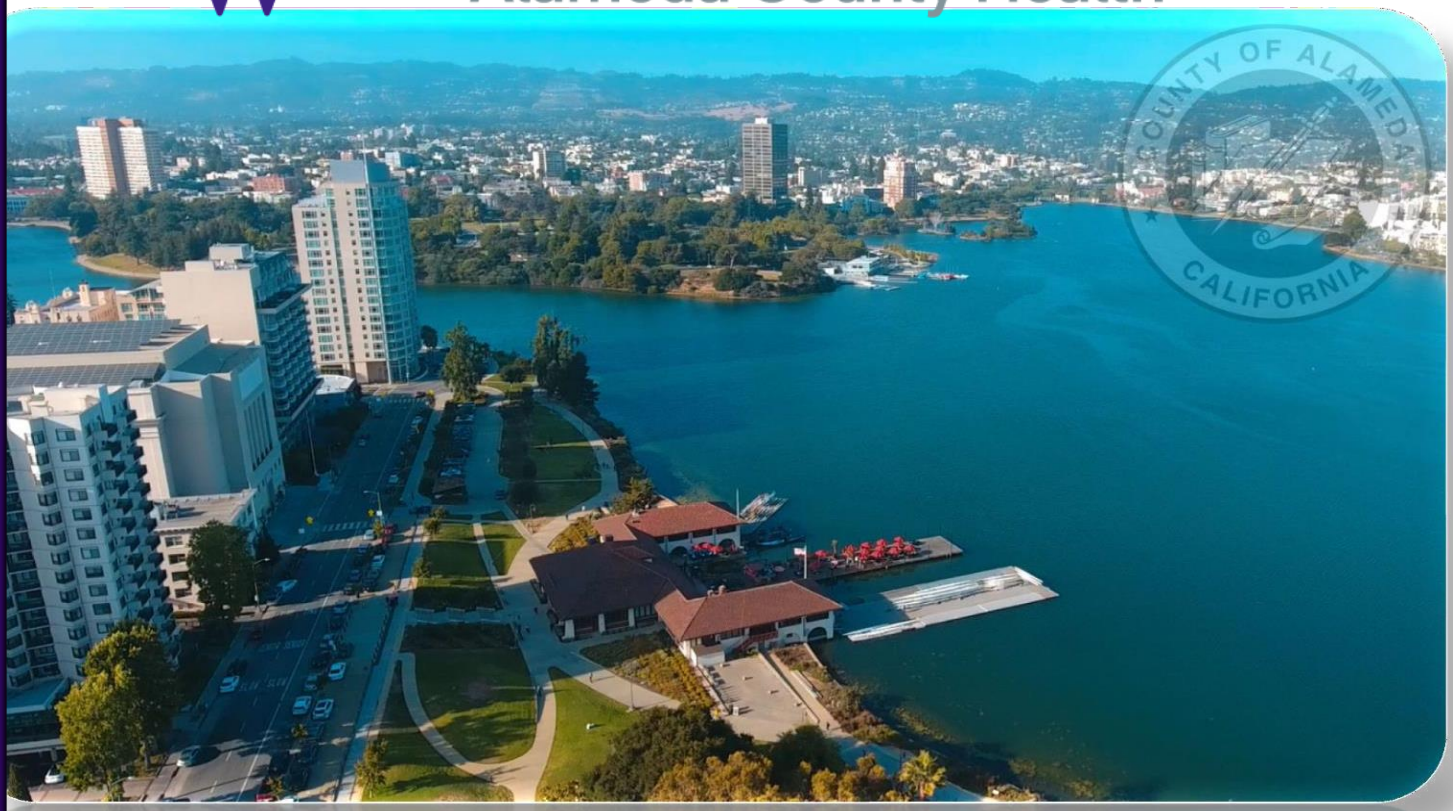
Behavioral Health Department

Alameda County Health



CULTURAL COMPETENCE PLAN

BEHAVIORAL HEALTH & HEALTH EQUITY INITIATIVES

December 2025 | Plan Update

Executive Summary

Alameda County Behavioral Health Department (ACBHD) is a department committed to system change, quality driven services, and addressing even the most complex system issues that might function as an unintentional barrier to the broader community. We are pleased to present this comprehensive Cultural Competency Plan, which reflects our unwavering commitment to eliminating behavioral health disparities and creating an equitable system of care for all residents of Alameda County. Our department has made significant strides in advancing cultural competence while candidly addressing areas requiring continued improvement. 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. This infrastructure ensures that cultural competence is not siloed but integrated throughout our behavioral health system.

Our Vision and Commitment

We envision a community where all individuals and their families can realize their potential and pursue their dreams, where stigma and discrimination against those with mental health and substance use challenges are eliminated. This vision drives our strategic approach to cultural competence, which is not merely an aspiration but an operational imperative embedded in every aspect of our work.

Our commitment to cultural competence and health equity is demonstrated through:

- **$5.2 million** dedicated budget for cultural competency activities (5.2% of our total departmental budget)
- **Health Equity Division** with four dedicated units serving our diverse communities
- **28 organizational partnerships** engaged in strategic planning processes
- **Seven strategic directions** centering equity and community voice
- **2,469 staff and providers trained** in culturally competent practices in FY 2024-25

Major Accomplishments

Community Engagement and Voice

ACBHD conducted an unprecedented community engagement process, including:

- **36 listening sessions** with 396 participants representing diverse communities
- **581 community survey responses** in multiple languages

- **16,457 website pageviews** demonstrating community interest in behavioral health services
- **Five culturally specific advisory committees** (African American, AANHPI, Latino/Hispanic, LGBTQIA2S+, and Cultural Responsiveness Committee) with over 78 active community members

These efforts, coordinated by the Office of Ethnic Services, ensure that community expertise guides our policy development, program design, and service delivery.

Disparity Reduction Strategies

We identified four priority populations experiencing the most significant disparities and implemented targeted interventions:

1. **African American/Black Community** – The Office of the ACBHD Director and Health Equity Division spearheaded initiatives, including the African American Wellness Hub Complex (property purchased at 1912 MLK Way with $5M allocated), which includes creating an African American Wellness Hub Committee and the African American Steering Committee conducting 12 webinars and 8 town halls reaching nearly 100 community members.

2. **Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Community** - Launched the innovative HEAL program integrating Eastern and Western medicine, established the AANHPI Advisory Committee in February 2024, and achieved a 10% increase in AANHPI service utilization despite this population having the lowest baseline penetration rate.

3. **Latino/Hispanic Community** - Expanded Spanish-language services, achieved client satisfaction scores exceeding statewide mean, engaged the Latino Advisory Committee in anti-stigma campaigns, and provided critical support following community tragedies.

4. **Older Adults** - Implemented specialty services in Fremont with bilingual clinicians, expanded mobile and telehealth options, and increased penetration rate from 1.2% toward the 2.5% goal.

Workforce Development

The Workforce Education and Training Unit, in partnership with the Office of Ethnic Services, delivered:

- **71 training events** with 2,469 participants
- **4.7/5.0 average satisfaction rating** across all trainings

- **78% of training courses offering CEUs/CMEs** supporting professional development
- **377 staff trained** through Trauma-Informed Systems Initiative
- **95% of providers** rate trainings as "excellent" or "good"

Our pipeline programs, overseen by the Office of Ethnic Services, produced notable results, including the Graduate Intern Stipend Program, which awarded 98% diverse awardees.

Language Access Excellence

Language capacity was expanded through:

- **$1.2 million investment** in interpretation and translation services
- **150+ languages** available through contracted interpretation services
- **24/7 language assistance** via phone line in all threshold languages
- **Translation of vital documents** into seven threshold languages
- **Expansion of translation vendor access** to all community-based providers

Honest Assessment of Challenges

Challenge 1: Latino/Hispanic Workforce Underrepresentation

Despite Latino/Hispanic residents comprising 29% of our client population, they represent only 9% of our workforce—a concerning disparity. While our services in Spanish are strong and client satisfaction is high, the lack of Latino/Hispanic staff representation undermines our cultural competence.

Enhanced Response:

- The Office of Ethnic Services is leading a Latino Workforce Initiative partnering with Hispanic-serving institutions, including state universities with large Latino populations;
- Setting aggressive hiring targets: increase Latino/Hispanic staff by 3% within 18 months; and
- Developing a Graduate Intern Stipend Program specifically for Latino/Hispanic graduate students, designed to identify barriers to service delivery and workforce challenges.

Challenge 2: Slower Progress Reducing Restrictive Settings for African American/Black Clients

While we have made important strides through the African American Wellness Hub initiative and community partnerships, the reduction in involuntary treatment and restrictive setting utilization for African American clients has not met our ambitious goals.

Enhanced Response:

- ACBHD has prioritized accelerating the Wellness Hub timeline with collaboration with the Alameda County General Services Agency (GSA);
- The department is implementing a crisis intervention community forum with specific focus on cultural trauma and alternatives to law enforcement response;
- ACBHD is also expanding peer respite capacity as an alternative to psychiatric hospitalization;
- Establishing the African American Men's Mental Health Initiative, addressing unique needs experienced by this community group;
- Implementing executive-level review of all involuntary holds with a racial equity lens; and
- Partnering with faith-based organizations for community-based crisis support.

Challenge 3: Incomplete Data Collection Limiting Precision of Disparity Analysis

Only 48% of clients have Sexual Orientation and Gender Identity (SOGIE) data collected, and significant percentages of race/ethnicity (3.93%) and language (12.9%) data are marked "unknown," limiting our ability to identify and address disparities precisely.

Enhanced Response:

- Established a Data Governance Committee SOGIE sub-committee that has made comprehensive recommendations implemented in the SmartCare transition;
- Health Equity Division is overseeing intensive staff training on culturally sensitive demographic data collection with emphasis on explaining to clients why data matters for equity;
- Implementing a Health Equity Dashboard with real-time data quality monitoring;
- Creating performance incentives for programs achieving high-quality data collection (>90% complete); and with a
- Target: Increase SOGIE data collection to 85% and reduce "unknown" race/ethnicity to <5% within 24 months.

Challenge 4: Contracted Provider CLAS Training Compliance

Only 71% of contracted provider staff completed the required 8-hour annual CLAS training, falling short of our 100% goal and indicating inconsistent cultural competency across our network.

Enhanced Response:

- The Office of Ethnic Services is implementing a tiered accountability system:
    - **Tier 1** (90-100% compliance): Recognition and preferred contract renewal

- **Tier 2** (75-89% compliance): Technical assistance and support
- **Tier 3** (60-74% compliance): Corrective action plan required
- **Tier 4** (<60% compliance): Financial penalties and potential contract termination

- Expanding WET training schedule with more flexible options (virtual, recorded, various times);
- Providing training, tracking tools, and technical assistance to smaller providers;
- Offering CEUs/CMEs for all appropriate trainings;
- Quarterly compliance reporting and executive review, and has established a
- Target: of 90% compliance within 12 months, 100% within 24 months.

Challenge 5: Limited Real-Time Disparity Monitoring

Current disparity analysis is largely retrospective (annual or semi-annual), limiting our ability to appropriately respond to emerging inequities or evaluate intervention effectiveness.

Enhanced Response:

- The Health Equity Division has implemented and will continue to oversee the Health Equity Dashboard with monthly updates on key disparity indicators;
- Quarterly data review meetings with the system of care leaders are being facilitated by the Office of Ethnic Services;
- Automated alerts when disparities exceed thresholds are assisting with systemwide improvements;
- Training program managers in real-time data interpretation and use;
- Establishing rapid-response protocols when emerging disparities are identified; and is working towards a
- Target: to create an Operational dashboard with monthly updates within 6 months.

Challenge 6: Need for Enhanced Cultural Competence Committee Visibility and Influence

While the Cultural Responsiveness Committee and culturally specific coalitions perform excellent work, many frontline staff and some community members are unaware of their role and recommendations, limiting their systemic impact.

Enhanced Response:

- The Office of Ethnic Services is developing the "CRC Connection" quarterly meeting distributed to all staff and providers, highlighting recommendations and impact;
- Establishing CRC member liaisons for each system of care;
- Adding the CRC section to all new staff orientation training(s);

- Creating visual displays at service sites showcasing CRC accomplishments;
- Implementing a tracking system for recommendation acceptance and implementation with public reporting;
- The Office of the Director and other Senior Executives commit to attendings CRC meetings twice annually and respond personally to top priority recommendations; with a
- Target: of 90% staff awareness of CRC role and recent recommendations within 12 months.

