San Joaquin County Behavioral Health Services
2022-23 Annual Update to the 2010 Cultural Competency Plan

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

The 2022-23 Annual Update to the 2010 Cultural Competency Plan (Annual Update) reviews the efforts of Fiscal Year (FY) 2021-2022 and guides upcoming efforts for FY 2022-2023. The Annual Update will focus on the eight criteria laid out by the State's Cultural Competency Plan Requirements of 2010.

As a result of the continuance of the COVID-19 pandemic occurrence during the 2021-22 FY, many 2021-2022 strategies were approved by the Cultural Competency Committee to carryover to FY 2022-2023.

Criterion 1: Commitment to Cultural Competence
(CLAS Standard 2, 3, 4, 9, 15)

FY 2021-2022 Accomplishment: Continuance of enhance agency commitment to Cultural Competency by:

1. Measured and monitored cultural competency standards through the 2021-22 MH and SUD Quality Improvement Work Plans via the monthly Quality Assessment & Performance Improvement (QAPI) Council (See Attachment 1 & 2). The addition of this process improved accountability by using measurable objectives in the Annual Update.
2. Conducted a division-wide and program-specific inventory of Cultural Competency knowledge via the California Brief Multicultural Competence Scale (CMCBS) to identify gaps in the knowledge base of BHS staff members and partners BHS continued tracking, monitoring, and measuring strategies via the BHS MH and SUD QI Work Plan.

FY 2022-2023 Strategies:

1. Develop an action plan to address findings of the CBMCS Survey by May 31, 2023 (Strategy Carryover from FY 2020-2021 Plan)

Criterion 2: Updated Assessment of Service Needs
(CLAS Standard 2, 11)

FY 2021-2022 Accomplishments: BHS implemented a comprehensive community planning process with these components:

- Seven community stakeholder discussions about the needs and challenges experienced by mental health consumers, with a focus on the diverse range of consumers served.
- Two targeted discussion groups with mental health consumers, family members
- Review of service needs including utilization, timeliness, and client satisfaction.

BHS reviewed service needs using two methods:

1. The Mental Health Services Act (MHSA) Community Planning Process incorporated discussion with stakeholders on the needs of diverse communities in the County, and gaps in available services. The assessment of service needs is detailed in the 2022-2023 MHSA Annual Update to the Three Year Program and Expenditure Plan, pages 8 through 17. (Attachment 3)
2. Review of San Joaquin County Medi-Cal Approved Claims Data for mental health (MH) and substance use disorders (SUD) utilization, provided by CALEQRO. The data provided by CALEQRO contains Medi-Cal Beneficiaries served by race and ethnicity including penetration rates by age, gender, and ethnicity (See Attachment 5).

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

- African Americans are enrolled at higher rates compared to their proportion of the general population (17% of participants while comprising 7% of the population of the County).
- Latinos are enrolled at lower rates compared to their proportion of the general population (28% 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 impede access for Latino adults with behavioral health needs, more services are reaching the younger Latino populations.
- Survey Input and Stakeholder feedback displayed race/ethnicity data reflective of the BHS client population. Adult survey respondents were more likely to Latinx, African American, Asian, or Native American than is reflective of the general population in San Joaquin County.
- Feedback from self-reported demographics indicated that adult consumers represented 9% self-identified as lesbian, gay, bisexual, transgender, queer/questioning, or intersex (LGBTQIA+).

Data provided by CALEQRO for MH Medi-Cal Beneficiaries (CY 21) indicated the following:

- The penetration rate for individuals 60+ continues to be higher than the statewide average, similar to the previous year.
- The penetration rate for Asian/Pacific Islanders is statistically identical with the statewide average
- The penetration rate for Latino/Hispanic communities (2.23%) is lower than the statewide average of 3.29% and slightly lower with the rate of other large-sized counties (2.84%).

Data provided by CALEQRO for SUD Medi-Cal Beneficiaries CY 2020 (as of this draft CY 2021 was unavailable) indicated the following:

- The penetration rate for individuals 65+ is higher than statewide average, similar to the previous year.
- The penetration rate for African Americans is higher than statewide rate and medium sized counties averages, similar to the previous year.
- The penetration rate for Latino/Hispanic communities (.93%) is higher that the statewide average (.69%).

FY 2022-2023 Strategies:

- BHS will again host a series of MHSA community planning discussions on the needs and challenges experienced by mental health consumers, with a focus on the diverse range of consumers served, by January 31, 2023.
- BHS will develop online and paper stakeholder surveys to reach individuals who are unable to attend community planning sessions, or who may be unwilling or unable to provide public comment in person at meetings, by January 31, 2023.

- BHS will distribute and collect needs assessment surveys by February 15, 2023.
- BHS will complete an annual MHSA assessment of needs by March 1, 2023.
- Distribute and collect SUD needs assessment surveys by March 15, 2023. (Strategy Carryover from 20-21 Plan)
- Complete analysis of SUD assessment survey by April 15, 2023. (Strategy Carryover from 20-21 Plan)

- Develop strategies and an action plan to address CBMCS findings by May 31, 2023. (Strategy Carryover from 19-20 Plan)

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

(CLAS Standard 1, 10, 14)

FY2021-22 Accomplishments

- Fourth Year Evaluation Report was completed by the UC Davis Behavioral Health Center for Excellence to highlight successes, deficiencies, and recommendations for upcoming year (Attachment 4)

Excerpts from the UC Davis Evaluation Report (Narrative/Data):

