



Diversity Penetration Report

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Introduction and Background of Report

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) serves as the lead state agency responsible for administering a statewide system of public behavioral health services. The demographics of Arizona's population have changed rapidly over the course of several years resulting in a highly diverse and dynamic state population. In light of these significant changes, ADHS/DBHS has placed the delivery of behavioral health services for minority populations as a top agency priority. It is the goal of ADHS/DBHS to address the notion of health equity¹ through the reduction of health disparities for minority racial and ethnic groups in Arizona, particularly in the areas of access to behavioral health services and the achievement of quality outcomes. It is therefore the intent of this report to provide a status update on current behavioral health enrollment for targeted racial and ethnic groups across Arizona. Future reports² will continue to monitor enrollment rates for minority populations and accomplishments in outreach, engagement and prevention efforts conducted by ADHS/DBHS contractors.

ADHS/DBHS currently contracts with four Regional Behavioral Health Authorities (RBHAs) serving six Geographic Service Areas (GSAs). This report is organized by providing each RBHA-GSA's enrollment and demographic information followed by highlights for the reporting period on activities that influence enrollment directly or indirectly and, therefore, have an impact on the reduction of behavioral health disparities.

The U.S. Department of Health and Human Services' (HHS) [Office of Minority Health](#) defines health disparities as "significant differences between one population and another." The Minority Health and Health Disparities Research and Education Act of 2000, which authorizes several HHS programs, describes these disparities as differences in "the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates." Many different populations are affected by disparities including racial and ethnic minorities, residents of rural areas, women, children, the elderly, and persons with disabilities.

There is debate about what causes health disparities between ethnic and racial groups, but it is generally accepted that disparities are related to three main areas:

- 1) Certain racial and ethnic groups may encounter barriers when trying to access the health care delivery system.
- 2) Personal, socioeconomic and environmental characteristics of different ethnic and racial groups can impact disparities. A great deal of research on social determinants of health and the socio-ecological model has surfaced, which connects economic and social conditions with determining the health of a community or population.
- 3) Different ethnic and racial groups may receive different types of care or lower quality of care.

In Arizona, health disparities, as they relate to the behavioral health system, are believed to result from numerous issues including language barriers, stigma associated with mental illness and substance abuse, lack of trust in the behavioral health system, lack of knowledge about available services, and difficulty in navigating a complicated system.

ADHS/DBHS and contractors are actively addressing many of the above issues through policy, marketing/outreach, prevention, training, and building an organizational culture that embraces diversity at all

¹ Health equity is defined as, "the absence of unfair and avoidable or remediable differences in health among populations or groups defined socially, demographically or geographically" (WHO Commission on Social Determinants of Health)

² It is ADHS/DBHS' goal to publish this report in a regular basis.

levels. The following pages summarize enrollment and demographic information by GSA followed by the efforts of the RBHAs to embrace their regional diversity.

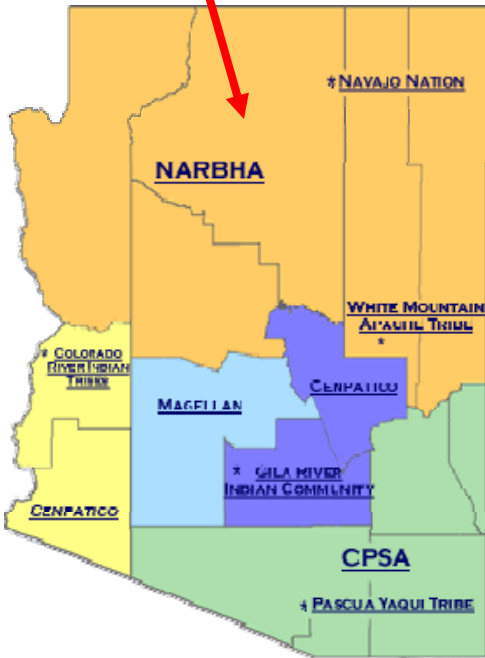
Information regarding individuals enrolled in services was obtained from the ADHS/DBHS Client Information System for the period of July 2008-December 2008.

Enrollment totals show the percentage of people enrolled in DBHS observed by racial/ethnic group and by age group. These are provided per RBHA-GSA and statewide. An estimate of the 2008 census data is also provided to show the approximate racial/ethnic population representation in the counties served by the RBHA-GSA.

Penetration rates are provided for the period of July 1 – December 31, 2008 and from a previous quarter for reference. Penetration rates are the percentage of AHCCCS eligible people who are enrolled in DBHS. These too are provided per RBHA-GSA and statewide.

NARBHA (Northern Arizona Behavioral Health Authority, GSA 1)

SERVING APACHE, COCONINO, MOHAVE, NAVAJO AND YAVAPAI COUNTIES



Race/Ethnicity	Census Estimate ³		Enrollment Totals ⁴	
	NARBHA	Statewide	NARBHA	Statewide
White	64.5%	59.2%	82.6%	61.6%
Hispanic	12.2%	30.5%	9.8%	27.5%
African American	1.0%	3.6%	1.3%	7.5%
Native American	20.0%	4.2%	6.1%	2.6%
Asian/Pacific Islander	0.9%	2.5%	0.2%	0.8%

Race/Ethnicity	Penetration Rate ⁵ April-June 2008		Penetration Rate July- December 2008	
	NARBHA	Statewide	NARBHA	Statewide
White	15.9%	17.6%	16.9%	19.6%
Hispanic	6.5%	5.4%	6.9%	6.1%
African American	10.4%	10.0%	11.5%	11.4%
Native American	1.1%	1.9%	1.2%	2.2%
Asian/Pacific Islander	3.3%	4.7%	3.7%	4.9%

Age Groups	White	Hispanic	African American	Native American	Asian/Pacific Islander	NARBHA Enrollment Totals	Statewide Enrollment Totals
Birth-5	3.1%	0.6%	0.1%	0.2%	<0.0%	4.0%	4.2%
6-12	10.3%	2.1%	0.3%	0.9%	0.1%	13.7%	16.0%
13-17	8.5%	1.7%	0.2%	1.2%	<0.0%	11.6%	12.7%
18 and up	60.7%	5.4%	0.7%	3.7%	0.2%	70.7%	67.0%

Geographical Background:

The 2008 census estimates indicate Arizona’s statewide population is predominately White (59.2%) and Hispanic (30.5%). NARBHA serves the northern counties with a predominately White (64.5%) population, followed by Native Americans (20.0%). NARBHA exceeds statewide enrollment of Whites by 21.0% and Native Americans by 3.5%. Hispanics were 17.7% lower than the statewide enrollment, which is in line with the population percentage, followed by African Americans at 6.2% lower than the statewide enrollment.

