

**Stanislaus County  
Behavioral Health and Recovery Services**



**Behavioral Health Equity Plan  
Annual Update  
Fiscal Year 2023-2024**

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## 2010 Cultural Competence Plan Requirements Criteria

Name of County: Stanislaus  
Name of County Director: Tony Vartan, LCSW  
Name of Contact: Lezette Ervin, MS ABA  
Contact's Title: Behavioral Health Equity Manager II  
Contact's Unit / Division: Behavioral Health Recovery Services, Behavioral Equity  
Contact's Telephone: 209.499.7378  
Contact's Email: [LErvin@stanbhhs.org](mailto:LErvin@stanbhhs.org)

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

**Criterion 1:** Commitment to Behavioral Health Equity Plan

**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 Committee 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 Culturally and Linguistically Competent Staff

**Criterion 7:** Language Capacity

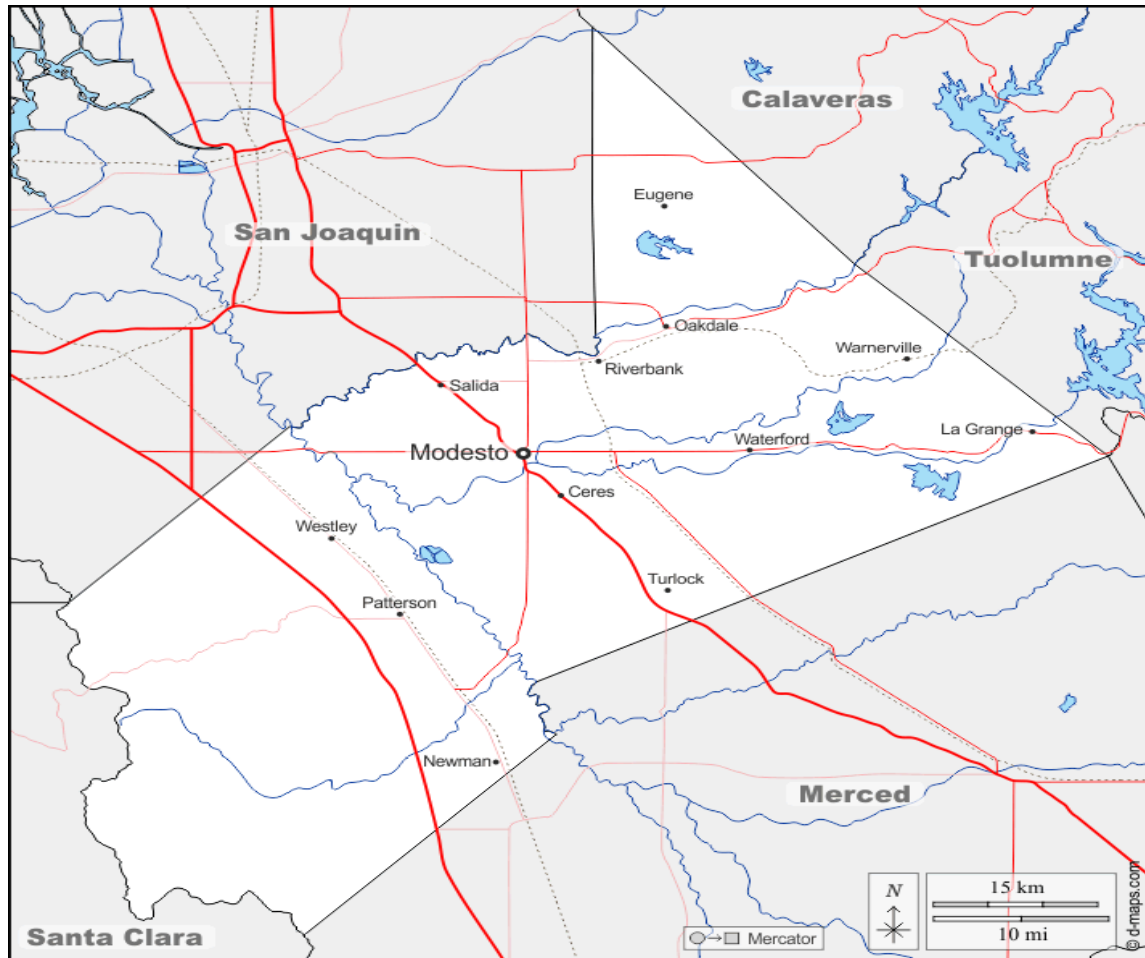
**Criterion 8:** Adaptation of Services

### Purpose

The Behavioral Health Equity Plan (BHEP), establishes standards and criteria for the entire County Behavioral Health System, including Medi-Cal services, and Mental Health Services Act (MHSA), are committed to working toward achieving cultural and linguistic competence. "BHEP" in this document shall mean the county's completed cultural competence plan submission inclusive of all requirements. The CCPR (2010) seeks to support full system planning and integration. The revised CCPR (2010) includes the most current resources and standards available in the field of cultural and linguistic competence and is intended to move toward the reduction of Behavioral Health service disparities identified in racial, ethnic, cultural, linguistic, and other unserved/underserved populations.