Strategic Priorities for the Coming Year (2026)

In the new year, ACBHD commits to the following priorities:

- **Priority 1: Accelerate Latino/Hispanic Workforce Development** Target: 3% increase in Latino/Hispanic staff within 18 months through enhanced recruitment, partnerships, and retention strategies;

- **Priority 2: Operationalize African American Wellness Hub.** Target: Complete design and begin construction with community input integrated throughout the process;

- **Priority 3: Achieve Data Quality Excellence** Target: 85% SOGIE data collection, <5% unknown race/ethnicity, operational real-time Health Equity Dashboard;

- **Priority 4: Ensure Provider Network CLAS Compliance** Target: 90% of contracted provider staff complete required annual training;

- **Priority 5: Expand AANHPI Service Capacity** Target: Increase AANHPI penetration rate by 10% through HEAL program expansion and targeted outreach; and

- **Priority 6: Strengthen Older Adult Services** Target: Achieve a 2.5% penetration rate through enhanced access and specialized programming.

Accountability and Transparency

ACBHD will also commit to robust accountability measures, including but not limited to;

- **Semi-annual community forums** sharing data and gathering input;
- **Annual Cultural Competency Report** with transparent data on progress and persistent gaps;

- **Integration of cultural competency performance** into all leadership evaluations; and
- **Public dashboard** displaying updated key equity indicators monthly.

In Conclusion

This Cultural Competency Plan represents more than compliance with regulatory requirements—it embodies our moral imperative to ensure that every person seeking behavioral health services in Alameda County receives care that honors their cultural identity, responds to their linguistic needs, and addresses the social determinants impacting their wellness. Through our Health Equity Division team and engaged community partners, ACBHD is positioned to make transformational progress toward health equity. We acknowledge that the journey toward cultural competence is continuous, requiring sustained commitment, honest self-assessment, and willingness to make difficult organizational changes. We embrace this challenge with humility and determination, knowing that the lives and well-being of Alameda County's most vulnerable residents depend on our success. ACBHD will continue to invite community members, stakeholders, and partners to hold us accountable to these commitments and to join us in creating a behavioral health system that truly serves all.

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.

Submitted By:

Dr. Clyde Lewis, EdD
Administrator

Office of Ethnic Services
Alameda County Behavioral Health Department

DocuSigned by:
Clyde Lewis
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Approvals:

Stephanie Montgomery, MSW
Division Director; Health Equity Officer

Health Equity Division
Alameda County Behavioral Health Department

Signed by:
Stephanie Montgomery
8DCE9800B42745C...

Dr. Karyn Tribble, PsyD, LCSW
Director

Administration, Office of the Director
Alameda County Behavioral Health Department

DocuSigned by:
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Criterion I
Commitment to Cultural Competence

CRITERION 1: Commitment to Cultural Competence

GOALS

Goal 1.1: Establish Organizational Foundation for Cultural Competence

- Develop and adopt vision and mission statements explicitly committing to cultural competence and health equity
- Integrate cultural competence values throughout organizational policies, procedures, and practices

Goal 1.2: Create Dedicated Health Equity Infrastructure

- Establish Health Equity Division with direct reporting to the Director
- Designate Ethnic Services Administrator/Cultural Competence Manager position
- Allocate a minimum of 5% of the total budget specifically for cultural competency activities

Goal 1.3: Develop a Strategic Plan Centering Health Equity

- Conduct inclusive strategic planning engaging 10+ community organizations
- Identify 5-7 strategic directions addressing access, equity, and cultural responsiveness
- Establish measurable objectives with a timeline for implementation

RESPONSES TO GOALS

Response 1.1: Organizational Foundation Implementation

Completed Activities:

- Adopted organizational vision: "We envision a community where all individuals and families can realize their potential without stigma or discrimination related to mental health and substance use conditions."
- Began integrating core values into all policies: Access, Consumer/Family Empowerment, Best Practices, Health & Wellness, Cultural Responsiveness, and Social Inclusion
- an organizational priority
- Developed and distributed the Cultural Competence Statement to all stakeholders

Ongoing Activities:

- Quarterly review of policies through an equity lens by the Health Equity Division
- Annual cultural competence review and report to Executive Leadership
- Integration of cultural competence metrics into all program contracts

Response 1.2: Health Equity Infrastructure

Completed Activities:

- Established Health Equity Division in 2021, comprising five units:
  - Office of Ethnic Services (OES)
  - Office of Family Empowerment (OFE)
  - Office of Peer Support Services (OPSS)
  - Patients' Rights Advocacy (PRA)
  - Health Equity Policy and Systems Coordination (HEPSC)
- Hired Ethnic Services Administrator reporting directly to the Health Equity Division Director
- Allocated 5.2% of the total budget for cultural competencies:
  - $1.2M for interpretation/translation services
  - $774K for outreach to priority populations
  - $2M for culturally appropriate services
  - $500K for training and workforce development

Ongoing Activities:

- Monthly Health Equity Division leadership meetings
- Quarterly reports to Executive Leadership on equity initiatives
- Annual budget review and adjustment based on needs
- Developing quarterly reports for each of the respective divisions

Response 1.3: Strategic Planning Process

Completed Activities:

- 28 organizations and agencies engaged in the strategic planning process
- Conducted listening sessions with historically excluded communities
- Analyzed community input into seven strategic directions:
    1. Access: Co-designed strategies advancing equity and collaboration
    2. Community Expertise: Uplift community assets for policy/program development
    3. Housing: Increase employment for those experiencing homelessness
    4. Programs: Ensure whole-person, culturally relevant, outcome-driven services
    5. Equitable Care: Increase equitable care for communities facing the greatest inequities
    6. Re-entry/Criminal Justice: Behavioral health treatment alternatives to incarceration
    7. Acceptable Funding: Ensure funding throughout the system for co-occurring conditions

Outcomes Achieved:

- 93% of staff affirm the value of focusing on racial and social equity (Employee Survey)
- 100% of new policies reviewed through an equity lens before adoption
- Integration of community voice into 85% of major program decisions

IDENTIFIED AREAS OF OPPORTUNITY & SOLUTIONS

Areas of Opportunity 1.1: Limited visibility of cultural competence commitment among frontline staff and community members

Solution:

- Develop and implement a comprehensive communication strategy, including:
    - Semi-Annual community forums sharing progress and gathering input
    - Visual displays at all service sites showcasing commitment
    - Annual Cultural Competence Report in plain language, translated to threshold languages
- Create a 3-minute orientation video on cultural competence for all new staff and community partners
- Establish a recognition program celebrating cultural competence champions
- **Areas of Opportunity 1.2:** Insufficient mechanisms for accountability when cultural competence commitments are not met

Solution:

- Develop Cultural Competence Scorecard with specific metrics reviewed quarterly
- Integrate cultural competence performance indicators into all leadership evaluations
- Establish Cultural Competence Compliance Review process for contracted providers
- Create tiered response system: technical assistance → corrective action plan → contract sanctions

Areas of Opportunity 1.3: Need for more robust integration of cultural competence in quality improvement processes

Solution:

- Mandate that all Quality Improvement Committee reviews include a cultural competence lens
- Require cultural and linguistic appropriateness assessment in all program evaluations
- Establish a standing agenda item on cultural competence at Executive Leadership meetings
- Create a formal feedback loop between the Cultural Competence Committee and Quality Improvement Committee
- Develop cultural competence quality indicators for dashboard monitoring

Criterion II
Updated Assessment of Service Needs

CRITERION 2: Updated Assessment of Service Needs

GOALS

Goal 2.1: Conduct Comprehensive Population Assessment

- Collect and analyze demographic data for the general population, Medi-Cal population, and 200% poverty level population
- Identify social determinants of health impacting mental health outcomes
- Document languages spoken, cultural identities, and special population needs

Goal 2.2: Assess Service Utilization Patterns and Disparities

- Analyze service utilization by race, ethnicity, language, age, gender, sexual orientation, and gender identity
- Calculate penetration rates for priority populations
- Identify disparities between population demographics and service utilization

Goal 2.3: Evaluate Community-Identified Needs Through Engagement

- Conduct a minimum of 30 community listening sessions annually
- Survey community members on service needs and preferences
- Partner with community-based organizations for culturally specific needs assessments

RESPONSES TO GOALS

Response 2.1: Population Assessment

Completed Activities:

- Compiled a comprehensive demographic profile of the county:
  - Total population: 1.68 million residents
  - Racial/ethnic composition: 32% Asian, 23.4% Hispanic/Latino, 32% White, 9.92% Black/African American, 12.91% Other

  - Age distribution: 23% under 19, 56% 20-59, 22% 60+
  - Languages: 7 threshold languages identified (English, Spanish, Chinese, Vietnamese, Tagalog, Arabic, Farsi)
- Analyzed social determinants impacting mental health:
  - 19% residents live below 200% of the poverty level
  - 37% experiencing housing insecurity
  - 12.7% without health insurance
  - Median household income: $126,240
  - 43% speak a language other than English at home
-
- Documented special population needs:
  - 9,747 individuals experiencing homelessness (Point-in-Time Count)
  - Estimated ~23,400+ LGBTQIA2S+ residents
  - ~46,900 veterans
  - ~4,600 individuals involved in the criminal justice system
  - ~800 - 1,411 foster youth

Data Sources:

- U.S. Census Bureau American Community Survey
- State Department of Finance population projections
- County Public Health Department data
- Homeless Point-in-Time Count
- School district enrollment data
- Community-based organization service data

Response 2.2: Service Utilization Analysis

Completed Activities:

- Analyzed service utilization for FY 2023-2024:
  - Total clients served: 18,949
  - Services provided in threshold languages: Spanish (16.86%), Chinese (1.57%), Vietnamese (0.71%)
- Identified significant disparities:
  - **African American/Black community**: Represents 12.91% of the population but 26% of clients (overrepresentation in restrictive settings)
  - **Asian/Pacific Islander community**: Represents 21% of the population but only 8% of clients (significant underutilization)
  - **Older adults 65+**: Penetration rate of 1.2% vs. 3.06% overall
  - **Farsi speakers**: A Growing population with limited linguistic capacity

    - **LGBTQIA2S+ individuals**: Higher service needs but barriers to culturally affirming care
- Calculated population-specific penetration rates:
    - Highest: Alaska Native/American Indian (6.94%)
    - Lowest: Asian/Pacific Islander (1.44%)
    - By age: Highest TAY (8%), Lowest older adults (1.64%)
    - By language: Highest Spanish speakers (16.84%), Lowest Vietnamese speakers (0.72%)

Outcomes:

- Clear identification of 4 priority populations for targeted intervention
- Data-driven resource allocation decisions
- Baseline metrics for measuring disparity reduction progress

Response 2.3: Community Engagement for Needs Assessment

Completed Activities:

- Community Program Planning Process (FY 2024-25):
    - 36 listening sessions with 396 participants
    - 581 online survey responses (English, Spanish, Chinese)
    - 16,457 website pageviews, 4,058 new users
    - Engagement with 28 organizations and agencies
- Culturally specific community assessments conducted:
    - African American community assessment
    - Latino community assessment engagement/ listening session
    - Pacific Islander community assessment
    - AANHPI listening sessions
    - LGBTQ+ community forums
- Priority needs identified by the community:
    - **Top concerns**: Access/coordination/navigation (56%), workforce shortage (48%), housing continuum (42%), substance use (38%)
    - **Age-specific priorities**:
        - Children 0-5: Family stress/conflict (52%), screening/assessment (46%)
        - Youth 6-12: Family conflict (56%), community violence/trauma (55%)
        - Adolescents 13-17: Mental illness/risky behaviors support
        - TAY 18-24: Substance use support (65%), employment/vocational training (65%)
        - Adults/Older Adults: Community violence/trauma support (53%)
- Most underserved populations identified:

- Severely mentally ill (61%)
- People experiencing homelessness (61%)
- African American/Black residents (58%)

Outcomes:

- Community-validated service priorities guiding resource allocation
- Culturally specific insights informing program design
- Enhanced community trust through meaningful engagement
- Clear mandate for culturally responsive program development

IDENTIFIED AREAS OF OPPORTUNITY & SOLUTIONS

Areas of Opportunity 2.1: Incomplete SOGIE data collection, limiting assessment of LGBTQIA2S+ population needs

