San Joaquin County Behavioral Health Services
2020-21 Annual Update to the 2010 Cultural Competency Plan

San Joaquin County Behavioral Health Services (BHS) continuously seeks to improve by evaluating, strategizing and enhancing service delivery. To meet the prevention, intervention, treatment and recovery needs of San Joaquin County residents, BHS provides a broad range of behavioral health services, including mental health and substance use disorder services, in a culturally competent and linguistically appropriate manner.

The 2020-21 Annual Update to the 2010 Cultural Competency Plan (Annual Update) reviews the efforts of Fiscal Year (FY) 2019-2020 and guides upcoming efforts for FY 2020-2021. The Annual Update will focus on the eight criteria laid out by the State's Cultural Competency Plan Requirements of 2010.

As a result of the COVID-19 pandemic occurrence during the second half of 2019-2020, the Cultural Competency Committee was unable to meet From March to July, 2020. Many FY 2019-2020 strategies were approved by the Cultural Competency Committee to carryover to FY 2020-2021.

Criterion 1: Commitment to Cultural Competence

(CLAS Standard 2, 3, 4, 9, 15)

FY 2019-2020 Accomplishments: Two significant strategies were implemented to enhance agency commitment to Cultural Competency. These were:

1. Measured and monitored cultural competency standards through the 2019-20 MH and SUD Quality Improvement Work Plans (See Attachment 1 & 2)
2. Agency roll out of the updated online training entitled, "Improving Cultural Competency for Behavioral Health Professionals" by the Federal Office of Minority Health. (See Attachment 3)

BHS began tracking, monitoring and measuring strategies via the BHS MH and SUD QI Work Plan. The addition of this process improved accountability by using measurable objectives in the Annual Update.

BHS was successful in implementing the new four to five hour online training entitled, "Improving Cultural Competency for Behavioral Health Professionals", The training's nine learning objectives include: 1) Describe how culture, cultural identity, and intersectionality are related to behavioral health and behavioral health care; 2) Describe the principles of cultural competency and cultural humility; 3) Discuss how our bias, power, and privilege can affect the therapeutic relationship; 4) Discuss ways to learn more about a client's cultural identity; 5) Describe how stereotypes and microaggressions can affect the therapeutic relationship; 6) Explain how culture and stigma can influence help-seeking behaviors; 7) Describe how communication styles can differ across cultures; 8) Identify strategies to reduce bias during assessment and diagnosis; and, 9) Explain how to elicit a client's explanatory model.

FY 2020-2021 Strategies:

1. Conduct a division-wide and program-specific inventory of Cultural Competency knowledge via the California Brief Multicultural Competence Scale (CMCBS) to identify gaps in the knowledge base of BHS staff members and partners by April 30, 2021. (Strategy Carryover from FY 2019-2020 Plan)

2. Develop an action plan to address findings of the CBMCS Survey by May 31, 2021 (Strategy Carryover from FY 2019-2020 Plan)

Criterion 2: Updated Assessment of Service Needs

(CLAS Standard 2)

FY 2019-2020 Accomplishments: BHS implemented a comprehensive community planning process with these components:

- Seven community discussions about the needs and challenges experienced by mental health consumers, with a focus on the diverse range of consumers served.
- Five targeted discussion groups with mental health consumers, family members and community stakeholders.
- Review of service needs including utilization, timeliness and client satisfaction.
- Cultural Competency Committee presentations to multiple stakeholder groups throughout the BHS System.

BHS reviewed service needs using two methods:

1. The Mental Health Services Act (MHSA) Community Planning Process incorporated discussion with stakeholders on the needs of diverse communities in the County, and gaps in available services. This assessment of service needs is detailed in the 2020-2023 MHSA Three Year Program and Expenditure Plan, pages 8 through 19 (See Attachment 4).
2. Review of San Joaquin County Medi-Cal Approved Claims Data for mental health (MH) and substance use disorders (SUD) utilization, provided by CALEQRO. The data provided by CALEQRO contains Medi-Cal Beneficiaries served by race and ethnicity and penetration rates by age, gender and ethnicity (See Attachment 5).

Through the MHSA Planning Needs Assessment, BHS found that the diversity of its consumers was similar to the distribution in prior years.

- African Americans are enrolled at higher rates compared to their proportion of the general population (17% of participants while comprising 7% of the population of the County).
- Latinos are enrolled at lower rates compared to their proportion of the general population (27% of participants while comprising 42% of the population) – though this rate is up slightly from prior years.
- Participation amongst children and youth is more reflective of the racial demographics of the overall population, with over a third of services provided to young Latinos (35%), suggesting that while stigma, language or cultural barriers, or access to health care services continue to impeded access for Latino adults with behavioral health needs, more services are reaching the younger Latino populations.
- Survey Input and Stakeholder feedback displayed race/ethnicity data reflective of the BHS client population. Adult survey respondents were more likely to be African American, Asian, or Native American than is reflective of the general population of the County.
- Feedback from self-reported demographics indicated that adult consumers represented 10% self-identified as lesbian, gay, bisexual, transgender, queer/questioning, or intersex (LGBTQQI).

Data provided by CALEQRO for MH Medi-Cal Beneficiaries indicated the following:

- The penetration rate for individuals 60+ continues to be higher than the statewide average, similar to the previous year.
- The penetration rate for Asian/Pacific Islanders is higher than the statewide average, similar to the previous year.

- The penetration rate for Latino/Hispanic communities (2.91%) is lower than the statewide average of 4.08% but nearly on par with the rate of other medium-sized counties (3.04%).

Data provided by CALEQRO for SUD Medi-Cal Beneficiaries indicated the following:

- The penetration rate for individuals 65+ is higher than statewide average, similar to the previous year.
- The penetration rate for African-Americans is higher than statewide and medium sized counties averages, similar to the previous year.
- The penetration rate for Latino/Hispanic communities (1.03%) is higher that the statewide average (.66%).