## 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.



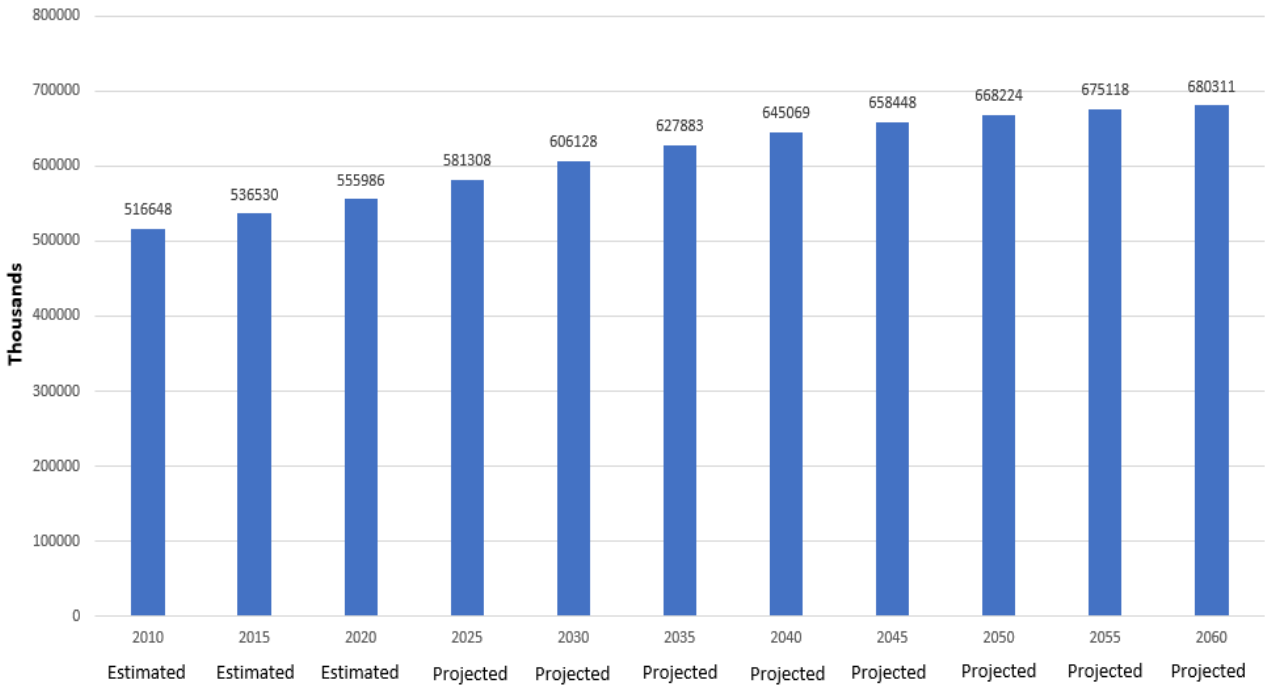
Based on the Department of Finance (DOF) January 2022 population estimates, Stanislaus County has 551,430 residents. The Stanislaus County population is expected to reach 645,069 by 2040. Stanislaus County reflects a region rich in cultural, ethnic and inclusion diverse with a strong sense of community.

Stanislaus County is a global center for agribusiness 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.