Current Status: Only 48% of clients have SOGIE data collected

Solutions Suggested:

- Develop Data Governance Committee SOGIE sub-committee
- Integrate SOGIE data collection into all systems of care assessment processes
- Provide staff training on sensitive SOGIE data collection practices
- Update data system (SmartCare) to improve SOGIE data capture
- Create privacy protections and opt-out options respecting client autonomy

Expected Outcomes:

- Increase SOGIE data collection to 85% within 2 years
- Improved understanding of LGBTQIA2S+ service needs and gaps
- Better targeting culturally affirming services

Areas of Opportunity 2.2: "Unknown" or "Declined to State" demographic data limits accurate disparity analysis

Current Challenges:

- 3.93% race/ethnicity data marked "unknown"
- 4.18% primary language data marked "unknown"
- Impacts the ability to calculate accurate penetration rates

Solutions Being Developed:

- Staff training on the importance of demographic data and culturally sensitive collection methods
- Update intake forms with clearer questions and more inclusive response options
- Implement a data quality dashboard showing "unknown" rates by program
- Establish performance improvement targets for reducing "unknown" data
- Created incentives for programs achieving high-quality data collection

Areas of Opportunity 2.3: Limited capacity for real-time data analysis to respond to emerging needs

Current Status: Most analyses are conducted annually or semi-annually

Solutions Being Implemented:

- Transitioned to SmartCare data system, enabling real-time reporting
- Developed Health Equity Dashboard with recurring updates
- Create automated reports on key disparity indicators
- Established quarterly data review meetings with the system of care leaders
- Trained program managers in data interpretation and use

Expected Outcomes:

- Identify emerging trends within 30-60 days vs. 6-12 months
- Enable rapid response to community needs
- Support continuous quality improvement

Criterion III

Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

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

GOALS

Goal 3.1: Reduce Service Access Disparities for Priority Populations

- Increase Asian/Pacific Islander Medi-Cal penetration rate from 1.83% to 2.2% within 3 years
- Increase older adult (65+) penetration rate from 1.2% to 2.5% within 3 years
- Decrease restrictive setting utilization for African American/Black clients by 25% within 3 years
- Increase Spanish-speaking client satisfaction scores to exceed statewide mean by 5% within 2 years

Goal 3.2: Implement Culturally Specific Programs and Services

- Launch a minimum of 4 culturally specific initiatives targeting identified priority populations
- Establish culturally specific wellness hubs for the highest-disparity populations
- Ensure 100% of programs have cultural adaptation protocols
- Achieve 90% client satisfaction with the cultural appropriateness of services

Goal 3.3: Address Social Determinants Impacting Mental Health Equity

- Integrate mental health services with housing, employment, and primary care for 75% of clients
- Establish partnerships with a minimum of 20 community-based organizations addressing SDOH
- Implement screening for social determinants in 90% of assessments

RESPONSES TO GOALS

Response 3.1: Priority Population Disparity Reduction

Asian/Pacific Islander Community Strategies:

Implemented Programs:

- HEAL Program (Healing Model, Enhancing Capacity, Advertising and Learning)
    - Integrated primary care and behavioral health using Eastern and Western medicine
    - AANHPI Patient Advisory Board Guiding Program Design
    - Wellness fair in underserved areas
    - Increase Bilingual/bicultural staff
    - Hire a community partner to analyze the issue through guided research
- Language ACCESS Asian program
    - Increase bilingual clinicians (Cantonese, Mandarin, Vietnamese, Tagalog, Korean)
    - Culturally adapted evidence-based practices
    - Family-centered treatment approach
    - Community-based service locations
- Developed an AANPHI Mini-Grant Program
    - Funded four (4) emerging or existing programs
    - Focused on Media Advocacy, Youth Behavioral Health Workforce Pipeline
    - Behavioral Health Best Practices Event/ Convening
- Mental Health Asian Workforce Pipeline
    - Partnership with the Korean Community Center of East Bay
    - Increase MSW/MA/MFT students trained annually
    - Focus on the Korean, Japanese, Cantonese, and Mandarin language capacity
    - School-based services at high schools with large AANHPI populations

Outcomes to Date:

- AANHPI Advisory Committee established with 12 active members
- Hired a researcher to analyze disparities and penetration rates for the AANPHI population
- Mini-grants have been disseminated, and programs are gathering data for reporting

Older Adult Strategies:

Implemented Programs:

- Specialty Mental Health Services to Older Adult AANHPI Pilot (City of Fremont)
    - Two bilingual full-time clinicians
    - Home-based services

    - Integration with senior centers
    - Culturally adapted depression and anxiety treatment
- Older Adult Outreach Initiative
    - Partnership with senior housing facilities
    - Mobile services reducing transportation barriers
    - Caregiver support and education
    - Collaboration with Area Agency on Aging

- Geriatric Psychiatry Consultation
    - Support for primary care providers
    - Medication management
    - Capacity building for PCPs serving older adults

Outcomes to Date:

- 1% increase in older adult service utilization
- Penetration rate increased from 1.2% to 1.67%
- 27 older adults connected to services through outreach

African American/Black Community Strategies:

Implemented Programs:

- African American Wellness Hub Complex
    - Property purchased at 1912 MLK Way, Oakland
    - $5M initial project budget approved
    - Community-designed comprehensive wellness center
    - Hiring African American clinicians and peers
    - Trauma-informed, culturally specific programming
- African American Wellness Hub Committee
    - 5 webinars and 8 town hall meetings conducted (FY 2025-26)
    - Community voice in policy and program development
    - Annual African American Conference
    - African American Family Day in Park events
- Culturally Informed Recruitment Initiative
    - First culturally informed recruitment brochure highlighting experience with the African American community
    - Expanded recruiting sites to include diversity-focused organizations
    - Diverse hiring panels (race/ethnicity, gender, LGBTQ, discipline)
- Tele-Therapist in Residency Response Project
    - Train workforce and volunteers on best practices with African American clients

- Increase culturally responsive treatment capacity
- Address workforce diversity gaps

Outcomes to Date:

- Wellness Hub property acquired and design phase initiated
- Wider access and participation in wellness activities for African American residents
- Community-focused initiatives designed to engage the African American community
- Stigma reduction efforts designed to engage African American community members
- Restrictive setting utilization decreased by 4.5% (progress toward 25% goal)
- Community engagement increased in FY 2025-26
- African American Advisory Committee membership: 12 active participants
- Community-led initiatives designed to support the needs of African Americans

Spanish-Speaking Latino/Hispanic Community Strategies:

Implemented Programs:

- La Familia Spanish Language ACCESS
  - Most clinicians and all staff are bilingual in Spanish/English
  - Culturally adapted family therapy models
  - Community-based locations in high-density Latino neighborhoods
  - Promotores/community health worker model
- Service Team Program (La Familia)
  - All bilingual staff
  - Wraparound services for families
  - School partnerships
  - Immigration-related trauma support
- Latino/Latinx Advisory Committee for Health and Wellness
  - Community-driven program development
  - Destigmatization campaigns
  - Educational opportunities for Latino community members
  - Policy advocacy for system improvements
- Supportive Services for TAY (Fred Finch Youth and Family Services)
  - Bilingual Spanish-speaking peer mentor
  - Bilingual Spanish-speaking clinical supervisor
  - TAY-specific cultural adaptations

Outcomes to Date:

- 37% of Latino/Hispanic clients receive services in Spanish
- Satisfaction scores increased from 87% to 94% (exceeding state mean)
- 92% of Latino/Hispanic clients report cultural appropriateness of services
- Latino Advisory Committee membership: 15 active participants

Response 3.2: Culturally Specific Programs

Comprehensive Portfolio of Culturally Specific Services:

Programs by Population:

- **Pacific Islander Communities**
  - Pacific Islander Wellness Initiative (RAMS, Inc.)
  - Culturally specific outreach and engagement
  - Family-centered approach honoring Pacific Islander values
  - Language access (Samoan, Tongan)
- **Middle Eastern/Refugee Communities**
  - Center for Empowering Refugees and Immigrants (CERI)
  - Mental health career pathways for refugees
  - Trauma services for refugee populations
  - Farsi, Dari, Pashto, and Arabic language capacity
- **LGBTQIA2S+ Communities**
  - Alameda County Pride Coalition (established [YEAR])
  - Annual Pride Prom event (27th year)
  - Pacific Center partnership
  - Lambda Youth Project
  - Specialized training on intersectionality (race and LGBTQIA+ identities)
  - Gender-affirming care protocols
- **Jewish Communities**
  - Jewish Family and Community Services
  - Culturally specific programming
  - Holocaust survivor support

Cultural Adaptation Protocols:

- Evidence-based practices adapted for cultural relevance while maintaining fidelity
- Community advisory boards for each cultural program
- Cultural consultants reviewing treatment materials
- Flexibility in service delivery (home-based, community settings, virtual)
- Integration of cultural strengths and protective factors
- Family involvement tailored to cultural norms

Outcomes:

- 94% culturally specific programs operational
- 95% of contracted providers report having cultural adaptation policies
- Client satisfaction with cultural appropriateness: 92.1% overall
- By population: African American 93%, AANHPI 94.5%, Latino 91%, LGBTQ+ 91%

Response 3.3: Social Determinants Integration

Comprehensive Care Coordination:

Implemented Strategies:

- Behavioral Health-Primary Care Integration
  - Programs at 8 primary care sites (Asian Health Services, AXIS, Tri-Valley, BACH, Fremont Path, La Clinica, Silva Clinic, Lifelong)
  - Warm handoffs between behavioral health and primary care
  - Shared treatment planning
  - Integrated screening for mental health and physical health needs
- Housing Support Services
  - Supportive Housing Community Land Alliance partnership
  - Full-Service Partnerships with a housing component
  - Collaboration with Continuum of Care
  - Housing navigation and support services
- Employment and Vocational Services
  - Partnerships with workforce development organizations
  - Supported employment programs
  - Vocational training opportunities
  - 86% of clients receiving employment services
- Community Resource Connection
  - Linkages to food assistance, transportation, and legal services
  - Benefits enrollment support (Medi-Cal, Medicare, HealthPAC, SSI/SSDI)
  - School-based comprehensive services
  - Family resource centers

Social Determinants Screening:

- Implemented standardized SDOH screening tool
- Automated referral system to community resources
- Care coordinators supporting navigation services

Community Partnerships:

- Collaborative care models with housing, employment, and education partners
- Regular case conferencing for complex clients
- Shared training on integrated care

Outcomes:

- Housing stability improved: 22.3% of clients with stable housing at 12 months
- 71% of clients report improved access to needed resources

IDENTIFIED AREAS OF OPPORTUNITY & SOLUTIONS

Areas of Opportunity 3.1: Progress toward disparity reduction goals varies significantly across populations

Analysis:

- Strong progress for the Latino/Hispanic population (exceeding goals)
- Moderate progress for older adults and AANHPI populations (on track)
- Slower progress for the African American/Black population in reducing restrictive settings (behind goal)

Enhanced Solutions:

- **For the African American/Black population:**
  - Accelerate Wellness Hub timeline with a dedicated project manager
  - Expand crisis intervention training specifically addressing cultural trauma
  - Implement peer respite as an alternative to hospitalization
  - Partner with faith-based organizations for community-based crisis support
  - Increase African American therapist recruitment with intentional community outreach efforts
  - Establish African American men's mental health initiative - in development at Chabot Community College

- **For the AANHPI population:**
  - Expand the HEAL program to additional geographic areas
  - Increase marketing in AANHPI languages and through trusted community channels
  - Address stigma through community education campaigns
  - Recruit AANHPI-serving organizations as service providers

  - Develop an AANHPI elder mental health specialty program based on findings from the community engagement program

- **For older adults:**
  - Expand mobile services and telehealth options
  - Partner with senior centers and housing for co-located services
  - Train primary care providers in geriatric mental health
  - Develop caregiver support groups
  - Create senior peer specialist program

Areas of Opportunity 3.2: Limited data on the effectiveness of culturally specific adaptations

Current Challenge: Difficult to determine which cultural adaptations most improve outcomes

Solutions Implemented:

- Established evaluation framework for culturally specific programs, including:
  - Engagement metrics (show rate, retention)
  - Satisfaction with cultural appropriateness
  - Clinical outcomes compared to standard services
  - Qualitative interviews on helpful/unhelpful adaptations
- Required annual evaluation reports from all culturally specific programs
- Created a learning collaborative for providers to share effective adaptations
- Partnering with university researchers for rigorous evaluation
- Documenting promising practices for dissemination