Penetration Rates:

The groups with the highest penetration rates in NARBHA from April-December 2008 continue to be Whites followed by African Americans. For the same time period, Native Americans continue to have the lowest penetration rates of all groups.

Age Groups:

When examining age groups, the largest enrollment across all race/ethnicity groups were those 18 years and older (70.7%), which is slightly higher than the statewide total (67.0%). The Birth-5 (4.0%) age group has the lowest enrollment. NARBHA’s largest enrollment populations were White, 18 years and older (60.7%), followed by White, 6 to 12 years old (10.3%).

³ www.census.gov; US Census Bureau, Population Estimates Program, 2008, Other/Multiple categories were omitted.

⁴ The groups identified as Other/No Selection in race were omitted. Enrollment totals may not total 100% due to rounding.

⁵ Penetration rates are the percentage of AHCCCS eligible people who are enrolled in DBHS. Ethnicity and race variables are stored differently between AHCCCS and DBHS systems. Rate based on population groups, not total population, will not total 100%.

NARBHA Highlights/Summary

Services marketing/outreach:

- NARBHA launched a new online resource, the Network of Care for Mental/Behavioral Health (www.narbha.networkofcare.org) which is an interactive consumer-friendly and driven Web site and information resource for individuals, families and agencies concerned with mental and emotional wellness. The Network of Care provides more than 2,000 resources available to users including information in 14 languages for basic mental health resources; interactive tools for medication, symptoms and free online consumer training for people working on recovery; enhanced interactive tools to identify physical and emotional symptoms; and a medication library, including drug indications, interactions and precautions, and other health-related information.
- A comprehensive media campaign for the NARBHA Network of Care was begun on August 18, 2008 that included television, radio, print and Web advertising. Geographical areas included all five counties of the NARBHA provider network with the Web and Spanish advertising extended throughout all of Arizona through *La Voz*. The campaign included: 195 television spots on six cable channels; 215,000 statewide Web impressions; 60 days of web advertising throughout northern Arizona; 21 print ads, including Spanish, Navajo, Apache and Hopi publications; and on-going radio ads that continued throughout the FY 09 advertising schedule. In addition, consumer/family/member notification was done through the NARBHA Web site and responsible agency Web sites on which a link and, in some cases, a description was added.
- Beginning in July 2008, NARBHA included Network of Care flyers (in both English and Spanish) and brochures at events, community forums and all meetings. Network of Care brochures were also included in the Prevention Coordinator's resources which are extended to all providers throughout the NARBHA network.
- Through NARBHA, the Northern AZ Native American Suicide Prevention & Intervention Coalition was able to incorporate awareness public service announcements (PSAs) in radio, print, and web advertising. The PSAs were written and recorded in English, White Mountain Apache, and Navajo to reach a broader audience in 2008. The Coalition's awareness campaign promoted its efforts on providing Applied Suicide Intervention Skills Training (ASIST) throughout the year directly within specific Native American communities, reaching the community level.
- NARBHA created a PSA on depression and where to get help in Navajo and Apache which was distributed to 30 radio stations.

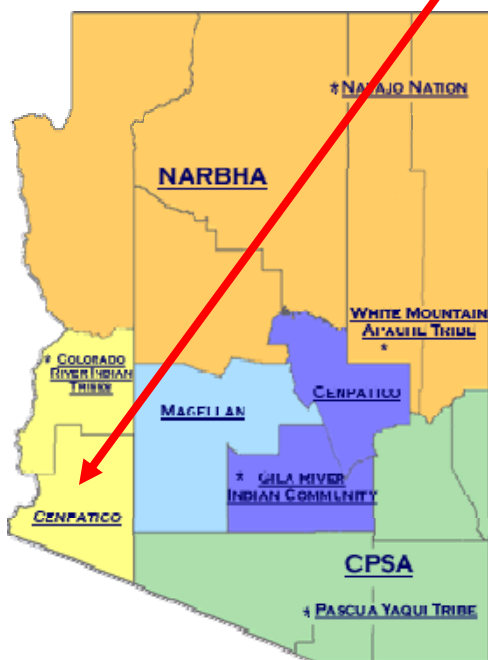
Prevention:

- NARBHA held the MBrace Life Summit on August 2008. The Northern AZ Native American Suicide Prevention & Intervention Coalition has implemented the MBrace Life Summit annually for several years. This event is focused on developing strategies that build capacity in communities to reduce suicide by identifying natural assets and resources throughout Tribal communities.

Training (Clinical / Cultural Competency):

- A three-part series on providing services competently to the Deaf and Hard of Hearing population took place this past year at the NARBHA provider network. The series touched on subjects from cultural considerations to utilizing assistive technology and resources to improve communication and services.
- NARBHA implemented its "Working with Tribal Governments and Tribal Members" training module this past year through on-site trainings and through Essential Learning trainings.
- NARBHA designed and implemented its "Providing Customer Service with Cultural Competence" training module this past year as well. This training is specifically for staff members that provide direct customer service to members.

