



Culturally and Linguistically Appropriate Services Plan

2017-2018

SANTA CRUZ COUNTY BEHAVIORAL HEALTH

Table of Contents

Introduction

Criterion #1: Commitment to Culturally and Linguistically Appropriate Services (CLAS)

Criterion #2: Updated Assessment of Service Needs

Criterion #3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities

Criterion #4: Client-Family Member Committee- Integration of the Committee within the Mental Health System

Criterion #5: CLAS Training Activities

Criterion #6: Counties Commitment to Growing a Multi-Cultural Workforce- Hiring and Retaining Culturally and Linguistically Competent Staff

Criterion #7: Language Capacity

Criterion #8: Adaption of Services

CLAS Feedback Form

INTRODUCTION

The State of California requires each County mental health system to have a “Cultural Competence” plan. The criterion and questions (**in bold**) are those previously set forth by the State. This is an update to earlier plans developed by Santa Cruz County Behavioral Health. Santa Cruz County has adopted the term “Culturally and Linguistically Appropriate Services”, or CLAS.

Santa Cruz County Behavioral Health developed a Cultural Awareness Mission Statement which demonstrates the values of our division. It states:

Our goal of Santa Cruz County Behavioral Health is to support our consumers, youth, and family members with culturally appropriate resources, encouragement, tools and skills so they may achieve the quality of life they desire.

As an agency we challenge ourselves to develop ever-greater cultural awareness and sensitivity to acknowledge and embrace individual differences, including language, beliefs, values, attitudes, healing practices, sexual orientation, gender, physical and mental abilities.

We endeavor to build on existing strengths, develop new skills and maximize the opportunity for recovery and optimal health of our community.

CRITERION 1.
COMMITMENT TO CULTURALLY AND LINGUISTICALLY
APPROPRIATE SERVICES

I. County Behavioral Health system commitment to Culturally and Linguistically Appropriate Services

A. Policies, procedures, or practices that reflect steps taken to fully incorporate recognition and value of racial, ethnic, and cultural diversity within the County Behavioral Health System.

Santa Cruz County Behavioral Health recognizes the value of developing staff and delivering culturally competent services. Cultural and Linguistic Competency is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and our community. The commitment is reflected in day-to-day practice, in policies, procedures, and in the Quality Improvement workplan.

Santa Cruz County Behavioral Health intends to advance health equity, improve quality, and help eliminate health care disparities. Guided by The Enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

Santa Cruz County follows "Culturally and Linguistically Appropriate Services" (CLAS) principals and standards throughout County Behavioral Health. The Behavioral Health Director works closely with the management team to ensure that all services/programs continue to integrate the values and standards of providing culturally and linguistically appropriate services throughout the County Behavioral Health System.

Santa Cruz County Behavioral Health developed specific CLAS standards and enacted policies that include the following:

- Program policies and administrative practices that reflect the cultural, ethnic, and linguistic diversity of the Medi-Cal beneficiary population to be served.
- To institutionalize the value of cultural diversity throughout the Division and to provide the most culturally and linguistically appropriate services possible to beneficiaries.
- Provide services to beneficiaries at locations within the county that may be more accessible to the populations we serve.
- Utilization of Human Resources to develop policies that enable managers to specify bilingual staff recruitment in positions and advertisements.
- Training policies include expectations that all staff will be trained in cultural & linguistic issues on a yearly basis.

- Every employee in the Division is responsible for ensuring that CLAS issues are addressed in all programs, proposals and descriptions.

Related policies and procedures include:

- ⇒ Implementing Culturally & Linguistically Appropriate Services, Policy 3101
- ⇒ Outreach to Medi-Cal Beneficiaries, Policy 3113
- ⇒ Availability of Culturally Competent Staff, Policy 3115
- ⇒ Linguistically Appropriate Services, Policy 3105
- ⇒ Service Access for Visually or Hearing Impaired, Policy 3108
- ⇒ Contract Requirements for Cultural Competence Standards, Policy 3111

- B. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system.**

The vision of the County is....

Santa Cruz County is healthy, safe and more affordable community that is culturally diverse, economically inclusive and environmentally vibrant.

Mission: An open and responsive government, the County of Santa Cruz delivers quality, data-driven services that strengthen our community and enhance opportunity.

Values: The County of Santa Cruz provides services and supports partnerships built on: Accountability, Collaboration, Compassion, Effectiveness, Innovation, Respect, Support, Transparency, Trust.

Copies of the following are available:

- Behavioral Health Strategic Plan
- MHSA Strategic Plan
- Policy and Procedures
- Contract Requirements

County Recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system

- A. A description 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.**

The county of Santa Cruz recognizes the value of racial, ethnic, cultural and linguistic diversity within our system. Through the existing programs and new support of MHSA, the County of Santa Cruz is able to do outreach, establish practices, activities, and cultural and linguistically appropriate programs that are tailored to our diverse community. Our Wellness Centers are a prime example. The Mariposa Wellness Center is located in Watsonville, which is a largely Latino community. This Wellness

Center promotes consumer-operated services to support recovery, and strives to reflect the cultural, ethnic and racial diversity of mental health consumers. The center is a convenient, friendly, easily accessible gathering place for families and adult consumers to share information, learn about services and get support for engaging in wellness and educational activities. Activities for consumers generally take place in the daytime, while family gatherings most often occur in the early evening, to accommodate work schedules. Programs such as Mariposa are part of a national movement to promote recovery.

Another successful program is the Mental Health Client Action Network (MHCAN), located in Santa Cruz. MHCAN is a peer run, self-help, drop-in center where people with psychiatric disabilities can congregate and socialize in a safe place, free from the stigma of mental illness imposed by society. MHCAN helps clients reclaim their dignity through self-help.

The County has Town Hall meetings to give updates about our services, and often have focus groups to solicit input from our stakeholders. For example, during the extensive strategic planning process, we noticed that there was an under-representation of Veterans/Veteran advocates, Transition Age Youth, Older Adults, monolingual Spanish speakers, LGBTQ individuals, and families. We held focus groups for each of these groups.

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.

Santa Cruz County staff and contract providers engage with the diverse clients and family members in the community. We provide Prevention & Early Intervention programs to persons across the lifespan, including culturally and linguistically appropriate services to preschoolers, teenagers, adults, older adults and parents. The Behavioral Health Director attends the Local Behavioral Health Board monthly, and other staff and managers attend upon request. County staff participate in a variety of boards and commissions, such as the Santa Cruz Community Foundation Diversity Partnership Advisory Board, the Queer Youth Task Force, and Justice Council. We have close partnerships with law enforcement, county jail, juvenile hall, probation, child welfare, schools, health clinics, local shelter facilities, food pantry service providers and community based agencies. Santa Cruz County is geographically small, and staff are able to have close working relationships with a variety of service providers, which enhances our ability to engage and coordinate services for consumers in a variety of locations.

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

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally appropriate workforce, to include individuals with client and family member experience who can provide client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes.

The MHSA has been instrumental in helping our county organization to provide monthly trainings, workshops, and presentations to strengthen the public health system, organizations and community agencies involved in providing these essential services. The trainings are offered to County Behavioral Health staff, our contract agencies, community partners, student interns, consumers and families. This effort has been accomplished through various training topics, such as:

Cultural & Linguistic Appropriate Services trainings, such as:

- LGBTQ panel presentation
- Gang Dynamics training
- VA training
- Embracing Diversity training
- Communicating Effectively through an Interpreter
- “La Cultura Cura” Transformational Healing Model

Clinical trainings, such as:

- Obsessive Compulsive Disorder (OCD)
- Dialectical Behavioral Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- Eye Movement Desensitization Reprocessing (EMDR)
- Diagnostic and Statistical Manual (DSM V)
- Mindfulness-Based Stress Reduction
- Wellness, Recovery and Resilience
- Illness Management & Recovery

Community sessions, such as;

- MHFA (Mental Health First Aid)
- NAMI (Peer to Peer, Family to Family)
- TIS (Trauma Informed Systems)
- “La Cultura Cura” Transformational Healing Model (Cara y Corazón, Jóven Noble, Xinachtli)

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

Trainings at the county and the community help education stakeholders; these trainings range from Employee Orientation to highly clinical oriented trainings and

include consumer and family presentations. We have learned to listen to concerns and to continually educate our staff and community.