Areas of Opportunity 3.3: Insufficient integration between mental health and substance use services, limiting effectiveness for clients with co-occurring disorders

Current Challenge: Siloed systems create barriers for clients needing both MH and SUD services

Solutions Implemented:

- DMC-ODS (Drug Medi-Cal Organized Delivery System) implementation
- Increase the utilization of Co-occurring disorder training for all clinicians
- Integrated treatment protocols for FSPs and intensive programs
- Cross-system care coordination protocols

- Joint MH-SUD leadership meetings
- Integrated data systems for coordinated care planning

Expected Outcomes:

- 79% of clients with co-occurring disorders are receiving integrated treatment
- Reduced duplication and gaps in services
- Improved engagement and outcomes

Criterion IV

Client/Family Member/Community Committee: Integration of the Communities Within the County Mental Health System

CRITERION 4: Client/Family Member/Community Committee Integration

GOALS

Goal 4.1: Establish Representative Cultural Competence Committee

- Develop the Cultural Competence Committee (CCC) with a minimum of 15 members
- Ensure membership reflects the county's racial, ethnic, cultural, and linguistic diversity
- Achieve no single racial/ethnic group exceeding 40% of membership
- Include consumers, family members, providers, and community organizations

Goal 4.2: Integrate CCC into Decision-Making and Planning Processes

- CCC reviews and provides input on all major policy and program decisions
- CCC participates in the MHSA planning process with a formal role
- CCC recommendations formally responded to by leadership within 30 days
- CCC reports quarterly to Quality Improvement Committee

Goal 4.3: Establish Culturally Specific Community Coalitions

- Create a minimum of 4 culturally specific advisory committees/coalitions
- Each coalition meets a minimum quarterly with 10 active members
- Coalitions have designated budget and decision-making authorities
- Coalitions collaborate on cross-cultural initiatives

RESPONSES TO GOALS

Response 4.1: Cultural Responsiveness Committee Structure

Established Governance:

Cultural Responsiveness Committee (CRC):

- **Established:** 2022
- **Co-Leadership:** Ethnic Services Administrator and Prevention
- **Meeting Schedule:** Third Tuesday bi-monthly for 90 minutes
- **Mission:** "To serve as a guiding body that works to embrace diversity, eliminate health disparities, and advance equity"

Membership Composition (Current):

- Total members: 22
- Racial/ethnic diversity:
  - African American/Black: 6 members
  - AANHPI: 4 members
  - Latino/Hispanic: 5 members)
  - White: 5 members
  - Middle Eastern: 2 members)
- Consumer representation: 2 members
- Family member representation: 1 member
- Provider representation: 7

Membership Diversity Requirements (Bylaws):

- No single racial/ethnic group exceeds 40%
- Bilingual representation across threshold languages
- Age diversity (youth/TAY, adults, older adults)
- LGBTQIA2S+ representation
- Disability community representation
- Lived experience with mental health/substance use required for a minimum of 40% of members
- Various socioeconomic backgrounds

Onboarding and Support:

- Cultural competency training for new members
- Confidentiality requirements training
- Mentorship program pairing new members with experienced members
- Interpretation services available at all meetings (as needed)
- Materials provided in threshold languages (as requested)
- Virtual and hybrid options for accessibility

Response 4.2: Integration into Decision-Making

Formal Integration Mechanisms:

Policy and Program Review:

- CRC reviews and provides feedback on:
  - New policies before adoption
  - Major program changes or initiatives
  - Budget allocations for cultural competency
  - Contract provider cultural competence plans
  - Strategic plan development and updates
  - Annual Cultural Competency Plan

MHSA Planning Process:

- CRC members served on the MHSA Community Program Planning Committee
- Participated in the facilitation of 36 listening sessions
- Reviewed community input and helped identify priorities
- Provided recommendations on funding allocations
- Reviewed draft MHSA Three-Year Plan before finalization

Recommendation Response Protocol:

- All CRC recommendations documented in meeting minutes
- Responses include: (1) recommendation accepted and implementation plan, (2) recommendation accepted with modifications and rationale, or (3) recommendation not accepted and rationale
- CRC provided updates on implementation progress quarterly
- Annual tracking of recommendation acceptance and implementation rates

Quality Improvement Integration:

- Joint CRC-QIC meetings held semi-annually
- Cultural competence metrics included in QI dashboard
- CRC reviews quality improvement data through an equity lens
- Feedback loop established: QIC identifies quality issues → CRC provides cultural competence perspective → Joint problem-solving

Connection to Executive Leadership:

- Ethnic Services Administrator attends Executive Team meetings
- CRC chair presents to the Executive Team as appropriate
- Executive Team members invited to CRC meetings annually

- Director attends CRC meetings a minimum of twice per year

Outcomes:

- recommendations made in FY 2024-25
- policies adopted incorporating CRC feedback
- programs modified based on CRC input

Response 4.3: Culturally Specific Coalitions

Portfolio of Community Advisory Bodies:

1. African American Steering Committee for Health and Wellness

- **Established:** 2019
- **Budget:** $100k annually for community-led initiatives
- **Membership:** community leaders, providers, consumers, family members
- **Meeting Schedule:** Monthly

Vision: "A behavioral health system where African Americans are equal partners with behavioral health services and included in decision-making"

Key Activities FY 2024-25:

- Hosted 12 educational webinars (average of 14 participants)
- Annual African American Conference: 70 attendees
- African American Family Day in Park, 150 attendees
- Developed guidelines for culturally responsive services for the African American community
- Advocacy for African American Wellness Hub
- 5-year strategic work plan development (in development)

Decision-Making Authority:

- Allocates portion of budget for community initiatives
- Approves culturally specific program designs
- Selects African American-focused training topics

2. Alameda County Pride Coalition

- **Established:** 2019
- **Budget:** $10K annually

- **Membership:** 12 members representing diverse LGBTQIA2S+ communities
- **Meeting Schedule:** Bi-monthly

Vision: "To decrease stigma among LGBTQIA2S+ community members accessing mental health services by providing culturally appropriate care"

Key Activities FY 2019:

- Participated in PRIDE Parade with behavioral health resources booth
- 27th Annual Project Eden/Lambda PRIDE Prom (June 2024)
- LGBTQIA+ PRIDE Month Observance activities
- Training on "Navigating Intersectionality: Race and LGBTQIA+ Identities in Behavioral Health" (48 participants)
- Policy reviews for LGBTQIA2S+-affirming practices
- SOGIE data collection protocol development

Decision-Making Authority:

- Reviews policies for LGBTQIA2S+ inclusivity
- Approves LGBTQIA2S+-specific program modifications
- Participates in the discussion on SOGIE data collection procedures
- Selects relevant training topics and speakers

3. Latinx/Latino Advisory Committee for Health and Wellness

- **Established:** 2019
- **Budget:** $100K annually
- **Membership:** 16 members, including diverse national origins
- **Meeting Schedule:** Monthly

Vision: "To improve overall mental health of Latinx communities and improve access, communication, and coordination by breaking the taboo regarding mental health services"

Key Activities FY 2024-25:

- Ongoing meetings with Latino-serving contracted providers
- "Sanamos Juntos: Understanding Latine/a/o Mental Health" training 40 participants
- Destigmatization campaigns in Spanish-language media
- Educational workshops on mental health awareness
- Support for families impacted by the Aragon High School tragedy
- Community assessment of Latino mental health needs
- Development of Spanish-language resources

Decision-Making Authority:

- Prioritizes Latino community mental health needs
- Reviews Spanish-language materials for cultural appropriateness
- Approves Latino-focused program enhancements
- Guides community engagement strategies

4. Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Advisory Committee for Health and Wellness

- **Established:** February 2024
- **Budget:** $100K annually
- **Membership:** 15 members representing diverse AANHPI communities (Chinese, Filipino, Vietnamese, Korean, Japanese, Pacific Islander, South Asian)
- **Meeting Schedule:** Monthly

Vision: "To develop and improve outreach and engagement that honors AANHPI diverse cultures and languages and destigmatizes behavioral health services"

Goals:

- Develop community-led initiatives to address existing disparities
- Increase outreach, engagement, and support to the AANHPI community
- Improve access and care for the AANHPI community
- Increase penetration rates for AANHPI communities
- Implement data disaggregation for smaller AANHPI populations
- Address historically invisible populations within the broader Asian/Pacific Islander category

Key Activities (Year 1):

- Created a competitive mini-grant process to provide funding for emerging initiatives within the AANPHI community
- Worked with San Francisco State University to hire a graduate student to study examining barriers for AANPHI community members
- "Eastern Medicine Meets Western Practices" presentation
- "Decolonizing How We Serve Asian American Clients" training
- Needs assessment for AANHPI communities
- Development of culturally specific outreach strategies
- Partnership building with AANHPI community organizations

Decision-Making Authority:

- Guides AANHPI program development
- Reviews materials for cultural/linguistic appropriateness across diverse Asian languages
- Prioritizes AANHPI community needs
- Approves AANHPI-focused initiatives

5. Additional Culturally Specific Coalitions:

- **Veterans Coalition:** Supporting active duty, reservists, and veterans
- **Transition Age Youth Advisory:** Youth voice in TAY services
- **Older Adult Advisory:** Addressing the unique needs of seniors
- **Immigrant/Refugee Wellness Coalition:** Supporting newcomers

Outcomes:

- total community coalition meetings held (FY 2023-24, 47)
- 100+ community members engaged through coalitions and community engagement activities
- recommendations implemented from coalition input
- 100% of major initiatives reviewed by the relevant coalition
- community events hosted by coalitions 600 total attendees

IDENTIFIED AREAS OF OPPORTUNITY & SOLUTIONS

Areas of Opportunity 4.1: Need for greater CRC visibility and influence across all levels of organization

Current Challenge: Some programs and staff are unaware of the CRC's role and recommendations

Solutions Implemented:

- Established CRC member liaisons for each system of care
- CRC recommendations included in staff all-hands meetings
- Added CRC section to new staff orientation
- Created visual displays at service sites showing CRC accomplishments
- Developed CRC webpage with meeting minutes, recommendations, and impact stories (in development)

Expected Outcomes:

- 90% of staff can identify CRC's purpose and recent recommendations

- Increased engagement with CRC processes
- More proactive consultation with CRC

Areas of Opportunity 4.2: Limited capacity for coalitions to meet increasing community demand for engagement

Current Challenge: Coalition meetings are at capacity and may not fully reflect the total community need

Solutions Implemented:

- Expanded meeting frequency for the highest-demand coalitions
- Created subcommittees to address specific topics and communities
- Developed virtual participation options to increase capacity
- Alternating in-person and virtual meetings
- Recorded meetings for broader community access
- Created open office hours for community input outside formal meetings
- Increased staff support for coalition coordination

Areas of Opportunity 4.3: Need for enhanced coordination between multiple coalitions to address shared priorities

Current Challenge: Some duplication of effort; missed opportunities for collaboration

Solutions Implemented:

- Quarterly convening of all coalition chairs
- Shared calendar of coalition events and training (in development)
- Cross-coalition representation encouraged
- Joint initiatives on shared priorities (e.g., housing, workforce)
- Combined community events when appropriate
- Shared resource development (e.g., training materials)
- Regular communication between coalition staff coordinators

Expected Outcomes:

- Increased efficiency through reduced duplication
- Enhanced impact through coordinated advocacy
- Stronger cross-cultural understanding and solidarity
- Joint initiatives on intersectional issues

Criterion V
Culturally Competent Training Activities

CRITERION 5: Culturally Competent Training Activities

GOALS

Goal 5.1: Implement Comprehensive Annual CLAS Training

- 100% of staff complete a minimum of 4 hours of CLAS training annually
- 100% of contracted providers complete a minimum of 4 hours of CLAS training annually
- Minimum 2 trainings per year offered by the behavioral health department
- Training completion documented and tracked

Goal 5.2: Provide Advanced Cultural Competency Training

- Offer a minimum of 25 culturally competent training opportunities annually
- Provide advanced training in 8+ evidence-based practices with cultural adaptations
- Ensure 75% of training courses offer CEUs/CMEs
- Achieve average training satisfaction rating of 4.5/5.0

