Stanislaus County

Behavioral Health and Recovery Services

Cultural Competence Plan

Annual Update

FY 2018 – 2019

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2010 Cultural Competence Plan Requirements Criteria

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Checklist of the Cultural Competence Plan Requirements Modification (2010) Criteria

☒ CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

☒ CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS

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

☒ CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

☒ CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES

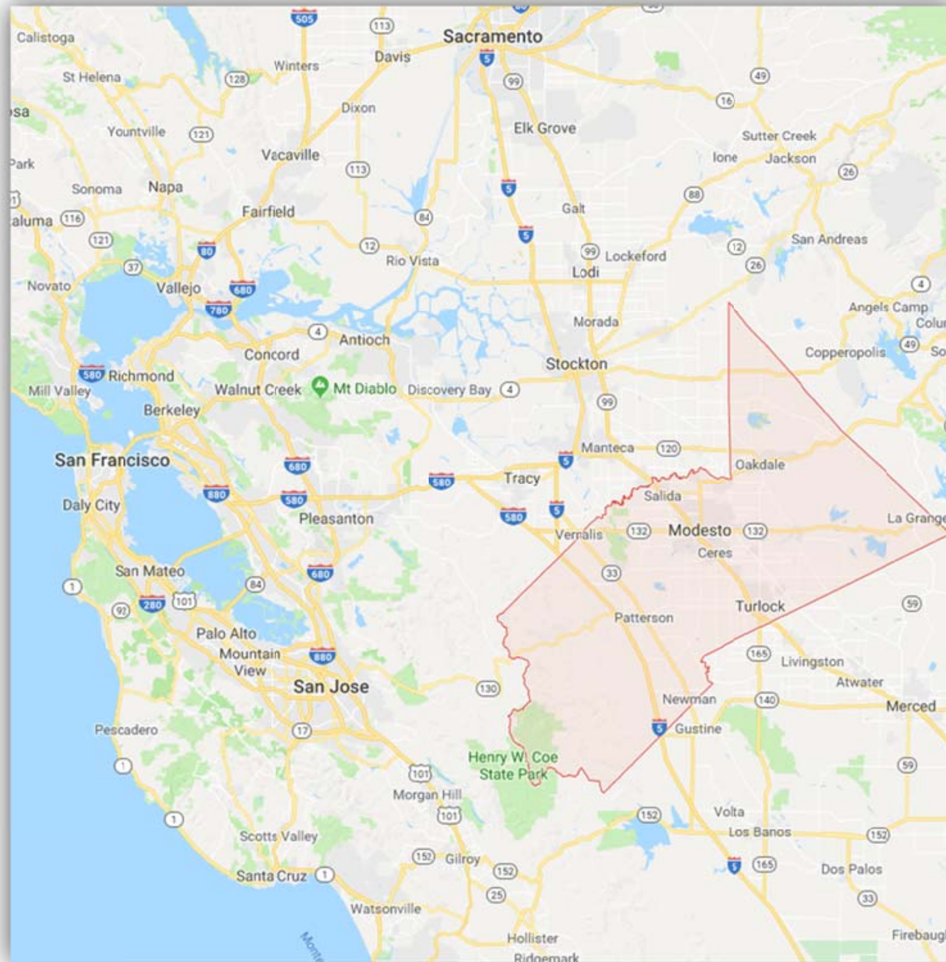
☒ CRITERION 6: COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLYAND LINGUISTICALLY COMPETENT STAFF

☒ CRITERION 7: LANGUAGE CAPACITY

☒ CRITERION 8: ADAPTATION OF SERVICES

Overview of Stanislaus County

Stanislaus County was established in 1854 and has a total land area of 1,521 square miles and approximately 973,440 acres. The County is nestled within 90 minutes of San Francisco Bay Area, the Silicon Valley, Sacramento, the Sierra Nevada Mountains and California's Central Coast.

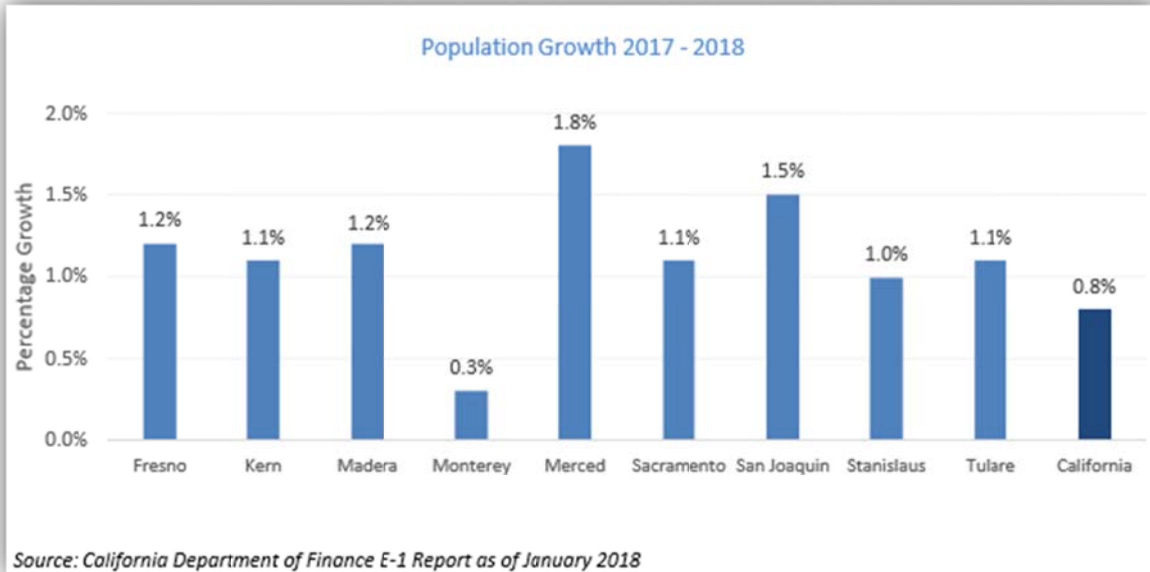


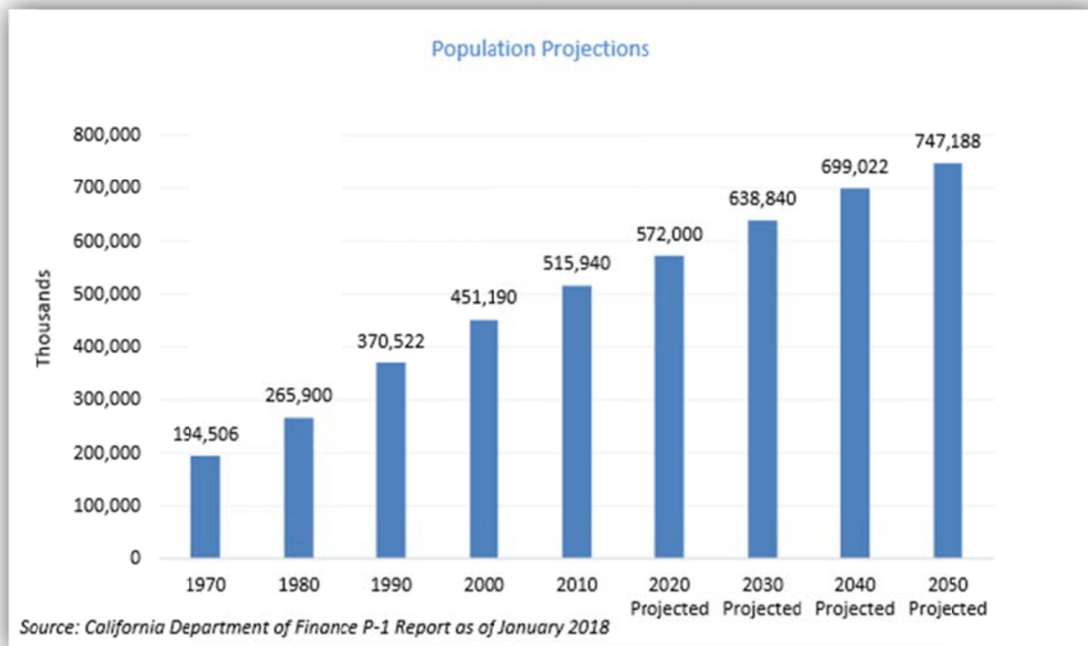
Based on the Department of Finance (DOF) January 2018 population estimates, there are an estimated 555,624 people calling Stanislaus County home. Our community reflects a region rich in diversity with a strong sense of community.

The County is a global center for agribusiness, positioned by its mild Mediterranean climate, rich soils and progressive farming practices. The area is recognized internationally for agricultural innovation with almonds, milk, poultry, cattle, nurseries, and walnuts ranking among the top producing crops.

Growth

Stanislaus County has grown an estimated 7.7% between 2010 and January 2018, and is projected to reach 572,000 by 2020 and 747,188 by 2050. Dealing with the impacts of growth will be an ongoing challenge for the area. Water, farmland preservation, air quality, job availability, a trained workforce, affordable housing, transportation and school capacity are all issues tied to population growth.





There are nine incorporated cities within Stanislaus County:

1. Ceres
2. Hughson
3. Modesto
4. Newman
5. Oakdale
6. Patterson
7. Riverbank
8. Turlock
9. Waterford

There are 12 unincorporated communities within Stanislaus County:

1. Crows Landing
2. Denair
3. Empire
4. Eugene
5. Grayson
6. Hickman
7. Keyes
8. Knights Ferry
9. La Grange
10. Salida
11. Valley Home
12. Westley

Additionally, there are two Census Designated Places; Monterey Park Tract and Riverdale Park Tract

Commitment to Cultural Competence (Criterion 1)

As delineated in CLAS Standard 2, 3, 4, 9, and 15 and in support to Criterion 1, BHRS is committed to providing cultural competent services to our clients. Our plans and efforts to reach individuals of diverse are weaved into our mission, our values, and our service delivery.

