



SAN BENITO COUNTY

BEHAVIORAL HEALTH DEPARTMENT

Mental Health & Substance Use Disorder Services

Cultural and Linguistic Competence Plan

ANNUAL UPDATE

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I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

“It is the mission of San Benito County Behavioral Health to enable individuals in our community who are affected by mental illness, serious emotional disturbances, or substance use to achieve the highest quality of life. To accomplish this goal, services must be delivered in the least restrictive, most accessible environment within a coordinated system of care that is respectful of a person’s family, language, heritage, and culture.”

San Benito County Behavioral Health Services (SBCBH) strives to deliver culturally, ethnically, and linguistically appropriate services to Behavioral Health clients and their families. SBCBH recognizes the importance of developing services that are sensitive to diverse cultures, including Latino, Black, Asian, American Indian, and other racial and ethnic groups; persons with disabilities; clients in recovery (from mental health or substance use); LGBTQ community; various age groups such as Transition Age Youth (TAY) (ages 16-25) and Older Adults (ages 60+); veterans; faith-based; physically disabled; and persons involved in the correctional system.

Developing a culturally and linguistically competent system requires commitment and dedication from all levels of SBCBH and the community to continually strive to learn from each other. This goal requires ongoing staff training and education across the organization. The following Cultural and Linguistic Competence Plan (CLCP) reflects the SBCBH ongoing commitment to improve services to expand access to services, ensure quality care, and achieve positive outcomes. The CLCP addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder services, including the Cultural and Linguistic Standards (CLAS).

SBCBH is culturally diverse, with approximately 61% of the general population being Latino (US Census 2020, Demographic Profile). In FY 2022-23, 66.1% of SBCBH’s client population was Latino. A number of these individuals identify Spanish as their preferred language (8.7%). As a result, since 1990, SBCBH has ensured that many of the staff are bilingual and/or bicultural; currently 48% of administrative and direct-service staff are bilingual. This approach creates a welcoming environment when a Spanish-speaker contacts SBCBH. Staff can immediately switch from English to Spanish to communicate with the individual in their primary language. This strategy has helped to reduce stigma and barriers to accessing mental health (MH) and Substance Use Disorder (SUD) services.

Cultural discussions are an integrated part of the SBCBH child, youth, adult, and older adult service delivery systems. The department discusses how diverse backgrounds influence outcomes, and the importance of understanding an individual’s culture and unique perspective to coordinate traditional healing methods with western methodologies and philosophies. Planning activities for the Mental Health Services Act (MHSA) components include a discussion that promotes culturally-sensitive services. The MHSA planning discussions outline the importance of integrating a person’s culture and community, including involving families in treatment whenever possible.

In addition to the MHSA planning process and updates, culture is an important component of each Treatment Plan meeting, where the client, family, staff and support persons come together to develop a comprehensive plan for ensuring that the individual is successful in treatment. Working as a team, SBCBH is able to understand how culture shapes the choices and goals for each of our community members. As part of the planning process, staff discuss how to

incorporate cultural leaders into county services as a support network for those receiving services with our agency. This teamwork is consistent for the System of Care, during staff and clinical team meetings. SBCBH works closely with its allied partner agencies to help promote a learning environment.

SBCBH integrates cultural activities and vision into all services. Verified bilingual Spanish-speaking staff receive a small monthly stipend. SBCBH utilizes the language line for persons with a primary language that is not Spanish, and when an English speaker does not have access to bilingual staff. Case managers also provide outreach to the migrant labor camps. SBCBH assigns a case manager to provide outreach and services to older adults at the *Jovenes de Antaño* Senior Center in Hollister.

SBCBH contractually engaged Community Solutions in FY 2022/23 to work with SBCBH staff, under the collective program name of PATHS, to provide mental health services and outreach to children and youth who are bilingual and bicultural throughout the San Benito school districts. Classroom presentations are regularly provided to educate students of all ages on topics such as bullying and anxiety reinforced by Parent Support Workshops. These programs utilize Evidence-Based Practices (EBPs) that are funded through MHSA Prevention and Early Intervention (PEI) funds. These PEI programs are designed to help youth develop skills for becoming healthy individuals in their communities.

In addition, SBCBH telemedicine services utilize a Spanish-speaking psychiatrist one day a week. Staff, consumers, partnering agencies, and contract providers receive cultural competency trainings on and off-site. Staff recently attended the 2022 National Latino Behavioral Health Conference which focused on providing culturally responsive services in Spanish.

These services help to reduce racial, ethnic, cultural, and linguistic barriers that can impact mental health and SUD disparities. SBCBH designs programs and services to meet the linguistic and cultural needs of our residents and uses funding to secure contracts with providers who can provide such services, in addition to ensuring county provided services also meet these needs.

While there is not a specific budget dedicated to culturally competent services, strategies and programs are funded to meet the needs of diverse cultures, including Latino, Black, Asian, American Indian, and other racial and ethnic groups; persons with disabilities; consumers in recovery (from mental health or substance use); LGBTQ community; various age groups such as Transition Age Youth (TAY) who are 16-25 years and Older Adults (ages 60+); veterans; faith-based; physically disabled; and persons involved in the correctional system. MHSA funding helps supplement what cannot be covered by Medi-Cal revenues.

Cultural Competence Committee

The SBCBH Cultural Competence Committee (CCC) was implemented in 2000 when the first CLCP was developed. Invitations to attend the CCC are extended to all Behavioral Health staff, clients, staff from other County agencies such as Public Health, the Sheriff, Probation and Reentry Departments, the County Supervisors, the Behavioral Health Board and contracted Community Based Organizations, and members of the LGBTQ+ community. The CCC meets every other month and provides opportunities for diverse educational presentations, discussions and group brainstorming of Committee goals, as well as the analysis of a variety of data by age, race/ethnicity, gender, and primary language.

II. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Available culturally and linguistically competent services; issues and mitigation

San Benito County recognizes the need to be culturally responsive to persons who are Latino and/or other diverse populations, by providing treatment in a manner that is responsive in demonstrating an understanding of each client's heritage, history, traditions, worldview, and beliefs. SBCBH endeavors to engage more members of the community and the diverse populations within it.

It is the intention and mission of SBCBH to involve as many diverse communities in planning activities. This intention provides the opportunity to give voice to consumers, persons of diverse racial backgrounds, family members, youth, and other cultural groups. This approach creates an opportunity for SBCBH to continually strive to enhance our services to be culturally relevant for our youth, adult clients, and their families.

It is the intention of SBCBH to contractually engage specialists in the areas of both cultural and linguistic competence to provide regular annual training and education, on a variety of relevant subjects, to all SBCBH staff.

Latino

All services are developed and implemented to be culturally and linguistically relevant to the local Latino community. Many of SBCBH staff are bilingual and bicultural Latino, helping to engage and retain clients in services, as well as deliver culturally responsive services to meet the needs of the local Latino community.

Children and TAY

SBCBH offers a variety of prevention and early intervention activities and services for children and TAY, including counseling services provided at schools across the county. SBCBH has placed case managers at several schools throughout the county to provide direct services as part of the PATHS (Promoting Access, Trust, and Healthy Behaviors in Schools) program. Community Solutions also offers a family-to-family support group to implement an empowerment curriculum.

SanBenito+ is an outreach group led by a Peer Mentor Team from the LGBTQ+ community that provides LGBTQ+-friendly and culturally relevant services. The goal of San Benito+ is to create a welcoming and safe space for youth and adult LGBTQ+ individuals and allies, to offer services and support individuals to help them understand how their personal experiences with discrimination or marginalization related to belonging to the LGBTQ+ community may affect their mental health. Activities include an annual PRIDE event with motivational speakers, entertainment, food, and music, plus a variety of information about services from SBCBH and partnering agencies; holiday gatherings to create a safe space to gather and youth can be themselves; and educational outreach to share their experience with others as being a part of the LGBTQ+ community. These activities provide a model for community mentors to support them to become allies. In addition, the program offers other activities throughout the year to help reduce stigma, identify and engage individuals who are interested in learning more about the LGBTQ+ community, and help reduce the barriers to accessing services. Peer Mentors offer

various hands-on and educational activities every Friday, Saturday, and Sunday with engaging, youth and adult-friendly activities at the Esperanza Center, which is in the downtown center of our most populous city.

Older Adults

SBCBH offers programs for older adults. A case manager is assigned to provide outreach and services to older adults at the local Senior Residences in Prospect Villa and through *Jovenes de Antaño* Senior Center in Hollister. Agency partners are trained to recognize signs and symptoms of mental illness in older adults. The Older Adult program provides linkage and support for older adults in accessing needed mental health and health care services.

Survivors of Intimate Partner Violence

Intimate partner violence (IPV) disproportionately affects marginalized individuals in San Benito County. Effective prevention and early intervention including safety planning strategies reduce the risk of future revictimization and address safety needs of survivors from marginalized groups.

A counselor works with individuals experiencing intimate partner violence offering mental health prevention and early intervention groups to help reduce stigma and improve access to the Latino community. A support group and group sessions are facilitated by a contracted specialist to address intimate partner violence and promote healthy relationships.

This twelve-week empowerment group is conducted utilizing evidence-based practices and includes a comprehensive assessments of survivors' unique needs and situations, educating them about Intimate Partner Violence, helping them identify threats to safety, developing a concrete safety plan, facilitating linkage with resources, providing advocacy services as needed, conducting periodic safety check-ins and providing a continuum of care with referrals for sustained support.

Persons with Disabilities

When needed, SBCBH provides transportation to SBCBH services and programs for clients. Transportation for people with disabilities is also available through public transportation; the county Dial-a-Ride program at no cost with provided tokens, and a reduced fee bus pass program for eligible individuals. SBCBH are planning to explore other transportation support services through the partnership with Central California Alliance for Health (CCAHA). In addition, for a nominal fee, *Jovenes de Antaño* provides transportation to senior clients to their medical appointments, including far and outlying areas (e.g., as far north as Palo Alto for Stanford Services and as far south as Monterey County).

TTY is available for persons with hearing impairments. Audio versions of the SBCBH informing materials are available for the visually impaired. All SBCBH facilities that serve clients are ADA accessible. SBCBH strives to provide a warm and welcoming environment that is comfortable for those from diverse cultural backgrounds.

B. Mechanisms for informing clients of services and providers; issues and mitigation

SBCBH crisis staff offer 24/7 crisis response. Individuals who staff the 24/7 Access Line are trained to be familiar with the culturally-competent services that SBCBH offers. Many staff, including the after-hours contract providers that staff this line, are bilingual in Spanish and are able to provide services in the person's primary language or link clients to language assistance services as needed.

The SBCBH Guide to County Mental Health Services brochure (in English and Spanish) highlights available services, including culturally-specific services. In addition, the guide informs clients of their right to FREE language assistance, including the availability of interpreters. This brochure is provided to clients at intake and is also available at the clinic and the Esperanza Wellness Center.

A Provider Directory is available to clients which lists provider names, title/license, and contact information; service specialties; client/population specialties (children, adult, veterans, LGBTQ+, veterans, etc.); languages spoken; interpreter availability; ADA compliance; and whether the provider is accepting new clients. This list is provided to clients upon intake and is available at the clinic and the Esperanza Center, as well as posted on the SBCBH website in both English and Spanish. The Provider Directory is updated monthly.

SBCBH uses additional mechanisms to inform clients and potential clients of culturally competent services and providers:

- SBCBH website and partner websites
- SBCBH Facebook page, Instagram, and partner social media sites
- SBCBH monthly calendar available at the Esperanza Center, SBCBH Clinic, and website
- SBCBH informational brochures identifying available services and how to access them are available in both English and Spanish, and some specifically for targeted groups such as the LGBTQ+ and those suffering from substance abuse. Brochures are available in clinic lobbies; the Esperanza Center; schools; shelters; the hospital emergency department; and the City of Hollister Recreational Center. Local Law enforcement also shares the SBCBH brochures and business cards with the crisis number.
- Local online newsletters
- Interagency Meetings

C. Process for capturing and meeting language needs; issues and mitigation

The SBCBH 24/7 Access Log includes a field to record a caller's need for interpreters. This information is forwarded to clinical staff for the intake assessment. This information is also utilized during case assignments and clinical team meetings, to determine the appropriate staff to provide ongoing services in the individual's primary language, whenever possible. The QI Supervisors and other designated staff review this information during the Quality Improvement Committee (QIC) meetings to ensure compliance.

SBCBH has a policy in place that outlines the requirements and processes for meeting a client’s request for language assistance and interpreter services, including documentation of providing needed services.

D. Process for reviewing grievances and appeals related to cultural and linguistic competency; issues and mitigation

The QIC reviews grievances and appeals. The Grievance/Appeal Log records if there are any issues that are related to cultural competency or discrimination. The QIC reviews all issues and determines if the resolution was culturally appropriate. The QIC and the CCC work together, as many members are on both committees. These committees identify issues and objectives to help improve overall services.

III. DATA AND ANALYSIS

A. County Geographic and Socioeconomic Profile

1. Geographical location and attributes of the county

San Benito County is a small, rural county that lies in the Central Coast region of California. It is located at the southern end of the Santa Clara Valley, just south of Silicon Valley, and offers easy access to the metropolitan San Jose area, Monterey, and Santa Cruz. The county's population is 64,209 (*US Census 2020, Demographic Profile*). San Benito County's largest city is Hollister, home to approximately 41,678 residents (*US Census 2020, Demographic Profile*). San Benito County has the third highest proportion of Latinos in the general county population relative to all other California counties. The County's population is comprised of 61.1% Latinos, 30.8% Whites, and 8.1% from Other race/ethnic groups. The 2020 census estimates that 42% of the adult population of San Benito County speaks a language other than English at home. Currently, English and Spanish are the only threshold languages in San Benito County.

One of San Benito County's primary revenue sources is agricultural production. Agricultural workers and their families are identified as primarily Latino. They contribute an enormous benefit to the economic vitality of the county. However, the farm workers and their families are less likely to access Mental Health and SUD services. Barriers to serving this population may include the difficulty of recruiting and retaining behavioral health professionals who reflect the culture and language needs of our rural, agricultural communities, the failure of treatment approaches to meet the cultural needs of the Latino population, and the lack of linguistically and culturally sensitive information on mental illness and mental health services in a manner that provides effective outreach to this population. Discrimination and fear of involvement with public agencies, including enrolling in Medi-Cal, immigration related trauma and acculturation issues may also contribute to the reluctance with initiating mental health and/or substance use treatment services. In addition, agricultural workers often need services outside of the traditional Monday-Friday 8:00 am to 5:00 pm workday that dominates county service culture. Improving access to this population is a priority.

2. Demographics of San Benito County

Figure 1 shows age, race/ethnicity, and gender of the general population. For the 64,209 residents who live in San Benito County, 20.9% are children ages 0-14; 13.7% are Transition Age Youth (TAY) ages 15-24; 45.8% are adults ages 25-59; and 19.6% are older adults ages 60 years and older. The majority of persons in San Benito County are Latino (61.1%) or White (30.8%). Persons who are Asian/Pacific Islander represent 3.6% of the population. There are similar percentages of males (49.7%) and females (50.3%) in the county.

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

	San Benito County Population 2020 Census	
Age Distribution	Number	Percent
0 - 14 years	13,410	20.9%
15 - 24 years	8,819	13.7%
25 - 59 years	29,378	45.8%
60+ years	12,602	19.6%
Total	64,209	100.0%
Race/ Ethnicity Distribution	Number	Percent
Black	479	0.7%
Alaska Native/ American Indian	221	0.3%
Asian/ Pacific Islander	2,316	3.6%
White	19,785	30.8%
Latino	39,241	61.1%
Other/ Unknown	2,167	3.4%
Total	64,209	100.0%
Gender Distribution	Number	Percent
Male	31,941	49.7%
Female	32,268	50.3%
Total	64,209	100.0%

3. Socioeconomic characteristics of the county

The mean per capita income per year for all residents in 2021 was \$38,097 (U.S. Census, 2021 American Community Survey). In comparison, the statewide per capita income was \$42,396 for the same timeframe. This data shows that, on average, each person in San Benito County earns approximately \$4,299 less per year than the average person in the state.

