: • 60-64 = 127 • 65+ = 60	Prevalence Data: 437 Currently Serving: -187 **250** By age group: • 60-64 = 281 – 127 = 154 • 65+ = 156 - 60 = 96	On-site services in primary care clinics On-site services in faith based communities Education for client and family or other caregivers on mental illness
Older Adults 60+	Prevalence data is not available	578 Older Adults received only Crisis/Emergency or Inpatient Services • 525 of those	Potential Service Gap = 578	Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects

By CM
July 7, 2005

San Diego County Mental Health Services
Older Adult Gap Analysis Summary (Based on Services Provided in 03-04)

UNSERVED OLDER ADULTS				
Populations	**State Prevalence Data Estimated Need**	**Compared To Who We Are Currently Serving**	**Estimated Service Needs** ***(Based On 03-04 Data)***	**Examples of State Recommended Service Interventions**
		received 1-2 Crisis/Emergency Services only • 26 of those received 1-2 Inpatient and 0-2 Crisis/Emergency Services only • 27 of those received 3+ Inpatient or Crisis/Emergency Services only		
Estimated # of Older Adults (60+) unserved potentially needing MH Services = 4,613				
Other notes: Based on the State Prevalence Report there is no general service gap for Older Adults aged 60-64 Many Older Adults have coverage through Medicare and receive services from providers not in our system of care				

By CM
July 7, 2005

San Diego County Mental Health Services
Older Adult Gap Analysis Summary (Based on Services Provided in 03-04)

UNDERSERVED/ INAPPROPRIATELY SERVED OLDER ADULTS			
Populations	**Number Potentially Underserved By Age And Services Received**	Estimated Service Needs	**Examples of State Recommended Service Interventions**
Older Adults 60+	476 Older Adults received a low number services (1-3) • 17 of those received 1-2 Crisis/Emergency Services only • 11 of those received 1-2 Inpatient and 0-2 Crisis/Emergency Services only • 2 of those received 3+ Inpatient or Crisis/Emergency Services only	Potential Service Gap = 476 30 utilized Emergency and Inpatient Services	Peer supportive services and client run services Integrated service teams and planning with social service agencies
Older Adults 60+	1,144 receive 7+ Outpatient and Case Management Services a year • 41 of those received 1-2 Crisis/Emergency Services • 58 of those received 1-2 Inpatient and 0-2 Crisis/Emergency Services • 29 of those received 3+ Inpatient or Crisis/Emergency Services	Estimated Service Needs: 128	**Supportive housing** **Integrated substance abuse and mental health services** **Outreach to older adults in their homes**
Older Adults 60+	357 Older Adults received only Medication Management * Only includes older adults with a diagnosis of Schizophrenia, bipolar, Major Depression, or Other Psychosis	Potential Service Gap = 357	Values driven evidence based clinical services that are integrated with overall services planning and which support housing and other client selected goals
Estimated # of Older Adults (60+) underserved potentially needing MH Services = 961			

Other notes: Many Older Adults have coverage through Medicare and receive services from providers not in our system of care
213 Older Adults were dually diagnosed
140 Older Adults are noted in InSyst as being in jail at some time during the year

By CM
July 7, 2005

San Diego County Mental Health Services
TAY Gap Analysis Summary (Based on Services Provided in 03-04)

UNSERVED TRANSITION AGE YOUTH (TAY)				
Populations	**State Prevalence Data Estimated Need**	**Compared To Who We Are Currently Serving**	**Estimated Service Needs**	**Examples of State Recommended Service Interventions**
Transition Age Youth (Ages 18-24)	Prevalence Data indicates that there may be a need for services for **13,182**	Currently Serving: **5,409**	Prevalence Data: 13,182 Currently Serving: - 5,409 **7,773**	Integrated assessment teams Mobile services Linkage to a full range of services Peer supportive services
TAY 18-24	Prevalence data is not available	TAY receive only Crisis/Emergency or Inpatient Services a year 1,127 • 943 of those received 1-2 Crisis/Emergency Services only • 83 of those received 1-2 Inpatient and 0-2 Crisis/ Emergency Services only • 101 of those received 3+ Inpatient or Crisis/ Emergency Services only	Estimated Service Need = 1,127	Staff working with transition age youth who are trained in developmental and cultural needs of TAY Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects

Estimated # of TAY (18-24) unserved potentially needing MH Services = 8,900

Other Notes: MHSA identifies TAY as 16-24. This age was unserved based on the DMH Prevalence data. In addition their services are provided in the CMH system

It is estimated that of the total unserved TAY, 2,500 may not have Medi-Cal or any other type of insurance (28%)

Both the Latino and Asian/PI TAY numbers noted below are included in the estimate of 8,900

By CM
July 7, 2005

San Diego County Mental Health Services
TAY Gap Analysis Summary (Based on Services Provided in 03-04)

UNSERVED TRANSITION AGE YOUTH (TAY)				
Populations	**State Prevalence Data Estimated Need**	**Compared To Who We Are Currently Serving**	**Estimated Service Needs**	**Examples of State Recommended Service Interventions**
Latino TAY	Prevalence Data indicates that there may be a need for services for up to 4,085 By age group: • 18-20 = 1,575 • 21-24 = 2,510	Currently Serving: **1,579** By age group: • 18-20 = 608 • 21-24 = 971	Prevalence Data: 4,085 Currently Serving: 1,579 **2,506** By age group: • 18-20 = 1,575 - 608 = 967 • 21-24 = 2,510 - 971 =1,539	Seamless linkages with both children/youth and adult mental health system On-site services in primary care clinics Education for client and family or other caregivers on mental illness Housing options
Asian/Pacific Islander TAY*	Prevalence Data indicates that there may be a need for services for up to **571** By age group: • 18-20 = 230 • 21-24 = 341	Currently Serving: 259 By age group: • 18-20 = 105 • 21-24 = 154	Prevalence Data: 571 Currently Serving: - 259 **312** By age group: • 18-20 = 230 – 105 = 125 • 21-24 = 341 – 154 = 187	Seamless linkages with both children/youth and adult mental health system On-site services in primary care clinics Education for client and family or other caregivers on mental illness Housing options

By CM
July 7, 2005

San Diego County Mental Health Services
TAY Gap Analysis Summary (Based on Services Provided in 03-04)

UNDERSERVED/INAPPROPRIATELY SERVED TRANSITION AGE YOUTH (TAY)			
Populations	**Number Potentially Underserved By Age And Services Received**	Estimated Service Needs	**Examples of State Recommended Service Interventions**
TAY 18-24	154 TAY receive only 1-3 Outpatient and/or Case Management Services a year • 79 of those received 1-2 Crisis/Emergency Services. • 52 of those received 1-2 Inpatient and 0-2 Crisis/Emergency Services. • 23 of those received 3+ Inpatient or Crisis/Emergency Services.	Estimated Service Needs: 154	Integrated service planning which identifies needs in the areas of mental health services, health services, education, job training, employment, housing, socialization and independent living skills
TAY 18-24	516 TAY receive 7+ Outpatient and Case Management Services a year • 168 of those received 1-2 Crisis/Emergency Services • 183 of those received 1-2 Inpatient and 0-2 Crisis/Emergency Services • 165 of those received 3+ Inpatient or Crisis/Emergency Services	Estimated Service Needs: 516	Mobile Crisis Services Integrated service planning which identifies needs in the areas of mental health services, health services, education, job training, employment, housing, socialization and independent living skills
TAY 18-24	774* TAY receive only Medication Management Services a year *Includes TAY with a diagnosis of Schizophrenia, Bipolar, Major Depression and Other Psychosis	Estimated Service Needs: 774	Values base evidence based practice that is integrated with overall service planning and support housing, employment, and/or education goals
TAY Receiving MH services in Jail 18-24	Currently serving: • 1,949 TAY received Jail MH services	Estimated Service Need = 1,949	Linkage with integrated mental health services
TAY who were in the Foster Care System and/or Juvenile forensics	Overall results show that 25% of children in AMH in 03-04 received services from CMH in 02-03- still waiting for info re Foster Care and JF	Additional analysis is still being conducted on all these categories.	Seamless linkages with both CMH and AMH services Supportive Housing Peer supportive services and client run services

By CM
July 7, 2005

San Diego County Mental Health Services
TAY Gap Analysis Summary (Based on Services Provided in 03-04)

UNDERSERVED/INAPPROPRIATELY SERVED TRANSITION AGE YOUTH (TAY)			
Populations	**Number Potentially Underserved By Age And Services Received**	Estimated Service Needs	**Examples of State Recommended Service Interventions**
Estimated # of TAY (18-24) underserved potentially needing MH Services = 3,393			
Other Notes: MHSA identifies TAY as 16-24. Services for TAY between the ages of 16 and 18 receive services in the CMH system. 1,815 TAY were dually diagnosed 490 TAY may have been homeless (estimated)			

By CM
July 7, 2005

UPDATED GAP ANALYSIS, ADULTS

UNSERVED ADULTS

Population	State Prevalence Data	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
Latino (25-59)	15415	5993	9422	A-7	330	16007	58.86%	194	8952
				A-8	424	24537	38.40%	163	
				ALL-1	65	NA	30.00%	20	
				ALL-2	65	NA	30.00%	20	
				ALL-3	241	NA	30.00%	73	
								470	
Asian (25-59)	3596	1626	1970	A-7	330	16007	12.31%	41	1877
				A-8	424	24537	8.03%	34	
				ALL-1	65	NA	5.00%	3	
				ALL-2	65	NA	5.00%	3	
				ALL-3	241	NA	5.00%	12	
								93	
Adults (25-29)	NA	4615	4615	A-1	356	13145	35.11%	125	4272
				A-2	122	13145	35.11%	43	
				A-7	330	16007	28.83%	95	
				A-8	424	24537	18.81%	80	
Total Unserved Adults			16007					343	
Total Projected To Be Served								906	
Total Remaining Gap									15101

UNDERSERVED ADULTS

Population	State Prevalence Data	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
Receiving 1-3 Outpatient and/or Case Management									
Adults (25-59)	NA	613	613	A-1	356	13145	4.66%	17	487
1-2 Crisis	NA	343		A-2	122	13145	4.66%	6	
1-2 Inpatient	NA	178		A-3	1400	12884	4.76%	67	
3+ Inpatient	NA	92		A-5	500	12884	4.76%	24	
				A-6	60	12884	4.76%	3	
				A-8	424	24537	2.50%	11	
								126	
Receiving 7+ Outpatient and Case Management									
Adults (25-59)	NA	3093	3093	A-1	356	13145	23.53%	84	2457
1-2 Crisis	NA	1119		A-2	122	13145	23.53%	29	
1-2 Inpatient	NA	1176		A-3	1400	12884	24.01%	336	
3+ Inpatient	NA	798		A-5	500	12884	24.01%	120	
				A-6	60	12884	24.01%	14	
				A-8	424	24537	12.61%	53	
								636	
Medication Management									
Adults (25-59)	NA	4824	4824	A-1	356	13145	36.70%	131	3831
				A-2	122	13145	36.70%	45	
				A-3	1400	12884	37.44%	524	
				A-5	500	12884	37.44%	187	
				A-6	60	12884	37.44%	22	
				A-8	424	24537	19.66%	83	
								993	
Total Underserved Adults			8530						
Total Projected To Be Served								1755	
Total Remaining Gap									6775

Estimated Service Needs Unserved Adults	16007
Estimated Service Needs Underserved Adults	8530
Total Estimated Service Needs Un/Under-served Adults	24537
Currently Serving Unserved Adults	12234
Currently Serving Underserved Adults	12236
Total Currently Serving Un/Under-served Adults	24470

Projected Served By Program Unserved Adults	906
Projected Served By Program Underserved Adults	1755
Total Projected Served By Program Un/Under-served Adults	2661
Remaining Gap Unserved Adults	15101
Remaining Gap Underserved Adults	6775
Total Projected Gap for Un & Under-served Adults	21876

Updated Dec 30,2206

UPDATED GAP ANA SIS, OLDER ADULTS

UNSERVED OLDER ADULT

Population	State Prevalence Data	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
OLDER ADULT (65+)	4492	1357	3135	OA-2	700	4868	64.40%	451	2460
				OA-3	239	4035	77.70%	186	
				ALL-1	7	3135	100.00%	7	
				ALL-2	7	3135	100.00%	7	
				ALL-3	25	3135	100.00%	25	
								675	
LATINO OLDER ADULT (60+)	1070	420	650	OA-2	700	4868	13.35%	93	518
				OA-3	239	4035	16.11%	39	
								132	
ASIAN PACIFIC OLDER ADULT (60+)	437	187	250	OA-2	700	4868	5.14%	36	199
				OA-3	239	4035	6.20%	15	
								51	
OLDER ADULT (60+)	NA	578	578	OA-1	91	706	81.87%	75	503
								75	
Total Estimated Needs (UNDERVED OLDER ADULT)			4613						
Total Projected To Be Served (UNDERVED OLDER ADULT)									
Total Remaining Gap (UNSERVED OLDER ADULT)								933	3680

UNDERSERVED OLDER ADULT

Population	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
Receiving 1-3 Outpatient and/or Case Management								
OA (60+)	476	476	OA-2	700	4868	9.78%	68	335
1-2 Crisis	17		A-3	1400	12884	3.69%	52	
1-2 Inpatient	11		A-5	500	12884	3.69%	18	
3+ Inpatient	2		A-6	60	12884	3.69%	2	
							141	
Receiving 7+ Outpatient and Case Management								
OA (60+)	1144	128	OA-1	91	706	18.13%	16	92
1-2 Crisis	41		A-3	1400	12884	0.99%	14	
1-2 Inpatient	58		A-5	500	12884	0.99%	5	
3+ Inpatient	29		A-6	60	12884	0.99%	1	
							36	
Medication Management								
OA (60+)	357	357	OA-2	700	4868	7.33%	51	251
			A-3	1400	12884	2.77%	39	
			A-5	500	12884	2.77%	14	
			A-6	60	12884	2.77%	2	
							106	
Total Estimated Needs (UNDERSERVED OA)		961						
Total Projected To Be Served (UNDERSERVED OA)								
Total Remaining Gap (UNDERSERVED OA)							282	

Estimated Service Needs Unserved OA	4613
Estimated Service Needs Underserved OA	961
Total Estimated Service Needs Un/Under-served OA	5574
Currently Serving Unserved OA	2542
Currently Serving Underserved OA	1977
Total Currently Serving Un/Under-served OA	4519

Projected Served By Program Unserved OA	679
Projected Served By Program Underserved OA	2947
Total Projected Served By Program Un/Under-served OA	7371
Remaining Gap Unserved OA	10318
Remaining Gap Underserved OA	3680
Total Projected Gap for Un & Under-served OA	679
	4359

Updated Dec 30, 2006

UPDATED GAP ANALYSIS, TAY

UNSERVED TAY

Population	State Prevalence Data	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
TAY (18-24)	13182	5409	7773	TAY-1	171	11365	68.39%	117	7035
				A-7	330	10279	75.62%	250	
				ALL-1	65	7773	100.00%	65	
				ALL-2	65	7773	100.00%	65	
				ALL-3	241	7773	100.00%	241	
								738	
TAY (18-24)	NA	1127	1127	TAY-1	171	11365	9.92%	17	717
				TAY-2	420	1901	59.28%	249	
				TAY-3	32	1281	87.98%	28	
				TAY-4	470	4561	24.71%	116	
								410	
LATINO TAY (18-24)	4085	1579	2506	TAY-4	470	4561	54.94%	258	2167
				A-7	330	10279	24.38%	80	
Total Estimated Needs (UNSERVED TAY)			11406					339	
Total Projected To Be Served (UNSERVED TAY)								1486	
Total Remaining Gap (UNSERVED TAY)									9920

UNDERSERVED TAY

Receiving 1-3 Outpatient and/or Case Management

Population	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
TAY(18-24)	154	154	TAY-3	32	1281	12.02%	4	111
1-2 Crisis	79		TAY-4	470	4561	3.38%	16	
1-2 Inpatient	52		A-3	1400	12884	1.20%	17	
3+ Inpatient	23		A-5	500	12884	1.20%	6	
			A-6	60	12884	1.20%	1	
							43	

Receiving 7+ Outpatient and Case Management

Population	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
TAY(18-24)	516	516	TAY-1	171	11365	4.54%	8	430
1-2 Crisis	168		A-3	1400	12884	4.00%	56	
1-2 Inpatient	183		A-5	500	12884	4.00%	20	
3+ Inpatient	165		A-6	60	12884	4.00%	2	
							86	

Medication Management

Population	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
TAY (18-24)	774	774	TAY-2	420	1901	40.72%	171	405
			TAY-4	470	4561	16.97%	80	
			A-3	1400	12884	6.01%	84	
			A-5	500	12884	6.01%	30	
			A-6	60	12884	6.01%	4	
							369	

Receiving Mental Health Services in the Jail System

Population	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
TAY (18-24)	1949	1949	TAY-1	171	11365	17.15%	29	1623
			A-3	1400	12884	15.13%	212	
			A-5	500	12884	15.13%	76	
			A-6	60	12884	15.13%	9	
Total Estimated Needs (UNDERSERVED TAY)		3393					326	
Total Projected To Be Served (UNDERSERVED TAY)							824	
Total Remaining Gap (UNDERSERVED TAY)								2569

Estimated Service Needs Unserved TAY	11406
Estimated Service Needs Underserved TAY	3393
Total Estimated Service Needs Un/Under-served TAY	14799
Currently Serving Unserved TAY	8115
Currently Serving Underserved TAY	4063
Total Currently Serving Un/Under-served TAY	12178

Projected Served By Program Unserved TAY	1486
Projected Served By Program Underserved TAY	824
Total Projected Served By Program Un/Under-served TAY	2310
Remaining Gap Unserved TAY	9920
Remaining Gap Underserved TAY	2569
Total Projected Gap for Un & Under-served TAY	12489

Updated Dec 30, 2006

UPDATED GAP ANALYS[illegible] CHILDREN AND YOUTH

UNSERVE[illegible] HILDREN

Population	State Prevalence Data	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
Children (0 - 5)	9593	7567	3697	CY-6	55	3697	100.00%	55	3642
								55	
Children (6 - 17)	19406	16252	10913	CY-1	605	10913	100.00%	605	8369
				CY-2.1	485	10913	100.00%	485	
				CY-2.2	69	10913	100.00%	69	
				CY-3	66	17019	64.12%	42	
				CY-4.1	300	11234	97.14%	291	
				CY-4.2	215	11234	97.14%	209	
				CY-5.1	116	14223	76.73%	89	
				CY-5.2	60	20008	54.54%	33	
				CY-5.3	43	17019	64.12%	28	
				CY-7	200	12445	87.69%	175	
				CY-8	150	11159	97.80%	147	
				All-1	65	10913	100.00%	65	
				All-2	65	10913	100.00%	65	
				All-3	241	10913	100.00%	241	
								2544	
Dependent Children	5926	4335	246	CY-7	200	12445	1.98%	4	239
				CY-8	150	11159	2.20%	3	
								7	
Wards of the Court	4585	3545	965	CY-5.1	116	14223	6.78%	8	939
				CY-5.2	60	20008	4.82%	3	
				CY-7	200	12445	7.75%	16	
Total Unserved Adults			15821					26	
Total Projected To Be Served								2633	
Total Remaining Gap									13188

UNDERSERVED CHILDREN

Receiving 1-3 Outpatient and/or Case Management

Population	State Prevalence Data	Clients Served in 03-04	Estimated Service Needs	CSS	Projected Served	Estimated Total Need	Needing Service	Projected Estimate To Be Served	Estimated Remaining Gap
Utilizing Inpatient or Crisis Services	NA	2659	321	CY-4.1	300	11234	2.86%	9	299
				CY-4.2	215	11234	2.86%	6	
				CY-5.1	116	14223	2.26%	3	
				CY-7	200	12445	2.58%	5	
								22	
Co-Occurrence of Substance Use Disorder	NA	1122	6106	CY-3	66	17019	35.88%	24	6049
				CY-5.2	60	20008	30.52%	18	
				CY-5.3	43	17019	35.88%	15	
								57	
Receiving Services only through JFS	NA	2698	2024	CY-5.1	116	14223	14.23%	17	1842
				CY-5.2	60	20008	10.12%	6	
								182	
Total Underserved Children			8451						
Total Projected To Be Served									
Total Remaining Gap								262	
									8189

Estimated Service Needs Unserved Children	15821
Estimated Service Needs Underserved Children	8451
Total Estimated Service Needs Un/Under-served Children	24272
Currently Serving Unserved Children	31699
Currently Serving Underserved Children	6479
Total Currently Serving Un/Under-served Children	38178

Projected Served By Program Unserved Children	2633
Projected Served By Program Underserved Children	262
Total Projected Served By Program Un/Under-served Children	2895
Remaining Gap Unserved Children	13188
Remaining Gap Underserved Children	8189
Total Projected Gap for Un & Under-served Children	21377

Updated, Dec 30, 2006

VERSION 4/28/2009

Progress Towards Reducing Disparities:

A Report for San Diego County Mental Health

Five Year Comparison
FY 2001-2002 to FY2006-2007

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Table of Contents

Title	Page
Table of Contents	2
Executive Summary	3
Introduction	5
Comparison of Distribution of Target Population to Mental Health Clients	14
Adult'/Older Adult System of Care Distribution Rates	15
Children's System of Care Distribution Rates	16
Key Findings	18
Comparison by Age Groups by Race/Ethnicity	22
Adult/Older Adult Penetration Rates (Access)	35
Children and Youth Penetration Rates (Access)	37
Adult/Older Adult Retention Rates (Engagement)	39
Children and Youth Retention Rates (Engagement)	41
Disparities in Types of Services Utilized (Adult)	45
Disparities in Types of Services Utilized (Children and Youth)	47
Diagnosis	50
Workforce Diversity	56
Research Article Summaries	60
Race/Ethnicity Determination	64
Glossary of Terms	66

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Executive Summary

The purpose of the *Progress Towards Reducing Disparities* report is to report improvements in reduction of disparities across racial/ethnic groups and age groups that have occurred in the last five years and note disparities that continue to exist in San Diego County for the 2006/2007 fiscal year.

Disparities were analyzed relative to accessing mental health service (i.e. penetration), engagement (i.e. retention), type of services used (i.e. outpatient vs. emergency), and diagnosis.

Data for this report was obtained from a January 2008 download of INSYST data. When possible data for 2006/2007 were also compared to 2001/2002 to assess changes over time.

Adult/Older Adult System Findings

The most notable finding that demonstrates progress toward reducing disparities for adults/older adults is that access overall for Latino, Native American, and Asian/Pacific Islanders, did increase from 2001/2002 to 2006/2007. Another positive finding was that in 2006/2007 access to services increased slightly among clients age 60 and above compared to 2001/2002.

However there does continue to be disparities. Latino, Native American, and Asian/Pacific Islanders accessed services less than expected. Engagement was lowest among Asian/Pacific Islander and Native American clients. We also found substantial disparities for African Americans, who used the least outpatient services and the most inpatient and jail services. Schizophrenia/ Schizoaffective disorder was the most frequently diagnosed disorder among African American clients, while Major Depression disorder was the most frequently diagnosed disorder among clients within the remaining racial/ethnic groups.

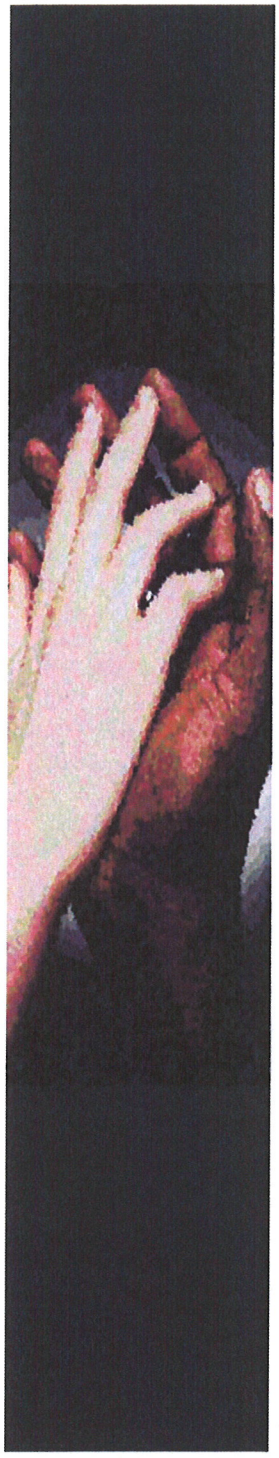
There remain some disparities based on age, most notably the TAY group (18 to 24 year olds). The TAY group access fewer services than expected, have more difficulty with engagement, and use more inpatient and jail mental health services then other age groups.

Children's System Findings

For children and youth findings in the comparison across FYs 2001/2002 and 2006/2007 demonstrate that access for Latino clients increased, but decreased among all other racial/ethnic groups during the same time period. Otherwise, the disparities found for racial/ethnic groups for those who are 0-17 were similar to those found in the adult system. For children, we found that Latinos, Native Americans, and Asian/Pacific Islanders accessed services less frequently than would be expected based on their proportion in the target population. We also found that engagement was lowest for the Asian/Pacific Islander group.

When examining types of services used, we identified several disparities. Most notably, we found that while a majority of clients (85%) used outpatient services, there were several racial/ethnic groups that utilized a disproportionate share of more restrictive levels of service. More Native American clients used inpatient services without receiving any outpatient services than any other group. Additionally, both more African American and Asian/Pacific Islander clients used juvenile forensics services without receiving any outpatient services than any other groups. Furthermore, we found several disparities when examining 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 frequently diagnosed disorder among clients within the remaining racial/ethnic groups. In addition, there were disparities found based on age. The 0-5 age group accessed services less frequently than would be expected based on their proportion in the population, and the 6-12 age group accessed more services. When comparing 2001/2002 to 2006/2007 data, we found that access decreased slightly among 6-11 year olds, and increased slightly among 0-5 and 12-17 year olds. We also found that outpatient services are used the least by clients age 18 and older who continue to be served by **children's'** mental health services while the same group uses a high number of juvenile forensics services. In summary, access rates differ significantly between different racial/ethnic and age groups. Engagement and types of services used differ widely by age group, but only slightly between racial/ethnic groups.

Introduction



Background:

It is well documented that disparities exist in the use of mental health services by racial/ethnic minorities[i,ii] throughout the United States. According to the Institute of Medicine, "a disparity is a difference in health care quality not due to differences in health care needs or preferences of the patient[iii]." This definition implies that disparities may be a consequence of limited access to health care as well as a lack of culturally appropriate care.

Research on racial/ethnic disparities in access and use of mental health services has shown that racial/ethnic minorities have less access to mental health services, are less likely to receive care, are less likely to be engaged in services, and are more likely to receive poor-quality care when treated than their white counterparts. There are many factors that may contribute to such disparities. For example, low utilization of mental health care among persons with mental illness from racial/ethnic minority groups may be due to a variety of reasons including stigma, a lack of health insurance which limits their access to services, lack of accessible services with short wait times, limited incomes, and/or lack of information about available services. However, even when controlling for differences in access, disparities in use still persist[iv]. Low utilization may also be due to cultural factors, such as perceived origin of mental illness, perceived helpfulness of mental health care, and/or culture-bound syndromes[v]. Additionally, a lack of culturally appropriate care may prevent racial/ethnic minority groups from utilizing mental health services. Research has shown that diagnostic disparities are present as well. For example, there are gender differences in the mental health diagnoses of children. ADHD is more likely to be recognized in boys, who tend to exhibit externalizing symptoms (i.e. disruptive behavior), than in girls, who are more likely to exhibit internalizing symptoms (i.e.

inattentive behavior),[viii] and gender has been acknowledged as a barrier to appropriate diagnosis in ADHD[ix]. Even for adults, research has shown that across cultures, males are more likely to have externalizing problems than females[x]. In addition, depression is more prevalent in women than in men[xi,xii]. Another example is that African American youth are more often diagnosed with disruptive behavior disorders[vi], and several studies, including a Veterans Administration study involving over 100,000 veterans, found that Bipolar disorders are under diagnosed in African-Americans[vii]. A final example is national data on the onset of mental health disorders that shows significant age differences. The median age for onset of ADHD is 7 years, while the median age of onset for an anxiety disorder is age 11[xiii]. Schizophrenia often first appears in men in their late teens or early twenties, while women are generally affected in their twenties or early thirties[xiv]. Symptoms of many mental health disorders begin in childhood and adolescence, resulting in calls for increased prevention and early intervention efforts for children.

Progress Towards Reducing Disparities

Unfortunately, although efforts to decrease barriers to mental healthcare among racial/ethnic minorities and age groups have been a focus for SDCMHS for many years, significant disparities persist. A comparison of the San Diego County target population to those receiving mental health services (pages 14 and 15) demonstrates that disparities continue. Most notably for Latino Adults. Latinos comprise 59% of the target population but only 22% of the adult clients receiving mental health services. While these numbers are much better for children, 70% of the population compared to 49% of the clients receiving mental health services, there is still significant room for improvement.

It is important to note that while disparities still exist, the key findings from this study indicate that improvements have been made in reducing disparities. Although Latino/a, Asian American/Pacific Islander, and Native American individuals were less likely to access services than expected, their access rates have increased over time. These findings are a promising indication that disparities are being reduced over time.

A summary of key findings for adults and children is included below. For more detailed information on pages 18-58 this report provides several analyses including a of analysis of each major racial/ethnic group by age, an examination of penetration and retention rates by age and by race/ethnicity, a study of variations in service utilization by age and by race/ethnicity, differences in diagnosis by age and by race/ethnicity, a review of workforce diversity, and a listing of relevant research articles completed by staff of the contracted research centers.

Summary of Key Findings:

An analysis of access, engagement, use of services and variances in diagnosis demonstrated the following key findings:

By Race/Ethnicity:

- Latinos:
  - Adults/Older Adults:
    - Were less likely to access services than expected. However, rates have gone up slightly over time.
    - 13% had only one visit to an outpatient program.
  - Children and Youth
    - Had the lowest access rates among racial/ethnic groups in FY01-02 however, rates have gone up over time.
    - 30% had fewer than 5 visits.

- African Americans:
  - Adults/Older Adults
    - Were more likely to use only inpatient/emergency (18%) and only jail services (27%), and less likely to use outpatient services than the other racial/ethnic groups.
    - Have a higher rate of being diagnosed with Schizophrenia or Schizoaffective disorder.
  - Children and Youth
    - Were more likely to use juvenile forensics services without using any other types of less restrictive services than other racial/ethnic groups.
    - Were also more likely to use Day Treatment Services.
    - 13% had only 1 visit.

- Asian/Pacific Islanders:
  - Adults/Older Adults
    - Had moderate to low access rates compared to the other racial/ethnic groups, indicating they were moderately likely to access services. However, rates have gone up slightly over time.
  - Children and Youth
    - Had low access rates compared to the other racial/ethnic groups, and access rates have gone down slightly over time.
    - Had the lowest rate engagement, and were most likely to discontinue services after 1 visit.
    - 16% had only 1 visit.

- Native Americans:
  - Adults/Older Adults
    - Had the second lowest access rates among racial/ethnic groups, indicating they were less likely to access services. However, rates have gone up slightly over time.
  - Children and Youth
    - Had the lowest access rates among racial/ethnic groups in FY0607 and there was a slight decline from FY0102.
    - Were more likely to use inpatient only services than other racial/ethnic groups

By Age:

- Age group 0-5:
  - Had the lowest access rates among age groups, however, access rates have increased slightly over time.
  - Had the lowest engagement rates among age groups, indicating they were less likely to continue services past 10 visits.
  - Were more likely to use outpatient services than clients ages 12 and older.

- Age group 6-11:
  - Access rates have gone down slightly over time.
  - Were more likely to use outpatient services than the other age groups.

- Age group 12-17:
  - Had the highest access rates among age groups, indicating they were more likely to access services. Further, access rates have increased slightly over time.
  - 24% used juvenile forensics services only.

- Age group 18 and older:
  - Were least likely to use outpatient services and most likely to use juvenile forensics services.

- Age group 18-24 (Transitional Age Youth):

- Had the lowest access rates among age groups. Further, their access of services has gone down slightly over time.
- Had the lowest engagement rates among age groups, with 31% having fewer 3 or fewer visits.
- Were more likely to use inpatient/emergency services (24%) and jail services (26%) and less likely to use outpatient services than the other age groups.

- Age 60 and older (Older Adults):
  - Had moderate to low engagement rates compared to other age groups and were somewhat less likely to continue services past 8 visits.

Conclusions

Areas of success and needed improvement for each age group by race/ethnicity are shown in the tables below.

Table 1 clearly demonstrates need for improvement for both TAY and Older Adults, as well as targeted improvement for African American, Latino, Asian/Pacific Islander and native American.

Table #1

Adult Areas of Success (+) and Areas that Need Improvement (*) for Age and Racial/Ethnic Disparities

	Age/Racial/Ethnic Group							
	18-24	25-59	60+	White	African American	Latino	Asian/ Pacific Islander	Native American
Access	*	+	*	+	+	*	*	*
Change in access over Time	*	+	+	+	+	+	+	+
Engagement	*	+	*	+	+	+	+	+
Use of restrictive levels of service	*	+	*	+	*	+	+	+

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Table 2 clearly demonstrates need for improvement for 0-5 and Asian/Pacific Islander as well as targeted improvement for age groups 6-11, and 18+, and racial/ethnic groups of African American, Latino, and Native American.

Table #2

CMHS Areas of Success (+) and Areas that Need Improvement (*)
Age and Racial/Ethnic Disparities

	Age/Racial/ethnic Group								
	0-5	6-11	12-17	18+	White	African American	Latino	Asian/ Pacific Islander	Native American
Access	*	+	+	+	+	+	*	*	*
Changes in Access over Time	+	*	+	+	+	+	+	*	*
Engagement	*	+	+	+	+	+	+	*	+
Use of less Restrictive Services	+	+	+	*	+	*	+	*	*

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 proactively improve minority access to care.

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Several steps health care systems could take to improve minority access and help eliminate disparities in engagement, service utilization and diagnosis are to increase the diversity in the mental health workforce, as well as to provide culturally appropriate education for providers.

A greater diversity in the mental health workforce is an important factor for improving health disparities. Increasing the proportion of racial/ethnic minorities would likely provide more culturally appropriate treatment. Additionally, increased diversity of mental health providers would offer language skills to match those of patients.

One way San Diego County will increase the diversity in the mental health workforce is through the Workforce Education and Training (WET) component of the MHSA. WET will provide funding for San Diego County to "build the capacity of our current and prospective public mental health workforce." Specifically, WET funding will include educational, training and counseling programs that are designed to recruit and prepare individuals for entry into a career in the public mental health system. Programs will address opportunities and equal access for underrepresented racial/ethnic, cultural, and/or linguistic groups.

Culturally appropriate education for providers is another promising direction in eliminating racial/ethnic disparities. Cultural competence is especially appealing in that it may 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." In recent years, researchers have explored a variety of areas for the purpose of enabling greater implementation of multicultural competencies. These areas include the adequacy of psychological services and treatment interventions for culturally diverse populations[xvi]; multicultural counseling training[xvii]; examination of multicultural curricula in graduate programs[xix]; counselors' self-awareness regarding cultural identity, heritage, and values[xx]; the use of multicultural training videos[xxi]; and the influence of racial/ethnic identity on counselor training[xxii].

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

1) conduct further examination to determine the root cause of the disparities,

2) assess the effectiveness of current strategies to increase awareness of mental health issues and services in minority populations,

3) continue to identify and improve strategies that appear to be effective in reducing disparities in access, engagement, service utilization and diagnoses,

4) analyze new and innovative strategies that have been successful in other communities and implement in San Diego,

5) utilize effective methods to evaluate the cultural sensitivity of providers and services,

6) ensure that service planning groups have information about disparities,

7) work with client and family representatives of all racial/ethic groups, targeted age groups, and other cultural groups to identify barriers to quality improvement.

8) consider analyzing additionalcultural factors such as client and caregiver language, the impact of the family on treatment decisions, level of acculturation, religious differences, and cultural differences within currently aggregated racial/ethnic groups such as Asian / Pacific Islanders. Other cultural distinctions that might be important to investigate include sexual orientation, religion, and other important cultural groups.

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Comparison of Distribution of Target Population to Mental Health Clients

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

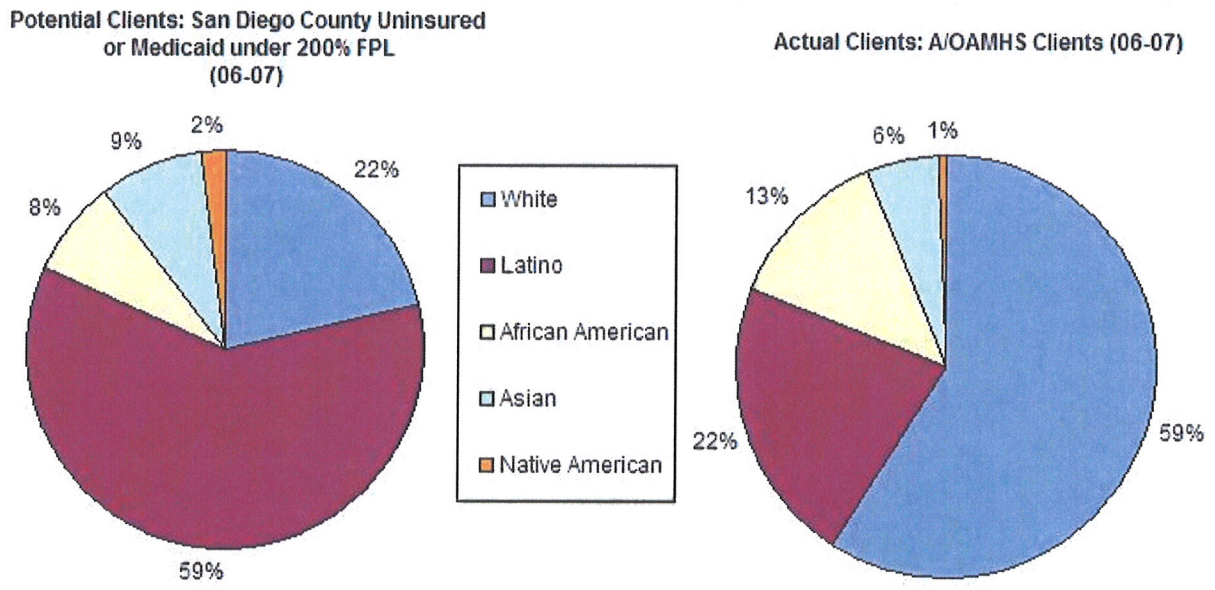
Adult/Older Adult System of Care Distribution Rates

Target Population versus Actual Mental Health System Clients for

Adult/Older Adult System of Care:

FY 2006-2007

	2006-07			
	Eligible Clients		Actual Clients	
	San Diego County Uninsured or Medicaid under 200% FPL		A/OAMHS Clients	
	Number	%	Number	%
White	69,892	22%	20,460	59%
Latino	195,290	59%	7,692	22%
African American	24,819	8%	4,499	13%
Asian	28,284	9%	1,917	6%
Native American	6,413	2%	218	1%



Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

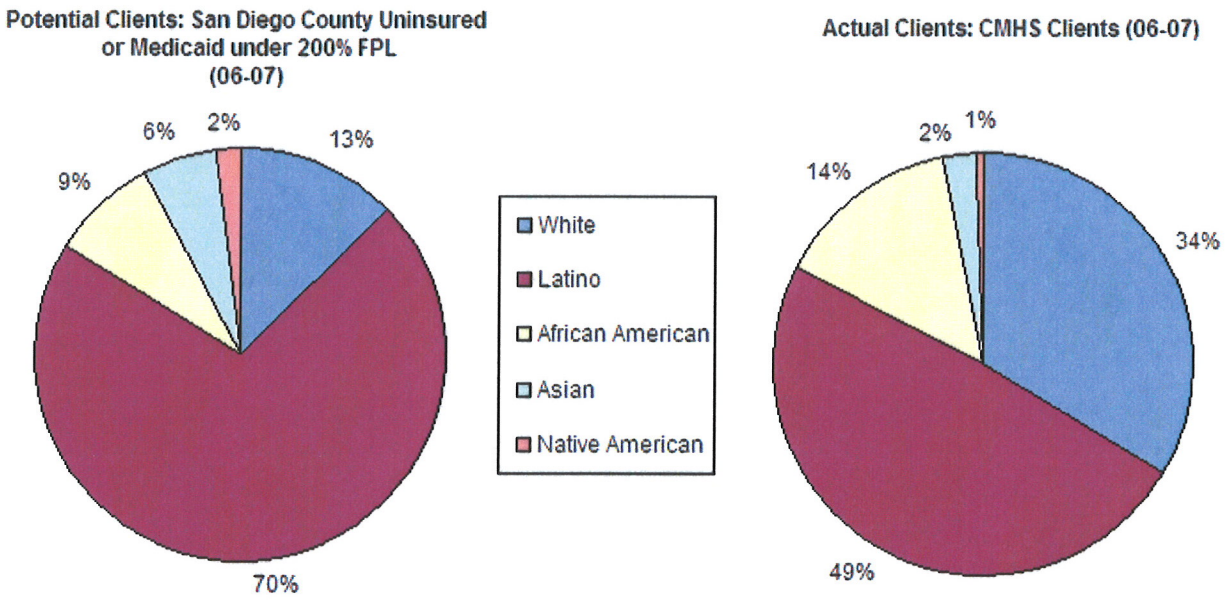
Children's System of Care Distribution Rates

Target Population versus Actual Mental Health System Clients for

Children's System of Care:

FY 2006-2007

	2006-07			
	Eligible Clients		Actual Clients	
	San Diego County Uninsured or Medicaid under 200% FPL		CMHS Clients	
	Number	%	Number	%
White	29,379	13%	5,565	34%
Latino	163,783	70%	8,033	49%
African American	20,296	9%	2,390	14%
Asian	13077	6%	400	2%
Native American	4712	2%	105	1%



Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG)
and CASRC (JRR, BG, SC), and SDCMHS

Key Findings

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG)
and CASRC (JRR, BG, SC), and SDCMHS

Key Findings on Adult/Older Adult Groups Receiving Services

An analysis of access, engagement, use of services and variances in diagnosis demonstrated the following key findings of disparities for Adults/Older Adults:

By Ethnicity/Race:

- Latinos:
  - Were less likely to access services than expected. However, rates have gone up slightly over time.
  - 13% had only one visit to an outpatient program.

- African Americans:
  - Were more likely to use only inpatient/emergency (18%) and only jail services (27%), and less likely to use outpatient services than the other racial/ethnic groups.
  - Have a higher rate of being diagnosed with Schizophrenia or Schizoaffective disorder.

- Asian/Pacific Islanders:
  - Had moderate to low access rates compared to the other racial/ethnic groups, indicating they were moderately likely to access services. However, rates have gone up slightly over time.

- Native Americans:
  - Had the second lowest access rates among racial/ethnic groups, indicating they were less likely to access services. However, rates have gone up slightly over time.

By Age:

- Age 18-24 (Transitional Age Youth):
  - Had the lowest access rates among age groups. Further, their access of services has gone down slightly over time.
  - Had the lowest engagement rates among age groups, with 31% having fewer 3 or fewer visits.
  - Were more likely to use inpatient/emergency services (24%) and jail services (26%) and less likely to use outpatient services than the other age groups.

- Age 60 and older:
  - Had moderate to low engagement rates compared to other age groups and were somewhat less likely to continue services past 8 visits.

Key Findings on Children's Groups Receiving Services

An analysis of access, engagement, use of services and variances in diagnosis demonstrated the following key findings of disparities for children and youth:

By Ethnicity/Race:

- Latinos:
  - Had the lowest access rates among racial/ethnic groups in FY01-02 however, rates have gone up over time.
  - 30% had fewer than 5 visits.

- African Americans:
  - Were more likely to use juvenile forensics services without using any other types of less restrictive services than other racial/ethnic groups.
  - Were also more likely to use Day Treatment Services.
  - 13% had only 1 visit.

- Asian/Pacific Islanders:
  - Had low access rates compared to the other racial/ethnic groups, and access rates have gone down slightly over time.
  - Had the lowest rate engagement, and were most likely to discontinue services after 1 visit.
  - 16% had only 1 visit.

- Native Americans:
  - Had the lowest access rates among racial/ethnic groups in FY0607 and there was a slight decline from FY0102.
  - Were more likely to use inpatient only services than other racial/ethnic groups.

By age:

- Age group 0-5:
  - Had the lowest access rates among age groups, access rates have increased slightly over time.
  - Had the lowest engagement rates among age groups, indicating they were less likely to continue services past 10 visits.

- Age group 6-11:
  - Access rates have gone down slightly over time.

- Age group 12-17:
  - Had the highest access rates among age groups, indicating they were more likely to access services. Further, access rates have increased slightly over time.
  - 24% used juvenile forensics services only.

- Age group 18 and older:
  - Were least likely to use outpatient services and most likely to use juvenile forensics services.

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG)
and CASRC (JRR, BG, SC), and SDCMHS

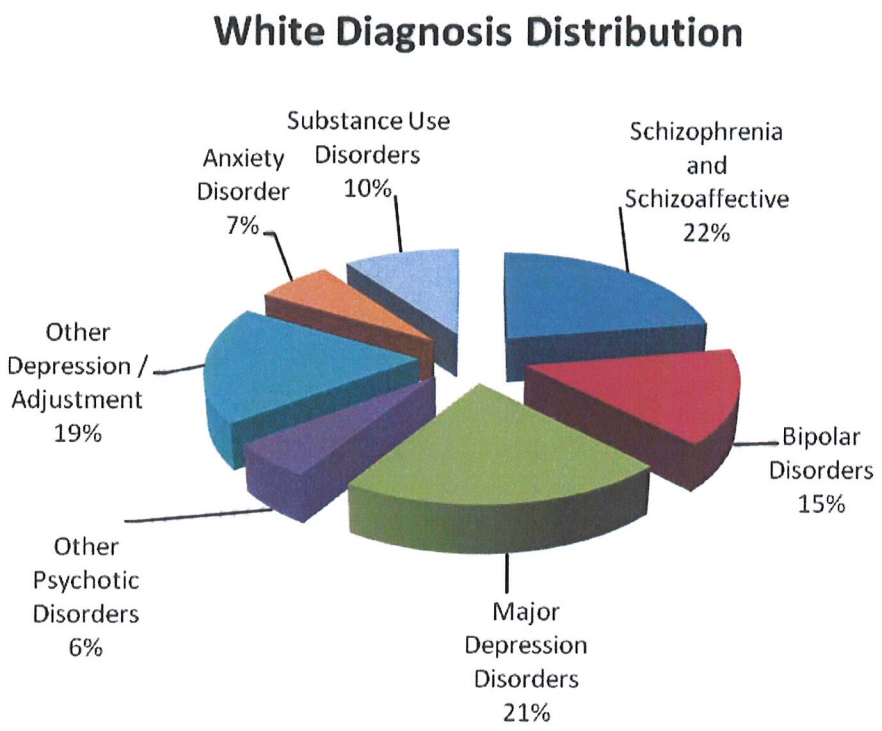
Comparison of Age Groups and by Race/Ethnicity

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

White Adults and Older Adults

- 19,716 White adult clients were served in FY0607.
- 98% of White adult clients identified English as their preferred language.
- Age:
  - <18-24: 11%
  - 25-59: 79%
  - 60+: 9%
- Gender:
  - Female: 48%
  - Male: 51%
  - Unknown: 0.3%
- Top 3 diagnoses:
  1. Major Depression disorders
  2. Schizophrenia and Schizoaffective disorders
  3. Other Depression/Adjustment disorders
- Access (Penetration rates):
  - FY0102: 34%
  - FY0607: 29%
- Engagement (Retention rate):
  - <8 visits: 44%
  - 8+ visits: 56%



- White adult clients were less likely to be seen by Fee For Service Providers than the overall AOAMHS population (22% vs.26% respectively).
- White adult clients were more likely to utilize EPU services than the overall AOAMHS population (24% vs.22% respectively).
- White adult clients are more likely to be uninsured, as compared to the overall AOAMHS population (51% vs. 46% respectively).

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

White Children and Youth

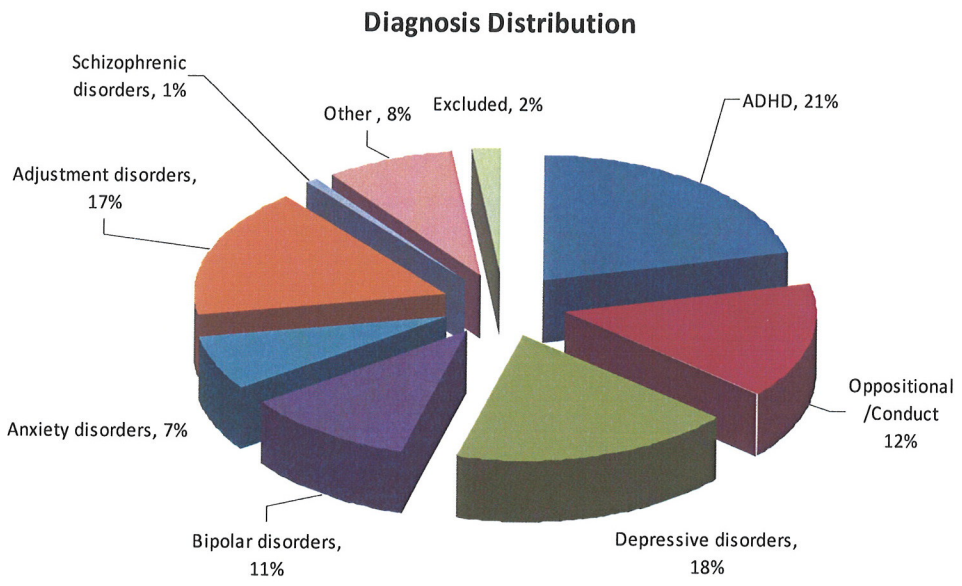
- 4,590 White children and youth clients were served in FY0607, of which 30% were new clients.

- Age:
  - 0-5: 10%
  - 6-11: 29%
  - 12-17: 57%
  - 18+: 5%

- Gender:
  - Female: 39%
  - Male: 60%
  - Unknown: 1%

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

- Penetration rates (White and Other combined):
  - FY0102: 27%
  - FY0607: 20%



- Retention:
  - Mean visits: 32.7
  - Median visits: 16
  - 10% of White clients had only one visit during FY0607

- White children and youth clients were more likely to be seen by Fee For Service Providers than the overall CMHS population (37% vs. 30% respectively).

- White children and youth clients were less likely to be seen by Juvenile Justice related providers (15% vs. 20% overall).

- White children and youth clients are less likely to have Medi-Cal (79%) and more likely to have private insurance or be uninsured (9% and 12% respectively, as compared to the overall CMHS population.

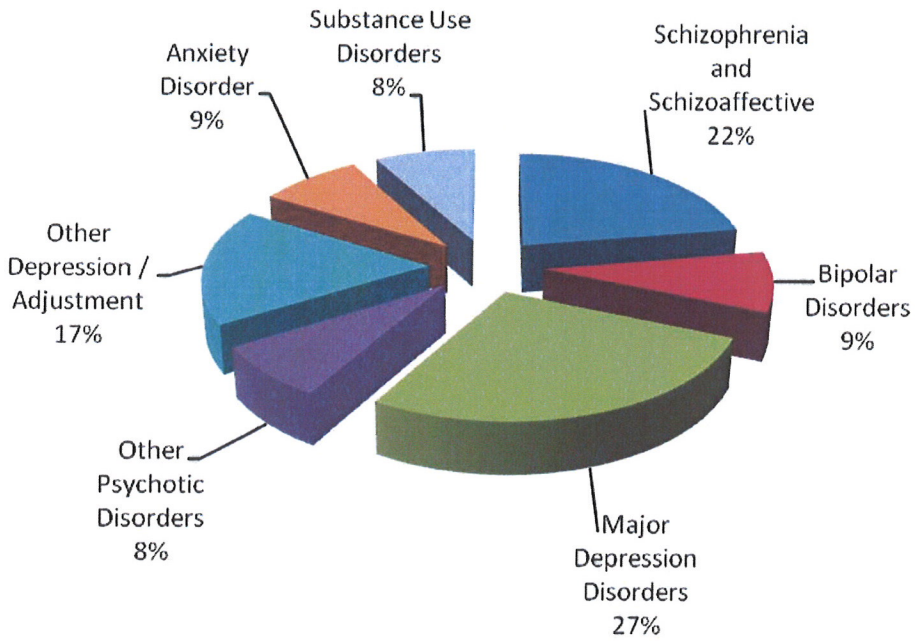
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Hispanic Adults and Older Adults

- 8,242 Hispanic adult clients were served in FY0607.
- 31% of Hispanic adult clients identified Spanish as their preferred language.
- Age:
  - <18-24: 19%
  - 25-59: 75%
  - 60+: 7%
- Gender:
  - Female: 52%
  - Male: 47%
  - Unknown: 0.7%
- Top 3 diagnoses:
  1. Major Depression disorders
  2. Schizophrenia and Schizoaffective disorders
  3. Other Depression/Adjustment disorders
- Penetration rates:
  - FY0102: 4%
  - FY0607: 4%
- Retention:
  - <8 visits: 45%
  - 8+ visits: 55%

Hispanic Diagnosis Distribution



Hispanic Subcategories		
Description	**N**	**%**
Mexican American/Chicano	5,572	67%
White	1,398	17%
Other Hispanic	505	6%
Other Latin American	208	3%
African American	106	1%
Puerto Rican	89	1%
Other / Unknown	364	4%
Total	8,242	100%

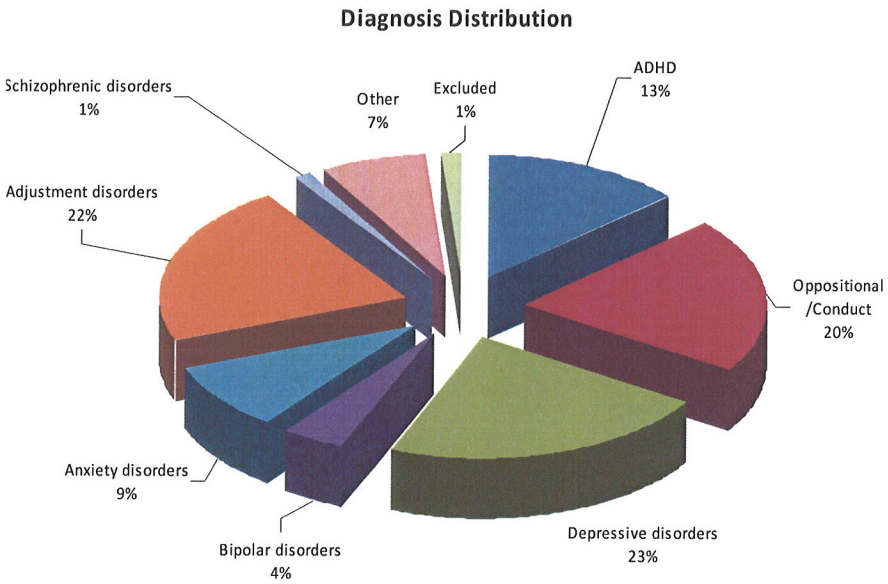
- Hispanic adult clients were less likely to utilize Forensic services than the overall AOAMHS population (22% vs.26% respectively).
- Hispanic adult clients are slightly more likely to be uninsured, as compared to the overall AOAMHS population (47% vs. 46% respectively).

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Hispanic Children and Youth

- 8,354 Hispanic children and youth clients were served in FY0607, of which 42% were new clients.
- Almost 30% of Hispanic children and youth clients identified Spanish as their preferred language.
- Age:
  - 0-5: 10%
  - 6-11: 30%
  - 12-17: 57%
  - 18+: 4%
- Gender:
  - Female: 38%
  - Male: 61%
  - Unknown: 1%
- Top 3 diagnoses:
  1. Depressive disorders
  2. Adjustment disorders
  3. Oppositional / conduct disorders
- Penetration rates:
  - FY0102: 3%
  - FY0607: 5%
- Retention:
  - Mean visits: 24.5
  - Median visits: 14
  - 12% of Hispanic clients had only one visit during FY0607



CMHS Hispanic Subcategories		
Description	**N**	**%**
Mexican American/Chicano	5,952	71%
White	385	4%
Other Hispanic	156	2%
Other Latin American	121	1%
African American	140	2%
Puerto Rican	17	0.2%
Other / Unknown	1583	19%
Total	8,354	100%

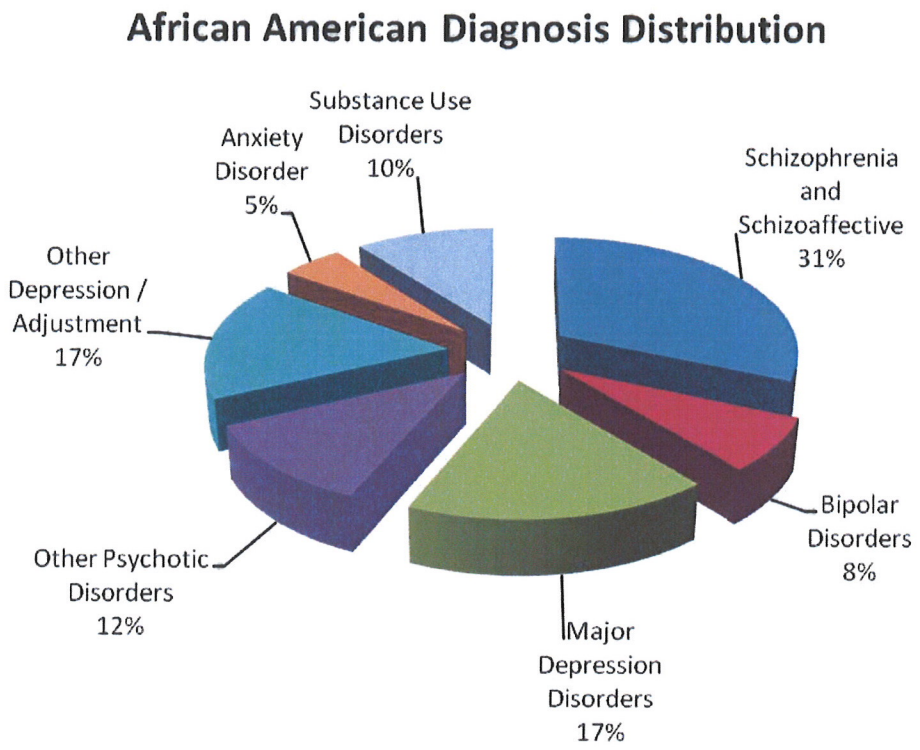
- Hispanic children and youth clients were less likely to be seen by Fee For Service Providers than the overall CMHS population (24% vs. 30% respectively).
- Hispanic children and youth clients are less likely to have private insurance, as compared to the overall CMHS population (3% vs. 4%).

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

African American Adults and Older Adults

- 4,723 African American adult clients were served in FY0607.
- 98% of African American adult clients identified English as their preferred language.
- Age:
  - <18-24: 13%
  - 25-59: 82%
  - 60+: 5%
- Gender:
  - Female: 45%
  - Male: 53%
  - Unknown: 0.4%
- Top 3 diagnoses:
  1. Schizophrenia and Schizoaffective disorders
  2. Major Depression disorders
  3. Other Depression/Adjustment disorders
- Penetration rates:
  - FY0102: 18%
  - FY0607: 18%
- Retention:
  - <8 visits: 45%
  - 8+ visits: 55 %



- African-American adult clients were more likely to utilize Forensic services , as compared to the overall AOAMHS population (39% vs. 26% overall).
- African-American adult clients were more likely to utilize EPU services, as compared to the overall AOAMHS population (25% vs.22%).
- African-American adult clients are less likely to be uninsured, as compared to the overall AOAMHS population (44% vs. 46% respectively).

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

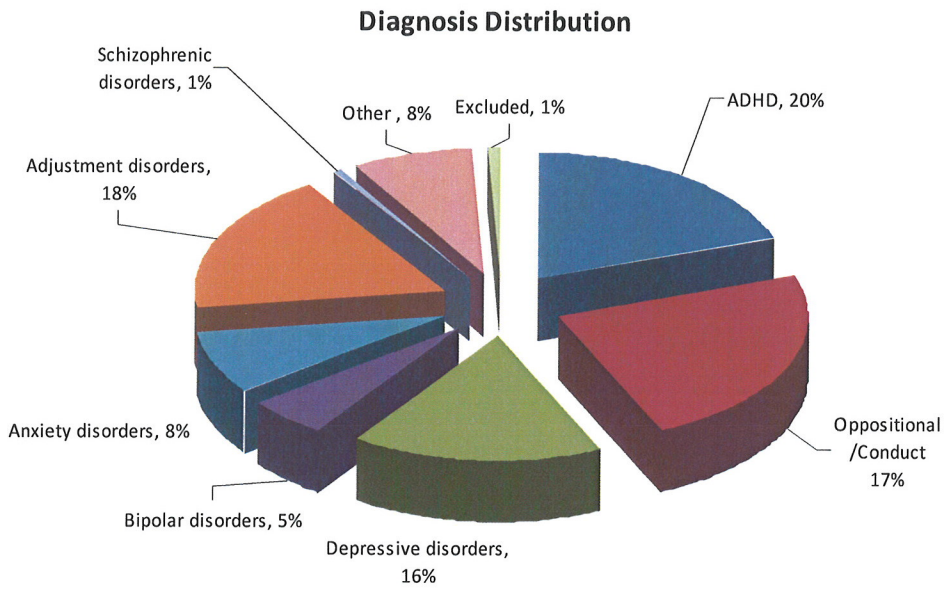
African-American Children and Youth

- 2,515 African-American children and youth clients were served in FY0607, of which 28% were new clients.

- Age:
  - 0-5: 9%
  - 6-11: 29%
  - 12-17: 58%
  - 18+: 5%

- Gender:
  - Female: 38%
  - Male: 61%
  - Unknown: 1%

- Top 3 diagnoses:
  1. Oppositional / conduct disorders
  2. ADHD
  3. Adjustment disorders



- Penetration rates:
  - FY0102: 12%
  - FY0607: 12%

- Retention:
  - Mean visits: 32.4
  - Median visits: 15
  - 13% of African-American clients had only one visit during FY0607

- African-American children and youth clients were more likely to be seen by Juvenile Justice related providers (25% vs. 20% overall).

- African-American children and youth clients were more likely to utilize Day Rehabilitation services, as compared to the overall CMHS population (11% vs. 7%).

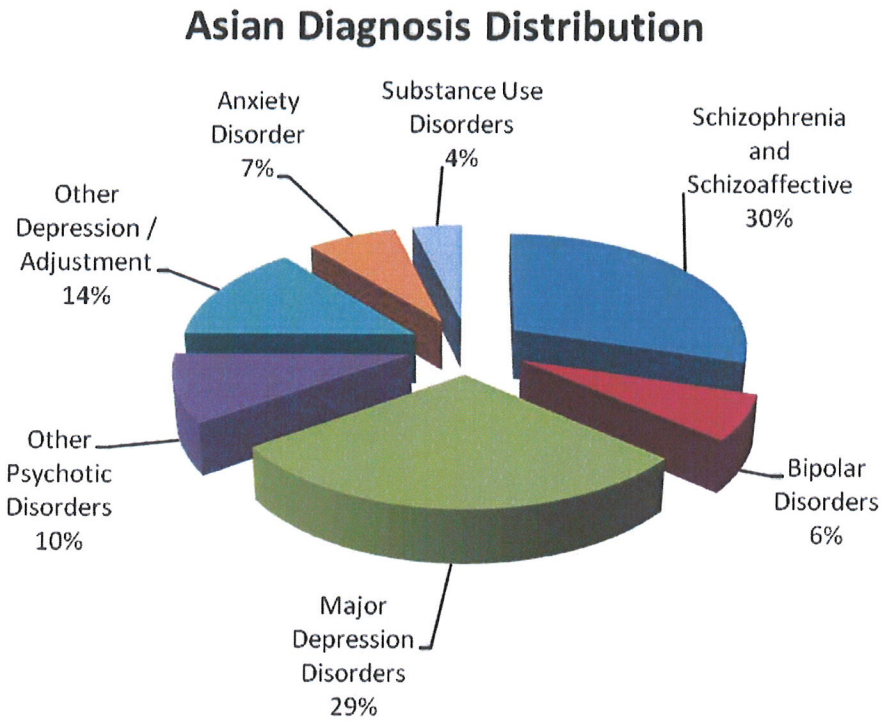
- African-American children and youth clients are more likely to have Medi-Cal (91% vs. 86% overall) and less likely be uninsured (5% vs. 9%), as compared to the overall CMHS population.

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Asian Adults and Older Adults

- 2,106 Asian adult clients were served in FY0607.
- 41% of Asian adult clients identified an Asian language as their preferred language.
- Age:
  - <18-24: 10%
  - 25-59: 75%
  - 60+: 15%
- Gender:
  - Female: 54%
  - Male: 46%
  - Unknown: 0.7%
- Top 3 diagnoses:
  1. Major Depression disorders
  2. Schizophrenia and Schizoaffective disorders
  3. Other Depression/Adjustment disorders
- Penetration rates:
  - FY0102: 6%
  - FY0607: 7%
- Retention:
  - <8 visits: 46%
  - 8+ visits: 54%
- Asian adult clients were less likely to utilize EPU services, as compared to the overall AOAMHS population (16% vs.22%).
- Asian / Pacific Islander adult clients are less likely to be uninsured, as compared to the overall AOAMHS population (33% vs. 46%).



Adult Asian Subcategories		
Description	**N**	**%**
Vietnamese	731	33%
Filipino	541	24%
Cambodian	177	8%
*Pacific Islander	136	6%
**Other Southeast Asian	124	6%
Amerasian	109	5%
Chinese	102	5%
Japanese	88	4%
Korean	65	3%
Asian Indian	33	2%
Other / Unknown	136	6%
Total	2,242	100%
*Pacific Islander includes Guamaniam, Hawaiian Native and Samoan.		
**Other Southeast Asian includes Hmong and Laotian.		

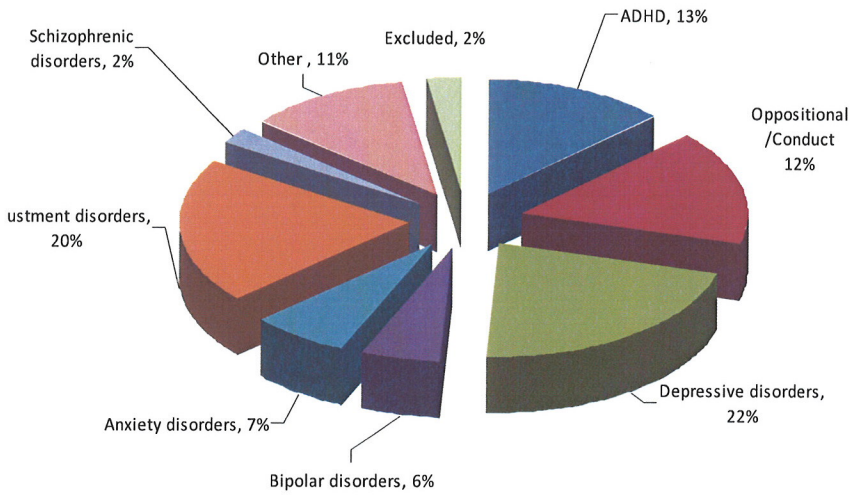
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Asian / Pacific Islander Children and Youth

- 420 Asian / Pacific Islander children and youth clients were served in FY0607, of which 40% were new clients.
- While 89% of Asian / Pacific Islander children and youth clients identified English as their preferred language, 3% identified Vietnamese as their preferred language, 0.6% identified Tagalog, and 7% identified another language.
- Age:
  - 0-5: 11%
  - 6-11: 2%
  - 12-17: 59%
  - 18+: 5%
- Gender:
  - Female: 39%
  - Male: 60%
  - Unknown: 0.7%
- Top 3 diagnoses:
  1. Depressive disorders
  2. Adjustment disorders
  3. Oppositional / conduct disorders
- Penetration rates:
  - FY0102: 5%
  - FY0607: 3%
- Retention:
  - Mean visits: 24.2
  - Median visits: 13
  - 16% of Asian / Pacific Islander clients had only one visit during FY0607

Diagnosis Distribution



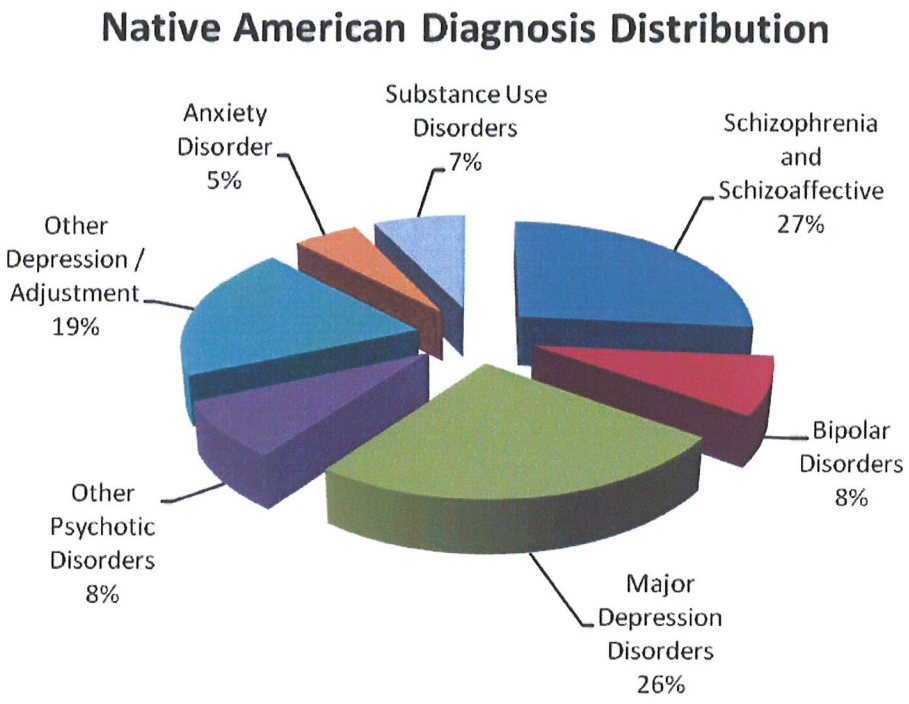
CMHS Asian Subcategories		
Description	**N**	**%**
Vietnamese	58	14%
Filipino	99	24%
Cambodian	31	7%
*Pacific Islander	59	14%
**Other Southeast Asian	25	6%
Amerasian	61	15%
Chinese	8	2%
Japanese	7	2%
Korean	6	1%
Asian Indian	10	2%
Other / Unknown	56	13%
Total	420	100%
*Pacific Islander includes Guamaniam, Hawaiian Native and Samoan.		
**Other Southeast Asian includes Hmong and Laotian.		

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Native American Adults and Older Adults

- 227 Native American adult clients were served in FY0607.
- 96% of Native American adult clients identified English as their preferred language.
- Age:
  - <18-24: 13%
  - 25-59: 83%
  - 60+: 4%
- Gender:
  - Female: 56%
  - Male: 44%
  - Unknown: 0.4%
- Top 3 diagnoses:
  1. Major Depression disorders
  2. Schizophrenia and Schizoaffective disorders
  3. Other Depression/Adjustment disorders
- Penetration rates:
  - FY0102: 4%
  - FY0607: 5%
- Retention:
  - <8 visits: 46%
  - 8+ visits: 54%



Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

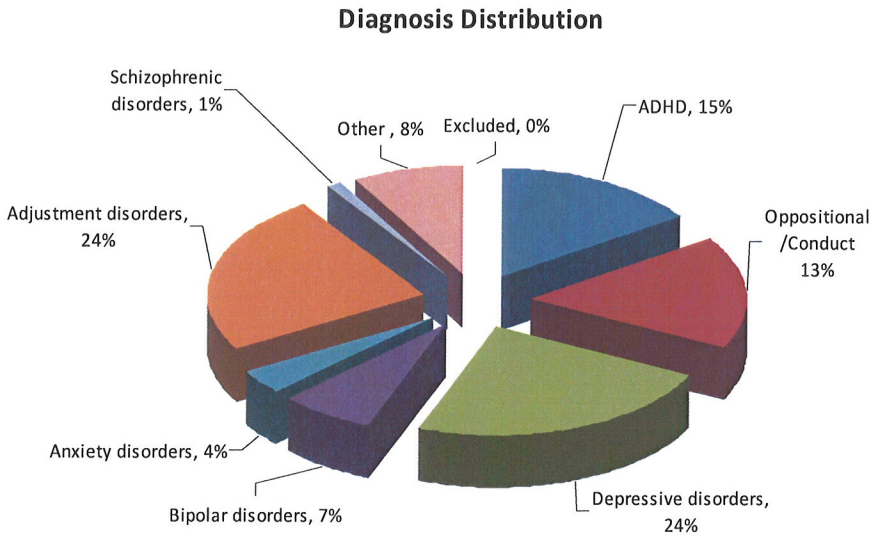
Native American Children and Youth

- 112 Native American children and youth clients were served in FY0607, of which 30% were new clients.

- Age:
  - 0-5: 7%
  - 6-11: 32%
  - 12-17: 54%
  - 18+: 6%

- Gender:
  - Female: 44%
  - Male: 5%
  - Unknown: 1%

- Top 3 diagnoses:
  - Depressive disorders
  - Adjustment disorders
  - Oppositional / conduct disorders



- Penetration rates:
  - FY0102: 4%
  - FY0607: 2%

- Retention:
  - Mean visits: 27.0
  - Median visits: 12
  - 12% of Native American clients had only one visit during FY0607

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG)
and CASRC (JRR, BG, SC), and SDCMHS

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).

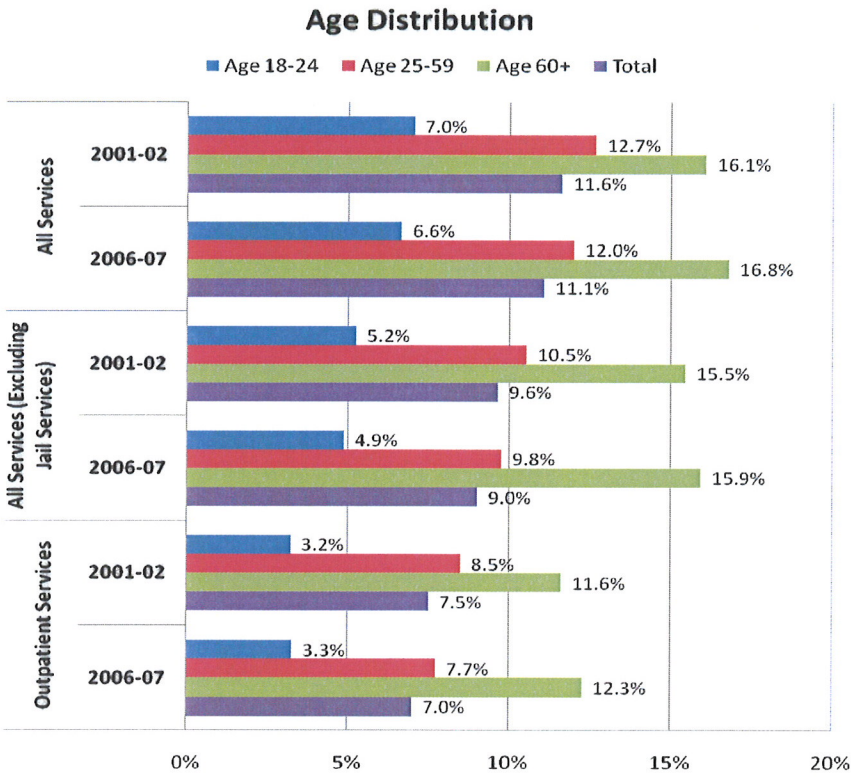
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Adult and Older Adult Penetration Rates by Age

Penetration rates for all services, all services excluding jail services, and outpatient 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+). Differences in penetration rates were examined across years by comparing penetration rates in 2001-2002 to penetration rates in 2006-2007.

- Clients age 60+ had the highest penetration rates for all types of services in 2001-2002 and 2006-2007.
- Clients age 18-24 had the lowest penetration rates for all types of services in 2001-2002 and 2006-2007.
- Penetration rates across all clients age 18+ decreased slightly from 2001-2002 to 2006-2007 for all types of services.
- Penetration rates for clients age 60+ increased slightly from 2001-2002 to 2006-2007 for all types of services.
- Penetration rates for clients age 18-59 decreased slightly from 2001-2002 to 2006-2007 for all types of services.



	All Services			
	Potential clients		Actual clients	
	San Diego County Uninsured or Medicaid under 200% FPL		AOAMHS Clients	
	2001-02	2006-07	2001-02	2006-07
Age 18-24	74,552	76,425	5,232	5,061
Age 25-59	242,191	248,273	30,651	29,725
Age 60+	19,410	19,897	3,118	3,338
Total	336,154	344,596	39,001	38,124

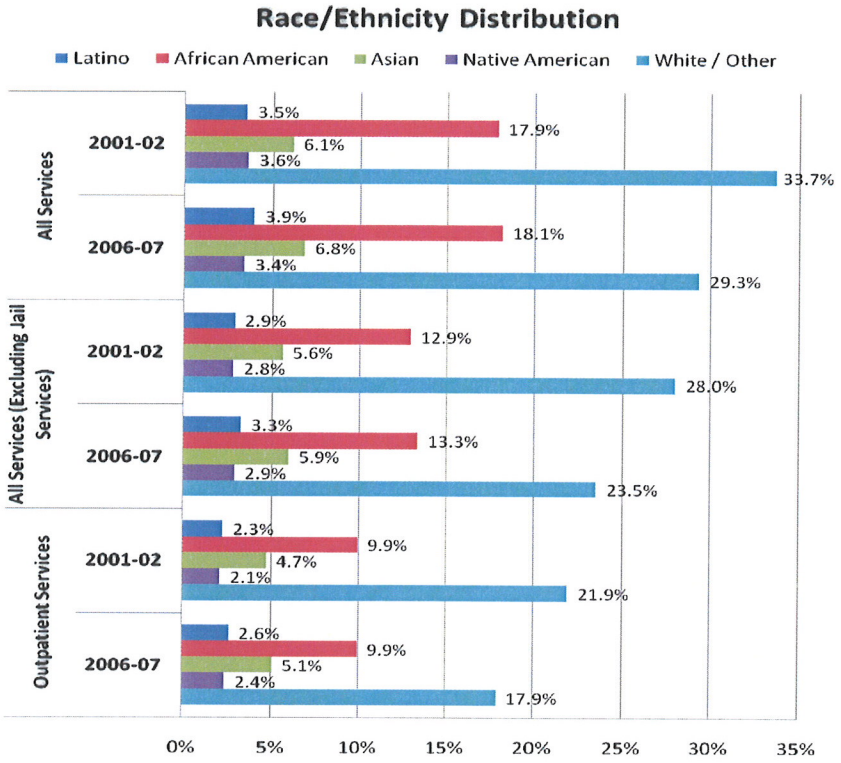
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Adult Penetration Rates by Race/Ethnicity for Clients Age 18-59

Penetration rates for all services, all services excluding jail services, and outpatient services were examined across five race/ethnicity groups: Latinos, African Americans, Asians, Native Americans, and Whites/other. Penetration rates were calculated as number of actual clients within a specific racial/ethnic group (i.e. Latinos, African Americans, Asians, Native Americans, and Whites/other) 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.

- White clients had the highest penetration rates for all types of services in 2001-2002 and 2006-2007.
- Latino, Native American, and Asian clients had the lowest penetration rates for all types of services in 2001-2002 and 2006-2007.
- Penetration rates among White clients decreased from 2001-2002 to 2006-2007 for all types of services.
- Penetration rates among Latino, African American, Asian, and Native American clients increased slightly from 2001-2002 to 2006-2007 for all types of services.



	All Services			
	Potential Clients		Actual Clients	
	San Diego County Uninsured or Medicaid under 200% FPL		A/OAMHS Clients	
	2001-02	2006-07	2001-02	2006-07
White	68,180	69,892	22,991	20,460
Latino	190,506	195,290	6,660	7,692
African American	24,211	24,819	4,323	4,499
Asian	27,591	28,284	1,686	1,917
Native American	6,256	6,413	223	218

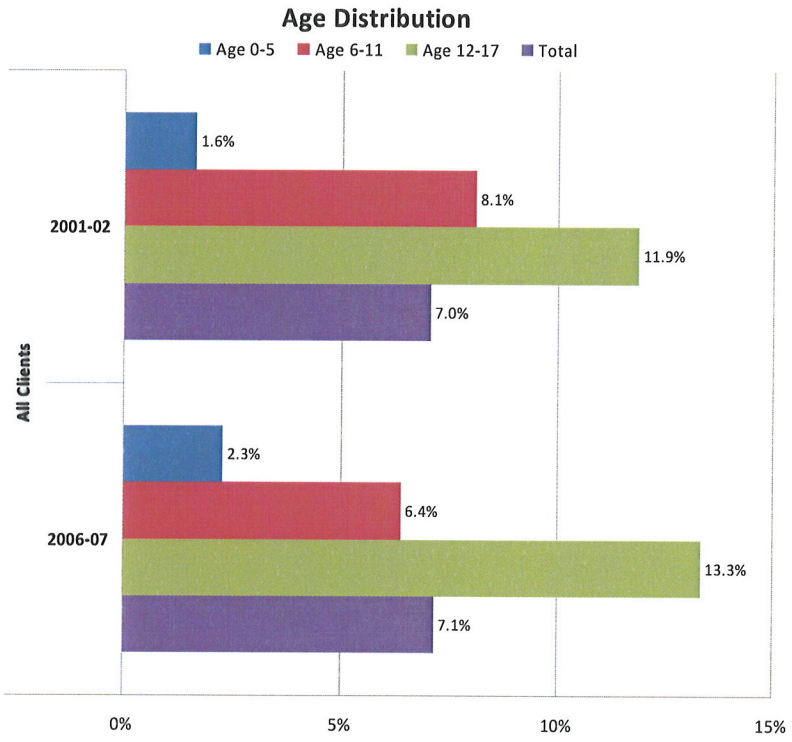
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Children's 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 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.

