

**Merced County
Department of Mental Health**

MENTAL HEALTH SERVICES ACT

**COMMUNITY SERVICES AND SUPPORTS
THREE-YEAR PROGRAM AND EXPENDITURE PLAN**

[Fiscal Years 2005/06, 2006/07, 2007/08]

PART II, SECTION V

Section V
ASSESSING CAPACITY

Response 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 bi-lingual staff proficiency for threshold languages.

The Merced County Department of Mental Health strives to recruit and hire bi-lingual staff with language proficiency in Spanish and Hmong, which are the County's two threshold languages. The Department's efforts are challenging, however, because there is a shortage of trained mental health staff – especially licensed staff – in the County and throughout the San Joaquin Valley.

Of the MCDMH staff of 188 as of June 30, 2005, the following members were certified bi-lingual:

- Spanish: 34
- Hmong: 7
- Laotian: 3
- Thai: 2
- Mien: 1
- Vietnamese: 1

18% of staff are certified bilingual interpreters.

Data from the 2000 U. S. Census shows the languages spoken at home in Merced County as:

- English: 55%
- Spanish: 35%
- Portuguese: 3%
- Hmong: 3%
- All Other: 4%

The "All Other" languages included: French, Italian, German, Other West Germanic, Chinese, Japanese, Korean, Cambodian, Thai, Vietnamese, Other Asian, Tagalog, Other Pacific Island, and Arabic.

Using Information Technology Web Services (ITWS) thru the State Department of Mental Health, pivot table data indicates that the primary languages spoken by consumers were reported as:

- English: 81%
- Spanish: 8%
- Hmong: 5%
- Mien: 2%
- All Other: 4%

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The “All Other” languages included: Cambodian, Lao, Other Chinese, Tagalog, Arabic, Farsi, Hebrew, Italian, Portuguese, American Sign Language, Other Non-English, and Unknown.

Response 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.

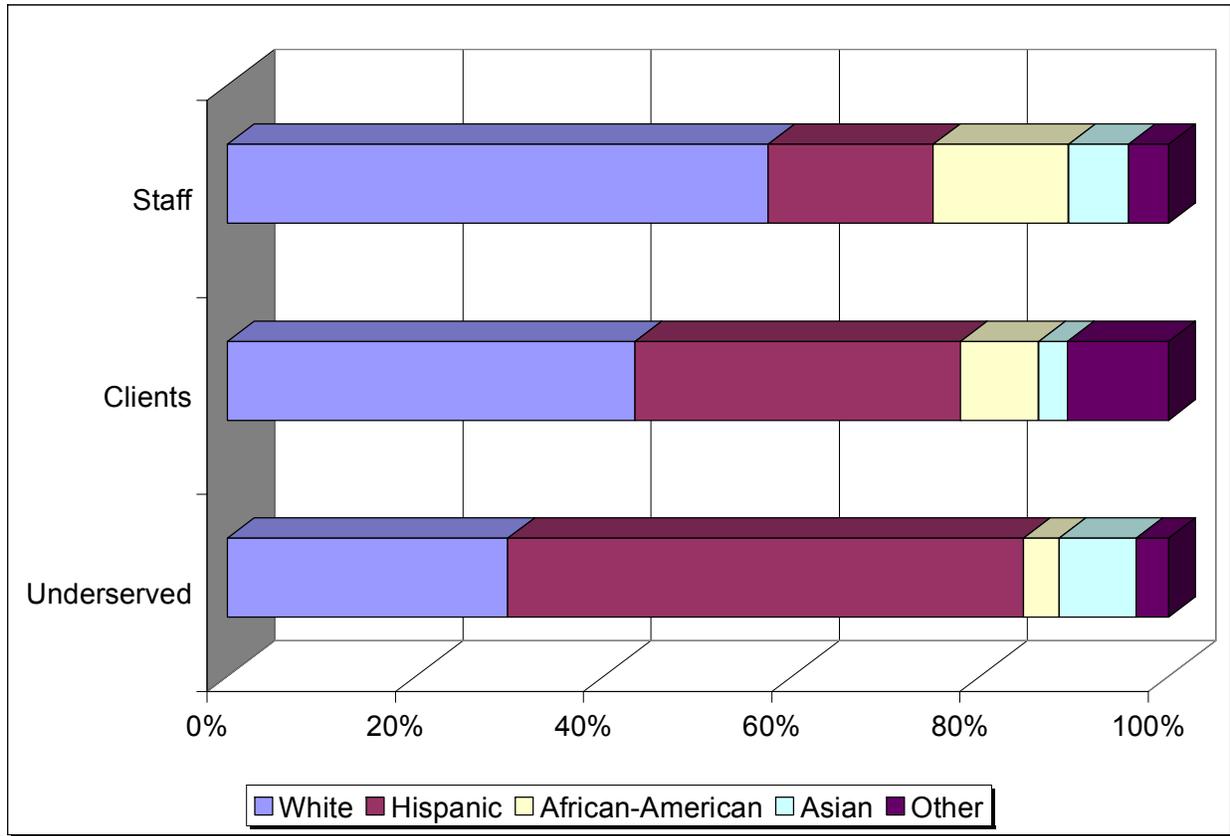
As noted in Table 2.5.1 below, the primary cultures, ethnicities and identified languages spoken by consumers are adequately represented within the MCDMH staff except Hispanic/Spanish. Caucasian consumers totaled 43% of the total clients served and 57% of the staff are Caucasian. Eight percent (8%) of the clients are African American and 14% of the staff are African American. Asian staff adequately reflects the county demographics in that 3% of the clients are Asian, and 7% of the staff are Asian. The Department’s statistics indicate that Hispanic, Spanish speaking staff are underrepresented by 50%.