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

- A. Evidence that the County Behavioral Health 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.**

The County of Santa Cruz has designated a person who is identified as the CLAS Coordinator. The CLAS Coordinator collaborates with other department staff and assigned managers to assure that the appropriate services, staff development trainings are provided so that the diverse needs of the county's racial, ethnic, cultural, and linguistic populations are being met. However, the responsibility for ensuring the provision of culturally and linguistically appropriate services is not the sole responsibility of one person. We believe that these standards need to be infused throughout our division, and therefore is the responsibility of every staff person.

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

The CLAS coordinator develops and implements policy, in accordance with State Regulations, and evaluates the competencies of staff in providing culturally competent services. The CLAS coordinator is a vital member of the Quality Improvement Steering Committee. Other responsibilities include:

- Coordinating CLAS trainings
- Update CLAS Plan annually
- Attend Quality Improvement Steering Committee meetings
- Participate in Cultural Humility group
- Participate in Trauma Informed Systems leadership team
- Attend EQRO audit meetings
- Update CLAS policies and procedures

IV. Identify budget resources targeted for culturally competent activities

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

The county has a budget to pay for translation and interpretation needs of non-threshold language needs. There is also a dedicated budget for workshops, community meetings, trainings, and staff development needs as they relate to CLAS and assuring that these standards are adhered to throughout the division's organization as well as its contractors. The county also pays a differential for bilingual staff that provide bilingual services. The county has designated funding to support community meetings, public forums, focus group meetings, which may require translation and/or interpretation services.

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;

The county has a designated budget to cover costs for translation and interpretation needs of non-threshold language needs. The county pays a differential hourly rate for bilingual staff who are required to provide bilingual services to their monolingual Spanish-speaking clients. Santa Cruz County provides funding to support community meetings, public forums, focus group meetings, which may require translation and/or interpretation services in the threshold language.

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

The Santa Cruz County Behavioral Health planning process confirmed that there is a disparity in access and service delivery to the Latino community and to persons speaking the threshold language (Spanish). As such, increasing access to services for Latinos was established as an overall goal for the Mental Health Services Act. The County of Santa Cruz penetration rate is slightly higher than the state average. However, we realize that these numbers are quite low. Each CSS work plan includes an increased focus on addressing disparities.

One particularly successful strategy to address disparities in access among underserved populations includes the decision to locate Santa Cruz County Behavioral Health second Wellness Center program in the heart of downtown Watsonville, a community which houses a large number of Latino Medi-Cal beneficiaries and their families. Santa Cruz County Behavioral Health is moving South County services at the end of 2018 to a larger facility to provide increased access to behavioral health services in an welcoming environment, including substance use disorder services and psychiatric services. In addition, the new behavioral health clinic will remain on the same campus as the county medical clinic, to promote access to holistic culturally and linguistically appropriate medical services.

Santa Cruz County Behavioral Health used Workforce Education & Training funds to develop behavioral health materials, in English and Spanish, which is used to provide awareness and education for consumers, youth and family members of diverse racial, ethnic, cultural, and linguistic populations in the county.

Santa Cruz County Behavioral Health, Prevention & Early Intervention (PEI) Plan also focuses on addressing the existing disparities in every project. For example, we are offering a culturally based family strengthening and community mobilization model which is based on the philosophy of "Culture Heals / (La Cultura Cura)" Within this cultural model there are several curriculums, such as: "Cara y Corazón" (a family strengthening curriculum);

“Jóven Noble” (a young men’s rite of passage, and reconnecting model to help young men stay connected to their family and cultural values); as well as “Xinachtli”, which is also a rite of passage curriculum for girls that provides acknowledgement, guidance and support in maintaining healthy boundaries, positive self-esteem, and community involvement. This approach assists parents and other members of the extended family to raise and educate their children from a positive bicultural base.

3. Outreach to racial and ethnic county-identified target populations;

The funding for this comes primarily from the Community Services and Supports and the Prevention & Early Intervention components of the Mental Health Service Act.

The Community Services and Supports plan and funds are organized around 4 population groups defined by age: children, transition age youth (16-25), adults, and older adults. We consider the needs of individuals who are currently unserved by the mental health system and the needs of those who are under-served or inappropriately served in each of the four groups. Increasing access to services to Latinos was established as an overarching goal for the plan.

Our outreach efforts in the PEI (Prevention Early Intervention) Plan are focused on engaging persons prior to the development of serious mental illness or serious emotional disturbances, or in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health services. Each project in this plan also addresses disparities in access to services by including a focus on the needs of Latino children/families, as well as lesbian, gay, bisexual, transsexual, and questioning (LGBT) youth and their families.

Examples of our outreach efforts include (but are not limited to) the following:

- Veteran Advocate to engage, support and link to services in the community
- High school outreach to inform, educate, and dispel myths about mental illness, and encourage students to consider public sector careers in behavioral health.
- Establishment online and print materials describing signs and symptoms of mental illness to provide awareness, education and direction for consumers, community partners and family members.
- Parent education and support, through such efforts such as Triple P, and our culture specific program curriculums “Cara y Corazón”, “Jóven Noble” and “Xinachtli”.
- Community presentations at non-profit agencies, NAMI, local high schools, community colleges and universities.
- Coordination of services with county primary care clinics.
- Sheriff and Police Liaisons. Mental Health clinicians respond with law enforcement to assess mental health issues and engage individuals in services. Currently we are partnered with the Santa Cruz Police Department, the County of Santa Cruz Sheriff Department, and the Watsonville Police Department.
- Local school district presentations to address topics, such as:

- Stress and trauma
- Community violence
- Oppression
- Discrimination
- Disconnection of family and cultural values
- Supporting Father Involvement
- Emotional pain behind Bullying
- Impact of immigration on youth and families

4. Culturally appropriate mental health services;

Santa Cruz County Behavioral Health had a committee and several ad hoc workgroups, which worked to establish a solid foundation for integrating CLAS principles throughout County Behavioral Health. This included developing and implementing policies, procedures and cultural competence standards. Currently the Behavioral Health Director works closely with the MHSA Coordinator, the CLAS Coordinator, and all CORE management staff to ensure that all services/programs continue to integrate CLAS values and standards throughout the County Behavioral Health System.

We offer trainings with the overarching goal of increasing culturally appropriate skills in order to improve behavioral health services. Trainings reflect the core values of consumer and family driven services, community collaboration, recovery/resilience strength-based services, integrated services, and increasing cultural awareness and skills.

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

The County of Santa Cruz designates some positions as bilingual only and encourages bilingual/bicultural persons to apply for all positions. Santa Cruz County Personnel Department evaluates and certifies staff in their ability to use Spanish (our threshold language). Staff passing level one are able to communicate orally. Staff passing level two are also able to read and write Spanish. Staff that are certified as being bilingual receive a differential in pay.

**CRITERION 2
UPDATED ASSESSMENT OF SERVICES NEEDS**

I. General Population

The population in Santa Cruz County is 275,897 according to 2017 estimates. In Santa Cruz the breakdown of the population by race is 57.2% White (Not of Latino origin), Latinos make up 33.9% of the county population, 1.4%, African-Americans, 1.8% American Indian and Alaskan Native persons, and 5.0% Asian. 15.6% of the population is over 65 years old; persons under 18 years comprised 19.5% of the population. The primary language in Santa Cruz County is English, with 31.9% of households speaking a language other than English. The threshold language in Santa Cruz is Spanish. Slightly more than half of the population (50.4%) is female. Santa Cruz County has only one region.

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

The Medi-Cal population and client utilization rate by race, ethnicity, age, and gender, are as shown in the following tables from EQRO data CY2016.

Race/Ethnicity	County Medi-Cal Eligibles
African Am	868
Asian/Pacific Islander	9,304
Hispanic	37,046
Native Am	349
Other	9,641
White	24,195
Grand Total	81,403

Data: CY2016

Race/Ethnicity	SC BH Medi-Cal Beneficiaries Served	Penetration Rate
African Am	76	9%
Asian/Pacific Islander	188	2%
Hispanic	1,232	3%
Native Am	22	6%
Other	628	7%
White	1,352	6%
Grand Total	3,498	

The following tables are the breakdown by age and gender.

