Stanislaus County

Behavioral Health and Recovery Services

Cultural Competence Plan

Annual Update

FY 2022-2023

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2010 Cultural Competence Plan Requirements Criteria

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

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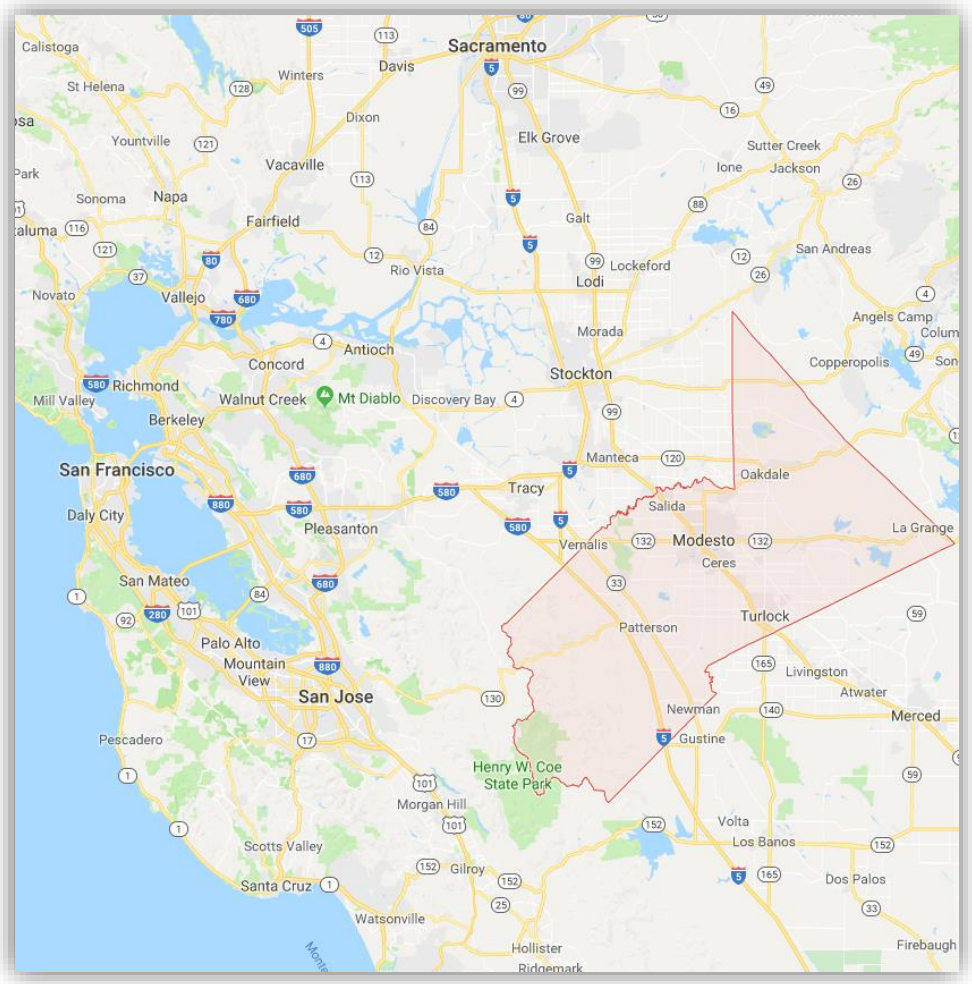
Overview of Stanislaus County

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.

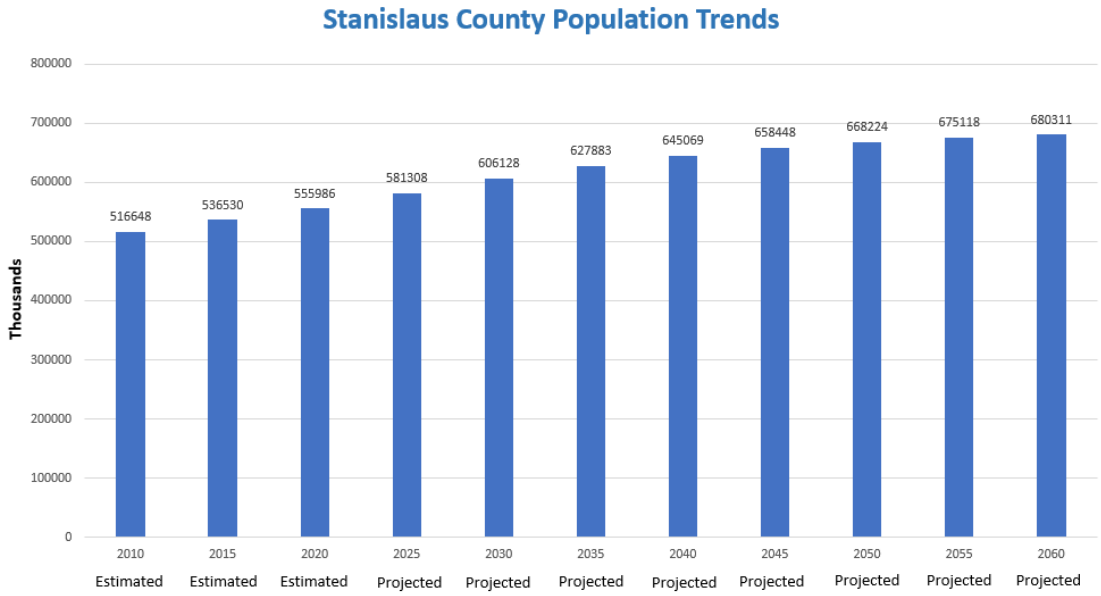


Based on the Department of Finance (DOF) January 2021 population estimates, Stanislaus County has 555,968 residents. The Stanislaus County population is expected to reach 645,069 by 2040. Our community reflects a region rich in diversity with a strong sense of community.

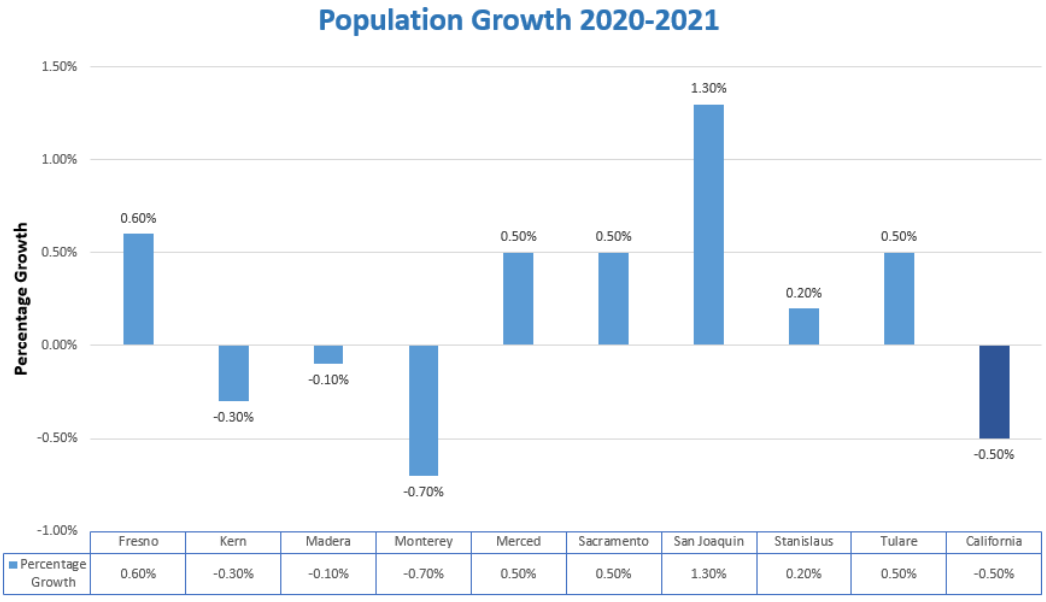
The County is a global center for agribusiness, positioned by its mild Mediterranean climate, rich soils and progressive farming practices. The area is recognized internationally for agricultural innovation with almonds, milk, poultry, cattle, nurseries, and walnuts ranking among the top producing crops.

