



County of Santa Clara Behavioral Health Services Department

Cultural Competency Plan Update 2022 - 2023



COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

Better Health for All

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EXECUTIVE SUMMARY

The Behavioral Health Services Department (BHSD) of the County of Santa Clara has swiftly responded to the public health crisis, aligning with the directives of the County Board of Supervisors. Through five strategic initiatives, BHSD has ensured access to quality services, surpassed state standards, and addressed pressing issues such as workforce shortages and shifting state policies. Noteworthy efforts include the introduction of the 988 crisis line, expansion of treatment facilities, and the development of workforce solutions like sign-on bonuses and streamlined hiring processes. These initiatives reflect a commitment to the crisis declaration's priorities, emphasizing service access, bed availability, support for high-need populations, workforce development, and adherence to evolving state policies.

In tandem with these efforts, BHSD has proactively collaborated with internal County departments and community service providers to combat the behavioral health workforce shortage. The department's commitment to cultural competency is evident in its comprehensive approach, involving various culturally competent trainings and the development of new programs to reduce mental health disparities. BHSD's involvement in promotional events, including career fairs and specialized events like the EMPOWER! Career Fair underscores its dedication to promoting the behavioral health field, particularly with a focus on LGBTQ+ inclusivity. BHSD's many initiatives will continue to address critical mental health challenges in Santa Clara County with the hope of making a positive impact on the community.

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE (CLAS STANDARD 1, 2, AND 15)

The Behavioral Health Services Department is unwavering in its commitment to providing behavioral health care to everyone, irrespective of their background. We prioritize delivering quality services that honor diverse cultural beliefs, languages, and communication needs. Our leaders are resolute in their dedication to fostering fairness and health equity, employing robust policies, practices, and resource allocation. We believe in transparency—everyone has the right to know about our efforts. Whether you're a stakeholder, a community member, or just curious, our communication channels are open. We are actively sharing our progress in enhancing services to be more inclusive and responsive to all, ensuring they truly mirror the racial, ethnic, and cultural diversity of our community.

FY 22-23 Progress and Updates

Policy Committee

The County of Santa Clara BHSD maintains a Policy Committee tasked with reviewing, editing, approving, and maintaining BHSD policies to align with operational needs and regulatory requirements. The committee, comprising of cross-functional members, ensures diverse perspectives in policy evaluations. Policies undergo regular reviews, typically every two to three years or as needed for changes. The primary goal is to create a communication plan for disseminating policies and educating staff on accessing the policy library. The Policy Committee Charter was revised in 2023 to update decision-making processes, delegate authority, and formalize communication and training plans. All policies are now approved and signed by the BHSD Director in C360. The upcoming year focuses on formalizing policy communication, training, and specifying education requirements. Policy owners will be identified in C360, shifting responsibility from the administrator to owners. Assessments will quantitatively evaluate published policies and related training. In FY23, SDM-002 was approved, emphasizing the integration of beneficiary spirituality into recovery practices. The upcoming fiscal year will prioritize reviewing, approving, and training on beneficiary Sexual Orientation Gender Identity and Expression policies, emphasizing evidence-based practices and reporting.

Policy and Procedures

BHSD policies and procedures are crucial for guiding operations, especially in service delivery to beneficiaries. A specific policy mandates the creation of procedures to inform all beneficiaries about available services. The policy committee ensures policy feasibility for a diverse community, revisiting them every two to three years or more

frequently to adapt to changes and enhance staff understanding. The goal is to establish an education and training plan for newly approved policies across BHSD divisions, now specified in the Policy Committee charter. Progress includes the August 2023 sanction of the Language Services policy, ensuring non-discrimination notices are displayed at clinics. Updates for the Non-discrimination policy are ongoing and will be finalized by the end of 2023. Policies on language services and non-discrimination undergo validation during site certification and integrated audits, with plans to establish a system for measurement and reporting in the next year. Continuous monitoring and reporting will ensure compliance with posting requirements and support policy documentation.

Spirituality and Mental Health Policy

Recognizing individuals' spiritual beliefs is crucial for favorable mental health outcomes and suicide prevention. Mental health practitioners must be aware of religious matters to address clients' needs effectively. The Suicide Prevention Policy Workgroup, inspired by existing policies in LA, San Mateo, and Alameda Counties, researched and developed a spirituality policy for BHSD. Approved in May 2023, this policy aims to ensure inclusivity in services. Despite approval, a challenge lies in BHSD's limited staff time or interest in policy implementation. The recent conclusion of funding for the FaithNet initiative adds complexity. The initiative, in partnership with NAMI Santa Clara County, trains faith leaders in mental health and establishes stigma-free congregations. The BHSD policy and FaithNet initiative were featured at the September 2023 Suicide Prevention Conference, marking the stakeholders' successful focus on policy development and passage in FY23.

CalAIM Initiative

The CSC Behavioral Health Services Department (BHSD) is aligning with the CalAIM initiative to enhance cultural competency in policies related to access, assessment, treatment planning, and payment reform. These changes aim to foster an equitable and respectful whole-person care approach within the diverse communities in CSC. BHSD is executing Performance Improvement Projects (PIPs) under CalAIM, focusing on equity analyses by ethnicity. One PIP ensures culturally competent outreach and education in the Emergency Department for substance use issues. The goal is to increase outpatient service engagement for 10% of Medi-Cal beneficiaries discharged from the ER with a substance use diagnosis by June 30, 2024, building upon the current baseline of 8.7%. Peer Navigators, proficient in multiple languages, connect individuals to resources and have proven instrumental. Ongoing training, collaboration with stakeholders, and strategic planning are central to the project's success. Despite challenges, BHSD emphasizes equity analysis, data capture, and ongoing monitoring to drive informed decision-making.

Short-Doyle Medi-Cal Site Certification

The Short-Doyle Medi-Cal site certification evaluates programs offering billable mental health services to Medi-Cal recipients for compliance with regulations. Mandated by California Code of Regulations Title 9, Section 1810.435, and BHSD's contract with DHCS, this certification applies to all contracted and County-operated program sites, emphasizing diversity considerations. Program goals include Census, Network Change Request Form, and enhanced reporting on diversity, including LGBTQ issues. In 2023, a Change form executed full certification for 20% of satellite locations, expanding 274 reporting for network adequacy and staff diversity. An additional 27% of locations without state certification will be certified and reported. The introduction of LGBTQ-related questions in the LPS Facility Designation Staff Survey occurred in 2022 and 2023, alongside a Network Change Request form for improved real-time communication. Planned for 2023 is the certification of the Gender Affirming Care Clinic (GACC) to address disparities in care quality for transgender and gender diverse clients. Future efforts involve developing a Sexual Orientation Gender Identity and Expression (SOGIE) policy for providers, with 2024 focusing on SOGIE compliance during site certification reviews. The 2023 program will track the certification of uncertified sites and satellite transitions, aiming to reduce non-compliant locations.

