Cultural Competence Plan and Three-Year Strategic Goals FY 2025-26

Introduction

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 time 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 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.	In Progress
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.	In Progress
	• 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.	In Progress
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.	In Progress
	• 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	In Progress

	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.	In Progress
	• Over the next three years, CCRT will collaborate with BHS in the development of a tool to guide legal entities in the development of their cultural competency plan, and provide feedback on selected submitted plans as evidenced by the inclusion of this tool in the SDCBHS Cultural Competence Handbook.	In Progress
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.	In Progress
	• 100% of SDCBHS staff and contracted providers will complete four hours of cultural competence training activities.	In Progress
	• 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.	In Progress
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.	In Progress

	• 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.	In Progress
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.	In Progress
	• 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.	In Progress
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.	In Progress
	• 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.	In Progress

ACKNOWLEDGEMENTS

Health and Human Services Agency (HHSA)
Dr. Elizabeth Hernandez, Interim Deputy Chief Administrative Officer
Patty Kay Danon, Chief Operations Officer

County of San Diego Behavioral Health Services (BHS)
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Population Health Unit
Dr. Nicole Esposito, Chief Population Health officer

Cultural Competence Resource Team (CCRT)
Chair: Piedad Garcia
Co-Chair: Charity White-Voth

Public	Public	Providers	Private
Piedad Garcia Chair/Ethnic Services Manager Charity White-Voth (co-chair) Natanya Glezer Liz Miles Jennifer Rusit Andrea Duron Augusto Eduvala Pamela Meza Edith Mohler Danyte Mockus-Valenzuela Angie Solom	Bahar Berens Spshelle Faith Gordon Jasmine Tavarez Lauren French Emmanuel Molin Linda Puebla Carmen Pat	Rosa Ana Lozada Ingrid Alvarez-Ron Rick Heller Mahvash Alami Rad Fardosa Osman Rebecca Paida Robert Cook, SU Brian Bauers Judi Holder Zoe Kornweibel Kacie Rodvill Robert Cook Melissa Penaflor	Stacy Thompson Kat Katsani-Semel **Family** Celeste Hunter Ingrid Alvarez-Ron Nathaly Martinez **Education** Juan Camarena Shane Padamada Erick Mora Wanjiru Golly Michelle Kamau

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

Criterion 1 – Commitment to Cultural Competence

Criterion 2 – Updated Assessment of Service Needs

Criterion 3 – Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Behavioral Health Disparities

Criterion 4 – Client/Family Member/Community Committee: Integration of the Committee Within the County Behavioral Health System

Criterion 5 – Culturally Competent Training Activities

COMMITMENT TO CULTURAL COMPETENCE
• **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, 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 & 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 ensure 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. System of Care Councils (SOC) are being restructured for FY 2025-26.
- 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 (OPOH) and Substance Use Organizational Provider Handbook (SUDPOH)

SDCBHS maintains the OPOH and SUDPOH Cultural Competence sections, which are addenda to all mental health and substance use 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.
- Please note that as of 5/12/25, per BHIN 25-019, all BHP's shall require staff who are in direct contact with members whether oral, written, or otherwise in the delivery of care or member services, including providers directly employed by the BHP (staff working in county owned and operated facilities) to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as Transgender, Gender Diverse or Intersex (TGI). This training may be developed in conjunction with existing cultural competency training. (OPOH H.7)

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.7).
- 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.8).

As of December 2013, each legal entity, which includes both mental health and SUD providers, are required to have a Cultural Competence Plan that demonstrates the policies and practices of culturally competent services for both mental health and substance use disorder services. The full OPOH and SUDPOH are linked at the Optum website (SMH & DMC-ODS OPOH and SUDPOH (Optum San Diego)).

The County of San Diego is Committed to Diversity and Inclusion

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 creates collaborative, strategic and welcoming environments to foster a sense of belonging at the County. The EDI division focuses on the areas of recruitment, professional development and career advancement. EDI's past 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. The Office of Equity and Racial Justice supports leadership and communities across the County with over 150 Justice, Equity, Diversity and Inclusion liaisons working to design bold policies and practices to advance equity in County operations.

In Fiscal Year 2022-23, the County introduced a biennial employee engagement survey administered by an external organization to help identify ways to strengthen inclusion and foster a sense of belonging. Beginning July 1, 2023, the County also implemented blind applicant screening for all new hires, removing personal identifiers – such as name, contact information, address, gender, age, and race – to reduce potential bias in the hiring process.

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

- The Department of Human Resources: Equity, Diversity, & Inclusion (EDI) division within

- Human Resources creates collaborative, strategic, and welcoming environments to foster a sense of belonging. The EDI division focuses on the areas of recruitment, professional
- development and career advancement.
- Diversity and Inclusion Executive Council: The council is comprised of County leaders who are appointed by the Chief Administrative Officer. The Council provides enterprise-wide guidance, establishes priorities, sets strategic visions, and serves as role models and champions of diverse perspectives and inclusive behaviors. By guiding the County's Diversity & Inclusion strategy, the Council works to ensure a culture of belonging is at the forefront of leaders throughout the organization.
- 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 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 EDI Digest: The County of San Diego, EDI Champions launched the Neurodivergent Excellence Initiative (NEI) to promote neuro-inclusion in the workplace. The NEI offers information and resources on neurodiversity, terminology, education, TED talks, FAQs and more for all County employees. It focuses on three main strategies to create a more inclusive hiring process and work environment:
    - Collecting data and encouraging interaction to build understanding
    - Providing employee training
    - Developing departmental work plans
- Office of Equity and Racial Justice (OERJ): Host training focused on Justice, Equity, Diversity and Inclusion (J.E.D.I). Staff who participate in these training courses 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 their equity goals.
- Employee Resource Groups (ERGs): Are voluntary, employee-led, non-profit organizations that are sponsored by County executives and guided by Cultural Awareness and Appreciation, Professional Development, Partnerships, and Recruitment, Retention, & Outreach. These fundamental partners create efforts to cultivate community and build bridges for opportunities.

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, which 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 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, and 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.

- **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 widespread and include all the following components:

Community Program Planning (CPP) Process

The Community Program Planning (CPP) process emphasizes community involvement and participation in the planning of mental health services by providing community members and other stakeholders with the opportunity to identify priorities, provide feedback, and make recommendations on how MHSA funds will be invest4ed to best meet the needs of county residents. It is based on the principle of "nothing about us without us," ensuring individuals and communities directly impacted by mental health issues are actively involved in the decision-making process. Throughout the year, BHS engages in open dialogue with the Behavioral Health Advisory Board (BHAB), System of Care (SOC) Councils, various community-based and stakeholder-led councils and organizations, and individuals in various settings to determine priorities, solicit feedback, and make recommendations for the utilization of MHSA funds. System of Care Councils (SOC) are being restructured for FY 2025-26. BHS facilitates behavioral health community engagement sessions that are open for the public to inform the MHSA Three-Year Plan and subsequent Annual Updates.

Through the CPP, BHS works to ensure the vision of MHSA in which a system for mental health services is equitable, regionally distributed and accessible to all individuals and families within the region who are in need. MHSA funding provides individuals experiencing Serious Mental Illness (SMI) or Social-Emotional Disturbance (SED) with timely access to quality behavioral health care that is responsive to their cultural and linguistic needs. BHS programs serve individuals of all ages, providing support to the County's most vulnerable, unserved and underserved populations. To guide clinical service design and placement, and to ensure effective outcomes are achieved, BHS continues to enhance data integration and health equity

work through the establishment of the BHS Data Sciences and Population Health units. Additionally, BHS has partnered with the University of California San Diego (UCSD) Health Partnership team to develop the Community Experience Partnership (CEP). It is an initiative aimed at identifying and addressing unmet behavioral health needs within the region, as well as the systemic and regional inequities that lead to these unmet needs.

BHS has created infrastructure to conduct ongoing community engagement as part of the MHSA CPP process. BHS solicits feedback from community stakeholders (inclusive of all stakeholder groups as identified in the MHSA) regarding behavioral health needs to gather input on how to better serve those residing in San Diego County and meet the requirements of the MHSA. Community members and other stakeholders are asked to discuss pressing behavioral health issues, suggest ways to better engage and serve the community, as well as brainstorm new programs and services. Input gathered from all stakeholders through various venues is used to inform program planning and help improve MHSA-funded services provided by the BHS system of care.

Stakeholder outreach and engagement through various mechanisms are implemented year-round including BHAB and SOC Council meetings. Six SOC Councils are explicitly designed to generate feedback from multiple stakeholder groups to inform the delivery of behavioral health services for specific target populations. The councils have cross-disciplinary membership and work with system partners to respond to gaps in access to care, to explore new opportunities for collaboration and to provide system and level of care recommendations to the BHS Director. For the FY 2023-24, in addition to year-round BHAB and SOC Council engagement, stakeholder engagement efforts, as part of the CPP process, were implemented through listening sessions, focus groups, and key informant interviews to identify priority and target populations. System of Care Councils (SOC) are being restructured for FY 2025-26.

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 an overarching goal of having the UCSD Health Partnership “go to” (either virtually or in-person) the places and spaces all around the county to facilitate their ability to provide essential input. Full details of the CPP can be found in the Community Engagement Report in Appendix F.

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. Input and engagement activities are held throughout the year and offer opportunities for community members to provide feedback, identify unmet needs and priorities, and make recommendations. 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).

Examples of services offered to children, adolescents, adults and older adults which demonstrate community outreach, engagement and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with behavioral health disparities:

- Acculturation Services (CY-SD)
- Clubhouse (TAOA-SD, ALL-OE)
- Behavioral Health Services for Deaf & Hard of Hearing (ALL-OE)
- Courage to Call
- No Place Like Home (NPLH)
- Survivors of Torture, International (SOTI)
- Screening to Care

- 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 system's planning process for services at all levels of the behavioral health planning process. The following describes these engagement and involvement efforts.

Community Groups

- **Peer Council** - **NAMI** San Diego's Peer Council is a monthly meeting that invites peers and community members to discuss effective ways to improve San Diego's Behavioral Health System of Care. The council collaborates with the public, peers, service providers, organizations, and the County to get perspectives from all sides to find the best solutions for mental health services, outreach, and resources within San Diego County.
- 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 illnesses, treatment, relapse prevention, and living well. It is offered in English and Spanish.

- **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 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.

Community Experience Partnership (CEP)

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.

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 monthly 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. In an effort to make SDCBHS data and the MH systems planning process more transparent with community partners, the CEP is now publicly available data.

- 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.

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 the Academy of Professional Excellence (APEX) Learning Management System (LMS) located on the BHS Workforce Education and Training Website.
- Specific training for the Cultural Responsiveness 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/

The Cultural Responsiveness Academy at San Diego State University (SDSU) Research Foundation offers trainings for professionals designed to foster awareness, knowledge, skill-based training, cultural humility, self-assessments, bias, culture in the workplace and BHS and intersectionalities. Cultural responsiveness training is offered to help professionals work effectively within cross-cultural populations and design organizational change processes to ensure services are culturally responsive. Examples include:

- **Cultural Responsiveness Academy - Behavioral Health Services**
- In this series of 3 classes, behavioral health and substance use treatment program Managers, Direct Service, and Administrative staff will gain specific skills to improve culturally responsive and appropriate services, in order to reduce health disparities and improve health equity in the County of San Diego's Behavioral Health System. Each class will explore and practice action steps that make up the National Standards for Culturally & Linguistically Appropriate Services (CLAS) in Health and Health Care, engaging all 15 across the series. In the first class, self-assessment tools and small group practice will help learners enhance self-awareness to reduce the influence of personal biases and values in working with diverse groups. In the second class, learners will explore communication skills specific to their own work role within a social justice and diversity, equity, and inclusion framework. Finally, in the last class, learners will explore oppression and devaluation in County systemic structures and will use culturally responsive practice tools to build collective power and move towards healing and liberation. By the end of the series, learners will be able to communicate their understanding of the CLAS standards and implement them within their specific role in the San Diego County system of care. Please see Criterion 5 for more information on Culturally Competent training opportunities. (e-learning for everyone)
- **Behavioral Health Services for Deaf & Hard of Hearing** is a program that provides outpatient mental health services, case management, and integrated SUD treatment and rehabilitation services tailored to individuals with SMI who are deaf and/or hard of hearing, to achieve a more adaptive level of functioning. The program includes group or individual sessions, crisis intervention, and referrals to other community-based organizations.
- **Clubhouse – Deaf or Hard of Hearing** is a member-operated clubhouse that provides social skill development and rehabilitative, recovery, vocational, and peer support services for individuals who are experiencing SMI and are deaf or hard of hearing.
- **Middle Eastern Services** are now contracted through UPAC Multicultural Community Counseling which is an outpatient behavioral health program providing a full range of outpatient diagnostic and treatment services for children, adolescents, and young adults up to age 21. Additionally, acculturation/welcoming groups are available to Middle Eastern's, inclusive of Chaldean, refugees or immigrant students in pre-approved East County schools. As a result of trauma, immigration, displacement, and cultural changes, the Middle Eastern students are provided behavioral health services to assist in their adjustment at school and in a new cultural environment.
- **Accessible Depression and Anxiety Peripartum Treatment (ADAPT)** program provides outpatient mental health treatment services for pregnant women, adolescents and new mothers experiencing peripartum depression or anxiety. Program services include individual, group, and family therapy, crisis intervention, case management/care coordination, medication services, peer support and services for individuals with co-occurring mental health and substance use needs. ADAPT works closely with Public Health Nursing programs such as Maternal Child Health and Nurse Family Partnership to provide comprehensive and supportive care for prepartum individuals at high risk, including offering consultations and case conferences for program participants with

complex needs. ADAPT services are accessible for diverse populations, in person and by telehealth.

- **Our Safe Place** is a behavioral health services program for Lesbian, Gay, Bisexual, Transgender, Questioning + (LGBTQ+) youth. It offers outpatient specialty mental health services for LGBTQ+ youth. Additionally, the program has five drop-in centers throughout the county that offer supportive services. Focus is on 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.
- 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.

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.

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 Family/Youth Liaison (FYL)** program had the primary duty of coordinating and advancing family/youth professional partnerships in the CYF SOC. The FYL Director worked closely with the Children, Youth and Families System of Care 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.
- **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.

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

II D. Behavioral Health Services Community Engagement FY 2024-25 Annual Report Update

Listening sessions were developed and conducted by the UC San Diego Health Partnership as structured feedback activities in all the regions at varying event locations (i.e., existing community meetings, libraries, Live Well San Diego spaces, etc.). These listening sessions took a variety of forms and reached a wide range of audiences. Collectively, the FY 2024-25 community engagement activities included 13 key informant interviews, 8 focus groups, and 10 listening sessions, engaging over 400 people. Learnings from all the engagement activities were robust, resulting in key findings and themes that were persistent among participants across engagement activities. The five major findings that were salient across all engagement activities are highlighted below:

- Lack of healthcare access and support systems
- Lack of housing and behavioral health beds
- The value of culturally competent services
- The need for continued community engagement
- The importance of valuing community input on behavioral health services

Participants emphasized the strength and resilience within San Diego's diverse communities throughout all engagement activities. The importance of community input on behavioral health services was highlighted, with emphasis on the need for BHS to not only collect but to act on the provided input. Community members also value the community engagement efforts led by UC San Diego Health Partnership and in collaboration with BHS. Providing participation incentives was a theme for ensuring authentic reach and value for unserved or underserved key populations. In response to feedback received by participants and to ensure a thorough representation of each of the communities involved in the engagement activities, community-specific findings were also summarized and shared in the Appendix F-Community Specific

Findings. The summary highlights community-level themes and ideas, creating a space to elevate emergent concerns about mental health and substance use issues and services in the respective participants' communities, beyond the list of global themes across all communities.

Consistent with the efforts to realign system priorities, as detailed in the County's MHSA Three-Year Plan for 2023-2026, emergent recommendations from the community engagement activities centered primarily around the varying community needs. Results include innovative suggestions about behavioral health prevention, early intervention, and treatment services. In addition, BHS should work to enhance community members' awareness of and cultivate a positive understanding of behavioral health needs and services that would allow people to benefit from such a system. Furthermore, if there are existing BHS services that address the recommendations, those should be effectively promoted to reach a wide range of diverse communities. The findings formed the basis for the set of 16 primary behavioral health service change recommendations listed in Table 9 (see page 141). In addition to specifying the recommendations that emerged from the community feedback findings, Table 9 includes potential strategies that could be utilized with community input and participation to make progress toward achieving each recommendation.

The community input and recommendations are summed up as the desire for a behavioral health system that provides the "right service, in the right place, and by the right people." The "right service" includes recommendations centered on the wide range of services needed and to ensure these services are high-quality and effective. A few examples of this include "warm handoffs" and follow-through from providers, along with an increased variety of services for specific populations or geographical needs. Those characterized as "right time" include services that address waitlist issues, hours of care facilities, and timely care. Services needed to be in the "right place" speaks to the accessibility of services, such as mobile clinics, ease of access for rural communities, and meeting communities where they are and utilizing their preferred community spaces. Lastly, services by the "right people" speak to ensuring culturally relevant services, improving language diversity, and diversifying the workforce.

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

- **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 Behavioral Health Services designated Ethnic Services Manager (ESM), who is the responsible lead for the integration of cultural competence across the BHS levels of care. As the ESM, Dr. Garcia works closely with other units and departments to ensure adherence to cultural competence integration in programs, monitoring across the system of care, promotes new initiatives to include the development of trauma-informed care, inclusion of social determinants of health in client assessments and diversity and equitable services to 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.

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 (CCRT).

In her capacity as the Deputy Director for SDCBHS, she works closely with 5 other Deputy Directors, the Quality Improvement Unit and Population Health Unit to monitor and ensure cultural responsiveness integration across all the BHS levels of care. Dr. Garcia takes lead responsibility for the development and implementation of cultural competence planning within SDCBHS. In conjunction with all systems of care leads she provides direction and consultation to the BHS system of care for diversity-related contracted and directly operated services, 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, the Quality Improvement Unit and the Population Health 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 participates in the monthly Southern Region, Ethnic Service Managers Meetings, Behavioral Health Advisory Board Meetings, and provides consultation to CBOs on developing mental health access to the community, specifically in the past year with the East African community. In addition, Dr. Garcia participates in the CBHDA meetings related to the implementation of various initiatives to include CalAIM, BHSA, and BH CONNECT.

Designated County CCRT staff participated in the Culturally Responsive Leadership (CRL): Advanced Series, which is a 6-month program designed for leaders to create accountable change in individuals, teams, and systems. Throughout this series, leaders experienced a transformative journey to self-awareness and gain tools to create and foster systemic racial equality within the organization and community. Leadership competencies include recognizing and addressing personal and institutional bias as an organizational health strategy, exploring and challenging systemic racial inequality using a racial equity lens, embedding inclusive behaviors in all practices, and maintaining a work environment that cultivates equity, safety, and social justice.

CCRT Chair and designated county staff participated 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 the role of trauma in workers and the community, as well as discussions 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). The 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, as the Ethnic Services Manager (ESM), Dr. Garcia 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 were provided by Chaldean Middle Eastern Social Services (CMESS) and Jewish Family Services.

CCRT County staff have also engaged with our county partners in developing a project called Tribal Community of Practice. This effort is to ensure all County partners are engaging appropriately with tribal nations and that we are sharing information across the system to support collaboration. Meetings are held twice monthly and include representatives from

Behavioral Health Services, Medical Services, Public Health, Law Enforcement, Environmental Services, and several others. Furthermore, the ESM has continued to engage Tribal and community trusted leaders to gather input and feedback to implement a Tribal Mobile Crisis Response Team (MCRT). MCRT has implemented MCRT response in various Tribal communities and continues to work and consult with the remaining Tribal communities to broaden the MCRT response in the County.

COMMITMENT TO CULTURAL COMPETENCE

- **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 2025-26 TARGETED FOR CULTURALLY COMPETENT ACTIVITIES

Community Research Foundation, Maria Sardinas Outpatient	5,759,918.70
Community Research Foundation Psychiatric Emergency Response Team	14,827,999
Deaf Community Services (MHSA Recovery and Skills center, SUD-ODS Outpatient Program, SUD Recovery Residences)	1,288,461.12
Fred Finch Youth Center, Countywide Wraparound Services	5,102,721
Indian Health Council, Native American PEI Services	1,041,093.91
Jewish Family Services (JFS), Breaking Down Barriers	1,944,314
McAlister Institute for Treatment and Education (MITE), Safe Housing Project	33,750
Mental Health Association, ACEs Prevention Parenting Program for Fathers (Father2Child)	683,904
Mental Health Systems Inc., BPSR for Latino & TAY, Supported Employment Services	4,410,944.47
Mental Health Systems Inc., City Star FSP	4,243,005
Mental Health Systems Inc., Collaborative Adult Drug Court	6,068,819
Mental Health System Inc., Sexual Treatment Education Prevention Services (STEPS)	1,103,116
Mental Health Systems Inc., Veterans & Family Outreach Education	1,493,584.93
NAMI, PEI Family Adult Peer Support, Mental Health Family Education	874,171
Neighborhood House Association, Faith Based Services	1,678,376
North County Lifeline, Previously Counseling Cove, Homeless/Runaway Youth	1,446,500

Pathways Community Services for TAY-2 Clubhouse (Oasis Program)	764,987.38
Regents of the University of California (UCSD), WET Specialized Training Modules (Cultural Competency)	4,400,000
San Diego American Indian Health Center, Native American Prevention & Early Intervention Services	394,613.11
San Diego County Office of Education, MH Student Services Act-Creating Opportunities in Prevention & Eliminating Suicide (COPES)	1,341,616.80
San Diego Youth Services Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+) youth and young adults	2,098,679
Southern Caregiver Resource Center, RFP for Caregiver Support for Alzheimer's/Dementia Patients	1,108,659
Southern Indian Health Council, Native American Prevention &Early Intervention Services	973,476.13
Survivors of Torture, Int.	985,352
Telecare Corporation, Mobile Crisis Response Team (MCRT)	8,409,414
Union of Pan Asian Communities (UPAC), CMH MHSA FSP	2,046,000
Union of Pan-Asian Communities (UPAC), Elder Multicultural Access and Support (EMASS)	611,860
Union of Pan-Asian Communities (UPAC), Promise Wellness Center (previously Project Enable)	4,827,759.86

SDCBHS has 160 MHSA-funded programs. This includes 134 program contracts for Community Services and Supports (CSS), 35 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, 7 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 use 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 a 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

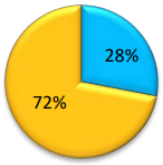
IV B2. To increase access to children's services and reduce racial, ethnic, cultural, and linguistic disparities, SDCBHS began its effort to bring services to the community through the school-based programs. It was believed that minority groups would be more likely to be engaged because non-threatening treatment sites were established in local schools, and parents could participate without having to find transportation. BHS-CY has partnered with school districts since the late 1990s to offer outpatient specialty mental health and substance use (SU) treatment on school campuses that serve Medi-Cal and unfunded students.

SchooLink to Behavioral Health Services (SchooLink) utilizes standardized practices and increased collaboration between schools and providers for both mental health and SUD treatment programs. There are Specialty Mental Health Services SchooLink contracts that deploy clinicians to school campuses. Additionally, SUD contractors provide SchooLink services.

Clients Receiving SchooLink Mental Health Services.*†

3,084 (28%) of 11,013 BHS-CY clients served during FY 2023-24 received at least one school site service, as compared to 3,211 (28%) of 11,279 in FY 2022-23.

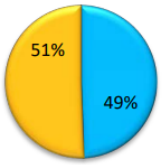
Of these 3,084 clients, 28 (<1%) received non-treatment services only, there was no change from FY 2022-23.‡



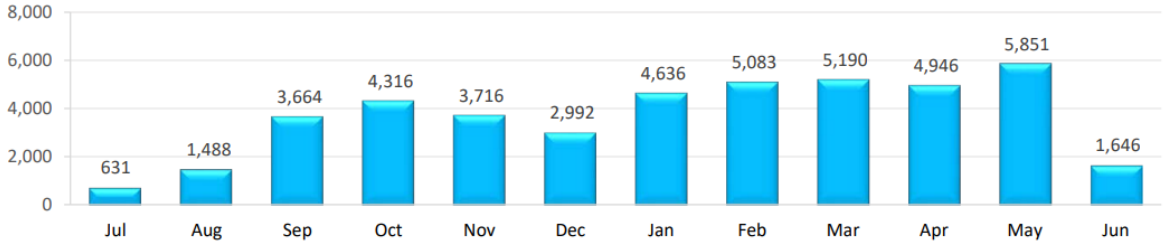
Mental Health Treatment Services Provided in Schools.‡

387 of 783* schools (49%) in the County of San Diego had at least one school site treatment service during FY 2023-24, as compared to 394 (47%) of 840 in FY 2022-23.

Non-treatment services were provided at 7 additional schools.‡



SchooLink Service Contacts by Month (Treatment & Non-Treatment)§



**Data Source: CCBH Extract 11/09/2024*
†SchooLink client count excludes Fee-for-Service providers
‡Data Source: CA Department of Education, FY 2023-24
§Non-treatment services offered at SchooLink school sites include Collateral, Case Management, Intensive Care Coordination, and Assessment services

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 that 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.

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

B3. SDCBHS has various programs that reach out to and embody racial and ethnic target populations. An example of a PEI program that targets specific ethnic groups is Breaking Down Barriers.

- Breaking Down Barriers provides mental health outreach, engagement, and education to persons in the Latino, Native American (rural and urban), LGBTQ+, and Black/African American communities.

In addition 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 its 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 through FY 24-25 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 Adult Mental Health First Aid (MHFA) trainings in FY 24-25 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: **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.
- 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 to provide a continuum toward providing trauma-informed, social-ecological, and culturally appropriate 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 are employing a self-examination test of their own agency's 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:
    - Document how the mission statements, guiding principles, and policies and procedures support trauma-informed cultural competence.
    - Identify how program administration prioritizes cultural competence in the delivery of services.
    - Agency training, supervision, and coaching incorporate trauma-informed systems and service components.
- Goals accomplished regarding reducing health care disparities.
- Identify barriers to quality improvement.
- Service Assessment Update and Data Analysis
- Assessment of ethnic, racial, linguistic, and cultural strengths and needs of the community.
- Comparison of staff to diversity in the community.
    - A universal awareness of trauma is held within the Agency. Trauma is discussed and assessed when needed and relevant to client/target population needs.
- Use of interpreter services.
- Service utilization by ethnicity, race, language usage, and cultural groups.
- Client outcomes are meaningful to the client's social ecological needs.
- Objectives
- Goals for improvements.
- Develop processes to ensure 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

Bi-Annual Program Evaluation - 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.

SDCBHS updated the Cultural Competence Handbook with the addition of the Cultural Humility Toolkit, Learning Model, Videos, and Lesson Plans about Culture, a Self-Assessment Tool on Diversity & Inclusion, and resources. In addition, the CCRT Education and Training Subcommittee updated a Cultural Competence Plan template to align with CLAS standards for providers to complete a comprehensive individual Cultural Competence Plan.

There are continuous efforts to increase programs that are targeted toward specific ethnic, cultural, or age groups. The adopted BHS budget for FY 2025-26 of $1.3 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 have 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's 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 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 encouraging community partnerships 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.

- The SDCBHS Communications and Engagement (C&E) Team has conducted both listening sessions and focus groups with priority populations.
- Eight focus groups (virtually and in-person) were held to identify strengths and resources currently available to the participating community members, including identified challenges to accessing BH resources.

- Ten in-person listening sessions were held in collaboration with local partners. The sessions were 2 hours in duration and allowed participants to share information about their organization, current opportunities, and how they are supporting the health and well-being of the community. Accommodation was made to support individuals with interpretation and/or translation needs.
- This goal continues to be in progress, and efforts are ongoing to continue outreach to special populations in San Diego County.

CRITERION 2: 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.

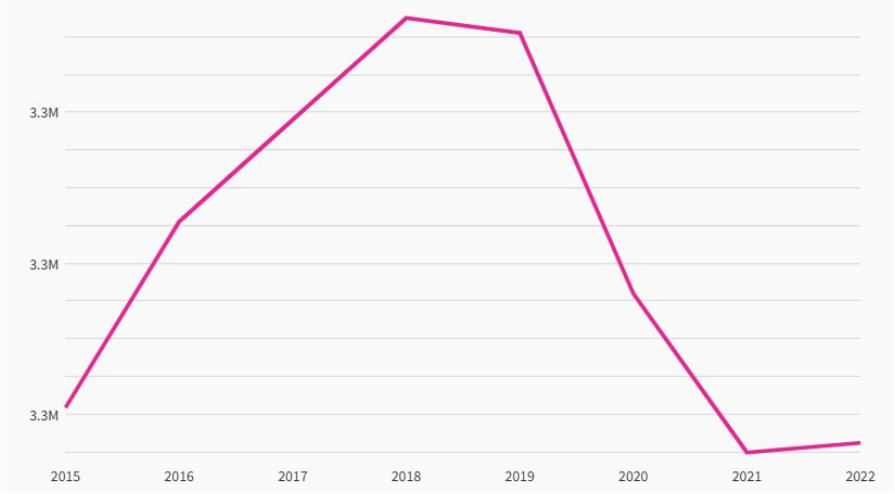
In 2024, the population in San Diego County was 3,298,799, according to the US Census Bureau, which is an increase of 0.88% from 2023.

The population estimate for children 14 years of age and under decreased by 2.9%, as did the 15-24 age cohort (1.2%). The following table provides a detailed breakdown of San Diego County's population and demographics.

San Diego County Estimated Population in 2024: 3,315,362					
Age Group		**Race/Ethnicity**		**Gender**	
Under 5 years	183,467	White	1,381,596	Male	1,652,926
5-14	416,572	Hispanic	1,187,367	Female	1,662,436
15-24	466,705	Black	140,465	**Median Age**	
25-59	1,539,370	American Indian	12,639	37.96	
60-74	491,479	Asian	415,449		
75+	217,769	Pacific Islander	13,414		
		Two or More	164,432		

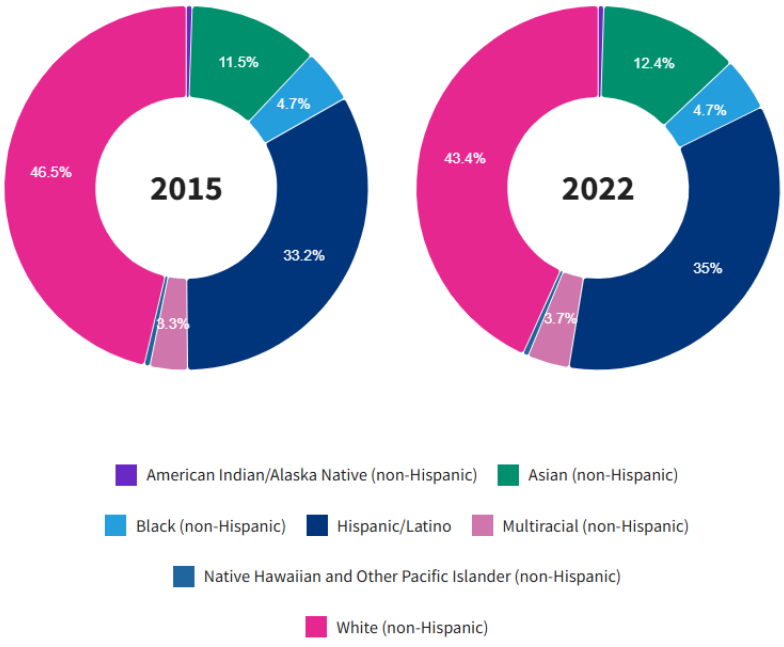
Data Source: SANDAG Population and Housing Estimates, 2024 Estimates, San Diego Region

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, 0.1% down from the 3.3 million who lived there in 2015. For comparison, the U.S. population grew 3.9% and California's population grew 0.3% during that period.



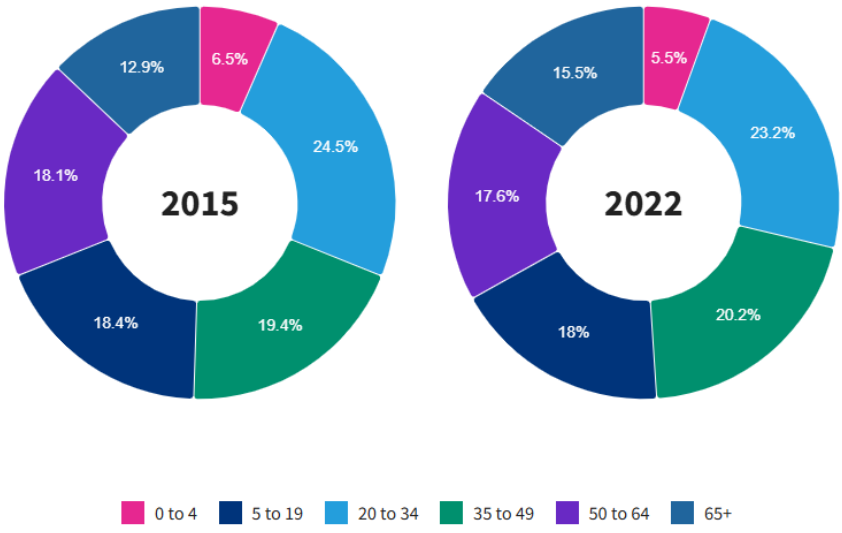
Note: Graph obtained from USAFACT.ORG, Data: Census Bureau

In 2022, San Diego County was more diverse than it was in 2015. In 2022, the white (non-Hispanic) group made up 43.4% of the population compared with 46.5% in 2015. Between 2015 and 2022, the share of the population that is Hispanic/Latino grew the most, increasing 1.8 percentage points to 35%. The white (non-Hispanic) population had the largest decrease, dropping 3.1 percentage points to 43.4%.



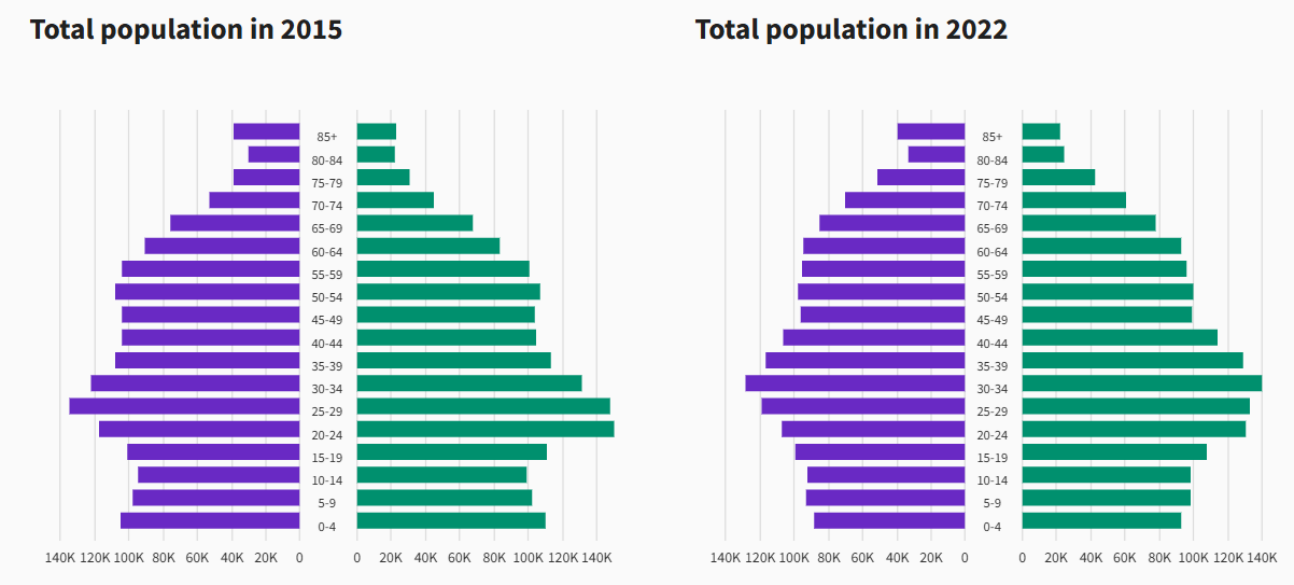
Note: Graph obtained from USAFACT.ORG, Data: Census Bureau

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 2015 and 2022, with its population increasing by 19.4%. The 20 to 34 age group declined the most, dropping 5.6% between 2015 and 2022. Also, the share of the population that is 0 to 4 years old decreased from 6.5% in 2015 to 5.5% in 2022. The share of the population that is 65 and older increased from 12.9% in 2015 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 population 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 & 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 are 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.

