



San Benito County Behavioral Health

Cultural and Linguistic Competence Plan Annual Update 2020

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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.

OVERVIEW

San Benito County Behavioral Health Services (SBCBH) strives to deliver culturally-, ethnically-, and linguistically-appropriate services to behavioral health clients and their families. We recognize 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; 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.

Developing a culturally- and linguistically-competent system requires the commitment and dedication from leadership, staff, and the community to continually strive to learn from each other. This goal also requires ongoing training and education at all staff levels. The following Cultural and Linguistic Competence Plan (CLCP) reflects the SBCBH ongoing commitment to improve services to expand access to services, quality care, and improved 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 56% of the general population being Latino. A large proportion of these individuals identify Spanish as their primary language. As a result, since 1990, SBCBH has always ensured that many of the administrative staff are bilingual and/or bicultural. 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 our child, youth, adult, and older adult service delivery systems. We discuss how diverse backgrounds influence outcomes, and the importance of understanding an individual's culture and unique perspective to better combine and understand 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. Our planning discussions have outlined 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, we are able to understand how culture shapes the choices and goals for each of our community members. As part of the planning process we discuss how to incorporate cultural leaders into our services as a support network for those receiving services with our agency. This teamwork is consistent for our System of Care, during staff and clinical team meetings. We work closely with our allied partner agencies to help promote a learning environment.

San Benito County integrates cultural activities and vision into all services. Almost all of our bilingual Spanish-speaking staff receives a small monthly stipend. We utilize the language line for persons with a primary language that is not Spanish and when an English speaker does not have access to a bilingual staff person. We also have case managers provide outreach to the migrant labor camps. We have a case manager provide outreach and services to older adults at the *Jovenes de Antaño* Senior Center in Hollister. Our contract with Youth Alliance offers mental health services and outreach to children and youth who are bilingual and bicultural. This Prevention and Early Intervention (PEI) funded program offers these evidence-based practices: Jerry Tello's *El Joven Noble*, *Xinachtli*, and *Cara y Corazón* developed to assist Latino youth and families. These programs are designed to develop skills for youth to learn how to become healthy individuals in their communities. There is also a component for families to help them support the goals of the program and mentor their children to become leaders in the Latino community.

In addition, our 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 have regularly attended the statewide Cultural Competence Summit that is held annually.

These services help to reduce racial, ethnic, cultural, and linguistic mental health disparities. However, as a small county, we do not have a specific budget allocated for each of these culturally-sensitive services. All mental health services described in this plan are allocated to mental health realignment or MHSA funding.

Cultural Competence Committee

The SBCBH Cultural Competence Committee (CCC) was implemented in 2000 when the first CLCP was developed. The CCC is comprised of Behavioral Health staff, clients, staff from other county agencies, and interested community stakeholders. The CCC meets at least quarterly and reviews data; plans activities to support the development of culturally and linguistically appropriate services; and identifies training and outreach activities. The CCC also reviews data on access, quality, and timeliness of services, by age, race/ethnicity, and gender.

I. DEMONSTRATING CULTURAL AND LINGUISTIC COMPETENCE

Copies of the following documents ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

- Mission Statement;
- Strategic Plans, including San Benito’s MHSA Plans; Implementation Plan; and Substance Use Treatment, Drug Medi-Cal Organized Delivery Services (DMC-ODS) and Prevention Plan;
- Policy and Procedure Manuals; and
- Other Key Documents.

The documents listed above are currently available at the SBCBH clinic. Copies of these documents are available on site and upon request.

A. Program Goals and Objectives

SBCBH department and staff are committed to constantly improving services to meet the needs of culturally diverse individuals seeking and receiving services. Several objectives were developed as a component of our MHSA planning, as well as being relevant to all Behavioral Health services. These goals and objectives are outlined below and provide the framework for developing this CLCP.

- 1. Goal 1:** To improve access for Latino and other race/ethnicity groups; TAY and older adults; veterans and their families; Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) individuals; persons released from jail and their families; and other cultural groups identified through Quality Improvement (QI) activities. To successfully meet this objective, we also have the objective of hiring staff, consumers, and family members who are bilingual and bicultural. This accomplishment will help remove the barriers to access for culturally-diverse populations.
 - **Objective 1a:** SBCBH will provide informing materials in the county’s threshold language (Spanish) in our clinic and Esperanza Center. In addition, SBCBH will provide all informing materials in English as well.
 - **Objective 1b:** Whenever possible, SBCBH will hire diverse or bilingual staff to work in our programs in order to provide services and information to the client and family in their preferred language and preferred cultural setting.
 - **Objective 1c:** SBCBH will ensure that the crisis line is culturally sensitive to all persons utilizing these services, and clients receive services in their preferred language.
 - **Objective 1d:** SBCBH will meet with LGBTQ youth and identify opportunities to utilize PEI funds to expand services to the LGBTQ community.
- 2. Goal 2:** To deliver services in collaboration with other community organizations and co-locate services, whenever possible. San Benito County has a Behavioral Health Department that includes both Mental Health and Substance Use Treatment Programs.

Our mental health clinic is co-located on the same campus with Health & Human Services, including Public Assistance (CalWORKS, CalFresh, Medi-Cal), Child Welfare Services and Community Workforce Development Services . This co-location makes it easy for individuals to access several different programs in one convenient location.

- **Objective 2a:** SBCBH will provide cultural and linguistic competency trainings for SBCBH staff a minimum of two (2) times per fiscal year.
 - **Objective 2b:** SBCBH will discuss and provide trainings on topics including, but not limited to, cultural humility, local Latino traditions, equity, diversity, relevant cultural narratives, social determinants of behavioral health, local consumer culture, recovery culture, access barriers, and sustainable partnerships on a monthly basis at staff or clinical team meetings.
 - **Objective 2c:** SBCBH will hire clients and family members, whenever possible, who are reflective of the San Benito County community, especially persons who are Latino, to help address barriers for culturally diverse populations.
3. **Goal 3:** To deliver services in the individual’s community. Outreach and engagement activities and ongoing outpatient services ensure that staff deliver services in the individual’s home, and offer services in diverse community settings (e.g., faith-based organizations, senior centers, schools, and other rural community locations).
- **Objective 3a:** SBCBH will 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.
 - **Objective 3b:** SBCBH will work closely with local schools (Hollister, San Juan Bautista, and Pinnacles) and Youth Alliance 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.
4. **Goal 4:** To reduce disparities in services for the Latino population, including monolingual Spanish-speaking individuals. This includes reducing disparities and continuing to improve cultural competence in our services. The MHSA services will engage and serve Latinos, with a goal that at least 50% of new clients are Latino.
- **Objective 4a:** SBCBH will increase the number of bicultural mental health staff by hiring more Latino individuals who are bilingual and bicultural, when possible. SBCBH utilizes our Master Social Worker intern program to promote placements for Latino interns, especially for those who are bilingual Spanish speaking.
 - **Objective 4b:** SBCBH will provide culturally and linguistically appropriate services for Latino family members.
 - **Objective 4c:** SBCBH will 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.).

II. DATA, ANALYSIS, AND OBJECTIVES

A. County Geographic and Socio-Economic 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 55,269 (*US Census 2010, Demographic Profile*). San Benito County's largest city is Hollister, home to approximately 34,928 residents (*US Census 2010, Demographic Profile*). San Benito County is a racially diverse county, with the third highest proportion of Latinos in the general county population relative to all other California counties. The County's population is comprised of 56.4% Latinos, 36.6% Whites, and 7% from Other race/ethnic groups.

The census estimates that 40.6% of the 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. Farm 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 services. Barriers to serving this population may include the difficulty of the system in recruiting and retaining mental 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 information access on mental illness and mental health services in a form that provides aggressive outreach to this population sector that is reluctant to initiate mental health treatment services. Improving access to this population is a priority.

2. Demographics of the county

Figure 1 shows age, race/ethnicity, and gender of the general population. For the 55,269 residents who live in San Benito County, 23.8% are children ages 0-14; 14.5% are Transition Age Youth (TAY) ages 15-24; 47.3% are adults ages 25-59; and 14.4% are older adults ages 60 years and older. The majority of persons in San Benito County are Latino (56.4%) or White (36.6%). Persons who are Asian/Pacific Islander represent 2.8% of the population. There are the same percentage of males (50.0%) and females (50.0%) in the county.

Figure 1
San Benito County Residents
By Age, Race/Ethnicity, and Gender
 (Population Source: 2010 Census)

San Benito County Population 2010 Census		
Age Distribution	Number	Percent
0 - 14 years	13,127	23.8%
15 - 24 years	8,041	14.5%
25 - 59 years	26,168	47.3%
60+ years	7,933	14.4%
Total	55,269	100.0%
Race/ Ethnicity Distribution	Number	Percent
Black	483	0.9%
Alaska Native/ American Indian	895	1.6%
Asian/ Pacific Islander	1,537	2.8%
White	20,223	36.6%
Latino	31,186	56.4%
Other/ Unknown	945	1.7%
Total	55,269	100.0%
Gender Distribution	Number	Percent
Male	27,629	50.0%
Female	27,640	50.0%
Total	55,269	100.0%

3. Socioeconomic characteristics of the county

The per capita income per year for all residents in in 2018 was \$31,475 (U.S. Census, 2014-2018 American Community Survey). In comparison, the statewide per capita income was \$35,021 for

the same timeframe. This data shows that, on average, each person in San Benito County earns approximately \$3,546 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 2018 was \$81,977, which is higher than the statewide average of \$71,228. This data shows the increase in people who work in Silicon Valley, but live in San Benito because of the affordable housing. As a result, there are two primary populations. The Latino community has lived in San Benito for generations and has an agricultural background. Many continue working in agriculture. The second community drives to Santa Clara County for work each day and makes a much higher income. They live in San Benito, which has substantially increased 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 access mental health services. Figure 2 shows the same county population data shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2019/20). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2019/20. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 1,177 people who received one or more mental health services in FY 2019/20. Of these individuals, 19.5% were children ages 0-14; 20.5% were TAY ages 15-24; 50.6% were adults ages 25-59; and 8.7% were 60 and older. Of the individuals who received mental health services, 28% were White, and 63.3% were Latino. All other race/ethnicity groups represented a small number of individuals. Most clients' primary language was English (89.3%) and 10.1% reported a primary language of Spanish. Clients with other primary languages represented a small number of individuals. More clients identified as female (55.3%) as compared to male (44.6%).

The penetration rate data shows that 2.1% of the San Benito County population received mental health services, with 1,177 individuals out of the 55,269 residents. Of these individuals, children ages 0-14 had a penetration rate of 1.7%, TAY ages 15-24 had a penetration rate of 3.0%, adults ages 25-59 had a penetration rate of 2.3%, and older adults ages 60 and older had a penetration rate of 1.4%.

For race/ethnicity, persons who identify as Black had a penetration rate of 2.1%, persons who identify as Alaskan Native/American Indian had a penetration rate of 0.7%, persons who identify as Asian/Pacific Islander had a penetration rate of 0.8%, persons who identify as White/ White had a penetration rate of 1.6%, persons who identify as Latino had a penetration rate of 2.4%, and persons who reported other or unknown race had a penetration rate of 7.8%. Males had a mental health penetration rate of 1.9%, and females had a mental health penetration rate of 2.4%.

Figure 2
San Benito County Mental Health Penetration Rates
By Age, Race/Ethnicity, Language, and Gender
(Population Source: 2010 Census)

	San Benito County Population 2010 Census		All Mental Health Clients FY 2019-20		San Benito County Population Mental Health Penetration Rate FY 2019-20
Age Distribution					
0 - 14 years	13,127	23.8%	229	19.5%	229 / 13,127 = 1.7%
15 - 24 years	8,041	14.5%	241	20.5%	241 / 8,041 = 3.0%
25 - 59 years	26,168	47.3%	596	50.6%	596 / 26,168 = 2.3%
60+ years	7,933	14.4%	111	9.4%	111 / 7,933 = 1.4%
Total	55,269	100.0%	1,177	100.0%	1,177 / 55,269 = 2.1%
Race/ Ethnicity Distribution					
Black	483	0.9%	10	0.8%	10 / 483 = 2.1%
Alaska Native/ American Indian	895	1.6%	6	0.5%	6 / 895 = 0.7%
Asian/ Pacific Islander	1,537	2.8%	13	1.1%	13 / 1,537 = 0.8%
White	20,223	36.6%	329	28.0%	329 / 20,223 = 1.6%
Latino	31,186	56.4%	745	63.3%	745 / 31,186 = 2.4%
Other/ Unknown	945	1.7%	74	6.3%	74 / 945 = 7.8%
Total	55,269	100.0%	1,177	100.0%	1,177 / 55,269 = 2.1%
Language Distribution					
English	-	-	1,051	89.3%	-
Spanish	-	-	119	10.1%	-
Other/ Unknown	-	-	7	0.6%	-
Total	-	-	1,177	100.0%	-
Gender Distribution					
Male	27,629	50.0%	525	44.6%	525 / 27,629 = 1.9%
Female	27,640	50.0%	651	55.3%	651 / 27,640 = 2.4%
Transgender	-	-	1	0.1%	-
Total	55,269	100.0%	1,177	100.0%	1,177 / 55,269 = 2.1%

5. Analysis of disparities identified in Mental Health services

The penetration rates for Alaskan Native/American Indian (0.7%), Asian/Pacific Islander (0.8%), and White/ White clients (1.6%) are lower than the total penetration rate of 2.1%, while the penetration rates for African American/Black clients (2.1%), Latino clients (2.4%), and persons who reported other or unknown race (7.8%) are equal or higher. 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 (2.4%) is greater to that of males (1.9%).

We have always ensured that our clinic is welcoming and has bilingual individuals in 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 services.

In recent years, we have a significant number of direct service staff who speak Spanish (18 FTEs) to serve monolingual clients (approximately 9% of all clients served). Our current bilingual Spanish speaking staffing adequately serves these clients. We continually recruit for bilingual, bicultural Spanish speaking staff to minimize the need for using interpreters to deliver services. Clients are much more comfortable discussing their issues in their primary language.