Client/Consumer Survey and Community

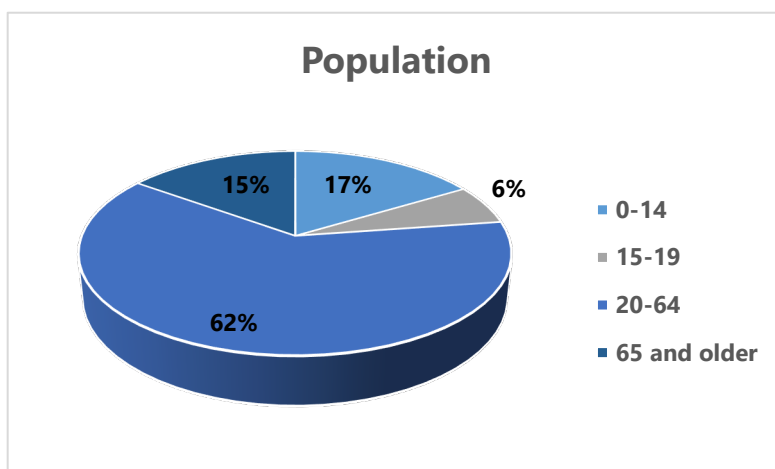
In early 2023, BHSD actively sought client feedback through online and paper surveys and community discussions, fostering engagement. Survey options included online, phone, and in-person methods, with a multilingual approach. Collaborating with County programs and community-based organizations, BHSD conducted "Community Conversations" to gather insights on mental health and substance use services in Santa Clara County, influencing the FY2025 planning process. In response, a survey subcommittee was formed in summer 2023 to enhance the tool and collect comprehensive data on BHSD's MHSA funded programs. The revised survey is set for early 2024. The 2023 survey and conversations focused on engaging a diverse range of stakeholders, analyzing qualitative and quantitative data by an independent team, resulting in recommendations. Key priorities include ensuring timely access to treatment, expanding housing availability, addressing high-need populations, developing innovative workforce solutions, and adapting to state policies. The MHSA Survey assessed changes in attitudes and behaviors, informing future planning. Community conversations indicated a reduction in stigma and high satisfaction with patient-centered services. Collaborating with a third-party evaluator, the MHSA team meticulously reviewed and analyzed feedback, compiling findings into a final report, available here: [Link](#)

CRITERION 2: UPDATED ASSESSMENT OF SERVICES NEEDS (CLAS STANDARD 11)

The County of Santa Clara remains dedicated to optimizing performance measures, ensuring strict adherence to rules and regulations, and facilitating an efficient workflow for both staff and contracted providers. Embedded in these efforts is a commitment to the Culturally and Linguistically Appropriate Services (CLAS) standard, which reflects the county's ethos of continuous improvement. This includes the collection and maintenance of accurate demographic data, crucial for monitoring and evaluating the influence of CLAS on health equity and outcomes. This data not only informs service delivery but also serves as a vital tool for assessing the county's impact and shaping ongoing enhancements.

General Population Overview

Santa Clara County, located in the heart of California's Silicon Valley, is a diverse and dynamic region with a population that reflects the county's economic and cultural vibrancy. According to the [U.S. Census Bureau](#) (2022), the county is home to a large and diverse population, encompassing a mix of ethnicities, cultures, and socio-economic backgrounds.



The population is characterized by a high level of educational attainment, given the presence of renowned institutions such as Stanford University. Additionally, the county faces challenges associated with the cost of living, reflecting the broader housing and economic dynamics of the Bay Area. The communities within Santa Clara County contribute to the region's rich tapestry, blending tradition with innovation, and fostering a unique and thriving cultural landscape.

Ethnicity/Race	Population (n)	Percent
Asian	753,965	40.30%
White	511,254	27.30%
Hispanic or Latino	462,494	24.70%
Black or African American	41,239	2.20%
Native Hawaii and other Pacific Islander	6,534	0.30%
American Indian and Alaska Native	2,932	0.20%
Some other Race	8,642	0.50%
Two or more races	83,885	4.50%

Medi-Cal Population

The Medi-Cal population in Santa Clara County constitutes a significant segment of the community, playing a crucial role in the local healthcare landscape. As the largest Medicaid program in California, Medi-Cal serves as a vital safety net for individuals and families with limited financial means.

Ethnicity/Race	Medi-Cal		Non Medi-Cal		All Payors	
	Number	Percent	Number	Percent	Number	Percent
African American	1170	5.0%	200	4.5%	1370	4.9%
Asian/Pacific Islander	2977	12.6%	573	13.0%	3550	12.7%
Latino/Hispanic	8105	34.3%	1226	27.8%	9331	33.3%
Mixed Ethnicity/Race	32	0.1%	1	0.0%	33	0.1%
Native American	194	0.8%	29	0.7%	223	0.8%
Other Ethnicity /Race	1557	6.6%	253	5.7%	1810	6.5%
Unknown Ethnicity/Race	5329	22.6%	1283	29.1%	6612	23.6%
White	4236	17.9%	846	19.2%	5082	18.1%
Total	23600	99.9%	4411	100.0%	28011	100.0%

Table: Consumers Served: Ethnicity by Payor

In Santa Clara County, this population encompasses diverse demographics and socio-economic backgrounds. Medi-Cal ensures that vulnerable residents have access to essential healthcare services, including preventive care, medical treatment, and mental health services.

Ethnicity/Race	Number	Percent
African American	517	7.00%
Asian/ Pacific Islander	935	12.65%
Latino/ Hispanic	2207	29.86%
Mixed	3	0.04%
Native American	36	0.49%
Other	231	3.13%
Unknown	1854	25.09%
White	1607	21.75%
Total	7390	100.00%

Table: Underserved by Ethnicity

The program is instrumental in promoting health equity, addressing disparities, and enhancing the overall well-being of individuals and families across the county. The demographics and specific needs of the Medi-Cal population in Santa Clara County contribute to the ongoing efforts of healthcare providers, community organizations, and policymakers to improve healthcare access and outcomes for all residents.

Language	Medi-Cal		Non Medi-Cal		All Payors	
	Number	Percent	Number	Percent	Number	Percent
Cantonese	117	0.5%	17	0.4%	134	0.5%
English	15559	65.9%	2618	59.4%	18177	64.9%
Farsi	68	0.3%	7	0.2%	75	0.3%
Mandarin	37	0.2%	5	0.1%	42	0.1%
Other	490	2.1%	101	2.3%	591	2.1%
Spanish	3669	15.5%	471	10.7%	4140	14.8%
Tagalog	39	0.2%	10	0.2%	49	0.2%
Unknown	2994	12.7%	1049	23.8%	4043	14.4%
Vietnamese	634	2.7%	133	3.0%	767	2.7%
Total	23607	100.1%	4411	100.1%	28018	100.0%

Table: Consumers Served: Language by Payor

Substance use is a public health crisis in Santa Clara County and BHSD offers a comprehensive and evolving system designed to address the diverse needs of individuals struggling with substance use disorders. The county offers a range of services, including outpatient programs, residential treatment facilities, and counseling services, aimed at providing effective and individualized care.