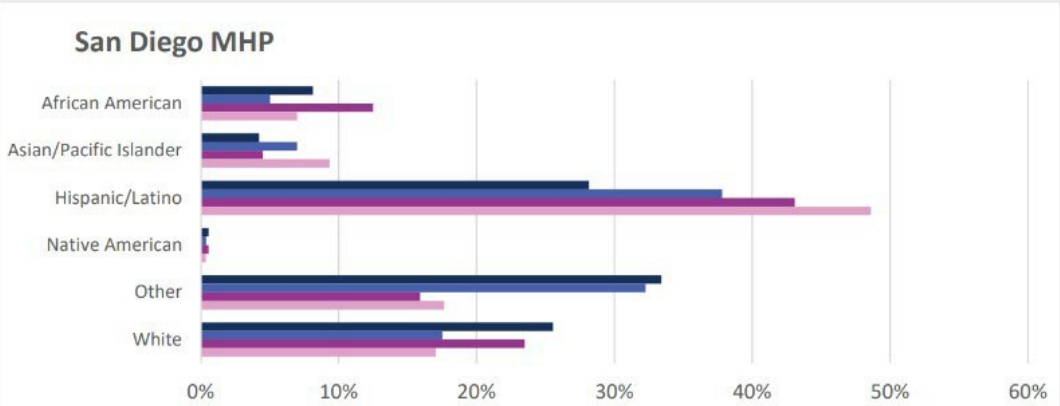
Table 7: San Diego MHP PR of Members Served by Race/Ethnicity, CY 2022

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.

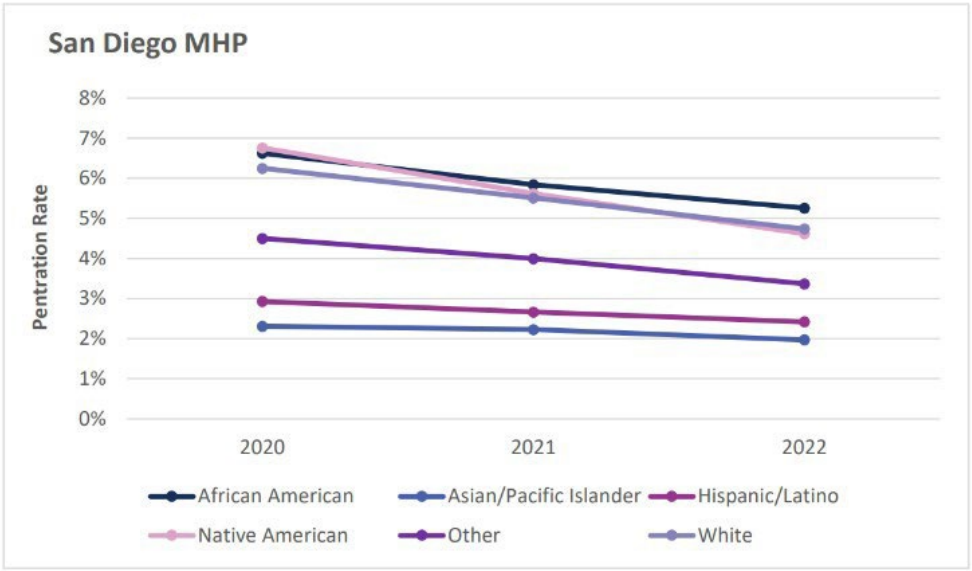
Figure 1: Race/Ethnicity for San Diego MHP Compared to State, CY 2022



	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 are 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%**

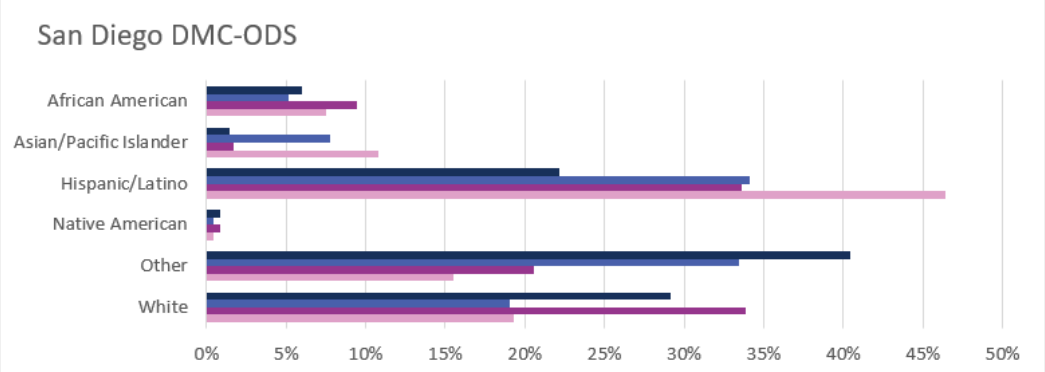
- The DMC-ODS primarily served adults between the ages of 18-64, with a PR of 1.73 percent within that age group. PRs for all age groups are higher than the corresponding statewide and similar-sized county PRs.

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 & 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.

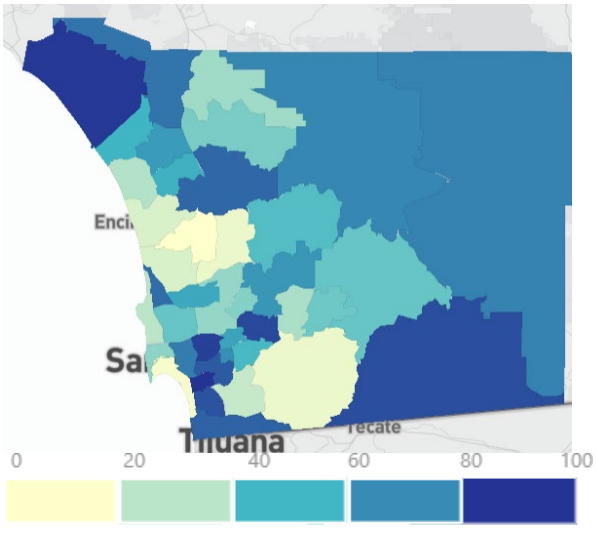
The primary components of the CEP are the Community Experience Dashboard, the Behavioral Health Equity Index (BHEI), and Community Profiles and Action Reports. Community input is solicited for each component, and CEP deliverables reflect recommendations from community partners. The CEP discussed which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

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 that impact 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.

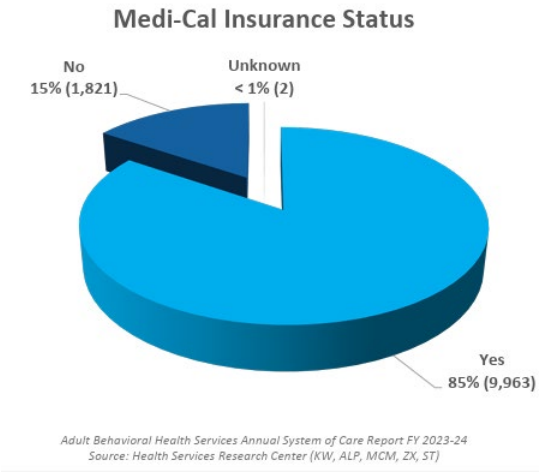
The CEP data will be utilized to illustrate disparities.

Based on data from 2019-2023, the percentage of the population living below the 200% federal poverty line:

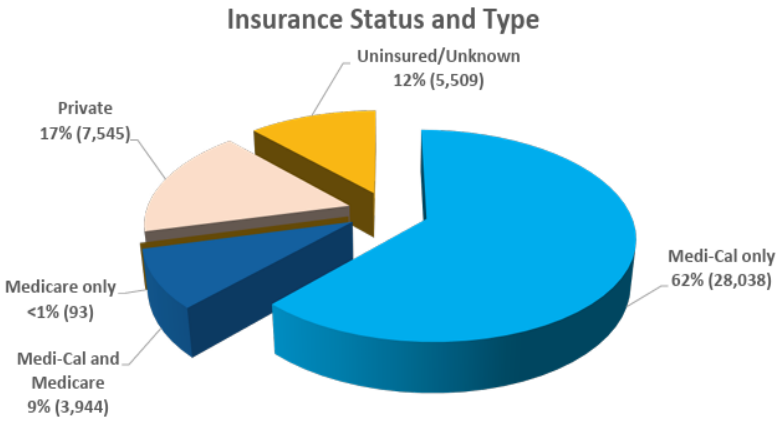
SRA	Percent (%)	Confidence Interval
National City	38.9	[35.9% - 41.8%]
Pendleton	38.6	[30.5% - 46.7%]
Mid-City	38.5	[36.7% - 40.4%]
El Cajon	38.1	[35.8% - 40.4%]
Mountain Empire	34.7	[25.7% - 43.7%]
Chula Vista	33.5	[31.6% - 35.3%]
Southeastern San Diego	32.1	[30.2% - 34%]
South Bay	30.8	[28.8% - 32.7%]
Escondido	29.4	[27.7% - 31.2%]
University	28.9	[26.3% - 31.5%]
Fallbrook	27.9	[24.1% - 31.8%]



In FY 2023–24, nearly three-quarters (71%) of adult clients receiving services across the county's behavioral health system had at least partial Medi-Cal coverage for mental health services. Among clients served through the Drug Medi-Cal Organized Delivery System (DMC-ODS) for substance use treatment, 85% were covered by Medi-Cal. Coverage rates were lower among specific age groups: 65% of Transitional Aged Youth (TAY) and 64% of Older Adult (OA) clients had some form of Medi-Cal coverage during the same period. In contrast, 95% of child and youth clients were exclusively covered by Medi-Cal.



Adult Behavioral Health Services Annual System of Care Report FY 2023-24
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)



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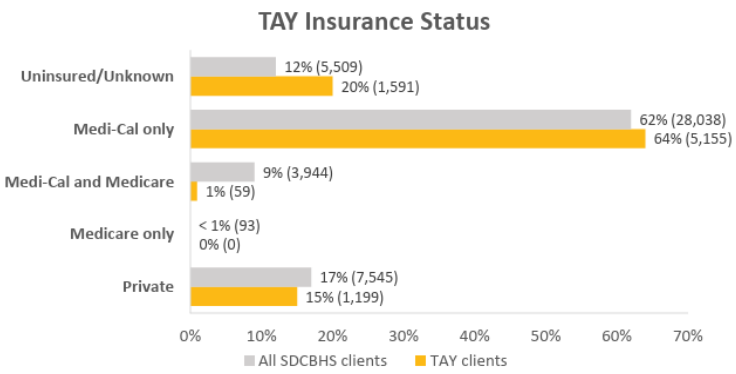
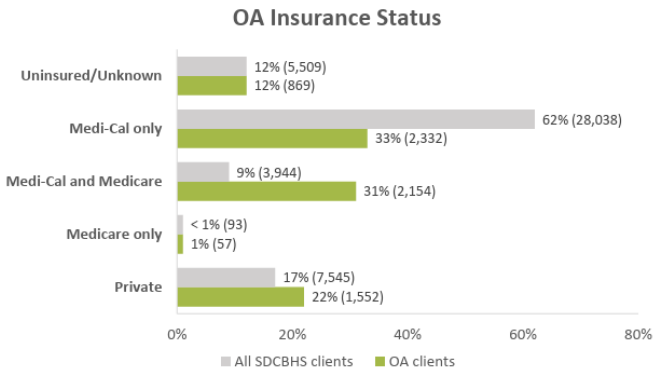
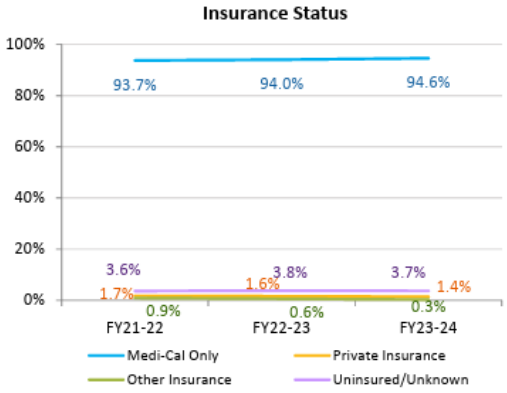




Adult Behavioral Health Services Annual System of Care Report FY 2023-24
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Child/Youth Insurance Status



NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

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:

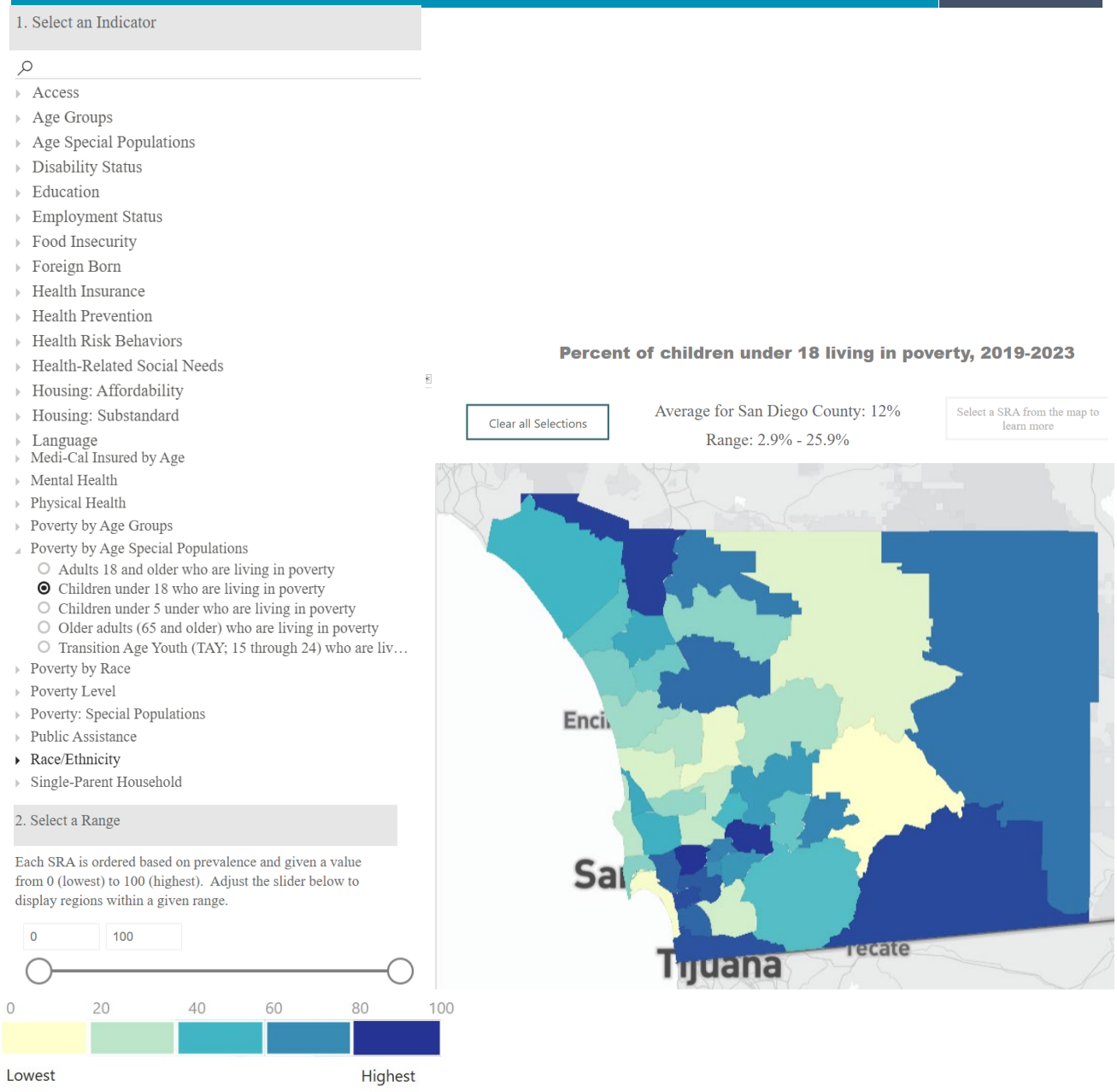
Client Dashboards: Individuals Served by SDCBHS

- 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 an indicator, such as "Poverty by Age Special Populations, Children under 18 who are living in poverty," 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.

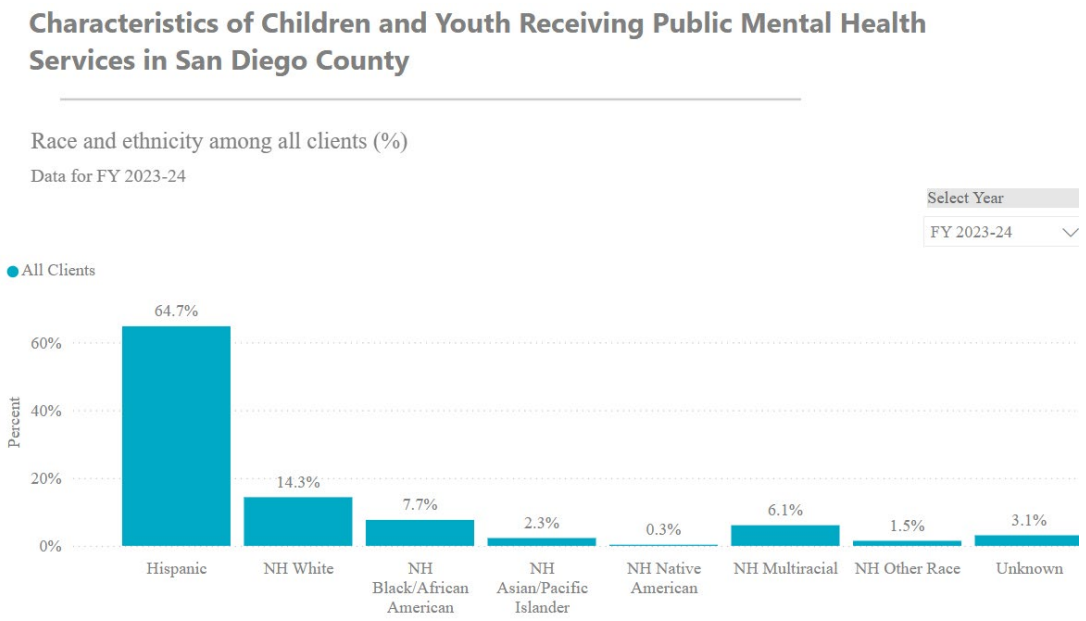


Demonstration videos of the Dashboard:

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

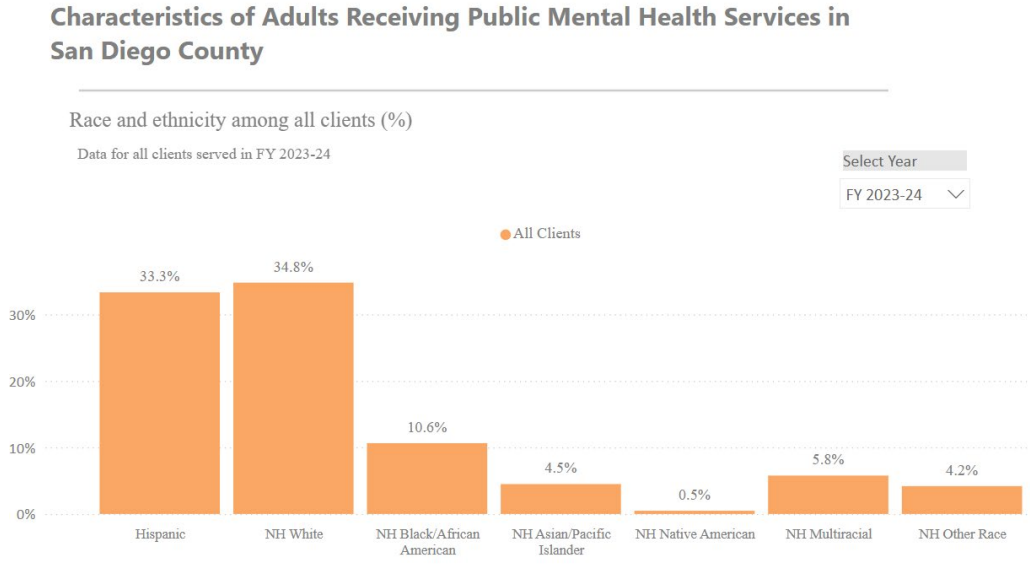
The Community Experience Dashboards provide insights into community trends by allowing tracking and visualization of behavioral health equity data. The County has gained the ability to explore equity indicators over time, across neighborhoods, and for numerous subpopulations and use the data to inform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

For example, the latest data shows that Hispanic youth are overrepresented in the system, making up 64.7% of the CY population served (of San Diego County residents under 18, 24.4% are Hispanic).

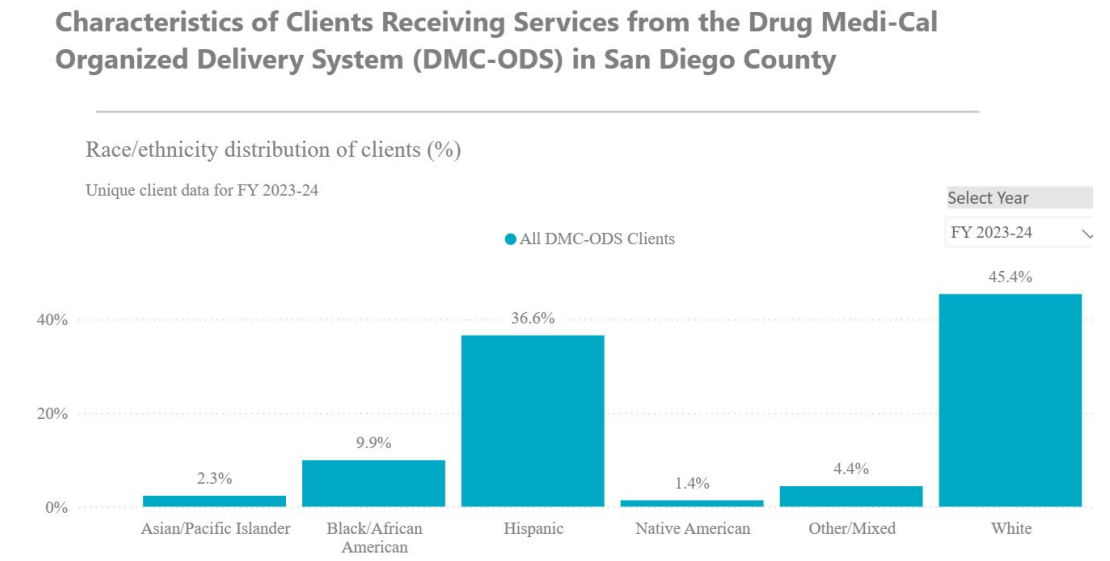


In fiscal year 2023-24, 7,591 clients, or 64.7% of all clients identified as Hispanic.

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 (10% of the 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.

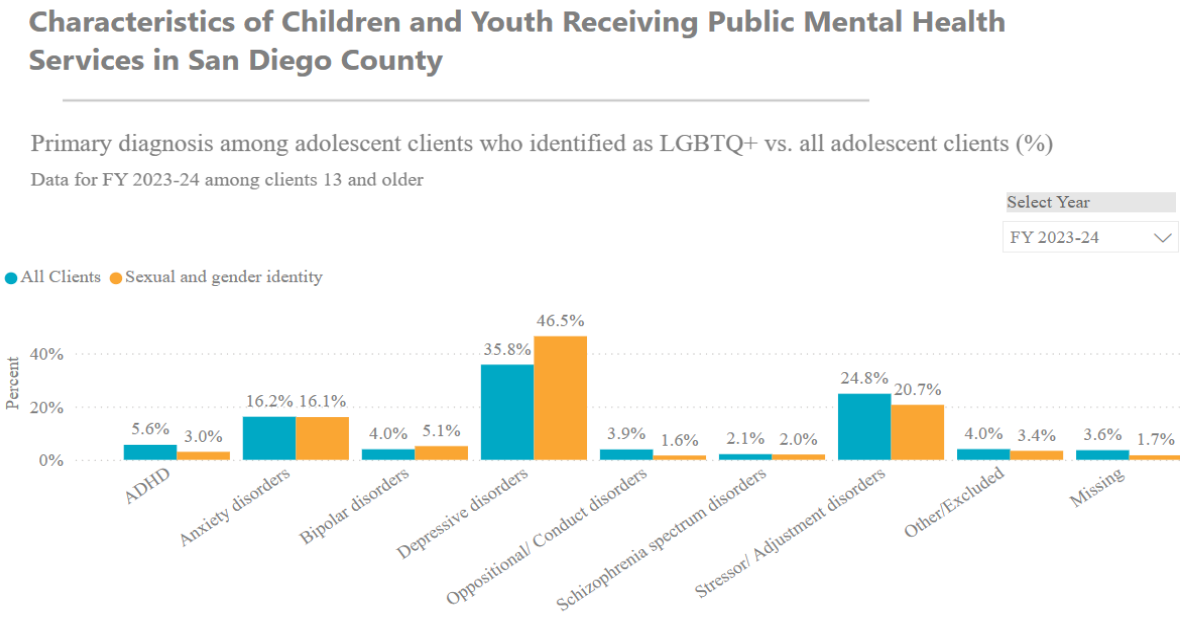


In fiscal year 2023-24, 15,694 clients, or 34.8% of all clients identified as white.



In fiscal year 2023-24, 6,162 clients, or 45.4% of all clients identified as White. Note: This graph displays data for unique clients. If a client had multiple admissions into the DMC-ODS during the reporting period, they appear only once in the data.

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 (47% vs. 36%).



In fiscal year 2023-24, 46.5% of clients who identified as LGBTQ+ had a depressive disorder as their primary diagnosis. By comparison, 35.8% of all clients had a depressive disorder as their primary diagnosis (46.5% vs. 35.8%, p-value = <0.001).

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 45,129 adult mental health clients served in FY 2023-24, 3% reported military service, which is consistent with the proportion of military service reported by 2% of the 14,273 substance use disorder clients served. There appears to be a higher rate of Emergency Services utilized by this population in mental health (61% compared to the rest of the AOA population's utilization at 39%) and a higher rate of residential services in SUD (24% compared to the rest of the AOA population's utilization at 18%). 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 San Diego County Behavioral Health Services (SDCBHS). According to the most recent SDC System of Care Report (FY 2023-24), the following statistics reflect the identified disparities in the populations listed below.

Child and Youth BHS Mental Health Clients

- 11,726 youth received services through the San Diego County BHS-CY SMHS system, a 2% decrease from the 11,919 served in FY 2022-23. Total youth served has decreased 15% over the past five years (from 13,758 in FY 2019-20).
- Gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Overall, the gender gap among BHS-CY youth has lessened over time.
- 65% of clients were Latinx. Compared to San Diego County's estimated population in 2023, BHS-CY served a larger percentage of Latinx and Black/African American clients and a smaller percentage of White and Asian/Pacific Islander clients.
- 84% of Child and Youth clients served by BHS lived in a family home or apartment at some point during FY 2023-24, a slight decrease from 85% in FY 2022-23; 14% of children ages 0-5 lived in a foster home (compared to 4% systemwide), and 18% lived in a correctional facility during FY 2023-24 (compared to 7% systemwide).
- 11,089 (95%) of clients had health coverage exclusively by Medi-Cal in FY 2023-24, a slight increase from 11,204 (94%) in FY 2022-23.
- 1,440 (21%) of 6,748 BHS-CY clients ages 12+ identified as LGBTQ+ in FY 2023-24. Gender identity and sexual orientation data were expanded in 2023-24 to include age 12; previous years were comprised of ages 13+ and may not be directly comparable.
- The four most common diagnostic categories were Stressor and Adjustment disorders, Depressive disorders, Anxiety disorders, and Attention Deficit Hyperactivity Disorder (ADHD). Systemwide, the rate of Depressive disorder diagnosis has decreased by 6% over the past 5 years. Autism Spectrum Disorder diagnoses increased dramatically over the past 5 years (15 youth in FY 2019-20, 509 youth in FY 2023-24); this reflects the inclusion of ASD as a valid diagnosis in the BHS-CY system as of October 2019, as well as a broader awareness and increased identification of youth on the autism spectrum in the United States.
- Co-occurring substance use issues among youth (ages 12+) were defined by multiple diagnostic tiers, involvement with the Substance Use Disorder (SUD) sector, and

clinician-endorsed substance abuse questions on the Behavioral Health Assessment form. In FY 2023-24, 1,919 (28%) of 6,748 youth met these criteria for co-occurring substance use issues, as compared to 1,882 (27%) of 7,083 youth in FY 2022-23. 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 sixteen percentage points in the past five years, from 53% in FY 2019-20 to 69% in FY 2023-24.
- On average, youth clients received 18.1 hours of outpatient services in FY 2023-24, no change from 18.1 hours in FY 2022-23.
- The majority (88%) of clients active in FY 2023-24 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 Residential or Emergency/Crisis services. Latinx clients were less likely to receive Residential or Inpatient services.

BHS Adult Mental Health Clients, FY 2023-24

- During FY 2023-24, San Diego County Behavioral Health Services (SDCBHS) delivered mental health services to 45,129 adults, TAY, and older adults.
- Over the past five fiscal years, the proportion of non-Hispanic White clients served by mental health providers within the SDCBHS System of Care (SOC) has gradually decreased (39% to 35%), while the proportion of Hispanic clients has gradually increased (29% to 33%).
- Similar to previous fiscal years, the most common mental health diagnoses among adult clients served were schizophrenia and other psychotic disorders (42%), followed by bipolar disorders (21%), and depressive disorders (20%).
- Seventeen percent (17%; 6,394 clients) of adult MH clients served by SDCBHS mental health providers during FY 2023-24 were employed in a competitive job, reflecting a 10% increase in the number of clients who were employed in a competitive job compared to FY 2022-23 (5,803 clients).
- The number of Assertive Community Treatment (ACT) services among adult MH clients increased by 13% during FY 2023-24 (162,240 visits), compared to FY 2022-23 (143,459 visits).
- The number of adult MH clients who received Urgent Outpatient (UO) services provided by SDCBHS mental health providers decreased during FY 2023-24 (5,597 clients) relative to the previous FY (6,180 clients), while the number of adult MH clients who received Crisis Residential services increased by 24% during FY 2023-24 (1,910 clients), compared to FY 2022-23 (1,539 clients).
- There was a notable increase in utilization of Mobile Crisis Response Team (MCRT) services during FY 2023-24 (5,582 visits by 3,774 clients) compared to FY 2022-23 (4,005 visits by 2,780 clients), as this new level of care was implemented county-wide in 2022 and continues to grow in utilization.
- Similar to last FY, the most common initial point of access to county-provided mental health services in FY 2023-24 was emergency/crisis services (51%).
- A total of 65,014 emergency/crisis services were used by 17,442 clients during FY 2023-24, representing 39% of adult MH clients served by the SDCBHS SOC. This represents a

less than 1% decrease in the number of SDCBHS mental health clients who received emergency/crisis services during FY 2023-24, compared to FY 2022-23 (17,477 clients).

- Of the 4,775 adult MH clients hospitalized during FY 2023-24, 1,310 of them (27%) were hospitalized at least one additional time during the fiscal year. During FY 2023-24, the lowest percentage of hospitalizations among adult MH clients over the past five years was observed.
- 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 days to a little over four days in FY 2023-24. Also, average access times for mental health assessments have been decreasing from FY 2020-21, specifically wait times decreased from a little over 6 days during FY 2020-21 to under 5 days in FY 2023-24.
- 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 MH clients in FY 2023-24. Also, adult MH clients self-reported significant improvement in their overall mental health status in FY 2023-24 via the Recovery Markers Questionnaire (RMQ) from pre- to post-assessment.
- Adult MH clients served by SDCBHS mental health providers reported high rates of agreement in their perception of participation in treatment planning (92%), perception of quality and appropriateness of their treatment (91%), perception of access of treatment (87%), and general satisfaction (90%).

BHS Substance Use Disorder (SUD) Adult Clients

- During FY 2023-24, the SDCBHS DMC-ODS delivered substance use disorder (SUD) treatment services to 11,786 adult clients, marking a 5% increase in the number of clients served by adult SUD treatment providers during FY 2022-23 (11,207).
- The proportion of non-Hispanic White adult clients served by DMC-ODS SUD treatment providers has gradually decreased since FY 2019-20 (53% to 47%), while the proportion of Hispanic clients has increased (22% to 35%).
- The most common primary substance used at intake among adult DMC-ODS clients served during FY 2023-24 was methamphetamine (26%), followed by opioids that were not heroin (24%), followed by alcohol (22%).
- More than two-fifths (42%) of adult clients served by the DMC-ODS during FY 2023-24 reported a primary substance used of heroin or another opioid at intake.
- Since FY 2019-20, primary utilization of heroin among adult clients served by the DMC-ODS declined from 36% to 18%, while primary utilization of other opioids more than tripled over the same time frame (7% to 24%).
- More than one-third (35%) of adult clients served by the DMC-ODS during FY 2023-24 were experiencing homelessness at the time of their most recent admission.
- In addition to a substance use disorder, more than one-third (38%) of adult DMC-ODS clients served during FY 2023-24 had a co-occurring substance use disorder and mental health illness at intake.
- The proportion of adult clients served by the DMC-ODS with a co-occurring substance use disorder and mental illness has increased from FY 2019-20 (34%) to FY 2023-24 (38%).
- A larger proportion of clients served by adult DMC-ODS treatment providers with a co-occurring substance use disorder and mental illness were female (37%) compared to the proportion of all female clients served during FY 2023-24 (28%).

- Heroin or another opioid was the most reported primary substances used among adult clients served by the DMC-ODS during FY 2023-24 across all regions, except for the Central region where methamphetamine was most reported.
- Almost two-thirds of adult clients from the North Coastal (65%), North Central (63%), and North Inland (62%) regions reported an opioid (heroin or another opioid) as their primary substance used compared to less than half of those from the Central (35%), South (41%), or East (45%) regions.
- There were 13,929 discharges from adult DMC-ODS programs during FY 2023-24. About on1-third (32%) of these discharges had a disposition of completed treatment and recovery plan goals, and almost two-fifths (38%) were administrative.
- During FY 2023-24, a total of 1,231,416 DMC-ODS services were provided to adult clients, and a majority (96%) were provided face-to-face.
- Group counseling was the most common type of service provided to clients receiving recovery services (48%), outpatient services (62%), and intensive outpatient services (63%) from DMC-ODS programs during FY 2023-24.
- Overall, adult clients served by the DMC-ODS reported high rates of satisfaction as evidenced by at least 84% agreement in four of the five domains of the Treatment Perception Survey from those surveyed in the fall of 2023. The Perception of Care Coordination domain had a lower rate of endorsement, as only 79% of surveyed clients agree or strongly agreed with the domain items.
- The number of new referrals and admissions into the DUI program has increased over the past three fiscal years.
- More clients completed the DUI program in FT 2022-23 (5,592 clients) and FY 2023-24 (5,546 clients) compared to FY 2021-22 (4,395 clients).

