

# ALAMEDA COUNTY <sup>ac</sup> <sup>bh</sup>

## BEHAVIORAL HEALTH CARE SERVICES (ACBH)



# CULTURAL COMPETENCE PLAN

## BEHAVIORAL HEALTH & HEALTH EQUITY INITIATIVES

December 2023 | Plan Update



A Department of Alameda County  
Health Care Services Agency

## Executive Summary

Alameda County Behavioral Health Care Services (ACBH) is a department committed to the promotion of health equity-based, quality driven services that seek to proactively focus on a more accessible and inclusive system of care. The Health Equity Division's (HED) Health Equity Office (HEO) at ACBH has operated for two years, and it has successfully implemented many initiatives to help more appropriately serve the diverse Alameda County community. To that end, the Executive Leadership team's goals have materialized with the establishment of the Health Equity Division which has been steering internal and external processes in line with fundamental principles.

During organizational restructuring, a priority framework was devised to guide strategic decision-making. This framework (*Alignment, Communication, and Organizational Structure*) emphasizes Alignment with county, agency, and departmental mission, vision, values; enhanced Communication with internal and external stakeholders; and continuous improvement of Organizational Structure and service delivery, now defines established practices. As the HEO enters its third year, the inaugural initiatives have transitioned into established practices, shaping how ACBH leadership approach their work and informs everyday decision-making.

The following Cultural Competence Plan includes many historical activities, and includes important pivots that have been made, new projects that have been launched, and the re-evaluation of several strategies that were adopted over several decades. To that end, we invite potential readers to evaluate this content critically and with an eye towards our eventual goal: a health equity driven workplace that promotes and provides equity-based services throughout the community. Our ultimate aims are to continually re-envision our practices, set into motion policies and procedures that strengthen our commitment to the provision of quality services; and to eliminate health disparities for all who seek or need services through our integrated system.

Thank you in advance for reviewing this most recent update. We look forward to continued progress and outcomes which can help to inform our decision-making and measure our success in the future.

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## Introduction

This report represents the annual update of the ACBH departmental Cultural Competency Plan (CCP), which aligns with the Cultural, Linguistic, and Ability Standards (CLAS). The update highlights key areas of progress and success, as well as some of the challenges with implementing these standards within our department across our five systems of care (*Child/Young Adult; Adult/Older Adult; Substance Use; Forensic, Diversion, and Re-entry; and Crisis Services System of Care*). This document also forecasts what we plan for the remainder of the current Fiscal Year (FY 23-24).

For context, ACBH has adopted a set of “True North Metrics” which serve as a guide to our leaders and team members as we drive system change across our system. The five (5) True North Metrics of Quality, Investment in Excellence, Accountability, Financial Sustainability, and Outcome-Driven Goals are helping to re-align our focus more strategically on equity and culturally affirming work at all levels. Specifically, our intentional attention to **Quality**, at every level of our service continuum; and within our administrative units, focuses our efforts on the essential client, family, and community focused services our department provides. Similarly, **Investment in Excellence** will be a key component of how our department will align its efforts. Our department has refocused its efforts to include an affinity for both internal and external strategies. To that end, we hope to continually develop opportunities and work with our agency and external partners to ensure that we invest in the inherent value of the work of our employees, including training and overall wellness in the workplace. **Accountability** in leadership, performance, and our goals are critical as we intend for them to drive the improvement processes, we have engaged (and those yet to be identified). Ensuring that we take seriously, the immense responsibility of serving as a steward to public funds; and responsibly approach our fiscal resources (**Financial Sustainability**) will help us, in the future, collaboratively identify and develop clear **Outcome-Driven Goals** (and metrics) that continually measure our progress, service impacts, and administrative efficiencies.

Because our department places a high value on fostering Diversity, Equity, Belonging and Inclusion (DEBI) within our systems of care, the CLAS standards are a cornerstone of our department’s commitment to DEBI. We are proud to report that we continue to collaborate across the department, within our internal infrastructure (finance, contracting, human resources and information systems), with our community stakeholders, in partnership with Peers & Family members who receive our services, and in collaboration with community-based organizations and consultants all to uphold and deliver CLAS focused-approaches while promoting equity within our department. Evidence of this commitment is clearly documented by our creation of a Health Equity Division led by a departmental Health Equity Division Director, Health Equity Officer (HEO). In addition to other programs, this division is comprised of the Office of Ethnic Services (OES) and the Ethnic Services Administrator

In this update, we continue to follow the eight criteria from the original CCP plan to eliminate health disparities and improve overall health outcomes of all Medi-Cal beneficiaries. ACBH remains committed to creating a welcoming, healing, wellness and recovery centered environment for individuals and families of all cultures, languages, and abilities.

## **CRITERION 1: *Commitment to Cultural Competence***

### **ACBH Vision, Mission, and Values**

Alameda County Behavioral Health Care Services serves both as the specialty mental health and substance use (Drug Medi-Cal) system within Health Care Services Agency (HCSA). Our vision, mission, and values (noted below), represents both our current operations and aspirational goals in relation to how we see ourselves as a public service organization.

#### **Vision**

We envision a community where all individuals and their families can successfully realize their potential and pursue their dreams where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

#### **Mission**

To support and empower individuals experiencing mental health and substance use conditions along their path towards wellness, recovery, and resiliency.

#### **Values**

Access, Consumer and Family empowerment, Best Practices, Health & Wellness, Culturally Responsive, & Socially Inclusive.

## Health Equity Division

The Office of Health Equity (OHE) was established in the fall of 2020 with the goal of providing a stronger foundation for the incorporation and promotion of Diversity, Equity, Belonging and Inclusion practices throughout our system of care and supporting individuals, families, community-based organizations, stakeholders, and the workforce. The OHE is comprised of five units: the Office of Ethnic Services (OES), Office of Family Empowerment (OFE), the Office of Peer Support Services (OPSS), Patients’ Rights (PR) and, the Health Equity Policy and Systems Coordination (HEPSC) team.

### HED Activities

Activity	Duration/Timeframe
Opioid Listening Sessions: Committed to communication with the Alameda County community about critical healthcare issues	September 5, 15 <sup>th</sup> , 18 <sup>th</sup> , 26 <sup>th</sup> 2023
Mapping and planning for technical assistance and team building opportunities to address systemic and cultural bias awareness and strengthen communication within the Forensics system of care.	Ongoing
Established October 2022 the Latino/X Advisory Board	October 2022 - present
Championing Introduction of County co-created curriculum <i>Building Resilience Together: Trainer Training Trauma Informed System 101</i>	Ongoing
Survey	January 2023
First Cohort Trainers trained	November 2023
Co leading with General Services Agency the design of the African American Wellness Hub	September 2023 - present
Participating member of internal/external Care Court Implementation Planning Teams	October 2023- Present

## SB 43

Senate Bill 43, seeking amendments to the Lanterman-Petris-Short Act, presents unique challenges to our system, particularly concerning potential disparate impacts on black and brown communities. Recognizing these concerns, our county Board of Supervisor unanimously voted pause implementation at the time of this update. We will move to implement by 2026. This pause allows us the necessary time to carefully consider and address any unintended consequences, ensuring a fair and equitable application of the amended Lanterman-Petris-Short Act. In expanding the definition of 'gravely disabled' to include severe substance use disorders and co-occurring mental health disorders, we acknowledge the complexity of the issues at hand. During this pause, we remain committed to transparency, accountability, and ongoing collaboration to refine and improve the implementation of the amended Lanterman-Petris-Short Act as outlined in Senate Bill 43

## Care Courts

The implementation of Care Courts has been a meticulously considered endeavor, marked by thoughtful planning and strategic decision-making. ACBH has approached this initiative with a keen awareness of the impact it can have on individuals and the community.

Care Courts, designed to provide a structured and supportive legal framework for mental health and substance abuse cases, has been introduced with a focus on ensuring fairness, accessibility, and sensitivity. The careful consideration extends to factors such as the well-being of individuals involved, the efficiency of the legal process, and the overall improvement of mental health and substance abuse treatment outcomes.

Through extensive planning and collaboration, ACBH has sought to address potential challenges and optimize the positive impact of Care Courts. This includes aligning the initiative with existing systems, engaging stakeholders, and integrating trauma-informed principles into the legal proceedings.

Moreover, the Health Equity Officer within ACBH and the Medical Director of the Health Care Services Agency, have extended their engagement efforts through Opioid Settlement Listening Sessions. These sessions were held on September 5, 15, 18, and the 26th, further emphasizing the commitment to community involvement and the addressing of critical healthcare issues.

These listening sessions, collectively, represent a commendable effort to address healthcare disparities and promote health equity across diverse communities within Alameda County. The Health Equity Division's commitment to inclusivity, engagement, and empowerment is evident through these initiatives, which have contributed significantly to a more equitable healthcare landscape.

# Alameda County Behavioral Health Care Services

## Utilization

As a crucial aspect of ACBH’s dedication to cultural competency, cultural humility, wellness, healing, recovery, and health equity, we consistently assess and monitor utilization patterns within our diverse cultural communities. Through this analysis of data, we aim to identify any potential patterns that may contribute to inequities and work to address them. This ongoing process aides in our efforts to ensure that our services within our systems of care are accessible and equitable for our beneficiaries.

