San Joaquin County Behavioral Health Services
2023-24 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 2023-24 Annual Update to the 2010 Cultural Competency Plan (Annual Update) reviews the efforts of Fiscal Year (FY) 2022-2023 and guides upcoming efforts for FY 2023-2024. 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 2022-2023 Accomplishment: Continuance of enhance agency commitment to Cultural Competency by:

1. Measured and monitored cultural competency standards through the 2022-23 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 2023-2024 Strategies:
1. Hire para-professional staff to oversee cultural competency committee, cultural competency plan requirements, and additional health equity needs of BHS by January 31, 2024
2. MHSA Cultural Full Service Partnerships (La Familia and Black Awareness Community Outreach Program) will be fully contracted with cultural Community Based Organizations (CBO's) within the community to enhance community partnership and provide culturally congruent services through local providers by June, 2024

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

FY 2022-2023 Accomplishments: BHS implemented a comprehensive community planning process with these components:
- 20 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 2023-2026 MHSA e Three Year Program and Expenditure Plan, pages 7 through 21. (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 (15% 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 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 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, 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 the 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 2023-2024 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 15, 2024.

- 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, 2024.
- BHS will distribute and collect needs assessment surveys by February 15, 2024.
- BHS will complete an annual MHSA assessment of needs by March 1, 2024.
- Distribute and collect SUD needs assessment surveys by April 15, 2024. (Strategy Carryover from 20-21 Plan)
- Complete analysis of SUD assessment survey by May 15, 2024. (Strategy Carryover from 20-21 Plan)

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

(CLAS Standard 1, 10, 14)

FY2022-23 Accomplishments

- In April 2023, BHS began exploratory discussions on Latino/x penetration rates – formally created a subcommittee from QAPI to advance and structure a Performance Improvement Project (PIP) to analyze Latino/x disparities in access.
- In June 2023 – BHS committed monthly Latino/x penetration rate subcommittee formation in an effort to formalize a PIP for Latino/x disparities.

FY 2023-2024 Strategies:

- Finalize Performance Improvement Project (PIP) and begin focus on Latino/a/x Engagement, Access, and Equity by June, 2024
- Define framework of PIP project to encompass Universal, Selective, and Indicated strategies in an effort to increase Latino/a/x penetration rates by June, 2024
- The Cultural Competency Committee will add PIP agenda item to monthly agenda to increase engagement and to provide a continuous feedback loop to the PIP by January, 2024

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 MHSA 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.

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 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 2022-2023 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 2023-2024 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, 2024.
- Hire para-professional staff to oversee cultural competency committee, cultural competency plan requirements, and additional health equity needs of BHS by January 31, 2024
- 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, 2024.

Criterion 5: County Culturally Competent Training Activities

(CLAS Standard 4)

FY 2022-2023 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 aforementioned mandatory trainings, BHS offered:
    a. Multicultural Awareness & Diversity – Powerful Strategies to Advanced Client Rapport & Cultural Competency Training (three sessions)
    b. LBGTQ Clients: Clinical Issues and Treatment Strategies (one session)
- Cultural Competency presentations via QAPI and the MHSA Consortium

FY 2023-2024 Strategies:

- Additional trainings scheduled for this fiscal year include:
    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

- Training Coordinator along with Cultural Competency Committee will investigate additional health equity training to expand and enhance the cadre of cultural competency trainings available at BHS.
- Latino/x PIP committee will recommend additional trainings geared towards Latino/x population.

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

(CLAS Standard 7)

FY 2022-23 Accomplishments:

- BHS Hispanic staff members increased by 38 employees, increasing the percentage of Hispanic staff by nearly 5% points from the previous year.

BHS monitors the 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, however in 22-23, BHS Hispanic staff increased by 5% points.

	BHS staff (Volunteered Data)	BHS staff %	MH Medi-Cal Beneficiaries % (CALEQRO CY2022)	SUD Medi-Cal Beneficiaries % (CALEQRO CY-21)	County % (Census)
Caucasian/White	191	26%	15%	17%	33%
Hispanic	247	34%	47%	47%	41%
Asian/Pacific Islander	138	19%	15%	16%	14.5%
Black/African American	93	13%	9%	10%	7%
Native American	13	.018%	.5%	1%	.5%
Other	47	6%	15	11%	3%
Total	729	100%	100%	100%	100%

FY2023-2024 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 March 15, 2024.
- Administration will re-survey BHS Staff with updated Staff Ethnicity/Language Report by April 30, 2024
- 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, 2024.