Over the past four years, the Homeward Bound Initiative has continued its progress towards meeting the project goals and objectives. In total, 1,284 unique individuals have been enrolled in the Homeward Bound Initiative, 566 clients have received mental health services, 797 have received SUD counseling, 421 have received MAT, and 1,040 have received a primary care appointment. In total, 10.8% of clients identified as Black or African American, which is an over-representation relative to San Joaquin County population estimates. However, Asian and Hispanic/Latinx clients were under-represented. To date, the program has been highly successful at engaging clients who identify as homeless (n=284, 23.1% of the sample). Once engaged in care, individuals from these historically underserved groups engaged and remained in care at levels at least comparable to those who report not being homeless, and other racial and ethnic groups. In total, 31.6% of clients reported previously being convicted of crimes. Conviction rates for Homeward Bound clients were 9.5% within 12-months of receiving care, and 18.3% within 24-months. Recidivism rates of individuals with a prior conviction were 10.86% at 12-months post-baseline, and 21.99% at 24-months. Due to the nature of the data, it is not possible to make direct comparisons to the published literature, however these figures appear relatively low. Homeward Bound clients reported clinically and statistically significant

reductions in depressive symptoms after one month of enrolling in Homeward Bound services, with further reductions evident the longer they remained in care. Finally, amongst the 295 clients assessed, satisfaction with the care delivered by the Homeward Bound Initiative was remarkably high, with 70.5% of clients reporting the highest level of satisfaction possible, and 92.5% reporting at least moderately high level of satisfaction.

The successes of the Homeward Bound Initiative are particularly notable given the backdrop of the coronavirus disease-2019 (COVID-19) and the subsequent shelter-in-place mandates that significantly impacted client needs, the delivery of services, and the effectiveness of collaborations between other community agencies.

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

Race and Ethnicity in San Joaquin County	Population rate across San Joaquin County[1]	San Joaquin BHS Service Utilization	Homeward Bound Service Utilization
White (non-Hispanic)	33%	34%	41.1%
Hispanic/Latinx	41.%	28%	22.4%
Asian	15%	8%	4.8%
African American	7%	17%	10.8%
Other	4%	10%	20.9%

Across race/ethnicity, 41.1% of individuals identified as white non-Hispanic, 22.4% as Hispanic/Latinx, 10.8% as Black or African American, 4.8% identified as Asian, 2.7% as Alaskan Native or Native American, 0.7% identified as Native Hawaiian or other Pacific Islander, and 4.4% as having more than one race. In total, 61.6% of clients identified as Male. At the point of the assessment, 68.4% reported having a history of criminal justice involvement, and 23.1% identified as homeless.

Overall, the Homeward Bound Initiative is successfully delivering a broad range of behavioral healthcare services to individuals with mild-to-moderate behavioral health conditions, many of whom report having a history of interaction with the criminal justice system. These findings suggest that the Homeward Bound Initiative may represent an important step towards addressing a significant gap in the San Joaquin County Behavioral Health System-of-Care, delivering services in a manner that is successfully engaging historically underserved groups, improving outcomes, and providing services with a very high degree of client satisfaction.

FY 2022-2023 Strategies:

- The Cultural Competency Committee will review data from the Fourth Year Evaluation Report related to race and ethnicity to provide recommendations for further engagement of the Latinx and Asian population, by June 30, 2023.
- Develop AdHoc Subcommittee to work with QAPI to perform a root cause analysis to identify factors contributing to low Hispanic/Latino penetration rates and initiate culturally competent quality improvement activities to address health equity (2021/22 EQRO Recommendation) by June 30,2023
- Adhoc Subcommiitee will Define the Problem; Assemble Data; locate root causes; corrective/preventive solutions; create actionable strategies to implement solution; and monitor solution reviewing quarterly service utilization of Hispanic/Latino population via QAPI Council and QI Work Plan beginning July, 2023

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

(CLAS Standard 13)

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

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

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

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

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

FY 2021-2022 Accomplishments: The Cultural Competency Committee achieved significant successes with the development of two major projects:

- Continuous engagement of SUD services staff at the Cultural Competency Committee
- Maintained direct partnership with QAPI Council to inform QAPI Stakeholders of continued monitoring and discussion of BHS Cultural Competency Plan Requirements

FY 2022-2023 Strategies:

- Host a minimum of eight meetings with representation from management staff, direct services staff, consumers, community members and representatives of culture from the community, by June 30, 2023.
- Recruit consumer representation from SUD Services and community representation to the Cultural Competency Committee
- Collaborate with the Consortium by disseminating Cultural Competency information and strategies at five Consortium meetings by June 30, 2023.

Criterion 5: County Culturally Competent Training Activities

(CLAS Standard 4)

FY 2021-2022 Accomplishments:

- Continuance of online Cultural Competency Training

- Cultural Competency presentations via QAPI and the MHSA Consortium

To ensure that the cultural competence training is widely available and to track employee compliance with training participation, BHS developed an online training that could be taken at each employee's convenience, and for which participation could be tracked electronically. In an effort to enhance cultural competency training, the Cultural Competency Committee reviewed and recommended a new online training for BHS entitled, "Improving Cultural Competency for Behavioral Health Professionals," developed by the U.S. Department of Health and Human Services – Office of Minority Health.

The e-learning program covers:

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

FY 2022-2023 Strategies:

- Create subcommittee to explore additional cultural competency and health equity trainings to enhance and deepen health equity knowledge throughout the system of care (SUD EQRO recommendation 2022) by June 30, 2023

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

(CLAS Standard 7)

FY 2021-22 Accomplishments:

- BHS Hispanic staff members increased by 19 employees, increasing the percentage of Hispanic staff by 2% from the previous year.

BHS monitors development of a multicultural workforce via CalEQRO Data and BHS Utilization along with Staff Ethnicity and Language Reports (Volunteered Data). The table below compares proportionate BHS Employment Data to client data from CALEQRO MH and SUD Beneficiary Data (Attachment 4), and United States Census data. Data shows that BHS Hispanic staff are lower in proportion to Hispanic clientele.