FY 2022-2023 Figure 1. (Yellow Fin, 2022) Beneficiaries ACBH:

Ethnic Group	Number of Beneficiaries	Served with Medi-Cal	Penetration Rate	Served in Outpatient Settings	% Served with Medi-Cal, Served in Outpatient	Outpatient Penetration Rate	Served without Medi-Cal	Total Served
Alaska Native or American Indian	1,137	92	8.09%	69	75%	6.07%	42	134
Asian or Pacific Islander	104,467	1,536	1.47%	1,361	88.6%	1.3%	1023	2,559
Black or African American	73,894	5,801	7.85%	4,364	75.2%	5.91%	1,900	7,701
Hispanic or Latino	138,237,	5,374	3.89%	4,752	88.4%	3.44%	112	5,486
Other/Unknown	147,400	6,057	4.11%	4,703	77.6%	3.19%	1,991	8,048
White	49,257	2,667	5.41%	2,145	80.4%	4.35%	1,513	4,180
<b>Total:</b>	<b>514,392</b>	<b>21,527</b>	<b>–</b>	<b>17,394</b>	<b>–</b>	<b>–</b>	<b>6,581</b>	<b>28,108</b>

The above chart (Figure 1) provides data on the number of beneficiaries within the ACBH system of care, their ethnicity, and the percentage of beneficiaries who received Medi-Cal and who are served in outpatient settings. This data is a snapshot from our 2022 – 2023 fiscal year and the largest ethnic group served in our system are Other/Unknown and White, followed by Black or African American. The smallest group within our system of care is Alaska Native or American Indian.

The overall penetration rate for all ethnic groups is 4.39%. The penetration rate for each individual ethnic group ranges from the low end of 1.4% for Asian or Pacific Islander to the highest penetration rate of 7.85% for Black or African American.

As previously reported, the Asian American and Pacific Islander (AAPI) community consistently experiences low penetration rate in our system of care. We remain committed to addressing this issue and are also examining the high penetration rate among African Americans, who often receive care in the most severe forms of mental health treatment. It is crucial that we address these disparities and work towards providing equitable healthcare access for all communities.

This update will highlight and provide examples of ACBH'S ongoing efforts to address health inequities and disparities, improve the quality of services, ensure equitable care, and respond to the needs of underserved or inappropriately served beneficiaries. These efforts include providing culturally specific services, implementing community based and culturally responsive practices, offering language services, and building and supporting a diverse workforce that reflects the population we serve.

Additionally, the report will outline ACBH's commitment to strengthening the Office of Health Equity (OHE), integrating service delivery, supporting, and promoting Peers and Family advocates employed within our system of care who are certified to bill Medi-Cal, and addressing the emergent needs of beneficiaries, including new arrivals/refugees who reside within our county.

## Cultural Activities/Accomplishments

The utilization of cultural activities and culturally congruent interventions and programs is a key component of ACBH's strategy to address inequities within our system. These culturally affirming practices have been effective in engagement and outreach to diverse communities, as well as reducing stigma that too often surrounds accessing behavioral health care. The cultural initiatives updated and outlined in this report aim to strengthen current practices, highlight accomplishments, and forecast some of our fiscal year 2023-2024 objectives. In addition, this approach supports creating a sense of community, wellness, belonging and inclusiveness. Many of these noteworthy activities we have organized, sponsored and/or participated have been included below:

- Cultural and Linguistically Appropriate Services (CLAS) Trainings across cultural groups
- African American Wellness Hub introduction to the Hub design video project (revised for 2023)
- Second annual "Suffer in Silence No More", Asian American, Native Hawaiian & a Pacific Islander panel on mental health and wellbeing within this community- focus was on:
  - Understanding the Sources of Anti-Asian Racism and Reflect on its Impact on the Community
- Latino/Latinx Advisory Committee Kickoff in Livermore, June 2023
- Latino/Latinx Utilization Report (in progress)
- Día De Los Muertos event in Oakland, October 2023
- Oakland Pride Festival, September 2023
- Black Joy Festival in Oakland, February 2023
- Juneteenth Festival in Berkeley, June 2023
- District 7 - Day of Action
- Eid Resource Fair in Hayward, May 2023
- Unity Celebration of Resilience, September 2023)
- Mental Health First Aid Event
- World Mental Health Day Candlelight Vigil, October 2023
- Hep B Under the Mango Tree July 2023
- Weaving Resources for clergy, June 2023
- Coffee Break with The Fellas, June 2023
- English Newcomers Welcome video (and website) publicly launched:

- [Newcomers Welcome | Alameda County | \(acgov.org\)](#) - The video has English subtitles, but also options for subtitles in other languages as well Dari and Pashto; Dari and Pashto Newcomer Welcome websites will launch in January 2024.
- Annual Youth Health Equity Summit
- Securing funding to help with the development of the Asian American Native Hawaiian Pacific Islander Advisory committee; and Recruited members for the ACBH Asian American Native Hawaiian Pacific Islander Advisory committee launching in early 2024.

## Noted Challenges & Opportunities

In February 2023, Mona Shah was appointed to be the new Health Equity Policy and Systems Manager and in May 2023 was appointed Interim Office of Ethnic Services Administrator. The Interim OES Administrator has been continuing to redesign, redefine and strengthen the Office of Ethnic Services in collaboration with the Health Equity Officer.

The ACBH executive leadership continues to shift the scope of addressing CLAS and equity work from one unit, team, or division to ensuring that the work of addressing these issues is embedded across our systems of care. The HED is an essential part of integrating this work. Sharing the weight of this work across our system of care can create the conditions necessary to usher in a more inclusive and collaborative environment and increase our culturally appropriate care and quality of care for all.

## Policies, Practices & Procedures

Below are ACBH policies and procedures that highlight our commitment and prioritization of the national standards for Culturally and Linguistically Appropriate Standards (CLAS). Highlighted policies are primarily new or updated and focus on 1) access to care, 2) appropriate, right matched, integrated and coordinated care, 3) beneficiary outcomes and experience.

### ACBH Policies and Procedures (Links):

- [Alameda County Board of Supervisors adopted “Care First, Jails Last” policy in Alameda County](#)
- [100-2-5 Telehealth Policy](#)
- [100-3-1 Criteria for Beneficiary Access to Specialty Mental Health Services](#)
- [100-3-2 No Wrong Door for Mental Health Services Policy](#)
- [150-2-1 DMC ODS Requirements for Period 2022-2026](#)
- [150-1-5 Naloxone Distribution Program](#)
- [404-1-1 Mobile Crisis Team Services Policy](#)

The above sample of ACBH policies and procedures all play a crucial role in promoting and improving the Alameda County behavioral health continuum of care. California Advancing and Innovating Medi-Cal (CalAIM) addresses access to integrated and coordinated care (i.e. physical health, mental health, substance use and dental services), and improving outcomes. The Board of Supervisors (BOS) Care First policy affirms the county’s commitment to a comprehensive continuum of care for individuals, rather than incarceration. Due to the public health emergency (i.e. COVID -19) and the COVID-19 flexibilities telehealth

services have become a critical clinical service delivery mechanism and have been particularly beneficial for individuals with limited access to transportation or other barriers to in-person care. Telehealth has also increased health equity, by improving access to culturally and linguistically matched providers and care; and by improving privacy and alleviating some stigma considerations. In 2022, ACBH created a new Crisis Services System of Care. To date, ACBH has expanded its crisis and mobile crisis services, and will continue with the soon to be finalized DHCS Mobile Crisis Implementation Plan. Alameda County continues to strive towards systemwide integration and improvements, focusing on target populations, by operating a full continuum of care that includes mental health, substance use, forensic, and crisis services.

## Reviewing/Pending:

- Policies and billing codes for Family/Peer Advocates certified to bill Medi-Cal
- Policies that guide how to capture race, ethnicity, and language preferences more precisely for our data system.
- Clinical Practice Guidelines: Guidance on Evidence-Based and Best Practices: covers ACBH's overarching Practice Guideline Values, 1) Culture, Community, and other Considerations, 2) CLAS Standards, 3) Recovery-Oriented Care, 4) Outreach and Engagement (publication anticipated in January 2024)

## Broad Goals Fiscal Year 24-25:

- Continue to train on how to capture demographic data;
- Create A Risk Register for Health Equity;
- HED Dashboard and Heat Map;
- Consultation And Support Three-Year Plan CCP;
- African American Wellness Hub Facility development/purchase;
- Equity And Bias Training Created for All ACBH Staff; and
- Trauma Informed Systems 101 Training All ACBH Staff
- WET Needs Assessment
- Board Resolution that names racism as a health crisis (in progress)
- Language, Interpretation and Translation
- Stakeholder Engagement
- Leverage/focus joint HED and QM/QI Meetings on quality improvement metrics/data and projects

## CRITERION 2: *Updated Assessment of Service Needs*

### Alameda County Demographics

Alameda County is in San Francisco Bay Area of California and has a vibrant diverse population. According to the latest United States Census population estimate there are 1,682,353 people who reside in Alameda County. Alameda County is the 50<sup>th</sup> largest county based on area. (Bureau, 2021) The following link shows demographic data based on age and sex as collected by the United States Census (we acknowledge that diverse gender data sets are not included) the choice for sex is a binary choice of either male or female.