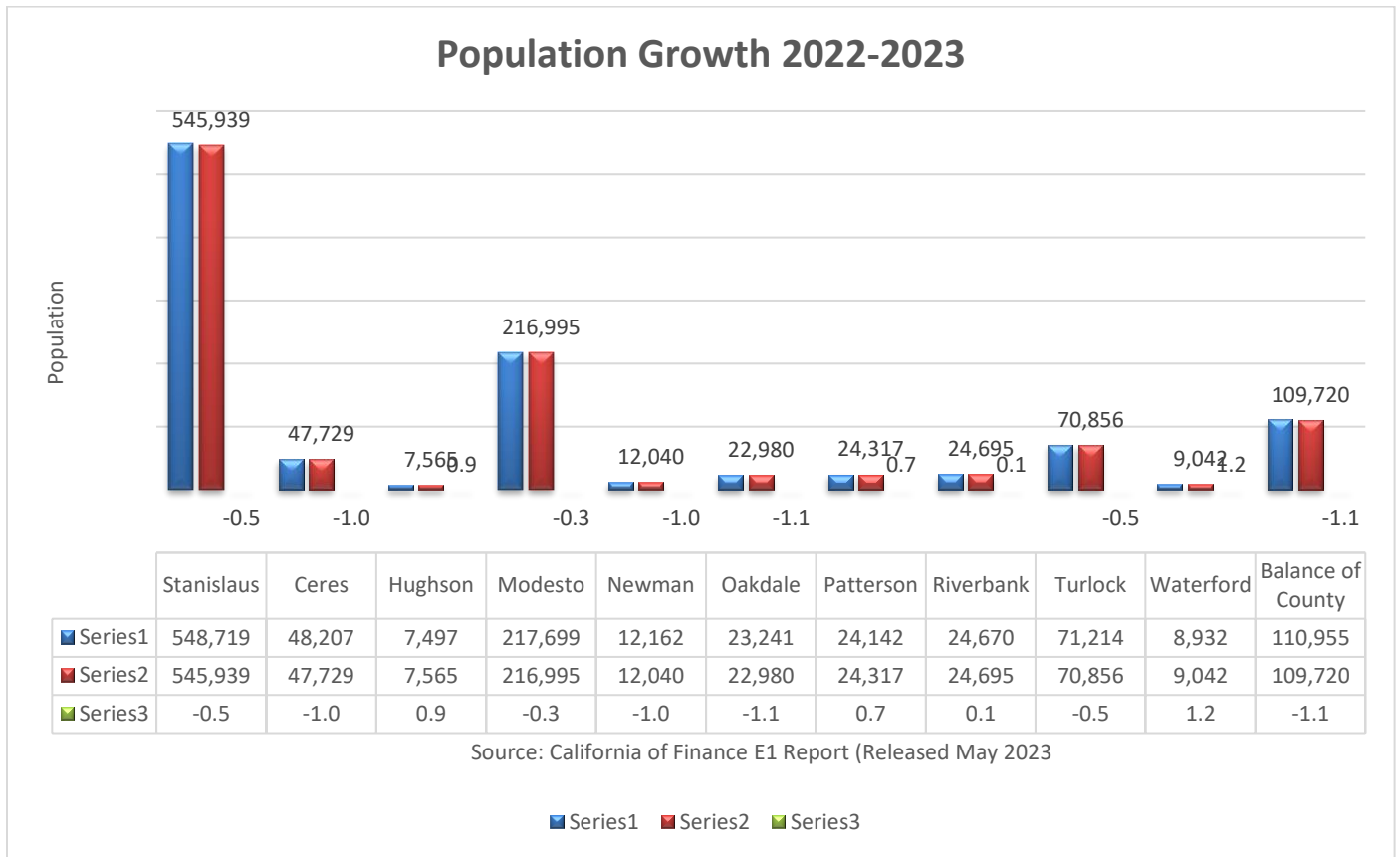
**Growth**

Stanislaus County has decreased an estimated -0.5% between 2022 and 2023 and is projected to reach 581,308 by 2025. 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.

**Stanislaus County Population Trends**



Source: California Department of Finance P2A Report as of July 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, 2022, to January 1, 2023, 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 decreased by -0.5%.

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

City	2/1/2020	1/1/2021	1/1/2022	1/1/2023	% Change 1 Year	% Change 4 Years
Ceres	48,998	48,627	48,207	47,729	1.0%	0.0%
Hughson	7,469	7,497	7,497	7,565	0.9%	1.7%
Modesto	219,025	218,699	217,699	216,995	0.3%	2.4%
Newman	12,356	12,264	12,162	12,040	0.2%	5.1%
Oakdale	23,177	23,282	23,241	22,980	1.1%	3.2%
Patterson	23,695	23,658	24,142	24,317	0.7%	4.8%
Riverbank	24,809	24,825	24,670	24,695	0.1%	1.8%
Turlock	72,085	71,475	71,214	70,856	(0.3%)	0.9%
Waterford	9,099	9,025	8,932	9,042	1.2%	1.2%
Unincorporated	440,713	439,352	437,764	436,219	0.0%	(0.2%)
<b>County Total</b>	<b>552,878</b>	<b>551,353</b>	<b>548,719</b>	<b>545,939</b>	<b>0.2%</b>	<b>1.7%</b>

Source: California Department of Finance E4 report as of May 2023

### Criterion 1: Commitment to Behavioral Health Equity Plan

As delineated in Culturally and Linguistically Appropriate Services (CLAS) Standard 2, 3, 4, 9, and 15 and in support to Criterion 1;

Policies, procedures, or practices reflect steps taken to fully incorporate the recognition and value of racial, ethnic, cultural, and linguistic diversity within Stanislaus County Behavioral Health System and 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.



BHRS is committed to providing culturally competent services to our staff and clients. Our plans and efforts to reach individuals of diversity 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 and Recovery Services (BHRS) Vision, Mission, and Values**

#### **Vision**

Our vision is to continue to be a leader in behavioral health and to be recognized for excellence in our community, state, and nation.

#### **Mission**

In partnership with our community, our mission is to provide and manage effective prevention and behavioral health services that promote our community's capacity

#### **Organizational Values**

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 clients.

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 inclusion, ethnicity, diversity, and 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 aid 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.

**Behavioral Health Equity Committee (BHEC)**

The Department is committed to strategies that embrace cultural diversity, inclusion, 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 by 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 of Spanish. As seen in the 2022-2023 table below, BHRS has 265 full-time clinical provider staff, and of those, 84 or 32% are bilingual. Going forward, BHRS will continue to monitor this data to ensure that consumers are able to access services that are culturally and linguistically appropriate.

<b>Bilingual Staff in Clinical Provider Roles</b>	<b>Number of FTE Allocated Positions</b>	<b>Number of Bilingual Staff</b>	<b>Percentage</b>
Behavioral Health Specialist I/II	99	42	42%
Clinical Services Technician I/II	44	11	25%
Mental Health Clinician I/II/III	96	30	31%
Psychiatric Nurse I/II	22	1	5%
Psychiatrist	4	0	0%
<b>Total Direct Service Staff</b>	<b>265</b>	<b>84</b>	<b>32%</b>

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, inclusive, and ethnic communities.

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 Questioning Intersex Asexual and Two-Spirit (LGBTQIA+/2S) and other diverse communities. These partnerships, supported by MHSA Prevention funding, have continually provided community feedback to BHRS on 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, otherwise known as Community Behavioral Health Outreach Workers (CBHOWs), as part of the MHSA Prevention component. The program works at the community level to provide social support and guidance for individuals who may be isolated or in need of services. Promotora/CBHOWs are trusted community members who can facilitate referrals to mental health services.
- BHRS expanded the Promotora/CHBOW model and approach by developing a Community Collaborative Plan that offers small/micro-BHSA 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, which include historically unserved and underserved residents. These funding opportunities range from \$2,000 to \$20,000. In addition, BHRS has been working with key Community Collaborative partners to facilitate community conversations with peers/consumers and the public to develop strategies to strengthen access to treatment services.

## Behavioral Health Equity Projected Outcomes for Recommendation

### How might we provide services and support that are Equitable?

#### **Equitable Themes**

- Clients have a safe and supportive community and program space, accessible beyond regular business hours.

