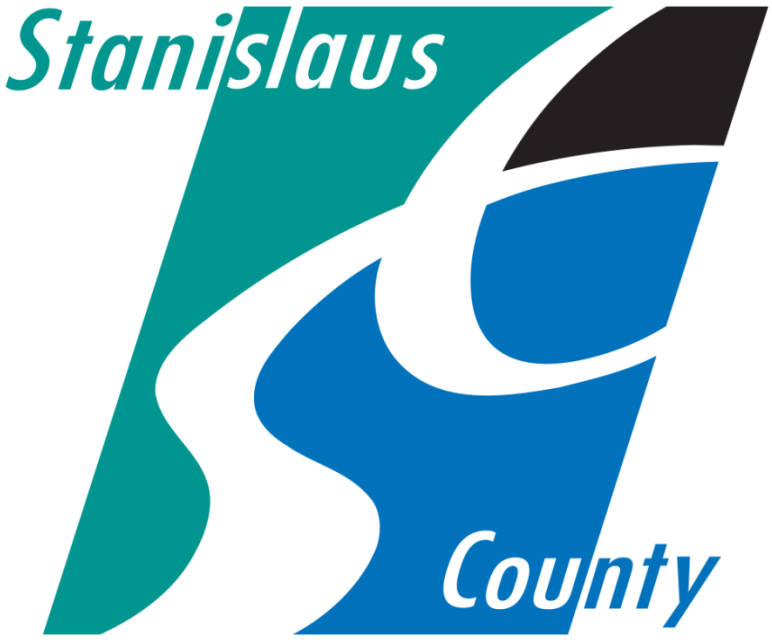
Stanislaus County

Behavioral Health and Recovery Services



Cultural Competence Plan

Annual Update

FY 2020-2021

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2010 Cultural Competence Plan Requirements Criteria

Name of County:	Stanislaus
Name of County Director:	Ruben Imperial, MBA
Name of Contact:	Cherie Dockery, LCSW
Contact's Title:	Associate Director
Contact's Unit / Division:	Behavioral Health and Recovery Services, Administration
Contact's Telephone:	209.525.6225
Contact's Email:	cdockery@stanbhrs.org

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

- ☒ CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE
- ☒ CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS
- ☒ CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES
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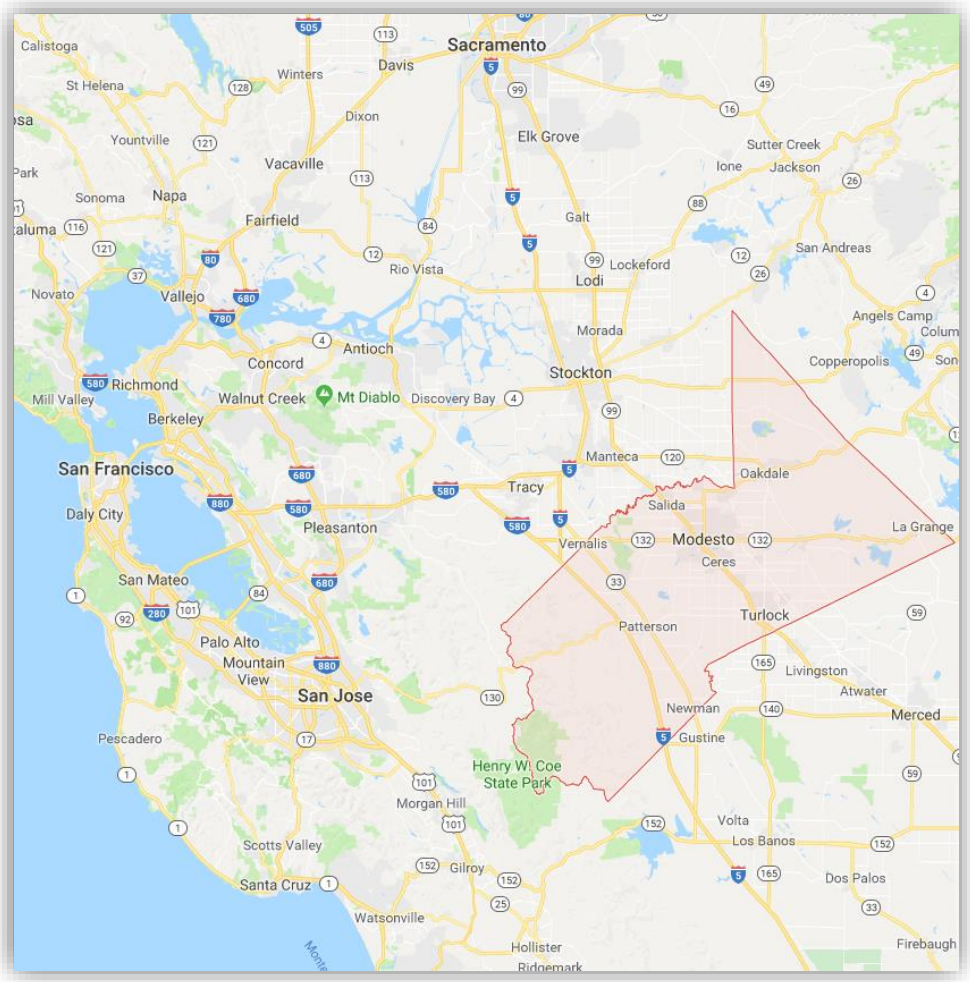
- ☒ CRITERION 7: LANGUAGE CAPACITY
- ☒ CRITERION 8: ADAPTATION OF SERVICES

Overview of Stanislaus County

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

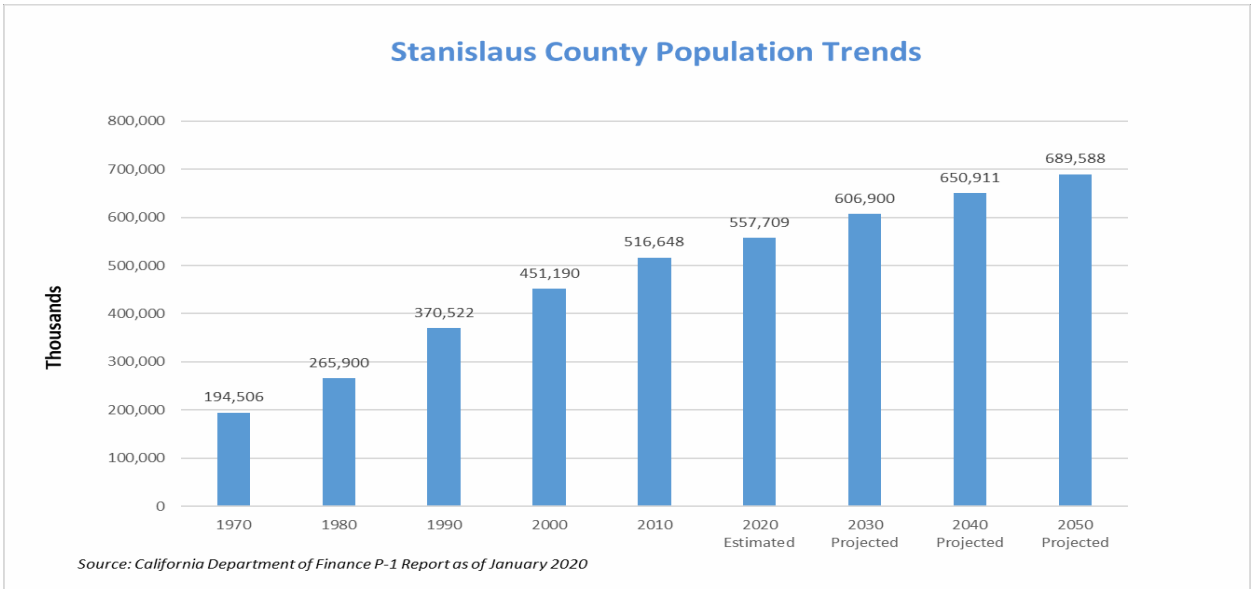


Based on the Department of Finance (DOF) January 2020 population estimates, Stanislaus County has 557,709 residents. The Stanislaus County population is expected to reach 650,911 by 2040. Our community reflects a region rich in diversity with a strong sense of community.