San Benito County’s cultural competence needs are more complex than just a need for bilingual/bicultural staff. We also need additional staff who are competent in other cultures as well, such as LBGQTQ, co-occurring disorders, substance use recovery, and consumer culture.

6. Penetration rate trends for three years

We have also analyzed our penetration rates for the past three years (see Figure 3). This data shows the number of clients by age served between FY 2017/2018 through FY 2019/20. The total number of clients decreased from 1,196 to 1,177 clients in this three-year period. The number of children and older adult clients increased during this period. The penetration rate data for TAY varied across the three years, from 3.4% to 3.6% and decreasing in 2019/20 to 3.1%.

Figure 3
San Benito County Mental Health Services
FY 2017/2018 to FY 2019/2020
Mental Health Penetration Rate, by Age

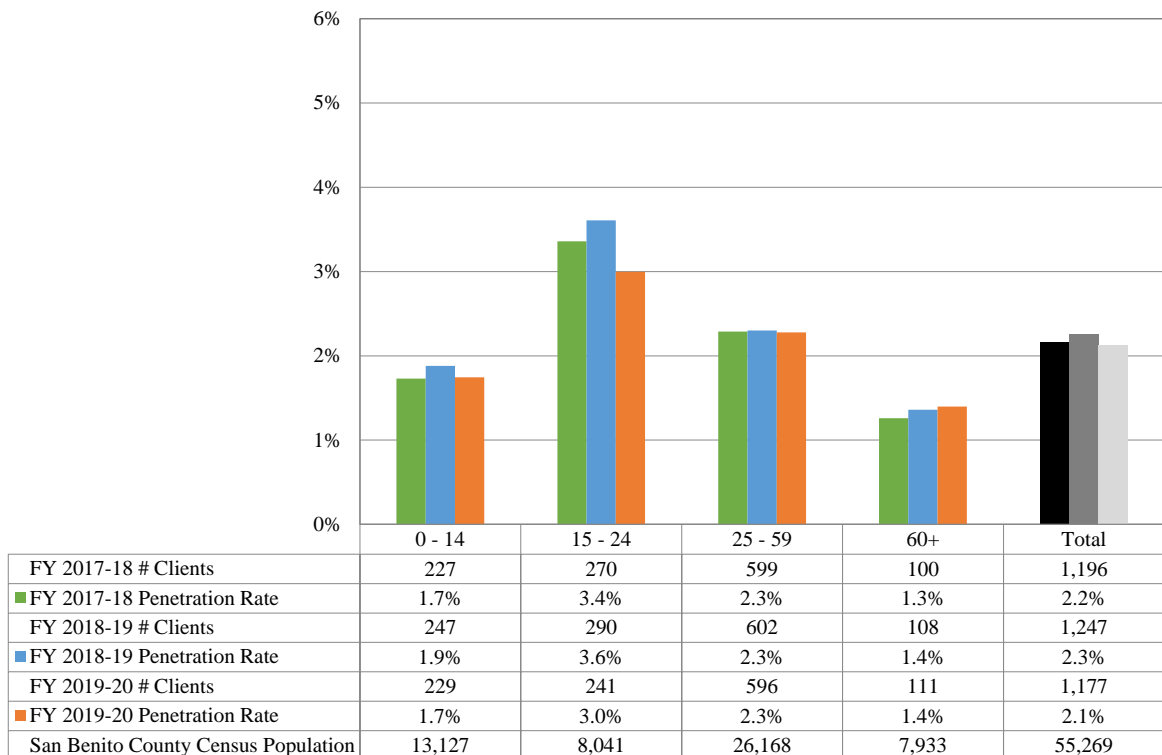
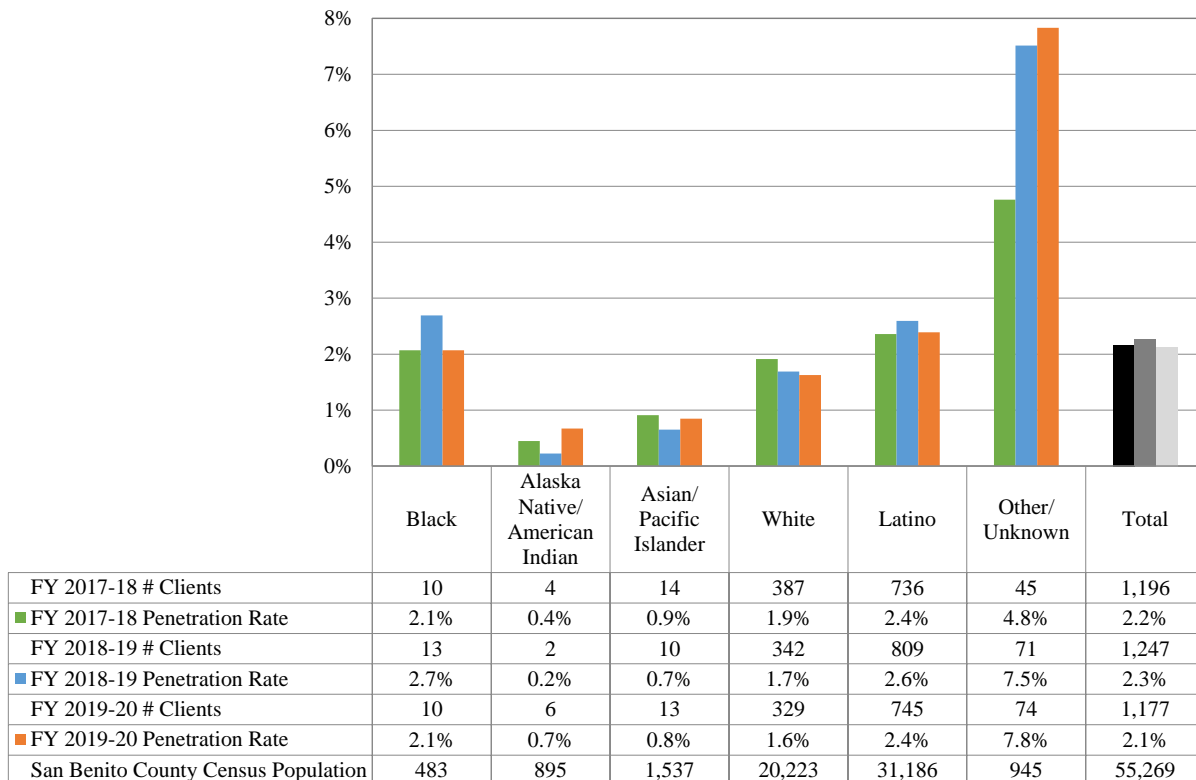


Figure 4 shows the number of clients by race/ethnicity served between FY 2017/2018 through FY 2019/20. Two racial/ethnic groups penetration rate remained stable. This includes Black clients (2.1%) and Latino clients (2.4%). American Indian/Alaskan Native clients increased (4 to 6), as did Other/Unknown (45 to 75). The number of White/White clients decreased (387 to 329), as did the number of Asian clients (14 to 13). Overall, the penetration rate shows a small decrease, 2.2% to 2.1%.

Figure 4
San Benito County Mental Health Services
FY 2017/2018 to FY 2019/2020
Mental Health Penetration Rate, by Race/Ethnicity



7. Mental Health Medi-Cal population

Figure 5 shows the percentage of Medi-Cal eligibles who accessed mental health services in FY 2019/20. 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 2019/20. This data is shown by age, race/ethnicity, and gender.

There were 980 Medi-Cal clients who received one or more mental health services in FY 2019/20. Of these individuals, 29.6% were children ages 0-17; 10.9% were TAY ages 18-24; 54.8% were adults ages 25-64; and 4.7% were older adults ages 65 and older. Of these clients, 26.8% identified as White, and 65.3% identified as Latino. All other race/ethnicity groups represented a small number of individuals. The majority of clients identified as female (56.8%) compared to males (43.2%).

The penetration rate data shows that 6.1% of the San Benito County Medi-Cal eligibles received mental health services, with 980 individuals out of the 15,942 Medi-Cal eligibles. Of these individuals, children had a penetration rate of 4.9%, TAY had a penetration rate of 5.9%, adults had a penetration rate of 7.8%, and older adults had a penetration rate of 3.5%.

For race/ethnicity, persons who identify as White had a penetration rate of 11.1%, and persons who identify as Latino had a penetration rate of 5.3%. All other race/ethnicity groups represented a small number of individuals. Clients who identified as female had a penetration rate of 6.4%, and those who identified as male had a penetration rate of 5.9%.

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 2019/2020)

	San Benito County Average Number of Eligibles FY 2019-20		Number of Medi-Cal Mental Health Clients Served FY 2019-20		MH Medi-Cal Penetration Rate FY 2019-20
Age Group					
Children	5,926	37.2%	290	29.6%	290 / 5,926 = 4.9%
Transition Age Youth	1,820	11.4%	107	10.9%	107 / 1,820 = 5.9%
Adults	6,866	43.1%	537	54.8%	537 / 6,866 = 7.8%
Older Adults	1,330	8.3%	46	4.7%	46 / 1,330 = 3.5%
Total	15,942	100.0%	980	100.0%	980 / 15,942 = 6.1%
Race/Ethnicity					
Black	55	0.3%	9	0.9%	9 / 55 = 16.4%
Alaska Native/ American Indian	25	0.2%	6	0.6%	6 / 25 = 24.0%
Asian/ Pacific Islander	279	1.8%	10	1.0%	10 / 279 = 3.6%
White	2,359	14.8%	263	26.8%	263 / 2,359 = 11.1%
Latino	12,068	75.7%	640	65.3%	640 / 12,068 = 5.3%
Other/ Unknown	1,156	7.3%	52	5.3%	52 / 1,156 = 4.5%
Total	15,942	100.0%	980	100.0%	980 / 15,942 = 6.1%
Gender					
Male	7,180	45.0%	423	43.2%	423 / 7,180 = 5.9%
Female	8,762	55.0%	557	56.8%	557 / 8,762 = 6.4%
Total	15,942	100.0%	980	100.0%	980 / 15,942 = 6.1%

8. Analysis of disparities identified in Medi-Cal clients

The penetration rate data is very interesting. Across age groups, the penetration rate for adults (7.8%) is higher than the total penetration rate (6.2%). Older adults have the lowest penetration rate (3.5%), with only 46 older adults served.

The number of Medi-Cal eligibles in each race/ethnicity category varies greatly. For White, there were 2,359 eligibles, and 263 served, for a penetration rate of 11.1%. For Latinos, there were 12,068 eligibles, and 640 served, for a penetration rate of 5.3%. This data shows that less than 6% of Latino eligibles received services. This population often works 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. 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 (2010 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2019/20). From this data, a penetration rate was calculated, showing the percent of persons in the population that received SUD services in FY 2019/20. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

As expected, the proportion of persons receiving SUD services shows a different proportion of individuals by age. There were 265 people who received one or more SUD services in FY 2019/20. Of these individuals, 2.3% were children ages 0-14; 21.5% were TAY ages 15-24; 75.1% were adults ages 25-59; and 1.1% were 60 and older. Of the SUD clients, 17.4% identify as White and 75.5% identify as Latino. All other race/ethnicity groups represented a small number of individuals. The majority of SUD clients reported English as their primary language (90.6%) and 7.9% of clients reported their primary language as Spanish. The majority of SUD clients identify as male (71.7%) as compared to females (28.3%).

The penetration rate data shows that 0.5% of the San Benito County population received SUD treatment services. Of these individuals, children ages 0-14 had a penetration rate of 0.0%, TAY ages 15-24 had a penetration rate of 0.7%, adults ages 25-59 had a penetration rate of 0.8%, and older adults ages 60 and older had a penetration rate of 0.0%.

For race/ethnicity, individuals who identify as White had a penetration rate of 0.2% and those who identify as Latino had a penetration rate of 0.6%. All other race/ethnicity groups represented a small number of individuals. Clients who identify as male had a penetration rate of 0.7%, 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: 2010 Census)

	San Benito County Population 2010 Census		All Substance Use Clients FY 2019-20		San Benito County Population Substance Use Penetration Rate FY 2019-20
Age Distribution					
0 - 14 years	13,127	23.8%	6	2.3%	6 / 13,127 = 0.0%
15 - 24 years	8,041	14.5%	57	21.5%	57 / 8,041 = 0.7%
25 - 59 years	26,168	47.3%	199	75.1%	199 / 26,168 = 0.8%
60+ years	7,933	14.4%	3	1.1%	3 / 7,933 = 0.0%
Total	55,269	100.0%	265	100.0%	265 / 55,269 = 0.5%
Race/Ethnicity Distribution					
Black	483	0.9%	4	1.5%	4 / 483 = 0.8%
Alaska Native/ American Indian	895	1.6%	2	0.8%	2 / 895 = 0.2%
Asian/ Pacific Islander	1,537	2.8%	2	0.8%	2 / 1,537 = 0.1%
White	20,223	36.6%	46	17.4%	46 / 20,223 = 0.2%
Latino	31,186	56.4%	200	75.5%	200 / 31,186 = 0.6%
Other/ Unknown	945	1.7%	11	4.2%	11 / 945 = 1.2%
Total	55,269	100.0%	265	100.0%	265 / 55,269 = 0.5%
Language Distribution					
English	-	-	240	90.6%	-
Spanish	-	-	21	7.9%	-
Other/ Unknown	-	-	4	1.5%	-
Total	-	-	265	100.0%	-
Gender Distribution					
Male	27,629	50.0%	190	71.7%	190 / 27,629 = 0.7%
Female	27,640	50.0%	75	28.3%	75 / 27,640 = 0.3%
Total	55,269	100.0%	265	100.0%	265 / 55,269 = 0.5%

10. Analysis of disparities identified in Substance Use Disorder services

Figure 6 data also shows that the majority of SUD clients are adults (75.1% compared to the population of 47.3%) and TAY (21.5% compared to 14.5% in the population). There are also a higher proportion of SUD clients who identify as Latino (75.5% compared to 56.4% of the population). There is a lower proportion of clients who identify as White (17.4% compared to 36.6% of the population). There is a higher proportion of clients who identify as male (71.7% compared to 50.0% of the population). There is a lower proportion of clients who identify as female (28.3% compared to 50.0% of the population).