CENPATICO-2 (Cenpatico Behavioral Health of Arizona, GSA 2) SERVING LA PAZ AND YUMA COUNTIES



Race/Ethnicity	Census Estimate ⁶		Enrollment Totals ⁷	
	Cenpatico-2	Statewide	Cenpatico-2	Statewide
White	41.7%	59.2%	46.0%	61.6%
Hispanic	52.5%	30.5%	48.3%	27.5%
African American	1.9%	3.6%	2.1%	7.5%
Native American	2.0%	4.2%	3.5%	2.6%
Asian/Pacific Islander	1.0%	2.5%	0.1%	0.8%

Race/Ethnicity	Penetration Rate ⁸ April-June 2008		Penetration Rate July- December 2008	
	Cenpatico-2	Statewide	Cenpatico-2	Statewide
White	22.8%	17.6%	25.7%	19.6%
Hispanic	5.7%	5.4%	5.8%	6.1%
African American	11.4%	10.0%	11.9%	11.4%
Native American	6.0%	1.9%	7.3%	2.2%
Asian/Pacific Islander	3.6%	4.7%	2.8%	4.9%

Age Groups	White	Hispanic	African American	Native American	Asian/Pacific Islander	Cenpatico-2 Enrollment Totals	Statewide Enrollment Totals
Birth-5	1.8%	2.1%	<0.0%	0.1%	0%	4.0%	4.2%
6-12	4.7%	7.7%	0.3%	0.6%	<0.0%	13.3%	16.0%
13-17	5.4%	7.8%	0.3%	0.7%	0%	14.2%	12.7%
18 and up	34.1%	30.7%	1.5%	2.1%	0.1%	68.5%	67.0%

Geographical Background:

The 2008 census estimates indicate Arizona's statewide populations are predominately White (59.2%) and Hispanic (30.5%). Serving central and southwestern counties is Cenpatico-2 with a predominately Hispanic (52.5%) and White (41.7%) population. Cenpatico-2 exceeds the statewide enrollment of Hispanics by 20.8%. Whites were 15.6% lower than statewide enrollment followed by African Americans who are 5.4% lower than the statewide enrollments.

Penetration Rates:

The groups with the highest penetration rates in Cenpatico-2 from April-December 2008 continue to be Whites followed by African Americans. Cenpatico-2 with a low penetration rate in Asian/Pacific Islanders differs from the statewide penetration rate lowest penetration of Native Americans.

Age Groups:

When examining age groups the largest enrollment across all race/ethnicity groups were those 18 years and older (68.5%). The Birth-5 (4.0%) age group has the lowest enrollment, which compares closely to the statewide enrollment of Birth-5 (4.2%). Cenpatico-2's largest enrolled populations were White, 18 years and older (34.1%), followed by Hispanic, 18 years and older (30.7%).

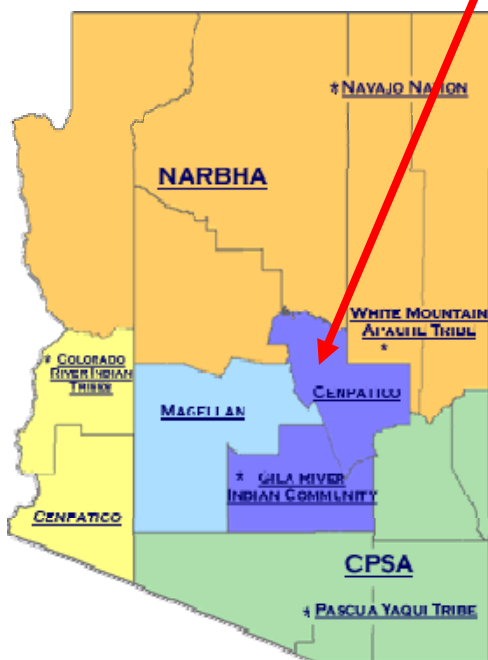
⁶ www.census.gov; US Census Bureau, Population Estimates Program, 2008, Other/Multiple categories were omitted.

⁷ The groups identified as Other/No Selection in race were omitted. Enrollment totals may not total 100% due to rounding.

⁸ Penetration rates are the percentage of AHCCCS eligible people who are enrolled in DBHS. Ethnicity and race variables are stored differently between AHCCCS and DBHS systems. Rate based on population groups, not total population, will not total 100%.

CENPATICO-4 (Cenpatico Behavioral Health of Arizona, GSA 4)

SERVING GILA AND PINAL COUNTIES



Race/Ethnicity	Census Estimate ⁹		Enrollment Totals ¹⁰	
	Cenpatico-4	Statewide	Cenpatico-4	Statewide
White	59.5%	59.2%	66.4%	61.6%
Hispanic	28.1%	30.5%	25.8%	27.5%
African American	3.3%	3.6%	4.7%	7.5%
Native American	6.2%	4.2%	2.7%	2.6%
Asian/Pacific Islander	1.5%	2.5%	0.4%	0.8%

Race/Ethnicity	Penetration Rate ¹¹ April-June 2008		Penetration Rate July- December 2008	
	Cenpatico-4	Statewide	Cenpatico-4	Statewide
White	25.5%	17.6%	28.1%	19.6%
Hispanic	10.3%	5.4%	10.8%	6.1%
African American	13.6%	10.0%	13.1%	11.4%
Native American	1.9%	1.9%	1.8%	2.2%
Asian/Pacific Islander	7.2%	4.7%	6.4%	4.9%

Age Groups	White	Hispanic	African American	Native American	Asian/Pacific Islander	Cenpatico-4 Enrollment Totals	Statewide Enrollment Totals
Birth-5	3.8%	1.8%	0.3%	0.2%	<0.0%	6.1%	4.2%
6-12	10.8%	6.3%	0.8%	0.5%	<0.0%	18.4%	16.0%
13-17	7.8%	4.2%	0.9%	0.4%	<0.0%	13.3%	12.7%
18 and up	44.1%	13.5%	2.8%	1.6%	0.2%	62.2%	67.0%

Geographical Background:

The 2008 census estimates indicate Arizona's statewide populations are predominately White (59.2%) and Hispanic (30.5%). Serving Gila and Pinal counties is Cenpatico-4 with a predominately White (59.5%) and Hispanic (28.1%) population. Cenpatico-4 exceeds the statewide enrollment of Whites by 4.8%. African Americans are 2.8% lower than the statewide enrollment.

Penetration Rates:

The groups with the highest penetration rates in Cenpatico-4 from April-December 2008 continue to be Whites followed by African Americans. For the same time period, Native Americans continue to have the lowest penetration of all groups.

Age Groups:

When examining age groups the largest enrollment across all race/ethnicity groups were those 18 years and older (62.2%). The Birth-5 (6.1%) age group has the lowest enrollment, however exceeds the statewide enrollment by 1.9%. Cenpatico-4's largest enrollment groups were White, 18 years and older (44.1%), followed by Hispanic, 18 years and older (13.5%) and White, 6-12 (10.8%).

⁹ www.census.gov; US Census Bureau, Population Estimates Program, 2008, Other/Multiple categories were omitted.

¹⁰ The groups identified as Other/No Selection in race were omitted. Enrollment totals may not total 100% due to rounding.