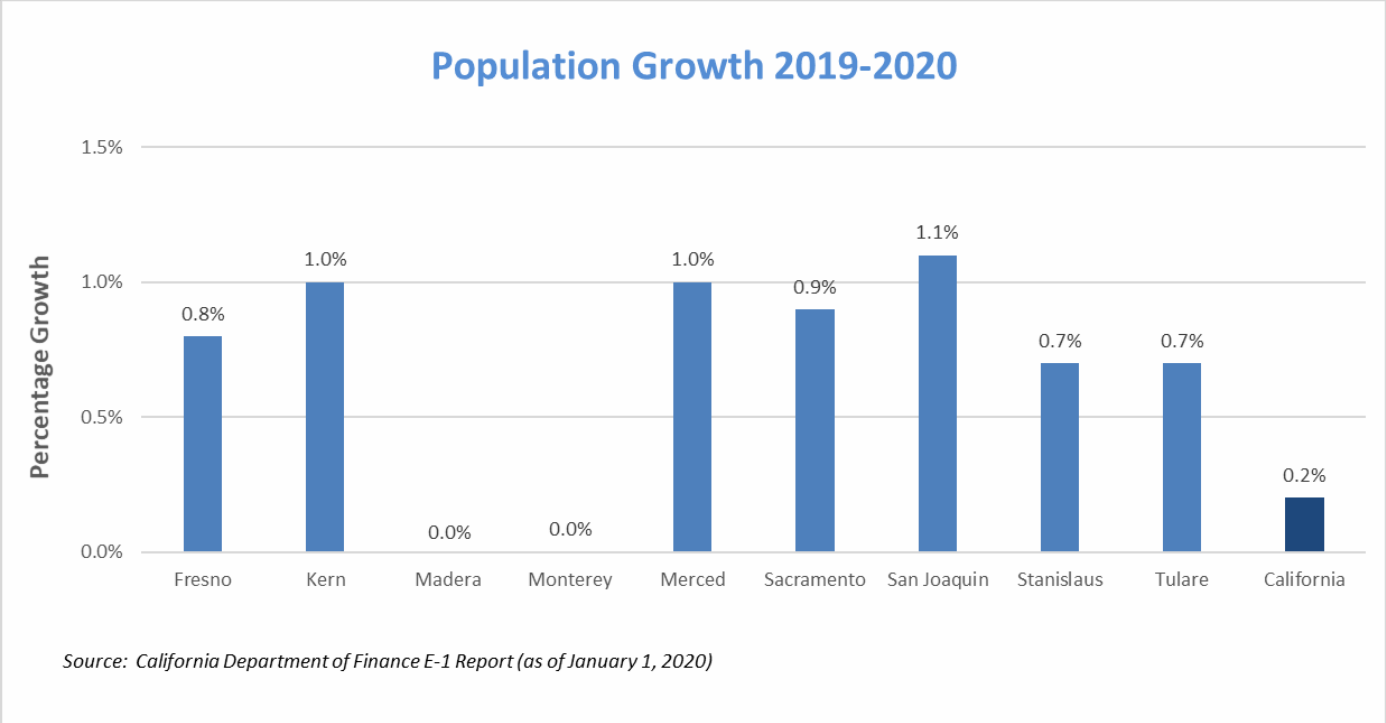
The County is a global center for agribusiness, positioned by its mild Mediterranean climate, rich soils and progressive farming practices. The area is recognized internationally for agricultural innovation with almonds, milk, poultry, cattle, nurseries, and walnuts ranking among the top producing crops.

Growth

Stanislaus County has grown an estimated 8.4% between 2010 and January 2020 and is projected to reach 650,911 by 2020. 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 Proposed Budget 2018-2019/2019-2020 – Year 2



Source: California Department of Finance E-1 as of January 2020

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, 2019 to January 1, 2020, Waterford and Modesto experienced the fastest city growth at 1%, followed by Hughson at 0.9%, Ceres at 0.8% and Oakdale and Riverbank at 0.7%. Stanislaus County population overall grew by 0.7%.

When comparing population growth over the past five years Newman has experienced the highest growth rate at 9.9% followed Modesto at 4.9% and Riverbank at 4.7%. Stanislaus County population overall grew by 5.6%.

Population By City

City	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	% Change 1 Year	% Change 5 Years
Ceres	47,166	47,754	48,326	48,027	48,430	0.8%	2.7%
Hughson	7,150	7,331	7,738	7,232	7,298	0.9%	2.1%
Modesto	211,903	215,080	215,692	220,126	222,335	1.0%	4.9%
Newman	10,840	11,165	11,801	11,860	11,912	0.4%	9.9%
Oakdale	22,348	22,711	23,324	22,838	22,997	0.7%	2.9%
Patterson	22,590	22,730	22,679	22,974	23,074	0.4%	2.1%
Riverbank	23,913	24,610	25,244	24,867	25,030	0.7%	4.7%
Turlock	72,050	72,879	74,730	73,874	74,297	0.6%	3.1%
Waterford	8,788	8,906	9,149	8,806	8,894	1.0%	1.2%
Unincorporated	113,466	114,891	116,941	113,414	113,442	0.0%	0.0%
County Total	**528,157**	**534,906**	**555,624**	**554,018**	**557,709**	**0.7%**	**5.6%**

Source: California Department of Finance E-1 as of January 2020

Commitment to Cultural Competence (Criterion 1)

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

Mission of Stanislaus County, Behavioral Health and Recovery Services

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

Behavioral Health & Recovery Services (BHRS) Values

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

<u>Organizational Values</u>

Clients are the Focus

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

Excellence

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

Respect

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

Cultural Competence

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

Proactive and Accountable Community Participation

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

Integrity and Compliance

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

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

Competitive and Efficient Service Delivery

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

Responsive and Creative in a Changing Environment

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

Leadership Values

Empower Others to Make Decisions

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

Encourage Initiative and Innovation

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

Individuals Working Together to Achieve Results

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

Influence by Example

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

Shape the Organization's Character and Climate

- We take responsibility to educate others about our organizational and leadership values and confront behavior that is inconsistent with those values.

Stimulate Right Things

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

Value Individual Contributions

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

Efforts

Our efforts to be culturally competent are also reflected in our updated Mental Health Services Act (MHSA) updated plan. The 19/20 plan includes the following:

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

- BHRS received No Place Like Home funding to refurbish a hotel to increase housing units adults, older adults and transitional age youth with a severe mental illness. This will provide 100 total units, with a minimum of 50 additional Permeant Supportive Housing units for BHRS clients. Additionally, the Department has secured 25 dedicated beds at the new emergency low barrier shelter. These units allow for the Department the flexibility to directly place clients within the shelter outside the normal access process. Both these efforts Increases the department's capacity to reduce homelessness for persons with a severe mental illness and improve their well-being.

In addition, the Cultural Competency, Equity and Social Justice Committee developed recommendations for the Principle CLAS Standard.

The CCESJC developed recommendations for the Principle CLAS Standard. As part of the planning process the CCESJC was educated on the core treatment services outlined in the Mental Health Plan contract with the State of California. BHRS provided this education to ensure a shared understanding on what treatment entails so the CCESJC could provide applicable recommendations on the Principle CLAS Standard. The Principle Standard includes 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. The education on the core treatment services and Principle Class Standard and subsequent brainstorming and discussion primarily unfolded before the COVID-19 emergency was declared. Given the Department did not have a projected timeline when the safety measures would be lifted, allowing for in-person gatherings, the CCESJC decided to create a list of recommendations that could be implemented quickly. The CCESJC realizes that the initial recommendations do not include strategies that address all of the issues raised in the discussion. However, the committee developed these recommendations to provide the Department options for quick actions, even as the pandemic limited the ability for the committee to plan further. The Department has increased its capacity to engage in planning sessions via Zoom

software and will take advantage of this new capability to continue to further develop these recommendations.

The following recommendations were endorsed by CCESJC in their meeting on September 13, 2020 and submitted to the BHRS Senior Leadership for implementation planning. The CCESJC will play an active role in the implementation process as well.

How might we provide services and supports that are Equitable?

Equitable Themes

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

Recommendations for Equitable Services

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

How might we provide services and supports that are understandable

Understandable Themes

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

Recommendations for Understandable Services

- Develop a standard program description template that describes the program and key points of information for clients both in Spanish and English
- Develop referral database that is updated regularly and tested for accuracy
- Develop Treatment Guidance on base standard of communication to the client about the assessment process, treatment planning, and supporting documents, fact sheets and videos. These videos could be viewed at clients wait for assessment.
- Develop Spanish language treatment summary as a proxy for a printed treatment plan.