Ethnicity/Race	Medi-Cal		Non Medi-Cal		All Payors	
	Number	Percent	Number	Percent	Number	Percent
American Indian	67	2.7%	27	1.5%	94	2.2%
Asian	132	5.2%	83	4.7%	215	5.0%
Black/African American	154	6.1%	54	3.0%	208	4.8%
Latino	692	27.4%	665	37.4%	1357	31.6%
Mixed Race	579	23.0%	279	15.7%	858	20.0%
Native American	16	0.6%	7	0.4%	23	0.5%
Other Race	231	9.2%	101	5.7%	332	7.7%
Unknown	615	24.4%	554	31.2%	1169	27.2%
White	36	1.4%	7	0.4%	43	1.0%
Total	2522	100.0%	1777	100.0%	4299	100.0%

Table: SUTS Consumers Served: Ethnicity by Payor

These programs often integrate evidence-based practices and holistic approaches to address both the physical and psychological aspects of addiction. Additionally, Santa Clara County emphasizes community engagement and support, recognizing the importance of a collaborative approach to recovery. The county's substance use treatment initiatives strive to reduce stigma, increase accessibility, and promote long-term recovery by fostering a supportive and understanding environment for individuals seeking assistance with overcoming substance use challenges.

Ethnicity/Race	Number	Percent
American Indian	15	1.0%
Asian	83	5.6%
Black/African American	66	4.4%
Latino	429	28.7%
Mixed Race	247	16.5%
Native American	9	0.6%
Other Race	90	6.0%
Unknown	536	35.9%
White	18	1.2%
Total	1493	100.0%

Table: SUTS Underserved by Ethnicity

FY 22-23 Progress and Updates

MHSA Planning Process

The Community Program Planning process is a direct response to identified needs and gaps, as detailed in survey findings, stakeholder input, and recommendations from BHSD program service teams. This MHSA planning process commenced in early 2022 and involved a thorough utilization review, community meetings, and provider briefings.

In Phase I, the process delved into program analysis and priorities, including outcomes data, which was discussed with the MHSA Stakeholder Leadership Committee (SLC) members and community partners. This phase facilitated productive exchanges through virtual breakout groups, online surveys, and Q&A activities.

Phase 2 then further refined program considerations, incorporating valuable stakeholder feedback. It addressed not only COVID-19-related needs but also promoted a shared community vision in program planning, implementation, and evaluation. This stakeholder-informed planning process served as updates to the MHSA Three-Year Integrated Plan for Fiscal Years 2024-2026.

The program evaluated changes in attitudes, beliefs, and behaviors through surveys targeting program participants, stakeholders, and the general public. The intention was to inform the MHSA FY25 annual community program planning and guide necessary changes.

In 2023, the MHSA team conducted 29 community conversations to gather public input regarding the impact of MHSA programs on stigma and mental health disparities in Santa Clara County. These conversations engaged various community members, and the feedback indicated a reduction in stigma, high satisfaction with services, and a focus on patient-centered recovery. The full report is accessible here: https://bhsd.sccgov.org/sites/g/files/exjcpb711/files/documents/MHSA_CPP-Evaluation-Report_6.23.23FINAL.pdf

Key updates regarding MHSA activities:

- Ongoing completion of the FY25 MHSA Annual Plan Update Community Planning Process, with expected finalization in Spring 2024.
- The 2023 MHSA Community Survey was completed in July 2023, and findings have been shared with stakeholders and BHSD leadership.
- The FY25 MHSA Annual Plan Update is currently in progress, with an expected completion date in June 2024.
- Three new MHSA staff members were hired and onboarded between June and September 2023 to support MHSA Planning and Administrative work.
- Recruitment and appointment of members to the Stakeholder Leadership Committee (SLC) are ongoing, with 16 vacancies. An Outreach Subcommittee is actively working to fill these vacancies and exploring strategies to encourage SLC participation.

Older Adult (OA) Prevention and Early Intervention (PEI)

The Older Adult (OA) Prevention and Early Intervention (PEI) short-term program focuses on individuals aged 60 and over dealing with mental health challenges such as depression, anxiety, and various life stressors. The program aims to enhance their quality of life, address unique mental health needs, and prevent the escalation of care by providing timely support. Despite notable progress reported by clients in emotional well-being, employment, social skills, functionality, relationships, and physical health, the program faced challenges, including client disengagement due to cognitive impairments, staffing issues, and limited financial resources. Efforts are underway to find solutions, improve services, and conduct thorough client evaluations using tools like the AC-OK Co-Occurring Questionnaire and Milestones of Recovery Scale. In the past fiscal year, the program served 65 clients, with 15 successful discharges and 50 referrals to community resources. Gardner, a County

Contracted Provider (CCP), integrates cultural competence into mental health education, utilizing personal narratives, tailored materials, and biannual surveys to reduce stigma and promote empathy. The emphasis on collaboration with community leaders, cultural organizations, faith-based groups, and local stakeholders enhances outreach, tailored education, and continuous improvement aligned with cultural beliefs and norms. Participants are provided with educational resources and opportunities for sharing their cultural beliefs' impact on mental health in a supportive environment.

New Refugee Program

The New Refugee Program, led by Gardner Family Health Network, focuses on early intervention services for individuals aged 16 and above who have lived in the county for seven years or less. The program prioritizes culturally and linguistically appropriate outreach, engagement, and prevention activities to assist refugees in settling successfully. Collaboration with community partners facilitates referrals, and culturally sensitive outreach and mental health services are provided, addressing the unique needs of torture survivors. Special attention is given to building trust with Afghan refugees through empathetic, culturally sensitive approaches. For refugees with young children, trauma-informed care is emphasized, promoting resilience and recovery. The program evaluates client outcomes using the Current Adaptive Functioning Index - Cross-Cultural Version (CAFI-XC) and the Client Satisfaction Survey, aligning with its holistic and client-centered philosophy. In essence, the New Refugee Program is committed to fostering the well-being and integration of newly arrived refugees, utilizing culturally sensitive strategies and collaboration for effective support.

Substance Use Treatment Services Addiction Medicine Treatment

Substance Use Treatment Services (SUTS) Outpatient, a CCP program, involves five providers delivering substance use services to individuals aged 18 and above. Services encompass counseling, case management, collateral support, and recovery services, guided by the American Society of Addiction Medicine (ASAM) criteria. Medication, counseling, education, and case management are provided for patients with opioid and alcohol use disorders. The program ensures timely access to care, prioritizing assessment appointments within specified time frames. Treatment is available at various county locations to reduce stigma, with specific attention to pregnant women and those with young children. The program employs a Peer Support Specialist to facilitate community-based services and support active recovery. Patients undergoing Addiction Medication Treatment (AMT) experience positive outcomes, including improvements in emotional/behavioral well-being, employment, social skills, overall functionality, family and social relationships, and physical health. The program

addresses the psychosocial effects of trauma and has resumed group treatment services post-COVID. Despite staffing challenges, the program is committed to providing quality care and monitoring patient progress through surveys, dosing/urinalysis records, and peer mentor engagement in MyAVATAR.

Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities Project

The innovation project's objective is to enhance mental health awareness and access to services in diverse communities, specifically Vietnamese and African American/African Ancestry, by destigmatizing mental health care within the context of their cultures. The project emphasizes prevention, community outreach/education, and co-located professional mental health treatment services for individuals of all ages, including children and families. This includes mental health prevention services for youth and children and psychoeducation for parents and grandparents on child/brain development, mental health conditions, services, and improving help-seeking behaviors. The project employs innovative strategies to engage populations historically underserved in accessing mental health services due to stigma and trauma-related challenges.

The ongoing formative evaluation, conducted quarterly during the first two years, has three main aims: (1) assess whether culturally informed organizational and service delivery processes align with project objectives; (2) identify challenges and propose remediation strategies as they arise; and (3) evaluate the implementation of these changes. Data collection involves interviews/questionnaires with staff, program reports, and relevant program administration and marketing documentation. Data analysis identifies challenges, barriers, potential impacts, and proposed actions to address issues. These evaluations inform cultural adaptations and innovations, resulting in strategies to better serve the community. Annual reports summarize cultural lessons learned.

In Year 1, Ujima established the Ubuntu Wellness Center, resulting in eight cultural lessons, including the importance of community building, empowerment-based referrals, exclusive spaces for African/Black individuals, and effective outreach strategies. Partnerships with local colleges, churches, and an anti-stigma social media campaign were initiated, effectively reaching African Ancestry individuals.

During the same period, VIVO implemented the Family Harmony program, yielding nine cultural lessons. These include recruitment strategies, intergenerational approaches, and culturally-driven outreach messages. Partnerships with religious

settings, behavioral health organizations, and an anti-stigma outreach campaign successfully served Vietnamese individuals.

Both Ujima and VIVO have achieved significant progress in serving their communities, gaining valuable insights into outreach, education, stigma reduction, and addressing service connection disparities for historically underserved populations.

Behavioral Health Call Center

The County of Santa Clara's Behavioral Health Call Center (BHCC) serves as the central hub for individuals seeking behavioral health services in the county. Operating 24/7, BHCC provides information, referrals, and appointments for mental health and substance use treatment needs, catering to residents of all ages, including those with Medi-Cal or Medicare benefits or no insurance. Key functions involve screenings, SUTS assessments, referrals, authorizing Fee-for-Services Medi-Cal visits, and offering information on various mental health services. The service aims to answer calls within 5 minutes, with a target of 95% success. Performance metrics include average hold time and dropped call rates, with targets set for the next fiscal year.

The Behavioral Health Call Center ensures language accessibility with a skilled staff comprising 3 certified Spanish-speaking clinical staff (Licensed or license-waivered), 2 certified Vietnamese-speaking clinicians, and 1 certified Farsi-speaking clinician. Additionally, 3 clerical staff (HSRs) are certified to speak Spanish, and 1 is fluent in Vietnamese. This diverse language capacity enables effective communication and support for callers seeking behavioral health services, fostering inclusivity and understanding across various linguistic needs. In FY23, BHCC handled 40,737 incoming calls, showcasing its essential role in connecting individuals with behavioral health resources.

Family and Children's Ethnic Outpatient Services

The Family and Children's (F&C) Ethnic Outpatient Continuum program is dedicated to serving ethnic-specific youth aged 6-21 who are Medi-Cal eligible, along with their siblings and families requiring assistance with behavioral and emotional needs. These outpatient services are tailored to cater to distinct ethnic populations, including African, Alaska Native, Asian, Cambodian, Hispanic, Middle Eastern, Native American, South-East Asian, and Vietnamese groups, ensuring cultural and linguistic competency. Culturally effective behavioral and mental health intervention services are offered to address issues such as functional impairments in self-care, school/employment, mood regulation, relationships, trauma, family functioning, and cultural adjustments. The program aims to provide timely access to ethnic services,

reducing the need for higher levels of care, and aims to alleviate the symptoms and impact of mental illness.

In the middle of FY23, Ethnic Outpatient Services underwent a redesign to offer a continuum of service levels, spanning from wellness to intensive care. This redesign supports timely access to a range of service levels, ensuring that youth and young adults receive the appropriate level of service upon entry and have the flexibility to shift levels of care as their needs evolve within the same program and with the same provider, to the extent possible.

During FY23, Ethnic Outpatient Continuum served 349 youth and young adults, with 43% having AAPI heritage. The program achieved an 81% successful discharge outcome, reflecting the positive impact of services on youth and young adults, leading to a reduction in symptoms and the effects of mental illness. Ethnic-specific services were developed to help specific cultural communities access culturally appropriate mental health services and reduce disparities in care. Staff in the designated programs are chosen to be bilingual and bi-cultural, focusing on the specific population of interest.

The Ethnic Outpatient Continuum Services program evaluates outcomes through various methods, including the penetration rate, the Child and Adolescent Needs and Strength (CANS) outcome tool, and discharge data. In FY23 there was greater utilization of Ethnic Outpatient Continuum services compared to the previous fiscal year. CANS outcomes revealed improvements in three domains for youth and young adults who received services. There was a 29% improvement in the Behavioral Emotional Needs domain, a 60% improvement in the Risk Behaviors domain, and a 28% improvement in the Life Functioning domain. Notably, 81% of individuals who engaged in services successfully discharged from the program.

Outpatient Substance Use Treatment Services (SUTS)

Substance Use Treatment Services (SUTS) caters to youth aged 12-21 years old, offering a range of services. These include assessments, individual, family, and group therapy, case management, and family/group education. Recovery services encompass recovery monitoring, peer-to-peer relapse prevention services, and individual/family support groups.

The FY24 goals and deliverables of the SUTS program are as follows:

- Ensure timely access for youth in need of substance use treatment services.

- Ensure the availability of culturally responsive substance use treatment services.
- Provide individualized care to youth in need of substance use treatment services.

The SUTS program has consistently supported youth from diverse cultural communities in need of substance use services. The program's staff, proficient in multiple languages and from diverse cultural backgrounds, continues to provide support to Spanish and English-speaking youth and families. Additionally, language interpretation services are available to offer extra language support when needed.

SUTS providers maintain regular collaboration with various community organizations and leaders. Those operating within school environments coordinate closely with school staff to address student needs and ensure equitable care. The program routinely evaluates services and needs through discussions with school leadership, adapting services to meet identified needs when necessary.

In FY23, the program successfully provided Youth SUTS services to 132 youth in the county-operated outpatient clinic and an additional 128 through CCPs. Notably, 75% of the youth served in the county-operated outpatient clinic successfully discharged from the program, although information regarding CCP discharges was not available at the time of this report.

Children Youth and Family County Clinical Services

The Children Youth and Family (CYF) County Clinical Services offers a range of services for children, youth, and families from birth through age 25. These services encompass assessment, outpatient behavioral health treatment, including mental health (MH) and substance use treatment (SUTS), and first episodes of psychosis (FEP) services. The services are provided with a person-centered, family-driven, trauma-informed and culturally responsive approach, by service providers who are bi-cultural and bi-lingual, representing diverse backgrounds.