- Clients age 12-17 had the highest penetration rates in 2001-2002 and 2006-2007.
- Clients age 0-5 had the lowest penetration rates in 2001-2002 and 2006-2007.
- Penetration rates for clients age 0-5 increased slightly from 2001-2002 to 2006-2007.
- Penetration rates across clients age 6-11 decreased slightly from 2001-2002 to 2006-2007.
- Penetration rates for clients age 12-17 increased slightly from 2001-2002 to 2006-2007.



	All Clients			
	Potential clients		Actual clients	
	San Diego County Uninsured or Medicaid under 200% FPL		CMHS Clients	
	2001-02	2006-07	2001-02	2006-07
Age 0-5	78,728	80,705	1,294	1,850
Age 6-11	76,077	77,987	6,146	4,959
Age 12-17	70,778	72,555	8,410	9,684
Total	225,583	231,247	15,850	16,493

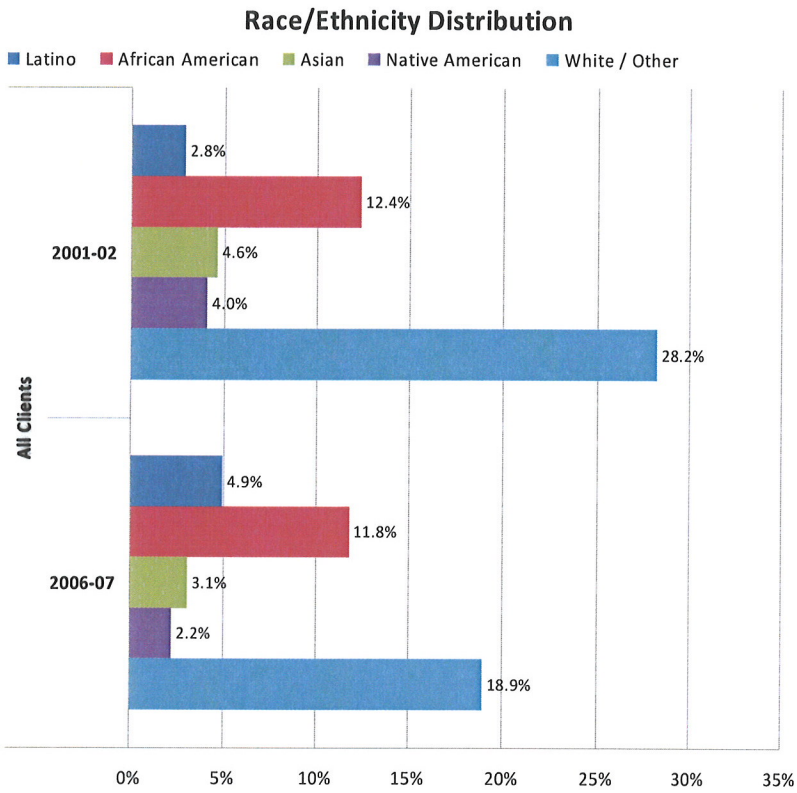
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Penetration Rates by Race/Ethnicity for Age 0-17

Penetration rates for CMHS clients were examined across five race/ethnicity groups: Latinos, African Americans, Asians, Native Americans, and Whites/other. Penetration rates were calculated as number of actual clients within a specific racial/ethnic group (i.e. Latinos, African Americans, Asians, Native Americans, and Whites/other) 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.

- White clients had the highest penetration rates for all types of services in 2001-2002 and 2006-2007.
- Latino, Native American, and Asian clients had the lowest penetration rates in 2001-2002 and 2006-2007.
- Penetration rates among Latino clients increased from 2001-2002 to 2006-2007.
- Penetration rates among White, African American, Asian, and Native American clients decreased from 2001-2002 to 2006-2007.



	All Services			
	Potential Clients		Actual Clients	
	San Diego County Uninsured or Medicaid under 200% FPL		CMHS Clients	
	2001-02	2006-07	2001-02	2006-07
White	28,660	29,379	8,082	5,565
Latino	159,771	163,783	4,549	8,033
African American	19,799	20,296	2,446	2,390
Asian	12757	13077	587	400
Native American	4597	4712	186	105

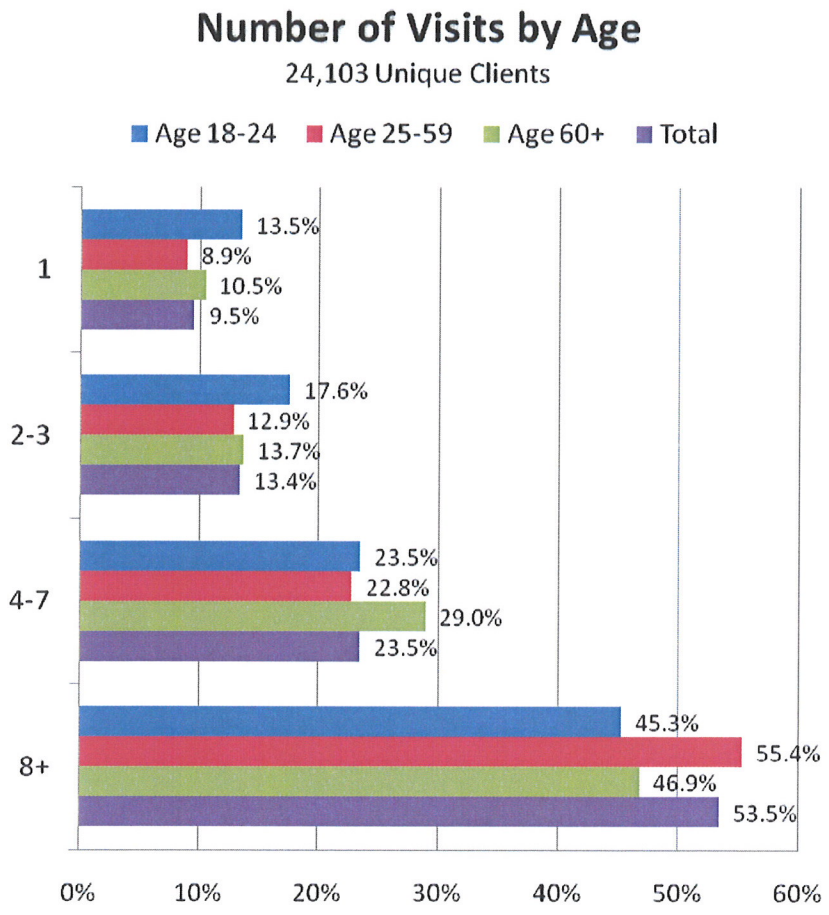
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

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

Outpatient service retention rates for AOAMHS clients were examined in 2006-2007 across three age groups: 18-24, 25-59, and 60+. Retention rates were calculated as number of clients within a specific age group (i.e. 18-24, 25-59, and 60+) who received services divided by number of total clients within that age group (i.e. 18-24, 25-59, and 60+).

- 54% of all clients had retention rates of 8 or more visits.
- Clients age 25-59 had the highest retention rates, and were more likely than the other age groups to continue services past 8 visits.
- Clients age 18-24 had the lowest retention rates, and were more likely than the other age groups to drop services in under 4 visits.
- Clients age 60+ were most likely than the other age groups to drop services in 4-7 visits.



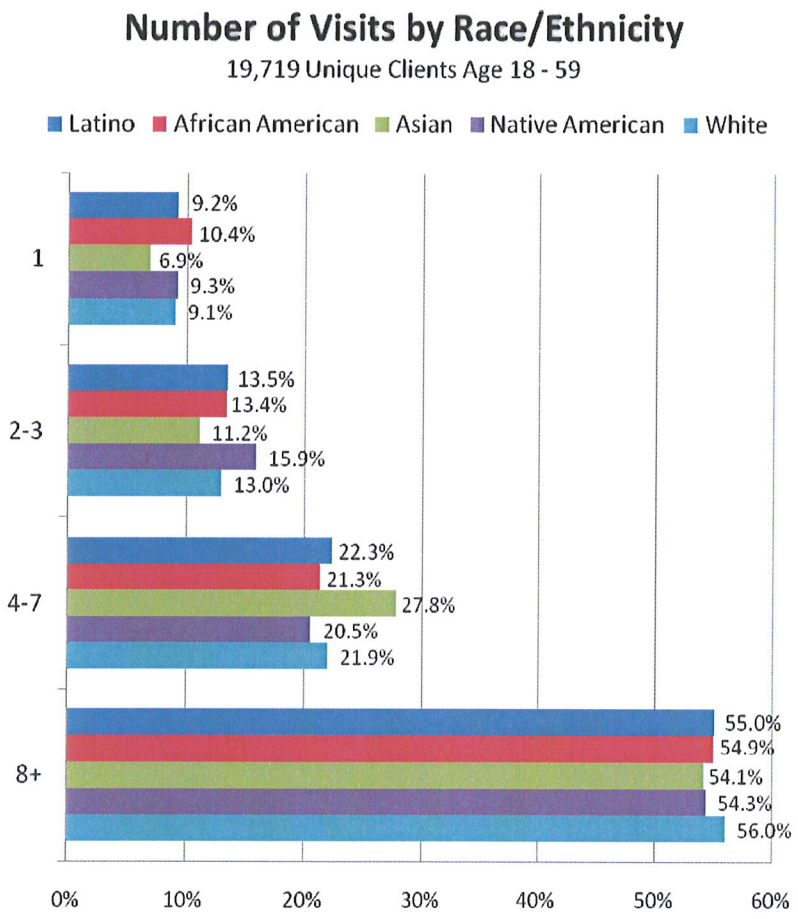
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

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

Outpatient service retention rates for AOAMHS clients were examined in 2006-2007 across five racial/ethnic groups: Latinos, African Americans, Asians, Native Americans, and Whites/other. Retention rates were calculated as number of clients within a specific racial/ethnic group (i.e. Latinos, African Americans, Asians, Native Americans, and Whites/other) who received services divided by number of total clients within that racial/ethnic group (i.e. Latinos, African Americans, Asians, Native Americans, and Whites).

- White clients had the highest retention rates, and were slightly more likely than the other racial/ethnic groups to continue services past 8 visits. However, retention rates of 8 or more visits did not vary significantly between racial/ethnic groups.
- Asian and Native American clients had the lowest retention rates. However, retention rates of 8 or more visits did not vary significantly between racial/ethnic groups.
- African American clients were more likely than the other racial/ethnic groups to drop services after 1 visit.
- Native American clients were more likely than the other racial/ethnic groups to drop services in 2-3 visits.



- Asian clients were more likely than other racial/ethnic groups to drop services in 4-7 visits.

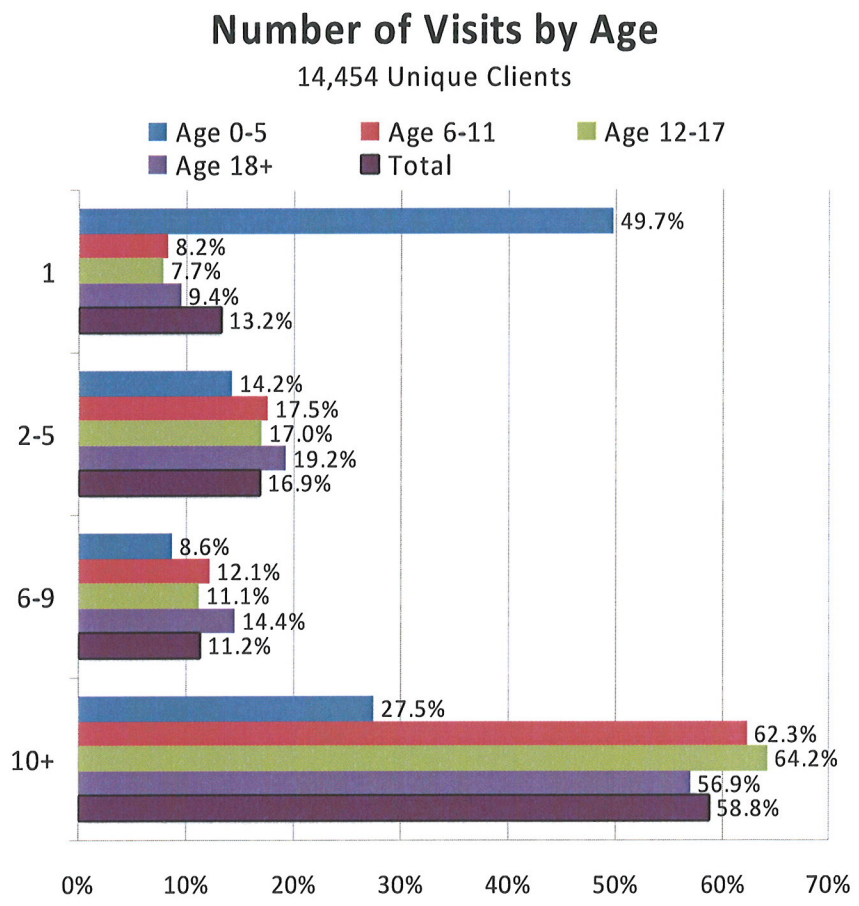
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Child and Youth Retention Rates by Age for Number of Visits

Service retention rates for CMHS clients were examined in 2006-2007 across four age groups: 0-5, 6-11, 12-17, 18+. Retention rates were calculated as number of clients within a specific age group (i.e. 0-5, 6-11, 12-17, 18+) who received services divided by number of total clients within that age group (i.e. 0-5, 6-11, 12-17, 18+). Note: Visit data was not available for clients served solely by the JFS and Spectrum programs; these clients are excluded from the figure below.

- Retention rates varied significantly by client age.
- 59% of all clients had retention rates of 10 or more visits.
- 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 visits.
- Clients age 0-5 had the lowest retention rates, and were much more likely than the other age groups to drop services after 1 visit.



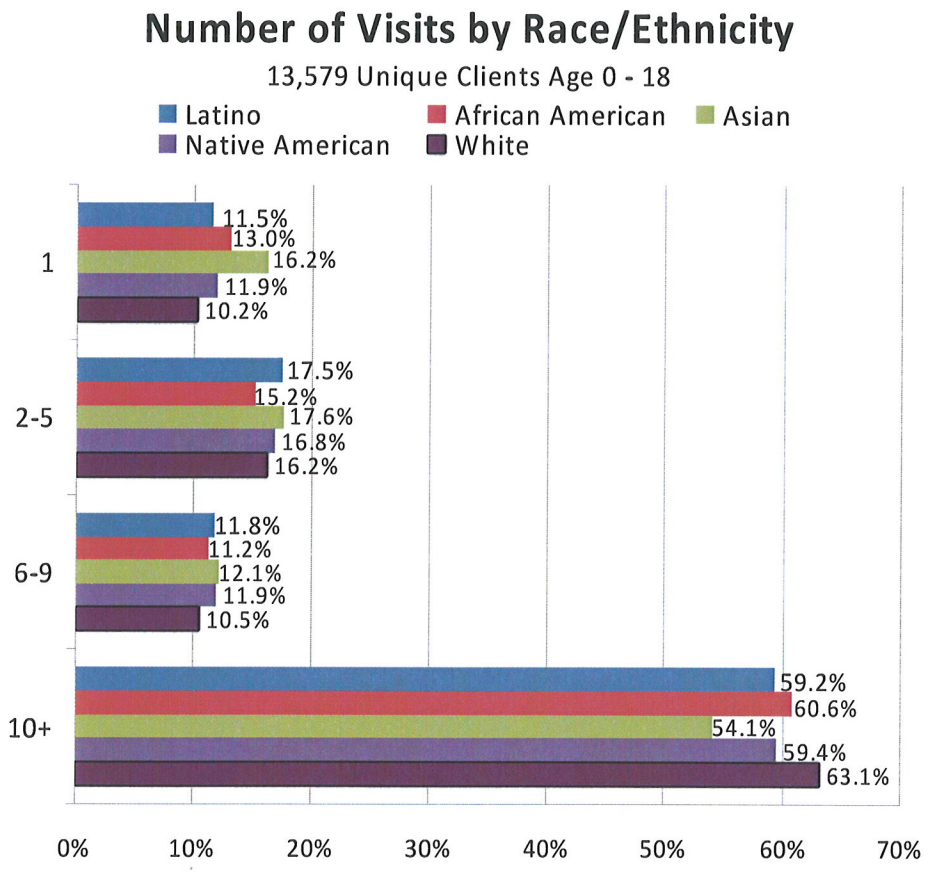
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Child and Youth Retention Rates by Race/Ethnicity for Number of Visits

Service retention rates for CMHS clients were examined in 2006-2007 across five racial/ethnic groups: Latinos, African Americans, Asians, Native Americans, and Whites/other. Retention rates were calculated as number of clients within a specific racial/ethnic group (i.e. Latinos, African Americans, Asians, Native Americans, and Whites/other) who received services divided by number of total clients within that racial/ethnic group (i.e. Latinos, African Americans, Asians, Native Americans, and Whites). Note: Visit data was not available for clients served solely by the JFS and Spectrum programs; these clients are excluded from the figure below.

- Retention rates varied significantly by race/ethnicity.
- White clients had the highest retention rates, and were more likely than the other racial/ethnic groups to continue services past 10 visits.
- Asian clients had the lowest retention rates and were more likely than the other racial/ethnic groups to drop services after 1 visit.



Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Disparities in Service Utilization by Age and by Race/Ethnicity

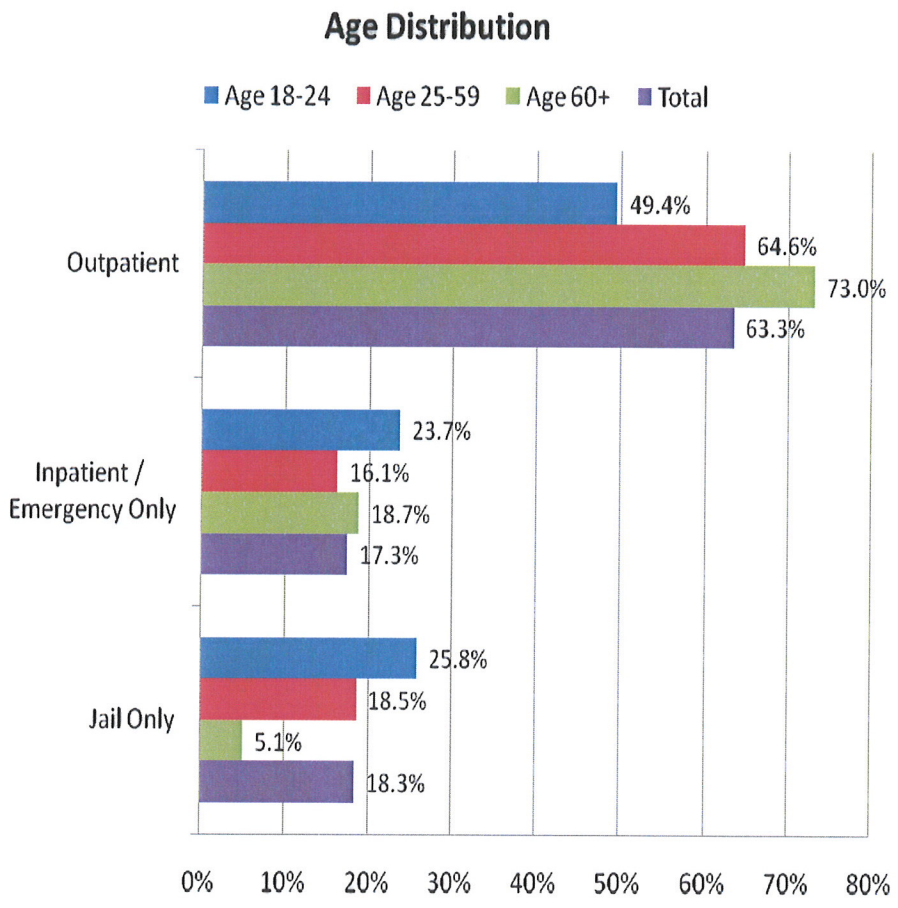
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Type of Services Used by Age – Adult and Older Adult

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 in 2006-2007 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+).

- 63% of all clients use outpatient services.
- Clients age 18-24 used more inpatient/emergency and jail only services and less outpatient services than the other age group.
- Clients age 60+ used more outpatient services than other age group.
- Clients age 25-59 used fewer inpatient/emergency services than other age group.



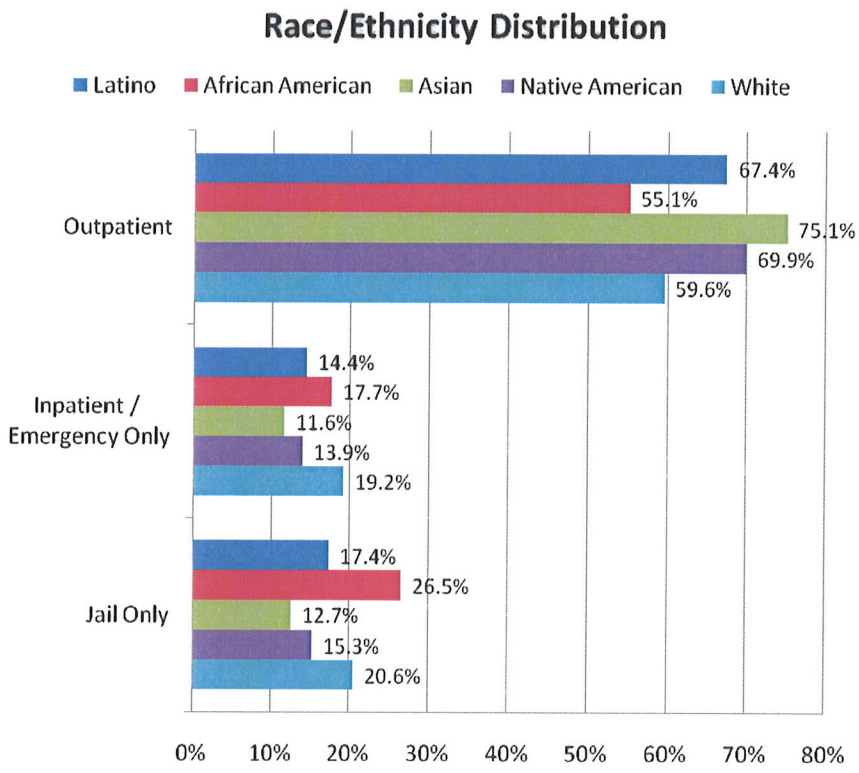
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Type of Services Used by Race/Ethnicity – Adult and Older Adult

Types of services used by AOAMHS clients were examined in 2006-2007 across five racial/ethnic groups: Latinos, African Americans, Asians, Native Americans, and Whites/other. Utilization rates were calculated as number of clients within a specific racial/ethnic group (i.e. Latinos, African Americans, Asians, Native Americans, and Whites/other) 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.

- White and African American clients used more inpatient/emergency and jail only services and less outpatient services than the other racial/ethnic group.
- Asian, and to a lesser extent, Native American clients, used more outpatient services and fewer inpatient/emergency and jail only services than other racial/ethnic group.



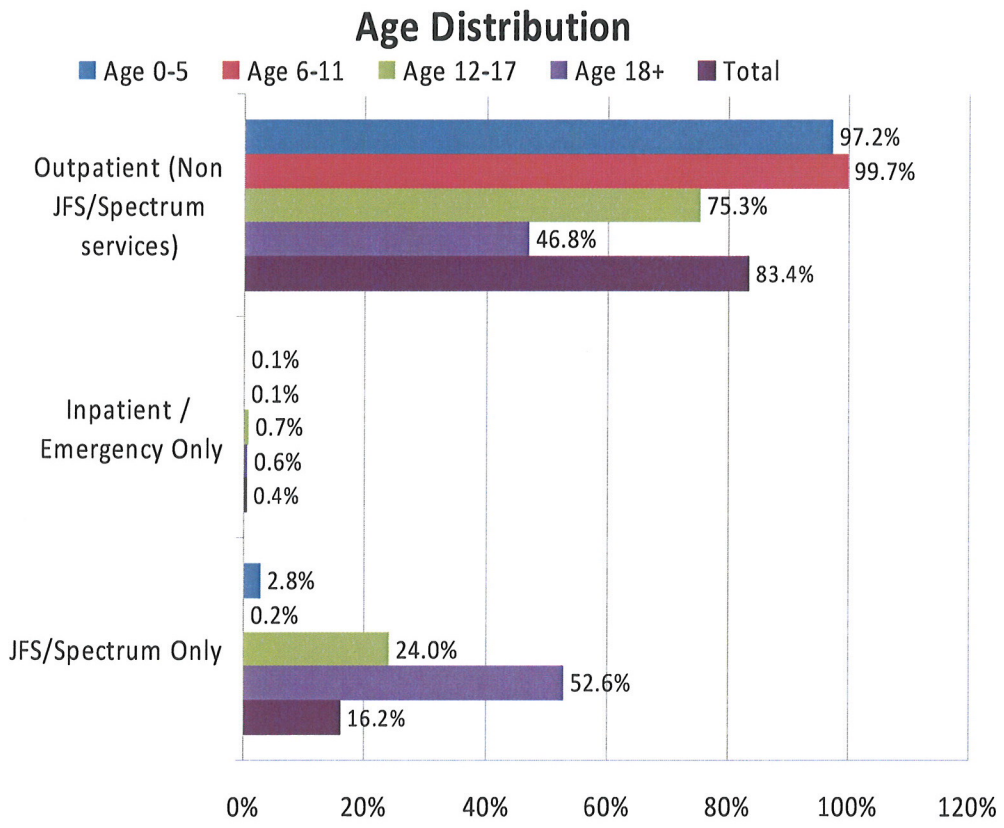
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Type of Services Used by Age - Children and Youth

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 in 2006-2007 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/Spectrum only) divided by number of total clients within that age group (i.e. 0-5, 6-11, 12-17, 18+).

- 83% of all clients used outpatient services.
- Few clients used only inpatient/emergency services during the fiscal year.
- Clients age 12-17 and 18+ used more JFS/Spectrum only services and less outpatient services than the other age groups.
- Few clients under age 12 used JFS/Spectrum only services.

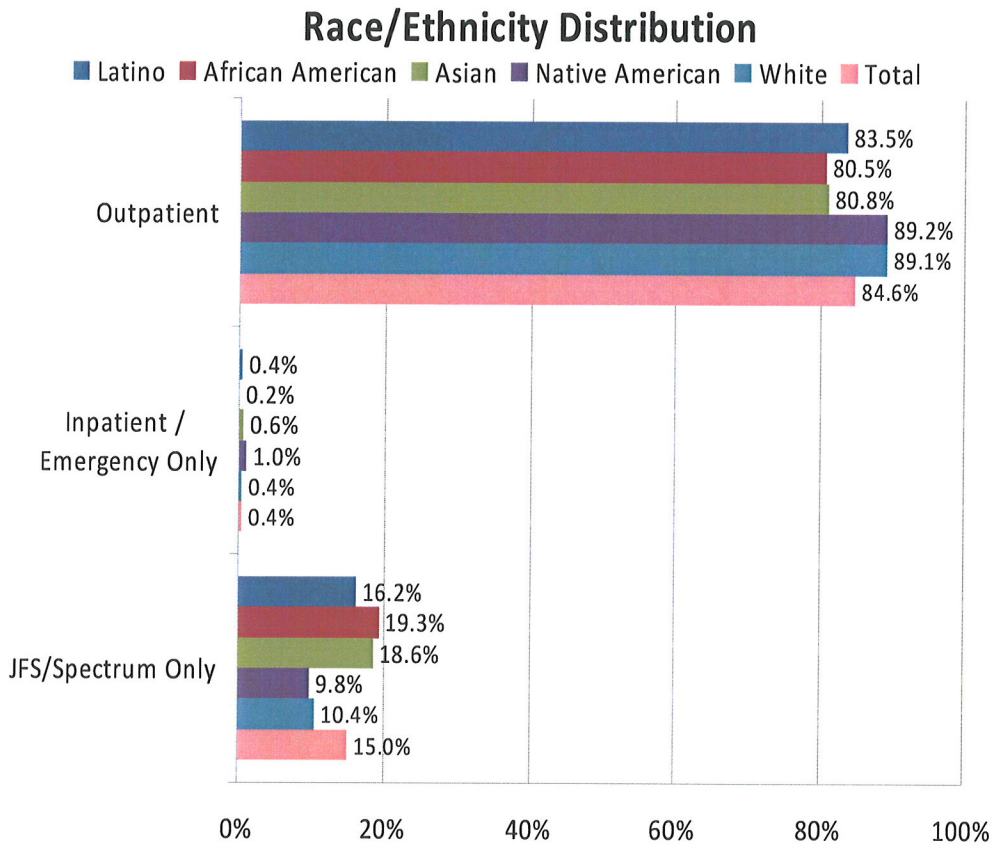


Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

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

Types of services used by CMHS clients were examined in 2006-2007 across five racial/ethnic groups: Latinos, African Americans, Asians, Native Americans, and Whites/other. Utilization rates were calculated as number of clients within a specific racial/ethnic group (i.e. Latinos, African Americans, Asians, Native Americans, and Whites/other) who used a specific type of service (i.e. outpatient, inpatient/emergency only, and JFS/Spectrum only) divided by number of total clients within that race/ethnicity group.



- The majority of clients used non-JFS / Spectrum outpatient services, while few clients used only inpatient or emergency services.
- African American and Asian clients used more JFS/Spectrum only services and less outpatient services than the other racial/ethnic groups.
- Native American clients used more outpatient services, more inpatient /emergency only services, and fewer JFS/Spectrum only services than other racial/ethnic groups.
- White clients used more outpatient services and fewer JFS/Spectrum only services than other racial/ethnic groups other than Native American.

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

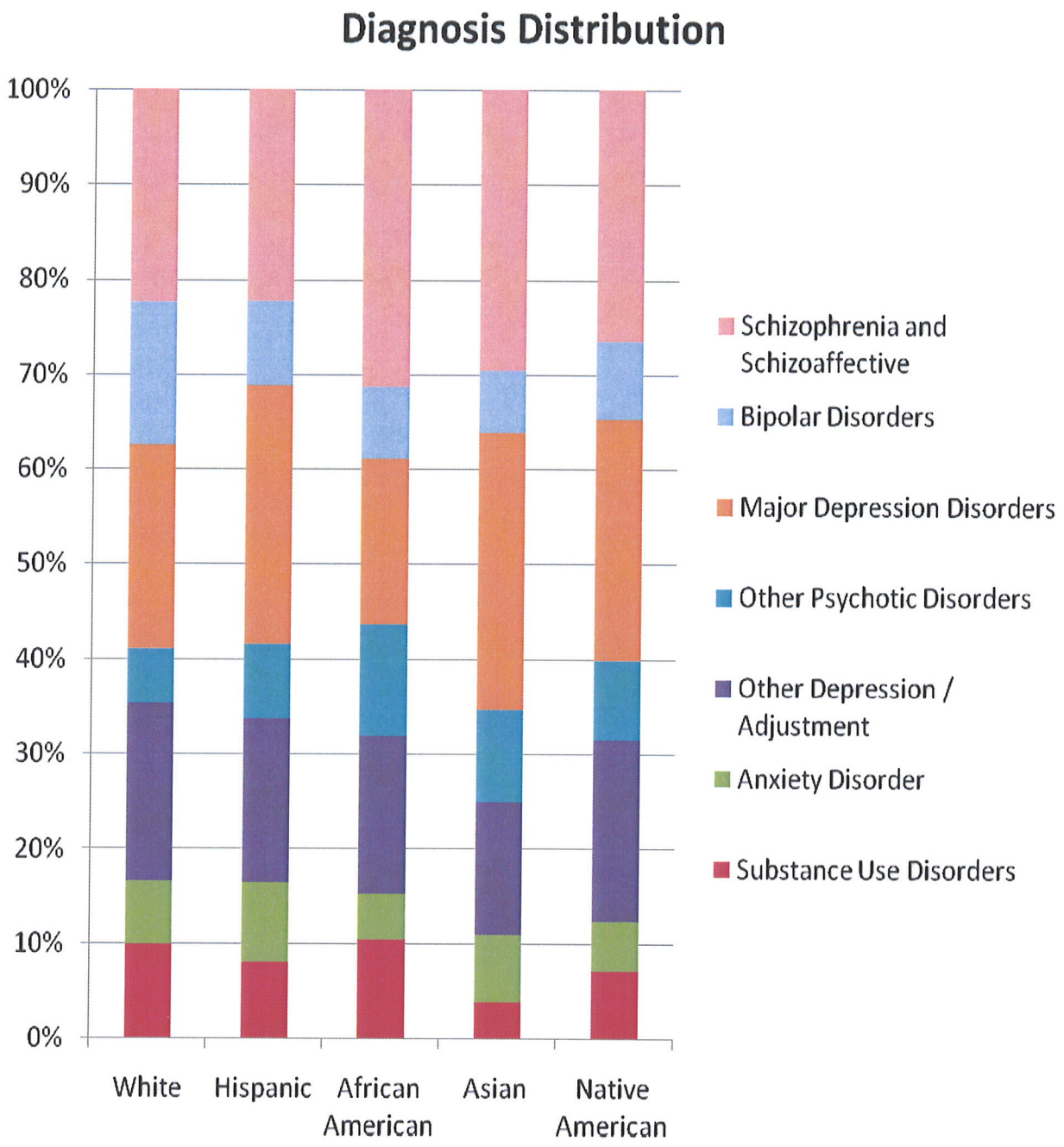
Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Disparity in Diagnosis by Age and by Race/Ethnicity

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Diagnosis by Race/Ethnicity (Adult)



Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

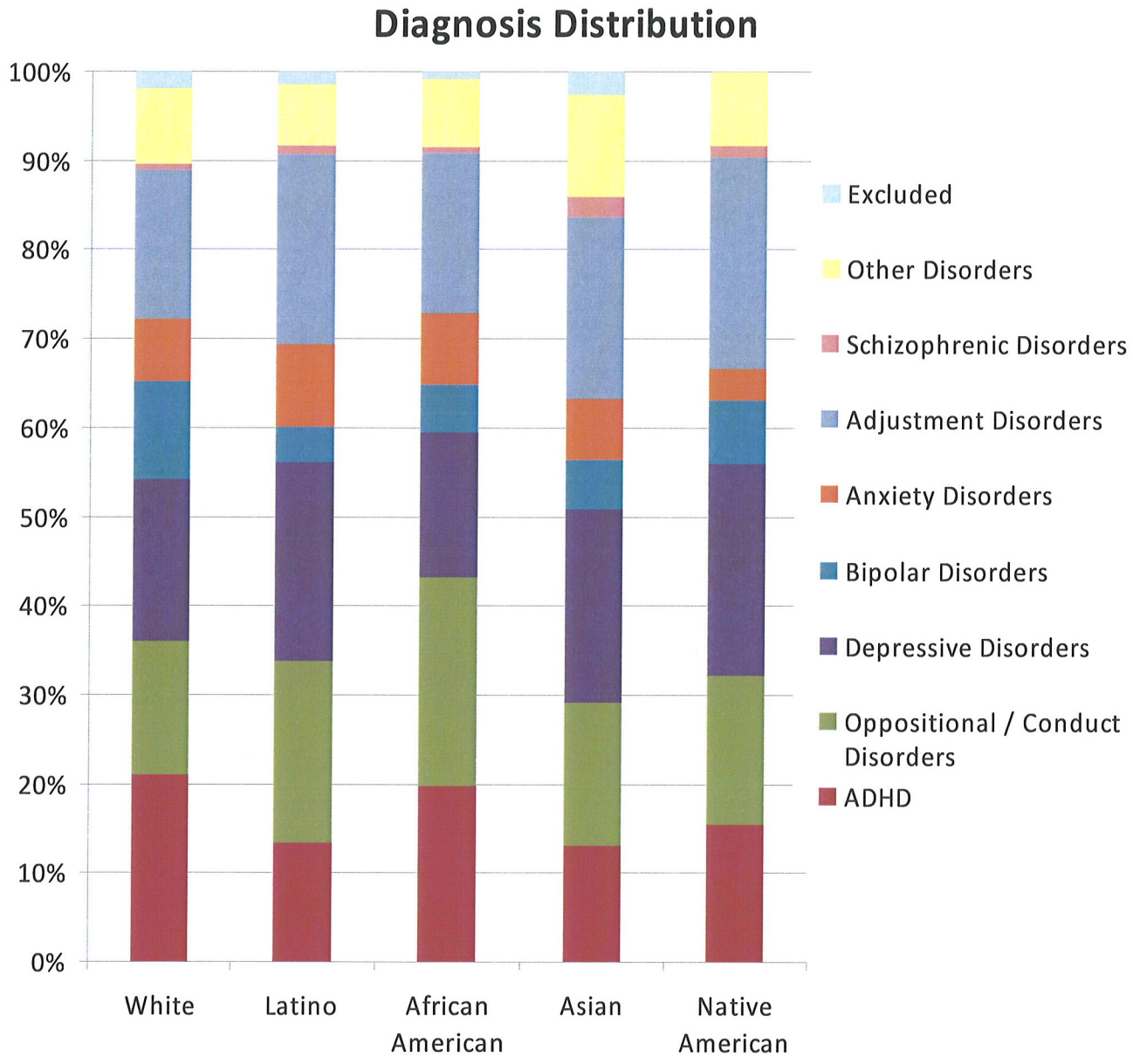
Diagnosis by Race/Ethnicity - Adult- Older Adult

- Schizophrenia/schizoaffective, bipolar disorder, major depression disorder, other psychotic disorder, other depression/adjustment disorder, anxiety disorder, and substance abuse disorder diagnosis rates were examined for five racial/ethnic groups: Latinos, African Americans, Asians, Native Americans, and Whites/other.
- 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 clients had the lowest prevalence rates of Bipolar disorders.
- Asian 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.
- White and Native American clients had the highest prevalence rates of Other Depression/Adjustment disorders, while Asian clients had the lowest prevalence rates of Other Depression/Adjustment disorders.
- Hispanic clients had the highest prevalence rates of Anxiety disorders, while African American clients had the lowest prevalence rates of Anxiety disorders.
- African American clients had the highest prevalence rates of Substance Use disorders, while Asian clients had the lowest prevalence rates of Substance Use disorders.

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Diagnosis by Race/Ethnicity - Children and Youth



Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Diagnosis by Race/Ethnicity - Children and Youth

- White clients had the highest prevalence rates of Bipolar disorders and ADHD, while Latino clients had the lowest prevalence rates of these disorders.
- Asian 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 Oppositional/Conduct disorders, and the lowest prevalence rates of Depressive disorders.
- Asian/Pacific Islander clients had the highest prevalence rates of Schizophrenic disorders, while African American clients had the lowest prevalence rates of Schizophrenic disorders.
- Native American clients had the lowest prevalence rates of Anxiety disorders.
- White clients had the lowest prevalence rates of Adjustment disorders

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Current Workforce Diversity

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

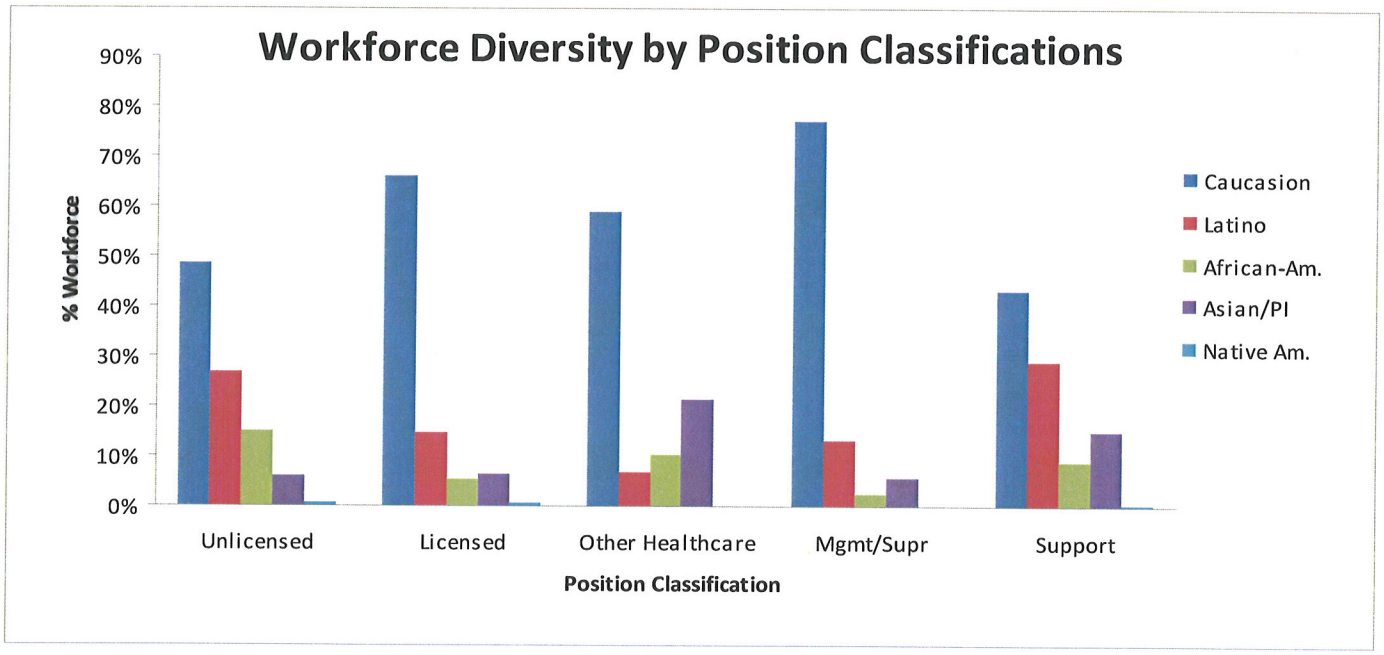
Current Workforce Diversity

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% Latino/Hispanic, 9% African Americans/Blacks, 8% Asian/Pacific Islanders, and 1% Native American[1].

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.



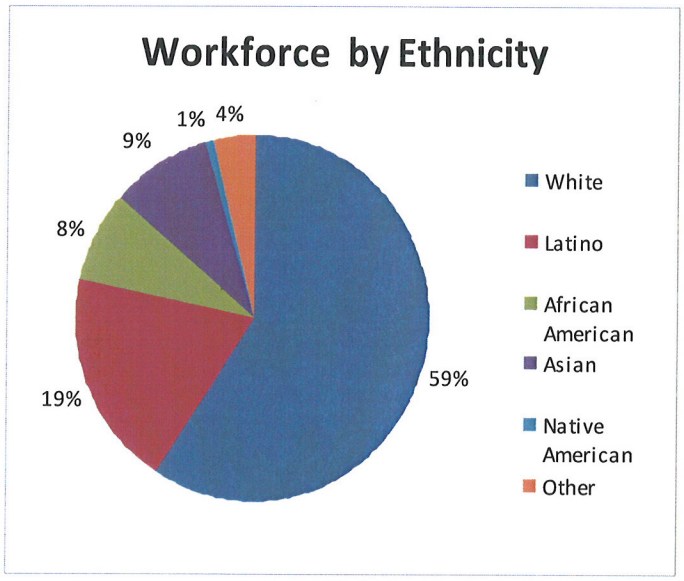
[1] County of San Diego Mental Health Services, "Workforce Employment and Training Needs Assessment," MHSA Proposition 63.

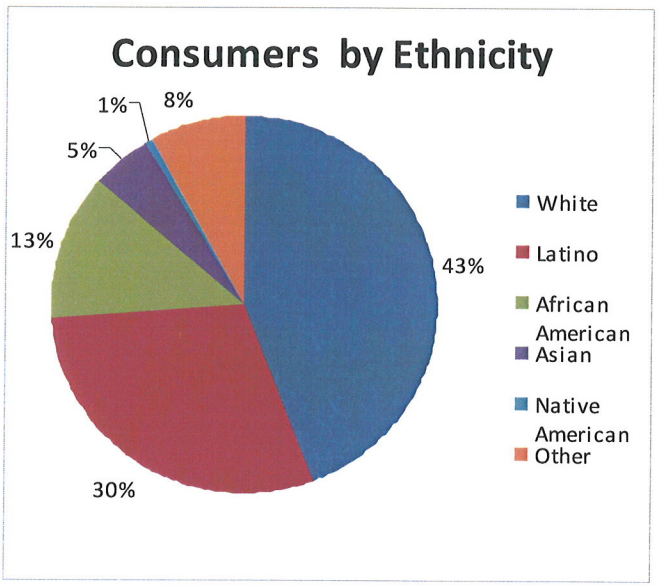
Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

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 Latinos are underrepresented.





Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

ATTACHMENTS
Research Article Summary
Race/Ethnicity Determination
GLOSSARY

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

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.

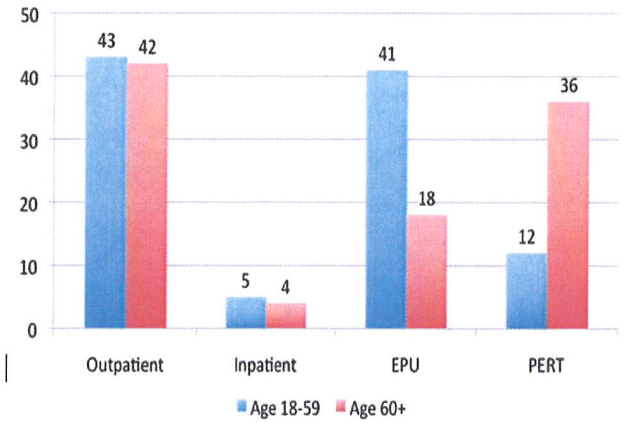
Older adults were defined as those age 60+. Emergency services were separated into EPU (psychiatric emergency unit) and PERT (psychiatric emergency response team). Inpatient services were defined as admissions to acute psychiatric inpatient and crisis residential facilities, and outpatient services were 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.

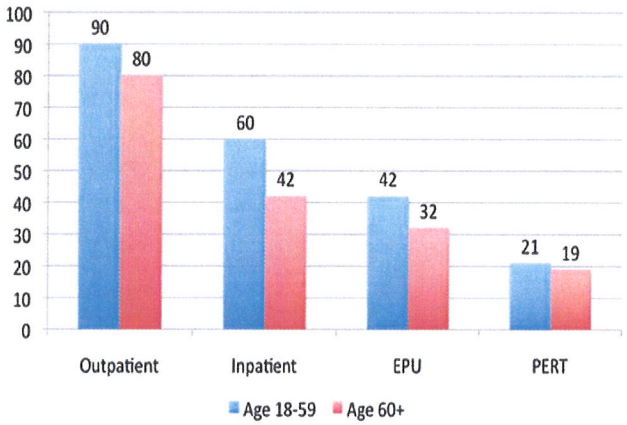
Results indicated that older adults were less likely to use inpatient care as point of contact when compared to younger adults. Older adults were also much less likely to use EPU emergency services as point of contact when compared to younger adults, but much more likely to use PERT response team emergency 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



Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

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.

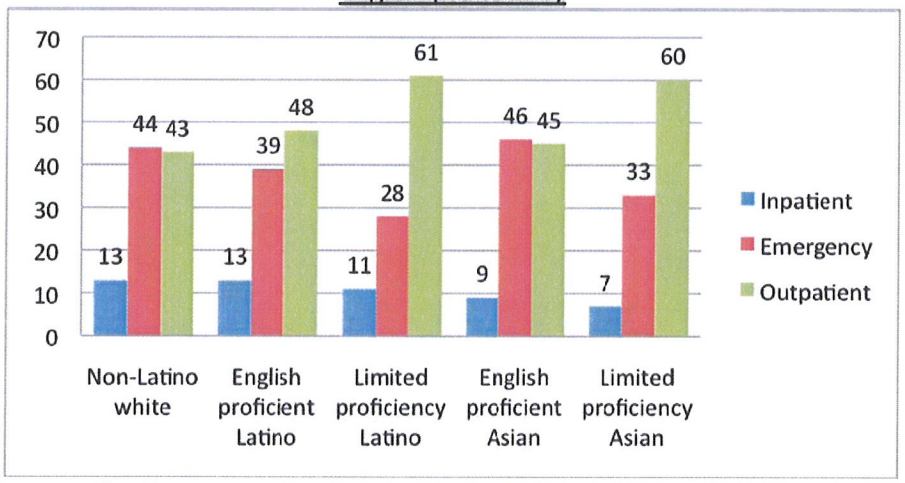
2007 *Psychiatric Services, 58*(12), 1555-1562.

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 Latino clients were identified and compared to Caucasian clients. Asian and Latino 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 Latinos vs non English speaking Latinos, 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 Latinos had a higher prevalence of Schizophrenia and lower prevalence of Depression when compared to the non English speaking Asians and Latinos.

Results indicated that, when looking at point of access and 6 month follow up, non English speaking Asians and Latinos were more likely to use outpatient services and less likely to use emergency services than English speaking Asians, Latinos, 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, Latinos, and Caucasians.

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

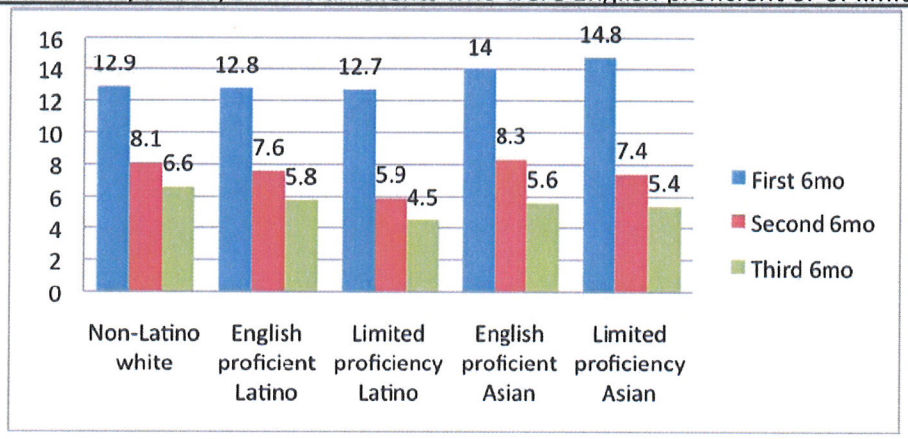


When looking specifically at number of outpatient services used, non English speaking Latinos used fewer outpatient services compared to English speaking Latinos, but number of outpatient services used by non English speaking and English speaking Asians did not differ.

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

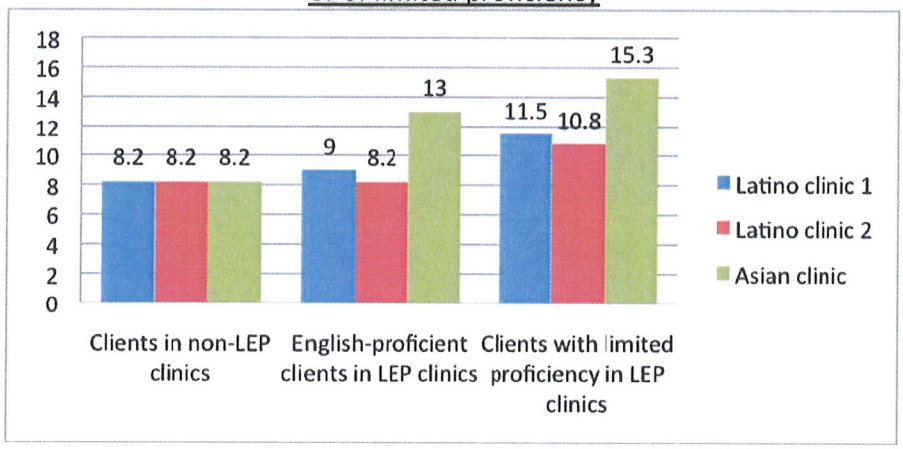
Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Number of outpatient mental health services visits in three six-month periods after first use of the system among non-Latino white, Latino, 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 Latino clients received the majority of their services from one of two clinics that specialized in the Latino 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-Latino white, Latino, 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.

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Race/Ethnicity Determination

How race/ethnicity is defined:
Race/ethnicity data were collected from InSyst, which 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 Latino 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

How race/ethnicity is determined in InSyst:
InSyst contains two variables that are used to determine race/ethnicity. For each client the RACE variable contains one of 35 possible descriptions. Each description corresponds to a Race/Ethnicity value (see below). If the HISPANIC_ORIGIN variable is set to 1, the race/ethnicity is set to Hispanic regardless of the ethnicity description.

Description in InSyst	Race/Ethnicity Determination in InSyst
African American	African American
Amerasian	Asian
Asian Indian	Asian
Cambodian	Asian
Chinese	Asian
Cuban	Hispanic
Dominican	Hispanic
Ethiopian	Other
Filipino	Asian
Guamanian	Asian
Hawaiian Native	Asian
Hmong	Asian
Iranian	Other
Iraqi	Other
Japanese	Asian
Korean	Asian
Laotian	Asian
Mexican American/Chicano	Hispanic
Multiple	Other
Native American	Native American
Other	Other
Other Asian	Asian
Other Hispanic	Hispanic
Other Latin American	Hispanic
Other Non-White	Other
Other Southeast Asian	Asian
Pacific Islander	Asian
Puerto Rican	Hispanic
Salvadoran	Hispanic
Samoan	Asian
Somali	Other
Sudanese	Other
Unknown	Unknown
Vietnamese	Asian
White	Caucasian

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Race/Ethnicity Breakdown FY0607 Number of clients = 55,377		
Description	**N**	**%**
White	24,306	44%
African American	7,238	13%
Native American	339	0.6%
Asian	2,662	5%
Hispanic	16,596	30%
Other/Unknown	4,236	8%

Other / Unknown Subcategories		
Description	**N**	**%**
Unknown	2,564	61%
Other	789	19%
Iraqi	267	6%
Iranian	211	5%
Ethiopian	169	4%
Sudanese	63	1%
Somali	60	1%
Multiple	113	3%
Total	4,236	100%

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

Data Sources: UBH (1/2008 download)
Date Revised: 4/28/2009

Source: HSRC (AS, BL, JC, MS, ST, TG) and CASRC (JRR, BG, SC), and SDCMHS

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.

CRITERION 3

COUNTY OF SAN DIEGO MENTAL HEALTH SYSTEM

STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

CRITERION 3 – STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Identified Disparities Table	3.II.A.1-5
MHSA/CSS Programs – Objectives/Actions/Timelines	3.III.B.IV.1-19
MHSA PEI Programs and Services	3.III.B.V.1-8
Recovery Self-Assessment (RSA)	3.V.B.1-14

Criterion 3, II., ***Identified disparities (within target populations)***

IDENTIFIED UNDER-SERVED/UNSERVED TARGET POPULATIONS	MEDI-CAL	SAN DIEGO COMBINED MEDI-CAL AND <200% POVERTY (MINUS MEDI-CAL)	COMMUNITY SERVICES AND SUPPORT	WORKFORCE ENHANCEMENT & TRAINING	PREVENTION AND EARLY INTERVENTION
	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED
Latino Adults/Older Adults	Older Adults underserved. Identified as underserved ethnicity.	31% identified Spanish as preferred language Underserved: Only 19% SDCMHS clients are Hispanic adults Poor engagement: 45% of clients>8 visits, 13% only 1 visit Older Adults under-served	Under –served, especially those living in poverty Latino fully served adults and older adults are12% of clients in the AB2034/REACH program	Need for 245 language proficient providers to meet projected need. Licensed staff positions were difficult to fill because of scarcity of candidates and non-competitive salaries.	Under-served population from Gap Analysis
Latino Children	0-5 underserved Identified as underserved ethnicity.	0-5 underserved 30% identified Spanish as preferred language Poor engagement: 30% had >5 visits; 12% had 1 visit	0-5 underserved Latino fully served children with Wraparound services=27% of all fully served. Latino children concurrently seen by MH and Special Education (37%) were under-represented as compared with the total MH population (44%)	See above	Under-served population from Gap Analysis
African American Adults/Older Adults	**Older Adults under served**	**Not linked to community mental health services High use or inpatient/emergency services (18%) and jail mental health services (27%) High rate of diagnosis with Schizophrenia and**	**Over-represented in acute inpatient care and adult jail mental health services. More likely to have a diagnosis of Schizophrenia and Schizoaffective disorders.**	**African American staff is proportionately under-represented (9%) in comparison to the percentage of mental health consumers (13%)**	**Added through community input.**

IDENTIFIED UNDER-SERVED/UNSERVED TARGET POPULATIONS	MEDI-CAL	SAN DIEGO COMBINED MEDI-CAL AND <200% POVERTY (MINUS MEDI-CAL)	COMMUNITY SERVICES AND SUPPORT	WORKFORCE ENHANCEMENT & TRAINING	PREVENTION AND EARLY INTERVENTION
	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED
		Schizoaffective disorders			
African American Children	0-5 underserved	0-5 underserved 6-17 more likely use juvenile forensics services without any other type of less restrictive services than other racial/ethnic groups. 13% had only 1 visit to outpatient services	0-5 underserved 6-17 over-represented in the juvenile forensics system.	See above	Children =Under-served population from Gap Analysis
Asian/Pacific Islander Adults/Older Adults	Older Adults under served Adults identified as under-served ethnicity	41% identified an Asian language as their preferred language. Gender: lower rate of males receiving services –46%	Underserved	Need for 46 proficient in various Asian/Pacific Island language to meet projected need. While this population makes up 9% of the workforce, but only 5% of clients, the number of different languages needed, creates a shortage. Most clinicians are Japanese.	Underserved population from Gap Analysis
Asian/Pacific Islander Children	0-5 underserved	0-5 underserved Underserved: ages 6-17	0-5 underserved 6-17 underserved	See above	Under-served population from Gap Analysis
Native American Adults	Older Adults under served	Had among lowest access rates of racial/ethnic groups. Gender: lower rate of males receiving services—44%	17 reservations in County with numerous tribal groups		Community noted need to integrate elders as "navigators" for the community

IDENTIFIED UNDER-SERVED/UNSERVED TARGET POPULATIONS	MEDI-CAL	SAN DIEGO COMBINED MEDI-CAL AND <200% POVERTY (MINUS MEDI-CAL)	COMMUNITY SERVICES AND SUPPORT	WORKFORCE ENHANCEMENT & TRAINING	PREVENTION AND EARLY INTERVENTION
	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED
Native American Children	0-5 underserved	0-5 underserved 6-17 Underserved—lowest access rate among racial/ethnic groups with slight decline over time. Most likely to use inpatient only services	0-5 underserved 1% of mental health clients, but 1.6% of clients concurrently receiving services from CWS. 3.2% concurrently receiving Alcohol and Drug services.		0-5 underserved 1% of mental health clients, but 1.6% of clients concurrently receiving services from CWS. 3.2% concurrently receiving Alcohol and Drug services.
Whites	Children 0-5 , TAY and Older Adult underserved	Children 0-5 , TAY and Older Adult underserved Males underserved in community level services	Children 0-5 , TAY and Older Adult underserved Males underserved in community level services		
Children 0-5	Underserved	Underserved	Underserved	Significant shortage of child psychiatrists	Under-served population from Gap Analysis Community input – lack of services for children/youth at risk of school failure or involvement with juvenile justice. Also children in stressed families. Under-served population from Gap Analysis
Children 6-12		Addition risk factors noted: 20% of clients were open to Child Welfare 36% of clients were open to Special Education Services. 24% of clients had more than 1 inpatient stay 27% of ESU clients (4% of total clients) used ESU services only in FY 08-09 14% of clients are receiving substance abuse treatment. (Source: Children's Mental Health Services: System and Clinical Outcomes, FY 2008-09)	See information on ethnic /racial populations above		
12-17 yrs			Lack of community services and supports identified by Community as leading to involvement in child welfare and juvenile justice systems, school failure, inability to be mainstreamed in school, out-of-home placement, peer and family problems, difficulty in accessing care, See rationale in attached Mental Health Services Act, Community Services and Supports Plan Addendum: FY 2005-06, 2006-07, 2007-08.		
Transitional Age			Lack of community		Under-served

IDENTIFIED UNDER-SERVED/UNSERVED TARGET POPULATIONS	MEDI-CAL	SAN DIEGO COMBINED MEDI-CAL AND <200% POVERTY (MINUS MEDI-CAL)	COMMUNITY SERVICES AND SUPPORT	WORKFORCE ENHANCEMENT & TRAINING	PREVENTION AND EARLY INTERVENTION
	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED
Youth 18-24 yrs			services and supports identified by Community as leading to homelessness, frequent hospitalization, institutionalization, incarceration, difficulty in accessing care, inability to manage independence. Inability to work, Under-represented (10%) in AB 2034 programming.		population from Gap Analysis. Target populations enlarged to include individuals experiencing onset of serious psychiatric illness.
Adults 25-59 yrs			Lack of community services and supports identified by Community as leading to homelessness, frequent emergency room usage, institutionalization, incarceration, difficulty in accessing care, inability to manage independence, inability to work.		Underserved population from Gap Analysis
Older Adults 60+ yrs	Older Adults under served		Older Adults males under-served. Lack of community services and supports identified by Community as leading to homelessness, frequent hospitalization, isolation, frequent emergency medical care, difficulty in accessing care, inability to manage independence.		Underserved population from Gap Analysis
Females	Higher percentage have Medi-Cal	Underserved female children—over 60% of clients are male	Under-served child and TAY aged females		Under-served child and TAY aged females

IDENTIFIED UNDER-SERVED/UNSERVED TARGET POPULATIONS	MEDI-CAL	SAN DIEGO COMBINED MEDI-CAL AND <200% POVERTY (MINUS MEDI-CAL)	COMMUNITY SERVICES AND SUPPORT	WORKFORCE ENHANCEMENT & TRAINING	PREVENTION AND EARLY INTERVENTION
	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED	DISPARITIES NOTED
	than males				
Males	Lower percentage have Medi-Cal than females	Generally over – represented in acute services and under-represented in community level services			
Veterans					Community input to expand target populations to include Trauma – exposed, which includes returning veterans with PTSD, as well as their families, and retired military
GLBT					
Recent Immigrants				Need for bilingual staff to meet need of East African , Burmese, etc immigrants. San Diego had highest immigration count in CA .	Community input to expand target populations to include Trauma – exposed, which includes some major refugee groups

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
ALL-1	Services for Deaf & Hard of Hearing	A specialized outpatient service for underserved/unserved individuals of all ages who are deaf or hard of hearing, including those who may have a co-occurring substance use disorder.	Assist clients who are deaf and hard of hearing to achieve a more adaptive level of functioning.	• Underserved/unserved • Seriously Emotional Disturbed and Seriously Mentally Ill individuals of all ages • Deaf or hard of hearing • Targets individuals with co-occurring substance use disorder	• Assessment • Crisis Intervention • Individual Therapy • Collateral Contact • Group Therapy Sessions	01/10/07
ALL-2	Services for Victims of Trauma and Torture		Countywide specialized outpatient mental health services to unfunded clients who are victims of trauma and torture.	• Uninsured, unserved SED/SMI individuals who are victims of trauma and torture • Children (age 0-17) • Transition Age Youth-TAY (age 18-24) • Adults (age 18-59) • Older Adults (age 60 years and over)	• Mental health assessment • Dual diagnosis services • Individual and group therapy • Case management and referrals	12/18/06
ALL-6: CY 4.1, A-7 & OA-3	Mental Health & Primary Care Services Integration	Mental health assessment and treatment services at community health clinic settings across San Diego county.	Increase countywide access to mental health services to unserved and uninsured people who have SED/SMI.	• Unserved, uninsured • Children, Adolescents, Transitional Age Youth, Adults, Older Adults and their families	• Mental health assessment • Dual diagnosis screening • Information • Brief mental health services • Referrals as needed	01/02/07

CSS Plan: ALL-SD All Ages System Development

ALL-4	Interpreter Services	Interpreter services required to support efforts to outreach to unserved and underserved populations	To increase services to non English speaking populations and improve quality of these services to consumers and families.	• Unserved, underserved individuals who have identify difficulty in speaking or understanding English. • Children, Adolescents, Transitional Age Youth, Adults, Older Adults and their families	• Interpretation for all mental health and case management services • Additionally linkages with families in need of language translation	01/01/08

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
ALL-5	Psychiatric Emergency Response Services	The service pairs law enforcement officers with psychiatric emergency clinicians to serve children and adults throughout the County.	To expand program into unserved areas and improve collaboration between the mental health and law enforcement systems with the goal of more humane and effective handling of incidents involving law enforcement officers and mentally ill and developmentally disabled individuals.	• Countywide services to individuals with a mental health crisis who have come in contact with local law enforcement agencies and/or who need immediate mental health crisis intervention and/or assessment. • Services to all ages, with a focus on: o Children o Transitional Age Youth (TAY) o Older Adults o Veterans o Homeless o Native Americans	• Provide mental health consultation, case coordination, linkage and limited crisis intervention services to mentally ill clients who come in contact with law enforcement officers. • Provide a training program for law enforcement personnel. • Develop a neighborhood outreach program.	11/01/07
ALL-7: A-9	Chaldean Outpatient Services	Outpatient mental health services for Chaldean and Middle Eastern populations in SD County.	Provide culturally appropriate mental health, case management and linkage to services to Iraqi refugees and other Middle Eastern populations.	• Children, Adolescents, Transitional Age Youth, Adults, and Older Adults with Serious Mental Illness • Target Middle Eastern populations.	• Mental health services including: • Medication management • Individual and group treatment • Case management and linkage to other needed services.	01/14/08
CY-3	Cultural Language Specific Outpatient	Culturally competent Full Service Partnership mental health services to Latino and Asian/Pacific Islander children, youth and their families. Services "do whatever it takes" to assist clients in meeting their mental health goals.	Increase the number of Latino and Asian/Pacific Islander SED children, youth & their families receiving mental health services.	• SED children and youth up to age 18 and their families • Latino and Asian/Pacific Islander • Uninsured and underserved, with a secondary focus on Medi-Cal underserved • Family Partners targeted to Southeast Mental Health Clinic and Region. Expanded services to include TAY	Culturally and linguistically competent services, including: • Outreach & engagement • Parent Partners • Mental health education • Crisis intervention • Individual, group and family counseling • Trauma focused CBT (EBP) • Case management • Psychiatric services • Full Service Partnership services and supports • Treatment plans for obesity and diabetes	07/21/06

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
CY-5.3	Homeless/Runaway Mental and Behavioral Health Services	A team-based approach to "do whatever it takes" to support homeless and runaway children and youth in attaining mental health services. Provide Assertive Outreach, Full Service Partnership (FSP) services and strong connections with community resources.	Increase access to mental and behavioral health services for homeless and runaway children/youth with SED (Serious Emotional Disturbance).	• SED homeless and runaway children and TAY youth up to age 20 • Uninsured and underserved, with a secondary focus on Medi-Cal underserved • Located in the Central Metro Region of San Diego County • Serves homeless youth countywide including North, East and Central Regions	• Outreach and engagement • Crisis intervention • Individual, group and family counseling • Case management • Rehabilitative services • Psychiatric evaluation, medication monitoring and pharmaceuticals • FSP services and supports • Assertive Outreach Model • Co-occurring disorders • EMDR trauma intervention • EBP: Trauma Focused CBT	07/19/06
CY-7	Wraparound Services	Provide wraparound mental health services to clients and their families to transition children/ youth currently in Child Welfare Services custody and residential placement back to a home environment. Provide FSP services to children, youth and families receiving TBS services and	Return children/youth to their family or family-like setting, support permanency and enhance long-term success. Maintain children at home or in their current housing situation to enhance long term success.	• SED Children/youth age 3-18+ • In CWS custody and residential placement • Support client plans that address health issues to include but not be limited to obesity, diabetes, poor diet, inactivity and asthma	• Full Service Partnership • Assessment • Treatment • Case Management • Dual Diagnosis services • TBS services enhanced • Connection to primary care provider and development of a wellness notebook to assist families in organizing children medical information	10/15/07

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
CY-10	Child/Youth Case Management	Enhance outpatient services to children, youth, and families in six outpatient clinics to provide full service partnership services. These clinics are located in all six regions of San Diego County and their clients reflect the diversity of each region. Enhance services to clients and fmailies by providing case managemnet in	Transform the system by augmenting the clinic-based services with case managers and rehabilitation workers who can work with families that have a variety of other unmet needs that may impact resiliency. Provide FSP services including development of "wellness plans" for parents to organize thier children's medical information	• children and youth diagnosed with Seriousl Emotional Disturbance (SED) and their families. • Who are receiving mental health services in outpatient clinics • Support client plans that address health issues to include but not be limited to obesity, diabetes, poor diet, inactivity and asthma	• Case management • Consultation • Coordination, referral, and linkage • Family outreach through home visits • Rehabilitation groups • Individual, group and family therapy • Psychiatric services including medication • Full service partnership services and supports in 6 clinics	07/01/07
CY-1	School Based Mental Health Services	Mental health services provided on over 300 school sites across the County. Expands Medi-Cal funded programs to include unserved clients (those with no access to services).	Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families	• SED Children and youth up to age 18 and their families who are unfunded • Targets underserved Latino and Asian-Pacific Islanders	• Putreach and engagement • Crisis intervention • Individual, group and family counseling • Case management • Rehabilitative Services • Psychiatric evaluation, medication monitoring and pharmaeucticals • Integrated co-occurring disorders treatment • Incredible Years EBP for preschoolers	06/22/06
CY-5.2	Mobile Adolescent Services Team (MAST)	Mental health assessment and treatment services located at Juvenile Court and Community School (JCCS) sites countywide. Expands Medi-Cal funded program to include unserved clients (those with no access to services).	Increase access to services to Seriously Emotionally Disturbed (SED) youth who attend JCCS and expand services to North County JCCS school sites.	• Children and youth attending JCCS classes and their families • Uninsured and underserved • Expelled from home school districts and/or involved with juvenile justice system.	• Individual, group and family therapy • Medication monitoring • Integrated services to youth with co-occurring disorders. • Use of Cognitive Behavioral Therapy as an evidence based practice for this population.	06/22/06

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
CSS Plan: CY-SD Children and Youth System Development						
CY-2.1	Family and Youth Information/Education Program	Conduct forums in each of the six regions emphasizing education and information regarding the de-stigmatization of mental illness and the use of psychotropic medication.	Increase knowledge of mental illness and SED; improve children/family ability to benefit from services; inform children/family of resources and how to access Mental Health Services; decrease barriers to services.	• Children and youth with SED (0-18 years old) and their families. • Emphasis on Latino and Asian/Pacific Islander	• Educational forums • Encourage youth/family to assume leadership role in training • Develop training plan for children/youth and families • Provide outreach and training to under served and unserved population	04/16/07
CY-2.2	Family/Youth	Provide support and linkage to services and community resources to children/youth and their families who are being served by the Homeless Outreach program or currently receiving mental health treatment. Assist with continuity of treatment and transition from program to program or	Improve the ability of children and youth and their families to benefit from mental health services.	• Severely emotionally disturbed (SED) children and youth and their families • Currently receiving mental health services • Priority access to clients in the MHSA funded program CY-5.3 (Services to Homeless and Runaways) Target populations expanded to serve TAY Homeless to age 20	• Support services provided by family and youth partners • Coordinated and integrated with County of San Diego, HHSA regions, Probation, Child Welfare Services, Regional Center, Education, physical health providers, community resources. • Case management	04/13/07
CY-4.2: ALL-3	Mobile Psychiatric Emergency Response & North County Walk-In Assessment Clinic	Provide mobile crisis mental health response in conjunction with a Walk-In Assessment Clinic for the North County. An assessment team of licensed clinicians will respond to client calls within four hours and provide voluntary services.	Reduce the use of emergency and inpatient services, prevent escalation, and promote the management of mental illness.	• Unserved, uninsured and underserved SED children/youth up to the age of 17 and their families • Experiencing a mental health crisis or urgent need for mental health services	• Assessment • Information • Referral • Medication management • Linkage to hospital when required • Follow-up visits	04/23/07

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
CY-5.1	Medication Support	Provide short term (no more than 3 months) stabilization with psychotropic medication and linkage to community-based or private facility for on-going treatment.	Assist the child and family with support, linkage and coordination to community or private ongoing mental health services if needed.	• Children/youth and family with SED • Wards and dependents • Without funding and/or have exhausted medication resources • Referred by the Probation Department Child Welfare Services	• Assessment • Medication management services • Case management • Linkage and referral for on-going care including one-to-one therapy and family counseling when required	04/20/07
CY-6	Early Childhood Mental Health Services/	Mental health outpatient services to SED children ages birth through 5 years and their families using the "Incredible Years" evidence based practice model and a family approach.	Increase access to mental health services to SED children ages birth through 5 and their families, while strengthening parenting skills. Increase parent competency and reduce behavioral problems.	• Children ages birth through 5 and their families • Assessed and diagnosed with aggressive behavior problems • Residents of the North Region of San Diego County • Uninsured or Medi-Cal eligible • Target preschools in North Region	• Assessment • Behavioral intervention • Teacher intervention at designated preschools • Implementation of Incredible Years. • Expansion of services to preschool on Pendleton Marine base due to problems with children whose parents are deployed to Iraq or returning home.	08/11/06
CY-8	Placement Stabilization Services	Provide mental health services to clients and their families to stabilize and maintain children and youth in home-like settings. Provide peer mentorship services to CWS youth in placement.	Return children/youth to their family or family-like setting; deter children/youth from placement in a higher level of care; and stabilize current placement.	• SED Children & adolescents under the age of 18 • Reside at home, foster care or small group home (6 or less) • At risk of change of placement to a higher level of care • Juvenile probation wards and former foster youth engaged in the THP+ Program • Residents at San Pasqual Academy • Residents at Clark Center	• Assessment • Evaluation • Case management • Treatment (including evidence based practices) • Case consultation and other needed mental health interventions • Peer mentorship • Life skills-building EBP • Integrated EBP Incredible Years and Family Visitation model	04/06/07

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
CY-9	Juvenile Hall Mental Health Re-Entry Program	Provide mental health screening of all youth detained in the Kearny Mesa Juvenile Detention Facility to identify youth with a diagnosed mental illness that can be released with appropriate mental health services.	Reduce the number of youth in juvenile hall, providing advocacy for appropriate education services, and decreasing the number of mentally ill minority youth detained in juvenile hall.	• Youth, age 12 to 17 • Detained in the Kearny Mesa Juvenile Detention Facility • Identified as having a mental health diagnosis • Eligible for release into the community	• Screening • Evaluation • Referral • Case management • Assertive Community Treatment • Multi Systemic Therapy	services not yet started

CSS Plan: TAOA-FSP Transitional Age Youth, Adult and Older Adult Full Service Partnerships

A-1	Homeless Integrated Services and Supported Housing	A team-based approach to "do whatever it takes" to support clients in attaining housing and employment. Full Service Partnership (FSP) and housing services are offered.	Reduce homelessness and provide comprehensive 'wraparound' mental health services for those adults who are most severely ill, most in need due to severe functional impairments, and who have not been able to be adequately served by the current system. Increase timely access to mental health services.	• County-wide • Adults, age 25-59, who have Severe Mental Illness (SMI) and are homeless or at risk of becoming homeless. • Targets unserved, high users of inpatient care, medical services or locked long-term care facilities • Targets women and African-Americans.	• Outreach • Crisis intervention • 24/7 intensive case management • Mental health services • Supported education, employment and housing services (short-term, transitional and permanent supported housing) • Rehabilitation and recovery services • Liaison with Justice system • FSP services and supports	8/21/06, 10/20/06

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
A-2	Justice Integrated Services and Supported Housing	A team-based approach to "do whatever it takes" to support justice system clients in attaining housing and employment. Assertive Community Treatment (ACT), Full Service Partnership (FSP) and housing services are offered.	Reduce incarceration, institutionalization and homelessness. To provide comprehensive 'wraparound' mental health services for those adults who are most severely ill, most in need due to severe functional impairments, and who have not been able to be adequately served by the current system. Increase timely access to mental health services.	• Adults, age 25-59, who have SMI (Severe Mental Illness) are homeless or at risk of becoming homeless with active or recent criminal justice involvement. • Targets unserved, high users of inpatient care, medical services or locked long-term care facilities • Targets women and African-Americans. • Targets clients re-entering the community from the justice system.	• Outreach • Crisis intervention • 24/7 intensive case management • Mental health services • Supported education, employment and housing services (short-term, transitional and permanent supported housing) • Rehabilitation and recovery services • Liaison with Justice system • FSP services and supports • Diversion, re-entry and probation services	10/20/06
TAY-1	Integrated Services and Supported Housing	Intensive Assertive Community Services (ACT) including Full Service Partnership services and supports. Housing options will be provided, including short term housing, transitional and permanent supported housing.	Increase mental health services for Transition Age Youth (TAY). Decrease incidence of homelessness. Increase client's self-sufficiency through development of life skills.	• TAY, age 16-24 • Homeless, clients of the justice system and/or aging out of foster care. • Females are targeted.	• Outreach and engagement • Crisis intervention • Intensive case management • Supported education/ employment and housing services • Rehabilitation and recovery services • Care coordination • Skill development • FSP services and supports	09/20/06

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
TA-1	Intensive Case Management	To provide short-term intensive case management services to help individuals connect with relevant resources, which include housing and employment.	To reduce psychiatric hospitalization and improve community support through short-term intensive case management services.	• TAY, age 18-24 • Adults, age 18-59 • Who have a diagnosis of serious mental illness • Are users of acute psychiatric inpatient care • Have Medi-Cal or are indigent	• Outreach and engagement • Mental health counseling • Intensive case management • Short-term rehabilitation services • Linkage and care coordination • Transition to longer-term case management as indicated	01/01/07
TA-2: Formerly TAY-3	Dual Diagnosis Residential Treatment Program	Alpine STC Comprehensive, 24/7, residential dual diagnosis, Full Service Partnership services that are individualized, culturally competent and linguistically appropriate with integrated mental health and substance abuse services and supports. Casa Pacifica Comprehensive, 24/7, residential and bio-psychosocial rehabilitative services, Full Service Partnership (FSP) program offering services including medical support, case management/brokerage, crisis intervention, rehabilitation, and	Alpine STC Reduce hospitalizations, institutionalization and incarcerations. Assist substance-abusing TAY to become alcohol or other drug-free. Increase level of functioning and ability to be self-sufficient and live independently in the community. Casa Pacifica Increase independent living and reduce hospitalizations. Provide residents with a variety of services to improve their quality of life, self-sufficiency and independence. Provide educational and employment opportunities. Ensure linkage to primary care physicians.	Alpine STC • San Diego County Transition Age Youth, age 18-24, who have a diagnosis of serious mental illness • Diagnosed with co-occurring mental illness and substance disorders. Casa Pacifica • Adults, age 18-59, of San Diego County who have a diagnosis of serious mental illness • Primary Axis I Diagnosis • Clients who will benefit from unlocked transitional residential rehabilitative services	• Mental health and recovery counseling groups, Peer support services • Care coordination & linkage to physical health • Independent living skill development • Services and supports under Full Service Partnership • Psycho-education, wellness, employment, education, skill-development, peer support, and mentoring Alpine STC • Dual diagnosis treatment in a residential facility Casa Pacifica • Residential and In-House psychosocial rehabilitative services	08/01/07

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
OA-1	Higher Utilizer Comprehensive Integrated Services and Supported Housing	Comprehensive housing and mental health services and Full Service Partnership services to Older Adults who have a SMI. The program establishes linkages and care coordination to physical healthcare providers. Individuals receive an array of housing options.	Increase timely access to services and supports to assist Older Adults and family/ caregivers in managing independent living, reducing isolation, improving mental health, and remaining safely in their homes. The program seeks to reduce hospitalizations and recidivism, increase client satisfaction, and has a wellness and resilience focus. The program also strives to reduce racial disparities in access to care, homelessness, involuntary services, and isolation, while increasing access to mental health services and client, family, and community participation.	• Unserved Latino, Asian/Pacific Islander Older Adults, age 60 and over with any of the following: • History of repeated emergency mental health or inpatient services during the year prior to program admission • At risk for institutionalization • Homeless or at risk for homelessness.	• Outreach and engagement • 24/7 intensive case management/wraparound services • Community-based outpatient services • Rehabilitation and Recovery Services • Supported employment/education • Peer and family (respite) support • Family Services • Transportation	01/17/07
TAOA-3	Housing Trust Fund	Increase permanent supportive housing opportunities for clients in the five Full Service Partnership (FSP) Integrated Homeless Programs.	Leverage the development of affordable project-based permanent supportive housing for low income clients in the FSPs.	• Transition age youth, 18 to 24 years • Adults, 18 to 59 years • Older adults, 60+ years' • With Serious Mental Illness (SMI) • Enrolled in one of the Full Service Partnerships	• This trust fund provides funding to increase permanent housing opportunities for clients enrolled in the Full Service Partnership programs.	02/01/08

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
TAOA-5	Mental Health Court Calendar Diversion and Supported Housing	Provide comprehensive, integrated culturally competent mental health services for individuals with a serious mental illness who have been found guilty of a non-violent crime and are awaiting sentencing.	Reduce incarceration and institutionalization, increase meaningful use of time and capabilities, reduce homelessness, and provide timely access to needed services.	• Adults, 18 to 59 years • Older adults, 60+ years • Who are repeat offenders and • Who may have received mental health services while incarcerated or in the community and • Who will be referred for services via the justice system	• Diversion and re-entry services utilizing 24/7 intensive case management/wraparound services • Community-based outpatient services • Rehabilitation and recovery oriented services • Housing options	02/01/10