Mission of Stanislaus County, Behavioral Health and Recovery Services

In partnership with our community, our mission is to provide and manage effective prevention and behavioral health services that promote the community's capacity to achieve wellness, resilience, and recovery outcomes.

Behavioral Health & Recovery Services (BHRS) Values

Our organizational values and leadership values emphasize that our clients are our focus and that respect and cultural competence are at the root of delivering services that efficient and of quality.

<u>Organizational Values</u>

Clients are the Focus

- Our clients and their families drive the development of our services.

Excellence

- We are continuously improving to provide the highest quality of services, which exceeds the expectations of our customers.

Respect

- We believe that respect for all individuals and their culture is fundamental. We demonstrate this in our daily interactions by treating every individual with dignity.

Cultural Competence

- Our organization acknowledges and incorporates the importance of culture at all levels.

Proactive and Accountable Community Participation

- We actively work together with the community to identify its diverse needs and we are willing to respond, deliver, and support what we have agreed to do. We take responsibility for results and outcomes with our community partners.

Integrity and Compliance

- We conduct our operations with the highest standards of honesty, fairness, and personal responsibility in our interactions with each other and the community. Our work also requires a high standard of ethical behavior and compliance with legal statutes, regulatory requirements, and contractual obligations. We are committed to

compliance and to ensuring that all services are provided in a professional, ethical manner.

Competitive and Efficient Service Delivery
- We provide the highest quality, easiest to access, most affordable and best-integrated behavioral health service of its kind.

Responsive and Creative in a Changing Environment
- We listen and respond to our customers. We are innovative, flexible, and socially responsible in our efforts to overcome challenges. We are always open to change through continuous learning.

Leadership Values

Empower Others to Make Decisions
- We provide clear information on project background, context, and parameters of participation. We actively delegate authority, share responsibility, set direction, acknowledge progress, and provide assistance when needed.

Encourage Initiative and Innovation
- We show interest in new ideas by soliciting them, celebrating them and exploring ways to implement them.

Individuals Working Together to Achieve Results
- We foster teamwork by encouraging diversity, cooperation, partnership, collaboration, shared responsibilities, and joint decision making with peers, colleagues, consumers, families and the community to achieve a superior product.

Influence by Example
- We demonstrate congruency between our words and behavior and take every opportunity to model our values and our ethics.

Shape the Organization's Character and Climate
- We take responsibility to educate others about our organizational and leadership values and confront behavior that is inconsistent with those values.

Stimulate Right Things
- We acknowledge and encourage ideas and activities that will further the accomplishment of the organization's mission and vision.

Value Individual Contributions
- We value the importance of individual contributions as essential to the success of our organization. It is through individual creativity, pride, dedication, and personal responsibility for achieving results that our mission is accomplished. We recognize and reward individuals for their efforts.

Efforts

Our efforts to be culturally competent are also reflected in our updated Mental Health Services Act (MHSA) updated plan. The 18/19 plan includes the following:

- Continued technical support and funding for the Promotora Program for Prevention and Early Intervention. The program works at the community level to provide social support and guidance for individuals who may be isolated or in need of services. Promotoras are trusted community members who are able to facilitate referrals to mental health services.

- Funding for a new Community Services and Supports (CSS) Assisted Outpatient Treatment (AOT) Pilot Full Service Partnership (FSP) Program. The program will serve adults, older adults and transition-aged young adults (TAYA) with a serious mental illness and co-occurring serious mental illness/substance use disorder who have not voluntarily engaged in treatment services and who are at significant risk due to mental illness. The partnership will be using evidence-based Assertive Community Treatment approach including, but not limited to 24 hour, 7 day per week access and support individual enrolled in FSP, low client to staff caseload ratio, access to supportive services funds to assist with housing and other basic needs ; a multi-disciplinary team approach, services delivered in the places and situations where they are needed; integrated services for clients that includes active facilitation connecting to outside resources including case management, crisis response, family support, housing and employment assistance, mental health rehabilitation, medication support, and peer support. The AOT referral process may be initiated based on the unique needs and risk assessment of each individual.

  The plan for this project was put together with a work group that was comprised of stakeholders from the community who has been directly impacted by mental illness and/or will have a role implementation of AOT. Diverse perspectives were critical and as such there were several representatives: National Alliance for Mental Illness, Stanislaus County Courts, Stanislaus County Probation Department, Stanislaus County Public Defender, Stanislaus County's Sheriff's Office, Stanislaus County Adult Protective Services, consumer of mental health services and BHRS providers.

- Another program that will be funded to address the adults, older adults and transitional age youth with a severe mental illness and provide housing and refurbish a complex to increase housing units. This will provide 10 additional 1 and 2 bedroom units to reduce homelessness for persons with a severe mental illness and improve their well-being.

In addition, our department is currently developing a policy to serve as our Cultural Competence Program. This program is expected to be in place by the end of calendar year 2018. The program's (or policy's) purpose:

- To inform BHRS staff about existing and ongoing organizational efforts to embrace diversity, improve quality, and eliminate health disparities that align with the National Standards for Cultural and Linguistically Appropriate Services (CLAS Standards)
- To highlight how BHRS is committed to providing effective, equitable, and welcoming behavioral health, and compassionate recovery services that are responsive to individuals' cultural health beliefs and practices.
- To serve as a reference on how BHRS will continue to develop a comprehensive understanding of best practices in governance, leadership, workforce development, communication and language assistance, and a continuous practice of engagement, improvement, and accountability within all levels of the organization.
- To serve as a resource and summary of the many policies and plans in place to ensure cultural competence in Governance, Leadership, and Workforce; Communication and Language Assistance; Engagement, and Continuous Improvement, and Accountability.

In partnership with Human Resources and the Administrative Quality Improvement Committee / Quality Management Team, an effort is in process to ensure that all staff interpreting for clients has been properly tested to ensure language proficiency. Although every effort is made to test every staff member that has self-identified as being bilingual when beginning employment with BHRS, some staff may have chosen to not be tested and we are now reaching out to managers to confirm that said staff is not being used to provide interpretation services, but if they are, they need to be tested; unless they are only being used when an urgent need exists. Staff that has been tested and passed receives an 85-cent hourly incentive.

In FY 18/19, we plan to survey bilingual staff to capture more information; for example, if I speak Spanish, I would need to identify from what state/region. I may speak Spanish as it spoken in the state of Michoacán, Mexico, which may differ from the Spanish spoken in South America. Our intent is to be sensitive to the different geographic cultures. Once this information is compiled, a list of all bilingual paid staff and the language(s) they speak will be made available on the intranet to be used by other BHRS programs that may need an interpreter.

In FY 17/18, the Cultural Competence, Equity, and Social Justice Committee (CCESJC) finished reviewing/studying the CLAS Standards more in depth and as a result have gained a better understanding of how to implement them into our system and build on them.

In FY 18/19, updated Orientation Materials will be provided to all members. It will have updated resources such as the current listing of members and their race/ethnicity, languages spoken, and the communities they are representing. We will discuss the Committee's mission in more depth and develop action items to ensure that we are fulfilling the mission which is:

In partnership with our providers and community, our mission is to transform our entire system by:

- *Ensuring that culture is acknowledged and incorporated throughout Behavioral Health and Recovery Services in a measurable and substantive way*
- *Educating our workforce about the meaning of cultural competence and about how to actually implement concepts*
- *Ensuring our Cultural Competence Plan remains effective and responsive to change*
- *Empowering consumers, family members, and communities representing all cultures*

Additionally, the Committee will be taking a more active role in reviewing the Quality Improve Committee plans as it pertains to Cultural Competence and making recommendations. They will also be reviewing reports on staffing and services to identify areas of improvement and make recommendations.

In March of 2018, BHRS hired a full-time Ethnic Services Manager (ESM) to work with leadership to disparities and promote health/behavioral health equity. The ESM has been charged, in partnership with leadership and community partners, with updating, developing, and implementing policies, programs, practices and services that address cultural and linguistic needs of all communities in Stanislaus County.

The ESM is responsible for ensuring that their county meets cultural and linguistic competence standards in the delivery of community-based mental health services, including Medi-Cal specialty mental health services, and Mental Health Service s Act services. The ESM promotes and monitors quality and equitable care as it relates to diverse racial, ethnic, and cultural populations served by both county-operated and contracted behavioral health programs.

Erica Inacio, current ESM, has been employed with Stanislaus County for approximately 16 years. She worked for 12 years with the Children and Families Commission serving the 0-5 population. In the process, she built strong working relationships with community partners and county agencies. She started as clerical support and promoted to program monitor/evaluator of the programs funded by the Children and Families Commission. She later transferred to BHRS in the data collection and analysis realm. In the short period of time as ESM, Erica has attended several trainings to gain a better understanding of the Cultural Competence Plan requirements, implementation processes, resources, and has extended her working relationships to other regional ESM counterparts for history, challenges, and successes.

Now that an ESM has been hired, the plan for FY 18/19 is to develop and implement an Introduction to Cultural Competency training. The training would introduce BHRS' commitment to cultural competency, including a discussion about NCLAS and the Cultural Competence Program for Stanislaus County – which would cover all the policies currently in place (including training requirements).

Updated Assessment of Service Needs (Criterion 2)

Guided by Standard 11 to collect data to address the needs of the county, we provide an overview of the county to understand its strengths and areas of concern.

