



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

MISSION AND OVERVIEW

“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; 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. This Cultural and Linguistic Competence Plan (CLCP) reflects the SBCBH commitment to improve services, to expand access to services, ensure quality care and achieve positive outcomes for our clients. The CLCP addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder services, including the [National Culturally and Linguistically Appropriate Standards](#) (CLAS) defined by the DHCS.

San Benito County is culturally diverse, with approximately 61% of the general population being Latino ([US Census 2020, Demographic Profile](#)). In Calendar Year (CY) 2022, 67.82% of the clients who received mental health services and 64% of the clients who received substance use disorder services were Latino and almost one of every four individuals served identified Spanish as their primary language. In response to this, since 1990, SBCBH has ensured that many of the staff are bilingual and/or bicultural; currently 52% of administrative and direct-service staff are bilingual and verified bilingual Spanish-speaking staff receive a small monthly stipend. This approach creates a more welcoming and inclusive environment when a Spanish-speaker contacts SBCBH for information or services. Staff can immediately switch from English to Spanish to communicate with the individual in their primary language. This strategy is intended 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 systems. During the Equity, Diversity and Inclusion Committee (EDIC) meetings, the department provides educational opportunities for staff and partner agencies on 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.

The provision of culturally sensitive services is encouraged through staff training and staff attendance at the EDIC meetings. Clinical service team meetings include the importance of integrating a person’s culture and community, including involving families in treatment whenever possible to integrate cultural sensitivity and vision into all service provision. Staff, consumers, partnering agencies, and contract

providers are invited to attend cultural competency trainings at SBCBH through the Equity, Diversity and Inclusion Committee meetings six times a year.

Culture is an important component of clinical treatment and is incorporated into a client's goals through a comprehensive process involving their natural support system. For clients younger than 12, the client, family, staff and support persons come together to develop a comprehensive plan for ensuring that the child is successful in treatment outcomes. SBCBH provides annual training to help staff to understand how culture shapes the choices and goals for our clients. As part of the MHSA planning process, staff discuss how to incorporate cultural considerations into county services for those receiving services with our agency. SBCBH works closely with its allied partner agencies to help promote a learning environment.

SBCBH utilizes the language line for persons with a primary language that is not English or Spanish, or when there is no access to bilingual staff. A wide variety of languages are available through the language line service including; Bosnian, Chinese (Mandarin and Cantonese), French, Japanese, Korean, Russian, Vietnamese, Armenian, German, Haitian Creole, Italian, Cambodian (Khmer), Polish, Portuguese, Farsi, Tagalog, Thai and Urdu.

In early FY 2024/25, a contract commenced for more comprehensive translation and interpretation services. SBCBH brochures and flyers as well as surveys are provided in English and Spanish and public presentations are now provided with a live interpreter for mono-lingual Spanish speaking community members.

Staff attended the 2022 National Latino Behavioral Health Conference which focused on providing culturally responsive services for Latino populations. Staff are planning to attend again in 2025 to refresh this knowledge and potentially learn new ways in which SBCBH can be culturally robust.

The bilingual Case Manager Prevention Team always attend the Feria de Salud (Migrant Health fair) at the Migrant camp in Hollister as well as the Migrant Resource Fair that takes place at a local school; both outreach events take place annually in June, organized by the Family Resiliency Center and the Migrant Education program. The same Case Manager Team regularly provides bilingual outreach activities to the community at large, and services to older adults at local Senior Centers. See the section OLDER ADULTS for more information.

SBCBH contractually engaged Community Solutions in FY 2022/23 to work jointly with a Team of SBCBH Case Managers under the direction of the Children's System of Care Supervisor. At all the local schools, under the Promoting Access, Trust and Healthy Behaviors in Schools (PATHS) program, the PATHS team collectively provide bilingual and bicultural support and student check-ins, subject specific groups sessions and Parent/Caregiver workshops as well as linkage to further services at SBCBH. Classroom presentations are regularly provided to educate students of all ages on topics such as bullying, anxiety, or building good relationships, reinforced by Parent Support Workshops. These programs utilize Evidence-Based Practices (EBPs), such as Solution Focused Brief Therapy and Motivational Interviewing, that are funded through MHSA Prevention and Early Intervention (PEI) funds. These PEI programs are designed to help youth develop skills become healthy individuals in their communities.

SBCBH is continually aware that cultural and linguistic needs of our served population are ever-changing and to be responsive to those needs, SBCBH adjust staffing and staff scheduling as needed to accommodate those needs, with the goal of having a Spanish speaking psychiatrist available five days a week via telehealth. Interpreting is also directly available through SBCBH on-site support staff who often facilitate the telehealth connection with the clients.

SBCBH contractually engage several telehealth agencies to provide psychiatric and clinical services to help reduce barriers to care, such as transportation and childcare. Telehealth is utilized in a number of ways within SBCBH, for example Case Managers can take a laptop to a client to facilitate a telehealth session for clients who are unable to leave their homes and/or lack devices or technology for telehealth. With our community partner agencies SBCBH has been able to provide psychiatric services to the jail and to our local hospital for crisis support when a clinician cannot be present in-person. Telehealth services have helped reduce racial, ethnic, cultural and linguistic barriers to mental health and SUD services and provide a wider pool of providers to meet the needs of our community. SBCBH will continue to work towards designing programs and services to meet the linguistic and cultural needs of our residents.

Whilst 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 and other racial and ethnic groups; persons with disabilities; consumers in recovery (from mental health or substance use); LGBTQ+ community; 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. MHS funding helps supplement what cannot be covered by Medi-Cal revenues.

EQUITY, DIVERSITY AND INCLUSION COMMITTEE

The SBCBH Cultural Competence Committee was implemented in 2000 alongside the development of the first CLCP . During the pandemic, attendance waned but was revitalized in early 2023, renamed the Equity Diversity and Inclusion Committee (EDIC) in early 2024 and attendance has considerably increased during that year (see the table under the section TRAININGS AT THE EQUITY, DIVERSITY & INCLUSION COMMITTEE).

The EDIC meets every other month and provides opportunities for diverse educational presentations on cultural issues, discussions and group brainstorming of Committee goals, as well as the consideration of a variety of culturally related data.

Invitations to attend the Committee 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, contracted Community Based Organizations, the Office of Education and members of the LGBTQ+ community. A trend of collaboration amongst committee members is being fostered by the Committee Leader to enhance the outreach and awareness of services within our community.

See the section V. CULTURAL AND LINGUISTIC COMPETENCE for additional information.

II. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

AVAILABLE CULTURALLY AND LINGUISTICALLY COMPETENT SERVICES

SBCBH recognizes the need to be culturally responsive to persons and/or other diverse populations, by providing treatment in a manner that demonstrates an understanding of each client’s heritage, history, traditions, worldview, and beliefs. It is the intention and mission of SBCBH to involve as many diverse communities as possible in planning activities; SBCBH endeavors to engage more members of the community and the diverse populations within it, intended to provide the opportunity to give voice to consumers, persons of diverse racial backgrounds, family members, youth, and other cultural groups.

SBCBH contractually engages specialists to provide both cultural and linguistic training and education on a frequent basis throughout the year to SBCBH staff and Community Based Organization (CBO) staff. SBCBH strives to provide a warm and welcoming environment that is comfortable for those from diverse cultural backgrounds.

LATINO

All services are developed and implemented to be culturally and linguistically relevant to the local Latino community, including the translation of brochures and flyers describing the services SBCBH offer. 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. Staff attended the 2022 National Latino Behavioral Health Conference which focused on providing culturally responsive services for Latino populations. Staff are planning to attend again in 2025 to refresh this knowledge and potentially learn new ways in which SBCBH can be culturally robust.

CHILDREN AND TAY

The PATHS (Promoting Access, Trust, and Healthy Behaviors in Schools) program offers prevention and early intervention activities and services for children and TAY at schools across the county. This program includes prevention services to enhance social and emotional development, individual and group therapy, presentations, and advocacy and linkage to further services as needed. Community Solutions enhances these services by providing Caregiver Workshops to Parents and Caregivers.

LGBTQ+

SanBenito+ is led by a Peer Mentor Team that provides LGBTQ+ friendly and culturally relevant activities. The goal of San Benito+ is to create a welcoming space for youth and adult LGBTQ+ individuals and allies, to support individuals and offer services to help them understand how their personal experiences with discrimination or marginalization related to belonging to the LGBTQ+ community may affect their mental health. A PRIDE event occurs annually with motivational speakers, entertainment, food, and music, plus a variety of information about services from SBCBH and partnering agencies.

OLDER ADULTS

SBCBH staff and agency partners are trained to recognize signs and symptoms of mental illness in older adults. SBCBH offers programs and interesting activities for older adults at three local Senior Residences in Hollister and San Juan Bautista. A team of bilingual Case Managers provides the opportunity to engage with, inform, serve, and gather the feedback of a diverse 60+ population in both English and Spanish. Engaging this population during activities that help promote healthy relationship building and mental health is paramount. These activities include, painting, volleyball, cornhole and exercise with a movement circle amongst many others.

In one location, the team helped the tenants coordinate a potluck to successfully resolve tensions related to disagreements between tenants and staff that were causing mental health stressors. Other activities include Bingo, Loteria (Mexican Bingo), raffles, arts and crafts, and importantly, assistance with linkage to community resources and mental health discussions. At all locations, information about SBCBH services was provided and informational brochures given to residents.

SURVIVORS OF INTIMATE PARTNER VIOLENCE

Intimate partner violence (IPV) disproportionately affects marginalized individuals in San Benito County. The recent San Benito County Community Assessments emphasizes the prevalence of IPV among marginalized individuals and highlight the importance of early intervention strategies tailored to these populations.

A contracted counselor works with predominantly Latino individuals experiencing intimate partner violence offering mental health prevention and early intervention groups to help reduce stigma and improve access to mental health services. A support group and group sessions are facilitated by this 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 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.

Effective prevention and early intervention including safety planning strategies reduce the risk of future revictimization and address safety needs of survivors from marginalized groups. Data shows that marginalized individuals, including racial minorities, LGBTQ+ people, and those with financial difficulties, face higher risks of IPV, and survivors with limited financial resources especially, are more vulnerable to homelessness, as seen in California studies. Effective safety planning, such as identifying safe locations and financial resources, can reduce future victimization and help meet survivors' safety needs, especially for those from marginalized backgrounds.

PERSONS WITH DISABILITIES

SBCBH implements a policy to meet the needs of our visually and/or hearing-impaired clients. The majority of SBCBH written materials, including brochures, forms, and other documentation, are printed in large print (14-point font) as the standard print size. Documents that are not printed in large print on a regular basis are available to clients in 14-point font upon request. Clients are notified of this alternative at intake. TTY/TDD phone line and American Sign Language (ASL) interpreters are available for the deaf. Audio files of written materials are also available in both English and Spanish. In addition, an SBCBH staff member is available to read or help with any documents necessary for clients to be able to utilize and understand our services. A client's need or request for these alternative services is noted in the Access Log, and this is monitored for compliance by the Quality Improvement Compliance Officer or designee.

When needed, SBCBH staff provides transportation to SBCBH services and programs. Transportation for those 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. 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). All SBCBH facilities that serve clients are ADA accessible.

MECHANISMS TO INFORM CLIENTS OF SERVICES AND PROVIDERS

The *Guide to County Mental Health Services* brochure in both English and Spanish, highlights available services, including culturally specific services, such as SanBenito+ for the LGBTQ+ community. SBCBH also has a brochure for Substance Use Disorder services in English and Spanish. These guides include informing clients of the availability of language assistance at no cost to them, indicating the availability of interpreters. These brochures are available on the SBCBH website and provided to clients at intake and are available in the clinic lobby and the Esperanza Wellness Center.

A *Provider Directory* is available to clients and includes 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 Provider Directory is provided to clients upon intake, is available at the clinic and the Esperanza Center, as well as posted on the [SBCBH website](#) in both English and Spanish.

