Cultural Competence Plan and Three-Year Strategic Goals FY 2024-25

The San Diego County is the second most populous of California's 58 counties, and the fifth largest county in the United States. San Diego shares a border with Mexico and has one of the highest rates of immigration of all of California's counties. It is racially and ethnically diverse and will be increasingly so – for county residents under 18, 30.1% are Latinx with the expectation for continued population growth over time. Approximately 27.1% of the county's population are immigrants, including refugees, with over 68 different languages spoken. This makeup creates a vibrant and diverse community of San Diegans.

San Diego County Health and Human Services Agency (HHSA) is committed to providing culturally responsive services across its many sectors including Public Health, Behavioral Health, Child and Family Wellbeing, Homeless Solutions and Equitable Communities, Aging and Independent Services, Housing and Community Development, Medical Care, and Self-Sufficiency Services. HHSA previously launched a ten-year effort called "Building Better Health" designed to promote both physical and behavioral health in collaboration with community partners and businesses. Over t ime these efforts have evolved into a greater, long-term *Live Well San Diego* Vision aimed at improving the health, safety, and quality of life of all San Diego County residents. For more information, go to: livewellsd.org.

The County of San Diego Behavioral Health Services (SDCBHS) provides both mental health and substance use services to roughly 120,000 individuals each year. There are approximately 300 programs, in over 400 school-based behavioral health sites, and approximately 330 Fee-for-Service practitioners under contract to the BHS' Administrative Services Organization (ASO).

SDCBHS recognizes that there are measurable disparities in health care outcomes which indicate that bias exists within the health care system, both at the individual and systemic level. SDCBHS has outlined its commitment to creating and maintaining a culturally relevant and responsive system of care, incorporating the recognition and value of racial, ethnic, and cultural diversity within its system since the first formal Cultural Competence Plan in 1997.

Cultural competence is realizing that culture impacts our relationships and interactions in ways that may be subconscious or outside our awareness. It is a continual growth process that involves self-awareness, knowledge, skills, advocacy, and the examination of all those factors within a larger context. Recognizing the complex nature of personal identity, how each of us manages our multiple identities, and how the intersection of our experience can be a powerful tool for healing and change. SDCBHS has incorporated cultural humility as a framework to further support the progress towards reducing disparities throughout Behavioral Health. The term is based on the idea that we must be open to the identities and experiences of others a primary way of being in the world.

There are three primary components:

- A lifelong commitment to self-evaluation. We are never finished – we never arrive at a point where we are done learning. Therefore, we must be both humble and flexible;
- A desire to fix power imbalances. Each person brings something different to the table. Each person is the expert on their own life, symptoms, and strengths. Both people must collaborate and learn from each other for the best outcomes; and,
- A willingness to develop partnerships with people and groups who advocate for others.
- We cannot individually commit to self-evaluation and fixing power imbalances without advocating within the larger organizations in which we participate.

To determine whether all population groups in the County are getting access to needed mental health and/or substance use services, SDCBHS first developed a triennial *Progress Towards Reducing Disparities in Mental Health Services* report to measure its service provision by age, gender, and racial/ethnic groups and to inform SDCBHS' strategies for addressing disparities. The data analysis began in FY 2001-02.

The Cultural Competence Plan annual update summarizes SDCBHS's present activities and highlights future initiatives and next steps. It includes information on the eight criteria set by the State as indicators of cultural competence.

SDCBHS METHODOLOGY IN EVALUATING ITS SYSTEM

San Diego County Behavioral Health Services in partnership with the University of California, San Diego (UCSD) Research Centers developed the Community Experience Partnership (CEP). The CEP framework integrates data and community engagement to promote behavioral health equity in San Diego County by evaluating its system. The CEP allows the public to explore, monitor, and visualize behavioral health equity data through a series of interactive dashboards. Data sources include surveys, vital records, hospitalization and emergency department data, and service and outcome data for individuals served by the Behavioral Health Services system. Users can explore indicators of equity over time, across neighborhoods, and for numerous subpopulations, including by race/ethnicity, gender, sexual orientation, age, and justice involvement. This allows for timely, accessible, and actionable data for system policy development and decision making. With the County's commitment to patient-centered care, these tools provide support for initiatives that focus on specific long-term needs of the community utilizing a Population Health Approach.

Although SDCBHS functions as a unified system, the focus of the services for children, youth, adolescents, families, adults, and older adults differs slightly, as is age appropriate. When providing services to adults, SDCBHS utilizes a focus on psycho-social recovery, while services provided to children and youth focuses on family-centered treatment and resiliency. For the purposes of this report, much of the information on programs, initiatives, and future activities is divided into sections based on the population served.

SDCBHS FY 2021-24 STRATEGIC THREE-YEAR GOALS

CRITERION	THREE-YEAR GOAL	STATUS
1 – COMMITMENT TO CULTURAL COMPETENCE	• Expand the Mobile Crisis Response Teams (MCRT) program countywide.	**MET**
	• Develop a new County Department of Homeless Solutions and Equitable Communities as noted in County of San Diego Board of Supervisors (BOS).	**MET**
2 – UPDATED ASSESSMENT OF SERVICE NEEDS	• Develop a new disparities dashboard to assess community need and gaps in services.	**MET**
	• Launch the new Community Experience Partnership to gather feedback from the underserved communities with a goal to address inequities in services.	**MET**
3 – REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC BEHAVIORAL HEALTH DISPARITIES	• Continue to enhance collaboration with tribal communities.	**MET**
	• Enhancement of the San Diego County Perinatal Equity Initiative focused on the Black community, providing education resources and support for soon to be fathers.	**MET**
	• Establish a new framework for healthcare in County Jails, specifically minimizing the expansion of outsourcing healthcare and increasing the number of county health nurses, mental health professionals, and drug treatment providers as noted in Chair Fletcher's County Address.	**MET**
	• Ensure a bottom-up, community-based approach in engaging BIPOC communities.	**MET**
4 – INTEGRATION OF CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE WITHIN THE COUNTY BEHAVIORAL HEALTH SYSTEM	• Enhance the reach of the CCRT by ensuring representatives are sharing information and promoting collaboration at community meetings, stakeholder meetings, and councils. • Enhance the representation from Substance Use Providers on the CCRT	**MET** **MET**

5 – CULTURALLY COMPETENT TRAINING ACTIVITIES	• To develop new trainings and enhance current trainings with focus on equity, diversity, and inclusivity.	**MET**
	• To enhance the client culture, RI and NAMI will promote additional trainings and venues for peer and family discussions.	**MET**
6 – COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE	• SDCBHS will have a BHS Race/Equity Workgroup with newly hired BHS Consultant, Reggie Caldwell, aimed at addressing racial equity in policy development, guidelines and trainings implemented throughout BHS.	**MET**
	• The County will develop and continue to enhance a New Office of Equity and Racial Justice.	**MET**
	• To develop a Contractor Diversity Plan to be included in the RFP process, which would ask contractors to outline linguistic/cultural diversity of staff, workforce efforts/cultural diversity strategies in staffing, outreach plans.	**MET**
7 – LANGUAGE CAPACITY	• BHS will examine access times by client language to determine if there are barriers to access to services.	**MET**
	• 100% of mental health clients and families indicating in the Consumer Perception Survey report that they had access to written information in their primary language and/or received services in the language they prefer.	**MET**
	• 100% of SUD clients and families in the Treatment Perception Survey report that they had access to written information in their primary language and/or received services in the language they prefer.	**MET**
8 – ADAPTION OF SERVICES	• Enhance behavioral health services care coordination by developing regional hubs.	**MET**
	• Enhance the role of peer and family partners within recovery and wellness programs.	**MET**
	• Review and enhance language utilized with individuals served throughout the system of care to ensure sensitivity and inclusivity.	**MET**

SDCBHS STRATEGIC THREE-YEAR GOALS FY 2024-27

CRITERION	THREE-YEAR GOAL	STATUS
1 – COMMITMENT TO CULTURAL COMPETENCE	• Over the next three years, SDCBHS will host at least one focus group and/or forum/listening session with priority populations (as identified by MHSA/BHSA). Focus groups and forums will focus on equity and empowerment of unserved, underserved populations for the purpose of contributing to decision making and encourage community partnership to improve behavioral health outcomes. To ensure meaningful participation from diverse stakeholders including individuals with lived experience, forums and focus groups will include language interpretation services and be held countywide across service delivery regions of the County at different times (both day and evening) and/or weekends.	
2 – UPDATED ASSESSMENT OF SERVICE NEEDS	• Within the next three years, SDCBHS will establish the use of the community data to ensure service planning and community health education and promotion programming is informed by data and based in cultural and regional considerations as part of the Clinical Design Process for BHS planners and community engagement efforts to assess communities' equity needs.	
	• Within the next three years, SDCBHS will complete the integration of the Behavioral Health Equity Index (BHEI) in the public-facing Community Experience Dashboards. The BHEI uses a social determinants of health framework to identify communities at greatest risk for unmet behavioral health needs.	
3 – REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC BEHAVIORAL HEALTH DISPARITIES	• Increase current penetration rate among Latino/Hispanic population by conducting community outreach and engagement activities focused on increasing access and awareness of behavioral health programs and services in communities with a dense Latinx population.	
	• Over the next three years, SDCBHS will implement findings from community data analysis and the clinical design process in service delivery to reduce racial, ethnic, cultural, and linguistic behavioral health disparities as	

	evidenced by an increase in the proportion of diverse clients served.
4 – INTEGRATION OF CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE WITHIN THE COUNTY BEHAVIORAL HEALTH SYSTEM	• Over the next three years, CCRT will collaborate annually with internal and community partners, including County and community-based Community Health Workers (CHW), to identify regional/system disparities and aid in improving community connection.
	• Over the next three years, CCRT will establish a tool to guide legal entities in the development of their cultural competency plan, conduct ongoing reviews, and provide feedback on submitted plans as evidenced by the inclusion of this tool in the SDCBHS Cultural Competence Handbook.
5 – CULTURALLY COMPETENT TRAINING ACTIVITIES	• Over the next three years, SDCBHS will offer a series of programs for employees seeking to advance their education, training and/or certification who may not have the income or ability to finance education or certifications, and/or capacity to take on student debt in order to train public behavioral health workers in the region's most urgently needed professional fields to achieve licensure and/or certification as part of the new Innovation Workforce program.
	• 100% of SDCBHS staff and contracted providers will complete four hours of cultural competence training activities.
	• Over the next three years, SDCBHS will observe an increase in the number of respondents that agree/strongly agree to the question "staff were sensitive to my cultural background" on the TPS, YSS, and MHSIP.
6 – COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE	• Over the next three years, SDCBHS will provide scholarships to current members of the county-funded public BH workforce in an effort to retain the essential workforce as demonstrated by the Innovation Workforce evaluation.

	• Over the next three years, SDCBHS will provide zero percent (0%) interest loans to students as well as upfront financing for clinical training and supervision programs as a component of the new Innovation Workforce program.
7 – LANGUAGE CAPACITY	• Over the next three years, SDCBHS will increase the percent of internal interpreters used in the SUD system of care by 5% in order to build the SDCBHS bilingual workforce.
	• Over the next three years, SDCBHS will increase the percent of the Spanish speaking mental health workforce by 5% as there was a 3% decrease from FY 2021-22 to FY 2022-23.
8 – ADAPTION OF SERVICES	• Over the next year, conduct at least one annual training to educate stakeholders on how to access data to help inform program planning/development.
	• Over the next three years, SDCBHS will focus on the adaptation of the workforce to meet the growing needs by expanding nursing in the psychiatric field as demonstrated by a 5% increase of nursing staff.

ACKNOWLEDGEMENTS

Health and Human Services Agency (HHSA)
Dr. Eric McDonald, MD, MPH, FACEP, Interim Agency Director
Patty Kay Danon, Chief Operations Officer

County of San Diego Behavioral Health Services (BHS)
Luke Bergmann, PhD, Director
Aurora Kiviat Nudd, MPP, Assistant Director and Chief Operations Officer
Cecily Thornton-Stearns, MFT, Assistant Director and Chief Program Officer
Nadia Privara Brahms, Assistant Director, Chief Strategy and Finance Officer

Population Health Unit
Dr. Nicole Esposito, Chief Population Health officer

Cultural Competence Resource Team (CCRT)
Chair: Piedad Garcia

Carmen Pat	Mahvash Alami
Celeste Hunter	Rebecca Paida
Elisa Barnett	Rick Heller
Evelyn Parada	Robert Cook
Jennifer Rusit	Rosa Ana Lozada
Juan Camarena	Sahra Abdi
Linda Puebla	Shadi Haddad
Melissa Penaflor	Shiva Jaimes

UC San Diego – Health Services Research Center (HSRC)
UC San Diego – Child and Adolescent Services Research Center (CASRC)

For any questions, please contact: bhspophealth.hhsa@sdcounty.ca.gov

Introduction

COMMITMENT TO CULTURAL COMPETENCE

I. The County of San Diego Behavioral Health Services' commitment to cultural competence

The County shall include the following in the CCP:

A. Policies, procedures, or practices that reflect steps taken to duly incorporate the recognition and value of racial, ethnic, and cultural diversity within SDCBHS.

I A. The County of San Diego Behavioral Health Services (SDCBHS) has the following policies, procedures, and practices in place that reflect steps taken to duly incorporate the recognition and value of racial, ethnic, and cultural diversity within SDCBHS:

The County of San Diego Department of Human Resources Policies

The County of San Diego Department of Human Resources (DHR) has policies in place that reflect recognition of racial, ethnic, and cultural diversity in areas of training and recruitment. These include:

- Employee Organizations *(Policy Number 902)* – "It is County policy to maintain positive and productive relationships with all employee organizations; to foster activities, which are collaborative, cooperative and non-adversarial; and to assure that all County practices are free from discrimination based on employee organization membership or participation by County employees."
- Training and Development Program *(Policy Number 1002)* – "It is the policy of the Department of Human Resources to assist all departments and employees in the design, implementation and evaluation of professional and organizational development strategies through consultation, coaching, education and training."
- Use of Pronouns *(Policy 120)*- "The County is committed to fostering an environment of inclusiveness and belonging. The County supports employees who wish to be addressed by their expressed pronoun(s) and name. Asking for and correctly using a person's pronouns is a form of mutual courtesy and respect for their gender identity. This policy provides for the use of a person's pronoun(s) or lack of pronoun(s), as well as their name, even when different from their legal name."
- Equal Employment Opportunity *(Policy Number 109)* – "It is County policy to provide equal employment opportunity in employment for all persons and prohibit discrimination and harassment in all aspects of employment on the basis of race, color, religion, religious creed, ancestry, national origin, citizenship, sex, gender, gender identity, gender expression, a marital status, age, sexual orientation, pregnancy and pregnancy related conditions, political affiliation, veteran status, military status, genetic information, disability or medical condition unrelated to job requirements, reproductive health decision-making, and all other statuses protected by the law."

San Diego County Behavioral Health Services (SDCBHS) Policies and Procedures

SDCBHS has several policies and procedures in place to ensure culturally and linguistically appropriate services are available including but not limited to:

- Culturally and Linguistically Competent Services *(Policy Number 5994)* – Assuring Access and Availability. This policy is to assure improvements in the access and availability of culturally and linguistically competent services within San Diego County Behavioral Health Services.

- Cultural Competence Resource Team *(Policy Number 5946)* – The purpose of this policy is to establish a Behavioral Health Services Cultural Competence Resource Team (CCRT). The CCRT provides the framework to the system of care (SOC) councils and their sub-committees to facilitate culturally competent activities, collaborates with all other SOC Councils to examine and address health care disparities and social determinants of health in unserved and underserved communities, particularly around access to care and workforce goals.
- Provision of Culturally and Linguistically Appropriate Services in Accessing Specialty Mental Health Services *(Policy Number 5977)* – This policy is to ensure that all individuals requesting Behavioral Health Services are evaluated for cultural and linguistic needs to ensure they receive culturally and linguistically appropriate services.
- Written Information in English, the Threshold Languages, and Alternate Formats to Assist Clients in Accessing Specialty Mental Health Services *(Policy Number 6030)* – The purpose of this policy is to ensure that all threshold language-speaking clients and clients needing information in alternate formats receive information in writing or in an appropriate manner to their needs, to assist them in accessing Specialty Mental Health Services.

San Diego County Behavioral Health Services (SDCBHS) Organization Provider Operations Handbook and Substance Use Disorder Organizational Provider Handbook (SUDPOH)
SDCBHS maintains the OPOH and SUDPOH Cultural Competence section, which are addenda to all mental health and substance use disorder provider contracts respectively. These handbooks are updated at a minimum annually and serve as a way for BHS to keep its contractors up to date on new or changing requirements for the provision of services. All Statements of Work include language on the requirement of programs to implement the Culturally and Linguistically Appropriate Services (CLAS) Standards. The CLAS Standards, originally developed by the Health and Human Services Office of Minority Health, are a series of guidelines that are intended to inform and facilitate the efforts towards becoming culturally and linguistically responsive across all levels of the health care continuum.

Principal Standard:

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

Governance, Leadership, and Workforce:

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

Communication and Language Assistance:

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

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

In addition to alignment with the CLAS standards the OPOH and SUDPOH outline specific provider contract requirements which include:

- Cultural Competency Training – Contractors shall require that, at a minimum, all provider staff, including consultants and support staff interacting with clients or anyone who provides interpreter services must participate in at least four (4) hours of cultural competence training per year. Training may include attending lectures, written coursework, a review of published articles, web training, viewed videos, or attending a conference. The following conditions also apply:
  - All new staff have one year to complete the 4 hours of cultural comp training.
  - Staff hired after May 15 are exempt from the requirement for that fiscal year but must meet requirement "a".
  - Volunteers, Temporary Expert Professionals (TEP), Retire-Rehires, Certified Temporary Appointments, and Student Workers who have served or are expected to serve 100 or more hours at the program must meet the requirement. (OPOH H.6).
- Consumer Preference – "Cultural/Ethnic Requirements: Consumers must be given an initial choice of the person who will provide specialty mental health services, including the right to use culturally specific providers. Providers are also reminded that whenever feasible and at the request of the beneficiary, clients have the right to request a change of providers" (OPOH H.7).
- Consumer Preference – Language Requirements: "Services should be provided in the client's preferred language. Providers are required to inform individuals with limited English proficiency in a language they understand that they have a right to free interpreter services" (OPOH H.7).

The full OPOH is linked in the Technical Resource Library and the MHP Provider Documents (optumsandiego.com).

The full SUDPOH is also linked in the Technical Resource Library and in the Drug Medi-Cal Organized Delivery System (optumsandiego.com)

San Diego County Behavioral Health Services Program & Services (P&S) Unit
SDCBHS has been undergoing a reorganization with a focus to centralize service oversite under teams led by Deputy Directors. P&S is the largest BHS unit that designs, develops, and provides oversight to a large network of behavioral health services and supports to fulfill the County's role as a health care plan, public entity, and direct service provider.

SDCBHS Principles Supporting Cultural Competence
The treatment for adult clients served is planned in consideration of the person's individual goals, diverse needs, concerns, strengths and motivation.

Guiding principles for the adult and older adult population specify that service shall be:
Person-centered; Comprehensive and integrated with a broad array of services; Individualized, culture-centered, and built upon person's strengths; Provided in the least restrictive and most appropriate settings; Coordinate both at the system and service delivery levels; Delivered with clients as full partners in their treatment care; Protective of client rights.

Children and Youth Guiding Principles:
The mission is to advance systems and services to ensure that children and youth are healthy, safe, lawful, and successful in school and in their transition to adulthood, while living in nurturing homes with families. There are 10 Council Principles focusing on the following: the collaboration of four sectors, integrated care, child, youth, and family driven, individualized, strength-based, community-based, outcome driven, culturally competent, trauma-informed, and persistence.

The CY SOC incorporated Trauma Informed principles in FY 2016-17 and Persistence in FY 2017-18. The Children and Youth Principles are demonstrated by ongoing client and parent/caregiver participation and influence in the development of the program's policy, program design, and practice.

Drug Medi-Cal Organized Delivery System Guiding Principles:
This perspective values the individualized needs of the person with a Substance Use Disorder (SUD), and tailors services to meet these unique needs. SUD services from this perspective are not "one size fits all," but based on an individual's needs at a specific point in time. As an individual advances along their recovery journey, the type and intensity of treatment services they receive should change and reflect the severity and nature of the client's SUD. This approach emphasizes care coordination and ensuring a full continuum of care that offers varying levels of care to best tailor service delivery to client need. As a result, a key goal of SUD treatment is to provide the right service, at the right time, for the right duration, in the right setting.

A Comprehensive Harm Reduction Strategy was implemented to guide the County of San Diego, in collaboration with partners and stakeholders, in addressing the most pressing issues at the intersection of behavioral and public health. This strategy initiated an effective data-driven decision-making and evidence-based solutions to improve outcomes for both the people who use drugs (PWUD) population—a high-need population—and the broader San Diego community.

The guiding principles of the harm reduction approach in San Diego County are as follows:

- Human Rights and Dignity Substance Use and Harm Reduction approaches in San Diego County respect all human beings, meeting them "where they're at" without judgment and aim to reduce the stigma of people who use drugs (PWUD).
- Diversity and Social Inclusivity the County of San Diego strives to respect all PWUD, as well as their families and communities, regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health, or socioeconomic status.
- Health and Well-Being Promotion the County of San Diego aligns with the Live Well San Diego vision of healthy, safe, and thriving communities. Harm reduction efforts are oriented toward improving the health, safety, and capacity to thrive for all PWUD.
- Partnerships & Collaborations Harm reduction approaches are informed by and carried out through partnerships and collaborations across all sectors in the community. Partnerships are built upon the foundation of shared goals and trust in the interest of serving our community.
- Participation ("Nothing about us without us") The County of San Diego recognizes the right of PWUD to be involved in the efforts to reduce the debilitating impact of drug use in their communities.
- Accountability and Improvement the County of San Diego is committed to continuous improvement in the quality of its harm reduction efforts and intends to use data, community feedback, and input to continually assess current and future individual and community needs.

Comprehensive Continuous Integrated System of Care (CCISC): Co-Occurring Disorders

The CCISC initiative utilizes eight practice principles that directly impact the way services are planned and provided for the special cultural population of dually diagnosed (living with mental health and substance use disorders) individuals in SDCBHS. CCISC Training is available to County and contracted behavioral health staff to help ensure programs become "dually diagnosed capable or enhanced" and work collaboratively across systems to improve services. With support from the Behavioral Health Advisory Board (BHAB), SDCBHS adopted the CCISC model for designing system changes to improve outcomes for persons living with co-occurring disorders, within the context of existing resources.

Communication & Engagement (C&E)

The Communication & Engagement Team represents a centralized unit within the department responsible for various internal and external public messaging and public participation efforts, including intradepartmental coordination of BHS communications, engagement, and staff support for year-round, community-based activities.

- Since March 2023, the C&E Team has concentrated its efforts on developing the infrastructure necessary to support existing and emerging operations, reflecting on learnings from community input sessions, refining approaches to improve the relevancy of activities, initiating planning discussions with community members, and organizations to deliver desired programming in a more tailored fashion.
- The C&E Team have been focused on hiring and creating new tools to support the coordination of community requests, reporting/evaluation, more frequent and standardized communications using multiple communication channels. The department has also dedicated a large portion of its time over the last several months to better understanding how San Diego County communities would like to be engaged and assessing how the department can best meet people "where they are" both figuratively and physically.

- Additionally, C&E Team continues to utilize the Community Request Form in an effort to support community events and activities through BHS staffing at events, educational materials, and/or connections to BHS subject matter experts and/or contractors. Since September 2023, the team has logged over 20 requests from items including tabling requests to highlight BHS resources and career pathways, threading to support naloxone distribution to BHS contractors, and more.

The County of San Diego is committed to Diversity and Inclusion:
The San Diego County implemented equity, diversity and inclusion after inaugural efforts were taken in 2014.The Department of Human Resources established a division of Equity, Diversity, and Inclusion (EDI) in 2020, which focuses its efforts on the County as an employer, to collaborate and support a culture of inclusion. EDI leads the County's Diversity and Inclusion Champions in creating a culture of belonging throughout the organization. EDI's most recent achievements include Creating Equitable and Inclusive Interview Panel Guidelines and training the Human Resource community to ensure that the county is doing everything they can to minimize implicit bias. EDI has been guiding the County's efforts in opening more doors to workers who are neurodivergent; including Autism; and managing the Jay's Program internship, providing interns with neurologic and developmental disabilities meaningful work experience to prepare them for employment opportunities. In addition, EDI facilitates opportunities for County employees to have their voices heard on specific issues or topics, creates, and distributes a quarterly newsletter, communicating about various D&I topics throughout the organization and prepares the County's annual D&I report. The vision and goals of the D&I initiative are now embedded into everything the county does, there are dedicated positions and offices, threaded policies and procedures, and allocated funds and programs.

In the Fiscal Year 2022-23 the county launched an externally run biennial employee engagement survey to help plot courses to further increase opportunities of inclusion and spaces of belonging. In the beginning of July 1, 2023, the County implemented a blind applicant screening to all new recruitments which inhibit started a job candidate's personal information such as name, phone number, address, gender, age and race that could influence or bias a hiring decision.

The County of San Diego Diversity and Inclusion (D&I) **partners:**

- The Department of Human Resources: Equity, Diversity, & Inclusion division internally focuses on integrating equity, diversity, and inclusion into the organization's County Culture and specifically supporting the areas of recruitment, requirement hiring, and professional development/advancement.
- Diversity and Inclusion Executive Council: The council is comprised of executive leadership from across the County appointed by the Chief Administrative Officer. The Council is tasked to undertake a review of the goals and actions needed to root out and keep out institutional racism. Their role in the overall fabric of diversity and inclusion work is to provide enterprise-wide guidance and drives progression by helping establish priorities and strategic vision as well as serving as role models and champions of diverse perspectives and inclusive behaviors.
- The Office of Ethics & Compliance Department is dedicated to fostering a culture of integrity, implementing the Code of Ethics, promoting ethics and compliance through developed policies, programs, and trainings, and reviewing discrimination, fraud, waste, and abuse complaints.
- Leon L. William Human Relations Commission: The County Board of Supervisors re-established the Leon L. Williams San Diego County Human Relations Commission (HRC)

in May 2020 with the mission to promote positive human relations, respect, and the integrity of every individual regardless of gender, religion, culture, ethnicity, sexual orientation, age, or citizenship status.

- Diversity and Inclusion Champions: They are the grassroots network providing resources and opportunities that foster and encourage equity, diversity, and inclusion within their teams. Example of D&I Champions efforts within the County:
    - Department of Human Resources Equity, Diversity, & Inclusion Digest
      The County of San Diego, Equity, Diversity, and Inclusion Champions have implemented Neuro-Inclusion in the workplace through the development of the Neurodivergent Excellence Initiative. The Neurodivergent Excellence Initiatives provides information on neurodiversity, neurotypical, neurodivergence, terminology/education, TED Talks, frequently asked questions, and multiple resources for county employees to access at any time. The Neurodivergent Excellence Initiative follow three strategies to create a more inclusive hiring process and work environment such as collecting data and the opportunity to interact to gain understanding, employee training, and departmental work plans.
- Office of Equity and Racial Justice (OERJ): Host trainings focused on Justice, Equity, Diversity and Inclusion (J.E.D.I). Staff who participate in these trainings have earned the designation of J.E.D.I in effort to those in the role of J.E.D.I. further develop equity action plans for their respective departments, measure progress and advance on their equity goals.
- Employee Resource Group (ERG): Are a voluntary, employee-led, non-profit organizations that are sponsored by County executives and guided by the following: Support County Initiatives & Partners, Cultural Competency & Awareness, Recruitment, Retention, & Outreach, and Professional Development. These fundamental partners create efforts to cultivate community and build bridges for opportunities. ERGs are a conduit for employees to have a collective voice, influence policies and initiatives, and forge lasting relationship.
- Trauma Informed System Integration: HHSA integrated trauma-informed-principles into its policies, practices, environments, and services to improve the health and wellness of the community and staff. To build on HHSA's capacity for trauma-informed approaches the Trauma Informed System Integration team (TISI) was formed in 2014. Since 2014, TISI has influenced internal and external stakeholders and continues to expand their reach. In 2022, TISI presented to the D&I Executive Council to integrate trauma informed approaches into the County's efforts in equity, diversity, and inclusion. TISI officially expanded beyond HHSA in January of 2021.

San Diego County Behavioral Health Services Population Health Unit

The Population Health Team seeks to promote data-driven solutions and evidence-based practices that effectively align both resources and outcomes with departments across the County of San Diego's HHSA. The framework of Population Health Planning focuses on Determinants of Health, Population Health Outcomes, Policies, and Interventions. This is completed through an alignment of surveillance, evaluation, and continuous quality improvement, that is driven to support healthier, equitable, and sustainable communities. The Population Health Unit seeks to maximally support the County's collective impact model – connecting and building on the strengths of each sector to create healthier and more equitable communities through the collaboration with the Community Health Statistics Unit of Public Health Services. The Population Health Unit has three domains: Epidemiology, Health Integration and Prevention, Network Quality and Planning. The goal is to advance the Community Experience Partnership's (CEP) vision and mission, which are to integrate data and community engagement, promote behavioral health equity, promote a continuous feedback process by which issues can be identified, further informed by community engagement, and

mediated by actionable plans. The unit is committed to supporting the grounding of interventions across the health system with the most current and comprehensive data available. The Population Health Unit is advising clinical direction through prioritization of data-driven interventions and initiatives across BHS's functional domains. While also informing and supporting the equitable allocation of governmental resources across sectors.

Next Steps toward Increasing the Emphasis on Cultural Competence

As of December 2013, each legal entity, which includes both mental health and SUD providers, are required to have a Cultural Competence Plan that demonstrate the policies and practices of culturally competent services for both mental health and substance use disorder services.

In January 2021, the San Diego County Board of Supervisors declared racism a public health crisis. This action recognized that some San Diego County residents do not share the same access or positive outcomes in health, resources, and opportunities due to a variety of factors stemming from racist systems, including residential segregation, dipropionate environmental injustices, and economic inequity. The County of San Diego's Office of Equity & Racial Justice (OERJ) is responsible for working with a broad range of regional partners including County departments, community members, and other institutions to co-create equitable solutions to regional equity and justice challenges. To that end, the Board of Supervisors commissioned the Equity Indicators project as a tool for the County government and its partners to assess the impact of social inequity and racial injustice to advance a more equitable vision that is measurable and sustainable.

On August 26, 2023, more than 250 people attended a County led celebration for the 33rd annual "National Recovery Month Celebration" (previously titled Recovery Happens). The event featured dozens of organizations and attracted hundreds of participants at Waterfront Park in Downtown San Diego. The event brought together organizations, motivational speakers, information on the prevention and treatment of substance use, and outlets for creative expression intended to promote the overall behavioral health of San Diego residents. The UC San Diego Health Partnership booth was designed to gather perspectives regarding behavioral health services within the community. All resources were provided in English and Spanish languages. The UC San Diego Health Partnership outreach team also engaged in intentional networking at the event, connecting with organizational leaders including Oasis Clubhouse and Union of Pan Asian Communities (UPAC).

On October 1, 2023, the CARE Act Program was launched in collaboration with County and community partners. The program creates a new pathway to deliver mental health and substance use services to individuals who are diagnosed with schizophrenia or other psychotic disorders and are not engaged in treatment.

February of 2023, the CY SOC introduced a standing agenda item for "Culture Share" below are examples of agenda items.

- Valentine's Day and how it impacts behavioral health.
- Activities that promote cultural competence and diversity and inclusion among staff (March 2023)
- NAMI San Diego-Community Advocacy program (May 2023)
- Influence of family culture into the passion to serve families (July 2023)
- Behavioral Health Advisory Board (BHAB) chair, and educator in a school campus as a Black male (August 2023)
- "Tri-cultural" upbringing and how it influenced her life as a psychologist (September 2023)

- Experience as an immigrant from the Philippines (November 2023)
- First born generation from México experience, highlighting advocacy, and promoting growth (January 2024)
- Acknowledgement of Black History month (February 2024) and Ramadan (March 2024)

The Board of Supervisors approved the Behavioral Health Services Mental Health Service Act (MHSA) Innovation program proposal which includes an outcome-based renewable training and tuition fund, an upskilling program to help meet professional needs, and a home ownership incentive program.

The Board of Supervisors approved $44.3 million for Behavioral Health Bridge Housing Program to provide more housing for San Diegans who have serious behavioral health condition and are experiencing homelessness.

The County has a total recommended budget of $8.48 billion for the FY 2024-25 where departmental budget must demonstrate how they help historically marginalized, vulnerable communities and people by using tools developed by the Office of Equity and Racial Justice that reflect community engagement, data, and accountability. The budget mirrors the County's values: integrity, equity, access, belonging, excellence, and sustainability. It maintains current services and funds new ones, using data and community input gathered throughout the year and considering equity for vulnerable populations.

Examples of Budget Highlights:

- More than $1.1 billion in total investments for Behavioral Health Services.
- $4 million increase for a total of $11.1 million to address the opioid crisis.
- More than $4 million for youth suicide prevention.
- $25 million to expand and support the public behavioral health workforce which includes the development of a new training and tuition program.
- More than $230 million total investment in Alternatives to Incarceration to reduce jail populations and maintain public safety through prevention, diversion, and reentry planning.
- $500,000 to expand the Social Equity Program to address the disproportionate harm caused by the War on Drugs on communities of color by providing economic access and equity in the cannabis industry.
- $500,000 to implement the Uplift Boys & Men of Color initiative to provide a holistic approach to connecting at-risk youth to wrap-around services, trauma support systems and workforce development opportunities.
- $7 million and 43 full-time employees for the Youth Development Academy to house, care and rehabilitate youth in the justice system.
- A new Prevention Hub to help families before they reach a point of crisis.
- A location in National City will serve as the future site of the South County Family Justice Center and offer local crime victims access to trauma recovery services in one place.
- A second safe parking site is expected to open in summer 2024, expanding emergency housing options for the unincorporated communities.

The County shall have the following available on-site during the compliance review:

B. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:
1. *Mission Statement;*
2. *Statement of Philosophy;*
3. *Strategic Plans;*
4. *Policy and Procedures Manual;*
5. *Human Resource Training and Recruitment Policies;*
6. *Contract Requirements*
7. *Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence)*

I B. BHS shall have items 1-7 indicated above available on-site during the compliance review.

COMMITMENT TO CULTURAL COMPETENCE

II. County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system

The CCPR shall be completed by the County Behavioral Health Services Division. The County will hold contractors accountable for reporting the information to be inserted into the CCPR.

The County shall include the following in the CCPR:

A. A description, not to exceed two pages of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities; including recognition and value of racial, ethnic, cultural, and linguistic diversity within the system. That may include the solicitation of diverse input to local behavioral health planning processes and services development.

II A. The practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities including recognition and value of racial, ethnic, cultural, and linguistic diversity within the system are wide spread and include all of the following components:

County of San Diego's General Management System (GMS)
GMS drives community engagement efforts at the enterprise level across all County business groups, including the Health and Human Service Agency (HHSA). The County has reimagined its operational approach to planning and decision making by integrating the General Management System (GMS) with the strategic framework adopted by the Board of Supervisors. It takes the GMS in a direction that is reflective of today's communities while preserving the core management principles of strategic planning, operational accountability, enterprise-wide collaboration, and employee connection. At the core of GMS is Community Engagement, based on the principle that all that we do should be for, and created in partnership with, the people we serve. The outer ring is included to reflect the core values of everything we do: integrity, equity, access, belonging, excellence and sustainability.

Advancing Diversity and Health Equity

The historically the vision of the Mental Health Service Act (MHSA) is to build a system in which mental health services are equitable, regionally distributed, and accessible to all individuals and families within the region who are in need. MHSA funding provides individuals who are experiencing SMI or SED with timely access to quality behavioral health care that is responsive to their cultural and linguistic needs. BHS serves individuals of all ages, including the County's most vulnerable, and underserved low-income populations, such as individuals experiencing homelessness, LGBTQIA+, Black Indigenous and People of Color (BIPOC), children who are commercially sexually exploited, children and adults with justice involvement, people with complex behavioral health needs, and vulnerable age groups including children, youth, transition age youth, and older adults.

Recognizing and valuing the diversity of County residents, a range of channels were used to ensure a wide scope of opportunities were available to provide input and ideas that focused on the needed improvements to behavioral health services. The following are examples that provided input and ideas such as community forums, regional meetings, focus groups, and surveys. The formation of age-focused ongoing Advisory Councils contributed to decisions to create programs that operationalize community outreach and engagement and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with behavioral health disparities.

To identify and address unmet behavioral health needs within the region, as well as the systemic and regional inequities that lead to these unmet needs, BHS partnered with the University of California, San Diego (UCSD) to develop the Community Experience Partnership (CEP). The CEP is a joint initiative to promote behavioral health equity and inform culturally responsive, data-informed behavioral health service planning.

Community Experience Partnership (CEP)

The CEP is a departmental initiative to integrate data and community input to guide priorities and inform and support BHS' planning and program development to equitably improve behavioral health and wellness across the Behavioral Health Continuum of Care (CoC). The CEP is made possible through the collective efforts of various BHS teams, as well as contracts with UC San Diego's Child and Adolescent Services Research Center (CASRC) and Health Services Research Center (HRSC).

To foster engagement among members of the San Diego community at a regional level, community engagement forum activities were implemented in five of the six HHSA regions of San Diego. The County of San Diego HHSA organizes Live Well San Diego Community Regional Leadership Team Meetings (LWSD CRLT) that are held on a monthly basis in each of the six HHSA regions. These LWSD CRLT meetings are comprised of diverse partners, agencies, and advocates who are working together to identify the needs and priorities of each region. In collaboration with the SDCBHS and each SDC LWSD CRLT meeting coordinators, the UC San Diego Health Partnership utilized the

standing regional meetings to engage the community through regional community engagement forums. The goal of each regional community engagement forum was to convene stakeholders and the community for the purpose of gathering input regarding resources, services, and barriers specific to each HHSA region to inform SDCBHS continuum of care and improve the behavioral health equity at a regional level. In further collaboration with the SDCBHS, the UC Health Partnership held a comparable listening session with the BHAB and SOC Council members.

- Trainings were provided to members of the community to help improve their knowledge of services provided in SDC. Attendees were provided with an anonymous online Qualtrics survey (i.e., distributed via QR code and link during the session, and via email after the session), which asked about their satisfaction with the training (see Appendix I) and for other feedback. Upon completion, these surveys were analyzed by the UC San Diego team. Of the four training sessions held in FY 2022-23, there were 196 attendees. Of those attendees, 67 individuals voluntarily completed the survey for an overall response rate of 34%. Most of the individuals who participated in the survey (94%, N=63) attended a virtual training session.

Community Program Planning (CPP)
Through Community Program Planning (CPP) counties gather input from a diverse range of stakeholders as to the needs and priorities of community members. In San Diego, the community engagement activities of the CPP process were led by the UC San Diego Health Partnership. (more in depth information is available in criterion 3).

Programs Focused on Serving Children, Youth, and Families:
The following programs serve as examples of services offered to children and adolescents which demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with behavioral health disparities:

- **Harmonium Family/Southeast Family Youth Partner Services** program serves eligible children, youth, and their families that primarily reside in the southeast County communities. Due to obesity, diabetes, and hypertension concerns, particularly in Black /African American and Hispanic youth, the integration of medical treatment and mental health treatment is a critical part of the treatment spectrum.
- **The Urban Youth Center of the San Diego American Indian Health Center** serves at- risk and high-risk Urban American Indian and Alaska Native youth ages 10-24 and their families. They provide screenings, assessments, and individual counseling by counselors or Spiritual Advisors.
- **The Healing Opportunities for Personal Empowerment (HOPE)** is a collaboration between Behavioral Health Services and the Probation Department to provide intensive treatment programs for in-custody youth. The HOPE program supports the juvenile justice system's transition to a positive youth development model while also focusing on the interrelated triad of treatment needs typical of youth who are in custody and provides evidence-based and evidence-informed treatments for, criminogenic, mental health, and substance abuse.
- **Resilience Is Strength and Empowerment (RISE) Court** was created to address the unique needs of children and youth at risk or victims of commercial sexual exploitation (CSEC). The overall goal for RISE Court is to create a non-adversarial, supportive service plan for each participant utilizing a community approach and positive youth development framework.
- **SchooLink** is the result of a partnership between the County and the local school districts

intended to provide County-funded behavioral health services at schools directly, for students who are Medi-Cal enrolled, low income, underinsured, or uninsured. Families and school staff can submit a student referral form to access a range of services (at no or low cost) including mental health & substance abuse services, individual/family, and group therapy, medication support, case management, collateral services, and rehabilitative services. Services are offered in many languages and can be provided during or outside of school hours, and on-campus or in a community setting, to minimize barriers to access for the most vulnerable clients.

- Utilizing the evidence-based practice of Incredible Years, **School Based Prevention** and **Early Intervention Services** are offered at designated elementary schools countywide to create a school culture that is focused on wellness and educating teachers and parents as well as building skills with students and their families. In the East County, a specific Refugee component was added to address the needs of refugee children and families in the same identified schools.
- **Screening to Care** was initiated in February 2023 with American Rescue Plan Act (ARPA) funding to address mental health treatment needs for middle school students in partnership with the San Diego County School Board Association and school districts across the county with services that will use a multi-tiered approach which includes universal screening of students facilitated by middle school staff, regardless of the child's insurance needs.
- **Teen Recovery Centers (TRCs)** provide outpatient Substance Use Disorder (SUD) treatment recovery and ancillary services to adolescents ages 12-17 and their families. There are seven TRCs located in all County regions. TRCs are also located within school sites to increase access and coordination with school personnel. TRCs also include early intervention services known as ASAM 0.5.

Programs Focused on Serving Adults:

The following programs that focus on adult and older adult clients demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with behavioral health disparities:

- **Project In-Reach** provides services primarily to at risk Black/African American and Latino citizens who are incarcerated adults or Transition Age Youth (TAY) at designated detention facilities and will be released in San Diego County. Services include: in- reach and engagement; education; peer support; follow-up after release from detention facilities and linkages to services that improve participant's quality of life; diminish risk of recidivism; and diminish impact of untreated physical health, mental health and/or substance abuse issues.
- The **Breaking Down Barriers** (BDB) PEI program uses a Cultural Broker outreach model to create effective collaborations with various agencies, community groups, participant and family member organizations, and other stakeholders to reduce mental health stigma and increase access to behavioral health services by unserved and underserved culturally diverse communities. Some of the services/programs include but are not limited to mental health outreach; engagement and education to persons in the Latino, Native American (rural and urban), Lesbian/Gay/Bisexual/Transgender/Questioning+ (LGBTQ+), Black, and African American communities.
- **Clubhouses** provide services that assist members in reducing social isolation, as well as increasing their social rehabilitation skills, independent functioning, improving education and employment.

- **Outpatient Services for Deaf and Hard of Hearing**, Outpatient Services for Deaf and Hard of Hearing, a program of Deaf Community Services, provides specialized, culturally, linguistically and developmentally appropriate outpatient Bio-Psychosocial Rehabilitation (BPSR) services for Medi-Cal and unfunded deaf and hard of hearing persons of all ages with serious mental illness, as well as those who may also have a co-occurring substance use disorder. Providers are fluent in American Sign Language (ASL) and are members of the deaf community. Additionally, Deaf Community Services Clubhouse, which opened in November 2012 and has over 1,103 members in attendance, at mid-year program has 6 unduplicated members -a day-based recovery and activity center which provides educational, vocational, and social activities to Deaf and Hard of Hearing clients located throughout San Diego County.
- **Courage to Call** is dedicated to improving mental wellness for Veterans, Active Duty, Reservists, National Guardsmen, and their families via countywide outreach and education, an 8am-8pm peer line, as well as individual short-term, solution focused prevention-oriented plans. This program is led by veterans and their family members. The program also provides training to improve cultural awareness and understanding for community organizations and providers serving those with a military or military family background.
- **Survivors of Torture, Internationa**l (SOTI) provides outpatient mental health services to 18+ who experienced trauma and torture in their home countries and/or their journeys to the United States, including refugees and/or asylum seekers, and have serious mental illness (SMI), including those who may have a co-occurring substance use disorder.
- **Roaming Outpatient Access Mobile (ROAM)** is funded through MHSA Innovations to provide and operate a mobile clinic for Native American transition- age youth, adults, and older adults residing on tribal reservations in the East and North Inland Regions.
- **Home Finder Program & Tenant Peer Support Services Program** provides outreach, housing navigation, housing location, and tenant support services to individuals experiencing homelessness and living with severe mental illness. The program works closely with two outpatient clinics (Areta Crowell Center and the North Central Mental Health Clinic) to provide clients with housing opportunities.
- **Place Like Home (NPLH) program** provides loans to affordable housing developers to create permanent supportive housing units for individuals with an SMI or SED diagnosis who are experiencing homelessness or chronic homelessness, or who are at risk of chronic homelessness.
- **Stepping Stone** is a comprehensive program serving individuals with alcohol and/or drug addiction and those in need of life-enhancing recovery from co-occurring conditions. It is the mission of Stepping Stone to primarily service the lesbian, gay, bisexual, and transgender (LGBT) community, however, services are not limited to this population.
- **Diversion Courts**: The collaborative court programs also referred to as "Diversion Courts" provide adult offenders with options and alternative solutions for their unique situations. All programs aim to reduce recidivism, increase accountable behaviors, improve the quality of life for individuals and their families, and maintain public safety. The Collaborative approach uses a team that consist of Judges, District Attorney, Public Defender, City Attorney, Sheriff and Law Enforcement, Probation, and Treatment providers.
    - The varieties of diversion courts in San Diego County are Drug Courts, Re- Entry Court, Behavioral Health Court, Mandatory Supervision Court, Veterans

Treatment Court, Homeless Court.

B. A narrative description, not to exceed two pages, addressing the county's current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system's planning process for services.

II B. SDCBHS seeks to enhance the relationship, engagement, and involvement of racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health's system's planning process for services at all levels of the behavioral health planning process. The following describes these engagement and involvement efforts.

Behavioral Health Engagement and Involvement Efforts Focused on Services for Children and Youth:

Behavioral Health Service for Children and Youth Council (CY Council) was established to provide community oversight on the integrity of services and advancements of all aspects of the system of care. The Council is a strong four sector partnership between youth/families, public agencies, private organizations, and education. The Council embraces the following Guiding Principles:

- Collaboration of four sectors: Coordination and shared responsibility between child/youth/family, public agencies, private organizations, and education.
- Integrated: Services and supports are coordinated, comprehensive, accessible, and efficient.
- Child and Youth Driven: Child, youth, and family voice, choice, and lived experience are sought, valued, and prioritized in service delivery, program design, and policy development.
- Individualized: Services and supports are customized to fit the unique strengths and needs of children and youth,.
- Strength-based: Services and supports identify and utilize knowledge, skills, and assets of children and youth, and strengthen their connections to natural supports and local resources.
- Community-based: Services are accessible to children and youth and strengthen their connections to natural supports and local resources.
- Outcome driven: Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
- Culturally Competent: Services and supports respect diverse beliefs, identities, cultures, and preferences, and represent the linguistic diversity of those served.
- Trauma-Informed: Services and supports recognize the impact of trauma and chronic stress, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care, resiliency, and safety.
  Persistence: Goals are achieved through action, coordination, and perseverance regardless of challenges and barriers.

The Council meets monthly and has member representation from the BHAB, BHS, Homeless Solutions and Equitable Communities, Public Health Services, Medical Care Services, Child and

Family Well-Being (CFWB) Department of Child Safety First 5 San Diego under CFWB Department – Office of Child and Family Strengthening effective July 2023], Public Safety Group (PSG)/Probation, Juvenile Court, San Diego Regional Center for the Developmentally Disabled, Alcohol and Drug Providers Association (ADSPA), Mental Health Contractors Association (MHCA), Fee For Service (FFS) network, Managed Care Health Plans, Healthcare/Pediatrician, Special Education Local Plans (SELPA), Regular Education - Pupil Personnel Services, School Board, Special Education, Family Education Services, Caregiver of child/youth served by the public health system, and Youth served by the public health system (age up to 26).

- **The CY Council Training Academy Committee** provides training recommendations, including topic recommendations for an annual conference that increases the skills of the entire range of participants to provide better services to families and youth. In May 2022, the Academy held a conference that focused on Peers in Children and Youth Services. It brought to the fore the considerable benefits for organizations that prioritize staff integration of peers and lived experience into the service team and the organization itself.
- **The Family/Youth Liaison (FYL)** program had the primary duty of coordinating and advancing family/youth professional partnerships in the CY SOC. The FYL Director worked closely with CY SOC administrative staff to ensure that family and youth voices and values were incorporated into service development and implementation plans. Services are currently provided by the Family Education Services and Consumer Advocacy programs.

Behavioral Health Engagement and Involvement Efforts Focused on Services for Adults:
In order to provide feedback and recommendations to the Behavioral Health Services Director on the design and implementation of the Adult Services, the following stakeholder groups were assembled:

- **Adult Council, Older Adult Council, Behavioral Health Services Housing Council, and Transition Age Youth (TAY) Council**. These groups also have a voice in making recommendations for policy development. Members are appointed from constituencies including: community organizations, BHAB, Community College District, TAY, primary health care, advocacy, National Alliance on Mental Illness (NAMI), Mental Health Contractors Association, Employment Services, Probation, Sheriff, Police Departments, fee-for-service mental health providers, Cultural Competence Resource Team (CCRT), Co-Occurring Disorders/Change Agents Developing Recovery Excellence (CADRE), Mental Health Coalition, hospital partners, underserved communities, long-term care representatives, service providers for adults and older adults, veterans services, Case Management, and clients and family members. Diverse consumer and family cultural representation is also continually sought.
- **Program Advisory Groups (PAGs)**, composed of at least 51% of clients living with mental health issues and/or family members, are a required program component for outpatient programs. PAGs, which are ideally facilitated by peers/family members, provide feedback and ideas to mental health programs about improving recovery services. PAG meetings have a format, agenda, and record attendance and minutes. Through Recovery Innovations International, PAGs have established implementation guidelines across the Adult Services to standardize this important vehicle for soliciting feedback to improve programs.
- **The Behavioral Health Advisory Board (BHAB)** addresses the unique and common needs of both mental health and substance use communities and meets the needs of clients who are diagnosed with co-occurring disorders. The BHAB advises the Board of Supervisors, the

Chief Administrative Officer, the Director of HHSA, and the Director of BHS, regarding prevention, early intervention, treatment, and recovery services. The BHAB's efficiency and streamlined process meet the State mandate of Welfare and Institutions Code 5604 and also mirror the delivery of services offered by SDCBHS. In addition, the BHAB is a key communication and oversight link between the client and family community and the local SDCBHS system.

- **The Quality Review Committee (QRC)** involves a culturally diverse and representative group of members, including community behavioral health organizations, clients and family members, service providers, client-run service providers, and educational organizations. Members participate in the review of ongoing program monitoring, program and client outcomes, and system problems to help ensure that clients continue to receive high quality, effective services in a trauma-informed and recovery-oriented system.
- Through **NAMI San Diego**, the Family-to-Family program for adults ages 18 and older reaches out to families that support relatives living with mental illness. This 12-week program provides an understanding of mental illnesses, as well as a wide array of coping skills. The program is offered in Spanish, Vietnamese, and Arabic. NAMI also provides a 10-week Peer-to-Peer education program that engages people living with mental illnesses and provides them with information on the illnesses, treatment, relapse prevention, and living well. It is offered in English and Spanish.

Community-Based Organizations:
BHS has developed activities that involve community-based organizations (CBO). Funded by Prevention and Early Intervention (PEI), Community Health Promotion Specialists and Aging Specialists bring mental health awareness to the general public and to those populations not normally seen within SDCBHS and who may be at risk for developing a mental illness. Staff attend health fairs throughout the county to distribute information and talk about mental health with community members. Staff also coordinates special events, such as the discussion of the San Diego County Report Card on Children and Families, including mental health and substance use data, and the "Es Dificil Ser Mujer" workshop.

C. A narrative, not to exceed two pages, discussing how the County is working on skills development and strengthening of community organizations involved in providing essential services.

II C. The County works on skills development and strengthening community organizations involved in providing essential services through participation in the State Initiative for Ethnically and Culturally Focused Community Based Organizations Providing Services to Children and Adults as well as through several other means.

The Center for Multicultural Development (CMD) at the California Institute for Behavioral Health Solutions (CIBHS) and the California Department of Health Care Services (DHCS) formed a collaborative with the objectives of:

1. Fostering successful partnerships between counties and ethnic and culturally focused CBOs in the implementation of MHSA activities; and
2. Providing strategies, training, and tools for developing the organizational capacity of ethnic and culturally focused CBOs. In 2010, the County of San Diego identified two agencies,

Chaldean Middle Eastern Social Services (CMSS) and Survivors of Torture, International (SOTI) to participate in trainings.

- **CMSS's Behavioral Health Program** is a community-based, comprehensive outpatient program that addresses the mental health needs of our Chaldean and Middle-Eastern communities in San Diego County with a host of services for individuals, couples, families, and refugees. In 2023 it was enhanced through a time limited grant to offer additional services to the Afghan community.
- **SOTI** provides outpatient mental health services to adult and older adult victims of trauma and torture who are severely mentally ill, and to children who suffer from a severe emotional disturbance. SOTI utilizes a comprehensive and integrated approach to provide bio-psychosocial rehabilitation services in the community which are recovery- and strength-based, client and family driven, and culturally competent.
- **Our Safe Place** is a behavioral health services program for Lesbian, Gay, Bisexual, Transgender, Questioning + (LGBTQ+) youth that began offering treatment services in September 2017. It offers support with health and wellness activities, educational and vocational training, support groups for youth and caregivers, a mentorship program, GED preparation, life skills training, and crisis support to LGBTQ+ youth. Additionally, the program has five drop-in centers throughout the county that offer supportive services such as assistance with school and groups for youth and caregivers.
- As part of the Countywide effort to support a healthy, safe, and thriving region through the *Live Well San Diego* Vision, the County of San Diego focuses on the integration of a trauma-informed model in the philosophy, approach, and methods to become a fully trauma-informed organization and to more effectively engage the people served, staff, and all others with whom the County conducts business. The goal is to enhance how the County responds to the needs of those whose lives have been impacted by trauma and or complex stress and ensure stronger coordination of care to promote wellness.
- **Pathways to Well-Being** is the County of San Diego's joint partnership between BHS CFWB Department, dedicated to collaboration in order to ensure safety, the promotion of a permanent living situation known as permanency, and well-being for youth in, or at imminent risk of placement in, foster care. Under the initiative, all youth entering the Child Welfare System are screened for mental health needs to receive appropriate services and support. Aligning with the Core Practice Model, the purpose of Pathways to Well-Being is to enhance the delivery of children's services through a collaborative team of mental health providers, CFWB Department social workers, parent and youth partners, other system partners, and the youth and family. BHS CFWB Department Probation, and family and youth partners work together to support a shared vision of the Pathways to Well-Being. As of July 2016, the state expanded Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) to be available to all children and youth under the age of 21 who are eligible for full scope Medi-Cal services and who meet medical necessity for these services. The collaboration with Probation and the CFWB Department continues to advance and current efforts around Family First Prevention Services Act (FFPSA) are leading to a focus on prevention which is evident in the supported submission of the 2023 Comprehensive Prevention Plan.
- **I CARE** began its services in 2017 and offers behavioral health treatment services to youth up to the age of 21 who are at risk for or are victims of commercial sexual exploitation (CSEC) through an outpatient clinic. The program also has a 7-day a week drop-in center that offers supportive services such as assistance with school and groups for youth and caregivers. The program is well connected with other systems and County-wide efforts to support sexually exploited children.

SDCBHS continues to lead efforts to assist the HHSA in moving toward an integrated trauma-informed system. With the assistance of a consultant, SDCBHS conducted an assessment of the trauma-informed competencies and leveraged the recommendations to begin the countywide implementation and change. This continued evaluation of system change will: build a better service delivery system; support staff, partners, and families in making positive choices by providing appropriate training and resources; aid in the pursuit of policies and environmental changes that support healthy, safe, and thriving communities; and continue to enhance the County culture from within.

Cultural Competence Training Opportunities through the Mental Health Plan (MHP)

Cultural Competence Trainings are available through the County Knowledge Center (TKC) for County operated program staff at no cost and for a small number of providers on a fee basis.

- Cultural Competence Trainings are available through some of SDCBHS's larger contractors. Community Research Foundation, New Alternatives, and Mental Health Systems, Inc. offer such trainings to their own program staff, but other providers may send staff on a fee basis.
- SDCBHS Contracted Trainings are available through the BHS Workforce Education and Training Website at https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/workforce.html
- Cultural Competency trainings are offered through Academy of Professional Excellence (APEX) Learning Management System (LMS) located on the BHS Workforce education and Training Website.
- Specific training for the Cultural Competency Academy is available through the Academy for Professional Excellence for BHS and BHS Contractors at no cost. https://theacademy.sdsu.edu/programs/cultural-competency-academy/

In the FY 2023-24, The Academy for Professional Excellence conducted Culturally Responsive trainings influenced by trauma informed model with a focus on inclusivity in the workplace:

- Exploring the Intersection of Historical Trauma and Privilege in the Behavioral Health System-CCA
- Creating a Workplace Culture of Inclusion: Disrupting the use of Microaggressions
- Who We Are: African American Experiences and Opportunities
- Direct Practice Tools for Igniting a Culturally Responsive Work Environment in Behavioral Health
- Management Tools for Igniting a Culturally Responsive Work Environment in Behavioral Health
- Creating a Racially Just Organization: The Role of Leadership (Webinar)
- Culturally Responsive Behavioral Health Services for the Latinx Community
- Cultural Humility through a Trauma Lens (Webinar)
- Culturally Responsive Behavioral Health Care with Trans and Nonbinary People

Other County Efforts to Strengthen Community Based Organizations:

Primary Care and Mental Health Services Integration programs include efforts with multiple primary care health centers to develop collaboration, capacity, and infrastructure to transition clinically stable

mental health clients to primary care for the treatment of co-occurring disorders. Eleven community health centers are participating to enhance capacity and infrastructure and facilitate the transition of clinically stable mental health clients to primary care centers.

- **Rural Health Initiative** developed extensive behavioral health prevention, education, and intervention services within the context of several rural family practice clinics.

NAMI San Diego has helped address the county's current relationship with, engagement with, and involvement of racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system's planning process for services, through the provision of the following culturally competent activities:

- **Connection 2 Community (C2C) Clubhouse** is a Clubhouse International accredited Clubhouse run by NAMI San Diego. C2C serves individuals experiencing homelessness or housing insecurity with mental health concerns. Located in the heart of Downtown San Diego's East Village, C2C offers in-house resources, case management, outreach, and referrals to support participants in accessing mental health and housing services.
- The **Children and Youth Liaison (CY Liaison)** is a team of dedicated people with either lived with or supported a loved one living with mental illness and/or addiction. The CY Liaison helped families work together with and provide information to both San Diego's Family and Youth Sector and the Administration of the County of San Diego Health and Human Services Agency (HHSA) Behavioral Health Services (BHS) Children's System of Care. In other words, The Children and Youth Liaison expressed the authentic voice and values of families engaged with the SD County Behavioral Health Services by bringing feedback from families to the County Administration. The CY Liaison also takes information on best practices, programs and support from the County and makes sure it gets to San Diego families. The Children and Youth Liaison provided an informative website, blog posts, free workshops, webinars and training events, speakers and focus groups so families find the help needed and learn to use their own voice to assist their family's return to a state of positive health.
- **Family-to-Family** is a 12-week education program for families (offered in Spanish, Vietnamese, and Arabic), which provides exhaustive information about mental illnesses, on understanding and supporting the relative living with the illness, as well as a wide array of coping skills.
- **Peer-to-Peer** provides a 10-week education program (for English and Spanish) for people living with mental illnesses.
- **NAMI Support Groups,** which are offered in English and Spanish, are open to family members and to all who need assistance. More information on NAMI programs can be found in Criterion 8 of this plan.

Housing Support

The Corporation for Supportive Housing (CSH) is a contracted housing technical consultant to SDCBHS. CSH provides trainings and educational forums for housing developers and supportive service providers to foster an understanding of the cultural dimensions of housing people with mental health conditions. CSH's Fair Housing Training for Developers, for example, stresses not only the legal aspects of fair housing law requirements, but also the understanding of the various needs of this population. CSH continues to be the conduit working between the housing developers and service

providers to resolve complex issues regarding tenancy and related supportive services.

HHSA's Building Better Health Program:
In 2010, after two years of collaborative planning sessions among County staff and community stakeholders, the County of San Diego Board of Supervisors adopted a comprehensive, long-term initiative on health called Building Better Health: Health Strategy Agenda. Objective (sandiegocounty.gov) The decision was sparked by the realization that San Diego County, like much of the nation, was facing a tidal wave of chronic disease and rising healthcare costs. Four major themes are identified that combined can affect the health of residents:

- Building a Better System
- Supporting Healthy Choices
- Pursuing Policy Changes for a Healthy Environment
- Improving the Culture from Within

The original Building Better Health: Health Strategy Agenda has since evolved into a greater, long-term *Live Well San Diego* vision to improve the health, safety, and quality of life of all County residents.

The theme of improving the culture from within focuses on increasing employee knowledge about health, promoting employee wellness, and implementing internal policies and practices that support employee health. Healthy County employees play a vital role in a healthier San Diego community.

Community Action Partnership:
Community Action Partnership is part of the County of San Diego Health and Human Services Agency, Department of Homeless Solutions and Equitable Communities. The vision of CAP San Diego is: "Enable every San Diego to live well and with dignity" This vision directly supports the County of San Diego's vision of a region that is Building Better Health, Living Safely and Thriving, also known as Live Well San Diego. Community Action Partnership's mission is to: "Empower economically disadvantaged individuals and families, including newly arriving refugees, to achieve their highest level of self-sufficiency and well-being." This mission aligns strongly to the County of San Diego Health and Human Services Agency's mission "To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County" and to the County of San Diego's mission "To efficiently provide public services that build strong and sustainable communities." CAP SD's Service Delivery System offers programs that target individual, family and community needs associated with the conditions of poverty. All services by CAP are delivered via contractors who are monitored in accordance with County policies and procedures. CAP services cover the entire County but are delivered through a regional service delivery model. At the family and individual level, services help remove barriers to self-sufficiency at the current state of the individual. Service history has demonstrated that individuals and families accessing CAP Services tend to fall into three different categories: In-Crisis, At-Risk and Stable/Living Well. Clients may access services at any level. Those accessing individual-level services may go through an intake process that identifies family's strengths and challenges, as well as link them to opportunities for support. At the community level, CAP administers programs that seek community-level changes to improve the health, safety, and well-being of low-income neighborhoods through greater civic engagement of low-income individuals and through policy, systems, and environmental changes.

D. Share lessons learned on efforts made on the items A, B, and C above.

II D. In the design and development of services for culturally diverse groups, the lessons learned on the efforts made include the following:

- Building and developing relationships is a continuous and constant process to engage stakeholders through addressing common issues and concerns in a meaningful way.
- Meetings need to include key community leaders and representatives who can act as culture brokers and mediators. The meetings should be conducted in their own community.
- When engaging the community, we need to consider adjunct and complementary interventions that are common to the cultural and diverse groups that make up the community and utilize trauma-informed approaches.
- Outreach and engagement strategies for ethnically and culturally diverse communities take time. The process and investment of resources may require developing and accommodating non-traditional ways to build relationships and think creatively while leveraging the countywide effort to integrate trauma-informed systems.
- Encouraging pre-registration mechanisms to support planning, coordination, and identification of participant language needs. Scheduling community engagement opportunities far enough in advance to support a minimum of two weeks of marketing efforts across multiple communication platforms, including distribution of physical flyers and social media-based promotions.
- Hosting a higher volume of smaller-scale input sessions, in addition to larger listening sessions and a static, online input form, to allow for more tailored discussions.
- Coordinating more activities focused on enhancing individuals' and families' behavioral health literacy, mental wellness, and fostering empathy and socio-emotional competence.
- The feedback obtained this year from the community engagement process led by the UC San Diego Health Partnership illuminated key ingredients needed to realize the full benefits and potential of this process, including engaging diverse communities with an authentic, inclusive, transparent, and trustworthy process.

E. Identify county technical assistance needs.

II E. The County will welcome technical assistance in the following areas: the adaptation of evidence supported and/or promising practices for culturally diverse groups to improve understanding, engagement, access to care, and retention. For example, in San Diego, information on how to adapt evidence supported/best practices for Latinos, Asian/Pacific Islanders, and Middle Easterners would be helpful. Another example is program development that is respectful and responsive to community members and that acknowledges the harms done to these communities through systemic inequalities, violence, and marginalization. Seeking additional opportunities to engage and support Black, Indigenous, and People of Color (BIPOC) in accessing key resources and services.

COMMITMENT TO CULTURAL COMPETENCE

III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence.

The CC/ESM will report to, and/or have direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

The County shall include the following in the CCPR:

A. Evidence that the County Mental Health System has a designated CC/ESM who is responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

III A. Dr. Piedad Garcia is the County Mental Health System's designated Ethnic Services Manager (ESM) who is responsible for cultural competence and promotes the development of appropriate mental health services. As the ESM, Dr. Garcia oversees cultural competence monitoring and initiatives that promote the development of trauma-informed and social-ecological mental health and substance use disorder services that appropriately meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

B. Written description of the cultural competence responsibilities of the designated CC/ESM.

III B. The ESM has several cultural competence responsibilities and serves as the Deputy Director for Behavioral Health Services (SDCBHS). Dr. Garcia advises and directs planning, recommends policy, compliance, and evaluation components of the County system of care. In her role as ESM, she makes recommendations to the SDCBHS Director to assure access and quality services for linguistically, ethnically, and culturally diverse groups. The ESM is the current Chair of the Cultural Competence Resource Team.

In her capacity as the Deputy Director for SDCBHS, she oversees a very large system of care that serves 53,385 mental health, and 13,836 substance use disorder clients in an array of outpatient, inpatient, crisis residential, rehabilitation, and recovery services across San Diego County. Her support staff monitors, oversees, and ensures the provision of integrated behavioral health services and co-occurring disorder services that are culturally relevant and appropriate. Dr. Garcia takes lead responsibility for the development and implementation of cultural competence planning within SDCBHS. She provides direction and oversight in the Adult Services for diversity-related contracted and directly operated services. She also oversees and participates in the monitoring of organizational providers to verify that the delivery of services is in accordance with local and State mandates as they affect underserved populations.

As an Executive Team member of the SDCBHS Management and Leadership team, the ESM makes program and procedure policy recommendations to the SDCBHS Director and the Quality Improvement Unit. She also maintains close collaborative relationships with consumer and family organizations. An active advocate, she consults and maintains a supportive relationship with local planning boards, advisory groups and task forces, the State, and other behavioral health advocates. Dr. Garcia has also been selected to participate in the California Latino Mental Health Reducing

Disparities Project, Latino Concilio, which develops the Latino Health Care Disparities Strategic Plan for the DHCS. Additionally, Dr. Garcia was invited to speak at an international forum *Prevención de la Conductas de Autolesión y Suicidio en Jóvenes* in Tijuana, Mexico in May 2017 on suicide and self-harm reduction as part of the collaborative cross-border effort.

In June 2020, Dr. Garcia participated in the California Institute for Behavioral Health Solutions' Health Equity Data Skills Disparities Data webinar. The webinar covered an overview of technical assistance and resources, how to access data to measure health equity, and analyzing, reporting, and interpreting data to measure health equity.

Dr. Garcia was also a featured speaker in the 4th Binational Mental Health Symposium organized by the Binational Mental Health Work Group. The symposium focused on COVID-19 and its impact on the mental health of California-Baja California Border Communities.

CCRT Chair and designated county staff continued to participate in the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Learning Collaborative. Session discussion topics have included sessions on social determinants of health, community engagement, key principles and behaviors on trust and trustworthiness, quality improvement and equity data, and role of trauma in workers and the community as well as discussion on the Culturally and Linguistically Appropriate Services (CLAS).

The CCRT Educational Committee participated in the review of 2-3 Cultural Competence Plans from 3 behavioral health agencies (both mental health and substance use programs). Purpose was to review the CCPs and provide input and feedback on strengths and areas for further development to the contractors. This also provided BHS with an opportunity to update our own Cultural Competency Plan to ensure alignment with contractors. In addition, following these reviews, with support of ESM additional training to County CORs regarding CC plans and associated activities to support CLAS standards was provided.

Additionally, Ethnic Services Manager (ESM) established and facilitated a community workgroup from Middle Eastern communities to develop prevention and early intervention services for new arrivals from Afghanistan. The BHS New Afghan Arrival Workgroup met 5 times and made recommendations to develop and implement Wellness and Self Care prevention activities for children, youth, and adults. These prevention activities are provided by Chaldean Middle Eastern Social Services (CMESS) and Jewish Family Services.

Furthermore, the ESM has continued to engage Tribal and community trusted leaders to gather input and feedback to develop a Tribal Mobile Crisis Response Team (MCRT).

COMMITMENT TO CULTURAL COMPETENCE

IV. Identify budget resources targeted for culturally competent activities. The County shall include the following in the CCPR:

A. Evidence of a budget dedicated to cultural competence activities.

IV A. Evidence of the County's budget dedicated to cultural competence activities is demonstrated below:

EXAMPLES OF ESTIMATED BUDGETED ALLOCATIONS FOR FY 24-25 TARGETED FOR CULTURALLY COMPETENT ACTIVITIES

Regents of the University of California (UCSD), WET Specialized Training Modules (Cultural Competency)	4,400,000.00
San Ysidro Health Center's Chaldean Middle-Eastern Social Services	486,000
Survivors of Torture, Int.	985,352.00
Deaf Community Services	582,772.50
Mental Health Systems Inc., Client Operated Peer Support /Peer Workforce Development and Supported Employment Services	779,241.50
Mental Health Systems Inc., City Star FSP	3,867,030.13
Union of Pan Asian Communities, CMH MHSA FSP	2,046,000.00
Community Research Foundation, Maria Sardinas Outpatient	4,549,091
Indian Health Council, Native American PEI Services	1,011,961.31
Pathways Community Services for TAY-2 Clubhouse (Oasis Program)	742,345.24
McAlister Institute for Treatment and Education (MITE) , Safe Housing Project	350,000,00
Jewish Family Services (JFS), Breaking Down Barriers	256,037.00
Faith Based Task Orders – Community Health Improvement Partners, Neighborhood House Association, , and Urban League.	513,331
San Diego Youth Services Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+) youth and young adults	2,041,145.00
Community Research Foundation Psychiatric Emergency Response Team	14,387,000.00
Episcopal Community Services, SUD-HHAP Community Reduction Teams, (C-HRT) Evidence Based Support	1,289,453.00
Exodus Recovery Inc, Mobile Crisis Response Team (MCRT)	6,302,780.86
Fred Finch Youth Center, Countywide Wraparound Services	4,974,600.00
Mental Health Association, ACEs Prevention Parenting Program for Fathers (Father2Child)	683,904.00
Mental Health Systems Inc., Veterans & Family Outreach Education	1,454,669.00

Mental Health Systems Inc., CARE Court	1,517,825.00
Mental Health System INC., Juvenile Offender MHS (STEPS)	1,094,605.00
NAMI, Integrated Peer & Family Engagement Program (Hope and Bridge-Next Steps)	782,624.00
Neighborhood House Association, Faith Based Services	839,188.00
North County Lifeline, Previously Counseling Cove, Homeless/Runaway Youth	1,446,500.00
San Diego American Indian Health Center, Native American Prevention & Early Intervention Services	384,989.00
San Diego County Office of Education, MH Student Services Act-Creating Opportunities in Prevention & Eliminating Suicide (COPES)	1,657,174.88
Southern Indian Health Council, Native American Prevention &Early Intervention Services	946,312.98
Southern Caregiver Resource Center, RFP for Caregiver Support for Alzheimer/Dementia Patients	1,055,866.00
Telecare Corporation, Mobile Crisis Response Team (MCRT)	18,313,779.00
Union of Pan-Asian Communities (UPAC), Elder Multicultural Access and Support (EMASS)	691,822.00
Union of Pan-Asian Communities (UPAC), Promise Wellness Center (previously Project Enable)	4,891,057.00

SDCBHS has 178 MHSA funded programs. This includes 134 program contracts for Community Services and Supports (CSS), 31 contracts with programs through Prevention and Early Intervention (PEI) to bring mental health awareness to members of the community through public education initiatives and dialogue, 6 Workforce Education and Training (WET) to address the shortage of qualified, culturally diverse individuals providing services in the County's Public Behavioral Health System and 7 active Innovation Programs that are short-term, novel, creative mental health practices or approaches that contribute to learning.

B. A discussion of funding allocations included in the identified budget above in Section A., also including, but not limited to, the following:

1. *Interpreter and translation services;*
2. *Reduction of racial, ethnic, cultural and linguistic mental health disparities; school-based services and the Hispanic youth;*
3. *Outreach to racial and ethnic county-identified target populations;*
4. *Culturally appropriate mental health services; and*
5. *If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.*

1. Interpreter and translation services

IV B1. SDCBHS has provided services to persons with Limited English Proficiency through the usage of interpreter services. Provider staff encountering consumers whose service needs cannot be determined on-site because of language barriers can contact the Access and Crisis Line for linkage to

brief phone interpretation service to determine the client's service needs.

According to 42 CRF, clients shall be routinely asked, at the time of accessing services, about their needs for language assistance. According to Title 9 and BHS policy, providers must document the offer and whether linkage was made to interpreter service for clients requesting or needing translation services in threshold or other languages. BHS policy prohibits the expectation that family members, including minor children will provide interpreter services; however, if clients choose to use family or friends, this choice also should be documented.

To comply with State and federal regulations, providers must be able to provide information on Mental Health Plan (MHP) services to persons with visual or hearing impairment, or other disabilities, making every effort to accommodate an individual's preferred method of communication.

If program staff are not available to meet the language needs of a client, County contracted providers must have processes in place to be able to provide outside interpreter services as needed. County operated programs can contact Hanna Interpreting Services, LLC (for language interpreting) at (619) 741-0000 or Interpreters Unlimited (for hearing impairment) at (800) 726- 9891 to arrange for language assistance. To request interpreter services, County operated programs shall create an online account with Hanna Interpreting Services, LLC through their Language Services Online Portal Registration.

In addition, County operated programs can request written translation services through Hanna Interpreting Services, LLC at (619) 741-0000. A drop-box must be set up for each program that utilizes the service. This is done by submitting a Computing Service Registration Form (CSRF). Detailed instructions can be found on the reference sheet posted on the County of San Diego's Department of Purchasing and Contracting website. A breakdown of interpreter services utilization for the MH and SUD systems of care is provided in Criterion 7, section I of this document.