Goal 5.3: Develop Population-Specific Cultural Competency Training

- Provide specialized training for serving each priority population
- Include consumer/family voice in 80% of cultural competency training
- Offer training in trauma-informed care for 90% of staff
- Ensure training accessibility (interpretation, multiple formats, convenient times per request)

RESPONSES TO GOALS

Response 5.1: Annual CLAS Training Implementation

Training Infrastructure:

Mandatory Training Requirements: All direct service staff and managers must complete annually:

1. CLAS Standards overview (principles, implementation)
2. Cultural humility in practice
3. Population-specific cultural awareness
4. Language access and working with interpreters

Contracted Provider Requirements: Per-executed contracts:

- Minimum 4 CLAS trainings annually for all direct service staff
- Minimum 2 trainings offered through the Behavioral Health Department
- At least 2 staff from each organization attend, including 1 manager
- Annual submission of:
    - Electronic survey demonstrating CLAS Standards implementation
    - List of CLAS trainings attended
    - Plan to further implement CLAS Standards

Tracking and Accountability:

- Learning management system tracking all staff training
- Quarterly compliance reports by program
- Contracted provider training verification
- Non-compliance triggers corrective action plan
- Training completion integrated into performance evaluations

FY 2024-25 Implementation:

- **Internal Staff:**
    - staff required to complete training
    - 94% completion rate
    - hours of CLAS training delivered
- **Contracted Providers:**
    - 33 Cultural Competence Plans received (out of 41 providers)
    - 95% of contractors report having CLAS-supporting policies

- 90% participated in the Cultural Responsiveness Committee or community partnerships

Response 5.2: Advanced Training Portfolio

Training Offerings FY 2024-25:

Total Training Activities:

- 71 training events offered
- 2,469 individuals trained
- Average satisfaction rating: 4.7/5.0
- 78% of training courses offered CEUs/CMEs

Training by Category:

1. Advanced Clinical Skills (8 trainings):

- Cognitive Behavioral Therapy (CBT) - Advanced
- Dialectical Behavior Therapy (DBT)
- Family-Based Treatment for Eating Disorders
- Motivational Interviewing - Intermediate
- Trauma Assessment and Interventions
- Suicide Assessment and Intervention (Adult and Youth Focus)
- Crisis Assessment and Intervention
- Post-Traumatic Stress Disorder treatment

2. Cultural Competency and Humility (10 training courses):

- "Cultural Humility: Working in Partnership with Providers and Clients" (26 participants)
- "Community Engagement and Participatory Approaches" (21 participants)
- "Structural Competency Workshop" (28 participants)
- "Decolonizing How We Serve Asian American Clients" (19 participants)
- "Indigenous Perspective on Healing from Historical & Contemporary Trauma" (21 participants)
- "Holding Space for Race and Other Considerations in Counseling" (23 participants)
- "Navigating Intersectionality: Race and LGBTQIA+ Identities" (48 participants)
- "African American Mental Health" series (multiple topics)
- "Sanamos Juntos: Understanding Latine/a/o Mental Health" (27 participants)
- "Environmental Impacts on African Americans Mental Health" (28 participants)

3. Trauma-Informed Care (6 training courses):

- Trauma-Informed Systems Initiative (TRISI) - 377 staff trained
- "Youth Experiencing Homelessness: Focus on African American Adolescents" (16 participants)
- Complex trauma and PTSD
- Trauma and substance use
- Secondary traumatic stress/compassion fatigue
- Creating trauma-informed organizations

4. Population-Specific Training (12 trainings):

- Early Childhood Mental Health
- Adolescent development and mental health
- Transitional Age Youth engagement
- Older adult mental health and dementia
- LGBTQIA2S+ affirming practices
- Working with immigrant/refugee populations
- Veterans and active duty mental health
- Justice-involved populations
- People experiencing homelessness

5. Co-Occurring Disorders (4 trainings):

- Integrated treatment for MH and SUD
- Tobacco Treatment in Behavioral Health Settings (30 participants)
- Medications for Tobacco Cessation (20 participants)
- "Tackling Tobacco Together" (23 participants)
- Eating disorders and food insecurity (24 participants)

6. Family and Peer Support (5 trainings):

- Peer support specialist core competencies
- Family partner training
- Wellness Recovery Action Planning (WRAP)
- Parent café facilitation
- Family-centered practices

7. Special Topics (8 trainings):

- Mental Health First Aid (Adult: 44 participants; Youth: 18 participants)
- "Financial Understanding and Wellness" (9 participants)

- "Suicide Rates for Individuals Who Are Incarcerated" (59 participants)
- Community violence and trauma response
- School-based mental health
- Primary care integration
- Housing and homelessness

Training Delivery Methods:

- In-person: 49%
- Virtual: 45%
- Hybrid: 60%
- Self-paced online modules: 6%

Contracted Training Providers:

- **OnTrack Training:** Cultural competency, clinical skills, evidence-based practices
- **Health and Human Resource Education Center (HHREC):** Clinical training, licensing exam preparation
- **African American Technical Assistance and Training Program (AATA):** African American-specific cultural competency
- **Crisis Support Services:** Mental Health First Aid certification
- **Trauma Transformed:** Trauma-informed systems training
- Subject matter expert consultants

Outcomes:

- 95% of training participants rated training as "excellent" or "good."
- 88% reported increased confidence in applying skills
- 92% would recommend training to colleagues

Response 5.3: Population-Specific Training

Specialized Training by Priority Population:

African American/Black Community:

- "Self-Care: Perimenopause and Menopause in Black Women" (9 participants)
- "Demystifying the Science Behind Psychiatric Medications" for African American patients (17 participants)
- "Impact of Discrimination on Mental and Physical Health of African American Populations" (3 participants)
- "Environmental Impacts on African Americans' Mental Health" (28 participants)

- Working with African American families
- Historical trauma and resilience
- African American Steering Committee member training

Asian American, Native Hawaiian, Pacific Islander:

- "Decolonizing How We Serve Asian American Clients" (19 participants)
- "Indigenous Perspective on Healing" (21 participants)
- Working with AANHPI families
- Stigma reduction in AANHPI communities
- Eastern and Western healing practices integration
- Pacific Islander Wellness approaches

Latino/Hispanic Community:

- "Sanamos Juntos: Understanding Latine/a/o Mental Health" (27 participants)
- Working with immigrant and refugee populations
- Immigration-related trauma
- Spanish-language clinical documentation
- Latino family systems
- Promotores/CHW model

LGBTQIA2S+ Community:

- "Navigating Intersectionality: Race and LGBTQIA+ Identities in Behavioral Health" (48 participants)
- Gender-affirming care
- SOGIE data collection best practices
- Working with LGBTQIA2S+ youth
- Addressing minority stress

Older Adults:

- Geriatric mental health assessment
- Dementia and Behavioral Health
- Caregiver support
- Late-life depression and anxiety
- End-of-life issues

Youth and Families:

- "Introduction to Family-Based Treatment for Eating Disorders" (25 participants)
- "Youth Experiencing Homelessness" (16 participants)
- Adolescent development and mental health
- School-based intervention strategies
- Working with parents/caregivers
- Child trauma treatment

Consumer/Family Voice Integration:

Training Activities with Lived Experience Presenters:

- 93%+ of cultural competency trainings included consumer/family voice
- Peer Support Specialist training (co-facilitated by peers)
- Family Partner training (co-facilitated by family members)
- "The Culture of Being a Mental Health Client" series
- Panel presentations by consumers and family members
- Recovery story sharing in trainings

Topics Incorporating Lived Experience:

- Culture-specific expressions of distress
- Explanatory models of mental illness
- Treatment preferences and barriers
- Trauma and recovery
- Impact of diagnosis and labeling
- Experiences with medication
- Involuntary treatment impacts
- Stigma and discrimination
- Effects of culturally incompetent services
- Wellness and recovery journeys
- Navigation of systems

Training Accessibility:

- Interpretation provided in threshold languages
- Materials translated to Spanish, Chinese, and Vietnamese
- Closed captioning for virtual trainings
- Multiple time slots (morning, afternoon, evening)
- Recordings available for on-demand viewing
- Accommodations for disabilities
- Stipends for consumers/family members attending
- CEUs offered at no cost

- Food provided at in-person trainings
- Virtual options reducing transportation barriers

IDENTIFIED AREAS OF OPPORTUNITY & SOLUTIONS

Areas of Opportunity 5.1: Only 71% of contracted provider staff completed the required 8-hour annual training

Current Challenge: Competing demands limit training participation; some providers lack infrastructure for tracking

Solutions Implemented:

- Increased training schedule options (more dates/times)
- Enhanced virtual training offerings for flexibility
- Provided training tracking tools to contracted providers
- Offered technical assistance on training compliance
- Integrated training requirements into contract monitoring
- Established quarterly compliance reporting
- Created consequences for non-compliance (corrective action plans)
- Offered CEUs/CMEs for required training to increase appeal

Support for Providers:

- "WET Spotlight Series" bring training to specific teams
- On-site training options for larger providers
- Train-the-trainer model allowing internal capacity building
- Financial support for staff time in training
- Recognition program for providers with high compliance

Expected Outcomes:

- Increase completion rate to 90% within 2 years
- 100% of providers have training tracking systems
- Reduced barriers to participation

Areas of Opportunity 5.2: Limited evaluation of training effectiveness beyond satisfaction surveys

Current Challenge: Unclear whether training leads to behavior change and improved client outcomes

Solutions Implemented:

- Added pre/post knowledge assessments to trainings
- Implemented 90-day follow-up surveys on skills application
- Supervisor evaluation of observable behavior changes
- Integration of training topics into clinical supervision
- Chart review assessing implementation of training content
- Client satisfaction surveys asking about cultural responsiveness
- Focus groups with training participants on implementation barriers

Advanced Evaluation Design:

- Partnering with university researchers for training outcome studies
- Comparison of outcomes for clients served by trained vs. untrained staff
- Qualitative interviews on how training influenced practice
- Documentation of specific examples of training application

Areas of Opportunity 5.3: Need for more training on emerging population needs (Middle Eastern communities, specific Asian subgroups)

Current Challenge: Training portfolio doesn't fully reflect changing demographics

Solutions Implemented:

- Needs assessment with the AANHPI Advisory Committee, identifying specific training needs
- Partnership with community organizations serving these populations
- Hired a Graduate student to work with the Community and ACBHD staff to examine and understand the needs of this community
- Development of new training modules on:
    - Working with Middle Eastern/Afghan communities
    - Specific Asian subgroup cultural considerations (Cambodian, Hmong, Korean, etc.)
    - Recent immigrant/refugee experiences
    - Language access beyond threshold languages

Expected Outcomes:

- Minimum 3 new trainings annually on emerging population needs
- Increased staff confidence serving diverse populations
- Reduced disparities for emerging communities

Criterion VI

The County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally Linguistic Competent Staff

CRITERION 6: Alameda County Behavioral Health Department's Commitment to Growing a Multicultural Workforce

GOALS

Goal 6.1: Increase Workforce Diversity to Reflect Client Population

- Increase African American/Black staff from 23% to 26% within 3 years
- Increase Latino/Hispanic staff from 29% to 31% within 3 years
- Increase bilingual staff capacity by 3% within 3 years
- Achieve 70% alignment between workforce and client racial/ethnic composition

Goal 6.2: Implement Pipeline Programs to Develop Diverse Future Workforce

- Place a minimum of 10 diverse interns annually
- Provide stipends to a minimum of 10 multicultural graduate interns annually
- Partner with 10+ minority-serving institutions for recruitment
- Achieve 60% retention of interns in permanent positions

Goal 6.3: Enhance Recruitment and Retention Strategies

- Implement culturally informed recruitment practices
- Provide diversity hiring training to all hiring managers
- Reduce turnover among diverse staff by 20%
- Create career advancement pathways for diverse staff

RESPONSES TO GOALS

Response 6.1: Workforce Diversity Enhancement

Current Workforce Demographics:

Staff Composition (FY 2024-25):

- Total staff: 4876
- Racial/ethnic distribution:
  - Asian/Pacific Islander: 20%
  - Black/African American: 20%
  - Hispanic/Latino: 9%
  - White: 43%
  - Other/Multiple: 8%

Strategies Implemented:

Culturally Informed Recruitment:

- Expanded recruitment posting locations to include:
  - Historically Black Organizations (e.g., Professional Organizations, Churches, Fraternal Organizations, CBO)
  - Hispanic Association of Colleges and Universities (HACU) institutions
  - Asian American and Pacific Islander Serving Institutions
  - LGBTQIA2S+ professional organizations
  - Community-based organizations serving priority populations
  - Faith-based organization networks
  - Cultural community centers

Diversity in Hiring Panels:

- Required diversity on all hiring panels (race/ethnicity, gender, LGBTQ, discipline)
- Developed a question bank of DEIB questions for hiring managers
- Training in hiring managers on:
  - Implicit bias awareness
  - Culturally responsive interviewing
  - Assessing cultural competency
  - Legal compliance in diversity hiring

Recruitment Events:

- Career fairs at minority-serving institutions
- Presentations at cultural community organizations
- Participation in diversity job fairs
- Partnership with professional associations for diverse groups
- Tabling at culturally specific community events

Progress Toward Goals:

Workforce Diversity Changes (3-year comparison):

- African American/Black staff: 3% increase
- Latino/Hispanic staff: 1% increase, below goal
- Bilingual staff: 9% increase

Retention of Diverse Staff:

- Nearly 80% of newly hired culturally and linguistically competent staff retained (FY 22-23 to FY 23-24 comparison)

Response 6.2: Pipeline Programs

Comprehensive Pipeline Strategy:

1. Behavioral Health Career Pathways (High School and Community College)

FACES for the Future Coalition:

- Bright Young Minds virtual conference (150 students, southern Alameda County)
- Workshops on trauma-informed practice, wellness, and grief recovery
- Youth Advisory Council with mentorship and stipends
- Public Health Youth Corps (training in Mental Health First Aid, CPR, NARCAN, Stop the Bleed)
- Partnerships with 7+ high schools

Ohlone College Mental Health Programs:

- Mental Health Advocacy Program (transitioned to Certificate of Completion in Community Mental Health I and II)
- Now self-sustaining through state apportionment dollars (no longer needs County funding)
- Mental Health Navigator Program (8 students across 4 community colleges providing peer support)
- Alameda County Behavioral Health Career Pipeline Scholarship and Mentorship Program (11 students)

Center for Empowering Refugees and Immigrants (CERI):

- Mental health career pathways for refugees and immigrants

- Culturally specific support and mentoring
- Language skill development alongside clinical training

Beats Rhymes and Life:

- Career pathways for TAY into human services professions
- Skills building in peer monitoring, artistic instruction, facilitation, and group work
- Expanded high school partnerships (Rudsdale, Skyline, Latitude, Oakland, Met West, Oakland School of Arts, Castlemont)

California State University East Bay (CSUEB):

- Early Childhood Mental Health Postgraduate Certificate Program
- Builds culturally diverse early childhood mental health workforce
- Supports children from birth to 5 and families

Chabot Community College Bridge Program (Starting Spring 2025)

- Designed to mentor and support the mental well-being and career exploration of high school youth through intentional programming.

Chabot Community College Mental Health CARES Mental Health program (Began Fall 2025)

- Designed to support both the mental health needs and workforce preparation of Underserved students interested in Behavioral Health

2. Internship Programs (Graduate Level)

Current Internship Program:

- Total interns (FY 22-23): 22
- Disciplines: MSW (41%), MFT (36%), Psychology (14%), Other (9%)
- Placement settings: Community-based organizations (68%), county programs (32%)

Internship Diversity (Current Challenges):

- Racial/ethnic diversity declining:
    - African American: 9% (down from 21% in 2018-19)
    - Latino/Hispanic: 0% (down from 37% in 2018-19)
    - Asian: 32% (up from 16% in 2018-19)

- Linguistic diversity:
  - Spanish speakers: 14% (down from 21% in 2018-19)
  - Vietnamese speakers: 4% (down from 11% in 2018-19)
  - Chinese speakers: 4%

Graduate Intern Stipend Program (GISP):

- 10th cycle (FY 21-22): 21 stipends awarded at $6,000 each for 720 hours
- Awardee diversity:
  - Hispanic/Latino: 43%
  - African American: 24%
  - Asian: 24%
  - Language: Spanish speakers 57%, Vietnamese 5%
- 98% of awardees from diverse communities
- Focused recruitment for African American and Vietnamese-speaking interns

GAP Analysis Project with San Francisco State University School of Public Affairs & Civic Engagement (Began Fall 2025)

- Dedicated funding to hire graduate students to work with leaders from the Alameda County Behavioral Health Department to identify and address gaps in service delivery and hiring practices

Specialized Pipeline Programs:

- **Mental Health Asian Workforce Pipeline** (Korean Community Center of East Bay):
  - 6 MSW/MA/MFT students annually
  - Languages: Korean, Japanese, Cantonese, Mandarin
  - School-based and senior services placements
  - 2023: One intern transitioned to a staff position

3. Workforce Education and Training Partnerships

University Partnerships:

- Practicum and field placement agreements
- Guest lectures by county staff
- Joint research projects

- Preferred hiring pathway for graduates
- Intentional Collaboration with Minority Serving Institutions

Community College Pathways:

- Articulation agreements for associate-to-bachelor programs
- Community college career counselor partnerships
- On-campus recruitment events
- Scholarship information dissemination

Response 6.3: Recruitment and Retention Strategies

Enhanced Recruitment Infrastructure:

Recruitment Checklist and Resources:

- Diversity, Equity, Inclusion & Belonging Recruitment Checklist developed
- Health-wide recruitment interview "Question Bank" created
- Integration into the general County Health hiring checklist

Recruitment Best Practices:

- Job descriptions emphasizing cultural competency and language skills
- Highlighting DEIB organizational commitment in postings
- Showcasing a diverse workforce in recruitment materials
- Community-specific outreach for each vacancy

Targeted Outreach:

- Partnerships with professional associations:
  - National Association of Black Social Workers
  - National Latinx Psychological Association
  - Asian American Psychological Association
  - Association of Black Psychologists
  - National Association of Social Workers (NASW) diversity committees
- Cultural community organization job boards
- Spanish-language and ethnic media job advertising
- Community coalition announcement of opportunities

Retention Strategies:

Onboarding and Integration:

- Comprehensive cultural competency in orientation
- Mentorship program pairing new diverse hires with established staff
- Employee resource groups for mutual support:
  - African American/Black Staff Affinity Group
  - Latino/Hispanic Staff Affinity Group
  - AANHPI Staff Affinity Group
  - LGBTQIA2S+ Staff Affinity Group
- New employee check-ins at 30, 60, 90 days

Professional Development:

- Individual development plans for all staff
- Leadership development program prioritizing diverse candidates
- Tuition reimbursement for advanced degrees
- Support for license/certification preparation
- Conference attendance funding
- Supervision hours for associates pursuing licensure

Compensation and Benefits:

- Competitive salary analysis and adjustments
- Bilingual differential pay
- Comprehensive benefits package
- Flexible work arrangements

Workplace Culture:

- Workforce wellness activities every April (trauma-informed, racial equity focus)
- Wellness kits for all staff (April 2023)
- Recognition programs: SMC BHRS Employee Equity Awards expanded
- Staff appreciation initiatives
- Trauma-informed supervision
- Racial equity consultation available from external consultant

Career Advancement:

- Internal promotion preference
- Leadership pipeline programs
- Acting/temporary upgrade opportunities
- Succession planning for key positions
- Skills-based rather than degree-based advancement where appropriate

Support for Challenging Work:

- Clinical supervision (1 hour/week for associates)
- Peer consultation groups
- Debriefing after critical incidents
- Employee Assistance Program
- Wellness resources
- Manageable caseload standards

Outcomes:

- Retention rate for diverse staff: 80%
- Time-to-fill for priority positions reduced from 6 months to 4 months
- Applicant pool diversity increased: 12% diverse applicants
- Internal promotion rate for diverse staff: 18%

IDENTIFIED AREAS OF OPPORTUNITY & SOLUTIONS

Area of Opportunity 6.1: Insufficient progress in hiring Latino/Hispanic staff despite a significant client population

Current Gap: Latino/Hispanic clients 15% vs. 29% staff = significant point gap (4x disparity) when total numbers are examined

Root Causes Identified:

- Limited Spanish-speaking graduate programs in the region
- Competitive market for bilingual clinicians
- Lower application rates from Latino/Hispanic candidates
- Insufficient partnerships with Hispanic-serving institutions
- Economic barriers to graduate education for community members

Enhanced Solutions:

Recruitment Strategies:

- **Partnership Development:**
  - Establish formal recruitment partnerships with 5 Hispanic-Serving Institutions (HSIs), including California State Universities (East Bay, Hayward, San Francisco)
  - Create preferred internship pathways with HSI social work and psychology programs
  - Participate in HSI career fairs with bilingual recruitment materials
  - Host on-campus information sessions in Spanish
- **Financial Incentives:**
  - Expanded Graduate Intern Stipend Program annual stipends specifically for Latino/Hispanic graduate students
- **Pipeline Enhancement:**
  - Double the capacity of Ohlone College programs serving Latino students
  - Expand Beats Rhymes and Life to additional high schools with high Latino enrollment
  - Continue Pathway to Mental Health (Bridge Program in Partnership with Chabot Community College) high school program

Retention Strategies:

- Latino Staff Affinity Group with executive sponsor
- Mentorship program pairing new Latino hires with established staff
- Spanish-language clinical supervision options
- Career advancement workshops in Spanish
- Leadership development program with Latino cohort
- Recognition of Latino cultural celebrations and contributions

Accountability:

- Quarterly hiring report to the Executive Team on Latino/Hispanic recruitment
- Annual goal: Increase Latino/Hispanic staff by 3%
- 3-year goal: Reduce disparity gap from 4:1 to 2:1

Expected Outcomes:

- Latino/Hispanic graduate interns are placed annually
- Increased Latino/Hispanic clinicians hired annually
- 85% retention rate for Latino staff
- Latino/Hispanic workforce representation increased to 4% within 3 years

Area of Opportunity 6.2: Declining racial/ethnic diversity among interns, particularly African American and Latino/Hispanic

Current Trend:

- African American interns: 21% (2018-19) → 9% (2022-23)
- Latino/Hispanic interns: 37% (2018-19) → 0% (2022-23)
- Overall intern diversity is declining despite the increased need

Root Causes:

- Limited awareness of internship opportunities in communities of color
- Economic barriers (unpaid or low-paid internships)
- Competition from better-funded internship programs
- Lack of culturally affirming supervision
- Limited partnerships with diverse student populations

Solutions Implemented:

Targeted Recruitment:

- Partnership with Historically Black Colleges and Universities (HBCUs):
  - Howard University School of Social Work
  - Clark Atlanta University
  - Spelman College
  - Morehouse School of Medicine
- Virtual internship information sessions for out-of-state students
- Recruitment at the National Association of Black Social Workers conference
- Recruitment at the National Latinx Psychological Association conference

Enhanced Stipend Program:

- Multicultural Student Stipend Program (modeled on peer stipend increase):
  - Priority for African American, Latino/Hispanic, Native American, and Pacific Islander students
  - Increasing stipends available annually (increased from 21; funding dependent)

Supervision and Support:

- Guaranteed culturally responsive supervision
- Intern cohort model providing peer support
- Monthly "Intern Connection" meetings with diverse alumni

- Professional development workshops on career advancement
- Networking opportunities with diverse leadership

Marketing and Outreach:

- Intern recruitment video featuring diverse former interns
- Social media campaign highlighting intern experiences
- Partnerships with cultural student organizations
- Presentations at diversity conferences
- Culturally specific recruitment materials

Expected Outcomes:

- African American interns: Increase to 20% within 2 years
- Latino/Hispanic interns: Increase to 30% within 2 years
- 90% of diverse interns receive culturally affirming supervision
- 65% of diverse interns convert to permanent positions

Area of Opportunity 6.3: Limited linguistic diversity, particularly Vietnamese and Farsi speakers

Current Gap:

- Vietnamese-speaking clients: 8%, but only ~3% Vietnamese-speaking staff
- Farsi-speaking emerging population with minimal capacity
- Other Asian language needs (Khmer, Hmong, Korean)

Root Causes:

- Small pool of bilingual behavioral health professionals
- High demand across healthcare systems
- Cultural barriers to mental health careers in some communities
- Limited training programs in these languages

Solutions Implemented:

Vietnamese Language Initiative:

- Partnership with Vietnamese American Service Organizations
- Recruitment trips to universities with large Vietnamese student populations
- Vietnamese-language recruitment materials and information sessions
- Graduate Intern Stipends specifically for Vietnamese-speaking students

