San Joaquin County Behavioral Health Services
2025-26 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 2025-26 Annual Update to the 2010 Cultural Competency Plan (Annual Update) reviews the efforts of Fiscal Year (FY) 2024-2025 and guides upcoming efforts for FY 2025-2026. The Annual Update will focus on the eight criteria laid out by the State's Cultural Competency Plan Requirements of 2010.

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

FY 2024-2025 Accomplishment: Continuance of enhanced agency commitment to Cultural Competency by:

- Para-professional staff member was fully integrated to oversee cultural competency committee, cultural competency plan requirements, and additional health equity needs of BHS.
- Latino/x Cultural Full-Service Partnerships (La Familia) fully contracted with cultural Community Based Organizations (CBO's) within the community to enhance community partnership and provide culturally congruent services through local provider.

FY 2025-2026 Strategies:

1. Build out cultural and health equity cultural competency committee to include contract staff, additional community members, and expand consumer/ family member involvement by June 2026
2. Begin participation in of Statewide Behavioral Health Goals related to the Behavioral Health Transformation and BHSA Integrated Plan (formally MHSA Plan) by June 30, 2026
3. Fully implement SB 923 TGI (Transgender, Gender Diverse or Intersex Inclusive Care Act) for BHS by December 31, 2025

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

FY 2024-2025 Accomplishments: BHS implemented a comprehensive community planning process with these components:

- 17 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 and 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 2023-2026 MHSA e Three Year Program and Expenditure Plan, pages 7 through 21. (Attachment 1)

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 2).

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

- African Americans were enrolled at higher rates compared to their proportion of the general population (14% of participants while comprising 7% of the population of the County).
- Latino/x are enrolled at lower rates compared to their proportion of the general population (28% of participants while comprising 44% of the population) – a three percent from the previous year
- 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 Latino/x (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 be Latino/x (39%), African American (21%), Asian (9%), or Native American (4%) than is reflective of the general population in San Joaquin County.
- Feedback from self-reported demographics indicated that adult consumers represented 12% self-identified as lesbian, gay, bisexual, transgender, queer/questioning, or intersex (LGBTQIA+). A four percent increase from the previous year.

Data provided by DHCS for MH Medi-Cal Beneficiaries (CY 22) indicated the following (Attachment 3):

- County and Statewide penetration rates were very similar
- County rates were lower for both older and younger adults, and, most notably, lower than Statewide rates for younger adults (21-32)
- Rates were lower for females.
- Rates were lower among Hispanics and Asian Pacific Islanders, and County rates for Blacks were lower than Statewide rates for Blacks.
  Rates were lower among Spanish-speakers, and County rates were lower than Statewide for Spanish-speaker rates as well.

Data provided by DHCS for SUD Medi-Cal Beneficiaries CY 2023 indicated the following:

- In 2022, San Joaquin penetration rates were lower than the Statewide average, but were nearly the same in FY 2023-24.
- Like the State overall, San Joaquin's youth and older adults had lower penetration rates than the County overall, but San Joaquin youth had lower rates than the Statewide average.
- Hispanics had a lower penetration rate than the overall County rate, but rates were consistent with Statewide data for these populations.

FY 2025-2026 Strategies:

1. BHS will again host a series of BHSA 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 30, 2026.
2. 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 30, 2026.
3. BHS will distribute and collect needs assessment surveys by January 31, 2026
4. BHS will complete an annual BHSA assessment of needs by January 31, 2026.

Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Disparities
(CLAS Standard 1, 10, 14)

FY2024-25 Accomplishments

- Two Additional Mandatory Trainings to enhance Latino/x specific skills sets to meet the needs of the Latino/a/x communities:
    - The Impact of Immigration on SMI in undocumented Latinx Population
    - Assessment and Clinical Understanding of Acculturative Stress on SMI with the Latin X Communities
- Hired and trained one Spanish Speaking Consumer Outreach Coordinator and an additional outreach worker for the BHSA Outreach and Engagement Team to provide education, information, and referral connection for underserved communities in San Joaquin County

FY 2025-2026 Strategies:

1. Initiate Behavioral Health Transformation (BHT) Statewide Behavioral Health Goals conversations on disparities related to the six Mandatory Population Measures (Attachment 4):
    a. Access to care, Untreated behavioral health conditions, Institutionalization, Homelessness, Legal involvement, Removal of children from home – February 2026
2. Assist in choosing an additional BHT Statewide Behavioral Health Goal that BHS addresses disparities (If available) based on county performance – February 2026
3. Incorporate Welcoming Competition for the Black/African American community for February 2026 and Asian Pacific Islander community in May 2026 by May 2026