2. Reduction of racial, ethnic, cultural and linguistic mental health disparities

IV B2. To increase access to children's services and reduce racial, ethnic, cultural and linguistic disparities, SDCBHS began its effort to bring services to the community through the school-based programs. It was believed that minority groups would be more likely to be engaged because non-threatening treatment sites were established in local schools, and parents could participate without having to find transportation. The EPSDT and MHSA CSS funding allowed the County to expand the program There are currently over 400 school based services throughout the County. There were 8,395 youth who received services in FY 2021-22, compared to 719 in FY 2020-21 (low due to COVID) a 1,067.59% increase; Number of Schools who Hosted School Site Services in FY 2021-22 467, compared to 147 in FY 2020-21. FY 2022-23 there has been 25% of services provided on school site.

Among the cultural disparities the County addressed, age targeted services were started through MHSA to reach out to underserved and unserved populations of Transition Age Youth (TAY) and older adults. A full-service partnership (FSP) program focuses on TAY and provides housing, treatment services, and a dedicated clubhouse with more age-appropriate services.

SDCBHS is addressing the service disparities for the homeless population. Several Assertive Community Treatment (ACT) programs help the homeless and those being released from jail get an

appropriate level of care in the community, so that they can avoid costly inpatient and jail services. One of San Diego's most vulnerable populations, LGBTQ+ youth, often suffer as a result of non-supportive or even hostile environments in their homes, schools and communities. Research demonstrates that LGBTQ+ youth who do not have access to LGBTQ+-affirming community environments are at higher risk for negative outcomes, including early high-school dropout, homelessness, negative mental health symptoms, increased substance use, suicide and physical, emotional and/or sexual abuse (Center for American Progress, 2010). Our Safe Place, a behavioral health services program for LGBTQ+ youth, provides direct clinical services, and five drop-in centers which offer support with health and wellness activities, educational and vocational training, support groups for youth and caregivers, mentorship program, GED preparation, life skills training, and crisis support to LGBTQ+ youth.

SDCBHS Performance Improvement Project was approved by the External Quality Reviewers for the FY 2022-23 cycle. The effort to improved therapeutic support for youth who identify as sexual and gender minorities (SGM) through group therapy or family therapy. Approximately 8% of youth receiving CY services identify as LGBTQ+. Both national and local data suggest that these youth have worse mental health outcomes than youth who identify as heterosexual/cisgender.

- For example, they are more likely to have depressive disorders, attempt suicide, and have higher rates of crisis service and inpatient hospitalization use. Additionally, they may enter treatment with more severe symptoms and risk factors than youth who identify as heterosexual/cisgender. Interventions are being designed to address these risk factors through enhanced therapeutic support tailored to LGBTQ+ youth.

The MHP designed the PIP to improve therapeutic support for youth who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, and other diverse sexual orientations, gender identities and expressions.

- San Diego determined that these young people have higher rates of emergency/crisis service utilization, and experience more negative outcomes compared to their heterosexual and cisgender peers. Additionally, national and regional data indicated that LGBTQ+ youth rarely receive mental health resources and services specifically aimed at supporting the unique challenges they face associated with their sexual and gender identities.
- San Diego researched experiences of the youth from key stakeholders and identified common themes that included lack of comfort and knowledge among clinicians, discomfort among clinicians about requesting additional training, and the need for a more comprehensive list of online resources and supports for youth.

The PIP interventions were It's Up to Us resource page improvement promotion and systemwide clinical training to increase provider knowledge of LGBTQ+ specific needs and supports.

- The MHP implemented the first intervention in October 2022 and the second intervention in March 2023.
- In this year's submission, San Diego reported remeasurement results for seven of the eight performance measures and there was improvement in five measures.
- The MHP did not yet have remeasurement results as of the EQR for the eighth performance measure, the percentage of LGBTQ+ youth admitted to emergency/crisis levels of care.

3. Outreach to racial and ethnic County-identified target populations

IV B3. SDCBHS has various programs that outreach and embody racial and ethnic target

populations. An example are two of the following PEI programs that target specific ethnic groups; The Elder Multicultural Access and Support Services (EMASS) and Breaking Down Barriers.

- EMASS is a peer-based outreach and engagement program targeted to Hispanic, African refugee, Black/African American, and Asian Pacific Islander older adults to support prevention of mental illness and increase access to care.
- Breaking Down Barriers provides mental health outreach, engagement, and education to persons in the Latino, Native American (rural and urban), LGBTQ+, Black/African American communities.

In additional to the PEI programs, several Innovations programs were developed to reach hard to engage populations such as Native American and East African communities.

- The Indian Health Council develops and implements culturally appropriate educational programs to promote mental health and suicide prevention among American Indians/Alaskan Natives (AI/AN) within the service area. This includes the provision of Mental Health First Aid classes within a cultural framework to build mental health literacy, create awareness and reduce the stigma associated with asking for help. This approach recognizes and honors the unique experiences, values, and beliefs of the AI/AN culture which can differ from mainstream mental health practices. The framework provides a safe and inclusive environment for individuals to openly discuss mental health concerns and receive support. It also acknowledges the role that historical and intergenerational trauma plays and the impact on mental health. By delivering the training in a culturally sensitive way individuals are more likely to seek help and encourage others to seek help which allows mental health practitioners to provide more effective support and resources. This approach can also empower community members to identify and address mental health concerns among their peers and provide culturally relevant support.
    - A PEI Program provided Youth Mental First Aid training in August of 2023 with attendees from the afterschool tribal youth programs from Rincon, San Pasqual, and Pala. This helped keep the content current and allowed the group to network and discuss concerns and community specific issues.
    - The PEI Program also provided two Adult Mental Health First Aid (MHFA) trainings in September of 2023 for staff, community members, and community partners. The MFHA training provides basic knowledge about mental health disorders to recognize the signs, symptoms, and learn to be aware that a disorder may be developing. MHFA teaches about *recovery* and resiliency – the belief that individuals experiencing these challenges can and do get better by using their strengths to stay well. The 5-step action consists of:
      Assess for risk of suicide or harm, **L**isten nonjudgmentally, **G**ive reassurance and information, **E**ncourage appropriate professional help, and **E**ncourage Self-help and other support strategies.
    - Delivering a culturally competent curriculum fosters a greater sense of community support and understanding of mental health challenges. The AI/AN community has a rich history of healing practices that are deeply rooted in their culture and spirituality. By embracing cultural perspectives, participants can learn to better navigate mental health issues while staying connected with heritage and traditions.

4. Culturally appropriate mental health services

IV B4. All County and Contracted outpatient programs are required a continuum toward providing trauma-informed, social-ecological, and culturally appropriate services mental health services. Such services currently include having staff with language capabilities matching the community needs to the maximum degree possible, creating a welcoming atmosphere, authentically partnering with our clients to develop meaningful relationships, and providing free access to interpreter services. All providers have cultural competence plans in place, are moving toward proficiency testing of bilingual staff, and employing a self-examination test of their own agency cultural competence.

Program Level Requirements

- Cultural Competence Plan (CC Plan). CC Plans are required for all legal entities.
  The CC Plan Component Guidelines are as follows:
  Current Status of Program
    - o Document how the mission statements, guiding principles, and policies and procedures support trauma-informed cultural competence.
    - o Identify how program administration prioritizes cultural competence in the delivery of services.
    - o Agency training, supervision, and coaching incorporate trauma-informed systems and service components.
    - o Goals accomplished regarding reducing health care disparities.
    - o Identify barriers to quality improvement.

  Service Assessment Update and Data Analysis
    - o Assessment of ethnic, racial, linguistic, and cultural strengths and needs of the community.
    - o Comparison of staff to diversity in community.
    - o A universal awareness of trauma is held within Agency. Trauma is discussed and assessed when needed and relevant to client/target population needs.
    - o Use of interpreter services.
    - o Service utilization by ethnicity, race, language usage, and cultural groups.
    - o Client outcomes are meaningful to client's social ecological needs.

  Objectives
    - o Goals for improvements.
    - o Develop processes to assure cultural competence (language, culture, training, and surveys) is developed in systems and practiced in service delivery.
      - Trauma-informed principles and concepts integrated
      - Faith-based services

- Annual Program Evaluation – every year, program managers are required to complete a cultural competence assessment of each program, using the tool which will be provided by SDCBHS electronically to each program manager. Every program manager is provided three weeks to complete the survey. The survey can be completed in approximately one hour or less. The tool is available in the CC Handbook on TRL for reference.

- In order to present a welcoming appearance to unique communities, providers are required to ensure that their facility is comfortable and inviting to the area's special cultural and linguistic

populations. Program hours of operation must be convenient to accommodate the special needs of the service's diverse populations.

All contracts have also been updated to include the implementation of CLAS Standards, as well as ensuring staff have received at least four hours of Cultural Competence Training each year.

In June of 2024, SDCBHS updated the Cultural Competence Handbook with the addition of Cultural Humility Toolkit, Learning Model, Videos and Lesson Plans about Culture, a Self-Assessment Tool on Diversity & Inclusion, and resources.

There are continuous efforts to increase programs that are targeted toward specific ethnic, cultural, or age groups. The recommended BHS budget for FY 2023-24 of $1.02 billion is allocated across four areas: Mental Health Services, Substance Use Disorder Services, Inpatient Services, and Administrative Services.

5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.

IV B5. County clinical staff who speak any of the threshold languages (Spanish, Vietnamese, Tagalog, Persian (Farsi and Dari), Arabic, Korean, Mandarin and Somali) receive an additional hourly stipend as a financial incentive for being valued culturally and linguistically competent providers. SDCBHS strongly encourages its providers to consider a similar system to help in the attraction and retention of bilingual staff. In San Diego County the threshold languages are English, Tagalog, Spanish, Arabic, Persian (Farsi and Dari), Somali, Korean, Mandarin (Chinese), and Vietnamese. These recently expanded over the past fiscal year. Translation services are also available in American Sign Language (ASL).

CCRT allocated time over several meetings to discuss short- and long-term strategies and recommendations for the SDCBHS' culturally and linguistically appropriate services. The initial discussion focused on the County's policies, procedures, and practices that reflect steps taken to incorporate the recognition and value of racial, ethnic, and cultural diversity within SDCBHS.

CRITERION 1 THREE-YEAR STRATEGIC GOALS FOR FY 2021-24:

Expand the Mobile Crisis Response Teams (MCRT) program countywide. **This goal was met for FY 2021-24.** In 2023, efforts were continued to expand MCRT to local colleges and universities and to implement a pilot program to provide response to Viejas tribal lands. The MCRT continues to provide trainings and outreach to various collaborating agencies in the community, including all law enforcement jurisdictions. As of January 2024, the MCRT has ramped up to more than 40 teams and has responded to over 9,500 referrals Countywide. Also in January 2024, the Medi-Cal benefit was implemented, allowing programs to bill for their services.

Thousands of calls involving a behavioral health crisis are made annually to law enforcement agencies. However, many of these calls do not require law enforcement intervention and deployment of behavioral health professionals can be a more effective solution in addressing non-violent behavioral health situations. The County of San Diego Behavioral Health Services (BHS) department launched a Mobile Crisis Response Team (MCRT) program designed to help people

who are experiencing a mental health or substance use crisis by dispatching behavioral health experts to emergency calls instead of law enforcement, when appropriate. MCRT services are available countywide serving individuals of all ages. Services are provided by Exodus Recovery, Inc. in the North Coastal region and by Telecare Corporation in the remaining regions. MCRTs are comprised of licensed mental health clinicians, case managers, and peer support specialists who can respond to behavioral health crisis calls that do not involve known threats of violence or medical emergencies. These clinical teams provide assessments, de-escalation, and connect the individual to appropriate services. Transportation to local services is also available, if needed.

Services are dispatched by the Access and Crisis Line, MCRT is meant to be a complimentary program to other services like the Psychiatric Emergency Response Teams (PERT) in which clinicians are partnered with uniformed law enforcement officers. As of September 12, 2021, the Exodus Recovery MCRT in the North Coastal region has provided services to 940 unduplicated clients.

On June 1, 2021, Telecare partnered with San Diego County Behavioral Health to expand non-law enforcement crisis intervention services across all five regions of the county (South, County, East County, Central, North Central, North Inland).

Telecare MCRT is a mobile crisis response program, not a case management service. Once all phases of the program are opened, Telecare MCRT will have a dispatch team, an admin team, and van-based mobile crisis teams serving five regions of San Diego County. Services include crisis triage, screening, assessment, in-person crisis intervention and stabilization, and linkage to ongoing supports. If clinically indicated, Telecare MCRT will also provide transportation for people to county-designated behavioral health sites for further assessment, evaluation, and treatment. This program collaborates and accepts referrals through the San Diego County's Access and Crisis Line (ACL) and Telecare is integrated with law enforcement.

The Regional MCRT began accepting referrals for the South Bay community on August 18, 2021. By December, the MCRT program had expanded countywide. Since its inception, the MCRT has handled more than 500 calls, with about 20% of clients transported to crisis stabilization units. As of July 1, 2022, Telecare Regional MCRT has provided services to 3,156 unduplicated clients. San Diego is looking to continue to expand the program in a way that helps the community while continuously enhancing the process.

Develop a new County Department of Homeless Solutions and Equitable Communities as noted in County of San Diego Board of Supervisors (BOS)**. This goal was met for FY 2021-24.** The Department of Homeless Solutions and Equitable Communities (HSEC), led by Community Operations Officer, Barbara Jiménez, was established on July 1st, 2021, at the direction of the Board of Supervisors. HSEC's mission is to ensure equity among all San Diegans, foster a community that is welcoming to new residents, and reduce homelessness in the region. HSEC is comprised of three separate offices that direct programs and services to ensure equitable access to vital resources for communities and individuals from all walks of life. The offices include:

Office of Homeless Solutions- The Office of Homeless Solutions (OHS) coordinates efforts to prevent and address homelessness, designs and implements evidence-based programs, and provides outreach and case management to individuals experiencing homelessness.

Services and Outreach- provide direct services through trauma-informed street outreach, case

management, and benefits support to persons experiencing homelessness.

Systems and Integration- oversee collaborative efforts to reduce homelessness across the County, ensure enterprise-wide actions are coordinated, and reduce barriers to accessing services through evidence-based and data-driven.

Focus: Programs and services leveraging existing regional partnerships and working with cross-sector community stakeholders to prevent, reduce, and eliminate homeless in our region.

Office of Equitable Communities- The Office of Equitable Communities (OEqC) is focused on enhancing community engagement and collaborating and devoting efforts to meet the needs of underserved communities with a focus on embracing diversity, social and health equity, economic inclusion, and poverty reduction. OEqC provides dedicated staff to collaborate with each community to create positive change and will serve as the primary community contact for partners to access integrated efforts across the County enterprise.

Community Health & Engagement Team (CHET)- implement health initiatives by coordinating health services programs, resource development, research, and planning practices.

Community Health Workers (CHW)- engage and interact with the community to better understand the needs and the disproportionate impacts of public health threats.

Community Action Partnership (CAP)- empower economically disadvantaged individuals and families to achieve their highest level of self-sufficiency and well-being through community-based organizations contracted services.

Regional Community Coordination (RCC)- enhance collective efforts of community groups and stakeholders in each region by hosting regional leadership team meetings and organizing collaborative efforts on health and social equity, economic inclusion, and poverty reduction efforts to ensure a welcoming region supportive of all residents.

Focus: Upstream prevention and interventions promoting economic inclusion and poverty reduction. It will build upon the regional model to enhance partnership engagement and collaboration through the regional Leadership Teams.

Office of Immigrant and Refugee Affairs- The Office of Immigrant and Refugee Affairs (OIRA) serves as the regional expert and lead in immigrant and refugee affairs and provides resources and information through a variety of activities countywide. OIRA collaborates with the community and local Resettlement Agencies to devote County resources to the immigrant population, regardless of immigration, refugee, or visa status, and serves as the County Refugee Coordinator to the State of California.

Focus: Building on existing refugee programs and establishing a priority of devoting County resources to the immigrant population, regardless of immigration status. It will provide a central location for public questions and connection to county and community resources.

CRITERION 1 THREE-YEAR STRATEGIC GOAL FOR FY 2024-27:

Over the next three years, SDCBHS will host at least one focus group and/or forum/listening session with priority populations (as identified by MHSA/BHSA). Focus groups and forums will focus on equity and empowerment of unserved, underserved populations for the purpose of contributing to decision making and encourage community partnership to improve behavioral health outcomes. To ensure meaningful participation from diverse stakeholders including individuals with lived experience, forums and focus groups will include language interpretation services and be held countywide across service delivery regions of the County at different times (both day and evening) and/or weekends.

UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population

The County shall include the following in the CCPR:

A. Summarize the county's general population by race, ethnicity, age, and gender. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally).

I A. San Diego County is a diverse region with a population diverse in racial and ethnic backgrounds, age groups, and gender identities. In part, the population comprises Hispanic/Latin/o/a/x, Asian, Black or African American, White, and Native American individuals, among others, reflecting a vibrant multicultural community. Gender diversity is prevalent throughout the county, including but not limited to male, female, and non-binary individuals. This diverse population mosaic underscores the importance of culturally responsive services and inclusive policies to address all residents' unique needs and experiences, fostering a sense of belonging and equity across San Diego County.

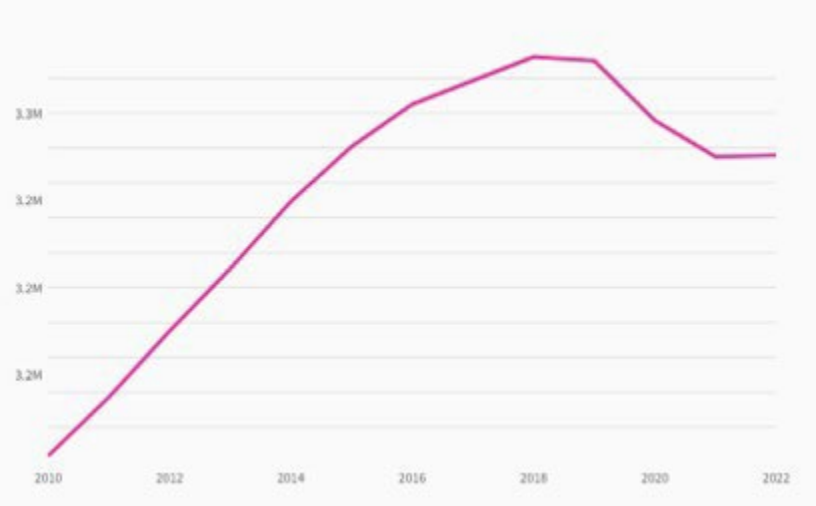
According to San Diego Association of Governments demographic and socio-economic estimates from 2023, 3,269,973 individuals live in San Diego County, a decrease of 0.52% from 2022.

The population estimate for children 14 years of age and under decreased by 6.4%, as did the 15-24 age cohort (7.2%). The following table provides a detailed breakdown of San Diego County's population and demographics.

San Diego County Estimated Population in 2022: 3,287,306					
Age Group		**Race/Ethnicity**		**Gender**	
Under 5 years	187,752	White	1,397,380	Male	1,647,125
5-14	423,727	Hispanic	1,122,382	Female	1,640,181
15-24	458,026	Black	143,325	**Median Age**	
25-59	1,508,112	Native American	12,712	37.2	
60-74	491,595	Asian/Pacific Islander	429,081		
75+	218,094	Other	182,426		

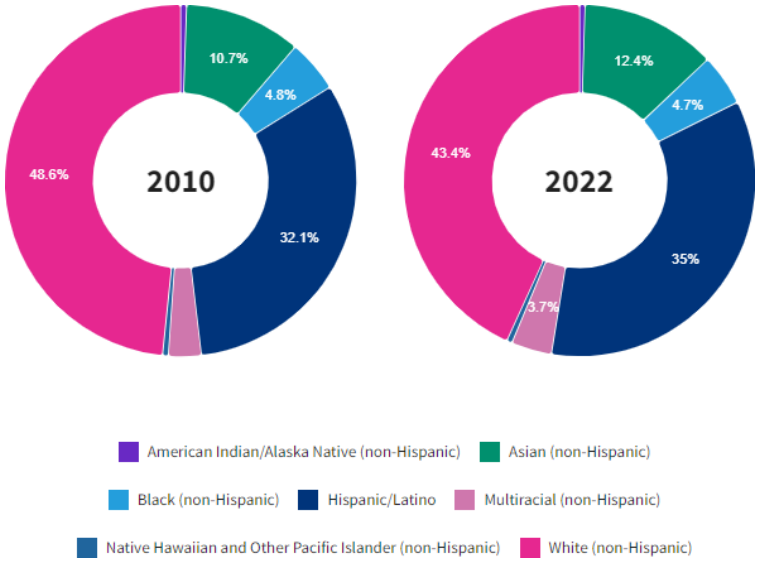
Data Source: SANDAG Demographic and Socio-Economic Estimates, 2022 Estimates, San Diego Region

Demographic data was also pulled from USA Facts, which is a nonpartisan central platform for accessing data related to government finances, demographics, healthcare, and education. It aggregates data from various federal, state, and local government sources, as well as private organizations, and presents it in a user-friendly format through interactive charts, graphs, and reports. Based on data collected through July 2022, the population of San Diego was 3.3 million, 5.6% up from the 3.1 million who lived there in 2010. For comparison, the US population grew 7.7% and California's population grew 4.6% during that period.



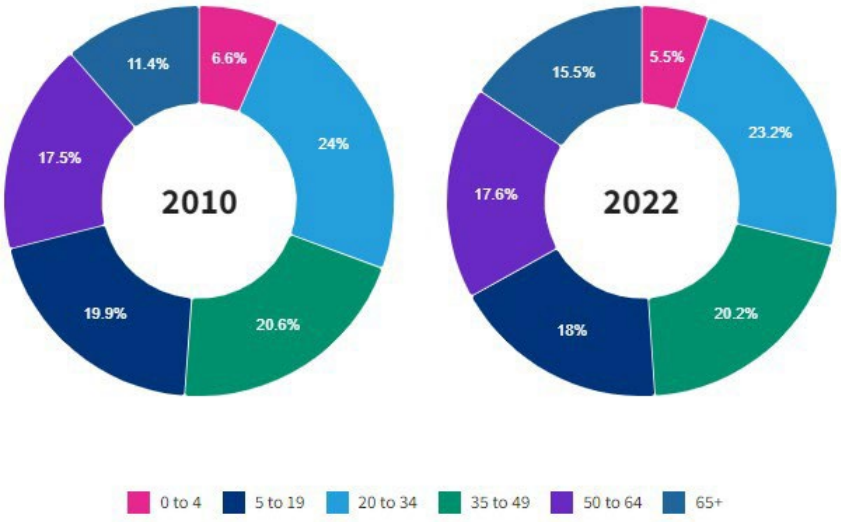
Note: Graph obtained from USAFACT.ORG, Data: Census Bureau

Additionally, in 2022, San Diego County was more diverse than it was in 2010. In 2022, the white (non-Hispanic) group made up 43.4% of the population compared with 48.6% in 2010. Between 2010 and 2022, the share of the population that is Hispanic/Latino grew the most, increasing 2.9 percentage points to 35%. The white (non-Hispanic) population had the largest decrease dropping 5.2 percentage points to 43.4%.



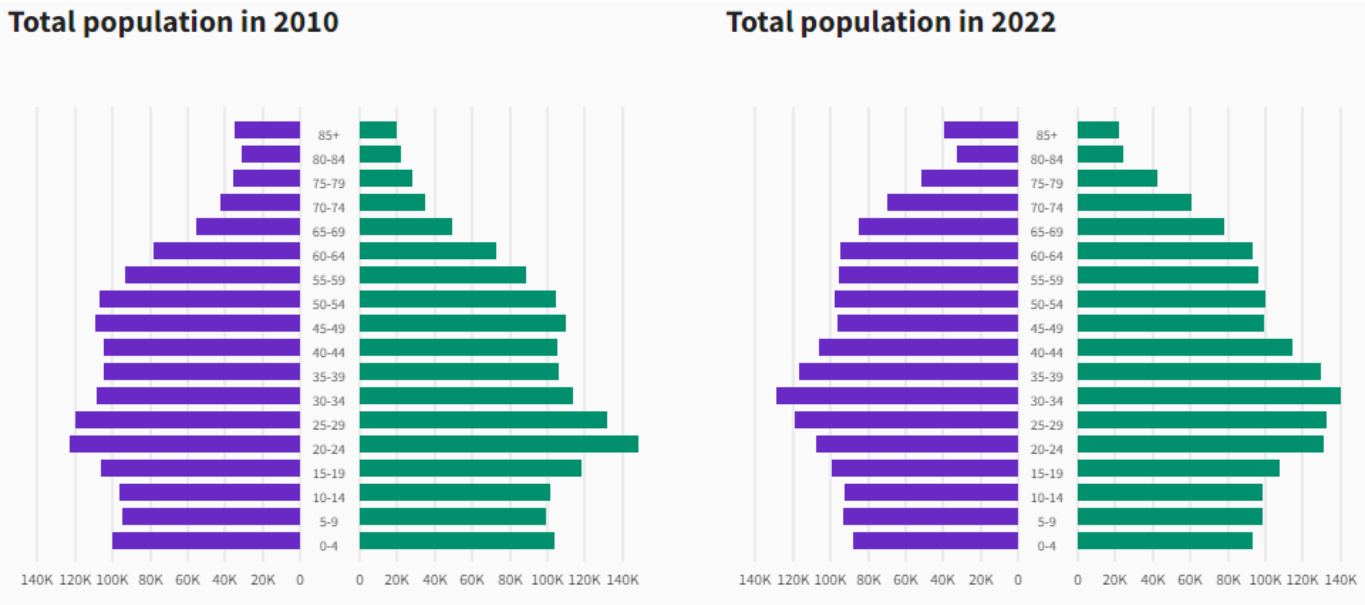
Note: Graph obtained from USAFACT.ORG, Data: Census Bureau

Among six age groups — 0 to 4, 5 to 19, 20 to 34, 35 to 49, 50 to 64, and 65 and older — the 65+ group was the fastest growing between 2010 and 2022, with its population increasing by 43.5%. The 5 to 19 age group declined the most dropping 4.5% between 2010 and 2022. Also, the share of the population that is 0 to 4 years old decreased from 6.6% in 2010 to 5.5% in 2022. The share of the population that is 65 and older increased from 11.4% in 2010 to 15.5% in 2022.



Note: Graph obtained from USAFACT.ORG, Data: Census Bureau

Census data available regarding gender includes female and male. The graph below groups the populace by age and sex. A wider pyramid base means that the population is young. A wider top means that the population is older.



Note: Graph obtained from USAFACT.ORG, Data: Census Bureau

UPDATED ASSESSMENT OF SERVICE NEEDS

II. Medi-Cal population service needs (Use current CalEQRO data if available.)

The County shall include the following in the CCPR:

A. Summarize Medi-Cal population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).

B. Provide an analysis of disparities as identified in the above summary.

Note: *Objectives for these defined disparities will be identified in Criterion 3, Section III.*

II A and B. The County of San Diego's Medi-Cal population utilization reflects a significant portion of the county's healthcare landscape. Within San Diego County, Medi-Cal utilization spans various healthcare services, including primary care, specialty care, mental health services, substance use treatment, and preventive care. The Medi-Cal population encompasses individuals from diverse socioeconomic backgrounds, including low-income families, children, seniors, individuals with disabilities, and pregnant women. Utilization patterns within these populations highlight the importance of accessible and comprehensive healthcare services and the need for targeted interventions to address prevalent health disparities and social determinants of health. By understanding and responding to the unique healthcare needs of the Medi-Cal population, San Diego County can continue to improve health outcomes, enhance access to care, and promote health equity for all residents.

San Diego's Mental Health Medi-Cal eligible population, members served, and penetration rates for CY 2022 is illustrated below:

Table 4: San Diego County Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Ages 0-5	95,642	1,197	1.25%	1.50%	1.82%
Ages 6-17	225,552	8,642	3.83%	5.01%	5.65%
Ages 18-20	52,932	1,572	2.97%	3.66%	3.97%
Ages 21-64	551,324	20,578	3.73%	3.73%	4.03%
Ages 65+	104,358	1,484	1.42%	1.64%	1.86%
Total	**1,030,000**	**33,473**	**3.25%**	**3.60%**	**3.96%**

Note: Total annual eligibles may show small differences due to rounding of different variables when calculating the annual total as an average of monthly totals.

- The PR is lower than similar-sized county and statewide PRs for all age groups, with the exception of members ages 21-64, which matches similar-sized county PRs.
- Youth ages 6-17 have the highest PR in the MHP, while youth ages 0-5 have the lowest.

Table 5: Threshold Language of San Diego MHP Medi-Cal Members Served in CY 2022

Threshold Language	# of Members Served	% of Members Served
Spanish	4,611	13.97%
Arabic	692	2.10%
Vietnamese	315	0.95%
Tagalog	70	0.21%
Farsi	68	0.21%
Members Served in Threshold Languages	**5,756**	**17.44%**
Threshold language source: Open Data per BHIN 20-070		

- The number of members served in threshold languages decreased by 3 percent from CY 2021.
- Members served in threshold languages accounted for over 17 percent of the total members served, with Spanish being the most prevalent by a wide margin.

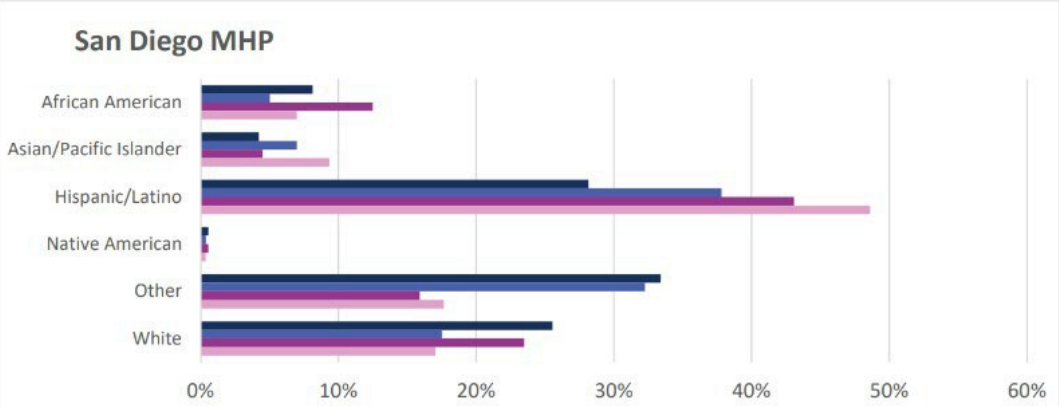
Table 7: San Diego MHP PR of Members Served by Race/Ethnicity, CY 2022

Race/Ethnicity	Total Members Eligible	# of Members Served	MHP PR	Statewide PR
African American	51,717	2,721	5.26%	7.08%
Asian/Pacific Islander	71,842	1,414	1.97%	1.91%
Hispanic/Latino	389,501	9,421	2.42%	3.51%
Native American	4,024	186	4.62%	5.94%
Other	332,200	11,183	3.37%	3.57%
White	180,524	8,548	4.74%	5.45%
Total	**1,029,808**	**33,473**	**3.25%**	**3.96%**

Note: Total annual eligibles may show small differences due to rounding of different variables when calculating the annual total as an average of monthly totals.

- The MHP's PRs for all racial/ethnic groups are lower than statewide PRs, with the exception of the Asian/Pacific Islander group which was slightly higher than statewide.

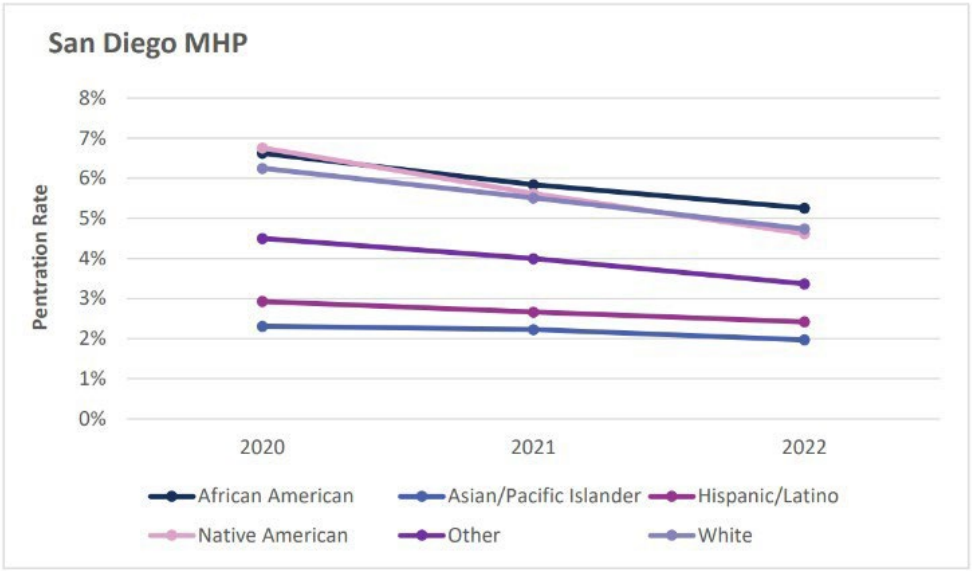
Figure 1: Race/Ethnicity for San Diego MHP Compared to State, CY 2022



	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
MHP % Served	26%	33%	0.56%	28%	4%	8%
MHP % Eligible	18%	32%	0.39%	38%	7%	5%
State % Served	23%	16%	0.55%	43%	4%	12%
State % Eligibles	17%	18%	0.37%	49%	9%	7%

- The most notable gaps between members eligible and served are seen in the Hispanic/ Latino and Asian/Pacific Islander populations, indicating these groups are proportionally underrepresented in the MHP. The White population is proportionally overrepresented accounting for 26 percent of members served but only 18 percent of the eligible population.

Figure 2: San Diego MHP PR by Race/Ethnicity, CY 2020-22



- The MHP's PR for all racial/ethnic groups has been declining slightly over the last two years.
- Native American, African American, and White PRs have consistently been the highest across the past three years, whereas the Asian/Pacific Islander PRs have consistently been the lowest.

San Diego MHP Medi-Cal Enrollees and Beneficiaries Served in CY 2022 by Race/Ethnicity		
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees*	Unduplicated Annual Count of Beneficiaries Served
White	180,524	8,548
Hispanic	389,501	9,421
African American	51,717	2,721
Asian/Pacific Islander	71,842	1,414
Native American	4,024	186
Other	332,200	11,183
Total	1,029,808	33,473
**The total is not a direct sum of the averages above it. The averages are calculated separately.*		

Data Source: EQRO Approved Claims Report, CY 2022

San Diego's DMC-ODS Medi-Cal eligible population, members served, and penetration rates for CY 2022 is illustrated below:

Table 3: San Diego DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022

Age Groups	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
Ages 12-17	113,237	508	0.45%	0.29%	0.25%
Ages 18-64	577,232	10,008	1.73%	1.29%	1.19%
Ages 65+	102,616	718	0.70%	0.56%	0.49%
Total	**793,085**	**11,234**	**1.42%**	**1.04%**	**0.95%**

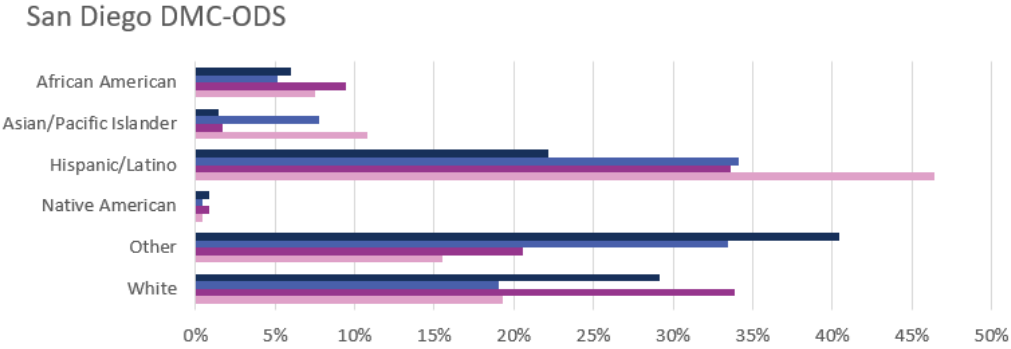
The DMC-ODS primarily served adults between the ages of 18-64, with a PR of 1.73 percent within that age group. PRs for all age groups are higher than the corresponding statewide and similar-size county PRs.

Table 4: San Diego DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Racial/Ethnic Group, CY 2022

Racial/Ethnic Groups	# Members Eligible	# Members Served	County PR	Same Size Counties PR	Statewide PR
African American	40,763	672	1.65%	1.29%	1.19%
Asian/Pacific Islander	61,790	158	0.26%	0.15%	0.15%
Hispanic/Latino	270,738	2,488	0.92%	0.74%	0.69%
Native American	3,239	94	2.90%	2.34%	2.01%
Other	265,419	4,544	1.71%	1.34%	1.26%
White	151,139	3,278	2.17%	1.89%	1.67%

The DMC-ODS remains above the statewide PRs for all racial/ethnic groups.

Figure 1: Percentage of Eligibles and Members Served by Race/Ethnicity, CY 2022



	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
County % Served	29%	40%	0.84%	22%	1%	6%
County % Eligibles	19%	33%	0.41%	34%	8%	5%
State % Served	34%	21%	0.86%	34%	2%	9%
State % Eligibles	19%	15%	0.41%	46%	11%	8%

The largest gaps between percentages of eligibles and members accessing services are seen in the Hispanic/Latino and Asian/Pacific Islander groups. White and Other groups are proportionally overrepresented.

San Diego DMC-ODS Medi-Cal Enrollees and Beneficiaries Served in CY 2022 by Race/Ethnicity		
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees*	Unduplicated Annual Count of Beneficiaries Served
White	151,139	3,278
Hispanic	270,738	2,488
African American	40,763	672
Asian/Pacific Islander	61,790	158
Native American	3,239	94
Other	265,419	4,544
Total	793,088	11,234
**The total is not a direct sum of the averages above it. The averages are calculated separately.*		

Data Source: EQRO Approved Claims Report, CY 2022.

UPDATED ASSESSMENT OF SERVICE NEEDS

III. 200% of Poverty (minus Medi-Cal) population and service needs The County shall include the following in the CCPR:

A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally.)

B. Provide an analysis of disparities as identified in the above summary.

***Note:** Objectives will be identified in Criterion 3, Section III.*

III A and B. In planning for services, SDCBHS has found it more useful and reflective of the County's population to consider the combined needs of the Medi-Cal and Indigent populations. Historically every three years, SDCBHS had developed a report titled "Progress Towards Reducing Disparities in Mental Health Services." The purpose of the report was to provide progress toward the reduction of disparities across racial/ethnic and age groups. The last report was published in 2017 for FY 2015-16. The full report can be located on the Technical Resource Library (Section 6.1). As mentioned in Criterion 1, in 2022, this report was reimagined as a set of interactive dashboards called the *Community Experience Partnership*.

San Diego County's Community Experience Partnership (CEP) website is a dynamic platform dedicated to fostering community collaboration, engagement, and innovation. This online hub provides a wealth of resources, information, and tools designed to empower residents, organizations, and stakeholders to actively participate in shaping the future of the San Diego community. The CEP website has many features, allowing users to analyze data through interactive maps and dashboards. The vision of the CEP is the integration of data and community engagement to promote behavioral health equity in San Diego County. Its mission is to promote a continuous feedback process by which issues can be identified, further informed by community engagement, and mediated by actionable plans.

The primary components of the CEP are the Community Experience Dashboard, the Behavioral Health Equity Index (BHEI), and Community Profiles and Action Reports. Community input is solicited for each component, and CEP deliverables reflect recommendations from community partners. The CEP discussed which domains to include in the Behavioral Health Equity Index and were surveyed to determine how to weight the index domains. The CEP continues to be a resource that helps inform data presentation decisions as the dashboards undergo continuous improvements.

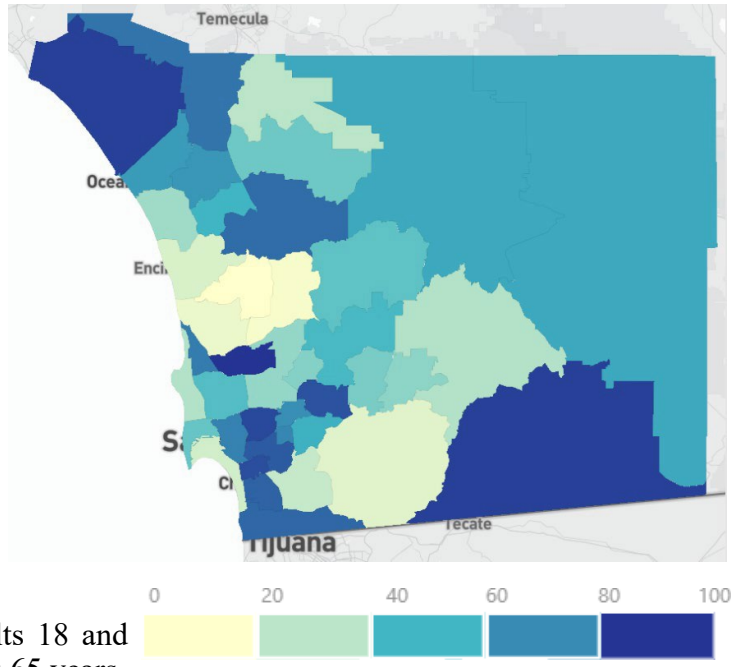
Additionally, San Diego County utilizes Power BI as a powerful data analysis tool to gain insights, visualize trends, and make informed decisions across various departments and initiatives. Power BI allows users to import data from multiple sources, including databases, spreadsheets, and cloud services, and transform it into interactive visualizations and dashboards. Within the San Diego County data context, Power BI enhances quality improvement by offering a wide range of data related to demographics, health outcomes, social services utilization, and more. This includes data on Medi-Cal utilization, public health trends, housing affordability, and transportation patterns, among other factors impacting community well-being. Power BI's dynamic reporting capabilities allow for ongoing monitoring and evaluation of initiatives designed to reduce disparities and promote equity. By tracking progress over time and measuring the effectiveness of interventions, the county can make

data-informed decisions to ensure that resources are allocated equitably, and interventions are tailored to the specific needs of diverse communities. Overall, Power BI serves as a powerful tool in San Diego County's efforts to advance racial and ethnic equity, improve outcomes for underserved populations, and build a more inclusive and just society.

The CEP and PowerBI data will be utilized to illustrate disparities.

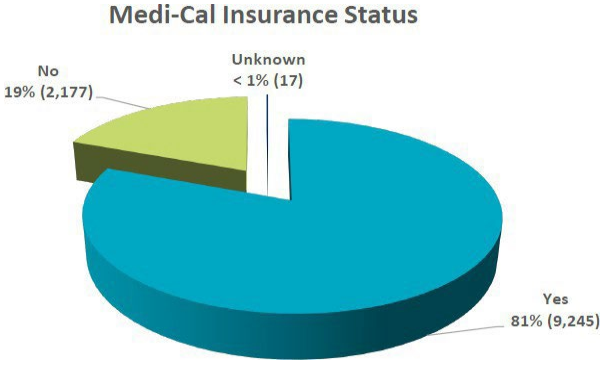
Based on data from 2017-2021, the percent of the population living below the 200% federal poverty line:

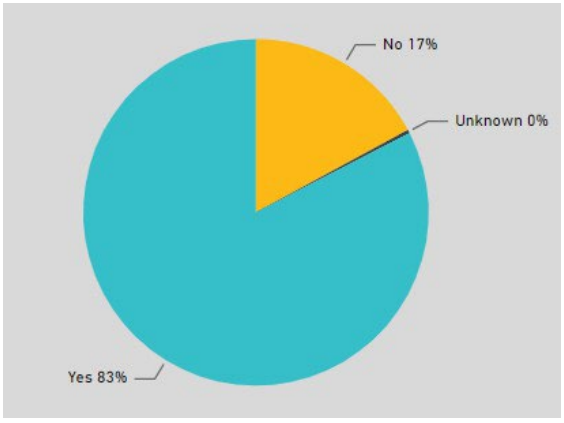
SRA	Percent (%)	90% CI
Miramar	50.6	[36.5% - 64.7%]
Mountain Empire	43.5	[35.2% - 51.7%]
Pendleton	43.5	[33.8% - 53.2%]
Mid-City	43.2	[41.5% - 45%]
National City	42.6	[39.8% - 45.3%]
El Cajon	37.7	[35.5% - 39.9%]
Southeastern San Diego	34.1	[32.4% - 35.9%]
Chula Vista	34.0	[32% - 35.9%]
South Bay	32.5	[30.6% - 34.4%]
Escondido	32.0	[30.3% - 33.8%]
Fallbrook	29.9	[26.1% - 33.6%]



Additionally, from 2017-2021, the percent of adults 18 and older living in poverty ranges 4.4% to 26.2%, adults 65 years and older 0%-25.4%, children under 18 was 0%-35.6%.

Countywide, the majority (81%) of clients served by the system for mental health for FY 2022-23 were covered by Medi-Cal, and 83% of clients served by the DMC-ODS system for substance use were covered by Medi-Cal.





Source: San Diego County SUD System Performance Power BI Report, FY 22-23

Community Experience Dashboards

To aid in analyzing disparities, SDBHS utilizes the Community Experience Dashboards (part of the CEP), which are interactive Power BI dashboards comprised of custom behavioral health datasets, including mapping overlays for spatial indicators. In partnership with UCSD University of California, San Diego (UCSD), the dashboard is monitored and maintained with new data. In June of 2022 several dashboards went live and currently remain available to the public. These include:

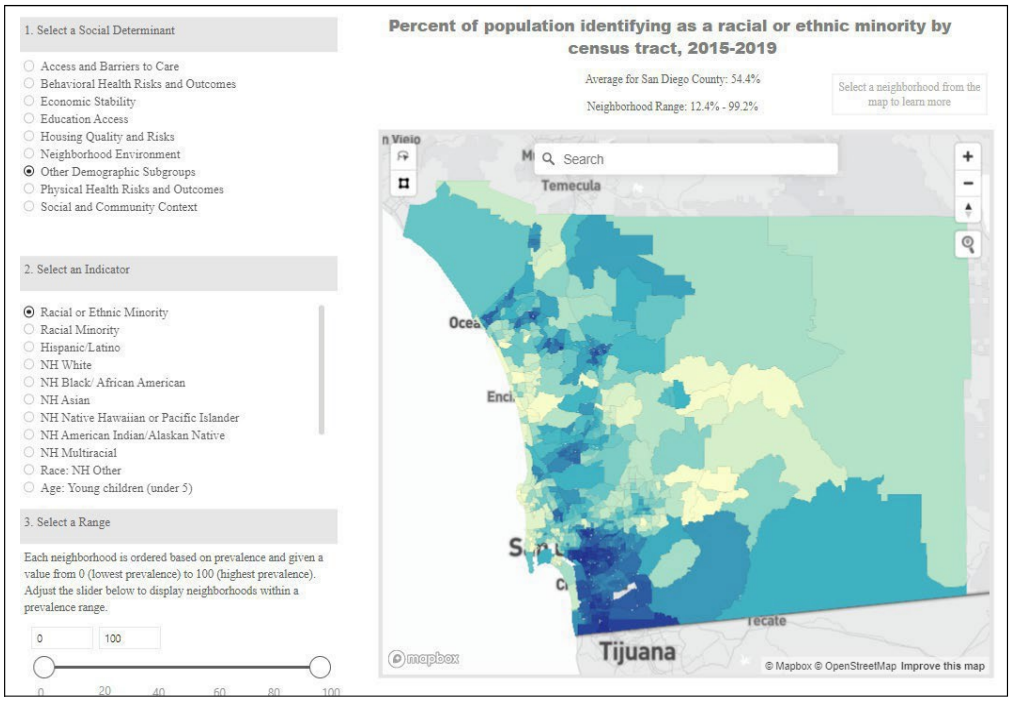
Client Dashboards: Individuals Served by SDCBHS

- Mental Health Services for Children
- Mental Health Services for Adults
- Substance Use Services

Community Dashboards: San Diego Population Health Data

- Youth Risk Behavior Survey
- Emergency Visits, Hospitalizations, and Mortality Rates (Coming Soon)
- Mapping Social Determinants of Behavioral Health

An example of using data to analyze social disparities is provided below. In this excerpt taken from the Mapping Social Determinants of Behavioral Health dashboard, users can select a social determinant of behavioral health and select indicators such as "Racial or Ethnic Minority" and see the prevalence of this indicator in subregional areas. In the example below, you can interpret the dark blue colored regions as areas of greater disparity using this indicator.

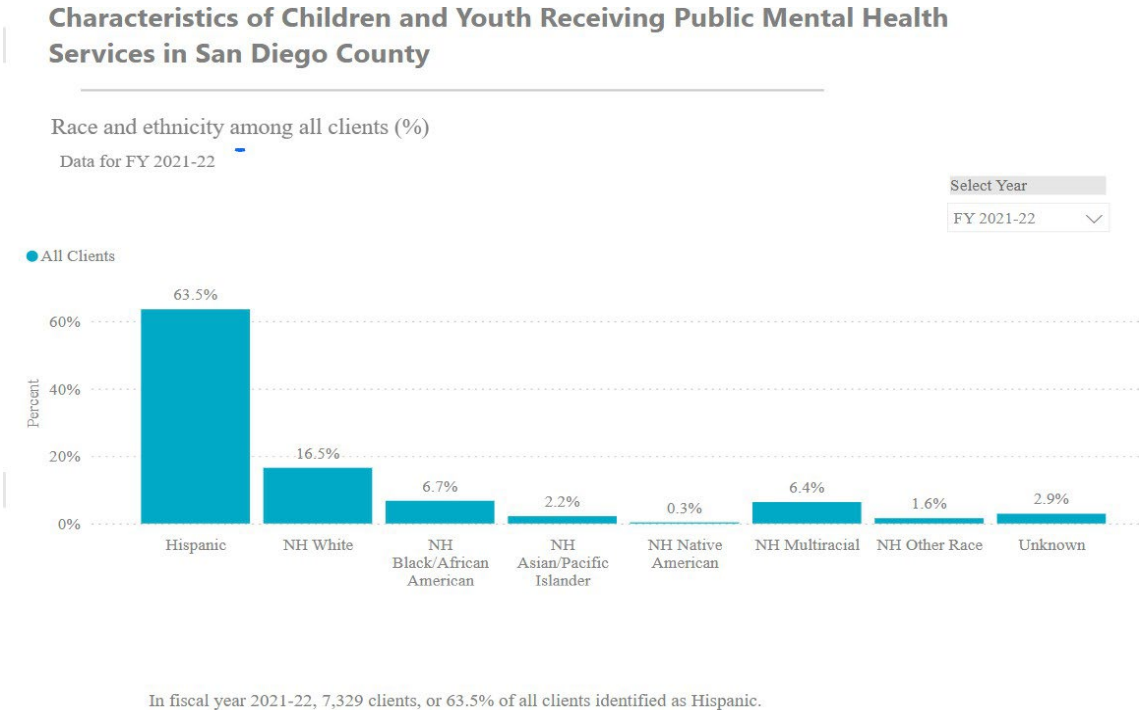


Demonstration videos of the Dashboard:

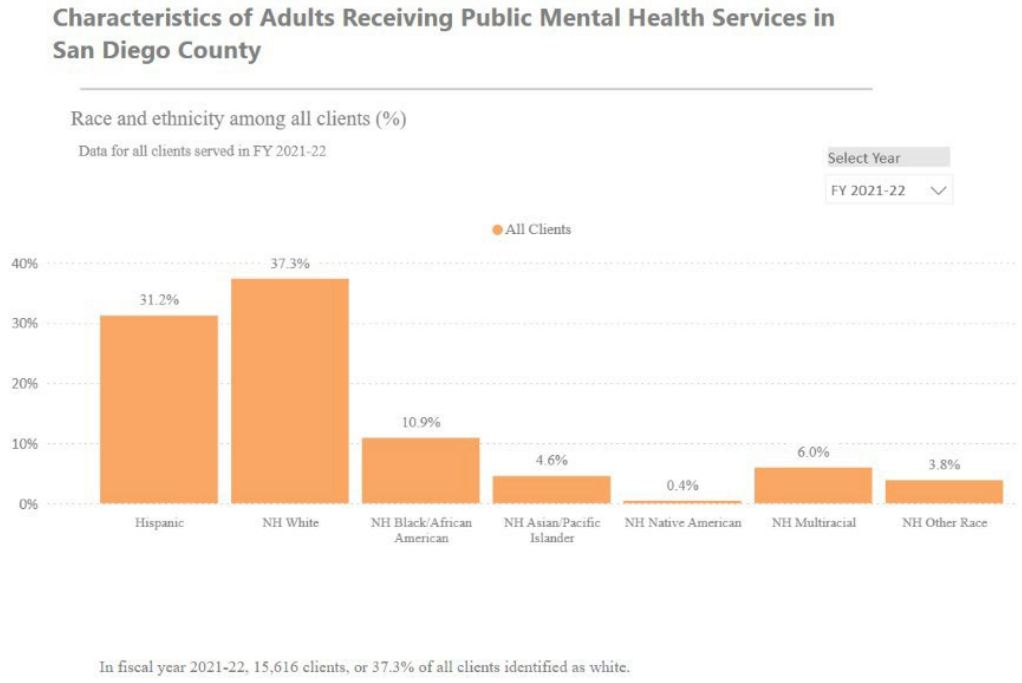
- Part I: https://youtu.be/A6IBVP8bNf4 (intro-1 min/37 sec)
- Part II: https://youtu.be/7ZOXoniW8ro (demo of dashboard-8 min/20 sec)

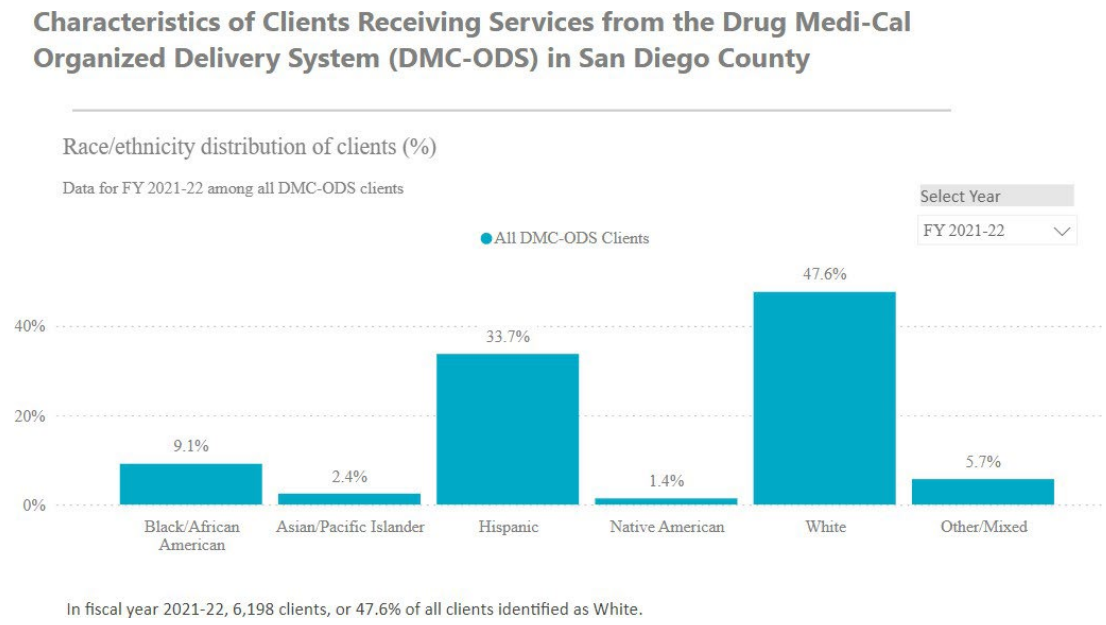
The Community Experience Dashboards provide insights into community trends by allowing tracking and visualization of behavioral health equity data. The County has gained the ability to explore equity indicators over time, across neighborhoods, and for numerous subpopulations and use the data to inform service delivery decisions.

For example, the latest data shows that Hispanic youth are overrepresented in the system, making up 63.5% of the CY population served (of San Diego County residents under 18, 37% are Hispanic).

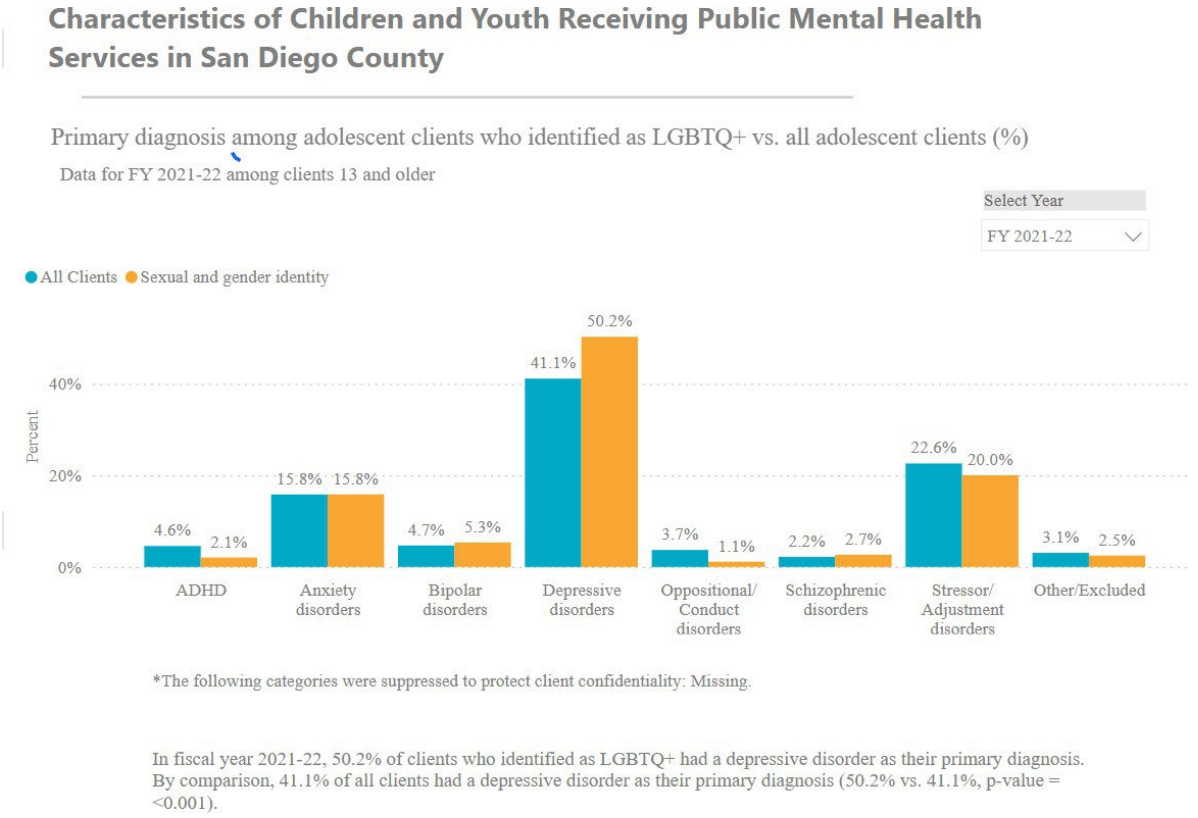


Black adults are overrepresented in the adult mental health system, making up 11% of the AOA population served (of San Diego County residents, about 6% are Black). The same can be said for the SUD system (9% of population served are Black). Meanwhile, the Asian Pacific Islander and the Native American populations appear to be significantly underrepresented in the system, signaling the presence of social, cultural, or geographical barriers to accessing services.





Youth in the system who identify as LGBTQ+ are also significantly more likely to be diagnosed with Depressive disorders compared to the entire BHS-CY population (50% v. 41%).



The Community Experience Partnership dashboards have made it easier to reveal patterns of disparities in the community through the available data. SDCBHS continues to monitor the data and use it to inform new programs and initiatives.

Veterans/Military Service

In order to measure disparities in behavioral health services among veterans in San Diego County, the number of AOA veterans is being continuously monitored. Of the 43,155 adult mental health clients served in FY 2022-23, 4% reported military service, which is consistent with the proportion of military service reported by 3% of the 13,806 substance use disorder clients served. There appears to be a higher rate of Emergency Services utilized by this population in mental health (58% compared to the rest of the AOA population's utilization at 40%) and a higher rate of residential services in SUD (30% compared to the rest of the AOA population's utilization at 17%). Higher rates of homelessness are also seen among this population in MH and SUD compared to the rest of the AOA population.

Annual System of Care Reports

In collaboration with UCSD, an annual System of Care Report for child, youth, and adult populations is created. The report summarizes cumulative system demographics and clinical outcomes for children/youth and adults served by the County of San Diego's Health and Human Services Agency (HHSA) Behavioral Health Services (BHS).

According to the most recent SDC System of Care Report (FY 2022-23), the following statistics reflect the identified disparities in the populations listed below.

Child and Youth BHS Mental Health Clients

- 11,919 youth received services through the San Diego County BHS-CY SMHS system, a 3% increase from the 11,541 served in FY 21-22. Total youth served has decreased 19% over the past five years (from 14,640 in FY 2018-2019)
- Gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Therefore, data was not directly comparable to previous years. Overall, the gender gap among SDCBHS-CY youth has lessened over time.
- 65% of clients were Latinx. Compared to San Diego County's estimated population in 2022, BHS-CY served a larger percentage of Latinx and Black/African American clients and a smaller percentage of White and Asian/Pacific Islander clients.
- 85% of Child and Youth clients served by SDCBHS lived in a family home or apartment during FY 2022-23, while 17% of children ages 0-5 lived in a foster home, and 14% lived in a correctional facility during FY 2022-23.
- 11,204 (94%) of clients had health coverage exclusively by Medi-Cal in FY 2022-23.
- The proportion of youth ages 13+ who identified as LGBTQ+ nearly doubled from FY 2018-19 (14%) to FY 2022-23 (27%) In part, this is likely due to more accurate clinical reporting and enhanced data collection.
- Co-occurring substance use issues among youth (ages 12+) were defined by multiple diagnostic tiers. In FY 2022-23, 1,882 (27%) of 7,083 youth met criteria for co-occurring substance use issues. Youth with co-occurring substance use issues were more likely to have a depressive, bipolar, or stressor/adjustment disorder and less likely to have ADHD or an anxiety disorder, as compared to systemwide averages.
- The proportion of clients receiving case management services increased more than fifteen percentage points in the past five years, from 47.5% in FY 2018-19 to 62.8% in FY 2022-23.
- On average, youth clients received 18.1 hours of outpatient services in FY 2022-23, an increase from 16.0 hours in FY 2021-22. Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) treatment hours increased by more than 20%, following a sharp decline in FY 2021-22.
- Most (88%) of clients active in FY 2022-23 entered the system via outpatient services.
- Compared to systemwide averages, Black/African American and Multiracial youth were more than twice as likely to receive Residential Services (STRTP+ and/or Shelter and Respite). White clients were more likely to receive Inpatient services. Hispanic clients were less likely to receive residential or inpatient services.

BHS Adult Mental Health Clients, FY 2022-23:

- During FY 2022-23, San Diego County Behavioral Health Services (SDCBHS) delivered mental health services to 43,155 adults and TAY.
- Over the past five fiscal years, the proportion of non-Hispanic White clients served by mental health providers has gradually decreased (39% to 36%), while the proportion of Hispanic clients has gradually increased (27% to 32%).
- Similar to previous fiscal years, the most common mental health diagnoses among adult clients served were schizophrenia and other psychotic disorders (44%), followed by bipolar disorders (21%), and depressive disorders (20%).
- Sixteen percent (16%; 5,803 clients) of clients were employed in a competitive job,

reflecting a 35% increase over the past five fiscal years in the number of clients who were employed in a competitive job (4,291 clients in FY 2017-18).

- The number of Case Management services provided more than doubled during FY 2022-23 (3,904 visits) relative to the previous fiscal year (1,949 visits), while the number of other outpatient services decreased during the same time frame.
- The number of Crisis Stabilization services increased by 29% during FY 2022-23 (16,404 visits), compared to FY 2021-22 (12,765 visits).
- There was a notable increase in utilization of Mobile Crisis Response Team (MCRT) services during FY 2022-23 (4,005 visits by 2,780 clients) compared to FY 2021-22 (1,728 visits by 1,401 clients), as this new level of care was implemented county-wide in 2022.
- The most common initial point of access to county-provided mental health services was emergency/crisis services (54%). A total of 59,466 emergency/crisis services were used by 17,477 clients during FY 2022-23, representing 40% of AOA clients served by the SDCBHS SOC.
- Of the 4,903 clients hospitalized during FY 2022-23, 1,366 of them (28%) were hospitalized at least one additional time during the fiscal year.
- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2021-22, average wait times decreased from approximately 11 to about 6 days in FY 2022-23. Average access times for mental health assessments have decreased to under 5 days from FY 2020-21.
- Clinicians reported significant improvements in illness management, overall progress toward recovery outcomes, and low or minimal impairment in functioning due to drug or alcohol use among adult clients in FY 2022-23. Also, adult clients self-reported significant improvement in their overall mental health status in FY 2022-23 via the Recovery Markers Questionnaire (RMQ) from pre- to post-assessment.
- Adult clients \ reported high rates of agreement in their perception of participation in treatment planning (92%), perception of the quality and appropriateness of their treatment (92%), perception of treatment access (89%), and general satisfaction (92%).

BHS Substance Use Disorder (SUD) Adult Clients:

- The proportion of non-Hispanic White clients served has gradually decreased since FY 2018-19 (54% to 48%), while the proportion of Hispanic clients has increased (19% to 34%). The most common primary substance used at intake was methamphetamine (26%), followed by heroin (22%), and other opioids (21%).
- During FY 2022-23, the SDCBHS DMC-ODS delivered substance use disorder (SUD) treatment services to 11,207 adult clients, marking an 18% reduction in the number of clients served by adult SUD treatment providers since the launch of the DMC-ODS in San Diego County at the beginning of FY 2018-19 (13,687 clients).
- Since FY 2018-19, primary utilization of heroin declined from 37% to 22%, while primary utilization of other opioids more than tripled over the same time frame (6% to 21%).
- One-third (33%) of clients were experiencing homelessness at the time of their most recent admission.
- In addition to a substance use disorder, more than one-third (37%) had a co-occurring substance use disorder and mental health illness at intake.
- The proportion of clients with a co-occurring substance use disorder and mental illness has increased from 2018 (32%) to FY 2022-23 (37%).
- Heroin was the most reported primary substance used in the North Central (38%) and

South (31%) regions, while methamphetamine was the most reported primary substance used in the Central (31%) and East (24%) regions. In the North Coastal and North Inland regions, other opioids were the most reported primary substance used (36% and 34%, respectively).

- Approximately two-thirds of clients from the North Coastal (66%), North Central (61%), and North Inland (61%) regions reported an opioid (heroin or another opioid) as their primary substance used compared to less than half of those from the Central (37%), South (44%), or East (46%) regions.
- During FY 2022-23, 14,163 discharges from programs occurred. Over one-third (35%) of these discharges were dispositions of completed treatment and recovery plan goals, and a similar proportion (36%) were administrative.
- During FY 2022-23, 955,980 services were provided to clients, and most (93%) were face-to-face.
- Group counseling was the most common type of service provided to clients enrolled in outpatient (74%), intensive outpatient (69%), and recovery (55%) programs.
- Overall, adult clients reported high rates of satisfaction, as evidenced by at least 82% agreement in all five domains of the Treatment Perception Survey from those surveyed in the fall of 2022. The survey domains with the highest endorsement were Perception of Quality and Appropriateness (90%) and General Satisfaction (88%).

San Diego County and the Global Pandemic

Following the COVID-19 global pandemic, and in alignment with the County's efforts to provide trauma-informed and culturally competent services, the County's Public Health Officer, Dr. Wilma Wooten, provided daily reports to the public as part of the Board of Supervisors daily updates. Information such as the number of positive cases among different ethnic and age groups is reported to the public daily. This information provided insight into whether different age and/or ethnic groups within the County may have been disproportionately affected by the pandemic and further highlights potential disparities among different racial and ethnic groups. As of April 2024, d the Latinx population appears to be disproportionately affected by COVID-19 (with 354,673 total positive cases), followed by the White population (with 284,802 total positive cases). As of April 2024, vaccination rates are the highest among the White population and the lowest among the American Indian/Alaska Native population. These reports can be found in the County's COVID-19 Data Dashboards.

As studies begin to reveal that those who have had COVID-19 are found to be at higher risk of mental health and substance use disorders, it is important to continue tracking infection and vaccination rates to reveal possible disparities in service needs in the county population. SDCBHS worked with the Child and Adolescent Services Research Center (CASRC) to study the impacts of the pandemic on youth clients. This resulted in the Pandemic Impact Report FY 2019-20 for Child and Youth, which examines the impact of the first 10 months of the pandemic, beginning with the stay-at-home order in March 2020, by comparing system data from March to December 2020 to the same time frame in 2019.

Mental Health Programs serving Child and Youth: Pandemic Impact Report Key Findings:

- During the pandemic, services were primarily delivered through teletherapy.
- 20% fewer clients were served during the pandemic, but those who entered treatment appeared to stay longer and receive more services.
- The largest decreases were noted in emergency/crisis services.

- Youth who entered services during the pandemic presented with more severe depression & anxiety symptoms and fewer conduct issues.
- Youth entered services with fewer ODD and adjustment disorder diagnoses and more stressor diagnoses.
- Treatment was equally, if not more, effective during the pandemic.
- While youth entered services with more severe symptoms at intake, they experienced similar, if not better, progress at discharge. This may provide support for similar levels of effectiveness between teletherapy and in-person services for youth.
- Suicide rates did not change during the pandemic, though clinician reports of suicidal ideation and self-harm increased.

Mental Health Programs serving Adults Pandemic Impact Report Key Findings

- During the pandemic, services were primarily delivered through telephone and/or telehealth.
- There were 41,647 clients during the pandemic. This was a decrease of 6.2% clients served in AOA during the pandemic compared to clients served prior to the pandemic. Also, there was a decrease of 9.9% in new clients served during the pandemic compared to the previous year.
- During the pandemic, the proportion of clients diagnosed with schizophrenia and other psychotic disorders and bipolar disorders increased slightly.
- A greater proportion of ACT services were utilized, and there was a slight decrease in outpatient service utilization.
- There was a greater proportion of clients who received their first service through Emergency/Crisis Services and Forensic Services.
- The total direct admissions to inpatients from CS increased by 9.1%.
- Inpatient admission decreased by 6.7%, along with a decrease of 7.8% in inpatient readmissions within 30 days.
- New clients during the pandemic were entering services with lower average RMQ and IMR scores indicating they were entering services with more symptoms distress.
- MHSIP satisfaction scores briefly rose in June 2020 and notably increased in December 2020, especially in the Perception of Functioning and Social Connectedness domains.

DMC-ODS Pandemic Impact Report Key Findings:

- During the pandemic, a 36% reduction in face-to-face services was observed.
- There were 16,499 clients during the pandemic. This was a decrease of 21% in clients served in SUD during the pandemic compared to clients served prior to the pandemic. Also, there was a decrease of 22% in new clients served during the pandemic compared to the previous year.
- During the pandemic, the proportion of clients with a primary substance used of an opioid increased from 37% to 42% during both years of the pandemic.
- During the two years of the pandemic, there was a 23% reduction in utilization of outpatient services in the DMC-ODS compared to the year before the pandemic (105,362 versus 137,026 contacts) and a 101% increase in utilization of intensive outpatient services (102,102 versus 50,718 contacts).
- Services provided by withdrawal management and residential programs declined during the first year of the pandemic (51% and 26%, respectively), but utilization of services in both levels of care showed some increases during the second year relative to the first year (22% and 4%, respectively).
- There was only a 1% decline in OTP services provided during the first year of the pandemic, followed by a 34% increase in year 2, relative to year 1.

- Recovery services almost doubled during the first year of the pandemic (94%) but then declined by 28% in year 2, relative to the first year of the pandemic.
- Discharges in the DMC-ODS system were 24% lower than in the year before the pandemic.

UPDATED ASSESSMENT OF SERVICE NEEDS

IV. MHSA Community Services and Supports (CSS) population assessment and service needs.

The County shall include the following in the CCPR:

A. *From the County's approved CSS plan, extract a copy of the population assessment. If updates have been made to this assessment, please include the updates. Summarize population and client utilization data by race, ethnicity, language, age and gender (other social/cultural groups may be addressed as data is available and collected locally).*

IV A. The population and client utilization data by race, ethnicity, language, age, and gender are summarized below:

- **Community Services and Supports (CSS) Plan, 12/13/2005**
- **CSS Initial Plan Addendum (3/15/2006)**

Section II, Part II: Analyzing Mental Health Needs in the Community
A detailed gap analysis was prepared to fully understand the scope of mental health needs among all four target population age groups. The Gap Analysis, which included estimates of unserved, underserved and inappropriately served individuals, was provided to, reviewed, and discussed by the MHSA Workgroups.

Unserved Populations in San Diego County
The formula used to determine the number of unserved individuals in San Diego County was based on the estimated prevalence of mental health needs among those in poverty, across all age groups, and across each ethnic classification, compared to the numbers served in the current service system.

In addition, as suggested in the CSS Requirements, the number of individuals who received inpatient or emergency services (stated in DHCS requirements as crisis only) and no other mental health services were included in the estimate of the unserved. Another factor considered was the estimated number of homeless. These data were provided by the San Diego Task Force on the Homeless.

As can be seen in the figures below, significant ethnic/racial disparities exist among the number of persons expected to need services compared to those receiving services in today's system. In addition to the notable disparities demonstrated in the data, these findings were re-affirmed through the community input provided by family members, providers, and other interested community stakeholders.

Also seen in the analysis below are significant ethnic/racial disparities among the number of persons not being served. Additional needs of the unserved populations include language, sexual orientation, and other special needs. Two "special needs" groups identified by the MHSA Workgroups were Deaf and Hard of Hearing and Trauma Victims. These findings were reaffirmed in the community input

provided by family members, providers, and other interested community stakeholders.

Estimates for Unserved Populations in San Diego County from CSS Plan

- 15,821 Children and Youth (0-17)
  - Many of the children who are currently unserved are without insurance—the number is estimated to be 15,667 (representing a duplicate count across gender and age).
  - Of these, the ethnic/racial groups that appear to have the largest number of children and youth in need of mental health services are Hispanic (8,805) and Asian Pacific Islander (1,447).
  - Children/youth of all ethnic/racial populations are unserved in the Age ranges of 0-5 (3,697) and ages 6-11 (3,154).
  - Primary language needs of unserved children and youth include Spanish, Tagalog, Vietnamese, and Arabic.
  - Females are underrepresented in CMH, 40% females compared to 60% males.
  - An estimated 950 of unserved children and youth may be gay or lesbian.
  - A number of unserved children may have special needs such as being deaf or hard of hearing or being recent immigrants who are trauma victims.