Criterion 7: County System Language Capacity

(CLAS Standard 5,6,8)

FY 2022-2023 Accomplishments:

- BHS continues to maintain an in-house database of language capacity of BHS Staff
- BHS improved in language capacity in Spanish and Vietnamese.

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 Spanish and Vietnamese Languages. Cambodian language shows a major disparity from the previous year.

Primary languages spoken by clients and staff	# of Clients	# of BHS Staff Providing Direct Services (2022-23)	Staff to client ratio	# of Clients	# of BHS Staff Providing Direct Services (2021-22)	Staff to client ratio
English	14,843	729	1:20	17,591	559	1:31
Spanish	1105	102	1:9	1,088	99	1:11
Cambodian	138	1	1:138	177	5	1:35
Vietnamese	81	6	1:7	71	4	1:18
Laotian	1	0	n/a	38	4	1:10
Hmong	22	6	1:4	22	7	1:3
Tagalog	3	27	1:1	13	27	1:1
Arabic and Farsi	43	4	1:1	23	3	1:8
Chinese (Mandarin and Cantonese)	3	1	1:3	10	3	1:3
American Sign Language	2	0	n/a	8	4	1:2
Korean	0	1	n/a	3	1	1:3

FY 2023-2024 Strategies:

- The BHS Cultural Competency Committee will partner with the Recruitment and Retention Committee to develop strategies to recruit staff that speak the Cambodian language by June 30, 2024.

Criterion 8: County Adaptation of Services

(CLAS Standard 12)

2022-23 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 2023-2024 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.A.1-5.A.3)

5.Cultual Competency							
5.A. Cultural Competency- The MHP incorporates cultural competency principles in the systems of care		Goals	Target	Status (Met/Not Met)	Frequency of Review	Action Plan	Evaluation
5.A.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 6/30/2023, BHS will increase the Hispanic/Latino proportion of staff to 35%.	Not Met	Quarterly	Enact recruitments for language-specific positions. Assess opportunities for recruitment in cultural arenas of the community and implement two strategies. strategies – partner with recruitment & retention committee (once committee is re-established)	Database that holds our demographic staff data has glitched and are unable to pull current years data. Will work with I.S. to fix the issue and report in the next workplan update.
5.A.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.	By 3/31/2023, BHS will develop an action plan to address the findings of the CBMCS Survey.	Met	Quarterly	Analyze the findings from the CBMCS Survey and develop an action plan to address the findings from the CBMCS Survey- partner with training committee on additional cultural competency, cultural sensitivity, health equity training for BHS (once committee is re-established)	In 22-23 – BHS offered additional cultural comp trainings entitled: 1. Multicultural Awareness & Diversity – Powerful Strategies to Advance Client Rapport & Cultural Competency Training - Three Time in 22-23: 10/28/22, 1/27/23, 5/26/23). 1.LGBTQ Clients: Clinical Issues and Treatment Strategies (2/23/23) Partnered with Training Coordinator to review and commit to additional Cultural Competency Training opportunities for FY 23-24. The following trainings will be offered in the next fiscal year: 1.LGBTQ Youth: Clinical strategies to support sexual orientation and Gender Identity. 2.Cultural Responsive Clinical Supervision: Ethical & Trauma Informed Multicultural supervision strategies 3.Racial & Generational Trauma Recovery: Evidenced-based Somatic Interventions for BIPOC Clients

5.A.3.	The MHP identifies factors contributing to low Hispanic/Latino penetration rates.	Improve Hispanic/Latino penetration rates.	By 6/30/2023, BHS will identify factors contributing to low Hispanic/Latino penetration rates.	Not Met	Quarterly	Develop AdHoc Subcommittee to perform a root cause analysis to identify factors contributing to low Hispanic/Latino penetration rates. Initiate cultural competent quality improvement activities to address health equity.	Latino/a/x ACCESS, Engagement, & Equity PIP was developed in April, 2023 and is considered to be the AdHoc subcommittee to explore and review data, quantitative problems, root-cause analysis, strategy research & development, measure extent to which we are doing intervention and effect on the problem, revise strategy, remeasure, lessons learned, since its inception, the Latinx PIP continues to meet on a monthly meeting and will be reported to the cultural competency committee and QAPI Council on developments and status.