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 is comprised of BHS staff, consumers/family members, and other stakeholders.
2. The BHSA Consortium, established in 2007, is comprised of a variety of stakeholders: representatives of community based organizations, consumers and family members, community members and BHS staff.
3. The Consumer Advisory Council (CAC) is a peer run, peer lead advisory committee made up of Consumers, Family 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/family members, community members and representatives of unserved/underserved populations from the community.
2. The Cultural Competence Committee shall meet regularly (monthly) to review 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 and health equity.
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 BHSA 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 2024-2025 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
- Hired BH Outreach Coordinator to assist in overseeing in ensuring that consumers, family members are recruited and well represented in both the BHSA Consortium and Cultural Competency Committee/
- Assigned BH Outreach Coordinator and Outreach worker from BHSA Team are co-leads and BHS Admin representatives for the Consumer Advisory Council.

FY 2025-2026 Strategies:

1. 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, 2026.
2. Recruit consumer representation from SUD Services and community representative to the Cultural Competency Committee, June 30, 2026
3. Collaborate with the Consortium by disseminating Cultural Competency information and strategies at five Consortium meetings by June 30, 2026.

Criterion 5: County Culturally Competent Training Activities

(CLAS Standard 4)

FY 2024-2025 Accomplishments:

- BHS continues to make it mandatory to take three cultural competency training courses offered throughout the county and department.
    a. Diversity and Inclusion (Every 5 Years)
    b. Improving Cultural Competency for Behavioral Health Professionals (Annually)
    c. Limited English Proficiency (for all staff with client contact)
- In addition to the above mandatory trainings, BHS offered:
    a. UCLA – LGBT clients in the SUD system of Care
    b. Valuing Different Perspectives – (Managers)
    c. Cultural Differences – (Managers)
    d. LGBTQ Youth – Clinical Strategies to support Sexual Orientation and Gender Identity
    e. Racial and Generational Trauma Recovery
    f. Multicultural Awareness & Diversity: Powerful Strategies to Advance Client Rapport and Cultural Competence
    g. Social Justice, Ethics and Multicultural Issues for Mental Health Professionals
    h. The Impact of Immigration on SMI in undocumented Latinx Population
    Assessment and Clinical Understanding of Acculturative Stress on SMI with the Latin X Communities
- Cultural Competency presentations via QAPI and the BHSA Consortium

FY 2025-2026 Strategies:

- Additional Mandatory Training scheduled for this fiscal year includes:
    - Transcultural Competency Training (SB 923) by December 31, 2025

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

(CLAS Standard 7)

FY 2024-25 Accomplishments:

- BHS reconfigured data collection technique by revamping the Staff Ethnicity and Language report through a survey monkey process. BHS also included a SOGI data collection option to collect this population and will be reported in the next iteration of the Cultural Competency Plan

BHS monitors the development of a multicultural workforce via DHCS Data (CALEQRO) and BHS Utilization along with Staff Ethnicity and Language Reports (Volunteered Data). A new process was put in place to track the staff ethnicity and the primary language of staff members. The following data table provides a snapshot of volunteered data provided by staff at BHS to make a partial comparison. We received a total of 532 responses totaling more than 75% of our staff census. Efforts are underway to work with Management to increase the collection of this important data set of our BHS staff population. 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 clients

	BHS staff % (Volunteered Responses)	MH Medi-Cal Beneficiaries Eligible % (CALEQRO CY2022)	SUD Medi-Cal Beneficiaries Eligible% (CALEQRO CY-21)	County % (Census)
Caucasian/White	28%	15%	17%	33%
Hispanic	25%	47%	47%	41%
Asian/Pacific Islander	21%	15%	16%	14.5%
Black/African American	12%	9%	10%	7%
Native American	5%	.5%	1%	.5%
Other/Prefer Not To Say	9%	15	11%	3%
Total	100%	100%	100%	100%

FY2025-2026 Strategies:

1. Administration will re-survey BHS Staff with updated Staff Ethnicity/Language Report by March 31, 2026
2. Administration will work with management to increase participation of staff ethnicity and language report submissions to obtain a clearer picture of the BHS Multicultural workforce at BHS by March 31, 2026

Criterion 7: County System Language Capacity

(CLAS Standard 5,6,8)

FY 2024-2025 Accomplishments:

- BHS reconfigured data collection technique by revamping the Staff Ethnicity and Language report through a survey monkey process
- Updated Key LEP Policies to reflect current regulations and BHS processes for handling LEP members

As of the writing of this report, a new process was put in place to track the staff ethnicity and primary language of staff members. The following data table provides a snapshot of volunteered data provided by staff at BHS to make a partial comparison of staff to client ratio

Primary languages spoken by clients and staff	# of Clients	# of BHS Staff Self Reported Language Profeciency (2024-25)	Staff to client ratio
English	17,591	424	1:31
Spanish	1,088	157	1:11
Cambodian	177	10	1:35
Vietnamese	71	37	1:18
Laotian	38	11	1:10
Hmong	22	11	1:4
Tagalog	13	32	1:1:
Arabic and Farsi	23	5	1:8
Chinese (Mandarin and Cantonese)	10	10	1:1
American Sign Language	8	2	1:4

FY 2025-2026 Strategies:

1. Committee will develop an updated Staff Ethnicity Language Report to include voluntary SOGI (Sexual Orientation/Gender Identify) and Consumer/Family Member status data points by April 30, 2026
2. Administration will re-survey BHS Staff with updated Staff Ethnicity/Language Report by March 31, 2026
3. Administration will work with management to increase participation of staff ethnicity and language report submissions to obtain a clearer picture of the BHS Multicultural workforce at BHS by March 31, 2026

Criterion 8: County Adaptation of Services

(CLAS Standard 12)

2024-25 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 2025-2026 Strategies:

1. 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. 24-25 Community Planning Process (2025-26 MHSA Annual Update)
2. San Joaquin County-specific Data provided by CalEQRO for MH and SUD
3. Access to Care – Penetration Rates Slides
4. Statewide Behavioral Health Goals
5. Boilerplate Contract Language – Cultural Competency
6. Contract Monitoring Tool – Item 6b/6d

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 2023 – June 2024):

- 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 July 2024-November 2024:

- MHSA Showcase
  - October 10, 2024 – MHSA Programs - Public Showcase, Stakeholder and Community Engagement Survey

- Behavioral Health Advisory Board (BHAB)
  - July 17, 2024
    - Announcement to BHAB of Planning Dates for the 2025-2026 MHSA Annual Update – Feedback from BHAB on areas in San Joaquin County to focus

- Public Forums – Community Planning & Stakeholder Feedback Presentations
  - August 20, 2024 – MHSA Community Planning – Tracy, CA (Tracy Community Center)
  - August 22, 2024 – MHSA Community Planning – Lodi, CA (Lodi Public Library)
  - August 27, 2024 – MHSA Community Planning – (Spanish Session) – Stockton, CA - El Concilio (Zoom Meeting)
  - August 28, 2024 - MHSA Community Planning (General Community Zoom Call)
  - August 29, 2024 – MHSA Community Planning – (Spanish Session) – Stockton, CA – Catholic Charities
  - September 9, 2024 – MHSA Community Planning (MHSA Consortium Zoom Call)
  - September 10, 2024 – MHSA Community Planning (General Community Zoom Call)
  - September 11, 2024 – MHSA Community Planning – French Camp, CA (Westen Ranch Library)
  - October 15, 2024 – MHSA Community Planning – Manteca, CA (Manteca Senior Center)
  - October 16, 2024 – MHSA Community Planning - BHS Behavioral Health Advisory Board
  - November 13, 2024 – Community Stakeholder Feedback Presentation - MHSA Consortium (Zoom Meeting)

- November 19, 2024 – Community Stakeholder Feedback Presentation - Cultural Competency Committee
- November 20, 2024 – Community Stakeholder Feedback Presentation - BHS Behavioral Health Board
- November 21, 2024 – Community Stakeholder Feedback Presentation - BHS Leadership (BHS Managers Meeting)
- November 22, 2024 – Community Stakeholder Feedback Presentation – Consumer Advisory Council

Targeted Discussions:

- Consumer Focus Groups
  - August 6, 2024 - Co-hosted by the Wellness Center
  - October 8, 2024 - Co-hosted by the Martin Gipson Socialization Center

Consumer and Stakeholder Surveys:

- 2024-25 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 783,000 individuals, with a diverse population. English is spoken by more than half of all residents, just over 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 31% 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 21% 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	29.9%
20-54	46.1%
55-64	11.2%
65 and over	12.8%

*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 19,000 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 2023-24 demonstrates the program participation compared to the county population.

