



# Cultural and Linguistic Competence Plan Annual Update 2025-2026

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# I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

## MISSION AND OVERVIEW

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.

SBCBH recently undertook to revise our brand, including the logo and mission statement to be more inviting and inclusive of the community with a bilingual (English/Spanish) logo and a new mission statement:

*“We believe in the strength and resilience of our community to heal and recover from mental health and substance use challenges. We envision a community where taking care of our mental and physical health is part of how we live, work, play and learn; and where everyone feels welcomed and supported in accessing mental health and substance use treatment services.*

*In collaboration with our community partners, we strive to provide exceptional, inclusive, and person-centered behavioral health services and to serve our diverse community with understanding, empathy, humility, and compassion.”*

*“Creemos en la fuerza y la resiliencia de nuestra comunidad para curarse y recuperarse de los problemas de salud mental y consumo de sustancias. Deseamos una comunidad en la que cuidar de nuestra salud mental y física forme parte de nuestra forma de vivir, trabajar, jugar y aprender, y en la que todo el mundo se sienta bienvenido y apoyado para utilizar los servicios de tratamiento de la salud mental y el consumo de sustancias.*

*En colaboración con nuestros socios comunitarios, nos esforzamos por prestar servicios de salud conductual excepcionales, integradores y centrados en la persona, y por atender a nuestra diversa comunidad con comprensión, empatía, humildad y compasión.”*

This Cultural and Linguistic Competence Plan (CLCP) demonstrates the commitment of SBCBH to improve services, to expand access to services, ensure quality client care and achieve positive outcomes for our clients. This 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. Developing a culturally and linguistically competent system requires commitment and dedication from all levels of SBCBH staff and understanding the needs of the community.

## **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 Figure 4 under the section TRAININGS AT THE EQUITY, DIVERSITY & INCLUSION COMMITTEE).

Invitations to attend EDIC 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, local Community Based Organizations, some of whom are contracted with us for services, the Office of Education and members of the public. Collaboration amongst committee members is fostered by the Committee Leader to enhance the outreach and awareness of services within our community. The EDIC meets every other month and provides opportunities for diverse educational presentations on cultural issues, discussion, as well as the consideration of a variety of culturally related data.

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

## II. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

San Benito County is culturally diverse, with approximately 63% 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. Overall, 48% of the departments' staff are bilingual and 54% of those in positions of direct service to clients are bilingual. This approach creates a more inclusive and responsive 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 help reduce stigma and barriers to accessing mental health (MH) and Substance Use Disorder (SUD) services.

SBCBH promotes culturally and linguistically sensitive services through a variety of staff training and encourages staff attendance at the regular EDIC meetings. Clinical service team meetings often include discussion on the importance of integrating a person's culture and community, including involving families in treatment whenever possible, to integrate cultural sensitivity 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, including cultural considerations, 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.

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. Posters are displayed in the lobby in 26 languages to inform clients of the availability of the Language Line. 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 with a provider for more comprehensive translation and interpretation services. SBCBH service brochures and flyers as well as community engagement surveys are provided in English and Spanish and community presentations can now be provided with a live interpreter for mono-lingual Spanish speaking community members.

The bilingual Prevention and Wellness Team regularly attend the Feria de Salud (Migrant Health fair) at the Migrant camp in Hollister and often attend the Migrant Resource Fair that takes place at a local school organized by the Family Resiliency Center and the Migrant Education program respectively. The same Prevention and Wellness Team regularly provide bilingual outreach activities to the community at large, and services to older adults at a local Senior Center. See the section OLDER ADULTS for more information.

At all the local schools, a Team of SBCBH Case Managers, under the direction of the Children's System of Care Supervisor, provide the program Promoting Access, Trust and Healthy Behaviors in Schools (PATHS). The PATHS Team provide bilingual and bicultural support, student check-ins, linkage to further services at SBCBH. The PATHS Team provide frequent classroom presentations on subjects specific to behavioral health to educate students of all ages on topics such as bullying, anxiety, or building good

relationships. This program utilizes Evidence-Based Practices (EBPs), such as Solution Focused Brief Therapy and Motivational Interviewing, that are funded through MHSAs 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 engages 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 continually work on designing programs and services to meet the linguistic and cultural needs of our residents, including Latino and other racial and ethnic groups; persons with disabilities; consumers in recovery (from mental health or substance use); the LGBTQ+ community; specific age groups such as Transition Age Youth (TAY; 16-25 years) and Older Adults (ages 60+); veterans; faith-based; physically disabled; and persons involved in the correctional system. MHSAs funding helps supplement what cannot be covered by Medical revenues.

## **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 strives to provide a warm and welcoming environment that is comfortable for those from diverse cultural backgrounds; specific populations are discussed in the sections below. SBCBH contractually engages specialists to provide both cultural and linguistic training and on a frequent basis to both SBCBH staff and contractually engaged Community Based Organization (CBO) staff.

### **LATINO**

Since Spanish is the second threshold language in San Benito County, all services are developed and implemented to be culturally and linguistically relevant to the local Latino community, including the translation into Spanish 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.

### **CHILDREN AND TAY**

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

### **LGBTQ+**

Up to, and including, December 2024, SanBenito+ was a program led by a Peer Mentor Team that provided LGBTQ+ friendly and culturally relevant activities and a safe space. The goal of San Benito+ was 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 occurred annually with motivational speakers, entertainment, food, and music, plus a variety of information about services from SBCBH and partnering agencies. Unfortunately, attendance waned dramatically during 2024, so the decision was made to sunset the program at the end of December 2024.

Plans to introduce a new TAY program, including a safe space for the LGBTQ+ community, are developing in 2025.

### **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 two local Senior Centers in Hollister and San Juan Bautista. A team of bilingual Case Managers provide 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 light physical activity such as volleyball with a giant beach ball, cornhole and exercise with a movement circle. Other activities include Bingo, Loteria (Mexican Bingo), painting, raffles, arts and crafts and, vitally, assistance with linkage to community resources and mental health discussions. At both 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 Assessment emphasizes the prevalence of IPV among marginalized individuals and highlight the importance of early intervention strategies tailored to these populations.

Up until July 2025, 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 assessment 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.

Early intervention to prevent further victimization from intimate partner violence can be achieved by addressing the needs of survivors through 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. 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.

## **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. The language line

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, for the 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 by interpreters at no cost to them. In addition, a poster in multiple languages is displayed on the resources table alongside the array of service brochures in both the clinic lobby and the Esperanza Wellness Center (See Appendix B). Many brochures are available (and can be downloaded from) the SBCBH website and provided to clients at intake.

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. A printed version of 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 24/7/365 mobile crisis response accessed via the phone number: 831 902 2911. Many providers who work with SBCBH, including those staff on the mobile crisis team, the staff answering after hours calls and 988 calls are bi-lingual in Spanish and all Providers 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 and BHSA Education and Feedback Meetings, are held in both English and Spanish. Any resident of San Benito County can attend to learn about the MHSA and forthcoming BHSA, our current array of integrated services and access to those services.

- SBCBH conducts numerous outreach activities and annual events including: May is Mental Health Month; Suicide Prevention Resources; Red Ribbon Run and Festival. In addition, collaboration to offer resource information at a number of other events such as Migrant Resiliency Fair and Kids at the Park, held by other local community-based organizations and partner agencies; as well as frequent visits to known homeless encampments in Hollister to engage this population in services.

- SBCBH [website](#) with future consideration for partner websites to include reciprocal links.

- SBCBH Facebook page and Instagram social media.

- SBCBH monthly calendars for the Adult program 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 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.

- 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 the services needed.

## **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 (*Census Reporter*)<sup>1</sup>, and San Benito County's largest city is Hollister, home to approximately 43,003 residents.

