

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

## BEHAVIORAL HEALTH CARE SERVICES (ACBH)



# CULTURAL COMPETENCE PLAN

## BEHAVIORAL HEALTH & HEALTH EQUITY INITIATIVES

December 2022 | Plan Update



# Alameda County Behavioral Health Care Services



## Executive Summary

Alameda County Behavioral Health Care Services (ACBH) 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. The department’s Executive Leadership team have adopted a variety of strategies to promote this system change, including the ultimate development of a Health Equity Division charged with spear-heading our system’s internal and external processes in alignment with several fundamental principles. In December of 2019, ACBH developed a priority framework to foster strategic decision-making over the course of its organizational restructuring to ensure that departmental priorities are based upon critical areas of importance. These factors: **Alignment, Communication, & Organizational Structure** served as the initial framework for the transformational work. Specifically, Alignment with county, agency and departmental mission, vision, values; improving Communication (internal/external stakeholders); and improving our Organizational Structure and service delivery continue to be relevant to how ACBH leadership approaches its work and every-day decision-making.

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

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

DocuSigned by:

*Stephanie Montgomery, MSW*

Submitted By:

**Stephanie Montgomery, MSW**

Office of Ethnic Services, **Acting** Ethnic Services Administrator  
Health Equity Division, Alameda County Behavioral Health Care Services

DocuSigned by:

*Stephanie Montgomery, MSW*

**Stephanie Montgomery, MSW**

Health Equity Division Director, Health Equity Officer  
Alameda County Behavioral Health Care Services

DocuSigned by:

*Karyn Tibbitts, PsyD*

**Karyn Tibbitts, PsyD, LCSW**

Director  
Alameda County Behavioral Health Care Services

# Alameda County Behavioral Health Care Services

ac  bh MENTAL HEALTH & SUBSTANCE USE SERVICES

## Table of Contents

Introduction.....	4
<b>CRITERION 1: <i>Commitment to Cultural Competence</i></b>	
COVID– 19 .....	5
ACBH Mission/Values .....	5
New Health Equity Division Formed .....	6
Utilization .....	7
Cultural Activities & Events .....	8
Noted Challenges & Opportunities.....	9
Policies and Procedures .....	11
Broad Goals Fiscal Year 23/24 .....	12
<b>CRITERION 2: <i>Updated Assessment of Service Needs</i></b>	
ACBH Demographics.....	13
Diversity Equity Belonging & Inclusion: In Focus .....	17
Broad Goals FY 23/24 .....	18
<b>CRITERION 3: <i>Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities</i></b>	
Update/ Key initiatives/Activities .....	19
<b>CRITERION 4: <i>Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System</i></b>	
Peer & Family Driven .....	27
Family/Peer Certification .....	
<b>CRITERION 5: <i>Culturally Competent Training Activities</i></b> .....	30
<b>CRITERION 6: <i>County’s Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff</i></b> .....	32
<b>CRITERION 7: <i>Language Capacity</i></b> .....	33
<b>CRITERION 8: <i>Adaptation of Services</i></b> .....	34
Summary .....	35
References .....	36
Acknowledgements .....	37

# Alameda County Behavioral Health Care Services

ac bh MENTAL HEALTH & SUBSTANCE USE SERVICES

## Introduction

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

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

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

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

# Alameda County Behavioral Health Care Services

ac  bh MENTAL HEALTH & SUBSTANCE USE SERVICES

## CRITERION 1: *Commitment to Cultural Competence*

### COVID – 19

As in other jurisdictions, the COVID-19 pandemic has had a significant impact on ACBH's overall system of care, particularly in the early months of the outbreak when there were few medications and no vaccines available to mitigate the effects of the virus. Despite the challenges posed by the pandemic, ACBH has adapted and broadened the ways in which we provide services to our beneficiaries. Nevertheless, we recognize the ongoing psychosocial and psychological impacts that the pandemic has had on both those we serve and the ACBH workforce.

To address these impacts, ACBH's Workforce Education and Training (WET) unit has provided ongoing training such as *"Defining Your 'New Normal' – Strategizing for the Post-Pandemic in the Workplace and Beyond"* and *"Engaging Consumers/Clients and Families in Behavioral Health Treatment."* These trainings aimed to build upon existing engagement tools and identify ways to re-engage and better engage remotely while practicing social distancing, utilizing telehealth and outreaching using nontraditional tools.

The continued waves of new COVID-19 variants, coupled with the exacerbated basic needs of our beneficiaries, required ACBH to implement new practices, policies, and procedures to ensure ongoing service. For example, we increased our telehealth practice, started to employ more ZOOM/Virtual-based trainings and meetings, instituted thirty-minute huddle meeting that happens three times weekly. This Huddle was initially developed for leadership but expanded to any staff to allow for ACBH Director and Chief Medical Officer to relay COVID -19 updates and information to staff. This practice continues and has evolved not only as a space to talk about COVID -19 but for staff across departments to connect, provide high level updates, promote trainings, and uplift real time health equity concerns for those we serve.

We continue to support our community-based partners, hospital systems, our public and environmental health departments and have implemented safety protocols to maintain the health and wellness of our workforce and to retain staffing. In the face of ongoing injustices, inequities, social justice struggles, and mental health and health concerns compounded by the pandemic, ACBH remains committed to addressing the needs of our beneficiaries, providers, and staff to continually finding ways to innovate and improve our services.

For more information about Alameda County and COVID-19 this link is the best resource for up today information [Data | COVID-19 | Alameda County Public Health \(acgov.org\)](https://www.acgov.org/health/COVID-19/). We have taken many steps to help promote vaccination and awareness of COVID-19 through bus campaigns in Spanish and English. Additionally, we have worked with primary care providers to work in interdisciplinary teams to support wellness and education about COVID-19 and continue to work with our Latino/Providers in our system of care to address mental wellness and COVID-19.

