County of Fresno
DEPARTMENT OF BEHAVIORAL HEALTH
Behavioral Health System of Care

Culturally Responsive Plan
Delivered with Humility
FY 2022/23 Update

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OVERVIEW

The Fresno County Department of Behavioral Health (DBH) System of Care (BHSOC) strives to deliver culturally, ethnically, and linguistically responsive services with humility to individuals receiving behavioral health services. The BHSOC includes both Department of Behavioral Health staff and contracted organizational and individual providers. The term Behavioral Health (BH) includes both Mental Health and Substance Use Disorder services.

In June 2021, Fresno DBH developed and implemented the following inclusion statement:

> *Fresno County is a richly diverse community, and in order to support and serve ALL persons in our community, the Fresno County Department of Behavioral Health is dedicated to ensuring an inclusive overall system of care through a commitment to equity, diversity, and affirming care. We are dedicated to providing quality, culturally responsive services that promote wellness, recovery and resilience for individuals and families whom we serve.*
>
> *It is imperative for us to protect and improve the lives of Fresno County residents served by the Department and our partners in our system of care by acknowledging the long standing historic and on-going inequities that black, indigenous and people of color, those living in poverty and other marginalized and underserved communities have experienced with the behavioral health system.*
>
> *We place a great deal of importance in having Behavioral Health system of care team members who value lived experience, are reflective of our community and have the expertise to ensure our workforce is culturally and linguistically responsive and maximizes our diversity to render quality services in the most responsive, affirming, and caring manner possible for the persons we serve.*

The inclusion statement appears on all job flyers for DBH, and is included on the DBH website (e.g., on the *About Us* page), setting the tone from the first encounter, and promoting our expectations of a culturally-responsive system of care.

We recognize the importance of developing services that are sensitive to other cultures, including individuals in recovery; Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) community; veterans; persons living with disabilities (hearing, vision, physical); various age groups (Children: 0-15; Transition Age Youth [TAY]: 16-25; Adults: 26-59; Older Adults: 60+); immigrants and refugees; and persons involved in the justice system.

Developing a culturally and linguistically responsive system requires the commitment and dedication from leadership, staff, organizational providers, and the community to continually strive to learn from each other and by offering ongoing training and education. Cultural Humility is an approach to service delivery that respects the whole person. This creates a learning environment with an emphasis on a willingness to learn and where the individual served is the expert (Tervalon and Murray-Garcia, 1998).

The following Culturally Responsive Plan (CRP): Delivered with Humility reflects our ongoing commitment to enhancing services to improve access to services, quality care, and positive outcomes. The CRP addresses the requirements from the California Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder services, and reflects the values outlined in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards). In addition, BHSOC utilizes a Quadruple Aim to guide the delivery of services: 1) Deliver quality care; 2) Maximize resources while focusing on efficiency; 3) Provide an excellent care experience; and 4) Promote workforce well-being.

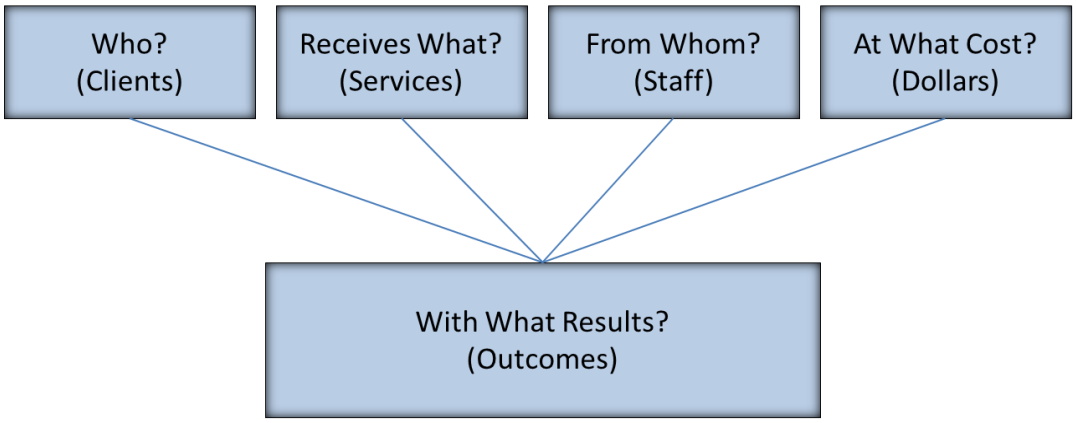
It is the vision and mission of the BHSOC to deliver culturally responsive services that promote individualized wellness and recovery to diverse cultures that reflect the health beliefs and practices of these communities. BHSOC has identified eleven guiding principles of care that are described on the following pages. This vision includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs, practices, and preferred languages. It is also reflected in our world view, informing materials, and individual treatment plans. Integration of these values creates a safe learning environment for ensuring that we continually enhance our services to be culturally and linguistically relevant for our children, youth, adults, and older adults who receive services, and their families. Staff continually discuss opportunities to promote the delivery of culturally responsive services.

The FY 2022/23 CRP provides a vision and a blueprint for continually strengthening services across the next several years. The BHSOC has had a comprehensive planning process over the past five years to engage the broad workforce of county staff and organizational providers, as well as community stakeholders, to provide input into the development and ongoing implementation of this CRP. During the planning process, there were over 12 different focus groups held to discuss the importance of understanding the term "culture;" how everyone has several different "cultures;" and how these individual differences in cultures impact successful treatment.

In addition, the BHSOC has made a commitment to creating a safe learning environment by offering ongoing behavioral health equity training to the BHSOC workforce which includes all county staff and organizational providers. This emphasis from the BHSOC management clearly illustrates their priority to offer ongoing training and other support to help strengthen services to meet each individual's needs as well as creating a culture of wellness and recovery by integrating families and natural support systems into services.

The CRP is designed to be a dynamic, working document that provides a blueprint for infusing culture into all components of the BHSOC. The Diversity, Equity, and Inclusion Committee (DEIC) is the identified committee that will guide the CRP goals and objectives, and continually

review and analyze data to better understand our current service delivery system and the impact of the CRP as new strategies are implemented. This includes identifying data needed to document Who Receives What services, from Whom, at What Cost, and with what Results. This paradigm is used throughout the CRP to show *Who* is being served (by demographics), *What* services are being provided (types of services received), by *Whom* (staff and service providers reflect the culture and language of the persons served), at *What Cost*, with what *Outcomes* (are services making a difference in the person's functioning).



The process to update the CRP for FY 2022/23 provided an opportunity to review data to have relevant and reliable information to understand our system of care and delivery of services to meet each individual's cultural needs. Data is currently collected on a number of measures needed to understand the system. As the data is analyzed and reviewed, DBH will ensure the information is as complete and accurate as possible.

This process will be an ongoing system of collecting data, analyzing it, reviewing it, identifying opportunities to improve data collection, and re-analyzing it to have additional information for strengthening services. This ongoing and systematic process will identify opportunities for improving data collection, data reporting, methods for analyzing the data, selection and use of Evidence-Based Practices, Promising Practices, Community Defined Practices, and information on cost-effectiveness and improved outcomes. This process will also include updating the data collection methodology to reflect new data requirements from the state and federal government.

The BHSOC is committed to continually improving access, quality, and how services are delivered with cultural responsiveness and humility and demonstrating the importance of culture on successful treatment outcomes. The CRP outlines the components of this vision and provides a foundation for continually strengthening the Fresno County BHSOC.

I. COMMITMENT TO CULTURAL AND LINGUISTIC HUMILITY

A. Vision of the BHSOC

Health and well-being for our community.

B. Mission of the BHSOC

DBH, in partnership with our diverse community, is dedicated to providing quality, culturally responsive behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

C. Guiding Principles, Quadruple Aim, and CLAS Standards of BHSOC

A number of different documents have provided guidance in developing the Culturally Responsive Plan (CRP). The BHSOC has identified eleven guiding principles of care delivery. These principles are outlined below. They will also be discussed throughout the CRP, as they are supported throughout this CRP. Similarly, the BHSOC Quadruple Aim of the System of Care and the National CLAS Standards are outlined below.

1. BHSOC Guiding Principles of Care Delivery

Principle 1:	Timely Access and Integrated Services
Principle 2:	Strengths-based
Principle 3:	Person-driven and Family -Driven
Principle 4:	Inclusive of Natural Supports
Principle 5:	Clinical Significance and Evidence-Based Practices (EBP)
Principle 6:	Culturally Responsive
Principle 7:	Trauma-Informed and Trauma-responsive
Principle 8:	Co-occurring Capable
Principle 9:	Stages of Change, Motivation, and Harm Reduction
Principle 10:	Continuous Quality Improvement and Outcomes Driven
Principle 11:	Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

2. Quadruple Aim of the BHSOC

a) Deliver quality care
b) Maximize resources while focusing on efficiency
c) Provide an excellent care experience
d) Promote workforce well-being

3. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards)

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

a) Principal Standard

1) Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

b) Governance, Leadership, and Workforce

2) Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3) Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4) Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

c) Communication and Language Assistance

5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

d) Engagement, Continuous Improvement, and Accountability

9) Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12) Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13) Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14) Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

4. Cultural Competence Plan Requirements (CCPRs), which includes the following criteria:

a) **Criterion I:** Commitment to Cultural Competence
b) **Criterion II:** Updated Assessment of Service Needs
c) **Criterion III:** Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
d) **Criterion IV:** Individual/Family Member/Community Committee: Hiring more persons with lived experience into BHSOC positions
e) **Criterion V:** Culturally Competent Training Activities
f) **Criterion VI:** County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff
g) **Criterion VII:** Language Capacity
h) **Criterion VIII:** Adaptation of Services

D. Goals and Objectives of the BHSOC

The Fresno County Behavioral Health System of Care (BHSOC), which includes county Department of Behavioral Health (DBH) staff and contracted organizational and individual providers who deliver Behavioral Health services in Fresno County. The BHSOC is committed to constantly improving services to meet the needs of culturally diverse individuals who are seeking and receiving services. A number of objectives were developed through a stakeholder process, with input from various committees and stakeholder activities. The following goals and objectives below provide the framework for this CRP and will continue to be developed as these goals are expanded, additional data is reviewed, training is delivered, and activities are implemented.

- **1: To provide improved and timely access to culturally and linguistically appropriate, integrated, behavioral health services for persons from various race/ethnicity groups; across all ages; veterans and their families; individuals who are Lesbian, Gay, Bisexual, Transgender, and Questioning Plus (LGBTQ+); persons living with disabilities (hearing, vision, physical); justice-involved individuals and their families; immigrants and refugees; and other diverse cultures.**

  - **Objective 1a**: BHSOC will increase the number of persons served by the Behavioral Health teams. This increase will include, but not be limited to, persons from various race and ethnicity cultures; persons who are monolingual Spanish and Hmong; all age groups; veterans; LGBTQ+; and families.
    - *DBH continues to review the data related to penetration rates, assessing data and opportunities for improving data collection to better inform efforts and strategies. In addition, in the last year, DBH has begun to work with several community partners to facilitate population-specific needs assessments to help identify possible barrieres to accessing care and/or receiving equitable care.*

  - **Objective 1b**: Whenever feasible, BHSOC will hire diverse/bilingual/LGBTQ+ staff to provide services in the preferred language of individuals served across the behavioral health system of care to provide services and improve access to individuals and their family members.
    - *In the past year, DBH has developed an Inclusion Statement which is now included on all job flyers for DBH positions.*
    - *The Department's HR team is working with the County's main HR to be able to gather more demographic data points for additional information, including possibility of demographics on applicants, not just applicants who are referred to the department. This can help assess if the recruitments are reaching and being responded to by a broader, diverse applicant pool.*

  - **Objective 1c**: BHSOC will hire, when possible, individuals with lived experience, individuals receiving behavioral health services, and their family members, who may be bilingual and bicultural, to help address barriers for serving culturally diverse populations.

- *DBH reviewed its Peer Positions, as well as all providers with peer positions and other county peer positions in the region; and found that DBH wages were some of the highest in the area. However, there is still a high vacancy in DBH peer positions. Efforts are being made to explore the barriers to hiring. Since the passage of SB 803, which provides a certification for Peers to expand the types of services that they can deliver, DBH has been involved in statewide and regional efforts to support peer inclusion into the workforce. In the coming year, DBH, through regional work, will support opportunities for persons with lived experience to pursue certification to work in the behavioral health setting. This strategy will also help to increase the number of peers in the BHSOC.*

- **Objective 1d**: BHSOC will identify individuals who are monolingual and new to receiving BHSOC services and assign a bilingual and bicultural workforce member to deliver services in the individual's preferred language, whenever possible.
  - *This process was delayed by COVID-19 and will be developed this year. DBH is continuously working to identify training and staff qualifications to develop a process for identifying individuals' language preferences.*
  - *This year, DBH began to explore language barriers for indigenous persons from southern Mexico and Central American, who do not speak Spanish; and working on a multi-county training and support to help increase and improve access for these communities. There are also limited SEI providers who speak languages such as Lao, Khmer, and Mien, which will need to be explored and expanded to meet the needs of these communities.*
  - *DBH also began to examine possible emerging languages help anticipate future needs. At this time, we have been examining opportunities for translation of outreach and educational materials into Punjabi and in the coming year will have a local needs assessment conducted to examine behavioral health needs of Punjabi speakers in Fresno County.*

- **Objective 1e:** BHSOC will ensure that the access line is culturally responsive to all persons utilizing these services, and individuals receive services in their preferred language in a timely manner, through the use of bilingual staff, interpreters and/or the language line.
  - *The Access Line is tested regularly. Access Line data is analyzed quarterly and reviewed by the DEIC and QIC.*

- **Objective 1f**: BHSOC will continue to provide informing materials in the county's threshold languages (currently Spanish and Hmong) in all BHSOC clinics, and other locations that offer behavioral health services (e.g., contracted service providers, wellness centers). Other forms, including statewide forms, will be available in other languages, when needed.

- **Relevant Standards**
  - CLAS Standards: # 1, 2, 3, 5, 7, 8, 9
  - Guiding Principles: # 1, 2, 3, 4, 6
  - Cultural Competence Plan Requirements (CCPR): # 1, 3, 6, 7

- **Goal 2: To create a work environment where cultural humility, dignity, inclusion, and respect are modeled, so all BHSOC staff experience equitable opportunities for professional and personal growth.**

  - **Objective 2a**: BHSOC will offer foundational culturally responsive trainings for BHSOC staff, as outlined by the Policy and Procedure Guidelines (PPGs).
    - *Revisions to the PPGs that address the CLAS standards have been developed and will soon be finalized. Revisions include an increase in the required minimum hours of annual training.*
    - *Throughout the year, DBH highlights different cultural events and recognition months for the BHSOC, which include panel discussions and sharing of related resources.*
    - *DBH also provides annual training using the Health Equity, Diversity, and Inclusion Multi-Cultural model.*

  - **Objective 2b**: BHSOC will identify and provide trainings on topics including, but not limited to, CLAS standards, equity; inclusion; diversity; social determinants of behavioral health; health disparities, cultural and community practices; consumer culture; recovery culture; Wellness and Recovery Plans (WRAP); access barriers; implicit bias; historical trauma; veteran and family services; and sustainable partnerships, on a regular basis for BHSOC.
    - *DBH is also developing trainings on the following topics: Microaggressions, Racial Equity Impact Survey, Clinical Cultural Responsiveness, Social Determents of Health (SDOH), BIPOC LGBTQ, etc.*

  - **Objective 2c**: BHSOC will provide interpreter and language line training to all direct service providers and staff who regularly communicate with individuals receiving services. Training will address the process for effectively using an interpreter, as well as using the language line, to support individuals receiving services in their preferred language.
    - *DBH has updated the PPGs and developed new guidelines related to Cultural Competence training, language access, interpretation services, etc. Also, DBH has contracted with an organizational provider to translate documents, so that translations are conducted by a professional third party and reviewed by "native speakers" who may be BH staff or other community providers. Behavioral Health Interpreter Training (BHIT) was offered to providers who deliver services in languages other than English.*

  - **Objective 2d**: BHSOC will support the development of a Language Services Subcommittee which supports BHSOC bilingual staff to meet regularly to create an opportunity to share ideas on how to interpret complex medical terms and meet the needs of individuals and families receiving services. This Subcommittee will support the ongoing development of a list of commonly used Behavioral Health terms to support the use of consistent translation of terms. This strategy will help promote a common language across bilingual staff and providers and create consistency in language for individuals receiving services and English-speaking treatment staff. BHSOC will post these documents on the DBH website for easy access to updated documents.

- **Objective 2e**: BHSOC will develop a recruitment practice, in collaboration with HR, to hire individuals and family members to help increase the workforce and expand the number of persons who are reflective of the local community, especially bilingual/bicultural individuals, and help address barriers to accessing services for culturally and linguistically diverse populations. DBH has begun to explore training for managers to ensure practices of inclusivity to improve retention.

- **Relevant Standards**
  - CLAS Standards: # 1, 2, 3, 4, 5, 6, 7, 9, 13
  - Guiding Principles: # 2, 3, 4, 6
  - Cultural Competence Plan Requirements: # 1, 3, 4, 5, 6, 7

➢ **Goal 3: To deliver innovative, evidence-based, promising and community defined, trauma-informed, strengths-based, wellness and recovery focused behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including in diverse community settings (e.g., homes, schools, organizational providers, senior centers, churches, etc.) to promote health and wellness.**

- **Objective 3a**: BHSOC will provide training and implementation strategies on identified culturally responsive, evidence-based, promising and community-defined practices for both mental health and substance use disorder services. This training will include, but not limited to, trauma informed Cognitive Behavioral Therapy; Motivational Interviewing; Stages of Change; Harm Reduction; Wellness and Recovery Action Plans (WRAP), Reaching Recovery; and other identified treatment models and tools.

- **Objective 3b**: BHSOC will identify BHSOC workforce trained in the identified evidence-based, promising and community-defined practices to deliver strength-based, trauma-informed, wellness and recovery focused services.

  - *During the past year, Fresno County participated in trainings that highlighted its community-defined evidence-based practices (CDEPs) in collaboration with other organizations, such as the Catalyst Center, and several others such as the Prevention Institute. (BHIT) was offered to providers who deliver services in languages other than English.*

- **Objective 3c**: BHSOC will support the delivery of person-centered, culturally responsive services which includes family and other natural supports.

- **Objective 3d**: BHSOC will deliver services in the least restrictive environment (e.g., home, schools, organizational providers, senior centers, churches, and other community locations, as appropriate).
  - *As a direct result of COVID 19, BHSOC was able to increase access to care using Tele-health and is continuing its work to create opportunities for more community-based services. This objective has included the development of more continuums of care to better meet the various levels of care needed by individuals who may need a higher level of care, or a step-down to lower levels of care.*

- **Objective 3e**: BHSOC will identify and implement innovative services that utilize cultural leaders, spiritual healers, cultural brokers, and culturally responsive services and practices to create healthy communities that support the delivery of services.
    - *For a number of years, DBH has funded programs that work to address community needs through culturally relevant activities. DBH continues to fund the Holistic Wellness Center Program, and provides education, wellness activities, training and referrals to individuals who may not seek out traditional western mental health services. Culturally Based Access and Navigation Services (CBANS) is a program that uses cultural brokers and community health workers, offering aid in Spanish, Hmong, Lao, Khmer, Hindi, and Punjabi, to assist those communities in accessing traditional or non-traditional behavioral health services.*
    - *DBH was approved last year to conduct a research project focused on justice-involved youth, with the youth being active participants in the work, including co-facilitating groups for some of the research. Through its MHSA Innovation plan funding, DBH is exploring a possible collaboration with local youth to develop a program designed for youth, by youth. Using MHSA Innovation funds, the Department has been working on a Community Participatory Action Research Project to explore collaboration with local Black leaders and faith communities to enhance behavioral health literacy through community participatory action research. That project has completed its first year and in the coming year will establish an advisory council to explore specific needs of the local African American Community. DBH has funded a community needs assessment that focuses on Spanish speaking parents. Findings from this needs assessment will identify opportunities to fund additional funding for four new community needs assessments. These will be focused on LGBTQ Youth; parent needs through a resident's council; Punjabi speakers; and Fresno's Downtown community which has a concentration of unhoused persons. It was unable to secure projects with populations that were identified in the previous plan due to the capacity of those community organizations. These projects are working with indigenous communities from Mexico and Central American; refugees and immigrants from Africa, Asia, Eastern Europe, and the Middle East; and the Muslim-American community.*
    - *For the past two years, DBH has utilized Fresno County's MHSA Innovation Plan to fund three local California Reducing Disparities Project Phase II programs, which are community defined and population specific. To date, Fresno is the only county to fund any community-defined evidence-based practice (CDEP).*
    - *In the last year, DHB used MHSA funds to develop an LGBTQ-BIPOC training with input from LGBTQ community and behavioral health professionals.*
    - *DBH has continued to utilize MHSA PEI funds to address Suicide Prevention opportunities with local LGBTQ+ providers.*

- **Relevant Standards**
    - CLAS Standards: # 1, 4, 6, 8, 13
    - Guiding Principles: # 2, 3, 5, 6, 7, 8
    - Cultural Competence Plan Requirements: # 1, 3, 4, 5

- **Goal 4: To work collaboratively with diverse community groups and organizations to develop outreach and education activities to help disseminate information about behavioral health services.**

  - **Objective 4a**: Identify unserved, underserved, and inappropriately served populations and/or diverse cultures that may experience barriers in accessing behavioral health services (e.g., monolingual Hmong- or Spanish-speaking adults; immigrants and refugees; LGBTQ+; Transition Age Youth (TAY); Older Adults; persons living in rural communities).
    - *DBH continued to utilize market research to help assess its efforts for outreach and access, as well as to inform its strategies on how to better meet needs of diverse communities. DBH developed and maintains pages on its website that are translated into Spanish through the use of professional translation services, and that is reviewed by native speakers. The page has its own easy to use/identify URL (www.DBHespanol.com) to help improve access to information by Spanish speakers. It also includes audio and video information in Spanish. DBH has also developed a Hmong page (www.dbhhmoob.com) and is working on improving translation through the use of community members; and audio options are under development as well. In addition, DBH is now exploring developing content and materials in Punjabi.*

  - **Objective 4b**: BHSOC will participate in at least four diverse community events each fiscal year that targets diverse community outreach activities in a coordinated manner that may include supporting health literacy and disseminating information related to accessing Behavioral Health services.
    - *Attended and participated in Hmong Village grand opening (October 2022)*
    - *Participated in Veteran's Day Parade (November 2022)*
    - *Fresno County participated in the annual Fresno Rainbow Pride Parade and Festival (June 2023)*
    - *Participated in the annual Juneteenth celebration, providing a resource table and highlighting stories in Fresno County's Black/African-American community*
    - *The Department hosted numerous virtual panels and discussions in the past year as well. These were all streamed on the Department's social media platforms and are still available for public viewing.*
    - *In Spring 2022, DBH participated in an Asian American and Native American Pacific Islander-Serving Institution Initiative. Students were also involved from the SEA Student Career fair at Fresno State. DBH also participated in informational workshops for AANAPISI and Students at Fresno States project to focus on careers.*
  - **Objective 4c:** BHSOC will offer prevention and stigma reduction trainings to BHSOC workforce and community organizations [e.g., Suicide Prevention; Mental Health First Aid; WRAP; Crisis Intervention Training (CIT) with Law Enforcement; Applied Suicide Intervention Skills Training (ASIST)].
    - *COVID-19 limited many of these trainings in the past few years. In May 2020, eight (8) feedback/market research groups with different target populations were held to understand how to communicate information about behavioral health,*

services, stigma reduction, etc. to specific groups/communities. This feedback helped to structure how outreach was conducted for DBH.

- *Many of the DBH live stream events and panel discussions have been made available on Relias as additional training opportunities. Many trainings were placed on hold during the COVID 19 pandemic, including CIT, ASIST, and Mental Health First Aid. At this time, DBH has updated the list of trainers and trainings topics to meet the need and current interest.*
- *DBH also participated in several different webinars as presenters/panelist on community collaboration with community providers, community defined evidence-based practice (CDEPs) and other culturally responsive care efforts.*
- *DBH's staff involved with MHSA and DEI participated in a yearlong learning project (Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) including practicum portion which had the staff applying community engagement principles from the training/model.*
- *In September 2022, DBH worked with the local Veterans Administration of Central California and other groups to host a mini-veterans summit, focused on needs of local veterans.*
- *DBH was also a sponsor and participated in two presentations of the annual Central California Women's Conference as well as conduct outreach and engagement on mental health and substance use services.*
- *In the fall of 2022, Fresno County conducted its Mental Health Services Act community planning process, which consisted of 16 different in-person community forums, with a few being facilitated in the threshold languages, and in different diverse communities. A few were conducted virtually.*
- *DHB staff also hosted a mental wellness townhall (fully in Spanish) in the rural community of Huron, in collaboration with the city to increase engagement and awareness.*

- **Relevant Standards**
  - CLAS Standards: # 1, 4, 7, 8
  - Guiding Principles: # 11
  - Cultural Competence Plan Requirements: # 1, 2, 3, 5

➢ **Goal 5: To collect and analyze accurate and reliable demographic, service-level, and outcome data to help understand and evaluate the impact of services on health equity, cost-effectiveness, and outcomes.**

- **Objective 5a**: BHSOC will provide guidance and training on collecting consistent and reliable demographic data on individuals, services delivered, staff areas of specialization, and outcomes.

- **Objective 5b**: BHSOC will utilize data to provide objective and consistent evaluation and feedback to leadership, staff, individuals, and families regarding timely access, individuals served, types of services, and program impact and outcomes to best support and continually strengthen the unique needs of each cultural community.
  - *DBH completed its work with Third Sector as part of the statewide evaluation of Full-Service Partnerships. Fresno County is one of few counties to have*

population specific FSPs (such as for justice involved persons, or Southeast Asian populations). It is now working on ways to improve FSPs including how they can enhance services, but efforts have been limited with proposed changes to MHSA.

- **Objective 5c**: BHSOC will identify strategies for assessing and measuring improved outcomes as a result of the evidence-based, promising and community-defined practices used to deliver effective services. The newly approved CRDP Evolutions which funds three CRDPs/CDEPs will also be accompanied by an independent third-party evaluator to help evaluate the three community defined practice programs.

- **Objective 5d:** BHSOC will identify instruments that measure individual and family outcomes, to help demonstrate improved outcomes as a result of services received.

- **Objective 5e**: Data will be collected and analyzed on an ongoing basis and periodically reviewed by the BHSOC Leadership Team, management teams, DEI Committee, Quality Improvement Committee, BHSOC staff, individuals, and family members to identify opportunities to continually improve access, quality, cost-effectiveness, and service outcomes.

- **Relevant Standards**
  - CLAS Standards: # 1, 2, 10, 11, 12, 14, 15
  - Guiding Principles: # 1 through 11
  - Cultural Competence Plan Requirements: # 1, 2, 3, 4, 5, 7, 8

E. Diversity, Equity, and Inclusion Committee

The Diversity, Equity, and Inclusion Committee (DEIC) is the identified committee that guides the CRP goals and objectives, and continually reviews and analyzes data to better understand our current service delivery system and the impact of the CRP as new strategies are implemented. The DEIC meets monthly on the first Thursday. Attendees include representatives from DBH Leadership, Technology & Quality Management, Managed Care, Contracted Providers, Public Health, and local community-based organizations. Results and activities are reported to the QIC on an annual basis. Accomplishments by the DEIC include developing the official Committee Charter (*See Attachment C)* and making a change in Avatar, the previous Electronic Health Record (EHR), to allow for an individual served/ client's preferred name to be entered in system. The BHSOC will be utilizing a new EHR and will continue to develop strategies to produce meaningful data. Updating and developing Policy and Procedure Guide (PPG) for the DEIC membership, Translation Process, and minimum training requirements for DEI for providers has also been developed and will be finalized. The BHSOC is changing to a new EHR and so there may be new opportunities to improve data collection and usage.

DBH also developed a Participation Agreement for Providers to ensure a specific time commitment for DEIC activities. In collaboration with the Diversity Services Coordinator, the DBH ESM also supported the development of the RAVEN Approach tool (*see Attachment D*), which provides practical methods for responding to micro-aggressions in the workplace and online. This continues to be a tool that is used and is now provided to new employees. Outreach

materials such a mental health lapel pin with the Pan-African flag colors were developed and is used during Black History Month. The county also developed mental health pins that featured the rainbow flag, and those were used during LGBTQ History Month and Pride Month as a way to build community alliance. The approach also promoted greater awareness of mental health issues in both the African American community and LGBTQ+ communities.

Understanding that representation matters, DBH has actively sought to use local (Fresno-centric) images and persons representing Fresno County's diverse communities in marketing and collateral materials. This strategy seeks to connect and engage its local diverse populations through representation. This strategy is reflected in ads across threshold languages, in collateral materials, etc.

DBH developed a targeted survey to help its better understand how diverse communities identify themselves and thus how to communicate effectively. The small, targeted survey sought to see how persons who self-identify as Latino/a refer to themselves. They survey collected demographic data and sought to see if persons had a preference in the use of the term Latino/a or Latinx, how that may vary by age, location, gender identity, sexual orientation, education, etc. These efforts are to help provide more effective engagement.

In addition, the DBH also supported the development of employee resource and affinity groups. The LGBTQ+ Coalition will develop recommendations to improve and expand behavioral health services for members of this community in Fresno County. The Behavioral Health for Black Lives (BHBL) affinity group was formed to advocate for behavioral health equity for all members of the Black community in Fresno County, including DBH staff and individuals served. This group is currently only open to Black DBH staff, which helps to foster a safe space and sense of belonging among current Black DBH staff. Goals of the group include recommending resources, information, and training to all DBH staff and contract providers; developing processes for onboarding new Black Staff; advocating for expanding job opportunities and recruiting activities for aspiring Black Behavioral Health Professionals; providing continued professional development and training to current Black DBH staff; offering quality, culturally responsive supervision to Black service providers; and recommending activities that promote wellness and reduce stigma. These activities will help the system of care obtaining training to better serve and support both Black staff and individuals receiving services.

DBH is working with members of all of the affinity groups to explore transitioning some of them from affinity groups to employee resource workgroups which support DEI work and are able to focus on specific issues or needs of the organization.

F. Diversity, Equity, and Inclusion Subcommittees

There are three (3) separate DEIC Subcommittees: Policy and Cultural Enrichment, Language, and Access. The DEIC Subcommittees now meet virtually each month. Each subcommittee has an identified Chair, Co-Chair, and Note Taker. Each subcommittee has a set of established goals and activities that correspond with the goals and objectives outlined in the CRP, as outlined below. DBH has a page on its site committed to the DEIC, and it has a second page the DBH equity page where diversity, equity and inclusion information is available.

1. Policy and Cultural Enrichment

The goals of the DEIC Policy and Cultural Enrichment subcommittee correspond to CRP Goal 2, to create a work environment where cultural humility, dignity and respect are modeled, so all BHSOC staff experience equitable opportunities for professional and personal growth, and to develop education and training activities in collaboration with diverse community groups and organizations. The goal of this subcommittee is to: (1) identify relevant PPGs for relevancy and consistency with updated DEIC activities and make recommendations for updates to the PPGs; (2) support recruitment of bilingual, bicultural staff; (3) support recruitment of persons with lived experience and/or family members; (4) support staff retention efforts; (5) identify and recommend training opportunities and culturally relevant conferences for county and contract provider staff; and (6) identify four (4) community events to attend in FY 2022/23.

In FY 2022/23, the DEIC Governance, Policy & Human Resources subcommittee helped examine DBH's staff recruitment and retention strategies in order to make recommendations to increase recruitment efforts by increasing outreach in the community and strengthening partnerships with local community-based organizations. In addition, the subcommittee assisted to issue the Mental Health Directive Regarding Cultural Competency Responsibilities to the BHSOC.

2. Language

The DEIC Language subcommittee corresponds to CRP Goal 1, to provide improved and timely access to quality culturally- and linguistically-appropriate, integrated, behavioral health services for persons from various race/ethnicity groups; across all ages; veterans and their families; individuals who are Lesbian, Gay, Bisexual, Transgender, and Questioning Plus (LGBTQ+); persons living with disabilities (hearing, vision, physical); persons released from jail and their families; immigrants and refugees; and other diverse cultures. This subcommittee focuses its efforts on improving and expanding linguistically appropriate services for persons served. Objectives include: (1) develop the Language Champion group for Spanish and Hmong languages; (2) review service-level language data trends and identify needs annually; (3) increase bilingual-skills-proficient staffing for interpretation service to better meet the needs of Limited English Proficient (LEP) populations; and (4) identify interpreter trainings and other learning opportunities for monolingual direct-facing and bilingual speaking staff (county and contract providers).

In FY 2022/23, the DEIC Language subcommittee continued to examine the designation and certification of bilingual staff and worked closely with the Human Resources Department to expand the number of paid bilingual positions and develop strategies to help certify bilingual staff in a timely manner. The subcommittee identified an organization, Voiance, to certify bilingual staff's skills in Spanish and/or Hmong. In addition, the DEIC Language subcommittee is working to develop an Interpreter Champions group to support bilingual staff to discuss cases, consult with one another, and provide additional training. The subcommittee also identified a Behavioral Health Interpreter Training (BHIT) for interpreters and direct service staff. BHIT is a four-part, fourteen-hour workshop designed to provide instruction on the fundamental principles of interpreting.

The DEI Language Subcommittee also developed a Spanish Language Champions Guide, which is available on its website. This guide provides comprehensive English-to-Spanish translations to use when providing mental health services. This guide shows the English and corresponding Spanish words and phrases, to help communicate with Spanish speakers. It is well organized into different topics from Introductory phrases for counselors to use, through explaining different diagnostic terms (e.g., Depression; Anxiety); Behavioral Health clinical terms; medical terms; and other mental health symptoms and concepts. This provides an excellent guide for creating a common language across interpreters to help 'standardize' terms. This helps both the persons served and family members to have the information translated consistently across interpreters and for behavioral health staff.

3. Access

Similar to the Language subcommittee, the DEIC Access subcommittee corresponds to CRP Goal 1: to provide improved and timely access to culturally- and linguistically-appropriate, integrated, behavioral health services for persons from various race/ethnicity groups; across all ages; veterans and their families; individuals who are Lesbian, Gay, Bisexual, Transgender, and Questioning Plus (LGBTQ+); persons living with disabilities (hearing, vision, physical); justice involved persons and their families; immigrants and refugees; and other diverse cultures. Rather than concentrating efforts on linguistic services, this subcommittee focuses on improving timely access to services for all cultural and racial/ethnic groups, especially for groups who have been identified as underserved by DBH. Objectives include: (1) review service-level data by race/ethnicity, gender, age, language, LGBTQ+, and region; (2) review BH Access Line data by age, race, ethnicity, language, SOGI, region, and use of interpretation services; (3) review data on access to interpretation services by language and program, and compare access to face-to-face versus telehealth; (4) review service level BH data by race, ethnicity, language, gender, and SOGI, and make recommendations to improve access to services for underserved populations; and (5) make recommendations to improve BH data collection.

In FY 2022/23, the DEIC Access subcommittee reviewed service-level data by race/ethnicity, gender, age, language, LGBTQ+, and region to identify strategies to improve engagement with underserved populations in Fresno County. The subcommittee also identified the need to improve data collection, especially for language, gender, and sexual orientation. The subcommittee is also discussing strategies for having the Access Line Provider(s), Beacon and Exodus, to consistently collect demographic information (Date of Birth; Race; Ethnicity; Primary/ Preferred Language; Gender; SOGI) and make recommendations to improve access to services for underserved populations. Exodus became the designated provider for the Access Line for both mental health and substance use calls beginning July 2022. In addition, the Access subcommittee is actively researching the most effective methods for asking demographic questions and continues to work with the Quality Management department to develop strategies to improve data collection and quality.

In the MHSA Innovation Annual Update, DBH identified several human-centered and participatory action needs assessments, focusing on immigrant/refugee, Indigenous, sand other underserved populations. These efforts may inform specific community needs and opportunities to improve and streamline access for populations that have had challenges in accessing care or culturally responsive services.

II. DATA AND ANALYSIS

A. Fresno County Geographic, Demographic, and Socioeconomic Profile

1. Geographical Location and Attributes of the County

Fresno County is a large county (population of 1,008,654) that lies in the Central Valley of California, bordered on the west by the Coast Range and on the east by the Sierra Nevada Mountain Range. The county seat, the City of Fresno, is the fifth largest city in California. Other cities include Clovis, Sanger, Reedley, Selma, Parlier, Kerman, Coalinga, Kingsburg, Mendota, Orange Cove, Firebaugh, Huron, Fowler, and San Joaquin. In addition, there are twenty-eight (28) census-designated places, and seven (7) unincorporated communities.

2. Demographics of the County

Figure 1 shows age and race/ethnicity, and gender of the general population. For the 1,008,654 residents who live in Fresno County, 22.9% are children ages 0-15; 14.8% are Transition Age Youth (TAY) ages 16-25; 43.9% are adults ages 26-59; and 18.4% are older adults ages 60 years and older. The majority of persons in Fresno County are Hispanic/Latino (53.6%). Persons who are Black represent 4.4% of the population, American Indian/ Alaskan Native represent 0.6%, Asian/Pacific Islander represent 11%, White represent 27%, and Other/Not Reported represent 3.4% of the population. There are an equal proportion of females (50.3%) and males (49.7%) in the county.

Figure 1
Fresno County Residents
By Gender, Age, and Race/Ethnicity
(Population Source: 2020 Census)

	Fresno County Population 2020 Census	
Age Distribution	**Number**	**Percent**
0 - 15 years	231,202	22.9%
16 - 25 years	149,342	14.8%
26 - 59 years	442,520	43.9%
60+ years	185,590	18.4%
Total	**1,008,654**	**100.0%**
Race/Ethnicity Distribution	**Number**	**Percent**
Black	44,295	4.4%
American Indian/ Alaskan Native	6,074	0.6%
Asian/ Other Pacific Islander	110,898	11.0%
Hispanic/ Latino	540,743	53.6%
White	271,889	27.0%
Other/ Not Reported	34,755	3.4%
Total	**1,008,654**	**100.0%**
Gender Distribution	**Number**	**Percent**
Male	501,441	49.7%
Female	507,213	50.3%
Total	**1,008,654**	**100.0%**

It is estimated that approximately 46% of the adult population of Fresno County speaks a language other than English at home (2021 American Community Survey). Spanish and Hmong are the threshold languages in Fresno County.

3. Socioeconomic Factors

Healthcare, retail trade, and agriculture are the three largest industries in Fresno County. The unemployment rate in the Fresno County was 13.5% in July 2020; the state unemployment rate was 13.5% in the same period (2019 California Employment Development Department). The high rate of unemployment in Fresno County, and the state of California as a whole, is a result of the Covid-19 crisis and subsequent Shelter in Place Order that began in March 2020.

The median household income in Fresno County is $69,571, which is significantly lower than the statewide amount of $91,551 (2021 American Community Survey). The county has a high percentage of its population living under the poverty level (18.7%), compared to statewide (12.2%).

4. Penetration Rates for Mental Health Services

Figure 2 shows the percentage of the general population who access mental health services. Figure 2 shows the same county general population data shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2022/23). From this data, a penetration rate was calculated, showing the percent of persons in the general population that received mental health services in FY 2022/23. This data is shown by age, race/ethnicity, and gender. primary language was not available for the general population. Note: The general population is used to calculate the penetration rate because the total number of persons in the county with Medi-Cal eligibility/benefits was not available). In addition, the total number of persons served by mental health includes both individuals with Medi-Cal and those who do not have Medi-Cal. So, using the general population is a better representation of access to services.

There were 26,712 people who received one or more mental health services in FY 2022/23. Of these individuals, 34.1% were children ages 0-15; 17.9% were Transition Age Youth (TAY) ages 16-25; 40.4% were adults ages 26-59; and 7.5% were 60 and older. There were 10.4% Black, 0.8% American Indian/ Alaskan Native, 4.7% Asian/Pacific Islander, 47.5% Hispanic/Latino, and 20.8% of the individuals who were White. All other race/ethnicity groups represented a small number of individuals. The majority of individuals receiving mental health services have a primary language of English (82.1%), 11.5% have a primary language of Spanish, and 1.7% have a primary language of Hmong/Lao.

The penetration rate data shows that 2.6% of the Fresno County population received mental health services. Of these individuals, children ages 0-15 had a penetration rate of 3.9%; TAY ages 16-25 had a penetration rate of 3.2%; adults ages 26-59 had a penetration rate of 2.4%; and older adults ages 60 and older had a penetration rate of 1.1%.

For race/ethnicity, persons who are Black had a penetration rate of 6.3%; 1.1% Asian/Pacific Islander; 2.3% Hispanic/Latino; and White had a penetration rate of 2%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. Data shows that there are 3,078 individuals who reported Spanish as their primary language and 442 who reported Hmong/Lao as their primary language.

Males had a slightly lower mental health penetration rate (2.5%), compared to females (2.7%).

NOTE: *This data was collected from the DBH Avatar Electronic Health Record. The data does not include all persons served through the Mental Health Services Act (MHSA) programs, as only some MHSA programs and providers utilize or have access to Avatar.*

Figure 2
Fresno County Mental Health Penetration Rate
by Gender, Age, Race/Ethnicity, and Language
(Population Source: 2020 Census)

	Fresno County Population 2020 Census		All Mental Health Participants FY 2022-23		Fresno County Population Mental Health Penetration Rate FY 2022-23
Age Distribution					
0 - 15 years	231,202	22.9%	9,117	34.1%	9,117 / 231,202 = 3.9%
16 - 25 years	149,342	14.8%	4,792	17.9%	4,792 / 149,342 = 3.2%
26 - 59 years	442,520	43.9%	10,791	40.4%	10,791 / 442,520 = 2.4%
60+ years	185,590	18.4%	2,012	7.5%	2,012 / 185,590 = 1.1%
Total	**1,008,654**	**100.0%**	**26,712**	**100.0%**	**26,712 / 1,008,654 = 2.6%**
Race/Ethnicity Distribution					
Black	44,295	4.4%	2,775	10.4%	2,775 / 44,295 = 6.3%
American Indian/ Alaskan Native	6,074	0.6%	213	0.8%	213 / 6,074 = 3.5%
Asian/ Other Pacific Islander	110,898	11.0%	1,243	4.7%	1,243 / 110,898 = 1.1%
Hispanic/ Latino	540,743	53.6%	12,692	47.5%	12,692 / 540,743 = 2.3%
White	271,889	27.0%	5,549	20.8%	5,549 / 271,889 = 2.0%
Other/ Not Reported	34,755	3.4%	4,240	15.9%	4,240 / 34,755 = 12.2%
Total	**1,008,654**	**100.0%**	**26,712**	**100.0%**	**26,712 / 1,008,654 = 2.6%**
Language Distribution					
English	-	-	21,920	82.1%	-
Spanish	-	-	3,078	11.5%	-
Hmong/ Lao	-	-	442	1.7%	-
Other/ Not Reported	-	-	1,272	4.8%	-
Total	-	-	**26,712**	**100.0%**	-
Gender Distribution					
Male	501,441	49.7%	12,782	47.9%	12,782 / 501,441 = 2.5%
Female	507,213	50.3%	13,839	51.8%	13,839 / 507,213 = 2.7%
Transgender	-	-	72	0.27%	-
Other/ Not Reported	-	-	19	0.07%	-
Total	**1,008,654**	**100.0%**	**26,712**	**100.0%**	**26,712 / 1,008,654 = 2.6%**

5. Analysis of Disparities identified in Mental Health Penetration Rates

The penetration rate data by age shows that there are higher proportions of children and TAY served, compared to adults and older adults. Older adults are the most underserved age group of individuals receiving mental health services. However, many older adults have Medicare insurance, and may be accessing mental health services through private providers. When

Medicare services are delivered by private providers, the data on service utilization is not reported to BH.

The penetration rate data by race/ethnicity shows the number of persons served out of the county population for each cultural group. Across all cultures, the penetration rate is 2.6%. This data shows variability across the different cultural groups, but this data is difficult to interpret for the cultural groups with smaller numbers in the population. The penetration rate for persons who are Hispanic/Latino is 2.3% with 12,692 accessing mental health services out of the total Hispanic/Latino population of 540,743. The penetration rate for persons who are Black is 6.3%, with a smaller number of people served (2,775) and smaller population in the county (44,295). The penetration rate for persons who are White is 2%, with 5,549 persons served, out of 271,889 in the population. There were 4,240 out of 34,755 people with an 'Other/Not Reported' for data reported on race/ethnicity, showing a penetration rate of 12.2%. There is a very high rate of Other/Not Reported race/ethnicity for FY 2022/23. This high rate of Other/Not Reported which may reflect the impact of COVID on the system of care. If all services for an individual are delivered through telehealth, demographic information is not consistently collected by service delivery staff.

This data highlights the need to continue to periodically analyze data to assess access to services for different racial and ethnic groups and identify methods for collecting preferred language, especially for persons who speak Spanish and Hmong, the two threshold languages. Also, the data shows the need to develop methods to accurately collect race and ethnicity, sexual orientation and gender identity (SOGI) and expand the availability of bilingual, bicultural staff to deliver services in the individual's preferred language. This information would be helpful in identifying the need to recruit, hire, and retain more bilingual and bicultural staff to provide direct services and administrative support in each community.

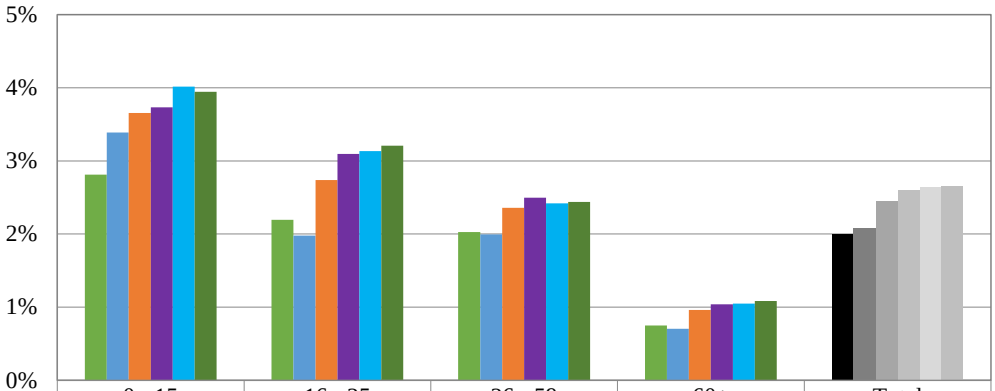
This data provides important information on documenting the ongoing need to attract, employ, and retain bilingual/bicultural staff, improve access, and identify other opportunities to engage culturally diverse communities. The development of additional positions and expanding workforce to address cultural/language needs will be implemented in collaboration with a mental health literacy effort. This approach will help to address the stigma that prevents people from accessing care, even when the staff speaks the language or understands their family's culture. This multi-pronged effort will help to promote access and hiring efforts. While we continue to increase the number of bilingual and bicultural staff across the BHSOC, this data illustrates there is a continued need to refine and enhance data collection to support our goals of improving access and services using accurate and reliable data.

The data on gender distribution shows that there are many challenges in collecting accurate information on Sexual Orientation and Gender Identity (SOGI) data. Out of the 26,712 persons served, only 72 reported Transgender. This area will continue to be a focus for DBH, as well as the DEI Committee, to identify strategies for collecting this important information.

6. Mental Health Penetration Rate Trends for Six Fiscal Years

Figure 3 shows the penetration rates data for six (6) years, FY 2017/18 to FY 2022/23, by age. The data shows an increase in the number of individuals served between FY 2017/18 through FY 2022/23 across all age groups. The total number of individuals served increased from 20,135 to 26,712 individuals in this period. The number of individuals served ages 0-15 increased from 6,499 to 9,117, and the number of TAY ages 16-25 increased from 3,279 to 4,792. The number of adult individuals served ages 26-59 increased from 8,967 to 10,791, and the number of older adults ages 60 and older increased from 1,390 to 12,012.