According to *Census Reporter*<sup>1</sup>, the Hispanic population in San Benito County is 63% which is one and a half times the proportion in California and triple the rate in the United States as a whole. The County's population is comprised of 63% Hispanic, and 37% is made up of other ethnic groups. Unfortunately, *Census Reporter* or the US Census Bureau<sup>1</sup> has no data on the estimates for the adult population of San Benito County speaking 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 49 persons per square mile, compared to the State of CA, as a whole, with approximately 250 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 2023 was \$44,390 (*Census Reporter*)<sup>1</sup>. In comparison, the statewide per capita income was \$48,013 for the same timeframe. This data shows that, on average, each person in San Benito County earns approximately \$3,623 less per year than the average person in the state.

The data also estimates the median household income for San Benito County and statewide. San Benito County's median household income in 2023 was \$107,324, which is higher than the statewide average of \$95,521. 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

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<sup>1</sup> Data from the US Census Bureau was unavailable at the time of this documents' publication due to Federal funding cuts

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. 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:

- 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; there are plans to redesign the website to provide even more information about our services in Spanish
- Behavioral Health Community educational and engagement presentations (CPPP) are provided in English and Spanish (See Appendix C).
- Offering group services in Spanish and after regular office hours
- SBCBH continues to actively recruit bilingual/bicultural staff; currently, the total number of staff at SBCBH is 82; of these, 64 are staff in direct contact with clients in some capacity, and 35 of those direct contact staff (54%) are bilingual/bicultural.

## DEMOGRAPHICS OF SAN BENITO COUNTY

Figure 1 shows population data from the 2024 American Community Survey with a total County population of 69,159 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 49.4% females in the population and 73.23% female staff. Currently, it is not possible to obtain information on the proportion of female SBCBH clients from the EHR, SmartCare.

When examining the data for Race/Ethnicity Distribution, the proportion of persons who are Latino in the county population (63.4%) and BH Staff (69.01%) is also comparable. SBCBH have 44% 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*

Source: American Community Survey 2024	San Benito County Population		SBCBH Staff	
Age Distribution	Number	Percent	Number	Percent
0 - 14 years	13,935	20.1%	-	-
15 - 24 years	8,681	12.6%	1	1.4%
25 - 59 years	32,162	46.5%	54	76.0%
60+ years	14,381	20.8%	6	8.4%
<b>Total</b>	<b>69,159</b>	<b>100.0%</b>	<b>71</b>	<b>100%</b>
Race/ Ethnicity Distribution	Number	Percent	Number	Percent
Black	135	0.2%	1	1.40%
Alaska Native/ American Indian	1,255	1.8%	0	0.0%
Asian/ Pacific Islander	4,378	6.3%	5	7.04%
White	18,947	27.4%	16	22.53%
Latino	43,854	63.4%	49	69.01%
Other/ Unknown	590	0.9%	0	0.0%
<b>Total</b>	<b>69,159</b>	<b>100.0%</b>	<b>71</b>	<b>100%</b>
Gender Distribution	Number	Percent	Number	Percent
Male	35,018	50.6%	19	26.76%
Female	34,141	49.4%	52	73.23%
<b>Total</b>	<b>69,159</b>	<b>100.0%</b>	<b>71</b>	<b>100%</b>
Language	Number	Percent	Number	Percent
English	37,939	58.2%	41	57.74%
Spanish	23,960	36.7%	37	52.11%
Other	3,301	5.1%	-	-
<b>Total</b>	<b>65,200</b>	<b>100.0%</b>	<b>71</b>	<b>100%</b>

## MEDI-CAL BENEFICIARIES IN MENTAL HEALTH SERVICES

### MENTAL HEALTH SERVICES PENETRATION RATE

The statewide [data dashboard](#) provided by CalMHSA offers information on access to care for Medi-Cal eligible individuals in each County. With the Behavioral Health Transformation currently underway – transitioning the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) – counties are examining increasing amounts of data to inform BHSA planning. Improving access to care has emerged as a priority goal across the State of California, with particular attention to addressing disparities in service utilization.

Figure 2. presents mental health service penetration rates for San Benito County compared to statewide benchmarks for FY2022/23. Penetration rates represent the percentage of Medi-Cal enrollees who received mental health services during the fiscal year shown.

**Figure 2**  
**Mental Health Service Penetration Rates**  
*by Service Type and Age Group - San Benito County vs. California Statewide (FY2022/23)*

Indicator	Age Group	San Benito County	State (CA)
<b>Specialty Mental Health Services (SMHS) Penetration Rates</b>	Adults (21+)	4.6%	3.4%
	Children/Youth (<21)	3.2%	4.2%
<b>Non-Specialty Mental Health Services (NSMHS) Penetration Rates</b>	Adults (21+)	5.9%	10.6%
	Children/Youth (<21)	8.7%	15.5%

*Note: SMHS addresses moderate to severe psychosis; NSMHS addresses less severe diagnoses typically treated in clinic settings.*

**Specialty Mental Health Services (SMHS)** provide treatment for individuals with moderate to severe psychosis through Mental Health Plans. Statewide SMHS penetration rates have remained relatively stable since 2015, with the current rates of 3.4% for adults and 4.2% for youth representing consistent benchmarks against which county performance can be assessed. San Benito County's SMHS penetration rate for adults (21+) is 4.6%, exceeding the state rate of 3.4%. However, the county's SMHS penetration rate for children and youth (under 21) is 3.2%, below the state rate of 4.2%.

**Non-Specialty Mental Health Services (NSMHS)** address less severe diagnoses, typically delivered through clinic-based settings for individuals enrolled in Medi-Cal managed care plans. In 2015, statewide NSMHS penetration rates were 9.4% for adults and 12.4% for youth; current rates of 10.6% for adults and 15.5% for youth reflect increases in access over the past eight years. San Benito County's NSMHS penetration rates fall below state benchmarks for both age groups. Adults (21+) in San Benito County have a penetration rate of 5.9% compared to the state rate of 10.6% (a gap of 4.7 percentage points). Children and youth (under 21) show a penetration rate of 8.7% compared to the state rate of 15.5% (a gap of 6.8 percentage points).

These data indicate that while San Benito County performs above state levels for adult specialty mental health services, access to non-specialty mental health services remains below state benchmarks, particularly for youth populations. The need to close the gap on service provision to youth will be addressed during the BHSA Planning. Service provision to adults will continue to be maintained at the above average level and further enhanced through the BHSA Planning.

Penetration rate can be influenced by many factors, including the number of hours each clinical staff is able to serve clients and the level of staffing possible which depends on the availability of funding under the BHSA which takes effect in July 2026.

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. These outreach efforts continue to educate and inform the community of the importance of mental wellbeing and the availability of local behavioral health services.

The lack of community knowledge of the provision of mental health services, is continually addressed by the year-round efforts of outreach and engagement carried out by members of all teams within the Behavioral Health Department as well as the development of collaborative partnerships with the San Benito County Managed Care Plan, the County Public Health Agency and other county partner agencies.

During the BHSA Planning Process in late 2025, information about community BHSA Education webinars was distributed, in both English and Spanish, (See Appendix C) via a wide variety of community events, social media and over 150 personalized emails. The community was invited to provide feedback by means of a Behavioral Health Community Survey (available in English and Spanish, online and on paper), focus groups with individuals and families with lived experiences (conducted in English and Spanish). The results of this community engagement process will be published in the BHSA Integrated Plan and available for public comment on the [Behavioral Health Website](#) during March 2026.

### **ANALYSIS OF DISPARITIES IDENTIFIED IN MENTAL HEALTH SERVICES**

For all measures, disparity data were extracted from the Adult MHS Demographic Dashboard (AB470) and Children and Youth MHS Demographic Dashboard (AB470) available through California's Behavioral Health Reporting system. The following analysis identifies demographic subgroups with penetration rates below their respective county averages for both Specialty Mental Health Services (SMHS) and Non-Specialty Mental Health Services (NSMHS).

#### ***SPECIALTY MENTAL HEALTH SERVICES (SMHS) PENETRATION RATES:***

*Adults (21+):* The overall county SMHS penetration rate for adults is 4.6%. Demographic groups performing below this rate include older adults, those 57-68 years (3.1%) and 69+ years (1.9%), and Hispanic residents (4.2%).