AGE	County Medi-Cal Population	SC MH Medi-Cal	Penetration Rates
0-5	10,040	159	1.58%
6-17	19,686	1,391	7.07%
18-59	42,442	1,683	3.97%
60+	9,332	265	2.87%
Total	81,500	3,498	

CY2016

GENDER	County Medi- Cal	SC MH Medi- Cal	Penetration Rates
Female	42,652	1,557	3.65%
Male	38,748	1,941	5.01%
Total	81,400	3,498	

CY2016

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

Overall penetration rates have declined, which is in alignment with statewide average and that of similar sized MHPs. Latino penetration rates have consistently been higher than statewide and similar sized MHP averages. A key focus for our Quality Improvement Committee is to improve penetration rates.

III. 200% of Poverty (minus Medi-Cal) population and service needs

A. Summarize the 200 % of poverty

Population and poverty estimates may not comparable to other geographic levels due to methodology differences that exist between different data sources.

Santa Cruz Poverty Data for 2017

Poverty Statistics for Santa Cruz County, 2017 Estimate, US Census Bureau Statistics

Age	Estimate	Below Poverty Level	%
Under 18	53,259	9,092	17.1
Under 5	14,474	2,606	18
5 to 17	38,785	6,486	16.7
18 to 64	170,524	27,277	16
18 to 34	65,179	15,614	24
35 to 64	105,345	11,663	11.1
60 and over	54,029	4,624	8.6
65 and over	36,208	2,842	7.8
Estimated Total Population:	259,991		
Gender	Estimate	Below Poverty Level	%
Male	128,952	17,568	13.6
Female	131,039	21,643	16.5
White alone	208,542	29,310	14.1
Black or African American	2,160	509	23.6
American Indian and Alaska Native	1,504	174	11.6
Asian alone	9,514	1,757	18.5
Native Hawaiian	315	154	48.9
Other race alone	26,504	5,451	20.6
two or more races	11,452	1,856	16.2
Hispanic or Latino (of any race)	86,235	18,021	20.9
White alone, not Hispanic or Latino	153,608	17,602	11.5
80% of poverty level	17,866		
125% of poverty level	50,984		
150% of poverty level	62,195		
185% of poverty level	77,036		
200% of poverty level	82,631		

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

There are several disparities identified on this poverty and utilization data. Approximately 1/3 of Santa Cruz County residents are under the 200% poverty level: 1 in 3 individuals. The largest age group percentage is the 18-34 year old age group with approximately 24% of those individuals in this age group meeting the poverty threshold, followed by children under the age of 5 at 18%. Hispanic individuals have

twice the rate of poverty when compared to White, non- Hispanics within those groups: approximately 21% of Hispanic individuals meet the poverty criteria, vs. 11.5% of white, non-Hispanic individuals. Slightly more females (16.5%) meet the poverty levels compared to males (13.6%).

IV. MHSA Community Services and Supports

- A. From the county 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).**

Population Assessment:

The population in Santa Cruz County is 275,897 according to 2017 estimates. In Santa Cruz the breakdown of the population by race is 57.2% White (Not of Latino origin), Latinos make up 33.9% of the county population, 1.4% are African-Americans, 1.8% are American Indian and Alaskan Native persons, and 5.0% are Asian. 15.6% of the population is over 65 years old; persons under 18 years comprised 19.5% of the population. The primary language in Santa Cruz County is English, with 31.9% of households speaking a language other than English. The threshold language in Santa Cruz is Spanish. Slightly more than half of the population (50.4%) is female. Santa Cruz County has only one region.

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

The Santa Cruz County Mental Health Plan (MHP) is serving ethnic groups at comparable rates as reflected in the overall population. However, when comparing the Mental Health consumers against the Medi-Cal population the Mental Health Plan is falling short of serving Latinos. The Mental Health Plan appears to be serving Black and Asian consumers at comparable rates to their representation among Medi-Cal beneficiaries. White consumers are over-represented.

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

- A. Which PEI priority population(s) did the county identify in their PEI plan?**

The Mental Health Services Oversight and Accountability passed new regulations concerning PEI in October 2015. The new requirements do not require “priority populations”.

- B. Describe the process and rationale used by the county in selecting their PEI priority population(s).**

No longer applicable.

**CRITERION 3
STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC,
CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES**

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

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

Our target population is Latino and Spanish speaking consumers.

Ethnic Group	2016 Census Estimates*	Medi-Cal 2017**	ALL MHP Consumers 2015-16	MHP Consumers with Medi-Cal 2015-16
White	57.7%	30.6%	52.4% (3,243)	51% (2,617)
Latino	33.5%	52.1%	35% (2,132)	37% (1,923)
Asian	4.9%		1.6% (99)	1.5% (77)
Black	1.4%	1.1%	2.6% (164)	2.6% (131)
Native American	1.8%	0.4%	.37% (23)	.37% (19)
Pacific Islander	0.2%		.15% (9)	.18% (9)
Asian/Pacific Islander		5.3%		
Multi	4.1%		.34% (21)	.41% (21)
Other		10.5%	2% (126)	2% (103)
Unknown			6% (370)	4.5% (233)

*Using Census Bureau Quick Facts; **Central California Alliance for Health

Language	2016 Census Estimates	Medi-Cal 2017	All MHP Consumers 2015-16	MHP Consumers with Medi-Cal 2015-16
English	70%	59.8%	83.5%	84%
Spanish	25.4%	38.1%	11%	11.8%
Other	4.6%	2.1%	5.6%	3.7%

Language estimates from Statistical Atlas. Medi-Cal information from Central California Alliance for Health November 2017

Psychiatrists (adult and child) and Bilingual mental health providers (psychiatrist, therapists, and case managers) are the top two “hard to fill” positions.

Santa Cruz conducted an extensive Community Program Planning process that included 60 meetings including workgroup meetings and focus groups with Latinos, consumers, family members, veterans, youth and the LGBTQ populations. We established the priority population from the information gathered in these groups, and through workgroup discussions the stakeholders selected the priority populations. However, based on the regulations passed in October 2015, PEI does not have the Counties identify “priority populations”.

II. Identified disparities (within the target populations)

A. List disparities from the above identified populations with disparities.

Disparities exist in the Latino and Spanish speaking populations. We also note disparities in the LGBTQ population, based on hearing from these constituents.

III. Identified strategies/objectives/actions/timelines

A. List the strategies for reducing the disparities identified.

One critical strategy is to hire bilingual bicultural staff, and work with contractors to increase our ability to serve Latino clients. We have continuous recruitment of bilingual clinicians.

Another strategy is to require trainings designed to educate staff on providing culturally and linguistically appropriate services. See below for additional strategies.

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

a. Medi-Cal population

We looked at the Medi-Cal data and conclude that there are some disparities in the breakdown of the unserved, underserved populations. We need to do a better job of serving Latinos who identify Spanish as their primary language. We are working on breaking down language barriers, myths about mental illness, and have developed informational and educational brochures to inform, educate and provide resources to potential Medi-Cal clients and their families.

b. 200% of poverty population

We looked at the Medi-Cal data and conclude that there are some disparities in the breakdown of the unserved, underserved populations. The data available to us did not include language and this is an important factor to measure. The other disparity shown by this data is the need for services for older adults.

c. MHSA/CSS population

No full-service partnerships were selected for the Children's programs. However, the general strategy to reduce disparities (for all CSS children and adult programs) was to increase bilingual and bicultural staff to be able to provide culturally and linguistically appropriate services to Latinos and Spanish speaking individuals.

d. PEI priority population(s) selected by the county, from the six PEI priority populations.

The new PEI regulations do not require priority populations.

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

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.

Additional strategies to address language and access disparities include developing different outreach activities to inform, educate, diffuse myths about mental illness. We developed a mental health brochure (which is in both English and Spanish), which informs the reader about how to cope and where to access services for them or a loved one. This is one way to provide resources and direction for consumers, family members, service providers, and community members.