Figure 3
Fresno County Mental Health Services
Mental Health Penetration Rate, by Age
FY 2017-18 to FY 2022-23



	0 - 15	16 - 25	26 - 59	60+	Total
FY 2017-18 # Participants	6,499	3,279	8,967	1,390	20,135
FY 2017-18 Penetration Rate	2.8%	2.2%	2.0%	0.7%	2.0%
FY 2018-19 # Participants	7,831	2,956	8,822	1,309	20,918
FY 2018-19 Penetration Rate	3.4%	2.0%	2.0%	0.7%	2.1%
FY 2019-20 # Participants	8,453	4,088	10,434	1,783	24,758
FY 2019-20 Penetration Rate	3.7%	2.7%	2.4%	1.0%	2.5%
FY 2020-21 # Participants	8,632	4,623	11,052	1,932	26,239
FY 2020-21 Penetration Rate	3.7%	3.1%	2.5%	1.0%	2.6%
FY 2021-22 # Participants	9,281	4,679	10,711	1,947	26,618
FY 2021-22 Penetration Rate	4.0%	3.1%	2.4%	1.0%	2.6%
FY 2022-23 # Participants	9,117	4,792	10,791	2,012	26,712
FY 2022-23 Penetration Rate	3.9%	3.2%	2.4%	1.1%	2.6%
Fresno County Census Population	231,202	149,342	442,520	185,590	1,008,654

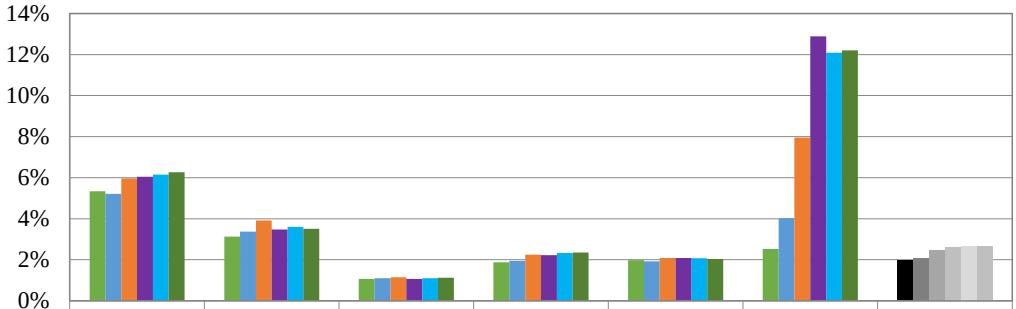
Figure 4 shows the Penetration Rate for the same six (6) years for race/ethnicity. The total number of clients served each year increased across all race and ethnicity categories, and for the total number of persons served. The number of clients increased from 20,135 in FY 2017/18 to 26,712 in FY 2022/23. This number is an increase of 6,577 clients across the five years.

Overall, the penetration rate shows an increase, 2.2% to 2.6%. Each of the five primary race/ethnicity groups also or an increase in the number of persons served. The number of individuals served who are Black increased slightly (2,366 to 2,775). The number of individuals served who are American Indian/Alaska Native increased slightly (190 to 213). The number of individuals served who are Asian/Other Pacific Islander increased slightly (1,185 to 1,243).

The number of individuals served who are White increased across the five years from 5,396 to 5,549). The number of Hispanic/Latino individuals served showed an increase, from 10,119 to 12,692.

The large number of persons who did not have race/ethnicity reported is also shown in this figure. Across the five years, there has also been a large increase in the number of individuals served whose race/ethnicity is Not Reported (879 to 4,240). This increase was most significant from 2,766 in FY 2019/20 to 4,479 in FY 2020/21. This increase is likely due to COVID-19 and the increase in the use of telehealth. Compared to FY 2020/21, there has been a slight decrease from 4,479 to 4,240 in FY 2022/23.

Figure 4
Fresno County Mental Health Services
Mental Health Penetration Rate, by Race/Ethnicity
FY 2017-18 to FY 2022-23



	Black	American Indian/ Alaskan Native	Asian/ Other Pacific Islander	Hispanic/ Latino	White	Other/ Not Reported	Total
FY 2017-18 # Participants	2,366	190	1,185	10,119	5,396	879	20,135
FY 2017-18 Penetration Rate	5.3%	3.1%	1.1%	1.9%	2.0%	2.5%	2.0%
FY 2018-19 # Participants	2,310	205	1,221	10,545	5,238	1,399	20,918
FY 2018-19 Penetration Rate	5.2%	3.4%	1.1%	2.0%	1.9%	4.0%	2.1%
FY 2019-20 # Participants	2,640	238	1,269	12,167	5,678	2,766	24,758
FY 2019-20 Penetration Rate	6.0%	3.9%	1.1%	2.3%	2.1%	8.0%	2.5%
FY 2020-21 # Participants	2,680	211	1,178	12,020	5,671	4,479	26,239
FY 2020-21 Penetration Rate	6.1%	3.5%	1.1%	2.2%	2.1%	12.9%	2.6%
FY 2021-22 # Participants	2,722	219	1,224	12,600	5,651	4,202	26,618
FY 2021-22 Penetration Rate	6.1%	3.6%	1.1%	2.3%	2.1%	12.1%	2.6%
FY 2022-23 # Participants	2,775	213	1,243	12,692	5,549	4,240	26,712
FY 2022-23 Penetration Rate	6.3%	3.5%	1.1%	2.3%	2.0%	12.2%	2.6%
Fresno County Census Population	44,295	6,074	110,898	540,743	271,889	34,755	1,008,654

7. Mental Health Medi-Cal Population

In addition to examining the Penetration Rate for access to mental health services in the general population, it is also important to calculate the percent of Medi-Cal mental health service recipients out of total mental health service recipients. Figure 5 shows the comparison of total mental health participants and those who have Medi-Cal benefits. This data is analyzed by age, race/ethnicity, language, and gender.

The first column of numbers in Figure 5 shows the total number of persons served in the mental health system in FY 2022/23. For children, there were 9,117 children served (34.1% of all participants). The middle column shows the number of mental health participants that had Medi-Cal. For children, there were 6,745 children with Medi-Cal (34.2% of Medi-Cal participants). The far-right column shows the percentage of children participants with Medi-Cal (74%). Across the ages, TAY have the highest proportion of mental health participants on Medi-Cal (78%). The smallest proportion is older adults, at 56%. Many older adults have Medicare, so access services through private providers.

For Race/ethnicity, Asian/Pacific Islander have the highest proportion on Medi-Cal at 80.1%. Hispanic is 76.7% and White is 74.7%.

Language shows 86.9% of all Hmong/Lao clients have Medi-Cal while 77.2% of Spanish speakers. Females have a higher proportion on Medi-Cal with 75.6% compared to males at 72%.

Figure 5
Fresno County Percent of Medi-Cal Mental Health Service Recipients out of total Mental Health Service Recipients
By Age, Race/Ethnicity, Language, and Gender

	All Mental Health Participants FY 2022-23		Medi-Cal Mental Health Participants Served FY 2022-23		MH Medi-Cal Participants out of Total MH Participants FY 2022-23
Age Distribution					
0 - 15 years	9,117	34.1%	6,745	34.2%	6,745 / 9,117 = 74.0%
16 - 25 years	4,792	17.9%	3,737	18.9%	3,737 / 4,792 = 78.0%
26 - 59 years	10,791	40.4%	8,120	41.2%	8,120 / 10,791 = 75.2%
60+ years	2,012	7.5%	1,127	5.7%	1,127 / 2,012 = 56.0%
Total	**26,712**	**100.0%**	**19,729**	**100.0%**	**19,729 / 26,712 = 73.9%**
Race/Ethnicity Distribution					
Black	2,775	10.4%	2,088	10.6%	2,088 / 2,775 = 75.2%
American Indian/ Alaskan Native	213	0.8%	156	0.8%	156 / 213 = 73.2%
Asian/ Other Pacific Islander	1,243	4.7%	996	5.0%	996 / 1,243 = 80.1%
Hispanic/ Latino	12,692	47.5%	9,737	49.4%	9,737 / 12,692 = 76.7%
White	5,549	20.8%	4,147	21.0%	4,147 / 5,549 = 74.7%
Other/ Not Reported	4,240	15.9%	2,605	13.2%	2,605 / 4,240 = 61.4%
Total	**26,712**	**100.0%**	**19,729**	**100.0%**	**19,729 / 26,712 = 73.9%**
Language Distribution					
English	21,920	82.1%	16,369	83.0%	16,369 / 21,920 = 74.7%
Spanish	3,078	11.5%	2,375	12.0%	2,375 / 3,078 = 77.2%
Hmong/ Lao	442	1.7%	384	1.9%	384 / 442 = 86.9%
Other/ Not Reported	1,272	4.8%	601	3.0%	601 / 1,272 = 47.2%
Total	**26,712**	**100.0%**	**19,729**	**100.0%**	**19,729 / 26,712 = 73.9%**
Gender Distribution					
Male	12,782	47.9%	9,206	46.7%	9,206 / 12,782 = 72.0%
Female	13,839	51.8%	10,460	53.0%	10,460 / 13,839 = 75.6%
Transgender	72	0.27%	53	0.27%	53 / 72 = 73.6%
Other/ Not Reported	19	0.07%	10	0.05%	10 / 19 = 52.6%
Total	**26,712**	**100.0%**	**19,729**	**100.0%**	**19,729 / 26,712 = 73.9%**

8. Analysis of Disparities identified in Persons receiving Medi-Cal Services

Figure 5 shows that the majority of individuals served by the mental health system had Medi-Cal benefits. Overall, 73.9% of the persons served had Medi-Cal. Persons ages 60 and older had the lowest proportion of Medi-Cal benefits at 56%. For race/ethnicity, 61.4% of those with other/not reported had Medi-Cal benefits and those with other/not reported for Language (47.2%) had Medi-Cal. Males had a lower proportion of males with Medi-Cal (72%) compared to females (75.6%). We will continue to identify opportunities to improve access and data by going to community forums and conduct needs assessments to identify disparities in services by different populations.

9. Penetration Rates for Substance Use Disorder Services

Figure 6 shows the number of persons in the county *general* population (2020 Census) and the number of persons who received substance use disorder (SUD) services in FY 2022/23. From this data, a penetration rate was calculated, showing the percentage of persons in the *general* population that received SUD services during this time period. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population. Note: The general population is used to calculate the penetration rate because the total number of persons in the county with Medi-Cal eligibility/benefits was not available. In addition, the total number of persons served by SUD services includes both individuals with Medi-Cal and those who do not have Medi-Cal. So, using the general population is a better representation of access to services.

Of the 1,008,654 residents who live in Fresno County, 30.6% are less than 21 years old; 28.6% are ages 21-39; 22.5% are adults ages 40-59; and 18.4% are older adults ages 60 years and older. The majority of persons in Fresno County identify as Hispanic/Latino (53.6%) and White (27%). There are an equal number of individuals who identify as male (49.7%) and female (50.3%) in the county.

As expected, the proportion of persons receiving SUD services shows a different proportion of individuals by age. There were 3,790 individuals who received one or more SUD services in FY 2022/23. Of these individuals, 40% were less than 21 years old; 39.7% were ages 21-39; 18.3% were adults ages 40-59; and 2% were ages 60 and older.

Of the individuals who received SUD services, 62.4% identified as Hispanic/Latino and 16.9% identified as White. All other race/ethnicity groups represented a small number of individuals. Most individual's primary language was English (89.2%), 7.2% reported a primary language of Spanish, and 0.1% reported a primary language of Hmong/Lao. More individuals receiving SUD services identified as male (59.7%) as compared to female (40%) or Transgender (0.3%).

The penetration rate data shows that 0.4% of the Fresno County population received SUD treatment services. Of these individuals, participants less than 21 years old had a penetration rate of 0.5%, ages 21-39 had a penetration rate of 0.5%, adults ages 40-59 had a penetration rate of 0.3%, and older adults ages 60 and older had a penetration rate of 0.04%.

For race/ethnicity, persons who identified as Hispanic/Latino had a penetration rate of 0.4% and persons who identified as White had a penetration rate of 0.2%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. Males had a higher penetration rate (0.5%) compared to females (0.3%).

Figure 6
Fresno County Substance Use Disorder Outpatient Penetration Rates
by Age, Race/Ethnicity, Language, and Gender
(Population Source: 2020 Census)

	Fresno County Population 2020 Census		All Substance Use Participants FY 2022-23		Fresno County Population Substance Use Penetration Rate FY 2022-23
Age Distribution					
< 21 years	308,241	30.6%	1,517	40.0%	1,517 / 308,241 = 0.5%
21 - 39 years	288,313	28.6%	1,506	39.7%	1,506 / 288,313 = 0.5%
40 - 59 years	226,510	22.5%	693	18.3%	693 / 226,510 = 0.3%
60+ years	185,590	18.4%	74	2.0%	74 / 185,590 = 0.04%
Total	**1,008,654**	**100.0%**	**3,790**	**100.0%**	**3,790 / 1,008,654 = 0.4%**
Race/Ethnicity Distribution					
Black	44,295	4.4%	321	8.5%	321 / 44,295 = 0.7%
American Indian/ Alaskan Native	6,074	0.6%	39	1.0%	39 / 6,074 = 0.6%
Asian/ Other Pacific Islander	110,898	11.0%	105	2.8%	105 / 110,898 = 0.1%
Hispanic/ Latino	540,743	53.6%	2,364	62.4%	2,364 / 540,743 = 0.4%
White	271,889	27.0%	641	16.9%	641 / 271,889 = 0.2%
Other/ Not Reported	34,755	3.4%	320	8.4%	320 / 34,755 = 0.9%
Total	**1,008,654**	**100.0%**	**3,790**	**100.0%**	**3,790 / 1,008,654 = 0.4%**
Language Distribution					
English	-	-	3,382	89.2%	-
Spanish	-	-	272	7.2%	-
Hmong/ Lao	-	-	3	0.1%	-
Other/ Not Reported	-	-	133	3.5%	-
Total	-	-	**3,790**	**100.0%**	-
Gender Distribution					
Male	501,441	49.7%	2,262	59.7%	2,262 / 501,441 = 0.5%
Female	507,213	50.3%	1,517	40.0%	1,517 / 507,213 = 0.3%
Transgender	-	-	11	0.3%	-
Total	**1,008,654**	**100.0%**	**3,790**	**100.0%**	**3,790 / 1,008,654 = 0.4%**

10. Analysis of Disparities identified in SUD Services

Figure 6 data also shows that the majority of SUD outpatient services individuals served are adults 21-39 years (39.7% compared to 28.6% of the population). Individuals served who identified as Hispanic/Latino represent 62.4% of the individuals served compared to 53.6% of the population.

Individuals served who identified as Black had a higher proportion of individuals served (8.5% compared to 4.4% of the population), as did American Indian/Alaskan Native (1% compared to 0.6% of the population). There was a higher proportion of individuals served who identified as male (59.7%) than female (40%). This data illustrates the need to provide culturally responsive/appropriate services to individuals receiving SUD services.

B. Utilization of Behavioral Health Services

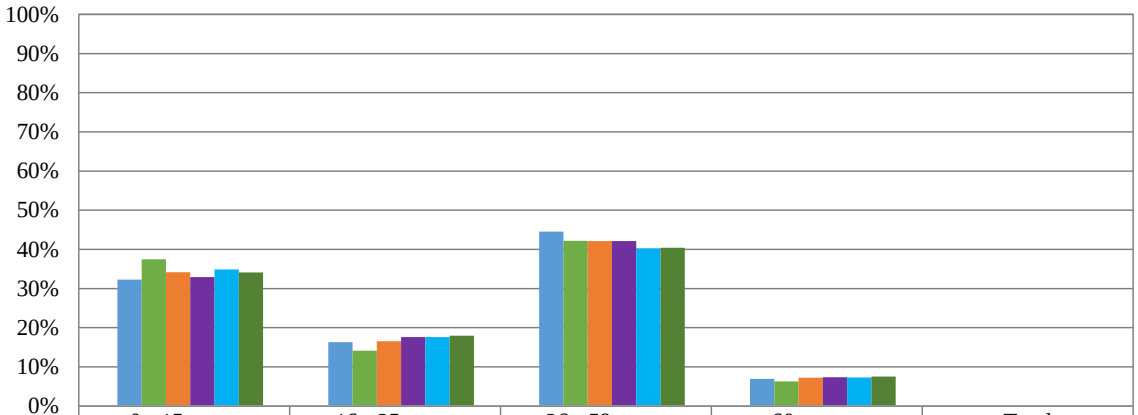
1. Mental Health Outpatient Services by Demographics

Figure 7 shows the number and percent of individuals who received mental health outpatient services by age group for six (6) years, FY 2017/18 to FY 2022/23. This data is calculated from EHR data. This data does not include persons served through programs funded solely through the Mental Health Services Act (MHSA) and/or from organizational providers who do not report data to the EHR. This data shows an unduplicated count of individuals served in each of the six (6) fiscal years, by age group. Each fiscal year represents services delivered from July 1 through June 30.

Of the 26,712 people served in FY 2022/23:

- 34.1% were Children ages 0-15;
- 17.9% were TAY, ages 16-25;
- 40.4% were Adults ages 26-59; and
- 7.5% were Older Adults, ages 60+.

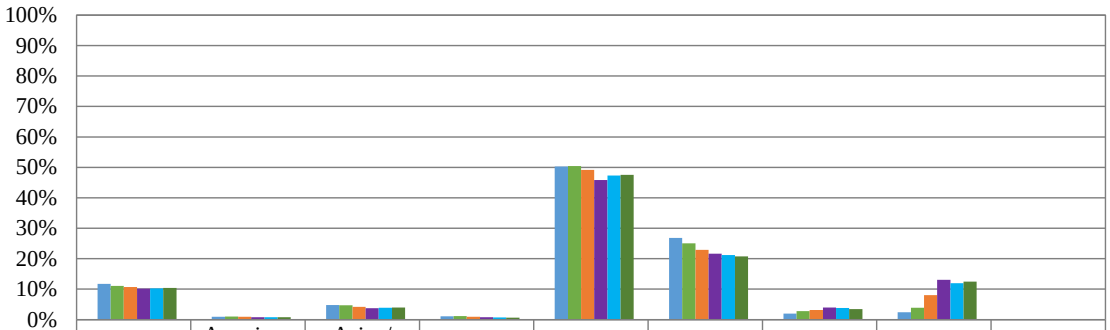
Figure 7
Fresno County Mental Health Outpatient Services
Number and Percent of Individuals Served, by Age
FY 2017-18 to FY 2022-23



	0 - 15 years	16 - 25 years	26 - 59 years	60+ years	Total
# FY 2017-18 Individuals	6,499	3,279	8,967	1,390	20,135
% FY 2017-18 Individuals	32.3%	16.3%	44.5%	6.9%	100.0%
# FY 2018-19 Individuals	7,831	2,956	8,822	1,309	20,918
% FY 2018-19 Individuals	37.4%	14.1%	42.2%	6.3%	100.0%
# FY 2019-20 Individuals	8,453	4,088	10,434	1,783	24,758
% FY 2019-20 Individuals	34.1%	16.5%	42.1%	7.2%	100.0%
# FY 2020-21 Individuals	8,632	4,623	11,052	1,932	26,239
% FY 2020-21 Individuals	32.9%	17.6%	42.1%	7.4%	100.0%
# FY 2021-22 Individuals	9,281	4,679	10,711	1,947	26,618
% FY 2021-22 Individuals	34.9%	17.6%	40.2%	7.3%	100.0%
# FY 2022-23 Individuals	9,117	4,792	10,791	2,012	26,712
% FY 2022-23 Individuals	34.1%	17.9%	40.4%	7.5%	100.0%

Figure 8 shows the number and percent of individuals who received one or more mental health outpatient services from FY 2017/18 to FY 2022/23, by race/ethnicity. This data is collected from the EHR. This data shows that in FY 2022/23, of the 26,712 individuals receiving mental health services, 20.8% are White, 47.5% are Hispanic/Latino, 0.8% are American Indian/Alaskan Native, 4% are Asian/Other Pacific Islander, 10.4% are Black, 0.7% are Hmong/Laotian, and 3.4% Other. There were 3,324 (12.4%) that did not report race/ethnicity.

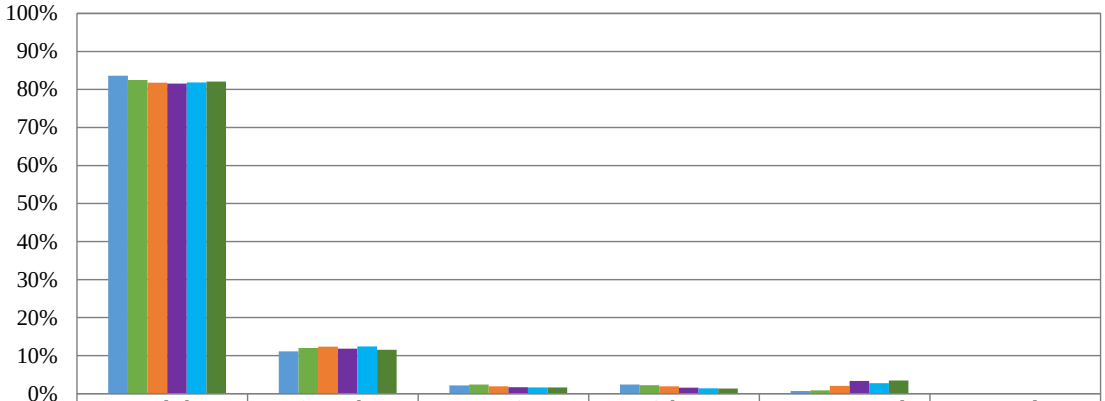
Figure 8
Fresno County Mental Health Outpatient Services
Number and Percent of Individuals Served, by <u>Race/Ethnicity</u>
FY 2017-18 to FY 2022-23



	Black	American Indian/ Alaskan Native	Asian/ Other Pacific Islander	Hmong/ Laotian	Hispanic/ Latino	White	Other	Not Reported	Total
# FY 2017-18 Individuals	2,366	190	963	222	10,119	5,396	398	481	20,135
% FY 2017-18 Individuals	11.8%	0.9%	4.8%	1.1%	50.3%	26.8%	2.0%	2.4%	100.0%
# FY 2018-19 Individuals	2,310	205	984	237	10,545	5,238	589	810	20,918
% FY 2018-19 Individuals	11.0%	1.0%	4.7%	1.1%	50.4%	25.0%	2.8%	3.9%	100.0%
# FY 2019-20 Individuals	2,640	238	1,046	223	12,167	5,678	772	1,994	24,758
% FY 2019-20 Individuals	10.7%	1.0%	4.2%	0.9%	49.1%	22.9%	3.1%	8.1%	100.0%
# FY 2020-21 Individuals	2,680	211	975	203	12,020	5,671	1,050	3,429	26,239
% FY 2020-21 Individuals	10.2%	0.8%	3.7%	0.8%	45.8%	21.6%	4.0%	13.1%	100.0%
# FY 2021-22 Individuals	2,722	219	1,042	182	12,600	5,651	1,021	3,181	26,618
% FY 2021-22 Individuals	10.2%	0.8%	3.9%	0.7%	47.3%	21.2%	3.8%	12.0%	100.0%
# FY 2022-23 Individuals	2,775	213	1,063	180	12,692	5,549	916	3,324	26,712
% FY 2022-23 Individuals	10.4%	0.8%	4.0%	0.7%	47.5%	20.8%	3.4%	12.4%	100.0%

Figure 9 shows the number and percent of individuals who received one or more mental health outpatient services for six (6) years (FY 2017/18 to FY 2022/23) by primary language. This data shows that in FY 2022/23, 82.1% of individuals served reported English, 11.5% reported Spanish, 1.7% reported Hmong/Laotian, and 1.3% reported Other Languages. There were 923 that did not report a primary language (3.5%).

Figure 9
Fresno County Mental Health Outpatient Services
Number and Percent of Individuals Served, by Primary Language
FY 2017-18 to FY 2022-23

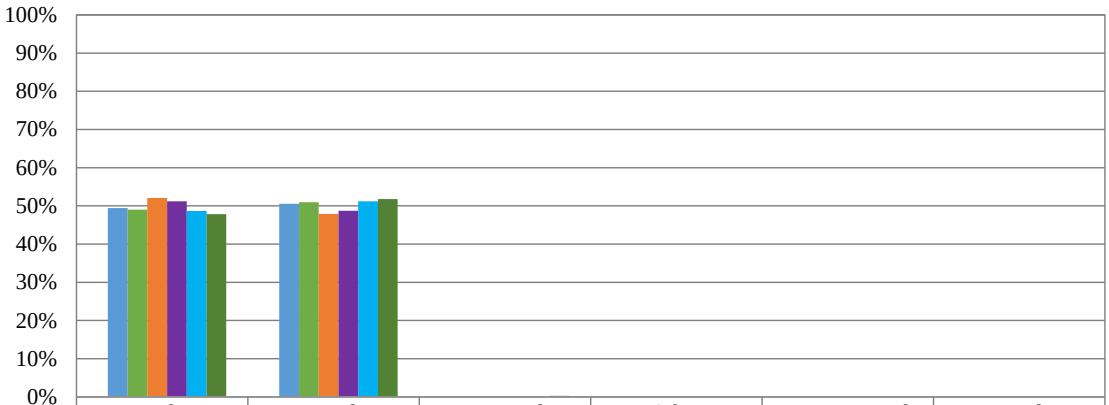


	English	Spanish	Hmong/ Lao	Other	Not Reported	Total
# FY 2017-18 Individuals	16,838	2,244	438	479	136	20,135
% FY 2017-18 Individuals	83.6%	11.1%	2.2%	2.4%	0.7%	100.0%
# FY 2018-19 Individuals	17,253	2,512	501	470	182	20,918
% FY 2018-19 Individuals	82.5%	12.0%	2.4%	2.2%	0.9%	100.0%
# FY 2019-20 Individuals	20,244	3,054	479	473	508	24,758
% FY 2019-20 Individuals	81.8%	12.3%	1.9%	1.9%	2.1%	100.0%
# FY 2020-21 Individuals	21,398	3,107	438	416	880	26,239
% FY 2020-21 Individuals	81.6%	11.8%	1.7%	1.6%	3.4%	100.0%
# FY 2021-22 Individuals	21,780	3,301	436	369	732	26,618
% FY 2021-22 Individuals	81.8%	12.4%	1.6%	1.4%	2.8%	100.0%
# FY 2022-23 Individuals	21,920	3,078	442	349	923	26,712
% FY 2022-23 Individuals	82.1%	11.5%	1.7%	1.3%	3.5%	100.0%

This data identifies the need to train staff on collecting data on Primary Language. It would also be helpful to collect information on Preferred Language to help identify the need for trained interpreters to deliver services in the person's preferred language.

Figure 10 shows the number and percent of individuals who received one or more mental health outpatient services for six (6) years, FY 2017/18 to FY 2022/23, by gender. This data shows that in FY 2022/23, 47.9% were males and 51.8% were female. There were 72 individuals that were transgender (0.3%); five (5) reported "Other;" and 14 did not report gender.

Figure 10
Fresno County Mental Health Outpatient Services
Number and Percent of Individuals Served, by Gender
FY 2017-18 to FY 2022-23



	Male	Female	Transgender	Other	Not Reported	Total
# FY 2017-18 Individuals	9,951	10,180	4	-	-	20,135
% FY 2017-18 Individuals	49.4%	50.6%	0.0%	0.0%	0.0%	100.0%
# FY 2018-19 Individuals	10,256	10,659	-	-	3	20,918
% FY 2018-19 Individuals	49.0%	51.0%	0.0%	0.0%	0.0%	100.0%
# FY 2019-20 Individuals	12,896	11,852	5	-	5	24,758
% FY 2019-20 Individuals	52.1%	47.9%	0.0%	0.0%	0.0%	100.0%
# FY 2020-21 Individuals	13,434	12,780	17	4	4	26,239
% FY 2020-21 Individuals	51.2%	48.7%	0.1%	0.0%	0.0%	100.0%
# FY 2021-22 Individuals	12,957	13,623	33	2	3	26,618
% FY 2021-22 Individuals	48.7%	51.2%	0.1%	0.0%	0.0%	100.0%
# FY 2022-23 Individuals	12,782	13,839	72	5	14	26,712
% FY 2022-23 Individuals	47.9%	51.8%	0.3%	0.0%	0.1%	100.0%

This data illustrates the need to train staff on how to sensitively collect and report information on transgender individuals. This cultural group has experienced a high rate of bullying, and many have experienced trauma and/or suicidal behavior. As a result, having accurate and timely data on the persons served will help the CRP identify opportunities to expand services to this vulnerable population. These individuals, and their families, could benefit from receiving welcoming and accessible mental health services.

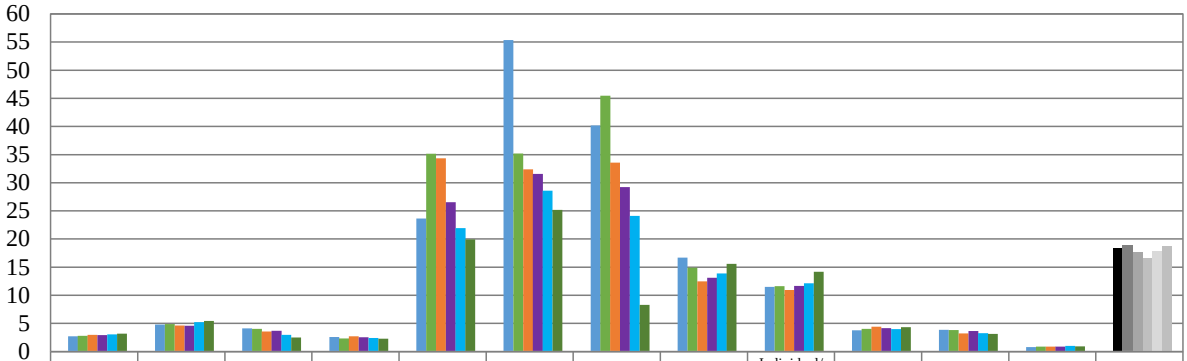
2. Utilization of Mental Health Outpatient Services

Figure 11 shows the total number of hours per year, individuals served, and hours per individual, by type of mental health service. This data is shown for six (6) years, FY 2017/18 to FY 2022/23. This EHR data shows that the 26,712 individuals served in FY 2022/23 received a total of 499,066 hours of mental health outpatient services in the year. This calculates into an average of 18.68 hours per individual per year. This data also shows the number of individuals and average hours for each type of service. Individuals can receive more than one type of service. The number of individuals varies by type of service.

In FY 2022/23, individuals who received an assessment averaged 3.17 hours of assessment in the year; case management averaged 5.46 hours; collateral averaged 2.51; crisis intervention averaged 2.28 hours; Intensive Care Coordination (ICC) averaged 19.94 hours; Intensive Home Based Services (IHBS) averaged 25.16 hours; group averaged 8.3 hours; individual rehab. averaged 15.59 hours; individual/family therapy averaged 14.17 hours; medication management averaged 4.34 hours; placement averaged 3.16 hours; and plan development averaged 0.92 hours.

Approximately 50% of all persons served received an assessment; case management; individual/ family therapy; and medication management services. It is also important to review the number of clients that received each type of service.

Figure 11
Fresno County Mental Health Services
Total Mental Health Hours, *Individuals Served*, and Hours per *Individual Served*
per Year, by Service Type
Mental Health Individuals Served Reported to EHR
FY 2017-18 to FY 2022-23



	Assessment	Case Management	Collateral	Crisis Intervention	ICC	IHBS	Group	Individual Rehabilitation	Individual/ Family Therapy	Medication	Placement	Plan Development	Total
# FY 2017-18 Individuals	10,000	7,197	2,908	1,403	349	256	1,692	3,813	7,203	12,257	482	10,417	20,135
# FY 2017-18 Hours	27,394.75	34,572.15	11,949.30	3,614.07	8,247.93	14,172.82	67,959.53	63,645.07	82,822.93	46,581.82	1,856.60	8,416.23	371,233.20
FY 2017-18 Avg. Hours per Individual	2.74	4.80	4.11	2.58	23.63	55.36	40.17	16.69	11.50	3.80	3.85	0.81	18.44
# FY 2018-19 Individuals	10,746	7,690	3,170	1,315	393	285	1,612	4,206	7,700	12,365	402	10,803	20,918
# FY 2018-19 Hours	30,200.98	37,649.93	12,765.27	3,091.77	13,813.48	10,030.48	73,319.55	62,659.30	89,675.93	49,956.80	1,537.72	9,430.05	394,131.27
FY 2018-19 Avg. Hours per Individual	2.81	4.90	4.03	2.35	35.15	35.19	45.48	14.90	11.65	4.04	3.83	0.87	18.84
# FY 2019-20 Individuals	12,200	12,058	4,329	2,885	528	380	1,449	5,362	10,173	11,862	500	12,003	24,758
# FY 2019-20 Hours	36,329.93	55,697.00	15,513.12	7,869.30	18,120.83	12,310.12	48,664.83	66,907.92	111,270.15	52,235.87	1,625.55	10,603.77	437,148.38
FY 2019-20 Avg. Hours per Individual	2.98	4.62	3.58	2.73	34.32	32.40	33.59	12.48	10.94	4.40	3.25	0.88	17.66
# FY 2020-21 Individuals	11,714	13,760	4,629	4,653	546	325	855	5,107	10,914	12,106	473	11,817	26,239
# FY 2020-21 Hours	34,449.98	62,956.87	17,124.33	11,842.35	14,501.18	10,260.25	25,001.98	67,099.50	127,302.05	50,314.28	1,729.67	10,608.63	433,191.08
FY 2020-21 Avg. Hours per Individual	2.94	4.58	3.70	2.55	26.56	31.57	29.24	13.14	11.66	4.16	3.66	0.90	16.51
# FY 2021-22 Individuals	12,462	13,369	5,178	4,866	702	269	1,167	5,779	11,930	12,569	480	12,241	26,618
# FY 2021-22 Hours	38,336.92	70,010.80	15,435.95	11,692.15	15,390.48	7,687.18	28,139.80	80,293.83	144,720.77	50,075.12	1,577.85	12,338.23	475,699.08
FY 2021-22 Avg. Hours per Individual	3.08	5.24	2.98	2.40	21.92	28.58	24.11	13.89	12.13	3.98	3.29	1.01	17.87
# FY 2022-23 Individuals	10,949	15,566	6,085	4,523	900	278	1,195	6,208	11,410	11,796	451	8,514	26,712
# FY 2022-23 Hours	34,719.43	85,003.92	15,285.46	10,334.80	17,946.88	6,994.23	9,918.92	96,789.72	161,687.80	51,145.45	1,424.45	7,815.13	499,066.20
FY 2022-23 Avg. Hours per Individual	3.17	5.46	2.51	2.28	19.94	25.16	8.30	15.59	14.17	4.34	3.16	0.92	18.68

3. Analysis of the Mental Health Data

The DEIC will review the Mental Health population data and develop recommendations in the next six (6) months. This review will allow the DEIC to better understand the service utilization data and make recommendations for enhancing services.

4. SUD Outpatient Services by Demographics

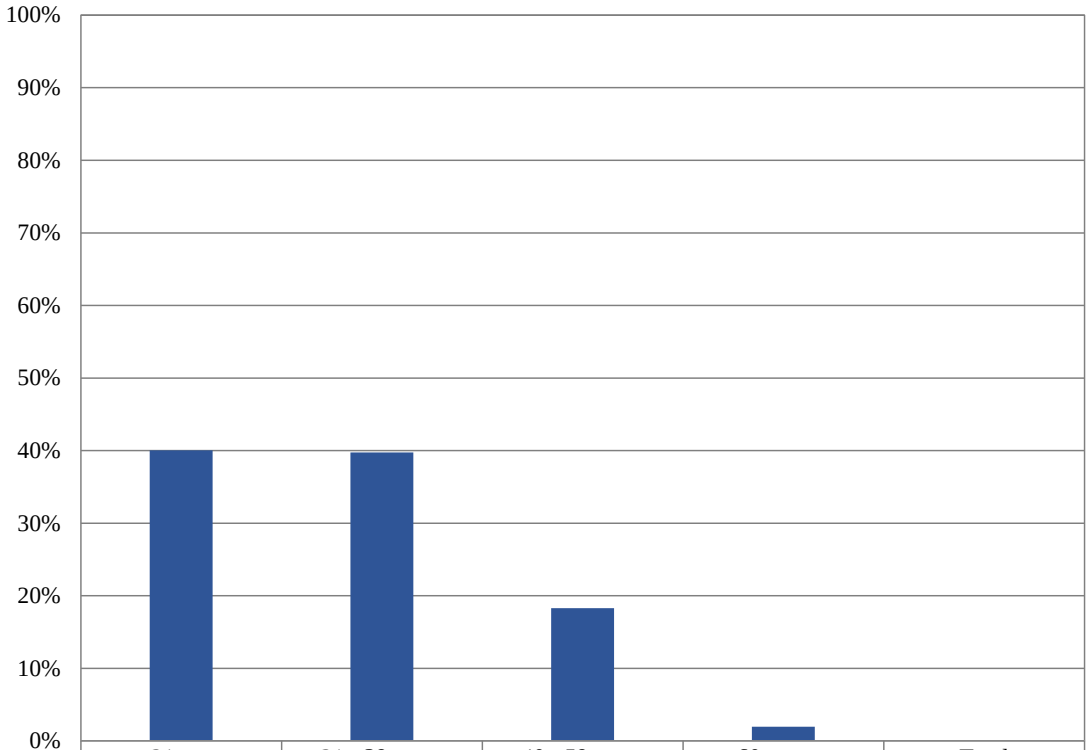
Figures 12 through 17 show SUD outpatient service utilization data by demographics for FY 2022/23. The implementation of this complex system transformed the service delivery system, which in turn changed the data collection processes in the county's Electronic Health Record (EHR). As a result, the timeliness and quality of the data is being refined. The data for the SUD outpatient services is shown only for one year: FY 2022/23. The Drug Medi-Cal Organized Delivery System (DMC-ODS) system was implemented beginning in January 2020, for a partial year through June 30, 2020. The data below shows a full 12 months of data for FY 2022/23 for SUD services delivered between July 1, 2022 and June 30, 2023.

Figure 12 shows the number and percent of individuals who received SUD outpatient services by age group for FY 2022/23. This EHR data shows an unduplicated count of individuals served by age group. Each individual received one or more SUD services in FY 2022/23.

Of the 3,790 (unduplicated) people receiving SUD outpatient services in FY 2022/23:

- 40% were less than 21 years
- 39.7% were ages 21-39
- 18.3% were ages 40-59
- 2% were ages 60+

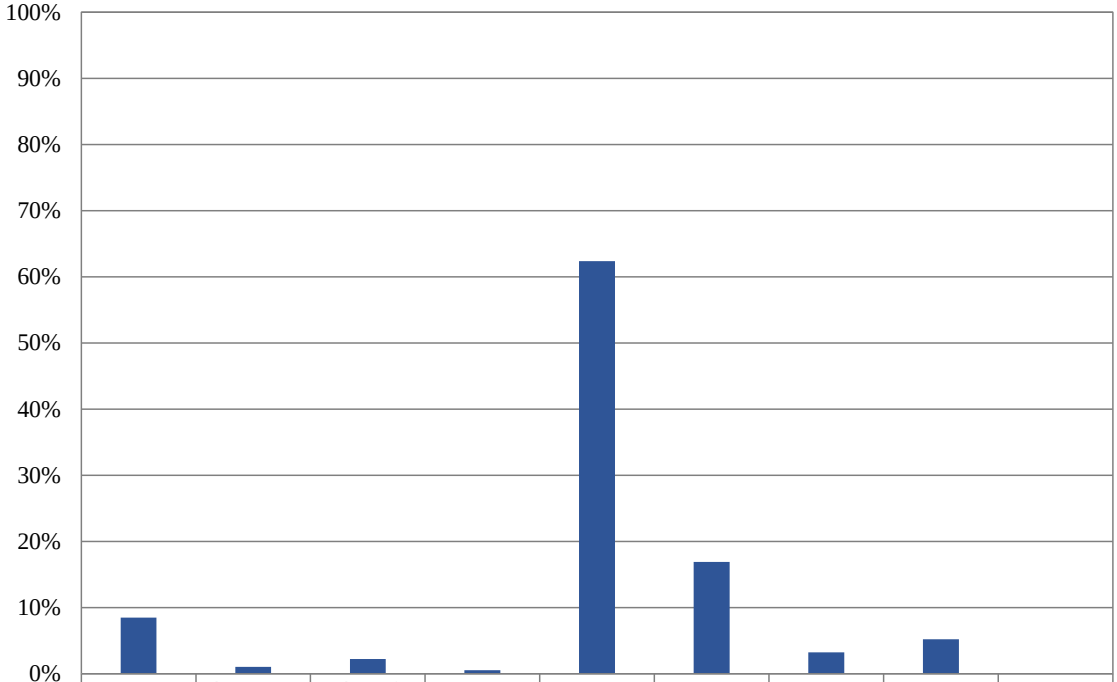
Figure 12
Fresno County Substance Use Disorder Outpatient Services
Number and Percent of Individuals Served, by Age
FY 2022-23



	< 21 years	21 - 39 years	40 - 59 years	60+ years	Total
# Individuals FY 2022-23	1,517	1,506	693	74	3,790
% Individuals FY 2022-23	40.0%	39.7%	18.3%	2.0%	100.0%

Figure 13 shows the number and percentage of individuals who received one or more SUD outpatient service in FY 2022/23, by race/ethnicity. This data shows that of the 3,790 individuals receiving SUD services, 8.5% are Black, 1% are American Indian/Alaskan Native, 2.2% are Asian/Other Pacific Islander, 0.5% are Hmong/Laotian, 62.4% are Hispanic/Latino, 16.9% are White, 3.2% Other, and 5.2% (197) were not reported.

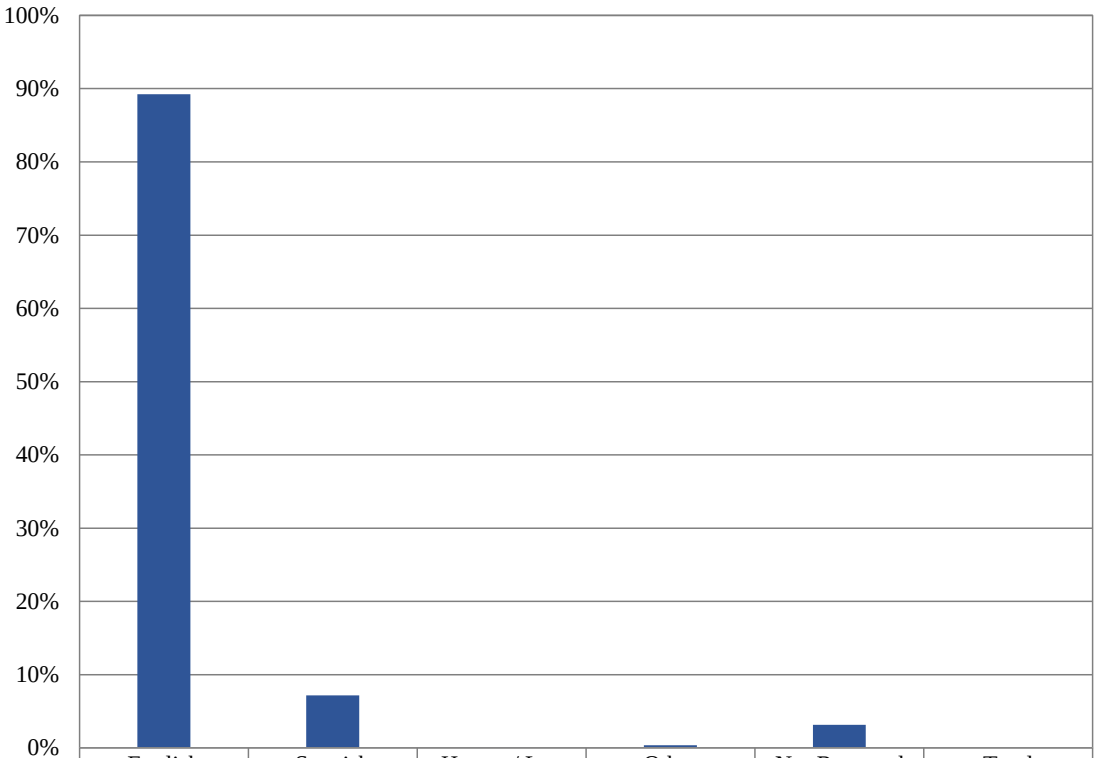
Figure 13
Fresno County Substance Use Disorder Outpatient Services
Number and Percent of Individuals Served, by Race/Ethnicity
FY 2022-23



	Black	American Indian/ Alaskan Native	Asian/ Other Pacific Islander	Hmong/ Laotian	Hispanic/ Latino	White	Other	Not Reported	Total
# Individuals FY 2022-23	321	39	85	20	2,364	641	123	197	3,790
% Individuals FY 2022-23	8.5%	1.0%	2.2%	0.5%	62.4%	16.9%	3.2%	5.2%	100.0%

Figure 14 shows the number and percent of individuals who received one or more SUD outpatient service in FY 2022/23, by primary language. This data shows that 89.2% of individuals served speak English, 7.2% speak Spanish, 0.1% speak Hmong or Lao, 0.4% reported that they speak a different language, and 3.1% were not reported.

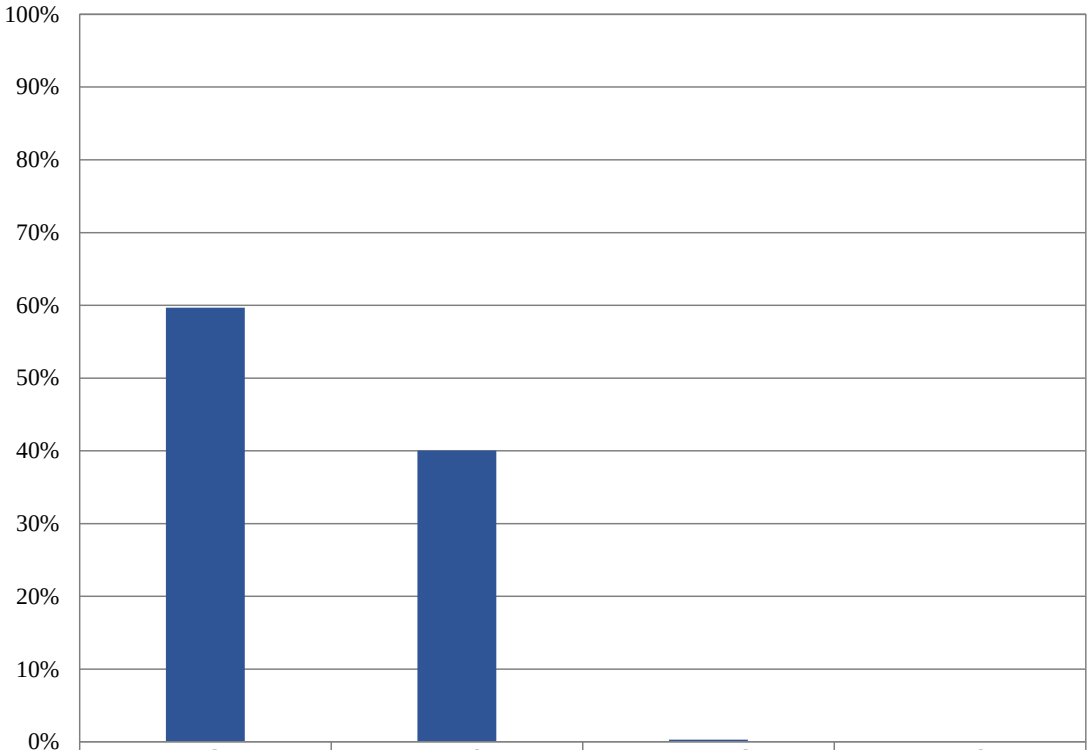
Figure 14
Fresno County Substance Use Disorder Outpatient Services
Number and Percent of Individuals Served, by Primary Language
FY 2022-23



	English	Spanish	Hmong/ Lao	Other	Not Reported	Total
# Individuals FY 2022-23	3,382	272	3	14	119	3,790
% Individuals FY 2022-23	89.2%	7.2%	0.1%	0.4%	3.1%	100.0%

Figure 15 shows the number and percent of individuals who received one or more SUD outpatient services in FY 2022/23, by gender. This data shows that for the 3,790 individuals served, 59.7% were male, 40% were female, and 0.3% were Transgender.