**Table 2.5.1: Comparison of Ethnic Populations
[Underserved/Inappropriately Served vs. Clients vs. MCDMH Staff]**

Ethnicity	Total County Underserved/ Inappropriately Served	% Underserved/ Inappropriately Served	Total Clients Currently Served	% Client	Total MH & AD Staff	% MH & AD Staff
Caucasian	2,842	30%	2,222	43%	108	57%
African American	363	4%	425	8%	27	14%
Asian	780	8%	157	3%	12	7%
Pacific Islander	24	<1%	6	1%	0	0
Native American	39	<1%	39	1%	1	<1%
Other	192	2%	506	10%	7	5%
Multi	74	<1%	0	0	0	0
Hispanic	5,223	55%	1,775	34%	33	17%
Total	9,537	100%	5,130	100%	188	100%

Note: Consumers self-report their ethnicity, including those provided as “Other” or “Multi”. Because there are so many categories of ethnicities, “Other” is not often selected.

**Table 2.5.2: Comparison of Ethnic Populations
[Underserved/Inappropriately Served vs. Clients vs. MCDMH Staff]**



Note: Merced County’s Affirmative Action data collection and reporting is not complete as persons submit this data voluntarily. Percentage estimates include all staff demographics when identifying data was submitted.

MCDMH hires qualified bi-lingual staff whenever possible. However, there is a shortage of bi-lingual Spanish-speaking staff. The Department plans to address this gap with vigorous recruitment efforts, additional compensation for bi-lingual staff, and the education and training component of MHSA funding by assisting staff and consumers in pursuit of higher education and training.

The Department offers support for staff to enhance service delivery in all aspects of their job responsibilities, including cultural competency training offered quarterly. Cultural competency is emphasized by MCDMH leadership and management, and is included in the Department’s annual staff performance review. Each employee is asked to formally respond to their attendance at Cultural Competency trainings, identify further culture training needs, and attest to their ability to provide competent services. Additionally, program managers, in their ongoing staff supervision, are assessing the

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ongoing delivery of services to consumers to ensure that they are providing the appropriate level of services that includes and addresses cultural issues in a competent manner. Program Managers meet regularly with staff to discuss consumer needs and identify any cultural issues that are problematic or require additional intervention. When appropriate, staff are able to transfer a consumer to a bi-cultural provider. Consumers may also request a change of provider if they feel that their cultural needs are not being adequately addressed. MCDMH is committed to the provision of culturally competent services.