¹¹ Penetration rates are the percentage of AHCCCS eligible people who are enrolled in DBHS. Ethnicity and race variables are stored differently between AHCCCS and DBHS systems. Rate based on population groups, not total population, will not total 100%.

Cenpatico Highlights/Summary

The following highlights are for the entire Cenpatico network (Cenpatico-2 and Cenpatico-4):

Training (Clinical / Cultural Competency):

- Between July and December, eight live Clinical Cultural Competency trainings and ten live Non-Clinical Cultural Competency trainings were held, reaching 117 and 79 attendees, respectively.
- By December 2008, the number of “Trainer of Trainers” had been increased to 17. These trainers are available to provide cultural competency training in the Cenpatico network.
- Cenpatico has developed a requirement that providers billing for interpretation services must use an interpreter service approved by Cenpatico or a staff member that has been certified at the appropriate level of proficiency. Cenpatico supplied all providers with the information necessary to begin bilingual certification of their staff.

The following highlights are for the Cenpatico-2 network:

Services marketing/outreach:

- Cenpatico-2 identified key communities to target for outreach to the Hispanic population: Yuma, Somerton, Welton and San Luis, all of which are highly populated by Latinos (Yuma county is 56% Latino). These communities were identified using demographic information, past outreach history, and through networking with various social service agencies that understand the cultural needs for the population living in these communities.
- Cenpatico-2 participated at the Cocopah Wellness Expo in September and the Sheriff’s Office Pre-Summit Cook-Out in November (hosted by the Yuma County Meth Nucleus Group) where it provided “How to Access Care” brochures, crisis cards, and general information on the effects of various substances. Approximately 150 people attended each event.
- In December, Cenpatico-2 participated at the annual "Dia del Campesino" event where information is shared with migrant workers and their families on how to access services and how to enroll in AHCCCS.

Prevention:

- Cenpatico and contracting *promotoras* offered a program in San Luis, Somerton and Yuma, called *Viviendo la vida oro* – the Golden Years. This program provided family support and education targeting seniors with chronic health conditions to reduce depression and isolation. Most program participants were former migrant and seasonal farm workers.
- The program “Living Well with Disabilities” was offered monthly September through December reaching 35 participants. This is a life skills curriculum offering recommended activities to reduce secondary health conditions (ie, depression and isolation) among persons with disabilities.
- Cenpatico-2 gave a presentation on the effects of methamphetamine use during the Colorado River Indian Tribe (CRIT) Youth Summer Program. There were approximately 40 youth in attendance.

Training (Clinical / Cultural Competency):

- Cenpatico-2 had all internal staff that was listed as bilingual tested and certified. Cenpatico is pleased to report that 100% of outreach staff and 33% of customer service staff tested as proficient in Spanish.
- A cultural competency training session held in August 2008 was facilitated by the Arizona Commission for the Deaf and the Hard of Hearing. The program reached 17 participants.

The following highlights are for the Cenpatico-4 network:

Services marketing/outreach:

- Cenpatico-4 held informational booths at the July Care Fair at the Gila County Fairgrounds, the Diabetes Health Fair in November in Casa Grande, and an SMI Health Fair at the Tohono Oo'dham community. Educational brochures and newsletters were provided during these events in both English and Spanish.
- Nine health education presentations were conducted at Ak-Chin and San Carlos Communities (6 and 3 respectively). Participation varied from 15 to 30 members of these communities depending on the presentation topic and tribe. Feedback indicated that participants felt much more connected to services by understanding what Cenpatico-4 provides and how services can be accessed.
- Cenpatico-4 identified key communities to target for outreach: Eloy, Coolidge, and Casa Grande for Hispanics; Randolph, Coolidge (Desert Beach community), and Eloy for African Americans. These communities were primarily identified through outreach and networking with various agencies who serve these populations.

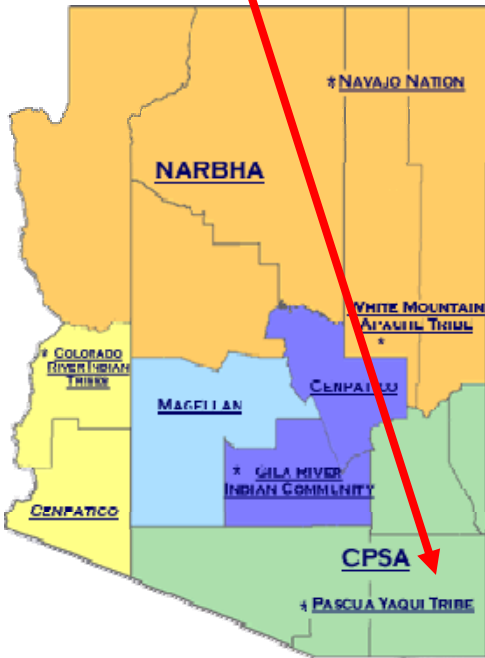
Prevention:

- Cenpatico-4 met with representatives from the Tohono O'Odham Nation to discuss the possibility for contracting for prevention services.
- The San Carlos Apache Wellness Center (subcontractor to Cenpatico-4) implemented four prevention retreats for each group: women, men, and children.
- The Ak-Chin Youth Leadership group created an educational video of their community and culture.

Training (Clinical / Cultural Competency):

- The San Carlos Apache Tribe identified capacity training needs to respond to critical incidents. As a result, Cenpatico-4 contracted with Crisis Preparation and Recovery, Inc. to provide Level 1 and Level 2 training for Wellness Center staff, detention, schools, health care, first responders and housing staff from Gila and Graham counties.
- Cenpatico-4 had all internal staff listed as bilingual tested and certified and is pleased to report that 65% of outreach staff and 33% of customer service staff tested as proficient in Spanish.
- 91% of Cenpatico-4's provider agency staff completed the cultural competency training.
- Cenpatico-4 paid for a Wellness Center staff member to attend the Applied Suicide Intervention Skills Training (ASIST) to become a certified ASIST trainer. To conduct ASIST trainings, at least two certified trainers are required, preferably three. Cenpatico-4 only had one San Carlos Apache certified trainer. The San Carlos Reservation has great need for ASIST and other suicide prevention training by persons who understand the culture and who are fluent in the Apache language. Increasing the numbers of certified ASIST trainers on the San Carlos Apache Reservation is an infrastructure development need that had been identified by San Carlos Apache Members.