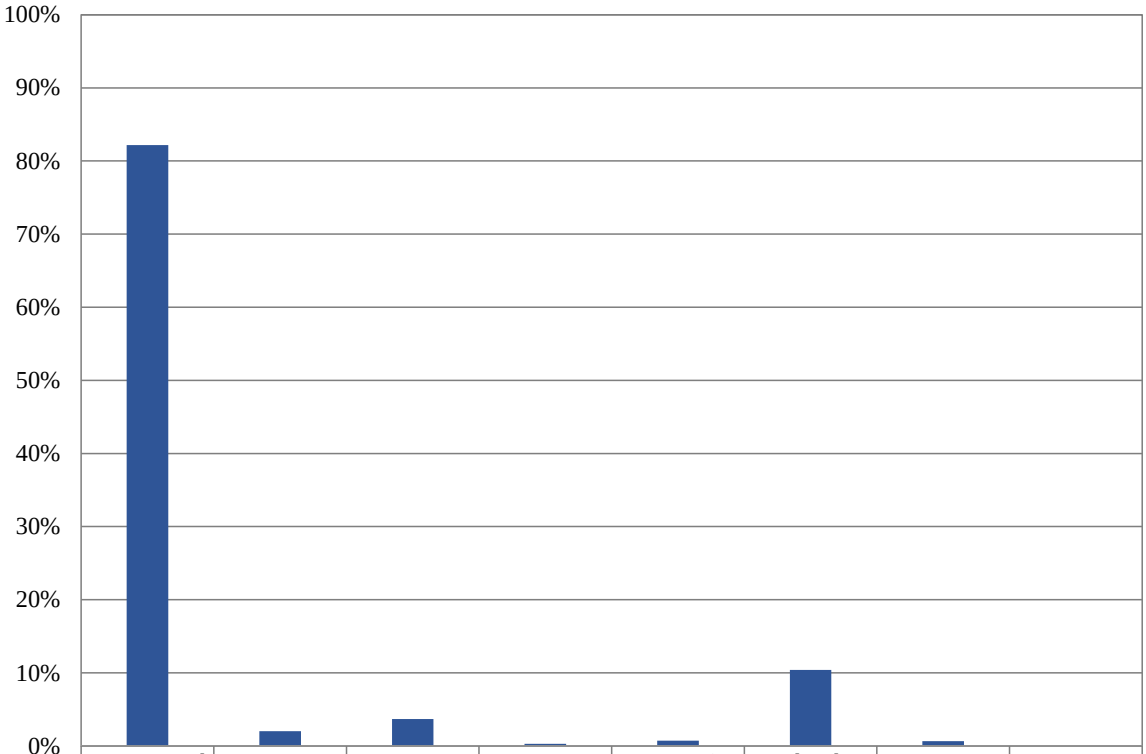
Figure 15
Fresno County Substance Use Disorder Outpatient Services
Number and Percent of Individuals Served, by <u>Gender</u>
FY 2022-23



	Male	Female	Transgender	Total
# Individuals FY 2022-23	2,262	1,517	11	3,790
% Individuals FY 2022-23	59.7%	40.0%	0.3%	100.0%

Figure 16 shows the number and percent of individuals who received one or more SUD outpatient service in FY 2022/23, by sexual orientation. This data shows that 3,115 individuals (82.2%) reported they identified as Heterosexual/Straight; 77 individuals (2%) identified as Gay or Lesbian; 140 individuals identify as Bisexual (3.7%); 11 individuals (0.3%) identified as Transgender; 28 individuals (0.7%) identified as Unsure/Questioning; and 394 individuals (10.4%) declined to state. There were 25 individuals (0.7%) did not report sexual identity.

Figure 16
Fresno County Substance Use Disorder Outpatient Services
Number and Percent of Individuals Served, by <u>Sexual Orientation</u>
FY 2022-23



	Heterosexual / Straight	Gay/ Lesbian	Bisexual	Transgender	Unsure/ Questioning	Declined to State	Not Reported	Total
# Individuals FY 2022-23	3,115	77	140	11	28	394	25	3,790
% Individuals FY 2022-23	82.2%	2.0%	3.7%	0.3%	0.7%	10.4%	0.7%	100.0%

5. Utilization of SUD Outpatient Services

The following data shows substance use disorder (SUD) outpatient services by type of service. There are three types of services: Outpatient Services, which provides up to six hours of services per week and is primarily delivered in group services; Intensive Outpatient Services, which provides at least nine (9) hours of services per week and is primarily delivered in group services; Narcotic Treatment Program (NTP) services which are primarily delivered as an individual contact.

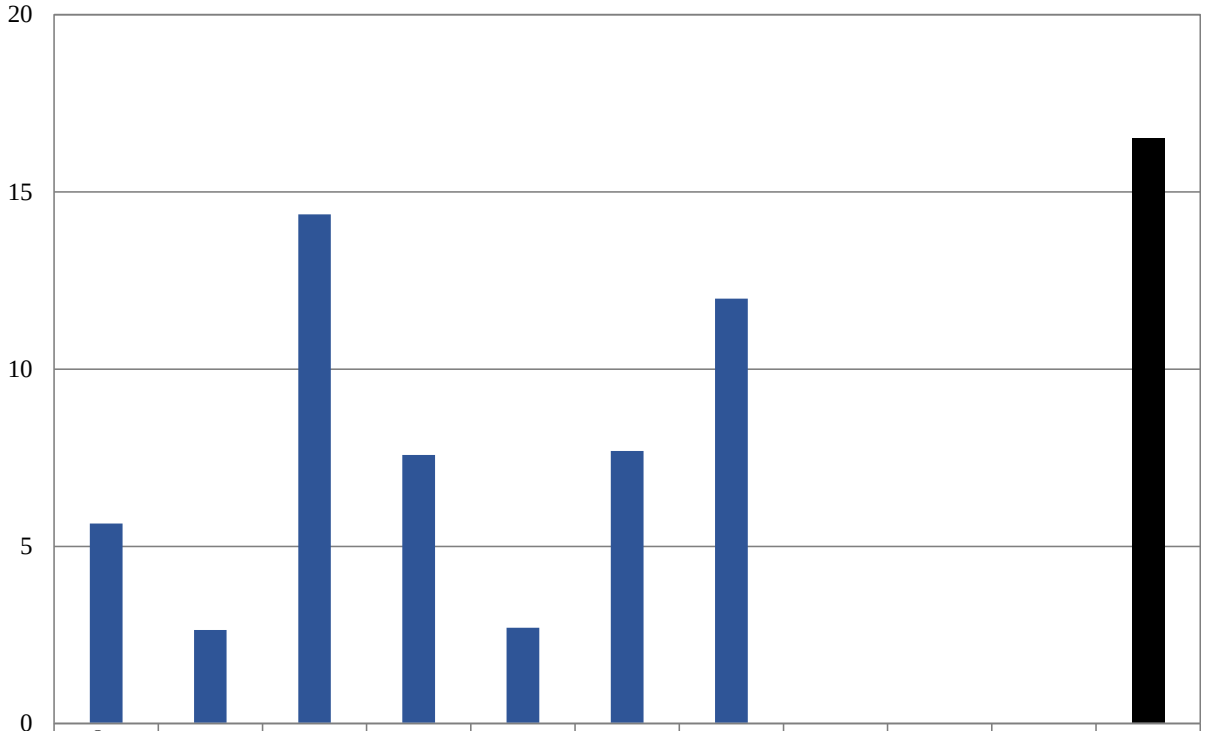
Figure 17 shows the total number of individuals that received SUD outpatient services, the total hours of outpatient services delivered by type of SUD outpatient service for FY 2022/23, and the average hours of outpatient services per individual.

This graph shows data from FY 2022/23. There were 3,790 individuals that received a total of 62,563 hours of SUD outpatient services. This data calculates into an average of 16.51 hours per individual for the fiscal year.

This data also shows the number of individuals, total hours, and average hours per person, for each type of service: Case Management (< 21 years); Case Management (ages 21+); Individual Outpatient (<21); Individual Outpatient (ages 21+); Group (<21); Group (ages 21+); and Recovery Services. The hours for Intensive Outpatient Treatment (IOT) were not available when this report was developed, so the graph only shows the number of persons who received IOT services.

The average hours per person served data shows: 5.64 hours of case management for youth; 2.64 hours of case management for adults; 14.37 hours individual therapy for youth; 7.58 hours individual therapy for adults; 2.7 group services for youth; 7.69 hours group services for adults; and 11.99 hours of Recovery Services.

Figure 17
Fresno County Substance Use Disorder Outpatient Services
Total Substance Use Hours, Individuals Served, and Hours per Individual Served by Service Type
FY 2022-23



	Case Management <21	Case Management	Individual <21	Individual	Group <21	Group	Recovery Services	IOT Individual*	IOT Case Management*	IOT Group*	Total
# Individuals FY 2022-23	1,179	1,168	1,284	1,977	128	1,496	629	292	141	248	3,790
# Hours FY 2022-23	6,652.08	3,088.02	18,446.13	14,981.22	346.14	11,507.98	7,541.79	-	-	-	62,563.37
Avg. Hours per Individual FY 2022-23	5.64	2.64	14.37	7.58	2.70	7.69	11.99	-	-	-	16.51

** IOT hours are not available for the FY 2022/23 CRP.*

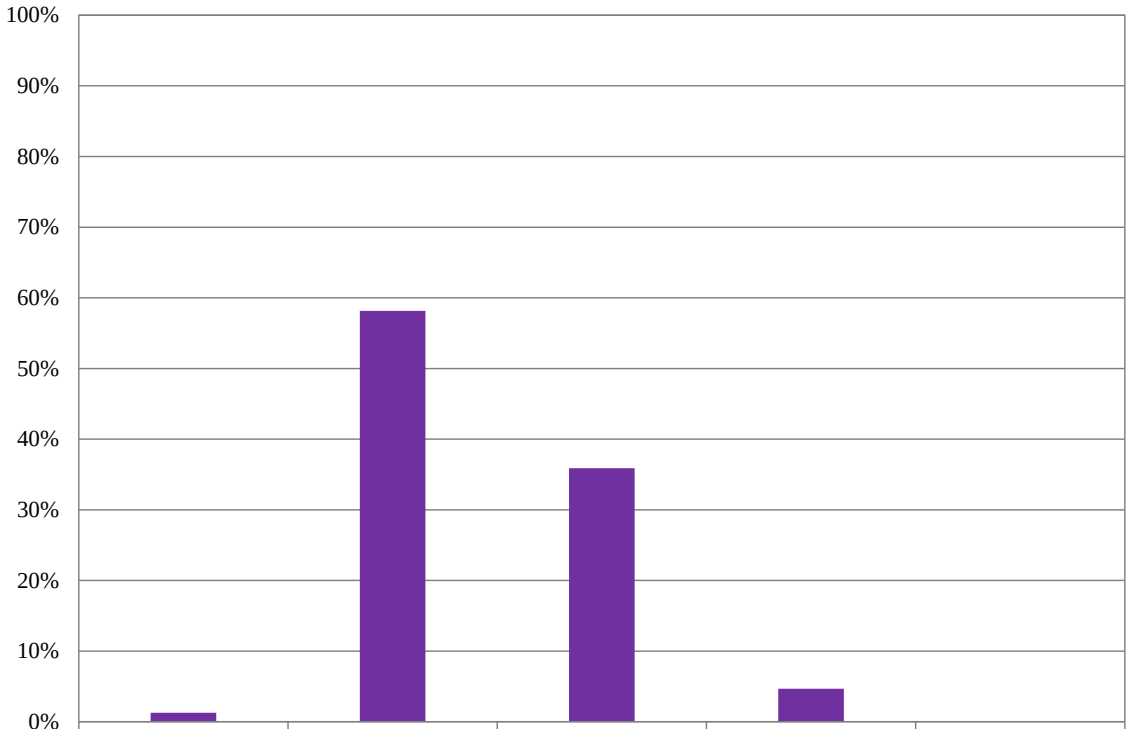
6. SUD Residential Treatment Services by Demographics

Figure 18 shows the number and percent of individuals who received substance use disorder residential treatment services by age group for FY 2022/23.

Of the 1,410 (unduplicated) people that received residential treatment in FY 2022/23:

- 1.3% were ages youth ages <21 years (N=18)
- 58.2% were ages 21-39 (N=820)
- 35.9% were ages 40-59 (N=506), and
- 4.7% were ages 60+ (N=66).

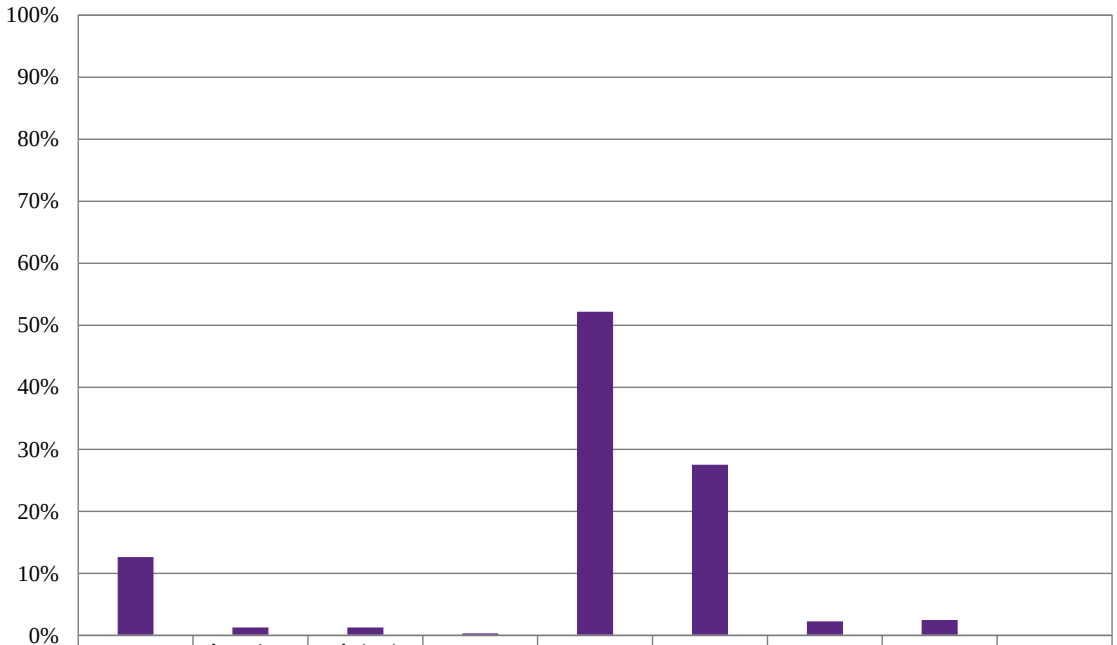
Figure 18
Fresno County Substance Use Disorder Residential Treatment
Number and Percent of Individuals Served, by Age
FY 2022-23



	< 21 years	21 - 39 years	40 - 59 years	60+ years	Total
# Individuals FY 2022-23	18	820	506	66	1,410
% Individuals FY 2022-23	1.3%	58.2%	35.9%	4.7%	100.0%

Figure 19 shows the number and percent of individuals who received SUD residential treatment services by race/ethnicity for FY 2022/23. This data shows that for FY 2022/23, of the 1,410 individuals receiving SUD residential treatment services, 12.6% are Black; 1.3% are American Indian/Alaskan Native; 1.3% are Asian/Other Pacific Islander; 0.4% are Hmong/ Laotian; 52.2% are Hispanic/Latino; 27.5% are White; 2.3% Other; and 2.5% (35) were not reported.

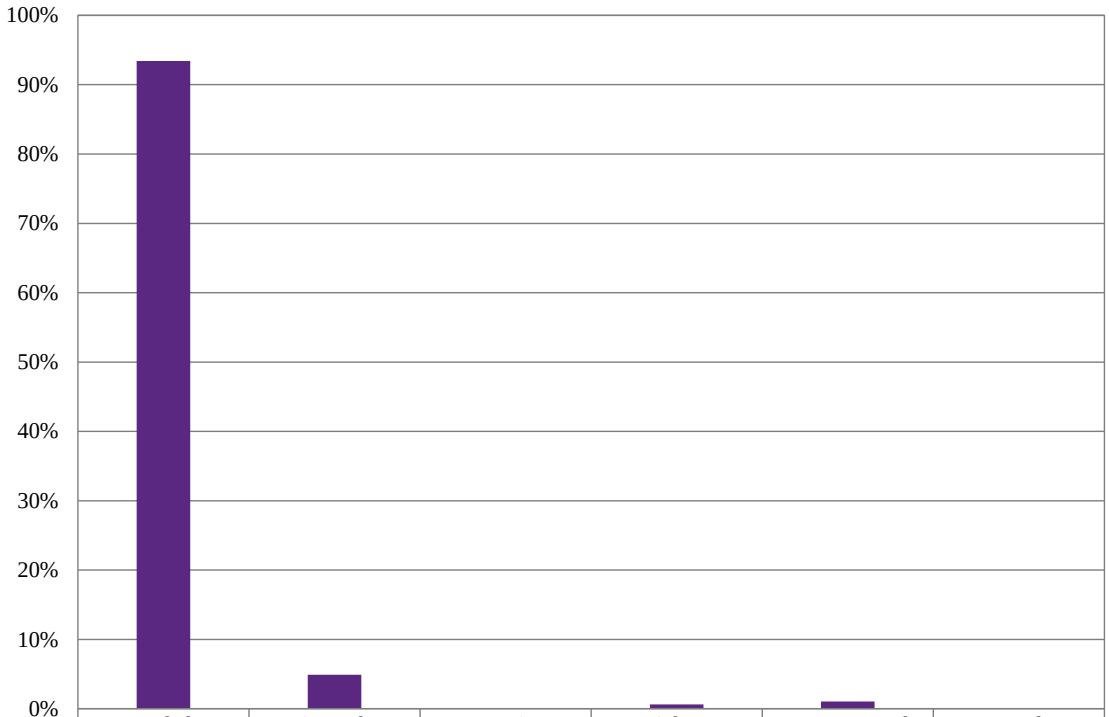
Figure 19
Fresno County Substance Use Disorder Residential Treatment
Number and Percent of Individuals Served, by Race/Ethnicity
FY 2022-23



	Black	American Indian/ Alaskan Native	Asian/ Other Pacific Islander	Hmong/ Laotian	Hispanic/ Latino	White	Other	Not Reported	Total
# Individuals FY 2022-23	178	18	18	5	736	388	32	35	1,410
% Individuals FY 2022-23	12.6%	1.3%	1.3%	0.4%	52.2%	27.5%	2.3%	2.5%	100.0%

Figure 20 shows the number and percent of individuals who received SUD residential treatment service by primary language for FY 2022/23. This data shows that 93.4% of individuals served speak English; 4.9% speak Spanish, 0.6% reported that they speak a different language; and 1.1% were not reported.

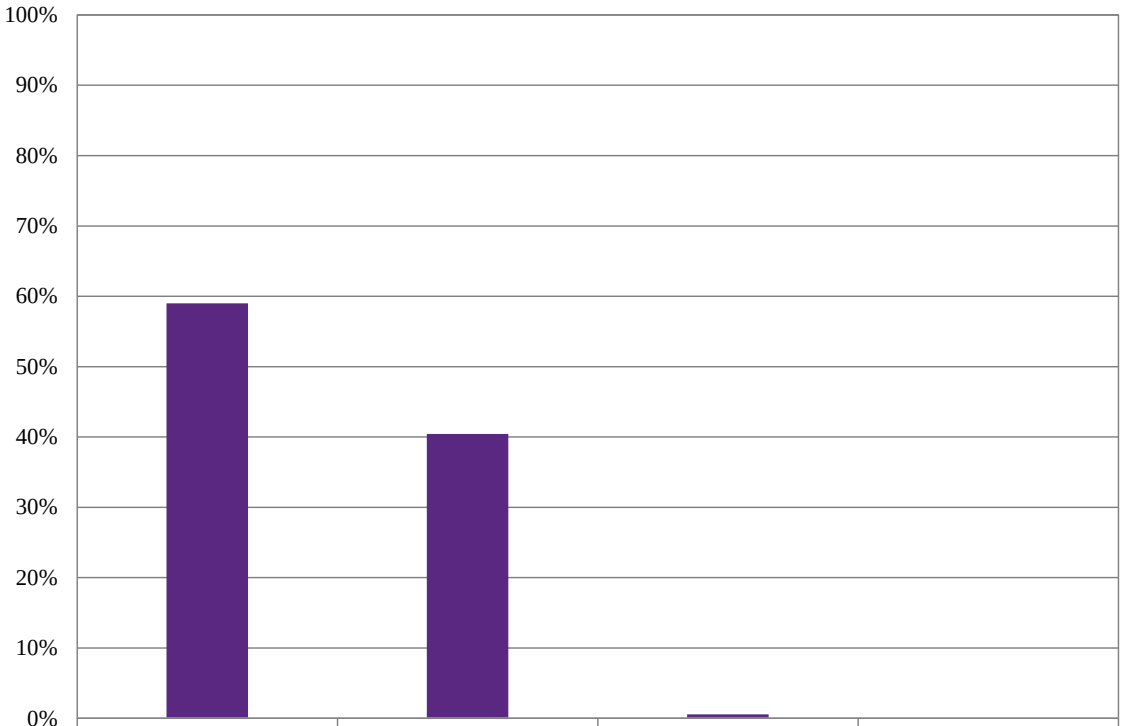
Figure 20
Fresno County Substance Use Disorder Residential Treatment
Number and Percent of Individuals Served, by Primary Language
FY 2022-23



	English	Spanish	Hmong/ Lao	Other	Not Reported	Total
# Individuals FY 2022-23	1,317	69	-	9	15	1,410
% Individuals FY 2022-23	93.4%	4.9%	0.0%	0.6%	1.1%	100.0%

Figure 21 shows the number and percent of individuals who received SUD residential treatment services by gender for FY 2022/23. This data shows that for the 1,410 individuals served in FY 2022/23, 59% were males and 40.4% were females. There were eight (8) people who reported transgender (0.6%).

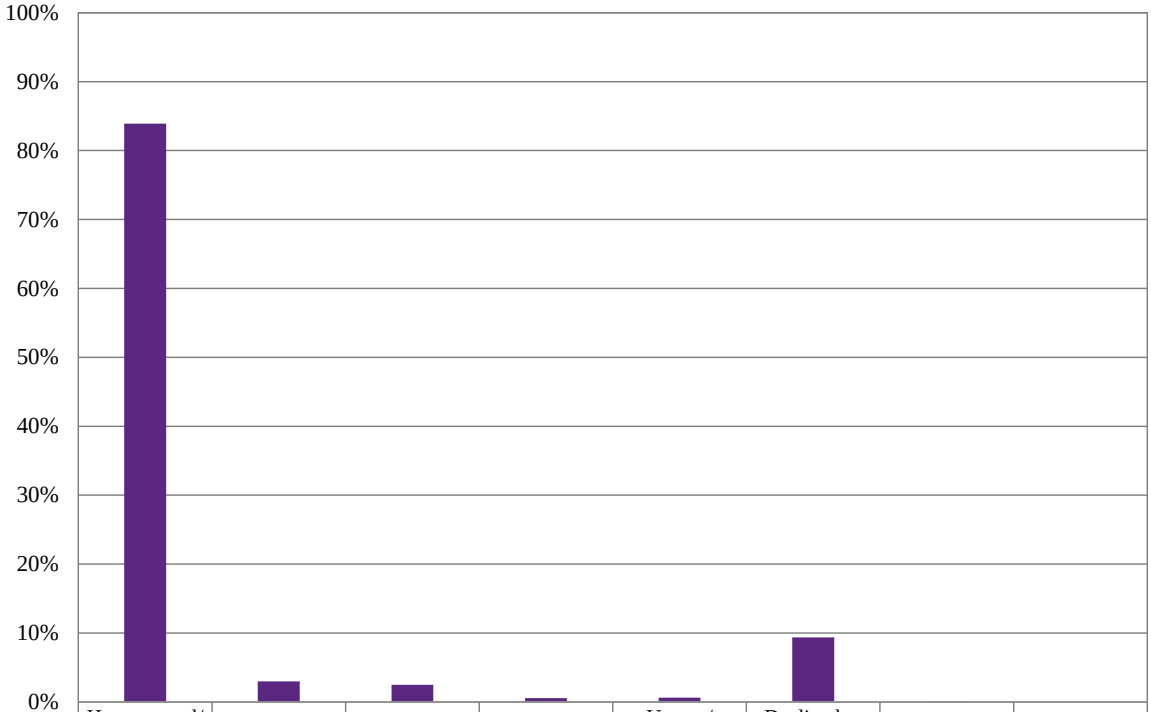
Figure 21
Fresno County Substance Use Disorder Residential Treatment
Number and Percent of Individuals Served, by Gender
FY 2022-23



	Male	Female	Transgender	Total
# Individuals FY 2022-23	832	570	8	1,410
% Individuals FY 2022-23	59.0%	40.4%	0.6%	100.0%

Figure 22 shows the number and percentage of individuals who received SUD residential treatment services by sexual orientation for FY 2022/23. This data shows that 83.9% of individuals served identified as Heterosexual/ Straight; 3% identified as Gay or Lesbian; 2.5% identified as Bisexual; 0.6% identified as Transgender; 0.6% identified as Unsure/Questioning; 9.4% declined to answer; and 0.1% not reported.

Figure 22
Fresno County Substance Use Disorder Residential Treatment
Number and Percent of Individuals Served, by Sexual Orientation
FY 2022-23

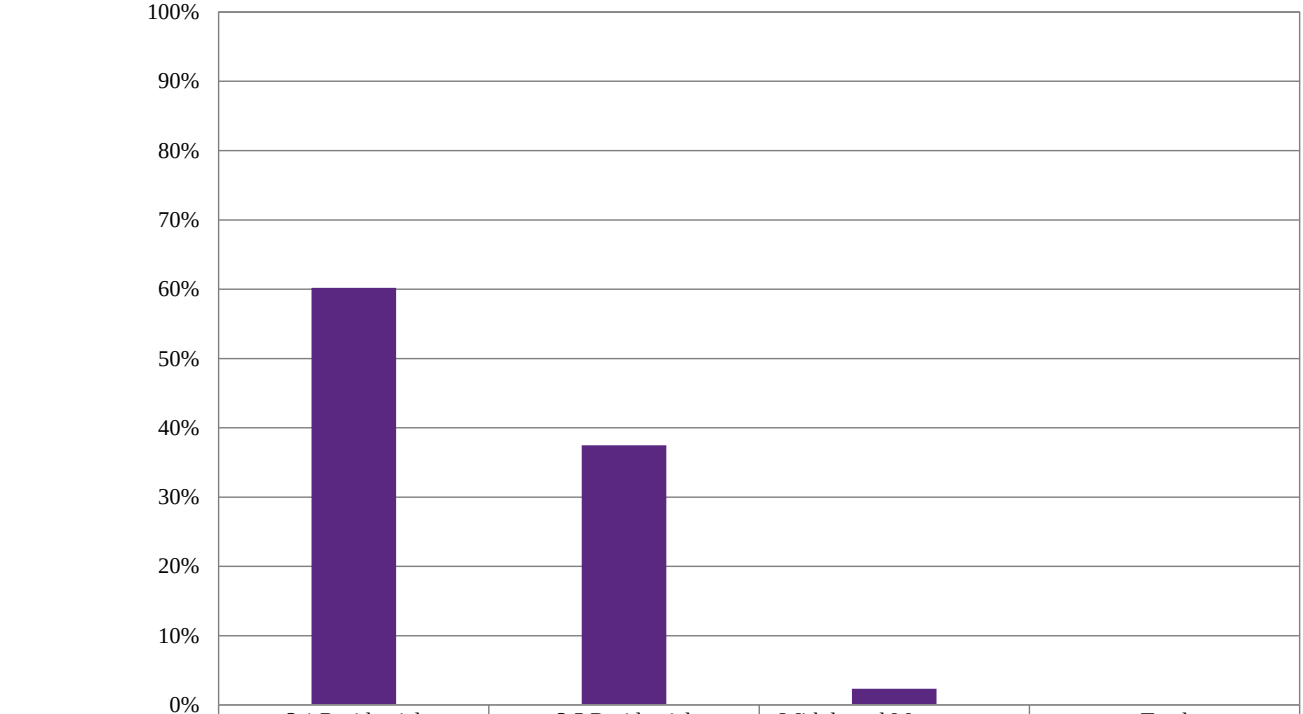


	Heterosexual/ Straight	Gay/ Lesbian	Bisexual	Transgender	Unsure/ Questioning	Declined to State	Not Reported	Total
# Individuals FY 2022-23	1,183	42	35	8	9	132	1	1,410
% Individuals FY 2022-23	83.9%	3.0%	2.5%	0.6%	0.6%	9.4%	0.1%	100.0%

7. Utilization of SUD Residential Treatment Services

Figure 23 shows the number and percent of days that substance use disorder individuals served accessed Level 3.1 residential services, Level 3.5 residential services, and withdrawal management services in FY 2022/23. There were 60,296 total days of services delivered to substance use disorder individuals, with 36,294 days of residential Level 3.1 (60.2%), 22,592 days of Level 3.5 residential services (37.5%), and 1,410 days of withdrawal management (2.3%).

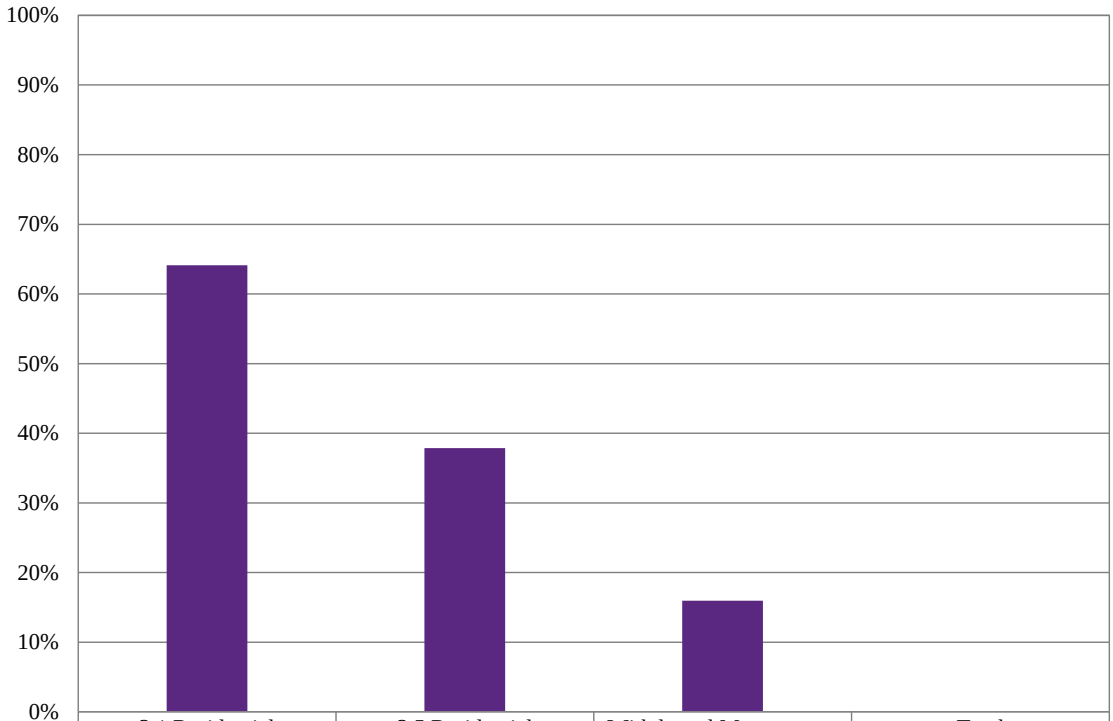
Figure 23
Fresno County Substance Use Disorder Residential Treatment
Number and Percent of Days
FY 2022-23



	3.1 Residential	3.5 Residential	Withdrawal Management	Total
# Days FY 2022-23	36,294	22,592	1,410	60,296
% Days FY 2022-23	60.2%	37.5%	2.3%	100.0%

Figure 24 shows the number and percent of individuals served who received Level 3.1 residential services, Level 3.5 residential services, and withdrawal management services for FY 2022/23. Data is shown for each individual that received one or more of these services in FY 2022/23. There were 1,410 unique individuals who receive SUD residential services, with 904 individuals who received Level 3.1 residential services (64.1%), 534 received Level 3.5 residential services (37.9%), and 225 received withdrawal management services (16%).

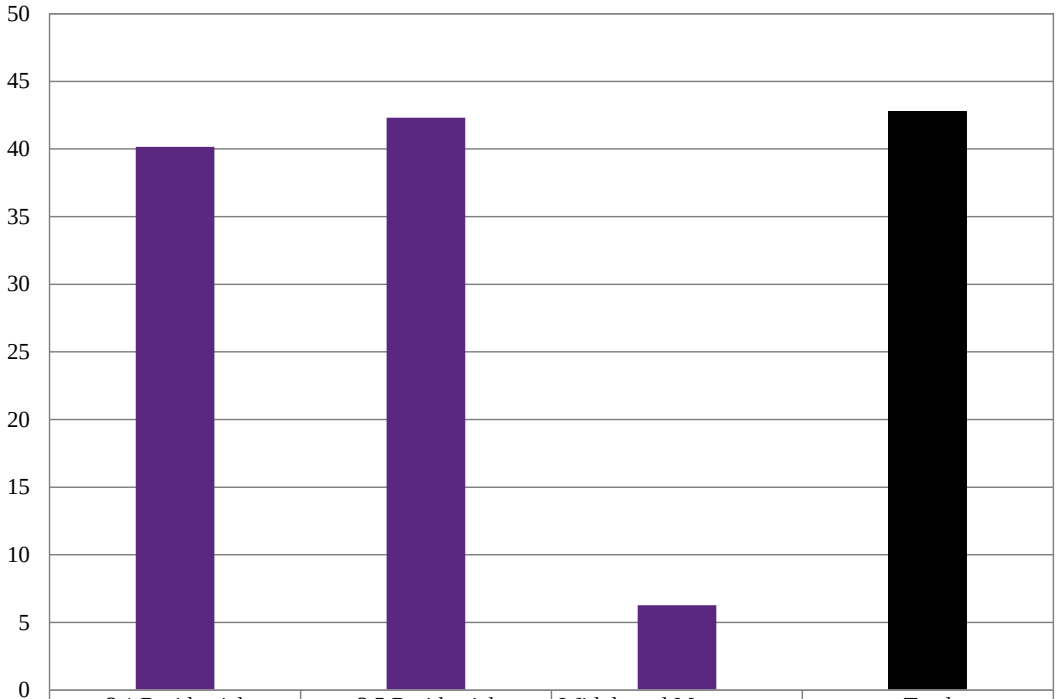
Figure 24
Fresno County Substance Use Disorder Residential Treatment
Number and Percent of Individuals Served
FY 2022-23



	3.1 Residential	3.5 Residential	Withdrawal Management	Total
# Individuals FY 2022-23	904	534	225	1,410
% Individuals FY 2022-23	64.1%	37.9%	16.0%	100.0%

Figure 25 shows the number of residential treatment days, number of individuals served, and average days per individual served in residential treatment services for FY 2022/23. There were 1,410 individuals served. These individuals received a total of 60,296 days of service, which calculates to an average of 42.8 days per individual. There were 904 individuals that received 36,294 days of 3.1 residential services (40.1 days per individual); 534 individuals that received 22,592 days of 3.5 residential service (42.3 days per individual); and 225 individuals that received 1,410 days of withdrawal management services (6.3 days per person).

Figure 25
Fresno County Substance Use Disorder Residential Treatment
Number and Percent of Days, Individuals Served, and Average Days per Individual Served
FY 2022-23



	3.1 Residential	3.5 Residential	Withdrawal Management	Total
# Days FY 2022-23	36,294	22,592	1,410	60,296
# Individuals FY 2022-23	904	534	225	1,410
Avg. Days per Clt. FY 2022-23	40.1	42.3	6.3	42.8

8. Analysis of the SUD Data

The DEIC will review the SUD utilization data and develop recommendations in the next six months. This will allow the DEIC to better understand the service utilization data and make recommendations for enhancing services.

III. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Culturally specific services available to meet the needs of diverse populations, including peer-driven services; identify issues and methods of mitigation

The BHSOC has several culturally specific services in place, as well as programs with a peer driven focus.

- Fresno County has one of the only culturally focused Full Service Partnership (FSP) programs in the state. The BHSOC has a FSP called Living Well which provided those services to a Southeast Asian adult population through the Fresno Center.
- The BHSOC also has an FSP program that is specifically for individuals who are actively involved in the justice system. This program is operated by TURN Behavioral Health.
- The BHSOC has specific continuum of care for rural communities which are predominantly Latino and a number who are Spanish speaking. Services are located in many of those communities and are staffed by personnel who reflect the communities being served.
- At the end of FY 2020/2021, through the use of its MHSA prevention dollars, the Department established a Pop Up for the local LGBTQ+ community. The service is part of a suicide prevention effort for LGBTQ+ young people, which seeks to provide safe and affirming space to reduce risk factors for this population.
- Two years ago, the Youth Empowerment Program contract was awarded to a provider who operates in the western portion of the county and provides youth prevention services to small farming communities who are predominantly Latino. This program thus provides prevention services to Latino youth in rural communities.
- The Innovation Plan CRDP Evolutions is made up of three CRDP/CDEP programs that each have a specific population focus. The Sweet Potato Program serves African American Youth. The Hmong Helping Hand provides PEI services to older adult Hmong and other SEA seniors. The *Placticа Y Plenta* provides PEI services to local metro Latino youth.
- Programs such as the Culturally Based Access and Navigation (CBANS) assist with linkages and accessing care, through the use of cultural brokers and community health workers.
- The Holistic Wellness Center provides engagement, stigma reduction, and outreach to underserved communities through non-traditional practices and approaches for mental health and wellness.
- The Lodge is an active INN Plan that seeks to engage unhoused persons with an SMI and who are not in care, but in the pre-contemplation stage of change. The program is peer driven and has seven (7) full-time peers and two clinicians. The program focuses on exploring how peers may effectively help the target population engage in care.
- DBH funded and completed a Community Needs Assessment focused on Spanish Speaking Parents in Fresno County through an agreement with Every Neighborhood Partnership to identity gaps, and behavioral health needs of Latinos.
- The Department completed the first, year-long phase of a Community Participatory Action Research, for African Americans. The initial phases were focused on mental health literacy. The second phase will establish an African American MH Advisory

Council to help assess, identify, and recommend culturally specific ideas to address local African American mental health needs.

- It hosted a mental wellness town-hall in Spanish in the rural community of Huron in May 2023.
- DBH is planning to have community partners assist with a needs assessment that is focused on children and families through the Children's Movement's Resident Council, the Fresno County EOC's LGBTQ Center focusing on LGBTQ Youth, and the Jakarta Movement focusing on Punjabi speaking Indian community with an emerging language group.
- DBH is also planning to conduct a needs assessment that is focused on the geographical area of downtown Fresno, with its larger concentration of resources in this urban area as well as identify needs of populations that are unhoused.
- DBH is working with Black Wellness and Prosperity Center in the development of a concept paper to conceptualize and propose future MHSA Innovation funded demonstration projects that will leverage the use of Doulas with specific mental health training to support underserved communities and homes.
- Though the ICCTM team, (a year-long training effort through the MHSOAC and UC Davis), also identified in an evidence-based community practice model for effective stakeholder engagement. This included a variety of non-contracted community based organizations that provide services to underserved populations.
- DBH also developed and implemented a training specifically designed for BIPOC LGBTQ populations in Fresno County to improve the quality of care for underserved or inappropriately served populations.

There is an ongoing need to expand the number of bilingual, bicultural staff. Hiring persons who are bilingual and bicultural has always been a challenge, especially licensed clinicians. The DBH will continue to identify opportunities to expand the workforce to meet the needs of our cultural communities. The Central Regional Workforce Education and Training (WET) plan partnership is seeking to expand efforts to increase bilingual and bicultural persons into the BHSOC. The County has also explored other pathways and career track options to help addressing workforce needs.

DBH also has a number of peer-driven services through contract providers. These organizations hire persons with lived experience and offer wellness and recovery focused services. Wellness centers also offer services to individuals to support wellness, including developing Wellness and Recovery Plans (WRAP) to support recovery. The county is also invested in the development of the peer workforce based on the value of lived experience in provision of services, with plans to fund training to increase the number of peers who are certified.

DBH also has a full range of services for children, transition age youth, adults, and older adults and continually strive to expand services to reach unserved and underserved individuals in the community. The DBH will continue to explore opportunities to expand services and provide outreach to communities to reduce barriers to services.

The DBH will continue to identify and implement goals and strategies for improving services. These may include, but not limited to the following:

- Have services delivered in the individual's preferred language, whenever possible, and identify opportunities to enhance this process by developing best practice protocols.

- Identify opportunities to develop, engage, attract, hire, and retain bilingual, bicultural case managers and rehab specialists, as well as persons with lived experience and family members

- Analyze the availability of interpreters across the BHSOC, develop a process for certifying bilingual skills of staff; expand the number of positions / slots that can receive pay for providing interpretation services, and expanding the number of persons who receive bilingual pay

- Develop a skill-based interview to demonstrate bilingual skills

- Identify training opportunities for staff including how to utilize an interpreter and schedule training for all staff

- Develop Policy and Procedure Guidelines for assigning interpreters (e.g., rotation; consistency with individual and family; skills and expertise understanding medical term for psychiatric services; wait time for accessing an interpreter) to ensure quality and continuity of care

- Identify goals for the ratio of bilingual and bicultural staff to individuals served to address equity
- Provide treatment plans written in the individual's preferred language, whenever possible

- Provide training to staff to deliver innovative, evidence-based, trauma-informed wellness and recovery services in diverse settings

- Continue to support a work environment where cultural humility, dignity, and respect are modeled

B. Mechanisms for informing individuals of culturally responsive services and providers, including culturally specific services and language services; identify issues and methods of mitigation

Individuals who staff the 24/7 Access Line are trained to be familiar with the culturally responsive services that are offered at BHSOC. Access line staff are able to speak Spanish and Hmong and are knowledgeable about using the Language Line to link individuals to language assistance services, as needed.

In addition, the high use 988 Suicide Prevention and Access line for the central region is located in Fresno County and is staffed by responders who reside in the community. The 988 line also

has bilingual and bicultural staff to address linguistic and cultural needs, as well as processes for utilizing language line for languages for which there may not be personnel employed on duty.

These services answered calls from 5,336 persons (of which 1,769 identified a mental health issue, 1,4,94 identified suicidal content, 200 for substance use and 20 with homicidal content). Nearly half of the calls are missing demographic information, as the call/encounter does not always provide this information.

The BHSOC *Guide to Mental Health Services* brochure is available in the current threshold languages: English, Spanish, and Hmong. This guide highlights available services, including culturally specific services. In addition, the brochure informs individuals of their right to free language assistance, including the availability of interpreters. This brochure is provided to individuals at intake, and is also available at county clinics, organizational providers, and wellness centers throughout the county. The service pages have language on them in Spanish, Hmong and Punjabi of accessing services in their preferred language w/o cost to them. DBH has also set up a page that has been translated into Spanish on its website to make access and information more readily available and has created a specific URL to help accessing the page easier via www.DBHespanol.com and www.DBHespanol.org. The website for the Hmong community has also been created www.DBHhmoob.com and www.DBHhmoob.org

A *Provider Directory* is available to individuals which lists provider names, population specialty (children, adult, veterans, LGBTQ+ when available, etc.), services provided, language capability, and whether or not the provider is accepting new individuals. This Directory is provided to individuals upon intake and is available at our clinics, organizational providers, and wellness centers. The Provider List is updated every other month and posted on the DBH website (www.hopefresnocounty.com).

The BHSOC also provides to DBH managers an updated *Interpreter List*, which provides individuals with the names, hours, and contact information of interpreters available in the county, as well as language and other cultural information (age, gender, sexual orientation). This list is provided to individuals upon intake and is available at county clinics, organizational providers, wellness centers, and on the BHSOC website.

BHSOC uses a New Person Served/Client Intake Log to ensure that when a person is new to receiving BHSOC services and requests specialty behavioral health services, that individual is informed about the availability of free language assistance services. This document is completed by front office staff, added to the individual's Electronic Health Record (Avatar), and forwarded to clinical staff for scheduling the intake assessment appointment to ensure an interpreter is available for the appointment.

In the next year when additional data is available for analysis, the various departments and committees within DBH will review data and identify opportunities for addressing any identified disparities.

C. Process for capturing an individual's need for an interpreter and the methods for meeting that need; identify issues and methods of mitigation

The 24/7 Access Log includes a field to record an individual's need for interpreters. It is our goal to have at least one bilingual staff person for each threshold language (Spanish and Hmong) working at the front office in each of our county outpatient clinics and at organizational providers for each of the threshold languages. These individuals are able to communicate with any caller who speaks Spanish or Hmong, or is knowledgeable about using the language line, when needed. The new person is offered an assessment with a Spanish or Hmong speaking clinician, whenever possible. A recent needs assessment focused on Spanish speaking parents that identified the need for more than just the therapist of the prescriber to be bilingual but also those support staff that are available when they call to access, schedule appointments, etc.

The New /Person Served/Client Intake Tracking Sheet allows BHSOC to document when an individual requests an interpreter. This form is forwarded to clinical staff for the intake assessment and included in the individual's EHR. This information is also utilized when individuals are assigned to a service provider, to help determine the need for a bilingual staff to provide ongoing services in the individual's primary language, whenever possible.

Currently, BHSOC has a policy and procedure guideline in place that outlines the requirements and processes for meeting an individual's request for language assistance, including the documentation of providing that service. However, there is a need to update this policy to include the process for capturing when an interpreter is used with the persons served and/or family member during services.

Objective: BHSOC is updating the process for assessing both county staff, and organization provider's staff bilingual language skills. This process will create the opportunity to analyze staff and provider disparities and identify opportunities for meeting the needs of individuals receiving services, and the needs of their families, when the family is involved in supporting the individual meet their goals.

The Diversity, Equity, and Inclusion Committee (DEIC) is collecting information from Human Resources on an aggregate basis, to provide race/ethnicity summary data on DBH staff who are in direct service provider classifications. This information will be available on a summary level basis to show the number of direct service staff that interact with individuals served. In addition, this information will also be reported for all other staff by race/ethnicity. In conjunction, the DEIC will be collecting aggregate information from the DBH Workforce Language and Bilingual Pay Survey to provide summary data on DBH direct service staff to show the number of direct service staff that speak, read, and write fluently in a language other than English; the number who receive bilingual pay; and how many are interested in becoming bilingual proficient in their second language. This information will help determine estimates of need to match with individuals receiving services to assess the need for hiring additional staff to meet the needs of different cultures and preferred language. Each person's ability to write in their language will also be documented, to understand the capacity to write Treatment Plans in the person's preferred language. The DEIC will review this information and recommend strategies for addressing any identified issues.

D. Process for reviewing grievances related to cultural competency; identify issues and methods of mitigation

The Quality Improvement Committee (QIC) reviews grievances. Each grievance is recorded in a Grievance Log related to cultural issues. The QIC reviews all issues and determines if the resolution was culturally appropriate. The QIC and DEIC will work together to identify additional issues and objectives to help improve services during the coming year. The QIC and DEIC will share data, whenever feasible, to provide a consistent foundation of information across the service system.

IV. STAFF AND SERVICE PROVIDER ASSESSMENT

A. Current Staff Composition

1. Ethnicity by Function

The Diversity, Equity, and Inclusion Committee (DEIC) will coordinate with Department of Behavioral Health (DBH) to provide summary data on the number of persons employed by the county, and at organizational providers, on race, ethnicity, and language. The data will show race, ethnicity, and language by region, whether they are a mental health or substance use disorder (SUD) provider and if the provider serves specific age groups.

2. Staff Proficiency in Reading and/or Writing in a Language Other Than English, By Function and Language

The Language Subcommittee has been meeting nearly every month over the past year and has made excellent progress on the key objectives. The subcommittee focuses its efforts on improving and expanding linguistically appropriate services for persons served. In FY 2022/23, the Language subcommittee has continued its work to examine the designation and certification of bilingual staff. DBH has worked closely with the Human Resources Department to expand the number of paid bilingual positions and develop strategies to help certify bilingual staff in a timely manner. It will be examining options to ensure some future peer positions are also bilingual allocations as well, as the Department will be seeking to update job descriptions for peer positions.

In addition, the Language Subcommittee members have also recommended that DBH expand the number of employee positions that are certified and authorized to receive the pay differential for interpreting for individuals served and/or family members.

The DEI Language Subcommittee has also recommended starting two Language Champions Committees, to provide support to persons who serve as interpreters. One committee will support Spanish language interpreters and one will support Hmong/Lao interpreters. Each committee will hold a monthly meeting to provide a forum for people to develop common translations for key words that are frequently used in mental health. The Language Champions Committee will help provide consistency of interpreting across both interpreters and staff who use interpreters.

The DEI Language Subcommittee also developed a Spanish Language Champions Guide, which is available on their website (www.dbhequity.com). This guide provides a comprehensive, well-organized English - Spanish translations to use when providing interpreting mental health services. This guide shows the English and corresponding Spanish words and phrases, to help communicate with Spanish speakers. It is well organized into different topics from Introductory phrases for counselors to use, through explaining different diagnostic terms (e.g., Depression; Anxiety); Behavioral Health clinical terms; medical terms; and other mental health symptoms and concepts. This provides an excellent guide for creating a common language across interpreters to help ‘standardize’ terms. This helps both the persons served and family members

to have the information translated consistently across interpreters and for behavioral health staff. This guide will also be used as a model for developing a Hmong language guide.
This committee has also helped create standard practices for interpreting and identify training opportunities for both interpreters and staff who use interpreters, to improve the experience for monolingual individuals served. A group for Spanish speakers and a group for Hmong/Lao speakers will be developed to support the Language Champions Committee for the two languages that meet the threshold language requirement in Fresno County. In addition, the committee will review service-level language data and identify needs; assess interpretation service capacity and quality; identify interpreter trainings; and review translated materials for accuracy.

3. Staff and Volunteer Cultural Humility Survey

To assess the cultural responsiveness of our workforce, staff and volunteers were asked to complete the Staff and Volunteer Cultural Humility Survey in Spring 2023. The complete results are shown in Attachment E.