(Link) [Demographic Assessment from the U.S. Census 2020 - Alameda County estimates](#)

The demographic assessment from the United States Census 2020 for Alameda County estimates the following:

- American Indian & Alaska Native total population in Alameda County is estimated at 19,659 persons
- Asian total population Alameda County estimated at 545,261 persons
- Black or African American total population in Alameda County is estimated at 164,879 persons
- Hispanic or Latino total population in Alameda County is estimated at 393,749 persons
- Native Hawaiian and Pacific Islander total population in Alameda County is estimated at 14,123 persons
- Some other race total population in Alameda County is estimated at 223,779 persons
- Two or more races total population in Alameda County is estimated at 190,816 persons
- White total population in Alameda County is estimated at 523,836 persons

It is noted that the “some other race” and “two or more races” demographics is intended to capture racial identities that are not represented in the other categories, that may be unique to an individual or do not fit the standard categories; and the folks identifying as having more than one racial identity are captured. The combined total of the “some other race” and “two or more races” is 414,595 making this category the third largest in Alameda County. This is of particular interest for the ACBH system of care as this growing category across Alameda County, the state of California and the United States in total is also occurring within our system of care.

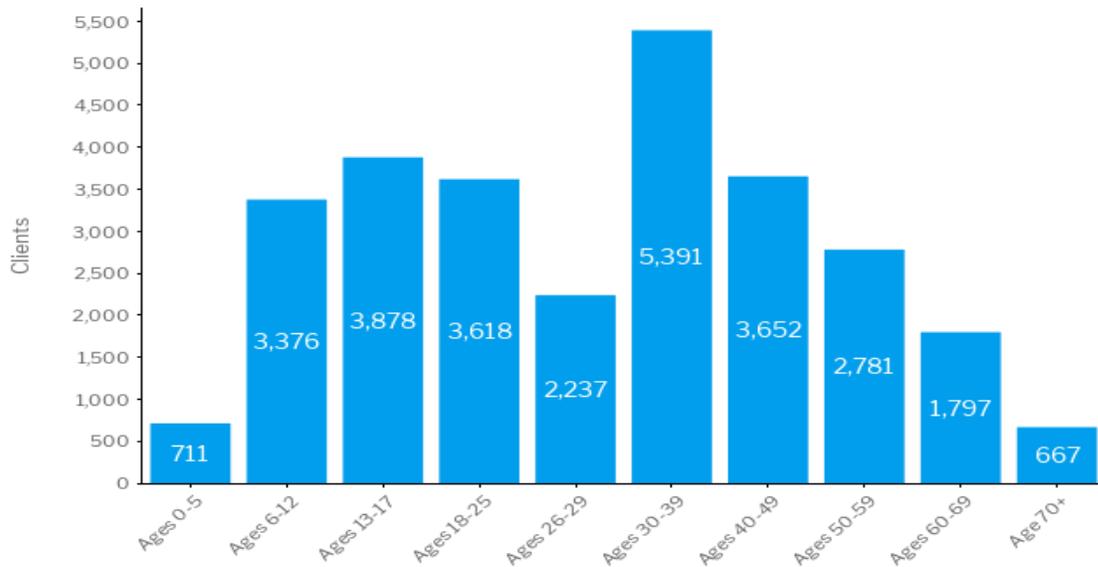
# Alameda County Behavioral Health Care Services

## Types of Languages Spoken at home in Alameda County

Figure 2. Languages Spoken at home Alameda County Residents (Bureau, 2020):

Fiscal Year	Language Group	Clients	% of Clients
FY 2022-2023	Arabic	43	0%
	Chinese	350	1%
	English	22,907	81%
	Farsi	206	1%
	Other	514	2%
	Spanish	3,844	14%
	Tagalog	43	0%
	Unknown	51	0%
	Vietnamese	150	1%
			<b>28,108</b>

Figure 3. Age Distribution Beneficiaries ACBH (Yellow Fin, 2023):



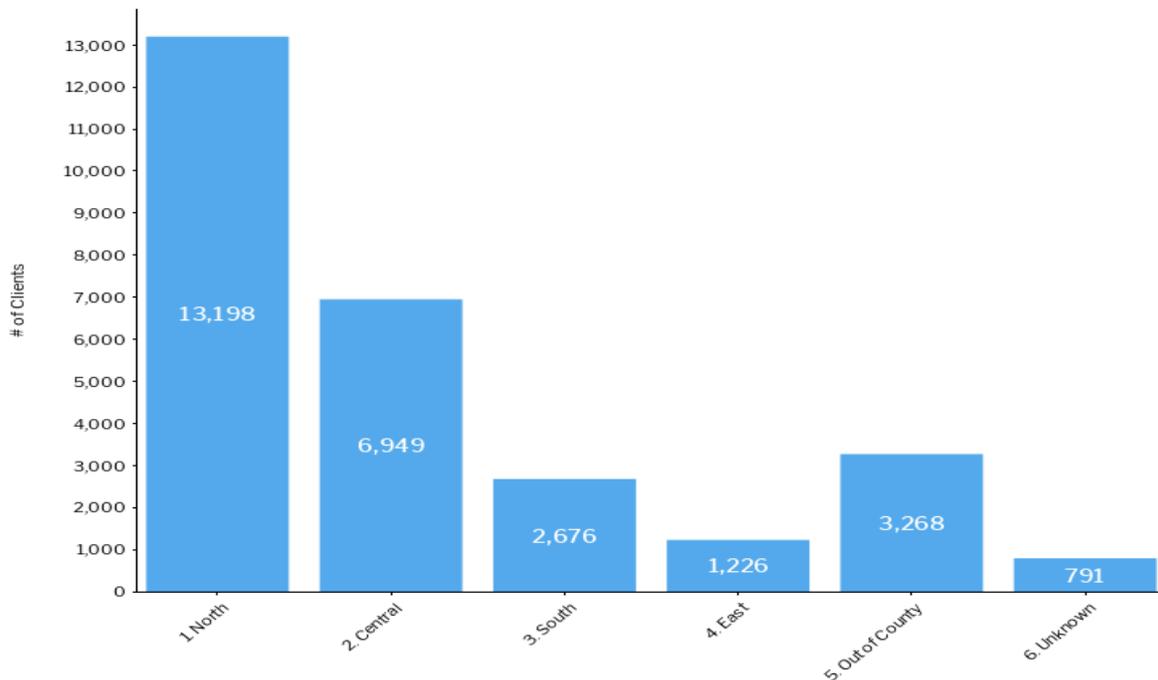
## Alameda County Behavioral Health Demographics

Age group distribution across ACBH Mental Health Services based on the data retrieved from ACBH *Yellow Fin* it shows that the age group with the largest representation among the client population is 30-39, comprising 5,391 clients. The next highest representation is among the 13-17 age group, comprising 3,376 of clients. Meanwhile, the lowest representation is among clients who are 70 or older, comprising only 667 of the client population, and among clients who are 0-5, comprising 711 of the client population as shown in *Figure 3*.

## Regional Demographics ACBH Five Districts, Alameda County

According to our data, most beneficiaries enrolled in our program live in North County. This information is important for us to consider as we plan and deliver services, as it helps us to understand the needs and demographics of our community and ensure that we are meeting the needs of those we serve. By tracking this data and analyzing it over time, we can also identify any trends or changes in the distribution of our beneficiaries, and adapt our policies and practices as needed to better meet the needs of our community as shown in *Figure 4*.

Figure 4. Number of Beneficiaries Served ACBH By Region (Yellow Fin, 2023):



From an equity point of view, it is important for us to pay attention to the needs and demographics of rural parts of our county, as these areas may have unique challenges and needs when it comes to accessing mental health services. Additionally, gentrification can often lead to poorer individuals being pushed out of metropolitan areas, and these are the individuals that we typically serve. By considering the impacts of gentrification and working to address any barriers or inequalities in access to care in these areas, we can ensure that all members of our community can receive the support and care they need. By tracking and analyzing data on the distribution and demographics of our beneficiaries, we can better understand the needs of our community and adapt our policies and practices as needed to meet these needs.

## Sexual Orientation and Gender Identity (SOGI) Demographics

The ACBH has been working to improve its systems for collecting data on sexual orientation and gender identity since the passage of AB959. In the summer of 2022, the Data Governance committee was established, including a sub-committee focused on improving data collection for SOGI. As the ACBH moves towards using SmartCare for data collection, the data governance team received a presentation from the SOGI subcommittee on best practices, the history and importance of collecting this data, and guidelines for recording SOGI data correctly. Some of the recommendations shared during this presentation included: do record both sex and gender in separate fields, in the absence of government identification or physician documentation, do ask the patient their sex at birth, and do not assume the patient’s sex based on visual appearance.

There are several reasons why our data set shows a higher unknown rate in the three SOGI data sets. One reason is that capturing this data is new to our system and for the CBOs providing services on our behalf and folks may not have been asked about their SOGI demographical information. Second, we may have a skill set deficit in inquiring and discussing SOGI data and we will continue to train and support staff at all levels and specifically those charged with collecting demographic data on promising and best practices for capturing this data, as shown in *Figures 5, 6, & 7* below.