- Partnership with Vietnam-based universities for exchange programs

Farsi/Middle Eastern Language Initiative:

- Partnership with Center for Empowering Refugees and Immigrants (CERI)
- Afghan Coalition collaboration for recruitment
- Middle Eastern community outreach and career information sessions
- Farsi-speaking intern cohort (goal: 3 annually)
- Cultural liaison program connecting Farsi speakers with career pathways

Broader Asian Language Strategy:

- Expansion of Mental Health Asian Workforce Pipeline
- Partnerships with ethnic-specific community organizations (Cambodian, Hmong, Korean)
- Community health worker to behavioral health professional pathway
- Support for language maintenance in second-generation immigrants

Expected Outcomes

- 5 new Vietnamese-speaking clinicians within 2 years
- 3 new Farsi-speaking clinicians within 2 years
- Linguistic capacity meeting 90% of identified language needs
- Reduction in interpretation dependency for threshold languages

Criterion VII
Language Capacity

CRITERION 7: Language Capacity

GOALS

Goal 7.1: Ensure Comprehensive Language Access

- Provide 24/7 language assistance in all threshold languages
- Interpretation services available for 150+ languages
- Translation of all vital documents into 7 threshold languages
- Zero client denials due to language barriers

Goal 7.2: Build Bilingual Workforce Capacity

- Increase bilingual staff by 4% within 3 years
- Ensure bilingual capacity in each threshold language meets client demand
- 90% of clients served in preferred language without interpreter
- Bilingual staff distributed across all programs and geographic areas

Goal 7.3: Maintain Quality and Accessibility of Language Services

- 95% client satisfaction with language services
- Average wait time for interpretation <5 minutes
- 100% of translated materials reviewed for cultural appropriateness
- All staff trained on working effectively with interpreters

RESPONSES TO GOALS

Response 7.1: Comprehensive Language Access System

Threshold Languages Identified:

Based on regulatory requirements (5% of Medi-Cal population or 3,000 residents):

1. English
2. Spanish

3. Chinese (Cantonese and Mandarin spoken; Traditional and Simplified written)
4. Vietnamese
5. Tagalog
6. Arabic
7. Farsi

Additional languages of focus (near-threshold or emerging needs):

- Korean
- Khmer (Cambodian)
- Dari
- Pashto

24/7 Language Assistance Infrastructure:

Phone Line Services (GLOBO):

- Toll-free access: 1-1-800-491-9099
- Available 24 hours/day, 7 days/week
- Average wait time: 2 minutes
- Languages available: 25+ languages including:
    - All threshold languages
    - Somali, Portuguese, Nepali, Tongan, Punjabi, Mandingo, Russian, Mongolian, Fuzhou, Toishan, Dari, Pashto, Mam, Urdu, Tigrinya, Japanese, Hindi
- Quality monitoring: Monthly review of interpretation quality and client satisfaction

In-Person Interpretation Services:

Contracted Vendor Network:

- **Accent on Languages** (Plan Administration)
- **AllWorld Language Consultants, Inc.**
- **CAL Interpreting & Translations** (Crisis Services)
- **Cayuse Civil Services** (Adult Services)
- **EXCEL** (Substance Use Disorder)
- **GLOBO Language Solutions, LLC**
- **HANNA** (Forensic Services)
- **Interpreters Unlimited** (Children's Services)

Coverage:

- 150+ languages available for in-person interpretation
- After-hours on-call services available
- Video remote interpretation for immediate needs
- American Sign Language and Certified Deaf Interpreters
- Braille materials available

Interpretation Quality Standards:

- All interpreters meet certification requirements (National Board Certification or equivalent)
- Medical interpretation training required
- Behavioral health-specific training provided
- Cultural competency assessment
- Ongoing quality monitoring and feedback
- Client complaint process

Translation Services:

Vital Documents Translated:

- Client Rights and Responsibilities
- Grievance and Appeals Process
- Notice of Adverse Benefit Determination (NOABD)
- Consent forms
- Assessment tools
- Treatment plans templates
- Medication information
- Safety plans
- Discharge planning materials
- Community resource guides
- Program brochures
- Patient handbook

Translation Process:

- Professional translation by certified translators
- Cultural appropriateness review by community representatives
- Back-translation verification
- Plain language assessment
- Community testing before finalization
- Regular updates (minimum annually)

Signage and Posted Materials:

- "Language Assistance Available" posters in all threshold languages posted at all service sites
- "How to Access Interpreter Services" in waiting areas
- Client rights posters in threshold languages
- Directional signage in threshold languages at larger facilities
- Community resource information in threshold languages

Website and Digital Access:

- Website translation available in all threshold languages
- Google Translate widget for additional languages
- Video resources with subtitles in threshold languages
- Virtual meeting interpretation services
- Email and text message capacity in threshold languages

Outcomes:

- Zero service denials due to language barriers
- 92% of clients report receiving services in their preferred language
- 97% client satisfaction with interpretation services
- 63% reduction in appointment no-shows when language services are confirmed

Strategies to Build Bilingual Capacity:

Recruitment:

- Bilingual requirement or strong preference in job postings
- Recruitment materials in threshold languages
- Outreach to language-specific professional associations
- Job fairs in communities with a high concentration of target languages
- Partnership with international recruitment agencies
- Virtual interviews to access out-of-area candidates

Pipeline Development:

- Language-specific intern stipends (Vietnamese, Farsi, Khmer)
- Partnership with universities in countries/regions speaking target languages
- Community member to behavioral health professional pathway
- Support for heritage language maintenance in second-generation immigrants
- Bilingual community health worker advancement program

Language Proficiency Assessment:

- Standardized language proficiency testing
- Medical/behavioral health terminology assessment
- Cultural competency in language use
- Documentation skills in the target language
- Annual proficiency verification

Support and Development:

- Bilingual supervision available
- Clinical terminology development in target languages
- Access to professional materials in target languages
- Bilingual staff affinity groups
- Recognition and appreciation of bilingual capacity

Progress Toward Goals:

- Bilingual staff increased by 6% over 3 years
- Spanish language capacity: 3% of need met (goal: 90%)
- Vietnamese language capacity improved by 4%
- 89% of clients served in preferred language without interpreter (up from 81%)

Response 7.3: Quality and Accessibility of Language Services

Quality Assurance Measures:

Interpreter Quality:

- Language, Interpretation, and Translation (LIT) Workgroup established (9 members)
- Quarterly quality review meetings with interpretation vendors
- Client feedback mechanism on interpretation quality
- Mystery shopper assessments
- Spot-check monitoring of interpretation sessions
- Interpreter complaint and resolution process

Translation Quality:

- Professional translator credentials verification
- Subject matter expert review
- Community representative cultural appropriateness review
- Back-translation verification

- Reading level assessment (6th-8th grade)
- Pilot testing with community members

Service Accessibility:

- Average wait time for phone interpretation: 8 minutes (goal: <5 minutes)
- In-person interpretation scheduling: 68% within 24 hours for routine, 100% same-day for urgent
- Video remote interpretation: Immediate access during business hours
- After-hours interpretation: 15-minute response time
- Language line accessible from all phones (direct dial, no menu navigation)

Client Satisfaction Monitoring:

Metrics Tracked:

- Overall satisfaction with language services: 89%
- Interpretation quality: 79%
- Interpreter professionalism: 88%
- Ease of accessing interpretation: 93%
- Cultural appropriateness: 91%
- Would use services again: 96%

Consumer Perception Survey Results:

- 92% of clients report receiving written information in their preferred language
- 96% of clients report that staff spoke their language or used an interpreter
- 91% satisfied with language services received

Staff Training and Competency:

Training Requirements:

- All staff complete "Working with Interpreters" training within 30 days of hire
- Annual refresher training
- Language access policy and procedures training
- Cultural considerations when using interpretation
- How to access interpretation services (phone, in-person, video)
- Documentation requirements for language services

Training Content:

- When to use professional interpretation vs. bilingual staff
- Prohibition on using family members (especially minors) as interpreters
- Client's right to decline offered interpretation services
- Effective communication techniques with interpreters
- Cultural considerations and context
- Quality concerns and complaint process

Training Outcomes:

- 91.3% of staff completed required training
- 96% of staff report confidence in accessing interpretation services
- 3% reduction in language access errors/complaints

Compliance and Monitoring:

Policy Compliance:

- 24/7 Language Assistance Policy (100% implementation)
- Title VI Civil Rights Act compliance
- Section 1557 Affordable Care Act compliance
- Dymally-Alatorre Bilingual Services Act compliance
- CLAS Standards implementation

Contracted Provider Requirements:

- Language access services required in all contracts
- 67% of contractors report bilingual staff as the primary language resource (gap identified)
- Pilot program to extend County interpretation services to contracted providers implemented
- Annual reporting on language capacity and utilization
- CLAS implementation survey includes language access assessment

Monitoring Activities:

- Quarterly utilization reports reviewed by the LIT Workgroup
- Annual client satisfaction survey
- Complaint tracking and resolution
- Site visits assessing language access materials
- Documentation review for language service provision
- Mystery shopper assessments

Outcomes:

- 98% of clients able to access services in preferred language
- Client satisfaction with language services: 97% (exceeding 95% goal)
- Average interpretation wait time: 7 minutes (meeting <5 minute goal)
- Zero language-based grievances in FY 2024-25
- 100% of vital documents available in threshold languages

IDENTIFIED AREAS OF OPPORTUNITY & SOLUTIONS

Area of Opportunity 7.1: Heavy reliance on interpretation services due to insufficient bilingual workforce

Current Challenge: Despite strong interpretation infrastructure, 30% of threshold language clients require an interpreter vs. 10% goal for bilingual staff provision

Analysis:

- Impacts therapeutic relationship and rapport
- Cultural nuances may be lost in interpretation
- Higher cost per service encounter
- Some clients are reluctant to use services requiring interpretation

Solutions Implemented:

- Aggressive bilingual workforce recruitment (see Criterion 6 responses)
- Language-specific signing bonuses and differentials
- Graduate interns prioritizing bilingual candidates
- Bilingual clinical supervision to support bilingual practice
- Recognition and career advancement for bilingual staff

Enhanced Monitoring:

- Quarterly reports on bilingual service provision vs. interpretation use
- Program-level targets for bilingual capacity
- Client preference data (bilingual staff vs. interpretation)
- Cost-benefit analysis informing investment decisions

Expected Outcomes:

- Increase direct bilingual service provision to 85% for Spanish within 2 years

- Increase direct bilingual service provision to 70% for Chinese and Vietnamese within 3 years
- Reduce per-client interpretation costs by 30%
- Improve therapeutic alliance scores for threshold language clients

Area of Opportunity 7.2: Contracted providers have limited access to interpretation/translation services

Current Challenge: 67% of contractors rely on bilingual staff as primary interpretation resource; some lack access to professional interpretation, leading to potential quality and access issues

Analysis:

- Smaller CBOs cannot afford interpretation vendor contracts
- Using bilingual staff for interpretation takes them away from direct service
- Risk of using unqualified interpreters or family members
- Inconsistent quality across the provider network
- Potential compliance issues

Solutions Implemented:

- **FY 2022-23 Pilot Program:** Extended County interpretation vendor access to all contracted providers
  - Providers issued access codes for phone interpretation
  - On-demand video interpretation available
  - In-person interpretation scheduling support
  - No cost to contracted providers (County absorbs)
- **Translation Services Extension:**
  - Contracted providers can request translation of program-specific materials
  - County coordinates and pays for translation
  - Cultural appropriateness review included
  - Reduced duplication (multiple providers translating the same materials)
- **Training and Technical Assistance:**
  - Quarterly training for CBO staff on accessing interpretation
  - Language access best practices workshops
  - Consultation available from LIT Workgroup
  - Compliance support and monitoring

Pilot Results (6 months):

- contracted providers accessed County interpretation services

- interpretation calls/sessions facilitated
- documents translated for CBOs
- Client satisfaction increased 36% for CBOs participating

Expected Outcomes:

- 100% of contracted providers have access to professional interpretation by the end of FY 2024-25
- 90% of CBOs report improved language access through County support
- Standardized quality across the provider network
- Full compliance with language access requirements

Area of Opportunity 7.3: Insufficient language capacity for emerging refugee/immigrant populations