FY 2020-2021 Strategies:

- BHS will again host a series of MHSA community planning discussions on the needs and challenges experienced by mental health consumers, with a focus on the diverse range of consumers served, by January 31, 2021.
- BHS will develop online and paper needs assessment surveys to reach individuals who are unable to attend community planning sessions, or who may be unwilling or unable to provide public comment in person at meetings, by January 31, 2021.
- BHS will distribute and collect needs assessment surveys by February 15, 2021.
- BHS will complete an annual MHSA assessment of needs by February 29, 2021.
- BHS will conduct a series of planning discussions on the needs and challenges experienced by SUD consumers, with a focus on the diverse range of consumers served by May 31, 2021.
- Develop online and paper needs assessment surveys to reach individuals who are unable to attend SUD community planning sessions or who may be unwilling or unable to provide public comment in person at meetings by May 31, 2021. (Strategy Carryover from 19-20 Plan)
- Distribute and collect SUD needs assessment surveys by June 15, 2021. (Strategy Carryover from 19-20 Plan)
- Complete an annual SUD assessment of needs by June 30, 2021. (Strategy Carryover from 19-20 Plan)
- To follow-up on its CLAS survey with a more robust survey to be administered to all staff, a division-wide and program-specific inventory of Cultural Competency knowledge via the CBMCS to identify gaps in the knowledge base of both MH and SUD staff members and community partners will be administered to all staff by April 30, 2021. (Strategy Carryover from 19-20 Plan)
- Develop strategies and an action plan to address CBMCS findings by May 31, 2021. (Strategy Carryover from 19-20 Plan)

Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Disparities

(CLAS Standard 1, 10, 14)

FY2019-20 Accomplishments

- Second Year Evaluation Report was completed by the UC Davis Behavioral Health Center for Excellence to highlight successes, deficiencies and recommendations for upcoming year.

As of May 2020, a total of 748 individuals have either been referred or self-referred to receive services delivered as of part of the Homeward Bound Initiative, an increase of 303 clients (+68%).The Homeward Bound Behavioral Health Assessment and Respite Center opened in June 2018 as a "friendly front door" to services for individuals who are unlikely to access MH and SUD services from the public behavioral health system. Community Medical Centers (CMC) is a local non-profit community health care provider and a Federally Qualified Health Center (FQHC). This lead project partner was selected based on a long standing reputation in the community for serving racial and ethnic minorities, having started over forty years ago providing health care services in the fields to migrant farm workers. CMC has grown to a network of 12 community clinics serving over 80,000 patients. Ninety-seven percent of patients are low-income and 83% identify as ethnic or racial minorities.

Population rate of selected Races and Ethnicities in San Joaquin County, and Service Utilization Rates across BHS and the Homeward Bound Initiative :

Race and Ethnicity in San Joaquin County	Population rate across San Joaquin County[1]	San Joaquin BHS Service Utilization	Homeward Bound Service Utilization
White (non-Hispanic)	31%	38%	40.4%
Hispanic/Latinx	41.9%	24%	25.6%
Asian	15.7%	11%	5.5%
African American	7%	19%	10.3%
Other	4%	8%	9%

Engagement in mental health treatment and SUD counseling is relatively consistent across all racial and ethnic groups for both mental health treatment and SUD counseling. CMC has been successful at achieving equity in long-term engagement across all racial and ethnic groups so far. The number of Black/African American and Hispanic/Latinx clients referred to Homeward Bound remains lower than the population rates of these group in San Joaquin County, but engagement with these racial and ethnic groups has remained consistently close to 30% of new referrals (until a recent downturn in the first half of 2020, which may be partly a result of the ongoing pandemic's disparate effect on Black/African American and Hispanic/Latinx populations in San Joaquin County.

FY 2020-2021 Strategies:

- The Cultural Competency Committee will review data from the Second Year Evaluation Report related to race and ethnicity to provide recommendations for further engagement of the Latinx and Asian population, by April 30, 2021.
- BHS will implement any needed adjustments to the activities of the Assessment and Respite Center in the annual contract renewal process, by June 30, 2021.

Criterion 4: County Systems Client/Family Member/Community Committee:

(CLAS Standard 13)

BHS has two avenues to address the cultural competence of its staff and services:

1. The Cultural Competency Committee comprised of BHS staff, consumers/family members, and other stakeholders.
2. The MHSA Consortium, established in 2007, comprised of a variety of stakeholders: representatives of community based organizations, consumers and family members, community members and BHS staff.

The Cultural Competency committee was developed in accordance with the requirements of Title IX, CA Code of Regulations, Chap. 11, Article 4 Section 1810.410, (b). BHS policy states that:

1. BHS shall maintain a Cultural Competence Committee that has representation from management staff, direct services staff, consumer, community members and representatives of cultures from the community
2. The Cultural Competence Committee shall meet regularly to review the BHS adherence to the BHS Cultural Competency Plan by reviewing goals and objectives and make appropriate recommendations to BHS Administration regarding management and service provision as it relates to cultural and linguistic services.
3. The Cultural Competence Committee shall elicit, suggest, review, monitor and support strategies to increase penetration and retention rates for identified community groups.
4. The Cultural Competence Committee will collaborate with the MHSA Consortium and organizations representing various groups within the community.

The MHSA Consortium meets monthly to discuss community-wide behavioral health services in a framework of cultural diversity. Many meetings include presentations on services for diverse racial and ethnic communities and include agenda items focused on cultural competence and language proficiency. The Co-Chair of the Cultural Competency Committee is responsible for planning the Consortium activities along with community stakeholders. The MHSA Consortium has become a vehicle through which the Cultural Competency Committee informs stakeholders about BHS Cultural Competency efforts.

FY 2019-2020 Accomplishments: The Cultural Competency Committee achieved significant successes with the development of two major projects:

- Continuous engagement of SUD services staff at the Cultural Competency Committee
- Implemented new online Cultural Competency Training

FY 2020-2021 Strategies:

- Host a minimum of eight meetings with representation from management staff, direct services staff, consumers, community members and representatives of culture from the community, by June 30, 2021. (Strategy Carryover from 19-20 Plan)
- Elicit, suggest, review, monitor and support at least two new strategies to increase penetration and retention rates for identified community groups by June 30, 2021. (Strategy Carryover from 19-20 Plan)
- Recruit consumer representation from SUD Services to the Cultural Competency Committee
- Collaborate with the Consortium by disseminating Cultural Competency information and strategies at five Consortium meetings by June 30, 2021. (Strategy Carryover from 19-20 Plan)

Criterion 5: County Culturally Competent Training Activities

(CLAS Standard 4)

FY 2019-2020 Accomplishments:

- Implemented new online Cultural Competency Training
- Cultural Competency presentations via QAPI and the MHSA Consortium

To ensure that the cultural competence training is widely available and to track employee compliance with training participation, BHS developed an online training that could be taken at each employee's convenience, and for which participation could be tracked electronically. In an effort to enhance cultural competency training, the Cultural Competency Committee reviewed and recommended a new online training for BHS

entitled, “Improving Cultural Competency for Behavioral Health Professionals,” developed by the U.S. Department of Health and Human Services – Office of Minority Health.

The e-learning program covers:

1. Connections between culture and behavioral health
2. The impact of cultural identity on interactions with clients
3. Ways to engage, access, and treat clients from diverse backgrounds
4. Teaches how to better respond to client’s unique cultural and communication needs

FY 2020-2021 Strategies:

- Expand Cultural Competency Training agency wide by providing Train-the-Trainers for the Health Equity Multicultural Diversity Training from the California Institute for Behavioral Health Services (CIBHS). (Strategy Carryover from 19-20 Plan)

Criterion 6: County Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

(CLAS Standard 7)

FY 2019-2020 Accomplishments:

- BHS SUD Division increased Spanish Speaking Staff from 1.0 FTE to 4.5 FTE.
- BHS Hispanic staff members increased by 37 employees, increasing the percentage of Hispanic staff by 4% from the previous year.