There were 551 staff who completed the survey. Of these individuals, 55% were county staff, 43.6% were contract provider staff, and 1.4% were volunteers. Of the staff responding to the survey, 44.1% were direct service/clinical/case management staff, 22.6% were administration/clerical staff who do *not* routinely interact with persons served, 12.8% were administration/clerical staff who *do* routinely interact with persons served, 14.2% were management staff, 2.6% were paid peer staff, and 3.8% were peer support.

The breakdown of staff who completed the survey by department/program is as follows: 13.1% from Children's Mental Health, 14% from the Adult System of Care, 22.5% from Contracts Department (MH/SUD), 9.8% from Administration, 5.6% from Finance/Accounting/Business Office, 9.6% from Managed Care, 3.6% from ISDS/Quality Improvement/Medical Records, 1.8% from Compliance, and 19.8% from other Behavioral Health functions and supports.

Of the 523 survey respondents who reported their race/ethnicity, 50.3% were Hispanic/Latino, 27.3% were White, 13.6% were Asian, 5.9% were Black, 0.6% were Native Hawaiian or Other Pacific Islanders, 1.7% were American Indian or Alaska Native, 0.4% were Middle Eastern, and 0.2% identified as 'Other.' For the 536 respondents who report their current gender identity, 74.8% identify as Female, 24.3% identify as Male, and 1% identify as another gender. For sexual orientation, 89.9% of staff identified as Heterosexual/Straight, and 10.1% as LGBTQ+.

Of the 551 survey respondents, 242 (43.9%) were bilingual, with 74% of those bilingual staff speaking Spanish, 16% speaking Hmong, 3% speaking Punjabi, and 8% speaking another language. Staff may speak more than one language other than English. Of the 242 bilingual staff, 134 (55.4%) acted as an interpreter as a part of their job function, and 35.1% of those interpreters received bilingual pay (47/134). This 2023 data shows an increase from the 2022 survey results, in which 49.7% of bilingual staff acted as an interpreter as a part of their job function (83/167), and 19.3% received bilingual pay (16/83). These results highlight an area of improvement, though there is more potential growth for the County to support the importance of the DBH's efforts to hire and train bilingual staff. One of the goals of the DEI Language Committee in the last year has been achieved by implementing a process for certifying bilingual

staff so more staff can receive bilingual pay. There are now over 50 staff who have been certified bilingual.

Other survey results show that 61.2% of staff identified as a person with lived Mental Health experience and 72.9% reported having a family member with lived Mental Health experience; 28.3% of staff identified as a person with lived substance use disorder experience and 58.9% reported having a family member with lived substance use disorder experience.

For the following survey items, the response options included Frequently, Occasionally, Rarely or Never, or Did Not Occur to Me.

Upon initial review, there were some interesting results when examining the staff responses to the questions.

A high percentage of staff responded "**Frequently**" to the following questions. This pattern of responses was similar across all respondents: White respondents, Hispanic/Latino respondents, and respondents of another race/ethnicity.

- *I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs. (Frequently = 85%)*
- *I recognize that family may be defined differently by different cultures. (Frequently = 81%)*
- *I recognize that gender roles in families may vary across different cultures. (Frequently = 79%)*

Conversely, a high percentage of staff responded "**Rarely or Never**" or "**Did Not Occur to Me**" to the following questions. This pattern of responses was similar across all respondents: White respondents, Hispanic/Latino respondents, and respondents of another race/ethnicity.

- *I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice. (Rarely or Never = 16%, Did not Occur to Me = 5%)*
- *I attempt to learn a few key words in the client's primary language (e.g., "Hello, Goodbye, Thank you, etc.). (Rarely or Never = 19%, Did not Occur to Me = 5%)*

Overall, these results indicate that staff recognize the importance of clients' autonomy in decision making, and that family and gender roles may vary across different cultures. However, the results also indicate an opportunity to offer additional staff training regarding how to appropriately intervene if they observe another staff member exhibiting behaviors that show cultural insensitivity or prejudice. In addition, future training could offer staff an opportunity to learn a few key words in a client's primary language.

Survey results were also analyzed across the past four years (2020; 2021; 2022; 2023). In 2020, 582 staff completed the survey; in 2021, 494 staff completed the survey; in 2022, 433 staff completed the survey; and in 2023, 551 staff completed the survey. We compared the responses to see how we have improved from 2020 to 2023.

There was a **consistently high** percentage of staff who responded "**Frequently**" or "**Occasionally**" to the following questions from 2020 to 2023:

- *I recognize and accept that clients/ persons served are the primary decision makers about their treatment, even though they may be different from my own beliefs. (Frequently or Occasionally = 97% in 2020 and in 2023)*
- *I recognize that "family" may be defined differently by different cultures. (Frequently or Occasionally = 97% in 2020 and in 2023)*
- *I recognize that gender roles in families may vary across different cultures. (Frequently or Occasionally = 97% in 2020 and in 2023)*

Staff also reported on their participation in professional development activities during the past six months. The trends in survey responses were similar across all respondents (N=527); White respondents (N=140); Hispanic/Latino respondents (N=248), and respondents of another race/ethnicity (N=139).

A **high** percentage of survey respondents reported that they had participated in the following activities:

- *Talked to a colleague about a racial and/or cultural issue (54%).*
- *Reflected on my racial identity and how it affects my work with clients/ persons served (53%).*
- *Read/watched/listened to media about multicultural issues (75%).*
- *Learned something about a racial and/or cultural group other than my own (74%).*

A **low** percentage of survey respondents reported that they had participated in the following activities:

- *Sought guidance about a racial and/or cultural issue that arose during therapy/service delivery (18%).*
- *Sought supervision about multicultural issues (18%).*
- *Attended a training on Implicit Bias (24%).*

B. Analyze Staff Disparities and Related Objectives

Survey results will be analyzed and shared with the DEIC to help identify new strategies and goals.

C. Identify Barriers that Impede Progress in Objectives and Methods of Mitigation

Survey results will be analyzed and shared with the DBH and DEIC to identify and discuss barriers and recommend strategies to mitigate any issues.

V. CLIENT (PERSON SERVED) AND FAMILY/CAREGIVER CULTURAL HUMILITY SURVEY

A. Survey Distribution

In an effort to assess the cultural responsiveness of our service delivery, we asked individuals who received behavioral health services through Fresno County DBH to complete the Client (Person Served) Cultural Humility Survey and Family/Caregiver Cultural Humility Survey Spring 2023. In total, 2,622 surveys were completed by individuals served and family member/caregivers. The complete results for both surveys are shown in Attachments F and G.

B. Client/Person Served Cultural Humility Survey Results

There were 2,230 individuals who completed the Client/Persons Served Cultural Humility Survey. For the 2,105 individuals served who reported their age, 27.9% were TAY 12 – 25; 53.1% were adults ages 26 – 59, and 19.1% were older adults, ages 60 and over. Of the 2,073 survey respondents who reported their race/ethnicity, 52.6% reported Hispanic/Latino; 17.1% as White; 6.8% as Black; 18.8% as Asian; 1.4% as American Indian or Alaska Native; 0.4% as Native Hawaiian or Other Pacific Islander; and 2.8% as 'Other'.

Of the 2,117 individuals reporting primary language, 62.9% reported English; 22.2% reported Spanish; 13.4% as Hmong/Lao; 0.5% as Punjabi; and 1.1% as 'Other.'

For sexual orientation, 1,896 individuals responded to this question. 84.5% of respondents identified as heterosexual/straight; and 15.5% identified as LGBTQ+. For current gender identity, 55.4% of the 2,105 survey respondents identify as female; 41.7% as male; and 2.9% identify as another gender. 96.7% of respondents reported not being involved with the military; and 42.9% reported that they have a disability.

The survey response options for the following items included Agree, Neither Agree nor Disagree, and Disagree. Upon initial review, there were some interesting results when examining those questions where the responses were lower than expected for "**Agree.**" These questions are listed below.

Across all Respondents:

- *If I want to receive services from a person from my own racial or ethnic group, staff help me connect to those services. (Agree = 79%)*
- *If I want to receive services from a person of my own gender and/or from the LGBTQ+ community, staff help me connect to those services. (Agree = 76.5%)*
- *The facility has pictures or reading material that show people from my racial or ethnic group. (Agree = 76.5%)*

C. Family/Caregiver Cultural Humility Survey Results

There were 392 individuals who completed the Family/Caregiver Cultural Humility Survey. For the 375 individuals who reported their age, 19.7% were children ages 0 – 11; 39.4% were TAY ages 12 – 25; 31.1% were adults ages 26 – 59; and 9.8% were older adults, ages 60 and over.

For the 380 individuals who reported their race/ethnicity, 68.4% reported Hispanic/Latino; 19.5% as White; 4.7% as Black; 5% as Asian; 1.1% as American Indian or Alaska Native; 0.5% as Native Hawaiian or Pacific Islander; and 0.8% of survey respondents reported their race/ethnicity as 'Other.'

For the 385 individuals who reported their primary language, 67.3% reported English; 30.4% reported Spanish; and 2.3% as Hmong/Lao.

For sexual orientation, 316 individuals responded to this survey item. 88.6% of respondents identified as heterosexual/straight; and 11.4% as LGBTQ+. For current gender identity, 52.8% of survey respondents identify as female; 45.6% as male; and 1.6% identify as another gender. The majority (99.1%) of respondents reported not being involved with the military; and 36.1% reported that their family member has a disability.

The survey response options for the following items included Agree, Neither Agree nor Disagree, and Disagree. Upon initial review, there were some interesting results when examining those questions where the responses were lower than expected for "**Agree.**" Those will be briefly outlined below.

Across all Respondents:

- *If my family member wants to receive services from a person from their own racial or ethnic group, staff help them connect to those services. (Agree = 82%)*
- *The facility has pictures or reading material that show people from my family member's racial or ethnic group. (Agree = 78%)*

D. Analyze Disparities and Related Objectives

Survey results will be analyzed and shared with the DEIC to help identify new strategies and goals over the coming year (2024).

E. Identify Barriers that Impede Progress in Objectives and Methods of Mitigation

These survey results provide valuable information on staff, family members, and individual's understanding of culture and their experience with mental health services within the system of care. The results also help identify training opportunities to support staff to deliver culturally responsive services. The DEI Committee, and subcommittees have made great strides in creating a system of care that delivers culturally, ethnically, and linguistically responsive services to individuals receiving behavioral health services. This supports services that are sensitive to other cultures, including individuals in recovery; Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) community; veterans; persons living with disabilities

(hearing, vision, physical); various age groups (Children: 0-15; Transition Age Youth [TAY]: 16-25; Adults: 26-59; Older Adults: 60+); immigrants and refugees; and persons involved in the justice system.

DBH has increased the required annual training for staff and providers from a minimum of "one" training a year, which could vary on hours, to one that requires 12 hours per year, with certain hours devoted to core competencies and foundational learning and additional hours to be determined by the program or agency to enhance the skills of the staff for the populations and communities they are serving.

The development and implementation of a culturally and linguistically responsive system requires the commitment and dedication from leadership, staff, organizational providers, and the community to continually strive to learn from each other and by offering ongoing training and education. All Department staff, including leadership, are required to complete the foundational training *Introduction and Implementation of Cultural Responsiveness*. This training is also offered to contracted staff within the BHSOC. These trainings help to identify and mitigate barriers to ensure a service delivery system that respects the whole person.

VI. TRAINING IN CULTURAL RESPONSIVENESS AND HUMILITY

Behavioral Health System of Care (BHSOC) will continuously offer Core Cultural Competency Trainings for county staff and contracted providers. The expectation is for these trainings to be completed by the target audience within six (6) months of hire date and/or contract execution and repeated every five (5) years. In addition, BHSOC will require county staff and contracted direct service providers to complete a minimum of eight (8) hours of additional cultural competency training per fiscal year.

A. Rationale for the Cultural Competency Trainings

Racial and ethnic disparities in BHSOC services have been nationally recognized and officially documented in landmark reports and publications: The Surgeon General's 2001 Report, IOM 2000, and Stanley Sue's research. The County's service utilization data in the last several years suggested gender, age, and racial/ethnic related disparities. The County's BHSOC workforce assessments show: shortages of psychiatrists with special skills working with children and older adults, none-White individuals in managerial positions requiring licenses and advanced degrees, in direct care providers, especially licensed staff with working with American Indian, Hmong, Cambodian, Laotian, Vietnamese, Hispanic/Latino and other immigrant and refugee groups indigenous communities from Mexico and Central America.

The objectives in training and education of the BHSOC workforce are to develop and maintain a culturally responsive workforce that includes individuals and their family members, to address stigma and reduce discrimination, and ensure individual recovery and resilience. The DEIC will discuss and recommend opportunities for identifying additional trainings.

B. Training Participation

This section describes cultural responsiveness and humility trainings for staff and providers, including training in the use of interpreters, in FY 2022/23.

Representatives from #Out4MentalHealth provided a 2-hour informational training to Fresno County's DBH's supervisors on the mental health challenges members of the LGBTQ+ community face and results from the recent state-wide community survey they conducted. This opportunity provided valuable context for many staff who oversee clinicians providing care as well as a resource for up-to-date statistics.

Fresno County was one of three counties that participated in a learning pilot of the Solano County project called the Interdisciplinary Collaboration Cultural Transformation Model which holds a primary purpose of addressing health inequities in access and utilization of quality mental health services.. As a part of this pilot, staff attended several trainings on topics such as Social Determinants of Health, Traumatic Grief, The Impact of COVID, CLAS standards and Equity Data. A community engagement model with a focus on Black/African-American youth was also developed by this team using the methods taught by the mentor county,

DBH presented a QTBIPOC (Queer, Transgender, Black, Indigenous and Persons of Color) training developed and delivered by Dr. Ebony M. Williams, a professional trainer on Culturally Linguistically and Appropriate Services (CLAS) standards, Health Equity and Sexual Orientation and Gender Identity (SOGI) topics. This training's goal was to support direct service providers in providing more affirming and responsive care to meet the needs of those communities. Thirty-one attendees from the system of care and community partners attended and the training was recorded to edit and upload to the Department's learning management system, Relias which provides internal staff and contracted provider staff the opportunity to complete as well.

C. Core Cultural Competency Trainings in FY 2022/23

Title of Training / Event / Conference	Number of Participants
Using Communication Strategies to Bridge Cultural Divides *(Relias online platform)*	14
Your Role in Workplace Diversity *(Relias online platform)*	106
Introduction & Implementation of Cultural Responsiveness (IICR) *(Live training)*	210
Behavioral Health Interpreter Training (BHIT) for Providers *(Live training)*	64
Behavioral Health Interpreter Training (BHIT) for Interpreters *(Live training)*	47

D. Additional Cultural Competency Trainings in in FY 2022/23

The trainings listed below were taken through the Relias online platform, unless otherwise noted.

Title of Training / Event / Conference	Number of Participants
A Culture-Centered Approach to Recovery	24
Advanced Practices in Case and Care Management	2
Affirmative Action	1
Anti-Asian Hate	4
Bridging the Diversity Gap	110
Building a Multicultural Care Environment	59
Care of the LGBTQ Resident in California	21
Cultural Competence	97
Cultural Competence and Healthcare	7
Cultural Responsiveness in Clinical Practice	4
DEI: An Introduction to Multicultural Care	123

Title of Training / Event / Conference	Number of Participants
DEI: Multicultural Care for the Organization	3
Diversity for All Employees for Healthcare	1
Diversity, Equity, and Inclusion for the Healthcare Employee	3
Ethical and Legal Issues for Behavioral Health Interpreters	1
How Culture Impacts Communication	4
Implicit Bias in Healthcare	2
Influence of Culture on Care in Behavioral Health for Paraprofessionals	7
Interacting with the LGBTQ+ Community	2
Introduction to Cultural Variations in Behavioral Health for Paraprofessionals	8
Mitigating Risk Factors-Affirming & Accepting Environments for LGBTQ+ Youth Panel Discussion	1
Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services	1
Overcoming Your Own Unconscious Biases	8
Patient Cultural Competency For Non-Providers	1
Prevalence and Treatment of Substance Use Disorders in the LGBTQ+ Community	6
Social Determinants of Health: Education Access and Quality	1
Social Determinants of Health: Social and Community Context	3
Strategies for Avoiding Assumptions About Sexual Orientation	1
Strengthen Cultural Humility and Dismantle Implicit Bias in Maternal Health	6
Substance Use Treatment & Relapse Prevention for Racial and Ethnic Minorities	14
The Role of Social Determinants of Health in Today's Healthcare	1
Trauma & Resilience Network - AAPI Heritage Month 2023 - Discover Your Fire	1
Understanding and Addressing Racial Trauma in Behavioral Health	5
Understanding and Minimizing Cultural Bias for Paraprofessionals	6
Understanding Unconscious Bias	1
Women and Substance Use	1
Working More Effectively with LGBTQ+ Children and Youth	2
Working More Effectively with the LGBTQ+ Community	2
QTBIPOC Best Practices in Fresno County *(Live training)*	31

VII. ADAPTATION OF SERVICES

BHSOC will utilize the Culturally Responsive Plan (CRP) to continue to expand services to achieve the goals and objectives outlined in this Plan. The DEIC will continue to meet monthly to continually identify opportunities to promote the delivery of culturally responsive services.

Fresno has subcommittees and affinity groups which provide additional insights. The LGBTQ+ workgroup which has been a sub-committee may be considered to be lifted up to a regular committee with specific projects and tasks to focus on increasing parity and quality of services. Additionally, there may be future consideration to lift the Behavioral Health for Black Lives affinity group into a possible subcommittee or taking on a more formal role withing the DEI efforts including additional insights, workforce engagement and support efforts for more equitable care.

A Plan Do Study Act (PDSA) method is used to continually improve services. A PDSA method is a way to try out an idea on a small scale before implementing it system-wide. The steps of the cycle are: Step 1: Plan – Plan the test or observation, including a plan for collecting data; Step 2: Do – Try out the test on a small scale; Step 3: Study – Set aside a time to analyze the data and study the results; Step 4: Act – Refine the change, based on what was learned from the test.

Appendix A

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

OMH U.S. Department of Health and Human Services Office of Minority Health

www.ThinkCulturalHealth.hhs.gov

THINK CULTURAL HEALTH

Appendix B
Cultural Competence Guidance and Resource Crosswalk

CLAS Standard	CCPR Criteria	Framework Guiding Principles
Principle Standard		
1) Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.	Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities	Provision of Culturally and Linguistically Appropriate Services (18)
Governance, Leadership and Workforce		
2) Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	Criterion 1: Commitment to Cultural Competence	Commitment to Cultural Competence and Health Equity (1,2,3,4)
3) Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.	Criterion 1: Commitment to Cultural Competence Criterion 6: Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff	Workforce Development (16)
4) Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	Criterion 1: Commitment to Cultural Competence Criterion 5: Culturally Competent Training Activities	Workforce Development (16)
Communication and Language Assistance		
5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	Criterion 7: Language Capacity	Provision of Culturally and Linguistically Appropriate Services (18)

CLAS Standard	CCPR Criteria	Framework Guiding Principles
6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	Criterion 7: Language Capacity	Provision of Culturally and Linguistically Appropriate Services (18)
7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	Criterion 6: Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff	Workforce Development (16)
8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	Criterion 7: Language Capacity	Provision of Culturally and Linguistically Appropriate Services (18)
Engagement, Continuous Improvement and Accountability		
9) Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organizations' planning and operations.	Criterion 1: Commitment to Cultural Competence	Commitment to Cultural Competence and Health Equity (5)
10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.	Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities	Identification of Disparities and Assessment of Needs and Assets (7) Implementation of Strategies to Reduce Identified Disparities (11)
11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	Criterion 2: Updated Assessment of Service Needs	Identification of Disparities and Assessment of Needs and Assets (6,7)

CLAS Standard	CCPR Criteria	Framework Guiding Principles
12) Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	Criterion 8: Adaptation of Services	Identification of Disparities and Assessment of Needs and Assets (8)
13) Partner with the community to design, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	Criterion 4: Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System	Community Driven Care (13,14,15) Provision of Culturally and Linguistically Appropriate Services (21,22)
14) Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.	Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities	Community Driven Care (13)
15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	Criterion 1: Commitment to Cultural Competence	Implementation of Strategies to Reduce Identified Disparities (10,11)

Appendix C

Fresno County Department of Behavioral Health

Cultural Humility Committee (CHC) Charter

Mission Statement:
The Fresno County Department of Behavioral Health's Cultural Humility Committee (CHC) seeks to support the development of a continuous collaborative effort to improve service delivery and strengthen services for underserved, unserved, and inappropriately served diverse populations in Fresno County. The CHC brings together a wide array of community stakeholders to identify, address, and reduce health disparities within the department's services and the overall system of care, as outlined in the annual Fresno County Culturally Responsive Plan (CRP).

Type of Committee: Standing Committee (as mandated)

Membership:

- Chair (ESM)
- Co-Chair (DSC)
- Division Managers
- QI Staff
- Stakeholders
- DBH Director
- DBH Deputy Director
- DBH Medical Staff
- Sub-Committee Personnel
- DBH Contracted Providers
- Staff Development
- Admin-HR
- Compliance
- DBH Clinical Program Staff
- DBH Substance Use Disorder

Chairperson: DBH Ethic Services Manager (ESM)/Division Manager
Co-Chair: DBH Diversity Services Coordinator (DSC)

Duties/Responsibilities of the QIC:
The CHC is responsible for the following:

1. Review and approval of the annual mandated Cultural Competency Plan Requirement (CCPR),
2. Identify opportunites to strengthen access, quality, and cost-effectiveness of services for diverse populations to improve outcomes;
3. Identify and recommend cultural humility trainings and cultural enrichment activities;
4. Develop culturally responsive strategies for improved access to care;
5. Ensure the department and the system of care adhere to Federal Culturally and Linguistically Appropriate Services (CLAS) standards; and
6. Make reccomendations for strategies to improve overall health equity in Fresno County.

Objectives:

1. Assist with the development, review, and approval of the required CCPR/Culturally Responsive Plan and annual updates (California Code of Regulations, Title 9, Section 1810.410).
2. Guide efforts for implementation of the goals of the County's Culturally Responsive Plan (CRP) Delivered With Humility:
    a. Goal 1: To provide timely access to culturally- and linguistically-appropriate, integrated, behavioral health services to improve access for persons from various race/ethnicity groups; across all ages; veterans and their families; individuals who are Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+); persons released from jail and their families; and other diverse cultures.
    b. Goal 2: To create a work environment where cultural humility, dignity, and respect are modeled, so all BHSOC staff experience equitable opportunities for professional and personal growth.
    c. Goal 3: To deliver innovative, evidence-based, trauma-informed, strengths-based behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including in diverse community settings (e.g., schools, organizational

1

providers, senior centers, churches, and other community locations) to promote health and wellness.

d. Goal 4: To develop outreach and education activities focused on disseminating information about behavioral health services for groups and organizations known to serve specific racial and ethnic groups within the community.
e. Goal 5: To collect and produce accurate and reliable demographic, service-level, and outcome data to understand and evaluate the impact of services on health equity, cost-effectiveness, and outcomes

3. Address the implementation and coordination of the Culturally Responsive Plan through work of five standing subcommittees:
    a. Communication
    b. Access
    c. Cultural Enrichment and Training
    d. Governance Policy and Human Resources
    e. Language

    *Other subcommittees and ad-hoc workgroups may be formed as needed.
4. Recommend policies, practices, and protocols to support cultural humility and CLAS standards across the system of care.
5. Provide support for External Quality Review (EQR) and Tri-Annual Medi-Cal reviews of cultural humility efforts from the system of care.

Delegation of Authority:
Provide recommendation of findings, outcomes, reports to the EMS and DSC, DBH Leadership for approval, denial, direction or additional guidance for action.

Frequency: First Thursday of each month.

Time: 10:00 am to 12:00 pm

Place: Heritage Center Training Room/Virtual

Formalities:

- Sign In sheets
- Meeting Agenda
- Meeting Minutes

Appendix D


THE
RAVEN
APPROACH
Department of Behavioral Health
The R.A.V.E.N. Framework provides practical ways to respond to micro-aggressions both in the work place and on-line.
Micro Aggression - a statement, action or incident regarded as indirect, subtle or unintentional discrimination against members of a marginalized group.
REDIRECT
Redirect the interaction to prevent further harm from occuring.
"Can I speak with you over here for a second?"
ASK
Ask probing questions that help the aggressor understand their statements are hurtful & problematic.
"Were you suggesting they shouldn't attend this college because English isnt their native language?"
VALUES CLARIFICATION
Values Clarification - Identifying and clarifying that the organization values are not aligned with their actions.
"In training, we all agreed to contribute towards a safe and wel coming environment. Your statements do not uphold these values."
EMPATHIZE
Empathize with your own thoughts and feelings. Using I statements, explain how you were affected by the aggressors hurtful statements: "I think" "I feel" "I was hurt" "I was disappointed"
"When you said Juan was actually articulate. I felt hurt that your expectation was for him to not be"
NEXT STEPS
Next Steps - Suggesting to the aggressor what they could do to correct their behavior moving forward.
"I think you should be more aware of how your words can effect the people around you. It would be a good Idea to apologize."
R.A.V.E.N. is not a step by step process. It's a general guide to provide us all with some options and actions that we can engage in to respond and (in time) eliminate microaggressions from our workplace. You can use whichever parts of R.A.V.E.N that may work for the current situation. The work with microaggressions are not sought to be a tool to address intentionally discriminative behaviors and/or belief systems towards marginalized groups.
RAVEN Approach is adapted from Dr. J. Luke Wood and Dr. Frank Harris III of San Diego State University.

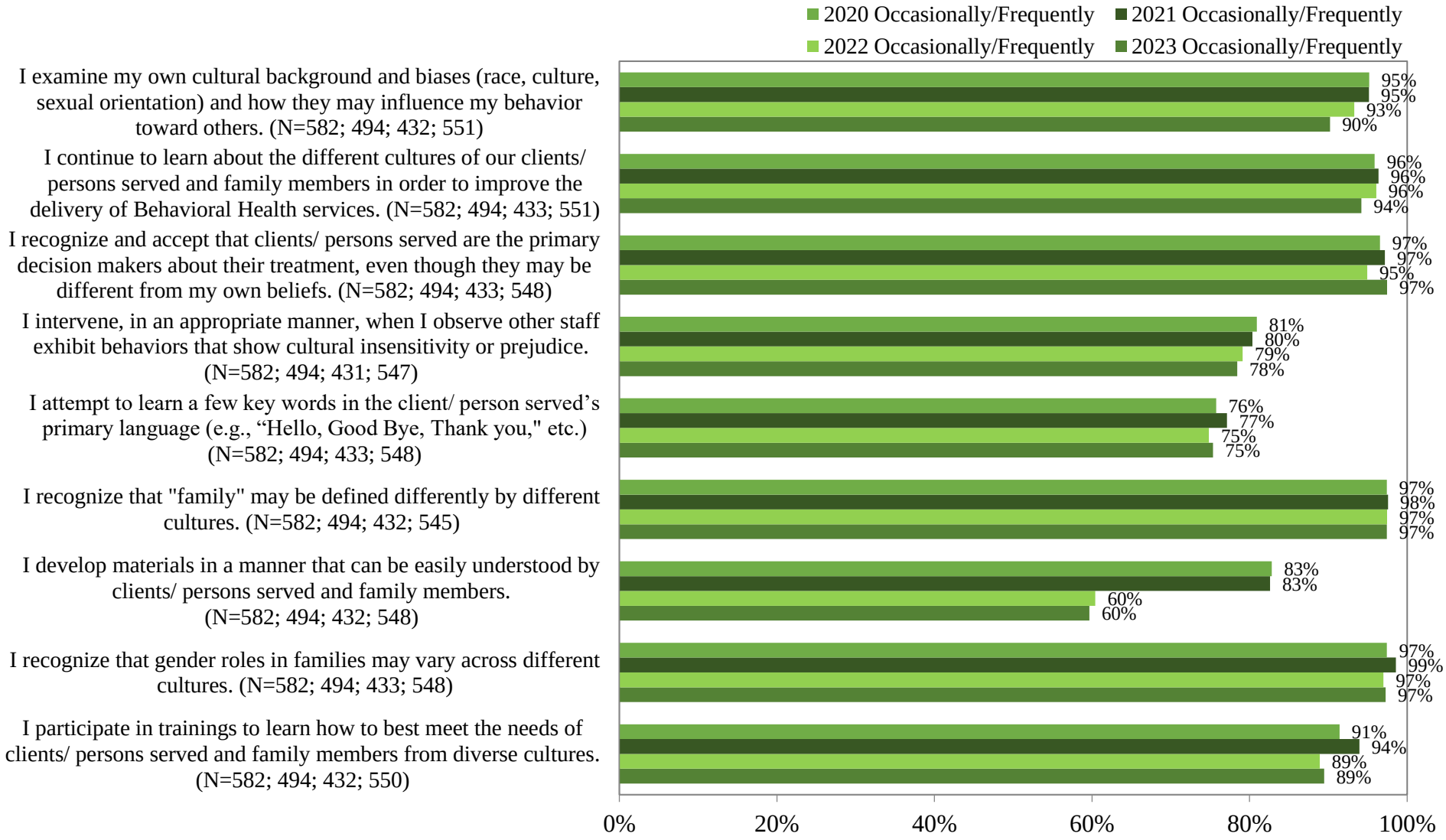
Appendix E: Staff and Volunteer Cultural Humility Survey Results

Fresno County Department of Behavioral Health

Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

All Respondents

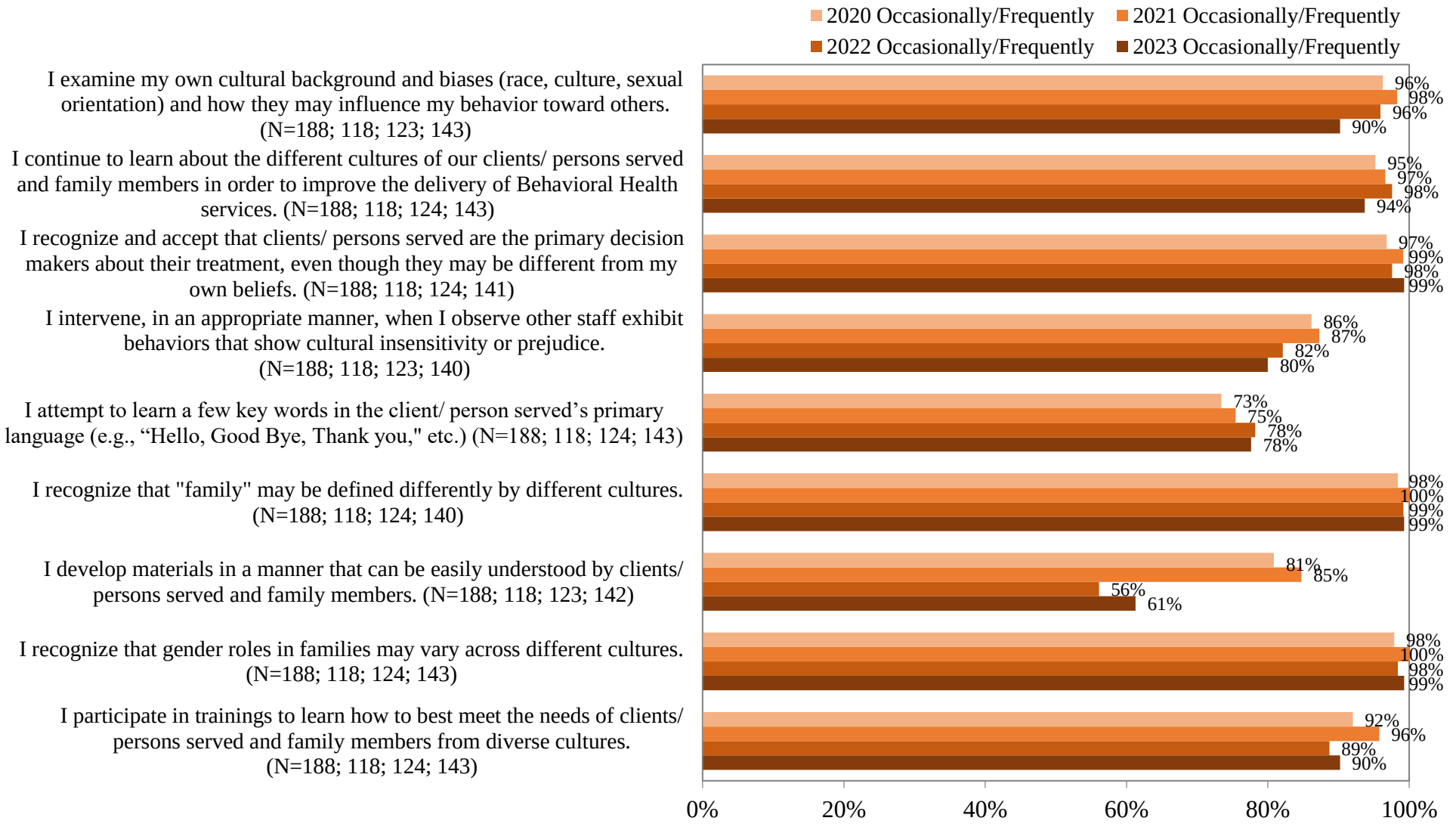


Fresno County Department of Behavioral Health

Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

White/ Caucasian Respondents

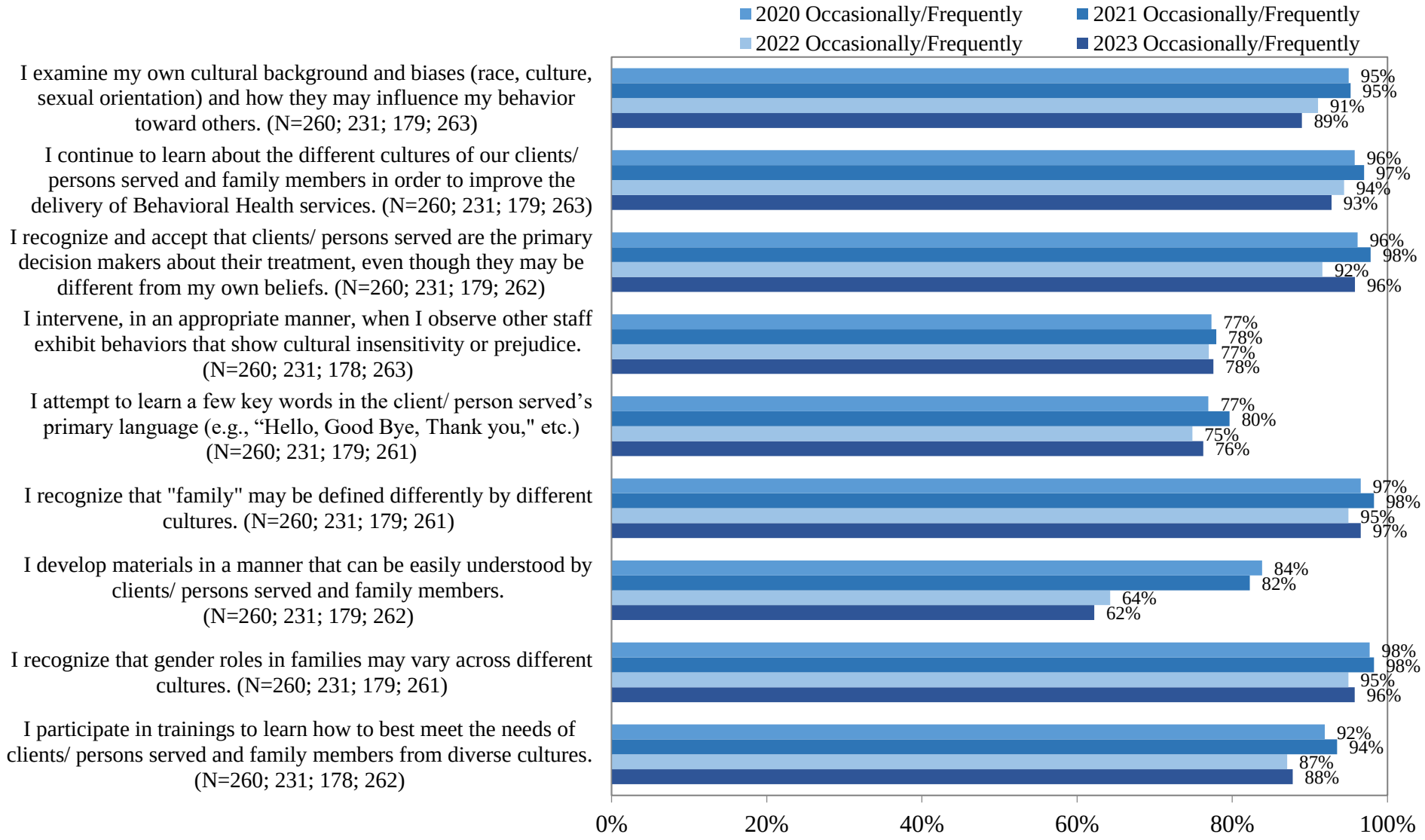


Fresno County Department of Behavioral Health

Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

Hispanic Respondents

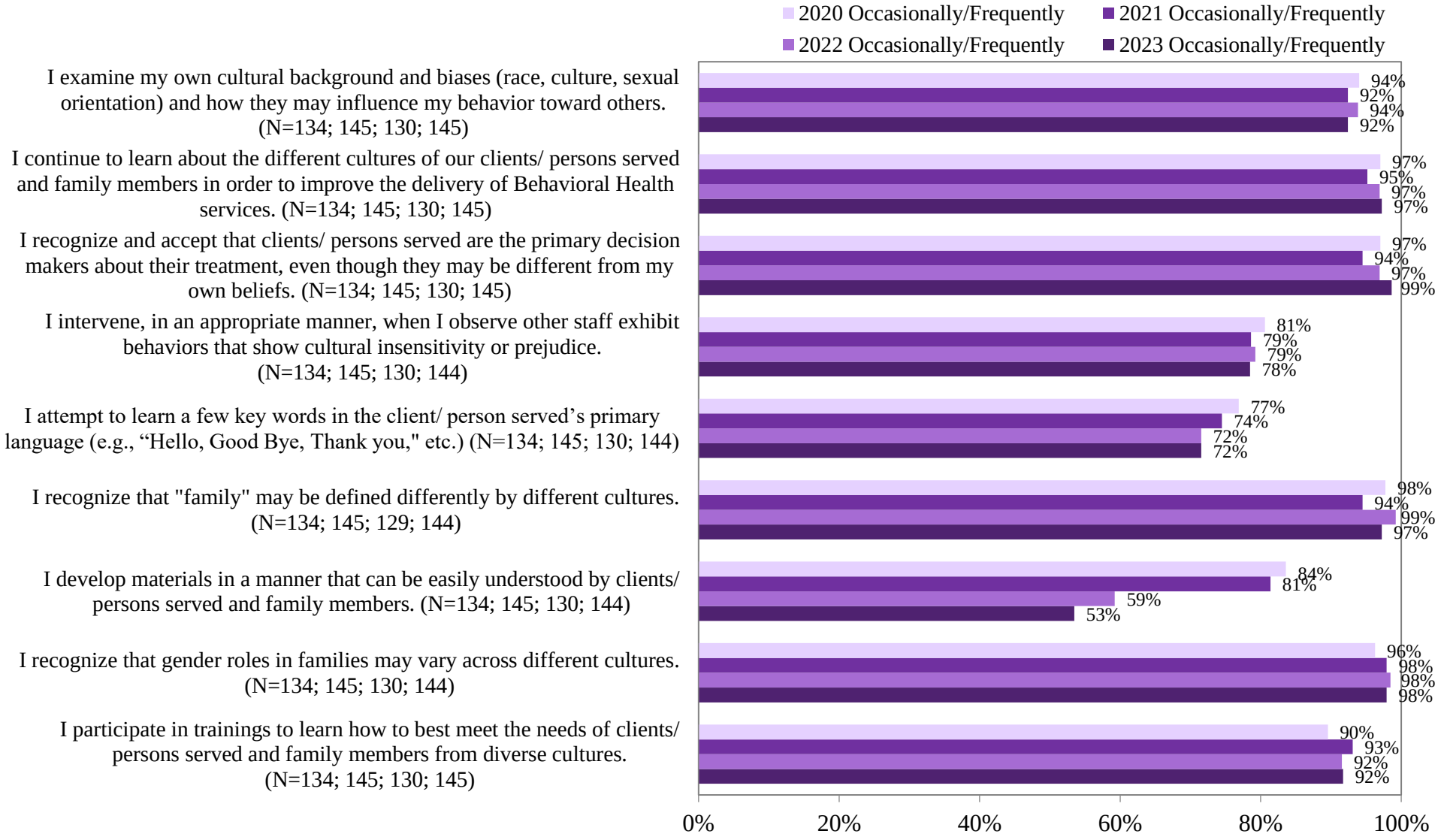


Fresno County Department of Behavioral Health

Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

All Other Ethnicity Respondents



Fresno County Department of Behavioral Health

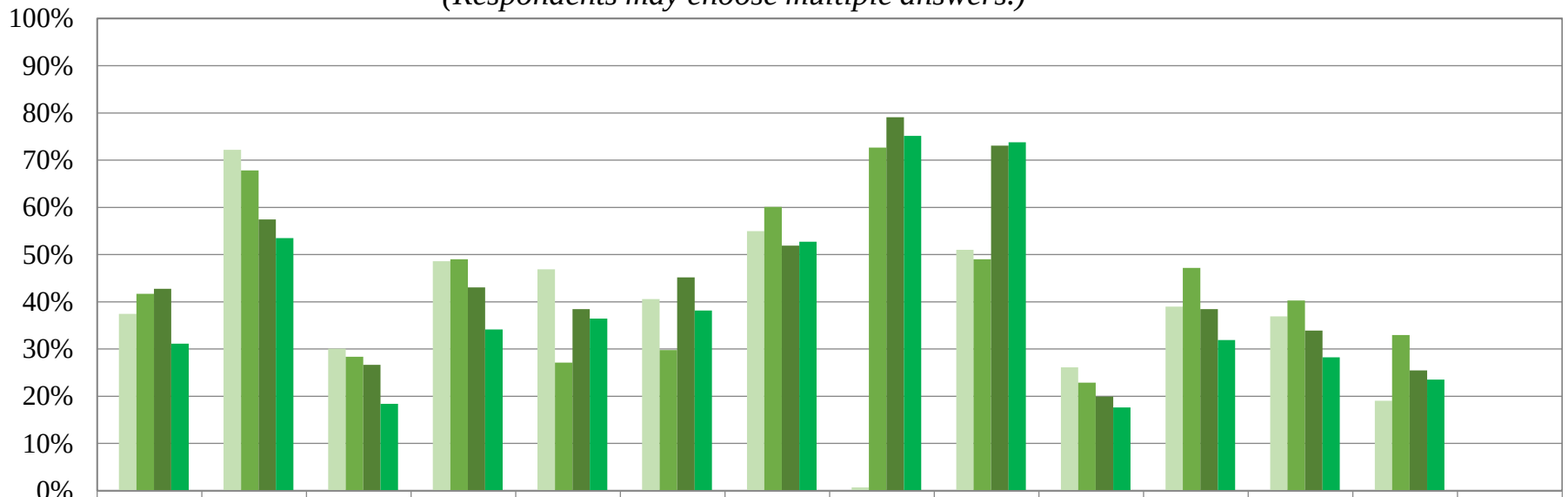
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

Participation in Professional Development Activities (Past Six Months)

2020 All Respondents (N=582) ***2021 All Respondents (N=494)*** ***2022 All Respondents (N=416)*** ***2023 All Respondents (N=527)***

(Respondents may choose multiple answers.)



	Recognized a prejudice I have about certain people	Talked to a colleague about a racial and/or cultural issue	Sought guidance about a racial and/or cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients/ persons served	Read/ watched/ listened to media about multicultural issues	Learned something about a racial and/or cultural group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total Respondents
2020 # Respondents	218	420	175	283	273	236	320	4	297	152	227	215	111	582
2020 % Respondents	37%	72%	30%	49%	47%	41%	55%	1%	51%	26%	39%	37%	19%	100%
2021 # Respondents	206	335	140	242	134	147	297	359	242	113	233	199	163	494
2021 % Respondents	42%	68%	28%	49%	27%	30%	60%	73%	49%	23%	47%	40%	33%	100%
2022 # Respondents	178	239	111	179	160	188	216	329	304	83	160	141	106	416
2022 % Respondents	43%	57%	27%	43%	38%	45%	52%	79%	73%	20%	38%	34%	25%	100%
2023 # Respondents	164	282	97	180	192	201	278	396	389	93	168	149	124	527
2023 % Respondents	31%	54%	18%	34%	36%	38%	53%	75%	74%	18%	32%	28%	24%	100%

Fresno County Department of Behavioral Health

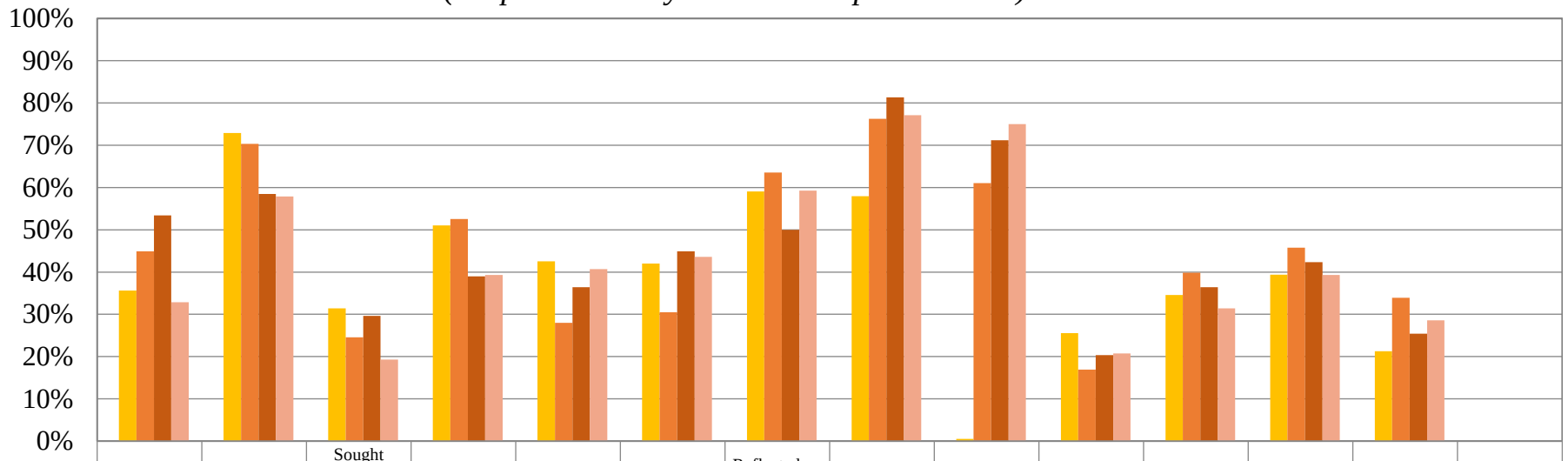
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

Participation in Professional Development Activities (Past Six Months)

2020 White/ Caucasian Respondents (N=188) ***2021 White/ Caucasian Respondents (N=118)*** ***2022 White/ Caucasian Respondents (N=118)*** ***2023 White/ Caucasian Respondents (N=140)***

(Respondents may choose multiple answers.)



	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients/ persons served	Read/ watched/ listened to media about multicultural issues	Learned something about a racial and/or cultural group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total Respondents
2020 # Respondents	67	137	59	96	80	79	111	109	1	48	65	74	40	188
2020 % Respondents	36%	73%	31%	51%	43%	42%	59%	58%	1%	26%	35%	39%	21%	100%
2021 # Respondents	53	83	29	62	33	36	75	90	72	20	47	54	40	118
2021 % Respondents	45%	70%	25%	53%	28%	31%	64%	76%	61%	17%	40%	46%	34%	100%
2022 # Respondents	63	69	35	46	43	53	59	96	84	24	43	50	30	118
2022 % Respondents	53%	58%	30%	39%	36%	45%	50%	81%	71%	20%	36%	42%	25%	100%
2023 # Respondents	46	81	27	55	57	61	83	108	105	29	44	55	40	140
2023 % Respondents	33%	58%	19%	39%	41%	44%	59%	77%	75%	21%	31%	39%	29%	100%

Fresno County Department of Behavioral Health

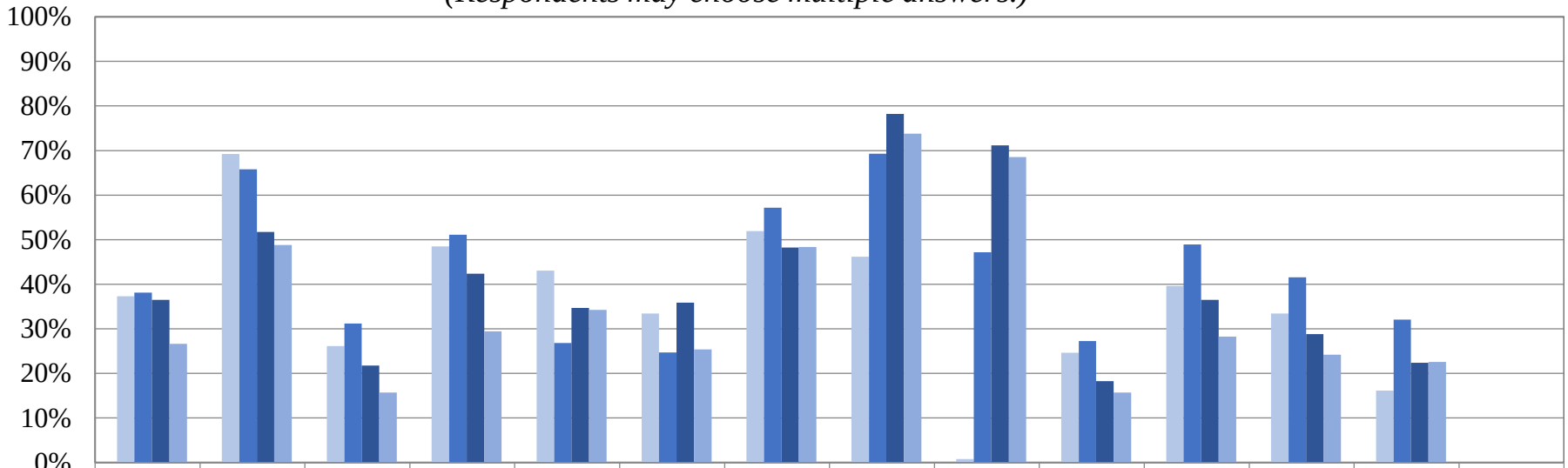
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

Participation in Professional Development Activities (Past Six Months)

2020 Hispanic/Latino Respondents (N=260) ***2021 Hispanic/Latino Respondents (N=231)*** ***2022 Hispanic/Latino Respondents (N=170)*** ***2023 Hispanic/Latino Respondents (N=248)***

(Respondents may choose multiple answers.)