Growth

Stanislaus County has grown an estimated 8.2% between 2011 and 2021 and is projected to reach 561,951 by July 2021. 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.



Source: California Department of Finance P2A Report as of July 2021



Source: California Department of Finance E1 Report (Released May 7,2021)

Population by City

There are nine incorporated cities within Stanislaus County: Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford. There are 12 unincorporated communities within the County: Crows Landing, Denair, Empire, Eugene, Grayson, Hickman, Keyes, Knights Ferry, La Grange, Salida, Valley Home, and Westley. Additionally, there are two Census Designated Places (CDP); Monterey Park Tract and Riverdale Park Tract.

When comparing population growth from January 1, 2020 to January 1, 2021, Patterson experienced the fastest city growth at 0.7%, followed by Hughson and Oakdale at 0.6%, Modesto at 0.4%, Waterford at 0.3%, Riverbank at 0.2% and Newman at 0.1%, Stanislaus County population overall grew by 0.2%.

When comparing population growth over the past five years Newman has experienced the highest growth rate at 5.1% followed Patterson at 4.8% and Oakdale at 3.2%. Stanislaus County population overall grew by 1.7%.

Population By City

City	1/1/201	1/1/20	1/1/20	1/1/20	1/1/2021	% Change 1 Year	% Change 5 Years
Ceres	48,365	48,498	48,625	48,886	48,901	0.0%	1.1%
Hughson	7,182	7,218	7,231	7,260	7,303	0.6%	1.7%
Modesto	21,4233	215,800	217,091	218,440	219,294	0.4%	2.4%
Newman	11,379	11,694	11,921	11,950	11,962	0.1%	5.1%
Oakdale	22,517	22,776	23,033	23,109	23,237	0.6%	3.2%
Patterson	22,247	22,762	23,086	23,150	23,304	0.7%	4.8%
Riverbank	2,4734	24,856	25,041	25,133	25,189	0.2%	1.8%
Turlock	74,180	74,495	74,784	75,030	74,820	(0.3%)	0.9%
Waterford	8,837	8,852	8,855	8,913	8,944	0.3%	1.2%
Unincorporated	113,244	113,338	113,464	113,060	113,014	0.0%	(0.2%)
County Total	**546,918**	**550,28**	**553,131**	**554,931**	**555,96**	**0.2%**	**1.7%**

Source: California Department of Finance E4 report as of May 2021

Commitment to Cultural Competence (Criterion 1)

As delineated in Culturally and Linguistically Appropriate Services (CLAS) Standard 2, 3, 4, 9, and 15 and in support to Criterion 1,
BHRS is committed to providing culturally 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.

<u>Leadership Values</u>

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.

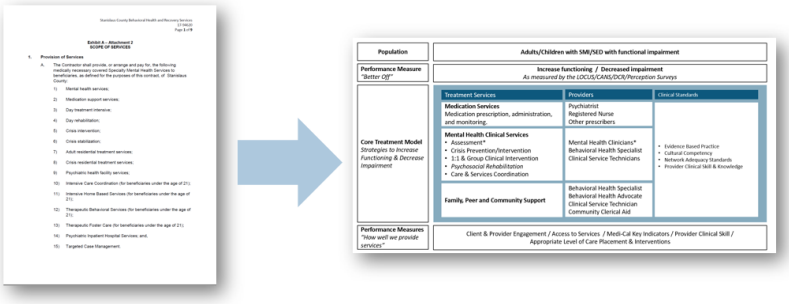
Value Individual Contributions

- 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.

Strategic Plan and Integrating Cultural Competency

Facing long-term systemic fiscal, the growing community need for behavioral health services, and recognizing the emerging opportunities on the horizon with the implementation of California's Advancing and Innovating Medi-Cal (CalAIM) and other historic behavioral health investments by the State of California, BHRS developed a Strategic Plan that aligned program operations and services with sustainable funding, which was approved by the Board of Supervisors (BOS) on March 30, 2021 (Resolution 2021-0136). The Strategic Plan outlined BHRS's behavioral health services, organizational structure, and available fiscal resources to fulfill the mandated behavioral health plan role for the community of Stanislaus County. Mental health and substance use and addiction are central to the community's dialogue in addressing issues such as homelessness, crime, and the long-term impacts of COVID-19 on behavioral health.

Central to the BHRS Strategic Plan is the development of the Core Treatment Model (CTM) framework, which was a primary strategy to strengthen treatment capabilities as well as navigate the pathway to fiscal sustainability. The CTM clearly describes the population BHRS is mandated to serve and the expected outcomes as a result of treatment services. The CTM applies to both mental health and substance use disorders. By clearly identifying the mandated population, performance measures, and the treatment services that BHRS must provide as the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC ODS), the Department aims to improve both the efficiency and effectiveness of services. The CTM was developed using the Results-Based Accountability Framework (RBAF) and will integrate treatment services specific to the MHP and DMC-ODS.



Core Treatment Model = The population and core treatment services are defined in the Mental Health Plan and SUD ODS contracts with the State of California.

The BHRS Strategic Plan outlined actions to ensure that core cultural competency initiatives, such as CLAS standards, cultural competency training, diverse workforce, etc., were integrated in the restructured systems of care. The Strategic Plan also outlined the role of Behavioral Health Equity Committee (BHEC) in further developing the integration of the CLAS standards and will strengthen partnerships with diverse community collaboratives who will provide input and insight into how BHRS serves diverse and ethnic communities.

The Department is committed to strategies that embrace diversity and to provide welcoming behavioral health and compassionate recovery services that are effective, equitable, and responsive to individuals' cultural health beliefs and practices. The BHEC works to improve the quality of services and eliminate inequities and barriers to behavioral health care for marginalized cultural and ethnic communities. Based on established best practices, such as the CLAS standards, BHEC developed recommendations on strategies to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Due to the implications of COVID-19, the initial recommendations put forth from the committee were identified as quick actions that could be implemented as part of the Strategic Plan.

The BHEC will also support the Department in the implementation of strategies that are responsive to the Mental Health Services Act (MHSA) stakeholder priority that consumers access and receive behavioral health services and peer/community support in ways that are reflective and responsive to their cultures, languages, and worldviews. It was determined that one of several key benchmarks that will measure success will be the number of clinical providers that speak the County's Medi-Cal threshold language, Spanish.