- 8,900 Transition Age Youth (TAY) (between 18 and 25)
  - In San Diego County, the unserved TAY were identified as between 18 and 25 years of age because, based on prevalence data there, is no apparent service gap for 16- and 17-year-olds.
  - Of this group, 7773 received no mental health services and 1,127 TAY received only crisis or emergency services.
  - The ethnic/racial groups with the largest number of unserved are Latino (2,506) and Asian Pacific Islanders (312). 14 County of San Diego, Health & Human Services Agency, Mental Health Services Community Services and Supports Plan Addendum.
  - Primary language needs of unserved TAY include Spanish, Tagalog, Vietnamese, and Arabic.
  - Based on the State Prevalence report estimates of gender differences, it is possible that up to 5,000 females in this age group may be unserved.
  - Approximately 6-8% of the unserved TAY population may be Gay, Lesbian, Bi-Sexual or Transgender.
  - A number of TAY may have special needs such as being deaf or hard of hearing or being recent immigrants who are trauma victims this unserved group, the primary ethnic/racial disparity groups are Latinos (2,506) and Asian Pacific Islanders (312).

- 16,007 Adults (25-59)
  - 11,392 received no mental health services and 4,615 utilized only emergency or inpatient mental health services.
  - Based on projections in the State Prevalence Report, large numbers of the county's Latino (9,422) and Asian Pacific Islander (1,970) population are not accessing mental health services at all.
  - Of these, it is assumed that a higher percent may be monolingual Spanish, Vietnamese, Tagalog, or other language.
  - In addition, although Native Americans and African Americans are accessing mental health services at a rate closer to the number projected by the State Prevalence data; they were much more likely to be receiving only emergency, inpatient, or jail mental health services.

- Approximately 6-8% of this population may be Gay, Lesbian, Bisexual or Transgender
- A number of adults may have special needs such as being deaf or hard of hearing or being recent immigrants who are trauma victims.
- In addition, to the other factors noted it is possible that an estimated 11,000 adults who are unserved are without insurance.
- There are a substantial number of veterans who are seriously mentally ill and are in need of comprehensive mental health services.
- As a result of community input, SDMHS will track service use by Transitional Age Adults ages 50-59 to better understand mental health needs among this population.

- 4,613 Older Adults (60+)
  - 4,035 received no mental health services and 578 Older Adults received only inpatient or emergency services but were not connected to other MH services. 15 County of San Diego, Health & Human Services Agency, Mental Health Services Community Services and Supports Plan Addendum
  - A relatively high percent of African Americans and American Indians received only emergency or inpatient mental health services.
  - It is estimated that 650 Latinos and 250 Asian/Pacific Islanders were unserved.
  - Many Latino and Asian/Pacific Islander older adults may be monolingual.
  - Based on estimates of gender differences, it is possible that up to 1,600 females in this age group may be unserved.
  - Approximately 6-8% of this population may be Gay, Lesbian, Bisexual or Transgender, indicating a need for training.
  - There are a substantial number of older adults who are veterans who are seriously mentally ill and are in need of comprehensive mental health services.
  - A number of older adults may have special needs such as being deaf or hard of hearing or being recent immigrants who are trauma victims.
  - Prevalence estimates will be re-evaluated on an on-going basis because the MHSA Older Adult Workgroup felt the prevalence estimates were too low, as stigma and isolation contribute to more underreporting and lack of recognition of mental illness among older adults.

In conducting a more recent MHSA capacity assessment, San Diego County was assessed utilizing the Health and Human Services Agency (HHSA) regions by examining the regions from a population health lens. The Central, East, North Central, North Coastal, North Inland, and South regions are HHSA geographies located in San Diego County. An estimated 3,269,973 people live in the selected areas. The following key statistics were identified noting that the data in this report are aggregated across all HHSA regions.

- ***Racial/Ethnic Identities***: Residents in the selected areas identified as 34% Latinx, 44% non-Hispanic (NH) White, 5% NH Black, 12% Asian/Pacific Islander (API), <1% NH American Indian/Alaska Native (AI/AN), and 5% NH Multiracial. By comparison, San Diego County residents identified as 34% Latinx, 44% NH White, 4% NH Black, 12% API, <1% NH AI/AN, and 4% NH Multiracial.
- ***Poverty***: 11% of residents in the selected areas were living below the federal poverty line (FPL) and 25% were living below 200%, or twice, the FPL. By comparison, 11% of San Diego County residents were living below the FPL and 25% were living below 200% the FPL.

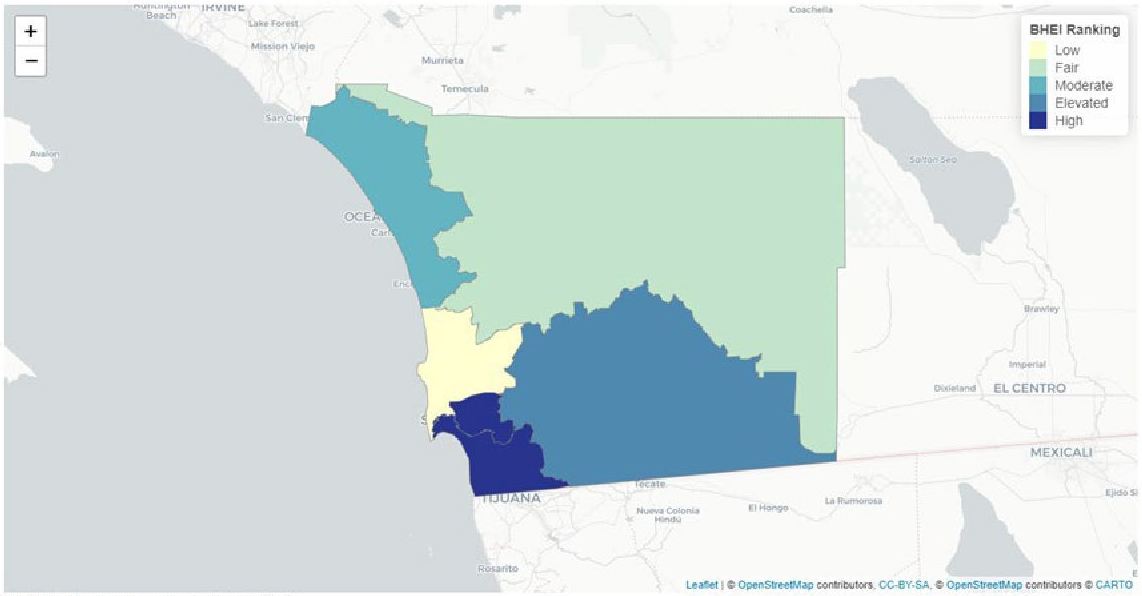
- ***Educational Attainment***: 11% of residents in the selected areas did not have a high school diploma and 59% did not have a bachelor's degree. By comparison, 11% of San Diego County residents did not have a high school diploma and 59% did not have a bachelor's degree.
- ***Unemployment***: 6% of residents in the selected areas reported being unemployed compared to 6% of San Diego County residents.
- ***Limited English-Speaking Ability***: In the selected areas, 13% of residents over age five reported speaking a language other than English at home and speaking English less than very well. By comparison, 13% of San Diego County residents over age five reported limited English-speaking ability.
- ***Receipt of Food Stamps/SNAP***: 8% of residents in the selected areas received Food Stamps/SNAP compared to 8% of San Diego County residents.
- ***Health Insurance***: 20% of residents in the selected areas were Medi-Cal insured, 69% had private insurance, and 7% were uninsured. By comparison, 20% of San Diego County residents were Medi-Cal insured, 69% had private insurance, and 7% were uninsured.
- ***Housing***: 55% of renters in the selected areas reported excessive cost burden for housing, defined as spending more than 30% of their income on housing costs. By comparison, 55% of renters in San Diego County reported excessive cost burden.

Next, the assessment **examined the mental health needs of the community**, **specifically the needs of unserved, underserved/inappropriately served.** This was conducted by utilized the newly developed Behavioral Health Equity Index (BHEI). The BHEI is a data-driven tool that allows users to explore differences in the root causes (also known as social determinants) of behavioral health across neighborhoods in San Diego County. Because the social determinants of behavioral health are multifaceted and complex, the BHEI is a composite index which combines information from multiple sources into a single score. This is a valuable tool to summarize data in a way that is interpretable and can help build community consensus for action. Understanding where inequities exist in our community is a first step towards identifying and addressing the policies, laws, and services that may contribute to behavioral health disparities.

The BHEI is constructed from over 30 individual variables (also known as indicators), which are organized into 8 domains that map to the social determinants of health. Indicators are drawn from over ten different data sources including the US Census Bureau's American Community Survey, CDC's PLACES, and the Opportunity Atlas. After normalizing, weighting, and aggregating the variables, an equity score is calculated for each of the census tracts, zip codes (ZCTAs), Subregional Areas (SRAs), and HHSAs in San Diego County. Each neighborhood is then assigned a rank based on its equity score. The indicators, domains, and weights were developed in partnership with local Subject Matter Experts, including community representatives. Areas with higher BHEI scores may not have access to the resources and services that promote behavioral health. These areas may serve as priority zones for equity work and service enhancements.

The BHEI is not intended to be applied or interpreted without context. The ranks do not reflect the strengths, values, or priorities of neighborhoods or regions and the individuals who live there. While the BHEI can help users identify neighborhoods that may benefit from service enhancements and quality improvement efforts, final decisions about needs, policy, and resourcing would require community outreach and local understanding of communities. While the data below demonstrates the need by HHSA region, this data is then analyzed by the specific zip code within each region in the development of new programs and for allocating resources.

The map shows Behavioral Health Equity Index (BHEI) scores by HHSA Region. Areas with higher scores (darker colors) may not have access to the resources and supports that promote behavioral health. These areas are at higher risk for behavioral health inequity and may serve as priority zones for equity work and service enhancements.



The following areas are currently selected:

Central, East, North Central, North Coastal, North Inland, and South

After **identifying the regions with the highest risk**, further analysis is conducted at the individuals that may quality for MHSA programs and services.

Examined the rates of uninsured by region, noting that the Central region had the highest rate of uninsured individuals.

Ranking Based on %	Area	Uninsured (%)	Uninsured (n)	Description
All	All	All	All	All
6	Central	10	48390	48,390 of 485,407= 10%
5	South	8.7	41768	41,768 of 478,589= 9%
4	North Coastal	7.5	37758	37,758 of 500,914= 8%
3	North Inland	7	42334	42,334 of 600,750= 7%
2	East	6.3	30829	30,829 of 491,206= 6%
1	North Central	4.8	29988	29,988 of 623,319= 5%

Lastly, **data was assessed for the capacity to implement MHSA programs and the current utilization of mental health services**. While BHS conducts the required Network Adequacy Certification Tool (NACT), additional analysis of the services, individuals served, and access times were examined.

- The map shows the percentage of mental health (MH) clients residing in each zip code. A darker color means the percentage is relatively higher. The higher cluster of mental health clients are the central region. Zip codes such as 92101 demonstrate a higher percentage of mental health clients.

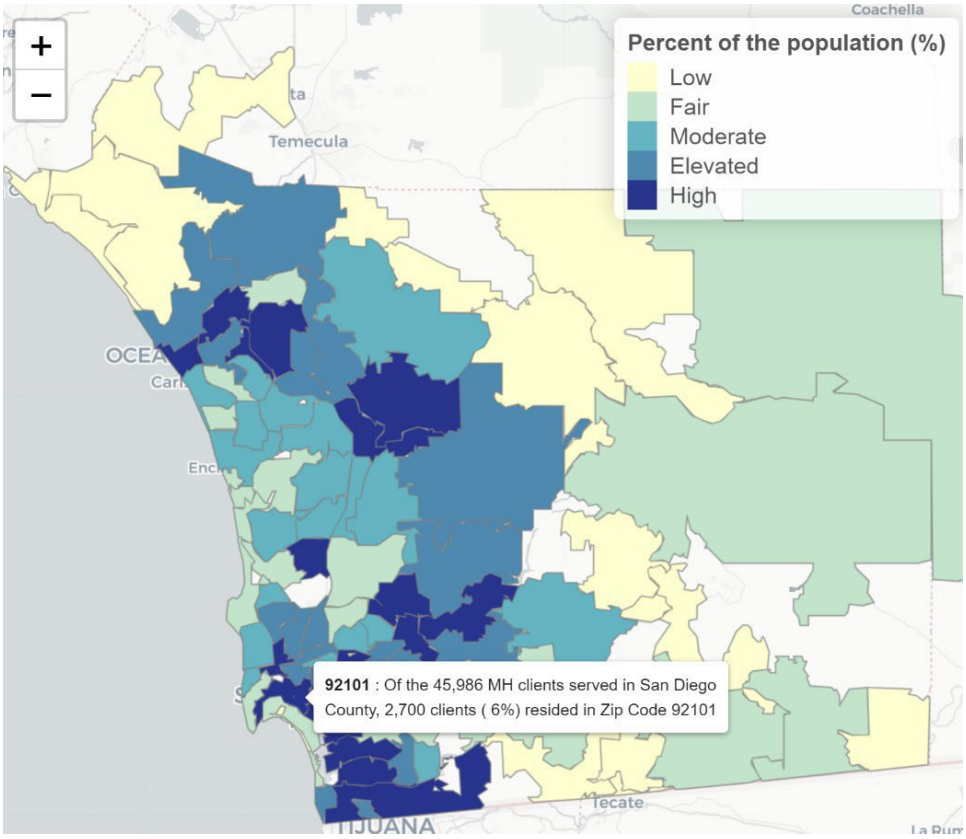


Chart A. Service Utilization by Race/Ethnicity

The following tables provide estimates that guided the development of the CSS programs of the total number of persons needing MHSA-level mental health services who already are receiving services, including those fully served or underserved/inappropriately served, by age group, race, ethnicity, and gender.

Transition Age Youth (TAY)	Fully Served***		Underserved or Inappropriately Served		Total Served		County Poverty Population**		County Population	
18-24			Served							
	MALE	FEMALE	MALE	FEMALE	Number	%	Number	%	Number	%
TOTAL	5	0	746	574	5,409	*100%*	130,559	*100%*	337,506	*100%*
RACE/ETHNICITY										
African American	2	0	102	52	626	*11.6%*	8,935	*7%*	20,623	*6%*
Asian Pacific Islander	0	0	35	26	259	*4.8%*	12,660	*10%*	35,965	*11%*
Latino	1	0	209	129	1,579	*29.2%*	53,620	*41%*	122,665	*36%*
Native American	0	0	9	3	32	*.6%*	1,611	*1%*	2,147	*1%*
White	1	0	349	239	2,567	*47.5%*	48,699	*37%*	143,093	*42%*
Other*	1		42	125	346	*6.4%*	5,034	*4%*	13,013	*4%*

Adults 25-59	Fully Served***		Underserved or Inappropriately Served		Total Served		County Poverty Population**		County Population	
	MALE	FEMALE	MALE	FEMALE	Number	%	Number	%	Number	%
TOTAL	261	184	4,004	3,949	30,776	*100%*	347,997	*100%*	1,917,017	*100%*
RACE/ETHNICITY										
African American	46	39	583	558	3,656	*11.9%*	19,618	*6%*	78,404	*4%*
Asian Pacific Islander	10	11	174	190	1,626	*5.3%*	26,296	*8%*	164,799	*9%*
Latino	30	25	748	793	5,993	*19.5%*	127,502	*37%*	390,659	*20%*
Native American	0	3	22	33	189	*0.6%*	1,432	*0%*	7,896	*0%*
White	166	103	2,300	2,211	16,549	*53.8%*	87,216	*25%*	803,549	*42%*
Other*	9	3	177	164	2,763	*9.0%*	85,531	*25%*	471,710	*25%*

Older Adults 60+	Fully Served***		Underserved or Inappropriately Served		Total Served		County Poverty Population**		County Population	
	MALE	FEMALE	MALE	FEMALE	Number	%	Number	%	Number	%
TOTAL	14	15	175	373	577	*100%*	96,530	*100%*	434,147	*100%*
RACE/ETHNICITY										
African American	2	2	17	40	186	*6.7%*	4,676	*5%*	14,248	*3%*
Asian Pacific Islander	0	0	7	16	197	*7.1%*	9,482	*10%*	40,446	*9%*
Latino	0	2	29	74	420	*15.1%*	21,908	*23%*	56,392	*13%*
Native American	0	0	1	0	7	*0.3%*	414	*0%*	1,856	*0%*
White	12	10	107	226	1,571	*56.6%*	58,922	*61%*	314,353	*72%*
Other*	1	1	14	17	393	*14.2%*	1,530	*2%*	6,852	*2%*

** Other includes other, unknown and 2 or more races*
*** County poverty population is based on prevalence data and the percentages are estimated based on percentages for Ages 18+*
**** Fully served are those receiving Wraparound or AB2034 services according to DMH guidelines*

A more current assessment of the penetration rate by race/ethnicity and language of client's served is listed below.

B. Provide an analysis of disparities as identified in the above summary.

IV B. Analysis of Ethnic Disparities in Fully Served, Underserved, or Inappropriately Served Populations in San Diego County:

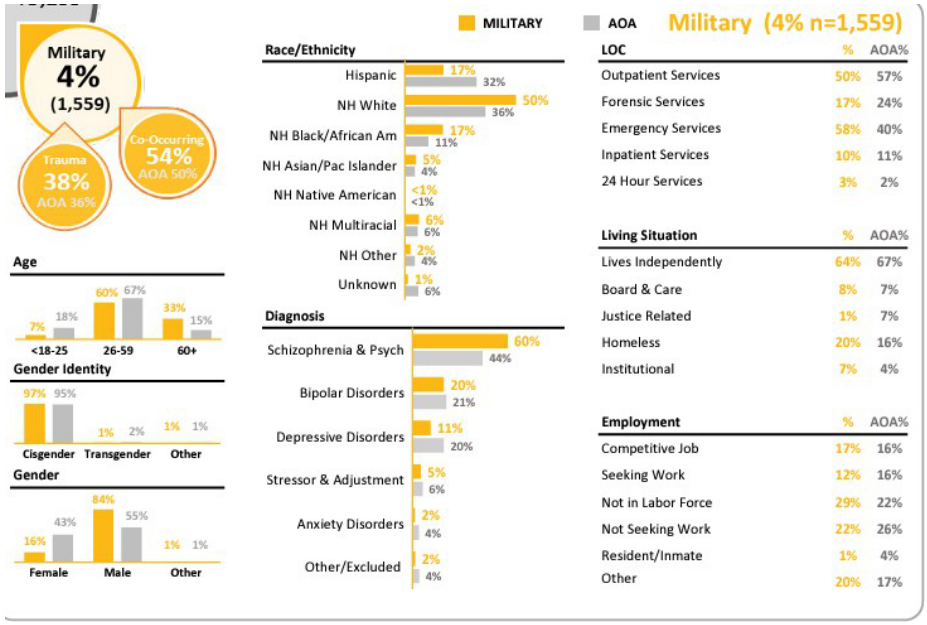
The populations continue to have disparities in behavioral health services in San Diego County, such as the low penetration rates with our adult Latino population. The disparities and variations in penetration rates and retention rates continue to be addressed through training, staffing, evidence-based practices, program evaluation, etc. Specific programs have been developed through MHSA to increase services to these populations based on the original gap analysis.

Veterans/Military Service

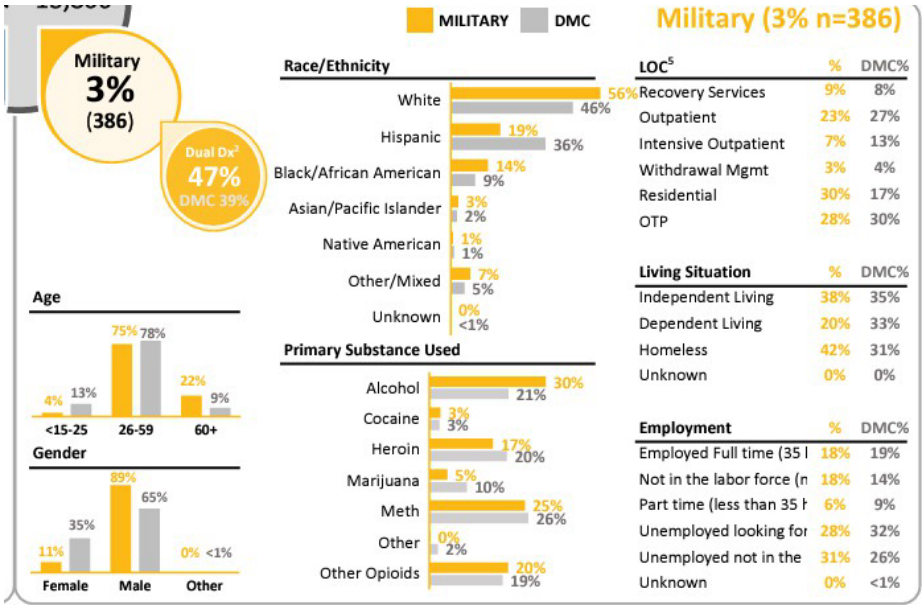
In order to measure disparities in behavioral health services among veterans in San Diego County, the number of AOA veterans is being continuously monitored. Of the 43,155 adult mental health clients served in FY 2022-23, 4% reported military service, which is consistent with the proportion of military service reported by 3% of the 13,806 substance use disorder clients served. There appears to be a

higher rate of Emergency Services utilized by this population in mental health (58% compared to the rest of the AOA population's utilization at 40%) and a higher rate of residential services in SUD (30% compared to the rest of the AOA population's utilization at 17%). Higher rates of homelessness are also seen among this population in MH and SUD compared to the rest of the AOA population.

AOA Mental Health Client Military Service in FY 2022-23



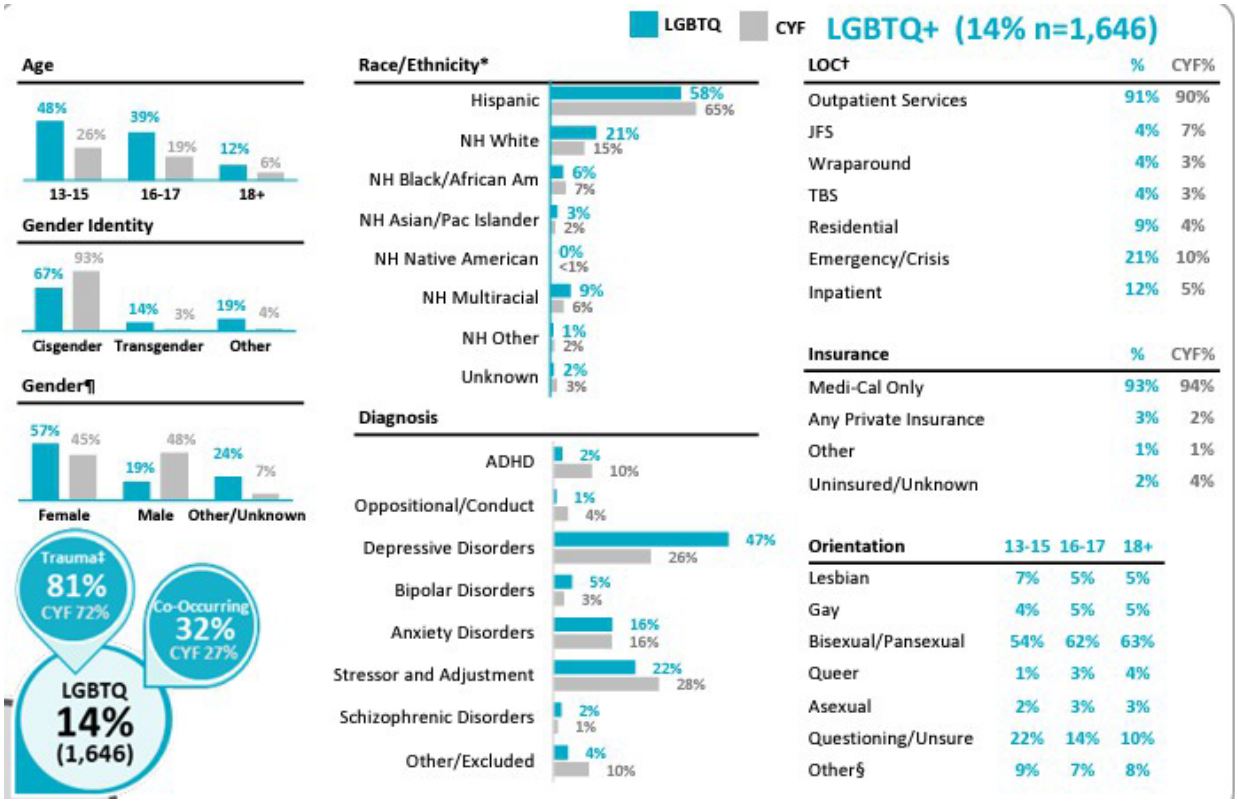
AOA Substance Use Disorder Services Client Military Service in FY 2022-23



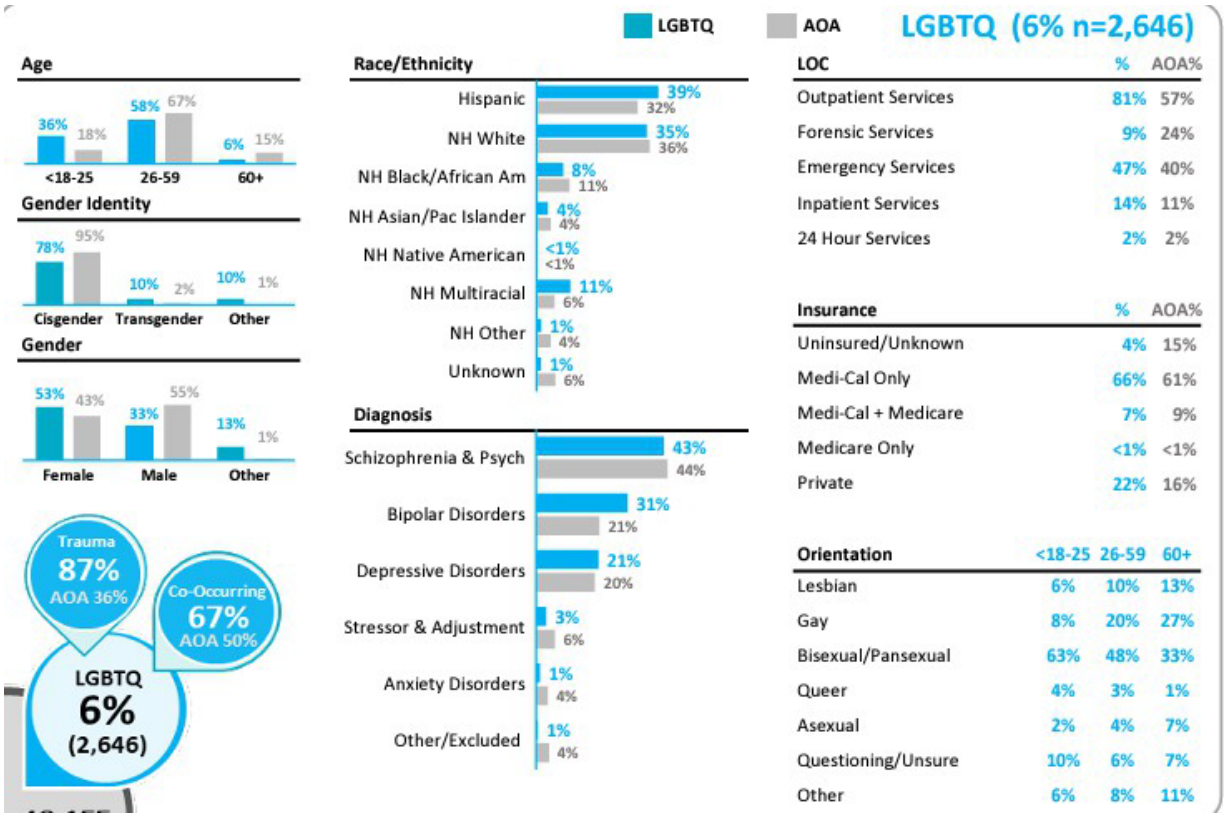
LGBTQ+

To ensure that clients who identify as LGBTQ+ are appropriately served, SDCBHS has been monitoring client sexual orientation among all population groups. Of the 11,919 CYF mental health clients served in FY 2022-23, 14% (equivalent to the previous year) reported LGBTQ+ identification, a higher rate compared to the 6% that reported LGBTQ+ identification among the 43,155 AOA mental health clients. In contrast, only 1% of the 13,806 AOA SUD population identified as LGBTQ+. The data shows that LGBTQ+ youth experience an increased risk of diagnosis with depressive disorders (47%) compared to the rest of the CY population (26%). LGBTQ+ clients also appear to be overrepresented in the SUD levels of care across the board, except for Residential Withdrawal Management and OTP.

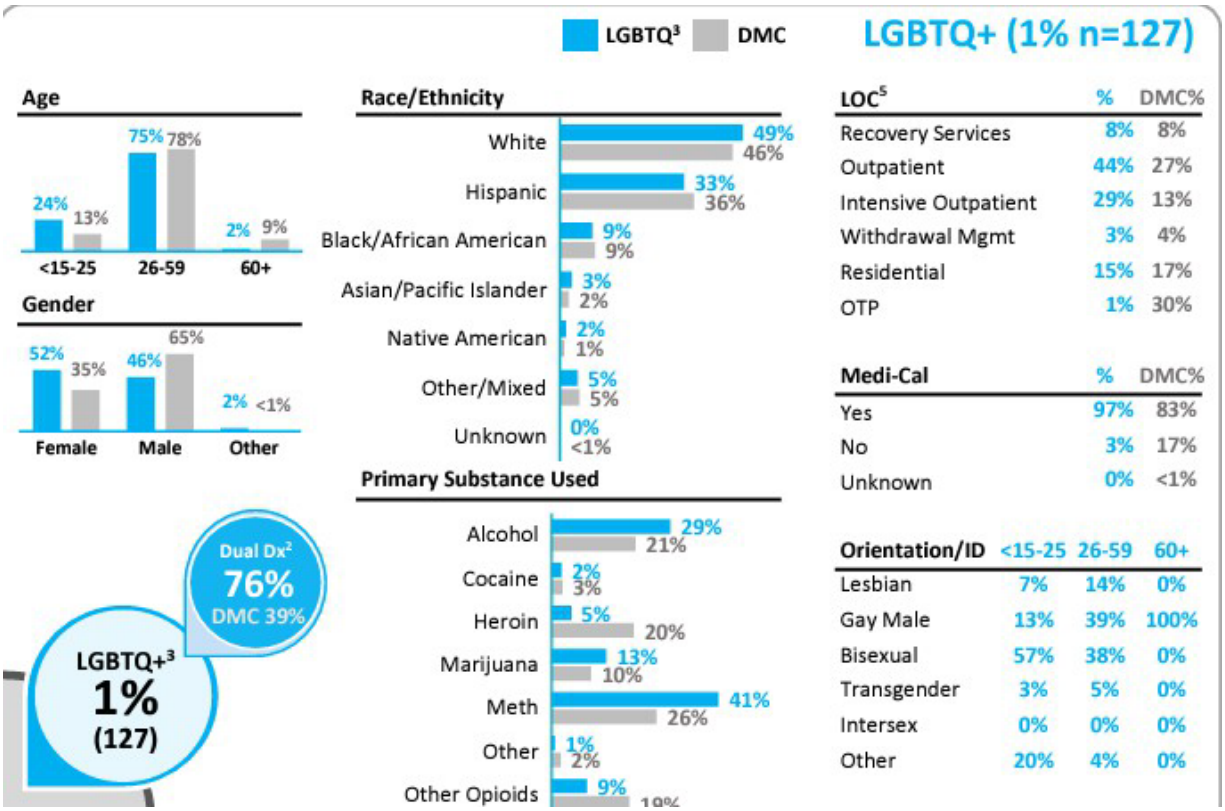
CYF Mental Health Client Sexual Orientation in FY 2022-23



AOA Mental Health Client Sexual Orientation in FY 2022-23



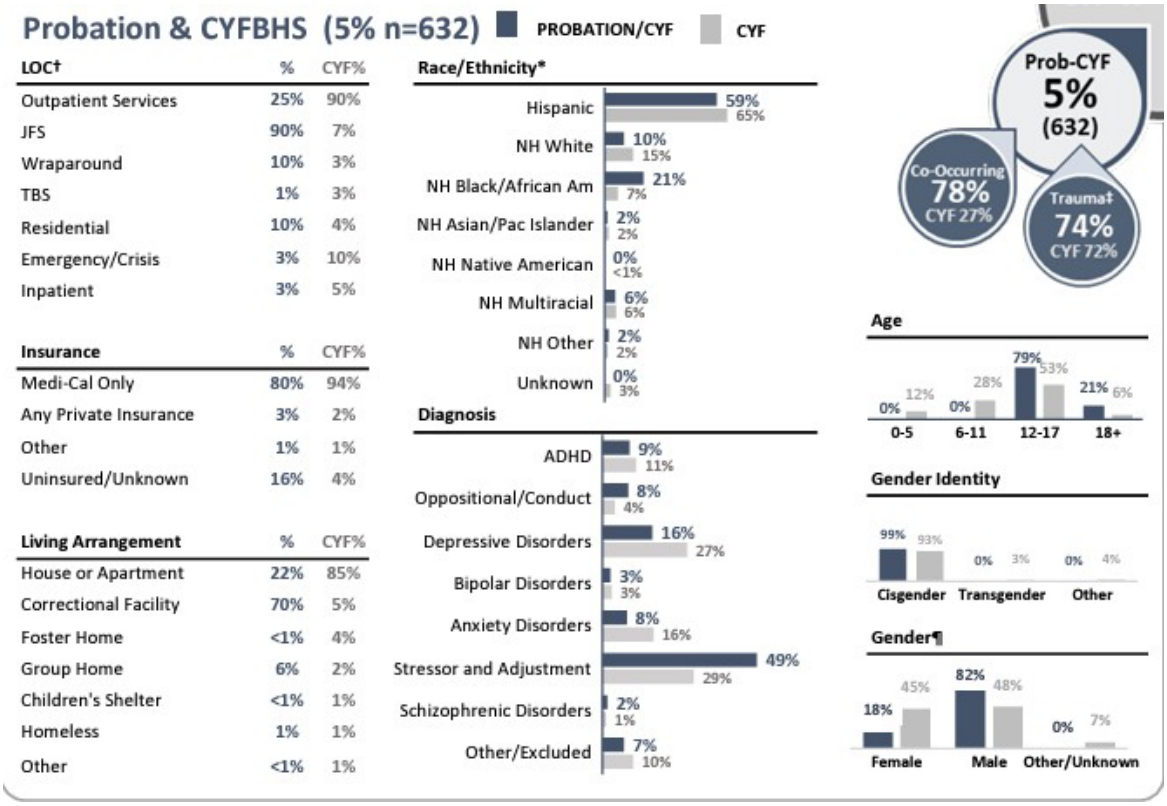
AOA SUD Client Sexual Orientation in FY 2022-23



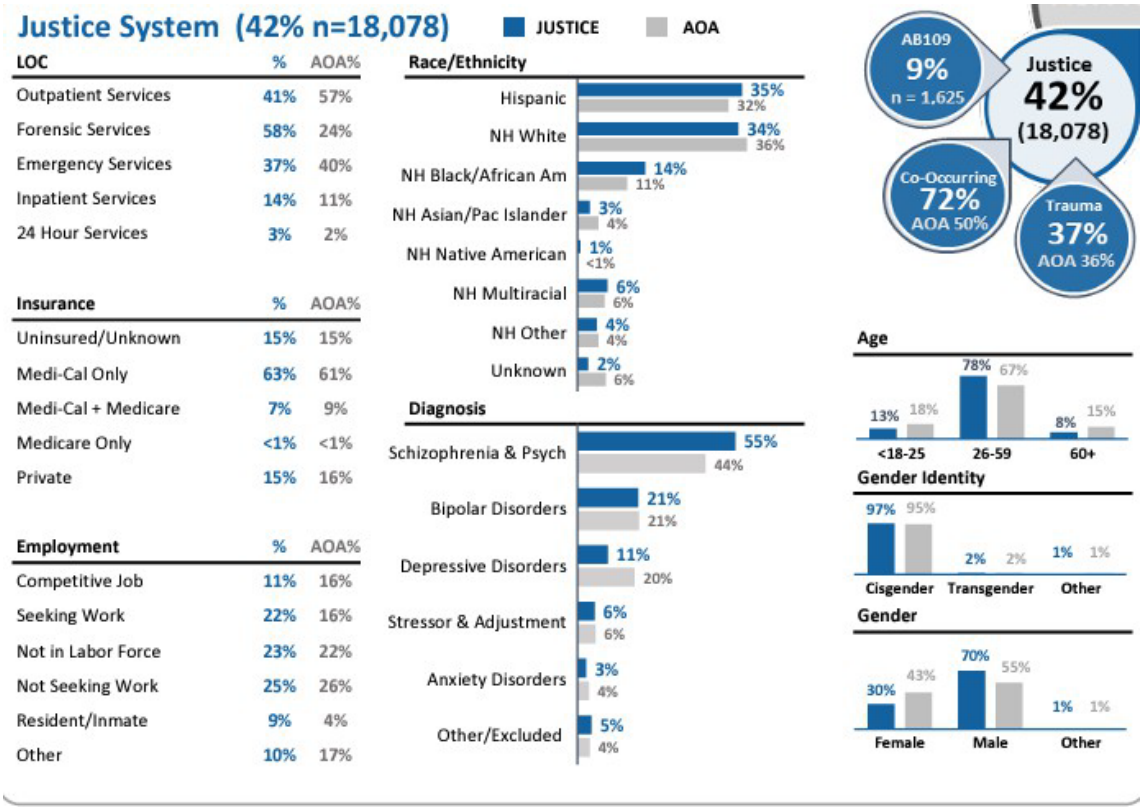
Justice Involved Population

Over the past years, San Diego County has implemented programs and analyzed disparities in mental health services among the justice involved population. In FY 2022-23, children and youth, 632 involved youth ages 0-17 received mental health services (5% of all CYF clients). On the other hand, 18,078 justice involved adults ages 18 and older received mental health services (42% of all AOA MH clients). On the SUD side, 5,601 justice involved adults received services (41% of all AOA SUD clients). Across the system, more male justice involved clients are being served, and Hispanic clients are overrepresented among the justice involved population.

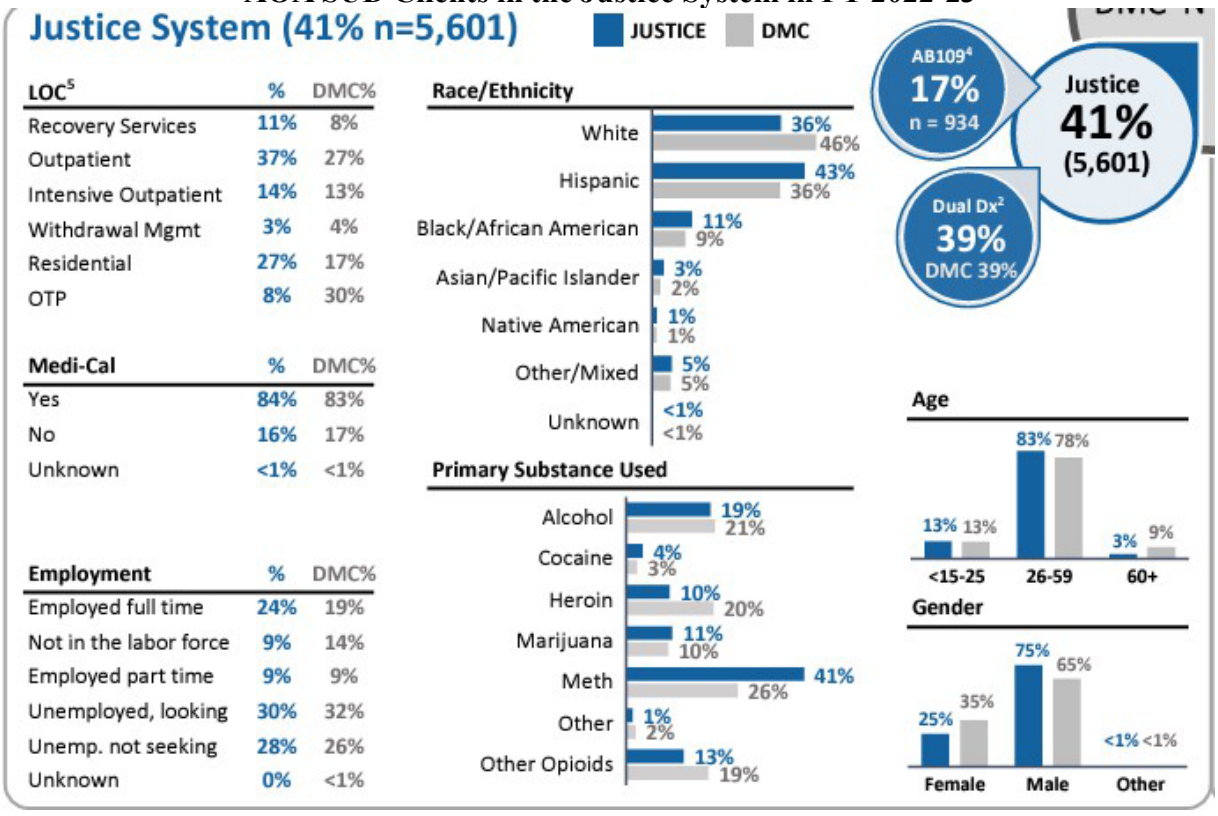
CYF Mental Health Client Probation Status in FY 2022-23



AOA Mental Health Clients in the Justice System in FY 2022-23



AOA SUD Clients in the Justice System in FY 2022-23



People Experiencing Homelessness

BHS has a strong relationship with community organizations and several contracts to focus on homelessness in San Diego County. FSP ACT programs provide comprehensive wraparound mental health services for those adults who are most severely ill and are most in need due to severe functional impairments. An adult residential transitional housing program provides supportive services for those who are experiencing homelessness and have a serious mental illness. A new adult residential transition housing program was opened in October 2022 to service individuals who are homeless with a substance use disorder (SUD). Additionally, outpatient programs offer homeless outreach services. In September 2015, the County Board of Supervisors approved allocating up to 10 million dollars in one-time MHSA funding to leverage the development of permanent supportive housing for persons with SMI who are experiencing homelessness. In June 2018, the Board approved allocating an additional 10 million dollars. These 20 million dollars in MHSA funding is in addition to 33 million dollars the County has leveraged to create 241 supportive housing units for persons experiencing homelessness or at risk of homelessness. These funds have enhanced the County's efforts to increase housing stock in San Diego County.

The County of San Diego funds the San Diego - Homeless Outreach (SD-HOP) contract, which provides county-wide homeless outreach efforts to engage adults 18 years of age and older who experience serious mental illness and/or have substance use conditions and are homeless and unsheltered. SD-HOP provides street-based outreach services to link individuals up to services, provide brief case management, connect individuals to physical health care, and provide Coordinated Entry System (CES) data entry – which helps connect individuals with housing.

The County of San Diego funds the Community Harm Reduction Team (C-HRT) Street Outreach contract, which provides field-based harm reduction services, including outreach and engagement, low barrier, just-in-time services, and connection to primary care, behavioral health services, medication management, Medication Assisted Treatment, and syringe exchange services. Family Health Centers of San Diego manages referrals and client eligibility and links clients to the C-HRT Shelter and designated Safe Haven.

No Place Like Home (NPLH)

On July 1, 2016, Governor Brown signed NPLH into legislation. This program dedicates $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons with SMI who are experiencing homelessness or are at risk of experiencing homelessness. NPLH funds may be used to finance capital costs of assisted units in rental housing developments, including costs associated with the acquisition, design, construction, rehabilitation, or preservation. The bonds will be repaid with funds reallocated from MHSA funds.

On July 17, 2017, the State of California Department of Housing and Community Development (State HCD) issued the final program guidelines for the NPLH program. According to the guidelines, the County is eligible to receive approximately $125 million, resulting in an annual estimated MHSA revenue reduction of $11 million. Counties eligible to receive NPLH funding must commit to providing mental health services and help coordinate access to other community-based supportive services. On November 6, 2018, Proposition 2, the ballot initiative to implement the No Place Like Home Act of 2018, was approved by voters through a statewide general election. Beginning in FY 2019-20, funding for debt service was excluded from MHSA revenue received by the counties. In FY 2018-19, MHSA funds were allocated to fund County staff dedicated to support the

implementation and administration of the NPLH program. As of March 2024, San Diego County has awarded approximately $114 million of NPLH funding to developments.

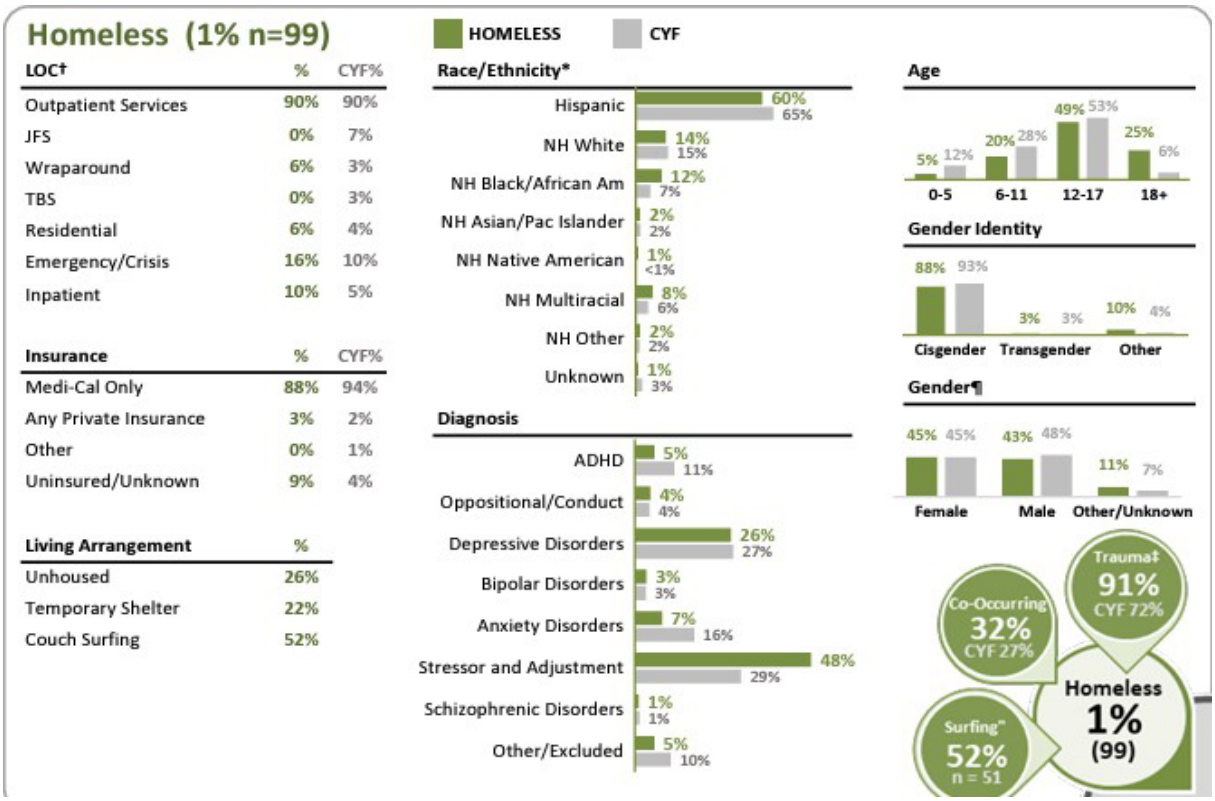
Referrals to Housing

BHS provides short-term, transitional, and permanent supportive housing to persons who are enrolled in the MHP and are homeless or at risk of homelessness. Programs such as Full-Service Partnerships (FSP) for homeless clients provide housing and support services for TAY, adults with a psychiatric disability. Linkage to housing is provided by the program in coordination with numerous partners, to include housing entities, landlords, board and care facilities, and Independent Living Homes (ILHs). Other resources utilized include the Independent Living Association (ILA) website and community warm lines. Affordable housing lists are available through local housing authorities, including County of San Diego Housing and Community Development Services and the San Diego Housing Commission. All applications and processing for Section 8 housing must be done by mail or online, depending on the housing authority. However, the applications themselves may be available at various programs and agencies. Consumers are educated about the extensive length of standard federal housing waiting lists and the need to keep applications updated. The County contracts with FSP Assertive Community Treatment (ACT) programs that provide a full range of housing services, including access to subsidies.

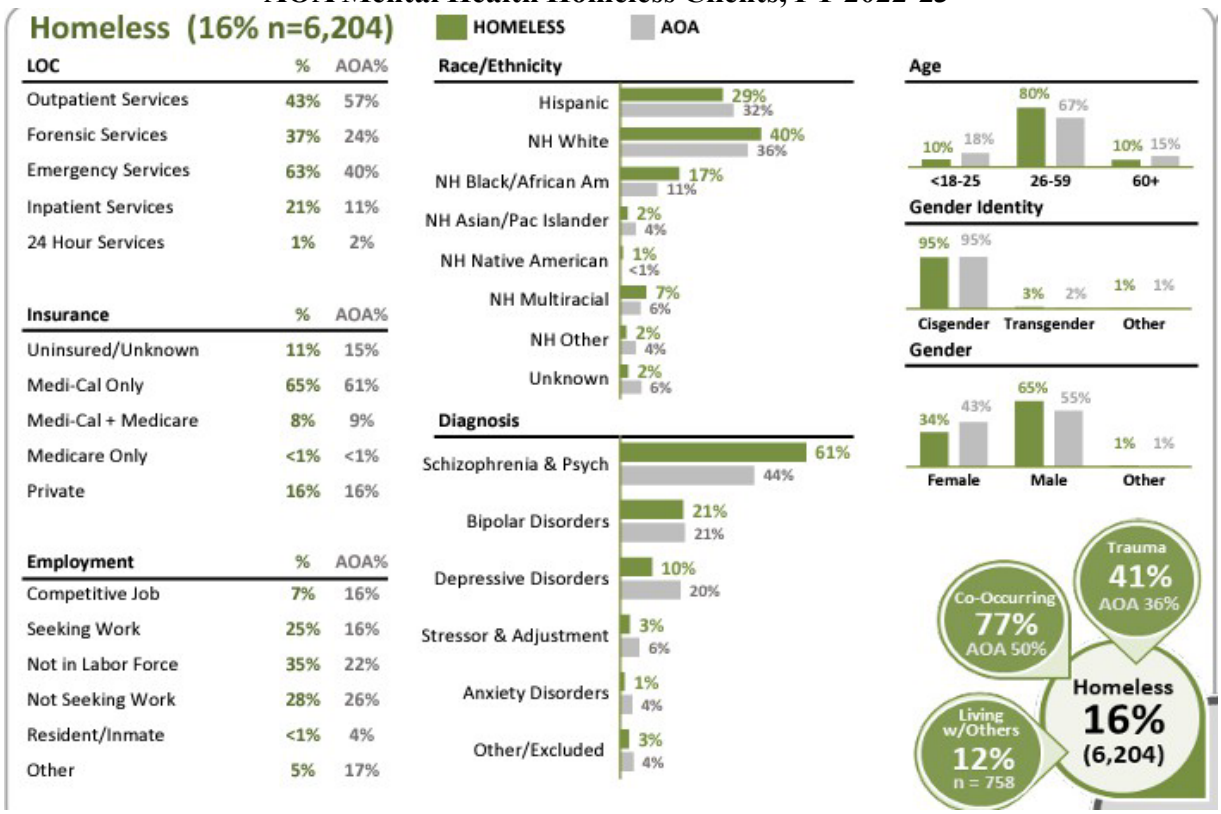
Referrals to housing are also received through the Coordinated Entry System (CES). This system is an evidence-based approach that focuses on housing and service coordination and is designed to link homeless people to the most appropriate housing solution based on their needs. The goals of an effective CES are to quickly identify individuals experiencing homelessness, prevent homelessness, appropriately assess the needs of individuals who request help, and connect them to housing and services quickly.

In FY 2022-23, the largest proportion of CYF clients that identified as homeless were Hispanic (60%), between the ages of 12-17 (49%), and female (45%). For AOA Mental Health clients, the largest proportion that identified as homeless were non-Hispanic White (40%), between the ages of 26- 59 (80%), and male (65%). Meanwhile, for adult SUD clients, the largest proportion that identified as homeless were White (46%), between the ages of 26-59 (85%), male (69%), and reported Meth as their drug of choice (39%).

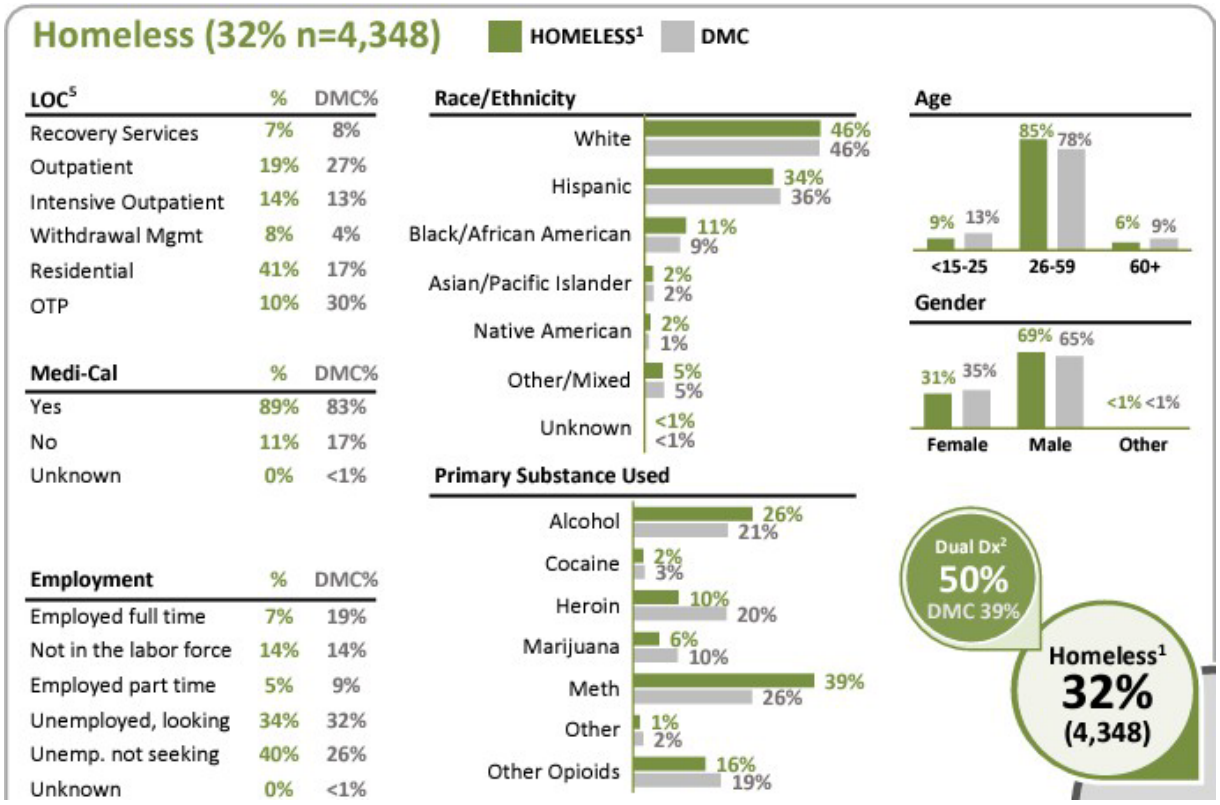
CYF Homeless Clients, FY 2022-23



AOA Mental Health Homeless Clients, FY 2022-23



SUD Homeless, FY 2022-23



The MHSA Capacity Assessment examined the data available from a population health perspective looking at the county level data to get a sense of the community need, **the data to identify the mental health needs of the community, and the utilization of the current services and the individuals served**. The analysis demonstrated that San Diego is a diverse county, impacted by many social determinants of health that can impact mental health access and availability of services. Penetration rates showed a need for greater services for populations such as Asian/Pacific Islanders, Native American and Hispanics. The mapping conducted demonstrated a need for additional services in the Central region in addition to the Central region having the highest uninsured population in San Diego. In examining the special populations served, there was evidence that there are higher rates of trauma and co-occurring for both the Children and Youth and the Adult and Older Adult special populations (homeless, LGBTQ+, probation/justice involved, child and family well-being involved and military) when compared to the overall system, demonstrating the need for additional services to these unserved/underserved populations.

UPDATED ASSESSMENT OF SERVICE NEEDS

V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations.

The County shall include the following in the CCPR:

A. Which PEI priority population(s) did the County identify in their PEI plan? The County could choose from the following six PEI priority populations:

1. *Underserved cultural populations*
2. *Individuals experiencing onset of serious psychiatric illness*
3. *Children/youth in stressed families*
4. *Trauma exposed*
5. *Children/youth at risk of school failure*
6. *Children/youth at risk of experiencing juvenile justice involvement*

V A. All six of the priority populations listed above were identified in San Diego County's initial PEI Plan. Twenty PEI Project Work Plans were submitted, each one identified at least one of the Priority Populations, and most addressed at least two or three.

San Diego County identified 10 priority populations based on community member input; most of these are contained within the broader six listed above. These are as follows: Older Adult Issues; Community and Domestic Violence; School Age; Early Childhood Services; Veterans and their Families; Native American Communities; Rural Community Issues; Co-occurring Disorders; First Break of Psychosis/Transition Age Youth; Primary and Secondary Prevention through outreach, education, and media campaigns.

Figure 3. The County of San Diego Priority Population Groups

Black/African American	➢ Nearly 5% of the population in San Diego County yet experience the highest rates of poor health outcomes compared to any other racial or ethnic group in the County
Deaf Community	➢ Deaf population in San Diego County is between 500,000 - 600,000 people ➢ Unemployment for the working deaf is about 65%
Individuals Experiencing Homelessness	➢ Despite the small percentage of residents experiencing homelessness in San Diego County, 15.5% of adults accessing County Mental Health Services and 30.9% accessing substance use disorder services reported experiencing homelessness.
Individuals with SMI	➢ It is estimated that 5% of San Diego County population may be living with SMI. Persons with untreated SMI often experience significant impairment which may make it difficult to maintain relationships, employment, and housing.
Justice-Involved	➢ More likely to engage in heavy or binge drinking, and experience depression when compared to individuals who had no criminal justice involvement
Latine/Hispanic	➢ More than one-third of San Diego County residents
Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+)	➢ Represent 6% of adult BHS clients in 2022-2023 ➢ Report unsatisfactory experiences with behavioral health providers due to prejudice, bias, or inability to comprehend the needs of LBGTQ+ clients ➢ LGBTQ+ individuals often experience higher rates of mental health needs due to depression, anxiety, and substance use.
Refugee Communities	➢ More than 23% of San Diego County's population is comprised of foreign-born individuals, naturalized U.S. citizens, immigrants, temporary migrants such as foreign students, humanitarian migrants such as refugees and asylees, and unauthorized migrants.
TAY aged 17 to 25	➢ Of particular concern for public service agencies, as they transition from youth-based or pediatric services into adult service agencies ➢ Nearly 20% of TAY in San Diego County are living below 100% federal poverty level, which represents the largest percentage of any age group in San Diego
Veterans/Military	➢ Veterans/military make up 8.6% of San Diego County residents and face multiple housing, income, and mental health disparities

Source: FY 2024-25 MHSA Annual Update Report, pg. 107-108

B. Describe the process and rationale used by the County in selecting their PEI priority population(s) (e.g., assessment tools or method utilized).

V B. When selecting the PEI priority populations, the County of San Diego utilized community input from the CSS Planning process, data from the Gap Analysis, and ongoing community input through our sustained Stakeholder-led Councils (Children's System of Care Council, Adult System of Care Council, Older Adult System of Care Council, Housing Council, and Behavioral Health Advisory Board). From this community-based input, San Diego County originally developed eight focus areas: Native American Communities, Veterans and their Families, Co-Occurring Disorders, School Age and Early Childhood, Community and Domestic Violence, First Break of Psychosis, Rural Community Issues (East County, North Inland, Mountain Regions), and Older Adult Issues. A September 2007 "Kickoff Forum," co- facilitated by the Director of Behavioral Health Services and the Mental Health Services Deputy Director, introduced these eight PEI areas of focus and the PEI planning process to the larger community.

The MHSA Planning Team and MHS staff then organized eight community-based forums throughout the county for the purpose of soliciting stakeholder input within each of the focus areas. These community forums, each of which was facilitated by a lead member from the PEI Planning Team or staff support team, took place from November 2007 through March 2008.

During the same time the "Kickoff Forum" and the community forums were taking place, Dr. Hanger, ADD in charge of the MHSA Plan, and members of the PEI Planning Team attended numerous existing community-based stakeholder meetings as part of the outreach campaign to present and outline the PEI planning process, guidelines and timeline and engage community members in the planning process. Between July 2007 and April 2008, the MHSA Planning Team members and support staff participated in over 60 stakeholder meetings across six regions within San Diego County covering a variety of cultural and ethnic communities and age-ranges.

These stakeholder meetings included our ongoing Mental Health Councils, the constituency of which includes consumers, family/caregivers, providers, community experts, public agencies (City and County), education representatives, as well as open membership from local stakeholders. These Councils are chaired by members of the stakeholder community – not by mental health staff. Additional ongoing community meetings included community commissions (e.g., Children Youth and Family Commission, Domestic Violence Commission), which are similarly comprised of consumers, professionals, providers (public and private), interested community members, and designees from political offices.

Finally, 30 focus groups were convened specifically to obtain further stakeholder input from the immigrant, African Refugee, African American, Asian/Pacific Islander and LGBTQ+ communities, as well as other unserved and underserved populations. To ensure stakeholder input was also received from those with serious mental illness and serious emotional disturbances, focus groups were also facilitated in client clubhouses and an adult day health center. Separate from these public meetings, community and stakeholder input was solicited and received in a variety of formats including phone messages, website submissions (the County maintains an ongoing website, https://www.sandiegocounty.gov/hhsa/programs/bhs/, which includes a section dedicated to disseminating information related to our MHSA planning process), e-mail and mail (PEI

Community Input Forms, memos, letters, and full proposals). The information received was compiled for public review in a more "consumable" PEI Community Input Summary document.

All summary documents incorporating community input were posted on the County of San Diego's Behavioral Health Network of Care website for public information and review. In addition, these summary documents were sent to all members in our continually expanding e- mail distribution list of consumers, professionals, agencies, and other interested parties. All community/stakeholder input received to date, as well as summary documents prepared by the PEI Planning Staff, were also presented in an open, public session of our April 2008 Mental Health Board. The Mental Health Board serves as the initial cross-threading work group, as they are a non-conflict body of existing consumers and other stakeholders. Given the "contracting" nature of our County's mental health services, the issue of "conflict" had been previously resolved during the CSS planning process by our County requiring the absence of fiscal conflict as a condition of cross-threading membership.

Following additional community input received during the public comment period, the April 2008 Mental Health Board provided a ranking of key community needs and priority populations. These rankings were taken up further by 10 workgroups consisting of a County Mental Health Chief, Regional Program Coordinator, or Assistant Deputy Director as lead, pertinent inter- Agency County staff, non-conflict community experts, and non-conflict consumers and stakeholders. During the stakeholder input process, community members had recommended separating School Age and Early Childhood Services into two separate focus tracts for further detailed planning.

In the majority of the forum and focus groups, input was received recommending that the County address universal ("primary") prevention needs of suicide risk and stigma and discrimination, as well as targeted ("secondary") prevention for focus populations, within a separate work group. These workgroups scrutinized community input, relative data, and Mental Health Board rankings, as well as holding intensive meetings to develop PEI plans.

These recommendations from the stakeholders ultimately increased the PEI priority populations total focus areas from the original eight to ten.

In FY 2023-24, the estimated total budget for PEI programs is $38,271,033. As required by MHSA, a majority of funding for PEI programs must be directed to programs that serve persons less than 25 years of age. In FY 2023-24, this requirement will be met with nearly 60 percent of the budget for PEI programs budgeted for programs serving persons less than 25 years of age.

PEI Programs from FY 2022-23

POSITIVE PARENTING PROGRAM (TRIPLE P) (EC-01)
The Positive Parenting Program is a training class which strengthens skills for parents with children in Head Start, Early Head Start and elementary school settings, who are exhibiting behavioral and/or emotional challenges. Families requiring specialty mental health services are linked directly to services and remain connected after completing the program and have the opportunity for individual consultations for up to six months. Through education and training, the program reduces child abuse, mental illness, behavioral and emotional problems, delinquency, and school failure. In FY 2021-22 the program served 1,653 parents and 3,253 children despite continued impacts of the pandemic and public health orders in place.

COMMUNITY-BASED SERVICES - FOR OLDER ADULTS (OA-01)
The Elder Multicultural & Support Services (EMASS) program convenes Promotores, members of the community who are leaders in social circles and who are experienced working with people experiencing SMI in underserved communities, including Filipino, Latino, African refugee, African American, and Middle Eastern. The Promotores are trained by professionals to provide outreach and engagement to older adults, and engage them in group and individual activities, including recreation, exercise, mental health education, and counseling to prevent mental illness. EMASS also provides referrals to multilingual mental health providers, transportation services, and translation services during medical and mental health appointments. In FY 2021-22, there were 2,030 older adults served by the program which was selected as part of the California Master Plan for Aging webinar series. In cooperation with the Office of Refugee Resettlement, EMASS provides services for more than 50 refugees in East San Diego County, using its Community Health Worker model to engage older adults in Farsi-speaking communities.

HOME-BASED SERVICES - FOR OLDER ADULTS (POSITIVE SOLUTIONS) (OA-02)
Positive Solutions provides home-based outreach, prevention and intervention services to older adults who are homebound and socially isolated. The program reaches out to these adults and engages them with the Program to Encourage Active and Rewarding Lives which is an evidence-based program that provides mental health screening, assessment, counseling, and referral and linkage to care. For FY 2021-22, positive solutions served 1,667 clients with 91% of the clients reporting reduced symptoms of depression after program completion.

COUNTY OF SAN DIEGO - COMMUNITY HEALTH & ENGAGEMENT (PS-01)

Staff responsible for community health and engagement efforts within HHSA's Department of Homeless Solutions and Equitable Communities (HSEC) and Aging & Independence Services (AIS), in partnership with BHS staff, serve as community ambassadors for behavioral health PEI activities and initiatives. Staff collaborate with BHS to identify and address community priorities and programming gaps and, subsequently, develop and coordinate population-specific and/or region-specific community activities. Tailored activities promote resources to increase community awareness, literacy, and utilization of services that support mental health and wellness, suicide prevention, substance use prevention, harm reduction, and stigma reduction. Staff also conduct activities related to key observances such as Check Your Mood Day, May is Mental Health Matters Month, International Overdose Awareness Day, Recovery Happens, and Suicide Prevention Awareness Month among others.

FAMILY PEER SUPPORT PROGRAM (PS-01) The Family and Adult Peer Support programs, Friends in the Lobby and In Our Own Voice, provide outreach and awareness through training and the dissemination of education materials in primary care, senior centers, faith-based forums, and other venues. Individuals with lived experience promote social and emotional wellness for adults, older-adults, and their families who are visiting individuals that have been hospitalized in psychiatric units. The programs reduce stigma and discrimination, increase acceptance of mental illness and awareness of treatment choices, and increase access and use of available services, especially in unserved and underserved communities. Volunteers engage individuals, offer support, and answer questions in hospital lobbies throughout the county. For FY22-23, 137 presentations were viewed by 2,274 people for In Our Own Voice. The program uses a bilingual team, and the series has become more interactive via Qualtrics surveys and PowerPoint presentations, which are integrated into the series. In FY 2021-22, the program served 5,323 clients which is a 13% increase from prior fiscal

year.

EARLY INTERVENTION FOR PREVENTION OF PSYCHOSIS (FB-01) The Kickstart program identifies and trains community leaders to identify the indicators of early psychosis. These leaders refer teens and young adults with potential behavioral health issues to clinicians who provide crisis intervention, treatment, individual and group therapy, and in-home services. Additionally, these youth can be transitioned to outpatient programs if needed. Early treatment of behavioral health issues results in increased well-being, school success, family involvement, improved functioning, and the reduction of hospitalizations. In FY 2021-22, 310 clients and their families were provided services demonstrated to increase well-being, school success, family involvement and improved functioning.

RECUPERATIVE SERVICES AND SUPPORT PROGRAM FOR TRANSITIONAL AGE YOUTH (PS-01) This program provides short term recuperative services and supports (up to 120 days) for Transition Age Youth (TAY) ages 18-25 who have been diagnosed or are at risk of developing Severe Mental Illness (SMI), including those who may be experiencing first episode psychosis and may also have a co-occurring substance use disorder. Program aids with Instrumental Activities of Daily Living (ADLs), coordination of transportation for appointments, connection to services including employment, education, psychiatric assessments, and reduction of stigma associated with mental health condition. There is no FY 2021-22 outcome data as the program started in FY 2022-23.

RURAL INTEGRATED BEHAVIORAL HEALTH AND PRIMARY CARE SERVICES (RC-01) Rural Integrated Behavioral Health and Primary Care Services provide behavioral health education, treatment, and support in a collaborative care model within various primary care clinics in rural communities to expand access to care. The program helps individuals of all ages manage their whole-person wellness, including emotional and behavioral concerns. Services include behavioral health consultation services, brief interventions, evidence-based medication and/or treatments, and referrals to other providers. In FY 2021-22, the program served 21 clients.
SCHOOL-BASED PREVENTION AND EARLY INTERVENTION (SA-01) The School-Based PEI program utilizes a family-focused approach and evidenced-based curriculum to provide social-emotional support groups for children in preschool up to third grade who struggle with emotional and behavioral issues, and their parents. The services are provided in elementary schools in all six HHSA regions. Services include screening, child skill groups, parent skill groups, classroom skill lessons, community linkage and referrals, and outreach and engagement. In FY 2021-22, the program served 14,110 students.

SCHOOL-BASED SUICIDE PREVENTION & EARLY INTERVENTION (HERE NOW) (SA-02) The Helping, Engaging, Reconnecting and Educating (HERE) Now program provides school-based suicide prevention education and intervention services to middle-school students, high-school students, and TAY. Presentations on bullying, depression, and warning signs of suicide are provided to students, teachers, staff, and parents to increase awareness, promote conversations, and inspire connections. In FY 2020-21, Here Now served 7,302 unique clients. In FY 2021-22, the program served 22,559 clients. During COVID-19 in FY 2020-21, the HERE Now team connected students to tele-health services and in person services as appropriate for the referral source. HERE Now also highlights online and tele-resources such as The San Diego Access and Crisis phone and text lines as well as San Diego's LiveWell@Home 30-Day Challenge. Schools were closed for on-site instruction starting in March 2020, due to COVID-19 guidance, and remained closed for in person learning through spring 2021. The program pivoted to a virtual platform and provided trainings when

permissible. Ninety percent of students and 80 percent of staff attended trainings.

VETERANS & FAMILY OUTREACH EDUCATION (COURAGE TO CALL) (VF-01) The Courage to Call program provides confidential outreach, education, peer counseling, referrals, and support services to veterans and their families to increase awareness of mental illness and reduce mental- health risk factors. The program increases awareness of mental illness in the veteran community through these efforts to reduce mental-health risk factors. Services are provided to veterans and their family members. For FY 2020-21, the program served 467 unique clients. In FY 2021-22, the program served 2,037 veterans and their families.

CAREGIVER SUPPORT FOR ALZHEIMER'S & DEMENTIA PATIENTS (OA-06) The Caregiver Support for Alzheimer's and Dementia Patients program provides education, training, and early intervention to prevent or decrease symptoms of depression and other mental health issues among caregivers of people suffering from Alzheimer's and another dementia. The program raises awareness of the mental health needs of caregivers and encourages them to access County- funded prevention and early intervention services to improve wellness. In FY 2021-22, the program provided PEI services to over 95,759 caregivers and older adults, highlighting the continued need for caregiver supports as the population of older adults grows.

BREAKING DOWN BARRIERS (BDB) INITIATIVE (PS-01) Breaking Down Barriers is an outreach campaign that engages individuals in underserved communities including Latino, African American, Native American, African immigrants/refugees, and LGBTQ to increase access to mental health services. The program reduces stigma and discrimination through increased awareness and acceptance of mental illness and treatment choices and increases access and use of available services. In FY 2021-22, the program served 6,340 clients which is nearly a 60% increase due to greater interest and more programming availability than the previous year during the pandemic.

INTEGRATED PEER & FAMILY ENGAGEMENT (CO-03) The Integrated Peer and Family Engagement program provides comprehensive, peer-based care coordination, mental health screening, brief treatment, and system navigation to adults with SMI and SUD. The peer and family support program focuses on whole-person health, self-management, self-care skills, and linkage to treatment and community resources. In FY 2021-22, the program enrolled 309 clients.

Enhancements and Changes for FYs 2022-2023:

1ST Responder Cultural Competence Outreach and Engagement The Fire Captain Ryan J. Mitchell First Responders' Behavioral Health Support Program intent is to increase access to mental health and substance use disorder services to first responders, and reduce stigma and barriers associated with seeking help for mental health challenges and substance use disorders. The type of first responders includes those who are professionally trained to respond to emergency situations, including but not limited to Law Enforcement, Fire Fighters, Emergency Medical Services Team/Paramedics, 911 Dispatchers and Probation Officers. In efforts to reduce stigma and barriers associated with seeking help for mental health challenges the program provides outreach efforts by attending community events, conducting presentations, trainings for San Diego first responders' agencies, agencies serving first responders and families of first responders. The program conducted presentations and trainings directly to law enforcement staff by presenting on program services and on a variety of topics that affects the first responder community. The training topics included stress management, first responders' families, eight dimensions of wellness, navigating stress and suicide prevention. The free trainings are offered in-person and on Zoom and custom presentations can be created to meet the needs of the attendees. These trainings have taken place during first responders' briefings, training academies

and first responders' educational settings.

