San Joaquin County Behavioral Health Services
2017-18 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 in a broad range of behavioral health services that include mental health and substance use disorder services in a culturally competent and linguistic appropriate manner to meet the prevention, intervention, treatment and recovery needs of San Joaquin County residents.

This document serves as a brief annual update, reviewing the efforts of Fiscal Year 2017-2018 and to provide strategic guidance and baseline development on upcoming efforts for 2018-19. The Brief Annual update will focus on the eight criteria laid out by the State's Cultural Competency Plan Requirements of 2010, reflective of the current Medi-Cal population to provide strategies on improvement and enhancement of Culturally Competent and Linguistically Appropriate Services, for agency staff, community partners and consumers.

Criterion 1: Commitment to Cultural Competence

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

BHS identified three foundational areas in which it could improve its commitment to cultural competence: policy development, program development/adaption, and staff training. BHS developed a Cultural Competency Policy which expresses BHS's commitment to cultural competence and details the methods by which BHS will ensure culturally competent services.
BHS also developed on online Cultural Competency training for staff. The previous cultural competency training was provided in-person and participation in the training was variable. To ensure that the cultural competence training is widely available and to track employee compliance with training participation, the BHS Cultural Competency Committee developed an online training that could be taken at each employee's convenience, and for which participation could be tracked electronically.

2017-18 Accomplishments: Two significant strategies were implemented to enhance agency commitment to Cultural Competency. These were:

- A Cultural Competency Policy for the division (See attachment 1)
- An on-line training course in Cultural Competence for all BHS employees (See Attachment 2)

2018-19 Strategies: BHS plans to further enhance its cultural competence by developing:

- Plan to measure and monitor the cultural competency standards through the data dashboard and/ or the Quality Improvement Work Plan by June 30, 2019 (Completed 1/15/19: see FY 17/18 QAPI Workplan)
- 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 June 30, 2019
- Strategies and an action plan to address findings of the CBMCS by June 30, 2019.
- Policies and programs to increase services for underserved populations, demonstrated by increasing Latino/Hispanic penetration rates.
- Treatment interventions designed to reduce cultural stress (i.e., perception of discrimination and negative sense of identity in relationship to social/family environment), demonstrated by decrease in Cultural Stress CANSA scores.

Criterion 2: Updated Assessment of Service Needs

(CLAS Standard 2)

BHS conducted assessments of service needs through three methods:

1. Mental Health Services Act (MHSA) Community Planning Process on the needs and gaps in services to diverse communities in the County. The assessment of service needs is detailed in the 2018-19 Annual Update to the Three Year program and Expenditure Plan on pages 6 through 15 (See attachment 3).
2. Review of county-specific Medi-Cal Approved Claims Data 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 4).
3. A survey of managers on Culturally and Linguistically Appropriate (CLAS) Standards.

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

- African Americans are disproportionately represented amongst consumers compared to their proportion of the general population (19% of participants, though comprising 7% of the population of the County).
- Latinos are enrolled as lower rates compared to their proportion of the general population (24% of participants while comprising 41% 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 populations.

BHS also determined that no significant differences were noticeable with regards to how illnesses are distributed by race/ethnicity, though a slightly greater proportion of the individuals diagnosed with schizophrenia are African American (23% of all individuals diagnosed with schizophrenia) likely reflecting the overall overrepresentation of African Americans in treatment services.

Through its review of data provided by CALEQRO for Medi-Cal Beneficiaries served showed that

- The penetration rate for individuals 60+ is higher than the statewide average.
- The penetration rate for Asian/Pacific Islanders is higher than the statewide average.
- The penetration rate for Latino/Hispanic communities (2.53%) is lower than the statewide average of 3.38%.

From this data, the BHS Cultural Competency Committee determined that BHS should develop strategies to enhance outreach and engagement within Latino/Hispanic communities.

In July 2017, the Cultural Competency Committee presented on Culturally and Linguistically Appropriate (CLAS) Standards to the BHS Managers meeting and asked managers to complete a Survey on the extent to which BHS provides Cultural and Linguistic Appropriate Services with two goals: 1) collecting baseline data, and 2) creating awareness of CLAS standards among managers. In Fall 2017, the Cultural Competency Committee reviewed the results of the CLAS Standards survey and noted areas of success and concerns. Common themes in the survey results included:

- Continuous efforts to attract a diverse workforce, both among line staff and management staff, including individuals who are proficient in languages other than English
- Staff training on diversity.
- Outreach services for individuals with limited English proficiency
- A need to improve the number of printed materials available in languages other than English.
- Better data collection on ethnicity and race
- Improved data-driven decision making for culturally and linguistically appropriate services.

2017-18 Accomplishments: BHS implemented a comprehensive community planning process that included:

- Six community discussions and 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.
- Assessment of program services, including utilization, timeliness and client satisfaction.
- Cultural Competency Committee presentation to managers on CLAS Standards
- Administration of survey on CLAS Standards to BHS Managers.

2018-19 Strategies:

- Conduct 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 November 30, 2018.
- 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 November 1, 2018.
- Distribute and collect needs assessment surveys by December 31, 2018.
- Complete an annual MHSA assessment of needs by March 30, 2019.
- 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 BHS Staff Members and Partners will be administered to all staff by June 30, 2019.
- Develop strategies and an action plan to address CBMCS findings by June 30, 2019.