The Department has also nurtured partnerships with diverse community stakeholders through the development of cultural collaborative partnerships with Assyrian, faith-based organizations, Latino, National Association for the Advancement of Colored People (NAACP), Southeast Asian, Lesbian Gay Bisexual Transgender and Queer (LGBTQ) and other diverse communities. These partnerships, supported by the Prevention and Early Intervention (PEI) Division, have continually provided community feedback to the Department on the further development of the local behavioral health system to meet the needs of Stanislaus County's diverse communities, and the goal of integrating community practices into current treatment programs.

The Department's efforts to be culturally competent are also reflected in the updated MHSA Program and Expenditure Plan (PEP):

- Continued technical support and funding for the Promotora Program (Community Behavioral Health Workers) r PEI services. 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.

The Department expanded the Promotora model and approach by developing the Community Collaborative Plan that expands small/micro MHSA funding opportunities for diverse community partners to implement PEI strategies. Outreach for increasing recognition of early signs of mental illness and access and linkage to appropriate mental health services will target MHSA priority populations. These funding opportunities range from a $2,000 to $20,000. In addition, the Department will work with key Community Collaborative partners to facilitate community conversations with peers/consumers to develop strategies to strengthen access to treatment services.

In Fiscal Year 2019-2020, the BHEC developed recommendations for the Principle CLAS Standard. As part of the planning process, the BHEC was educated on the Core Treatment Services outlined in the contracts with the State of California for mental health and substance use disorder services. BHRS provided this education to ensure a shared understanding on what treatment entails so the BHEC could provide applicable recommendations on the Principle CLAS Standard. Education on the core treatment services and Principle Class Standard, and subsequent brainstorming and discussion primarily unfolded before the COVID-19 emergency was declared. Given that BHRS did not have a projected timeline for when the safety measures would be lifted, which would allow for in-person gatherings, the BHEC decided to create a list of recommendations that could be implemented quickly. The BHEC realized that the initial recommendations did not include strategies that address all the issues raised in the discussion. However, the committee developed these recommendations to provide the Department options for quick actions, despite the limited the ability for the committee to plan further because of the pandemic.

The following recommendations were endorsed by BHEC in their meeting on September 13, 2020 and submitted to BHRS Senior Leadership for implementation planning. These recommendations were included in the Strategic Plan and will be included as benchmarks for program development planning. Additionally, the BHEC will play an active role in the implementation process.

How might we provide services and supports that are Equitable?

Equitable Themes

- Clients have a safe and supportive community and program space, accessible beyond regular business hours
- Client are provided a base level of care and appropriate level of care for all, making sure there's no partiality in treatment

Recommendations for Equitable Services

- Review SUD, LOCUS and CANS data for any disparity in the movement across levels of care.
- Review the informed consent documents for opportunities to improve for threshold language populations.
- Develop guidance for BHRS Senior Leadership on best practice for referrals and program transfers for diverse populations to reduce confusion for clients and timely continuity of care.
- Propose in the Mental Health Services Act Planning process that program expand their hours of operations to include weekends and evenings to meet the needs of diverse and hard to reach populations. Staff that work in the evenings should be able to meet the cultural and linguistic needs of the community as well.

How might we provide services and supports that are understandable

Understandable Themes

- Client connection to treatment and supportive services is clear and simple to access
- Staff ensure clients understands the assessment and treatment process
- Referral information is accurate and up to date

Recommendations for Understandable Services

- Develop a standard program description template that describes the program and key points of information for clients both in Spanish and English
- Develop referral database that is updated regularly and tested for accuracy
- Develop Treatment Guidance on base standard of communication to the client about the assessment process, treatment planning, and supporting documents, fact sheets and videos. These videos could be viewed at clients wait for assessment.
- Develop Spanish language treatment summary as a proxy for a printed treatment plan.
- Develop target of the percentage of clients that will receive treatment services in their preferred language without interpreter.
- Define the number of staff that speak threshold language to meet the needs of our community.

How might we provide services and supports that are respectful?

Respectful Themes

- Staff talk to clients nicely with respect; show them that you are caring and happy to help the
- Programs environments are welcoming and reflect respect for clients
- Staff are trained and have concreate strategies/tools to engage culture

Recommendations for Respectful Services

- Develop guidance with concrete examples of best practice communication with diverse community populations that strengthen the clinical and client relationship
- Develop guidance on a standard program space decoration, marketing materials, and office setup that reflects the diversity of our community and clients.

Behavioral Health Equity Manager

The Behavioral Health Equity Manager (BHEM) is responsible for ensuring that their county meets cultural and linguistic competence standards in the delivery of community-based behavioral health services, including Medi-Cal Specialty Mental Health Services (SMHS), DMC-ODS substance use disorder (SUD) services, and MHSA services. The BHEM 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.

The department continued to face challenges in retaining Behavioral Health Equity Managers. A BHEM was hired in November 2020 and was transferred to fill another management role in the Department in June 2021. Due to the vacancy, between November 2020 and January 2022, the Behavioral Health Director assumed responsibility for facilitating and coordinating the BHEC agenda and meetings and ensuring that the Department implemented the recommended CLAS Standards as part of Strategic Plan implementation. A new BHEC was hired in December 2021, onboarded in January 2022, and in the process of being trained.

The BHEM's priority for Fiscal Year 2022-2023 will be to develop a strategy to ensure all programs continue to fully implement the CLAS standards. The BHEC agenda will include education on CLAS, review of best practices, and presentations from programs on their CLAS standards program development activities and progress. The initial strategies will focus on ensuring program are adhering and further developing the initial recommendation CLAS standards.

Additionally, the BHEC and BHEM will support the Department's efforts to launch a Cultural Competency training. The training will introduce BHRS' commitment to cultural competency, including a discussion about CLAS Standards and the Cultural Competence Program for Stanislaus County – to include all policies and training requirements. In addition, the Department will work with local diverse PEI Community Collaboratives (PEICC) to further expand their scope of practice to include supporting the Department in community stakeholder participation that will inform the further development and strengthening of treatment services for diverse community populations. The Department will work with PEICC to develop and provide educational sessions for treatment providers on the local diverse community experience in accessing and receiving behavioral health treatment services. To develop these educational sessions, the Department will partner PEICC to convene learning sessions with BHRS clients and community members to learn and gain insight into diverse community member and client challenges and successes in accessing behavioral health services. The educational sessions will vary in topic and include information on local, natural community supports for clients and families, and how

treatment providers can connect clients to these community supports. The PEICC includes but is not limited to:

- Stanislaus Asian America Community Resources
- LGBTQ Collaborative
- NAACP
- Assyrian Wellness Collaborative
- Jakara Movement
- Peer Recovery Art Project
- Khmer Youth of Modesto
- MJC Latina + LGBTQ
- MoPRIDE
- Faith-based Sector
- Promotores
- Youth Empowerment Program
- Community-based Continuum of Care Project

Updated Assessment of Service Needs (Criterion 2)

Guided by Standard 11, to collect data to address the needs of the county an overview of Stanislaus County is provided 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 20 states in agricultural income. Of the approximately 973,440 acres in the County, 722,546 acres (74%) were in farms.

The agricultural sector, and its related industry, accounts for $7.1 billion in the local economy or $19.6 million per day supporting over 34,000 jobs. One in eight jobs is directly attributed to agriculture in the County.

Regions that have higher economic diversity are more stable and can better withstand economic pressures such as recessions. While the agricultural industry is a significant economic driver in the County, economic development strategies are in place to increase economic diversity.