- Clients are provided with 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. After creating the data to review disparity we will develop a system how we can increase services to our underserved community along with educating our clients. The Behavioral Health Equity manager is working with the Workforce Development and Training Manager to implement training to the community and BHRS staff. BHRS will ensure that documents are available in threshold languages, to educate BHRS staff and collaborative partners to sustain accurate and reliable consent forms. BHRS will be transitioning to a new Electronic Health Record (EHR) on July 1, 2023, and this work will not begin until migration is complete in Fiscal Year 2023-2024. Review the informed consent documents for opportunities to improve availability of documents in threshold languages. BHRS is working collaboratively with programs to have documents in various languages to better serve clients. The consent form is currently offered in Spanish, and BHRS is exploring opportunities to expand the form in various other languages after implementation of the new EHR. Develop guidance for BHRS Senior Leadership on best practices for referrals and program transfers for diverse populations to reduce confusion for clients and ensure timely continuity of care. BHRS will begin exploring options once transition to the new EHR is complete.
- Programs have expanded 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. As part of the Strategic Plan, BHRS planned to incorporate this recommendation in several areas, and expanded operating hours have now been implemented in the following systems of care and programs:
  - Behavioral Health Wellness Center
  - Adult System of Care
  - Children's System of Care
  - Housing Support Services
  - Behavioral Health Outreach and Engagement
  - Substance Use Disorder System of Care

### 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. In September 2022, the Access line and the Behavioral Health Crisis and Support Line (BHCSL) were merged to create one front door and make it easier for community members to access services when needed. BHRS has been actively reaching out to

unserved and underserved populations to inform county residents that behavioral health services are available from BHRS, managed care plans, private health insurance plans and community-based organizations. BHRS has made significant effort in ensuring that the community is educated on how to access behavioral health care when needed.

- Staff ensure clients understand the assessment and treatment process. BHRS has increased training for BHRS staff and collaborative partners in cultural competence to better serve clients.
- Referral information is accurate and up to date. BHRS has a process in place to verify the accuracy of provider information monthly.
- Community Resource information is accurate and up to date. The Behavioral Equity Manager, MHSA Manager, and with the PEI Manager, the Workforce Development and Training Manager, and supporting staff work collectively to educate, inform, and train the community, collaborative partners, and BHRS staff. BHRS has increased the number of Cultural Competence training courses that are available, which includes the CLAS Standards, and offers a robust training program for BHRS staff, contract partners, collaborative partners, and community members.
- BHRS Cultural Competence policy requires eight hours of Cultural Competence annually for all BHRS and our collaborative partners.

#### **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. BHRS has begun drafting these documents and will provide an update in future.
- Develop referral database that is updated regularly and tested for accuracy. BHRS has not yet begun to address this recommendation.
- 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 while clients wait for assessment. BHRS has not yet begun to address this recommendation.
- Develop Spanish language treatment summary as a proxy for a printed treatment plan. BHRS is exploring the capability of the new EHR to address this recommendation.
- Develop target of the percentage of clients that will receive treatment services in their preferred language without interpreter. BHRS has not yet begun to address this recommendation.
- Define the number of staff that speak threshold language to meet the needs of the community. BHRS has committed to developing a list of current BHRS staff who are bilingual. As of September 2023, the Department had 133 Spanish speaking staff and staff that speak a variety of other languages, as outlined in the table below. BHEM and a staff service coordinator are in the process of getting certified as Spanish Interpreters for BHRS. The BHEM will take the lead in providing interpreter training annually. Our BHRS workforce development is committed to continuing to expand culturally and linguistically appropriate services to create an inclusive atmosphere to ensure sure clients are serviced

in their primary language. BHRS has begun to research the possibility of adding interpretation resources via a contracted agency.

	Assyrian	Cambodian	Hindi	Hmong	Laotian	Punjabi	Spanish	Grand Total
<b>Total Number of Bilingual Staff</b>	<b>5</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>133</b>	<b>151</b>
Total Number of Allocated Full Time Equivalent (FTE) Positions as of 2023 Adopted Budget								492
% of Allocated FTEs with Bilingual Capabilities								31%

How might we provide services and supports that are Respectful?

**Respectful Themes**

- Staff speak to clients nicely and with respect, creating a caring and supportive therapeutic relationship.
- Program environments are welcoming, inclusive, and reflect the diversity found in our community.
- Staff are trained and have concrete strategies and tools to engage clients in a culturally appropriate manner.

**Recommendations for Respectful Services**

- Develop guidance with concrete examples of best practice communication with diverse community populations that strengthen the clinical and client relationship. The Behavioral Health Equity Manager has begun to research training programs that would address this recommendation.
- Develop guidance on a standard program space decoration, marketing materials, and office setup that reflects the diversity of clients and the community. The Behavioral Health Equity Manager has begun touring program sites to assess reception and workspaces to address this recommendation. The Prevention team has created marketing materials for services in Spanish. The Human Resources team is in the process of developing marketing materials for recruitment purposes.

**Behavioral Health Equity Manager**

The Behavioral Health Equity Manager (BHEM) is responsible for ensuring that the County meets cultural and linguistic competency 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 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 programs are adhering to and further developing the initial recommendation CLAS standards.