### ACBH Vision, Mission, and Values

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

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

## Vision

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

## Mission

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

## Values

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

## Health Equity Division

The Office of Health Equity (OHE) was established in the fall of 2020 with the goal of providing a stronger foundation for the incorporation and promotion of Diversity, Equity, Belonging and Inclusion practices throughout our system of care and supporting individuals, families, community-based organizations, stakeholders, and the workforce. The OHE is comprised of five units: the Office of Ethnic Services (OES), Office of Family Empowerment (OFE), the Office of Peer Support Services (OPSS), Patients' Rights (PR) and, as of December 2022, the newly created Health Equity Policy and Systems Coordination (HEPSC) team. In October of 2021, the first OHE Officer/Director was hired and since that time a range of team building, trainings, Community-Based Organizations (CBOs) and workforce support, strategic planning and DEBI promotion have been underway.

*Table 1. HED Sample List of Activities:*

Activity	Duration/Timeframe
Conducting listening sessions that pertain to DEBI across the five systems of care within ACBH.	November 2021 – Present
Mapping and planning for technical assistance and team building opportunities to address systemic and cultural bias awareness and strengthen communication within the Forensics system of care.	December 2021- Present
Developing a division wide workplan for the OHE, team building with the four units to support advancing DEBI.	November 2021 – Present
Establishing a Latino/x advisory body, first meeting held in September 2022.	September 2022 – present
Planning and executing listening sessions for community members (specifically focusing on African Americans) regarding the African American Wellness Hub.	January 2022 – April 2023

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

Presented on the importance of using an intersectional lens when providing services to Veterans at the Veterans Mental Health summit.	September 2022
Collaborating with the ACBH Quality Assurance team, Office of the Medical Director, and the Mental Health Services Act team on Asian American (Native Hawaiian) & Pacific Islander penetration rates.	December 2021 – present

## Utilization

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

*FY 2021-2022 Figure 1. (Yellow Fin, 2022) Beneficiaries ACBH:*

Ethnic Group	Number of Beneficiaries	Served with Medi-Cal	Penetration Rate	Served in Outpatient Settings	% Served with Medi-Cal, Served in Outpatient	Outpatient Penetration Rate	Served without Medi-Cal	Total Served
Alaska Native or American Indian	1,154	86	7.45%	68	79.1%	5.89%	40	126
Asian or Pacific Islander	100,817	1,565	1.55%	1,422	90.9%	1.41%	993	2,558
Black or African American	74,529	5,680	7.62%	4,298	75.7%	5.77%	1,878	7,558
Hispanic or Latino	125,338	5,130	4.09%	4,589	89.5%	3.66%	121	5,251
Other/Unknown	132,412	5,811	4.39%	4,591	79.0%	3.47%	1,890	7,701
White	48,409	2,702	5.58%	2,220	82.2%	4.59%	1,384	4,086
<b>Total:</b>	<b>482,659</b>	<b>20,974</b>	<b>–</b>	<b>17,188</b>	<b>–</b>	<b>–</b>	<b>6,306</b>	<b>27,280</b>

The above chart (Figure 1) provides data on the number of beneficiaries within the ACBH system of care, their ethnicity, and the percentage of beneficiaries who received Medi-Cal and who are served in outpatient settings. This data is a snapshot from our 2021 – 2022 fiscal year and the largest ethnic group served in our system are Hispanic/Latino, followed by Other/Unknown and White. The smallest group within our system of care is Alaska Native or American Indian.

The overall penetration rate for all ethnic groups is 4.39%. The penetration rate for each individual ethnic

## Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

group ranges from the low end of 1.55% for Asian or Pacific Islander to the highest penetration rate of 7.62% for Black or African American.

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

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

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

### Cultural Activities/Accomplishments

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

- Cultural and Linguistically Appropriate Services Trainings across cultural groups;
- African American Wellness Hub introduction to the Hub design video project; and
- "Suffer in Silence No More", Asian American, Native Hawaiian & a Pacific Islander panel on mental health and wellbeing within this community, the beginning of a series.
- Participation in *Día De Los Muertos* event;
- Planned, supported, and promoted Oakland Pride event;
- ACBH staffed *Juneteenth* Festival;
- ACBH staff participated in *District 7 Day of Action*;
- Hosted Tommy Orange, author of "*There, there*" to promote Native American mental health and wellness during Native American History Month;
- Supported and Sponsored *Drop the Mic* event for the Pacific Islander community;
- Staffed and helped develop the start of the ACBH Latino/x advisory committee;
- Developed script in collaboration with Five Pillars to create an Afghan Refugee welcoming video project to be used in a larger immigrant and refugee welcoming campaign;
- Ushered in a new African American designed Therapist in Residency program designed to train

## Alameda County Behavioral Health Care Services

ac  bh MENTAL HEALTH & SUBSTANCE USE SERVICES

professional and paraprofessional staff on the best practices and culturally appropriate modalities for African American beneficiaries;

- Planned and supported Youth Health Equity Summit; and
- Secured funding to help with the development of the Latino/x advisory committee.

### Noted Challenges & Opportunities

**The departure of the former Ethnic Services Manager (ESM)** in March of 2022 left a void within the organization, but the creation of the new Health Equity Division where the Office of Ethnic Services is housed has presented an opportunity to redesign, redefine and strengthen the ESM role. In collaboration with the Director of ACBH, other system of care leaders, community voices and CBOs, the HEO is working to better understand the needs and priorities within this office that align with the state requirements and identify the most effective ways to address the needs.