*Children and Youth (<21):* The overall county SMHS penetration rate for youth is 3.2%. Groups performing below this rate include males (3.1%), residents in the "Other" or "Unknown" race/ethnicity category (2.0%), and younger children, those 0-2 years (0%), 3-5 years (0.9%), and 6-11 years (2.6%).

#### ***NON-SPECIALTY MENTAL HEALTH SERVICES (NSMHS) PENETRATION RATES:***

*Adults (21+):* The overall county NSMHS penetration rate for adults is 5.9%. Demographic groups performing below this rate include males (4.6%) and Black individuals (0%). The finding for Black individuals must be interpreted cautiously, as this population represents approximately 1% of San Benito County's total population (approximately 670 people), meaning this rate reflects a very small sample size.

*Children and Youth (<21):* The overall county NSMHS penetration rate for youth is 8.7%. Groups performing below this rate include females (8.4%), Hispanic individuals (8.2%), and youth in specific age ranges, those 3-5 years (5.7%), 6-11 years (7.1%), and 18-20 years (7.3%).

Several patterns emerge from this analysis. Across both service types, younger children (ages 0-11) consistently show lower penetration rates, suggesting potential barriers to early identification and intervention. Gender disparities vary by service type, with males underrepresented in both SMHS (youth) and NSMHS (adults), while females show lower NSMHS utilization among youth. Older adults (57+) demonstrate substantially lower SMHS penetration rates, indicating potential access challenges for this population. Hispanic residents show slightly below-average rates in both SMHS (adults) and NSMHS (youth), warranting attention to cultural and linguistic accessibility of services.

These disparities will be examined further during the BHS Planning process to identify barriers and develop targeted strategies to improve equitable access to mental health services across all demographic groups in San Benito County. The program named Promoting Access Trust And Healthy Behaviors In Schools (PATHS) provides education on a wide variety of social and mental health issues in a class setting. The Case Managers who provide the program are trained to recognize signs for early detection and referral to behavioral health services and supports to resolve and reduce risk factors and promote behavioral health resiliency.

SBCBH actively seeks direct service staff who are fluent in both English and Spanish. Of the 71 staff currently employed, 53 that work directly with clients and 37 of 71 are bilingual in English and Spanish. 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.

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 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 LGBTQ+, co-occurring disorders, mental health and substance use recovery, and consumer culture are also actively sought for recruitment.

## **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 coordinated system of care for delivering substance use disorder (SUD) treatment services to eligible Medi-Cal members. DMC-ODS offers a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria, ensuring Medi-Cal members have access to evidence-based treatment and system supports needed to achieve sustainable recovery.

The statewide [data dashboard](#) provided by CalMHSA also offers data on DMC-ODS. For FY2022/23, in Drug Medi-Cal Organized Delivery System (DMC-ODS), the statewide median for adult penetration rate is 1.6%. For Adults in San Benito County, the DMC-ODS penetration rate is 1.6%. For youth under 21 years, the statewide median is 0.3%, and the median for youth in San Benito County is 0.4%. Overall, the County’s DMC-ODS performance demonstrates strong service provision, with rates meeting or exceeding statewide medians for both youth and adults. Efforts to sustain and enhance these service levels will continue through the BHSA planning.

## SUBSTANCE USE DISORDER SERVICES PENETRATION RATES

Figure 3 presents substance use disorder service metrics for San Benito County compared to statewide benchmarks for FY2022/23.

**Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates** measure the percentage of Medi-Cal enrollees aged 13 and older who received substance use disorder services during the fiscal year. Statewide DMC-ODS penetration rates have remained relatively stable, with youth rates holding at 0.4% since at least 2020 (when the rate was reported at 1.1%). San Benito County's DMC-ODS penetration rates align with state benchmarks for both age groups: 1.6% for adults (21+) compared to the state rate of 1.7%, and 0.4% for children and youth (under 21), matching the state rate of 0.4%.

**Initiation of Substance Use Disorder Treatment (IET-INI)** measures the percentage of new SUD episodes that result in treatment initiation within 14 days through inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment. San Benito County's initiation rate is 36.2%, slightly below the state rate of 36.6%, indicating that the county performs nearly on par with statewide benchmarks in connecting individuals with timely SUD treatment following initial episodes.

These data indicate that San Benito County performs close to state levels for both SUD service penetration and treatment initiation, with minimal gaps in either metric.

**Figure 3**

**Substance Use Disorder Service Metrics - San Benito County vs. State (FY2022/23)**

Indicator	Age Group/Measure	San Benito County	State (CA)
<b>Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates</b>	Adults (21+)	1.6%	1.7%
	Children/Youth (<21)	0.4%	0.4%
<b>Initiation of Substance Use Disorder Treatment (IET-INI)</b>	All ages 13+	36.2%	36.6%

*Note: DMC-ODS penetration rates represent percentage of Medi-Cal enrollees receiving SUD services. IET-INI represents percentage of new SUD episodes resulting in treatment initiation within 14 days.*

## **ANALYSIS OF THE POTENTIAL FOR DISPARITIES IN SUBSTANCE USE DISORDER SERVICES**

Disaggregated demographic data for substance use disorder services are not available through the current state dashboards for FY2022/23. However, previous local data from San Benito County Behavioral Health's DMC-ODS program (serving individuals aged 12 and above) provides some insight into service utilization patterns by demographic group.

Historical data indicated that while 18% of youth between the ages of 12-17 were eligible for DMC-ODS Medi-Cal (serving individuals 12 and above), 0% were served during that reporting period, suggesting barriers to youth SUD service access. The vast majority of SUD clients (71%) were adults between the ages of 18-64 years, with only 11% aged 65 and above. By clients who identify as Latinos represented 64% of DMC-ODS service recipients 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. While these proportions suggest general alignment between service utilization and population demographics, penetration rates revealed potential disparities: Latino residents had penetration rate of compared to 1.40% for White residents, which may indicate cultural factors affecting service-seeking behavior. Other Race/Ethnicity groups had sample sizes too small for meaningful analysis.

Gender-disaggregated data were not available to assess potential disparities in SUD service access between males and females.

As San Benito County moves into BHSA Planning, establishing comprehensive demographic tracking for substance use disorder services will be essential to identify and address disparities in access, particularly for youth populations and to ensure culturally responsive services for the county's predominantly 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, available on our website, 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: *Vacant* (0)

Interim Director: Latina (1)

Deputy Director of Fiscal & Administrative Services: Latino (1)

Deputy Director of Clinical Services & Community Response Team Manager: Latina (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 and Wellness Team Manager: Latina (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 August 2025,, with 37 of 71 staff (52%) responding. The complete results are shown in Appendix A. Among survey respondents, 50% identified as Hispanic/Latino and 44% reported being bilingual, primarily in Spanish. Respondents demonstrated strong cultural awareness, with over 80% frequently examining their own biases and recognizing cultural differences in family structures and gender roles. However, participation in formal diversity activities reported was lower, with only 16-34% engaging in implicit bias training, multicultural consultation, or Equity, Diversity, and Inclusion Committee meetings. Notably, 55% of respondents reported lived mental health experience, suggesting potential for peer-informed care among participating staff.

### ***DETAILS OF SURVEY RESPONDENTS***

See Appendix A for additional results and charts

SBCBH has a total of 71 staff members and 37 responded to the survey.