BHS monitors development of a multicultural workforce via CalEQRO Data and BHS Utilization along with Staff Ethnicity and Language Reports. The table below compares proportionate BHS Employment Data to client data from CALEQRO MH and SUD Beneficiary Data, and United States Census data. Data shows that BHS Hispanic staff are lower in proportion to Hispanic clientele.

	BHS staff (Number)	BHS staff %	MH Medi-Cal Beneficiaries % (CALEQRO CY2019)	SUD Medi-Cal Beneficiaries % (CALEQRO FY18-19)	County % (Census)
Caucasian/White	221	31%	16.7%	28.8%	31.8%
Hispanic	234	33%	45.9%	46.3%	41.6%
Asian/Pacific Islander	132	18.4%	14.8%	1.5%	16.7%
Black/African American	90	13%	9.6%	14.5%	8.2%
Native American	23	3%	.3%	.4%	.5%
Other	15	2%	12.7%	8.5%	1.7%
Total	715	100%	100%	100%	100%

FY2020-2021 Strategies:

- The BHS Cultural Competency Committee in partnership with the Recruitment and Retention Committee will develop strategies for increasing the recruitment of staff from the Latinx/Hispanic communities by June 30, 2021. (Strategy Carryover from 19-20 Plan)

Criterion 7: County System Language Capacity

(CLAS Standard 5,6,8)

FY 2019-2020 Accomplishments:

- BHS continues to maintain an in-house database of language capacity of BHS Staff
- BHS showed improvement in language capacity in Southeast Asian languages.

The BHS Cultural Competency Committee reviewed the language capacity of BHS staff. The data, provided below, shows improvement in language capacity from the previous fiscal year in Cambodian, Vietnamese and Laotian Languages. American Sign Language and Korean are underrepresented languages.

Primary languages spoken by clients and staff	# of Clients	# of BHS Staff Providing Direct Services (2018-19)	Staff to client ratio	# of Clients	# of BHS Staff Providing Direct Services (2019-20)	Staff to client ratio
English	13,717	736	1:19	16,082	698	1:23
Spanish	818	80	1:10	996	68	1:15
Cambodian	391	7	1:56	257	2	1:128
Vietnamese	192	7	1:27	116	5	1:23
Laotian	87	6	1:15	48	0	n/a
Hmong	78	8	1:10	41	5	1:8
Tagalog	6	42	1:1	11	23	1:1
Arabic and Farsi	20	2	1:10	26	3	1:7
Chinese (Mandarin and Cantonese)	16	1	1:16	8	1	1:8
American Sign Language	7	0	n/a	9	0	n/a
Korean	3	0	n/a	4	1	1:4

FY 2020-2021 Strategies:

- The BHS Cultural Competency Committee will partner with the Recruitment and Retention Committee to develop strategies to recruit staff that speak Cambodian, Vietnamese, and Laotian by June 30, 2021.

Criterion 8: County Adaptation of Services

(CLAS Standard 12)

2019-20 Accomplishments:

- Contracts Management includes monitoring contract providers for completion of online Cultural Competency Training.

BHS documented the necessity of cultural and linguistic competency in its contractual requirements (Attachment 6) and monitors contractors to ensure that personnel training is implemented accordingly. BHS has additionally included the requirement for cultural and linguistic competence in each of the project descriptions in its Requests for Proposals (RFP).

FY 2020-2021 Strategies:

- Quarterly reviews of contractor provider services include monitoring the provision of staff training in the areas of cultural and linguistic competency. (Attachment 7)

Attachments:

1. BHS MH QAPI Work Plan
2. BHS SUD QAPI Work Plan
3. Online Cultural Competence Training
4. 2019-20 Annual Update to the Three Year Mental Health Services Act Program and Expenditure Plan, pages 10-21
5. San Joaquin County-specific Data provided by CALEQRO for MH and SUD
6. 2020-21 Boilerplate Contract Language – Cultural Competency
7. 2020-21 Contract Monitoring Tool – Item 6b/6d

Attachment 1: BHS MH QAPI Work Plan

5. Structure and Operations									
5.H. Cultural Competency- The MHP incorporates cultural competency principles in the systems of care to address the beneficiaries' cultural, ethnic, racial, and linguistic needs.									
	Target	Baseline	FY 19/20	FY 20/21	Status (Met/Not Met)	Data Source	Action Plan	Evaluation	Person Responsible
5.H.1	By 6/30/2021, BHS will increase the Hispanic/Latino proportion of staff to 45%.	31% FY18/19	32%			Human Resources	Enact recruitments for language-specific positions. Assess opportunities for recruitment in cultural arenas of the community and implement two strategies.		Administration
5.H.2	As described in the Cultural Competence Plan, 100% of staff and contractors hired during FY19/20 will receive online Cultural Competency Training within 12 months of employment	66% FY18/19 for FY17/18	81% FY 19/20 for 18/19			Department Managers	Managers and supervisors will require new staff to complete online cultural competence training during the initial probationary period.		Ethnic Services Manager/Administration