Crisis Stabilization Units

- The Crisis Stabilization Units (CSUs) provide immediate behavioral health support and treatment services in a calming setting to individuals with serious behavioral health needs. CSUs can help to de-escalate a person's level of distress, prevent or treat a behavioral health crisis, and reduce acute symptoms of a mental health condition. Individuals may be admitted voluntarily or may be brought in on a Welfare & Institutions Code (WIC) 5150 hold. Services are tailored to each person and are provided on a short-term basis, up to 24 hours. The goal of CSUs is to connect individuals to ongoing care and avoid the need for higher levels of care.
- The County of San Diego currently has six CSUs – five for adults and one for children and youth. In addition, there are two more adult CSUs that are planned to open soon: the Sharp CSU and the East CSU in early 2026. In FY 2024-25 CSUs had a combined total of 14,276 admissions, with 84% of individuals being diverted from higher levels of care.
- CSUs work in partnership with Mobile Crisis Response Teams (MCRT), Psychiatric Emergency Response Teams (PERT), Law Enforcement, Emergency Departments, Crisis Residential Services, Community Mental Health Clinics and other mental health providers. Appointments are not needed to access CSU services with walk-ins being welcome 24/7.

UPDATED ASSESSMENT OF SERVICE NEEDS

- **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 individuals. 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 in the number of people 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 reaffirmed 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 in the number of people 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 percentage 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
- In addition to the other factors noted it is possible that an estimated 11,000 adults who are unserved are without insurance.
- There is 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 percentage 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 is a substantial number of older adults who are veterans who are seriously mentally ill and are in need of comprehensive mental health services.
- Prevalence estimates will be re-evaluated on an ongoing 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. The estimated population size of the county is nearly 3.3 million people, according to the U.S. Census Bureau, 2024 Estimates. The following key aggregate statistics were identified across all HHSA regions:

- **Racial/Ethnic Identities**: 34% of San Diego County residents identified as Hispanic, 44% as non-Hispanic (NH), 5% as NH Black, 12% as Asian/Pacific Islander (API), <1% as NH American Indian/Alaska Native (AI/AN), and 5% as NH Multiracial.
- **Poverty**: 11% of residents were living below the federal poverty line (FPL) and 25% were living below 200%, or twice the FPL.
- **Educational Attainment**: 11% of 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**: 13% of residents over age five reported speaking a language other than English at home and speaking English less than very well.
- **Receipt of Food Stamps/SNAP**: 8% of residents received Food Stamps/SNAP.

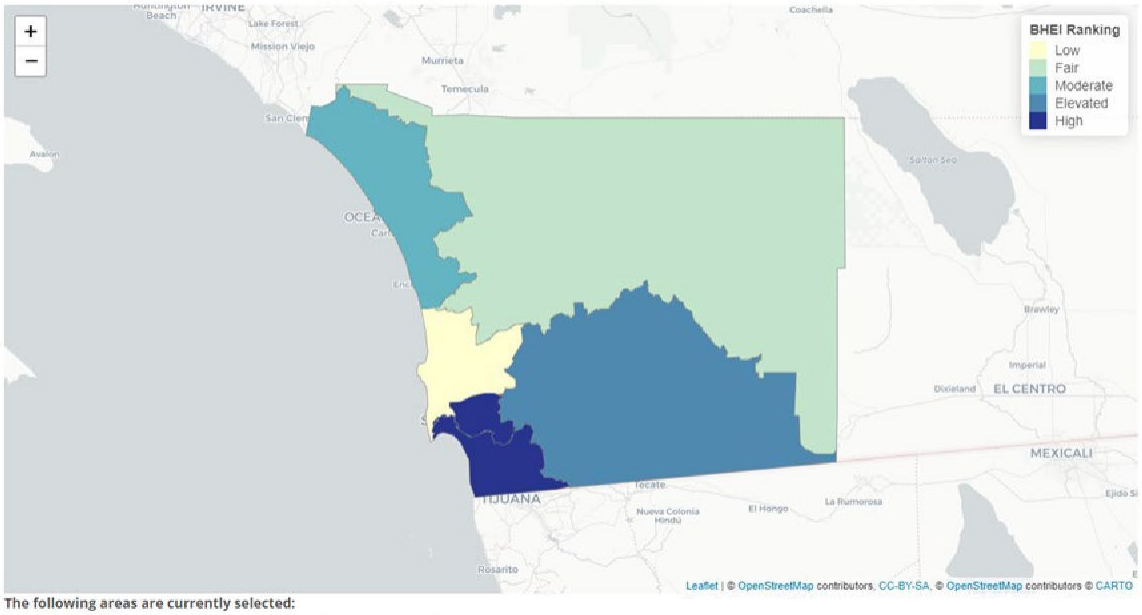
- **Health Insurance**: 20% of residents were Medi-Cal insured, 69% had private insurance, and 7% were uninsured.
- **Housing**: 55% of renters reported excessive cost burden for housing, defined as spending more than 30% of their income on housing costs.

Next, the assessment examined the mental health needs of the community, specifically the needs of unserved, underserved/inappropriately served, through the use of 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 that 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 eight domains that map to the social determinants of health. Indicators are drawn from over 10 different data sources, including the US Census Bureau's American Community Survey, Center for Disease Control's (CDC) 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, it is further analyzed at the zip code level within each region to guide program development and resource allocation.

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:

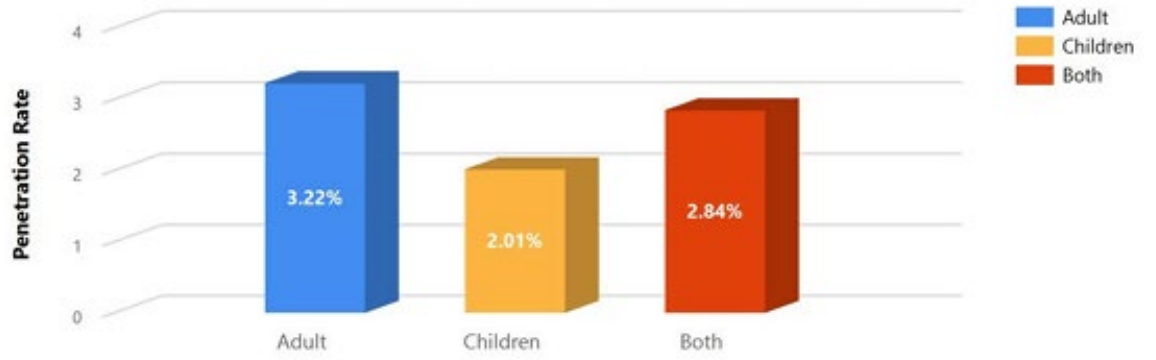
Central, East, North Central, North Coastal, North Inland, and South

After identifying the regions with the highest risk, further analysis is conducted on the individuals who may qualify for MHSA programs and services.

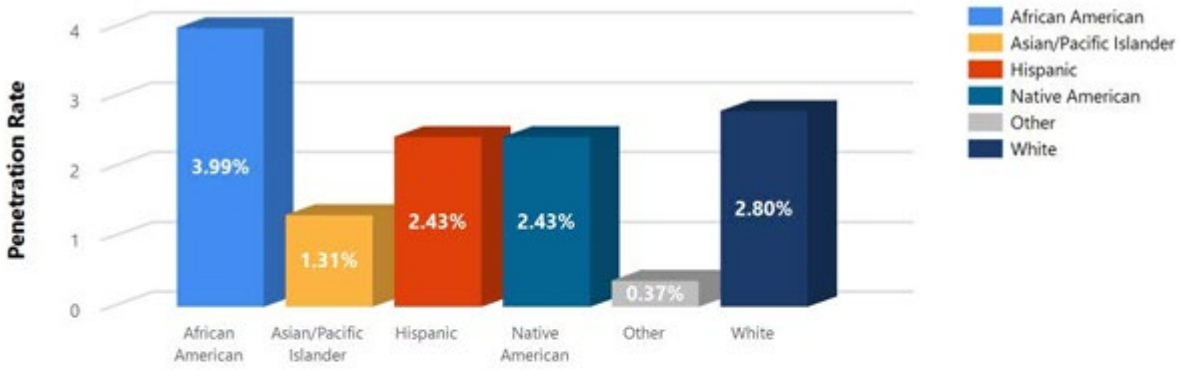
Examined the rates of uninsured by region, noting that the Central region had the highest rate of uninsured individuals.

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%

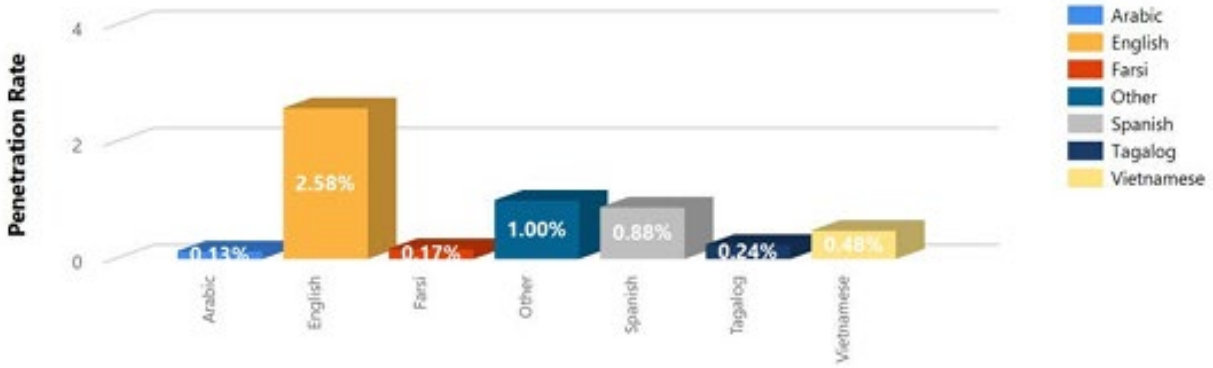
The figures below show the penetration rate by race/ethnicity and language for children and youth and adults, and older adults through Quarter 4 of fiscal year (FY) 2023-24. The overall penetration rate for San Diego County is 2.84, with a higher rate for the adult and older adult population (3.22) versus the children and youth (2.01%).



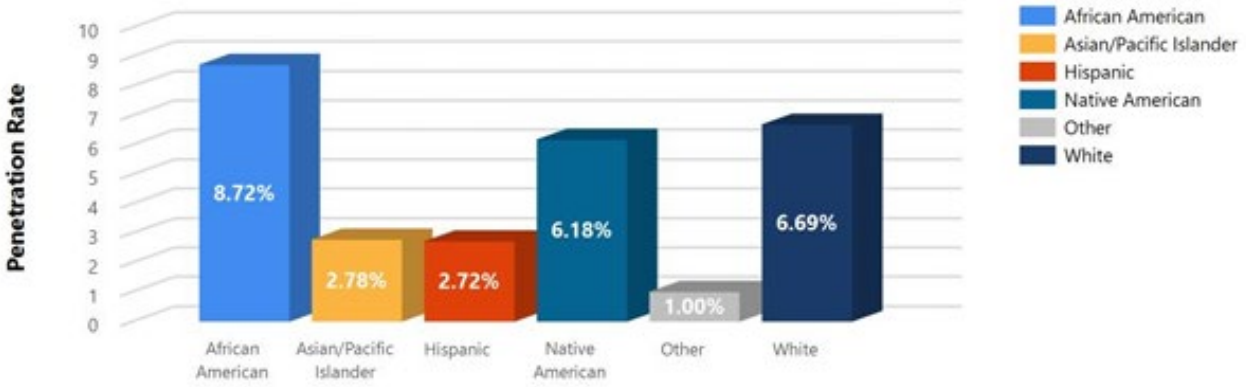
Population	Medi-Cal Eligible Clients in the County of San Diego	Medi-Cal Eligible Clients Served (Distinct)	Percentage
Adult & Older Adult	689,790	22,178	3.22
Children & Youth	309,395	6,229	2.01
Total	999,185	28,407	2.84



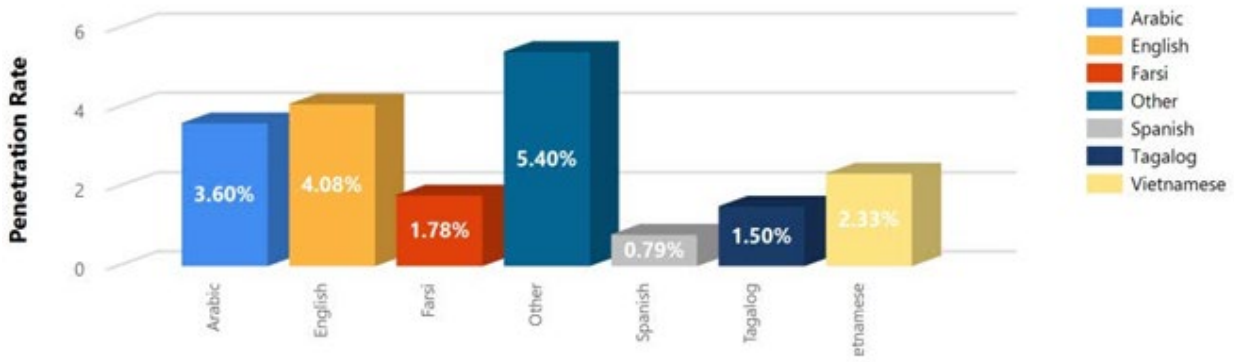
Race	Eligible Clients	Clients Served	Rate (%)
African American	15,103	603	3.99
Asian/Pacific Islander	14,845	194	1.31
Hispanic	166,467	4,037	2.43
Native American	1,112	27	2.43
Other	72,614	269	0.37
White	39,254	1,099	2.80



Language	Eligible Clients	Clients Served	Rate (%)
Arabic	4,453	6	0.13
English	209,588	5,397	2.58
Farsi	1,807	3	0.17
Other	7,884	79	1.00
Spanish	83,784	736	0.88
Tagalog	418	1	0.24
Vietnamese	1,461	7	0.48



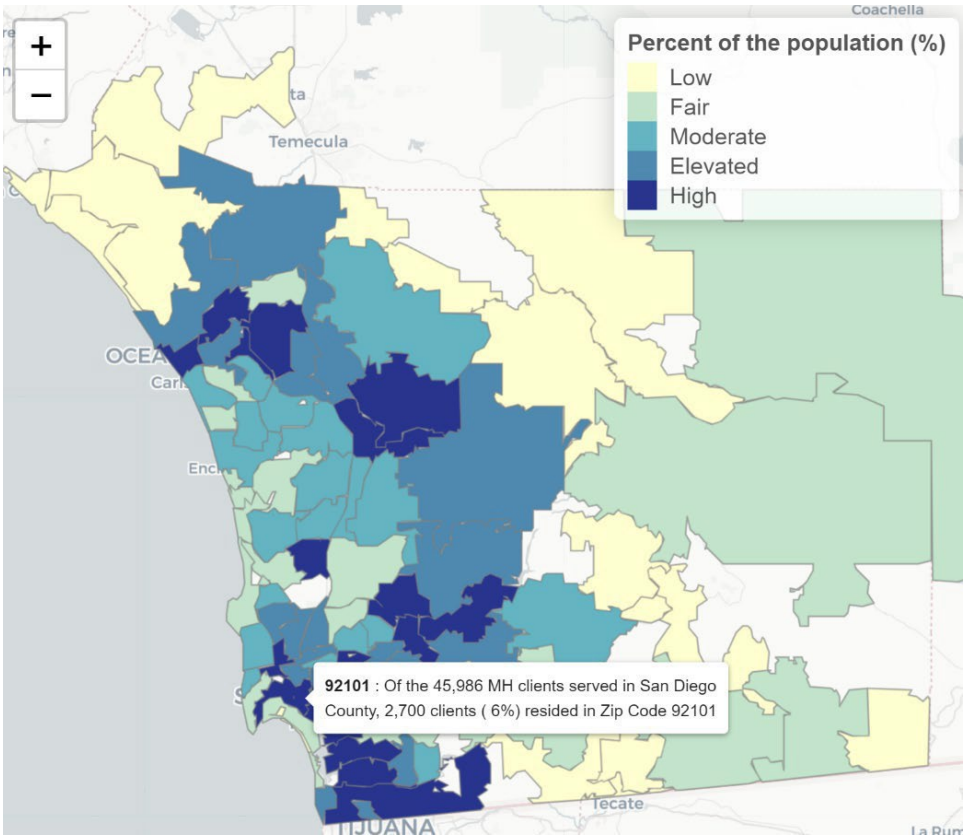
Race	Eligible Clients	Clients Served	Rate (%)
African American	32,677	2,850	8.72
Asian/Pacific Islander	51,713	1,439	2.78
Hispanic	274,376	7,464	2.72
Native American	2,606	161	6.18
Other	205,660	2,050	1.00
White	122,758	8,214	6.69



Language	Eligible Clients	Clients Served	Rate (%)
Arabic	11,250	405	3.60
English	464,148	18,957	4.08
Farsi	3,762	67	1.78
Other	19,439	1,049	5.40
Spanish	176,506	1,394	0.79
Tagalog	4,333	65	1.50
Vietnamese	10,352	241	2.33

Lastly, data were 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 was 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 is the central region. Zip codes such as 92101 demonstrate a higher percentage of mental health clients.



Most recently, the new Service Planning Tool was introduced, which was designed by UCSD in collaboration with BHS. This new tool helps service line oversight teams use population health data in a standardized way to inform clinical design. The goal of the tool is to help ensure service provision is informed by data, based on cultural and regional considerations, and focused on communities that may be at greatest risk for unmet behavioral health needs. The purpose of ~~this~~ tool is to help identify priority populations and community characteristics. The tool is intended to be utilized by BHS staff only. The tool also showcases the Behavioral Health Equity Index (BHEI), a composite index designed to identify areas at risk for unmet behavioral health needs and can serve as a potential indicator of priority zones for service enhancements. Examples of target populations include Children and Youth 21 and under, Medi-Cal insured all ages, Housing Insecurity and Unemployed. Examples of community characteristics include Adults without reliable transportation, Households without a computer or computing device and Primary language is Vietnamese.

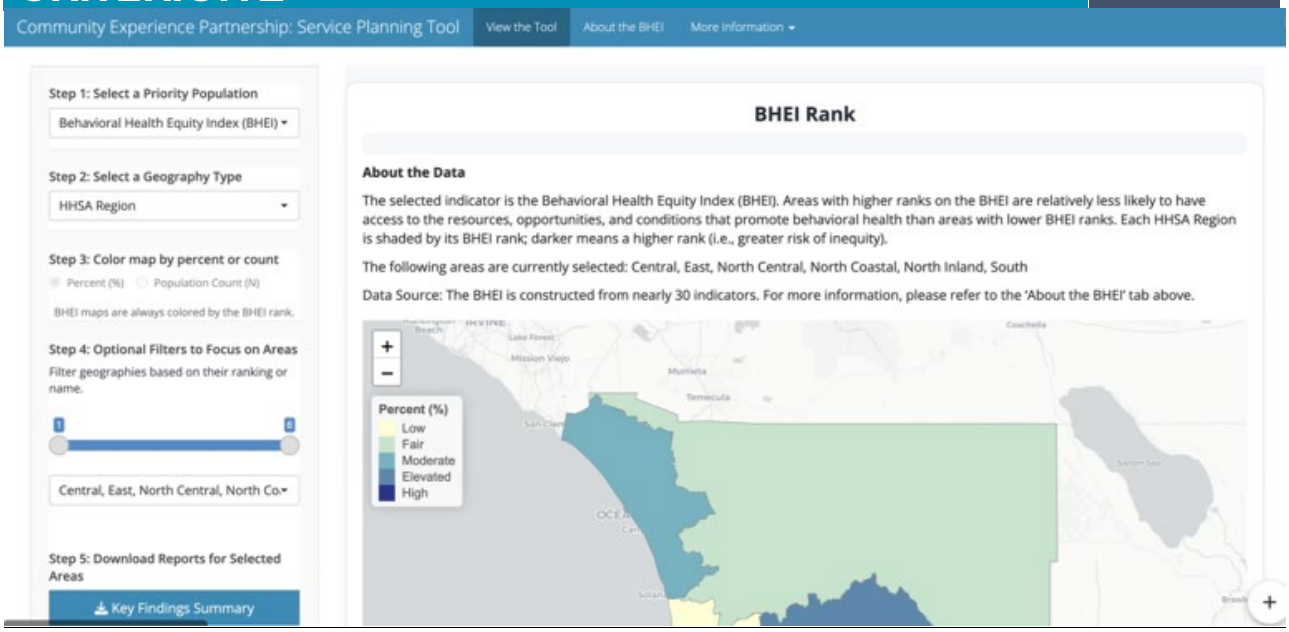


Chart A. Service Utilization by Race/Ethnicity

The following tables provide estimates that guided the development of the CSS programs of the total number of people 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%
Hispanic	1	0	209	129	1,579	29.2%	53,620	41%	122,665	36%
Native American	0	0	9	3	32	0.6%	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%*
Hispanic	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%*
Hispanic	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 clients 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:

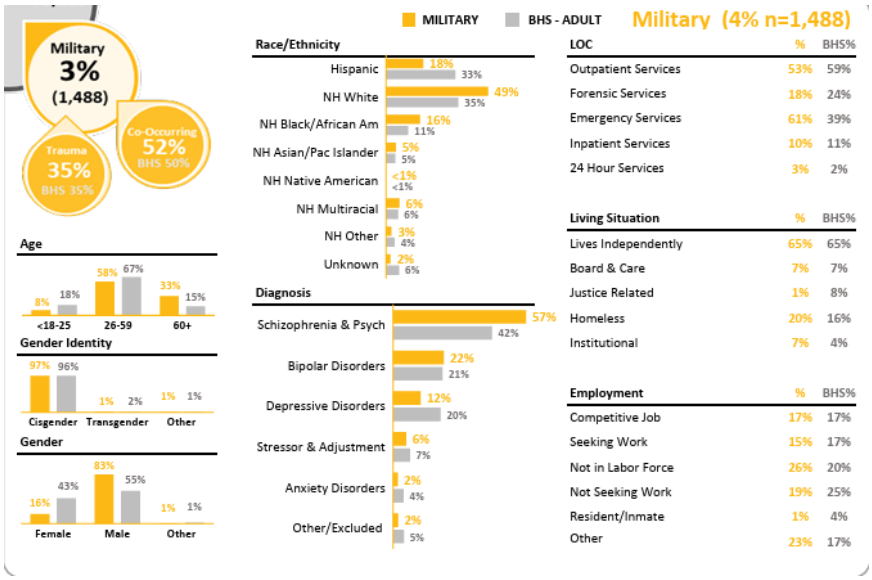
The populations continue to have disparities in behavioral health services in San Diego County, such as the low penetration rates with our adult Latino population. The disparities and variations in penetration rates and retention rates continue to be addressed through training,

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.

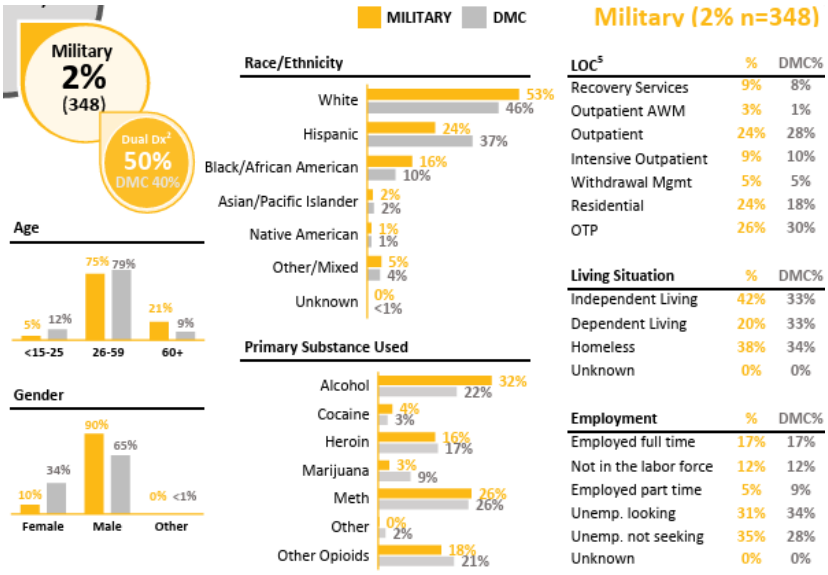
Veterans/Military Service

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 2023-24, 3% reported military service, which is consistent with the proportion of military service reported by 2% of the 14,273 substance use disorder clients served. There appears to be a higher rate of Emergency Services utilized by this population in mental health (61% compared to the rest of the AOA population's utilization at 39%) and a higher rate of residential services in SUD (24% compared to the rest of the AOA population's utilization at 18%). Higher rates of homelessness are also seen among this population in MH and SUD compared to the rest of the AOA population.

Adult Mental Health Client Military Service in FY 2023-24



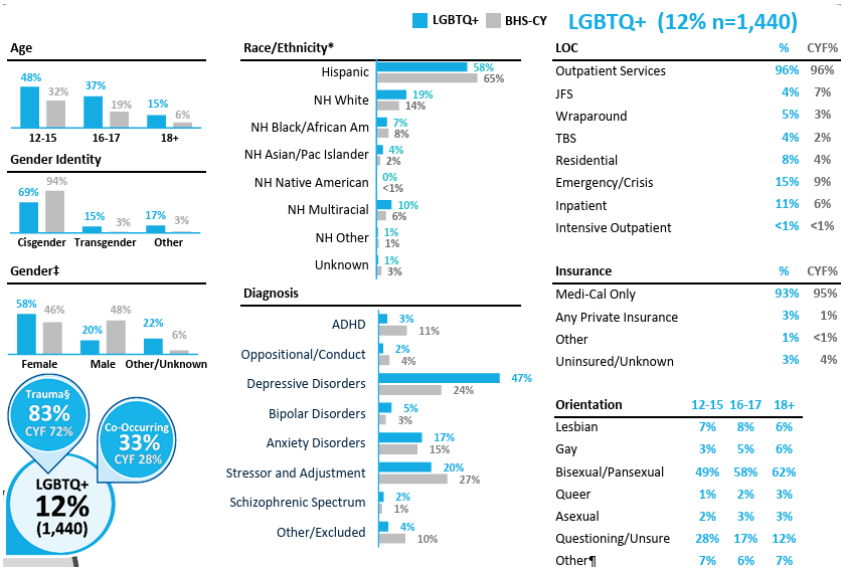
Adult Substance Use Disorder Services Client Military Service in FY 2023-24



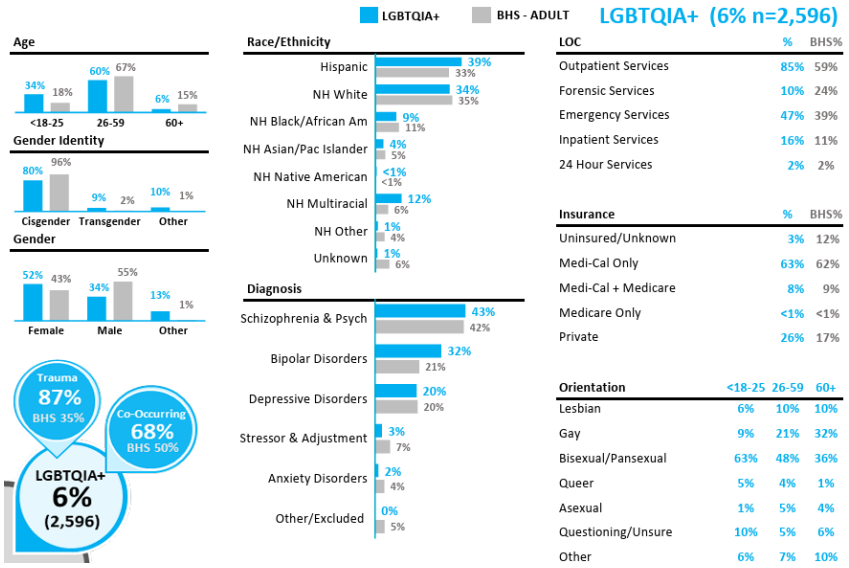
LGBTQ+

To ensure that clients who identify as LGBTQ+ are appropriately served, SDCBHS has been monitoring client sexual orientation among all population groups. Of the 11,726 CY mental health clients served in FY 2023-24, 12% reported LGBTQ+ identification, a higher rate compared to the 6% that reported LGBTQ+ identification among the 45,129 AOA mental health clients. In contrast, only 1% of the 14,273 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 (24%). LGBTQ+ clients also appear to be overrepresented in the SUD levels of care across the board, except for Residential, Outpatient AWM and OTP.

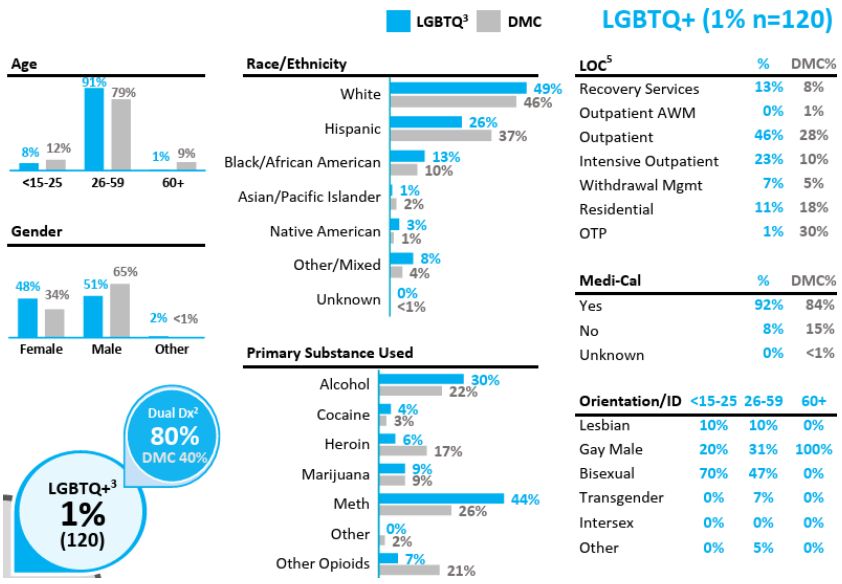
Children and Youth Mental Health Client Sexual Orientation in FY 2023-24



Adult Mental Health Client Sexual Orientation in FY 2023-24



Adult SUD Client Sexual Orientation in FY 2023-24

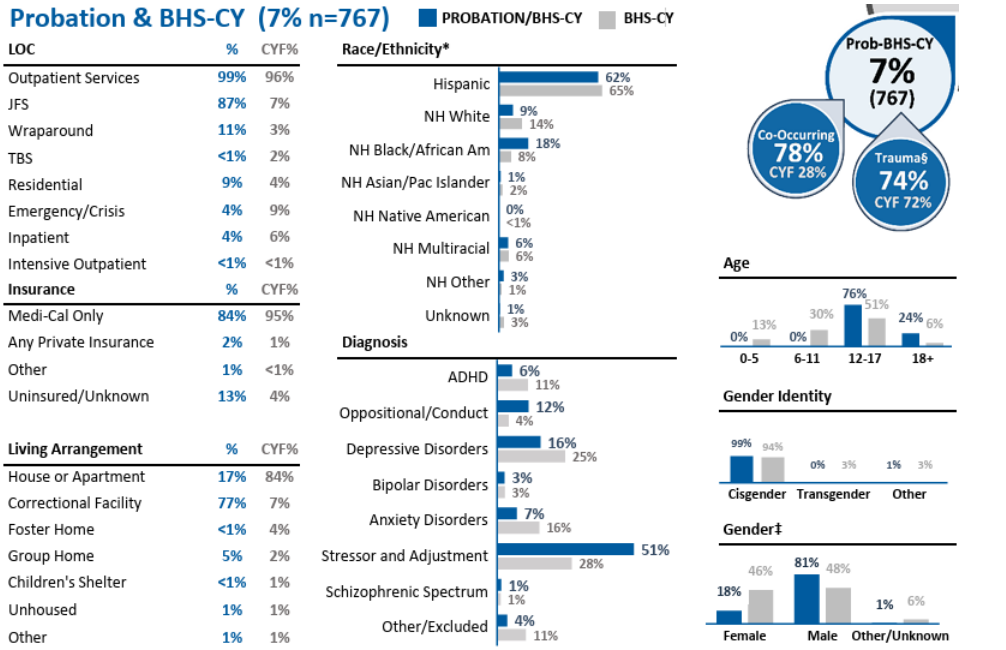


Justice-Involved Population

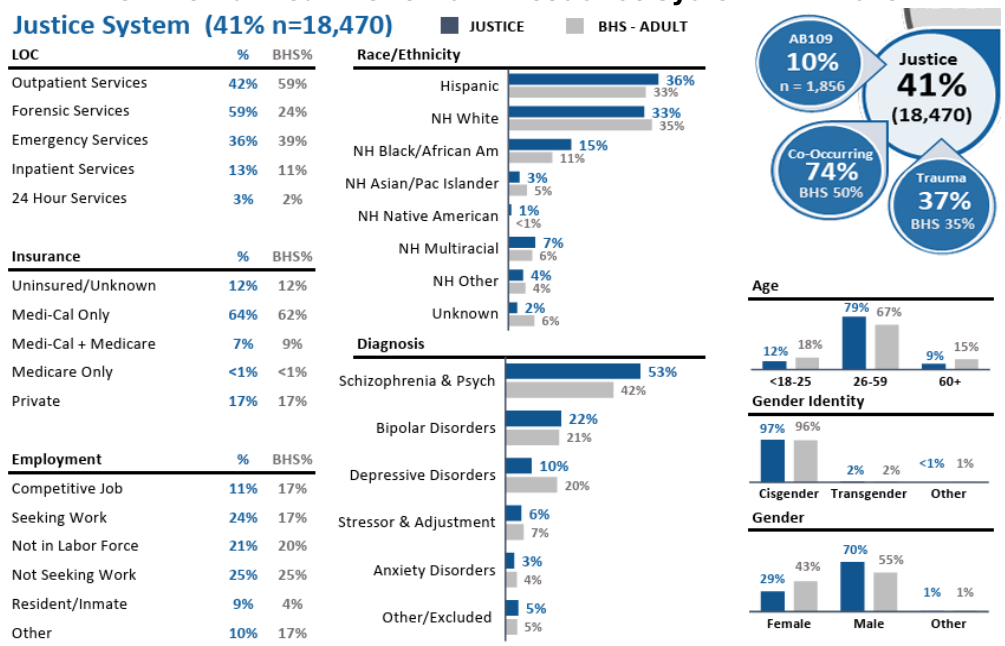
Over the past years, San Diego County has implemented programs and analyzed disparities in mental health services among the justice-involved population. In FY 2023-24, children and youth, 767 involved youth ages 0-17 received mental health services (7% of all CYF clients). On the other hand, 18,470 justice-involved adults ages 18 and older received mental health services (41% of all AOA MH clients). On the SUD side, 5,998 justice-involved adults received services

(42% 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.