Behavioral Health Services Provided in 2023-24

Services Provided by Age	Number of Clients*	Percent of Clients
Children	3,673	19%
Transitional Age Youth	3,328	17%
Adults	10,218	54%
Older Adults	1,891	10%
Total	**19,114**	**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	206,520	26%	5,561	29%
Latino	348,403	44%	5,374	28%
African American	58,943	7%	2,721	14%
Asian	135,434	17%	1,339	7%
Multi-Race/Other	33,191	4%	3,707	19%
Native American	3,225	.4%	362	2%
Pacific Islander	5,016	.6%	53	0.3%
Total	**790,742**	**100%**	**19,114**	**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 (14% 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 44% of the population). Asian clients are also underrepresented by 10%.

Services Provided by City	County Population by City**	Percent of County Population	Clients Served*	Percent of Clients
Stockton	317,204	40%	12,025	63%
Lodi	66,492	8%	1,586	8%
Tracy	96,609	12%	1,332	7%
Manteca	90,917	12%	1,254	7%
Lathrop	37,033	5%	418	2%
Ripon	15,741	2%	194	1%
Escalon	7,249	1%	173	1%
Balance of County	160,163	20%	2,132	11%
Total	**791,408**	**100%**	**19,114**	**100%**

*Source: BHS Client Services Data
**Source: Estimates-E1 | Department of Finance (ca.gov)

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 40% of the County population. The majority of services and supports for individuals receiving public benefits, including mental health, are located in Stockton, with Lodi, Tracy, Manteca, and Lathrop rounding out the top five.

Stakeholder Involvement:

BHS recognizes the meaningful relationship and involvement of stakeholders in the MHSA process and related behavioral health systems. 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 Advisory 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

San Joaquin County provided two outlets of community planning and stakeholder engagement; in person meetings and zoom meetings. The hybrid model allowed for a robust opportunity to engage with community and stakeholder members throughout the County.

Community Program Planning for 2024-25:

Behavioral Health Advisory Board (BHAB) Agenda Items

At the July 2024 Behavioral Health Board meeting, the MHSA Coordinator announced that the MHSA Plan's community program planning process would begin in August 2024. He shared the methodology and timeline for the annual planning process, which informed the Plan's 2025-2026 Annual Update to the 2023-26 Program and Expenditure Plan. The BHAB also provided recommendations on geographic areas to focus within San Joaquin County for the community program planning process. Promotional flyers with details for both consumer and community discussion groups were distributed to the Board electronically.

Community Stakeholder and Consumer Discussion Groups

There were 17 community discussion groups convened between August 2024 – November 2024, two of which specifically targeted adult consumers and family members. Two of the 17 community discussion groups were held in a Behavioral Health Advisory 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:

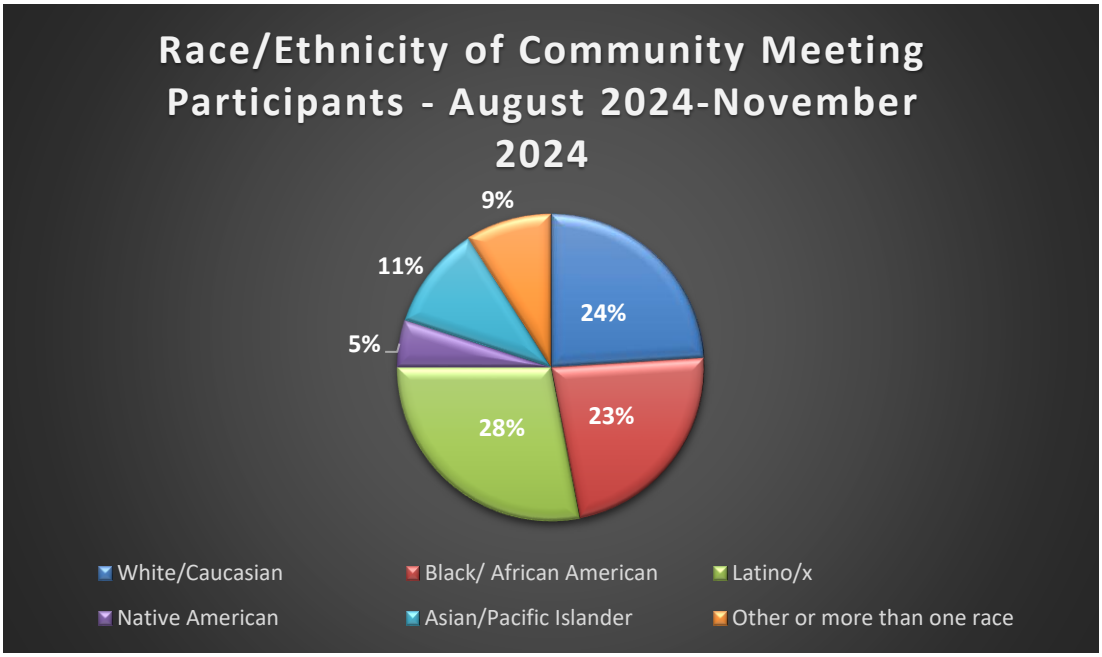
- Funding priorities
- Populations of need
- Regulations guiding the use of MHSA funding.