CSS Plan: TAOA-SD Transitional Age Youth, Adult and Older Adult System Development

A-3	Client Operated Peer Support Services	Client-driven and client-operated countywide support services in a variety of settings.	Increase client-driven services to empower people with SMI by decreasing isolation and increasing self-identified valued roles and self-sufficiency.	• Persons age 18 and over with a SMI • Unserved/underserved • Outreach to Latinos, Asian/Pacific Islanders & those living in Board & Care or Emergency Shelter/Transitional Housing facilities.	• Peer psycho-education, support & advocacy • Employment support services • Skill development • Social/ recreational activities delivered by peer counselors	02/21/07
A-4	Family Education Services	Family-centered education about mental illness, stigma reduction and resources to improve access to care.	Promote integration of family education services. Increase family involvement, coping skills and improving supportive relationships.	• Family members or significant others of Transition Age Youth, Adults, & Older Adults with a SMI.	• Family education curriculum taught by families • Outreach to and engagement with family members of persons with SMI	11/01/06

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
A-5	Clubhouse Enhancement and Expansion for Employment Services	Expanded capacity for social and community rehabilitation activities and employment services.	Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills.	• Adults, age 18 years and over, with SMI (Severe Mental Illness) • Targets African-Americans, Latinos, Asian-Americans/ Pacific Islanders Native Americans and females.	• Skill development classes • Social rehabilitation and symptom management. • Employment screening, job placement and support • Peer support services • Psycho-education, wellness, fitness, smoking cessation, and illness management classes	07/26/06
A-6	Supported Employment Services	Supported employment services and opportunities for Transition Age Youth, Adults and Older Adults with SMI.	Increase competitive employment of persons age 18 and over who have a SMI and who want to become competitively employed.	• Persons age 18 and over with SMI • Residents of the Central or North Central Region of San Diego County • Interested in becoming competitively employed • Specific outreach to Latino and Asian/Pacific Islander populations.	• Job screening, preparation, development, supports, coaching and placements • Employment opportunities • Supports for educational/vocational training.	10/27/06
A-10	Patient Advocacy Services for Board and Care Facilities	Provide Patient Advocacy Services for mental health clients residing in County-identified Board and Care facilities without Augmented Services Programs (ASP) throughout San Diego County.	Provide on-going support/advocacy services and training to staff and residents at County-identified Board and Care facilities with ASPs. Expands services for County-Appointed Patient Advocate.	• Target population: approximately 50 clients residing in County-identified Board and Care facilities with Augmented Service Programs	• Investigate problems/ issues at Board and Cares. • Provide annual training to staff and residents at these facilities. • Facilitate Grievance and Appeals process for those clients. • Report on visits to Board and Care facilities with ASPs. • Review LPS facilities	12/01/07

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
TAY-2	Clubhouse and Peer Support Services	A member-run Clubhouse for TAY who have a SMI (Severe Mental Illness) and are in need of social and recreational activities, skill development and employment and education opportunities.	Increase mental health services for Transition Age Youth (TAY). Increase client's self-sufficiency through development of life skills, creating and maintaining relationships and sustaining housing and supportive employment.	• TAY, age 18-24 • Underserved youth with Severe Mental Illness	• Peer education and support • Advocacy • Employment and educational support services • Skill development classes • Age appropriate social and recreational activities	09/20/06
TAY-4	Enhanced Outpatient Mental Health Services for TAY	Enhanced outpatient mental health services for Transition Age Youth (TAY) in need of mental health, rehabilitation and recovery services.	Increase the number of Severely Mentally Ill (SMI) Transition Age Youth receiving integrated, culturally specific mental health services countywide.	• TAY, age 18-24 • Are not currently utilizing mental health services due to access barriers, lack of engagement or awareness of services.	• Mobile outreach and engagement • Mental health assessment & treatment • Rehabilitation and recovery services • Linkage to community services and care coordination • Employment & Education Support	07/26/06

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
OA-2	Mobile Outreach at Home and in the Community	Comprehensive housing and mental health services and Full Service Partnership services to Older Adults who have a SMI. Countywide 24/7 mobile outreach services to identify Older Adults in the community who are in need of mental health intervention and provide access to services at the most appropriate level of care.	Increase timely access to services and supports to assist Older Adults and family/ caregivers in managing independent living, reducing isolation, improving mental health, and remaining safely in their homes. Promote recovery goals of appropriate access and use of mental health services, self-help, and development of self-sufficiency, as well as creating a network of support and providing timely access to services.	• Unserved and underserved seniors 60 years and older with SMI who are: Latino, Asian/Pacific Islander, homeless or at risk of homelessness. • Priority for services will be given to those older adults with the most severe conditions and with highest incidence of emergency and inpatient services utilization or those having the most difficulties accessing care due to system barriers. • Families and care providers	• Mobile Outreach • Comprehensive mental health and substance abuse screening • Integrated geriatric assessment • Benefits eligibility information • Linkages and referrals to clients, family and care providers • Services are offered through 24/7 outreach to isolated seniors in home and to the homeless • On-site services at senior centers, nutrition sites, churches, and other community sites. • Geriatric mental health training for providers	01/17/07
OA-4	Strength-based Care Management Services	Countywide, client-centered culturally/linguistically and age appropriateCare Management and Recovery & Rehabilitation services following the Strength-based Care	To reduce caseload size and provide transition age adultsand older adults with the opportunity for a seamless transition through an age, culturally, and linguistically appropriate continuum of care	• Transition age adults, age 55-59 years • Older adults, 60+ years • With Serious Mental Illness (SMI) • Including those with co-occurring substance abuse disorders'	• Strength-based assessment and treatment • Rehabilitation and support services • Outreach and engagement • Crisis intervention	01/17/07

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
A0A-1: A-8	Enhanced Outpatient Mental Health Services	Enhanced outpatient mental health services for Adults.	Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services.	• Adults, ages 25-59, • Older adults, ages 60 and above • With SMI (Severe Mental Illness) • Targets Asian/Pacific Islanders and Latinos	• Mobile Outreach • Bio-psychosocial assessment • Dual diagnosis screening & treatment • Crisis intervention and prevention • Medication support services • Individual and group therapy • Rehab & Recovery Services • Employment Support • Primary care integration • Psycho-education classes • Integrated co-occurring disorders treatment • Telepsychiatry services offered at MHS, Inc. Kinesis North Ramona and Fallbrook satellites.	08/31/06
TAOA-1	SSI Advocacy/Legal Aid Services	Review and submittal of SSI applications to SSA that Clubhouse SSI Advocates have completed with non-General Relief clients	Increase number of applicants that are granted SSI benefits. Review an estimated 300+ applications submitted annually by Clubhouse SSI Advocates for accuracy. Serve six Clubhouses; train new Advocates and consult with them as needed.	Indirectly assisted are: • Adults (age 18-59), • Older Adults (age 60 years and over) • not on General Relief, not employed, have Severe and Persistent Mental Illness and who potentially meet the SSA criteria for disability	• SSI application training and consultation for peer SSI Advocates employed at Casa del Sol, Friend-to-Friend, The Meeting Place, East Corner, Mariposa and Escondido Club-houses • Review and submittal of applications to the Social Security Administration	11/06/07
TAOA-2	North County Walk In Assessment Center	Provide urgent mental health services to Adults and Older Adults in the North County at a voluntary walk-in assessment center.	Provide urgent services in the North County region of San Diego to meet the community identified need.	• Adults (age 18-59) • Older Adults (age 60 years and over) • Medi-Cal beneficiaries and uninsured individuals	• Crisis intervention • Triage, screening and assessment • Medication support • Case Management and community referrals. • Telepsychiatry	03/01/08

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
TAOA-4	Peer Telephone Support Expansion	Provide phone support for any consumer of mental health services who is experiencing difficulties or has questions and needs peer support.	Provide phone support services to young adults and adults who desire support from their peers regarding mental health issues/services, social concerns, housing, vocational interests, and benefits.	• Transition age youth (TAY), 18-24 years • Adults, 18 to 59 years • Older adults, 60+ years	• Phone support services • Self-help for consumers through support, referrals, and reassurance from a Peer • TAY counselors for TAY clients • Evening and weekend hours	07/01/07
AS-1	Data Analysis & Performance Monitoring	Data analysis and performance monitoring for Adult and Older Adult mental health services provided by San Diego County and its contractors.	Provide consultation and assistance in the review of the outcomes of MHSA programs and services.	• Adult and Older Adult Mental Heath Services programs	• Collect, analyze and report mental health services data • Provide technical assistance and consulting expertise	12/01/06
AS-2	CMHS Data Service AS-2 CMHS Data Service Expansion	Provide data services to track client and system outcome measures, evaluate programs and provide service utilization data for child and youth MHSA clients.	Provide consultation and assistance in the review of the outcomes of MHSA programs and services.	• Children's Mental Health Services programs	• Provide training and technical assistance to MHSA Programs. • Develop, implement, and maintain a system to measure and track productivity and efficacy of MHSA programs. • Conduct research and evaluation, set up appropriate databases and participate in system planning for MHSA.	08/01/06
AS-3	Administrative Services Organization Expansion	Provide crisis services and referral. Facilitate access through the Fee For Service Provider network.	Increase client access through information and referral.	• Clients system-wide.	• Increase the Fee for Service (FFS) provider network. • Provide Access & Crisis Line services to additional clients.	10/01/06

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
AS-4	Housing/Capital Facilities Technical Consultant	Technical expertise on housing development, partnership engagement and funding opportunities.	Increase access to housing for clients.	• Transition Age Youth, Adults and Older Adults • Countywide • Receiving services through MHSA	• Develop linkages between available housing, subsidies and services • Develop new housing resources. • Aid in securing new short-term, transitional and permanent supported housing.	09/26/06
AS-6	Consultant-Community Education Contractor	Contractor will develop a Behavioral Health Training Curriculum and a System Wide Education and Training Plan.	To coordinate the design, planning, development, implementation and evaluation of system wide training.	• Behavioral Health service providers, administrative staff, consumers and families.	• Administrative services. System-wide training sessions.	02/01/07
AS-7	Child and Youth Consumer/ Family Liaison	Coordinate client and family input in the areas of policy, practice, program development and implementation of Children's Mental Health Services	Advance authentic client and family partnership in CMHS.	• Children and youth with SED and their family members.	• Administrative services	05/19/06
AS-7	Adult Consumer/ Family Liaison	Coordinate client and family input in the areas of policy, practice, program development and implementation of Adult Mental Health Services (AMHS).	Advance authentic client and family partnership in AMHS.	• Adults with SMI (Severe Mental Illness) and their family members. Consumer/ Family Liaison	• Administrative services	12/27/06

Old CSS Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Services Began:
OT-1	System-wide Community Education Training and Technical Enhancements	A comprehensive System-Wide Education and Training Program (SWETP). Computers, telemedicine equipment and a training room to enhance clinical services.	Quality improvement initiatives to enhance service delivery in the Mental Health Services system for all populations.	• Target populations of all ages • Service providers • County staff • Consumer advocates	Education and Training • Cultural competency staff training • San Diego Medication Algorithm project • Behavioral Health Initiative training for staff Technical Enhancements • Computers for staff to accommodate new MIS • Telemedicine equipment • Training room equipment	one-time funding -- services provided in FY05-06
OT-1a	System-wide Community Education Training and Technical Enhancements	Additional funding for telemedicine equipment. Funding for trainings and a consumer conference.	Enhance delivery of telemedicine services at the County Hospital and Exodus Recovery Assessment Centers. Increase availability of consumer trainings. Host a Cultural Competency Summit.	• County-wide · Consumers of mental health services · Service providers and County staff	• Telemedicine · Training	one-time funding -- services provided in FY05-06

Definitions for terms used in this document:

- **Full Service Partnership (FSP):** Provide all necessary services and supports to help clients achieve their mental health goals and treatment plan. FSP services comprehensively address client and family needs and "do whatever it takes" to meet those needs, including intensive services and supports and strong connections to community resources with a focus on resilience and recovery.
- **Severe Mental Illness (SMI):** A diagnosable mental disorder found in persons aged 18 years and older that is so long lasting and severe that it seriously interferes with a person's ability to take part in major life activities.
- **Seriously Emotionally Disturbed (SED)**, as defined in the California Welfare & Institutions Code Section 5600.3. A diagnosable mental disorder found in persons from birth to 18 years of age that is so severe and long lasting that it seriously interferes with functioning in family, school, **community, or other major life activities.**
- **Assertive Community Treatment (ACT)** is a team-based approach to the provision of treatment, rehabilitation, and support services. ACT models of treatment are built around a self-contained multidisciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of patients. The treatment team typically provides all patient services using a highly integrated approach to care.
- **Underinsured:** A client is underinsured when they lack mental health coverage or have exhausted mental health insurance coverage, as evidenced by a denial letter.
- **Assertive outreach:** An approach for individuals who cannot or will not engage with traditional mental health services. A professional team works with clients in their own environment, be it a cafe, a park or in the street - wherever it is most needed and most effective. This flexibility allows people to get services who might otherwise not receive them and where they feel most comfortable.
- **Biopsychosocial Rehabilitation (BPSR):** Psychosocial rehabilitation is an array of services designed to help an individual to capitalize on personal strengths, to develop coping strategies and skills to deal with deficits, and to develop a supportive environment in which to function as independently as possible.
- **Transition Age Youth (TAY):** youth and young adults age 16-24.
- **Co-Occurring Disorders:** In this context, refers to a dual diagnosis of mental illness and alcohol or substance abuse.
- **SSI:** Supplemental Security Income
- **SSA:** Social Security Administration

COUNTY OF SAN DIEGO, HEALTH AND HUMAN SERVICES AGENCY, MENTAL HEALTH SERVICES

MENTAL HEALTH SERVICES ACT (MHSA) PREVENTION AND EARLY INTERVENTION (PEI) PROGRAMS AND SERVICES

The Mental Health Services Act (MHSA), Proposition 63, was approved by California voters in November 2004 and became effective January 1, 2005. The MHSA provides funding for expansion of mental health services in California. As required by the law, the County of San Diego, through the Health and Human Services Agency (HHSA) Mental Health Services Division, has completed the MHSA Prevention and Early Intervention (PEI) Program and Expenditure Plan. The MHSA PEI Plan outlines proposed MHSA-funded programs and services to be provided locally. San Diego County's initial allocation has been used to create new prevention programs for unserved and underserved County residents who are at-risk of developing a mental illness or are in the early stages of mental illness. The County's MHSA PEI Plan will be updated annually based on funding revisions and other program considerations. The MHSA provides access to services for identified unserved/underserved clients in new or expanded programs, but may not replace or supplant existing services.

In accordance with the MHSA ***Vision Statement*** and ***Guiding Principles,*** services are designed to adhere to the following principles:

- Cultural and linguistic competency
- Promotion of resiliency in children and their families, and recovery/wellness for adults and their families
- Increased access to services, including timely access and more convenient geographic locations for services
- Services that are more effective, including evidence-based or best practices
- Reduced need for out-of-home and institutional care, maintaining clients in their communities
- Reduced stigma towards mental illness
- Consumer and Family participation and involvement
- Increased array and intensity of services
- Screening and treatment for persons with dual diagnoses
- Improved collaboration between mental health and other systems (education, law enforcement, child welfare, etc.)
- Services tailored to age-specific needs
- Address eligibility gaps by serving the uninsured and unserved

PEI Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Start Date
PS-01	Primary & Secondary Prevention – Public Outreach, Education and Support Lines	County-wide public media campaign geared towards suicide prevention and stigma and discrimination reduction via education and outreach. Campaign also raises awareness of new PEI programs. In addition, this program provides County-wide, confidential, peer-staffed support phone lines for youth, adults, and families.	Prevent suicide and reduce stigma and discrimination experienced by individuals with mental illness and their families. Increase awareness of available MHSA PEI services. Provide support and increase knowledge of mental illness and related issues. Reduce stigma and harmful outcomes.	• County-wide • Individuals with mental illness • Families of individuals with mental illness • General public • County-wide • Youth • Family members	• Public media campaign to education and promote mental health concerns • Print, radio, and TV ads • Printed materials • Non-crisis, peer phone support and referrals • Mental health education • Afternoon and evening services, 5 days a week	**4-1-09**
DV-01	Families as Partners	Services and engagement with community resources and supports for families in the South Region in order to assist in maintaining a safe home for children and reducing the effects of trauma exposure.	Establish a community safety net to ensure the safety and well being of children and their families. Streamline case flow processes to provide services more efficiently to families in crisis.	• Children, 0 to 17 years • Families • Located in the South Region of San Diego	• Safety and risk assessment for children conducted in the home • Caregiver stress assessment • Linkage and referral to appropriate services	**5-1-09**

PEI Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Start Date
DV-02	South Region Trauma Exposed Services	Services and referrals to prevent re-traumatization of children and families who experience trauma related to exposure to domestic and/or community violence.	Promotion of healthy, effective parenting styles. Connecting children with necessary health and other related services.	• Children identified as at risk of being removed from their home • Located in the South Region of San Diego • Polinsky Children's Center residents	• Short-term services • Referrals for comprehensive services • Family education	**7-1-10**
DV-03	Alliance for Community Empowerment	Community violence response team and services to siblings of identified gang members in an effort to increase community resiliency and combat the negative effects of violence.	Increase the resiliency of individuals, families, and the community to address and reduce the impact of community violence and trauma. Reduce the negative impact of gangs.	• Younger siblings (10-14 years) of adolescent/young adult gang members or affiliates • Communities exposed to violence • Central San Diego	• Home-based services • On-going family supports • Positive peer-based services • Anger management • Conflict resolution	**1-4-10**
NA-01	Collaborative Native American Initiative	Urban Youth Center, elder services/navigator program, suicide prevention program, and outreach and prevention program for the Native American community.	Increase community involvement and education through services designed and delivered by Native American community members.	• American Indians • Alaska Natives • Rural reservation communities • Urban AI/AN communities	• Youth center • Elder programs and activities • Suicide prevention • Outreach and education	4-13-09

PEI Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Start Date
EC-01	Positive Parenting Program (Triple P)	Three levels of the Triple P parenting program to educate parents with children exhibiting behavioral/emotional problems in Head Start and Early Head Start Centers.	Strengthen the skills of parents, staff, and educators to promote the development, growth, health, and social competence of young children. Reducing behavioral/emotion problems in children.	• Parents and children (0 to 5 years) • Enrolled in Head Start or Early Head Start centers • Central and North Coastal regions of San Diego	• Positive Parent Program (Triple P) • Early intervention services • Referrals and linkage	**9-1-09**
SA-01	School-Based Program	Family-focused approach that engages families in their child's school success. School-based interventions with families are coordinated and designed to improve child/parent social and emotional skills.	Reduce family isolation and stigma associated with seeking behavioral health services. Increase resiliency and protective factors for children. Reduce parental stress.	• School-age children and their families • Underserved Asian/Pacific Islanders and Latinos	• Positive Behavioral Support (PBS) • Screening and early identification of at-risk children • Community outreach to families • Education and support	**11-2-09**
SA-02	Suicide Prevention Education Awareness and Knowledge (SPEAK)	Suicide prevention program to serve students through education, outreach, screening, and referrals in schools. Includes education to school staff and families.	Reduce suicides and the negative impact of suicide in schools. Increase education of education community and families.	• Children, youth, and transition age youth (18 to 24 years) • School staff and gatekeepers • Families and caregivers	• Education and outreach • Screening • Crisis response training • Short-term early intervention • Referrals	**11-16-09**

PEI Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Start Date
FB-01	Kick Start	Services for individuals at-risk for developing or experiencing a first break of serious mental illness that includes outreach, education, and intervention.	Provide services to individuals experiencing the onset of mental illness. Reduce the potential negative outcomes associated with mental health issues in the early stages of the illness.	• Youth (14 to 17 years) • Transition age youth (18 to 24 years) • Central region of San Diego	• Assessment • Family education • Mobile outreach • Early intervention • Information and linkage	4-1-10
OA-01	Elder Multicultural Access and Support Services (EMASS)	Peer-based outreach and engagement to older adults to support prevention of mental illness and increase access to care.	Reduce ethnic disparities in service access and use. Increase access to care.	• Older adults (60+ years) • Focus on Hispanic, African refugee, African American, and Asian/Pacific Islander individuals	• Outreach and education • Referral and linkage • Benefits advocacy • Peer counseling • Transportation services • Home and community based services	**9-8-09**
OA-02	Positive Solutions Program	Outreach, and prevention and early intervention services for older adults who receive meals delivered through the Aging and Independence Services program by using Program to Encourage Active and Rewarding Lives (PEARLS) model.	Increase knowledge of signs/symptoms of depression and suicide risk for those who live/work with older adults. Reduce stigma associated with mental health concerns and disparities in access to services.	• Homebound older adults (60+ years) at risk for depression or suicide	• Screening/assessment • Brief intervention (PEARLS and/or Psycho-education) • Referral and linkage • Follow-up care	**9-8-09**

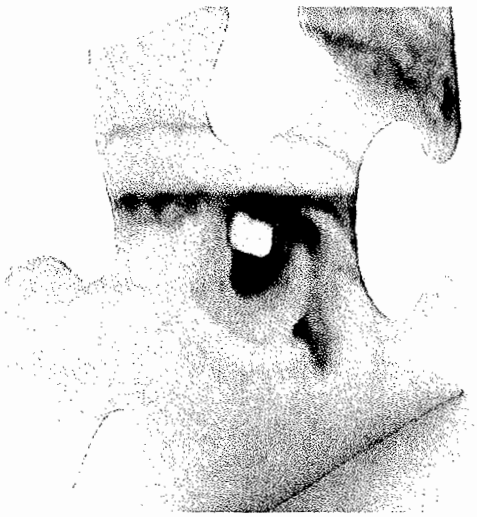
PEI Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Start Date
OA-04	REACHing Out	Intervention to caregivers of Alzheimer's patients to prevent/decrease symptoms of depression, isolation, and burden of care through bilingual/bicultural Peer Counselors.	Reduce incidence of mental health concerns in caregivers of Alzheimer's patients. Improve the quality of well-being for caregivers and families. Provide services to an underserved/unserved population.	• Hispanic caregivers of older adult Alzheimer's patients • South Bay region of San Diego	• Personalized intervention • Home visits • Telephone support • Education • Skills training • Stress management education	10-1-09
OA-05	Salud	Integrated treatment of depression and diabetes in primary care settings for Hispanic older adults by assigning one care provider for both health concerns.	Integrate treatment of co-occurring health and mental health issues. Reduce/prevent negative impact of co-occurring concerns and improve quality of life.	• Hispanic older adults (60+ years) • With a diagnosis of diabetes • Exhibiting symptoms of or at-risk of depression	• Outreach in the primary care clinic and in community settings • Integrated diabetes and depression care	**8-3-09**
OA-03	Life Long Learning Aging and Wellness	Education program targeting older adults, families, caregivers, and providers on issues relevant to the older adult community.	Increase awareness and understanding of older adult concerns with a wellness focus. Reduce stigma and incidence of suicide and mental health issues for older adults.	• Older adults (60+ years) • Family, caregivers, and other support partners • Primary care service providers	• Education curriculum specifically designed for older adults, families and caregivers, and service providers	9-1-09

PEI Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Start Date
RC-01	Rural Integrated Behavioral Health and Primary Care Services	Assessment and short-term interventions in rural community clinics for individuals who may be at risk for or in the early stages of mental illness.	Prevent patients in rural community clinics from developing an increased level of behavioral health issues, severe mental illness, or addiction.	• Children, adolescents, transition age youth, adults, and older adults in community clinics located in the rural areas of San Diego	• Assessment • Brief intervention • Education • Mobile outreach	4-4-10
CO-01	Co-Occurring Disorders – Bridge to Recovery	Early intervention services to individuals presenting at crisis emergency facilities who have high substance use issues and early mental health concerns.	Instill hope, reduce stigma about seeking treatment, and prevent suicide for individuals in crisis presenting with co-occurring substance and mental health issues.	• Transition age youth (18 to 24 years), adults and older adults (25 to 60+ years) with substance use issues and emerging mental health issues • Referred from crisis emergency facilities	• Screening • Brief intervention • Referral and linkage • Psycho-education groups • Training for law enforcement on co-occurring issues	3-1-10
VF-01	Courage to Call Program	Confidential, peer-staffed outreach, education, and training services to the Veteran community and its service providers.	Increase awareness of the prevalence of mental illness in this community. Reduce mental health risk factors or stressors. Improve access to mental health and PEI services, information, and support.	• Veterans • Active duty military • Reservists • National Guard • Family members	• Education • Debriefings • Peer counseling • Linkage to mental health services • Mental health information • Support Hotline	10-7-09

PEI Plan	Program	Program Description	Program Goal	Target Population	Services Offered	Start Date
CO-02	Co-Occurring Disorder – Screening by Community-Based ADS Providers	Addition of mental health counselors to residential and outpatient Alcohol and Drug Services programs to identify and screen clients with or exhibiting mental health concerns.	Support integrated treatment of co-occurring issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide.	• Individuals residing in contracted residential and outpatient substance abuse programs with or exhibiting mental health concerns	• Screening • Education • Brief counseling • Referral and linkage • Prevention groups • Family education	1-11-10

Spring 2010

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



Administrator/Provider Recovery Self-Assessment of the County Mental Health System:

A Report of System Wide Responses

Table of Contents

Introduction 3
Key Findings 3
RSA Instrument—Administrator/Provider Version ..... Error! Bookmark not defined.
RSA Subscales—San Diego County 6
1. Life Goals 6
2. Involvement 7
3. Diversity of Treatment Options 8
4. Choice 9
5. Individually-Tailored Services 10
RSA Subscale Means 11
RSA Subscales—Cultural Competence Orientation 12

Introduction and Key Findings

Introduction

In Spring 2010, the San Diego County Adult/Older Adult Mental Health Services (A/OAMHS) conducted the Recovery Self Assessment to evaluate their recovery orientation. This report presents the results from the administrator/provider version of this survey.

Background:
The Recovery Self-Assessment (RSA) instrument measures the degree to which recovery-supporting practices are evident in a system and offers clearly-defined guidelines reflective of a recovery-oriented environment. The instrument has four versions available:

1. Persons in Recovery Version
2. Family/Community Advocate Version
3. Provider/Clinician Version
4. Agency Director/Administrator Version

Participants:
Administrative representatives from the Behavioral Health Division of San Diego County's Health & Human Services Agency and staff of Outpatient, Full Service Partnership, and Case Management programs were asked to complete the RSA online. A total of 216 participants completed the survey, wherein approximately 66% of the respondents were staff members from 30 different treatment programs.

Key Findings

- On average, the A/OAMHS was rated **highest in the "Life Goals" subscale** (3.99) and **lowest in the "Involvement" subscale** (3.23).

- A/OAMHS was rated **highest on item 13** which states, "**Agency staff do not use threats, bribes, or other forms of coercion to influence a person's behavior or choices.**" The highest proportion of respondents agreed or strongly agreed (91.0%) with this statement, compared to any other single item.

- A/OAMHS was rated **lowest on item 17** which states, "**Groups, meetings, and other activities can be scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school.**" The lowest proportion of respondents agreed or strongly agreed (39.5%) with this statement, compared to any other single item.

RSA Instrument—Administrator/Provider Version

Recovery Self-Assessment

Please indicate the degree to which you feel the following items reflect the activities, values, and practices of your agency.

1 Strongly Disagree — 2 — 3 — 4 — 5 Strongly Agree

1.	Helping people build connections with their neighborhoods and communities is one of the primary activities in which staff at this agency are involved.	1	2	3	4	5	N/A
2.	This agency offers specific services and programs for individuals with different cultures, life experiences, interests, and needs.	1	2	3	4	5	N/A
3.	People in recovery have access to all their treatment records.	1	2	3	4	5	N/A
4.	This agency provides education to community employers about employing people with mental illness and/or addictions.	1	2	3	4	5	N/A
5.	Every effort is made to involve significant others (spouses, friends, family members) and other natural supports (i.e., clergy, neighbors, landlords) in the planning of a person's services, if so desired.	1	2	3	4	5	N/A
6.	People in recovery can choose and change, if desired, the therapist, psychiatrist, or other service provider with whom they work.	1	2	3	4	5	N/A
7.	Most services are provided in a person's natural environment (i.e., home, community, workplace).	1	2	3	4	5	N/A
8.	People in recovery are given the opportunity to discuss their sexual and spiritual needs and interests.	1	2	3	4	5	N/A
9.	All staff at this agency regularly attend trainings on cultural competency.	1	2	3	4	5	N/A
10.	Staff at this agency listen to and follow the choices and preferences of participants.	1	2	3	4	5	N/A
11.	Progress made towards goals (as defined by the person in recovery) is monitored on a regular basis.	1	2	3	4	5	N/A
12.	This agency provides structured educational activities to the community about mental illness and addictions.	1	2	3	4	5	N/A
13.	Agency staff do not use threats, bribes, or other forms of coercion to influence a person's behavior or choices.	1	2	3	4	5	N/A
14.	Staff and agency participants are encouraged to take risks and try new things.	1	2	3	4	5	N/A
15.	Persons in recovery are involved with facilitating staff trainings and education programs at this agency.	1	2	3	4	5	N/A
16.	Staff are knowledgeable about special interest groups and activities in the community.	1	2	3	4	5	N/A
17.	Groups, meetings, and other activities can be scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school.	1	2	3	4	5	N/A

Please continue on back→

O'Connell, Tondora, Evans, Croog, & Davidson (2003)

RSA Instrument—Administrator/Provider Version

	1 Strongly Disagree	2	3	4	5 Strongly Agree	
18. This agency actively attempts to link people in recovery with other persons in recovery who can serve as role models or mentors by making referrals to self-help, peer support, or consumer advocacy groups or programs.	1	2	3	4	5	N/A
19. This agency provides a variety of treatment options (i.e., individual, group, peer support, holistic healing, alternative treatments, medical) from which agency participants may choose.	1	2	3	4	5	N/A
20. The achievement of goals by people in recovery and staff are formally acknowledged and celebrated by the agency.	1	2	3	4	5	N/A
21. People in recovery are routinely involved in the evaluation of the agency's programs, services, and service providers.	1	2	3	4	5	N/A
22. Staff use a language of recovery (i.e. hope, high expectations, respect) in everyday conversations.	1	2	3	4	5	N/A
23. Staff play a primary role in helping people in recovery become involved in non-mental health/addiction related activities, such as church groups, special interest groups, and adult education.	1	2	3	4	5	N/A
24. Procedures are in place to facilitate referrals to other programs and services if the agency cannot meet a person's needs.	1	2	3	4	5	N/A
25. Staff actively assist people in recovery with the development of career and life goals that go beyond symptom management and stabilization.	1	2	3	4	5	N/A
26. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	1	2	3	4	5	N/A
27. People in recovery are regular members of agency advisory boards and management meetings.	1	2	3	4	5	N/A
28. At this agency, participants who are doing well get as much attention as those who are having difficulties.	1	2	3	4	5	N/A
29. Staff routinely assist individuals in the pursuit of educational and/or employment goals.	1	2	3	4	5	N/A
30. People in recovery work along side agency staff on the development and provision of new programs and services.	1	2	3	4	5	N/A
31. Agency staff actively help people become involved with activities that give back to their communities (i.e., volunteering, community services, neighborhood watch/cleanup).	1	2	3	4	5	N/A
32. This agency provides formal opportunities for people in recovery, family members service providers, and administrators to learn about recovery.	1	2	3	4	5	N/A
33. The role of agency staff is to assist a person with fulfilling their individually-defined goals and aspirations.	1	2	3	4	5	N/A
34. Criteria for exiting or completing the agency are clearly defined and discussed with participants upon entry to the agency.	1	2	3	4	5	N/A
35. The development of a person's leisure interests and hobbies is a primary focus of services.	1	2	3	4	5	N/A
36. Agency staff believe that people can recover and make their own treatment and life choices.	1	2	3	4	5	N/A

Thank You

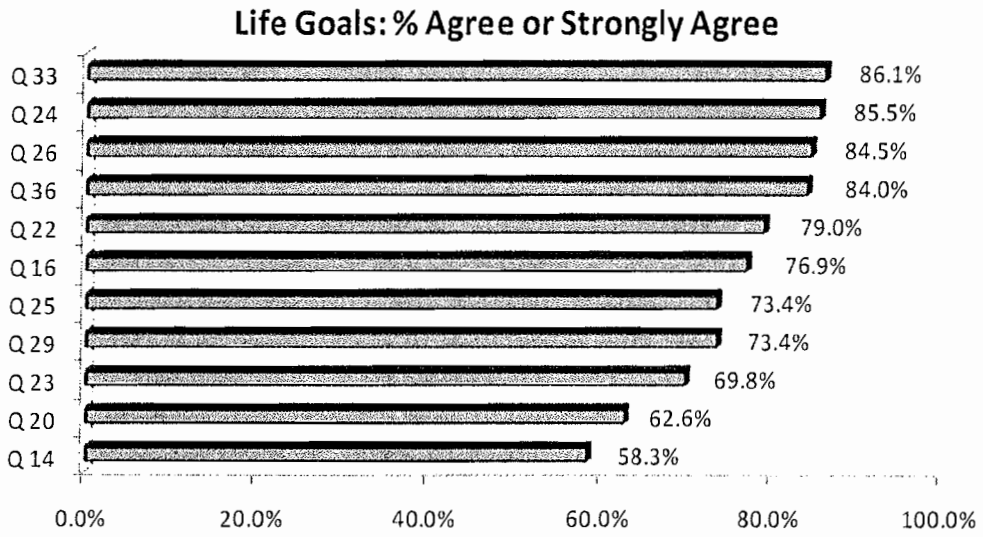
RSA Subscales—San Diego County A/OAMHS

RSA Subscales—San Diego County

1.

ife Goals

Question	Item wording	% Agree or Strongly Agree
Q 33	The role of agency staff is to assist a person with fulfilling their individually-defined goals and aspirations.	86.1%
Q 24	Procedures are in place to facilitate referrals to other programs and services if the agency cannot meet a person's needs.	85.5%
Q 26	Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	84.5%
Q 36	Agency staff believe that people can recover and make their own treatment and life choices.	84.0%
Q 22	Staff use a language of recovery (ie. hope, high expectations, respect) in everyday conversations.	79.0%
Q 16	Staff are knowledgeable about special interest groups and activities in the community.	76.9%
Q 25	Staff actively assist people in recovery with the development of career and life goals that go beyond symptom management and stabilization.	73.4%
Q 29	Staff routinely assist individuals in the pursuit of educational and/or employment goals.	73.4%
Q 23	Staff play a primary role in helping people in recovery to become involved in non-mental health/addiction related activities, such as church groups, special interest groups, and adult education.	69.8%
Q 20	The achievement of goals by people in recovery and staff are formally acknowledged and celebrated by the agency.	62.6%
Q 14	Staff and agency participants are encouraged to take risks and try new things.	58.3%

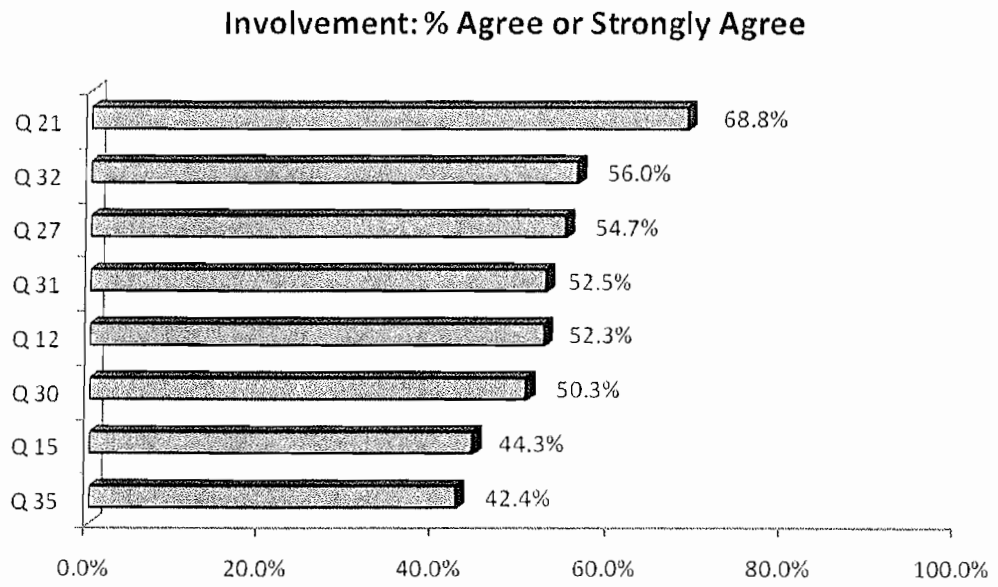


:C, MS, RL, AS)

RSA Subscales—San Diego County A/OAMHS

2. nvolvement

Question	Item wording	% Agree or Strongly Agree
Q 21	People in recovery are routinely involved in the evaluation of the agency's programs, services, and service providers.	68.8%
Q 32	This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery.	56.0%
Q 27	People in recovery are regular members of agency advisory boards and management meetings.	54.7%
Q 31	Agency staff actively help people become involved with activities that give back to their communities (ie., volunteering, community services, neighborhood watch/cleanup).	52.5%
Q 12	This agency provides structured educational activities to the community about mental illness and addictions.	52.3%
Q 30	People in recovery work along side agency staff on the development and provision of new programs and services.	50.3%
Q 15	Persons in recovery are involved with facilitating staff trainings and educational programs at this agency.	44.3%
Q 35	The development of a person's leisure interests and hobbies is a primary focus of services.	42.4%



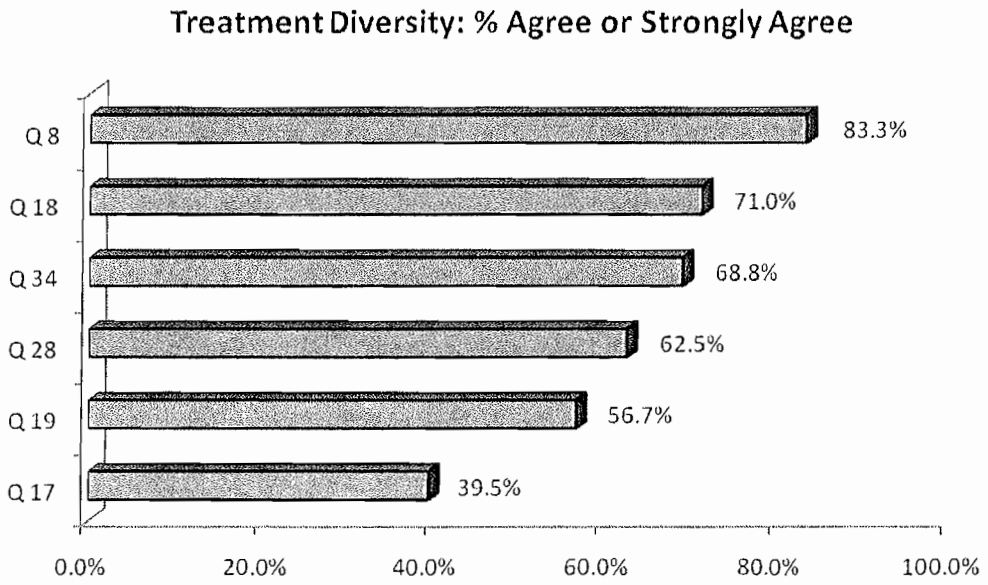
Source: HSRC (KC, MS, RL, AS)

3.
iversity of Treatment Options

Question	Item wording	% Agree or Strongly Agree
Q 8	People in recovery are given the opportunity to discuss their sexual and spiritual needs and interests.	83.3%
Q 18	This agency actively attempts to link people in recovery with other persons in recovery who can serve as role models or mentors by making referrals to self-help, peer support, or consumer advocacy groups or programs.	71.0%
Q 34	Criteria for exiting or completing the agency were clearly defined and discussed with participants upon entry to the agency.	68.8%
Q 28	At this agency, participants who are doing well get as much attention as those who are having difficulties.	62.5%
Q 19	This agency provides a variety of treatment options (ie., individual, group, peer support, holistic healing, alternative treatments, medical) from which agency participants may choose	56.7%
Q 17	Groups, meetings, and other activities can be scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school.	39.5%

Source: HSRC (KC, MS, RL, AS)

RSA Subscales—San Diego County A/OAMHS



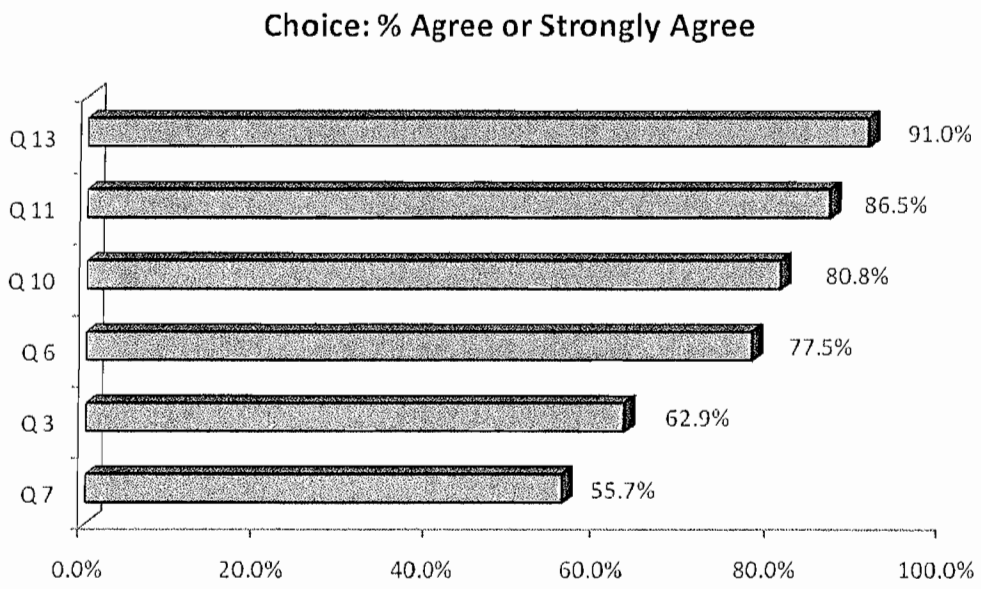
4.

hoice

Question	Item wording	% Agree or Strongly Agree
Q 13	Agency staff do not use threats, bribes, or other forms of coercion to influence a person's behavior or choices.	91.0%
Q 11	Progress made towards goals (as defined by the person in recovery) is monitored on a regular basis.	86.5%
Q 10	Staff at this agency listen to and follow the choices and preferences of participants.	80.8%
Q 6	People in recovery can choose and change, if desired, the therapist, psychiatrist, or other service provider with whom they work.	77.5%
Q 3	People in recovery have access to all their treatment records.	62.9%
Q 7	Most services are provided in a person's natural environment (i.e., home, community, workplace).	55.7%

Source: HSRC (KC, MS, RL, AS)

RSA Subscales—San Diego County A/OAMHS

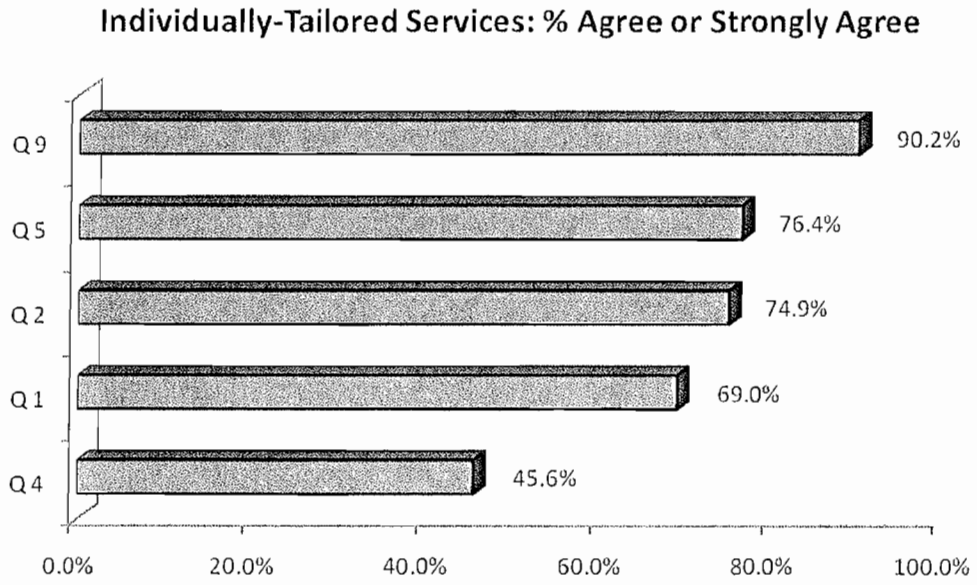


5. ndividually-Tailored Services

Question	Item wording	% Agree or Strongly Agree
Q 9	All staff at this agency regularly attend trainings on cultural competency.	90.2%
Q 5	Every effort is made to involve significant others (spouses, friends, family members) and other natural supports (i.e., clergy, neighbors, landlords) in the planning of a person's services, if so desired.	76.4%
Q 2	This agency offers specific services and programs for individuals with different cultures, life experiences, interests and needs.	74.9%
Q 1	Helping people build connections with their neighborhoods and communities is one of the primary activities in which staff at this agency are involved.	69.0%
Q 4	This agency provides education to community employers about employing people with mental illness and/or addictions.	45.6%

Source: HSRC (KC, MS, RL, AS)

RSA Subscales—San Diego County A/OAMHS



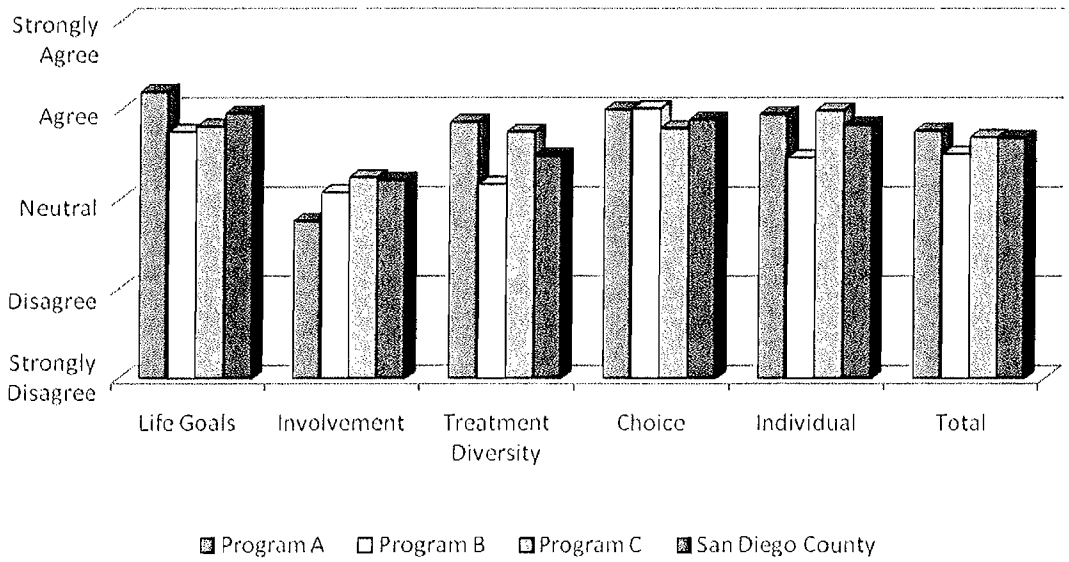
Source: HSRC (KC, MS, RL, AS)

RSA Subscale Means

RSA Subscale Means

	Life Goals	Involvement	Treatment Diversity	Choice	Individually Tailored Services	Total
Program A	4.21	2.76	3.87	4.02	3.96	3.77
Program B	3.76	3.08	3.17	4.02	3.47	3.51
Program C	3.82	3.25	3.76	3.80	4.00	3.70
San Diego County	3.99	3.23	3.50	3.92	3.86	3.71

- On average, San Diego County was rated **highest** in **"Life Goals" subscale** (3.99) and **lowest** in the **"Involvement" subscale** (3.23).
- Representatives from **Program A** rated themselves **highest** in the **"life goals" subscale** (4.21) and lowest in the **"involvement" subscale** (2.76).
- Representatives from **Program B** rated themselves **highest** in the **"choice" subscale** (4.02) and lowest in the **"involvement" subscale** (3.08).
- Representatives from **Program C** rated themselves **highest** in the **"individually-tailored services" subscale** (4.00) and **lowest** in the **"involvement" subscale** (3.25).



Source: HSRC (KC, MS, RL, AS)

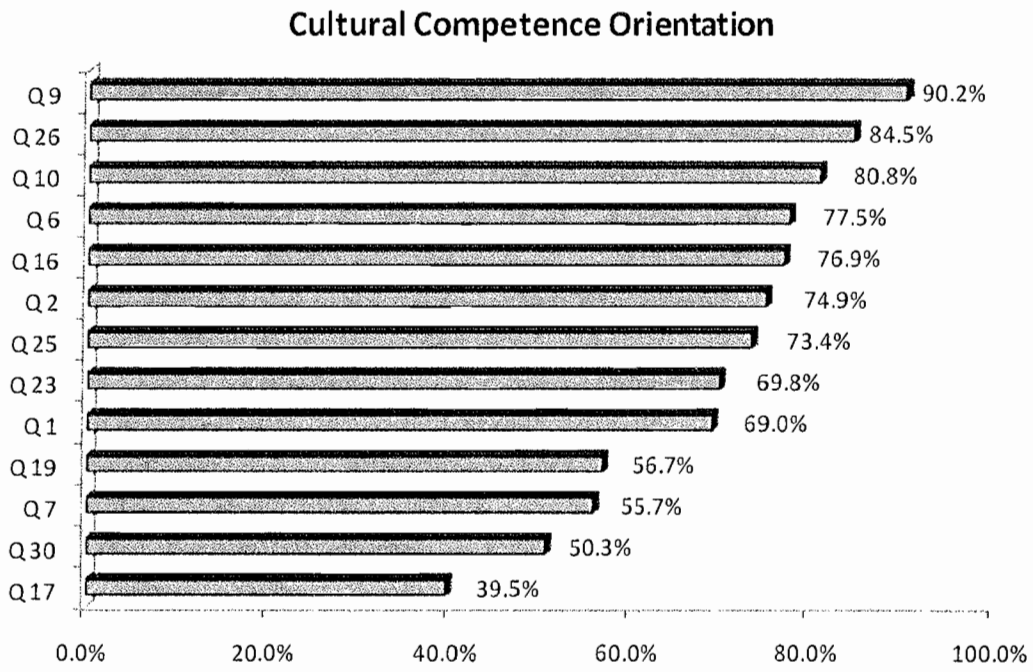
RSA Subscale Means—Cultural Competence Orientation

RSA Subscales—Cultural Competence Orientation

In 2010, the California Department of Mental Health Cultural Competence Plan Requirements were revised to assist counties addressing disparities across the entire mental health system. To help identify San Diego County A/AOMHS' Cultural Competence, RSA items related to cultural competence were examined.

Question	Item wording	% Agree or Strongly Agree
Q 9	All staff at this agency regularly attend trainings on cultural competency.	90.2%
Q 26	Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	84.5%
Q 10	Staff at this agency listen to and follow the choices and preferences of participants.	80.8%
Q 6	People in recovery can choose and change, if desired, the therapist, psychiatrist, or other service provider with whom they work.	77.5%
Q 16	Staff are knowledgeable about special interest groups and activities in the community.	76.9%
Q 2	This agency offers specific services and programs for individuals with different cultures, life experiences, interests, and needs.	74.9%
Q 25	Staff actively assist people in recovery with the development of career and life goals that go beyond symptom management and stabilization.	73.4%
Q 23	Staff play a primary role in helping people in recovery become involved in non-mental health/addiction related activities, such as church groups, special interest groups, and adult education.	69.8%
Q 1	Helping people build connections with their neighborhoods and communities is one of the primary activities in which staff at this agency are involved.	69.0%
Q 19	This agency provides a variety of treatment options (i.e. individual, group, peer support, holistic healing, alternative treatments, medical) from which agency participants may choose.	56.7%
Q 7	Most services are provided in a person's natural environment (i.e. home, community, workplace).	55.7%
Q 30	People in recovery work along side agency staff on the development and provision of new programs and services.	50.3%
Q 17	Groups, meetings, and other activities can be scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school.	39.5%

RSA Subscale Means—Cultural Competence Orientation



- On average, A/OAMHS' Cultural Competence Orientation was rated **highest on item 9** which states, **"All staff at this agency regularly attend trainings on cultural competency."** The highest proportion of respondents agreed or strongly agreed (90.2%) with this statement, compared to any other single item.

CRITERION 4

COUNTY OF SAN DIEGO MENTAL HEALTH SYSTEM

Client/Family Member/Community Committee: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

CRITERION 4 – CLIENT/FAMILY MEMBER/COMMUNITYCOMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

Policy & Procedure 01-01-207: Cultural Competence Resource Team (CCRT)	4.II.A.1-2
Policy & Procedure 01-01-203: Assuring Availability of Culturally Competent Services	4.II.A.3-6
CCRT Meeting Minutes: All	4.II.A.7-43
CCRT Meeting Minutes: 9/09	4.II.A.29-32
CCRT Meeting Minutes: 12/07, 5/08, 1/10	4.II.A.9-16 and 33-34
CCRT Meeting Minutes: 11/07, 12/07, 7 thru 9/08	4.II.A.7-12 and 17-28
CCRT Meeting Minutes: 7/08 and 8/08	4.II.A.17-24
CCRT Meeting Minutes: 6/10	4.II.A.35-36
CCRT Meeting Minutes: 11/07, 12/07, 5/08 and 7 thru 9/08, 9/09, 1/10	4.II.A.7-34

County of San Diego Health and Human Services Agency (HHSA) Mental Health Services Policies and Procedures MHS General Administration						
Subject:	**Cultural Competence Resource Team**	No:	**01-01-207** **Formerly: 01-01-19**			
Reference:	**Ethnic Diversity Resource Team (Revised 01-01-19)**	Page:	**1**	of	**2**	

PURPOSE:

To establish a Mental Health Services (MHS) Cultural Competence Resource Team (CCRT) to advise the Deputy Directors of Adult/Older Adult and Children's Mental Health Services on issues of cultural competency.

POLICY:

It is the Policy of the San Diego County Mental Health Services (SDMHS) to promote mental health, eliminate the debilitating effects of mental illness in a culturally centered manner and to promote cultural competence. To accomplish this goal, the Cultural Competence Resource Team was established and will be maintained within the SDMHS. The purpose and structure of this team supports the local Cultural Competence Plan as mandated by the State Department of Mental Health.

PROCEDURE(S):

The Cultural Competence Resource Team was established and charged as follows:

1. Members of the CCRT shall be appointed by the Deputy Directors of Mental Health Services. Appointees will be from various organizational units and disciplines within MHS as well as member-at-large appointees from the community to include consumers and family representatives. Representation from key groups, such as, Mental Health Services, Quality Improvement, the Mental Health Contractors Association and the Mental Health Board will be requested.

2. The charge of the Cultural Competence Resource Team is:

   2.1 To serve as the "eyes, ears and conscience" of the County of San Diego's Adult/Older Adult and Children's Mental Health Services systems regarding the development and integration of cultural competence in the delivery of mental health services to culturally diverse populations and system-wide adherence to the local Cultural Competency Plan. The CCRT is a formal mechanism for providing

Approved Date: September 30, 2010	Approved:	Alfredo Aguirre's Signature on File
		Director, Mental Health Services/Designee

to the Mental Health Administration, to county and contracted individual providers input and feedback to:

2.2 Monitor and evaluate the cultural competence of the SDMHS system of care..

2.3 Recommend performance outcomes and standards for assessing the mental health system's cultural competence in serving culturally diverse populations.

2.4. Review performance outcomes and recommend strategies to address gaps. .

2.5 Recommend corrective action when the system's performance does not meet expected standards of cultural competence.

2.6 Recommend system of care training to address gaps

3. SDMHS primary staff support to the CCRT will include the Ethnic Services Coordinator (currently the Director of the Adult/Older Adult System of Care). Other support necessary for the CCRT to fulfill its charge will be made available to the extent feasible.

4. The CCRT chair shall be appointed by the Mental Health Director and shall be at a Chief or Program Coordinator level or above. CCRT members will also be appointed by the Director upon recommendation of the Chair. The chair will serve as the link between the CCRT and the SDMHS Deputy Directors.

5. Formal actions of the CCRT will occur under Robert's Rules of Order.

6. Members will be expected to participate in a subcommittee where work assignments will be completed.

7. CCRT members are expected to observe confidentiality in regard to information obtained during the work of the Team.

ATTACHMENT(S):

None.

SUNSET DATE:

This policy will be reviewed for continuance on September 30, 2013.

AUTHOR/CONTACT ON :

Piedad Garcia

County of San Diego Health and Human Services Agency (HHSA) Mental Health Services Policies and Procedures MHS General Administration					
Subject:	**Culturally and Linguistically Competent Services: Assuring Availability** **Formerly: Culturally and Linguistically Competent Services**	No:	**01-01-203** **Formerly: 01-01-117**		
Reference:	**N/A**	Page:	**1**	of	**2**

PURPOSE:

To assure improvements in the availability of culturally and linguistically competent services for individuals accessing County Mental Health Services.

POLICY:

Cultural competence is a key element in providing high-quality mental health care to the diverse population of San Diego County. The County Mental Health Services will make ongoing progress to assure that culturally and linguistically competent services are available to meet the needs of San Diego residents.

BACKGROUND:

For more information, please see the most recent update of the Cultural Competence Plan.

PROCEDURE(S):

The Mental Health Plan (MHP), with the guidance of the Cultural Competence Resource Team, will ensure ongoing progress toward meeting service availability based on the cultural and linguistic needs of the population of San Diego County requiring mental health services by:

1. Analyzing County demographic information changes periodically, to determine or identify gaps in service provision.

2. Reflecting cultural and linguistic needs in strategic plans, policies and procedures, human resource training and recruitment, and contracting requirements.

3. Ensuring involvement of diverse populations in the planning process.

Approved Date: 7/16/09	Approved: Alfredo Aguirre's Signature on File
	Director, Mental Health Services/Designee

4. Periodically analyzing the human resources composition of MHP and provider staff in comparison to the cultural, ethnic, and linguistic characteristics of Medi-Cal beneficiaries and adjusting training, recruitment, and retention efforts accordingly.

5. Ensuring Clinical Practice Standards for Cultural Competence will be incorporated in mental health service provision.

6. Periodically assessing and adjusting contract language to reflect changing cultural competence needs in the selection of contract providers.

7. Providing and fostering the provision of training in cultural competence on a wide variety of cultures, including client culture, for provider staff, support staff, administration, and interpreter services.

8. Analyzing consumer and staff satisfaction survey results, and grievances and appeals, to determine areas of needed cultural and linguistic service improvement.

9. Evaluating site review and medical record review findings to ensure: 1) that all provider sites are able to assist consumers with diverse threshold and non-threshold language needs, through in-house staff capabilities or interpreter services; and 2) that progress is being made in having an understandable array of written materials at provider sites.

10. Evaluating progress in the development of a system to evaluate the cultural competence of staff and interpreters and making interventions, as needed.

11. Through changes in the penetration and retention rate, periodically analyzing outreach efforts, results of culture specific staff recruitment efforts, and the effectiveness of providing culture-specific provider listings in reaching underserved populations.

The MHP Cultural Competence Plan is available from the QI Unit at 619-584-3005.

ATTACHMENT(S):

A - Cultural Competence Clinical Practice Standards

SUNSET DATE:

This policy will be reviewed for continuance on or before June 30, 2012.

AUTHOR/CONTACT ON 6/22/09:

Piedad Garcia

Culturally Competent Clinical Practice Standards

The following principles regarding cultural competence are affirmed by San Diego County Mental Health Services (SDCMHS) as essential in the continued progress toward a mental health system that advocates for and provides multilingual and multicultural services for its diverse populations:

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

The Culturally Competent Clinical Practice Standards currently utilized by SDCMHS were originally written in 1998. These standards have now been revised by the Cultural Competence Resource Team (CCRT) in order to ensure that the Clinical Practice Standards would: 1) promote and encourage values and approaches that are necessary for the support and development of culturally competent practices; 2) increase and improve knowledge and understanding of concepts and information critical for the development and implementation of culturally competent practice; and 3) establish goals for the development/improvement of practice skills of all members in the system to ensure that cultural competence is an integral part of service delivery at all levels.

The revised standards are as follows:

1) Providers engage in a culturally competent community needs assessment.
2) Providers engage in community outreach to diverse communities based on the needs assessment.
3) Providers create an environment that is welcoming to diverse communities.
4) Staffing at all levels, clinical, clerical, and administrative, shall be representative of the community served.
5) There is linguistic capacity & proficiency to communicate effectively with the population served.
6) Use of interpreter services is appropriate and staff is able to demonstrate ability to work with interpreters as needed.
7) Staff shall demonstrate knowledge of diversity within ethnic and cultural groups in terms of social class, assimilation, and acculturation.

8) Staff shall demonstrate knowledge about a) specific cultural features that may be present in various disorders, b) culture-bound syndromes, c) cultural explanations of illness, d) help seeking behaviors, include faith-based, in diverse populations, and e) appreciation for traditional ethnic and cultural healing practices.
9) Cultural factors are integrated into the clinical interview and assessment.
10) Staff takes into consideration the potential bias present in clinical assessment instruments and critically interpret findings within the appropriate cultural, linguistic and life experiences context of the client.
11) Culture-specific consideration consistent with the cultural values and life experiences of the client shall be integral in the intervention and shall be reflected in progress notes, treatment planning and discharge planning.
12) Psychiatrists consider the role of cultural factors (ethnopsychopharmarcology) in providing medication services.
13) Providers promote an environment that encourages staff to conduct self-assessment as a learning tool.
14) Staff actively seek out educational, consultative and multicultural experiences, including a minimum of 4 hours of cultural competence training annually.

Cultural Competence Resource Team
November 2, 2007
Minutes

Introductions – Chair welcomed all and opened meeting. Due to the fires it was a small group and many of the agenda items were not addressed and will move forward to next month.

Approval of Minutes – October minutes were approved

Chair Report – Piedad provided an updated on MHSA -

> **Prevention and Early Intervention (PEI)** – It is estimated that San Diego will receive approximately 16 million for MHSA/PEI. Some of the areas of focus for MHS include onset of first break services, stress children and families, rural communities, domestic violence and prevention and education. 51% of services are targeted for children and youth. After the October kick off, MHS will be hosting a series of forums around the county through March of 2008 to specifically gather feedback in the identify areas of interest. The PEI Plan will be submitted to the State around late spring 2008.

Quality Improvement – Candace was unable to attend and will provide update at next months meeting.

> State Satisfaction Survey that occurs twice a year for both Children and Adults has been postponed. The next survey will be sent out early in December.

Committee Reports:

> **Children's Report** – Melinda Leal – Will provide update next month.
>
> **Education and Training** – Tabatha Lang - The combined Policy and Education committees have been meeting and are reviewing PEI evidence based strategies introduced by the state. Because of the fires this information has been delayed and next month Tabatha will report more on this topic. Tabatha is also finalizing with Piedad the education training matrix that she developed that demonstrates all training and education that is being provided by HHSA, T & D, and Behavioral Health Services. Piedad discussed the need to get a handle on training in BHS by assessing what training is being offered where, identify training leads and what are the coordination needs. The goal is to identify what is being provided, what is needed in terms of coordination and who is responsible for what areas.
>
> **Policy and Program Development** – Candace – System/Program/Self Evaluation Tool Pilot Implementation - Candace and Piedad have identified and selected cultural competence tools that will be piloted in selected children and adult

programs in the coming year. The intent of the pilot is to test out the tools for implementation countywide. The tools will provide a way to evaluate program needs and direction related to staff and program training and needs.
Action: Bonnie has scheduled a meeting with Piedad and the Regional Program Coordinators and Katie Astor to discuss the potential sites and implementation. They will update the team at next months meeting.

Membership – Viviana – Will update at next months meeting.

Cultural Competence Mental Health Summit – The Summit was canceled due to the fires and will be reschedule for March 24 & 25, 2008.

Welcome Back Center – Piedad congratulated Dr. Castillo in the recent grant award for the Welcome Back Center.

CCRT Retreat – Piedad discussed the plan to have a CCRT Retreat to discuss accomplishments to date and direction for next few years. Action: CCRT meeting will be extended to conduct a mini-Retreat in December. Piedad will meet with Candace to draft agenda.

Next Meeting:

CCRT Retreat
December 7th
8:30 to 12:00
Camino Del Rio

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

Cultural Competence Resource Team
Breakfast Retreat Meeting

Minutes

December 7, 2007
8:30A.M. – 12:00 P.M.
La Jolla Room

1. Introductions – Piedad Garcia, Chair welcomed all and opened meeting

2. Approval of Minutes – There was one correction to the November minutes. The Cultural Competence Summit is March 25 & 26, 2008

3. Chair Report – Piedad Garcia
   - Older Adult Forum was on November 28, 2007 and was successful. They brought in local expert speakers. The format was on specific topics such as suicide and peer counselors for Older Adults. After the speakers were finished work groups broke off according to issues and continued discussions and talked about what were the issues, needs and concerns. This format will be followed for the 7 other forums.
   - The MHSA/TAY Forum is scheduled for January 23, 2008 at the Mission Valley Library next to Ikea. The purpose of the forum is to receive input from the community as to First Break needs among the TAY population and how to best serve them.
   - Piedad discussed the handout regarding the Prevention & Early Intervention evidence based practices or best practices the California Institute of Mental Health has sent out to all of the counties. It addresses some of the interventions in relationship to diversity.

4. Education, Training and Workforce Development – Piedad Garcia
   - Education, Training and Workforce Development is a component of the MHSA. An estimate of approximately $8 million over the next five years will be used towards the education and workforce development in MHS in San Diego county.
   - A community training, education and staff development assessment is being conducted with very specific key leaders in the areas of education, training and development needs of programs, staff, consumers and family members. Invites will include representatives from high schools, colleges and universities. The needs assessment will provide MHS administration with information on programs needs in regards to education and workforce development related to the MHSA and the capacity needs of the personnel in those areas from reeducation in recovery curriculums to recruitment of students at a young age from different ethnic backgrounds and languages.
   - Chaldean Center - With the efforts of Marylyn Van der Moer and the East County Chaldean Community, a counseling program for Chaldean and middle-eastern individuals will be starting as an adjunct to a social services center. This is vivid example of the need that we have for professionals with different diverse cultural and linguistic backgrounds.

- There is a need to offer scholarships for students to have incentives to enter the School of Social Work in the Masters Program. The SDSU, School of Social Work is involved in an MHSA statewide funding program to increase the cadre of social workers in the public mental health system. This year the school graduates their second round of students involved in this incentive program.
- Piedad stated that there is a need to develop a Behavior Health Service Training/Education Plan. . Mental Health is currently putting together the pieces and within that we will be addressing Cultural Competence Training, the rehabilitation and recovery training and the training and education for children. The CADRE Dual Diagnosis has demonstrated an excellent way to train and educate staff due to its principal changing practices in the programs and the system.
- Piedad will be putting together a committee in January called the BHSTEC (Behavioral Health Service Training Education Committee). This committee will include Child, Alcohol and Drug Services, adult older adult representatives, the PSR Coordinator, the COTR for BETHA and a representative from Agency Training and Development and the San Diego County Psychiatric Hospital. The first meeting will be to look at the matrix Tabatha Lang put together, evaluate what is being provided, and what are the future needs regarding education and training needs for the system and what next steps to take in light of MHSA/WET.

5. Committee Reports

Education & Training – Tabatha Lang

- Currently training on areas of Cultural Competency, trauma, domestic violence, veterans, primary care, co-occurring disorders, children's trauma specific and motivational interviewing and reaction attachment are being planned. This is funded by one time funds and there are internal discussions on how to continue funding on an on-going basis. Linda Tarke, Education Training Specialist, was recently hired by BHETA to assist in the development of the MHSA/ WET plan for MHS and to evaluate training needs for MHS.

Policy and Program Development – Piedad Garcia/Candace Milow

- Piedad and Candace met this week regarding the selected Cultural Competence self and program assessment tools and pilot implementation with Katie Astor, Virginia West and Marylyn Van der Moer. Discussion focused on which programs would be approach to implement the assessment tools. Katie will be talking to North County Children's Outpatient Center and Southeast County. The staff at each of the programs will conduct the assessments and outcomes that will be reviewed and evaluated to determine training needs of staff and programs. This will help us identify what training and other needs are essential at these programs.
- **Action:** Candace suggested that a meeting be held in January with the identified Program Managers that have agreed to do the pilots and HASRA and CASRA (research centers) as well as Tabatha, Piedad and a few others. This meeting is to discuss any implementation questions. Implementation is targeted for March and a report back to the CCRT in April or May.
  Piedad and Bonnie will set up a meeting the 3rd week in January to discuss the Pilot project and the implementation of the CCRT Tools. Approx. 2 hours.

Membership – Piedad reported on behalf of Viviana Criado who was excused from the meeting due to another urgent assignment.

- Piedad emphasized the need to increase the membership in the CCRT. Members suggested that Children's , ADS, Contractors Association, TAY, Mental Health America, Victims of Trauma and Torture, Chaldean Social Services, Faith based and LGBT representation be engaged and represented in the CCRT.
  Action: Piedad to follow up with Viviana to recruit members.

6. Cultural Competence Plan Objectives – See Attachment - " Update on 2006 – 2007 Cultural Competence CCRT 5 year Plan.

   Piedad and Candace reviewed the FY 2006-2007 and 2007 - 2008 CCRT objectives and accomplishments to date. See matrix. Piedad reported that a lot has been accomplished and much more is needed to move forward the cultural competence agenda in the System of Care. Accomplishments and needs in the following areas were reviewed and discussed:

   Access to Care – Candace provided data that demonstrates increase in access to care to Latinos. The past 3-year strategy to outreach and engage this community has proved fruitful. As a system we need to continue with the multiple efforts to engage ethnically diverse individuals who are unserved or underserved.

   Evidence Base Practices – With MHSA funding EBP have been put in place in FSP, in integrated physical health and mental health services programs, and in dual diagnosis services. These successes of these interventions have to be evaluated in diverse populations in the upcoming years.

   Workforce Development – BHS has completed its internal evaluation of what training and education is being provided. The establishment of a training and education committee is much needed to improve the coordination and delivery of education and training for staff as it relates to cultural competence and rehabilitation and recovery in the system. In addition, BHS needs to evaluate the need to expand its cultural competence education to include establishing community liaisons or culture brokers to enhance its outreach to diverse underserved populations.

   Evaluation and Outcomes – CCRT members and MHS recognize the need to identify programs that are a hallmark of cultural competence in its service delivery . There is a need to identify a set of standards or elements that would encompass defining criteria that would go beyond what is being currently required. These elements would include EBP as interventions with specific outcomes.

   Quality of Care – The system needs to identify and evaluate a set of specific quality of care standards that would inform the administration on how well or not we are meeting the needs of ethnically diverse clients in our system.

   Action: Based on the discussions Piedad will update the CCRT Objective Matrix for next meeting as to next steps for the next three fiscal years.

7. Adjournment

8. Next Meeting – Changed to January 11, 2008
   10:00 – 11:30
   Camino Del Rio South
   Del Mar Room

NOTE: This meeting is scheduled for the first Friday of each month unless otherwise noted. The next meeting will be February 1, 2008 from 10:00 to 11:30 A.M., at 3255 Camino Del Rio South, San Diego, CA 92108 in the La Vista Room.

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

CULTURAL COMPETENCE RESOURCE TEAM

MEETING MINUTES

May 2, 2008
10:00-11:30 AM

La Vista Room

1. Introductions

2. Approval of April Minutes- April minutes approved

3. Chair's Report – Piedad Garcia
   - Services for Leonard Mischley will be held on May 8, 2008 from 1:30-3:00 PM at the War Memorial Building and church service will be on May 9, 2008 from 12:00-1:30 PM.
   - May is Mental Health Month – Piedad passed around a folder of events for May.
   - MHSA - Piedad distributed the MHSA PEI Planning Matrix that was presented at the Mental Health Board. A draft of the initial workgroups are:
     - Veterans & Their Families
     - Community & Domestic Violence
     - Rural East, North Inland & Mountain Communities
     - Native American Communities
     - Early Childhood Services (0-5)
     - Children/Adolescent School – Aged Services
     - First Break of Mental Illness
     - Co-Occurring Conditions
     - Older Adult Services
     - Primary (Universal) and Secondary Prevention Services

     Piedad reported on the workgroup she is the lead for.
     - First Break of Mental Illness – The team includes Karen Ventimiglia, Marylyn Van der moer, and Dr. Lewis, hospital and children representatives. The focus of the workgroup is to develop a work plan and model of service for this particular population based on the recent forums and the evidence based practice presented by the panel and provided by MHSA guidelines. Once the staff produces a work plan we have to present it to the Mental Health Board and go through the 30-day review process. We then have to go to Board of Supervisors for approval and then send it to the Department of Mental Health in September or October. Services will most likely be available by spring or summer of 2009.

going to be conducted by the State but that has changed. It looks like each county would need to develop these strategies. The initiative will focus on a public education to reduce stigma and reduce suicide rates. Piedad has also discussed with Alfredo including stigma reduction focusing on housing discrimination for individuals with psychiatric disabilities.

- Sarah Brichler stated that there was a web cast offered by the State last week and she will bring the materials to share with the committee. It was focused on underserved communities and it was not comprehensive but, it was the State's best attempt to get some information out to the counties on topics for Native American and Asian/Pacific Islanders. We are stressing to each of the work groups that every plan that is created has some emphasis on underserved communities. This is a state requirement.
- Piedad and Debbie Malcarne attended a meeting in Alpine with CEO's of the Health Centers and other Native American representatives that serve Native Americans. The focus of the meeting was to continue to define what PEI services this group will identify and draft a workplan. Some of the items that came out of the discussion were:

  - teen center(s) for Native American children and youth
  - screening for parents, children and youths
  - outreach and engagement
  - screening for at risk types of behaviors
  - parenting problems
  - using traditional practices such as community gatherings

  Next step will be presenting the type of contracting that we can do - sole sourcing or request for proposal. We would like to take advantage at what is in place and expand what has worked.
- Piedad distributed copies of the WET Needs Assessment presentation that Linda Tarke presented to the Mental Health Board. The WET report informs the administration what the needs are and what we need to do in regards to staff development, education and training.
- Piedad distributed copies of the County of San Diego, HHSA, Behavioral Health Services Summary of the Gap Analysis. This sheet shows the unserved and underserved in each of the following group:
  - Children and Adolescents (0-18)
  - TAY (16-25)
  - Adults (18 and up)
  - Older Adults (60 and up)
- A member stated that there is not a lot mentioned for underserved African American Community. There was discussion regarding this issue and the lack of participation and also the need to recruit more African American members. Piedad said that this is an issue of concern and that she would bring this up at the MHSA meeting. In addition, when we do workforce and education development and when we do prevention and intervention the question should be raised related to African Americans and their participation and contributions at different levels.
- Piedad mentioned that at the Mental Health Board there was a presentation on the budget for San Diego for the agency and Mental Health. We are beginning to see the effects of the budget reduction. We have not been able to provide cost of living adjustments to contractors and we are looking at working with contractors to mitigate their adjustments by considering reductions of capacity in the programs. That will have a ripple effect in terms of how many clients, consumers and children are in our system. There is no other way we can mitigate this unless we completely cut programs

FY 09/10. We have put in place a hiring soft freeze in MHS. Each new position will need to be justified and we are also limiting travel.

4. Quality Improvement – Candace Milow
   - Cultural Competence Evaluation Tools for the System Programs and Staff - Update
     - Candace reports that we gather results of the pilot programs that implemented these tools and overall they looked good, however, the protocol needs to be revised. The protocol will be revised in the next couple of months and Candace will bring it back to the CCRT committee to review. The analysis done on each program was slightly different. On each item there is an option to select if you met the standard, partially met the standard or did not meet the standard. In many instances they indicated they met or partially met the criteria. We need to include more information in each item as to what we mean by met and partially met. Once we clarify this information programs may rate themselves lower and thus provide a better picture of needs.
       ACTION: Candace to bring to the CCRT revised protocol in a couple of months.
     - We are planning to begin the crossover of the new MIS in October and invited Partners In Care and Roundtable to come to a couple of the orientations that we are currently conducting regarding the MIS. We are looking for input on what to communicate to clients and family members about the changes in the MIS System and help them be prepared.

5. Children's Mental Health Services System of Care Report – Jennifer Rolls Rentz
   - Jennifer distributed the Children's Mental Health Services Eighth Annual System of Care Report for FY05/06. The report was reviewed to familiarize the committee of what was in the report and how this data was obtained.
   - Piedad asked why there is such a delay in getting this information out and why we are discussing information from two years ago. Candace commented that FY 04/05 report came out eight months ago. There was a change regarding who was monitoring the contracts and giving input about the format. The FY 05/06 report had some formatting issues. Now that the format is understood the FY 06/07 data will be out shortly and we are now on track. A similar report will be available for AOASOC.

6. Culture Competence Plan Objectives Status Updates
   - Piedad will be sending out the matrix that was created from the information at the CCRT Retreat meeting to the leads of the committees to populate with their information. Piedad will start with her information on the status column of the matrix. This will be sent the week of May 12, 2008 for updates to discuss at the June 6, 2008 meeting.

   Action Item: Piedad will send out Culture Competency Matrix May 12, 2008 for updates.

7. Committee Reports – CCRT Objectives/Matrix Update by each Committee
   - Children's Report – No report
   - Education and Training – Tabatha Lang
     - Last month the subcommittee met. Minola Clark brought in a training assessment survey to get feedback.
     - There was discussion about the distinction made between working with peers and working with consumer staff.
     - We talked about Cultural Competence terms.
     - We are currently working to finalize different Culturally Competent training areas. Once we get the final we will present it at this meeting and then take the approved version from this committee to BHSTEC.

- Policy and Program Development – Candace Milow
  - The committee did not have an opportunity to meet.

- Membership – Viviana Criado. No report

  - **Action Item from April meeting**:
    - Piedad will follow-up with Liza Cabigas regarding clarification as to how administration dollars are spent.
    - **Update:** Piedad has not received a formal response, however, she did let the committee know where the administrative costs go. The latest count is 15 staff under MHSA that has been hired to oversee MHSA/CSS, WET and PEI planning. Up to 15% can be spent in administrative costs.

  May Action Item:
  - Invite Philip Hanger to the next CCRT meeting to address the administrative cost and find out where the MHSA staff is located. Also, update the committee on how many contracts and enhancements were done and the cost of these contracts and enhancements.

8. Adjournment

NOTE: This meeting is scheduled for the first Friday of each month unless otherwise noted. The next meeting will be June 6, 2008 from 10:00 to 11:30 A.M., at 3255 Camino Del Rio South, San Diego, CA 92108, in the La Vista Room.

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

CULTURAL COMPETENCE RESOURCE TEAM

MEETING MINUTES

July 9, 2008
10:00-11:30 AM

Del Mar Room

1. **Introductions**

2. **Approval of June Minutes** – June minutes approved

3. **MHSA Updates – Piedad Garcia**
   - Piedad reported that the MHSA/PEI leads in each of the nine focus areas over the last six weeks have been working on a draft of their proposed work plans. We are in the final stages of developing the draft budgets and will be submitting the draft work plans to Philip Hanger and Sarah Brichler for their review on July 11th prior to the work plans being released for input and comment.
   - Workforce Education and Training (WET) - BHETA has finished the Community Assessment and the report has been submitted by BHETA to MHS administration. The next step is key informant interviews and collection of data and input for the second phase of the assessment. The State requires that we establish a WET Collaborative in San Diego. This Collaborative will have multiple members to include the school district, community college district, university level and other interested parties in training and education as it relates to workforce development. The WET Collaborative will develop and make recommendations to the MHS administration on services and programs are to be developed based on the WET Report that was submitted.
   - A 30-day public review and comment period for the Community Service and Supports Report Update and Enhancement #3 has been initiated and has been posted on the internet and disseminated via an email blast to about 1,000 interested parties and individuals.

4. **PEI Draft Work Plans Presentations – Review, feedback and comment**

   MHSA/PEI Older Adult Services Work Plan Presentations– Viviana Criado
   Three main areas were identified for Older Adults.
   - PEI 1: Outreach/Education for Ethnic Minorities
     - Multicultural Outreach, Education, Referral for African American, Pilipino, Hispanic, African Refugees in certain areas of San Diego.
     - Transportation.

- Assessment and Early Intervention by Gatekeepers
- Multidisciplinary teams/Peer Counseling

➢ PEI 2: Older Adult Family/Caregiver Support
- Informational resources, short term interventions, and support services for enhancing caregiver health – Hispanic (REACH-OUT)

➢ PEI 3: Education and Training
- Training resources and informational materials in the community and at Community College Campus
  - Older adults, family, caregiver, first responders and allied professionals
  - PCP

Member questions regarding cultural competence of these proposed services and provision of services to underserved older adults were asked. Viviana, reported that health care disparities for older adults would be impacted with this services, improved access to care to unserved and underserved communities will also be addressed and culturally competent best practices will be provided through these MHSA/PEI programs.