Law Enforcement Groups	Community Organizations	Conferences/ Events	Trainings/Presentation
San Diego Fire-Rescue	Confidential Recovery Meeting	San Miguel Ranch Expo	Navigating Challenging Days
Emergency Medical Services	SPC Faith Organization Subcommittee Meeting	National Lifeguard Day & Week	Self-Care Summers
EL Cajon Police Department	UCSD Summer Bridge Program, Alumni Panel	IVAT Conference	Reducing Stigma and Building Resiliency
Chula Vista Police Department	McAlister Institute	National Night Out	Mindfulness
Palomar Police Department	Alzheimer's Association	San Diego Stair Climb	8 Dimensions of Wellness
San Diego Sheriffs	n/a	Survivors of Suicide Loss Walk Exhibitor	Goal Settings
Cal Fire	n/a	Recovery Happens Event Exhibitor	How to Support a First Responder
US Customs and Border Patrol	n/a	SD Sheriff Crime Lab Outreach Event	First Responder Families
San Diego County Probation	n/a	Meeting of the Minds	Navigating Burnout, Stress and Building Resiliency
Emergency Dispatchers	n/a	USD Open House	Holiday Self-Care
	n/a	SD Sheriff Wellness and First Responder Round Tables	Sparking Positive Change
	n/a	First Responder 911 Dispatch Round Table	Wellness: Stress, Breathe, Sleep and Mindfulness
	n/a	Grossmont Union High School District Outreach Event	Effective Communication
	n/a	Live Well Exhibitor	Love Languages
	n/a	CALNENA Conference	Healthy Relationships
	n/a	Throttle and Thrive, Open House	n/a
	n/a	First Responders Conference, Ventura	n/a

Indian Health Council Mental Health First Aid Training

The PEI Program at Indian Health Council develops and implements culturally appropriate educational programs to promote mental health and suicide prevention among American Indians/Alaskan Natives (AI/AN) within the service area. This includes the provision of Mental Health First Aid classes within a cultural framework to build mental health literacy, create awareness and reduce the stigma associated with asking for help. This approach recognizes and honors the unique experiences, values, and beliefs of the AI/AN culture which can differ from mainstream mental health practices. The framework provides a safe and inclusive environment for individuals to openly discuss mental health concerns and receive support. It also acknowledges the role that historical and intergenerational trauma plays and the impact on mental health. By delivering the training in a culturally sensitive way individuals are more likely to seek help and encourage others to seek help which allows mental health practitioners

to provide more effective support and resources. This approach can also empower community members to identify and address mental health concerns among their peers and provide culturally relevant support.

During this contract year, the PEI Program provided Youth Mental First Aid training on 8/11/23 with attendees from the afterschool tribal youth programs from Rincon, San Pasqual, and Pala. This really helped keep the content current and allowed the group to network and discuss real concerns and community specific issues. In addition, the PEI Program provided Adult Mental Health First Aid (MHFA) trainings on 9/15/23 and 9/22/23 for staff, community members, and community partners.

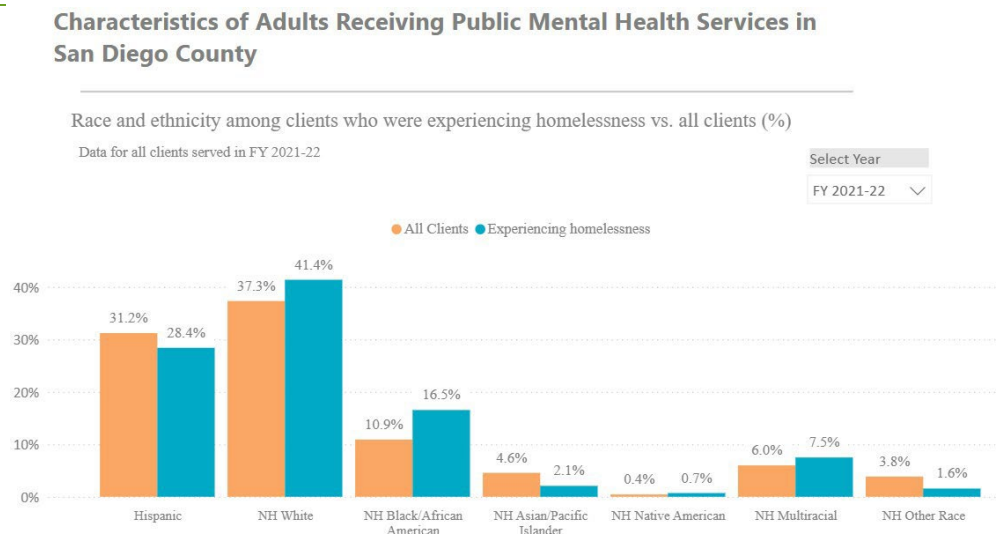
Overall, MFHA training provides basic knowledge about mental health disorders so that you can recognize signs and symptoms and learn to recognize that a disorder may be developing. MHFA teaches about *recovery* and resiliency – the belief that individuals experiencing these challenges can and do get better and use their strengths to stay well. Participants role played various scenarios and learned how to create action plans (ALGEE) to help a person in a mental health crisis. The 5-step action consists of: **A**ssess for risk of suicide or harm, **L**isten nonjudgmentally, **G**ive reassurance and information, **E**ncourage appropriate professional help, and **E**ncourage Self-help and other support strategies.

In summary, delivering a culturally competent curriculum fosters a greater sense of community support and understanding of mental health challenges. The AI/AN community has a rich history of healing practices that are deeply rooted in their culture and spirituality. By embracing cultural perspectives, participants can learn to better navigate mental health issues while staying connected with heritage and traditions.

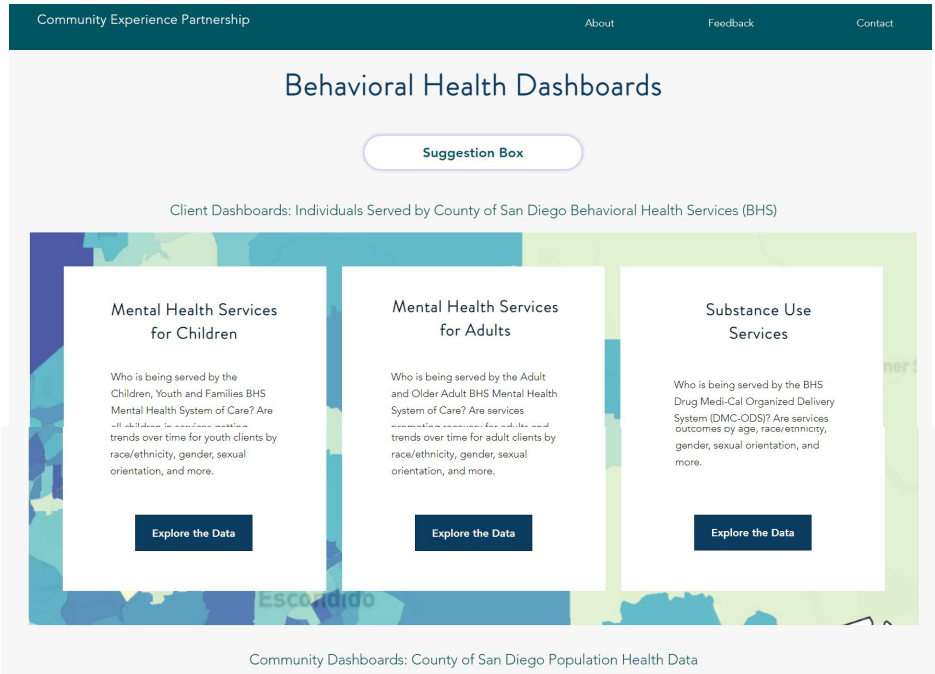
A few more events that the Indian Health Council coordinated this year are listed below.

CRITERION 2 THREE-YEAR STRATEGIC GOALS FOR FY 2021-24:

Develop a new disparities dashboard to assess community need and gaps in services. **This goal was met for FY 2021-24.** SDCBHS reimagined the "Progress Towards Reducing Disparities in Mental Health Services" report as a set of interactive dashboards called the Community Experience Partnership.



Launch the new Community Experience Partnership to gather feedback from the underserved communities with a goal to address inequities in services. **This goal was met for FY 2021-24.** The Community Experience Dashboards were launched two years ago and are interactive Power BI dashboards comprised of custom behavioral health datasets, including mapping overlays for spatial indicators. There have been over 3,874 visits to the CED website since launching, and UCSD continues to monitor and maintain the website and is preparing to update all dashboards with new data.



CRITERION 2 THREE-YEAR STRATEGIC GOALS FOR FY 2024-27:

Within the next three years, SDCBHS will establish the use of the community data to ensure service planning and community health education and promotion programming is informed by data and based in cultural and regional considerations as part of the Clinical Design Process for BHS planners and community engagement efforts to assess communities' equity needs.

Within the next three years, SDCBHS will complete the integration of the Behavioral Health Equity Index (BHEI) in the public-facing Community Experience Dashboards. The BHEI uses a social determinants of health framework to identify communities at greatest risk for unmet behavioral health needs.

STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

I. Identified unserved/underserved target populations (with disparities):

The County shall include the following in the CCPR:

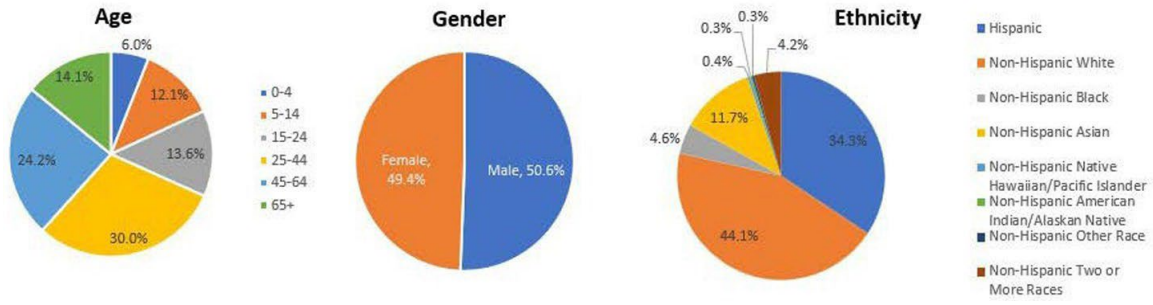
- *Medi-Cal*
- *Community Services and Supports (CSS) population: Full Service Partnership (FSP) population*
- *Workforce, Education, and Training (WET) population: Targets to grow a multicultural workforce*
- *Prevention and Early Intervention (PEI) priority populations: These populations are County identified from the six PEI priority populations*

A. List identified target populations, with disparities, within each of the above-selected populations (Medi-Cal, CSS, WET, and PEI priority populations)

I A. The identified target populations, with disparities, within each of the above-selected populations including Medi-Cal, CSS, WET, and PEI priority populations are discussed below in further detail:

Progress Towards Reducing Disparities

Efforts to decrease barriers to behavioral health care among racial/ethnic minorities has been a focus of San Diego County Behavioral Health Services (SDCBHS) for many years. The process is complicated by the fact that the demographic breakdown of those eligible for services differs remarkably from the demographic makeup of the County as a whole. The graph below represents the estimated demographics for San Diego County based on 2017-2021 U.S. Census data from the American Community Survey 5-year estimates.



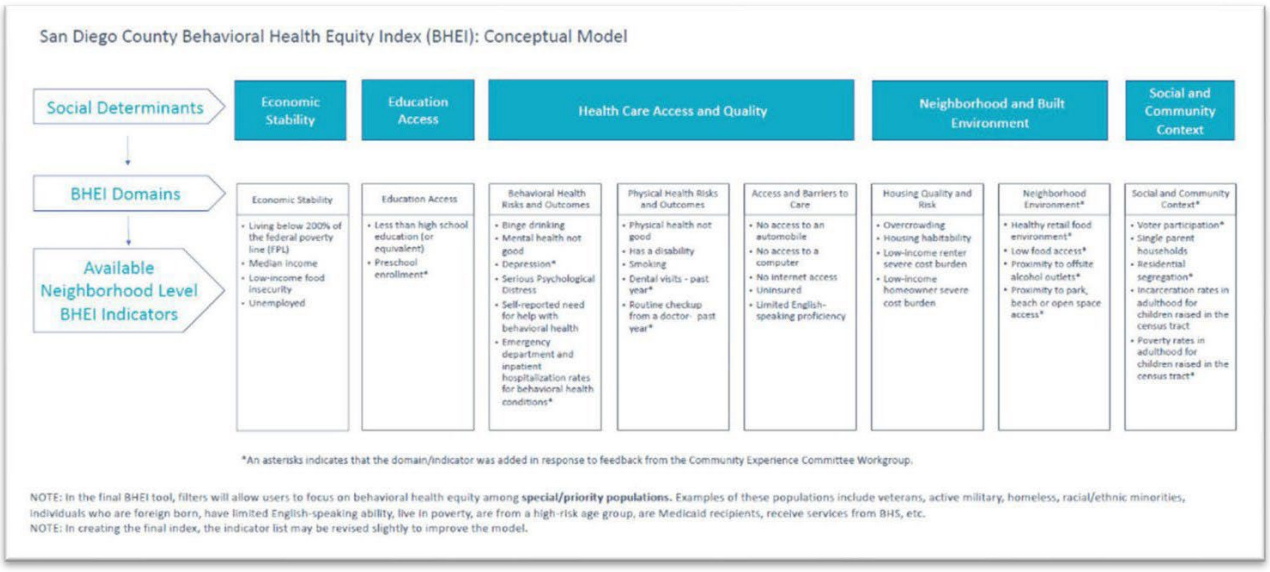
Source: MHSA FY 2024-25 Annual Report.pdf (sandiegocounty.gov)

In order to evaluate the disparities that exist in San Diego County and to report on the progress towards the reduction of disparities across racial/ethnic groups and age groups, SDCBHS developed the triennial *Progress Towards Reducing Disparities in Mental Health Services* report (Criterion 2). The report has historically covered three time points (Fiscal Years 2009-10, 2012-13, and 2015-16). Prior to the development of the Community Experience Partnership, this report was utilized to assess behavioral health care disparities and to prioritize focus on target populations based on the data on overall service utilization, types of services used, engagement and retention, client diagnosis, and racial/ethnic distribution rates.

In June 2022, SDCBHS launched the Community Experience Partnership (Criterion 2) to identify and address unmet behavioral health needs within the region, and systemic regional inequities that lead to these unmet needs. The CEP formed a workgroup consisting of community members that prioritized the domains to be included in the Behavioral Health Equity Index (BHEI), mentioned in Criterion 2. In FY 2022-23, the CEP finalized the BHEI. The BHEI is a descriptive, data-driven tool that allows users to explore differences in the underlying, or root causes, of behavioral health across neighborhoods and regions in San Diego County. The indices are constructed from over 30 indicators, organized into eight domains that map to five social determinants of behavioral health. Areas with higher BHEI scores are relatively less likely to have access to the resources, opportunities, and conditions that promote behavioral health than neighborhoods with lower BHEI scores. Areas with higher scores may benefit from behavioral health service enhancements or quality improvement efforts.

In FY 2023–24, The BHEI was programmed into the Community Experience Partnership: Service Planning Tool. The application generates interactive maps that allow users to explore BHEI rankings across different geographies, weight the index by selected target populations, and generate parameterized summary reports to gain a better understanding of sociodemographic conditions in selected areas. Once target neighborhoods are identified, next steps would likely include engaging community representatives from these areas to gain a better understanding of the local strengths, needs, and resources.

The front-end was presented at the Cultural Competence Resource Team (CCRT) meeting on 11/3/2023 and the Adult Council meeting on 11/13/2023. At each meeting, the development team sought feedback on the design, usability, and cultural appropriateness of the tool. Revisions were made and the launch is pending.



The Statements of Work for CSS, WET and PEI contracts include specific language on priority populations and target areas that are continuously monitored by the SDCBHS.

The PEI broad list of target populations selected by San Diego County includes the following on the State list:

- Underserved cultural populations
- Individuals experiencing onset of serious psychiatric illness
- Children/youth in stressed families
- Trauma-exposed
- Children/youth at risk of school failure
- Children/youth at risk of experiencing juvenile justice involvement

San Diego County identified 10 priority populations based on community member input; most of these are contained within the broader six listed above. These are as follows: Older Adult Issues; Community and Domestic Violence; School Age; Early Childhood Services; Veterans and their Families; Native American Communities; Rural Community Issues; Co-occurring Disorders; First Break of Psychosis/Transition Age Youth; Primary and Secondary Prevention through outreach, education, and media campaigns.

Through the County PEI Planning Process, the ten priority populations were further segmented into these target populations:

- Children ages 0-5
- Adults, older adults, transitional-aged youth
  - Children 0-17, families, and clients in target regions with the highest risk of child abuse and neglect
- Clients of all ages with co-occurring disorders
- Senior population ages 60 and over
- LGBTQ+
- Veterans, active-duty military, reservists, the National Guard, and family members
- Asian and Pacific Islander adults
- Latino population
- Black and African American population
- American Indian and Alaska Natives
- Refugees and asylees

A1. From the above identified PEI priority population(s) with disparities, describe the process and rationale the County used to identify and target the population(s) (with disparities)

I A1. The detailed history of the planning process and rationale the County used to identify and target the populations with disparities can be found in Criterion 2 of the Cultural Competence Plan.

The County of San Diego Health and Human Services Behavioral Health Services department (BHS) strives to improve the well-being of San Diego's 3.3 million residents by serving as a health plan, provider, and contractor to provide preventive and treatment services for mental health and substance use issues. Programs and services are provided both by the County and in partnership with contracted providers and individual fee-for-service providers, who, together, serve over 100,000 people each year. First 5 San Diego is integrated into the Child Family and Wellbeing (CFWB) Department and the Office of Child and Family Strengthening. In addition to ongoing communication with stakeholders, SDCBHS conducts an annual Community Planning Process (CPP).

The County of San Diego continuously receives stakeholder input for community program planning and the focus areas. The feedback is often received through the monthly Behavioral Health Advisory Board, System of Care stakeholder-led councils, and workgroup meetings. The stakeholder-led councils provide a forum for Council representatives and the public to stay informed and involved. Council members, in turn, share the information with their constituents and other groups involved in behavioral health care services and issues. Membership includes consumers and family members, as well as other key stakeholders in the community such as providers, Probation, First 5 San Diego, Health Plans, program managers, representatives of consumer and family organizations, advocacy groups, law enforcement agencies, education representatives, and County partners.

FY 2023-2024 Community Planning Process (CPP)

There were three primary types of engagement activities that the UCSD Health Partnership team, in collaboration with BHS, facilitated as part of the FY 2023-24 community engagement process. Activities included: 1) Key informant interviews; 2) Focus Groups; and 3) Listening Sessions. Key informant interviews were conducted with identified key personnel in the San Diego community who have been working in the behavioral health field, along with target populations. UCSD, in partnership with BHS, identified the individuals for the key informant interviews. Focus group participants were comprised of providers, community advocates, community groups, and consumers. Listening sessions were defined as instances where representatives of the UCSD Health Partnership developed and conducted structured feedback activities in all the regions at varying event locations (i.e., existing community meetings, libraries, County events, etc.) regarding behavioral health service needs, opportunities, and concerns as well as the preferred mechanisms for communication and engagement. These listening sessions took a variety of forms and reached a diverse range of audiences across all six HHSA regions, with the overarching goal of having the UCSD Health Partnership "go to" (either virtually or in person) places and spaces all around the county to facilitate their ability to provide essential input.

Participants of each key informant interview, focus group and listening session were asked to complete a Qualtrics survey to collect satisfaction questions and demographic information. Participants were also asked about their sex assigned at birth, gender identity, and sexual orientation. Most of the participants identified as female at birth (69.9%), female gender (65.8%), and heterosexual (74.1%). Across all questions, 5% of responding participants preferred not to answer. To better understand the needs of respondents, they were asked to self-identify specific disabilities they were facing. The question covered a range of physical and mental impairments (other than mental illness), such as difficulty seeing or hearing, learning disabilities, developmental disabilities, and more. Participants also had the option to indicate other specific conditions. About 19% of survey respondents indicated that they had at least one type of disability.

Another survey item allowed participants to share which, if any, of the following groups they identify with, immigrants, refugee/newcomer, asylee, Veterans/military, homeless, African, Chaldean, LGBTQ+, and any other group they identified with that was not listed. They were also able to select 'Prefer not to Answer.' Of note, 23.7% self-identified as LGBTQ+. Other groups endorsed were Immigrant (11.3%), Veterans/military (8.2%), homeless/unhoused (7.2%), African (5.2%), Asylee (2.1%), and refugee/newcomer (2.1%). Notably, 53.6% of participants reported that they identify with a group not listed in the survey options.

In the listening sessions participants were led through a community engagement activity where they provided input via sticky notes (for in-person listening sessions) or virtual whiteboard (i.e., Multimeter Digital Platform) for each of the following four questions:

- What are the most pressing issues related to mental health and substance use in your community?
- What are some of the biggest challenges to accessing resources for mental health or substance use in your community?
- What activities or programs do you think would help address behavioral health issues & challenges by those living in your community?
- How would you like to see behavioral health resources shared with this community?

After each question, there were opportunities for participants to discuss and engage individual responses.

Community Engagement Efforts: Participants

Table 1 lists the key information for each community engagement effort conducted regarding the focal audience, the process of engagement activity, and how data were collected as well as the number of participants (N=Number of participants).

Table 1. Summary of Community Engagement Efforts

Listening Sessions	Format	Community Engagement Effort Conducted	N
North Central Region (LWSD North Central Meeting)	In-person	Presentation & Community Engagement Activity utilizing colored Sticky Notes and Mentimeter Digital Platform	26
South Region (LWSD South – Mental Health Workgroup)	Virtual (Recorded)	Presentation & Community Engagement Activity utilizing Mentimeter Digital Platform	35
East Region (LWSD East Meeting)	In-person	Presentation & Community Engagement Activity utilizing colored Sticky Notes and Mentimeter Digital Platform	41
Central Region (LWSD Central Meeting)	In-person	Presentation & Community Engagement Activity utilizing colored Sticky Notes and Mentimeter Digital Platform	23
South Region (Imperial Beach Library)	In-person	Presentation & Community Engagement Activity utilizing colored Sticky Notes and Mentimeter Digital Platform	4
Countywide (Live Well Advance Conference)	In-person	Presentation & Community Engagement Activity utilizing colored Sticky Notes and Mentimeter Digital Platform	30
North Inland Region (Fallbrook)	In-person	Presentation & Community Engagement Activity utilizing colored Sticky Notes and Mentimeter Digital Platform	11
North Coastal Region (Encinitas)	In-person	Presentation & Community Engagement Activity utilizing colored Sticky Notes and Mentimeter Digital Platform	13

Central Region (Southeastern San Diego Live Well Center)	In-person	Presentation & Community Engagement Activity utilizing colored Sticky Notes	8
North Region (Spanish)	In-person (Recorded)	Presentation & Community Engagement Activity utilizing colored Sticky Notes	7
Countywide (Virtual)	Virtual (Recorded)	Presentation & Community Engagement Activity utilizing Mentimeter Digital Platform	32
North Rural Region (Spanish)	In-person	Presentation & Community Engagement Activity utilizing verbal sharing of responses	7
Central Region (Youth Spanish)	In-person	Presentation & Community Engagement Activity utilizing colored Sticky Notes	8
Countywide (County-led Youth Virtual)	Virtual	Presentation & Community Engagement Activity utilizing virtual whiteboards	25
Focus Groups	**Format**	**Community Engagement Effort Conducted**	**N**
Adult Residential Facilities	Virtual (Recorded)	Focus Group	7
Deaf Community	In-person (Recorded)	Focus Group	9
Individuals Experiencing Homelessness	In-person and Virtual (Recorded)	Focus Groups	25
LGBTQ+	In-person and Virtual (Recorded)	Focus Groups	13
Lived Experience Mental Health/Behavioral Health Consumers	In-person and Virtual (Recorded)	Focus Groups	26
Older Adults	Virtual (Recorded)	Focus Group	6
Refugee Community	In-person (Recorded)	Focus Group	9
Rural Community	Virtual (Recorded)	Focus Group	4

TAY	In-person and Virtual (Recorded)	Focus Groups	10
Veterans	In-person (Recorded)	Focus Group	18
Youth	In-person (Recorded)	Focus Groups	10
Interviews	**Format**	**Community Engagement Effort Conducted**	**N**
Black Community	Virtual (Recorded)	Individual Interviews	2
Individuals Experiencing Homelessness	Virtual (Recorded)	Individual Interviews	2
Individuals with Substance Use Disorders	Virtual (Recorded)	Individual Interview	1
Justice-Involved	Virtual (Recorded)	Individual Interview	1
Latine/Hispanic	Virtual (Recorded)	Individual Interviews	3
LGBTQ+	Virtual (Recorded)	Individual Interviews	2
Native American	Virtual (Recorded)	Individual Interview	1
Refugee Community	Virtual (Recorded)	Individual Interviews	2
Rural Community	Virtual (Recorded)	Small Group Interview	2
Veterans	Virtual (Recorded)	Individual Interviews	3
Youth	Virtual (Recorded)	Individual Interview	1

The CPP provides a structured process that the County uses in partnership with stakeholders to determine how best to utilize the funds that become available for the MHSA components. Due to the success of the model, SDCBHS also utilizes input to assist with planning for all BHS-related funds. Comments are submitted at Council meetings or through the MHSA comments/question line. The CPP is ongoing, and the County encourages open dialogue to provide everyone with opportunities to have input on future planning. Stakeholders are encouraged to participate in BHAB and Council meetings and to contact SDCBHS.

A draft of the MHSA Three-Year Plan for Fiscal Years 2023-24 through 2025-26 was posted on the BHS website from April 4 through May 4, 2023, for public review and comments. The Program and Expenditure Plan were sent to BHS stakeholders, including the San Diego Mental Health Coalition, the Mental Health Contractors Association, and hospital partners, for review and comment. The County's Behavioral Health Advisory Board (BHAB) is comprised of consumers, family members, prevention specialists, and professionals from the mental health and substance use disorder fields who represent each of the five County Supervisorial districts. BHAB held a public hearing via a hybrid model, in-person, and a virtual option on May 4, 2023, at the conclusion of the 30-day public review and comment period for the MHSA Annual Update.

STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

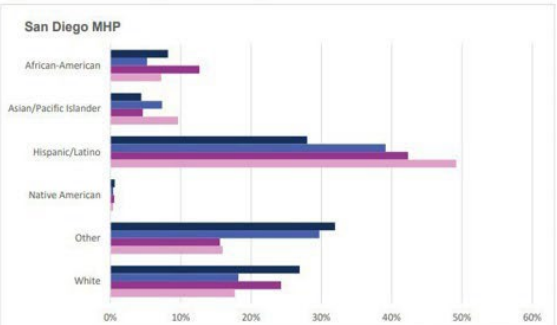
II. Identified disparities (within target populations):

The County shall include the following in the CCPR:

A. List disparities from the above identified populations with disparities (within Medi-Cal, CSS, WET, and PEI priority/target populations).

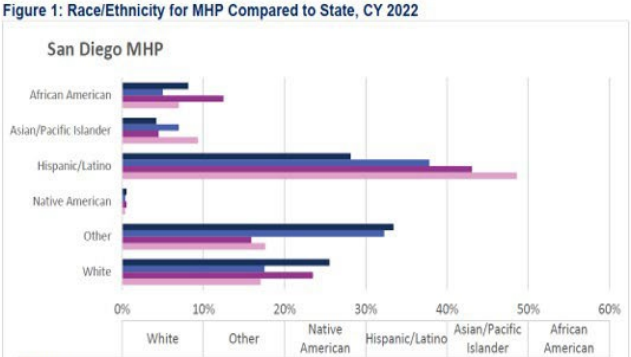
II A. Disparities from the above identified populations within Medi-Cal, CSS, WET and PEI priority/target populations are identified by SDCBHS by utilizing the triennial *Progress Towards Reducing Disparities in Mental Health Services* report as a guide on current disparities that exist in the County and progress towards the reduction of the disparities over the years.

Figure 1: Race/Ethnicity for MHP Compared to State CY 2021



	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African-American
MHP % Served	27%	32%	1%	28%	4%	8%
MHP % Eligible	18%	30%	0%	39%	7%	5%
State % Served	24%	16%	1%	42%	5%	13%
State % Eligible	18%	16%	0%	49%	10%	7%

Figure 1: Race/Ethnicity for MHP Compared to State, CY 2022



	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
MHP % Served	26%	33%	1%	28%	4%	8%
MHP % Eligible	18%	32%	0%	38%	7%	5%
State % Served	23%	16%	0.55%	43%	4%	12%
State % Eligibles	17%	18%	0.37%	49%	9%	7%

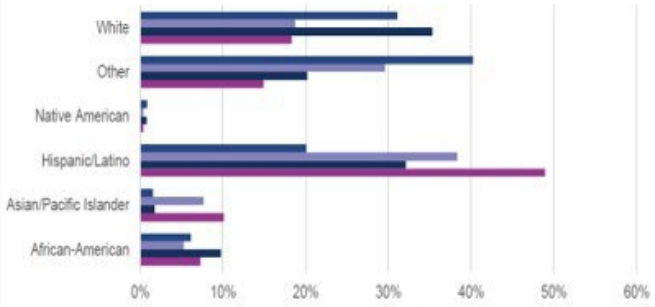
A comparison of the San Diego County target population to those who received behavioral health services demonstrated that the most notable underserved communities continue to be the Latino/Hispanic and Asian Pacific Islander Populations. The charts below show a comparison of the percentage of Medi-Cal eligibles served by race/ ethnicity within the MHP and DMC-ODS systems in CY 20221 and CY 2022. These charts are found in the Behavioral Health Concepts EQR reports.

Figure 1 for CY 2022 shows an improvement in the proportion of those the MHP served and Medi-Cal eligible for the Latino/Hispanic population from CY 2021 (11%) to CY 2022 (10%). The SDCBHS continues to proportionately underserve the Asian American/Pacific Islanders Population. It is important to note that San Diego County has a high percentage of individuals categorized as "other" compared to the state, which could indicate that there are more individuals who do not identify with the racial/ethnic categories listed above.

Figures 1 show that both the state and San Diego County are overserving the White population and underserving the Hispanic/Latino and Asian/ Pacific Islander populations for the DMC-ODS. In CY 2021, the state and County underserved the Hispanic/Latino population by 17% and 18%, respectively. In CY 2022 the difference was 12% for both state and San Diego County for those eligible versus those served, indicating a slight improvement.

Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2021

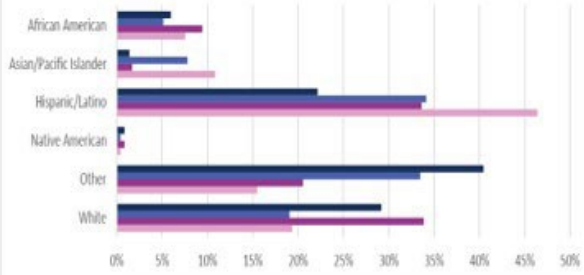
San Diego DMC-ODS



	African-American	Asian/Pacific Islander	Hispanic/Latino	Native American	Other	White
County % Served	6%	2%	20%	1%	40%	31%
County % Eligibles	5%	8%	38%	0%	30%	19%
State % Served	10%	2%	32%	1%	20%	35%
State % Eligibles	7%	10%	49%	0%	15%	18%

Figure 1: Percentage of Eligibles and Members Served by Race/Ethnicity, CY 2022

San Diego DMC-ODS



	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
County % Served	29%	40%	0.84%	22%	1%	6%
County % Eligibles	19%	33%	0.41%	34%	8%	5%
State % Served	34%	21%	0.86%	34%	2%	9%
State % Eligibles	19%	15%	0.41%	46%	11%	8%

In CY 2021, the County underserved the Asian/Pacific Islander population by 6% and in CY 2022 by 7%, although this is comparable to the state's data (11% eligible, 2% served) this is a strong indicator of QI efforts needed.

Key findings as they relate to specific population disparities can be found in greater detail in Criterion 2.

STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

III. Identified strategies/objectives/actions/timelines

The County shall include the following in the CCPR:

A. List the strategies identified in CSS, WET, and PEI plans for reducing the disparities identified.

CSS Plan Strategies/Actions/Objectives/Timeline

III A. Based on the evident disparities in access to care for the ethnically diverse groups noted and listed in the previous question, SDCBHS is committed to continuing expansion of its capacity to provide culturally competent services in the MHSA-funded programs described in the CSS Plan. The initial plan included the following specific strategies and interventions identified in CSS, WET, and PEI plans for reducing the disparities identified and to address access-to-care disparities countywide:

- Conduct outreach to engage and increase access to care for Latinos and Asian/Pacific Islanders, Black and African Americans, and Native Americans in the mental health system.
- Increase penetration and rates of client retention for underserved and unserved clients in age groups and racial/ethnic groups.
- Provide linguistically and culturally appropriate services in settings that are more acceptable to ethnically diverse individuals and have less stigma associated with them, such as primary care clinics and school-based programs.
- Provide culturally competent mental health services in all MHSA programs by educating and training providers on evidence-based and promising clinical practices, interventions, and skill sets, including coordination and integration of mental health and primary care, clinical practice guidelines, screening/assessment protocols, chronic disease management and cultural competence.
- Include training on working with interpreters, the deaf and hard of hearing, victims of trauma, and gender and sexual orientations in cultural competence training.
- Require enhancement of the bilingual and bicultural capacity in all programs by recruiting, hiring, retaining, and retraining culturally competent staff.
- Increase access to services for all ethnic/racial groups by implementing the MHSA program to provide more mental health services in community clinics.
- Establish relationships with tribal communities for as many of the 17 Native American tribes as possible who have reservations in San Diego County.

WET Plan Strategies/Actions/Objectives/Timelines:

WET strategies include the recruitment of high school and community college students for mental health occupations, the development of curriculum to increase knowledge and skills of the existing workforce, and the promotion of the meaningful employment of consumers and their family members in the mental health system.

The initial strategies identified in the Work Plan included:

- Addressing shortages in bilingual staff – Spanish, Vietnamese, Arabic, Tagalog, Russian, Cambodian, ASL, Lao, Somali, and Swahili.
- Implementing trainings/educational opportunities to build staff to fill unique qualifications for hard-to-fill jobs and for clinical supervision.
- Creating incentives to encourage nurses, child psychiatrists, and others to enter public mental health employment and take hard-to-fill positions.
- Increasing the numbers of Latino and Black and African American staff.
- Creating positions and a career ladder for mental health consumers and/or family members.

PEI Strategies/Actions/Objectives/Timelines:

The initial PEI Work Plan identified the following strategies toward reducing disparities:

- Provide education and outreach campaigns to reduce stigma and discrimination and to aid in suicide prevention for all age groups, race/ethnicities, persons with co-occurring substance abuse disorders, and caregivers.
- Assist in maintaining a safe home and a community safety net for children and in reducing the effects of trauma exposure (including gang experience).
- Promote healthy, effective parenting styles, connecting children with necessary health and other related service, to prevent re-traumatization of children and families already exposed to domestic and/or community violence.
- Increase Native American community involvement and education through services designed and delivered by Native American community members.
- Strengthen the skills of parents, staff, and educators to promote the development, growth, health, and social competence of young children and help reduce their behavioral/emotional problems.
- Reduce the potential negative outcomes associated with mental health issues in the early stages of mental illness.
- Increase access to care for older adults from minority populations.
- Educate caregivers and primary care service providers to increase awareness and understanding of older adult concerns and create a wellness focus.
- Support caregivers of clients with Alzheimer's to reduce the incidence of caregiver mental health problems.
- Provide outreach and outreach services to the Veterans community to improve their knowledge of, and access to, mental health and substance use services.
- Provide prevention services for clients in rural community clinics to help them address behavioral health issues, addiction, and severe mental illness at an early stage.
- Support persons being treated for substance abuse in dealing with mental health issues through providing integrated services.

Examples of Service Enhancements in FY 2023-24 and FY 2024-25

Aces Prevention Parenting Program For Fathers (Ps-01) The Adverse Childhood Experiences (ACEs) Prevention Parenting Program for Fathers (Father2Child) provides a best practice

parenting program to unserved and underserved fathers that enhances fathering knowledge, skills, and positive attitudes while reducing mental health stigma. In FY 2024-25 the budget increased by $502,990 to increase services as well as staffing.

Family Peer Support Program (Ps-01) The Family and Adult Peer Support programs, Friends in the Lobby and In Our Own Voice, provide outreach and awareness through training and the dissemination of education materials in primary care, senior centers, faith-based forums, and other venues. Individuals with lived experience promote social and emotional wellness for adults, older adults, and their families who are visiting individuals that have been hospitalized in psychiatric units. The programs reduce stigma and discrimination, increase acceptance of mental illness and awareness of treatment choices, and increase access and use of available services, especially in unserved and underserved communities. Volunteers engage individuals, offer support, and answer questions in hospital lobbies throughout the County. In FY 2024-25 the budget increased by $11,512 for continuity of services

Rural Integrated Behavioral Health and Primary Care Services (RC-01) The Rural Integrated Behavioral Health and Primary Care Services program provides prevention and early intervention services through mobile outreach. The program increases access to services by providing assessments and education to individuals with SMI or SED living in the rural areas of San Diego County. The Roaming Outpatient Access Mobile (ROAM) team has continued to provide medical, dental, and behavioral health services to Native Americans residing on reservations in rural San Diego County. In FY 2024-25 the budget increased by $410,679 for increased service costs as well as expansion of services.

B. List the strategies/actions/timelines identified for each targeted area as noted in Criterion 2 in the following sections:

II. Medi-Cal population → combined for San Diego
III. 200% Poverty combined for SDCMHS

III B. SDCBHS has historically conducted its planning for the combined populations of Medi-Cal and 200% Poverty, as explained in Criterion 1. Prior to receiving MHSA funding, SDCBHS had adopted several strategies to increase access to care and reduce disparities for ethnic, racial, and cultural groups, as noted in Criterion 2. Changes in services over the years have occurred in the children and youth as well as the adult systems of care.

In light of a rapidly expanding County population and in response to the national effort to advance health equity, improve quality, and help eliminate healthcare disparities, SDCBHS has replaced Culturally Competent Clinical Practice Standards with Culturally and Linguistically Appropriate Services (CLAS) Standards. The requirement to adhere to CLAS Standards is part of each contractor's Statement of Work. The CLAS Standards are also available in the Organization Provider Operations

Handbook, which isa part of all service provider contracts. Additionally, SDCBHS has been requiring its County and contracted agencies to complete regularly scheduled self- assessments to evaluate the cultural and linguistic competence of the programs' services and staff to enhance the quality of services provided to the County population. More information on the surveys can be found in Criterion 5 of the Cultural Competence Plan.

The CLAS Standards and the survey protocols are part of the enhanced Cultural Competence Handbook. The Handbook is a tool to help guide the providers in making improvements in the delivery of culturally and linguistically appropriate services throughout the system of care. The Handbook also encourages providers to assess local community needs, develop, implement, and sustain a Cultural Competence Plan; and develop a process to assess staff cultural competence.

In addition to ensuring the implementation of CLAS standards as an integrated approach to behavioral health care, the SDCBHS Cultural Competence Resource Team (Criterion 4) continues to be an avenue in which progress is made towards reducing disparities in target populations.

Below are the goals and areas of focus listed as they pertain to Medi-Cal and 200% poverty populations.

CCRT Goals and Areas of Focus: Fiscal Year 2023-2024.
There are 6 CCRT meetings in FY 2023-24; the Education and Training (E&T) Subcommittee meets 10 times in the FY.

- Cultural Competence (CC) Plan Review
  - Review of 3 substance use legal entity (SU LE) practices in implementing CLAS Standards in their programs
    - Request CC plans from representative sample of SU LE including different size LE
    - E&T workgroup to complete reviews of CC plans and provide overall feedback to CCRT
    - BHS to make recommendations for LE
    - Approximate Timeline:
      - Request CC plans in January 2024, review February/March 2024, and present findings in April/May 2024;
    - Provide input and feedback to BHS, including COR and QA, as well as Summary of Findings to the executive team (one pager) following each administration/review
- Health Care Disparities
  - Community Experience Partnership
    - CCRT participation in community engagement focus groups
    - Outreach to Prevention and Community Engagement regarding participation
    - Participants: 1-2 members from the E&T Workgroup to participate and provide updates to the CCRT meeting as needed/available
  - Behavioral Health Equity Index
    - In partnership with the Data Science team, the E&T workgroup will review selected dashboard metrics (including mental health and substance use) to inform membership of regional and system disparities.
      - Include dashboard to address the intersection between law enforcement and mental health
      - Include dashboard to address data gathered from implementation of CARE Court
    - E&T to provide findings, including high -level analysis of both strengths and areas for further development to CCRT.
      - June 2024

- Participants: E&T subcommittee
- Input and Feedback provided to BHS

- Coordinated Efforts/Enhanced Cross-Threading
  - Expanding membership of CCRT
    - increase representation on the CCRT by starting outreach efforts to
      - Substance use providers
      - Children and Youth (AMSA)
      - Consider other groups to outreach to as representatives on CCRT, such as CBO's
  - Encourage groups to Present to CCRT to increase cross -threading across the System of Care
  - Efforts to be ongoing throughout 2024

Historically, the County administration worked hand in hand with seven Medi-Cal approved health plans (Aetna Better Health, Care 1st Health Plan, Community Health Group, Health Net, Kaiser Permanente, Molina Healthcare, and United Healthcare), to develop communication around the ACA and Cal MediConnect and access to services under coverage expansion and to continuously address barriers to client care. SDCBHS, the health plans, and other community partners met monthly. On January 1, 2023, Cal MediConnect members transitioned to exclusively aligned enrollment (EAE) Dual Eligible Special Needs Plans (D-SNPs) and matching Medi-Cal Managed Care Plans (MCPs). Under exclusively aligned enrollment, beneficiaries can enroll in a D-SNP for Medicare benefits and in a Medi-Cal managed care plan for Medi-Cal benefits, which are both operated by the same parent organization for better care coordination and integration.

EAE D-SNPs offer an integrated approach to care and care coordination that is like Cal MediConnect. The matching Medicare and Medi-Cal plans work together to deliver all covered benefits to their members. And as all members in the plan are also enrolled in the matching MCP, they can receive integrated member materials, such as one integrated member ID card.

The transition happened in all Coordinated Care Initiative (CCI) counties – Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. Existing Cal MediConnect plans and all Medi-Cal Managed Care Plans in these counties were required to create EAE D- SNPs by January 1, 2023, to support this transition.

IV. *MHSA/CSS population -- Objectives/Actions/Timelines*

III B IV. CSS provides comprehensive services for children, youth, families, adults, and older adults experiencing SMI or SED. CSS programs enhance the mental health system of care, resulting in the highest benefit to the client, family, and community, with a focus on unserved and underserved populations. In FY 2023-24, the estimated total budget for CSS programs is $228.3 million.

Most MHSA programs and strategies are implemented through the CSS component. These programs ensure that individualized services are provided to children and adults who have severe emotional/mental illnesses. Contracts offer integrated, recovery-oriented mental health treatment, case management and linkage to essential services, housing and vocational support, and self-help.

V. PEI priority populations (s) selected by the County, from the six PEI priority populations—Objectives/Actions/Timelines

III BV. Prevention and Early Intervention (PEI) programs bring mental health awareness to members of the community through public education initiatives and dialogue. To ensure access to appropriate support at the earliest point of emerging mental health symptoms, PEI builds the capacity for providing mental health early intervention services at sites where people go for other routine activities.

Through PEI, mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

VI. WET Plan—Objectives/Actions/Timelines

III BVI. In FY 2023-24, the estimated total budget for PEI programs is $38,271,033. As required by MHSA, a majority of funding for PEI programs must be directed to programs that serve people less than 25 years of age. In FY 2023- 24, this requirement will be met by nearly 60 percent of the budget for PEI programs budgeted for programs serving people less than 25 years of age.. PEI programs bring mental health awareness to members of the community through public education initiatives and dialogue. To ensure access to appropriate support at the earliest point of emerging mental health symptoms, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities. Through PEI, mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

WET programs provide support, education, and training to the public mental health workforce to address the shortage of qualified individuals who provide services to persons with SMI or SED in the county. The WET component of MHSA provides training and financial incentives to increase the public behavioral health workforce, and it improves the competency and diversity of the workforce to better meet the needs of the population receiving services.. In FY 2023-24, the estimated WET expenditures will be $6,879,317. Annually, up to $6.9 million in CSS funds will be transferred to the WET component to continue funding programs. WET funds were received as a one-time allocation, and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually.

WET strategies include recruitment of high school students for mental health occupations, development of curriculum to train and retrain staff, promotion of the meaningful employment of consumers and their families in the mental health system, stipend programs, and promotion of the inclusion of cultural competency in training and education programs. WET programs address disparities in the workforce to ensure that the County can more effectively provide services for ethnic/racial and cultural populations. These programs focus on expanding the workforce and making skills development training available to existing staff.

STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

IV. Additional strategies/objectives/actions/timelines and lessons learned:

The County shall include the following in the CCPR:

A. List any new strategies not included in Medi-Cal, CSS, WET, and PEI.
Note: *New strategies must be related to the analysis completed in Criterion 2.*

IV A. SDCBHS is continuously involved in new strategy development and implementation in an effort to remediate disparities in access and treatment in Medi-Cal, CSS, WET and PEI. Examples not already referenced in the enhancements listed earlier in Criterion 3 include:

- **Chaldean Middle Eastern Social Services** provides culturally competent mental health services, including outpatient clinics, case management, and linkages to services for individuals of Middle Eastern descent who are experiencing SMI or SED. Children and youth with SED have access to outpatient clinical services and may be connected to acculturation groups. In FY 2024-25, the budget shifted $316,281 to Acculturation Services for Children and Youth – System Development (CY-SD) and TAY, Adults and Older Adults – System Development (TAOA-SD).
- **Courage to Call** Provides confidential outreach, education, peer counseling, referrals, and support services to veterans and their families to increase awareness of mental illness and reduce mental health risk factors. Services are provided to veterans and their family members. In FY 2024-25 the budget increased by $174,669 to align with the annual contract budget increases.
- **Pathways to Well-Being** The Child and Family Well-Being (CFWB) Department and SDCBHS made operational the Core Practice Model (CPM) Guide, now known as the Integrated Core Practice Manual (ICPM), with the creation of Pathways to Well-Being. Pathways to Well-Being seeks to positively impact all CFWB children and youth by providing mental health screening, mental health assessment as warranted, and thoughtful and timely linkage to mental health and supportive services for our most impacted children and youth.
- In response to the national initiative, the SDCBHS has developed several adult and older adult programs that aim to reduce the number of people with mental illness in jails. As part of the effort, the County has enhanced the Public Defender's Office with clinicians to screen and refer individuals to the appropriate Behavioral Health programs and levels of care. It aims to provide in-reach services in jails to clients in acute care or outpatient services to coordinate transitions and connections to Behavioral Health programs and social services.
- During FY 2023-24, to address the Hispanic/Latino PR countywide, the NQP team conducted presentations to the CCRT, the Suicide Prevention Council, and subject matter experts (SMEs) to explore barriers to services specific to the Hispanic/Latino community. Based on feedback, data analysis was completed to identify utilization rates based on each level of care. Additionally, efforts were initiated to obtain direct feedback from providers at the outpatient level of care. Collaboration with the Communications Team to increase media coverage of behavioral health services in densely populated Hispanic/Latino communities is in progress.
- **Project In-Reach** is an outreach and engagement program for incarcerated individuals ages 18 and over who have or are at risk of substance use and/or psychological disorders as they prepare to exit the detention facility. One of the goals of this program is to provide services primarily to at-risk Black /African Americans and Latino adults incarcerated in San Diego County.

The

program is focused on preventing the onset of mental illness and providing early intervention to help decrease its severity. Services include in-reach and engagement; education; peer support; and follow-up after release from detention facilities and linkages to services that improve participants 'quality of life, diminish the risk of recidivism, and diminish the impact of untreated health, mental health, and/or substance abuse issues.

- The **Bridgeways program** provides individual, group, or family services at office/clinic, home, or other community locations. The program utilizes a team approach, that when indicated offers case management, peer support, and/or co-occurring substance use interventions. The program focusses on children and youth up to age 21, who are at risk of involvement or currently involved in the Juvenile Justice System, who meet medical necessity.
- The **Mobile Adolescent Service Team (MAST)** serves children and youth up to age 21 who may attend a Juvenile Court and Community School (JCCS) and meet medical necessity. It Provides Individual/group/family services at schools, homes, or office/clinic location and utilizes a team approach. When indicated, the program offers case management, peer support, and/or co-occurring substance treatment. There is a housing case management component for children and families in the Monarch program.
- The **Faith Based Wellness and Mental Health In-Reach Ministry** provides in-reach, engagement, education, peer support, follow- up after release from detention facilities, and linkages to services that improve participant's quality of life. The program provides support services consistent with pastoral counseling and the individual's faith, in addition to information, linkage, and education about community- based resources.
- The **Union of Pan Asian Communities** (UPAC) Multi-Cultural Counseling (MCC) programs provide cultural/language-specific outpatient mental health services to the target population of underserved Asian, Pacific Islander and Latino children and families.
- The **Urban Youth Center of the San Diego American Indian Health Center** serves at-risk and high-risk urban American Indian, Alaska Native children, transitional age youth and their families by providing specialized culturally appropriate prevention and early intervention services. The center serves as a central location for urban Native American youth.
- The **KidSTART** program was developed as a response to the need for integrated services for foster children ages 0-5. This program was developed in collaboration with the First 5 San Diego, and the Child and Family Well-Being (CFWB) department . KidSTART provides a focused, comprehensive system to identify, assess and treat children with developmental delays, behavioral, and/or mental health issues at the earliest age possible, when that treatment can be most effective and cost-efficient. The core principles of KidSTART service delivery are: developmental knowledge, relationship/attachment focus, family support, links to existing children's services, responsiveness to the community, and culture and outcomes.
- The **Elder Multicultural Access and Support Services** (EMASS) program convenes Promotores, members of the community who are leaders in social circles and who are experienced working with people experiencing SMI in underserved communities, including Filipino, Latino, African refugee, African American, and Middle Eastern. The Promotores are trained by professionals to provide outreach and engagement to older adults, and engage them in group and individual activities, including recreation, exercise, mental health education, and counseling to prevent mental illness. EMASS provides referrals to multilingual mental health providers, transportation services, and translation services during medical and mental health appointments.
- **Survivors of Torture, International** (SOTI) Is an outpatient Biopsychosocial Rehabilitation (BPSR) Wellness Recovery Center (WRC) that is a Short-Doyle Medi-Cal (SD/MC) certified Mental Health Clinic in the County of San Diego Health and Human Services Agency. The program provides services countywide to residents of San Diego, age 18+, who experienced trauma and

torture in their home countries and/or their journey to the United States, including refugees and/or asylum seekers, and have a serious mental illness (SMI), including those who may have a co-occurring substance use disorder.

- The **Stepping Stone of San Diego** provides alcohol and drug residential (AOD) treatment and recovery services as part of the Drug Medi-Cal Organized Delivery System. The program serves diverse communities and includes specialty services for the LGBTQ community.
- **Diversion Courts** The collaborative court programs, also referred to as "Diversion Courts" provide adult offenders with options and alternative solutions for their unique situations. All programs aim to reduce recidivism, increase accountable behaviors, improve the quality of life for individuals and their families, and maintain public safety. Collaborative Courts aims to improve lives impacted by substance abuse and/or mental illness and to increase public-safety by reducing the crime associated with these challenges, reducing high incidence of recidivism (re-incarceration), and linking justice-involved people with the treatment, resources and support they need. The collaborative approach uses a team approach that consists of judges, district Attorneys, public defenders, city attorneys, sheriffs law enforcement, probation, and treatment providers. This team approach utilizes both support and law enforcement leverage to encourage recovery and reduce recidivism. The varieties of diversion courts in San Diego County includes Drug Courts and Behavioral Health Court.
    - **Drug Court** serves non-violent, non-sexual and non-serious drug-addicted offenders by placing them in treatment in lieu of incarceration. Individuals who are veterans or active military and whose criminal conduct stems from their service in the military can apply to Veterans Treatment Court. This includes veterans who are assessed as having PTSD, traumatic brain injury, military sexual trauma, or substance abuse issues.
    - **Behavioral Health Court** provides FSP/ACT services to adults who have been incarcerated, are misdemeanor or felony offenders, and have been referred by the Collaborative Behavioral Health Court of the San Diego County Superior Court. The program provides intensive and community-based treatment for mental health and/or substance-induced psychiatric disorders, clinical case management, and specialized treatment. The program goal is to improve the overall quality of life and prevent recidivism into the criminal justice system. In FY 2024-25 the budget increased by $85,228 to align with the annual contract budget increases.
- **Care Court** launched on October 1, 2023. The program provides a new pathway to deliver mental health and substance use services for individuals diagnosed with schizophrenia or other psychotic disorders through voluntary treatment through a civil court process. The BHS CARE Team has successfully coordinated treatment and CARE Agreements for 33 clients since Care Court was launched.
- **Senate Bill 43 Readiness Planning**-Senate Bill 43 makes changes to the Lanterman-Petris-Short (LPS) Act, a California law governing the involuntary detention, treatment, and conservatorship of people with behavioral health conditions. The bill broadens the definition of 'grave disability' and allows for those with substance use disorder to be detained and transported involuntarily for care. To facilitate the implementation of Senate Bill 43, in 2024, San Diego County initiated the establishment of a collaborative workgroup comprising housing providers, justice partners, hospital and health system partners, County government, health plans, consumer advocates and peers, and community-based behavioral health providers. The collaborative workgroup aims to expand treatment, services, and support for people with substance use disorders, develop LPS training, education, and public awareness, and operationalize crisis stabilization unit capacity for primary and stand-alone substance use disorders. In San Diego County, Senate Bill 43 will go into effect in January 2025.

- San Diego Harm Reduction Coalition is partnering with San Diego County to install vending machines dispensing life-saving medications across San Diego County. The vending machines dispense Narcan, the name brand for over-the-counter naloxone, and fentanyl testing strips. One of these machines is tucked into the side of the Wellness Center on the Viejas reservation. Viejas is one of five reservations in the County that have access to these free vending machines. About twenty miles west of the reservation, a new and improved version of these vending machines is in the lobby of the Las Colinas jail. This upgraded machine is unlike any others in the country; it tracks exactly how often they are used and where people using them are from in the County. It also offers a map of harm reduction resources in the region. According to the most recent report released by the County, overdose deaths decreased between the first and second quarters of 2023; Narcan became available for over-the-counter purchase in March of that year.

A1. Share what has been working well and lessons learned through the process of the County's development of strategies, objectives, actions, and timelines that work to reduce disparities in the County's populations within the target populations of Medi-Cal, CSS, WET, and PEI.

IV A1. Through the process of the County's development of strategies, objectives, actions, and timelines that work to reduce disparities in the County's populations, several successes and lessons have been evident. MHSA funding has enhanced the SDCBHS' efforts to increase the selection of services provided in San Diego County, thus ensuring care for greater numbers of County residents. MHSA has also done much to promote prevention and early intervention for mental wellness, as well as addiction-free lifestyles. Integrating behavioral health and primary care has been an essential element of the service transformation. The intent was to improve healthcare delivery and health outcomes and reduce disparities in access to and engagement in services. Services that have been implemented include but aren't limited to: behavioral health consultation and telepsychiatry in rural community health centers; treatment of depression within the primary care setting; and supported transition of individuals with stable yet serious mental illness from specialty mental health to primary care. Integration services have also included provider education, training, and psychiatric consultation to help providers meet the unique needs and challenges of individuals who often have mental health or substance abuse, as well as physical health issues.

Prior to the implementation of MHSA, there were no culturally specific prevention services for Native Americans; however, SDCBHS has developed the "Dreamweaver Consortium." The Dream Weaver program is a partnership with three Native American health clinics that joins cultural practices with evidence-based practices. It operates on reservations and in urban areas and provides education and outreach at community events, cultural and social gatherings, and health clinics. The program provides information on available mental health services and behavioral health issues to prevent mental illness and promote wellness activities in American Indian/Alaska Native communities and increases involvement in child abuse prevention activities. In FY 2024-25 the budget increased by $454,337 to align with the annual contract budget increases.

Dream Weaver Consortium: The Dream Weaver Consortium offers three different children, youth, and family PEI programs provided by the Urban Youth Center, Indian Health Council, and Southern Indian Health Council. Operating on reservations and in urban areas, these providers offer prevention activities, which promote community wellness and cultural awareness. Emphasis is placed on increasing awareness and access to cultural events that are known to support resilience. Each program provides information on available culturally appropriate behavioral health services and increases involvement in child abuse prevention activities.

PEI programs like Positive Parenting Program (Triple P), Breaking Down Barriers, Courage to Call, Bridge to Recovery, Kickstart, Older-Adult programs, and school-based interventions have not only made a difference in the lives of San Diego families and communities but have played an integral role in reducing health disparities in the County. The community stated that they felt the same strategies noted in Section III of this Criterion could be applied to all programs, not just the MHSA funded ones.

STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

V. Planning and monitoring of identified strategies/objectives/actions/timelines to reduce mental health disparities.

(Criterion 3, Sections I through IV require counties to identify strategies, objectives, actions, and timelines to reduce disparities. This section asks counties to report processes or plan to put in place for monitoring progress.)

The County shall include the following in the CCPR:

A. List the strategies/objectives/actions/timelines provided in Sections III and IV above and provide the status of the County's implementation efforts (i.e., timelines, milestones, etc.).

V A. All programs are currently active and can be noted in the MHSA program summaries for CSS, PEI, WET, and Innovations are available on page 60 of the MHSA Annual Update.

B. Discuss the mechanism(s) the County will have or has in place to measure and monitor the effect of the identified strategies, objectives, actions, and timelines on reducing disparities identified in Section II of Criterion 3. Discuss what measures and activities the County uses to monitor the reduction or elimination of disparities.

Note: *County shall be ready in 2011 to capture and establish current baseline data to be used for ongoing quality improvement and qualitative analysis of the County's efforts to reduce identified disparities. Baseline data information and updates of the County's ongoing progression in the reduction of mental health disparities will be required in 2011 and in subsequent CCPR Annual Updates.*

Additionally, in subsequent CCPR Annual Updates, counties will share what has been working well and lessons learned, through the process of the County's planning and monitoring of identified strategies, objectives, actions, and timelines to reduce mental health disparities.

V B. The County has several mechanisms in place to measure effectiveness of the above strategies discussed. Between 2008 and 2010 the SDCBHS undertook an initial review of the tools and reports it was using to monitor program and client outcomes. The goal was to be better able to measure the success of efforts to increase access to services for the underserved and unserved populations, as well as to build the recovery orientation of its mental health system. The following tools continue to be used today:

- As mentioned earlier, the SDCBHS developed a triennial *Progress Towards Reducing Disparities in Mental Health Services* report. The last report covers three time points (Fiscal Years 2009-10, 2012-13, and 2015-16), and is used as a guide on the current disparities that exist in the County and progress towards the reduction of the disparities over the years. As mentioned previously, SDCBHS has reimagined this report as a set of dynamic dashboards called the *Community Experience Partnership*. The project is ongoing, and several dashboards have been produced to replace the static *Progress Towards Reducing Disparities in Mental Health Services Report*.
- SDCBHS has contracts with the University of California San Diego (UCSD) Health Services Research Center (HSRC), and Child and Adolescent Services Research Center (CASRC) to track client and system outcome measures, evaluate programs, and provide service utilization data. The reports developed by the Research Centers assist the SDCBHS in making relevant decisions regarding the reduction of health disparities.
- Behavioral Health Services' Population Health Network Quality and Planning team in conjunction with UCSD Research Centers, develops annual systemwide and program-level data books that contain information on the age, gender, diagnosis, race/ethnicity, preferred language, living arrangement, substance use, insurance status, and history of trauma among clients served, as well as the services provided. The reports have been enhanced over the years to include a focus on diverse cultural groups being served. The reports are distributed to the Executive team and the Contract Monitors who use the results to track the populations served and the services received and use the information to have discussions with individual program managers on a regular basis.

  SDCBHS continues to monitor client satisfaction with services using semiannual state-developed survey tools (the Youth Services Survey or YSS for children and youth clients and the Mental Health Statistics Improvement Program or MHSIP for adult clients, and the Treatment Perceptions Survey (TPS) for SUD clients. Survey tools are provided in multiple threshold languages, and the County feels that the survey is an important way to hear the client's voice on the program. level. Many of the County's providers have a requirement in their contracts to participate in this survey. Additionally, the SDCBHS often includes a supplemental questionnaire on a regular basis that focuses on such areas as Peer and Family Support Specialists, substance use, foster care, physical health, trauma-informed systems, housing, and spirituality.
- The behavioral health entities are required to have a Cultural Competence Plan in place, and individual programs are encouraged to enhance the Plan to better match the clients they serve and their communities' needs.
- The SDCBHS uses annual and biennial surveys to evaluate the programs' progress in becoming culturally and linguistically competent. More information on the surveys is available in Criterion 5.
- San Diego County is currently able to pull timeliness data from both Cerner Community Behavioral Health and San Diego's Web Infrastructure for Treatment Services electronic health records (EHR). However, on September 1st, 2024, SmartCare will be implemented as the EHR for both the mental health (MH) and substance use disorder (SUD) systems of care. SmartCare complies with 42 CFR Part 2 regulations and allows for a seamless provider communication network for clients who are receiving both MH and SUD services. Upon clients signing a SmartCare consent form, SUD providers may have access to the documentation of other SUD providers; SUD providers may also

have access to the documentation of mental health providers; and mental health providers may view the documentation of SUD providers as well as other mental health providers. Clinical Data Access Groups (CDAGs) will be set up within SmartCare to determine which program information providers are able to see based on roles.

- SDCBHS reviews Quarterly Status Reports (QSRs) and Monthly Status Reports (MSRs) from providers as a tool for data and outcomes.
    - Hosts monthly meetings with regional program managers to ensure that all programs receive timely System of Care updates.
    - Monitors access times to services on a regular basis.
    - Conducts program site visits annually or more often, if necessary.
    - Reviews the Cultural Competence Staffing and Training reports on a regular basis.
    - Updates contractual Statements of Work on a regular basis and as necessary.

C. Identify County technical assistance needs.

V C. SDCBHS would like technical assistance with a recommendation of evidence-informed strategies that are used by other counties and nationwide to help reduce health disparities and improve access to care.

CRITERION 3 THREE-YEAR STRATEGIC GOALS FOR FY 2021-24:

Continue to enhance collaboration with tribal Communities. **This goal was met for FY 2021-24.** The Roaming Outpatient Access Mobile (ROAM) team has continued to provide medical, dental, and behavioral health services to Native Americans residing on reservations in rural San Diego County. In FY 2024-25 the budget increased by $410,679 for increased service costs as well as expansion of services.

In February 2021, a contract between SDCBHS and Indian Health Services became effective with the goal of expanding DMC-ODS services to American Indian and Alaska Native individuals who are eligible for Medi-Cal. In addition, this service contract provides a clear process for reimbursing IHCPs for medically necessary DMC-ODS services.

THE ROAM MOBILE SERVICES (INN-20) Roaming Outpatient Access Mobile Services (ROAM) are mobile clinics that provide medical, dental and culturally appropriate mental health services to individuals living in rural areas. This program increases access to and usage of mental health services by providing services via mobile clinics on tribal lands to individuals that may be difficult to engage due to their lack of available services in the area. In FY 2020-21 the ROAM program provided nearly 1,000 behavioral health-related services, including cognitive behavioral therapy, trauma-informed therapy, substance abuse counseling, and medication management, to the rural Native American health population residing on reservations in the East Region of San Diego County.

Enhancement of the San Diego County Perinatal Equity Initiative focused on the Black community, providing education resources and support for soon-to-be fathers. **This goal was met for FY 2021-24**. The Black Legacy Now has launched a user-friendly educational website that links reading materials on ethnic and racial disparities towards African American mothers, downloadable educational documents that providers can share with their team or patients, and resources that soon-to-be fathers can utilize to assist their partners during the pregnancy or childbirth experience. Black Legacy Now's social media

has links to helpful resources like the Black Infant Health Program for Black mothers who are pregnant or have just given birth and want support and encouragement.

Black infants in San Diego County are three times more likely to die at birth and 60% more likely to be premature than white infants. To continue to drive these numbers down, the County Health and Human Services Agency (HHSA) launched Black Legacy Now, an education and outreach campaign to improve health outcomes for Black babies and their mothers in the region.

The new campaign supports the County's Perinatal Equity Initiative, which is being funded with a $1.45 million grant from the California Department of Public Health to reduce racial bias and improve birth and maternal health outcomes for Black families. The initiative's goals are to:

- Address the causes of persistent inequality and identify best practices
- Promote the use of specific interventions designed to fill gaps in current programming
- Provide funding to County health departments to promote leadership and coordination for widespread and lasting change in public awareness

A Perinatal Equity Initiative Community Advisory Board member and board-certified OB/GYN, outlined potential changes for local healthcare systems including:

- Standardization of maternal and infant care protocols for physicians and patient education
- An increase in remote patient monitoring for new parent support
- Incorporating mental health counseling into routine post-partum care
- Updates to patient discharge instructions to provide new mothers with simple instructions and tips for knowing when to seek medical help
- Increased access to alternative birthing centers and midwifery

Black Legacy Now aligns with Live Well San Diego, the County's vision of healthy, safe, and thriving residents and communities. The campaign is bringing together San Diego County's top health care, government, public policy, and maternal and infant health experts to address these disparities and create concrete plans for reducing systemic bias and improving health outcomes for Black families in San Diego County.

Establish a new framework for healthcare in County Jails, specifically minimizing the expansion of outsourcing healthcare and increasing the number of county health nurses, mental health professionals, and drug treatment providers, as noted in the Board of Supervisors' County Address. **This goal was met for FY 2021-24**. A Certified Nurse Assistant (CNA) position has been added to the Sheriff's workforce. These nursing assistants will support registered nurses and licensed vocational nurses and allow them to focus on other duties related to caring for people who are housed in Medical and Psychiatric Stabilization Units. In addition, the Sheriff's Department also added the new job classification of mental health case management clinician to further support healthcare goals. To further streamline and organize the Sheriff's jail healthcare, a five-year initial term contract with Naphcare, which enables Naphcare to provide medical and mental health service within the Sheriff's jail healthcare facilities, was initiated. The contract provides additional staff and services on an as-needed basis and ensures individuals in custody are evaluated and treated in a timely manner.

At the direction of the County Board of Supervisors, County agencies are working together to develop a better way to provide behavioral and physical health services at its seven detention facilities. In late 2021, a memorandum of understanding (MOU) between the San Diego County Sheriff's Department and

SDCBHS was completed, paving the way for a multi-year plan for providing improved services in jails and connecting individuals to supportive services. The approved budget allows the County to make

extensive investments, including adding 160 new medical/behavioral health employees. The MOU outlines improvements such as:

- intake and ongoing individual assessments
- Medicated Assisted Treatment (MAT) services
- care coordination
- additional identified healthcare enhancements
- Clinical Quality Oversight, and
- coordinated health record-keeping and sharing/management of data.

Ensure a bottom-up, community-based approach in engaging BIPOC communities. **This goal was met for FY 2021-24**. Breaking Down Barriers (BDB) is an outreach campaign that engages distinct, underserved communities, including Latinx, Black, American Indian African immigrants/refugees, Lesbian, Gay, Bisexual, Transgendered and Questioning (LGBTQ) individuals, Asian-Pacific Islanders (API) and Middle Eastern individuals, to increase access to mental health services. The campaign's Cultural Broker strategy builds community acceptance through organized group presentations, individual one-to-one resource sharing and conversation, and participation at community events, fairs, or celebrations.

Each year SDCBHS solicits feedback from the community about behavioral health needs to gather input about how to better serve San Diego residents and meet the requirements of the Mental Health Services Act. Community members are asked to discuss pressing behavioral health issues and ways to better engage and serve the community; they also brainstorm ideas about new programs and services. Community input is used to inform the development of new programs and/or the expansion or modification of existing programs. The community engagement process is designed to identify and gather information regarding the needs of regional unserved and underserved populations.

Cultural Brokers serve as mediators between groups or individuals of different cultural backgrounds to bridge understanding. Cultural brokering is an ancient practice traced to the earliest recorded encounters between cultures. The program reduces stigma and discrimination through increased

Breaking Down Barriers: Feedback to COSD BHS

The BDB contractor conducted multiple outreach activities to the target communities. Some themes shared back to the COSD BHS include:

- Latinx: Need for visibility and transparency around the conversation of medication to support one's mental health via an Instagram Live event "Experiences with Medication."
- African American: Appreciation for outreach efforts and programs
- LGBTQ: workshops and group discussions add validation and created a great and safe community vibe (workshop on Boundaries with Voices of Love)
- African-Refugee: Participants shared how they learned that their bodies can pass down trauma in the form of genetics (workshop African Refugee Population topic historical trauma and resiliency, Somali Bantu Association of America). Participants shared awareness of stigmas tending to isolate individuals experiencing mental health crises and discussed how those who are unhoused are greatly impacted by mental health but are not given compassion. Participants expressed positive feedback about the BDB presentation.
- Middle Eastern: Feedback included that these important conversations to have and are often not discussed in the medical field (Cultural humility presentation on Afghan culture for the Philippine Nurses Association of San Diego (PNASD)).
- Asian-Pacific Islanders (API): Content is affirming and appreciated (Cultural humility presentation about API in the United States for Advanced North).
- Native American Community: Feedback from community meeting emphasized the importance of increasing culturally aware service providers who speak various languages and reflect the community.

awareness and acceptance of mental illness and treatment choices, increased access and use of available services, especially in previously unserved and underserved communities, and the development of a knowledge base for best practices of outreach and engagement.

CRITERION 3 THREE-YEAR STRATEGIC GOALS FOR FY 2024-27:

Increase current penetration rate among Latino/Hispanic population by conducting community outreach and engagement activities focused on increasing access and awareness of behavioral health programs and services in communities with a dense Latinx population.

Over the next three years, SDCBHS will implement findings from community data analysis and the clinical design process in service delivery to reduce racial, ethnic, cultural, and linguistic behavioral health disparities as evidenced by an increase in the proportion of diverse clients served.

CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

I. The county has a Cultural Competence Committee or other group that addresses cultural issues and has participation from cultural groups that are reflective of the community.

The County shall include the following in the CCPR:

A. Brief description of the Cultural Competence Committee or other similar group (organizational structure, frequency of meetings, functions, and role).

I A. SDCBHS Policy #5946 (first referenced in Criterion 1) establishes the SDCBHS Cultural Competence Resource Team (CCRT) to advise the Deputy Directors of culturally competent practices with children, youth, and adults. The policy promotes mental health, wellness, and recovery and eliminates the debilitating effects of psychiatric, alcohol, and substance use conditions in a culturally centered manner. It also promotes cultural competence throughout the services provided by San Diego County Behavioral Health Services.

The CCRT is an advisory board operating at the behest of the San Diego County Behavioral Health Services (SDCBHS) Director. The team establishes annual goals supporting San Diego's Behavioral Health Cultural Competence Plan, which has been submitted, approved, and monitored by the state. The Committee consists of a Chairperson (also the Ethnic Services Coordinator), twenty (20) voting members, and two (2) Subcommittees. The Executive Committee consists of the Subcommittee Chairpersons and the CCRT Chair. The CCRT meets for one and a half hours on the first Friday of each month. The standing monthly agenda items include the CCRT Chair's report, Mental Health Services Act (MHSA) update, Quality Improvement updates, committee updates on education and training, and children and youth.

Membership is chosen in such a way as to be as representative as possible of the Behavioral Health community. The recruitment procedure is as follows:

- CRITERIA FOR SELECTION
  - Candidates will be recruited from San Diego, a thriving, culturally diverse community, which is not limited to but will include:
    - County Regions
    - County Contractors
    - Community Hospitals
    - Optum Programs
    - Community Services Programs
    - Consumer/Community Organization (youth & adult)

  - Candidates will have demonstrated a sincere interest in cultural diversity (resumé, if applicable) and an expressed interest in promoting the CCRT's agenda (written letter with a paragraph on why the candidate desired to become a member). The CCRT shall consist of no more than 20 active voting members and an unspecified number of inactive and honorary members. The SDCBHS Director appoints active members. The CCRT Chairperson and the SDCBHS Director can designate inactive membership and honorary membership.

- Candidates can become active members in one of three ways:
  - Direct appointment by the SDCBHS Director;
  - Active participation on a Subcommittee task force project, followed by a recommendation by the Subcommittee Chairperson; or
  - Recommendation by CCRT Chairperson.

➢ ACTIVE MEMBERSHIP

- Active membership shall be reserved for those members who are committed to:
  - Thorough review of the Cultural Competence Plan for the SDCBHS and a commitment to read all materials pertinent to CCRT.
  - Attend CCRT monthly meeting (notify CCRT of any absences).
  - Accept assignments from one or both subcommittees and assume a role in the subcommittee's tasks for projects.
  - Willingness to take advantage of every opportunity to promote and support the goals of the CCRT actively.

➢ INACTIVE MEMBERSHIP

Inactive membership shall be reserved for those who have served as active members for two or more years and, for personal or professional reasons, cannot attend the CCRT meetings regularly.

Inactive members agree to act as consultants and promote and support the CCRT's workplace and community goals. Membership can be activated by writing a request to the Chair.

➢ HONORARY MEMBERSHIP

Honorary membership shall be reserved for community members who have made outstanding achievements in cultural competence and who support and promote the CCRT's goals.

All membership levels entitle the holder to receive CCRT minutes, announcements, and newsletters.

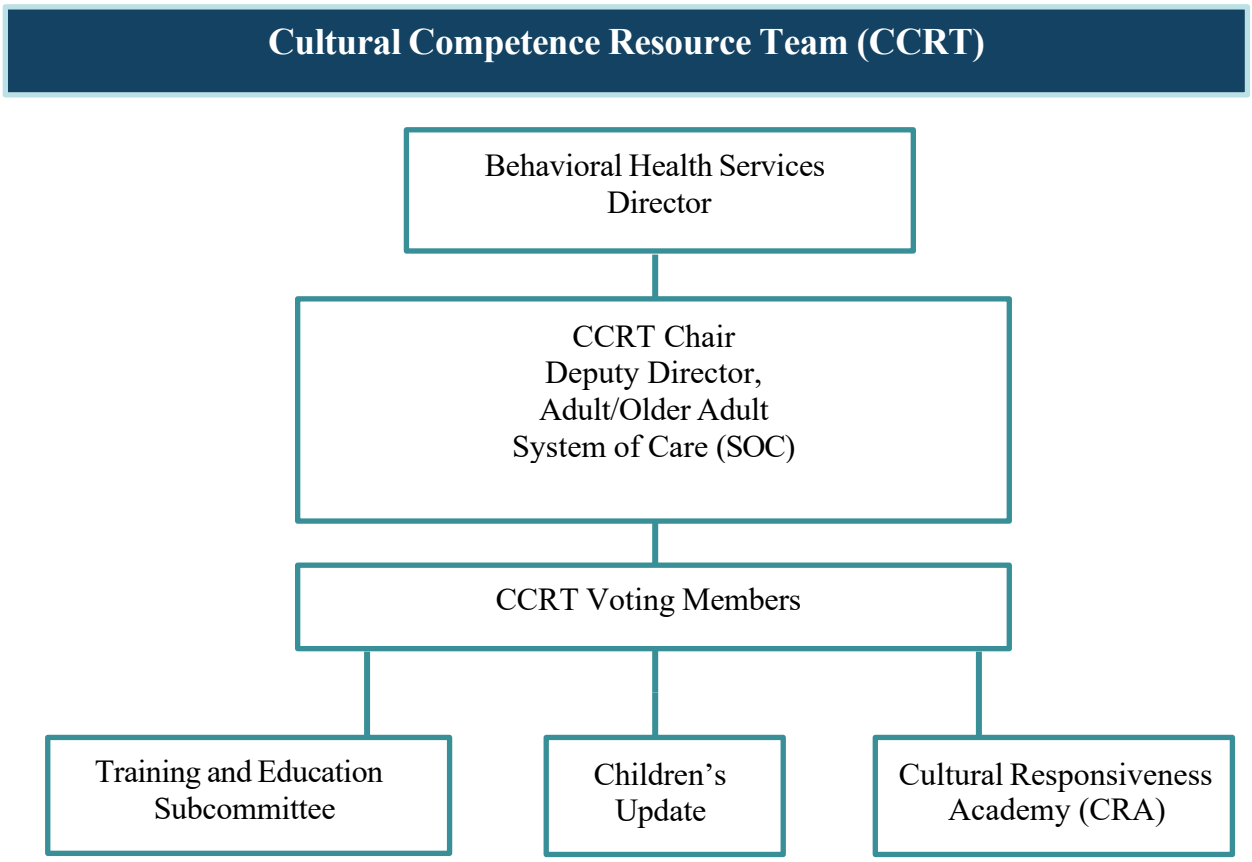
Inactive and Honorary members are invited to attend all CCRT meetings at their convenience.