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

(CLAS Standard 1, 10, 14)

As a result of its 2016-17 MHSA Community Planning Process, BHS developed and implemented a major strategy to reducing racial, ethnic, cultural and linguistic mental health disparities. BHS designed and received approval to create an Assessment and Respite Center in partnership with a local Federally Qualified Health Center (FQHC).

In its planning process, BHS found that many individuals from communities of color were not accessing behavioral health services due to stigma, a lack of culturally competent services, or from prior negative interactions with behavioral health treatment providers.

The new Assessment and Respite Center, which opened in June 2018, is designed as a “friendly front door” to services for individuals who are unlikely to access services from the public behavioral health system. Community Medical Centers (CMC), a local non-profit community health care provider and a Federally Qualified Health Center (FQHC), was selected as the lead project partner because it has 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. Over the years it 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.

2017-18 Accomplishments

- A MHSA Innovation Project for an Assessment and Respite Center focused on increasing access to behavioral health services for racial and ethnic minorities was developed by BHS and approved by the

County's Board of Supervisors in November 2017 and by the California Mental Health Oversight and Accountability Commission in January 2018.
- The Assessment and Respite Center opened to services in June 2018.

2018-19 Strategies
- Monitor the success of the Assessment and Respite Center by reviewing quarterly data on the demographics of individuals served and qualitative data including consumer satisfaction data, quarterly.
- Implement adjustments to the activities of the Assessment and Respite Center in the annual contract review process by March 30, 2019.
- Dedicate efforts of the BHS Cultural Competency Committee to the development of additional strategies for outreach and engagement to Latino/Hispanic communities by making it a permanent agenda item on monthly meetings beginning January 2018.

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

(CLAS Standard 13)

BHS has two avenues to discuss the cultural competence of its staff and services:
- A Cultural Competency Committee comprised of BHS staff, consumers/family members, and other stakeholders.
- The 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 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 focus 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 Consortium has become a vehicle through which the Cultural Competency Committee informs our stakeholders of continuous Cultural Competency efforts.

2017-18 Accomplishments: The Cultural Competency committee achieved significant successes with the development of three major projects:
- The development of a BHS Cultural Competency Policy (see attachment 2)
- The development of standardized and mandatory online staff training on Cultural Competence (see attachment 1)
- A survey of managers on Culturally and Linguistically Appropriate (CLAS) Standards.

2018-19 Strategies

- Hold at least eight meetings involving representation from management staff, direct services staff, consumer, community members and representatives of cultures from the community by June 30, 2019.
- Elicit, suggest, review, monitor and support at least two new strategies to increase penetration and retention rates for identified community groups by June 30, 2019.
- Collaborate with the Consortium by disseminating Cultural Competency information and strategies at five Consortium meetings by June 30, 2019.
- Recruit and ensure at least two consumers and/ or family members are present at each Cultural Competency Committee meeting.

Criterion 5: County Mental Health Plan Culturally Competent Training Activities

(CLAS Standard 4)

To ensure that the cultural competence training is widely available and to track employee compliance with training participation, BHS developed an online training that will be taken within 12 months of employment and for which participation can be tracked electronically. In addition, BHS will incorporate considerations of culture in systemwide, multidisciplinary trainings related to Medical Necessity and Level of Care
2017-18 Accomplishments:

- Development of an on-line training course in Cultural Competence for all BHS employees (See Attachment 1)
- BHS has also continued its efforts in providing Cultural Competent presentations via the Consortium as outlined in Criterion 4.

2018-19 Strategies:

- Monitor the numbers of staff participating in the online course by June 30, 2019 (Monitoring as of Dec. 31, 2018 completed; reported in QAPI Workplan, FY 18/19, 1/15/19)
- Adjust the online course curriculum in response to feedback from participants and new learning strategies in line with best practices for cultural competency training by June 30, 2019.
- Develop and implement culturally competent Medical Necessity and Level of Care training by June 30, 2019.

Criterion 6: County Mental Health System's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

(CLAS Standard 7)

The BHS Cultural Competency Committee reviewed the San Joaquin County data of its staff collected with an in-house database. The data was provided to the Office of Statewide Health Planning and Development (OSHPD) for inclusion in its Statewide Evaluation/Workforce Education and Training (WET) Workforce Needs Assessment in September 2018. The results of the Statewide Needs Assessment are included in attachment 6. The table below compares proportional data on BHS employees to client data from CALEQRO and the United States Census data:

	BHS staff (Number)	BHS staff %	Medi-Cal Beneficiaries % (CALEQRO)	County % (Census)
Caucasian/White	260	35.5%	18.6%	31.8%
Hispanic	186	25.4%	45.9%	41.6%
Asian	127	17.3%	9.8%	16.7%
Black/African American	86	11.7%	15.1%	8.2%
Other	74	10.0%	10.6%	1.7%
Total	733	100%	100%	100%

Data shows that BHS staff are very underrepresented in staff that are Hispanic and slightly underrepresented in Black/African American staff.

2017-18 Accomplishments

- Maintained an in-house database of staff ethnicities.
- Provided data to OSHPD for inclusion in the 2018 State Evaluation/Workforce Education and Training (WET) Workforce Needs Assessment.
- Reviewed staff data to determine areas in which the BHS staff was over or under-represented.