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

#	Target	FY 21/22	FY 22/23	Status (Met/Not Met)	Data Source	FY22/23 Action Plan	Evaluation
5a	By 6/30/2023 increase number of Spanish-speaking direct-service staff from one FTE to three FTEs.	5	8	Met	NACT	1. The Plan will review findings in QAPI Council and Cultural Competency Committee to establish recruitment objectives for fiscal year.	The Plan has continued to implement recruitment strategies to increase number of Spanish-speaking staff. Currently SUD has 8 Spanish Speaking staff. 3 of the 8 have been recruited and hired in the 22/23 FY.
5b	By 6/30/2023 100% of staff will be trained in Cultural Competency and new staff will complete it within 12 months of hire.	80%	100%	Met	TPS	1. The Plan's SUD managers and supervisors will track required staff trainings - including Cultural Competenc e - and document staff completion. 2. The Plan will monitor the contractors on a monthly basis to ensure trainings are completed.	100% of CDCC staff have completed cultural competency training within twelve months of hire. 100% of Recovery House and Family Ties staff have completed cultural competency training within twelve months of hire.

5c	By 6/30/2023 Cultural Competency Committee will add four new members.	1	1	Not Met	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.	Added an additional member (consumer) that represents the community and Behavioral Health Board. Member will formally begin in 23/24. SUD staff will continue to engage consumers/family members/ staff to be part of the cultural competency committee and encourage those interested to part of the BHS Committees process to represent the SUD Division to enhance cultural perspective from SUD staff and beneficiaries.

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 2021 – June 2022):

- 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:

- MHSA Showcase
  - September 29, 2022 – MHSA Programs Public Showcase, Stakeholder and Community Engagement Survey

- Behavioral Health Board
  - November 16, 2022 Introduction to MHSA Community Planning
  - MHSA Presentations and Updates on Community Convenings in December, January, February, April, May 2022-23 MHSA Community Planning Meetings and Public Hearing

- Public Forums
  - November 29, 2022 – MHSA Community Planning (Lodi Police Station)
  - November 30, 2022 – MHSA Community Planning (Tracy Community Center)
  - December 1, 2022 – MHSA Community Planning (Manteca Library)
  - December 13, 2022 – MHSA Community Planning (Escalon Library)
  - December 14, 2022 – MHSA Consortium (Zoom Meeting)
  - December 15, 2022 – MHSA Community Planning (Catholic Charities/Spanish Session)
  - December 16, 2022 – MHSA Community Planning (Ripon Library)
  - December 20, 2022 – MHSA Community Planning (General Zoom Meeting)
  - December 21, 2022 – MHSA Community Planning (BHS Behavioral Health Board)
  - December 27, 2022 – MHSA Community Planning (Spanish Zoom Meeting) w/ El Concilio
  - December 28, 2022 – MHSA Community Planning (General Zoom Meeting)
  - January 11, 2023 – MHSA Consortium (Community Stakeholder Feedback Presentation)

- January 18, 2023 – BHS Behavioral Health Board (Community Stakeholder Feedback Presentation)
- January 19, 20203 – BHS Leadership Meeting (Community Stakeholder Feedback Presentation)
- February 16, 2023 – NAACP Stakeholder Meet & Greet (Community Stakeholder Feedback Presentation
- March 2, 2023 – SJC Community Health Leadership Council (Community Stakeholder Feedback Presentation)
- March 16, 2023 – MHSA Community Planning & Community Stakeholder Presentation (Greater Christ Temple Church)
- March 28, 2023 – MHSA Community Planning & Community Stakeholder Presentation (Little Manila Rising/ SJC Transforming Communities Healing Collaborative)

Targeted Discussions:

- Consumer Focus Groups
  - November 15, 2022 - Co-hosted by the Wellness Center
  - November 17, 2022 - Co-hosted by the Martin Gipson Socialization Center

Consumer and Stakeholder Surveys:

- 2022-23 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 17,600 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 2021-22 demonstrates the program participation compared to the county population.