Across all five systems of care, the Office of Ethnic Services (OES) and the Health Equity Division (HED) are working with multidisciplinary committees and groups to support the collection and use of data on sexual orientation and gender identity (SOGI). This is essential for advancing diversity, equity, belonging, and inclusion (DEBI) practices within our system of care. By gathering this data our system, organizations/CBOs, and community can better understand and acknowledge the diversity of the communities served and the ways in which different SOGI groups may experience mental health differently.

This continued cross system and stakeholder approach will support design and implementation policies, practices, and interventions that are more inclusive and responsive to the needs of diverse SOGI communities, and to create a more welcoming and supportive environment for all individuals.

# Alameda County Behavioral Health Care Services

Figure 5. ACBH Beneficiaries Sexual Orientation (Yellow Fin, 2023):

Fiscal Year	Sexual Orientation	Clients	% of Clients
FY 2022-2023	Unknown	11,786	42%
	Heterosexual	7,592	27%
	Missing	6,909	25%
	Gay	1,041	4%
	Bisexual	253	1%
	Prefer Not to Answer	167	1%
	Lesbian	111	0%
	Other	101	0%
	Questioning	56	0%
	Multiple Sexual Orientations	53	0%
	Queer	39	0%
		<b>28,108</b>	<b>100%</b>

Figure 6. Beneficiaries ACBH Gender Identity (Yellow Fin, 2023):

Fiscal Year	Gender Identity	Clients	% of Clients
FY 2022-2023	Male	9,319	33%
	Missing	7,126	25%
	Female	6,278	22%
	Unknown	5,002	18%
	Multiple Gender Identities	94	0%
	Intersex	58	0%
	Other	57	0%
	Non-Conforming	52	0%
	Prefer Not to Answer	50	0%
	Queer	30	0%
	Female to Male	29	0%
	Male to Female	13	0%
		<b>28,108</b>	<b>100%</b>

# Alameda County Behavioral Health Care Services

Figure 7. Beneficiaries ACBH pronoun Preference (Yellow Fin, 2023):

Fiscal Year	Pronoun	Clients	% of Clients
FY 2022-2023	He/Him	8,070	29%
	Unknown	7,209	26%
	Missing	6,882	24%
	She/Her	5,661	20%
	They/Them	135	0%
	Multiple Pronouns	84	0%
	Prefer Not to Answer	37	0%
	Other	30	0%
		<b>28,108</b>	<b>100%</b>

The number of individuals who speak other languages other than English in Alameda County compared to the data collected in our language group “needs by client” is not in alignment within the overall population. This reality is true for several possible reasons: there may be barriers with understanding about how to access language services that exist within ACBH; underrepresentation of beneficiaries who are in our who speak other languages; and the need to increase the numbers and create a more linguistically and culturally appropriate system of care.

Figure 8. Beneficiaries ACBH Primary Language (Yellow Fin, 2023):

Fiscal Year	Language Group	Clients	% of Clients
FY 2022-2023	Arabic	43	0%
	Chinese	350	1%
	English	22,907	81%
	Farsi	206	1%
	Other	514	2%
	Spanish	3,844	14%
	Tagalog	43	0%
	Unknown	51	0%
	Vietnamese	150	1%
		<b>28,108</b>	<b>100%</b>

## Diversity Equity Belonging & Inclusion: In Focus



### Plan Administration Executive Goals



Strengthen  
Intra/Interdepartmental  
Partnerships



Provide Excellent  
Customer Service



Promote Equity and Cross-  
System Outreach and  
Engagement

Plan Administration Executive Goals have been strategically designed and executed in alignment with ACBH priority framework and ACBH 'True North' values and metrics.

ACBH has implemented an equity-focused approach to problem-solving and decision-making, which considers the potential disproportionate impact of issues on different groups within our care. This approach is aimed at directing resources and efforts towards addressing the specific needs and challenges faced by populations that are most in need. Each system of care within ACBH has equity-driven workplans in place. However, ACBH is not immune to the social determinants of health that affect the county. Health is significantly influenced by various social and environmental factors, and access to secure, affordable housing, safe neighborhoods, quality education, and physical and mental healthcare is crucial. However, access to these favorable conditions can vary greatly based on factors such as racial identity, language spoken, geographic location, and socio-economic status (Blomme et al., 2020).

According to Race Counts, Alameda County ranks 37<sup>th</sup> most disparate county in California out of 58 counties (Race counts, 2022). In addition, Black/African Americans across all indicators (crime/justice, democracy, healthy built environment, economic opportunity, housing, education, and health access) suffer the most racial disparity (Race counts, 2022). In addition, our continued low penetration rates within the Asian American & Pacific Islander community remains a priority.

A sample goal that addresses equity within the Adult and Older Adult System of Care has been included below:

- Promote equity in all RFP processes: AOASOC has committed to requesting a review of all draft RFPs by both our POCC department and our Health Equity Division to welcome a diverse provider pool who can provide services to a diverse beneficiary population that are meaningful and relatable.

## Broad Goals Fiscal Year 23-24:

- Continue to develop system-wide policies, practices, and procedural guidelines to reduce the use of the 'other' category and decrease the number of unknown beneficiaries within the racial and ethnic demographics.
- Data Governance team subcommittee will continue to meet until a new policy is created to address capturing data on ethnicity and race.
- Culturally Responsive Committee continues to work with the OHE/ESM on beginning a plan to support the creation of a community driven and five system of care collaboration CCP update for ACBH.
- OHE/ESM will continue to work on multidisciplinary teams to support increasing the number of eligible beneficiaries of AA&PI background access services.
- HED division and the new HEPSC team continues to work across all systems to develop guidelines and practices that support the creation of equity goals and workplans as well as baselines and measurements to track improvements.
- 

### **CRITERION 3: *Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities***

## The mission of the African American Steering Committee for Health & Wellness (AASCHW)

To ensure that the Behavioral Health system in Alameda County provides quality, culturally responsive, and integrated care that is delivered in an honoring and respectful manner to African American consumers, family members, and the community-at-large. The vision of the AASCHW is to have a Behavioral Health system where African Americans are equal partners with Behavioral Health Services and are always included in the decision-making process that creates, designs, develops, and implements policies, procedures, and services for the African American community.

### **Mission Statement:**

The African American Steering Committee for Health and Wellness is dedicated to ensuring Alameda County's Behavioral Health system provides quality, culturally responsive and integrated care that is delivered in an honoring and respectful manner to African American consumers, family members and the community-at-large.

## Vision Statement:

The vision of the African American Steering Committee for Health and Wellness is to have a behavioral health system where African Americans are equal partners with behavioral health services and are included decision-making process that create, design, develop, and implement, policies, procedures, and services for the African American community.

## Their charge:

- Identify the African American community's greatest concerns and challenges surrounding mental health and drug and alcohol abuse services.
- Address inconsistency in outcomes despite serving African Americans at a disproportionately higher rate than other ethnic communities, and often in restrictive settings such as hospitals and jails.
- Develop procedures and guidelines for the delivery of African American culturally responsive services and treatment. *(Update: funding secured to facilitate the introduction of the Tele-Therapist in Residency Response project that aims to train the workforce and volunteers within our system of care how best to work with African American clients.)*
- Increase educational and training opportunities for African American community members. This is an ongoing activity through the outreach and networking with the African American community.
- Increase outreach, engagement, and support to the Black community. During FY 2020-2021 the AASCHW did great outreach to the Black community. The Committee has an extensive listserv that includes a variety of service providers, consumers and family members, fraternal and professional organizations, county agencies leadership and staff, and community-based organizations. The Committee outreached to the Black community through meetings, webinars, and town hall meetings. During this FY, the Committee conducted eight (8) Webinars and one (1) Town Hall Meeting.
- Coordinate and host the annual African American Conference in collaboration with ACBH
- Organize the annual AASCHW member retreat to develop and revise a 5-year work plan
- Increase the number of culturally responsive programs designed for African Americans that are funded by ACBH

Additionally, the Health Equity Officer, in partnership with the Alameda County Board of Supervisors Districts, has demonstrated a commitment to equity through four collaborative listening sessions held in April, May, and June that asked what services the community would want to see in the African American Wellness Hub. These sessions have provided a platform for dialogue, understanding, and collaboration among stakeholders. The number of participants for each session is as follows:

- April 17 - 41 participants
- April 20 - 43 participants
- May 31 - 16 participants
- June 22 – 10 participants

Moreover, the Health Equity Officer within ACBH and the Medical Director of the Health Care Services Agency, have extended their engagement efforts through Opioid Settlement Listening Sessions. These sessions were held on September 5, 15, 18, and the 26th, further emphasizing the commitment to community involvement and the addressing of critical healthcare issues.

These listening sessions, collectively, represent a commendable effort to address healthcare disparities and promote health equity across diverse communities within Alameda County. The Health Equity Division's commitment to inclusivity, engagement, and empowerment is evident through these initiatives, which have contributed significantly to a more equitable healthcare landscape.