- Develop target of the percentage of clients that will receive treatment services in their preferred language without interpreter.
- Define the number of staff that speak threshold language to meet the needs of our community.

How might we provide services and supports that are respectful?

Respectful Themes

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

Recommendations for Respectful Services

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

We are currently in the process of hiring an Ethnic Services Manager.

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

When the ESM is hired, the plan for FY 20/21 is to implement the Introduction to Cultural Competency training in addition to the implementation of the Principle CLAS Standard recommendations. The training would introduce BHRS' commitment to cultural competency, including a discussion about NCLAS and the Cultural Competence Program for Stanislaus County – which would cover all the policies currently in place (including training requirements).

Updated Assessment of Service Needs (Criterion 2)

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

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

Economy

Stanislaus County is an international agri-business powerhouse. The County agricultural production value ranks 5th in the State and is higher than 20 states in agricultural income. Of the approximately 973,440 acres in the County, 722,546 acres (74%) were in farms in 2019.

The agricultural sector, and its related industry, accounts for $7.1 billion in our 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 16,000 workers in Stanislaus County.

COMPANY OR ORGANIZATION	EMPLOYEES	DESCRIPTION
E & J Gallo Winery	6,700	Winery
Foster Farms	2,000	Food Processing
Del Monte Foods	2,010	Food Processing
Stanislaus Food Products	1,875	Canning
Con Agra	1,100	Food Processing
Silgan Containers	762	Container Manufacturing
Frito Lay	637	Food Manufacturing
Blue Diamond Growers	500	Food Processing
Bronco Wine	450	Winery
Pacific Southwest Containers	391	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 Memorial Medical Center. The healthcare sector is the fastest growing sector in the County and a significant contributor to the local economy.

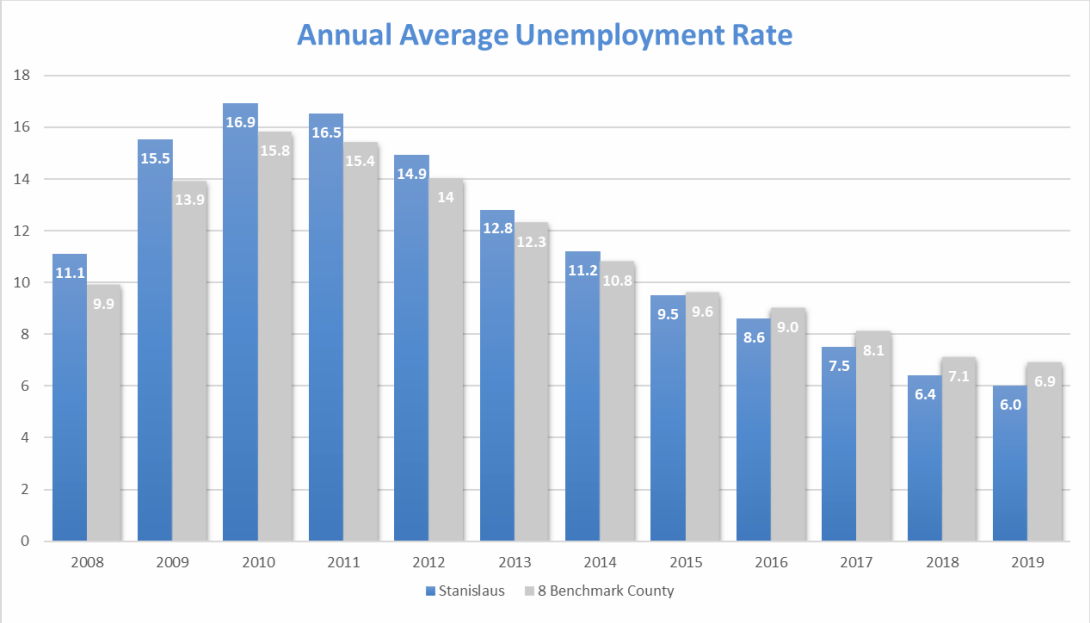
COMPANY OR ORGANIZATION	EMPLOYEES	DESCRIPTION
Save Mart Supermarkets	10,500	Retail Grocer
Memorial Medical Center	3,556	Health Care
Doctors Medical Center	2,600	Health Care
Viduity (formerly Med America Billing Services)	1,000	Medical Billing/Coding
Amazon Fulfillment Center	800	Distribution Center
Oak Valley Hospital/Care	500	Health Care
Storer Coachways	450	Transportation
Sysco	414	Food Distributor
Grainger Distribution Center	400	Distribution Center
CVS Caremark	484	Distribution Center

Source: Opportunity Stanislaus; does not include seasonal labor

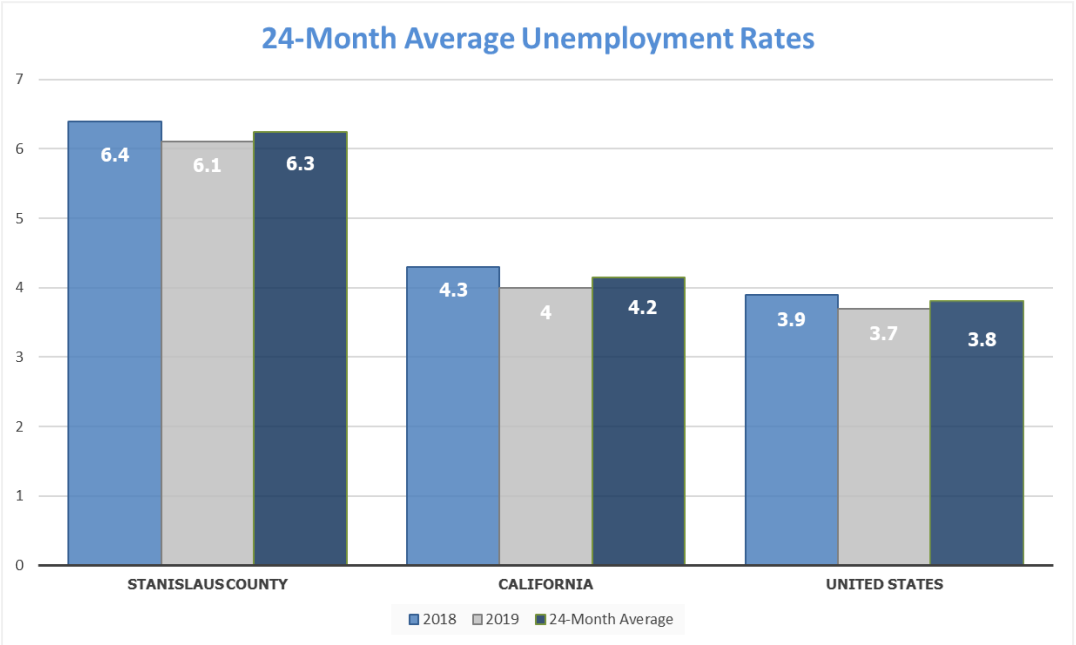
Economic Indicators

Unemployment Rate

The County's annual unemployment rate averaged 6% in 2019, 0.9% less than the average of the eight benchmark counties which include Sacramento, San Joaquin, Merced, Fresno, Tulare, Bakersfield, Madera, and Monterey.

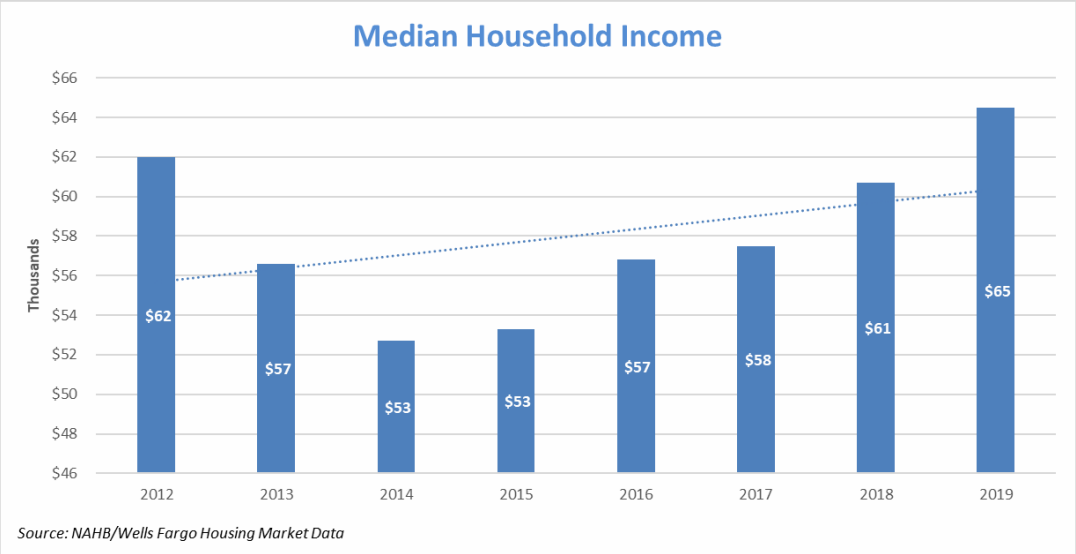


Unemployment rates in the Central Valley are historically twice the national average which is currently 3.8%. High unemployment rates mean more people receiving government assistance, thus placing a greater strain on local public resources.