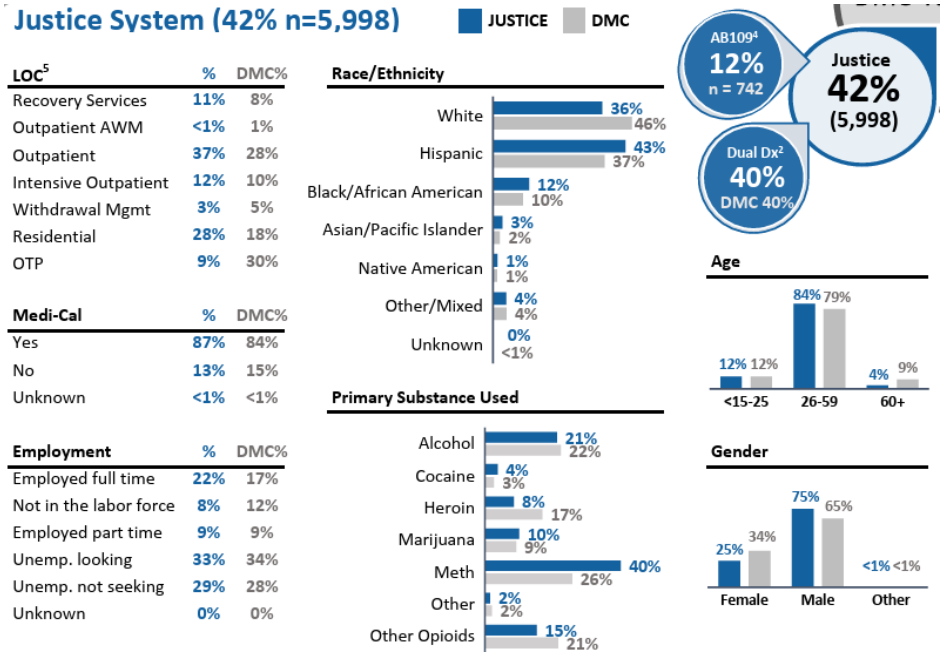
Children and Youth Mental Health Client Probation Status in FY 2023-24



AOA Mental Health Clients in the Justice System in FY 2023-24



AOA SUD Clients in the Justice System in FY 2023-24



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 are in addition to 33 million dollars the County has leveraged to create 241 supportive housing units for people 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.

Since 2017, the County has invested more than $327 million into affordable housing, using excess land, its Innovative Housing Trust Fund, and other state, federal and local funding. Those funds have helped open doors to 2,901 homes, with 3,072 more on the way.

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 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. In 2024, San Diego County received $127.8 million in NPLH funds, according to CalMatters, which will fund 423 units. In 2025, San Diego County received a $25.8 million Homeless Housing Assistance and Prevention (HHAP) grant to help curtail homelessness, which is part of a broader state effort that includes the NPLH program.

Referrals to Housing

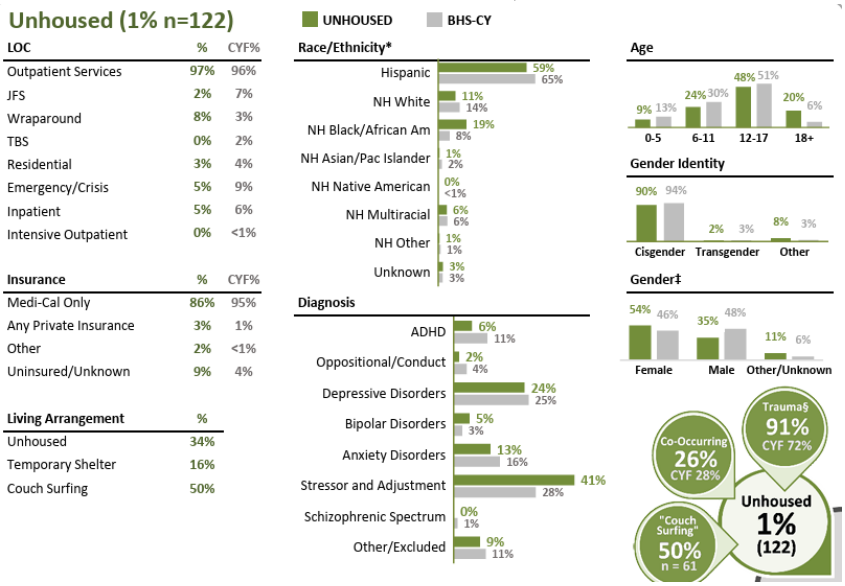
BHS provides short-term, transitional, and permanent supportive housing to ~~persons~~ people who are enrolled in the MHP and are homeless or at risk of homelessness. Programs such as Full-Service Partnerships (FSP) for homeless clients provide housing and support services for TAY, adults with a psychiatric 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.

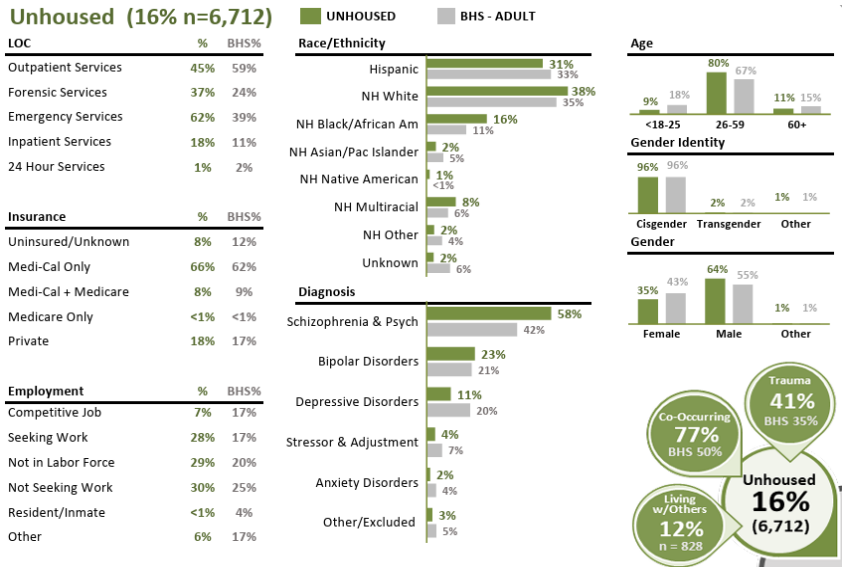
Referrals to housing are also received through the Coordinated Entry System (CES). This system is an evidence-based approach that focuses on housing and service coordination and is designed to link homeless people to the most appropriate housing solution based on their needs. The goals of an effective 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 2023-24, the largest proportion of CY clients that identified as homeless were Hispanic (59%), between the ages of 12-17 (48%), and female (54%). For AOA Mental Health clients, the largest proportion that identified as homeless were non-Hispanic White (38%), between the ages of 26-59 (80%), and male (64%). Meanwhile, for adult SUD clients, the largest proportion that identified as homeless were White (45%), between the ages of 26-59 (87%), male (68%), and reported Meth as their drug of choice (36%).

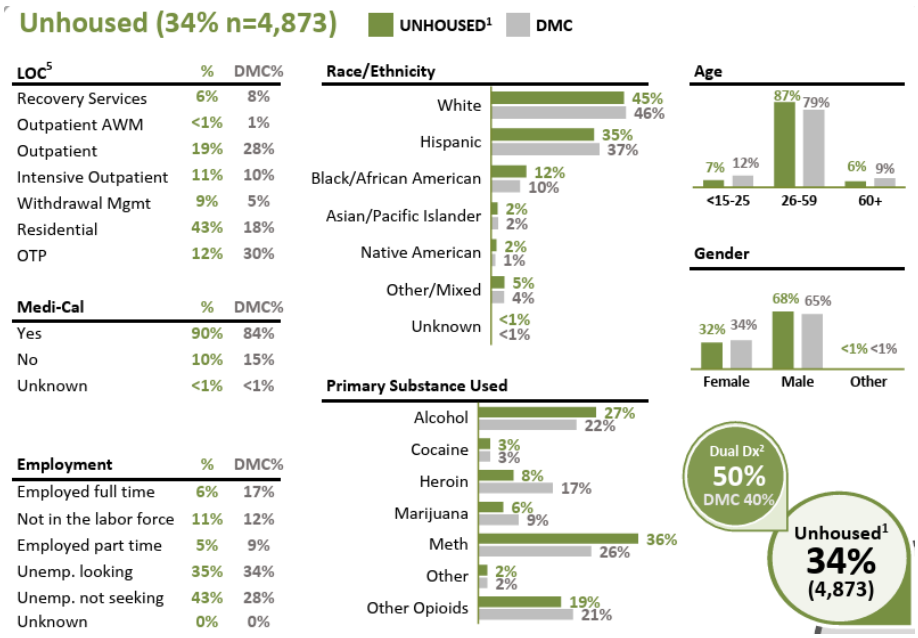
CY Homeless Clients, FY 2023-24



AOA Mental Health Homeless Clients, FY 2023-24



SUD Homeless, FY 2023-24



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). System of Care Councils (SOC) are being restructured for FY 2025-26. 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. System of Care Councils (SOC) are being restructured for FY 2025-26.

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, BHS Programs, 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 2024-25, the estimated total budget for PEI programs is $51,167,156. As required by MHSA, a majority of funding for PEI programs must be directed to programs that serve persons people less than 25 years of age. In FY 2024-25, this requirement will be met with nearly 60 percent of the budget for PEI programs budgeted for programs serving persons people less than 25 years of age.

PEI Program Highlights from FY 2022-23:

CHECK YOUR MOOD – STIGMA & DISCRIMINATION REDUCTION (PEI-ADMINISTRATION):

Check Your Mood is an annual event held the first Thursday in October in conjunction with National Depression Screening Day which engages and encourages San Diegans to monitor and assess their emotional well-being. Organizations across the San Diego region come together to provide free mental health resources, information and Check Your Mood screenings in the community which helps to raise awareness and reduces the stigma related to mental health. BHS and other County staff partnered with local businesses, healthcare agencies, community partners, and volunteers to provide these services at 62 sites throughout the county.

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.

MENTAL HEALTH FIRST AID (PS-01):
The Mental Health First Aid program provides individuals with the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The program provides countywide, community-based education and training services. In FY 2022-23, the program trained 3,807 community members.

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 2022-23 despite continued impacts of the pandemic and public health orders in place, the Positive Parenting Program provided services for over 5,514 parents and/or caregivers.

SCHOOL-BASED PREVENTION & 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. During FY 2022-23 the program screened over 13,000 students and

provided small groups to more than 3,500 students, additionally providing parenting support to almost 2000 caregivers.

ENHANCEMENTS AND CHANGES FOR FYs 2023-24 AND 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 increases.

ALLIANCE FOR COMMUNITY EMPOWERMENT (DV-03):

Alliance for Community Empowerment (ACE) is community response-team program that engages siblings of identified gang members to each and encourage resiliency. The ACE team members engage children and youth in schools, recreational centers and their homes. Parents are also engaged and supported with various activities which increase resilience, coping skills, and improve overall quality of life. In FY 2024-25 the budget increased by $90,000 to provide increased services and hiring of additional staff members.

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. In FY 2024-25 the budget increased by $33,311 for continuity of services.

COUNTY OF SAN DIEGO YOUTH SUICIDE REPORTING AND CRISIS RESPONSE PILOT TO CARE (PS-01):

The Youth Suicide Reporting and Crisis Response Pilot program aims to develop and test models for rapidly reporting and responding to suicides and suicide attempts among youth under 25. San Diego County was selected due to having the second highest youth suicide count and rate in the state from 2018-2020. This program allows the County to enhance existing suicide prevention and crisis response efforts, such as improving data surveillance, implementing emergency department peer support programs, increasing outreach and behavioral health trainings, and enhancing coordination between partners. The budget for this new program for FY 2024-25 is $2,379,200.

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 2024-25 the budget increased by $202,896 to align with the annual contract budget increases as well as adding services to North and South regions. Additionally, a budget of $397,776 was shifted from INN and ARPA to MHSA-PEI.

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 who 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.

MENTAL HEALTH FIRST AID (PS-01):
The Mental Health First Aid program provides individuals the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The program provides countywide, community-based education and training services. In FY 2024-25 the budget increased by $177,810 for continuity of services and increased operational and staffing cost.

NATIVE AMERICAN PREVENTION AND EARLY INTERVENTION (DREAM WEAVER) (NA-01):
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.

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 ages 18-25 who have been diagnosed or are at risk of developing SMI, including those who may be experiencing their first episode of psychosis and may 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. In FY 2024-25 the budget increased by $1,398,678 for the addition of beds and increased operational and staffing costs.

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.

SCREENING TO CARE (SA-01):
Screening to Care is a School-Based behavioral health program that utilizes social-emotional screening to determine the level of support students may need. Early intervention is provided through group sessions on school campuses to strengthen students' social emotional wellness, with care coordination offered to students who need connection to behavioral health treatment. Promotores work to engage the parents to cultivate connections and foster a positive school environment. In FY 2024-25 this new program received a budget of $6,400,000 due to the shifting of funding from the American Rescue Plan Act to MHSA.

SUPPORTED EMPLOYMENT TECHNICAL CONSULTANT SERVICES (PS-01):
The Supported Employment Technical Consultant services program provides technical expertise and consultation on countywide employment development, partnership, engagement and funding opportunities for adults with SMI. Services are coordinated and integrated through BHS to develop new employment resources. In FY 2024-25 the budget increased by $148,310 to expand the Individual Placement and Support (IPS) model across the system of care and to include an IPS trainer to align with the program's learning community requirements.

VETERANS & FAMILY OUTREACH EDUCATION (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. In FY 2024-25, the budget increased by $174,669 to align with the annual contract budget increases.

YOUTH & FAMILY SUPPORT SERVICES (SA-03):
Youth and Family Support Services program offers early intervention services to residents in the Southeastern region of San Diego County which includes focus groups to learn about the community needs, case management, support and education groups, and community resource fairs. The program provides linkage to community resources and behavioral health treatment when indicated through an identified screening process. The services provided are structured to prevent clients from entering higher levels of care by engaging youth and their families through early intervention services. In FY 2024-25 the budget increased by $653,236 to align with the

annual contract budget increases as well as expansion of staff and services and shifting of funds from CY-OE.

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.

Trainings Offered in FY 2024-25
Families Surviving Fire Season
Summer Safety
Fire Captain Ryan J. Mitchell's First Responders Behavioral Support Program
Critical Decisions for a First Responder
First Responder Suicide Prevention Training
First Responders and Burnout
Holiday Preparedness

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 Adult Mental Health First Aid (MHFA) trainings on 7/23/25 for staff, community members, and community partners.

MHFA 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.

Starting in 2023, San Diego County (SDC) engaged in a series of meetings with leadership from the Viejas Band of Kumeyaay Indians to develop Narcotic Treatment Program (NTP) services in SDC's East region. Given collaborative efforts between the County and Viejas, a contract was developed and implemented in February 2024 with an effective date of September 2023. This contract would support delivery of NTP services that would create a significant impact in the community in recovery from opioid use disorder.

Located in El Cajon, Revive Pathway (RP) is a Tribal 638/IHC Opioid Treatment Program that serves adults 18+ who have been diagnosed with an opioid disorder. While RP is contracted with the County to provide NTP methadone dosing and medications for addiction treatment (MAT), the program provides a multitude of services to clients including counseling and care coordination.

Since the program started, RP has served hundreds of individuals in their recovery and continues to grow. In September 2023, RP had a maximum capacity of 150 clients, which expanded to 200 in November 2024 and to 250 in April 2025. The program plans to continue growing and BHS will assist them to again increase its capacity in coming months. Moreover, RP has recently added Contingency Management, a new service modality that will assist clients in recovery from stimulant use disorders. RP's growth speaks to the high quality of specialized services they provide in the community and the successful collaborative partnership between Viejas and the County of San Diego.

In 2024-2025, BHS continued its partnership with Viejas Band of Kumeyaay Indians, providing mobile crisis response services as needed, while actively pursuing broader leaders, and Inner Tribal Treatment, with the goal of expanding Mobile Crisis Response Team (MCRT) services to additional tribal communities. A key focus of this work is ensuring that services are culturally responsive and informed by tribal input. Additionally, BHS leadership participated in a Tribal-County Convening hosted by Kauffman and Associates, Inc., in partnership with the Center for Applied Research Solutions (CARS). This convening aimed to strengthen the responsiveness and cultural relevance of mobile crisis services for tribal communities, ensuring timely and meaningful support during times of need.

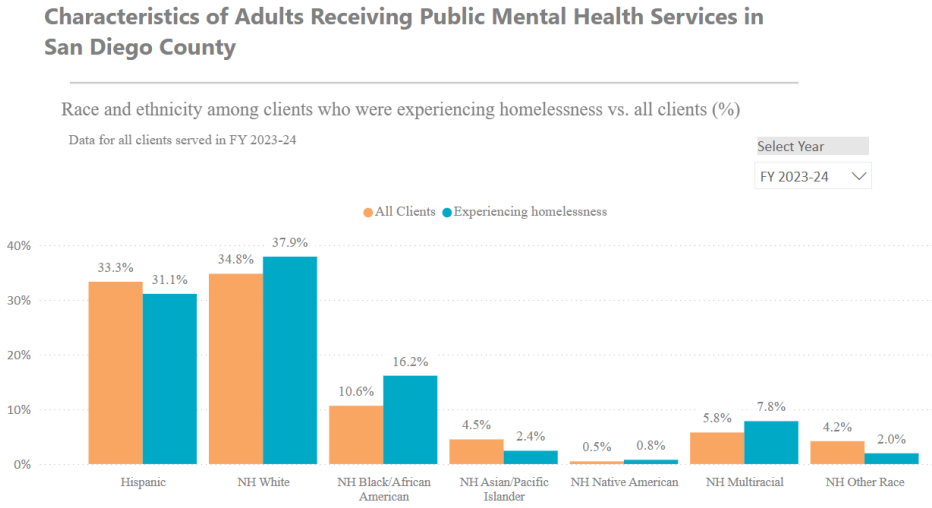
SDCBHS has recently joined a Tribal Communities of Practice group which is compr4ises of a broad range of County staff to align County services and programs for tribal communities. Participants include LUEG, BHS, Medical Care Services/Public Health, Sheriff's Department, Office of Sustainability, etc.

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

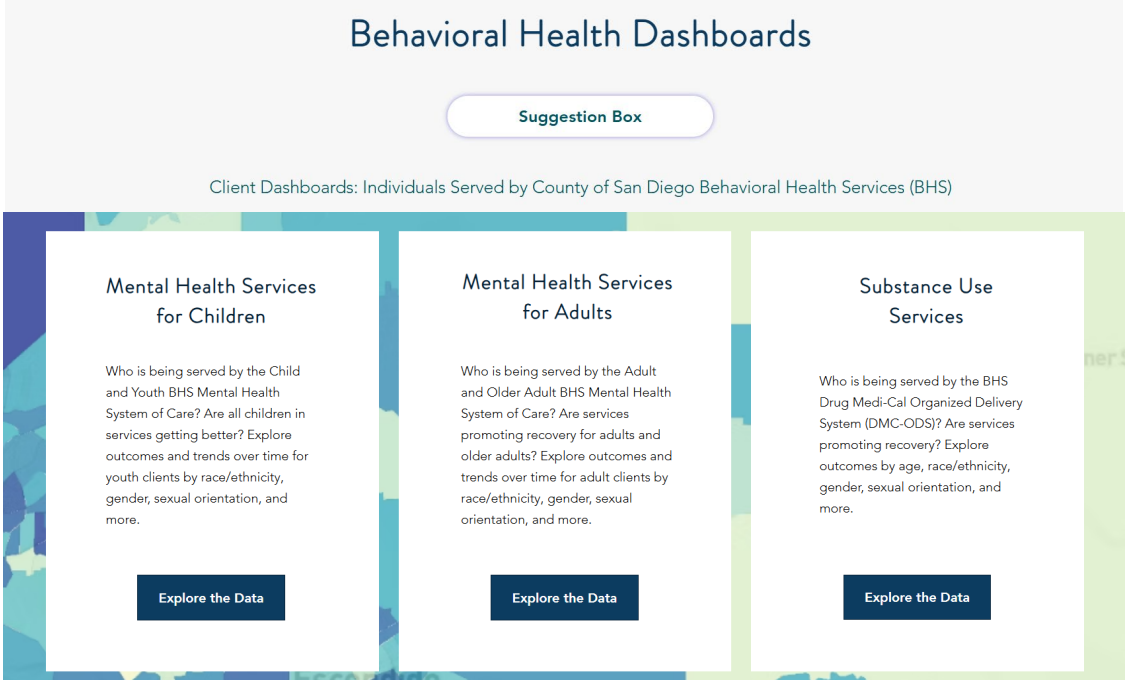
CRITERION 2 THREE-YEAR STRATEGIC GOALS FOR FY 2024-27

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.

- The Community Experience Partnership is a set of interactive dashboards that SDCBHS reimagined (from a previous report) and is widely available for community members to access.



- Community Experience Dashboards were launched three years ago and are interactive Power BI dashboards comprised of custom behavioral health datasets, including mapping overlays for spatial indicators. There have been over 6,620 visits to the CED website since launching, and UCSD continues to monitor and maintain the website and update all dashboards with new data as available.



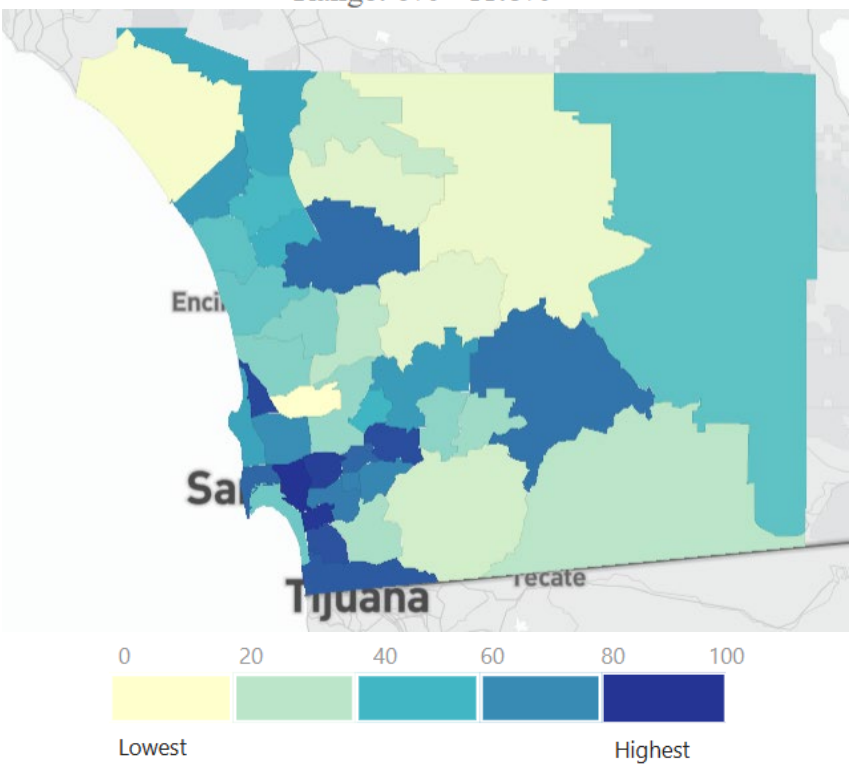
Within the next three years, SDCBHS will complete the integration of the Behavioral Health Equity Index (BHEI) in the public-facing Community Experience Dashboards. The BHEI uses a social determinants of health framework to identify communities at greatest risk for unmet behavioral health needs.

- The Community Experience Dashboards have been updated to include Mapping Social Determinants of Behavioral Health, which integrates BHEI into the Community Experience Behavioral Health Dashboards.
- In this new dashboard, some of the root causes of behavioral health equity, such as poverty, education, employment and housing, are mapped out for review across different neighborhoods and regions in San Diego County.

Percent of occupied households with no available vehicle, 2019-2023

Average for San Diego County: 5.4%

Range: 0% - 11.6%



CRITERION 3: 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:

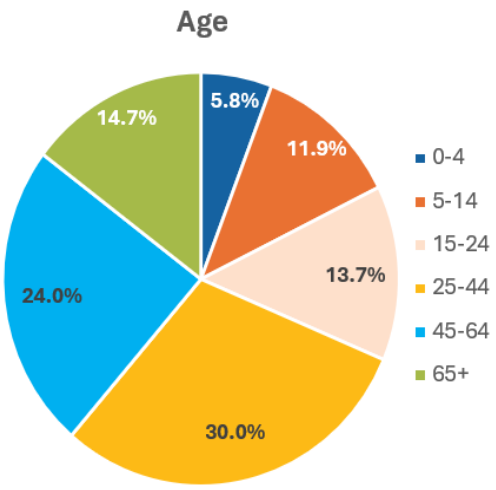
- Medi-Cal
- Community Services and Supports (CSS) population: Full-Service Partnership (FSP) population
- Workforce, Education, and Training (WET) population: Targets to grow a multicultural workforce
- Prevention and Early Intervention (PEI) priority populations: These populations are County identified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

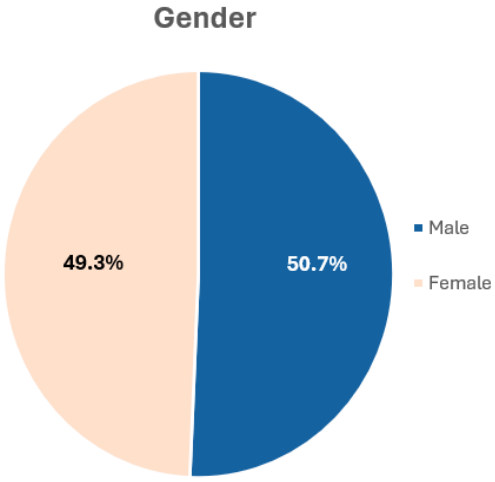
A. List identified target populations, with disparities, within each of the above-selected populations (Medi-Cal, CSS, WET, and PEI priority populations)

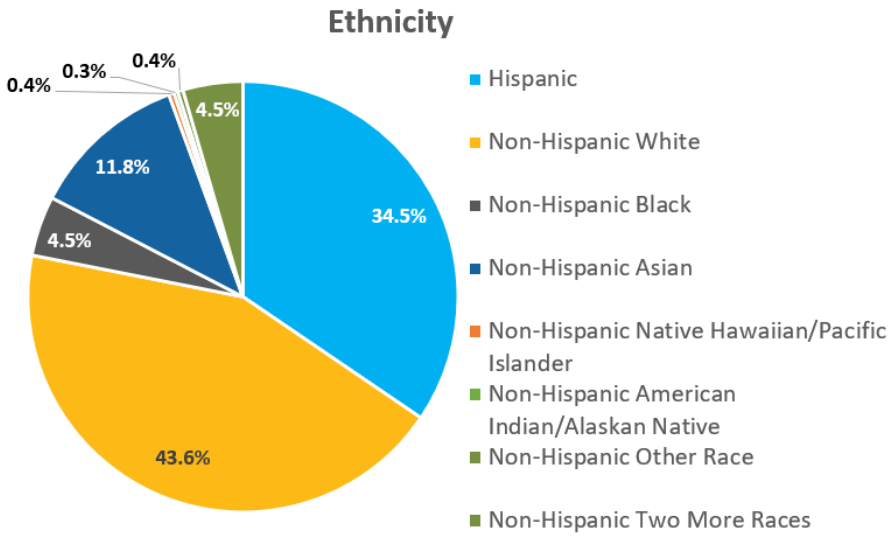
I A. The identified target populations, with disparities, within each of the above-selected populations including Medi-Cal, CSS, WET, and PEI priority populations are discussed below in further detail:

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 pie charts below show the estimated demographics for San Diego County based on 2018-2022 U.S. Census data from the American Community Survey 5-year estimates.







Source: MHSA FY 2025-26 Annual Report

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 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.

Updates for FY 2024-25:

- Added the BHEI front-end to the equity section of the CED. The interactive application features maps and charts that allow users to explore BHEI rankings across ZCTAs, SRAs, and HHSAs, and to generate neighborhood-specific summaries.
- Implemented a feedback tool to collect user input directly through the site.
- Work is underway to launch an updated version of the BHEI that incorporates the most recent available indicator data. All indicators have been updated except for the HCAI measures, which were recently provided by County. Analyses are underway to recalculate the index and to track and understand changes across versions.
- In FY 2023–24, The BHEI was programmed into the Community Experience Partnership: Service Planning Tool (SPT). 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 and revisions were made 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. 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 2024-25:

- Incorporated the latest American Community Survey (ACS) data estimates (2019–2023).
- Expanded community health metrics by adding 16 new Behavioral Risk Factor Surveillance System (BRFSS) measures from Centers for Disease Control and Prevention's (CDC) PLACES dataset.
- Removed data for clients served by the BHS Mental Health system of care and updated related documentation.

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 o 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. System of Care Councils (SOC) are being restructured for FY 2025-26.

FY 2023-2024 Community Planning Process (CPP):
To inform the FY 2025-26 MHSA Annual Update, a series of listening sessions, focus groups, and interviews were facilitated, in concert with the University of California, San Diego Health Partnership (UCSD Health Partnership), to gather stakeholder input from residents with unique perspectives across San Diego County. An online input form was also developed allowing stakeholders to submit feedback and ideas throughout the year.

Community Listening Sessions:
Nine listening sessions were held in collaboration with local partners, including behavioral health providers and/or other social services support for people in San Diego County. Partners informed the structure and guided sessions that were held across multiple regions. Sessions were held in person, lasted one to two hours, and featured opportunities for partners to share information about their organization, upcoming initiatives, and how their program supports the health and wellness of the local community. Accommodations were also made to support people with interpretation or translation needs. Partners Featured in Listening Sessions Include:

- Better Cuts Mental Health Alliance
- Diverse Research Now, Inc.
- Fallbrook Regional Health District
- Grama Blue's House
- Healthy San Diego Justice-Involved Workgroup
- Mental Health Ministry Network
- National Alliance on Mental Illness (NAMI)
- San Diego City College
- SBCS (formerly South Bay Community Services)

Focus Groups:
Eight focus groups were held to identify specific strengths and resources currently available to each participating population, as well as the needs and challenges communities are experiencing in accessing behavioral health resources. The focus groups were offered virtually and in-person at locations individuals and community members gather.

Host Partners:

- Jewish Family Service of San Diego-Breaking Down Barriers Outreach Team
- Jewish Family Service of San Diego-Patient Advocacy Team
- Peer Professionals of California
- Rady Children's Hospital Clinic
- San Diego Rescue Mission
- Somali Family Services
- Telecare-AgeWise
- Telecare-Mobile Crisis Response Team

Interviews:
A total of 10 individual interviews were completed with people who have lived experience and/or expertise. Discussions provided an opportunity to gain insight from residents affiliated with local organizations who self-identified as part of an unserved, underserved, or hard-to-reach population.

Affiliated Organizations of Interviewees

- Disabled in Higher Education
- Disabled LGBTQIA+ Coalition
- Gooden Center
- Grow Lead Motivate (GLM) House
- HEAL Network
- Homelessness Hub
- Interfaith Community Services
- Inspired Mind
- Recovery International
- Unhoused Collective

Online Input Form:
An input form tool was utilized through Qualtrics to gather data from people interested in providing input on mental health and substance use. Individuals were encouraged to indicate which engagement forums were of interest, inclusive of listening sessions, focus groups, and interviews. Respondents were also prompted to provide feedback on behavioral health in San Diego County. The form was promoted in different ways across the region including:

- During listening sessions, focus groups, and interviews, participants were informed about the form and encouraged to share it with their networks.
- With partner organizations and their clients.
- Through outreach and engagement events via a QR code on the UCSD Health Partnership banner, flyers, and other resource booth materials, including a summary document that included past learnings from previous years.

Participants at CPP process activities varied in age, gender, ethnicity, and geographic location, providing a diverse representation of people residing in San Diego County. Participants were encouraged to complete a questionnaire via Qualtrics or a written form, to allow for demographic information to be collected for this report. Approximately 44% of participants completed the questionnaire following a CPP activity.

Age

- 58.6% were between 26-59 years of age
- 32.4% were aged 60 years and over

Race/Ethnicity

- 51.9% identified as Hispanic/Latino
- 18.5% identified as White
- 13% identified as Black or African American

Primary Language

- 58.2% reported English
- 38.2% reported Spanish

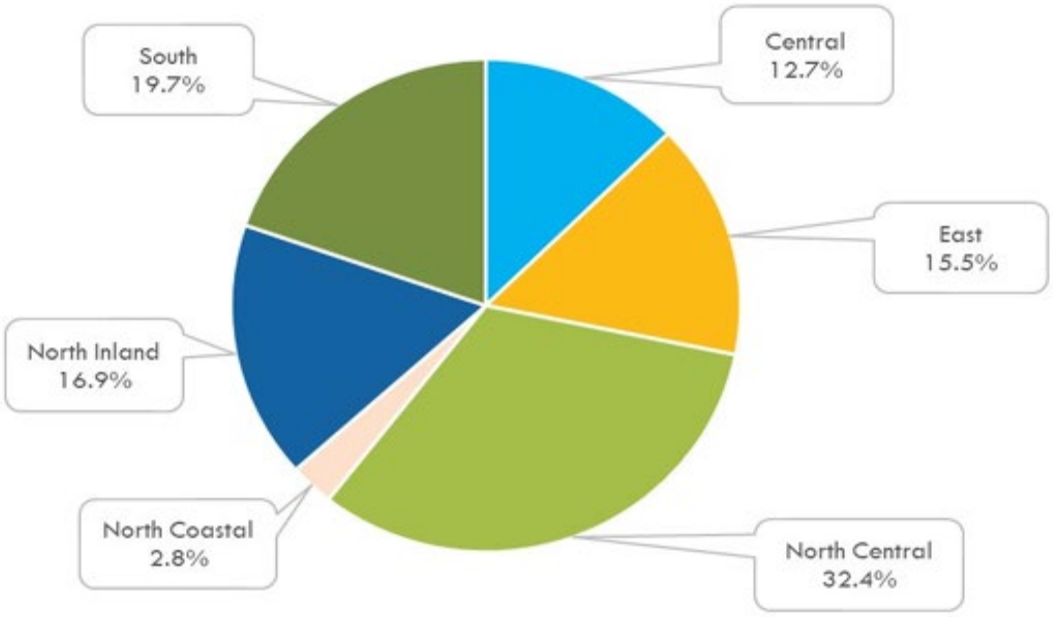
Veteran Status

- 6% of participants indicated their Veteran status

Living with a Disability

- Over 36% of respondents indicated they were living with at least one type of disability, including physical impairments, mental health conditions, difficulty seeing or hearing, learning disabilities, developmental disabilities, and others. Participants also had the option to indicate other specific conditions.