MHSA/PEI Co-Occurring Conditions Draft Work Plan – Virginia West
Two work plans were identified

➢ The first work plan, called "Bridge To Recovery" is composed of six teams, each including an AOD certified counselors and an AOD certified peer mentor. The teams will conduct individual and group screenings, brief intervention and refer primarily by the SDCPH and the adjacent EPU, utilizing the SAMHSA best practice, SBIRT. The program focus is to engage persons who have low to high substance abuse issues but low mental health issues and who generally fail to link to any services after a crisis visit to the SDCPH or EPU is concluded. The teams will offer follow-up intensive short-term case management services to assist clients to prioritize their immediate life issues and successfully link them to appropriate substance abuse, counseling, health, housing, benefits, legal or any other needed services. One team will specialize with the Transition Age Youth population; a second team will specialize in outreach to Older Adults. The TAY team will also do outreach to youth and/or their families referred by the ESU. Another component of this work plan is a monthly training on Co-Occurring Issues rotating among the Sheriff substations in the unincorporated areas of the County and the SDPD divisions in the City of San Diego.

➢ The second work plan will provide Mental Health staff at CCISC trained residential and non-residential AOD programs. This will enhance the ability of the programs to provide MH screening, education about co-occurring issues and brief treatment so that recovering individuals with mental health issues are recognized sooner and the impact of MH issues is lessened.

In response to member questions regarding the target population, Virginia, reported that the SSDCPH and the ESU see clients from different age groups, and different ethnic and cultural backgrounds. Interventions for this population will include linguistic and ethnically diverse approaches and will be conducted by culturally diverse staff and peers that are CADAC certified.

5. Quality Improvement – Trang Tran Downs

➢ MIS cutover is projected for October 1st with program manager trainings in September. In the next couple of weeks we will be going over the paper graph training to make sure that it is easy

meet with the PM County to go over the process and answer any questions they may have.

- Trang will find out from Candace what is the status of the revised protocol for the program self assessment on cultural competence. There were several pilot programs that participated in this self assessment and in the May meeting Candace talked about the need to revise the protocol for the self assessment and decide on the timeline for broad implementation.

Action Item: Trang or Candace to update the team on the status of the revised protocol status at the August meeting.

6. **Culture Competence Plan Objectives Status Updates**
Piedad distributed the updated Objective Matrix. The first section, Access to Care, was addressed in this meeting.

Action items:

- Analyze Gaps – Tabatha will update the matrix under status that the Draft WET Needs Assessment was presented to the CCRT in May 2008. **Tabatha**
- Conduct access studies of diverse groups – Candace needs to provide report for CCRT for the past 3 years on comparative analysis for TAY, Older Adults and Latinos. **Tran to f/u**
- Improve access to care to reduce mental health care disparities –**Trang will contact** Candace regarding her status update for clarification.

Action Item: Bonnie to update list of committee members

Action Item: Distribute to the committee the Data Book for 2006-2007

Action Item: For next meeting Piedad will continue with the next section of the CCRT Objective Matrix.

7. **Committee Reports – CCRT Objectives/Matrix Update by each Committee**

- Education and Training – Tabatha Lang
  - We have been evaluating the Cultural Competence Training. We discussed what has been offered, what has never been offered for training and have included this information in a grid. At this point we are prioritizing what is most important, what is least important and identifying the E-learning component and what should be facilitated lecture training. We are also trying to identify a target audience.
  - We have a draft matrix that we will review and present to this committee. After presenting to this committee we will make any edits and changes and then take it to the BHSTEC Committee.

- Policy and Program Development – No update

- Membership – Viviana Criado
  - Viviana spoke with Alfredo Aguirre regarding the need to approach the Contractor's Association for representation.
  - There is interest in Northern Heights Community Clinic to send representation.
  - Debbie Malcarne is working on Case Management membership.

topic for this article is Domestic Violence.

9. **Adjournment**

NOTE: This meeting is scheduled for the first Friday of each month unless otherwise noted. The next meeting will be Friday, August 1, 2008 from 10:00 to 11:30 A.M., at 3255 Camino Del Rio South, San Diego, CA 92108, in the Del Mar Room.

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

CULTURAL COMPETENCE RESOURCE TEAM

MEETING MINUTES

August 1, 2008
10:00-11:30 AM

Del Mar Room

1. **Introductions**

2. **Approval of July Minutes** – July minutes approved

3. **MHSA Updates – Piedad Garcia**
   - Prevention Early Intervention (PEI) work plans. Chair reminded the membership that we are continuing our review, input and feedback role as to the un-served, under-served part of the PEI work plans as it is presented and also the issue of how diversity is addressed in the work plans and how cultural differences are addressed or not addressed in the work plan.
   - MHSA staff will be floating the PEI draft work plans during the next month for community input and after we will we go to the Mental Health Board for the 30 day formal review.
   - Workforce Education Training (WET) - We are in the mist of developing the WET Collaborative as directed by the State WET Guidelines.

4. **PEI Draft Work Plans Presentations – Review, feedback and comment**

   MHSA/PEI Native American Work Plan– Debbie Malcarne/Liz Miles
   Four tribal groups came forward and created a consortium. We have been working with the consortium and they have been developing their draft plans. They have come up with four areas for PEI that they would like to provide: They are:
   1. Urban Youth Center (UYC): A place for all teens to come together in an urban area. Another component is to do a Youth Conference and bring together the teens in their community and focus on spiritual, mental and physical health issues to increase a sense of community. The community is concerned that youth need development in this area. They have been trying to identify a center where they feel they can belong.
   2. Elder Services Program with an Elder Navigator: This program will hire an elder member of the community and have this person do outreach into the community. Services at Indian Community events will target the importance of the elder in the community.
   3. Suicide Prevention Program: This project will coordinate and organize activities to increase awareness of suicide risk, early detections, early prevention and promote community wellness and involvement in cultural and social activities and individual and community resilience.

intervention program (Suicide Prevention, Elder Services and Urban Youth Center) to develop a diagnostic survey/assessment which will determine client satisfaction, measure referral follow through and integrate a developmental and sequential process.

Comments: Piedad commented that the MHSA PEI funds are time limited and so part of the consortium's responsibility needs to be addressing the long term sustainability of these programs. This should be put on the agenda for ongoing long term pursuit. The consortium also needs to be addressed in the work plan. There needs to be something in the work plan that addresses a monthly meeting to ensure that whatever is being done is being coordinated and carried out. The COTR should participate as well as the cultural broker that is being hired by Mental Health America. Quarterly meetings with the consortium should be considered with the MHS administration to include Alfredo, Piedad and the COTR. One of the issues about sustainability is not only funding and resources but how you maintain the relationships that have been established. This needs to be added in the 30 day review.

MHSA/PEI Early Childhood Services 0-5 – Yeal Koening

Positive Parenting Program – For children ages 0-5 y/o in day care centers, Head Start would be a place to provide this service. Head Start serves children and families earning income at or below the Federal poverty level. This program will focus on providing the Triple P Model (Positive Parenting Program).

- Selected Triple P is a one time positive parenting seminar. Two educators would go to a Head Start center and they will spend four months at that center working with the families, the children and the Head Start staff. During that time they will offer the Triple P Model seminar. They will invite everyone who is part of that Head Start to come and learn about positive parenting.
- As the team spends time at the center and work with the Head Start Staff they are going to identify some families that could benefit from primary care Triple P. These are brief and flexible consultation sessions that are provided directly to the family and the staff.
- Group Triple P. This is five 2 hour group followed by three 20 minute telephone consultations or face to face. The program design will include a minimum of five teams of parent and peer educators. The Triple P team will have a clinical staff that will provide supervision and a program manager. There will be clinical oversight to assist in those situations where they may be a need for a higher level of care. These teams will be able to make referrals and connect family with other resources. It is anticipated that fifteen centers will be provided these services in a year by 5 teams which will be at the center for 4 months.

The program staff is to be representative of, and knowledgeable about, the client's culturally diverse backgrounds. Provider will also be expected to demonstrate culturally and linguistically sensitive services and will explain how this sensitivity will be incorporated into the program's design. Materials that are provide through the Triple P model and tip sheets and workbooks are currently available in English and Spanish. This plan will also have a military emphasis. We overlapped with the military workgroup and identified that there are military families that could benefit from this service. Triple P aims to promote the development, growth, health and social competence of young children; to reduce the incidences of child abuse, mental illness, behavioral problems, delinquency and school failures and to enhance the competence, resourcefulness and self sufficiently of parents raising children.

Comments: Piedad suggested that within the Latino community there are intergenerational and linguistic issues between children and parents that would have to be addressed in a culturally sensitive manner. This needs to be reflected in the work plan and the SOW, that services will be

community and in the event that there is difficulty in hiring someone to fill this requirement that interpreters would be made available. The same thing would be with the military community. The person hired to fill this position needs to be reflective of that culture. We need to elaborate more on that piece as to the staffing team hired within that community.

MHSA/PEI Warm Lines- Yeal Koening

Youth Peer Support Line – The vision is that the Youth Peer Support Line is a warm line for teens and youth. The staff will also include youths. Warm Lines offer an effective way to provide callers with accurate information, counseling, and referrals to appropriate community-based services or resources. The anonymity of a warm line is a key asset, especially in working with adolescents, because it allows the caller to ask questions that may be difficult or awkward to address in a face-to-face context. Evaluation have shown that quality peer supports can: decrease juvenile crime, decrease youth participation in risky behaviors, such as drug, alcohol; lead youth to develop new skills and interest; improve youth's grades and academic achievement; encourage youth to reach higher in planning their future. This will be the first Mental Health non-crisis support and referral line staffed by youth for youth in the State of California. This line will be offered in the late afternoon, evening hours for 5 days a week and the youth will be trained in providing culturally competent support and resources with a program manager overseeing the services provided. A clinician available four hours a week that will provide the youth staff with consultation on handling difficult and complex phone contacts. The program will employ a minimum of 4 mental health peer support counselors, 6 hours 5 days per week phone line for youth experiencing stress and it will have at least one bilingual peer counselor.

Comments: A committee member commented about how kids today are more on the computer and inter-net and asked how this is being addressed. Yeal commented that in time when there is additional funds and through additional resources they will focus on technology. Comment was also made that the technology should be now because the kids are using the internet and email more then telephones. You really need to look at the cost and it may not cost more.

Family Peer Support Line - We want to provide peer to peer culturally competent support and guidance, show hope and survival by other caregivers, stop the isolation in the community and empower families to be support partners for others. Research has shown that having a child with Behavior/Mental Health issues is often cause for seclusion from friends, extended family, school and social activities. The support line will provides stigma free place were they can gain information, resource and learn coping mechanisms. It is a non-crisis, counseling service and referral line. It will be staffed by family members. The family members will be trained in providing culturally competent support and resources and a program manager will oversee the services provided. A clinician will available four hours a week. This line will be six hours and 5 days a week for families experiencing stress. There will also be one bilingual peer support counselor by contract.

MHSA/PEI-Veterans, Military, Reserves, Guard and their Families (VMRGF) – Heidi Shaffer

The group identified outreach and education to the veteran population, the culture of this population and the issues that they have with confidentiality. In today's military if a family member seeks mental health treatment it can be an end for their career in the military. This program will serve the Veterans, Military, Reserve, Guard and Families (VMRGF) community and will include the Reserves, National Guard, racial/ethnic minorities, those with a "less than honorable discharge" and the GLBTQ (Gay, Lesbian, Bisexual, Transgender and Questioning). The program will work closely with the VMRGF communities which include Providers, active

will provide support and encouragement to enable individuals to successfully access services. MHS has developed a contract with Mental Health America on breaking down barriers and they have hired a Community Outreach Specialist that has a military background. This position that is with Mental Health America is a position we will want to transition to the PEI Program for veterans in the population and have more community outreach specialists to work with the various entities out there from Law Enforcement, Justice, faith based community and the school system. San Diego County will be participating with the other counties in California regarding a Veterans web-site through the Network of Care.

5. **Quality Improvement –**
   - Piedad distributed the San Diego County Mental Health Services Data Book for FY 2006-2007.

     Action Item: Piedad's revisions for separating anxiety and depression are not included. Piedad requested for Kathy Anderson to have the 2006-2007 Data Book updated to reflect that revision. Kathy to f/u with HASRA for them to make the revision.

   - Kathy Anderson distributed the Client-Reported Housing Report along with the Client-Reported Social Functioning Report. These reports are based on the client assessment tools that were sent out for survey. Kathy requested that the team review these documents and give feedback on them.

     Action Item: Piedad suggested that the members review the documents and email any revisions to Piedad and she will put it together and send to QI.
     Action Item: Add to September agenda to discuss feedback on documents.
     Action Item: Kathy Anderson will bring the Employment document to the September meeting for distribution and discussion with the team.

6. **Cultural Competence Plan Objectives Status Updates**
   The last updates were from Tabatha. We will review this matrix for the September meeting and make sure we are on target.

   Action Item: Piedad requested that Kathy Anderson discuss with Candace as to who is her lead from QI on this.

7. **Committee Reports – CCRT Objectives/Matrix Update by each Committee**
   Piedad distributed a list of the committee members.

   - Education and Training – Tabatha Lang
   - Policy and Program Development – Candace Milow - Not meeting
   - Membership – Viviana Criado

   Action Item: Piedad requested that Yael Koenig follow up with Melinda regarding the Children's committee to find out if this committee still exists or is no longer meeting.

8. **Adjournment**

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

CULTURAL COMPETENCE RESOURCE TEAM

MEETING MINUTES

September 5, 2008
10:00-11:30 AM

Del Mar Room

1. **Introductions**

2. **Approval of August Minutes** – August minutes approved

3. **Chairs Report – Piedad Garcia**
   - **Prevention Early Intervention (PEI) Update**:
     Prevention Early Intervention (PEI) work plans can be reviewed on our Network of Care Website during this informal reviewed process. The MHSA/PEI work plans are also being reviewed internally by staff and their committees. Input that we received from all of the committees we will compile and considered by the lead committees. The Mental Health Board approved the official 30 day public review. After the 30 day public review we will be assembling the packet that goes to the Department of Mental Health (DMH) and to the Oversight and Accountability Commission (OAC) requesting their approval. The intent is to go to the Board of Supervisors in early November and submit to the State Department of Mental Health soon thereafter. By January/February 2009 we expect the approval from the Department of Mental Health and the OAC. During the DMH review process we will be developing the Statements of Work (SOW) that we will be procured, once we receive approval from DMH. We will put out RFP's with the exception of a few work plans where we will be doing sole sourcing.

4. **MHSA Updates: - Piedad Garcia**
   - **Additional Funding for Community Services and Support (CSS)**
     - We just submitted CSS Enhancement #3 to the State for $8 million after its 30 day review. DMH has informed us that in November we will be receiving Enhancement #4 for approximately $ 6 to $ 8 M and they are also projecting Enhancement #5 for another $6 to $8 million in April 2009. These enhancements will be combined in one planning effort in the Spring of 2009.

     - Out of the expected CSS enhancement of $13 to $15 million we will be funding $3.5 million for the Downtown Impact which used to be funded by AB2034, and was cut by the Governor last year. Instead of closing the program we used the AB2034 one-time reserve

Partnership funds. For 2009-2010 we have to fund the program with FSP/CSS ongoing funds.

- Piedad reiterated the ongoing need to develop additional capacity in the Full Service Partnerships, in outpatient mental health services. In addition to enhancing and expanding our case management services and adapting and adopting evidence based practices for diverse populations. We need to do more around client recovery whether it is in the clubhouses or other programs. Peer support development and supported employment continues to be a need and focus of attention.
- In the South Region we will be reprocuring existing services and we are looking at integrating case management for the first time in a clinic setting. Currently the program serves approximately 2,000 clients for approximately $4.6 million. We will be soliciting contractors who are going to bid for these services to propose the number of clients based on the model that they offer.

➢ **Workforce Education and Training (WET)**

- We are moving ahead with finalizing the community needs assessment and key leader interviews as well as beginning the WET Collaborative for workforce and education. It is anticipated that we will establish the first meeting of the WET Collaborative sometime in the Fall of 2008.

➢ **Capital Facilities**

- The MHS and the County is considering purchasing a few buildings for treatment programs through Capital Facilities funding. Guidelines have been released, but the planning will not begin until early 2009.

➢ **PEI Universal Component** – This is a stigma and discrimination campaign that will be considering a Spanish Fotonovela and a Housing Discrimination project to be included under this component. The intent of the fotonovela is to educate the Latino community about mental health/illness, suicide and access to services. The Housing Discrimination project will focus on educating landlords, owners, city and county offices, home owners association and the community on fair housing laws, and individuals with mental health issues.

5. **Quality Improvement – Kathy Anderson**

➢ Quality Review Audit is scheduled for January 2009. The State sends out a team of people who come out to review each of the County's Mental Health Plans for the State. They look at all different components of the system of care and how we operate our mental health system. We will also have a compliance audit in March 2009. We have received the DMH protocol of approximately 100 pages of questions.

➢ We have over 1,500 people registered for the Anasazi training in September. Cut over is to begin October 1st. The first phase will be claims and billings and the second phase will start in December/January and will focus on the clinical assessment and service plan.

➢ Kathy Anderson gave a summary of the client outcomes i.e., Client Reported Housing Situation, Client Reported Employment and Client Reported Social Functions. The CCRT provided feedback on the reports.

- Additional questions suggested to add to the survey would include if the client smoke, drink coffee or sodas.

Client Reported Employment Report

- Lost of benefits (Medi-Cal and SSI) needs to be addressed as clients continue to opt to not work for fear of loosing their benefits.

Action Item: Piedad would like to see the data separated by ethnicity. She would like to see a report on the major culturally diverse groups, African Americans, Native Americans, Vietnamese and Latinos. The answers may vary from different backgrounds. Kathy will bring this information to the next meeting.

Action Item: Kathy will email the summary sheets to Bonnie for distribution to the CCRT.

6. **Cultural Competence Plan Objectives Status Updates**
   No updates

7. **Committee Reports – CCRT Objectives/Matrix Update by each Committee**
   - Education and Training – The committee met last month and continued looking at the e-learning tool and defining e-learning and the target audience.
     Action: Tabatha to bring draft to the next meeting.
   - Policy and Program Development – Did not meet
   - Membership – No Update

8. **Other**
   - We just finished our fourth article with Salud & Health Info Magazine. The article was on Domestic Violence. Piedad requested input on the next article.

     - **Action Item:** Email your suggestions for the next Salud & Health article to Piedad.

   - Network of Care Website – Euphemia Ng, provided information on the Network of Care Website and her experience on acquiring information on mental health disorders in different languages and the multi language videos. Just click on the language you want to view and read. This would be wonderful for Peer to Peer PEI of all the different topics.

9. **Adjournment**

NOTE: This meeting is scheduled for the first Friday of each month unless otherwise noted. The next meeting will be Friday, October 3, 2008 from 10:00 to 11:30 A.M., at 3255 Camino Del Rio South, San Diego, CA 92108, in the Del Mar Room.

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

CULTURAL COMPETENCE RESOURCE TEAM

MEETING MINUTES

September 4, 2009
10:00-11:30 AM

La Jolla Room

1. **Introductions**

2. **Approval of August Minutes** – August minutes approved

3. **Chairs Report – Alfie Gonzaga for Piedad Garcia**
   Budget Update –
   - Budget reductions have been implemented in Fee For Service (FFS) Managed Care allocation for the County. This is a follow up on Piedad's report last month in the minutes. She had reported that there could be managed care reductions and what that would mean. Effective August 10, 2009 there will be a limited number of additional sessions for children and adults. Due to the economic reality revenue reductions we may have to mitigate that reality by further reductions in the system of care.

MHSA PEI Update - Alfredo Aguirre

- There are five statewide initiatives in MHSA PEI and four of those initiatives have been developed by Sacramento. The fifth one, Training and Technical Assistance, we received our funding and we are now starting to develop our strategies. Training and Technical Assistance was the only initiative that counties could get the dollars. The other four initiatives the funding was assigned back to the State Department of Mental Health. Those included Student Mental Health Services, Suicide Prevention, Stigma & Discrimination and Reducing Disparities. There are five RFP's that have gone out from Sacramento. It is on five underserved communities Latino, African American, Native American, API and LGBTQ.
- Next year there is going to be another RFP. Basically they will be mini plans which will speak to again building infrastructure, looking at some pilots in terms of effective models and serving those communities and addressing disparities. They will be addressing training needs, learning exchanges so each of those five mini plans will then build to what is called a macro plan and this will be put to a RFP next year where someone will bring all these five plans together to develop one master plan.
- A number of initiatives will be forthcoming, including a research and evaluation free training that will yield different pilots that may be happening in places across the State.

already there and has been allocated it is not subject to the economy.

Action Item: Invite Karen Ventimiglia to the October meeting to discuss how CCRT can help figure out the expenditure of those dollars in the Training and Technical Assistance under PEI.

- The Cultural Competence Plan requirements are completed and the State Department of Mental Health is doing an abridged version for small counties due to resource issues. Probably by November 1, 2009 we will have a Cultural Competence Plan from the State. A reality is that the Cultural Competence Plan that the counties are required to do is part of the Medi-Cal Plan which is now currently our plan with the State. The terms of the contract have expired and we are having to make changes because of the budget with our scope of service for people that receive services in our FFS.

4. **Quality Improvements (QI) – Candace Milow**
   Candace distributed and discussed the Culturally Competent Program Annual Self Evaluation (CC-PAS). We are making progress and we hope this will end up in the organizational provider handbook.

5. **MHSA Update – Alfie Gonzaga for Piedad Garcia**
   - The Innovation Plan is up for public review. It is on a 30 day public review and that began on September 2, 2009 and will end on October 1, 2009. Feel free to send in your comments and that will be heard at the public Mental Health Board Meeting on October 1, 2009. This is on the Network of Care.
   - WET Update – There is an Industry Day for WET Plan [Mental Health Career Pathways] on November 4, 2009 at the Mission Valley Public Library, from 4-6pm.

   Action Item: Send out link to Network of Care.

6. **Committee Reports**
   Education – Alfie Gonzaga
   - No update

   Policy and Program Development
   - No update

   Membership
   - No update

   Children's
   - No update

7. **Health Care Disparities Report – Candace Milow**
   Candace distributed a document on Quality Improvement Plan Addressing Disparities. In the Disparities Report we identified five next steps. Candace has broken that down and identified some ideas that can be used. These are suggestions and steps in the right direction.
   1. Evaluate root causes of disparities in San Diego
      - Work with CCRT to identify methods for evaluating the root causes of disparities in San Diego
      - Conduct a study through HSRC/CASRC to identify root causes of disparities with clients and family members
      - Conduct research of other studies on disparities
      - Identify community groups that represent age/racial/ethnic/cultural diversity and do focus groups with them to identify root cause of disparities

- Determine what current strategies and interventions are being used (targeted programs, training, language assistance
- Analyze effectiveness

3. Implement stigma and discrimination educational campaign
   - Stigma and discrimination campaign to kick off in FY 09-10
   - Work with MHSA staff to ensure that age/race/ethnic considerations are taken into consideration
4. Evaluate cultural sensitivity of providers and services
   - Facilitate the implementation of the CMCBSS to evaluate staff-(July 2010?)
   - Implement the Culturally Competent Program Annual Self-Evaluation (CC-PAS) for all programs
5. Improve quality of care by working with ethnically diverse groups
   - Complete and distribute CC Handbook
   - Identify Culturally Competent EBP, best practices, proven practices
   - Work with Clinical Standards committee to ensure interventions are culturally appropriate
   - Study results of outcome measure based on age/racial/ethnic groups
   - Identify community groups that represent age/racial/ethnic/cultural diversity and do focus groups with them to identify areas for improvement

Action Item: Bonnie to email the document and the CCRT can send feedback to Bonnie [bonnie.george@sdcounty.ca.gov]

8. **Spirituality & Recovery - Piedad Garcia**
   - Piedad will be scheduling a meeting for Spirituality and Recovery by the end of September early October.

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County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

CULTURAL COMPETENCE RESOURCE TEAM

MEETING MINUTES

January 8, 2010
10:00-11:30 AM

La Jolla Room

1. **Introductions**

2. **Approval of December Minutes** – December minutes approved

   Action Items from December/January: Children's Committee lead – Piedad will follow up and clarify with Alfredo again who is the appointee to this committee again.

3. **Chairs Report – Piedad Garcia**
   - Integration with Physical Health
     Piedad discussed the primary care and mental health integration initiative with the members and provided a summary of what Adult and Older Adult has been doing since the contract with the Council of Community Clinics (CCC) started in 2006. Regarding children, there seems to be a better access and linkage to primary care due to their eligibility to obtain Medi-Cal .

     Action Item: Provide the list of interventions that are being done in primary care and mental health.
     Action Item: Invite Dr. Lewis to attend the next CCRT meeting to address physical health care and mental health integration
     Action Item: Question for the Clinical Director: What are the interventions that are being developed in the Children's System of Care to integrate primary care and mental health? Piedad to follow up with Dr. Lewis.

   - Economic Reality Plan 2 Plus –
     ERP 2 Plus mitigation may be approximately $16 million. For Adult and Older Adult services approximately 60 % of this amount will need to be mitigated. The rest of it will be mitigated by Children's System of Care. We are currently developing the strategies and the proposals internally and looking at where the possibilities lie. We have $5 million of MHSA funding to replace $16 million of reduction. We will need to reduce $10 million in programs and capacity countywide.

Team. It will be up to the group if they would like to get together as a group and submit something to the Mental Health Director.

Action Item: Piedad will email to the CCRT the Target Population #14 document.
Action Item: Piedad will email document on Primary Care and Mental Health Services Integration that Piedad did that explains what we are doing countywide.

- CCRT Objectives
  - Piedad distributed and discussed a CCRT Objectives Summary of Pending Tasks for FY 09/10, FY 10/11 and FY 11/12. This document is a compilation of pending CCRT Objectives based on Cultural Competence Plan Objective document in 2007-2008. The summary document consists of items that need to be completed.

4. **Quality Improvements (QI) –**
   - No update - Candace Milow was unable to attend the January meeting.

5. **Committee Reports**

Education – Alfie Gonzaga
- The Training and Education subcommittee is currently working on:
  - reviewing resources to broaden the list of available cultural competence materials

Policy and Program Development -
- **Action Item:** CCRT Objectives Summary of Pending Tasks under Access to Care – Committee needs to identify, priorities and timelines for Health Care Disparities Report.
- **Action Item:** Piedad would like to have this committee activated again and needs to know if Candace will remain the lead. If not, Piedad will lead this committee.

Membership
- No lead for this committee –

Action: This committee assembles as an Ad Hoc and there is no need for this committee to meet ongoing.

Children's
- **Action Item:** Remove committee because there is no Children's Committee.

6. **Announcements**

NOTE: This meeting is scheduled for the first Friday of each month unless otherwise noted. The next meeting will be February 5, 2010 from 10:00-11:30 A.M., at 3255 Camino Del Rio South, San Diego, CA 92108, in the La Jolla Room.

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

CULTURAL COMPETENCE RESOURCE TEAM

MEETING MINUTES

June 4, 2010
10:00-11:30 AM

La Jolla Room

1. **Introductions**

2. **Approval of May Minutes** – May minutes approved with following changes: in sentence five:
   - Change sentence five to read "Piedad informed the CCRT there are many more persons whose race and ethnicity are noted as "Other/Unknown" this may be due to changes in how those fields are captured in the MIS' or what the client describes himself/herself. The State is using the Census race/ethnicity break down and most likely will not revised.
   - Correct name Juan Camarena for website information.

3. **Chairs Report – Piedad Garcia**
   - Economic Reality Plan – Nothing has changed since last month. At the Mental Health Board meeting on Thursday, June 3, 2010, Alfredo said that realignment funding would be impacted for San Diego County if the proposed $600M are not mitigated by the legislature. In addition, the State is proposing to eliminate AB3632 and Calworks. AB3632 would impact the Special Education Unit and contractors in Mental Health Services. We do not foresee anything happening in the next couple of months.
   - Michael McPherson read a letter that Michael Mathews read at the Mental Health Board regarding how the cuts will impact the clients.

4. **Committee Reports**

Education – Alfie Gonzaga
- The subcommittee is currently working on is Criterion 5 for the Cultural Competence Plan regarding training and cultural competence. Once this is completed the committee will provide update to the CCRT for their input and feedback.
- Michael McPherson discussed the California Institute for Mental Health (CIMH) on Capacity Building for Ethnic and Culturally Community Based Organizations Project. If this training is something that the CCRT would be interested in Michael will help set this process up. Piedad said that San Diego County sent two non-profits to the Southern Region Training. **Action Item:** Michael McPherson will send the CIMH document to Bonnie for distribution to the CCRT. **Update:** Bonnie emailed CIMH document to the CCRT on 6/4/10.

Membership

- Inactive at this point.

Children's - Candace Millow

- Candace informed the CCRT of the new Kid Start Program that will be implemented for ages 0-5 kids and gave a summary of the program.
- The Kid Start RFP was awarded to Rady's Children's Hospital. The program will be starting July 1, 2010.

5. **Quality Improvement – Candace Milow**
   - The Department of Health Care Services is looking at the freedom of choice waiver. In our county Medi-Cal beneficiaries will be receiving letters in October-November letting them know that they will be required to join a health plan. There are currently five health plans in San Diego County and these can be found on the Department of Health Care Services website. The website also has the Implementation Plan posted as well and the reasons why. **Action Item:** Candace will send Bonnie the link to the website to email to the CCRT. **Update:** Bonnie emailed to the CCRT the website link on 6/4/10
   - After looking at some of the reports that QI has been producing, Mental Health Administration has decided to look at how programs actually serve our target population. There will be an evaluation process that we are going to implement and will bring before this committee

6. **Policy and Programs Development Committee, Cultural Competence Plan – Candace Milow/Kathy Anderson**
   - Kathy distributed the Checklist of the 2010 Cultural Competence Plan Requirements Criteria. The focus was on Criterion 7 – Language Capacity, the members provide input and feedback to the information provided below:
   - Kathy distributed and discussed the following data sheets:
     - Adult and Children's Interpreter Services Provided FY 2004-2005 through FY 2008-2009
     - Language Proficiency Direct Services Provider – Adult FY 2008-2009
     - Language Proficiency Direct Services Provider – Children FY 2008-2009
     - Language Proficiency Comparison – Adult 2005-2009
     - Language Proficiency Comparison – Children 2005-2009
     - Cultural Competence Report – Attendance Comparison – Adult 2005-2006-2007-2008-2009
     - Cultural Competence Report – Attendance Comparison – Children's 2005-2006-2007-2008-2009

7. **Other**
   - UC Davis has received a contract to do a 3 year planning process for the Latino Community across the state. The scope of the study will be identifying what are the needs and issues, where are the gaps and what are the best practices around engagement in these communities to improve access to care. Piedad has been invited to be a member of the Concilio Latino Planning Committee a State MHSA contract administered by UC Davis Health Care Disparities Center.

NOTE: **This meeting is scheduled for the first Friday of each month unless otherwise noted. The next meeting will be July 2, 2010 from 10:00-11:30 A.M., at 3255 Camino Del Rio South, San Diego, CA 92108, in the La Jolla Room.**

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

CULTURAL COMPETENCE RESOURCE TEAM

MEETING MINUTES

July 2, 2010
10:00-11:30 AM

La Jolla Room

1. **Introductions**

   - **Approval of June Minutes** – June minutes approved

   - **Action Item:** Tabatha will check to see if the Kid Start program did start on July 1, 2010.

2. **Chairs Report – Tabatha Lang for Piedad Garcia**
   - Economic Reality Plan – Community Services and Support enhancement #7 went up to the State we got our official approval from the State so everything is moving forward as planned. Starting yesterday there are three outpatient mental health contracts that have geriatric specialist positions embedded in the outpatient clinics. The staff will be doing outreach in specific communities and responding to community calls and AIS calls on older adults that need mental health evaluation and outreach at their home. These are new positions in the contracted programs: one FTE in the East and two in Central region. Community Research Foundation and Neighborhood House are the contractors.
   - The Walk-in Clinic services at the SDCPH will be transitioning to regional outpatient mental health clinics effective September 1, 2010. AOA SOC staff will meet internally to develop transition plan.

3. **Committee Reports**

   Training and Education – Alfie Gonzaga
   - The subcommittee is still working on Criterion #5 the Training and Education piece of the Cultural Competence Resource Plan. Although we do not have a meeting today most of them are in attendance at this meeting.
   - Candace Milow – There will be some work that we are taking back to the Training and Education subcommittee that we have been doing. The Cultural Competence Plan required by the State requires a Cultural Competence Training plan. What is not in place is a high level strategic plan for cultural competence training based on assumptions that includes what cultural competence training means and how we are going to try to impact the entire community. We have started to work on developing an overarching strategic plan which

that once it is a little further along. In addition, BHSTEC will be reviewing and providing input as well. In conjunction with that, Piedad and I have started developing a framework for the cultural competence training plan, which is not just a strategy, but includes topics. into a framework.

Membership

- Inactive at this point.

Children's Update

- None

4. **Quality Improvement – Candace Milow**

Candace distributed and discussed a report that was put together by the Mental Health Board which is a required report and they will be sending to the California Mental Health Planning Council. Our Mental Health Board was required to look at the populations that we are serving in San Diego County and to do some assessment of where we are in addressing penetration and retention issues and what interventions we are utilizing to address any issues. The report covered the following topics:

- Introduction
- Penetration Rates
  - Findings from the Fiscal Year 2006-07 Progress Towards Reducing Disparities report regarding access/penetration for mental heal services by race/ethnicity
  - Factors that account for difference in access by race/ethnicity
  - Barriers to increasing access
  - Current projects aimed at increasing access
  - Mental Health Board Recommendations
- Retentions Rates
  - Findings from the Fiscal Year 2006-07 Progress Towards Reducing Disparities report regarding retention in mental health services by race/ethnicity
  - Factors that account for difference in retention by race/ethnicity
  - Barriers to increasing the retention in mental health services for the underserved ethnic groups
  - What San Diego County is doing to increase retention rates
  - Mental Health Board recommendations for increasing retention rates for underserved ethnic groups

- Recommendations from the CCRT that the Mental Health Administration look at the following:

  Intervention/Penetration
  - Extended service hours from programs
  - Asian/Pacific Islander for focused program/intervention
  - Full time cultural competence staff – utilizing resources that already exist
  - Real measurement – are programs more successful with specialized
  - Transformative Training – web based – videos
  - Models – Programs doing well, what are they doing
  - Regionalized – Needs assessment

5. **Policy and Programs Development Committee, Cultural Competence Plan – Candace Milow**

Care for Asian Americans by Jean Lau Chin. Some of the things that are pointed out in here are very useful and substantial that the Policy and Program Committee could do is to look at some of these ideas in the document. This document covered the following topics:

- Quality of Care
- Principles of Cultural Competence
- Community Health Psychology: A Systems Perspective
- Tools for Assessing Cultural Competence
- Indicators of Cultural Competence

- The feedback from the members was:
  Philosophy of Cultural Competence: Integrated system of care that provides continuity of care consistent with client beliefs, values, and health care practices.
  - Consumer/Stakeholders input on defining culturally relevant services
  - Education for: Consumers
    - Culture of system of care – how to get needs met (Kaiser model)
  - Skills based straining – Evidence Based Practice – models for training
  - Partnering with community

6. **Workforce, Education and Training (WET) Plan – Liz Miles**
   Liz distributed and discussed the San Diego County WET Plan Summary document. The summary document covered the following:
   - Workforce Staffing Support, Program #1 – Title: WET Coordination and Implementation
   - Training & Technical Assistance, Program #2 – Title: Specialized Training Modules
   - Mental Health Career Pathway Programs, Program #3 – Title: Public Mental Health Academy
   - Mental Health Career Pathway Programs, Program #4 – Title: School-Based Pathways/Academy
   - Mental Health Career Pathway Programs, Program #5 – Title: Nursing Partnership for Public Mental Health Professions
   - Residency, Internship Programs, Program #6 – Title: Community Psychiatry Fellowship
   - Residency, Internship Programs, Program #7 – Title: Child Psychiatry Fellowship
   - Residency, Internship Programs, Program #8 – Title: LCSW/MFT Residency/Intern
   - Financial Incentive Programs, Program #9 – Title: Targeted Financial Incentives to Recruit and Retain Licensable and Culturally, Linguistically and/or Ethnically Diverse Public Mental Health Staff

7. **Other**
   None

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County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

CULTURAL COMPETENCE RESOURCE TEAM

MEETING MINUTES

August 6, 2010
10:00-11:30 AM

La Jolla Room

1. **Introductions**

   - **Approval of July Minutes** – July minutes approved

2. **Chairs Report – Piedad Garcia**
   - Piedad distributed and discussed the San Diego County Psychiatric Hospital (SDCPH) Walk-In Crisis Clinic services moving to Regional Adult and Older Adult Outpatient Clinics Effective September 1, 2010 packets.
     Action Item: Piedad will invite Heidi Shaffer to present in September or October a full year report on the long term care transition, number of clients hospitalized and how many clients are in SNF's.

3. **Committee Reports**

   Training and Education – Alfie Gonzaga
   - Committee is meeting today and will discuss what the committee had initially started on Criterion #5 the Cultural Competence Source Plan. The committee is ready with some draft language for submission to Piedad and Candace for final recommendations.

   Membership
   Inactive at this point

4. **Children's Update – Michalene Hiltsley**
   None

5. **Quality Improvement – Candace Milow**
   - Distributed and discussed the Quick Guide – A Quick Guide to Mental Health services for Adults, Older Adults and Children brochure.
6. **Policy and Programs Development Committee, Cultural Competence Plan – Candace Milow**
   Candace distributed and discussed the following documents:

lists the original objectives and the new objectives. Also included was the recommendation to the Mental Health Director regarding creation of policy to emphasize cultural competency in program performance.

- Draft of the San Diego County Mental Health Services Cultural Competence Training Plan. for County and Contracted Program Staff, 3 Year Training Plan FYs 10-11 through 12-13

Kathy Anderson distributed and discussed the Cultural Competence Plan Criterion 4: Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System

- Item II. – The Cultural Competence Committee, or other group with responsibility for cultural competence, is integrated within the County Mental Health System. We are to be giving evidence of policies, procedures and practices that demonstrate the Cultural Competence Committee's activities including the following:
    1. Reviews of all services/programs/cultural competence plans with respect to cultural competence at the county;
        - There were three considerations by this committee which are:
            - The CCRT doesn't review MSR data themselves – could they possibly go on site visits or look at MSRs? Look at composite data annually? Decision reached to look at composite data annually; other alternatives required very significant member time commitments.
            - There is currently no corrective action for Cultural Competency but do we want one? After discussion, the decision was made that a Corrective Action Plan would have to be more of a developmental goal from CCRT recommendations to Administration about addressing gaps in cultural competence policies, such as setting concrete goals for percentage improvement of services to under-served and unserved populations, mandating provider cultural competence plans, etc.
            - The CCRT could review programs designed to reduce disparities or ask 1-2 questions these programs. After discussion, the decision was made to consider reviewing 1to 2 Provider Cultural Competence Plans each year, as plans become available. The CCRT will also review programs cultural competence self evaluations.

- Candace referred back to B. in Item I regarding: Policies, procedures and practices that assure members of the Cultural Competence Resource Team will be reflective of the community, including county management level and line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other members as necessary.

Committee Recommendations:

- New RFP's need to contain a requirement that proposers submit a cultural competence plan with their proposal
- All current programs have to submit a Cultural Competence Plan
- At yearly site visits to providers, request to review site visit plan.

Members of the CCRT serve as conduits for bringing cultural competence information to the community and committees they serve on and bring back to the CCRT concerns arising in the community about cultural competence issues.

information and also to report it to Quality Improvement for further investigation.
Consideration: How could this information be passed on to higher levels of administration in order to help address disparities?

Could the County invest in a social networking site for cultural competence? Post info on TRL or Network of Care? Possibly start up Discussion Board or Blogs?

7. **Other**
   None

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CRITERION 5

COUNTY OF SAN DIEGO MENTAL HEALTH SYSTEM

CULTURALLY COMPETENT TRAINING ACTIVITIES

CRITERION 5 – CULTURALLY COMPETENT TRAINING ACTIVITIES

CC-PAS – Program Annual Self-Evaluation	5.I.A.1-8
CBMCS – California Brief Multicultural Competence Scale	5.I.A.9-10
3-Year Training Plan for FY10-11 and 12-13	5.I.A.11-17
Cultural Competence Training Report	5.II.B.1-10
Training Evaluation Samples	5.III.A.1-3

Culturally Competent Program Annual Self-Evaluation

CC-PAS

9-1-09

Culturally Competent Program Annual Self-Evaluation

The Culturally Competent Program Annual Self-Evaluation (CC-PAS) tool has been developed by San Diego County Mental Health to be used by programs to rate themselves as to their current capability for providing culturally competent services. The CC-PAS Protocol is based on expectations and standards recommended by the Cultural Competence Resource Team (CCRT) and endorsed by the Quality Review Council (QRC). Once the CC-PAS has been completed programs should use the space at the end of the CC-PAS to develop new or revised objectives the program's Cultural Competence Plan that will support ratings with improved scores during the next rating period.

Directions for scoring for CC-PAS Protocol:

- Review each item and fill out the description as to the status for your program. Add attachments as possible to support your position.
- Determine if your program has Met, Partially Met or Not Met the stated standard using the description of the standard noted for each category.
- Tally the score in each category using the following scale:
  - 5 points for Met Standard
  - 3 points for Partially Met Standard
  - 1 point for Standard Not Met
- Determine the total score.
- If there are certain topics that your program would benefit from having technical assistance you can note that by checking:
  - ___ Technical Assistance needed.
- Keep a record of the results of the CC-PAS to use to evaluate your progress over time.
- Repeat the CC-PAS annually
- Some items may not be applicable if program is not a direct service provider.

CC-PAS Protocol:

1) The program/facility has developed a Cultural Competence Plan.
Attach a copy of the Cultural Competence Plan or describe the plan.

_____

☐ Met: Program has a written Cultural Competence Plan that addresses the specific needs of that program.
☐ Partially Met: Legal Entity has a written Cultural Competence Plan but the specific needs of that program are not identified or there is no written Cultural Competence Plan but there is some other evidence of a plan.
☐ Not met: There is no plan to achieve Cultural Competence for the program.

Note: QI Unit will supply a format that may used for developing a Cultural Competence Plan if one is needed

____ Technical Assistance needed Score = ____

2) The program/facility has assessed *the strengths* and needs for services in their community.
Describe the strengths and need for services: _____

☐ Met : The strengths and needs of the community are clearly identified in the Cultural Competence Plan. Community members, Program Advisory Groups, and other stakeholders have participated in the identification of the strengths and needs of the community.
☐ Partially Met: The strengths and needs of the community are not clearly identified in the Cultural Competence Plan but there is evidence that the program is aware of the strengths and needs of the community
☐ Not met: The program is not aware of the strengths and needs of the community

____ Technical Assistance needed Score = ____

3) The staff in the program/facility reflects the diversity within the community.
Attach a report that demonstrates the staff and compares the composition of the staff to the community or describe: _____

☐ Met: The diversity of staff in the program closely matches the demographics in the community, and there is evidence that this is a goal the program is working to achieve.
☐ Partially Met: The diversity of staff in the program somewhat matches the demographics in the community, and there is evidence that this is a goal the program is working to achieve.
☐ Not met: The staff in the program does not closely match the demographics in the community, and there is no evidence that this is a goal the program is working to achieve.

____ Technical Assistance needed Score = ____

4) The program/facility has a process in place for ensuring language competence of direct services staff who identify themselves as bi-or multi –lingual.
Attach or Describe the process: _____

☐ Met: The program has a policy or written process for testing the language competence of direct services staff who identify themselves as bi- or multi –lingual. There is training available for any staff who are bi-lingual or who provide interpreter services to ensure that language needs are being met. The program also surveys clients and family members to assure language competence.
☐ Partially Met: The program has an informal process for testing the language competence of direct services staff who identify themselves as bi or multi –lingual.
☐ Not met: The program does not have process for testing the language competence of direct services staff who identify themselves as bi or multi –lingual.
☐ Not applicable if program is not a direct service provider.

____ Technical Assistance needed Score = ____

5) The program/facility has a process in place for ensuring language competence of support services staff who identify themselves as bi or multi –lingual.
Describe the process: _____

☐ Met: The program has a policy or written process for testing the language competence of support services staff who identify themselves as bi or multi –lingual. There is training available for any staff who are bi-lingual or who provide interpreter services to ensure that language needs are being met.
☐ Partially Met: The program has an informal process for testing the language competence of support services staff who identify themselves as bi or multi –lingual.
☐ Not met: The program has no process for testing the language competence of support services staff who identify themselves as bi or multi –lingual.

____ Technical Assistance needed Score = ____

6) The program/facility supports/provides interpreter training of direct and indirect services staff.
Describe the process: _____

☐ Met: The program has evidence that demonstrates interpreter training of direct and indirect services staff
☐ Partially Met: There is informal interpreter services training of direct services staff
☐ Not met: There has been no interpreter services training of direct services staff

____ Technical Assistance needed Score = ____

7) The program/facility uses language interpreters as needed.
Describe the use of language interpreters and languages used?_____

☐ Met: The program frequently uses language interpreters, and can consistently demonstrate the offer of interpreters in progress notes.
☐ Partially Met : The program occasionally uses language interpreters.
☐ Not met: The program does not use language interpreters and can not demonstrate the offer of interpreters

____ Technical Assistance needed Score = ____

8) The program/facility has a process in place for assessing cultural competence of direct services/ support services staff.

Describe the process: _____

☐ Met: The program/facility has a written/formal process in place for assessing cultural competence of direct services/ support services staff and can demonstrate the results of those assessments. Additionally, the process includes input from clients and family members
☐ Partially Met: The program/facility has a process in place for assessing cultural competence of direct services/ support services staff
☐ Not met: The program/facility has no process in place for assessing cultural competence of direct services/ support services staff

____ Technical Assistance needed Score = ____

9) The program/facility has a process in place for direct services/ support services staff to self assess cultural competence (e.g. California Brief Multi Competence Scale- CBMCS)

Describe the process: _____

☐ Met: The program has a requirement at the time staff are hired, and then periodically after hire, for all staff to complete the CMCBS or a similar tool and has evidence of the results of those evaluations. The program uses the evaluation to identify training needs.
☐ Partially Met: The program encourages staff to complete the CMCBS or a similar tool.
☐ Not met: The program does not support opportunities for staff to complete the CMCBS or a similar tool and has evidence of the results of the those evaluations,

____ Technical Assistance needed Score = ____

10) The program/facility has conducted a survey amongst their clients to determine if the program is perceived as being culturally competent.

Describe the results of the survey: _____

☐ Met: The program/facility has conducted a survey amongst their clients and their family members to determine if the program is perceived as being culturally competent.
☐ Partially Met: The program/facility is using the annual State survey to determine if the program is perceived as being culturally competent
☐ Not met: The program/facility is not using any type of survey to determine if the program is perceived as being culturally competent.

____ Technical Assistance needed Score = ____

11) The program/facility conducted a survey amongst their clients to determine if the program's clinical services are perceived as being culturally competent.

Describe the results of the survey: _____

☐ Met: The program/facility has conducted a survey amongst their clients to determine if the program's clinical services are perceived as being culturally competent
☐ Partially Met: The program/facility uses the annual State survey to determine if the program's clinical services are perceived as being culturally competent

☐ Not met: The program/facility does not use a survey amongst their clients to determine if the program's clinical services are perceived as being culturally competent

_____ Technical Assistance needed Score = ____

12) The program utilizes the Culturally Competent Clinical Practice Standards.
Describe how the standards are utilized: _____

☐ Met: The program utilizes the Culturally Competent Clinical Practice Standards and trains all staff and managers at least annually.
☐ Partially Met: The program utilizes the Culturally Competent Clinical Practice Standards but has little or no training.
☐ Not met: The program does not utilize the Culturally Competent Clinical Practice Standards
☐ Not applicable if program is not a direct service provider.

_____ Technical Assistance needed Score = ____

13) The program/facility supports cultural competence training of direct services staff.
Describe the process: _____

☐ Met: The program/facility supports cultural competence training of direct services staff and 80 to 100% of staff have attended at least 4 hours of training.
☐ Partially Met : The program/facility supports cultural competence training of direct services staff and 50-79% of staff have attended at least 4 hours of training
☐ Not met: The program/facility does not support cultural competence training of direct services staff

_____ Technical Assistance needed Score = ____

14) The program/facility supports cultural competence training of support services staff.
Describe the process: _____
☐ Met: The program/facility supports cultural competence training of support services staff and 80 to 100% of staff have attended at least 4 hours of training.
☐ Partially Met: The program/facility supports cultural competence training of support services staff and 50-79% of staff have attended at least 4 hours of training
☐ Not met: The program/facility does not support cultural competence training of support services staff

_____ Technical Assistance needed Score = ____

15) Services provided are designed to meet the needs of the community.
Describe how the services meet the needs of the community:
_____

☐ Met: Services provided include additional hours, child care, transportation or other options that are targeted to meet the specific community needs.
☐ Partially Met: Services provided include groups that are targeted to meet the specific community needs.

☐ Not met: Services provided include do not include options that are targeted to meet the specific community needs.

_____ Technical Assistance needed Score = _____

16) The program has implemented the use of any Evidence Based Practices, or best practice guidelines *appropriate for the populations served.*
Describe the practices: _____

☐ Met: The program has implemented the use of Evidence Based Practices, or best practice guidelines *appropriate for the populations served*
☐ Partially Met: The program has implemented the use of any Evidence Based Practices, or best practice guidelines
☐ Not met: The program has not implemented the use of any Evidence Based Practices, or best practice guidelines
☐ Not applicable if program is not a direct service provider.

_____ Technical Assistance needed Score = _____

17) The program collects client outcomes *appropriate for the populations served.*
Describe the client outcomes that are collected and how the information is used:
_____

☐ Met: The program collects client outcomes *appropriate for the populations served*
☐ Partially Met: The program collects client outcomes
☐ Not met: The program does not collect client outcomes.
☐ Not applicable if program is not a direct service provider.

_____ Technical Assistance needed Score = _____

18) The program conducts outreach efforts *appropriate for the populations in the community*
Describe the outreach efforts: _____

☐ Met : The program conducts effective and on-going outreach efforts *appropriate for the populations in the community*
☐ Partially Met: The program conducts occasional outreach efforts *appropriate for the populations in the community*
☐ Not met: The program does not conducts outreach efforts.

_____ Technical Assistance needed Score = _____

19) The program is responsive to the variety of stressors that may impact the communities served.
Examples of responsiveness: _____

☐ Met: The program is responsive to the variety of stressors that may impact the communities served and can demonstrate responsiveness.
☐ Partially Met : The program is aware of the variety of stressors that may impact the communities served

☐ Not met: The program not aware of stressors that may have an impact on the communities served

____ Technical Assistance needed Score = ____

20) The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including it's mission statement, strategic plan, and budgeting practices.
Examples of commitment: _____

☐ Met: The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including it's mission statement, strategic plan, and budgeting practices.
☐ Partially Met: The program reflects its commitment to cultural and linguistic competence in some policy and practice documents including it's mission statement, strategic plan, and budgeting practices.
☐ Not met: The program does not reflects its commitment to cultural and linguistic competence in all policy and practice documents including it's mission statement, strategic plan, and budgeting practices.

____ Technical Assistance needed Score = ____

After completing all of the items, #'s 1- 20 above, add all the individual scores together to come up with a CC-PAS rating for the program

Total score = _____

New or revised objectives for the programs Cultural Competence Plan:

_____

_____

_____

_____

_____

_____

_____

California Brief Multicultural Competence Scale
(CBMCS)

Below is a list of statements dealing with multicultural issues within a mental health context. Please indicate the degree to which you agree with each statement by circling the appropriate number.

	Strongly Disagree	*Disagree*	*Agree*	*Strongly Agree*
1. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.	1	2	3	4
2. I am aware of how my own values might affect my client.	1	2	3	4
3. I have an excellent ability to assess, accurately, the mental health needs of persons with disabilities.	1	2	3	4
4. I am aware of institutional barriers that affect the client.	1	2	3	4
5. I have an excellent ability to assess, accurately, the mental health needs of lesbians.	1	2	3	4
6. I have an excellent ability to assess, accurately, the mental health needs of older adults.	1	2	3	4
7. I have an excellent ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural, racial and/or ethnic backgrounds.	1	2	3	4
8. I am aware that counselors frequently impose their own cultural values upon minority clients.	1	2	3	4
9. My communication skills are appropriate for my clients.	1	2	3	4
10. I am aware that being born a White person in this society carries with it certain Aadvantages.	1	2	3	4
11. I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.	1	2	3	4
12. I have an excellent ability to critique multicultural research.	1	2	3	4
13. I have an excellent ability to assess, accurately, the mental health needs of men.	1	2	3	4
14. I am aware of institutional barriers that may inhibit minorities from using mental health services.	1	2	3	4
15. I can discuss, within a group, the differences among ethnic groups (e.g. low socioeconomic status (SES), Puerto Rican client vs. high SES Puerto Rican client).	1	2	3	4
16. I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.	1	2	3	4
17. I can discuss research regarding mental health issues and culturally different populations.	1	2	3	4
18. I have an excellent ability to assess, accurately, the mental health needs of gay men.	1	2	3	4
19. I am knowledgeable of acculturation models for various ethnic minority groups.	1	2	3	4
20. I have an excellent ability to assess, accurately, the mental health needs of women.	1	2	3	4
21. I have an excellent ability to assess, accurately, the mental health needs of persons who come from very poor socioeconomic backgrounds.	1	2	3	4

Gamst, G., Dana, R. H., Der-Karabetian, A., Aragon, M., Arellano, L., Morrow, G., & Martenson, L. (In Press, 2004). Cultural competency Revised: The California Brief Multicultural Competency Scale. *Measurement and Evaluation in Counseling and Development, 37, 3.*

California Brief Multicultural Competency Scale
Scoring Form

Subscale Items:

Cultural Knowledge:

7	_____
12	_____
15	_____
17	_____
19	_____
Subtotal	_____

Cultural Sensitivity:

2	_____
4	_____
9	_____
Subtotal	_____

Cultural Awareness:

1	_____
8	_____
10	_____
11	_____
14	_____
16	_____
Subtotal	_____

Non-ethnic Skill:

3	_____
5	_____
6	_____
13	_____
18	_____
20	_____
21	_____
Subtotal	_____

Total Score: _____

San Diego County Mental Health Services

CULTURAL COMPETENCE TRAINING PLAN

For County and Contracted Program Staff

3 YEAR TRAINING PLAN

FYs 10-11 through 12-13

San Diego County Mental Health Services
CULTURAL COMPETENCE TRAINING PLAN
FYs 10-11 through 12-13

INTRODUCTION

The San Diego County Mental Health Services (SDCMHS) Cultural Competence Training Plan establishes a plan for training for Mental Health services staff for the next three years. The Cultural Competence Training Plan (CCTP) includes the underlying assumptions for developing the training plan as well as a description of participants, training topics, and curriculum. The CCTP also provides an overview of the goals of planned training and linkage to strategic SDCMHS initiatives. Finally the CCTP includes plans for an evaluation of the impact of training. It is notable that for providers in San Diego training takes place in many venues; however this CCTP addresses only training planned and provided by SDCMHS.

Assumptions:

The SDCMHS Cultural Competence Training Plan is predicated upon certain assumptions which are critical to its success.

- The first assumption is that there should be stakeholder involvement in the development of the training plan. The primary vehicle established to facilitate such involvement is the BHSTEC and the Cultural Competence Resource Team (CCRT) Such participation has a direct influence on the validity and reliability of training content, and is the most efficient way to ensure that the needs and special circumstances of the users are adequately and realistically represented.
- The second assumption is that in order to be transformational Cultural Competence training
- The third assumption is that training must have a measurable results and effectiveness

Participants

The Training Plan outlines the contents of the training program which has been designed by the County to meet the needs of individuals identified in three categories: Clinical/Direct services staff, Administrative and Management staff, and Clerical staff.

These participants represent the services that are offered to Children and Youth (C&A), Transitional Age Youth (TAY), Adults and Older Adult s (A/OA).

Training Topics

Training topics included in the CCTP will include training that address awareness, knowledge and skill development levels

Curricula -

The specific curriculum for each of the training topics is identified in the Training Plan. The curricula is based on needs assessments and targeted areas to reduce disparities that has been identified in the Disparity Report, the Workforce Education and Training plan.

It is notable that additional training opportunities for additional curricula are provided by contractors and other outside training vendors.

Linkage to Strategic Initiatives/ **Goals**

The CCTP presents the overall goals of the training, and demonstrates linkages to major SDCBHS Strategic Initiatives

Instructional design

The CCTP identifies the planned instructional design including the number of staff to be trained, the instructional design strategy to be employed, and the particular media and methods which will be used for the training: User Manuals, Web or Computer -Based Training, or Classroom Training.

Evaluation

The planned training will be subjected to review and evaluation. Evaluations of training take the following forms:

1. Reaction - What does the learner feel about the training?
2. Learning - What facts, knowledge, etc., did the learner gain?
3. Behaviors - What skills did the learner develop, that is, what new information is the learner using on the job?

The 4th measure to be used for evaluation is still under development:

4. Results or effectiveness - What results occurred, that is, did the learner apply the new skills to the necessary tasks in the organization and, if so, what results were achieved? This will be done for programs completing the Cultural Competence Academy initially with a possibility of being generalized in the future.

    - Evaluating effectiveness will involve the use of key performance measures -- e.g., more access to services by racially and ethnically diverse populations, penetration and retention improvements over base line , as well as more clients who are housed, employed or in school.

Mental Health Programs Cultural Competence Training Plan

FY 10-11

Participants	Training Topic	Provided by	Instruction Design	Timeline	Focus	Evaluation
Clinical Staff Basic:	Various Specific Populations (knowledge training)	The Knowledge Center (TKC), Contractors	Varies- All staff are required to attend a minimum of 4 hours annually of cultural competence training annually	2010-2011	LGBTQ, Latino, African American, Asian/Pacific Islanders, Native American, Middle Eastern, Gender Responsiveness	Reaction Learning
	Interpreter Training (skills training)	BHETA	Classroom	Jan 2011	Need for more language assistance	Reaction Learning
	Consumer Culture – Adult/Older Adult (awareness training)	BHETA	Classroom-	March 2011	Sensitivity to client culture for adults /older adults	Reaction Learning
	Consumer Culture – Children, Youth, TAY (awareness training)	BHETA	Classroom-	July 2010 Dec 2010	Sensitivity to client culture for children, youth, and TAY	Reaction Learning
	Family Engagement	BHETA	Classroom	Sept 2010 Jan 2011	Awareness of family, caregiver in treatment planning	Reaction Learning
	Veterans series	BHETA	Classroom	Aug 2010 through Dec 2010	Large population of Veterans in SD	Reaction Learning
	MH Services and the Family—working together	BHETA	Classroom	2012-13	Family Focus in Children's Treatment	Reaction Learning
	Promoting Resiliency in Children and Parents	BHETA	Classroom		Emphasizing strength based services to promote resiliency in families with children and youth receiving mental health services	Reaction Learning
Clinical Staff Intensive	Cultural Competence Academy (knowledge and skills training)		Classroom- five 8-hour training sessions- offered three times per year- 120 Trainees. Selected programs only	2010-2011		Reaction Effectiveness
Participants	Training Topic		Instruction Design	Timeline		Evaluation
Administrative and Management	System overview of CC Plan and the County's Policy and	MH Admin	Leadership Plus Quarterly Meetings Series Presentations	2010- 11	Awareness of policies and cultural competence goals	NA

Staff:	Requirements					
Participants	Training Topic		Instruction Design	Timeline		Evaluation
Clerical Staff:	None					
Participants	Training Topic		Instruction Design	Implementation Timeline		Evaluation
Interpreters	Mental Health Training for Interpreters	BHETA	Classroom training	Jan 2011	Need for more language assistance	Reaction Learning
Parents of Children and Youth	Pathways for Partnership	Family Youth Roundtable	Classroom training	2008 ongoing	Learning to navigate multiple agency services effectively	TBD

Mental Health Programs Cultural Competence Training Plan

FY 11-12

Participants	Training Topic	Provided by	Instruction Design	Timeline		Evaluation
Clinical Staff Basic:	Various Specific Populations (knowledge training)	The Knowledge Center (TKC), Contractors	Varies- All staff are required to attend a minimum of 4 hours annually of cultural competence training annually	2011-2012	LGBTQ, Latino, African American, Asian/Pacific Islanders, Native American, Middle Eastern, Gender Responsiveness	Reaction Learning
	Consumer Culture – Adult/Older Adult (awareness training)	BHETA	Classroom- # of trainees	TBD		Reaction Learning
	Consumer Culture – Children, Youth, TAY (awareness training)	BHETA	Classroom- # of trainees	TBD		Reaction Learning
Clinical Staff Intensive	Cultural Competence Academy (knowledge and skills training)		Classroom- five 8-hour training sessions- offered three times per year- 120 Trainees. Selected programs only	2011-2012		Reaction Learning Effectiveness
Clinical Staff Intensive	Training Topic		Instruction Design	Timeline		Evaluation
Administrative and Management Staff:	TBD		Leadership Plus Quarterly Meetings Series Presentations	2011-2012		
Participants	Training Topic		Instruction Design	Timeline		Evaluation
Clerical Staff:						
Participants	Training Topic		Instruction Design	Implementation Timeline		Evaluation

Mental Health Programs Cultural Competence Training Plan

FY 12-13

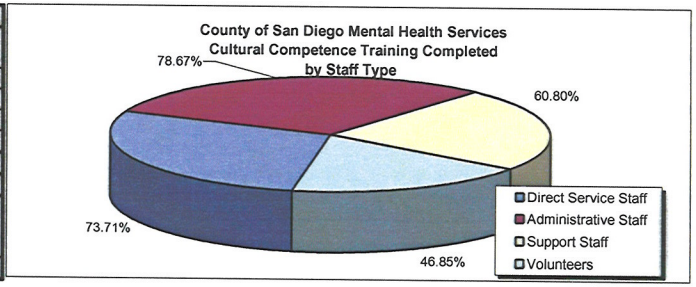
Participants	Training Topic	Provided by	Instruction Design	Timeline		Evaluation
Clinical Staff Basic:	Various Specific Populations (knowledge training)	The Knowledge Center (TKC), Contractors	Varies- All staff are required to attend a minimum of 4 hours annually of cultural competence training annually	2012-2013	LGBTQ, Latino, African American, Asian/Pacific Islanders, Native American, Middle Eastern, Gender Responsiveness	Reaction Learning
	Consumer Culture – Adult/Older Adult (awareness training)	BHETA	Classroom- # of trainees			Reaction Learning
	Consumer Culture – Children, Youth, TAY (awareness training)	BHETA	Classroom- # of trainees			Reaction Learning
Clinical Staff Intensive	Cultural Competence Academy (knowledge and skills training)	BHETA	Classroom- five 8-hour training sessions- offered three times per year- 120 Trainees. Selected programs only	2012-2013		Reaction Effectiveness
Participants	Training Topic		Instruction Design	Timeline		Evaluation
Administrative and Management Staff:	System overview of CC Plan and the County's Policy and Requirements		Leadership Plus Quarterly Meetings Series Presentations	2012-2013		Learning Effectiveness
Participants	Training Topic		Instruction Design	Timeline		Evaluation
Clerical Staff:						
Participants	Training Topic		Instruction Design	Implementation Timeline		Evaluation

County of San Diego Mental Health Services
Cultural Competence Training

Systemwide

	Admin FTE	Direct FTE	Unduplicated Individuals	Completed CC Training	% Completed CC Training
Direct Service Staff	29.10	1053.07	1807	1332	73.71%
Administrative Staff	142.47	36.82	300	236	78.67%
Support Staff	188.80	0.00	301	183	60.80%
Volunteers	0.05	10.60	111	52	46.85%
Total	360.42	1100.49	2519	1803	71.58%

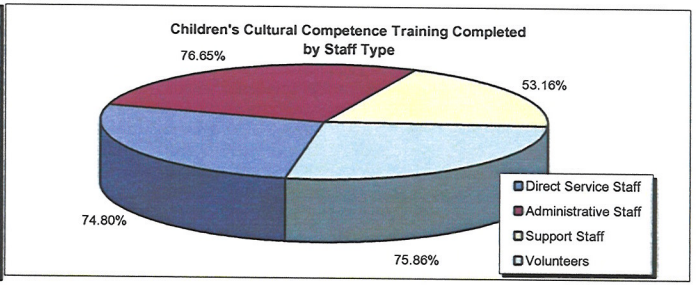
Total No. of CC Trainings	Average Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers
990	4.15	582	2466	361	165



Children

	Admin FTE	Direct FTE	Unduplicated Individuals	Completed CC Training	% Completed CC Training
Direct Service Staff	6.43	564.69	976	730	74.80%
Administrative Staff	92.11	13.50	197	151	76.65%
Support Staff	88.36	0	158	84	53.16%
Volunteers	0	0.25	29	22	75.86%
Total	186.90	578.44	1360	987	72.57%

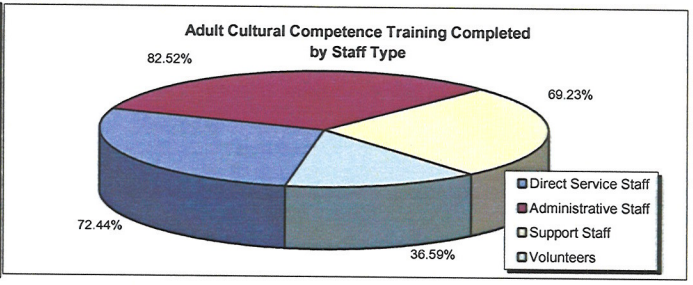
Total No. of CC Trainings	Average Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers
494	3.81	299	1257	196	79



Adult/Older Adult

	Admin FTE	Direct FTE	Unduplicated Individuals	Completed CC Training	% Completed CC Training
Direct Service Staff	22.67	488.38	831	602	72.44%
Administrative Staff	50.36	23.32	103	85	82.52%
Support Staff	100.44	0	143	99	69.23%
Volunteers	0.05	10.35	82	30	36.59%
Total	173.52	522.05	1159	816	70.41%

Total No. of CC Trainings	Average Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers
496	4.48	283	1209	165	86



Note: Individuals may serve in more than one program or in some agencies serve in an administrative and direct service capacity. However
2) Providers may receive training through a variety of sources. Figures in this report have been self reported by programs. Also the
3) Trainings vary in length. Persons may attend more than one cultural competence training.

QI POG: CB
Source Data: Children, A/OA June MSRs Staffing and Training Tabs

9/02/10

County of San Diego Mental Health Services
Cultural Competence Training

Topic or Description	Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers	No. of Attendees Total	Course Date	Type of Training	Contractor Name	Program Name
Series-Hispanic Cultural Awareness	1		8			8	05/11/10	C	Alpine Special Treatment Center	Starting Point
Cultural Awarenss	1		2			2	12/14/09	C	Alpine Special Treatment Center	Starting Point
Cultural Awareness	1	1	7			8	07/09/09	C	Alpine Special Treatment Center	Starting Point
Irish Cultural Event	0.5		5			5	03/17/10	C	Alpine Special Treatment Center	Starting Point
Cultural Competancy: African American Population	1		10			10	02/02/10	C	Alpine Special Treatment Center	Starting Point
Aculturation /Cultural Competency	4	1	3			4	03/29/10	C	Chaldean-Middle Eastern Soc Svcs	Chaldean-Middle Eastern Soc Svcs Behavioral Health Program
Cult. Comp.Webinar - Latinos	1	1				1	06/01/10	C	Community Clinics Health Network	Primary Care Integration MHSA-ADULT
Cultural Competency Webinar-Intro	1	1				1	04/28/10	C	Community Clinics Health Network	Primary Care Integration MHSA-ADULT
Older Adults Abuse	1	1				1	03/04/10	C	Community Clinics Health Network	Primary Care Integration MHSA-ADULT
Older Adults Psychaitry	2	1				1	09/01/10	C	Community Clinics Health Network	Primary Care Integration MHSA-ADULT
Multicultural Training Day	4	3	6	2	7	18	06/09/10	C	Community Research Foundation	Areta Crowell BPSR Center
TAY UnConvention	8		1			1	05/21/10	C	Community Research Foundation	Areta Crowell BPSR Center
Gang Training	4		1		3	4	04/09/10	C	Community Research Foundation	Areta Crowell BPSR Center
AAPIN	1		1			1	03/02/10	C	Community Research Foundation	Areta Crowell BPSR Center
Day of the Adolescent	7.5		1	1		2	02/25/10	C	Community Research Foundation	Areta Crowell BPSR Center
AAPIN	1		1			1	11/06/09	C	Community Research Foundation	Areta Crowell BPSR Center
CDRT	6		1			1	09/21/09	C	Community Research Foundation	Areta Crowell BPSR Center
CDRT	2		1			1	10/26/09	C	Community Research Foundation	Areta Crowell BPSR Center
Asian American PI Network	1		1			1	05/04/10	C	Community Research Foundation	Areta Crowell BPSR Center
DPI Training	4		1			1	03/26/10	C	Community Research Foundation	Areta Crowell BPSR Center
AAPIN	1		2			2	10/23/09	C	Community Research Foundation	Areta Crowell BPSR Center
TAY	2		1		1	2	10/28/09	C	Community Research Foundation	Areta Crowell BPSR Center
2nd Annual API Community Forum	5		1			1	05/27/10	C	Community Research Foundation	Areta Crowell BPSR Center
Aging Well	2		1			1	05/27/10	C	Community Research Foundation	Areta Crowell BPSR Center
TAY County Meeting	2		1			1	04/28/10	C	Community Research Foundation	Areta Crowell BPSR Center
San Ysidro Health Center Youth	8		1	1		2	11/06/09	C	Community Research Foundation	Areta Crowell BPSR Center
BHETA: Torture & Trauma	1		2			2	06/28/10	C	Community Research Foundation	Casa Pacifica
BHETA: Veterans	2.5		1			1	06/30/10	C	Community Research Foundation	Casa Pacifica
CCT: Behavioral Health Cult. Comp	3		1			1	06/30/10	C	Community Research Foundation	Casa Pacifica
CCT: Finding your Roots	4	1	2			3	06/03/10	C	Community Research Foundation	Casa Pacifica
BHETA: Same Sex Domestic Violen	2.5		1			1	06/30/10	C	Community Research Foundation	Casa Pacifica
BHETA: Veterans & PTSD	2		1			1	06/30/10	C	Community Research Foundation	Casa Pacifica
CCT: Cultural Plunge	3		1			1	06/30/10	C	Community Research Foundation	Casa Pacifica
Cultural Competency Training; Jewish, Filipino & Miliraty populations	4	3	6	2	2	13	03/12/10	C	Community Research Foundation	Douglas Young BPSR Center
Turning Broken Bones into Dancing	4	1				1	09/16/09	C	Community Research Foundation	Douglas Young BPSR Center
Gang Culture - CCT	4	1				1	04/09/10	C	Community Research Foundation	Douglas Young BPSR Center
Mental Health & Aging: Don't Miss the Obvious	7	1				1	05/20/01	C	Community Research Foundation	Douglas Young BPSR Center
Cultural Competency; API Outreach and Engagement Training	4	1	1			2	03/26/10	C	Community Research Foundation	Douglas Young BPSR Center
Supporting People w/Challenging Behaviors pt1	3		1			1	08/25/09	C	Community Research Foundation	Downtown IMPACT
Cultural Competency	2	3	1			4	06/23/10	C	Community Research Foundation	Downtown IMPACT
Cultural Competency	2	3	16			19	06/09/10	C	Community Research Foundation	Downtown IMPACT
Cultural Competency	4		5			5	06/03/10	C	Community Research Foundation	Downtown IMPACT
Cultural Competency	2		1			1	06/22/10	C	Community Research Foundation	Downtown IMPACT
Substance Abuse TAY	8		2			2	01/28/10	C	Community Research Foundation	Downtown IMPACT
Cultural Competency	2	2	2			4	06/15/10	C	Community Research Foundation	Downtown IMPACT
Cultural Competency	4	4	12			16	08/07/09	C	Community Research Foundation	Downtown IMPACT
Turning Broken bones into dancing	4		3			3	09/16/09	C	Community Research Foundation	Downtown IMPACT
BHU Cultural Comp BHETA online	4	2	2		2	6	05/23/10	C	Community Research Foundation	Halcyon Center
LGBTQ	4	1	1		2	4	10/23/09	C	Community Research Foundation	Halcyon Center
Gang Training	4		1		4	5	04/09/10	C	Community Research Foundation	Halcyon Center

QI POG: CB
Source Data: June MSRs Training Tab

9/2/10

County of San Diego Mental Health Services
Cultural Competence Training

Topic or Description	Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers	No. of Attendees Total	Course Date	Type of Training	Contractor Name	Program Name
Vietnamese Cultural Competency Training	4	1	2		1	4	03/26/10	C	Community Research Foundation	Halcyon Center
Cultural Sensitivity	2	4	8		5	17	12/09/09	C	Community Research Foundation	Halcyon Center
Cultural Comp: Islamic Culture	4		3			3	12/08/09	C	Community Research Foundation	Halcyon Center
COD-Women and co-occuring disorders online	3	3	9		4	16	04/01/10	C	Community Research Foundation	Halcyon Center
COD-Drug and alcohol use and the Justice system	3	3	9		4	16	04/01/10	C	Community Research Foundation	Halcyon Center
Cultural Comp: Turning Broken Bones into Dancing	4		2			2	09/16/09	C	Community Research Foundation	Halcyon Center
Same Sex DV	4		2		1	3	12/01/09	C	Community Research Foundation	Halcyon Center
Cultural Competancy	4		1			1	03/12/10	C	Community Research Foundation	Halcyon Center
Veterans -BHETA online	2	2	4		4	10	04/20/10	C	Community Research Foundation	Halcyon Center
Cultural competency:Spirituality and Mental Health	1	4	8	2	2	16	12/02/09	C	Community Research Foundation	Heartland BPSR Center
Cultural competency: Islam & Mental Health	4		1			1	12/08/09	C	Community Research Foundation	Heartland BPSR Center
Cultural Sensitivity: LGBT	4	3	3	1	2	9	10/23/09	C	Community Research Foundation	Heartland BPSR Center
Handbook of Successful Aging: Healthy Aging for Older Adults	1	1				1	06/08/10	C	Community Research Foundation	Heartland BPSR Center
Cultural Competency Training	4		1			1	03/22/10	C	Community Research Foundation	Heartland BPSR Center
Broken Bones	4		3			3	09/16/09	C	Community Research Foundation	Heartland BPSR Center
Cultural Training	2	3				3	06/15/10	C	Community Research Foundation	IMPACT
Cultural - Vietnamese	4	2	8			10	03/26/10	C	Community Research Foundation	IMPACT
ACT Conference	2.5		5			5	06/16/10	C	Community Research Foundation	IMPACT
ACT Conference	2.5		5			5	06/17/10	C	Community Research Foundation	IMPACT
Cultural Training	2	1	2			3	04/20/10	C	Community Research Foundation	IMPACT
ACT Conference	2.5		5			5	06/19/10	C	Community Research Foundation	IMPACT
ACT Conference	2.5		5			5	06/18/10	C	Community Research Foundation	IMPACT
Outreach and Engagement for Asian Pacific Islanders	6		4			4	03/26/10	C	Community Research Foundation	Isis Center
Same Sex Domestic Violence	2.5		1			1	04/20/10	C	Community Research Foundation	Isis Center
Veterans ' Series Session 3: Family Violence	6	2				2	08/13/09	C	Community Research Foundation	Isis Center
Multicultural Issues In Psychtherapy; Guiding Your Trainee Toward Cultural Competence	3	1				1	12/04/09	C	Community Research Foundation	Isis Center
Behavioral Health Cultural Competency	3		1			1	04/16/10	C	Community Research Foundation	Isis Center
PTSD & Returning Veterans	2	2	12	1		15	07/30/09	C	Community Research Foundation	Isis Center
Veterans' Series Session 2: C0-morbidity Training	6	2				2	07/23/09	C	Community Research Foundation	Isis Center
Mental Health and Aging	6		1			1	05/20/10	C	Community Research Foundation	Isis Center
Islam and Mental Illness	4		1			1	12/08/09	C	Community Research Foundation	Isis Center
Turning Broken Bones into Dancing	4		1			1	09/16/10	C	Community Research Foundation	Isis Center
Behavioral Health Cultural Competency	3		2			2	05/20/10	C	Community Research Foundation	Isis Center
Cultural Competence-E Learning	2.5		1			1	06/30/10	C	Community Research Foundation	Isis Center
AAPIN	1	1				1	04/06/10	C	Community Research Foundation	Isis Center
Veterans' Series Session 4:	6	2				2	09/17/09	C	Community Research Foundation	Isis Center
Culture Centered Approach to Recovery	3		1			1	07/09/09	C	Community Research Foundation	Isis Center
AAPIN	1	1				1	04/02/10	C	Community Research Foundation	Isis Center
AAPIN	1	1				1	02/05/10	C	Community Research Foundation	Isis Center
Turning Broken Bones into Dancing	4	1				1	09/16/09	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr
Pathological Gambling	7		1			1	10/23/09	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr
Aging Well	1	1	3	1		5	04/12/10	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr
Chronic Illness Management	6		1	1		2	03/09/10	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr
Domestic Violence Training	14	1	1			2	11/13/09	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr
Gang Culture	4		1	1		2	04/09/10	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr
Domestic Violence Training	4		1	1		2	11/04/09	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr
MORS individualized training	1	1				1	02/03/10	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr
Islam and Mental Illness	4		1	1		2	12/08/10	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr

QI POG: CB
Source Data: June MSRs Training Tab

9/2/10

County of San Diego Mental Health Services
Cultural Competence Training

Topic or Description	Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers	No. of Attendees Total	Course Date	Type of Training	Contractor Name	Program Name
Torture and Related Trauma	4		1	1		2	12/09/10	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr
Finding Your Roots	4		1			1	06/03/10	C	Community Research Foundation	Jane Westin Wellness & Recovery Ctr
Gang Training	4		2	1	2	5	04/09/10	C	Community Research Foundation	Jary Barreto
Embracing Diversity & Encouraging Respect in the County of San Diego: A Countywide Session	2		1			1	09/24/09	C	Community Research Foundation	Jary Barreto
Clinical Inference and Theory and Practice of Psychotherapy: Psychanalytic/Psychodynamic Courses with CCT content	4		1			1	04/01/10	C	Community Research Foundation	Jary Barreto
Cultural Sensitivity Training	1	1	12		4	17	10/13/09	C	Community Research Foundation	Jary Barreto
Domestic Violence	4		1			1	04/01/10	C	Community Research Foundation	Jary Barreto
CCT: Outreach and Engagement for Asian Pacific Islander Individuals	4		3			3	03/26/10	C	Community Research Foundation	Jary Barreto
Disability, Ethnicity, & Culture	4		1			1	04/01/10	C	Community Research Foundation	Jary Barreto
Domestic Violence Across Cultures	4		1			1	03/16/10	C	Community Research Foundation	Jary Barreto
Cultural Plunge	4		1		1	2	05/03/10	C	Community Research Foundation	Jary Barreto
Topics for Licensure: Domestic Violence Course/Ethnic Groups	6		1			1	03/29/10	C	Community Research Foundation	Jary Barreto
Effective Treatment For Men	3		1			1	03/16/10	C	Community Research Foundation	Jary Barreto
CBT: Theory and Techniques:Impact of Diversity	4		1			1	04/01/10	C	Community Research Foundation	Jary Barreto
CCT: Outreach and Engagement for API Individuals	4				3	3	03/26/10	C	Community Research Foundation	Jary Barreto
Course on Human Sexuality	4		1			1	01/05/10	C	Community Research Foundation	Jary Barreto
HIV/AIDS; Cultural Implications	7		1			1	03/21/10	C	Community Research Foundation	Jary Barreto
Family Health Centers Cultural Sensitivity Training	2		1			1	10/22/10	C	Community Research Foundation	Jary Barreto
Awareness Enhances Care for Muslim Patients	1		1			1	06/26/10	C	Community Research Foundation	Jary Barreto
Intro to Integrative Psychology Course: Sections on Generational Poverty & Identity Diversity	4				1	1	08/31/10	C	Community Research Foundation	Jary Barreto
Embracing Diversity, Encouraging Respect	2		2			2	06/10/10	C	Community Research Foundation	Jary Barreto
Action Plan for Cultural Competence	1		1			1	05/22/10	C	Community Research Foundation	Jary Barreto
Cultural Diversity	2		1			1	10/20/10	C	Community Research Foundation	Jary Barreto
Better Understanding Islam and Muslims	3.5		1			1	10/25/10	C	Community Research Foundation	Jary Barreto
AAPIN Meetings	5		1			1	11/06/10	C	Community Research Foundation	Jary Barreto
Islam and Mental Health/Illness	4		2			2	12/08/10	C	Community Research Foundation	Jary Barreto
Filipino American Psychology	3				1	1	12/09/10	C	Community Research Foundation	Jary Barreto
Multicultural Competency Development	28				2	2	09/08/09	C	Community Research Foundation	Jary Barreto
Psychology of Women & Feminist Therapy	36				1	1	09/11/09	C	Community Research Foundation	Jary Barreto
Cultural Consideration for Haitian Patients	1		1			1	06/01/10	C	Community Research Foundation	Jary Barreto
Turning Broken Bones Into Dancing	4	1	4		1	6	09/16/09	C	Community Research Foundation	Jary Barreto
Diversity in the Workplace	2		1			1	05/20/10	C	Community Research Foundation	Jary Barreto
Welcoming Diversity	1		1			1	05/16/10	C	Community Research Foundation	Jary Barreto
Beyond Standardized Care for Homeless and Mentally Ill	1		1			1	05/23/10	C	Community Research Foundation	Jary Barreto
Cultural Plunges	2		5		1	6	05/27/10	C	Community Research Foundation	Jary Barreto
CRF Cultural Competence Training	2	1	16	2		19	06/11/10	C	Community Research Foundation	Maria Sardiñas Wellness & Recovery Center
CRF Cultural Diversity Resource Team	7.5	1				1	06/30/10	C	Community Research Foundation	Maria Sardiñas Wellness & Recovery Center
CRF Cultural Competence Training	2.5		11			11	06/15/10	C	Community Research Foundation	Maria Sardiñas Wellness & Recovery Center
Don Miguel Ruiz Cult Comp Training	2	2	10	2		14	06/04/10	C	Community Research Foundation	Maria Sardiñas Wellness & Recovery Center
Welcoming Diversity	4		1			1	04/05/10	C	Community Research Foundation	New Vistas
Cultural Plunge	4		1			1	06/29/10	C	Community Research Foundation	New Vistas
Cultural Plunge	4		1			1	06/30/10	C	Community Research Foundation	New Vistas