Stakeholder participation was tracked through Sign-In Sheets, 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 over 200 individuals, nearly 90% 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, 18% were older adults over 59 years of age, and 14% were transitional age 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 (Behavioral Health & Non-Behavioral Health Providers)
- Children and family services
- Law Enforcement
- Veteran's services
- Senior services
- Housing providers
- Hospital & Health care providers
- Public Health
- County mental health and substance use disorder department staff

A diverse range of individuals from racial and ethnic backgrounds attended community stakeholder discussions 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. Latino/x and African American participants were moderately represented in meetings to express immediate needs in the community, compared to the County population.



Survey Input and Stakeholder Feedback

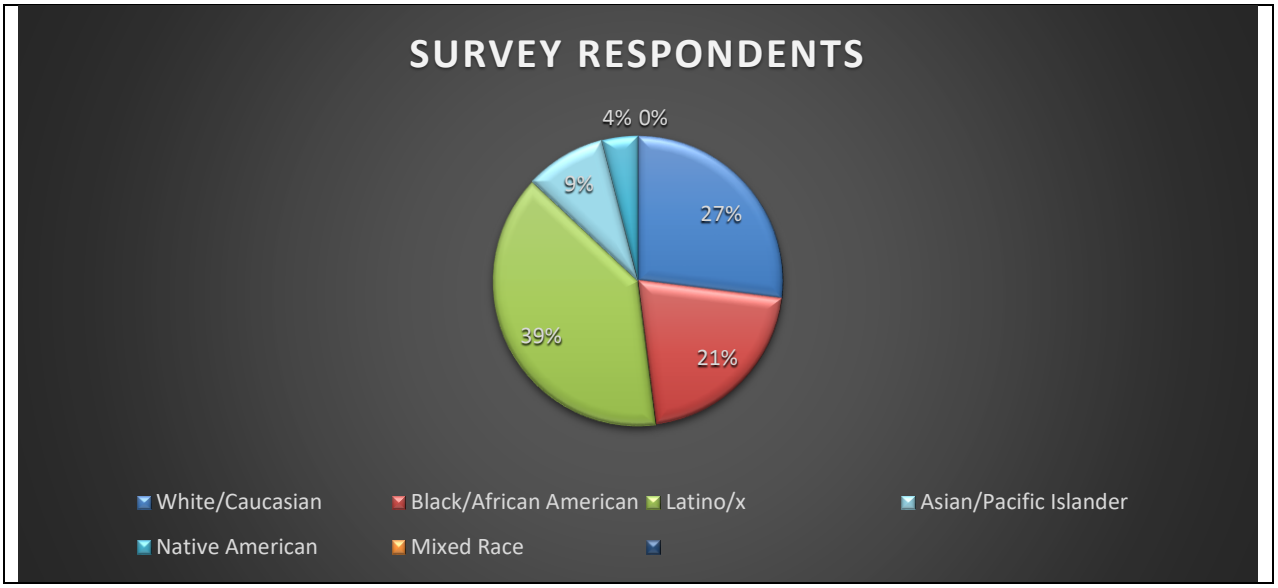
In October 2024 BHS distributed electronic and paper surveys to consumers, family members, and stakeholders to learn more about the perspectives, needs, and lives of clients served through mental health programs. Surveys were completed online and in person with multiple-choice answers and responses were tallied through Survey Monkey reports. There were 263 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 96% of respondents reporting that they would recommend BHS services to others. According to respondents, BHS Informational materials such as flyers, brochures and websites 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 for 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 and respondents 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 were previously unknown.