2018-19 Strategies

- The BHS Cultural Competency Committee will develop strategies for increasing the recruitment of staff from the Latino/Hispanic and Black/African American communities by June 30, 2019.
- The BHS Cultural Competency Committee will provide recommendations for improvement in tracking deficiencies highlighted in the Statewide Evaluation/Workforce Education and Training (WET) Workforce Needs Assessment by June 30, 2019.

Criterion 7: County Mental Health System Language Capacity

(CLAS Standard 5,6,8)

The BHS Cultural Competency Committee reviewed the language capacity of its staff collected with an in-house database. This data was provided to the OSHPD for inclusion in the 2018 State Evaluation/Workforce Education and Training (WET) Workforce Needs Assessment. The data, provided below, shows serious deficiency in staff that speak Cambodian, Vietnamese, and Laotian. Other unrepresented languages are American Sign Language and Korean. BHS's goal is to increase recruitment and retention of linguistically diverse staff to improve staff to beneficiary ratios.

Primary languages spoken by clients and staff	# of Clients	# of BHS Staff Providing Direct Services	Staff to client ratio
English	13,782	705	1:20
Spanish	830	80	1:10
Cambodian	391	4	1:98
Vietnamese	193	0	n/a
Laotian	89	0	n/a
Hmong	78	8	1:10
Tagalog	47	42	1:1
Arabic and Farsi	30	2	1:15
Chinese (Mandarin and Cantonese)	18	1	1:18
American Sign Language	10	0	n/a
Korean	3	0	n/a

2017-18 Accomplishments

- Maintained an in-house database of language capacity of BHS staff.
- Provided data to OSHPD for inclusion in the 2018 State Evaluation/Workforce Education and Training (WET) Workforce Needs Assessment.
- Reviewed staff data to determine areas in which the BHS staff was over or under-represented.

2018-19 Strategies

- The BHS Cultural Competency Committee will develop strategies for increasing the recruitment of staff that speak Cambodian, Vietnamese, and Laotian by June 30, 2019.
- The BHS Cultural Competency Committee will provide recommendations for improvement in tracking deficiencies highlighted in the Statewide Evaluation/Workforce Education and Training (WET) Workforce Needs Assessment by June 30, 2019.

Criterion 8: County Mental Health System Adaptation of Services

(CLAS Standard 12)

The MHSA Annual Update contained a number of new programs and services to be implemented in 2018-19. BHS has included the requirement for cultural and linguistic competence in each of the project descriptions and its Requests for Proposals (RFP). BHS will document the necessity of cultural and linguistic competency in its contractual requirements and will monitor contractors to ensure that services are being implemented accordingly.

2017-18 Accomplishments

- The standard for cultural and linguistic competence in new MHSA projects was documented in the MHSA Annual Update.

2018-19 Strategies

- BHS contracts for new MHSA services will document the requirement for cultural and linguistic competence.
- BHS will monitor contractors to ensure that new services are being implemented with cultural and linguistic competence.

Attachments:

1. BHS Cultural Competency Policy (#0105.0025.0)
2. Online Cultural Competence Training
3. 2018-19 Annual Update to the Three Year Mental Health Services Act Program and Expenditure Plan, pages 6 through 15
4. San Joaquin County-specific Data provided by CALEQRO
5. Training Presentations at Consortium meetings, January 2017 to June 2018
6. Workforce Needs Assessment (Based on state Fiscal Year 2016-17 (July 1st, 2016 – June 30th, 2017)

Attachment 1: BHS Cultural Competency Policy (#0105.0025.0)

San Joaquin County Behavioral Health Services			
BEHAVIORAL HEALTH ADMINISTRATION			
Originating Department:	**Original Issue Date:**	**Policy Number:**	**Page:**
BHS Administration	12/18/2017	0105.0025.0	1of 3
This Policy Applies To:	**Revision Date:**	**Written By:**	**Approved By:**
All BHS Programs	**Reviewed Date:**	Angelo Balmaceda, Administrative Assistant II	Cara Dunn, Deputy Director, Administration Frances Hutchins, Assistant Behavioral Health Director Tony Vartan, LCSW, Behavioral Health Director
SUBJECT: Cultural Competency			
THIS POLICY SUPERSEDES THE FOLLOWING POLICY:			

POLICY

This policy services to comply with the State Department of Health Care Services requirements, Federal and State Laws and to emphasize San Joaquin County Behavioral Health Services' (BHS) commitment to providing culturally and linguistically appropriate services.

PURPOSE

The purpose of this policy is to communicate to BHS staff and contractors the division's commitment to provide cultural and linguistic appropriate services to its clients and consumers via various procedures throughout the department. Additionally, the policy details how BHS will provide planning, implementation, training and oversight via the Cultural Competency Plan, Cultural Competency Training Plan and Cultural Competency Committee to reduce and eliminate cultural, linguistic, racial, and ethnic behavioral health disparities.

DEFINITION

Cultural Competence is a set of congruent practice skill knowledge, behaviors, attitudes and policies that come together in a system, agency, or among consumer providers, family members and professionals that enables the system, agency, or those professionals and consumers, and family member providers to work effectively in cross-cultural situations (adapted from Cross, et al., 1989; cited in DMH Information Notice, 02-03).