CPSA-3 (Community Partnership of Southern Arizona, GSA 3)
SERVING COCHISE, GRAHAM, GREENLEE, AND SANTA CRUZ COUNTIES



Race/Ethnicity	Census Estimate ¹²		Enrollment Totals ¹³	
	CPSA-3	Statewide	CPSA-3	Statewide
White	49.8%	59.2%	53.0%	61.6%
Hispanic	41.2%	30.5%	43.5%	27.5%
African American	3.0%	3.6%	2.1%	7.5%
Native American	3.0%	4.2%	0.9%	2.6%
Asian/Pacific Islander	1.4%	2.5%	0.5%	0.8%

Race/Ethnicity	Penetration Rate ¹⁴ April-June 2008		Penetration Rate July-December 2008	
	CPSA-3	Statewide	CPSA-3	Statewide
White	17.0%	17.6%	17.8%	19.6%
Hispanic	7.0%	5.4%	7.1%	6.1%
African American	8.7%	10.0%	9.8%	11.4%
Native American	2.4%	1.9%	2.3%	2.2%
Asian/Pacific Islander	6.9%	4.7%	6.1%	4.9%

Age Groups	White	Hispanic	African American	Native American	Asian/Pacific Islander	CPSA-3 Enrollment Totals	Statewide Enrollment Totals
Birth-5	1.3%	1.4%	0.1%	0.0%	0%	2.8%	4.2%
6-12	6.3%	6.1%	0.3%	0.0%	<0.0%	12.7%	16.0%
13-17	5.0%	6.7%	0.2%	0.2%	0%	12.1%	12.7%
18 and up	40.4%	29.2%	1.5%	0.8%	0.5%	72.4%	67.0%

Geographical Background:

The 2008 census estimates indicate Arizona's statewide population is predominately White (59.2%) and Hispanic (30.5%). Serving the southeastern counties is CPSA-3 with a predominately White (49.8%) population followed closely by Hispanic (41.2%). Compared to statewide enrollment totals, CPSA-3 exceeds the statewide enrollment of Hispanics by 16.0%. African Americans are 5.4% lower than the statewide enrollment.

Penetration Rates:

The groups with the highest penetration rates in CPSA-3 from April-December 2008 continue to be Whites followed by African Americans. For the same time period, Native Americans continue to have the lowest penetration rates of all groups.

Age Groups:

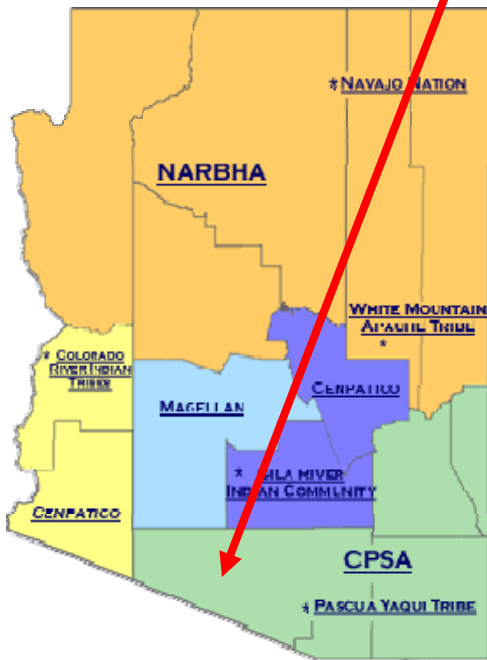
When examining age groups the largest enrollment across all race/ethnicity groups were those 18 years and older (72.4%), which is higher than the State enrollment total (67.0%). The Birth-5 (2.8%) age group has the lowest enrollment. CPSA-3's largest enrollment age groups were White, 18 years and older (40.4%), followed by Hispanic, 18 years and older (29.2%).

¹² www.census.gov; US Census Bureau, Population Estimates Program, 2008, Other/Multiple categories were omitted.

¹³ The groups identified as Other/No Selection in race were omitted. Enrollment totals may not total 100% due to rounding.

¹⁴ Penetration rates are the percentage of AHCCCS eligible people who are enrolled in DBHS. Ethnicity and race variables are stored differently between AHCCCS and DBHS systems. Rate based on population groups, not total population, will not total 100%.

CPSA-5 (Community Partnership of Southern Arizona, GSA 5)
SERVING PIMA COUNTY



Race/Ethnicity	Census Estimate ¹⁵		Enrollment Totals ¹⁶	
	CPSA-5	Statewide	CPSA-5	Statewide
White	57.3%	59.2%	56.8%	61.6%
Hispanic	33.1%	30.5%	34.1%	27.5%
African American	3.1%	3.6%	5.9%	7.5%
Native American	2.6%	4.2%	2.4%	2.6%
Asian/Pacific Islander	2.6%	2.5%	0.8%	0.8%

Race/Ethnicity	Penetration Rate ¹⁷ April-June 2008		Penetration Rate July- December 2008	
	CPSA-5	Statewide	CPSA-5	Statewide
White	22.9%	17.6%	24.3%	19.6%
Hispanic	8.1%	5.4%	8.8%	6.1%
African American	12.4%	10.0%	13.4%	11.4%
Native American	4.0%	1.9%	4.3%	2.2%
Asian/Pacific Islander	7.0%	4.7%	6.4%	4.9%

Age Groups	White	Hispanic	African American	Native American	Asian/Pacific Islander	CPSA-5 Enrollment Totals	Statewide Enrollment Totals
Birth-5	2.8%	2.7%	0.4%	0.2%	<0.0%	6.1%	4.2%
6-12	6.5%	6.5%	0.8%	0.3%	0.1%	14.2%	16.0%
13-17	5.1%	5.6%	0.8%	0.4%	<0.0 %	11.9%	12.7%
18 and up	42.4%	19.3%	3.9%	1.5%	0.7%	67.8%	67.0%

Geographical Background:

The 2008 census estimates indicate Arizona’s statewide population is predominately White (59.2%) and Hispanic (30.5%) CPSA-5 serves the Pima County, which is one of the highest populated southeastern counties with individuals predominately White (57.3%) and Hispanic (33.1%). Comparing CPSA-5 and Statewide enrollment totals, CPSA-5 exceeds the statewide enrollment of Hispanics by 6.6%. African Americans are 1.6% lower than the statewide enrollment.