QI POG: CB
Source Data: June MSRs Training Tab

9/2/10

County of San Diego Mental Health Services
Cultural Competence Training

Topic or Description	Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers	No. of Attendees Total	Course Date	Type of Training	Contractor Name	Program Name
Cultural Diversity Training	1	3	17	1		21	04/08/10	C	Community Research Foundation	New Vistas
Veterans's Training Series	40		1			1	06/09/10	C	Community Research Foundation	New Vistas
Cultural Comp Gang Training	4		2			2	04/09/10	C	Community Research Foundation	New Vistas
Turning Broken Bones Into Wings	4	3	11	1		15	09/16/09	C	Community Research Foundation	New Vistas
Multicultural Foundation	40		1			1	07/27/10	C	Community Research Foundation	New Vistas
Feminist theory/ LGBT	40		1			1	02/10/10	C	Community Research Foundation	New Vistas
Foundations of Gay, Lesbian, Transgender Culture	40		1			1	09/01/10	C	Community Research Foundation	New Vistas
Cultural Comp Training	8		1			1	08/18/09	C	Community Research Foundation	New Vistas
Cultural Diversity Training	6	1				1	09/21/09	C	Community Research Foundation	New Vistas
Islam and Mental Illness	4		3			3	12/08/09	C	Community Research Foundation	New Vistas
Cultural Plunge	4		1			1	06/03/10	C	Community Research Foundation	New Vistas
Serving Older Women with Substance Abuse	6		1			1	11/13/09	C	Community Research Foundation	New Vistas
Muliticultural Comp. in Psychothreapy	4		1			1	09/26/09	C	Community Research Foundation	New Vistas
Cultural Plunge	4		1			1	06/25/10	C	Community Research Foundation	New Vistas
Psychotherapy for Men	3		1			1	03/16/10	C	Community Research Foundation	New Vistas
Cultural Plunge	4		1			1	06/20/10	C	Community Research Foundation	New Vistas
Cultural Comp. Outreach to Pacific Islanders	4		3			3	03/26/10	C	Community Research Foundation	New Vistas
Cultural Seminar: Psychology of Women	40		1			1	09/01/09	C	Community Research Foundation	New Vistas
Cultural Competency	9				1	1	06/26/10	C	Community Research Foundation	South Bay Guidance Center
Cultural Competency	2		10	1	3	14	06/25/10	C	Community Research Foundation	South Bay Guidance Center
Southeast Asian populations	2		1			1	10/07/09	C	Community Research Foundation	South Bay Guidance Center
Gran Tarino Hmong Cultural Competency	4		1	1		2	06/22/10	C	Community Research Foundation	South Bay Guidance Center
Cultural Competency	2		2			2	06/28/10	C	Community Research Foundation	South Bay Guidance Center
Experience with Chinese Culture	2	1				1	06/15/10	C	Community Research Foundation	South Bay Guidance Center
Islam and Mental Health	4.5		1			1	12/08/09	C	Community Research Foundation	South Bay Guidance Center
Cultural Competency	4		1	1		2	06/18/10	C	Community Research Foundation	South Bay Guidance Center
Hate Crimes Against the Latino Community	4		1	2		3	03/18/10	C	Community Research Foundation	South Bay Guidance Center
Recovery International	8		1			1	01/22/10	C	Community Research Foundation	South Bay Guidance Center
Bipolar Disorder in the LBGT and Latino Community	2		1			1	04/22/10	C	Community Research Foundation	South Bay Guidance Center
Healthy Aging For Older Adults	2		1	1		2	05/28/10	C	Community Research Foundation	South Bay Guidance Center
In The Movies: "A Beautiful Mind"	2		1	1		2	04/20/10	C	Community Research Foundation	South Bay Guidance Center
Filipino Training	2	1	7	1	1	10	06/02/10	C	Community Research Foundation	South Bay Guidance Center
Aging Summit 2010	5.5		3			3	06/03/10	C	Community Research Foundation	South Bay Guidance Center
Don Miguel Ruiz	2	3	3		1	7	06/04/10	C	Community Research Foundation	South Bay Guidance Center
Cultural Competency: Women	12		1			1	05/21/10	C	Community Research Foundation	South Bay Guidance Center
Kaplan University: Cultural Competency	15		1			1	05/11/10	C	Community Research Foundation	South Bay Guidance Center
Cultural Competency	3		1	2		3	05/19/10	C	Community Research Foundation	South Bay Guidance Center
Mental Health & Aging	8		1	1		2	05/20/10	C	Community Research Foundation	South Bay Guidance Center
Older Adults in Co-Occurring Environments	7			1		1	04/09/10	C	Community Research Foundation	South Bay Guidance Center
Aging & Long Term Care	3		1			1	10/31/09	C	Community Research Foundation	Turning Point
Working with the LGBT Community	1.5		1			1	10/31/09	C	Community Research Foundation	Turning Point
Working with Veterans	1.5		1			1	11/03/09	C	Community Research Foundation	Turning Point
Behavioral Health Cult. Comp	3				1	1	03/04/10	C	Community Research Foundation	Turning Point
Domestic Vilolence Across Cultures	4	1				1	11/04/09	C	Community Research Foundation	Turning Point
Cultural Competency	4		4	1	1	6	09/16/09	C	Community Research Foundation	Turning Point
Torture and related trauma	2.5				1	1	03/04/10	C	Community Research Foundation	Turning Point
Islamic Culture	4		2		1	3	12/08/09	C	Community Research Foundation	Turning Point
Cultural Sensitivity	1	1	15		2	18	01/28/10	C	Community Research Foundation	Turning Point
Cognitive Therapy	1.5		1			1	03/20/10	C	Community Research Foundation	Turning Point
Men's Issues	1.5		1			1	11/10/09	C	Community Research Foundation	Turning Point
Same sex Domestic Violence	2.5				1	1	03/04/10	C	Community Research Foundation	Turning Point
Culture and Therapy	2		1			1	03/10/10	C	Community Research Foundation	Turning Point
Cultural Competency for Nurses	3		1			1	08/04/09	C	Community Research Foundation	Turning Point
Veterans - comorbidity & PTSD	6		1			1	02/11/10	C	Community Research Foundation	Turning Point

QI POG: CB
Source Data: June MSRs Training Tab

9/2/10

County of San Diego Mental Health Services
Cultural Competence Training

Topic or Description	Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers	No. of Attendees Total	Course Date	Type of Training	Contractor Name	Program Name
Non-revocable Parole	7		1			1	12/15/09	C	Community Research Foundation	Turning Point
Integrated Services for Mentally Ill Parolees	2		1			1	12/08/09	C	Community Research Foundation	Turning Point
Wellness and Recovery Summit	8		1			1	03/24/10	C	Community Research Foundation	Turning Point
Diversity Educations	4		1			1	04/15/10	C	Community Research Foundation	Turning Point
Behavioral Health Cult. Comp	3				1	1	04/16/10	C	Community Research Foundation	Turning Point
Veterans: Women Warriors	6		1			1	05/06/10	C	Community Research Foundation	Turning Point
Cult. Comp: Gangs	4		1			1	04/09/10	C	Community Research Foundation	Turning Point
Torture and Related Trauma	4				1	1	05/18/10	C	Community Research Foundation	Turning Point
Cultural considerations for Haitian Pts	1		1			1	05/30/10	C	Community Research Foundation	Turning Point
Clinical Supervision Law and Ethics	6	1				1	10/14/09	C	Community Research Foundation	Vista Balboa
CULTURAL COMP FOR NURSES	1		1			1	04/13/10	C	Community Research Foundation	Vista Balboa
AN ACTION PLAN FOR CULTURAL COMP	1		1			1	04/13/10	C	Community Research Foundation	Vista Balboa
AWARENESS ENHANCES CARE FOR MUSLIM PATIENTS	1		1			1	04/13/10	C	Community Research Foundation	Vista Balboa
CULTURAL COMP FOR TODAYS HEALTHCARE PROFESSIONALS	1		1			1	04/13/10	C	Community Research Foundation	Vista Balboa
Veterans Cultural Comp	4		2			2	01/20/10	C	Community Research Foundation	Vista Balboa
BEHAVIORAL HEALTH CULT. COMP	3		1			1	01/12/10	C	Community Research Foundation	Vista Balboa
creating a culturally comp. environment	5		1			1	04/08/10	C	Community Research Foundation	Vista Balboa
Multicultural Competency Development	10		2			2	12/01/09	C	Community Research Foundation	Vista Balboa
Cultural Competency for Todays Nurses	1		1			1	09/09/09	C	Community Research Foundation	Vista Balboa
Substance Abuse and CCISC Implementation	6		4			4	10/26/09	C	Community Research Foundation	Vista Balboa
Torture and Related Trauma	2.5	1				1	06/06/10	C	Community Research Foundation	Vista Balboa
Mental Health Tx for ppl. with HIV	2	1				1	06/11/10	C	Community Research Foundation	Vista Balboa
Achieving Cultural Competency	2	1				1	06/11/10	C	Community Research Foundation	Vista Balboa
Same Sex Domestic Violence	2.5	1				1	06/06/10	C	Community Research Foundation	Vista Balboa
Cultural Seminar- Clinical Interventions with LGBT Couples and Families	4		1			1	12/01/10	C	Community Research Foundation	Vista Balboa
Mind Your Manners- Multicultural Clients	1		1			1	09/09/09	C	Community Research Foundation	Vista Balboa
The Uncommon Handshake	1		1			1	08/18/09	C	Community Research Foundation	Vista Balboa
The Rap on Rapport	1		1			1	08/18/09	C	Community Research Foundation	Vista Balboa
Finding Your Roots	4	3				3	06/03/10	C	Community Research Foundation	Vista Balboa
Torture and Related Trauma	4		1			1	12/09/10	C	Community Research Foundation	Vista Balboa
Being mindful through the holidays	2		1			1	10/28/09	C	Community Research Foundation	Vista Balboa
Cultural- Asian/ Pacific Islander	4	1	1			2	03/26/10	C	Community Research Foundation	Vista Balboa
STOP-DV	40	1				1	05/06/10	C	Deaf Community Services Of San Diego	Deaf Community Services Of San Diego
EMI for D/HH persons	16	2	1			3	06/18/10	C	Deaf Community Services Of San Diego	Deaf Community Services Of San Diego
National Counselors for the Deaf	24	1	2			3	03/11/10	C	Deaf Community Services Of San Diego	Deaf Community Services Of San Diego
Successful Aging	1	1				1	06/07/10	C	Deaf Community Services Of San Diego	Deaf Community Services Of San Diego
Culutre of India	5	3	1			4	06/11/10	C	Deaf Community Services Of San Diego	Deaf Community Services Of San Diego
Cultural Plunge - Africa	4		1			1	06/20/10	C	Deaf Community Services Of San Diego	Deaf Community Services Of San Diego
Culture of India	1		1			1	06/11/10	C	Deaf Community Services Of San Diego	Deaf Community Services Of San Diego
Wellbriety Movement	1.5	1		5		6	05/19/10	C	Episcopal Community Services	Uptown Safe Haven
Taiwan Culture	1	1		5		6	06/02/10	C	Episcopal Community Services	Uptown Safe Haven
Recovery Management and people of color	2	1		5		6	04/15/10	C	Episcopal Community Services	Uptown Safe Haven
Race, Ethnicity, and Language Date to Improve Health Care Quality	1	1				1	09/21/09	C	Exodus Recovery, Inc	North County Walk In Assessment Center
CCISC Training- Introduction	1	1	3	2	1	7	10/08/09	C	Exodus Recovery, Inc	North County Walk In Assessment Center
Latino in America	1	1	6	3	1	11	12/03/09	C	Exodus Recovery, Inc	North County Walk In Assessment Center
Men Get Depression	1	2	5	2		9	12/30/09	C	Exodus Recovery, Inc	North County Walk In Assessment Center
In Our Own Voice	1		1			1	04/15/10	C	Exodus Recovery, Inc	North County Walk In Assessment Center
Working with Immigrants	1	1				1	07/15/09	C	Exodus Recovery, Inc	North County Walk In Assessment Center
Cult Comp & Cross-Cultural Skills	1	1				1	08/29/09	C	Exodus Recovery, Inc	North County Walk In Assessment Center
CCISC Training- Introduction	1		2	1		3	10/20/09	C	Exodus Recovery, Inc	North County Walk In Assessment Center
More Than Just the Blues	1	1	5	1		7	06/30/10	C	Exodus Recovery, Inc	North County Walk In Assessment Center
Elder Abuse Reporting	1	1	5	3	2	11	01/07/10	C	Exodus Recovery, Inc	North County Walk In Assessment Center

QI POG: CB
Source Data: June MSRs Training Tab

9/2/10

County of San Diego Mental Health Services
Cultural Competence Training

Topic or Description	Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers	No. of Attendees Total	Course Date	Type of Training	Contractor Name	Program Name
Same Sex Domestic Violence	2.5	1	2	1		4	01/15/10	C	Exodus Recovery, Inc.	Exodus Central Connections
Cultural Competency	3	1	2	1		4	01/15/10	C	Exodus Recovery, Inc.	Exodus Central Connections
Cultural Traininig	8		1			1	07/31/09	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Cultural and transracial training	40		1			1	04/28/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Same sex Domestic Violence	2.5			1		1	04/29/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Torture and Related Trauma	2.5	1				1	06/29/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Cultural Training	1	1	3	1		5	06/03/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Gay issues and Lesbian relationships	1.5		1			1	06/14/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Cultural Competency Training	3	1				1	02/26/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
cultural training	1			1		1	06/11/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Cultural Training	3		1			1	06/30/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Cultural Competency Training	2.5			1		1	05/24/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Cultural Training	3	1				1	06/14/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Domestic Violence in same sex partners	2.5			1		1	06/11/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Same sex Domestic Violence	2.5			1		1	06/04/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Same sex Domestic Violence	2.5			1		1	05/24/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Cultural Training	3			1		1	06/04/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Cultural Competency Training	2.5			1		1	04/28/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Same sex Domestic Violence	2.5			1		1	05/26/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Cultural Competency Training	3			1		1	05/26/10	C	Family Health Centers Of San Diego	BPSR Wellness Rec. Center
Cultural Issues in Mental Health	3	3				3	10/13/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Diversity	2	2	6	1		9	04/09/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3		1			1	03/16/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Health Disparities among Minorities and Others with Psychiatric Disabilities	1.5		1			1	04/29/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Health Disparities among Minorities and Others with Psychiatric Disabilities	1.5		1			1	06/16/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3		1			1	06/16/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Latino in America	4	1	1	1		3	10/23/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Dementia in Different Populations	1.25	1	8	1		10	03/17/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Diversity	2	1				1	05/06/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Dementia in Different Populations	1.25	1	8	1		10	10/14/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Dementia in Different Populations	1.5	1	7			8	05/12/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3			1	1	2	09/29/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Assessment of Dementia for Vietnamese Americans	1.5	1	7			8	06/09/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Diversity	2			1		1	09/29/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Diversity	1.5	1				1	03/22/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment for Paraprofessionals	3	1				1	09/03/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment for Paraprofessionals	3			1		1	09/01/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3		2			2	09/01/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Health Disparities among Minorities and Others with Psychiatric Disabilities	1.5			1		1	05/12/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3	1	3	1		5	02/01/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Disparity and Older Adults	2	1				1	12/02/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3		1			1	11/02/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Disparity and Older Adults	2	1				1	12/02/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Working w/Diverse Elders: Successful Programs and Strategies	1.25	2				2	12/02/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Ageism and the Older LGBT Community	1.5	3				3	12/01/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Dementia in Different Populations	1.25	1	9			10	04/14/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3		1			1	01/25/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment for Paraprofessionals	3	1				1	11/24/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM

QI POG: CB
Source Data: June MSRs Training Tab

9/2/10

County of San Diego Mental Health Services
Cultural Competence Training

Topic or Description	Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers	No. of Attendees Total	Course Date	Type of Training	Contractor Name	Program Name
Embracing Social Justice and Equity to Build Healthier Communities	12	1				1	11/18/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
A Culture Centered Approach to Recovery	3		1			1	04/15/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
WRAP®: Advance Directive/Crisis Mgt Plan	3		1			1	01/31/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Dementia in Different Populations	1.25			1		1	01/13/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Embracing Social Justice and Equity to Build Healthier Communities	12	1				1	11/17/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Dementia in Different Populations	1.25	1	8	1		10	02/03/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Health Disparities among Minorities and Others with Psychiatric Disabilities	1.5			1		1	09/30/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Diversity for Paraprofessionals	1.5	1				1	04/12/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Competence for the DSP	1			1		1	09/30/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Competence for the DSP	1	1				1	04/12/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Ethnicity, Culture and Alcohol	2	3	7	4	2	16	02/26/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Ethnicity, Culture and Alcohol	2	4	8			12	03/24/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3	2	1	1		4	04/12/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Ethnicity, Culture and Alcohol	2	5	4	2		11	04/12/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Ethnicity, Culture and Alcohol	2		1			1	01/29/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3				1	1	11/10/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Competence for the DSP	1		1			1	12/04/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Dementia in Different Populations	1.25	1	8	1		10	11/04/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Dementia in Different Populations	1.25	1	8	1		10	12/09/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3		1			1	11/09/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
NAMI Exploring Ethnic Diversity in the Older Adult Mental Health Community	8	1		1		2	12/04/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Health Disparities among Minorities and Others with Psychiatric Disabilities	1.5		2			2	03/14/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health	3	2	3			5	08/24/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Health Disparities among Minorities and Others with Psychiatric Disabilities	1.5		1			1	12/04/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Diversity	2		1			1	12/04/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Competence Summit	8	1				1	11/16/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3		5			5	12/28/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3		1			1	11/02/09	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Cultural Issues in Mental Health Treatment	3	1				1	04/28/10	C	Heritage Clinic	FSP, SMOT/FCCS, SBCM, ICM
Meeting of the Minds	8	2	7	1		10	10/21/09	C	Mental Health America of San Diego County	Breaking Down Barriers
TAY Immersion Training	16		1			1	05/11/10	C	Mental Health America of San Diego County	Breaking Down Barriers
Cultural Health Disparites	2	1	7			8	02/07/10	C	Mental Health America of San Diego County	Breaking Down Barriers
Mental Health in older adults NAMI	8		1			1	12/04/09	C	Mental Health America of San Diego County	Breaking Down Barriers
Managing Conflict in the Community	8		4			4	03/18/10	C	Mental Health America of San Diego County	Breaking Down Barriers
Toolbox for Community Educators	2		1			1	03/24/10	C	Mental Health America of San Diego County	Breaking Down Barriers
Cultural Compt	4	0	2			2	06/24/10	C	Mental Health Systems, Inc.	CalWORKs Mental Health Services
Cultural Competency	8		2			2	06/24/10	C	Mental Health Systems, Inc.	CalWORKs Mental Health Services
Cultural Competency	4		1			1	06/24/10	C	Mental Health Systems, Inc.	CalWORKs Mental Health Services
Worlds Apart	1			1		1	06/30/10	C	Mental Health Systems, Inc.	CalWORKs Mental Health Services
The Culture of Emotions	1			1		1	06/30/10	C	Mental Health Systems, Inc.	CalWORKs Mental Health Services
Carved From the Heart	0.5			1		1	06/30/10	C	Mental Health Systems, Inc.	CalWORKs Mental Health Services
Culture	4		1			1	06/02/10	C	Mental Health Systems, Inc.	CalWORKs Mental Health Services
Culture of Poverty	1.5			1		1	06/30/10	C	Mental Health Systems, Inc.	CalWORKs Mental Health Services
CCT: Finding Your Roots	4			1		1	06/03/10	C	Mental Health Systems, Inc.	CalWORKs Mental Health Services
CPR	8		1			1	02/24/10	C	Mental Health Systems, Inc.	Center Star (ACT Team)
Treating Recially Diverse Patients	4		2			2	07/17/09	C	Mental Health Systems, Inc.	Center Star (ACT Team)
Culture of Inclusion	4	1	1			2	10/06/09	C	Mental Health Systems, Inc.	Center Star (ACT Team)
Gender Responsive Services	4		2			2	11/27/09	C	Mental Health Systems, Inc.	Center Star (ACT Team)
LOCUS	6					0	01/20/10	C	Mental Health Systems, Inc.	Center Star (ACT Team)
LOCUS	6		3			3	01/06/10	C	Mental Health Systems, Inc.	Center Star (ACT Team)

QI POG: CB
Source Data: June MSRs Training Tab

9/2/10

County of San Diego Mental Health Services
Cultural Competence Training

Topic or Description	Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers	No. of Attendees Total	Course Date	Type of Training	Contractor Name	Program Name
Culture of Inclusion	4		2			2	11/09/09	C	Mental Health Systems, Inc.	Center Star (ACT Team)
Gender Responsive Services	4		2			2	09/21/09	C	Mental Health Systems, Inc.	Center Star (ACT Team)
Gender Responsiveness	4		2			2	06/23/10	C	Mental Health Systems, Inc.	Escondido Clubhouse
Improving Health Services For Refugees	8		1			1	04/08/10	C	Mental Health Systems, Inc.	Escondido Clubhouse
Gender Responsiveness	4		1			1	06/23/10	C	Mental Health Systems, Inc.	Escondido Clubhouse
Gender Responsiveness	8		1			1	09/21/09	C	Mental Health Systems, Inc.	Escondido Clubhouse
Sexual Harrassment	4		2			2	03/22/10	C	Mental Health Systems, Inc.	Escondido Clubhouse
Culture, Awareness and Knowledge	4	1				1	03/27/10	C	Mental Health Systems, Inc.	Mariposa Clubhouse
Social & Cultural Psychology	40		1			1	03/08/10	C	Mental Health Systems, Inc.	Mariposa Clubhouse
The Cultural of Inclusion 101	4	1				1	03/27/10	C	Mental Health Systems, Inc.	Mariposa Clubhouse
The Culture of Inclusion 101	4	1				1	10/06/09	C	Mental Health Systems, Inc.	Mariposa Clubhouse
Cultural Inclusion	4		2			2	06/02/10	C	Mental Health Systems, Inc.	Mariposa Clubhouse
Cultural Compentency	1		1			1	06/29/10	C	Mental Health Systems, Inc.	North Inland Mental Health Center
Gender Responsiveness	4	1	1			2	05/06/10	C	Mental Health Systems, Inc.	North Inland Mental Health Center
Cultural Compentency	1	1	7	4		12	06/30/10	C	Mental Health Systems, Inc.	North Inland Mental Health Center
Cultural Compentency	1		1			1	06/14/10	C	Mental Health Systems, Inc.	North Inland Mental Health Center
Cultural Compentency	3		1			1	06/04/10	C	Mental Health Systems, Inc.	North Inland Mental Health Center
Gender Responsiveness	8		1			1	01/19/10	C	Mental Health Systems, Inc.	North Inland Mental Health Center
Cultural Compentency	3	1				1	04/09/10	C	Mental Health Systems, Inc.	North Inland Mental Health Center
Sexual Harassment	0.5		1			1	06/07/10	C	Mental Health Systems, Inc.	North Inland Mental Health Center
Trauma Informed Services for Asian/Pacific Islanders	4		1			1	10/16/09	C	Mental Health Systems, Inc.	San Diego Employment Solutions
Cultural Cometency: Awareness & Understanding	4			1		1	06/02/10	C	Mental Health Systems, Inc.	San Diego Employment Solutions
Culure of Inclusion 101	4		2			2	10/06/09	C	Mental Health Systems, Inc.	San Diego Employment Solutions
Cultural Cometency: Awareness & Understanding	4	1	2			3	06/09/10	C	Mental Health Systems, Inc.	San Diego Employment Solutions
Cultural Cometency: Awareness & Understanding	4			1		1	06/24/10	C	Mental Health Systems, Inc.	San Diego Employment Solutions
Consumer Client Culture	7		1			1	06/24/10	C	Neighborhood House Association	Friendship Clubhouse
Cultural Competency Training	4	2	3			5	02/05/10	C	Neighborhood House Association	Friendship Clubhouse
Cultural Competecy eLearning	2.5			1		1	06/28/10	C	North County Health Services	SALUD- NCHS
Cultural Competecy eLearning	2.5		1			1	01/22/10	C	North County Health Services	SALUD- NCHS
Veterans Series 2010	24	1				1	05/06/10	C	PERT, Inc	PERT
Native American Cultural Awareness	1.75	2	21			23	12/09/09	C	PERT, Inc	PERT
Cultural Diversity in the Movies	2		1			1	04/20/10	C	PERT, Inc	PERT
Domestic Violence Across Cultures	4		1			1	03/16/10	C	PERT, Inc	PERT
Responding to Veterans	1.25	2	21			23	12/09/09	C	PERT, Inc	PERT
Mental Health and Aging	6		6			6	05/20/10	C	PERT, Inc	PERT
UPAC Problem Gambling	1.75	2	21			23	03/24/10	C	PERT, Inc	PERT
Tribal and Indian Culture awareness	4	2	4			6	06/10/10	C	PERT, Inc	PERT
Working Effectively w/ Older Adults in a changing World	3		1			1	02/20/10	C	PERT, Inc	PERT
Veterans and the VA Medical Center	1	2	12			14	07/22/09	C	PERT, Inc	PERT
Outreach & Engagement for Asian Pacific Islanders	4		1			1	03/26/10	C	PERT, Inc	PERT
CC Training: Finding Your Roots	4	2	3			5	06/03/10	C	PERT, Inc	PERT
Understanding Socio-Econimic and Gender Bias in Healthcare	1.5		5			5	06/10/10	C	Prime Healthcare	Bayview Clubhouse
Avoiding harassment in the workplace 1.0 hours 5 direct service staff	1		5			5	01/18/10	C	Prime Healthcare	Bayview Clubhouse
Understanding Cultural differences in caregiving	1		5			5	04/29/10	C	Prime Healthcare	Bayview Clubhouse
Torture and Related Trauma	4		3			3	12/09/09	C	Providence Community Services	Catalyst Program
Cultural Diversity - Attitudes at Work	1.5		1			1	06/14/10	C	Providence Community Services	Catalyst Program
A Culture Centered Approach to Recovery	3		3			3	06/15/10	C	Providence Community Services	Catalyst Program

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9/2/10

County of San Diego Mental Health Services
Cultural Competence Training

Topic or Description	Course Length	Administration or Management	Direct Services	Support Services	Volunteer or Student Workers	No. of Attendees Total	Course Date	Type of Training	Contractor Name	Program Name
Cultural Competency	4	5	3	1		9	12/29/09	C	Providence Community Services	Catalyst Program
Cultural Competence for the DSP	1		12			12	06/15/10	C	Providence Community Services	Catalyst Program
Behavioral Health Cultural Competency	4		2			2	08/26/09	C	Providence Community Services	Catalyst Program
Trauma Informed AOD Practices for Women	6		1			1	03/29/10	C	Providence Community Services	Catalyst Program
Cultural Diversity in Behavioral Health	3	4	25	3		32	06/30/10	C	Providence Community Services	Catalyst Program
Domestic Violence Across Cultures	4	1	3			4	11/04/09	C	Providence Community Services	Catalyst Program
Cultural Diversity - Motivation, Empowerment	1	1	2			3	06/15/10	C	Providence Community Services	Catalyst Program
Providence Community Services - Cultural Competency	4		3			3	04/01/10	C	Providence Community Services	KICK START (FIRST BREAK)
Torture and Related Trauma	4	1				1	12/09/10	C	Providence Community Services	OASIS Clubhouse
Cultural Competency	4	2		5		7	12/29/10	C	Providence Community Services	OASIS Clubhouse
2010 Wellness & Recovery Summit	8		18			18	03/24/10	C	Recovery Innovations, Inc.	Client-Operated Peer Support Service
Cultural Competency	4		2			2	06/25/10	C	Recovery Innovations, Inc.	Peer Specialist/Peer Advocacy Training
2010 Wellness & Recovery Summit	8		2			2	03/24/10	C	Recovery Innovations, Inc.	Peer Specialist/Peer Advocacy Training
Client Culture	7			1		1	06/24/10	C	Recovery Innovations, Inc.	Peer Specialist/Peer Advocacy Training
Cultural Competency Training-Management	3	3				3	02/17/10	C	Southern Caregiver Resource Center	REACHing OUT
Cultural Competency Training-Clinical Staff	3	3	6			9	03/02/10	C	Southern Caregiver Resource Center	REACHing OUT
Cultural Competency Training-Management	3	3				3	02/08/10	C	Southern Caregiver Resource Center	REACHing OUT
Cultural Competency Training-Clinical Staff	3		6			6	02/11/10	C	Southern Caregiver Resource Center	REACHing OUT
Cultural Competency Training-All Staff	1.5	3	6	3		12	01/14/10	C	Southern Caregiver Resource Center	REACHing OUT
Coll. For Healthy Communication	8	1				1	04/09/10	C	Survivors of Torture, International	MHS for Trauma/Torture Survivors
Transgender Cultural Competency	2	1	2	1		4	11/03/09	C	Survivors of Torture, International	MHS for Trauma/Torture Survivors
20th Annual Refugee Summit	13	1				1	06/24/10	C	Survivors of Torture, International	MHS for Trauma/Torture Survivors
2nd Annual NCTTP Symposium	3	1				1	02/24/10	C	Survivors of Torture, International	MHS for Trauma/Torture Survivors
Burmese Cultural Competency	2.25	2	2			4	11/18/09	C	Survivors of Torture, International	MHS for Trauma/Torture Survivors
Language Access Training	1	2	2	1		5	10/19/09	C	Survivors of Torture, International	MHS for Trauma/Torture Survivors
Recovery Training I (Cultural Comp)	8	5	22	4		31	05/04/10	C	TELECARE Corporation	San Diego FSP (ACT, Housing, T. Team)
Cultural compentency	2	4	22	5		31	09/28/09	C	TELECARE Corporation	San Diego FSP (ACT, Housing, T. Team)
Cultural Competency	2		5			5	03/09/10	C	The Meeting Place, Inc.	The Meeting Place Clubhouse & Warmline Program
Cultural Competency Presentations	2		5			5	04/19/10	C	The Meeting Place, Inc.	The Meeting Place Clubhouse & Warmline Program
CULTURAL COMPETENCY TRAINING (LGBT)	1		3			3	04/02/10	C	UCSD GIFFORD	UCSD COD Program
CULTURAL COMPETENCY TRAINING CHINESE MH	1.5		6			6	06/24/10	C	UCSD GIFFORD	UCSD COD Program
CULTURAL COMPETENCY	1	1	5			6	03/17/10	C	UCSD GIFFORD	UCSD COD Program
INJURY AND ILLNESS TRAINING	1		1			1	04/06/10	C	UCSD GIFFORD	UCSD COD Program
Sprituality, Religion and psychotherapy	1	1	9			10	07/03/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Taiwanese Culture	1	1	9	1		11	08/05/08	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Survivor of Torture	1	1	10			11	07/04/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Greek Culture and Therapy	1	1	7			8	11/11/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Community Resources	1	1	5		1	7	12/09/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Jewish Culture	1	1	11	1		13	09/02/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Cultural Comp Summit XVI	8	1				1	11/18/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Youth culture presentation	1		4			4	03/23/10	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Interpreter Training	1	2	10	2		14	09/30/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Parenting	1	1	7		1	9	12/02/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Trauma Informed Services - Asian	4	1	10			11	10/16/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Working with Asian Americans	1.5			1		1	04/29/10	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Vietnamese Culture and Refugees	1	1	9	1		11	08/28/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Cultural Comp Summit XVI	8	1				1	11/17/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Vietnamese Culture and Trafficking	1	1	7	1		9	08/12/09	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Aging Well	1.5	1	5	4		10	05/01/10	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Veterans issues	1.5	1	6	3		10	04/16/10	C	Union of Pan Asian Communities	BPSR Mid City and Linda Vista
Older Adult System of Care Conference	16	1	2			3	12/01/09	C	Union of Pan Asian Communities	Positive Solutions (Gatekeeper)
Healing the Spirit - vedio and discussion	1.5		3	1		4	06/16/09	C	Union of Pan Asian Communities	Positive Solutions (Gatekeeper)
Problem Gambling in Seniors	1.5	1	6			7	04/28/09	C	Union of Pan Asian Communities	Positive Solutions (Gatekeeper)

QI POG: CB
Source Data: June MSRs Training Tab

9/2/10

NA

CREATING A CULTURALLY COMPETENT ENVIRONMENT (POST TEST)

NAME_____ DATE_____

PROGRAM_____

1. Define "Cultural Competency".

2. Please list and briefly describe the five essential elements of Cultural Competency.

3. Why is Cultural Competency crucial in the field of Health and Human Services?

4. Please provide at least two examples of how one can promote Cultural Competency in the workplace?

CRF

Outreach & Engagement for APIs

Pre –Test

1. **For APIs, religions can be viewed simply as a way of life.**

   True or False?

2. **The basic guidelines of the therapeutic process and facilitation of cross cultural communication should be addressed in session along the stages of engagement.**

   True or False?

3. **It is not advised to assess and reassess the API client's comfort level at the end of the session.**

   True or False?

4. **Language is the core medium to connect community members while transmitting cultural beliefs.**

   True or False?

5. **Many Asian people believe Buddhism, Taoism, and Confucianism must be practiced separately.**

   True or False?

6. **Asian clients believe a mental condition is related to spiritual factors.**

   True or False?

7. **It is not appropriate to have a monk or a nun coming along with you to conduct outreach and engagement activities since that shows no respect for spiritual leaders?**

   True or False?

8. **Orientation of time: The past is the most important part of life for APIs**

   True or False?

9. **Helping Asian clients to re-establish and re-integrate are important goals in treatment.**

   True or False?

10. **Therapeutically, it is not advised to have a 3-way relationship when working with APIs**

    True or False?

CRF

Outreach & Engagement for APIs

Post –Test

1. For APIs, religions can be viewed simply as a way of life.

   True or False?

2. The basic guidelines of the therapeutic process and facilitation of cross cultural communication should be addressed in session along the stages of engagement.

   True or False?

3. It is not advised to assess and reassess the API client's comfort level at the end of the session.

   True or False?

4. Language is the core medium to connect community members while transmitting cultural beliefs.

   True or False?

5. Many Asian people believe Buddhism, Taoism, and Confucianism must be practiced separately.

   True or False?

6. Asian clients believe a mental condition is related to spiritual factors.

   True or False?

7. It is not appropriate to have a monk or a nun coming along with you to conduct outreach and engagement activities since that shows no respect for spiritual leaders?

   True or False?

8. Orientation of time: The past is the most important part of life for APIs

   True or False?

9. Helping Asian clients to re-establish and re-integrate are important goals in treatment.

   True or False?

10. Therapeutically, it is not advised to have a 3-way relationship when working with APIs

    True or False?

CRITERION 6

COUNTY OF SAN DIEGO MENTAL HEALTH SYSTEM

County Commitment to Growing A Multi-Cultural Workforce: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

CRITERION 6 – COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

NO APPENDICES IN CRITERION 6

NO APPENDIX FOR CRITERION 6

CRITERION 7

COUNTY OF SAN DIEGO MENTAL HEALTH SYSTEM

LANGUAGE CAPACITY

CRITERION 7 – LANGUAGE CAPACITY

Quick Guides in English and Threshold Languages	7.II.B.1-30
Examples of Client Records and Services Provided by Contractors in Threshold Languages AND Sample of Documentation that Findings/Reports Are Communicated in Client's Preferred Language	7.II.C.1-23
Sample Invoice from Interpreters Unlimited	7.III.B.1
Child & Adult Programs Oral Language Proficiency by Position Type	7.III.C.1-2
Sample Staff Schedules	7.III.C.3-5
Policy & Procedure 01-02-202: Provision of Culturally and Linguistically Appropriate Services	7.IV.A.1-4
Reports on Youth and Adult Satisfaction Surveys	7.V.C.1-25

When Does A Person Need Help?

- Severe feelings of sadness, hopelessness, crying spells
- Severe anxiety or panic attacks
- Extreme mood swings with impulsive dangerous or bizarre behavior
- Serious behavior problems with a child
- Mental health problems affected by substance abuse
- Frequent suicidal thoughts
- Giving away one's belongings
- Threatening to kill or hurt oneself or others
- Hearing or seeing things others believe are not there

FOR A MENTAL HEALTH EMERGENCY:

- Call **911** or go to a hospital emergency room
- Call your doctor or mental health specialist
- Call the **ACCESS AND CRISIS LINE:**

1-800-479-3339

FOR AFTER HOURS/WEEKEND:

Adults: Call 1-800-479-3339

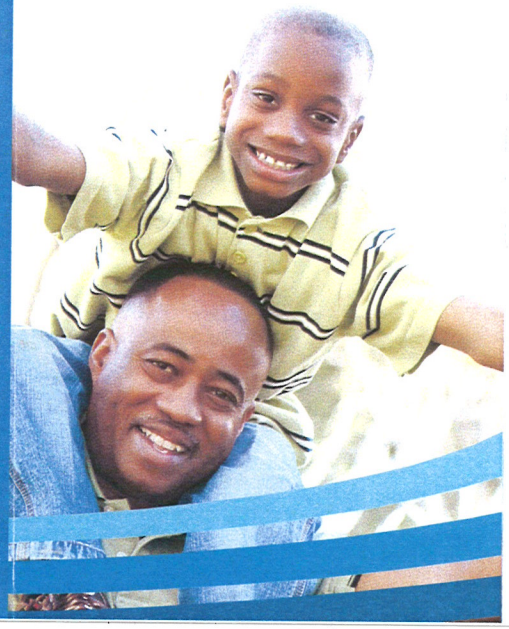
Children: Call the Emergency Screening Unit (ESU): 619-421-6900

NEED MORE INFORMATION?

If you would like more information about your rights, the Grievance and Appeal Process or other State requirements, please ask your provider for the complete **Guide to Medi-Cal Mental Health Services** or call 619-563-2788 for a copy.

Specialty Mental Health Services

Specialty mental health services are provided through the County of San Diego Mental Health Plan, which is separate from your physical health care. The Mental Health Plan is committed to providing quality mental health services to eligible adults, older adults, and children experiencing serious and persistent mental health problems. Mental health services are confidential and are based on the belief that people can, and do, recover from mental illness. Even though asking for help with mental health problems may be a challenge, help is just a phone call away.



For more information or for help with mental health problems, call the

Access and Crisis Line: 800-479-3339

This toll-free number is available 24 hours, 7 days/week and provides counselors who can answer your questions and provide referrals for mental health care.

TTY 619-641-6992

County of San Diego
Board of Supervisors
Greg Cox, District 1
Dianne Jacob, District 2
Pam Slater-Price, District 3
Ron Roberts, District 4
Bill Horn, District 5

Chief Administrative Officer
Walter F. Ekard

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

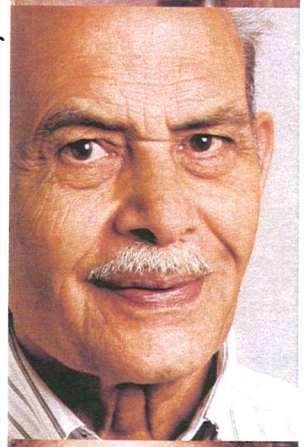
County of San Diego
Health and Human Services Agency
Health and Human Services Agency Director
Nick Macchione

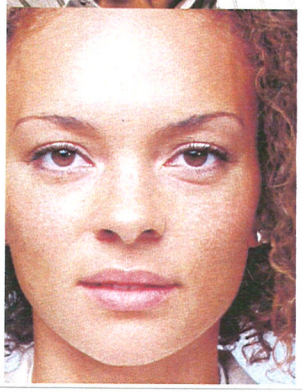
Behavioral Health Services
Adult/Older Adult Mental Health Services
& Children's Mental Health Services

Behavioral Health Services Director
Jennifer Schaffer, Ph.D.
Mental Health Services Director
Alfredo Aguirre
Clinical Director
Marshall Lewis, M.D.

QUICK GUIDE

A Quick Guide to Mental Health Services For Adults, Older Adults, and Children





7.II.B.1

SPECIALTY MENTAL HEALTH SERVICES

- For people with Medi-Cal, limited insurance or without insurance
- Provided to children, adolescents, young adults, adults, older adults, and families
- Available county wide
- Provides culturally appropriate care

TYPES OF SERVICES WHICH MAY BE AVAILABLE

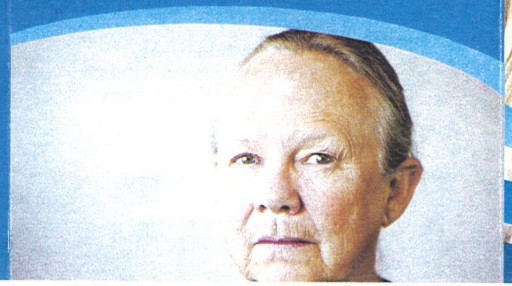
- Mental health assessments
- Group and Individual therapy
- Brief crisis intervention and 24-hour psychiatric emergency care
- Medication support services
- Integrated services for mental health and substance abuse issues
- Client and family peer support services
- Child and adult psychiatric hospitalization
- Adult residential care
- Case management and conservatorship
- Services to homeless persons
- Recovery-oriented clubhouses
- Vocational and employment services
- Children's outpatient school-based services
- Day treatment, wraparound, and therapeutic behavioral services for children

SAN DIEGO'S MENTAL HEALTH PLAN PROVIDES:

- A system to meet the needs of persons of diverse values, beliefs, orientations, races, and religions
- Services in your preferred language or free interpreter services
- Providers with cultural/language specialties
- Culturally appropriate assessments and treatments
- Information in other languages and alternate formats for the visually and hearing impaired

YOUR RIGHTS UNDER YOUR MENTAL HEALTH PLAN

- Be treated with dignity and respect in a language you can understand
- Receive information on available treatment options and alternatives presented in a manner you understand
- Participate in decisions about your mental health care
- Receive informational materials about the services covered by your Mental Health Plan
- Request and receive a copy of your mental health medical records and request they be amended or corrected
- Receive specialty mental health services
- Be free from any form of restraint or seclusion as specified in federal rules
- Have the right to refuse treatment



You Can Get Help Resolving A Problem If You Are Not Satisfied With Your Mental Health Care

A Patient Advocate can help you.

For problems with inpatient or 24-hour residential services, call the JFS Patient Advocacy Program at **800-479-2233.**

For problems with outpatient and any other type of mental health services, call the Consumer Center for Health Education and Advocacy (CCHEA) toll-free at **877-734-3258.**

If you have a grievance about your mental health care, want to appeal a decision that limits your care, or want to find out the status of an appeal or grievance, you may contact one of the agencies listed above. Medi-Cal beneficiaries have access to services and rights as specified in State and Federal regulations.

You can also file an expedited appeal when the standard process could seriously jeopardize life, health or the ability to attain, maintain or regain maximum function.

For Information and Advocacy on Accessing Physical Health Care Services, Call:

The Consumer Center for Health Education and Advocacy (CCHEA) helps low income residents access the health care system.

877-734-3258

HELPFUL TELEPHONE NUMB

Access and Crisis Line
800-479-3339
Access and Crisis Line TTY
619-641-6992
Peer to Peer Support, 5-11pm dai
Adult Warm Line
800-930-9276
Youth Warm Line
877-450-5463
Family Warm Line
877-470-5463
Community Resource Information & Re
2-1-1
NAMI San Diego
(National Alliance on Mental Illnes
619-543-1434
San Diego County Mental Health Admini
619-563-2700
Mental Health Association
(Self Help Groups)
619-543-0412

INTERNET RESOURCES

San Diego County Mental Health Ser
www.networkofcare.org
County of San Diego Website
www.sdcounty.ca.gov
Social Security
www.ssa.gov
Disability Benefits Information
www.cms.hhs.gov
Inform San Diego (Social Services Dat
www.informsandiego.com

SPECIALTY MENTAL HEALTH SERVICES	SERVICIOS DE SALUD MENTAL ESPECIALIZADOS
• For people with Medi-Cal, limited insurance or without insurance	• Para personas que cuentan con Medi-Cal, un seguro limitado o que no tienen seguro
• Provided to children, adolescents, young adults, adults, older adults, and families	• Para niños, adolescentes, adultos jóvenes, adultos, adultos mayores y familias
• Available county wide	• Disponibles en todo el condado
• Provides culturally appropriate care	• Atención culturalmente adecuada
TYPES OF SERVICES WHICH MAY BE AVAILABLE	TIPO DE SERVICIOS QUE PUEDEN ESTAR DISPONIBLES
• Mental health assessments	• Evaluaciones de salud mental
• Group and individual therapy	• Terapia grupal e individual
• Brief crisis intervention and 24-hour psychiatric emergency care	• Intervenciones breves en caso de crisis y cuidado psiquiátrico de emergencia las 24 horas
• Medication support services	• Servicios de apoyo mediante medicación
• Integrated services for mental health and substance abuse issues	• Servicios integrales para atender problemas de salud mental y abuso de sustancias
• Client and family peer support services	• Servicios de autoayuda para pacientes y familiares
• Child and adult psychiatric hospitalization	• Hospitalización psiquiátrica para niños y adultos
• Adult residential care	• Atención residencial para adultos
• Case management and conservatorship	• Gestión de casos clínicos y tutela
• Services to homeless persons	• Servicios para personas sin techo
• Recovery-oriented clubhouses	• Casas club orientadas a la recuperación
• Vocational and employment services	• Servicios vocacionales y de empleo
• Children's outpatient school-based services	• Servicios de consulta externa en escuelas para niños
• Day treatment, wraparound, and therapeutic behavioral services for children	• Tratamiento diurno, servicios integrales y de terapia conductual para niños
SAN DIEGO'S MENTAL HEALTH PLAN PROVIDES:	EL PLAN DE SALUD MENTAL DE SAN DIEGO OFRECE:
• A system to meet the needs of persons of diverse values, beliefs, orientations, races, and religions	• Un sistema para satisfacer las necesidades de personas con todo tipo de valores, creencias, orientaciones, orígenes raciales y religiones
• Services in your preferred language or free interpreter services	• Servicio en su idioma preferido o acceso gratuito a un(a) intérprete
• Providers with cultural/language specialties	• Personal con especialidades culturales y lingüísticas
• Culturally appropriate assessments and treatments	• Evaluaciones y tratamientos culturalmente adecuados
• Information in other languages and alternate formats for the visually and hearing impaired	• Información en otros idiomas y formatos alternativos para personas con problemas

	visuales o auditivos
YOUR RIGHTS UNDER YOUR MENTAL HEALTH PLAN	DERECHOS QUE LE CORRESPONDEN SEGÚN SU PLAN DE SALUD MENTAL
• Be treated with dignity and respect in a language you can understand	• Recibir un trato digno y respetuoso en un idioma que usted entienda
• Receive information on available treatment options and alternatives presented in a manner you understand	• Recibir información sobre opciones y alternativas de tratamiento disponibles, presentada de manera que usted la entienda
• Participate in decisions about your mental health care	• Participar en la toma de decisiones acerca del cuidado de su salud mental
• Receive informational materials about the services covered by your Mental Health Plan	• Recibir materiales informativos acerca de los servicios incluidos en su Plan de Salud Mental
• Request and receive a copy of your mental health medical records and request they be amended or corrected	• Solicitar y recibir una copia de su historial médico de salud mental y pedir que se le hagan cambios o correcciones
• Receive specialty mental health services	• Recibir servicios especializados de salud mental
• Be free from any form of restraint or seclusion as specified in federal rules	• No ser sometido(a) a ningún tipo de sujeción o encierro, según las reglas federales
• Have the right to refuse treatment	• Negarse a recibir tratamiento
You Can Get Help Resolving A Problem If You Are Not Satisfied With Your Mental Health Care	**Si no está satisfecho(a) con el cuidado de salud mental que está recibiendo, puede obtener ayuda para resolver el problema**
A Patient Advocate can help you.	Un Defensor del Paciente puede ayudarle.
For problems with inpatient or 24-hour residential services, call the JFS Patient Advocacy Program at 800-479-2233.	En caso de problemas con servicios residenciales de 24 horas o con pacientes internados, comuníquese con el Programa de Defensoría para Pacientes del JFS (JFS Patient Advocacy Program) en el teléfono 800-479-2233.
For problems with outpatient and any other type of mental health services, call the Consumer Center for Health Education and Advocacy (CCHEA) toll-free at 877-734-3258.	En caso de problemas con pacientes ambulatorios o algún otro tipo de servicios de salud mental, comuníquese con el Centro del Consumidor para Educación sobre la Salud y Defensoría (CCHEA, Consumer Center for Health Education and Advocacy) en el teléfono gratuito: 877-734-3258.
If you have a grievance about your mental health care, want to appeal a decision that limlts your care, or want to find out the status of an appeal or grievance, you may contact one of the agencies listed above. Medi-Cal beneficiaries have access to services and rights as specified in State and Federal regulations.	Si tiene alguna queja sobre el cuidado de salud mental que está recibiendo, desea apelar una decisión sobre la limitación de sus cuidados o saber en qué estado se encuentra una apelación o queja, comuníquese con alguna de las agencias antes mencionadas. Los derechohabientes de Medi-Cal tienen acceso a los servicios y derechos

	que se especifican en las leyes estatales y federales.
You can also file an expedited appeal when the standard process could seriously jeopardize life, health or the ability to attain, maintain or regain maximum function.	También puede presentar una apelación acelerada si el trámite normal pusiera gravemente en peligro su vida, salud o la habilidad de obtener, mantener o recuperar sus funciones máximas.
For Information and Advocacy on Accessing Physical Health Care Services, Call:	**Para obtener información y apoyo de defensoría para el acceso a servicios de salud física, llame al:**
The Consumer Center for Health Education and Advocacy (CCHEA) helps low income residents access the health care system. 877-734-3258	El Centro del Consumidor para Educación sobre la Salud y Defensoría (CCHEA) ayuda a residentes de bajos ingresos a acceder al sistema de salud. **877-734-3258**
HELPFUL TELEPHONE NUMBERS	NÚMEROS TELEFÓNICOS ÚTILES
Access and Crisis Line **800-479-3339**	Línea de acceso y crisis **800-479-3339**
Access and Crisis Line TTY **619-641-6992**	Línea de acceso y crisis (TTY) **619-641-6992**
Peer to Peer Support, 5-11pm daily	Servicio de ayuda individual, diariamente de 5 a 11 pm
Adult Warm Line **800-930-9276**	Línea de ayuda para adultos **800-930-9276**
Youth Warm Line **877-450-5463**	Línea de ayuda para jóvenes **877-450-5463**
Family Warm Line **877-470-5463**	Línea de ayuda para familiares **877-470-5463**
Community Resource Information & Referrals **2-1-1**	Información y recomendaciones de servicios comunitarios **2-1-1**
NAMI San Diego	NAMI San Diego
(National Alliance on Mental Illness) **619-543-1434**	(Alianza Nacional de Enfermedades Mentales - National Alliance on Mental Illness) **619-543-1434**
San Diego County Mental Health Administration **619-563-2700**	Administración de Servicios de Salud Mental del Condado de San Diego **619-563-2700**
Mental Health Association	Asociación de Salud Mental
(Self Help Groups) **619-543-0412**	(grupos de autoayuda) **619-543-0412**
INTERNET RESOURCES	**RECURSOS EN INTERNET**
San Diego County Mental Health Services	Servicios de Salud Mental del Condado de San

www.networkofcare.org	Diego **www.networkofcare.org**
County of San Diego Website **www.sdcounty.ca.gov**	Portal del Condado de San Diego **www.sdcounty.ca.gov**
Social Security **www.ssa.gov**	Seguridad Social **www.ssa.gov**
Disability Benefits Information **www.cms.hhs.gov**	Información sobre prestaciones a discapacitados **www.cms.hhs.gov**
Inform San Diego (Social Services Database) **www.informsandiego.com**	Inform San Diego (base de datos de servicios sociales) **www.informsandiego.com**

When Does A Person Need Help?	¿Cuándo necesita ayuda una persona?
• Severe feelings of sadness, hopelessness, crying spells	• Sentimientos profundos de tristeza, desesperanza, episodios de llanto
• Severe anxiety or panic attacks	• Ansiedad grave o ataques de pánico
• Extreme mood swings with impulsive dangerous or bizarre behavior	• Cambios de humor extremosos o conductas impulsivas peligrosas o extrañas
• Serious behavior problems with a child	• Problemas serios de conducta mientas está con niños
• Mental health problems affected by substance abuse	• Problemas de salud mental afectados por el abuso de sustancias
• Frequent suicidal thoughts	• Pensamientos suicidas frecuentes
• Giving away one's belongings	• Regalar sus pertenencias
• Threatening to kill or hurt oneself or others	• Amenazas de matar o hacerles daño a otros o a sí mismo
• Hearing or seeing things or others believe are nor there	• Oír o ver cosas que otras personas no ven ni oyen
FOR A MENTAL HEALTH EMERGENCY:	**EN CASO DE UNA EMERGENCIA DE SALUD MENTAL:**
• Call **911** or go to a hospital emergency room	• Llame al **911** o acuda a la sala de urgencias de algún hospital
• Call your doctor or mental health specialist	• Llame a su doctor o especialista en salud mental
• Call the **ACCESS AND CRISIS LINE: 1-800-479-3339**	• Llame a la **LÍNEA DE ACCESO Y CRISIS: 1-800-479-3339**
FOR AFTER HOURSIWEEKEND:	**SERVICIO EXTEMPORÁNEO O EN FIN DE SEMANA:**
Adults: Call 1-800-479-3339	**Adultos:** Llame al 1-800-479-3339
Children: Call the Emergency Screening Unit	**Niños:** Llame a la Unidad de Detección de Emergencias
(ESU): 619-421-6900	(ESU, Emergency Screening Unit): 619-421-6900
NEED MORE INFORMATION?	**¿NECESITA MÁS INFORMACIÓN?**
If you would like more information about your rights, the Grievance and Appeal Process or other State requirements, please ask your provider for the complete **Guide to Medi-Cal Mental Health Services** or call 619-563-2788 for a copy.	Si desea obtener más información acerca de sus derechos, el proceso de apelación y presentación de quejas o sobre algún otro requisito estatal, pídale a su médico un ejemplar de la **Guía de Servicios de Salud Mental de Medi-Cal** o llame al 619-563-2788 para solicitarla.
Specialty Mental Health Services	**Servicios de Salud Mental Especializados**
Specialty mental health services are provided through	Los servicios de salud mental

the County of San Diego Mental Health Plan, which is separate from your physical health care. The Mental Health Plan is committed to providing quality mental health services to eligible adults, older adults, and children experiencing serious and persistent mental health problems. Mental health services are confidential and are based on the belief that people can, and do, recover from mental illness. Even though asking for help with mental health problems may be a challenge, help is just a phone call away.	especializados se ofrecen a través del Plan de Salud Mental del Condado de San Diego, que no forma parte de sus servicios de salud física. El Plan de Salud Mental es un compromiso para dar servicios de salud mental de calidad a pacientes elegibles, ya sean adultos, adultos mayores o niños que tengan problemas de salud mental graves y persistentes. Los servicios de salud mental son confidenciales y se basan en la creencia de que las personas pueden recuperarse —y efectivamente se recuperan— de una enfermedad mental. Si bien pedir ayuda con un problema de salud mental puede ser difícil, no tiene más que hacer una llamada para recibir asistencia.
For more information or for help with mental health problems, call the	Para obtener más información o ayuda con problemas de salud mental, llame a la
Access and Crisis Line: 800-479-3339	**Línea de Acceso y Crisis: 800-479-3339**
This toll-free number is available 24 hours, 7 days/week and provides counselors who can answer your questions and provide referrals for mental health care.	Este número gratuito está disponible las 24 horas, los 7 días de la semana y cuenta con asesores que pueden responder a sus preguntas y darle recomendaciones para acceder a distintos servicios de cuidado de la salud mental.
TTY 619-641-6992	TTY 619-641-6992
County of San Diego	Condado de San Diego
Board of Supervisors	Junta de Supervisores
Greg Cox, District 1	Greg Cox, Distrito 1
Dianne Jacob, District 2	Dianne Jacob, Distrito 2
Pam Slater-Price, District 3	Pam Slater-Price, Distrito 3
Ron Roberts, District 4	Ron Roberts, Distrito 4
Bill Horn, District 5	Bill Horn, Distrito 5
Chief Administrative Officer Walter F. Ekard	Director Administrativo Walter F. Ekard
County of San Diego	**Condado de San Diego**
Health and Human Services Agency	**Agencia de Salud y Servicios Humanos**
Health and Human Services Agency Director Nick Macchione	Director de la Agencia de Salud y Servicios Humanos Nick Macchione
Behavioral Health Services	Servicios de Salud Conductual
Adult/Older Adult Mental Health Services	Servicios de Salud Mental para Adultos y

	Adultos Mayores
& Children's Mental Health Services	y Servicios de Salud Mental para Niños
Behavioral Health Services Director	Directora de Servicios de Salud Conductual
Jennifer Schaffer, PhD.	Dra. Jennifer Schaffer
Mental Health Services Director Alfredo Aguirre	Director de Servicios de Salud Mental Alfredo Aguirre
Clinical Director	Director Clínico
Marshall Lewis, MD.	Dr. Marshall Lewis
QUICK GUIDE	GUÍA RÁPIDA
A Quick Guide to Mental Health Services For Adults, Older Adults, and Children	Guía Rápida de Servicios de Salud Mental para Adultos, Adultos Mayores y Niños

SPECIALTY MENTAL HEALTH SERVICES
CÁC DỊCH VỤ SỨC KHOẺ TÂM LÝ ĐẶT BIỆT

- For people with Medi-Cal, limited insurance or without insurance
  - Cho người có Medi-Cal, có bảo hiểm hạn chế hoặc không có bảo hiểm
- Provided to children, adolescents, young adults, adults, older adults, and families
  - Phục vụ cho trẻ em, thiếu niên, thanh niên, người lớn, người già, và gia đình
- Available county wide
  - Có sẵn sàng tại các tỉnh San Diego
- Provides culturally appropriate care
  - Phục vụ đúng đắng theo các văn hoá khác nhau

TYPES OF SERVICES WHICH MAY BE AVAILABLE
CÁC DỊCH VỤ CÓ THỂ TIÊU DÙNG

- Mental health assessments
  - Khám nghiệm và ước định bệnh tâm thần
- Group and Individual therapy
  - Tư vấn và cố vấn trong nhóm
- Brief crisis intervention and 24-hr psychiatric emergency care
  - Can thiệp trong cơn khủng hoảng và bộ chăn sóc tâm lý cấp cứu 24-hr
- Medication support services
  - Phục vụ và giúp đở tiêu dùng thuốc tây
- Integrated services for mental health and substance abuse issues
  - Họp nhất các dịch vụ chó sức khoẻ tâm thần và lạm dụng thuốc
- Client and family peer support services
  - Dịch vụ ủng họ cho bệnh nhân và gia đình
- Child and adult psychiatric hospitalization
  - Gia nhặp bệnh viện cho trẻ em và người lớn
- Adult residential care
  - Sự chăm sóc tại nhà cho người lớn
- Case management and conservatorship
  - Các dịch vụ giúp đở riêng cho khách hàng về hồ sơ và tiền bạc
- Services to homeless persons
  - Các dịch vụ cho người vô gia cư
- Recovery-oriented clubhouses
  - Các chương trình nhà ủng hộ cho bệnh nhân sẻ đi theo hướng phục hồi
- Vocational employment services

    - Dịch vụ về vấn đề nghề nghiệp và việc làm
- Children's outpatient school-based services
    - Các dịch vụ sức khoẻ tâm lý ngoại giao tại trường học
- Day treatment, wraparound, and therapeutic behavioral services for children
    - Dịch vụ bang ngày, dịch vụ họp nhất và bao tròn, và dịch vụ cố vấn cư sử cho trẻ em

SAN DIEGO'S MENTAL HEALTH PLAN PROVIDES:
KẾ HOẠCH SỨC KHOẺ TÂM LÝ SAN DIEGO PHỤC VỤ:

- A system to meet the needs of persons of diverse values, beliefs, orientations, races, and religions
    - Hệ thống chăm sóc đáp theo những người khác nhau về mặt đạo đức, lòng tin, định hướng, chũng tộc, và tôn giáo
- Services in your preferred language or free interpreter services
    - Dịch vụ bằng ngôn ngữ chính của quý vị hoặc sẻ có người thông dịch miễn phí
- Providers with cultural/language specialties
    - Các nhà phục vụ là chuyên gia về văn hoá/ngôn ngữ
- Culturally appropriate assessments and treatments
    - Sự ước định và trị liệu thích hợp cho văn hoá của khách hàng
- Information in other languages and alternate formats for the visually and hearing impaired
    - Thông tin qua các ngôn ngữ và hình thức khác nhau cho những người có khó khăng về thính giác và thị giác

YOUR RIGHTS UNDER YOUR MENTAL HEALTH PLAN
CÁC QUYỀN LỢI CỦA QUÝ VỊ VỀ KẾ HOẠCH SỨC KHOẺ TÂM LÝ

- Be treated with dignity and respect in a language you can understand
    - Được đối sử với nhân phẩm và tôn trộng qua ngôn ngữ mà quý vị hiểu
- Receive information on available treatment options and alternatives presented in a manner you can understand
    - Nhân được tin tức về các chọn lựa trị liệu và trình bày qua một hình thức mà quý vị hiểu biết
- Participate in decisions about your mental health care
    - Tham dự trong các quyết định về sự chăm sóc sức khoẻ tâm lý của quý vị
- Receive informational materials about the services covered by your Mental Health Plan
    - Nhận được các tin tức về các dịch vụ mà Kế Hoạch Sức Khoẻ Tâm Lý của quý vị cung cấp

- Request and receive a copy of your mental health medical records and request they be amended or corrected
    - Yêu cầu và nhận được một bản sao của tại liệu sức khoẻ tâm lý và có thể yêu câu các tài liệu đó được thây đổi hoặc sửa lại
- Receive specialty mental health services
    - Nhận được các dịch vụ sức khoẻ tâm lý đặt biệt
- Be free from any form of restraint or seclusion as specified in federal rules
    - Không bị hạn chế hoặc tách biệt theo luật pháp quốc gia
- Have the right to refuse treatment
    - Có quyền từ chối điều trị

You Can Get Help Resolving A Problem If You Are Not Satisfied With Your Mental Health Care
Quý Vị Có Thể Nhận Được Giúp Đở Giải Quyết Bất Cứ Một Vấn Đề Khi Quý Vị Không Vừa Lòng Với Sự Chăm Sóc Sức Khoẻ Tâm Lý

A Patient Advocate can help you.
Người Bào Chữa cho Bệnh Nhân có thể giúp quý vị.

For problems with inpatient or 24-hour residential services, call the JFS Patient Advocacy Program at 800-479-2233
Cho các vấn đề tại bệnh viện hoặc 24-tiếng phúc vụ tại nhà, xin liên lạc với chương trình JSF Patient Advocacy Program

For problems with outpatient and any other type of mental health services, call the Consumer Center for Health Education and Advocacy (CCHEA) toll-free at 877-734-3258.
Cho các vấn đề tại các chương trình bên ngoài bệnh viện và các trương trình phục vụ sức khoẻ tâm lý khác, xin liên lạc Consumer Center for Health Education and Advocacy (CCHEA) toll-frê at 877-734-3258.

If you have a grievance about your mental health care, want to appeal a decision that limits your care, or want to find out the status of an appeal or grievance, you may contact one of the agencies listed above. Medi-Cal beneficiaries have access to services and rights as specified in State and Federal regulations.
Nếu quý vị có mối bất bình với sự chăm sóc sức khoẻ tâm lý, muốn thỉnh cầu về một quyết định hạn chế chăm sóc của quý vị, hoặc muốn tìm hiểu thêm về tình hình của một mối bất bình hoặc thỉnh cầu, quý vị có thể liên lạc với một trong các trung tâm đã viết trên. Các người hưởng Medi-Cal có thể nhận được các dịch vụ và quyền lợi mà Tiểu Bang và Quốc Gia đưa ra.

You Can also file an expedited appeal when the standard process could seriously jeopardize life, health or the ability to attain, maintain or regain maximum function.
Quý vị có thể nợp đơn khiếu nại xúc tiến nếu sự tiến hành bình thường có thể làm tổng thương con người, sức khoẻ hoặc khả năng đạt tới, bảo vệ hoặc lấy lại chức năng tối đa.

For Information and Advocacy on Accessing Physical Health Care Services, Call:
Để nhân được thêm tin tức và lời Biện Hộ về Tìm Được Dịch Vụ Chăm Sóc Sức Khoẻ, gội:

The Consumer Center for Health Education and Advocacy (CCHEA) helps low income residents access the health care system. 877-734-3258
Trung Tâm Biện Hộ và Giáo Dục Sức Khoẻ Cho Khách Hàng (CCHEA) giúp đở những người dân có ít tiền thu nhập tìm được hệ thống chăm sóc sức khoẻ. 877-734-3258

HELPFUL TELEPHONE NUMBERS
CÁC SỐ ĐIỆN THOẠI GIÚP ĐỠ

Access and Crisis Line
Đường Giây Khủng Hoảng
800-479-3339

Access and Crisis Line TTY
Đường Giây Khủng Hoảng Cho Người Điếc TTY
619-641-6992

Peer to Peer Support, 5-11pm daily Adult Warm Line
Ủng Hộ Giửa Bạn Cùng Trong Cảnh Ngọ, 5-11pm hàng ngày Đường Giây Ấm Cho Người Lớn
800-930-9276

Youth Warm Line
Đường Giây Ấm Cho Thanh Thiếu Niên
877-470-5463

Community Resource Information & Referrals
Tin Tức về Các Dịch Vụ và Chỉ Dẫn Cộng Đồng
2-1-1

NAMI San Diego
(National Alliance on Mental Illness)
(Liên Hội Quốc Gia về Bệnh Tâm Lý)
619-543-1434

San Diego County Mental Health Administration
Bộ Sức Khoẻ Tâm Lý Tỉnh San Diego
619-563-2700

Mental Health Association (Self-Help Groups)
Hội Sức Khoẻ Tâm Lý (Nhóm Tự-Giúp)
619-543-0412

INTERNET RESOURCES
Các Phương Sách Trên Mạng Lưới

San Diego County Mental Health Services
Dịch Vụ Sức Khoẻ Tâm Lý Tỉnh San Diego
www.networkofcare.org

County of San Diego Website
Trang Nhà của Tỉnh San Diego
www.sdcounty.ca.gov

Social Security
www.ssa.gov

Disability Benefits Information
Tài Liệu về lợi ích của người tàn tật
www.cms.hhs.gov

Inform San Diego (Social Services Database)
Cho Biết San Diego (Chỗ Đữ Tin Tức về Các Dịch Vụ Xả Hội)
www.informsandiego.com

Page 2

When Does A Person Need Help?
Như Thế Nào Chúng Ta Biết Chúng Ta Cần Sự Giúp Đở?

- Severe feelings of sadness, hopelessness, crying spells
  - Cảm giác thật buồn rầu, thất vọng, khóc thường xuyên
- Severe anxiety or panic attacks
  - Thật lo sợ hoặc dễ bị hoảng sợ và cây tắc
- Extreme mood swings with impulsive dangerous or bizarre behavior
  - Cảm giác thây đổi bất thường với nhiều cơn xung nguy hiểm hoặc thái độ kỳ lạ
- Serious behavior problems with a child
  - Thái độ thật bất đồng trong trẻ em

• Mental health problems affected by substance abuse
- Sức khoẻ tâm lý bị ảnh hưởng bởi lạm dụng thuốc

• Frequent suicidal thoughts
- Có suy nghĩ muốn tự tử nhiều

• Giving away one's belongings
- Cho hết đồ thuộc về bản thân

• Threatening to kill or hurt oneself or others
- Hăm doạ muốn làm hại bản thân hoặc người khác

• Hearing or seeing things others believe are not There
- Nghe hoặc thấy những gì người bình thường không tin tưởng

FOR A MENTAL HEALTH EMERGENCY:

TRONG CƠN CẤP CỨU SỨC KHOẺ TÂM LÝ:

• Call **911** or go to a hospital emergency room
- Gội 911 hoặc đi tới phồng cấp cứu tại bệnh viện gần nhất

• Call your doctor or mental health specialist
- Gội bác sĩ của quý vị hoặc một chuyên gia tâm lý

• Call the **ACCESS AND CRISIS LINE:**
- **Gội ĐƯỜNG GIÂY KHỦNG HOẢNG:**

1-800-479-3339

FOR AFTER HOURS/WEEKEND:

TRONG GIỜ ĐÓNG CỬA/CUỐI TUẦN:
Adults: Call 1-800-479-3339
Người Lớn: Gội 1-800-479-3339
Children: Call the Emergency Screening Unit
Trẻ em: Gội Bộ Khám Nghiệm Cấp
(ESU): 619-421-6900

NEED MORE INFORMATION?
CẦN THÊM TIN TỨC?

If you would like more information about your rights, the Grievance and Appeal Process or other State requirements, please ask your provider for the complete **Guide to Medi-Cal Mental Health Services** or call 619-563-2788 for a copy.

Nếu quý vị muốn được thêm tin tức về quyền lợi của mình, mối bất bình và khiếu nại hoặc các nhu cầu Tiểu Bang khác, xin hỏi trung tâm sức khoẻ cho quý vị quyển sách đầy đủ Guide to Medi-Cal Mental Health Services hoặc gọi 619-563-2788 để nhận được một quyển.

Specialty Mental Health Services
Các Dịch Vụ Sức Khoẻ Tâm Lý Đặt Biệt

Specialty mental health services are provided through the County of San Diego Mental Health Plan, which is separate from your physical health care. The Mental Health Plan is committed to providing quality mental health services to eligible adults, older adults, and children experiencing serious and persistent mental health problems. Mental health services are confidential and are based on the belief that people can, and do, recover from mental illness. Even though asking for help with mental health problems may be a challenge, help is just a phone call away.

Dịch vụ sức khoẻ tâm lý đặt biệt được phục vụ qua Kế Hoạch Sức Khoẻ Tâm Lý San Diego, nhưng không dính liếu tới bộ dịch vụ sức khoẻ thể chất. Kế Hoạch Sức Khoẻ Tâm Lý cố gắng đêm lại dịch vụ sức khoẻ tâm lý tốt nhất cho người lớn, người cao niên, và trẻ em đang trải qua bệnh tâm lý trầm trọng và lâu dài. Các dịch vụ sức khoẻ tâm lý được giữ bí mật và ở trong niềm tinh rằng người bệnh có thể, và sẻ bình phục lại. Cho dù hỏi giúp đở về bệnh tâm lý là một điều thật khó làm, sự giúp đở đó chỉ cách xa một điện thoại mà thôi.

For more information or for help with mental health problems, call the Access and Crisis Line: 800-479-3339
Để được thêm tin tức hoặc giúp đở vì vấn đề tâm lý, gọi Đường Giây Khủng Hoảng: 800-479-3339

This toll-free number is available 24 hours, 7days/week and provides counselors who can answer your questions and provide referrals for mental health care. TYY 619-641-6992

Số điện thoại miến phí này trức tiếp 24 tiếng, 7 ngày/tuần và có chuyên gia cố vấn có thể chả lời các câu hỏi quý vị có và giới thiệu chó quý vị tới các chương trình chăm sớc sức khoẻ tâm lý khác.
Đường Giây Khủng Hoảng Cho Người Điếc TTY 619-641-6992

County of San Diego
Board of Supervisors
Greg Cox, District 1
Dianne Jacob, District 2
Pam Slater-Price, District 3
Ron Roberts, District 4
Bill Horn, District 5
Chief Administrative Officer
Walter F. Ekard

Tỉnh San Diego
Bộ Giám Sát
Greg Cox, Quận 1
Dianne Jacob, Quận 2
Pam Slater-Price, Quận 3

Ron Roberts, Quận 4
Bill Horn, Quận 5
Giám Sát Trưởng về Hành Chính
Walter F. Ekard

County of San Diego Health and Human Services Agency
Health and Human Services Agency Director
Nick Macchione
Cơ Quan Sức Khoẻ và Dịch Vụ Nhân Dân Tỉnh San Diego
Giám Đốc Cơ Quang Sức Khoẻ và Dịch Vụ Nhân Dân
Nick Macchione

Behavioral Health Services
Adult/Older Adult Mental Health Services & Children Mental Health Services
Behavioral Health Services Director
Jennifer Schaffer, Ph.D.
Mental Health Director
Alfredo Aguirre
Clinical Director
Marshall Lewis, M.D.

Dịch Vụ Sức Khoẻ Trạng Thái
Dịch Vụ cho Người Lớn/Cao Niên và Trẻ Em
Giám Đốc Dịch Vụ Sức Khoẻ Trạng Thái
Jennifer Schaffer, Ph.D.
Giám Đốc Sức Khoẻ Tâm Lý
Alfredo Aguirre
Giám Đốc Buồng Bệnh
Marshall Lewis, M.D.