Geographic Location



- Respondents' region (by County of San Diego HHSA Service Region):

Interviews		
Description	**Date**	**Engagement Site/ City**
Staff Member from Grow Lead Motivate (GLM) House	08/06/2024	Lemon Grove Café *HHSA East Region*
Staff Member from The Gooden Center	08/07/2024	Virtual *HHSA North, East, & Central Regions*
Staff Member from Disabled in Higher Education	08/08/2024	Virtual *HHSA South Region*
Staff Member from Interfaith Community Services	08/09/2024	Kensington Café *HHSA All Regions*
Staff Member from Continuum of Care/Homelessness Hub	08/15/2024	Virtual *HHSA North & Central Regions*
Staff Member from Inspired Mind	08/19/2024	Virtual *HHSA North & Central Regions*
Staff Member from Homeless-experienced Advocacy and Leadership (HEAL) Network	08/29/2024	Virtual *HHSA Central Region*
Staff Member from San Diego Unhoused Collective	08/30/2024	House of Black Coffee Company *HHSA North Inland Region*
Staff Member from the Disabled LGBTQ+ Coalition	09/11/2024	Virtual *HHSA North Central Region*
Interview with Staff Member from Recovery International	10/24/2024	San Diego *HHSA Central Region*
Focus Groups		
Description	**Date**	**Engagement Site/ City**
Peer Specialists of California	08/13/2024	San Diego *HHSA All Regions*
Rady Children's Hospital Staff	08/27/2024	Virtual *HHSA North Coastal Region*
Telecare Service Providers to Older Adults with Serious Mental Illness	09/18/2024	Virtual *HHSA All Regions*
Telecare – Mobile Crisis Resource Team (MCRT) Staff	09/25/2024	San Diego *HHSA Central Region*
Somali Family Services (SFS)	10/03/2024	SFS of San Diego *HHSA East Region*
San Diego Rescue Mission	10/09/2024	Virtual *HHSA Central Region*
Focus Group with Jewish Family Service – Patients	10/28/2024	Jewish Family Service of San Diego *HHSA North Central Region*
Focus Group with Jewish Family Service – Administration & Outreach Staff	10/28/2024	Jewish Family Service of San Diego *HHSA North Central Region*

Community Engagement Efforts Summary

Listening Sessions		
Description	**Date**	**Engagement Site/ City**
Central Region Listening Session with Grama Blue's House Inc.	09/28/2024	City Heights/Weingart Library *HHSA Central Region*
San Diego Community College Listening Session	10/03/2024	Classroom at San Diego City College *HHSA Central Region*
North Central Listening Session with National Alliance on Mental Illness (NAMI) Next Steps	10/08/2024	San Diego *HHSA North Central Region*
Justice Involved Listening Session with Health SD Justice Involved Meeting	10/16/2024	Virtual *HHSA All Regions*
North Region Listening Session with Spotlight Partner: Fallbrook Regional Health District	10/22/2024	Community Health and Wellness Center *HHSA North Inland Region*
Listening Session with Diverse Research Now	10/24/2024	Church of Nazarene *HHSA Central Region*
South Region Listening Session with SBCS Promise Neighborhoods	11/05/2024	Lauderbach Center *HHSA South Region*
Mental Health Ministries Listening Session	11/19/2024	Good Shepard Catholic Church *HHSA North Central Region*
Better Cuts Therapy Listening Session	11/21/2024	Southeastern Live Well Center *HHSA Central Region*
Resource Booths		
Description	**Date**	**Engagement Site/ City**
Community Health and Resource Fair	09/04/2024	Jackie Robinson Family YMCA *HHSA Central Region*
Annual Walk in Remembrance with Hope	09/08/2024	Balboa Park *HHSA Central Region*
Mental Health America Meeting of the Minds Behavioral Health Conference	10/10/2024	Marina Village Conference Center *HHSA North Central Region*
Out of the Darkness San Diego Walk	10/19/2024	Naval Training Center Park *HHSA Coastal Region*
Live Well Advance Conference & School Conference	11/21/2024	San Diego Convention Center *HHSA Central Region*

Some of the 2025 CPP engagement activities include but are not limited to:

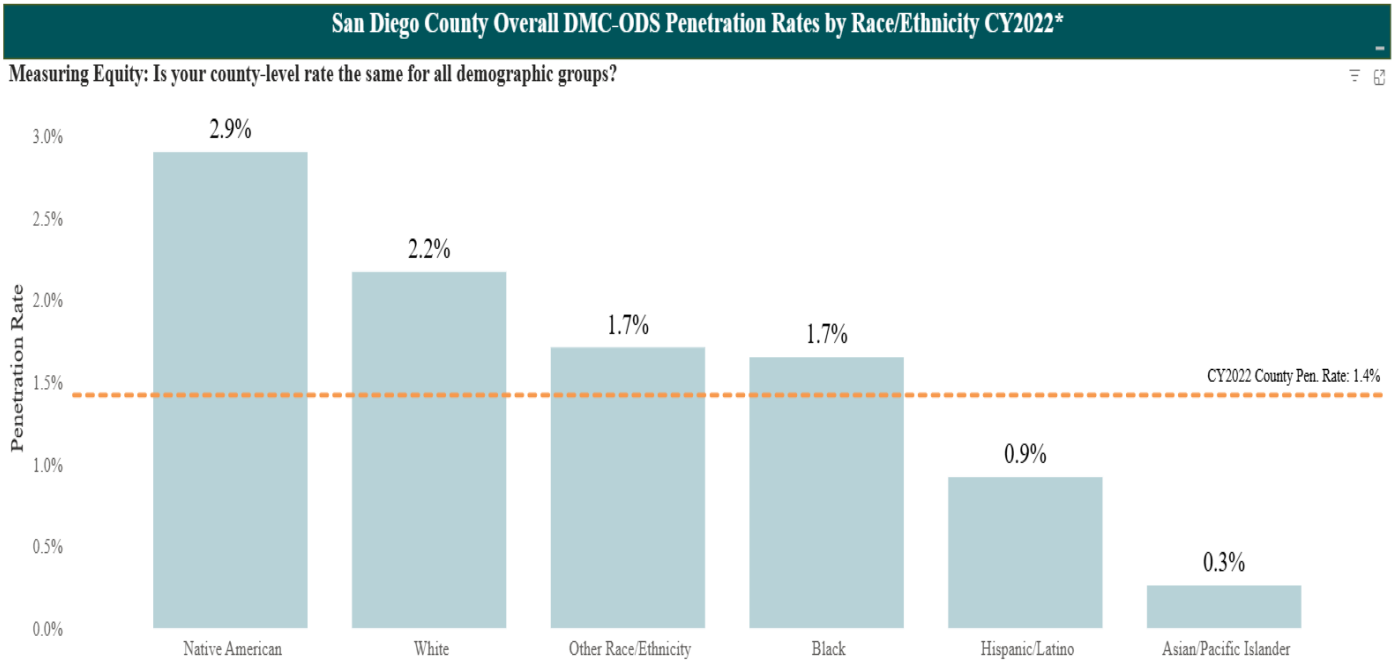
- Subject matter expert for MH and SUD interview
- TAY Kickstart program focus group
- BHSA input/ listening session at BHS Housing Council Annual Retreat
- TAY Just Be U program focus group
- BHAB Roundtable: Justice System Nexus Subcommittee

- Crisis response services public messaging input/listening session-North, South, and East
- Subject matter expert interviews for public safety partners, including County juvenile justice agencies

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. A draft of the Annual Update for FY 2025-26 was posted on the BHS website from April 1 through May 1, 2025, for public review and comments. The draft Annual Update was sent to BHS stakeholders, including the San Diego Mental Health Coalition, Mental Health Contractors Association, and hospital partners for review and comment. The County 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 on May 1, 2025, 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 using current data from CalMHSA, the County's EHR provider, and Optum, the County's administrative services organization.

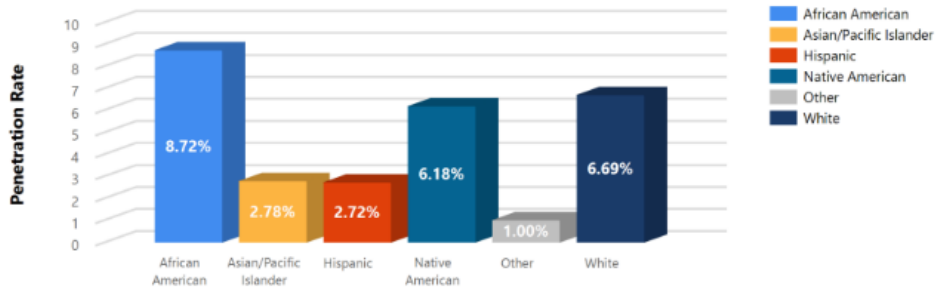
The CalMHSA current penetration rate by Race/ ethnicity chart below shows that Hispanics and Asian/ Pacific Islanders have the lowest penetration rate (CY 2022).

The Optum charts below show the percentage of Medi-Cal eligibles served by race/ethnicity within the MHP and DMC-ODS systems for Q4 of FY 2022-23 and FY 2023-24.

Optum

County of San Diego Behavioral Health Services
Medi-Cal Penetration Rate
Period: FY 23-24 Q4

Fig 2.2 Adult & Older Adult by Race

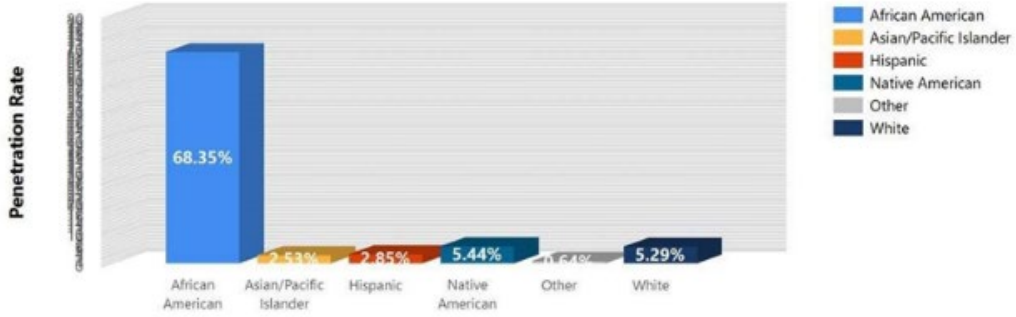


Race	Eligible Clients	Clients Served	Rate (%)
African American	32,677	2,850	8.72
Asian/Pacific Islander	51,713	1,439	2.78
Hispanic	274,376	7,464	2.72
Native American	2,606	161	6.18
Other	205,660	2,050	1.00
White	122,758	8,214	6.69

Optum

County of San Diego Behavioral Health Services
Medi-Cal Penetration Rate
Period: FY 22-23 Q4

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

The Optum charts below show the percentage of Medi-Cal eligibles served by race/ethnicity within the MHP and DMC-ODS systems for Q4 of FY 2022-23 and FY 2023-24. Figure 2.2 for FY 2023-24 shows that the 'Other,' Asian/Pacific Islander, and Hispanic groups have the lowest penetration rates, with 'Other' being the lowest overall. Both graphs reveal that African Americans possess the highest penetration rates, followed by Native Americans and then Whites. However, the penetration rate for the African American population saw a significant decline as a result of a growing number of eligible clients without a corresponding increase in the number of clients served. Note that all the ethnicities/races were underserved from Fig. 2.2 FY 2022-23 to FY 2023-24. This is a strong indicator of QI efforts needed.

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.

III A. Based on the evident disparities in access to care for the ethnically diverse groups noted and listed in the previous section, 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:

- CSS Plan Strategies/Actions/Objectives/Timeline
- 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 in 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 number 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 for FY 2024-25 and 2025-26:

- Breaking Down Barriers (ps-01)-Breaking Down Barriers is an outreach campaign that engages underserved communities including Latino, African American, Native American, African immigrants/refugees, and LGBTQ individuals to increase access to mental health services. The program reduces stigma and discrimination through increased awareness and acceptance of mental illness and treatment choices, thereby increasing access and use of available services. In FY 2025-26 the budget increased by $1,000,000 to expand program capacity for community engagement with underserved communities
- Assisted Outpatient Treatment (AOT) Housing -Housing provides intensive community-based services for individuals who are homeless or at risk of homelessness and have SMI and qualify for Laura's Law and have been referred by the In-Home Outreach Team (IHOT). The program also provides AOT services to individuals who have a CARE agreement and have been referred by the County CARE team. In FY 2025-26 this new program received a budget of $346,451 to provide short-term rental assistance for CARE ACT clients.
- Suicide Prevention & Stigma Reduction Media Campaign – It's Up To Us (PS-01) County-wide media and marketing efforts, collectively known as BHS' "It's Up to Us" campaign, focuses on educating the public about behavioral health topics, stigma reduction, and increasing public awareness around resources to support individuals' mental and emotional well-being. The campaign provides awareness of the stigma of mental illness, promotes individual acceptance of mental illness, and provides materials and information on options for intervention, treatment, and recovery. In FY 2025-26 the budget decreased by $2,392,770 due to shifting of funds to MHSA-Administration to support Ad Hoc public messaging, outreach, and education campaigns

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 is a 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 (CCRT, Criterion 4) continues to be an avenue in which progress is made towards reducing disparities in target populations.

Below are the CCRT goals and areas of focus for FY 2024-25 pertaining to Medi-Cal and 200% poverty populations:

Governance, Improvement and Accountability:

- Reviewed the implementation of the Cultural Competence (CC) Plan by 2 legal entities.
- Behavioral Health Services Act Transformation (BHSA) and SB 43 Implementation – Staff participated in planning and development of these initiatives. Development and implementation to continue in 2025. Review baseline data to address health care disparities across the levels of services within the BHSA and the new SB43 implementation.
- Coordinate ongoing system of care presentations.

Implementation of Cultural Competence Plan Review - Substance Use contracts:

- Reviewed large and small size LE's Cultural Competence Plan in light of CLAS standards and for COR to provide technical assistance and consultation on plan.
- To facilitate discussion on Health Care Disparities with contractor
- Re-training of BHS CORs to provide TA and consultation on Cultural Competence Plan

Health Care Disparities:

- Health care disparities discussion was a standing CCRT meeting agenda items and related updates were provided throughout the year.
- The implementation of California Advancing and Innovating Medi-Cal (CalAIM) is an opportunity to address Health Care disparities.

Historically, the County administration worked hand in hand with the seven previous 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 Medi-Connect 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 Medi-Connect 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 Medi-Connect. 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 Medi-Connect 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.

Currently, there are five Medi-Cal Managed Care Plans in the County of San Diego: Kaiser Permanente, Blue Shield Promise, Community Health Group, Molina Healthcare, and Scan Health Plan. San Diego County's Behavioral Health Services and Managed Care Plans have developed a strong partnership through the Healthy San Diego Behavioral Health Quality Improvement Projects workgroup, which meets monthly to evaluate behavioral health quality initiatives and metrics aimed at improving quality and equity. Key focus areas include building data infrastructure and enhancing care coordination for performance reporting and quality improvement. The workgroup has developed a process map showing referral pathways from the Managed Care Plans to the Specialty Mental Health Plan and has used this map to identify opportunities for improving care access. Furthermore, SDCBHS collaborates with MCPs in the Healthy San Diego Behavioral Health Operational Workgroup, which meets monthly to update and maintain existing Memorandums of Understanding, care coordination forms, and policies that enhance access to BHP and MCP behavioral health services for Medi-Cal members. To ensure timely mental health services, the workgroup has established process maps for screening and care transitions to facilitate member access across BHP or MCP systems as needed. SDCBHS regularly engages with the local hospital leaders of the MCPs to remain informed about ongoing developments and to improve patient outcomes.

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 2025-26, the estimated total budget for CSS programs is $227,119,611.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.

In FY 2025-26, the estimated total budget for PEI programs is $50,318,836. 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 2025-26, this requirement will be met with more than 60% percent of the budget for PEI programs budgeted for programs serving persons less than 25 years of age. Due to changes from MHSA to BHSA and the transition of prevention programs to the State, this will drastically decrease SDCBHS funding for many of the culturally diverse programs in the future.

VI. WET Plan—Objectives/Actions/Timelines

III BVI. 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 2025-26, the estimated WET expenditures will be $7,619,073. 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.

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

III 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:

- Middle Eastern Services are now contracted through UPAC Multicultural Community Counseling which is an outpatient behavioral health program providing a full range of outpatient diagnostic and treatment services for children, adolescents, and young adults up to age 21. Additionally, acculturation/welcoming groups are available to Middle Eastern's, inclusive of Chaldean, refugees or immigrant students in pre-approved East County schools. As a result of trauma, immigration, displacement, and cultural changes, the Middle Eastern students are provided behavioral health services to assist in their adjustment at school and in a new cultural environment.
- Courage to Call-the Courage to Call program provides a confidential peer support hotline and navigation services to refer, link resources and services for veterans, active duty, military, reservists, National Guard, and their families. Specifically, the 7/24/365 hotline provides mental health information, linkages to mental health services (including psychiatry when indicated), navigation to link to essential services, and other resources.
- 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.
- 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.

- Bridgeways provides individual, group, and family therapy with medication management to youth that are at risk or currently involved in the juvenile justice system and have mental health or co-occurring substance use needs. Services are provided in the community or at home to offer better access to services. Bridgeways also provides psychoeducational groups and coordinates with the youth probation officer to assist with linkage to services. In FY 25-26, the budget decreased by $560,000 to repurpose funding for Behavioral Health (BH) Links to advance the Next Move program as the primary outpatient provider for youth with justice involvement. 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.
- Project 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. Acculturation Services are provided for Children and Youth, System Development (CY-SD) and TAY, Adults and Older Adults – System Development (TAOA-SD).
- Native American Prevention and Early Intervention Provides Specialized culturally appropriate prevention and early intervention services to Native American Indian/Alaska Native urban youth and their families who are participants at the Youth Center.
- 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) Provides multicultural and linguistically appropriate PEI services to underserved Latino, African American, Asian, Pacific Islander, Filipino, East African, and Middle Eastern seniors over 60 years old utilizing the Promotora model. They aim to identify and prevent mental health issues, reduce ER visits and hospital admissions, improve access to health, mental health care and enhance the service capacity and quality of older adult care. The program also links East African and Middle Eastern refugees over 60 years old with Special Immigrant Visas to translation

services, acculturation education, citizenship and adjustment to the main culture classes, as well as medical and mental health navigation.

- 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 adults 18 and older diagnosed with schizophrenia or other psychotic disorders through voluntary treatment through a civil court process. By the end of the program's first year, 71 CARE agreements were in place and the first graduation celebration.
- 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 went into effect in January 2025.

- San Diego Harm Reduction Coalition partnered 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. Narcan became available for over-the-counter purchase in March 202. San Diego County's most current drug overdose quarterly report highlights that as of the end of December 2024, the vending machines have dispensed over 28,000 units of naloxone and over 8000 fentanyl test strips, indicating significant community engagement with harm reduction resources. The availability of fentanyl test strips promotes informed decision making and has the potential to prevent overdose incidents, reflecting San Diego County's ongoing commitment to expanding access to life-saving tools and reducing barriers for individuals at risk of overdose.

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.

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.).

VA. All programs are currently active. Many can be noted in the MHSA FY 2025-26 Annual Report.

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 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.

- 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 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 was 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,the County implemented SmartCare as the EHR for both the mental health (MH) and substance use disorder (SUD) systems of care. Timeliness data is now being pulled from SmartCare. 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 and
- mental health providers. Also, mental health providers may view the documentation of SUD providers as well as other mental health providers.
- 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.

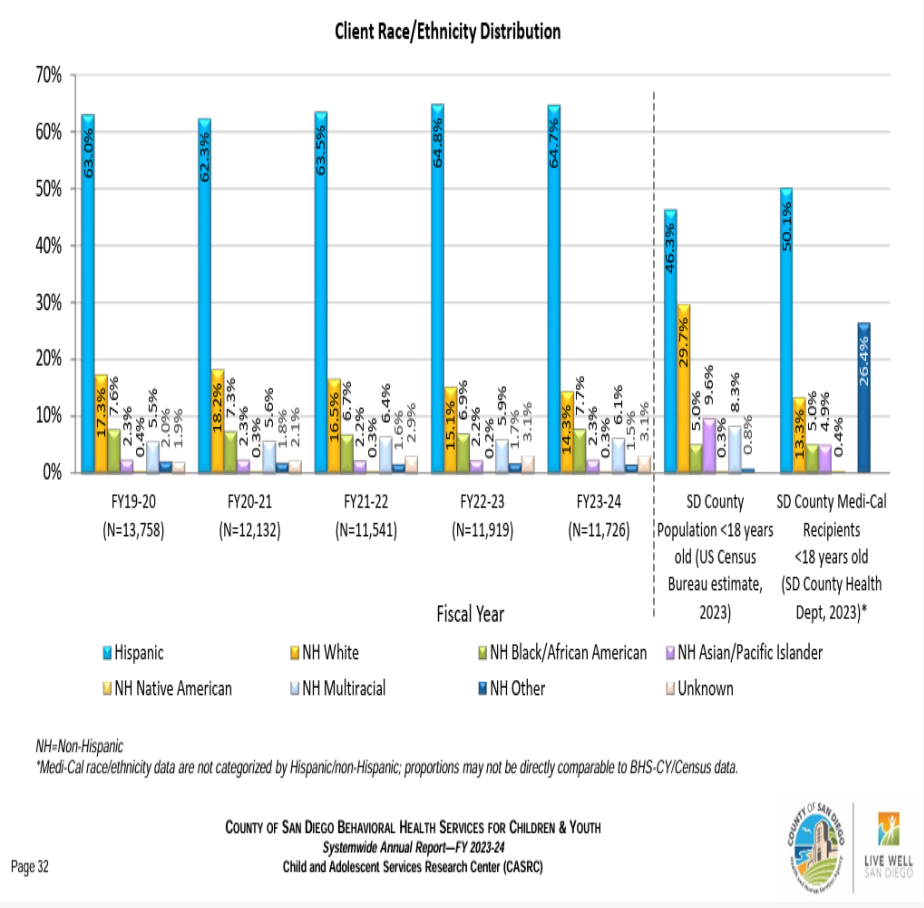
V C. SDCBHS would like technical assistance with a recommendation of evidence-informed strategies that are used by other counties and nationwide to help reduce health disparities and improve access to care.

CRITERION 3 THREE-YEAR STRATEGIC GOALS FOR FY 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. Data from Optum, the county's administrative services organization, indicates that the current Medi-Cal penetration rate for behavioral health services among Hispanic adults and children has risen from Q2 to Q4 of FY 2023-24. The chart below illustrates the most recent data regarding Optum's Hispanic penetration rate.

BHS Hispanic Medi-Cal Penetration Rate		
Reporting Period	Adult Rate	Children Rate
FY 2023-24 Q2	2.67%	2.33%
FY 2023-24 Q3	2.76 %	2.36%
FY 2023-24 Q4	2.72%	2.43%

The County of San Diego's Adults and Children/Youth (CY) Behavioral Health Services Systemwide Annual Report provides insights on the race/ethnicity the County serves. The FY 2023-24 Children/Youth Systemwide Annual Report shows that 7,591 (65%) of mental health clients who received BHS-CY services in FY 2023-24 were identified as Hispanic. A larger percentage of Hispanic and Black/African American clients and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population. Below is the children/youth mental health client race/ethnicity distribution data in the report:



For FY 2023-24, the Adult Behavioral Health Services Systemwide Annual Report shows that the proportion of non-Hispanic White mental health clients served by SDCBHS has gradually decreased since FY 2019-20 (39% to 35%), while the proportion of Hispanic mental health clients has gradually increased (29% to 33%). The proportion of non-Hispanic Black/African American and non-Hispanic multiracial mental health clients served by SDCBHS has remained relatively stable since FY 2019-20. Below is the adult mental health client race/ethnicity data in the report:

Race/Ethnicity	Fiscal Year				
	2019-20	2020-21	2021-22	2022-23	2023-24
Hispanic	29%	30%	31%	32%	33%
NH White	39%	38%	37%	36%	35%
NH Black/African American	11%	11%	11%	11%	11%
NH Asian/Pacific Islander	5%	5%	5%	4%	5%
NH Native American	<1%	<1%	<1%	<1%	<1%
NH Multiracial	6%	6%	6%	6%	6%
NH Other	4%	4%	4%	4%	4%
Unknown	6%	6%	6%	6%	6%

Adult Behavioral Health Services Annual System of Care Report FY 2023-24
Source: Health Services Research Center (KW, ALP, MCM, ZX, ST)

Adult MH 15

To enhance the outreach to the Hispanic/Latino community, reduce stigma around mental health services, and increase awareness regarding services available, the MHP has partnered with several programs and committees dedicated to increasing Hispanic/Latino penetration rate. These programs include including *Elder Multicultural Access and Support Services (EMASS), San Diego County Promotores Coalition,* and *Breaking Down Barriers (BDB) of Jewish Family Service (JFS).*

The *Breaking Down Barriers* (BDB) program works specifically to reduce mental health stigma through implementing culturally responsive strategies for communities of color. *BDB*'s strategy to engage the community involves partnering with established community hubs for maximum reach. They partner with schools, health centers, community charters, and other organizations to perform outreach and engagement. *BDB* conducts specific educational workshops for providers to teach best practices for working with communities who identify as Hispanic/Latino. Breaking Down Barriers conducts various engagement activities to reach out to Spanish-speaking clients. These activities include facilitating workshops and community presentations in Spanish such as "How to Find a therapist" and "Intergenerational Trauma and Resiliency." Social media platforms (Instagram and TikTok) are used to share relevant content in Spanish. To maintain the highest quality standards, the *BDB* consults with the *Latino Program Advisory Group (PAG)* to ensure their content is culturally and linguistically appropriate for the community. Data from these specific programs and outreach efforts are studied to assess the impact on the Hispanic/Latino 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. The goal is in progress. The SDCBHS Clinical Design team offered a training session on September 25, 2025, focused on the Service Planning Tool, a new custom application designed to help ensure BHS services are informed by data and tailored to the unique needs of the community. The Clinical Design team also conducted an annual clinical design training on August 19, 2025, where they went over ways in which teams can and should be using data to inform their service planning.

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 on 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 (SDCBHS).

The CCRT is an advisory board operating at the behest of the San Diego County Behavioral Health Services 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, committee updates on education and training, and children and youth.

Membership is 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: a). County Regions, b). County Contractors, c). Community Hospitals, d). Optum Programs, e). Community Services Programs, and e). 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 desires 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.

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. Incorporating community input, SDCBHS will continue to prioritize diversity within the CCRT to ensure it reflects the community it serves. Additionally, efforts will be made to ensure that CCRT members participating in other councils, community meetings, and stakeholder events consistently share and relay information from the CCRT in their respective roles. System of Care Councils (SOC) are being restructured for FY 2025-26.

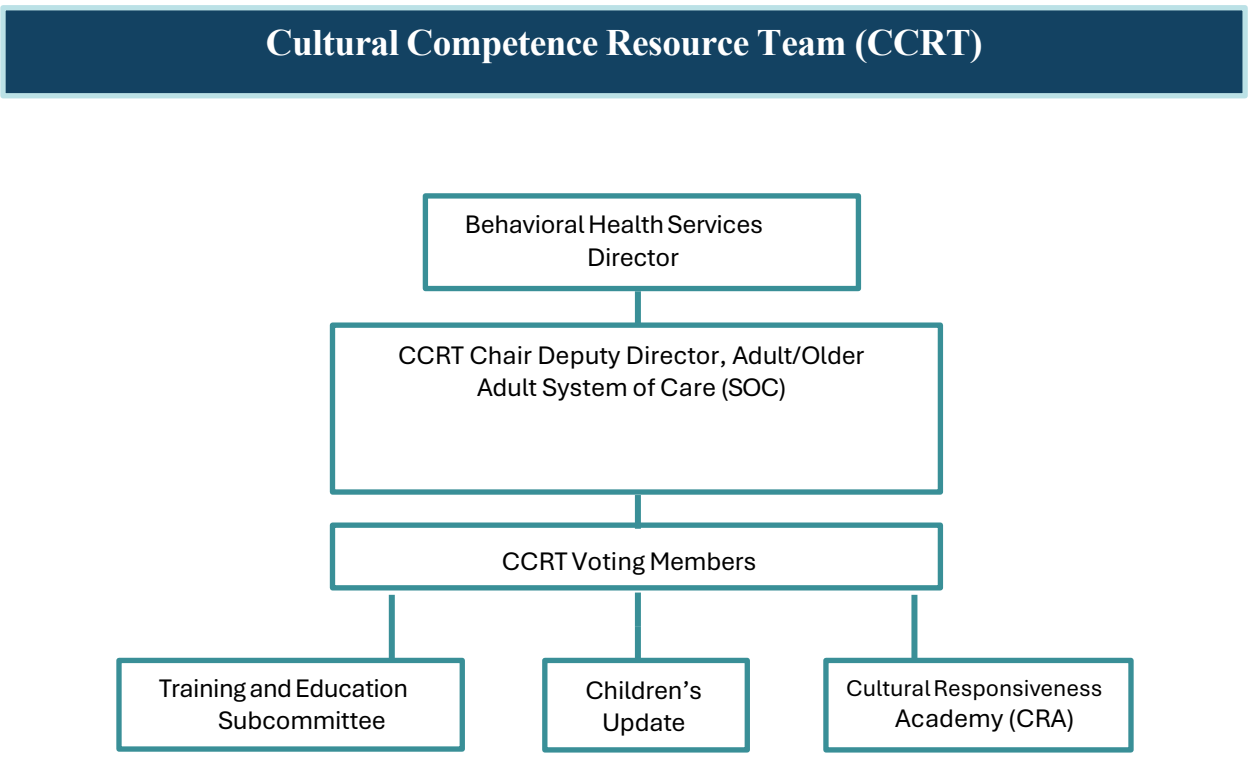
B. Policies, procedures, and practices that assure members of the Cultural Competence Committee will be reflective of the community, including County management level and line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other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

I B. Policy #5946 ensures that membership of the Cultural Competence Resource Team (CCRT) reflects the diversity of the community it serves. This includes representation from County management, line staff, clients, and family members from various ethnic, racial, and cultural backgrounds, as well as providers, community partners, contractors, and other stakeholders, as appropriate.

According to the policy, the Deputy Directors of SDCBHS are responsible for appointing members to the CCRT. Appointments include representatives from a range of organizational units and disciplines within SDCBHS, as well as at-large members from the community, including consumers and family representatives. The policy also specifies participation from key groups such as the SDCBHS Population Health team for quality improvement, the Clinical Staff Association, the Mental Health Contractors Association (ADSPA), and the Behavioral Health Advisory Board (BHAB).

At present, the CCRT includes members from each of these recommended groups, ensuring a comprehensive and representative body that supports the department's cultural competence goals.

C. Organizational chart



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

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

County	Public	Providers	Education
Piedad Garcia, Chair	Bahar Berens	Rosa Ana Lozada	Juan Camarena
Charity White-Voth, Co-Chair	Spshelle Faith	Ingrid Alvarez-Ron	Shane Padamada
Natanya Glezer	Gordon	Rick Heller	Erick Mora
Liz Miles	Jasmine Tavarez	Mahvash Alami Rad	Wanjiru Golly
Jennifer Rusit	Lauren French	Fardosa Osman	Michelle Kamau
Andrea Duron	Emmanuel Molin	Rebecca Paida	**Private**
Augusto Eduvala	Linda Puebla	Robert Cook	Stacy Thompson
Edith Mohler	Carmen Pat	Brian Bauers	Kat Katsani-Semel
Danyte Mockus-Valnezuela		Jude Holder	**Family**
Angie Solom		Zoe Kornweibel	Celeste Hunter
		Kacie Rodvill	Ingrid Alvarez-Ron
		Melissa Penaflor	Nathaly Martinez

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.

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. System of Care Councils (SOC) are being restructured for FY 2025-26.

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.

Accomplishments for CY 2024 include:

Governance, Improvement and Accountability

- Reviewed the implementation of Cultural Competence (CC) Plan by 2 legal entities.
- Behavioral Health Services Act Transformation (BHSA) and SB 43 Implementation Staff participated in planning and development of these initiatives. Development and implementation to continue in 2025. Review baseline data to address health care disparities across the levels of services within the BHSA and new SB43 implementation.
- Coordinate ongoing system of care presentations.

Implementation of Cultural Competence Plan Review - Substance Use contracts

- Reviewed large and small size LE's Cultural Competence Plan in light of CLAS standards and for COR to provide technical assistance and consultation on plan.
- To facilitate discussion on Health Care Disparities with contractor.
- Re-training of BHS CORs to provide TA and consultation on Cultural Competence Plan

Health Care Disparities

- Health Care disparities discussion was a standing CCRT meeting agenda items and related updates were provided throughout the year.
- The implementation of California Advancing and Innovating Medi-Cal (CalAIM) is an opportunity to address healthcare disparities.
- CCRT, Chair and assigned staff participated in the Southern Region Ethnic Service Managers monthly meetings to provide input and feedback on State and local diversity and equity issues.
- Evaluated the LGBTQ recommendations aligned with the County of San Diego's 10-Year Roadmap. 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. System of Care Councils (SOC) are being restructured for FY 2025-26.
- 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 10 CCRT meetings in FY 2024-25.

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 continues to be a close and active linkage between the Cultural Competency Resource Team (CCRT) and quality improvement (QI) efforts within San Diego Behavioral Health Services (SDBHS). The Quality Improvement Unit, now operating under Population Health as the Network Quality and Planning (NQP) unit, maintains regular engagement with the CCRT. NQP prioritizes feedback from the CCRT to ensure that services are effectively tailored to meet the diverse cultural and linguistic needs of individuals throughout San Diego County.

CCRT feedback supports the identification of areas where cultural competence training, language access services, and culturally responsive practices can be strengthened. Topics related to quality improvement that continue to be discussed throughout the year include organizational and individual cultural competence evaluation tools, the SDCBHS Annual Databook, outcomes reports, and feedback on MH and SUD Provider Cultural Competence Plans, penetration and utilization rates, and other reports and data reflecting the cultural and ethnic diversity of the individuals served.

CCRT members regularly share updates and insights gathered from various councils, meetings, and conferences, which enhances their understanding of emerging community needs. Members also exchange materials and handouts from other meetings to communicate relevant community concerns and priorities. System of Care Councils (SOC) are being restructured for FY 2025-26.

Throughout the year, the CCRT continued to provide reports and updates to the Population Health team on quality improvement related to healthcare disparities, a standing agenda item in all CCRT meetings. Discussions focused on monitoring and addressing disparities in access, quality, and outcomes of care. The ongoing implementation of BHSA and BH-CONNECT remain a significant framework for reducing health care disparities through person-centered, equitable care and improved system coordination.

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 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, clubhouses, Bio-Psychosocial Rehabilitation (BPSR) Wellness Recovery Centers (WRC), Outpatient Services for Deaf and Hard of Hearing, Survivors of Torture International (SOTI), Our Safe Place, 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 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 summary notes.

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/BHSA 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. System of Care Councils (SOC) are being restructured for FY 2025-26. 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/BHSA stakeholder input process both as a group and as individual members. The CCRT members serve on various stakeholder groups and community 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. In addition, the subcommittee enhanced the Cultural Competence Handbook and the checklist for legal entity-level cultural competence plans. Ensuring providers have a guideline to follow to ensure their plans encompass the vital components of a strong cultural competence plan.

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

II A7. The CCRT 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 leading client/family-operated agencies serve on the CCRT (e.g. NAMI), 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, the Research Centers, Optum, CRA-BHS, TKC, and Harmonium (not exhaustive) assist with the review of the client-developed programs.

9. Participate in revised CCPR (2015) development.

II A9. The purpose and structure of the CCRT support 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 summary notes.

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

- The CCRT produces an annual document outlining its accomplishments and goals for the upcoming FY. The CCRT meets monthly and prioritizes discussing the committee's and subcommittees' goals and objectives. The summary notes 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.
- The CCRT continues to set new goals and objectives for enhancing culturally and linguistically appropriate and trauma-informed services. In FY 2023-24, CCRT met the following goals including, but not limited to 1). Reviewed Cultural Competence Plans from two Legal Entities for alignment with CLAS standards. 2). Participated in planning for BHSA Transformation and SB 43 implementation, focusing on reducing health care disparities, 3). Coordinated ongoing system of care presentations to promote cultural responsiveness, 4). Reviewed substance use contract LE Cultural Competence Plans and provided technical assistance to enhance compliance and address disparities, 5). Retrained BHS Contracting Officer's Representatives (CORs) on Cultural Competence Plan consultation and support, 6). Maintained health care disparities as a standing agenda item, with regular updates and discussion, and 7). Continued to advance equity efforts through CalAIM initiatives promoting person-centered, culturally responsive care.
    - 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.
- The Education and Training (E&T) Sub-Committee met ten times throughout FY 2024-25 to identify, review, and implement new cultural competence assessment tools to align with the SDCBHS system, its priorities, and the populations served.
- Throughout FY 2024-25, 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.
- CCRT assisted the NQP Unit in enhancing a Cultural Competence Handbook to guide the providers. NQP collaborated with CCRT again this past FY 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.