Penetration Rates:

The groups with the highest penetration rates in CPSA-5 from April-December 2008 continue to be Whites followed by African Americans. For the same time period, Native Americans continue to have the lowest penetration rates of all groups; however, CPSA-5 exceeds the statewide penetration rates for this population.

Age Groups:

When examining age groups the largest enrollment across all race/ethnicity groups were those 18 years and older (67.8%). The Birth-5 (6.1%) age group has the lowest enrollment; however, it surpasses the statewide enrollment of Birth -5 (4.2%) by 1.9%. CPSA-5’s largest populations were White, 18 years and older (42.4 %), followed by Hispanic, 18 years and older (19.3%).

¹⁵ www.census.gov; US Census Bureau, Population Estimates Program, 2008, Other/Multiple categories were omitted

¹⁶ The groups identified as Other/No Selection in race were omitted. Enrollment totals may not total 100% due to rounding.

¹⁷ Penetration rates are the percentage of AHCCCS eligible people who are enrolled in DBHS. Ethnicity and race variables are stored differently between AHCCCS and DBHS systems. Rate based on population groups, not total population, will not total 100%.

CPSA Highlights/Summary

The following highlights are for the entire CPSA network (CPSA-3 and CPSA-5):

Services marketing/outreach:

- CPSA developed and printed a bilingual brochure describing the CPSA system of care. The brochure was also posted online and was made available at all CPSA reception areas and distributed at health fairs and special events where CPSA had a display.
- CPSA developed a brochure to describe and promote the CPSA Audiovisual (AV) Library, an online library that includes presentations in clinical information, systems issues, and stories of hope and inspiration. The AV library was created as an empowerment tool for members and families. Twenty-two of the presentations in the AV library were made available in Spanish as of December 2008. The AV Library brochure was made available at all CPSA reception areas and distributed at health fairs and special events where CPSA had a display.

Training (Clinical / Cultural Competency):

- CPSA introduced a bilingual competency policy intended to assure the competence of language assistance provided to Limited English Proficiency (LEP) members by interpreters and bilingual staff.
- CPSA provided onsite technical assistance to all outpatient clinics regarding the use of CyraCom International, an over-the-phone interpreter service who employs certified bilingual staff in over 150 languages. CPSA monitors the use of this service monthly via billing records.
- CPSA offered 10 different cultural trainings to CPSA staff, provider networks and the community. These trainings were attended by a total of 1,275 participants. Of these participants, 274 and 868 work within the CPSA-3 and CPSA-5 provider networks, respectively. Training topics included the elderly, the LGBTQ population, and the Native American population, as well as general culture trainings intended to increase participants' understanding of their own culture as well as those of others. Trainings are now offered on an ongoing basis.

The following highlights are for the CPSA-3 network:

Prevention:

- Between July and December 2008, CPSA-3 through SEABHS (Southeast Arizona Behavioral Health Services, Inc.), had the opportunity to participate in several bi-national coalitions listed below.
 1. COBINA - Binational Health Committee: mental and physical health topics were discussed and participants collaborated on several binational efforts such as the Binational Health Week held in October.
 2. Domestic Violence Binational Committee: CPSA-3/SEABHS provided training on the legal implications for immigrant women under the Violence Against Women Act.
 3. *Grupo de Ambiente de Nogales*, HIV Outreach Programs: provided technical assistance in capacity building and effective prevention strategies.
 4. *Asociacion de personas con Discapacidades/People w/ Disabilities*: This group is composed of people with disabilities who aim to become self-reliant. CPSA-3/SEABHS provided technical assistance in capacity building which resulted in the creation of an organizational structure.
 5. USMBHA (Unites States Mexico Border Health Association) Border Coalitions: CPSA-3 primarily assisted with the dissemination of informational materials and media distribution along the border. CPSA-3 also provided technical assistance on topics such as building coalitions, Strategic Prevention Framework, and Underage Drinking and the Border.

6. Binational Committee on Niños Migrants/Migrant Children: CPSA-3 provided technical assistance. SEABHS assisted with the renegotiation of the Rio Rico Accord and formulation of a formal response system that takes into account the needs of the children on both sides of the border.

Other initiatives:

- By December 2008, CPSA-3 had begun addressing cultural initiatives at its county specific Community Network Meetings with the goal to bring awareness of such initiatives to a wider stakeholder group and gain valuable member, family and community input.
- CPSA is working with the San Carlos Apache Tribe to create a Memorandum of Agreement. This agreement would allow CPSA and their network providers (i.e. SEABHS) to go onto the reservation and provide services to tribal members. Both entities are also working on strengthening crisis services in CPSA-3. The San Carlos Apache Tribe has invited CPSA to participate in their Suicide Task Force meetings to collaborate on effective crisis response services and assistance in suicide prevention.

*The following highlights are for the **CPSA-5 network**:*

Services marketing/outreach:

- CPSA-5 participated in various community outreach events reaching over 6,000 people from diverse ethnic and special populations. Examples include:
 - The Annual Gospel Rescue Mission's Thanksgiving Street Banquet, where 106 monolingual Spanish or limited-English-proficient (LEP) community members were surveyed to assess their perception of language barriers to accessing behavioral health services. Results of the Language Survey have been shared with multiple advisory groups and next steps include improved customer service for LEP members and increased awareness of resources for the LEP population.
 - CPSA-5 developed promotional materials including announcement flyers, call to artists, participant application form, entry form and posters for the annual Community Mental Health Arts Show. The event celebrated recovery through art during National Mental Illness Awareness Week in October. Eligible artists were people receiving services and/or people working in the system of care. Over 330 works of art were submitted and the event was attended by over 100 artists as well as many supporters, family members and friends.