Manufacturing Employers

Manufacturing continues to be an important employment sector in Stanislaus County. Some of the largest brands in the world can be found with operations in the County. The top 10 manufacturing companies employ over 13,500 workers in Stanislaus County.

COMPANY OR ORGANIZATION	EMPLOYEES	DESCRIPTION
E & J Gallo Winery	6,000	Winery
Foster Farms	2,000	Food Processing
Del Monte Foods	1,500	Food Processing
Stanislaus Food Products	1,500	Canning
Con Agra	1,000	Food Processing
Frito Lay	650	Food Manufacturing
Blue Diamond Growers	500	Nut Processor
Pacific Southwest Containers	451	Container Manufacturing
Bronco Wine	450	Winery
Silgan Containers	388	Container Manufacturing

Source: Opportunity Stanislaus; does not include seasonal labor

Non-Manufacturing Employers

The top 10 non-manufacturing companies, excluding government agencies, employ over 20,000 workers. Save Mart Supermarkets is the largest employer followed by Doctors Medical Center. The healthcare sector is the fastest growing sector in the County and a significant contributor to the local economy.

COMPANY OR ORGANIZATION	EMPLOYEES	DESCRIPTION
Save Mart Supermarkets	10,500	Retail Grocer
Stanislaus County	3,887	County Government
Modesto City Schools	3,200	School District
Doctors Medical Center	2,600	Healthcare
Turlock Unified School District	2,000	School District
Memorial Medical Center	2,000	Healthcare
Ceres Unified School District	1,500	School District
City of Modesto	1,200	City Government
Stanislaus County Office of Education	1,130	Education District
CSU Stanislaus	1,000	Public University

Source: Opportunity Stanislaus; does not include seasonal labor

Economic Indicators

Unemployment Rate

The County's annual unemployment rate averaged 10.7% in 2020, 0.7% less than the average of the eight benchmark counties which include Sacramento, San Joaquin, Merced, Fresno, Tulare, Bakersfield, Madera, and Monterey.

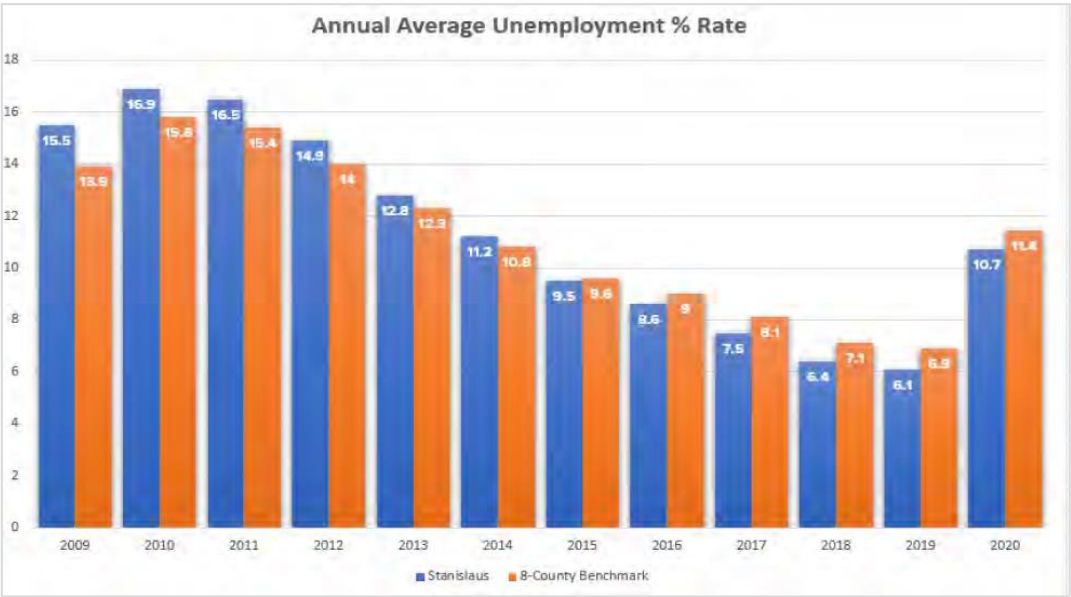
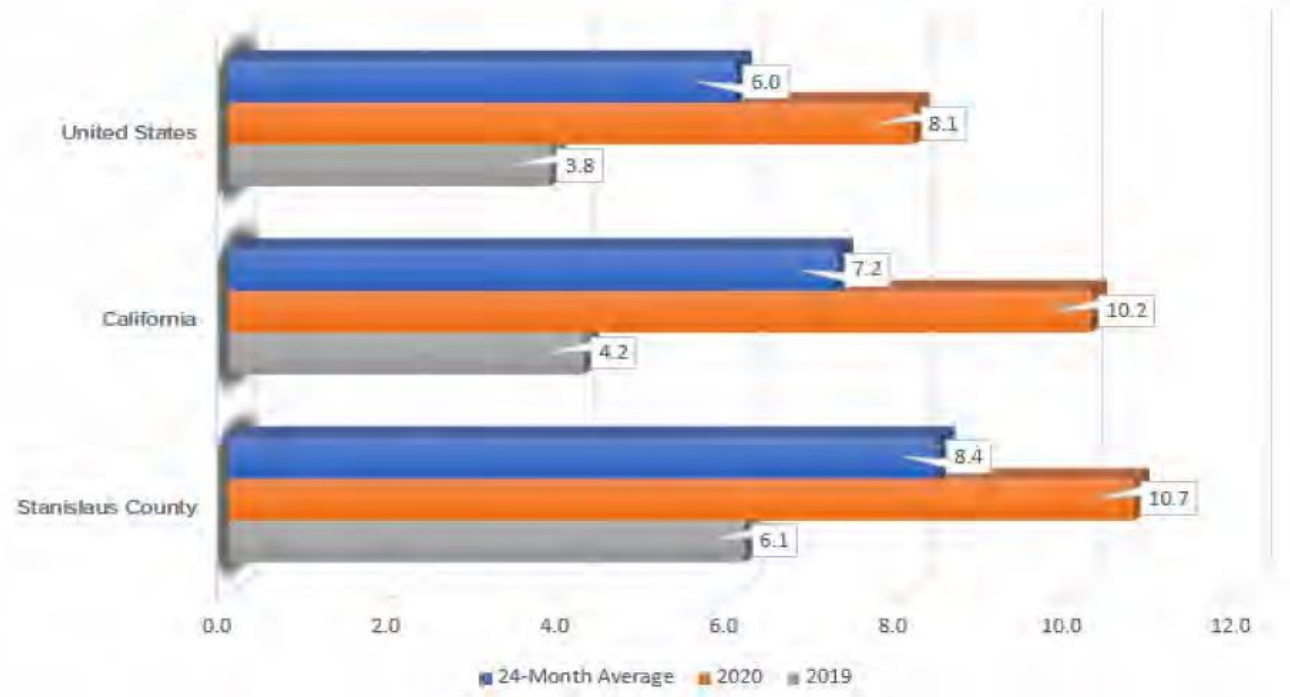


Figure 12- Unemployment Rates vs. Benchmark Counties
Source: CA Employment Development Department Labor Force Data, www.edd.ca.gov

Unemployment rates in the Central Valley are historically higher than the national average which is currently 8.1%. High unemployment rates mean more people receiving government assistance, thus placing a greater strain on local public resources.



