

Workforce by Ethnicity and Language

The following table depicts the breakdown of BHRS staff by function. The information below does not include data from BHRS contracted programs. BHRS is working towards starting a process how to get data from our contracted partners. BHEM will develop a process to gather contracted partners data and information needed for delivery of services for our marginalized populations. BHRS contracted partners are responsible to develop their own plan, activities, Performance Plan's, and monitor their data to be able to connect and share with the BHEM. BHEM will communicate with Systems of Care and contracts department to understand what process is in place to get this data information.

Stanislaus Behavioral Health Recovery Services is committed to equity, diversity, and inclusion. Services aim to empower all community members throughout their journey towards wellness and recovery. It is also of equal importance for BHRS to improve access to quality care for underserved and under-represented ethnic and minority populations who have been historically marginalized by health care systems. The Department values the importance of employing staff who possess culturally and linguistically diverse life experiences and expertise to ensure the workforce is responsive and fosters innovation and positive outcomes for the people served.

**BHRS County Staff
Ethnicity and Language Report
between 7/1/2023 and 6/30/2024**

<i>Ethnicity Totals by Function</i>						
	<i>County Population</i>	<i>Overall Staff</i>	<i>Admin/ Management</i>	<i>Direct Svcs</i>	<i>Support Svcs</i>	<i>NA</i>
Asian	26864	63	11	44	19	6
Black/African American	12654	29	3	21	6	4
Hispanic	225987	258	27	203	89	9
Native American/Alaska Native	2069	6	2	7		
Other/Unknown	56601	29	2	25	7	
White	206386	272	49	177	80	21
Total Population	530561	657	94	477	201	40

<i>Language Totals by Function</i>						
	<i>County Population</i>	<i>Overall Staff</i>	<i>Admin/ Management</i>	<i>Direct Svcs</i>	<i>Support Svcs</i>	<i>NA</i>
Assyrian		6	2	4	1	
Cambodian		10	2	11	1	
English	290578	433	67	303	127	26
Filipino Dialect		3		2	2	
Hindi		6	2	2	1	1
Hmong		1		1	1	
Laotian		2		1		1
Other	24161	1		1		
Portuguese		2		2		
Punjabi		4	1	2		1
Russian		1		1		
Sign ASL		1		1		
Spanish	158364	191	20	145	67	10
Swedish		1		1		
Thai		1				1
Vietnamese		1			1	
Total Population	473103	664	94	477	201	40

County population for ethnicity and language spoken based on source: US Census Bureau 2018-2022 American community Survey 5 yr Estimates

Comparison data is not available for written language of county population

County employee data source: Employee Database maintained by Human Resources

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

Other Language includes: Afghani, Arabic, Assyrian, Farsi, Hindi, Hmong, Khmer, Laotian, Punjabi, Russian, ASL, Thai, Turkish

Asian Language includes: Japanese, Vietnamese

Other Ethnicity Include: Amerasian, Multiple, Other Non White

Population 5 years and over for Language Spoken and Written

Population and Provider Assessment

BHRS implemented the California Advancing and Innovating Medi-Cal (CalAIM) behavioral health initiatives through the Semi-Statewide Innovation Enterprise Health Record Project. This involved adopting the SmartCare/Electronic Health Record (EHR) to meet evolving standards, enhance workforce efficiency, promote cross-county learning, and scale best practices. As the first pilot county, BHRS went live with SmartCare on July 1, 2023, collaborating with CalMHSA. Due to these changes, BHRS is only able to report on data collected through the previous EHR up until June, 30, 2023. It is anticipated that the subsequent Behavioral Health Equity Plan will report on a data set that reflects information collected through SmartCare.