- Specific goals for CCRT include: 1). Completed review of 3 Substance Use Legal Entities' CLAS implementation; provided findings and recommendations to BHS leadership, 2). Ongoing monitoring through community engagement, Behavioral Health Equity Index review, and data analysis (MH, SU, CARE Court, law enforcement intersections), and 3). Continued outreach to expand CCRT membership and increase collaboration across the System of Care.
- In FY 2024-25, CCRT worked with the CRA to create a Cultural Competency needs assessment to distribute throughout BHS to identify training needs.
- 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.
- The CCRT continues to provide uniform quarterly updates and highlights at various meetings and councils to provide consistent messaging across the system of care. System of Care Councils (SOC) are being restructured for FY 2025-26. 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.
- In collaboration with CRA-BHS, CCRT 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.
- The Cultural Competency Resource Team (CCRT) continues to review and provide input on key Behavioral Health Services (BHS) initiatives and reports. Regular updates include the Behavioral Health Monthly Director's Report**,** CARE Program, and SB 43 implementation and data analysis to ensure equitable service delivery and culturally responsive practices. The CCRT also reviews the impact of federal and state policy changes on local communities and behavioral health services, incorporating perspectives from community stakeholders. Ongoing discussions focus on identifying and addressing health care disparities, supporting Behavioral Health Services Act (BHSA) reform implementation, and collaborating with the Community Engagement Team to strengthen outreach, cultural competence, and system accountability.

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 past year, the CCRT collaborated with internal and community partners, including Community Health Workers (CHWs), to identify and address regional and system disparities within the Behavioral Health Services (BHS) system of care. The CCRT reviewed ongoing initiatives and data from the Behavioral Health Monthly Director's Report, CARE Program, SB 43 implementation, and BHSA reform to assess community impact and equity considerations. Members also engaged in discussions on the effects of federal and state policy changes on behavioral health access, particularly among immigrant and underserved populations. Through active participation in community engagement events and regular updates from the Communication and Engagement Team, the CCRT continued to strengthen partnerships, promote culturally responsive service delivery, and improve community connection across regions.

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. The CCRT continued developing and refining a standardized tool to guide LEs in creating and updating their Cultural Competence Plans in alignment with CLAS standards. The Education and Training Workgroup revised the Cultural Competence Plan template and incorporated updated language and resources to strengthen plan quality and consistency. The goal is for the tool to be integrated into the County's Cultural Competence Handbook to support ongoing reviews, structured feedback, and technical assistance for LEs across the system of care.

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's unique providers comprise roughly 2,709 mental health staff and 937 substance use disorder staff (these numbers do not include BHS administration staff). The four-hour 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 made significant progress toward its goal of ensuring 100% of staff are trained in cultural competence. To support this, SDCBHS requires both County and contracted staff, including support staff who work directly with clients, to complete four (4) hours of cultural competence training annually. This requirement is detailed in both the Organizational Provider Operations Handbook (OPOH) and the Substance Use Disorder Provider Operations Handbook (SUDPOH) and is a mandatory condition of all provider contracts.

As the majority of services from inpatient hospitalization to outpatient care across all age groups are delivered through contracted providers, both County and contracted organizations are responsible for ensuring their staff complete the required training. Compliance is regularly monitored by County program monitors and the Clinical Director's Office to ensure staff meet the annual training requirement. In addressing the San Diego County behavioral health workforce challenges, Behavioral Health Services (BHS) has focused efforts on workforce education and training striving to build, enhance, and sustain a strong, culturally competent, person centered, and wellness-driven public behavioral health workforce. Such efforts are closely tied to the continuum of care, aiming to ensure that the behavioral health workforce is equipped with the necessary training and support to provide quality care and meet the diverse needs of individuals.

SDCBHS provides several avenues and opportunities for staff to access no-cost 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 tailored to meet the needs of a wide range of professionals, including clinicians, social workers, educators, law enforcement personnel, and community leaders. Through access to high-quality training and resources, the Knowledge Center of San Diego County supports the ongoing professional development and capacity-building of individuals and organizations dedicated to enhancing community health and well-being. Among its initiatives, The Knowledge Center (TKC) has developed several award-winning programs recognized by the National Association of Counties (NACo), including:

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

The Cultural Responsiveness Academy is offering a free upcoming training seminar on December 9, 2025, "Culturally Responsive Communication: Building on Cultural Resilience and Strengths to Overcome Service Barriers and Bias." Facilitated by Maria Garay-Serratos, Ph.D., the seven hour seminar is open to staff members at all levels from San Diego County BHS and its contracted programs.

- Learners will apply National Standards for Culturally and Linguistically Appropriate Services (CLAS) numbers 5 through 8 (Communication and Language Assistance) to communicate clearly their understanding of the CLAS standards and implement them within their specific role in the San Diego County system of care. Learners are invited to recognize County health equity dynamics, including privilege, power, and cultural responsiveness. In this class, learners will build on and respond by practicing assessment of cultural resilience and strengths. By the end of this class, learners will identify and apply specific culturally responsive competencies in their own role by setting specific, measurable and time-bound goals.

In May of 2025 DHCS released BHIN 25-019 which requires all staff who are in direct contact with service recipients to complete evidence-based cultural competence training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse or intersex (TGI) within 45 days of their hire and every two years thereafter. As a response to the BHIN, the Cultural Responsiveness Academy will be offering a training on December 10, 2025 titled, "Culturally Responsive Behavior Health Care with Trans and Non-Binary People."

This six-hour interactive virtual delivery will address differences in words used by trans and non-binary people to describe their identities and experiences, healthcare avoidance and co-occurring conditions that can be more common based on past mistreatment and trauma in this community, the affirmative model of behavioral health practice and substance use treatment,

and special considerations related to crisis response related to trans and non-binary people and their families. This virtual delivery will use a combination of lecture and dialogue, using screen sharing, chat and breakout rooms for individual comments and using polls, reactions, and whiteboard for brainstorming with the whole group.

The Cultural Responsiveness Academy has two additional trainings coming up in January of 2026:

Cultural Responsiveness and Courageous Conversations: Enhancing Inclusion and Equity in Behavioral Health Services: This facilitator-led class will focus on the principal standard in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care from which the others follow. Self-assessment tools and small group practice of courageous conversations will help learners gain sufficient self-awareness to reduce the influence of personal biases and values in working with diverse groups. By the end of this class, each participant will have a role-specific measurable, time-bound goal to help implement CLAS standards within their specific role in the San Diego County system of care.

Culturally Responsive Behavioral Health Services for the Latinx Community: This course provides an overview of the needs of the Latinx population regarding behavioral health services, as well as practical tools for the practitioners to attend to those needs with culturally responsive practice. By recognizing and respecting cultural differences, mental health professionals can develop effective treatment plans that address the specific challenges and concerns that Latinxs face. This includes understanding the impact of acculturation, language barriers, and socioeconomic factors on mental health outcomes. Providing culturally responsive services from a trauma-informed care approach can reduce stigma and increase access to care for the Latinx community.

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.

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 evidence-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. 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 FY 2024-25:

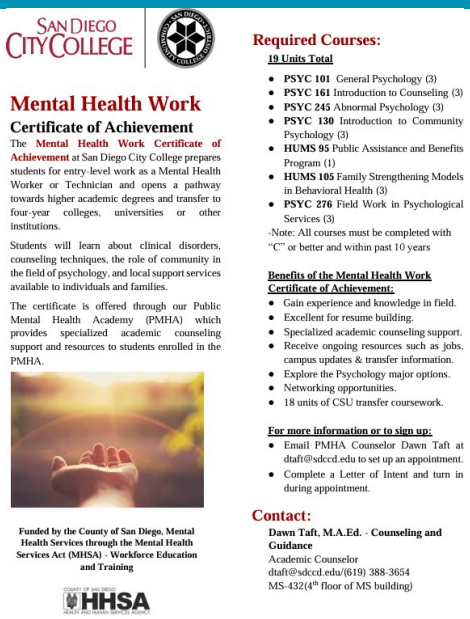
Behavioral Health Training Curriculum (BHTC) (WET-02):
The Behavioral Health Training Curriculum provides training and technical assistance to behavioral health and contracted behavioral health staff on trauma-informed care, cultural competency, mental health/substance use co-occurring disorders, and 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 2024-25, the budget for the Public Mental Health Academy is $100,880.

- 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. Comprehensive, Continuous, Integrated System of Care (CCISC) model and Change Agents Developing Recovery Excellence (CADRE) training requirements have been discontinued as of April 2025. For over 20 years, these requirements have worked to address the needs individuals with co-occurring mental health and substance use conditions. In that time, the CCISC model has become well established within BHS, and CADRE has achieved its original objectives. Through DHCS's Behavioral Health Transformation initiative, the State has strengthened the focus and requirements for all programs to address the needs of individuals with co-occurring conditions. Additionally, the Mental Health Contractors Association requested the removal of CADRE training requirements to allow BHS providers flexibility in decision-making. As such, the CCISC and CADRE requirements are discontinued as of April 1, 2025. BHS remains committed to ensuring people with co-occurring conditions receive treatment that meets them where they are.

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. The total number of participants trained in JISTA includes 85 participants from 40 SUD and Mental Health programs. A fourth cohort was planned for Spring 2020; however, there were delays due to the COVID-19 pandemic.
- 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.
- 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 2024-25 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.

New methodology is being developed to collect data for FY 2024-25. While CORs monitor cultural competence training completion on an individual program level, BHS still struggles to collect system level data and are working with our partners at UCSD to automate a QI process to better obtain this data as well as updating the language around cultural competence training completion in the OPOH/SUDPOH and cultural competence handbook.

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.*

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 2024-25.

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) Training FY 2024-25		
Title	**Enrolled**	**Completed**
Exploring the Intersection of Historical Trauma and Privilege in the Behavioral Health System	34	23
Creating a Workspace Culture of Inclusion: Disrupting the Use of Microaggressions	34	20
Using Cultural Responsive Practice to Align Interventions in Behavioral Health Services	49	27
Direct Practice Tools for Igniting a Culturally Responsive Work Environment in Behavioral Health	40	18
Cultural Responsiveness and Courageous Conversations: Transforming Provider Culture from Awareness to Equity (Series 1)	30	11
Strategies for Culturally Responsive Engagement, Continuous Improvement, and Accountability in Behavioral Health and Substance Use Treatment (Series 1)	31	10
The Unrecognized Domestic Violence – Traumatic Brain Injury Epidemic: Implications and Opportunities for Behavioral Health Services Part 1 (Webinar)	42	23
Culturally Responsive Communication: Building on Cultural Resilience and Strengths to Overcome Service Barriers and Bias (Series 1)	30	10
The Unrecognized Domestic Violence – Traumatic Brain Injury Epidemic: Implications and Opportunities for Behavioral Health Services Part 2 (Webinar)	43	21

Cultural Responsiveness Academy – BHS – Courageous Conversations Series Simulation Day (Series 1)	30	10
Cultural Responsiveness and Courageous Conversations: Transforming Provider Culture from Awareness to Equity (Series 2)	13	6
Special Topics in Suicide: LGBTQIA2S+, Older Adults, Support for Survivors of Suicide Loss	30	24
The Unrecognized Domestic Violence – Traumatic Brain Injury Epidemic: Implications and Opportunities for Behavioral Health Services Part 3	37	14
Strategies for Culturally Responsive Engagement, Continuous Improvement and Accountability in Behavioral Health and Substance Use Treatment (Series 2)	12	6
Culturally Responsive Communication: Building on Cultural Resilience and Strengths to Overcome Services Barriers and Bias (Series 2)	11	5
Cultural Responsiveness Academy – BHS – Courageous Conversations Series Simulation Day (Series 2)	12	5
Culturally Responsive Behavioral Health Services for the Latinx Community	62	36
Special Topics in Suicide: LGBTQIA2S+, Older Adults, Support for Survivors of Suicide Loss	47	31

The Knowledge Center

The Knowledge Center (TKC), the HHSA training and organizational development department, offered various trainings in FY 2024-25 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 2024-25:

Title	Hours/CEUs	Staff Completed
Culturally Competent Care and Advocacy for Hispanic and Latino Communities in HHSA	3	55
Recognizing Struggle, Resistance, Solidarity, and Resilience in Filipino American History and Culture	4	63
Visible and Invisible Disability Awareness and Etiquette	4	6
Introduction to Cultural Responsiveness: Understanding Diversity, Inclusion and Communication (Offered three times)	4	283
Considerations for Cultural Awareness and Clinical Responsive Interventions for Working with Black Women (CE/CC) (offered twice)	2	110

Cultural Responsiveness Program: Beyond Borders: Understanding the Health Disparities of Transborder Families in the San Diego-Tijuana region (offered twice)	3	91
Understanding Identity and Intersectionality in the Workplace	2	39
Intro to Diversity and Inclusion class (offered four times)	2	39
Power of a Multi-Generational Workforce (offered two times)	4	34
Understanding Systemic Racism: A Framework for A Future with Racial Equity and Social Justice	4	10
Cultural Sensitivity and Humility in Clinical Training (CE 3)	3	21
Cultural Competence Across Immigrant Groups (CE 1)	1	7
Microaggressions in Racially Charged Patient-Provider Interactions (CE 1)	1	1
Racial and Ethnic Identity, Discrimination, and Psychiatric Disorders (CE 2)	2	6

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.

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.							

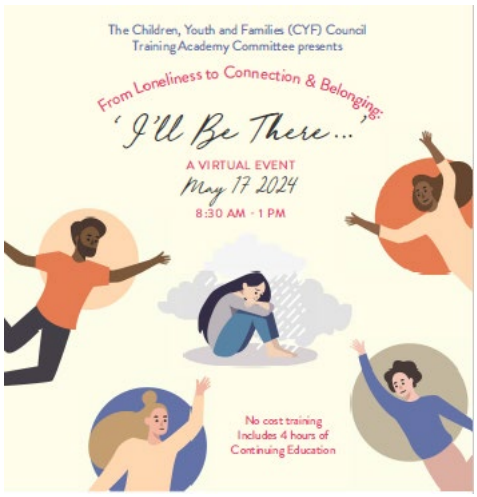
Beginning in FY 2019-20, SDCBHS began tracking the race/ethnicity of its MHS workforce using the data entered into CCBH by providers. The following fiscal year, in collaboration with Optum, SDCBHS launched the System of Care Application, developed to collect data for various state requirements, including 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.

In May of 2024 the Behavioral Health Services Children, Youth, and Families Council Training Academy Committee offered, “From Loneliness to Connection & Belonging: I’ll be there”, a no-cost training, which was offered to all sectors of the Behavioral Health Services children, youth, and families council and provided 4 hours of continuing education credit. This training remains available indefinitely and can be accessed online via this link: From Loneliness to Connection & Belonging: I’ll be there.



NAMI: National Alliance on Mental Illness San Diego SMARTS Training:

The NAMI SMARTS for Advocacy trainings are a series of free workshops funded by the SDCBHS MHSA with a focus on enhancing advocacy skills and shaping a powerful and personal story that will move policymakers.

List of Trainings:
Telling Your Story (The foundational module of the series of trainings)
Contacting Your Policymaker
Meeting Your Policymaker

SMARTS For Advocacy

Office of Equity Racial Justice (OERJ)

The County of San Diego's Office of Equity and Racial Justice (OERJ) partners with the community to co-create transformative, enduring, structural and systemic change in San Diego County government. The OERJ of San Diego County bridges departments and community voices to design bold policies and practices to advance equity. The goal of the unit is to champion belonging for all and advocate for people suffering from structural and systemic racism and exclusion.

OERJ develops tools and processes to help departments embed equity considerations into their programs, policies, and action plans. The unit coordinates departments' Justice, Equity, Diversity, and Inclusion (JEDI) teams and provide training on how to implement equity tools and processes. Some of the current initiatives for FY 2024-25 include the JEDI program training, the Socially Equitable Cannabis initiative, and the Commission on the Status of Women and Girls. All of these programs aim to address cultural disparities.

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.

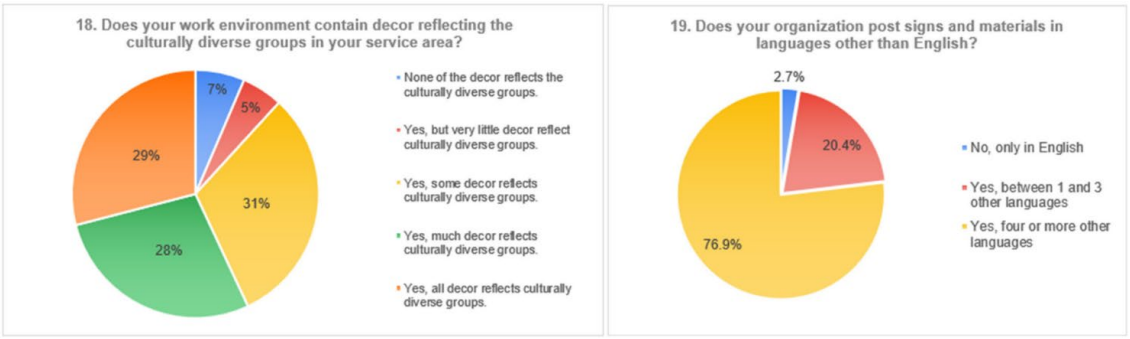
4. Provide a narrative of current efforts that the County is taking to monitor advancing staff skills/post skills learned in trainings.

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 originally 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.

2024 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 (70.4%) 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 (98.1%) 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.



The results are presented for each section of the CLCPA.

2024 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 2024, the SDCBHS Quality Improvement unit requested each contracted MHS and SUD program manager to distribute the self-assessment to their organization. A total of 3,701 respondents completed the survey (2,759 for MHS and 942 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 2026, with the report released in early 2027.

The tables below present the PCDSA respondents in 2024 compared to clients served for FY 2023-24. They also show the respondents' primary language and staff positions.

Race/Ethnicity (MHS & SUD)	Staff Survey Respondents		FY 2023-24 Clients	
	Count (N=3,701)	%	Count (N=71,128)	%
White	1,404	37.9%	23,876	33.6%
Hispanic	1,258	34.0%	27,841	39.1%
Black/African American	354	9.6%	7,104	10.0%
Asian/Pacific Islander	316	8.5%	2,631	3.7%
Unknown	0	0.0%	3,216	4.5%
Native American	45	1.2%	446	0.6%
Other	324	8.8%	6,014	8.5%

Languages Spoken	Count	%
Only English	1,950	52.7%
Spanish	1,221	33.0%
All Other Languages	369	10.0%
Filipino (Tagalog)	78	2.1%
Arabic	25	0.7%
Vietnamese	19	0.5%
Chinese (Mandarin)	12	0.3%
Korean	8	0.2%
Persian (including Farsi and Dari)	17	0.5%
Somali	2	0.1%

Key Findings:

- Female staff survey respondents outnumber males more than 3 to 1, compared to the FY 2023-24 Systemwide client population which shows males (56%) as the majority.
- Where gender does not have corresponding data entry, field was left empty.
- The providers' self-reported race distribution closely reflects the self-reported race distribution of clients served in FY 2023-24.
- Majority of staff survey respondents (53%) speak English only.
- Spanish is the second most prevalent primary language among staff survey respondents (33%).
- Less than 1% of staff survey respondents speak Arabic as a primary language, and the same is true for primary speakers of Vietnamese, Chinese, Korean, Persian, and Somali.

- There are 942 SUD Staff that responded to the survey, compared to 2,759 Mental Health Services Staff.
- 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 - 14% 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 9% 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.
- Peer Support Specialists/Youth Support or Family Support Partners make up 11% of MHS staff survey respondents, compared to only 8% in the same category for SUD.

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

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 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 2025 CY TPS

- Perception of Access
  - 87% of youth clients agreed or strongly agreed that the location of services was convenient for them.
- Perception of Quality and Appropriateness
  - 92% of youth clients agreed or strongly agreed that staff treated them with respect.
  - However, 6% 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 (90%) across all domains.
- 93% of youth clients reported that they liked their counselor.

❖ Perception of Care Coordination
- 88% of youth clients agreed or strongly agreed the staff members who provided them services made sure that their health and emotional health needs were being met.

❖ Perception of Outcome Services
- The Perception of Outcome Services domain had the overall lowest satisfaction rating among youth clients compared to the other five domains (71%).
- 9% of youth clients disagreed or strongly disagreed that, as a direct result of the services they received, they feel less craving for drugs and alcohol.

❖ General Satisfaction
- 92% of youth clients reported satisfaction with the services they received.

Key findings from the 2025 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 across this period.

❖ Perception of Quality and Appropriateness
- The Perception of Quality and Appropriateness domain had the highest satisfaction (89%) and lowest dissatisfaction (3%) across all domains.
- 93% 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 overall lowest satisfaction rating (81%) and highest dissatisfaction (6%) among adult clients compared to the other four domains.
- 6% of adult clients disagreed or strongly disagreed that program staff helped connect them with other services as needed.

❖ General Satisfaction
- 92% of adult clients agreed or strongly agreed that they felt welcomed at the place where they received services.
- 88% of adult clients reported satisfaction with the services they received.

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.*

A. Countywide Efforts:

The County of San Diego is a large and diverse public service organization. During FY 2024-25 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.

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 healthcare, 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.

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 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. This goal is currently in progress through the ELEVATE Behavioral Health Workforce Fund. Over the next five years, BHS is investing $75 million of Mental Health Services Act (MHSA) Innovation Funding to establish a regional Behavioral Health Workforce Fund. On Thursday, March 20, 2025 the Policy Innovation Center held a virtual informational session regarding the establishment of a regional Behavioral Workforce Fund to help people enter, advance, and stay in public behavioral health careers in San Diego County. The virtual event served as an opportunity for people interested in public behavioral health careers to learn about 0% loan options and provide feedback about the proposed Behavioral Health Workforce Fund programs. Additional public input sessions are being held this week with a focus on specific types of behavioral health careers. Components of the ELEVATE fund are anticipated to begin in early FY 2025-26. The March 20th information session was well attended with over 100 participants from various stakeholder groups such as Community-Based Providers, Higher Education, Social Service Agencies, Federally Qualified Health Clinics, Pediatricians, Health Systems, City of San Diego and consumers. During the Q&A session, many questions came from individuals seeking information on training programs and loan qualifications.

100% of SDCBHS staff and contracted providers will complete four hours of cultural competence training activities. This goal is currently in progress. Due to the size of the SDCBHS current workforce, new methodology is being developed to track cultural competence training activities to establish a baseline to determine enhanced training needs.

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. This goal is currently in progress. For the FY 2024-25 Youth TPS, 80.7% of respondents indicated they agreed/strongly agreed that staff were sensitive to their cultural background. This is an increase from FY 2023-24 in which 76.3% of respondents indicated that they agreed/strongly agreed. For the FY 2024-25 YSS, 96% of respondents indicated they agreed/strongly agreed that staff were sensitive to their cultural background. This is a slight decrease from FY 2023-24 in which 97.5% of respondents indicated that they agreed/strongly agreed. For the FY 2024-25 MHSIP, 87.7% of respondents indicated they agreed/strongly agreed that staff were sensitive to their cultural background. This is a very slight decrease from FY 2023-24 in which 87.9% of respondents indicated that they agreed/strongly agreed.

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, that has not been resolved 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.

In addressing the San Diego County behavioral health workforce challenges, Behavioral Health Services (BHS) has focused efforts on workforce education and training striving to build, enhance, and sustain a strong, culturally competent, person centered, and wellness-driven public behavioral health workforce. Such efforts are closely tied to the continuum of care, aiming to ensure that the behavioral health workforce is equipped with the necessary training and support to provide quality care and meet the diverse needs of individuals.

Several efforts have been made to promote recruitment and support interest in careers within public behavioral health. These efforts have focused on high school, community college, undergraduate and graduate levels of academia. To increase interest in behavioral health careers among high school students, BHS developed a partnership with the SDCOE, focused on

workforce pipeline efforts. In Fiscal Year (FY) 2024-2025, BHS provided classroom presentations on behavioral health careers at multiple high schools, engaging approximately 350 students. The goal was to introduce students to the behavioral health field and potentially lay the groundwork for a future workforce. The BHS team also participates in several SDCOE led events in the community to further engage high school and community college students.

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.

- BHS has partnered with the SDCCD to provide a PMHA to facilitate workforce development and career pathways in public behavioral health by offering coursework leading to a PMHA certificate. There are currently 541 students enrolled in the program, with seventy-five percent (75%) reporting they have mental health lived experience. In FY 2023-2024, 18 students graduated from the program, with the majority continuing their education to earn an Associate of Arts (AA) degree, transferring to a university, or pursuing careers within public behavioral health.
- The County of San Diego (County) Health and Human Services Agency's (HHSA) LWCIL People Subcommittee is a collaboration between the County and San Diego State University (SDSU) to promote the recruitment and retention of the public health and behavioral health workforce. It is committed to supporting the recruitment of individuals for careers in public service. In partnership HHSA representatives from HHSA Human Resources, the Department of Strategy and Community Engagement (formerly the Office of Strategy and Innovation), Child & Family Well-Being, Public Health and Aging & Independence Services, the subcommittee maps current practices for workforce pipeline development, recruitment, and retention of critical positions while also identifying strategies for future workforce efforts. In collaboration with SDSU, LWCIL will participate in the first HHSA Careers Week on March 26, 2025.
- In July 2023, SDSU launched the statewide PBH MSW Training Program to address California's public behavioral health workforce development needs. Funded by the California Office of Health Care Access and Information (HCAI), this program aims to increase the employment and retention of MSWs in California's publicly funded behavioral health programs and services by providing selected MSW students with specialized training and stipend support. BHS continues to partner with SDSU to develop learning opportunities for students selected for this program, with presentations focused on the public behavioral services system of care. The first cohort for the 2023 - 2024 school year was comprised of seven students. Currently for the 2024-2025 school year, there are twelve students participating in the PBH program.
- To further support graduate students, SCRP offers stipends in the amount of $6,000 to those who have completed their internships or practicums at the County or County-contract behavioral health programs. In 2024, 15 students were awarded the stipend. In 2025, 53 students are set to receive the stipend.
- The UCSD Community Psychiatry Program continues to support post-graduate education and trains psychiatry residents, fellows, and psychiatric mental health nurse practitioner (PMHNP) trainees to advance concepts of community psychiatry and promote work within community-based settings. The program also places PMHNP trainees side-by-side with psychiatry residents throughout the entire program. In FY 2023-2024, the UCSD Community Psychiatry Program had eight psychiatry residents and five PMHNP students enrolled. Of the 21 psychiatry resident graduates and 57 PMHNP students, 19 psychiatry residents and 52 PMHNP students continue to work in public behavioral health settings, respectively.

ELEVATE Behavioral Health Workforce Fund:

San Diego County faces a critical shortage of behavioral health workers, limiting access to vital mental health and substance use services and impacting individuals, families, and communities. The ELEVATE Behavioral Health Workforce Fund is a bold initiative to address this challenge by investing $75 million to grow and strengthen the local behavioral health workforce. The new program, approved by the county Board of Supervisors in 2023, uses a special innovation grant from the state's Mental Health Services Act to fund a range of initiatives, from apprenticeship programs for entry-level positions to graduate-level training targeted at growing the number of professionals able to diagnose and treat mental illness. The Policy and Innovation Center leads the strategic implementation of ELEVATE—a bold, five-year initiative to expand and diversify San Diego County's behavioral health workforce. In partnership with Social Finance and Trailhead Strategies, PIC is advancing innovative strategies to create sustainable career pathways across the region.

ELEVATE was launched in response to the County of San Diego's 2022 report, Addressing San Diego's Behavioral Health Worker Shortage, which called for urgent action to meet growing community needs. In alignment with this vision, the County allocated $75 million in Mental Health Services Act Innovation funding to drive this transformative effort. Through education, training, and financial support, ELEVATE invests in current and aspiring professionals committed to serving in San Diego County's behavioral health system advancing critical roles such as Substance Use Disorder Counselors, Peer Support Specialists, Licensed Clinicians, and Psychiatric Nurse Practitioners.

Designed with advice from a wide range of professionals working in the organizations that serve local residents with mental health care needs, the program attempts to support multiple points of entry into the industry. It seeks to train about 3,000 people over the next five years, some of whom will be working toward entry-level jobs and others who will work toward greater levels of education that will allow them to earn higher levels of licensing.

At the base of the pyramid, a program created with the San Diego Workforce Partnership and the San Diego and Imperial Counties Community Colleges Regional Consortium hopes to train about 700 applicants for entry-level positions as substance use counselors, case managers and community health workers. The approach would be similar to training in the building trades, with trainees working as apprentices to existing organizations that serve mental health clients, allowing them to learn on the job and eventually apply for state job certification.
Another program, undertaken with the National Association of Mental Illness of San Diego and Pacific Clinics, will seek to train 500 people to pass the state's exam to work as peer support specialists, an informal role filled by those who have themselves navigated treatment. California began offering these certifications in 2022.

A third program works with national nonprofit Social Finance to offer zero-interest forgivable loans to mental health care workers who want to pursue the masters-level training necessary to become licensed to work in roles such as clinical social workers, licensed professional clinical counselors and marriage and family therapists. Loans can be at least partially forgiven if graduates work serving the county's Medi-Cal residents for at least five years after graduation. San Diego State University and California State University San Marcos in North County are the

initial partners providing these programs, though other local universities may also participate, with 1,200 workers anticipated to be trained over the next five years.

SDSU and UC San Diego are also collaborating on a new doctorate-level program to train 135 registered nurses to become psychiatric mental health nurse practitioners. The relatively new designation allows these specialists to diagnose mental illness and prescribe psychiatric medications in collaboration with a psychiatrist.

The first class this year has a dozen enrollees, but that number is expected to increase next year and beyond. Students study for three years to earn their Doctor of Nursing practice degree, which requires 1,000 hours of supervised clinical practice. UC San Diego, which has its own psychiatric nurse practitioner fellowship, is expected to use its clinical connections to help students earn those hours.

The program is structured so that students only have to come to campus eight times per semester, with the balance of their coursework available through remote learning.

Stephanie Gioia-Beckman, a senior director at the Policy & Innovation Center, noted that all of these different job classifications require many hours of supervised work in addition to classroom instruction. Generally, this supervision time has been difficult to secure, and a big part of the ELEVATE initiative is working with more than 90 mental health providers in the county already contracted with the county to serve patients covered by Medi-Cal to streamline the process of getting clinical practicum hours.

All programs also allow students to continue working at existing jobs, or in their future jobs through apprenticeship, in acknowledgement that many do not pursue further education because they need to be able to keep paying their bills in the short term.

ELEVATE ELIGIBLE EMPLOYERS LIST: To qualify for loan forgiveness or serve as an upskilling training provider site under the ELEVATE Behavioral Health Workforce Fund, organizations must appear on the ELEVATE Eligible Employers List. Exceptions may be granted on a case-by-case basis.

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 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.

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	FY 2023-24 Mental Health Clients	FY 2023-24 Substance Use Clients
White	41%	39%	37%	38%	38%	41%	32%	47%	30.6%	45.6%
Hispanic	25%	33%	28%	35%	29%	29%	39%	35%	39.8%	36.3%
Black/ African American	11%	12%	8%	12%	12%	12%	10%	9%	10.0%	9.9%
Asian/ Pacific Islander	10%	4%	10%	5%	8%	8%	4%	2%	4.0%	2.3%
Native American	0.9%	0.6%	0.5%	0.6%	0.4%	1%	0.4%	1%	0.44%	1.4%
Other/ Unknown	12%	10%	16%	13%	5.6 %	9%	14.6%	6%	15.1%	4.5%

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.

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%

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%.

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 2025 NACT, the following languages were reported for mental health staff:

MHP Number of Staff by Language Capacity N=2,709		
	Language Proficiency	
Language	Fluent	Certified
Arabic	16	0
Armenian	5	0
Cambodian (Khmer)	5	0
Cantonese (Yue Chinese)	1	0
Farsi (Persian)	15	0
Hmong	1	0
Korean	4	0
Mandarin	9	0
Other Chinese	5	0
Russian	8	0
Spanish	476	4
Tagalog	14	0
Vietnamese	6	0
American Sign Language	8	0
English	2709	0

For the 2025 SUD staff:

DMC-ODS Number of Staff by Language Capacity N=937		
	Language Proficiency	
Language	Fluent	Certified
Arabic	6	0
Armenian	5	0
Cambodian (Khmer)	4	0
Cantonese (Yue Chinese)	1	0
Farsi (Persian)	5	0
Hmong	0	0
Korean	0	0
Mandarin	3	0
Other Chinese	6	0
Russian	0	0
Spanish	158	2
Tagalog	3	0
Vietnamese	1	0
American Sign Language	13	0
English	937	0

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. System of Care Councils (SOC) are being restructured for FY 2025-26.

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. System of Care Councils (SOC) are being restructured for FY 2025-26.
- 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 that 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 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. This goal is in progress. The ELEVATE Behavioral Health Workforce Fund is a bold initiative to address the San Diego County behavioral health workforce shortage by investing $75 million to grow and strengthen the local behavioral health workforce. The new program uses a special innovation grant from the state's Mental Health Services Act to fund a range of initiatives, from apprenticeship programs for entry-level positions to graduate-level training targeted at growing the number of professionals able to diagnose and treat mental illness. In partnership with Social Finance and Trailhead Strategies, the Policy and Innovation Center is advancing innovative strategies to create sustainable career pathways across the region. Through education, training, and financial support, ELEVATE invests in current and aspiring professionals committed to serving in San Diego County's behavioral health system advancing critical roles such as Substance Use Disorder Counselors, Peer Support Specialists, Licensed Clinicians, and Psychiatric Nurse Practitioners. It seeks to train about 3,000 people over the next five years, some of whom will be working toward entry-level jobs and others who will work toward greater levels of education that will allow them to earn higher levels of licensing. At the base of the pyramid, a program created with the San Diego Workforce Partnership and the San Diego and Imperial Counties Community Colleges Regional Consortium hopes to train about 700 applicants for entry-level positions as substance use counselors, case managers and community health workers. The approach would be similar to training in the building trades, with trainees working as apprentices to existing organizations that serve mental health clients, allowing them to learn on the job and eventually apply for state job certification.

Another program, undertaken with the National Association of Mental Illness of San Diego and Pacific Clinics, will seek to train 500 people to pass the state's exam to work as peer support specialists, an informal role filled by those who have themselves navigated treatment. California began offering these certifications in 2022.

A third program works with national nonprofit Social Finance to offer zero-interest forgivable loans to mental health care workers who want to pursue the masters-level training necessary to become licensed to work in roles such as clinical social workers, licensed professional clinical counselors and marriage and family therapists. Loans can be at least partially forgiven if graduates work serving the county's Medi-Cal residents for at least five years after graduation. San Diego State University and California State University San Marcos in North County are the initial partners providing these programs, though other local universities may also participate, with 1,200 workers anticipated to be trained over the next five years. SDSU and UC San Diego are also collaborating on a new doctorate-level program to train 135 registered nurses to become psychiatric mental health nurse practitioners. The relatively new designation allows these specialists to diagnose mental illness and prescribe psychiatric medications in collaboration with a psychiatrist. The first class this year has a dozen enrollees, but that number is expected to increase next year and beyond. Students study for three years to earn their Doctor of Nursing practice degree, which requires 1,000 hours of supervised clinical practice. UC San

Diego, which has its own psychiatric nurse practitioner fellowship, is expected to use its clinical connections to help students earn those hours.