	BHS staff (Volunteered Data)	BHS staff %	MH Medi-Cal Beneficiaries % (CALEQRO CY2021)	SUD Medi-Cal Beneficiaries % (CALEQRO CY-20)	County % (Census)
Caucasian/White	246	34%	15.7. %	18.4%	33%
Hispanic	209	29%	46.41%	45%	41%
Asian/Pacific Islander	143	20%	14.79%	16.7%	14.5%
Black/African American	78	11%	9.14%	10.1%	7%
Native American	1	.001%	.3%	.3%	.5%
Other	49	7%	13.68%	9.6%	4%
Total	726	100%	100%	100%	100%

FY2022-2023 Strategies:

- Committee will develop and updated Staff Ethnicity Language Report to include voluntary SOGI (Sexual Orientation/Gender Identify) and Consumer/Family Member status data points by February 28, 2023.

- Administration will re-survey BHS Staff with updated Staff Ethnicity/Language Report by March 31, 2023
- The BHS Cultural Competency Committee in partnership with the Recruitment and Retention Committee will develop strategies for increasing the recruitment of staff from the Latinx/Hispanic communities by June 30, 2023.

Criterion 7: County System Language Capacity

(CLAS Standard 5,6,8)

FY 2021-2022 Accomplishments:

- BHS continues to maintain an in-house database of language capacity of BHS Staff
- BHS improved in language capacity in Cambodian, Hmong, Laotian and American Sign Language

The BHS Cultural Competency Committee reviewed the language capacity of BHS staff. The data, provided below, shows improvement in language capacity from the previous fiscal year in Cambodian, Hmong, and Laotian Languages. Spanish and Vietnamese language shows a disparity from the previous year.

Primary languages spoken by clients and staff	# of Clients	# of BHS Staff Providing Direct Services (2020-21)	Staff to client ratio	# of Clients	# of BHS Staff Providing Direct Services (2021-22)	Staff to client ratio
English	13,887	737	1:19	17,591	559	1:31
Spanish	780	89	1:9	1,088	99	1:11
Cambodian	184	5	1:36	177	5	1:35
Vietnamese	74	5	1:15	71	4	1:18
Laotian	36	0	n/a	38	4	1:10
Hmong	29	6	1:5	22	7	1:3
Tagalog	4	26	1:1	13	27	1:1
Arabic and Farsi	21	4	1:5	23	3	1:8
Chinese (Mandarin and Cantonese)	7	2	1:3	10	3	1:3
American Sign Language	6	0	n/a	8	4	1:2
Korean	2	1	1:2	3	1	1:3

FY 2022-2023 Strategies:

- The BHS Cultural Competency Committee will partner with the Recruitment and Retention Committee to develop strategies to recruit staff that speak Spanish and Vietnamese languages by June 30, 2023.

Criterion 8: County Adaptation of Services

(CLAS Standard 12)

2020-21 Accomplishments:

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

BHS documented the necessity of cultural and linguistic competency in its contractual requirements (Attachment 5) and monitors contractors to ensure that personnel training is implemented accordingly. BHS has additionally included the requirement for cultural and linguistic competence in each of the project descriptions in its Requests for Proposals (RFP).

FY 2022-2023 Strategies:

- Quarterly reviews of contractor provider services include monitoring the provision of staff training in the areas of cultural and linguistic competency. (Attachment 6)

Attachments:

1. BHS MH QAPI Work Plan
2. BHS SUD QAPI Work Plan
3. 22-23 MHSA Annual Update to the Three Year Mental Health Services Act Program and Expenditure Plan, pages 8-17
4. San Joaquin County-specific Data provided by CALEQRO for MH and SUD
5. Boilerplate Contract Language – Cultural Competency
6. Contract Monitoring Tool – Item 6b/6d

Attachment 1: BHS MH QAPI Work Plan (Sections 5.H.1-5.H.4)

5. Structure and Operations								
5.H. Cultural Competency- The MHP incorporates cultural competency principles in the		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
5.H.1	The MHP identifies strategies and resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	Create workforce that is representative of the population.	By 6/30/2022, BHS will increase the Hispanic/Latino proportion of staff to 36%.	32%	34%	Human Resources	Quarterly	Enact recruitments for language-specific positions. Assess opportunities for recruitment in cultural arenas of the community and implement two strategies.
5.H.2	The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	Improve cultural competency of staff.	As described in the Cultural Competence Plan, 100% of staff and contractors hired during FY21/22 will receive online Cultural Competency Training within 12 months of employment	81%	Unable to track	Department Managers	Quarterly	Managers and supervisors will require new staff to complete online cultural competence training during the initial probationary period.
5.H.3	The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	Improve cultural competency of staff.	By 4/30/2022, SJCBHS will have identified gaps in the Cultural Competency knowledge base of BHS staff members and partners.	N/A	N/A	I.S. Survey	Quarterly	Conduct a division-wide and program-specific inventory of Cultural Competency knowledge via the California Brief Multicultural Competence Scale (CMCBS) to identify gaps in the knowledge base of BHS staff members and partners.
5.H.4	The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	Improve cultural competency of staff.	By 6/30/2022, BHS will develop an action plan to address the findings of the CBMCS Survey.	N/A	N/A	I.S. Survey	Quarterly	Analyze the findings from the CBMCS Survey and develop an action plan to address the findings from the CBMCS Survey.