The census data also shows the median household income for San Benito County and statewide. San Benito County's median household income in 2021 was \$101,923, which is higher than the statewide average of \$84,907. This data reflects the increase in people who work in Silicon Valley, but live in San Benito County, because of the affordable housing available in San Benito County. As a result, there are two primary populations. One is the Latino community that has lived in San Benito for generations working in the agricultural industry. The second community commutes to Santa Clara County each day for their employment and, on average, makes a much higher income. As a result of these individuals living in San Benito, there has been a substantial increase the median household income over the past few years.

4. Penetration rates for Mental Health services

Figure 2 shows the percentage of the population who accessed mental health services. Figure 2 shows the same county population data shown in Figure 1 and provides information on the number of persons who received mental health services in FY 2022/23. From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2022/23. This data is shown by age, race/ethnicity, and gender. Data on primary language were not available for the general population.

There were 1,226 people who received one or more mental health services in FY 2022/23. Of these individuals, 14.9% were children ages 0-14 (N=183); 24.5% were TAY ages 15-24 (N=300); 51.1% were adults ages 25-59 (N=626); and 9.5% were 60 and older (N=117). Of the individuals who received mental health services, 24.7% were White (N=303), and 66.1% were Latino (N=810). All other race/ethnicity groups represented a small number of individuals. Most clients' primary language was English (90.2%; N=1,106) and 8.7% reported a primary language of Spanish (N=107). Clients with other primary languages represented a small number of individuals. More clients identified as female (54.8%) as compared to male (45.2%).

The penetration rate data shows that 1.9% of the San Benito County population received mental health services, with 1,226 individuals out of the 64,209 residents. Of these individuals, children ages 0-14 had a penetration rate of 1.4%, TAY ages 15-24 had a penetration rate of 3.4%, adults ages 25-59 had a penetration rate of 2.1%, and older adults ages 60 and older had a penetration rate of 0.9%.

For race/ethnicity, persons who identify as Black had a penetration rate of 1.9%, persons who identify as Alaskan Native/American Indian had a penetration rate of 2.3%, persons who identify as Asian/Pacific Islander had a penetration rate of 0.7%, persons who identify as White had a penetration rate of 1.5%, persons who identify as Latino had a penetration rate of 2.1%, and persons who reported other or unknown race had a penetration rate of 3.8%. Males had a mental health penetration rate of 1.7%, and females had a mental health penetration rate of 2.1%.

Figure 2
San Benito County Mental Health Penetration Rates
By Age, Race/Ethnicity, Language, and Gender
(Population Source: 2020 Census)

	San Benito County Population 2020 Census		All Mental Health Clients FY 2022-2023		San Benito County Population Mental Health Penetration Rate FY 2022-2023
Age Distribution					
0 - 14 years	13,410	20.9%	183	14.9%	183 / 13,410 = 1.4%
15 - 24 years	8,819	13.7%	300	24.5%	300 / 8,819 = 3.4%
25 - 59 years	29,378	45.8%	626	51.1%	626 / 29,378 = 2.1%
60+ years	12,602	19.6%	117	9.5%	117 / 12,602 = 0.9%
Total	64,209	100.0%	1,226	100.0%	1,226 / 64,209 = 1.9%
Race/ Ethnicity Distribution					
Black	479	0.7%	9	0.7%	9 / 479 = 1.9%
Alaska Native/ American Indian	221	0.3%	5	0.4%	5 / 221 = 2.3%
Asian/ Pacific Islander	2,316	3.6%	17	1.4%	17 / 2,316 = 0.7%
White	19,785	30.8%	303	24.7%	303 / 19,785 = 1.5%
Latino	39,241	61.1%	810	66.1%	810 / 39,241 = 2.1%
Other/ Unknown	2,167	3.4%	82	6.7%	82 / 2,167 = 3.8%
Total	64,209	100.0%	1,226	100.0%	1,226 / 64,209 = 1.9%
Language Distribution					
English	-	-	1,106	90.2%	-
Spanish	-	-	107	8.7%	-
Other/ Unknown	-	-	13	1.1%	-
Total	-	-	1,226	100.0%	-
Gender Distribution					
Male	31,941	49.7%	554	45.2%	554 / 31,941 = 1.7%
Female	32,268	50.3%	672	54.8%	672 / 32,268 = 2.1%
Total	64,209	100.0%	1,226	100.0%	1,226 / 64,209 = 1.9%

5. Analysis of disparities identified in Mental Health services

The penetration rates for Asian/Pacific Islander (0.7%) and White clients (1.5%) are lower than the total penetration rate of 1.9%, while the penetration rates for Alaskan Native/American Indian (2.3%), Latino clients (2.1%) and persons who reported other or unknown race (3.8%) are higher. The penetration rate for Black clients (1.9%) is the same as the total penetration rate of 1.9%. The penetration rate data for age shows that there are a higher proportion of children, TAY, and adults served, compared to older adults. The proportion of females (2.1%) is greater to that of males (1.7%).

We strive to ensure that our clinic is welcoming and has bilingual individuals available at all access points to services. Bicultural, Spanish-speaking staff answer the phone and greet clients when they come in for their services. This helps engage and retain individuals in care.

In recent years, SBCBH has increased the number of direct service staff who speak Spanish. Of the 21 new staff hired in FY 2021/22, 12 were bilingual in English and Spanish; and in FY22/23, of the 15 new hires there were 8 bilingual staff. Our current staff are able to serve monolingual Spanish-speaking clients (approximately 9% of all clients served) in their own language, thereby meeting the needs of these clients. SBCBH understands that clients are much more comfortable discussing their issues in their primary language and a continual drive to recruit bilingual, bicultural Spanish speaking staff to minimize the need for using interpreters to deliver services.

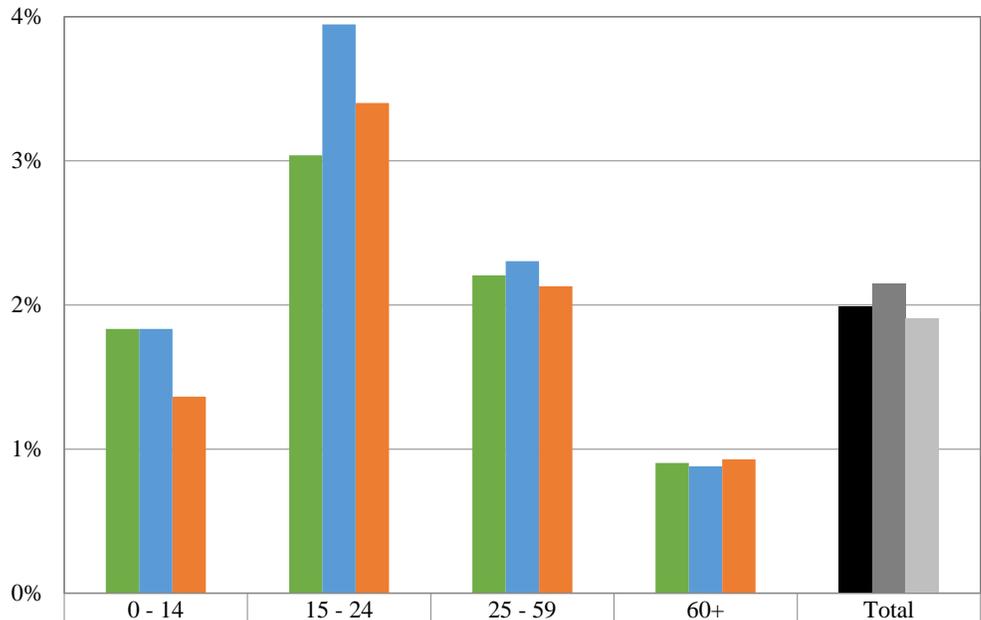
SBCBH cultural competence needs are more complex than just a need for bilingual/bicultural staff. Additional staff who are competent in other cultures as well, such as LBGTQ+, co-occurring disorders, substance use recovery, and consumer culture are also needed.

6. Mental Health penetration rate trends for three years

The penetration rates for the past three years have also been analyzed (see Figure 3). This data shows the number of clients by age served between FY 2020/21 through FY 2022/23. In the first two years, the total number of clients increased from 1,276 to 1,382 but decreased slightly in FY 2022/23 to 1,226. There was a similar trend for TAY youth, ages 15-24, with an increase from 268 youth in FY 2020/21 to 348 in FY 2021/22. In FY 2022/23 the number of TAY youth served decreased to 300. Similarly, the total number of adults served increased over the first two years from 648 to 677 but decreased to 626 in the third year. The number of older adults served remained stable from 114 to 111, and then up to 117 in FY 2022/23, with the penetration rate remaining stable at 0.9%.

The penetration rate also shows this trend with 2% in FY 2020/21, 2.2% in FY 2021/22, and 1.9% in FY 2022/23. This decrease in the number of persons served reflects the impact of the pandemic on people accessing mental health services.

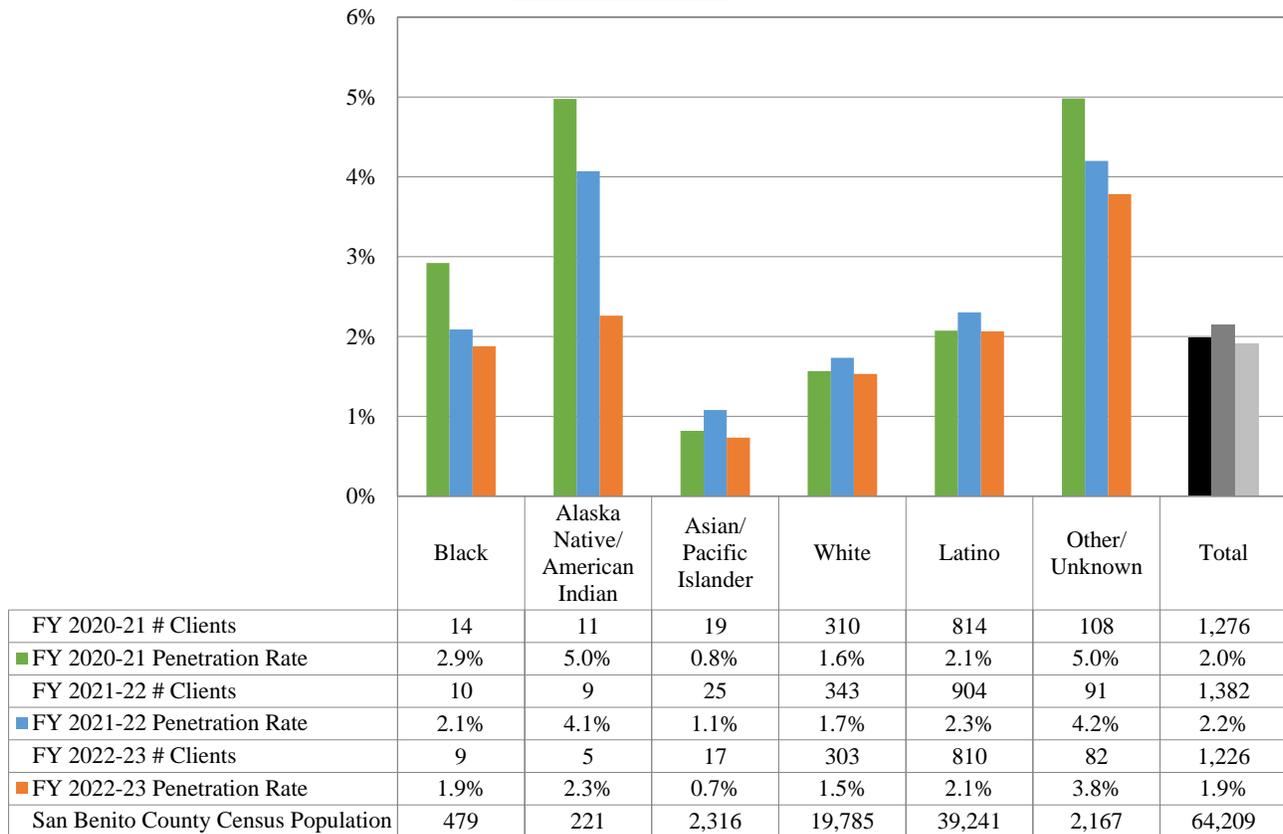
Figure 3
San Benito County Mental Health Services
FY 2020/2021 to FY 2022/2023
Mental Health Penetration Rate, by Age



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2020-21 # Clients	246	268	648	114	1,276
FY 2020-21 Penetration Rate	1.8%	3.0%	2.2%	0.9%	2.0%
FY 2021-22 # Clients	246	348	677	111	1,382
FY 2021-22 Penetration Rate	1.8%	3.9%	2.3%	0.9%	2.2%
FY 2022-23 # Clients	183	300	626	117	1,226
FY 2022-23 Penetration Rate	1.4%	3.4%	2.1%	0.9%	1.9%
San Benito County Census Population	13,410	8,819	29,378	12,602	64,209

Figure 4 shows the number of clients by race/ethnicity served between FY 2020/21 through FY 2022/23. There is a small number of individuals in the county population who are Black, Alaska Native/American Indian, and Asian/Pacific Islander. Similarly, there were a small number of people served, with variable penetration rates for each group. For persons who were White, there were 310 people served in FY 2020/21 with an increase to 343 in FY 2021/22, then a decrease in FY 2022/23 (N=303). The penetration rate across the three years shows the same trend, with 1.6% to 1.7%, and then 1.5%. For persons who were Latino, there were 814 people served in FY 2020/21 then 904 in FY 2021/22, and then a decrease in FY 2022/23 (N=810). There were 1,226 persons served in FY 2022/23 with a total penetration rate of 1.9%.

Figure 4
San Benito County Mental Health Services
FY 2020/2021 to FY 2022/2023
Mental Health Penetration Rate, by Race/Ethnicity



7. Mental Health Medi-Cal population

Figure 5 shows the number and percentage of persons in the county who have Medi-Cal eligibility (18,343). It also shows the number and percentage of persons who had Medi-Cal eligibility and received mental health services in FY 2022/23 (979). From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal Eligible that received mental health services in FY 2022/23. For all clients, the penetration rate was 5.3%. This data is shown by age, race/ethnicity, and gender.

There were 979 Medi-Cal clients who received one or more mental health services in FY 2022/23. Of these individuals, 26.5% were children ages 0-17 (N=259); 13.3% were TAY ages 18-24 (N=130); 55.9% were adults ages 25-64 (N=547); and 4.4% were older adults ages 65 and older (N=43). Of these clients, 21.8% identified as White (N=213), and 70.8% identified as Latino (N=693). All other race/ethnicity groups represented a small number of individuals. The majority of clients identified as female (57.4%) compared to males (42.6%).

The penetration rate data shows that 5.3% of the San Benito County Medi-Cal eligibles received mental health services, with 979 individuals out of the 18,343 Medi-Cal eligibles. Of these individuals, children had a penetration rate of 4%, TAY had a penetration rate of 6%, adults had a penetration rate of 6.7%, and older adults had a penetration rate of 2.8%.

For race/ethnicity, persons who identify as White had a penetration rate of 8.4%, and persons who identify as Latino had a penetration rate of 5%. All other race/ethnicity groups represented a small number of individuals. Clients who identified as female had a penetration rate of 5.6%, and those who identified as male had a penetration rate of 5%.