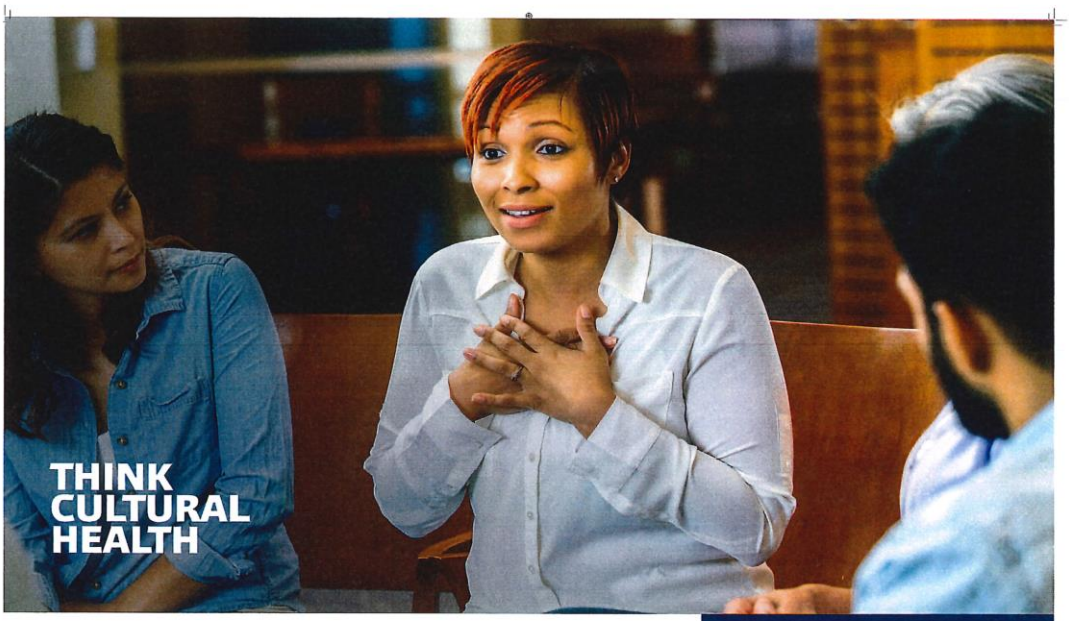
Attachment 2: BHS SUD QAPI Work Plan

Initiative 2: Ensure Access to Care								
#	Target	FY 19/20	FY 20/21	Status (Met/Not Met)	Data Source	FY20/21 Action Plan	Evaluation	Person Responsible
2d	By 6/30/2021 increase penetration rates of Hispanic beneficiaries to 0.82%	0.70%			Penetration data	Maintain the penetration rate at .70% of Hispanic beneficiaries and continue to address ways to increase the penetration rate. Strategies include but are not limited to: 1. Increase the or continue Increase number of Spanish-speaking staff to improve access for monolingual Spanish-speaking clients. 2. Provide staff training on use of Language Line - including additional training on using Language Line for telephone contacts. 3. Provide advertising and resources in Spanish for distribution in prominent		Cultural Competence Committee

Initiative 3: Improve quality of service delivery and beneficiary satisfaction								
#	Target	FY 19/20	F 20/21	Status (Met/Not Met)	Data Source	FY20/21 Action Plan	Evaluation	Person Responsible
3a	By 6/30/2021 increase consumer/family member participation in Cultural Competence Committee, Consumer Advisory Council, and QAPI Council by at least two members each.	CCC - 1 QIC - 1 CAC - 1			Meeting minutes and sign in sheets	BHS will meet with the Consumer Advisory Committee and develop a strategies to increase participation in the Cultural Compliance Committee and Quality Assessment and Improvement Council.		SAS Coordinator Cultural Competency Committee
	By 6/30/2021 at least 50% of "open" BHS SUD clients receiving treatment will participate in Consumer Perception Survey.	21%			UCLA Survey Results	Survey beneficiaries at least annually. Establish improvement objectives based on findings from the survey,		QAPI

Initiative 6: Staff Development and Cultural Competence								
#	Target	FY 19/20		Status (Met/Not Met)	Data Source	FY19/20 Action Plan	Evaluation	Person Responsible
6a	By 6/30/2021 increase number of Spanish-speaking direct-service staff from one FTE to three FTEs.	4.5 FTE			NACT	Review findings in QAPI Council and Cultural Competency Committee to establish recruitment objectives for fiscal year.		Ethnic Services Manager
6b	By 6/30/2021 100% of staff will be trained in Cultural Competence and new staff will complete it within 12 months of hire.	100%			TPS	SUD managers and supervisors to track required staff trainings - including Cultural Competence - and document staff completion. Contractors will be monitored for completion		SAS Coordinator SAS Managers
6c	By 6/30/2021 Cultural Competence Committee will add four new members.	2			Cultural Competence Committee meeting minutes and sign in sheets	BHS will actively promote Cultural Competence Committee, providing increased opportunity for staff participation, and posting information in public areas soliciting consumer/family member participation.		Ethnic Services Manager

Attachment 3:



NEW!

Improving Cultural Competency for Behavioral Health Professionals

Improving Cultural Competency for Behavioral Health Professionals is a FREE e-learning program designed to help behavioral health providers build knowledge and skills related to culturally and linguistically appropriate services (CLAS).

This e-learning program covers:

- Connections between culture and behavioral health
- The impact of cultural identity on interactions with clients
- Ways to engage, assess, and treat clients from diverse backgrounds

AT A GLANCE

- Learn how to better respect and respond to your client's unique cultural and communication needs
- Complete the program on your own time
- Earn up to 5 contact hours at no cost
- Accredited for Licensed Alcohol and Drug Counselors, Nurses, Psychiatrists, Psychologists, and Social Workers

READ MORE:
ThinkCulturalHealth.hhs.gov/education/behavioral-health

OMH U.S. Department of Health and Human Services Office of Minority Health

Attachment 4: 2020-23 Three Year Mental Health Services Act Program and Expenditure Plan, pages 8-19

Community Program Planning and Stakeholder Process

Community Program Planning Process

The BHS community planning process serves as an opportunity for consumers, family members, mental health and substance abuse service providers and other interested stakeholders to discuss the needs and challenges for consumers receiving mental health services and to reflect upon what is working for the diverse range of consumers served. The following activities were conducted to gather information regarding current services and to provide recommendations on the need for updates and revisions.

Quantitative Analysis:

- Program Service Assessment: September 2019 – March 2020
  - Utilization Analysis
  - Penetration and Retention Reports
  - External Quality Review
- Workforce Needs Assessment
- Evaluation of Prevention and Early Intervention Programs for 2018-19

Community Discussions:

- MHSA Showcase of Programs and Services Event
  - September 26, 2019
- Behavioral Health Board Agenda Items
  - December, 2019 Discussion of Revision to the 2019-20 MHSA Plan
  - January, 2020 MHSA Community Planning Meeting
- Public Forums
  - January 8, 2020 at the Behavioral Health Services Campus in Stockton, CA
  - January 21, 2020 at the Larch Clover Community Center in Tracy, CA
  - January 28, 2020 at El Concilio (Spanish) in Stockton, CA
  - February 11, 2020 at the Lodi Police Department in Lodi, CA

Targeted Discussions:

- Consumer Focus Groups
  - January 7, 2020 at the Wellness Center
  - January 14, 2020 at the Martin Gipson Socialization Center
- Key Informant Interviews
  - County Administrator Monica Nino
  - Supervisor Miguel Villapudua
  - Supervisor Chuck Winn
  - Supervisor Katherine Miller

Consumer and Stakeholder Survey:

- 2019-20 MHSA Consumer and Stakeholder Survey

Assessment of Mental Health Needs

Population Served

BHS provides mental health services and substance use disorder treatment to nearly 18,550 consumers annually. In general program access is reflective of the diverse population of San Joaquin County, with a roughly even division of male and female clients. An analysis of services provided in 2018-19 demonstrates the program participation compared to the county population.

Mental Health Services Provided in 2018-19

Services provided by Age	Number of Clients*	Percent of Clients
Children	2,901	17.5%
Transitional Age Youth	3,234	19.5%
Adults	8,601	52.0%
Older Adults	1,812	11%
Total	**16,548**	**100%**

*Source: BHS Client Services Data

Program participation is reflective of the anticipated demand for services, with the majority of services being delivered to adults ages 25-59 years of age. .