Attachment 2: BHS SUD QAPI Work Plan (Sections 2d, 3a1, 6a-6c)

2d	By 6/30/2022 increase penetration rates of Hispanic beneficiaries to 0.82%	**0.50%**			Penetration data	1. The Plan will continue Increase number of Spanish-speaking staff to improve access for monolingual Spanish-speaking clients. 2. The Plan will provide staff training on use of Language Line - including additional training on using Language Line for telephone contacts. 3. The Plan will provide advertising and resources in Spanish for distribution in prominent areas. 4. The Plan will monitor the penetration rate on a regular basis (how often can the information be pulled in order to get accurate data?)		Cultural Competence Committee/Eric

	By 6/30/2022 increase consumer/family member participation in Cultural Competency Committee, Consumer Advisory Council, and QAPI Council by at least two members each.	CCC - 1 QIC - 1 CAC - 1			Meeting minutes and sign in sheets	1. The Plan will meet with the Consumer Advisory Committee and develop a strategies to increase participation in the Cultural Compliance Committee and Quality Assessment and Improvement Council.		SAS Coordinator Cultural Competency Committee
3a	By 6/30/2022 at least 50% of "open" BHS SUD clients receiving treatment will participate in Treatment Perception Survey.				UCLA Survey Results	1. The Plan will ensure the survey information is accessible to consumers in multiple formats. 2. The Plan will ensure all county and contracted providers receive the survey information. 3. The Plan will send reminder emails to the county and contracted programs during the survey week. 4. The Plan will examine the participation results of the survey and develop strategies for improvement where it is needed. 5. Residential clients will be surveyed quarterly		QAPI

6a	By 6/30/2022 increase number of Spanish-speaking direct-service staff from one FTE to three FTEs.	**3**			NACT	1. The Plan will review findings in QAPI Council and Cultural Competency Committee to establish recruitment objectives for fiscal year.		Ethnic Services Manager
6b	By 6/30/2022 100% of staff will be trained in Cultural Competency and new staff will complete it within 12 months of hire.	100%			TPS	1. The Plan's SUD managers and supervisors will track required staff trainings - including Cultural Competence - and document staff completion. 2. The Plan will monitor the contractors on a monthly basis to ensure trainings are completed.		SAS Coordinator SAS Managers
6c	By 6/30/2022 Cultural Competency Committee will add four new members.				Cultural Competence Committee meeting minutes and sign in sheets	1. The Plan will actively promote Cultural Competence Committee, providing increased opportunity for staff participation, and posting information in public areas soliciting consumer/family member participation.		Ethnic Services Manager

Community Program Planning and Stakeholder Process

Community Program Planning Process

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

Quantitative Analysis (Program period July 2020 – June 2021):

- Program Service Assessment
  - Utilization Analysis
  - Penetration and Retention Reports
  - External Quality Review
- Workforce Needs Assessment/Cultural Competency Plan
- Evaluation of Prevention and Early Intervention Programs

Community Discussions:

- Behavioral Health Board
  - December 2021 Introduction to MHSA Community Planning
  - MHSA Presentations and Updates on Community Convenings in January, February, April, May 2022 MHSA Community Planning Meetings and Public Hearing

- Public Forums (Via Zoom Conference Call)
  - January 5, 2022 - BHS Consortium of Mental Health Providers
  - January 19, 2022 - BHS Behavioral Health Board
  - January 22, 2022 – General Town Hall Community Planning Session
  - January 26, 2022 – Co-hosted by El Concilio -Spanish
  - January 27, 2022 - General Town Hall Community Planning Session

Targeted Discussions:

- Consumer Focus Groups (Via Zoom Conference Call)
  - January 6, 2022 - Co-hosted by the Wellness Center
  - January 13, 2022 - Co-hosted by the Martin Gipson Socialization Center

Consumer and Stakeholder Surveys:

- 2021-22 MHSA Consumer and Stakeholder Surveys

Assessment of Mental Health Needs

County Demographics and County's Underserved/Unserved Populations

San Joaquin County, located in California's Central Valley, is a vibrant community with just over 775,000 individuals, with a diverse population. English is spoken by more than half of all residents, though nearly 180,000 residents are estimated to speak Spanish as their first language. Tagalog, Chinese, Khmer, and Vietnamese are also spoken by large components of the population. 41% of the county population is predominantly centrally situated in Stockton, the largest city in the county. Cities like Lodi, Tracy, and Manteca make up an additional 32% of the county population, while the remaining smaller cities of Ripon, Lathrop, and Escalon make up 7% of the county population. Unincorporated areas of San Joaquin County make up 20% of the remaining balance. San Joaquin County's gender ratio is 99 men to 100 women (99:100) or .99, equal to the California State average of 99:100.

San Joaquin County age distribution shows that the 20-54 age group makes up the largest percentage in the county with the 0-19 age group following behind.

Age Distribution	Percent of Population
0-19	30.6%
20-54	46.6%
55-64	11
65 and over	11.9%

*Source: San Joaquin Council of Governments

San Joaquin County stakeholders have identified underserved/unserved populations as individuals that are historically part of a vulnerable racial, ethnic and/or cultural group. In addition, underserved/unserved populations also include immigrants, refugees, uninsured adults, LGBTQIA+ individuals, Limited English Proficient individuals, and rural residents of north and south county.

Population Served

BHS provides mental health services and substance use disorder treatment to nearly 18,550 consumers annually. In general, program access is reflective of the diverse population of San Joaquin County, with a roughly even division of male and female clients. An analysis of services provided in 2020-21 demonstrates the program participation compared to the county population.