Figure 5
San Benito County Medi-Cal Mental Health Penetration Rates
By Age, Race/Ethnicity, and Gender

(Medi-Cal Eligible Source: Kings View Penetration Report FY 2021/2022)

	San Benito County Average Number of Eligibles		Number of Medi-Cal Mental Health Clients Served FY 2022-2023		MH Medi-Cal Penetration Rate FY 2022-2023
Age Group					
Children	6,472	35.3%	259	26.5%	259 / 6,472 = 4.0%
Transition Age Youth	2,151	11.7%	130	13.3%	130 / 2,151 = 6.0%
Adults	8,194	44.7%	547	55.9%	547 / 8,194 = 6.7%
Older Adults	1,526	8.3%	43	4.4%	43 / 1,526 = 2.8%
Total	18,343	100.0%	979	100.0%	979 / 18,343 = 5.3%
Race/Ethnicity					
Black	63	0.3%	8	0.8%	8 / 63 = 12.7%
Alaska Native/ American Indian	32	0.2%	5	0.5%	5 / 32 = 15.6%
Asian/ Pacific Islander	320	1.7%	12	1.2%	12 / 320 = 3.8%
White	2,536	13.8%	213	21.8%	213 / 2,536 = 8.4%
Latino	13,901	75.8%	693	70.8%	693 / 13,901 = 5.0%
Other/ Unknown	1,491	8.1%	48	4.9%	48 / 1,491 = 3.2%
Total	18,343	100.0%	979	100.0%	979 / 18,343 = 5.3%
Gender					
Male	8,305	45.3%	417	42.6%	417 / 8,305 = 5.0%
Female	10,038	54.7%	562	57.4%	562 / 10,038 = 5.6%
Total	18,343	100.0%	979	100.0%	979 / 18,343 = 5.3%

8. Analysis of disparities identified in Medi-Cal Mental Health clients

The penetration rate data is very interesting. Across age groups, the penetration rates for TAY (6%) and adults (6.7%) are higher than the total penetration rate (5.3%). Older adults have the lowest penetration rate (2.8%), with only 43 older adults served.

The number of Medi-Cal eligibles in each race/ethnicity category varies greatly. For individuals who identify as White, there were 2,536 eligibles, and 213 served, for a penetration rate of 8.4%. For Latinos, there were 13,901 eligibles, and 693 served, for a penetration rate of 5%. This data shows a much higher number of persons who are Latino have Medi-Cal eligibility (13,901) compared to persons who are White (2,536). There were 480 more Latinos than Whites served, but the penetration rate for Latinos (5%) is much lower compared to White (8.4%).

There may be many reasons why fewer Latinos access Mental Health services. Latinos often work long hours in agricultural jobs and may not be able to access mental health services during the normal business hours of the clinic. There is also stigma in accessing mental health services; as a result, some may seek services from cultural healers and/or faith-based organizations.

9. Penetration rates for Substance Use Disorder services

Figure 6 shows the number of persons in the county population (2020 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2022/23). From this data, a penetration rate was calculated, showing the percentage of persons in the population that received SUD services in FY 2022/23. There were 267 people who accessed SUD services in FY 2022/23 out of the 64,209 total county population, with a penetration rate of 0.4%. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

The proportion of persons receiving SUD services shows a different proportion of individuals by age compared to the mental health data. There were 267 people who received one or more SUD services in FY 2022/23. Of these individuals, 2.2% were children ages 0-14 (N=6); 17.2% were TAY ages 15-24 (N=46); 77.5% were adults ages 25-59 (N=207); and 3% were 60 and older (N=8). Of the SUD clients, 23.6% identify as White (N=63) and 69.7% identify as Latino (N=186). All other race/ethnicity groups represented a small number of individuals. The majority of SUD clients reported English as their primary language (89.9%; N=240) and 9% of clients reported their primary language as Spanish (N=24). The majority of SUD clients identify as male (69.3%) as compared to females (30.7%).

The penetration rate data shows that 0.4% of the San Benito County population received SUD treatment services. Of these individuals, children ages 0-14 had a penetration rate of 0.04%, TAY ages 15-24 had a penetration rate of 0.5%, adults ages 25-59 had a penetration rate of 0.7%, and older adults ages 60 and older had a penetration rate of 0.1%.

For race/ethnicity, individuals who identify as White had a penetration rate of 0.3% and those who identify as Latino had a penetration rate of 0.5%. All other race/ethnicity groups represented a small number of individuals. Clients who identify as male had a penetration rate of 0.6%, while clients who identify as female had a penetration rate of 0.3%.

Figure 6
San Benito County Substance Use Disorder Services Penetration Rates
By Age, Race/Ethnicity, Language, and Gender
(Population Source: 2020 Census)

	San Benito County Population 2020 Census		All Substance Use Clients FY 2022-2023		San Benito County Population Substance Use Penetration Rate FY 2022-2023
Age Distribution					
0 - 14 years	13,410	20.9%	6	2.2%	6 / 13,410 = 0.04%
15 - 24 years	8,819	13.7%	46	17.2%	46 / 8,819 = 0.5%
25 - 59 years	29,378	45.8%	207	77.5%	207 / 29,378 = 0.7%
60+ years	12,602	19.6%	8	3.0%	8 / 12,602 = 0.1%
Total	64,209	100.0%	267	100.0%	267 / 64,209 = 0.4%
Race/Ethnicity Distribution					
Black	479	0.7%	-	0.0%	0 / 479 = 0.0%
Alaska Native/ American Indian	221	0.3%	1	0.4%	1 / 221 = 0.5%
Asian/ Pacific Islander	2,316	3.6%	2	0.7%	2 / 2,316 = 0.1%
White	19,785	30.8%	63	23.6%	63 / 19,785 = 0.3%
Latino	39,241	61.1%	186	69.7%	186 / 39,241 = 0.5%
Other/ Unknown	2,167	3.4%	15	5.6%	15 / 2,167 = 0.7%
Total	64,209	100.0%	267	100.0%	267 / 64,209 = 0.4%
Language Distribution					
English	-	-	240	89.9%	-
Spanish	-	-	24	9.0%	-
Other/ Unknown	-	-	3	1.1%	-
Total	-	-	267	100.0%	-
Gender Distribution					
Male	31,941	49.7%	185	69.3%	185 / 31,941 = 0.6%
Female	32,268	50.3%	82	30.7%	82 / 32,268 = 0.3%
Total	64,209	100.0%	267	100.0%	267 / 64,209 = 0.4%

10. Analysis of disparities identified in Substance Use Disorder services

Figure 6 data also shows that 77.5% of SUD clients are adults, compared to 45.8% in the population, and 17.2% are TAY compared to 13.7% in the population. There are 69.7% of SUD clients who identify as Latino compared to 61.1% of the population. There are 23.6% of clients who identify as White compared to 30.8% of the population. There are 69.3% of clients who identify as male compared to 49.7% of the population, while 30.7% of clients identify as female, compared to 50.3% of the population.

The penetration rate for Latino is 0.5%, which is higher than the 0.3% penetration rate for White. The other Race/Ethnicity groups have very small numbers, so this data cannot be accurately analyzed. The penetration rate for clients who identify as male is 0.6%, which is higher than the 0.3% who identify as female.

In summary, the highest prevalence of clients who received SUD services are between ages 15 and 59, identify as Latino, and are male. This data helps shape services to ensure they are engaging and relevant for youth and adults, males, and culturally relevant to the Latino community, including being available in both English and Spanish.

11. Drug Medi-Cal population

In FY 2022/23, 221 clients accessed SUD services out of the 18,343 Medi-Cal eligibles (Figure 7). A penetration rate of 1.2% was calculated from this data, showing the percentage of Medi-Cal eligible persons that received SUD services in FY 2022/23. This data is shown by age, race/ethnicity, and gender.

There were 221 Medi-Cal clients who received one or more SUD services in FY 2022/23. Of these individuals, 5.4% were children ages 0-17 (N=12); 13.6% were TAY ages 18-24 (N=30); 79.2% were adults ages 25-64 (N=175); and 1.8% were older adults ages 60 and older (N=4). Of the Medi-Cal clients who received SUD services, 25.8% identify as White (N=57) and 67.9% identify as Latino (N=150). All other race/ethnic groups represented a small number of individuals. There are 66.1% of clients who identify as male, compared to 33.9% who identify as female.

Figure 7
San Benito County Medi-Cal Substance Use Disorder Services Penetration Rates
By Age, Race/Ethnicity, and Gender

(Medi-Cal Eligible Source: Kings View Penetration Report FY 2021/2022)

	San Benito County Average Number of Eligibles		Number of Medi-Cal Substance Use Clients Served FY 2022-2023		SUD Medi-Cal Penetration Rate FY 2022-2023
Age Group					
Children	6,472	35.3%	12	5.4%	12 / 6,472 = 0.2%
Transition Age Youth	2,151	11.7%	30	13.6%	30 / 2,151 = 1.4%
Adults	8,194	44.7%	175	79.2%	175 / 8,194 = 2.1%
Older Adults	1,526	8.3%	4	1.8%	4 / 1,526 = 0.3%
Total	18,343	100.0%	221	100.0%	221 / 18,343 = 1.2%
Race/Ethnicity					
Black	63	0.3%	-	0.0%	0 / 63 = 0.0%
Alaska Native/ American Indian	32	0.2%	1	0.5%	1 / 32 = 3.1%
Asian/ Pacific Islander	320	1.7%	2	0.9%	2 / 320 = 0.6%
White	2,536	13.8%	57	25.8%	57 / 2,536 = 2.2%
Latino	13,901	75.8%	150	67.9%	150 / 13,901 = 1.1%
Other/ Unknown	1,491	8.1%	11	5.0%	11 / 1,491 = 0.7%
Total	18,343	100.0%	221	100.0%	221 / 18,343 = 1.2%
Gender					
Male	8,305	45.3%	146	66.1%	146 / 8,305 = 1.8%
Female	10,038	54.7%	75	33.9%	75 / 10,038 = 0.7%
Total	18,343	100.0%	221	100.0%	221 / 18,343 = 1.2%

12. Analysis of disparities in Drug Medi-Cal clients

In FY 2022/23, there were 221 Medi-Cal beneficiaries who received SUD services. Approximately 13.8% of the beneficiary population and 25.8% of the Medi-Cal clients who received SUD services identify as White. Approximately 75.8% of the beneficiary population and 67.9% of the Medi-Cal clients who received SUD services identify Latino. All other race/ethnicity groups represented a small percentage of individuals.

The SUD Medi-Cal penetration rate is variable for each sub-population because of the small numbers in each cohort. Overall, the penetration rate shows the highest rates of access to services for adults (2.1%), and TAY (1.4%). Individuals who identify as White have a higher penetration rate (2.2%) compared to those who identify as Latino (1.1%). However, the Medi-Cal population for those who identify as Latino (N=13,901) is larger than for those who identify as White (N=2,536). Individuals who identify as male have a higher penetration rate (1.8%) compared to those who identify as female (0.7%), which is consistent for most county SUD programs.

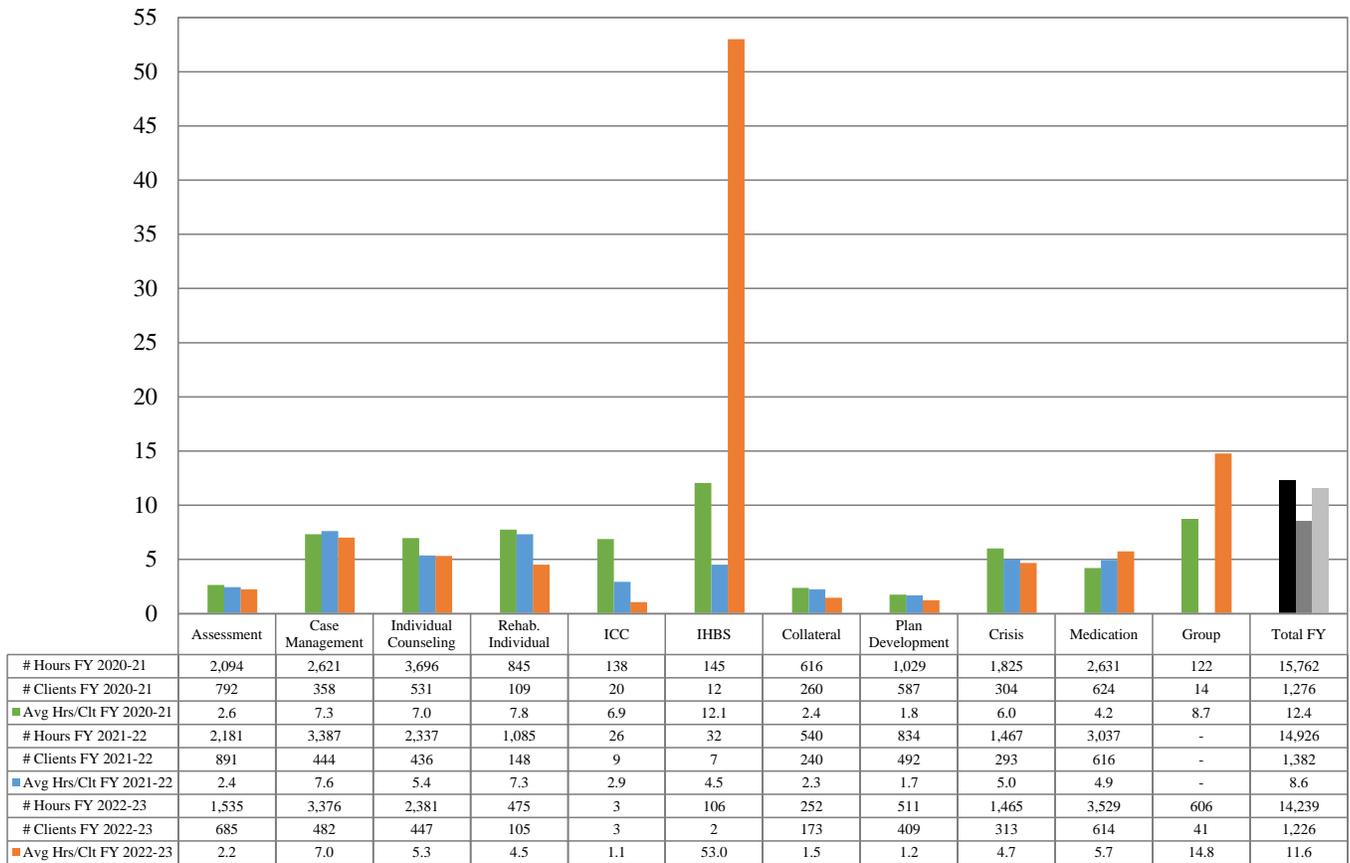
B. Utilization and Analysis of Mental Health Services

1. Utilization of Mental Health services

Figure 8 shows the total number of hours, by type of mental health service, clients, and hours per client for FY 2020/21 to FY 2022/23. This data shows that the 1,226 mental health clients received 14,239 hours of services in FY 2022/23, with an average of 11.6 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all types of services. The number of clients varies by type of service.

In FY 2022/23, each client in the year averaged 2.2 hours for assessments; 7 hours for case management; 5.3 hours for individual therapy; 4.5 hours for rehabilitation; 1.1 hours for intensive care coordination (ICC); 53 hours for intensive home-based services (IHBS); 1.5 hours for collateral; 1.2 hours for plan development; 4.7 hours for crisis intervention; 5.7 hours for medication; and 14.8 hours of group.

Figure 8
San Benito County Mental Health Services
Total Mental Health Hours, Clients, and Hours per Client per Year, by Service Type
All Mental Health Clients
FY 2020/2021 to FY 2022/2023



2. Analysis of data for Mental Health services; conclusions

This data shows a slight decrease in the number of clients between FY 2020/21 and FY 2022/23. The average number of hours per client across all service types decreased from an average of 12.4 to 11.6 hours per year.