The community provided feedback on the organizational structure, functions, and role of the Cultural Competence Committee, known as the Cultural Competence Resource Team (CCRT). It was recommended that representatives of the CCRT be present at other System of Care Council meetings and that program managers attend CCRT meetings. Members from the CCRT group have actively shared announcements at various council meetings to share resources and create a more fluid system of care. These changes have demonstrated that the guiding principles of the CCRT can aid in executive decision-making. With the community input received, SDCBHS will ensure continued diversity on the CCRT to accurately represent the community served. In addition, efforts will be made to ensure that CCRT members who sit in other councils, community meetings, and stakeholder events relay information from the CCRT in their capacity.

B. Policies, procedures, and practices that assure members of the Cultural Competence Committee will be reflective of the community, including County management level and line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other members as necessary.

I B. Policy #5946 assures that members of the CCRT reflect the community, including County management level and line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other members, as necessary. The policy states that the Deputy Directors of SDCBHS shall appoint members of the resource team, those appointees from various organizational units and disciplines within SDCBHS, and member-at-large appointees from the community, including consumers and family representatives. Representatives from key groups such as the SDCBHS Quality Improvement Unit, the Clinical Staff Association, the Mental Health Contractors Association (ADSPA), and the Behavioral Health Advisory Board (BHAB). Currently, the CCRT includes members from each recommended group.

C. Organizational chart



D. Committee membership roster listing member affiliation, if any.

I D. The committee membership roster listing below includes voting members, alternates, and County administrative support.

Member/Non-Member	Agency/Affiliation
Abdi, Sahra	United Women of East Africa
Alami, Mahvash	Survivors of Torture
Barnett, Elisa	The Alzheimer's Association San Diego/Imperial Chapter
Bergmann, Luke	BHS Director, Non-Member
Camarena, Juan	San Diego State University
Cook, Robert	Heartland House, ADSPA
Duron, Andrea	BHS – Adult, Non-Member
Garcia, Piedad	Chair -BHS Deputy Director, Non-Member
Gashaw-Gant, Gebaynesh	Honorary Member
Glezer, Natanya	BHS – Adult, Non-Member
Haddad, Shadi	San Ysidro Health Chaldean & Middle Eastern Social Services
Heller, Rick	Health Services Research Center (HSRC)
Hunter, Celeste	Child and Adolescent Services Research Center (CASRC)
Jaimes, Shiva	Cultural Responsiveness Academy (CRA) - Academy for Professional Excellence
Lozada, Rosa Ana	Children, Families & Youth Council
Meza, Pamela	BHS MSW Intern, Non-Member
Miles, Liz	BHS – Population Health, Non-Member
Mockus-Valenzuela, Danyte	BHS – Peer Support Services (PSS), Non-Member

Mohler, Edith	BHS – CY, Non-Member
Parada, Evelyn	Union of Pan Asian Communities (UPAC)
Paida, Rebecca	Nile Sisters Development
Pat, Carmen	Union of Pan Asian Communities (UPAC)
Penaflor, Melissa	NAMI San Diego, Peer Council
Prado, Valerie	BHS, Non-Member
Puebla, Linda	Community Engagement Program Manager (CHIP)
Rodriguez, Nancy	Case Management, Non-Member
Rusit, Jennifer	BHS-HCO
Solom, Angela	BHS-QIPIT, Non-Member
White-Voth, Charity	BHS – Adult, Non-Member

CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

II. The Cultural Competence Committee or other group responsible for cultural competence is integrated within the County Mental Health System.

The County shall include the following in the CCPR:

A. Evidence of policies, procedures, and practices that demonstrate the Cultural Competence Committee's activities, including the following:

1. Reviews of all services/programs/cultural competence plans with respect to cultural competence at the County.

II A1. Policy #5946 (Cultural Competence Resource Team) and Policy #5994 (Culturally and Linguistically Competent Services: Assuring Access and Availability), both referenced in Criterion 1, demonstrate that the CCRT is integrated within the County Behavioral Health System through the charges and activities outlined in the policies.

The CCRT's charge serves as the "eyes, ears, and conscience" of the SDCBHS system regarding developing cultural competence in delivering behavioral health services to culturally diverse

populations and systemwide adherence to the local Cultural Competence Plan. The CCRT is a formal mechanism for providing input and feedback on cultural competence from both organizational and contracted individual providers (#5946). Members provide such input collectively and bring the message of the CCRT to the community organizations, committees, councils, and advisory boards to which they belong.

The CCRT meets monthly and discusses cultural competence issues in the County regarding Adult and Children/Youth Services, Education and Training, Policy and Program Development, Health Care Disparities, California Mental Health Planning, and other pertinent topics. Also, to provide context on proposed changes and issues facing the SDCBHS, the CCRT is briefed at the beginning of most meetings regarding the economic and regulatory realities at the State level and their expected influence on the County.

In recent years, the CCRT has participated in the following activities:

- Evaluated the LGBTQ recommendations aligned with the County of San Diego's 10-Year Roadmap.
- Held a retreat for CCRT members to 1) learn new initiatives SDCBHS is considering, 2) hear reports on the successes or shortcomings of initiatives, 3) review system and client outcomes, 4) chart the course for the upcoming year, 5) draft and organize recommendations on impending service changes, 6) review the most recent ethnic/racial and cultural composition of the County, and 7) consider strategies to reflect the changing demographics and needs of San Diego.
- Reviewed and discussed the Strategic Plan for Diversity & Inclusion (2015-2020).
- Presented at the Cultural Competency Academy Capstone graduation, which included 40 hours of cultural competency training.
- Participated in the Birth of Brilliance Conference, a collaborative effort of the Early Childhood Committee and the Children and Youth Behavioral Health System of Care Council (CYBHSOC).
- Reviewed and provided input on the Cultural Competence Handbook, including a recommendation to survey clients to assess the program's cultural competence as more client-friendly and comprehensive.
- Provided feedback to the children and youth council on the Guiding Principles.
- Met with the East African and Refugee communities to gather input on service needs and gaps.
- Engaged in a series of presentations on trauma-informed care for asylees at the migrant shelters (March 2019). The presentations were part of the San Diego Rapid Response Network (SDRRN) and included participants such as public health nurses and other volunteers.
- Identified a need for a comprehensive list of resources for the providers to learn about various cultural groups and worked to update the list.
- Outlined goals for FY 2021-22, which include implementing a cultural competence plan, addressing health care disparities, outreach to prevention and community engagement regarding participation, and coordinating efforts to enhance cross-trending through outreach and expanding membership of the CCRT.
- Updated and maintained the economic and regulatory realities and mandates at the State and local levels.
- Assisted in developing the County Executive Leadership Academy Training based on anti-racism and social equity was developed in partnership with RIHS.
- Delivered input for the MHSA forums.

- Along with HHSA/BHS, aided in reviving the Diversity and Inclusion Executive Council at the Agency level.

Ongoing CCRT activities include:

- Review data on penetration rates, retention, and types of services utilized by communities of color to assess barriers to services.
- Identify gaps in representation within CCRT and develop targeted outreach for those agencies/community groups for participation.
- Issue quarterly CCRT updates using a standardized presentation tool at various meetings and Councils to ensure consistent messaging.
- Provide dedicated support to programs, contractors, and community agencies that request technical assistance and guidance regarding cultural competence efforts within their organization.
- Present an annual services review of the QI Work Plan Evaluation data, including staff linguistic and cultural proficiency, cultural competence training, and consumer satisfaction survey results.
- Review the annual Cultural Competency Plan (2017-2023), deliver feedback on the assessment tools, and participate in developing the three-year Cultural Competency Strategic Plan.
- Assist in the annual External Quality Review (EQR) by attending the Cultural Competence-related sessions, providing information on CCRT local activities, and responding to questions related to the CCRT.
- Review legal entity (LE) cultural competency plans and provide feedback.
- The CCRT Chair and other County representatives have been actively involved in implementing and advancing cultural competence in the Drug Medi-Cal Organized Delivery System (DMC-ODS).

There were 6 CCRT meetings in FY 2023-24, and the Education and Training (E&T) Subcommittee met 10 times during the fiscal year.

2. Provides reports to Quality Assurance/Quality Improvement Program in the County.

II A2. SDCBHS, with the guidance of the CCRT, will ensure ongoing progress toward meeting service availability based on the cultural and linguistic needs of the population of San Diego County requiring behavioral health services.

There is a close linkage between the CCRT and quality improvement (QI). SDBHS recently reorganized the QI unit under Population Health, which is now called the Network Quality and Planning (NQP) unit. NQP participates in the Committee and prioritizes feedback from the CCRT to help ensure that services are effectively tailored to meet the diverse needs of all individuals within San Diego County. CCRT feedback helps identify areas where cultural competence training, language access services, and culturally sensitive practices can be strengthened to better serve diverse populations. Some topics related to quality improvement that are discussed throughout the year include: Organizational and individual cultural competence evaluation tools, SDCBHS Annual Databook, outcomes reports, Annual EQR, Cerner Community Behavioral Health (CCBH) EHR System training, the rollout of the upcoming EHR system (SmartCare), the collective review and feedback on MH and SUD Provider Cultural Competence Plans, penetration and utilization rates, and other reports and data that relate to the cultural/ethnic diversity of the individuals served.

CCRT members informally report on updates and pertinent information gathered at various Councils, meetings, and conferences they attend, thus enhancing their knowledge of the community. CCRT members also have the opportunity to share handouts from other meetings to relay community concerns and needs.

During the February 2024 CCRT meeting, the Network Quality and Planning (NQP) team, as part of the Quality Improvement Work Plan (QIWP), presented on Hispanic/Latino penetration rates countywide. Members of the CCRT provided feedback on barriers to services, utilization rate data, outreach opportunities, and the political climate and mental health stigma impacting service utilization. Through the lens of the CCRT, the ideas presented were incorporated into the quality measures addressed in the work plan.

Additionally, in the March 2024 CCRT meeting, the BHS Communication and Engagement Team presented to the CCRT regarding efforts to enhance culturally competent service delivery. CCRT members provided feedback regarding media efforts, linguistic needs, and other culturally relevant communication considerations. Also, the UCSD engagement team presented the Service Planning Tool in the March meeting. Though not yet public, the Service Planning Tool is a comprehensive platform designed to streamline the planning, coordination, and delivery of various social and mental health services in San Diego County. Through its data-driven approach, the tool assesses demographic trends, evaluates service utilization patterns, and identifies gaps in service delivery. By mapping available resources, such as healthcare facilities, community centers, and support services, the tool helps strategically allocate resources, address service disparities, and optimize service delivery to meet the population's diverse needs. The UCSD engagement team asked CCRT members for feedback to help ensure all cultural implications of the tool had been considered.

3. Participates in overall planning and implementation of services at the County.

II A3. The CCRT participates in the overall planning and implementation of services in the County by analyzing demographic information. This helps determine gaps in service provision and ensures that cultural and linguistic needs are considered in strategic plans, human resource training and recruitment, and contracting requirements (Policy Reference #5994). Planning and implementation are discussed regularly in CCRT meetings covering the following areas:

- Access to Care – the need to continue with multiple efforts to engage culturally and ethnically diverse individuals who are unserved or underserved.
- Evidence-Based Practices—there is a need to continue measuring the success of evidence-based practices (EBP) implemented in integrated physical health, mental health, and dual diagnosis services in areas with diverse populations.
- Workforce Development – the need to evaluate the expansion of cultural competence education, including establishing community liaisons or culture brokers to enhance outreach to diverse underserved populations.
- Evaluation and Outcomes—the need to identify a set of standards or elements that encompass defining criteria that go beyond what is currently required, possibly using EBPs as interventions with specific outcomes.
- Quality of Care—the need to identify and evaluate specific quality of care standards that would inform the administration about how well the SDCBHS system meets the

needs of ethnically diverse clients.

The CCRT has also provided ongoing input and review of the development and implementation of all phases of the MHSA Plans, and MHSA is a standing item on the agenda. The CCRT maintains its interest in reports on the outcomes of services implemented to benefit ethnically, racially, and culturally diverse populations. The CCRT has provided feedback on suggested uses of enhancement funding for the CSS Plan. The Ethnic Services Coordinator continues to carry CCRT's concerns to SDCBHS executive meetings. CCRT input was taken into multiple phases of the MHSA process through member participation in the children and youth, as well as adult Housing Councils, TAY Council, and other stakeholder and work groups. Furthermore, CCRT has worked to engage community leaders, mental health providers, and clients to provide feedback and recommendations for culturally and linguistically specific programs to address underserved populations. Multiple programs have been developed to include culturally and linguistically specific services, specifically addressing the five target populations that align with the local culture and community needs.

The following programs address adult clients demonstrating community outreach, engagement, and involvement efforts with the five identified racial, ethnic, cultural, and linguistic communities (Latino, African American, API, LGBTQ+, and Native American). While there was a focus on the five target populations, SDCBHS is mindful of San Diego's diversity, specifically with immigrant and refugee communities, and has included programming outside of the five target populations: Project In-Reach, Breaking Down Barriers, the Fotonovela Project, clubhouses, Bio-Psychosocial Rehabilitation (BPSR) Wellness Recovery Centers (WRC), Outpatient Services for Deaf and Hard of Hearing, Survivors of Torture, International (SOTI), Innovative Mobile Hoarding Intervention Program (IMHIP), Our Safe Place, Roaming Outpatient Access Mobile (ROAM), and two San Diego County Behavioral Health Services (SDCBHS) and Faith-Based Community Dialogue Planning Groups.

Stakeholders provided feedback on the policies, procedures, and practices of the Cultural Competence Resource Team. They recommended that new SDCBHS employees attend at least one CCRT meeting during the new hire orientation. Additionally, it was suggested that the contracting officer's representatives (CORs) be connected continuously to monitor contracted programs' cultural competence and receive feedback and updates from CORs regularly. Also, cultural competence was recommended as one standing agenda item at all System of Care Council meetings. Lastly, recommended practices included COR presentations of programs and how cultural competence is implemented, reviewing training contracts, and monitoring cultural competence outcomes. With the community input received, SDCBHS will also focus on enhancing COR training in monitoring for cultural competency. Within the Cultural Competence Strategic Plan, efforts will be made to identify training opportunities for all CORs to assist them with the monitoring of cultural competence. In addition, the Population Health NQP team will continue to review the cultural competence policies to ensure alignment with the program's cultural competency requirements.

4. Reporting requirements include directly transmitting recommendations to executive level and transmitting concerns to the Mental Health Director.

II A4. San Diego County's commitment to cultural competence in policies and practices is documented in the CCRT meeting minutes.

The CCRT transmits recommendations to the executive level by providing them to the Ethnic Services Coordinator, who can directly relay the CCRT's recommendations to the SDCBHS Director.

The CCRT works with the Population Health NQP team on performance outcomes and standards for assessing the behavioral health system's cultural competence in servicing culturally diverse populations and recommending data collection strategies. The CCRT can recommend corrective action when the system's performance does not meet the expected standards of cultural competence (Policy Reference #5946).

5. Participates in and reviews County MHSA planning process.

II A5. The CCRT participates in and provides input during the development of the MHSA planning process. The MHSA staff presented directly to the CCRT. The CCRT has contributed to and reviewed the ongoing County MHSA planning process through participation in stakeholder groups, children's and youth councils, and adult councils. Additionally, the views of the CCRT are also reflected by the Ethnic Services Coordinator in all executive planning committees.

6. Participates in and reviews County MHSA stakeholder process;

II A6. As discussed above, the CCRT has participated in the SDCBHS MHSA stakeholder input process both as a group and as individual members. The CCRT members serve on various stakeholder groups, including children and youth, as well as adult Housing Councils, the TAY Council, and other meetings.

On the committee level, the CCRT Education and Training Sub-Committee provided input on education and training needs for culturally and linguistically diverse populations.

7. Participates in and reviews County MHSA plans for all MHSA components;

II A7. All CCRT meeting minutes are posted on the County of San Diego website for public access. Minutes illustrate evidence of CCRT participation in and review of County MHSA programs, community feedback, and the annual updates for MHSA components. MHSA is a

standing item on the agenda, and an MHSA representative is always present at the monthly meetings.

8. Participates in and reviews client developed programs (wellness, recovery, and peer support programs); and

II A8. The CCRT participates in and provides input for the MHSA Forum. Members of two leading client/family-operated agencies—Recovery Innovations International (initial forum no longer active) and NAMI serve on the CCRT, bringing their unique expertise to all discussions. Peer and family representatives participate in the review of client-developed and run programs. Additionally, representatives from UPAC, Southern Indian Health Council, Mental Health America, Deaf Community Services, the Research Centers, Optum, RIHS, TKC, Harmonium, and Exodus Recovery assist with the review of the client-developed programs.

CCRT participated in CARE Court Planning and Implementation, including housing services. CCRT also collaborated with Viejas Tribal to discuss the initiation of MCRT within this community.

9. Participate in revised CCPR (2015) development.

II A9. The purpose and structure of the CCRT supports the local Cultural Competence Plan as mandated by the DHCS, as seen in Policy #5946, first referenced in Criterion 1.

In 2015, the CCRT participated in revising the CCPR (2015), devoting time to each meeting to provide input, feedback, and a final review of portions of the CCPR.

B. Provide evidence that the Cultural Competence Committee participates in the above review process.

II B. As discussed, and documented above in Sections 1-8, San Diego County's CCRT participates in the review process for the County MHSA planning process, including but not limited to:

- County MHSA stakeholder process
- County MHSA annual updates for all MHSA components
- Client-developed programs (wellness, recovery, and peer support programs). This is evidenced in the CCRT meeting minutes.

C. Annual Report of the Cultural Competence Committee's activities including:

i. Detailed discussion of the goals and objectives of the committee;
ii. Were the goals and objectives met?
a. If yes, explain why the county considers them successful.
b. If no, what are the next steps?
iii. Reviews and recommendations to County programs and services;
iv. Goals of cultural competence plans;
v. Human Resources report;
vi. County organizational assessment;
vii. Training plans; and
viii. Other County activities, as necessary

i. The CCRT produces an annual document outlining its accomplishments and goals for the upcoming FY. In addition to having a CCRT representative at the Council meetings, Cultural Competence/Diversity & Inclusion (D&I) is also proposed as a standing agenda item in Council Meetings.
ii. The CCRT meets monthly and prioritizes discussing the committee's and subcommittees' goals and objectives. The meeting minutes detail the discussion, decisions made, and priorities and goals of the committee. The CCRT provides input, highlights, and updates from their meetings. Discussions included but were not limited to equity and racial training needs for service providers, primary care and behavioral health integration, BHS and HER updates, and legislation changes. Other discussions included increasing CCRT Substance Use Disorder provider and consumer membership, inviting programs to present their respective Cultural Competence Plan, and advancing culturally responsive community-based organizations to evidence-based standards. The CCRT includes identifying and implementing strategies to strengthen the system-wide advancement of cultural competence standards consistent with the State Plan and CLAS standards.
iii. The CCRT continues to set new goals and objectives for enhancing culturally and linguistically appropriate and trauma-informed services. The CCRT met many goals in FY 2022-23, including, but not limited to 1) Reviewed three LE's practices in implementing CLAS Standards, E&T workgroup review CC plans and provided feedback to CCRT; 3) Participated in the community experience partnership (CEP) workgroup; 4) Reviewed of the Behavioral Health Equity Index; 5) Enhanced cross threading (expanding CCRT membership, D&I & Office of Equity and Racial Justice presentations); and 6) Provided input to the NQP unit on the Three-Year Strategic Cultural Competence Plan, reviews and implements new cultural competence assessment tools in the SDCBHS system and updates the Cultural Competence Handbook.
iv. SDCBHS considers the goals successful because, throughout the year, the sub-committees and leads from various internal teams updated CCRT at monthly meetings and continuously worked to obtain input from the committee members to meet the goals. Recommendations include integrating the Children and Youth (CY) System of Care guiding principles, cultural competence, trauma-informed practice looking into cultural disparities and the impact of trauma across a lifespan, and training on cultural bias. Other criteria in this Cultural Competence Plan further detail the activities, initiatives, and goals achieved due to the effort at the CCRT.
v. The Education and Training (E&T) Sub-Committee met ten times throughout FY 2023-24 to identify, review, and implement new cultural competence assessment tools to align with the

SDCBHS system, its priorities, and the populations served.

vi. Throughout FY 2023-24, the leads for the CCRT workgroup volunteered to address the recommendations put forth by the CCRT Chair per their request to move forward and enhance the SDCBHS System of Care as it addresses equity and disparities in the prevention and early intervention arena, access to care and in the treatment delivery system for diverse communities of San Diego County.

vii. CCRT assisted the NQP Unit in enhancing a Cultural Competence Handbook to guide the providers. NQP collaborated with CCRT again this past fiscal year to request Cultural Competence Plans from all mental health and substance use programs to review and provide feedback. CCRT members used a standardized tool to review provider organizational Cultural Competence Plans by legal entity and provide recommendations for continuous improvement. All legal entities received a letter with specific feedback on their plan.

viii. In FY 2023-24, CCRT worked with the CRA to create a Cultural Competency needs assessment to distribute throughout BHS to identify training needs.

ix. The CCRT has provided feedback for the Community Experience Partnership (CEP) dashboards. The CEP dashboards serve as dynamic tools for monitoring and evaluating the progress and impact of collaborative initiatives within the community. These dashboards provide a comprehensive overview of key metrics, outcomes, and performance indicators related to various partnership projects and programs. CCRT's contribution in reviewing culturally appropriate and relevant datasets helps to ensure continuous improvement, accountability, and collective action to advance the well-being and resilience of communities across the county.

x. The goals for the FY 2023-24 fiscal year include:

- Cultural Competence (CC) Plan Review
  - ➢ Review of 3 LE's practices in implementing CLAS Standards in their programs
    - Request CC plans from a representative sample of LE, including MH, SU, and different sizes of LE
    - E&T workgroup to complete reviews of CC plans and provide overall feedback to CCRT
      - Including strengths and areas that need further development
      - Review/compare available data to determine how LEs are meeting the needs of the community with respect to the CC Plan
    - BHS to make recommendations for LE
    - Approximate Timeline:
      - Request CC plans in January 2024, review February/March 2024, and present findings in April/May 2024
    - Provide input and feedback to BHS, including COR and QA, as well as a Summary of Findings to the Executive team (one-pager) following each administration/review
- Health Care Disparities
  - ➢ Community Experience Partnership-CCRT participation in community engagement focus groups
    - Outreach to Prevention and Community Engagement regarding participation
    - Participants: 1-2 members from E&T Workgroup to participate and provide updates to CCRT meeting as needed/available
  - ➢ Behavioral Health Equity Index
    - In partnership with the Data Science team, the E&T workgroup will review

selected dashboard metrics (including one MH and SUD) to inform the membership of regional and system disparities
    - Include adashboard to address the intersection between law enforcement and mental health
    - Include a dashboard to address data gathered from the implementation of the CARE Court
- E&T to provide findings, including high-level analysis of both strengths and areas for further development to CCRT
    - June 2024
    - Participants: E&T subcommittee
    - Input and Feedback provided to BHS

- Coordinated Efforts/Enhanced Cross Threading
    - Expanding membership of CCRT
        - Initial outreach efforts to increase representation on CCRT
            - CY (consider appointing BHPC/AMSA)
            - Substance Use
            - Consider other groups to outreach to as representatives on CCRT
    - Groups to Present to CCRT to increase cross-threading across the SOC
        - Efforts ongoing throughout 2024

xi. The CCRT membership listing and the subcommittee Education and Learning Workgroup membership are regularly reviewed. The membership will continue to be updated annually to ensure adequate representation of stakeholders throughout the system of care.

xii. The CCRT continues to provide uniform quarterly updates and highlights at various meetings and councils to provide consistent messaging across the system of care. The CCRT has continued to create and strengthen the approach of having a common voice and message throughout the system of care within SDCBHS. Members from CCRT actively attend and participate in various council meetings, such as the CY council meeting, and provide announcements of highlights, achievements, goals, and plans. The delivered message is consistent across each council meeting, so each group is provided with the same information.

xiii. The first meeting of the Cultural Responsiveness Academy (CRA) Foundational Training series was held on March 15, 2019, and again in April 2023. In collaboration with Responsive Integrated Health Solutions (RIHS), they developed a list of topics needed for the CRA training series and recommended recruiting members to serve on a CRA monthly curriculum subcommittee. The Knowledge Center (TKC) offered cultural competency training to HHSA staff and licensed professionals to align with the needs and goals identified by the CCRT Education and Learning Workgroup

CRITERION 4 THREE-YEAR STRATEGIC GOALS FOR FY 2021-24:

BHS will enhance the reach of the CCRT by ensuring representatives share information and promote collaboration at community meetings, stakeholder meetings, and councils. **This goal was met for FY 2021-24.** The CCRT within the SDCBHS has significantly bolstered its impact by adopting a proactive approach to information sharing and collaboration. Through strategic initiatives, the CCRT has expanded its reach and influence by ensuring that its representatives actively participate in community meetings, stakeholder gatherings, and councils pertinent to mental health and cultural competency. By embedding CCRT members in these key forums, the team has facilitated meaningful dialogue, shared valuable resources, and promoted collaboration among diverse

stakeholders. This proactive engagement raises awareness about cultural competence initiatives and fosters partnerships that enhance the effectiveness and accessibility of behavioral health services across the community. By leveraging these platforms, the CCRT has solidified its position as a trusted resource and advocate for cultural competence, ultimately contributing to delivering equitable and inclusive mental health care services throughout San Diego County.

As detailed above, the CCRT provided input for the MHSA Forum. CCRT has had members of leading client/family-operated agencies, Recovery Innovations International and NAMI (NAMI continues to have representation), bringing their unique expertise to all discussions. Peer and family representatives have participated in the review of client-developed and run programs. Additionally, representatives from UPAC, Southern Indian Health Council, Mental Health America, Deaf Community Services, the Research Centers, Optum, CRA, TKC, Harmonium, Courage to Call, TURN BHS, and Exodus Recovery have assisted with the review of the client developed- programs.

CCRT also:

- Participated in CARE Court Planning and Implementation, including court loss housing services
- Collaborated with Viejas Tribal to discuss the initiation of MCRT within this community.
- Engaged in the SDCBHS MHSA stakeholder input process both as a group and as individual members.
- Served on various stakeholder groups, including children and youth, as well as adult Housing Councils, the TAY Council, and other meetings.

Finally, on the Committee level, the CCRT E&T Sub-Committee provided input on education and training needs for culturally and linguistically diverse populations.

BHS will enhance the representation of substance use providers on the CCRT. **This goal was met for FY 2021-24.** BHS has played a pivotal role in enhancing the representation of substance use providers' membership on the CCRT. Through targeted outreach efforts and collaboration with substance use treatment organizations, the CCRT has worked to ensure that the voices and perspectives of substance use providers are heard and valued in decision-making processes related to cultural competence. By actively engaging with substance use providers in meetings, training sessions, and collaborative initiatives, the CCRT has fostered a supportive environment where these providers can share their expertise, experiences, and insights. This concerted effort has helped to highlight the unique needs of substance use services and providers, leading to more inclusive and effective services for individuals and communities impacted by substance use disorders.

Throughout FYs 2021-22, 2022-23, and 2023-24, CCRT participated in reviewing substance use contractors Cultural Competency Plans and providing feedback. Additionally, to increase cross-threading, in partnership with the Data Science team and the E&T workgroup, CCRT reviewed metrics for SUD to inform memberships of regional and system disparities and discussed using representatives of CCRT to connect with substance use providers. Efforts to increase CCRT membership representation will continue throughout the 2024-25 FY. Currently, CCRT has SUD representation in the membership.

CRITERION 4 THREE-YEAR STRATEGIC GOALS FOR FY 2024-27:

Over the next three years, CCRT will collaborate annually with internal and community partners, including County and community-based Community Health Workers (CHW), to identify regional/system disparities and aid in improving community connection.

Over the next three years, CCRT will establish a tool to guide legal entities in the development of their cultural competency plan, conduct ongoing reviews, and provide feedback on submitted plans as evidenced by the inclusion of this tool in the SDCBHS Cultural Competence Handbook.

CULTURALLY COMPETENT TRAINING ACTIVITIES

I. The County system shall require all staff and stakeholders to receive annual cultural competence training.

The County shall include the following in the CCPR:

A. The County shall develop a three-year training plan for required cultural competence training that includes the following:

1. The projected number of staff who need the required competence training. This number shall be unduplicated.

2. Steps the County will take to provide cultural competence training to 100% of their staff over a three-year period.

3. How cultural competence has been embedded into all trainings.

I A1. All San Diego County Behavioral Health Services (SDCBHS) staff and contracted staff are required to complete a minimum of four (4) hours of cultural competence training annually. The staff includes County and contracted unlicensed direct service staff, licensed staff, psychiatrists, nurses, volunteers, managers, and support staff. As part of the Network Adequacy Certification Tool (NACT) capacity report submitted to DHCS, SDCBHS unique providers comprise roughly 1,608 mental health staff and 941 substance use disorder staff (these numbers do not include BHS administration staff). The four hours of cultural competency requirement is mandated for each SDCBHS contract and county-operated facility, including mental health and substance use disorder programs.

2. Steps the County will take to provide cultural competence training to 100% of their staff over a three-year period.

I A2. SDCBHS has shown growth in reaching the target of 100% of staff trained in cultural competence by requiring and reminding County and contracted staff, including support staff working with clients, to receive four (4) hours of cultural competence training each year. This requirement is contained in the Organizational Provider Operations Handbook (OPOH) and Substance Use Disorder Provider Operation Handbook (SUDPOH) and is a mandatory requirement of each contract. SDCBHS has contracted out the majority of its services, ranging from hospitalization to outpatient services for all age groups, in which County and contracted providers are responsible for obtaining and providing the required four hours of cultural competency training for their staff. County program monitors and the Clinical Director's Office track completion of the required four hours of training on a regular basis.

To ensure continued compliance, a three-pronged approach to expanded training has been implemented, which considers the changing economic and environmental climates.

First Prong: County and Contractor Self-Provided Trainings

Training is provided for county employees at no cost and for a small number of contracted providers' staff on a fee basis through the County of San Diego HHSA's training unit, The Knowledge Center (TKC). TKC of San Diego County offers diverse training programs to

enhance the skills, knowledge, and effectiveness of professionals working in various sectors. These trainings cover a wide array of topics, including but not limited to:

- **Mental Health Awareness:** Providing insights into mental health conditions, stigma reduction, and strategies for supporting individuals with mental illness.
- **Cultural Competency:** Exploring diversity, equity, and inclusion to promote culturally responsive practices in service delivery.
- **Trauma-Informed Care:** Equipping participants with the understanding and skills needed to recognize and respond to the impact of trauma on individuals and communities.
- **Substance Use Disorder Treatment:** Offering training on evidence-based approaches to prevention, intervention, and treatment of substance use disorders.
- **Child and Family Services:** Providing resources and strategies for supporting children, youth, and families involved in the child welfare system.
- **Professional Development:** Offering skill-building workshops, leadership training, and continuing education opportunities for professionals across various disciplines.
- **Healthcare Integration:** Exploring strategies for integrating behavioral health services into primary care settings to improve overall health outcomes.
- **Data Analysis and Evaluation:** Providing training on data collection, analysis, and program evaluation techniques to inform evidence-based decision-making.

These trainings are designed to meet the needs of diverse professionals, including clinicians, social workers, educators, law enforcement personnel, and community leaders. By offering access to high-quality training and resources, the Knowledge Center of San Diego County supports the ongoing professional development and capacity-building efforts of individuals and organizations working to improve the health and well-being of the community. Some of the National Association of Counties (NACo) award-winning programs designed by TKC include:

- Growing Resiliency within a Trauma-Informed Lens
- Compassionate Leadership Toolkit
- Live Well through Self-Care Workshop

Several of San Diego County's larger contractors, including Community Research Foundation (CRF), New Alternatives, Inc., and TURN BHS, offer cultural competence training to their individual programs to meet the four-hour requirement. Their courses are also free to agency staff and the public on a fee basis. CRF and TURN BHS also promote cultural competency in their staff by

offering a robust Relias LMS with many CC trainings that staff can access for free. They have focused their training on Diversity, Equity, and Inclusion for Healthcare Employees, Working Effectively with LGBTQ+ Children and Youth, Understanding and Addressing Racial Trauma in Behavioral Health, and Cultural Awareness and Older Adults. CRF Continuing Education (CE) program has been accredited by the American Psychological Association (APA) and the CA Board of Nursing since 2005. Periodically, CRF trainings are open to community participants for a fee.

Additionally, various divisions and county-operated programs within SDCBHS complete their own internal cultural competence activities and have meaningful discussions. The Children and Youth (CY) organizes an annual team-building event to foster collaboration, camaraderie, and professional growth among its staff. This event brings together professionals from diverse backgrounds, including clinicians, counselors, social workers, and administrative staff, who are dedicated to serving children and youth in the community. Through a variety of engaging activities, workshops, and interactive exercises, team members have the opportunity to strengthen relationships, enhance communication skills, and build trust within the team. The event also provides a platform for sharing best practices, exchanging ideas, and learning from one another's experiences. By promoting a supportive and inclusive work culture, the annual team-building event reinforces the organization's commitment to providing high-quality, client-centered care and improving outcomes for children and youth in San Diego County. Events have included:

- Presentations from representatives of the County of San Diego Employee Resource Groups (ERG).
- Groups invited include APACE, African American Association of County Employees (AAACE), Diverse Ability, a County of San Diego Employee Resource Group for People with Disabilities and their allies, emerging Workforce Associations (EWA), Indigenous Sovereign Nations (ISN), Lesbian. Gay, Bisexual, Transgender, Queer & Allies (LGBTQ&A), Middle Eastern Employee Resource Group (MEERG), San Diego County Latino Association (SDCLA), and Veterans Employee Resource Group (VALOR).

Additionally, the CY team monthly meetings are a platform for cultural competency training and conversations. CY infuses cultural competence/diversity and inclusion through CY team-building activities that promote learning and understanding of the customs and traditions of different cultures and histories, including local history. This is accomplished through fun activities using virtual applications, quizzes, videos, and monthly e-mails summarizing cultural celebrations, events, and best practices to promote cultural competence.

The adult division dedicates a minimum of one meeting per month focusing on diversity and inclusion. Topics range from discussing the disparities report, discussing CLCPA and PCSDA results, how to manage results with contractors, upcoming cultural trainings and conferences around diversity and responsiveness, racial bias and discrimination in San Diego County, as well as new initiatives and developments (i.e., Office of Racial Justice and Equality). Adult system of care staff are also provided with a quarterly Diversity and Inclusion Digest, which connects them to curated educational videos, podcasts, articles, and links to educational opportunities.

Second Prong: SDCBHS Contracted Trainings

In FY 2023-24, BHS sponsored a 3-day county-wide training series titled The Neuroscience of Decision-Making in Public Health: Accuracy, Excellence and Equity. The training was facilitated by Ms. Kimberly Papillon. Ms. Papillon is a nationally recognized subject matter in law, education, business, and medicine decision-making. She has been a faculty member at the National Judicial College since 2005. She has delivered over 400 lectures nationally and internationally on the implications of neuroscience, psychology, and implicit association in the decision-making analysis to medical students and medical school faculty. Ms. Papillon has delivered lectures to the Centers for Disease Control (CDC), the Securities and Exchange Commission, the United States Department of Justice, the United States Department of Education, and judges in over 20 states. She has provided presentations to the judges of the High Court of New Zealand, the Supreme Court of Victoria, Australia, the Canadian Judiciary, the U.S. National Council of Chief Judges of the State Courts of Appeal, the United States Courts for the Ninth Circuit and the Tenth Circuit, and numerous other federal courts. She has been appointed to the National Center for State Courts, National Training Team on Implicit Bias, a "think tank" for national judicial education. She has produced documentaries on neuroscience and judicial decision-making, which have received national recognition. Her academic article on neuroscience and decision-making was published in *Court Review,* the peer-reviewed journal of the American Judges Association.

The three-part mandatory training focused on emerging research in neuroscience, revealing how unconscious processes affect decision-making. The training aimed to identify ways to ensure sound decision-making and fairness guided by science.

Third Prong: WET Workforce Building Activities

The goal of the WET Plan has been to build an education and training framework or infrastructure that supports growing and maintaining a public behavioral health workforce consistent with the MHSA and WET fundamental concepts. A second goal is to ensure a culturally and linguistically competent workforce, including staff and family members, capable of offering client- and family-driven wellness, recovery, and resilience-oriented services within an integrated service experience. The following programs have been implemented to achieve these goals: *Specialized Training Modules:* This action was designed to increase the number and diversity of trainings offered to the County of San Diego's public behavioral health workforce. The training modules outlined support the core competencies for the public behavioral health workforce: the philosophy of client and family-driven services that promote wellness, resilience, and recovery-oriented services that lead to evidenced-based, value-driven outcomes. Cultural diversity must be incorporated into staffing, environment, and service delivery models. In accordance with this consideration, training has been aligned with targeted population groups to include Early Childhood, Youth, Transition Age Youth, Adults, and Older Adults, as well as culturally, linguistically, and ethnically diverse communities. In FY 2024-25, the estimated WET expenditures will be $7,633,450. Annually, up to $7 million in CSS funds will be transferred to the WET component to continue funding programs. WET funds were received as a one-time allocation, and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually.

Cultural Responsiveness Academy (WET-02)
The Cultural Responsiveness Academy (CRA) provides training to behavioral health and contracted behavioral health staff focused on multicultural populations. The CRA aims to provide awareness, knowledge, and skill-based training while ensuring the information is trauma-informed. In FY 2020-21 and FY 2022-23, a CRA Executive Series was offered to the County of San Diego Behavioral Health Services (SDCBHS) executives. A list of CRA trainings offered for FY 2024-25 is listed in section II B.

Interfaith Behavioral Health Workforce Centers of Excellence (WET-02)
The Behavioral Health Workforce Centers of Excellence is a regional training center that provides workforce training, education, and licensure to advance career opportunities and fill behavioral health positions. The regional training center will provide opportunities for diverse populations to enter the behavioral health workforce and provide connected care to historically underserved communities.

Training and Technical Assistance (WET-02)
The Regional Training Center (RTC) provides behavioral health and contracted behavioral health staff training on emerging topics and specific populations. The RTC aims to leverage expert trainers who provide knowledge, skill-based training, or subject matter expertise in short-term and responsive formats to meet staff and program needs. Notable focuses of these trainings include Racial Equity, Early Childhood Mental Health, and Care Coordination.

Public Mental Health Academy (WET-03)
The Public Mental Health Academy (PMHA) at San Diego City College was established in 2010 with funds provided through the MHSA WET to address the shortage and lack of diversity in mental health service providers. The PMHA facilitates workforce development and career pathways in public mental health by offering coursework leading to a Mental Health Work Certificate of Achievement (MHWCA) and academic counseling services, conferences, and workshops.

Community Psychiatry Fellowship (WET-04)
The UCSD Community Psychiatry Program places psychiatric mental health nurse practitioner (PMHNP) trainees alongside psychiatry residents throughout the program. This program was created to address the shortage of psychiatrists working in public behavioral health and to engage psychiatry residents in continuing their fellowship within public behavioral health.

ENHANCEMENTS AND CHANGES FOR FYs 2023-24 & 2024-25:

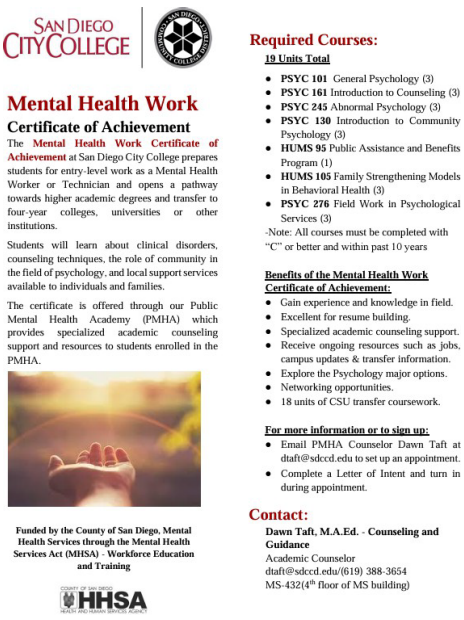
Behavioral Health Training Curriculum (BHTC) (WET-02)
The Behavioral Health Training Curriculum provides training and technical assistance to behavioral health and contracted behavioral health staff on trauma-informed care, cultural competency, mental health/substance use co-occurring disorders, and primary care/behavioral health integration. Training is provided in-person and virtually via eLearning and webinars. In FY 2024-25, the budget increased by $228,155 to align with the annual contract budget increases.

Community Psychiatry Fellowship (WET-04)
In FY 2024-25, the budget increased by $474,400 for program enhancements, including workforce training and psychiatry residency programs.

Cultural Competency Academy (WET-02)
The Cultural Competency Academy (CRA) provides training to behavioral health and contracted behavioral health staff focused on multicultural populations. The CRA aims to provide awareness, knowledge, and skill-based training while ensuring the information provided is trauma-informed. In FY 2024-25, the budget increased by $45,000 for continuity of services.

Public Mental Health Academy (WET-03)
In FY 2022-23, the budget increased by $18,750 for increasing access to academic counseling, advising, and trainings to strengthen the workforce pipeline.

- Public Mental Health Academy (PMHA) for potential future and incumbent mental health employees in various direct services occupations, both licensed and unlicensed direct positions. The Public Mental Health Worker Certificate of Achievement is a 19-unit program that prepares individuals for entry-level positions in the public mental health system and serves as a springboard for those who wish to pursue further study in the field. In addition, the certificate program has enhanced the knowledge and skills of entry-level personnel already working in the field. During the 2022-23 academic year, 51 new students were enrolled in the PMHA/Mental Health Work Certificate program, with 28 students completing the certificate, contributing to 412 total graduates since program inception. There are currently 502 students enrolled in the program. Over 451 academic counseling appointments were provided to individuals for ongoing support and guidance.


SAN DIEGO CITY COLLEGE

Mental Health Work
Certificate of Achievement

The **Mental Health Work Certificate of Achievement** at San Diego City College prepares students for entry-level work as a Mental Health Worker or Technician and opens a pathway towards higher academic degrees and transfer to four-year colleges, universities or other institutions.

Students will learn about clinical disorders, counseling techniques, the role of community in the field of psychology, and local support services available to individuals and families.

The certificate is offered through our Public Mental Health Academy (PMHA) which provides specialized academic counseling support and resources to students enrolled in the PMHA.

Funded by the County of San Diego, Mental Health Services through the Mental Health Services Act (MHSA) - Workforce Education and Training

COUNTY OF SAN DIEGO HHSA

Required Courses:

19 Units Total

- **PSYC 101** General Psychology (3)
- **PSYC 161** Introduction to Counseling (3)
- **PSYC 245** Abnormal Psychology (3)
- **PSYC 130** Introduction to Community Psychology (3)
- **HUMS 95** Public Assistance and Benefits Program (1)
- **HUMS 105** Family Strengthening Models in Behavioral Health (3)
- **PSYC 276** Field Work in Psychological Services (3)

-Note: All courses must be completed with "C" or better and within past 10 years

Benefits of the Mental Health Work Certificate of Achievement:

- Gain experience and knowledge in field.
- Excellent for resume building.
- Specialized academic counseling support.
- Receive ongoing resources such as jobs, campus updates & transfer information.
- Explore the Psychology major options.
- Networking opportunities.
- 18 units of CSU transfer coursework.

For more information or to sign up:

- Email PMHA Counselor Dawn Taft at dtaft@sdccd.edu to set up an appointment.
- Complete a Letter of Intent and turn in during appointment.

Contact:

Dawn Taft, M.A.Ed. - Counseling and Guidance
Academic Counselor
dtaft@sdccd.edu/(619) 388-3654
MS-432(4th floor of MS building)

- Peer Specialist Training programs have been implemented to assist consumers and family members to become public behavioral health workforce members. These programs include Peer-to-Peer Recovery Education, Peer Specialist Training, and Peer Advocacy Training. A local university partners with various organizations that provide these trainings, facilitating the translation of six existing certificate programs into academic credits. In addition, this partnership provides mentoring and other support to assist individuals in achieving their educational and employment goals.

Both pathways have been designed to allow professionals with lived experience to deliver services based on the principles of recovery, wellness, and consumer and family involvement.

Commitment to Growing a Multicultural Workforce

The County of San Diego is committed to assisting all behavioral health providers and professionals who serve San Diego communities and their members through educational and training forums from trained and qualified presenters/providers and providing resources to grow a multicultural workforce.

- *Community Psychiatry Training Tracks:* SDCBHS has partnered with a local School of Medicine/Department of Psychiatry to include training programs for general community psychiatry residents and psychiatric and mental health nurse practitioners for child and adolescent psychiatry. The program fosters the development of leaders in Community Psychiatry. It provides medical and nursing students and psychiatry residents with instruction on the principles of Community Psychiatry and exposure to the unique challenges and opportunities within this context. Community psychiatry fellows, residents, and nurse practitioners work with the County of San Diego's public behavioral health system to gain clinical, administrative, managerial, leadership, and policy exposure.
- *Psychiatric Nursing Training:* SDCBHS has partnered with local clinical psychologists to support the psychiatric nurses at San Diego County Psychiatric Hospital (SDCPH). These training tracks enhance the nursing staff's knowledge of psychiatric treatments and diagnoses.

Training and Development

- *SDCBHS Workforce Collaborative:* Through the SDCBHS Workforce Collaborative, a presentation on community inclusion and integration within the public behavioral health workforce was delivered to the County of San Diego's behavioral health stakeholders. The presenter spoke about community integration and how it closely ties with the workforce collaborative's mission. The mission of Behavioral Health Workforce Collaborative is to build, enhance, and sustain a strong, culturally competent client/family member unit.
- *Justice Involved Services Training Academy (JISTA)* was developed in partnership with the Public Safety Group to train SUD and mental health treatment providers to address the criminogenic needs and treatment for the SDCBHS justice-involved population. The 6 full-day series began in September 2018, with 32 participants engaged in the Academy. Participants included mental health and substance use disorder community treatment providers, as well as some providers from within the justice system (Sheriff, Public Defender). The first JISTA cohort graduated on November 15, 2018. The second and third cohort sessions were completed in 2019. A fourth cohort was planned for Spring 2020; however, there were delays due to the COVID-19 pandemic. The total number of participants trained in JISTA includes 85 participants from 40 SUD and Mental Health programs.
- The Department of Human Resources (DHR) continuously seeks opportunities to enhance the County's recruiting and hiring processes. Beginning July 1, 2023, the County began applying blind applicant screening to all new recruitments, which blocks a job candidate's personal information that could influence or bias a hiring decision. Personal information includes name, phone number, address, gender, age, and race. Bias presents itself in many ways, both conscious and unconscious, and research has shown that bias can occur as early as the initial application screening phase. This new process contributes to a fair and equitable recruitment process, leading to a more diverse and inclusive workforce.
- The DHR established a division of *Equity, Diversity, and Inclusion (EDI)* in 2020. This

division focuses on the County as an employer, collaborating to support the nearly 20,000 County employees. EDI leads the County's Diversity and Inclusion Champions in creating a culture of belonging throughout our organization. EDI's most recent achievements include:

  - Created the *Equitable and Inclusive Interview Panel Guidelines* and training the HR community to minimize implicit bias.
  - Led the County's efforts to open more doors to neurodivergent workers, including Autism, and provided interns with neurologic and developmental disabilities meaningful work experience to prepare them for employment opportunities.

- In addition, the EDI facilitates opportunities for County employees to speak on specific issues or topics, creates and distributes a quarterly newsletter, communicates about various D&I topics throughout the organization, and prepares the County's annual D&I report.
- In February 2022, the County of San Diego's Employee Resource Group Council launched *Fireside Chats*, a quarterly informal mentorship series with leaders. Eleven employee resource groups alternate moderating the virtual conversations in partnership with the County's Equity Diversity and Inclusion (D&I) team. The D&I Executive Council also introduced a quarterly town hall series to model a culture of belonging. These virtual events create a bridging space that facilitates informative conversations on topics that affect the organization and employees. During these events, employees hear about current matters and have the opportunity to engage with leaders.

- The County has added a community engagement manager and language services manager to the County Communications Office to ensure all departments and programs embed engagement into their operations and communicate in a way that is easy to understand. The new Engage San Diego County online tool is a Community Engagement "hub" where interested citizens can be informed and engaged in various projects and programs. Opportunities include forums, surveys, and poll completion. Community members can register to get notifications and updates, allowing residents to engage in the topics they care about when most convenient for them.
- *Health and Human Services Agency-Child Welfare Services' Office of Equity/BIPOC Human Library:* The BIPOC (Black, Indigenous, People of Color) Human Library helps to address unconscious bias and creates a brave space for dialogue between non-BIPOC individuals and BIPOC individuals. BIPOC individuals represent books in a library that individuals can "check out." BIPOC individuals choose their book title and submit it to the "card catalog." Individuals choose which "book" they would like to "read." BIPOC individuals can choose a "chapter" from their lives that they would like to share with their "readers."

3. How cultural competence has been embedded into all trainings.

I A3. All training provided through the SDCBHS requires a cultural competence component. These trainings are conducted by the SDCBHS QA unit, HHSA, TKC, and contracted training organizations. Policies have been developed and implemented to ensure that all training for mental health and SUD services meets mental health and SUD philosophy and principles. Training standards that have been developed have a cultural competency component embedded, as appropriate.

Cultural Responsiveness Academy (CRA)

CRA aims to provide awareness, knowledge, and skill-based training while ensuring continued focus on being trauma-informed from environmental to clinical applications. Beginning in March 2021 and again in April 2023, a CRA Executive Series was offered to the County of San Diego Behavioral Health Services (SDCBHS) executives. There were two executive series offerings, and the capacity for each training series was 10 participants. The Executive Series training combines collaborative digital learning, virtual training, collaborative learning activities, and coaching experiences to give executives the tools to effectively practice inclusive leadership. Themes of this series include privilege and classism in behavioral health, executive allyship, historical context, navigating critical and difficult conversations about race, evaluations of the influences of position, and tools to become agents of change.

Goals of the training:

- Explore and Challenge Systemic Racial Inequity Using a Racial Equity Lens
- Assess personal and institutional bias within their organizations
- Identify antiracist strategies that inspire organizational change
- Leverage current tools and internal resources to strategically support management in creating an antiracist and equitable workplace
- Align antiracist principles with their core organizational mission, vision, and values

The CRA Executive Series consists of the following 3 days:

Day 1: Historical Context and Foundational Concepts
Day 2: Privilege and Classism in Behavioral Health
Day 3: Pulling it All Together: Sustaining Culturally Responsive Leadership Practices

CRA Executive Curriculum Outline

Day 1: Historical Context and Foundational Concepts • Build a common definition of racism and differentiate the forms of racism, such as interpersonal, structural, and internalized racism. • Examine ongoing realities of racism, including the identity-shaping power racism has on Black, Indigenous, people of color (BIPOC), and White people. • Explore how racism, internalized racist oppression and internalized racist superiority show up in organizations and disrupt effective work, prevent cooperation and collaboration, and maintain work practices that prevent the institution from fully realizing its mission and vision.
Day 2: Privilege and Classism in Behavioral Health • Describe the impact of a leader's worldview on the organization and the benefits of promoting a racial justice worldview. • Define what it means to be an antiracist leader of an organization that provides behavioral health services to BIPOC. • Confront one's own privilege and complicity in racial inequity and take individual and collective actions to counteract systemic racism within the organization. • Recognize the ways that white supremacy and implicit bias are part of a leader's behaviors and decision-making.
Day 3: Culturally Responsive Leadership Practices • Identify opportunities that support management in implementing strategies that foster racial equity.

San Diego County Trainings

Countywide training efforts endorse an ethical framework that acknowledges, appreciates, and advances a diverse and inclusive culture and ensures that equity is embedded. The Office of Ethics and Compliance (OEC) is the County's compliance program to help reduce compliance risk and build trust. The OEC helps create a space for greater diversity and inclusion beyond the known topics of sexual harassment prevention and non-discrimination training. Although receiving and reviewing complaints alleging unlawful discrimination, fraud, waste and abuse, or other allegations of improper County government activity remain a core responsibility of OEC, OEC continues to promote ethics and compliance in new and inclusive ways.

OEC also serves as the County liaison for the Board of Supervisors-appointed Committee for Persons with Disabilities.

- OEC assisted in filling five of six vacant seats on the eleven-person committee, establishing priorities and focus areas, and executing an action plan for the committee to increase its familiarity with operations and provide input on accessibility to key departments within the County of San Diego.
- Six County of San Diego departments presented to and received input from the committee in fiscal year 2021-22. Each department that presented remarked that they

found input from the committee to be valuable and actionable. Additionally, the committee heard from the Live Well San Diego Youth Sector and the San Diego Committee for the Employment of People with Disabilities to help understand how they might support those initiatives.

- OEC hosted three virtual community engagement sessions and conducted a community survey to obtain input on accessibility awareness. The information collected will serve as a foundation for recommendations for County departments to make data-driven decisions on how best to increase awareness of accessibility to services, programs, and activities for people with disabilities.

Know the Code

Know the Code is a new ethics and compliance training and awareness training. Trainings are monthly micro-learning sessions to raise awareness of identified compliance risk areas. This multi-pronged communication approach layers the messaging through written articles, posters and flyers, micro-learning videos, email, and other activities that create scalable on-the-spot training at the group, department, division, unit, and individual levels.

- Training scenarios reflect the diversity of employees' roles and responsibilities as well as demographic diversity and neurodiversity.
- It is training that respects employees' time and priorities, that allows the training to be completed in under 10 minutes and immediately applied.
- It is scalable training can be delivered via multiple communication channels and learning modalities.
- Since its inception in September 2021, there have been over 4,000 views of Know the Code trainings.

CULTURALLY COMPETENT TRAINING ACTIVITIES

II. The Annual cultural competence trainings

The County shall include the following in the CCPR:

A. Please report on the cultural competence training for staff. Please list training, staff, and stakeholder attendance by function (if available, include if they are clients and/or family members).

1. *Administration/Management;*
2. *Direct Services, Counties;*
3. *Direct Services, Contractors;*
4. *Support Services;*
5. *Community Members/General Public;*
6. *Community Event;*
7. *Interpreters; and*
8. *Mental Health Board and Commissions; and*
9. *Community-based Organizations/Agency Board of Directors*

II A. Contractors are required to report on training attended by staff on their Quarterly Status Reports (QSRs). The County compiles summary statistics on training attendance by extracting these data from over 200 QSRs for 12 months. The FY 2023-24 summary report is available below. The topic of individual training is created by each provider since providers are responsible

for their individual cultural competence training. Some trainings may be provided by a legal entity and are reported separately by individuals attending programs. SDCBHS collects information on the topic or description of the training (as self-reported), course length, attendance by function, total attendees/provider/training, course date, and program reporting. It should be noted that in smaller programs, the program manager may function both as an administrator and a direct service provider, which creates the potential for duplication. Due to the time consumption and labor involved with the data collection process, the names of presenters have not been captured, nor is it possible to categorize training by the topic types requested in item B. Starting in October 2018, SDCBHS has required contractors to report on training attended by staff through a report template as an attachment to the annual CLCPA. The following charts detail the number/percentage of MH and SUD contracted provider staff who have completed the 4 hours of cultural competence training for FY 2023-24.

FY 2023-24 MH and SUD Provider Staff Cultural Competence Training

FY	Category	Total FTE	#Completed CC Training	%Completed CC Training
2021-22	Unique Provider Mental Health Staff	1608	1400	87.1%
	Unique Provider SUD staff	941	697	74.1%
Total		**2549**	**2097**	**82.3%**

B. Annual cultural competence trainings topics shall include, but not be limited to the following:

- *Cultural Formulation;*
- *Multicultural Knowledge;*
- *Cultural Sensitivity;*
- *Cultural Awareness; and*
- *Social/Cultural Diversity (Diverse Groups, LGBTQI, SES, Elderly, Disabilities, etc.);*
- *Mental Health Interpreter Training;*
- *Training staff in the use of mental health interpreters;*
- *Training in the use of interpreters in the Mental Health Setting.*

II B. Behavioral Health Racial Equity Training:

The Behavioral Health Services (BHS) Workforce Education and Training division plays a pivotal role in enhancing the behavioral health workforce's knowledge, skills, and competencies across San Diego County. The Training division is dedicated to providing comprehensive training programs, professional development opportunities, and resources tailored to the diverse needs of behavioral health professionals. Through partnerships with local agencies, educational institutions, and community stakeholders, the division delivers evidence-based trainings, workshops, and certifications that address emerging trends, best practices, and regulatory requirements in behavioral health. Additionally, the division facilitates ongoing education and training initiatives to support staff retention, career advancement, and workforce diversity within the behavioral health workforce. By investing in the continuous learning and development of its workforce, the Workforce Education and Training division contributes to delivering high-quality, culturally responsive services and promoting the overall well-being of individuals and families in San Diego County.

The County of San Diego's Behavioral Health Services offers a variety of resources and training opportunities. Below is a highlighted training offered, followed by a list of trainings available throughout FY 2023-24.

Who We Are: An Introduction to African American Communities

This training focused on the experiences of African Americans— people of African descent who have made up the fabric of the United States for generations. Participants gained insight into vital elements of African American cultures and worldviews with the goal of co-creating healing spaces. The vision for this practice is that we begin to take steps toward rebuilding trust, restoring relationships, and enhancing mutuality in service delivery to improve outcomes for Black families and communities. Participants discussed how events throughout American history have had an ongoing impact on African American people and how this historical and generational trauma and racial socialization are related to health disparities. Participants were also reminded of key cultural elements that fortify Black communities despite centuries of cumulative trauma, injury, and systemic barriers. Participants developed a plan of action that amplified culturally relevant liberty practices.

Cultural Responsiveness Academy (CRA) In-Person Training FY 2023-24		
Title	**Enrolled**	**Completed**
Creating a Workplace Culture of Inclusion: Disrupting the Microaggressions	35	24
Creating a Workplace Culture of Inclusion: Disrupting the Microaggressions #2	TBD	TBD
Using Cultural Responsive Practice to Align Interventions in BHS	35	26
Explore Cultural Connections and Learn How You Can Create a Positive Impact in Your Organization	6	6
Management Tools for Igniting a Culturally Responsive Work Environment in Behavior Health	TBD	TBD
Who We Are: African American Experiences & Opportunities	TBD	TBD
Who We Are: African American Experiences & Opportunities #2	TBD	TBD
Direct Practice Tools for Igniting a Culturally Responsive Work Environment in Behavioral Health	TBD	TBD
Creating a Workplace Cultural of Inclusion	6	6
Exploring the Intersection of Historical Trauma and Privilege in the Behavioral Health System	35	29
Exploring the Intersection of Historical Trauma and Privilege in the Behavioral Health System #2	35	21
Creating a Racially Just Organization: The Role of Leadership	TBD	TBD
Culturally Responsive Behavioral Health Services for the Latinx Community	TBD	TBD

Cultural Humility through a Trauma Lens	TBD	TBD
Culturally Responsive Behavioral Health Care with Trans and Nonbinary People	TBD	TBD

Cultural Responsiveness Academy (CRA) Web-Based Trainings FY 2023-24	
Title	**Completed**
Anti-Racism in the United States eLearning	33
Body Image Recorded Webinar	30
CRA Dealing with Difficult Situations Recorded Webinar	22
CLAS Standards eLearning	36
Cultural Competence as a Process eLearning	34
Culturally and Linguistically Appropriate Services (CLAS) Standards: Review and Implementation Recorded Webinar	41
Effectively Working with LGBTQ Youth eLearning	21
Implementing Harm Reduction Recorded Webinar	233
Introduction to Asian American and Pacific Islander Communities eLearning	16
Introduction to Geriatric Mental Health eLearning	6
Introduction to LGBTQ+ Communities eLearning	20
Introduction to Latino Populations	29
Introduction to Native American Populations eLearning	13
Introduction to Trauma Informed Care eLearning	116
Male Survivors of Sexual Trauma and Abuse Recorded Webinar	17
Psychopharmacology in Older Adults eLearning	4
Recovery Perspective in Behavioral Health Services Recorded Webinar	13
Senior Veterans eLearning	3
Supervising Peer Support Staff	1
Trans and Nonbinary Identities eLearning	16
Veterans in Our Community eLearning	10
Who We Are: An Introduction to the African American Community eLearning	12

The Knowledge Center

The Knowledge Center (TKC), the HHSA training and organizational development department, offered various trainings in FY 2023-24 to cultivate a culture of learning by fostering human-centered competencies and providing workforce development opportunities and services.

TKC has offered the following cultural competence classes during FY 2023-24:

TKC Trainings FY 2023-24			
Title	**Hours /CEUs**	**Enrolled**	**Completed**
Asian American Family Dynamic and Mental Health	3	31	31
African American History and Culture	4	83	83
Creating a Just and Resilient Future for All: Understanding Your Role in Breaking Down Barriers	1.5	383	383
Creating a Sense of Belonging through Healing and Wellness in the Workplace	2.5	133	133
Disability Awareness and Etiquette	4	44	44
Disability Voices	3	46	46
Poverty Simulation	4	101	101
How Discrimination Can Affect Health	2	3	3
Microaggressions in Racially Charged Patient-Provider Interactions	1	1	1
Racial and Ethnic Identity, Discrimination, and Psychiatric Disorders	2	4	4
Treatment and SIB for Individuals with Autism and Intellectual Disabilities	2	1	1
Creating an Inclusive Culture for Transgender and Non-Binary Employees and Customers	2	35	35
From Me to We- A Diversity and Inclusion Training	2	1079	1079
Unconscious Bias at Work	1	128	128

BHS Sponsored Trainings

As previously detailed, in FY 2023-24, BHS sponsored a three-part county-wide training series titled The Neuroscience of Decision-Making in Public Health: Accuracy, Excellence, and Equity. Ms. Kimberly Papillon facilitated the training. Ms. Papillon is a nationally recognized expert on decision-making in law, education, business, and medicine.

4th Annual Birth of Brilliance Conference

The 4th Annual Birth of Brilliance virtual conference was held on March 1, 2024**.** The focus of this conference is to raise awareness about the effects of racial disparities and implicit bias in mental health, social services, developmental services, education, medical care, and juvenile justice to serve youth and families in a way that centers equity to amplify the brilliance of all children.

CULTURALLY COMPETENT TRAINING ACTIVITIES

III. Relevance and effectiveness of all cultural competence trainings.

The County shall include the following in the CCPR:

A. Training Report on the relevance and effectiveness of all cultural competence trainings, including the following:

1. Rationale and need for the trainings: Describe how the training is relevant in the addressing identified disparities.

III A1. SDCBHS cultural competence trainings are relevant in addressing identified disparities. Formulating a training curriculum has been a developmental process for SDCBHS. It is understood that Cultural Competence training improves providers' attitudes, knowledge, and skills. Culturally competent interventions embedded in best practices or promising practices, such as IMPACT and Salud, also improve patients' ratings of care. Through the previous Disparities Reports discussed, SDCBHS has pinpointed some of the inequalities that must be addressed. This report has been brought to the planning groups in the CCRT, and efforts have been made to start addressing the disparities. The CCRT Education and Training Committee and SDCBHS Training and Education Committee (SDCBHSTEC) have been working together to create coursework curricula to address disparities outlined in the Cultural Competence Training Plan.

Need: In FY 2015-16, approximately 65% of the SDCBHS population was ethnically diverse, compared to 54% of the SDCBHS workforce. The provider staff and the SDCBHS client profiles are dissimilar, as can be seen from the following chart reproduced from the WET Needs Assessment conducted in 2008, 2013, and 2016. Cultural competency training is necessary to enhance clinicians' and direct service staff's effectiveness when working with clients. The following chart compares the workforce, the clients served in 2013, and the most recent assessment conducted in 2016. SDBHS is actively working on a system to adequately assess the workforce.

MH Workforce/Client Comparison

Race/ Ethnicity	2013 Workforce	FY 2012-13 Mental Health Clients	2016 Workforce	FY 2015-16 Mental Health Clients	2016 Comparison	Change from 2013-2016	FY 2018-19 Mental Health Clients
White	41%	39%	37%	36%	+1%	-4%	41%
Hispanic	25%	33%	28%	32	-4%	+3%	27%
African American	11%	12%	8%	11%	-3%	-3%	12%
Asian/Pacific Islander	10%	4%	10%	5%	+5%	0%	5%
Native American	0.9%	0.6%	0.5%	0.6%	-0.1%	-0.4%	0.7%
Other/ Unknown	12%	10%	16%	15%	+1%	+4%	14%

*+/- indicates that a race/ethnicity is more/less represented in the workforce than the proportion of clients in the mental health system.

Beginning in FY 2019-20, SDCBHS began tracking the race/ethnicity of its MHS workforce using the data entered into CCBH by providers. The following fiscal year, in collaboration with Optum, SDCBHS launched the System of Care Application, developed to collect data for various state requirements, including network adequacy reporting and creating a searchable provider directory. The System of Care Application facilitates collecting, tracking, and reporting workforce and client race/ethnicity data more efficiently for mental health and substance use programs. The searchable provider directory helps clients find providers based on several criteria, including provider languages spoken, gender, age group served, and practice focus.

Relevant County Conferences and Trainings

The Critical Issues in Child and Adolescent Mental Health Conference in San Diego County serves as a pivotal platform for addressing disparities within the local community. By convening mental health professionals, educators, policymakers, and community stakeholders, the conference facilitates crucial conversations and collaboration aimed at tackling the multifaceted challenges faced by children and adolescents in accessing mental health care. San Diego County, like many regions, grapples with disparities rooted in socioeconomic status, cultural differences, and geographic barriers, which can hinder access to quality mental health services for marginalized populations. Through workshops, panel discussions, and presentations, the conference sheds light on these disparities and explores innovative strategies to bridge the gap. This includes initiatives to improve access to care in underserved areas, culturally competent approaches to mental health support, and advocacy for policy changes prioritizing equity. Moreover, the conference is a hub for sharing research findings and best practices, empowering attendees with the knowledge and tools to effectively address disparities. By fostering collaboration and collective action, the Critical Issues in Child and Adolescent Mental Health Conference in San Diego County is vital in advancing equity and improving outcomes for all young people in the region.

9th Annual Critical Issues in Child and Adolescent Mental Health Conference

The 9th Annual Critical Issues in Child and Adolescent Mental Health (CICAMH)-Managing Change in a Changing World conference occurred on April 26, 2024. The 9th annual CICAMH conference focused on innovative treatments and strategies for youth and families to foster mental well-being. Emphasis was also placed on addressing the barriers that families face so that clinicians can continue to support youth and their individual needs. The conference offered providers strategies for promoting family mental well-being through novel interventions such as Trauma-Focused Cognitive Behavioral Therapy and Racial Socialization, community support for mandated reporters, and treatment for Avoidant Restrictive Food Intake Disorder and other eating disorders. There will also be a focus on reducing barriers for youth from minoritized communities, such as LGBTQ+ individuals and racially and ethnically diverse families.

Overall, the CICAMH conference aims to increase awareness and understanding of these critical issues affecting youth mental well-being and to offer attendees resources to better

support youth, families, and their communities to promote healing and resilience.

Office of Equity Racial Justice (OERJ)

From September to December 2021, the Office of Equity and Racial Justice (OERJ) hosted 5 series of County-wide trainings on Targeted Universalism / Equity 2.0, facilitated by consultants from the Othering & Belonging Institute and Urban Policy Development Consulting. Through these trainings, County staff learned how to operationalize equity in local government by using data, engaging the community, and setting goals. Staff who participated in these trainings have earned the designation of J. E. D. I., which stands for Justice, Equity, Diversity, and Inclusion. The goal is to have those in the role of J. E. D. I. further develop equity action plans for their respective departments, measure progress, and advance on their equity goals.

Concurrently, OERJ staff also worked on developing its own Targeted Universalism / Equity 2.0 muscle, participating in a series of trainings and workshops with UPD Consulting to cement equity, diversity, and inclusion in the work and further integrate these principles in the first strategic plan.

In early 2022, OERJ launched the Budget Equity Assessment Tool/Questionnaire to guide departments in determining how their new budget requests benefit and/or burden communities impacted by structural inequities. The launch was successful, with 97 questionnaires received and reviewed by OERJ. The tool's questions, including questions about the positive and/or potential negative impacts on communities, accessibility to the public, public outreach and engagement, and the availability and use of data, are intended to spark thoughtful reflection and consideration by the departments when submitting their budget requests, to effect transformational change toward equity, diversity, and inclusion.

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): In the past year, OERJ led the development of the CEDAW ordinance for the County of San Diego, which was adopted by the Board of Supervisors. In response to the Board's adoption of the County's CEDAW ordinance, OERJ conducts a Countywide Gender Equity Analysis and assists departments in developing Gender Equity Action plans.

OERJ has also connected with dozens of regional organizations serving youth to understand services, challenges, and impactful practices for the *Uplifting Boys & Men of Color* initiative. Through this feedback, OERJ will be ready to launch multiple programs in the upcoming year to support and implement the *Uplifting Boys & Men of Color* initiative. Additionally, since February 2022, OERJ has convened five Partner and Strategy Circle monthly meetings in partnership with the City of San Diego's Office of Race & Equity on co-creating racial justice solutions. OERJ has supported community-driven initiatives through event sponsorships, social media engagement, and participating in community events. Last, OERJ continues to support the Leon L. Williams Human Relations Commission in advancing equity, diversity, and inclusion, including drafting the Commission's Strategic Plan.

OERJ has also participated in various interdepartmental working groups to deepen equity practice across the County's strategic initiatives.

2. Results of pre/post-tests (counties are encouraged to have a pre/post-test for all trainings):

III A2. SDCBHS contractors are encouraged to have pre/posttests for their training. TKC routinely utilizes pre/post-tests for cultural competency courses. Additionally, pre/post-tests are a requirement of CRA. CRF, TURN, Inc., and New Alternatives provide their own cultural competence training for their staff.

3. Summary report of evaluations:

III A3. Since almost 1,000 trainings (web and classroom-based) occur annually throughout San Diego County and were provided by various providers, a summary report of evaluations has not been created. However, all training conducted through CRA and TKC have surveys to allow for participant feedback. CRA also evaluates the transfer of learning as part of the evaluation process.

NOTE: CRA and other training departments of service provider agencies can provide a summary of the training they offer. Additionally, TKC retains the evaluation data on all cultural competence classes, which are reviewed to influence the selection of future instructors and topics. These data are utilized for the annual report submitted to the State.

4. Provide a narrative of current efforts that the County is taking to monitor advancing staff skills/post skills learned in trainings.

III A4. The County works with providers to rate their agency's cultural competence through the Cultural and Linguistic Competence Policy Assessment (CLCPA). The assessment was implemented in October 2017 to replace the Cultural Competence Program Annual Self-Evaluation (CC-PAS). The assessment aims to enhance the quality of services within culturally diverse and underserved communities, promote cultural and linguistic competence, improve healthcare access and utilization, and assist programs with developing strategies to eliminate disparities. It is expected that improvement will be seen as staff advances in their cultural competence skills. A biennial administration of the Promoting Cultural Diversity Self-Assessment (PCDSA) also measures staff competence, replacing the California Brief Multicultural Competence Scale (CBMCS). PCDSA was first implemented in 2018, and its goal is to heighten the awareness and sensitivity of program staff to the importance of cultural diversity and cultural competence. Staff scores should show incremental improvement as they learn about various cultural groups via available training opportunities. The CLCPA is completed by the program managers, and the PCDSA is completed by all staff.

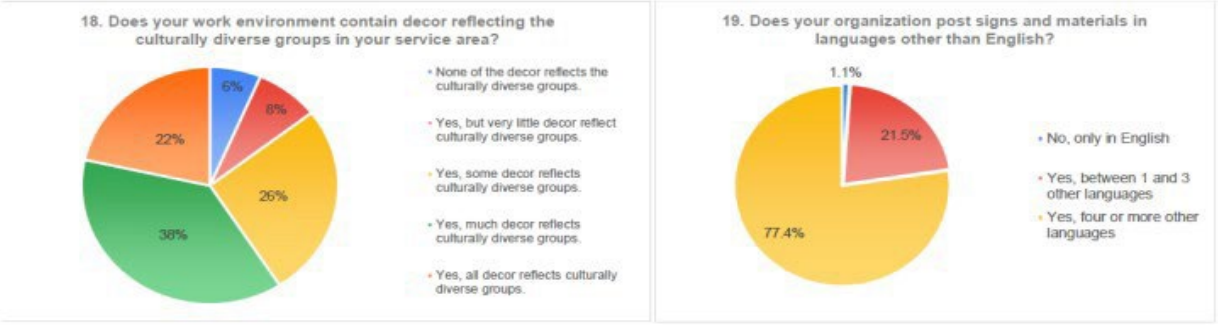
2023 CLCPA Report

The Cultural and Linguistic Competence Policy Assessment (CLCPA) is an annual evaluation of all County-operated/contracted mental health and substance use disorder program managers. CLCPA assesses levels of understanding around organizational policies and practices that promote a culturally diverse and competent service delivery system. Latest assessment results in organizational policy show:

- Most respondents (61.1%) indicated that their organizations were fairly well or very

familiar with and able to identify diverse communities in their service areas *(Question 1).*

- Virtually all respondents (99.5%) indicated that their organizations' Cultural Competence Plans identified and supported the CLAS Standards (*Question 2*), continuing the trend from the previous year.
- While there is a higher level of reported knowledge on the diverse communities the programs serve, the most need is reflected in identifying natural community support networks (*Question 8*).
- The most common TA requests were related to assistance with quality improvement processes.



Note: The pie charts for Questions 26 and 30 indicate percentages for combined responses from MHS and SUD respondents

The results are presented for each section of the CLCPA.

2022 PCDSA Report

One of the quality improvement strategies in the SDCBHS Cultural Competence Plan is to survey all programs to assess for culturally competent service provisions. Accordingly, all County and County-contracted programs are required to complete the biennial report, Promoting Cultural Diversity Self-Assessment (PCDSA). In October 2022, the SDCBHS Quality Improvement unit requested each contracted MHS and SUD program manager to distribute the self-assessment to their organization. A total of 1,393 respondents completed the survey (1,035 for MHS and 358 for SUD). The survey data shows that the provider's self-reported values and attitudes are generally attuned to the diverse populations they serve. The PCDSA supports SDCBHS' commitment to a culturally competent workforce and upholds the guidelines described in the Cultural Competence Plan and Handbook. These documents are in the SDCBHS *Technical Resource Library* in Cultural Competence section 4.4. The next survey period will be October 2024, with the report released in early 2025.