Mental Health Services Provided in 2020-21

Services Provided by Age	Number of Clients*	Percent of Clients
Children	2,603	15%
Transitional Age Youth	2,970	17%
Adults	9,793	56%
Older Adults	2,000	12%
Total	**17,366**	**100%**

*Source: BHS Client Services Data

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

Services Provided by Race/Ethnicity	County Population by Race/Ethnicity**	Percent of County Population	Clients Served*	Percent of Clients
White	258,051	33%	5,917	34%
Latino	316,124	41%	4,793	28%
African American	57,495	7%	2,885	17%
Asian	109,599	14%	1,393	8%
Multi-Race/Other	26,605	4%	1,825	10%
Native American	3,646	.5%	478	3%
Pacific Islander	3,830	.5%	75	0.4%
Total	**775,350**	**100%**	**17,366**	**100%**

*Source: BHS Client Services Data
**Source: https://www.dof.ca.gov/Forecasting/Demographics/Projections

The diversity of clients served is similar to the distribution in prior years. African Americans are disproportionately over-represented amongst consumers compared to their proportion of the general population (17% of participants, though comprising 7% of the population of the County). Native Americans are also over-represented within the service continuum (3% of clients are Native American). Latinos are enrolled in mental health treatment services at rates lower than expected, compared to their proportion of the general population (28% of clients versus 41% of the population). Asian clients are also underrepresented by 6%.

Services Provided by City	County Population by City**	Percent of County Population	Clients Served*	Percent of Clients
Stockton	319,188	41%	11,386	66%
Lodi	68,751	9%	1,457	8%
Tracy	98,601	12%	1,167	7%
Manteca	87,319	11%	1,287	7%
Lathrop	28,503	4%	324	2%
Ripon	16,292	2%	137	1%
Escalon	7,501	1%	112	1%
Balance of County	155,691	20%	1,449	8%
Total	**783,534**	**100%**	**17,366**	**100%**

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

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

Stakeholder Involvement:

BHS recognizes the meaningful relationship and involvement of stakeholders in the MHSA process and related behavioral health system. A partnership with constituents and stakeholders is achieved through various committees throughout the BHS system to enhance mental health policy, programming planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. Stakeholders are involved in committees and boards such as: Behavioral Health Board, MHSA Consortium, Quality Assessment & Performance Improvement (QAPI) Council (including Grievance Subcommittee and QAPI Chairs), Consumer Advisory Committee, Cultural Competency Committee and SUD Monthly Providers Committee.

Discussion Group Input and Stakeholder Feedback

Due to the limitations on in-person gatherings brought on by the pandemic, the majority of the community forums and discussion groups for this year's planning were conducted via the Zoom video call platform.

Community Program Planning for 2021-22:

Behavioral Health Board Agenda Items

At the December 2021 Behavioral Health Board meeting, the MHSA Coordinator announced that the MHSA Plan's community program planning process would begin in January 2022. He shared the methodology and timeline for the annual planning process, which informed the Plan's 2022-23 update. Promotional flyers with details for both consumer and community discussion groups were distributed to the Board electronically.

Community and Consumer Discussion Groups

There were seven community discussion groups convened in January 2022, two of which specifically targeted adult consumers and family members. A community discussion group was included in a Behavioral Health Board meeting so stakeholders could present their input directly to members of the Board.

All community discussion groups began with a training and overview of the MHSA, a summary of its five components, and the intent and purpose of the different components including:

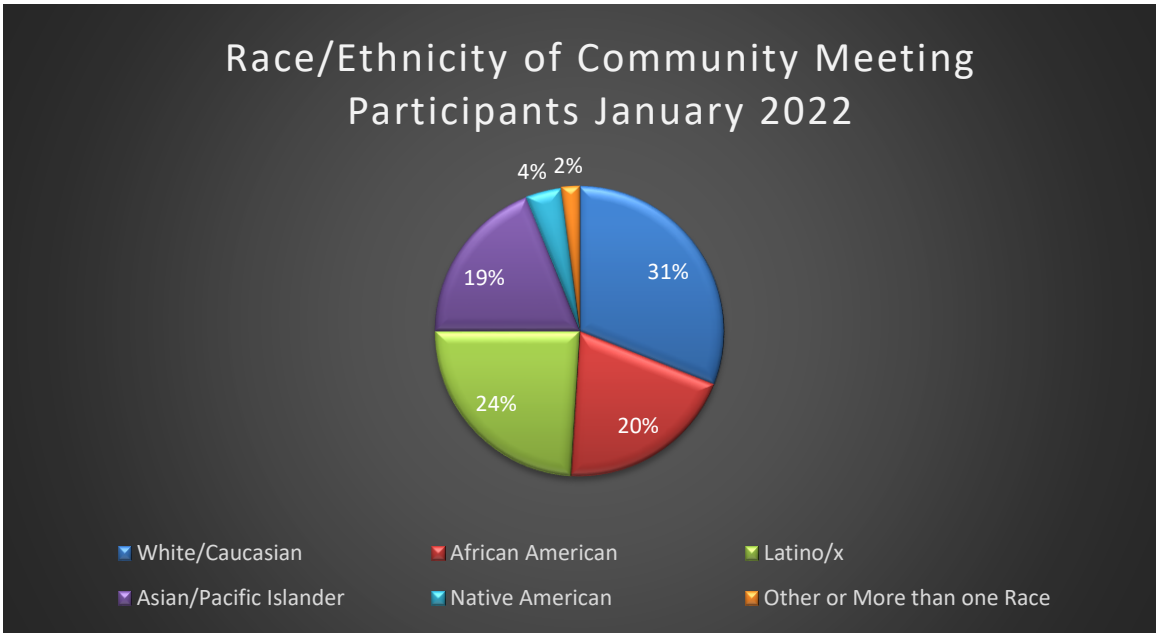
- Funding priorities
- Populations of need
- Regulations guiding the use of MHSA funding

Stakeholder participation was tracked through Zoom chat and completed anonymous demographic Survey Monkey links. Stakeholder participants were demographically diverse and included representatives of unserved and underserved populations, according to the surveys. The community discussion and focus groups had participation by 117 individuals, 71% of whom self-identified as a consumer of public mental health services or as a family member of a consumer. The majority of participants identified as adults ages 26-59, 22% were older adults over 59 years of age, and 7% were youth ages 18-25.