Stanislaus County is located in the Central Valley and is a region rich in diversity with a strong sense of community. The County is global center for agribusiness, positioned by its mild Mediterranean climate, rich soils and progressive farming practices. The area is recognized internationally for agricultural innovation with almonds, milk, poultry, cattle, nurseries, and walnuts ranking among the top producing crops.

Economy

Stanislaus County is an international agri-business powerhouse. The County agricultural production value ranks 5th in the State and is higher than 18 states in agricultural income. Of the approximately 973,440 acres in the County, 768,046 acres (79%) of the land is in farms.

The agricultural sector, and its related industry, account for $13 billion in our local economy and $35 million per day. One in four jobs is directly tied to agriculture or related food manufacturing, placing our county at a significant risk due to a lack of diversity.

Manufacturing continues to be an important employer sector in Stanislaus County. Some of the largest brands in the world can be found in operations in the County. The top manufacturing companies employ 17,090 workers in the County are listed below.

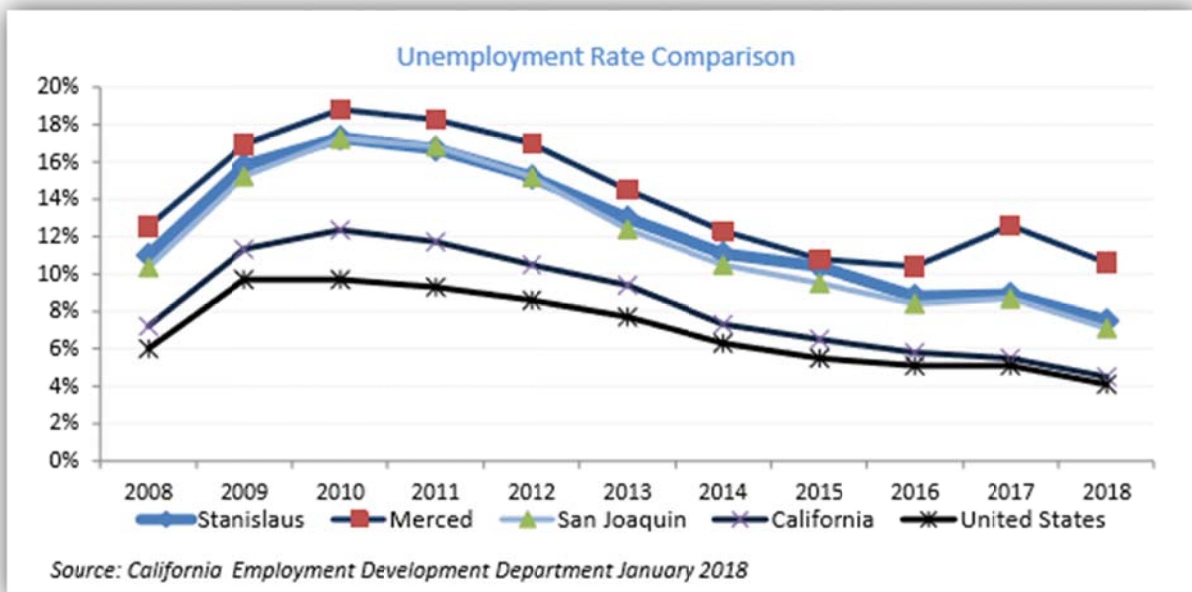
Company or Organization	Employees	Description
E&J Gallo Winery	3,500	Winery
Con Agra	3,145	Tomato/Bean Processor
Del Monte Foods	2,010	Fruit Products
Stanislaus Food Products	1,875	Tomato Products
Foster Farms	1,484	Poultry Processor
Gallo Glass	1,000	Glass Containers
Bronco Wine Company	834	Winery
Frito Lay	684	Snack Products
Foster Farms Dairy	520	Dairy Products
G3 Enterprises	488	Wine Labeling & Bottling
Ball Corporation	300	Metal Can Manufacturing
Hughson Nut Company	300	Nut Grower & Processor
Sensient Dehydrated Flavors	300	Food Processor
Monschein Industries	220	Cabinet Manufacturing
Mid-Valley Dairy	215	Dairy Products
Mid-Valley Nut	215	Walnut Packer/Processor

The health sector is a significant contributor to the County's economic engine with some of the finest hospitals in the world located in the County. The top non-manufacturing companies, excluding Government agencies, employ 13,544 workers.

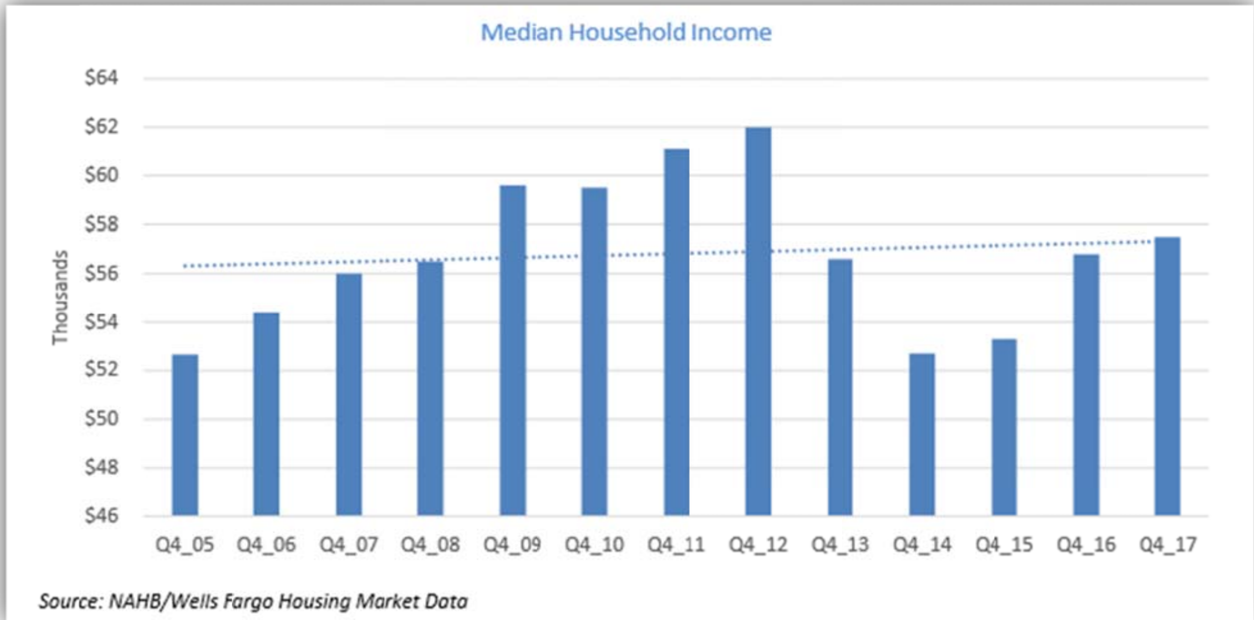
Company or Organization	Employees	Description
Doctors Medical Center	2,600	Health Care
Memorial Medical Center	2,300	Health Care
Walmart	1,742	Retailer
Save Mart Supermarkets	1,650	Retail Grocer
Amazon	1,605	Distribution Center
Emanuel Medical Center	1,250	Health Care
MedAmerica Billing Services	900	Medical Billing/Coding
Kaiser Permanente	800	Health Care
Costco	697	General Merchandise

Economic Indicators

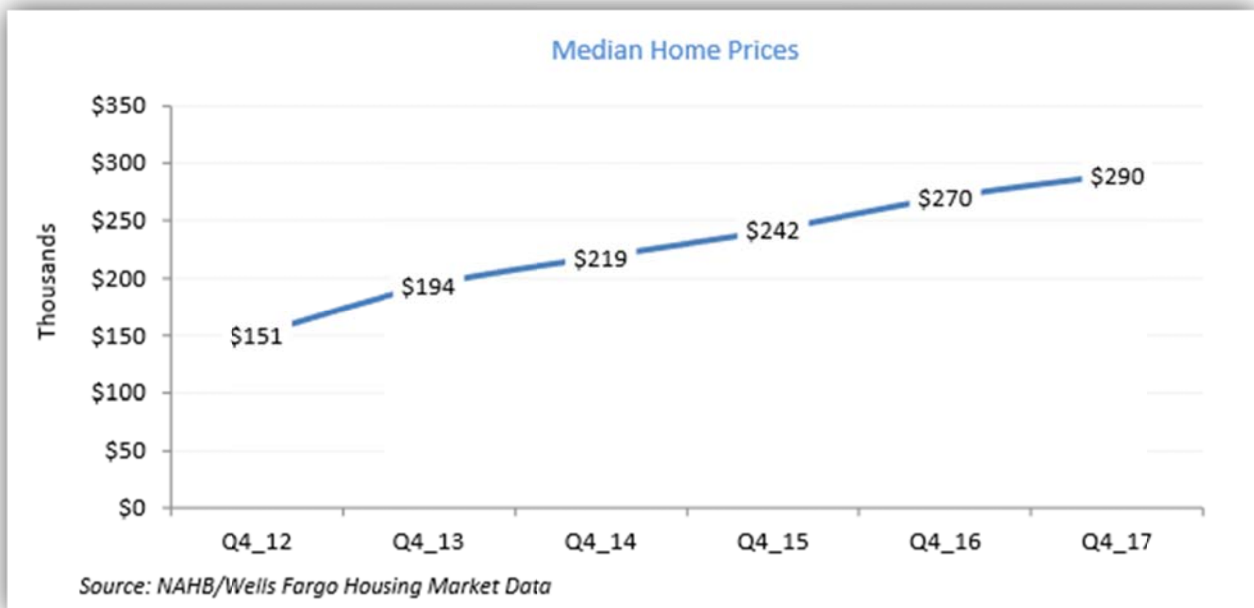
The County's annual unemployment rate in January 2018, is 7.5%, a decrease from 8.9% in 2017, but significantly higher than the State rate of 4.5%. Unemployment rates in the Central Valley are historically twice the national average currently 4.1%.