Additionally, the BHEC and BHEM will support the Department's efforts to launch 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. BHRS has updated and implemented a required eight-hour Cultural Competence training. In addition, the Department will work with local diverse Prevention Community Collaboratives (PCC) 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 PCC 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 PCC 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 support for clients and families, and how treatment providers can connect clients to these community supports. The PCC includes, but is not limited to:

- Stanislaus Asian America Community Resources
- LGBTQIA+/2S Collaborative
- NAACP
- Assyrian Wellness Collaborative
- Jakara Movement
- Peer Recovery Art Project
- Khmer Youth of Modesto
- Cricket's Hope
- MJC Latina + LGBTQ
- MoPRIDE
- Youth for Christ
- Promotores/CBHOW
- Youth Empowerment Program
- Community-based Continuum of Care Project
- LGBTQIA+/2S Collaborative Youth Support groups

## Criterion 2: Updated Assessment of Service Needs

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 in the Central Valley and is 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 soil 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 fifth 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%) are 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 and are outlined in the table below.

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.

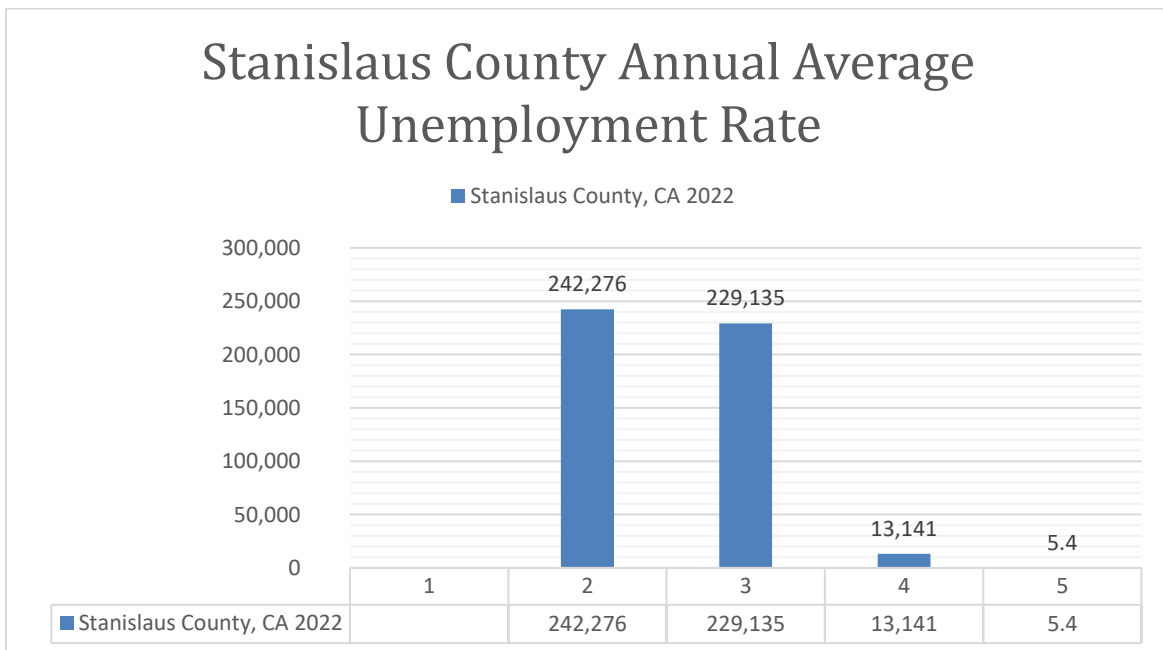
The healthcare sector is the fastest growing sector in the County and a significant contributor to the local economy.

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

### Unemployment Rate

The County’s annual unemployment rate averaged 5.4% in 2022, 0.7% less than the average of the eight benchmark counties which include Sacramento, San Joaquin, Merced, Fresno, Tulare, Bakersfield, Madera, and Monterey.



Unemployment rates in the Central Valley are historically higher than the national average which is currently 5.8%. High unemployment rates mean more people receiving government assistance, thus placing a greater strain on local public resources.