This process has allowed for the creation of a more defined and impactful ESM role as well as increase the amount of team and cross unit collaboration allowing for more sustainable solutions and a wider range of coverage within CLAS. An ‘administrator’ role is currently being discussed with county human resources in order to expand the department’s efforts in the areas related to ethnic services and responsiveness; through the broadening and elevation of the ESM position, which has traditionally held a “senior program specialist” civil service position. This shift will enable the team to work together more efficiently and effectively to address issues of inequity and to better serve the needs of the community and will allow for greater breadth and depth of responsibility of the office.

Until the new title and class for the ESM is approved, and a candidate is selected, the ACBH HEO is serving in the ESM role in addition to the HEO role. Across the state of California, those serving in the role of ESM have reported that it can become an isolating and overwhelming position within County departments. The potential for isolation and overwhelm specifically when addressing issues related to race and ethnicity within systems is real. The creation of the Health Equity Division (HED) within ACBH has the potential of providing additional and targeted resources, support, and expertise for all the units within HED.

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

### Other/Unknown as growing racial/ethnic category

Within the ACBH system of care, the “other/unknown” racial category is growing at a similar rate as the overall numbers within the United States census. It is important that we address this matter to accurately represent and serve our diverse community. If we do not understand and consider the unique experiences and needs of individuals based on their racial and ethnic identities, we may inadvertently perpetuate existing disparities or create new ones. By collecting and analyzing data on race and ethnicity, we can work towards creating more inclusive and responsive policies and practices that better meet the needs of all members of our community. This ultimately leads to better outcomes and a higher quality of care for all individuals.

## Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

Within the Data Governance Committee, a subcommittee was created to address this matter. The subcommittee was tasked with carefully examining the assumptions and limitations of the current methods used to collect data on race and ethnicity. Our diverse group of employees brought a range of perspectives to the table, allowing us to draft a policy that aims to produce more accurate and comprehensive data. By better understanding the complex intersections of race, ethnicity, and other social identities within our community, we can work towards creating more equitable and inclusive policies and practices.

### The following questions have been areas of focus by the Sub-Committee:

**1. *“Why should it matter to those we serve?”***

It is important for those we serve to understand and consider the ways in which their racial and ethnic identities may impact their experiences and needs, as well as the potential biases and barriers they may face in accessing and receiving mental health services. By accurately collecting and tracking this data, we can work towards creating more inclusive and responsive care and address any disparities or inequalities within our community. This ultimately leads to a higher quality of care and better outcomes for all individuals.

**2. *“Does the data we collect really drive change?”***

Collecting and analyzing data on race and ethnicity can be a powerful tool for driving change and addressing disparities in mental health care. By gathering and analyzing this data, we can identify areas where improvements are needed and work to implement evidence-based strategies and interventions to address these issues. This data can also help to inform policies and practices at the local, state, and national levels, shaping the direction and focus of mental health services and advocacy efforts.

**3. *“Data can be misused even with the best intentions. Who gets harmed?”***

Unfortunately, data can be misused or misinterpreted even with the best intentions, and this can have harmful consequences for marginalized and underrepresented communities. It is important for those collecting and analyzing data to be mindful of the potential biases and assumptions that may influence their interpretations, and to consider the potential impacts of their findings on different groups. It is also important to be transparent about the limitations and potential limitations of the data, and to consider multiple sources of information when making decisions or policy recommendations.

**4. *“Barriers: Historical mistrust and current harm by the system, anti-blackness?”***

There are several barriers that can prevent individuals from accurately and comfortably disclosing their racial and ethnic identities. Historical mistrust of the government and institutions, as well as ongoing harm and discrimination experienced by many marginalized communities, can make it difficult for individuals to feel safe and willing to share this information. Additionally, the pervasive and deeply entrenched nature of anti-blackness can make it difficult for black individuals to trust that their identities will be respected and valued. It is important for agencies to recognize and address these barriers, and work to create a safe and welcoming environment where all individuals feel able to share their identities.”

# Alameda County Behavioral Health Care Services

ac bh MENTAL HEALTH & SUBSTANCE USE SERVICES

## Policies, Practices & Procedures

In October 2021, the American Psychological Association (APA) issued an apology to people of color for its role in promoting, perpetuating, and failing to challenge racism, racial discrimination, and human hierarchy in the United States. The APA acknowledged that it had failed in its role as a leader in the field of psychology, had been complicit in contributing to systemic inequities, and had hurt many people through racism and racial discrimination. The organization accepted responsibility for its actions and inactions and committed to taking collective learnings from this experience to effect change. This apology, no matter the acceptance of this apology by any group or individual, is important for the behavioral health field. In this same spirit, ACBH believes that addressing policies, practices, and procedures is essential to maintaining ongoing efforts to eradicate inequities. With the new HED and the plan to staff the Health Equity Policy and Systems Coordination (HEPSC) team, ACBH will be better positioned to address inequities and some of the root causes of disparities system wide utilizing a multilayered approach looking at contracting, finance, service delivery and staffing more broadly.

Below are some samples of updated/new policies and pending policy review/changes:

### Updated/New:

- Alameda County Board of Supervisors adopted a “Care First, Jails Last” policy in Alameda County <https://alamedacountyfjltaskforce.org/wp-content/uploads/2022/03/Resolution-R-2021-292-to-adopt-a-Care-First-Jails-Last-policy-in-Alameda-County.pdf>
- COVID-19 Flexibility Updates July 2021 <https://www.acbhcs.org/providers/QA/memos/2021/COVID-flexibility-updates.pdf>
- Psychological Testing Requirements and Payment Authorization Policy <https://www.acbhcs.org/providers/network/docs/forms/2001%20Psych%20Testing%20Authorization%20P&P.pdf>
- Telehealth Policy 100-2-5 <https://www.acbhcs.org/providers/PP/100-2-5%20Telehealth%20PP.pdf>
- No Wrong Door for Mental Health policy <https://www.acbhcs.org/providers/PP/100-3-2%20No%20Wrong%20Door%20for%20Mental%20Health%20Services%20BHIN%2022-011%20P&P.pdf>