SBCBH offers a 24/7 crisis response accessed via the same main clinic phone number. Individuals who staff the 24/7 Access Line are trained to be familiar with the culturally competent services that SBCBH offers in order to provide callers with information relevant to their needs. Many staff, including the after-hours contract providers that staff this line, are bilingual in Spanish and can provide services in the person's primary language, or link clients to language assistance services.

SBCBH uses several additional mechanisms to inform current and potential clients of our culturally competent services and providers either directly, or through our partner agencies:

- SBCBH CPPP (Community Program Planning Process) – Community MHSA Education and Feedback Meetings which any resident of San Benito County can attend to learn about the MHSA, our current array of integrated services and access to those services. Attendees are invited to provide SBCBH with meaningful feedback.

- SBCBH conducts numerous outreach activities and events including: May is Mental Health Month event; Annual Pride Event; Red Ribbon Event; offers resource information at numerous other events held by other local community based organizations and partner agencies; frequent visits to known homeless encampments in Hollister.

- SBCBH [website](#) and future consideration for partner websites to include reciprocal links SBCBH Facebook page and Instagram social media.

- SBCBH monthly calendars for the Adult and SanBenito+ programs are available on the SBCBH website, and in print at the SBCBH Clinic and Esperanza Center.

- SBCBH informational brochures identifying available services and how to access them are available in both English and Spanish as mentioned above. Brochures are available for specific target groups such as the LGBTQ+ community. Brochures are available in clinic lobby; 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 where the upcoming CPPP events are advertised on a quarterly basis and articles about BH activities are often written for the community.

- Interagency Meetings such as SBC Public Health, the Opioid Task Force, California Alliance for Health (CAAH), the SBC Office of Education (SBCOE) and all our contracted Community Based Organizations (CBOs).

PROCESS FOR CAPTURING AND MEETING LANGUAGE NEEDS

The SBCBH 24/7 Access Log includes a field to record a caller's need for interpretation. This information is forwarded to clinical staff for the intake assessment. This information is 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 providing needed services.

PROCESS FOR REVIEWING GRIEVANCES AND APPEALS RELATED TO CULTURAL AND LINGUISTIC COMPETENCY

The Quality Improvement Compliance Officer (QICO) reviews any grievances and appeals that SBCBH receives from clients. These are recorded in the Grievance/Appeal Log, including if there are any issues that are related to cultural competency or discrimination, however, none have been reported within the last five years. The QICO reviews all issues and determines if the grievance resolution was culturally appropriate, especially if the grievance was repeated. Any such instances are noted, discussed at the QIC and/or EDIC meetings and with the Training Manager to determine if additional Cultural Competence counseling or training is appropriate for mitigation.

III. DATA AND ANALYSIS

COUNTY GEOGRAPHIC AND SOCIOECONOMIC PROFILE

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 estimated population in July 2023 is 68,175 (*US Census Bureau, Quick Facts*). San Benito County's largest city is Hollister, home to approximately 56,675 residents (*US Census 2020, Demographic Profile*).

According to the [2020 Census data](#), San Benito County has the fifth 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, and 38.9% is made up of other 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.

Approximately two-thirds of the San Benito population reside in Hollister, the remaining population density is spread out across the 1,390 square miles of the County with approximately only 46 persons per square mile, compared to the State of CA, as a whole, with approximately 251 persons per square mile.

SOCIOECONOMIC CHARACTERISTICS OF THE COUNTY

The most recently available data for estimated mean per capita income per year for all residents in San Benito County in 2022 was \$42,554 (U.S. Census, 2021 American Community Survey). In comparison, the statewide per capita income was \$46,661 for the same timeframe. This data shows that, on average, each person in San Benito County earns approximately \$4,107 less per year than the average person in the state.

The census data also estimates the median household income for San Benito County and statewide. San Benito County's median household income in 2022 was \$110,000, which is higher than the statewide average of \$104,823. This data reflects the increase in people who work in Silicon Valley but live in San Benito County due to housing prices being relatively more affordable in San Benito County. This indicates the prevalence of two primary community populations; one is the Latino community that has lived in San Benito for generations working in the agricultural industry, and the other commutes to Santa Clara County each day for their employment and, on average, makes a much higher income. As a result of the individuals living in San Benito but working in the high-tech industry, there has been a substantial increase in the median household income over the past few years.

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 may be generally less likely to access Mental Health and SUD services due to the culture of keeping problems within the confines of the family for fear of shame, discrimination, involvement with public agencies, including enrolling in state provided benefits such as Medi-Cal. In addition, immigration related trauma and acculturation issues may also contribute to the reluctance with initiating mental health and/or substance use treatment services especially for those undocumented, or who have family members who are undocumented for fear of the potential for deportation.

Barriers to serving this population may partially include the challenge of recruiting and retaining behavioral health professionals who reflect the culture and language needs of our rural, agricultural communities, the misunderstanding or deficiency of treatment approaches and the insufficiency of linguistically and culturally sensitive information on mental illness and mental health services in a manner that provides effective outreach to this population. 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 provision. Improving access for this population is a priority that SBCBH recognizes and continuously strives to improve by the following mechanisms:

- Regular Cultural Competence Training for staff, CBOs and partner agencies; including training specific to this population
- Documented information on services is translated into Spanish
- The SBCBH website has a whole page in Spanish with considerable information regarding services; the website will soon be redesigned to provide even more information about our services in Spanish
- Quarterly MHSA educational presentations (CPPP) are provided in interpreted Spanish
- Offering group services in Spanish and after regular office hours
- SBCBH continue to actively recruit bilingual/bicultural staff; currently, the total number of staff at SBCBH is 79; of these, 65 are staff in direct contact with clients in some capacity, and 34 of those direct contact staff (52%) are bilingual/bicultural.

DEMOGRAPHICS OF SAN BENITO COUNTY

Figure 1 shows census data from 2020 with a total County population of 64,209 compared to current data on the number of SBCBH staff within each of the same demographic categories to indicate the parity. The highest proportion of SBCBH staff are between the ages of 25-59; to have a workforce that is primarily this age group is expected. Equally, the highest proportion of clients is also within this age group. For gender, there are 50.3% females in the population; 50% female clients (in the total client population, 3% showed gender unknown); and 81.3% female staff.

When examining the data for Race/Ethnicity Distribution, the proportion of persons who are Latino in the county population (61.1%) and BH Staff (57.3%) is also comparable. Spanish is the only threshold language in San Benito County and in CY2022, almost one of every four members served identified Spanish as their primary language. SBCBH have 45.3% of SBCBH staff who are bilingual Spanish speakers which shows the importance of ensuring the recruitment of bilingual and bicultural staff into the workforce.

Figure 1
Comparison of San Benito County Residents and SBCBH Staff Demographics
By Age, Race/Ethnicity, and Gender

<i>Source: Census 2020</i>	San Benito County Population		SBCBH Staff	
	Number	Percent	Number	Percent
Age Distribution				
0 - 14 years	13,410	20.9%	-	-
15 - 24 years	8,819	13.7%	2	2.6%
25 - 59 years	29,378	45.8%	66	88.0%
60+ years	12,602	19.6%	7	9.3%
Total	64,209	100.0%	75	100%
Race/ Ethnicity Distribution				
Black	479	0.7%	3	4.0%
Alaska Native/ American Indian	221	0.3%	0	0.0%
Asian/ Pacific Islander	2,316	3.6%	8	10.6
White	19,785	30.8%	20	26.6%
Latino	39,241	61.1%	43	57.3%
Other/ Unknown	2,167	3.4%	1	1.33%
Total	64,209	100.0%	75	100%
Gender Distribution				
Male	31,941	49.7%	14	18.6%
Female	32,268	50.3%	61	81.3%
Total	64,209	100.0%	75	100%
Language				
English	31,941	49.7%	41	54.6%
Spanish	32,268	50.3%	34	45.3%
Total	64,209	100.0%	75	100%

MEDI-CAL BENEFICIARIES IN MENTAL HEALTH SERVICES

Figure 2 compares the number of San Benito County residents who are eligible for Medi-Cal with the data obtained from the most recent External Quality Review (see more below), demonstrating the quantity of eligible residents who have received mental health services from SBCBH, indicated as a percentage to illustrate the proportion or *Penetration Rate*.

The data source is an annual external review of our services, known as External Quality Review Organization (EQRO), carried out by an independent party under contract with the State. This data is used to help us understand how SBCBH is performing our primary function in providing Specialty Mental Health Services to eligible Medi-Cal beneficiaries. A broader assessment of comprehensive community mental health needs and penetration rates in services outside of SBCBH is not possible due to lack of data for individuals who have private or commercial insurance, as well as those who are not insured, and those who have mental health needs served by other entities.

If possible, SBCBH will work with the Public Health Department to create a methodology to conduct a mental health needs assessment for the community of San Benito.

Figure 2
San Benito County Medi-Cal Mental Health Penetration Rates
By Age and Race/Ethnicity

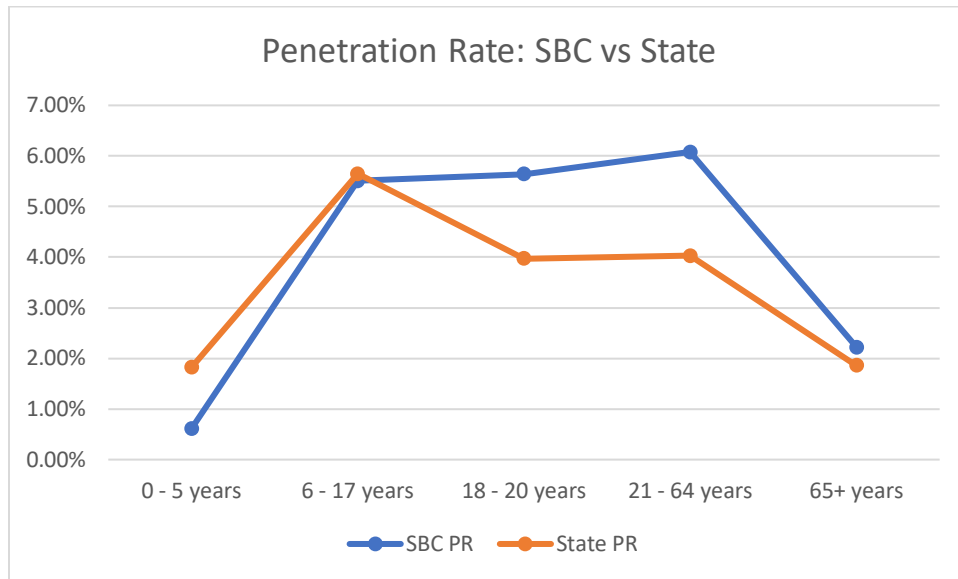
<i>Source: BHC EQRO</i>	Medi-Cal Eligible Residents of SBC		SBCBH Mental Health Clients CY 2022		SBC Population Mental Health Penetration Rate <i>Clients ÷ Eligible Res</i>	State Penetration Rate
Age Distribution						
0 - 5 years	2,450	11%	15	1%	0.61%	1.82%
6 - 17 years	5,503	26%	303	28%	5.51%	5.65%
18 - 20 years	1,241	6%	70	7%	5.64%	3.97%
21 - 64 years	10,532	49%	640	60%	6.08%	4.03%
65+ years	1,714	8%	38	4%	2.22%	1.86%
Totals	21,440	100%	1066	100.00%	Avg: 4.01%	Avg: 3.47%
Race/Ethnicity Distribution						
African American	82	0%	<11	-	-	7.08%
Asian/ Pacific Islander	407	2%	14	1.31%	3.44%	1.91%
Hispanic/Latino	15,900	74%	723	67.82%	4.55%	3.51%
Native American	29	0%	<11	-	-	5.94%
White	2,944	14%	245	22.98%	8.32%	3.57%
Other/ Unknown	2,079	10%	76	7.13%	3.66%	5.45%
Totals	21,441	100%	1,058	99.25%	-	-

NOTE: Total annual eligibles in the above table may show small differences due to the rounding of different variable when calculating the annual total as an average of the monthly total eligibles, or that some clients declined to provide certain demographic information.