Mental Health Services Provided in 2021-22

Services Provided by Age	Number of Clients*	Percent of Clients
Children	2,942	17%
Transitional Age Youth	3,272	19%
Adults	9,395	53%
Older Adults	1,982	11%
Total	**17,591**	**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	259,832	33%	5,574	32%
Latino	320,035	41%	5,006	28%
African American	58,409	7%	2,680	15%
Asian	110,669	14%	1,319	7%
Multi-Race/Other	27,237	3%	2,479	14%
Native American	3,672	.5%	469	3%
Pacific Islander	3,852	.5%	64	0.4%
Total	**783,706**	**100%**	**17,591**	**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 (15% 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 7%.

Services Provided by City	County Population by City**	Percent of County Population	Clients Served*	Percent of Clients
Stockton	323,884	41%	11,149	63%
Lodi	66,570	8%	1,427	8%
Tracy	94,538	12%	1,353	8%
Manteca	86,589	11%	1,280	7%
Lathrop	31,331	4%	333	2%
Ripon	15,979	2%	167	1%
Escalon	7,362	1%	132	1%
Balance of County	159,170	20%	1,7,50	10%
Total	**784,372**	**100%**	**17,591**	**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 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 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 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 2022-23:

Behavioral Health Board Agenda Items

At the November 2022 Behavioral Health Board meeting, the MHSA Coordinator announced that the MHSA Plan's community program planning process would begin in November 2022. He shared the methodology and timeline for the annual planning process, which informed the Plan's 2023-26 Program and Expenditure Plan. 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 20 community discussion groups convened between November 2022 – March 2023, two of which specifically targeted adult consumers and family members. Two of the 20 community discussion groups were held 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:

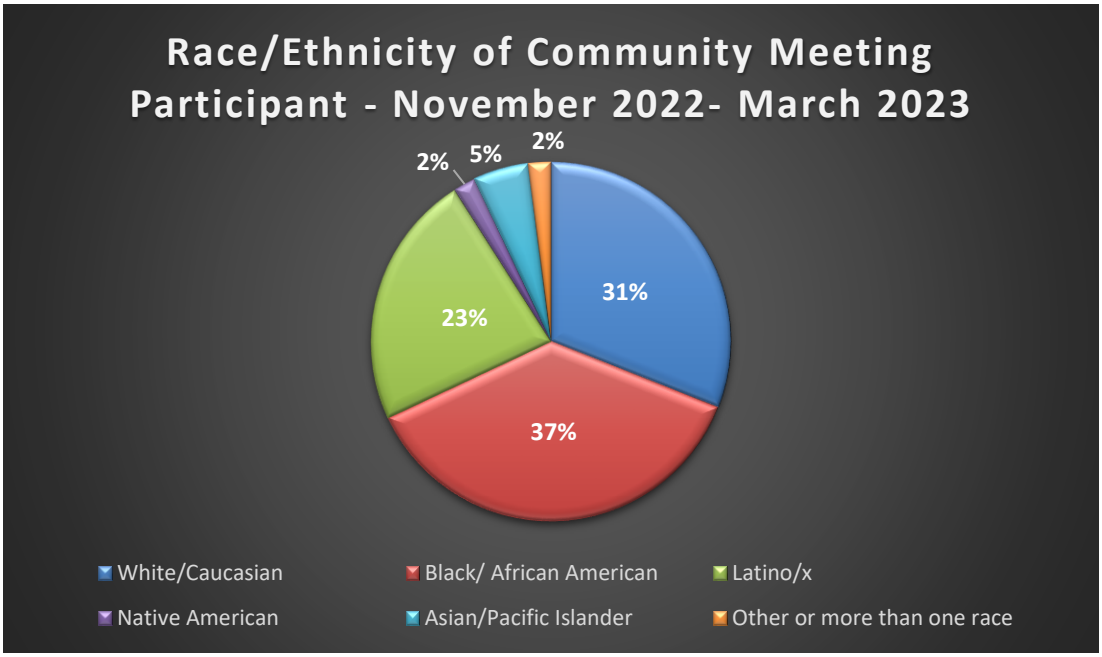
- Funding priorities
- Populations of need
- Regulations guiding the use of MHSA funding

Stakeholder participation was tracked through 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 300 individuals, nearly 80% 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, 14% were older adults over 59 years of age, and 17% 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
- Children and family services
- Law Enforcement
- Veteran's services
- Senior services
- Housing providers
- Health care providers
- County mental health and substance use disorder department staff