## Afghan, New Immigrant, and Asylee Mental Health Initiative

Afghan, New Immigrant and Asylee Mental Health Initiative (ANIAMHI) efforts began in 2016 with a collaboration between the Office of Ethnic Services and the MHSA Unit to better understand and improve mental health services to new immigrants arriving to Alameda County. To better understand the needs of our immigrant communities, the Office of Ethnic Services maintain ongoing communication and relationships with the Afghan, Latino, and other immigrant providers to gain insight on some of the community's mental health challenges and needs. The mission and vision below are those established by the Office of Ethnic Services.

### Mission

Empower all immigrants by connecting them to culturally appropriate resources that enables them to live successful and enriched lives.

### Vision

Ensure services for recent and new immigrants are offered with respect and compassion. Also, ensure all are welcomed and provided culturally and linguistically appropriate care.

### Highlights:

- Continue to collaborate with a local Afghan American psychologist to conduct a community-focused two- part webinar series to educate the community about the lives of Afghan refugees; and
- Continue to attend high-level meetings with a cross-sector of stakeholders to assess, identify and collective work to address immediate and long-term needs of new arrivals.
- English Newcomers Welcome video (and website) have publicly launched:
  - [Newcomers Welcome | Alameda County | \(acgov.org\)](https://www.acgov.org/ethnic-services/newcomers-welcome)
- Dari and Pashto Newcomers Welcome videos have been produced, edited, and finalized
- Launching the Dari and Pashto Newcomers Welcome websites in January 2024

# Alameda County Behavioral Health Care Services

## Objectives:

- Increase access to culturally relevant mental health programs for immigrant, asylee, and refugee by 50% for organizations in the southern region of Alameda County. ***In Progress.***
- Assemble a team of community experts to support Alameda County Behavioral Health to conduct a mental health needs assessment for the Afghan community. ***In Progress.***

## Mission

To empower and increase the visibility of Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual (LGBTQIA+) and Non-Gender Conforming communities by uniting individuals and organizations to work for equality and inclusiveness in Alameda County.

## Vision

Promote an environment of equity for all gender and non-gender conforming individuals by affirming and supporting one's lived experiences

## Highlights:

- Multidisciplinary team across ACBH system of care working on best and promising practices to help capture SOGI data for the populations we serve.
- Annual Oakland Pride Event sponsored by ACBH
- Ongoing monthly ACBH Pride Coalition meetings
- Participated and sponsored the annual Pride Prom
- LGBTQIA+ Health Equity and Cultural Humility Training by Kobi Rodriguez (CLAS Training): 6/22/23
- With recent anti-LGBTQIA+ legislation implemented across the United States creating a fearful environment for the LGBTQIA+ community. ACBH developed the Y/YA LGBTQIA+ Early Intervention Program designed to provide early intervention services
- As part of our ongoing efforts to address the mental health needs of the LGBTQIA+ community, the ACBH ***LGBTQIA + Mental Health Initiative*** has been working to create policies, procedures, and practices that better serve this population. We have also been collaborating with the Pride Committee and other community organizations to identify and address disparities in care and improve the overall mental health outcomes for LGBTQIA+ individuals. In the coming fiscal year, we will continue to focus on these efforts and work towards creating a more inclusive and welcoming environment for all members of the LGBTQIA+ community
- The September 2023 Older Adult Training and Certification included a training specific to the LGBTQIA Older adult community that was well attended and well received

## Strengthening Cultural Practices:

- Continuing to collect Sexual Orientation and Gender Identity (SOGI) data to inform our efforts to improve services and programs
- Increase services for Transgender and Gender Non-Conforming individuals; and

- Advise leadership to implement policies that reflect the needs of LGBTQIA+ community.
- Developed a County maintained resource list for LGBTQ+ support across cultural and linguistic communities

## Objectives:

- Continue to develop Sexual Orientation and Gender Identity (SOGI) resource and training materials to support providers in Alameda County Behavioral Health system develop an inclusive and welcoming environment for the LGBTQQI2-S community. ***In progress.***
- Resource brochure

## The Asian American Native Hawaiian Pacific Islander

(AANHPI) Mental Health Initiative is currently focused on improving access and care for the AANHPI community in Alameda County. This population represents a significant portion of Medi-Cal beneficiaries, but their utilization of behavioral health services remains low. To better understand the cultural and linguistic barriers that may be hindering access to care for the AANHPI community, the Initiative is committed to increasing the penetration rates for this group and implementing strategies to remove any barriers to care.

### Mission

Increase culturally specific and appropriate mental health opportunities for the AANHPI community that values and respects their norms, beliefs, and diverse backgrounds.

### Vision

To decrease stigma among AANHPIs accessing mental health services by providing culturally and linguistically appropriate care.

### **Highlights & Accomplishments:**

- Offered a CLAS Standards training focused on Trauma Informed and Culturally-Responsive Practices in Working with Asian American, Native Hawaiian and Pacific Islander (AANHPI) Clients
- Health Equity Division and Office of the Medical Director received funding for a five Year Pilot Project to assist in enhancing health equity for the Asian and Pacific Islander communities, through increasing access and utilization of behavioral health services and improved health outcomes for those Alameda County residents who have from emerging to persistent, and severe mental health conditions
- Engagement of AANHPI providers and partners to establish an AANHPI Advisory Committee (launching in early 2024) to focus on strategies for increasing utilization of BH services

## Strengthening Racial/Ethnic and Cultural Practices:

- Work more closely with ACBH QI Coordinators around API—PIP
- Provide Behavioral Health Interpreter Trainings for Cantonese/Mandarin speaking providers during EQRO focus groups
- Work to disaggregate PI data from API data
- Facilitate cross-cultural activities between other cultural committees and groups

## Objectives:

- Increase the penetration rates of Asian American Medi-Cal beneficiaries needing behavioral health services by at least 50% by offering culturally appropriate and responsive services, including language access and telehealth. **Ongoing**
- Analyze and report penetration rates by disaggregated data for racial/ethnic groups and English proficiency. **Ongoing**
- Conduct at least two focus groups within Alameda County’s Southeast Asian community to explore ways to better address stigma and linkage to culturally appropriate services. **Re-evaluating**
- Conduct a survey with a statistically significant sample size and oversampling for smaller Asian population groups (at least 500) to understand barriers and enabling factors for accessing mental health services. **Re-evaluating**
- Collaborate with county partners to maintain the Regional Pacific Islanders Stakeholder Meeting to address the health and mental health challenges in the Pacific Islander community

## Latino/Latinx Mental Health Initiative

The Latino Advisory Committee for Behavioral Health in Alameda County is committed to optimizing behavioral health services for Latinx communities, ensuring equitable access, bridging gaps, and fostering collaboration with community agencies. The committee aims to increase cultural awareness, advocacy, and improve the overall mental health of the Latinx communities.

### Vision Statement:

The vision of the Latino Advisory Committee is to create a behavioral health system that provides quality, culturally responsive care, and addresses the specific needs of Latinx communities. The committee envisions a system where Latinx individuals are equal partners in decision-making processes, contributing to the design, development, and implementation of policies, procedures, and services.

### Charge:

- **Identify Concerns:** Identify and address the mental health and substance abuse concerns within the Latinx communities, focusing on the unique challenges they face.
- **Address Disparities:** Work towards reducing inconsistencies in outcomes, especially in restrictive settings, by collaborating with relevant agencies and systems of care.

- **Culturally Responsive Services:** Develop and implement procedures and guidelines for the delivery of culturally responsive behavioral health services and treatment for the Latinx community.
- **Educational Opportunities:** Increase educational and training opportunities for Latinx community members, aiming to enhance awareness and understanding of mental health issues.
- **Outreach and Support:** Expand outreach, engagement, and support to BIPOC communities, Indigenous and American Indian communities, Spanish-speaking communities, and Alameda County residents.
- **Advocacy and Research:** Advocate for policies and systems change, conduct research, and evaluate data to inform decision-making processes related to behavioral health services.
- **Community Engagement:** Actively engage with the community through outreach initiatives, committee presence, and collaboration with community agencies.
- **Representation:** Ensure representation from diverse backgrounds, including Afro-Latinx members, agencies such as Family Paths, Axis Community Health, The Hively, and Alameda County Public Health Department, as well as subject matter experts in data analysis and substance abuse prevention.
- **Committee Skill Sets:** Leverage diverse skill sets within the committee, including event coordination, data and evaluation, collective impact frameworks, marketing, youth programming, project management, and spiritual health.

By fulfilling these objectives, the Latino Advisory Committee aims to contribute to the improvement of behavioral health services, advocacy, and overall well-being of the Latinx communities in Alameda County.

## Highlights & Accomplishments:

### Latino/LatinX Advisory Group

Helping to stand up the Latino/X Advisory Committee from conception is also a win for the HED this year. Our efforts have begun to bear fruit by:

- Establishing the Latino/LatinX Committee to ensure the mental health needs of the Latin community are addressed.
- Funding the group to ensure that the mission of the group is met

Supporting outreach activities sponsored by the group since its inception as it creates an identity and awareness in the community it wishes to serve:

- Ongoing meetings with County contracted providers serving the Latino/LatinX community; and
- CLAS Training: **Mental Health Services With Latinx Populations: An Antiracist And Intersectional Approach by Dr. Lorena Moreno on 10/16/23 Utilization Report (in progress) : Survey Findings on Timeliness and Access to Behavioral Health Services at ACBH. Introduction:** This survey was conducted during the "Liberation through Community" event, which brought together Latino

families and friends for a day focused on enhancing community through the power of mental health awareness. Surveys were administered with the assistance of interpreters, and some surveys were conducted in Spanish, acknowledging that the results and completeness of answers may vary depending on the surveyor.