MENTAL HEALTH SERVICES PENETRATION RATE

At the most recent EQRO, the SBCBH Penetration Rate was reviewed and revealed how the SBCBH Penetration Rate compared to the State Penetration Rate; in all but the youngest age group of 0-5 years, SBCBH either met or exceeded the State Penetration Rate visually demonstrated in Figure 3 below, based on the age percentages in the table on the preceding page.

Figure 3
San Benito County Medi-Cal Mental Health Penetration Rates Compared to State,
by Age Group
CY2022



The penetration rate data shows that an average of 4.01% of the Medi-Cal eligible population of San Benito County received mental health services from SBCBH, with 1,066 individuals out of the 21,440 eligible residents. Comparing the SBCBH 4.01% average penetration rate to the State average penetration rate of 3.47%, it seems that SBCBH are above average in reaching those who need mental health services. SBCBH will continue to reach out to help the community be aware of the services offered through numerous Outreach efforts and events and the Community Program Planning (CPP) Process detailed in the MHS [Annual Update](#) for FY2024/25.

Penetration rate can be influenced by many factors, some of which are mentioned here. Stigma associated with seeking mental health services particularly in the Older Adult age group, or certain ethnic groups may also contribute to a reluctance to seek services. To address stigma, the SBCBH Department continues to reach out to the community through numerous local community events and activities as well as school student early intervention education, an anti-stigma campaign is planned (see the MHS [Annual Update](#) for FY2024/25 for more information).

The lack of community knowledge of the provision of mental health services, which is being addressed by the year-round increased efforts of the CPP process as well as offering a wide variety of mental health education and facility tours are regularly held during the month of May which is widely recognized as *May is Mental Health Month* every year.

ANALYSIS OF DISPARITIES IDENTIFIED IN MENTAL HEALTH SERVICES

Of the identified race/ethnicity groups, the penetration rates for Asian/Pacific Islander (3.44%) is the lowest, however, this is one of the smallest ethnic groups in SBC. Compared with the State penetration rate, SBC is 1.53% higher than the State penetration rate of 1.91%. Indeed, it was noted at the last EQRO that SBC “[has] consistently high penetration rates (PR) for all age groups and ethnicities” which may be attributable to the numerous outreach activities and resource fairs that SBCBH either organizes or participates in with other County Departments and local organizations, based on increasingly collaborative partnerships.

The penetration rate data for age shows that there are a higher proportion of children (over 5 years), TAY and adults served, compared to older adults which may be a reflection of several factors; generational stigma associated in seeking services and lack of awareness of service availability. In consideration of the penetration rate for children aged 0-5, other organizations in SBC offer services to children five years and younger, and children in this age range have lower rates of mental health conditions. However, it is concerning that the penetration rate for children aged 0-5 is lower than the State average and SBCBH will explore ways to increase outreach to families with young children who are eligible for mental health services.

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

SBCBH actively seeks direct service staff who are fluent in both English and the threshold language of Spanish. In FY23/24 of the 19 newly hired staff, 12 were bilingual, 10 of which are direct service staff. By comparison, in FY22/23, of the 15 new hires there were 8 bilingual staff and in FY 2021/22, of the 21 new staff hired, 12 were bilingual.

Although data for primary language spoken at home was not available for this time period, traditionally we have observed that many of our clients prefer to receive services in Spanish. Our current staff can 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 has 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 LBGTO+, co-occurring disorders, mental health and substance use recovery, and consumer culture are also actively sought for recruitment.

MENTAL HEALTH PENETRATION RATE TRENDS

Due to the introduction of a new electronic health record software system in July 2024, whose data reporting function is still under development, it is not yet possible to obtain data to identify trends in penetration rate by age. Please reference the previous Cultural and Linguistic Competence Plan for FY2023/24 to see data for the number of clients by age served between FY 2020/21 through FY 2022/23 and calculated as a penetration rate. As soon as this data is available, charts will be developed to help SBCBH identify trends in our penetration rate of all DHCS defined age groups and race / ethnicities present in San Benito County.

UTILIZATION AND ANALYSIS OF MENTAL HEALTH SERVICES

UTILIZATION OF MENTAL HEALTH SERVICES

Due in part to the introduction of the aforementioned new electronic health record whose reporting function is still under development, plus the introduction of the new CalAIM initiative which changed the billing categories and services codes for services provided, comparable data is not yet available for the period FY2023/24 onwards. As soon as data is available, analysis will be conducted and charts developed to indicate the utilization of mental health and substance use disorder services.

Please refer to the previous Cultural and Linguistic Competence Plan for FY2023/24 to see data indicating the utilization for the time period FY 2020/2021 to FY 2022/2023.

MEDI-CAL BENEFICIARIES IN SUBSTANCE USE DISORDER SERVICES

The Drug Medi-Cal Organized Delivery System (DMC-ODS) provides a system of care for the organized delivery of substance use disorder (SUD) treatment services to eligible Medi-Cal members with Substance Use Disorder (SUD) by providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for SUD treatment services and provides Medi-Cal members with access to the care and system interaction needed in order to achieve sustainable recovery.

Figure 4 shows the number of persons in the county population who are eligible for Medi-Cal and the number of persons who received one or more Substance Use Disorder (SUD) services during CY 2022 by age and race/ethnicity; data for gender was unavailable.

Figure 4
San Benito County Substance Use Disorder Services Penetration Rates
By Age and Race/Ethnicity, Language

<i>Source: BHC DMC-ODS FY23/24 Report</i>	DMC-ODS Medi-Cal Eligible Residents of SBC		DMC-ODS Clients Served CY 2022		SBC Population DMC-ODS Penetration Rate <i>Clients ÷ Eligible Res</i>	State Penetration Rate
Age Distribution						
12 - 17 years	2,726	18%	0	0%	0.29%	0.25%
18 - 64 years	11,005	71%	190	88%	1.33%	1.19%
65+ years	1,690	11%	<11	12%	0.44%	0.49%
Totals	15,421	100%	217	100.00%	2.06%	1.93%
Race/Ethnicity Distribution						
African American	67	<1%	0	-	0%	1.19%
Asian/ Pacific Islander	356	2%	<11	1%	-	0.15%
Hispanic/Latino	11,451	74%	138	64%	1.21%	0.69%
Native American	24	<1%	<11	-	-	2.01%
White	2,453	16%	61	28%	1.40%	1.67%
Other/ Unknown	1,072	7%	15	7%	2.49%	1.26%
Totals	15,423	100%		100%		

NOTE: The total number of DMC-ODS eligible individuals are less compared to those for mental health services, as eligibility begins at 12 years old.

Similar to the mental health services, the data source is an annual external review of our services, known as the Medi-Cal Specialty Behavioral Health External Quality Review for DMC-ODS, carried out by an independent party under contract with the State. This data is used to help us understand how SBCBH is performing in providing Substance Use Disorder (SUD) Services to eligible Medi-Cal beneficiaries. A broader assessment of comprehensive community SUD needs and penetration rates in services outside of SBCBH is not possible due to lack of data for individuals who have private or commercial insurance, as well as those who are not insured, and those who have SUD needs served by other entities.

SUBSTANCE USE DISORDER SERVICES PENETRATION RATES

From this data, a penetration rate can be calculated to show the percentage of persons that received SUD services in CY 2022 in San Benito County. Dividing the number of clients served by the eligible residents, results in a penetration rate of 2.06% as compared to the state penetration rate of 1.93%. Penetration Rate (PR) is a comparative indicator of access for the total number of DMC-ODS clients served; since the PR for San Benito is 2.06% this shows that more clients have been served than the statewide average. The majority of services in San Benito are delivered to Hispanic/Latino members; currently 74 percent of San Benito County Medi-Cal eligibles are Hispanic/Latino and 64 percent of services delivered are to this race/ethnicity group. Of the total county population of 64,209, those who are eligible for DMC-ODS number 15,421, and of those eligible, there were ±217 [unduplicated] clients who accessed SUD services in CY 2022.

The penetration rate data in Figure 4 shows that 0.24% of the total San Benito County population, or 2.06% of those eligible for DMC-ODS Medi-Cal, received SUD treatment services. Penetration rate is often used as an indicator of performance, however, it is important to consider that not every individual eligible for DMC-ODS Medi-Cal may be in need of such services. A true penetration rate would reflect those *in need* versus those who received services, but we can only calculate the penetration rate based on those who are DMC-ODS Medi-Cal eligible *and* seek services as well as continuing outreach efforts in collaboration with other county departments to further identify the need for individuals who are unaware of our SUD services.

ANALYSIS OF THE POTENTIAL FOR DISPARITIES IN SUBSTANCE USE DISORDER SERVICES

The DMC-ODS program at SBCBH offers services to those eligible aged 12 and above. Figure 4 data shows that although 18% of youth between the ages of 12-17 are eligible for DMC-ODS Medi-Cal, 0% were served. The vast majority of SUD clients (71%) are adults between the ages of 18-64 years, but only 11% aged 65 and above. Equating this data to the SBC population is unfortunately not directly comparable as the census age groupings are different, however, Figure 4 does indicate that the majority of clients are between the ages of 18-64 *and* Latino.

No data was available to see if there is a predominance between the total number of males/females in the general population or DMC-ODS Medi-Cal to determine if there is any disparity between one receiving a greater number of services compared to the other.

Comparing race/ethnicity data can be interpreted to determine how readily the listed racial/ethnic subgroups comparatively access SUD services through the DMC-ODS. There are 64% of DMC-ODS SUD clients who identify as Latino compared to 61.1% of the SBC population and there are 28% of DMC-ODS SUD clients who identify as White compared to 30.8% of the SBC population. This perhaps demonstrates that there is a lack of disparity in that the number of clients served are in proportion to the ethnic distribution of the SBC population. However, the penetration rate for Latino is 1.21%, which is lower than the 1.40% penetration rate for White which may indicated a cultural reluctance to seek services. The other Race/Ethnicity groups have very small numbers, so this data cannot be accurately analyzed.

In summary, the highest prevalence of clients who received SUD services are between ages 18 and 64 and identify as Latino. Previously, SBCBH recognized the need in this demographic focus and will continue to provide DMC-ODS services relevant for youth and adults, be available in both English and Spanish and will endeavor to ensure they continue to be engaging and culturally relevant, especially to the Latino community.

UTILIZATION AND ANALYSIS OF SUBSTANCE USE DISORDER SERVICES

UTILIZATION OF SUBSTANCE USE DISORDER SERVICES

Again, due in part to the introduction of a new electronic health record whose reporting function is still under development, plus with the introduction of the new CalAIM initiative which changed the billing categories and services codes for services provided, comparable data is not yet available for the period FY2023/24 onwards. As soon as data is available, analysis will be conducted and charts developed to indicate the utilization of mental health and substance use disorder services.

Please refer to the previous Cultural and Linguistic Competence Plan for FY2023/24 to see data indicating the utilization for the time period FY 2020/2021 to FY 2022/2023.

IV. STAFF AND SERVICE PROVIDER ASSESSMENT

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 (2)
- SUD Program Clinical Supervisor: Latina (1)
- Quality Improvement Supervisors: Asian (3), White (1), Latino (1)
- Administrative Services Manager: Latina (1)
- Prevention Team Manager: Latina (1)
- Community Response Team Manager; White (1)
- MHSA Manager: White (1)
- BH Staff Analysts: Asian (1), White (1)

STAFF CULTURAL COMPETENCE SURVEY AND RESULTS

To assess the cultural composition and awareness of its workforce, SBCBH carried out a Cultural Competence Survey in September 2024. The complete results are shown in Appendix A.

DETAILS OF SURVEY RESPONDENTS

SBCBH has a total of 75 staff members and 55 responded to the survey.