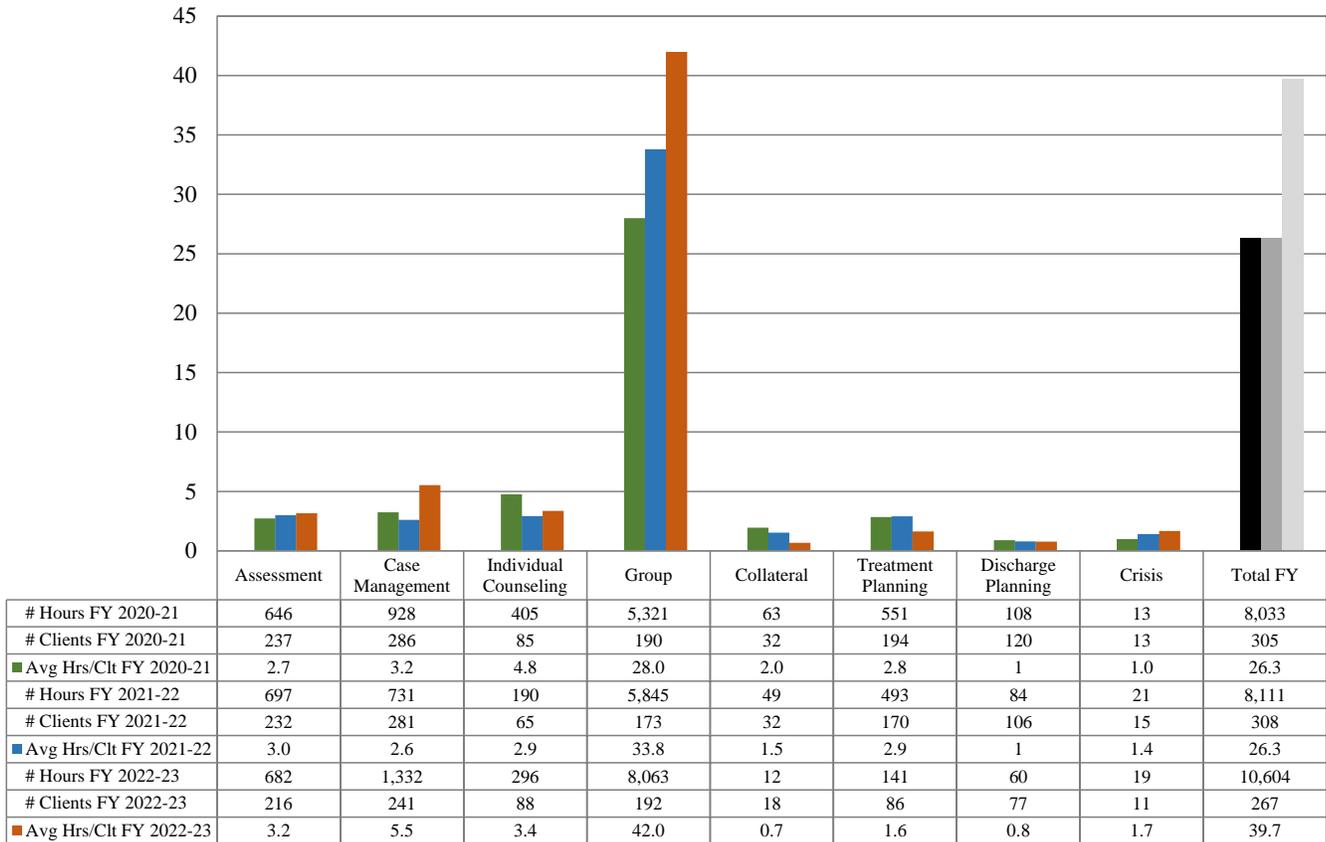
C. Utilization and Analysis of Substance Use Disorder Services

1. Utilization of Substance Use Disorder services

Figure 9 shows the total number of hours, by type of substance use treatment service, clients, and hours per client for FY 2020/21 to FY 2022/23. This data shows that the 267 substance use treatment clients received 10,604 hours of services in FY 2022/23, with an average of 39.7 hours per client. Clients can receive more than one type of service, but not all clients received all services. The number of clients varies by type of service. This data shows the total number of service hours for each type of service and the number of clients who received one or more hours of each service.

In FY 2022/23, each client in the year averaged 3.2 hours for assessments; 5.5 hours for case management; 3.4 hours for individual counseling; 42 hours for group; 0.7 hours for collateral; 1.6 hours for treatment planning; 0.8 hours for discharge planning; and 1.7 hours for crisis intervention. The majority of SUD outpatient clients received group services.

Figure 9
San Benito County Substance Use Disorder Services
Total Substance Use Hours, Clients, and Hours per Client per Year, by Service Type
All Substance Use Clients
FY 2020/2021 to FY 2022/2023



2. Analysis of data for Substance Use services; Conclusions

This data shows that there was an increase in the number of hours and the average hours of SUD services per client from FY 2020/21 to FY 2022/23 (from an average of 26.3 hours per client in FY 2020/21, to 39.7 hours per client in FY 2022/23).

The high average hours per client in group services across all three years clearly reflects the service model that is most effective for SUD services. Individuals with an SUD learn new skills from group services. These supportive groups provide a recovery and wellness focus and provide an opportunity to learn alternative, healthy behaviors to replace past SUD behaviors. Creating a strong social support network helps people choose friends who support healthy lifestyles.

IV. STAFF AND SERVICE PROVIDER ASSESSMENT

A. Staff composition

The race/ethnicity composition of staff in management and administrative positions is as follows:

- Director: White (1)
- Assistant Director: Latina (1)
- Deputy Director of Fiscal & Administrative Services: *Vacant* (1)
- Deputy Director of Clinical Services: *Vacant* (1)
- MH Clinical Supervisors: Latina (1); Latino (1)
- SUD Program Clinical Supervisor: Latina (1)
- Quality Improvement Supervisors: Asian (2), White (1)
- Administrative Services Manager: Latina (1)
- Prevention Team Manager: Latina (1)
- Community Response Team Manager; White (1)
- MHS & Training Manager: White (1)
- BH Staff Analysts: Asian (1), White (1)

B. Staff Survey and Results

In an effort to assess the cultural composition and awareness of its workforce, SBCBH asked staff to complete the Staff Ethnicity and Cultural Proficiency Survey in August 2023. The complete results are shown in Appendix A.

1. Details of Survey Respondents

- According to the survey, SBCBH has a total of 54 staff members, with 29 staff (54%) who are bilingual.
- Of the 29 staff who are bilingual, 28 (97%) are proficient in reading and/or writing in Spanish.
- Of the 29 staff who reported being bilingual, 26 (90%) act as an interpreter as part of their job function (Spanish language).
- Of the 51 staff who reported their Gender Identity, 39 were female (76%) and 12 were male (24%).
- Of the 49 staff who responded regarding lived Mental Health experience, 23 (47%) consider themselves to be a person with lived Mental Health experience, and 30 (61%) are a family member of a person with lived Mental Health experience.
- Of the 50 staff who responded regarding lived Substance Use Disorder (SUD) experience, six (6) staff reported that they are a person with lived SUD experience (12%)
- Of the 51 staff who responded regarding family SUD experience, 29 (54%) said that they are a family member of a person with lived SUD experience.

2. Staff Cultural Proficiency

The survey asked several questions about cultural proficiency and responsiveness (e.g., *I examine my own cultural background and biases [race, culture, sexual orientation] and how they may influence my behavior toward others.*)

The options for responding to the survey questions included: *Frequently; Occasionally; Rarely or Never; and Did Not Occur to Me.*

Across all respondents:

A **high** percentage of staff responded “**Frequently**” to the following questions:

- *I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs. (91% responded Frequently)*
- *I recognize that family may be defined differently by different cultures. (89% responded Frequently)*
- *I recognize that gender roles in families may vary across different cultures. (91% responded Frequently)*

The survey also contained questions about staff participation in professional development activities over the past six (6) months. A majority of survey respondents reported that they had participated in the following activities:

- *Reflected on my race/ethnicity and how it affects my work with clients (59%).*
- *Read/watched/listened to media about multi-cultural issues (63%).*
- *Learned something about a racial and/or cultural group other than my own (65%).*

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

- *Sought guidance about barriers for people living with disabilities that arose during therapy/service delivery (20%).*
- *Attended a cultural humility training seminar (17%).*
- *Attended a cultural humility event (20%).*
- *Sought consultation or supervision about multi-cultural issues (4%).*
- *Attended a training on Implicit Bias (6%).*

C. Analysis of Staff Survey Results and Targeted Interventions

Whenever possible, SBCBH continually strives to hire diverse staff who are bilingual and bicultural, to reflect the cultural diversity of our county and the people being served. Efforts to hire a number of individuals from diverse cultures, including persons with lived experience have been successful. All Teams are encouraged to ask questions, learn about different cultures, and provide feedback to each other to help understand how behavior is perceived by someone from another culture. This approach enriches all services and promotes learning as an important value to promote health and wellness for both staff and individuals receiving services.

Endeavors to identify opportunities to recruit and retain bilingual, bicultural staff is a continual process. Whenever possible, it is the departmental goal to have the employee demographics be representative of our client and community population.. Individuals in the community are encouraged to pursue careers in social work and related fields, with potential financial assistance through our MHSA Workforce Education and Training (WET) program. Each academic year, we strive to recruit for bilingual/bicultural Spanish-speaking MSW Interns from universities in the region. In FY 2021/22, we were able to award two payments for loan repayment. Unfortunately, both individuals left the program early.

The staff survey results also highlight areas for staff training development, including creating a secure environment for staff to feel safe in providing feedback when they see or experience other staff exhibiting behaviors that appear to be culturally insensitive or reflect prejudice. Additional training opportunities will be identified as the CCC reviews the results of the most recent survey. The primary barrier to meeting our goal of expanding our culturally responsive staff is our rural community, benefit package and lower salary scale than neighboring counties. As a result, it can be difficult to recruit potential staff members that meet the qualifications for the professional positions that become available. San Benito County's cultural competence needs are more complex than a need for bilingual/bicultural staff. Additional staff are also needed who are competent in other cultures as well, such as LBGTQ+, co-occurring disorders, substance use recovery, and consumer culture.

To mitigate these challenges, SBCBH incorporates discussions of delivering culturally-relevant services within our weekly staff meetings, as well as during clinical and staff supervision, and the topic has been added as a permanent agenda item. Any regional and/or state trainings offered on promoting and delivering culturally-relevant services are attended where feasible. Each client is treated as an individual; all having differing needs and cultural backgrounds. In addition to delivering services at the person's preferred location, it is understood that age, health, gender, community, and lifestyle have an important role in meeting the individual needs of each client. As client circumstances and needs change over time, staff are sensitive to evaluating and implementing services that best fit the client at any given time.

V. CULTURAL AND LINGUISTIC COMPETENCE TRAINING

Due to the vacancy of the Ethnic Services Manager position during the majority of this FY, training during the Cultural Competence Committee did not resume until late in the financial year. However, a comprehensive range of subjects are planned for the FY2023/2024 as follows:

The first table below shows the cultural competence training that was presented at Cultural Competence Committee meetings with attendance of staff, contract providers, and partner agencies from June 2023 through December 2023. The second table shows the trainings that are planned for rest of 2024.

**Cultural Competence Committee Trainings
June 2023 through December 2023**

Training Event or Title of Training	Date Conducted	Number of Participants
Why Pronouns Matter	June 2023	8
The Culture of Incarceration	July 2023	16
The Wisdom of Trauma	Oct 2023	12
Sheriff's Dept; Serving People in Crisis	Dec 2023	19

**Cultural Competence Committee Trainings
2024 Planned**

Training Event or Title of Training	Date Planned
The Complexities Of Loss And Prolonged Grief	Feb 2024
Linguistic Barriers and Interpretive Best Practice	TBD
Surviving Substance Abuse	TBD
Success Over Stigma	TBD
Suicide Prevention (focus TBD)	TBD
Gender Affirming Care	TBD

Cultural Competence trainings are completed by all staff via the Relias online training portal. From July 2022 through December 2023, staff completed the courses listed in the table below.

**All Staff Trainings – Relias Platform
July 2022 through December 2023**

Training Title	Number of Completions
Care of the LGBTQ Resident in California	1
Cultural Competence and Healthcare	22
Cultural Competence for Supervisors	1
Cultural Humility and Implicit Bias in Behavioral Health	1
DEI: Multicultural Care for the Organization	20
Diversity, Equity, and Inclusion for the Healthcare Employee	1
Effectively Communicating through an Interpreter	39
Helping Children Cope in Crisis	1
Introduction to Cultural Variations in BH for Paraprofessionals	2
Overcoming Barriers to LGBTQ+ Affirming BHS	2
Practicing Telehealth with Children	1
Sexual Orientation and Gender Identity	1
Strategies and Skills for Behavioral Health Interpreters	4
Substance Use in Military and Veteran Populations	1
Substance Use Treatment in Rural Communities	1
Substance Use Treatment with Justice Involved Individuals	1
The Role of the Behavioral Health Interpreter	9
Veterans and Mental Health Conditions	1
Working More Effectively with the LGBTQ+ Community	1
Youth / Adolescent SUD Treatment & Best Practices Guidelines	1

It is intended that all staff will participate in a number of different learning experiences to help promote person-centered care and develop culturally sensitive services to all individuals in the mental health system. Staff participate in a number of different learning opportunities that include face-to-face meetings and training, individual learning sessions online, and ongoing discussions during staff meetings, clinical team meetings and during supervision.

SBCBH has integrated cultural competence training and discussions in our staff meetings since 2013. Over this period, SBCBH staff have expanded their knowledge of different cultures and

infused this knowledge throughout rendered services. SBCBH has created a safe, learning environment where the staff members feel safe to ask questions about culture. By creating a safe environment to ask and receive feedback, each person has the opportunity to learn and expand their services to better meet the needs of the community.

The department will develop a training plan that includes a broad range of topics, strength-based services, a person's cultural perspective, and an understanding of how treatment can incorporate an individual's traditional practices.

Training will also be provided to staff that creates an understanding of the firsthand accounts and impressions of members of those living in our community that have experienced circumstances different than their own. Presentations on the use of language, how to welcome individuals, and promoting opportunities to learn from individuals with lived experience are being provided. This education will include training on children, TAY, families, family focused treatment, LGBTQ+, and navigating multiple service agencies. In addition, trauma-focused care and creating a trauma informed community has been an ongoing topic of current trainings staff have attended.

VI. PROGRAM GOALS FOR THE NEXT 3 FISCAL YEARS

Analysis of current programs and data allows SBCBH to develop specific goals and action items to improve quality of care and cultural competency. The following goals and action items are relevant for FYs 2023/24, 2024/25, and 2025/26; these goals and action items will be reviewed and updated at least annually. Goals and/or action items may be updated as new data and trends become available. SBCBH will report on each action item in the timeframe indicated.

Action Item	Description	Evidence	Status/Progress
<p>Goal 1: To provide timely access to culturally and linguistically appropriate, integrated, behavioral health services to improve access for persons and their families from various race/ethnic groups; across all ages/generations; individuals who are Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+); persons released from jail; and other diverse cultures.</p>			
1a	Provide informing materials in both English and the county's threshold language (Spanish) in our clinic and Esperanza Center. All informing materials are monitored frequently to ensure the most updated version is available at all distribution sites and on our website.	MH Services: Mental Health Services San Benito County, CA (cosb.us) SUDS: Home page - San Benito County Behavioral Health Department (sbcbh-sutp.org)	Brochures for SBCBH MH and SUD services, as well as SanBenito+, are made available to clients in the BH lobby, Esperanza Center, at all Outreach events and on our website. The MH Services brochure has recently been updated (Aug/Sept 2023).
1b	Hire diverse or bilingual staff to work in the SBCBH programs in order to provide services and information to the client and family in their preferred language and preferred cultural setting.	Interpreter training certificates of completion	SBCBH constantly strives to hire bilingual/bicultural staff. For FY 2022/23, of the 15 new hires there were 8 bilingual staff.
1c	Meet with LGBTQ+ youth and Allies to identify opportunities to expand services and support to the LGBTQ+ community and Allies.	Agendas and sign-in sheets of regular weekly business meeting between LGBTQ+ Peer Mentors and their SBCBH Supervisor, Staff Analyst	Regular outreach at local events Pride Event 2023 & 2024 Collaboration with local schools is planned for 2024.
1d	Ensure that the crisis line is culturally sensitive to all persons utilizing these services, and clients receive services in their preferred language.	SBCBH currently contract with CSS to provide the Crisis line service	Ongoing
1e	Hire clients and family members of clients, whenever possible, who are reflective of the San Benito County community, especially persons who are Latino, to help address barriers for culturally diverse populations	Organizational chart showing Peer Mentor positions	All of the MH Peer Mentors are previous or current clients. The LGBTQ+ Peer Mentors are previous or existing clients of SBCBH, but this is not a mandatory prerequisite.

Goal 2: To create a system of care where clients and staff experience cultural humility, dignity, and respect.