Services provided by Race/Ethnicity	County Population by Race/Ethnicity**	Percent of County Population	Clients Served*	Percent of Clients
White	233,639	31%	5,788	35%
Latino	315,571	42%	4,450	27%
African American	53,488	7%	2,832	17%
Asian	116,745	16%	1,467	9%
Other	25,563	3%	1,431	9%
Native American	3,296	0%	514	3%
Pacific Islander	4,358	1%	66	0%
Total	**752,660**	**100%**	**16,548**	**100%**

*Source: BHS Client Services Data
**Source: http://www.dof.ca.gov/Forecasting/Demographics/Estimates/E-1/

Diversity of participants is similar to the distribution in prior years. African Americans are disproportionately over-represented amongst consumers compared to their proportion of the general population (17% of participants, though comprising 7% of the population of the County). Native Americans are also over-

represented within the service continuum (3% of clients are Native American) and data indicates that nearly one-third of the Native Americans in the County received services from BHS at least one time during the past year. Latinos are enrolled in mental health treatment services at rates lower than is to be expected, compared to their proportion of the general population (27% of participants versus 42% of the population). Asian participants are also underrepresented by 7%.

Services provided by City	County Population by City**	Percent of County Population	Clients Served*	Percent of Clients
Stockton	316,410	41%	10,939	66%
Lodi	68,272	9%	1,398	8%
Tracy	92,800	12%	991	6%
Manteca	83,781	11%	1,079	7%
Lathrop	24,936	3%	309	2%
Ripon	16,613	2%	119	1%
Escalon	7,765	1%	98	1%
Balance of County	159,808	21%	1,615	10%
Total	**770,385**	**100%**	**16,548**	**100%**

*Source: BHS Client Services Data
**Source: http://www.dof.ca.gov/Forecasting/Demographics/Estimates/E-1/

The majority of clients are residents of the City of Stockton. Stockton is the County seat and the largest city in the region, accounting for 41% of the county population. The majority of services and supports for individuals receiving public support benefits (including mental health) are located in Stockton.

Discussion Group Input and Stakeholder Feedback

Several different types of community forums and discussion groups were convened in the Fall of 2019 to provide opportunities for a range of community stakeholders to participate in the Community Program Planning Process.

Community Program Planning for 2019-20:

MHSA Showcase of Programs and Services Event

The MHSA Showcase of Programs and Services Event took place on September 26, 2019. The purpose of the Showcase Event was to provide a venue for consumers, family members, stakeholders and interested community members to learn more about the programs and services funded in San Joaquin County through MHSA Program funds. The Showcase Event featured individual program booths for all MHSA funded programs including those operated by BHS as well as those managed by contracted community partners.

The MHSA Planning Booth at the Showcase included a poster and flyers of upcoming community planning meetings, Consumer and Stakeholder surveys, comment cards, and additional information about how to participate in the Community Program Planning Process.

Behavioral Health Board Agenda Items

An announcement was made during the public comments portion of the December 2019 Behavioral Health Board Meeting, that community program planning discussion groups were convening in January 2020. The Director's Report included additional details regarding the proposed methodology and timeline for the community program planning process conducted to inform the 2020-23-20 Three Year Program and Expenditure Plan. Meeting flyers for upcoming Community and Consumer Discussion Groups were distributed.

Community and Consumer Discussion Groups

Community and Consumer Discussion Groups were held during January and February 2020 and included five community forums and two groups specifically targeting participation by consumers ages 18 and older. A Community Discussion Group was held in conjunction with the Behavioral Health Board Meeting, providing an opportunity for stakeholders to directly provide input to the members of the Behavioral Health Board.

All community discussion groups begin with a brief training on the Mental Health Services Act, a summary of the five components, and information about the intent and purpose of the different components including:

- Funding Priorities
- Populations of Need
- Regulations guiding the use of MHSA funding

Stakeholder participation at meetings was tracked through sign-in sheets and the collection of anonymous demographic forms. Findings from the demographic forms suggest that a diverse group of stakeholders participated in the community program planning process, including representatives of unserved and underserved populations.

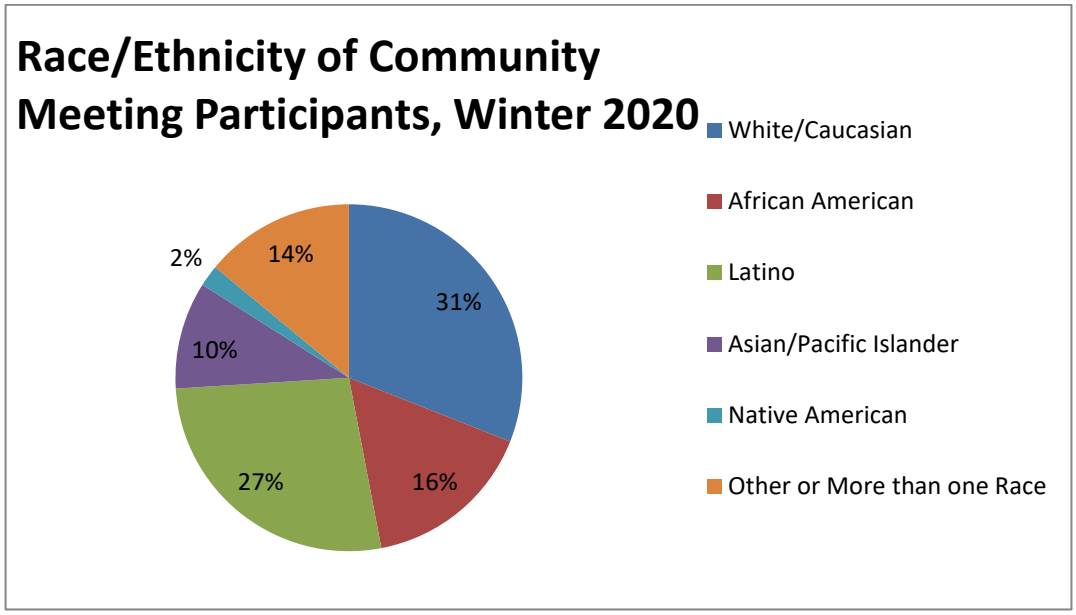
One hundred and seventy-one individuals (171) participated in the Community Discussion and Focus groups. Of these, 53% self-identified as a consumer of public mental health services or as a family member of a consumer. The majority of participants identified as adults ages 26-59, 24% were older adults and 5% were youth ages 18-25.