The penetration rate for Latino (0.6%) is higher than the penetration rate for White (0.2%). 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 (0.7%) is higher than those who identify as female (0.3%).

In summary, the highest prevalence of clients who received SUD services are between ages 1 and 59, identify as Latino, and 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

Figure 7 shows the percentage of Medi-Cal eligibles who accessed SUD services in FY 2019/20. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal Eligible that received SUD services in FY 2019/20. This data is shown by age, race/ethnicity, and gender.

There were 193 Medi-Cal clients who received one or more SUD service in FY 2019/20. Of these individuals, 12.4% were children ages 0-17; 8.8% were TAY ages 18-24; 78.2% were adults ages 25-64; and 0.5% were older adults ages 65 and older. Of the Medi-Cal clients who received SUD services, 18.1% identify as White and 74.6% identify as Latino. All other race/ethnicity groups represented a small number of individuals. The majority of clients identify as male (67.9%) compared to those who identify as female (32.1%).

The penetration rate data shows that 1.2% of the San Benito County Medi-Cal eligibles received SUD services, with 193 individuals out of the 16,861 Medi-Cal eligibles. Of these individuals, children had a penetration rate of 0.4%, TAY had a penetration rate of 0.9%, adults had a penetration rate of 2.2%, and older adults had a penetration rate of 0.1%.

Individuals who identify as White had a penetration rate of 1.5%, and those who identify as Latino had a penetration rate of 1.2%. All other race/ethnicity groups represented a small number of individuals. Individuals who identify as male had a penetration rate of 1.8% and those who identify as female had a penetration rate of 0.7%.

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 2019/2020)

	San Benito County Average Number of Eligibles FY 2019-20		Number of Medi-Cal Substance Use Clients Served FY 2019-20		SUD Medi-Cal Penetration Rate FY 2019-20
Age Group					
Children	5,926	37.2%	24	12.4%	24 / 5,926 = 0.4%
Transition Age Youth	1,820	11.4%	17	8.8%	17 / 1,820 = 0.9%
Adults	6,866	43.1%	151	78.2%	151 / 6,866 = 2.2%
Older Adults	1,330	8.3%	1	0.5%	1 / 1,330 = 0.1%
Total	15,942	100.0%	193	100.0%	193 / 15,942 = 1.2%
Race/Ethnicity					
Black	55	0.3%	2	1.0%	2 / 55 = 3.6%
Alaska Native/ American Indian	25	0.2%	2	1.0%	2 / 25 = 8.0%
Asian/ Pacific Islander	279	1.8%	2	1.0%	2 / 279 = 0.7%
White	2,359	14.8%	35	18.1%	35 / 2,359 = 1.5%
Latino	12,068	75.7%	144	74.6%	144 / 12,068 = 1.2%
Other/ Unknown	1,156	7.3%	8	4.1%	8 / 1,156 = 0.7%
Total	15,942	100.0%	193	100.0%	193 / 15,942 = 1.2%
Gender					
Male	7,180	45.0%	131	67.9%	131 / 7,180 = 1.8%
Female	8,762	55.0%	62	32.1%	62 / 8,762 = 0.7%
Total	15,942	100.0%	193	100.0%	193 / 15,942 = 1.2%

12. Analysis of disparities in Drug Medi-Cal clients

In FY 2019/20, there were 193 Medi-Cal beneficiaries who received SUD services. Approximately 14.8% of the beneficiary population and 18.1% of the Medi-Cal clients who received SUD services identify as White. Approximately 75.7% of the beneficiary population and 74.6% 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 (2.2%), and TAY (0.9%). Individuals who identify as White (1.5%) have a higher penetration rate compared to those who identify as Latino (1.2%). However, the Medi-Cal population for those who identify as Latino (N=12,068) is greater than for those who identify as White (N=2,359). Individuals who identify as male (1.8%) have a higher penetration rate compared to those who identify as female (0.7%), which is consistent for county SUD programs.

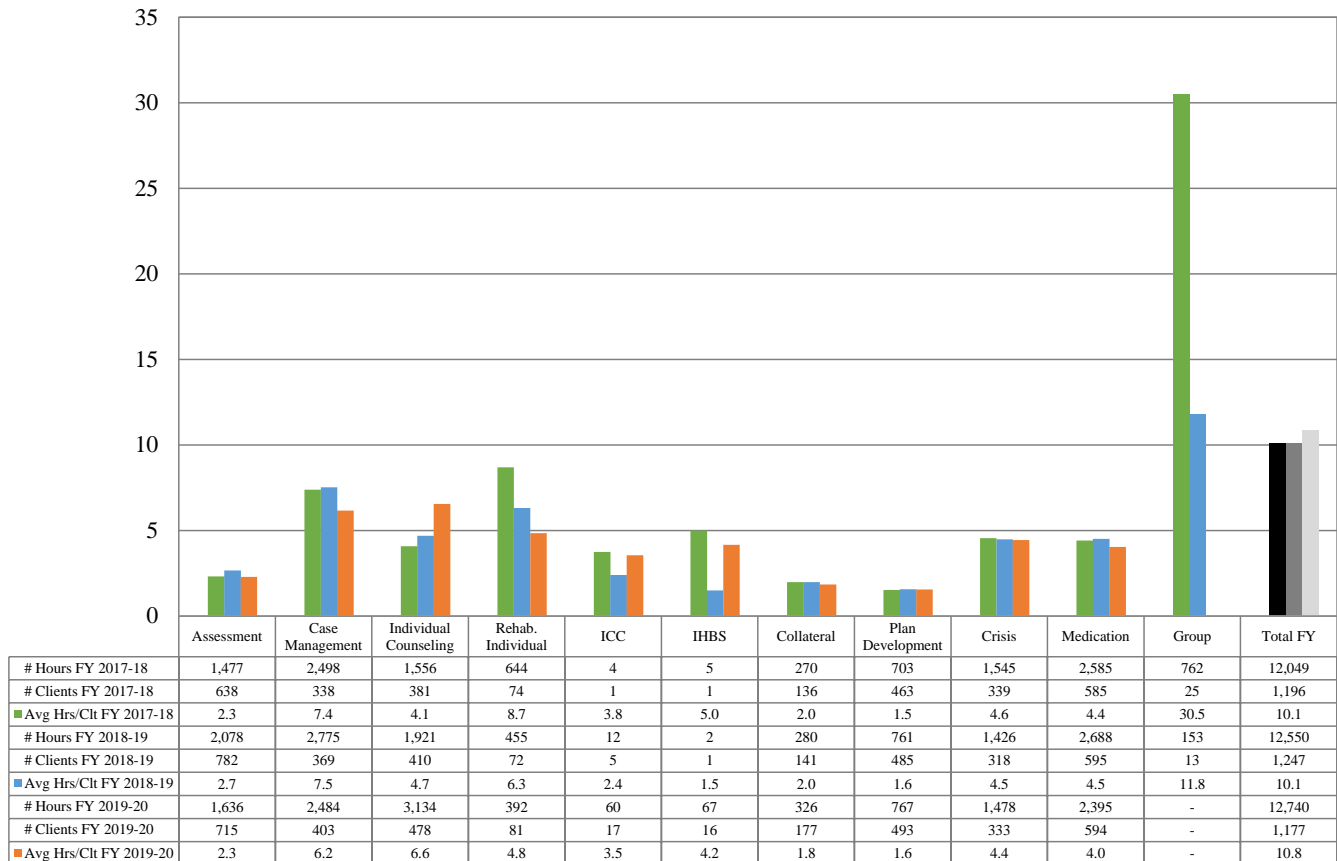
B. Utilization and Analysis of Mental Health Services

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 2017/18 to FY 2019/20. This data shows that the 1,177 mental health clients received 12,740 hours of services in FY 2019/20, which calculates into 10.8 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 services. The number of clients varies by type of service.

In FY 2019/20, per client, assessments averaged 2.3 hours; case management: 6.2 hours; individual therapy: 6.6 hours; rehabilitation: 4.8 hours; intensive care coordination (ICC): 3.5 hours; intensive home-based services (IHBS): 4.2 hours; collateral: 1.8 hours; plan development: 1.6 hours; crisis intervention: 4.4 hours; medication management: 4.0 hours. There were no groups offered in FY 2019/20.

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 2017/2018 to FY 2019/2020



2. Analysis of population assessment and utilization data for Mental Health services; conclusions

This data shows a small decrease in the number of hours and the number of clients between FY 2017/18 and FY 2019/20. The average number of hours of services per client increased across the three years, from an average of 10.1 to 10.8 hours per year.

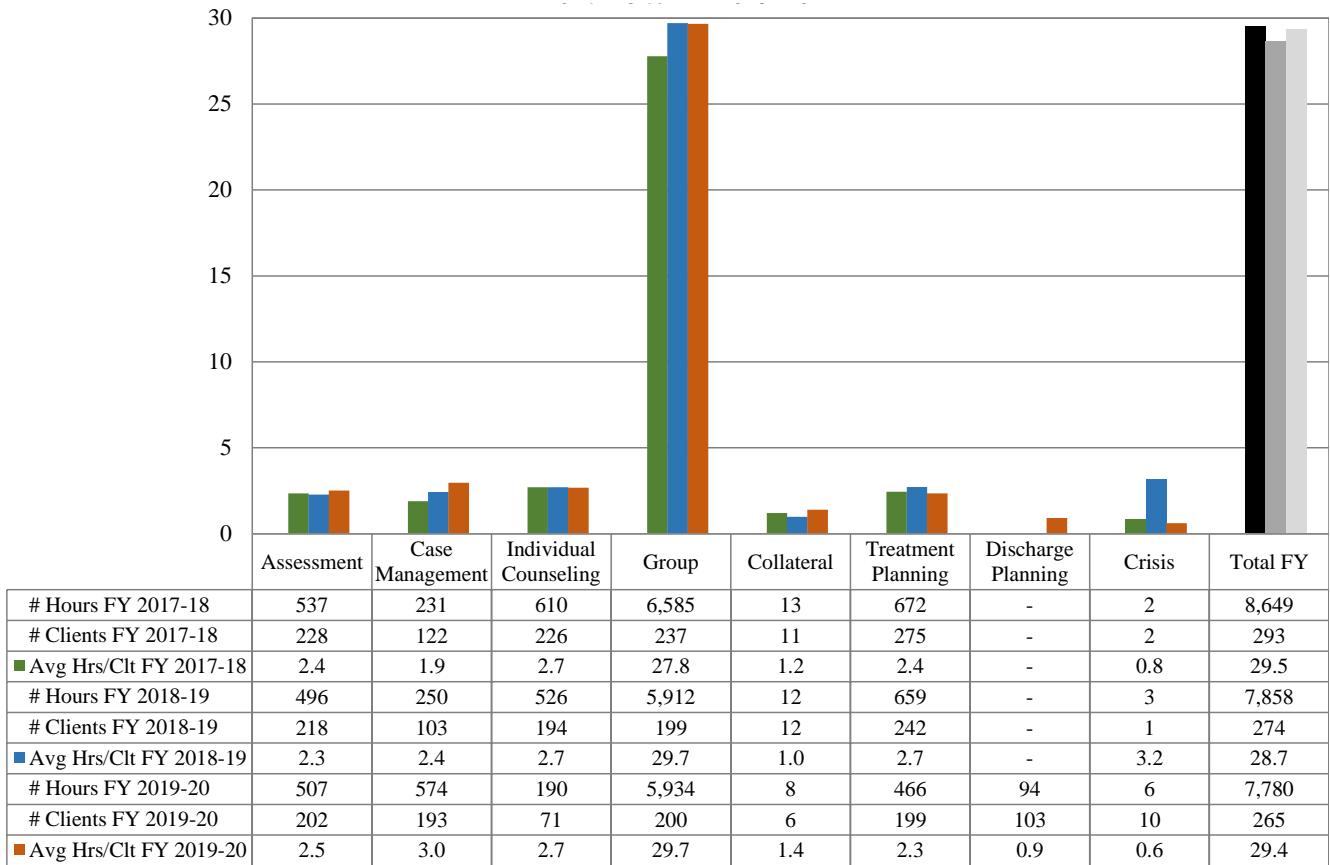
C. Utilization and Analysis of Substance Use Disorder Services

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 2017/18 to FY 2019/20. This data shows that the 265 substance use treatment clients received 7,780 hours of services in FY 2019/20, which calculates into 29.4 hours per client. Clients can receive more than one type of service. 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 2019/20, per client, assessments averaged 2.5 hours; case management: 3.0 hours; individual therapy: 2.7 hours; group: 29.7 hours; collateral: 1.4 hours; treatment planning: 2.3 hours; discharge planning: 0.9 hours, and crisis intervention: 0.6 hours. The majority of 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 2017/2018 to FY 2019/2020



2. Analysis of population assessment and utilization data for Substance Use services; conclusions

This data shows there was a slight decrease in the number of hours of SUD service, the number of clients, and the average number of hours of SUD services across the three years.

This 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 have healthy lifestyles.

III. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Outline the culturally and linguistically competent services available to meet the needs of diverse populations, including peer-driven services; identify issues and methods of mitigation

San Benito County recognizes the need to be culturally responsive to persons who are Latino and other diverse populations. By providing treatment in a manner that is responsive and demonstrates an understanding of the client's heritage, history, traditions, worldview and beliefs, we hope to engage more members of our community and the diverse populations within it.