Survey respondents were diverse and identified as: White/Caucasian (28%), Latino/x (39%), African American (21%), Asian/Pacific Islander (9%), Native American (4%), and Mixed Race (1%)

Self-Reported Race and Ethnicity of Stakeholder Survey Respondents
MHSA 2024-25 Consumer and Stakeholder Surveys



Self-Reported Age/Gender of Stakeholder Survey Respondents

Age Range	Percent
18-25	6.5%
26-59	81%
60 and over	12%
Prefer not to say	.5%

Gender	Percent
Male	24%
Female	67%
Transgender	1%
Non-Binary	3%
Prefer not to say	4%

The 263 respondents surveyed represent the broad diversity of stakeholders in the community and consumers served by BHS. 32% of respondents identify as someone who is receiving, or who needs, mental health treatment services. Consistent with the general population, 12% self-identified as lesbian, gay, bisexual, transgender, queer/questioning, or intersex (LGBTQIA).

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 remain 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 with expansion of services for PEI Services for skill building for parents and guardians.

- Parental involvement – Bridge between school, caregiver capacity, family stressors, integration of home and case management
- Needs to address generational and cultural gaps 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 and possibly expanding MH Services in afterschool programs.

Recommendations to Strengthen Services 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.
- Provide funding for older generation guardians and caregivers skill building programs.
- Fully support California Youth Behavioral Health Initiative (CYBHI) to enhance school-based intervention services for local schools.

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 crisis housing and permanent housing to prevent homelessness.
- TAY needs community activities to enhance social skills.

Recommendations to Strengthen Services for Transition Age Youth

- Provide workforce development and training opportunities through community providers to build vocational opportunities for Transitional Age Youth
- Develop programming with Community Based Organizations to enhance Access and linkage efforts with focus on vulnerable communities that represent the 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 Mental health Information in public and community settings. Peers continue to be an integral part of the collaborative team approach for treatment teams.

- Individuals with mental illnesses, and co-occurring disorders that are homeless lack wrap-round services and specialized housing case management.
- Housing options continue to be scarce for adults. Homeless individuals need more outreach/engagement and a clear pathway to housing options with intensive treatment for MH and SUD Challenges.
- Promoting MH Services around the county is important in educating the public on MH and SUD services.
- Lack of groups and group therapy on main campus for adults.

Recommendations to Strengthen Services for Adults

- BHS should continue to strengthen the housing continuum for people with serious mental illnesses by expanding opportunities for housing options.
- BHS should promote MH Services and Warm Line number in all public communities (libraries, city hall, county buildings) – focused on culturally appropriate and community integrated messaging.
- BHS should tap into the public libraries and local community centers throughout the County to educate community on MH Services
- BHS should utilize peer specialists to enhance treatment and support options further supporting recovery efforts for consumers and family members.
- BHS should expand group and group therapy throughout several locations outside of the main campus to provide group services readily available to the community.
- BHS should consider utilizing community centers to provide community driven/culturally appropriate education for communities of color, LGBTQIA, and Asian communities – exploring opportunities to enhance and develop support groups throughout the county.

Key Issues for Older Adults

Older adults with mild to moderate mental health concerns remain at risk for untreated depression and suicide ideation. More articulation is needed with senior and older adult service providers to offer interventions for older adults that have escalating behavioral health challenges. More public information and education about the risk of suicide in adults and older adults is needed; particularly focusing on adult men who are at the highest risk for suicide in San Joaquin County. Stakeholders encouraged more behavioral health services co-located at county community centers that provide senior activities, services, and support throughout the County.

- There are few behavioral health prevention services for older adults in San Joaquin County.

- There is 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 among those that are homeless and living alone.

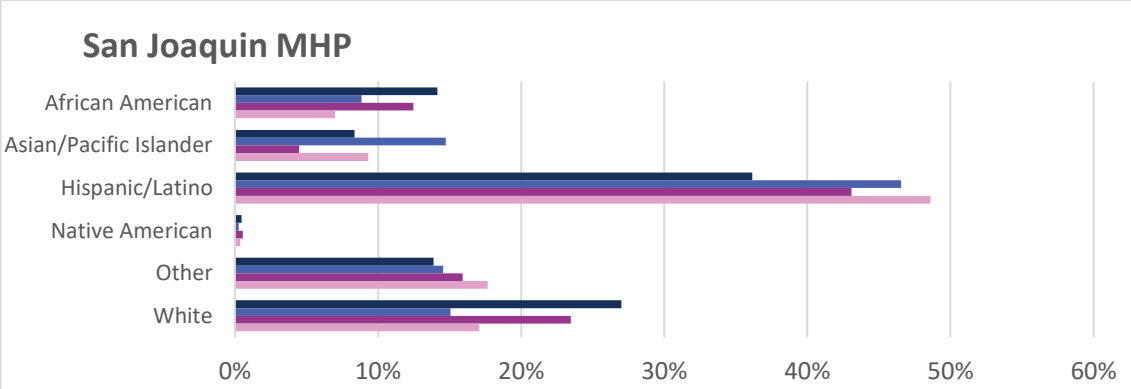
Recommendations to Strengthen Services for Older Adults:

- 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.
- Broaden suicide prevention efforts to target the older adult community. Include targeted prevention information for middle age and older adult men. Address handguns and firearm safety when living with loved ones experiencing depression.

Attachment 2: San Joaquin County Specific Data provided by CALEQRO for MH and SUD

CALEQRO PERFORMANCE MEASURES CY 22 – SAN JOAQUIN MHP

Table 4: MHP Beneficiaries Served by Race/Ethnicity vs State CY 2022

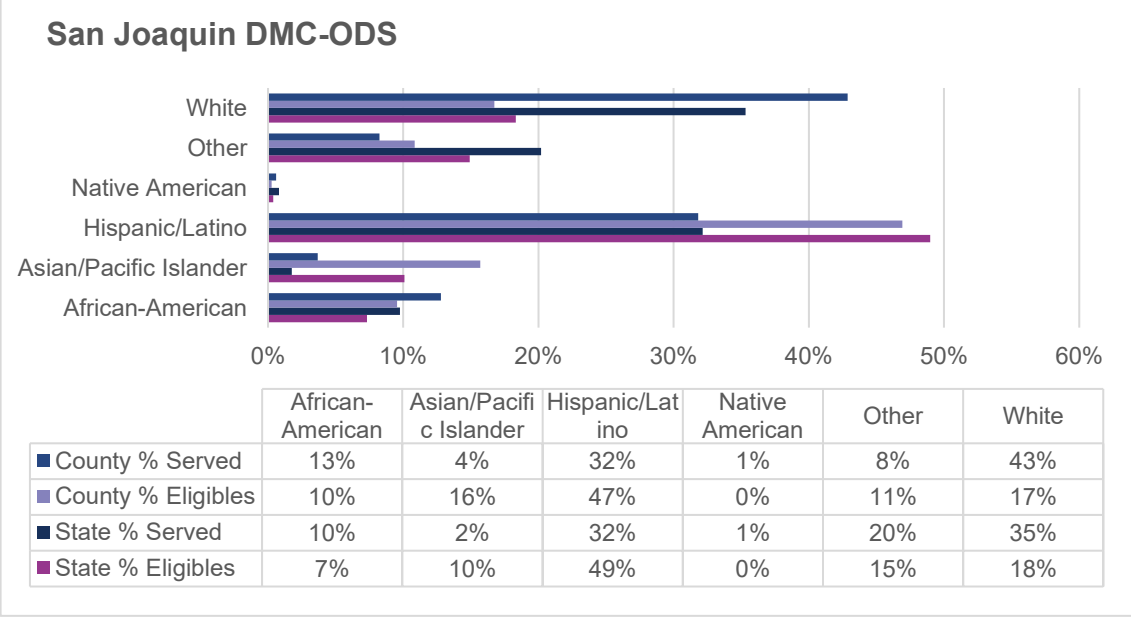


	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
MHP % Served	27%	14%	0%	36%	8%	14%
MHP % Eligible	15%	15%	0%	47%	15%	9%
State % Served	23%	16%	0.55%	43%	4%	12%
State % Eligibles	17%	18%	0.37%	49%	9%	7%

Percentage of Eligibles and Clients Served by Race/Ethnicity, CY 21 (SUD)

Table 1: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/Ethnicity, CY 2021

Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2021



	African-American	Asian/Pacific Islander	Hispanic/Latino	Native American	Other	White
County % Served	13%	4%	32%	1%	8%	43%
County % Eligibles	10%	16%	47%	0%	11%	17%
State % Served	10%	2%	32%	1%	20%	35%
State % Eligibles	7%	10%	49%	0%	15%	18%

1.2 Specialty Mental Health Services (SMHS) Penetration Rates for Adults & Youth
Primary Measure - Access to Care (Priority Goal)

Please select a county: San Joaquin

CalMHSA
California Mental Health Services Authority

Know San Joaquin County's Story

This tab breaks out SMHS penetration rates by age, race/ethnicity, and sex for Youth and Adults per county. County-specific rates are shown on the barplots below with the countywide rates displayed as horizontal constant lines. FY2021 is the latest year of available demographic data, so the line on equity charts reflects FY2021 penetration rates county-wide to compare data for the same year.