Community Discussion Groups were also attended by the following individuals representing the following groups:

- County mental health department staff
- Substance use disorder treatment providers
- Community-based organizations
- Children and family services
- Law Enforcement
- Veterans services
- Senior services
- Housing providers
- Health care providers
- Advocates for consumers

Community Discussion and Focus Groups were attended by a broad range of individuals representing diverse racial/ethnic backgrounds. Similar to the County population and BHS services, no one racial or ethnic group comprised a majority of participants. Also, in line with BHS service delivery patterns, there was a slight overrepresentation of African American participants, compared to the County population, and a slight underrepresentation of Latinos. These rates are consistent with service utilization at BHS.

Ten percent (10%) of meeting participants reported speaking a language other than English at home.



Survey Input and Stakeholder Feedback

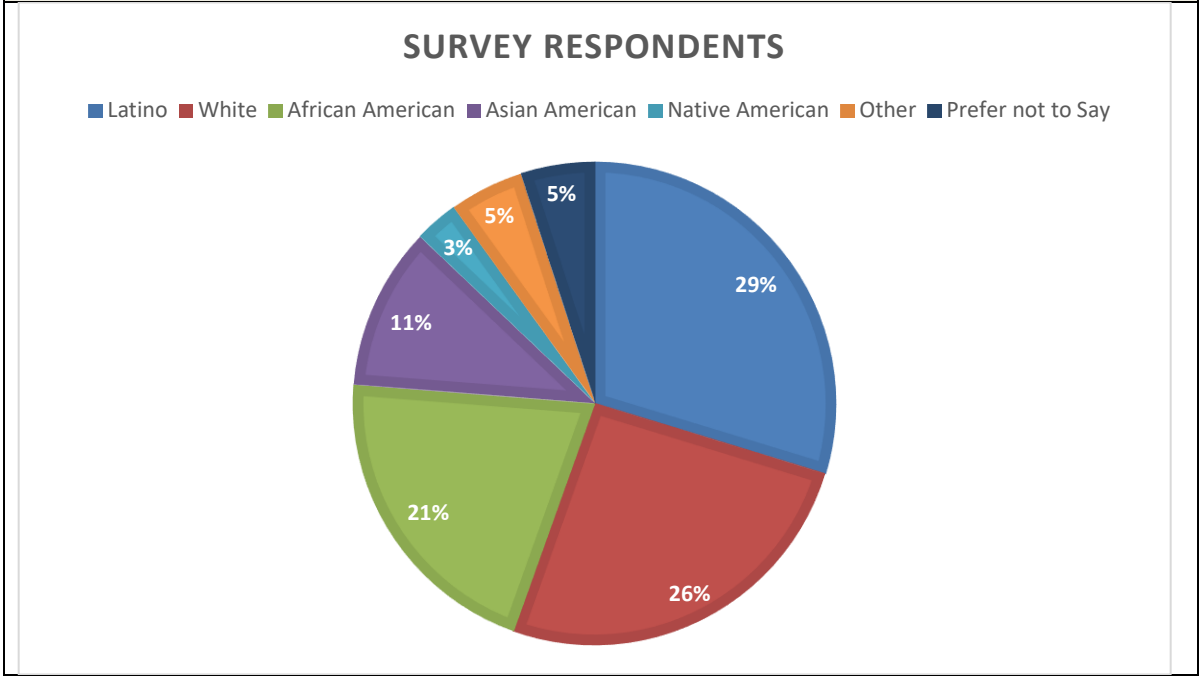
BHS distributed a Consumer and Stakeholder survey to consumers and family members in September 2019 and February 2020 to learn more about the perspectives, needs, and lives of the clients served through mental health programs. The MHSA Consumer and Stakeholder Survey was distributed at the MHSA Showcase Event, at BHS Crisis Services and various outpatient clinics. Five hundred and two (502) respondents completed the 2019-2020 survey. Surveys were paper-based with limited choice answers. Responses were scanned into a software program that uses a proprietary technology to match checked answers with corresponding data fields. Survey instruments can be reviewed in the Appendix.

BHS consumers and their family members reported high levels of satisfaction with the services provided to address mental health and/or substance use disorder concerns, with 90% of the respondents reporting that they would recommend BHS services to others. Respondents to the surveys reported that the greatest service challenge is the length of time it takes to get an appointment. Satisfaction for all respondents was highest in reference to the location where services are provided. Respondents to the surveys reported that the more work is needed in the area of cultural competency, to make the lobbies and reception areas feel welcoming and friendly. Respondents highest levels of agreement were with statements regarding staff courtesy and professionalism, respect of cultural heritage, and the capacity to explain things in an easily understood manner.

BHS was interested in learning more about the populations of people that use mental health, and asked survey respondents to anonymously self-report additional demographic information. The goal of these questions was to receive a more nuanced understanding of the clients served, separate from the data stored and reported in standardized BHS intake forms. The respondent data revealed interesting findings about client demographics, criminal justice experiences and living situations that has not been reported elsewhere.

Race/ethnicity data from the survey is depicted below. Adult survey respondents were more likely to be Latino, African American, Asian, or Native American than is reflective of the general population.

Self-Reported Race/Ethnicity of Stakeholder Respondents
MHSA 2019-20 Consumer and Stakeholder Surveys



Self-Reported Age/Gender of Stakeholder Respondents

Age Range	Percent
18-25	10%
26-59	73%
60 and over	15%
Other or decline to state	1%

Gender	Percent
Male	42%
Female	57%
Non-binary	1%

The 502 respondents surveyed represent the broad diversity of stakeholders and consumers served by Behavioral Health Services. Most consumers have children, with 55% describing themselves as parents. Consistent with the general population, 10% self-identified as lesbian, gay, bisexual, transgender, queer/questioning, or intersex (LGBTQQI). Many have a disability, with 38% describing themselves as having a physical or developmental disability. Few are military veterans, with only 7% reporting that they had served in the US Armed Forces. Twenty percent (20%) of consumers reported experiencing homelessness more than

four times or being homeless for at least a year; thirty five percent (35%) of respondents reported having been arrested or detained by the police.

Community Mental Health Issues

Key Issues for Children and Youth (Birth to 15 Years of Age)

Strengthening services and supports for children, youth and their families remains a major concern in San Joaquin County. Stakeholders recognize the increased coordination between Behavioral Health Services and Child Welfare Services to address the needs of children and youth in the foster care system. Stakeholders continue to assert that more needs to be done to support and strengthen families, particularly those where risk factors for mental illness are present. In several of the Community Discussion and Focus groups, stakeholders discussed the importance of earlier interventions for children and families.

- Early Education mental health programs are needed to meet the needs of families of children under the age of five. Family model services, parents strengthening programs and services to address maternal mental health were mentioned.
- The biggest gap in services is early intervention for children and families following the identification of a social-emotional risk factor. Schools are seeking more behavioral health consultation in the classroom to assist teachers in working with students (including pre-school age students) that display behaviors suggestive of an emerging emotional disorder.
- Stakeholders identified family supports such as parenting classes, family strengthening activities and family peer partners as being pivotal early interventions to help empower parents, stabilize families, and reduce tension and anxiety among children. Stakeholders suggested targeting resources towards parents with self-identified behavioral health concerns of their own, and parents with more than one child under the age of five in the home.