The goals and deliverables for FY23 included reducing the necessity for higher levels of care or extended services, diminishing the symptoms and impact of behavioral health challenges for children, youth, and young adults in the program, and furnishing culturally responsive services tailored to meet the community's needs.

In FY23, 70% of children, youth, or young adults who engaged in services took steps to alleviate the symptoms and impact of their behavioral health challenges. 33% of individuals in the program fully completed their treatment goals and successfully

graduated from services, indicating an area that requires improvement. The intended outcome is to alleviate symptoms and decrease the need for higher levels of care or prolonged services. To address the low successful discharge rate, there will be a further evaluation of the evidence-based practices employed and how services are culturally responsive to the needs of each individual.

In FY23, a total of 787 unduplicated clients were served, and 70% of referrals received by County Clinical Services engaged in the offered services. Staff are dedicated to delivering individualized services tailored to best meet the needs of the individuals and their families, while considering any cultural requirements that may impact the services provided.

Raising Early Awareness and Creating Hope (REACH) – Outreach

The REACH program, a collaboration between Momentum for Health and Starlight Community Services, offers early intervention and prevention for Santa Clara County (SCC) youth at high risk for psychosis. Its goals include raising community awareness of mental illness, providing culturally competent treatment for underserved youth aged 10-25, and delivering services such as case management, therapy, psychiatry, occupational therapy, education, employment support, peer and parent mentorship, and a Multi-Family Group.

REACH's goals are to reduce stigma and discrimination, decrease disparities in mental health service access, mitigate the psycho-social impact of trauma, enhance suicide prevention, and expand prevention and early intervention for at-risk youth. The service objectives involve increasing education and training within the provider community, reducing psychiatric hospitalizations, enhancing clients' ability to regain productive lives, promoting positive family engagement, reducing the duration of untreated psychosis, and delaying or reducing the severity of the onset of psychosis.

REACH team and BHSD staff conducted 59 early psychosis outreach presentations to 1,355 professionals throughout Santa Clara County, marking a 10.5% increase in presentations and an 18% rise in participation compared to FY22. Outreach activities aimed to meet REACH program goals by connecting with various community-based organizations, internal SCC Children, Youth, and Family System of Care (SOC) Providers, educational institutions, clinics, hospitals, and more. The program provided early intervention services to 129 youth, including 17 discharges, with 13 successful discharges resulting in referrals to other appropriate service providers.

REACH aims to expand outreach by 5%, serving 26 more participants, with a focus on diverse communities and underserved areas. Insights highlight the importance of

community partnerships and post-program discharge support. The program improved education through website updates, anti-stigma campaigns, and multilingual resources. Using the PIER Model and CANS assessment, participants exhibited improvements in behavioral well-being (-12%), reduced risk factors (-30%), and enhanced life functioning (-10%), showcasing the positive impact of REACH in FY 2023.

CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC BEHAVIORAL HEALTH DISPARITIES (CLAS STANDARD 9, 10 AND 12)

The Behavioral Health Services Department is committed to minimizing racial, ethnic, cultural, and linguistic disparities in behavioral health. To achieve this, we've implemented a multifaceted approach. First, we set goals and rules that respect different cultures and languages. We make sure these ideas are part of everything we plan and do. Next, we conduct ongoing assessments of our CLAS-related activities, seamlessly integrating CLAS measures into our measurement and continuous quality improvement efforts. This ensures a dynamic and responsive strategy to address disparities. Additionally, we often check the health needs and resources in our community. We use this information to plan and offer services that work well for people with different cultures and languages in the areas we serve. Our plans show how serious we are about making sure everyone gets the right behavioral health services.

FY 22-23 Progress and Updates

Ethnic Specific Outpatient Program

The Ethnic Specific Outpatient Program provides mental health services to adults, including counseling, assessment, medication management, case management, and crisis intervention. Culturally sensitive care addresses trauma, loss, and stress unique to each group, respecting clients' language, culture, and traditions.

The Adult and Older Adult Ethnic Specific Outpatient Program faced increased demand and staffing shortages due to retirements and staff turnover. Newly hired staff often lacked mental health experience, and supervisors and managers had to manage overburdened caseloads.

Engagement in ethnic-specific events and collaborations with organizations proved vital for outreach and trust-building. In the African American community, events like Black Family Day, Jubilee, and Juneteenth were instrumental in engagement, offering platforms for celebration, education, and empowerment. Collaborations with African

American agencies expanded the program's reach and culturally responsive workshops and support groups.

Client experiences underscore the Ethnic Wellness Center's dedication to providing culturally relevant and empowering support to the Latino community. Compassionate guidance, targeted workshops, and individualized care positively impact the emotional well-being and resilience of Latino individuals and families. Creating a safe and inclusive environment aligns with the program's commitment to promoting mental health and healing within the Latino community.

Client outcomes are measured using the Milestones of Recovery Scale (MORS) score, evaluated monthly by direct service providers to determine the appropriate level of care. Successful discharges, with or without a MORS score, totaled 160.

Promotores

The County's Adult and Older Adult Promotores program, serving individuals aged 16 and above, is operated by Gardner Family Health Network as a CCP. The program connects those in need to the Department's Call Center for outpatient care and offers referrals to the primary care system and relevant community resources.

This initiative conducts outreach and educational activities related to mental health services in English, Spanish, and Vietnamese. Over the past year, the program reached 3,058 community members through 32 events in Santa Clara County, spanning fairs, festivals, community centers, sporting events, malls, and formal presentations covering various public health topics. The program also provided numerous referrals, including:

Numbers of referrals	Q1	Q2	Q3	Q4	Total
Numbers of referrals to a prevention program (educational, workshops, ex. Ethnic Wellness Center)		3	356	41	540
Numbers of referrals to an early intervention program (brief treatment- ex. IPSCC)					0
Numbers of referrals to for county services for continued care (ex. Call Center)	140	211	24	118	353
Number of referrals to non county services (food, housing, legal...)		2			2
TOTAL:	140	216	380	159	895

During the fiscal year, the Promotores Program faced challenges, including rescheduled presentations, tabling location issues, and limited survey engagement. Despite obstacles, both virtual and in-person presentations were conducted, although updating community flyers became challenging due to rescheduling. Tabling locations had to be changed due to property management denials. Limited survey responses resulted in restricted data on presentation outcomes.

The ongoing plan aims for 24 tabling events, 10 educational presentations, reaching 2,000 people. The program focuses on underserved populations in low-income areas and Limited English Proficiency groups. Despite challenges, positive feedback attests to successful collaboration, reaching marginalized populations, and promoting education and awareness. The program conducted 13 educational presentations, engaging 114 individuals on various mental health topics.

Full Service Partnership

The County's Adult Full Service Partnership (FSP) program, operated by a CCP, offers intensive, client- and family-driven services to adults aged 26 and above with serious mental illness. These services aim to promote recovery, reduce negative outcomes such as stigma, incarceration, hospitalization, and homelessness, and increase positive outcomes such as life skills, access to benefits and income, education, employment, and socialization. The program serves individuals at risk of out-of-home placement due to mental illness and co-occurring medical conditions, focusing on cultural values.