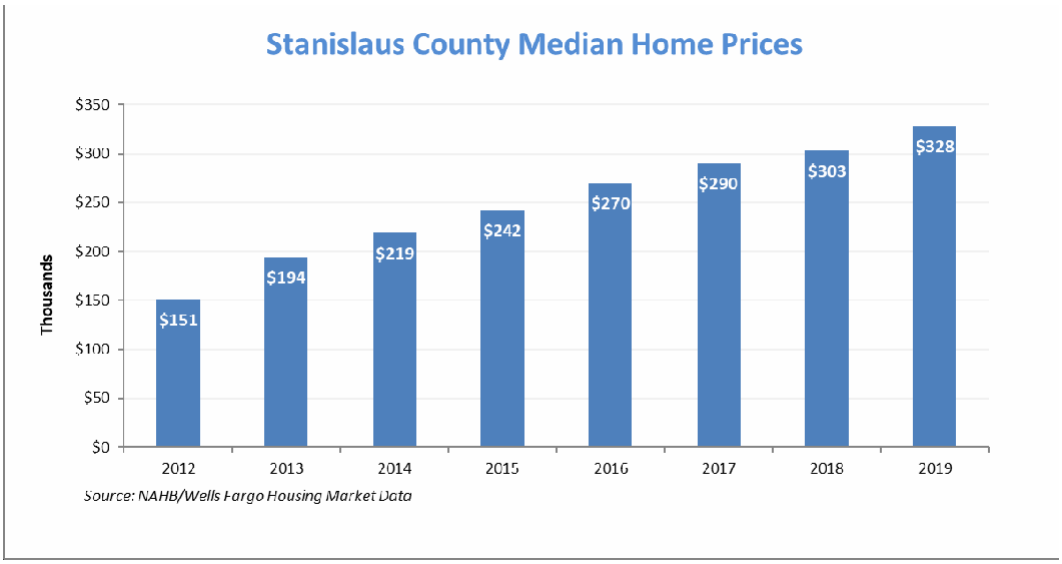
Median Household Income

Median Household Income is up $4,000 or 6% from the fourth quarter of 2018 and up $12,000 or 22% from the market low during the fourth quarter of 2014. Household Income is $3,000 or 4% higher than the previous market high in fourth quarter of 2012.



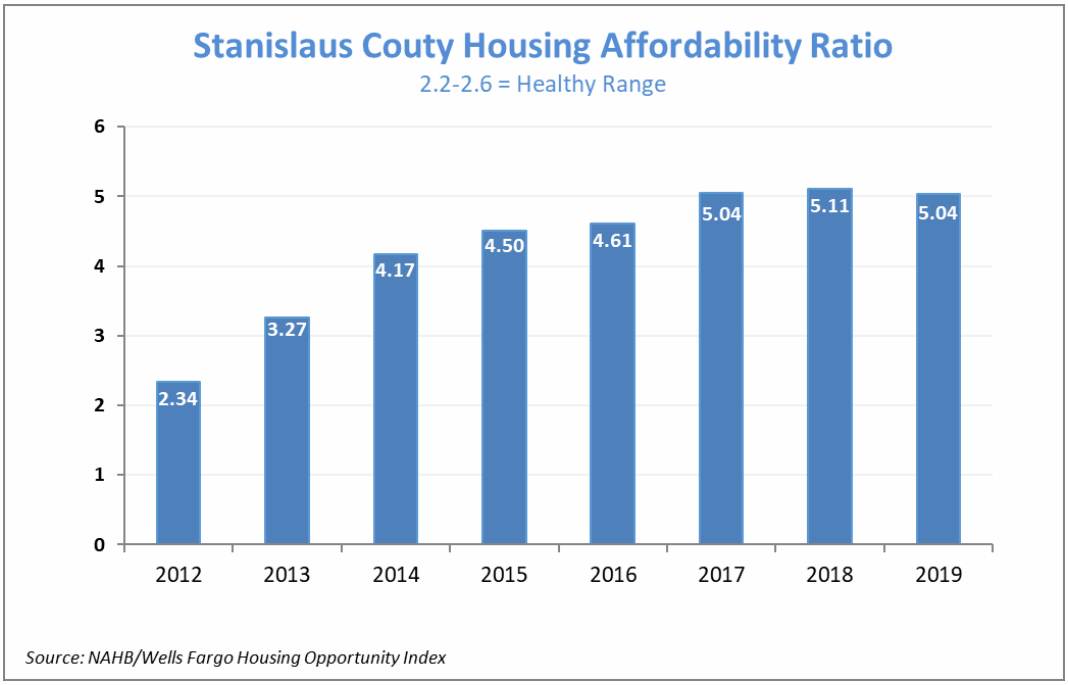
Median Home Prices

Median Home Prices are up by $25,000 or 8.3% from the fourth quarter of 2018 and up $177,000 or 153% from the market low during the first quarter of 2012.



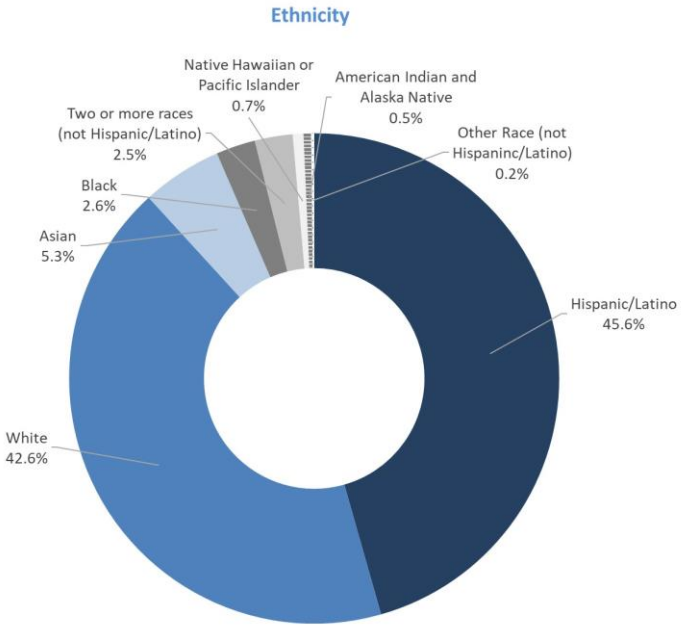
Home Affordability

A Ratio of Median Home Prices to Household Income in the 2.2 to 2.6 range has historically been viewed as an indicator of Home Affordability nationally. Prior to the housing bubble the affordability was in the low 2s. The current Affordability Ratio is 5.04, higher than the historical average. As home prices increase and wages remain flat, the ratio will continue to reflect less affordability for County residents.