Action Item	Description	Evidence	Status/Progress
2a	Provide both cultural and linguistic competency trainings for SBCBH staff a minimum of once per fiscal year	Certificates of completion will be available post training.	Dr Matthew Mock will be providing an all-day Cultural Competence Training for all SBCBH Staff in early 2024. Similarly, an Interpreter training is being planned for the first quarter of 2024 for all staff.
2b	Provide trainings on topics including, but not limited to, cultural awareness, local Latino traditions, equity, diversity, relevant cultural narratives, social determinants of behavioral health, local consumer culture, recovery culture, access barriers, and sustainable partnerships.	Sign-in sheets are available for each of the sessions that have taken place since the beginning of 2023	Cultural Competence Committee meetings take place on a bi-monthly (even months) basis.

Goal 3: To deliver innovative, evidence-based, trauma-informed, wellness and recovery based, culturally relevant behavioral health services in collaboration with community-based organizations in diverse community settings to promote health and wellness.

Action Item	Description	Evidence	Status/Progress
3a	Deliver services in the least restrictive environment (e.g., home, schools, tribal community, senior center, and other rural community locations) when needed, and as appropriate.	The SBCBH PATHS leaflet indicates the delivery of services throughout San Benito school district. The SanBenito+ leaflet shows the LGBTQ+ program and the Esperanza Calendar of events demonstrate the events that occurs at the Esperanza Center.	Where possible and practicable, services are delivered at the FQHC, the Esperanza Center, and Schools as well as our Behavioral Health facility.
3b	Work closely with local schools and contract providers to engage youth and TAY in the development of strategies to prevent alcohol and drug use and intervene early in the onset of behavioral health issues	Completed forms for regular group and individual training or therapy sessions or referrals to SBCBH	PATHS is a successful collaborative program between SBCBH Case Management and Community Solutions, overseen by the SBCBH Clinical Supervisor for the Children’s System of Care Team, providing education and support to numerous SBC schools.

Goal 4: To improve access to services for culturally diverse populations and conduct outreach and education activities focused on disseminating information about behavioral health services. This will include, but not be limited to, persons from various race and ethnic cultures; persons who are monolingual other than English; all age groups; LGBTQ+ community members; and families.

Action Item	Description	Evidence	Status/Progress
4a	Provide culturally and linguistically appropriate services for Latino family members	SBCBH strives to hire staff who are bilingual to minimize the necessity for translation and inherent misinterpretation during both intake and therapy. Over half our staff are bilingual. Planned Interpreter Training event - 2024	Ongoing
4b	Develop outreach and education activities focused on providing information about mental health services for groups and organizations known to serve high numbers of Latinos (i.e., Health Foundation, churches, LULAC, etc.)	Outreach forms for Noche Familia (Apr 20, 2023) and Migrant Health Fair (June 30, 2023)	Ongoing annually
4c	SBCBH will provide bilingual quarterly community information sessions to educate residents about behavioral health and how to access services. These will be held regionally and focused on underserved communities and geographic regions. Whenever possible, community information sessions will be done in collaboration with a partner agency, community group or other trusted entity in that region or community.	Flyers to advertise the events, agendas and presentations as available. Attendance sign-in sheets	In planning stage

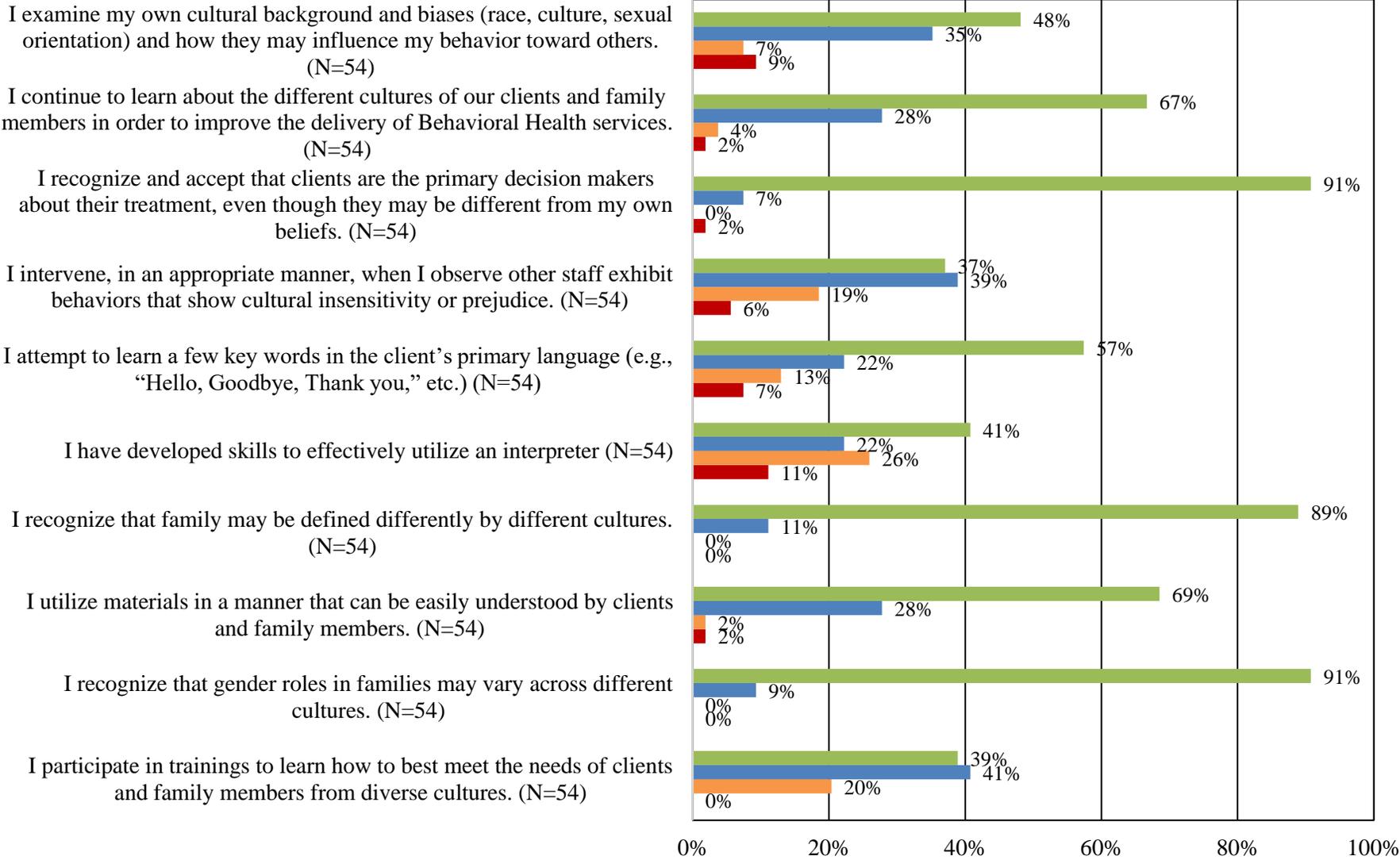
***APPENDIX A: STAFF ETHNICITY AND CULTURAL COMPETENCE
SURVEY RESULTS***

Please refer to the 2023 Staff Ethnicity and Cultural Competence Survey results on the next pages.

**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

All Respondents

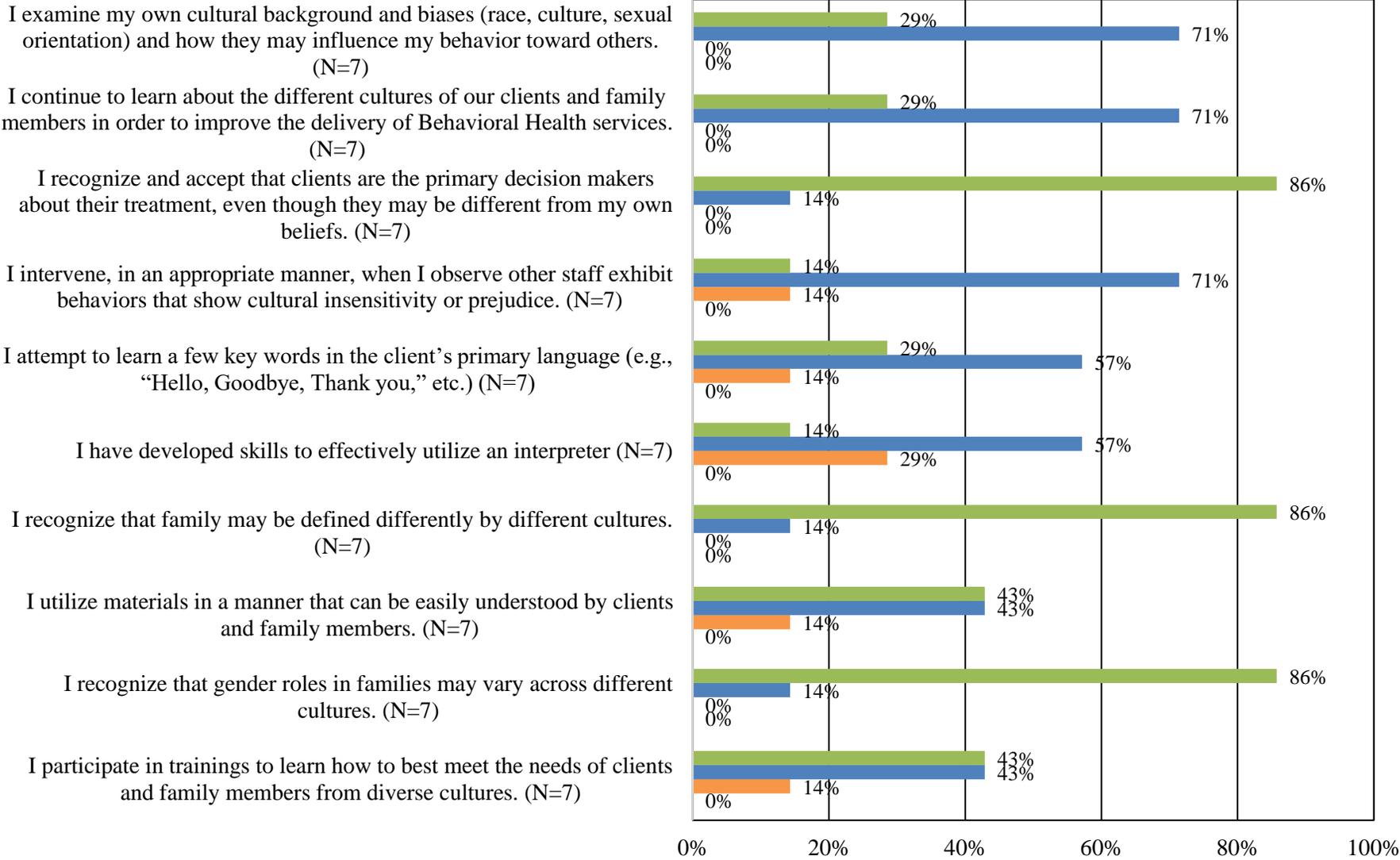
Frequently Occasionall
Rarely or Never Did Not Occur to Me



**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

White Respondents

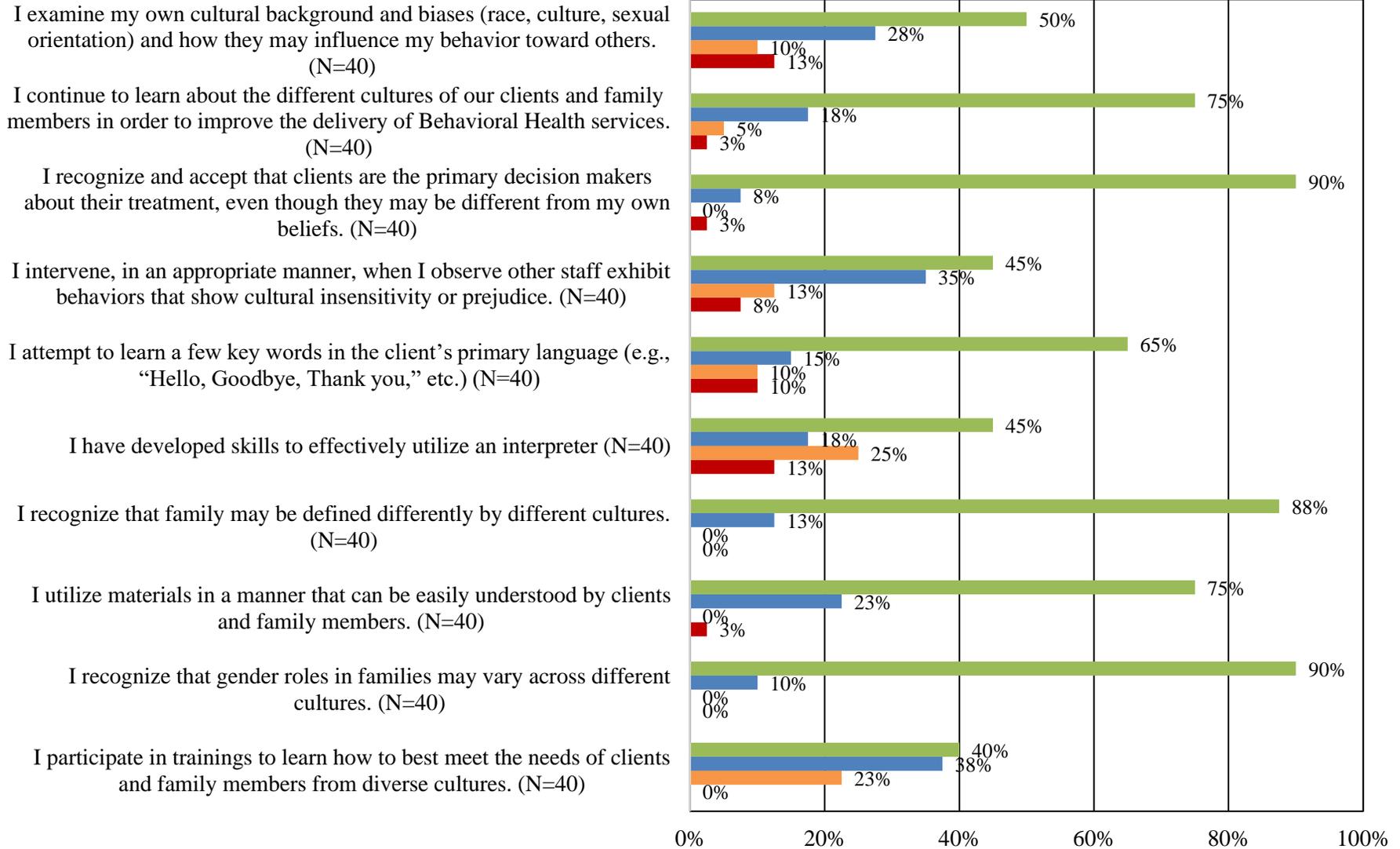
■ Frequently
■ Occasionally
■ Rarely or Never
■ Did Not Occur to Me