It is the value and mission of SBCBH to involve diverse communities in planning and management committees. These committees provide leadership and opportunities to give voice to consumers, persons of diverse racial backgrounds, family members, youth, and other cultural groups. This leadership creates a forum for ensuring that we continually enhance our services to be culturally relevant for our youth, adult clients, and their families. We have individuals from different ethnic and cultural backgrounds represented in many of our committees. Our Behavioral Health Board is comprised of four (3) Latinos, one (1) Black/African American, three (3) Whites, one (1) LGBTQ Youth, and three (3) consumers/family members. Other SBCBH staff who also attend the Behavioral Health Board include five (5) Latinos, two (2) Asian/Pacific Islanders, and one (1) White.

Latino

All services are developed and implemented to be culturally and linguistically relevant to the Latino community. Some of our staff are bilingual and many are bicultural Latino. This helps to engage and retain clients in services, as well as deliver culturally relevant programs to meet the needs of the Latino community.

Children and TAY

SBCBH strives to offer a variety of engagement activities and services for children and TAY, including counseling services provided at different schools in the county. SBCBH has placed Case Managers and Clinicians at several schools throughout the county to provide direct services as part of the PATHS (Promoting Access, Trust, and Healthy Behaviors in Schools) program. SBCBH also contracts with community-based organizations to offer culturally sensitive services.

Over the past several years a community-based organization (CBO) provides evidence-based leadership support groups for young Latino males and females at the local high school, middle school, and rural schools. As well as a family-to-family support group to implement the leadership curriculum. There are three components of this program:

1. A comprehensive indigenous-based, youth leadership development program that supports and guides young men through their manhood "rites of passage" process while focusing on the prevention of substance use, teen pregnancy, relationship violence, gang violence, and school failure.
2. A culturally based family strengthening/community mobilization program that assists parents and other extended family to raise and teach their children with a positive bicultural base.

3. A comprehensive indigenous-based, youth leadership development program that supports and guides young women through their female "rites of passage" process while focusing on the prevention of substance use, teen pregnancy, relationship violence, gang violence, and school failure.

San Benito+ is an outreach group led by persons 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 LGBTQ+ youth, offer services, and support individuals in understanding how their personal experiences affect their mental health. Activities include a PRIDE event with food, music, and speakers; holiday gatherings to create a safe space to gather and youth can be themselves; educational outreach to share their experience with others as being a part of the LGBTQ+ community and how those in the community can become allies; as well as 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 activities every Friday and Saturday with engaging, youth-friendly activities at Esperanza and via social media platforms such as Zoom.

Older Adults

SBCBH also offers programs for older adults. A mental health clinician provides early mental health screening and intervention to older adults receiving services from *Jovenes de Antaño* Senior Center in Hollister, Meals on Wheels, and other community agencies. Agency partners are also 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.

Women's Prevention and Early Intervention

A counselor works with individuals experiencing domestic violence and offers mental health prevention and early intervention groups to help reduce stigma and improve access to the Latina community. A women's support group is facilitated by a contracted bilingual specialist to address domestic violence and promote healthy relationships.

Persons with Disabilities

SBCBH provides transportation to SBCBH services and programs for clients, when needed. Transportation for people with disabilities is also available through the county Dial a Ride Program at no cost with provided tokens, and a reduced fee bus pass program if the clients qualify. *Jovenes de Antaño* provides transportation to medical appointments including in outlying areas (e.g., Palo Alto for Stanford Services). TTY is available for persons with hearing impairments. Audio versions of our beneficiary guide are available for the visually impaired.

Staff are scheduled during regular business hours, Monday through Friday, 8:00 am to 5:00 pm. The majority of services are offered during these business hours. However, services and activities are available in the evening or weekend, in special circumstances. For example, SUD groups are offered in the evenings, so clients can work during the day.

All SBCBH facilities that serve clients are ADA accessible. We strive to provide a warm and welcoming environment that is comfortable to diverse cultural backgrounds.

B. Describe the mechanisms for informing clients of culturally and linguistically competent services and providers, including culturally specific services and language services; identify issues and methods of mitigation

SBCBH crisis staff offer 24/7 Crisis Support Services. Individuals who staff this 24/7 Access Line are trained to be familiar with the culturally competent services that we offer, are bilingual 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 our clinics and Esperanza 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 or not the provider is accepting new clients. This list is provided to clients upon intake and is available at our clinic and the Esperanza Center. The Provider Directory is updated monthly.

In addition, SBCBH uses the following informal mechanisms to inform clients and potential clients of culturally competent services and providers:

- SBCBH Website and partner websites
- The SBCBH Facebook page and partner social media sites
- SBCBH monthly calendar that is available at the Esperanza Center, SBCBH Clinic, and the SBCBH Website
- SBCBH informal brochures and rack cards identifying available services and how to access them for targeted groups such as TAY, older adults and the Latino community
- Local newsletters
- Interagency Meetings

C. Outline the process for capturing language needs and the methods for meeting those needs; identify issues and methods of mitigation

Our 24/7 Access Log includes a field to record a client's need for interpreters. This form is forwarded to clinical staff for the intake assessment. This information is also utilized during case assignments and clinical team meetings, to help 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 an interpreter, including documentation of providing that service.

D. Describe the process for reviewing grievances and appeals related to cultural and linguistic competency; identify issues and methods of mitigation

The QIC reviews grievances and appeals. The Grievance/Appeal Log records if there are any issues related to cultural competency. 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.

IV. STAFF AND SERVICE PROVIDER ASSESSMENT

A. Current Composition

1. Ethnicity by Function

Current SBCBH staff by function:

- Director: Japanese
- Assistant Director: Latina
- Clinical Supervisors: Eastern Indian and Latina
- Quality Improvement Supervisors: Latina (2), Asian (1)
- Administrative Services Manager: Latina
- Case Management Supervisor: Latina
- SUD Program Manager: Vacant
- Staff Analyst/MHSA Coordinator: Latino
- Accountant III: Latino

2. Staff proficiency in reading and/or writing in a language other than English:

SBCBH has a total of 56 staff members, with 24 staff (42.9%) who are bilingual. Of the 24 staff who are bilingual, 19 (79.2%) provide direct services in Spanish.

3. Staff Ethnicity and Cultural Competence Survey results

In an effort to assess the cultural awareness of our workforce, we asked staff to complete the Staff Ethnicity and Cultural Competence Survey in November 2020. The complete results are shown in Attachment A.

There were 49 staff who completed the Staff Ethnicity and Cultural Competence Survey. Of the staff who completed the survey, 74% were direct service staff and 26% were administration and management staff. Of these survey respondents, 72% are Latino, 21% are White, and 5% are Asian. For these respondents, 51% are bilingual, and 54% act as an interpreter as part of their job function. Of the staff who reported being bilingual, 96% speak Spanish and 4% speak another language. For all survey respondents, 43% consider themselves to be a person with lived Mental Health experience, and 62% are a family member of a person with lived Mental Health experience. For all survey respondents, 24% consider themselves to be a person with lived Substance Use Disorder experience, and 53% are a family member of a person with lived Substance Use Disorder experience.

The survey response options included Frequently; Occasionally; Rarely or Never; and Did Not Occur to Me. There are some interesting results when examining those questions where the responses were “Rarely or Never.” Those responses will be briefly outlined below.

Staff Responses:

- I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice. (N=49) (Rarely or Never=20%).
- I attempt to learn a few key words in the client's primary language (e.g. Hello, Goodbye, Thank you, etc.). (N=49) (Rarely or Never=12%).
- I have developed skills to effectively utilize an interpreter. (N=48) (Rarely or Never=29%)
- I develop materials in a manner that can be easily understood by clients and family members. (N=49) (Rarely or Never=14%)
- I recognize that gender roles in families may vary across different cultures. (N=49) (Rarely or Never=4%)
- I participate in trainings to learn how best to meet the needs of clients and family members from diverse cultures. (N=49) (Rarely or Never=6%)

B. Analyze staff disparities and related objectives

SBCBH continually strives to hire diverse staff who are bilingual and bicultural, whenever possible, and reflect the cultural diversity of our county. We have been successful in hiring a number of individuals from diverse cultures, including persons with lived experience. We have learned to work as a team to learn about different cultures. Our team feels safe 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 our services and promotes learning as an important value to promote health and wellness for both staff and individuals receiving services.

We will continue to identify opportunities to recruit and retain bilingual, bicultural staff. It is our goal to have the department's employee demographics be representative of our client and community population, whenever possible. We also support individuals in the community to pursue careers in social work and related fields through our MHSA Workforce Education and Training (WET) program. Each academic year, we recruit for bilingual/bicultural Spanish-speaking MSW Interns from universities in the region.

The staff survey results also highlight areas for staff training. Developing training on how to create a secure environment so staff 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 survey.

C. Identify barriers and methods of mitigation

The primary barrier to meeting our goal of expanding our culturally-representative staff is our limited size and the requirements to fill current positions. As a result, it is 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 just a need for bilingual/bicultural staff. We also need additional staff who are competent in other cultures as well, such as LGBTQ, co-occurring disorders, substance use recovery, and consumer culture.

To mitigate these challenges, SBCBH strives to incorporate 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. We take advantage of any regional and/or state trainings offered on promoting and delivering culturally-relevant services. We treat each client as an individual, all having differing needs and cultural backgrounds. In addition to delivering services at the person's preferred location, we understand that age, health, gender, community, and lifestyle have an important role in meeting the individual needs of each client. As circumstances and needs change over time, staff is sensitive to evaluating and implementing services that best fit the client at any given time.

V. CULTURAL AND LINGUISTIC COMPETENCE TRAINING (FISCAL YEAR 2019/20)

This section describes cultural competence training for staff and contract providers, including training in the use of interpreters, in FY 2019/20.

A. List of cultural and linguistic competence trainings

Training Event	Number of Attendees	Date
Counseling on Access to Lethal Means	4	7/11/2019, 7/18/2019, 7/19/2019
Preventing Suicide in Emergency Department Patients	4	7/12/2019, 7/19/2019, 7/22/2019
Counseling on Access to Lethal Means	9	7/12/2019
A Strategic Approach to Suicide Prevention	4	7/12/2019, 7/17/2019, 7/22/2019
Standard CANS Comprehensive 2.0	1	8/8/2019
California CANS 50 1.0	6	8/8/2019
Mental Health First Aid Youth	15	10/7/2019, 10/8/2019, 10/9/2019
BH DRC MDT Meeting	6	7/15/2019, 7/22/2019
Active Shooter Training	49	11/19/2019
Jail Orientation	2	1/16/2020
ASAM	21	6/11/2020, 6/12/2020
Culturally Proficient Professional	40	7/10/2019
Anasazi Reports Training	10	5/18/2020
Commercial Sexual Exploitation of Children 101	7	6/29/2020
Cultural Humility & Responsiveness with CLAS in Behavioral Health	38	5/15/2020

It is our system view 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 will participate in a number of different learning opportunities

that include face-to-face meetings and trainings, individual learning sessions online, and ongoing discussions during staff meetings, clinical team meetings and during supervision.

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

We have developed a training plan that will have a broad range of topics including knowledge of different cultures, training to learn how to navigate the person's culture and broader community and support system will be discussed. In addition, training will focus on strength-based services, a person's cultural perspective, and an understanding of how treatment can incorporate an individual's traditional practices.

Future trainings will encompass multicultural knowledge, sensitivity awareness and understanding of diverse backgrounds beyond the traditional race/ethnicity groups (e.g. sexual orientation, age, disability, veterans and family cultures).

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 our own. Use of language, how to welcome individuals, and promoting opportunities to learn from individuals with lived experience will be developed. This 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.

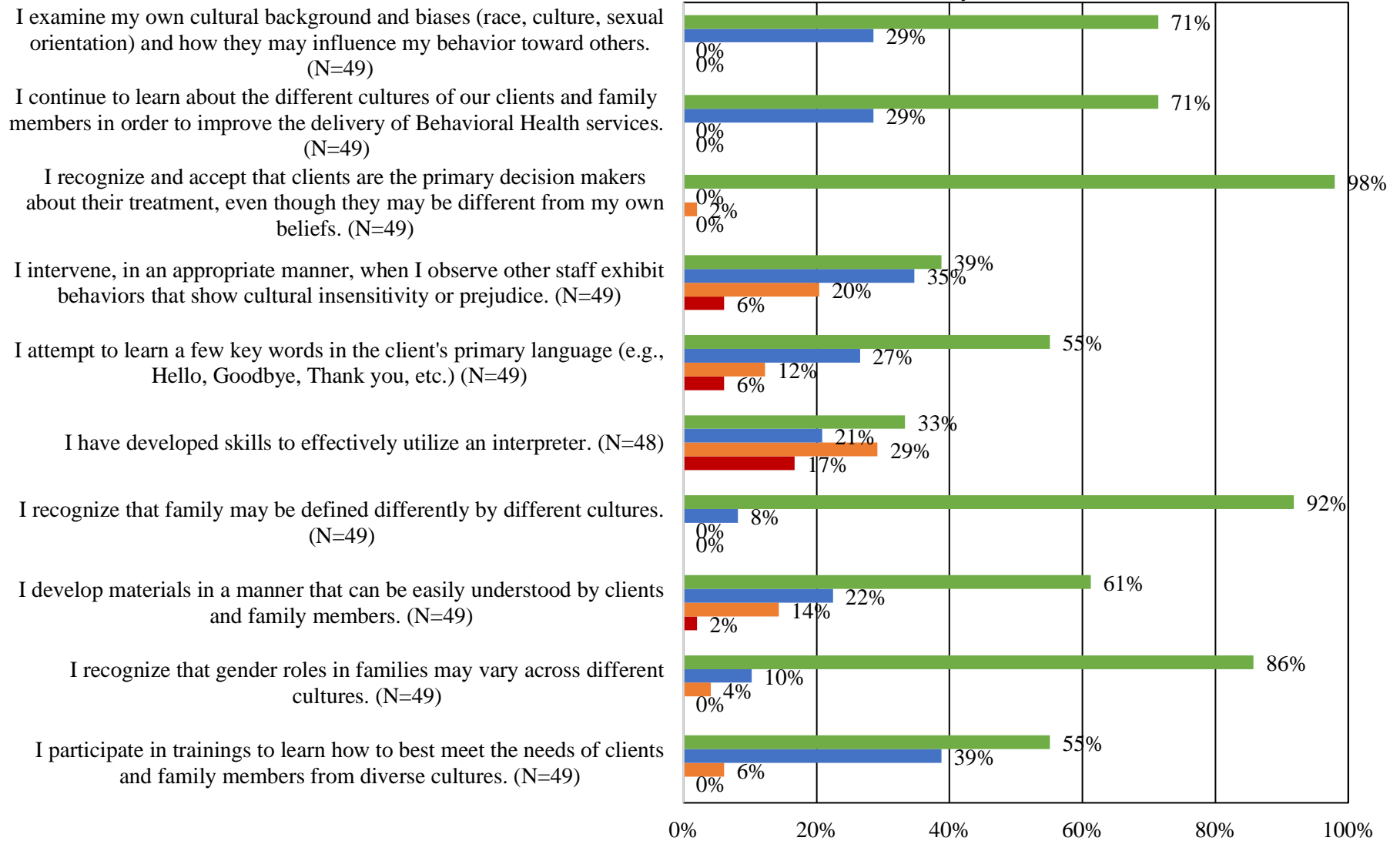
Attachment A: Ethnicity and Cultural Competence Survey Results