The sample above of updated and new policies within ACBH system of care, all play a crucial role in promoting CLAS within the behavioral health system. California Advancing and Innovating Medi-Cal (CalAIM) aims to provide whole-person care and address the needs of Medi-Cal beneficiaries across the continuum of care, while the Board of Supervisor (BOS) Care First policy affirms the county’s commitment to a comprehensive continuum of care for individuals with mental illness, substance use, and co-occurring disorders, rather than incarceration. COVID-19 flexibility has allowed for the expansion of telehealth services, which can be particularly beneficial for individuals with limited access to transportation or other barriers to in-person care. Language access and understanding of race and ethnicity policies are also important in ensuring that all individuals have equal access to care and that the needs of diverse communities are considered. Together,

## Alameda County Behavioral Health Care Services

ac  bh MENTAL HEALTH & SUBSTANCE USE SERVICES

these policies and practices are helpful tools that help to promote the CLAS standards and ensure that all individuals receive culturally and linguistically competent care that is responsive to their needs

### Reviewing/Pending:

- Policies and billing codes for Family/Peer Advocates certified to bill Medi-Cal; and
- Policies that guide how to capture race, ethnicity, and language preferences more precisely for our data system.

### Broad Goals FY 23/24:

- Train on how to capture demographic data;
- Create A Risk Register for Health Equity;
- HED Dashboard and Heat Map;
- Consultation And Support Three-Year Plan CCP;
- African American Wellness Hub Facility development/purchase;
- Equity And Bias Training Created for All ACBH Staff; and
- Trauma Informed Systems 101 Training All ACBH Staff.

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

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

### Alameda County Demographics

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

<https://data.census.gov/vizwidget?g=0500000US06001&infoSection=Age+and+Sex>

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

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

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

### Types of Languages Spoken at home in Alameda County

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

Measure	Value
English only	54.0%
Spanish	16.0%
Other Indo-European languages	8.4%
Asian and Pacific Islander languages	19.8%
Other languages	1.8%

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

## Alameda County Behavioral Health Demographics

Age group distribution across ACBH Mental Health Services based on the data retrieved from ACBH *Yellow Fin* it shows that the age group with the largest representation among the client population is 30-39, comprising 18% of clients. The next highest representation is among the 13-17 age group, comprising 14.5% of clients. Meanwhile, the lowest representation is among clients who are 70 or older, comprising only 2% of the client population, and among clients who are 0-5, comprising 3% of the client population as shown in *Figure 3*.

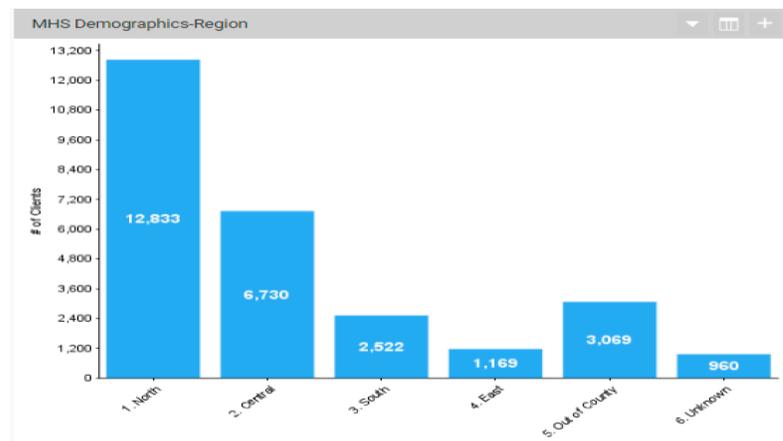
*Figure 3. Age Distribution Beneficiaries ACBH (Yellow Fin, 2022):*

Fiscal Year	Age Group	Clients	% of Clients
FY 2021-2022	Ages 0-5	765	3%
	Ages 6-12	3,480	13%
	Ages 13-17	3,923	14%
	Ages 18-25	3,584	13%
	Ages 26-29	2,122	8%
	Ages 30-39	4,995	18%
	Ages 40-49	3,324	12%
	Ages 50-59	2,770	10%
	Ages 60-69	1,720	6%
	Age 70+	600	2%
		<b>27,283</b>	<b>100%</b>

## Regional Demographics ACBH Five Districts, Alameda County

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

*Figure 4. Number of Beneficiaries Served ACBH By Region (Yellow Fin, 2022):*



# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

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

## Sexual Orientation and Gender Identity (SOGI) Demographics

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

There are several reasons why our data set shows over a 70% unknown rate in the three SOGI data sets. One reason is that capturing this data is new to our system and for the CBOs providing services on our behalf and folks may not have been asked about their SOGI demographical information. Second, we may have a skill set deficit in inquiring and discussing SOGI data and we will continue to train and support staff at all levels and specifically those charged with collecting demographic data on promising and best practices for capturing this data, as shown in *Figures 5, 6, & 7* below.