The following strategies are carried out throughout the year to engage a wide range of different sectors of the community in Santa Cruz County. These are some of our efforts:

- Santa Cruz County Behavioral Health is committed to acknowledge and address the impact of Stress and Trauma in our community and in our organizational systems. To this end Santa Cruz county Behavioral Health has trained a core team of certified Trauma Informed System trainers. Santa Cruz County has offered this curriculum to over 700 individuals from diverse settings, including the City of Santa Cruz administrative staff, parks and recreation, public works, justice department court staff, Head Start, Behavioral Health staff, Community Action Board community agency.
- We provide numerous workshop topics across the three school districts within Santa Cruz County (PVUSD, Live Oak School District, and Santa Cruz City Schools) to create awareness about mental health challenges; like depression, anxiety, suicide, stress disorder, panic attacks, eating disorders, bullying and cyberbullying, as well as drug abuse, gang involvement, the impact of acculturation and immigration.
- We provide a culturally-specific family strengthening curriculums for youth, family members and the community at elementary, middle schools and high schools, shelters, community-based organizations, apartment complexes, Santa Cruz County medium security inmate facilities, detox and recovery centers. The purpose is to create awareness, education, and guidance in how individuals, families and the community may begin to process and heal their emotional pain. This model has been developed to work with Latino, including Indigenous communities. The parent classes are offered in English and Spanish.
- We provide MHFA (Mental Health First Aid) to develop more awareness, education about what is mental health, the high incidence of persons who may be experiencing mental health challenges, living with depression, suicidal ideation, anxiety, panic attacks, psychosis, substance abuse, and other crises. Through these efforts we educate the community to be able to see the signs, notify someone who can help, or provide resources and information. We have been able to provide these classes to the local agencies who interact with the

homeless every day, students at three local high schools, and several recovery centers.

- We participate in several school and community annual parent conferences, where we present workshops on how to re-introduce, reconnect, and/or maintain family and cultural values to engage youth, families, local organization consumers and providers.
- We participate in health fairs throughout the community providing information and education about mental health, and our services. When we see that people are reluctant to come to the table, we mingle with the crowd, and find that they are more accepting of the information we have to offer.
- The LGBTQ community deals with different forms of discrimination, stigma, marginalization, and often feel that they are not being acknowledged. Santa Cruz Behavioral Health developed a LGBTQ workgroup / committee to address how the county supports the LGBTQ community. This workgroup contributed to positive changes to the signage throughout the county buildings, making our environment more welcoming, embracing, and a safe place for everyone to seek services.

Related Programs and Strategies

- Santa Cruz County Behavioral Health participates in the various annual school and community parent conferences to engage, strengthen our relationship and commitment with youth, families, organizations and the community at large.
- Health fairs to provide awareness and education about the stigma of mental illness, how to help someone who may be struggling with depression, anxiety or other emotional challenges, what resources and services the county offers and where one can go for help.
- Santa Cruz County Behavioral Health offers the 8-week family strengthening Cara y Corazon series for parents throughout the year at various sites in the three school districts within Santa Cruz County. Our goal is to serve 175 participants yearly through this series.
- Santa Cruz County Behavioral Health offers the 10-week Jóven Noble young men rite of passage youth leadership development curriculum series throughout the year at various middle schools and high schools, including charter schools, alternative schools, juvenile hall alternative to incarceration evening center in the three school districts within Santa Cruz County. Our goal is to serve 175 young men yearly through this series.
- Santa Cruz County Behavioral Health offers the 10-week Xinachtli young girls rite of passage youth leadership development curriculum series throughout the year at various middle schools and high schools, including charter schools, alternative schools, juvenile hall alternative to incarceration evening center in the three school districts within Santa Cruz County. Our goal is to serve 175 young girls yearly through this series.

- Santa Cruz County Behavioral Health plans to offer monthly workshops, seminars, presentations, and/or trainings in different topic areas addressing the diverse needs of our communities. We plan to offer a menu of trainings, workshop topics, presentations for staff to select from and this requirement, and when available, this will be included in the staff's yearly evaluation.

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

Our extensive planning and implementation process has helped us strengthen our community involvement and stakeholder's participation, including consumer and family voices in our efforts to reduce disparities in the county's identified populations.

We worked with county personnel to make continuous recruitment efforts for bilingual clinical positions.

Santa Cruz County has effectively made efforts to involve consumers and advocates in trainings, planning process, steering committees, and our Local Mental Health Board. We are making ongoing efforts to improve our ability to increase more consumer and family participation.

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

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

Strategies and status:

- Hiring bilingual staff: we find having continuous recruitment for bilingual clinical positions is an effective tool.
- QI reviews: this is an effective way to engage CORE management in reviewing disparities, monitoring penetrations rates, and brainstorm ways to improve services.
- Training staff on providing culturally and linguistically appropriate services. Santa Cruz County Behavioral Staff carries out survey evaluations for all clinical trainings.
- The various workshops, community trainings, presentations, groups and other outreach activities are ongoing. Santa Cruz County Behavioral Health carries out survey evaluations for workshops, and community presentations, educational trainings for youth, parents and community stakeholders.

Santa Cruz County Behavioral Health receives positive feedback from local agency providers who also work with the youth and families who attend the 8 to 10-week educational workshop series, as well as from consumers, families and organizations. Additionally, Santa Cruz County Behavioral Health receives positive feedback from

Probation officers, probations supervisors, managers, non-profit managers, professional colleagues and/or organizational administrators who report a positive change in behavior attitude, emotional health of to the youth, adults, families they serve, who also participate or have participated in our educational workshop series, presentations or support groups.

- 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 of elimination of disparities.**

Santa Cruz County Behavioral Health utilizes the QI work group to measure and monitor the effect of the identified strategies, objectives, actions and timelines in reducing disparities. This Quality Improvement committee reports penetration rates on a quarterly basis, tracks services and populations and identifies disparities in access to services.

- C. Identify county technical assistance needs.**

Santa Cruz County Behavioral Health was able to hire bilingual clinicians through our MHSA plans, however, as mentioned above, we had lays off because of the economic downturn. The clinicians affected were those we hired most recently, all of whom were bilingual in our threshold language (Spanish). Since then, we have hired more bilingual staff, but we would like to know how other counties address the issue of retaining bilingual staff, even when there are layoffs due to economic hardships.

CRITERION 4
CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE:
INTEGRATION OF THE COMMITTEE WITHIN
COUNTY BEHAVIORAL HEALTH

- I. **The county has a Cultural Competence Committee, or other group that addresses cultural issues and has participation from cultural groups, that is reflective of the community.**
- A. **Brief description of the Cultural Competence Committee or other similar group (organizational structure, frequency of meetings, functions, and role).**

The Quality Improvement Committee has played a key role in establishing a solid foundation for integrating “Culturally and Linguistically Appropriate Services” (CLAS) principals and standards throughout County Behavioral Health. Quality Improvement staff support the development and implementation of policies, procedures and standards. Quality Improvement staff reviews cultural issues, including penetration rates and outreach to diverse communities.

The Behavioral Health Director works closely with CORE Management to ensure that all services/programs continue to integrate cultural values and standards throughout the County Behavioral Health System. CORE Management meets on a weekly basis.

Santa Cruz County Behavioral Health has a Cultural Humility Subcommittee of the Trauma Informed Systems Initiative, with the overarching goals to create a safe and supportive client-care environment that promotes healing, and to create a safe and supportive workplace with staff who are able to promote healing.

- 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;**

The Committee is consistently making efforts to establish a workforce which is reflective of the community.

- C. **Organizational chart**

Santa Cruz County Behavioral Health is the largest division of the Health Services Agency. The Director oversees all operations, including, QI, Adult, Children, Substance Use Disorders and South County (Watsonville area). There are Senior Behavioral Health Managers that oversee Managers, Supervisors, and clinical line staff, as well as Interns, peers, and family providers.