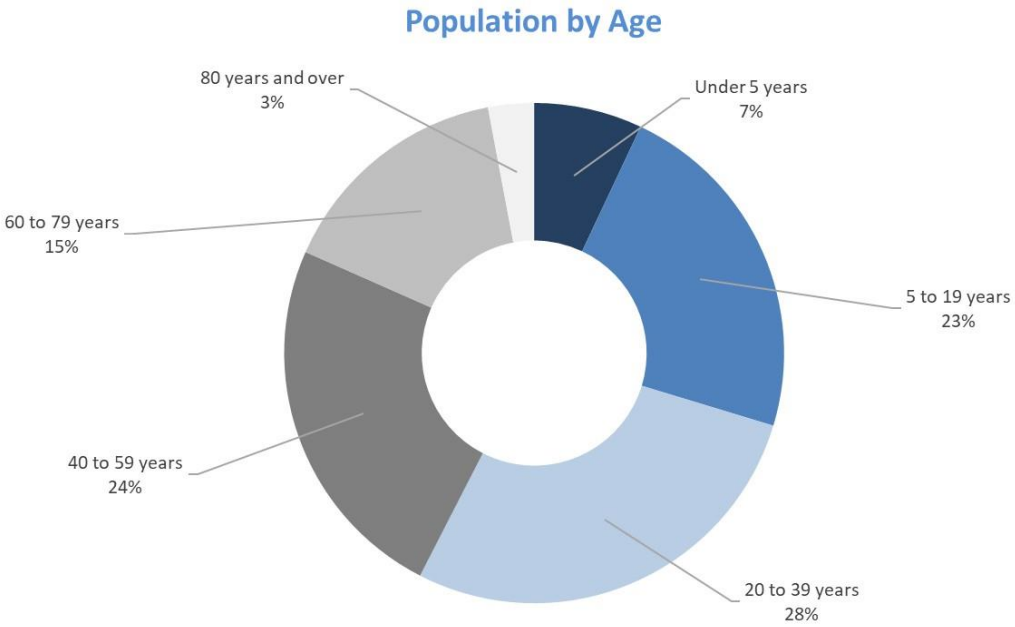


Demographics

The following shows the most recent demographics for Stanislaus County.



Source: Department of Finance 2014-2018 American Community Survey



Source: US Census Bureau, 2018 American Community Survey 1-year estimates

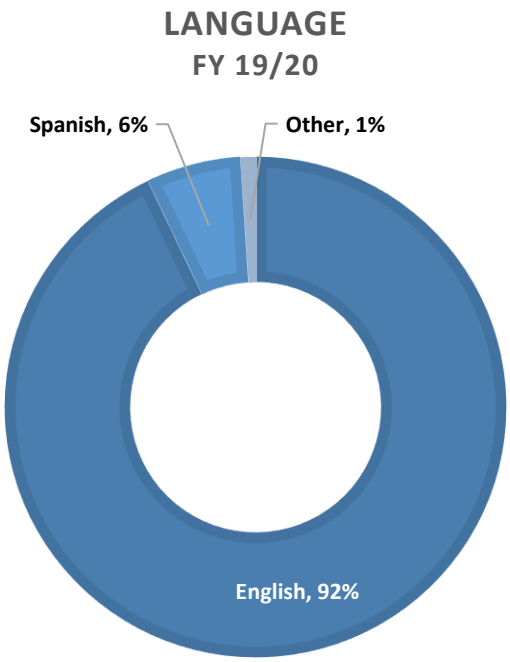
In FY 19/20, BHRS served 10,032 individuals; 7,505 in mental health services and 3,240 in substance use disorder services.

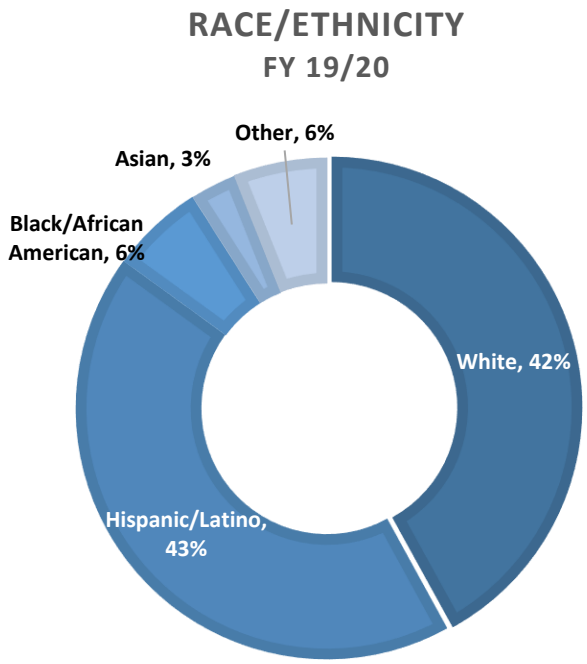
Age breakdown:

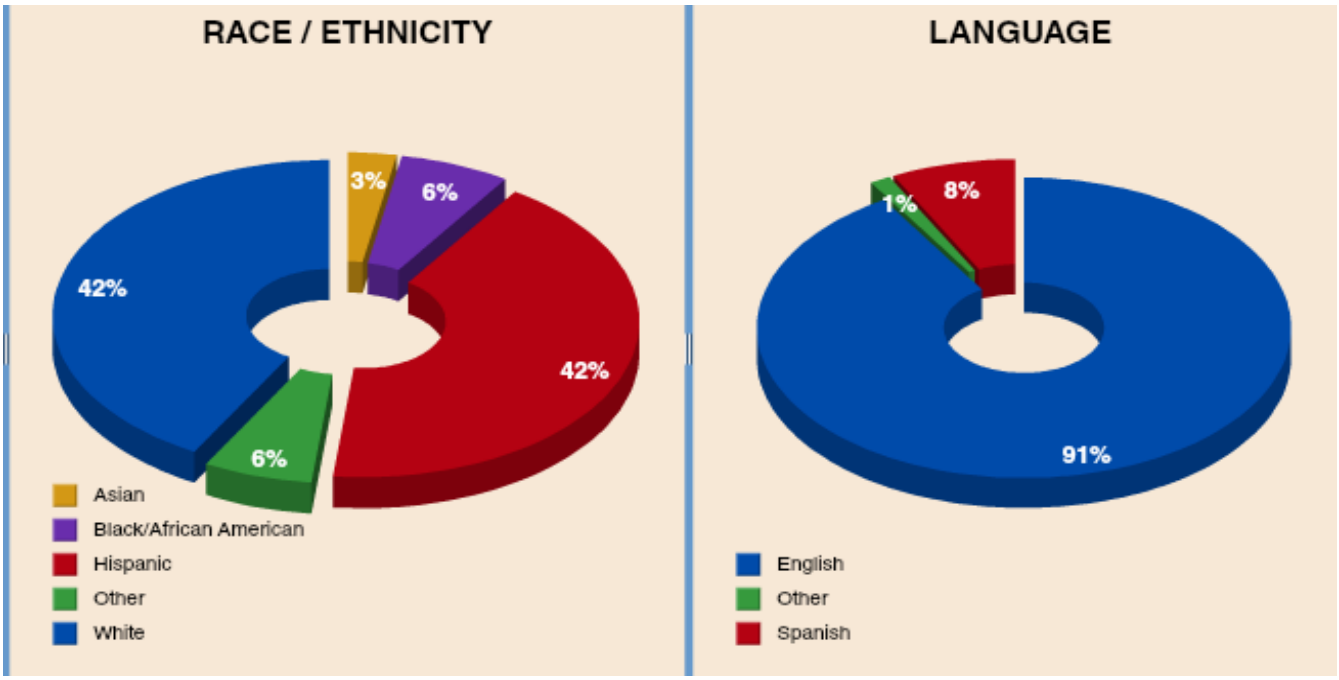
- **0-5:** 4% or 394 individuals
- **6-15:** 23% or 2,295 individuals
- **16-25:** 17% or 1,723 individuals
- **26-59:** 50% or 5,018 individuals
- **60+**: 6% or 601 individuals

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

The following charts show the race/ethnicity and language percentages of the individuals who received BHRS services in FY 19/20.




RACE/ETHNICITY
FY 19/20
Other, 6%
Asian, 3%
Black/African American, 6%
White, 42%
Hispanic/Latino, 43%


RACE / ETHNICITY
3%
6%
42%
42%
6%
Asian
Black/African American
Hispanic
Other
White
LANGUAGE
1%
8%
91%
English
Other
Spanish

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

"According to a study by the UCLA Center for Health Policy Research, over 2 million adults in California, or roughly 8% of the adult population, have mental health needs, meaning they are in need of mental health services due to serious psychological distress and a moderate level of difficulty functioning at home or work. The study showed that of the 2.2 million adults who report mental health needs, the vast majority received either inadequate treatment or no treatment at all. "
– Source: Strategic Plan to Reduce Mental Health Disparities, page 6.

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

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

Stanislaus County Mental Health Service Utilization Based on Prevalence

The next page exhibits the Mental Health Service Utilization report for FY 19/20, which displays county population by region, race/ethnicity, and age groups, serious mental illness by groups and service utilization by groups. The prevalence rate for Stanislaus County is 5.75%. With a population of 530,561, would estimate that 30,507 people need services across the county. In fiscal year 2019-20, Behavioral Health and Recovery Services served 7,368 people, leaving an estimated 23,139 across the County regions with unmet needs.