According to the survey, of the 55 respondents:

- 29 staff (53.7%) are bilingual
- 37 (69.8%) staff indicated they are Hispanic/Latino
- Of the 29 staff who are bilingual, only 11 (37.9%) indicated they are proficient in reading and/or writing in Spanish, however, 7 more indicated proficiency in both English and Spanish bringing the total percentage to 62.1%. English proficiency ranked at 34.5% with 10 of the respondents
- Of the 29 staff who reported being bilingual, 16 (33.3%) act as an interpreter as part of their job function (Spanish language).
- Of the 54 staff who reported their Gender Identity, 45 were female (83.3%) and 9(16.7%) were male
- Of the 53 staff who responded regarding lived Mental Health experience, 29 (54.7%) consider themselves to be a person with lived Mental Health experience, and 36 (66.7%) are a family member of a person with lived Mental Health experience.
- Of the 54 staff who responded regarding lived Substance Use Disorder (SUD) experience, 11 (20.3%) staff reported that they are a person with lived SUD experience
- Of the 51 staff who responded regarding family SUD experience, 30 (55.6%) said that they are a family member of a person with lived SUD experience.

STAFF CULTURAL PROFICIENCY

The survey asked several questions about cultural proficiency and responsiveness, examples are shown below. See Appendix A for more detailed information. 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 as indicated:

63.6% *I examine my own cultural background and biases [race, culture, sexual orientation] and how they may influence my behavior toward others*

88.89% *I recognize that gender roles in families may vary across different cultures. (91% responded Frequently)*

90.91% *I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs.*

94.44% *I recognize that family may be defined differently by different cultures. (89% responded Frequently)*

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

56% *Reflected on race/ethnicity and how it affects working with clients*

64% *Read/watched/listened to media about multi-cultural issues*

52% *Learned something about a racial and/or cultural group other than their own*

42% *Attended a cultural humility training seminar (17%).*

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

30% *Sought guidance about barriers for people living with disabilities that arose during therapy/service delivery*

30% *Recognize a prejudice they have about certain people*

20% *Regularly attend the Equity, Diversity and Inclusion Committee meetings*

16% *Sought consultation or supervision about multi-cultural issues (4%).*

16% *Attended a training on Implicit Bias (6%).*

16% *Challenged a racist remark*

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.

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 EDIC and Management Team 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 simply a need for bilingual/bicultural staff. Additional staff are also needed who are competent in other cultures as well, such as LGBTQ+, co-occurring disorders, substance use recovery, and consumer culture.

Another challenge is the lack of staff time to attend either cultural competence trainings or the EDIC meetings. Frequent shortages of staff result in lack of opportunities to attend due to increased workload. This may be compounded by a misunderstanding of the culturally educative purpose of the EDIC in that the syndrome of "it does not apply to me in my role" is prevalent. However, all staff are required to complete annual cultural competency training and our Training Manager tracks compliance.

To mitigate these challenges, SBCBH incorporates discussions of delivering culturally-relevant services within regular staff meetings, especially during clinical Team meetings, and as cultural issues in the provision of care emerge, best practices are discussed and implemented in the care of clients, with the goal of each client being treated as an individual with differing needs and cultural backgrounds. 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. In addition, it is understood that age, health, gender, community, and lifestyle have an important role in meeting the individual needs of each client.

V. CULTURAL AND LINGUISTIC COMPETENCE TRAINING

TRAINING OVERVIEW

It is intended that all SBCBH 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. Learning experiences include face-to-face meetings and training, individual learning sessions online, and ongoing discussions during staff meetings, clinical team meetings and during supervision. SBCBH complies with the requirement to provide at least six hours of cultural competence related training to staff on an annual basis.

SBCBH has integrated cultural competence training and discussions in staff meetings since 2013. Over this period, SBCBH staff have expanded their knowledge of different cultures and infused this knowledge throughout rendered services. SBCBH strives to create a learning environment where the staff members feel safe to ask questions about culture so that each person has the opportunity to learn and expand their services to better meet the needs of the community.

The department is developing 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. Any regional and/or state trainings offered on promoting and delivering culturally relevant services are attended where feasible.

TRAININGS AT THE EQUITY, DIVERSITY & INCLUSION COMMITTEE

In FY 2023-24, the Cultural Competence Meeting was renamed the Equity, Diversity and Inclusion Committee by a vote of the committee attendees in early 2024. The meetings take place bi-monthly and a comprehensive range of subject matters are explored as shown in the table below.

The table below also shows the attendance of staff, contract providers, partner county agencies from June 2023 through to December 2024. The second table shows the trainings that are planned for the remainder of 2024.

Equity, Diversity and Inclusion Committee Trainings June 2023 through December 2024

Training Event or Title of Training	Date Conducted	Attendees
Why Pronouns Matter to the LGBTQ+ Community	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
The Complexities Of Loss And Prolonged Grief	Feb 2024	18
Language Misinterpretation and Implicit Bias	April 2024	15
UCSF research re: Black and Latine/x gender diverse and transgender youth	June 2024	17
FSA of CC-SPS; Suicide Prevention Awareness	August 2024	31
Cultural Competence In the Delivery of Community Services	October 2024	28
Heroes 4 Heroes Support for First Responders/Veterans	December 2024	30

Upcoming presentations in 2025 will include *Identifying Dementia/Alzheimer's in Community First Response; Understanding and Working With Veterans* and *Age-Related Mental Health*. Potential upcoming subjects for presentation and discussion are; *Surviving Substance Abuse; Success Over Stigma; Gender Affirming Care* if speakers can be found that can address these subjects.

CULTURAL AND LINGUISTIC COMPETENCE TRAINING

Early in 2024 Dr Matthew Mock was contractually engaged to deliver three different Cultural Competence Trainings during 2024. Dr Mock offers an extensive array of culturally competent training options and worked closely with the SBCBH Training Manager to select those that were most relevant based on the local demographic; class titles and attendance are shown in the table below, and all classes were well attended and well received by those staff. In addition, Dr Mock provided the EDIC members with an additional hour of training on *Cultural Competence In the Delivery of Community Services*, as included in the table above.

As Spanish is the threshold language in San Benito County, SBCBH also contracted with the National Latino Behavioral Health Association (NLBHA) to provide Interpreting classes. Two classes were provided (as shown in the table below, skills for staff who are bilingual in Spanish and may need to act as an interpreter in clinical situations and skills training specifically for providers, and direct client service staff, who are not bilingual in Spanish but may see monolingual Spanish speaking clients and work with bilingual SBCBH staff to facilitate interpretation. Both classes were held in-person and were well attended and received by SBCBH Staff.

Training Title	Number of Completions
Foundations in Culturally Responsive Services and Optimizing Cultural Humility through CLAS Standards	35
Wellness, Resilience, & Recovery with Cultural Humility: Working Effectively with Latinos/as & Their Families	37
Culturally Competent Practitioner Care Amid Stressors, Pressures, and Secondary Trauma	15
NLBHA: Interpreting Skills for SBCBH Bilingual Staff	18
NLBHA: Effectively Communicating Through An Interpreter for Providers	20

Additional training on a variety of cultural competence subjects are available to staff via the Relias online training portal owned by SBCBH which gives the staff the opportunity to look for individual, self-paced learning classes of interest as well as classes assigned by Supervisors. The list in the table below shows twenty-three classes which have a cultural competence focus of the 154 different classes that staff completed during the period July 2023 through June 2024 via Relias.

All Staff Trainings – Relias Platform
July 2023 through June 2024

Training Title	Number of Completions
Care of the LGBTQ Resident in California	1
Communicating effectively	2
Cultural Competence and Healthcare	37
Cultural Competence for Supervisors	1
Cultural Humility and Implicit Bias in Behavioral Health	1
DEI: Multicultural Care for the Organization	33
Diversity, Equity, and Inclusion for the Healthcare Employee	1
Effectively Communicating through an Interpreter	1
Engaging Family Members in Crisis Planning	1
Introduction to Cultural Variations in BH for Paraprofessionals	32
Overcoming Barriers to LGBTQ+ Affirming BH Services	1
Overview of Family Psychoeducation	1
Prevalence and Treatment of Substance Use Disorder in the LGBTQ+	1
Promoting Independence of Older Adults	1
Reducing Suicide Risk in Adolescents and Transitional Age Youth	1
SBC Trafficking Victims Protection Act (TVPA)	10
Strategies and Skills for Behavioral Health Interpreters	3
Substance Use in Military and Veteran Populations	1
Substance Use Treatment in Rural Communities	1
Substance Use Treatment with Justice Involved Individuals	2
Telehealth with Individuals with Serious Mental Illness	3
The Connection Between Substance Abuse and Intimate Partner Violence	1
Veterans and Mental Health Conditions	1

VI. PROGRAM GOALS FOR THE NEXT 3 FISCAL YEARS

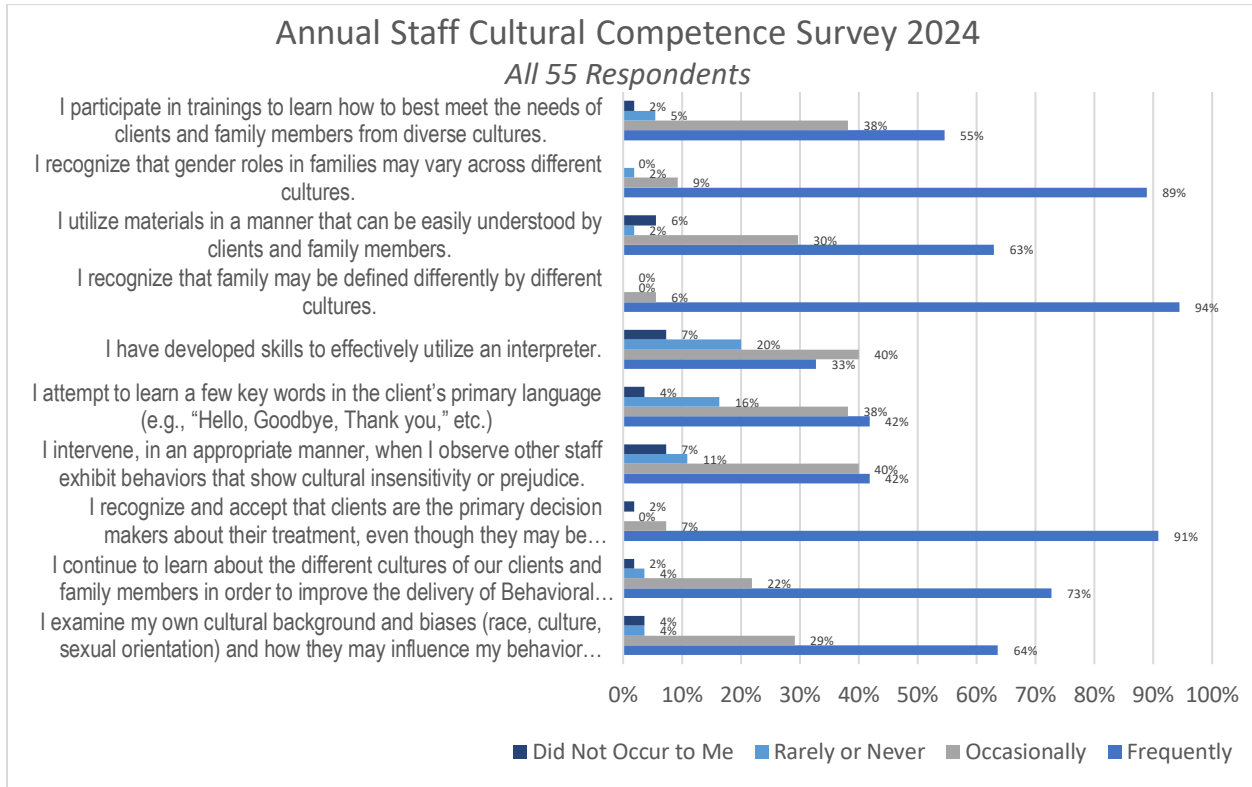
Analysis of current programs and data allows SBCBH to develop goals and action items to improve quality of care and cultural competency. The following goals and action items are relevant for FYs, 2024/25, 2025/26 and 2026/27; these goals and action items will be reviewed and updated at least annually. 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.