**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

Hispanic/Latino Respondents

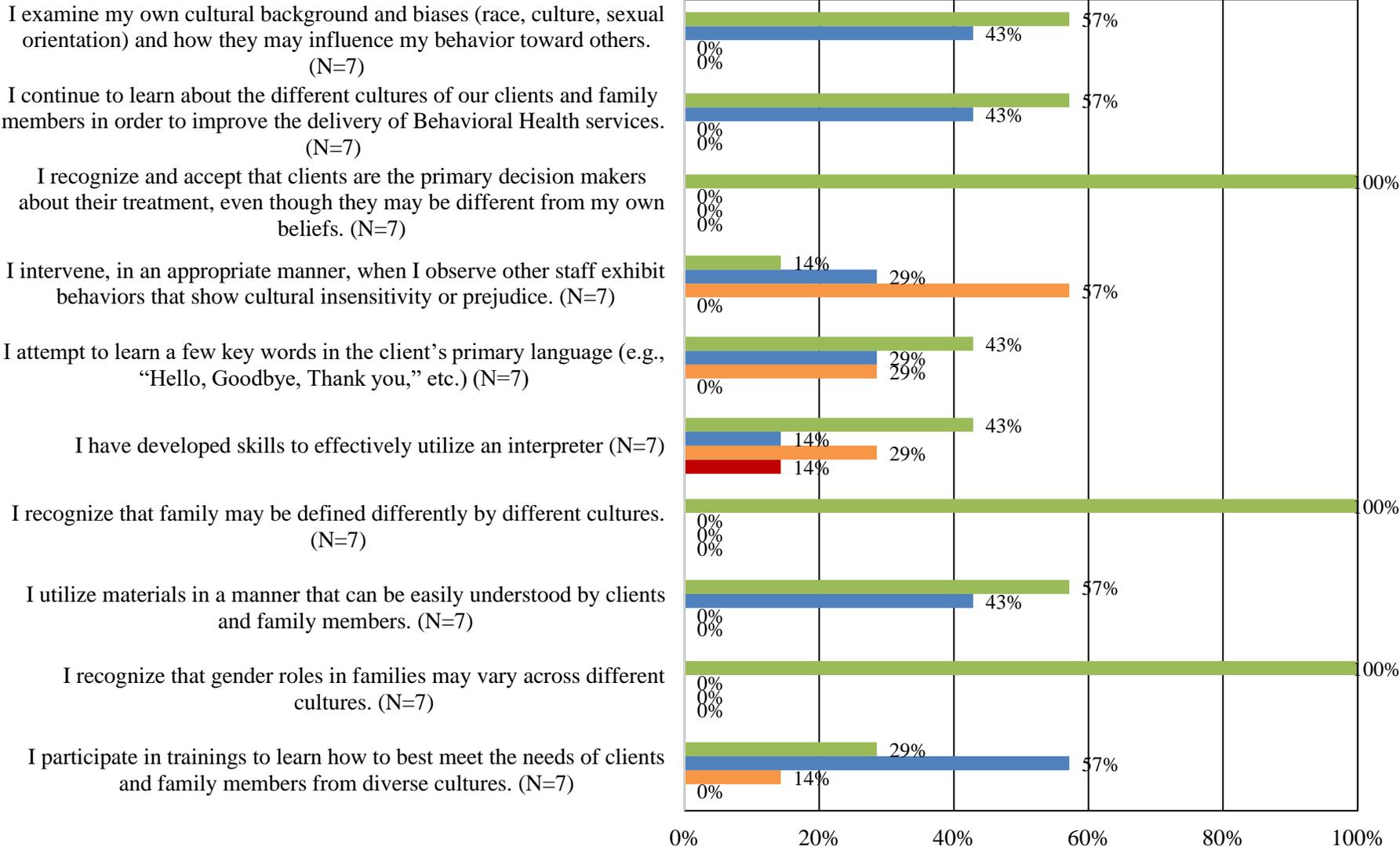
■ Frequently
■ Occasionally
■ Rarely or Never
■ Did Not Occur to Me



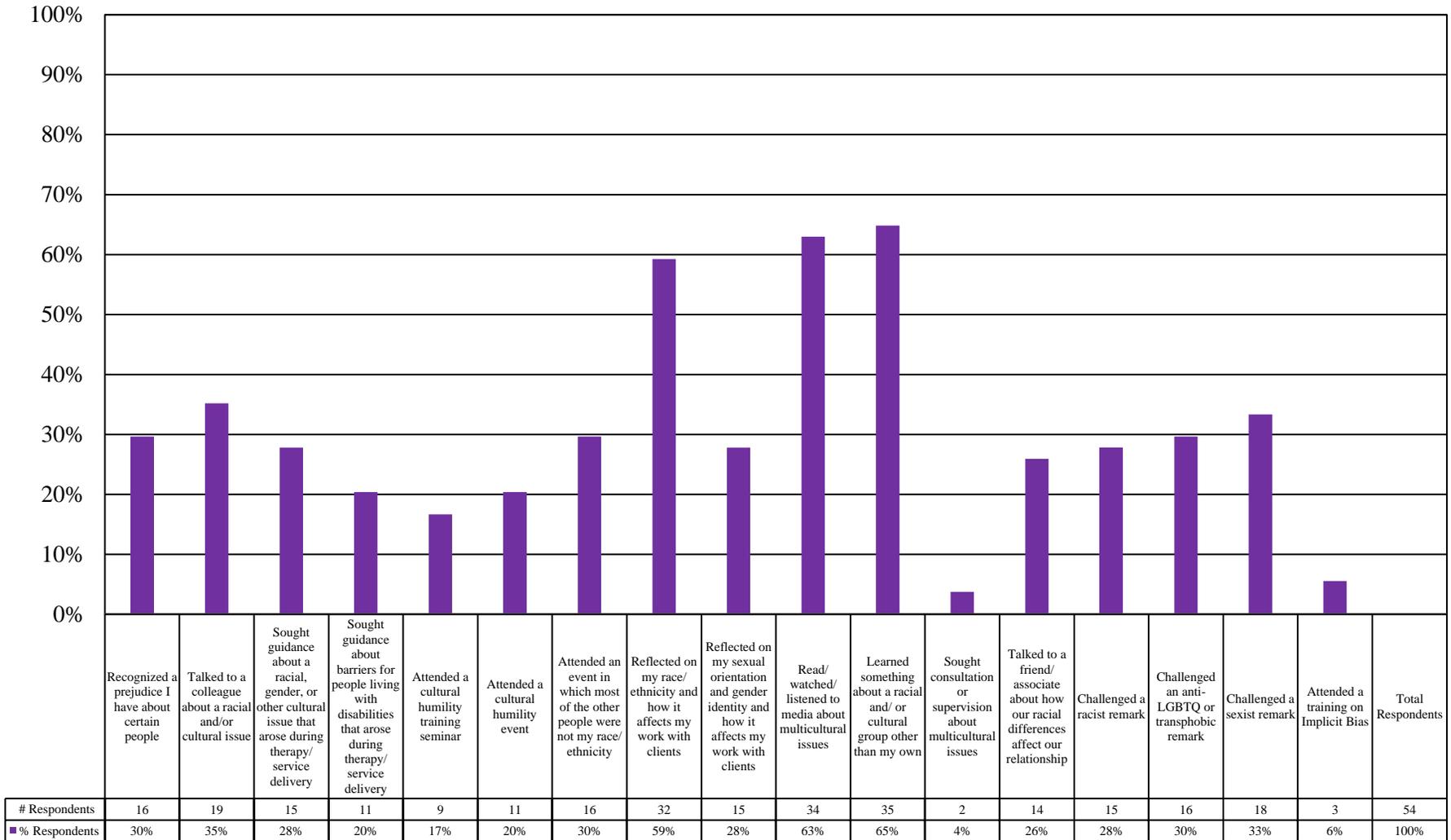
**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

All Other Ethnicity Respondents

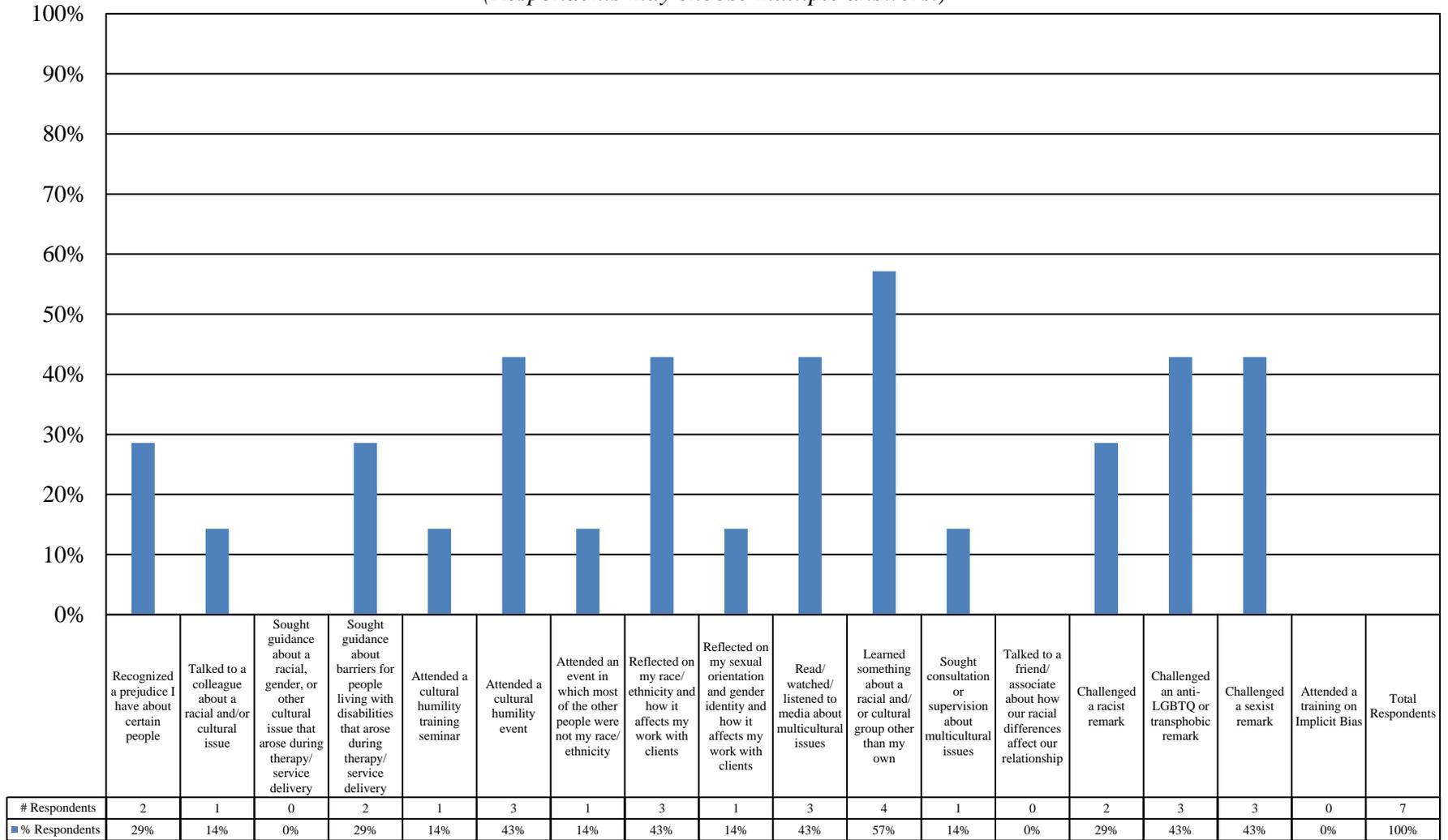
■ Frequently
■ Occasionally
■ Rarely or Never
■ Did Not Occur to Me



**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023
Participation in Professional Development Activities (Past Six Months)
All Respondents (N=54)
(Respondents may choose multiple answers.)**



**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023
Participation in Professional Development Activities (Past Six Months)
White Respondents (N=7)
(Respondents may choose multiple answers.)**



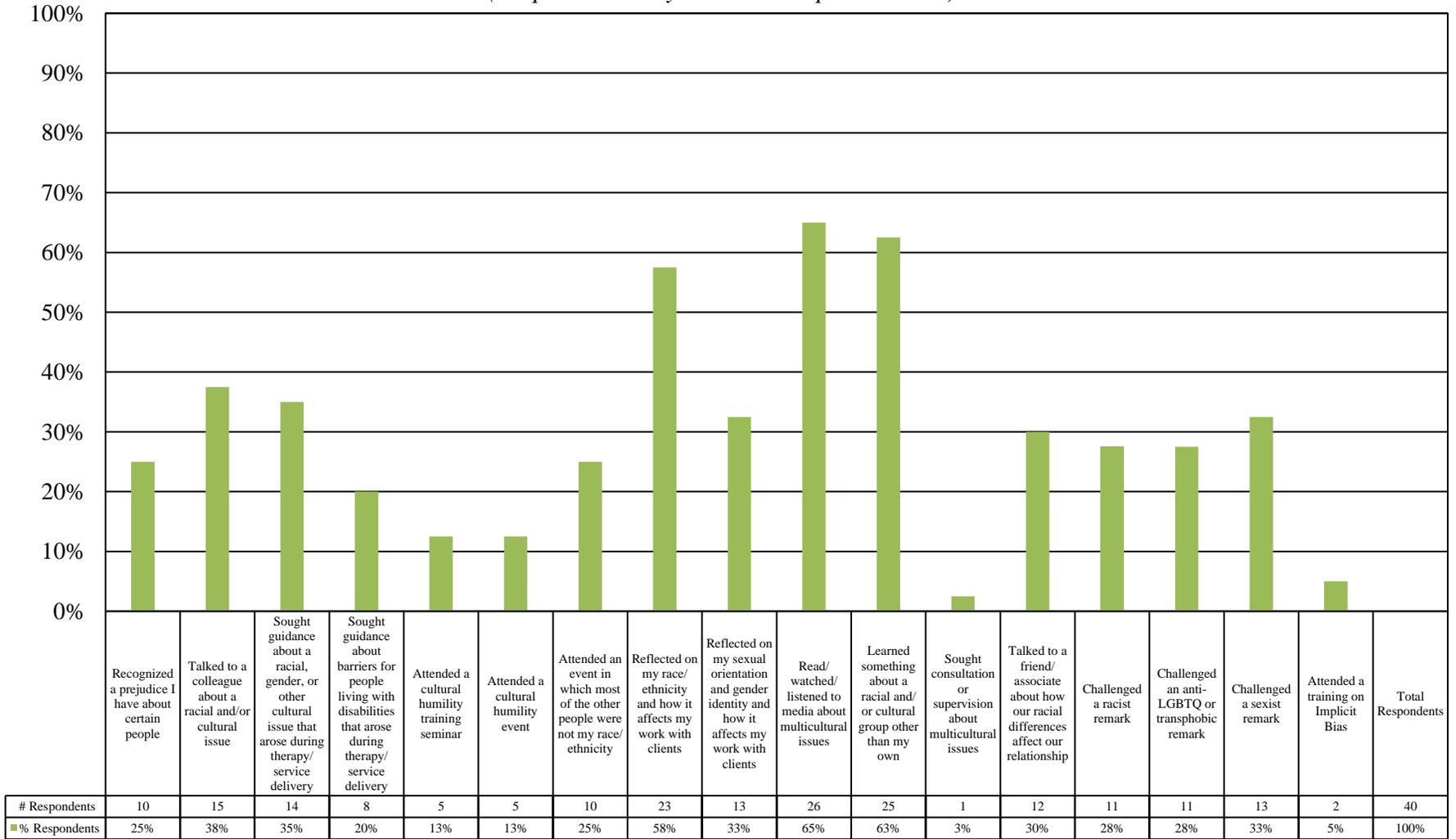
**San Benito County Behavioral Health
Staff Cultural Competence Survey**

2023

Participation in Professional Development Activities (Past Six Months)

Hispanic/Latino Respondents (N=40)

(Respondents may choose multiple answers.)