MHS 1627 - Stanislaus County Mental Health Service Utilization

(FY 19/20)

						Inpatient Services		Outpatient Services		Day Services	
	Estimated Census Population	Incidence in the Population	Unduplicated Clients Served	% of Total Clients Served	% Needs Met	Units of Svc Days	Unique Clients	Units of Svc Hrs	Unique Clients	Units of Svc Days	Unique Clients
Region											
Ceres	71,742	13.5 %	721	9.8 %	1.0%	3,571	149	16,451	712	47	27
Eastside	65,194	12.3 %	642	8.7 %	1.0%	2,765	132	14,312	635	24	16
Modesto	260,462	49.1 %	4342	58.9 %	1.7%	24,900	1075	99,539	4273	154	115
Turlock	92,135	17.4 %	1197	16.2 %	1.3%	4,691	217	33,543	1190	54	38
Westside	41,028	7.7 %	466	6.3 %	1.1%	1,221	78	10,010	460	14	8
	530561	100%	7368	100%	1.4%	37148	1651	173,855	7270	293	204
Race/Ethnicity											
Asian	28,764	5.4 %	219	3.0 %	0.8%	1365	52	5,548	217	5	5
Black/African American	14,505	2.7 %	549	7.5 %	3.8%	3078	130	15,853	538	10	9
Native American/Alaska Native	3,467	0.7 %	64	0.9 %	1.8%	225	14	1,624	64	5	4
Other/Unknown	87,762	16.5 %	3767	51.1 %	4.3%	14956	765	79,709	3718	121	86
White	396,063	74.6 %	2769	37.6 %	0.7%	17524	690	71,121	2733	152	100
	530561	100%	7368	100%	1.4%	37148	1651	173,855	7270	293	204
Hispanic Origin											
Hispanic or Latino	234,995	44.3 %	3267	44.3 %	1.4%	14085	698	67,683	3230	115	80
Not Hispanic or Latino	295,566	55.7 %	3726	50.6 %	1.3%	22315	921	96,354	3674	174	120
Unknown/Not Reported	0	0.0 %	375	5.1 %	Infinity	748	32	9,818	366	4	4
	530561	100%	7368	100%	1.4%	37148	1651	173,855	7270	293	204
Age Group											
0-17	145,560	27.4 %	2942	39.9 %	2.0%	3213	170	75,722	2938	0	0
18-59	293,918	55.4 %	3990	54.2 %	1.4%	31620	1418	84,053	3900	290	201
60+	91,083	17.2 %	437	5.9 %	0.5%	2315	63	14,080	432	3	3
	530561	100%	7368	100%	1.4%	37148	1651	173,855	7270	293	204

Results are based on the time frame of 7/1/2019 through 6/30/2020 for Clients with any Health Provider
Tracking SubUnits Not Included
Includes Direct and Indirect Treatment Services, excludes No Shows
Inpatient: SU5001, 5002, 5003, 24 Hour Services
Outpatient Services are services designed to provide short-term or sustained therapeutic intervention for individuals experiencing acute or ongoing psychiatric distress. These service functions are the following: (a) collateral Services, (b) Assessment, (c) Individual Therapy, (d) Group Therapy, (e) Medication, and (f) Crisis Intervention.
Outpatient includes indirect services except for sub unit 6630, which are already included in the inpatient counts.

Day Treatment Services: Outpatient counseling and rehabilitation services provided at least three (3) hours per day, three (3) days per week to beneficiaries meeting the criteria for Special Education under the disability of "emotionally disturbance" or another related Special Education Service.
Estimated Medi-Cal enrollee figures are based on the last month of Medi-Cal Monthly Extract File (MMEF) from DHCS for the time period of this report.

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

Specific Regions:

MODESTO includes: Empire, Salida, Modesto

CERES includes: Ceres, Hughson, Hickman

TURLOCK includes: Denair, Keyes, Turlock

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

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

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

Tracking SubUnits Not Included

Includes Direct and Indirect Treatment Services, excludes No Shows

Inpatient:SU5001, 5002, 5003, 24 Hour Services

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

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

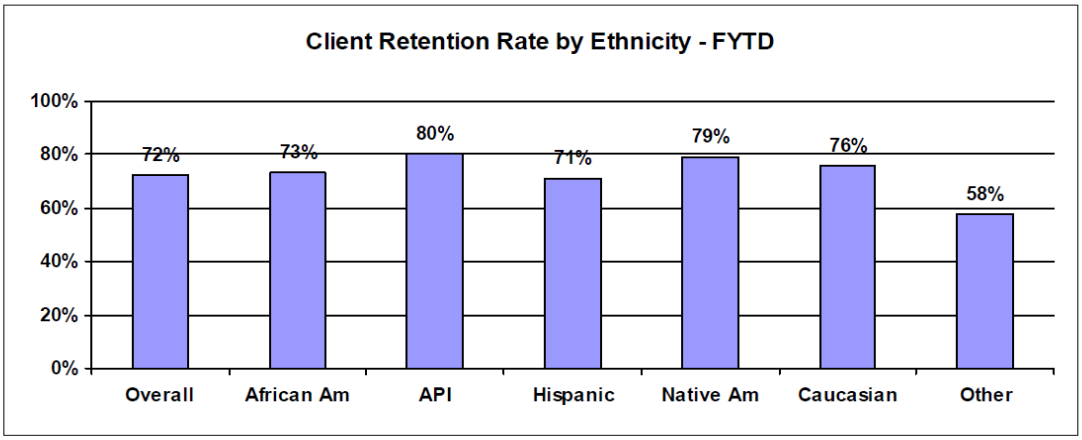
Day Treatment Services: Outpatient counseling and rehabilitation services provided at least three (3) hours per day, three (3) days per week to beneficiaries meeting the criteria for Special Education under the disability of "emotionally disturbance" or another related Special Education Service

Mental Health Client Retention by Ethnicity

The Mental Health Client Retention by Ethnicity for FY 19/20 depicts percentage of clients who received 3 or more visits within 6 months after assignment opening, by quarter and race/ ethnicity.

MHS728 Mental Health Client Retention by Ethnicity FY 2019/2020

	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 2019/2020	1446	75%	115	76%	40	80%	658	73%	18	89%	495	80%	120	63%
Q2 FY 2019/2020	1393	71%	107	78%	23	70%	640	69%	10	90%	490	72%	123	62%
Q3 FY 2019/2020	1432	76%	104	82%	47	87%	624	72%	14	79%	532	80%	111	64%
Q4 FY 2019/2020	1429	72%	106	70%	34	71%	682	72%	10	70%	516	75%	81	57%
YTD FY 2019/2020	4465	72%	322	73%	111	80%	2092	71%	39	79%	1573	76%	328	58%



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

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

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

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

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

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

Consumer Perception Surveys

First, BHRS leadership reviews the results of the surveys submitted from the individuals who participated in the Mental Health Consumer Perception Survey in November of 2019 and June of 2020 and the SUD Treatment Perception Survey in October 2019. The questionnaires are designed to gauge consumer feedback on quality and effectiveness of services received. This in turn helps BHRS determine if there are areas that need to be addressed to enhance access to services, to address quality concerns or address any dissatisfaction by the individuals served. The surveys are collected in English and Spanish.