Population Assessment

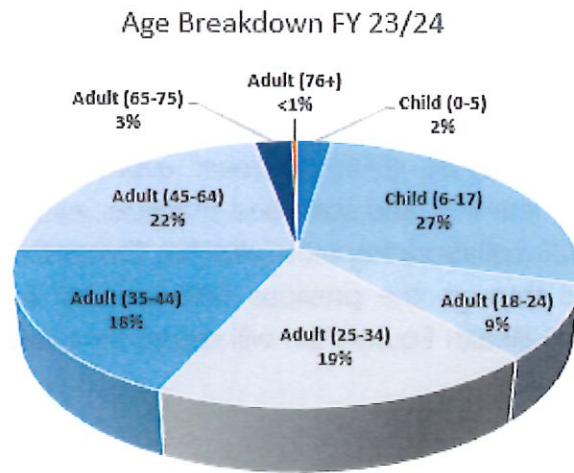
By evaluating the data gathered in FY 23-24 for BHRS provided behavioral health services to a total of 10,082 duplicated Medi-Cal members and SUD services. The group numbers include members that may have received services in more than one team/program but are counted only one time in each team/program in which they received services.

An overview of the cultural and linguistic assessment will be illustrated and discussed in this section of the plan for mental health services and substance use disorder treatment services.

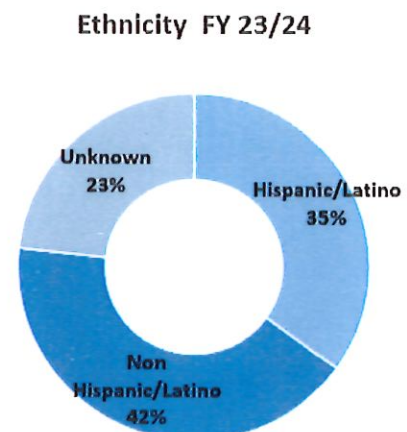
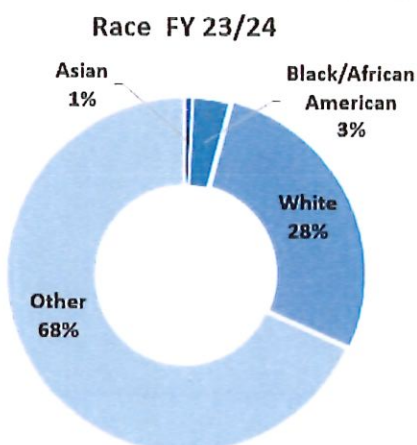
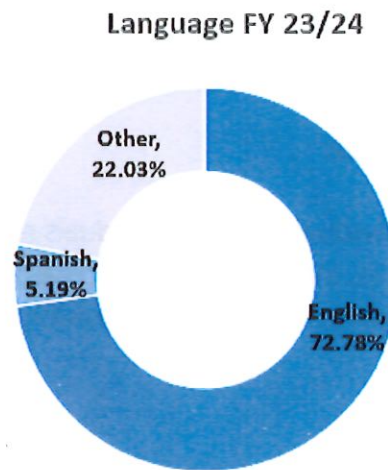
Mental Health and Substance Use Disorder

FY 2023-2024, BHRS served 10,082 individuals; 7,745 individuals received mental health services and 3,110 received substance use disorder services. Individuals who received both services are included in the mental health count and the substance use disorder count. The following information shows the age categories of

the clients that received services in the Fiscal Year 2023-2024.



The following charts show the language, race and ethnicity percentages of the individuals who received BHRS services in Fiscal Year 2023-2024.



Member Perception and Treatment Perception Surveys

BHRS Leadership reviewed the results of the SUD Treatment Perception Survey in October 2023 and the Mental Health Member Perception Survey in May 2024. The questionnaires are designed to gauge Member feedback on quality and effectiveness of services received. This in turn helps BHRS determine if there are areas that need to be addressed to enhance access to services, to address quality concerns, or address any dissatisfaction by individuals served. The surveys are collected in English and Spanish.



The tables below show data related to the number of members who completed the Perception Surveys.