The tables below present the PCDSA respondents in 2022 compared to clients served for FY 2020-21. They also show the respondents' primary language and staff positions.

Race (MHS & SUD)	Staff Survey Respondents		FY 2021-22 Clients	
	Count (N=1,393)	%	Count (N=13,836)	%
White	537	38.5%	24,137	35.9%
Hispanic	443	31.8%	25,060	37.3%
Multi-race/Mixed	131	9.4%	4,024	6.0%
Black/African American	133	9.5%	6,570	9.8%
Asian/Pacific Islander	116	8.3%	2,486	3.7%
Unknown	12	0.9%	2,745	4.1%
Middle Eastern	7	0.5%	N/A	N/A
Native American	11	0.8%	409	0.6%
Other	2	0.1%	1,790	2.7%
African	1	0.1%	N/A	N/A

Primary Language	Count	%
Only English	744	53.4%
Spanish	488	35.0%
All Other Languages	61	4.4%
Tagalog	25	1.8%
Arabic	20	1.4%
Vietnamese	17	1.2%
Chinese (Mandarin)	10	0.7%
American Sign Language	9	0.6%
Korean	9	0.6%
Farsi	8	0.6%
Somali	2	0.1%

Staff Position	Staff Survey Respondents					
	MHS		SUD		Combined (MHS & SUD)	
	Count	%	Count	%	Count	%
Direct Service Provider	548	52.9%	204	57.0%	752	54.0%
Indirect/Support Services	141	13.6%	64	17.9%	205	14.7%
Manager/Supervisor	149	14.4%	42	11.7%	191	13.7%
Peer Support Specialist/Youth Support Partner/Family Support Partner	144	13.9%	26	7.3%	170	12.2%
Program Director or Other Senior/Executive Level Staff	53	5.1%	22	6.1%	75	5.4%

Key Findings:

- Female staff survey respondents outnumber males by more than 3 to 1, compared to the FY 2021-22 systemwide client population, which shows males (56%) as the majority.
- The providers' self-reported race distribution closely reflects the self-reported race distribution of clients served in FY 2021-22.
- Majority of staff survey respondents (53%) speak English only.
- Spanish is the second most prevalent primary language among staff survey respondents (35%).
- Less than 1% of staff survey respondents speak Chinese as a primary language, and the same is true for primary speakers of American Sign Language, Korean, Farsi, and Somali.
- The majority of respondents (37%) reported having been in service at the program for 2-5 years.
- The second highest number of respondents have been in service with the program for 10+ years (29%).
- Most staff survey respondents answered, "Things I occasionally do" or "Things I frequently do."
- Section 1, questions 1 to 5 (pertaining to Physical Environment, Materials, and Resources) reflect the greatest need overall.
- Question 4 (regarding offering food unique to the community's ethnic group) shows the most need—15% of respondents answered, "It did not occur to me."
- The greatest disparity between MHS and SUD staff responses is reflected in the results for questions that pertain to Section 2, the use of language assistance, reflecting a greater need in SUD. A total of 8% of MHS respondents answered "Things I do rarely or never " to Question 9 (pertaining to the use of multilingual staff) compared to 15% of SUD respondents.

5. County methodology/protocol for following up and ensuring staff, over time and well after they complete the training, are utilizing the skills learned.

III A5. SDCBHS leverages the CLCPA, the PCDSA, the CLAS Standards, and entity-specific Cultural Competence Plans to measure change in the levels of cultural competence on provider and staff levels. To measure the effectiveness of cultural competence training over time, the Disparities Report, as discussed previously, is conducted every three years, anticipating positive changes in retention and penetration rates. The contractors are required to have a Cultural Competence Plan in place, the program managers are required to complete the CLCPA annually, and all program staff are required to complete the PCDSA every two years. These requirements are outlined in each program's contract.

SDCBHS also collects consumer satisfaction data from youth and adult clients in the Substance Use Disorder (SUD) system of care. The method used to obtain this data is the Treatment Perceptions Survey (TPS). Many questions on the TPS focus on client access and satisfaction with services provided by the SUD system of care. The TPS gives a snapshot of how clients are feeling about the substance use disorder services they are receiving within San Diego County. This consumer satisfaction survey helps ensure staff are currently and, over time, utilizing skills learned from various trainings, meetings, and guidelines.

Key findings from the 2023 CY TPS

- Perception of Access
  - 91% of youth clients agreed or strongly agreed that services were available at times convenient for them.
- Perception of Quality and Appropriateness
  - 97% of youth clients agreed or strongly agreed that staff treated them respectfully. However, 9% of youth clients disagreed or strongly disagreed that staff were sensitive to their cultural backgrounds (race/ethnicity, religion, language, etc.).
- Perception of the Therapeutic Alliance
  - The Perception of Therapeutic Alliance domain had the highest satisfaction (95%) and lowest dissatisfaction (<1% across domains)
- Perception of Care Coordination
  - 94% of youth clients agreed or strongly agreed that the staff who provided them services ensured their health and emotional health needs were met.
- Perception of Outcome Services
  - The Perception of Outcome Services domain had the lowest satisfaction rating among youth clients compared to the other five domains (83%).
  - 88% of youth clients agreed or strongly agreed that they are better able to do things they want to do as a direct result of the services they received.
- General Satisfaction
  - 93% of youth clients reported satisfaction with the services they received.

Key findings from the 2023 AOA TPS

- Perception of Access
  - Satisfaction with the Perception of Access domain has been positive and relatively stable over the past five years, with 85% to 87% of adult clients reporting satisfaction.
- Perception of Quality and Appropriateness
  - The Perception of Quality and Appropriateness domain had the highest satisfaction (89%) and lowest dissatisfaction (3%) across all domains.
  - 91% of adult clients agreed or strongly agreed that staff spoke to them in a way they could understand.
- Perception of Outcome Services
  - 85% of adult clients agreed or strongly agreed that, as a direct result of the services they are receiving, they feel less craving for drugs and alcohol.
- Perception of Care Coordination
  - The Perception of Care Coordination domain had the lowest satisfaction rating (79%) and highest dissatisfaction (6%) among adult clients compared to the other four domains.
  - 7% of adult clients disagreed or strongly disagreed that program staff helped connect them with other services as needed.
- General Satisfaction
  - 91% of adult clients agreed or strongly agreed that they felt welcomed at the place where they received services.

CULTURALLY COMPETENT TRAINING ACTIVITIES

IV. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system.

The county shall include the following in the CCPR:

A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, and linguistic communities. Topics for Client Culture training may include the following:

- *Cultural-specific expressions of distress (e.g., nervous);*
- *Explanatory models and treatment pathways (e.g., indigenous healers);*
- *Relationship between client and mental health provider from a cultural perspective;*
- *Trauma;*
- *Economic impact;*
- *Housing;*
- *Diagnosis/labeling;*
- *Medication;*
- *Hospitalization;*
- *Societal/familial/personal;*
- *Discrimination/stigma;*
- *Effects on culturally and linguistically incompetent services;*
- *Involuntary treatment;*
- *Wellness;*
- *Recovery; and*
- *Culture of being a mental health client, including the experience of having a mental illness and of the mental health system.*

IV A. SDCBHS has a contract with the National Alliance on Mental Illness (NAMI) to provide training on adult client culture that includes a client's personal experience inclusive of racial, ethnic, cultural, and linguistic communities. The NAMI contract has the following objectives:

- A minimum of 90 clients will participate in peer education training to encourage client awareness of mental illness, coping skills, resources available, and mutual support possibilities (10 two-hour classes).
- A minimum of 10 people will complete the peer education "Train the Trainer" course.
- Family education materials are available in English, Spanish, Farsi, Vietnamese, and Arabic. Peer education materials are available in English and Spanish.

Countywide Efforts

The County of San Diego is a large and diverse public service organization. During FY 2023-24 the county found ambitious opportunities to reimagine, reorient, and rise to the current needs and expectations of the diverse tapestry of the San Diego community. Under the previous year's *Framework for the Future*, the County adopted an intentional human-centered approach core to Diversity and Inclusion work.

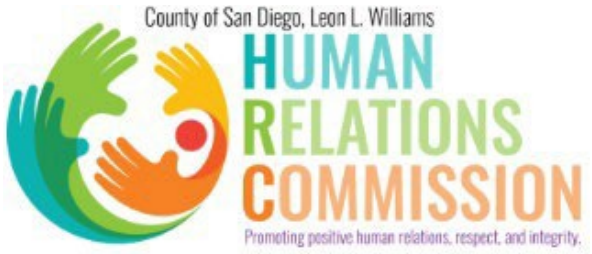
COUNTY OF SAN DIEGO
DIVERSITY & INCLUSION

The County is taking concrete actions to examine operations. The budget equity assessment tool developed in this year's Operational Plan promotes prioritizing dollars to address inequality. The Health and Human Services Agency has been restructured to focus on equitable communities, helping connect people in the community to food, housing, and health

care, strengthening families, and caring for our most vulnerable neighbors. The *Socially Equitable Cannabis Program* is an example of the County's effort to redress harms that were done due to the war on drugs and past criminalization that fell disproportionately on the Black community. The county is launching initiatives to uplift boys and men of color and to give children with little access to the outdoors more opportunities to have that experience. This evolution is strengthened by the Board's initiatives, state legislation, internal visions, employee input, and community engagement.

Human Relations Commission

On May 19, 2020, the Board of Supervisors established the Leon L. Williams San Diego County Human Relations Commission to promote positive human relations, respect, and the integrity of every individual regardless of gender, religion, culture, ethnicity, sexual orientation, age, or citizenship status. Since forming, the HRC, a 31-seat board, has hosted over 33 public meetings, developed the Office of Equity and Racial Justice mission, assisted in recruiting its director, established several subcommittees, and finalized its strategic plan. In December 2020, the HRC hosted its first awards ceremony to recognize local community members who have gone above and beyond to promote regional diversity.



Employee Resource Groups (ERGs)

Employee Resource Groups (ERGs) in the County are fundamental partners in efforts to cultivate community and build bridges for opportunity. ERGs are a conduit for employees to have a collective voice, influence policies and initiatives, and forge lasting relationships. These voluntary, employee-led 501(c)(3) non-profit organizations are sponsored by County executives and guided by four pillars:

- Support County Initiatives & Partners
- Cultural Competency & Awareness
- Recruitment, Retention, & Outreach
- Professional Development

The ERG Council, comprised of the eleven ERG Presidents, is a collaborative body that provides all County of San Diego Employee Resource Groups with the resources and support they need to help achieve their respective goals and the collective ERGs' efforts. Their leadership this year has produced transformational opportunities, such as the introduction of listening sessions, community panel dialogues, and participation in the Champion Showcase.

B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretaker's personal experiences with the following:

1. Family focused treatment;

IV B1. NAMI San Diego's Family Education Services program provides countywide family education focused on the challenges experienced by family members who have a loved one living with mental illness. This free program for adults (18 and older) is comprised of a series of 12 classes for the families of persons with serious and persistent brain disorders (mental

illnesses). These classes are small and represent a new concept and curriculum. In this model, the course co-teachers are family members themselves, and the course was designed and written by an experienced family member or mental health professional. The course balances education and skill training with self-care, emotional support, and empowerment. These Family-to-Family classes were conducted in English and Spanish (virtually and in-person).

2. Navigating multiple agency services; and

IV B2. Training on navigating resources and services is part of the trainings and outreach efforts at NAMI and CRA.

NAMI offered valuable training programs to empower individuals and families to navigate the complex landscape of multiple agencies involved in mental health care and support services. Through NAMI Basics and NAMI Family-to-Family initiatives, participants gained practical knowledge, skills, and resources to effectively navigate various systems and agencies. These trainings provide insights into understanding eligibility criteria, accessing services, advocating for appropriate care, and navigating bureaucratic processes. By offering guidance on communicating effectively with different agencies, navigating insurance systems, and collaborating with healthcare providers, NAMI equips participants with the tools to advocate for themselves and their loved ones. Moreover, these programs foster a supportive community where individuals can share their experiences, learn from one another, and find solidarity in facing common challenges. Through their dedication to education and empowerment, NAMI's trainings are crucial in improving access to quality mental health care and promoting the well-being of individuals and families across diverse communities.

Lastly, the CRA offered training that explored strategies for effectively accessing and coordinating services across different agencies, considering the unique cultural, linguistic, and systemic factors that may influence the process. Through various trainings, participants learned how to navigate bureaucratic systems, communicate effectively with service providers, and advocate for culturally responsive care for themselves and their communities. The trainings helped to equip participants with the knowledge and skills needed to promote equitable access to services and support the well-being of all individuals, regardless of cultural background or identity.

3. Resiliency

IV B3. Resiliency training is embedded throughout many of the offered trainings. One example is the training Exploring the Intersection of Historical Trauma and Privilege in the Behavioral Health System discussed earlier in the Plan.

CRITERION 5 THREE-YEAR STRATEGIC GOALS FOR FY 2021-24:

BHS will develop new trainings and enhance current trainings with a focus on equity, diversity, and inclusivity. **This goal was met for FYs 2021-24.** SDBHS has demonstrated a commendable commitment to cultural competency by successfully enhancing training on equity and diversity. The organization has equipped its staff with the knowledge, skills, and awareness necessary to effectively serve a diverse clientele through comprehensive and targeted initiatives. By

incorporating evidence-based practices, client-centered approaches, and perspectives from various racial, ethnic, cultural, and linguistic communities, the training offered through RIHS, TKC, CRA, other contracted providers, and countywide efforts throughout FYs 2021-24 has fostered a more inclusive and equitable service delivery of services. This achievement signifies the agency's dedication to addressing the unique needs and challenges faced by individuals accessing behavioral health services, regardless of background or identity. By prioritizing cultural competency, the SDBHS continues to uphold its mission of providing high-quality, accessible care that respects the dignity and values of all community members.

BHS will enhance the client culture, RI and NAMI will promote additional trainings and venues for peer and family discussions. **This goal was met for FY 2021-24.** While the SDBHS no longer contracts with RI, it has a long partnership with NAMI. NAMI offers a diverse array of trainings designed to foster peer and family discussions, providing invaluable support and resources to those affected by mental health challenges. Through programs like NAMI Family-to-Family and NAMI Peer-to-Peer, children, youth, and adults have had the opportunity to engage in open and empathetic dialogues within safe and understanding environments. These trainings helped to empower participants with knowledge about mental health conditions, coping strategies, and effective communication skills, enabling them to navigate the complexities of supporting a loved one or managing their own mental health journey. By facilitating peer-led discussions, NAMI has cultivated a sense of community and solidarity, where individuals can share their experiences, learn from one another, and gain strength from collective understanding. These trainings have promoted emotional well-being and resilience, challenged stigma, and promoted advocacy, ultimately fostering a culture of compassion and inclusivity in mental health care. Additionally, prior to the end of the RI International contract last fiscal year, SDBHS partnered with the agency to provide a wide range of training programs tailored to support individuals, families, and professionals in the field of behavioral health and recovery. Their offerings encompassed evidence-based practices, peer support, crisis intervention, and wellness-focused approaches. Through initiatives like the Wellness Recovery Action Plan (WRAP) and Certified Peer Support Specialist training, RI International helped empower individuals with lived experience to become advocates and allies in their recovery journeys and within their communities. Additionally, their crisis intervention training equips professionals with the skills needed to provide effective support during challenging situations, emphasizing compassion, de-escalation techniques, and trauma-informed care. RI International's commitment to innovation is reflected in its diverse training portfolio, which continually evolves to meet the evolving needs of the behavioral health field. These programs not only enhance the competency of practitioners but also foster a culture of collaboration, empathy, and recovery-oriented care, ultimately improving outcomes for individuals and communities of San Diego County.

CRITERION 5 THREE-YEAR STRATEGIC GOALS FOR FY 2024-27:

Over the next three years, SDCBHS will offer a series of programs for employees seeking to advance their education, training and/or certification who may not have the income or ability to finance education or certifications, and/or capacity to take on student debt in order to train public behavioral health workers in the region’s most urgently needed professional fields to achieve licensure and/or certification as part of the new Innovation Workforce program.

100% of SDCBHS staff and contracted providers will complete four hours of cultural competence training activities.

Over the next three years, SDCBHS will observe an increase in the number of respondents that agree/strongly agree to the question “staff were sensitive to my cultural background” on the TPS, YSS, and MHSIP.

COUNTY'S COMMITMENT TO GROWING A MULT-CULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations.

The County shall include the following in the CCPR:

A. Extract a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component. ***Rationale****: Will ensure continuity across the County Behavioral Health System.*

I A. The initial MHSA assessment of the County of San Diego's behavioral health workforce for DMH for the Workforce Education and Training (WET) component was conducted in 2008, and the findings were submitted as part of Exhibit 3: Workforce Needs Assessment. A follow-up assessment was conducted in 2013 and in 2016. The results of the 2016 assessment are summarized below and continue to be the most current needs assessment available. The diversity of the behavioral health workforce was reassessed in 2020. Historically, the workforce assessment was required for the mental health system. SDCBHS has also been examining the workforce of substance use programs.

The County of San Diego is currently experiencing a behavioral health workforce crisis, which has been further exacerbated since the COVID-19 pandemic. The ongoing shortage of qualified, culturally diverse behavioral health staff throughout the country, state and region continues to severely impact the SDCBHS County-operated services and programs operated through SDCBHS contracted service providers. The need for behavioral health services throughout the region continues to grow and shows no sign of slowing.

As a department, SDCBHS is experiencing difficulty in recruiting, hiring and retaining qualified individuals in many of the clinical and direct-service classifications, and on a parallel road, contracted providers are experiencing the same challenges. Contracted service providers are beginning to request a reduction in capacity and delayed execution of new programs because of high rates of staff attrition, inability to hire, non-competitive salaries, and vacancies that have gone unfilled for months.

Current Strategies and Activities in Place:

- Adding Certified Peer Support Staff as a new County classification.
- At the request of the Board of Supervisors, a report was conducted by the San Diego Workforce Partnership, "Addressing San Diego's Behavioral Health Worker Shortage". This report provided San Diego with an understanding of the worker shortage and outlined potential solutions for how to recruit, train and retrain behavioral health workers in the region. This report was received by the Board of Supervisors on 10/11/22. The report can be found here: San Diego Behavioral Health Workforce Report
- Per the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH Connect) Section 1115 Demonstration dated October 2023, the California Department of Health Care Services (DHCS) is requesting to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with

significant behavioral health needs. BH Connect will amplify the state's ongoing behavioral health initiatives and is informed by the findings from DHCS' comprehensive 2022 assessment of California's behavioral health landscape, Assessing the Continuum of Care for Behavioral Health Services in California. SDCBHS will be establishing a workforce goal to align with the requirements under BH Connect.

San Diego State University (SDSU) Partnership - On October 27, 2022, the County's HHSA and San Diego State University's College of Health and Human Services (CHHS) entered a partnership to address a variety of challenges facing the region. The partnership is intended to support and address things such as housing insecurity and workforce development as the need for future leaders in public service continues to increase. The Live Well Center for Innovation and Leadership will streamline workforce development by offering internships and by providing hands- on training opportunities for SDSU students. This will allow for real-life experience while building a local workforce ready for a variety of County jobs, including those within Behavioral Health Services.

- To continue to enhance the competency of the behavioral health workforce, the Cultural Responsiveness Academy (CRA) formerly known as the Cultural Competency Academy (CCA) is a program under the Academy of Professional Excellence within the San Diego State University Research Foundation. In FY 2022-23 one executive leadership series and one foundational series to Behavioral Health Service contracted providers with a focus on creating antiracist organizations and culturally competent service delivery. The Executive CCA is designed for executives of Behavioral Health provider organizations and is made up of three 90- minute virtual training sessions, a one-hour coaching call, an executive project, networking, offline work and a final one-hour session to wrap up the series and discuss individual executive project summaries and next steps. The foundation CCA series is a five-day virtual training session, one position-specific booster training, one culturally specific booster training and a capstone project designed for supervisors, direct service providers, and support staff. In FY 2023-24, the program transitioned to the name Cultural Responsiveness Academy. The new training model takes the form of individual day trainings, as the County's current workforce shortages has not allowed for the foundational series model.
- SDCBHS is currently in procurement for a behavioral health workforce retention and recruitment fund administrator. The goal of this innovative program is to diversify and increase the behavioral health workforce through training. Tuition support, upskilling and incentive opportunities. Highlights of this procurement are for the administrator to: (1) develop an outcomes-based renewable training and tuition fund that will provide a zero percent interest loan to students as well as upfront financing for clinician training and supervision programs for up to four hundred and twenty (420) recipients and (2) provide an upskilling program for worker who are seeking to advance their education, training, and/or certification who may not have the income or ability to finance education or capacity to take on student debt for up to one hundred and forty (140) recipients.

SDCBHS is evaluating strategies to support providers experiencing staffing shortages, including the potential for increasing salaries for hard-to-recruit direct service positions using existing budget savings, and exploring the potential for time-limited recruitment incentives for specific positions. Additionally, strategic longer-term recruitment, training and retention strategies are being explored and SDCBHS is required to return to the Board of Supervisors with routine progress updates.

Shortages by Occupational Category

Approximately 82% of the County of San Diego's behavioral health workforce consists of contracted staff employed by community-based organizations (CBO) or network providers. The County itself employs most of the remainder of the workforce. From 2013 to 2016, the workforce of the County- operated programs grew by 29%.

Workforce distribution figures indicate that the highest percentage of positions are in Unlicensed Mental Health Direct Staff (30.9%), followed by Licensed Direct Staff (24.8%) and Support Staff (22.1%). A comparison with the initial assessment shows an increase in the proportion of the non-psychiatric health care workforce (such as physicians, nurses, medical assistants, etc.) from 80.1 authorized full-time equivalent staff (FTEs) in 2008 and 186.23 authorized FTEs in 2016.

Comparability of Workforce, by Race/Ethnicity, to Target Population Receiving Public Behavioral Health Services

Both San Diego County's public behavioral health workforce and its target population receiving public behavioral health services are diverse. Per the most recent examination of the workforce by diversity in 2020, the current public behavioral health workforce in San Diego County is 38% Caucasian, 29% Latino/Hispanic, 12% African American, 8% Asian/Pacific Islander, and less than 1% Native American. Similarly, the client diversity is as follows: 41% Caucasian, 29% Latino/Hispanic, 12% African American, 8% Asian/Pacific Islander, and 1% Native American. San Diego County BHS is currently working on a new system to track workforce diversity.

In comparison with 2013, the current public mental health workforce is generally more ethnically and culturally diverse. The 2020 workforce assessment demonstrated a smaller gap between the workforce and the mental health population served. The largest shift in the workforce was a 4 percent increase in the Black/African American workforce. This is the most recent data available on the workforce, although SDCBHS is working on a system to track workforce ethnicity at this time.

Race/ Ethnicity	2013 Workforce	FY 2012-13 Mental Health Clients	2016 Workforce	FY 2016-17 Mental Health Clients	2020 Workforce	FY 2019-20 Mental Health Clients	FY 2022-23 Mental Health Clients	FY 2022-23 Substance Use Clients
White	41%	39%	37%	38%	38%	41%	32%	47%
Hispanic	25%	33%	28%	35%	29%	29%	39%	35%
Black/ African American	11%	12%	8%	12%	12%	12%	10%	9%
Asian/ Pacific Islander	10%	4%	10%	5%	8%	8%	4%	2%
Native American	0.9%	0.6%	0.5%	0.6%	0.4%	1%	0.4%	1%
Other/ Unknown	12%	10%	16%	13%	5.6%	9%	14.6%	6%

Positions Designated for Individuals with Consumer and/or Family Member Experience
Consumers and family members offer a wealth of life experiences, cultural competencies, compassion, understanding of the behavioral health system, and related resources. They assist in linking consumers to services, provide useful information on navigating the behavioral health system, and give much-needed encouragement and moral support to their peers.

The number of specifically designated consumer/family positions in the public behavioral health workforce tripled from 54.2 FTEs in 2008 to 163.8 FTEs in 2013. It decreased slightly in 2016, but the number of Peer Support Specialists increased by 16%.

Position with Lived Experience	2013 # of FTEs	2016 # of FTEs
Peer Support Specialists	18.7%	23.4%
Family Support Specialists	34.6%	17.8%
Managerial/Supervisory	9.6%	3.4%

In the most recent 2020 assessment for the adult/older adult programs, it was noted that there were 115.8 FTE peer positions among a total of 162 peer staff.

Language Proficiency
The threshold languages for San Diego County are English, Spanish, Vietnamese, Tagalog, Mandarin, Korean, Persian (Farsi and Dari), Somali, Vietnamese, and Arabic. In addition to these threshold languages, multiple other linguistic needs were previously identified, including Chaldean, Hmong, Cambodian, Laotian, Somali, Russian, and Swahili. According to the 2016 workforce assessment, 27% of the workforce speaks Spanish. Additionally, contracted programs employ staff fluent in over 20 unique languages.

The table below shows the breakdown of languages spoken by staff from the 2016 workforce assessment.

Language Spoken by Staff	Level of Staff	2016 # of FTEs
Spanish*	Direct Service Staff	322
	Others	133
Tagalog*	Direct Service Staff	20
	Others	5
Vietnamese*	Direct Service Staff	12
	Others	3
Arabic*	Direct Service Staff	9
	Others	2
Russian	Direct Service Staff	8
	Others	1
Cambodian	Direct Service Staff	3
	Others	3
Sign Language	Direct Service Staff	3
	Others	2

**Indicates a threshold language*

Per the data from the 2023 NACT, the following languages were reported for mental health staff:

MHP Number of Staff by Language Capacity N=1,488			
Language	Language Proficiency		
	Fair	Fluent	Certified
Arabic	-	12	1
Armenian	-	1	-
Cambodian	-	2	-
Cantonese	-	1	-
English	-	1,488	-
Farsi	-	7	-
Hmong	-	-	-
Korean	-	6	-
Mandarin	-	2	-
Other Chinese	-	7	-
Russian	-	7	-
Spanish	-	386	1
Tagalog	-	23	-
Vietnamese	-	10	-
American Sign Language (ASL)	-	1	-

For the 2023 SUD staff:

DMC-ODS Number of Staff by Language Capacity N=800			
Language	Language Proficiency		
	Fair	Fluent	Certified
Arabic	1	17	-
Armenian	-	22	-
Cambodian	-	21	-
Cantonese	-	2	-
English	-	800	-
Farsi	2	12	-
Hmong	-		-
Korean	1	2	-
Mandarin	-	8	-
Other Chinese	1	27	-
Russian	-	1	-
Spanish	19	135	-
Tagalog	1	2	-
Vietnamese	-	1	-
American Sign Language (ASL)	7	33	1

B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. Rationale: Will give ability to improve penetration rates and eliminate disparities.

I B. As outlined above, in comparison with 2013, the public behavioral health workforce is generally more ethnically and culturally diverse; however, some cultural and ethnic groups remain underrepresented. For example, in 2016, 35% of the behavioral health client population was Hispanic/Latino, which was 7% higher than the total Hispanic/Latino workforce. In 2020, this gap was much closer, with only a 1% difference.

The WET Plan also notes that unlicensed direct staff and support staff are the closest in proportion to the diversity of those being served, while licensed, management/supervisory, and other healthcare position classifications are significantly less representative of the diversity of those being served. This indicates a shortage of therapists, psychologists, and psychiatrists with bilingual skills that are needed by the behavioral health population.

C. If applicable, the County shall report in the CCPR, the specific actions taken in response to the cultural consultant technical assistance recommendations as reported to the County during the review of their WET Plan submission to the State.

I C. The County of San Diego Behavioral Health Services (SDCBHS) did not receive cultural consultant technical assistance recommendations.

D. Provide a summary of targets reached to grow a multicultural workforce in rolling out County WET planning and implementation efforts.

I D. Below is a summary of targets reached to grow a multicultural workforce in rolling out County WET planning and implementation efforts:

Target Reached:

Obtained a broad spectrum of stakeholder input on education and training needs

The target was built upon Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) planning processes, which included over 950 adult and older adult client surveys in the threshold languages at the time of distribution (English, Spanish, Vietnamese, Tagalog, and Arabic) and 700 family member surveys, 60 stakeholder meetings, and ongoing input from children and youth, as well as adult Care Councils.

Target Reached:

Developed a workforce needs assessment:

- The County contracted with SDSU Research Foundation Academy for Professional Excellence (APE) to lead the effort and provide expert advice.
- *Phase 1*: The County collected baseline information from a broad range of stakeholder and community members involved with the public behavioral health system. The efforts included 25 semi- structured focus groups, and members of hard-to-reach communities were especially sought out for participation. Over 50 Key Informant Interviews were conducted with individuals who had in-depth experience with targeted key populations. Additional focused surveys were administered to a target group of 290 clients/family members, program

managers, and direct behavioral health service providers. Finally, existing County data was aggregated.

- *Phase 2*: The County completed data analysis comparing the ethnic and age composition of the San Diego population, the SDCBHS behavioral health population, and the workforce. The County compiled baseline information about educational institutions in San Diego with programs geared toward behavioral health occupations, from high schools to post-doctorate degrees. The County also conducted an in-depth training assessment survey of 721 BHS staff regarding specific training needs and conducted additional Key Informant Interviews with community partners with workforce development expertise.

Target Reached:

Developed WET Needs Plan:

- Community and stakeholder input on the WET Needs Assessment was gathered through System of Care Councils, and contractor and County staff meetings.
- WET Work Group, which included subject matter experts from Key Informants, SDCBHS staff, and stakeholder representatives.
- A cross threading group, composed of stakeholders from all groups, who would not financially benefit from any contracts, reviewed the recommendations, and set priorities for funding. The recommendations were brought to three planning presentations around the County open to the behavioral health community and the public.

Target Reached:

Behavioral Health Board Approval and Submission to the State:

- Final input from community meetings was incorporated into the WET Plan.
- The WET Plan was submitted to the Mental Health Board and approved in April 2009.

Target Reached:

Program Procurement and Implementation:

- The target populations reached include the current public behavioral health workforce through the behavioral health training component under Training and Technical Assistance. San Diego State University Foundation, Academy of Professional Excellence is the County's contractor through Responsive Integrated Health Solutions (RIHS) to provide behavioral health training to SDCBHS staff and County-contracted behavioral health providers. Training topics are numerous but always include cultural competency components, including a Cultural Competency Academy that was implemented in 2012 and subsequently re-procured in 2018. The curriculum development committees included people with lived experience. Note, the RIHS contract ended 6/30/23. The e-learnings are still available to BHS contractors.
- SDCBHS implemented the Consumer/Family Academy with Early Implementation Activities funding under Training and Technical Assistance. The Consumer Family Pathway had been incorporated into the Public Behavioral Health Pathways. The County contracts with NAMI to provide targeted training and support to consumers and family members.
- During the program development process, each WET program was required to address the following components in their Statements of Work:

Target Population

1.1. **The contractor shall create culturally and linguistically appropriate, targeted approaches to ethnically and linguistically diverse populations based on community and public behavioral health workforce need. Potential populations may include, but are not limited to:**

- **1.1.1. Latino population.**
- **1.1.2. Asian/Pacific Islander population.**
- **1.1.3. Lesbian, gay, bisexual, and transgender (LGBTQ+) population.**
- **1.1.4. Individuals in or recently out of the foster care system.**
- **1.1.5. Other populations as defined by County staff, community, and public behavioral health workforce need.**

E. Share lessons learned on efforts in rolling out County WET planning and implementation efforts.

I E. During the roll out of the County WET planning and implementation process, the County of San Diego has learned lessons of how valuable it is to expand beyond our traditional behavioral health partners. To ensure the success of the development and implementation of WET programs, outreach included local schools, universities, and workforce developers such as the San Diego Workforce Partnership and the Department of Rehabilitation. SDCBHS worked closely with our community partners to ensure any prospective partners were aware of WET and their potential role along the educational/workforce pathway.

WET programs have successfully engaged culturally and ethnically diverse participants. Some programs have similar state level investments being made, such as stipends for those in training for licensed positions. Programs that have received WET support for curriculum development include the Public Mental Health Academy to facilitate workforce development and career pathways in public behavioral health by offering coursework that leads to a Mental Health Work Certificate. Other activities will require ongoing support from other MHSA funding sources. These include programs focused on enhancing the knowledge, skills, and cultural competence of the existing workforce and those providing training to prepare consumers and family members for employment in the public behavioral health workforce.

F. Identify County technical assistance needs.

I F. SDCBHS would like technical assistance with information on the success of the programs in other counties, and the techniques/processes used to recruit, train, and maintain a culturally diverse and bilingual workforce. It would be helpful to learn of particular strategies that have been successful for specific ethnic populations such as Latino, Vietnamese, Filipino, Arabic, African refugees, and others. SDCBHS would be interested in strategies that have been successful in increasing the cultural and ethnic diversity of licensed clinical staff, especially due to the workforce shortages caused during the pandemic.

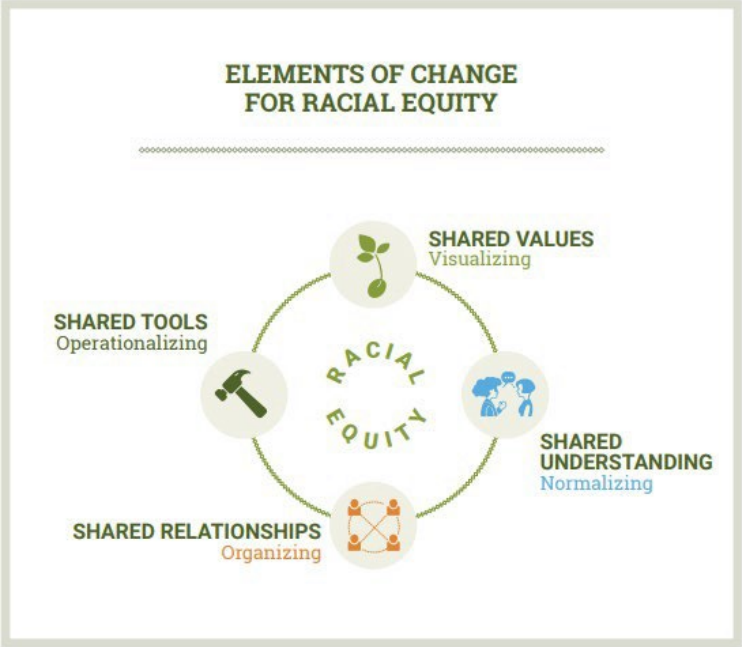
CRITERION 6 THREE-YEAR STRATEGIC GOALS FOR FY 2021-24:

SDCBHS will have a BHS Race/Equity Workgroup with newly hired BHS Consultant, Reggie Caldwell, aimed at addressing racial equity in policy development, guidelines and trainings implemented throughout BHS. **This goal was MET for FY 2021-24.** In 2021, the Racial Equity Training Series was introduced at the BHS All Staff meeting. This series was facilitated by Racial Equity Consultant, Reggie Caldwell. The goals of the training series are to explore how racial equity is essential to the delivery of effective behavioral health services, familiarize staff with concepts related to racial equity, explore how these concepts often occur without intention or awareness, and learn how to mitigate potential impacts on Black, Indigenous and People of Color (BIPOC) to improve service access and health outcomes. In mid-August, a survey was sent to all BHS staff to assess where we are as an organization. Training with Reggie Caldwell commenced in September, with the first training titled "Setting the Stage". The series includes four sessions that all SDCBHS staff are required to attend. To date, 360 SDCBHS staff have attended the series.

The County will develop and continue to enhance a New Office of Equity and Racial Justice. **This goal was MET for FY 2021-24.** The Office of Equity and Racial Justice (OERJ) was established in 2020 to strengthen the County of San Diego's commitment to racial equity, with the intent that race no longer be a determining factor in a person's life outcomes. This approach supports groups across ethnicity, gender, age, ability, and other identities to live and participate in our society to their full potential.

Mission Statement:

- The County of San Diego's Office of Equity and Racial Justice partners with the community to co-create transformative, enduring, structural and systemic change in San Diego County government.
- We bridge San Diego County departments and community voices to design bold policies and practices to advance equity.
- We champion belonging for all and advocate for people suffering from structural and systemic racism and exclusion.



As part of the Government Alliance on Racial Equity (**GARE**), OERJ is leading the County of San Diego's implementation of data-driven tools and processes that center equity throughout the organization. These interventions will help departments identify disparities in their services and operations and actively create plans to address them. OERJ also supports initiatives that address inequities on a systemic level across departments.

Below are some examples of how we are integrating GARE's elements of change for racial equity in the County of San Diego:

- **VISUALIZE:** Add Equity and Belonging to County's top values and articulate commitment to disrupting the status quo of inequitable access and outcomes.
- **NORMALIZE:** Convene and participate in working groups that cover topics such as Equity in Contracting, Gender Identity and Expression, and Alternatives to Incarceration. Develop and offer trainings related to racial equity, systemic issues, and anti-racism.
- **ORGANIZE:** Recruit and train departmental Justice, Equity, Diversity and Inclusion (JEDI) Teams to carry out County's "Equity 2.0" vision.
- **OPERATIONALIZE:** Develop tools such as Board Letter Equity Impact Statements and Budget Equity Questionnaires that help departments weave equity into their operational and programmatic planning.

A baseline assessment of 34 indicators of well-being and belonging will serve as measures of the County's progress in achieving its equity vision. The first report was released in February 2024. More information can be found here: What We Do (sandiegocounty.gov)

To develop a Contractor Diversity Plan to be included in the RFP process, which would ask contractors to outline the linguistic/cultural diversity of staff, workforce efforts/cultural diversity strategies in staffing, and outreach plans. **This goal was MET for FY 2021-24.** Within each request for proposal (RFP) there are requirements for the proposer to outline the diversity of their staff and linguistic capabilities. For example, a recent RFP issued had the following language included:

1.1.1 Contractor shall actively recruit applicants with cultural and linguistic capacity to provide services in the following threshold languages of the communities served in San Diego County.
1.1.1.1 Somali
1.1.1.2 Arabic
1.1.1.3 Chinese (Mandarin)
1.1.1.4 Korean
1.1.1.5 Persian (including Farsi and Dari)
1.1.1.6 Spanish
1.1.1.7 Tagalog
1.1.1.8 Vietnamese

1.1.2 Contractor shall actively recruit applicants with lived experience in behavioral health and/or the public behavioral health care system.

CRITERION 6 THREE-YEAR STRATEGIC GOALS FOR FY 2024-27:

Over the next three years, SDCBHS will provide scholarships to current members of the county-funded public BH workforce in an effort to retain the essential workforce as demonstrated by the Innovation Workforce evaluation.

Over the next three years, SDCBHS will provide zero percent (0%) interest loans to students as well as upfront financing for clinical training and supervision programs as a component of the new Innovation Workforce program.

LANGUAGE CAPACITY

I. Increase bilingual workforce capacity

The County shall include the following in the CCPR:

A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity, including the following:

1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.

I A1. SDCBHS had been seeking ways to develop the diversity of the systemwide workforce to grow bilingual staff capacity for several years, but the lack of available funding for incentives and training was a serious limitation. The inclusion of WET funding in the MHSA had enabled the County to grow the bilingual staff capacity of its workforce. The WET Plan can be located here.

To specifically address building bilingual staff capacity, the following programs have been developed and implemented. WET funds were received as a one-time allocation and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually. In FY 2023-24, the estimated WET expenditures will be $6,879,317. Annually, up to $6.9 million in CSS funds will be transferred to the WET component to continue funding programs. WET funds were received as a one-time allocation and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually.

Action #3: Public Mental Health Credential/Certificate Pathway

This credential/certificate was part of an accredited institution, such as a community college, and assisted individuals with educational qualifications for current and future employment opportunities. Recruitment focused on specific shortages in the public mental health direct service areas, as well as on the delivery of services to targeted population groups such as early childhood, youth, transition-age youth, adult older adults, and linguistically and culturally diverse communities. Partnering with a community college had a decided advantage in that it will create options for the credential/certificate to be matriculated into AA and/or BA programs to assist those with lower levels of education to move into a career pathway continuum. In addition, when coupled with practicum and mentorship opportunities and/or scholarships or stipends, the credential/certificate pathway served to encourage participation from culturally diverse populations, e.g., age, income, ethnicity, and/or traditional healers.

The program was selected through a competitive procurement process called Request for Proposal (RFP), and the successful bidders were San Diego Community College District and Alliant International University.

San Diego City College's Public Mental Health Academy was embedded within the Institute for Human Development. The Academy initiates a career pathway for a diverse population of students through a 19-unit Mental Health Work Certificate of Achievement. The certificate program serves as both workforce development for entry-level positions in the behavioral health and human services field and as an academic steppingstone toward higher academic degrees in the field of mental health. The Academy has also established a pre-certificate preparation course for potential

students who are non-native English speakers. The Public Mental Health Work Certificate of Achievement program started in October 2010. While the initial funding ended in September 2015, an extension of funding was secured for the 2015-2016 academic year specifically to provide continued academic counseling support and administration of the program. The County of San Diego continues to support ongoing academic counseling and career connection to PMHA students and oversight of the program. During the 2022-23 academic year, 51 new students enrolled in the Public Mental Health Academy (PMHA)/Mental Health Work Certificate program with 28 students completing their certificate, bringing the total to 412graduates since the program's inception. Over 451 academic counseling appointments were held to provide individuals with ongoing support and guidance. 28% of this years' graduates have transferred to SDSU. UCSD, Sacramento State University, Pennsylvania State, UC Riverside, UC Irvine and University of San Diego in Fall 2023. The remainder of the students are continuing to complete their Associate's degree and/or seeking employment. Some of this year's graduates are currently in the workforce, serving roles in various organizations such as Crestwood Behavioral Health, NAMI San Diego, Telecare Mobile Crisis Response Team and local elementary schools.

PUBLIC MENTAL HEALTH ACADEMY
A PERSONAL STORY

This program was awesome and everything down to the professors was perfect. I felt I had support the whole way through. Overall, I enjoyed my courses for the Mental Health Work Program and really appreciated the updates and announcements from Dawn Taft. Being able to have a direct line to Dawn was reassuring and knowing I had the support from her was very encouraging. The courses in this program were exactly what I thought helping professionals deal with on a daily basis. I would recommend this program to anyone curious in having a career as a helping professional.

Alliant International University's Community Academy was a partnership between NAMI San Diego, Recovery Innovations (RI) International, the Family Youth Round Table, and the California School of Professional Psychology (CSPP) at Alliant International University. It provided training and employment assistance for individuals with lived experience of mental illness and/or family members, including support provided through pairings with academic and peer mentors. The Community Academy supported the partners' six existing certificates and facilitated the translation of these certificates into academic credit. In addition, the program linked students, partnering agencies, and the community with community trainings and evidence-based literature that address stigma, recovery into practice, and barriers to accessing a career pathway through stipends and support. Additionally, it provided community training addressing stigma about mental illness and recovery. As of March 2016, 59 participants completed the program. Among those who have completed this program, 21 (36%) have a primary language other than English, and 26 (44%) are bilingual. This contract has since ended.

Action #4: School-Based Pathways/Academy

In order to promote mental health careers to students, this action created a partnership between the County of San Diego and San Diego County schools to implement a mental health

component/track to existing established Health Care Pathways programs. The intended result is an increase in the number of high school students who choose to pursue mental health careers. The schools that were targeted included those whose enrollments include a high number of students who are linguistically, culturally, and economically diverse. This partnership with the schools afforded San Diego County the opportunity to increase the diversity of the mental health workforce, while also reducing the stigma associated with mental illness. Exposure to occupations included those indicated as priority areas, including both clinical and non-clinical direct positions, as well as a focus on occupations that serve particular areas of need, e.g., early childhood, transition age youth, adult, and older adult, as well as cultural and linguistic diversity.

The Program was selected through the RFP process, and the successful bidder was Health Sciences High and Middle College (HSHMC). HSHMC is a public charter high school that provides students an opportunity to explore opportunities in healthcare through its college preparatory curriculum, specialized electives, and four-year, work-based internship program. With WET funding, HSHMC created a specialized mental health worker career track for juniors and seniors. Up to 50 students per year participated in the two-year certificate program. Curriculum and specialized activities were offered school-wide to encourage all campus students to take steps toward ending the stigma associated with mental health challenges, to have greater awareness and know more about seeking services for their own needs, and to consider this area of development as part of their own career exploration.

As of August 2015, a total of 103 students had completed the mental health career Pathways program. Among those enrolled in the last contract year 2014-15, 26 (52%) have a primary language other than English, and 44 (88%) are bilingual. The contract ended in August 2015.

Action #5: Nursing Partnership for Public Mental Health Professionals

This program was targeted to expand the capacity for developing additional public mental health professionals in nursing occupations that are most needed. Programming would be in coordination with existing nursing pathways at local institutions of higher education. The areas of nursing need are: Clinical Specialists, licensed Vocational Nurses, Registered Nurses, and Psychiatric Nurse Practitioners. Schools that will be targeted will include those whose enrollments include a high number of students that are linguistically, culturally, and economically diverse. Academic instruction was coupled with practicum and mentorship opportunities with public mental health contractors or with the County of San Diego. The objectives included increasing the skill levels and educational attainment of diverse culturally and linguistically diverse/representative groups and increasing the number of culturally and linguistically diverse individuals working in public mental health occupations.

The Program completed its RFP process, and the successful bidder was California State University San Marcos School of Nursing. WET funding supported the development of curriculum and teaching modalities for an integrated Psychiatric/Mental Health Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP) program. This Advance Practice Nurse received a Master of Science in Nursing, was eligible for national certification, and could practice in inpatient, outpatient, or community settings with prescriptive authority and skills in psychotherapy and other treatment modalities. A total of 20 students completed the program. Students represented various ethnic groups such as Caucasian, African American, Asian, Pacific Islander, and Middle Eastern. All

were fluent in English; one was bilingual in Tagalog, and one was bilingual in Arabic. Students ranged in age from 25 to 59 years, with two individuals being veterans. The contract ended in August 2015.

Action #6: Community Psychiatry Fellowship

This program is directed toward remedying the shortage of psychiatrists through partnering with a medical school to fund a position(s) with the intent of increasing family medicine/psychiatry fellows with a community psychiatry specialization. The program encourages culturally and economically diverse populations. The Community Psychiatry Fellowship program (actions 6 & 7 combined) at UCSD began in the fall of 2011. Since Spring 2012, fifteen participants have completed the general community psychiatry fellowship, five participants have completed the child community psychiatry fellowship and twenty participants have completed the psychiatric nurse practitioner program. Additionally, eight participants are currently enrolled in the general community psychiatry fellowship, two are enrolled in the child community psychiatry fellowship, and eleven are enrolled in the psychiatric nurse practitioner program, with two general community psychiatry fellows and one child community psychiatry fellow graduating in June 2020. Among these individuals, four are fluent in Spanish and two in Vietnamese. In FY 2022- 23, the budget increased by $500,000 for supporting additional faculty and residents to the fellowship program.

Action #7: Child Psychiatry Fellowship

This program is directed toward remedying the shortage of child psychiatrists through partnering with a medical school to fund a position(s) with the intent of increasing family medicine/psychiatry fellows with a community child psychiatry specialization. The program encouraged culturally and linguistically diverse populations.

Action #8: LCSW/MFT Residency/Intern

This program was directed at increasing the presence of licensed students in San Diego. The County of San Diego explored developing a partnership with established LCSW and MFT training programs to fund residency/internship slot(s) to offer students compensation in exchange for a commitment to practice in San Diego County's public mental health workforce. The program objectives include having students be fluent in threshold and critically needed languages and be affiliated with under-served or unserved communities including Latino, African American, Vietnamese, Cambodian, Hmong, Lao, and Samoan, and/or experiences or providing services to such communities.

The Program was RFP'd and the two bidders below were successful. The programs started in September 2010.

San Diego State University-LEAD (MFT) – The LEAD Project sought to increase the presence of ethnically and linguistically diverse licensed clinicians in San Diego County by funding stipends for bilingual/bicultural MFT interns in exchange for a commitment to practice in San Diego County's public behavioral health workforce. In addition, this program also provided supervision hours and classes to prepare interns for licensure. As of August 2015, a total of 15 participants had completed the program. Each of these participants was bilingual and bicultural, with a wide range of races/ethnicities and languages represented, including the following:

- Mexican-American female fluent in Spanish
- Italian-American fluent in Spanish

- Latina fluent in Spanish
- Asian-American male fluent in Vietnamese and English
- Hispanic female fluent in both Spanish and English
- Pacific Islander female fluent in Chamorro and English
- Asian female fluent in Spanish and English and able to speak Chinese (more specifically Cantonese)
- Asian female fluent in Chinese (more specifically Mandarin) and English
- Hispanic female fluent in both Spanish and English.
- Iranian male fluent in Farsi and English
- Mexican-American female fluent in Spanish and English
- Cuban female fluent in English and Spanish
- Hispanic female fluent in English and speaks conversational Spanish
- Mexican male fluent in Spanish and English
- German male fluent in German, Spanish and English

The contract ended in August 2015.

Alliant International University – Alliant International University, on behalf of the San Diego MFT Educators' Consortium which represents all the MFT programs in San Diego County, is the host of the San Diego County MFT Residency/Internship Program. The program provides three educational stipends each year in exchange for a commitment to work in the County's public behavioral health system for at least two years.

Action #9: Targeted Financial Incentives to Recruit and Retain Licensable and Culturally, Linguistically and/or Ethnically Diverse Public Mental Health Staff
This program was designed to aid in the recruitment and retention of licensed eligible and culturally, linguistically and/or ethnically diverse public mental health staff to work in both the County and contracting community-based organizations (CBOs). The WET Needs Assessment also revealed several positions in licensed and unlicensed direct services were deemed hard to fill, including bilingual clinical positions. The objectives of this program included increasing the ethnic diversity of licensed professionals, increasing the number of employees from underserved backgrounds, and increasing the number of employees with critical linguistic proficiencies.

Financial incentives were awarded on a competitive basis. Criteria included:

- Fluency in threshold and critically needed languages, e.g., Spanish, Vietnamese, Tagalog, Arabic, Chaldean, Hmong, Cambodian, Laotian, Somali and Swahili.
- Culturally underserved, unserved or underrepresented community affiliation e.g., Latino, African American, Vietnamese, Cambodian, Hmong, Lao and Samoan and/or experience providing services to such community members.
- Focus on specific regions or cultural/language diversity-focused positions (e.g., rural, non-English speaking, Native Americans, refugees/immigrant populations).

Candidates were selected from a pool of candidates who had submitted a complete application. In addition, the application process included an interview that was used to assess the candidate's capacity to complete any educational programming required by the designated position and/or their commitment to continuing employment in the public mental health field in San Diego County (i.e., a demonstrable, longstanding family or community ties in San Diego and/or an interest in working

within the County for the foreseeable future).

Application pools were opened and reviewed on a semi-annual basis. In years in which no funding was awarded, funding will "roll over" for allocation in future years. Opportunities were explored to leverage financial incentives and assistance funding through coordination and/or integration with federal, state, regional, and educational financial incentive programs. Candidates were eligible for the following financial incentives, depending on merit and/or need.

Recipients of the larger stipends, scholarships and/or loan assumptions were contractually obligated to work for Mental Health Services or contracting CBLs after completing studies for a period equal to the period in which they received support, with a minimum commitment of two years. Those who do not meet their obligations will be required to reimburse the County for the full amount of assistance.

2. Updates from Mental Health Services Act (MHSA), Community Service and Support (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.

I A2. The updates from the Mental Health Services Act (MHSA), Community Service and Support (CSS), and WET plans on bilingual staff members who speak the languages of the target populations is defined in the below Exhibit 3:

WET Plan – Exhibit 3: Workforce Needs Assessment

2016 WORKFORCE NEEDS ASSESSMENT		
III. Language Proficiency		
Language, other than English		***Number who are proficient***
1. Spanish	Direct Service Staff	322
	Others	133
2. Tagalog	Direct Service Staff	20
	Others	5
3. Vietnamese	Direct Service Staff	12
	Others	3
4. Arabic	Direct Service Staff	9
	Others	2
5. Russian	Direct Service Staff	8
	Others	1
6. Cambodian	Direct Service Staff	3
	Others	3
7. Sign Language	Direct Service Staff	3
	Others	2
8. Lao	Direct Service Staff	N/A
	Others	N/A
TOTAL *(All languages other than English)*	Direct Service Staff	377
	Others	149

In addition to WET Plan activities to grow bilingual staff, all CSS programs contain a requirement for staff to be able to provide services in languages appropriate for their target populations and have accordingly made efforts to hire bilingual staff to the maximum degree available. In FY 2023-24 an estimated 75,563 clients are projected to be served by CSS programs. In FY 2032-24, the estimated

total budget for CSS programs is $228.3 million, reflecting a total increase of $37.4. million from the MHSA Three-Year Plan funding priorities for FY 2023-24. Up to $6.9 million of CSS funds annually will be transferred to the Workforce Education and Training (WET) component to continue funding programs identified in the WET section of this report.

Several CSS Plans focus specifically on providing bilingual services to clients:

- **Health Center Partners (previously Council of Community Clinics)** focuses on primary health and mental health integration for Latinos in their communities through care provision in 11 community-based, primary-care clinics. Five of the clinics utilize Promotoras to engage Latinos with diabetes and depression through interventions provided in Spanish.
- **San Ysidro Health – Chaldean-Middle Eastern Social Services** provides services to the recently immigrated Middle Eastern community in San Diego who have previously been unable to access mental health programs due to cultural and language barriers. Services are provided by bilingual and bicultural Middle Eastern mental health service professionals.

Cultural Language Specific Outpatient Services for Children and Youth include a Full Service Partnership (FSP) designed to address disparities and reduce the stigma associated with mental health services and treatment for Latino and Asian/Pacific Islander (API) populations. This program, with its cultural and language-specific services, provides mental health services to seriously emotionally disturbed (SED) Latino and API children and their families, utilizing a comprehensive approach that is community-based, client and family-focused, and culturally competent. Expanded services include case management, treatment plans that address obesity and diabetes, co-occurring services, and additional outreach and education to targeted populations in the Southeast area. In Fiscal Year (FY) 2022-23, a total of 7,807 unduplicated clients received services through 32 CYF FSP programs. In FY 2023-24, the estimated total MHSA budget for CY-FSP programs is $21,218,845 million. In FY 2023-24, the estimated annual cost per client served in CY-FSP programs is $7,354, inclusive of all funding.

3. Total annual dedicated resources for interpreter services.

I A3. SDCBHS has dedicated resources for interpreter services by providing services to persons with Limited English Proficiency (LEP) through the usage of interpreter services in the entire system of care. In FY 2022-23, a total of 31,468 interpreter services were provided to 4,496 unique clients receiving Mental Health Services. The largest proportion of interpreter services was provided in Spanish (78 %), followed by Vietnamese (6%). Additionally, 10,418 interpreter services were provided to 569 unique clients receiving Substance Use Disorder services. The largest proportion of interpreter services provided to these individuals was in Spanish (85.9%) followed by American Sign Language (8.2%).

MH Interpreter Services Report, FY 2022-23

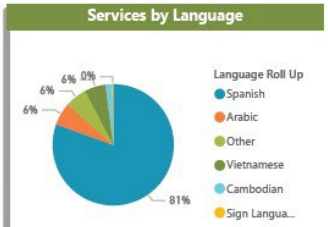
HHSA | LIVE WELL SAN DIEGO

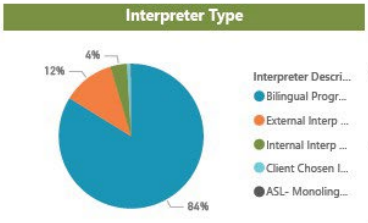
Language & Interpreter Services Report

County of San Diego Behavioral Health Services

Mental Health | FY 2022-23 | YTD

Services	Language	Clients
45,116	Spanish	4,894
3,396	Arabic	409
3,119	Vietnamese	278
143	American Sign Language	33
993	Cambodian	163
1,323	Other Non-English	269
153	All Filipino Dialects	52
146	Laotian	24
244	Farsi	66
359	All Chinese Langs & Dialects	49
158	Hmong	126
282	Korean	50
39	French	14
223	Russian	52
120	Japanese	11
45	Thai	6
74	Samoan	66
25	Armenian	22
16	Other Sign Language	10
2	German	2
17	Turkish	4
16	Polish	1
1	Italian	1
18	Portuguese	7
56,029		6,300

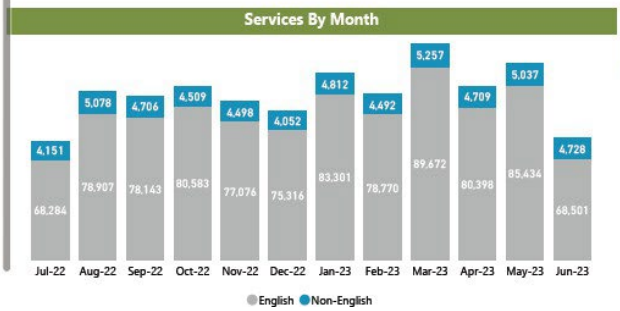




Total Services: 1,000,414

Interpreter Services: 56,029

% Interpreter Services: 5.6%



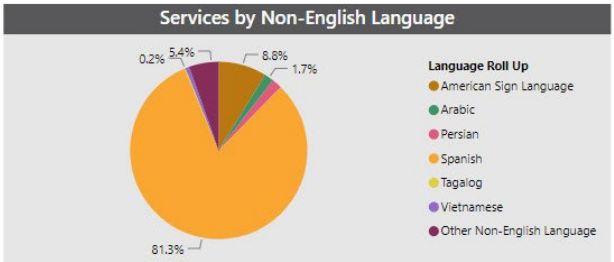
Region	Non-English Services	% of Non-English Services	English Services	% English Services
			3	0.00%
Central	10,314	18.41%	195,165	23.16%
East	7,010	12.51%	89,413	10.61%
North Central	14,623	26.10%	337,201	40.02%
North Coastal	2,297	4.10%	74,527	8.84%
North Inland	6,675	11.91%	77,645	9.21%
South	15,109	26.97%	68,676	8.15%

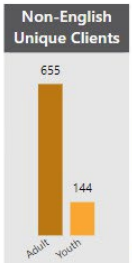
SUD Interpreter Services Report, FY 2022-23

SUD Language & Interpreter Services Report
FY 22-23

Data Source: SanWITS (04/08/24)

Services	Non-English Language	Clients
16,226	Spanish	744
1,752	American Sign Language	22
663	German	8
374	Farsi	1
336	Arabic	2
143	Vietnamese	2
117	Dutch	3
110	Czech	3
57	Fang Yan	3
46	Greek	1
42	Tagalog	2
40	Other Non-English Language	5
25	Hmong	1
10	Laotian	1
3	Portuguese	1
2	Hebrew	1
19,947		799



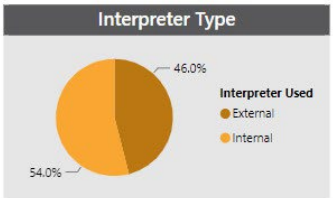


Fiscal Year: FY 22-23

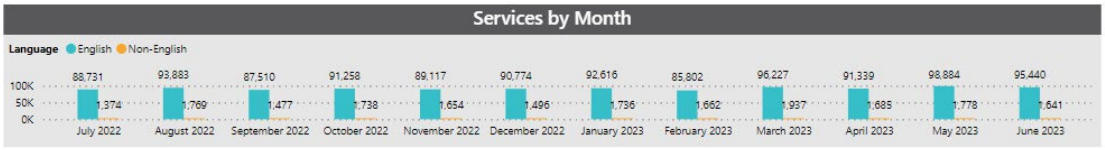
Total SUD Services: 1,121,5...

Interpreter Services: 19,947

% Interpreter Services: 1.8%



Region	Non-English Services	% of Non-English Services	English Services	% of English Services
South	10,992	7.8%	130,771	92.2%
Central	3,326	1.6%	207,032	98.4%
North Inland	3,143	1.6%	196,782	98.4%
East	1,793	0.8%	221,929	99.2%
North Central	485	0.3%	192,804	99.7%
North Coastal	208	0.1%	152,263	99.9%



Please note:
- Clients may be duplicated across languages.
- Unknown languages are excluded from the Region table.
- Data may be impacted starting March 2020 due to COVID-19.

For Internal Use Only

LANGUAGE CAPACITY

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.

The County shall include the following in the CCPR:

A. Evidence of policies, procedures, and practices in place for meeting clients' language needs, including the following:

II A. County Behavioral Health Services Cultural Competence Standards include policies, procedures, and practices that require that provider programs develop staff's language competency for threshold languages to meet clients' language needs. However, if program staff cannot meet the need for language assistance, then the program shall provide interpreter services. The Organizational Provider Operations Handbook (OPOH) establishes a process to provide free interpreter service for mental health clients with Limited English Proficiency (LEP).

In FY 2016-17, interpreter funding was decentralized, and since, programs have had the freedom to choose an interpreter agency that fits their program needs.

Current Standards and Requirements

To meet State and County requirements, providers are required to maintain and reflect linguistic and cultural competence through all levels of their organization and in their policies, procedures, and practices. Providers must ensure that program staff is representative of, and knowledgeable about, the clients' culturally diverse backgrounds and that programs are reflective of the specific cultural patterns of the service region.

Culturally and Linguistically Appropriate Services (CLAS) Standards:

The Culturally and Linguistically Appropriate Services (CLAS) Standards have replaced the Culturally Competent Clinical Practice Standards. All Statements of Work include the language on the requirement of the programs to implement the CLAS Standards. The CLAS Standards are a series of guidelines that are intended to inform and facilitate the efforts toward becoming culturally and linguistically competent across all levels of a healthcare continuum. The CLAS Standards were originally developed by the Health and Human Services Office of Minority Health and are comprised of 15 standards.

The standards are as follows:

Principal Standard:

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

Governance, Leadership, and Workforce:

- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- Recruit, promote, and support culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

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

Engagement, Continuous Improvement, and Accountability:

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

SDCBHS and the Cultural Competence Resource Team (CCRT) have identified the following methods that providers are encouraged to implement for evaluating cultural competence:

- Use of the PCDSA;
- Administration of a survey amongst their clients to determine if the program's clinical and administrative services are perceived as culturally competent; and
- Conducting a survey amongst their clients to determine if the program's clinical and administrative services are perceived as culturally and linguistically competent. The PCDSA is available online and is administered to all staff every two years. Surveys that aren't required can be developed independently. If providers prefer samples of surveys, they are available in the Cultural Competence Handbook.

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals.

Note: *The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.*

II A1. The SDCBHS contracts with Optum, the Administrative Services Organization (ASO), to provide a 24-hour phone line with statewide toll-free access that has the linguistic capability, including TDD.

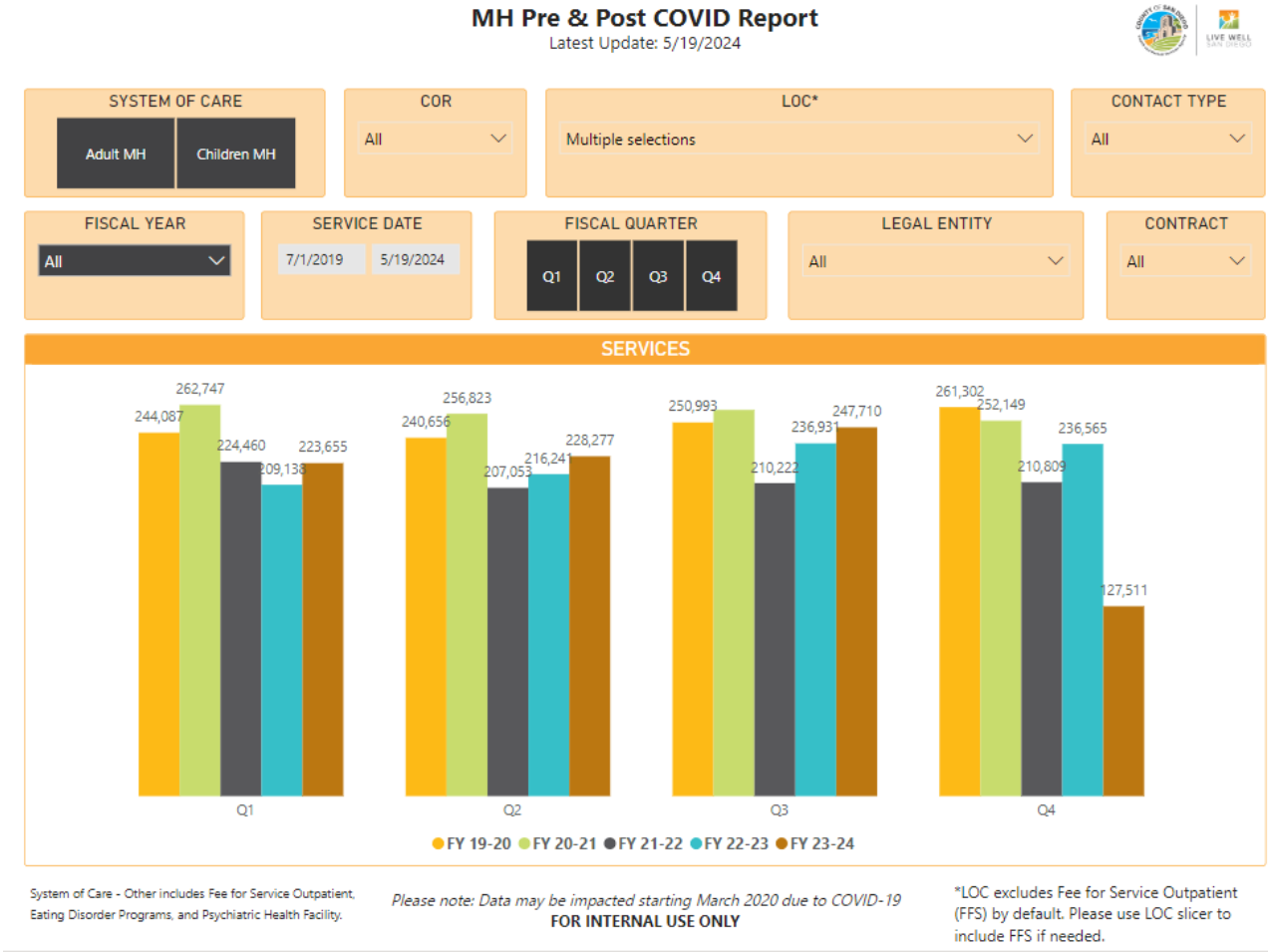
In FY 2022-23, the Access and Crisis Line (ACL) received 86,274 (82,502 mental health and 3,740 SUD) calls (an increase compared to the 83,096 received in FY 2020-21) with monthly call volume ranging from 6,373 to 7,607 calls. Of those, 1,345 were calls conducted in a language other than English, and 8 were hearing-impaired calls. Of all the calls that were conducted in a language other than English, 97.03% of them were in Spanish. There were 118 SUD-specific calls received requesting a language other than English, with 100% of those calls in Spanish.

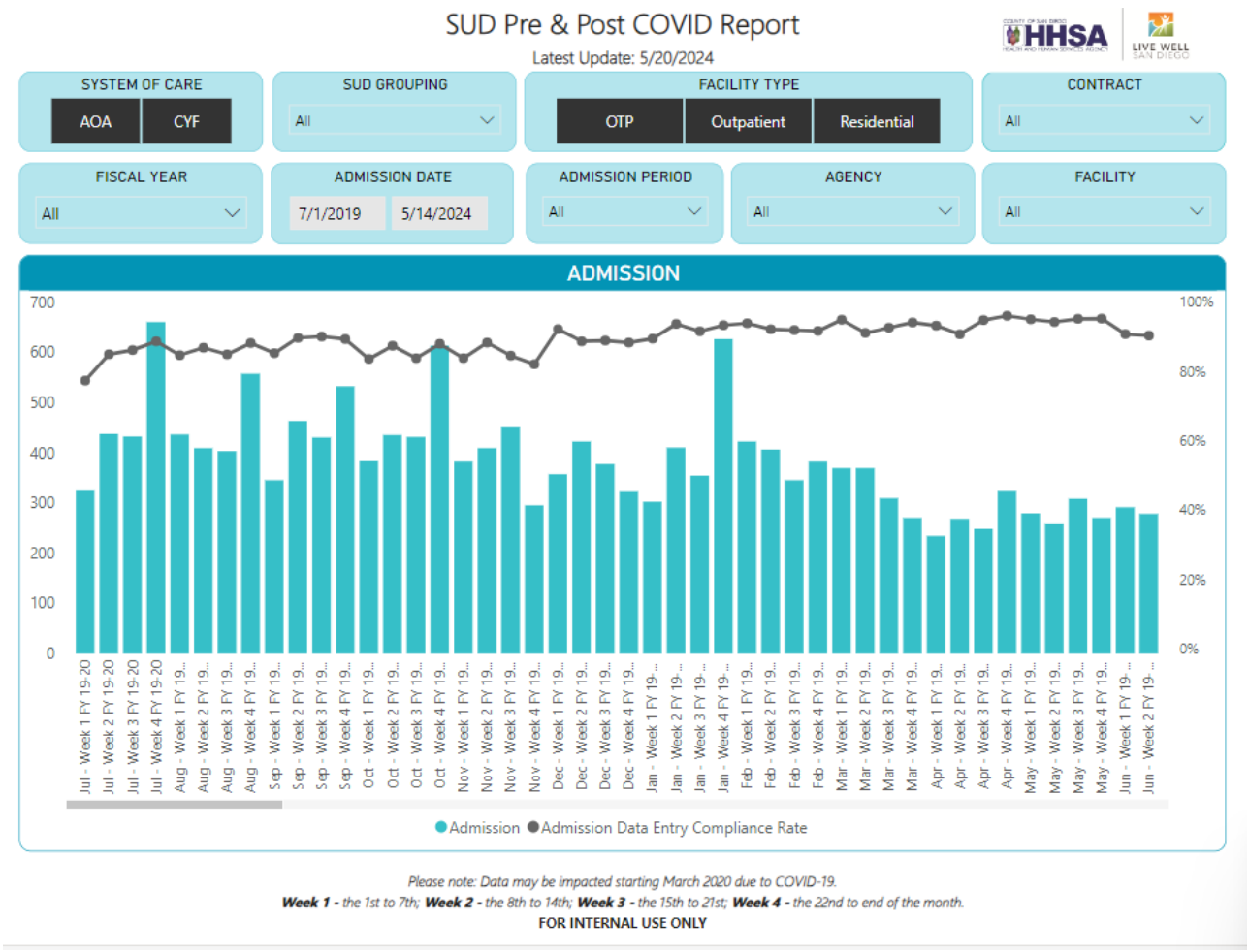
2. Least preferable are language lines. Consider use of new technologies, such as video language conferencing. Use new technology capacity to grow language access.

II A2. In order to reduce the burden of language lines and utilize new technologies, The ACL is staffed by highly trained individuals, two-thirds of whom have an independent license and more than a quarter of them are license-eligible, registered interns. During the regular workday, there is at least one Spanish-speaking staff member available to immediately handle problems and inquiries from Spanish callers. To the maximum degree possible, management seeks out bilingual speakers with mental health knowledge to staff the ACL, finding themselves in competition with other County contractors for a comparatively small pool of persons with both mental health experience and bilingual in Vietnamese or Arabic. The ACL also contracts with the Language Line to provide immediate interpreter services as needed in threshold and non- threshold languages.

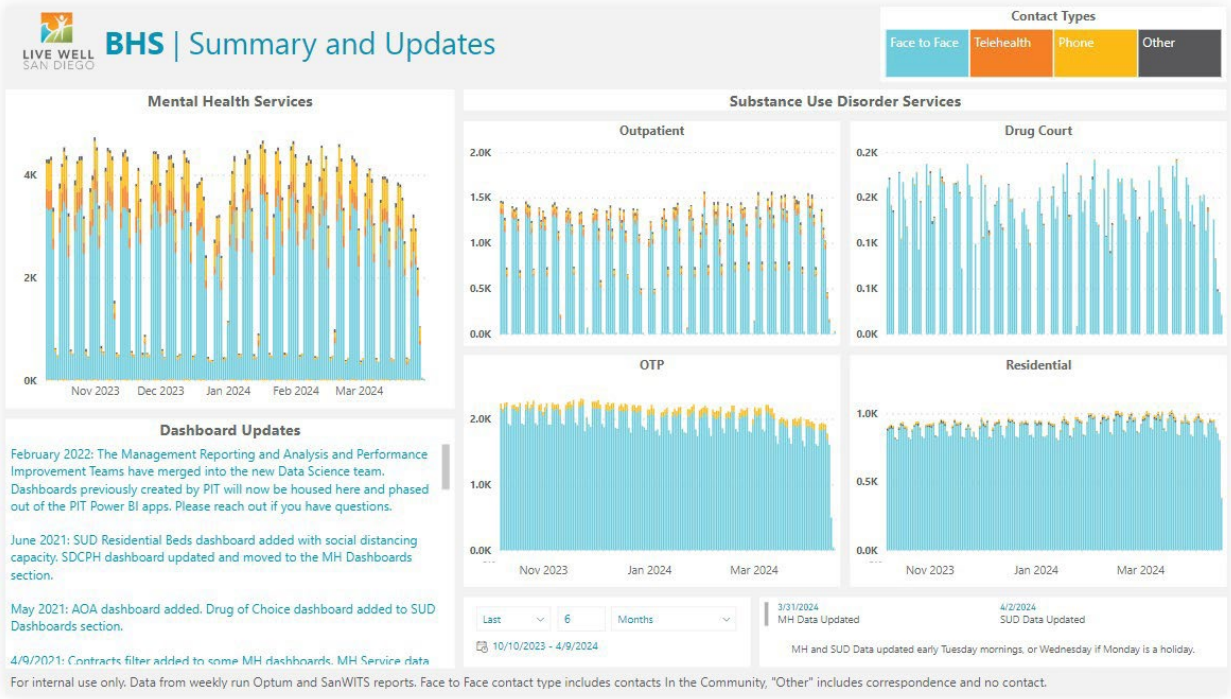
Additionally, telehealth services are outlined in the Organizational Provider Operations Handbook (OPOH). This program aims to assure timely access to urgent psychiatric services to reduce emergency and acute clients' hospital inpatient services. Psychiatrists or Nurse Practitioners (NP) are to perform various psychiatric services via tele-video linkage when an on-site Psychiatrist or NP is unavailable; primarily due to illness or other scheduled absences or vacancies; or other special needs as arranged. This practice also extends psychiatric services to clients in remote areas of the County. In FY 2022-23, a total of 44,399 telehealth services were provided.

The graphs below indicate a slowing in telehealth services utilized.





Below demonstrates the services provided by contact types for the Mental Health and Substance Use Disorder systems. Prior to the pandemic, most services were face-to-face. The graph below shows the shift to telehealth and most recently how face-to-face is becoming more prevalent.