San Benito County Department of Behavioral Health Staff Cultural Competence Survey

2020

All Respondents

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

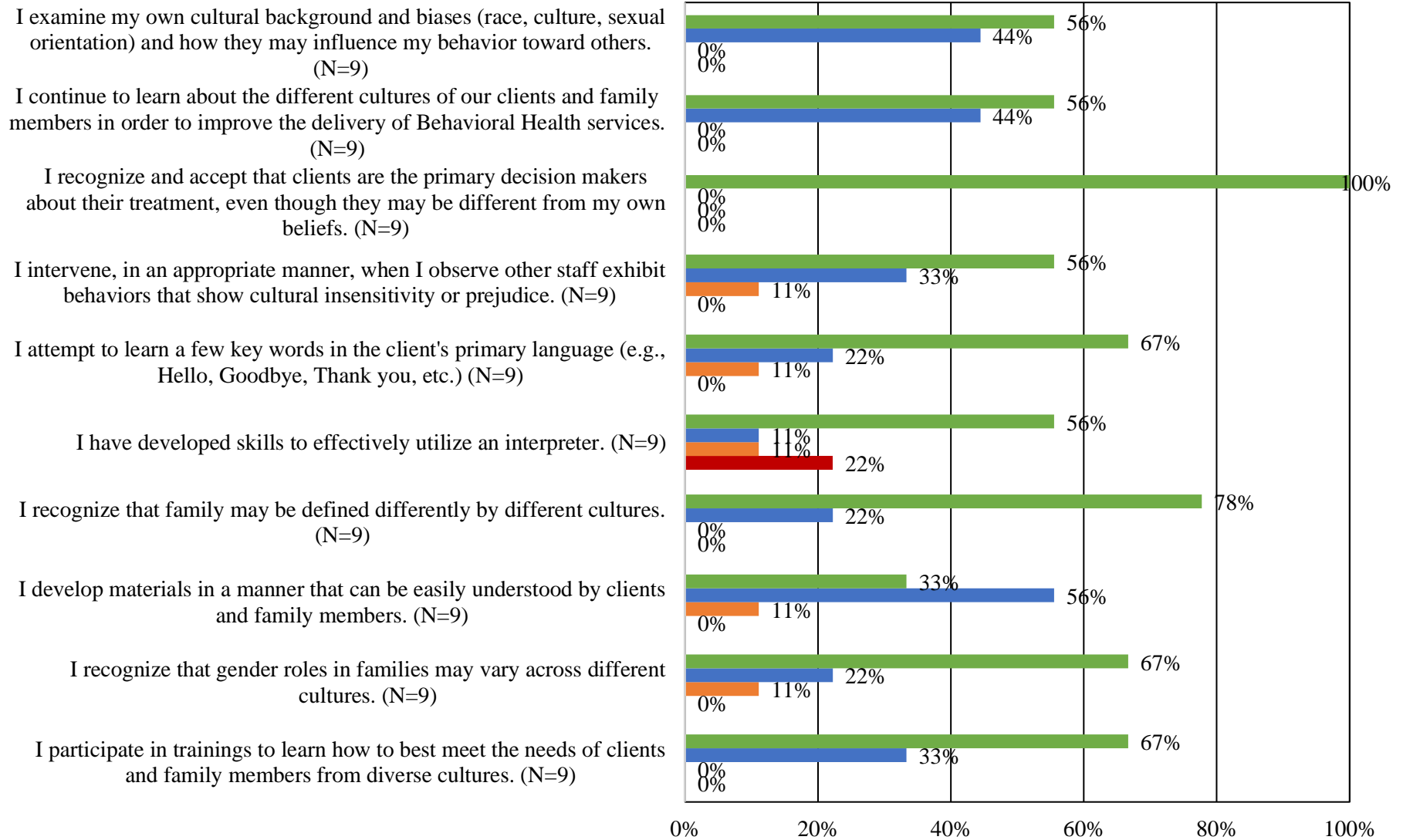


San Benito County Department of Behavioral Health Staff Cultural Competence Survey

2020

White Respondents

■ Frequently
■ Occasionally

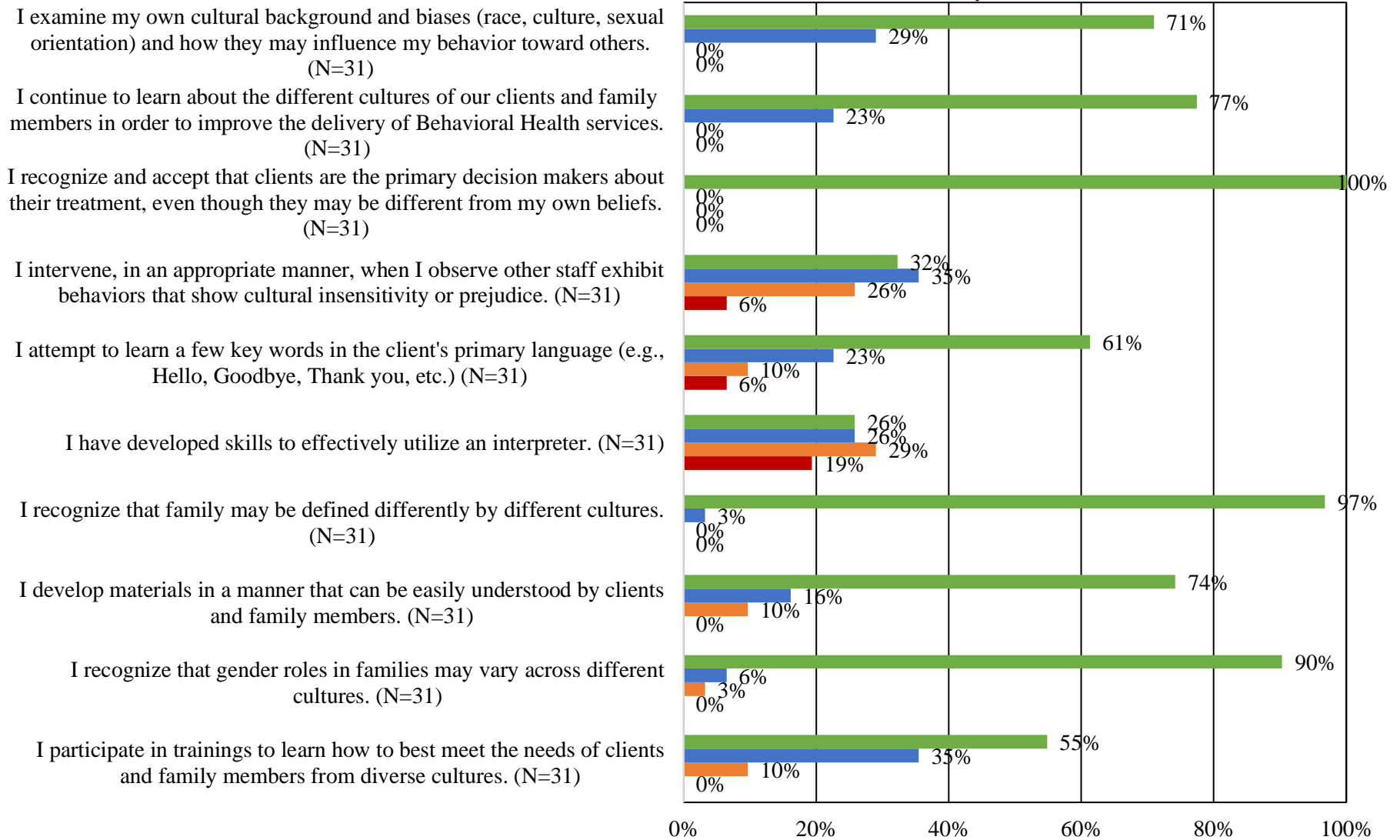


San Benito County Department of Behavioral Health Staff Cultural Competence Survey

2020

Latino Respondents

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

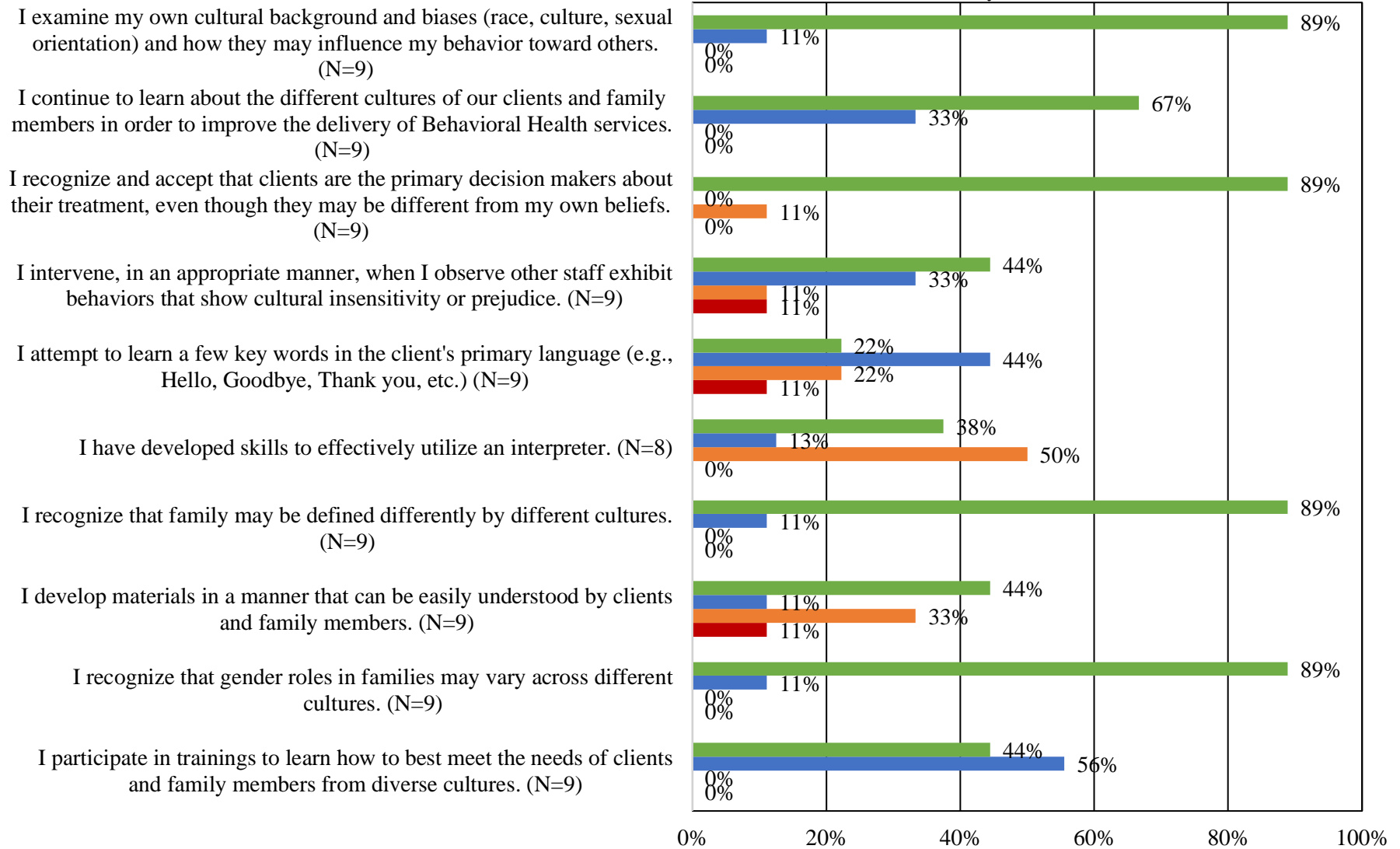


San Benito County Department of Behavioral Health Staff Cultural Competence Survey