D. Committee membership roster listing member affiliation if any.

The CORE Management Team consists of:

- Erik Riera, Behavioral Health Director
- Cassandra Eslami, Chief of South County Behavioral Health Services and Community Engagement /MHSA Coordinator
- Adriana Bare, Senior Health Manager for Administrative Services
- Eli Chance, BH Program Manager, Adult Outpatient
- Emily Chung, Whole Person Care Program Director
- Vanessa de la Cruz, Chief of Psychiatry
- Jasmine Nájera, Behavioral Health Manager, Adult Forensic Services
- Lynn Harrison, Program Manager SUD
- Karen Anderson-Gray, Director of Children's Services
- Marty Riggs, Program Manager, Acute Services
- Kathleen Condon, Behavioral Health Manager, IBH
- Kathy Cytron, Behavioral Health Program Manager, Children's Services
- Pam Rogers-Wyman, Director of Adult Services
- Karolin Schwartz, QI Program Manager
- Stan Einhorn, Behavioral Health Program Manager, Children's Contract Services
- Meg Yarnell, Behavioral Health Program Manager, Children's Services
- Vanessa Bertsche-Shelton, Chief Public Guardian
- Shaina Zura, Chief of Substance Use Disorder Services

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

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 issues at the county;

Behavioral Health CORE Management has the primary responsibility for ensuring the inclusion of cultural and linguistic services and programs.

Behavioral Health has a Cultural Humility Subcommittee of the Trauma Informed Systems Initiative, with the overarching goals to create a safe and supportive client-care environment that promotes healing, and to create a safe and supportive workplace with staff who are able to promote healing.

The Quality Improvement (QI) staff has played a key role in establishing a solid foundation for integrating "Culturally and Linguistically Appropriate Services" (CLAS) principals and standards throughout County Behavioral Health. This included developing and implementing policies, procedures and standards.

The Behavioral Health Director works closely with the CORE Management team to ensure that all services and programs continue to integrate CLAS values and standards throughout the Behavioral Health System.

The Local Mental Health Board serves to advise the Behavioral Health Department on current and ongoing issues as they relate to the effectiveness and quality of the mental health services for the county. It also serves to increase community awareness on issues related to mental health to ensure inclusion and dissemination of information.

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

The CLAS Coordinator participates in and attends the Quality Improvement Steering Committee which monitors the service delivery, capacity and accessibility, in addition to monitoring beneficiary satisfaction.

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

The Behavioral Health Director works closely with the QI Program Manager and CORE Management Staff to ensure that all services/programs continue to integrate cultural values and standards throughout the County Behavioral Health System.

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

The CLAS Coordinator is an integral member of the Quality Improvement (QI) Steering Committee. QI is responsible for oversight of the quality of care, grievances, and a regular review of the penetration data. QI informs and makes recommendations to the executive level. The Behavioral Health Director meets regularly with the Local Mental Health Advisory Board.

5. Participates in and reviews county MHSa planning process;

The CLAS Coordinator works with CORE Management and community stakeholders in development of MHSa plans. Stakeholder Engagement Sessions are held at various parts of the County to provide MHSa Updates.

6. Participates in and reviews county MHSa stakeholder process;

Santa Cruz County convenes different stakeholder meetings, which include consumers, families, community members, agency representatives, county staff, service providers, and contractors. This process is utilized to gather stakeholder input, ideas and recommendations.

7. Participates in and reviews county MHSa plans for all MHSa components

The CLAS Coordinator participates in the county MHSa plans.

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

Santa Cruz County has two Wellness centers in Santa Cruz County: Mental Health Client Action Network (MHCAN) in Santa Cruz, and Mariposa in Watsonville. MHCAN is a consumer owned and operated program that provides a safe space for persons with psychiatric disabilities to congregate and socialize. They also offer a variety of programs, including groups, classes, and alternative treatments like acupuncture. Mariposa is located in the heart of downtown Watsonville, a community that houses many Anglo/Caucasian consumers as well as many underserved Latino consumers and their families. The Mariposa Wellness Center program quickly became a hub for activities and support services for adult mental health consumers as well as for outreach activities. The center is a convenient, friendly, easily accessible gathering place for families and adult consumers to share information, learn about services and get support for engaging in wellness and educational activities. Activities for consumers generally take place in the daytime, while family gatherings most often occur in the early evening, to accommodate work schedules. The program is designed to provide supports for recovery. It strives to reflect the cultural, ethnic and racial diversity of mental health consumers and their families. Some groups are peer run and behavioral health staff provide others. Services are provided in Spanish and English. Both programs are supported with County funds.

9. Participates in revised CCPR development.

The CLAS Coordinator works with the QI Program Manager to discuss, review and develop updates to the CLAS plan. The plan is then distributed to the CORE Management Team for review.

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

These responsibilities fall to CORE Management and the Quality Improvement Committee. CORE meets weekly, and the Quality Improvement committee meets quarterly.

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

1. Detailed discussion of the goals and objectives of the committee;

County Behavioral Health developed a Cultural Awareness Mission Statement which demonstrates the values of our division. It reads as follows:

Our goal is to support our consumers, youth, and family members with culturally appropriate resources, encouragement, tools and skills so they may achieve the quality of life they desire.

As an agency we challenge ourselves to develop ever-greater cultural awareness and sensitivity to acknowledge and embrace individual differences, including

language, beliefs, values, attitudes, healing practices, sexual orientation, gender, physical and mental abilities.

We endeavor to build on existing strengths, develop new skills and maximize the opportunity for recovery and optimal health of our community.

The Cultural Humility Subcommittee of the Trauma Informed Systems Initiative has the overarching goals to create a safe and supportive client-care environment that promotes healing, and to create a safe and supportive workplace with staff who are able to promote healing.

a. Were the goals and objectives met?

We have institutionalized the value of cultural diversity throughout the organization beyond trainings. We have also developed a standard in supporting all staff, to have a minimum of seven CLAS training hours every year. We have improved our ability to serve clients and their families at various county locations where such services are more accessible. We are addressing the issue of underutilization and/or overrepresentation of the target population being served to make sure that we are serving the right populations.

2. Reviews and recommendations to county programs and services;

CORE management is responsible for reviewing and recommending county and contract provider services. QI regularly reviews issues of disparity and access of services, as well as grievances and client satisfaction.

3. Goals of cultural competence plans;

The goals of the CLAS plan are embraced, reviewed, and continually improved to meet the cultural diversity needs of our population.

4. **Human resources report;**

Behavioral Health Staff					
Ethnicity	1998	2002	2003	2010	2016
Caucasian	81%	72%	61%	61%	59.5%
Latino	14%	21%	18%	22%	29.3%
Asian	2%	2%-	3%	3%	3%
Black	No Info	1%	1%	1%	1.3%
Native American	No Info	No Info	No Info	No Info	.4%
Mix	No Info	No Info	No Info	No Info	1.7%
Other	3%	2%	7%	9%	1.7%
Unknown	0	1%	9%	4%	3%
Language	1998	2002	2003	2010	2016
English	100%	100%	100%	100%	100%
Spanish	21.1%	31.8%	25%	25%	40.6%
Other	6.3%	11%	7.5%	9%	7.4%
Gender	1998	2002	2003	2010	2016
Male	No Info	No Info	No Info	No Info	35%
Female	No Info	No Info	No Info	No Info	65%
Other	No Info	No Info	No Info	No Info	0%

5. **County organizational assessment;**

The Santa Cruz County Behavioral Health recognizes the value of cultural diversity. This value is reflected in every day practice, in policies and procedures, in our Quality Improvement plan, in our contracts, and in acknowledging staff that participate in raising their own and others cultural knowledge.

The MHP works closely with consumer groups and advocates, including the Mental Health Client Action Network (MHCAN), and Mariposa Wellness Center. Additionally, we have a close working relationship with the local NAMI, as well as community based agencies, probation, law enforcement, child welfare, and the schools. The MHP interfaces with these groups to solicit input and to strengthen our services.

A historical challenge for our County is finding qualified personnel that are bilingual in our threshold language (Spanish). In order to address this matter, we have designated some positions as bilingual only, and have encouraged bilingual, bicultural persons to apply for all positions.