SDCBHS recently completed a Performance Improvement Project (PIP) on improving the experience of teletherapy for older adults. There is evidence that when face-to-face services are less available, as seen during the pandemic, Older Adult clients utilize teletherapy services less often than younger clients, and when they do access Teletherapy services it is often through Telephone-based services. Most notably, feedback directly from Older Adult consumers during an Older Adult Social Isolation and Loneliness Workgroup conducted from September 2020 to September 2021 revealed that Older Adult client's reluctance or inability to access services through teletherapy was due to technology issues such as lack of information, frustration with technology, and suspicion/lack of trust of technology. Research has shown that Older Adults have limited access to internet-based services due to low socioeconomic status, internet skills, and acceptance of technology.

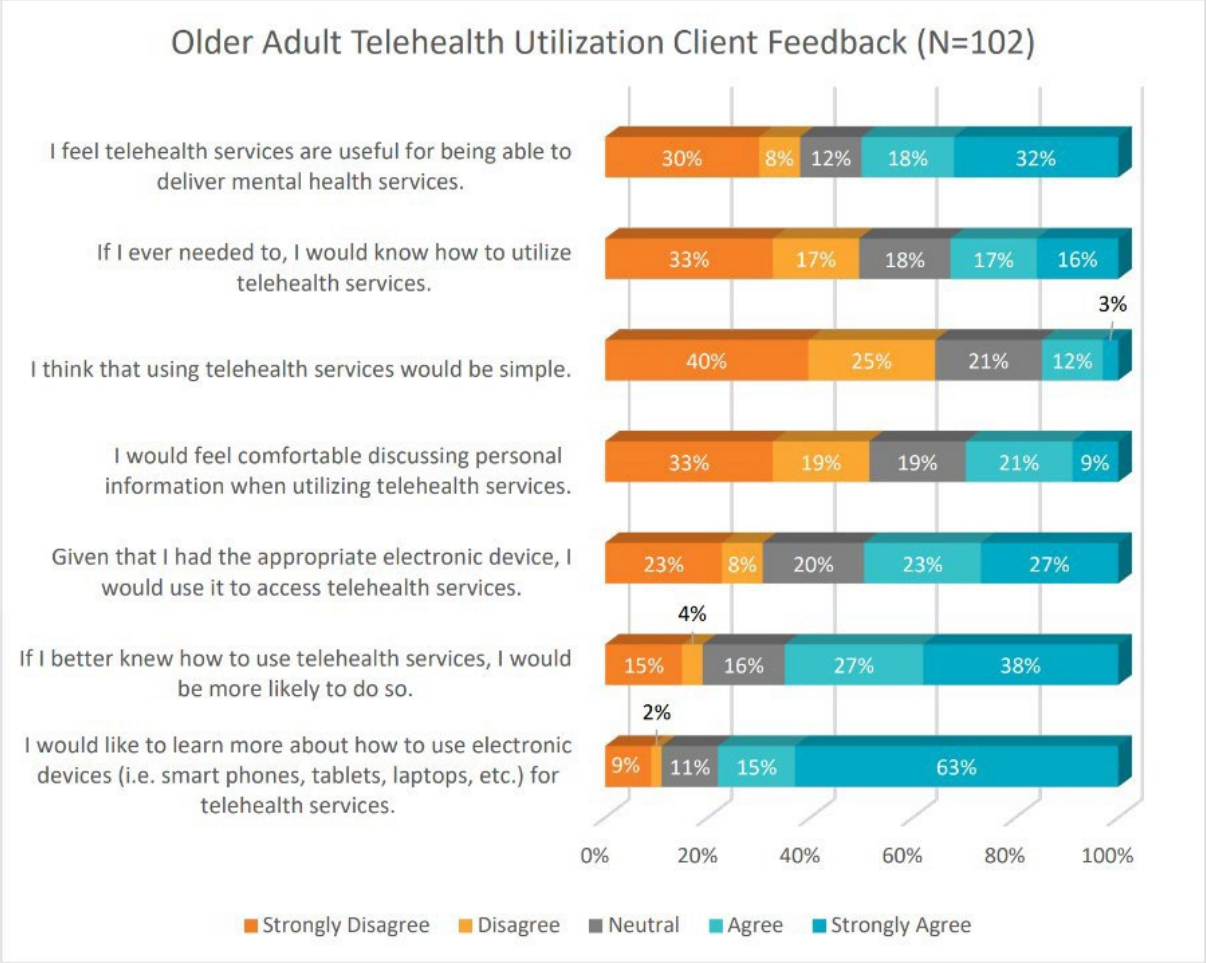
Additionally, provider staff encountering clients whose service needs cannot be determined on- site because of language barriers can contact the Access and Crisis Line for linkage to brief phone interpretation service to determine the client's service needs. If program staff are not available to meet the language needs of a client, County contracted providers must have processes in place to be able to provide outside interpreter services as needed. The Organizational Provider Operations Handbook (OPOH) establishes a process to provide free interpreter service for mental health clients with Limited English Proficiency (LEP).

The take aways from the results of the performance improvement project include:

- A majority of older adults have access to the equipment needed to utilize telehealth services but still are not fully utilizing telehealth services.
- Some resistance to utilizing telehealth services may be due to a belief that telehealth services are complicated or not secure.
- There is strong support for older adults being willing to learn more about telehealth services to better access them.

A questionnaire of 10 questions, with 3 questions having a yes or no response option and 7 questions having a 5-point Likert scale response option, were provided to three programs (UPAC EMASS, Vista Hill SmartCare, and CRF Senior Impact) who serve older adult clients within the County of San Diego Behavioral Health Services (SDCBHS) system of care. A total of 102 older adult client feedback questionnaires were completed.

Of the 102 clients, 84% of clients reported having access to equipment to utilize telehealth services and 75% having access to internet. However, only 43% of older adult clients reported ever using telehealth services. These results show that the majority of older adults have access to the equipment needed to access telehealth services but still are not fully utilizing telehealth services.



3. Description of protocol used for implementing language access through the County's 24-hour phone line with statewide toll-free access.

II A3. The protocol used for implementing language access through the County's 24-hour phone line with statewide toll-free access is defined in the OPOH. The OPOH sets forth the protocol for implementing language access through the ACL. Providers must inform clients of their right to receive help from an interpreter and document the response to the offer. Upon request of the client, providers must arrange for language assistance. Providers can get linked with the Language Line provided by the ASO, if they do not have an in-house link to other interpreter services.

The process used at the ACL to link a caller with its Language Line is as follows:

- Ask the caller to hold while you get an interpreter.
- On the Avaya IP Agent Software, press Conference Hold to place the caller on hold.
- Dial 1-888-724-7240. Press 1 for Spanish interpreters. Press 2 for all other languages.
- *Client ID*: 795254
    - *Organizational Name*: Optum, Crisis Line
    - *People Soft Code*: 41270 1540 1815
- Advise the interpreter:
    - "Interpreter, this is the San Diego County Access and Crisis Line. I have a monolingual (language) caller on the line. I would like you to interpret directly. I will speak directly to the client and will start with our standard greeting. If you are ready, I will add the caller."
- Add the Limited English speaker to the line and use the standard greeting.
- At the closing ask the caller: "Is there anything else I can assist you with today?"
- If no, state: "Please release the interpreter when you are ready."

4. Training for staff who may need to access the 24-hour phone line with statewide toll-free access so as to meet the client's linguistic capability.

II A4. ACL staff go through four phases of training to learn how to maintain contact with a caller and establish rapport, provide support, intervention, and referrals, and handle the documentation required. One-to-one coaching is provided to learn these skills and tasks. Trainees initially monitor calls and observe the process and then go on to progressively participate in the calls and eventually handle calls independently while being monitored. The goal for mastery of the Language Line and TDD is to:

- Successfully determine that the caller required an interpreter;
- Connect the caller to the Language Line;
- Conference in the caller; and
- Successfully complete the call.

Trainees are required to have five successes before being allowed to handle such calls alone. However, at all times, clinical supervision is readily available should staff experience a problem. Individual providers are expected to train their staff on connecting with the ACL to receive quick language assistance for a caller or drop-in visitor with limited English proficiency.

B. Evidence that clients are informed in writing in their primary language, of their rights to language assistance services. Including posting of this right.

II B. All clients are informed in writing in their primary language, of their rights to language assistance services. In the Quick Guide to Mental Health Services for Adults, Older Adults, and Children, distributed to all new consumers, there is a section that states:

- Services in your preferred language or free interpreter services
- Providers with cultural/language specialties
- Culturally appropriate assessments and treatments

- Information in other languages and alternate formats for the visually and hearing impaired

The Quick Guide to DMC-ODS Services in San Diego follows a similar format. Both Quick Guides are available in English, Spanish, Tagalog, Mandarin, Somali, Vietnamese, Persian (Farsi and Dari), Korean, and Arabic, as well as in an audio format in all threshold languages. It is available at all organizational provider locations and, upon request, through Behavioral Health Services Administration. Providers can request the MHP Beneficiary Handbook English (pdf) and recent changes can be found here MHP Beneficiary Handbook Summary. Quick Guides and all other Medi-Cal beneficiary materials using a PDF form-fill are available online. The guides in threshold languages are accessible on the Optum website under BHS Provider Resources.

Additionally, the County provides a Guide to Medi-Cal Mental Health Services in San Diego: a booklet about the mental health services that San Diego County offers and about the Medi-Cal Service Plan. The booklet is available in English, Spanish, Tagalog, Vietnamese, Persian (Farsi and Dari), Mandarin, Korean, Somali, and Arabic. There is a section at the beginning of the booklet that states:

> *"If you feel you have a mental health problem, you may contact the San Diego Mental Health Plan Access and Crisis Line directly at (888) 724-7240. This is a toll-free number that is available 24 hours a day, seven days a week. Verbal and oral interpretation of your rights, benefits, and treatments is available in your preferred language. You do not need to see your regular doctor first or get permission or a referral before you call."*

A similar booklet is also available for DMC-ODS services in San Diego and in each of the threshold languages. Furthermore, all County Behavioral Health programs are required to have a copy of the sign below posted in their waiting rooms in threshold languages:

C. Evidence that the County/agency accommodate persons who have LEP by using bilingual staff or interpreter services.

II C. The County accommodates al persons who have LEP by using bilingual staff or interpreter services. The Beneficiary Materials has examples of client records and services provided by County contractors in English, Spanish, Tagalog, Vietnamese, Persian (Farsi and Dari), Mandarin, Korean, Somali, and Arabic.

1. Share lessons learned around providing accommodations to persons who have LEP and have needed interpreter services or who use bilingual staff.

II C1. The following lessons learned around providing accommodations to persons who have LEP and have needed interpreter services or who use bilingual staff and were shared in discussions with stakeholders:

- More bilingual staff are needed on site. Higher salaries for bilingual staff are needed for higher retention.
- When using Interpreters Unlimited services, it would be easier to have a way of scheduling electronically, rather than through phone calls and faxing.
- Therapists need to be patient – the process of recovery tends to be slower for non-English speaking clients than with English-speaking clients. Similarly, there is an impact on the therapy process (i.e., with an interpreter, 60 minutes is spent with the client, but 30 minutes is spent on interpretation).
- It is helpful to have pre- and post-session meetings with the interpreter.
- It would also be helpful to have a system in place to provide an evaluation of each interpreter service session.
- It's important to train clinicians how to utilize interpreters – and likewise train interpreters about mental health services.
- It's better to use a professional interpreter, rather than a family member to translate. Translators should be neutral and someone the client does not know personally.
- Clear instructions should be given to LEP clients, so they know what to discuss with the clinician before a session.
- Families with LEP may not initially understand what psychotherapy is, so it needs to be explained to help them be more receptive to services.

D. Share historical challenges on efforts made on the items A, B, and C above. Share lessons learned.

II D. SDCBHS had identified the following historical challenges and lessons learned for:

- Dedicating adequate funds to provide the needed level of interpreter services at a time when there are many conflicting priorities.
- Staff needs to reflect the target population, but the scarcity of qualified personnel has limited access to language-appropriate services.
- Staff retention is influenced by a lack of resources to compensate at the market rate for bilingual staff.

- Direct service programs need continuous monitoring to ensure that they are not overly relying on interpreter services, rather than directly hiring bilingual staff.

E. Identify County technical assistance needs.

II E. SDCBHS would benefit from technical assistance on County programs that are successfully reaching out to clients with limited English proficiency. It would be useful to know strategies to engage clients, the amount of time it took for engagement to occur, and the lessons their staff learned in putting together a successful program.

LANGUAGE CAPACITY

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.

Note: *The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.*

The County shall include the following in the CCPR:

A. Evidence of availability of interpreters (e.g., poster/bulletins) and/or bilingual staff for the languages spoken by the community.

Documented evidence that interpreter services are offered and provided to clients and the response to the offer is recorded.

III A. SDCBHS has provided services to persons with Limited English Proficiency (LEP) using interpreter services in the entire system of care. In FY 2022-23, a total of 56,029 interpreter services were provided to 6,296 unique clients receiving Mental Health Services. The largest proportion of interpreter services was provided in Spanish (81%), followed by Vietnamese and Arabic (6%). Additionally, 19,947 interpreter services were provided to 799 unique clients receiving Substance Use Disorder services. The largest proportion of interpreter services provided to these individuals was in Spanish (81.3%) followed by American Sign Language (8.8).

Per the 2023 NACT, the following data was collected:

Mental Health Staff

MHP Number of Staff by Language Capacity N=1,608			
Language	Language Proficiency		
	Fair	Fluent	Certified
Arabic	-	14	1
Armenian	-	2	-
Cambodian	-	1	-
Cantonese	-	-	-
English	-	1,608	-
Farsi	-	9	-
Hmong	-	-	-
Korean	-	5	-
Mandarin	-	4	-
Other Chinese	-	5	-
Russian	-	7	-
Spanish	-	392	1
Tagalog	-	19	-
Vietnamese	-	13	-
American Sign Language (ASL)	-	3	-

SUD Staff

DMC-ODS Number of Staff by Language Capacity N=941				
Language	Language Proficiency			
	Poor	Fair	Good	Fluent
Arabic	-	-	-	72
Armenian	-	-	-	93
Cambodian	-	-	-	89
Cantonese	-	-	-	3
English	-	-	-	941
Farsi	-	2	2	45
Hmong	-	-	-	-
Korean	-	1	-	8
Mandarin	-	-	-	52
Other Chinese	-	-	-	94
Russian	1	-	1	1
Spanish	12	23	24	172
Tagalog	1	2	2	2
Vietnamese	-	1	-	2
American Sign Language (ASL)	5	7	2	103

Client use of interpreter services is also documented in each client's clinical record.

C. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.

III C. The 24-hour ACL has Spanish coverage (the County's second most used language) during regular day operating hours. See a sample of their weekly schedule on the next page. Clinicians who speak Spanish are highlighted in Red.

■ Integrity ■ Compassion ■ Relationships ■ Innovation ■ Performance

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
5:30am - 4pm	VACANT	5:30a-4pm	Ray (10)	5:30a-4pm	Ray (10)	5:30a-4pm	Ray (10)	5:30a-4pm	Ray (10)	5:30a-4pm	Sheila (10)	5:30am-4pm	Brett (10)
6:30am - 5pm	Hilda (10)	6am-4:30pm	Kaitlyn (10)	5:30a-4pm	Mychele (10)	5:30a-4pm	Mychele (10)	5:30a-4pm	Mychele (10)	5:30a-4pm	Mychele (10)	6:30am - 5pm	IC Vacancy (8) Ruth # 835522
6:30am - 5pm 7:30am- 6pm	Mary (10)			6am-4:30pm	Sheila (10)	6am-4:30pm	Sheila (10)	6am-4:30pm	Sheila (10)			6:30am - 5pm 7:30am- 6pm	Mary (10)
9a-7:30p		6:30am-5pm	Hilda (10)	6:30am-5pm	Hilda (10)	7am-5:30pm	Kaitlyn (10)	7am-5:30pm	Kaitlyn (10)	7am-5:30pm	Kaitlyn (10)	9a-7:30p	
		7:30am-4pm	Rebecca (8)	7:30am-4pm	Rebecca (8)	7:30am-4pm	Rebecca (8)	7:30am-4pm	Rebecca (8)	7:30am-4pm	Rebecca (8)		
		8:30AM - 4PM	Laura (8)	8:30AM - 4PM	Laura (8)	8:30AM - 4PM	Laura (8)	8:30AM - 4PM	Laura (8)	8:30AM - 4PM	Laura (8)		
		9 AM - 5:30 PM	Alejandra (8)	9 AM - 5:30 PM	Alejandra (8)	9 AM - 5:30 PM	Alejandra (8)	9 AM - 5:30 PM	Alejandra (8)	9 AM - 5:30 PM	Alejandra (8)		
9am - 7:30pm	Mariana (10)					9:30AM - 8Pm	Brett (10)	9:30AM - 8Pm	Brett (10)	9:30AM - 8Pm	Brett (10)	9am - 7:30pm	Mariana (10)
10:30 AM -9 PM	Johanna (10)	10:30 AM -9 PM	Johanna (10)							10:30 AM -9 PM	Johanna (10)	10:30 AM -9 PM	Johanna (10)
		10:30PM - 9 PM	Mary (10)	11 AM- 9:30 PM	Mary (10)							11 AM - 11:30 PM	Katie (12)
12:30 PM -11 PM	Tiffany (10)	12 PM -10:30 PM	Tiffany (10)	12 PM -10:30 PM	Tiffany (10)	12 PM -10:30 PM	Tiffany (10)						
				2:30 PM - 11 PM	Joanne (8)	2:30 PM - 11 PM	Joanne (8)	2:30 PM - 11 PM	Joanne (8)	2:30 PM - 11 PM	Joanne (8)	1 - 9:30 PM	Joanne (8)
3 PM -1:30 AM		2:30 PM - 11 PM	Greg (8)	2:30 PM - 11 PM	Greg (8)	2:30 PM - 11 PM	Greg (8)	2:30 PM - 11 PM	Greg (8)	2:30 PM - 11 PM	Greg (8)		
3 PM - 1:30 AM		4:30-12 AM	Gracie (7)	4:30-12 AM	Gracie (7)	4:30-12 AM	Gracie (7)	4:30-12 AM	Gracie (7)	4:30-12 AM	Gracie (7)		
	Sharon (10)	5 PM - 1:30 AM	IC Vacancy (8) Ruth # 860410	5 PM - 1:30 AM	IC Vacancy (8) Ruth # 860410	5 PM - 1:30 AM	IC Vacancy (8) Ruth # 860410			7 PM - 1:30 AM	IC Vacancy (8) Ruth # 860410		Sharon (10)
3 PM - 1:30 AM	Daniel (10)							3 PM - 1:30 AM	Daniel (10)	3 PM - 1:30 AM	Daniel (10)	3 PM - 1:30 AM	Daniel (10)
		5:30PM-2AM	AC Vacancy (8) Req Transferred from UM - START #848806	7:30PM-2AM	AC Vacancy (8) Req Transferred from UM - START #848806	5:30PM-2AM	AC Vacancy (8) Req Transferred from UM - START #848806	5:30PM-2AM	AC Vacancy (8) Req Transferred from UM - START #848806	5:30PM-2AM	AC Vacancy (8) Req Transferred from UM - START #848806		
6PM-2:30 AM	Req #853567 (8)	6PM-2:30AM	Req # (8)					6PM-2:30AM	Req #853567 (8)	6PM-2:30AM	Req #853567 (8)	6PM-2:30AM	Req #853567 (8)
5:30 PM- 5 AM	Rose (12)												
6:30 PM-7 AM	Kim (12)	6:30 PM-7 AM	Jody (12)	6:30 PM - 7 AM	Jody (12)	6:30 PM - 7 AM	Jody (12)	6:30 PM - 7 AM	Maria (12)	5:30 PM- 5 AM	Rose (12)	5:30 PM- 5 AM	Rose (12)
6:30 PM - 7 AM	Katie (12)	6:30 PM - 7 AM	Katie (12)	6:30 PM - 7 AM	Nicole (12) R	6:30 PM - 7 AM	Nicole (12) R	6:30 PM - 7 AM	Nicole (12) R	6:30 PM - 7 AM	Maria (12)	6:30 PM - 7 AM	Maria (12)
12 AM - 6AM	Jim (6)	12 AM - 6AM	Jim (6)	12 AM - 6AM	VACANT	12 AM - 6AM	VACANT	12 AM - 6AM	VACANT	6:30 PM - 7 AM	Kim (12)	6:30 PM - 7 AM	Kim (12)
ACL-L 4.0													

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	Off	6:30 AM - 3 PM	Heather	6:30 AM - 3 PM	Heather	6:30 AM - 3 PM	Heather	6:30 AM - 3 PM	Heather	6:30 AM - 3 PM	Heather		Off
	Off	9AM- 5:30 PM	Pete	9AM- 5:30 PM	Pete	9AM- 5:30 PM	Pete	9AM- 5:30 PM	Pete	9AM- 5:30 PM	Pete		Off
3 PM -11:30 PM	Jim	12:30 PM - 9 PM	Jim	12:30 PM - 9 PM	Jim	12:30 PM - 9 PM	Jim		off		off	3 PM -11:30 PM	Jim- current
	off		off	2:30 PM - 11PM	Joanne	2:30 PM - 11PM	Joanne	2:30 PM - 11PM	Joanne	2:30 PM - 11PM	Joanne	1 PM - 9:30PM	Joanne - current
CACs 3.25													
11am-8:30pm	Jerry	6:30am-3pm	Emma (8)	6:30am-3pm	Emma (8)	6:30am-3pm	Emma (8)	6:30am-3pm	Emma (8)	6:30am-3pm	Emma (8)	11am-8:30pm	Jerry
		8:30am-5pm	Tessa (8)	8:30am-5pm	Tessa (8)	8:30am-5pm	Tessa (8)	8:30am-5pm	Tessa (8)	8:30am-5pm	Tessa (8)		
		5pm-11pm	Huey (6)	5pm-11pm	Huey (6)	5pm-11pm	Huey (6)	5pm-11pm	Huey (6)	5pm-11pm	Huey (6)		

In view of the shortage, and in some cases scarcity, of clinicians and other direct service staff who are bilingual in threshold languages, especially Vietnamese and Arabic, the SDCBHS does not currently require providers to submit evidence of in-house staff linguistic proficiency during regular day operating hours. However, an overall picture of staff language proficiency has been included in Criterion 6. Most services are conducted during business hours, so it is possible to use the report as a gross indicator of bilingual availability.

D. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).

III D. While providers have the freedom to work with the interpreter agency of their choice, SDCBHS has a contract in place with Interpreter's Unlimited to provide interpreter services. Their contract Statement of Work includes the following statements about ensuring interpreters are trained and monitored for language competence:

- "Contractor shall ensure all personnel assigned to provide language interpretive services meet all applicable licensing, applicable certification, training and/or professional criteria during all periods of services provision. Interpreters shall demonstrate proficiency in English and non-English languages, possess knowledge of specialized terms used in the mental health field, and have a clear understanding of interpreting ethics and practice."
- "Contractor shall maintain files of language interpretation professional criteria of all assigned personnel, including contracted and subcontracted personnel. Contractor will maintain and make available personnel files of aforementioned professional criteria upon request of the County."

Evidence of Interpreter Services Training by the Language Line (used by the SDCBHS 24/7 ACL):

"Recruiting, Training & Quality Processes at Language Line Services" (LLS)
Language Line Services has implemented the highest standards for its interpreters in recruiting, training, and interpreter certification in the country. It has also specifically trained its interpreters on the Standards for Practice from the National Council on Interpreting in Health Care. The details of Language Line Services' recruiting assessment, training, and certification program are described below.

- **Interpreter Recruiting Process**
  To ensure and maintain premium language interpretation services, Language Line Services (LLS) deploys a comprehensive testing and evaluation process to retain the best interpreters. All interpreters are tested and accredited by Language Line Services' highly qualified and experienced raters to provide our customers with the most accurate and professional telephonic interpreting services in the industry.

  Resumes are received from a wide variety of sources from all over the country. Language Line Services is represented at every major professional interpretation conference in the country, including the annual conferences of National Association of Judiciary Interpreters and Translators (NAJIT), American Translators' Association (ATA), and other interpreters' associations.

  LLS closely monitors all interpreter training developments nationwide and keeps a database of schools, organizations, websites, and agencies for recruiting purposes. LLS recruiting department initiates and maintains relationships with those recruiting sources that have proven to be most productive. It also conducts extensive Internet research on language-

related sites and frequently identifies candidates over the Internet. Furthermore, LLS gives presentations and workshops on the unique nature of telephonic interpreting at different interpretation training programs to attract the best candidates with related training backgrounds.

LLS also has an extensive referral program through its staff interpreters and advertises in major newspapers and publications targeted toward certain ethnic groups and language professionals.

Once candidates are identified, they are screened, tested, and accredited through the following multi-step process:

- Preliminary screening through an over-the-phone interview to verify skills indicated on the candidate's resume.
- An oral proficiency test for both English and the target language. The proficiency test evaluates key areas, such as the speaker's comprehension ability, grammar, breadth of vocabulary, pronunciation and enunciation, and overall presentation. If proficiency is at the Advanced or Superior level, the candidate is scheduled for the next requisite test.
- Interpreter Skills Assessment (ISA) is a Language Line Services proprietary test, developed with over 20 years of experience as the leader of the industry. The ISA is a rigorous, criterion-referenced integrative test designed to specifically evaluate a candidate's interpretation skills. It is bi-directional from English into a target language and from the target language into English. It is conducted in the consecutive mode, mirroring in content, as well as format, the interpretation scenarios LLS interpreters handle, including calls from the medical settings. The ISA is evaluated by both an objective scoring method and a subjective assessment, with an emphasis on objective scores.

- **Interpreter Training and Certification:**
  - **Orientation Processes**

    Language Line Services has a two-week new hire orientation process for its interpreters. During the orientation, new hires undergo basic training, job shadowing with senior interpreters, service observation and feedback, and question-and-answer sessions. Specifically, the following will be covered:
    - The basics of interpretation
    - The roles of an interpreter and the Interpreter Code of Ethics. Confidentiality is emphasized and each interpreter is required to sign a Non-Disclosure Agreement, which is witnessed and kept on file; interpreters are also trained on HIPAA and GLB Act requirements on confidentiality.
    - Methods and Procedures of call handling, Personnel Guide, and other administrative matters.
    - Interpreting skills and customer service skills. In addition to training on fundamental interpreting skills, such as note taking and memory retention, the trainer also teaches new hires the required skills for providing exceptional customer service and the highest degree of professionalism.
    - Review of industry standards; interpreters listen to scenarios of simulated typical interpretation calls. LLS has developed standards for each industry

based on formal feedback gathered from customer surveys and Voice of the Customer programs, as well as from participation in professional organizations such as the American Translators Association, National Council on Interpreting in Health Care, and ASTM.

New hires also job shadow senior interpreters and discuss their learning with the Orientation Trainer. In addition to learning and practicing typical industry scenarios and terminology, new hires are provided an internally developed, 575-page At-A-Glance Industry-Specific Glossaries as a job aid to assist them on calls. The new-hire orientation also contains an evaluation component. Only those who meet the predetermined criteria, as demonstrated through role-playing and other exercises, will be deemed qualified to take calls as active interpreters.

Every new hire is assigned to a Senior Language Specialist (SLS) who will then provide hands-on, one-on-one training. The SLSs are senior interpreters with extensive education and experience in the interpretation field. Each SLS works with a group of 15-30 interpreters. The SLS will not only share his or her skills and experience with the new hire but will also observe the new hire during calls and provide immediate feedback and coaching. Usually, feedback is given to new hires within the same day of the observation, no later than the next business day, to help new hires build up skills and confidence, identify improvement areas, and offer guidance.

- **Training, Continuing Education, and Development for the Interpreters:**
The Interpreter Training Department at LLS provides ongoing training in the following areas: Finance, Insurance, Court, Medical, Technical Terminology, 911, Stress Reduction, and Customer Service Skills.

  Many of the training curricula are developed in collaboration with external training/teaching experts and with input from customers. The Advanced Medical Training for healthcare interpreters was developed internally by medical professionals who are also interpreters for LLS, as well as interpreters with experience as trainers and healthcare interpreters; this training is used to supplement the more basic Medical Interpreter Training that LLS co-developed with the Cross-Cultural Health Care Program, a leading medical interpreting training organization, located in Seattle, Washington (https://xculture.org/).

  All LLS's training programs provide both training material and instructed training sessions. The training contents are pertinent to real call scenarios that the interpreters deal with on the job. During the training sessions, the interpreters actively participate in role-playing and discuss terminology in their working languages. Training sessions are taught by instructors who have been involved in the training development because of their expertise in the industry; they are also senior interpreters.

  LLS also trains the interpreters on healthcare interpreting requirements based on the document of Standards of Practice issued by the National Council on

Interpreting in Health Care.

- **Interpreter Certification:**
  Because of a lack of standard certifications at the national level, and in response to clients' needs and the demand for interpreters with proven competence in interpreting for specific industries, LLS has become a pioneer in the certification field. In the late 1990's, LLS developed its own internal certification program with the collaboration and validation of external experts. All certification tests have been validated by a psychometrician and external experts, including LLS clients from the industry. The tests have been designed to represent the breadth of calls that LLS interpreters encounter during their work, as well as the wealth of terminology that exists within each industry and the industry-specific protocols. Each test is an oral over-the-phone exam that is administered on a one-to-one basis, and in the consecutive mode. In addition to their work experience, test candidates are provided with test preparation materials prior to each testing round.

  To be deemed Certified in any given industry, an interpreter must have met the following criteria:
  - Passed the initial Interpreter Skills Assessment Test
  - Undergone the New Hire Orientation
  - Completed Industry-specific Training
  - Passed the Industry-specific Certification Test
  - Maintained satisfactory service observation ratings
  - Received positive customer feedback based on data from the Voice of the Customer Program.

  All six criteria are carefully reviewed once an interpreter has passed the Certification Test, and industry-specific certifications are issued only to those interpreters who have demonstrated a consistent quality of performance and level of expertise worthy of certification, as measured by the aforementioned standards.

  This multifaceted model is based on the Company's belief that no single form of evaluation can provide a complete assessment of an interpreter's proficiency. Our model examines diverse domains to measure interpreter competency and utilizes both skills assessments and performance-based evaluation criteria for certification. The aforementioned six components include evaluations of interpreters' job performance through service observation and customer feedback, training participation, as well as skills assessment through testing. This makes Language Line Services' certification distinctly different from any other certification program. LLS has filed for a patent for this comprehensive certification program and the patent is pending.

  Currently, LLS' Medical Certification Test, Language Proficiency Test, and Interpreter Skills Assessment, along with several LLS training programs, are all available to LLS customers through Language Line University.

- **Quality Monitoring**
  LLS has a department dedicated to managing the quality monitoring process, the Quality Assurance Department. A group of Senior Language Specialists (SLS) are trained to not only conduct quality monitoring but also to provide constructive feedback. A Senior Language Specialist usually works with 15-30 interpreters and all SLSs are selected for their top-notch language and interpretation skills and are trained to provide in-language observation and feedback.

  Additionally, the Interpreter Training Department works closely with the Quality Assurance Department in identifying training needs and developing training programs at a higher level. Many Senior Language Specialists are also trainers who can train the interpreters on their teams. Observation information is also frequently taken into consideration in interpreter communications, e.g., the monthly interpreter newsletter covers issues and challenges identified through monitoring, without using real client or interpreter names to maintain confidentiality.

  Interpreters are evaluated according to their performance level, which is determined by both service observation data as well as customer feedback. Performance is reviewed and measured according to the identified needs of the individual interpreter. The interpreter manager will evaluate the performance of an interpreter at any time if there is a concern raised by either external or internal customers. A formal written appraisal is conducted once a year.

LANGUAGE CAPACITY

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health systems at all points of contact.

The County shall include the following in the CCPR:

A. *Policies, procedures, and practices the County uses that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.*

IV A. Policy #5977 – Provision of Culturally and Linguistically Appropriate Services in Accessing Specialty Mental Health Services (referenced in Criterion 1) includes practices and procedures for referring and otherwise linking clients who do not meet the threshold language criteria (e.g., LEP clients) to culturally and linguistically appropriate services.

It is also the SDCBHS OPOH section on Cultural Competence for procedures in place to serve, link and refer, as necessary, clients to culturally and linguistically appropriate services.

B. Provide a written plan for how clients who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.

IV B. *See the answer above in Section IV. A.*

C. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 (see page 32) requirements:

1. Prohibiting the expectation that family members provide interpreter services;
4. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services;
5. Minor children should not be used as interpreters.

IV C. Based on the Civil Rights Act of 1964 (42 U.S.C., Section 2000(d), 45 C.F.R., Part 80), when a need is determined, the County of San Diego Health and Human Services Agency (HHSA) – Behavioral Health Services (SDCBHS), shall ensure that a process is in place for accommodating and referring clients to available culturally and/or linguistically appropriate services. This process is established through Policy #5977. This policy also requires that all providers provide language assistance to persons with Limited English Proficiency (LEP) to ensure their equal access to programs and services.

The policy states that all LEP persons speaking threshold or non-threshold languages shall be informed in a language they understand that they have a right to free oral interpretation assistance. It also states that:

- There is no expectation that family members provide interpreter services.
- A consumer/client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services.
- Other than in extenuating circumstances, minors (under the age of 18) may not be used as interpreters even if the applicant/beneficiary requests to do so; although at the applicant's/beneficiary's request, the minor may be present in addition to the County-provided interpreter. Temporary extenuating circumstances may include using a minor child to determine the appropriate language needs of the adult so that an appropriate interpreter or bilingual staff person could be called or for the County to ask the client to wait while the County obtains the interpreter service.

LANGUAGE CAPACITY

V. I. Required translated documents, forms, signage, and client informing materials.

The County shall have the following available for review during the compliance visit:

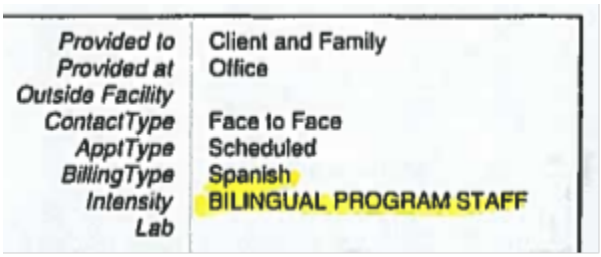
A. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:

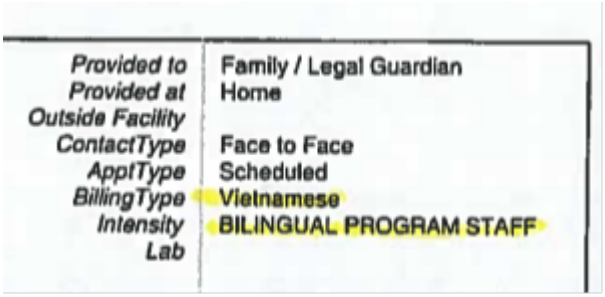
1. *Member service handbook or brochure;*
2. *General correspondence;*
3. *Beneficiary problem, resolution, grievance, and fair hearing materials;*
4. *Beneficiary satisfaction surveys;*
5. *Informed Consent for Medication form;*
6. *Confidentiality and Release of Information form;*
7. *Service orientation for clients;*
8. *Mental health education materials; and*
9. *Evidence of appropriately distributed and utilized translated materials.*

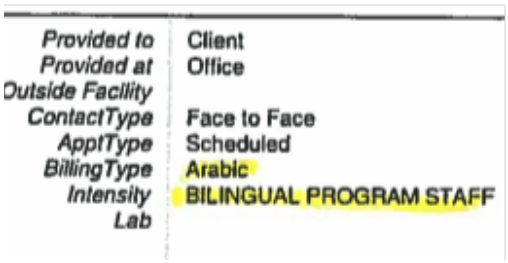
V. Samples of the materials listed in items 1-8 above are made available at the tri-annual DHCS compliance visit. The availability of materials at provider locations is monitored through site reviews and other reports.

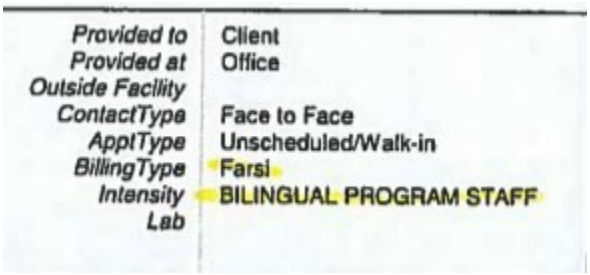
B. Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients' preferred language.

V B. SDCBHS provides documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients' preferred language at each DHCS tri-annual compliance review.









C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).

V C. SDCBHS uses the mandated State satisfaction surveys for all its outpatient providers. Surveys are made available in threshold languages when requested by programs. Summary reports of the results of the Youth and Adult Satisfaction Surveys are available on the Technical Resource Library.

D. Mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).

V D. Currently, the SDCBHS uses a translation service to provide needed translations and updates of translated documents. Materials received from the translation service are reviewed by SDCBHS clinicians and native speakers for accuracy prior to distribution.

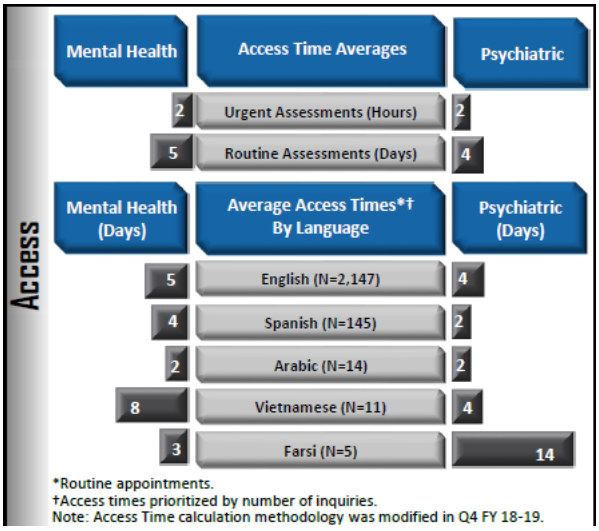
E. Mechanism for ensuring translated materials is at an appropriate reading level (6th grade). Source: Department of Health Services and Managed Risk Medical Insurance Boards.

V E. The text difficulty of all documents is tested through the Microsoft Office grading system, and wording is modified to the maximum degree possible to keep materials at a sixth-grade reading level.

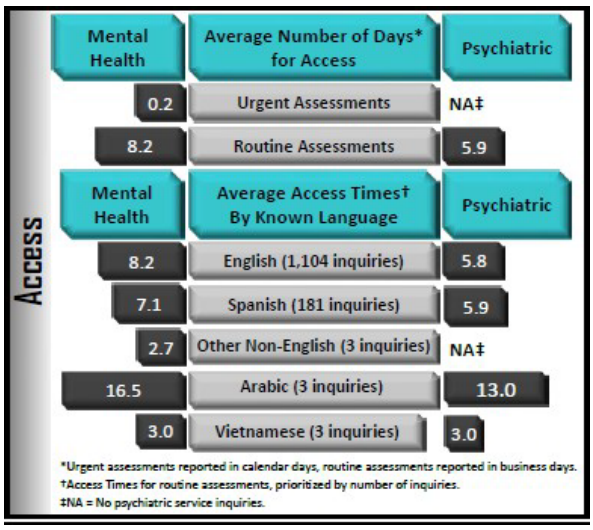
CRITERION 7 THREE-YEAR STRATEGIC GOALS FOR FY 2021-24:

BHS will examine access times by client language to determine if there are barriers to access to services. **This goal was met for FY 2021-24.** Population Health Network Quality and Planning team has conducted extensive analysis via the performance dashboards. SDCBHS assesses the data for access times quarterly for both mental health and psychiatric appointments as demonstrated by the most recent dashboard tables below:

AOA Access Times



CYF Access Times



These dashboards are posted publicly every quarter to demonstrate our access times which highlight that SDCBHS is meeting and under the access times of 10 days for mental health appointments and 15 days for psychiatric appointments.

100% of mental health clients and families indicating in the Consumer Perception Survey report that they had access to written information in their primary language and/or received services in the language they prefer. As indicated in the FY 2022-23 annual report, **this goal has been met.** SDCBHS exceeds the language accessibility requirements set forth by DHCS with several platforms for clients to obtain services in their primary language as well as receive written information translated in their primary language. According to 42 CRF, clients shall be routinely asked, at the time of accessing services, about their needs for language assistance. According to Title 9 and BHS

policy, providers must document the offer and whether linkage was made to interpreter service for clients requesting or needing translation services in threshold or other languages. Clients are routinely

informed about the availability of free language assistance at the time of accessing services. Additionally, The ACL provides access to interpreter services through the Language Line, which provides telephonic interpreter services for approximately 140 languages at the point of an initial ACL screening. Persons who have hearing impairment may contact the ACL via the TTY line at 711. The Coordination of Physical & Behavioral Health Form is available in the threshold languages and can be found on the Optum website in the UCRM tab. All BHS clients must receive a copy of the Guide to Medi-Cal Mental Health Services when they first obtain services from the provider and upon request, thereafter and these handbooks are available in all threshold languages. Additionally, at all times, Grievance and Appeal information must be readily available for clients to access without the need for request. Each provider site shall have posters, brochures, and grievance/appeal forms in all threshold languages, and addressed envelopes available to clients. These materials are displayed in a prominent public place. Written materials that are critical to obtaining services including, at a minimum, appeal and grievance notices, and denial and termination notices, are available to beneficiaries in threshold languages and alternative formats (also available on the Optum Website). These forms are inclusive of, but not limited to, the Beneficiary Non-Discrimination Notice, the Your Rights State Hearing notice, the ACL Poster, the Advance Directive notice, the BBS Required Notice to Consumers, the CA Board of Psychology Consumer Statement, the Grievance and Appeal Form, the Limited English Proficiency Poster, the MHP Beneficiary Handbook, the Notice of Privacy Practices, the Notice of Grievance Resolution, the Physician Notice to Patients, the Quick Guide to MH Services, the San Diego Provider List Translation Instructions, the SD Grievance and Appeal Brochure, and the SD Grievance and appeal Poster. All materials are available in all current threshold languages for MH and SUD patients and programs.

100% of SUD clients and families in the Treatment Perception Survey report that they had access to written information in their primary language and/or received services in the language they prefer. As indicated in the FY 2022-23 annual report, **this goal has been met.** SDCBHS exceeds the language accessibility requirements set forth by DHCS with several platforms for clients to obtain services in their primary language as well as receive written information translated in their primary language. According to 42 CRF, clients shall be routinely asked, at the time of accessing services, about their needs for language assistance. According to Title 9 and BHS policy, providers must document the offer and whether linkage was made to interpreter service for clients requesting or needing translation services in threshold or other languages. Clients are routinely informed about the availability of free language assistance at the time of accessing services. Additionally, The ACL provides access to interpreter services through the Language Line, which provides telephonic interpreter services for approximately 140 languages at the point of an initial ACL screening. Persons who have hearing impairment may contact the ACL via the TTY line at 711. The Coordination of Physical & Behavioral Health Form is available in the threshold languages and can be found on the Optum website in the UCRM tab. All BHS clients must receive a copy of the Guide to Medi-Cal Mental Health Services when they first obtain services from the provider and upon request, thereafter and these handbooks are available in all threshold languages. Additionally, at all times, Grievance and Appeal information must be readily available for clients to access without the need for request. Each provider site shall have posters, brochures, and grievance/appeal forms in all threshold languages, and addressed envelopes available to clients. These materials are displayed in

a prominent public place. Written materials that are critical to obtaining services including, at a minimum, appeal and grievance notices, and denial and termination notices, are available to beneficiaries in threshold languages and alternative formats (also available on the Optum Website). These forms are inclusive of, but not limited to, the Beneficiary Non-Discrimination Notice, the Your Rights State Hearing notice, the ACL Poster, the Advance Directive notice, the BBS Required Notice to Consumers, the CA Board of Psychology Consumer Statement, the Grievance and Appeal Form, the Limited English Proficiency Poster, the MHP Beneficiary Handbook, the Notice of Privacy Practices, the Notice of Grievance Resolution, the Physician Notice to Patients, the Quick Guide to MH Services, the San Diego Provider List Translation Instructions, the SD Grievance and Appeal Brochure, and the SD Grievance and appeal Poster. All materials are available in all current threshold languages for MH and SUD patients and programs.

CRITERION 7 THREE-YEAR STRATEGIC GOALS FOR FY 2024-27:

Over the next three years, SDCBHS will increase the percent of internal interpreters used in the SUD system of care by 5% in order to build the SDCBHS bilingual workforce.

Over the next three years, SDCBHS will increase the percent of the Spanish speaking mental health workforce by 5% as there was a 3% decrease from FY 2021-22 to FY 2022-23.

ADAPTATION OF SERVICES

I. Client driven/operated recovery and wellness programs. The County shall include the following in the CCPR:

A. List and describe the County's/Agency's client-driven/operated recovery and wellness programs.

I A. SDCBHS has the following client-driven recovery and wellness programs:

As SDCBHS continues to design contracts with continuous quality improvement for service delivery, the Peer and Family contracts experienced a shift in expectations for the current System of Care. With Peer Support Specialists infused within SDCBHS levels of care, the specific support of the role will continue at the program level. This includes peer-led interventions, such as Wellness Recovery Action Plan (WRAP) and Whole Health Action Management (WHAM), as well as individual support within the integrated teams. Peer Support Services goals for the Cultural Competence Plan are to enhance the client's culture, the National Alliance on Mental Illness (NAMI) San Diego who will promote additional training and venues for peer and family discussions and to enhance the role of peer and family partners within recovery and wellness programs.

SDCBHS works with NAMI San Diego to provide skill-based training on prevention to the community. Trained NAMI volunteers bring peer and family-led programs to a wide variety of community settings, from churches to schools to NAMI Affiliates. Incorporating the unique understanding of people with lived experience, the following programs and support groups provide free education, skills training, and support:

- **Family-to-Family** (F2F) is an evidence-based education course for families and friends of individuals who experience mental illness. The course is designed to facilitate a better understanding of mental illness, increase coping skills and empower participants to become advocates for their family members. This program was designated as an evidence-based program by SAMHSA. The course is also available in Spanish, De Familia a Familia de NAMI.
- **Peer-To-Peer** is an educational course for any adult (18+) living with a mental health condition who is interested in establishing and/or maintaining their wellness and recovery from mental illness. The course is designed to encourage growth, healing, and recovery among participants. This program is also available in Spanish, De Persona a Persona de NAMI.
- **In Our Own Voice (**IOOV) is a powerful public speaking program focused on spreading the message of recovery with living examples. The program provides hope and opportunity to both the audience and the presenters.
- **Ending the Silence Program** is devoted to allowing school-age students to learn about mental illness through presentation, discussion, and personal testimony.
- **Parents & Teachers as Allies** is a presentation for teachers and other school personnel to raise awareness about mental illness, early warning signs, and the importance of early intervention.
- **San Diego Helpline** is a telephone service for families, friends, and those affected by serious mental illness. NAMI provides information about available classes and support groups, as well as assistance with other mental health-related resources.

- **PeerLINKS San Diego County** provides clients and family members who visit the county Emergency Psychiatric Units (EPU) and designated mental health clinics with onsite support and assistance with resources for successful recovery and reentry into the community. The program's goal is to link clients to needed services while increasing their knowledge and providing support. Services provided include peer support, coaching, and mentoring, messages of hope and modeling recovery, assistance with healthcare navigation, information, and assistance in navigating resources and obtaining benefits, psychoeducation, and family support and education. The PeerLINKS team is comprised of Peer/Family Support Specialists, a Registered Nurse, a Licensed Clinician, an Administrative Support Associate, and a Program Manager. It is funded through the MHSA Innovations funding.
- **Family and Adult Peer Support Line** provides specialized culturally and developmentally appropriate behavioral health service for adults, older adults, and their families who live in communities with a high concentration of ethnic minorities to promote their social and emotional wellness. This non-crisis, confidential, anonymous, stigma-free, toll-free, peer support line provides countywide telephone counseling services, support, and referrals to adults and older adults, including those who may struggle with alcohol or drugs.
- **Next Steps** provides clients and family members who visit the county Emergency Psychiatric Units (EPU) and designated mental health clinics with onsite support and assistance with resources for successful recovery and reentry into the community. Support specialists speak Spanish and API languages.
- **CYF Liaison** serves as the MHSA Resolution Point-of-Contact for issues with the CYF System of Care. Provides a voice for children, youth and families involved with the County of San Diego Behavior Health Services (BHS). We provide training and advocacy opportunities for parents and parent support partners.
- **Side-by-Side** is a program that aims to inspire hope and connect participants who identify as having a mental health challenge, with Companions who provide support to those seeking recovery. Companions are either peers living in recovery, a family member of an individual living with mental health challenges, or a Mental Health Champion. Participants and Companions have the opportunity to meet in the community and enjoy activities such as exploring a museum, going on a hike, visiting a park, attending a community event, and more, at no cost to the participant. Through these activities, the program intends to foster hope, socialization, motivation, support, friendship, inspiration, and the sharing of information on Mental Health resources.
- **oscER San Diego (Organized Support Companion in an Emergency Situation)** is an organized support companion before, during, and after a mental health crisis for individuals 18 and older. oscER also boasts information about navigating substance use and co-occurring disorders in San Diego County. OscER is available in English, Spanish, Arabic, Farsi, Vietnamese, and Tagalog,.
- **oscER Jr San Diego** is a guide and support companion in a mental health crisis for individuals 18 years and younger. oscER Jr San Diego is available in English, Spanish, Arabic, Farsi, Vietnamese, and Tagalog.
- **alfrEDU** is a guide for navigating the special education system (IEP and 504 plans) and resources within California, available in English, Spanish, Arabic, Farsi, Vietnamese, and Tagalog.

- **Career Pathways 2.0 Peer and Family Support Specialist** is a 40-hour online training that includes 16 classes based on SAMHSA core competencies, 6 months of follow-up support, and career placement assistance.
- **NAMI Connection** is a peer-facilitated weekly recovery support group for people living with mental illness in which people learn from each other's experiences.
- **NAMI Connection to Community Clubhouse** offers members living with mental illness and experiencing homelessness, opportunities for friendship, employment, housing placement, education, and access to other services including medical and psychiatric services at the site. The Plaza Clubhouse (Chula Vista) and Casa Del Centro (Central San Diego) are member-driven programs for individuals living with serious mental illness (SMI) and/or co-occurring disorders. These mental health clubhouses aim to serve the community by providing support through SSI advocacy, employment assistance, nutritional education, peer support services, case management, and an opportunity to contribute to the growth of a community where members can feel safe.
- **NAMI Family Support Groups** focus on relatives, caregivers, and others involved with individuals with mental illness. The support groups provide a caring atmosphere for individuals to share their common experiences and assist individuals in developing the skills for understanding, and the strengths needed to cope. The group is run by local affiliates and has NAMI-trained facilitators that provide a structure that encourages full participation.

An example of a Peer Support Services programs is NAMI Family Education Services. The program contractor operates a Family Education Services program to provide countywide family education about Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), and/or Substance Use Conditions to families and friends of persons with SMI/SED and/or Substance Use Conditions. The involvement of family and friend is a critical component of recovery. This program is contracted to provide education and support that is built around goals and tools to help family members and friends understand, cope with, and respond to issues that arise due to mental illness, and shall promote the natural support of family and friends' encouragement on recovery and resiliency. The program provides a series of educational classes presented by staff and/or family members using an established family education curriculum to provide education and support for persons who have relatives or close friends with behavioral health issues.

A listed outcomes in the Statement of Work (SOW) is that a minimum of five hundred (500) people shall complete a "Family Education" class series, to include mental health, substance use, and co-occurring conditions. As of the end of Quarter 2 of Fiscal Year (FY) 2023-24, there have been one hundred and thirteen (113) people that have graduated or completed the Family-to-Family Training. Another outcome is that a minimum of two hundred (200) unduplicated people shall participate in the "Family Voice Meeting." As of the end of Quarter 2 of FY 2023-24, there have been 1,306 (duplicated) people that have participated in the "Family Voice Meeting" that is conducted monthly.

Another NAMI Peer Support Services program is the Consumer Advocacy Services. The contractor is to provide recovery-oriented services for individuals and families in San Diego's public Behavioral Health System. The services include advocacy training and peer support for persons and family members with lived experience with the intent of improving service delivery for consumers receiving services in the Behavioral Health system of care. In addition, the collective consumer voice is to be obtained and elevated to inform the BHS continuum of care. This aligns with San Diego County's intent to create a Trauma-Informed System of Care, by receiving consumer feedback to minimize the re-traumatization of consumers who continue to receive services in San Diego's Behavioral Health System.

Services are coordinated with the County of San Diego Health and Human Services Agency (HHSA) Behavioral Health Services (BHS), HHSA Transition-Age Youth (TAY) Behavioral Health Services, Fee-For-Services (FFS) and other mental health providers, HHSA Aging & Independence Services, HHSA Family Resource Centers, Child Welfare Services, the Juvenile Justice system, Special Education, First 5, Regional Center, Healthy San Diego providers and other physical health providers, regional collaboratives, community resources and other organizations and groups serving mental health clients.

One of the outcomes of the statement of work (SOW) is that a minimum of three hundred (300) consumers are to be enrolled in the Consumer Advocacy training. As of Quarter 2 of FY 2023-24, there have been 231 two hundred and thirty-one graduates from 18 advocacy training classes. Another outcome is that a minimum of ten percent (10%) of trained Consumer Advocates are to participate in a newly established Consumer/Peer Council. As of Quarter 3 of FY 2022-23, there are ten (10) approved voting members representing both Mental Health and Substance Use for the Peer Council. The Peer Council has determined their primary focus to be on advocacy and providing feedback to BHS decision makers. Another outcome is that the contractor provides BHS outreach and engagement services by disseminating the oscER San Diego, oscER Jr., and alfrEDU cloud- based applications. During Quarter 2 of FY 2023-24, two hundred and seventy-one (271) people have been educated from the applications. An additional outcome is that one hundred percent (100%) of individuals participating in the Augmented Services Program (ASP) are to be outreached to and be provided recovery-based skills to improve self-sufficiency. As of Quarter 2 of FY 2023-24, seven(7) board and care facilities have received ongoing support for the ASP clients, which included Peer Support Services and resource connections. Another outcome is that the contractor shall organize and lead an annual Children Project that involves BHS programs serving children and BHS administration during "May is Mental Health Month" with a Children Celebration event that occurs during National Children's Mental Health Week. The Project and Celebration event shall be aligned with the national theme and preliminary plan submitted to the Contracting Officer Representative (COR) by the end of January. NAMI's annual event called Children/Youth Mental Health Well-Being Celebration was held May 13, 2023. An additional outcome is that at a minimum, the contract shall host a minimum of six (6) annual Town Halls for BHS service recipients to offer information on the array of behavioral health services and elicit feedback as it relates to policy, program, and practices. As of the end of Quarter 4, NAMI conducted six (6) Town Halls for FY 2022-23.

Program Advisory Groups

Program Advisory Groups (PAGs) are composed of at least 51% mental health consumers and/or family members who are integrated into outpatient programs as a required program component that provides feedback and ideas to mental health programs about recovery services in the program. PAG meetings follow an agenda, attendance is recorded, and minutes are taken. Guidelines for implementing PAGs across the Adult Behavioral Health Services have been instituted to standardize this important vehicle for soliciting feedback to improve programs.

Clubhouse Programs

The Adult/Older Adult System of Care currently supports the operation of 10 Clubhouse programs located throughout the different geographic regions of San Diego County. The member-operated clubhouses serves adults with a serious mental illness (SMI) ages 18 and older including those who may have a co-occurring substance use condition. The clubhouses assists individuals with serious mental illness to achieve social, financial, health/wellness, educational, and vocational goals and following the Clubhouse International Standards located at: https://clubhouse-intl.org/resources/quality-standards/. In seven of the clubhouses, a Supplemental Security Income (SSI) advocate is also available to provide assistance and support to non-General Relief mental health consumers seeking to apply for and secure SSA/SSI benefits.

Three of the ten San Diego clubhouses are highlighted below:

Casa Del Centro

The data analysis indicated that in the Central region, Adult and TAY African Americans and Latinos may be groups that are underserved. Casa Del Centro Clubhouse improves both access and services by providing culturally appropriate services for these unserved populations.

Eastwind Clubhouse

The Eastwind Clubhouse located in San Diego County's Central region provides culturally competent services to Asian/Pacific Islanders in three Asian languages: Vietnamese, Hmong, and Cambodian.

The Plaza Clubhouse

This client-operated clubhouse program creates an environment that is welcoming to the culturally and ethnically diverse population of the region, with a special focus on Adult, Older Adult, and TAY Latino population in that area.

Additional evidence of operated recovery and wellness programs are listed below:

Older Adult Elder Multicultural Access and Support Services (EMASS) Program

The EMASS program targets underserved seniors (ages 60 and over) in the Filipino, East African Refugee (Somali), Latino/Hispanic, and Black/African American communities in the North, Central, and South regions of San Diego County. EMASS is an age and culturally/linguistically appropriate, peer-based, outreach and engagement model to support prevention activities and increase access to care. It utilizes "Promotoras" or Community Health Workers (CHW) as liaisons between their communities and health, human service, and social organizations to bring information to their communities. The CHW and/or peer community liaison functions as an advocate, educator, mentor, outreach worker, role model, cultural broker, and translator.

Next Steps Program
A project under development with NAMI San Diego, the Next Steps Program provides comprehensive, peer-based care coordination, brief treatment, and health system navigation to adults with mental health and/or substance abuse issues who present at the San Diego County Psychiatric Hospital (SDCPH) and other participating sites throughout the County. The program's goal is to reduce problems associated with substance abuse, improve participants' mental and physical well-being, and reduce unnecessary use of psychiatric hospitalizations. Support, education, and advocacy will also be provided for families as a key part of the program in which five outreach teams consisting of one Alcohol and Other Drugs (AOD) counselor and one Peer or Family Support Specialist each, as well as other clinical and peer support staff, are integrated into the new model.

San Diego Peer Programs are highlighted below:

NAMI Warmline
The Warmline is a non-crisis phone service. The Warmline provides callers with information, referrals, support, and empathy. This service has become a valuable tool for individuals in the community who may be isolated or struggling with the symptoms of mental illness to seek comfort, coping skills, and the reassurance that they are being heard by someone who has "been there-done that". The individuals taking calls are all trained Peer Support Specialists who have experience or personal knowledge of mental health issues, recovery and services. The Warmline operates 7 days per week, except major holidays.

Courage to Call
Courage to Call is a peer-to-peer support program staffed by veteran peers providing countywide outreach and education to address the mental health conditions that are impacting Veterans, Active-Duty Military, Reservists, National Guard and their families (VMRGF), and provide training to service providers of the VMRGF community. Mental Health Systems, Inc. provides services in collaboration with 2-1-1 San Diego and Veterans Village of San Diego.

1. *Evidence the County has alternatives and options available within the above programs that accommodate individual preference and racially, ethnically, culturally, and linguistically diverse differences.*

I A1. SDCBHS offers the following alternatives to accommodate individual preferences racially, ethnically, culturally, and linguistically:

The Language Line provides interpreter services that is designed to help individuals understand a program/service delivery without altering, modifying, or changing the intent of a message. This is a free service that is available to clients with Limited English Proficiency (LEP) in threshold and non- threshold languages, as needed for the delivery of specialty mental health services as well as substance use disorder services. American Sign Language (ASL) interpretation is also available.

The Warm Line service has two Spanish-speaking staff for some shifts and utilizes the Language Line for clients who request to speak with peers in their preferred language.

The Adult Peer Support line has Spanish-speaking staff for Spanish-language callers and plans the use of the Language Line for most non-English speakers. This program is also works collaboratively with providers to remotely utilize an Asian American peer for a more culturally attuned response to Asian/Pacific Islanders who use this service.

PAGs in the South region are conducted in English and Spanish to accommodate the high Spanish-speaking population.

Staff in SDCBHS programs/facilities reflect diversity and closely match the demographics within the community.

2. *Briefly describe, from the list in 'A' above, those client-driven/operated programs that are racially, ethnically, culturally, and linguistically specific.*

I A2. The following programs are client-driven/client-operated and racially, ethnically, culturally, and linguistically specific:

Casa Del Centro

The data analysis indicated that in the Central region, Adult and TAY Black/African Americans and Latinos may be groups that are underserved. Casa Del Centro Clubhouse improves both access and services by providing culturally appropriate services for these unserved populations.

Eastwind Clubhouse

The Eastwind Clubhouse located in San Diego County's Central region provides culturally competent services to Asian/Pacific Islanders in three Asian languages: Vietnamese, Hmong, and Cambodian.

The Plaza Clubhouse

This client-operated clubhouse program creates an environment that is welcoming to the culturally and ethnically diverse population of the region, with a special focus on Adult, Older Adult, and TAY Latino population in that area.

Older Adult Elder Multicultural Access and Support Services (EMASS) Program

The EMASS program targets underserved seniors (ages 60 and over) in the Filipino, East African Refugee (Somali), Latino/Hispanic, and Black/African American communities in the North, Central, and South regions of San Diego County.

Warm Line Service

The Warm Line service has bilingual Spanish peer specialists for some shifts.

Family and Adult Peer Support Line

This program utilizes a bilingual Spanish family member staff. This program will also offer family support in selected Asian/Pacific Islander languages.

Deaf Community Services (DCS) Clubhouse

Deaf Community Services, an Outpatient Services Program for Deaf and Hard of Hearing provides specialized, culturally, linguistically and developmentally appropriate outpatient Bio-Psychosocial Rehabilitation (BPSR) services for Medi-Cal and unfunded deaf and hard of hearing persons of all ages with serious mental illness, as well as those who may also have a co-occurring substance use

disorder. Providers are fluent in American Sign Language (ASL) and are members of the deaf community. As of July 1, 2010, services have been expanded to provide substance use counseling with the addition of an experienced and certified Alcohol and Drug counselor who is ASL-fluent. Additionally, Deaf Community Services Clubhouse, opened in November of 2012, and is a day program-based recovery and activity center which provides educational, vocational, and social activities to Deaf and Hard of Hearing clients located throughout San Diego County. Services are provided by staff fluent in ASL and knowledgeable about Deaf culture and the implications of deafness on a person's well-being. In FY 2022-23 DCS had 1,344 members in attendance with 26 unduplicated members. Thus far at mid-year for the program for FY 2023-24, DCS has 1,103 members in attendance with 6 unduplicated members. Deaf Community Services Clubhouse has submitted the application for Clubhouse International Accreditation. Deaf Community Services is conducting outreach to the community and networking.

Breaking Down Barriers

The Breaking Down Barriers program provides prevention and early intervention services through the efforts of Cultural Brokers to:

- Provide mental health outreach, engagement, and education to persons in the Latino, Native American (rural and urban), Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQI+), African, and Black/African American communities;
- Implement and evaluate strategies to reduce mental health stigma; and
- Create effective collaborations with other agencies, community groups, participants, and family member organizations.

ADAPTATION OF SERVICES

II. Responsiveness of Behavioral Health Services

The County shall include the following in the CCPR:

A. Documented evidence that the County/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the County/contractor and/or referral to community-based, culturally- appropriate, non-traditional mental health provider.

(Counties may develop a listing of available alternatives and options of cultural/linguistic services that shall be provided to clients upon request. The County may also include evidence that it is making efforts to include additional culture-specific community providers and services in the range of programs offered by the County).

II A. SDCBHS has available alternative options that accommodate individual preference, cultural preference, and linguistic preferences demonstrated by the culture-specific programs, provided by the County and/or referral to community-based, culturally appropriate providers. Over the last decade, SDCBHS has been building up the spectrum of services available to foster recovery, while seeking to meet the age-specific and geographical needs of mental health consumers. A Provider Directory listing linguistic and specialty services are available to the public. This list is provided to clients upon request. The Provider Directory lists the cultural specialties of San Diego's organizational providers and is available on the Network of Care in multiple languages. SDCBHS has been working to enhance the Provider Directory in response to the Medicaid Managed Care Final Rule Regulations.

The Organizational Providers Operations Handbook (OPOH) and Substance Use Disorder Provider Operations Handbook (SUDPOH) require contractors and the County to meet the language preferences of clients to the maximum degree possible.

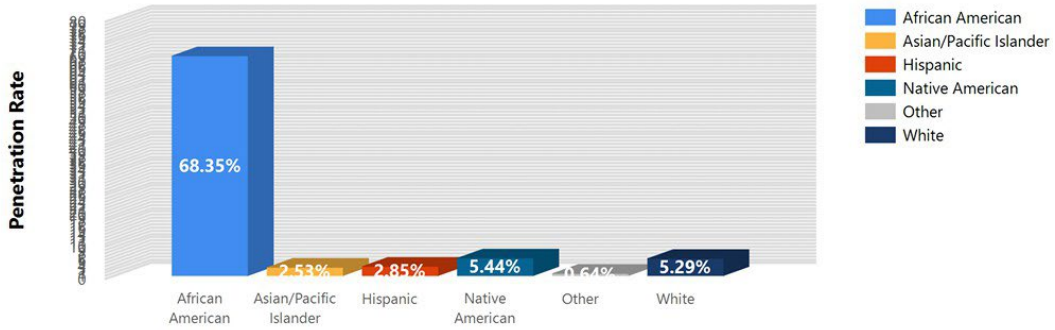
During FY 2023-24, to address the Hispanic/Latino PR countywide, the Population Health Network Quality and Planning team conducted presentations to the CCRT, the Suicide Prevention Council, and subject matter experts (SMEs) to explore barriers to services specific to the Hispanic/Latino community. Based on the feedback, data analysis was completed to identify utilization rates based on each level of care. Additionally, efforts were initiated to obtain direct feedback from providers at the outpatient level of care. Collaboration with the Communications Team to increase media coverage of behavioral health services in densely populated Hispanic/Latino communities is in progress.

Optum

County of San Diego Behavioral Health Services
Medi-Cal Penetration Rate
Period: FY 22-23 Q4

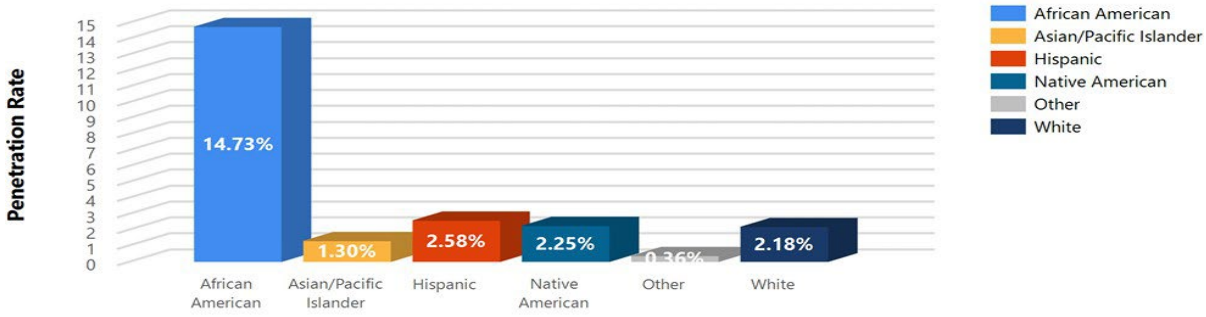
COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Fig 2.2 Adult & Older Adult by Race



Race	Eligible Clients	Clients Served	Rate (%)
African American	3,722	2,544	68.35
Asian/Pacific Islander	52,266	1,324	2.53
Hispanic	235,148	6,693	2.85
Native American	2,794	152	5.44
Other	279,941	1,787	0.64
White	148,478	7,860	5.29

Fig 3.2 Children & Youth by Race



Race	Eligible Clients	Clients Served	Rate (%)
African American	3,877	571	14.73
Asian/Pacific Islander	14,650	191	1.30
Hispanic	162,106	4,181	2.58
Native American	1,153	26	2.25
Other	74,742	270	0.36
White	52,330	1,141	2.18

Historically the penetration rate for Asians and Pacific Islanders has been low, SDCBHS previously increased efforts to decrease this disparity. The children and youth system of care implemented the CARE outpatient program using MHSA funding which targets Asians and Pacific Islanders. WET initiatives have contributed to building a workforce that is bilingual and bicultural to meet the needs of San Diego's threshold populations and other ethnic groups. Additionally, SDCBHS has contracted with the Union of Pan Asian Communities (UPAC) for over 20 years to provide services to the Asian and Pacific Islander populations.

Additionally, the penetration rate for Native Americans on both the Adult and CY services remains low. Continuous efforts are made to increase clients served through the Indian Health Council and Viejas Tribal Leaders. SDCBHS is actively pursuing the expansion of MCRT services to additional tribal reservations. Engagements with other tribal leaders are underway, demonstrating SDCBHS's commitment to extending vital behavioral health resources to diverse communities.

As mentioned in Criterion 3 of the Cultural Competence Plan, SDCBHS has set up over 30 programs through Community Services and Support funding to address gaps in services for underserved and unserved populations.

SDCBHS has engaged in Faith-Based Community Dialogue Planning in the Central and the North Inland regions. Recommendations were compiled and made available in a Compendium of Proceedings and from these recommendations, Faith-Based Councils were established. Language was also added to contracts to address outreach and engagement of Faith-Based congregations in these two identified regions to address access to care, wellness and education, and health equity. The Faith-Based Initiative was established in 2016 and primarily focuses on Black/African American and Latino communities, who have traditionally been disproportionately served in the jail system and have had limited access to appropriate and culturally relevant SDCBHS services.

The Access and Crisis Line (ACL) can also connect clients who wish to see a Fee-For-Service (FFS) provider with several specific language capabilities; however, there continues to be a shortage of staff with capabilities in Asian and African languages.

As discussed previously, contractors are bound by the requirements in the Organizational Providers Operations Handbook (OPOH) and Substance Use Disorder Provider Operations Handbook (SUDPOH) to provide clients with language-appropriate services. The County has provided services to persons with Limited English Proficiency (LEP) through the use of interpreter services. In FY 2016-17, interpreter funding was decentralized.

B. Evidence that the County informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the County will include it in their next printing or within one year of the submission of their CCPR.

II B. In the Quick Guide to Mental Health Services for Adult, Children and Youth the county informs clients of the availability of the above listing in the brochure. The section specifically states: San Diego's Mental Health Plan Provides:

- A system to meet the needs of persons of diverse values, beliefs, orientations, races, and religions
- Services in your preferred language or free interpreter services
- Providers with cultural/language specialties
- Culturally appropriate assessments and treatments
- Information in other languages and alternate formats for the visually and hearing impaired"

This language is similar to the Quick Guide for DMC-OSD Services. These Quick Guides are available in English, Spanish, Tagalog, Vietnamese, Farsi, Dari, Mandarin, Korean, Somali, and Arabic, as well as in an audio format in all threshold languages. They are available at all organizational provider locations and through Behavioral Health Services administration and the Optum website. Providers can request the Quick Guides and all other Medi-Cal beneficiary materials using a fillable PDF form available online.

Additionally, the County provides a Guide to Medi-Cal Mental Health Services, a booklet that includes information about the mental health services that San Diego County offers and how to get the services. The booklet is available in English, Spanish, Tagalog, Vietnamese, Farsi, and Arabic. A section at the very beginning of the booklet details:

> *"If you feel you have a mental health problem, you may contact the San Diego County MHP Access and Crisis Line directly at (888) 724-7240. This is a toll-free telephone number that is available 24 hours a day, seven days a week. Verbal and oral interpretation of your rights, benefits and treatments is available in your preferred language. You do not need to see your regular doctor first or get permission or a referral before you call."*

Furthermore, in the section "How Do I Get These Services?" the booklet refers to the ACL and states:

> *"You can request a list of providers in the region where you live including their language and cultural specialties. There are County-contracted clinics and many individual outpatient therapists providing services in all of San Diego to meet many language and cultural needs. Free language assistance is available for mental health services. You have a right to mental health services in a language you understand. Free interpreting is available."*

Similar resources are also available for the DMC-ODS/substance use community to ensure resources are available in all of San Diego County's threshold languages.

C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services (Outreach requirements as per Section 1810.310, 1A and 2B, Title 9).

*(Counties may include **a.)** Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services, or **b.)** Evidence of outreach for informing under-served populations of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.)*

II C. As required per Section 1810.310, 1A and 2B, Title 9, the SDCBHS holds policies, procedures, and practices in place to inform Medi-Cal beneficiaries of the available services under the consolidation of Specialty Mental Health Services. This enables Medi-Cal beneficiaries to access Specialty Mental Health Services and Substance Use Services. The County of San Diego Mental Health Services established the Policy #6030 (Written Information in English, the Threshold Languages, and Alternate Formats to Assist Clients in Accessing Specialty Mental Health Services). The policy focuses on providing information to all threshold language-speaking clients, as well as to clients who need information in alternate formats. Clients receive information in writing or in an appropriate manner to their special need to support in assisting them to access Specialty Mental Health Services and Substance Use Disorder Services.

Evidence of Medi-Cal beneficiaries having access to specialty mental health services includes the SDCBHS "Quick Guide to Mental Health Services" and the "Quick Guide to DMC-ODS Services" this is widely distributed in English and nine other threshold languages. The Quick Guide provides education on mental health services and information on how they can be accessed. Upon request the "Quick Guides" are available in an audio format on a CD. Additionally, the County has made an effort to provide community information and education through several types of media. An example is a series of radio broadcast interviews in Spanish that have been provided over the last few years by the Ethnic Services Coordinator.

The Children and Youth Council is another form of outreach efforts for informing under-served populations of the availability of cultural and linguistic services and programs.

Children's Mental Health Services

The Children, Youth and Families Behavioral Health System of Care (CYFBHSSOC) Council

continuously shares information with its four sectors: Public, Private, Family, and Education:

- Relevant Board Letters, including but not limited to the "Framework for Our Future: Declaring Racism a Public Health Crisis.
- Cultural Competency training opportunities, including binational events.
- Supports and promotes attendance to relevant training opportunities that emphasize cultural competency.

Specific programs that conduct culturally sensitive outreach to the community include:

The **Fred Finch Youth Center** Residential Outpatient Mental Health Services program for adolescents with a dual diagnosis of severe emotional disturbance and developmental disability strives to help program participants return to lower levels of care and function successfully in a community setting. Cultural competence-related activities and outreach conducted in the past include Lake Murray and Lake Jennings for instruction on local history, wildlife, and ecology; visits to colleges to learn about future education opportunities; shopping at local Asian markets; preparing Asian foods; working for 'Toys for tots' give away, practicing yoga and mindfulness.