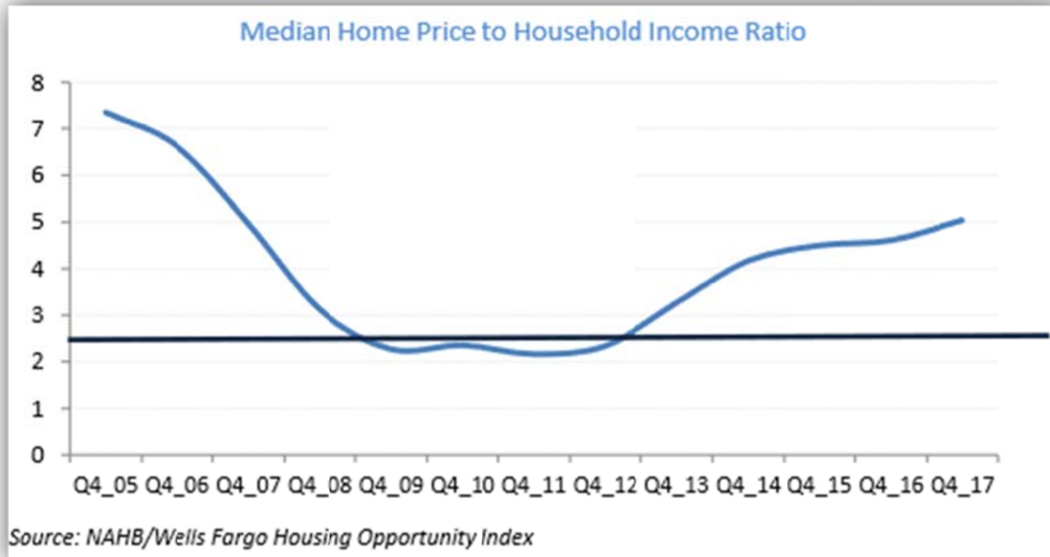
Median Household Income is up 1% from the fourth quarter of 2016 and up 9% from the market low during the fourth quarter of 2014. However, Household Income is 7% lower than the market high in fourth quarter of 2012.



Median Home Prices are up 7% from the fourth quarter of 2016 and up 128% from the market low during the first quarter of 2012.

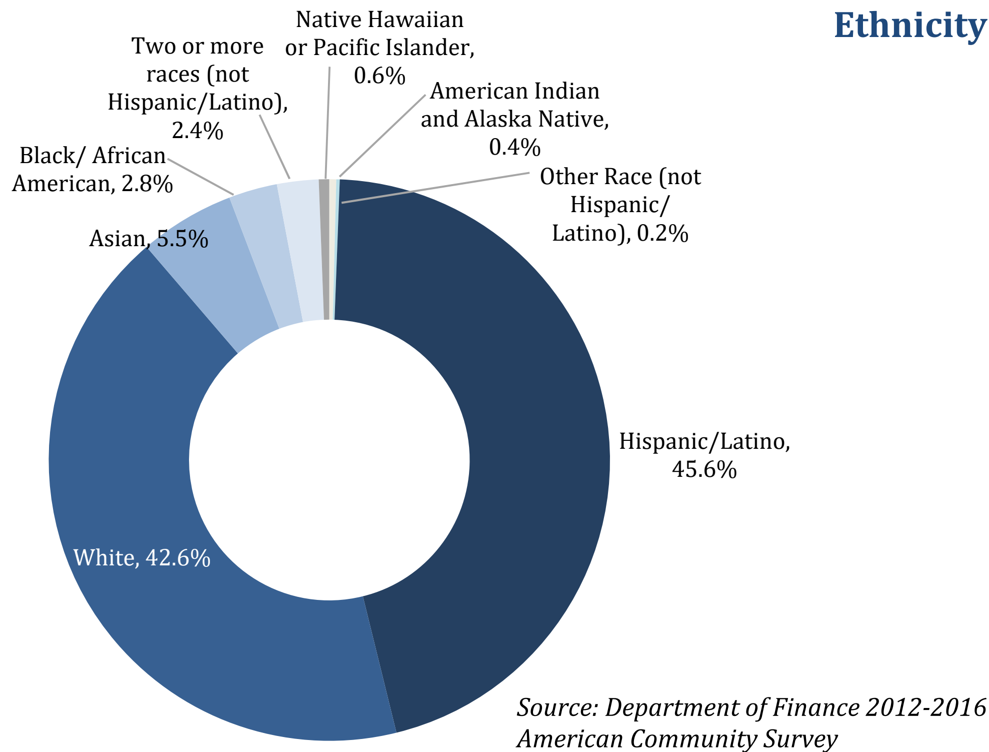


The ratio of Median Home Prices to Household Income in the 2.2 to 2.6 range has historically been viewed as an indicator of Home Affordability nationally. Prior to the housing bubble, the affordability was in the low 2s. The current Affordability Ratio is 5.0, higher than the historical average. As home prices increase and wages remain flat, the ratio will continue to reflect less affordability for Stanislaus County residents. Everyone wants to have a place to call home, where we spend time with family and feel safe and secure – it is an important role in our wellbeing.

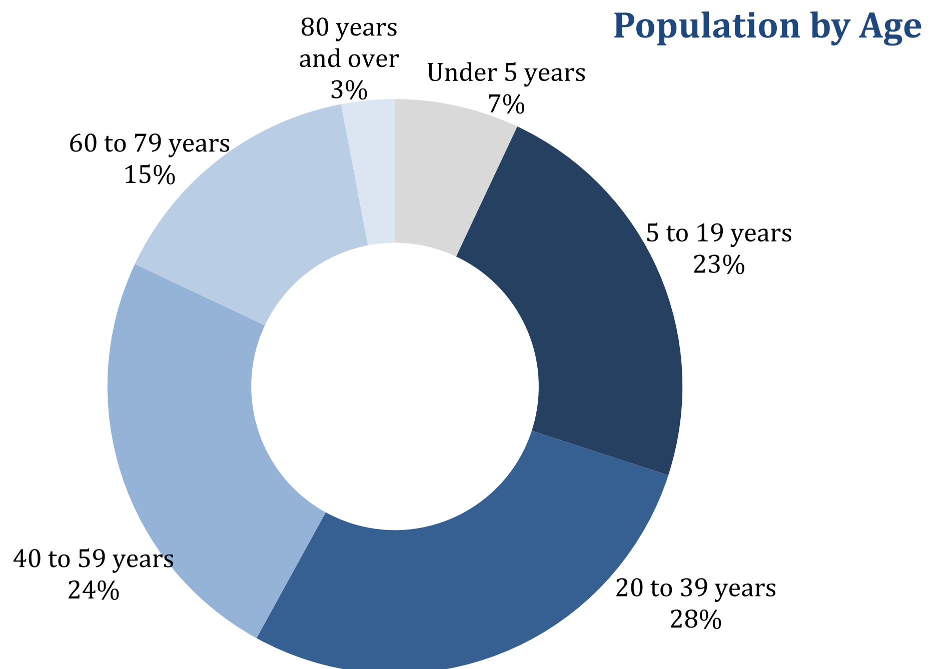


Demographics

The following shows the most recent demographics for Stanislaus County.



Source: Department of Finance 2012-2016 American Community Survey



Source: US Census Estimates as of July 1, 2016

In FY 16/17, BHRS served **10,349** individuals; 8,839 in mental health services and 2,095 in substance use disorder services.

Age breakdown:

- **0-5:** 6% or 582 individuals
- **6-15:** 29% or 2,983 individuals
- **16-25:** 18% or 1,895 individuals
- **26-59:** 43% or 4,444 individuals
- **60+**: 4% or 445 individuals

Year-to-date, as of June 2, 2018, BHRS has served **9.618** individuals; 8,234 in mental health services and 1,990 in substance use disorder.

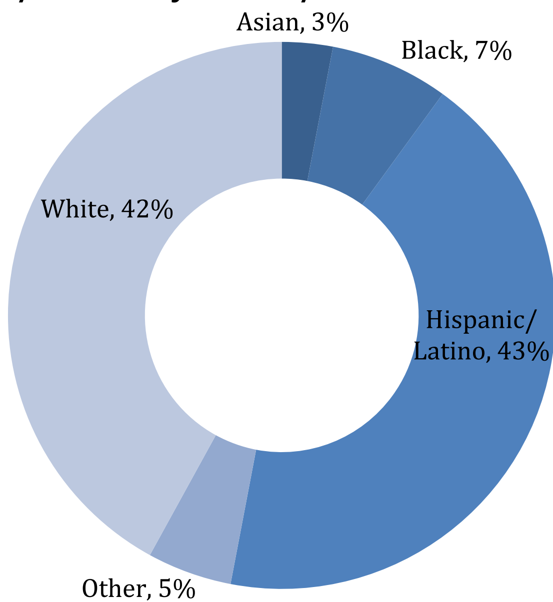
Age breakdown:

- **0-5:** 6% or 534 individuals
- **6-15:** 29% or 2,787 individuals
- **16-25:** 18% or 1,686 individuals
- **26-59:** 43% or 4,154 individuals
- **60+**: 5% or 457 individuals

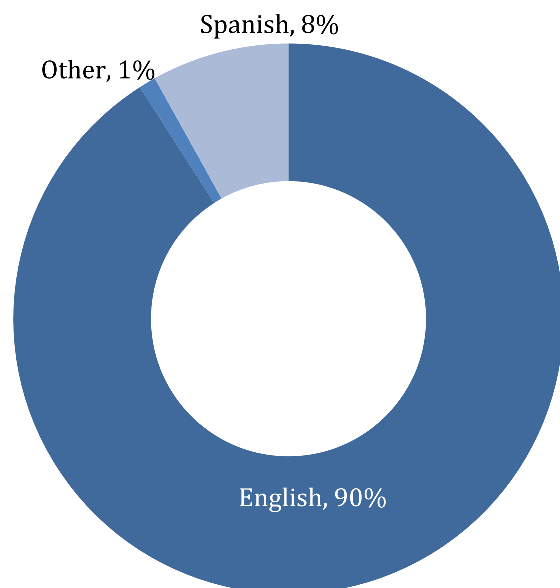
The first number is a unique count of individuals who received mental health and substance use disorder treatment services (direct and indirect). Individuals who received both services are included in the mental health count and the substance use disorder count.