6. Training plans

Trainings	Example of Trainings
Required Trainings	<ul style="list-style-type: none"> • Law & Ethics • Sexual Harassment • HIPAA • Culturally & Linguistically Appropriate Services (CLAS)
Advanced Specialized Mental Health and Substance Abuse Trainings	<ul style="list-style-type: none"> • CBT • DBT • IMR • CANS/ANSA • Mindfulness • Supervisor training • Trauma Informed Systems • Motivational Interviewing • MHFA (Mental Health First Aid)
Provision of Culturally & Linguistically Appropriate Services	<ul style="list-style-type: none"> • Embracing Diversity training • LGBTQ panel presentation • Gang Dynamics training • VA training • Consumer Experience Presentations • Communicating Effectively through an Interpreter • “La Cultura Cura” Transformational Healing Model • Interpreter/translation trainings
New Employee / Intern /Volunteer Orientations	<ul style="list-style-type: none"> • Orientation • Confidentiality • Mandated Reporting • Treatment Plans, Assessments & Progress Notes in support of client services documentation and billing

7. Other county activities, as necessary

Santa Cruz County had an LGBTQ committee comprised of the MHSA coordinator, the CLAS Coordinator, Chief of psychiatry, the QI manager, and managers from the Children’s and Adult sections. This group met monthly to address LGBTQ issues such as training for staff, and creating a safer and welcoming environment.

Additionally, we are aware that there is an important demographic change in our County. There are larger numbers of Oaxacan indigenous communities that speak other dialects. The CLAS Coordinator has worked on ways of reaching out to these communities and has sought out interpreters from that community.

CRITERION 5 CLAS TRAINING ACTIVITIES

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

A. The county shall develop a three-year training plan.

In Fall of 2018, the County Behavioral Health hired a new Senior Staff Development Trainer who will be working with the CORE Team to identify a long-term training plan that includes CLAS sessions. In the responses to Criterion #4 a sample of our previous training plans is provided.

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

Every county employee in our division is required to complete 7 training hours per year on provision of culturally & linguistically appropriate services.

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

The county of Santa Cruz is committed to follow the policies that have been established. Staff are required to meet their 7 hours of cultural awareness training hours per year. We have established a series of policies that underscore our commitment and practice, including the requirement for each staff to be evaluated on CLAS standards in their annual performance evaluation.

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

The County of Santa Cruz has been developing a cultural shift within the county organization, within behavioral health, and throughout different layers of the organization. We are committed to provide appropriate and necessary staff development, education and training for staff, and embed cultural concepts in our trainings.

II. Annual cultural competence trainings

In 2019, Santa Cruz County Behavioral Health plans to offer a variety of CLAS related trainings which will ensure that staff can attend 7 hours of CLAS training.

III. Relevance and effectiveness of all cultural competence trainings

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 addressing identified disparities;

Our cultural awareness trainings are offered with the goal of enhancing the cultural skill set of all staff. We have taken steps to create a cultural shift throughout the organization. Santa Cruz County Behavioral Health strives to include cultural issues in the trainings offered and has specific cultural awareness trainings on different topics. Such trainings cover the topics such as:

- **Cultural formulation** Including assessing the patient's cultural identity and understanding how culture affects the explanation of the individual's illness, support system and the clinician-patient relationship as well as understanding how culture affects the assessment and diagnosis of culturally-diverse individuals.
- **Multicultural knowledge** Provide basic knowledge of and guidelines for practice with diverse groups. Hispanic/Latino population in the United States consisting of demographic, historical, sociopolitical, and geographic contexts that are critical to understanding the population as well as the diversity within. Specific concepts and frames of reference such as identity, acculturation, language, family values, religion and spirituality, traditional beliefs about health and illness, gender role socialization, and social class are discussed. Attention will be given to contemporary issues facing Latinos, including a discussion of factors that influence help seeking and receiving care.
- **Cultural sensitivity**: Being aware that cultural differences and similarities exist and influence values, learning, and behavior.
- **Cultural awareness**: Involves continually developing your awareness of your own and other's cultures to assist in the performance of your professional duties.
- **Social/Cultural diversity**: Diverse groups, consumers, family, LBBTQ, SES, Elderly, Disabilities, etc.
- **Mental health interpreter training**: Including training staff in the use of mental health interpreters and training in the use of interpreters in the mental health setting.

Staff trainings are vital to ensuring cultural and linguistically appropriate services. These trainings focus on understanding the reality of the persons who may have different worldviews, persons who deal with the stigma of mental illness on a daily basis, and who may be reluctant to seek mental health and/or other services for themselves or a loved one. Trainings also focus on how to improve our skills in engaging and applying customer service principles in serving our consumers and families, as well as to reduce disparities associated with language barriers, access to services and low penetration rates.

2. Results of pre/post tests

All sessions involving Continuing Education Units require participants to complete an evaluation of the session. Pre/ post tests for trainings for psychologists and trainings for California Consortium of Addiction Programs and Professionals (CCAPP) credits are used.

3. Summary report of evaluations

It is standard practice to evaluate each training that we provide or sponsor. A sign-in sheet is used to track and confirm attendance, and there are specific requirements for cultural awareness training credit, CEU training credit.

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

We have created systems to track, monitor, and evaluate our training efforts. Behavioral Health builds from what we have learned and aims to consistently involve supervisory staff in how they may best support line staff, clinical staff and contract agency staff who are responsible for implementing programs and trainings.

Whenever feasible we have been moving away from the one-shot approach to trainings. Instead, we have been building on the idea of standardizing essential trainings supported through booster sessions, so that these efforts become standardized steps in the sustainability process. Some trainings are geared for supervisory staff, which can directly oversee and support the implementation of the skills learned in the trainings.

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

We established a set of policies and procedures to provide the needed infrastructure. The methodology used to ensure staff complete their training and utilize their cultural awareness skills is embedded in these policies. Staff are required to receive seven hours of cultural awareness training per year, and all supervisors evaluate staff on their “cultural competence” in their annual performance evaluation. Supervisors are responsible to oversee their staff, and require them to attend needed trainings.

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

We have an established practice to include client culture as part of our trainings. Sometimes the trainings focus specifically on what it is like to live with a mental health or substance use diagnosis, and other times the consumer perspective is included in clinical or cultural presentations.

CRITERION 6
COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL
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.

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

We have an ongoing challenge of hiring and retaining bilingual bicultural psychiatrists as well as other licensed clinicians.

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.

In comparing the data from the WET Plan assessment with the general population, Medi-Cal population, and the 200% of Poverty data, it raises several challenges: first the shortages of licensed clinicians, especially bilingual (Spanish) speaking clinicians. Second, our workforce does not reflect the ethnic diversity of the community; there is a shortage of Latino (a) staff throughout the system. There have not been positions designated for consumer and family members at the County. However, contract agencies have been able to hire consumers.

There is a severe shortage of Spanish speaking staff at almost all public agencies. The general population, Medi-Cal population and the 200% of Poverty data demonstrate that while our penetration rate is higher than the State average, we are not as effective at serving clients who identify Spanish as their primary language as we would like. We believe there is a direct correlation to our shortage of Spanish speaking staff throughout our mental and behavioral health system.

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.

Not applicable.

D. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.

Santa Cruz County Behavioral Health included several actions that address efforts to grow a multicultural workforce. Although our WET services are not as robust as they once were (when we had the original funding), we do continue to do the following:

- Have continuous recruitment for bi-lingual mental health clinicians. Added the following statement that bilingual positions “require that the mental health clinician be fully fluent in Spanish and English to provide the full range of professional level mental health services in Spanish, including the facilitation of individual, group, family, and crisis counseling. Bilingual clinicians may be asked to translate written clinical materials and interpret for Spanish speaking clients that need to communicate with monolingual English speaking mental health professionals.”
- Provide High School Outreach: To foster knowledge and create interest in mental health as a career path amongst high school students, with a focus on bilingual (Spanish) and bicultural students.
- Provide a centralized internship program.

E. Share lessons learned on efforts in rolling out county WET planning and implementation efforts.

The WET program had several strategies that were very successful, such as support for public mental health employees in purchasing license preparation materials, and group support for license preparation. No WET funds are available for FY17-18 and as a result, we have not been able to continue these services.

F. Identify county technical assistance needs.

Hiring Spanish speaking staff, especially Spanish speaking psychiatrists.

CRITERION 7 LANGUAGE CAPACITY

I. Increase Bilingual Workforce Capacity

A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity:

Santa Cruz County Behavioral Health designates some positions as bilingual only, and encourages bilingual, bicultural persons to apply for all positions. Santa Cruz County has a continuous recruitment for bilingual clinical staff. The bilingual job announcement indicates that bilingual positions “require that the mental health clinician be fully fluent in Spanish and English to provide the full range of professional level mental health services in Spanish, including the facilitation of individual, group, family, and crisis counseling. Bilingual clinicians may be asked to translate written clinical materials and interpret for Spanish speaking clients that need to communicate with monolingual English speaking mental health professionals.”