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

Access:

- Location of services was convenient (MH and SUD)
- Services were available at times that were good for me (MH); Services were available at times when I needed them (SUD)
- Staff were willing to see me as often as I felt necessary (MH); Staff gave me enough time in my treatment sessions (SUD)
- Staff returned my calls within 24 hours (MH)
- I was able to get all the services I thought I needed (MH); I was able to get all the help/services that I needed (SUD)
- I was able to see a psychiatrist when I wanted to (MH)

Satisfaction (General Satisfaction)

- Overall, I am satisfied with services (MH)
- If I had other choices, I would still get services from this agency (MH)
- I felt welcomed here (SUD)
- I like the services offered here (SUD)
- I would recommend this agency to family/friends (MH); I would recommend this agency to a friend (SUD)

Cultural (MH); Cultural/Quality (SUD)

- Staff treated me with respect (MH and SUD)
- Staff were sensitive to my cultural background (MH and SUD)
- Staff respected my family's religious/spiritual beliefs (MH)
- Staff spoke with me in a way that I understood (MH)
- I felt free to complain (SUD)
- Staff here work with my physical health care providers to support my wellness (SUD)
- Staff here work with my mental health care providers to support my wellness (SUD)

Quality and Appropriateness (MH)

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

Mental Health Consumer Perception Survey - November 2019

Subscale	N	English	Spanish	Answered	Agreed	Favorable
Access	1,048	973	75	4,320	3,719	86%
Satisfaction	1,045	970	75	4,364	3,833	88%
Cultural	448	397	51	1,684	1,591	94%
Quality And Appropriateness	599	574	25	4,997	4,349	87%

Mental Health Consumer Perception Survey - June 2020

Subscale	N	English	Spanish	Answered	Agreed	Favorable
Access	412	391	21	1,678	1,410	84%
Satisfaction	414	393	21	1,751	1,483	85%
Cultural	182	166	16	689	655	95%
Quality And Appropriateness	226	221	5	1,915	1,616	84%

SUD Treatment Perception Survey - October 2019

Subscale	N	English	Spanish	Answered	Agreed	Favorable
Access	912	906	6	3,580	3,138	88%
Satisfaction	910	904	6	2,707	2,473	91%
Cultural/Quality	911	905	6	4,439	3,956	89%

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

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

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

Community Representation

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

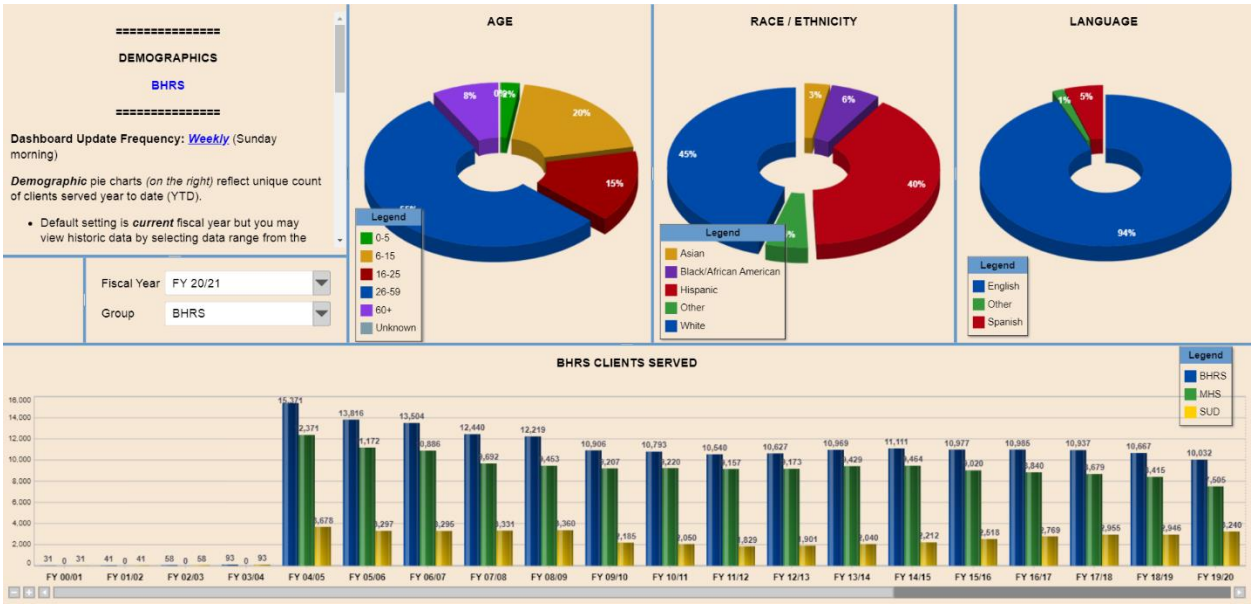
Thirdly, by staff participating in the Peer Committee, we hear firsthand some of the issues that peers are experiencing. In creating programs that address specific ages or populations, it helps to reduce stigma and provides a safe haven for individuals to express themselves and find support. Such is the case with Josie's Place. It goes beyond providing a safe environment and support services for the youth between 16-25 years of age. It also

connects transitional aged young adults (TAYA) to mental health services to improve their lives and well-being. The program works with peer support services and has a young adult advisory committee. Support services are made up of peer support groups that focus on life skills, anger replacement training, gaming, outdoor recreational activities, substance use, addiction support, and several other topics.

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

Tools / Reports

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



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

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

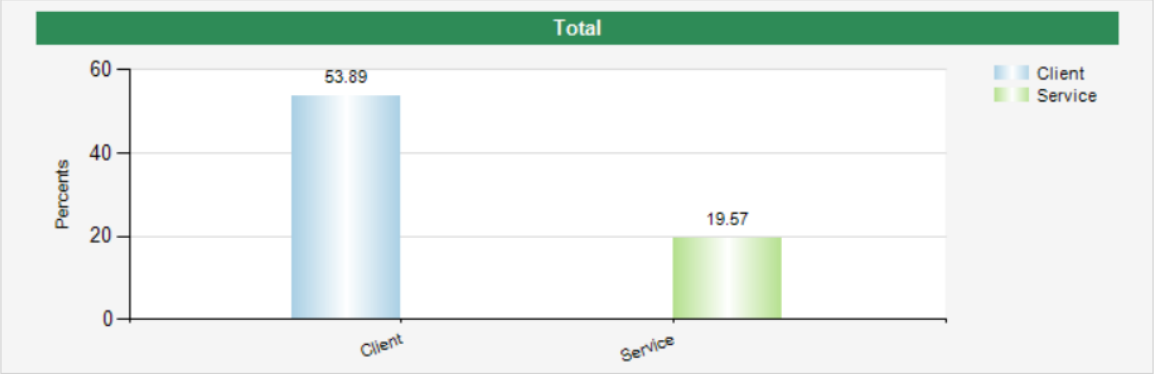
The screenshot below shows a report with specified parameters.

Stanislaus County
CALIFORNIA

No Show Report

Criteria : 7/1/2019 - 6/30/2020, excluding participants w/o a valid case number
Note : "Client" represents unique clients with at least one "No Show" (Appointment type 5) during report period. "Service" is a duplicate count (a client may have received multiple services). MD is for physicians only, Clinical is for RN, Clinician, and Case Management.

Program : MHS
SOC : Adult-Older Adult SOC/PEI/HMHT,CSOC/TAY,Forensics,Managed Care/CERT/MAT,SRC/Genesis/Other,Substance Use Disorder Srvcs.,WPW
UNIT_ID : 10,12,13,14,16,17,18,23,24,26,30,31,34,38,40,42,44,46,48,50,52,56,58,60,62,64,66,68,70,72,74,76,96
SUB_UNIT_ID :
1001,1002,1003,1004,1005,1006,1007,1008,1009,1010,1012,1014,1015,1016,1017,1202,1204,1208,1209,1210,1211,1216,1301,1302,1310,1311,1401,1402,1403,1404,1601,1602,1605,1610,1705,1801,1802,1803,1805,1806,1807,1809,1811,1813,1814,2314,2315,2316,2317,2318,2319,2320,2321,2402,2405,2601,2602,2603,2604,2605,2606,3002,3003,3004,3006,3007,3008,3010,3011,3012,3013,3014,3015,3040,3052,3053,31,3121,3122,3123,3140,3152,3153,3402,3403,3404,3405,3801,3803,3805,4001,4002,4201,4202,4203,4204,4205,4400,4401,4402,4405,4406,4440,4602,4603,4604,4605,4606,4607,4608,4609,4610,4611,4640,4801,5001,5002,5003,5030,5202,5203,5204,5205,5601,5602,5603,5604,5605,5606,5607,5608,5609,5610,5611,5612,5613,5614,5615,5616,5617,5622,5623,5806,5807,5808,5821,5822,6001,6003,6009,6010,6203,6204,6402,6440,6602,6603,6604,6605,6606,6607,6609,6610,6612,6614,6616,6618,6619,6620,6627,6630,6640,6801,6802,6803,6806,6840,7001,7002,7007,7008,7012,7040,7201,7202,7401,7601,7602,7603,7604,7605,7606,9601,9602,9603,9640
Service Code : 20,21
CRED : MD



Total			
Client/Service	**No Shows**	**Total**	**Percentage***
Client	1142	2119	53.89
Service	2271	11606	19.57