The following charts show the race/ethnicity and language percentages of the individuals who received BHRS services in FY 16/17.

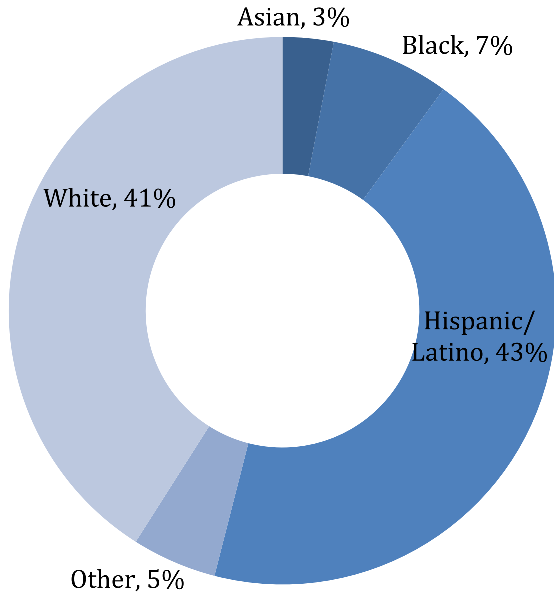
Race/Ethnicity, FY 16/17

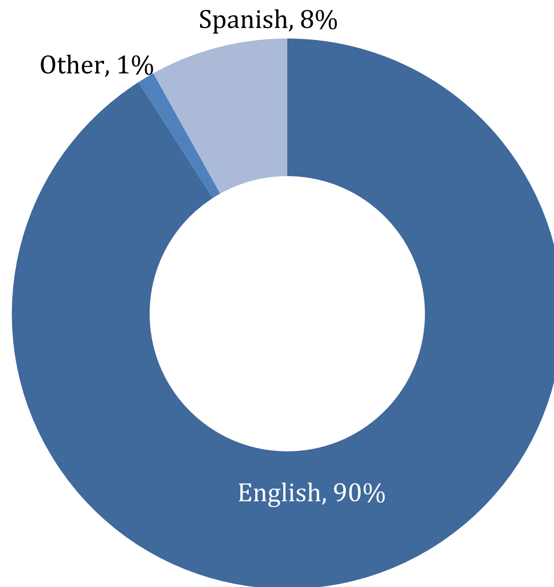


Language, FY 16/17



When compared to FY 17/18 year-to-date (June 2, 2018) data for services provided, race/ethnicity, and language percentages do not show a significant change.





Referencing the California Reducing Disparities Project, "Good health is grounded in a strong social and economic foundation that allows people to play a meaningful role in the social, economic, and cultural life of their communities. Determinants of health include income, poverty, employment, education, housing, transportation, air quality, and community safety. These hugely influence the physical and mental wellbeing of community members. As a result, health disparities tend to reflect the underlying social and economic inequality in society."

"According to a study by the UCLA Center for Health Policy Research, over 2 million adults in California, or roughly 8% of the adult population, have mental health needs, meaning they are in need of mental health services due to serious psychological distress and a moderate level of difficulty functioning at home or work. The study showed that of the 2.2 million adults who report mental health needs, the vast majority received either inadequate treatment or no treatment at all. "

– Source: Strategic Plan to Reduce Mental Health Disparities, page 6.

The Strategic Plan to Reduce Mental Health Disparities, referenced above, highlights the importance to build on community assets to reduce disparities and it agrees with BHRS' continued support of the Promotores Program. This program continues to strive to reduce the stigma around mental health and is building trust within the communities. By establishing community relationships, we build on the community's strength from its culture, heritage, and traditions and by doing so, we can reduce stigma, address discrimination and social exclusion and remove language barriers.

The following reports will demonstrate how Stanislaus County is doing in reaching out and providing services to its residents.

Stanislaus County Mental Health Service Utilization Based on Prevalence

The next page exhibits the Mental Health Service Utilization Based on Prevalence report for FY 16/17, which displays county population by region, race/ethnicity, and age groups, serious mental illness by groups and percent of needs met (based on clients served) by groups.

MHS718 Stanislaus County Mental Health Service Utilization Based on Prevalence (Jul/16 - Jun/17)

The overall Mental Health Service Prevalence for Stanislaus County is 5.75% (1). With a population of 514,453 (2), this would estimate that 29,581 people are in need of services across the county. In fiscal year 2016-17, Behavioral Health and Recovery Services served 8,470 people excluding individuals residing out of county (3), leaving an estimated 21,111 accross the County regions with unmet needs.

	Estimated Population (2)	Incidence in the Population	Prevalence % (Estimated Need)		Unduplicated Clients Served (3)	% of Estimated Need Met (#Served/#Need)	% of Total Clients Served (4)	Inpatient Services		Outpatient Services		Day Services	
								Units of Svc Days	Unique Clients	Units of Svc Hrs	Unique Clients	Units of Svc Days	Unique Clients
Region													
Modesto	219,076	43%	5.75%	12,597	5,087	40%	60%	9,272	1,002	118,245	5,058	538	315
Ceres	52,698	10%	5.75%	3,030	870	29%	10%	977	115	16,739	869	57	38
Turlock	78,554	15%	5.75%	4,517	1,261	28%	15%	1,193	175	30,277	1,257	138	55
Eastside	51,809	10%	5.75%	2,979	814	27%	10%	1,941	139	19,757	805	33	29
Westside	32,547	6%	5.75%	1,871	438	23%	5%	505	58	7,928	435	32	23
Balance of County	79,769	16%	5.75%	4,587	0	0%	0%	0	0	0	0	0	0
	514,453	100%		29,581	8,470		100%	13,888	1,489	192,946	8,424	798	460
Race/Ethnicity													
Black or African American	14,721	3%	6.65%	979	573	59%	7%	1,327	110	13,008	572	55	41
Asian/Pacific Islander (5)	26,090	5%	3.56%	929	237	26%	3%	489	43	5,591	236	20	16
Native American	5,902	1%	6.58%	388	68	18%	1%	137	15	1,400	68	12	6
White/Caucasian	337,342	66%	5.44%	18,351	3,514	19%	41%	7,145	757	89,226	3,488	454	230
other/unknown (6)	130,398	25%	6.45%	8,411	4,078	48%	48%	4,790	564	83,722	4,060	257	167
	514,453	100%		29,058	8,470		100%	13,888	1,489	192,946	8,424	798	460
Hispanic Origin													
Hispanic (of any race) (7)	215,658	42%	6.28%	13,543	3,757	28%	44%	4,257	510	78,180	3,748	242	155
Not Hispanic or Latino (8)	298,795	58%	5.38%	16,075	4,713	29%	56%	9,631	979	114,767	4,676	556	305
	514,453	100%		29,618	8,470		100%	13,888	1,489	192,946	8,424	798	460
Age Group													
0-17 (9)	147,158	29%	7.76%	11,419	4,000	35%	47%	1,689	179	99,974	3,999	202	3
18-59 (10)	288,859	56%	5.63%	16,263	4,111	25%	49%	11,739	1,269	80,584	4,072	588	450
60+	78,436	15%	2.40%	1,882	359	19%	4%	460	41	12,389	353	8	7
	514,453	100%		29,565	8,470		100%	13,888	1,489	192,946	8,424	798	460

(1) Source: Charles.Holzer.Com - Estimates of Mental Health Need for California
(2) U.S. Census Bureau – https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml, PCT12A-PCT12H
(3) Includes all BHRS and Contractors services recorded in EHR, excluding clients residing out of county and those without a final approved demographic in the EHR
(4) Calculation: # served by demographic divided by total # served
(5) Prevalence % used for Asian Pacific Islander is the combined prevalence % for Asian and Pacific Islander
(6) Other race/ethnicity includes: Some Other Race Alone, Two or More Races, Native Hawaiian and Other Pacific Islander Alone, Unknown
(7) Prevalence % used for Hispanic (of any race) is the prevalence % for Hispanic race/ethnicity
(8) Prevalence % used for Not Hispanic or Latino is the combined prevalence % for all non-Hispanic ethnicities
(9) Prevalence % used for ages 0-17 is the prevalence % for ages 0-15
(10) Prevalence % used for ages 18-59 is the prevalence % for ages 16-59

Specific Regions:

MODESTO includes: Empire, Salida, Modesto

CERES includes: Ceres, Hughson, Hickman

TURLOCK includes: Denair, Keyes, Turlock

EASTSIDE includes: Knights Ferry, La Grange, Oakdale, Riverbank, Waterford

WESTSIDE includes: Newman, Patterson, Crows Landing, Westley, Grayson

BALANCE OF COUNTY: Airport, Monterey Park Track, W Modesto, Bret Harte, Bystrom, Shackelford, Rouse, Parklawn, Del Rio, Riverdale Park, Diablo Grande, Cowan, Valley Home, East Oakdale

Tracking SubUnits Not Included

Includes Direct and Indirect Treatment Services, excludes No Shows

Inpatient:SU5001, 5002, 5003, 24 Hour Services

Outpatient Services are services designed to provide short–term or sustained therapeutic intervention for individuals experiencing acute or ongoing psychiatric distress. These service functions are the following: (a) Collateral Services, (b) Assessment, (c) Individual Therapy, (d) Group Therapy, (e) Medication, and (f) Crisis Intervention.