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

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

# Alameda County Behavioral Health Care Services

ac  **bh** MENTAL HEALTH & SUBSTANCE USE SERVICES

Figure 5. ACBH Beneficiaries Sexual Orientation (Yellow Fin, 2022):

Fiscal Year	Sexual Orientation	Clients	% of Clients
FY 2021-2022	Missing	19,440	71%
	Heterosexual	6,275	23%
	Gay	829	3%
	Bisexual	252	1%
	Prefer Not to Answer	137	1%
	Lesbian	102	0%
	Other	90	0%
	Multiple Sexual Orientations	71	0%
	Questioning	53	0%
	Queer	34	0%
	<b>27,283</b>	<b>100%</b>	

Figure 6. Beneficiaries ACBH Gender Identity (Yellow Fin, 2022):

Fiscal Year	Gender Identity	Clients	% of Clients
FY 2021-2022	Missing	13,392	49%
	Male	7,944	29%
	Female	5,573	20%
	Multiple Gender Identities	113	0%
	Intersex	51	0%
	Other	51	0%
	Prefer Not to Answer	47	0%
	Non-Conforming	45	0%
	Female to Male	31	0%
	Queer	20	0%
	Male to Female	16	0%
		<b>27,283</b>	<b>100%</b>

Figure 7. Beneficiaries ACBH pronoun Preference (Yellow Fin, 2022):

Fiscal Year	Pronoun	Clients	% of Clients
FY 2021-2022	Missing	15,604	57%
	He/Him	6,494	24%
	She/Her	4,904	18%
	They/Them	124	0%
	Multiple Pronouns	101	0%
	Prefer Not to Answer	35	0%
	Other	21	0%
	<b>27,283</b>	<b>100%</b>	

The number of individuals who speak other languages other than English in Alameda County compared to the data collected in our language group “needs by client” is not in alignment within the overall population. This reality is true for several possible reasons: there may be barriers with understanding about how to access

# Alameda County Behavioral Health Care Services

language services that exist within ACBH; underrepresentation of beneficiaries who are in our who speak other languages; and the need to increase the numbers and create a more linguistically and culturally appropriate system of care.

Figure 8. Beneficiaries ACBH Primary Language (Yellow Fin, 2022):

Fiscal Year	Language Group	Clients	% of Clients
FY 2021-2022	Arabic	56	0%
	Chinese	382	1%
	English	21,788	80%
	Farsi	191	1%
	Other	668	2%
	Spanish	3,974	15%
	Tagalog	43	0%
	Unknown	28	0%
	Vietnamese	153	1%
		<b>27,283</b>	<b>100%</b>

## Diversity Equity Belonging & Inclusion: In Focus



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

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

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

American & Pacific Islander community remains a priority.

A sample workplan that addresses equity within the Office of The Medical Director has been included below:

*Table 2. Office of The Medical Director Equity Goals:*

<p><b>GOAL 3:</b></p> <p><b>Promote Equity and Cross-System Outreach and Engagement</b></p>	<p>Increase the diversity of our provider workforce by strengthening the pipeline of providers through partnerships with academic training programs.</p>	<p>Use data to inform system regarding any potential disparities in psychiatric diagnosis and medication prescribing.</p>	<p>Engage in ACBH community forums that provide opportunities to learn from BH consumers and family members about their Experiences accessing and receiving ACBH integrated care services.</p>	<p>Provide trauma informed, culturally relevant, recovery-focused crisis interventions and strategies.</p>	<p>Build tactical communication capabilities at all ACBH worksites.</p>
	<p>In partnership with Pharmacy and Data Services, will use data to inform system regarding any disparities in psychiatric diagnosis and medication prescribing.</p>		<p>Coordinate both intradepartmentally and across systems to identify and manage member risk and needs through whole person care approaches.</p>		

**FY 23/24 Broad Goals:**

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

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

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

### Update: Key Initiatives/Activities

Since the launch of the African American Mental Health Initiative (AAMHI) in 2008, ACBH has been working with the African American community to address health disparities and improve services, care, and outcomes. In 2011, a cross-sector committee released the African American Utilization Report: Goals and Recommendations, which included a recommendation for the development of culturally congruent services for the African American community with input from community experts. In response, the African American Steering Committee for Health and Wellness (AASCHW) was formed. The AASCHW and the Office of Health Equity continues to collaborate on these efforts, with the goal of ensuring that the Behavioral Health system in Alameda County provides culturally responsive, integrated care in a respectful manner to African American consumers, families, and the community.



- As of July 2022, County has dedicated nineteen million dollars towards the purchase of a site to house the African American Wellness Hub.
- A video project was developed to educate the community about the history behind advocating for the African American Wellness Hub and the hopes for the site see link: <https://www.dropbox.com/scl/fo/t36r5os4gvxuvwlnv6of9/h?dl=0&preview=AA+Wellness+Hub+Video+V.2+072722.mp4&rlkey=asqnl5yf1b6mo7senrdji47k>
- ACBH will fund the Hybrid African – centered Education and Training Program the Tele -Therapist in Residency Response (T-TnRR) FY 22/23 using electronic information and telecommunication technologies to promote and support distant restorative activity, will provide African Centered clinical training to the range of service providers (social worker, nurses, first responders, peer supports, teachers, The Hybrid Education and Training activity will provide culturally congruent (African centered) virtual and in-person raining and reeducation for the ACBHS providers, peers, case managers, counselors, and the like along with training for MA and PhD level personnel.

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

### Mission Statement:

The African American Steering Committee for Health and Wellness is dedicated to ensuring Alameda

## Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

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

### Vision Statement:

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

Their charge:

- Identify the African American community's greatest concerns and challenges surrounding mental health and drug and alcohol abuse services.
- Address inconsistency in outcomes despite serving African Americans at a disproportionately higher rate than other ethnic communities, and often in restrictive settings such as hospitals and jails. **(Update: January 2022 – present the OHE is working directly with ACBH Forensics System of care to work on creating equity goals and measures as well as team building within the system of care.)**
- Develop procedures and guidelines for the delivery of African American culturally responsive services and treatment. **(Update: funding secured to facilitate the introduction of the Tele-Therapist in Residency Response project that aims to train the workforce and volunteers within our system of care how best to work with African American clients.)**
- Increase educational and training opportunities for African American community members. This is an ongoing activity through the outreach and networking with the African American community.
- Increase outreach, engagement, and support to the Black community. During FY 2020-2021 the AASCHW did great outreach to the Black community. The Committee has an extensive listserv that includes a variety of service providers, consumers and family members, fraternal and professional organizations, county agencies leadership and staff, and community-based organizations. The Committee outreached to the Black community through meetings, webinars, and town hall meetings. During this FY, the Committee conducted eight (8) Webinars and one (1) Town Hall Meeting.
- Coordinate and host the annual African American Conference in collaboration with ACBH. **( Update: Held Annual African American Conference June 30<sup>th</sup>, 2022 entitled "Can African Americans Obtain Mental Health and Wellness in America?")**
- Organize the annual AASCHW member retreat to develop and revise a 5-year work plan;
- Increase the number of culturally responsive programs designed for African Americans that are

## Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

funded by ACBH.