Recommendations to Strengthen Services for Children and Youth:

- BHS Adult Outpatient Clinics should offer services and supports pertaining to family strengthening including referral to PEI funded parenting classes.
- BHS should collaborate with San Joaquin County Human Services Agency to review child welfare cases of families with children under five in the home; offer parenting classes, services and supports to families of young children; engage families of young children and make referrals to existing parenting classes funded through PEI programming.
- The PEI school-based interventions program providing behavioral health interventions on school campuses should be available to all children, including those in pre-school or transitional kindergarten programs.

Key Issues for Transitional Age Youth (16 to 25 Years of Age)

Stakeholders expressed the most concern for transition age youth who are easily missed by system partners such as those that have exited the foster care system, are college-age, or are from communities that are historically unserved or underserved by mental health services. Stakeholders identified some existing resources for transition age youth, but overall stated that outside of a few specialty treatment programs, most

interventions target either children and youth, or adults. Despite these gaps, stakeholders remain optimistic that current resources can be leveraged in a better way to serve transitional age youth.

- University of the Pacific and Delta College have student mental health programs. These programs are not well articulated to off-campus services and supports, especially those available through the primary health care system to address mild to moderate behavioral health concerns. Better linkages are needed to prevent the escalation of mental illness that can benefit from early intervention, such as depression and anxiety.
- Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, or allied youth were also identified as being at higher risk for untreated behavioral health concerns, including using alcohol of other substances as a coping mechanism for depression or anxiety related to social stigma and discrimination. LGBTQI youth have few resources or supports in San Joaquin County, though an emerging allies movement is increasing awareness of the need for more deliberate and integrated approaches to supporting LGBTQI youth in the county.

Recommendations to Strengthen Services for Transition Age Youth

- More and more apps for smart devices are emerging on the marketplace. Solicit the assistance of young people to identify which apps and tools are being used to support mindfulness, wellness, and mental health.
- Work with local colleges to develop a pathway for referrals for student mental health concerns. Convene a workshop for college mental health professionals on the prevention and early interventions services available in the community, and tips for accessing services for mild to moderate behavioral health concerns.
- Work with Veterans Services to support young adults exiting the military and returning to San Joaquin County. Convene a workshop for Veterans Services counselors on the prevention and early interventions services available in the community, and tips for accessing mental health interventions for mild to moderate behavioral health concerns.
- Develop smart graphics posters in English and county threshold languages with navigation guidance and advice to access behavioral health services for self or friends. Posters would address high risk topics such as suicide ideation and gun violence.
- BHS Transitional Age Youth services programs should demonstrate capacity for delivering culturally competent and trauma informed services, including services for transition age youth who do not have English as a first language, and for youth that are especially vulnerable to stigma, discrimination, and marginalization such as LGBTQI youth. In 2017/18 BHS reserved funding for programs to address the behavioral health needs of transition age youth and adults experiencing or recovering from traumatic situations.

Key Issues for Adults

Consumers and stakeholders discussed the challenges of being homeless while recovering from a mental illness, and the need to develop more housing for people with mental illnesses. Criminal justice partners echoed the frustrations of consumers and family members regarding the need for increased housing options to prevent homelessness. Consumers expressed frustration that it is still difficult to find reliable information on

the services and supports that are available, and asked BHS to consider different approaches to talking about mental health and the services available in the community .

- Individuals with mental illnesses, who have been arrested and charged with offenses, are at high risk of homelessness and re-offending upon re-entry in the absence of coordinated services and supports including housing. More efforts are needed to strengthen re-entry services for people with serious mental illnesses to prevent homelessness and decompensation from untreated illness. More coordination is needed to assess all individuals who are exiting custody with mental illnesses and link them to existing community services prior to release.
- Public information messages should directly address access to services and be tailored for consumers, family members, and partner service providers. Information should be developed that is responsive to diverse cultural communities, understanding that consumers come from diverse backgrounds and have a range of experiences. Messages should address populations with mental illnesses who are parents, identify as LGBTQI, and have a first language other than English.
- Veterans and Latino communities are underrepresented in the adult mental health service system. Education is needed to reduce stigma towards mental illness that may prevent self and family help-seeking behavior. Education is also needed to address suicide risk and ideation, especially targeting adult men.
- BHS should work with community partners to better serve Southeast Asian clients as there is low language proficiency among BHS staff to serve some Southeast Asian clients in their native languages.

Recommendations to Strengthen Services for Adults

- BHS should continue to strengthen the housing continuum for people with serious mental illnesses.
- BHS should strengthen outreach and engagement to Latinos by adopting new public information and education strategies that are better designed for the target audience and more specifically address stigma and discrimination.
- BHS should expand suicide prevention efforts beyond the school-based prevention program, develop a public information and education campaign for adults with a focus on adult men and veterans.
- BHS should create more treatment and residential programs that work specifically with individuals diagnosed with co-occurring disorders.

Key Issues for Older Adults

Older adults with mild to moderate mental health concerns remain at-risk for untreated depression and suicide ideation. More articulation is needed with senior and older adult service providers to offer interventions for older adults that have escalating behavioral health challenges. More public information and education about the risk of suicide in adults and older adults is needed; particularly focusing on adult men who are at the highest risk for suicide in San Joaquin County. Stakeholders identified increased use of alcohol as a coping mechanism for depression, and suggested that behavioral health programming should better target older adults and more urgently address alcohol and depression as co-morbid conditions. Finally stakeholders identified the biggest risk among older adults living independently as social isolation. Community members from Tracy/South County stated that there are few resources for older adults in South County. The Director of the Larch Clover Community Center in Tracy, which hosted the Community Discussion Group, encouraged

more behavioral health services co-located at county community centers that provide senior activities, services, and supports throughout the County.

- There are few behavioral health prevention services for older adults in San Joaquin County.
- There are few evidence based substance use disorder treatment programs designed for older adults in San Joaquin County, of serious concern because alcohol abuse is strongly correlated with older adult depression.
- Older adult behavioral health prevention services should work in partnership with local community centers.
- Vulnerable older adults include those that are homeless (10% of the total homeless population), and living alone.