The Adult FSP program continued to perform well, sustaining staffing quantity and quality. The providers maintained the "whatever it takes" approach, incorporating Evidence-Based Practices and community engagement. The program benefited from MHSA funding, managed housing stability, reduced crisis episodes, and contributed to beneficiaries' recovery. Despite challenges related to ongoing transition to myAvatar, the program adapted to CalAIMs expectations.

Key outcomes for FY23 include 235 referrals received, 149 opened cases (conversion rate of 63%), an average of 6.67 days to the first offered assessment appointment, a 27% no-show rate, and a successful discharge rate of 62%. The program expanded its capacity by adding 88 additional slots.

Independent Living Empowerment Project

The Independent Living Empowerment Project (ILEP) was launched in April 2022 as a collaboration between Santa Clara County and Community Health Improvement Partners (CHIP). Funded through MHSA Innovation funds, the program is evaluated

by the California Institute for Behavioral Health Solutions (CIBHS). ILEP aims to improve tenant experiences, enhance staff/owner skills, and increase the capacity of Independent Living homes in Santa Clara County.

As of June 2023, ILEP has enrolled six member homes operated by four different Operators, providing a total of 57 beds. Feedback from Operators has been positive, highlighting the constructive approach taken by the CHIP team to address home-related issues and promote accountability without being punitive. In May 2023, 24 tenants completed the CIBHS Tenant Survey, indicating generally positive experiences and support for their mental health needs. While some respondents would explore other housing options if available, the lack of high-quality and affordable independent living homes in the area impacts this choice.

The program has shown promising results, and future reports will track changes in these measures over time as more member homes join. The evaluation includes measures related to self-advocacy training, tenant rights education, participation in independent research councils, staff/owner engagement in client culture activities, Mental Health First Aid activities, policy advocacy, and various outcomes related to tenant well-being, housing stability, and community involvement.

This is a peer-driven project with peers involved in all aspects, including evaluation planning and implementation. Future plans involve expanding peer involvement and providing additional support to tenants for housing maintenance.

Intimate Partner Violence Program

The Intimate Partner Violence program has two primary objectives: education and outreach to promote healthy relationships, as well as providing resource referrals for community safety, including housing and food services. This program is available to individuals of all ages, backgrounds, and identities. It emphasizes that intimate partner violence (IPV) encompasses various types of interpersonal relationships, not limited to romantic ones. It is a PEI program focused on raising awareness about IPV and domestic violence in the community. The program serves individuals aged 16 and above in Santa Clara County, providing education and outreach to reduce disparities. The program conducts various activities such as workshops, presentations, outreach, and mental health education in community locations like housing shelters, community centers, religious organizations, colleges, food banks, and resource centers. The goal is to prevent dating violence, domestic abuse (DA), and IPV by teaching clients about healthy relationships and safe boundaries.

In the first six months since its launch in January 2023, the program facilitated 16 workshops, attended outreach events, provided resource referrals, built a social media presence, and connected with organizations in the community. It received positive feedback and reviews from participants, who found the workshops engaging and informative. Participants reported increased awareness of healthy relationships, improved confidence in interpersonal relationships, and insights on conflict resolution. Despite initial hiring challenges and a shorter launch period, the program successfully reached 131 workshop participants.

Feedback from participants indicated satisfaction with the facilitation style, content, and the ability to practice community building. Participants found value in learning about conflict resolution and identifying signs of abuse. Participants also mentioned the importance of learning behaviors that contribute to healthy relationships. Looking ahead, the program plans to incorporate feedback for improvement and aims to enhance survey collection to better measure participant takeaways and pre/post understandings of IPV.

Assertive Community Treatment (ACT)

The Assertive Community Treatment (ACT) program is designed for adults with severe mental illness at risk of institutionalization or homelessness. It's a community-based approach with low staff-to-consumer ratios, emphasizing frequent community services and 24/7 availability. The program collaborates effectively with partners and maintains high fidelity.

In FY 22/23, the program faced challenges like clinician recruitment, housing, and regulatory changes due to CalAIM. The average time to initial service was 21 days, with some variations. ACT providers have contractual obligations, but no-show rates are not always accurate indicators. Successful discharges aim to reach 60%, with a current rate of 23% or 50% when considering administrative discharges.

In FY 23, the program expanded capacity by 50 slots to meet growing demand. Collaboration with partners, trauma-informed practices, and successful fidelity reviews are notable successes.

Assisted Outpatient Treatment (AOT)

In May 2021, the Board of Supervisors approved Assisted Outpatient Treatment (AOT) for Santa Clara County, with the program commencing on February 16, 2022. AOT is guided by AB 1421, or "Laura's Law," allowing judges to compel individuals with severe mental illness to adhere to a treatment plan on an outpatient basis. AOT

serves those who are unable or unwilling to voluntarily receive community mental health services, with clients having opportunities for voluntary engagement throughout the process, from referral to court hearings.

The core objective of AOT is to break the cycle of recurring psychiatric crises, reducing hospitalizations, incarcerations, and homelessness among individuals facing severe mental health challenges. The program's specific goals include promoting recovery principles, alleviating symptoms, meeting basic needs, enhancing daily living, improving socialization and employment prospects, and reducing crises, hospitalizations, and homelessness, among others.

After a year in operation, a program evaluation report was presented to the County Board of Supervisors. Preliminary data indicate positive trends in reducing emergency psychiatric service utilization and incarcerations. Housing individuals referred to AOT presents challenges due to the severity of needs, with ongoing efforts to find solutions.

BHSD tracks engagement data, with 80% of referred individuals consenting to treatment in FY 23. High-intensity mental health services are contractually mandated, and engagement metrics, such as no-show rates, are employed. The goal is to achieve a 60% rate of successful discharges, with the current rate at 48%.

Forensic, Diversion and Reintegration (FDR) Co-Occurring

FDR Co-occurring Services are tailored for justice-involved adults and older adults with co-occurring disorders, emphasizing community-based interventions. Provided by contracted partner Community Solutions, the program addresses diverse needs, including LGBTQ communities, with staff knowledgeable in ethnic and cultural considerations. The goal is to maintain individuals in community settings through the least restrictive interventions, acknowledging the impact of justice involvement.

The Co-Occurring Outpatient Program achieved a 31% graduation rate, with a goal to reach 65% in the future. A key challenge is motivating individuals for treatment, as some accept community referrals for discharge but then disengage. To address this, the program is enhancing engagement through an intake process and offering stable housing upon release to improve success rates.

The program conducts quarterly quality improvement sessions with a vendor to boost engagement and success rates. Collaborations with external partners, including Behavioral Health Treatment Courts, Probation Department, Parole Department, Adult Custody Health, and Community Based Organizations, ensure services align

with beneficiary needs. Being funded by the Board of State and Community Corrections (BSCC) grant, participation in BHSD-led Local Advisory Committees and meetings with State representatives highlights their services.