QUICK GUIDE
A Quick Guide to Mental Health Services For Adults, Older Adults, and Children

TÀI LIỆU NGẮN
Bản Tài Liệu Ngắn về Các Dịch Vụ Sức Khoẻ Tâm Lý Cho Người Lớn, Cao Niên, và Trẻ Em

SPECIALTY MENTAL HEALTH SERVICES	خدمات متخصصة للصحة العقلية:
• For people with Medi-Cal, limited insurance or without insurance	- للأعضاء في ميدي-كال، لذوي برنامج تأمين محدود و لمن لا يملكون تأميناً صحياً.
• Provided to children, adolescents, young adults, adults, older adults, and families	- متوفرة للأطفال والمراهقين والبالغين اليافعين والبالغين والبالغين المسنين والعائلات.
• Available county wide	- متوفرة في كافة أنحاء الولايات المتحدة.
• Provides culturally appropriate care	- توفر عناية تتوافق مع ثقافة كل زبون.
TYPES OF SERVICES WHICH MAY BE AVAILABLE	أنواع الخدمات التي قد تكون متوفرة:
• Mental health assessments	- تقييم الصحة العقلية
• Group and individual therapy	- جلسات علاج فردية أو جماعية.
• Brief crisis intervention and 24-hour psychiatric emergency care	- تدخل وجيز في حال وجود أزمة وخدمة طب عقلي للحالات الطارئة على مدار الساعة.
• Medication support services	- خدمات دعم وتوفير الأدوية.
• Integrated services for mental health and substance abuse issues	- خدمات متخصصة بمشاكل الصحة العقلية والإدمان.
• Client and family peer support services	- خدمات دعم للأفراد والعائلات.
• Child and adult psychiatric hospitalization	- خدمات استشفاء لمرضى الصحة العقلية الأطفال والبالغين.
• Adult residential care	- عناية في المنزل للبالغين
• Case management and conservatorship	- إدارة الحالات والحرص على وقايتها.
• Services to homeless persons	- خدمات للمشرّدين.
• Recovery-oriented clubhouses	- نوادي منزلية مخصصة للزبائن على طريق الشفاء.
• Vocational and employment services	- خدمات توظيف وخدمات مهنية.
• Children's outpatient school-based services	- خدمات متوفرة في المدارس للأولاد غير المقيمين في المستشفى.
• Day treatment, wraparound, and therapeutic behavioral services for children	- علاجات يومية وخدمات لمعالجة سلوك الأولاد.
SAN DIEGO'S MENTAL HEALTH PLAN PROVIDES:	توفر خطة مقاطعة سان دييغو للصحة العقلية الخدمات التالية:
• A system to meet the needs of persons of diverse values, beliefs, orientations, races, and religions	- برنامج يلبي حاجات الأشخاص على اختلاف قيمهم وقناعاتهم وتوجهاتهم وأعراقهم ودياناتهم.
• Services in your preferred language or free interpreter services	- خدمات في اللغة التي تناسبك أو ترجمة فورية مجانية.
• Providers with cultural/language specialties	- متخصصون يتمتعون بمعرفة معمقة في الثقافة/اللغة الخاصة

	بك.
• Culturally appropriate assessments and treatments	- علاج وتشخيص الحالات بما يناسب ثقافة الزبون.
• Information in other languages and alternate formats for the visually and hearing impaired	- معلومات بلغات مختلفة وبوسائل تناسب الزبائن الذين يعانون من مشاكل في السمع أو البصر.
YOUR RIGHTS UNDER YOUR MENTAL HEALTH PLAN	**حقوقك بموجب خطة الصحة العقلية:**
• Be treated with dignity and respect in a language you can understand	- أن يتم التعامل معك باحترام ونزاهة وبلغة تفهمها.
• Receive information on available treatment options and alternatives presented in a manner you understand	- أن تتلقى، بطريقة واضحة، معلومات حول مختلف العلاجات والخيارات البديلة المتوفرة.
• Participate in decisions about your mental health care	- أن تشارك في القرارات المتعلقة بمعالجة صحتك العقلية.
• Receive informational materials about the services covered by your Mental Health Plan	- أن تتلقى وثائق تتضمن معلومات حول الخدمات التي تغطيها خطتك الخاصة بالصحة العقلية.
• Request and receive a copy of your mental health medical records and request they be amended or corrected	- أن تطلب نسخة عن السجلات الطبية الخاصة بصحتك العقلية وأن تطلب تعديلها أو تصحيحها.
• Receive specialty mental health services	- أن تتلقى خدمات متخصصة بالصحة العقلية.
• Be free from any form of restraint or seclusion as specified in federal rules	- أن تكون محرراً من أي قيود أو من العزل بموجب القوانين الفدرالية.
• Have the right to refuse treatment	- أن يكون لك الحق برفض العلاج.
You Can Get Help Resolving A Problem If You Are Not Satisfied With Your Mental Health Care	**يمكنك طلب المساعدة في حل مشكلتك إذا كنت غير راض عن عناية الصحة العقلية التي تتلقاها**
A Patient Advocate can help you.	يمكن لمؤيد المريض أن يساعدك
For problems with inpatient or 24-hour residential services, call the JFS Patient Advocacy Program at.	لمشاكل مع خدمات المرضى المقيمين أو خدمة المنزل على مدار الساعة، الرجاء الاتصال ببرنامج دعم المريض JFS على الرقم التالي: 800-479-2233
For problems with outpatient and any other type of mental health services, call the Consumer Center for Health Education and Advocacy (CCHEA) toll-free at.	للمشاكل مع خدمات المرضى غير المقيمين وكافة الخدمات الأخرى، الرجاء الاتصال بـ Consumer Center for Health Education and Advocacy (CCHEA) على الرقم المجاني التالي: 877-734-3258.
If you have a grievance about your mental health care, want to appeal a decision that limlts your care, or want to find out the status of an appeal or grievance, you may contact one of the agencies listed above. Medi-Cal	إذا كنت تريد أن تتقدم بشكوى تتعلق بعناية الصحة العقلية التي تتلقاها أو أنك تريد طلب استئناف قرار اتخذ بشأن الحد من العناية التي تتلقاها أو أنك تريد التحقق من وضع الشكوى أو طلب الاستئناف التي تقدمت به، يمكنك الاتصال بإحدى الوكالتين المذكورتين أعلاه. ويتمتع أعضاء برنامج ميدي-كال بالخدمات والحقوق المنصوص عليها في قوانين

beneficiaries have access to services and rights as specified in State and Federal regulations.	الولاية والقوانين الفدرالية.
You can also file an expedited appeal when the standard process could seriously jeopardize life, health or the ability to attain, maintain or regain maximum function.	كما يمكنك التقدم بطلب استئناف معجّل إذا ما شعرت أن بطء سير الإجراءات العادية قد يهدّد حياتك أو صحتك أو قدرتك على ممارسة نشاطك الطبيعي أو الحفاظ عليه أو استعادته.
For Information and Advocacy on Accessing Physical Health Care Services, Call:	للمعلومات والدعم في تلقي خدمات العناية بالصحة الجسدية، الرجاء الاتصال بـ:
The Consumer Center for Health Education and Advocacy (CCHEA) helps low income residents access the health care system.	يساعد Consumer Center for Health Education and Advocacy (CCHEA) السكان ذوي الدخل المحدود على الاستفادة من برنامج العناية الصحية 877-734-3258.
HELPFUL TELEPHONE NUMBERS	**أرقام هاتفية للحصول على المساعدة**
Access and Crisis Line	خط الدخول والأزمات 800-479-3339
Access and Crisis Line TTY	خط الدخول والأزمات TTY 619-641-6992
Peer to Peer Support, 5-11pm daily	خط الدعم المباشر، يومياً من الساعة 5 إلى 11 مساءً
Adult Warm Line	خط مساعدة البالغين 800-930-9276
Youth Warm Line	خط مساعدة اليافعين 877-450-5463
Family Warm Line	خط مساعدة العائلات 877-470-5463
Community Resource Information & Referrals	مراجع ومعلومات مرجعية حول المجتمع المحلي 2-1-1
NAMI San Diego (National Alliance on Mental Illness)	NAMI في سان دييغو الاتحاد الوطني للأمراض العقلية (National Alliance on Mental Illness) 619-543-1434
San Diego County Mental Health Administration	إدارة مقاطعة سان دييغو للصحة العقلية 619-563-2700
Mental Health Association (Self Help Groups)	جمعية الصحة العقلية (جماعات مساعدة الذات) 619-543-0412
INTERNET RESOURCES	**مراجع على شبكة الإنترنت**
San Diego County Mental Health Services	خدمات الصحة العقلية التابعة لمقاطعة سان دييغو org.networkofcare.www
County of San Diego Website	موقع مقاطعة سان دييغو الإلكتروني gov.ca.sdcounty.www
Social Security	الضمان الاجتماعي gov.ssa.www
Disability Benefits Information	معلومات حول مساعدات ذوي الإعاقات

	gov.hhs.cms.www
Inform San Diego (Social Services Database)	إعلام سان دييغو (قاعدة معلومات عن الخدمات الاجتماعية) com.informsandiego.www

When Does A Person Need Help?	متى يحتاج الفرد إلى المساعدة؟
• Severe feelings of sadness, hopelessness, crying spells	- شعور عميق بالحزن واليأس ونوبات بكاء.
• Severe anxiety or panic attacks	- نوبات قلق وذعر خطيرة.
• Extreme mood swings with impulsive dangerous or bizarre behavior	- تقلبات شديدة في المزاج وسلوك خطير أو متهوّر أو غريب.
• Serious behavior problems with a child	- تصرفات خطيرة مع طفل.
• Mental health problems affected by substance abuse	- مشاكل في الصحة العقلية ناتجة عن الإدمان.
• Frequent suicidal thoughts	- التفكير باستمرار بالانتحار.
• Giving away one's belongings	- منح الآخرين كل ما تملكه.
• Threatening to kill or hurt oneself or others	- التهديد بإيذاء أو قتل النفس أو الآخرين.
• Hearing or seeing things or others believe are nor there	- رؤية أو سماع أمور لا يعتقد الآخرون بوجودها.
FOR A MENTAL HEALTH EMERGENCY:	**في حال مشكلة طارئة في الصحة العقلية:**
• Call **911** or go to a hospital emergency room	إتصل بـ911 أو توجه إلى غرفة الطوارئ في المستشفى
• Call your doctor or mental health specialist	اتصل بطبيبك أو باختصاصي الصحة العقلية
• Call the **ACCESS AND CRISIS LINE:**	اتصل بـAccess and Crisis Line على الرقم 1-800-479-3339
FOR AFTER HOURSIWEEKEND:	**للاتصال بعد ساعات العمل أو في عطلة نهاية الأسبوع:**
Adults: Call	يمكن للبالغين الاتصال على 1-800-479-3339
Children: Call the Emergency Screening Unit	يمكن للأولاد الاتصال بوحدة الطوارئ للتشخيص Emergency Screening Unit (ESU) على الرقم 619-421-6900
NEED MORE INFORMATION?	**هل تحتاج إلى المزيد من المعلومات؟**
If you would like more information about your rights, the Grievance and Appeal Process or other State requirements, please ask your provider for the complete **Guide to Medi-Cal Mental Health Services** or call for a copy.	إذا أردت معرفة المزيد عن حقوقك، عن عملية التقدم بطلب شكوى أو استئناف، يمكنك أن تطلب من الاختصاصي أن يعطيك الدليل الكامل بعنوان "دليل خدمات ميدي كال للصحة العقلية" Guide To Medi-Cal Mental Health Services أو يمكنك الاتصال على الرقم 619-563-2788 للحصول على نسخة.
Specialty Mental Health Services	**الخدمات المختصة بالصحة العقلية:**
Specialty mental health services are provided through the County of San Diego Mental Health Plan, which is separate from your physical health care. The Mental Health Plan is committed to providing quality mental health services to eligible adults, older adults, and children experiencing serious and persistent mental	يتم توفير الخدمات المختصة بالصحة العقلية من خلال خطة الصحة العقلية الخاصة بمقاطعة سان دييغو، وهي بالتالي غير مرتبطة بعناية الصحة الجسدية. وتلتزم خطة الصحة العقلية بتوفير أفضل خدمات الصحة العقلية لمن يتأهل من البالغين والبالغين والمسنين والأولاد الذين يعانون من مشاكل خطيرة ومستمرة في صحتهم العقلية. وتبقى خدمات الصحة العقلية سرّية، كما أنها تقوم على قناعتنا بأن الناس قادرون على

health problems. Mental health services are confidential and are based on the belief that people can, and do, recover from mental illness. Even though asking for help with mental health problems may be a challenge, help is just a phone call away.	الشفاء من الأمراض العقلية وأنهم فعلاً يشفون بعد العلاج. لا شك أن طلب المساعدة في معالجة مشاكل في الصحة العقلية أمر صعب، لكن ما عليك إلا أن تجري مكالمة هاتفية لتحصل على المساعدة.
For more information or for help with mental health problems, call the **Access and Crisis Line**	للمزيد من المعلومات أو للمساعدة في مشاكل الصحة العقلية، الرجاء الاتصال بخط الدخول والأزمات Access and Crisis Line على الرقم 800-479-3339 :
This toll-free number is available 24 hours, 7 days/week and provides counselors who can answer your questions and provide referrals for mental health care.	يمكنك الاتصال على هذا الرقم مجاناً وعلى مدار الساعة، كافة أيام الأسبوع للتحدث إلى مستشارين يستطيعون الإجابة على أسئلتك وتوفير مراجع للعناية بالصحة العقلية. TTY 619-641-6992
County of San Diego	مقاطعة سان دييغو
Board of Supervisors	مجلس المشرفين
District 1	غريغ كوكس، منطقة 1
District 2	دايان جايكوب، منطقة 2
District 3	بام سلايتر برايس، منطقة 3
District 4	رون روبرتس، منطقة 4
District 5	بيل هورن، منطقة 5
Chief Administrative Officer	المدير الإداري المسؤول
	والتر ف. إكرد
County of San Diego	مقاطعة سان دييغو
Health and Human Services Agency	وكالة الخدمات الصحية والإنسانية
Health and Human Services Agency Director	مدير وكالة الخدمات الصحية والإنسانية
	نيك ماكيون
Behavioral Health Services	خدمات الصحة السلوكية
Adult/Older Adult Mental Health Services	خدمات الصحة العقلية للبالغين والبالغين المسنين
& Children's Mental Health Services	وخدمات الصحة العقلية للأولاد
Behavioral Health Services Director	مديرة خدمات الصحة السلوكية
Jennifer Schaffer, PhD.	د. جينيفر شيفر
Mental Health Services Director	مدير خدمات الصحة العقلية ألفريدو أغيرّي
Clinical Director	المدير السريري
Marshall Lewis, MD.	د. مارشال لويس
QUICK GUIDE	الدليل السريع
A Quick Guide to Mental Health Services For Adults, Older Adults, and Children	الدليل السريع إلى خدمات الصحة العقلية للبالغين والبالغين المسنين والأولاد

SPECIALTY MENTAL HEALTH SERVICES	**MGA DALUBHASANG SERBISYO SA KALUSUGAN NG KAISIPAN**
• For people with Medi-Cal, limited insurance or without insurance	• Para sa mga taong may Medi-Cal, limitadong seguro o walang seguro
• Provided to children, adolescents, young adults, adults, older adults, and families	• Para sa mga bata, mga kabataan, mga nagbibinata't nagdadalaga, mga nasa gulang, mga may edad na, at mga pamilya
• Available county wide	• Magagamit sa buong county
• Provides culturally appropriate care	• Nagkakaloob ng pangangalaga na angkop sa kultura
TYPES OF SERVICES WHICH MAY BE AVAILABLE	**MGA URI NG SERBISYO NA MAARING IPAGKALOOB**
• Mental health assessments	• Mga pagtatasa sa kalagayan ng pag-iisip
• Group and individual therapy	• Terapi para sa grupo o sa indibidwal
• Brief crisis intervention and 24-hour psychiatric emergency care	• Panandaliang tulong sa krisis at 24 oras na pangangalaga sa saykayatrik na emerhensiya
• Medication support services	• Sebisyong tulong sa mga gamot
• Integrated services for mental health and substance abuse issues	• Magkaugnay na serbisyo para sa kalusugan sa kaisipan at sa mga isyung dulot ng pag-abuso sa droga
• Client and family peer support services	• Serbisyong suporta mula sa kauri para sa indibidwal at pamilya
• Child and adult psychiatric hospitalization	• Saykayatrik na pangongospital para sa bata at matanda
• Adult residential care	• Pangangalaga sa bahay para sa may sapat na gulang
• Case management and conservatorship	• Pangangasiwa sa kaso at pagganap ng ligal na pananagutan bilang tagapangalaga
• Services to homeless persons	• Serbisyo sa mga walang matirhan
• Recovery-oriented clubhouses	• Mga bahay-kapisanan na nakatuon sa pagpapagaling ng kalusugan
• Vocational and employment services	• Mga serbisyong bokesyonal at pang-empleyo
• Children's outpatient school-based services	• Mga outpatient na serbisyong medikal na pambata sa mga paaralan
• Day treatment, wraparound, and therapeutic behavioral services for children	• Pang-araw na gamutan, wraparound at mga sikolohikal na serbisyong pambata
SAN DIEGO'S MENTAL HEALTH PLAN PROVIDES:	**IPINAGKAKALOOB NG PLANO SA KALUSUGAN NG KAISIPAN NG SAN DIEGO ANG:**
• A system to meet the needs of persons of diverse values, beliefs, orientations, races, and religions	• Isang sistemang tumutugon sa mga pangangailangan ng mga taong may iba't ibang pinahahalagahan, pinaniniwalaan, oryentasyon, lahi, at relihiyon
• Services in your preferred language or free interpreter services	• Mga serbisyo sa wikang nais mo o kaya'y may libreng serbisyo sa pagsasalin
• Providers with cultural/language specialties	• Mga nagbibigay serbisyo na dalubhasa sa kultura/wika

• Culturally appropriate assessments and treatments	• Mga pagtatasa at paggagamot na angkop sa kultura
• Information in other languages and alternate formats for the visually and hearing impaired	• Impormasyon sa iba't ibang wika at mga alternatibong pamamaraan para sa maykapansanan sa mata at sa pandinig
YOUR RIGHTS UNDER YOUR MENTAL HEALTH PLAN	**MGA KARAPATAN MO SA PLANO SA KALUSUGAN NG KAISIPAN**
• Be treated with dignity and respect in a language you can understand	• Pakitunguhan nang may dangal at paggalang sa wikang iyong nauunawaan
• Receive information on available treatment options and alternatives presented in a manner you understand	• Tumanggap ng impormasyon sa paraang mauunawaan mo ukol sa mga iba't ibang uri ng panggagamot at mga alternatibo dito
• Participate in decisions about your mental health care	• Makibahagi sa pagdedesisyon ukol sa pangangalaga sa iyong kalusugan sa kaisipan
• Receive informational materials about the services covered by your Mental Health Plan	• Tumanggap ng mga materyales na may impormasyon sa mga serbisyong ipinagkakaloob ng iyong Plano sa Kalusugan ng Kaisipan
• Request and receive a copy of your mental health medical records and request they be amended or corrected	• Humiling at tumanggap ng kopya ng rekord ukol sa inyong kalusugan ng kaisipan at humiling na ito'y baguhin o iwasto
• Receive specialty mental health services	• Tumanggap ng makadalubhasang serbisyo sa kalusugan ng kaisipan
• Be free from any form of restraint or seclusion as specified in federal rules	• Maging ligtas sa anumang uri ng pagpipigil o paghihiwalay sa iyo ayon sa tuntuning Pederal
• Have the right to refuse treatment	• May karapatang tumanggi sa panggagamot
You Can Get Help Resolving A Problem If You Are Not Satisfied With Your Mental Health Care	**Maari Kang Matulungan Sa Paglutas Ng Suliranin Kung Sakaling Hindi Ka Nasisiyahan Sa Tinatanggap Na Pangangalaga Sa Kalusugan ng Kaisipan**
A Patient Advocate can help you.	Mayroong tagataguyod ng mga pasyente na makakatulong sa iyo.
For problems with inpatient or 24-hour residential services, call the JFS Patient Advocacy Program at **800-479-2233**.	Para sa mga problema ng pasyente sa ospital o para sa 24-oras na serbisyong pambahay, tumawag sa JFS Patient Advocacy Program sa **800-479-2233.**
For problems with outpatient and any other type of mental health services, call the Consumer Center for Health Education and Advocacy (CCHEA) toll-free at **877-734-3258**.	Para sa mga problema ng pasyente sa labas ng ospital at iba pang uri ng mga serbisyo sa kalusugan ng kaisipan, tumawag sa Consumer Center for Health Education and Advocacy (CCHEA) toll-free sa **877-734-3258.**
If you have a grievance about your mental health care, want to appeal a decision that limlts your care, or want to find out the status of an appeal or grievance, you may contact one of the agencies listed above. Medi-Cal beneficiaries have access to services and rights	Kung mayroon kang reklamo ukol sa tinatanggap na pangangalaga sa kalusugan ng kaisipan, nais umapela ng desisyong naglilimita sa iyong pangangalaga, o nais mong malaman ang katayuan ng iyong apela o ipinaabot na karaingan, maari mong tawagan ang anumang ahensyang nakalista sa itaas. Ang mga tumatanggap ng Medi-Cal ay tatanggap ng mga

as specified in State and Federal regulations.	serbisyo at karapatan na tinutukoy ng mga tuntuning Pederal at Estado.
You can also file an expedited appeal when the standard process could seriously jeopardize life, health or the ability to attain, maintain or regain maximum function.	Maari ka ring magharap ng madaliang apela kapag ang karaniwang proseso ay maglalagay sa peligro ng iyong buhay, kalusugan o kakayahang magampanan, mamintina o manumbalik ang iyong buong kakayahan.
For Information and Advocacy on Accessing Physical Health Care Services, Call:	**Para sa Impormasyon at Tulong sa Pagtanggap ng Pisikal na Serbisyo sa Pangangalaga ng Kalusugan, Tumawag sa:**
The Consumer Center for Health Education and Advocacy (CCHEA) helps low income residents access the health care system. **877-734-3258**	Ang Consumer Center for Health Education and Advocacy (CCHEA) ay tumutulong sa mga mababa ang sahod upang makabahagi pa rin sila sa sistema ng pangangalaga sa kalusugan. **877-734-3258**
HELPFUL TELEPHONE NUMBERS	**MGA MAARING TAWAGAN NA TELEPONO**
Access and Crisis Line **800-479-3339**	Access and Crisis Line **800-479-3339**
Access and Crisis Line TTY **619-641-6992**	Access and Crisis Line TTY **619-641-6992**
Peer to Peer Support, 5-11pm daily	Peer to Peer Support, 5-11pm araw-araw
Adult Warm Line **800-930-9276**	Adult Warm Line **800-930-9276**
Youth Warm Line **877-450-5463**	Youth Warm Line **877-450-5463**
Family Warm Line **877-470-5463**	Family Warm Line **877-470-5463**
Community Resource Information & Referrals **2-1-1**	Community Resource Information & Referrals **2-1-1**
NAMI San Diego	NAMI San Diego
(National Alliance on Mental Illness) **619-543-1434**	(National Alliance on Mental Illness) **619-543-1434**
San Diego County Mental Health Administration **619-563-2700**	San Diego County Mental Health Administration **619-563-2700**
Mental Health Association	Mental Health Association
(Self Help Groups) **619-543-0412**	(Self Help Groups) **619-543-0412**
INTERNET RESOURCES	**MGA MAHAHANAP SA INTERNET**
San Diego County Mental Health Services **www.networkofcare.org**	San Diego County Mental Health Services **www.networkofcare.org**
County of San Diego Website www.sdcounty.ca.gov	County of San Diego Website www.sdcounty.ca.gov
Social Security **www.ssa.gov**	Social Security **www.ssa.gov**
Disability Benefits Information	Disability Benefits Information

www.cms.hhs.gov	www.cms.hhs.gov
Inform San Diego (Social Services Database) www.informsandiego.com	Inform San Diego (Social Services Database) www.informsandiego.com

When Does A Person Need Help?	Kailan Nangangailangan Ng Tulong Ang Isang Tao?
• Severe feelings of sadness, hopelessness, crying spells	• Kapag mayroong matinding kalungkutang nadarama, kawalan ng pag-asa, tuwi-tuwinang pag-iiyak
• Severe anxiety or panic attacks	• Pasumpong-sumpong na matinding pagkakabahala o pagkataranta
• Extreme mood swings with impulsive dangerous or bizarre behavior	• Malubhang pabagu-bago ng kalooban kasabay ng mapusok, mapanganib o kakaibang kilos
• Serious behavior problems with a child	• Seryosong problema sa inaasal habang kasama ang bata
• Mental health problems affected by substance abuse	• Problema sa kaisipan na dulot ng paggamit ng droga
• Frequent suicidal thoughts	• Madalas na pag-iisip sa pagpapatiwakal
• Giving away one's belongings	• Pinamimigay na lamang ang mga kagamitan
• Threatening to kill or hurt oneself or others	• Nagbabantang pumatay o saktan ang sarili o iba
• Hearing or seeing things or others believe are nor there	• Nakakarinig o nakakakita ng mga bagay na sa tingin ng iba ay wala naman roon
FOR A MENTAL HEALTH EMERGENCY:	**PARA SA EMERHENSIYA SA KALUSUGAN NG KAISIPAN:**
• Call **911** or go to a hospital emergency room	• Tumawag sa **911** o pumunta sa emergency room ng ospital
• Call your doctor or mental health specialist	• Tawagan ang iyong doktor o espesyalista sa kalusugan ng kaisipan
• Call the **ACCESS AND CRISIS LINE: 1-800-479-3339**	• Tawagan ang **ACCESS AND CRISIS LINE: 1-800-479-3339**
FOR AFTER HOURSIWEEKEND:	**PARA SA MGA ORAS NA WALA NANG OPISINA/SABADO'T LINGGO:**
Adults: Call 1-800-479-3339	**Mga Nakatatanda**: Tumawag sa 1-800-479-3339
Children: Call the Emergency Screening Unit	**Mga Bata**: Tawagan ang Emergency Screening Unit
(ESU): 619-421-6900	(ESU): 619-421-6900
NEED MORE INFORMATION?	**KAILANGAN MO PA BA NG MAS MARAMING IMPORMASYON?**
If you would like more information about your rights, the Grievance and Appeal Process or other State requirements, please ask your provider for the complete **Guide to Medi-Cal Mental Health Services** or call 619-563-2788 for a copy.	Kung nais mo pa ng mas maraming impormasyon sa iyong mga karapatan, sa Proseso ng Pagreklamo at Pag-apela o iba pang itinatakda ng Estado, hilingin lamang sa iyong tagapangasiwa ng plano ang kumpletong **Guide to Medi-Cal Mental Health Services** o tumawag sa 619-563-2788 para makakuha ng kopya.

Specialty Mental Health Services	**Mga Dalubhasang Serbisyo sa Kalusugan ng Kaisipan**
Specialty mental health services are provided through the County of San Diego Mental Health Plan, which is separate from your physical health care. The Mental Health Plan is committed to providing quality mental health services to eligible adults, older adults, and children experiencing serious and persistent mental health problems. Mental health services are confidential and are based on the belief that people can, and do, recover from mental illness. Even though asking for help with mental health problems may be a challenge, help is just a phone call away.	Ang mga dalubhasang serbisyo ay ipinagkakaloob sa pamamagitan ng Plano sa Kalusugan ng Kaisipan ng County of San Diego, na hiwalay pa sa iyong pisikal na pangangalaga ng kalusugan. Ang Plano sa Kalusugan ng kaisipan ay nangangakong ipagkaloob ang serbisyo sa kalusugan ng kaisipan na may kalidad para sa mga angkop na nasa gulang, mga nakatatanda at mga bata na nakakaranas ng seryoso at nagpapatuloy na problema sa kalusugan sa kaisipan. Ang mga serbisyo sa kalusugan ng kaisipan ay kompidensyal at nakabatay sa pananalig na maari at nagagawa pang gumaling ng mga tao mula sa sakit sa kaulusugan ng kaisipan. Kahima't ang paghingi ng tulong para sa mga problema sa kalusugan ng kaisipan ay isang paghamon, isang tawag lamang ang kailangan para ikaw ay matulungan.
For more information or for help with mental health problems, call the	Para sa mas maraming impormasyon o tulong sa problema sa kalusugan ng kaisipan, tawagan ang
Access and Crisis Line: 800-479-3339	**ACCESS AND CRISIS LINE: 800-479-3339**
This toll-free number is available 24 hours, 7 days/week and provides counselors who can answer your questions and provide referrals for mental health care.	Itong numerong toll-free ay maaring tawagan ng 24 oras, 7 araw sa isang linggo para makipag-usap sa mga counselor na sasagot sa iyong mga katanungan at magbibigay ng mga maari ninyong maisangguni ukol sa pangangalaga sa kalusugan ng kaisipan.
TTY **619-641-6992**	**TTY 619-641-6992**
County of San Diego	**County of San Diego**
Board of Supervisors	Board of Supervisors
Greg Cox, District 1	Greg Cox, District 1
Dianne Jacob, District 2	Dianne Jacob, District 2
Pam Slater-Price, District 3	Pam Slater-Price, District 3
Ron Roberts, District 4	Ron Roberts, District 4
Bill Horn, District 5	Bill Horn, District 5
Chief Administrative Officer Walter F. Ekard	Chief Administrative Officer Walter F. Ekard
County of San Diego	**County of San Diego**
Health and Human Services Agency	**Health and Human Services Agency**
Health and Human Services Agency Director Nick Macchione	Health and Human Services Agency Director Nick Macchione

Admission Date: 3/24/2010 Ar pated Discharge Date: 9/24/2010_ Service ☒MHS ☐CM/BR ☐Day Program ☐Meds

☒**Outpatient Treatment Sessions Authorized: 13_**

☐**Outpatient Treatment Sessions Authorized for AB2726 Clients (as documented in current IEP):** _____

☐**Day treatment Interval Covered by Client Plan: From: _3/24/2010____To: _9/24/2010__ Months Authorized: __6**

☐**OP Interval Covered (exception from COTR): From:** _____ **To:** _____ **Months Authorized:** _____

Client offered copy of plan? ☒Yes ☐No

Explained in Client's Primary Language which is ☐English ☐Spanish ☐Vietnamese ☒Arabic ☐ _____

If not, explain: _____

Explained in Guardian's Primary Language which is ☐English ☐Spanish ☐Vietnamese ☒Arabic ☐ _____

If not, explain: _____

Client's Strengths: faith, love_____

Client's Challenges: PTSD symptoms and lack of motivation, poor self-esteem anger outburst

Client's Presenting Problem/Need # 1: Posttraumatic stress disorder

Behavior: Recurrent thoughts of the past and feeling ofear **Frequency:** weekly

Behavior: Fights with other **Frequency:** weekly

Behavior: avoidance of the trauma **Frequency:** weekly

Goal/Desired Outcome: Client to improve focus and to decrease distortions of thoughts to reduce the impact on school performance and to improve grades in Math and History, also to decrease anger outburst and to increase adjustment skills

Objective 1: Besman to identify situation, thoughts, and feelings that trigger his anger and target these feelings in the session such as teaching Client calming techniques and to verbalize feelings during sessions

As Measured By: No skipping classes in the school

Achieved On: _____ Staff Name: _____

Objective 2: To express feelings and thoughts in the session and teach Besman thought stopping techniques

As Measured By: Besman to report increase control over his thoughts through sensation of feelings and the consequence of them.

Achieved On: _____ Staff Name: _____

Objective 3: Besman to reduce anger outburst and to recognize and verbalize how feelings are connected to the anger and lack of patience.

As Measured By: Parents to report less fights with parents or others.

Achieved On: _____ Staff Name: _____

Anticipated Duration/Sessions to Achieve Objectives: 07/15/2010

Interventions (specify modality, frequency, and titration plan): monthly group/individual sessions with client. With parents as needed

_____ _____

County of San Diego - CMHS

Client: [redacted]

Case #: [redacted]

CLIENT PLAN
HHSA:MHS-646 (Revised 03/01/2010)

Program: C M S S

Client's Presenting Problem/Ne '2: Adjustment disorder with depressed moc

Behavior: depressive feelings **Frequency:** weekly

Behavior: anger outburst **Frequency:** 2x/week

Goals/Desired Outcomes: Client to report less anger outburst to current living condition and to increase understanding to the family circumstance

Objective 1: discuss and verbalize needs with client and parents

As Measured By: improve parent-client relationship.

Achieved On: Staff Name:

Objective 2: increase satisfaction with current life situation and to set a goal after finishing school

As Measured By: set a goal for life and to work out problems with the father.

Achieved On: Staff Name:

Anticipated Duration/Sessions to Achieve Objectives: six months

Interventions (specify modality, frequency, and titration plan): monthly group/individual sessions with client. With parents as needed

COORDINATION OF CURRENT RESOURCES AND ANTICIPATED TRANSITION / DISCHARGE PLAN

Other Mental Health Services: None

Community Resources: None

Alcohol/Drug Services: Not needed at this time

Referral to Adult Mental Health: ☐Yes ☐No ☒NA (client is under the age of 18) Other:

SIGNATURES:

Client: Date: 4/21/10

☐See progress note dated for explanation when client's signature is not obtained.

Parent/Guardian: Date: 4/21/10

☐No signature due to client being a dependent of the court.

☐See progress note dated for explanation when guardian's signature is not obtained.

Service Staff: Credentials: ASW Date: 4/21/10

Co-Signature if required: Credentials: Date:

UPDATE (for Day Treatment Intensive Programs only):

Client: Date:

☐See progress note dated for explanation when client's signature is not obtained.

Parent/Guardian: Date:

☐No signature due to client being a dependent of the court.

☐See progress note dated for explanation when guardian's signature is not obtained.

Service Staff: Credentials: Date:

Co-Signature if required: Date:

County of San Diego - CMHS

CLIENT PLAN
HHSA:MHS-646 (Revised 03/01/2010)

Client: [redacted]

Case #: [redacted]

Program: C M S S

١- أحاول ان اخفف من الترفسة في البيت واحاول ان اهدأ بقدر ممكن من الوقت

٢- واحاول ان افكر بطريقة موجبة

نها نها

Sarah Jayyousi, LCSW

Date of Service: 8/27/10	Clic. #: [redacted]	Unit: 3230	Unit: 3231
Server ID: 3499	Service Time:: 70	Travel Time:	Documentation Time: 30
Person Contacted: B	Place: A / Outside Facility:	Contact Type: F	Appointment Type: 1
Focus of session Diagnosis: 296.33; 309.81		Service: 10	
Collateral Server ID:	Service Time:	Travel Time:	Documentation Time:

Met with Client and completed ~~the~~ annual mental health assessment, reviewed treatment goals and wrote them in Arabic for Client and Completed the TMR

Sarah Jayyousi LCSW 8/27/10
Signature/Credential Date

Sarah Jayyousi, LCSW #3499
Printed Name/Credential/Server ID#

Co-Signature/Credential Date

Printed Name/Credential/Server ID#

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

PROGRESS NOTE – OTHER SERVICES

Client: [redacted]

Case#: [redacted]

Program: Chaldean Middle Eastern Social Services

Care Coordinator: Sarah Jayyousi Annual Review Date

Goal: To decrease severity of depressive and anxiety symptoms.

Barriers, behaviors, symptoms or obstacles that might jeopardize achieving of goal: Significant Stressors, loss of husband language financial barriers.

Client strengths and abilities to apply toward goal: Client has supportive children & siblings, has strong protective factors, able to develop tx alliance

Objectives (measurable, achievable, time limited, include date:)	Interventions (include frequency, duration)	Person (s) responsible	Date objective completed
Client will develop and discuss coping skills that help ↓ anxiety each tx session.	Explore possible coping skills that can help ↓ level of anxiety.	Therapist & client	
Client will work on learning techniques that help ↓ irritability and improve interpersonal relationships she will discuss this each tx session	Explore various techniques, such as time outs, deep breathing, etc that help ↓ irritability	Therapist & client.	

I participated in the development of this plan and received a copy:

Client signature: [redacted]

Date: 7/16/10

Staff signature: Sarah Jayyousi, LCSW

Date: 7/16/10

Co-signature (if required):

Date:

Client Plan Update

Client signature:

Date:

Client Plan Update

Staff signature:

Date:

Co-signature (if required):

Date:

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

CLIENT PLAN

HHSA:MHS-975 (12/1/2001)

Client: [redacted]

MR/Client ID #: [redacted]

Program: CMSS

7.II.C.5

Aug. 27. 2010 2:41PM CMSS No. 0231 P. 6

1- أزور الحركة

2- المشي

3- زوري الناس

4- للكابوس

5- تتذكري التاريخ

6- وان في امريكا

رمزية

Sarah Jayyousi, LCSW

Completed by: [signature] Signature Mam Title C.M 03/11/10 Date 1:30 Time Spent

Case Number (generated by MHIS):
Date Case Opened:
Provider No.:
Activity No.:

SEX ☒ 1 Male ☐ 2 Female

AGE
☐ 1 0-17 yrs.
☒ 2 18-54 yrs.
☐ 3 55 + yrs.

ETHNIC GROUP
☐ 1 White
☐ 2 African/American
☐ 3 Hispanic
☐ 4 Native American
☐ 5 Chinese
☐ 6 Japanese
☐ 7 Filipino
☐ 8 Indochinese
☒ 9 Other: Chaldean - Iraqi

PREFERRED PRIMARY LANGUAGE
☐ 1 English
☐ 2 Spanish
☒ 3 Other: Chaldean, Arabic

LIVING ARRANGEMENTS
☐ 1 Alone
☒ 2 Family/Relative
☐ 3 With Others
☐ 4 Community Facility
☐ 5 Homeless
☐ 6 Other:

EMPLOYMENT STATUS
☒ 1 Employed
☐ 2 Unemployed
☐ 3 Retired
☐ 4 SSI Disability
☐ 5 Other

Case Completed	☐ Y	☐ N
If case completed:		
Problem Resolved	☐ Y	☐ N
Appropriate Referral made	☐ Y	☐ N
Total Number of Contacts:		

PRIMARY PROBLEM (Check only 1 in each category)

MENTAL ILLNESS
☐ 1 Mood Disorder
☒ 2 Thought Disorder
☒ 3 Anxiety Disorder
☐ 4 Organic Disorder
☒ 5 Other:

SUBSTANCE ABUSE (within 6 months)
☐ 1 Drugs
☐ 2 Alcohol
☐ 3 Poly-substance
☒ 4 None

SITUATIONAL CRISIS
☐ 1 Homeless
☐ 2 Loss/Grief
☐ 3 Family/Parenting
☐ 4 Med. Non-Compliance
☐ 5 Other:
☒ 6 None:

OTHER RISK FACTORS (Multiple entries allowed)
☐ 1 Suicidal
☐ 2 Homicidal/Assaultive
☐ 3 Sexual Trauma
☐ 4 Abuse
☐ 5 Domestic Violence
☒ 6 None

DISPOSITION
☐ 1 Critical Care/EPU
☐ 2 Frontline
☐ 3 CCTC
☐ 4 Crisis Residence
☐ 5 Homeless Team
☐ 6 Senior Team
☐ 7 Other Mental Health – County/Contract
☐ 8 Private Hospital
☐ 9 Mental Health Community
☐ 10 Social Service Program
☐ 11 Legal/Law Enforcement
☐ 12 Medical
☐ 13 Drug/Alcohol Program
☐ 14 Self Help/Support Group
☒ 15 No referral/Crisis Resolved

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

INITIAL SCREENING FORM

HHSA:MHS-922 (2/14/2006)

Client: [redacted]
MR/Client ID #:
Program: CMSS

Date of Service: 8/27/10	Client #: [redacted]	Unit: 3230	SubUnit: 3231
Server ID: 3499	Service Time: 45	Travel Time:	Documentation Time: 15
Person Contacted: C	Place: A / Outside Facility:	Contact Type: F	Appointment Type: 1
Focus of session Diagnosis: 296.3		Service: 30	
Collateral Server ID:	Service Time:	Travel Time:	Documentation Time:

Current Condition (include complaints, symptoms, appearance, cognitive capacity, changes from previous visits, potential for harm, precipitators, strengths): Client reports that her mood is about the same. Reports that she has periods of fearfulness and a high level of irritability. She also reports that family support helps her cope & manage mood Sxs.

Therapeutic Intervention:
Encouraged client to continue utilizing her existing supports. Encouraged ↓ed isolation and ↑ed activities. Explored ways client can ↓ irritability especially with her children. Denied child abuse.

Response to Treatment:
Client was receptive to feedback re: ways she can ↓ irritability, such as reframing and taking time outs when irritable.

Progress Toward Measurable Goals/Objectives:
Discussed progress w/ goal 1 & ↑ coping skills. Client stated that she needs to work on (+) reframing to help her see (+) aspects of her life. Regarding goal 2, client discussed engaging in restful activities to help her ↓ irritability & ↑ rest.

Plan of Care (include indicated client plan changes, next steps, referrals given):
Continue w/ supportive counseling to help client improve mood ↓ irritability & ↑ coping. Clients tx plan was written in Arabic to help reinforce follow through w/ tx goals.

Other Information:

Sarah Jayyousi LCSW 8/27/10
Signature/Credential Date

Sarah Jayyousi LCSW
Printed Name/Credential/Server ID#

Co-Signature/Credential Date Printed Name/Credential/Server ID#

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

INDIVIDUAL PROGRESS NOTE

Client: [redacted]
Case #: [redacted]
Program: CMSS-MH

Care Coordinator: Sarah Jappousi Annual Review Date 2/19/11

Goal: To decrease severity of PTSD and depressive Sxs.

Barriers, behaviors, symptoms or obstacles that might jeopardize achieving of goal: Client experienced significant trauma and losses, language barrier, loss of husband.

Client strengths and abilities to apply toward goal: Client has strong spiritual beliefs and has good support from her son.

Objectives (measurable, achievable, time limited, include date:)	Interventions (include frequency, duration)	Person (s) responsible	Date objective completed
To improve mood & ↓ anxiety client will engage in ⊕ activities such as social visits and walks & will discuss progress each session	Encourage ↓ed isolation ↑ support system & ↑ activities to promote ⊕ mood mgmt	Client & therapist	
To ↑ coping w/ anxiety sxs, Client will rehearse "nightmare protocol" and cognitive reframing & will discuss progress each session	Educate client re. various coping techniques such as deep breathing, & cognitive reframing	Client and therapist	

I participated in the development of this plan and received a copy:

Client signature: [redacted] Staff signature: Sarah Jappousi, LCSW Co-signature (if required):

Date: 2/19/10 Date: 2/19/10 Date:

Client Plan Update [redacted]

Client signature: [redacted] Staff signature: Sarah Jappousi, LCSW Co-signature (if required):

Date: 8/27/10 Date: 8/27/10 Date:

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

CLIENT PLAN

HHSA:MHS-975 (12/1/2001)

Client: [redacted]

MR/Client ID #:

Program: CMSS-MH

1- أزور الحركة

2- المشي

3- زورتي الناس

4- للكابوس

5- تتزكري التاريخ

6- وان في امريكا

رمزية

Sarah Jayyousi, LCSW

County of San Diego
Health and Human Services Agency (HHSA)

SERVICE AUTHORIZATION FORM
Interpreter Services for Clients – Access and Authorization
This form to be completed for one person and one date only

Instructions:

1. Complete Section A to request interpreter services and fax to interpreter service provider selected. **If requesting for multiple appointments, list each appointment time separately.**
2. Complete Section B following services provided or cancelled and fax to interpreter service provider.
3. Retain original form at program site for record of services requested.

Please "X" the provider selected:

	Service Provider	Phone	Fax	Type of Interpreting
X	Interpreter's Unlimited	(800) 726-9891	(858) 430-3804	Oral Interpreter Services
___	Deaf Community Services	(619) 398-2488	(619) 398-2490	American Sign Language
___	Network Interpreting Services	(800) 284-1043	(815) 425-9244	ASL Back up

Section A

The County of San Diego, HHSA has authorized the following interpreting services for client / family member (circle one)

See attached list on 8/30/10. (If under 18, age of child _____).
(Name) (month/day/year)

Type of Appointment	Language Requested	Begin Time	End Time	Requested By
Translation	Arabic	9:00	5:00	

Agency Name: CMSS
Program Name:
Program Address: 343 E. Main St Suite 201 El Cajon 92020
Service Site (if different from program address)
County department to be invoiced:
If requesting for a Mental Health Program, please check one: Children's MH___Adult/OlderAMH___

Approved By: Rose Farida 8/27/10
(Signature of Manager/designee) (Date)

Print Name: Rose Farida
Phone: (619) 631-7400 Fax: (619) 631-7402

Section B

The above service was provided on _____ from _____ to _____ by _____
(Date) (Start Time) (End Time) (Name of Interpreter)

OR

The above service was cancelled on: _____
(Date) (Time)

Interpreter Services Were Provided OR Cancelled As Stated Above:

Verified by: _____
(Manager/designee) (Date)

NOTE: IT IS A HIPAA VIOLATION TO EMAIL ANY DOCUMENT CONTAINING PROTECTED HEALTH INFORMATION (PHI).

[illegible]

CRSIS PLAN
خطة للطوارئ

Early Warning Signs that Need help are:
العلامات المبكرة للحالات الطارئة هي:

1-	الصرف طبع
2-	عندما أريد أن أؤذي نفسي
3-	عندما أشعر بكآبة كبيرة
4-	
5-	

When I have any of these early warning signs I will:
عندما تحدث هذه العلامات المبكرة للحالات الطارئة سوف اقوم بـ :

1-	الاتصال بالشرطة
2-	مركز حماية الطفل او مركز الاغاثة
3-	مركز الاغاثة
4-	
5-	

The resources that I have available to me are: (include telephone numbers):
انا الموارد المتاحة والمتوفرة لمساعدتي في الحالات الطائة هي : (مع ارقم الهواتف)

911	**Police stations** مراكز الشرطة
1-800 344 6000	مركز حماية الطفل **CPS**
1-800 339 4661	مركز حماية الكبار **APS**
1-800 479-3339	مركز الاغاثة **Crisis& Access suicide hotline**

- Client name: I Client Signature [redacted]
  date 4/12/10
- Staff Name S. Haddad Staff Signature
  date 4/12/10

CMASS Subunit 3232 2010/1

Date of Service: 10/5/09 MM / DD / YY	CPT/HCPCS Code:	Location of Service: 1=Office, 2=Field, 3=Phone, 4=Home, 5=School, 6=Satellite, 7=Crisis Field, 8=Jail, 9=Inpatient.
Provider Staff ID: 3481	Total Time: HR: MIN: 0:30	F/P Time: HR: MIN: 0:20
Focus of today's treatment DSM-IV-TR Diagnosis Code(s):	ICD-9-CM Billing Code(s):	

Medications:

Geodon 40mg bid
Trazadone 50mg hs

Target Symptoms

psychosis
sleep

Effect of Medication/Interventions/Level of functioning/ Medication Education

side effects processed in Arabic through a translator. No Major side effects Reported. / med-Management.

NO ☐ YES/☒ Explain Intervention:

SIDE/ADVERSE EFFECTS:)

Compliance: ☒ Yes ☐ No Date/Time of next appointment:

Lab Tests/Other Follow-up Recommended:

Injection Ordered:

M.S.E.

Any medication change? Yes If yes, include rationale for change: changed Risperdal to Geodon.

PLAN:

Rx: PRESCRIPTION Generic Equivalent Permitted

Drug	Strength	Quantity	Refill	Directions
Geodon	40mg	60	2	1 bid
Trazadone	50mg	30	2	1 hs

10/5/09 Date

Prescriber's Signature M.D./D.O.

Allan Adler MD
Prescriber's Name (Print)

Medi-Cal ☐ Yes ☐ No TAR done? Signed Consent?

A25098
CA License No.

FA0707440
DEA Number

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

MEDICATION MANAGEMENT

Client: [redacted]

MR/InSyst #: [redacted] Date of Bir[redacted]

Client Address: [redacted]

Program: [illegible]

HHSA:MHS-928 (01-14-2004)

San Diego County Mental Health Services
Demographic Form

Case #:

Effective Date: 8/5/2010

☒ New (complete all fields) ☐ Update (use RED ink for changes)

CLIENT IDENTIFYING INFORMATION

Client Name: First Name:
Last Name: Suffix:
Middle Name:

Birth Name (if different from above): First Name:
Last Name: Suffix:
Middle Name:

Mailing Address & Telephone Number(s):
Street Address: County:
City/State/Zip: Ext:
Home Phone: Work Phone:
Cell Phone:

Physical Address (if different from above):
Street Address: County:
City/State/Zip:

Social Security #: ☐ Declines or ☐ Unable to provide Social Security #
Birth Date: ☐ Actual ☐ Estimated

Gender: ☒ M-Male ☐ F-Female ☐ O-Other ☐ U-Unknown

Born in US: ☐ Yes ☒ No If No, Country where born:

Born in California: ☐ Yes If Yes, County where born: ☒ No If No, State where born: Iraq

Client Marital Status (Select one only):
☒ 1-Never Married ☐ 2-Married ☐ 4-Divorced ☐ 7-Domestic Partner ☐ 5-Separated ☐ 3-Widowed ☐ 6-Unknown

Ethnicity (select one only):
☒ 1-Not Hispanic ☐ 2-Hispanic – Mexican American/Chicano ☐ 3-Hispanic – Cuban ☐ 4-Hispanic – Puerto Rican
☐ 6-Hispanic – Dominican ☐ 7-Hispanic – Salvadoran ☐ 5-Hispanic – Other/Latino ☐ 9-Unknown/Not Reported

Race Rank 1 to 6 as needed with 1 being primary:

___ A-White/Caucasian
___ B-Black/African American
___ C-Cambodian
___ D-Chinese
___ E-Eskimo/Alaskan Native
___ F-Filipino
___ G-Guamanian
___ H-Hawaiian Native
___ I-Asian Indian
___ J-Japanese
___ K-Korean
___ L-Laotian
___ M-Mien
___ N-Native American
___ O-Other Non-White/ Non-Caucasian
___ P-Other Pacific Islander
___ Q-Hmong
___ R-Other Asian
___ S-Samoan
___ T-Sudanese
___ U-Chaldean
___ V-Vietnamese
___ W-Ethiopian
___ X-Somali
___ Y-Iranian
1 Z-Iraqi
___ 9-Unknown/Not Reported

Language (Complete both client languages. If there is a caretaker, complete caretaker language)
Client Primary: Arabic Client Preferred: Arabic Caretaker Preferred: Arabic
Interpreter Needed? ☐ Yes ☒ No (If either preferred language is other than English, an interpreter is needed)

Employment Status (Check only one value. Starting with "A" check the first one that applies to client):
☐ A-Comp Job 35+ hrs per week
☐ B-Comp Job 20-34 hrs per week
☐ C-Comp Job < 20 hrs per wk
☒ D-Rehab 35+ hrs per wk
☐ E-Rehab 20-34 hrs per wk
☐ F-Rehab < 20 hrs per wk
☐ G-Full Time Job Training
☐ H-Part time Job Training
☐ I-Full Time Student
☐ J-Part Time Student
☐ K-Volunteer
☐ L-Homemaker
☐ M-Retired
☐ N-Unemployed/Seeking Work
☐ O-Unemployed/Not Seeking Work
☐ P-Not in the Labor Force
☐ Q-Resident/Inmate
☐ U-Unknown

Living Arrangement (Check only one value from the list below):
☒ A-House or Apartment
☐ B-House or Apt with Support
☐ C-House or Apt with Daily Supervision
Independent Living Facility
☐ D-Other Supported Housing Program
☐ E-Board & Care – Adult
☐ F-Residential Tx/Crisis Ctr – Adult
☐ G-Substance Abuse Residential Rehab Ctr
☐ H-Homeless/In Shelter
☐ I-MH Rehab Ctr (Adult Locked)
☐ J-SNF/ICF/IMD
☐ K-Inpatient Psych Hospital
☐ L-State Hospital
☐ M-Correctional Facility
☐ O-Other
☐ R-Foster Home-Child
☐ S-Group Home-Child (Level 1-12)
☐ T-Residential Tx Ctr-Child (Level 13-14)
☐ U-Unknown
☐ V-Comm Tx Facility (Child Locked)
☐ W- Children's Shelter

San Diego County Mental Health Services
Demographic Form

Effective Date: [redacted]

Case #:

CLIENT IDENTIFYING INFORMATION ☒ New (complete all fields) ☐ Update (use RED ink for changes)

Client Name:
Last Name: [redacted] | First Name: [redacted]
Middle Name: | Suffix:

Birth Name (if different from above):
Last Name: | First Name:
Middle Name: | Suffix:

Mailing Address & Telephone Number(s):
Street Address: [redacted]
City/State/Zip: [redacted] | County:
Home Phone: [redacted] | Work Phone: | Ext:
Cell Phone:

Physical Address (if different from above):
Street Address:
City/State/Zip: | County:

Social Security #: [redacted] ☐ Declines or ☐ Unable to provide Social Security #

Gender: ☒ M-Male ☐ F-Female ☐ O-Other ☐ U-Unknown | **Birth Date:** [redacted] ☒ Actual ☐ Estimated

Born in US: ☐ Yes ☒ No If No, Country where born: [redacted]

Born in California: ☐ Yes If Yes, County where born: _____ ☐ No If No, State where born: _____

Client Marital Status (Select one only):
☒ 1-Never Married ☐ 2-Married ☐ 4-Divorced ☐ 7-Domestic Partner ☐ 5-Separated ☐ 3-Widowed ☐ 6-Unknown

Ethnicity (select one only):
☒ 1-Not Hispanic ☐ 2-Hispanic – Mexican American/Chicano ☐ 3-Hispanic – Cuban ☐ 4-Hispanic – Puerto Rican
☐ 6-Hispanic – Dominican ☐ 7-Hispanic – Salvadoran ☐ 5-Hispanic – Other/Latino ☐ 9-Unknown/Not Reported

Race Rank 1 to 5 as needed with 1 being primary:
___ A-White/Caucasian
___ B-Black/African American
___ C-Cambodian
___ D-Chinese
___ E-Eskimo/Alaskan Native
___ F-Filipino
___ G-Guamanian
___ H-Hawaiian Native
___ I-Asian Indian
___ J-Japanese
___ K-Korean
___ L-Laotian
___ M-Mien
___ N-Native American
___ O-Other Non-White/ Non-Caucasian
___ P-Other Pacific Islander
___ Q-Hmong
___ R-Other Asian
___ S-Samoan
___ T-Sudanese
___ U-Chaldean
___ V-Vietnamese
___ W-Ethiopian
___ X-Somali
___ Y-Iranian
1 Z-Iraqi
___ 9-Unknown/Not Reported

Language (Complete both client languages. If there is a caretaker, complete caretaker language)
Client Primary: Arabic Client Preferred: Arabic Caretaker Preferred: Arabic
Interpreter Needed? ☐ Yes ☒ No (If either preferred language is other than English, an interpreter is needed)

Employment Status (Check only one value. Starting with "A" check the first one that applies to client):
☐ A-Comp Job 35+ hrs per week
☐ B-Comp Job 20-34 hrs per week
☐ C-Comp Job < 20 hrs per wk
☐ D-Rehab 35+ hrs per wk
☐ E-Rehab 20-34 hrs per wk
☐ F-Rehab < 20 hrs per wk
☐ G-Full Time Job Training
☐ H-Part time Job Training
☐ I-Full Time Student
☐ J-Part Time Student
☐ K-Volunteer
☐ L-Homemaker
☐ M-Retired
☐ N-Unemployed/Seeking Work
☒ O-Unemployed/Not Seeking Work
☐ P-Not in the Labor Force
☐ Q-Resident/Inmate
☐ U-Unknown

Living Arrangement (Check only one value from the list below):
☒ A-House or Apartment
☐ B-House or Apt with Support
☐ C-House or Apt with Daily Supervision Independent Living Facility
☐ D-Other Supported Housing Program
☐ E-Board & Care – Adult
☐ F-Residential Tx/Crisis Ctr – Adult
☐ G-Substance Abuse Residential Rehab Ctr
☐ H-Homeless/In Shelter
☐ I-MH Rehab Ctr (Adult Locked)
☐ J-SNF/ICF/IMD
☐ K-Inpatient Psych Hospital
☐ L-State Hospital
☐ M-Correctional Facility
☐ O-Other
☐ R-Foster Home-Child
☐ S-Group Home-Child (Level 1-12)
☐ T-Residential Tx Ctr-Child (Level 13-14)
☐ U-Unknown
☐ V-Comm Tx Facility (Child Locked)
☐ W- Children's Shelter

REV 7.24.2008

Date of Service: 4/30/10	CI #: [redacted]	Unit: 3230	SubUnit: 3231
Server ID: 3499	Service Time:: 45	Travel Time:	Documentation Time: 45
Person Contacted: B	Place: A / Outside Facility:	Contact Type: F	Appointment Type: 1
Focus of session Diagnosis: 300.3		Service: 13	
Collateral Server ID:	Service Time:	Travel Time:	Documentation Time:

Met w/ client and her daughter and spent the majority of the session formulating tx goals writing goals in Arabic for client and exploring ways she can achieve goals. Tmt and tx plan was completed. Client reported that rituals ↓ from 6 hrs per day of bathing to 2½ - 3 hrs. She is currently on Anafranil for OCD & has one med for anxiety as a PRN (does not know the name). Client agreed to (1) begin documenting frequency of rituals as an effort to ↓ rituals. (2) She also agreed to to ↓ daughter's involvement in ritualistic activities. Daughter was instructed to not follow through w/ requests by client to wash her hands. Client was informed that if she no shows for future sessions, therapy will not be effective & D/C will be recommended.

Sarah Jayyousi, LCSW 4/30/10

Signature/Credential / Date

Sarah Jayyousi, LCSW #3499
Printed Name/Credential/Server ID#

Co-Signature/Credential Date Printed Name/Credential/Server ID#

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

PROGRESS NOTE – OTHER SERVICES
HHSA:MHS-926 (11-14-08)

Client: [redacted]

Case#: [redacted]

Program: Chaldean Middle Eastern Social Services

Care Coordinat	Goal:	Barriers, beha	Client strength	Objectives (m date:)		I participated in the Client signature: Date:	Client Plan Updat Client signature: Date:	HHSA-MHS-

Goals in Arabic

يومياً لمدة ساعة ... وبعدها
ارجع الى البيت واعيد اليوم الثاني بالمشي
ساعة اطول بقليل من اليوم القبل هذا اليوم
واذا شعرت بالخوف لا ارجع الى البيت بل
اقف قليلاً واتنفس بعمق واعود قليل هدوء
الى البيت واعيد هذا البرنامج كل يوم
الى ان ازيل الخوف من عندي وانا
واثقة من نفسي بأن هذا الشعور
الذي ينتابني هو كله حالة نفسية
لا مرضية وكله اوهام

Sarah Jayyousi, LCSW

سميره

Server ID: 5499	Service Time: 45	Travel Time:	Documentation Time: 20
Person Contacted: C	Place: A	Outside Facility:	Contact Type: F	Appointment Type: 1
Focus of session Diagnosis: 296.3; 300.01		Service: 30	
Collateral Server ID:	Service Time:	Travel Time:	Documentation Time:

Current Condition (include complaints, symptoms, appearance, cognitive capacity, changes from previous visits, potential for harm, precipitators, strengths): Client reported preoccupation with fear of having panic attack. Client is unable to leave home alone due to fear of panic attacks. Client is med adherent which help ↓ intensity of anxiety Sxs.

Therapeutic Intervention: Explored ways she can manage anxiety. Discussed gradual exposure. Client encouraged to walk 1 block alone and to gradually ↑ distance. Explored ways she can manage anxiety when alone and out door.

Response to Treatment: Client receptive to setting tx goals to gradually walk alone & gradually ↑ distance. Identified ways she can cope w/ anxiety such as deep breathing, mindfulness, (+) reframing and avoiding going home & reinforcing fear when anxious.

Progress Toward Measurable Goals/Objectives: Review tx goals to (1) ↓ avoidance and (2) practice relaxation/CBT skills when anxious. Client wrote 2 goals in Arabic & took them home to help herself w/ exposure exercise.

Plan of Care (include indicated client plan changes, next steps, referrals given): Continue w/ exposure therapy & CBT to help ↓ agoraphobic & anxiety & panic attack Sxs.

Other Information: Reviewed client's tx plan and signed it today.

Sarah Jayyousi, LCSW 7/23/10
Signature/Credential Date

Sarah Jayyousi, LCSW
Printed Name/Credential/Server ID#

Co-Signature/Credential Date

Printed Name/Credential/Server ID#

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

INDIVIDUAL PROGRESS NOTE

HHSA-MHS-006 (11-14-08)

Client: [redacted]

Case #: [redacted]

Program: CMSS-MH

Client: [redacted]	Case #: [redacted]	Program: UPAC-CTC

Admission Date: 6/01/10 Anticipated Discharge Date: 5/31/10 Services: ☒MHS ☐CM/BR ☐Day Program ☐Meds

☒**Outpatient Treatment Sessions Authorized: 13**

☐**Outpatient Treatment Sessions Authorized for AB2726 Clients (as documented in current IEP):**

☐**Day Treatment Interval Covered by Client Plan: From: To: Months Authorized:**

☐**OP Interval Covered (exception from COTR): From: To: Months Authorized:**

Client offered copy of plan? ☒Yes ☐No

Explained in Client's Primary Language which is ☒English ☐Spanish ☐Vietnamese ☐Arabic ☐

If not, explain:

Explained in Guardian's Primary Language which is ☐English ☐Spanish ☒Vietnamese ☐Arabic ☐

If not, explain:

Client's Strengths: CLT is cooperative and polite

Client's Challenges: CTL has cutural conflicts with parents. CLT is inattentive and disobedient to parents and school authorities.

Client's Presenting Problem/Need # 1: CLT is inattentive and hyperactrive/impulsive and has disruptive behaviors at school, home, and others.

Behavior: Argumentative, disobedient and has temper outburst **Frequency:** Most days

Behavior: Difficulty id/ex feelings appropriately **Frequency:** Most days

Behavior: **Frequency:**

Goal/Desired Outcome: Clt to learn coping skills to manage his anger/frustration and decrease defiant behaviors toward authority figures. Clt to reduce impulsive/hyperactive BX and increase ability to id/ex thoughts and feelings.

Objective 1: Clt to improve ability to focus and stay on task and reduce impulsivity/hyperactivity BX.

As Measured By: CLT, Mo and T

Achieved On: Staff Name:

Objective 2: Clt to learn coping skills to manage his anger/frustration effectively.

As Measured By: CLT, Mo and T

Achieved On: Staff Name:

Objective 3: Clt to increase communiation skills to improve interpersonal relationships with parents and others

As Measured By:

Achieved On: Staff Name:

Anticipated Duration to Achieve Objectives:

Interventions (specify modality/frequency/titration plan):

FOR EACH CHART ENTRY, PLEASE INCLUDE THE FOLLOWING:

Client: [redacted]	Case #: [redacted]	Program: UPAC - CTC	
Date of Service: 06-01-10	Client #: [redacted]	Unit: 7300	Sub Unit: 7301
Server ID: 5394	Service Time: 2:00	Travel Time: :00	Documentation Time: 1:00
Person Contacted: B	Place: A	Outside Facility:	Contact Type: F	Appointment Type: 1
Focus of session DSM-IV-TR Diagnosis Code(s): 314.01	Service Code: 10		
Collateral Server ID:	Service Time: :	Travel Time:	Documentation Time: :

Current Condition (include complaints, symptoms, appearance, cognitive capacity, changes from previous visits, potential for harm, precipitators, strengths): T met with Fa and Clt for intake session today. Session was conducted in English for Clt and Vietnamese for Fa. Clt was polite but shy and quiet.

Therapeutic Intervention: T met with Fa and Clt for initial session. T discussed clinic rules, the opening paper work, mandated reporting, confidentiality, intern status. T assessed Clt's level of depression, suicidal ideation, and gathered information for the BHA.

Response to Treatment: Fa and Clt were receptive of T today. Fa and Clt completed opening paperwork and provided some information regarding Clt's current status and family HX. At this time, Clt denies SI/HI – Clt reported that he has many troubles at school due to his inattention and disruptive behaviors. Clt was receptive to TX and was able to express his thoughts well in session today.

Progress Toward Measurable Goals/Objectives:
Goals in the process of being developed

Plan of Care (Include indicated client plan changes, next steps, referrals given): Plan to meet with Clt next week for Irx and meet with Fa for more information regarding Clt's childhood.

Other Information: Details of Clt's issues and Family HX inputted to the BHA. Demographic form, Treatment Session form completed.

06.01.10
Signature/Credential
Date

Jacqueline Luong IMF 5394
Printed Name/Credential/Server ID#

Co-Signature/Credential
Date

Printed Name/Credential/Server ID#

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

INDIVIDUAL / FAMILY PROGRESS NOTE
HHSA:MHS-683 (10-31-08005)

Client: [redacted]
Case #: [redacted]
Program: UnitUPAC - CTC 7300 **Sub Unit:** 7301

Client: [redacted]	Case #: [redacted]	Program: UPAC CMH

Admission Date: 4-16-10 **Services:** ☒MHS ☐CM/BR ☐Day Program ☐Meds

Anticipated Discharge Date: 4-15-11

UM Completed on Date: **Treatment Sessions Authorized: 13**

Client offered copy of plan? ☒Yes ☐No

Explained in Client's Primary Language which is ☒English ☐Spanish ☐Vietnamese ☐Arabic ☐

If not, explain:

Explained in Guardian's Primary Language which is ☐English ☒Spanish ☐Vietnamese ☐Arabic ☐

If not, explain:

Client's Strengths: CLT enjoys playing soccer. Can perform well given proper motivation

Client's Challenges: CLT has difficulty focusing and completing assignments.

Client's Presenting Problem/Need # 1: Difficulty focusing leads to problems with family and at school

Behavior: CLT verbally bothers and annoys teachers and classmates **Frequency:** 7 of 7 days

Behavior: CLT cannot focus and give attention to important tasks **Frequency:** 4 of 7 days

Behavior: Ignores Mo when told to do a task **Frequency:** 5 of 7 days

Goal/Desired Outcome: Increase attentiveness/focus of CLT and decrease maladaptive behaviors

Objective 1: Decrease negative behaviors exhibited in school and home

As Measured By: Teachers, Mo, CLT, T

Achieved On: Staff Name:

Objective 2: Increase CLT focus and productivity by creating a structured daily routine

As Measured By: CLT, Mo, Teachers, T

Achieved On: Staff Name:

Objective 3: Respond to Mo requests when asked

As Measured By: CLT, Mo, T

Achieved On: Staff Name:

Anticipated Duration to Achieve Objectives: One year

Interventions (specify modality/frequency/titration plan): CLT to meet with T 1x/week for individual therapy, implementing CBT, Motivational Interviewing, Narrative Tx, Psychoeducation to teach CLT more productive ways to accomplish goals and complete assignments. Collateral contact with school officials and family members as necessary to monitor CLT progress on an as needed basis. Interventions are intended to improve classroom performance, home and school bxs, and to create constructs CLT can follow post therapy. Frequency of sessions will be reduced as CLT approaches termination of therapy.

Client: [redacted]	Case #: [redacted]	Program:	
Date of Service: June 11 2010	Client #: [redacted]	Unit: 7300	Sub Unit: 7301
Server ID: 1756	Service Time: 1:30	Travel Time: :	Documentation Time: :20
Person Contacted: F	Place: A	Outside Facility:	Contact Type: F	Appointment Type: 1
Focus of session DSM-IV-TR Diagnosis Code(s):		Service Code: 36	
Collateral Server ID:	Service Time: :	Travel Time:	Documentation Time:

Writer attended session with client's mother. Session was conducted in Spanish. Mother spoke at length about client becoming more aggressive and oppositional at home. Mother also spoke about client instigating altercations with siblings. Writer spoke about setting firm limits, applying consequences and using loving words to communicate with client. Mother was receptive to writer's observations.

Signature/Credential
Date

Dario Sanchez QMHP 1756
Printed Name/Credential/Server ID#

Co-Signature/Credential
Date

Printed Name/Credential/Server ID#

Admission Date: 1/20/2010 Services: ☒MHS ☒CM/BR ☐Day Program ☒Meds

Anticipated Discharge Date: 1/20/2011

UM Completed on Date: N/A Treatment Sessions Authorized: 18

Client offered copy of plan? ☒Yes ☐No

Explained in Client's Primary Language which is ☒English ☐Spanish ☐Vietnamese ☐Arabic ☐ _____

If not, explain: _____

Explained in Guardian's Primary Language which is ☐English ☒Spanish ☐Vietnamese ☐Arabic ☐ _____

If not, explain: _____

Client's Strengths: [redacted] tiene un corazon bueno carinoso con otros, [redacted] puede completar sus quehaceres cuando esta interesado en la informacion.

Client's Challenges: [redacted] tiene dificultades en expresarse en una manera positiva y saludable.

Client's Presenting Problem/Need # 1: Fue expuesto a amenazas de daños serios y sujeccion a daños que resulto en una respuesta de emocion intensa de miedo, indefension y terror.

Behavior: Memorias desagradables Frequency: 1 vez por dia

Behavior: Alucionaciones auditorias Frequency: 1 vez por dos semanas

Behavior: Preocupaciones constantes Frequency: 1 vez por día

Goal/Desired Outcome: Tener interacciones positivas con personas de su edad, figuras de autoridad y familia sin que los pensamientos intrusos o miedos irracionales controlen sus comportamientos 3-4 veces por semana.

Objective 1: Utilizar TF-CBT para dar educacion de Violencia Domestica, los efectos del trauma y aprender tecnicas como respirando profundo para calmarse 1 vez por dia.

As Measured By: Madre, CLT y maestros

NOT Achieved On: _____ Staff Name: Elizabeth Garcia MF

Objective 2: Identificar los razones que llega que el CLT tenga alucionacione audìtorias y implementar techicas del control de uno para reducir los pensamientos intrusos 1-2 veces por semana.

As Measured By: Cliente, Madre y Maestros

Achieved On: _____ Staff Name: Elizabeth Garcia MF

Objective 3: Identificar y asegurar que las necesidades basicas como hogar, comida, ropa sean acesibles a la familia para mejorar el funcionamiento del cliente y prevenir el stress asociado impactar sus sintomas de PTSD.

As Measured By: Madre, Cliente y FSP

Partially Achieved On: _____ Staff Name: Elizabeth Garcia MF

Anticipated Duration/Sessions to Achieve Objectives: 18 Sesiones

Interventions (specify modality, frequency, and titration plan): EL CLT sera visto una vez por semana para sesiones familiares. TF-CBT seran utilizados para ~~prevenir~~ (eg) dar educacion en los efectos de trauma en niños y familias. FSP asistira con el manejo de caso con los dificultates que afectan al CLT.

County of San Diego - CMHS	Client: [redacted]
	Case #: [redacted]
CLIENT PLAN	Program: CARE
HHSA:MHS-646 (Revised 12-28-09)	

interpreters unlimited

life takes communication

MONTHLY INVOICE AND EXCLUDED PARTIES CLAIM CERTIFICATION

INVOICE DATE	June 30, 2009
INVOICE NUMBER	6M-9019
CONTRACTOR:	Interpreters Unlimited
ADDRESS:	PO Box 27660, San Diego, CA 92198
CONTRACT NO:	PO 522356
PROGRAM NAME:	Adult

MONTH OF SERVICE:	June 2009
DESCRIPTION:	Interpreting
AMOUNT:	$45,814.95

I certify, under penalty of perjury under the laws of the State of California, that no employee providing services under the terms and conditions of this contract is currently listed on the GSA Excluded Parties Listing or the OIG List of Excluded Individuals/Entities.

NAME:	Sayed Ali
TITLE:	CEO

SIGNATURE:

COUNTY OF SAN DIEGO MENTAL HEALTH SERVICES
ORAL LANGUAGE PROFICIENCY BY POSITION TYPE
FISCAL YEAR 09-10

CHILDREN		ADMINISTRATIVE MANAGEMENT		DIRECT SERVICES		SUPPORT SERVICES		VOLUNTEERS STUDENT WORKERS		TOTALS	
UNDUPLICATED STAFF TOTAL		197	100%	976	100%	158	100%	29	100%	1360	100%
CODE	LANGUAGE SPOKEN	#	%	#	%	#	%	#	%	#	%
B	SPANISH	38	19.29%	257	26.33%	55	34.81%	5	17.24%	355	26.10%
C	TAGALOG	1	0.51%	13	1.33%	6	3.80%	0	0.00%	20	1.47%
D	JAPANESE	1	0.51%	12	1.23%	1	0.63%	0	0.00%	14	1.03%
E	ARABIC	0	0.00%	4	0.41%	0	0.00%	0	0.00%	4	0.29%
F	VIETNAMESE	1	0.51%	11	1.13%	2	1.27%	1	3.45%	15	1.10%
G	LAOTIAN	1	0.51%	2	0.20%	1	0.63%	0	0.00%	4	0.29%
H	CAMBODIAN	0	0.00%	1	0.10%	0	0.00%	0	0.00%	1	0.07%
I	SIGN LANGUAGE	2	1.02%	4	0.41%	0	0.00%	0	0.00%	6	0.44%
J	OTHER	4	2.03%	11	1.13%	0	0.00%	0	0.00%	15	1.10%
K	KOREAN	0	0.00%	0	0.00%	0	0.00%	1	3.45%	1	0.07%
L	MANDARIN	1	0.51%	1	0.10%	1	0.63%	0	0.00%	3	0.22%
M	CANTONESE	0	0.00%	1	0.10%	0	0.00%	0	0.00%	1	0.07%
N	OTHER CHINESE	1	0.51%	0	0.00%	0	0.00%	0	0.00%	1	0.07%
O	HMONG	1	0.51%	0	0.00%	0	0.00%	0	0.00%	1	0.07%
P	FARSI	1	0.51%	6	0.61%	0	0.00%	0	0.00%	7	0.51%
Q	OTHER FILIPINO DIAL	0	0.00%	2	0.20%	1	0.63%	0	0.00%	3	0.22%
R	OTHER SIGN LANG	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
S	ARMENIAN	0	0.00%	2	0.20%	0	0.00%	0	0.00%	2	0.15%
T	ILOCANO	0	0.00%	2	0.20%	0	0.00%	0	0.00%	2	0.15%
U	MIEN	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
V	TURKISH	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
W	HEBREW	0	0.00%	1	0.10%	0	0.00%	0	0.00%	1	0.07%
X	FRENCH	0	0.00%	7	0.72%	0	0.00%	0	0.00%	7	0.51%
Y	POLISH	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Z	RUSSIAN	0	0.00%	2	0.20%	0	0.00%	0	0.00%	2	0.15%
1	PORTUGESE	0	0.00%	5	0.51%	0	0.00%	0	0.00%	5	0.37%
2	ITALIAN	0	0.00%	1	0.10%	0	0.00%	0	0.00%	1	0.07%
3	SAMOAN	0	0.00%	1	0.10%	0	0.00%	0	0.00%	1	0.07%
4	THAI	0	0.00%	1	0.10%	0	0.00%	0	0.00%	1	0.07%
5	GERMAN	0	0.00%	5	0.51%	0	0.00%	0	0.00%	5	0.37%
6	NONE	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
7	ETHIOPIAN	0	0.00%	1	0.10%	0	0.00%	0	0.00%	1	0.07%
8	UNKNOWN	0	0.00%	1	0.10%	0	0.00%	0	0.00%	1	0.07%

STAFF PROFICIENT IN MORE THAN ONE LANGUAGE		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY	
2	LANGUAGE	50	25.38%	328	33.61%	65	41.14%	7	24.14%	450	33.09%
3	LANGUAGE	2	1.02%	26	2.66%	2	1.27%	0	0.00%	30	2.21%
4	LANGUAGE	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5	LANGUAGE	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

THRESHOL LANGUAGES		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY	
B	SPANISH	38	19.29%	257	26.33%	55	34.81%	5	17.24%	355	26.10%
C	TAGALOG	1	0.51%	13	1.33%	6	3.80%	0	0.00%	20	1.47%
E	ARABIC	0	0.00%	4	0.41%	0	0.00%	0	0.00%	4	0.29%
F	VIETNAMESE	1	0.51%	11	1.13%	2	1.27%	1	3.45%	15	1.10%

QI POG: CB
Source Data: Children June MSRs Staffing Tab

9/22/10

COUNTY OF SAN DIEGO MENTAL HEALTH SERVICES
ORAL LANGUAGE PROFICIENCY BY POSITION TYPE
FISCAL YEAR 09-10

ADULT		ADMINISTRATIVE MANAGEMENT		DIRECT SERVICES		SUPPORT SERVICES		VOLUNTEERS STUDENT WORKERS		TOTALS	
UNDUPLICATED STAFF TOTAL		103	100%	831	100%	142	100%	82	100%	1158	100%
CODE	LANGUAGE SPOKEN	#	%	#	%	#	%	#	%	#	%
B	SPANISH	15	14.56%	160	19.25%	48	33.80%	13	15.85%	236	20.38%
C	TAGALOG	1	0.97%	25	3.01%	7	4.93%	15	18.29%	48	4.15%
D	JAPANESE	1	0.97%	3	0.36%	0	0.00%	1	1.22%	5	0.43%
E	ARABIC	1	0.97%	10	1.20%	1	0.70%	0	0.00%	12	1.04%
F	VIETNAMESE	0	0.00%	10	1.20%	5	3.52%	1	1.22%	16	1.38%
G	LAOTIAN	0	0.00%	4	0.48%	0	0.00%	0	0.00%	4	0.35%
H	CAMBODIAN	0	0.00%	2	0.24%	1	0.70%	1	1.22%	4	0.35%
I	SIGN LANGUAGE	6	5.83%	5	0.60%	2	1.41%	0	0.00%	13	1.12%
J	OTHER	2	1.94%	19	2.29%	1	0.70%	1	1.22%	23	1.99%
K	KOREAN	0	0.00%	5	0.60%	0	0.00%	0	0.00%	5	0.43%
L	MANDARIN	2	1.94%	5	0.60%	0	0.00%	0	0.00%	7	0.60%
M	CANTONESE	0	0.00%	1	0.12%	1	0.70%	0	0.00%	2	0.17%
N	OTHER CHINESE	2	1.94%	2	0.24%	0	0.00%	0	0.00%	4	0.35%
O	HMONG	1	0.97%	1	0.12%	0	0.00%	0	0.00%	2	0.17%
P	FARSI	1	0.97%	11	1.32%	0	0.00%	2	2.44%	14	1.21%
Q	OTHER FILIPINO DIAL	0	0.00%	2	0.24%	2	1.41%	0	0.00%	4	0.35%
R	OTHER SIGN LANG	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
S	ARMENIAN	1	0.97%	1	0.12%	0	0.00%	0	0.00%	2	0.17%
T	ILOCANO	0	0.00%	1	0.12%	0	0.00%	0	0.00%	1	0.09%
U	MIEN	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
V	TURKISH	0	0.00%	1	0.12%	1	0.70%	0	0.00%	2	0.17%
W	HEBREW	0	0.00%	7	0.84%	0	0.00%	0	0.00%	7	0.60%
X	FRENCH	4	3.88%	10	1.20%	3	2.11%	0	0.00%	17	1.47%
Y	POLISH	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Z	RUSSIAN	0	0.00%	3	0.36%	1	0.70%	0	0.00%	4	0.35%
1	PORTUGESE	0	0.00%	2	0.24%	0	0.00%	0	0.00%	2	0.17%
2	ITALIAN	0	0.00%	6	0.72%	1	0.70%	0	0.00%	7	0.60%
3	SAMOAN	1	0.97%	0	0.00%	0	0.00%	0	0.00%	1	0.09%
4	THAI	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5	GERMAN	0	0.00%	2	0.24%	0	0.00%	0	0.00%	2	0.17%
6	NONE	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
7	ETHIOPIAN	1	0.97%	1	0.12%	0	0.00%	0	0.00%	2	0.17%
8	UNKNOWN	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

STAFF PROFICIENT IN MORE THAN ONE LANGUAGE		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY	
2	LANGUAGE	34	33.01%	271	32.61%	67	47.18%	33	40.24%	405	34.97%
3	LANGUAGE	5	4.85%	25	3.01%	5	3.52%	1	1.22%	36	3.11%
4	LANGUAGE	0	0.00%	3	0.36%	1	0.70%	0	0.00%	4	0.35%
5	LANGUAGE	0	0.00%	1	0.12%	1	0.70%	0	0.00%	2	0.17%

THRESHOLD LANGUAGES		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY		ORAL PROFICIENCY	
B	SPANISH	15	14.56%	160	19.25%	48	33.80%	13	15.85%	236	20.38%
C	TAGALOG	1	0.97%	25	3.01%	7	4.93%	15	18.29%	48	4.15%
E	ARABIC	1	0.97%	10	1.20%	1	0.70%	0	0.00%	12	1.04%
F	VIETNAMESE	0	0.00%	10	1.20%	5	3.52%	1	1.22%	16	1.38%

QI POG: CB
Source Data: Adult/Older Adult June MSRs Staffing Tab

9/22/10

Weekly Schedule

May 16-22

SUNDAY 16		
Overnight		
Giang	MID	8am
Edward	MID	8am
Day		
Back Up		
Hilda	8AM	4:30P
Mary M	PTO	
Heather	8AM	4:30P
Joanne	8AM	4:30P
Veronica	MLOA	
Evening		
Rachel	3:30P	MID
Pat M.	2PM	10:30
Kirsten	4:30	9P
Jim	4:30	10PM
Katrina	10PM	MID
Giang	10PM	MID
SUNDAY		16

MONDAY 17		
Overnight		
Giang	MID	8:30A
Katrina	MID	8:30A
Day		
Ray	7AM	3:30P
Kimberly	7AM	3:30P
Maggie	7AM	3:30P
Chris	7:30	4PM
Alicia	8AM	4:30P
Heidi	9AM	5:30P
Rudy	9AM	5:30P
Mary C	8AM	4:30P
Debra	MLOA	
Veronica	MLOA	
Larry	3:30P	MID
Mary M	PTO	
Evening		
Rachel	3:30P	MID
Cindy	PTO	
Jacq	1:30	10P
Jim	2PM	10:30
Gigi	10PM	MID
Giang	10PM	MID
MONDAY		17

TUESDAY 18		
Overnight		
Gigi	MID	8:30A
Giang	MID	8:30A
Day		
Ray	7AM	3:30P
Kimberly	7AM	3:30P
Maggie	7AM	3:30P
Chris	7:30	4PM
Joanne	8AM	4:30P
Heidi	9AM	5:30P
Mary C	8AM	4:30P
Debra	MLOA	
Veronica	MLOA	
Alicia G	11:30	8PM
Hilda	1:30P	MID
Evening		
Rachel	3:30P	MID
Cindy	PTO	
Jacq	1:30	10P
Jim	2PM	10:30
Larry	10PM	MID
Giang	10PM	MID
TUESDAY		18

WEDNESDAY 19		
Overnight		
Larry	MID	8:30A
Giang	MID	8:30A
Day		
Ray	7AM	3:30P
Kimberly	7AM	4PM
Maggie	7AM	3:30P
Chris	7:30	4PM
Joanne	8AM	4:30P
Heidi	9AM	5:30P
Rudy	9AM	5:30P
Mary C	8AM	4:30P
Debra	MLOA	
Veronica	MLOA	
Alicia G	11:30	8PM
Mary	8P	11P
Evening		
Rachel	3:30P	MID
Cindy	PTO	
Jacq	1:30	10P
Jim	2PM	10:30
Larry	10PM	MID
Edward	10PM	MID
WEDNESDAY		19

THURSDAY 20		
Overnight		
Larry	MID	8:30A
Edward	MID	8:30A
Day		
Ray	7AM	3:30P
Kimberly	7AM	3:30P
Maggie	7AM	3:30P
Chris	7:30	4PM
Joanne	8AM	4:30P
Heidi	9AM	5:30P
Mary C	8AM	4:30P
Debra	MLOA	
Veronica	MLOA	
Rachel	11:30	7PM
Alicia G	PTO	
Hilda	1:30P	MID
Evening		
Cindy	3:30P	MID
Mary	6P	11P
Jim	11:30	7P
Larry	10PM	MID
Edward	10:30P	MID
THURSDAY		20

FRIDAY 21		
Overnight		
Larry	MID	8:30A
Edward	MID	8:30A
Day		
Ray	7AM	3:30P
Kimberly	7AM	3:30P
Maggie	7AM	3:30P
Chris	7:30	4PM
Joanne	8AM	5:30P
Heidi	9AM	5:30P
Rudy	9AM	1P
Mary C	8AM	4:30P
Debra	MLOA	
Jacq	11:30	8PM
Alicia G	PTO	
Gigi	11:30	10P
Evening		
Mary M	3:30P	MID
Cindy	3:30P	MID
Larry	10PM	MID
Edward	10PM	MID
FRIDAY		21

SATURDAY 22		
Overnight		
Larry	MID	8:30A
Edward	MID	8:30A
Day		
Back Up		
Hilda	8AM	4:30P
Mary M	8AM	4:30P
Cindy	9AM	5:30P
Evening		
Rachel	3:30P	MID
Joanne	1:30	10PM
Pat M.	2PM	10:30
Giang	10PM	MID
Edward	10PM	MID
SATURDAY		22

Color Legend

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Last Change 6/18/2010 9:34 AM

7.III.C.3

Weekly Schedule

May 23-29

SUNDAY 23			MONDAY 24			TUESDAY 25			WEDNESDAY 26			THURSDAY 27			FRIDAY 28			SATURDAY 29		
Overnight			**Overnight**			**Overnight**			**Overnight**			**Overnight**			**Overnight**			**Overnight**		
Giang	MID	8:30A	Giang	MID	8:30A	Gigi	MID	8:30A	Larry	MID	8:30A	Larry	MID	8:30A	Larry	MID	8:30A	Larry	MID	8:30A
Edward	MID	8:30A	Jim	MID	5A	Giang	MID	8:30A	Giang	MID	8:30A	Edward	MID	8:30A	Edward	MID	8:30A	Edward	MID	8:30A
			Katrina	5A	8:30A															
Day			**Day**			**Day**			**Day**			**Day**			**Day**			**Day**		
Back Up			Ray	7AM	3:30P	Ray	7AM	3:30P	Ray	7AM	3:30P	Ray	7AM	3:30P	Ray	PTO		Back Up		
Hilda	8AM	4:30P	Kimberly	7AM	3:30P	Kimberly	7AM	3:30P	Kimberly	7AM	4PM	Kimberly	7AM	3:30P	Kimberly	UPTO		Hilda	8AM	4:30P
Mary M	8AM	4:30P	Maggie	7AM	2P	Maggie	7AM	3:30P	Maggie	7AM	3:30P	Maggie	7AM	3:30P	Maggie	7AM	3:30P	Mary M	8AM	4:30P
Heather	8AM	4:30P	Chris	7:30	4PM	Chris	7:30	4PM	Chris	7:30	4PM	Chris	7:30	4PM	Chris	7:30	4PM	Tiffany	8AM	4:30P
Jacqui	PTO		Alicia	8AM	4:30P	Joanne	8AM	4:30P	Joanne	8AM	4:30P	Joanne	8AM	4:30P	Joanne	8AM	5:55P			
			Heidi	9AM	5:30P	Heidi	9AM	5:30P	Heidi	9AM	5:30P	Heidi	9AM	5:30P	Heidi	9AM	5:30P			
			Mary C	8AM	4:30P	Mary C	8AM	4:30P	Mary C	8AM	4:30P	Mary C	8AM	4:30P	Mary C	8AM	4:30P			
			Rudy	Jury Duty					Rudy	9AM	5:30P				Rudy	9AM	5:30P			
			Debra	MLOA		Debra	MLOA		Debra	MLOA		Debra	MLOA		Debra	MLOA				
Veronica	MLOA		Veronica	MLOA		Veronica	MLOA		Veronica	MLOA		Veronica	MLOA							
			IC	9AM	5:30P	Alicia G	11:30	8PM	Alicia G	11:30	8PM	Alicia G	11:30	8PM	Alicia G	7AM	3:30P			
			Mary M	1:30P	MID	Hilda	1:30P	MID				Hilda	1:30P	MID	Gigi	11:30	10P			
Evening			**Evening**			**Evening**			**Evening**			**Evening**			**Evening**			**Evening**		
Rachel	3:30P	MID	Rachel	3:30P	MID	Rachel	3:30P	MID	Rachel	3:30P	MID				Mary M	3:30P	MID	Rachel	3:30P	MID
Pat M.	2PM	10:30	Cindy	5P	MID	Cindy	3:30P	MID	Cindy	3:30P	MID	Cindy	3:30P	MID	Cindy	3:30P	MID	Joanne	1:30	10PM
Heidi	5P	10P	Jacqui	PTO														Pat M.	2PM	10:30
			Jim	2PM	10:30	Jim	2PM	10:30	Jim	2PM	10:30	Jim	10AM	10PM						
Jim	10PM	MID	Gigi	10PM	MID	Larry	10PM	MID	Larry	10PM	MID	Larry	10PM	MID	Larry	10PM	MID	Giang	10PM	MID
Giang	10PM	MID	Giang	10PM	MID	Giang	10PM	MID	Edward	10PM	MID	Edward	10PM	MID	Edward	10PM	MID	Edward	10PM	MID
SUNDAY		23	MONDAY		24	TUESDAY		25	WEDNESDAY		26	THURSDAY		27	FRIDAY		28	SATURDAY		29

Color Legend

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Last Change 6/18/2010 9:34 AM

Weekly Schedule

June 6-12

SUNDAY 6			MONDAY 7			TUESDAY 8			WEDNESDAY 9			THURSDAY 10			FRIDAY 11			SATURDAY 12		
Overnight			**Overnight**			**Overnight**			**Overnight**			**Overnight**			**Overnight**			**Overnight**		
						Gigi	MID	8:30A	Larry	MID	8:30A	Larry	MID	8:30A	Larry	MID	8:30A	Larry	MID	8:30A
Edward	MID	8:30A	Edward	MID	8:30A										Edward	MID	8:30A	Edward	MID	8:30A
Giang	MID	8:30A	Giang	MID	8:30A	Giang	MID	8:30A	Giang	MID	8:30A									
						Ronda	MID	8:30A	Ronda	MID	8:30A	Ronda	MID	8:30A	Ronda	MID	8:30A	Ronda	MID	8:30A
Day			**Day**			**Day**			**Day**			**Day**			**Day**			**Day**		
Back Up			Ray	7AM	3:30P	Ray	7AM	3:30P	Ray	7AM	3:30P	Ray	7AM	3:30P	Ray	7AM	3:30P	Back Up		
Hilda	8AM	4:30P	Kimberly	7AM	3:30P	Kimberly	7AM	3:30P	Kimberly	7AM	4PM	Kimberly	7AM	3:30P	Kimberly	7AM	3:30P	Hilda	8AM	4:30P
Mary M	8AM	4:30P	Maggie	7AM	3:30P	Maggie	7AM	3:30P	Maggie	7AM	3:30P	Maggie	7AM	3:30P	Maggie	7AM	3:30P	Mary M	8AM	4:30P
Heather	8AM	4:30P	Chris	7:30	4PM	Chris	7:30	4PM	Chris	7:30	4PM	Chris	7:30	4PM	Chris	7:30	4PM	Jacqui	9AM	5:30P
			Alicia	8AM	4:30P	Joanne	8AM	4:30P	Joanne	8AM	4:30P	Joanne	8AM	4:30P	Joanne	8AM	4:30P			
			Heidi	9AM	5:30P	Heidi	9AM	5:30P	Heidi	9AM	5:30P	Heidi	9AM	5:30P	Heidi	9AM	5:30P			
			Rudy	PTO					Rudy	PTO					Rudy	PTO				
			Mary C	8AM	4:30P	Mary C	8AM	4:30P	Mary C	8AM	4:30P	Mary C	8AM	4:30P	Mary C	8AM	4:30P			
			Debra	MLOA		Debra	MLOA		Debra	MLOA		Debra	MLOA		Debra	MLOA				
Veronica	MLOA		Veronica	MLOA		Veronica	MLOA		Veronica	MLOA		Veronica	MLOA							
			Jacqui	9AM	4P															
						Alicia G	11:30	8PM	Alicia G	11:30	8PM	Alicia G	11:30	8PM	Alicia G	11:30	8PM			
Denise	4:30P	10P	Mary M	1:30P	MID	Hilda	1:30P	MID				Hilda	1P	MID	Gigi	11:30	10P			
Evening			**Evening**			**Evening**			**Evening**			**Evening**			**Evening**			**Evening**		
Rachel	3:30P	MID	Rachel	3:30P	MID	Rachel	3:30P	10P	Rachel	UPTO		Cindy	3:30P	MID	Mary M	3:30P	MID	Rachel	3:30P	MID
Pat M.	2PM	10:30	Cindy	3:30P	MID	Cindy	3:30P	MID	Cindy	3:30P	MID				Cindy	3:30P	MID	Joanne	1:30	10PM
Jim	3:30P	MID	Jim	2PM	10:30	Jim	2PM	10:30	Jim	2PM	10:30	Jim	2PM	10:30				Pat M.	2PM	10:30
									Mary	3:30P	10:30P									
Edward	10PM	MID	Gigi	10PM	MID	Larry	10PM	MID	Larry	10PM	MID	Larry	10PM	MID	Larry	10PM	MID			
												Edward	10PM	MID	Edward	10PM	MID	Edward	10PM	MID
SUNDAY 6			MONDAY 7			TUESDAY 8			WEDNESDAY 9			THURSDAY 10			FRIDAY 11			SATURDAY 12		

Color Legend

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Last Change 6/18/2010 9:35 AM

County of San Diego Health and Human Services Agency (HHSA) Mental Health Services Policies and Procedures MHS General Administration					
Subject:	**Provision of Culturally and Linguistically Appropriate Services**	No:	**01-02-202** Formerly: 01-01-134		
Reference:	**42 Code of Federal Regulations 438.10, CCR, Title 9, Chapter 11, §1810.41(a); DMH Information Notice 02-03, Pages 13, 17, DHCS All County Welfare Directors Letter No.: 10-03, and Title VI Civil Rights Act of 1964 (42 U.S.C., §2000(d), 45 C.F.R., Part 80)**	Page:	**1**	of	**4**

PURPOSE:

To ensure that all individuals requesting services at Mental Health Plan programs providing Specialty Mental Health Services have been evaluated for needing culturally/linguistically specialized services and linked with services or referred appropriately.

