

Part II, Section V: Assessing Capacity

1) Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.

San Joaquin County has experienced rapid population growth in the last twenty years with an increasing shift to a highly diverse ethnic population. For example, in 1990, 23% of the population was Latino – ten years later in 2000, 33% of the population was Latino.

BHS has been historically diligent in assessing and integrating cultural and linguistic competency into all services; this focus continued during the planning of MHSAs programs and services. The 2004 BHS Cultural Competence Plan (CCP) Update received 94 out of 100 possible points from the California Department of Mental Health. Many of the barriers and differing penetration rates identified in the CCP are being addressed so that a system of care ensures cultural and linguistic appropriate treatment services. We have an active presence in the Southeast Asian community with the Transcultural Clinic that predominantly serves the Cambodian, Vietnamese and Laotian communities. BHS has a strong Latino service delivery service with a contract with El Concilio, a local Latino non-profit to provide outreach and deliver services. Internally, there is a focus on access and delivery to the Latino population with services recently delivered at the La Familia - Servicios Psico-Sociales clinic.

BHS will embed strategies to achieve a culturally competent system by eliminating ethnic disparities in access to services and retention of ethnically diverse consumers. Strategies will include:

- Hire a training coordinator to ensure all staff are consistently and continually given opportunities to increase their competence in outreach and delivery of services to diverse populations
- Develop a comprehensive curriculum to address the cultural, racial, ethnic, linguistic and marginalized groups needs, including the GLBT (Gay, Lesbian, Bi-Sexual, Transgender) and physically challenged.
- Proactive recruitment and retention of bilingual/bicultural staff to reflect the county population
- On-going outreach to ethnic communities through non-profits, faith based organizations and other appropriate groups, as well continuation of the CBO Consortium that was formed during MHSAs planning in San Joaquin County

The following tables show that there are still insufficient bilingual staffs to meet the language needs of the Latino and Southeast Asian populations. While efforts have begun, we realize that there is a need for more culturally and linguistically diverse staff. MHSa will give us the opportunity to take an important step toward meeting these important needs.

Table 10. San Joaquin County Staff Race/Ethnicity by Function*

	County Population**	Total Staff	Admin/ Mgr	Direct Services	Support Services	Interpreter
TOTALNUMBER	662,027	700	75	440	175	10
	Percentages					
African American	50,839 (8 %)	11 %	4 %	13 %	8 %	0 %
Asian / Pacific Islander	74,271 (12 %)	12 %	5 %	11 %	14 %	50 %
Latino	231,638 (35 %)	21 %	23 %	20 %	22 %	25 %
Native American	9,109 (1 %)	4 %	5 %	3 %	6 %	0 %
White	277,923 (42 %)	37 %	56 %	36 %	35 %	0 %
Other	15,979 (2 %)	15 %	7 %	17 %	15 %	25 %
*Ethnicity/Race data represents multiple responses from each unique staff, provider and contractor.						
**Source: California Department of Finance Population Estimates, July 2005.						

Only 18% of BHS direct service staff are bilingual Spanish speaking, and less than 1% speak Lao or Hmong, with only one direct service staff who speaks Vietnamese. Contract agencies report similar limitations with hiring bilingual staff. The threshold languages, Spanish & Cambodian, show a continuing need to increase capacity within staff, particularly for those providing direct services. A consortium of four regional health care systems, including San Joaquin County Health Care Services, has recently instituted the Health Care Interpreter Network. The Remote Video/Voice Medical Interpreter Project (RVVMI) provides trained interpreters through a combination of telephone and video technologies that quickly connects healthcare personnel and consumers/providers to interpreter services. Videoconferencing units allow interpreters and consumers/providers to see and hear each other using dual handsets attached to regular telephones. This video interpreting service maximizes the use of all fluent bilingual staff from each consortium partner. For example, if a Hmong speaking client is at Hospital A, but there is not a Hmong interpreter, they can interact, via telephone/video, with a Hmong interpreter at Hospital B. If a staff

person with the needed language is not available, the AT&T language line is used. The network currently is San Joaquin County Health Care Services, Contra Costa Health Services, San Francisco General Hospital and San Mateo Medical Center. San Joaquin County Behavioral Health Services will be joining this network.