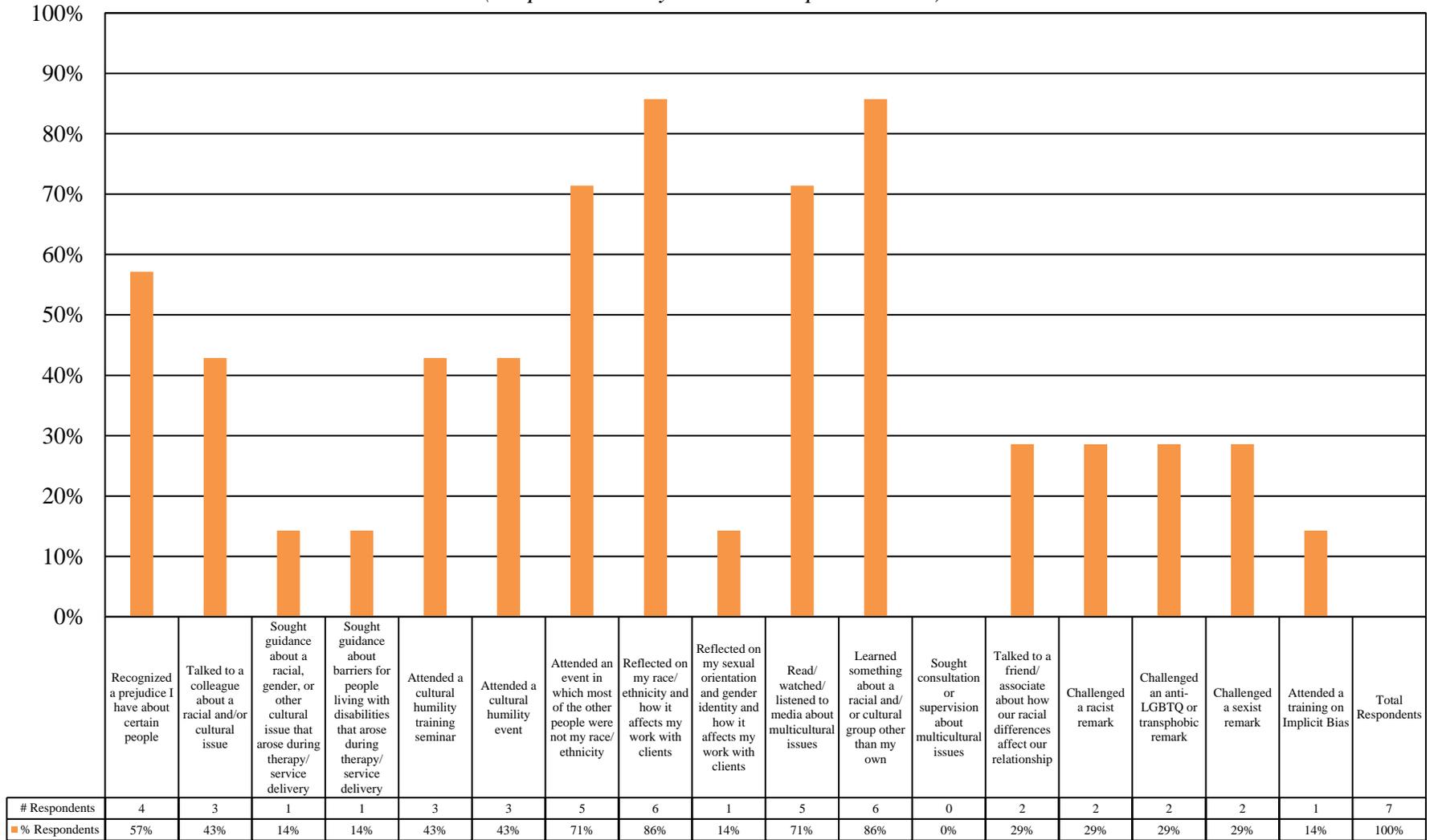
**San Benito County Behavioral Health
Staff Cultural Competence Survey**

2023

Participation in Professional Development Activities (Past Six Months)

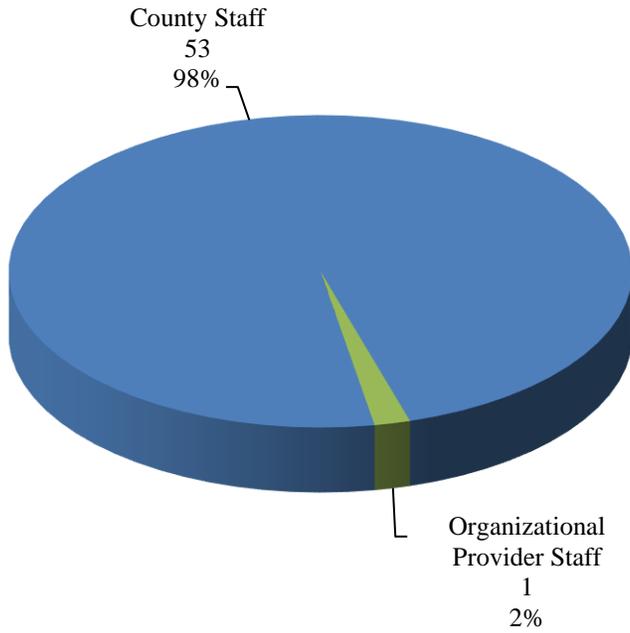
All Other Ethnicity Respondents (N=7)

(Respondents may choose multiple answers.)

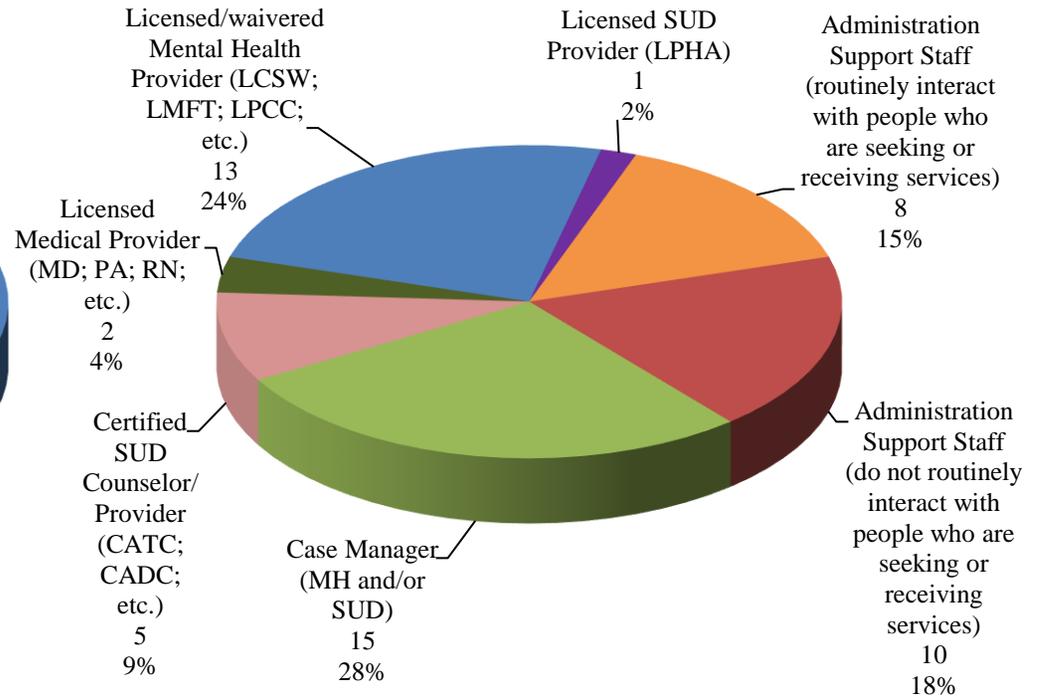


**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

Employment Status (N=54)

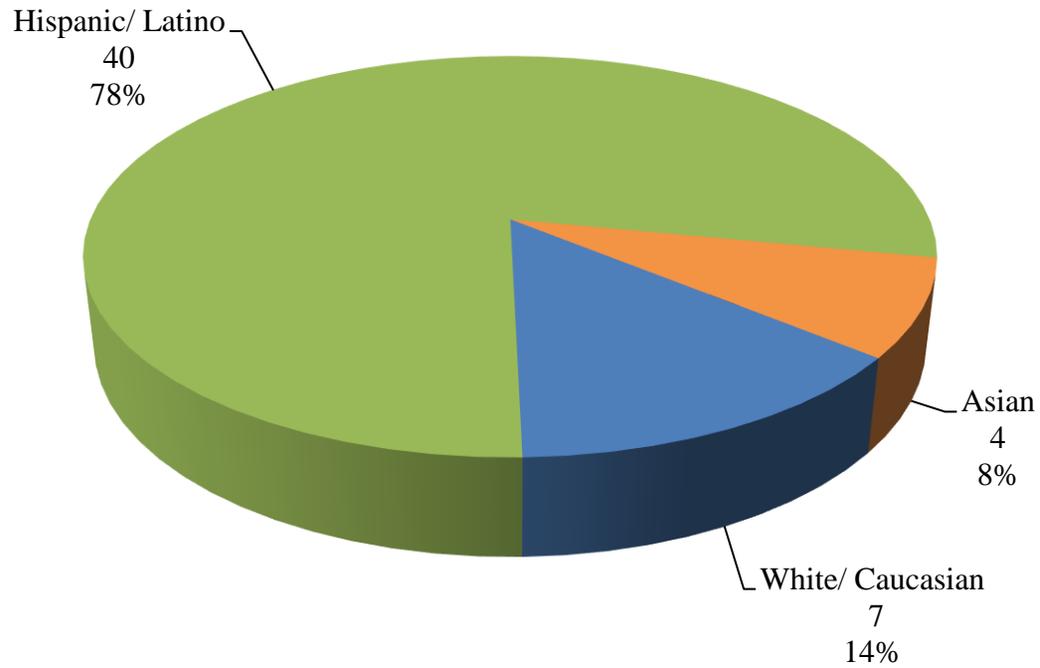


Primary Job Function (N=54)



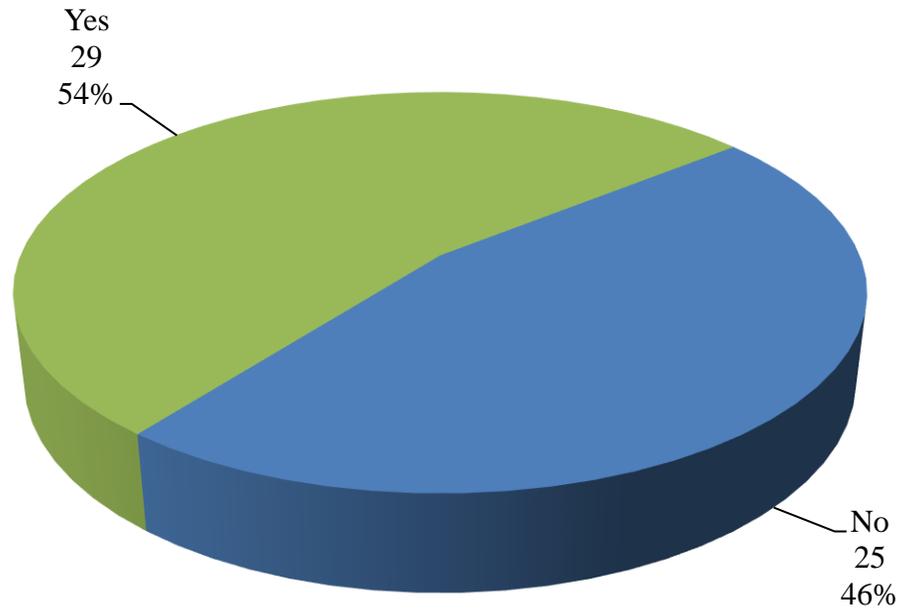
San Benito County Behavioral Health
Staff Cultural Competence Survey
2023

Race/Ethnicity (N=51)



**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

Do you consider yourself Bilingual? (N=54)



San Benito County Behavioral Health
Staff Cultural Competence Survey
 2023
If Bilingual, which language(s) do you speak? (N=29)
(Respondents may choose multiple answers.)

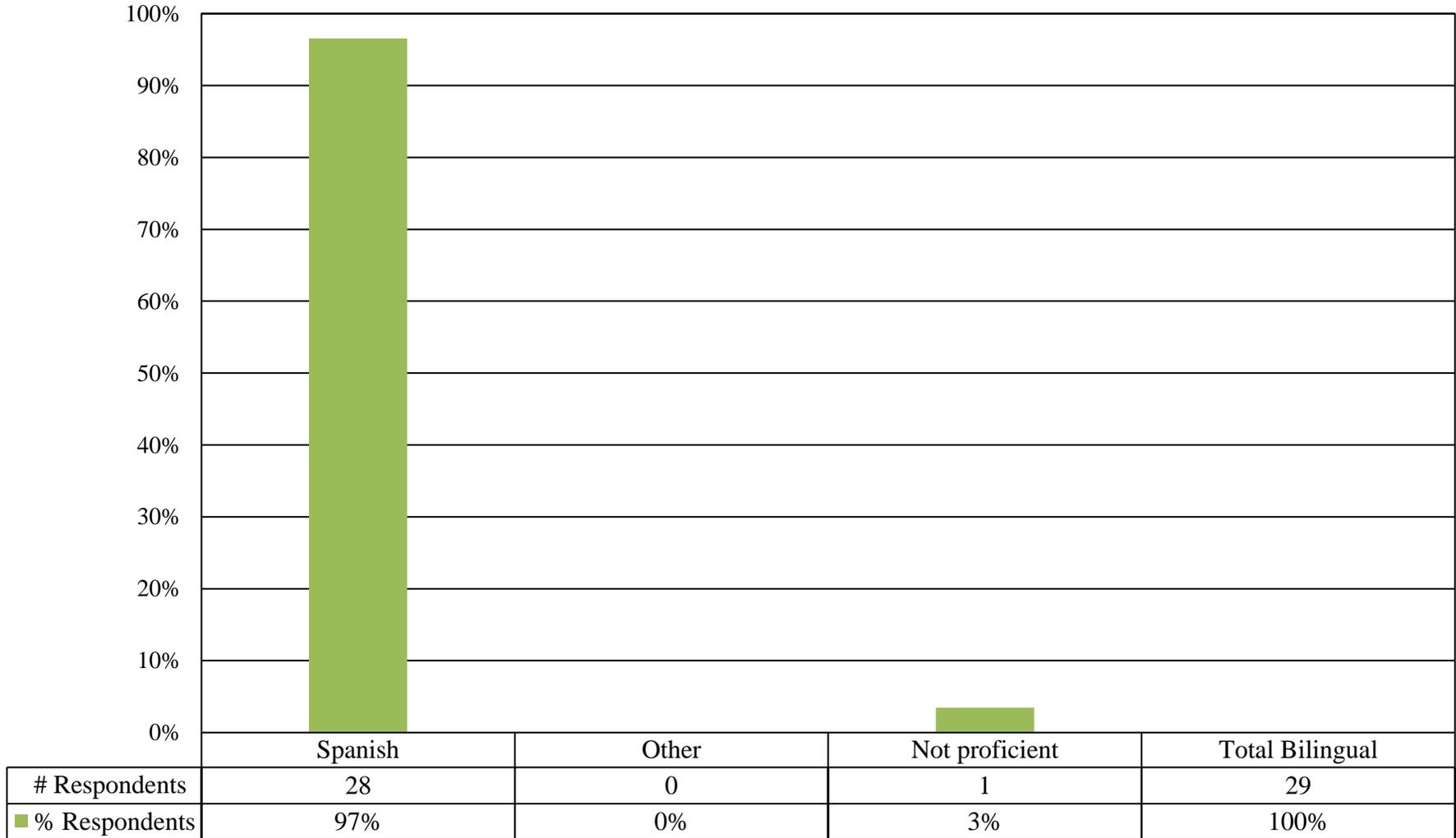


**San Benito County Behavioral Health
Staff Cultural Competence Survey**

2023

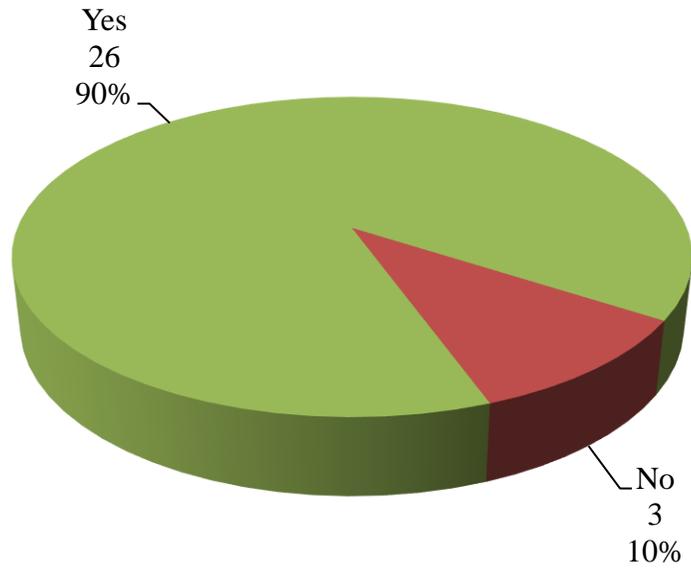
If Bilingual, which language(s) are you proficient in reading and writing? (N=29)

(Respondents may choose multiple answers.)