Outpatient includes indirect services except for sub unit 6630, which are already included in the inpatient counts

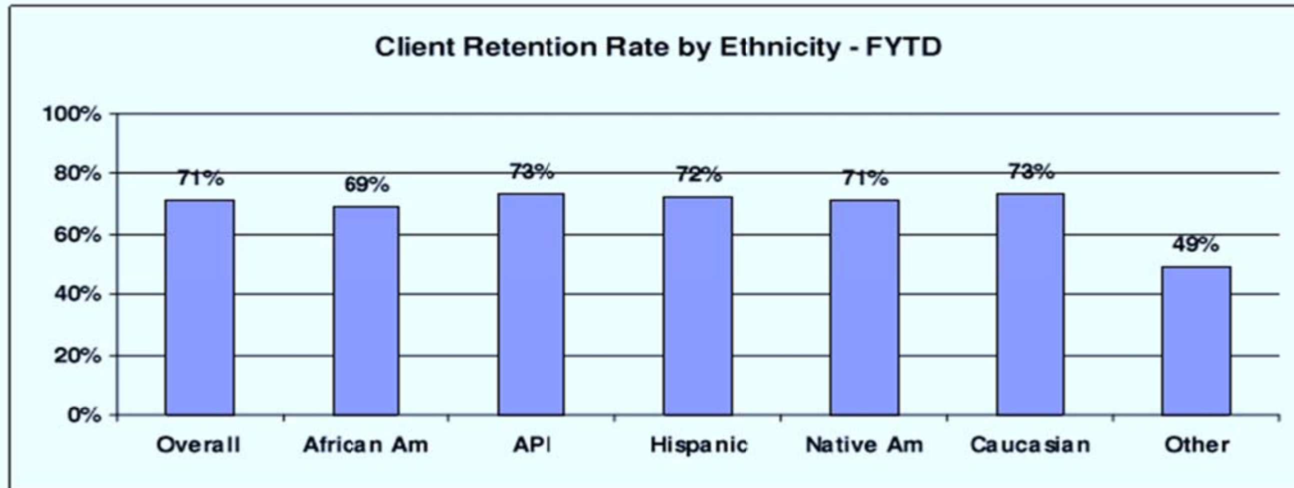
Day Treatment Services: Outpatient counseling and rehabilitation services provided at least three (3) hours per day, three (3) days per week to beneficiaries meeting the criteria for Special Education under the disability of "emotionally disturbance" or another related Special Education Service

Mental Health Client Retention by Ethnicity

The Mental Health Client Retention by Ethnicity for FY 16/17 depicts percentage of clients who received 3 or more visits within 6 months after assignment opening, by quarter and race/ ethnicity.

MHS728 Mental Health Client Retention by Ethnicity FY 2016/2017

	Overall		*African Amer.*		*API*		*Hispanic*		*Native Amer.*		*Caucasian*		*Other*	
	n	*Rate*	*n*	*Rate*	*n*	*Rate*	*n*	*Rate*	*n*	*Rate*	*n*	*Rate*	*n*	*Rate*
Q1 FY 2016/2017	1376	73%	74	78%	30	67%	660	75%	9	89%	534	73%	69	52%
Q2 FY 2016/2017	1289	74%	96	65%	36	81%	598	76%	10	60%	500	75%	49	51%
Q3 FY 2016/2017	1198	74%	87	74%	24	71%	546	76%	9	78%	445	76%	87	55%
Q4 FY 2016/2017	1231	71%	88	72%	25	76%	557	69%	11	64%	471	77%	79	49%
YTD FY 2016/2017	4345	71%	290	69%	107	73%	2043	72%	35	71%	1617	73%	253	49%



Data source=Client, Service and Assignment data in data warehouse
n = Number of unique clients with an assignment opened in the given date range (prior 6 months)
Rate =% of clients that received 3 or more visits (visit = at least one service in one day) within 6 months after assignment opening (retention rate).
API=Asian/Pacific Islander
Exclude: Tracking, SUD , CERT, PHF, DBHC, OOC Fee for Service Sub Units, Crisis services, No Show
Excludes unique clients with an assignment opened and no qualifing services (not included in denominator for rates)
MediCal Only

Although Stanislaus County is home to Stanislaus State University, Modesto Junior College and benefits from satellite locations of other high-quality educational institutions, educational attainment continues to be a struggle. According to the U.S. Census Bureau, of the 331,349 population that is 25 years and over, 7.8% have an associate's degree; 11.1% hold a bachelor's degree, and 5.4% have a graduate or professional degree.

According to Stanislaus Reads!, a multi-agency, multi-year effort to help children read at grade-level by the end of third grade," 71% of Stanislaus County 3rd grade students do not read at grade level. These students are four times less likely to graduate from high school and will only earn $20,000 per year on average."

The information above is relevant because it impacts health literacy and adds to the individuals who are considered to be low-income and the impacts it has on their wellbeing. When individuals have to choose between putting food on the table and obtaining health services, it affects the family and our residents. When they do decide to receive services and they don't understand the information shared, it could result in misdiagnosis or in individuals not returning for services because they do not understand and do not feel welcomed. BHRS continues to provide trainings to address these areas of cultural competency, which include health literacy, language assistance, and providing a welcoming environment.

Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities; Client/Family Member/ Community Committee; Adaptation of Service (Criterion 3, 4, 8)

Using Standard 1, 12, and 13 as a guide to meet State requirements, and to ensure that we are providing quality services that are addressing the needs of our community, BHRS has used several strategies.

Consumer Perception Surveys

First, BHRS leadership reviews the results of the surveys submitted from the individuals who participated in the Consumer Perception Survey in November of 2017 and May of 2018. The questionnaire is designed to gauge consumer feedback on quality and effectiveness of services received. This in turn helps BHRS determine if there are areas that need to be addressed to enhance access to services, to address quality concerns or address any dissatisfaction by the individuals served. The surveys are collected in English and Spanish.

In November of 2017 for the week of November 13 – November 17, 2,544 individuals received a face-to-face service; 2.375 surveys were completed, and 1,414 surveys were matched (meaning the survey was collected from an individual who had a valid case number, who had a face-to-face contact with a provider; one survey per client). In May of

2018 for the week of May 14 – May 18, 2,382 individuals received a face-to-face service; 2,356 completed a survey, and 1,261 surveys were matched.

It is important to note that there are certain questions or statements that were bundled to measure Access, Quality/Cultural, and Satisfaction and they are as follows:

Access:
- Location of services was convenient
- Services were available at times that were good for me
- Staff were willing to see me as often as I felt necessary
- Staff returned my calls within 24 hours
- I was able to get all the services I thought I needed
- I was able to see a psychiatrist when I wanted to

Quality/Cultural (Quality and Appropriateness)
- Staff believed I could change
- I felt free to complain
- I was given information about my rights
- I was encouraged to take responsibility for my life
- Staff told me what side effects to watch out for
- Staff respected my wishes about who is, and who is not to be given information about my treatment
- Staff were sensitive to my cultural background
- Staff helped me obtain information so I could take charge of my illness
- I was encouraged to use consumer-run programs

Satisfaction (General Satisfaction)
- Overall, I am satisfied with services
- If I had other choices, I would still get services from this agency
- I would recommend this agency to family/friends

November 2017

Subscale	N	English	Spanish	Answered	Agreed	Favorable
Access	1,268	1,163	105	4,590	3,957	86%
Quality/Cultural	1,266	1,161	105	7,257	6,416	88%
Satisfaction	1,273	1,168	105	5,768	5,069	88%

May 2018

Subscale	N	English	Spanish	Answered	Agreed	Favorable
Access	1,219	1,118	101	4,370	3,971	87%
Quality/Cultural	1,217	1,115	102	7,014	6,251	89%
Satisfaction	1,227	1,124	103	5,670	5,027	89%

N:	the number of respondents who answered at least one question/statement within each subscale
Answered:	the total number of answered questions/statements within each subscale
Agreed:	the number of favorable answers (agreed, strongly agreed) within each subscale
Favorable:	% is calculated by dividing the number of agreed responses by the number of answered questions.

**Percentages are calculated from all answered questions, regardless of whether responses came from a survey that did not "match" client served.*

By learning how the individuals we serve feel about our services, it helps us to address the areas that need improvement. If access or cultural understanding is an area of concern, we will develop strategies to address them.