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



Survey Input and Stakeholder Feedback

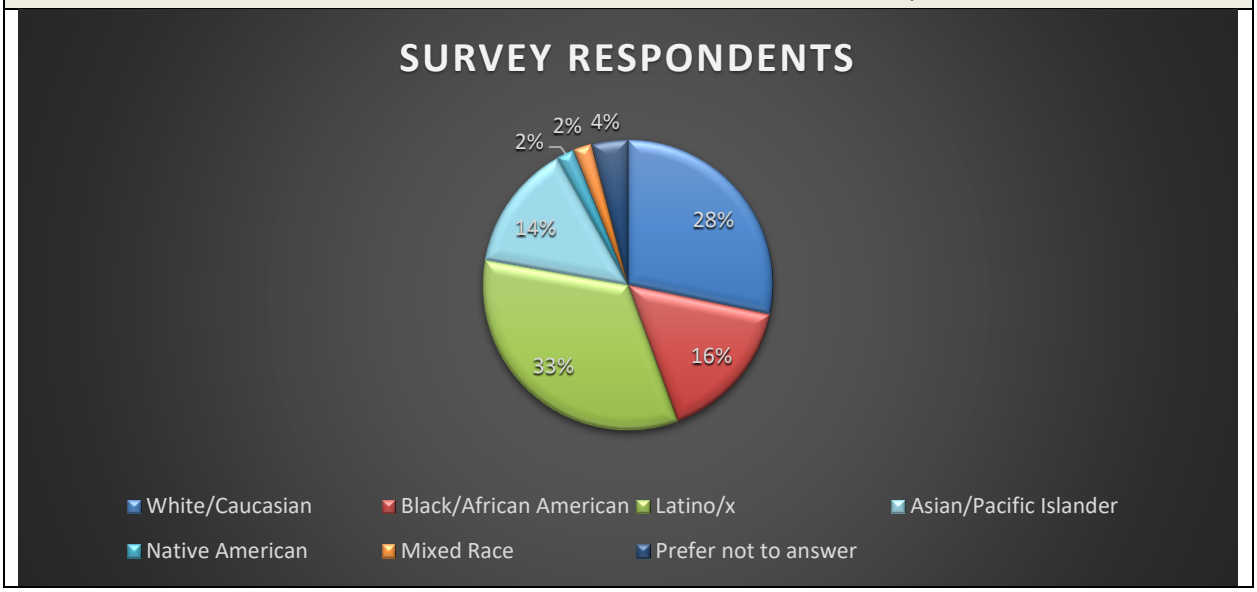
In September 2022 and January of 2023, BHS distributed electronic and paper surveys to consumers, family members, and stakeholders to learn more about the perspectives, needs, and lives of clients served through mental health programs. Surveys were completed online and in person with multiple-choice answers and responses were tallied through Survey Monkey reports. There were 282 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 89% 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 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 was previously unknown.

Survey respondents were diverse and identified as: White/Caucasian (28%), Latino/x (33%), African American (16%), Asian/Pacific Islander (15%), Native American (2%), and Mixed Race 2%

Self-Reported Race and Ethnicity of Stakeholder Respondents
MHSA 2022-23 Consumer and Stakeholder Surveys



Self-Reported Age/Gender of Stakeholder Respondents

Age Range	Percent
Under 18	1%
18-25	11%
26-59	70%
60 and over	15%
Prefer not to say	3%