COMPLIANCE MONITORING

Cultural Competency activities will be reported to the BHS Quality Improvement Council on a quarterly basis. A summary of activities will include progress on 1) goals and objectives of the Cultural Competency Plan, 2) Cultural Competency training and, 3) Cultural Competency Committee updates.

PROCEDURE

1. Cultural Competency Plan: In accordance with DMH Information Notice Number 10-02: Cultural Competency Plan Requirements and Title IX, California Code of Regulations, Chapter 11, Cultural Competence Plan for Mental Health Plans (MHP), BHS will adhere to the establishment of DHCS mandated Cultural Competency Plan Requirements as follows:
    a. Commitment to Cultural Competence
    b. Updated Assessment of Service Needs
    c. Cultural Competency Advisory Committee
    d. Strategies and efforts for reducing racial, ethnic, cultural and linguistic behavioral health disparities
    e. Client/Family/Family Member/Community Committee: Integration of the Committee within the County behavioral health system.
    f. Culturally competent training activities
    g. County's commitment to growing a multicultural workforce: Hiring and retaining culturally and linguistically competent staff
    h. Language Capacity
    i. Adaptation of Services

2. Cultural Competency Training Plan - BHS Staff at all levels and across all disciplines will receive ongoing education and training in culturally and linguistically appropriate service delivery. [Cultural and Linguistically Appropriate Services Standards, Standard No. 3, DMH Information Notice Number 10-02 and Title IX, CA Code of Regulations,]Chap. 11, Article 4 Section 1810.410, (c)(3)]
    a. All staff will attend and complete Sthe an Joaquin County training entitled, "*Diversity and Inclusion*" every five years.
    b. All staff will complete the online BHS entitled, "*Cultural Competence in County Mental Health*" via the BHS Self-Paced Training platform.
    c. All Staff with client contact will complete the BHS training entitled, "*Limited English Proficiency*".

3. Cultural Competence Committee – BHS will convene a Cultural Competence Committee in accordance with the requirements of Title IX, Califonria Code of Regulations, Chapter. 11, Article 4 Section 1810.410, (b):

a. 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
b. 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.
c. The Cultural Competence Committee shall elicit, suggest, review, monitor and support strategies to increase penetration and retention rates for identified community groups.
d. The Cultural Competence Committee will collaborate with the Mental Health Services Act Consortium and other organizations representing various groups within the community.

Attachment 2 - Online Cultural Competence Training

Intro to Cultural Competence – A Preparedness and Orientation Course

(Online Mandatory Training for ALL Staff)

Summary:

The online training prepares BHS staff as an introductory and orientation course to cultural competence within California's Behavioral Health Organizations

Topics Covered:

- The Rational for cultural competence
- A brief history of cultural competence in mental health
- Defining cultural competence and culturally responsive care
- Components of a culturally competent service organization
- National CLAS Standards
- Cultural Formulation in DSM-5
- Resources

Learning Objectives:

- Increase knowledge of the origin of cultural competence in California.
- Recognize the value of cultural responsive whole healthcare and its impact on positive outcomes.
- Identify indicators for a culturally competent organization.
- Associate general concepts and terms for culturally competence practices.

**Training meets Federal CLAS Standard Requirement (Standard #4)

- Educates and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

**Training meets State Culturally Competency Plan Requirement (Criterion #5)

- Culturally Competent Training Activities – Staff Education and training are crucial to ensuring culturally and linguistically appropriate services. All staff shall receive annual cultural competence training.

Attachment 3: 2018-19 Annual Update to the Three Year Mental Health Services Act Program and Expenditure Plan, pages 6 through 15

Community Program Planning and Stakeholder Process

Community Program Planning Process

The 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:

- BHS Program Service Assessment: December – March
  - Prevention, Early Intervention, Outpatient and Crisis Services Utilization Analysis
  - Penetration and Retention Reports
  - Timeliness Reports
  - Client Satisfaction Report
  - Cost per Person Analysis
- Annual Evaluation of Prevention and Early Intervention Programs for 2016/17

Community Discussions:

- Behavioral Health Board:
  - November Meeting at the Public Library in Lodi
  - February Meeting at BHS in Stockton
  - March Meeting at the Public Library in Tracy
- General Public Forums
  - February 26th at the Public Health Department
  - February 27th at the Robert J. Cabral Agriculture Center
  - March 8th at the Dorothy L. Jones Cuff Center

Key Informant Interviews

- San Joaquin County
  - Monica Nino, County Administrator
  - Supervisor Tom Patti
  - Supervisor Miguel Villapudua
- Community Partners
  - Meetings and program tours with both partner and non-partner community-based organizations throughout San Joaquin County.
- BHS Staff, Deputy Directors, and Clinical Program Managers

Targeted Discussion Groups

- Consumer Focus Groups
  - Wellness Center
  - Martin Gipson Socialization Center
- Potential Partner Discussion Groups
  - Justice Partners (Probation, Local Law Enforcement, Courts, District Attorney, etc.)
  - Schools (San Joaquin County Office of Education and Local School Districts)
  - Child Welfare Services

Program Service Assessment

San Joaquin County Behavioral Health Services (BHS) provides behavioral health services, including mental health and substance use disorder treatments to over 15,900 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. A snapshot in time analysis of services provided in March 2018, provides a general overview of program participation.