	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients/ persons served	Read/ watched/ listened to media about multicultural issues	Learned something about a racial and/or cultural group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total Respondents
2020 # Respondents	97	180	68	126	112	87	135	120	2	64	103	87	42	260
2020 % Respondents	37%	69%	26%	48%	43%	33%	52%	46%	1%	25%	40%	33%	16%	100%
2021 # Respondents	88	152	72	118	62	57	132	160	109	63	113	96	74	231
2021 % Respondents	38%	66%	31%	51%	27%	25%	57%	69%	47%	27%	49%	42%	32%	100%
2022 # Respondents	62	88	37	72	59	61	82	133	121	31	62	49	38	170
2022 % Respondents	36%	52%	22%	42%	35%	36%	48%	78%	71%	18%	36%	29%	22%	100%
2023 # Respondents	66	121	39	73	85	63	120	183	170	39	70	60	56	248
2023 % Respondents	27%	49%	16%	29%	34%	25%	48%	74%	69%	16%	28%	24%	23%	100%

Fresno County Department of Behavioral Health

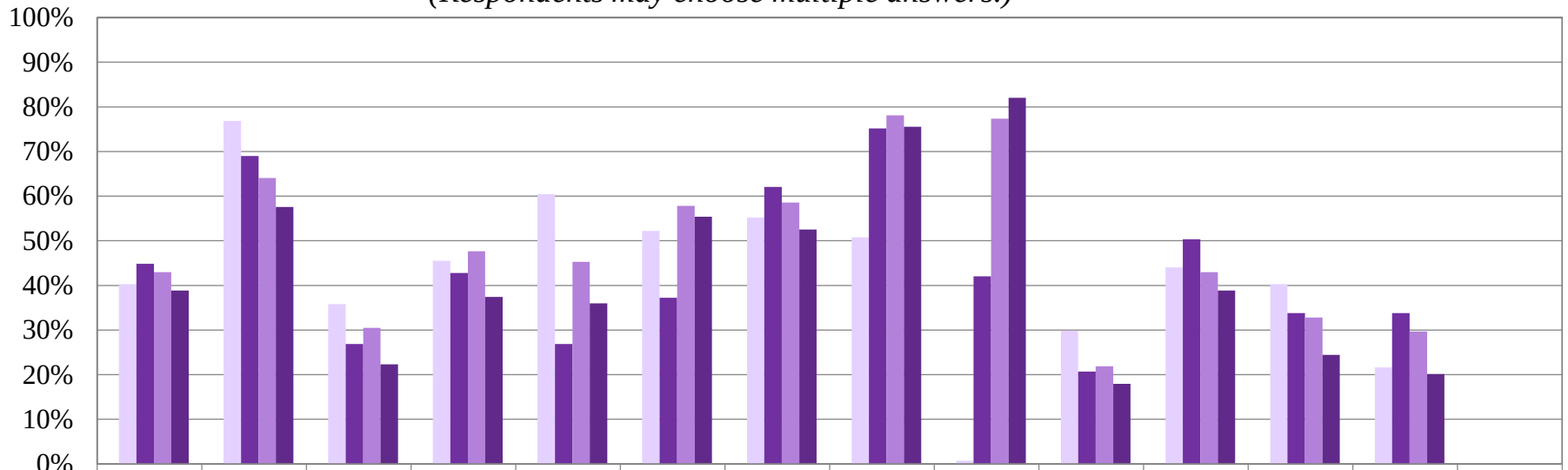
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

Participation in Professional Development Activities (Past Six Months)

2020 Other Ethnicity Respondents (N=134) ***2021 Other Ethnicity Respondents (N=145)*** ***2022 Other Ethnicity Respondents (N=128)*** ***2023 Other Ethnicity Respondents (N=139)***

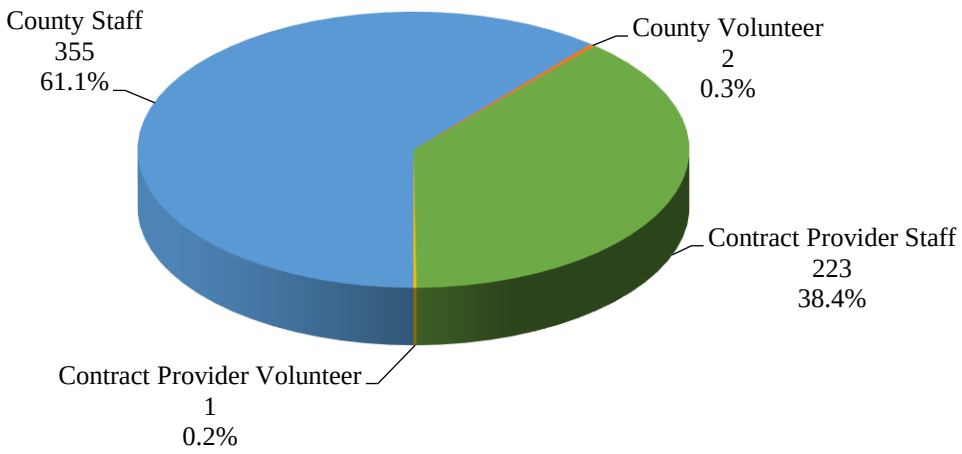
(Respondents may choose multiple answers.)



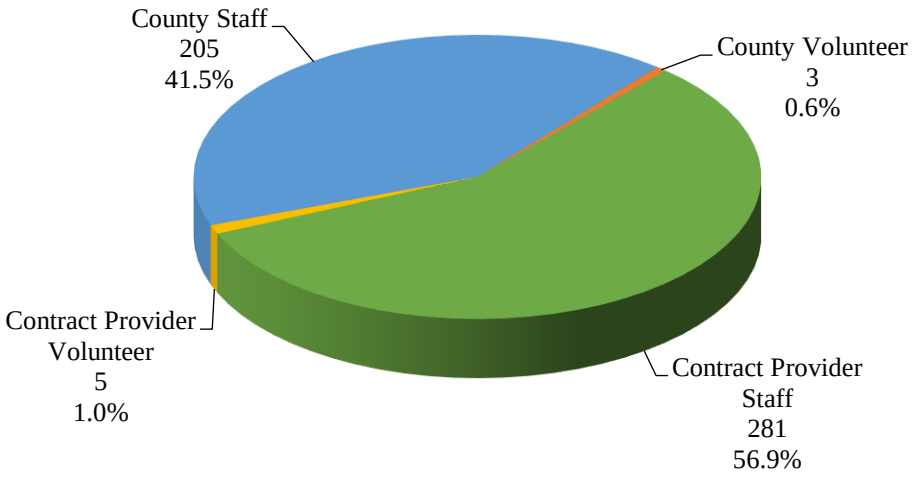
	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients/ persons served	Read/ watched/ listened to media about multicultural issues	Learned something about a racial and/or cultural group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total Respondents
2020 # Respondents	54	103	48	61	81	70	74	68	1	40	59	54	29	134
2020 % Respondents	40%	77%	36%	46%	60%	52%	55%	51%	1%	30%	44%	40%	22%	100%
2021 # Respondents	65	100	39	62	39	54	90	109	61	30	73	49	49	145
2021 % Respondents	45%	69%	27%	43%	27%	37%	62%	75%	42%	21%	50%	34%	34%	100%
2022 # Respondents	55	82	39	61	58	74	75	100	99	28	55	42	38	128
2022 % Respondents	43%	64%	30%	48%	45%	58%	59%	78%	77%	22%	43%	33%	30%	100%
2023 # Respondents	54	80	31	52	50	77	73	105	114	25	54	34	28	139
2023 % Respondents	39%	58%	22%	37%	36%	55%	53%	76%	82%	18%	39%	24%	20%	100%

Fresno County Department of Behavioral Health
Staff Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

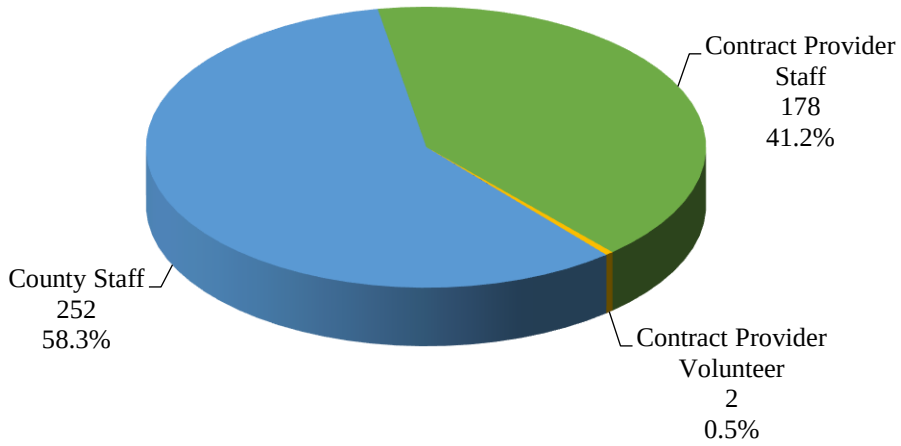
2020 Employment Status (N=581)



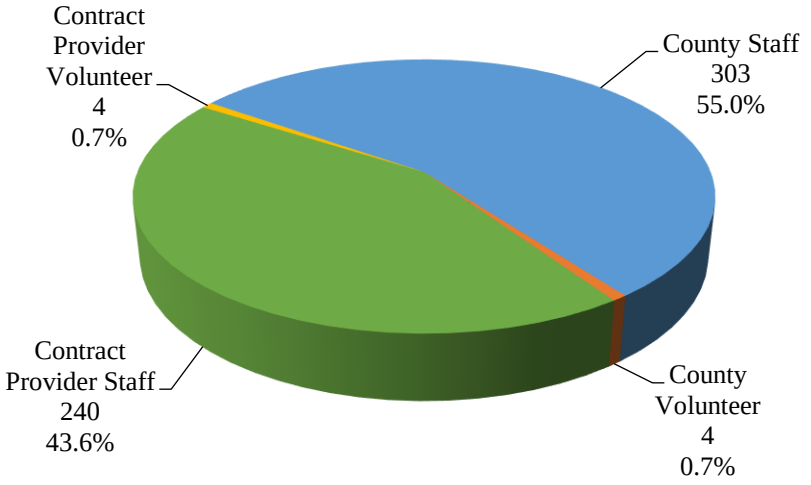
2021 Employment Status (N=494)



2022 Employment Status (N=432)



2023 Employment Status (N=551)

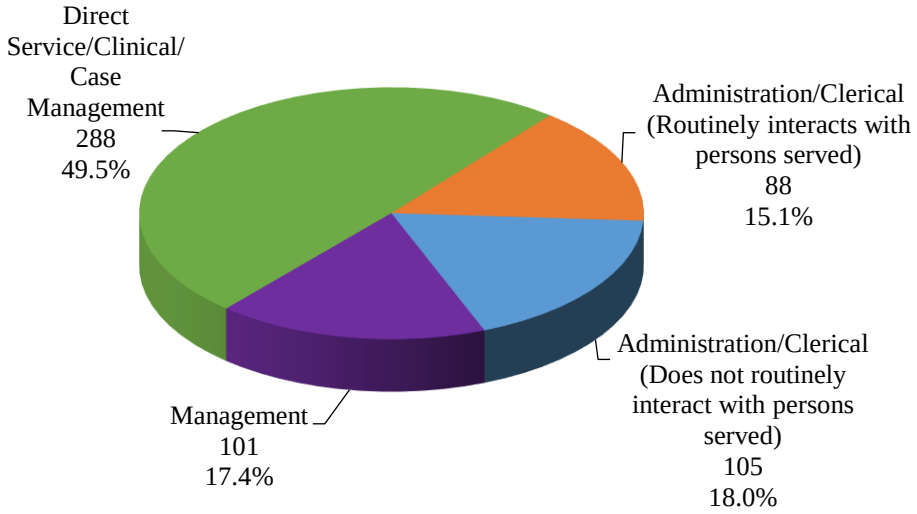


Fresno County Department of Behavioral Health

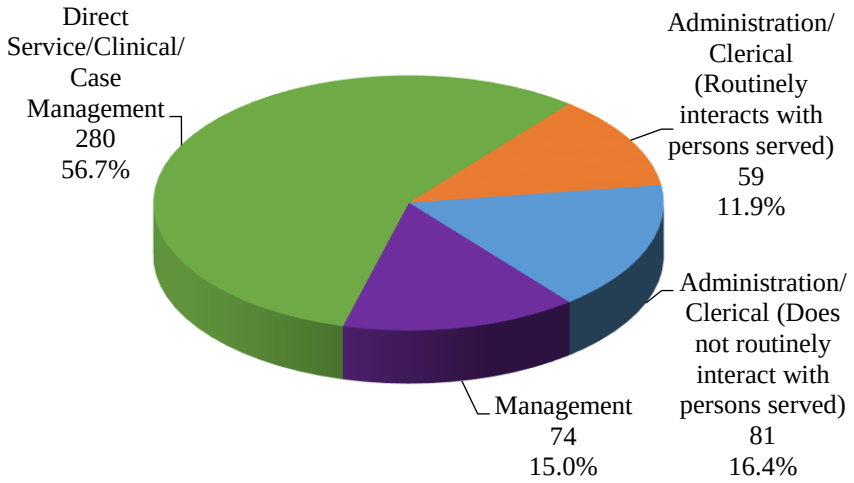
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

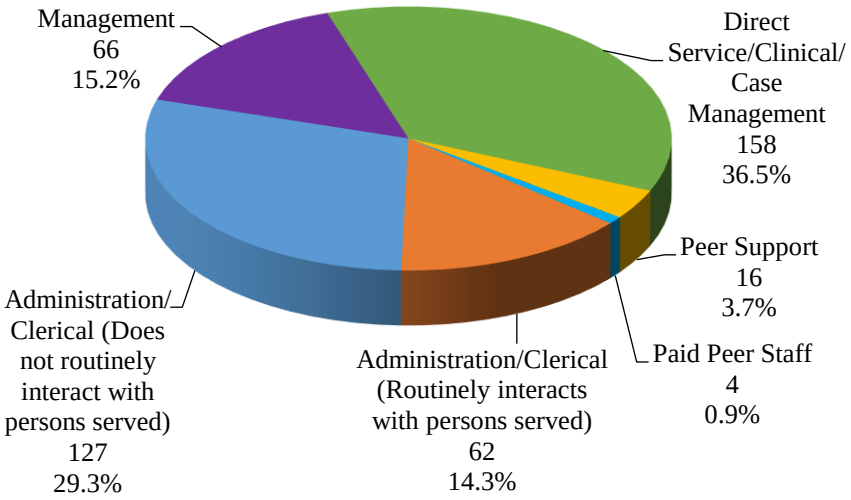
2020 Primary Job Function (N=582)



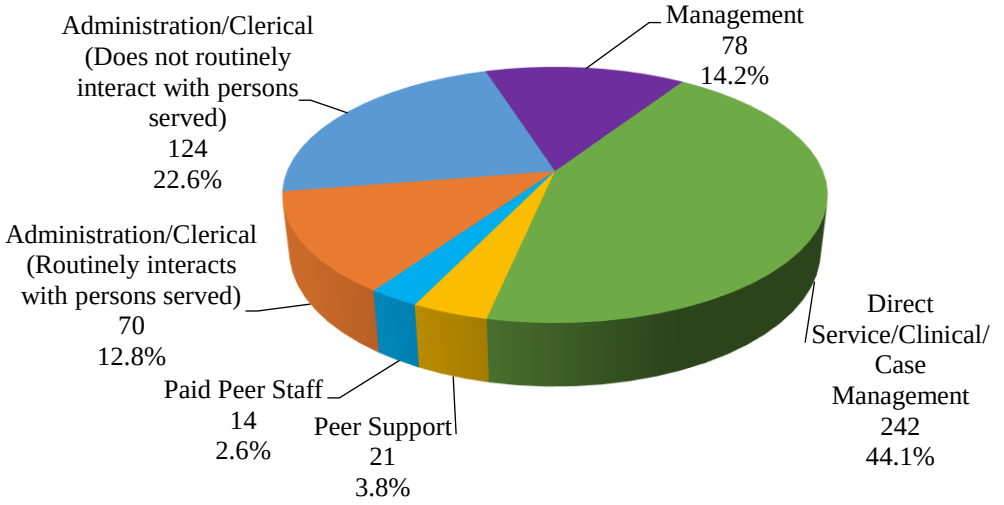
2021 Primary Job Function (N=494)



2022 Primary Job Function (N=433)



2023 Primary Job Function (N=549)

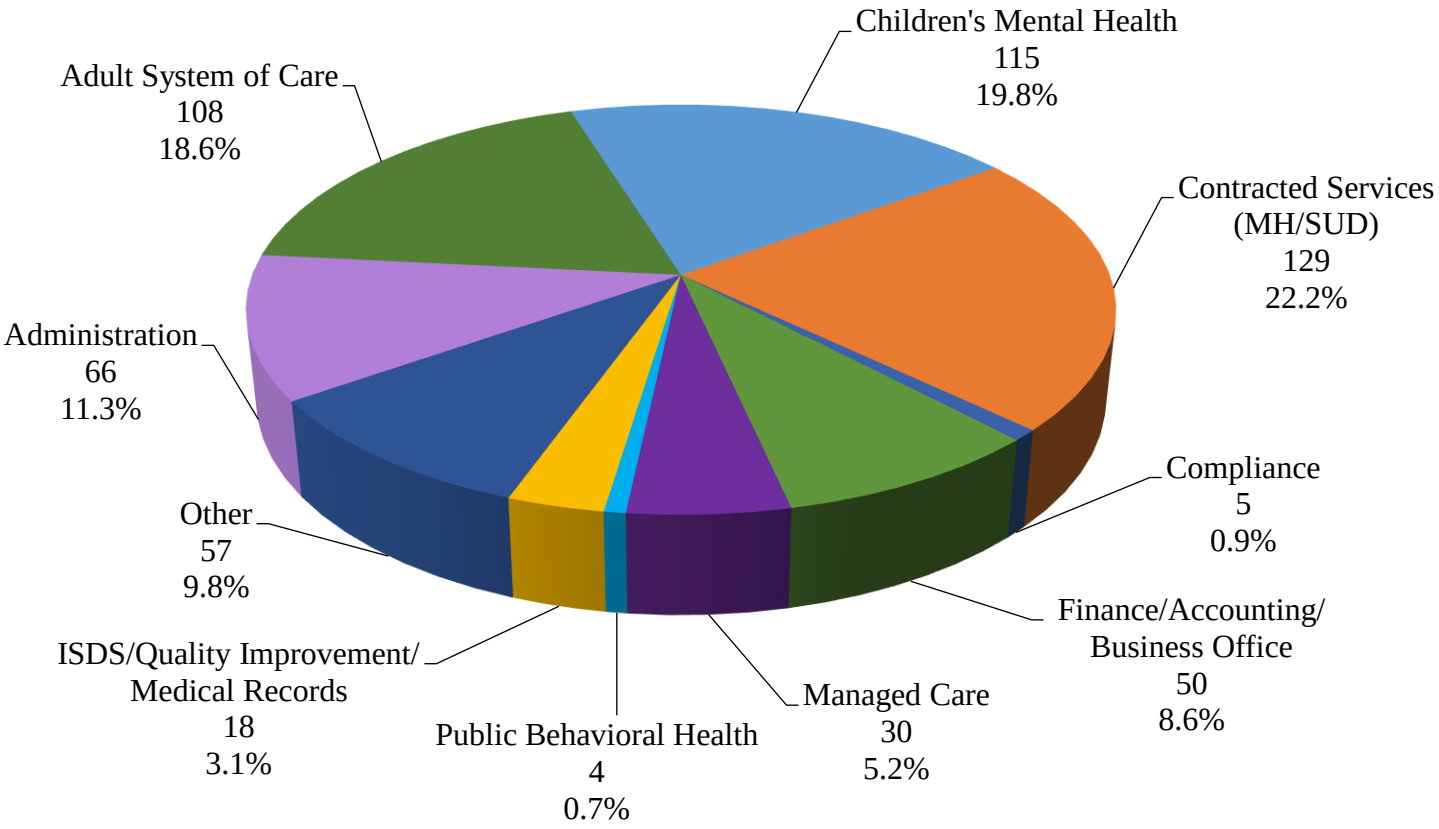


Fresno County Department of Behavioral Health

Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

2020 Department/Program (N=582)

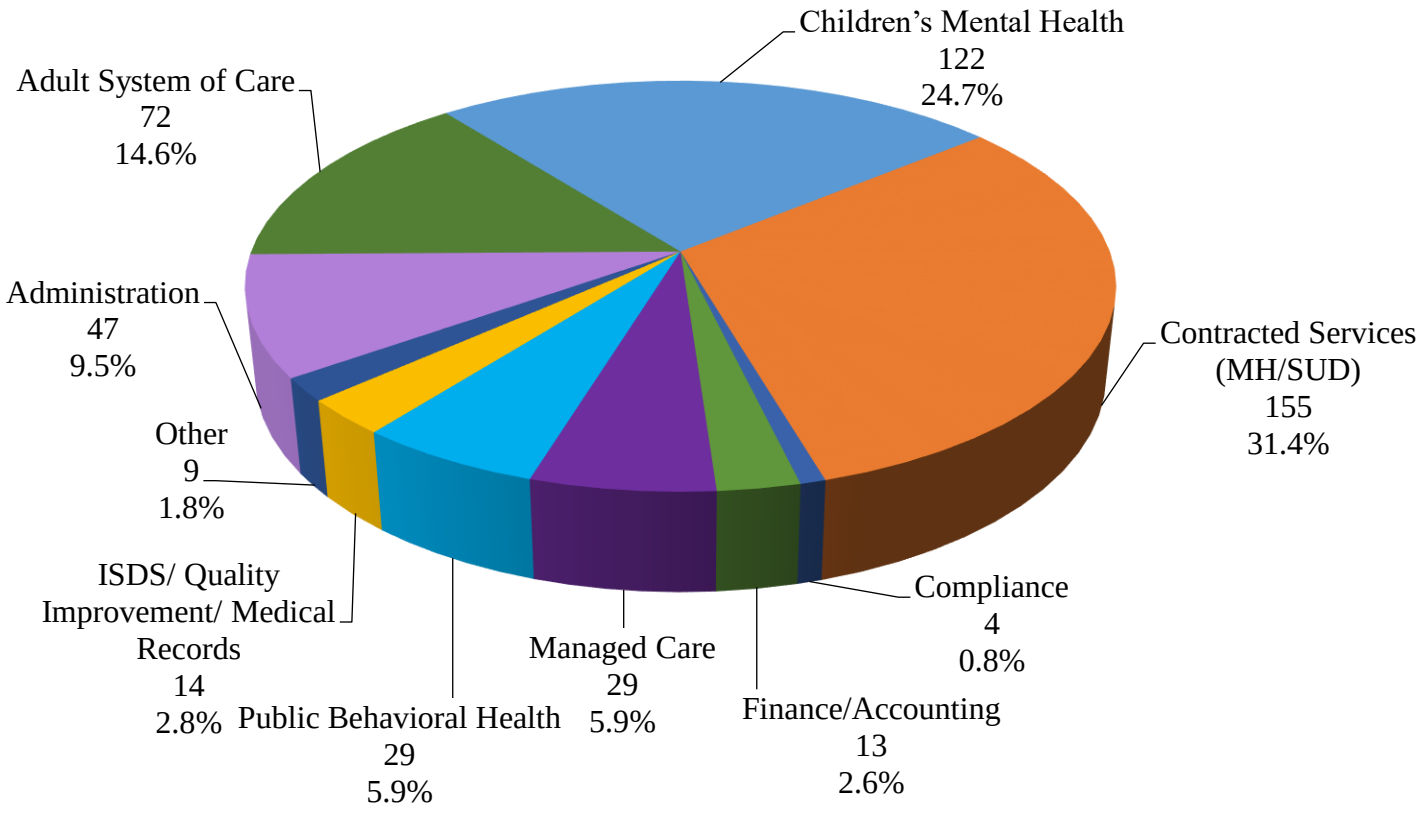


Fresno County Department of Behavioral Health

Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

2021 Department/Program (N=494)

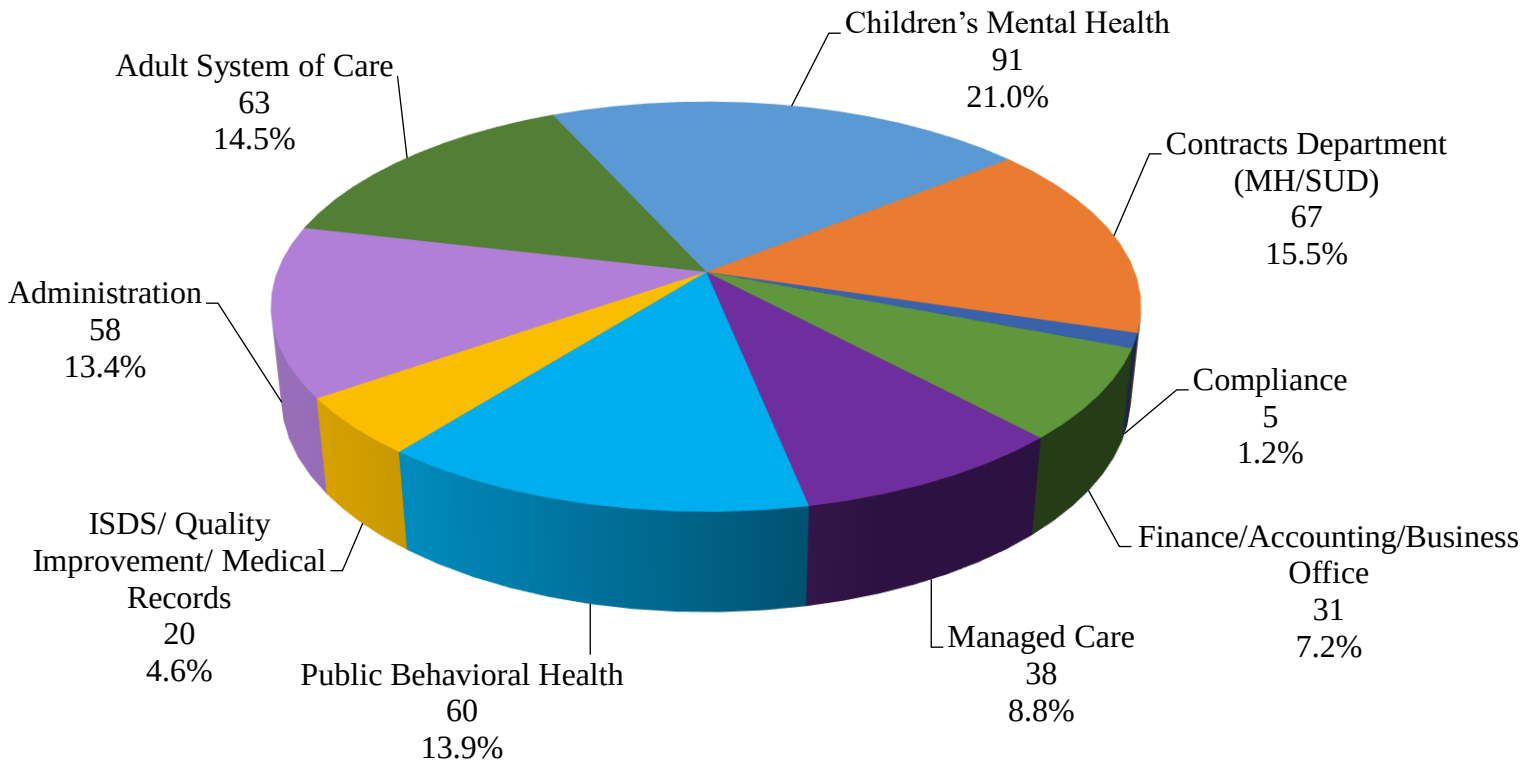


Fresno County Department of Behavioral Health

Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

2022 Department/Program (N=433)

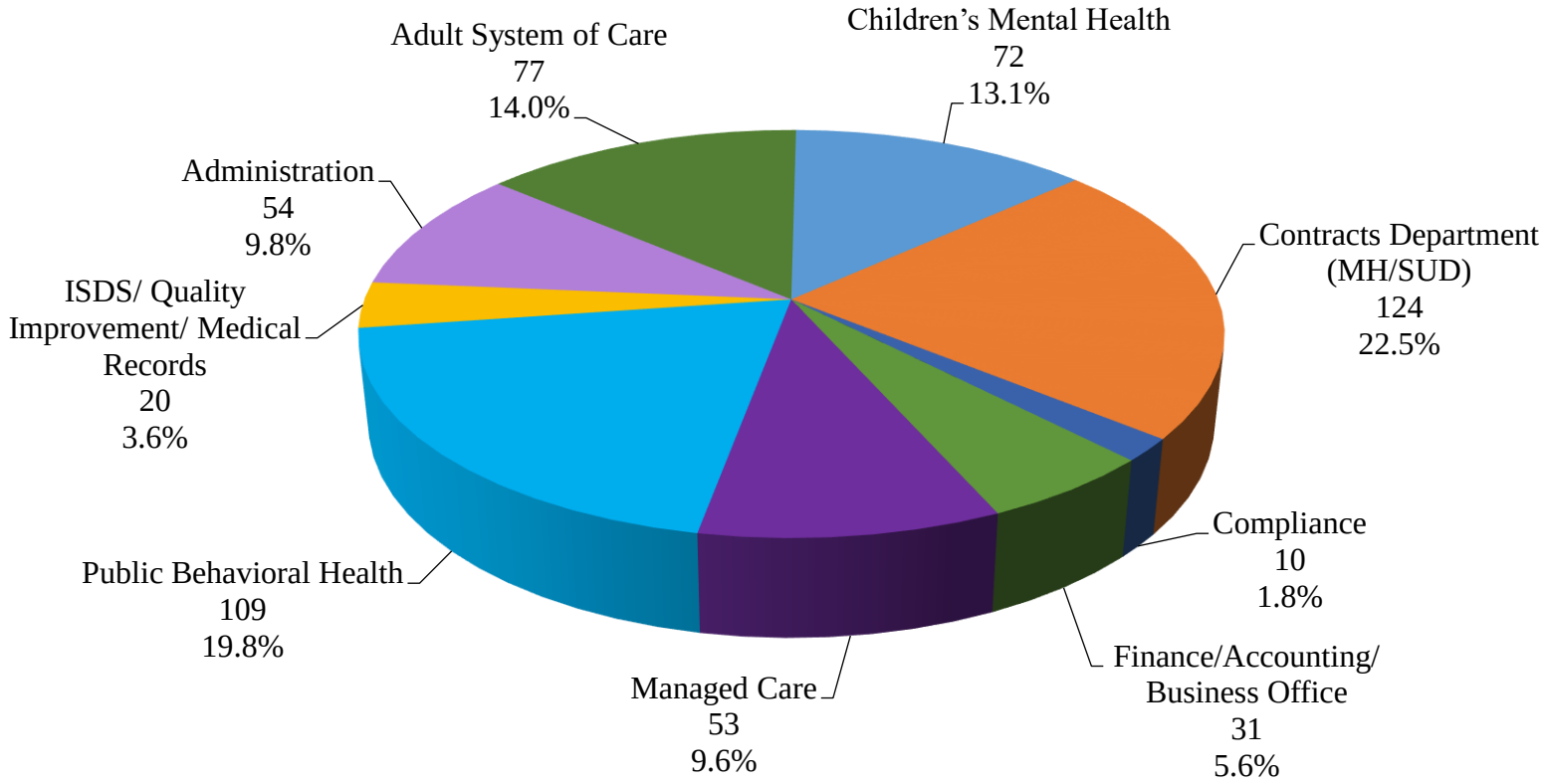


Fresno County Department of Behavioral Health

Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

2023 Department/Program (N=550)

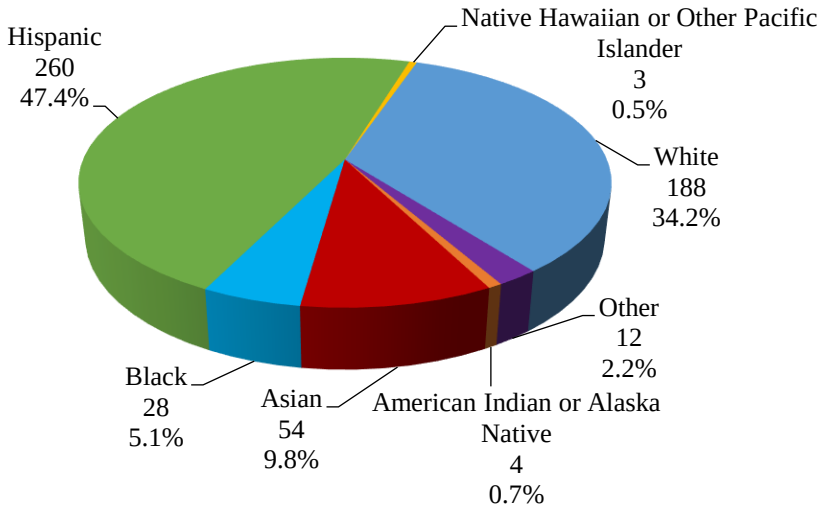


Fresno County Department of Behavioral Health

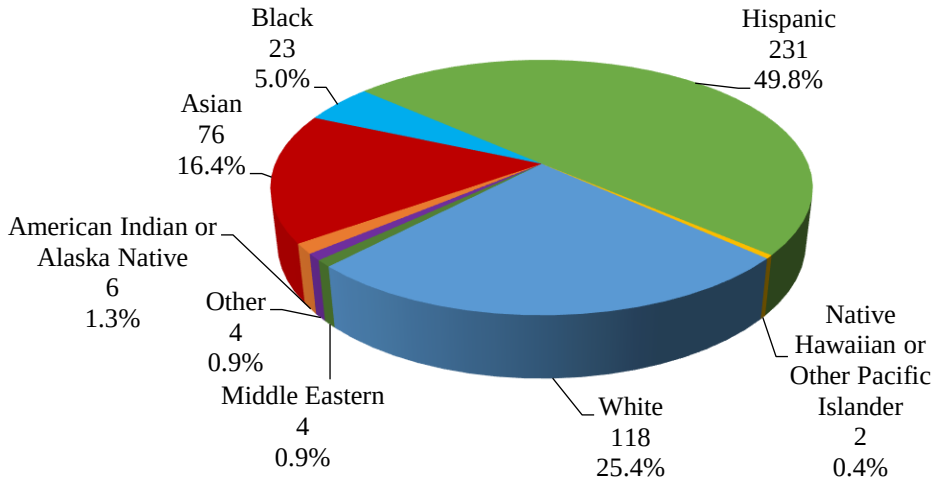
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

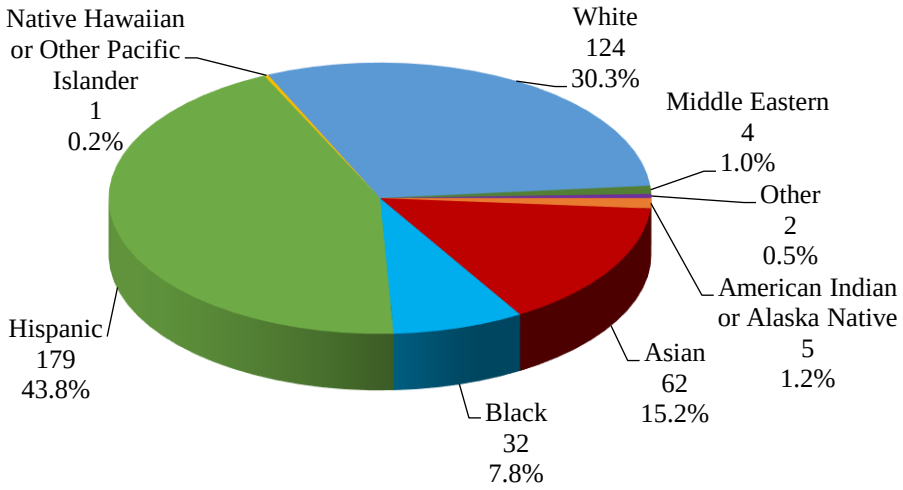
2020 Race/Ethnicity (N=549)



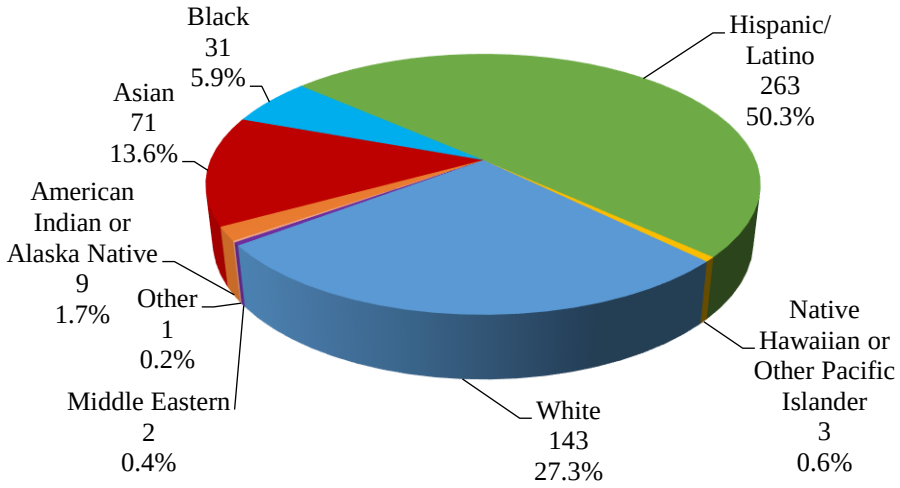
2021 Race/Ethnicity (N=464)



2022 Race/Ethnicity (N=409)

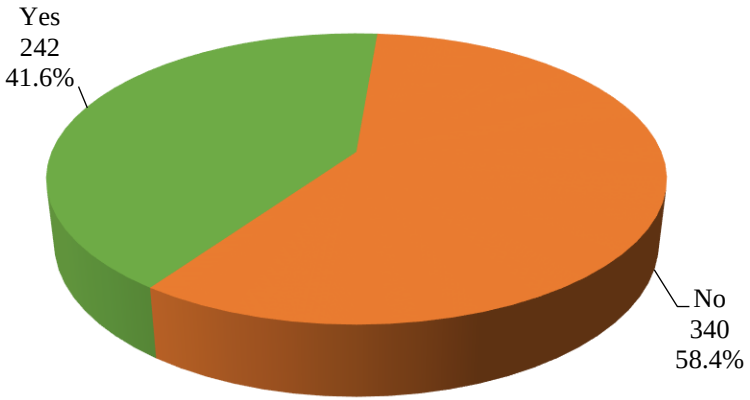


2023 Race/Ethnicity (N=523)

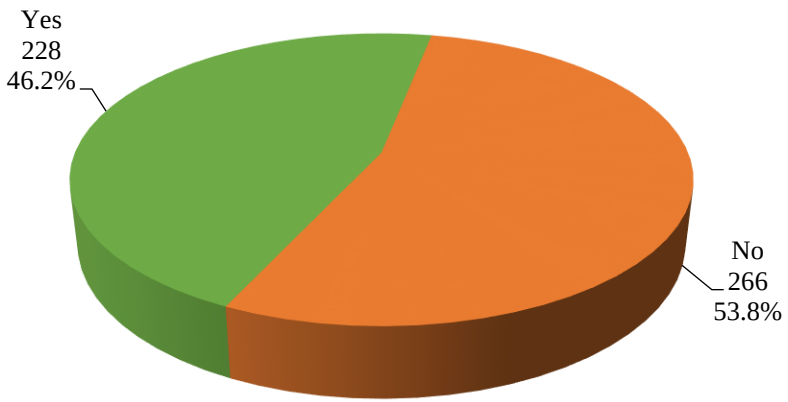


Fresno County Department of Behavioral Health
Staff Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

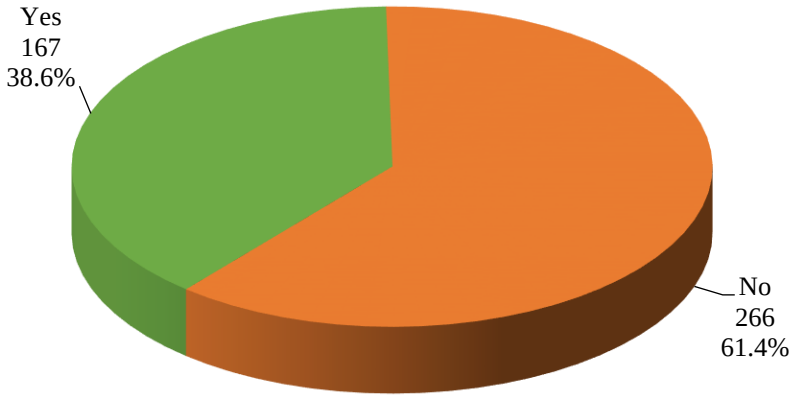
2020 Do you consider yourself Bilingual? (N=582)



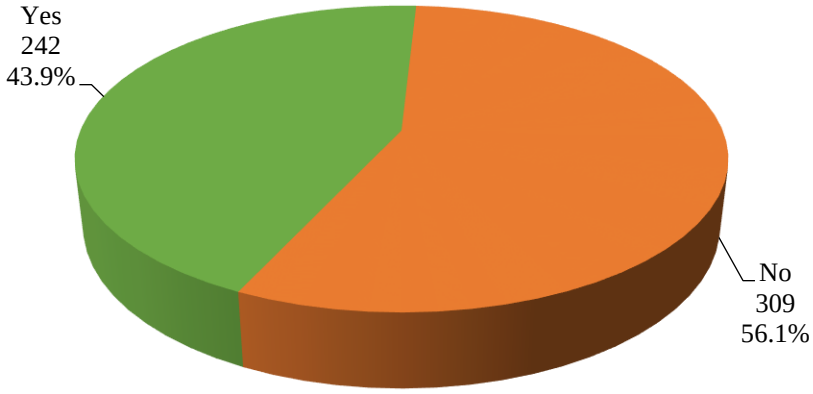
2021 Do you consider yourself Bilingual? (N=494)



2022 Do you consider yourself Bilingual? (N=433)



2023 Do you consider yourself Bilingual? (N=551)



Fresno County Department of Behavioral Health

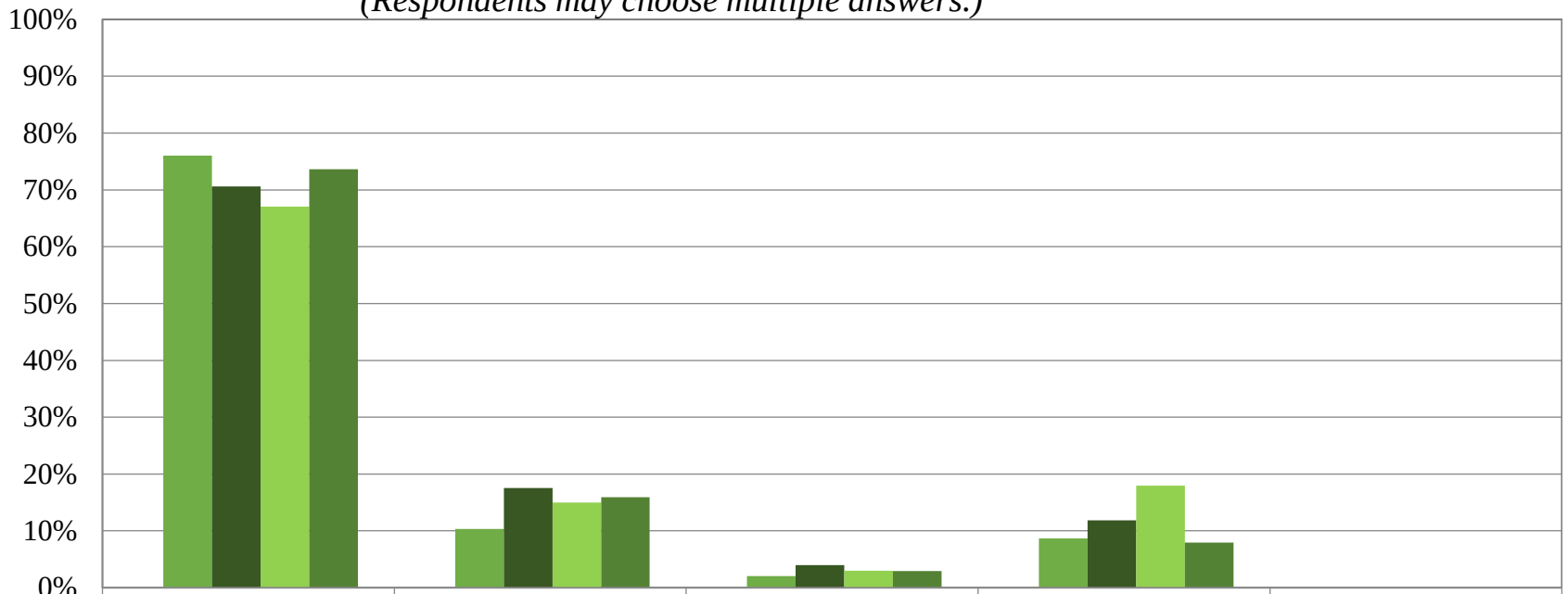
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

If Bilingual, which language(s) do you speak?

2020 Bilingual Respondents (N=242) ***2021 Bilingual Respondents (N=228)*** ***2022 Bilingual Respondents (N=167)*** ***2023 Bilingual Respondents (N=239)***

(Respondents may choose multiple answers.)



	Spanish	Hmong	Punjabi	Other	Total Bilingual
2020 # Respondents	184	25	5	21	242
2020 % Respondents	76%	10%	2%	9%	100%
2021 # Respondents	161	40	9	27	228
2021 % Respondents	71%	18%	4%	12%	100%
2022 # Respondents	112	25	5	30	167
2022 % Respondents	67%	15%	3%	18%	100%
2023 # Respondents	176	38	7	19	239
2023 % Respondents	74%	16%	3%	8%	100%

Fresno County Department of Behavioral Health

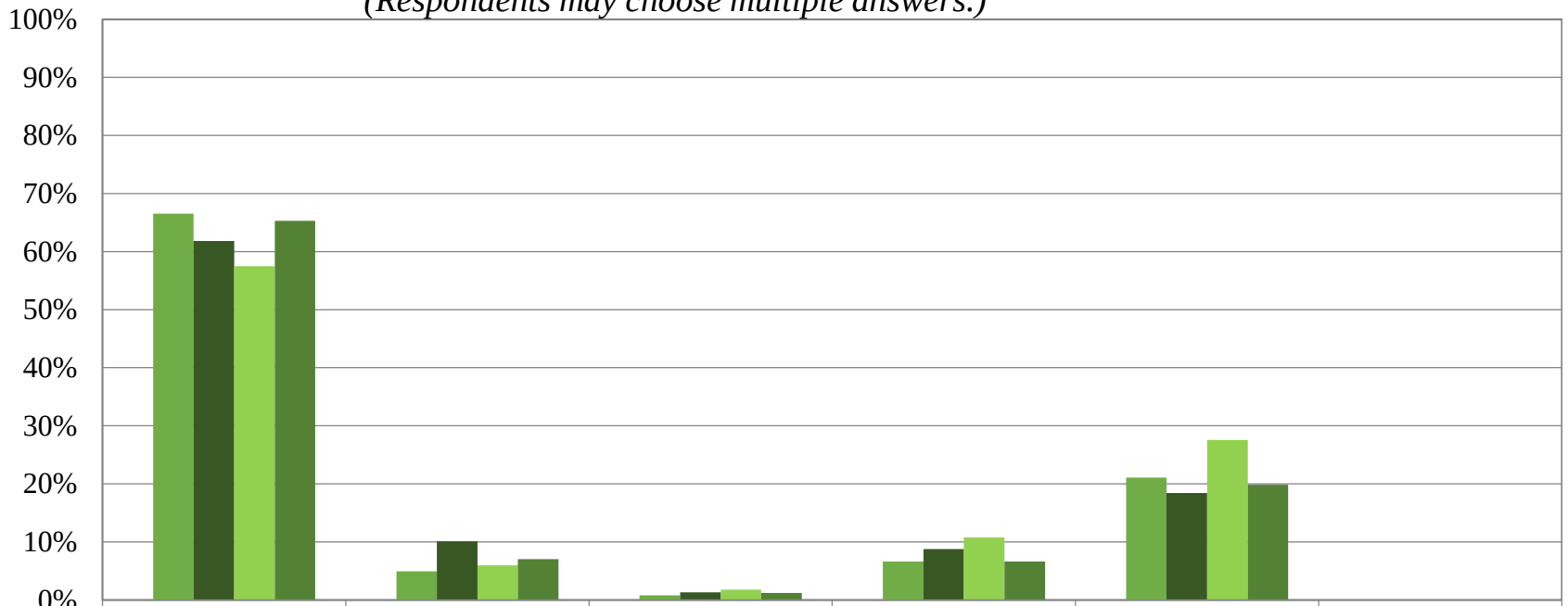
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

If Bilingual, which language(s) are you proficient in reading and writing?