According to the survey, of the 37 respondents:

- 14 staff (44%) are bilingual.
- 16 (50%) staff indicated they are Hispanic/Latino.
- Of the 14 staff who are bilingual, only 7 indicated they are proficient in reading and/or writing in Spanish, however, 3 more indicated proficiency in both English and Spanish bringing the total percentage to 63%. English proficiency ranked at 38% with 6 of the respondents.
- Of the 14 staff who reported being bilingual, 10 staff act as an interpreter as part of their job function (Spanish language).
- Of the 32 staff who reported their Gender Identity, 21 were female (66%) and 9 (28%) were male.
- Of the 33 staff who responded regarding lived Mental Health experience, 18 (55%) consider themselves to be a person with lived Mental Health experience, and 21 (64%) are a family member of a person with lived Mental Health experience.
- Of the 33 staff who responded regarding lived Substance Use Disorder (SUD) experience, 6 (18%) staff reported that they are a person with lived SUD experience.
- Of the 33 staff who responded regarding family SUD experience, 17 (52%) 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:**

Survey results revealed a workforce with strong foundational cultural awareness but inconsistent engagement in active diversity practices. Staff demonstrated high self-awareness and respect for cultural differences, particularly regarding client autonomy and family structures. However, there was a gap between individual reflection and organizational action, with lower participation in formal diversity infrastructure, consultation on multicultural issues, and confronting bias in real-time situations.

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

- 65%** *I examine my own cultural background and biases [race, culture, sexual orientation] and how they may influence my behavior toward others*
- 84%** *I recognize that gender roles in families may vary across different cultures.*
- 95%** *I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs.*
- 84%** *I recognize that family may be defined differently by different cultures.*

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:

- 63%** *Reflected on race/ethnicity and how it affects working with clients*
- 63%** *Read/watched/listened to media about multi-cultural issues*
- 69%** *Learned something about a racial and/or cultural group other than their own*
- 50%** *Attended a cultural humility training seminar*

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

- 34%** *Sought guidance about barriers for people living with disabilities that arose during therapy/service delivery*
- 34%** *Recognize a prejudice they have about certain people*
- 22%** *Regularly attend the Equity, Diversity and Inclusion Committee meetings*
- 25%** *Sought consultation or supervision about multi-cultural issues*
- 16%** *Attended a training on Implicit Bias*
- 25%** *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 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, self-paced learning sessions online, and ongoing discussions during staff meetings and clinical team meetings. 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.

SBCBH complies with the requirement to provide at least six hours of cultural competence related training to staff on an annual basis; see CULTURAL AND LINGUISTIC COMPETENCE CLASSES 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.

Staff training intends to create 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 2025 the Cultural Competence Meetings take place bi-monthly and provide a comprehensive range of subject matters are explored as shown in the table below, along with attendance of staff, contract providers and partner county agencies. The second table shows the trainings that are planned for the remainder of 2025.

**Figure 4**  
**Equity, Diversity and Inclusion Committee Trainings**  
*January 2025 through December 2025*

<b>Training Event or Title of Training</b>	<b>Date Conducted</b>	<b>Attendees</b>
The Impact of Alzheimer’s & Dementia in Our Community	February 2025	26
Battlemind to Homemind; Understanding a Veteran’s Mindset	April 2025	33
Domestic Violence is a Toxic Socialization Epidemic	June 2025	32
Opioid and Overdose Prevention	October 2025	22
Youth Recovery Connections	December 2025	23

## CULTURAL AND LINGUISTIC COMPETENCE TRAINING

As Spanish is the threshold language in San Benito County, SBCBH 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.

In response to BHIN 25-019, Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements were met in October 2025. It should be noted that the deadline for the completion of this training was two months prior to this BHIN being released to the Counties, so SBCBH made every effort to comply as soon as practicable.

The Battlemind to Homemind training was originally presented in a much abridged format at the EDIC meeting in April 2025. This training was found to be very insightful and well received by staff, so the presenter was contracted to return later in the year with the full-length version of the training.

**Figure 5**  
**Cultural and Linguistic Competence Trainings**  
*January 2025 through December 2025*

Training Title	Number of Completions
NLBHA: Interpreting Skills for SBCBH Bilingual Staff	11*
NLBHA: Effectively Communicating Through An Interpreter for Providers	6*
Battlemind to Homemind – Understanding the Mindset of Veterans – November 6, 2025	17
TGI Training – November 18, 2025	26
TGI Training – November 19, 2025	21

*\* The smaller attendance in 2025 reflects the remainder of staff who were unable to attend the training in 2024.*

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 twelve classes which have a cultural competence focus classes that staff completed during the period July 2024 through June 2025 via Relias.

**Figure 6**  
**All Staff Trainings – Relias Platform**  
*July 2024 through June 2025*

<b>Training Title</b>	<b>Number of Completions</b>
A Multicultural Approach to Recovery-Oriented Practice	2
Achieving and Maintaining Abstinence From Substance Use	2
Addressing Behavioral Health Needs of Justice-Involved Youth	1
Addressing Developmental Concerns in Childhood and Adolescence	1
Advanced Motivational Interviewing	15
An Overview of Intimate Partner Violence for Paraprofessionals	1
Behavioral Health Interpreter Training - Bilingual Staff	15
Motivational Interviewing	14
Supporting Client Rights for Paraprofessionals in Behavioral Health	16
Using Motivational Interviewing in Clinical Practice	3
Wellness, Resilience, & Recovery w/ Cultural Humility: Working Effectively w/ Latinos/as & Their Families	11
Wellness, Resilience, & Recovery w/ Cultural Humility: Working Effectively w/ Latinos/as & Their Families - For Clinicians	14

## 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, 2025/26, 2026/27 and 2027/28; 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.

**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.

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: <a href="#">Mental Health Services   San Benito County, CA</a> ( <a href="http://cosb.us">cosb.us</a> )  SUDS: <a href="#">Home page - San Benito County Behavioral Health Department</a> ( <a href="http://sbcbh-sutp.org">sbcbh-sutp.org</a> )	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 2025; 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.

## APPENDIX A

### STAFF CULTURAL COMPETENCE SURVEY 2025 RESULTS

The first ten questions elicited opinions from respondent 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 N = 36-37	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.	51%	32%	8%	8%
I recognize that gender roles in families may vary across different cultures.	84%	14%	3%	0%
I utilize materials in a manner that can be easily understood by clients and family members.	51%	35%	11%	3%
I recognize that family may be defined differently by different cultures.	84%	14%	0%	3%
I have developed skills to effectively utilize an interpreter.	33%	33%	22%	11%
I attempt to learn a few key words in the client’s primary language (e.g., “Hello, Goodbye, Thank you,” etc.)	47%	33%	11%	8%
I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice.	27%	38%	27%	8%
I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs.	95%	3%	0%	3%
I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services.	68%	30%	5%	0%
I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others.	65%	30%	5%	0%

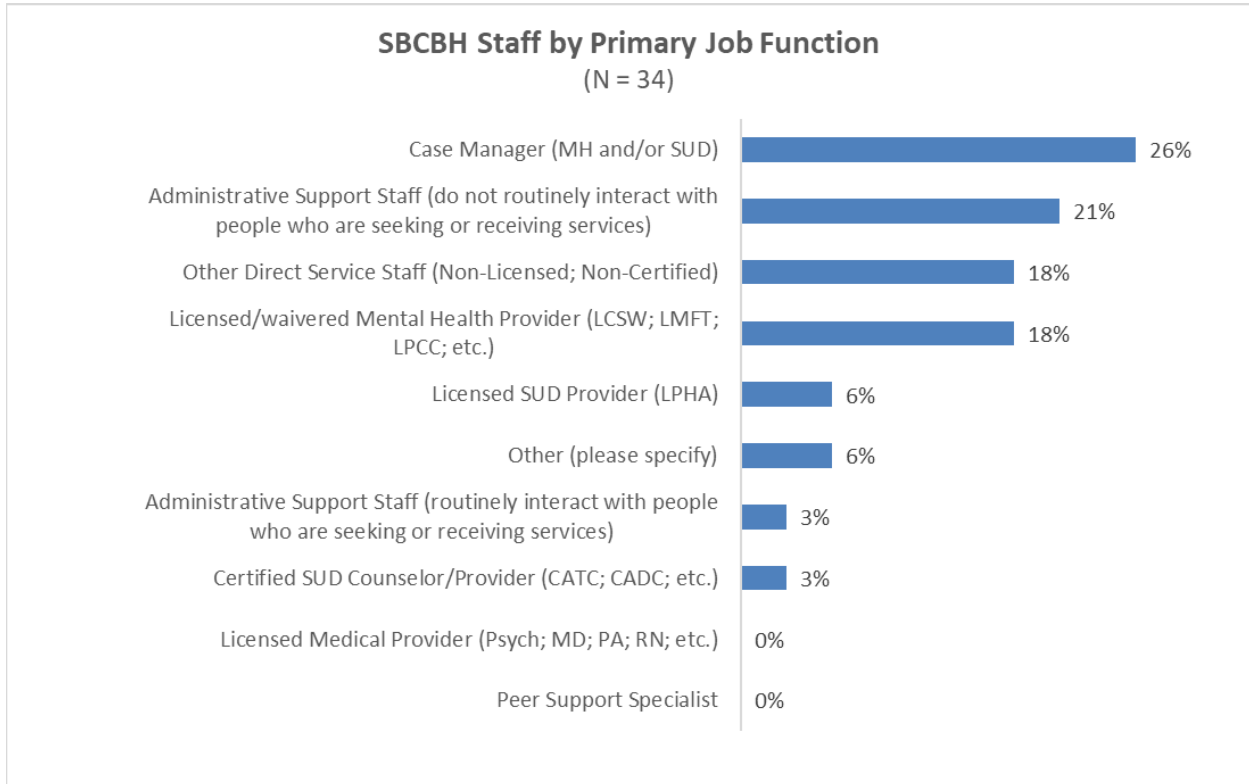
The following data table shows the SBCBH Staff's participation in professional development through training activities and attendance at the EDIC meetings.