Prevention:

- Voz, a broad-based substance abuse and suicide prevention program designed to help minority youth (youth of color and LGBTQ youth) learn life skills and resist risky and severe behaviors, held three cohorts and had 32 graduates.
- YES (Youth Empowered for Success) held the 5th Annual Teen Institute on July 28-August 1, 2008 at the University of Arizona. The event had 180 participants from 22 high schools from southern Arizona. The YES program is designed to empower high school-aged youth to become leaders capable of creating "conditions for success" within their schools. It is a comprehensive approach of drawing out participants' innate resilience while training them in community development for school culture change, and helping them develop meaningful partnerships with adults.
- P.A.D.R.E.S. (Parents Against Drugs through Recreation, Education and Service) members participated in a total of 25 community involvement activities and 22 trainings in Southside Tucson, a predominately Hispanic/Latino community. Among their other activities, 24 P.A.D.R.E.S. members graduated from Cariño y Salud HIV/AIDS Promotora trainings and are involved in the Cariño y Salud project.
- The 2008 MMFT (Make Mealtime Family Time) Kickoff Breakfast was held in September. Eighty people attended this year with representation from CPSA, many of MMFT school principal/champions, school superintendents, local and state politicians. MMFT is a prevention program designed to increase family bonding that provides materials in English and Spanish encouraging family communication

during meals to students in 61 schools, representing 40,000 students in Pima County, a significant proportion of which are Spanish-speaking households.

- CPSA-5's evidence-based Strengthening Families Programs for Parents and Youth served 61 families during this time period. These programs targeted families from minority schools in Tucson, providing training in better family management techniques. Research has shown that these programs increase resilience and reduce risk factors for substance abuse, depression, violence and aggression, delinquency, and school failure in high-risk children and their parents.

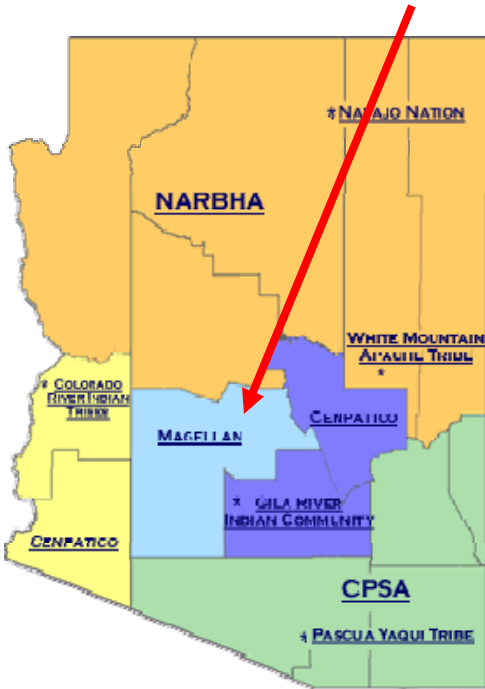
Language Capacity:

- CPSA-5 created a Spanish Reviewer position who reviews all Spanish translations for accuracy and appropriateness before finalizing and making materials available to members.
- CPSA-5 provided technical assistance to three networks regarding the use of the Sign Language or Oral Interpretation Service.
- CPSA-5 financially supported Spanish-speaking treatment groups via funds given to NAMISA (National Alliance on Mental Illness of Southern Arizona). NAMISA hosted a variety of Spanish-speaking groups for people with mental illness and families of those with mental illness.

Other initiatives:

- CPSA-5's Children's Network has a Spanish-speaking treatment team made of bilingual and bicultural case managers, clinical liaisons and doctors intended to serve monolingual Spanish speaking children and their families. It is CPSA's aim to have this model replicated at all networks.
- CPSA-5 has a Memorandum of Agreement with the Tohono O'odham Nation. This agreement allows CPSA and its network providers to provide behavioral health services on the reservation. CPSA is collaborating with the Tohono O'odham Nation to provide additional Adult Behavioral Health Services, along with those that are already provided by the Nation. CPSA is already providing children's behavioral health services to the Tohono O'odham Nation through Pantano Behavioral Health, via a subcontract with Intermountain Centers for Human Development. CPSA is also working along side the Tohono O'odham Nation in Crisis Service Protocol and utilizing the Mobile Acute Crisis (MAC) team through SAMHC (Southern Arizona Mental Health Clinic). Entities that have been involved in creating this protocol are CPSA, SAMHC, Tohono O'odham Behavioral Health and Indian Health Services.

MAGELLAN (Magellan Health Services, GSA 6)
SERVING MARICOPA COUNTY



Race/Ethnicity	Census Estimate ¹⁸		Enrollment Totals ¹⁹	
	Magellan	Statewide	Magellan	Statewide
White	59.7%	59.2%	59.5%	61.6%
Hispanic	31.4%	30.5%	26.4%	27.5%
African American	4.3%	3.6%	11.3%	7.5%
Native American	1.6%	4.2%	1.7%	2.6%
Asian/Pacific Islander	3.0%	2.5%	1.2%	0.8%

Race/Ethnicity	Penetration Rate ²⁰ April-June 2008		Penetration Rate July- December 2008	
	Magellan	Statewide	Magellan	Statewide
White	15.5%	17.6%	18.1%	19.6%
Hispanic	4.0%	5.4%	4.8%	6.1%
African American	9.3%	10.0%	10.1%	11.4%
Native American	3.3%	1.9%	4.1%	2.2%
Asian/Pacific Islander	4.3%	4.7%	4.7%	4.9%

Age Groups	White	Hispanic	African American	Native American	Asian/Pacific Islander	Magellan Enrollment Totals	Statewide Enrollment Totals
Birth-5	1.4%	1.5%	0.4%	0.1%	<0.0%	3.4%	4.2%
6-12	7.9%	7.3%	2.1%	0.2%	0.1%	17.6%	16.0%
13-17	6.4%	4.8%	1.7%	0.2%	0.1%	13.2%	12.7%
18 and up	43.8%	12.9%	7.1%	1.2%	0.9%	65.9%	67.0%

Geographical background:

The 2008 census estimates indicate Arizona’s statewide population is predominately White (59.2%) and Hispanic (30.5%). Maricopa County has the highest population of all counties in Arizona with individuals predominately White (59.7%) and Hispanic (31.4%). Magellan serves Maricopa county with Whites (59.5%) and Hispanics (26.4%) comprising the largest groups. Comparing Magellan and Statewide enrollment totals, Magellan exceeds the statewide enrollment of African Americans by 3.8%. Native Americans are 0.9% lower than the statewide enrollment.

Penetration Rates:

The groups with the highest penetration rates in Magellan from April-December 2008 continue to be Whites followed by African Americans. For the same time period, Native Americans continue to have the lowest penetration rates of all groups.