2020 Bilingual Respondents (N=242) ***2021 Bilingual Respondents (N=228)*** ***2022 Bilingual Respondents (N=167)*** ***2023 Bilingual Respondents (N=242)***

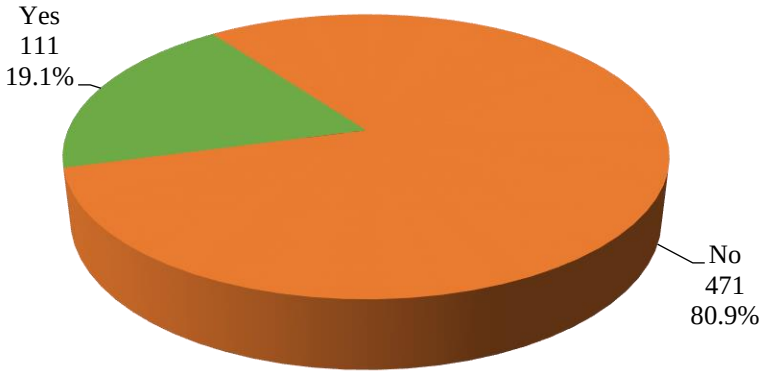
(Respondents may choose multiple answers.)



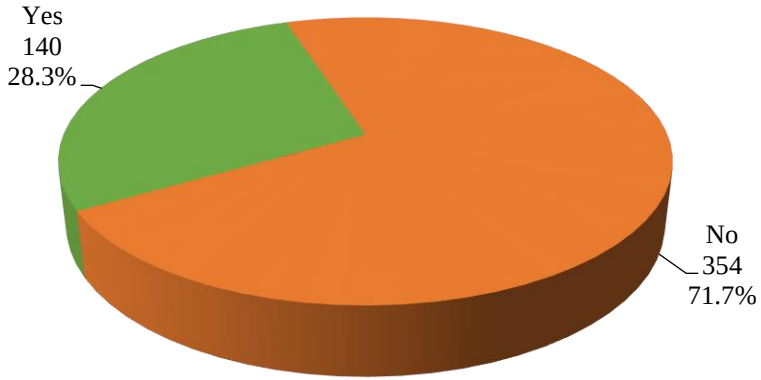
	Spanish	Hmong	Punjabi	Other	Not proficient	Total Bilingual
2020 # Respondents	161	12	2	16	51	242
2020 % Respondents	67%	5%	1%	7%	21%	100%
2021 # Respondents	141	23	3	20	42	228
2021 % Respondents	62%	10%	1%	9%	18%	100%
2022 # Respondents	96	10	3	18	46	167
2022 % Respondents	57%	6%	2%	11%	28%	100%
2023 # Respondents	158	17	3	16	48	242
2023 % Respondents	65%	7%	1%	7%	20%	100%

Fresno County Department of Behavioral Health
Staff Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

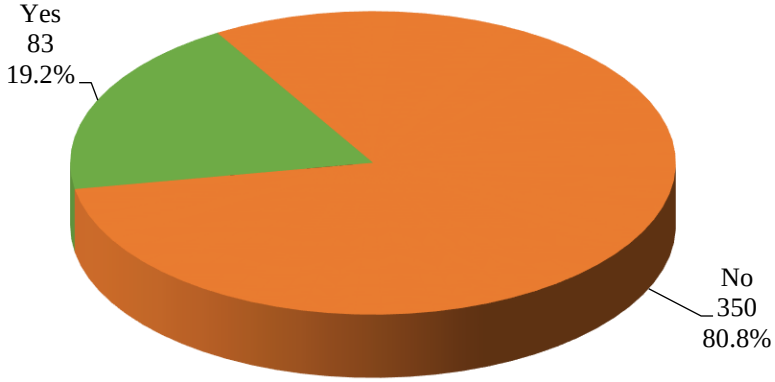
2020 Do you act as an Interpreter as part of your Job Function? (N=582)



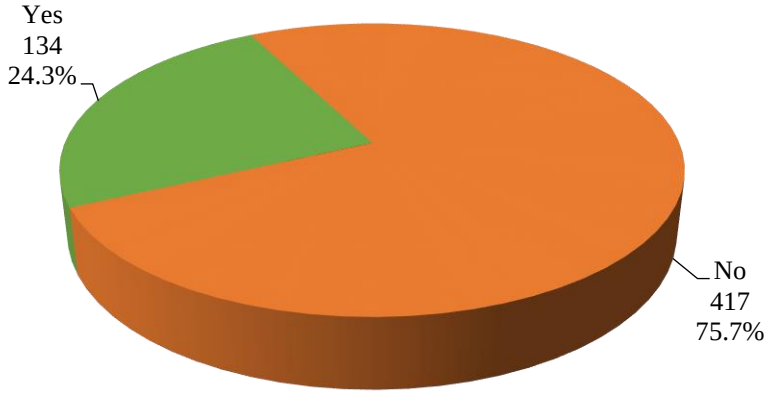
2021 Do you act as an Interpreter as part of your Job Function? (N=494)



2022 Do you act as an Interpreter as part of your Job Function? (N=433)

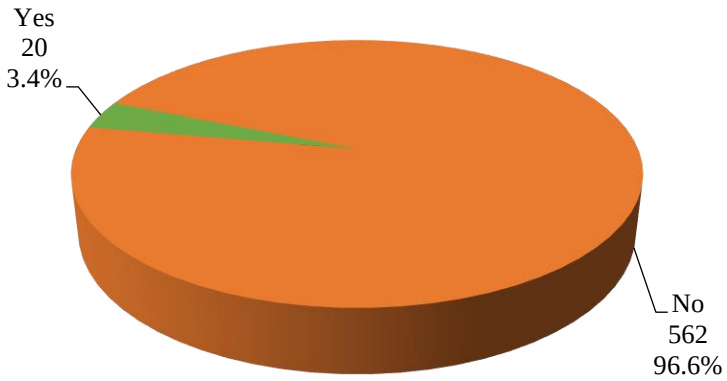


2023 Do you act as an Interpreter as part of your Job Function? (N=551)

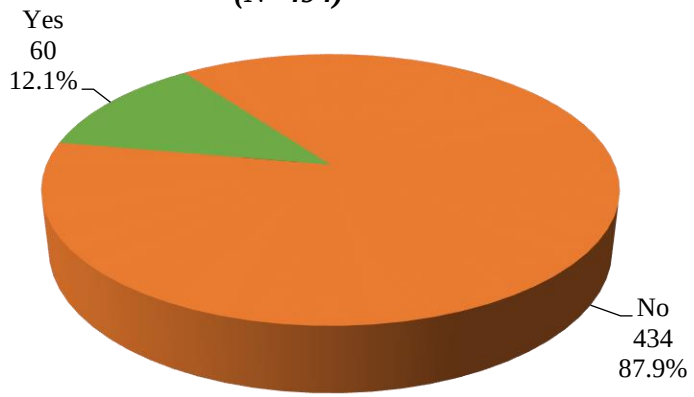


Fresno County Department of Behavioral Health
Staff Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

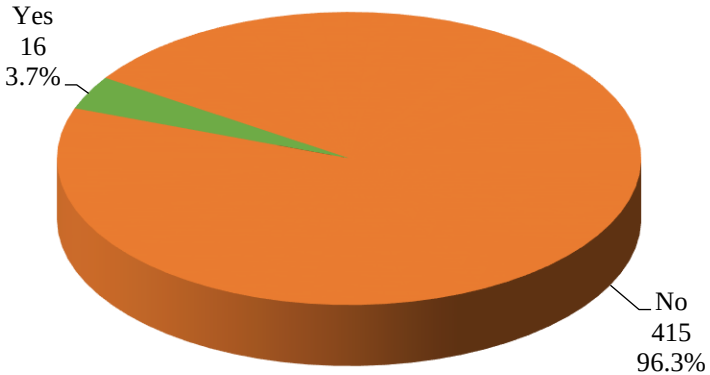
2020 Do you receive bilingual pay?
(N=582)



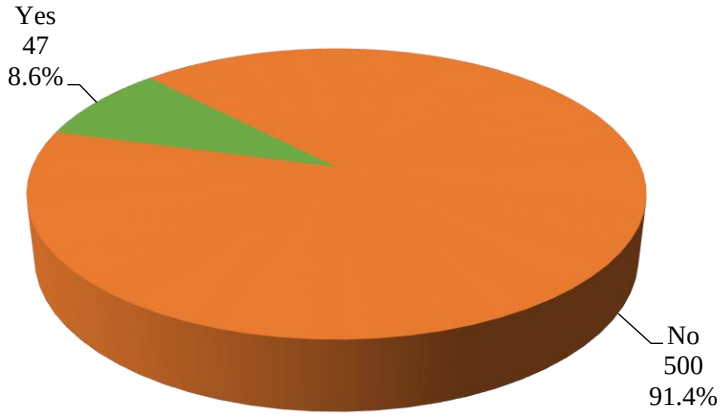
2021 Do you receive bilingual pay?
(N=494)



2022 Do you receive bilingual pay?
(N=431)



2023 Do you receive bilingual pay?
(N=547)

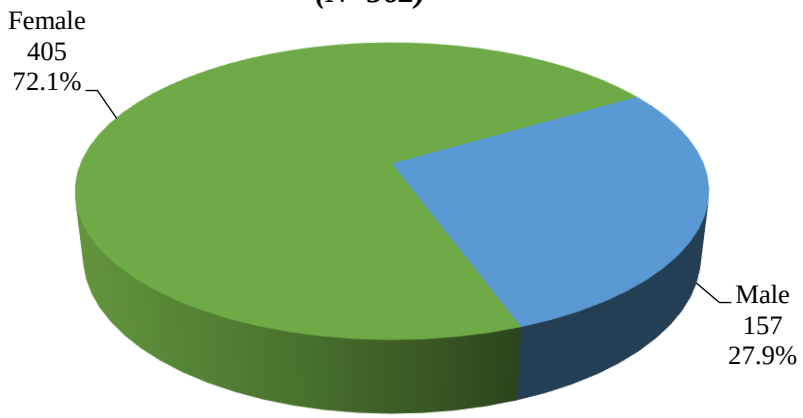


Fresno County Department of Behavioral Health

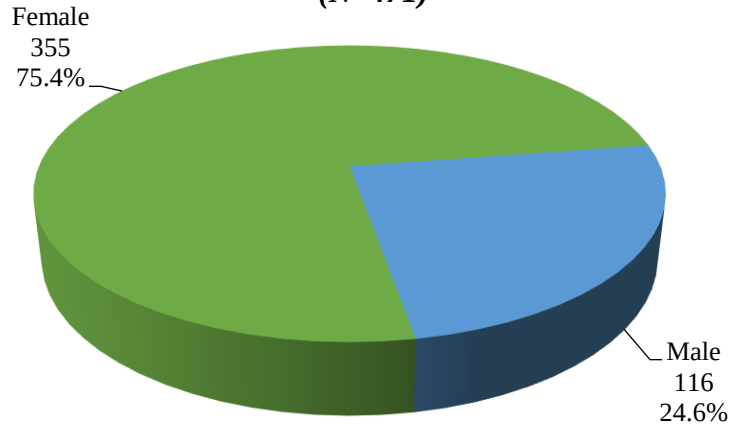
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

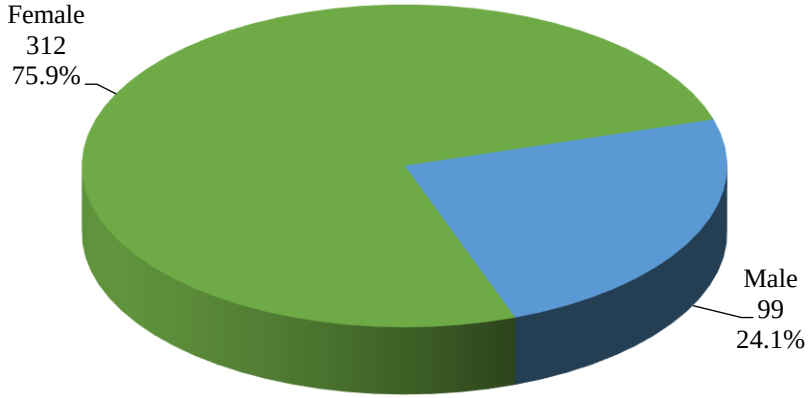
2020 Gender Assigned at Birth (N=562)



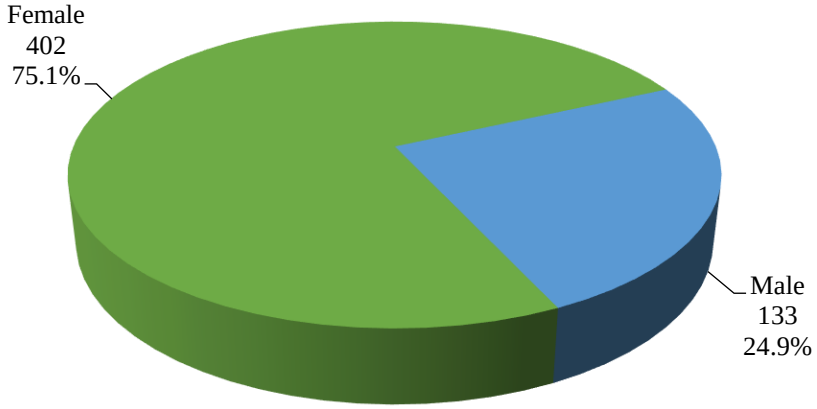
2021 Gender Assigned at Birth (N=471)



2022 Gender Assigned at Birth (N=411)



2023 Gender Assigned at Birth (N=535)

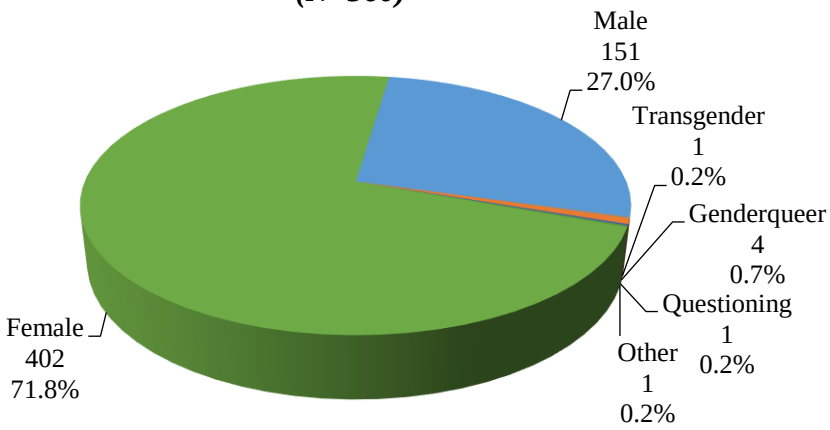


Fresno County Department of Behavioral Health

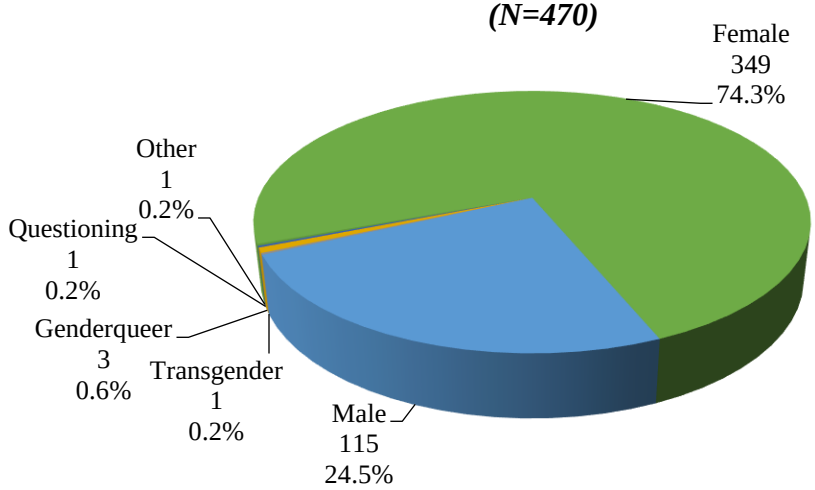
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

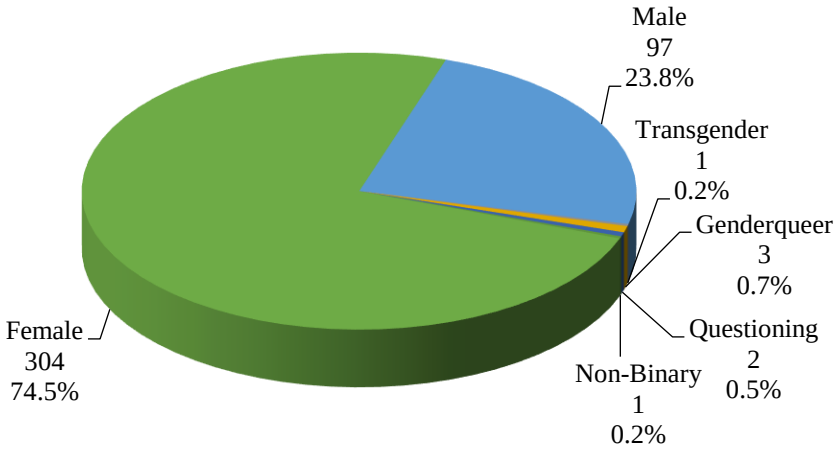
2020 Current Gender Identity
(N=560)



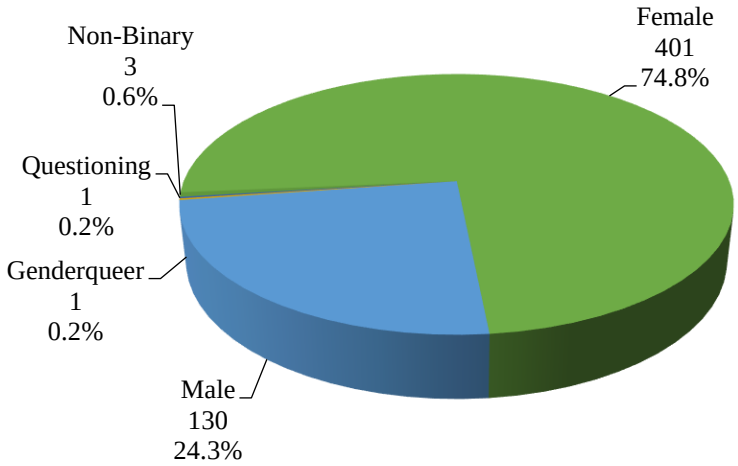
2021 Current Gender Identity
(N=470)



2022 Current Gender Identity
(N=408)



2023 Current Gender Identity
(N=536)

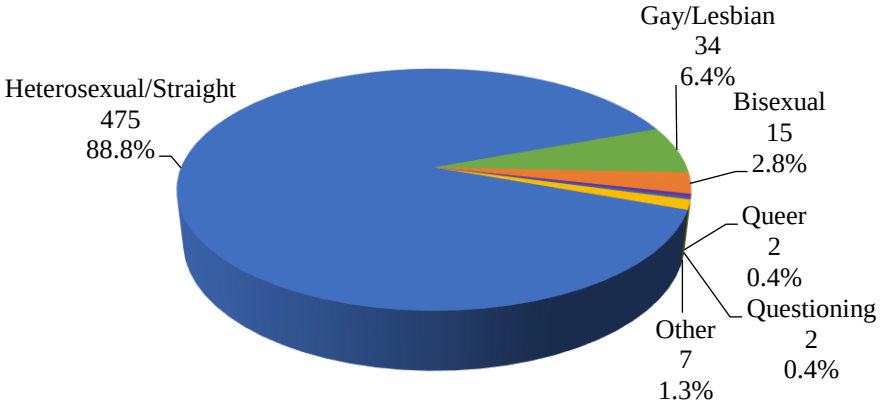


Fresno County Department of Behavioral Health

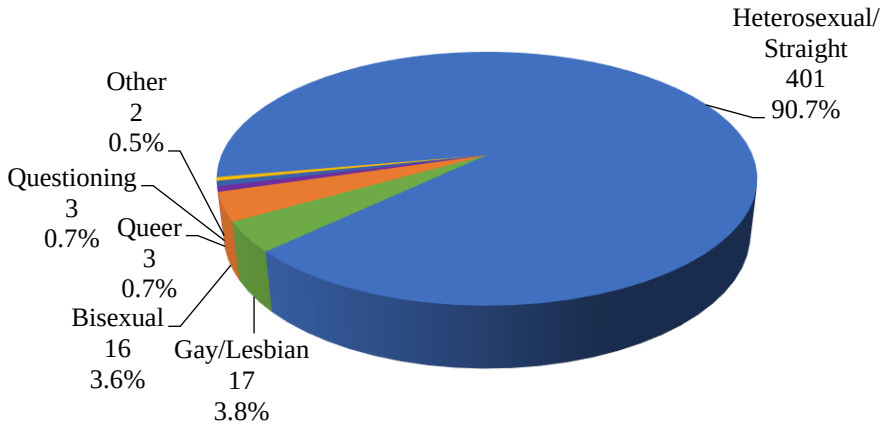
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

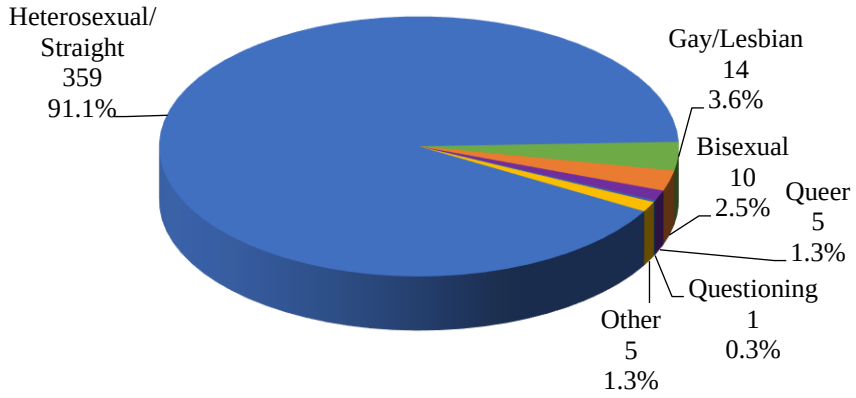
2020 Sexual Orientation (N=535)



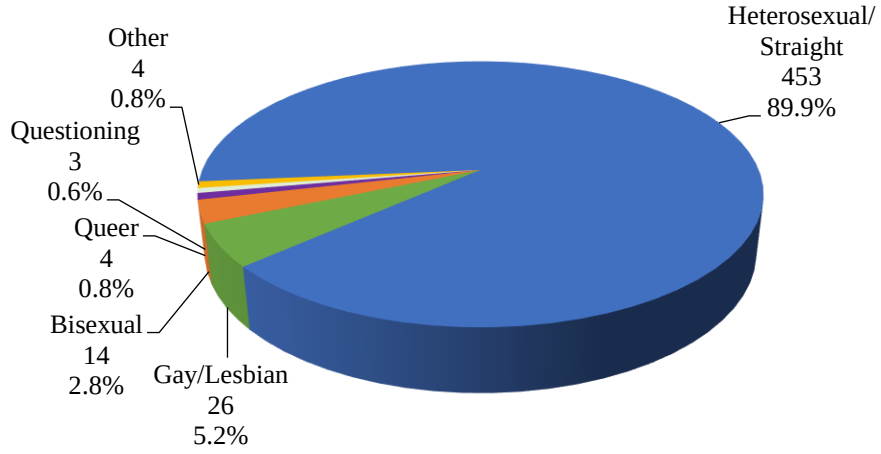
2021 Sexual Orientation (N=442)



2022 Sexual Orientation (N=394)

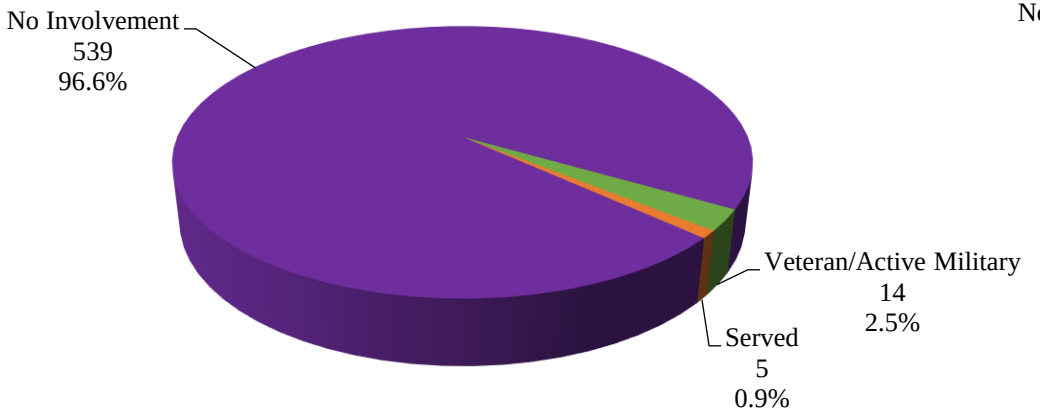


2023 Sexual Orientation (N=504)

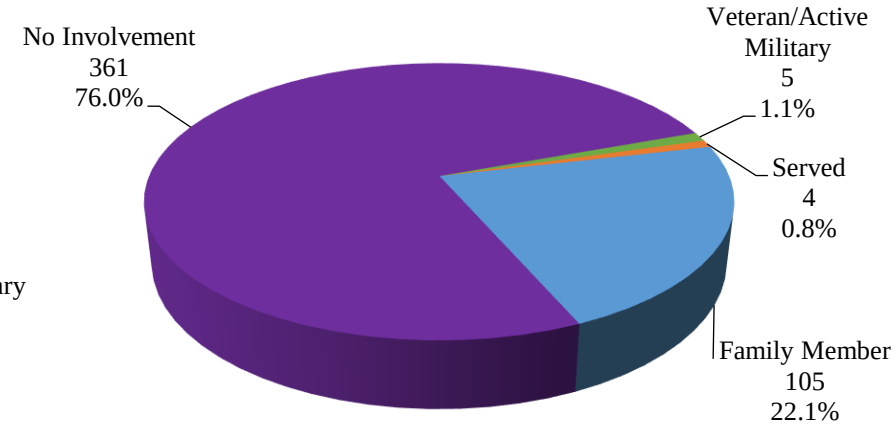


Fresno County Department of Behavioral Health
Staff Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

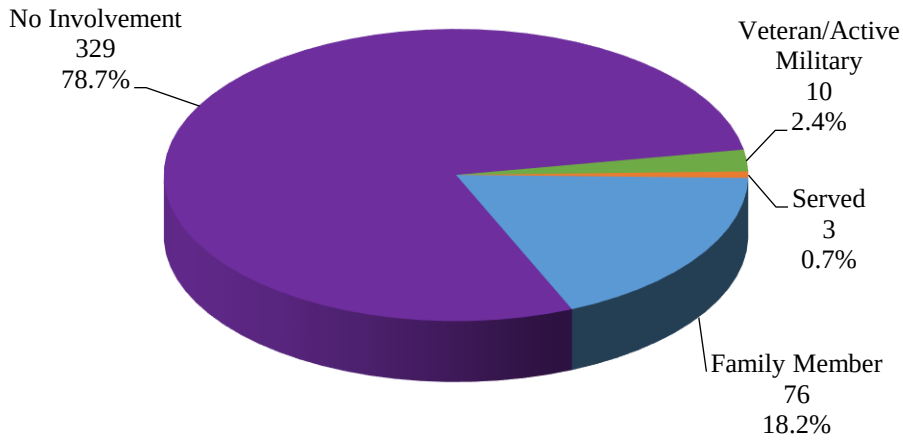
2020 Military/Service Involvement
(N=558)



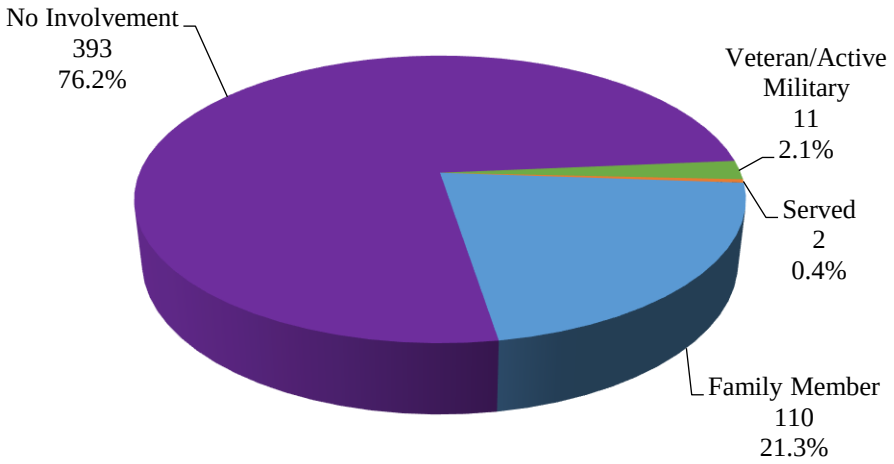
2021 Military/Service Involvement
(N=475)



2022 Military/Service Involvement
(N=418)

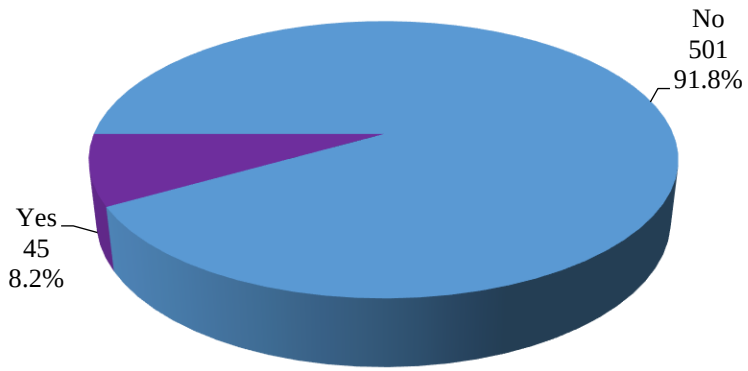


2023 Military/Service Involvement
(N=516)

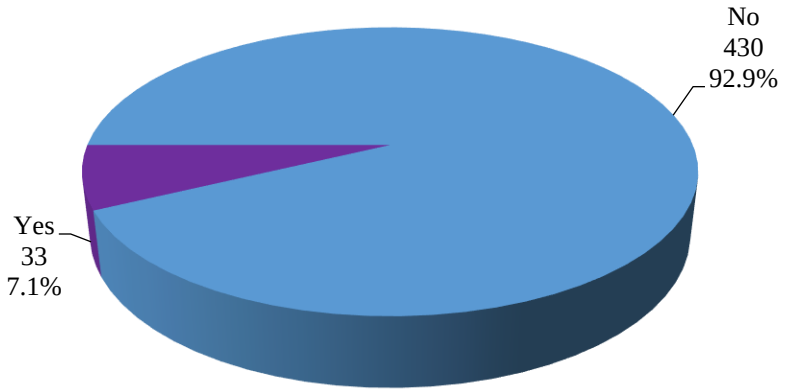


Fresno County Department of Behavioral Health
Staff Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

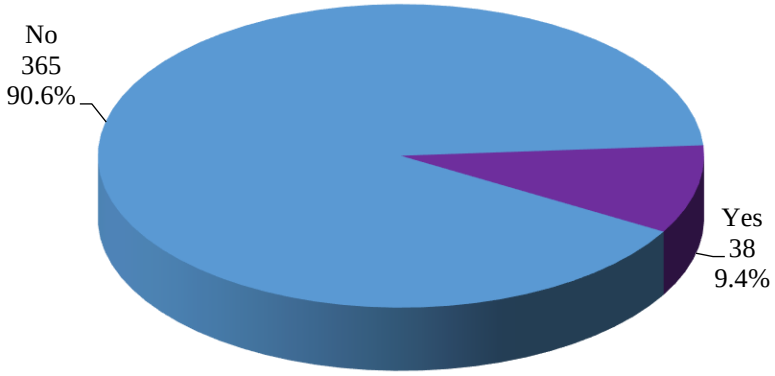
2020 Do you have a disability? (N=546)



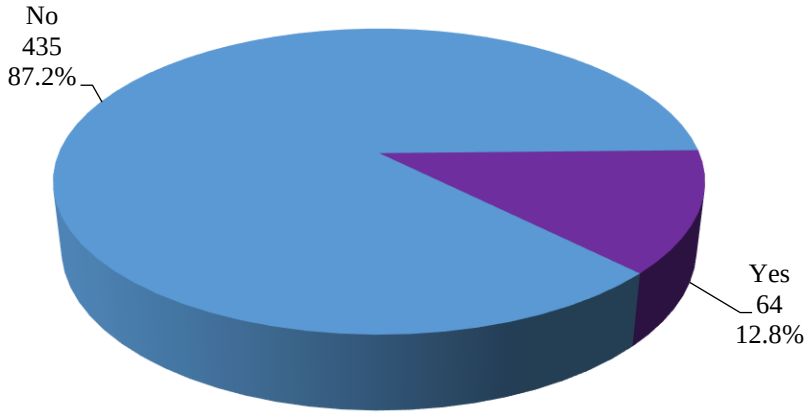
2021 Do you have a disability? (N=463)



2022 Do you have a disability? (N=403)



2023 Do you have a disability? (N=499)

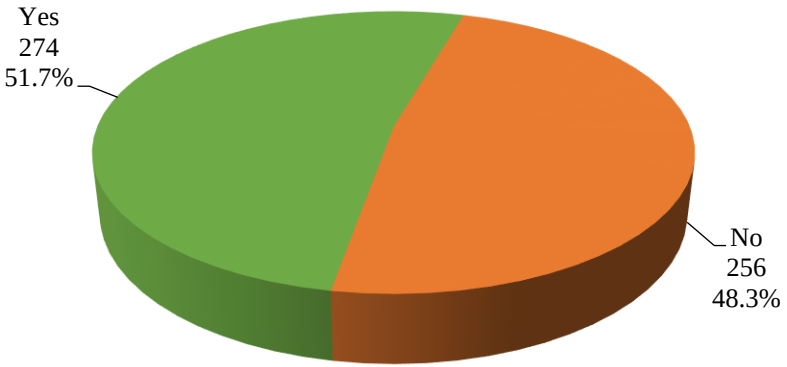


Fresno County Department of Behavioral Health

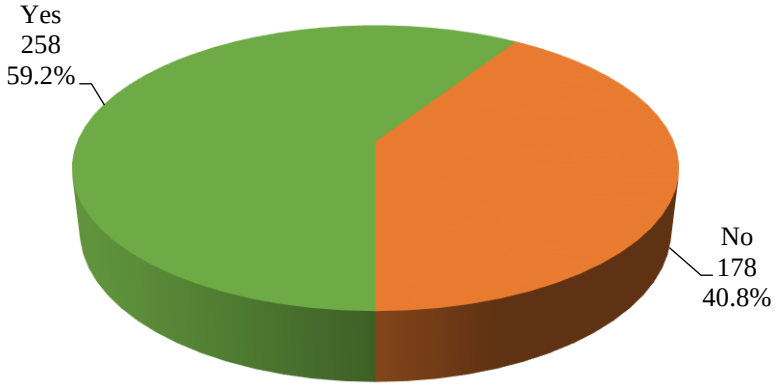
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

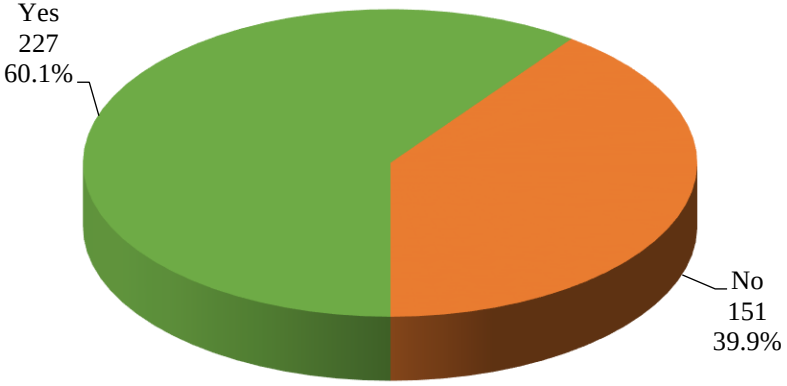
2020 Do you consider yourself to be a person with lived Mental Health experience? (N=530)



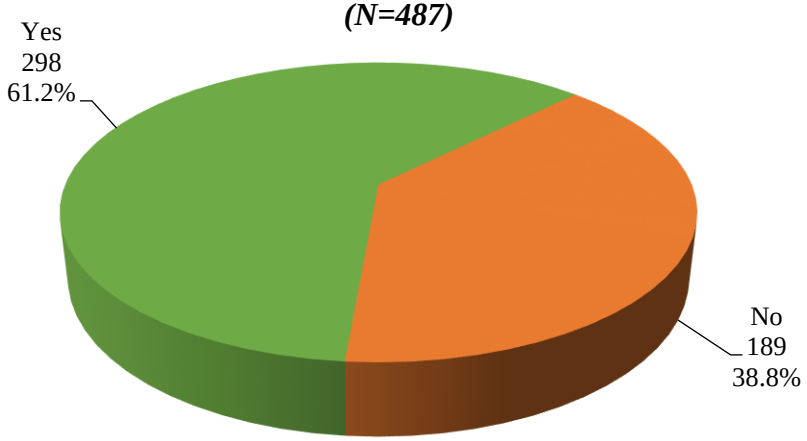
2021 Do you consider yourself to be a person with lived Mental Health experience? (N=436)



2022 Do you consider yourself to be a person with lived Mental Health experience? (N=378)

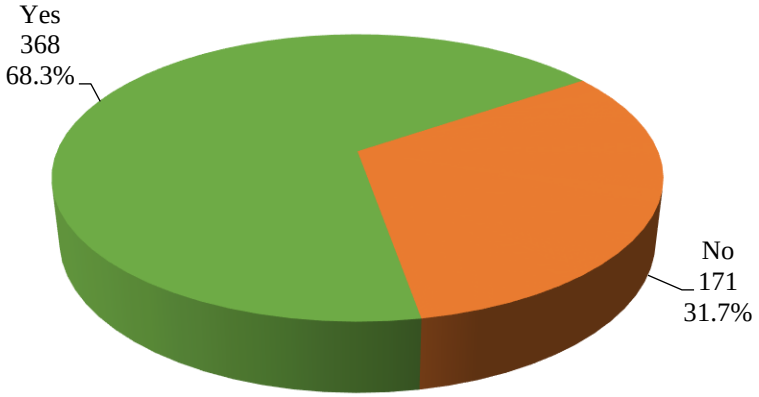


2023 Do you consider yourself to be a person with lived Mental Health experience? (N=487)

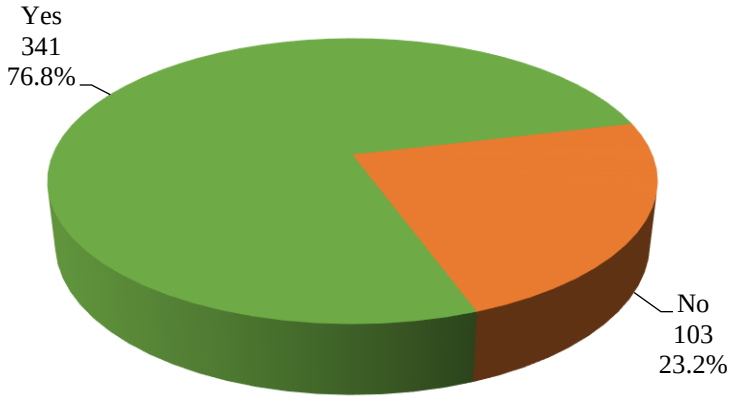


Fresno County Department of Behavioral Health
Staff Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

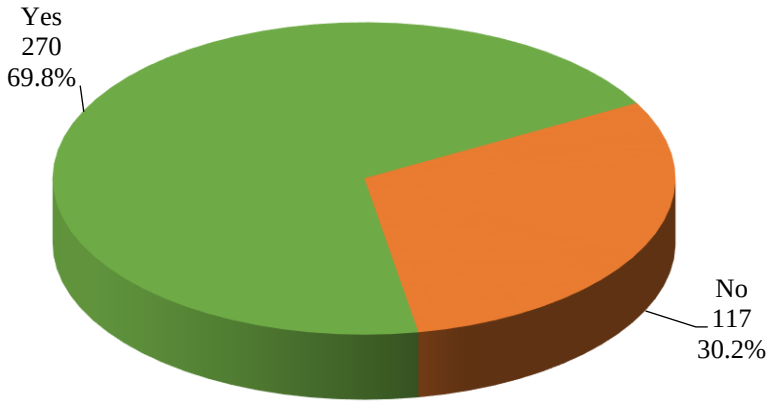
2020 Are you a family member of a person with lived Mental Health experience? (N=539)



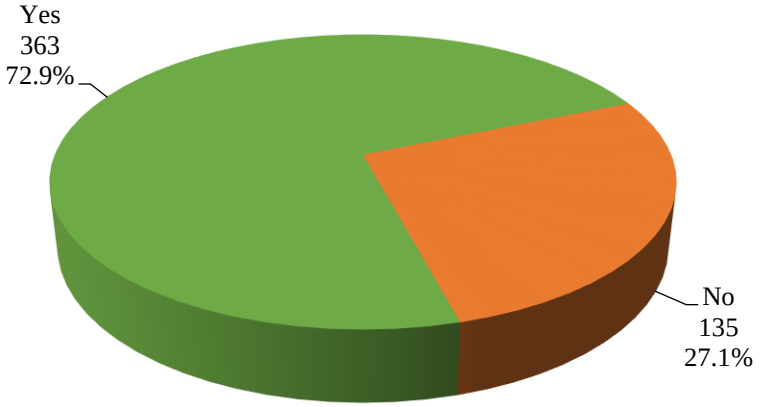
2021 Are you a family member of a person with lived Mental Health experience? (N=444)



2022 Are you a family member of a person with lived Mental Health experience? (N=387)



2023 Are you a family member of a person with lived Mental Health experience? (N=498)

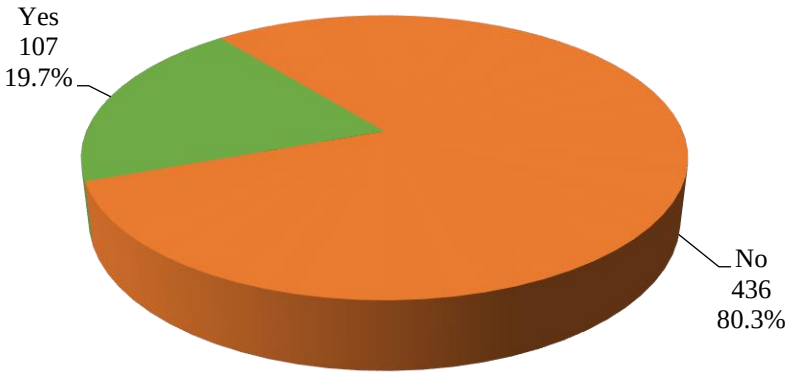


Fresno County Department of Behavioral Health

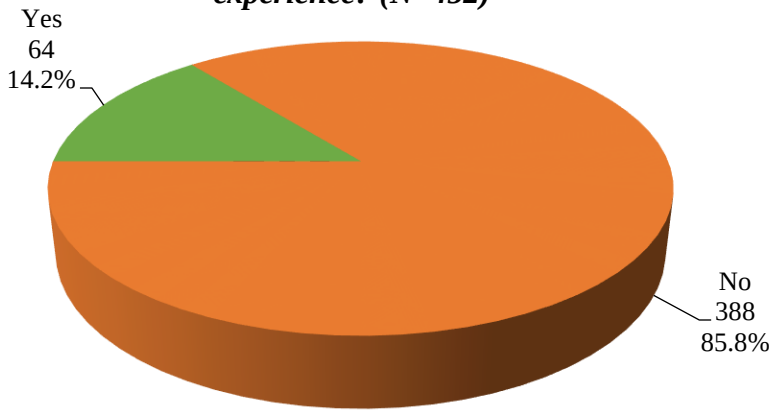
Staff Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

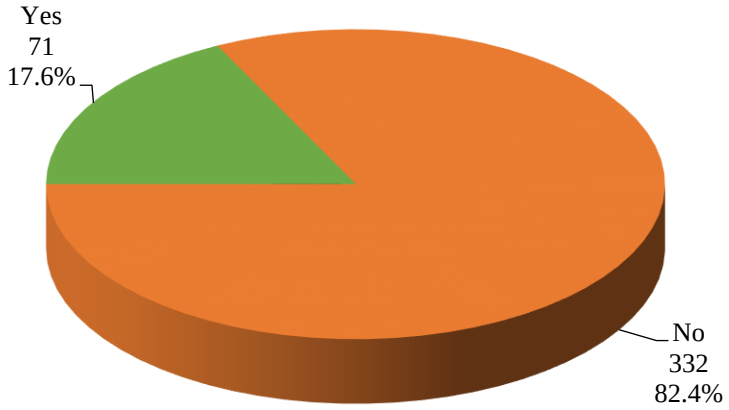
2020 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=543)



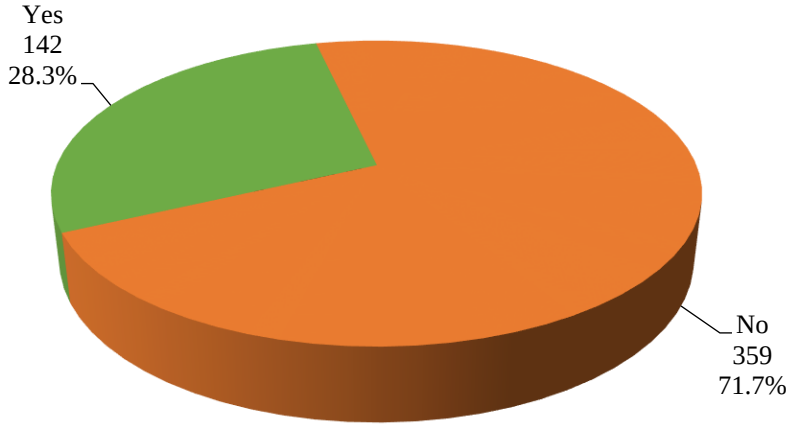
2021 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=452)



2022 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=403)

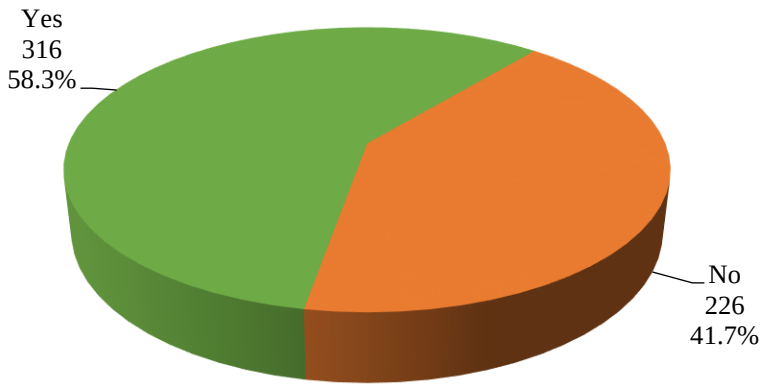


2023 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=501)