Question regarding Professional Development Participation All Respondents, N = 32	Percentage	Number
I recognized a prejudice I have about certain people.	34%	11
I talked to a colleague about a racial and/or cultural issue.	56%	18
I sought guidance about a racial, gender, or other cultural issue that arose during therapy/service delivery.	34%	11
I sought guidance about barriers for people living with disabilities that arose during therapy/service delivery.	38%	12
I attended a cultural humility training seminar in February 2024	50%	16
I plan to attend the cultural awareness training in Fall 2024	50%	16
I attended an event in which most of the other people were not my race/ethnicity.	38%	12
I reflected on my race/ethnicity and how it affects my work with clients.	63%	20
I reflected on my sexual orientation and gender identity and how it affects my work with clients.	31%	10
I read/watched/listened to media about multicultural issues.	63%	20
I learned something about a racial and/or cultural group other than my own.	69%	22
I sought consultation or supervision about multicultural issues.	25%	8
I talked to a friend/associate about how our racial differences affect our relationship.	34%	11
I challenged a racist remark.	25%	8
I challenged an anti-LGBTQ or transphobic remark.	22%	7
I challenged a sexist remark.	25%	8
I attended a training on Implicit Bias at the Equity, Diversity and Inclusion Committee Meeting in April 2024.	16%	5
I regularly attend the Equity, Diversity and Inclusion Committee meetings to understand cultural issues.	22%	7
I would like to attend the Equity, Diversity and Inclusion Committee meetings to understand cultural issues.	31%	10

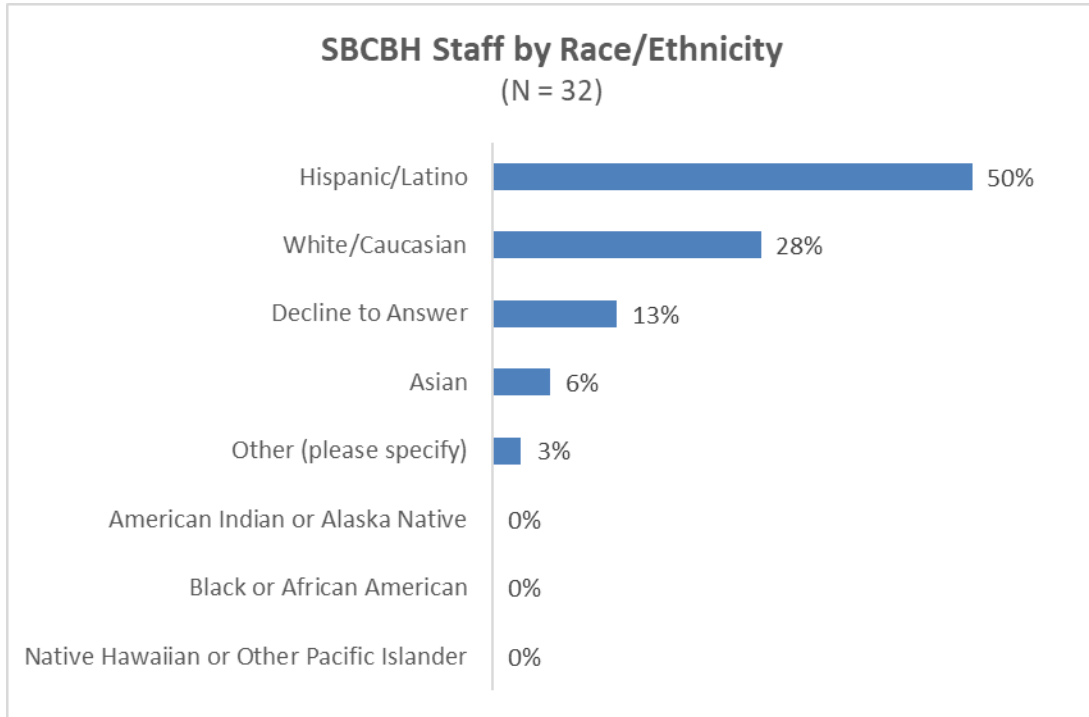
**PRIMARY JOB FUNCTION**

Of the 34 respondents to the question regarding their job function, 27% are licensed or certified staff. Staff who have direct contact with clients in some manner number 71% of staff and only 27% of the 34 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.

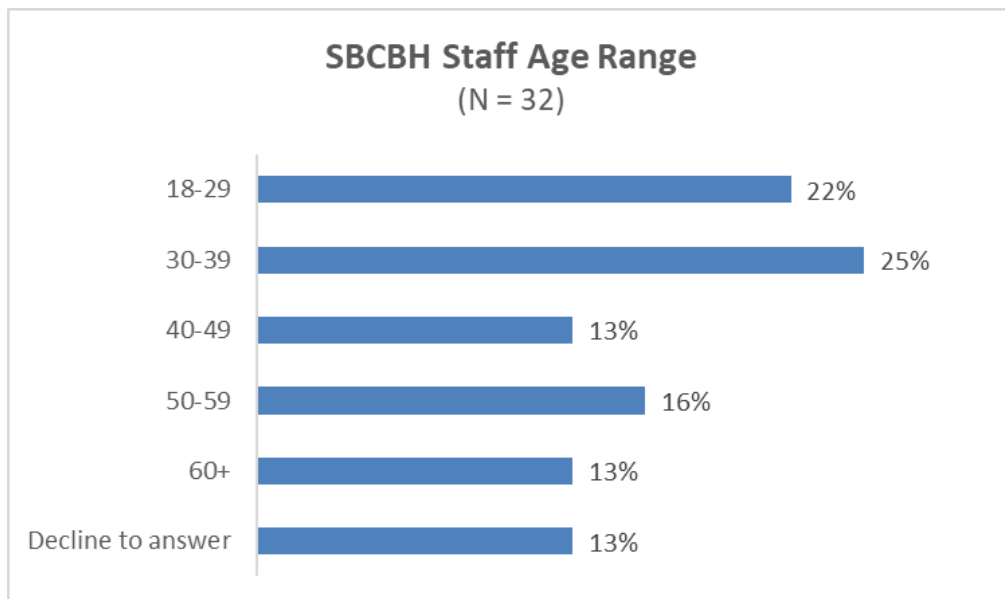
In essence, because such a large proportion of SBCBH staff are directly in contact with clients, awareness of cultural issues and sensitivities, as well as direct or indirect provision of linguistic capability, is key for best client outcomes.