We assess prospective employees in their ability to provide culturally aware services. Santa Cruz County Personnel Department evaluates and certifies staff speaking the threshold language (Spanish) in their ability to use Spanish. Staff passing level one is able to communicate orally. Staff passing level two are also able to read and write Spanish. Job openings are disseminated to all eligible employees within the Division by HSA Personnel.

Santa Cruz County Behavioral Health has policies regarding the provision of Culturally Aware Services, including training requirements that cover client cultural, and working with diverse groups (e.g. Latinos, and LGBT). Contract providers will adhere to cultural aware standards, as specified in their contracts.

We do not have staff whose sole job is to interpret. Santa Cruz Behavioral Health standard is to provide services in the threshold language therefore we rarely use interpreters. When interpreters are needed, we use bilingual mental health professionals on our staff. For example, a bilingual mental health clinician may interpret for a monolingual psychiatrist. We offer trainings to staff on how to be effective interpreters, and how to use interpreters effectively. We use an interpreter service for non-threshold languages and for sign language on an as-needed basis.

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.

A. Evidence of policies, procedures, and practices in place for meeting clients’ language needs:

The County has a 24-hour phone line (**1-800-952-2335**) with statewide toll-free access that has linguistic capability for all Medi-Cal beneficiaries. It is answered during normal

business hours by clerical and clinical staff that speak the threshold languages. After hours and on weekends the 800 number is answered by the answering service. The 800 number has multi-linguistic capability through use of the AT&T Language Line Interpreter contract service that provides 24-hour/day interpreters in all languages. The Answering Service has Spanish-speaking staff, and uses the AT & T Language Line Interpreter service, as needed. Staff are trained to use the language line by making “practice” calls; additionally, the protocol for using the AT & T Language Line is outlined in a “quick reference guide” for staff.

To provide services for the hearing impaired, the County utilizes the AT&T Hearing-Impaired contract service as well as a dedicated Access email address from County Behavioral Health Information webpage. For face-to-face evaluations of a client with a hearing disability, the Access Team shall provide assessments by a staff member in ASL (American Sign Language). If such a staff member is not available, the Access Team shall use an interpreter from the county contract service for the hearing impaired. To provide services for the visually impaired Behavioral Health provides audio recordings of pertinent beneficiary and provider information at all clinic sites. In addition, information will be provided over the phone to the visually impaired by the Access Team.

The Santa Cruz County Mental Health Plan has also implemented the “Service Access for Visually or Hearing Impaired” policy and procedures to ensure continuous services to the visually and hearing impaired.

B. Evidence that clients are informed in writing in their primary language, of their rights to language assistance services. Including posting of this right.

Clients are informed in writing in their primary language that they have a right to free language assistance services. This information is also posted.

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

The Santa Cruz Mental Health Plan standard is to provide services in the threshold language therefore we rarely use interpreters. When interpreters are needed, we use bilingual mental health professionals on our staff. For example, a bilingual mental health clinician may interpret for a monolingual psychiatrist. We use an interpreter service for non-threshold languages and for sign language on an as-needed basis.

Service providers that contract with the County are required to have policies and procedures that are consistent with the County’s policy “Provision of Linguistically Appropriate Services”. It is prohibited to expect family members or friends to provide interpreter services.

D. Share lessons learned around providing accommodation to persons who have LEP and have needed interpreter services or who use bilingual staff.

Based on the trainings provided on how to interpret and how to use interpreters, staff have learned how to be a conduit of communication, and how the interpreter solely translates what is verbalized by each party, and does not add to the conversation.

E. Share historical challenges on efforts made on the items A, B, and C above. Share lessons learned.

A historical challenge for our Behavioral Health is finding qualified personnel that are bilingual in our threshold language (Spanish). To address this matter, we have designated some positions as bilingual only, and have encouraged bilingual, bicultural persons to apply for all positions. We assess prospective employees in their ability to provide culturally aware services. We also ask (in English) about their skills and abilities to perform the required duties in Spanish, and the Santa Cruz County Personnel Department evaluates and certifies staff speaking the threshold language (Spanish) in their ability to use Spanish. Staff passing level one are able to communicate orally. Staff passing level two are also able to read and write Spanish. Job openings are disseminated to all eligible employees within the Division by Health Services Agency Personnel (to encourage promotional opportunities).

Job announcements for bilingual clinical positions include language stating that bilingual positions: “require that the mental health clinician be fully fluent in Spanish and English to provide the full range of professional level mental health services in Spanish, including the facilitation of individual, group, family, and crisis counseling. Bilingual clinicians may be asked to translate written clinical materials and interpret for Spanish speaking clients that need to communicate with monolingual English-speaking mental health professionals.”

F. Identify county technical assistance needs.

The biggest challenge the County has is in finding Spanish Speaking psychiatrists.

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.

a. Evidence of availability of interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken by community.

The County’s standard is to provide services in the threshold language; therefore, we rarely use interpreters. When interpreters are used, we generally use other mental health professionals on our staff. For example, a bilingual mental health clinician may interpret for a monolingual psychiatrist. We also have a contract with an interpreter service.

It is prohibited to expect family members or friends to provide interpreter services. LEP individuals are informed (in a language that they understand) in the Behavioral

Health brochures and in the intake process that they have a right to free language assistance services. This information is also posted.

- b. Documented evidence that interpreter services are offered and provided to clients and the response to the offer is recorded.**

Evidence can be found in the Service Request logs and documentation within the Behavioral Health's Electronic Medical Records (EMR). This information is usually recorded in Assessments, Treatment Plans and it is also documented in progress notes.

- c. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.**

At key points of contact the County provides services in the threshold language for the beneficiary and staff to communicate effectively. Clients speaking in the threshold language will be assigned to clinicians that speak their language, whenever possible. Behavioral Health uses the AT & T language line only when other options are unavailable.

When a client or client's family needs a translator to assist during a mental health evaluation, it is the responsibility of the clinician to provide the translation services. The standard is to provide services in the threshold language; therefore, we rarely use interpreters. When interpreters are needed, we generally use other mental health professionals on our staff. For example, a bilingual mental health clinician may interpret for a monolingual psychiatrist. We also have a contract with an interpreter service.

It is prohibited to expect family members or friends to provide interpreter services. LEP individuals are informed (in a language that they understand) in the County brochures and in the intake process that they have a right to free language assistance services.

- d. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).**

Staff speaking the threshold language (Spanish) are evaluated and certified by the Santa Cruz County Personnel Department in their ability to use Spanish. Staff passing level one are able to communicate orally. Staff passing level two are also able to read and write Spanish.

IV. Provide services to all LEP clients not meeting threshold language criteria who encounter the mental health system at all points of contact.

- 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.**

Behavioral Health has a policy “Linguistically Appropriate Services” that addresses how we meet the needs of consumers who do not meet the threshold language criteria. Evidence can be found in the Electronic Medical Records.

Our current policy states it is prohibited to expect family members or friends to provide interpreter services. LEP individuals are informed (in a language that they understand) in the intake process that they have a right to free language assistance 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.

C.

Behavioral Health has a policy “Linguistically Appropriate Services” that addresses how we meet the needs of consumers who do not meet the threshold language criteria. It states: “If the beneficiary speaks a language other than a threshold language and there is no provider in the Mental Health Plan who speaks the beneficiary’s language, the program will contract with someone to provide these services. The program may request the assistance of a neighbor county program to provide these services. LEP beneficiaries will be informed (in a language that they understand) that they have a right to free language assistance services.” We have a standing contract with an interpreter service, and use the ATT language line, when necessary.

D. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 requirements:

- 1. Prohibiting the expectation that family members provide interpreter services.**
- 2. A client may choose to use a family member or friend as an interpreter after being informed of the availability or free interpreter services; and**
- 3. Minor children should not be used as interpreters.**

The Behavioral Health “Linguistically Appropriate Services” policy complies with Title VI of the Civil Rights Act of 1964. It is prohibited to expect family members or friends to provide interpreter services. A beneficiary may choose a family member or a friend as an interpreter after being informed of the availability of free interpreter services. Minor children are not used as interpreters.