<p>Goal: To provide timely access to culturally and linguistically appropriate, integrated, behavioral health services to improve access for individuals 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>			
Action Item	Description	Resource/Evidence	Status/Progress
A	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 are reviewed annually for accuracy and made available to clients in the BH lobby, Esperanza Center, at all Outreach events and on our website at a minimum. The MH Services brochure was last updated in Spring 2024.
B	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.	Hiring process where SBCBH continually strives to hire bilingual/bicultural staff.	For FY 2023/24, of the 19 new hires there were 12 bilingual staff.
C	Ensuring that all staff are able to provide services in the clients’ primary language if requested with interpretation provided either by SBCBH Staff or via the Language Line	Interpreter training for both staff providing interpretation or providers whose primary language is different from the client.	NLBHA Classes took place in 2024; see section CULTURAL AND LINGUISTIC COMPETENCE TRAINING for more information.
D	Ensure that the crisis line is culturally sensitive to all persons utilizing these services, and clients receive services in their preferred language.	Auditing of callers experience(s) with the contract provider that services the crisis line.	Ongoing
E	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 3 MH Peer Mentors are previous or current clients and are bilingual/bicultural. The LGBTQ+ Peer Mentors are previous or existing clients of SBCBH, but this is not a mandatory prerequisite.

APPENDIX A

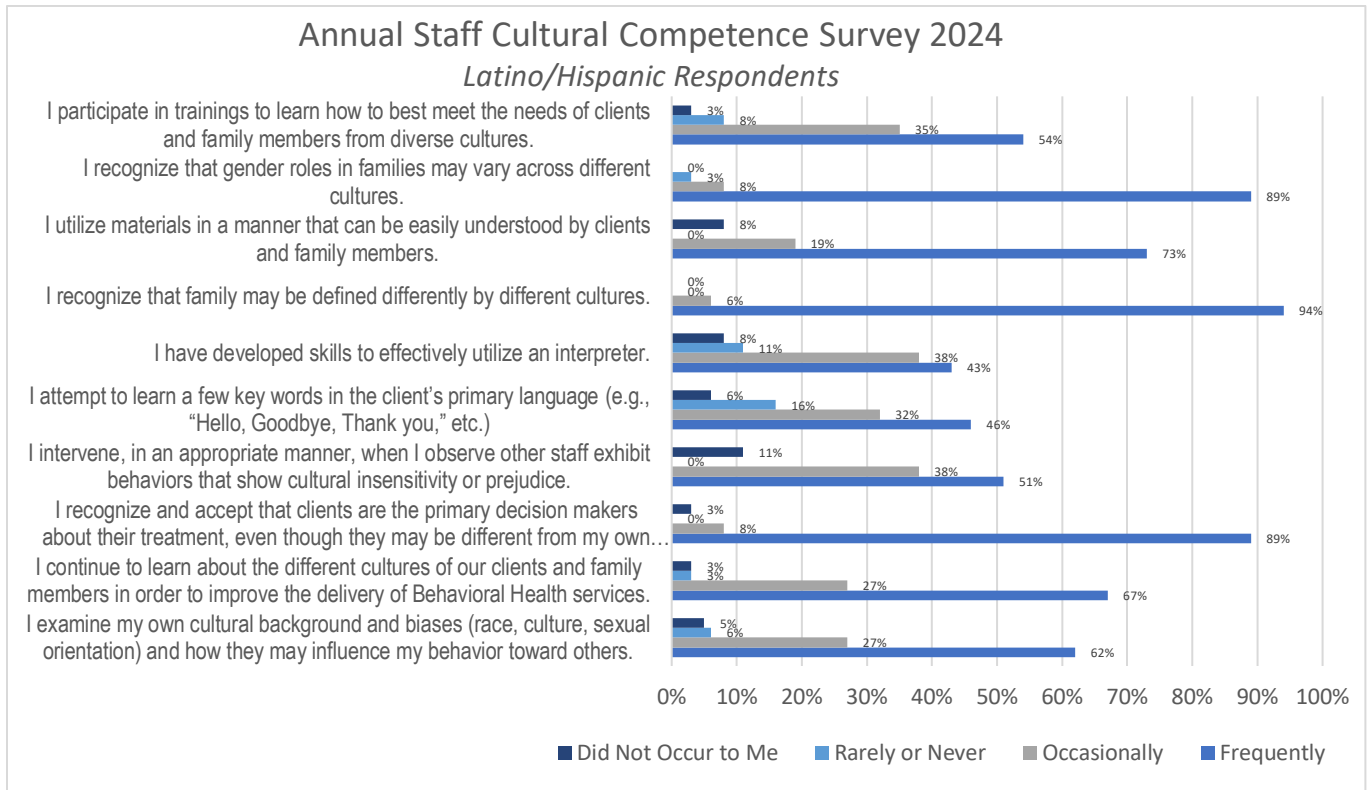
STAFF CULTURAL COMPETENCE SURVEY 2024 RESULTS

The first ten questions elicited opinions from ALL staff on matters of cultural competence. It is encouraging to note that there were very few responses of “Did Not Occur To Me” which demonstrates a high level of awareness from the majority of staff regarding cultural differences and a “Frequently” response of recognition and attempts to work with the clients’ cultural differences.



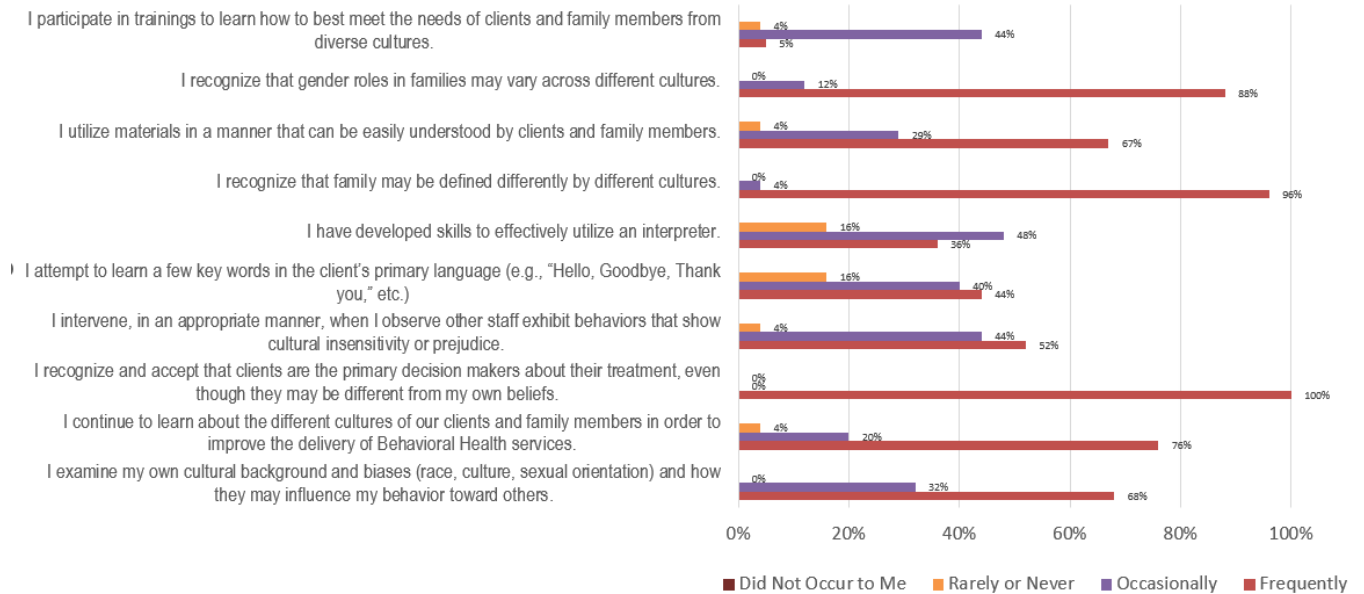
Questions regarding Cultural Competence	Frequently	Occasionally	Rarely / Never	Did Not Occur to Me
I participate in trainings to learn how to best meet the needs of clients and family members from diverse cultures.	64%	29%	4%	4%
I recognize that gender roles in families may vary across different cultures.	73%	22%	4%	2%
I utilize materials in a manner that can be easily understood by clients and family members.	91%	7%	0%	2%
I recognize that family may be defined differently by different cultures.	42%	40%	11%	7%
I have developed skills to effectively utilize an interpreter.	42%	38%	16%	4%
I attempt to learn a few key words in the client’s primary language (e.g., “Hello, Goodbye, Thank you,” etc.)	33%	40%	20%	7%
I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice.	94%	6%	0%	0%
I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs.	63%	30%	2%	6%
I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services.	89%	9%	2%	0%
I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others.	55%	38%	5%	2%

The following three charts and accompanying data tables demonstrate the differing responses between Latino/Hispanic staff, White staff and the collective of All Other staff ethnicities on the first ten questions regarding cultural competence.



<i>Questions regarding Cultural Competence Respondents – Latino/Hispanic</i>	<i>Frequently</i>	<i>Occasionally</i>	<i>Rarely / Never</i>	<i>Did Not Occur to Me</i>
I participate in trainings to learn how to best meet the needs of clients and family members from diverse cultures.	62%	27%	6%	5%
I recognize that gender roles in families may vary across different cultures.	67%	27%	3%	3%
I utilize materials in a manner that can be easily understood by clients and family members.	89%	8%	0%	3%
I recognize that family may be defined differently by different cultures.	51%	38%	0%	11%
I have developed skills to effectively utilize an interpreter.	46%	32%	16%	6%
I attempt to learn a few key words in the client's primary language (e.g., "Hello, Goodbye, Thank you," etc.)	43%	38%	11%	8%
I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice.	94%	6%	0%	0%
I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs.	73%	19%	0%	8%
I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services.	89%	8%	3%	0%
I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others.	54%	35%	8%	3%

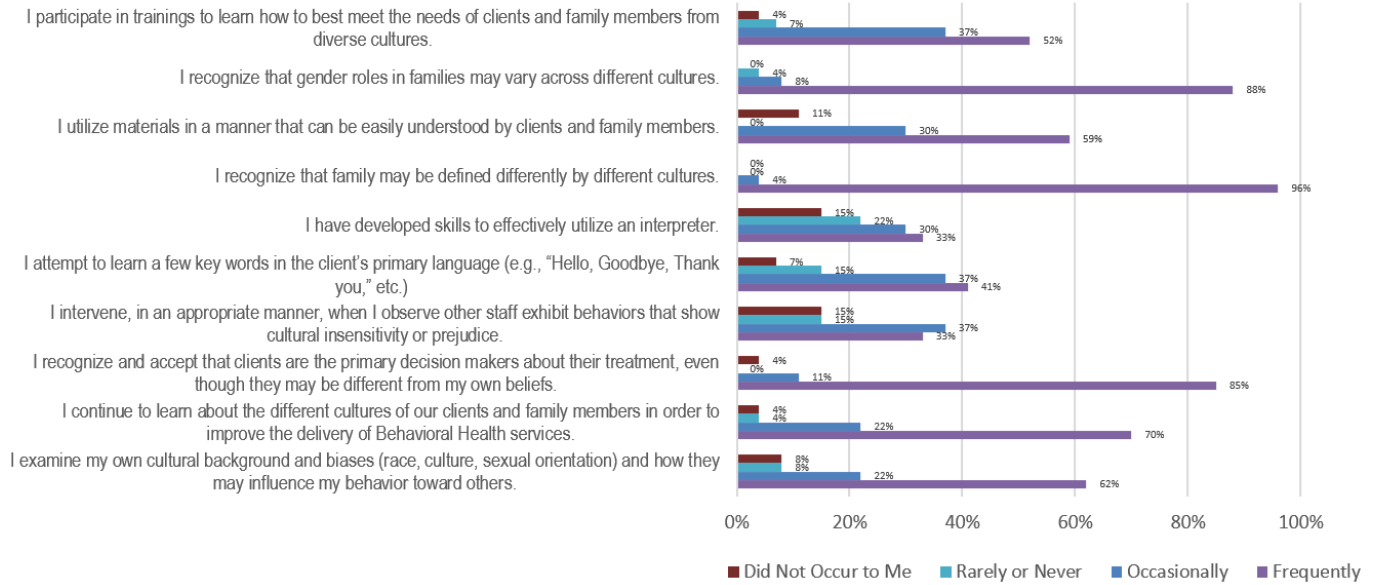
Annual Staff Cultural Competence Survey 2024
White Respondents