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

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

#### Mission

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

#### Vision

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

#### Highlights:

- Department approval of additional funding for CLAS Trainings, listening sessions, and ongoing support for new Afghan arrivals;
- Collaborated with a local Afghan American psychologist to conduct a community-focused webinar to educate the community about the lives of Afghan refugees; and
- Attended weekly high-level meetings with a cross-sector of stakeholders to assess, identify and collective work to address immediate and long-term needs of new arrivals.
- Assembled 50 hygiene and wellness bags for new arrivals and distributed them at the Afghan Wellness Connect event.
- Translated several resource documents and brochures in Dari for new arrivals;
- Secured Pashto and Dari speaking interpreters for two Afghan Wellness Connect events; and
- Provided support and technical assistance to street level provider, *Five Pillars* that officially gained 501 3c status in 2022 after providing on the ground services during the onset of the COVID -19 pandemic for Afghan refugees.

#### Objectives:

- Increase access to culturally relevant mental health programs for immigrant, asylee, and refugee by 50% for organizations in the southern region of Alameda County. ***In Progress.***
- Assemble a team of community experts to support Alameda County Behavioral Health to conduct a mental health needs assessment for the Afghan community. ***In Progress.***
- Conduct Pre- and Post-surveys that show a 30% increase in cultural knowledge and decrease in

## Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

barriers to services among Afghan immigrants;

- Develop three welcome videos to orient new arrivals to local customs, societal practices, and available services in process; and
- Assemble a cross-sector and diverse team of stakeholders to support in the structure and implementation of an Afghan/Afghan American Needs Assessment.

As part of our ongoing efforts to address the mental health needs of the LGBTQIA+ community, the ACBH **LGBTQIA+ Mental Health Initiative** has been working to create policies, procedures, and practices that better serve this population. We have also been collaborating with the Pride Committee and other community organizations to identify and address disparities in care and improve the overall mental health outcomes for LGBTQIA+ individuals. In the coming fiscal year, we will continue to focus on these efforts and work towards creating a more inclusive and welcoming environment for all members of the LGBTQIA+ community.

### Mission

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

### Vision

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

### Highlights:

- Multidisciplinary team across ACBH system of care working on best and promising practices to help capture SOGI data for the populations we serve.
- Annual Oakland Pride Event sponsored by ACBH;
- Ongoing monthly Pride meetings;
- Participated in the Vengeance House Ball;
- Built meaningful relationships with the Transgender and Gender Non-Conforming individuals throughout the Bay Area; and
- *Creating Welcoming and Affirming Spaces For LGBTQIA+ Populations* Date: 6/09/22  
Time: 10:30 am to 12:30 pm  
Instructor: Jei Africa, PsyD  
CE Credits: 3.0

### Strengthening Cultural Practices:

- Continuing to collect Sexual Orientation and Gender Identity (SOGI) data to inform our efforts to improve services and programs;
- Increase services for Transgender and Gender Non-Conforming individuals; and
- Advise leadership to implement policies that reflect the needs of LGBTQIA+ community.

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

## Objectives:

- Create referral information to inform the community that non-gender binary programming and residential detox beds are available in the system. **Re-evaluating.**
- Develop a County maintained resource list for LGBTQ+ support across cultural and linguistic communities. **In progress.**
- Increase LGBTQ+ culturally responsive services within CBOs by 20%. **Re-evaluating.**
- Develop Sexual Orientation and Gender Identity (SOGI) resource and training materials to support providers in Alameda County Behavioral Health system develop an inclusive and welcoming environment for the LGBTQI2-S community. **In progress.**

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

## Mission

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

## Vision

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

## Highlights & Accomplishments:

- Development and Implementation of a yearlong bus campaign to increase awareness and access to mental health services for Asian and Asian American communities;
- Offered a CLAS Standards training focused on Using Cultural Humility as an Anti-racist framework for Asian American and Pacific Islander Client Care; and
- Collaborated with MHSA unit to host the annual Filipino American Heritage Month event

## Strengthening Racial/Ethnic and Cultural Practices:

- Work more closely with ACBHQI Coordinators around API—PIP;
- Provide Behavioral Health Interpreter Trainings for Cantonese/Mandarin speaking providers during EQRO focus groups;
- Dedicated the Cultural Responsiveness Committee to stand in solidarity with Asian and Asian American communities;
- Work to disaggregate PI data from API data; and
- Facilitate cross-cultural activities between other cultural committees and groups.

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

## Objectives:

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

## Latino/Latinx Mental Health Initiative

The goal of this initiative is to identify and address the unique cultural and linguistic challenges faced by the Latino/Latinx community in accessing quality mental health care, with a focus on addressing the impact of COVID-19 on this community. Through engagement with community leaders, service providers, and other stakeholders, the team will develop strategies and recommendations for improving mental health services and supports for the Latino/Latinx community in Alameda County. In collaboration with the Behavioral Health Director, the Office of Health Equity Director and the manager of the Office of Ethnic Services is working to assemble a diverse team to support in the development listening sessions that will help inform and creation of the department's first Latino(x) Stakeholder Group. The group will serve as an advisory body to support and uplift the needs of this client population.