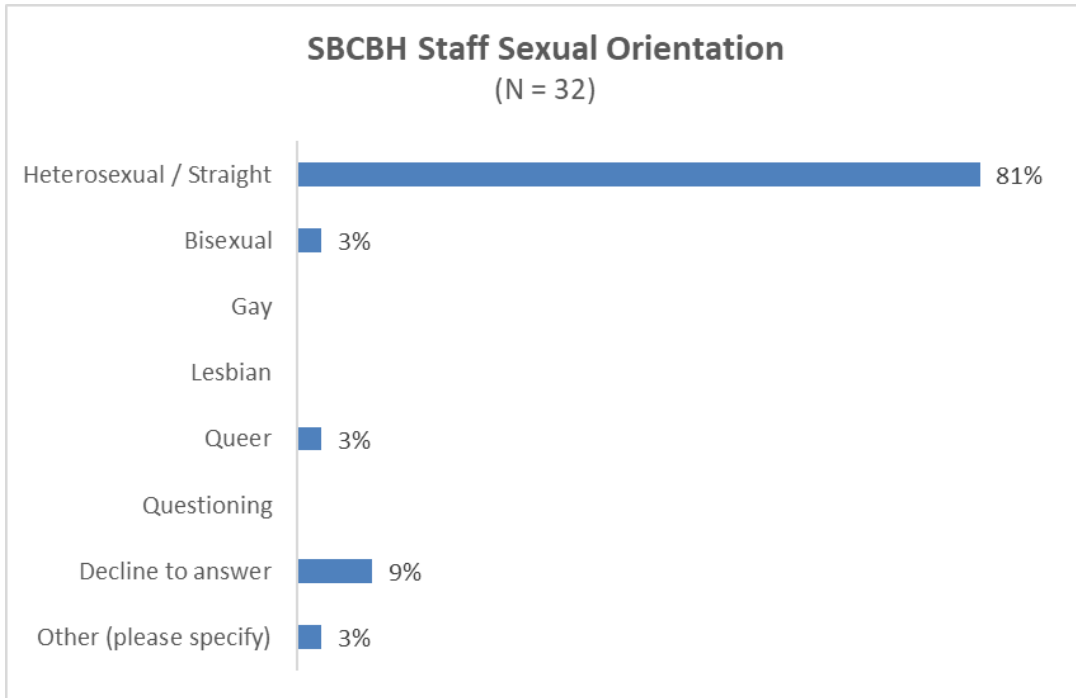
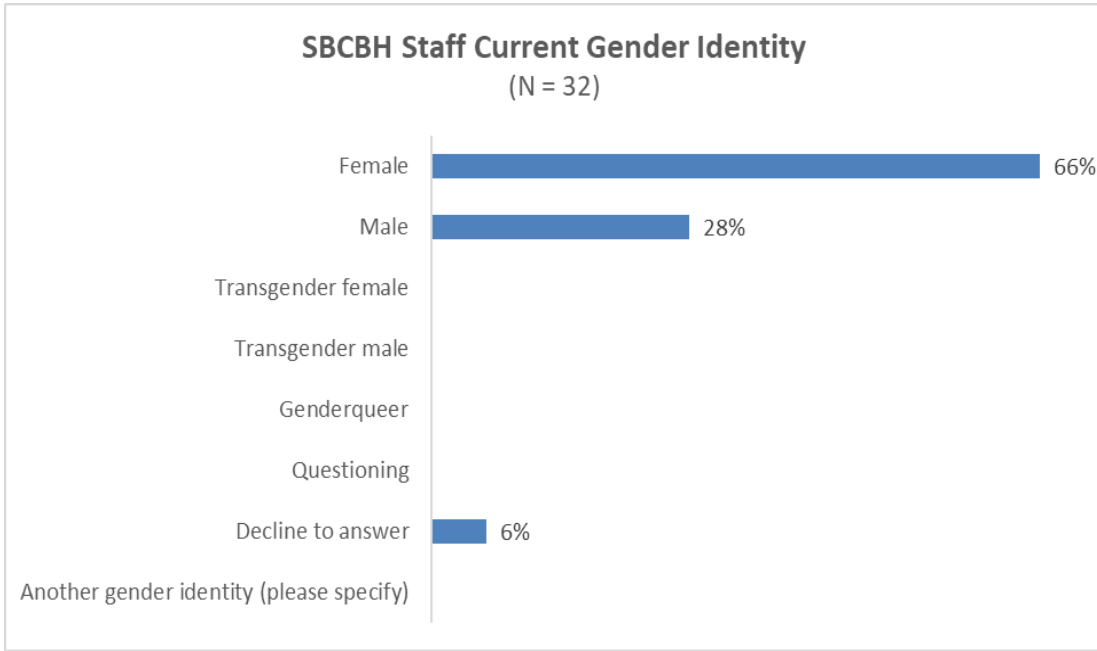
**STAFF DEMOGRAPHIC DATA**

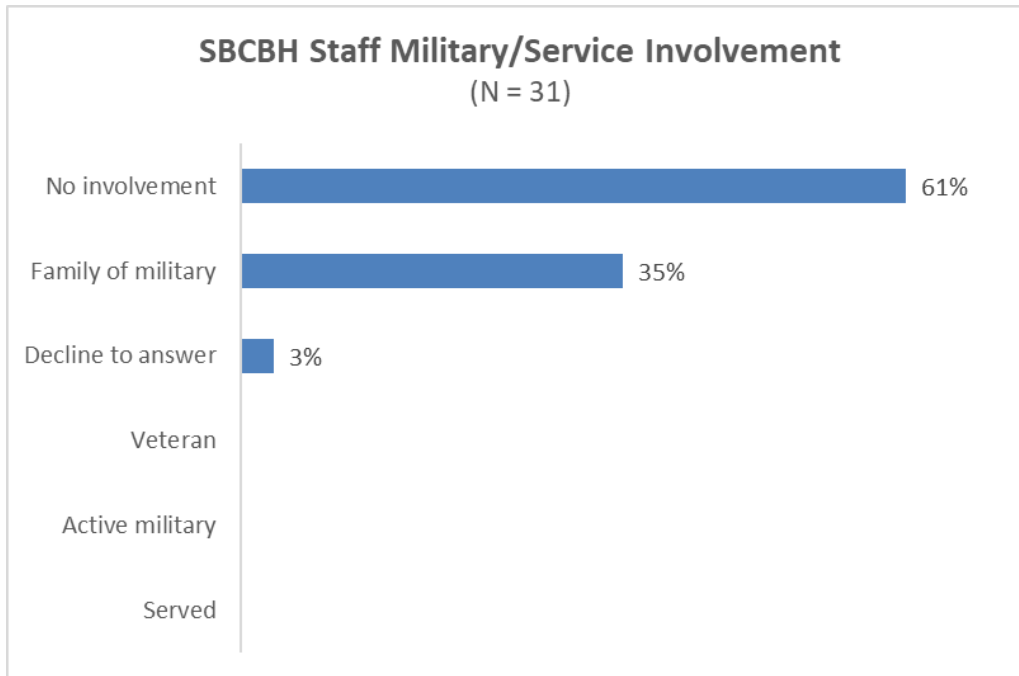


Out of 32 respondents who answered the survey, 50% of the staff are Hispanic/Latino.