2020 County data was not available for the sections below:

- Median Household Income
- Median Home Prices
- Home Affordability
- Demographics

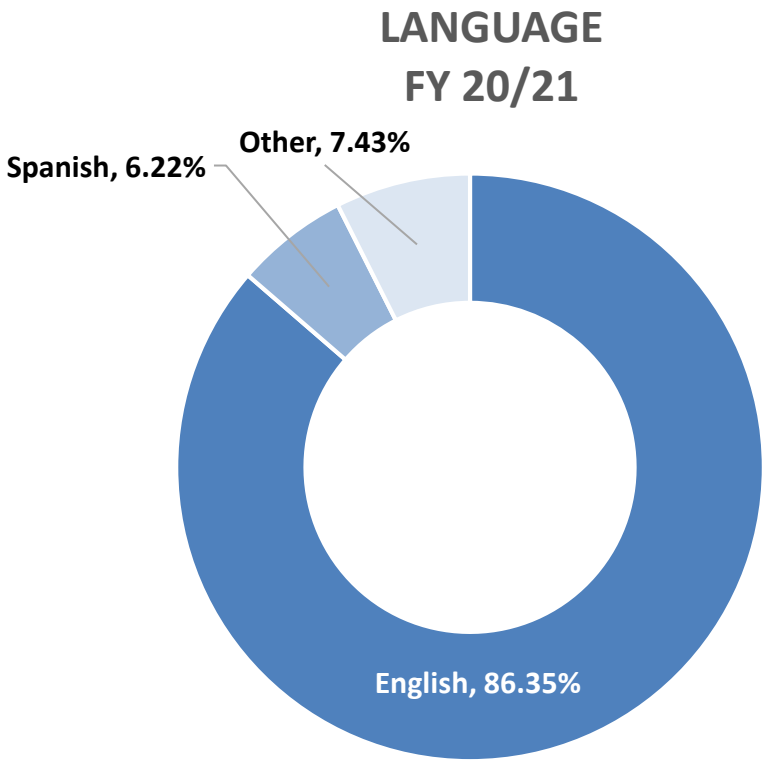
In FY 2020-2021, BHRS served 9,617 individuals; 7,769 of them received mental health services and 1,848 received substance use disorder services.

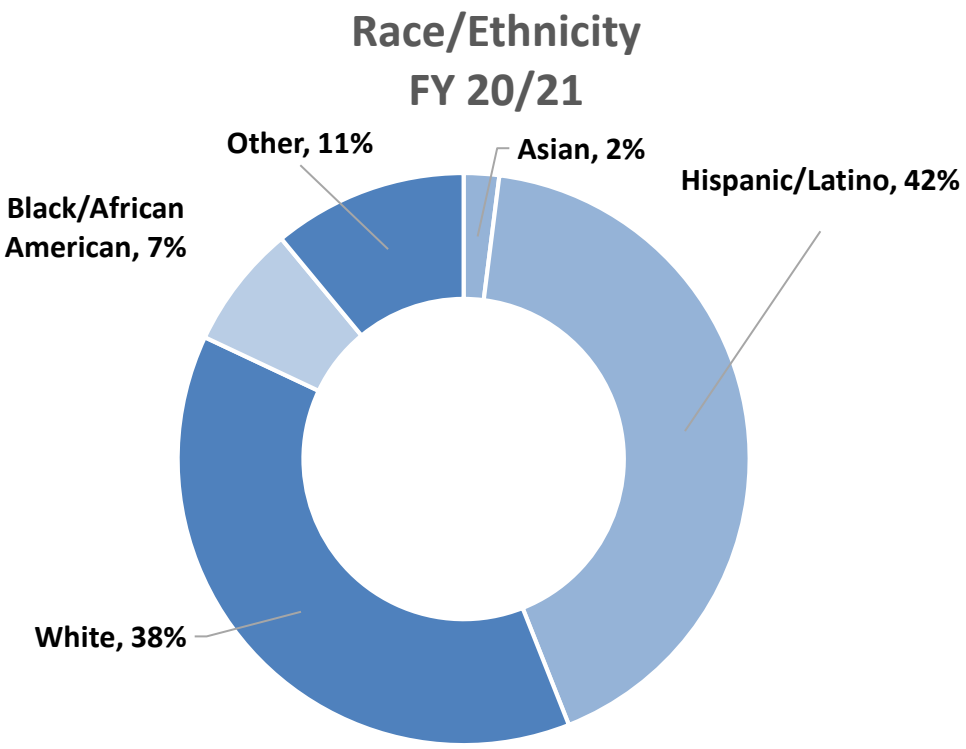
Age breakdown:

- **0-5:** 3.27% or 314 individuals
- **6-17:** 30.72% or 2954 individuals
- **18-24:** 9.92% or 954 individuals
- **25-34**: 17.66% or 1698 individuals
- **34-44:** 16.13% or 1551 individuals
- **45-64**: 19.32% or 1858 individuals
- **65-75**: 2.56% or 246 individuals
- **76+**: 0.44% or 42 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 language and race/ethnicity percentages of the individuals who received BHRS services in Fiscal Year 2020-2021.





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 is consistent with BHRS' continued support of the Promotores Program. This program continues to strive to reduce the stigma around mental health and build trust within diverse communities. By establishing community relationships, the Department builds on the community's strength

from its culture, heritage, and traditions and by doing so, can reduce stigma, address discrimination and social exclusion and remove language barriers.

The following information and data demonstrate how BHRS is performing in reaching out and providing services to its residents.

Stanislaus County Mental Health Service Utilization Based on Prevalence

The table below titled "Mental Health Service Utilization" displays Fiscal Year 2020-2021 data for and shows population by region, race/ethnicity, and age groups, serious mental illness by groups and service utilization by groups. The prevalence rate for Stanislaus County is 5.75%. With a population of 530,561, would estimate that 30,507 people need services across the county. In fiscal year 2020-21, Behavioral Health and Recovery Services served 6,866 people, leaving an estimated 23,641 across the County regions with unmet needs.

In Fiscal Year 2020-2021 the BHEC reviewed program data throughout the year and several recommendations were discussed regarding updating data tables to include Sexual Orientation, Gender Identity data (SOGI). Although the department has increased some capabilities to collect and report on SOGI data, the BHEC, specifically LGBTQ representatives, recommended incorporating targeted activities to increase SOGI data collection and reporting capabilities. The Department will respond to this stakeholder advocacy by developing plans to incorporate SOGI data collection capacity-building as part of the BHRS Strategic Plan data and outcomes planning.