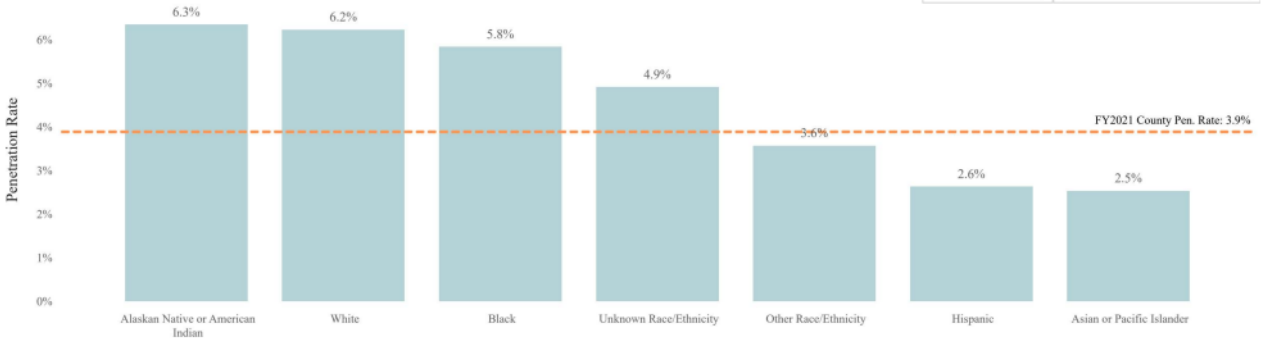
If a chart does not appear below for a selected category, data are not available for that county.
**Demographic groups with a small denominator are shown in orange. Suppressed rates, shown in purple with a placeholder value of 1.0%, were not reported by the measure source for the referenced demographic sub-group.*

San Joaquin County Adult Rate (FY2023)	San Joaquin County Youth Rate (FY2023)
3.3%	2.3%

San Joaquin County FY2021 SMHS Penetration Rates by Race/Ethnicity

Measuring Equity: Is your county-level rate the same for all demographic groups?

Age Group: Adult
Demographic Category: Race/Ethnicity



Microsoft Power BI

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1.4 Drug Medi-Cal Organized Delivery System (DMC-ODS)*
Penetration Rates for Adults & Youth

Primary Measure - Access to Care (Priority Goal)

*Equity data not available for DMC Penetration Rates. This tab only includes DMC-ODS counties in the county selection field.

Please select a county: San Joaquin

CalMHSA
California Mental Health Services Authority

Know San Joaquin County's Story

This tab breaks out DMC-ODS penetration rates by race/ethnicity per county. County-specific rates are shown on the barplots below with the countywide rates displayed as horizontal constant lines. CY2022 is the latest year of available demographic data, so the line on equity charts reflects CY2022 penetration rates county-wide to compare data for the same year. The data source does not have data available for some counties or age groups. Numerator and denominator data are not available in the data source.

If a chart does not appear below, equity data are not available for that county. Equity data were only available for all ages (Adults & Youth)

*DMC-ODS denominator/numerators are not available from the data source, so low denominator flag cannot be applied.

San Joaquin County Adult Rate (FY2023)	San Joaquin County Youth Rate (FY2023)
1.3%	0.1%

San Joaquin County Overall DMC-ODS Penetration Rates by Race/Ethnicity CY2022*

Measuring Equity: Is your county-level rate the same for all demographic groups?

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BHT Population Health Strategy
Use county performance on the six priority goals and choose one additional goal to inform the Community Planning Process and complete the BHSA Integrated Plan.
Priority Goals
1. Access to Care ⬆
2. Homelessness ⬇
3. Institutionalization ⬇
4. Justice-Involvement ⬇
5. Removal of Children from Home ⬇
6. Untreated Behavioral Health Conditions ⬇
Additional Goals
1. Care Experience ⬆
2. Engagement in School ⬆
3. Engagement in Work ⬆
4. Overdoses ⬇
5. Prevention/Treatment of Co-occurring PH Conditions ⬆
6. Quality of Life ⬆
7. Social Connection ⬆
8. Suicides ⬇

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.

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