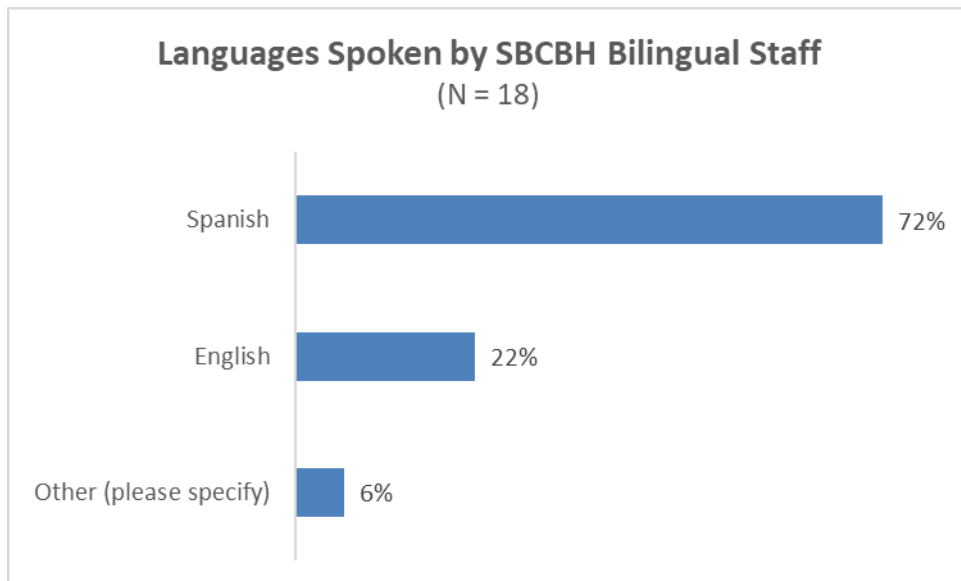
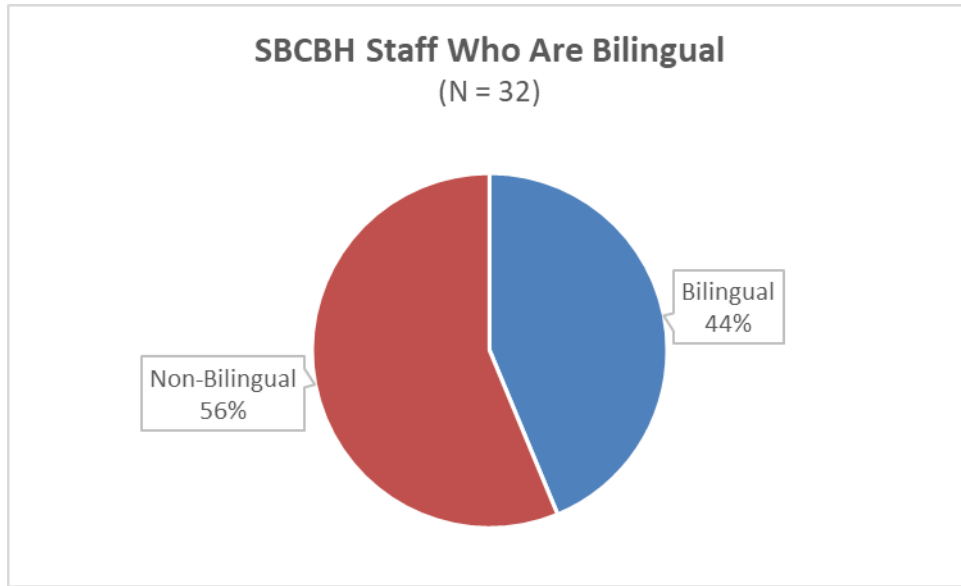


The majority of staff who answered the survey are between the age ranges of 18-39.

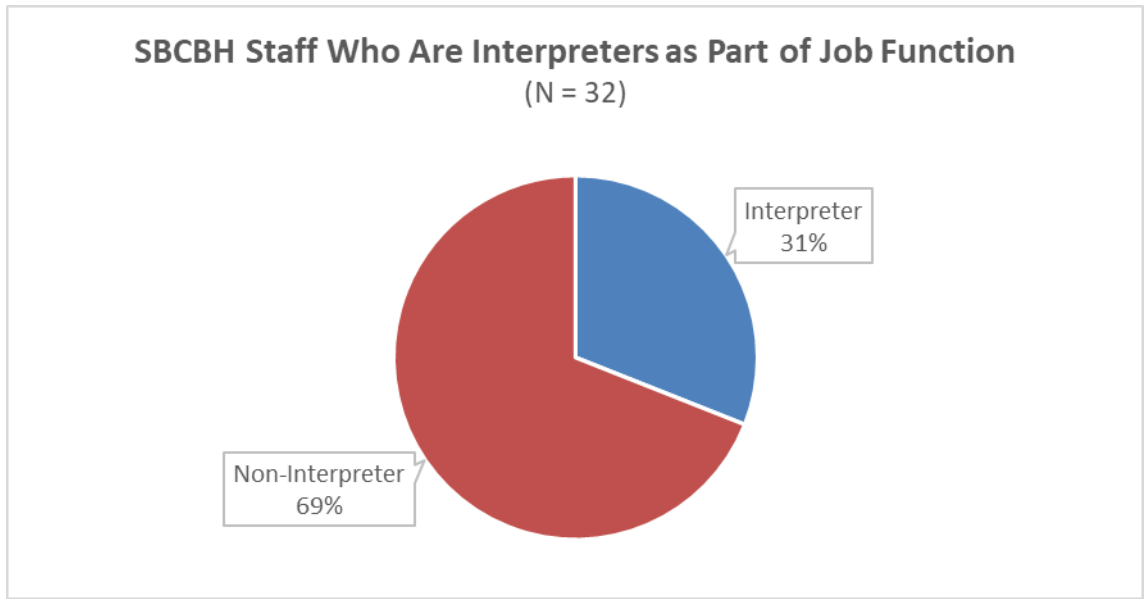
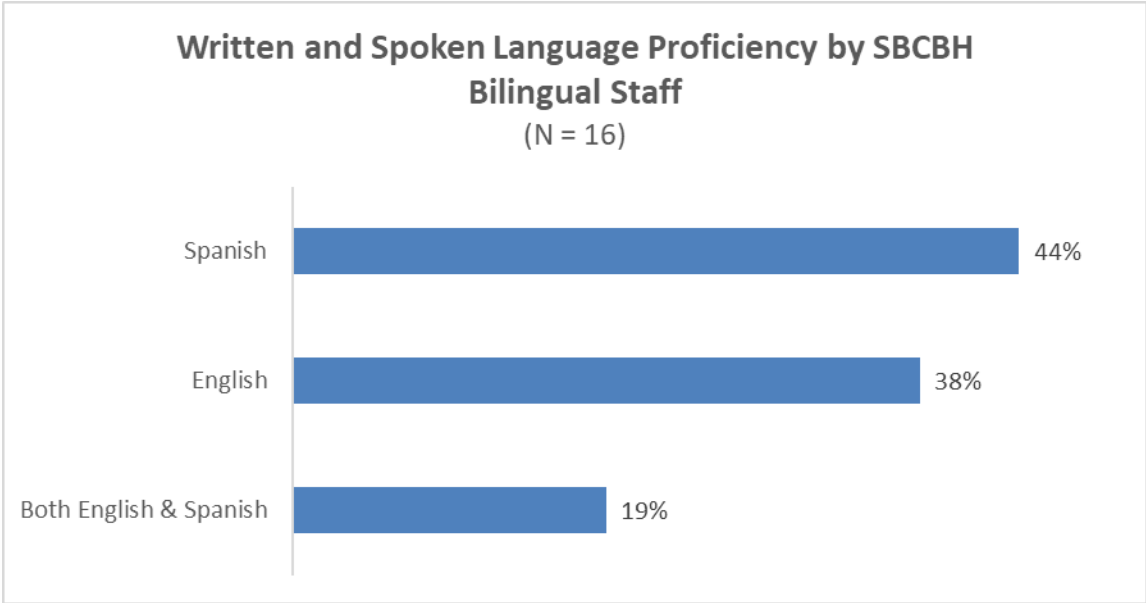