Community Representation

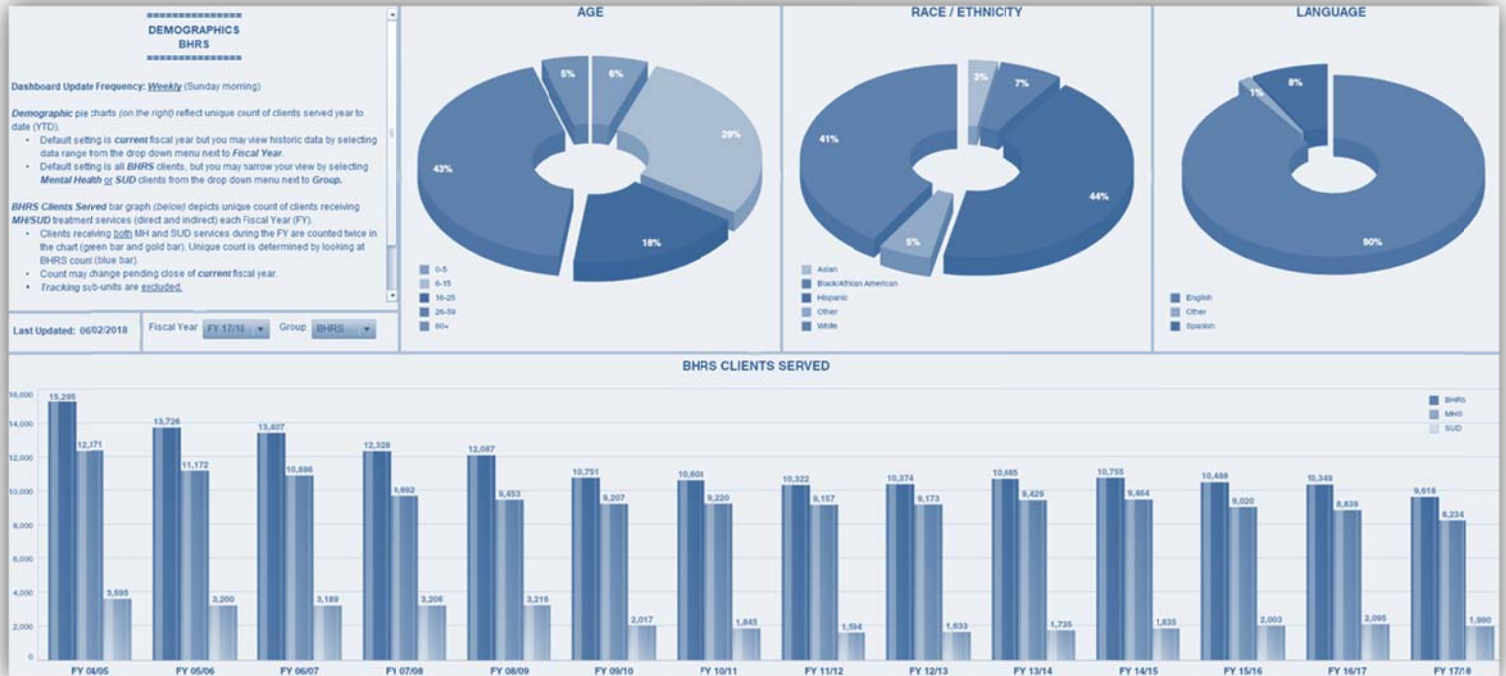
Secondly, BHRS ensures that partners (including community based organizations) are part of the Cultural Competence, Equity, and Social Justice Committee (CCESJC). Current membership consists of BHRS programs/departments, community based organizations, lived experience, and guest speakers that may come to present on specific topics that address cultural competence. Sign is sheets and attendances are tracked. In addition, all five Quality Improvement Committees have a consumer participate in the discussions and are empowered to provide feedback and make recommendations. This is also the approach that the CCESJC uses.

Thirdly, by staff participating in the Peer Committee, we hear firsthand some of the issues that peers are experiencing. In creating programs that address specific ages or populations, it helps to reduce stigma and provides a safe haven for individuals to express themselves and find support. Such is the case with Josie's Place. It goes beyond providing a safe environment and support services for the youth between 16-25 years of age. It also connects transitional aged young adults (TAYA) to mental health services to improve their lives and well-being. The program works with peer support services and has a young adult advisory committee. Support services are made up of peer support groups that my focus on life skills, anger replacement training, gaming, outdoor recreational activities, substance use, addiction support, and several other topics.

Management wants to be proactive in addressing areas of concern and as such they have asked for tools that can help keep track of the services being provided and being responsive.

Tools / Reports

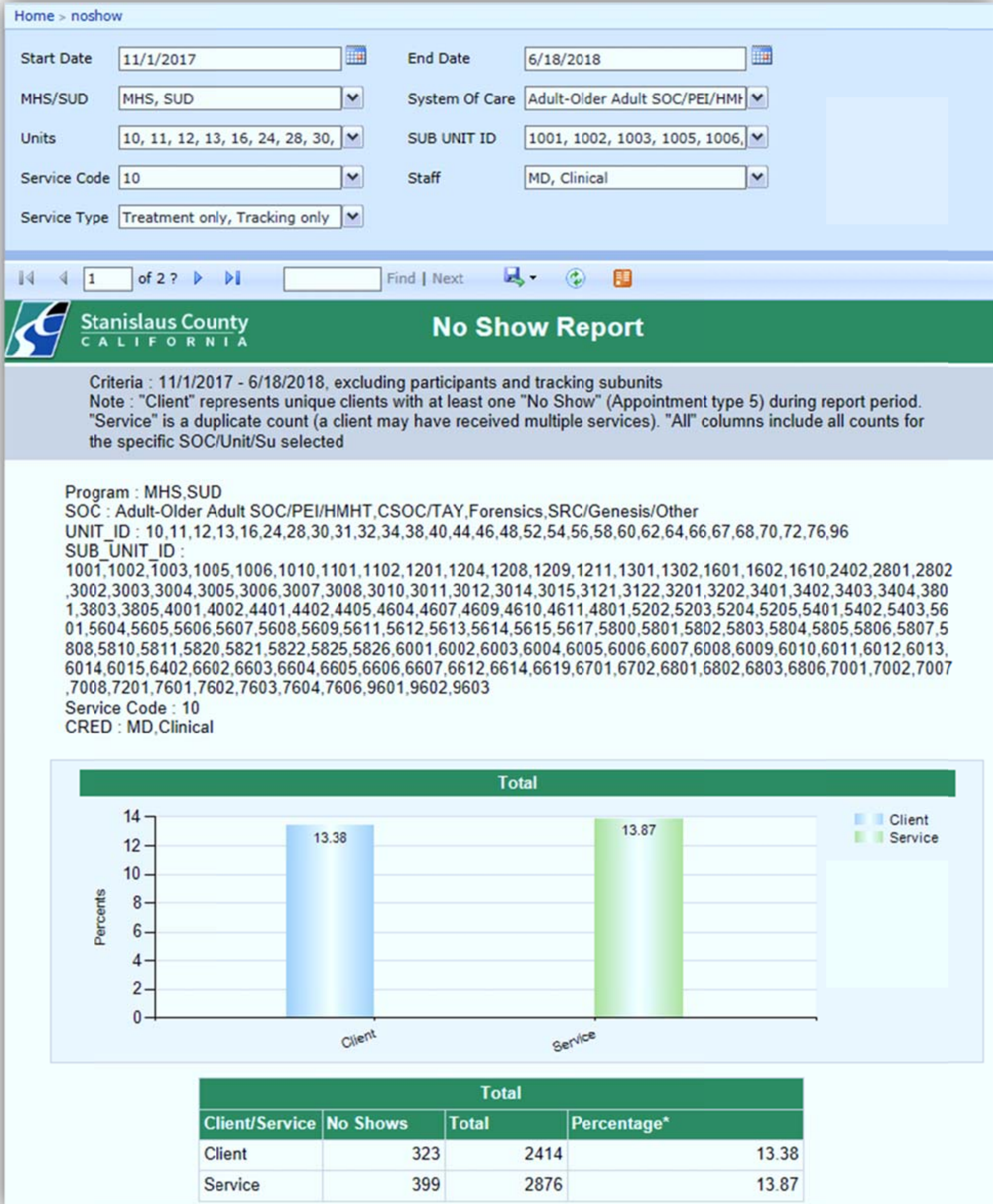
Management has access to iDashboards that provides recent data of the individuals receiving services - from age, race/ethnicity, to languages spoken. See screenshot below.



Another report recently developed summarizes the data for individuals who did not show up for appointments. The report allows us to establish parameters to be able to analyze the data closer. For example, you can select the date range, whether to include mental health services and/or substance use disorder services, select system of care, the unit(program) and the type of service provided; it even allows you to select for whom the no show was for (was it a clinical appointment or a psychiatrist), for treatment or tracking service types.

The report also provides the no show rates by the city of residence, by age, gender, primary language, race/ethnicity, and age group by regions. This report is discussed at the Quality Improvement Committees to help identify areas of concern and that need to be addressed.

The screenshot on the next page shows a report with specified parameters.