Recommendations to Strengthen Services for Older Adults:

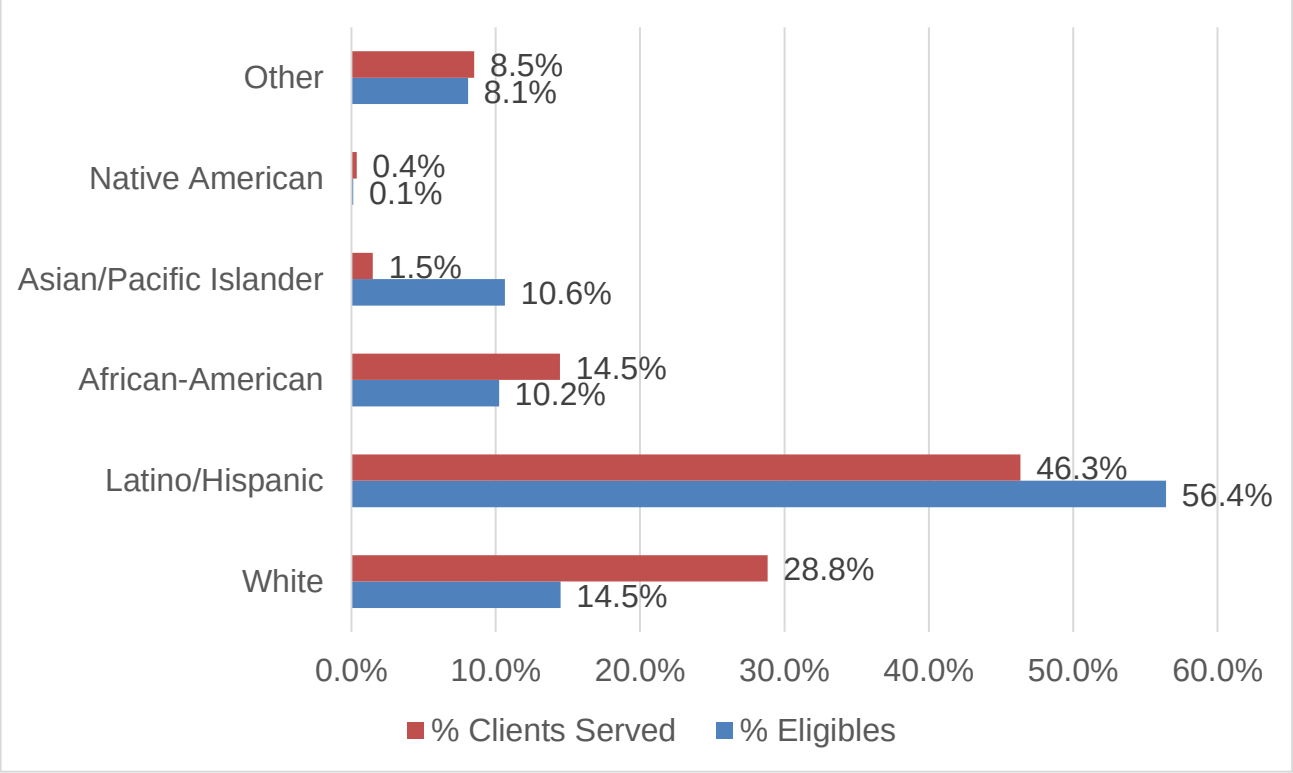
- BHS Older Adult services should provide meaningful alternatives for daily living that combat depression and isolation including more socialization activities and more activities that prevent memory deterioration or loss of cognitive functioning.
- Co-locate senior peer counseling programs at community centers one day a week. Ensure that senior peer partners have training in recognizing signs and symptoms of alcohol abuse and have an array of tools and resources to refer older adults who are requesting assistance with behavioral health concerns, including co-occurring disorders.
- Work with Human Services Agency to identify isolated older adults with escalating mental health symptoms. Convene a workshop for Adult Protective Services staff on the prevention and early interventions services available in the community, and tips for accessing mental health interventions for mild to moderate behavioral health concerns.
- Broaden suicide prevention efforts to target the adult community. Include targeted prevention information for middle age and older adult men. Address handgun and firearm safety when living with loved ones experiencing depression.

Attachment 5: San Joaquin County Specific Data provided by CALEQRO for MH and SUD

CALEQRO PERFORMANCE MEASURES FY19-20 – SAN JOAQUIN MHP

San Joaquin MHP				
Race/Ethnicity	**Average Monthly Unduplicated Medi-Cal Beneficiaries**	**Percentage of Medi-Cal Beneficiaries**	**Unduplicated Annual Count of Beneficiaries Served by the MHP**	**Percentage of Beneficiaries Served by the MHP**
White	48,114	16.7%	3,364	29.6%
Latino/Hispanic	132,150	45.9%	3,843	33.8%
African-American	27,776	9.6%	1,602	14.1%
Asian/Pacific Islander	42,503	14.8%	1,083	9.5%
Native American	795	0.3%	51	0.4%
Other	36,551	12.7%	1,417	12.5%
Total	**287,887**	**100%**	**11,360**	**100%**
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.				

Figure 1: Percentage of Eligibles and Clients Served by Race/Ethnicity, CY 2018-19 (SUD)



Attachment 6: 2020-21 Boilerplate Contract – Cultural Competency Language - Item #15

15. Cultural and Linguistic Proficiency:

a. To ensure equal access to quality care by diverse populations, CONTRACTOR shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards.

b. When the consumer served by CONTRACTOR is a non-English or limited-English speaking person, CONTRACTOR shall take all steps necessary to develop and maintain an appropriate capability for communicating in that consumer's primary or preferred language to ensure full and effective communication between the consumer and CONTRACTOR staff. CONTRACTOR shall provide immediate translation to non-English or limited-English speaking consumers whose conditions are such that failure to immediately translate would risk serious impairment. CONTRACTOR shall provide notices in prominent places in the facility of the availability of free translation in necessary other languages.

c. CONTRACTOR shall make available forms, documents and brochures in the San Joaquin County threshold languages of English and Spanish to reflect the cultural needs of the community.

d. CONTRACTOR is responsible for providing culturally and linguistically appropriate services. Services are to be provided by professional and paraprofessional staff with similar cultural and linguistic backgrounds to the consumers being served.

Attachment 7: Contract Monitoring Tool – Annual Site Review Checklist – 6b/6e.

8. Review sample documentation for evidence of compliance with other contract requirements:
a. Employee HIPAA training and confidentiality statements;
b. Employee training including BHS Compliance Training, CANSA, cultural competency and limited English proficiency, and clinical documentation
c. Compliance Sanction Checks up to date (applicable to Medi-Cal providers)
d. Notice of Adverse Benefit Determination (NOABD) practices of agency (applicable to Medi-Cal providers)
e. Adoption of the Federal Office of Minority Health CLAS Standards; policy and practice examples
f. Timeliness standards
g. Presence of required postings and forms available for consumers; free interpretation services, HIPAA Rights, Mon-Discrimination notices, forms for suggestions and satisfaction surveys, Notice of Adverse Benefit Determination, Medi-Cal Beneficiary Brochure