Mental Health Consumer Perception Survey - May 2024

Subscale	N	English	Spanish	Answered	Agreed	Favorable
Access	663	598	65	2329	2015	87%
Satisfaction	663	598	65	3016	2632	87%
Participation	663	598	65	1584	1366	86%
Outcomes	663	598	65	4063	2698	66%
Functioning	663	598	65	3029	2065	68%
Connectedness	663	598	65	2439	1914	78%
Quality and Appropriateness	281	271	10	2363	2006	85%
Cultural	382	327	55	1373	1294	94%

SUD Treatment Perception Survey - October 2023

Subscale	N	English	Spanish	Answered	Agreed	Favorable
Access	675	674	1	2243	2004	89%
Satisfaction	675	674	1	1756	1550	88%
Participation	675	674	1	579	503	87%
Connectedness	675	674	1	2929	2525	86%
Outcomes	675	674	1	1143	930	81%
Functioning	675	674	1	1151	977	85%

By learning how members feel about the services received, it helps leadership and management address the areas that need improvement. If access or cultural understanding is an area of concern, the Department is committed to developing strategies to address them.

Population vs. Provider Assessment

The ethnicity of members served during FY 23-24 aligns closely with the demographic profile of Stanislaus County, with 50% identifying as Hispanic/Latino. Similarly, 257 employees in the BHRS workforce are Hispanic/Latino, as shown in the table below. Additionally, 52% of the members served primarily speak Spanish, and 168 members of the BHRS workforce are Spanish-speaking, enabling them to effectively meet the needs of these members and accommodate any increase in Spanish-speaking members in the future.

Language	# of Encounters Requiring Language Line Services
Spanish*	1,070
Arabic	40
Punjabi	15
Farsi	15
Vietnamese	0
Assyrian	5
Portuguese	0
Laotian	0
Hindi	0

**Spanish is a Stanislaus County's threshold language.*

Culturally Collaborative Partners

Behavioral Health and Recovery Services (BHRS) emphasizes the importance of leveraging community assets to reduce disparities. This commitment aligns with BHRS's ongoing support for programs such as Promotores/Community-Based Health Outreach Workers (CBHOW) and Cultural Collaborative initiatives. These programs continue to strive to reduce the stigma around accessing behavioral health services and building trust within diverse communities. By establishing community relationships, BHRS builds on the community's strength from its culture, heritage, and traditions and by doing so, can reduce stigma, address discrimination and social exclusion and remove language barriers.

These partnerships, supported by MHSA (BHSA) Prevention funding, have continually provided community feedback to BHRS on further development of the local behavioral health system meet the needs of Stanislaus County's diverse communities, and the goal of integrating community practices into current treatment programs. For January 2025 MHSA will change their name from Mental Health Service Act (MHSA) to Behavioral Health Service Act (BHSA) due to the changes of Prop 1 passing. The importance of

building on community assets to reduce disparities and it is consistent with BHRS' continued support of the Promotores/CBHOW and Cultural Collaborative Programs. The Department has also nurtured partnerships with diverse community stakeholders through the development of cultural collaborative partnerships with:

These programs remain dedicated to reducing the stigma associated with accessing behavioral health services and fostering trust within diverse communities. The next section of the Behavioral Health Equity Plan (BHEP) will highlight how BHRS is excelling in outreach, education, collaboration, and service delivery for its residents.

Cultural Collaborative Partners
Assyrian
Latino
Faith Based organizations
National Association for the Advancement of Colored People (NAACP)
Southeast Asian
Lesbian, Gay, Bisexual, Transgender, Questioning Intersex Asexual and Two-Spirit (LGBTQIA+/2S)
Other diverse communities

BHRS on SOCIAL MEDIA

BHRS is embracing the digital age by transforming our storytelling approach to spotlight the dynamic efforts of our department through videography/photography/graphic design/etc.



From engaging social media content to impactful outreach initiatives, we're here to connect, inform, and engage with our community.

BHRS is on LinkedIn and YOU Tube



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hashtag #stancobhrs.