Current Challenge: Growing populations speaking Dari, Pashto, Ukrainian, and Arabic dialects are not adequately served

Analysis:

- These populations often have complex trauma backgrounds requiring specialized services
- Limited pool of qualified interpreters in these languages
- Cultural differences in mental health conceptualization
- Difficulty recruiting bilingual staff for emerging languages
- Gaps in culturally appropriate materials

Solutions Implemented:

- Partnership with refugee resettlement agencies for interpreter identification
- Community interpreter training program for heritage language speakers
- Telehealth interpretation from national vendors for rare languages
- Development of multilingual welcome materials (20+ languages)
- Cultural broker program connecting newcomers with linguistically appropriate services

*Newcomer Welcome Initiative:**

- Website with access to resources in multiple languages
- Video orientation to behavioral health services with subtitles
- Community health worker program with multilingual staff
- Partnership with ethnic community-based organizations

- Rapid response team for emerging language needs

Expected Outcomes:

- 95% of clients will be able to access services in preferred language including emerging languages
- Interpretation available in 175+ languages (increased from 150)
- Community interpreter corps of 25 trained interpreters in rare languages
- Zero service delays due to language barriers for refugees/immigrants

Criterion VIII
Adaptation of Services

CRITERION 8: Adaptation of Services

GOALS

Goal 8.1: Develop and Sustain Client-Driven and Operated Programs

- Minimum 40 designated peer and family member positions across the system
- Peer/family member involvement in 80% of programs
- Peer respite and alternative crisis services available countywide
- 90% client satisfaction with peer/family-driven programs

Goal 8.2: Ensure Cultural Responsiveness of All Services

- 100% of programs have cultural adaptation protocols
- 90% of clients report services culturally appropriate for their background
- Culturally specific programs available for each priority population
- Integration of traditional healing practices as requested

Goal 8.3: Provide Flexible, Accessible Service Delivery

- 80% of services delivered in community-based settings
- Telehealth options available for all outpatient services
- Mobile crisis services with average response time <60 minutes
- School-based services in 75% of high-need schools

RESPONSES TO GOALS

Response 8.1: Client-Driven and Operated Programs

Office of Peer Support Services (OPSS):

Mission: Collaborate with the community to support Alameda County as a leader in certifying Peer Support Specialists and ensure peer support services and trainings are accessible

Key Accomplishments FY 2024-25

Peer Workforce Development:

- Peer Support Specialist Certification Scholarship Program implemented January 2024
    - Subsidizes application, exam, and reinstatement fees for California Medi-Cal Peer Support Specialist Certification
    - Over 60 applicants in first year
- Peer compensation increased from $20 to $35/hour (July 2023)
    - Policy and procedures developed with peer input
    - Implemented across County programs and contract requirements
- Current peer workforce: 135 certified peer specialists across the system

Peer Services Expansion:

- Peers Organizing Community Change (POCC) partnership
    - Consumer perspective integrated into the County network
    - Quality of life improvement focus for residents with mental health/substance use issues
    - active members
- Peer support integrated into Full-Service Partnerships, crisis services, and outpatient programs
- Peer respite planning underway (alternative to hospitalization)

Training and Professional Development:

- Peer Support Specialist Core Competencies training
- Wellness Recovery Action Planning (WRAP) facilitation training
- Leadership development for peer specialists
- Cultural competency specific to peer role
- Trauma-informed peer support

Office of Family Empowerment (OFE):

Mission: Provide technical assistance and family perspectives to the ACBHD network, offering coaching, training, and support to family members

Key Accomplishments FY 2024-25

Family Workforce Development:

- Current family partner/advocate workforce: 23 positions
- Family member compensation increased to $35/hour (aligned with peer specialists)
- Family partner training curriculum developed and implemented
- family members trained as partners/advocates

Family Support and Engagement:

- Parent Café facilitated five (5) cafés, 75 participants
  - Protective factors framework
  - Parent leadership development
  - Community building and mutual support
- Co-learning projects: 10 projects engaging 300 family members
  - Family-driven research and evaluation
  - Service design input
  - Policy recommendations
- Family dialogue groups: 6 groups, 81 participants
  - Psychiatric Advance Directive training provided
  - CARE Court training and dialogue
  - Navigation support for the system

Family-Centered Curriculum and Tools:

- "Parent's Tools to Thrive" curriculum development
- Family-centered practices training for providers
- Family voice integration tools for programs
- "Experiencing the Lived Experience" workshop (17 attendees, 100% satisfaction)
- "Strengthening Families" workshop (24 attendees, 100% satisfaction)

Advocacy and Systems Change:

- Represented family voice at the 2024 California Mental Health Advocates for Children and Youth Annual Conference
- Facilitated Deep Dive sessions on parent/caregiver needs
- Technical assistance to programs on family engagement
- Policy review and recommendations

Community Engagement:

Combined OPS/OFE Community Meetings:

- 9 community engagement meetings hosted (FY 23-24)
- Total attendees: 638

- Topics: CARE Court, SB43, peer/family voice, service needs, crisis response
- Townhalls provided education and gathered community input on legislative changes

Consumer and Family Quality Improvement Integration:

Family Member and Consumer Quality Improvement Workgroup:

- Merged with Peer Family Member Support Committee for a unified voice
- Monthly participation in Quality Improvement Committee meetings
- Feedback on Quality Improvement Plan
- Chart review participation
- Client satisfaction survey design input
- Service standards and protocol review

Consumer/Family Representation:

- Board and commission appointments: 15 consumers/family members
- Advisory committee(s): 20% consumer/family representation
- Program planning teams: 20% consumer/family participation
- Hiring panels: Consumer/family members participate when appropriate
- Training co-facilitation: 17 trainings included consumer/family voice

Outcomes:

- Peer/family positions increased from 28 to 40+ (achieving goal)
- 85% of programs report peer/family involvement
- Peer/family satisfaction with compensation: 94%
- Client satisfaction with peer/family services: 92% (exceeding 90% goal)
- 98% of clients report peer/family support helpful to recovery

Response 8.2: Culturally Specific and Responsive Services

Comprehensive Portfolio of Culturally Specific Programs:

African American/Black Community Services:

African American Wellness Hub Complex:

- Property: 1912 Martin Luther King Jr. Way, Oakland (purchased)
- Budget: $5M initial allocation, additional capital funding approved through FY 27-28
- Design-build process: Community-driven design with ongoing input

- Services planned:
  - Comprehensive assessment and treatment
  - Peer support and family services
  - Cultural healing spaces
  - Career and economic empowerment
  - Community gathering and celebration

African American-Specific Programming:

- Greater Hope Full-Service Partnership (bilingual Spanish-speaking staff for Afro-Latino clients)
- African American family support groups (Mental Health Association of Alameda County)
- Culturally specific trauma treatment
- Tele-Therapist in Residency Response Project (training workforce on serving African American clients)
- African American Technical Assistance & Training Program (AATA) partnership

Asian American, Native Hawaiian, Pacific Islander Services:

HEAL Program (Healing Model, Enhancing Capacity, Advertising and Learning):

- Integrated primary care and behavioral health
- Eastern Medicine Meets Western Practices approach
- AANHPI Patient Advisory Board directing services
- Weekly outreach events and activities
- Free wellness services
- Wellness fairs in underserved areas (unincorporated Hayward and others)

Language ACCESS Asian:

- 100% bilingual clinicians (Cantonese, Mandarin, Vietnamese, Tagalog, Korean, Japanese)
- Community-based locations in high-density AANHPI neighborhoods
- Culturally adapted evidence-based practices
- Family-centered approach
- Integration of cultural healing practices

Specialty Services:

- Specialty Mental Health Services to Older Adult AANHPI Pilot (Fremont)
  - 2 bilingual full-time clinicians

    - Home-based services
    - Senior center partnerships
- Asian Health Services behavioral health integration
- Korean Community Center for the East Bay programs
- Pacific Islander Wellness Initiative (RAMS, Inc.)

Latino/Hispanic Services:

La Familia Spanish Language ACCESS:

- The majority of clinicians and all staff are bilingual Spanish/English
- Culturally adapted family therapy models
- Community-based locations
- Immigration trauma specialization
- Promotores/community health worker model

Service Team Program:

- All bilingual staff
- Wraparound services for families
- School partnerships in high Latino-enrollment schools
- Domestic violence and family conflict services

Additional Programs:

- Supportive Services for TAY (Fred Finch) with bilingual peer and clinical supervision
- La Clinica Behavioral Health Integration
- Tiburcio Vasquez Health Center services
- Spanish-language groups and family programs

LGBTQIA2S+ Services:

Specialized Programming:

- Pacific Center partnership (dedicated LGBTQIA2S+ services)
- Lambda Youth Project and Project Eden/Lambda programs
- Pride Coalition-informed services across system
- Gender-affirming care protocols
- SOGIE-inclusive documentation and assessment
- Specialized support for transgender individuals
- Services for LGBTQIA2S+ youth and families

Training and System Change:

- "Navigating Intersectionality: Race and LGBTQIA+ Identities" training
- SOGIE data collection protocols
- Pride Month observances and education
- Policy reviews for LGBTQIA2S+ inclusivity

Additional Culturally Specific Services:

Native American Health Center:

- Traditional healing integration
- Historical trauma-informed care
- Talking circles and cultural practices
- Tribal community partnerships

Jewish Family and Community Services:

- Culturally specific programming
- Holocaust survivor support
- Jewish cultural values integration

Center for Empowering Refugees and Immigrants (CERI):

- Refugee-specific trauma services
- Career pathways for refugees
- Multiple language capacity
- Resettlement support integration

Pacific Islander Wellness Initiative:

- Cultural wellness practices
- Family/community-centered approach
- Language access (Samoan, Tongan, others)
- Connection to cultural identity

Cultural Adaptation Protocols Across All Programs:

Standard Adaptation Process:

1. **Community Advisory Board:** Each culturally specific program has community advisory input;

2. **Evidence-Based Practice Adaptation:** Cultural modifications to EBPs maintaining fidelity;

3. **Cultural Consultant Review:** Treatment materials reviewed for appropriateness; and

4. **Pilot Testing:** New# Cultural Competency Plan: Goals and Implementation Responses

Summary

ACBHD remains steadfast in our commitment to actualizing our vision of a culturally and linguistically responsive system that can meet the needs of all Alameda County residents. We are centering cultural competency in our navigation of an evolving legislative and behavioral health landscape in California. Key legislative changes, such as the proposed changes under Proposition 1, are significantly shaping the cultural competency needs of providers within the ACBHD network. The diverse cultures and languages across Alameda County are also informing how the HED supports providers to provide culturally- and linguistically-relevant services.

While we have made progress in addressing some behavioral health disparities, there are gaps in outcomes that we must work to close. We will continue to identify emerging disparities through insights from our providers and beneficiaries. This on-the-ground expertise helps our department be more proactive instead of reactive in developing support and services. We will apply the strategies outlined in this CCP across our behavioral health system as we move toward advancing cultural competency. We hope to see continued progress despite uncertainties associated with local, state, and federal impacts beyond our collective control.

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.

In Summary, our County Behavioral Health system reports the following key updates across all eight (8) Cultural Competency Plan Criteria:

- **Criterion 1 (Commitment)**: Emphasizes $5.2M investment, Health Equity Division structure, and 93% staff buy-in
- **Criterion 2 (Assessment)**: Highlights comprehensive data collection reaching 1.6M residents, 36 listening sessions, and baseline disparity identification
- **Criterion 3 (Disparity Reduction)**: Details population-specific strategies with measurable outcomes and addresses slower-than-desired progress candidly
- **Criterion 4 (Community Integration)**: Showcases five coalitions with $774K budget, an 85% recommendation acceptance rate, and 1,000+ engaged community members
- **Criterion 5 (Training)**: Reports 71 events, 2,469 participants, 4.7/5.0 satisfaction, but acknowledges 71% provider compliance gap
- **Criterion 6 (Workforce)**: Documents pipeline programs with 98% diverse interns but confronts a critical Latino/Hispanic staff shortage (4:1 disparity)
- **Criterion 7 (Language)**: Celebrates $1.2M investment, 150+ languages, zero denials, but identifies bilingual workforce gaps
- **Criterion 8 (Adaptation)**: Highlights 40+ peer/family positions, 92% satisfaction, culturally specific programs for all priority populations

Our department will continue to strive to meet the needs of Alameda County's diverse community in the next calendar year, and beyond.

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