Community discussion groups were also attended by individuals representing the following groups:

- Consumer Advocates/Family Members
- Substance use disorder treatment providers
- Community-based organizations
- Children and family services
- Law Enforcement
- Veteran's services
- Senior services
- Housing providers
- Health care providers
- County mental health department staff

A diverse range of individuals from racial and ethnic backgrounds attended the community discussion and focus groups. Similar to the County's demographic breakdown and those BHS provides services to, no one racial or ethnic group comprised a majority of participants. As with BHS service delivery patterns, African American participants were slightly overrepresented, compared to the County population, and Latino/x participants were underrepresented.



Survey Input and Stakeholder Feedback

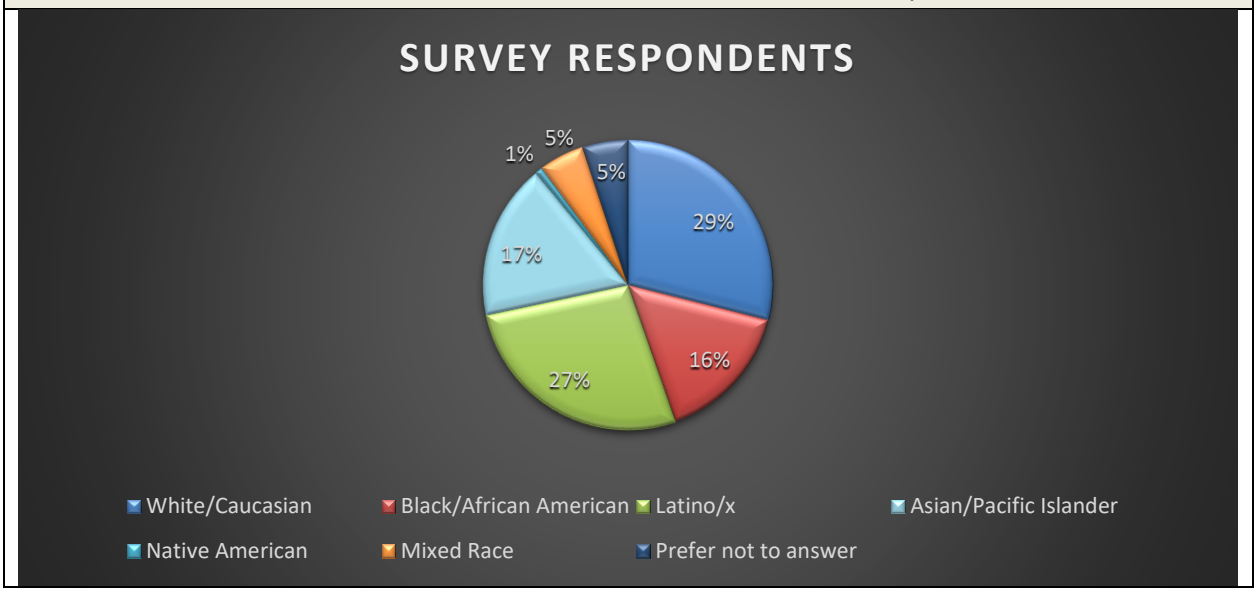
In late February of 2022, BHS distributed electronic and paper surveys to consumers, family members, and stakeholders to learn more about the perspectives, needs, and lives of clients served through mental health programs. Surveys were completed online and in person with multiple-choice answers and responses were tallied through Survey Monkey reports. There were 423 surveys completed. Survey instruments can be reviewed in the Appendix.

BHS consumers and their family members reported mid to high levels of satisfaction with the services provided to address mental health and/or substance use disorders, with 85% of respondents reporting that they would recommend BHS services to others. According to respondents, BHS Informational materials such as flyers, brochures and website need to be updated. A large majority of respondents reported that the BHS Lobby and reception areas are friendly and welcoming from a cultural and linguistic perspective. Respondents agreed strongly with statements regarding staff courtesy and professionalism, respect of cultural heritage, and their capacity to explain things in an easily understood manner.

In the interest of learning more about individuals who use mental health services, survey respondents were asked to anonymously self-report additional demographic information. The objective was to have a more nuanced understanding of the clients from the data collected in standardized BHS intake forms. The respondent data revealed a deeper understanding of client demographics, criminal justice experiences, and their living situations that was previously unknown.

Survey respondents were diverse and identified as: White/Caucasian (29%), Latino/x (27%), African American (16%), Asian/Pacific Islander (17%), Native American (1%), and Mixed Race 5%

Self-Reported Race and Ethnicity of Stakeholder Respondents
MHSA 2021-22 Consumer and Stakeholder Surveys



Self-Reported Age/Gender of Stakeholder Respondents

Age Range	Percent
Under 18	13%
18-25	10%
26-59	63%
60 and over	11%
Prefer not to say	3%

Gender	Percent
Male	40%
Female	55%
Transgender	1%
Non-Binary	1%
Prefer not to say	2%

The 423 respondents surveyed represent the broad diversity of stakeholders in the community and consumers served by BHS. 72% of respondents identify as someone who is receiving, or who needs, mental health treatment services. Less than half of respondents have children, with 49% describing themselves as parents. Consistent with the general population, 9% self-identified as lesbian, gay, bisexual, transgender, queer/questioning, or intersex (LGBTQ). Nearly a third of respondents identified with having a physical or developmental disability. Few are military veterans, with 7% reporting that they have served in the US Armed Forces. 17% of consumers reported experiencing homelessness more than four times or being homeless for at least a year; and 32% of respondents reported having been arrested or detained by the police.