MHS 1627 - Stanislaus County Mental Health Service Utilization (FY 20/21)

						Inpatient Services		Outpatient Services		Day Services	
	Estimated Census Population	Incidence in the Population	Unduplicated Clients Served	% of Total Clients Served	% Needs Met	Units of Svc Days	Unique Clients	Units of Svc Hrs	Unique Clients	Units of Svc Days	Unique Clients
Region											
Ceres	71,742	13.5 %	625	9.1 %	0.9%	4,733	142	22,306	609	30	19
Eastside	65,194	12.3 %	614	8.9 %	0.9%	3,751	140	19,232	599	14	9
Modesto	260,462	49.1 %	4158	60.6 %	1.6%	34,537	1113	146,073	4077	168	121
Turlock	92,135	17.4 %	1071	15.6 %	1.2%	7,496	229	51,094	1049	16	14
Westside	41,028	7.7 %	398	5.8 %	1.0%	2,424	71	11,408	392	5	4
	530561	100%	6866	100%	1.3%	52941	1695	250,113	6726	233	167
Race/Ethnicity											
Asian	28,764	5.4 %	228	3.3 %	0.8%	2003	69	7,883	224	8	6
Black/African American	14,505	2.7 %	496	7.2 %	3.4%	3651	124	22,078	483	14	13
Native American/Alaska Native	3,467	0.7 %	61	0.9 %	1.8%	630	13	2,950	59	1	1
Other/Unknown	87,762	16.5 %	3522	51.3 %	4.0%	22695	780	114,779	3460	99	70
White Including Hispanic	396,063	74.6 %	2559	37.3 %	0.6%	23962	709	102,423	2500	111	77
	530561	100%	6866	100%	1.3%	52941	1695	250,113	6726	233	167
Hispanic Origin											
Hispanic or Latino	234,995	44.3 %	3039	44.3 %	1.3%	19249	690	95,880	2993	95	66
Not Hispanic or Latino	295,566	55.7 %	3442	50.1 %	1.2%	31197	959	138,874	3361	136	99
Unknown/Not Reported	0	0.0 %	385	5.6 %	Infinity	2495	46	15,359	372	2	2
	530561	100%	6866	100%	1.3%	52941	1695	250,113	6726	233	167
Age Group											
0-17	145,560	27.4 %	2622	38.2 %	1.8%	6282	206	102,723	2614	1	1
18-59	293,918	55.4 %	3802	55.4 %	1.3%	42966	1415	125,783	3674	227	161
60+	91,083	17.2 %	442	6.4 %	0.5%	3693	74	21,607	438	5	5
	530561	100%	6866	100%	1.3%	52941	1695	250,113	6726	233	167

Results are based on the time frame of 7/1/2020 through 6/30/2021 for Clients with any Health Provider
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.
Estimated Medi-Cal enrollee figures are based on the last month of Medi-Cal Monthly Extract File (MMEF) from DHCS for the time period of this report.

(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

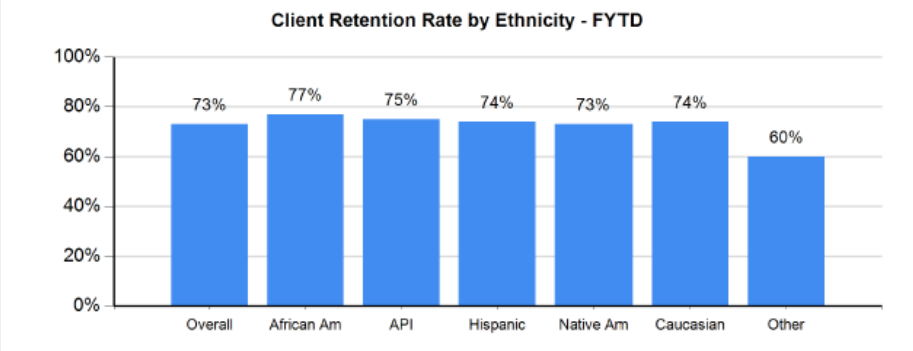
Mental Health Client Retention by Ethnicity

The Mental Health Client Retention by Ethnicity for Fiscal Year 2020-2021 depicts the percentage of clients who received three or more visits within three months after assignment opening and is broken out by quarter and by race/ethnicity.

MHS728 Mental Health Client Retention by Ethnicity

FY 2020/2021

	Overall		African Amer.		API		Hispanic		Native Amer.		Caucasian		Other	
Qtr	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
Q1 FY 2020/2021	1335	74%	97	80%	25	76%	639	74%	12	83%	492	73%	69	59%
Q2 FY 2020/2021	968	77%	67	90%	24	75%	473	77%	13	69%	342	75%	49	69%
Q3 FY 2020/2021	1083	77%	81	77%	38	84%	496	75%	10	70%	398	81%	60	63%
Q4 FY 2020/2021	1105	75%	84	74%	27	67%	521	75%	10	80%	389	77%	74	62%
YTD FY 2020/2021	3563	73%	257	77%	91	75%	1699	74%	37	73%	1273	74%	205	60%



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 Shows.
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 data from 2021, 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! data from 2021, a multi-agency, multi-year effort to help children read at grade-level by the end of third grade showed that 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 highlights challenges of low-income residents and the potential impact of poverty on their wellbeing. When individuals have to choose between putting food on the table and obtaining health services, it affects the family and the community. Illiteracy and under-literacy can result in misunderstandings, and misdiagnosis, and unwelcome feelings potentially further impacting health if services are discontinued. 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 BHRS is providing quality services that are addressing the needs of the community, the Department has used several strategies.

Consumer Perception Surveys

BHRS Leadership reviewed the results of the SUD Treatment Perception Survey in November 2020 and the Mental Health Consumer Perception Survey in June of 2021. The questionnaires are 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.

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

Access

- Thank you for being available
- I got what I needed on time and the services benefited me
- Location of services was convenient
- Services were available at times that were good for me
- I was able to get all the help/services that I needed
- I was able to see a psychiatrist when I wanted to

Satisfaction (General Satisfaction)

- Overall, I am satisfied with services
- The services that I have received have been great and really improved my mental health thus far
- I enjoy very much, it has really changed me for the better
- I felt welcomed here
- I like the services offered here

Cultural; Cultural/Quality

- This place is special, and all the staff understand what is needed to help their clients I feel blessed to be here again
- They take consideration of what is going on and help with the situations as best as they can without judgement and have my sons' best interest and our families
- The counselors are very understanding
- Staff here is amazing. Welcoming, caring, and always make time for you. They care about keeping you safe and comfortable
- Just knowing I'm not alone
- Staff treated me with respect
- Everyone has been very helpful and very respectful

Quality and Appropriateness

- They helped me calm down during a crisis
- This is great place w/good resource and great help! I do not regret being placed here
- The patience of my therapist and her ability to listen when I need it

Mental Health Consumer Perception Survey- June 2021

Subscale	N	English	Spanish	Answered	Agreed	Favorable
Access	290	262	28	1074	961	89%
Satisfaction	290	262	28	1307	1140	87%
Connectedness	290	262	28	1113	864	78%
Quality And Appropriatneness	264	262	2	1138	1008	89%

SUD Treatment Perception Survey- November 2020

Subscale	N	English	Answered	Agreed	Favorable
Access	499	499	2875	2436	85%
Satisfaction	499	499	1470	1317	90%
Connectedness	499	499	1867	1357	73%
Quality And Appropriatneness	499	499	4304	3752	87%

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 clients feel about the services received, it helps leadership and management address the areas that need improvement. If access or cultural understanding is an area of concern, the Department is committed to developing strategies to address them.