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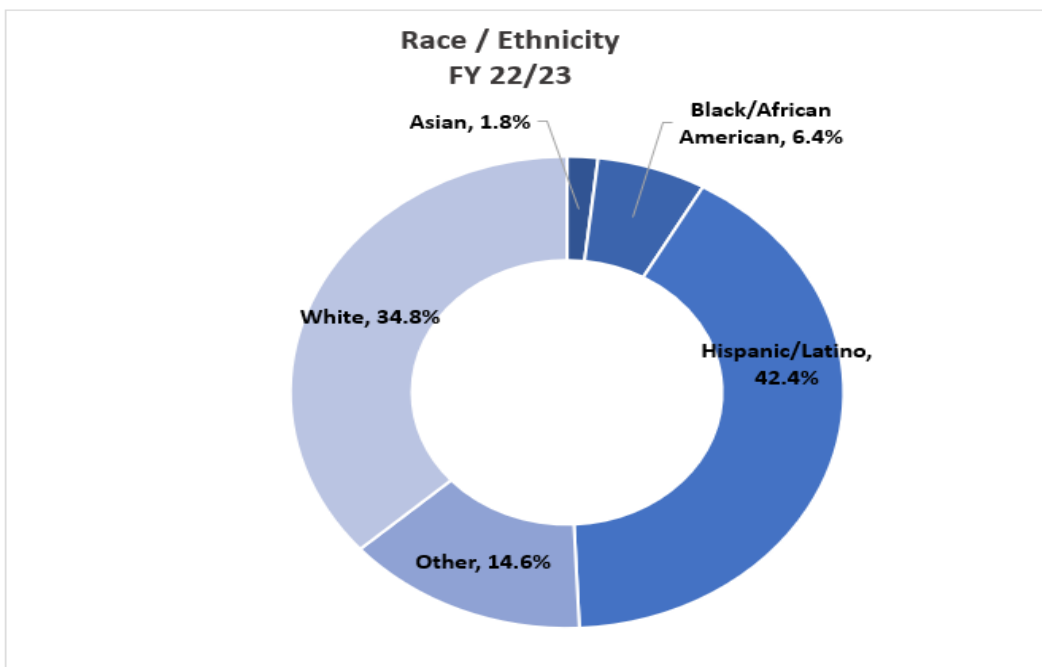
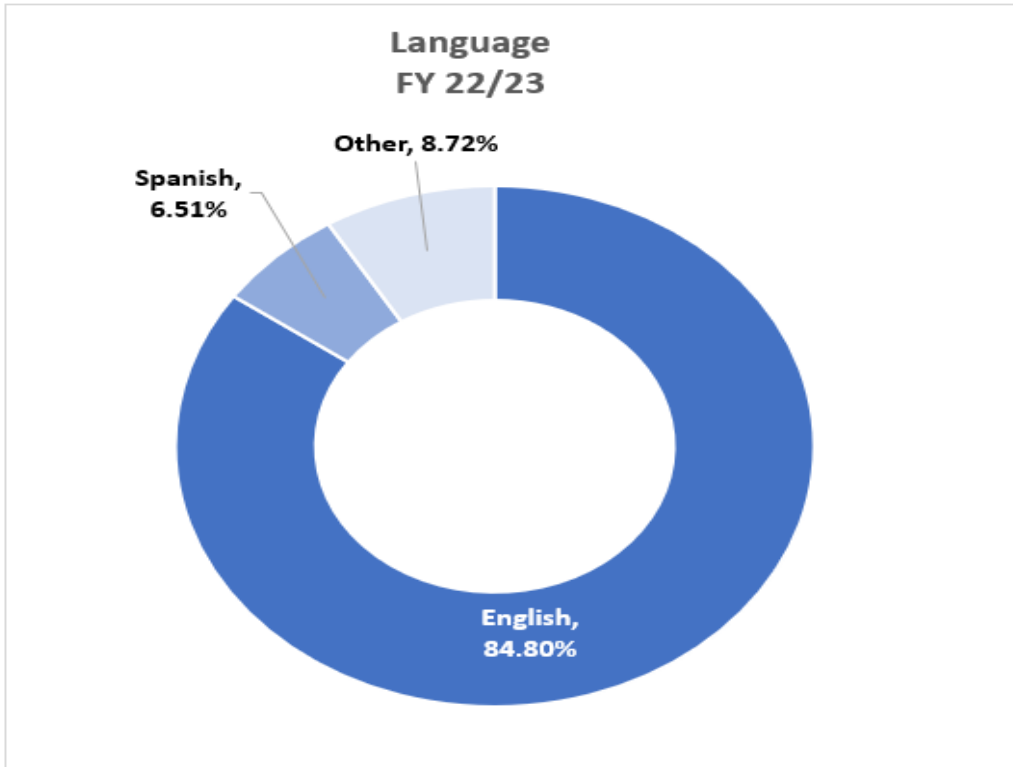
### Mental Health and Substance Use Disorder Services

FY 2022-2023, BHRS served 10,097 individuals; 8,628 individuals received mental health services and 2,269 received substance use disorder services. Individuals who received both services are included in the mental health count and the substance use disorder count. The following information shows age categories of the clients that received services in Fiscal Year 2022-2023.

Age breakdown:

- 0-5: 3.56% or 359 individuals
- 6-17: 30.97% or 3,127 individuals
- 18-24: 9.67% or 976 individuals
- 25-34: 17.93% or 1,810 individuals
- 35-44: 15.70% or 1,585 individuals
- 45-64: 19.30% or 1,949 individuals
- 65-75: 2.58% or 261 individuals
- 76+: 0.30% or 30 individuals

The following charts show the language and race/ethnicity percentages of the individuals who received BHRS services in Fiscal Year 2022-2023.



The Strategic Plan to Reduce Mental Health Disparities highlights the importance of building on community assets to reduce disparities and it is consistent with BHRS' continued support of the Promotores/CBHOW and Cultural Collaborative Programs. These programs continue to strive to reduce the stigma around accessing behavioral health services and build trust within diverse communities. By establishing community relationships, BHRS 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 outreach, education, collaboration 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 2022-2023 data and shows population by region, race/ethnicity, and age groups, serious mental illness by groups and service utilization by groups. The prevalence of mental illness in Stanislaus County is estimated to be 5.75% of the population. With a population of 551,430 the prevalence rate indicates that 30,507 people need mental health services across the county. In fiscal year 2022-2023, Behavioral Health and Recovery Services served 10,097 people, leaving an estimated 23,641 across the County regions with a potential unmet need, if they are not accessing mental health services through a managed care plan, private health insurance plan, or other community-based organization.