Community Mental Health Issues

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

Strengthening services and supports for children, youth and their families remains a major concern in San Joaquin County Stakeholders continue to assert that more needs to be done to support and strengthen families, particularly those where risk factors for mental illness are present. In several of the Community Discussion and Focus groups, stakeholders discussed the importance of prevention and earlier interventions, and education for children and families.

- Greater focus on 0-5 Population with focus on prevention.
- Need program to work with LGBTQ children and youth
- Needs to address generational and cultural gap between parents and children around mental health diagnosis.
- Stakeholders expressed a need for education and training for all family/caregivers to recognize signs and symptoms of mental health concerns.

Recommendations to Strengthen Services for Children and Youth:

- Explore programming for 0-5 population Prevention within PEI programs for Children and Youth.
- Provide Youth Mental Health First Aid Training for the community and schools.
- Provide Family Services for African American, Asian/Pacific Islander and Latino Community to educate parents on signs and symptoms of mental illness and stigma reduction with an emphasis on cultural consideration
- Explore programming at local Community Centers with focus on Mental Wellness for children and families

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

Stakeholders expressed the most concern for transition age youth (TAY) who have aged out of the foster care system, are college-age, or are from communities that are historically unserved or underserved by mental health services. Aside from a few specialty treatment programs, most interventions target either children and youth, or adults. Despite these gaps, stakeholders remain optimistic that current resources can be leveraged in a better way to serve transitional age youth.

- Focused efforts to ensure that TAY programming includes enhancing life skills and suicide prevention education.
- TAY Workforce development and training opportunities, specifically for Peer Support Specialist within the TAY Community.
- TAY focused temporary crisis housing and permanent housing to prevent homelessness

Recommendations to Strengthen Services for Transition Age Youth

- Stronger outreach and engagement to TAY population including hiring peer specialists/outreach worker positions specifically in-tuned with the TAY Community.

- Develop programming with Community Based Organizations to enhance Access and linkage efforts with focus on vulnerable communities that represent the TAY Population.
- Explore a TAY Skill building program to enhance social skills, coping skills and development of self-advocacy, resiliency, hope, and empowerment.
- Expand existing Mentoring for Transitional Aged Youth program with focus on trauma informed care practice and exploring the use of culturally rooted healing practices for TAY Population

Key Issues for Adults

Consumers and stakeholders discussed the challenges of being homeless while recovering from a mental illness, and the need to develop more housing for people with mental illnesses. Consumers and stakeholders expressed the lack of outreach and engagement into underserved communities, trauma services for the African American community, and lack of services for rural areas of north and south San Joaquin County.

- Individuals with mental illnesses, and co-occurring disorders that are homeless lack wrap around services and specialized housing case management.
- Housing options continue to be scarce for adults. Homeless individuals need more outreach/engagement and clear pathway to housing options with intensive treatment for MH and SUD Challenges.
- MH and SUD Services in rural parts of north and south San Joaquin County (Linden, Escalon, Ripon, Woodbridge, Lockeford) are lacking.
- Need for Outreach and Engagement programming for African American, Asian/Pacific Islander, and Latino Communities, specifically Mental Health First Aid (MHFA) Training and Stigma Reduction for faith-based organizations and leaders in communities of color.

Recommendations to Strengthen Services for Adults

- BHS should continue to strengthen the housing continuum for people with serious mental illnesses.
- BHS should explore avenues in programming to incorporate non-traditional forms of healing and culturally rooted community defined practices.
- BHS should strengthen community engagement to underserved communities with Communities of Color and faith-based organizations by funding community organizations to conduct targeted focus community planning and provide MHFA training to the community.
- BHS should explore expansion of Wellness Centers to provide peer support services in rural areas of the County.
- Expand Trauma Services for Adults to the African American Community
- Explore strengthening vocational training as part of an individual's long term recovery success, enhance job skills and job placement in existing employment programming.

Key Issues for Older Adults

Older adults with mild to moderate mental health concerns remain at-risk for untreated depression and suicide ideation. More articulation is needed with senior and older adult service providers to offer interventions for older adults that have escalating behavioral health challenges. More public information and education about the risk of suicide in adults and older adults is needed; particularly focusing on adult men who

are at the highest risk for suicide in San Joaquin County. Finally, stakeholders identified the biggest risk among older adults living independently as social isolation, especially in light of the COVID-19 Pandemic. Stakeholders encouraged more behavioral health services co-located at county community centers that provide senior activities, services, and supports throughout the County.

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

Recommendations to Strengthen Services for Older Adults:

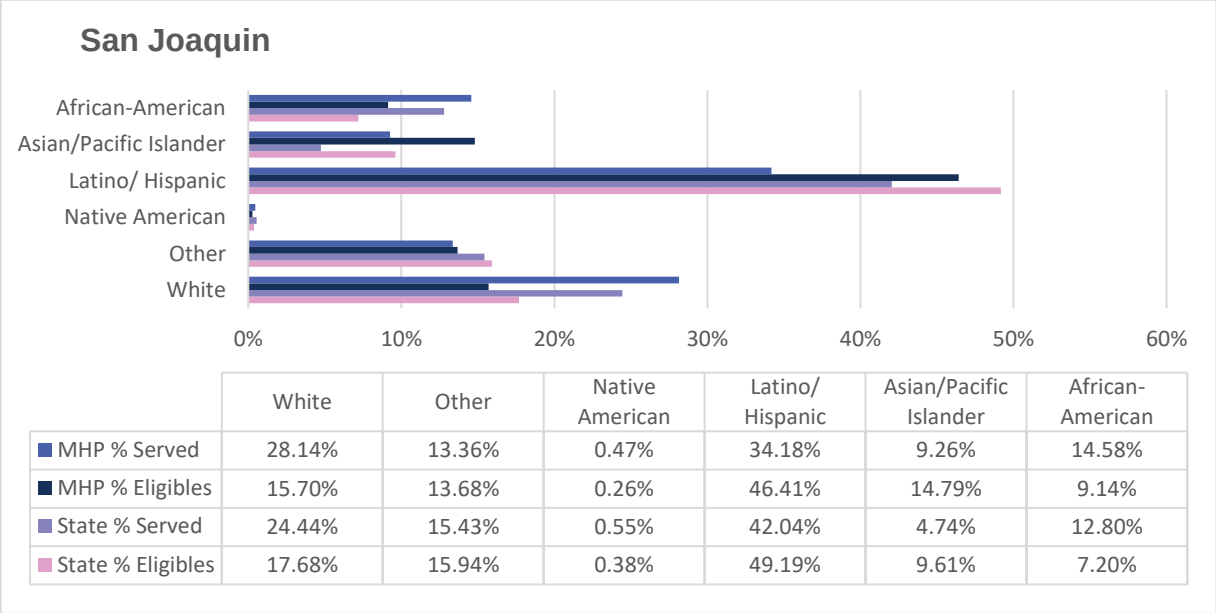
- BHS Older Adult Services should provide meaningful alternatives such as a "day program" for daily living that combats depression and isolation including more socialization activities and more activities that prevent memory deterioration or loss of cognitive functioning.
- Explore a PEI program specific to Older Adults to provide culturally appropriate services that understand the cultural and generational trauma experienced by older adults by providing cultural healing practices in services
- Co-locate senior peer support services program at community centers once a week. Ensure that senior peer partners have training in recognizing signs and symptoms of alcohol abuse and have an array of tools and resources to refer older adults who are requesting assistance with behavioral health concerns, including co-occurring disorders.
- Broaden suicide prevention efforts to target the older adult community. Include targeted prevention information for middle age and older adult men. Address handgun and firearm safety when living with loved ones experiencing depression.

Attachment 4: San Joaquin County Specific Data provided by CALEQRO for MH and SUD

CALEQRO PERFORMANCE MEASURES CY 21 – SAN JOAQUIN MHP

Table 4: MHP Beneficiaries Served by Race/Ethnicity vs State CY 2021

Race/Ethnicity	# MHP Served	# MHP Eligibles	MHP Penetration Rate	State Penetration Rate
African-American	1,374	28,423	4.83%	6.83%
Asian/Pacific Islander	873	46,006	1.90%	1.90%
Hispanic/Latino	3,221	144,332	2.23%	3.29%
Native American	44	817	5.39%	5.58%
Other	1,259	42,553	2.96%	3.72%
White	2,652	48,833	5.43%	5.32%
Total	9,423	310,964	3.03%	3.85%



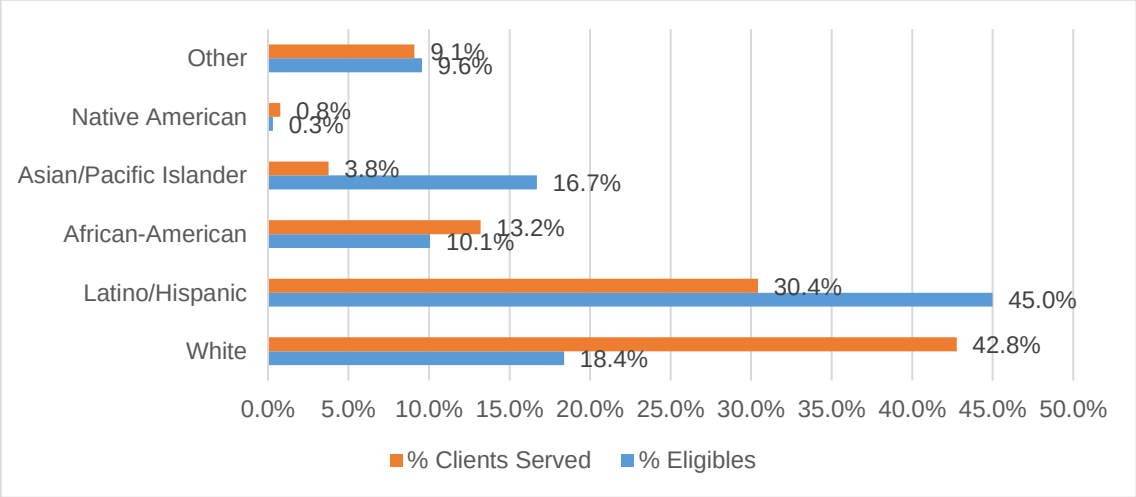
	White	Other	Native American	Latino/ Hispanic	Asian/Pacific Islander	African-American
MHP % Served	28.14%	13.36%	0.47%	34.18%	9.26%	14.58%
MHP % Eligibles	15.70%	13.68%	0.26%	46.41%	14.79%	9.14%
State % Served	24.44%	15.43%	0.55%	42.04%	4.74%	12.80%
State % Eligibles	17.68%	15.94%	0.38%	49.19%	9.61%	7.20%

Percentage of Eligibles and Clients Served by Race/Ethnicity, CY 20 (SUD)

Table 1: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/Ethnicity, CY 2020

San Joaquin				Medium Counties	Statewide
Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	38,695	1,237	3.20%	2.29%	1.96%
Latino/Hispanic	94,706	880	0.93%	0.73%	0.69%
African-American	21,200	382	1.80%	1.73%	1.34%
Asian/Pacific Islander	35,155	109	0.31%	0.31%	0.17%
Native American	635	22	3.46%	1.79%	1.84%
Other	20,138	263	1.31%	1.71%	1.41%
TOTAL	**210,529**	**2,893**	**1.37%**	**1.29%**	**1.03%**

Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2020



Attachment 5: Boilerplate Contract – Cultural Competency Language - Item #15

15. Cultural and Linguistic Proficiency:

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

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

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

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

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

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