Age Groups:

When examining age groups the largest enrollment across all race/ethnicity groups were those 18 years and older (65.9%), which differs slightly from the state total (67.0%). The Birth-5 (3.4%) age group has the lowest enrollment, however compares closely to the statewide enrollment of Birth-5 (4.2%). Magellan’s largest populations were White, 18 years and older (43.8%), followed by Hispanic, 18 years and older (12.9%).

¹⁸ www.census.gov; US Census Bureau, Population Estimates Program, 2008, Other/Multiple categories were omitted.

¹⁹ The groups identified as Other/No Selection in race were omitted. Enrollment totals may not total 100% due to rounding.

²⁰ Penetration rates are the percentage of AHCCCS eligible people who are enrolled in DBHS. Ethnicity and race variables are stored differently between AHCCCS and DBHS systems. Rate based on population groups, not total population, will not total 100%

Magellan Highlights/Summary

Services marketing/outreach:

- Magellan conducted its second computer giveaway as part of its community reinvestment outreach program. More than 420 applications were received and 300 computers were awarded to behavioral health services recipients, family members, and peer- and family-run agencies.
- Magellan's Youth Leading & Inspiring Future Empowerment (MY LIFE) team started to plan MY Fest '09, a music and resource festival for April 2009. Parents, providers and community members were expected to attend and participate. Magellan created this team to ensure that every voice was heard throughout the community served, including youth's. The team is comprised of members who are 13-23 years old. It is an ethnically diverse group of 25 young people who are instrumental in providing first hand input to Magellan around youth services, issues around transitioning from the children's system to the adult system and other areas of concern for their age group. During this reporting period, MY LIFE youth also participated in the National Conference for the Federation of Families and the Youth Day at the Legislature, here in Phoenix.
- Magellan conducted several Community Forums in partnership with providers and PNOs (Provider Network Organizations). The purpose of these forums is to engage communities and to educate and inform people regarding available services. During the forums Magellan provided opportunities for the community members to voice their opinions and get answers from staff members at all levels in the organizations participating. Future forums will include Native American communities.
- Magellan drafted a comprehensive outreach and education plan targeting the Hispanic/Latino community within zip code 85040 in Phoenix, which it calls Latino Initiative. The plan was developed collaboratively by a workgroup that includes provider agencies, social service agencies, community members, parents and community leaders. By December 2008, the workgroup had planned a series of focus groups targeting Hispanic/Latino parents, youth and service recipients to determine the level of information needed, the best ways to reach the community and potential barriers. The findings were compiled into a report that was shared with the workgroup. Work continues and updates will be provided in the next report.

Prevention-related outreach:

- Magellan provided prevention funds to the YMCA for the development of several prevention initiatives targeting people with disabilities. By December 2008, the YMCA was gathering data and strengthening the community coalition. It had developed plans to conduct a needs assessment which will determine the prevention activities most appropriate for the disabled. Targeting people with disabilities is important because there are many substance abuse and suicide issues and Magellan currently lacks programs specifically tailored for this population. One of the biggest concerns is veterans returning from war with issues of prescription medication abuse, suicidal thoughts and suicide completion. Magellan expects that once the needs assessment, coalition building and strategic plan are completed, the YMCA will design prevention activities to reduce substance abuse and suicide within this population.

Training (Clinical / Cultural Competency):

- Several trainings were created and conducted including *Promotora: A Cultural Perspective to Psychiatric Disorders*, *Effective Engagement of Native Americans in Behavioral Health Services*, and a cultural workshop. These training modules will be available through the Web modality in 2009.
- The Magellan "Brown Bag Series" during this period included the following topics: Deaf Culture, Transition from Combat to Home, Native American Talking Circle, Elderly Population and Mental Health, Asian Community and Mental Health, and GLBTQ and Mental Health.
- Limited English Proficiency (LEP) was made into an online class.

- In an effort to eliminate barriers to services for recipients with limited English proficiency, Magellan executed the Magellan of Arizona Sign Language, Translation, and Interpretation Services Requirements Plan. The plan ensures provision of language services for all recipients through the RBHA administration of language services contracts for the Provider Network. Magellan oversees and manages the following: interpretation vendor quarterly reports, claims data and the monitoring of providers for effective use of interpretation services.
- The Human Resources Bilingual plan was developed to identify and test Magellan bilingual staff to reach the goal of 20% bilingual staff (English and Spanish). This plan requires oversight of the quality of language assistance provided to behavioral health recipients by interpreters and bilingual staff, contractors through certification, or a similar process. Additionally, this plan also includes establishment of policy and guidelines for Magellan to compensate employees who provide language services. As of October 2, 2008, there were 148 employees receiving language-differential pay.
- Magellan developed a behavioral health training module for use by *promotora* programs in Maricopa County to educate, serve and reduce stigma among the Latino/Hispanic community. Magellan also has partnered with Women's Health Coalition (WHC). The mission of the WHC is to identify underserved populations in targeted communities with barriers to accessing appropriate health care, to advocate for adequate and appropriate services, and to educate and empower these communities to be active participants in their own health care.

Conclusion

In addition to the various activities highlighted by the RBHAs, ADHS/DBHS led various initiatives between July and December 2008 that also will have an impact on statewide enrollment of minorities in future years. Some highlights include:

- Inclusion of diverse issues as a priority in new initiatives, for example, DBHS led a statewide committee which was awarded participation in a national academy to improve transition services and supports for young adults (16 – 21 yrs. old) and their families which included goals to address the unique needs of minorities in this age group.
- Increased monitoring of enrollment and penetration rates among minority populations resulting in the development of this report.
- Development of strategies to increase awareness of services among minorities: an awareness initiative targeting minority youth aged 12 -17 and their parents will be launched in January 2010. Electronic materials will be developed in 2009 following focus groups and related data-gathering activities. More updates on this will be provided in future reports.

This report will serve as a baseline of enrollment and penetration rates for the different racial/ethnic groups included. Although diversity initiatives by ADHS/DBHS and contractors will encompass populations from other minority groups and subgroups such as youth, elderly, women, deaf and hard of hearing, lesbian/gay/bisexual/transgender, the blind and the disabled, this report in the short run will be limited to data for racial/ethnic and age groups only. Future developments will attempt to expand measurements of broader audiences as data collection and systems are improved. In the mean time, this report will be used to provide updates as ADHS/DBHS continues its journey to reduce minority health disparities in the behavioral health system of Arizona.