### Mission

To improve access and opportunities for Latino/Latinx individuals including the undocumented thereby improving their overall mental health and wellness.

### Vision

*Bring awareness to the* disparities and complexities around immigration, deportation and other challenges that exist in the areas around access and quality of care for Latino consumers and families that need mental health and substance abuse services.

## Highlights & Accomplishments:

- Partnered with Alameda County Public Health Department to offer healthcare services at the community's *Día de Los Muertos* event—reaching hundreds of people;
- Partnered with the Alameda County Health Care Services Agency to evaluate RFPs that would select culturally diverse partners to expand COVID services and care;
- Ongoing meetings with County contracted providers serving the Latino/Latinx community; and
- CLAS Training on Provision on Mental Health Services with Latinx Populations: An Intersectional

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

Approach.

## Strengthening Racial/Ethnic and Cultural Practices:

- Initial planning for the creation of listening sessions and a Latino/Latinx Stakeholder Group;
- Centered discussion and activities in the California Health Equity Summit to highlight Latino(x) culture.
- Increase enrollment number of Latino/Latinx eligible for Medi-Cal;
- Ensure there is enough bilingual Spanish-speaking psychiatrists;
- Create safe environment in non-Latino settings for Latino/Latinx accessing services;
- Facilitate cross-cultural activities between other cultural committees and groups; and
- Increase the number of Spanish-speaking interpreters in the system

## Objectives:

- Increase the number of trainings by 50% for contract providers to identify culturally affirming strategies to serve the Latino/Latinx community. **Ongoing.**
- Increase the number of participants in behavioral health interpreter and Language Line trainings for interpreters by 50% among Alameda County Behavioral Health Spanish-speaking staff and contract providers. **Ongoing.**

**The American Indian/Alaska Native** population represents 50,041 of the certified eligible Medi-Cal beneficiaries, or less than 1% of the total. In Alameda County, this population is also less than 1%. Over the past ten fiscal years, the penetration rate for Alaska Native and Native American individuals in the Medi-Cal system has fluctuated, ranging from a high of 12.59% in FY 2011-2012 to 8.06% in FY 2019-2020 and 6.35% in FY 20-21 and 5.89% in FY 21-22. The number of beneficiaries has also varied, from a low of 929 to a high of 1413, with a total of 1071 in FY 20-21. Although the penetration rate for this group is the second highest after African Americans, the Office of Ethnic Services is working with the Native American Health Center to identify culturally affirming strategies to increase access to care and better understand the needs of the indigenous communities. It is possible that there may be more individuals in these communities who are eligible for Medi-Cal and in need of behavioral health services.

## Mission

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

## Vision

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

## Highlights & Accomplishments:

- Continuing to reach out and collaborate with the Native American Health Center;
- CLAS Training: The Cultural Toolbox: An Indigenous Perspective on Deep Healing; and
- Highlighted Indigenous Cultural and Healing Practices during the California Health Equity Summit.

## Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

- Honored the life of Janet King during the California Health Equity Summit—an indigenous cultural leader we lost this year.
- A Fireside Chat with Tommy Orange in Honor of Native American Heritage Month: This event, organized by the Health Equity Division, featured a fireside chat with Tommy Orange in honor of Native American Heritage Month.

### Strengthening Racial/Ethnic and Cultural Practices:

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

### Objectives:

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

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

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

### **Peer and Family Driven**

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

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

### **Office of Peer Support Services**

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

### **Office Of Family Empowerment**

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

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

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

## Alameda County Behavioral Health Care Services

ac  bh MENTAL HEALTH & SUBSTANCE USE SERVICES

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

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

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

### Highlights:

- ACBH opted into Peer Certification;
- Submitted Reimbursement Rate for DMC ODS;
- Created lists of Peers and Families for possible selection for being “Grand parented” for certification; and
- Met with the ACBH Finance, Billing, Quality Assurance team and the compliance officer.

### Next steps:

- Add new billing codes to InSyst, CG and Electronic Health Records (E.H.R.);
- Develop Classifications within ACBH;
- Partner with agencies offering Family & Peer Certification training; and
- Participate in the CalAim workgroup.

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

**The Office of Ethnic Services (OES)** is committed to advancing health equity by creating racially, linguistically, and ethnically equitable access to Alameda County Behavioral Health (ACBH) services. OES has an ongoing commitment to the practice of cultural humility which embodies self-reflection and self-examination, as well as an understanding of the power dynamics between the provider and consumer, and ACBH and the community. In addition to their commitment to cultural humility, OES is responsible for the facilitation of cultural projects, involvement in CRC Sub-Committees (Governance, Communications, Compliance),

## Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

conducting Culturally and Linguistically Appropriate Services (CLAS) trainings, building and maintaining positive relationships with community partners, and collaborating with staff, managers, operational leads, and providers across the mental health and substance use systems of care.

### Culturally Responsive Committee

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

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

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

Through ongoing collaboration and strategic planning, these units will leverage their unique strengths and expertise to develop innovative strategies and models that promote inclusive, equitable access to mental health and substance abuse services for all members of our community. Whether through the provision of technical assistance, the empowerment of families and peers, the promotion of cultural humility, or the advocacy for patient rights, each unit is dedicated to creating a more inclusive, responsive, and effective system of care.

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

## CRITERION 5: *Culturally Competent Training Activities*

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

### Trauma Informed System of Care

To become a Trauma Informed System, we will need to implement a range of strategies and initiatives, such as training programs for staff, the development of trauma-informed resources and materials, and the establishment of partnerships with trauma-informed organizations and experts. We will measure our progress towards this goal by tracking the number of staff who have received trauma-informed training, the number of resources and materials we have developed, and the number of partnerships we have established.