- The survey findings highlight the importance of addressing language accessibility, provider availability, and communication to enhance the timeliness and accessibility of behavioral health services at ACBH. It is important to note that the survey was conducted during the "Liberation through Community" event, with surveys administered via interpretation, and that the results and completeness of answers may have varied depending on the surveyor.

## The American Indian/Alaska Native

A population that represents less than 1% of the total. In Alameda County, this population is also less than 1%. Over the past ten fiscal years, the penetration rate for Alaska Native and Native American individuals in the Medi-Cal system has fluctuated, ranging from a high of 12.59% in FY 2011-2012 to 8.06% in FY 2019-2020 and 6.35% in FY 20-21 and 5.89% in FY 21-22. The number of beneficiaries has also varied, from a low of 929 to a high of 1413, with a total of 1071 in FY 20-21. The penetration rate for this group is higher than African Americans and the Office of Ethnic Services will continue to work with the Native American Health Center to identify culturally affirming strategies to increase access to care and better understand the needs of the indigenous communities. It is possible that there may be more individuals in these communities who are eligible for Medi-Cal and in need of behavioral health services.

### Mission

To serve Native Americans in and around Alameda County by providing mental health support and resources that uplifts the spirits, heritage, and traditions of the whole community.

### Vision

Increase access to mental health services to all Native Americans in urban, rural, and isolated communities and promote community healing.

### **Highlights & Accomplishments:**

- Continuing to reach out and collaborate with the Native American Health Center;
- CLAS Training: The Cultural Toolbox: An Indigenous Perspective on Deep Healing; and

### **Strengthening Racial/Ethnic and Cultural Practices:**

- Collaborate more with Native American Health Center and other community leaders;
- Create trainings specific to the needs of Native Americans;
- Promote indigenous community health practices;
- Lift up Native American healing practices;
- Organize cultural events honoring the contributions of Native Americans; and
- Build partnerships to elevate the voices of the Native American community.

## Objectives:

- Increase partnership with Indigenous leaders throughout Alameda County to better understand the behavioral health needs of Indigenous people in rural and urban communities.
- Examine the intersection of culture and mental health among the Indigenous communities by offering culturally specific trainings to Alameda County staff and providers.
- 

## **CRITERION 4: Client/Family Member/community Committee: Integration of the Committees within the County Mental Health System**

### *Peer and Family Driven*

The Office of Family Empowerment, Office of Peer Support Services, Office of Ethnic Services, and Patient’s Rights within the Health Equity Division, fully support and champion Criterion 4: Client/Family Member/Community Committee: Integration of the Committees within the County Mental Health System.

The Health Equity Division understands that it is crucial to involve clients, family members, and community members in the decision-making process for mental health care delivery, as they have firsthand experience and knowledge of the challenges and needs of their communities. By integrating these committees within the county mental health system, we can ensure that the perspectives and voices of those most impacted by mental health issues are heard and integrated into the development of policies and practices. We are committed to actively promoting the involvement and participation of these committees in all aspects of mental health care delivery, and to creating a system that is truly responsive to the needs of the communities we serve.

### *Office of Peer Support Services*

The Office of Peer Support Services is dedicated to revolutionizing the behavioral health system through the active engagement, promotion, and empowerment of peers receiving services and peer-run organizations and programs. To achieve this, the Office of Peer Support Services is partnering with community stakeholders to ensure that Alameda County becomes a leader in the certification of Peer Support Specialists. We are committed to making sure that peer support services and trainings are widely available and easily accessible to all individuals with mental health and co-occurring needs, to support them on their journey towards wellness and recovery.

The Office of Peer Support Services, a vital component of the Health Equity Division, has also played a significant role in promoting open dialogue and collaboration within the community. Noteworthy sessions hosted by the Office of Peer Support Services during January and September 2023 include:

- 1/30/2023 - POCC CARE Courts Townhall - 34 participants
- 8/30/2023 - POCC Continuous Improvement Townhall - 68 participants
- 9/06/2023 - POCC Continuous Improvement Townhall (2) - 71 participants

These townhall sessions have attracted a substantial number of participants, fostering engagement and ensuring that diverse voices are heard and considered in the continuous improvement efforts

## *Office Of Family Empowerment*

The OFE is a component housed within the Health Equity Division. The OFE proudly continues their efforts to provide support and empowerment to families impacted by mental health and substance use issues. Through our various projects and initiatives, we aim to improve the quality of life for county residents and provide a platform for family members to have a strong and influential voice in the behavioral health care system. Our technical assistance, training, and support programs are designed to foster a sense of community and collaboration, and to promote a recovery-focused, culturally responsive approach to care.

The Office of Family Empowerment has demonstrated a strong commitment to community engagement and empowerment through a series of impactful listening sessions. These sessions, held during the fiscal year 2022-2023, have played a pivotal role in fostering meaningful dialogue and promoting awareness of critical mental health issues. Here is a summary of the sessions hosted by the Office of Family Empowerment:

- January 26th: Health Equity Officer: Health Equity Division – 26
- February 23rd: Care Court Information/Listening Session – Indigo Project - 7
- April 27th: Data Needs for Family Member Advocacy Info Session - 15
- May 25th: Public Guardians Office – Conservatorship in Alameda County - 26
- June 22nd: Family Caregiver Program and Family Education and Resource Center Services - 15
- August 24th: Crisis Services Information – 20
- September 28th: Scheduled for Care Court Part 2 – Indigo Project
- November 30th: Scheduled for Psychiatric Advance Directives – Painted Brain

These sessions have provided valuable opportunities for families, caregivers, and community members to gain insights, access critical information, and engage in discussions about essential healthcare topics.

## *SB 803 Joint Project between OFE and OPSS*

SB 803 is a bill in California that aims to establish statewide requirements for counties to develop certification programs for peer support specialists, who are individuals with personal experience in mental illness or substance use disorder recovery. These certification programs would be subject to approval by the state’s Department of Health Care Services, and the department would also seek federal waivers to establish a demonstration or pilot project for the provision of peer support services in participating counties. The goal of this bill is to provide opportunities for peer and family members to have equity in mental health services, as well as increase diversity in staffing across mental health care organizations.

The Peer Support Specialist Certification Act can greatly improve team building within mental health care organizations by allowing for the certification of individuals who have lived experience with mental illness or substance use disorder. This has provided a unique perspective and understanding to the recovery process and has allowed for the creation of more diverse and inclusive teams.

# Alameda County Behavioral Health Care Services

The Office of Family Empowerment (OFE) and the Office of Peer Support Services (OPSS) have been instrumental in implementing this important legislation into our system of care. Both units have worked to provide technical assistance, coaching, and training to individuals seeking certification as peer support specialists, as well as to mental health care organizations looking to integrate peer support into their services.

The OFE and OPSS have also collaborated with community partners to raise awareness about the importance of peer support and the benefits it can bring to individuals in recovery. Overall, the implementation of SB 803 has been a major step forward in improving team building and promoting equity within mental health services.

## Highlights:

- ACBH opted into Peer Certification
- Submitted Reimbursement Rate for DMC ODS
- Created lists of Peers and Families for possible selection for being “Grand parented” for certification; and
- Met with the ACBH Finance, Billing, Quality Assurance team and the compliance officer
- OPSS started the Beneficiary Program focused on individuals in locked and long-term facilities in Alameda County, to ensure that our county benefits from the invaluable peer voice perspectives and their needs are met throughout our mental health and substance use services.
- OPSS POCC (Peer Organizing Community Change) addressed the digital divide among its Peers/Consumers by educating and providing trainings on the use of virtual platforms providing access to Alameda County programs.
- In 2023 OPSS/POCC created a POCC peer run housing committee to address the housing crisis in Alameda County. A video was created and sent to the state as a deliverable for one of the OAC grants that we collaborated on.
- The Office of Family Empowerment (OFE) in collaboration with the FERC have sponsored a group of family members to plan and host virtual Parent Cafes including Spanish speaking cafes.
- hosted a Black Family Educate, Equip & Support (EES), a 14-week Mental Health Education program written and facilitated by parents of school-aged children and adolescent
- OFE has held several presentations to members of the Family Dialogue Group (FDG meets monthly) to inform Family Members about critical aspects of our system. There were several presentations on the Care Act and its implementation for Alameda County and have provided the Advisory Council with two Family Member representatives.

## Next steps:

- Add new billing codes to InSyst, CG and Electronic Health Records (E.H.R.)
- Develop Classifications within ACBH
- Partner with agencies offering Family & Peer Certification training; and
- Participate in the CalAim workgroup
- OFE developed a work group with Family Members and OPSS and Peer Consumer to develop a proposal to change “stipend” to “Community Expert Compensation” and increase the hourly rate from \$20 to \$40/ hour. This proposal will be shared with leadership in early 2024.