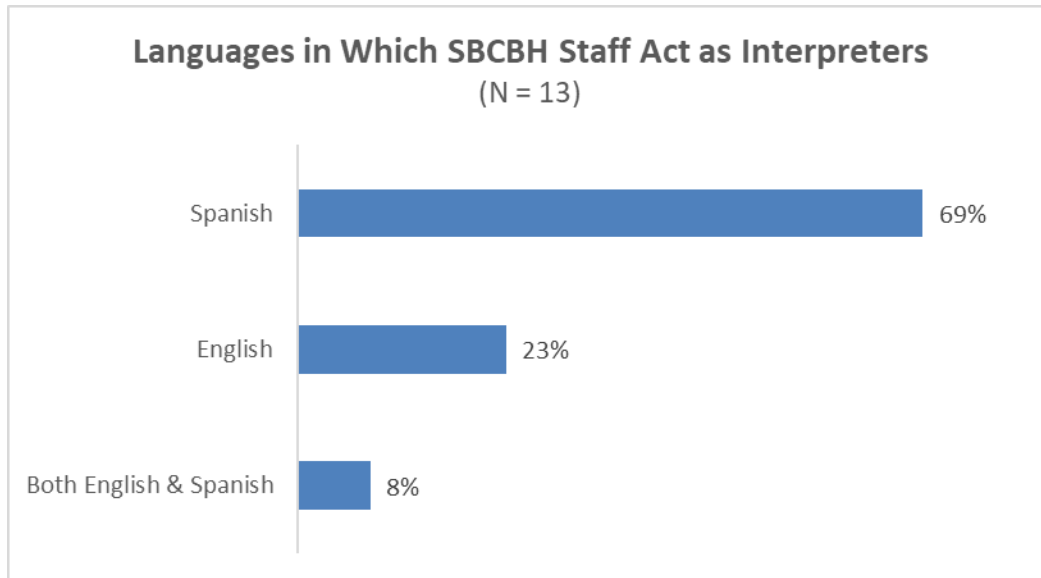
**STAFF LANGUAGE ABILITIES**



Other language includes French.



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



## APPENDIX B

### AVAILABILITY OF LANGUAGE ASSISTANCE FOR CLIENTS

The following poster is displayed in the lobby of both SBCBH facilities.

# LanguageLine Solutions® Interpretation Services Available

**English Translation:** Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

<p><b>American Sign Language</b> </p> <p>Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.</p>	<p><b>Korean</b> 한국어</p> <p>귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.</p>
<p><b>Arabic</b> العربية</p> <p>أشير إلى لغتك. وسيتم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجاناً.</p>	<p><b>Mandarin</b> 普通话</p> <p>请指认您的语言，以便为您提供免费的口译服务。</p>
<p><b>Bengali</b> বাংলা</p> <p>আপনার ভাষার দিকে নির্দেশ করুন। একজন দ্বাভাষীকে ডাকা হবে। দ্বাভাষী আপনি নিখরচায় পাবেন।</p>	<p><b>Nepali</b> नेपाली</p> <p>आपको भाषातर्फ आँल्याउनुहोस्। एक दोभाषेलाई बोलाइनेछ। तपाईंको कुनै खर्च बिना, एकजना दोभाषे उपलब्ध गराइनेछ।</p>
<p><b>Burmese</b> မြန်မာစာ</p> <p>သင့်ဘာသာစကားကိုညွှန်ပြပါ။ စကားပြန်ခေါ်ပေးပါမည်။          သင့်အတွက်စကားပြန်အခမဲ့ပေးပါမည်။</p>	<p><b>Polish</b> Polski</p> <p>Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.</p>
<p><b>Cantonese</b> 廣東話</p> <p>請指認您的語言，以便為您提供免費的口譯服務。</p>	<p><b>Portuguese</b> Português</p> <p>Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.</p>
<p><b>Farsi</b> فارسی</p> <p>زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.</p>	<p><b>Punjabi</b> ਪੰਜਾਬੀ</p> <p>ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ। ਜਿਸ ਮੁਤਾਬਕ ਇਕ ਦੁਭਾਸ਼ੀਆ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਲਈ ਦੁਭਾਸ਼ੀਆ ਦਾ ਮੁਫਤ ਇੰਤਜਾਮ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।</p>
<p><b>French</b> Français</p> <p>Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.</p>	<p><b>Romanian</b> Română</p> <p>Indicați limba pe care o vorbiți. Vi se va face legătura cu un interpret care vă este asigurat gratuit.</p>
<p><b>Haitian Creole</b> Kreyòl</p> <p>Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.</p>	<p><b>Russian</b> Русский</p> <p>Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.</p>
<p><b>Hindi</b> हिंदी</p> <p>अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा। आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।</p>	<p><b>Somali</b> Af-Soomaali</p> <p>Farta ku fiiqluqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.</p>
<p><b>Hmong</b> Hmoob</p> <p>Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.</p>	<p><b>Spanish</b> Español</p> <p>Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.</p>
<p><b>Italian</b> Italiano</p> <p>Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.</p>	<p><b>Tagalog</b> Tagalog</p> <p>Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.</p>
<p><b>Japanese</b> 日本語</p> <p>あなたの話す言語を指してください。無料で通訳サービスを提供します。</p>	<p><b>Vietnamese</b> Tiếng Việt</p> <p>Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.</p>

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[www.LanguageLine.com](http://www.LanguageLine.com)




## APPENDIX C

### EXAMPLE OF COMMUNITY EDUCATION FLYER IN ENGLISH AND SPANISH

# BEHAVIORAL HEALTH SERVICES ACT (BHSA)

## COMMUNITY EDUCATION AND ENGAGEMENT MEETING


You're invited



Save the Date!

**BEHAVIORAL HEALTH**

Supporting your mental health and recovery journey



**SALUD CONDUCTUAL**

Apoyando tu salud mental y viaje de recuperación


**WHAT YOU WILL LEARN**

- Overview of the new BHSA and its funding components
- Statewide Behavioral Health Goals guiding county planning
- Planned community engagement and data collection activities for the Behavioral Health Integrated Plan (BHIP)

**WHO SHOULD ATTEND**

- All San Benito County residents
- Service providers and system partners
- Anyone interested in behavioral health services

Please forward this invitation to others who might be interested; all BHSA meetings are public, and we want to hear from YOU!




MEETING DETAILS

Tuesday, September 16, 2025  
1:00-2:00 PM

[Click Here to Join Zoom Meeting](#)

Meeting ID: 953 6892 7995  
Passcode : 525368

For more information, visit our [Behavioral Health website](#)



# LEY DE SERVICIOS DE SALUD CONDUCTUAL (BHSA)

## REUNIÓN DE EDUCACIÓN Y PARTICIPACIÓN COMUNITARIA

¡Estás invitado!



¡Reserva la fecha!

**BEHAVIORAL HEALTH**

Supporting your mental health and recovery journey



**SALUD CONDUCTUAL**

Apoyando tu salud mental y viaje de recuperación

**LO QUE APRENDERÁS**

- Resumen del nuevo BHSA y sus componentes de financiamiento
- Metas de salud conductual a nivel estatal que guían la planificación del condado
- Actividades planificadas de participación comunitaria y recolección de datos para el Plan Integral de Salud Conductual (BHIP)

**¿QUIÉN DEBERÍA ASISTIR?**

- Todos/as los/as residentes del condado de San Benito, prestadores de servicios y socios del sistema
- Cualquiera personas interesada en servicios de salud conductual

Por favor, reenvía esta invitación a otros que puedan estar interesados; todas las reuniones de BHSA son públicas, y queremos escuchar de TI!



DETALLES DE LA REUNIÓN

miércoles, octubre 22, 2025  
9.30 AM

[visita nuestro sitio web: Behavioral Health](#)

Para más información o correo electrónico:  
[BHSA@sanbenitocountyca.gov](mailto:BHSA@sanbenitocountyca.gov)



## APPENDIX D

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### ACRONYMS USED IN THIS DOCUMENT

#### **A**

ADA ..... Americans with Disability Act

#### **B**

BHSA ..... Behavioral Health Services Act (2024)

#### **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

#### **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**

PATHS.....Promoting Access Truth and Healthy Behaviors in Schools (PEI Program)

PEI .....Prevention and Early Intervention

#### **Q**

QIC.....Quality Improvement Committee

#### **S**

SBC .....San Benito County

SBCBH.....San Benito County Behavioral Health

SBCOE.....San Benito County Office of Education

SUDS.....Substance Use Disorder Services

#### **T**

TAY .....Transitional Age Youth (Ages 16-25)