### Curated List of Trainings that support CLAS:

- *Creating Welcoming and Affirming Spaces for LGBTQ+ Populations* – 6/9/22, 10:30am – 12:30pm
- *Intergenerational Trauma in Comparative Perspective and How Healers Should Approach It* – 5/26/22, 10:30am – 12:30pm
- *What Happened to You? Trauma-Informed and Culturally-Responsive Practices in Working with Black, Indigenous, and People of Color (BIPOC) Clients* – 3/18/22, 10:30am – 12:30pm
- *Latinx Exploratory Listening Session* – 7/19/22, 11:00am – 12:30pm and 3:00pm – 4:30pm
- *Maternal Mental Health and Infant Disparities Among African American Women* – 9/23/22, 9:00am – 1:30pm
- *The Impact of Community Violence on Black Youth's Mental Health* – 10/21/22, 9:00am – 1:30pm
- *Provision of Mental Health Services with Latinx/Latiné Populations: An Intersectional and Inclusive* – 12/16/22, 10:30am – 12:30pm
- *Creating Welcoming and Affirming Spaces For LGBTQ+ Populations* – 1/27/23, 9:00am – 1:30pm

## Alameda County Behavioral Health Care Services

ac  bh MENTAL HEALTH & SUBSTANCE USE SERVICES

### Events:

- *A Fireside Chat with Tommy Orange in Honor of Native American Heritage Month*: This event, organized by the Health Equity Division, featured a fireside chat with Tommy Orange in honor of Native American Heritage Month. The event occurred on Monday, November 28, 2022.
- *Alameda County Behavioral Health Honors November as Native American Heritage Month*: This event, organized by the Office of Ethnic Services, honored, and acknowledged the history, spirit, tradition, culture, and land of indigenous communities, with a special focus on the Ohlone people of the region. The event occurred on Monday, October 31, 2022.
- *Día de Los Muertos*: This event, organized by the ACBH Health Equity Division, celebrated Día de los Muertos, a traditional Mexican holiday honoring the dead. The event occurred on Sunday, October 30, 2022.
- *ACBH Honors Hispanic & Latino/Latinx Heritage Month 2022*: This event, organized by the Division of Health Equity – Office of Ethnic Services, honored and acknowledged the history, spirit, tradition, and culture of the Hispanic and Latino/Latinx community. The event occurred during the month of September through mid-October.
- *Oakland Pride 2022*: This event, organized by the Office of Ethnic Services, will celebrate Oakland Pride 2022. The event occurred on Sunday, September 4, 2022, from 10am to 6pm.
- *1619 Project: Facing Hard Parts of Our Past to Ready for The Hard Parts of The Present*: This event, organized by the Office of Ethnic Services, featured a fireside chat with guest speaker Nikole Hannah-Jones, moderated by Ashara Ekundayo and Y’Anad Burrell. The event discussed the 1619 project and how cultural, historical, and institutional systems impact African American communities. The event occurred on May 19, 2022.

## Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

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

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

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

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

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

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

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

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

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

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

## Alameda County Behavioral Health Care Services

ac  bh MENTAL HEALTH & SUBSTANCE USE SERVICES

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

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

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

## Alameda County Behavioral Health Care Services

ac  bh MENTAL HEALTH & SUBSTANCE USE SERVICES

### CRITERION 8: *Adaptation of Services*

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

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

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

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

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

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

## SUMMARY

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

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

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

## References

- A golden state for all of Us*. Race Counts. (2022, September 20). Retrieved December 23, 2022, from <https://www.racecounts.org/>
- Blomme, C., Roubal, A., Givens, M., Johnson, S., & Brown, L. (2020). *2021 Alameda County Health Rankings*. Population Health Institute. Retrieved December 23, 2022, from <https://uwphi.pophealth.wisc.edu/publications-2/2021-alameda-county-health-rankings/>
- Bureau, U. S. C. (2021). *United States, California, Alameda County*. Explore census data. Retrieved December 20, 2022, from <https://data.census.gov/all?q=demographics%2BAlameda%2Bcounty%2B>
- Bureau, U. S. C. (2020). *Types of Language Spoken at Home Alameda County*. Explore census data. Retrieved December 20, 2022, from [https://data.census.gov/profile/Alameda\\_County,\\_California?g=0500000US06001](https://data.census.gov/profile/Alameda_County,_California?g=0500000US06001)
- Blomme, C., Roubal, A., Givens, M., Johnson, S., & Brown, L. (2020). *2021 Alameda County Health Rankings*. Population Health Institute. Retrieved December 23, 2022, from <https://uwphi.pophealth.wisc.edu/publications-2/2021-alameda-county-health-rankings/>

# Alameda County Behavioral Health Care Services

ac  MENTAL HEALTH & SUBSTANCE USE SERVICES

## Acknowledgements

***With Special Thanks to the following individuals, organizations, and community stakeholders:***

<sup>DS</sup>  


- |  |  |
|--|--|
| California Behavioral Health Solutions   | Alameda County Cultural Responsiveness Committee                           |
| County of Marin, Behavioral Health Recovery Services   | Health & Human Resources Education Center                                  |
| County of Orange, California   | Corrina Gould, Tribal Chair, Confederated Villages of Lisjan/Ohlone        |
| Alameda County Board of Supervisors  | Alameda Health System  |
| Alameda County Health Care Services Agency   | Native American Health Center  |
| Alameda County Consumers, Peers, and Family Members  | Native American Health Center  |
| Alameda County Behavioral Health Care Services Staff, Managers, and Executive Team   | Ashara Ekyundayo, Community Artist   |
| Alameda County African American Wellness Hub Complex Team  | Tommy Orange, Author & Artist  |
| ONTRACK Program Resources  | Alameda County African American Steering Committee for Health and Wellness |
| <i>County Behavioral Health Directors Association of California (CBHDA); and CBHDA Cultural Competency, Equity, and Social Justice Committee</i> |  |