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. This goal is in progress. The San Diego Pay It Forward Loan Program works with national nonprofit Social Finance to offer zero-interest forgivable loans to mental health care workers who want to pursue the masters-level training necessary to become licensed to work in roles such as clinical social workers, licensed professional clinical counselors and marriage and family therapists.

Through the San Diego Pay It Forward Program, learners can access zero-interest loans to cover tuition, fees, and living expenses while they participate in licensed behavioral health clinician programs through select partner training providers. Loan features include:

- **Friendly Terms:** Learners pay no interest and are only responsible for monthly repayments of the principal amount. Those earning below $50,000 are eligible for income-based deferment of their loan, during which their monthly payment is $0.
- **Benefits for San Diego Workers:** Learners who already work in public behavioral health are eligible for retention-based reductions in their loan balances. Those who work in public behavioral health for five years after graduating (regardless of employment prior to program participation) are eligible for loan forgiveness.
- **Pay It Forward**: All repayments are recycled by the Program to serve additional individuals, extending the impact of each dollar.

Loans can be at least partially forgiven if graduates work serving the county's Medi-Cal residents for at least five years after graduation. San Diego State University and California State University San Marcos in North County are the initial partners providing these programs, though other local universities may also participate, with 1,200 workers anticipated to be trained over the next five years. SDSU and UC San Diego are also collaborating on a new doctorate-level program to train 135 registered nurses to become psychiatric mental health nurse practitioners. The relatively new designation allows these specialists to diagnose mental illness and prescribe psychiatric medications in collaboration with a psychiatrist. The first class this year has a dozen enrollees, but that number is expected to increase next year and beyond. Students study for three years to earn their Doctor of Nursing practice degree, which requires 1,000 hours of supervised clinical practice. UC San Diego, which has its own psychiatric nurse practitioner fellowship, is expected to use its clinical connections to help students earn those hours. The program is structured so that students only have to come to campus eight times per semester, with the balance of their coursework available through remote learning. Stephanie Gioia-Beckman, a senior director at the Policy & Innovation Center, noted that all of these different job classifications require many hours of supervised work in addition to classroom instruction. Generally, this supervision time has been difficult to secure, and a big part of the ELEVATE initiative is working with more than 90 mental health providers in the county already contracted with the county to serve patients covered by Medi-Cal to streamline the process of getting clinical practicum hours. All programs also allow students to continue working at existing jobs, or in their future jobs through apprenticeship, in acknowledgement that many do not pursue further education because they need to be able to keep paying their bills in the short term.

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.

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 2025-26, the estimated WET expenditures will be $ $7,633,450. . 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 2024–2025 academic year, the Public Mental Health Academy (PMHA) counselor provided 620 counseling appointments via Zoom, email, and in-person meetings. These sessions offered individualized academic guidance and resource sharing, supplemented by bi-monthly communications on jobs, trainings, and campus events.

In 2024–2025, 29 students volunteered a total of 1,807 hours at 34 mental health agencies. Of those completing the course, 86% in Fall 2024 and 95% in Spring 2025 continued to volunteer or moved into paid positions. The program expanded to include over five new field sites, bringing the total to 137. Enrollment in the Mental Health Work Certificate (MHWC) program reached 588 students, with 68 new students joining and 21 earning certificates, bringing the total graduates since inception to 450. The average GPA for 2024–2025 graduates was 3.71; seven students (33%) earned a 4.0 GPA. Graduates' ages ranged from 21 to 55, with an average age of 37. Of those who completed the end-of-year survey, 40% (15 of 21 graduates) were accepted at Azusa Pacific University, SDSU, SFSU, University of Cincinnati and the University of Michigan in Fall 2025. Eight other past PMHA student graduates will also be transferring in the fall to SDSU, CSUSM, CSU Fullerton, Point Loma Nazarene University, University of Hawaii, UA Tuscaloosa, and USD. Two of these students are entering Graduate programs (CSUSM and USD).

Most graduates not transferring will be moving forward to earn their associate's degree and/or prepare for future transfer. Seven graduates plan to seek immediate employment in the mental health field. Nine of the Fall 2024–Spring 2025 graduates are currently employed in the field, holding positions such as case managers, substance use disorder (SUD) counselors, and behavioral health workers. Additionally, four previous graduates have shared that they are working in mental health roles at various organizations, including San Diego Therapeutic Services, SD Global Vision Academy, YMCA, and Live Better. The 2024–2025 year reflected growth with a 21% increase in student enrollment and a 23% rise in graduates from the prior year. Counseling services expanded, and MHWC courses continued to be offered in multiple formats (in-person, asynchronous, synchronous) to enhance accessibility.

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
The UCSD Community Psychiatry Program places psychiatric mental health nurse practitioner (PMHNP) trainees side-by-side with psychiatry residents throughout the entire program. This program was created to address the shortage of psychiatrists working in public behavioral health. The goal is to engage psychiatry residents to continue their fellowship within public behavioral health. 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 2024-25 the budget increased by $474,400 for program enhancements to include workforce training and psychiatry residency programs.

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. This program ended in 2015.

The ELEVATE Behavioral Health Workforce Fund is a bold initiative to address the San Diego County behavioral health workforce shortage by investing $75 million to grow and strengthen the local behavioral health workforce with an emphasis on increasing bilingual work force. The new program uses a special innovation grant from the state's Mental Health Services Act to fund a range of initiatives, from apprenticeship programs for entry-level positions to graduate-level training targeted at growing the number of professionals able to diagnose and treat mental illness. In partnership with Social Finance and Trailhead Strategies, the Policy and Innovation Center is advancing innovative strategies to create sustainable career pathways across the region. Through education, training, and financial support, ELEVATE invests in current and aspiring professionals committed to serving in San Diego County's behavioral health system advancing critical roles such as Substance Use Disorder Counselors, Peer Support Specialists, Licensed Clinicians, and Psychiatric Nurse Practitioners. It seeks to train about 3,000 people

over the next five years, some of whom will be working toward entry-level jobs and others who will work toward greater levels of education that will allow them to earn higher levels of licensing.

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 FY 2024-25, the estimated total budget for CSS programs is $214,479,530. Up to $7 million of CSS funds annually will be transferred to the Workforce Education and Training (WET) component in FY 2024-25 and 2025-26 to continue funding programs identified in the WET section of this report. 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 .

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.

Middle Eastern Services are now contracted through UPAC Multicultural Community Counseling which is an outpatient behavioral health program providing a full range of outpatient diagnostic and treatment services for children, adolescents, and young adults up to age 21. Additionally, acculturation/welcoming groups are available to Middle Eastern's, inclusive of Chaldean, refugees or immigrant students in pre-approved East County schools. As a result of trauma, immigration, displacement, and cultural changes, the Middle Eastern students are provided behavioral health services to assist in their adjustment at school and in a new cultural environment.

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 FY 2024-25, the estimated total MHSA budget for CY-FSP programs is $64,091,906. In FY 2024-25, the estimated annual cost per client served in CY-FSP programs is $7,569 inclusive of all funding. The estimated number of clients to be served is 8,468.

3. Total annual dedicated resources for interpreter services.

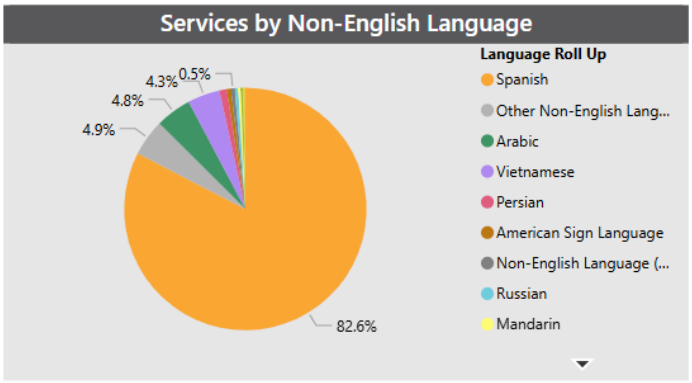
I A3. SDCBHS has dedicated resources for interpreter services by providing services to persons with Limited English Proficiency (LEP) through the usage of interpreter services in the entire system of care. In FY 2024-25, a total of 49,046 interpreter services were provided to 5,123 unique clients receiving Mental Health Services. The largest proportion of interpreter services was provided in Spanish (82.6%), followed by Arabic (4.8%). Additionally, 14,537 interpreter services were provided to 935 unique clients receiving substance use disorder services. The largest proportion of interpreter services provided to these individuals was in Spanish (91.7%) followed by American Sign Language (4.5%).

MH Language & Interpreter Services Report
FY 24-25

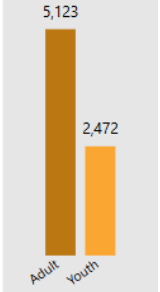
Data Source: SmartCare (08/06/25), CCBH (02/09/25)

Services	Non-English Language	Clients
40,508	Spanish	5,908
2,355	Arabic	415
2,109	Vietnamese	401
962	Other Non-English Language	233
876	Cambodian	144
477	Persian (Dari & Farsi)	171
275	American Sign Language	59
241	Non-English (Language Not Reported)	169
225	Russian	54
180	Lao	35
174	Mandarin	36
154	Korean	31
131	Tagalog	43
103	Cantonese	39
62	Portuguese	13
36	Japanese	8
35	French	26
49,046		**7,564**

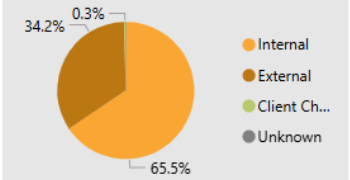
Services by Non-English Language



Non-English Unique Clients



Interpreter Type



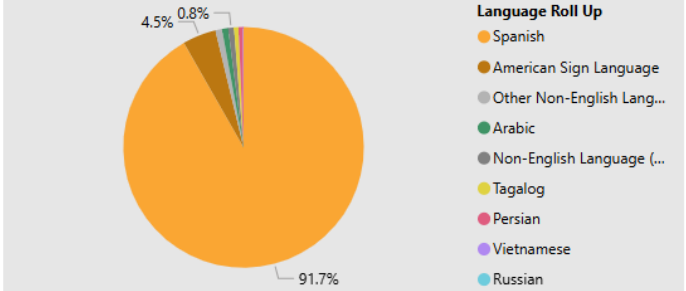
Region	Non-English Services	% of Non-English Services	English Services	% of English Services
South	17,594	11.6%	134,099	88.4%
Central	9,196	3.4%	258,009	96.6%
North Central	11,217	2.7%	403,008	97.3%
North Inland	4,830	4.4%	104,727	95.6%
East	4,458	3.9%	110,415	96.1%
North Coastal	1,751	1.7%	102,723	98.3%
No Address	0	N/A	36	100.0%

SUD Language & Interpreter Services Report
FY 24-25

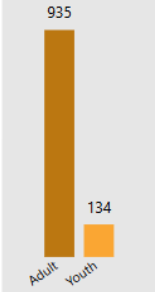
Data Source: SmartCare (08/06/25), SanWITS (09/16/24)

Services	Non-English Language	Clients
13,336	Spanish	946
652	American Sign Language	30
120	Arabic	3
112	Non-English (Language Not Reported)	57
89	Tagalog	2
87	Persian (Dari & Farsi)	24
61	Cambodian	12
36	Lao	1
14	Other Non-English Language	2
10	Cantonese	9
10	Vietnamese	2
3	Polish	3
2	German	1
1	Armenian	1
1	French	1
1	Russian	1
1	Samoan	1
14,537		**1,068**

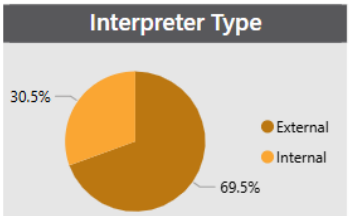
Services by Non-English Language



Non-English Unique Clients



Interpreter Type



Region	Non-English Services	% of Non-English Services	English Services	% of English Services
South	10,843	9.0%	110,207	91.0%
Central	1,768	0.5%	355,613	99.5%
North Central	437	0.3%	149,398	99.7%
North Inland	903	0.6%	154,404	99.4%
East	484	0.3%	185,197	99.7%
North Coastal	102	0.0%	288,063	100.0%
No Address	0	N/A	0	N/A

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.*

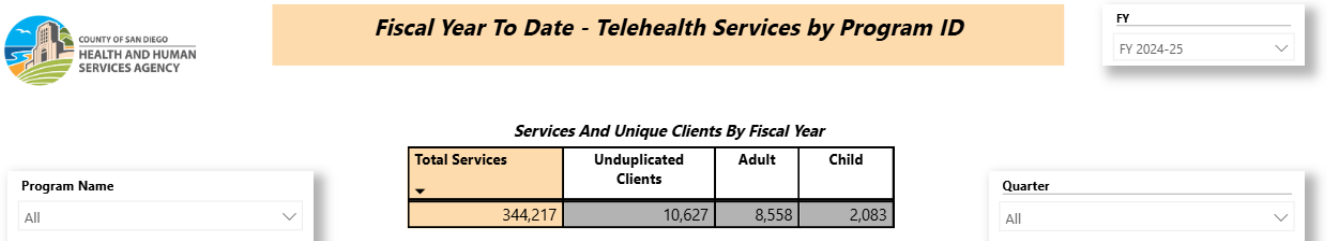
II A1. The SDCBHS contracts with Optum, the Administrative Services Organization (ASO), to provide a 24-hour phone line with statewide toll-free access that has the linguistic capability, including TDD.

In FY 2024-25, the Access and Crisis Line (ACL) received 96,533 (93,519 mental health and 3,014 SUD) calls (an increase compared to the 93,316 received in FY 2023-24) with monthly call volume ranging from 7,376 to 8,640 calls. Of those, 1,223 were calls conducted in a language other than English, and 0 were hearing-impaired calls. Of all the calls that were conducted in a language other than English, 93.54% of them were in Spanish. There were 85 SUD-specific calls received requesting a language other than English, with 98.82% 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 2024-25, a total of 344,217 telehealth services were provided.



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 members are informed in writing in their primary language, of their rights to language assistance services. The Behavioral Health Member Handbook is a booklet about the behavioral health services that San Diego County offers and about the Medi-Cal Service Plan and is required to be offered to all members at the time the member first accesses services. In the Behavioral Health Member Handbook for Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS), the beginning of the handbook contains the following language tagline which is translated in Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese and states:

"ATTENTION: If you need help in your language call (888) 724-7240 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (888) 724-7240 (TTY: 711). These services are free of charge."

Additionally, it informs members of services in other languages and formats and states:

- Other languages – if you need help in your language call (888)724-7240 (TTY:711). These services are free of charge.
- Other formats – you can get this information in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call (888)724-7240 (TTY:711). The call is toll free.
- Interpreter Services – The county provides oral interpretation services from a qualified interpreter, no a 24-hour basis, at no cost to you. You do not have to use a family member or a friend as an interpreter. We discourage the use of minors as interpreters, unless it is an emergency. Interpreter, linguistic, and cultural services are available at no cost to you. Help is available 24 hours a day, 7 days a week. For language help or to get this handbook in a different language, call (888)724-7240 (TTY: 711). The call is toll free.

Behavioral Health Member Handbook

NAME	FILE
English	Integrated MHP and DMC-ODS Member Handbook_July 2025_English.pdf
Arabic	Integrated MHP and DMC-ODS Member Handbook_July 2025_Arabic.pdf
Chinese	Integrated MHP and DMC-ODS Member Handbook_July 2025_Chinese (Traditional).pdf
Korean	Integrated MHP and DMC-ODS Member Handbook_July 2025_Korean.pdf
Persian (Dari & Farsi)	Integrated MHP and DMC-ODS Member Handbook_July 2025_Persian (Dari_Farsi).pdf
Somali	Integrated MHP and DMC-ODS Member Handbook_July 2025_Somali.pdf
Spanish	Integrated MHP and DMC-ODS Member Handbook_July 2025_Spanish.pdf
Tagalog	Integrated MHP and DMC-ODS Member Handbook_July 2025_Tagalog.pdf
Vietnamese	Integrated MHP and DMC-ODS Member Handbook_July 2025_Vietnamese.pdf
Russian	Integrated MHP and DMC-ODS Member Handbook_July 2025_Russian.pdf
Large Print - English	Integrated MHP and DMC-ODS Member Handbook_July 2025_English_Large Font.pdf
Large Print - Arabic	Integrated MHP and DMC-ODS Member Handbook_July 2025_Arabic_Large Font.pdf
Large Print - Chinese	Integrated MHP and DMC-ODS Member Handbook_July 2025_Chinese (Traditional)_Large Font.pdf
Large Print - Korean	Integrated MHP and DMC-ODS Member Handbook_July 2025_Korean_Large Font.pdf
Large Print - Persian (Dari & Farsi)	Integrated MHP and DMC-ODS Member Handbook_July 2025_Persian (Dari_Farsi)_Large Font.pdf
Large Print - Somali	Integrated MHP and DMC-ODS Member Handbook_July 2025_Somali_Large Font.pdf
Large Print - Spanish	Integrated MHP and DMC-ODS Member Handbook_July 2025_Spanish_Large Font.pdf
Large Print - Tagalog	Integrated MHP and DMC-ODS Member Handbook_July 2025_Tagalog_Large Font.pdf
Large Print - Vietnamese	Integrated MHP and DMC-ODS Member Handbook_July 2025_Vietnamese_Large Font.pdf
Large Print - Russian	Integrated MHP and DMC-ODS Member Handbook_July 2025_Russian_Large Font.pdf

The Behavioral Health Member Handbook is available at all organizational provider locations and, upon request, through Behavioral Health Services Administration. Providers can request the Behavioral Health Member Handbook and recent changes can be found here: Integrated Member Handbook - Notice of Significant Changes. The guides are available on the Optum Website in all under the BHS Provider Resources tab. All other Medi-Cal beneficiary materials using a PDF form-fill are available online.

Additionally, the Behavioral Health Member Quick Guide for Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS), distributed to all new consumers, provides an overview of behavioral health services provided by the County of San Diego as well as an overview of "Your Rights as a Medi-Cal Member". The Quick Guide also notifies all members of the Access and Crisis Line and states, "Access and Crisis Line: (888)724-7240 (TTY: 711). This toll-free number is available 24 hours, 7 days a week and provides counselors who can answer your questions and provide referrals for mental health services and substance use disorder services." The Behavioral Health Member Quick Guide is available in all threshold languages.

Behavioral Health Member Quick Guide

NAME	FILE
English	Quick_Guide_BHS_Services_in_San_Diego_English_02-2025.pdf
Arabic	Quick_Guide_BHS_Services_in_San_Diego_Arabic_02-2025.pdf
Chinese	Quick_Guide_BHS_Services_in_San_Diego_Chinese Traditional_02-2025.pdf
Persian (Farsi, Dari)	Quick_Guide_BHS_Services_in_San_Diego_Persian_(Dari_Farsi)_02-2025.pdf
Korean	Quick_Guide_BHS_Services_in_San_Diego_Korean_02-2025.pdf
Russian	Quick_Guide_BHS_Services_in_San_Diego_Russian_02-2025.pdf
Somali	Quick_Guide_BHS_Services_in_San_Diego_Somali_02-2025.pdf
Spanish	Quick_Guide_BHS_Services_in_San_Diego_Spanish_02-2025.pdf
Tagalog	Quick_Guide_BHS_Services_in_San_Diego_Tagalog_02-2025.pdf
Vietnamese	Quick_Guide_BHS_Services_in_San_Diego_Vietnamese_02-2025.pdf

Additionally, all providers are required to display the "Limited English Proficiency" posters in all threshold languages. These can also be found on the Optum Website BHS Provider Resources

Limited English Proficiency (LEP) Poster

NAME	FILE
English	Limited_English_Proficiency_Poster_05-2025_English.pdf
Arabic	Limited_English_Proficiency_Poster_05-2025_Arabic.pdf
Chinese	Limited_English_Proficiency_Poster_05-2025_Chinese (Traditional).pdf
Persian (Farsi, Dari)	Limited_English_Proficiency_Poster_05-2025_Persian (Dari Farsi).pdf
Korean	Limited_English_Proficiency_Poster_05-2025_Korean.pdf
Somali	Limited_English_Proficiency_Poster_05-2025_Somali.pdf
Spanish	Limited_English_Proficiency_Poster_05-2025_Spanish.pdf
Tagalog	Limited_English_Proficiency_Poster_05-2025_Tagalog.pdf
Vietnamese	Limited_English_Proficiency_Poster_05-2025_Vietnamese.pdf
Russian	Limited_English_Proficiency_Poster_05-2025_Russian.pdf

C. Evidence that the County/agency accommodate persons who have LEP by using bilingual staff or interpreter services.

II C. The County accommodates all people who have LEP by using bilingual staff or interpreter services. The Beneficiary Materials have examples of client records and services provided by County contractors in English, Arabic, Chinese, Persian (Farsi, Dari), Korean, Somali, Spanish, Tagalog, Vietnamese, and Russian.

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 2024-25, a total of 49,010 interpreter services were provided to 7,598 unique clients receiving Mental Health Services. The largest

proportion of interpreter services was provided in Spanish (82.6%), followed by Arabic (4.8%). Additionally, 14,537 interpreter services were provided to 1,071 unique clients receiving Substance Use Disorder services. The largest proportion of interpreter services provided to these individuals was in Spanish (91.7%) followed by American Sign Language (4.5%).

Per the 2025 NACT, the following data was collected:

Mental Health Staff

MHP Number of Staff by Language Capacity N=2,709		
	Language Proficiency	
Language	Fluent	Certified
Arabic	16	0
Armenian	5	0
Cambodian (Khmer)	5	0
Cantonese (Yue Chinese)	1	0
Farsi (Persian)	15	0
Hmong	1	0
Korean	4	0
Mandarin	9	0
Other Chinese	5	0
Russian	8	0
Spanish	476	4
Tagalog	14	0
Vietnamese	6	0
American Sign Language	8	0
English	2709	0

SUD Staff

DMC-ODS Number of Staff by Language Capacity N=937		
	Language Proficiency	
Language	Fluent	Certified
Arabic	6	0
Armenian	5	0
Cambodian (Khmer)	4	0
Cantonese (Yue Chinese)	1	0
Farsi (Persian)	5	0
Hmong	0	0
Korean	0	0
Mandarin	3	0
Other Chinese	6	0
Russian	0	0
Spanish	158	2
Tagalog	3	0
Vietnamese	1	0
American Sign Language	13	0
English	937	0

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 below.

■ 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:

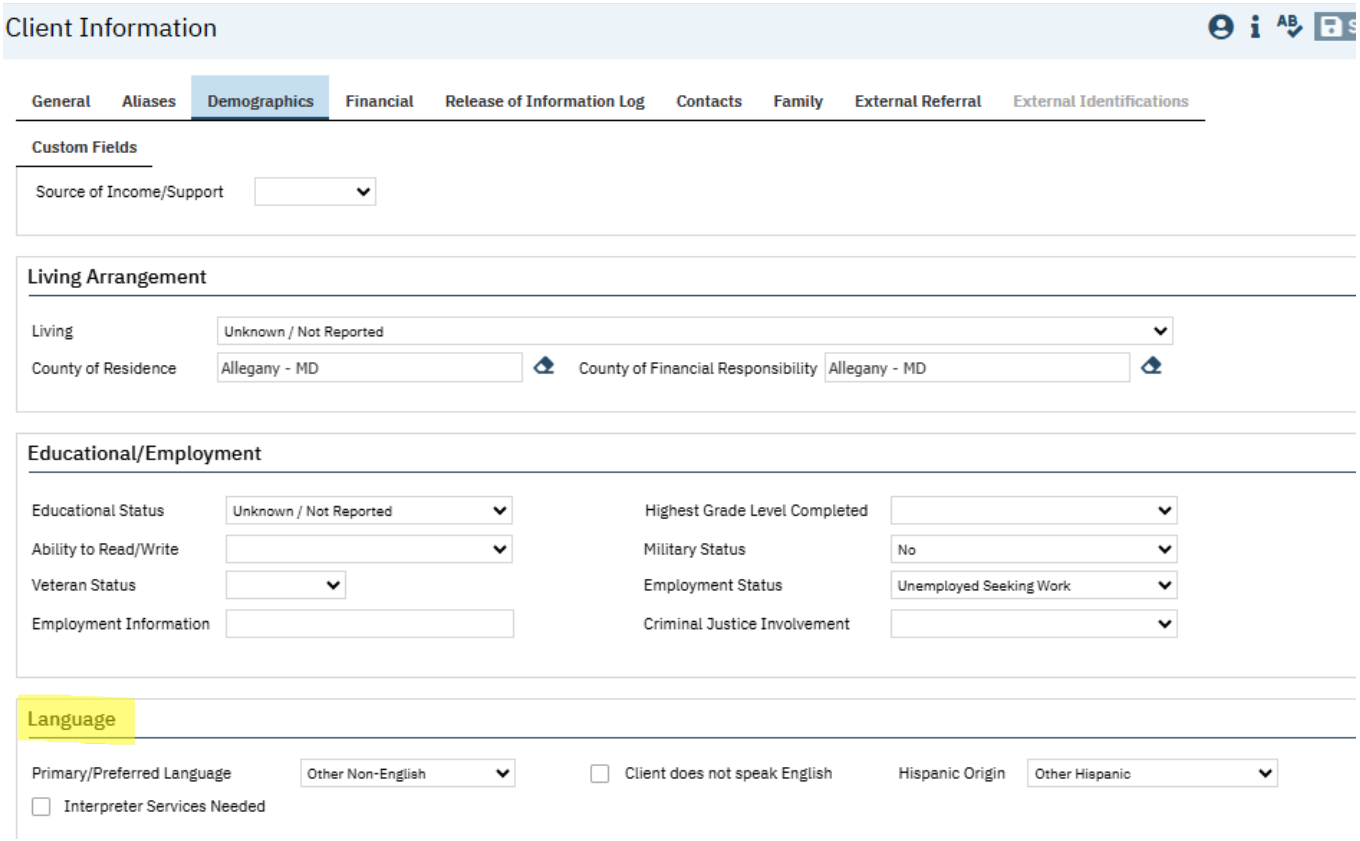
- There is no expectation that family members provide interpreter services.
  - A consumer/client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services.
  - Other than in extenuating circumstances, minors (under the age of 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.*

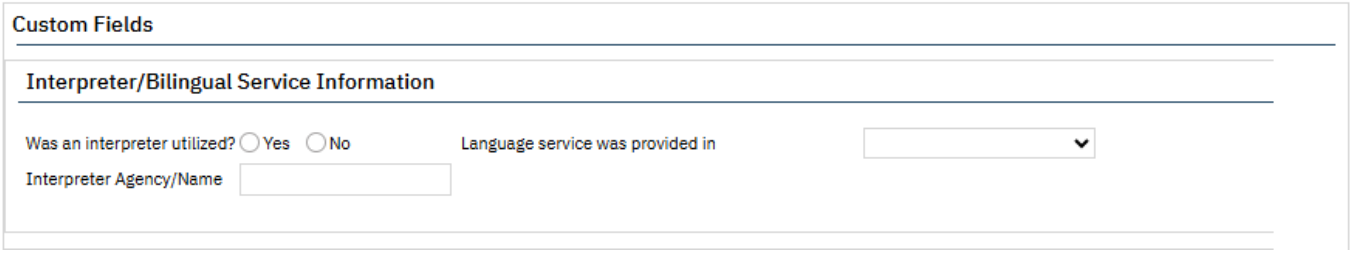
V. Samples of the materials listed in items 1-8 above are made available at the tri-annual DHCS compliance visit. The availability of materials at provider locations is monitored through site reviews and other reports.

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. In SmartCare, the Client Information section includes the preferred language information in the Demographics Tab.



Additionally, in the Service Note for every rendered service there is a Custom Fields box in which the language of the service provided is indicated, as well as whether or not an interpreter was utilized.



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).

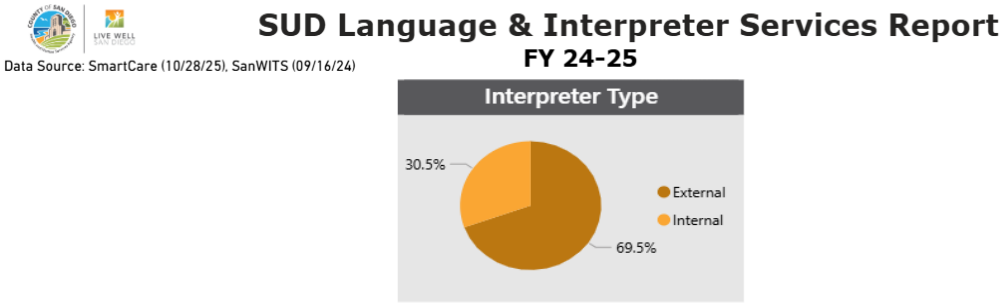
V D. Currently, the SDCBHS uses a translation service to provide needed translations and updates of translated documents. Materials received from the translation service are reviewed by SDCBHS clinicians and native speakers for accuracy prior to distribution.

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 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. This goal is in progress. Per the SUD Language and Interpreter Services Report for FY 2024-25 a total of 30.5% of all services utilized an internal interpreter. SDCBHS will continue to track the progress in upcoming fiscal years, with the hope that bilingual staff will increase with the implementation that ELEVATE.

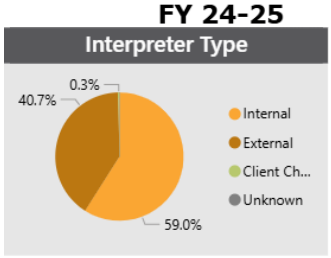


Over the next three years, SDCBHS will increase the percent of internal interpreters used in the MH system of care by 5% in order to build the SDCBHS bilingual workforce. Note: This goal has been revised to align with the previous goal looking at the use of internal interpreters in the mental health system. This goal is in progress. Per the SUD Language and Interpreter Services Report for FY 2024-25 a total of 59% of all services utilized an internal interpreter. SDCBHS will continue to track the progress in upcoming fiscal years, with the hope that bilingual staff will increase with the implementation that ELEVATE.

MH Language & Interpreter Services Report

FY 24-25

Data Source: SmartCare (11/05/25), CCBH (02/09/25)



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. 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 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 has the following client-driven 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 – NAMI Ending the Silence is a free, evidence-based, 50-minute session designed for middle and high school students. Students will learn about mental health conditions through a brief presentation, short videos, and personal testimony from a young adult who describes their journey to recovery. Ending the Silence presentations include two leaders: one who shares an informative presentation and a young adult with a mental health condition who shares their journey of recovery.

Audience members can ask questions and gain understanding of an often-misunderstood topic. Through dialogue, we can help the movement to end stigma.

- Nami Warmline-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 for major holidays
- NAMI Peer Support Line -an ongoing program by NAMI San Diego that provides a non-crisis telephone and live chat services from 3:30-11pm, 7 days a week, operated by and for adults 18 and older who are in recovery from a mental illness. The live chat service provides peer support, information, resources, referrals, and non-crisis intervention to adults who are residents of San Diego County.
- Next Steps - Peer support specialists and SUD counselors provide screening, early intervention and brief case management services for individuals who have mental health conditions and/or substance use issues. Services are based at San Diego County Psychiatric Hospital (SDCPH) with field-based services provided in the community after discharge. Services aim to reduce future hospitalizations by engaging clients and linking them to appropriate support services spanning the entire continuum of care.
- The Family/Youth Liaison (FYL) - program had the primary duty of coordinating and advancing family/youth professional partnerships in the CYF SOC. The FYL Director worked closely with the Children, Youth and Families System of Care 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.
- 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 3.0 -offers free, 80-hour virtual, live, CalMHSA-approved, Medi-Cal Peer Support Specialist Training to family members/caregivers and peers with lived experience in recovery from mental health and/or substance use, who are looking to serve in a peer or a related role and/or are seeking to become state Certified Medi-Cal Peer Support Specialists. This 80-hour virtual, live training fulfills the state's training requirement for Medi-Cal Peer Support Specialist Certification. The training helps individuals prepare for the Medi-Cal Peer Support Specialist Certification exam as well as identify a pathway to employment/volunteer positions within the public mental health

system. Those who complete the 80-hour training, which includes completion of training sessions, homework assignments and self-study time, will receive a certificate of completion to submit in their certification application through the state.

- 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 Connection2 Community (C2C)Clubhouse -An ongoing program operated by NAMI San Diego, located in the Central Region, focusing on downtown San Diego. Services are provided Monday through Friday, 8 AM to 4 PM. The program offers street and fixed-site outreach, a Clubhouse program, and site-based services to engage homeless adults (18+) with serious mental illness (SMI) and co-occurring substance use disorders. Specialized outreach and services are available for homeless veterans, including shower and laundry facilities.
- NAMI Family Support Groups- NAMI Family Support Group is a peer-led support group for any adult with a loved one who has experienced symptoms of a mental health condition.. 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.
- NAMI Family Education Services- The Family Education Services is an ongoing countywide program by NAMI San Diego that serves family members and friends of persons with behavioral health conditions. This program provides 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 promote the natural supports of family and friends' encouragement on recovery and resiliency. The classes are offered in English, Spanish, Vietnamese, Arabic, and East African.
- Consumer Advocacy Services-The NAMI San Diego Consumer Advocacy Services program is an ongoing countywide program that provides recovery-oriented services for individuals and families in San Diego's public Behavioral Health System. The Consumer Advocacy Services program offers advocacy training and peer support for persons and family members with lived experience with the intent of improving services delivery for consumers receiving services with Behavioral Health system of care. The Consumer Advocacy program also facilitates a Peer Council. 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.

A Non-Nami San Diego Peer-led program is highlighted below:

- Courage to Call - 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.

- One of the outcomes in the SOW is that a minimum of three hundred (300) consumers shall be enrolled in the Consumer Advocacy training. As of Quarter 4 of FY 24-25, there were 480 graduates from 40 advocacy training classes. Another outcome is that a minimum of ten percent (10%) of trained Consumer Advocates shall participate in a newly established Consumer/Peer Council.
- As of Quarter 4 of FY 2024-25, 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. Yet another outcome is that contractor shall provide BHS outreach and engagement services by disseminating the oscER San Diego, oscER Jr., and alfrEDU cloud-based applications. During Quarter 4 of FY 24-25, three thousand, one hundred and forty-four (3144) people have been educated from the applications. An additional outcome is that one hundred percent (100%) of individuals participating in Augmented Services Program (ASP) shall be outreached to and be provided recovery-based skills to improve self-sufficiency. As of Quarter 4 of FY 24-25, eight (8) board and care facilities have received ongoing support for the ASP clients, which includes 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 Contracting Officer Representative (COR) by the end of January. NAMI's annual event called Children/Youth Mental Health Well Being Celebration was held May 10, 2025. 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 24-25.

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 include:

- 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 East Wind Clubhouse is an ongoing countywide program by Union of Pan Asian Communities (UPAC) that offers a member - operated clubhouse to adults 18 and over with serious mental illness with a specialization in the Asian Pacific Islander Community. The East Wind Clubhouse provides services to their members to help them achieve social, financial, health/ wellness, education, and vocational goals.
- 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 populations in that area.

Additional evidence of operated recovery and wellness programs:

- Union of Pan Asian Communities' (UPAC) Elder Multicultural Access and Support Services (EMASS) is a county-wide mental health prevention and early intervention program serving Latino, African American, Asian, Pacific Islander, Filipino, East African, and Middle Eastern 60-year-old+ seniors utilizing the Promotora (Community Health Worker) model.
- Program provides outreach and engagement, education, benefits advocacy, referrals and linkages, mentoring support and transportation coordination services to support mental health wellbeing. Services are available in-person or online.