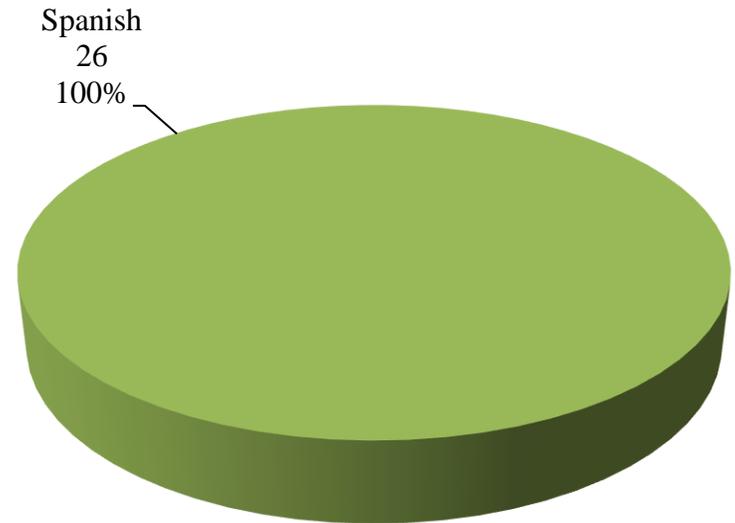


**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

Do you act as an Interpreter as part of your Job Function? (N=29)

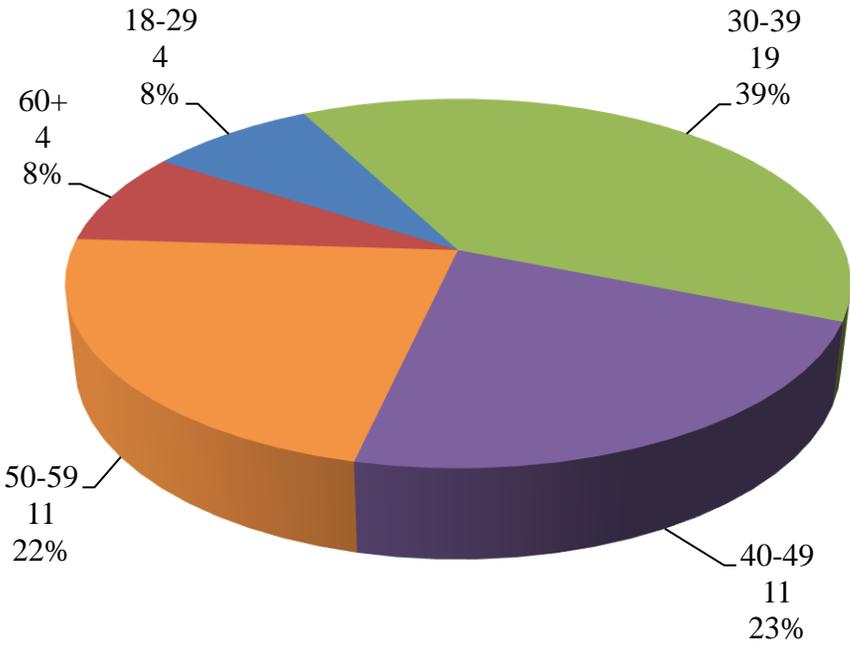


If you act as an Interpreter, which languages do you interpret? (N=26)



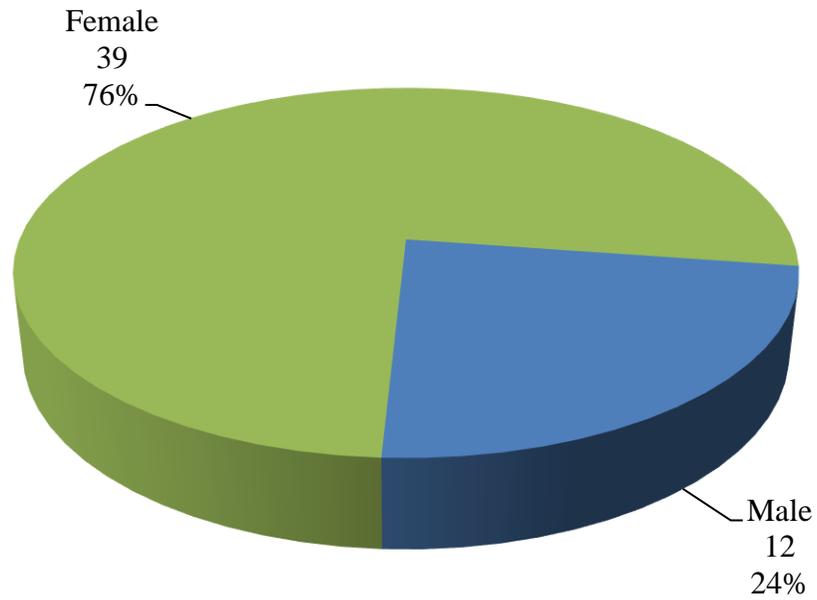
**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

Age (N=49)



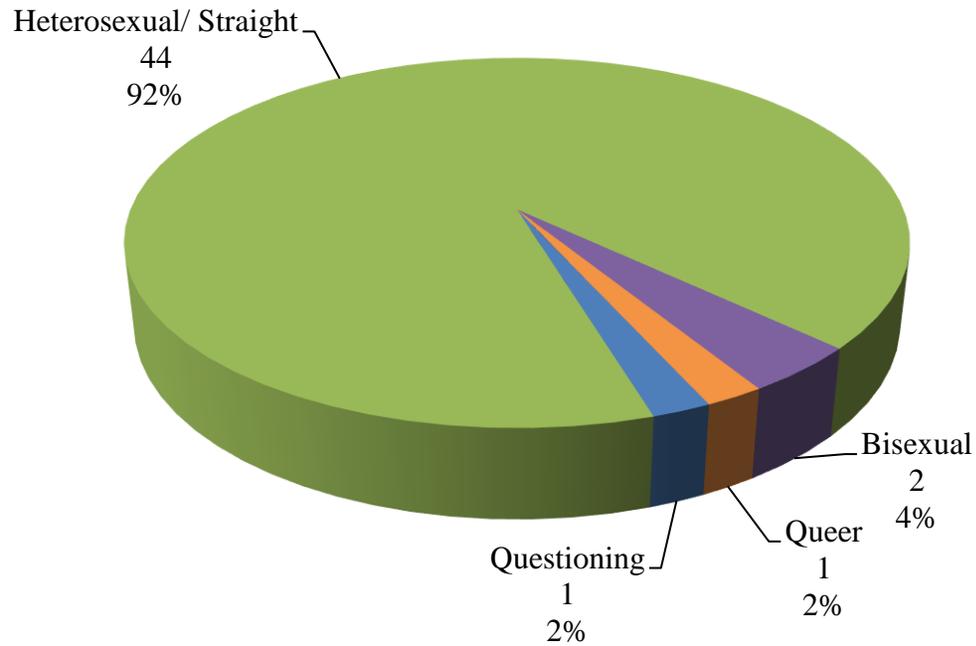
**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

Current Gender Identity (N=51)

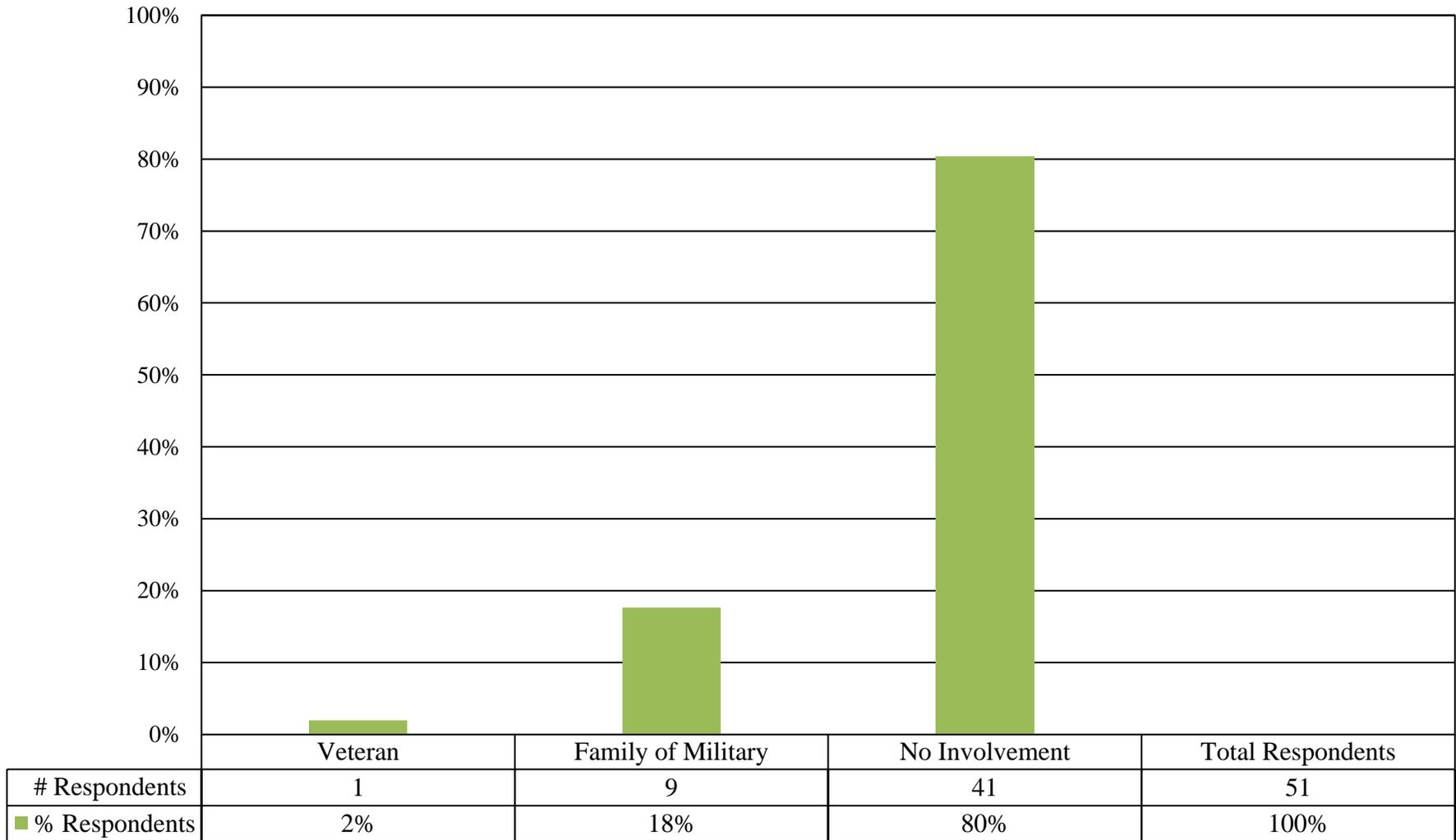


**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

Sexual Orientation (N=48)

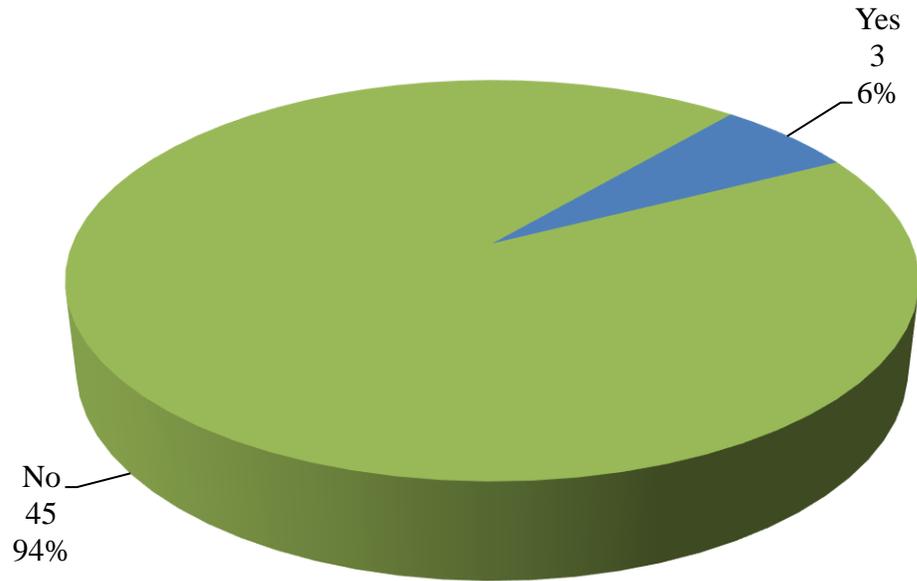


**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023
Military/Service Involvement (N=51)
(Respondents may choose multiple answers.)**



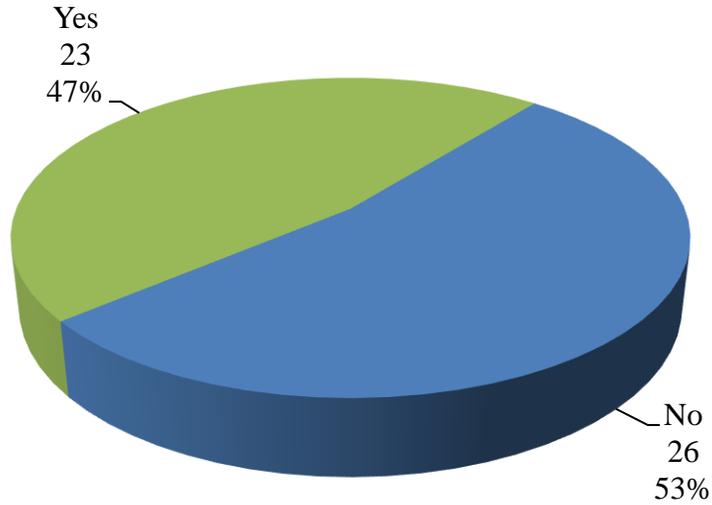
**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

Do you have a disability? (N=48)

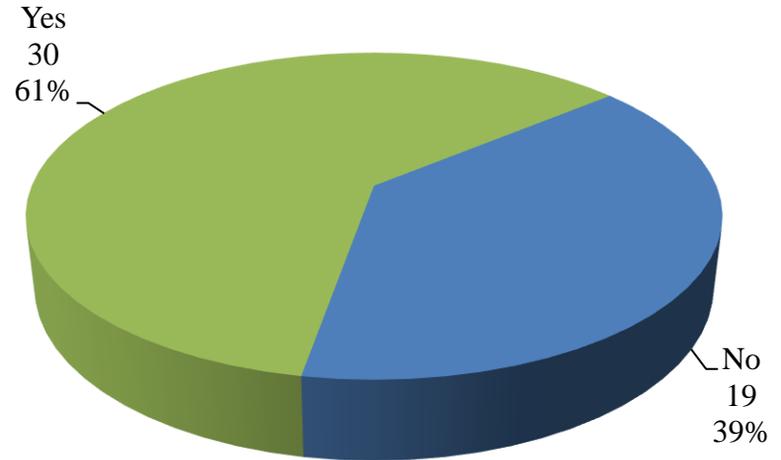


**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

Do you consider yourself to be a person with lived Mental Health experience? (N=49)

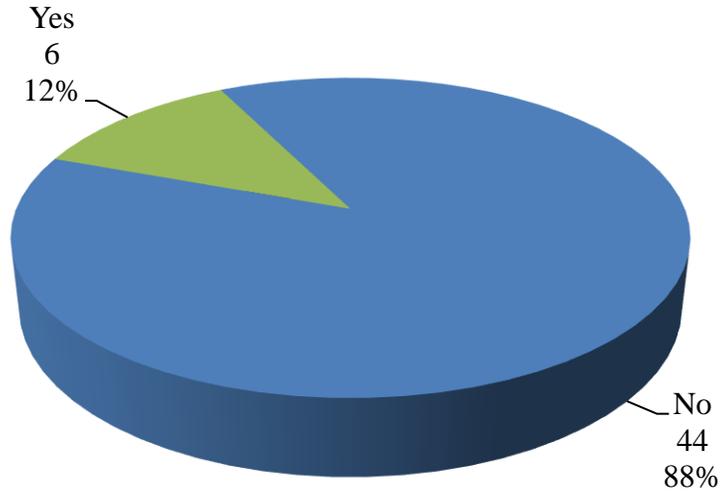


Are you a Family Member of a person with lived Mental Health experience? (N=49)



**San Benito County Behavioral Health
Staff Cultural Competence Survey
2023**

Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=50)



Are you a Family Member of a person with lived Substance Use Disorder experience? (N=51)