Community Representation

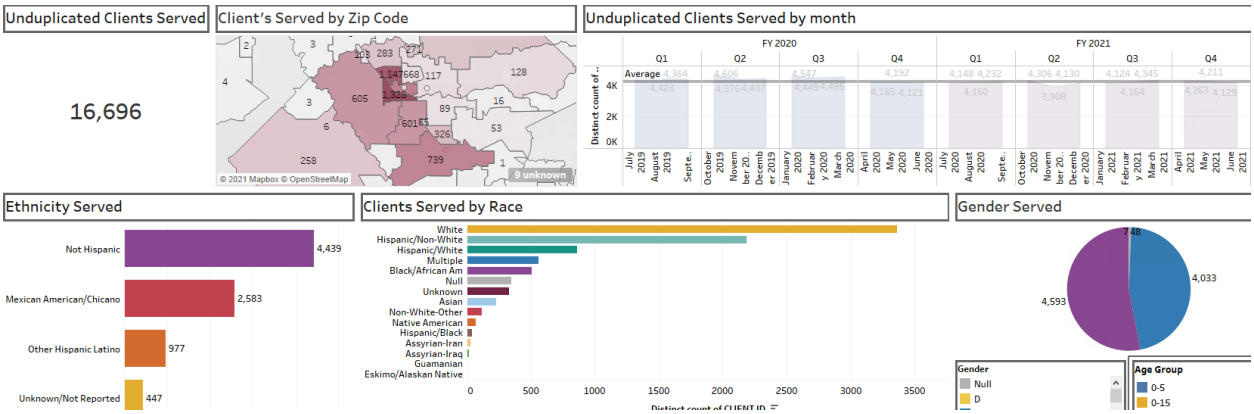
BHRS ensures that partners (including community-based organizations) are part of the Cultural Competence, Equity, and Social Justice Committee (BHEC). In Fiscal Year 2020-2021 and prior, membership consists of BHRS programs/departments, community-based organizations, and clients and family members with lived experience. Guest speakers would often present on specific topics related to cultural competence. Meeting attendance is tracked. Consumers are encouraged to participate in the discussions and are empowered to provide feedback and make recommendations. In Fiscal Year 2021--2022, the BHEC assessed whether the current roster reflected the evolving diverse community profile, added recent partnerships established the PEICC projects, and aligned the committee with the BHRS Strategic Plan. The restructured committee roster includes one representative from each of the following:

- BHRS Systems of Care
- BHRS Community Based Organization Treatment Providers
- BHRS Collaborative Partners
- BHRS Consumers with Lived Experience

The Department is also further developing the role of BHEC in the MHSA planning process by providing a forum the BHEC to review MHSA program data to assess for disparities for MHSA priority populations. In February 2022, the committee was renamed to the Behavioral Health Equity Committee (BHEC) and stopped using the name "Cultural Competence Equity and Social Justice Committee (CCESJC)".

Tools / Reports

BHRS has recently partnered with Kingsview to develop Dashboards that provide data of the individuals receiving services - from age, race/ethnicity, to languages spoken. See screenshot below. These new tools will allow the BHEC and other stakeholders to access data in more timely and applicable format.



Another report developed summarizes the data for individuals who did not show for appointments ("no show"). The report allows BHRS to establish parameters to be able to analyze the data more closely. For example, the date range, mental health services and/or substance use disorder services, system of care, the unit(program) and the type of service provided can all be selected, and staff can review for whom the no show was for (was it a clinical appointment or a psychiatrist).

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 notify areas of concern.

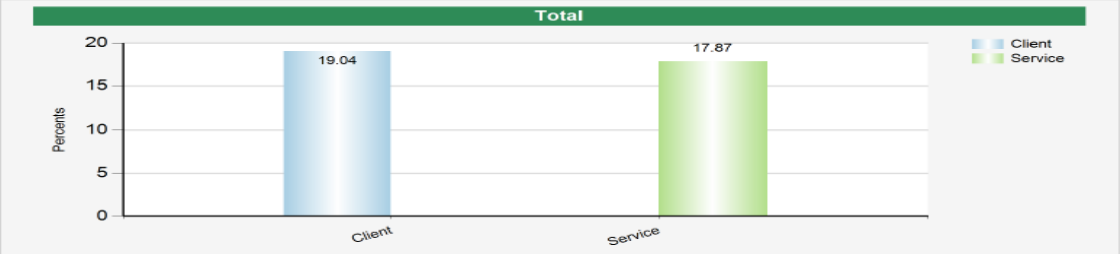
The screenshot below shows a report with specified parameters.

Stanislaus County
CALIFORNIA

No Show Report

Criteria : 7/1/2020 - 6/30/2021, Excluding Participants w/o A Valid Case Number
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). MD is for physicians only, Clinical is for RN, Clinician, and Case Management.

Program : MHS
SOC : Adult-Older Adult SOC/PEI/HMHT,CSOC/TAY,Forensics,MC/MCCAP
UNIT_ID :
10,12,13,14,16,17,18,21,23,24,26,30,31,34,38,40,41,42,43,44,46,48,50,52,56,60,62,64,66,68,70,72,76,78,96
SUB_UNIT_ID :
1001,1002,1003,1004,1005,1006,1007,1008,1009,1010,1012,1014,1015,1016,1017,1020,1021,1022,1023,1202,1204,1208,1209,1210,1211,1216,1220,1301,1302,1310,1311,1312,1313,1401,1402,1403,1404,1405,1406,1601,1602,1605,1610,1611,1705,1801,1802,1803,1805,1806,1807,1809,1811,1813,1814,2101,2102,2314,2315,2316,2317,2318,2319,2320,2321,2322,2402,2405,2601,2602,2603,2604,2605,2606,3002,3003,3004,3006,3007,3008,3010,3011,3012,3013,3014,3015,3016,3017,3018,3019,3021,3040,3052,3053,3157,3158,3160,3402,3403,3404,3405,3801,3803,3805,4001,4002,4150,4201,4202,4203,4204,4205,4350,4353,4356,4400,4401,4402,4405,4406,4407,4408,4409,4410,4440,4602,4603,4604,4605,4606,4607,4608,4609,4610,4611,4640,4801,5001,5002,5003,5030,5202,5203,5204,5205,5601,5602,5603,5604,5605,5606,5607,5608,5609,5610,5611,5612,5613,5614,5615,5616,5617,5622,5623,5624,5625,6001,6003,6009,6010,6203,6204,6402,6440,6602,6603,6604,6605,6606,6607,6609,6610,6612,6614,6616,6618,6619,6620,6627,6630,6640,6641,6642,6643,6644,6645,6646,6647,6648,6650,6651,6801,6802,6803,6806,6807,6808,6809,6810,6840,7001,7002,7007,7008,7012,7040,7041,7042,7043,7044,7045,7046,7047,7201,7202,7601,7602,7603,7604,7605,7606,7607,7801,9601,9602,9603,9640
Service Code :
7,10,11,13,20,21,22,23,30,31,32,33,34,35,36,38,40,41,47,48,49,50,51,55,56,58,59,60,61,62,63,64,65,66,67,68,70,73,77,79,81,82,83,84,85,86,87,90,96,107,111,120,130,133,140,150,151,152,153,154,155,200,201,202,203,204,227,230,250,251,252,253,254,310,313,320,330,332,333,335,336,350,901,905,906,907,908,909,910,911
CRED : MD,Clinical



Total			
Client/Service	**No Shows**	**Total**	**Percentage***
Client	574	3015	19.04
Service	683	3822	17.87

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 served, and the Department continues to strive to ensure that the workforce, including administration and senior leadership is representative of the diverse population served. To be responsive to the community and their needs, BHRS collects staff ethnicity and language by function and compares it to the County's population. The BHEC reviews workforce ethnicity and language on an annual basis and develop recommendations on strategies to strengthen BHRS diverse workforce practices and policies.