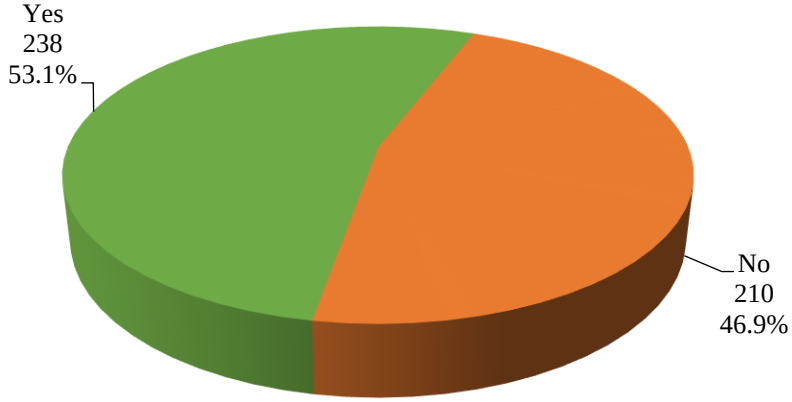


Fresno County Department of Behavioral Health
Staff Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

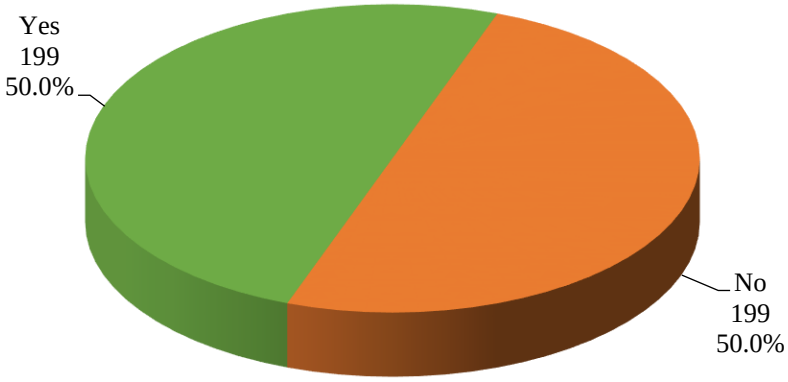
2020 Are you a family member of a person with lived Substance Use Disorder experience? (N=542)



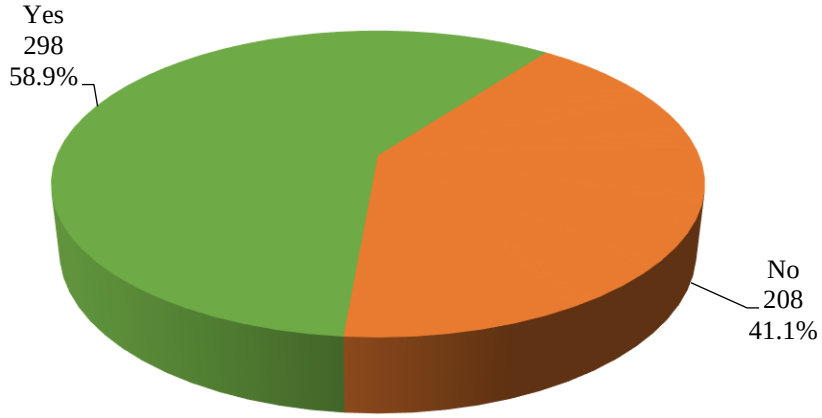
2021 Are you a family member of a person with lived Substance Use Disorder experience? (N=448)



2022 Are you a family member of a person with lived Substance Use Disorder experience? (N=398)



2023 Are you a family member of a person with lived Substance Use Disorder experience? (N=506)



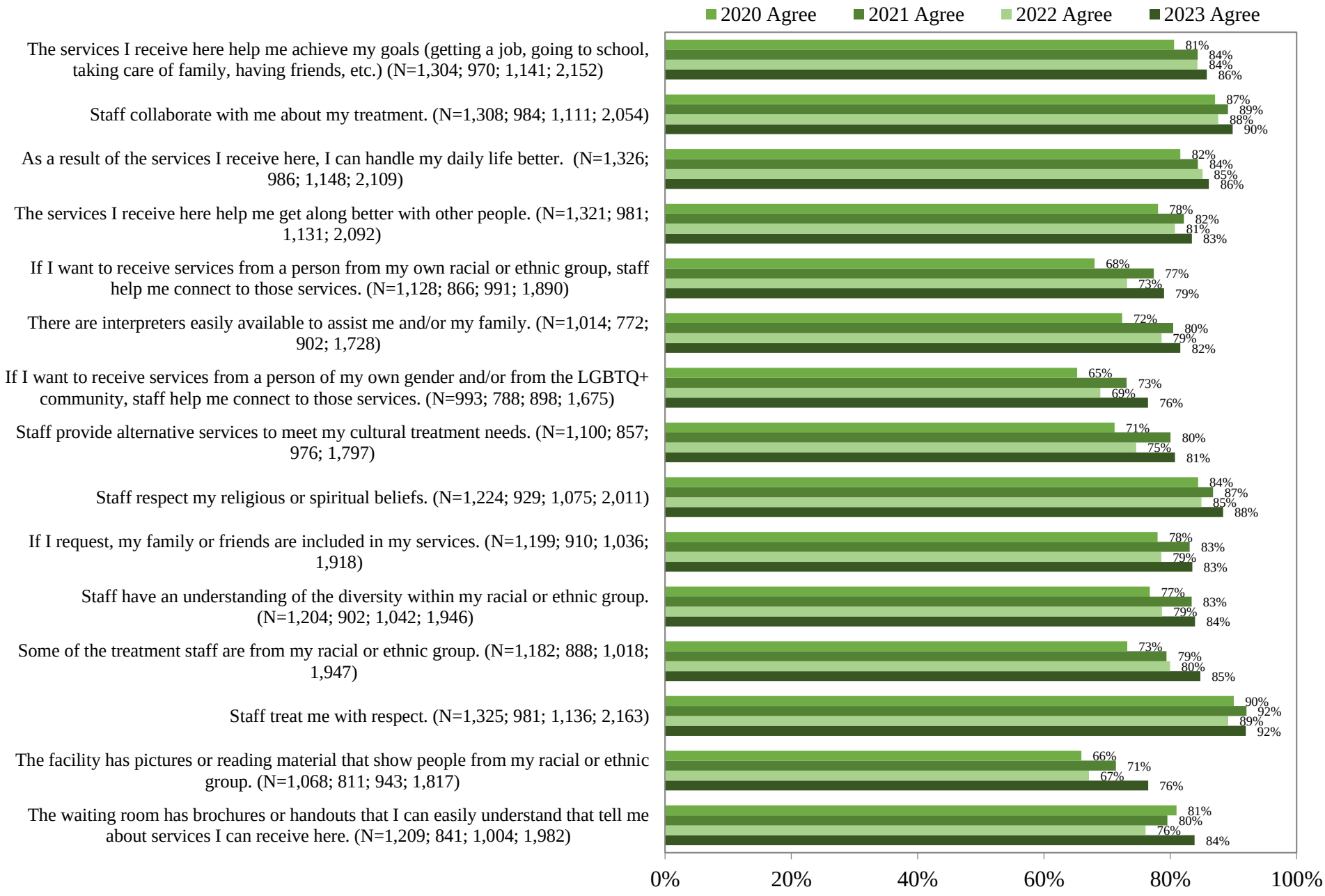
Appendix F: Client / Person Served Cultural Humility Survey Results

Fresno County Department of Behavioral Health

Client Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

Appendix F

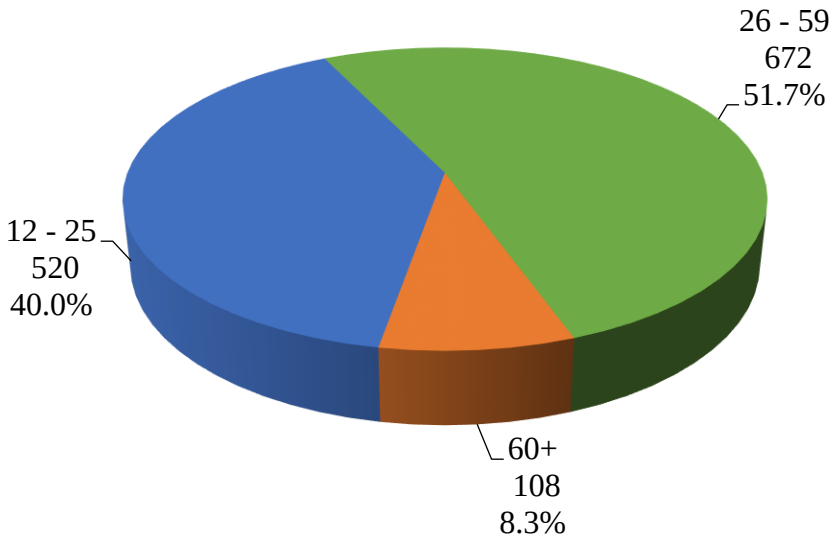


Fresno County Department of Behavioral Health

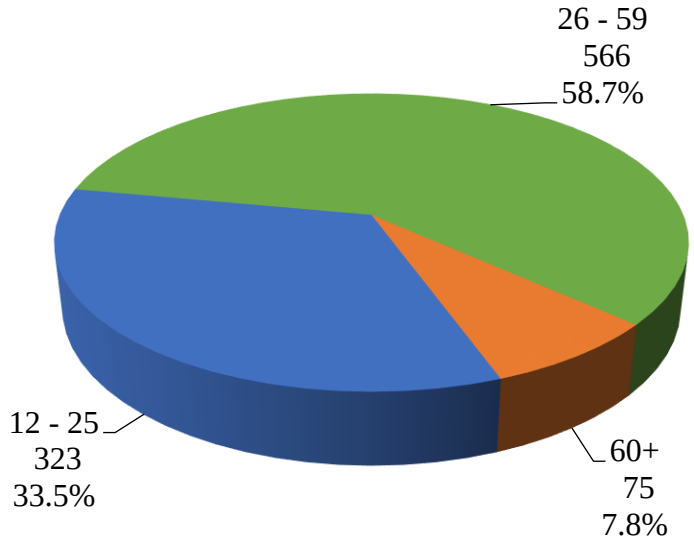
Client Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

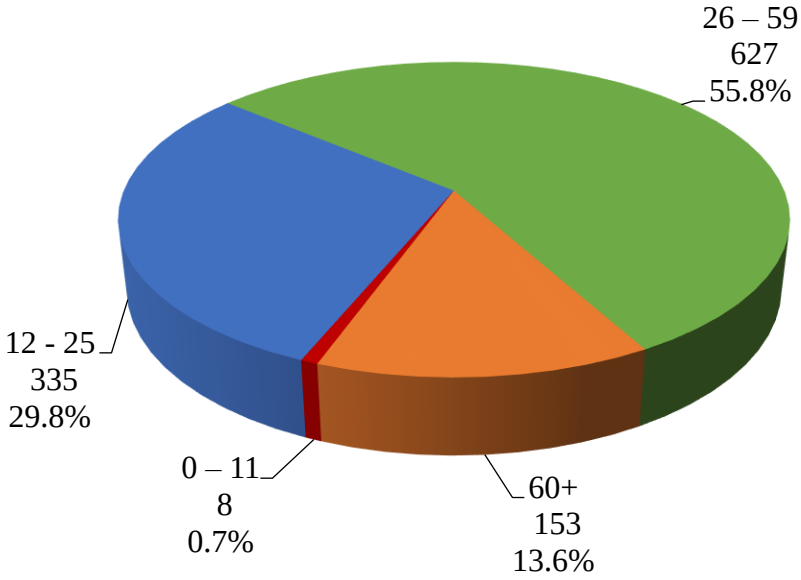
2020 Age (N=1,300)



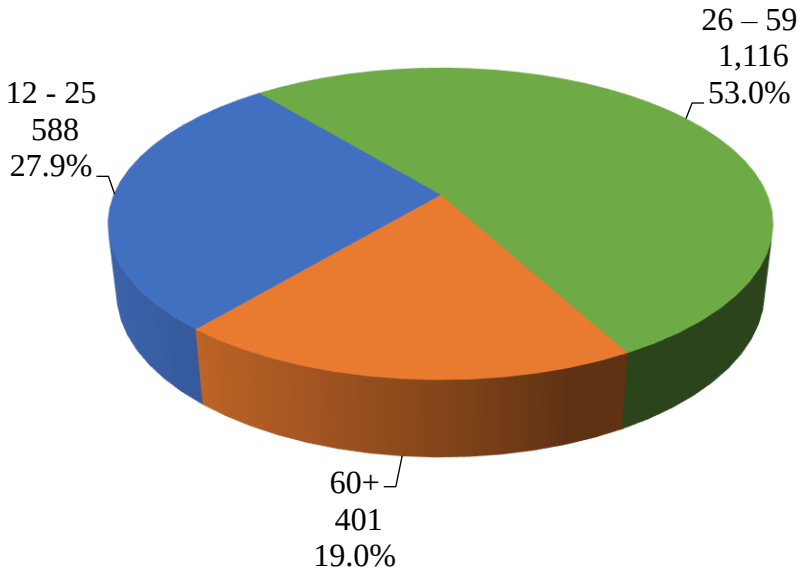
2021 Age (N=964)



2022 Age (N=1,123)

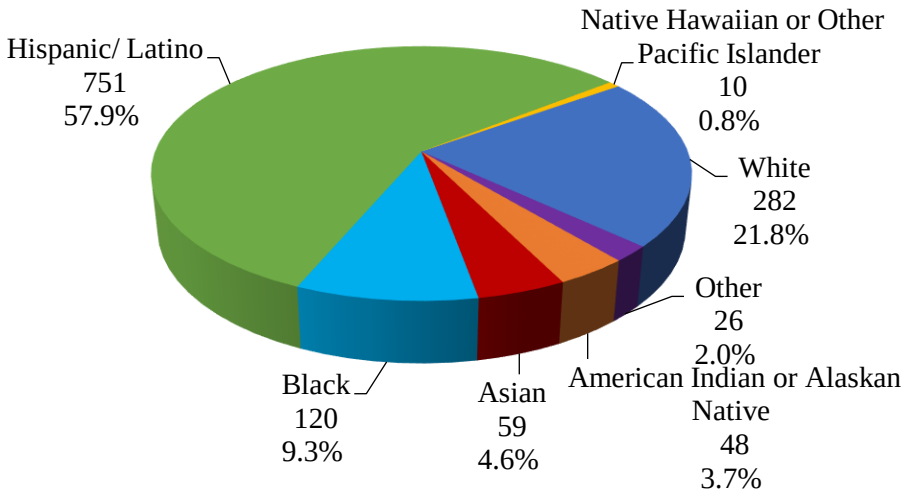


2023 Age (N=2,105)

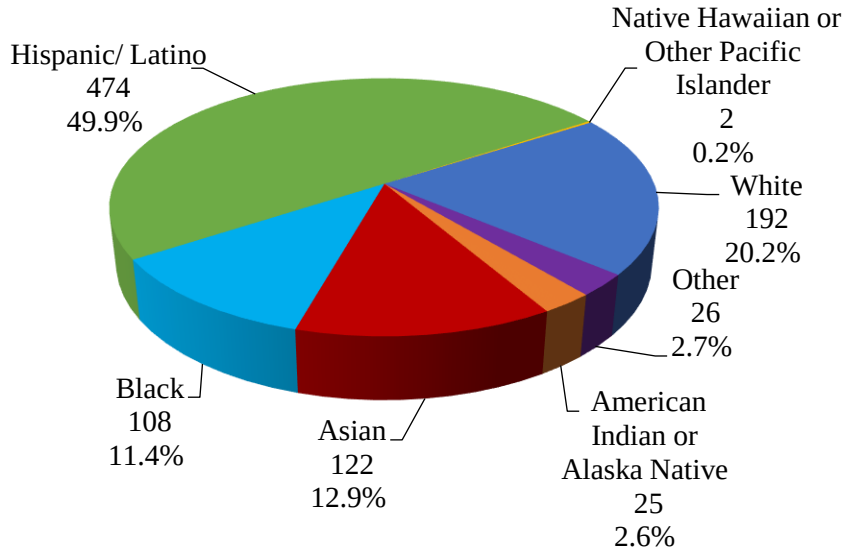


Fresno County Department of Behavioral Health
Client Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

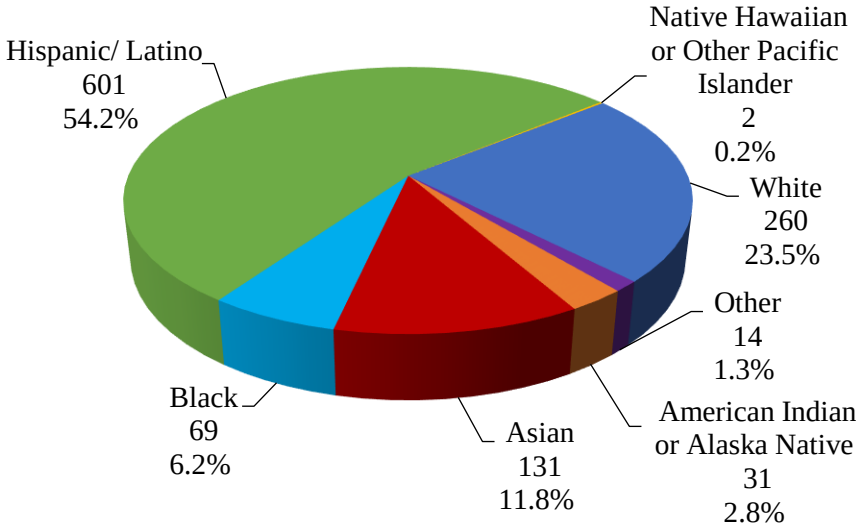
2020 Race/Ethnicity (N=1,296)



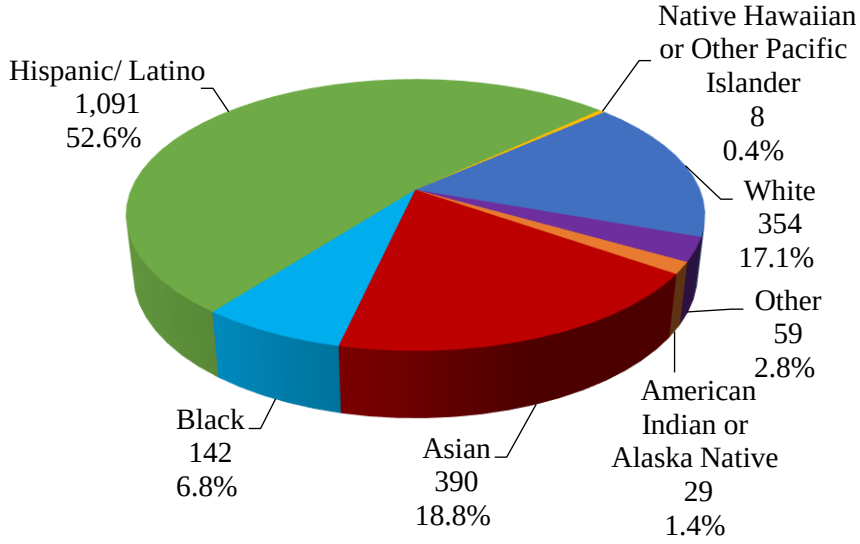
2021 Race/Ethnicity (N=949)



2022 Race/Ethnicity (N=1,108)

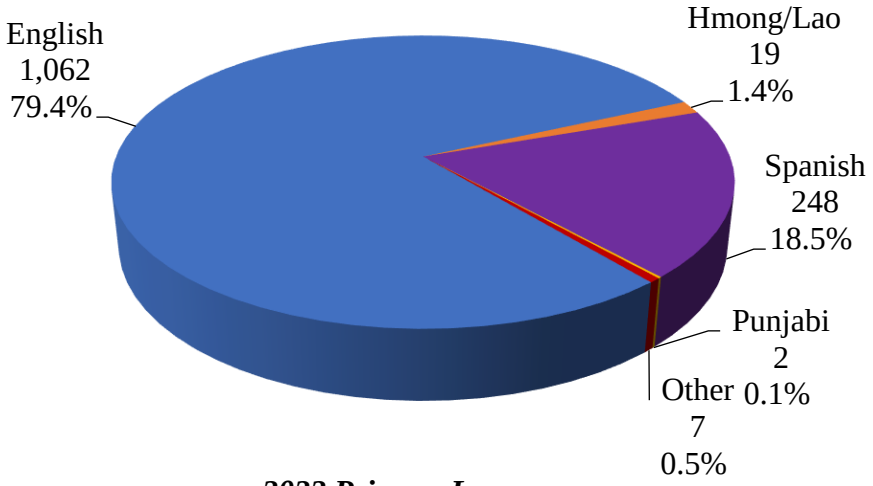


2023 Race/Ethnicity (N=2,073)

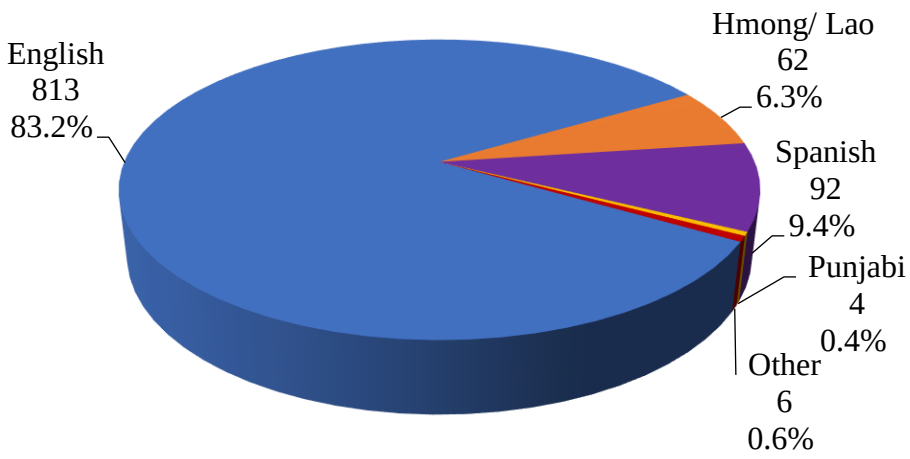


Fresno County Department of Behavioral Health
Client Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

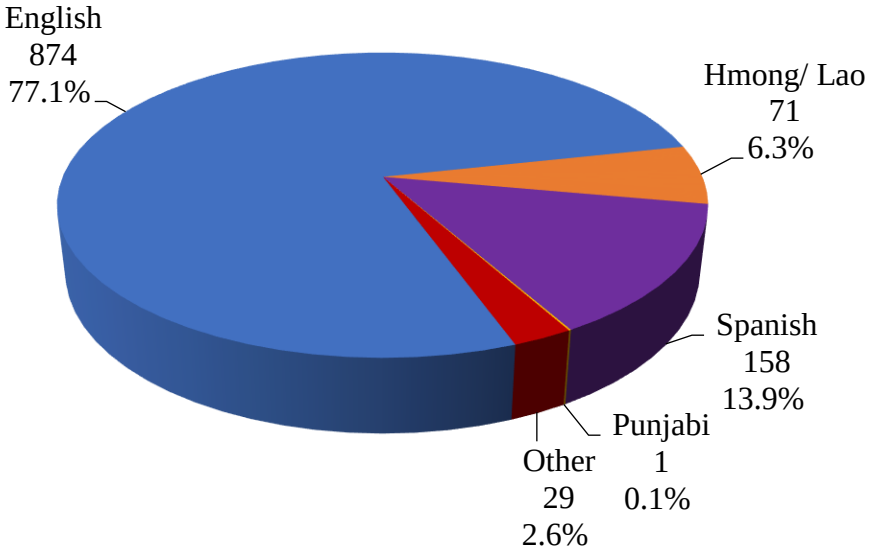
2020 Primary Language Spoken at home (N=1,338)



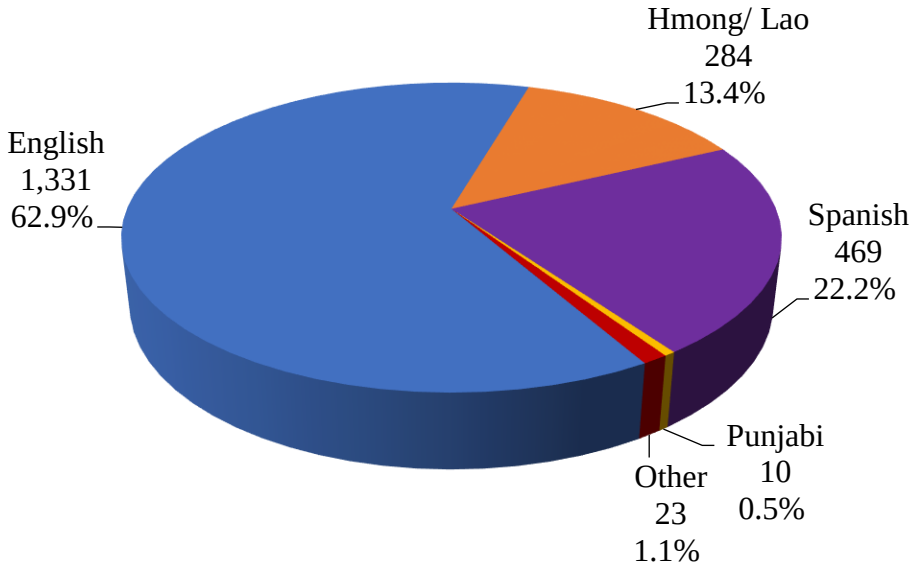
2021 Primary Language Spoken at home (N=977)



2022 Primary Language Spoken at home (N=1,133)



2023 Primary Language Spoken at home (N=2,117)

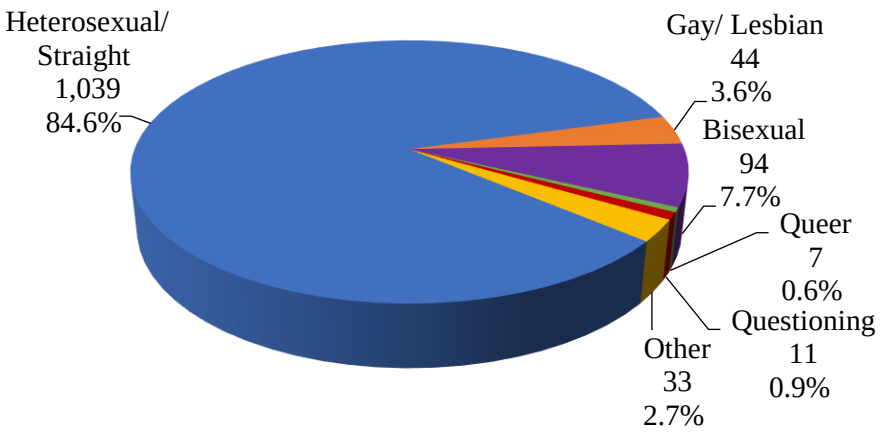


Fresno County Department of Behavioral Health

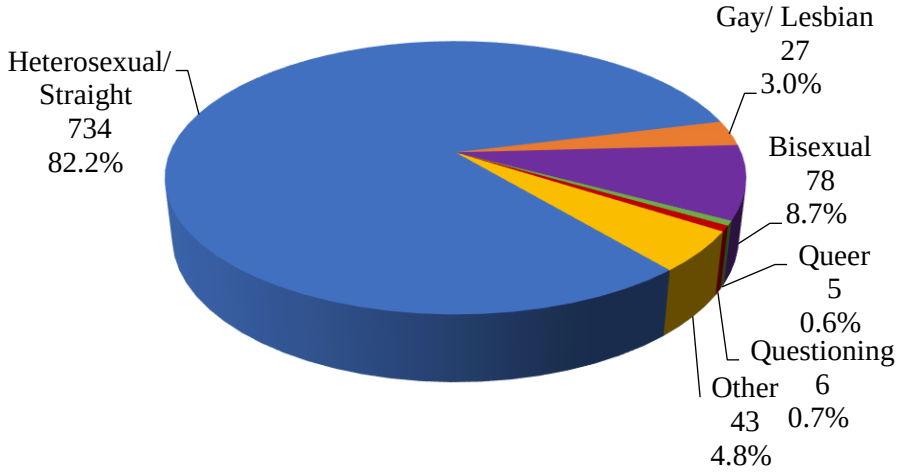
Client Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

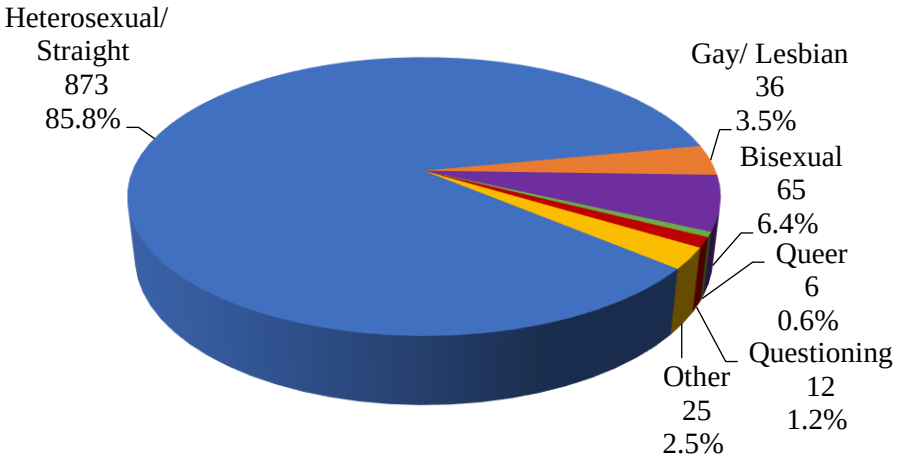
2020 Sexual Orientation (N=1,228)



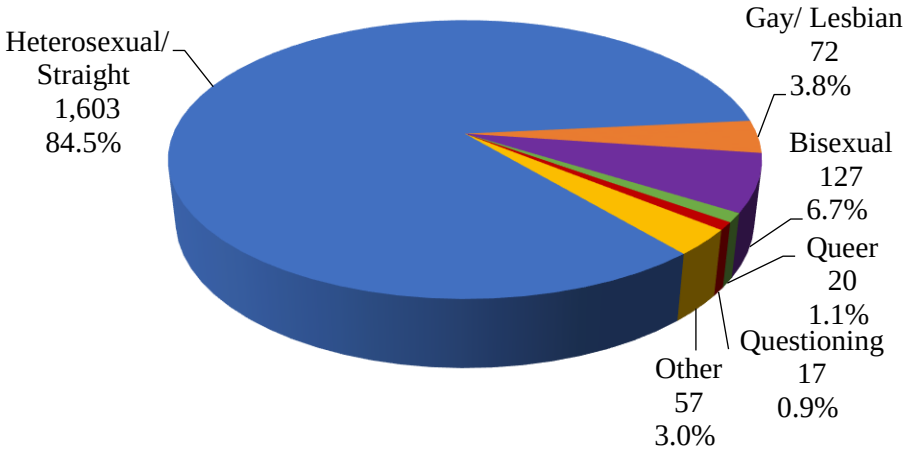
2021 Sexual Orientation (N=893)



2022 Sexual Orientation (N=1,017)



2023 Sexual Orientation (N=1,896)

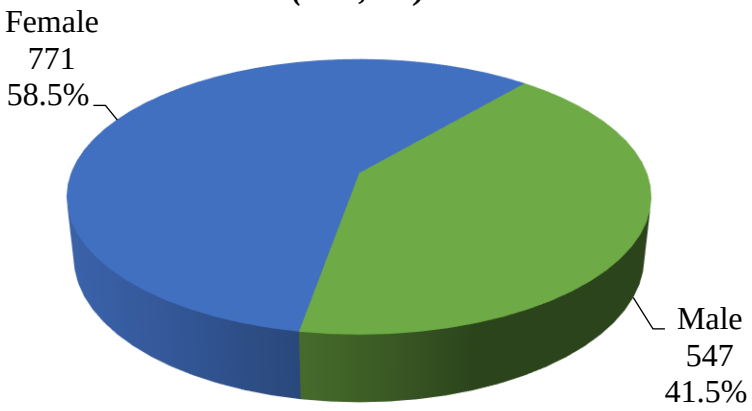


Fresno County Department of Behavioral Health

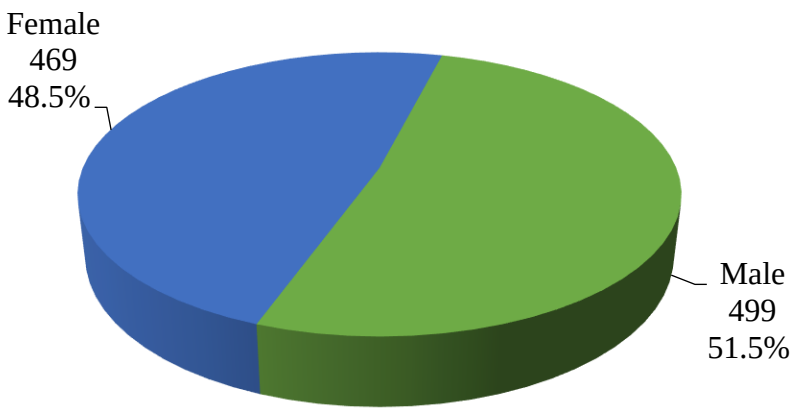
Client Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

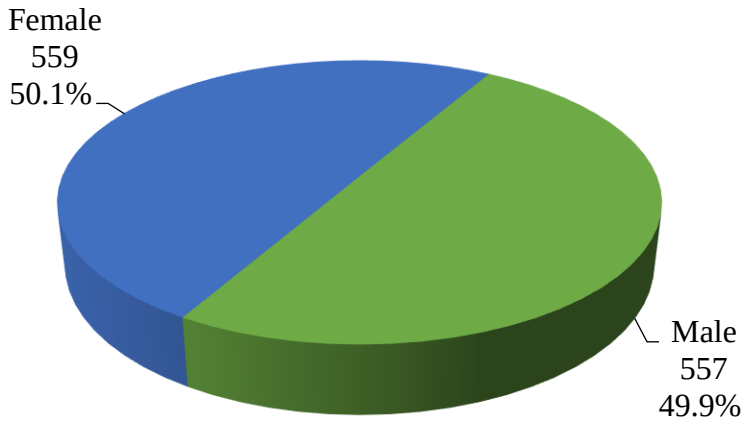
2020 Gender Assigned at Birth (N=1,318)



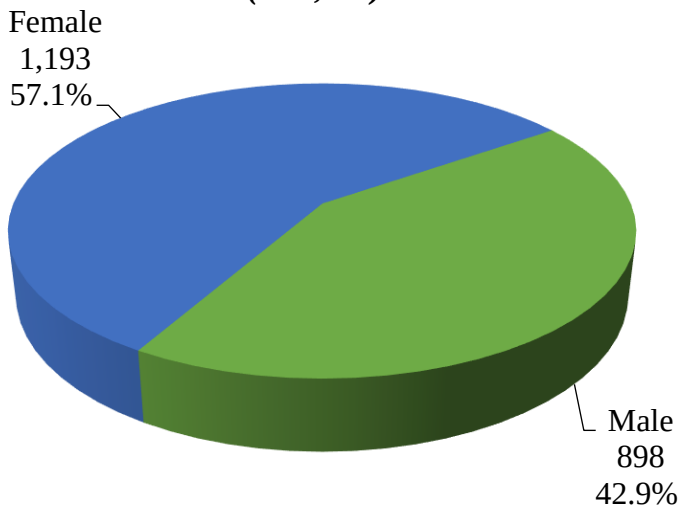
2021 Gender Assigned at Birth (N=968)



2022 Gender Assigned at Birth (N=1,116)



2023 Gender Assigned at Birth (N=2,091)

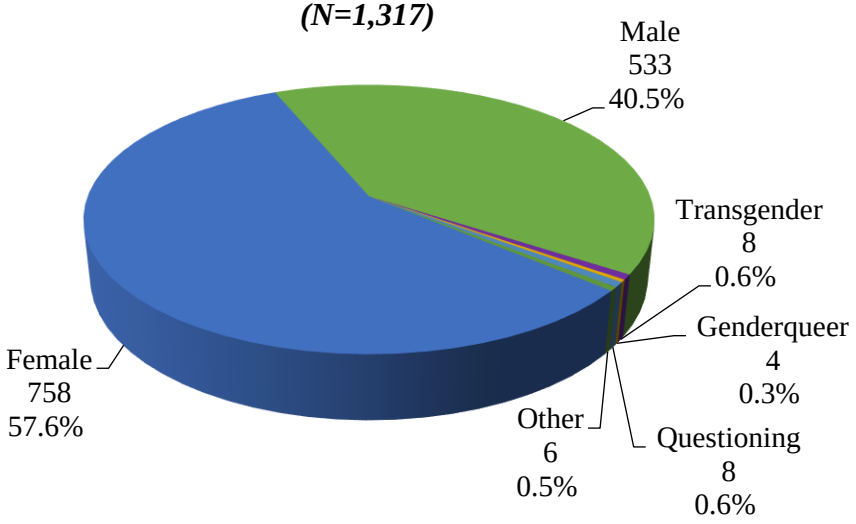


Fresno County Department of Behavioral Health

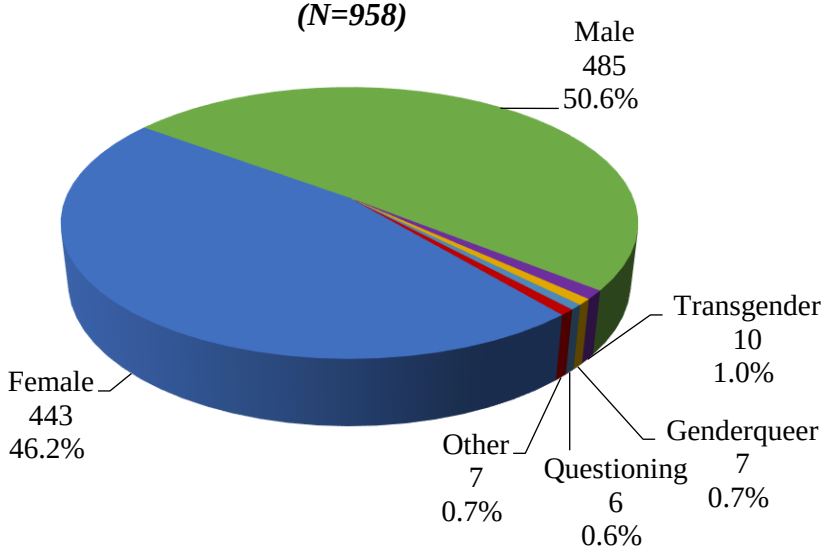
Client Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

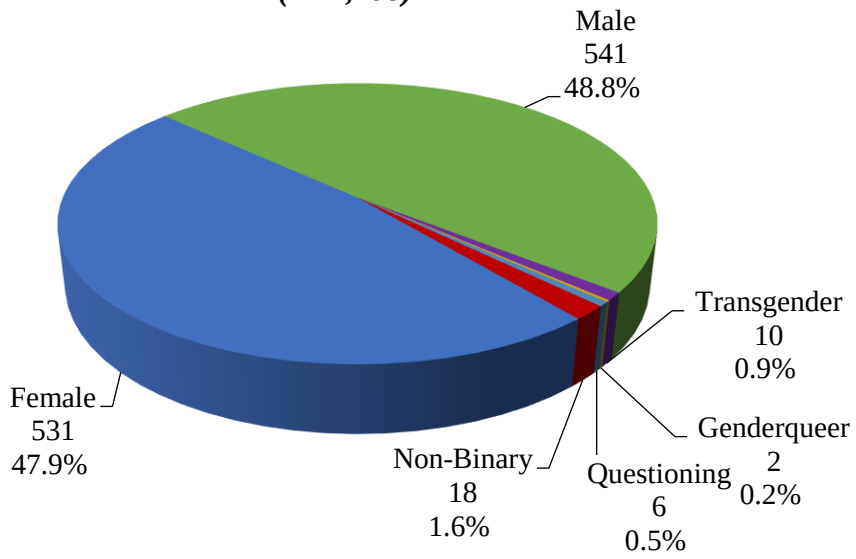
2020 Current Gender Identity (N=1,317)



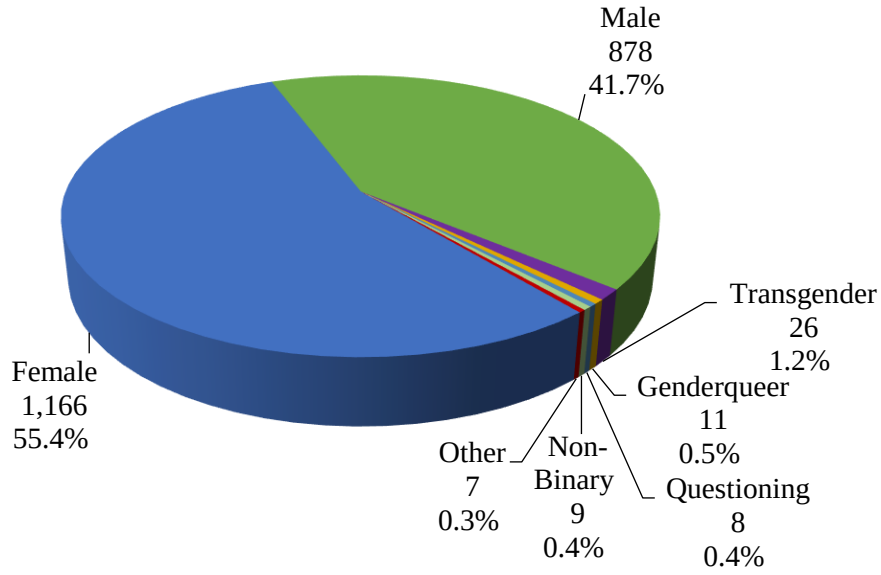
2021 Current Gender Identity (N=958)



2022 Current Gender Identity (N=1,108)

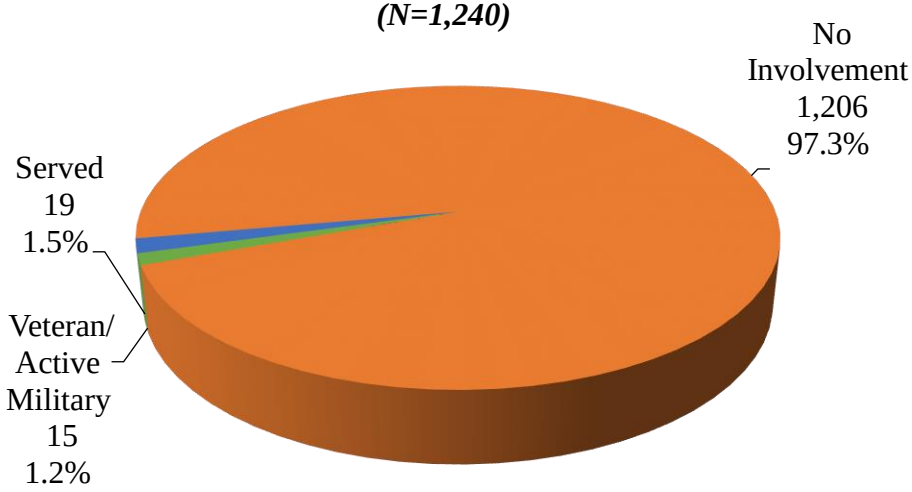


2023 Current Gender Identity (N=2,105)

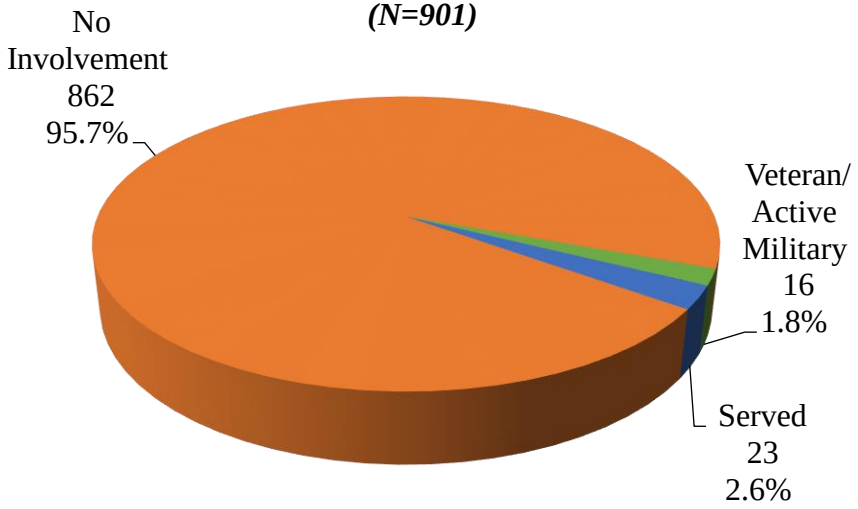


Fresno County Department of Behavioral Health
Client Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

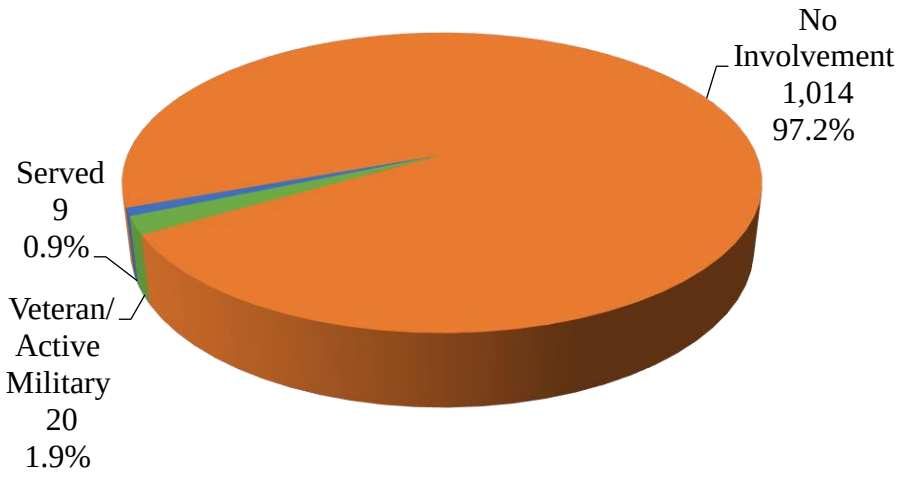
2020 Military/Service Involvement (N=1,240)



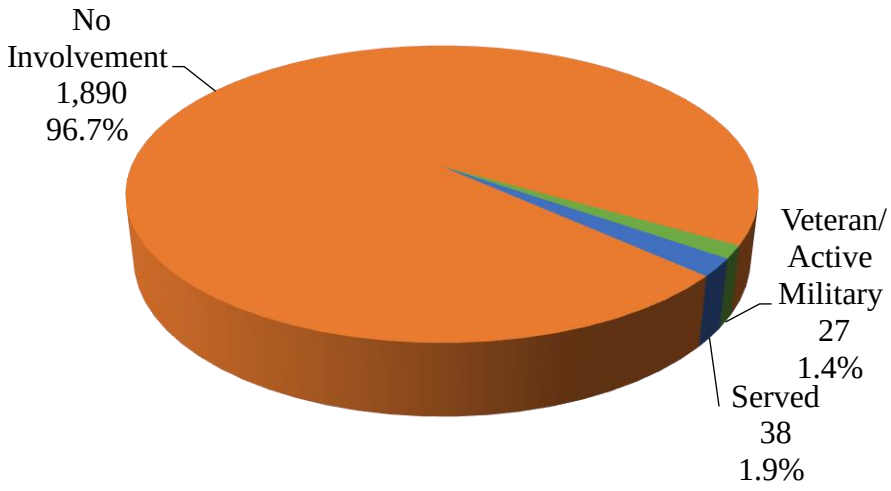
2021 Military/Service Involvement (N=901)



2022 Military/Service Involvement (N=1,043)

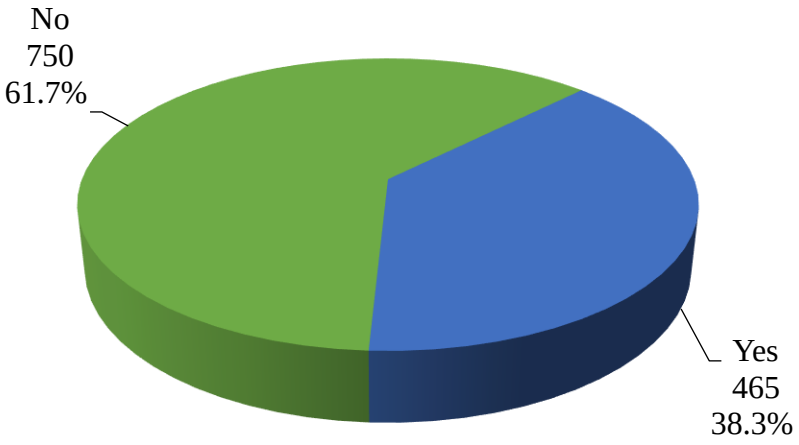


2023 Military/Service Involvement (N=1,955)

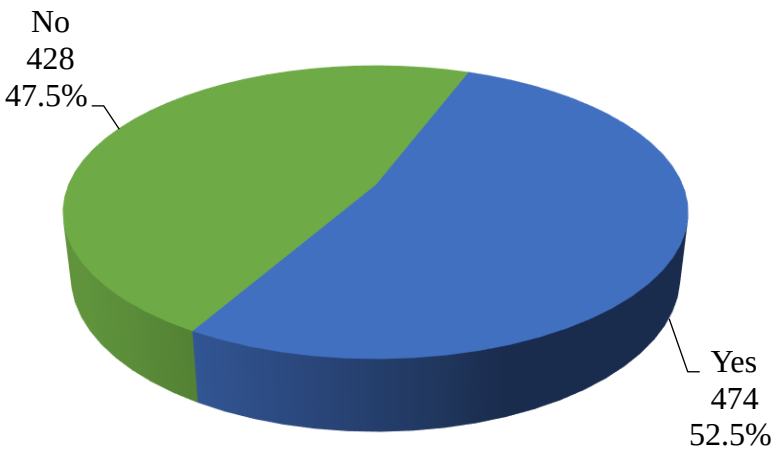


Fresno County Department of Behavioral Health
Client Cultural Humility Survey
Comparison Between 2020, 2021, 2022 and 2023 Survey Results