*The Patients' Rights Advocates program in Alameda County*, run by the Mental Health Association of Alameda County, employs a team of 8 staff members who work to ensure that individuals receiving mental health treatment in facilities, including those involuntarily committed, have their rights upheld. These rights, outlined in the Welfare and Institutions code, include freedom from abuse and neglect, privacy, dignity, and humane care, and basic procedural protections in the commitment process. The program responds to complaints and inquiries from individuals being treated in psychiatric hospitals or facilities, as well as those living in long term or adult residential facilities, who believe their rights have been violated.

*The Office of Ethnic Services (OES)* is committed to advancing health equity by creating racially, linguistically, and ethnically equitable access to Alameda County Behavioral Health (ACBH) services. OES has an ongoing commitment to the practice of cultural humility which embodies self-reflection and self-examination, as well as an understanding of the power dynamics between the provider and consumer, and ACBH and the community. In addition to their commitment to cultural humility, OES is responsible for the facilitation of cultural projects, involvement in CRC Sub-Committees (Governance, Communications, Compliance), conducting Culturally and Linguistically Appropriate Services (CLAS) trainings, building and maintaining positive relationships with community partners, and collaborating with staff, managers, operational leads, and providers across the mental health and substance use systems of care.

*Culturally Responsive Committee* Alameda County Behavioral Health's Client/Family Member/Community Committee is called the Cultural Responsiveness Committee (CRC). The CRC serves as a safe space for consumers, family members and staff to foster a healthy working relationship to address and lift the cultural, racial, and linguistic mental health and substance abuse needs of our Medi-Cal beneficiaries and others throughout Alameda County. The CRC, in compliance with the State of California –Health and Human Services Agency— Department of Health Care Services, works with the Office of Ethnic Services to ensure that policies, procedures, and practices demonstrate the following:

- 1) Participants are included in the overall planning and implementation of services at the county level.
- 2) Reports are provided to the Quality Assurance and/or Quality Improvement Program.
- 3) An annual report of CRC activities is completed as required in the Cultural Competency Plan.
- 4) Training programs are implemented to improve the cultural competence skills of staff, management, and contract providers.
- 5) The Cultural Responsiveness Community is comprised of a diverse group of dedicated individuals who reflect the racial, ethnic, cultural, and linguistic diversity of the County.

*The Office of Family Empowerment, Office of Peer Support Services, Office of Ethnic Services, and Patient's Rights* are all integral components of the new **Health Equity Division**. Together with the **Health Equity Officer and the Health Equity Policy and Systems Coordination (HEPSC) team** Health Equity, these units are fully committed to advancing the principles of Cultural and Linguistically Appropriate Services (CLAS) and working towards the realization of health equity within Alameda County Behavioral Health.

Through ongoing collaboration and strategic planning, these units will leverage their unique strengths and expertise to develop innovative strategies and models that promote inclusive, equitable access to mental

health and substance abuse services for all members of our community. Whether through the provision of technical assistance, the empowerment of families and peers, the promotion of cultural humility, or the advocacy for patient rights, each unit is dedicated to creating a more inclusive, responsive, and effective system of care.

## Listening Sessions

The Health Equity Division, encompassing the Office of Family Empowerment, Office of Peer Support Services, Patients' Rights, Office of Ethnic Services, and Health Equity Policy Unit, has undertaken a concerted effort to foster inclusivity and engagement. In the fiscal year 2022-2023, this division has proactively organized and conducted numerous listening sessions across all five systems of care.

These listening sessions have been thoughtfully designed to provide a platform for specialized populations, beneficiaries, and family members to voice their concerns, experiences, and perspectives. The primary objective of these sessions has been to ensure that the healthcare services and policies implemented by the Health Equity Division are reflective of the diverse needs and aspirations of the communities it serves. Through these sessions, the Health Equity Division has demonstrated its commitment to equity, inclusivity, and responsiveness to the unique challenges and requirements of different groups within the healthcare landscape. By actively engaging with and listening to these voices, the division has taken significant steps toward the advancement of healthcare that is truly equitable, accessible, and patient-centered.

## CRITERION 5: *Culturally Competent Training Activities*

At Alameda County Behavioral Health, we are committed to ensuring that our trainings and services are culturally competent and responsive to the diverse needs of our community. We take Criterion 5: Culturally Competent Training Activities of CLAS seriously and have a variety of trainings planned for the coming year that will help providers, staff, and community members better understand and address the unique cultural, linguistic, and ethnic needs of our clients. These trainings, led by expert instructors, will cover a range of topics, including trauma-informed care, LGBTQ+ inclusivity, and intergenerational trauma, and will provide valuable insights and practical tools for working with diverse populations. We are dedicated to creating a welcoming and inclusive environment for all and are committed to continually improving our cultural competence as we strive to achieve health equity for all our Medi-Cal beneficiaries and the community at large.

## *Trauma Informed System of Care*

### *Health Equity Administered Survey to Support Trauma Informed Systems Change*

Commissioned and championed by the Health and Equity Office (HEO), recent initiatives at Alameda County Behavioral Health (ACBH) focus on fostering a trauma-informed organizational culture. The Tools for a Trauma-Informed Work Life Survey, spearheaded by the HEO amidst the challenges of the COVID-19 pandemic, engaged 214 out of 760 employees. Despite these circumstances, ACBH received commendable scores in stress management, cultural humility, compassion, dependability, resilience, and recovery.

Identified areas for growth, notably in Safety and Stability, and Collaboration and Empowerment, highlight the organization's commitment to continuous improvement.

In response, ACBH has launched the Building Resilience Together initiative, with the Trainer Immersion Program as a cornerstone. This program, commissioned and championed by the HEO, strategically embeds trauma content experts within the organization, aligning with survey results. The aim is to enhance organizational and workforce functioning, focusing on identified areas for improvement.

In essence, the initiatives underscore the HEO's proactive approach to employee well-being, utilizing survey insights to inform targeted interventions through the Trainer Immersion Program. The organization, under the HEO's leadership, remains dedicated to fostering a resilient, trauma-informed environment, with a focus on continuous growth and positive impact

## Curated List of Trainings that support CLAS:

### *CLAS Trainings 2023 (African American Technical Assistance):*

- Emergency Room: How it Impacts Healthcare Disparities in African Americans  
– 01/27/2023, 9:00 am – 1:30 pm
- Student Faculty Mental health: In the Setting of the Rise of School Shootings and School Violence and How it Impacts African American Students  
– 02/24/2023, 9:00 am – 1:30 pm
- Geriatric Mental Health Among African Americans  
– 03/24/2023, 9:00 am – 1:30 pm
- Substance Use Among Black Youth: Understanding the Influence of Social Determinants of Mental Health and Developing Strategies to Address the Impact on Black Youth  
– 04/21/2023, 9:00 am – 1:30 pm
- Deconstructing Gang Culture in African American Adolescents: Communal Insights and Interventions  
– 05/19/2023, 9:00 am – 1:30 pm
- When Plus One Equals Three: The Illusion (Chimerism) of Co-Occurring Disorders  
– 06/23/2023, 9:00 am – 1:30 pm
- Diagnosis and Management of Anxiety in African Americans: from Childhood to Young Adulthood  
– 10/27/2023, 9:00 am – 1:30 pm
- And Still I Rise Success Strategies For Reentry, Formerly Incarcerated And Justice System Impacted  
– 12/02/2023, 10:00 am

- Self-Care Leadership Development  
– 12/05/2023, 10:00 am
- Financial Understanding and Wellness  
– 12/11/2023, 10:00 am – 11:30 am
- Life Coach and Strategist  
– 12/14/2023, 10:00 am – 11:30 am

## **CLAS Trainings through ONTRACK 2023:**

- Connecting the Dots: Historical Trauma Toxic Stress and Indigenous Communities  
– 05/18/2023, 10:30 am – 12:30 pm
- LGBTQIA+ Health Equity & Cultural Humility  
– 06/22/2023, 10:30 am – 12:30 pm
- What's Going On?! And How to Help: Black Racial Stress, Trauma and Healing  
– 06/08/2023, 10:30 am – 12:30 pm
- CLAS Standards & Stigma: Discrimination Reduction in Behavioral Health  
– 07/20/2023, 10:30 am - 12:30 pm
- Trauma-Informed and Culturally Responsive Practices in Working with Asian American, Native Hawaiian and Pacific Islander (AANHPI) Clients  
– 08/31/2023, 10:00 am – 12:00 pm
- Creating Welcoming and Affirming Spaces for Latinx Communities  
– 10/12/2023, 10:30 am – 12:30 pm
- Creating Welcoming and Affirming Spaces for Latinx Communities  
– 10/12/2023, 10:30 am – 12:30 pm
- Mental Health Services with Latinx Populations: An Antiracist and Intersectional Approach  
– 10/16/2023, 10:30 am – 12:30 pm
- The Spiritual Inheritance of Indigenous Communities and How It Can Inform The Healing of All People  
– 11/16/2023, 10:30 am – 12:30 pm