Table 11. San Joaquin County Staff Spoken Language Totals by Function*

	County Population**	Total Staff	Admin/Mgr	Direct Services	Support Services	Interpreter
TOTAL NUMBER	519,445	700	75	440	175	10
Spanish	110,158	115	10	79	23	3
Cambodian	9,348	7	1	3	0	3
Cantonese/Mandarin	4,479	6	1	3	2	0
Tagalog/Ilocano	11,034	32	1	14	17	0
Hmong	5,937	7	0	2	3	2
Lao/Khmu	2,682	4	0	2	0	2
Thai	135	6	0	4	0	2
Vietnamese	5,630	3	1	1	0	1
Other/IndoEuropean	18,000	17	1	15	1	0
Sign Language	***	7	0	6	1	0

*Language data represents multiple responses from each unique staff, provider and contractor.
 **Source:2000 US Census, Language Other than English Spoken at Home, Age 5 and Older.
 ***County Sign Language Population not available.

2) Compare and include an assessment of the percentages of culturally, ethnically and linguistically diverse direct service providers as compared to the same characteristics of the total population who may need services in the County and the total population currently served in the county.

San Joaquin County Behavioral Health Services, along with contractors delivering direct services, has 700 employees. The breakdown by ethnicity is 11% of total staff and 13% of direct service staff Identified as African-American, with a general county population of 8%; 12% of all staff identified as Asian/Pacific Islander, 11% of direct service staff and 12% of the general county population; 4% of all staff identified as American Indian, 3% of direct staff and 1.4% of the general county population. White staff identified as 37% of all staff, 36% of direct service staff and 42% of the general county population in 2005. Latino staff

identified as 21% of all staff, 20% of direct service staff and 35% of the general county population. The Latino consumer is the most likely to not be served by professionals and support staff who are culturally and linguistically appropriate.

3) Provide an analysis and include a discussion of the possible barriers your system will encounter in implementing the programs for which funding is requested in this Plan and how you will address and overcome these barriers and challenges. Challenges may include such things as difficulty in hiring staff due to human resource shortages, lack of ethnically diverse staff, lack of staff in rural areas and/or Native American reservations and rancherias, difficulties in hiring consumers and family members, need for training of staff in recovery/resiliency and cultural competence principles and approaches, need to increase collaboration efforts with other agencies and organizations, etc.

Challenge: Ethnically Representative Staffing Shortage

Due to overall human resource shortage in mental health, there is focused competition for culturally and linguistically diverse professionals and support staff.

Strategies:

- Promote mental health as a profession within diverse communities
- Advocate for a cultural and linguistic internship within high schools and San Joaquin Community Delta College
- Develop a Spanish and Southeast Asian languages speaking volunteer program
- Work with Human Resources to recruit, develop and retain bilingual staff to reflect consumer need
- Give bilingual staff support in enhancing their verbal and written skills
- Reassess internal staff for cultural and linguistic capability; develop and implement a plan for internal development.
- Recruit bilingual consumers and family members to assist with interpretation, as appropriate. Provide them with adequate and on-going training.

Challenge: Developing Ethnic, Cultural and Linguistic Appropriate Services

BHS has historically focused on and been committed to cultural competence in the delivery of services to underserved and unserved culturally, ethnically and linguistically diverse populations.

Strategies:

- Conduct on-going cultural competence training with staff, consumers and the community. Utilize the California Brief Multicultural Competency Scale Training Program Curriculum
- Develop and implement best and promising practices for outreach and engagement in diverse communities. Implement, monitor and track outcome measures to establish if the practices are effective to each specific community
- Support staff in training to increase language capabilities
- Monitor and support service contractors to verify that the delivery of services is appropriate to the underserved and unserved populations
- Monitor providers' cultural and linguistic capacity, client outcomes, client satisfaction with services and penetration for all diverse populations
- Embed cultural competence in all aspects of the organization, including policy, programs, operations, treatment, research and evaluation, training and quality improvement

Challenge: Hiring Consumers and Family Members

Hiring and supporting consumers and family members within the mental health system has been a focus of BHS for the last several years.

Strategies:

- Replace specific education requirements within appropriate civil service job descriptions with 'job experience equivalency' requirements
- Provide benefits counseling for consumers, so that they understand how different levels of working (part-time, full-time) will effect their current benefits
- Create jobs with flexible hours and job sharing opportunities

- Develop effective system to advertise to and educate consumers about job opportunities
- Establish procedures and written systems to track the participation of consumers and family members
- Decrease stigma within entire mental health system so that there is an understanding and embracing of adaptations needed to support consumer employment within the system
- Provide cultural competency training to staff and the community at large
- Establish mentoring program in partnership with the CBO Consortium
- Utilize some of the MHSA 'Education and Training' component funds to assist in implementing and tracking these strategies in the future