Palomar Family Counseling Services Inc. collaborates with external and internal school-based programs in Escondido, Vista, Oceanside, and Valley Center school districts to ensure all students having difficulty in essential life areas are being served. Some of the cultural competence-related activities and outreach conducted include, but are not limited to:

- Summer programming included the Dina Camp Event, where families from Oceanside and Vista school districts were invited to attend. Palomar Family Counseling Services Inc. partnered with the City of Oceanside for the use of two centers. Children from preschool to third grade received an "Incredible Years" lesson and related activity. Parents were also engaged and provided with topic-driven presentations such as Library Resources, Stress Relief techniques from a program staff bilingual LMFT, and Banking Basics with Mission Federal Credit Union.
- The program will be implementing the Incredible Years (IY) Parent series at each of its sites. Thus far, the program has served parents of at-risk children. Graduation ceremonies are held to recognize successful completion.
- The program used special funds, provided by San Diego County, to improve the program's appearance and provide additional Trauma-informed service and treatment to all program employees to provide the best services to the community.

Pathways Community Services - Cornerstone is a Full-Service Partnership (FSP) program that provides school-based and outpatient behavioral health services. Cornerstone is currently partnered with twelve area schools within the San Diego Unified School District. It provides services at these partner school sites, in addition to home, community, and clinic-based services. Their clients are primarily elementary school-aged, with most clients being 8 to 14 years of age. Though, Cornerstone also serves a moderate number of middle school-aged clients and TAY. Three of the Cornerstone clinicians are bicultural Hispanic/Latino and are bilingual in English and Spanish. Additionally, Cornerstone has one clinician who is Black/African-American, one clinician who is Filipino and bilingual in English and Tagalog, and their psychiatrist who is bilingual/bicultural in Vietnamese. Their QI Coordinator and Family Support Partner are both bicultural Hispanic/Latino and are bilingual in English and Spanish.

Kickstart's (First Break). Kickstart staff continues to attend Suicide Prevention Council held on the

4th Tuesday of every month. Kickstart directors also attend TAY Council on the 4th Wednesday of every month, with APD Joseph Edwards holding a council seat, representing Prevention and Early Intervention. A cultural competency training titled "Working with youth on Probation" was attended by all staff at Kickstart as part of their 4-hour cultural competency training.

San Ysidro Health Center's Chaldean Middle–Eastern Social Services is an outpatient mental health program serving Arab-American and Chaldean children/youth, including the new Iraqi and Middle-Eastern refugee children who have recently resettled in San Diego County, predominately in El Cajon. Services include the following: mental health counseling (individual and family); groups (process and didactic); school-based services (eight-week acculturation groups for newcomers); intake and screening; case management; community outreach; and crisis intervention.

Some of the cultural competence-related activities and outreach completed in the past include: Annual Health Fair targeting the refugee population in the East region, staff providing depression screening and appropriate referrals to clients, and providing a resource table for Live Well San Diego Initiative. Additionally, this provider runs a 4-hour training workshop or presentation on the assessment and treatment of refugees from Iraq who have PTSD or are seriously mentally ill. This will be presented twice a year to behavioral health service providers of San Diego County.

San Diego Refugee Communities Coalition
The San Diego Refugee Communities Coalition (SDRCC) is a collective of ethnic-community based organizations (ECBOs) located within San Diego County. The Center for Community Health Refugee Health Unit serves as the facilitating organization and backbone of SDRCC to support the inspirational work the coalition does. Members have been on the front lines of providing essential services to low-income refugee families for years. Collectively, SDRCC members serve thousands of some of San Diego's under-resourced residents.

The San Diego Refugee Communities Coalition (SDRCC) recently received a 3-year, $400,000 grant from the CA Department of Health Care Services (DHCS) through the Sierra Health Foundation to provide scholarships and wages to 10 employees of SDRCC member organizations to participate in SUD counselor certification programs. Partnership with these equity-based CBOs will help ensure there is sufficient diversity in cultural and language competency in the SUD training pipeline.

San Ysidro Health Center's Youth Enhancement Services (YES) provides culturally competent community and school-based outpatient mental health services to children, adolescents, and their families that reside in the South Bay region, including the communities of San Ysidro, Imperial Beach, and South San Diego. Clients range from ages 5-18 years old. Additionally, 100% of the YES staff is bilingual (English/Spanish) and bicultural.

Catalyst Program provided a lot of outreach programs at Logan Health Youth Center and Marina Village Conference Center targeting homeless TAY. Outreach programs were also held at Urban Angels and Girls Rehab.

Innovations Programs provide novel, creative, and/or ingenious mental health practices/approaches that contribute to learning within communities through an inclusive process and are representative of underserved individuals. The programs below historically provided services through FY 20-21:

- **Caregiver Wellness Program** is a countywide program serving ages 0-5 with clinicians and care coordinators that focuses on addressing the behavioral health needs of caregivers through direct care and comprehensive referrals.
- **Family Therapy Participation Engagement (**utilizes parent partners to focus on increasing caregiver participation in family therapy.
- **Faith-Based Initiative** has four components: Faith-Based Academy; Community Education; Crisis Response; and Jail-Based In-Reach.
- **Ramp Up 2 Work** (**Noble Works**) aims to provide job readiness training, and on-the-job paid apprenticeship, leading ultimately to paid competitive employment.
- **Peer Assisted Transition (PeerLINKS)** is a person-directed, mobile program that works in partnership with designated acute inpatient hospitals and provides alternatives to hospitalization through programs to engage and provide transition and support services to clients discharged back to the community.
- **Urban Beats** is intended to engage at-risk youth in wellness activities by providing a youth-focused message created and developed by youth. As of December 15, 2017, Urban Beats includes an East African subcomponent and as of January 31, 2020, 28 TAY have been enrolled in the East African cohort. A total of 145 TAY and 116 non-TAY were exposed to or participated via in-person, artistic showings, or performances in the various artistic expressions.
- **Cognitive Rehabilitation and Exposure/Sorting Treatment (CREST)** aims to diminish long-term hoarding behaviors among older adults through a unique treatment approach that integrates cognitive training and exposure therapy combined with care management, peer support, linkages to community services, and periodic in-depth assessments and evaluations to track progress.
- **Recuperative Services Treatment (ReST):** The ReST program engages TAY who are discharged from acute emergency mental health care and are experiencing homelessness or at risk of experiencing homelessness. The goal is to prevent future emergency care by providing short-term (up to 90 days) comprehensive, on-site services to link clients to permanent housing, ongoing mental health services, and other needed resources.
- **Center for Child and Youth Psychiatry (CCYP):** CCYP was developed to provide medication support to select children and youth who have completed behavioral health treatment services yet require ongoing monitoring of complex psychotropic medications that were essential for their wellness and stability, but not easily managed by their primary care provider (PCP). Psychiatric care services were designed to be delivered primarily via telehealth in order to reduce barriers to accessing care and service youth and families throughout the entire County of San Diego. MHSA INN funding for CCYP services ended on 12/31/2022. BHS has decided that the CCYP program should be incorporated into the existing BHS System of Care as an ongoing service that will be funded through non-INN resources.
- **Roaming Outpatient Access Mobile (ROAM):** Behavioral Health Services (BHS) ROAM program was funded through the Innovations (INN) component of the Mental Health Services Act (MHSA). ROAM was designed to increase access to and utilization of culturally competent mental health services in rural American Indian communities in San Diego County to decrease the effects of untreated mental health and co-occurring substance abuse conditions. Two organizations, the Indian Health Council (IHC) and Southern Indian Health Council (SIHC), were selected to provide ROAM services. To facilitate access to care and to help treat the typically underserved American Indian population, the ROAM program adopted the use of mobile health units (MHU) to provide effective health services in areas that may be hard to reach as well as offering telehealth and telepsychiatry services to lessen the need for in-person

clinic visits. Between fiscal year (FY) 2018-19 and FY 2021-22, the IHC and SIHC ROAM programs were funded by BHS as part of an MHSA Innovations program to develop and pilot test new services. Based on the experiences, accomplishments, and operational learnings of the IHC and SIHC ROAM programs during this timeframe, both IHC and SIHC decided to continue the ROAM programs indefinitely using non-BHS funding sources such as other federal grants. Overall, the ROAM programs endeavored to offer flexibility in location and communication modality to allow participants to engage in services however they preferred and felt safe doing. As such, during a typical day, ROAM clinicians provided services in a variety of physical locations (e.g., at community centers, remote clinics, or on the MHU) and used different methods of communication (e.g., in-person, phone, or telehealth with video) to meet the engagement preferences of ROAM participants.

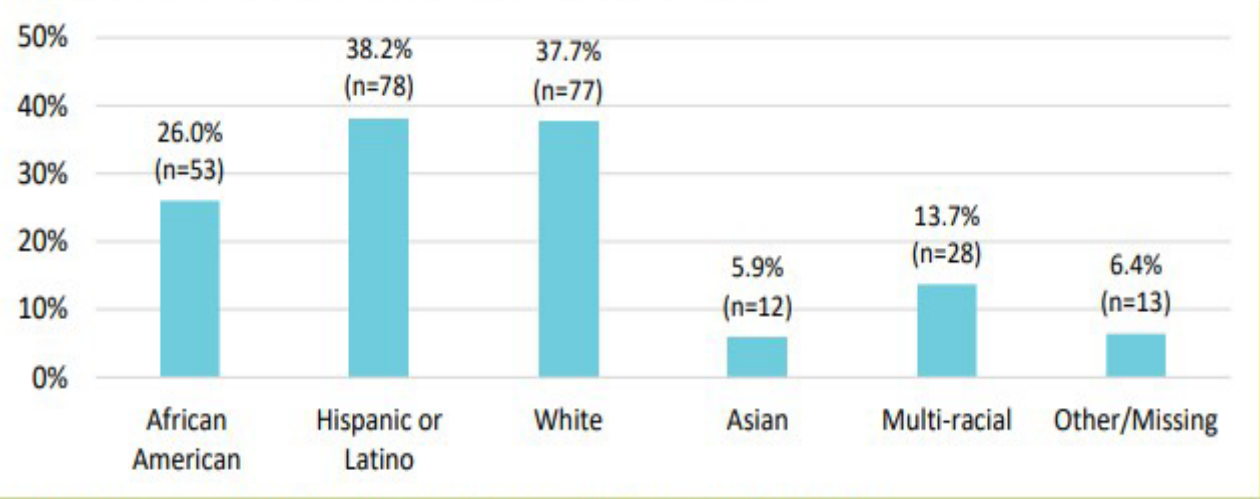
The following INN Programs ended their services in FY 2023.

Just Be U: BHS Just Be U (JBU) program was funded through the Innovations (INN) component of the Mental Health Services Act (MHSA) from 7/1/2018 to 6/30/2023. JBU was designed to improve the mental health and quality of life outcomes of Transitional Age Youth (TAY; age 18-25; referred to as "youth" throughout this report) with serious mental illness (SMI) who are homeless or otherwise at risk of homelessness and repeatedly utilize acute or emergency mental health services but are otherwise unconnected to services. JBU, operated by the Urban Street Angels nonprofit organization, provides short-term housing for youth in a supportive environment that provides whole-health services targeting healthy eating, exercise, sleep, and a range of holistic interventions coupled with occupational therapy (OT) to teach skills needed to accomplish personal goals. JBU identifies and facilitates connections to individualized treatment, housing, and other community resources. Primary innovative features of JBU include the emphasis on youth-centric, whole-health/holistic services and the utilization of technology as an important tool for communicating with and engaging youth.

Overall, the findings from the Innovations-funded portion of the JBU program indicated that key objectives were successfully achieved. The program was able to consistently contact and engage with their priority youth population, create linkages to appropriate mental health and substance use treatment, and improve the general well-being of the youth who participated in JBU services. However, many of the youth have one or more factors that inhibit greater short- and long-term gains including co-occurring substance use disorder (SUD), complex physical health needs, and difficulty transitioning to external treatment providers, among others. Based on the successful results obtained by the JBU program during the Innovations-funded phase, BHS decided to continue to fund the JBU program as part of the ongoing and overall behavioral health service system.

The table below shows the breakdown of Just Be U participants by race:
As shown in Figure 2, JBU youth were also racially and ethnically diverse. Nearly identical numbers of youth identified as Hispanic/Latino and Caucasian (n=78; 38.2% and n=77; 37.7%, respectively) followed by 26.0% (n=53) identifying as African American and 5.9% (n=12) as Asian.

Figure 2. Race/Ethnicity of Youth Who Enrolled in JBU (N=204)



Note: Total may exceed 100% since more than one race/ethnicity could be selected.

As shown in Table 2, of the 204 youth who received JBU services, 189 had discharged as of the end of the Innovations-funded phase of the project on 6/30/2023 and 15 were still active. The average and median length of time receiving residential care and support services from JBU was approximately 75 days; however, 43.1% (n=88) were in JBU for at least 90 days and about one-quarter (25.5%; n=52) required services lasting more than 120 days. These data indicated that JBU was generally adhering to the initial goal of operating as a short-term linkage and support program while also allowing somewhat extended (but not long-term) care for youth who needed additional time in the program.

Table 2. JBU Program Participation Duration and Discharge (N=204)

	JBU Youth (N=204)	
	Still in program 6/30/2023	Discharged as of 6/30/2023
n (persons)	15	189
Mean (days)	76.5	75.6
Median (days)	74.0	71.0

Accessible Depression and Anxiety Peripartum Treatment (ADAPT): The *Accessible Depression and Anxiety Peripartum Treatment* (ADAPT) program is an outpatient, mental health program serving pregnant and postpartum women and families throughout San Diego County. In partnership with Behavioral Health Services (BHS) and Public Health Nursing Home Visiting programs (NFP and MCH), ADAPT provides accessible and timely integrative mental health treatment and peer support to address the impact of perinatal mood and anxiety-related challenges during and after pregnancy. The goal of ADAPT is to increase access to peripartum mental health

services for women and families who are currently experiencing or may be at risk of mental health challenges during the peripartum period. The SDCBHS ADAPT program is funded through the INN component of the MHSA, with services provided by behavioral health clinicians and peer support staff from Vista Hill Foundation, a community-based nonprofit organization. MHSA INN funding for ADAPT services was extended and continued through 12/31/2023. In FY 23-24 the program will shift to CSS.

BH Connect: Services are provided through the Vista Hill community based organization. BHConnect was developed to increase access and connection to follow-up behavioral health services after a psychiatric emergency in which a San Diego resident utilized a psychiatric hospital, emergency screening, and/or crisis response services. During fiscal year (FY) 2022-23, a determination was made by BHS that the BHConnect program would not continue past the Mental Health Service Act (MHSA) Innovations-funded phase of the pilot program. While recognizing the benefits of the treatment services provided to BHConnect clients, primary reasons for not continuing BHConnect included less than expected enrollment and the greater availability of telehealth services throughout the overall network of BHS-funded treatment service providers. MHSA INN funding for the BHConnect program ended on 10/31/2023 with the remaining client caseload transitioning to other service providers. While the BHConnect program will not be incorporated into the BHS System of Care as an ongoing service, it is expected that the lessons learned during the Innovations-funded phase of the pilot project will help inform other BHS efforts to ensure continuity of care and the provision of appropriate and accessible treatment options for persons receiving crisis/acute care services but not connected to treatment services.

Medication Clinic: The Medication Clinic program provides ongoing medication management to children and youth who have completed mental health treatment, and have medication needs that are too complex for their primary care physician to manage. As of January 2023, the program transitioned to CSS-SD and in addition to complex medication management, the program supports the medication needs of youth in Short Term Residential Therapeutic Programs (STRTPs) and youth transitioning out from juvenile detention facilities.

Short-Term and Bridge Housing for TAY: Short-term and Bridge Housing is the only program focused on providing transitional, supportive housing and job training opportunities for connected transition-aged youth in the San Diego area. In partnership with the County of San Diego Behavioral Health Services, they provide supportive housing in independent-living facilities in San Diego, under the supervision of onsite program staff. The program staff utilize an evidence- based practice featuring a harm reduction model with trauma-informed care. To remain “in good standing” and progress through the program, the youth have a series of objectives that must be met. They meet regularly for counseling and therapy, both with partner agencies and the program team. Some have substance abuse or other treatment programs to attend; others are enrolled in programs to complete their GED or college coursework. These are some of the typical elements of the program plans they oversee, which focus on personal responsibility and hope.The goal of the short-term and bridge housing program is to provide housing and support services to TAY with serious mental illness or serious emotional disturbance, by providing accessible Short-term and Bridge Housing beds for identified clients.

Additional evidence of programs providing outreach for informing under-served populations of the availability of cultural and linguistic services and programs are listed below:

UPAC Multicultural Community Counseling (MCC) provides intensive cultural and specific outpatient behavioral health services and case management for seriously emotionally disturbed (SED) children (ages 5-20) and families from Asian Pacific Islander (API) and Latino communities with an emphasis on API. UPAC MCC is a Full-Service Partnership (FSP) program that utilizes case management to provide intensive services and support as needed. Each client is assigned a therapist that provides culturally and developmentally appropriate clinical services. A Family Support Partner is available to provide intensive case management and rehabilitative services. As a function of the Full-Service Partnership program, the Family Support Partners link the client to a primary care physician and complete a Wellness Notebook. MCC facility hours are Monday through Friday from 9 am-6 pm, with an after-hours line available to MCC clients outside of facility hours. In addition, MCC provides outreach engagements providing education on services and mental health. Multiple language abilities include Vietnamese, Spanish, Cantonese, and Mandarin. Referrals are from medical facilities, schools, CFWB Department, hospitals, other providers, word-of-mouth, drop-in, and other UPAC programs. Full-scope mental health services are provided at clients' homes, community sites, and clinics. UPAC had collaborations with CCRT - Education and Training Workgroup - Focus Group, Cultural Competence Resource Team, MHCA Executive Meetings - Representative as Children at Large, Children and Youth Behavioral Health System of Care, San Diego Refugee Forum, Outcomes Committee, QI Leadership, QIP, Community Engagement for Child and Family Strengthening, the Behavioral Health Forum, API Legislature Caucus, and CA Commission on APIA affairs.

Adult/Older Adult Mental Health Services

The Union for Pan Asian Communities (UPAC) Positive Solutions is a home-based program utilizing a gatekeeper model to identify older adults experiencing and or are at risk of depression and suicide. The overall goal of the program is to provide outreach, mental health prevention, and early intervention to homebound/socially isolated seniors residing in North County, North Central, and the Central Region of San Diego. UPAC Senior Community Workers are diligently delivering their services toward stigma reduction among Latino, Vietnamese, and other communities; they achieve this goal by doing various presentations at the places where seniors congregate or at their place of living such as SRO, Mobile Homes, ILF, Assisted Living places, Churches, Food Banks, Senior Center, community events participation and other faith-based organization such as churches, temples, mosques, etc.

UPAC Elder Multicultural Access and Support Services (EMASS) is prevention and early intervention (PEI) program that provides outreach and engagement, education, benefits advocacy, referral and linkage, mentoring support and transportation coordination services to unserved and underserved Latino, African American, Asian, Pacific Islander, Filipino, East African, Middle Eastern seniors including older Refugee seniors. The goal of the program is to reduce mental health stigma, help identify and prevent mental health issues while reducing disparities in accessing and utilizing eligible benefits and services to improve quality of care and quality of life for multi-cultural seniors.

UPAC Alliance for Community Empowerment (ACE Program) is a partnership of community organizations working together to address the effects of community violence. By strengthening families and empowering San Diego's Central Region youth, adults, and families, we work together

to make the community a safe place to live. Services include: The Mobile Response Team, Teen Empowerment (ages 12-17), Parent Empowerment, Strengthening Families (ages 10- 14), and Grief Support Services.

Visions Clubhouse regularly attends meetings and provides outreach events to inform providers and the public of their enhanced services. Additionally, the staff participated in the Recovery through Creativity event and took participants to several parks and spots around San Diego.

Neighborhood House Association continues to participate in community fairs and speak to senior groups to expand its recognizability as a viable resource for community partners, individual families, and clients to utilize when addressing geriatric mental health issues and concerns. Additionally, clinicians and staff have attended community fairs to provide counseling and outreach to older adults with mental health needs in the community, as well as to expand its visibility in the community as a viable resource.

Maria Sardiñas Center continues to collaborate with faith-based organizations on educating the community members to engage with Geriatric Outreach Specialists. Additionally, clinicians continue to collaborate with certified American Association of Diabetes Educators (AADE) to develop monthly groups for clients in support of their mental health and diabetes management.

Mental Health Systems, Inc is a bio-psychosocial recovery-based, voluntary recovery-oriented program for adults with a psychiatric diagnosis. Mental Health Systems has provided stigma workshops in various parts of San Diego including First United Methodist Church, North County Providers, Crestwood Behavioral Health, and Integration Summit to increase awareness of mental illness in the community and to educate community members on the program's enhanced services.

Alianza (Alliance in English) Wellness Center is currently funded to have a primary focus on the Latino population and is staffed to provide services for individuals who use Spanish as their primary language. This program has been in operation since August 2019, when it received Short- Doyle Medi-Cal Certification. They started with a census of zero and continue to have available capacity to serve the community. Over the past year, to increase their census, the program partnered with a Residential Treatment provider included in BHS DMC-ODS. Alianza utilized its mobile outreach services for the engagement of individuals to link to their outpatient services. This additional and unplanned support helped to engage the LGBTQI+ community and created effective support for individuals who require assistance for services in both mental health and substance use at the same time.

Targeting All Populations

Survivors of Torture, International (SURVIVORS) provides bio-psychosocial rehabilitation services in the community that are recovery and strength-based client and family driven, and culturally competent. Program administration regularly attends meetings and provides outreach events to inform providers and the public of their enhanced services. They serve clients comprised of children, asylum seekers, refugees, legal permanent residents, or naturalized citizens, communicated in more than 50 different languages through their professional interpreters.

Deaf Community Services of San Diego, Inc. (DCS) continues to work closely with DeafHope, McAlister Institute, Child Welfare Services (Deaf Unit), Minnesota Chemical Dependency Program, and the Bridgman Group Home to coordinate efforts and ensure a seamless system of care within the

deaf community. Additionally, DCS is involved with the San Diego Sober Living Coalition and the National AA program to improve sober living options and self-help groups for the deaf community.

Indian Health Council, Inc. has facilitated and participated in a significant number of community activities and events. Specific examples of community outreach are participation/presentations: Star Gathering at Campo and Barona Cultural Gathering to distribute materials on suicide prevention and awareness; Bike Rodeo at Campo Educational Center; "We R Native proud" Youth Meetings and events; Viejas Kumeyaay Family Gathering on Bullying and Parenting Teenagers; and National Council on Aging, Suicide Prevention, and Older Adults Webinar. In April 2021, Indian Health Council, Inc. became a DMC-ODS SUD contracted provider offering outpatient services to clients.

La Maestra provides culturally and linguistically competent primary care, specialty services including behavioral and mental health, chronic disease management, and essential support services to men, women, and children in San Diego's most culturally diverse and lowest income communities. Services are provided at four medical clinics, seven dental sites, three school-based health centers, and a mobile medical unit. Its main health center is located in City Heights, a community that is home to more than 90,000 residents, many of whom are recently settled refugees and immigrants from more than 60 countries with unique health and well-being needs.

It's Up to Us campaign is designed to empower San Diegans to talk openly about mental illness, recognize symptoms, utilize local resources, and seek help. People do not seek professional care and seek support, nor give support, because of the stigma that is associated with having a mental illness. To combat stigma, It's Up to Us educates the community and provides easy access to local organizations and services. The goal of the campaign is to initiate change in perception, inspire wellness, and reduce the stigma surrounding mental health challenges. In FY 2018-19, new Up2Us materials and media spots that reflect a more culturally diverse audience were produced. The existing outreach materials were adapted to be more culturally appropriate and reflective of the client base of the San Diego County Sheriff's Department to engage their Justice-involved clients and family members with suicide prevention and stigma reduction messaging. The Don't Delay campaign which is an update on outreach materials is projected to reach the black community, men, and older white men. The campaign can be found at https://up2sd.org/.

Afghan Arrival- Since September 2021, San Diego County has received 2,546 Afghan arrivals with an estimate of 2000-3,000 additional arrivals expected over the next several months. On October 5, 2021, the County of San Diego (CoSD) Board of Supervisors (BOS) directed the Health and Human Services Agency (HHSA) to develop a response plan to address their anticipated needs. The HHSA Office of Immigrant and Refugee Affairs convened Refugee Resettlement Agencies (RAs) and community stakeholders for input on priority areas. Feedback led to the development of three work groups focused on housing, behavioral health, and overall coordination of social, emotional, and volunteer efforts.

The Behavioral Health Workgroup began weekly meetings in January 2022 and is comprised of community-based organizations, RAs, the CoSD Behavioral Health Services, schools, and Federally Qualified Health Centers (FQHCs). The group has developed a Prevention & Early Intervention (PEI) framework to address behavioral health needs in the Afghan community. PEI is a proven practice that focuses on recognizing behavioral health needs early, improving access to services, and informing the development of programs to improve health outcomes. The overall proposed framework is

community informed and will be designed, developed, and delivered by Afghan community leaders and cultural brokers/peers.

The Afghan Arrival workgroup was able to procure funding that was amended into an existing program, Chaldean Middle Eastern Social Services, which carried out the work and goals identified in the Afghan Arrival workgroup.

D. Evidence that the County has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

a. Location, transportation, hours of operation, or other relevant areas;

II D a. As part of the process of setting priorities for the uses of MHSA funding, SDCBHS has conducted extensive outreach activities in the past to all cultural and linguistic groups through focus groups, community forums, regional meetings, stakeholders' meetings, surveys, meetings with community commissions, client and family liaison agencies, etc., to try to ensure that the needs of all were heard and recorded. In FY 2021-22, SDCBHS released an RFP for Community Engagement Services to be inclusive and expansive of stakeholder groups and underserved and unserved communities, and to support the Community Experience Project efforts. The contract was awarded to UCSD and started on May 1, 2022. This contract will support Phase II of the CEC workgroup and facilitate survey dissemination and data collection to inform the BHEI. The contract is focused on engaging stakeholders from unserved and underserved communities and will include many avenues for stakeholder engagement and input into program development and community needs.

SDCBHS has launched, the Community Experience Partnership (CEP), to promote behavioral health equity. The CEP is a collaboration between the County of San Diego Behavioral Health Services (BHS) and the University of California, San Diego. The goal of the CEP is the integration of data and community engagement to promote behavioral health equity in San Diego County. The CEP allows the public to explore, monitor, and visualize behavioral health equity data through a series of interactive dashboards. Data sources include surveys, vital records, hospitalization and emergency department data, and service and outcome data for individuals served by the Behavioral Health Services system. Users can explore indicators of equity over time, across neighborhoods, and for numerous subpopulations, including by race/ethnicity, gender, sexual orientation, age, justice involvement, and more. This dashboard was made available to the public in June 2022 and can be viewed at cep.ucsd.edu.

Community Experience Partnership *FY 2023-24 Status Update*

Behavioral Health Services (BHS) Service Planning Tool – March 2024

- **Service Planning Application:** The Community Experience Partnership: Service Planning Tool (SPT) is a custom application designed to help ensure service provision is informed by data, based in cultural and regional considerations, and targeted to communities that may be at greatest risk for unmet behavioral health need. Specifically, the tool uses data to help identify areas in San Diego County where target populations for BHS services are likely to be highly concentrated.

- **Parameterized Reports:** Once target areas are identified through the Service Planning Application, users may download custom reports that summarize the social, economic, housing, and demographic profiles of the selected regions. Two reports are available for download:

    - The *Key Findings Report* is a summary report providing key statistics for the selected target areas compared to San Diego County.
    - The *Detailed Report* is a comprehensive summary of all special populations for the selected target areas and any user defined comparison areas.

Updates for FY 2023-24

- The SPT underwent several revisions based on pilot testing by BHS end-users and discussions in development team meetings.
- Data for clients served by the BHS Mental Health system of care were integrated into the tool, allowing users to see where clients are highly concentrated and explore client characteristics.
- The most recent American Community Survey (ACS) data estimates were incorporated into the tool in December 2023, along with additional indicators (e.g., expanded language choices and data specific to the population living in poverty, etc.).
- A User Manual and Technical Report were developed and launched with the SPT.
- The SPT was presented at the Executive Team Meeting on November 2, 2023.
- A training session, designed by the development team, was delivered at the Contract Representatives Meeting on March 8, 2024.

Community Experience Dashboards (CED) – March 2024

The Community Experience Dashboards are interactive Power BI dashboards comprised of custom behavioral health datasets, including mapping overlays for spatial indicators.

Updates for FY 2023-24

- All dashboards have been updated with the latest data and are pending launch.
- UC San Diego has collaborated with BHS Population Health Epidemiologists to create a new dashboard based on inpatient and emergency department discharge data from California Department of Health Care Access and Information (HCAI).
    - HCAI data were processed by BHS, and drafts of the front-end dashboards were developed by the UC San Diego CEP team.
    - The drafts are being finalized and are expected to launch in the new fiscal year.
- UC San Diego continues to monitor and maintain the website and is exploring options to refine and improve dashboard presentations by transitioning from Power BI to Shiny apps.

Behavioral Health Equity Indices (BHEI)- March 2024

The BHEI is a descriptive, data-driven tool that allows users to explore differences in the underlying, or root causes, of behavioral health across neighborhoods and regions in San Diego County. The indices are constructed from over 30 indicators, organized into eight domains that map to five social determinants of behavioral health. Areas with higher BHEI scores are relatively less likely to have access to the resources, opportunities, and conditions that promote behavioral health than neighborhoods with lower BHEI scores. Areas with higher scores may benefit from behavioral health service enhancements or quality improvement efforts. The CEP team will continue to seek feedback from community representatives, subject matter experts, and stakeholders to revise and

improve the tool prior to the official launch of the public facing BHEI application in FY 2023-24.

Updates for FY 2023-24

- The BHEI has been programmed into a custom application developed in Shiny apps. Interactive maps allow users to explore BHEI rankings across census tracts, zip code tabulation areas (ZCTA), subregional areas (SRA), and Health and Human Service Agency (HHSA), generate neighborhood-specific summaries, and weight the BHEI by target populations of interest.
- The front-end was presented at the Cultural Competence Resource Team (CCRT) meeting on 11/3/2023 and the Adult Council meeting on 11/13/2023. At each meeting, the development team sought feedback on the design, usability, and cultural appropriateness of the tool.
- Revisions were made and the launch is pending.

Presentations and Conferences

- 10/23/2023-BHS Unit Management meeting
- 11/2/2023 – Executive Team meeting
- 11/3/2023 - Cultural Competence Resource Team (CCRT)
- 11/13/2023-Adult Council meeting
- 12/8/2023-BHS Contract Representatives meeting
- 3/8/2024-BHS Contract Representatives meeting
- 4/23/2024-County of San Diego – Chief Population Health Officer and BHS Assistant Director

In the Statement of Work for contractors there is a focus on offering services culturally and linguistically to diverse populations. The following standards are required:

- Sites shall be located within four blocks of a public transportation stop and shall meet all related state and local requirements.
- Program hours of operation must be convenient to accommodate the special needs of the service's diverse population. In most cases, evening or weekend appointment hours for treatment services shall be available and scheduled as needed for a minimum of four hours per week.
- The program site shall be welcoming to the various cultural populations in the community and to individuals with co-occurring disorders (COD) by providing materials, brochures, posters, and other information regarding cultural competence and COD.
- Contractor shall demonstrate knowledge and application of the MHSA Gap Analysis when describing the target population, with specific reference to culturally diverse populations in the geographic area who suffer from health access disparities.
- Outpatient mental health services shall be provided in accordance with the County of San Diego's Cultural Competence Plan, Culturally and Linguistically Appropriate Services (CLAS) Standards, and the MHSA Gap Analysis.
- Cultural Competence: Each contractor shall comply with cultural competence requirements as referenced in the OPOH and the SDCBHS Cultural Competence Handbook, located on the Technical Resource Library (TRL), and shall demonstrate the integration of cultural competence standards described in the San Diego County Behavioral Health Services (SDCBHS) Cultural Competence Plan located on the TRL.
    - Contractor shall provide a Human Resource Plan that includes how contractors will recruit, hire, and retain bilingual and culturally diverse staff.
    - Contractor shall identify a process to determine bilingual proficiency of staff at a

minimum in the threshold languages for the County.

- 100% of staff shall participate in at least four (4) hours of cultural competence training per fiscal year.
- Contractors shall provide a Cultural Competence Plan that is consistent with the SDCBHS Cultural Competence Plan. This may be the Legal Entity's Cultural Competence Plan.
- Contractor shall use the Cultural and Linguistic Competence Policy Assessment (CLCPA) and the Promoting Cultural Diversity Self-Assessment (PCDSA) as tools to determine the levels of cultural competence at organizational and staff levels, respectively. These tools are referenced in the OPOH and can be found in the SDCBHS Cultural Competence Handbook. COR shall advise the Contractor when there is a need to use other evaluation tools.
- Culturally and Linguistically Appropriate Services (CLAS) Standards: To ensure equal access to quality care by diverse populations, each service provider receiving funds from this contract shall adopt the federal Office of Minority Health CLAS Standards.

o Mental health services are based on Biopsychosocial and Rehabilitation (BPSR) principles that have proven to be effective in reducing psychiatric hospitalization and assisting mental health clients to become more productive community members. BPSR guiding principles specify that services shall be client-centered, culture-centered, and build upon the client's strengths.

Contractor's program and services shall be trauma-informed and shall accommodate the vulnerabilities of trauma survivors. Services shall be delivered in a way that will avoid inadvertently re-traumatizing clients and facilitate client participation in treatment. Contractor's trauma-informed program and services shall include: Screening of Trauma; Consumer-Driven Care and Services; Trauma-Informed, Educated, and Responsive Workforce; Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices; Safe and Secure Environments; Community Outreach and Partnership Building; and Ongoing Performance Improvement and Evaluation.

- All clients shall use current screening and assessment tools that include questions regarding trauma upon admission.

o Contractor shall perform linkage and referrals to community-based organizations including, but not limited to, primary care clinics and complementary healing centers and faith-based congregations, ethnic organizations, and peer-directed programs such as Clubhouses.

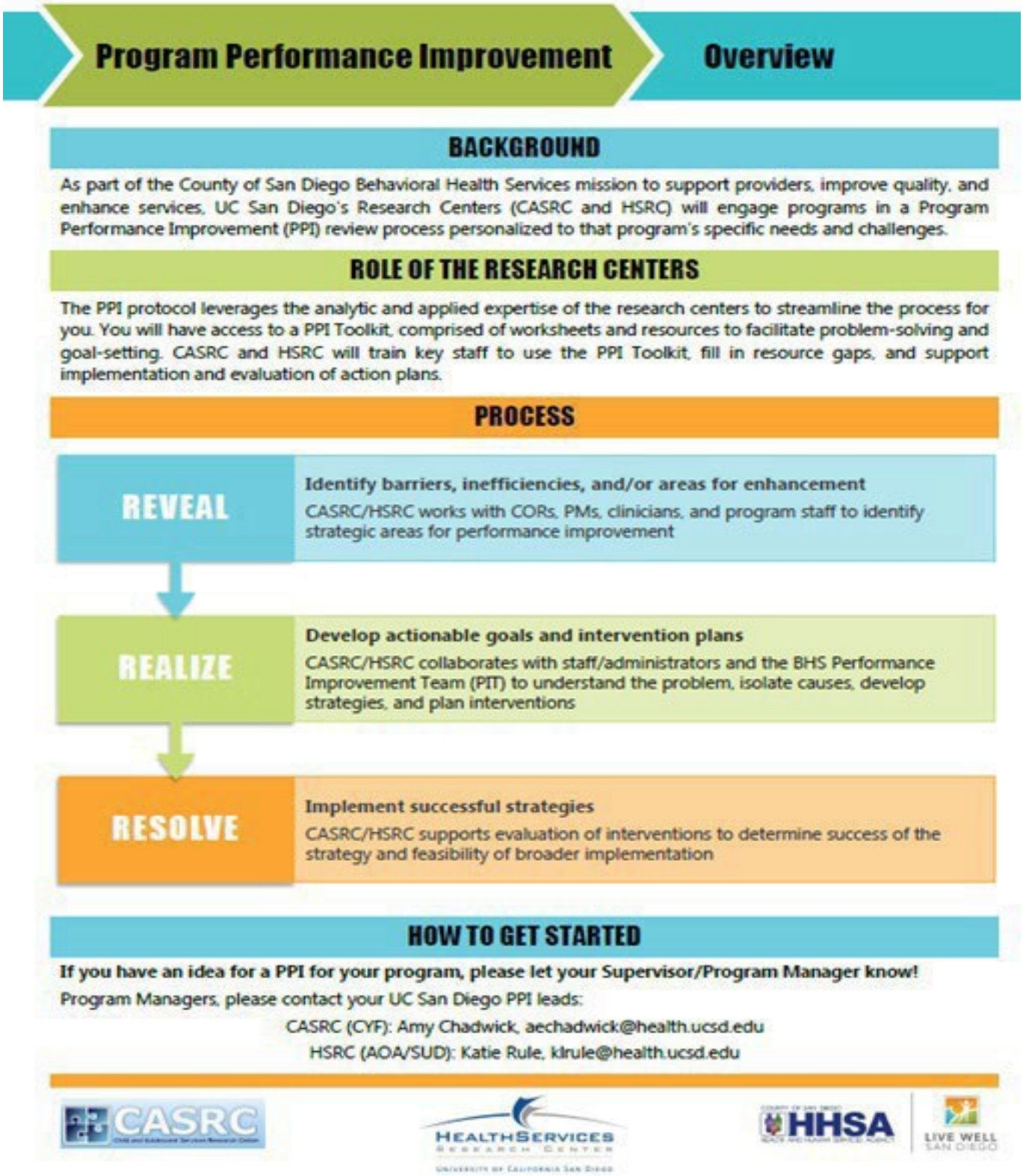
- 100% of clients requesting to be linked to any faith-based congregation shall be connected to the client's organization of choice.

SDCBHS in collaboration with the UCSD Health Services Research Center (HSRC), began the development of ClubHOMS in 2018, a highly secure, integrated web-based system for data collection and reporting for San Diego County Clubhouses. The goal is to improve the ability to track the usage and effectiveness of the County's Clubhouse programs. The ClubHOMS system collects data for clubhouse members, which includes demographic information including primary language, race and ethnicity, and gender identity; key outcomes related to employment, education, and housing; program satisfaction data; and attendance and service utilization patterns. This tool is used to assist Clubhouses in providing services that are culturally appropriate and meet the needs of the community where they are based. ClubHOMS was implemented in all San Diego County contracted clubhouses in July 2019. During FY 2020-2021 the first Clubhouse Annual Report was published demonstrating the diverse group of people who participate in the San Diego clubhouses. This includes regular

feedback on accessibility and member satisfaction. The FY 2021-22 annual report indicated that 2,531 unduplicated members were served by the clubhouses, representing a diverse population of individuals with various age ranges, gender identities, sexual orientations, and racial and ethnic backgrounds. The member satisfaction survey results from FY 2021-22 indicated that approximately 92.9% of members indicated they were satisfied with the services of the clubhouse and would recommend it to others. Currently, HSRC continues to provide technical support for the clubhouses to address their data and outcome needs.

During FY 2022-23 SDCBHS developed a program to assess factors that influence services being impacted culturally and linguistically with diverse clients. UCSD was funded to provide individual Program Performance Improvement plans. While DHCS requires counties to complete systemwide Performance Improvement Plans (PIPs), SDCBHS implemented continuous quality improvement at the program level. The interactive PPI process is designed to address the unique needs of a program. UCSD works directly with program staff to identify a concern or area for enhancement, and UCSD will partner with the program to develop and implement solutions. Programs have access to a PPI Toolkit, comprised of worksheets and resources to facilitate problem-solving and goal-setting.

This flyer went out to all mental health and substance use providers:



The PPI process includes a discovery process that incorporates SMARTIE Goal Development. One example of a PPI that was conducted and completed to address workforce shortages utilizing the SMARTIE Goal framework is:

Program Performance Improvement | **SMARTIE Goal Development**

Adapted from SMARTIE Framework by the Management Center
http://www.managementcenter.org/resources/smartie-goals-worksheet

Program Name:	**San Ysidro Health Center**	
Date:	**5/16/22**	
Goal:	**Staff Retention**	
SPECIFIC	*What specifically do you want to achieve?*	Reduce staff turnover
MEASURABLE	*How will you know when you've achieved it?*	Increase in staff tenure 2+ years
ACHIEVABLE	*Is it possible to accomplish?*	Yes
RELEVANT	*Will it improve your program in some way?*	Yes
TIME-BOUND	*What is an appropriate deadline?*	Ongoing
INCLUSIVE	*How will you include marginalized people into the process?*	Engage staff of marginalized race/gender/sexual identity in the process
EQUITABLE	*How will you include a component of equity to address injustice?*	Seek to retain staff of marginalized race/gender/sexual identity

CASRC

CYFBHS PPI – SMARTIE GOAL DEVELOPMENT
PAGE 1 OF 2

HHSA LIVE WELL SAN DIEGO

Program Performance Improvement — Final Summary Report

Program Name	**San Ysidro Health Center**
Start Date	**3/30/2022**
End Date	**6/30/2023**

BACKGROUND

San Ysidro Health Center engaged CASRC to assist with challenges recruiting bilingual staff. CASRC held a Discovery Meeting with SYHC clinical and administrative leaders. CASRC conducted a review on literature/best practices and drafted a PDSA plan and SMARTIE goals.

SMARTIE GOALS

Primary Focus	Bilingual staff recruitment: Increased number of bilingual applicants at next open recruitment; include bilingual staff in process and seek applicants with diverse backgrounds.
Secondary Focus	Staff retention: Increase staff tenure 2+ years; engage race/ethnicity/sexual/gender minority staff in the process to support diverse representation.

RECOMMENDATIONS (GOAL 1)

Broaden search to include additional licensures
Internal recruitment/advancement
Expand recruitment publicity
Targeted recruitment
Leverage school partnerships
Financial incentives

RECOMMENDATIONS (GOAL 2)

Exit & Stay interviews
Financial incentives
Increase staff support

Currently Community Research Foundation has two SMARTIE Goals in progress one focusing on the recruitment of staff and the other on staff retention. Throughout the course of their PPIs they completed Literature Review focusing on increasing diversity in the mental health workforce, implemented a Plan Do Study Act (PDSA), stay and exit interview questions. An example of their development is below:

Adapted from SMARTIE Framework by the Management Center
http://www.managementcenter.org/resources/smartie-goals-worksheet

Program Name:	**Community Research Foundation (CRF)**	
Date:	**9/9/2023**	
Goal:	**Bilingual Staff Recruitment**	
S PECIFIC	*What specifically do you want to achieve?*	Increase bilingual applicant pool
M EASURABLE	*How will you know when you've achieved it?*	Receive more bilingual applicants
A CHIEVABLE	*Is it possible to accomplish?*	Yes
R ELEVANT	*Will it improve your program in some way?*	Yes
T IME-BOUND	*What is an appropriate deadline?*	At the next open recruitment
I NCLUSIVE	*How will you include marginalized people into the process?*	Include bilingual staff on the interview panel
E QUITABLE	*How will you include a component of equity to address injustice?*	Seek bilingual candidates of color/diverse backgrounds

CASRC
CYFBHS PPI – SMARTIE GOAL DEVELOPMENT
PAGE 1 OF 3
HHSA
LIVE WELL SAN DIEGO

Program Performance Improvement — SMARTIE Goal Development

Adapted from SMARTIE Framework by the Management Center
http://www.managementcenter.org/resources/smartie-goals-worksheet

Program Name:	**Community Research Foundation (CRF)**	
Date:	**6/9/2023**	
Goal:	**Staff Retention**	
S PECIFIC	*What specifically do you want to achieve?*	Reduce staff turnover
M EASURABLE	*How will you know when you've achieved it?*	Increase in staff tenure 2+ years
A CHIEVABLE	*Is it possible to accomplish?*	Yes
R ELEVANT	*Will it improve your program in some way?*	Yes
T IME-BOUND	*What is an appropriate deadline?*	Ongoing
I NCLUSIVE	*How will you include marginalized people into the process?*	Engage staff of marginalized race/gender/sexual identity in the process
E QUITABLE	*How will you include a component of equity to address injustice?*	Seek to retain staff of marginalized race/gender/sexual identity

Another active PPI focusing on Adult Substance Use Disorder Services is HSRC. A summary of progress is provided below:

Program Performance Improvement — Summary of Progress

Program Name	HSRC
Start Date	8/25/2023
Estimated End Date	n/a

BACKGROUND

As part of the ongoing SDCBHS mission to support providers, improve quality, and enhance services, HSRC is actively available as a resource for quality improvement for active programs within SDCBHS system of care.

Robert Cook, the Executive Director of Heartland House, contacted HSRC to help develop a survey to identify the strengths and areas for improvement of their treatment program, with special considerations for the EBT of interactive journaling, mindfulness and tailored services provided at Heartland House.

AREA/S OF FOCUS

Primary Focus	Identify survey domains and questions
Secondary Focus	Draft discharge survey to pilot
Tertiary Focus	Draft intake survey to pilot and data collection process

MEETINGS HELD

MEETING DATE	MEETING TITLE/TOPIC	ATTENDEES
1/10/2024	PPI Meeting	Kimberly Center, Robert Cook
1/30/2024	PPI Meeting	Kimberly Center, Robert Cook

In the Children and Youth care a PPIs is active with San Diego Unified School District, Mental Health Resource Center (MHRC). The focus of this PPI is for MHRC to engage with the University of San Diego to assist with challenges related to the Consumer Perception Survey. Below is an example of a summary of progress.

Program Performance Improvement — Summary of Progress

Program Name	San Diego Unified School District, Mental Health Resource Center (MHRC)
Start Date	5/20/2022
Estimated End Date	6/30/2024
BACKGROUND	
MHRC engaged UCSD to assist with challenges related to the Consumer Perception Survey (CPS).	

AREA/S OF FOCUS	
Primary Focus	Reduce client/staff burden related to the CPS (COMPLETE)
Secondary Focus	Increase utility of client feedback to program (IN PROGRESS)
Tertiary Focus	

MEETINGS HELD		
MEETING DATE	MEETING TITLE/TOPIC	ATTENDEES
2/7/2024	SOCE PPI workgroup	Amy Chadwick, Tiffany Lagare
3/20/2024	SOCE PPI workgroup	Amy Chadwick, Emily Trask, Tiffany Lagare
3/26/2024	PCOMS usage & reporting discussion	Amy Chadwick, Nikki Stanaitis (Chief Clinical Officer, New Vista)

b. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs).

II D b. SDCBHS requires its service providers to comply with the facility standards to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds, as required in Statements of Work. Contractors' facilities must meet all related state and local requirements, including the requirements of the Americans with Disabilities Act (ADA) and California Title 24.

In addition, contractors shall comply with all applicable provisions of the OPOH and SUDPOH. The specific requirement for facilities: *To present a welcoming appearance to unique communities, providers are required to ensure that their facility is comfortable and inviting to the area's special cultural and linguistic populations.*

E. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and/or partnerships, such as primary care and in community settings. (The County may include evidence of a study or analysis of the above factors, or evidence that the County program is adjusted based upon the findings of their study or analysis.)

II E. Through MHSA, SDCBHS has funded programs that include co-location of services and/or partnerships with primary care services in non-threatening community settings, as well as non-traditional behavioral health settings to better connect with ethnic/racial groups who are often more comfortable seeing their family doctor. These efforts include:

Health Center Partners (previously Council of Community Clinics) is comprised of 17-membership organizations including 13 federally qualified health centers (FQHCs), 3 Indian Health Services Organizations, both urban and sovereign, and Planned Parenthood of the Pacific Southwest. Our members collectively serve 917,000 unduplicated patients each year, for 3.9 million patient visits each year, at 160 practice sites across San Diego, Riverside, Imperial counties, with the seventh largest provider group in the region.

In FY 2022-2023, the Primary Care and Behavioral Health Integration Project managed by Health Quality Partners (a subsidiary of Health Center Partners) served 767 unique SDCBHS clients in San Diego. During that time, the clients served by that project can be described as follows:

- The majority (72%) of the clients served identified as Hispanic/Latino, 20.5% identified as White, 1.5% identified as Black/African American, 1% identified as Asian, and 4% did not report their ethnicity.
- 72% identified as female and 28% identified as male.
- 71% reported Spanish as their preferred language.

- 16% of clients were between the ages of 18-29, 23% between 30-39, 29% between 40-49, 23% between 50-59 and 9% were 60+.
- Clients were treated for the following behavioral health conditions: Anxiety Disorders (43%), Depression Disorders (37%), Adjustment Disorders (14%), Alcohol and Other Substance Use Disorders (1%), Psychotic Disorders (1%), Bipolar Disorders (1%), ADD/ADHD (1%) and Other Disorders (2%).
- Clients received a total of 3836 visits for therapy and medication management.

San Diego Youth Services encompasses a family-focused approach that engages families in their child's school success. School-based interventions are coordinated and designed to improve school climate, educational success, and child/parent social and emotional skills. The program focuses on school-age children and their families, as well as underserved Asian/Pacific Islanders and Latinos to reduce family isolation and stigma associated with seeking behavioral health services, increase resiliency and protective factors for children, reduce parental stress, and improve school climate for children to thrive at school. Services include: Positive Behavioral Support (PBS), screening and early identification of at-risk children, community outreach to families, and education and support.

SmartCare (Vista Hill) prevents patients in rural community clinics from developing an increased level of behavioral health issues, severe mental illness, or addiction. SmartCare specifically focuses on children, adolescents, transition-age youth, adults, and older adults in community clinics located in the rural areas of San Diego and provides assessment and short-term interventions in rural community clinics for individuals who may be at risk for or in the early stages of mental illness. Services include assessment, brief intervention, education, and mobile outreach.

Project In-Reach primarily focuses on at-risk Black/African American and Latino citizens who are incarcerated adults or Transition Age Youth (TAY) at designated detention facilities and will be released in San Diego County. Project In-Reach program is designed to help incarcerated individuals with substance abuse and/or mental health disorders as they prepare for re-entry into the community by becoming educated about addiction and learning new coping mechanisms. Project In-Reach can also assist in the successful linkage to community resources and services pre and post-release, guiding in the transition process and assisting in a positive new beginning.

Native American Integrated Services in San Diego County has integrated mental health services into primary care settings targeting Native Americans. Examples of programs that target prevention and early intervention for Native Americans are:

- The **Southern Indian Health Council, Indian Health Council, and San Diego American Indian Health Center** provide primary health, dental, specialty, and specialized culturally appropriate behavioral health Prevention and Early Intervention (PEI) services to the American Indian/Alaska Native (AI/AN) community in East San Diego County. They all focus on at-risk and high-risk children, TAY, adults and older adults, and aim to increase community involvement and education through services designed and delivered by Native American community members.
- **San Diego American Indian Health Center** The PEI Program at Indian Health Council develops and implements culturally appropriate educational programs to promote mental health and suicide prevention among American Indians/Alaskan Natives (AI/AN) within the service area. This includes the provision of Mental Health First Aid classes within a cultural framework to build mental health literacy, create awareness and reduce the stigma associated with asking for help. This

approach recognizes and honors the unique experiences, values, and beliefs of the AI/AN culture which can differ from mainstream mental health practices. The framework provides a safe and inclusive environment for individuals to openly discuss mental health concerns and receive support. It also acknowledges the role that historical and intergenerational trauma plays and the impact on mental health. By delivering the training in a culturally sensitive way individuals are more likely to seek help and encourage others to seek help which allows mental health practitioners to provide more effective support and resources. This approach can also empower community members to identify and address mental health concerns among their peers and provide culturally relevant support. During this contract year, the PEI Program provided Youth Mental First Aid training on 8/11/23 with attendees from the afterschool tribal youth programs from Rincon, San Pasqual, and Pala. This really helped keep the content current and allowed the group to network and discuss real concerns and community specific issues. In addition, the PEI Program provided Adult Mental Health First Aid (MHFA) trainings on 9/15 and 9/22/23 for staff, community members, and community partners. Overall, MFHA training provides basic knowledge about mental health disorders so that you can recognize signs and symptoms and learn to recognize that a disorder may be developing. MHFA teaches about *recovery* and resiliency – the belief that individuals experiencing these challenges can and do get better and use their strengths to stay well. Participants role played various scenarios and learned how to create action plans (ALGEE) to help a person in a mental health crisis. The 5-step action consists of: **A**ssess for risk of suicide or harm, **L**isten nonjudgmentally, **G**ive reassurance and information, **E**ncourage appropriate professional help, and **E**ncourage Self-help and other support strategies. In summary, delivering a culturally competent curriculum fosters a greater sense of community support and understanding of mental health challenges. The AI/AN community has a rich history of healing practices that are deeply rooted in their culture and spirituality. By embracing cultural perspectives, participants can learn to better navigate mental health issues while staying connected with heritage and traditions.

SDCBHS continues to work with NAMI in their outreach with the community on reducing mental health stigma. NAMI San Diego has continued their outreach work within the community regarding mental health stigma through events such as the NAMI 5K walk, an event aimed to raise awareness about mental illness, and the annual Children and Youth's Mental Health Well-Being Celebration at the ARTS Center in National City. The free event featured food, art, giveaways, and fun activities focused around the year's theme,. Additionally, their program, In Our Own Voice, also allows community members and those with lived experience to share their stories of recovery with others. NAMI has several programs that support clients and provide mental health resources, with new notable additions such as PeerLINKS, Side-by-Side, and the NAMI San Diego Tech Café.

ADAPTATION OF SERVICES

III. Quality of Care: Contract Providers

A. The County shall include the following in the CCPR:

Evidence of how a contractor's ability to provide culturally competent mental health services is taken into account in the selection of contract providers, including the identification of any cultural language competence conditions in contracts with mental health providers.

III A. As discussed in Section II.D. above, provider contract language contains the Standard Service Delivery Requirements evidence of programs that service a diverse community with culturally competent services include:

> *"Contractor shall demonstrate knowledge and application of the MHSA Gap Analysis when describing the target population, with specific reference to culturally diverse populations in the geographic area who suffer from health access disparities."*

Diversity is sought in the Source Selection Committee (SSC) reviewing all proposals received. Input and feedback are also sought in Industry Days for draft SOWs, as well as in stakeholder and community forums. Client and family focus groups provide input and feedback as well.

SDCBHS expects proposers to demonstrate a high level of achievement as an agency in providing culturally competent and culturally relevant services through the submittal requirement in the Requests for Proposals (RFPs) process. Proposers are also required to describe how the work specified in the Statement of Work, including meeting cultural competence requirements, will be accomplished.

SDCBHS focused on minimizing the bureaucratic impact on providers. The executives regularly met with MHS and SUD providers through the Mental Contractors Association of San Diego (MHCA) and the Alcohol & Drug Services Provider Association (ADSPA). MHCA represents the interest of San Diego County mental health contractors, while ADSPA is comprised of SUD providers, both groups are focused on increasing and maintaining the quality of services by meeting the service needs of San Diego County residents. The SDCBHS executives meet with both groups to strategize the current issues and concerns of providers. The primary concern over the past year has been the recruitment of culturally and linguistically diverse staff. As mentioned in the PPI section these concerns are being addressed efforts include conducting with a local behavioral health provider to address their ability to recruit and retain diverse staff.

During a CCRT meeting, stakeholders discussed how a contractor's ability to provide culturally competent behavioral health services is taken into account in the County's selection of contract providers. It was suggested that SDCBHS conduct contractor forums to seek out providers that do not usually contract with the County. In addition, there should be more flexibility with the background investigation during the hiring process, specifically for those with lived experiences. For example, in peer-to-peer programs, the lived experience is what makes the individual more qualified for the position, but the lived experience can hinder them from being hired due to the background investigation requirements. Continuing with the example of Peer Support Specialist positions, it was recommended to adjust the culture of productivity in the workplace for such employees. The amount of required paperwork at the time of hire can also be overwhelming for the

Peer Support Specialist. However, in discussions, it was also realized that there is a balance required since peer employees should not be treated differently than other employees and should not have special accommodations based on their roles. It was also recommended that supervisory training courses on how to supervise Peer Support Specialists be required for all programs that employ peers. The training should focus on those who supervise and/or are looking to hire Peer Support Specialists and would cover the essence of Peer Support, provide insight into Peer Employment Training, and assist employers in recruiting and retaining Peer Support Specialists.

Another suggestion was regarding the age group after TAY. It was suggested to develop programs that specifically target the age group 26 to 35 years. Such programs will allow individuals who age out of the TAY services a place to go and serve as a seamless transition from TAY services. A specific need was identified for clubhouse services for clients 26 to 35- years old, as the non- TAY clubhouses tend to attract an older population. The community also suggested enhancing interpreter-led educational groups, which would focus on addressing mental health stigma and the communication of mental health issues in different cultures. Additionally, the importance of focusing on outreach to individuals who have not yet connected with SDCBHS programs was also discussed.

Stakeholders also discussed the County's policies, procedures, and practices to assess the quality of care provided for all consumers. One suggestion was to examine how the County can minimize the bureaucratic impact on providers, such as required paperwork. A second recommendation was regarding quality assurance for SDCBHS. The community discussed that there should be an evaluation process for SDCBHS to ensure that its policies are culturally competent. It was also suggested that in Requests for Proposals (RFPs), there should be specific line items for compensation for speaking additional languages versus allowing Offerors to include bilingual incentives but not requiring it. Lastly, there was concern expressed over the utilization management processes needing to occur after every thirteen individual treatment sessions for children and youth (the short-term treatment model) and suggested reevaluating the model.

With the community input received, the SDCBHS will focus on the implementation of Collaborative Documentation to assist with the reduction of paperwork by incorporating the documentation of required information into each session. Collaborative Documentation is a model that supports recording services on appropriate forms in cooperation with the person served, such as during the service for service planning and diagnostic assessments, and at the end of the service for Progress Notes. With this model, it is suggested that there are higher levels of client engagement with treatment, as client involvement with the full process can expand the clinical discussion and the treatment is more individualized and person-centered. In addition, this model ensures the accuracy of documentation and reduces documentation load.

With the community input received, SDCBHS will focus on collaborating with CORs to encourage participation in supervisory training.

The Cultural Competence Handbook states:

- **Cultural Competence Plan**
  To address these issues in the Cultural Competence Plan, the SDCBHS set the following objectives to improve cultural competence in the provision of behavioral health services:

As stated in the contracted Statements of Work, the following standards are required:

- Continue to conduct an ongoing evaluation of the level of cultural competence of the mental health system, based on an analysis of gaps in services that are identified by comparing the target population receiving mental health services to the target population receiving the Medi-Cal and the target population in the County as a whole.
- Continue to compare the percentage of each target population with provider staffing levels.
- Investigate possible methods to mitigate identified service gaps. Enhance cultural competence training systemwide.
- Evaluate the need for linguistically competent services by monitoring the use of interpreter services.
- Evaluate system capability for providing linguistically competent services through monitoring organizational providers and Fee-for-Service (FFS) capacities, compared to both threshold and non-threshold language needs.
- Study and address access to care issues for underserved populations.

- **Current Standards and Requirements**
  To meet State and County requirements, providers are required to maintain and reflect linguistic and cultural competence through all levels of their organization and in their policies, procedures, and practices. Providers must ensure that program staff is representative of and knowledgeable about, the clients' culturally diverse backgrounds and that programs are reflective of the specific cultural patterns of the service region.

As discussed previously, the National CLAS Standards have replaced the Culturally Competent Clinical Practice Standards. All Statements of Work include the language on the requirement of the programs to implement the CLAS Standards. The CLAS Standards are a series of guidelines that are intended to inform and facilitate the efforts toward becoming culturally and linguistically competent across all levels of a healthcare continuum. The CLAS Standards were originally developed by the Health and Human Services Office of Minority Health and are comprised of 15 standards.

The standards are as follows:

Principal Standard:

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

Governance, Leadership, and Workforce:

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

Communication and Language Assistance:

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

Engagement, Continuous Improvement, and Accountability:

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

ADAPTATION OF SERVICES

IV. Quality Assurance

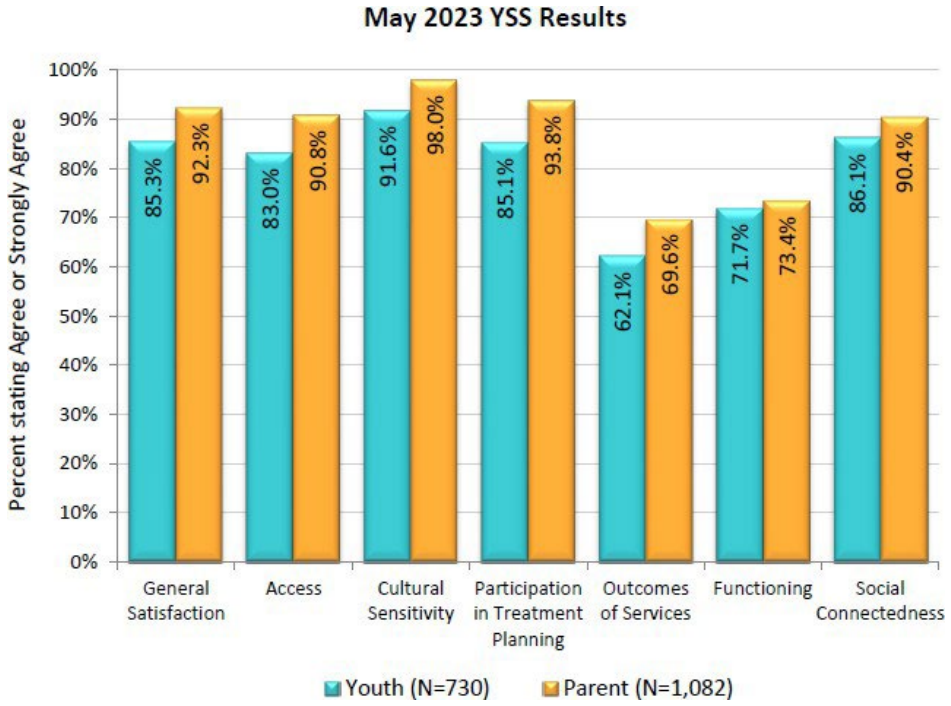
Requirements: *A description of current planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:*

The County shall include the following in the CCPR:

A. List if applicable, any outcome measures, identification, and description of any culturally relevant consumer outcome measures used by the County.

IV A. One way to ensure that services are responsive to consumer needs is to collect information from the clients about their satisfaction with services and their perspectives on the quality of services. Data on consumer satisfaction is collected through the semi-annual Youth Services Survey (YSS) which is completed by all youth (ages 13+) and parents/caregivers and the Mental Health Statistics May 2023 was the third hybrid administration (electronic and paper form options) of the YSS in San Diego County. The number of completed surveys with usable data increased from 67% (1,371 of 2,051) in May 2022 to 74% (1,812 of 2,457) in May 2023. In FY 2022-23 the YSS was administered

to clients during one 1-week period in May 2023; data from 1,812 completed surveys were analyzed. Parents and youth were most satisfied with the *Cultural Sensitivity* domain.



The Mental Health Satisfaction Improvement Program (MHSIP) Survey, which is completed by adults and older adults (ages 18 and older). In Spring 2023 half of the consumer who participated in the survey were male. Each racial/ethnic group was represented in the Spring 2023 survey period, with NH White, Hispanic, NH Multiracial, and NH Black/African American persons representing 88% of the total population surveyed (39%, 30%, 10%, and 9%, respectively). The survey yielded the following results on the cultural and linguistic competence of the programs and services:

MHS State Survey Question	YSS "Agree/Strongly Agree" Responses		MHSIP "Agree/Strongly Agree Responses" Adult/Older Adult Clients (N=2,377)
	Youth Clients (N=730)	*Family Members* (N=1,082)	
Staff we sensitive to my cultural/ethnic background	82.80%	97.50%	87.90%

Data on consumer satisfaction continues to be collected for youth and adult clients through the Youth Treatment Perceptions Survey (TPS) and the Adult Treatment Perceptions Survey (TPS). The Adult Treatment Perception Survey (TPS) is an annual state-mandated survey administered to any client served by a Substance Use Disorder (SUD) Perinatal or Adult program. Clients report their degree of satisfaction with SUD services received. In FY 2022-23 the TPS was administered in October 2022. Data from 300 completed surveys collected at Perinatal SUD programs were analyzed. The Youth Treatment Perception Survey (TPS) is also an annual state-mandated survey administered to any client 18 years old or younger served by a Substance Use Disorder (SUD) Teen Recovery Center (TRC)

program. Youth clients report their degree of satisfaction with SUD services received. In FY 2022-23 the TPS was administered in October 2022. Data from 72 completed surveys were analyzed.

SUD State Survey Question	Youth TPS "Agree/Strongly Agree" Responses *Youth Clients* (N=80)	Adult TPS "Agree/Strongly Agree Responses" *Adult/Older Adult Clients* (N=1,781)
Staff we sensitive to my cultural/ethnic background	76.30%	86.90%

B. Staff Satisfaction: A description of methods, if any, used to measure staff experience or opinion regarding the organization's ability to value cultural diversity in its workforce and culturally and linguistically competent services; and

IV B. Cultural and Linguistic Competence Policy Assessment (CLCPA)
One of SDCBHS' quality improvement strategies is to survey all programs to assess for culturally competent service provisions. Accordingly, all County and County-contracted programs are required to complete the CLCPA on an annual basis. The CLCPA was implemented in October of 2017. It was developed by Georgetown University's National Center for Cultural Competence and was adapted by SDCBHS to be used by programs to evaluate their perception of their programs' cultural and linguistic competence. The CLCPA is based on expectations and standards recommended by the Cultural Competence Resource Team (CCRT) and aligned with the CLAS Standards.

The CLCPA was most recently distributed to program managers in February 2023 with the next CLCPA being administered in February 2024. CLCPA assesses levels of understanding around organizational policies and practices that promote a culturally diverse and competent service delivery system. Latest assessment results show the majority of the respondents were in a Program Manager or Program Director role (55% and 37%, respectively). About 8% of respondents indicated that they held another position at the program. The respondents indicated that they are fairly or very familiar with the diverse communities and the demographic makeup of their service areas (Section 1), continuing the trend from the previous year. The majority of respondents indicated support for cultural competence in the overall organizational philosophy most of the time or all the time (Section 2), continuing the trend from the previous year. There was a relatively wider distribution of levels of personal and program staff involvement in the communities' culturally diverse activities (Section 3). The majority of respondents reported collaborating with community-based organizations to address the health and mental health needs of culturally diverse groups in their service area (Section 4). About 4-12% of respondents indicated that their organizations do not have procedures to achieve the goal of a culturally and linguistically competent workforce that includes either staff recruitment, hiring, retention, or promotion (Section 5). While the organizations' staff are reported as relatively diverse culturally and linguistically, respondents indicated that the Executive Management and Physicians staff are the least diverse (Section 5). Less than half of survey respondents reported their programs never or seldom use interpretation services personnel. About 30-40% of respondents indicated that they regularly use interpretation services personnel, and about half of the respondents indicated that

their organizations regularly evaluate the quality and effectiveness of these services. (Section 7).

The Promoting Cultural Diversity Self-Assessment (PCDSA)

The self-assessment is administered every two years to all County-contracted and County- operated staff with a goal to heighten the awareness and sensitivity of program staff to the importance of cultural diversity and cultural competence. Staff scores should show incremental improvement as they learn about various cultural groups via available training opportunities. The PCDSA was implemented in SDCBHS in 2020, with the next scheduled for October, 2024.

In October 2022, the SDCBHS Population Health unit requested each contracted Mental Health Services (MHS) and Substance Use Disorder (SUD) program managers to distribute the survey to their organization and complete the survey. A total of 1,393 respondents completed the survey: 1,035 for MHS and 358 for SUD. The PCDSA supports the SDCBHS' commitment to a culturally competent workforce and upholds the guidelines described in the Cultural Competence Plan and Handbook. The largest disparity in the results between MHS and SUD staff's responses are in the area of language assistance, reflecting a greater need in SUD. The report also examines the demographics of the staff responding to the individuals served in the BHS system to align with the National CLAS Standards (#3).

The results show:

- The majority of staff survey respondents answered "Things I do occasionally " or "Things I do frequently ".
- Section 1, questions 1 to 5 (pertaining to Physical Environment, Materials, and Resources) reflect the greatest need overall.
- Question 4 (pertaining to offering food that is unique to the community's ethnic group) shows the most need - 15% of respondents answered "Did not occur to me ".
- The greatest disparity between MHS and SUD staff responses is reflected in the results for questions that pertain to Section 2, the use of language assistance, reflecting a greater need in SUD. A total of 8% of MHS respondents answered "Things I do rarely or never " to Question 9 (pertaining to the use of multilingual staff) compared to 15% of SUD respondents.

Mental Health and SUD Entity Cultural Competence Plans

In August 2019, MH and SUD legal entities were required to submit Cultural Competence Plans to outline current status and future goals for cultural competence within their organizations. The QI Unit formed a committee to evaluate the plans, note any innovative practices, and provide feedback on any areas which might benefit from enhancement (CCP Review Guidelines). The committee focused on how the entities tailor services to reflect ethnic, racial, cultural, and linguistic profile of their unique service areas, as well as plans for addressing and reducing any service disparities affecting the programs.

C. Grievance and Complaints: Provide a description of how the County mental health process for Medi-Cal and non-Medi-Cal client Grievance and Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.

IV C. The Organizational Provider Operations Handbook (OPOH) and Substance Use Disorder Provider Operations Handbook (SUDPOH) outlines the Beneficiary and Client Problem Resolution Policy and Process to establish procedures for the monitoring of the Mental Health Plan (MHP) and

Drug Medi-Cal Organized Delivery System (DMC-ODS) plan and Beneficiary and Client Problem Resolution Process; to ensure that client rights are maintained to their fullest extent; and to ensure MHP and DMC-ODS plans are in compliance with federal, state, and contract regulations.

The SDCBHS QI Unit is responsible for monitoring grievances, appeals, expedited appeals, and State Fair Hearings emanating from usage of the Beneficiary and Client Problem Resolution

Process in order to identify trends and issues and make recommendations for needed system improvements. The QI Unit submits any required reports on grievances, appeals, expedited appeals, and State Fair Hearings to the DHCS on an annual basis and as required.

In order to ensure all client needs are met, unbiased contractor programs are available for clients to receive information about their inpatient and/or outpatient mental health services. Examples of contractor programs are below:

- **Jewish Family Service (JFS) Patient Advocacy** provides support for all inpatient mental health services. JFS Patient Advocacy represents patients in inpatient psychiatric hospitals, responds to inpatient psychiatric grievances and complaints, provides residential advocacy, responds to inmate mental health concerns, advocates for minors' rights, and provides trainings. The Patient Advocacy Program works to improve the mental health system by monitoring San Diego County hospitals, reviewing and commenting on policies and practices which affect recipients of mental health services, providing consultation and generating policy questions for the State Office of Patients' Rights, coordinating with other advocates for system reform, analyzing state and federal legislation and regulatory developments, and representing clients' interests in public forums.
- **Consumer Center for Health Education and Advocacy (CCHEA)** provides clients with information about their health plans and educates them about their rights, including information on the Affordable Care Act (healthcare reform) and how it affects them. The program also helps to advocate for those who have had their health services denied, reduced, or terminated, or who are unhappy with their health services and provides investigation of mental health patients' complaints. CCHEA is designated by SDCBHS as patients' rights advocate for outpatient mental health services.

SDCBHS contracts with these advocacy programs to provide services to consumers in MHP/DMC-ODS plans at inpatient, outpatient, and residential facilities, as well as other types of mental health and substance use disorder programs.

Quality Management Teams within the SDCBHS QI Unit prepare a summary of grievances, appeals, expedited appeals, and State Fair Hearings on a semi-annual basis. Additionally, the SDCBHS QI Unit compiles grievances and appeals received by JFS and CCHEA and developed a quarterly dashboard for review at the Quality Review Council (QRC) meetings. The Grievances and Appeals dashboard summarize the total grievances received, grievances resolved, appeals received, and appeals resolved. The quarterly dashboard also provides the count per quarter number of grievances received in the following categories for MH system of care: Access to Care, Quality of Care, Change of Provider, Confidentiality, and Other, as well as the following categories for SUD system of care: Access to Care, Quality of Care, Program Requirements, Enrollee's Rights, Relationship Issues, and Other.

CRITERION 8 THREE-YEAR STRATEGIC GOALS FOR FY 2021-24:

Enhance behavioral health services care coordination by developing regional hubs. **This goal was met for FY 2021-24.** The County has added a community engagement manager and a language services manager to the County Communications Office to ensure all departments and programs are embedding engagement into their operations, communicating in a way that is easy to understand for all. The new Engage San Diego County online tool is a Community Engagement "hub" where interested citizens can become aware, informed, and engaged on a wide variety of projects and programs. Opportunities include fórums; surveys spaces to give ideas and feedback; FAQs; project Information; and polls. People can register to get notifications and updates, which allow residents to engage when it is most convenient for them on the topics they care about. Another development was established by the County of San Diego implementing demographic profiles for all six regions a compilation of information relating to demographic characteristics of specific populations in San Diego County, including SDOH. Each profile contains demographic data for each HHSA Region and subregional area (SRA), including age, gender, race/ethnicity distributions, school enrollment, educational attainment, income, occupation, housing, and other SDOH. These six profiles are designed to help HHSA staff in each of the Health and Human Services Regions (Regions) and other local organizations, including Live Well San Diego recognized partners, identify, and prioritize needs within their communities.

Enhance the role of peer and family partners within recovery and wellness programs. **This goal was met for FY 2021-24.** The National Alliance on Mental Illness (NAMI) San Diego promoted additional training and venues for peer and family discussions and enhanced the role of peer and family partners within recovery and wellness programs. Peer Programs such as NAMI Next Steps and PeerLinks have reduced hospital readmission and fostered stronger community connections. An example is the peer support specialist at Next Steps who draws upon their own lived experiences and helps navigate San Diego County services, creating an environment that empowers participants to achieve their self-defined wellness goals by modeling self-management, supporting clients in developing self-care skills, and connecting participants to vital community resources and services to support their recovery. In the FY 2023-24 MHSA Annual Update report the following recommendations were addressed: utilize peers to provide a diverse and reliable workforce; promote continuity of care for and engagement with patients; hire and train peers to provide health education and disease prevention; support for patients in their communities; combat stigma by working to normalize mental illness among youth and families (e.g., discussions, group therapy peer- to- peer mentorship); and explore the utilization of alternative and non-traditional models of healing, such as peer-driven programs.

Review and enhance language utilized with individuals served throughout the system of care to ensure sensitivity and inclusivity. **This goal was met for FY 2021-24.** The services were enhanced by increasing the threshold languages in the County of San Diego. The current threshold languages are English, Tagalog, Spanish, Arabic, Persian (Farsi and Dari), Somali, Korean, Mandarin (Chinese), and Vietnamese. These recently expanded over the past fiscal year. Translation services are also available in American Sign Language (ASL).

Evidence in The Language and Interpreter Services Report data indicated that 43,169 services were provided in Spanish and the second most common language was Arabic, providing 3,212 services.

CRITERION 8 THREE-YEAR STRATEGIC GOALS FOR FY 2024-27:

Over the next year, conduct at least one annual training to educate stakeholders on how to access data to help inform program planning/development.

Over the next three years, SDCBHS will focus on the adaptation of the workforce to meet the growing needs by expanding nursing in the psychiatric field as demonstrated by a 5% increase of nursing staff.