2020

Other Ethnicity Respondents

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



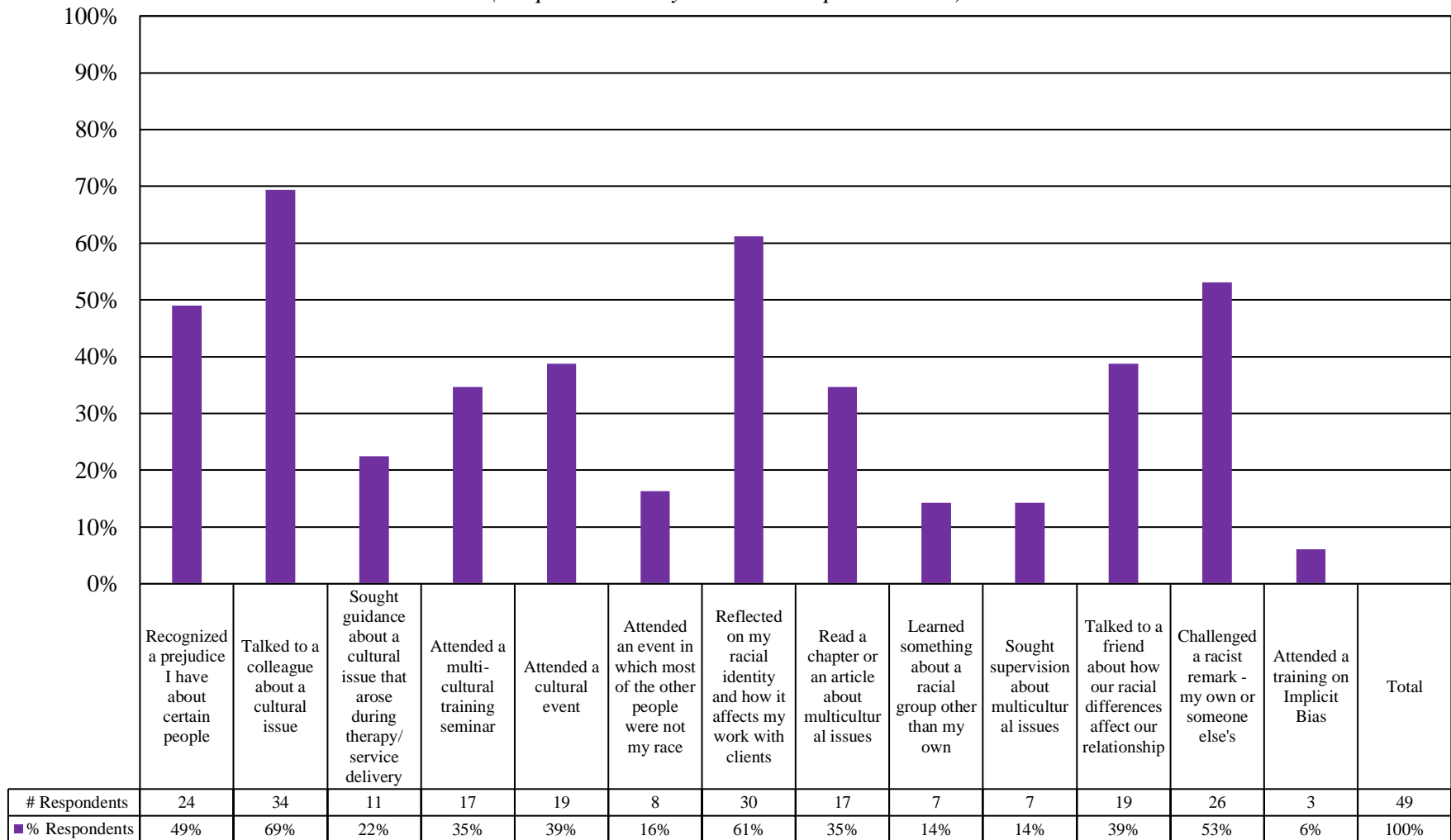
**San Benito County Department of Behavioral Health
Staff Cultural Competence Survey**

2020

Participation in Professional Development Activities (Past Six Months)

All Respondents (N=49)

(Respondents may choose multiple answers.)



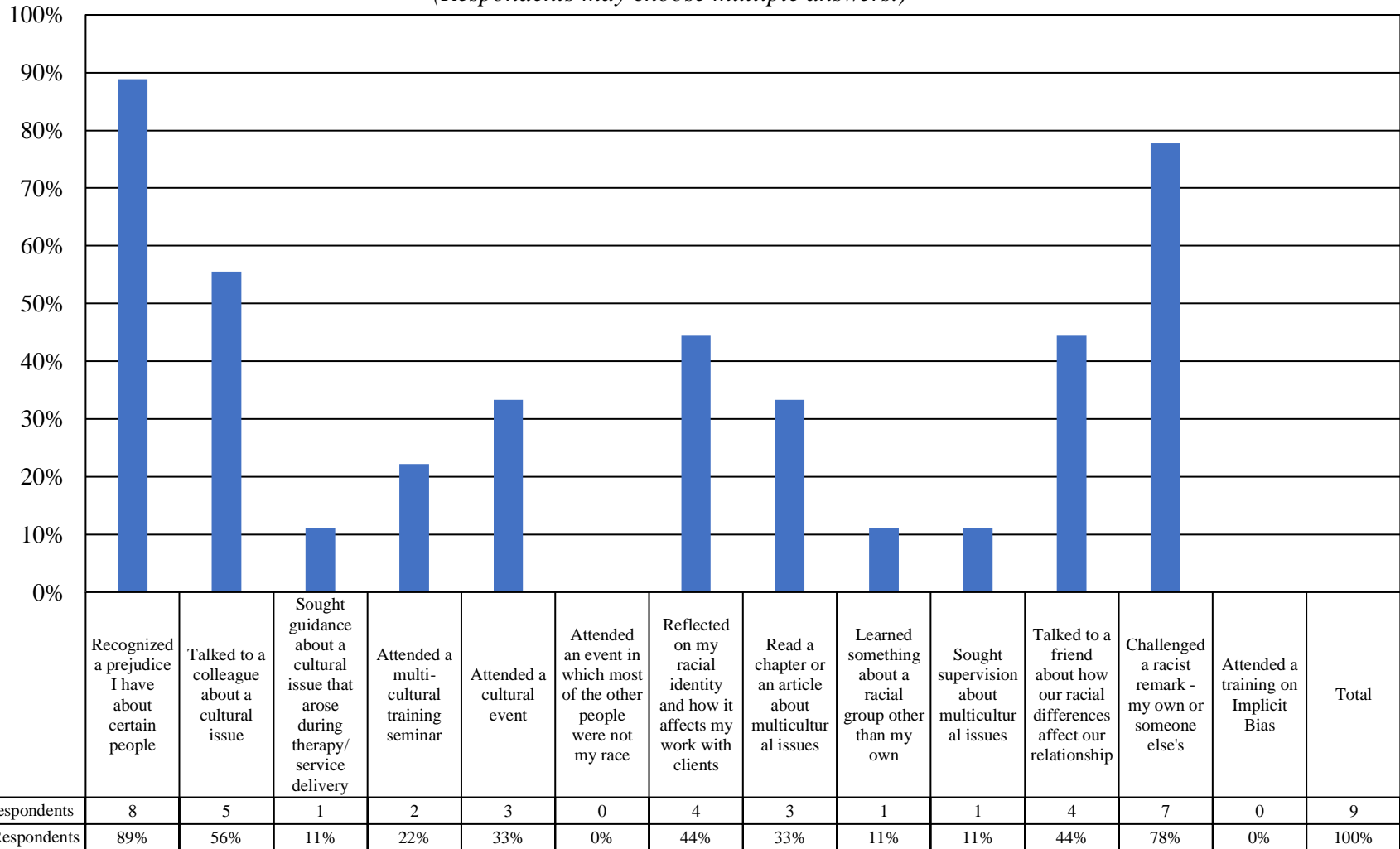
**San Benito County Department of Behavioral Health
Staff Cultural Competence Survey**

2020

Participation in Professional Development Activities (Past Six Months)

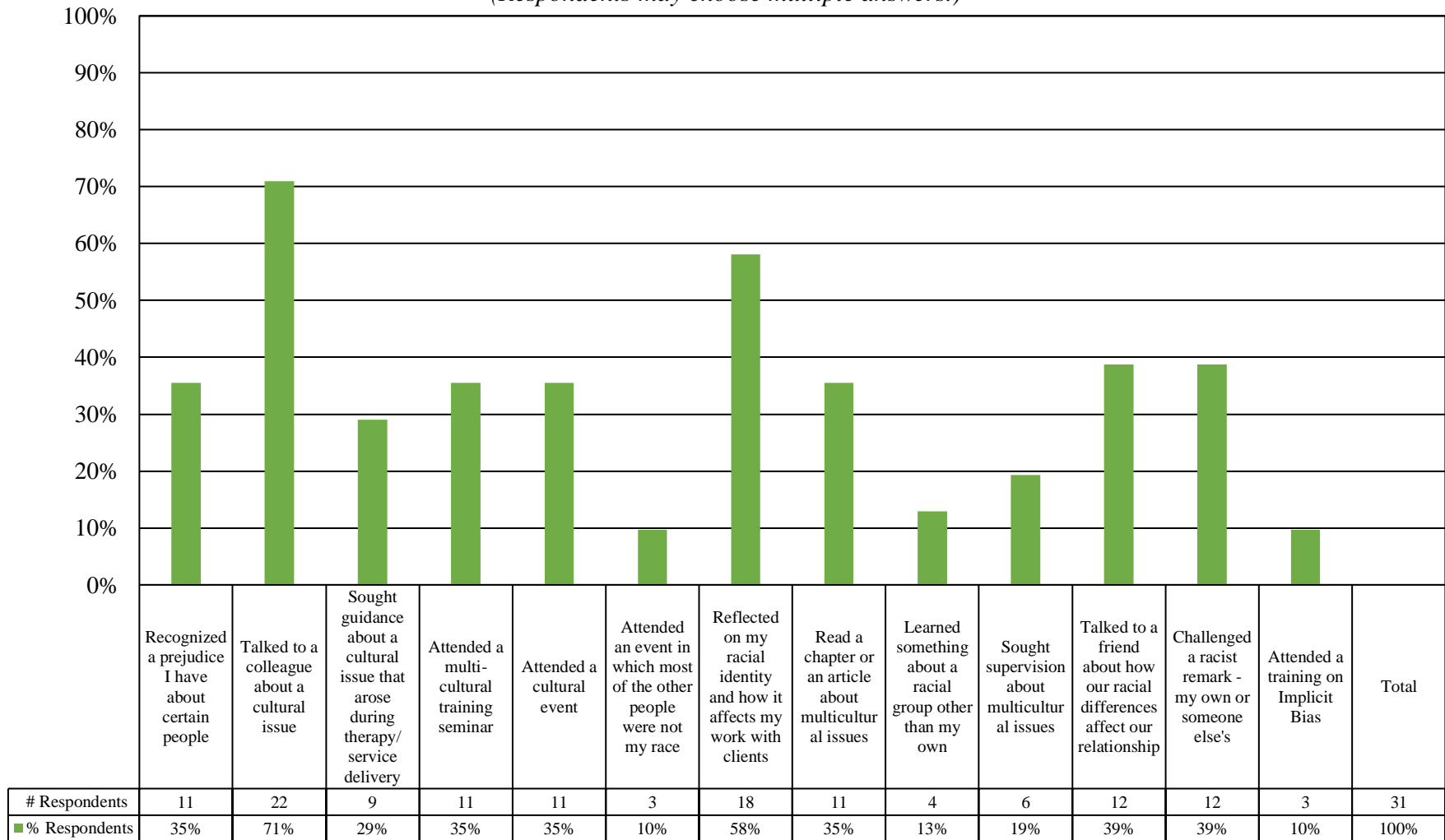
White Respondents (N=9)

(Respondents may choose multiple answers.)



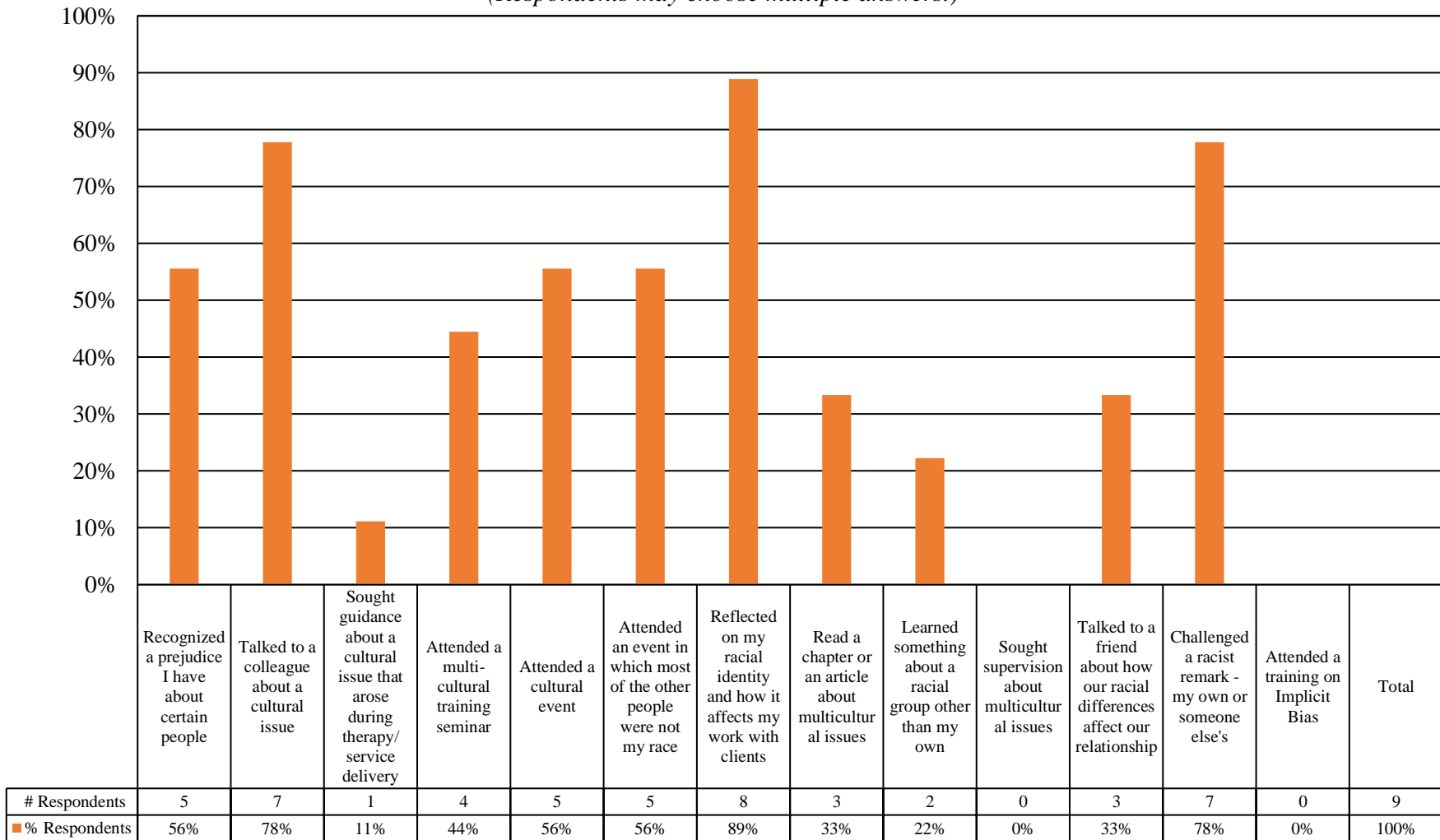
San Benito County Department of Behavioral Health
Staff Cultural Competence Survey
 2020

Participation in Professional Development Activities (Past Six Months)
Latino Respondents (N=31)
(Respondents may choose multiple answers.)