Home > noshow

Start Date 11/1/2017 End Date 6/18/2018

MHS/SUD MHS, SUD System Of Care Adult-Older Adult SOC/PEI/HMH

Units 10, 11, 12, 13, 16, 24, 28, 30, SUB UNIT ID 1001, 1002, 1003, 1005, 1006,

Service Code 10 Staff MD, Clinical

Service Type Treatment only, Tracking only

1 of 2 ? Find | Next

Stanislaus County CALIFORNIA

No Show Report

Criteria : 11/1/2017 - 6/18/2018, excluding participants and tracking subunits
Note : "Client" represents unique clients with at least one "No Show" (Appointment type 5) during report period. "Service" is a duplicate count (a client may have received multiple services). "All" columns include all counts for the specific SOC/Unit/Su selected

Program : MHS,SUD
SOC : Adult-Older Adult SOC/PEI/HMHT,CSOC/TAY,Forensics,SRC/Genesis/Other
UNIT_ID : 10,11,12,13,16,24,28,30,31,32,34,38,40,44,46,48,52,54,56,58,60,62,64,66,67,68,70,72,76,96
SUB_UNIT_ID :
1001,1002,1003,1005,1006,1010,1101,1102,1201,1204,1208,1209,1211,1301,1302,1601,1602,1610,2402,2801,2802,3002,3003,3004,3005,3006,3007,3008,3010,3011,3012,3014,3015,3121,3122,3201,3202,3401,3402,3403,3404,3801,3803,3805,4001,4002,4401,4402,4405,4604,4607,4609,4610,4611,4801,5202,5203,5204,5205,5401,5402,5403,5601,5604,5605,5606,5607,5608,5609,5611,5612,5613,5614,5615,5617,5800,5801,5802,5803,5804,5805,5806,5807,5808,5810,5811,5820,5821,5822,5825,5826,6001,6002,6003,6004,6005,6006,6007,6008,6009,6010,6011,6012,6013,6014,6015,6402,6602,6603,6604,6605,6606,6607,6612,6614,6619,6701,6702,6801,6802,6803,6806,7001,7002,7007,7008,7201,7601,7602,7603,7604,7606,9601,9602,9603
Service Code : 10
CRED : MD,Clinical

Total			
Client/Service	No Shows	Total	Percentage*
Client	323	2414	13.38
Service	399	2876	13.87

Culturally Competent Training Activities / County's Commitment to Growing a Multicultural Workforce, Language Capacity (Criterions 5, 6 and 7)

For these criterions, CLAS Standards 3, 4, 5, 6, 7, and 8 are referenced as a guide.

Workforce

As previously stated, BHRS believes and is committed to the development of a diverse workforce that is representative of the population we serve and we continue to work to ensure that our workforce, including our administration and our senior leadership team is representative of the diverse population we serve and form our county. To be responsive to our community make up and their needs, BHRS is tracking the ethnicity and language makeup of its staff by function and comparing it to the County's population.

The following table depicts the breakdown of our staff by function. The information below does not include the makeup of BHRS partners.

BHRS County Staff
Ethnicity and Language Report
between 7/1/2017 and 6/30/2018

Ethnicity Totals by Function

	County Population	Overall Staff	Admin/ Management	Direct Svcs	Support Svcs	NA
Asian	5.4 %	8.0 %	5.7 %	8.6 %	9.0 %	6.5 %
Black/African American	2.7 %	6.4 %	1.4 %	7.1 %	6.6 %	9.7 %
Native American/Alaska Native	0.7 %	0.8 %		1.3 %	0.6 %	
Other/Unknown	16.5 %	36.1 %	42.9 %	33.4 %	42.5 %	19.4 %
White	74.6 %	48.6 %	50.0 %	49.5 %	41.3 %	64.5 %
Total Population	**530561**	**623**	**70**	**521**	**167**	**31**

Language Totals by Function

	County Population	Overall Staff	Admin/ Management	Direct Svcs	Support Svcs	NA
Arabic		0.2 %		0.2 %		
Assyrian		0.8 %		1.0 %		3.2 %
Cambodian		1.7 %	1.4 %	2.1 %		
English	61.4 %	69.4 %	71.4 %	72.2 %	66.5 %	80.6 %
Filipino Dialect		0.6 %	1.4 %	0.4 %	0.6 %	
Hindi		0.6 %	1.4 %	0.4 %	0.6 %	
Laotian		0.5 %	1.4 %	0.4 %		3.2 %
Other	5.1 %	0.6 %		0.6 %	0.6 %	
Portuguese		0.3 %		0.4 %		
Punjabi		0.3 %	1.4 %	0.2 %		
Russian		0.2 %		0.2 %		
Sign ASL		0.2 %		0.4 %		
Spanish	33.5 %	24.2 %	20.0 %	21.5 %	31.1 %	12.9 %
Swedish		0.2 %		0.2 %		
Thai		0.2 %	1.4 %			
Vietnamese		0.2 %			0.6 %	
Total Population	**473103**	**633**	**70**	**521**	**167**	**31**

County population for ethnicity and language spoken based on source: US Census Bureau 2011-2015 American community Survey 5 yr Estimates

- *County employee data source: Employee Database maintained by Human Resources*
- *Staff who speaks multiple languages in data range will be counted in multiple categories.*
- *Other Ethnicity Include: Amerasian, Multiple, Other Non-White.*
- *Population 5 years and over for Language Spoken.*
- *N/A = Positions that could not be directly linked to the categories listed.*
- *Position counts include Personal Service Contracts.*

Training Plan / Trainings

BHRS is in the process of developing a training plan to commence data collection on Sexual Orientation and Gender Identity and incorporating it into the electronic health record. Currently, Sexual Orientation is collected and entered into the electronic health record, but it is not consistent. The goal is to have this plan implemented by late FY 18/19. The training will be provided to ensure that our providers feel comfortable in asking the questions and making the individuals feel welcomed, safe, and comfortable.
Training has been provided on an ongoing basis to be culturally competent to the LGBTQ community. In FY 16/17, 42 BHRS staff members attended, along with 5 staff members from our partners. In FY 17/18, 16 individuals attended.

Staff is encouraged to participate in trainings which enhance cultural and linguistic sensitivity. All documents are documented.

In FY 17/18, a training titled, "A brief introduction to the Assyrian culture and providing culturally appropriate services within Stanislaus County" was introduced. The first session garnered 22 staff members. The hope is to continue providing this training on an on-going basis.

The following trainings have also been provided in FY 17/18:

1. Understanding and addressing self-harm
2. Advanced skills and techniques for addressing self-harm
3. Principles and practices of culturally and linguistically appropriate services
4. Trauma informed care in connection with the Southeast Asian Communities
5. Introduction to Mindfulness: A training for behavioral health providers
6. Professional resilience and optimization: Compassion fatigue prevention
7. Mental Health First Aid
8. safeTALK Half-Day Training
9. Aggression Replacement 2-day Training
10. Applied Suicide Intervention Skills
11. Youth Mental Health First Aid

In process is a plan to provide "on the go" trainings. An agenda will be provided by the Training Department and the ESM. The agenda will provide objectives and questions to be addressed by the employees after they view specific videos that address cultural competence. The training/discussion will be scheduled for one hour, on a quarterly basis. A sign in/out sheet will be turned in, along with a summary of the discussion to the Training Department so the training can be logged into the staff member's file.

Cultural Competence Program

As part of the Cultural Competence Program, currently in draft form, training requirements will be delineated and the requirements will be part of the employee evaluation process to ensure staff continues to take trainings to enhance understanding of cultures.

In addition, the Cultural Competence program will introduce two additional policies.

1. Welcoming Framework
   BHRS, including management, staff, and providers, is committed to creating and sustaining a welcoming environment designed to support recovery and resiliency for individuals seeking services, and their families. Our intent is to let individuals and family members know that they are "in the right place" regardless of when and where they arrive for support services.

2. Translation of Written Materials
   BHRS is committed to honoring diversity and to ensuring culturally and linguistically competent services. The California Department of Mental Health requires that beneficiaries whose primary language is a threshold language have services available to them in their primary language. Where a need is demonstrated that translation of written materials into other languages is critical to client care, every effort will be made to accommodate the need.

Language Capacity

It is BHRS policy to provide language assistance to clients and families who are limited English proficient. Assistance is provided through bilingual staff, certified interpreters and the Language Line. This assistance is available free of charge, 24 hours a day, seven days a week. Policy number 90.1.106 explains the process for using each of the resources defined above.

Bilingual staff and service providers are the preferred and expected method of providing language assistance in person, especially for those languages identified as threshold languages. As mentioned on page 10 of this document, in partnership with the Human Resource Department and the Administrative Quality Improvement Committee, we are in the process of confirming that only staff that has been tested and confirmed as being proficiency in their respective languages is being asked to provide interpretation services.

The Principles and Practices of Culturally and Linguistically Appropriate Services, Including Interpreting and the Use of Interpreters, emphasizes the importance of understanding the National CLAS Standards and the legal significance for health care interpreting in California and BHRS. The training also explains the underutilization of mental health services by individuals from non-English speaking backgrounds and the consequences. This is an ongoing training offered to all BHRS staff.

As a last resource is the Language Line. In reviewing the Language Line utilization from July 1, 2017 to March 9, 2018, the following is the breakdown and it confirms that it is the last resort when needing to provide services in another language.

24/7 Access Line	Face-to-Face Service Encounters	Telehealth or Telephonic Service Encounters
Exhibit Name: *Language Line Utilization*	Exhibit Name: *Language Line Utilization*	Exhibit Name: *Language Line Utilization*
Total # encounters requiring language line services: *137*	Total # encounters requiring language line services: *14*	Total # encounters requiring language line services: *0*
# of encounters requiring language line services, stratified by language: 1. *Spanish: 117* 2. *Vietnamese: 6* 3. *Hindi: 5* 4. *Farsi: 4* 5. *Unknown: 5*	# of encounters requiring language line services, stratified by language: 1. *Spanish: 12* 2. *Vietnamese: 2*	# of encounters requiring language line services, stratified by language: *N/A*
Reason services could not be provided by bilingual provider/staff or contracted interpreter: *The reason services could not be provided by bilingual providers/staff or contracted interpreters was due to unavailability of a same language provider.*	Reason services could not be provided by bilingual provider/staff or contracted interpreter: *The reason services could not be provided by bilingual providers/staff or contracted interpreters was due to unavailability of a same language provider.*	Reason services could not be provided by bilingual provider/staff or contracted interpreter: *N/A*