Mental Health Services provided March 2018

Services provided by Age	Number	% of Total
Children	1243	22.6
Transitional Age Youth	996	18.1
Adults	2634	47.8
Older Adults	634	11.5
Total	**5507**	**100%**

Program participation is reflective of anticipated demand for services, with the majority of services being delivered to adults, ages 25-59 years of age. The participation amongst other age groups is consistent with their percentage within the total population.

Services provided by Race/Ethnicity	Number	% of Total
White	2085	37.9
Latino	1325	24.1
African American	1039	18.9
Asian	558	10.1
Other	258	4.7
Native American	224	4.1
Pacific Islander	18	0.3
Total	**5507**	**100%**

Diversity of participants is similar to the distribution in prior years. African Americans are disproportionately represented amongst consumers compared to their proportion of the general population (19% of participants, though comprising 7% of the population of the County). Latinos are enrolled as lower rates compared to their proportion of the general population (24% of participants while comprising 41% 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 populations.

Services provided by City/Community	Number	% of Total
Stockton	3851	67.3
Lodi	512	8.9
Other	502	7.9
Tracy	379	6.6
Manteca	365	6.4
French Camp	142	2.5
Lathrop	87	1.5
Total	**5838**	**100%**

The majority of clients are residents of the City of Stockton. Stockton is the County seat and largest city in the region, accounting for 42% of the county population. The majority of services and supports for individuals receiving public support benefits (including mental health) are located in Stockton.

Diagnosis	Number	% of Total
Mood Disorder	1976	34.5
Schizophrenia	1493	26.1
Other	850	14.8
Anxiety Disorder	732	12.8
Adjustment Disorder	493	8.6
Behavioral Disorder	368	6.4
Personality Disorder	4	0.1
Total ***Some clients have more than one diagnosis**	**5916**	**100%**

Mood disorders and those on the spectrum of schizophrenia disorders are present amongst the majority of clients served. No significant differences are noticeable with regards to how illnesses are distributed by race/ethnicity, though a slightly greater proportion of the individuals diagnosed with schizophrenia are African American (23% of all individuals diagnosed with schizophrenia) likely reflecting the overall overrepresentation of African Americans in treatment services. More men are diagnosed with schizophrenia disorders than women and women are more likely to be diagnosed with mood disorders.

Community and Program Discussions

Findings from Consumer Focus Groups

Consumer focus groups were convened at the following locations:

- Martin Gipson Socialization Center, operated by the University of the Pacific Community Re-Entry Project
- Peer Recovery Services, a consumer operated wellness center

Nearly all consumers participating in the focus group self-identified as having co-occurring mental health and substance use disorders.

The discussions focused on responses to the following questions:

- What aspects of BHS program services are working well for you and supporting you on your recovery journey?
- Are there barriers or challenges that make it difficult for you to meet your recovery goals?

- What was your experience when you first started seeking assistance? Do you have any recommendations on how we can improve access to services?
- Do you have any other recommendations on how BHS can improve services or otherwise support your recovery process?

Overall, consumers who participated in the focus groups reported a strong appreciation of their clinicians and case management who provided services to them on a daily basis. They reported that case planning and one-on-one time with case managers was one of the most beneficial aspects of services and that being able to participate in groups and individual counseling sessions remained among their highest service priorities.

Housing, and the ability to maintain and secure safe and affordable housing, continues to top the list of major consumer concerns. While most of the consumers participating in groups reported having a place to live many were worried about increasing rents. Others (currently or recently homeless) shared troubling stories about their inability to find housing. Rising rents, scarcity of housing, and more stringent application processes seem to be fueling the housing crisis for consumers. Several consumers reported being homeless one or more day in the past six months.

Transportation was also a major concern in both discussion groups; one group reported that bus routes had recently changed impacting access to services. The second group discussed the need for a cross walk between BHS and the bus stop on the adjacent side of the street.

In prior years, consumers reported long wait times to see a psychiatrist. This year there were fewer concerns about wait times for routine psychiatric visits. This is likely reflective of the impact made by the hiring of several new psychiatrist in 2017. However many reported that they have a hard time scheduling next-day appointments when they are feeling unwell. Several recommended being told that they should go to crisis because they couldn't get an appointment for a relatively non-urgent concern within a timely period. In particular consumers report having had trouble understanding how to get the help they feel that they need. Often during the discussion, one consumer would provide a recommendation to another consumer about who to call, what to say, and how to get appropriate services in a timely manner. Not surprisingly, consumers reported a need for more peer navigation services. This recommendation has been included in this Annual Update as a new CSS program.

Finally, consumers reported wanting more in the ways of recreation, socialization, and life skills such as healthy meal preparation and employment training. Consumers also reported concern about accessing primary health care services, including dentistry.

Findings from Potential Partner Focus Groups

Meetings were held with stakeholders and community partners to determine new opportunities to expand and enhance services for individuals with mental illnesses, per San Joaquin County Board of Supervisors directives to expand and enhance collaborative efforts across government and community based partners (Three Year Strategic Priorities). The BHS planning team also met individually and in focus group discussions with community based partners, school personnel, child welfare services, and law enforcement and justice partners. The results from the planning discussions with law enforcement and justice partners, pertaining to non-serious and nonviolent offenders with behavioral health concerns and /or homeless individuals are reported in the section below as an update to the 17/18 planning process. In additional the following key findings and recommendations were determined.