V. Required translated documents, forms, signage, and client informing materials.

A. Culturally and linguistically appropriate written information for threshold languages:

Behavioral Health has available general program literature for the identified threshold language that is culturally and linguistically appropriate.

Materials translated into the County’s threshold languages include such things as The Mental Health Plan Guide for Med-Cal Beneficiaries, Consent for Treatment, Satisfaction Surveys, etc.

B. Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients’ preferred language.

This information is usually recorded in the Electronic Medical Record.

- C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).**

Santa Cruz Behavioral Health uses surveys as required by DHCS Consumer Perception Survey. The Consumer Perception Survey has four forms Adult (for ages 18-59), Older Adult (for age 60+), Youth Services Survey (for ages 13-17 and transition-age youth), and Youth Services Survey for Families (for parents/caregivers of youth under age 18). Each of these forms is available in English and Spanish. They are sent out once a year per DHCS notification.

- D. Mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).**

Bilingual Level II Clinical and/or Administrative staff within the Behavioral Health program reviews and approves the final draft translations.

- 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.**

It is our aim, as identified in the “Linguistically Appropriate Services” policy to ensure accessibility and understanding of services, through communications in the beneficiary’s primary language.

CRITERION 8 ADAPTATION OF SERVICES

I. Client driven/operated recovery and wellness programs.

A. List and describe the county's/agency's client-driven/operated recovery and wellness programs.

- 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.**
- 2. Briefly describe, from the list in "A" above, those client-driven/operated programs that are racially, ethnically, culturally, and linguistically specific.**

There are two Wellness centers in Santa Cruz County: Mental Health Client Action Network (MHCAN) in Santa Cruz, and Mariposa in Watsonville. MHCAN is a consumer owned and operated program that provides a safe space for persons with psychiatric disabilities to congregate and socialize. They also offer a variety of programs, including groups, classes, and alternative treatment (like acupuncture).

Mariposa is located in the heart of downtown Watsonville, a community that houses many Anglo/Caucasian consumers as well as many underserved Latino consumers and their families. The Mariposa Wellness Center program quickly became a hub for activities and support services for adult mental health consumers as well as for outreach activities. The center is a convenient, friendly, easily accessible gathering place for families and adult consumers to share information, learn about services and get support for engaging in wellness and educational activities. Activities for consumers generally take place in the daytime, while family gatherings most often occur in the early evening, to accommodate work schedules. The program is designed to provide supports for recovery. It strives to reflect the cultural, ethnic and racial diversity of mental health consumers and their families. Some groups are peer run and mental health staff provide others. Services are provided in Spanish and English.

II. Responsiveness of mental health services

- 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.**

The MHP informing materials apprise beneficiaries of their rights. Additionally, the Mental Health Plan has clinicians that speak the threshold language, and some that are bicultural. The clinic site in Watsonville (a predominantly Latino city) is staffed with clinicians and clerical staff that are bilingual, and most are bicultural as well.

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.

The MHP informing materials and the DMC-ODS informing materials notify beneficiaries of the availability of this listing.

C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services. (Outreach requirements as per Section 1810.310, 1A and 2B, Title 9)

The “Outreach to Medi-Cal Beneficiaries” describes the general principles of our outreach efforts to inform the community of available mental health services through planned activities that reflect the varying cultural and linguistic needs of our target populations.

The Division conducts a variety of outreach efforts to the cultural and linguistically diverse community. These include the following activities:

- a. Community Collaboration: Managers and supervisors represent Behavioral Health and take a leadership role in community collaborations.
- b. Staff Presentations: Staff respond to invitations to provide information about services, with priority given to those presentations that would allow staff to reach our target population. These strategies inform, educate, and help diffuse myths about mental illness
- c. Mailings & Newsletters: Mailings to the target population or articles presented in community newsletters and/or publications, as well as the Behavioral Health newsletter “We Are Serious About Mental Health & Recovery”.
- d. Mental Health Informing Materials: Behavioral Health’s mental health materials (in both English and Spanish), notify the reader about signs and symptoms of mental illness across the lifespan, and how to access services for them or a loved one. This is one way to provide resources and direction for consumers, family members, service providers, and community members.
- e. Program Activities: Outreach activities are a part of service provision in the Children’s Mental Health and Adult Mental Health, and Substance Use Disorder Plan and programs.

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:

1. **Location, transportation, hours of operation, or other relevant areas;**
2. **Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs); and**
3. **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.)**

MHSA Stakeholder engagement meetings, including two held in September 2018, sought to gain feedback from culturally and linguistically diverse populations in an effort to improve quality care. Active discussion around access to services, physical location

of services including on main bus line routes and comfort of physical space were addressed. At our current South County location in Watsonville psychoeducational material, wall art and décor are provided in culturally respect and threshold language (Spanish) capabilities to ensure a welcoming and inviting environment for clients. At this location services (including reception and direct clinical services) are provided in Spanish. In addition, Santa Cruz County Behavioral Health is moving South County services at the end of 2018 to a larger facility to provide increased access to behavioral health services in an welcoming environment, including substance use disorder services and psychiatric services. In addition, the new behavioral health clinic will remain on the same campus as the county medical clinic, to promote access to holistic culturally and linguistically appropriate medical services.

III. Quality of Care: Contract Providers

A. 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.

The Santa Cruz County Behavioral Health has policies and procedures that contain requirements to assure that culturally and linguistically competent medically necessary services. In addition, this is incorporated in to network provider contracts.

IV. Quality Assurance

Requirement: A description of current or 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:

A. List if applicable, any outcome measures, identification, and descriptions of any culturally relevant consumer outcome measures used by the county.

Santa Cruz County Behavioral Health uses the Mental Health Statistics Improvement Program Consumer Survey (MHSIP) and the Consumer Satisfaction and Consumer Perception Survey.

This comes in four forms: Adult (for ages 18-59), Older Adult (for age 60+), Youth Services Survey (for ages 13-17 and transition-age youth who still receive services in child system), and Youth Services Survey for Families (for parents/caregivers of youth under age 18). Each of these forms is available in English and Spanish (threshold language).

In addition, Grievances, Change of Treatment Staff requests are identified by age, gender and ethnicity.

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

The County periodically conducts a survey designed to measure staff experiences and/or opinions regarding the valuation of cultural diversity in the Division’s workforce, the provision of culturally and linguistically appropriate services, and their training needs.

C. Grievances 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.

All grievances, in writing or orally, are treated the same regardless of insurance status of the consumer. The same timeframes are used as well as protocols described in Federal Managed Care Parity rules. Grievances and requests to change providers and complaints are tracked and analyzed. The Quality Improvement staff shares aggregate data to the state as well as shared with the Quality Improvement Steering Committee. The data includes break down by ethnicity, age grouping, gender and language.

EMPLOYEE CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES FEEDBACK FORM

This **optional form** is intended to be used in support of or at the time of an employee's annual personnel evaluations to help structure a conversation regarding the integration of cultural competency issues into each employee's job performance. **These are suggested questions only**, meant to assist having a thorough and thoughtful dialogue. The personnel evaluation may be between a supervisor and administrative employee, supervisor and clinician or manager and supervisor. Notes taken on the form, by the supervisor/manager, will be kept only in the supervisor/manager's file to be used for professional development purposes. The agreed-on goal (question # 7) may be included in the formal written evaluation.

- 1. Describe a specific circumstance with a client/clinician/community group or staff member where you think your own values (socio-economic, religious, ethnic, etc.) affected the other person (client/ supervisee/staff member) in either a positive or negative way.**
- 2. Would you consciously repeat this circumstance again? Why or why not?**
- 3. How do you react and relate when an experience of a client, clinician or staff member is very different than or opposed to your own?**
- 4. How has this affected your clinical, supervisory or work relationships?**
- 5. Describe a specific circumstance when you made culturally based assumption(s) in relation to a client, supervisee or other staff? Describe what effect that had on the other person.**
- 6. Describe a specific circumstance when you made gender based or sexual orientation based assumption(s) about a client, supervisee or staff member. Describe what effect that had on that person.**
- 7. Develop at least one goal for the next year that is specific to increasing your sensitivity to how the needs of your clients, supervisees or co-workers might be different from your own.**