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

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

Workforce

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

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

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

BHRS County Staff
Ethnicity and Language Report
between 7/1/2019 and 6/30/2020

Ethnicity Totals by Function						
	County Population	*Overall Staff*	*Admin/ Management*	*Direct Svcs*	*Support Svcs*	*NA*
Asian	5.1 %	7.7 %	7.4 %	6.5 %	8.7 %	8.3 %
Black/African American	2.4 %	6.2 %	4.4 %	6.1 %	4.7 %	8.3 %
Hispanic	42.6 %	36.3 %	32.4 %	33.8 %	44.7 %	19.4 %
Native American/Alaska Native	0.4 %	0.9 %		1.5 %	1.3 %	
Other/Unknown	10.7 %	5.5 %	5.9 %	5.4 %	4.0 %	2.8 %
White	38.9 %	43.5 %	50.0 %	46.6 %	36.7 %	61.1 %
Total Population	**530561**	**584**	**68**	**459**	**150**	**36**

Language Totals by Function						
	County Population	*Overall Staff*	*Admin/ Management*	*Direct Svcs*	*Support Svcs*	*NA*
Assyrian		0.9 %		0.9 %	0.7 %	2.8 %
Cambodian		2.0 %	2.9 %	2.2 %	0.7 %	
English	61.4 %	68.0 %	67.6 %	68.8 %	67.3 %	69.4 %
Filipino Dialect		0.7 %	1.5 %	0.4 %	0.7 %	
Hindi		1.0 %	2.9 %	0.7 %	0.7 %	
Hmong		0.2 %		0.4 %		
Laotian		0.5 %	1.5 %	0.2 %		2.8 %
Other	5.1 %	0.2 %		0.2 %		
Portuguese		0.3 %		0.4 %		
Punjabi		0.3 %	1.5 %	0.2 %		
Russian		0.2 %		0.2 %		
Samoan		0.2 %			0.7 %	
Sign ASL		0.2 %		0.4 %		
Spanish	33.5 %	24.7 %	20.6 %	24.6 %	28.7 %	22.2 %
Swedish		0.2 %		0.2 %		
Thai		0.3 %	1.5 %			2.8 %
Vietnamese		0.2 %			0.7 %	
Total Population	**473103**	**588**	**68**	**459**	**150**	**36**

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

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

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

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

Population 5 years and over for Language Spoken and Written

Training Plan / Trainings

Covid-19 Response: BHRS is in the process of transitioning all training to virtual platforms, and developing training to increase the skills and knowledge of the workforce to provide behavioral health care services via virtual platforms. The following trainings have been developed or adapted for online training format:

- Strategies for Working Remotely, Utilizing Telehealth, and Practicing Self-Care
- Strategies for Working Remotely and Practicing Self-Care for Non-Clinical Staff
- Telehealth: Case Management & Psychosocial Rehabilitation Strategies and Interventions
- Telehealth: Best Therapeutic Practices and Intervention
- Zoom for Healthcare
- Covid-19 Disaster Crisis Counseling Training

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

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

These trainings were:

- **Eliminating Inequities in Behavioral Health Care (CIBHS)**
  - Introduction to a Framework for Confronting Racism in Behavioral Health
  - Systemic Racism and Structural Racialization: Examining the Impact on Behavioral Health Disparities
  - Implicit Bias: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias
  - The Role and Responsibilities of Health and Behavioral Health Care Leaders in Addressing Systemic Racism to Eliminate Behavioral Health Disparities
  - Talking About Race and Racism with Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue
  - Talking About Race and Racism With Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue (More information)

- **Minimizing Disruptions in Care (CIBHS):**
  - Recognizing and Countering Implicit Bias by Changing Practices in Telehealth
  - Effective Telehealth When Working with Communities of Color

- COVID-19: Engaging Hmong and Hispanic Populations in Bi-Directional Communication
- Building a Life Beyond Homelessness (CIBHS)

- Eating Disorder and SUD Treatment, A Paradoxical Approach
- Online 2020 Suicide Prevention Summit
- #Out4MentalHealth Training (Bisexual+ clients)
- Complex Trauma Workshop: The Connection Between Mental Health, COVID-19 and Social Unrest
- Resources to Support Minority Mental Health (Relias):
    - What Is Racial Trauma? Understanding How Trauma Affects the Black Community
    - Cultural Competence

The following trainings have also been provided in: FY 2019/2020

- Peer Personnel Training and Placement Program
- Principles and Practices of Culturally and Linguistically Appropriate Services: Including Interpreting and The Use of Interpreters
- Case Management Services - Providing Comprehensive Care to People with Substance Use Disorders
- Mental Health First Aid
- Military Cultural Awareness
- NAMI Provider Training
- Bridging the Gap Conference
- Network Adequacy Certification Training
- Telehealth: Best Therapeutic Practices and Interventions
- Telehealth: Case Management and Psychosocial Rehabilitation Strategies and Interventions

In addition to the trainings, the department participated the Rapid Response Network (RRN), a joint initiative between the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and Social Finance, Inc. to support jurisdictions in fast-paced research and decision making driven by COVID-19. The department request the following guidance and distributed throughout the department. This initial guidance will be further developed into a training for staff.

- Best Practices In Delivering Population Specific Telehealth Services for:
    - Individuals with Substance Use Disorders (SUDs)
    - Individuals with cognitive impairment due to Severe Mental Illness
    - Latino Populations
- Best Practices In Delivering Virtual Peer Support Groups

California Brief Multicultural Competence Scale Training: BHRS is in the process of exploring providing the California Brief Multicultural Competence Scale Training or an equivalent for on-line as well. The trainers have expressed that this training would not have the same impact on participants if conducted virtually, and the in-person format is required to fully experience the full benefit of the training. If the CBMCS is not an option virtually, the department will seek an interim solution until the CBMCS could be provided in-person.

The Cultural Competency Equity and Social Justice Committee will develop a target of the number of staff on an annual basis that will receive training.

Strategic Planning/Core Treatment Model: BHRS is also working on developing a comprehensive training on the Core Treatment services the Department provides specified in the Mental Health Plan. As part of the strategic planning process, the Department is developing a framework, called the Core Treatment Model, that outlines the major components of the treatment services, populations, and performance measures. BHRS has convened a clinical standards workgroup, including county and contract provider staff, to define best practice and minimum standards to strengthen the Department's capacity to provide quality behavioral health treatment. The workgroup is also developing a corresponding training plan for staff as well.

Cultural Competence Program

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

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

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

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

Language Capacity

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

Bilingual staff and service providers are the preferred and expected method of providing language assistance in person, especially for those languages identified as threshold languages. As mentioned on page 10 of this document, in partnership with the Human Resource Department and the Administrative Quality Improvement Committee, we are working toward those goals.

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

As a last resource is the Language Line. In reviewing the Language Line utilization from March 1, 2018 to August 31, 2019 the following is the breakdown and it confirms that it is the last resort when needing to provide services in another language.

24/7 Access Line	Face-to-Face Service Encounters	Telehealth or Telephonic Service Encounters
Exhibit Name: *Language Line Utilization*	**Exhibit Name:** *Language Line Utilization*	**Exhibit Name:** *Language Line Utilization*
Plan Name: *Stanislaus County Behavioral Health and Recovery Services*	**Plan Name:** *Stanislaus County Behavioral Health and Recovery Services*	**Plan Name:** *Stanislaus County Behavioral Health and Recovery Services*
Reporting Period: *12/1/2019- 2/29/2020*	**Reporting Period:** *12/1/2019- 2/29/2020*	**Reporting Period:** *12/1/2019- 2/29/2020*
Total # encounters requiring language line services: *21*	**Total # encounters requiring language line services:** *6*	**Total # encounters requiring language line services:** *N/A*

# of encounters requiring language line services, stratified by language: 1. *Spanish: 21*	**# of encounters requiring language line services, stratified by language:** 1. *Korean: 4* 2. *Farsi: 1* 3. *Vietnamese: 1*	**# of encounters requiring language line services, stratified by language:** *N/A*
Reason services could not be provided by bilingual provider/staff or contracted interpreter: *The reason services could not be provided by bilingual providers/staff or contracted interpreters was due to unavailability of a same language provider.*	Reason services could not be provided by bilingual provider/staff or contracted interpreter: *The reason services could not be provided by bilingual providers/staff or contracted interpreters was due to unavailability of a same language provider.*	Reason services could not be provided by bilingual provider/staff or contracted interpreter: *N/A*