MHS 1627 - Stanislaus County Mental Health Service Utilization

(FY 22/23)

	Estimated Census Population	Incidence in the Population	Unduplicated Clients Served	% of Total Clients Served	% Needs Met	Inpatient Services Units of Svc Days	Unique Clients	Outpatient Services Units of Svc Hrs	Unique Clients	Day Services Units of Svc Days	Unique Clients
<b>Region</b>											
Ceres	71,742	13.5 %	661	9.5 %	0.9%	7,857	167	19,271	643	0	0
Eastside	65,194	12.3 %	632	9.0 %	1.0%	7,197	179	23,238	611	0	0
Modesto	260,462	49.1 %	4340	62.1 %	1.7%	54,756	1201	148,000	4213	0	0
Turlock	92,135	17.4 %	1012	14.5 %	1.1%	10,889	223	48,865	991	0	0
Westside	41,028	7.7 %	349	5.0 %	0.9%	3,332	83	11,084	336	0	0
	530561	100%	6994	100%	1.3%	84031	1853	250,458	6794	0	0
<b>Race/Ethnicity</b>											
Asian	28,764	5.4 %	45	0.6 %	0.2%	142	10	1,438	45	0	0
Black/African American	14,505	2.7 %	483	6.9 %	3.3%	7975	144	19,657	465	0	0
Native American/Alaska Native	3,467	0.7 %	70	1.0 %	2.0%	671	21	3,985	68	0	0
Other/Unknown	87,762	16.5 %	3955	56.5 %	4.5%	40292	956	131,557	3860	0	0
White Including Hispanic	396,063	74.6 %	2441	34.9 %	0.6%	34951	722	93,821	2356	0	0
	530561	100%	6994	100%	1.3%	84031	1853	250,458	6794	0	0
<b>Hispanic Origin</b>											
Hispanic or Latino	234,995	44.3 %	6994	100.0 %	3.0%	84031	1853	250,458	6794	0	0
	530561	100%	6994	100%	1.3%	84031	1853	250,458	6794	0	0
<b>Age Group</b>											
0-17	145,560	27.4 %	2665	38.1 %	1.8%	10258	263	103,912	2654	0	0
18-59	293,918	55.4 %	3900	55.8 %	1.3%	67943	1508	127,769	3723	0	0
60+	91,083	17.2 %	430	6.1 %	0.5%	5830	82	18,777	417	0	0
	530561	100%	6994	100%	1.3%	84031	1853	250,458	6794	0	0

Results are based on the time frame of 7/1/2022 through 6/30/2023 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 0530, 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.  
Reports ran after FY 20/21 will show 0s in the Day Services column due to there being no Day Services provided.

In Fiscal Year 2022-2023 the BHEC reviewed program data throughout the year and several recommendations were discussed regarding updating data tables to include Sexual Orientation and 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. BHRS is in the process of exploring the capabilities of the new EHR to address this recommendation. This is an ongoing development process to be able to collect SOGI data.

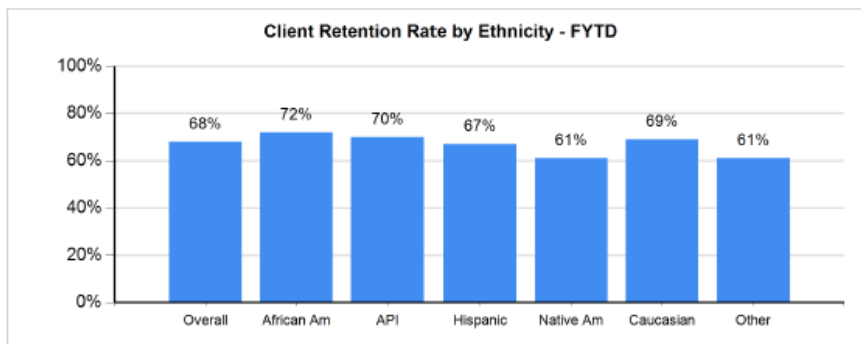
**Mental Health Client Retention by Ethnicity**

The “Mental Health Client Retention by Ethnicity” table for Fiscal Year 2022-2023 depicts the percentage of clients who received three or more visits within three months after starting to receive services. Data is shown by race/ethnicity on a quarterly basis.

MHS728 Mental Health Client Retention by Ethnicity

FY 2022/2023

Qtr	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 2022/2023	1280	73%	98	81%	37	73%	592	73%	17	71%	434	73%	102	69%
Q2 FY 2022/2023	1502	73%	114	72%	40	68%	680	73%	13	62%	533	77%	122	63%
Q3 FY 2022/2023	1232	69%	77	64%	43	72%	560	70%	23	65%	416	71%	113	62%
Q4 FY 2022/2023	1344	69%	87	75%	43	79%	642	68%	16	56%	468	71%	88	67%
YTD FY 2022/2023	4013	68%	275	72%	121	70%	1897	67%	49	61%	1362	69%	309	61%



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 qualifying services (not included in denominator for rates).  
 MediCal Only

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 must 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, misdiagnosis, and unwelcome feelings potentially further impacting health if services are discontinued. BHRS continues to provide Cultural Competence Core trainings to address these areas of cultural competency, which include health literacy, language assistance, and providing a welcoming environment.

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 for Stanislaus County from 2021 (most current), of the 331,349 population that is 25 years and over, 7.8% have an associate 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 3<sup>rd</sup> 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.

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

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 and Treatment Perception Surveys**

BHRS Leadership reviewed the results of the SUD Treatment Perception Survey in October 2022 and the Mental Health Consumer Perception Survey in May 2023. 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 individuals served. The surveys are collected in English and Spanish.

The tables below show data related to the number of clients who completed the Perception Surveys.