- There remain critical system gaps for children and youth within the dependency system (child welfare and/or juvenile justice system). San Joaquin County does not have enough licensed short term residential therapeutic programs (STRTPs) to meet the local demand for services. As a result children within the child welfare system stay longer than indicated in the emergency children's shelter and, without appropriate level of care interventions, some youth have escalating behaviors that result in a juvenile justice contact.
    - Next Steps for 2018/19: BHS and the San Joaquin County Human Services Agency (HSA) will continue to develop collaborative strategies to address system gap. For the short-term BHS will increase clinical resources to the FSP program serving dependency youth and to the Mary Graham emergency shelter for children. BHS and HSA are also entering into exploratory dialogue regarding to potential to develop a crisis residential treatment program for children and youth.

- School base mental health services are insufficient to meet demand and are implemented with few oversights and varying levels of effectiveness at different schools. The biggest concern was the use of a "pool" of clinicians to work with schools. School personnel reviewed the importance of having dedicated clinical staff working within the school milieu and the importance of services beyond individual counseling for children and youth including life skills and rehabilitation groups to address impulse control, positive peer relationships. Other areas of service support recommended include more participation in student support teams and working collaboratively with school staff to address behavioral concerns that escalate beyond the disciplinary / code of conduct rules and procedures for schools.
    - Next Steps for 2018/19: BHS is ending the Trauma Services for Children and Youth program and creating a new and strengthened PEI program for School-based Interventions for children and youth that will provide early intervention services to elementary, middle, and high school age youth to address a range of behavioral health concerns. School-based Intervention services will be targeted to schools in which a large number of students have a higher than average risk of developing a mental illness. Extreme poverty, and adverse childhood experiences including poverty, are identified in the California Code of Regulations (§3720) as a risk factor for mental illness. School-based Intervention services will prioritize schools in which a substantial majority of students are eligible to participate in the free or reduced price meal program.

- Prevention and Early Intervention Services are primarily directed to children and youth. In prior years, more than 75% of all PEI programming was directed to children and youth. Community stakeholders suggested that more PEI services be directed towards TAY, Adult, and Older Adult populations.
    - Next Steps for 2018/19: BHS will allocate over $3million in PEI funds for early intervention programs for TAY, Adult, and Older Adult populations in FY 2018/19. Services include funding for a new diversion support program; enhanced funding for a clinician to work with adults that have been victims of human trafficking; and a new program that will provide funding to one or more community based partners to provide trauma response services to TAY, Adult, and Older Adults in San Joaquin County. BHS will seek partners that can offer an array of culturally competent services using evidence based practices.

Findings from Discussions with Staff and Partners

Meetings were held with Deputy Directors and clinical program managers from all areas of the BHS service delivery system in January and February of 2018, in order to gain input from clinicians regarding their thoughts on the greatest gaps and challenges in the mental health service delivery system.

Major Concern #1: Inpatient and Residential Services

Inpatient and Residential services are available for consumers with the most acute and chronic care needs. Utilization of inpatient and crisis residential services is high. Bed spaces are typically full in local crisis residential and psychiatric health facilities, sometimes requiring transport out of the county for necessary treatment services.

One challenge is that crisis personnel report having poor discharge options for individuals to step down to less restrictive levels of care because (1) programs are full – there are insufficient care homes to meet demand; or (2) programs feel that client acuity may be too high for the placement. The following have been identified as immediate needs:

- Adult residential facility, for individuals that are eligible to leave crisis residential treatment but do not have a safe and stable place in which to continue their recovery efforts.
- High-risk transition team, for individuals that have had one or more failed transitions from acute care services to routine outpatient services. The Transition Team will provide wrap-around case management while clients are staying in an inpatient hospital, crisis residential facility, or other licensed residential program in order to help facilitate the transition to routine treatment. A project goal is to reduce the number of emergency responses to residential facilities.

BHS also recognizes that some clients with high acuity require a long period of structured recovery. BHS is exploring options to develop a short term acute rehabilitation program. BHS will allocate a portion of CSS funds to the Capital Facilities funds in order to support crisis and acute care expansion project needs. (Pursuant to Welfare and Institutions Code §5892(b) Counties may allocate up to 20% of the total average amount of funds allocated to the County for the previous five years. Funds are distributed between WET, CFTN, and the Prudent Reserve.)

Major concern # 2: FSP Engagement and Service Utilization

Service utilization amongst engaged clients is lower than targeted. Individuals enrolled in FSP programs receive, on average, less than six hours of service utilization each month. Target expectations for FSP program clients is for significantly more contact with clinical and case management staff. BHS continues to review opportunities to strengthen service delivery. Program staff members indicate that some clients require very, very extensive services, reducing time available to spend with clients that have reached more of their recovery goals. As a result, BHS will be making significant changes over the next two years to the full service partnership delivery system.

This Annual Update describes two new programs to support FSP clients that require very intensive services. These shall be developed with contracted Organizational Providers that are identified through a public procurement process. Notice has also been given to existing partners providing FSP Engagement services that current contracts will end June 2019. Community partners are invited to submit applications in response to forthcoming Requests for Proposals or Qualifications (RFPs or RFQs). Most new programs developed through this Annual Update licensed and certified Organizational Providers. Community partners that are not

Organizational Providers can contact CA Community Care Licensing Division for more information on the licensing and certification process.