<i>Questions regarding Cultural Competence Respondents – White</i>	<i>Frequently</i>	<i>Occasionally</i>	<i>Rarely / Never</i>	<i>Did Not Occur to Me</i>
I participate in trainings to learn how to best meet the needs of clients and family members from diverse cultures.	68%	32%	0%	0%
I recognize that gender roles in families may vary across different cultures.	76%	20%	4%	0%
I utilize materials in a manner that can be easily understood by clients and family members.	100%	0%	0%	0%
I recognize that family may be defined differently by different cultures.	52%	44%	4%	0%
I have developed skills to effectively utilize an interpreter.	44%	40%	16%	0%
I attempt to learn a few key words in the client's primary language (e.g., "Hello, Goodbye, Thank you," etc.)	36%	48%	16%	0%
I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice.	96%	4%	0%	0%
I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs.	67%	29%	4%	0%
I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services.	88%	12%	0%	0%
I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others.	5%	44%	4%	0%

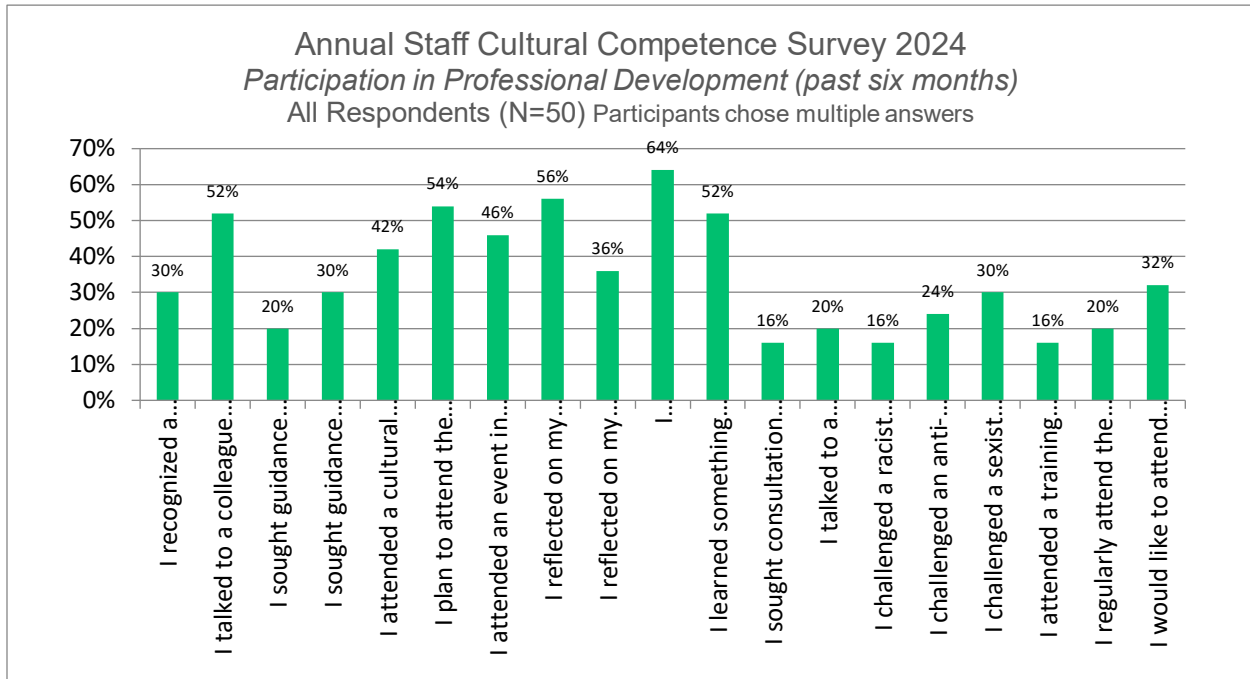
Annual Staff Cultural Competence Survey 2024

All Other Ethnicity Respondents



Questions regarding Cultural Competence Respondents – All Other Ethnicities	Frequently	Occasionally	Rarely / Never	Did Not Occur to Me
I participate in trainings to learn how to best meet the needs of clients and family members from diverse cultures.	62%	22%	8%	8%
I recognize that gender roles in families may vary across different cultures.	70%	22%	4%	4%
I utilize materials in a manner that can be easily understood by clients and family members.	85%	11%	0%	4%
I recognize that family may be defined differently by different cultures.	33%	37%	15%	15%
I have developed skills to effectively utilize an interpreter.	41%	37%	15%	7%
I attempt to learn a few key words in the client's primary language (e.g., "Hello, Goodbye, Thank you," etc.)	33%	30%	22%	15%
I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice.	96%	4%	0%	0%
I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs.	59%	30%	0%	11%
I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services.	88%	8%	4%	0%
I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others.	52%	37%	7%	4%

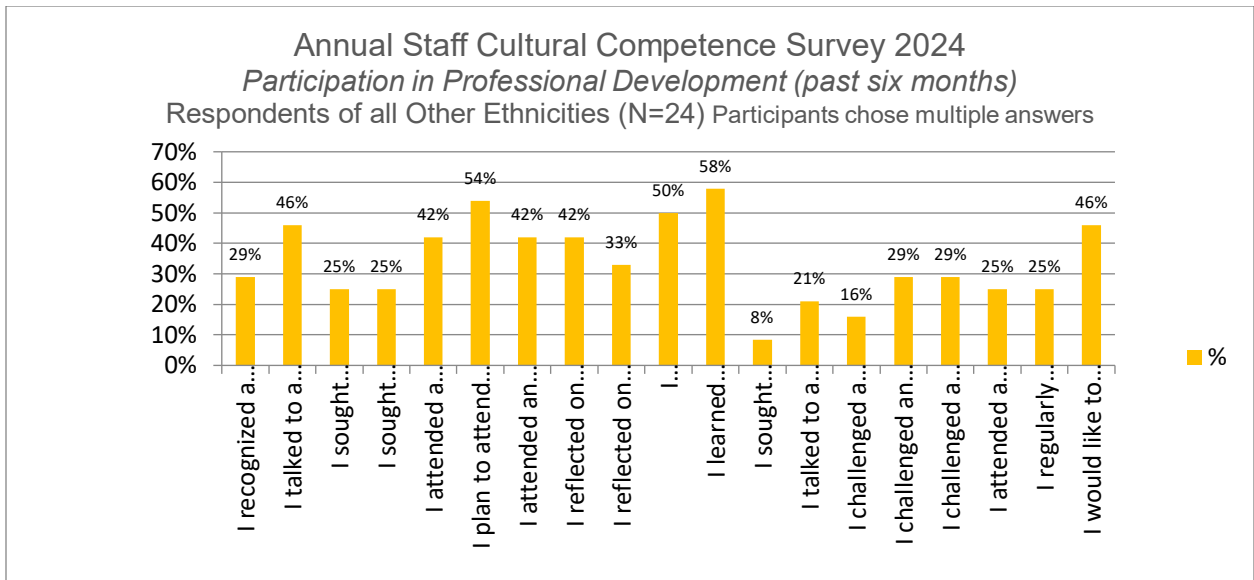
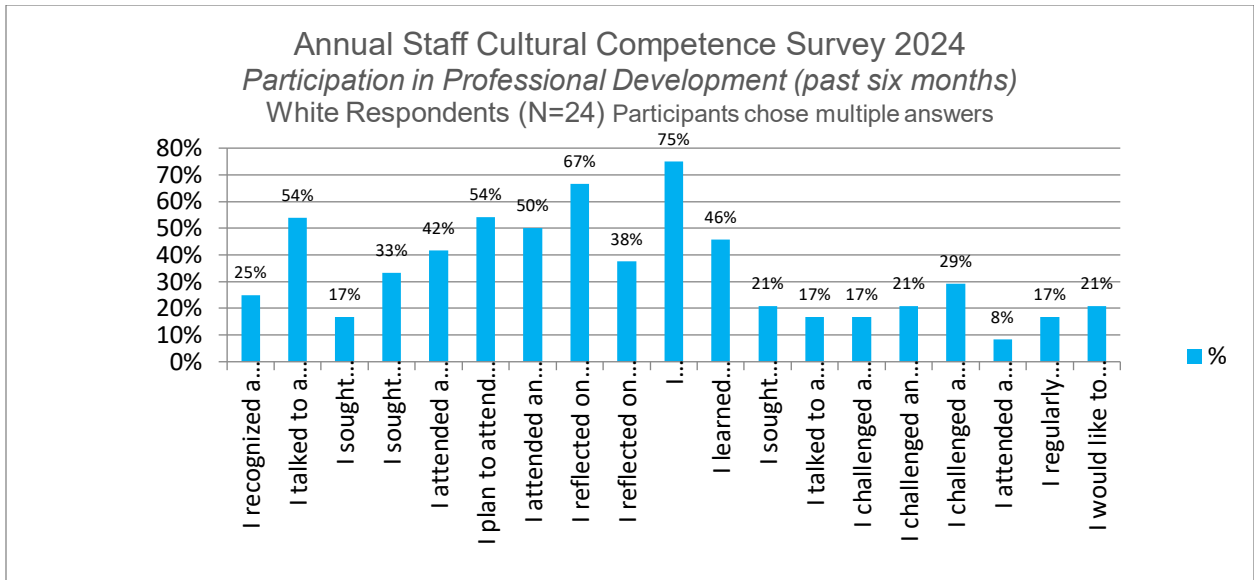
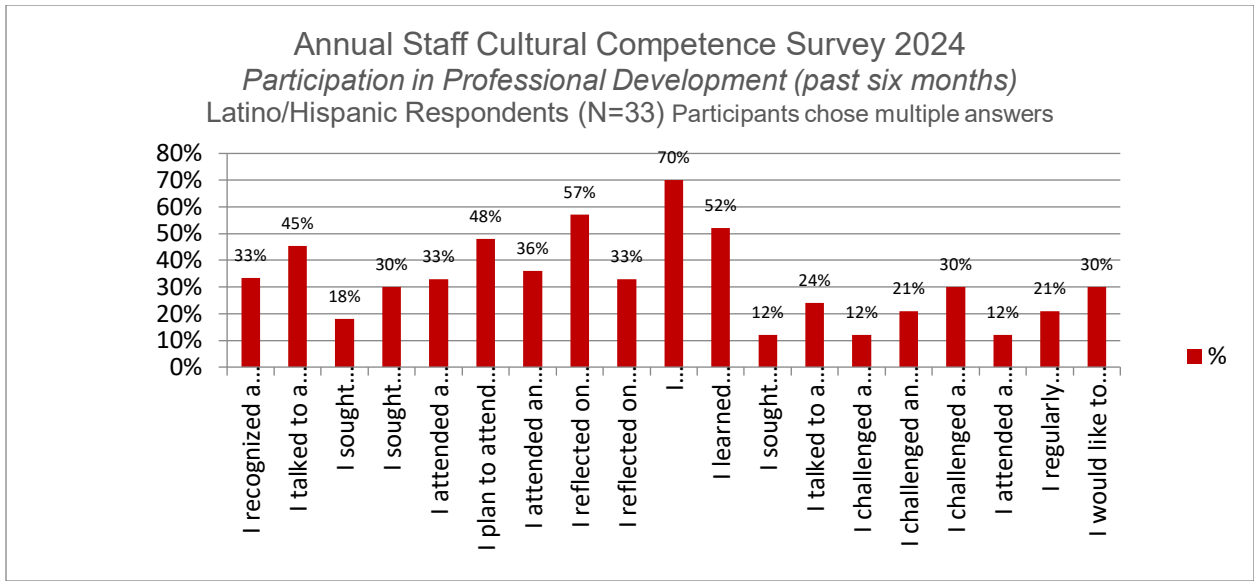
The following chart and accompanying data table shows the SBCBH Staff's participation in professional development through training activities and attendance at the EDIC meetings.