#### **Mental Health Consumer Perception Survey - May 2023**

Subscale	N	English	Spanish	Answered	Agreed	Favorable
Access	764	709	55	2362	2047	87%
Satisfaction	764	709	55	3698	3156	85%
Participation	763	709	54	1945	1682	86%
Outcomes	764	709	55	4550	2978	65%
Functioning	764	709	55	3498	2309	66%
Connectedness	764	709	55	2795	2250	81%
Quality and Appropriateness	243	238	5	2016	1800	89%
Cultural	520	471	49	1899	1752	92%

#### **SUD Treatment Perception Survey - October 2022**

Subscale	N	English	Spanish	Answered	Agreed	Favorable
Access	927	920	7	3129	2732	87%
Satisfaction	927	920	7	2399	2149	90%
Participation	927	920	7	793	700	88%
Connectedness	927	920	7	4000	3472	87%
Outcomes	927	920	7	1575	1293	82%
Functioning	927	920	7	1564	1350	86%



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 Behavioral Health Equity Committee (BHEC). BHEC 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. BHEC will annually assess whether the current roster reflected the evolving diverse community profile, added recent partnerships established the PEICC projects, and continue to partnership with the committee with 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 will hire a Chief IV Integrated Services that would be responsible for BHE, MHSA, Workforce Development and PEI where planning process by providing a forum for the BHEC to review MHSA program data to assess disparities for MHSA priority populations. In FY21-22, 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 and 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 BHRS Leadership, Contract partners who operate programs, BHEC and other stakeholders to access data in a timelier and more user-friendly format.



The “No Show” report is utilized by BHRS Leadership and 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 BHRS Quality Improvement Committees to discuss any areas of concern.

**Criterion 5,6, and 7: Culturally Competent Training Activities / County’s Commitment to Growing a Multicultural Workforce, Language Capacity**

For these criteria, 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 develops recommendations on strategies to strengthen BHRS’ diverse workforce practices and policies. BHRS participates in

Cultural Week for the month of October. The week-long culture program provides an opportunity for BHRS staff to deepen their understanding of cultural diversity. BHRS participates with each department celebrating our culturally diverse staff with activities in arts, music, traditional food recipes, traditional wear and decorating their lobbies with traditional cultural decorum. This day aims to raise awareness of the importance of respecting and preserving cultural diversity within BHRS and community.

The following table depicts the breakdown of BHRS staff by function. The information below does not include data from BHRS contracted programs. BHRS is working towards starting a process how to get data from our contracted partners. BHEM will develop a process to gather contracted partners data and information needed for delivery of services for our marginalized populations. BHRS contracted partners are responsible to develop their own plan, activities, P & P’s, and monitor their data to be able to connect and share with the BHEM.

**BHRS County Staff  
Ethnicity and Language Report  
between 7/1/2022 and 6/30/2023**

<i>Ethnicity Totals by Function</i>						
	<i>County Population</i>	<i>Overall Staff</i>	<i>Admin/ Management</i>	<i>Direct Svcs</i>	<i>Support Svcs</i>	<i>NA</i>
Asian	26864	55	7	41	14	6
Black/African American	12654	26	4	20	6	3
Hispanic	225987	227	27	153	80	10
Native American/Alaska Native	2069	7	2	6		
Other/Unknown	56601	35	3	39	7	1
White	206386	232	38	183	59	14
<b>Total Population</b>	<b>530561</b>	<b>582</b>	<b>81</b>	<b>442</b>	<b>166</b>	<b>34</b>
<i>Language Totals by Function</i>						
	<i>County Population</i>	<i>Overall Staff</i>	<i>Admin/ Management</i>	<i>Direct Svcs</i>	<i>Support Svcs</i>	<i>NA</i>
Assyrian		7	2	6	1	
Cambodian		9	2	9		
English	290578	383	53	303	106	21
Filipino Dialect		4	1	2	2	
Hindi		6	2	4		1
Hmong		1		1		
Laotian		2		2		1
Other	24161	1		1		
Portuguese		2		2		
Punjabi		2	1	1		1
Russian		1		1		
Spanish	158364	164	20	109	56	9
Swedish		1		1		
Thai		1				1
Vietnamese		1			1	
<b>Total Population</b>	<b>473103</b>	<b>585</b>	<b>81</b>	<b>442</b>	<b>166</b>	<b>34</b>

*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: Afghan, 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*

Stanislaus Behavioral Health Recovery Services is committed to equity, diversity, and inclusion. Services aim to empower all community members throughout their journey towards wellness and recovery. It is also of equal importance for BHRS to improve access to quality care for

underserved and under-represented ethnic and minority populations who have been historically marginalized by health care systems. The Department values the importance of employing staff who possess culturally and linguistically diverse life experiences and expertise to ensure the workforce is responsive and fosters innovation and positive outcomes for the people served.

### Training Plan and Trainings

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

Organizations 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, and more.

#### Trainings Offered in Fiscal Year 2022-2023

- 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 Effects of COVID on Mental Health
- Adverse Impacts of COVID-19 on Children with Serious Mental Emotional Disorders
- California State University Stanislaus 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
- 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
- Conference on First-Episode Psychosis with Culturally Informed Care
- Homelessness Summit
- Talking About Race and Racism with Clients; Challenges, Benefits, and Strategies for Fostering Meaningful Dialogue
- Minority Mental Health, Racial Trauma, and Cultural Competency
- Suicide Prevention Summit
- Therapeutic Support When Working with Young Children (0-5) and Caregivers in a Virtual Setting

- Evidence-Based Practices Symposium
- Complex Trauma Workshop the Connection Between Mental Health COVID-19 and Social Unrest

### Criterion 7: 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. BHRS Policy and Procedure, Language Assistance Services to Limited English-Speaking Clients and Family Members 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 training will be offered by May 2024 by the BHEM, 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 at 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. BHRS currently has an eight-hour interpreter training for 134 bilingual paid staff. BHRS currently is training the Behavioral Health Equity Manager and staff to be certified as an interpreter to provide training available throughout the year.

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, 2022, to June 30, 2023.

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