BACKGROUND:

Based on the California Code of Regulations, Title 9, Chapter 11, Section 1810.410(a); DMH Notice No. 97-14, Page 18, Civil Rights Act of 1964 (42 U.S.C., Section 2000(d), 45 C.F.R., Part 80), when a need is determined, the County of San Diego Health and Human Services Agency (HHSA) – Mental Health Services (MHS) shall ensure that a process is in place for accommodating and referring clients to available culturally and/or linguistically appropriate services. Title VI of the Civil Rights Act of 1964 prohibits the denial of access to federally-assisted programs and activities because of limited English proficiency. Providers are required to provide language assistance to persons with Limited English Proficiency (LEP) to ensure them equal access to programs and services.

The Mental Health Plan (MHP) Cultural Competence Clinical Practice Standards (see Attachment-H) help ensure culturally sensitive practice in assessments, referrals, treatment, testing, staffing, and community outreach.

POLICY:

Clients have a right to a choice of providers whenever possible, and cultural and linguistic issues shall be considered in making appropriate referrals. At the point of entry into a program, the cultural and/or linguistic needs of an individual shall be assessed and all reasonable efforts made to accommodate, refer and/or link them to appropriate services reflecting those preferences. In this context, cultural needs may include special referral needs, such as homelessness, dual diagnosis, and children under the age of six (6). Clients shall be informed of the availability and how to access free interpretation services which shall be available in

Approved Date: 7/22/10	Approved: Alfredo Aguirre's Signature on File
	Director, Mental Health Services/Designee

threshold and non-threshold languages. Written materials specified by state and federal regulations shall be available in threshold languages.

PROCEDURE(S):

All persons with LEP (see Attachments C-G), speaking threshold or non-threshold languages shall be informed in a language they understand that they have a right to free oral interpretation assistance and that there is no expectation that family members provide interpreter services. A consumer may choose to use a family member or friend as an interpreter, after being informed of the availability of free interpreter services. Other than in extenuating circumstances, minors (under the age of 18) may not be used as interpreters even if the applicant/beneficiary requests to do so, although at the applicant's/beneficiary's request the minor may be present in addition to the county provided interpreter. The availability of free interpretation assistance will be publicized in the Guide to Medi-Cal Mental Health Services and the Quick Guide to Mental Health Services and reinforced by signs that will be provided by the county for display in mental health service waiting areas.

Providers will log all contacts (phone, walk-in) on a Request for Services Log (see Attachments A & B) that will be kept on-site and stored to maintain the confidentiality of the individual. For Children's Programs, the language preference will be noted on the log.

For Individuals Walking in or Telephoning Provider Sites with Language Needs that Cannot Be Determined

- If the provider has no on-site staff that can provide appropriate language assistance in the threshold or non-threshold language spoken by the individual, the staff should call United Behavioral Health (UBH) Access & Crisis Line at 1-800-479-3339 for assistance.
- UBH will utilize its staff when a member has the appropriate language expertise, or connect with the Language Line to facilitate a brief assessment of the individual's problem and cultural and/or linguistic needs.
- Based on the brief assessment, UBH, the provider, and the individual will reach a consensus about the plan of action to best address the individual's problem and consider any cultural and linguistic needs. This may include, but not be limited to, a referral for mental health assessment and/or, as appropriate, a referral to a community organization or social service agency.
- If a mental health assessment is indicated, an appointment or referral will be made, making all reasonable effort to accommodate the individual's linguistic and/or cultural preferences as soon as possible.

If there are no providers who can provide services in the primary language of the client, the site staff providing the assessment or referral will arrange with the County's Interpreter Services to

provide needed language assistance for the subsequent appointments. For details on the process, see P&P 01-02-203, "Clients' Access and Authorization for Interpreter Services."

For Person Seeking Services with Language Needs Which Can Be Determined

- If the provider has staff that speaks the individual's language, the provider will utilize this staff to determine service needs. The individual will also be asked about cultural preferences.
- Based on a brief assessment, the staff person will work with the individual to determine a plan of action to best address the individual's problem, in view of any cultural and linguistic needs. This may include, but not be limited to, setting up an appointment or referral for a mental health assessment, and/or, as appropriate, a referral to a needed community or social service(s). The staff member will make all reasonable efforts to meet the individual's cultural and linguistic preferences.
- If there is no staff or other providers who can provide services in the primary language of the client, the provider will arrange with the County's Interpreter Services Contractors to provide needed, free, language assistance for the subsequent appointments (see P&P 01-02-203, Clients Access and Authorization for Interpreter Services").
- Individuals speaking threshold languages will also be informed about the availability of written information in threshold languages and how to access that material.

Documentation of the Provision of Culturally/Linguistically Appropriate Services

- Offers of interpreter services shall also be documented.
- Grievance/Appeal/Suggestions Provider Transfer Request Logs will reflect requests for transfer to a different provider because of cultural or linguistic issues.

Monitoring Provision of Culturally/Linguistically Appropriate Services

- The Mental Health Services (MHS) Quality Improvement (QI) Unit will review the Request for Services Log periodically and at annual provider site reviews to ensure referrals are being made and logged.
- The MHS QI Unit will review periodically the reported usage of interpreter services from Interpreter's Unlimited and Network Interpreting.

ATTACHMENT(S):

A - Client Suggestions and Provider Transfer Request Log (Adult)
B - Suggestions and Provider Transfer Request Log (Children)
C - English LEP Poster
D - Spanish LEP Poster
E - Vietnamese LEP Poster

F - Arabic LEP Poster
G - Tagalog LEP Poster
H - Cultural Competence Practice Standards

SUNSET DATE:

This policy shall be reviewed for continuance on or before July 31, 2013.

AUTHOR/CONTACT ON 5/24/10:

Kathy Anderson

STATE SATISFACTION SURVEY RESULTS
Adult Mental Health Services (AMHS)
County of San Diego

Survey Period: SPRING 2009
Survey Dates: May 4 - 15

Summary

Total Returned: 2,706; Completed: 2,148; Not completed: 558

- Reason not completed: 238 Refused; 140 Impaired; 22 Language; 70 Other; 88 Unknown

Consumer Satisfaction

- 92.9% of consumers were generally satisfied with services received (either agreed or strongly agreed with general satisfaction item).
- Of the specific satisfaction domains, the highest level of satisfaction was with "participation in treatment planning" (of care), and lowest level of satisfaction was with "perception of functioning."

Quality of Life

- Of the quality of life domains, the highest score was for the "personal safety" domain, and the lowest for "health."

Length of Service

- 60% of consumers have been receiving services for more than one year.
- Of those receiving services less than one year, 66% report encounters with police decreasing since the start of services (of those that have had previous encounters with police).
- For those consumers receiving services for more than one year, 63% report reduced encounters with police.

Language

- 98% of consumers reported services were provided in the language they prefer.
- Consumers filling in the Spanish language form reported higher levels of satisfaction than those filling out the English form (97% agreed or strongly agreed with general satisfaction item for Spanish language form, 92% for English language form).

Level of Care

- Those receiving Outpatient services reported higher levels of "general satisfaction," "access to services," "quality and appropriateness of care," and "participation in treatment planning" than those receiving Case Management services.
- Case Management consumers reported higher levels of satisfaction for the "perception of functioning" domain than those in Outpatient programs.

Consumer Satisfaction Item Responses (updated)

1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree N= (1,976 – 2,101)

Questions based on services received in last 6 months	% Strongly disagree/Disagree	% Agree/Strongly agree
I like the services that I received here.	1.5	93.6
If I had other choices, I would still get services from this agency.	3.6	88.6
I would recommend this agency to a friend or family member.	2.2	92.7
The location of services was convenient (parking, public transportation, distance, etc.).	5.1	85.2
Staff were willing to see me as often as I felt it was necessary.	3.9	88.3
Staff returned my calls within 24 hours.	5.9	82.0
Services were available at times that were good for me.	2.3	90.6
I was able to get all the services I thought I needed.	4.5	86.8
I was able to see a psychiatrist when I wanted to.	6.8	80.4
Staff here believe that I can grow, change, and recover.	1.3	88.5
I felt comfortable asking questions about my treatment and medication.	2.0	92.2
I felt free to complain.	4.5	83.7
I was given information about my rights.	2.1	91.1
Staff encouraged me to take responsibility for how I live my life.	2.4	88.1
Staff told me what side effects to watch out for.	6.6	81.8
Staff respected my wishes about who is, and who is not to be given information about my treatment.	1.8	90.5
I, not staff, decided my treatment goals.	5.2	79.7
Staff were sensitive to my cultural background (race, religion, language, etc.)	2.3	85.1
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	3.2	87.9
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, et	3.8	85.0

As a direct result of the services I received:	% Strongly disagree/Disagree	% Agree/Strongly agree
I deal more effectively with daily problems.	5.0	79.4
I am better able to control my life.	5.3	77.1
I am better able to deal with crisis.	5.4	75.6
I am getting along better with my family.	6.8	73.8
I do better in social situations.	9.2	67.1
I do better in school and/or work.	11.2	58.5
my housing situation has improved.	11.2	63.7
my symptoms are not bothering me as much.	14.0	66.1
I do things that are more meaningful to me.	8.0	71.9
I am better able to take care of my needs.	6.7	74.9
I am better able to handle things when they go wrong.	9.0	68.8
I am better able to do things that I want to do.	8.7	69.6
I am happy with the friendships I have.	7.9	72.0
I have people with whom I can do enjoyable things.	8.7	71.3
I feel I belong in my community.	12.1	61.9
in a crisis, I would have the support I need from family or friends.	8.7	75.0

Consumer Satisfaction Domains

1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree N= (1,976 – 2,101)

DOMAIN	% below 3.5	% over 3.5	Mean
General Satisfaction	7.1	92.9	1.9
Perception of Access	10.2	89.8	1.9
Perception of Quality and Appropriateness	9.6	90.4	1.9
Perception of Participation in Treatment Planning	8.0	92.0	1.9
Perception of Outcome Services	25.4	74.6	1.7
Perception of Functioning	28.7	71.3	1.7
Perception of Social Connectedness	26.3	73.7	1.7

Quality of Life Item Responses

ITEM SCALE: 1 = Terrible; 2 = Unhappy; 3 = Mostly dissatisfied; 4 = Mixed; 5 = Mostly satisfied; 6 = Pleased; 7 = Delighted	MEAN	% over 4.5
How do you feel about your life in general?	4.4	56.0
How do you feel about the living arrangements where you live?	4.7	65.4
How do you feel about the privacy you have there?	4.8	72.5
How do you feel about the prospect of staying on where you currently live for a long period of time?	4.6	61.8
How do you feel about the way you spend your spare time?	4.5	59.2
How do you feel about the chance you have to enjoy pleasant or beautiful things?	4.8	65.0
How do you feel about the amount of fun you have?	4.5	55.8
How do you feel about the amount of relaxation in your life?	4.6	63.4
How do you feel about the way you and your family act toward each other?	4.7	62.5
How do you feel about the way things are in general between you and your family?	4.8	64.8
How do you feel about the things you do with other people?	4.8	66.5
How do you feel about the amount of time you spend with other people?	4.7	63.6
How do you feel about the people you see socially?	4.8	65.2
How do you feel about the amount of friendship in your life?	4.5	59.6
How do you feel about how safe you are on the streets in your neighborhood?	4.8	72.1
How do you feel about how safe you are where you live?	5.1	82.5
How do you feel about the protection you have against being robbed or attacked?	4.8	75.8
How do you feel about your health in general?	4.3	52.9
How do you feel about your physical condition?	4.1	49.7
How do you feel about your emotional well-being?	4.2	49.5

ITEM SCALE: 1 = Not at all; 2 = Less than once a month; 3 = At least once a month; 4 = At least once a week; 5 = At least once a day	MEAN	% over 3.5
In general, how often do you get together with a member of your family?	3.5	55.5
About how often do you visit with someone who does not live with you?	3.3	55.3
About how often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?	3.2	54.0

ITEM SCALE: 0 = No; 1 = Yes	% YES
During the past month, did you generally have enough money to cover food?	71.7
During the past month, did you generally have enough money to cover clothing?	53.5
During the past month, did you generally have enough money to cover housing?	71.1
During the past month, did you generally have enough money to cover traveling around for things like shopping, medical appointments, or visiting friends and relatives?	60.1
During the past month, did you generally have enough money for social activities like movies or eating in restaurants?	37.5
In the past month, were you the victim of any violent crimes such as assault, rape, mugging or robbery?	5.7
In the past month, were you the victim of any non-violent crimes such as burglary, theft of your property or money, or being cheated?	11.7
In the past month, how many times have you been arrested for any crimes?	2.2

Quality of Life Domain Scores

DOMAIN	MEAN
Sat with Living Situation	4.7
Leisure	4.6
Daily Activities	4.5
Family Relationships	4.7
Social Relations	4.4
Safety	4.9
Health	4.2

1 'Terrible' 2 'Unhappy' 3 'Mostly dissatisfied' 4 'Mixed' 5 'Mostly satisfied' 6 'Pleased' 7 'Delighted'.

Length of Services

How long have you received services here?	%
This is my first visit here.	2.0
> 1 visit but < 1 month	3.6
1 - 2 Months	7.9
3 - 5 Months	10.7
6 months to 1 year	16.2
More than 1 year	59.6

Arrests: Services One Year or Less

Were you arrested since you began to receive mental health services?		%
	Yes	7.8
	No	92.2
Were you arrested during the 12 months prior to that?		%
	Yes	15.1
	No	84.9
Since you began to receive mental health services, have your encounters with the police . . .		%
(only those with previous encounters with police included)	Been reduced	66.5
	Stayed the same	27.4
	Increased	6.1

Arrests: Services More than One Year

Were you arrested during the last 12 months?		%
	Yes	94.3
	No	90.9
Were you arrested during the 12 months prior to that?		%
	Yes	7.4
	No	90.6
Over the last year, have your encounters with the police . . .		%
(only those with previous encounters with police included)	Been reduced	62.8
	Stayed the same	27.3
	Increased	9.9

Consumer Demographics

Gender	%
Male	44.5
Female	55.5

Category	%
HISPANIC	32.6
AMERIND	3.1
ASIAN	4.4
BLACK	9.2
PACISLND	1.3
WHITE	46.3
OTHERACE	3
UNKRACE	0.1

Language Availability

Were the services you received provided in the language you prefer?		%
	Yes	97.7
	No	2.3
Was written information available to you in the language you prefer?		**%**
	Yes	97.0
	No	3.0

Satisfaction by Language Type

DOMAIN	ENGLISH FORM			SPANISH FORM		
	% below 3.5	% over 3.5	N	% below 3.5	% over 3.5	N
General Satisfaction	7.6	92.4	1885	3.3	96.7	243
Perception of Access	11.1	88.9	1884	3.7	96.3	244
Perception of Quality and Appropriateness	10.5	89.5	1883	2.9	97.1	244
Perception of Participation in Treatment Planning	8.7	91.3	1876	2.9	97.1	242
Perception of Outcome Services	26.9	73.1	1871	15.2	84.8	243
Perception of Functioning	30.5	69.5	1839	16.7	83.3	240
Perception of Social Connectedness	28.3	71.7	1832	12.5	87.5	240

Satisfaction by Level of Care

DOMAIN	Case Management			Outpatient		
	% below 3.5	% over 3.5	N	% below 3.5	% over 3.5	N
General Satisfaction	10.9	89.1	147	5.7	94.3	1620
Perception of Access	11.6	88.4	147	8.6	91.4	1619
Perception of Quality and Appropriateness	9.5	90.5	147	8.8	91.2	1619
Perception of Participation in Treatment Planning	10.4	89.6	144	6.6	93.4	1613
Perception of Outcome Services	24.3	75.7	144	25.6	74.4	1610
Perception of Functioning	25.4	74.6	138	29.9	70.1	1583
Perception of Social Connectedness	26.1	73.9	138	26.3	73.7	1577

STATE SATISFACTION SURVEY RESULTS:
OLDER ADULT
Adult Mental Health Services (AMHS) - County of San Diego
Survey Period: SPRING 2009
Survey Dates: May 4 - 15

Summary

Total Older Adult Surveys Returned: 300; Completed: 205; Not completed: 85

Consumer Satisfaction

- 94.2% of older adult consumers were generally satisfied with services received (either agreed or strongly agreed with general satisfaction item).
- Of the specific satisfaction domains, the highest level of satisfaction was with the "participation in treatment planning" (of care) and "perception of quality and appropriateness" satisfaction domains.
- The lowest level of satisfaction was with "perception of functioning."

	% Satisfied or Very Satisfied	
DOMAIN	ALL CLIENTS	OLDER ADULT
General Satisfaction	92.9	94.2
Perception of Access	89.8	89.9
Perception of Quality and Appropriateness	90.4	92.3
Perception of Participation in Treatment Planning	92.0	92.6
Perception of Outcome Services	74.6	75.6
Perception of Functioning	71.3	74.9
Perception of Social Connectedness	73.7	76.8

Quality of Life

- Of the quality of life domains, the highest scores were seen for the "personal safety" and "leisure" domains, and the lowest for "health."

	Mean Score on 7-point scale	
DOMAIN	ALL CLIENTS	OLDER ADULT
Sat with Living Situation	4.7	4.5
Leisure	4.6	4.9
Daily Activities	4.5	4.6
Family Relationships	4.7	4.6
Social Relations	4.4	4.8
Safety	4.9	5.0
Health	4.2	4.2

1 'Terrible' 2 'Unhappy' 3 'Mostly dissatisfied' 4 'Mixed' 5 'Mostly satisfied' 6 'Pleased' 7 'Delighted'.

Length of Service

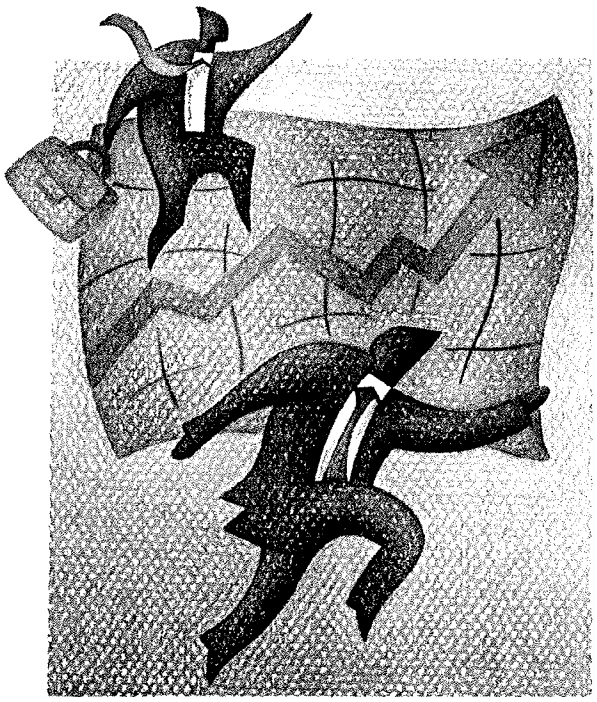
- 67.5% of consumers have been receiving services for more than one year.

	ALL CLIENTS	OLDER ADULT
How long have you received services here?	%	%
This is my first visit here.	2.0	0.5
> 1 visit but < 1 month	3.6	1.6
1 - 2 Months	7.9	5.2
3 - 5 Months	10.7	7.9
6 months to 1 year	16.2	17.3
More than 1 year	59.6	67.5

Youth Services Survey (YSS) Results

May 2009 Survey Period

San Diego County



Report prepared by the Child & Adolescent Services Research Center (CASRC)

Data source: 5/2009 YSS

CASRC (JRR, SCV, BG)

The Youth Services Survey (YSS)

Key Findings

1. Parents / caregivers report more satisfaction with services than Youth. This pattern has been consistent throughout the YSS survey process and reflects patterns seen in other satisfaction surveys.

2. The County outcome objective was met for parents/caregivers but not for youth. This pattern has been consistent over the past three years.

Introduction

One way to ensure that services are responsive to consumer needs is to collect information from youth and families about their satisfaction with services and their perspectives on the quality of services. In San Diego County, data on consumer satisfaction was collected through the state-mandated **Youth Services Survey (YSS)**, which is completed by all youth (ages 13+) and all available parents/caregivers, regardless of the youth/client age. The majority of questions on the YSS focus on satisfaction with the provision and results of services.

This report focused on results of the YSS from the May 2009 administration. All youth (ages 13+) and all parents/caregivers receiving services between May 4 – 15, 2009 were offered the YSS. The report provides survey results for all completed YSS forms.

Survey Results

Over 6,800 survey forms were submitted for the May 2009 YSS, including 4,360 forms from caregivers and 2,441 forms from youth. Over 4,400 of the forms were completed and had useable data. This included 2,665 forms from caregivers and 1,762 forms from youth. Overall, **65% of the forms that were turned in were completed.** Reasons for non-completion include refusals, caregiver not available (for a child in out of home care), and caregiver or child not showing up for a scheduled appointment.

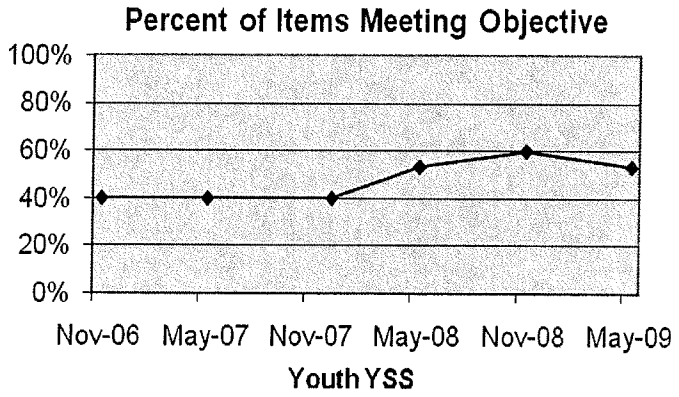
The first 15 items on the YSS address satisfaction issues, while the remaining items ask about client demographics, outcomes of services, and involvement with police and schools. The County has established an outcome objective regarding the satisfaction items for all contractors: Aggregated scores on the Youth Service Survey (YSS) and the Youth Services Survey Family (YSS-F) shall show an average of 80% or more of respondents responding in the two most favorable categories (e.g., 25% Agree plus 55% Strongly Agree) for at least 75% of the individual survey items. Countywide data on the outcomes objective is presented in this report.

Parent/caregivers are more satisfied with services than Youth respondents. Since the outcomes objective was initiated in November 2006, **parent scores have been above 80% for all of the satisfaction items on the survey**, and the objective has been satisfied.

Data source: 5/2009 YSS

CASRC (JRR, SCV, BG)

During the May 2009 YSS, **80% or more of youth responded in the two most favorable categories for 53.3% of the individual survey items.** While this was an improvement from previous survey periods, as shown in the figure below, the County's objective is not being met. It should be noted, though, that all of the youth items are above the 75% level, with the exception of one item, "I helped to choose my services," to which 63% of youth replied Agree or Strongly Agree. This item has consistently had the lowest rating over the past six YSS survey administrations.



County-wide item-level results for the Youth and Parent/Caregiver surveys are shown on the following pages. Unit and Subunit level results are available and will be transmitted to the County electronically, due to the large number of pages.

Next Steps

Two projects are currently underway to address the YSS results:

1) Analyses are being conducted to identify programs that consistently have the lowest ratings on the YSS over time. These programs will then be targeted to help them identify their weakness and develop a plan to improve their scores on future YSS surveys.

2) Focus groups will be conducted in Fall 2009 with youth and caregivers to discuss how they want to be involved in treatment planning and service decisions, and how providers could involve youth in treatment decisions in a more positive way.

Data source: 5/2009 YSS

CASRC (JRR, SCV, BG)

Youth Services Survey (YSS) Results
Countywide San Diego May 2009
Youth Form (Completed by Youth)

Submitted: 2441 Completed: 1762 Percent of Submitted Forms Completed: 72%
Not Completed: 679
Reason Not Completed: 310 Refused, 43 Impaired, 3 Language, 157 No Show, 102 Youth Unavailable, 64 Other

How long were services received?	Count	Percent		Count	Percent
One Visit	76	4.8	3 - 5 Months	301	19.1
> One Visit < One Month	104	6.6	6 Months to 1 Year	416	26.3
1 - 2 Months	213	13.5	More Than 1 Year	469	29.7

Questions based on services received in last 6 months	Strongly Disagree / Disagree %	Agree / Strongly Agree %
1. Overall, I am satisfied with the services I received	6.4	83.0
2. I helped to choose my services	18.7	63.0
3. I helped to choose my treatment goals	10.5	77.2
4. The people helping me stuck with me no matter what	6.8	80.3
5. I felt I had someone to talk to when I was troubled	8.1	80.6
6. I participated in my own treatment	6.2	81.5
7. I received services that were right for me	7.4	79.5
8. The location of services was convenient for me	8.1	79.6
9. Services were available at times that were convenient for me	7.7	77.6
10. I got the help I wanted	7.5	79.6
11. I got as much help as I needed	7.6	75.8
12. Staff treated me with respect	5.4	86.3
13. Staff respected my religious/spiritual beliefs	5.0	84.3
14. Staff spoke with me in a way that I understood	4.1	88.5
15. Staff were sensitive to my cultural/ethnic background	6.0	80.1

At least 80% of clients responded "Agree" or "Strongly Agree" to 8 of the 15 questions.
Percent of items to which 80% or more of clients responded "Agree" or "Strongly Agree" : 53.3 %.

As a result of the services received:

16. I am better at handling daily life	6.8	74.5
17. I get along better with family members	8.9	70.7
18. I get along better with friends and other people	5.7	78.7
19. I am doing better in school and/or work	8.7	73.2
20. I am better able to cope when things go wrong	8.1	73.0
22. I am better able to do things I want to do	9.6	73.4

*Percents may not add up to 100, as "Undecided" option has been omitted.

23. I know people who will listen and understand me when I need to talk.....	5.5	84.2
24. I have people that I am comfortable talking with about my problem(s).....	5.9	83.6
25. In a crisis, I would have the support I need from family or friends.....	5.1	81.7
26. I have people with whom I can do enjoyable things.....	3.8	87.2

***Child has lived in any of the following places in the last 6 months:**

Total Number responding to this question: **1654**

	Count	Percent
With one or both parents	1120	67.7
With another family member	299	18.1
Foster Home	152	9.2
Therapeutic foster home	17	1.0
Crisis shelter	17	1.0
Homeless shelter	17	1.0
Group home	231	14.0
Residential treatment center	87	5.3
Hospital	77	4.7
Local jail or detention facility	121	7.3
State correctional facility	16	1.0
Runaway/homeless/on the streets	82	5.0
Other	108	6.5

In the last year, child has seen a medical doctor for a health check-up or because child was sick:

	Count	Percent
Yes, in a clinic or office	799	47.4
Yes, but only in a hospital or emergency room	170	10.1
No	364	21.6
Do not remember	354	21.0
Total	1687	100.0

Child is on medication for emotional / behavioral problems:

Yes	653	39.4
No	1006	60.6
Total	1659	100.0

If on medication, was informed about what side effects to watch for:

Yes	457	77.9
No	130	22.1
Total	587	100.0

*Percents may not add up to 100, as respondent could indicate more than one choice.

In services for One Year or Less

Child was arrested since beginning to receive mental health services:

	Count	Percent
Yes	110	10.4
No	949	89.6
Total	1059	100.0

Child was arrested during the 12 months prior:

Yes	157	14.9
No	900	85.1
Total	1057	100.0

Encounters with police have:

been reduced	234	23.2
stayed the same	118	11.7
increased	44	4.4
not applicable	612	60.7
Total	1008	100.0

Child was expelled or suspended:

Yes	188	17.8
No	866	82.2
Total	1054	100.0

Child expelled during the 12 months prior:

Yes	271	26.1
No	769	73.9
Total	1040	100.0

Number of days child was in school is:

Greater	336	34.6
About the same	345	35.6
Less	71	7.3
Does not Apply	218	22.5
Total	970	100.0

Reason this Does not Apply:

No problems with attendance before services	144	82.3
Child was expelled from school	2	1.1
Child is home schooled	10	5.7
Child dropped out of school	4	2.3
Other	15	8.6
Total	175	100.0

*Percents may not add up to 100, as respondent could indicate more than one choice.

In services for More than one year

	Count	Percent
Child was arrested during the last 12 months:		
Yes	49	10.8
No	405	89.2
Total	454	100.0
Child was arrested during the 12 months prior:		
Yes	46	10.1
No	408	89.9
Total	454	100.0
Encounters with police have:		
been reduced	77	17.6
stayed the same	38	8.7
increased	20	4.6
not applicable	302	69.1
Total	437	100.0
Child was expelled or suspended in the last 12 months:		
Yes	99	22.0
No	350	78.0
Total	449	100.0
Child expelled during the 12 months prior:		
Yes	104	23.5
No	339	76.5
Total	443	100.0
Number of days child was in school is:		
Greater	156	37.1
About the same	134	31.9
Less	45	10.7
Does not Apply	85	20.2
Total	420	100.0
Reason this Does not Apply:		
No problems with attendance before services	56	80.0
Child was expelled from school	1	1.4
Child is home schooled	3	4.3
Child dropped out of school	1	1.4
Other	9	12.9
Total	70	100.0

*Percents may not add up to 100, as respondent could indicate more than one choice.

Client Information

I. Demographics

Client's Gender:	Count	Percent
Male	884	54.8
Female	715	44.4
Other	13	0.8
Total	1612	100.0

Parent of Mexican/Hispanic/Latino Origin:		
Yes	899	51.0
No	563	32.0
Unknown	300	17.0
Total	1762	100.0

*Client's Race(s):		
Total Number responding to this question: **1248**		
White/Caucasian	556	44.6
Black/African American	255	20.4
Asian	68	5.4
American Indian/Alaskan Native	131	10.5
Native Hawaiian/Other Pacific Islander	46	3.7
Other	440	35.3
Unknown	51	4.1

Client's Age:	
Minimum	13
Maximum	20
Mean	15.2
Standard Deviation	1.6

II. Outcomes

Physically Healthy

Client has an ongoing medical condition or chronic illness:	Count	Percent
Yes	257	15.9
No	1362	84.1
Total	1619	100.0

Staying Out of Trouble/Arrests

Client arrests for crimes in the past month:		
No arrests	1559	92.5
1 arrest	74	4.4
2 arrests	25	1.5
3 arrests	8	0.5
4 or more arrests	20	1.2
Total	1686	100.0

*Percents may not add up to 100, as respondent could indicate more than one choice.

II. Outcomes (cont'd)

Staying Out of Trouble/Substance Use

***Substances client used at least 1 time in the last month:**

Total Number responding to this question: **1645**

	Count	Percent		Count	Percent
Cigarettes	230	14.0	Inhalants, huffing	23	1.4
Ecstasy	36	2.2	Hallucinogens	14	0.9
Cocaine, crack	23	1.4	Alcohol, beer, wine	232	14.1
Marijuana	220	13.4	Opiates, heroin	12	0.7
Crystal meth, speed	23	1.4	Injected any substance	8	0.5

Successful in School

Days absent from school during the last month:

1 day or less	652	39.2
2 days	212	12.7
3 to 5 days	254	15.3
6 to 10 days	87	5.2
More than 10 days	85	5.1
Not applicable/Not in school	289	5.1
Do not remember	84	17.4
Total	1663	100.0

Cultural and Linguistic Competence

Language of YSS form:

Spanish	40	2.3
English	1722	97.7
Total	1762	100.0

Child has Medi-Cal (Medicaid) insurance:	Count	Percent
Yes	1225	79.0
No	325	21.0
Total	1550	100.0

Services received were provided in the preferred language:	Count	Percent
Yes	1487	94.6
No	85	5.4
Total	1572	100.0

Written information was available in the preferred language:

Yes	1410	91.3
No	135	8.7
Total	1545	100.0

***Those who helped complete any part of this survey:**

Total Number responding to this question: **1559**

Did not need any help	1160	74.4
A mental health advocate/volunteer	38	2.4
Another mental health consumer	18	1.2
A family member	136	8.7
A professional interviewer	29	1.9
Client's clinician/case manager	135	8.7
Staff member other than client's clinician/case manager	70	4.5
Someone else	70	4.5

*Percents may not add up to 100, as respondent could indicate more than one choice.

Youth Services Survey (YSS) Results
Countywide San Diego May 2009
Family Form (Completed by Parent/Caregiver)

Submitted: 4360 Completed: 2665 Percent of Submitted Forms Completed: 61%
Not Completed: 1695
Reason Not Completed: 542 Refused, 36 Impaired, 21 Language, 330 No Show, 444 Caregiver Unavailable, 322 Other

How long were services received?	Count	Percent		Count	Percent
One Visit	151	6.1	3 - 5 Months	427	17.1
> One Visit < One Month	138	5.5	6 Months to 1 Year	755	30.3
1 - 2 Months	328	13.1	More Than 1 Year	696	27.9

Questions based on services received in last 6 months	Strongly Disagree / Disagree %	Agree / Strongly Agree %
1. Overall, I am satisfied with the services my child received	2.5	93.0
2. I helped to choose my child's services	4.9	91.4
3. I helped to choose my child's treatment goals	3.4	92.9
4. The people helping my child stuck with us no matter what	3.1	92.3
5. I felt my child had someone to talk to when he/she was troubled	2.9	91.3
6. I participated in my child's treatment	2.4	94.9
7. The services my child and/or family received were right for us	2.1	90.4
8. The location of services was convenient for us	3.9	93.0
9. Services were available at times that were convenient for us	2.9	94.1
10. My family got the help we wanted for my child	2.8	89.3
11. My family got as much help as we needed for my child	4.1	84.3
12. Staff treated me with respect	1.6	97.4
13. Staff respected my family's religious/spiritual beliefs	1.3	96.4
14. Staff spoke with me in a way that I understood	1.6	97.4
15. Staff were sensitive to my cultural/ethnic background	1.5	96.4

At least 80% of clients responded "Agree" or "Strongly Agree" to 15 of the 15 questions.
Percent of items to which 80% or more of clients responded "Agree" or "Strongly Agree" :100.0 %.

As a result of the services received:

16. My child is better at handling daily life	7.1	73.4
17. My child gets along better with family members	7.3	74.8
18. My child gets along better with friends and other people	5.4	77.2
19. My child is doing better in school and/or work	9.9	73.5
20. My child is better able to cope when things go wrong	10.8	68.0
21. I am satisfied with our family life right now	13.4	68.7
22. My child is better able to do things he or she wants to do	8.0	73.6

*Percents may not add up to 100, as "Undecided" option has been omitted.

23. I know people who will listen and understand me when I need to talk.....	2.6	91.9
24. I have people that I am comfortable talking with about my child's problem(s)..	3.1	93.5
25. In a crisis, I would have the support I need from family or friends.....	5.0	88.9
26. I have people with whom I can do enjoyable things.....	3.5	91.0

Child is currently living with respondent:	**Count**	**Percent**
Yes	2474	95.5
No	117	4.5
Total	2591	100.0

***Child has lived in any of the following places in the last 6 months:**

Total Number responding to this question: **2222**

	Count	**Percent**
With one or both parents	1820	81.9
With another family member	226	10.2
Foster Home	128	5.8
Therapeutic foster home	21	0.9
Crisis shelter	23	1.0
Homeless shelter	29	1.3
Group home	71	3.2
Residential treatment center	95	4.3
Hospital	55	2.5
Local jail or detention facility	55	2.5
State correctional facility	12	0.5
Runaway/homeless/on the streets	31	1.4
Other	82	3.7

In the last year, child has seen a medical doctor for a health check-up or because child was sick:

	Count	**Percent**
Yes, in a clinic or office	1718	67.9
Yes, but only in a hospital or emergency room	119	4.7
No	561	22.2
Do not remember	134	5.3
Total	2532	100.0

Child is on medication for emotional / behavioral problems:

Yes	1012	40.4
No	1494	59.6
Total	2506	100.0

If on medication, was informed about what side effects to watch for:

Yes	841	92.8
No	65	7.2
Total	906	100.0

*Percents may not add up to 100, as respondent could indicate more than one choice.

In services for One Year or Less

Child was arrested since beginning to receive mental health services:

	Count	Percent
Yes	68	4.0
No	1648	96.0
Total	1716	100.0

Child was arrested during the 12 months prior:

Yes	120	7.0
No	1594	93.0
Total	1714	100.0

Encounters with police have:

been reduced	170	11.0
stayed the same	53	3.4
increased	40	2.6
not applicable	1286	83.0
Total	1549	100.0

Child was expelled or suspended:

Yes	247	14.4
No	1466	85.6
Total	1713	100.0

Child expelled during the 12 months prior:

Yes	371	22.2
No	1303	77.8
Total	1674	100.0

Number of days child was in school is:

Greater	308	20.7
About the same	573	38.5
Less	93	6.3
Does not Apply	514	34.5
Total	1488	100.0

Reason this Does not Apply:

No problems with attendance before services	347	87.0
Child is too young to be in school	14	3.5
Child was expelled from school	0	0.0
Child is home schooled	9	2.3
Child dropped out of school	4	1.0
Other	25	6.3
Total	399	100.0

*Percents may not add up to 100, as respondent could indicate more than one choice.

In services for More than one year

Child was arrested during the last 12 months:

	Count	Percent
Yes	36	5.4
No	628	94.6
Total	664	100.0

Child was arrested during the 12 months prior:

Yes	24	3.6
No	637	96.4
Total	661	100.0

Encounters with police have:

been reduced	53	8.5
stayed the same	27	4.3
increased	31	5.0
not applicable	510	82.1
Total	621	100.0

Child was expelled or suspended in the last 12 months:

Yes	136	20.6
No	525	79.4
Total	661	100.0

Child expelled during the 12 months prior:

Yes	124	19.4
No	514	80.6
Total	638	100.0

Number of days child was in school is:

Greater	121	20.8
About the same	224	38.6
Less	47	8.1
Does not Apply	189	32.5
Total	581	100.0

Reason this Does not Apply:

No problems with attendance before services	158	95.2
Child is too young to be in school	1	0.6
Child was expelled from school	0	0.0
Child is home schooled	0	0.0
Child dropped out of school	0	0.0
Other	7	4.2
Total	166	100.0

*Percents may not add up to 100, as respondent could indicate more than one choice.

Client Information

I. Demographics

Client's Gender:	Count	Percent
Male	1635	64.1
Female	915	35.9
Other	1	0.0
Total	2551	100.0

Parent of Mexican/Hispanic/Latino Origin:		
Yes	1547	58.0
No	897	33.7
Unknown	221	8.3
Total	2665	100.0

*Client's Race(s):		
Total Number responding to this question: **1792**		
White/Caucasian	939	52.4
Black/African American	332	18.5
Asian	68	3.8
American Indian/Alaskan Native	96	5.4
Native Hawaiian/Other Pacific Islander	38	2.1
Other	597	33.3
Unknown	17	0.9

Client's Age:	
Minimum	0
Maximum	817
Mean	11.8
Standard Deviation	16.1

II. Outcomes

Physically Healthy

Client has an ongoing medical condition or chronic illness:	Count	Percent
Yes	643	25.7
No	1861	74.3
Total	2504	100.0

Staying Out of Trouble/Arrests

Client arrests for crimes in the past month:		
No arrests	2506	98.0
1 arrest	43	1.7
2 arrests	4	0.2
3 arrests	0	0.0
4 or more arrests	4	0.2
Total	2557	100.0

*Percents may not add up to 100, as respondent could indicate more than one choice.

II. Outcomes (cont'd)

Staying Out of Trouble/Substance Use

***Substances client used at least 1 time in the last month:**

Total Number responding to this question: **2422**

	Count	Percent		Count	Percent
Cigarettes	101	4.2	Inhalants, huffing	3	0.1
Ecstasy	4	0.2	Hallucinogens	4	0.2
Cocaine, crack	4	0.2	Alcohol, beer, wine	90	3.7
Marijuana	106	4.4	Opiates, heroin	5	0.2
Crystal meth, speed	4	0.2	Injected any substance	2	0.1

Successful in School

Days absent from school during the last month:

1 day or less	1361	54.7
2 days	328	13.2
3 to 5 days	365	14.7
6 to 10 days	81	3.3
More than 10 days	71	2.9
Not applicable/Not in school	150	5.4
Do not remember	134	6.0
Total	2490	100.0

Cultural and Linguistic Competence

Language of YSS form:

Spanish	946	35.5
English	1719	64.5
Total	2665	100.0

Child has Medi-Cal (Medicaid) insurance:	Count	Percent
Yes	2085	82.0
No	458	18.0
Total	2543	100.0

Services received were provided in the preferred language:	Count	Percent
Yes	2440	98.2
No	45	1.8
Total	2485	100.0

Written information was available in the preferred language:

Yes	2409	97.9
No	51	2.1
Total	2460	100.0

***Those who helped complete any part of this survey:**

Total Number responding to this question: **2481**

Did not need any help	2179	87.8
A mental health advocate/volunteer	27	1.1
Another mental health consumer	12	0.5
A family member	59	2.4
A professional interviewer	32	1.3
Client's clinician/case manager	166	6.7
Staff member other than client's clinician/case manager	40	1.6
Someone else	44	1.8

*Percents may not add up to 100, as respondent could indicate more than one choice.

CRITERION 8

COUNTY OF SAN DIEGO MENTAL HEALTH SYSTEM

ADAPTATION OF SERVICES

CRITERION 8– ADAPTATION OF SERVICES

Directory of BHS Providers	8.II.A.1-103
Policy & Procedure 01-06-207: Grievances & Appeals	8.IV.C.1-4

County of San Diego
Health and Human Service Agency

Directory of Organizational Providers for Behavioral Health Services

Access and Crisis Line (ACL): 1-800-479-3339

September 2010

Behavioral Health Emergency Services

If you or your family member are having a mental health emergency:

- **Call 911 or go to your local hospital emergency room.**
- **Call the Access and Crisis Line at 1-800-479-3339. Clinicians answer the phones 24 hours a day, seven days a week, to provide immediate crisis interventions and provide linkages/referrals to appropriate services as needed.**
  TTY: (619) 641-6992.
- **Go to the County Psychiatric Hospital Emergency Psychiatric Unit (EPU) (adults only) located at 3853 Rosecrans St., San Diego, CA 92110, Phone: (619) 692-8200, or your nearest hospital emergency room.**
- **Take children to the Emergency Screening Unit (ESU) at 730 Medical Center Court, Chula Vista, CA 91911 for 24-hour emergency mental health assessment and referral.**
  Phone: (619) 421-6900.
- **Call your doctor or therapist.**
- **For other immediate needs, you may walk-in for screening and/or evaluation at the closest adult mental health clinic with daytime walk-in hours. Schedules are available by calling the Access and Crisis Line at 1-800-479-3339.**

Service Information

- Services are available for individuals with Medi-Cal, limited insurance or without insurance.
- Programs may change program fees based on individuals' income and ability to pay. No one can be denied services based on ability to pay. Client fees are waived for Medi-Cal eligible persons participating in Medi-Cal certified services (except for required share of cost).
- Free Interpreter services are available through the County at all Mental Health programs.
- Except as restricted by State licensing regulations, services are provided without discrimination on the basis of age, sex, race, disability, or ability to pay.
- For help in locating an Organizational Provider clinic convenient to you, call the Access and Crisis Line at 1-800-479-3339. The County also has a network of individual and small group Fee For Service (FFS) mental health providers. The Access and Crisis Line can help you find one who is taking new clients, since this changes often. You can also ask for a FFS provider list in your region.
- To help you with problems concerning Mental Health Services or for grievances and appeals, call toll free: **Inpatient and residential services:** JFS Patient Advocacy Services at 1-800-479-2233. **Outpatient and non-residential services:** Consumer Center for Health and Education & Advocacy at 1-877-734-3258.

Legend: Gay/Lesbian/Bi-sexual/Transgender=GLBT Middle Eastern = ME African-American = Afr Amer
Southeast Asian = SEA Hispanic/Latino = HL Homeless = HML Eastern European = EE American Indian = AI
Severely Emotionally Disturbed = SED Transitional Age Youth = TAY

Services are located throughout San Diego County. The Directory lists the services locations for each program in the column called "Region" The regions of San Diego are shown in this map.

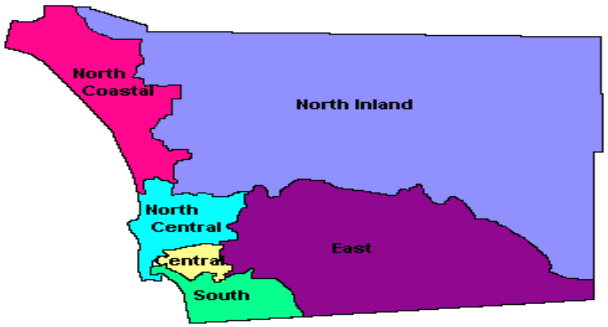


Table of Contents

Access and Crisis Line	1	ADS Residential Programs	21
ADS Non-Residential Services	1	ADS Special Services – HIV Counseling and Testing Services	29
ADS Prevention and Education Services	9	Advocacy	29
ADS Case Management	14	Mental Health Case Management	31
ADS Detoxification Services	15	Clubhouses	33
ADS Justice Programs &	15	Crisis Services	36
ADS Justice Programs - Adult Drug Court	16	Day Program	40
ADS Justice Programs – DUI	17	Full-Service Partnership	47
ADS Justice Programs – Juvenile Drug Court	19	Hospital Inpatient Psychiatric	50
ADS Justice Programs – PC 1000	19	Juvenile Forensic Services	55
ADS Residential Detoxification Services	21	Other CalWORKs	56

Table of Contents

Other Conservator Services	58	Special Education Services	97
Other Employment Services	58	Therapeutic Behavioral Services	98
Other Forensic Adult	59		
Other Jail	60		
Other Outreach	61		
Other Training	61		
Outpatient	62		
Prevention and Early Intervention	85		
Residential – Adult – Semi-supervised Living	95		
Residential - Adult	95		
Residential - Children	96		

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Access and Crisis Line	Access and Crisis Line	(800) 479-3339 TDD (619) 641-6992	24/7	Countywide	All Ages	All	All	Telephone Crisis and Suicide Intervention, Information and Referral
ADS Non-Residential Services	Catholic Charities Inc. Rachel's Women's Center 759 Eighth Ave. San Diego, CA 92101	(619) 696-0873	Mon - Sun 7:00 am - 5:00 pm	Central	Homeless Women			A daytime drop-in recovery center for homeless women in downtown San Diego. Offers lunch, laundry, and shower facilities on a first-come, first-served basis.
ADS Non-Residential Services	CRASH Options For Recovery Options Women's Recovery Center 5605 El Cajon Blvd. San Diego, CA 92115	(619) 229-8201	Mon, Wed, Fri 8:00 am - 7:30 pm Tue, Thu 8:00 am - 5:00 pm	Central	Women and Children			Non-residential treatment program for women with a history of drug or alcohol abuse. Includes alcohol and drug counseling. Supervised visitation for non-custodial mothers.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Non-Residential Services	MHS - North Inland Teen Recovery Center (TRC) 340 Rancheros Dr. Suite 166 San Marcos, CA 92069	(760) 744-3672	Mon - Fri 9:00 am - 6:00 pm	North Inland	Adolescents			An individualized non-residential treatment service.
ADS Non-Residential Services	MHS - Harmony Women's Recovery Center 6154 Mission Gorge Rd., Ste. 120 San Diego, CA 92120	(619) 285-1718	Mon - Fri 9:00 am - 8:30 pm	North Central	Women and Children			An outpatient treatment and recovery facility for female recovering alcoholics and drug addicts, their children, and families.
ADS Non-Residential Services	MHS - North Inland Regional Recovery Center (RRC) 620 North Ash St. Escondido, CA 92027	(760) 741-7708	Mon - Thu 9:00 am - 9:00 pm Fri 9:00 am - 9:00 pm	North Inland	Adults, Older Adults	Spanish		Drug abuse services: outpatient program; individual, family, and group counseling; drug information; nonmedical detoxification; supervised activities; and vocational counseling.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Non-Residential Services	MHS - North Central Regional Recovery Center (RRC) 6693 Convoy Ct. San Diego, CA 92111	(858) 292-5670	Mon - Fri 8:30 am - 5:00 pm	North Central	Adults, Older Adults			Drug abuse services including outpatient program; individual, family, and group counseling; drug information; nonmedical detoxification; supervised activities; and vocational counseling.
ADS Non-Residential Services	MHS - Family Recovery Center 1100 Sportfisher Dr. Oceanside, CA 92054	(760) 439-6702	Mon - Thu 8:00 am - 8:00 pm Fri 8:00 am - 6:30 pm	North Coastal	Women, Children			A six- to nine-month day treatment program serving pregnant mothers with a history of drug or alcohol abuse, mothers of newly delivered children who have tested positive for drugs.
ADS Non-Residential Services	MHS Mid-Coast Regional Recovery Center 3340 Kemper St. Suite 105 San Diego, CA 92110	(619) 523-8121						

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Non-Residential Services	MITE - North Coastal Regional Recovery Center Oceanside, CA 92054	(760) 721-2781						
ADS Non-Residential Services	MITE - Options South Bay Women's Recovery Center 251 Palomar St., Ste. A Chula Vista, CA 91911	(619) 498-0908	Mon - Fri 9:00 am - 5:30 pm	South	Women, Children			Offers a day treatment program serving pregnant women and mothers who have a history of drug or alcohol abuse. Co-op childcare is provided.
ADS Non-Residential Services	MITE - North Central Teen Recovery Center 7867 Convoy Court San Diego, CA 92121	(858) 277-4633 (858) 578-5612	Mon - Fri 10:30 am - 7:00 pm Sat 10:00 am - 2:00 pm	North Central	Adolescents	Italian, Spanish		An individualized non-residential treatment service.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Non-Residential Services	MITE - South Bay East Teen Recovery Center (TRC) 2429 Fenton St., Bldg. 5 Chula Vista, CA 91914	(619) 482-9300	Mon - Fri 10:30 am - 7:00 pm Sat 10:30 am - 1:30 pm	South	Adolescents	Spanish		An individualized non-residential treatment service.
ADS Non-Residential Services	MITE - North Rural Teen Recovery Center (TRC) 323 Hunter St. Ramona, CA 92065	(760) 788-6520	Mon - Fri 9:00 am - 6:00 pm	North	Adolescents			An individualized non-residential treatment service.
ADS Non-Residential Services	MITE - South Bay Regional Recovery Center 1180 Third Ave. Suite 3 Chula Vista, VCA 91911	(619) 691-8164						

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Non-Residential Services	MITE - East County/Northern Teen Recovery Center 7800 University Ave. La Mesa, CA 91942	(619) 465-4349						
ADS Non-Residential Services	North County Serenity House - Serenity Too Outpatient and Day Treatment Address Confidential	(760) 741-5098	Mon - Fri 9:00 am - 4:00 pm	North Inland	Adult Women and their children			A nonresidential day treatment program for alcoholic and drug-dependent women. Counseling and AA and NA group meetings are included in the treatment.
ADS Non-Residential Services	Palavra Tree - Central South East Teen Recovery Center (TRC) 1212 South 43rd St., Ste. C San Diego, CA 92113	(619) 263-7768	Mon - Fri 8:30 am - 5:30 pm	Central	Adolescents	Spanish		A non-residential alcohol and drug treatment and recovery services for adolescents in the central and southeast regions of the City of San Diego.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Non-Residential Services	Palavra Tree - Central Southwest Teen Recovery Center (TRC) 2878 Imperial Ave. San Diego, CA 92102	(619) 238-7393	Mon - Fri 8:30 am - 5:30 pm	Central	Adolescents			Provides non-residential alcohol and drug treatment and recovery services for adolescents in the central and southeast regions of the City of San Diego.
ADS Non-Residential Services	Phoenix House Teen Recovery Center 785 Grand Ave. Carlsbad, CA 92008	(760) 729-2830	Mon - Fri 11:00 am - 8:00 pm	North Coastal	Adolescents			A outpatient substance abuse treatment services for adolescents and their families. Offers after-school treatment, weekday sessions, and structured weekend activities.
ADS Non-Residential Services	SDYCS - Teen Options 3660 Fairmount Ave. San Diego, CA 92105	(619) 521-2250	Mon - Fri 8:00 am - 4:30 pm	Central	Pregnant and Parenting Adolescent Girls and their children			A day treatment program for pregnant and parenting adolescent women who are suing alcohol or drugs.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Non-Residential Services	Stepping Stone 3969 4th Ave., Stes. 201 & 208 San Diego, CA 92103	(619) 295-3995 (619) 278-0795	Mon - Fri 9:00 am - 9:00 pm Sun 4:30 pm - 8:00 pm	Central	Adults, Older Adults			A non-residential alcohol and drug treatment with special emphasis on services to GLBT population.
ADS Non-Residential Services	UCSD Regents of the University of California - Co-Occurring Disorders Program Dual Disorders Integrated Treatment and Recovery 140 Arbor Dr. San Diego, CA 92103	(619) 497-6692	Mon, Thu 8:30 am - 7:00 pm Tue, Wed 8:30 am - 6:00 pm Fri 8:30 am - 5:00 pm	Central	Adults, Older Adults, Co-Occurring Disorders			An intensive outpatient services for adults with psychiatric and substance abuse disorders.
ADS Non-Residential Services	UPAC 3288 El Cajon Blvd., Ste. 13 San Diego, CA 92104	(619) 521-5720	Mon - Fri 8:30 am - 8:30 pm		Adolescents			A substance abuse treatment services to help adolescents combat chemical dependency and gang involvement.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Non-Residential Services	VHF - ParentCare Family Recovery Center (East Region) 4990 Williams Ave. La Mesa, CA 91941	(619) 698-1663	Mon - Fri 8:00 am - 5:00 pm	East	Women and Children	Spanish		A 6-9 month program that includes an initial diagnostic assessment, treatment planning, individual counseling, treatment planning, individual counseling, treatment sessions 3 evenings/week.
ADS Prevention and Education Services	Health Advocates Rejecting Marijuana (HARM) P.O. Box 2448 Del Mar, CA 92014-1748	(858) 755-6598						
ADS Prevention and Education Services	Methamphetamine Strike Force (MSF) 590 Third Ave., Ste. 204 Chula Vista, CA 91910	(619) 476-9100	Mon - Fri 9:00 am - 5:00 pm	Countywide	All	Spanish		Facilitates and coordinates the multi-system, multi-partner Methamphetamine Strike Force to address methamphetamine issues in San Diego County.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Prevention and Education Services	MHS - North Inland Community Prevention Program (NICPP) 12344 Oak Knoll Rd., Suite C-1 Poway, CA 92064	(858) 391-9303	Mon - Fri 9:00 am - 5:00 pm	North Inland	All			A program that address problems associated with alcohol, tobacco, and other drug use. Use an environmental prevention strategy.
ADS Prevention and Education Services	Prevention Evaluation Project Center for Community Research 3111 Camino Del Rio North Suite 400 San Diego, CA92108	(619) 528-2235						
ADS Prevention and Education Services	Responsible Hospitality Coalition 13753 Recuerdo Dr. Del Mar, CA 92014	(858) 793-1585	Mon - Fri 9:00 am - 5:00 pm	Countywide	All	Spanish		Countywide efforts to educate owners and employees of licensed alcohol establishments to adopt responsible business practices and policies regarding alcohol beverage sales.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Prevention and Education Services	San Dieguito Alliance for Drug-Free Youth P.O. Box 2448 Del Mar, CA 92014	(858) 755-6598	Mon - Fri 9:00 am - 5:00 pm	North Coastal	All	Spanish		Regional prevention services provide alcohol and other drug prevention activities designed to reduce substance abuse in communities.
ADS Prevention and Education Services	Tri-City Prevention Collaborative Vista Community Clinic 1000 Vale Terrace Vista, CA 92084	(760) 407-1220, Ext. 150	Mon - Fri 8:00 am - 4:30 pm	North Coastal	All	Spanish		Regional prevention services provide alcohol and other drug prevention activities designed to reduce substance abuse in communities.
ADS Prevention and Education Services	East County Community Change Change Project Institutue for Public Strategies 131 Avocado Ave. El Cajon, CA 92020	(619) 456-9607	Mon - Fri 9:00 am - 5:00 pm	East	All			Provides alcohol and other drug prevention activities designed to reduce substance abuse in communities by using community-based, environmental prevention strategies.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Prevention and Education Services	Information & Prevention Support Services, Media Advocacy 590 Third Ave., Ste. 204 Chula Vista, CA 91910	(619) 476-9100	Mon - Fri 9:00 am - 5:00 pm	Countywide	All	Spanish		Provides coordination, planning, technical assistance and support to alcohol and other drug prevention service providers and strategic partners regarding media advocacy efforts.
ADS Prevention and Education Services	IPS - South Bay Community Change Project 590 Third Ave., Ste. 204 Chula Vista, CA 91910	(619) 476-9100	Mon - Fri 9:00 am - 5:00 pm	South	All	Spanish		Regional prevention services provide alcohol and other drug prevention activities designed to reduce substance abuse in communities.
ADS Prevention and Education Services	Prevention Services Friday Night Live/Club Live 6401 Linda Vista Rd. San Diego, CA 92111	(619) 718-6667 (619) 718-6668	Mon - Fri 8:30 am - 8:30 pm	Countywide	Schools	Spanish		Provides Friday Nite Live and Club Live services, alternate activities and youth leadership development in County schools to reduce youth alcohol and other drug use.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Prevention and Education Services	SAY San Diego, Inc. - North City Prevention Coalition 4340 Genesee Ave Suite 207 San Diego, CA 92117	(619) 582-9056 ext 201	Mon - Fri 9:00 am - 5:00 pm	North	All			
ADS Prevention and Education Services	SAY San Diego, Inc. Mid-City for Youth 5348 University Ave. San Diego, CA 92105	(619) 283-9624	Mon - Fri 8:30 am - 8:30 pm	Central	All	Spanish		Regional prevention services provide alcohol and other drug prevention activities designed to reduce substance abuse in communities.
ADS Prevention and Education Services	Tijuana Border Project Institute for Public Strategies (IPS) 590 Third Ave Suite 204 Chula Vista, CA 91910	(619) 476-9100, ext 329	Mon - Fri 9:00 am - 5:00 pm	Countywide	All			Regional prevention services provide alcohol and other drug prevention activities designed to reduce substance abuse in communities.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Prevention and Education Services	Vitality San Diego Institute for Public Strategies 590 Third Ave., Ste. 204 Chula Vista, CA 91910	(619) 476-9100 ext 315	Mon - Fri 9:00 am - 5:00pm	Central West	All			Regional prevention services provide alcohol and other drug prevention activities designed to reduce substance abuse in communities by using community-based, environmental prevention strategies.
ADS Case Management	MHS - Parolee Partnership Program (P3) 2535 Camino Del Rio S., Ste. 230 San Diego, CA 92108	(619) 220-7090	Mon - Fri 8:30 am - 4:30 pm	Countywide	Adult, Older Adult Parolees Only			Six months of intensive case management and recovery services to ex-offenders and parolees at risk of continuing their alcohol and/or drug abuse.
ADS Case Management Perinatal	VHF - Perinatal Case Management 4990 Williams Ave. La Mesa, CA 91941	(619) 698-1663 (619) 668-4200	Mon - Fri 8:30 am - 4:30 pm	East	Women			A continuous, long-term outpatient case management to assist women who are drug and/or alcohol users, pregnant or parenting, in finding services to support long-term recovery.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Detoxification Services	MITE - Detox	(619) 440-4801 (Screening and Intake)	24/7	Countywide	Adults, Older Adults			Offers a 5-14 day residential social model detoxification program for adults who are experiencing problems with alcohol and other drugs.
ADS Detoxification Services	MITE - Options, KIVA & Perinatal Detox 2049 Skyline Dr. Lemon Grove, CA 91945	(619) 465-7303	24/7	East	Adult Women and their children			Offers a long-term (6-12 months) residential program for chemically dependent pregnant or parenting women and their children.
ADS Justice Programs	MHS - Serial Inebriate Program (SIP) 3340 Kemper St., Ste. 105 San Diego, CA 92110	(619) 523-8121	Mon - Fri 8:30 am - 5:00 pm	North Central	Adults, Older Adults			Provides non-residential treatment to chronic alcoholics referred by the police dept. Services include counseling and linkages to appropriate community resources and sober living.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Justice Programs	SDYCS - Breaking Cycles 7798 Starling Dr., Ste. 200 San Diego, CA 92123	(858) 492-2300	Mon - Fri 8:00 am - 5:00 pm	Central	Adolescents			Provides alcohol and drug assessment, intervention, educational groups, and case management for probation involved juveniles.
ADS Justice Programs Adult Drug Court	MHS - San Diego Center for Change -Adult Drug Court 3340 Kemper St., Stes. 101 & 209 San Diego, CA 92110	(619) 758-1433	Mon - Fri 8:00 am - 5:00 pm	Central	Adults, Older Adults			Provides a 12-month outpatient substance abuse treatment program with 6 months' after care to alcohol or drug-abusing felons.
ADS Justice Programs Adult Drug Court	MHS - South County Center for Change - Adult Drug Court 1515 Palm Avenue San Diego, CA 92154	(619) 429-4117	Mon - Fri 8:30 am - 5:30 pm	South	Adults, Older Adults	Spanish		Provides a 12-month outpatient substance abuse treatment program with 6 months' after care to alcohol or drug-abusing felons.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Justice Programs Adult Drug Court	MHS - North County Center for Change - Adult Drug Court 504 West Vista Way Vista, CA 92083	(760) 940-1836	Mon - Fri 9:00 am - 5:00 pm	North Central	Adults, Older Adults			Provides a 12-month outpatient substance abuse treatment program with 6 months' after care to alcohol or drug-abusing felons.
ADS Justice Programs Adult Drug Court	MHS - East County Center for Change - Adult Drug Court 545 Magnolia Ave. El Cajon, CA 92020	(619) 579-0947	Mon - Fri 8:30 am - 8:00 pm	East	Adults, Older Adults			Provides a 12-month outpatient substance abuse treatment program with 6 months' after care to alcohol or drug-abusing felons.
ADS Justice Programs DUI	SDSU - Central District Driving Under the Influence (DUI) Program 9245 Sky Park Ct., Ste. 101 San Diego, CA 92123	(858) 467-6810	Mon - Fri 8:00 am - 5:30 pm (Business office closed Noon - 1:00 pm)	Central	Adults, Older Adults	Spanish		State licensed Driving Under the Influence (DUI) program. Enrollment requires a referral.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Justice Programs DUI program, referral only	ECS - East County ACCORD DUI Program 7474 El Cajon Blvd. La Mesa, CA 91941	(619) 741-8147	Mon - Fri 9:00 am - 5:30 pm	East	Adults, Older Adults	Spanish		Provides mandated services for any individual arrested for, or convicted of, driving under the influence of alcohol and/or drugs in California. Enrollment requires a referral.
ADS Justice Programs DUI program, referral only	MAAC Project - (DUI) Program 1355 Third Ave. Chula Vista, CA 91911	(619) 409-1780	Mon - Fri 8:30 am - 5:00 pm	South	Adults, Older Adults	Spanish		State licensed Driving Under the Influence (DUI) program. Enrollment requires a referral.
ADS Justice Programs DUI program, referral only	MHN - Occupational Health Services DUI Program 1050 Los Vallecitos Bvd. Suite 109 San Marcos, CA 92069	(760) 752-5300	Mon - Fri 9:00 am - 7:00 pm	North	Adults, Older Adults	Spanish		State licensed Driving Under the Influence (DUI) program. Enrollment requires a referral.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Justice Programs DUI program, referral only	SDSU Foundation - Binge and Underage Drinking Initiative 6505 Alvarado Rd., Ste. 205 San Diego, CA 92120	(619) 594-3400	Mon - Fri 8:30 am - 8:30 pm	Countywide				Facilitates and coordinates a multi-system prevention strategy to reduce binge and underage drinking, which includes the Policy Panel to Reduce Underage Drinking.
ADS Justice Programs Juvenile Drug Court	VHF - Juvenile Drug Court 2901 Meadow Lark Drive San Diego, CA 92123	(858) 694-4729 (858) 514-5101	Mon - Fri 8:00 am - 5:00 pm	Countywide	Adolescents			Offers substance abuse treatment, alcohol and drug education, and case management. Covers experimental use, abuse and/or addiction, shoplifting prevention, graffiti education, anger management, smoking awareness classes, behavioral accountability classes.
ADS Justice Programs PC 1000, referral only	MITE - Central District PC 1000 3954 Murphy Canyon Rd., Ste. D202 San Diego, CA 92123	(858) 505-8031	Mon - Fri 9:00 am - 5:00 pm	Central	Adults, Older Adults	Spanish		PC 1000 Deferred Entry of Judgment/AIDS Education program. Provides court-ordered education and counseling services related to specific drug-related offenses and prostitution offenses. Requires a referral from court or Probation.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Justice Programs PC1000 Referral only	MITE - East County PC 1000 Deferred Entry of Judgment & AIDS Education Program 1365 N. Johnson Ave., Ste. 111 El Cajon, CA 92020	(619) 440-4801, Ext. 121	Mon - Fri 9:00 am - 5:00 pm	East	Adults, Older Adults	Spanish		PC 1000 Deferred Entry of Judgment/AIDS Education program. Provides court-ordered education and counseling services related to specific drug-related offenses and prostitution offenses. Requires a referral from court or Probation.
ADS Justice Programs PC1000 Referral only	MITE - South Bay PC 1000, Deferred Entry of Judgment & AIDS Education Program 1180 Third Ave., Ste. 3 Chula Vista, CA 91911	(619) 691-8164 (619) 422-3918	Mon - Fri 9:00 am - 5:00 pm	South	Adults, Older Adults	Spanish		PC 1000 Deferred Entry of Judgment/AIDS Education program. Provides court-ordered education and counseling services related to specific drug-related offenses and prostitution offenses. Requires a referral from court or Probation.
ADS Justice Programs PC1000, referral only	MITE - North County PC 1000, Deferred Entry of Judgment & AIDS Education Program 2821 Oceanside Blvd. Oceanside, CA 92054	(760) 721-2743	Mon - Wed 9:00 am - 8:30 pm Thu 9:00 am - 7:30 pm Fri 9:00 am - 5:00 pm	North Coastal	Adults, Older Adults	Spanish		PC 1000 Deferred Entry of Judgment/AIDS Education program. Provides court-ordered education and counseling services related to specific drug-related offenses and prostitution offenses. Requires a referral from court or Probation.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Residential Detoxification Services	Volunteers of America - Detox Residential Services 120 Elm St. San Diego CA 92101	(619) 819-1717	24/7	Central	Adults, Older Adults			Offers a 5-14 day residential social model detoxification program for adults who are experiencing problems with alcohol and other drugs.
ADS Residential Program	Alpha Project for the Homeless Casa Raphael 993 Postal Way Vista, CA 92083	(760) 630-9922	24/7	North Coastal	Adults, Older Adults Males			Residential treatment program for men who are homeless, at risk of becoming homeless, and very low income.
ADS Residential Program	CRASH-Bill Dawson Residential Recovery Program 726 "F" St., 2nd Floor San Diego, CA 92101	(619) 293-9691	24/7	Central	Adults, Older Adults			A long-term residential rehabilitation program for alcohol and drug abusers (4-6 months). Provides group therapy, individual counseling, and peer support to assist residents in remaining drug free.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Residential Program	CRASH - City Heights Men's Residential Facility (Short-Term I) 4161 Marlborough Ave. San Diego, CA 92105	(619) 282-7274	24/7	Central	Adult, Older Adult Males	Spanish		A short-term residential alcohol and drug treatment program (30-90 days) for men, including group therapy, individual counseling, and peer support. Program also includes nonresidential after-care services.
ADS Residential Program	CRASH - Short Term II Women's Residential Program 2410 "E" St. San Diego, CA 92102	(619) 234-3346	24/7	Central	Adult Women, Older Adult Women	Spanish		A short-term residential alcohol and drug treatment program (30-90 days) for women, including group therapy, individual counseling, and peer support.
ADS Residential Program	Crossroads Foundation 3594 Fourth Ave. San Diego, CA 92103	(619) 296-1151	24/7	Central	Women			For women recovering from alcoholism and/or drug addiction. Self-help-oriented treatment based on the AA and NA 12-step programs.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Residential Program	Freedom Ranch, San Diego , Inc. 1777 Buckman Springs Rd. Campo, CA 91906	(619) 478-5696	Mon - Fri 9:00 am - 3:00 pm	East	Men			A residential alcohol and drug recovery program for men. Services include educational groups and AA and NA meetings and peer group interactions.
ADS Residential Program	Heartland House Twelfth Step House, Inc. 5855 Streamview Dr. San Diego, CA 92105	(619) 239-9691	24/7	Central	Men			Residential treatment that offers residents an opportunity to regain and maintain sobriety through close association with persons having many years of sober living. Offers Twelve Step meetings, alcohol and drug education, relapse prevention.
ADS Residential Program	House of Metamorphosis 2970 Market St. San Diego, CA 92102	Intake (619) 236-9492	24/7	Central	Adults, Older Adults	Spanish		A residential treatment for alcohol and drug abusers. Treatment includes individual, group, and family counseling; anger management; recreation therapy; psychiatric evaluations; parenting classes; substance abuse education.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Residential Program	MAAC Project - Nosotros 73 North 2nd Ave., Bldg. B Chula Vista, CA 91910	(619) 426-4801	8:00 am - 6:00 pm	South	Men, Latino	Spanish		A culturally specific residential alcohol and drug abuse recovery program targeting Latino male substance abusers. Uses the 12-Step method.
ADS Residential Program	MAAC Project - Casa de Milagros 1127 South 38th St. San Diego, CA 92113	(619) 262-4002	Mon - Fri 11:00 am - 5:00 pm	Central	Women, Latina	Spanish		A culturally specific residential alcohol and drug recovery program targeting the Latina substance abuser. Uses the 12-step method of treatment.
ADS Residential Program	MITE - Adolescent Group Homes Locations are confidential. Please call for more information.	(619) 442-0277 ext 121	24/7	Countywide	Adolescents			A residential program for up to 21 days for adolescents who are experiencing problems with alcohol and other drugs. Service includes group and individual treatment, educational workshop, life skills and more.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Residential Program	North County Serenity House Address Confidential	(760) 747-1015 (760) 747- 5098	Mon, Fri 8:00 am - 5:00 pm Tue, Thu 8:00 am - 9:00 pm	North Inland	Adult Women and their children	Spanish		A residential treatment facilities for women, with or without children, who have alcohol and drug dependencies. Minimum stay is 90 days. Offers individual and group counseling as well as AA and NA 12-step programs.
ADS Residential Program	Pathfinders Recovery House 2980 Cedar St. San Diego, CA 92102	(619) 239-7370	Mon - Fri 9:00 am - 3:00 pm	Central	Men			Provides a 33-bed residential treatment home for men who need assistance in order to recover from alcoholism. Operates as a social model recovery home and provides peer group meetings, alcohol education, and recovery planning. Holds weekly AA meetings.
ADS Residential Program	Phoenix House - Academy of San Diego 23981 Sherilton Valley Rd Descanso, CA 91916	(619) 445-0405	24/7	East	Adolescents			A residential treatment program for adolescent drug and alcohol abusers. Offers a full-time school program, recreational and fitness programs, and family and group therapy. Residential program lasts 12 months.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Residential Program	Stepping Stone 3767 Central Ave. San Diego, CA 92105	(619) 584-4010	24/7	Central	Adults, Older Adults			A 30-bed co-ed residential alcohol and drug recovery program. Services include individual and group counseling and AA and NA meetings. Special emphasis on services to GLBT populations.
ADS Residential Program	The Fellowship Center 737 East Grand Ave. Escondido, CA 92025	(760) 745-8478	24/7	North Inland	Men	Spanish		A long-term residential treatment for men with alcohol or drug problems. Also offers a day treatment program. Self-help-oriented treatment includes awareness discussions, substance abuse recovery education, recovery planning, study groups, and meetings.
ADS Residential Program	The Way Back 2516 "A" St. San Diego, CA 92102	(619) 235-0592	Mon - Fri 8:00 am -11:00 pm	Central	Men			A 27-bed residential facility for male alcoholics. The rehabilitation program includes AA meetings, alcohol education, referral to community resources, and individual, group, and family participation.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Residential Program	Tradition One, Inc. 4104 Delta St. San Diego, CA 92113	(619) 264-0141	Mon - Fri 8:00 am - 2:00 pm	Central	Adults, Older Adults			A 24-hour residential alcoholism and drug addiction treatment program for men and women. Provides individual and group counseling sessions, on-site and outside AA and NA meetings, guest speakers, education.
ADS Residential Program	Turning Point Home of San Diego, Inc. 1315 25th St. San Diego, CA 92102	(619) 233-0067	Mon - Fri 8:00 am - 5:00 pm	Central	Women			A long-term recovery home for 20 women (focus is on alcoholism or alcoholism combined with drug abuse). Residents stay for a minimum of 3 months and up to 2 years.
ADS Residential Program	Veterans Village of San Diego 4141 Pacific Highway San Diego, CA 92110	(619) 497-0142	Mon - Fri 8:00 am - 5:30 pm	Central	Adults, Older Adults	Spanish		A residential drug and alcohol treatment for male and female homeless veterans. Clients work with a case manager to develop a recovery plan.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Residential Program	VOA - Sobriety House 9980 Hawley Rd. El Cajon, CA 92020	(619) 561-9808	24/7	East County				A long-term residential treatment for adults with alcohol or drug problems. Also offers Self-help-oriented treatment includes awareness discussions, substance abuse recovery education, recovery planning, study groups, and meetings.
ADS Residential Program	Volunteers of America - Amigos Sobrios 741 11th Ave. San Diego, CA 92101	(619) 232-7754	24/7	Central	Men, Latino Focused	Spanish		A 17-bed, long-term, bilingual and bicultural residential alcohol and drug facility. Provides structure, support, referral, and recreation in an alcohol- and drug-free environment. Provides a social model residential recovery home for Latino males.
ADS Sobering Services	Volunteers of America Inebriate Reception Center (IRC) 101 16th St. San Diego, CA 92101	(619) 232-9343	24/7	Central	Adults, Older Adults			Provides a 24-hour sobering center that detains inebriated adults for 4 hours until sober.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
ADS Special Services - HIV Counseling and Testing Services	Jewish Family Service 8804 Balboa Ave Suite 164 San Diego, CA 92123	(619) 637-3020	Mon - Fri 8:00 am - 5:00 pm	Countywide	Adult, Older Adult	Spanish		Provides individual, couples, and group therapy for HIV positive or high-risk individuals who also have mental health and/or substance abuse problems. Offers easy referral for psychiatric evaluations and follow-up services.
Advocacy	Consumer Center for Health Education & Advocacy (CCHEA) 1475 Sixth Ave., 4th Floor San Diego, CA 92101	(877) 734-3258	Mon - Fri 9:00 am - 5:00 pm	Countywide	All Ages	Spanish, Vietnamese, Mandarin	Older Adult, GLBT, HML, Afr Amer, HL, African Refugee, SEA, EE, ME	Advocacy, grievances and appeals for consumers of public outpatient services.
Advocacy	Family and Youth Roundtable 3434 Midway Dr., Ste. 2005 San Diego, CA 92110	(619) 546-5852	N/A	Countywide	Children, Youth and Families			Coaching, training and Consulting that supports partnerships between consumers, families and mental health providers.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Advocacy	Jewish Family Service of San Diego Patient Advocacy Services 2710 Adams Ave. San Diego, CA 92116	(800) 479-2233	Mon - Fri 9:00 am - 5:00 pm	Countywide	Children, Adults			Advocacy, protection of patient's rights and grievances and appeals for consumers in acute care or residential programs.
Advocacy	Parent to Parent Services 611 35th St. San Diego, CA 92101	(858) 684-3080	Mon - Fri 9:00 am - 5:00 pm	East County	Parents of Clients of the Southeast Mental Health Clinic			Parent support and training, family advocacy, information and referrals. Give A Day Respite Program.
Advocacy	Partners Program (SDYS) 2250 Fourth Ave., Ste. 301 San Diego, CA 92101	(619) 525-9903	Mon - Fri 9:00 am - 6:00 pm (Family Youth Support Partners available 24 hours a day)	Countywide	Children, Adolescents	Spanish	GLBT, HML Runaway	Family/Youth Peer Support