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.

Program Advisory Groups (PAG)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 clients-driven/operated programs that are racially, ethically, culturally, and linquistically specific.

I A2. The following programs are client-driven/client-operated and racially, ethnically, culturally, and linguistically specific:
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 -The DCS Clubhouse is an ongoing countywide program by Deaf Community Services that offers a member - operated clubhouse to adults 18 and over with serious mental illness with a specialization in deaf and hard of hearing adults and older adults. The DCS Clubhouse provides services to their members to help them achieve social, financial, health / wellness, education, and vocational goals. DCS serves a dynamic and diverse community of individuals representing the spectrum of Deafness through a myriad of culturally and linguistically accessible services.
- 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 East Wind Clubhouse is an ongoing countywide program by Union of Pan Asian Communities (UPAC) that offers a member - operated clubhouse to adults 18 and over with serious mental illness with a specialization in the Asian Pacific Islander Community. The East Wind Clubhouse provides services to their members to help them achieve social, financial, health/ wellness, education, and vocational goals.
- 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
- 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).

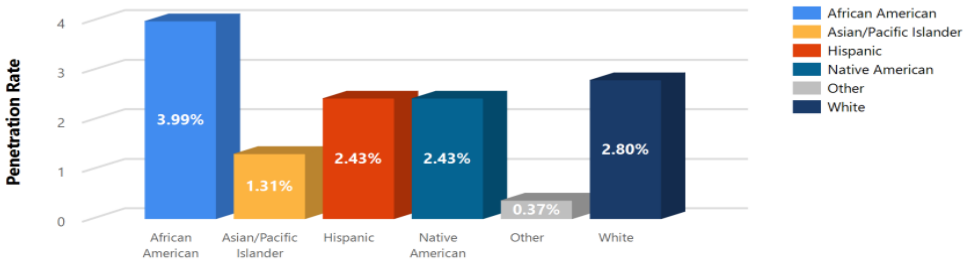
II A. SDCBHS has available alternative options that accommodate individual preference, cultural preference, and linguistic preferences demonstrated by the culture-specific programs provided by the County and/or referral to community-based, culturally appropriate providers. Over the last decade, SDCBHS 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.

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 Cultural Access and Resource Enhancement (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.

Fig 3.2 Children & Youth by Race

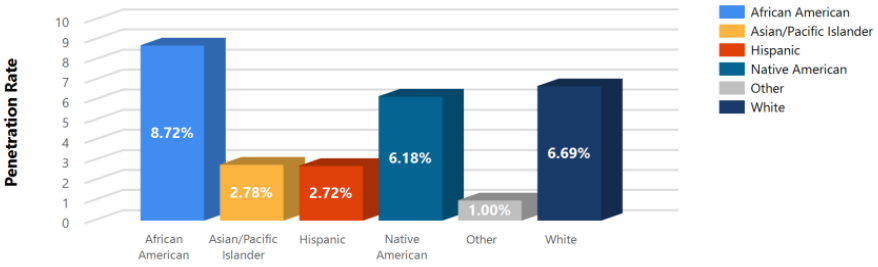


Race	Eligible Clients	Clients Served	Rate (%)
African American	15,103	603	3.99
Asian/Pacific Islander	14,845	194	1.31
Hispanic	166,467	4,037	2.43
Native American	1,112	27	2.43
Other	72,614	269	0.37
White	39,254	1,099	2.80

Optum

County of San Diego Behavioral Health Services
Medi-Cal Penetration Rate
Period: FY 23-24 Q4

Fig 2.2 Adult & Older Adult by Race



Race	Eligible Clients	Clients Served	Rate (%)
African American	32,677	2,850	8.72
Asian/Pacific Islander	51,713	1,439	2.78
Hispanic	274,376	7,464	2.72
Native American	2,606	161	6.18
Other	205,660	2,050	1.00
White	122,758	8,214	6.69

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.

SDCBHS has set up many 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.

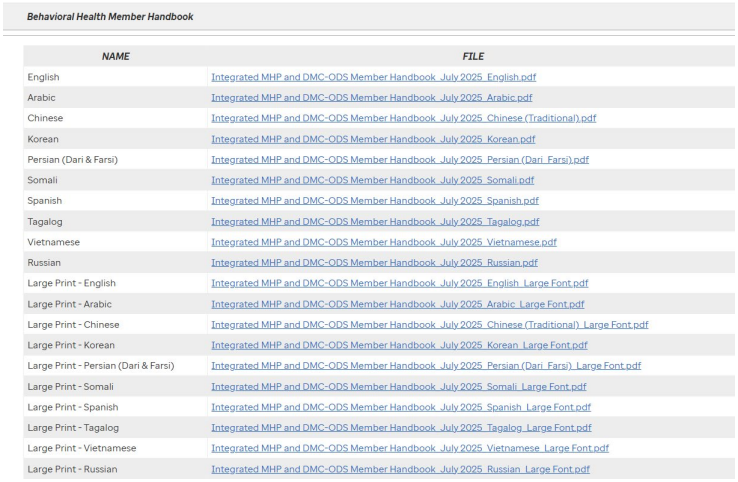
B. Evidence that the County informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the County will include it in their next printing or within one year of the submission of their CCPR.

II B. All members are informed in writing in their primary language, of their rights to language assistance services. The Behavioral Health Member Handbook is a booklet about the behavioral health services that San Diego County offers and about the Medi-Cal Service Plan and is required to be offered to all members at the time the member first accesses services. In the Behavioral Health Member Handbook for Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS), the beginning of the handbook contains the following language tagline which is translated in Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese and states:

“ATTENTION: If you need help in your language call (888) 724-7240 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (888) 724-7240 (TTY: 711). These services are free of charge.”

Additionally, it informs members of services in other languages and formats and states:

- Other languages – if you need help in your language call (888)724-7240 (TTY:711). These services are free of charge.
- Other formats – you can get this information in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call (888)724-7240 (TTY:711). The call is toll free.
- Interpreter Services – The county provides oral interpretation services from a qualified interpreter, no a 24-hour basis, at no cost to you. You do not have to use a family member or a friend as an interpreter. We discourage the use of minors as interpreters, unless it is an emergency. Interpreter, linguistic, and cultural services are available at no cost to you. Help is available 24 hours a day, 7 days a week. For language help or to get this handbook in a different language, call (888)724-7240 (TTY: 711). The call is toll free.



Behavioral Health Member Handbook

NAME	FILE
English	Integrated MHP and DMC-ODS Member Handbook_July 2025_English.pdf
Arabic	Integrated MHP and DMC-ODS Member Handbook_July 2025_Arabic.pdf
Chinese	Integrated MHP and DMC-ODS Member Handbook_July 2025_Chinese (Traditional).pdf
Korean	Integrated MHP and DMC-ODS Member Handbook_July 2025_Korean.pdf
Persian (Dari & Farsi)	Integrated MHP and DMC-ODS Member Handbook_July 2025_Persian (Dari_Farsi).pdf
Somali	Integrated MHP and DMC-ODS Member Handbook_July 2025_Somali.pdf
Spanish	Integrated MHP and DMC-ODS Member Handbook_July 2025_Spanish.pdf
Tagalog	Integrated MHP and DMC-ODS Member Handbook_July 2025_Tagalog.pdf
Vietnamese	Integrated MHP and DMC-ODS Member Handbook_July 2025_Vietnamese.pdf
Russian	Integrated MHP and DMC-ODS Member Handbook_July 2025_Russian.pdf
Large Print - English	Integrated MHP and DMC-ODS Member Handbook_July 2025_English_Large Font.pdf
Large Print - Arabic	Integrated MHP and DMC-ODS Member Handbook_July 2025_Arabic_Large Font.pdf
Large Print - Chinese	Integrated MHP and DMC-ODS Member Handbook_July 2025_Chinese (Traditional)_Large Font.pdf
Large Print - Korean	Integrated MHP and DMC-ODS Member Handbook_July 2025_Korean_Large Font.pdf
Large Print - Persian (Dari & Farsi)	Integrated MHP and DMC-ODS Member Handbook_July 2025_Persian (Dari_Farsi)_Large Font.pdf
Large Print - Somali	Integrated MHP and DMC-ODS Member Handbook_July 2025_Somali_Large Font.pdf
Large Print - Spanish	Integrated MHP and DMC-ODS Member Handbook_July 2025_Spanish_Large Font.pdf
Large Print - Tagalog	Integrated MHP and DMC-ODS Member Handbook_July 2025_Tagalog_Large Font.pdf
Large Print - Vietnamese	Integrated MHP and DMC-ODS Member Handbook_July 2025_Vietnamese_Large Font.pdf
Large Print - Russian	Integrated MHP and DMC-ODS Member Handbook_July 2025_Russian_Large Font.pdf

The Behavioral Health Member Handbook is available at all organizational provider locations and, upon request, through Behavioral Health Services Administration. Providers can request the Behavioral Health Member Handbook and recent changes can be found here: Integrated Member Handbook - Notice of Significant Changes. The guides are available on the Optum Website in all under the BHS Provider Resources tab. All other Medi-Cal beneficiary materials using a PDF form-fill are available online.

Additionally, the Behavioral Health Member Quick Guide for Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS), distributed to all new consumers, provides an overview of behavioral health services provided by the County of San Diego as well as an overview of "Your Rights as a Medi-Cal Member". The Quick Guide also notifies all members of the Access and Crisis Line and states, "Access and Crisis Line: (888)724-7240 (TTY: 711). This toll-free number is available 24 hours, 7 days a week and provides counselors who can answer your questions and provide referrals for mental health services and substance use disorder services." The Behavioral Health Member Quick Guide is available in all threshold languages.

Behavioral Health Member Quick Guide

NAME	FILE
English	Quick_Guide_BHS_Services_in_San_Diego_English_02-2025.pdf
Arabic	Quick_Guide_BHS_Services_in_San_Diego_Arabic_02-2025.pdf
Chinese	Quick_Guide_BHS_Services_in_San_Diego_Chinese Traditional_02-2025.pdf
Persian (Farsi, Dari)	Quick_Guide_BHS_Services_in_San_Diego_Persian_(Dari_Farsi)_02-2025.pdf
Korean	Quick_Guide_BHS_Services_in_San_Diego_Korean_02-2025.pdf
Russian	Quick_Guide_BHS_Services_in_San_Diego_Russian_02-2025.pdf
Somali	Quick_Guide_BHS_Services_in_San_Diego_Somali_02-2025.pdf
Spanish	Quick_Guide_BHS_Services_in_San_Diego_Spanish_02-2025.pdf
Tagalog	Quick_Guide_BHS_Services_in_San_Diego_Tagalog_02-2025.pdf
Vietnamese	Quick_Guide_BHS_Services_in_San_Diego_Vietnamese_02-2025.pdf

Additionally, all providers are required to display the "Limited English Proficiency" posters in all threshold languages. These can also be found on the Optum Website BHS Provider Resources

Limited English Proficiency (LEP) Poster

NAME	FILE
English	Limited_English_Proficiency_Poster_05-2025_English.pdf
Arabic	Limited_English_Proficiency_Poster_05-2025_Arabic.pdf
Chinese	Limited_English_Proficiency_Poster_05-2025_Chinese (Traditional).pdf
Persian (Farsi, Dari)	Limited_English_Proficiency_Poster_05-2025_Persian (Dari Farsi).pdf
Korean	Limited_English_Proficiency_Poster_05-2025_Korean.pdf
Somali	Limited_English_Proficiency_Poster_05-2025_Somali.pdf
Spanish	Limited_English_Proficiency_Poster_05-2025_Spanish.pdf
Tagalog	Limited_English_Proficiency_Poster_05-2025_Tagalog.pdf
Vietnamese	Limited_English_Proficiency_Poster_05-2025_Vietnamese.pdf
Russian	Limited_English_Proficiency_Poster_05-2025_Russian.pdf

B. 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 underserved 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 members having access to specialty mental health services includes the SDCBHS Behavioral Health Member Quick Guide which is distributed to all members and is available in English, Arabic, Chinese, Persian (Farsi, Dari), Korean, Somali, Spanish, Tagalog, Vietnamese, and Russian. It provides education on mental health services and information on how they can be accessed. Upon request, the Behavioral Health Member Quick Guide is available in an audio format on a CD. Additionally, the Behavioral Health Member Handbook is a booklet about the behavioral health services that San Diego County offers and about the Medi-Cal Service Plan and is required to be offered to all members at the time the member first accesses services. In the Behavioral Health Member Handbook for Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS), the beginning of the handbook contains the following language tagline which is translated in Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese and states:

“ATTENTION: If you need help in your language call (888) 724-7240 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (888) 724-7240 (TTY: 711). These services are free of charge.”

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.

Specific programs that conduct culturally sensitive outreach to the community include:

- The Fred Finch Youth Center -provides Outpatient, specialty mental health services for adolescents and non-minor dependents who have been dually diagnosed and placed in a Short-Term Residential Therapeutic Program (STRTP) facility by CFWB or Probation
- Palomar Family Counseling Services Inc. collaborates with external and internal school-based programs in North inland and North coastal regions to provide school based prevention and early intervention (PEI) services. School-based behavioral health program focused on serving public district middle school students. The program provides small groups and care coordination.
- 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 -an ongoing program of Pathways Community Services. The program provides early intervention services for the prevention of psychosis to youth and TAY, ages 10-25, with signs and symptoms of early psychosis. Kickstart provides three service components: education to community members to help identify and connect youth and TAY to early intervention services, screening and assessment of at-risk youth, and intensive treatment for youth that are at risk of the development of psychosis. Treatment includes psychoeducational classes, multi-family groups, support services, and other needed behavioral health interventions. The program provides home and community-based services.
- 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.

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.
- 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.

Adult/Older Adult Mental Health Services:

- Home-Based Service for Older Adults (Positive Solutions)- Union of Pan Asian Communities' (UPAC) Positive Solutions is a prevention and early intervention program provides outreach, and mental health prevention and early intervention to homebound/socially isolated seniors 60+ county-wide. The program includes Promotoras (Community Health Workers) and uses the evidence-based PEARLS (Program to Encourage Active Rewarding Lives for Seniors) model. Services are available in-person or online.
- Union of Pan Asian Communities' (UPAC) Elder Multicultural Access and Support Services (EMASS) is a county-wide mental health prevention and early intervention program serving Latino, African American, Asian, Pacific Islander, Filipino, East African, and Middle Eastern 60-year-old+ seniors utilizing the Promotora (Community Health Worker) model. Program provides outreach and engagement, education, benefits advocacy, referrals and linkages, mentoring support and transportation coordination services to support mental health wellbeing. Services are available in-person or online.
- Neighborhood House Association In-Reach Services to at risk 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. Population: At risk 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.

- 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 a Mental Health Systems, Inc program that - provides outpatient mental health treatment, rehabilitation, and recovery services to adults age 18 and above who have serious mental illness (SMI), including those who may have a co-occurring substance use disorder. The program provides community-based, recovery-oriented, specialty behavioral health services that are integrated, strength-based, culturally competent, and trauma informed.

Targeting All Populations:

- Survivors of Torture, International (SURVIVORS)Provides integrated outpatient mental health and rehabilitation treatment and recovery services for TAY age 18-25, adults age 26-59, and older adults age 60+ who are diagnosed with SMI (including those who may have a co-occurring substance use) who have experienced trauma and torture who are refugees and/or asylum seekers.
- 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.- - Native American PEI Services program provides ongoing mental health prevention and early intervention services and substance misuse prevention services for American Indian/Alaska Native individuals of all ages who are from tribal communities within the North Inland Region of San Diego County. The program includes elder navigator services, outreach and prevention education services, brief mental health intervention services and substance misuse prevention through culturally responsive services to enhance individual, family, and community wellness. 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. 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 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.
- 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.

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 to 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 2024-25 Status Update

Behavioral Health Services (BHS) Service Planning Tool:

- 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.

BHS Service Planning Tool Updates for FY 2024-25

- Incorporated the latest American Community Survey (ACS) data estimates (2019–2023).
- Expanded community health metrics by adding 16 new BRFSS measures from CDC's PLACES dataset.
- Removed data for clients served by the BHS Mental Health system of care and updated related documentation.

Community Experience Dashboards (CED):

- The Community Experience Dashboards are interactive Power BI dashboards comprised of custom behavioral health datasets, including mapping overlays for spatial indicators.

CED Updates for FY 2024-25

- All dashboards have been updated with the latest data and relaunched:
- Adult Dashboard: Added FY 2023–24 client data.
- CY Dashboard: Added FY 2023–24 client data.
- SUD Dashboard: Added FY 2023–24 client data.
- Social Determinants of Health Dashboard: Added 16 new BRFSS measures from CDC's PLACES and incorporated the latest ACS 2019–2023 data
- YRBS Dashboard: Updated with 2023 data release and expanded content by adding several new indicators, including measures of Adverse Childhood Experiences (ACEs) and experiences of discrimination.
- UC San Diego continues to monitor and maintain the CED website and is exploring options to refine and improve dashboard presentations and promote visibility in the new FY.

Behavioral Health Equity Index (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.

BHEI Updates for FY 2024-25

- Added the BHEI front-end to the equity section of the CED. The interactive application features maps and charts that allow users to explore BHEI rankings across ZCTAs, SRAs, and HHSAs, and to generate neighborhood-specific summaries.
- Implemented a feedback tool to collect user input directly through the site.
- Work is underway to launch an updated version of the BHEI that incorporates the most recent available indicator data. All indicators have been updated except for the HCAI measures, which were recently provided by County. Analyses are underway to recalculate the index and to track and understand changes across versions.

In Development:

- UCSD developed and submitted a Network Analysis proposal during the FY. The goal of the initiative is to use advanced analytics to better define, identify, and address behavioral health service expansion opportunities for unserved and underserved populations in San Diego County. The County is working to launch the workforce analysis component of the project.

- UCSD is collaborating with BHS to prepare a poster board presentation for NCQA's 2025 Health Innovation Summit. The poster will feature the CEP's role in advancing data-driven planning and decision-making.

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.
- 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.

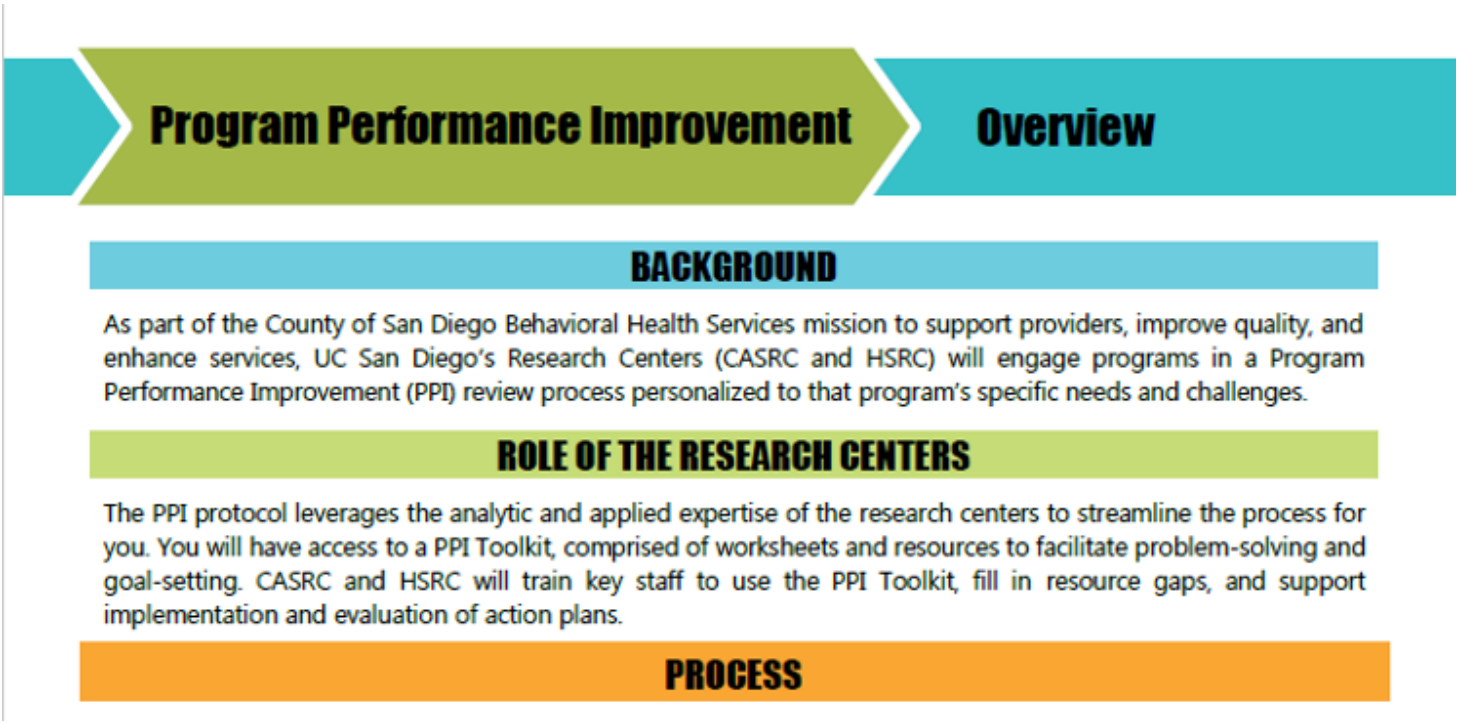
Contractor's program and services shall be trauma-informed and shall accommodate the vulnerabilities of trauma survivors. Services shall be delivered in a way that will avoid inadvertently re-traumatizing clients and facilitate client participation in treatment. Contractor's trauma-informed program and 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.(, San Diego County Clubhouses serves a diverse population of individuals with various age ranges, gender identities, sexual orientations, and racial and ethnic backgrounds. San Diego County Clubhouses served 1,969 unduplicated members in FY 2023-24. Most of these members (97.5%) attended only one Clubhouse. The Member Satisfaction Survey allows members to share their perspectives regarding their experiences at their Clubhouse. Members rate their agreement with 10 statements on a 3-point scale (Agree, No Opinion, or Disagree). Member satisfaction surveys for FY 2023-24 were administered in Spring 2024 from April 8 – 30 and were completed by members who attended the Clubhouse during that timeframe. Of 592 members who attended a Clubhouse during the survey period, 544 or 91.9% of members completed a satisfaction survey. Members may have completed a survey at more than one Clubhouse. The survey results demonstrate a high level of agreement across all statements, with the highest agreement rate at 95.6% for "Overall, I am satisfied with the services of the clubhouse and would recommend it to others."

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.

The flyer below went out to all mental health and substance use providers:



Program Performance Improvement Overview

BACKGROUND

As part of the County of San Diego Behavioral Health Services mission to support providers, improve quality, and enhance services, UC San Diego's Research Centers (CASRC and HSRC) will engage programs in a Program Performance Improvement (PPI) review process personalized to that program's specific needs and challenges.

ROLE OF THE RESEARCH CENTERS

The PPI protocol leverages the analytic and applied expertise of the research centers to streamline the process for you. You will have access to a PPI Toolkit, comprised of worksheets and resources to facilitate problem-solving and goal-setting. CASRC and HSRC will train key staff to use the PPI Toolkit, fill in resource gaps, and support implementation and evaluation of action plans.

PROCESS

HOW TO GET STARTED

If you have an idea for a PPI for your program, please let your Supervisor/Program Manager know!

Program Managers, please contact your UC San Diego PPI leads:

CASRC (CYF): Amy Chadwick, aechadwick@health.ucsd.edu

HSRC (AOA/SUD): Katie Rule, klrule@health.ucsd.edu

The following is an example of a PPI:

Program Performance Improvement Summary of Progress

Program Name	**HSRC**
Start Date	**10/22/2024**
Estimated End Date	**n/a**

BACKGROUND

As part of the ongoing SDCBHS mission to support providers, improve quality, and enhance services, HSRC is supporting Clubhouses in the process to become accredited. Clubhouses are selected for PPI by requisition, COR assignment, Leadership request, and HSRC recommendation.

AREA/S OF FOCUS

Primary Focus	Supporting Clubhouses that reached out to HSRC for support in their progress towards accreditation.
Secondary Focus	
Tertiary Focus	

MEETINGS HELD

MEETING DATE	MEETING TITLE/TOPIC	ATTENDEES
4/14/2025	PPI - Oasis Clubhouse /CASRC Meeting	Joel Crume (CASRC), Tiffany Lagare (CASRC), Alfredo Arriola (HSRC)
5/12/2025	PPI - Oasis Clubhouse /CASRC Meeting	Joel Crume (CASRC), Tiffany Lagare (CASRC), Alfredo Arriola (HSRC)
5/14/2025	ClubHOMS x C2C	Aaron Basila (C2C), Cecilia Ramirez (C2C), Alfredo Arriola (HSRC)
5/23/2025	PPI - Oasis Clubhouse /CASRC Meeting	Joel Crume (CASRC), Tiffany Lagare (CASRC), Carol Gonzalez (HSRC), Ericka Mancillas Vargas (OASIS), Christina [peer support] (OASIS), Emma [lead member] (OASIS), Mariah [member] (OASIS)
6/16/2025	PPI - Oasis Clubhouse /CASRC Meeting	Joel Crume (CASRC), Tiffany Lagare (CASRC), Ericka Mancillas Vargas (OASIS), Alfredo Arriola (HSRC)
6/16/2025	ClubHOMS x DCS	Wendy Merritt (DCS), Ana Cuevas (DCS), Alfredo Arriola (HSRC)
6/30/2025	PPI - Oasis Clubhouse /CASRC Meeting	Joel Crume (CASRC), Tiffany Lagare (CASRC), Ericka Mancillas Vargas (OASIS), Alfredo Arriola (HSRC)

PROGRESS
All Clubhouses completed a survey on their use of Work-Ordered Day (WOD) and progress with accreditation, including effective improvements made, barriers faced, successful strategies to overcome challenges, and the types of support needed; this report was shared with County during Q4.
HSRC representative met with DCS Clubhouse staff to review their accreditation training schedule and WOD data entry in the ClubHOMS system. DCS staff will attend the two-week Clubhouse International training in New York from July 14–25, with our next meeting set for August 11, 2025.
HSRC representatives met with C2C to review their progress on accreditation and implementation of the WOD. Member engagement has improved since moving to a new location, and they have established three active WOD units, including a peer support unit. While they have not yet begun the self-study, they are in the process of submitting the online application and payment.
Through multiple meetings with Oasis Clubhouse, efforts have focused on developing a needs assessment to identify strengths, understand Clubhouse International accreditation requirements, and pinpoint gaps in implementation. The Clubhouse is working to align with County standards while preserving its unique focus on serving unhoused and vulnerable youth.

CHALLENGES IDENTIFIED
DCS is in the early stages of the accreditation process, beginning with their upcoming Clubhouse International training, and is working to identify equitable work opportunities that align with disability justice principles, ensuring that all work is accessible, inclusive, and meaningful for their unique population.
Key challenges for C2C include the need for a culture shift around WOD, staff turnover, and a limited focus on unhoused members.
For Oasis, ongoing challenges include navigating between County expectations and the Clubhouse International model and risks to continued TAY-member engagement. Support is needed to bridge the gaps between what they currently do and what they need to achieve to earn Clubhouse International accreditation.

NEXT STEPS
DCS: Meet in August to debrief on key takeaways from the Clubhouse International training and discuss tailored next steps toward completing Step One of the accreditation process, with a focus on accessible and equitable implementation.
C2C: Continue supporting the completion of their Step One application by providing guidance on the self-study process and addressing identified barriers.
Oasis: Finalize the needs assessment and collaborate with County to explore how they can better support Oasis in aligning with Clubhouse International standards while maintaining their specialized focus on youth.

The PPI process includes a discovery process that incorporates SMARTIE goal development. The following is one example of a PPI that was completed to address workforce shortages utilizing the SMARTIE Goal framework:

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

b. Adopting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons pf diverse cultural backgrounds(e.g., pasters, magazines, decor, 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 2024-25, the Primary Care and Behavioral Health Integration Project managed by Health Quality Partners (a subsidiary of Health Center Partners) served 271 unique SDCBHS clients in San Diego. During that time, the clients served by that project can be described as follows:

- The majority (67%) of the clients served identified as Hispanic/Latino, 16% identified as White, 2% identified as Black/African American, 2% identified as Asian/Pacific Islander, 4% identified as Other, and 9% did not report their ethnicity.
- 59% identified as female, 40% identified as male, and 1% identified as transgender.
- 53% reported Spanish as their preferred language.
- Approximately 20.1% of clients were aged 18-29, 22% were 30-39, 30% were 40-49, and 27.9% were 50-59.
- Clients were treated for the following behavioral health conditions: Anxiety Disorders (41%), Depression Disorders (38%), and Adjustment Disorders (11%). Other diagnoses

(6%) included, ADHD, Alcohol Use Disorder, Bipolar, Panic Disorders, Schizoaffective Disorders, and Sleep Disorders.
- Clients received a total of 966 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 (MHFA) 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 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: Assess for risk of suicide or harm, Listen nonjudgmentally, Give reassurance and information, Encourage appropriate professional help, and Encourage 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, such as, Side-by-Side.

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 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. o 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.

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. o 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+) all available parents/caregivers regardless of the youth/client age. . YSS results are calculated directly from submitted surveys., The YSS provides data regarding consumer perception of services received. Individual items on the YSS are grouped into seven domains for analysis:

- General Satisfaction
- Perception of Access
- Perception of Cultural Sensitivity
- Perception of Participation in Treatment Planning
- Perception of Outcomes of Services
- Perception of Functioning
- Perception of Social Connectedness

Clients may receive multiple services from more than one program during the YSS period; therefore, a single client may submit multiple forms. May 2024 (FY 2023-24) was the fourth hybrid administration (electronic and paper form options) of the YSS in San Diego County. The YSS was administered to clients during the May 20-24, 2024 survey administration period; data from 1,482 completed surveys were analyzed. The number of completed surveys with usable data decreased from 74% (1,812 of 2,457) in May 2023 to 68% (1,482 of 2,168). Both parents/caregivers and youth were most satisfied with the *Perception of Cultural Sensitivity* domain and least satisfied with the *Perception of Outcomes of Services* domain.

YSS May 2024 Results

Satisfaction by Domain: Systemwide

DOMAIN	Percent Stating Agree or Strongly Agree	
	Parent/Caregiver (N=892)	Youth (N=590)
General Satisfaction (Items 1, 4, 5, 7, 10, 11)	91.3%	85.1%
Perception of Access (Items 8, 9)	89.0%	79.3%
Perception of Cultural Sensitivity (Items 12, 13, 14, 15)	97.3%	89.6%
Perception of Participation in Treatment Planning (Items 2, 3, 6)	93.7%	82.4%
Perception of Outcomes of Services (Items 16, 17, 18, 19, 20, 21)	72.4%	64.0%
Perception of Functioning (Items 16, 17, 18, 20, 22)	75.2%	71.5%
Perception of Social Connectedness (Items 23, 24, 25, 26)	91.0%	81.8%

The Mental Health Satisfaction Improvement Program (MHSIP) Survey, is completed by adults and older adults (ages 18 and older). The Spring 2024 survey period was from May 20-24. Roughly half (49%) of the consumer who participated in the survey were male. Each racial/ethnic group was represented in the Spring 2024 survey period, with non-Hispanic(NH)White, Hispanic, NH Black/African American, and NH Multiracial persons surveyed (37%, 31%, 11%, and 10%, respectively).

The following are results on the cultural and linguistic competence of programs and services from the YSS and MHSIP surveys:

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 majority of questions on the TPS focus on client access and satisfaction with services provided through the DMC-ODS The Adult Treatment Perception Survey (TPS) is an annual state-mandated survey administered to any adult client served by a substance use disorder program contracted by San Diego County Behavioral Health Services (SDCBHS) during the survey period. In FY 2023-24 the TPS was administered during the survey period of October 21-25, 2024.

SUD State Survey Questions	Youth TPS "Agree/Strongly Agree" Responses (N=109)	Adult TPS "Agree/ Strongly Agree Responses" (N= 1,799)
Staff were sensitive to my cultural/ ethnic background	80.7%	87.5%

The Youth Treatment Perception Survey (TPS) is also an annual state-mandated survey administered to clients ages 12 to 17 years who are served by a substance use disorder program contracted by San Diego County Behavioral Health Services (SDCBHS) during the survey period. In FY 2023-24 the Youth TPS was administered during the survey period of October 21-25, 2024.

The following are results on the cultural and linguistic competence of programs and services from the youth and adult TPS surveys

MHS State Survey Questions	YSS "Agree/Strongly Agree" Responses		MHSIP "Agree/ Strongly Agree Responses" Adult/Older Adult Clients (N= 2,596)
	Youth Clients (N=590)	*Parent/Caregiver (N=892)*	
Staff were sensitive to my cultural/ ethnic background	89.6%	97.3%	87.7%

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

IV B. Cultural and Linguistic Competence Policy Assessment (CLCPA)

One of the Quality Improvement strategies in the County of San Diego Behavioral Health Services (BHS) Cultural Competence Plan is to survey all program managers annually to evaluate their perception of their programs' cultural and linguistic competence. Accordingly, all

County and County-contracted programs are required to complete the Cultural and Linguistic Competence Policy Assessment (CLCPA). The assessment was administered for the first time in 2017, as a replacement of the annual CC-PAS. It was developed by Georgetown University's National Center for Cultural Competence and was adapted by SDCBHS 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 distributed to all County-contracted and County-operated Program Managers from February through March of 2024.. A total of 213 programs responded to the survey: 149 (70%) Mental Health Services (MHS) and 64 (30%) Substance Use Disorder Services programs. Below are the summary of the survey findings:

- The majority of the respondents were in a Program Manager or Program Director role (45% and 41%, respectively). About 14% 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, 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 , continuing the trend from the previous year.
- There was a relatively wide distribution of levels of personal and program staff involvement in the communities' culturally diverse activities
- 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
- About 7-12% 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
- 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.
- 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

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 developed by Georgetown University's National Center for Cultural Competence and implemented in SDCBHS in 2020. It supports the SDCBHS' commitment to a culturally competent workforce and upholds the guidelines described in the Cultural Competence Plan and Handbook.

In October 2024, the SDCBHS Population Health unit requested each contracted Mental Health Services (MHS) and Substance Use Disorder (SUD) program manager to distribute the survey to their organization and complete the survey. A total of 3,701 respondents completed the survey: 2,759 for MHS and 942 for SUD. 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. 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 - 14% 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 9% 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.
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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 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. The goal was met. The Program and Services team conducted a specialized training session on the Service Planning Tool (SPT), a new custom application designed to help ensure County services are informed by data, based on cultural and regional considerations, and focused on communities that may be at greatest risk for unmet behavioral health needs. The tool highlights the Behavioral Health Equity Index, a composite index designed to identify areas at risk for unmet behavioral health needs and can serve as potential indicator of priority zones for service enhancements. SPT was designed by UCSD in collaboration with SDCBHS and is intended for BHS staff only. The SPT training took place on September 25,2025. About 139 SDCBHS staff members attended the training.

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. The goal is in progress. Launched in July 2025 and informed by community input, the first-of-its-kind ELEVATE Program was created through $75 million in funding to provide zero-interest loans, apprenticeships, peer support training, paid internships, and other incentives with the goal of adding 3,000 new behavioral health professionals to meet the needs of San Diego residents. Administered by the San Diego-based Policy & Innovation Center in partnership with Social Finance, Trailhead Strategies, and other agencies, the ELEVATE program includes the Nurse Practitioner (NP) Expansion Grant Program, which supports the launch and expansion of local NP programs to help students become psychiatric mental health nurse practitioners within public behavioral health settings. Advancements under the NP Expansion Program will be assessed in the third year following its launch.