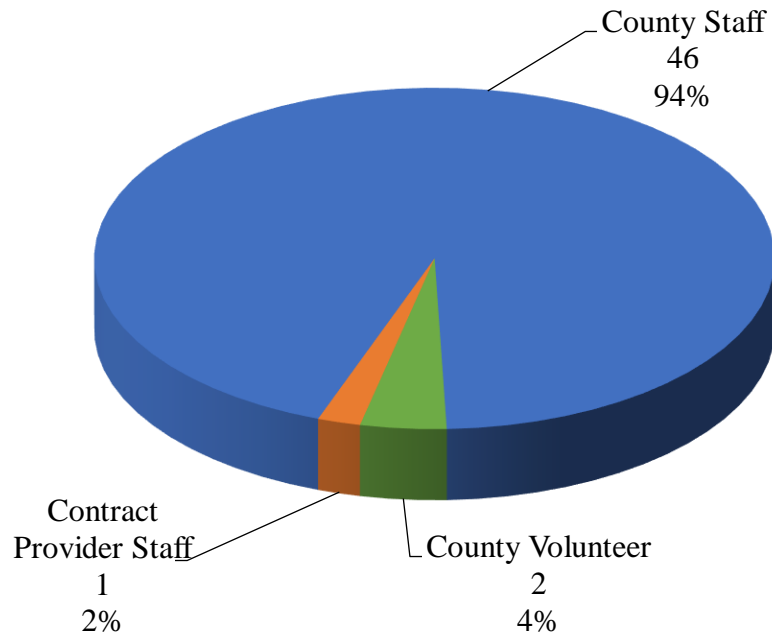
San Benito County Department of Behavioral Health
Staff Cultural Competence Survey
 2020

Participation in Professional Development Activities (Past Six Months)
All Other Ethnicity Respondents (N=9)
(Respondents may choose multiple answers.)

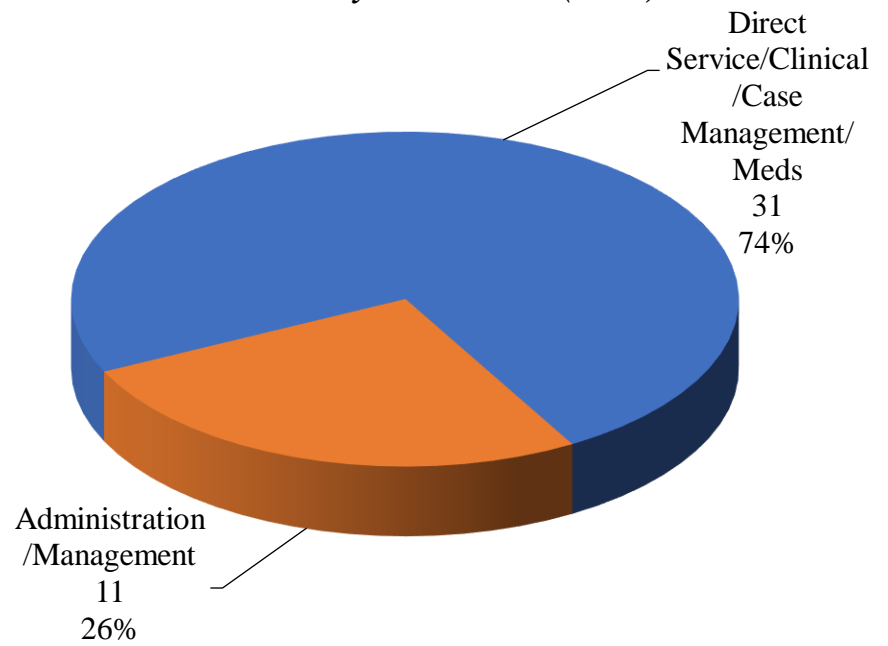


San Benito County Department of Behavioral Health
Staff Cultural Competence Survey
2020

Employment Status (N=49)

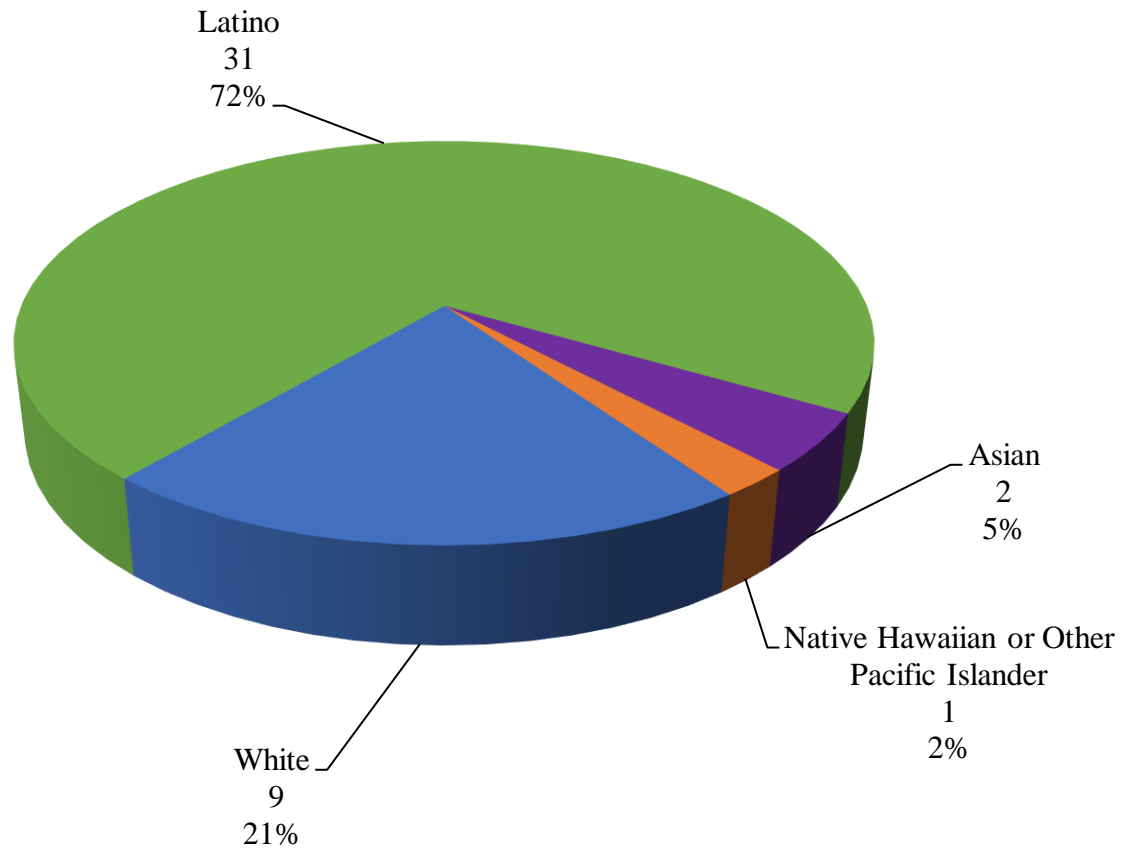


Primary Job Function (N=42)



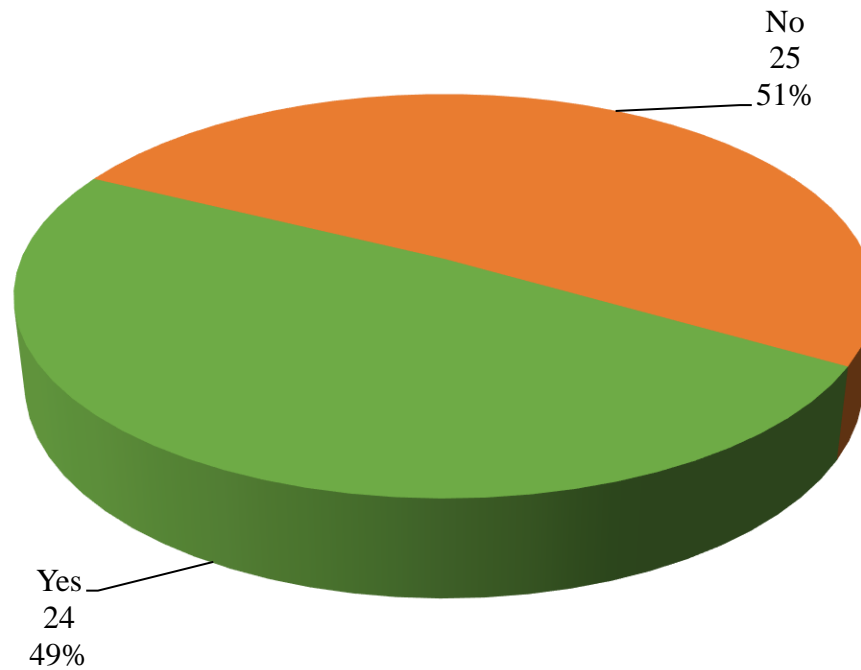
San Benito County Department of Behavioral Health
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Race/Ethnicity (N=43)



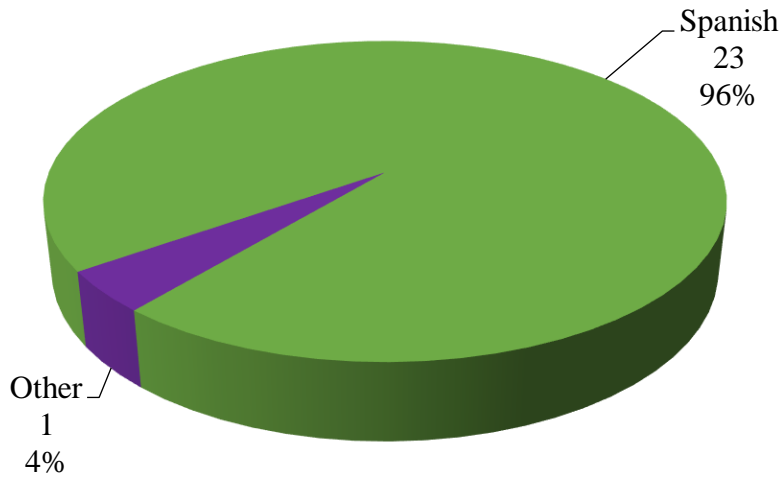
San Benito County Department of Behavioral Health
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2020

Do you consider yourself Bilingual? (N=49)

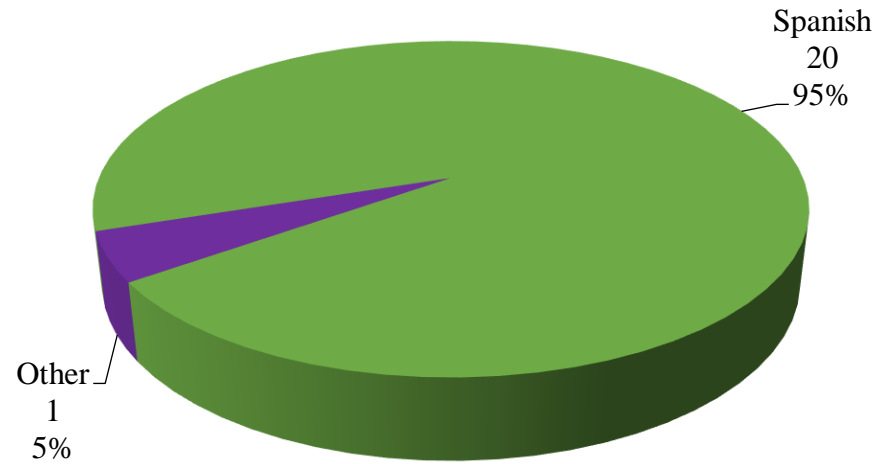


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If Bilingual, which language(s) do you speak? (N=24)

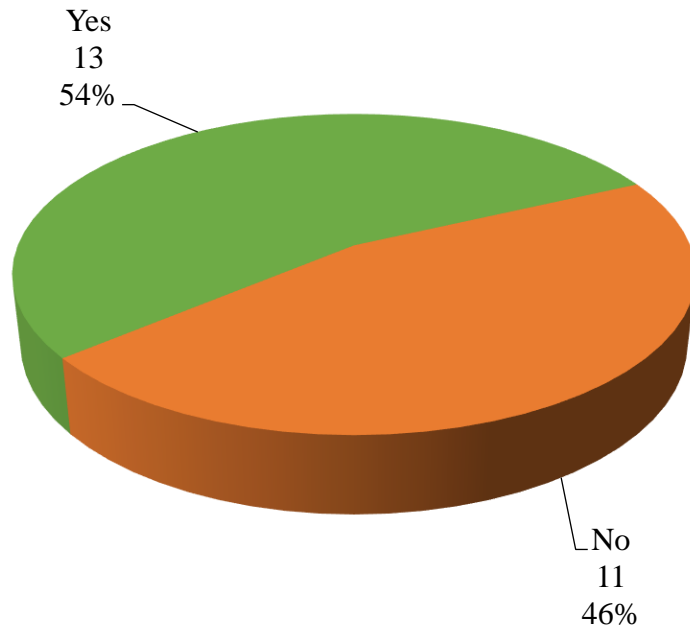


If Bilingual, which language(s) are you proficient in reading and writing? (N=21)