The following table depicts the breakdown of BHRS staff by function. The information below does not include data from BHRS contracted programs.

- *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.*

BHRS County Staff
Ethnicity and Language Report
between 7/1/2020 and 6/30/2021

Ethnicity Totals by Function						
	County Population	*Overall Staff*	*Admin/ Management*	*Direct Svcs*	*Support Svcs*	*NA*
Asian	5.1 %	7.6 %	11.3 %	7.8 %	8.3 %	10.0 %
Black/African American	2.4 %	5.8 %	4.2 %	6.8 %	3.8 %	6.7 %
Hispanic	42.6 %	36.4 %	33.8 %	34.6 %	40.6 %	20.0 %
Native American/Alaska Native	0.4 %	0.9 %		1.1 %	0.8 %	
Other/Unknown	10.7 %	7.1 %	7.0 %	7.3 %	5.3 %	3.3 %
White	38.9 %	42.2 %	43.7 %	42.4 %	41.4 %	60.0 %
Total Population	**530561**	**536**	**71**	**370**	**133**	**30**

Language Totals by Function						
	County Population	*Overall Staff*	*Admin/ Management*	*Direct Svcs*	*Support Svcs*	*NA*
Assyrian		1.1 %	4.2 %	1.1 %	0.8 %	3.3 %
Cambodian		1.9 %	4.2 %	2.4 %		
English	61.4 %	67.0 %	63.4 %	69.2 %	67.7 %	66.7 %
Filipino Dialect		0.7 %	1.4 %	0.5 %	0.8 %	
Hindi		1.1 %	2.8 %	0.8 %	0.8 %	
Hmong		0.2 %		0.3 %		
Laotian		0.6 %	1.4 %	0.3 %		3.3 %
Other	5.1 %	0.2 %		0.3 %		
Portuguese		0.4 %		0.5 %		
Punjabi		0.4 %	1.4 %	0.3 %		
Russian		0.2 %		0.3 %		
Samoan		0.2 %			0.8 %	
Spanish	33.5 %	25.4 %	19.7 %	23.8 %	27.8 %	23.3 %
Swedish		0.2 %		0.3 %		
Thai		0.4 %	1.4 %			3.3 %
Vietnamese		0.2 %			1.5 %	
Total Population	**473103**	**540**	**71**	**370**	**133**	**30**

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

Comparison data is not available for written language of county population
County employee data source: Employee Database maintained by Human Resources

Staff who held multiple positions or multiple languages in date range will be counted in multiple categories

Other Language includes Afghani, Arabic, Assyrian, Farsi, Hindi, Hmong, Khmer, Laotian, Punjabi, Russian, ASL, Thai, Turkish
Asian Language includes: Japanese, Vietnamese
Other Ethnicity Include: Amerasian, Multiple, Other Non White

Population 5 years and over for Language Spoken and Written

Training Plan / Trainings

In addition to providing virtual trainings, BHRS Training continues to promote access to free trainings and educational webinars from various nationally recognized behavioral health organizations that focused on providing sensitive, responsive, and effective services to clients related to cultural competency.

Organization include but are not limited to: California Institute for Behavioral Health Solutions (CIBHS), National Council for Behavioral Health, National Association for Alcoholism and Drug Abuse Counselors (NAADAC, the Association for Addiction Professionals), HealthNet, PESI and more.

Trainings Offered:

- Adolescent Substance Use Current Trends and the Impact of COVID-19
- Historical and Ending Contemporary Racial Inequities
- SAMHSAs Veterans Best Practices and Systems of Support for Justice-Involved Veterans
- LGBTQ+ Health Equity Pronoun PSA Effects of COVID on Mental Health
- Adverse Impacts of COVID-19 on Children with Serious Mental Emotional Disorders
- Stanislaus State Black Trans discussion
- Youth AFFIRM Program Black LGBTQ Pioneers Trans Healthcare
- The Line Between Authenticity and Bias
- Reimagining Engagement to Foster Diversity and Equity
- Critical Clinical Conversations About Race Racial Identity and Racism Virtual Training
- How Culture and Race Can Impact Identifying and Treating Mental Health Conditions
- Engaging Older Youth to Help Them Navigate the New Norm
- Transgender Awareness: Moving Beyond the Basics
- Ask the Experts – Trauma-informed Care, Cultural Humility and the Impact of Supporting Individuals with IDD
- Responses to Q&A - Eliminating Inequities in Behavioral Health
- Virtual Conference on First-Episode Psychosis with Culturally Informed Care
- Virtual Homelessness Summit Registration
- Talking About Race and Racism with Clients_ Challenges_ Benefits & Strategies for Fostering Meaningful Dialogue
- Minority mental health_ racial trauma_ and cultural competency
- Online 2020 Suicide Prevention Summit
- Therapeutic Support When Working with Young Children (0-5) and Caregivers in a Virtual Setting
- Evidence-Based Practices 2020 Symposium
- Complex Trauma Workshop_ The Connection Between Mental Health_ COVID-19 and Social Unrest

The following trainings were also been provided in FY 2020/2021:

- ASAM Training Part I and Part II
- DMC-ODS Provider Training
- Group Facilitation Training
- Substance Use Disorders (SUD) 101 Training
- CANS Training Module I and Module II
- Child and Family Team (CFT) Facilitation Training
- Child and Family Team (CFT) Rollout Training
- Integrated Core Practice Model for Children, Youth & Families (ICPM)
- Teen Addiction Severity Index (T-ASI) Training
- Presumptive Transfer 101
- 5150 Certification Training
- Building Resiliency Through Learning and Dialogue Virtual Series
- Collaborative Documentation Training - Josie's Place and Trac Team, Juvenile Justice,
- SRC Residential, Turning Point FSP Program
- Interventions When Working with Those Struggling with Suicidal Thoughts 3-Part Series
- LOCUS Training
- Mandated Reporter Training
- Peer Personnel Training and Placement Program
- Suicide Prevention Basics Training
- Zoom: What You Need to Know
- Law & Ethics for Behavioral Health & SUD Providers

Strategic Planning/Core Treatment Model: Although the impacts of COVID-19 diverted training resources to focus on increasing skills and knowledge for remote-based services, the training department continued to work on a comprehensive training on the Core Treatment services the Department provides specified in the Mental Health Plan. The department increased the training budget from $50,000 to $180,000 to ensure the training team has the resources to develop and deploy training on CTM and further develop and expand cultural competency training offerings. The Department will also to continue the full implementation of the Welcoming Framework (WF). The WF will create and sustain 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.

Language Capacity

BHRS is committed to honoring diversity and to ensuring culturally and linguistically competent services. The California Department of Health Care Services (DHCS) requires that BHRS provide services to beneficiaries whose primary language is prevalent in the County (called a "threshold language") in their primary language. Where a need is demonstrated that translation of written materials into other languages is critical to client care, every effort is made to accommodate the need.

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.

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 behavioral health services by individuals from non-English speaking backgrounds and the consequences. This is an ongoing training offered to all BHRS staff.

If bilingual staff and certified interpreters for a language are not available, the Language Line is used. The following table shows Language Line utilization data from July 1, 2020 to June 30, 2021.

Language	# of encounters requiring language line services
Spanish	386
Arabic	14
Punjabi	10
Farsi	6
Vietnamese	2
Assyrian	1
Portuguese	1
Laotian	1
Hindi	1