Updates from 2017/18 Recommendations:

Several findings were made during the prior year's MHSA community program planning process. The section below re-iterates those findings and recommendations and provides an update on the program services or actions that have been taken to address recommendations.

- There are insufficient affordable housing units available to ensure that all mental health consumers have safe and secure housing options.
    - Recommendation: Create new affordable housing solutions, blending funding from multiple sources.
    - Update: BHS created a project based housing fund and is working in partnership with the Housing Authority of San Joaquin County to develop new permanent housing units for people with serious mental illness that have, or are eligible for voucher-based housing (formerly Section 8 housing). Over the next two years BHS and the Housing Authority hope to construct up to 35 new units for people with serious mental illnesses.
    - Update: BHS received approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC) in January of 2018, for the implementation of the Progressive Housing Innovation Program. Progressive housing is a shared housing program for formerly homeless individuals with serious mental illness and co-occurring disorders. Progressive Housing offers a tiered approach to housing and recovery services that is designed to support individuals at different stages of the recovery process with the goal of "graduating" participants into independent living programs.

- There are insufficient outreach and engagement staff members conducting "field outreach" with individuals whose symptomology indicates a possible mental health disorder.
    - Recommendation: Reconsider outreach and engagement with a multi-agency approach. Include law enforcement in discussions to enhance local capacity to divert individuals with mental health conditions from the local jail.
    - Update: BHS has been engaged in a planning process with law enforcement and other partners to address diversion opportunities for individuals with mild, moderate, and serious mental illnesses and co-occurring disorders. A collaborative project with joint BHS, District Attorney and Law Enforcement commitments is currently in the planning stages with pilot implementation planned for fall 2018. PEI resources will be allocated to this collaborative endeavor.
    - Update: BHS will also expand Mobile Crisis Support Teams. Two new mobile crisis support teams will join the existing fleet within the next fiscal year. The new teams will be stationed outside of Stockton in the North and South portions of the County.

- The population of homeless individuals with serious mental illness may be higher than anticipated. In the 2017 unsheltered homelessness count, 30% of homeless individuals self-reported a mental health concern.
    - Recommendation: Linkages to mental health services should be developed in tandem with any efforts to increase homeless outreach and engagement. More opportunities should be made available to meet individuals where they are during the assessment process.

- Update: Given the homeless crisis that is currently being experienced BHS is committing more resources and effort to working collaboratively with a range of programs and services. BHS understands that homelessness is a major concern of the community and is shifting the local priorities for FSP enrollment so that experiences of homelessness are of major consideration for FSP enrollment. San Joaquin County has also recently appointed an individual to lead county-wide efforts to address homelessness.

- Individuals with serious mental illnesses continue to have high rates of co-morbid conditions, including co-occurring substance use disorders, high blood pressure, and diabetes. Smoking rates are very high amongst consumers and continue to lead to chronic health conditions.
    - Recommendation: Strengthen partnerships with primary health care services. Create joint training opportunities for psychiatrists and primary care physicians.
    - Update: BHS received approval from the MHSOAC for the creation of the Assessment and Respite Center in partnership with Community Medical Centers (CMC). CMC will operate a drop in facility for individuals with behavioral health concerns to receive assessment and intervention services: respite services, withdrawal management, triage, assessment, and referral to care services. On site staff include medical personnel, clinicians, substance use counselors, case managers, and peer partners. Through the CMC partnership clients will be linked to any needed health, mental health, or substance use disorder treatment services. CMC also offers dentistry, reproductive health, and other specialty health care services.

Attachment 4: San Joaquin County-specific Data provided by CALEQRO

Table 1: San Joaquin MHP Medi-Cal Enrollees and Beneficiaries Served in CY16, by Race/Ethnicity				
Race/Ethnicity	**Average Monthly Unduplicated Medi-Cal Enrollees**	**% Enrollees**	**Unduplicated Annual Count of Beneficiaries Served**	**% Served**
White	56,169	18.6%	3,602	29.5%
Latino/Hispanic	138,697	45.9%	3,514	28.8%
African-American	29,735	9.8%	1,945	15.9%
Asian/Pacific Islander	45,758	15.1%	1,278	10.5%
Native American	822	0.3%	67	0.5%
Other	31,149	10.3%	1,792	14.7%
Total	**302,327**	**100%**	**12,198**	**100%**

	SAN JOAQUIN					MEDIUM		STATEWIDE	
	Average Number of Eligibles per Month (4)	Number of Beneficiaries Served per Year	Approved Claims	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year
TOTAL									
	302,327	12,198	$48,619,931	4.03%	$3,986	4.07%	$5,916	4.44%	$5,746
AGE GROUP									
0-5	41,012	443	$1,487,709	1.08%	$3,358	1.50%	$4,070	2.04%	$4,842
6-17	80,725	3,190	$13,642,349	3.95%	$4,277	5.00%	$6,796	6.01%	$7,222
18-59	149,520	7,485	$29,817,540	5.01%	$3,984	4.50%	$5,609	4.70%	$5,110
60 +	31,072	1,080	$3,672,333	3.48%	$3,400	3.03%	$5,681	2.75%	$4,577
GENDER									
Female	161,057	6,330	$23,814,803	3.93%	$3,762	3.79%	$5,737	4.07%	$5,333
Male	141,271	5,868	$24,805,128	4.15%	$4,227	4.40%	$6,091	4.87%	$6,145
RACE/ETHNICITY									
White	56,169	3,602	$13,549,213	6.41%	$3,762	5.69%	$5,936	6.01%	$5,372
Hispanic	138,697	3,514	$12,500,137	2.53%	$3,557	2.74%	$5,279	3.38%	$5,430
African-American	29,735	1,945	$8,268,540	6.54%	$4,251	6.48%	$5,843	7.76%	$6,158
Asian/Pacific Islander	45,758	1,278	$4,874,061	2.79%	$3,814	2.35%	$5,276	2.25%	$5,728
Native American	822	67	$241,829	8.15%	$3,609	6.41%	$5,714	7.38%	$5,805
Other	31,149	1,792	$9,186,151	5.75%	$5,126	6.31%	$7,454	6.23%	$6,756