Question regarding Professional Development Participation All Respondents	Percentage	Number
I recognized a prejudice I have about certain people.	30%	15
I talked to a colleague about a racial and/or cultural issue.	52%	26
I sought guidance about a racial, gender, or other cultural issue that arose during therapy/service delivery.	20%	10
I sought guidance about barriers for people living with disabilities that arose during therapy/service delivery.	30%	15
I attended a cultural humility training seminar in February 2024	42%	21
I plan to attend the cultural awareness training in Fall 2024	54%	27
I attended an event in which most of the other people were not my race/ethnicity.	46%	23
I reflected on my race/ethnicity and how it affects my work with clients.	56%	28
I reflected on my sexual orientation and gender identity and how it affects my work with clients.	36%	18
I read/watched/listened to media about multicultural issues.	64%	32
I learned something about a racial and/or cultural group other than my own.	52%	26
I sought consultation or supervision about multicultural issues.	16%	8
I talked to a friend/associate about how our racial differences affect our relationship.	20%	10
I challenged a racist remark.	16%	8
I challenged an anti-LGBTQ or transphobic remark.	24%	12
I challenged a sexist remark.	30%	15
I attended a training on Implicit Bias at the Equity, Diversity and Inclusion Committee Meeting in April 2024.	16%	8
I regularly attend the Equity, Diversity and Inclusion Committee meetings to understand cultural issues.	20%	10
I would like to attend the Equity, Diversity and Inclusion Committee meetings to understand cultural issues.	32%	16

The following data table and charts on the next page compare the responses of SBCBH Staff’s participation in professional development based on their ethnicity. Some subjective variations between these groupings are to be expected, and there were no remarkable outliers indicating that the majority of staff are culturally aware and attempt to apply awareness to a variety of situations. Indeed, the similarity in percentages between the three groups is perhaps the most striking element demonstrated by the charts on the next page and likely the result of frequent training and exposure to information on cultural and linguistic issues. There are a high proportion of staff who indicated that they read, watched or listened to media regarding cultural issues and would like to attend the EDIC meeting, however, meeting the needs of clients is often a priority that can supersede attendance.

Questions on Professional Development and Responses from Staff by Ethnicity as Indicated	% Latino	# Latino	% White	# White	% All Other	# All Other
I recognized a prejudice I have about certain people.	33%	11	25%	6	29%	7
I talked to a colleague about a racial and/or cultural issue.	45%	15	54%	13	46%	11
I sought guidance about a racial, gender, or other cultural issue that arose during therapy/service delivery.	18%	6	17%	4	25%	6
I sought guidance about barriers for people living with disabilities that arose during therapy/service delivery.	30%	10	33%	8	25%	6
I attended a cultural humility training seminar in February 2024	33%	11	42%	10	42%	10
I plan to attend the cultural awareness training in Fall 2024	48%	16	54%	13	54%	13
I attended an event in which most of the other people were not my race/ethnicity.	36%	12	50%	12	42%	10
I reflected on my race/ethnicity and how it affects my work with clients.	57%	19	67%	16	42%	10
I reflected on my sexual orientation and gender identity and how it affects my work with clients.	33%	11	38%	9	33%	8
I read/watched/listened to media about multicultural issues.	70%	23	75%	18	50%	12
I learned something about a racial and/or cultural group other than my own.	52%	17	46%	11	58%	14
I sought consultation or supervision about multicultural issues.	12%	4	21%	5	8%	2
I talked to a friend/associate about how our racial differences affect our relationship.	24%	8	17%	4	21%	5
I challenged a racist remark.	12%	4	17%	4	16%	4
I challenged an anti-LGBTQ or transphobic remark.	21%	7	21%	5	29%	7
I challenged a sexist remark.	30%	10	29%	7	29%	7
I attended a training on Implicit Bias at the Equity, Diversity and Inclusion Committee Meeting in April 2024.	12%	4	8%	2	25%	6
I regularly attend the Equity, Diversity and Inclusion Committee meetings to understand cultural issues.	21%	7	17%	4	25%	6
I would like to attend the Equity, Diversity and Inclusion Committee meetings to understand cultural issues.	30%	10	21%	5	46%	11

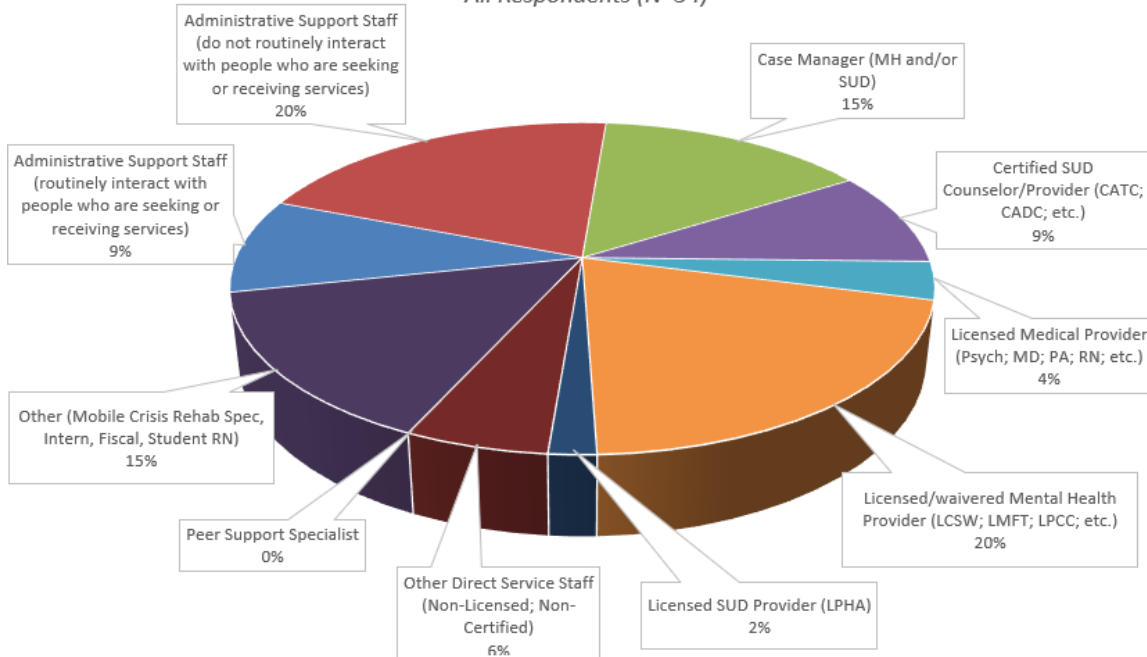


Of the 54 respondents to the question regarding their job function, 29% are licensed or certified staff. Staff who have direct contact with clients in some manner number 80% of staff and only 20% of the 54 respondents are support staff who have no contact with clients. Many staff fulfill dual roles and may have chosen more than one job function on the survey which may or may not involve client interaction.

In essence, because such a large proportion of SBCBH staff are directly in contact with clients, awareness of cultural issues and sensitivities, as well as direct or indirect provision of linguistic capability, is key for best client outcomes.

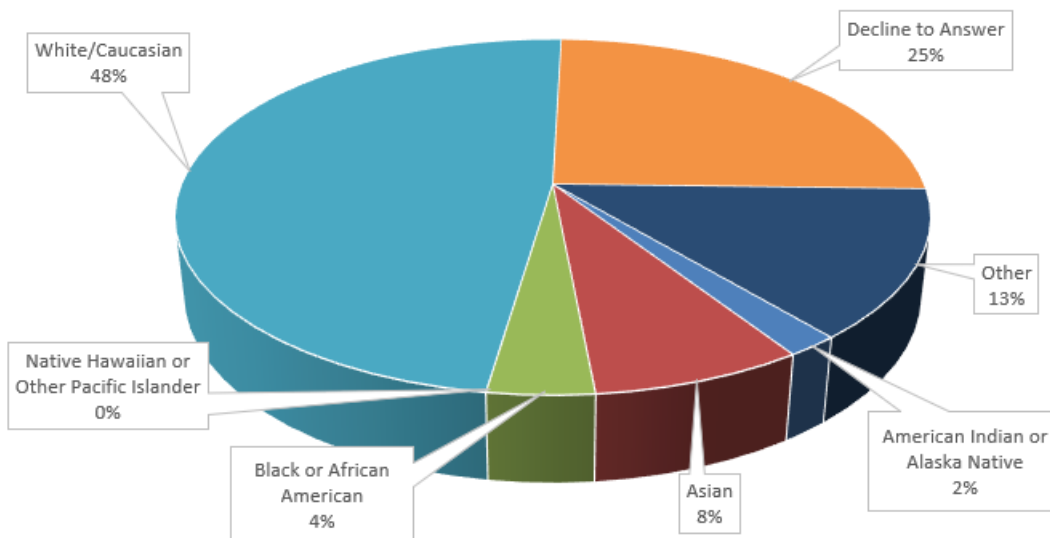
SBCBH Staff By Primary Job Function

All Respondents (N=54)

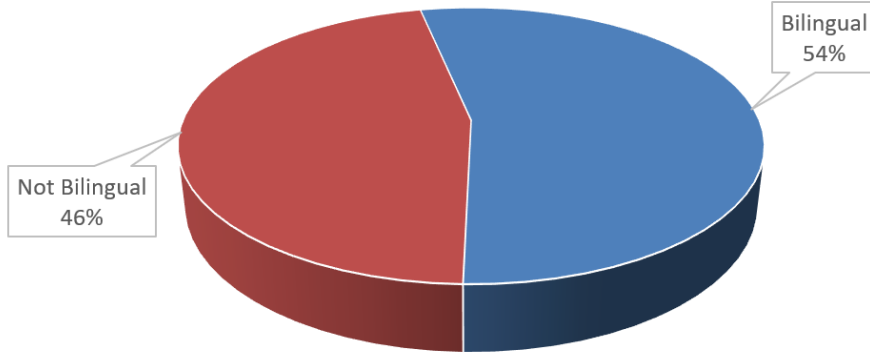


SBCBH Staff By Race / Ethnicity

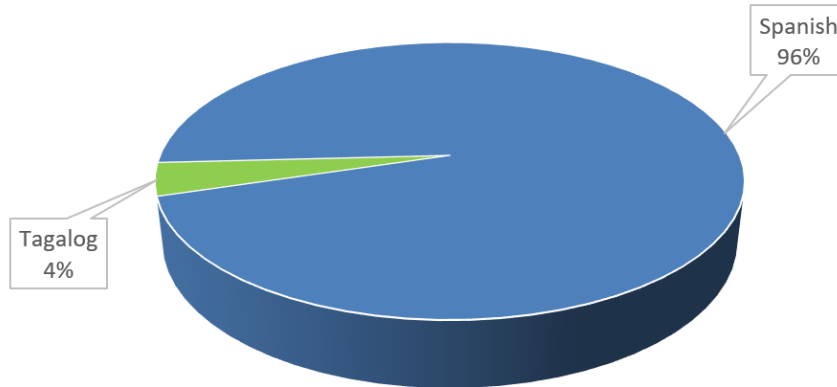
All Respondents (N=52)



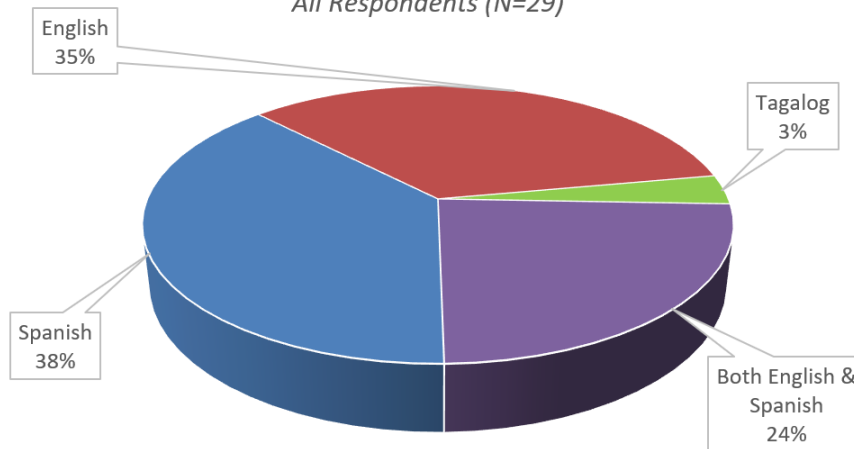
Proportion of SBCBH Staff who are Bilingual vs Non-Bilingual
All Respondents (N=54)