To meet BSCC requirements, the Co-Occurring (Prop 47) program hires an external evaluator, Resource Development Associates, collecting data for reports on outcomes, challenges, and successes. Quarterly reports, inclusive of outcome data, measurement tools, and program progress, are submitted to the BSCC. Additionally, the FDR Division conducts monthly meetings with Community Based Programs, focusing on client and program needs to enhance services. Co-Occurring Services program served 202 clients annually with an average length of stay (LOS) of 146 days and a successful discharge rate of 31%.

Forensic, Diversion and Reintegration (FDR) Crisis Residential Programs

FDR Crisis Residential Programs cater to justice-involved adults and older adults with complex risk factors, offering a step-down level of care from carceral settings and locked facilities. This alternative to acute psychiatric units and locked psychiatric treatment facilities provides structured, all-inclusive services 24/7 in a supervised, non-hospital setting.

These programs effectively stabilize justice-involved individuals, preventing hospitalizations and reincarcerations. FDR Division clinicians at Collaborative Courts and the Reentry Resource Center screen and refer individuals to mental health and substance use treatment, ensuring a smooth transition from Crisis Residential Programs to outpatient services and linking them to stable community housing. The high demand underscores the need for more crisis residential beds dedicated to justice-involved adults and older adults. Valuable lessons include the necessity for higher levels of care for certain individuals and the success of these services in stabilizing and transitioning justice-involved individuals to lower levels of care. Partnerships with justice collaborators contribute to reducing behavioral health disparities and stigma among this population.

In FY23, the FDR Crisis Residential programs achieved an average successful discharge rate of 67%, surpassing the targeted rate of 65%. The average length of stay for justice-involved individuals was 17 days, under the maximum contracted 21 days. These programs served and provided stabilization services to a total of 504 unduplicated justice-involved beneficiaries.

In Home Outreach Team (IHOT)

The County implemented two In-Home Outreach Teams (IHOT) models, each based on successful approaches in other counties. The County IHOT, modeled after Ventura County's RISE team, consists of clinicians and peer specialists who assess and connect individuals to mental health services for 30 to 60 days post-crisis. The Community-based IHOT, inspired by Alameda and San Diego County IHOTs, is a non-clinical team comprising peers, family members, and case managers, working with referred consumers for up to four months to connect them to mental health services.

The goals of the IHOT program are to reduce repeat visits to Emergency Psychiatric Services (EPS), Emergency Department, jail, Mobile Crisis Team, and law enforcement for individuals not engaged with behavioral health and substance treatment services. The program also aims to reach and engage individuals resistant to care and link them to ongoing behavioral health services.

Key accomplishments include initiating a pilot project with EPS and BHUC, resulting in increased referrals and successful connections with referred individuals. Efforts to improve direct referrals from 988 are underway for the next fiscal year. The IHOT program provides intensive outreach, mental health screening, in-home intervention, family education, and linkage to treatment for individuals reluctant to engage with ongoing mental health services.

The primary challenge is locating and connecting with referred individuals, especially marginalized populations with limited access to services. IHOT teams make multiple attempts to reach them in various settings, including hospitals, court, community locations, and homeless encampments.

Achievements include improved tracking of individuals in hospital or custody settings, increased presentations to community-based organizations about IHOT services, and enhanced engagement and outreach efforts by County and CCP teams in various settings.

The IHOT teams successfully connected 100 out of 373 referred individuals to cost-effective community-based or County behavioral health services, reducing their use of higher cost services such as EPS, the Emergency Department, and County Jail. The number of referrals also increased from 55 in FY 2021-2022 to 100 in FY 2022-2023.

Mobile Crisis Response Team (MCRT)

BHSD established the Mobile Crisis Response Team (MCRT) to provide immediate crisis intervention for individuals experiencing mental health and traumatic crises. The

goal is to de-escalate crises, connect individuals to mental health services, enhance public safety, and improve outreach and engagement. The teams, consisting of licensed Clinical Social Workers and Marriage and Family Therapist clinicians, collaborate with Law Enforcement and the community to ensure safety, positive law enforcement outcomes, and reduce hospitalizations and unnecessary incarcerations.

Accomplishments include collaborating with all 13 law enforcement jurisdictions, opening a third office in North County to improve response times, and hiring clinicians proficient in languages reflecting the community's demographics, including Spanish and Vietnamese speakers. MCRT served 1,360 cases, with 76 involving a second language.

In FY23, MCRT aims to continue efforts in hiring clinicians with language skills, with data guiding recruitment. Language data will be collected to inform recruitment, and in-service trainings will increase from three to five, focusing on skills and knowledge to reduce mental health stigma in diverse cultural communities, including Medi-Cal Mobile Crisis Training and Technical Assistance Center.

Psychiatric Emergency Response Team (PERT)

The PERT program is a collaborative mobile crisis response initiative, partnering with law enforcement, mental health organizations, community-based organizations, and individuals with lived experience. Clinicians are embedded with law enforcement in patrol cars to respond to 911 calls, focusing on de-escalation and diversion from psychiatric services and jail, especially in high-acuity situations. Peers play a crucial role in outreach, linkage, and facilitating warm handoffs to necessary services.

Survey tools gauge help-seeking behaviors and client satisfaction, with cultural humility training essential for officers, clinicians, and peer support staff. Training covers cultural sensitivity, awareness, diversity, and interpreter training in mental health settings.

The program has built strong agency relationships, recognized as a potential model for the future of policing, contributing to a cultural shift among participating officers. Challenges in establishing the PEER Linkage component led to increased responsibilities for PERT clinicians, offering valuable insights into role clarification and capacity. Regional variations have complicated standardization efforts.

Sustainability is promising, with the Board of Supervisors allocating funding for eight clinicians to continue. Collaborations with various entities aim to expand PERT services to underserved communities and extend the program's impact.

Mobile Response and Stabilization Services (MRSS)

The Mobile Response and Stabilization Services (MRSS) provide 24/7 stabilization and support for children, youth, and families facing emotional crises. This includes a 5150 assessment, safety planning, and referrals to community-based mental health services. All County children and youth, regardless of living situation or funding, can access these services. Referrals typically come from parents, family members, caregivers, schools, police officers, or health professionals, with a typical service length of two to four hours.

MRSS teams use a family-centered, strengths-based approach to assess risk and safety, intervening to promote community stabilization. The goal is to help children and families find tools for ongoing health, growth, and the ability to remain in their homes and communities. This includes practical strategies for crisis stabilization, communication enhancement, and facilitating positive outcomes. MRSS staff is diverse, multi-lingual, and multi-disciplinary.

The primary goal is to deliver culturally informed, timely responses to children and youth in crisis, aiming to stabilize them within the community or assess the need for psychiatric hospitalization. The intended outcomes include enhancing overall crisis response, reducing trauma and stigma, decreasing unnecessary law enforcement involvement, and improving the rate of acute hospital diversions.

Crisis and Suicide Prevention Lifeline (CR 3)

The Crisis and Suicide Prevention Lifeline (CSPL) is dedicated to improving cultural competence in service delivery. Collaborations with community-based organizations and providers offer cultural competency training to CSPL counselors. Staff also undergo Cultural Competence/Sensitive Practices training from BHSD.