Attachment 5: Training Presentations at Consortium meetings, January 2017 to June 2018

Date	CBO/BHS Program	Title/Subject	Presenter
1/4/2017	VIVO (Vietnamese Volunteer Foundation)	Vietnamese Culture and Healing Process	VIVO, Tham Le
2/1/2017	Power and Support (Consumer Lead Empowerment Group)	San Joaquin County 211	Power and Support Team
3/1/2017	Women's Center of San Joaquin	Presentation of Services	April Lynn
4/5/2017	Community Partnership for Families	Presentation of Services	Sallee Her
6/7/2017	Wellness Center	Peer Recovery Services	Michael Fields
7/5/2017	Disability Resource Agency for Independent Living (DRAIL)	Work Incentive Planning and Assistance	Alexandra Queen
8/2/2017	Child Abuse Prevention Council	Presentation of Services	Shauna Buzunis-Jacob
9/6/2017	TeleCare Corp.	Telecare Early Intervention and Recovery (TEIR)	Melissa Planas
10/4/2017	BHS Prevention Services	Red Ribbon Week Presentation	Prevention Staff
11/1/2017	Parents by Choice	Presentation of Services	Tony Yadon, Joseph Thomas
1/3/2018	Catholic Charities	Presentation of Services	Elvira Ramirez
3/7/2018	SJC Whole Person Care	Program Presentation	Billy Olpin, Amy Smith
4/4/2018	Journey in MH and Wellness	Michael's Journey in Mental Illness and Wellness	Michael Fields, Wellness Center
5/5/2018	Valley Mountain Regional Center	Presentation of Services	Carlos Hernandez
6/6/2018	BHS Homeless Outreach Program	Program Presentation	Billy Olpin, Amy Smith

Attachment 6: Workforce Needs Assessment (Based on state Fiscal Year 2016-17 (July 1st, 2016 – June 30th, 2017)

Number of PMHS employees and vacancies of your agency in this county/city jurisdiction.	
Total Number of Current PMHS Employees	738
Total Number of PMHS Vacancies	131
Total Number of Current **PMHS Direct Service Filled Positions**	485
Total Number of Current **PMHS Direct Service Vacancies**	106

	Filled Positions	**Vacancies**	**Substitute Professions**
Case Manager	85	13	Mental Health Specialists I, II, III
Executive and Management Staff	49	3	
Licensed Clinical Psychologist	0	0	
Licensed Clinical Social Worker	20	6	Mental Health Clinicians II, III
Licensed Marriage and Family Therapist	32	9	Mental Health Clinicians II, III
Licensed Professional Clinical Counselor	1	0	Mental Health Clinicians III
Licensed Psychiatric Technician	58	15	
Occupational Therapist	7	1	Rehab Therapist, Psych Rehab Therapy Assistant
Physician Assistant	0	0	
Psychiatric Mental Health Clinical Nurse Specialist	24	4	
Psychiatric Mental Health Nurse Practitioner	1	3	
Psychiatrist - Child and Adolescent	3	3	
Psychiatrist - General	11	9	
Psychiatrist - Geriatric	2	0	
Substance Abuse/AOD/SUD Counselor	71	15	
Other, please specify: Pharmacy	19	1	
Other, please specify: Non licensed clinicians	59	11	Mental Health Clinicians I
Other, please specify:			

Number of staff in FY 2016-17 by race/ethnicity	**Caucasian/ White**	**Hispanic**	**Middle Eastern**	**Asian**	**Black/ African American**	**Other/ Unknown**
Staff	260	186	0	127	86	74

Estimated number of *clients* who are LGBQIA (lesbian, gay, bisexual, queer, intersex, and asexual)?	Not available
Estimated number of *staff* who are LGBQIA (lesbian, gay, bisexual, queer, intersex, and asexual)?	Not available

Please briefly describe any challenges you have recruiting and/or retaining mental/behavioral health staff to serve LGBQIA populations.
N/A

Does your agency employ Peer Personnel, Peer Specialists, and/or related professions in state FY 2016-17? (Y/N)	Y

If yes:	
Number employed	41
Number vacancies	13

On average, how much time did your peer personnel/peer specialists spend on the following? The total must add up to 100%.	
Case Management	10
Client Support	85
Family Support	5
Clerical Work	
Other, please specify:	

What are the benefits in employing Peer Personnel, Peer Specialists, and/or related professions to your agency/clients?
Relatability to clients