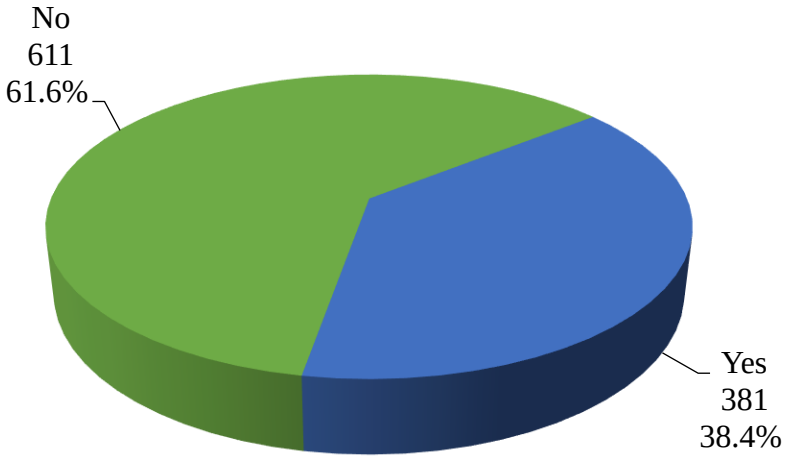
2020 Do you have a disability? (N=1,215)



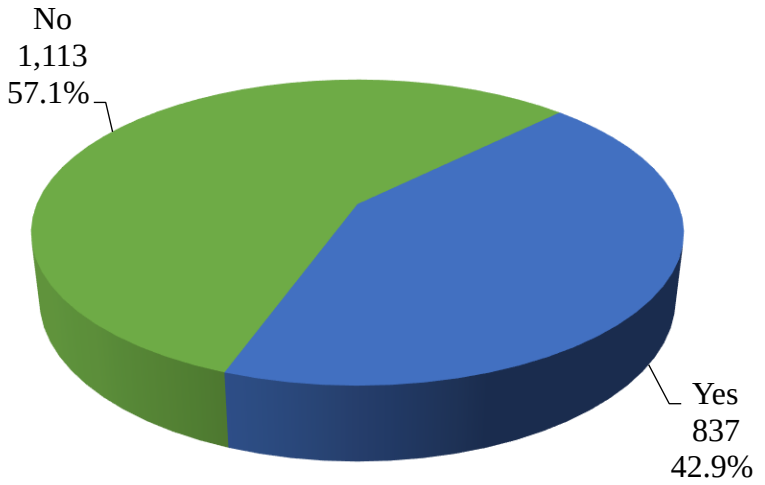
2021 Do you have a disability? (N=902)



2022 Do you have a disability? (N=992)



2023 Do you have a disability? (N=1,950)

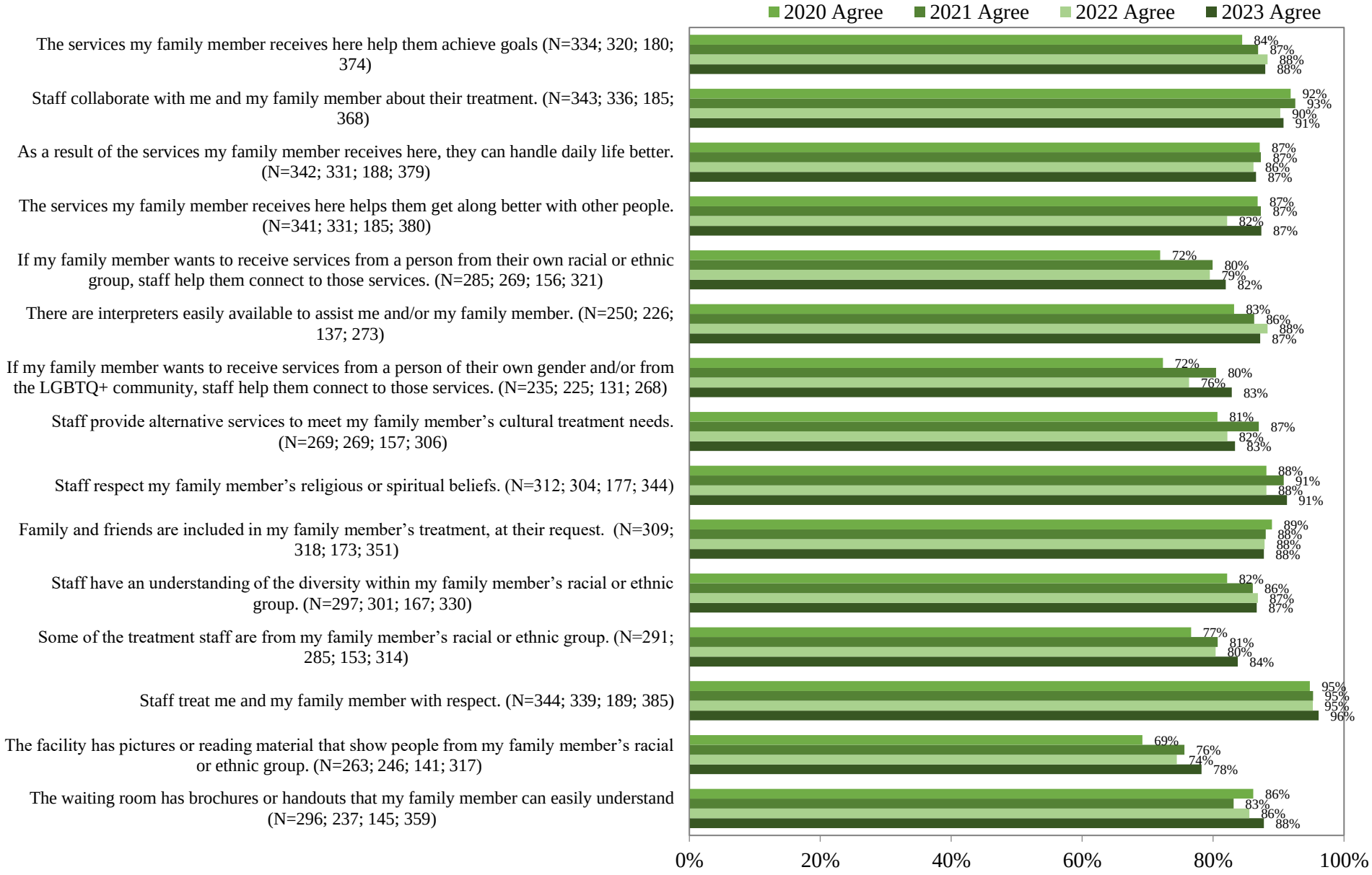


Appendix G: Family / Caregiver Cultural Humility Survey Results

Fresno County Department of Behavioral Health

Family/Caregiver Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

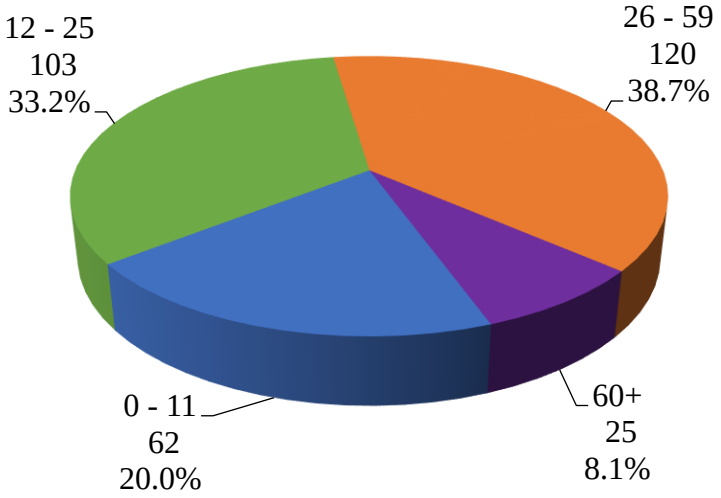


Fresno County Department of Behavioral Health

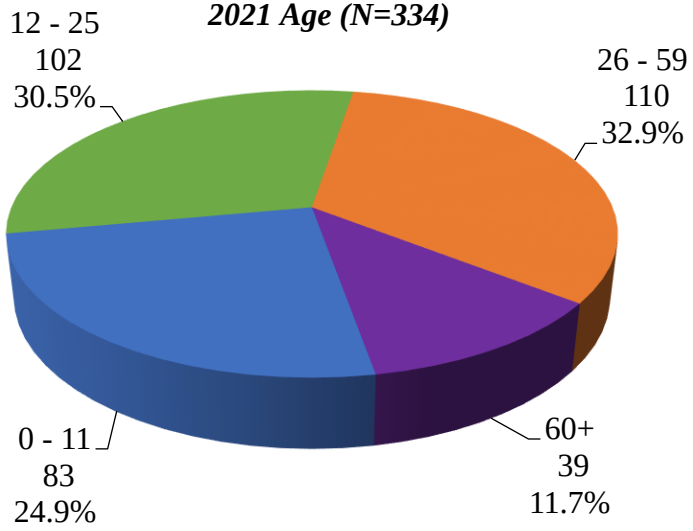
Family/Caregiver Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

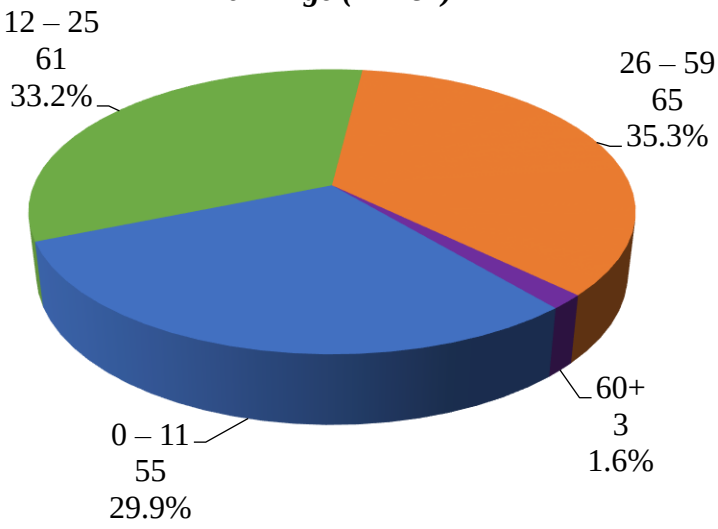
2020 Age (N=310)



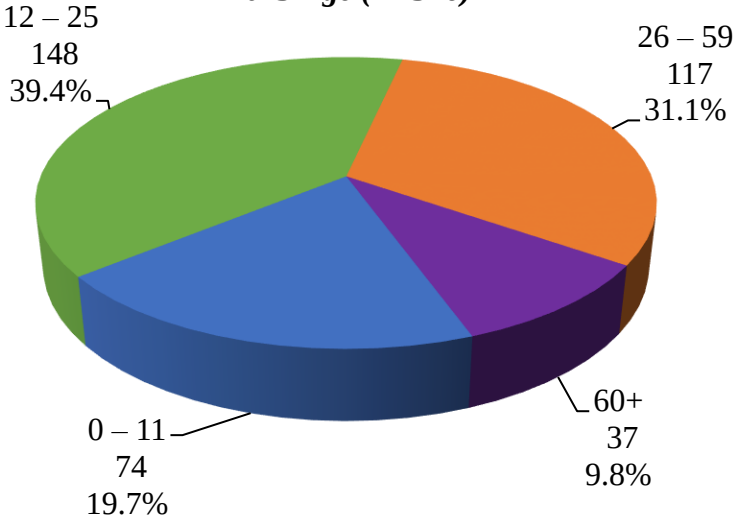
2021 Age (N=334)



2022 Age (N=184)



2023 Age (N=376)

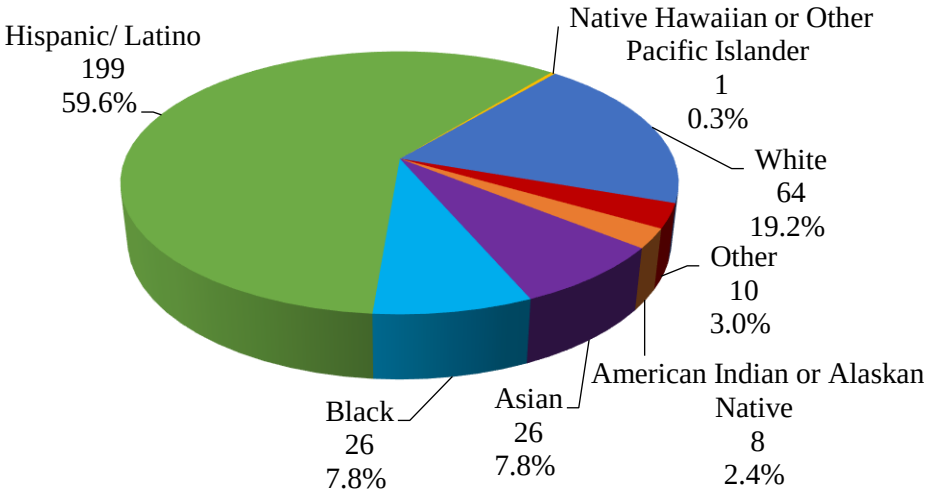


Fresno County Department of Behavioral Health

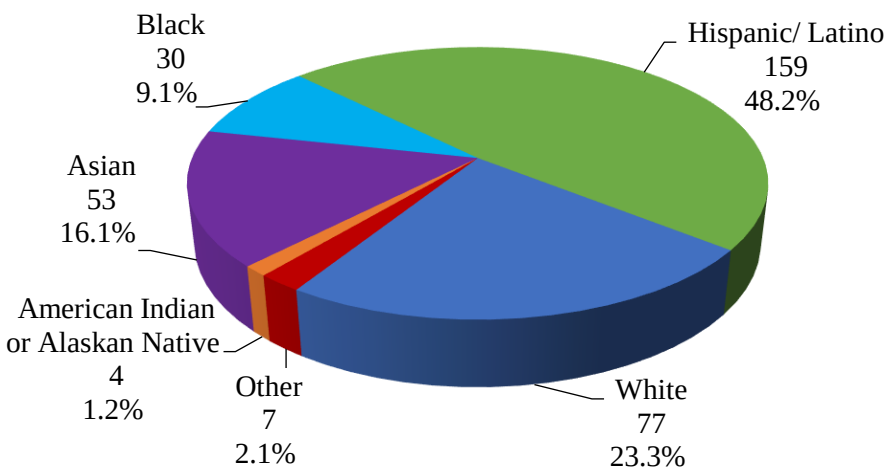
Family/Caregiver Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

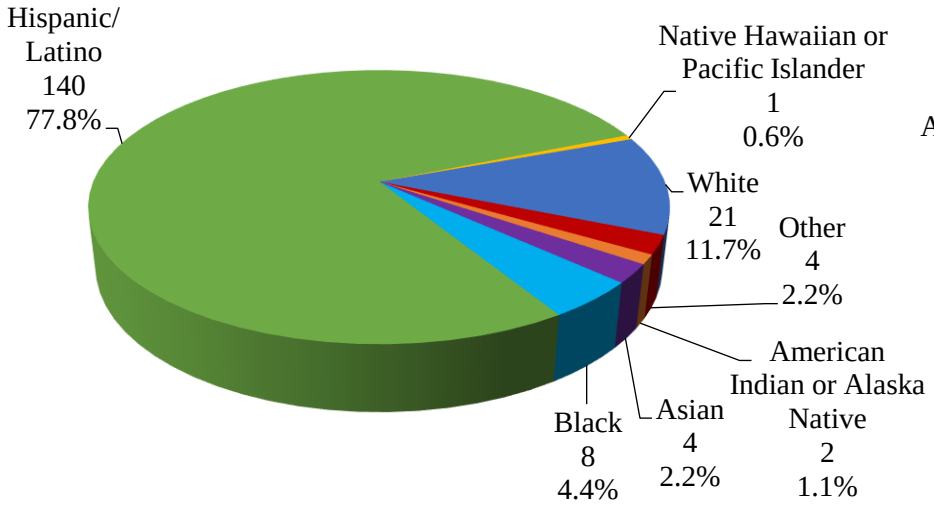
2020 Race/Ethnicity (N=334)



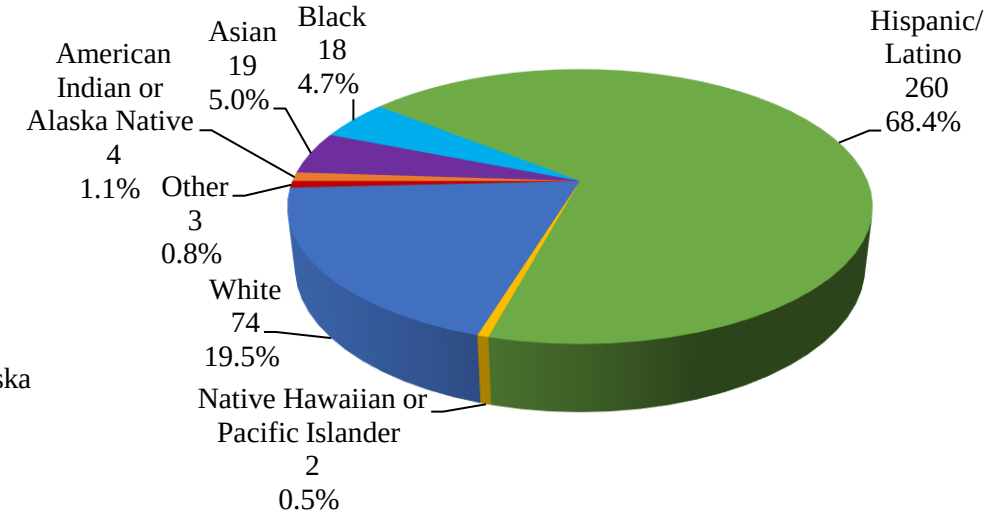
2021 Race/Ethnicity (N=330)



2022 Race/Ethnicity (N=180)



2023 Race/Ethnicity (N=380)

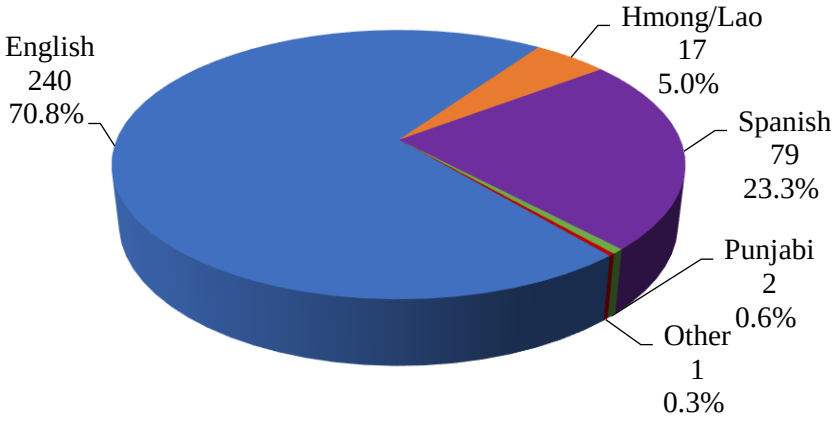


Fresno County Department of Behavioral Health

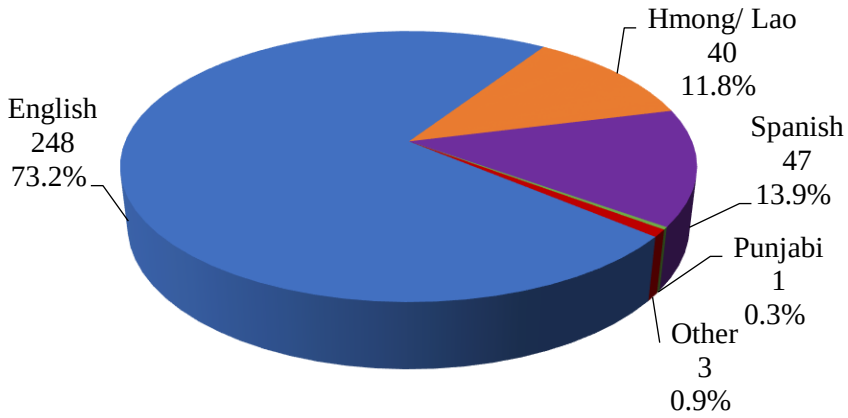
Family/Caregiver Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

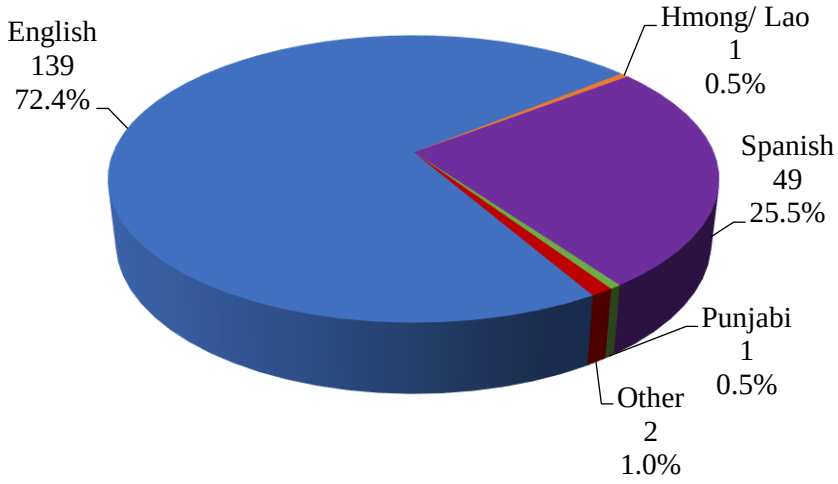
2020 Primary Language Spoken at home (N=339)



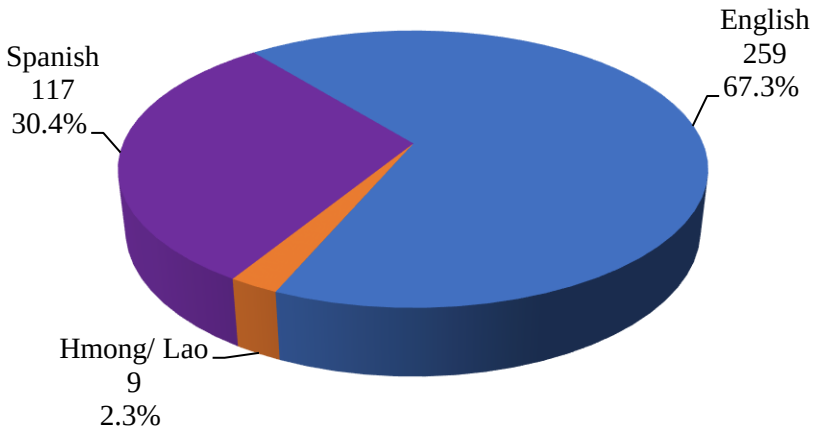
2021 Primary Language Spoken at home (N=339)



2022 Primary Language Spoken at home (N=192)



2023 Primary Language Spoken at home (N=385)

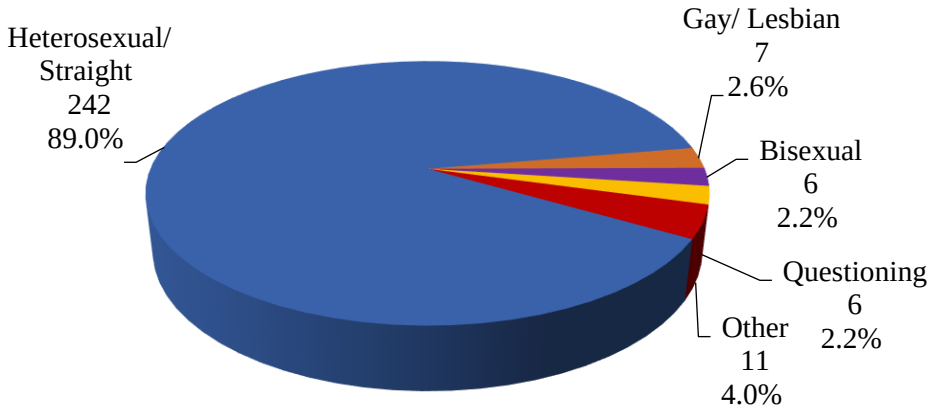


Fresno County Department of Behavioral Health

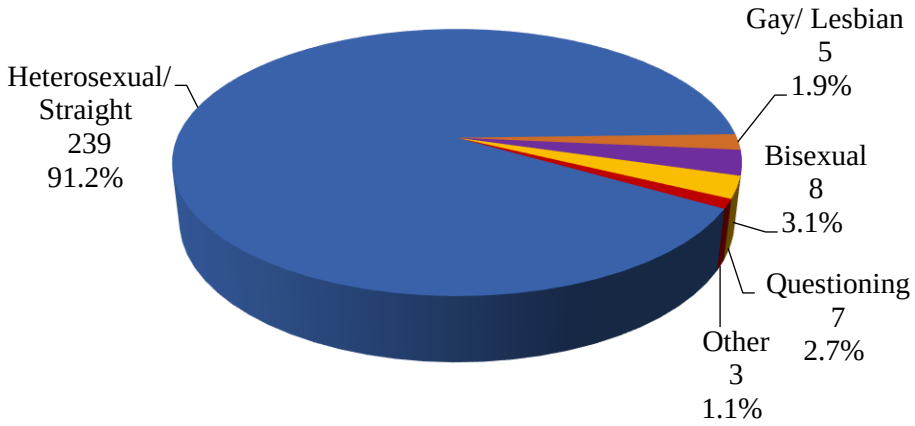
Family/Caregiver Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

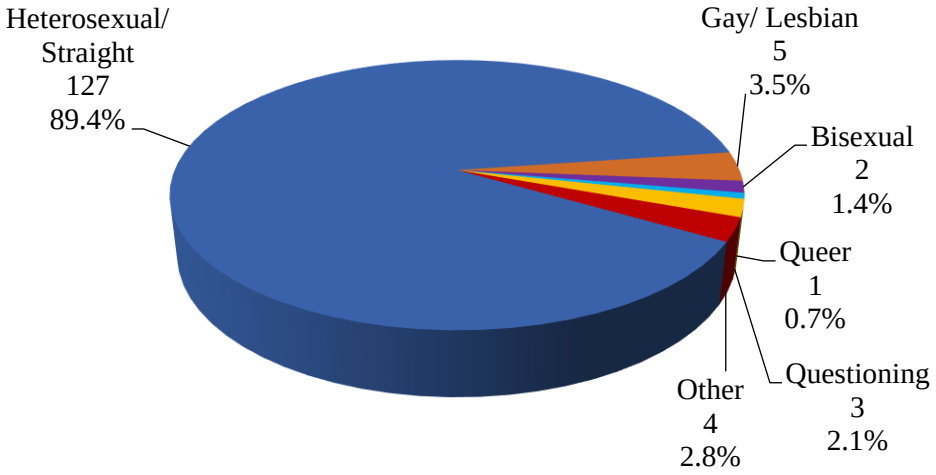
2020 Sexual Orientation (N=272)



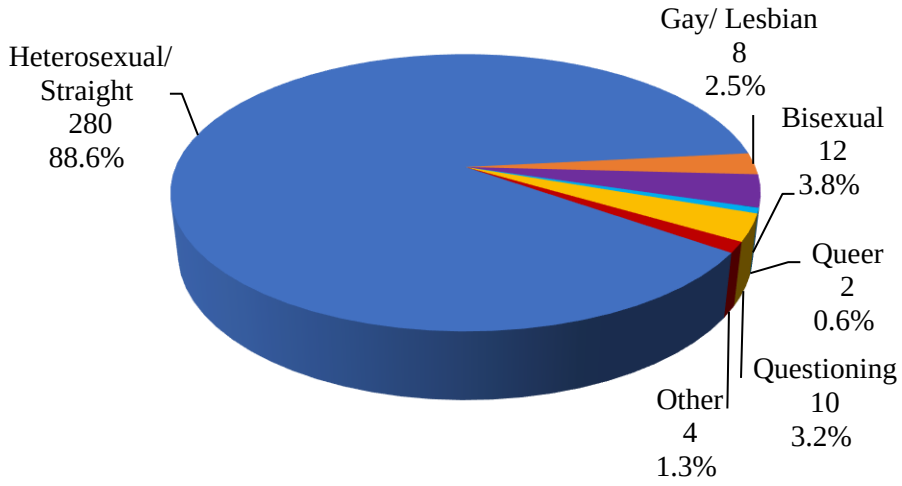
2021 Sexual Orientation (N=262)



2022 Sexual Orientation (N=142)



2023 Sexual Orientation (N=316)

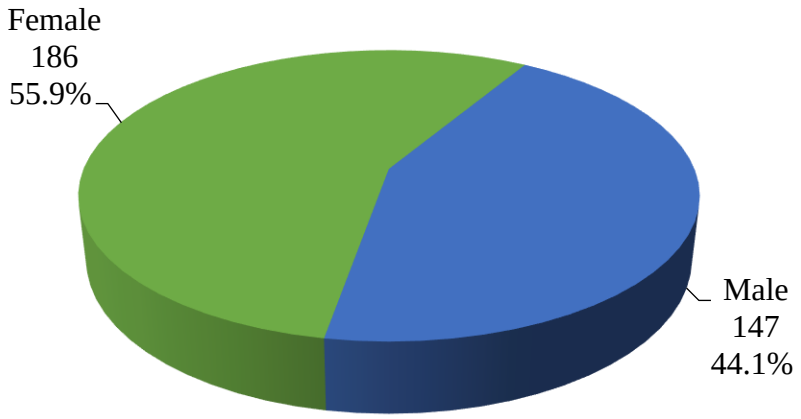


Fresno County Department of Behavioral Health

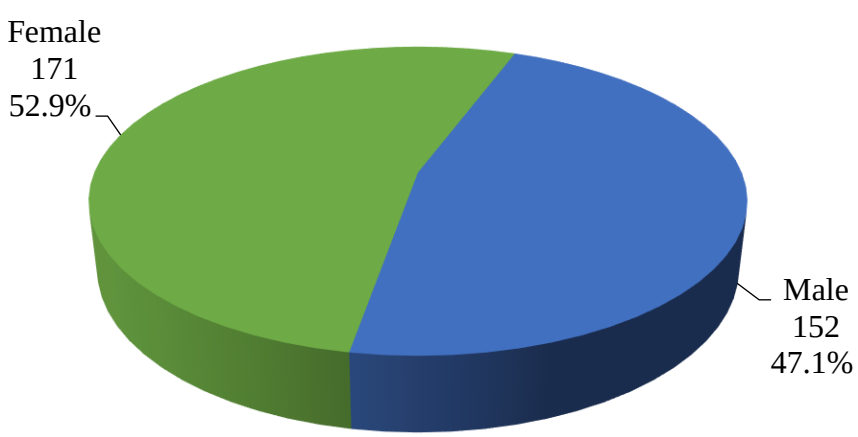
Family/Caregiver Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

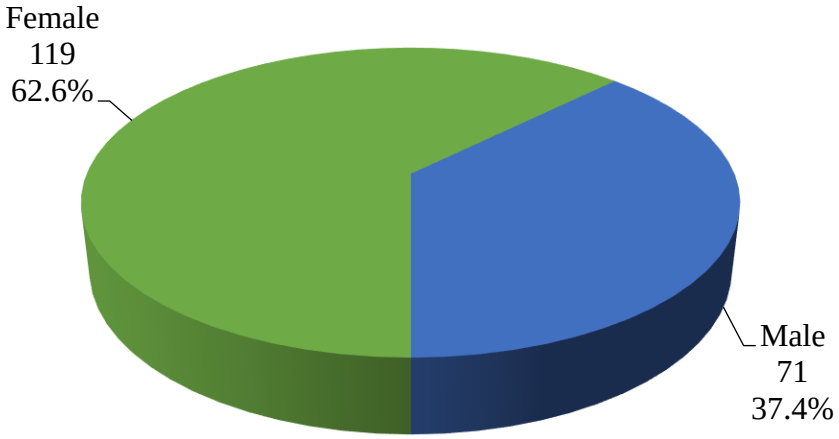
2020 Gender Assigned at Birth (N=333)



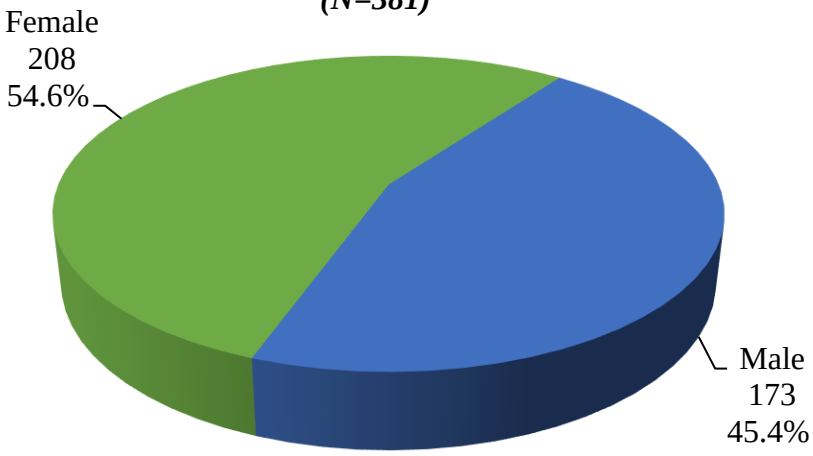
2021 Gender Assigned at Birth (N=323)



2022 Gender Assigned at Birth (N=190)



2023 Gender Assigned at Birth (N=381)

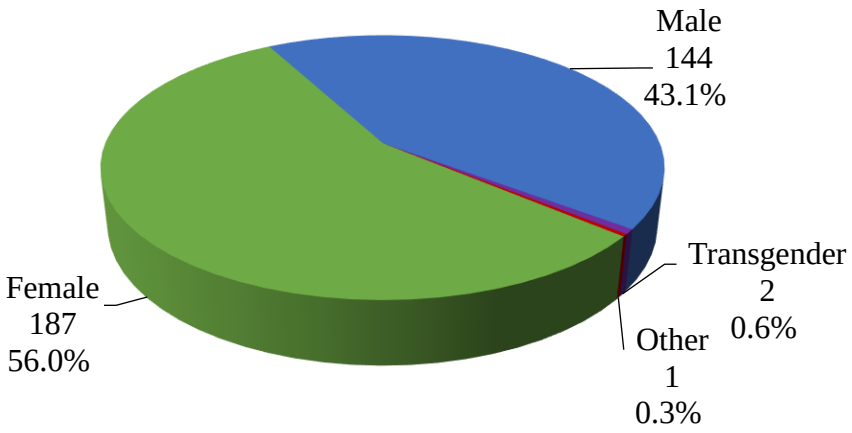


Fresno County Department of Behavioral Health

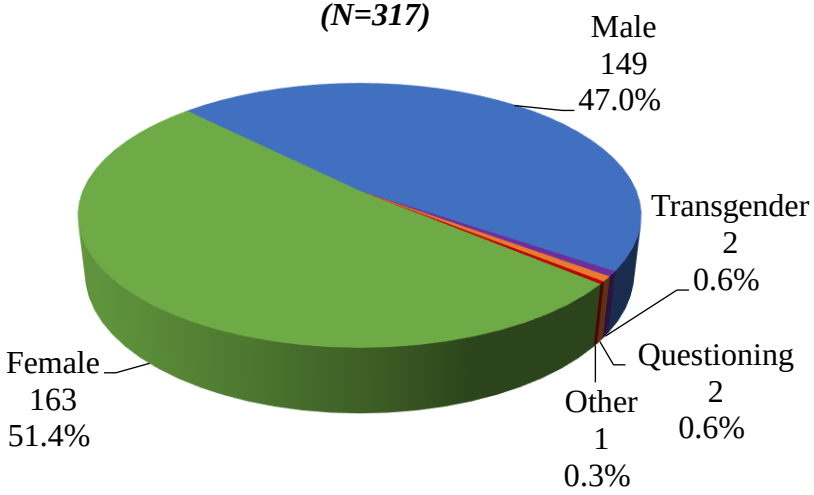
Family/Caregiver Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

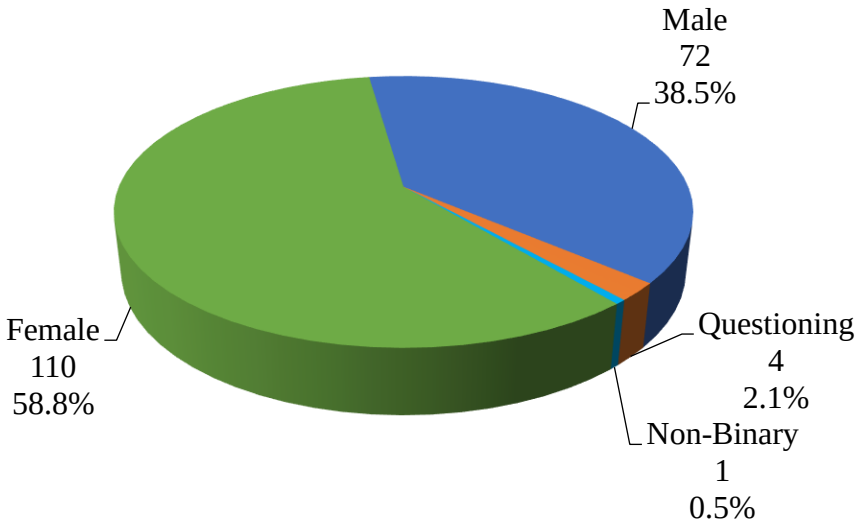
2020 Current Gender Identity
(N=334)



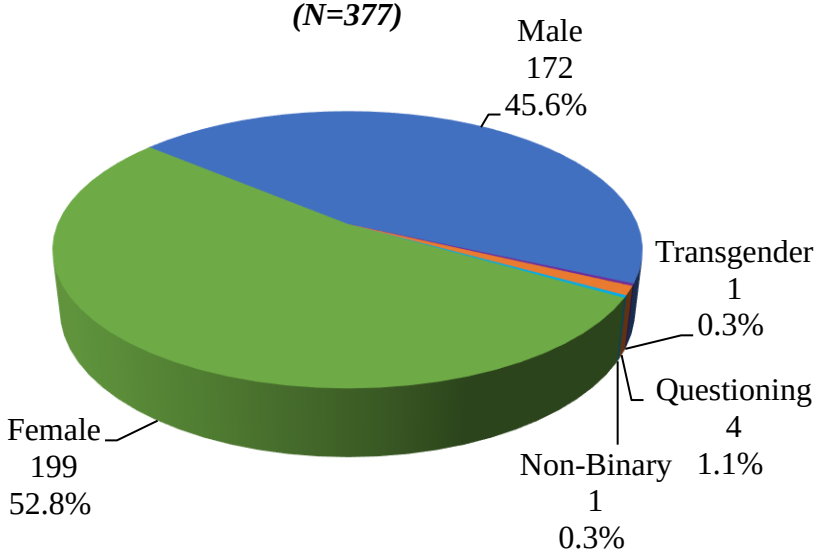
2021 Current Gender Identity
(N=317)



2022 Current Gender Identity
(N=187)



2023 Current Gender Identity
(N=377)

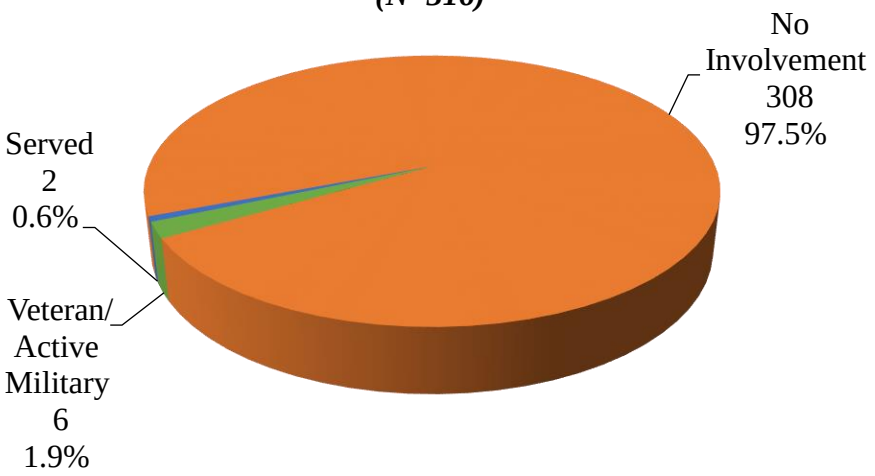


Fresno County Department of Behavioral Health

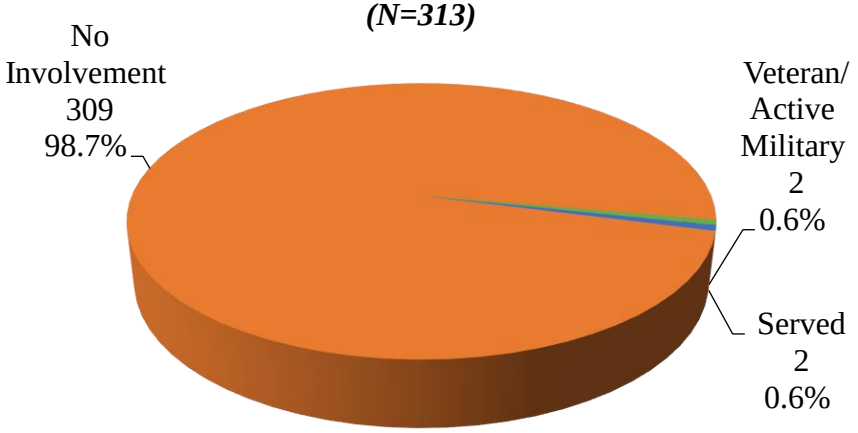
Family/Caregiver Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

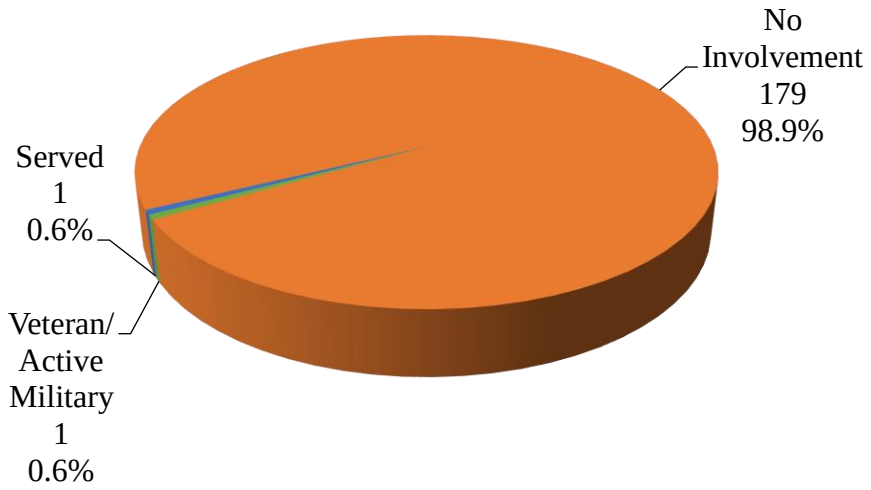
2020 Military/Service Involvement (N=316)



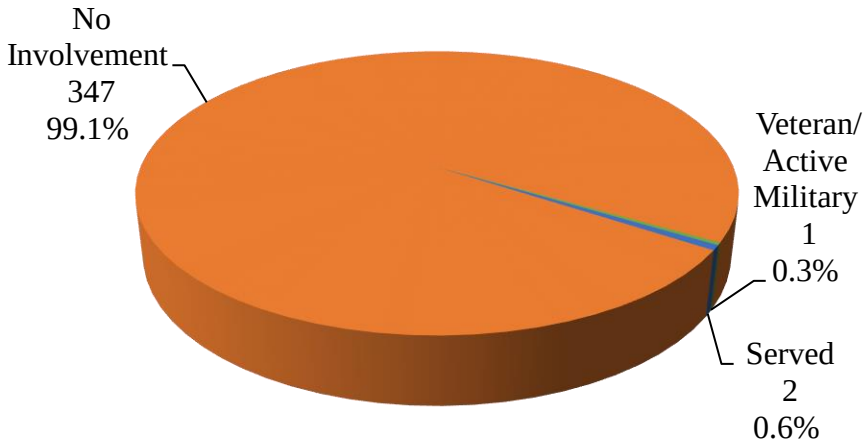
2021 Military/Service Involvement (N=313)



2022 Military/Service Involvement (N=181)



2023 Military/Service Involvement (N=350)

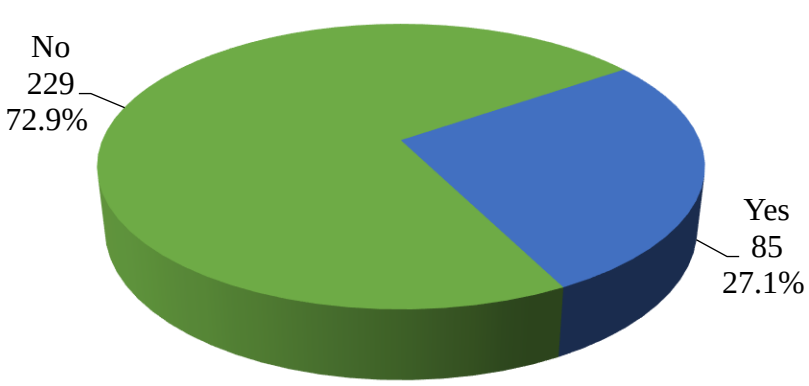


Fresno County Department of Behavioral Health

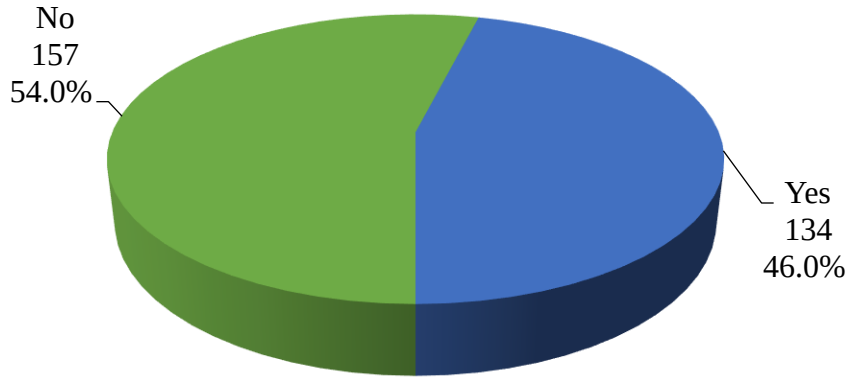
Family/Caregiver Cultural Humility Survey

Comparison Between 2020, 2021, 2022 and 2023 Survey Results

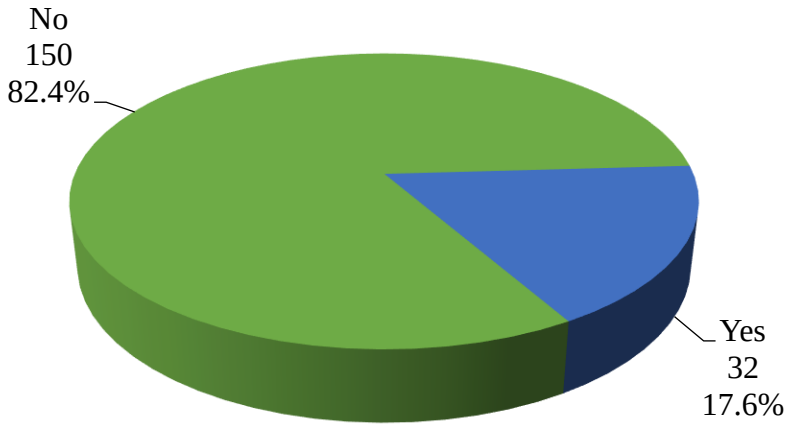
2020 Does your family member have a disability? (N=314)



2021 Does your family member have a disability? (N=291)



2022 Does your family member have a disability? (N=182)



2023 Does your family member have a disability? (N=341)