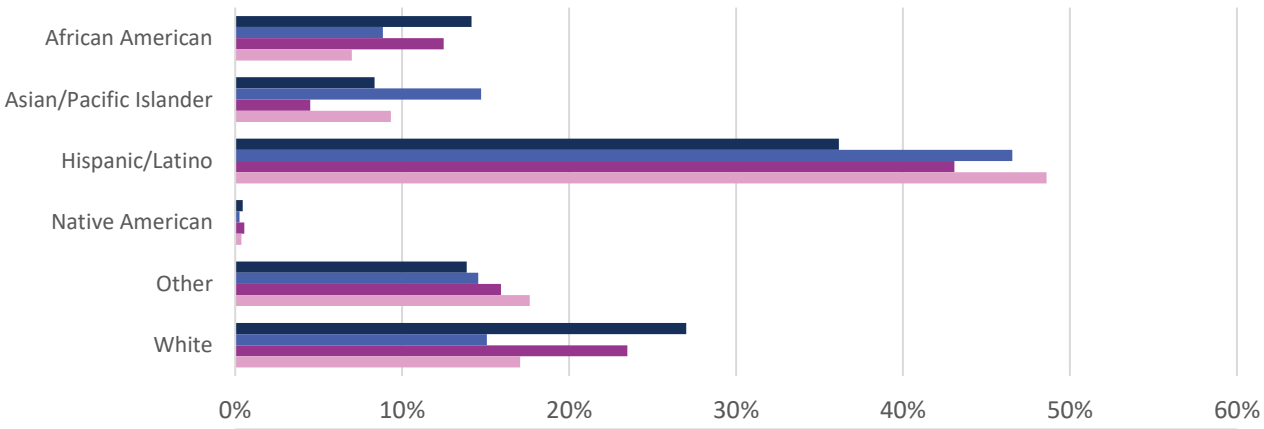
Gender	Percent
Male	28%
Female	70%
Transgender	1%
Non-Binary	0%
Prefer not to say	1%

The 282 respondents surveyed represent the broad diversity of stakeholders in the community and consumers served by BHS. 38% of respondents identify as someone who is receiving, or who needs, mental health treatment services. Less than half of respondents have children, with 53% describing themselves as parents. Consistent with the general population, 9% self-identified as lesbian, gay, bisexual, transgender, queer/questioning, or intersex (LGBTQ). Nearly 10% of respondents identified with having a physical or developmental disability. Few are military veterans, with 10% reporting that they have served in the US Armed Forces. 6% of consumers reported experiencing homelessness more than four times or being homeless for at least a year; and 20% of respondents reported having been arrested or detained by the police.

Attachment 4: 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

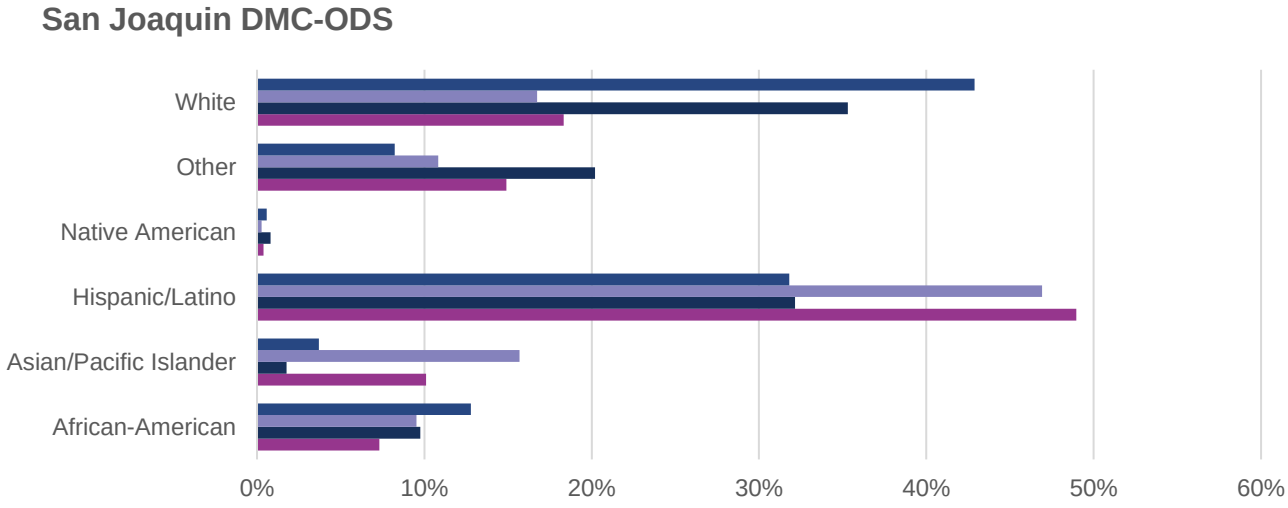


	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
MHP % Served	27%	14%	0%	36%	8%	14%
MHP % Eligible	15%	15%	0%	47%	15%	9%
State % Served	23%	16%	0.55%	43%	4%	12%
State % Eligibles	17%	18%	0.37%	49%	9%	7%

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%

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