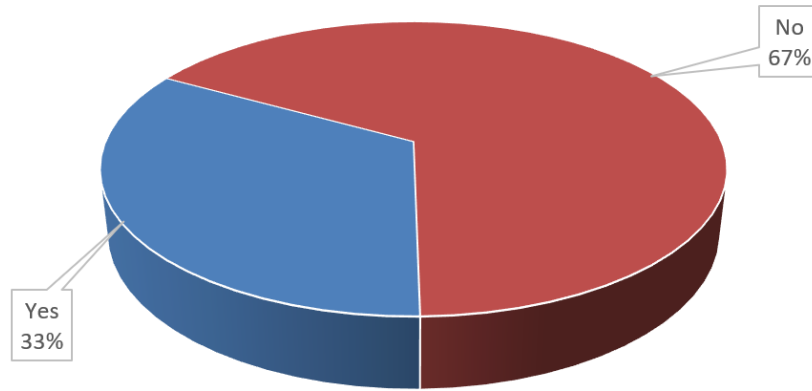
Languages spoken by SBCBH Bilingual Staff in Addition to English
All Respondents (N=26)



Written and Spoken Language Proficiency of SBCBH Bilingual Staff
All Respondents (N=29)

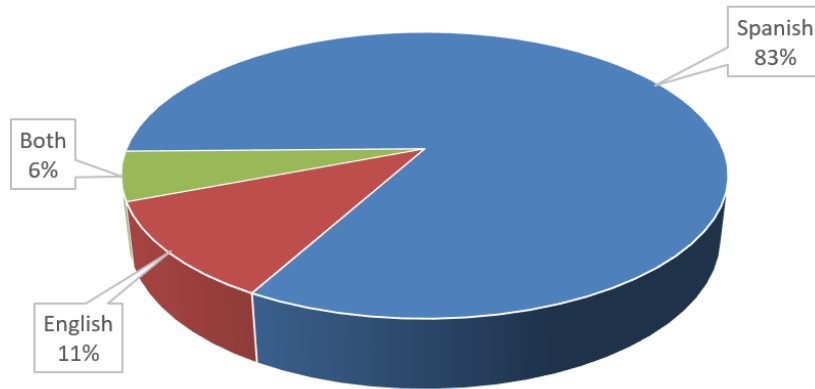


**SBCBH Staff Who Act as an Interpreter
as Part Their Job Function**
All Respondents (N=48)



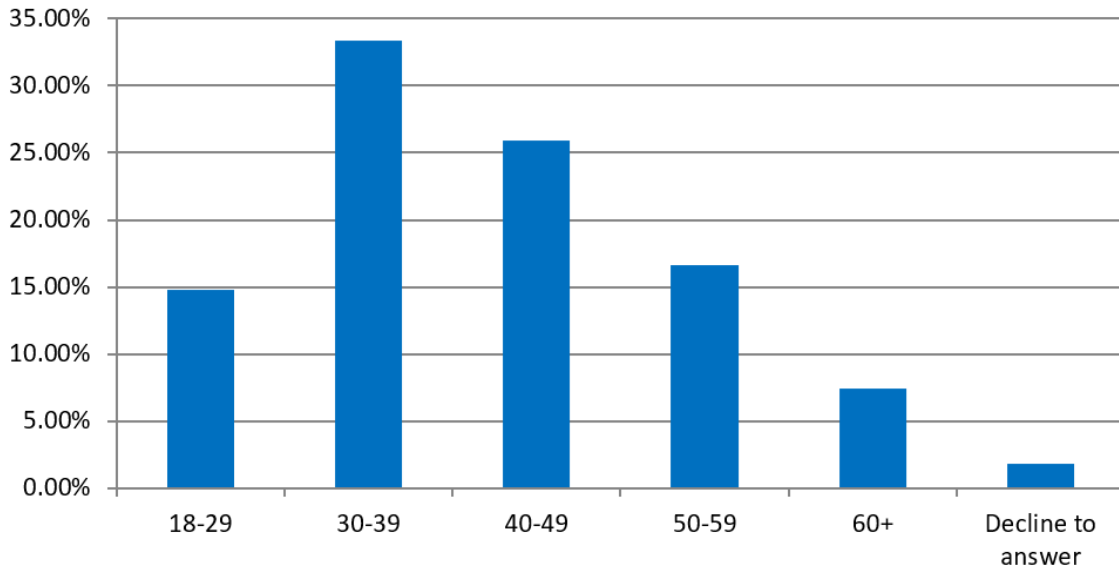
Of the 33% of SBCBH Staff who act as an interpreter as part of their job function, the following languages are interpreted:

**SBCBH Staff Who Act as an Interpreter
in Which Language**
All Respondents (N=18)

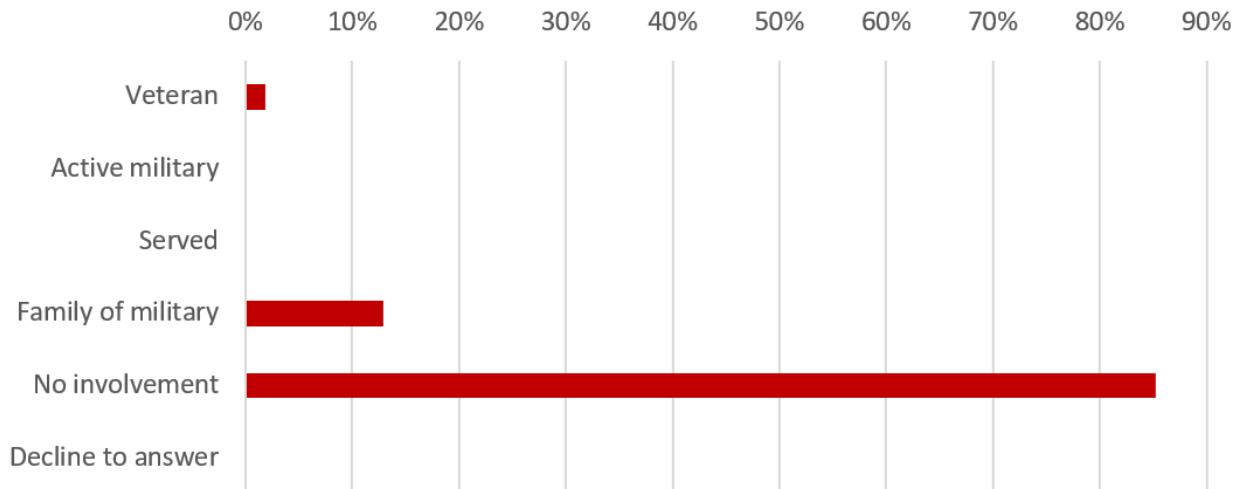


NOTE: This question will be refined to avoid the ambiguity that interpretation is implied as to, or from, English to another language.

Age Range of SBCBH Staff
All Respondents (N=54)

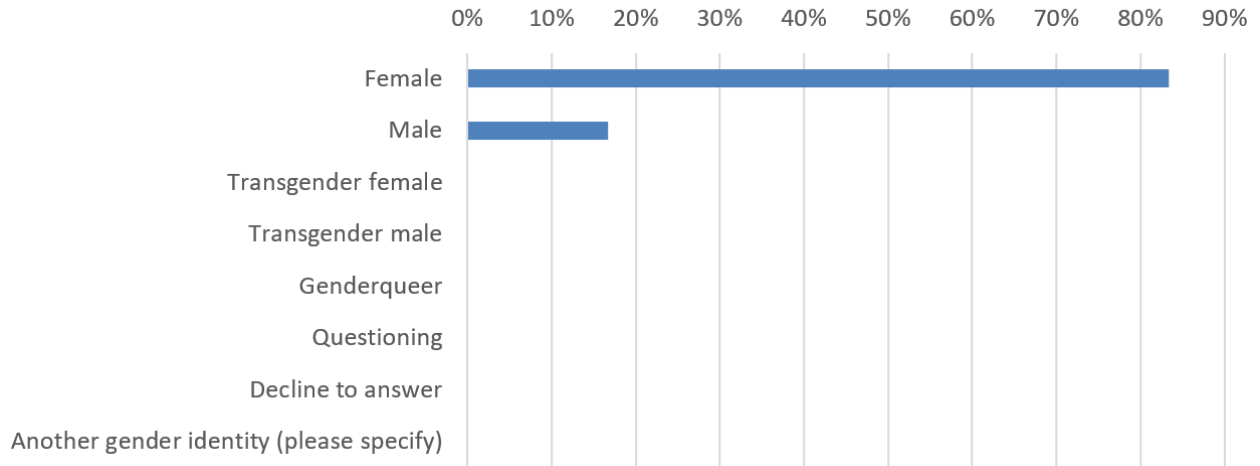


Military/Service Involvement of SBCBH Staff
All Respondents (N=54)



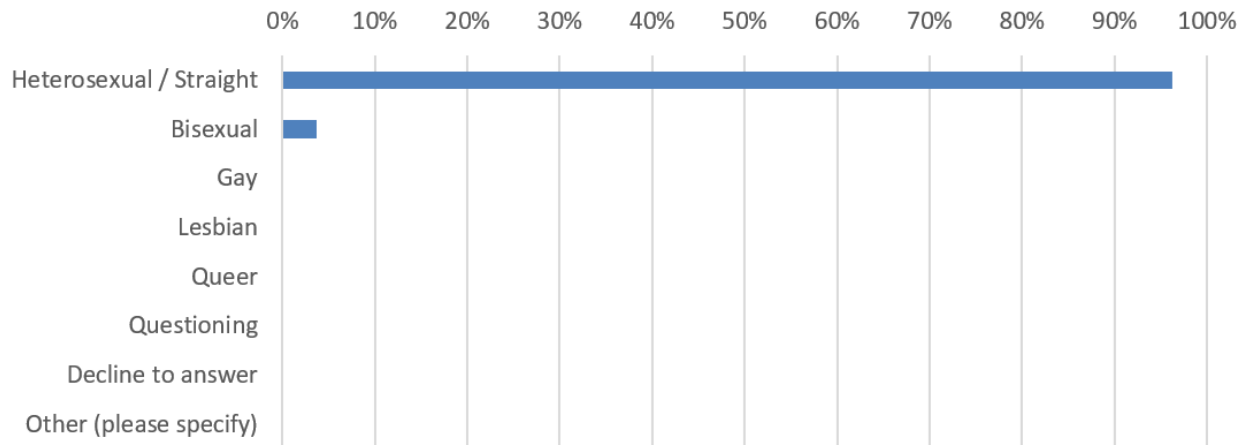
Current Gender Identity of SBCBH Staff

All Respondents (N=54)



Sexual Orientation of SBCBH Staff

All Respondents (N=53)



APPENDIX B

ACRONYMS USED IN THIS DOCUMENT

A

ADA.....Americans with Disability Act

C

CalAIM.....California Advancing and Innovating Medi-Cal
CCAH.....Central California Alliance for Health
CBO.....Community Based Organization
CLAS.....Cultural and Linguistically Appropriate Standards
CLCP.....Cultural and Linguistic Competence Plan
CPPP.....Community Program Planning Process
CSS.....Community Services and Support

D

DHCS.....Department of Healthcare Services
DMC-ODS ..Drug Medi-Cal Organized Delivery System

E

EBP.....Evidence Based Practice
EDIC.....Equity, Diversity & Inclusion Committee
EQRO.....External Quality Review

L

LGBTQ+ Lesbian, Gay, Bisexual, Transgender, and Queer
or Questioning

M

MH.....Mental Health
MHSA.....Mental Health Services Act (2004)

P

PATHSPromoting Access Truth and Healthy Behaviors in
Schools (PEI Program)
PEI.....Prevention and Early Intervention

Q

QIC.....Quality Improvement Committee

S

SBC.....San Benito County
SBCBHSan Benito County Behavioral Health
SBCOESan Benito County Office of Education
SUDSSubstance Use Disorder Services

T

TAYTransitional Age Youth (Ages 16-25)