Nearly all bi-lingual staff have attended the 40-hour “Bridging the Gap” interpreter training which has been offered twice in Spanish. This year, the Department of Mental Health sponsored Palee Moua, from Healthy House within a Match Coalition, a local non-profit organization that provides training to professionals in the art of interpreting language and culture. Ms. Moua came to each team to present cultural information about the life, needs and experiences of the new refugees from Laos. In addition, MCDMH hosted nationally recognized speaker, Roberto Dansie, PhD, to provide training on Cultural Wisdom and, in a second training session, to share more specific strategies on embracing culture and the strengths of the individual.

Response 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 on Native American reservations and rancherias, difficulties in hiring clients and family members, need for training of staff in recovery/wellness/resiliency and cultural competence principles and approaches, need to increase collaborative efforts with other agencies and organizations, etc.

In staff hiring, preference is given to those applicants who are bi-lingual. Typically, the Mental Health Department hires all bi-lingual applicants who are qualified for the position. In general, there is a shortage of qualified bi-lingual applicants for positions in the Department, including: psychiatrists, nurses, clinicians, mental health workers, emergency services LVNs or LPTs, alcohol and drug counselors, and front office staff. MCDMH has allocated additional funds over the next three years to enhance recruiting efforts in an attempt to reduce the gap in language deficits.

Merced County is designated as a mental health provider shortage area. This allows staff members to apply to the National Health Service Corps (NHSC) for student loan repayment assistance. Open positions available in the MCDMH are posted on the websites of rural counties and NHSC when recruiting for professionals and this has resulted in the hiring of several professional staff.

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The highest priority target ethnic population to be served in Merced County through the Mental Health Services Act is Hispanic, which has remained underserved and unserved because of cultural barriers and access problems. To reach this population through MHSA programs and activities, the Department of Mental Health will significantly increase its outreach and education efforts. Currently, the Department has assigned several Hispanic staff members to provide outreach to the rural, ethnic populations at migrant camps and migrant education and faith based organizations. These staff members also assumed responsibility for educating other MCDMH staff in team meetings regarding cultural issues and techniques and strategies for engaging the Hispanic consumer.

In order to ensure the quality of Spanish language communication, the MCDMH will be pursuing establishment of a multi-tiered language proficiency/competency testing and certification process for all bi-lingual Spanish-speaking staff. The tiers will differentiate between those staff with only basic conversational Spanish capability, those with proficiency adequate to interpret for direct service personnel and those with proficiency necessary to interpret and communicate accurate information pertaining to symptoms, diagnosis and treatment of mental illness and other health issues with medical personnel (psychiatrist, nurse practitioner, nurses and emergency service/crisis staff).

In addition, the MCDMH will pursue opportunities to provide Spanish language instruction for any Department personnel who would like to learn the language to enhance their ability to communicate with Spanish-speaking clients and their family members.

For the Southeast Asian population, the Mental Health Department utilizes direct oral communication instead of written communications since many refugees from Laos and Cambodia do not read the Hmong language. To aid in these efforts, MCDMH will make compact discs of programs as a way to foster a verbal understanding for all participants who need this type of translation. The Department will work with staff members to educate them about the cultural engagement issues that are unique to the Southeast Asian population.

Several large programs initiated by the Merced County Mental Health Department as part of the Mental Health Services Act will involve contracting with specialists through a Request for Proposals process. Examples include contractors for the SEACAP Program, which targets the Southeast Asian population, and the WeCan Program requiring wraparound services for youth and a 2034 integrated service agency for adults and transition age youth. Each of the contracts will require culturally competent services, and will be monitored through an annual assessment to be submitted to MCDMH.