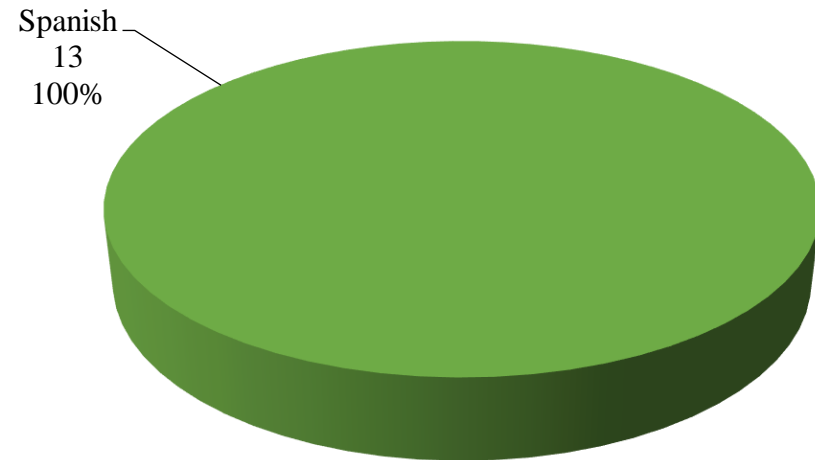


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Do you act as an Interpreter as part of your Job Function?
(N=24)

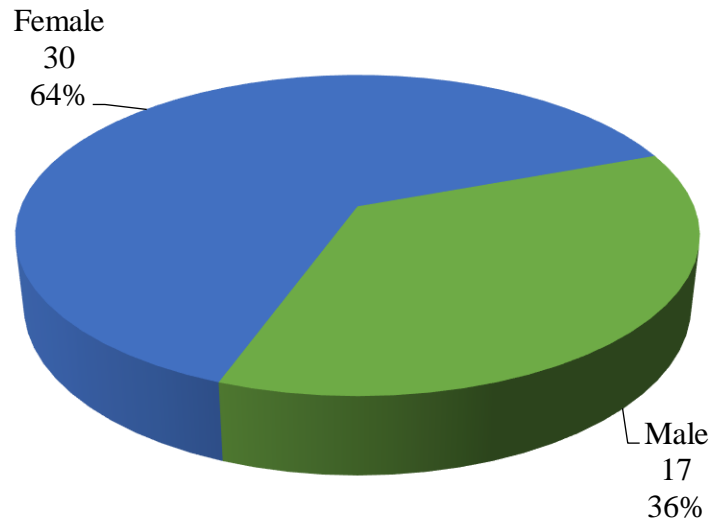


If you act as an Interpreter, which languages do you interpret?
(N=13)

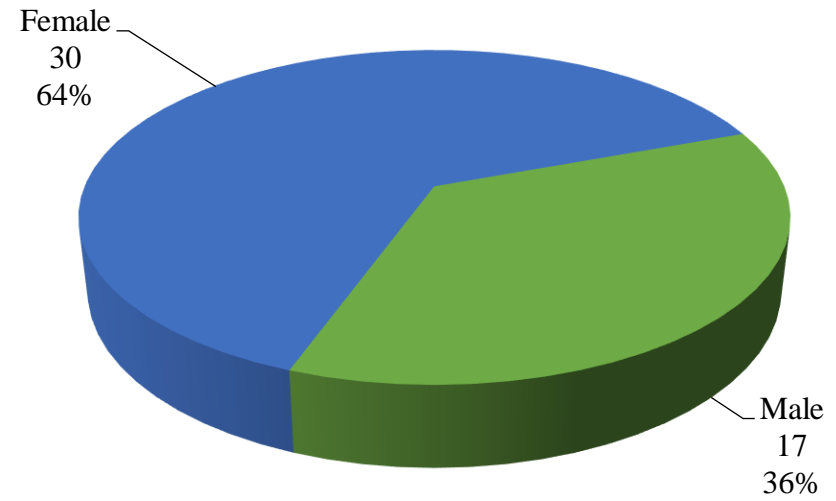


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Gender Assigned at Birth
(N=47)

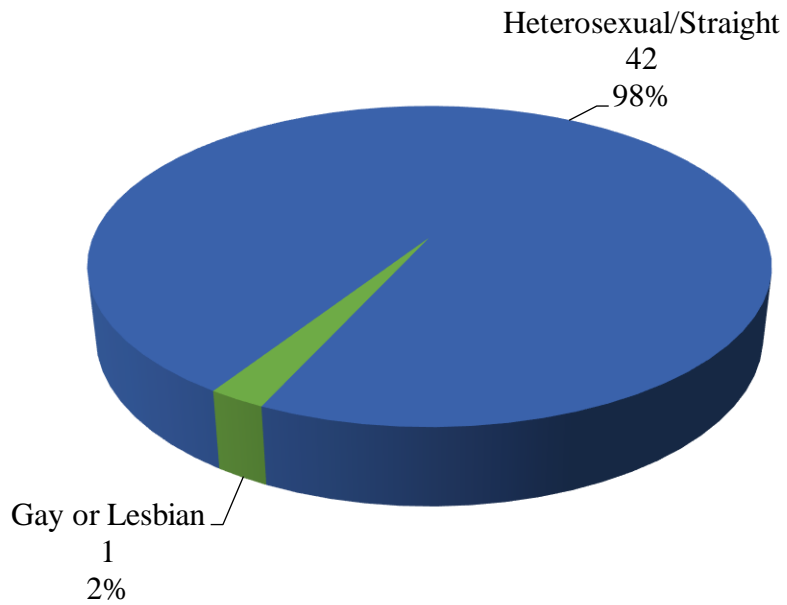


Current Gender Identity (N=47)

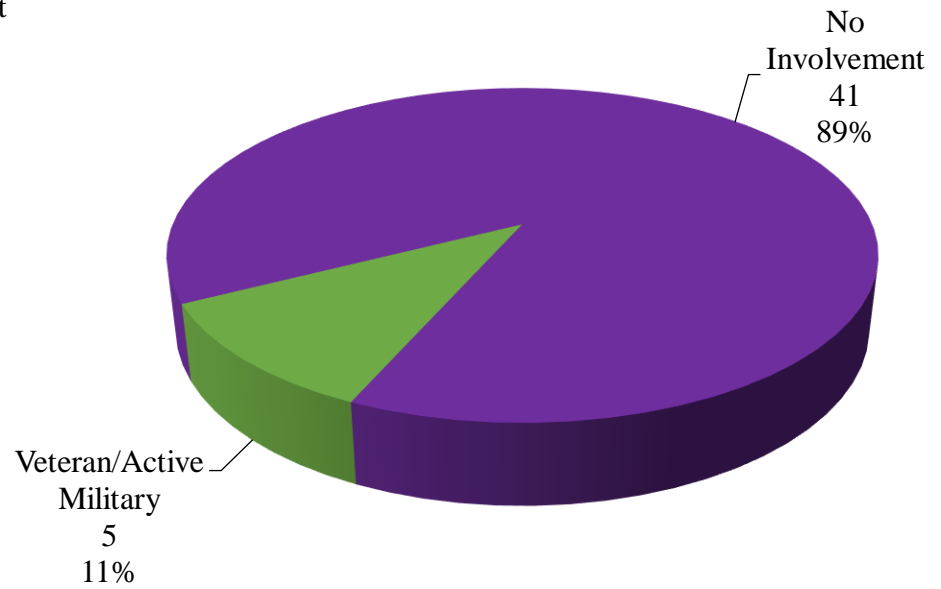


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Sexual Orientation (N=43)

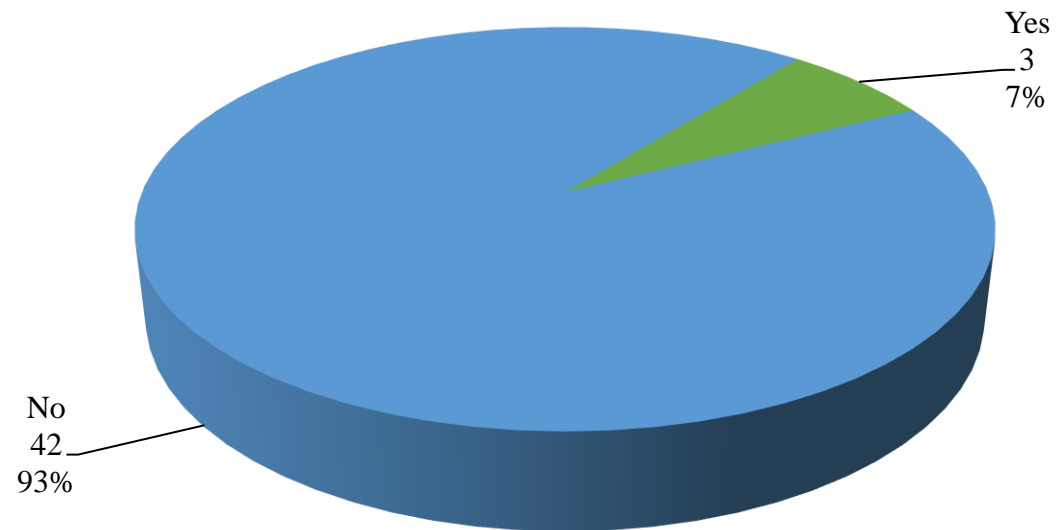


Military/Service Involvement (N=46)



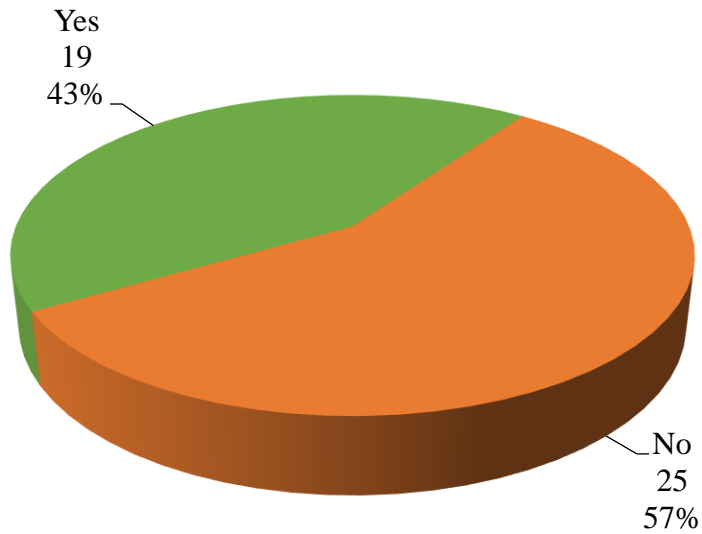
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Do you have a disability? (N=45)

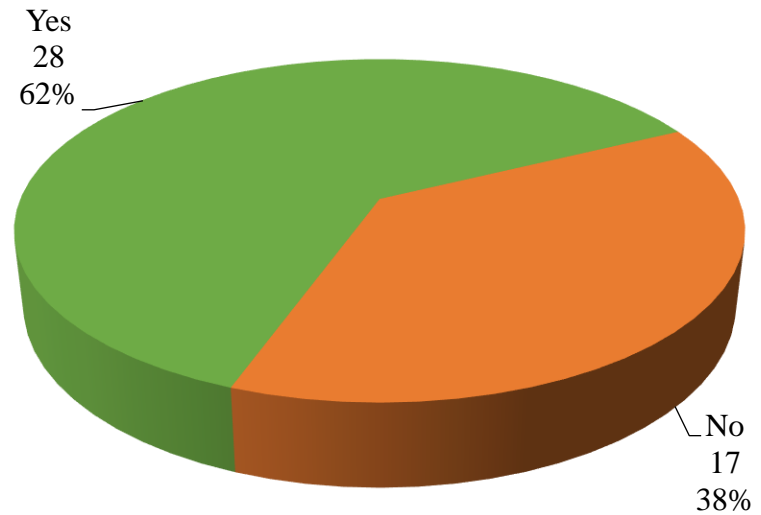


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***Do you consider yourself to be a person
with lived Mental Health experience?***
(N=44)

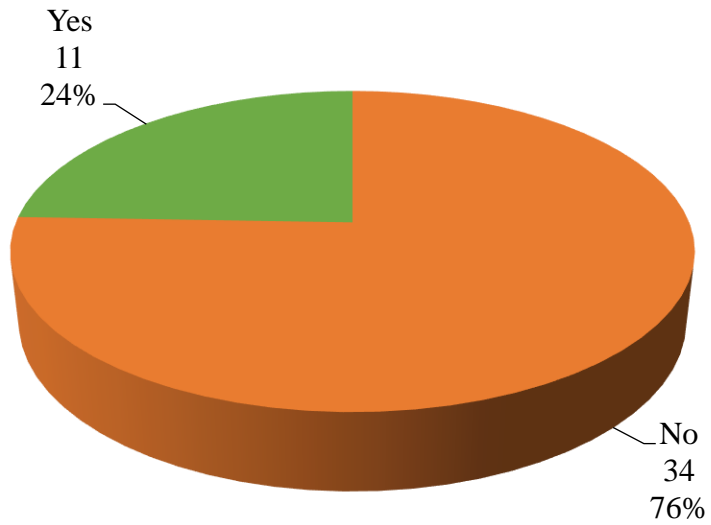


***Are you a Family Member of a person
with lived Mental Health experience?***
(N=45)



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Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=45)



Are you a Family Member of a person with lived Substance Use Disorder experience? (N=45)