## *Community Based Learning trainings:*

- Session 1/5 - Wellness NOW: Where Do We Need to Get To?  
– 02/15/2023, 10:00 am – 11:30 am
- Session 2/5 - Cross-Cultural Collaboration & Coalition-Building  
– 02/20/2023, 10:00 am – 11:30 am
- Session 3/5 - Decolonizing the Psyche; Restoration and Renewal  
– 02/22/2023, 10:00 am – 11:30 am
- Session 4/5 - Recognizing and Reducing Stress Symptoms  
– 02/23/2023, 10:00 am – 11:30 am
- Session 5/5 - Blessed not to be Stressed  
– 02/24/2023, 10:00 am – 11:30 am
- Fostering Emotional Safety in Our Communities  
– 04/27/2023, 10:00 am – 11:30 am
- Returning Citizens – Families of Formerly Incarcerated  
– 04/27/2023, 1:00 pm – 2:30 pm
- Getting Back to Basics, Family and Community Health  
– 04/28/2023, 1:00 pm – 2:30 pm
- Part I: Knowing The Traumatized Afghan Refugee  
– 06/02/2023, 9:00 am – 2:00 pm
- Part II: Knowing The Traumatized Afghan Refugee  
– 06/28/2023, 9:00 am – 2:00 pm
- Part II: Knowing The Traumatized Afghan Refugee  
– 07/14/2023, 9:00 am – 2:00 pm
- Returning Citizens Series - Topic: Housing, Homelessness & Hope  
– 09/28/2023, 10:00 am – 11:30 am
- Part 1/4 - Groundbreaking Liberatory Leadership Certificate Program  
– 10/11/2023, 9:00 am – 12:00 pm
- Part 2/4 - Groundbreaking Liberatory Leadership Certificate Program  
– 10/18/2023, 9:00 am – 12:00 pm

# Alameda County Behavioral Health Care Services

- Black Man It's Okay To Cry  
– 10/21/2023, 11:00 am
- Part 3/4 - Groundbreaking Liberatory Leadership Certificate Program  
– 10/25/2023, 9:00 am – 12:00 pm
- Returning Citizens Virtual Series  
– 10/26/2023, 10:00 am – 11:30 am
- Part 4/4 - Groundbreaking Liberatory Leadership Certificate Program  
– 11/01/2023, 9:00 am – 12:00 pm
- Holiday Blues & Suicide Prevention Awareness  
– 11/11/2023, 11:00 am
- Returning Citizens Virtual Series: Family and Children  
– 11/16/2023, 10:00 am – 11:30 am

## Events:

- ACBH honors Black History Month through a panel discussion: BLACK DON'T CRACK? Dispelling the Myth, Uplifting Excellence, Mental Health and Wellness in the African American Community on February 23, 2023.
- Annual Black Joy Festival and Parade on 2/26/2023
- Berkeley Juneteenth Festival on 6/18/2023
- Latinx Advisory Committee Kick off and Celebration organized by the ACBH Latino/Latinx Advisory Committee on 6/11/2023
- Liberation Through Community: A Celebration of The Latino/Latinx Community organized by the Office of Ethnic Services, Health Equity Division.
- The ACBH Latino. Latinx Committee invites you to Liberation Through Community, a free cultural community event for families on September 23, 2023
- ACBH's local partner in the AAPI/Native Hawaiian communities compiled a list of resources for those in the community who would like to aid in the healing of the people of Lahaina Town and Maui and support for the Native Hawaiian Community on Maui.
- ACBH Pride Panel to acknowledge the disheartening and dangerous impact of the anti-LGBTQIA+ legislation, 9/7/2023.
- African American Wellness Hub Listening Session-April and May 20023
- Día de Los Muertos: Sunday, October 29, 2023
- Oakland Pride 2022 – September 4,2022
- Alameda Couty Behavioral Health Honors November as Native American Heritage Month: ACBH honored, and acknowledged the history, spirit and tradition, culture, and land of indigenous communities, with a special focus on the Ohlone people of the region.
- Homeless Resources Fair on November 9, in partnership with the Office Board President Nate Miley. Health Equity Division and local agencies on November 9, 2023, 10 am – 3 pm at East Oakland Faith Deliverance Center Parking Lot.

## **CRITERION 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff**

At ACBH, we recognize the importance of diversity and inclusivity in all aspects of our organization, including our staff. That is why we are committed to Criterion 7 of the CLAS standards, which focuses on hiring and retaining culturally and linguistically competent staff, as well as creating a welcoming and inclusive environment for all.

To further this commitment, we have recently added four new positions that reflect our dedication to diversity and inclusion. The Health Equity Officer will work to implement system-wide health equity priorities and departmental change on behalf of a variety of community members. The Forensic Diversion and Re-entry Services Director will help individuals with severe mental illness and substance use disorders understand their behaviors, find alternative resources, and identify potential risk factors that may lead to interactions with the criminal justice system.

The Public Information Officer will be responsible for all internal and external communication strategies and management, with the goal of improving relations between the department and community partners. Finally, the Associate Medical Director will provide leadership and support to the Office of the Medical Director.

By hiring and retaining a diverse and culturally competent workforce, we aim to better serve and represent the cultural diversity of our communities. We believe that this is crucial to keep pace with a constantly changing world and ensure that our organization is truly inclusive and welcoming to all.

The Alameda County Workforce Development, Education & Training (WET) Unit is committed to addressing the ongoing occupational shortages in the public mental health field within the county. To achieve this goal, the WET Unit conducts assessments of the county's needs and capacity to fund various strategies, such as; Academic pipelines, Internships, and Financial Incentive Programs. A consultant has been hired to support this work.

A key collaboration for the WET Unit is with the Office of Ethnic Services, which helps review and evaluate Graduate Intern Stipend Program Applications. This ensures that applicants selected have the necessary skills and qualifications to provide services to consumers in one of the department's threshold languages, such as Spanish or Cantonese. To be eligible for these stipends, applicants must be enrolled in a qualifying school and pursuing a master's degree in a relevant field, such as social work, psychology, or nursing.

In addition to the Graduate Intern Stipend Program, the WET Unit also manages a range of ongoing programs designed to increase diversity and inclusion in the mental health workforce. These programs include, but are not limited to:

- The Community College Career Pathway, which targets ethnically and culturally diverse populations.
- The African American Focused Transitional Aged Youth Academic and Career Pathway Pilot Project;
- The Behavioral Health Loan Re-Payment Program; and
- The Undergraduate Scholarship & Mentor Program.

These initiatives demonstrate the WET Unit’s commitment to building a diverse and culturally competent workforce in the field of public mental health.

## **CRITERION 7: *Language Capacity***

At ACBH, we are committed to Criterion 7 of the CLAS standards, which focuses on hiring and retaining culturally and linguistically competent staff. To support this commitment, we continue to offer ongoing interpreter trainings designed to help our staff achieve linguistic competency in our threshold languages. By building a pool of certified and qualified mental health interpreters, we aim to provide effective language interpretation services to consumers and family members at county meetings, trainings, conferences, and throughout the system of care.

Additionally, we have a program called the Underserved and Ethnic Language Population (UELPP), which is specifically designed to provide language-specific services to those within our threshold languages. We also have language providers who are responsible for providing high-quality, culturally congruent services to consumers who prefer to receive services in their native language. All these initiatives demonstrate our dedication to ensuring that our organization is inclusive and welcoming to all members of the community, regardless of language or cultural background.

## **CRITERION 8: *Adaptation of Services***

At ACBH, we are committed to Criterion 8 of the CLAS standards, which focuses on the adaptation of services to meet the needs of diverse populations. We have implemented several *SMART* goals to help us achieve this goal, and we have established specific measures to track our progress and ensure that we are meeting our objectives.

One of our *SMART* goals is to increase the number of language-specific services we offer by 10% over the next year. To measure our progress towards this goal, we will track the number of language-specific services we provide each month and compare it to the number of services we provided in the previous year. This will allow us to see if we are on track to meet our goal and will also help us identify any challenges or barriers that may be preventing us from making progress.

Another *SMART* goal is to increase the cultural competency of our staff by 10% over the next year. To measure our progress towards this goal, we will administer a cultural competency assessment to all staff at the beginning and end of the year. This will allow us to determine how much our staff’s cultural competency has improved over the course of the year and will help us identify any areas where additional training or support may be needed.

Finally, we continue to increase the number of community partnerships we have by 15% over the next year. To measure our progress towards this goal, we will track the number of new partnerships we establish each month and compare it to the number of partnerships we had in the previous year. This will allow us to see if we are on track to meet our goal and will help us identify any challenges or barriers to building new partnerships.

By tracking our progress and measuring our success, we can ensure that we are making progress towards our *SMART* goals and effectively adapting our services to meet the needs of our diverse communities.

## Summary

As this report is concluded, it is important to emphasize the significance of considering the eight (8) CRITERIA for Culturally and Linguistically Appropriate Services (CLAS) in all policies and practices. These criteria, including valuing diversity, promoting language access, and engaging in cultural and linguistic competency, are vital for ensuring that responsive and inclusive care is provided to all members of the community. By keeping these principles in mind, efforts can be made towards creating a more equitable and just mental health system for all individuals.

Thank you for taking the time to review this update report. Together with our partners, our system looks forward to continuing to work together to promote CLAS within the organization.

## References

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Alameda County Board of Supervisors  
Alameda County Consumers, Peers, and Family Members  
Alameda County Cultural Responsiveness Committee  
Alameda County Health Care Services Agency  
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La Familia  
Latino/Latinx Advisory Committee  
ONTRACK Program Resources  
SF Bay Area Ethnic Services Managers Committee*