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Advocacy	RICA - Recovery Innovations of California, Inc. 3565 Del Rey St., Ste. 202 San Diego, CA 92109	(858) 274-4650	Mon - Fri 8:30 am - 5:00 pm	Countywide	Adult, Older Adult	Spanish	Older Adult, Afr Amer, Caldean, GLBT	Wellness Recovery Action Plan (WRAP), Wellness and Empowerment in Life and Living, Employment Training, other recovery-oriented classes.
Case Management	Cabrillo Assessment Center 730 Medical Center Ct. Chula Vista, CA 91911	(619) 591-5740	Mon - Fri 8:00 am - 6:00 pm (After-hours telephone service/consultation available)	Countywide	Children, Adolescents, Ages 5-18 (with exception up to 21)	Spanish	Bilingual and Bi-cultural staff available GLBT	Comprehensive assessment with Case Management. In-home support services twice a week. TAY, Juvenile Court Dependents, GLBT
Case Management	Central San Diego Case Management (AMHS) 1250 Morena Blvd. San Diego, CA 92110	(619) 692-8715	Mon - Fri 8:00 am - 5:00 pm	North Central, Central	Adults and Transition Age Youth	Tagalog, Spanish, French	Older Adult, GLBT, HML, Afr Amer, HL, ME	Mental health services, Case Management, and housing assistance.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Case Management	East County Case Management (AMHS) 1000 Broadway, Ste. 100 El Cajon, CA 92021	(619) 401-5424	Mon - Fri 8:00 am - 5:00 pm	East	Adults, Older Adults	Polish, Spanish, and Russian	Older Adult, GLBT, HML, Afr Amer, HL, AI, SEA, ME	Traditional and institutional (skilled nursing home and IMD), Case Management
Case Management	IMPACT 1260 Morena Blvd., Ste. 100 San Diego, CA 92110	(619) 398-0355	Mon - Fri 8:30 am - 4:30 pm	Central, North Central	Adults, Older Adults	Spanish, Tagalog	Older Adult, HML, Afr Amer, Filipinos, Latinos, Asian populations, HL	Medication Management, Crisis Intervention, Case Management, Socialization, Vocational Services
Case Management	MHS - Families Forward Wraparound 9445 Farnham St., Ste. 100 San Diego, CA 92123	(858) 380-4676	Mon - Fri 8:00 am - 5:00 pm (24-hour availability)	Countywide	6-18 years SED	Spanish	Yes	Case Management and Mental Health Services with a Wraparound approach. Juvenile Court Dependents and Wards, AB2726

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Case Management	MHS - Case Management - North 550 W. Vista Way, Ste. 206 Vista, CA 92083	(760) 724-9112	Mon - Fri 8:00 am - 5:00 pm	North	Adults, Older Adults	Spanish, Farsi, Dari	Older Adult, GLBT, HML, Afr Amer, HL, AI, SEA, ME, TAY	Community-based traditional Case Management services to adults and older adults with chronic mental illness
Clubhouse	Casa del Sol 1157 30th St. San Diego, CA 92154	(619) 429-1937	Mon 8:30 am - 6:00 pm Tue, Thu, Fri 8:30 am - 4:30 pm Wed 12:00 pm - 8:00 pm	South	Adults, Older Adults	Spanish	HML, HL	Volunteer Participation, Vocational, Educational and Social Support; Self-Help Recovery and Dual Diagnosis Groups
Clubhouse	East Corner Clubhouse 1060 Estes St. El Cajon, CA 92020	(619) 440-5133	Mon, Tue, Thu, Fri 8:00 am - 4:00 pm Wed 8:00 am - 6:30 pm	East	Adults, Older Adults	Spanish,	Older Adult, HML	Vocational Training & Education, Peer & Social Support Program, Other Clubhouse Groups & Activities

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Clubhouse	Episcopal Community Services Friend to Friend Program 4080 Centre St., Ste. 104 San Diego, CA 92103	(619) 955-8217	Mon - Fri 8:00 am - 4:00 pm	Central	Adults, Older Adults (homeless mentally ill)	Spanish	Older Adult, Afr Amer, HML, GLBT	Client-Operated, Social, Educational and Vocational Program
Clubhouse	Escondido Clubhouse 474 W. Vermont Ave., Ste. 105 Escondido, CA 92025	(760) 737-7125	Mon - Fri 8:00 am - 4:30 pm (1st Sat of the month 10:00 am - 2:00 pm)	North Inland	Adults, Older Adults	Spanish	GLBT, Afr Amer, HML	Client-Operated, social, educational and vocational program
Clubhouse	Mariposa Clubhouse 560 Greenbrier St., Ste. C-E Oceanside, CA 92054	(760) 439-2785	Mon - Fri 8:00 am - 4:00 pm	North Coastal	Adults, Older Adults		GLBT, Afr Amer, HML	Client-Operated, Social, Educational and Vocational Program

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Clubhouse	NHA Friendship Clubhouse - Project Enable 286 Euclid Ave., Ste. 102 San Diego, CA 92114	(619) 266-2111, Ext. 105	Mon - Fri 8:00 am - 5:00 pm	Central	Adults, Older Adults	Spanish	HML, Afr Amer, African Refugee	Socialization and Independent Living Skills
Clubhouse	Providence Community Services -Oasis Clubhouse 7155 Mission Gorge Rd. San Diego, CA 92120	(858) 300-0470	Mon - Fri 8:30 am - 5:00 pm	Countywide	TAY	Spanish, Tagalog, Arabic, and Interpreter Services for all languages	GLBT, Afr Amer, HL, TAY, ME	Socialization and Independent Living Skills
Clubhouse	The Meeting Place 4034 Park Blvd. San Diego, CA 92103	(619) 294-9582	Mon - Fri 8:00 am - 4:00 pm Sat 10:00 am - 2:00 pm	Central	Adults, Older Adults	Limited Spanish	Older Adult, GLBT, Afr Amer	Socialization, Vocational Services, Under 30 Support Group

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Clubhouse	The Corner Clubhouse 2864 University Ave. San Diego, CA 92104	(619) 683-7423	Mon - Fri 8:00 am - 4:00 pm	Central	Adults, Older Adults	German	Older Adult, Afr Amer, HL, AI, TAY,	Volunteer Participation, Vocational, Educational and Social Support; Self-Help Recovery and Dual Diagnosis Groups
Clubhouse	Visions 226 Church Ave. Chula Vista, CA 91910	(619) 420-8603	Mon - Fri 12:00 pm - 7:00 pm Sat, Sun 12:00 pm - 5:00 pm	South	Adults, Older Adults	Spanish, Tagalog	Older Adult, GLBT, HML, Afr Amer, HL, AI, SEA	Socialization, Education, and Vocational Services
Crisis Services	Emergency Screening Unit 730 Medical Center Ct. Chula Vista, CA 91911	(619) 421-6900	24/7	Countywide	Children, Adolescents			All psychiatric emergencies are seen

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Crisis Services	Halcyon Center 1664 E. Broadway El Cajon, CA 92021	(619) 579-8685	24/7	Countywide	Adults, Older Adults		GLBT, HML, Afr Amer, HL	Short-Term Acute Residential Treatment (START)
Crisis Services	Isis Crisis Center 892 27th St. San Diego, CA 92154	(619) 575-4687	24/7	Countywide	Adults, Older Adults	Spanish, French, Arabic, Indonesian	HL	Short-Term Acute Residential Treatment (START)
Crisis Services	Jary Barreto Crisis Center 2865 Logan Ave. San Diego, CA 92113	(619) 232-4357	24/7	Countywide	Adults, Older Adults		GLBT, Afr Amer, HL	Short-Term Acute Residential Treatment (START)

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Crisis Services	New Vistas Crisis Center 734 Tenth Ave. San Diego, CA 92101	(619) 239-4663	24/7	Countywide	Adults, Older Adults	Vietnamese, Japanese, Russian, Spanish, Italian, Chinese	Older Adult, GLBT, HML, Afr Amer, EE, HL, SEA, ME, AI	Short-Term Acute Residential Treatment (START)
Crisis Services	Psychiatric Emergency Response Team (PERT) 1094 Cudahy Pl., Ste. 314 San Diego, CA 92110	(619) 276-8112	Mon - Sun 6:00 am - 12:00 am (Different shifts in different areas. No in-service.)	Central	All Ages	Spanish, French, Tagalog, and unlimited access to over 100 interpreters through police and sheriff, including sign language	Older Adult, GLBT, HML, Afr Amer, HL, AI, SEA, EE, ME	Emergency Mental Health Assessment accompanying Police
Crisis Services	Rady Children's Behavioral Crisis Center 2125 S. El Camino Real, Ste. 200 Oceanside, CA 92054	(760) 730-5900	Mon - Fri 12:00 pm - 8:00 pm	North Coastal, North Inland	Children, Adolescents Underserved, Uninsured and underserved SED	Spanish	Mexican American and Other Latin American, GLBT	Youth to age 17 requiring immediate mental health services. Mobile Psychiatric Emergency Response, Walk-in Clinic

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Crisis Services	San Diego County Psychiatric Hospital - Emergency Psychiatric Unit 3853 Rosecrans St. San Diego, CA 92110	(619) 692-8200	24/7	Countywide	Adults, Older Adults	Spanish		Emergency Mental Health Assessment and Referrals
Crisis Services	Turning Point Crisis Center 1738 S. Tremont St. Oceanside, CA 92054	(760) 439-2800	24/7	Countywide	Adults, Older Adults		Older Adult, GLBT, HML, Afr Amer, HL, ME	Short-Term Acute Residential Treatment (START)
Crisis Services	Vista Balboa START Program 545 Laurel St. San Diego, CA 92101	(619) 233-4399	24/7	Countywide	Adults, Older Adults	Spanish	GLBT, Afr Amer	Short-Term Acute Residential Treatment (START)

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Day Program	Casa de Amparo Day Rehabilitation 3355 Mission Ave., Ste. 238 Oceanside, CA 92058	(760) 754-5500	Mon - Fri 2:30 pm - 7:30 pm	Countywide	Children, Adolescents 6-18, juvenile court dependents placed in this level 12 crisis residential shelter facility	Spanish, Cantonese, Mandarin	GLBT, Afr Amer, AI, TAY	Juvenile Court Dependents
Day Program	East County Day Treatment 7059 San Miguel Ave. Lemon Grove, CA 91945	(619) 589-8296	Mon - Fri 8:00 am - 4:00 pm (Tue, Wed evening appointments until 7:00 pm)	East	Children			Children ages 6-12 referred through AB 2726 Day Treatment Intensive
Day Program	Emerald Day Treatment 1221 S. Emerald Ave., Ste. 614 El Cajon, CA 92020	(619) 593-4763	Mon - Fri 8:30 am - 4:30 pm	East	Children, Adolescents referred through AB2726	Spanish		Referred through AB2726, Day Treatment Intensive

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Day Program	Fred Finch Dual Diagnosis Day Treatment 3845 Spring Dr. Spring Valley, CA 91977	(619) 797-1090	Mon - Fri 8:00 am - 6:00 pm	East	12-17 year olds referred by Child Welfare Services			ED youth with developmental disability
Day Program	Frontier Adolescent Day Treatment Center 10435 Chubb Ln. Santee, CA 92071	(619) 448-1162	Mon - Fri 7:30 am - 4:30 pm	East	Adolescents referred through AB2726			Day Treatment Intensive
Day Program	Marcy Day Rehab Program 2716 Marcy Ave. San Diego, CA 92113	(619) 525-7372	Mon - Fri 8:30 am - 4:00 pm (Tue, Thu evenings as needed)	Central	Children, Adolescents (ages 9-12)	Spanish	Provide Spanish parenting groups	San Diego Unified School District / High School Emotionally Disturbed Students

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Day Program	MHS - STEPS 4830 Viewridge Ave., Ste. D San Diego, CA 92123	(858) 467-1418	Mon - Fri 8:00 am - 4:00 pm		Children - Sexually Reactive (Ages 6-12)		GLBT	Juvenile Court Dependent and Wards Day Treatment (Males), AB2726
Day Program	MHS - STEPS Adolescents 4660 Viewridge Ave. San Diego, CA 92123	(858) 565-2510	Mon - Fri 8:00 am - 4:00 pm		Adolescents - Sexually Reactive		GLBT, TAY	Juvenile Court Dependents, Juvenile Court Wards Day Treatment (Males), AB2726, Outpatient (males and females)
Day Program	New Alternatives - Cabrillo Assessment Center 2815 Steele Canyon Rd. El Cajon, CA 92019	(619) 590-1879	Mon - Fri 8:00 am - 5:00 pm	Countywide	Medi-Cal Children and Adolescents who have been psychiatrically hospitalized			Also provides Intensive Case Management home-based mental health and Case management

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Day Program	New Alternatives - Cajon Valley 165 Roanoke, Room 202 El Cajon, CA 92020	(619) 588-3653	Mon - Fri 8:00 am - 4:00 pm	East	Children, Adolescents (Medi-Cal only) (for children in the Cajon Valley Union School District Special Community Day School)	Spanish, Tagalog	Yes	Kindergarten - 8th grade, Day Rehab
Day Program	New Alternatives Hillcrest Day Treatment 4307 Third Ave. San Diego, CA 92103	(619) 543-0840	Mon - Fri 2:30 pm - 7:30 pm		Children, Adolescents	Spanish	Yes	SED, TAY, Children<6, Juvenile Court Dependents and Wards
Day Program	New Alternatives (16) South Campus 730 Medical Center Ct. Chula Vista, CA 91911	(619) 421-6900	24/7	South	Adolescents referred by AB 2726 or Juvenile Court	Spanish	GLBT	Day Treatment, TAY, Children<6, Juvenile Court Dependents and Wards, GLBT

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Day Program	New Dawn - Day Rehab Program 5650 Mt. Ackerly San Diego, CA 92111	(858) 496-1655	Mon - Fri 8:00 am - 4:30 pm	Central	ED students (ages 9-12) San Diego Unified School District	Spanish	Provide Spanish parenting groups	Day Rehab, Individual Therapy and Medication Support Services
Day Program	Reflections 8376 Hercules St. La Mesa, CA 91942	(619) 667-6891	Mon - Fri 8:00 am - 4:30 pm	Countywide	Adolescents referred by Juvenile Courts	Spanish	Juvenile Court Wards	Family Based Services, In-home Treatment, Support Groups
Day Program	San Diego Center for Children Clark Adolescent Treatment Program 3003 Armstrong St. San Diego, CA 92111	(858) 277-9550	Mon - Fri 8:00 am - 5:00 pm	Countywide	Adolescents	Spanish		Day Treatment Intensive

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Day Program	San Diego Center for Children Discovery Hills 450 N. Melrose Dr. Vista, CA 92083	(760) 216-6780	Mon - Fri 8:00 am - 3:00 pm	North Coastal	Children, Adolescents			AB2726 Program, Seriously emotionally disturbed youth ages 6-15 Day Treatment Intensive
Day Program	San Diego Center for Children Discovery Valley Treatment Center 450 N. Melrose Dr. Vista, CA 92083	(760) 216-6780	Mon - Fri 7:45 am - 3:45 pm	North Coastal	Adolescents			AB2726 Program, Seriously emotionally disturbed youth ages 12-18 years old. Day Treatment Intensive
Day Program	San Diego Center for Children Life School 1685 Hollister St., Room 913 San Diego, CA 92154	(619) 575-4590	Mon - Fri 7:30 am - 4:30 pm (Mon, Tue evening appointments from 4:00 pm - 6:30 pm)	South	Adolescents	Spanish	All staff receives annual training	Day Treatment program AB2726

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Day Program	San Diego Center for Children Patch RCL12 3002 Armstrong St. San Diego, CA 92111	(858) 277-9550	Mon - Fri 8:00 am - 5:00 pm	Countywide	Children (ages 6-13)	Spanish	Court Dependents, Juvenile Court Wards, Afr Amer, HL, EE, AI	Intensive Day Treatment, Juvenile Court Dependents, AB2726
Day Program	San Diego Center for Children Level 14 3004 Armstrong St. San Diego, CA 92111	(858) 277-9550	Mon - Fri 8:00 am - 5:00 pm	Countywide	Children (ages 6-13)	Spanish	Court Dependents, Juvenile Court Wards, Afr Amer, HL, EE, AI	Intensive Day Treatment, Juvenile Court Dependents, AB2726
Day Program	San Pasqual Academy 17701 San Pasqual Valley Rd. Escondido, CA 92025	(760) 233-6000	Mon - Fri 8:00 am - 5:30 pm (Residential)	North Inland	TAY, Adolescents (Medi-Cal Eligible) San Pasqual Academy	Spanish	All staff participate in ongoing cultural competency trainings to improve skills in working with our diverse population of young people.	Recreational Therapy, Milieu Therapy, Group Therapy, Full Day Rehab

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Day Program	Unified Day School 5650 Mt. Ackerly San Diego, CA 92111	(619) 292-9523	Mon - Fri 8:00 am - 5:00 pm	Central	Adolescents referred through AB2726	Spanish	Provide Spanish parenting groups	AB2726, Day Treatment Intensive
Full-Service Partnership	Counseling Cove (SDYS) 2250 Fourth Ave., Ste. 301 San Diego, CA 92101	(619) 525-9903	Mon - Fri 9:00 am - 5:00 pm (Weekend and evenings by appointment)	Countywide	Homeless, Runaway and SED youth (ages 12-21)	Spanish, Tagalog	HML & Runaway GLBT	Homeless and runaway youth outreach and engagement, Crisis Intervention, Outpatient Services
Full-Service Partnership	Cultural Access & Resource Enhancement (CARE) 8775 Aero Dr., Ste. 333 San Diego, CA 92123	(858) 836-1090	Mon - Fri 9:00 am - 5:00 pm (After hours and weekend appointments offered)	Countywide	Children, Adolescents and their parents	Vietnamese, Tagalog, Spanish	Culturally and linguistically services	CARE offers outpatient services in the community to children who qualify with a serious emotional disturbance.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Full-Service Partnership	Downtown Impact 995 Gateway Center Wy, Ste. 300 San Diego, CA 92102	(619) 398-2156	Mon - Fri 8:30 am - 4:00 pm	Central	Adults, Older Adults (high-risk homeless in downtown San Diego)	Spanish	Older Adult, GLBT, HML, Afr Amer, HL	Intensive Case Management, Medication Management, Linkage to Services
Full-Service Partnership	Fred Finch Youth Center - Comprehensive Assessment and Stabilization Services (CASS) 3434 Grove St., Ste. 200 Lemon Grove, CA 91945	(619) 281-3706, Ext. 350	Mon - Fri 8:00 am - 5:00 pm	Countywide	SED Children and Adolescents at risk of change of placement or higher level care	Spanish, Portuguese, American Sign	Hispanic, Latino, Native American, Gay/Lesbian	Early Childhood, Comprehensive Assessment, Foster Youth, SED Youth, Juvenile Court Dependents
Full-Service Partnership	Heritage Clinic 200 E. Washington St., Ste. 100 Escondido, CA 92025	(760) 737-8642	Mon - Fri 8:30 am - 5:30 pm	North Inland	Older Adults 55+	Spanish, Tagalog, Hindi, Mandarin, Taiwanese, Farsi, Russian, Armenian, Arabic, Urdu	Older Adult, HML, Afr Amer, Filipino, Latino, Chinese, Asian Indian	Field Capable Clinical Services, Assessment, Psychiatric, Counseling, Benefits and Housing Assistance

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Full-Service Partnership	Heritage Clinic 6160 Mission Gorge Rd., Ste. 120 San Diego, CA 92120	(619) 282-2232	Mon - Fri 8:30 am - 5:30 pm	Central, East	Older Adults +55	Spanish, Tagalog	Older Adult, HML, Afr Amer, Filipino, Latino, Chinese, Asian Indian	Field Capable Clinical Services, Assessment, Psychiatric, Counseling, Benefits and Housing Assistance
Full-Service Partnership	Heritage Clinic 1940 Market St. San Diego, CA 92101	(619) 233-3381	Mon - Fri 8:30 am - 5:30 pm	Central	Older Adults 55+	Spanish, Tagalog, Hindi, Mandarin, Taiwanese, Farsi, Russian, Armenian, Arabic, Urdu	Older Adult, HML, Afr Amer, Filipino, Latino, Chinese, Asian Indian	Field Capable Clinical Services, Assessment, Psychiatric, Counseling, Benefits and Housing Assistance
Full-Service Partnership	MHS - North Star - ACT 474 W. Vermont Ave., Ste. 104 Escondido, CA 92025	(760) 432-9884	Mon - Fri 8:00 - 4:30 pm	North Inland	Adults, Older Adults	Spanish	Older Adult, GLBT, HML, HL, SEA, TAY, ME	Intensive, All-inclusive Case Management, Outpatient/Rehabilitation, with Supported Employment Services

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Full-Service Partnership	MHS - Center Star ACT 4283 El Cajon Blvd., Ste.115 San Diego, CA 92105	(619) 521-1743	Mon - Fri 9:30 am - 4:30 pm	Central	Adults, Older Adults	Spanish	GLBT, HML, Afr Amer, HL	Intensive, All-inclusive Case Mgmt, Outpatient & Rehabilitation, with Supported Employment through Justice System
Full-Service Partnership	Providence Community Services - Catalyst Program 7155 Mission Gorge Rd. San Diego, CA 92120	(858) 300-0460	Mon - Fri 8:30 am - 5:00 pm (24-hour availability to clients)	Countywide	TAY	Spanish, Tagalog, Arabic	GLBT, HML, Afr Amer, HL, TAY, ME	ACT services including mental health services, Case Management, housing services, employment and education service and substance abuse treatment
Hospital Inpatient Psychiatric	Alvarado Parkway Institute/Behavioral Health System 7050 Parkway Dr. La Mesa, CA 91942	(619) 465-4411	24/7	East	Adult, Older Adult	Spanish, Tagalog	Older Adult, GLBT, HML, Afr Amer, HL, AI, SEA, EE, ME	Acute Psychiatric Inpatient Care, Chemical Dependency, and 24-Hour Mobile Assessment

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Hospital Inpatient Psychiatric	Aurora Behavioral Health Care - San Diego 11878 Avenue of Industry San Diego, CA 92128	(858) 487-3200	24/7	North Inland	All ages	Spanish, Tagalog, Chinese	Older Adult, Afr Amer, HL, AI, GLBT	Acute Psychiatric Inpatient Care
Hospital Inpatient Psychiatric	Palomar Medical Center - Mental Health Unit 555 E. Valley Pkwy. Escondido, CA 92025	(760) 739-3240	24/7	North Inland	Adults, Older Adults	All	Older Adult, GLBT, HML, Afr Amer, HL, AI, African Refugee, SEA, EE, ME	Acute Psychiatric Inpatient Care
Hospital Inpatient Psychiatric	Pomerado Hospital - Behavioral Medicine Center 15615 Pomerado Rd. Poway, CA 92064	(858) 613-5640	24/7	North Central	Adults, Older Adults	All	Older Adult, GLBT, HML, Afr Amer, HL, AI, African Refugee, SEA, EE, ME	Acute Psychiatric Inpatient Care

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Hospital Inpatient Psychiatric	PRIME Bayview Behavioral Health Campus 330 Moss St. Chula Vista, CA 91911	(619) 426-6310 (800) 585-2767 Intake (619) 585-4624 (Partial Hospitalization)	24/7	South	Adults	Spanish, Tagalog	Older Adult, GLBT, HML, Afr Amer, HL, AI, African Refugee, SEA, EE, ME	Acute Psychiatric Inpatient Care
Hospital Inpatient Psychiatric	PRIME Paradise Valley Hospital Psychiatric Services 2400 E. 4th St. National City, CA 91950	(619) 470-4239	24/7	South	Adults	Spanish, Tagalog	Older Adult, GLBT, HML, Afr Amer, HL, AI, African Refugee, SEA, EE, ME	Acute Psychiatric Inpatient Care
Hospital Inpatient Psychiatric	Promise Hospital 5550 University Ave. San Diego, CA 92105	(619) 582-3516	24/7	Central	Adults, Older Adults	Spanish, Tagalog, Vietnamese, Somalian	Older Adult, GLBT, HML, Afr Amer, HL, African Refugee, SEA	Acute Psychiatric Inpatient Care

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Hospital Inpatient Psychiatric	San Diego County Psychiatric Hospital 3853 Rosecrans St. San Diego, CA 92110	(619) 692-8200	24/7	Countywide	Adults, Older Adults	Translation Services	Older Adult, GLBT, HML, Afr Amer, HL, AI, African Refugee, SEA, EE, ME	Acute Psychiatric Inpatient Care
Hospital Inpatient Psychiatric	Scripps Mercy Hospital - Behavioral Health 4077 Fifth Ave. San Diego, CA 92103	(619) 260-7005	24/7	Central	Adults, Older Adults	German, Hungarian, Spanish, Chinese, Taiwanese, Tagalog, Nigerian, Portuguese, Arabic, Italian, Cambodian	Older Adult, GLBT, HML, HL, AI, African Refugee	Acute Psychiatric Inpatient Care, Psychiatric Assessment
Hospital Inpatient Psychiatric	Sharp Grossmont Hospital - Behavioral Health 5555 Grossmont Center Dr. La Mesa, CA 91942	(800) 696-6899 (619) 740-6000	24/7	East	Adults, Older Adults	Spanish, Tagalog, American Sign	Older Adult, GLBT, HML, Afr Amer, HL, AI, ME	Acute Psychiatric Inpatient Care

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Hospital Inpatient Psychiatric	Sharp Mesa Vista Hospital 7850 Vista Hill Ave. San Diego, CA 92123	(858) 278-4110	24/7	North Central	All ages	Access to all language translation services	Older Adult, GLBT, HML, Afr Amer, HL, SEA, EE	Acute Psychiatric Inpatient Care
Hospital Inpatient Psychiatric	Tri-City Medical Center 4002 Vista Way Oceanside, CA 92056	(760) 940-7396 ER: (760) 940-3505	24/7	North Coastal	Adults, Older Adults (Medicare only)	Spanish		Acute Psychiatric Inpatient Care
Hospital Inpatient Psychiatric	UCSD Child and Adolescent Psychiatry Services (CAPS) 6535 Alvarado Rd. San Diego, CA 92120	(619) 229-3700	24/7	Countywide	0-5 Years, Children, Adolescents	Spanish		Acute Psychiatric Inpatient

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Hospital Inpatient Psychiatric	UCSD Medical Center - Neuropsychiatry and Behavioral Medicine 200 W. Arbor Dr. San Diego, CA 92103	(619) 543-6222 ER: (619) 543-6400 Psy: (619) 543-6350	24/7	Central	Adults, Older Adults	All	All	Acute Psychiatric Inpatient Care
Juvenile Forensic Services	Girls' Rehabilitation Facility, Mental Health Services 2861 Meadow Lark Dr. San Diego, CA 92123	(858) 694-4510	24/7	Countywide	Delinquent girls		Juvenile Court Wards	Delinquent girls committed by the court
Juvenile Forensic Services	Juvenile Forensic Services - STAT Team 2801 Meadow Lark Dr. San Diego, CA 92123	(858) 694-4752	Mon - Fri 8:00 am - 5:00 pm	Countywide	Children, Adolescents detained in Juvenile hall		Juvenile Court Wards	Crisis Intervention, Counseling, Medical Evaluations, brief assessments and consultation

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Juvenile Forensic Services	Juvenile Court Clinic (Vista Hill) 2851 Meadow Lark Dr. MS: P-31 San Diego, CA 92123	(858) 571-1964	Mon - Fri 8:30 am - 5:00 pm	Countywide	Children, Adolescents	Spanish	HL, Afr Amer	Clinic-based psychiatric assessment, Medication Management, Case Management, Juvenile Court Dependents and Wards
Juvenile Forensic Services	Polinsky Clinic - Juvenile Forensics Services 9400 Ruffin Ct. San Diego, CA 92123	(858) 514-4612	Mon - Fri 8:00 am - 9:00 pm Sun 9:00 am - 7:00 pm	Polinsky Children's Center	Dependent Children and Adolescents detained in shelter care at Polinsky Center	Spanish, German, Romanian, Hebrew	Juvenile Court Dependents and Wards	Mental Health Services and Crisis Intervention
Other CalWORKs	MHS - CalWORKs - Oceanside 1919 Apple St., Stes. A & B Oceanside, CA 92054	(760) 439-4577	Mon - Fri 9:00 am - 4:00 pm	North Coastal	Adults, Older Adults,	Spanish, Italian, German, Portuguese	GLBT, Afr Amer, HL	Multi-Service Center for CalWORKs WTW participants; mental health and dual disorders counseling services

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Other CalWORKs	MHS - CalWORKs - East 330 S. Magnolia Ave., Ste. 302 El Cajon, CA 92020	(619) 442-5434	Mon - Fri 9:00 am - 4:00 pm	East	Adult, Older Adults	Spanish, French, Italian	GLBT, Afr Amer	Multi-Service Center for CalWORKs WTW participants; mental health and dual disorders counseling services
Other CalWORKs	MHS - CalWORKs - South 1105 Broadway, Ste. 207 Chula Vista, CA 91911	(619) 425-5609	Mon - Fri 8:00 am - 4:30 pm	South	Adults, Older Adults	Spanish	GLBT, Afr Amer, HL	Multi-Service Center for CalWORKs WTW participants; mental health and dual disorders counseling services
Other CalWORKs	MHS - CalWORKs - Escondido 474 W. Vermont Ave., Ste. 103 Escondido, CA 92025	(760) 745-0281	Mon - Fri 9:00 am - 4:00 pm	North Inland	Adult, Older Adults	Spanish	GLBT, Afr Amer, HL	Multi-Service Center for CalWORKs WTW participants; mental health and dual disorders counseling services

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Other CalWORKs	STEPForward 2772 Fourth Ave. San Diego, CA 92103	(619) 295-6067	Mon - Fri 8:00 am - 5:00 pm	Central	CalWORKs Recipients	Spanish, Somali, Cambodian, Vietnamese		Individual Therapy, Case Management, Medication Management
Other Conservator Services	Office of the Public Conservator 7947 Mission Center Ct. San Diego, CA 92108	(619) 767-5019	Mon - Fri 8:00 am - 5:00 pm	Countywide	All ages	Vietnamese, French, Tagalog	Older Adult, GLBT, HML, SEA	Investigation and Related Services
Other Employment Services	MHS - San Diego Employment Solutions 10981 San Diego Mission Rd., Ste. 100 San Diego, CA 92110	(619) 521-9569	Mon - Fri 8:00 am - 4:30 pm	North Central, Central	Adults, Older Adults	Spanish and Asian languages	Older Adult, GLBT, HML, Afr Amer, HL, ME	Individual job placement and support to the severely mentally ill

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Other Employment Services	MHS - Employment Services 1202 Morena Blvd., Ste. 201 San Diego, CA 92110	(619) 276-8071	Mon - Fri 8:00 am - 4:30 pm	North Central, Central	Adults, Older Adults	Spanish, TTD for hearing impaired	Physically Disabled, Older Adult, GLBT, HML, Afr Amer, HL, AI, African Refugee, SEA, ME	Vocational readiness, job placement and support for clients who qualify for Dept of Rehab and who receive County mental health services
Other Forensic Adult	Forensic Evaluation Psychiatry Unit 220 W. Broadway, Room 1003 San Diego, CA 92101	(619) 531-3047	Mon - Fri 8:00 am - 4:30 pm	Central	Adults, Older Adults		All	Court-ordered mental health assessments
Other Forensics Adult	Conditional Release Program (CONREP) Address Confidential				Adults (Judicially committed patients and mentally disordered offenders)	Interpreter Services	Older Adult, GLBT, Afr Amer, HL	Medication Management and crisis intervention

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Other Jail	Central Detention Facility (Men's) - Psychiatric Security Unit 1173 Front St. San Diego, CA 92101	(619) 615-2444	24/7		Adults, Male Inmates	Spanish		Psychiatric Unit and Services
Other Jail	George Bailey Detention Facility (Men's Clinic Only) 446 Alta Rd. San Diego, CA 92158	(619) 661-2620	24/7	South	Adults, Male Inmates	Spanish	All	Mental health treatment to incarcerated
Other Jail	Las Colinas Detention Facility (Women's Psychiatric Security) 9000 Cottonwood Ave. Santee, CA 92071	(619) 258-3176	24/7	Countywide	Adults, Female Inmates		All	Inpatient and Outpatient Psychiatric Services

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Other Jail	Vista Detention Facility (Men's/Women's Clinics) 325 S. Melrose, Ste. 200 Vista, CA 92081	(760) 940-4473	24/7	North Coastal	Adult, Male and Female Inmates	Spanish		
Other Outreach	Aging & Independence Services 9335 Hazard Center Wy, Ste. 100 San Diego, CA 92123	(800) 510-2020	Mon - Fri 8:00 am - 5:00 pm	Central	Older Adults		Older Adult	In-Home Crisis Intervention, Short-Term Case Management
Other Training	MHS - Caring Helpers 4460 Viewridge Ave. San Diego, CA 92123	(858) 292-0903	Mon - Fri 8:30 am - 5:00 pm	Countywide	Youth	Spanish, Japanese	Latino, Asian Pacific Islander	Training, Youth Development, Leadership, Mentoring

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	BPSR - Kinesis North 474 W. Vermont Ave., Ste. 101 Escondido, CA 92025	(760) 480-2255	Mon - Fri 8:00 am - 5:00 pm	North Inland	Adults, Older Adults, TAY	Spanish, Italian, German, Portuguese	HML, GLBT, Afr Amer, EE, TAY	Medication Management, Crisis Intervention, Socialization
Outpatient	BPSR - Kinesis North (Ramona Satellite) 1416 Montecito Rd. Ramona, CA 92065	(760) 480-2255	Mon 8:00 am - 4:30 pm	North Inland	Adults, Older Adults	Italian, German, Spanish, Portuguese	HML, GLBT, Afr Amer, EE, TAY	Medication Management, Individual and Group Therapy, Rehabilitation, Co-occurring disorders
Outpatient	BPSR - Vista 550 W. Vista Way, Ste. 407 Vista, CA 92083	(760) 758-1092	Mon - Fri 8:00 am - 5:00 pm	North Inland	Adults, Older Adults, TAY	Spanish	Older Adult, GLBT, HML, Afr Amer, HL, African Refugee, SEA, EE, ME	Medication Management, Crisis Intervention

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	BPSR - Kinesis North (Fallbrook Satellite) 617 East Alvarado Fallbrook, CA 92028	(760) 480-2255	Every other Fri (starting with 1st Friday) 8:00 am - 4:30 pm	North Inland	Adults, Older Adults	Italian, German, Spanish, Portuguese	HML, GLBT, Afr Amer, EE, TAY	Individual and Group Therapy, Medication Management, Rehabilitation, Co-Occurring Disorders
Outpatient	Catholic Charities - Center for Counseling 349 Cedar St. San Diego, CA 92101	(619) 231-2828	Mon - Fri 8:00 am - 5:00 pm	Central	Adults, Collateral Family Members	Spanish, Polish, Italian, French	Older Adult, GLBT, HML, Afr Amer, HL, EE, ME	Mental Health
Outpatient	CAT (South Bay Community Services) 1124 Bay Blvd., Ste. D Chula Vista, CA 91911	(619) 420-3620	Mon -Thu 8:30 am - 8:30 pm Fri 8:30 am - 6:00 pm	South	Children, Adolescents Medi-Cal Eligible	Spanish		Community Assessment team. Individual, Group and Family therapy provided at clinic, school sites and in-home.

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Chaldean - Middle Eastern Social Services 343 E. Main St., Ste. 201 El Cajon, CA 92020	(619) 631-7400	Mon - Fri 9:00 am - 5:00 pm	East	Children, Youth, Adults	Arabic	Middle Eastern Refugees	
Outpatient	Children's Hospital Developmental Evaluation Clinic 8010 Frost St., Ste. 200 San Diego, CA 92123	(858) 966-5817	Mon - Fri 10:00 am - 4:00 pm	Countywide	Children		Children under the age of six	Provides developmental and psychological evaluation of infants, pre-school and school aged children.
Outpatient	Child and Adolescent Dept. Southeast Mental Health Center 3177 Ocean View Blvd. San Diego, CA 92113	(619) 595-4400	Mon - Fri 8:30 am - 5:00 pm	Central	Children, Adolescents	Spanish	HL	

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Community Circle East/ Spring Valley 3845 Spring Dr. Spring Valley, CA 91977	(619) 515-2353	Mon - Fri 8:30 am - 5:00 pm	East	Children, Adolescents, Adults	Spanish, Japanese	Spanish, Translational services available for Tagalog, Vietnamese, Laotian, Arabic	Individual, child, adolescent, family therapy, School-based services
Outpatient	Crossroads Family Counseling 1679 E. Main St., Ste. 101 El Cajon, CA 92021	(619) 441-1907	Mon, Tue, Thu, Fri 9:00 am - 5:00 pm Wed 9:00 am - 6:00 pm	Countywide	Children, Adolescents with Medi-Cal, AB2726, Healthy Families, Indigent			TAY, Outreach to rural East county area
Outpatient	Deaf Community Services of San Diego 3930 Fourth Ave., Ste. 300 San Diego, CA 92103	(619) 398-2441 TTY (619) 398-2440	Mon - Fri 8:30 am - 5:00 pm	Central	Adults, Older Adults	American Sign, Spanish, Tagalog	Older Adult, GLBT, HML, Afr Amer, HL, AI, SEA	Community Services

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Douglas Young Youth and Family Services 7907 Ostrow St., Ste. F San Diego, CA 92111	(858) 300-8282	Mon - Wed 9:30 am - 6:00pm Thu 12:00 pm - 8:00 pm Fri 9:00 am - 5:00 pm	North Central, Central	Children, Adolescents, AB2726, Healthy Families, Medi-Cal, Indigent	Spanish, Tagalog, Japanese, Chinese, Korean	GLBT, TAY, Latino, American, Asian Pacific Islander	TAY, Co-occurring, Clinic and School-based
Outpatient	Douglas Young BPSR Center 10717 Camino Ruiz, Ste. 207 San Diego, CA 92126	(858) 695-2211	Mon, Tue, Wed, Fri 9:00 am - 5:00 pm Thu 12:00 pm - 8:00 pm	North Central, Central	Adults, Older Adults	Spanish, Tagalog	Dual Diagnosis, HL, SEA, EE, ME, TAY	Medication Management and Crisis Intervention
Outpatient	East County Mental Health Center 1000 Broadway, Ste. 210 El Cajon, CA 92021	(619) 401-5500	Mon - Thu 8:00 am - 6:00 pm Fri 8:00 am - 5:00 pm	East	Adults, Older Adults	Spanish, Tagalog, Arabic, Aramaic, Farsi, Tigrinya, Amharic, Italian	Older Adult, GLBT, HML, Afr Amer, HL, AI, African Refugee, ME	Dually diagnosed Individual and Group rehabilitation services, Medication Management, Case Management and Crisis Intervention

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Exodus Recovery Mental Health Walk-In Assessment Center 524 W. Vista Way Vista, CA 92083	(760) 758-1150	Mon - Fri 12:00 pm - 7:00 pm	North Coastal	TAY, Adults, Older Adults	Spanish	Older Adult, GLBT, Afr Amer, HL, AI, SEA, and EE	One time or short term urgent and crisis mental health services including assessments, medication evaluations
Outpatient	Green Oak Ranch - NCAC 1237 Green Oak Rd. Vista, CA 92083	(760) 598-2803	Mon - Fri 9:00 am - 8:00 pm	North Central, North Inland, North Coastal	Children, Adolescents	Spanish		Children<6, Juvenile Court Dependents, Assessment, Case Management, Nursing and Respite Care
Outpatient	Heartland Center 1060 Estes St. El Cajon, CA 92020	(619) 440-5133	Mon - Fri 8:30 am - 4:30 pm	East	TAY, Adults, and Older Adults	Spanish,	Older Adult, GLBT, HML, HL, AI	Medication Management, crisis intervention, Case Management, socialization, vocational services

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Incredible Years - Early Childhood 2351 Cardinal Ln., Annex B San Diego, CA 92123	(858) 573-2227	Mon - Fri 8:00 am - 5:00 pm	Central	Children 0-5	Spanish	Provide Spanish parenting groups	
Outpatient	Jane Westin Wellness and Recovery Center 1568 Sixth Ave. San Diego, CA 92101	(619) 235-2600	Mon - Fri 10:00 am - 4:00 pm	Countywide	Adults, Older Adults	Spanish, Serbian, Croatian	Older Adult, HML, HL	Short term outpatient clinical stabilization transitioning to other long term outpatient providers
Outpatient	Logan Heights Family Counseling Center 2204 National Ave. San Diego, CA 92113	(619) 515-2355	Mon - Wed 8:00 am - 8:00 pm Thu, Fri 8:00 am - 5:00 pm	Central	Children, Adolescents, Adults, Older Adults	Spanish, French	Adult/Older Adult, Children, HML, HL	Medication Management, crisis intervention, individual and family therapy

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Maria Sardinas Wellness & Recovery Center 1465 30th St., Ste. K San Diego, CA 92154	(619) 428-1000	Mon, Wed 9:00 am - 8:00 pm Tue, Thu, Fri 9:00 am - 5:00 pm	South	Latino and TAY	Spanish	TAY	DBT and depression groups for Latino program; mobile services
Outpatient	Mental Health Resource Center Outpatient EPSDT 2351 Cardinal Ln., Annex B San Diego, CA 92123	(858) 573-2227	Mon - Fri 8:00 am - 5:00 pm	Central	Children, Adolescents	Spanish, American Sign	Provide Spanish parenting groups	San Diego Unified School District / ED Medi-Cal Students, Transition Age, Preschool, Juvenile Court Dependents and Wards
Outpatient	MHS - Community Assessment Team (CAT) Youth at Risk (YAR) 940 E. Valley Pkwy., Ste. D Escondido, CA 92025	(760) 747-0205	Mon - Thu 8:00 am - 6:00 pm Fri 8:00 am - 5:00 pm	North Inland	Children, Adolescent and Families covered by Medi-Cal	Spanish	Bilingual/Bi-Cultural staff (Spanish/English)	Youth at risk for Juvenile justice involvement

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	MHS, Inc. - School-Based Program 4660 Viewridge Ave. San Diego, CA 92123	(858) 278-3292	Mon - Fri 8:30 am - 5:00 pm	Central	Under 5, Children, Adolescents, Medi-Cal and MHSA eligible	Spanish; The program also utilizes Bilingual services and interpreters available	Afr Amer, Asian, Hispanic, Latino, Native American	Children, Adolescents, Family dynamics, homeless, Juvenile Court Dependents, Substance Abuse Issues, Therapy, Case Management
Outpatient	Mobile Adolescent Services Team (MAST) 1202 Morena Blvd., Ste. 300 San Diego, CA 92110	(619) 398-3261	Mon - Fri 8:00 am - 5:00 pm	Countywide	Children, Adolescents Medi-Cal eligible or no other form of insurance	Spanish	Latino, Youth, HML, Gang Involved	At-Risk Youth - Homeless youth enrolled at Monarch school - Pregnant teens/teen mothers
Outpatient	New Alternatives Foster Family Agency - EPSDT 4307 Third Ave. San Diego, CA 92103	(619) 209-5272	Mon - Fri 8:30 am - 5:00 pm	Countywide	Medi-Cal Eligible Youth - enrolled in New Alternatives Foster Family Agency	Spanish	Multiple families with varying cultural experience. Staff bring own experience, plus receive annual training and expertise to program	Youth in out of home placements. Expertise in child abuse and related traumatic issues. TAY, Children <age 6, Juvenile Court Dependents

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	North County Lifeline EPSDT, CAT YAR 200 Michigan Ave. Vista, CA 92084	(760) 726-4900	Mon - Thu 8:30 am - 5:00 pm Fri 8:30 am - 2:30 pm	North Coastal	Children, Adolescent	Spanish	At risk	Youth at risk for entering or re-entering the juvenile justice system
Outpatient	North Coastal Mental Health Center 1701 Mission Ave., Ste. A Oceanside, CA 92054	(760) 967-4475	Mon - Fri 8:00 am - 5:00 pm	North Coastal	Adults, Older Adults, TAY	Spanish, Farsi, Cape Verdean, Russian, Arabic, Korean, French	Older Adult, HML, GLBT, Aramaic, HL, SEA, ME, TAY	Medication Management, Rehabilitation and Recovery, Mental Health, and Crisis Intervention
Outpatient	North Inland Mental Health Center (AMHS) 125 W. Mission Ave., Ste. 103 Escondido, CA 92025	(760) 747-3424	Mon - Fri 8:00 am - 5:00 pm (Later appointments upon request)	North Inland	Adults, Older Adults	Spanish	Older Adult, GLBT, HML, HL, SEA, TAY, ME	Medication Management, Rehabilitation and Recovery, Mental Health, and Crisis Intervention

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	North County Lifeline EPSDT, CAT, YAR 707 Oceanside Blvd. Oceanside, CA 92054	(760) 757-0118	Mon - Thu 8:30 am - 5:00 pm Fri 8:30 am - 2:30 pm	North Coastal	Youth Age 6-17	Spanish		Juvenile Delinquency Prevention and Diversion Services provided at clinic, school sites and in-home
Outpatient	North County Assessment Center 1237 Green Oak Rd. Vista, CA 92083	(760) 598-2803	Mon - Fri 9:00 am - 8:00 pm	North Central, North Inland, North Coastal	Children, Adolescents	Spanish		
Outpatient	North Central Mental Health Center 1250 Morena Blvd. San Diego, CA 92110	(619) 692-8750	Mon - Fri 8:00 am - 5:00 pm	North Central	Adults, Older Adults	Farsi, Spanish, Tagalog,	Older Adult, GLBT, HML, Afr Amer, HL, SEA, ME	Mental Health Rehabilitation Services, Medication Management, Case Management, Crisis Intervention, Vocational Services

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Nueva Vista Family Services 1161 Bay Blvd., Ste. B Chula Vista, CA 91911	(619) 585-7686	Mon, Fri 9:00 am - 5:00 pm Tue - Thu 9:00 am - 7:00 pm	South	Children, Adolescents	Spanish	HL	Outpatient Psychiatric services
Outpatient	Palomar Family Counseling 1002 East Grand Ave. Escondido, CA 92025	(760) 741-2660	Mon - Fri 8:30 am - 5:00 pm	North Central, North Inland, North Coastal	Children, Adolescents, Medi-Cal Eligible, Special Education students at Escondido High School	Spanish		High risk
Outpatient	Palomar Family Counseling - Fallbrook 120 W. Hawthorne Fallbrook, CA 92028	(760) 731-3235	Mon - Fri 8:30 am - 5:00 pm	North Inland	Children, Adolescent on Medi-Cal	Spanish	Hispanic, AI, Afr Amer	Outpatient services for Children, Adolescence, and Families

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Para Las Familias (Episcopal Community Service) 1340 Imperial Beach Blvd., Ste. 204 Imperial Beach, CA 91932	(619) 565-2650	Mon - Fri 8:00 am - 5:00 pm	South	Children	Spanish	Under 6, Juvenile Court Dependents, HL	Assessment, Individual, Filial & Family Therapy. Services provided at clinic, pre-school sites and in-home.
Outpatient	Prime ALLY Program 490 Emory St Imperial Beach, CA 91932	(619) 682-2591	Mon, Wed, Fri 8:30 am - 5:00 pm Tue, Thu 8:30 am - 6:00 pm	South	Children, Adolescents on Medi-Cal	Spanish, Japanese, German	Staff are culturally diverse as well as complying with at least 4 hours of cultural competency yearly	Early Periodic Screening Diagnosis and Treatment Services, Outpatient, Individual, Group and Family Therapy, Medication Management
Outpatient	Prime ALLY National City 502 Euclid Ave., Ste. 103 National City, CA 91950	(619) 267-5115	Mon, Wed, Fri 8:30 am - 5:00 pm Tue, Thu 8:30 am - 6:00 pm	South	Children and Adolescents on Medi-Cal			Outpatient, Pediatric Referrals and School-Based Services, Medication Monitoring

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Project Enable 286 Euclid Ave., Ste. 102 San Diego, CA 92114	(619) 266-2111 x113 (619) 263-6155 x113	Mon - Fri 8:00 am - 5:00 pm	Central	Adults, Older Adults	Spanish, Tagalog, Ethiopian, Access to interpreters	Older Adult, GLBT, Latino, Afr Amer, TAY	Mental Health Services, Medication Management, Crisis Intervention, Vocational, Clubhouse
Outpatient	Providence Community Services - Cornerstone 4660 El Cajon Blvd., Ste. 210 San Diego, CA 92115	(619) 640-3266	Mon - Fri 8:30 am - 5:00 pm (Day and evening hours available by appointment)	Countywide	Children, Adolescents to age 18 with Medi-Cal	English, Vietnamese	Vietnamese	Clinic and School-Based outpatient Mental Health services
Outpatient	Rady Children's Outpatient Psychiatry - Central EPSDT & MHSA 3665 Kearny Villa Rd., Ste. 101 San Diego, CA 92123	(858) 966-5832, Ext. 3794	Mon - Fri 8:00 am - 5:00 pm	Central	Medi-Cal & MHSA funding, referred by schools, AB2726	Spanish	English-speaking and Latino families	Elementary age children and adolescents. School-based, Outpatient Psychiatry services

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Rady Children's Outpatient Psychiatry - North Coastal EPSDT School Program 3142 Vista Way, Ste. 205 Oceanside, CA 92056	(760) 758-1480	Mon - Fri 8:00 am - 5:00 pm (Evenings by appointment)	North Coastal	Children, Adolescents AB2726, Medi-Cal, Healthy Families, Indigent	Spanish, Japanese, German	Latino and Japanese Staff available; all staff receive cultural competency training; interpreters used as needed.	Treat full spectrum of childhood disorders. Psychiatry services. Outpatient Psychiatry Services
Outpatient	Rady's Children's Outpatient Psychiatry - North Inland 625 W. Citracado Pkwy., Ste. 102 Escondido, CA 92028	(760) 294-9270	Mon - Fri 8:00 am - 5:00 pm (Evenings by appointment)	North Inland	Children, Adolescents	Spanish	Yes	Cognitive Behavioral Therapy for Children, Family Therapy, Medication Management
Outpatient	Rady Children's Outpatient Psychiatry - North Coastal 3142 Vista Way, Ste. 205 Oceanside, CA 92056	(760) 758-1480	Mon - Fri 8:00 am - 5:00 pm (Evenings by appointment)	North Coastal	Children, Adolescents	Spanish, Arabic, Japanese		Outpatient Mental Health Services, AB2726 Outpatient Services, Family Therapy, Medication Management

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	San Diego Center for Children East Outpatient Counseling Program Services 7339 El Cajon Blvd., Suite K La Mesa, CA 91941	(619) 668-6200	Mon - Fri 8:00 am - 5:00 pm	East	Children, Adolescents	Spanish	Our therapists are culturally competent with various cultures (Mexican, Hawaiian, Filipino, Japanese, European, Israeli)	Parent-Child interaction therapy, Incredible Years, Parenting Wisely, Outpatient
Outpatient	San Diego Center for Children East County Outpatient Counseling 2741 Lemon Grove Ave., Ste. 104 Lemon Grove, CA 91945	(619) 465-5006	Mon, Wed, Fri 9:00 am - 5:00 pm Tue, Thu 9:00 am - 8:00 pm	East	Children, Adolescents (Medi-Cal Eligible)	Spanish	Our therapists are culturally competent with various cultures (Mexican, Hawaiian, Filipino, Japanese, European, Israeli)	Parent-Child interaction therapy, Parenting Wisely, School-based outpatient mental health services
Outpatient	San Diego City Schools Intensive Outpatient 2351 Cardinal Ln., Annex B San Diego, CA 92123	(858) 573-2227	Mon - Fri 8:00 am - 5:00 pm	Central	Children, Adolescents	Spanish	Provide Spanish parenting groups	San Diego Unified School District / ED students at various school sites

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	San Diego Youth & Children Community Foster Family Agency 3255 Wing St. San Diego, CA 92110	(619) 221-8610	Mon - Fri 8:30 am - 5:00 pm	North Central	Children, Adolescents, enrolled in the San Diego Youth and Community Services Foster family Agency			Individual/Group, Family Therapy, Crisis Intervention, Psychiatric Evaluation, Case Management, Medication Monitoring, Rehab and Support Services
Outpatient	San Diego Center for Children Foster Family Agency - Stabilization 3002 Armstrong St. San Diego, CA 92111	(858) 277-9550	Mon - Fri 8:00 am - 5:00 pm (Evening and weekend appointments as needed)	North Central	Children, Adolescent Medi-Cal Eligible	Spanish		Outpatient Mental Health, Medication Monitoring
Outpatient	San Diego Center for Children STEPdown Wraparound 3002 Armstrong St. San Diego, CA 92111	(858) 277-9550	Mon - Fri 8:00 am - 5:00 pm (Evening and weekend appointments as needed)	North Central	Children, Adolescent Medi-Cal Eligible	Spanish		Wraparound program for SED youth. Case Management Rehab Services, Therapy, Crisis Intervention, Medication Monitoring

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	San Diego Deaf Mental Health Services 1122 Broadway, Ste. 200 San Diego, CA 92101	(858) 410-1067	Mon - Fri 8:30 am - 5:00 pm	Countywide	All Ages	American Sign, Spanish	Deaf and Hard of Hearing / Disabled	Outpatient Mental Health Clinic. Individual and Family therapy, Crisis Intervention, Case Management and co-occurring disorder services
Outpatient	San Diego Youth & Community Services, East County Behavioral Health Center 1870 Cordell Ct., Ste. 101 El Cajon, CA 92020	(619) 448-9700	Mon - Fri 9:00 am - 5:00 pm (Weekends and evening by appointment)	East	At-risk children and youth (ages 6-18) and their families (Medi-Cal only)	Spanish	TAY, HL, Afr Amer, ME, GLBT, AI	At-risk youth. Outpatient services, Medication Management and Psychological testing, Crisis intervention
Outpatient	Social Advocates for Youth (SAY San Diego, Inc.) (EPSDT/CAT) 4275 El Cajon Blvd., Ste. 101 San Diego, CA 92105	(619) 582-9056	Mon - Fri 8:30 am - 5:00 pm	Central	Children, Adolescents (ages 8-18) Medi-Cal only	Spanish	HL	Individual and Family Therapy, Juvenile Court Wards

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	South Bay Community Services - Mental Health 1124 Bay Blvd., Suite D Chula Vista, CA 91911	(619) 420-3620	Mon - Thu 8:30 am - 8:30 pm Fri 8:30 am - 6:00 pm	South	Children, Adolescents referred through AB2726	Spanish	HL	School-based Mental Health services
Outpatient	Southeast Mental Health Center 3177 Ocean View Blvd. San Diego, CA 92113	(619) 595-4400	Mon - Fri 8:00 am - 5:00 pm	Central	All Ages	Spanish, Farsi, Tagalog	Adults, Older Adult, HML, Afr Amer, HL, Under 6, Juvenile Court Dependents, TAY	Medication Management, Dual Diagnosis Treatment, Crisis Intervention, School Liaison, Individual, Group & Family Therapy
Outpatient	South Bay Guidance Wellness & Recovery Center 835 Third Ave., Ste. C Chula Vista, CA 91911	(619) 427-4661	Mon 9:00 am - 8:00pm Tue, Wed, Fri 9:00 am - 5:00 pm Thu 12:00 pm - 8:00 pm	South	Adults, Older Adults	Spanish	Older Adult, HL, Dual Diagnosis	Medication Management, Crisis Intervention, Rehab services, FSP Case Management, Group and Individual counseling, Employment services

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Survivors of Torture PO Box 151240 San Diego, CA 92175	(619) 278-2400	Mon - Fri 8:00 am - 5:00 pm	Countywide	All Ages	Spanish, Tagalog, Russian	All areas for survivors of politically-motivated torture	For the healing of torture survivors and their families, educate on torture, its consequences, and advocates for the abolition of torture.
Outpatient	Trinity FFA EPSDT 835 Third Ave., Ste. E Chula Vista, CA 91911	(619) 585-1508	Mon - Fri 8:30 am - 5:00 pm	South	Children	Spanish	H/L, Afr Amer TAY	Foster Care, TAY, Juvenile Court Wards
Outpatient	UCSD Owen Clinic 4168 Front St., 3rd Floor San Diego, CA 92103	619-543-3995	Mon - Fri 8:00 am - 5:00 pm	Central	Adults, Older Adults, HIV+ and AIDS	Spanish	Older Adult, GLBT, HML, Afr Amer, HL, AI, African Refugee, SEA, EE, ME	Mental Health, Medication Management, Crisis Intervention to Clinic's Patients

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	UCSD Dual Disorders Program 140 Arbor Dr. San Diego, CA 92103	(619) 299-3510	Mon - Thu 8:00 am - 6:00 pm Fri 8:00 pm - 5:00 pm	Central	Adults, Older Adults	Spanish, Italian	Older Adult, GLBT, HML, Afr Amer, HL, AI, African Refugee, SEA, EE, ME	Medication Management, Crisis Intervention, Recovery Counseling
Outpatient	UCSD Gifford Clinic Outpatient Psychiatric Services 140 Arbor Dr. San Diego, CA 92103	(619) 299-3510	Mon -Thu 8:00 am - 6:00 pm Fri 8:00 am - 5:00 pm	Central	Adults, Older Adults	Spanish, Russian, Portuguese, Hindi, French, German	Older Adult, GLBT, HML, Afr Amer, HL, AI, SEA, EE	Mental Health, Medication Management, Crisis Intervention, Social Services Assistance
Outpatient	UPAC Counseling and Treatment Center 5348 University Ave., Ste. 101 San Diego, CA 92105	(619) 229-2999	Mon, Wed, Thu, Fri 8:30 am - 5:00 pm Tue 8:30 am - 6:00 pm	Central	Adults, Older Adults	Vietnamese, Cambodian, Laotian, Tagalog, Cantonese, Korean, Thai, Hmong	Older Adult, SEA	Medication Management, Crisis Intervention

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	UPAC East Wind Socialization Center 8745 Aero Dr., Ste. 330 San Diego, CA 92123	(858) 268-4933	Mon - Fri 8:30 am - 5:00 pm	North Central	Adults, Older Adults	Vietnamese, Hmong, Cambodian, Cantonese, Chinese, Korean	Older Adult, GLBT, SEA	Medication Management, Crisis Intervention, Socialization, Clubhouse
Outpatient	UPAC Child and Adolescent Mental Health Services 1031 25th St. San Diego, CA 92102	(619) 232-6454	Mon - Fri 8:30 am - 5:00 pm	Central	Children, Adolescents	Cambodian, French, Indonesian, Dutch, Vietnamese, Hmong, Japanese, Mandarin, Taiwanese, Spanish	Youth GLBT, Under 6, Juvenile Court Dependents, Juvenile Court Wards, SEA, Hispanic Latino	Individual, Group & Family Therapy, Case Management, MH Assessment
Outpatient	Vista Hill Foundation - Escondido 1029 N. Broadway Escondido, CA 92026	(760) 489-4126	Mon - Fri 8:30 am - 5:00 pm	North Inland	Children	Spanish, Tagalog	AI, HL	Home and School Based outpatient

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Vista Hill Foundation - North Inland (Ramona) 1012 Main St., Ste. 101 Ramona, CA 92065	(760) 788-9724	Mon - Fri 8:00 am - 5:00 pm	North Inland	Children, Adolescents	Spanish	TAY, Under 6, HL, AI, SEA	Home and School-Based outpatient
Outpatient	Walden Family Services FFA 3517 Camino del Rio S., Ste. 215 San Diego, CA 92108	(619) 584-5777	Mon - Fri 9:00 am - 5:00 pm	Countywide	Children, Adolescents	Spanish	TAY, GLBT, HL	Intensive Individual Therapy, TAY, Special healthcare needs
Outpatient	YMCA - TIDES 4080 Centre St., Ste. 103 San Diego, CA 92103	(619) 543-9850	Mon - Fri 8:30 am - 5:00 pm	Central	Children, Adolescents (ages 0-21)		English	School Age Population Provides counseling, referrals and transportation home

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Outpatient	Youth Enhancement Services (YES) 3025 Beyer Blvd., Ste. E101 San Diego, CA 92154	(619) 428-5533	Mon, Tue 10:00 am - 7:00 pm Wed - Fri 9:00 am - 6:00 pm	South	Children, Adolescents Medi-Cal, Indigent, AB2726	Spanish	HL, Afr Amer	Provides Bilingual/Bicultural individual, family and group therapy to Spanish Speaking children, youth and their families
Prevention and Early Intervention	Alliance for Community Empowerment - Union of Pan Asian Communities 1031 25th St. San Diego, CA 92102	(619) 232-6454	Mon - Fri 8:30 am - 5:00 pm	Central	Younger siblings of adolescent/young adult gang members			Home-based services, on-going family supports, positive peer-based services, anger management, conflict resolution
Prevention and Early Intervention	Bridge to Recovery (Co-Occurring Disorders) - UC San Diego 140 Arbor Dr. San Diego, CA 92103	(619) 497-6636			Transition age youth, adults and older adults referred from crisis emergency facilities		TAY	Screening, brief intervention, referral and linkage, psycho-education groups, training for law enforcement on co-occurring issues

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Prevention and Early Intervention	Collaborative Native American Initiative - Indian Health Council, Inc. 50100 Golsh Rd. Valley Center, CA 92082	(760) 749-1410	Mon - Fri 8:00 am - 5:00 pm	Countywide	All Ages		AI	Youth center, elder programs and activities, suicide prevention, outreach and education
Prevention and Early Intervention	Courage to Call Program - Mental Health Systems, Inc. 2165 Kurtz St. San Diego, CA 92110	(877) 698-7838	24/7	Countywide	Veterans, active duty military, reservists, National Guard, family members			Education, debriefings, peer counseling, linkage, mental health information, support hotline
Prevention and Early Intervention	Elder Multicultural Access and Support Services (EMASS) - Union of Pan Asian Communities 200 N. Ash St., Ste. 100 Escondido, CA 92027	(760) 233-1984	Mon - Fri 8:30 am - 5:00 pm		Older Adult		HL, Afr Amer, SEA	Outreach and education, referral and linkage, benefits advocacy, peer counseling, transportation services, home and community-based services

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Prevention and Early Intervention	Families as Partners - South Bay Community Services 1124 Bay Blvd., Ste. D Chula Vista, CA 91911	(619) 420-3620	Mon - Thu 8:30 am - 8:30 pm Fri 8:30 am - 6:00 pm	South	Children, Families			Safety and risk assessment for children conducted in the home, caregiver stress assessment, linkage and referral
Prevention and Early Intervention	Kick Start - Providence Community Services 6153 Fairmount Ave., Ste. 260 San Diego, CA 92120	(619) 481-3790	Mon - Fri 8:30 am - 5:00 pm	Central	Youth, TAY		TAY	Assessment, family education, mobile outreach, early intervention, information and linkage
Prevention and Early Intervention	Lifelong Learning - Behavioral Health Education & Training (BHETA) Academy for Professional Excellence 6505 Alvarado Rd., Ste. 107 San Diego, CA 92120	(619) 594-0923			Older Adult, family caregivers, primary care service providers			Education curriculum specifically designed for older adults, families and caregivers and service providers

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Prevention and Early Intervention	Positive Solutions Program - Union of Pan Asian Communities 525 14th St., Ste. 200 San Diego, CA 92101	(619) 238-1783, Ext. 30	Mon - Fri 8:30 am - 5:00 pm		Homebound Older Adult			Screening, assessment, brief intervention (PEARLS and/or psycho-education), referral and linkage, follow-up care
Prevention and Early Intervention	Positive Parenting Program (Triple P) - Jewish Family Services 285 N. El Camino Real, Ste. 211 Encinitas, CA 92024	(858) 637-3300	Mon - Thu 8:30 am - 5:00 pm Fri 8:30 am - 4:00 pm	Central, North Coastal	Parents and children (0 to 5 years) enrolled in Head Start or Early Head Start centers			Positive Parent Program (Triple P), early intervention services, referrals and linkage
Prevention and Early Intervention	REACHing Out - Southern Caregiver Resource Center 3675 Ruffin Rd. San Diego, CA 92123	(858) 268-4432	Mon - Fri 8:00 am - 5:00 pm	South	Hispanic caregivers of Older Adult Alzheimer's patients		HL	Personalized intervention, home visits, telephone support, education, skills training, stress management education

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Prevention and Early Intervention	Rural Integrated Behavioral Health and Primary Care Services - Vista Hill (North County Health Services, Mt. Valley's Health Center, Julian Medical Center)	(760) 788-9724		Rural areas	All Ages			Assessment, brief intervention, education, mobile outreach
Prevention and Early Intervention	Salud - UC San Diego 9500 Gilman Dr. La Jolla, CA 92093	(858) 534-4020			Hispanic Older Adult with a diagnosis of diabetes, exhibiting symptoms of or at risk of depression		HL	Outreach in the primary care clinic and in community settings, integrated diabetes and depression care
Prevention and Early Intervention	Salud - North County Health Services 150 Valpreda Rd. San Marcos, CA 92069	(760) 736-6700	Mon - Fri 8:00 am - 5:00 pm		Hispanic Older Adult with a diagnosis of diabetes, exhibiting symptoms of or at risk of depression		HL	Outreach in the primary care clinic and in community settings, integrated diabetes and depression care

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Prevention and Early Intervention	Salud - San Ysidro Health Center 4004 Beyer Blvd. San Ysidro, CA 92173	(619) 662-4100			Hispanic Older Adult with a diagnosis od diabetes, exhibiting symptoms of or at risk of depression			
Prevention and Early Intervention	School-Based Program - Palomar Family Counseling Services, Inc. 1002 Grand Ave. Escondido, CA 92025	(760) 741-2660	Mon - Fri 8:30 am - 5:00 pm		School-age children and their families		SEA, HL	Positive Behavioral Support (PBS), screening and early identification of at-risk children, community outreach to families, education and support
Prevention and Early Intervention	Screening by Community-Based ADS Providers (Co-Occurring Disorders) - Vista Hill Parent Care	(619) 698-1663			Individuals in residential and outpatient substance abuse programs with/or exhibiting mental health concerns			

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Prevention and Early Intervention	Screening by Community-Based ADS Providers (Co-Occurring Disorders) - UPAC Adult	(619) 521-5750			Individuals in residential and outpatient substance abuse programs with/or exhibiting mental health concerns			Screening, education, brief counseling, referral and linkage, prevention groups, family education
Prevention and Early Intervention	Screening by Community-Based ADS Providers (Co-Occurring Disorders) - Catholic Charities	(619) 236-2828			Individuals in residential and outpatient substance abuse programs with/or exhibiting mental health concerns			
Prevention and Early Intervention	Screening by Community-Based ADS Providers (Co-Occurring Disorders) - Phoenix House Residential and Teen Recovery Center	(619) 445-0405			Individuals in residential and outpatient substance abuse programs with/or exhibiting mental health concerns			Screening, education, brief counseling, referral and linkage, prevention groups, family education

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Prevention and Early Intervention	Screening by Community-Based ADS Providers (Co-Occurring Disorders) - North Inland Regional Recovery Center (MHS, Inc.)	(760) 741-7708			Individuals in residential and outpatient substance abuse programs with/or exhibiting mental health concerns			
Prevention and Early Intervention	Screening by Community-Based ADS Providers (Co-Occurring Disorders) - House of Metamorphosis	(619) 236-9492			Individuals in residential and outpatient substance abuse programs with/or exhibiting mental health concerns			Screening, education, brief counseling, referral and linkage, prevention groups, family education
Prevention and Early Intervention	Screening by Community-Based ADS Providers (Co-Occurring Disorders) - Harmony West (MHS, Inc.)	(619) 285-1718			Individuals in residential and outpatient substance abuse programs with/or exhibiting mental health concerns			

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Prevention and Early Intervention	Screening by Community-Based ADS Providers (Co-Occurring Disorders) - Stepping Stone Residential and Non-Residential	(619) 278-0777			Individuals in residential and outpatient substance abuse programs with/or exhibiting mental health concerns			Screening, education, brief counseling, referral and linkage, prevention groups, family education
Prevention and Early Intervention	Screening by Community-Based ADS Providers (Co-Occurring Disorders) - Family Recovery Center Non-Residential (MHS, Inc.)	(760) 439-6702			Individuals in residential and outpatient substance abuse programs with/or exhibiting mental health concerns			
Prevention and Early Intervention	Screening by Community-Based ADS Providers (Co-Occurring Disorders) - The Palavra Tree Southeast and Southwest Teen Recovery Center	(619) 263-7768			Individuals in residential and outpatient substance abuse programs with/or exhibiting mental health concerns			Screening, education, brief counseling, referral and linkage, prevention groups, family education

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Prevention and Early Intervention	South Region Trauma Exposed Services - Fred Finch Youth Center 6160 Mission Gorge Rd. San Diego, CA 92120	(619) 281-3706	Mon - Fri 8:00 am - 5:00 pm	South	Children at risk of being removed from home, Polinsky Children's Center residents			Short-term services, referrals for comprehensive services, family education
Prevention and Early Intervention	Suicide Prevention Education Awareness and Knowledge (SPEAK) - San Diego Unified School District 2351 Cardinal Ln., Annex B San Diego, CA 92123	(858) 573-2233			Children, youth and transition age youth, school staff, gatekeepers, families and caregivers		TAY	Education and outreach, screening, crisis response training, short-term early intervention, referrals
Prevention and Early Intervention	Youth and Family Peer Support Line - Mental Health Systems, Inc.	Youth Line (877) 450-5463 Family Line (877) 470-5463	Mon - Fri 2:00 pm - 8:00 pm	Countywide	All Ages			Non-crisis, peer phone support and mental health education

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Residential Adult: Semi-Supervised Living	Areta Crowell BPSR Center 1963 Fourth Ave. San Diego, CA 92101	(619) 233-3432	Mon - Fri 8:30 am - 5:00 pm	Central	Adults, TAY, Older Adults	Spanish, Vietnamese, Tagalog	HML, TAY, GLBT	Medication Management & Crisis Intervention, Rehabilitation Services, Case Management, Group and Individual Counseling
Residential Adult	Casa Pacifica 321 Cassidy St. Oceanside, CA 92054	(760) 721-2171	24/7	Countywide	Adults, Older Adults		Older Adult, HML, HL	Adult residential psychosocial treatment center.
Residential Adult	Uptown Safe Haven 2822 Fifth Ave. San Diego, CA 92103	(619) 294-7013	Mon - Fri 8:00 am - 5:00 pm	Central	Adults, Older Adults		HML	Volunteer Participation, Vocational, Educational and Social Support; Self-Help Recovery and Dual Diagnosis Groups

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Residential Children	Residential Services 7947 Mission Center Ct. San Diego, CA 92108	(619) 767-5009	Mon - Fri 8:00 am - 5:00 pm	Countywide	Juvenile Court Dependent Children and Adolescents			Screening, Case Management, Case Consultations, Investigations, family reunification, institutional evaluation
Residential Children	San Diego Center for Children 3002 Armstrong St. San Diego, CA 92111	(858) 277-9550	24/7	Countywide	Children, Adolescents	Spanish, Tagalog, French, Italian		Strength-based therapy in residential setting. Provides Day Treatment on campus, access to non-public school on campus if IEP indicates
Residential Children	The Bridgman Home 968 Corte Maria Chula Vista, CA 91911	(619) 651-8470	24/7	Countywide	Adolescents	American Sign	Deaf and Hard of Hearing	Deaf and Hard of Hearing

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Special Education Services (AB2726)	SES - North Coastal/Poway 340 Rancheros Dr., Ste. 298 San Marcos, CA 92069	(760) 752-4900	Mon - Fri 8:00 am - 5:00 pm	North Inland, North Coastal	School-age children	Spanish		Mental Health Assessments for Special Education Students, Case Management
Special Education Services (AB2726)	SES Central, South 3320 Kemper St., Ste. 104 San Diego, CA 92110	(619) 758-6205	Mon - Fri 8:00 am - 5:00 pm	Central, South	School-age children			Mental Health Assessments for Special Education Students, Case Management
Special Education Services (AB2726)	SES East, North Inland 3692 Midway Dr. San Diego, CA 92110	(619) 758-6240	Mon - Fri 8:00 am - 5:00 am	East, North Inland				Mental Health Assessments for Special Education Students, Case Management

Type of Service	Program	Phone	Hours	Region	Populations	Languages	Cultural Competency	Specialties
Therapeutic Behavioral Services	MHS - Therapeutic Behavioral Services 9445 Farnham St., Ste. 100 San Diego, CA 92123	(858) 380-4669	Mon - Fri 8:00 am - 4:30 pm	Countywide	Children, Adolescents, TAY, Families (Medi-Cal eligible)	Spanish, Arabic, French		1:1 Behavior Coaching, In-home Services, Case Management
Therapeutic Behavioral Services	Therapeutic Behavioral Services - New Alternatives 2535 Kettner Blvd., Ste. 1A4 San Diego, CA 92101	(619) 615-0701	Mon - Fri 8:00 am - 5:00 pm	Countywide	Children, Adolescents, TAY, Families (Medi-Cal eligible)	Spanish, Tagalog, Arabic, Vietnamese		1:1 Behavior Coaching, In-home Services, Case Management
Therapeutic Behavioral Services	Therapeutic Behavioral Services (TBS) 3255 Camino del Rio S. San Diego, CA 92108	(619) 563-2763	Mon - Fri 8:00 am - 5:00 pm	Countywide	Children, Adolescents, Young Adults (up to the age of 21)	Spanish	TAY, Under 6, Juvenile Court Dependents and Wards	1:1 Behavior Coaching, In-home Services, Case Management

County of San Diego Health and Human Services Agency (HHSA) Mental Health Services Policies and Procedures MHS General Administration						
Subject:	**Grievances, Appeals, Expedited Appeals and State Fair Hearings: Monitoring the Beneficiary & Client Problem Resolution Process**	No:	**01-06-207** **Formerly: 01-06-106**			
Reference:	**CFR Title 42, Subpart F, §438.400; Title 9, CCR, Chapter 11, §1850.205, 1850.210 and 1810.375; DMH Information Notice No.: 01-05, and DMH Letter 05-03, County Mental Health Beneficiary & Client Problem Resolution Policy and Process**	Page:	**1**	of	**4**	

PURPOSE:

- To establish procedures for the monitoring of the Mental Health Plan (MHP) Beneficiary & Client Problem Resolution Process,
- To ensure that client rights are maintained to their fullest extent, and
- To ensure MHP compliance with federal, state and contract regulations.

BACKGROUND:

Title 42, Section (§) 438.400 of the Code of Federal Regulations details the requirements for grievance systems and the handling of grievances and appeals. Title 9 of the California Code of Regulations, Chapter 11, §1850.205 details the requirements for problem resolution processes as required in California. These include regulations regarding access to state fair hearings for Medi-Cal beneficiaries who want to have a ruling on an MHP service decision by an Administrative Law Judge.

The MHP maintains a process for addressing and resolving the grievances, appeals, expedited appeals, and requests for State Fair Hearings of all consumers utilizing county and contracted mental health services in accordance with applicable federal and state regulations. This process is included as part of the Organizational Provider Operations Handbook, and as such, is a part of every provider contract.

POLICY:

The MHP Quality Improvement (QI) Unit shall be responsible for monitoring grievances, appeals, expedited appeals, and State Fair Hearings emanating from usage of the Beneficiary and Client Problem Resolution Process in order to identify trends and issues and make recommendations for needed system improvements. The QI Unit shall submit any required reports on grievances, appeals, expedited appeals and State Fair Hearings to the Department of Mental Health (DMH).

PROCEDURE(S):

The QI Unit shall keep a centralized record of all grievances, appeals and expedited appeals from the two advocacy contractors. The QI Unit shall also keep a record of all State Fair Hearings. The Beneficiary and Client Problem Resolution Process shall reflect the following:

Date Approved: 4/20/10	Approved: Alfredo Aguirre's Signature on File
	Director, Mental Health Services/Designee

1. County clinics and each contracted organizational provider shall have processes in place for informal, quick resolution of client concerns and suggestions. These shall be reviewed by QI staff during the annual site visit and upon request.

2. The County shall contract with an advocacy program to provide services to consumers in MHP inpatient and residential facilities and with a second advocacy program to provide services for consumers in outpatient and all other types of mental health programs, hereafter referred to as "advocacy organizations". These organizations shall be designated and publicized as points of contact for clients experiencing problems with the MHP. The advocacy organizations shall complete and submit the required Grievance and Appeal Log to the QI Unit within the required time frame each month. The logs shall include the client name or other identifier, date of receipt of the grievance or appeal; date logged, description of the problem, and date and description of the resolution. Grievances and appeals pertaining to children shall be differentiated from those pertaining to adults.

3. QI Unit staff shall review logs and verify that the above required information is present and compile the log information into a QI Unit database.

4. Since timeliness of resolution is a key issue for beneficiaries, QI Unit staff shall monitor the timeliness of the advocacy organization's resolution of grievances and appeals, and make recommendations for improvements where needed. This shall include ensuring that:

   - Grievances and appeals are recorded in the log within one working day of the date of receipt;
   - The advocacy organization provides the client with written acknowledgement of receipt of grievance or standard appeal within three (3) working days, and expedited appeal within two (2) working days. A reasonable effort shall be made to provide clients with prompt oral notice of expedited appeal resolution;
   - The advocacy organization contacts the provider within three (3) working days of the receipt of the client's written permission to represent the client for a grievance or standard appeal, and within no longer than two (2) working days of the receipt of an expedited appeal;
   - The advocacy organization contacts the QI Unit within three (3) working days of receipt of a standard appeal, and immediately of the receipt of an expedited appeal;
   - The grievance disposition is provided by the advocacy organization to the client, the provider and the QI Unit within 60 calendar days of receipt. If an extension was made (up to maximum of 14 calendar days) for good cause, documentation is present showing the client's agreement to that extension; and if a timeframe extension was not at the request of the client, the advocate shall provide the client written notice of the reason for the delay, using an Notice of Action-D form (NOA-D);
   - The appeal decision is provided by the advocacy organization to the client, the provider, and the QI Unit within 45 calendar days of receipt. If an extension was made (up to maximum of 14 calendar days) for good cause, documentation is present showing the client's agreement to that extension; and if a timeframe extension was not at the request of the client, the advocate shall provide the client written notice of the reason for the delay;

- Concurrence of the MHP shall be obtained by the advocacy organization prior to denying classification of any appeal as an "expedited appeal"; and
- The expedited appeal decision shall be provided by the advocacy organization to the client, the provider, and the QI Unit within three (3) working days of receipt. If an extension was made (up to maximum of 14 calendar days) for good cause, documentation is present showing the client's agreement to that extension; and if a timeframe extension was not at the request of the client, the advocate shall provide the client written notice of the reason for the delay.

Each advocacy organization shall ensure that clients are able to check the status of a grievance, appeal or expedited appeal. The Program Managers for these organizations shall be the designated contact persons, with the understanding that all staff can provide status reports through usage of a computerized case activity logs.

MHP Quality Improvement Monitoring Process

1. QI Unit staff shall monitor documentation by advocacy organization showing that the client and provider were notified in writing of the resolution of any grievance. The documentation shall include the date of notification of the parties involved. If the advocacy organization was unable to successfully contact the client with this information, the advocacy organization shall show evidence of efforts to do so.

2. QI Unit staff shall monitor all aspects of the Beneficiary Problem Resolution Process through oversight of the advocacy organization, including on-site audits and review of files, to ensure the client's rights are safeguarded. This shall include ensuring that the utmost level of client confidentiality is maintained. It shall also include ensuring that:

- A client may authorize another person to act on his/her behalf and that this representative may use the grievance or appeal process at the client's request;
- A client may choose a support person to accompany him or her to any meetings or hearings regarding a grievance or appeal;
- A client or his or her representative may examine the case file, including medical records and any other documents or records considered during the grievance or appeal process, before and during the process;
- A client is not subject to any penalty for filing a grievance, appeal or expedited appeal, nor does any provider have punitive action taken against it for supporting/requesting an expedited appeal;
- A client is not required to file a grievance or appeal in writing, and will be assisted, if necessary, in completing the required written appeal; no written copy is necessary for an expedited appeal;
- A Medi-Cal beneficiary has the right to request a fair hearing when dissatisfied with the resolution of an appeal or when the grievance or appeal has not been completed within mandated timelines. Beneficiaries must otherwise exhaust the MHP's appeal process prior to filing for a state fair hearing;
- If the grievance or appeal is about a clinical issue, the decision maker shall be a health care professional with the appropriate clinical expertise in treating the client's condition;
- Personnel have been identified to assist the client with these processes at the client's request;

- Personnel have been identified to provide information regarding the status of a client's grievance or appeal; and
- All aspects of the grievance and appeals processes protect the beneficiary's right to confidentiality.

3. A pattern of non-compliance with regulations regarding processing of client grievances and appeals may result in QI staff instituting a Quality Improvement Plan or Plan of Correction with the advocacy organization or provider.

4. QI Unit staff shall prepare a summary of grievances, appeals, expedited appeals, and State Fair Hearings on a semi-annual basis. In addition, QI Unit staff shall prepare any required reports on grievances, appeals, and expedited appeals and State Fair Hearings for DMH.

5. Trends including the frequency of occurrence of a particular issue and the frequency of involvement of a particular provider or client in grievances, appeals, expedited appeals, and State Fair Hearings will be analyzed. Identified issues will be reported to the Quality Review Council, the MHP Director, Behavioral Health Administration, and other oversight committees for recommendations or action, as needed.

ATTACHMENTS:

None.

SUNSET DATE:

This policy shall be reviewed for continuance on or before February 28, 2013.

AUTHOR/CONTACT ON 2/22/10:

Kathy Anderson