CSPL has 84 volunteers and staff, with 25 proficient in languages other than English. Ongoing efforts to recruit bilingual volunteers ensure cultural and linguistic counselor availability.

Operating a 24/7 toll-free confidential phone line, CSPL provides crisis intervention, emotional support, suicide prevention, and resource referrals to the Santa Clara County community. Crisis text and chat services are available 8 hours a day, 7 days a week. The goals include diffusing crises, facilitating a return to normal functioning, connecting individuals with resources, and preventing suicide.

In September 2022, BHSD launched a public awareness campaign promoting 988 among county residents, targeting diverse cultural groups. Collaboration with VTA has enhanced 988 awareness.

Fiscal Year 2023 call volume:

	988		Local Line 855-278-4204	
	Answered	Answer Rate	Answered	Answer Rate
Average Total	20,980	86%	35,863	78%

The County's 988 crisis line faced initial challenges when it became effective in July 2022, with a call answer rate of 78%, an average call answer time of 20 seconds, a call abandon rate of 7%, and a rollover rate of 15%. To address these issues, the 988 Crisis and Suicide Prevention Lifeline implemented a call script for early crisis risk assessment and increased staffing by hiring 9 additional full-time counselors. By June 2023, significant improvements were achieved, with a call answer rate of 95%, an average call answer time of 8 seconds, a call abandon rate of 4%, and a rollover rate of 1%.

Substance Use Prevention Alternative Activities

Substance Use Prevention Services (SUPS) focuses on reducing disparities in cultural communities and adapts to substance use disorder trends. Key prevention strategies include offering alternative activities for youth that promote leadership skills, community connectedness, and a sense of purpose as protective factors against substance use.

Cultural Group Activities:

- LGBTQ+ population reached through Caminar's LGBTQIA+ South County Safe Space, offering peer support groups, alcohol and other drug (AOD) discussions, and workshops in English and Spanish for LGBTQIA+ youth.
- Youth Community Service (YCS) Youth Connect program aims to reduce risk by strengthening relationships, fostering peer and adult connections, and community engagement.
- Rebekah Children's Services (RCS) Culinary Academy provides hands-on culinary skills and integrates AOD education, mainly serving Hispanic or Latino youth.
- Youth Alliance (YA) Youth Empowerment Project offers leadership development, advocacy, and positive development for youth, primarily Hispanic or Latino.

Youth engaging in SUPS alternative activities should exhibit lower risk factors and higher protective factors. Risk factors include perceived drug use risk, rebelliousness,

and social isolation. Protective factors entail clear behavior standards, emotional well-being, emotion regulation, prosocial behavior, close relationships, hope, and positive attitudes towards mental health treatment.

In FY23, SUPS initiated the process of updating its logic model to ensure alignment between program processes, outputs, and outcomes. Standardized surveys for alternative activity providers were implemented, suggesting benefits in strengthening protective factors. Limited data due to low survey responses restricted conclusive insights. In FY24, survey instruments will undergo improvements, and qualitative feedback will be added.

Survey findings include positive changes for middle school youth, particularly in increased perception of risk related to taking prescription drugs not prescribed and belief in problem-solving abilities. High school youth exhibited desirable trends despite reporting high school-related stress. Young adults (18-24) perceived moderate risk in substance use, with positive trends in other data. Qualitative feedback from participants underscores the significant impact of programming on protective factors.

The external evaluation agency collaborates closely with the Prevention Services Division and program providers to implement surveys and conduct an annual evaluation. Data analysis informs the development of individual programs and influences future contracting decisions made by the Prevention Services Division. Program highlights include Youth Community Service (YCS) uplifting communities of color through initiatives such as gender-affirming workshops and Substance Use Prevention Services (SUPS) maintaining its dedication to reducing disparities and fostering protective factors for youth well-being through alternative activities.

The Q Corner

The BHSD LGBTQIA+ Wellness PEI Program, centered around The Q Corner, aims to provide culturally affirming behavioral health services for 2SLGBTQIA+ Community Members in Santa Clara County. The program, including peer navigators and outreach specialists, offers one-on-one and group peer support, resource linkage, community wellness events, and training activities. In FY23, The Q Corner significantly expanded its outreach through 140 events, both online and in-person, including pride-related activities and Silicon Valley Pride, reaching thousands. The program's social media presence grew to nearly 5000 followers, and the mailing list surpassed 2000 contacts, ensuring regular updates on training and events.

The Q Corner's peer support services play a pivotal role in supporting the 2SLGBTQIA+ community. Peers, integral community members, offer vital assistance, guiding individuals through legal changes, connecting them with affirming clinicians, and navigating shared experiences. The program successfully linked many with gender-affirming health services, support groups, and mental health services. Notably, The Q Corner provided essential gender-affirming garments, reducing gender dysphoria and enhancing gender euphoria for transgender, nonbinary, and gender expansive individuals.

Collaborating with Caminar's LGBTQ Wellness Program, The Q Corner organized diverse peer support groups for the community, covering trans, nonbinary, gender expansive, all bodies, Latinx Diversa, queer and disabled, and queer and Asian groups. These efforts drew an impressive participation of 400 individuals in FY23. The program also hosted community-building events like sound healing and hiking, fostering meaningful connections. Collaborations with organizations such as Oasis Legal Services and TrueVoice offered affirming and uplifting services.

The Q Corner's presentations and website overhaul significantly raised awareness of their services. The BHSD LGBTQ Resources website now offers easily accessible resources, including physical pickups. Positive feedback from stakeholders, including support groups, schools, participants, and survey respondents, underscores the program's value. Recognized leaders commend The Q Corner as a model for comprehensive LGBTQ services in Santa Clara County.

The Q Corner's unwavering commitment to the 2SLGBTQIA+ community is evident through partnerships and community engagement. Their active involvement in workgroups and committees, along with LGBTQ Wellness staff, showcases their advocacy for improved services. Their expertise contributed to the BHSD SOGIE data collection system, now integral to service contracts for better serving transgender, nonbinary, and gender expansive clients. The team's engagement in policy development aims to set standards for behavioral health settings, replicable in other systems. Participation in conferences enhances their knowledge and expertise in fostering inclusivity for the 2SLGBTQIA+ community in Santa Clara County.

TAY LGBTQ Outpatient Services

The LGBTQ Outpatient Program is an integral part of the coordinated continuum of care known as Transitional Age Youth Services. This program adopts a trauma-informed care approach and emphasizes youth-guided and family-driven services. Its primary focus is to provide support to vulnerable, underserved, or unserved youth,

with a specific emphasis on youth who identify as LGBTQ, a group that often faces high risks of homelessness and mental health challenges.

The program's goals for FY24 are as follows:

- Provide timely access to services to reduce the need for a higher level of care.
- Reduce symptoms and the impact of mental illness.

In FY23, TAY LGBTQ Outpatient Services expanded to ensure that ample support was available to youth and young adults in the county who required this specialized assistance. The LGBTQ programs made certain that their service providers were culturally responsive to the population, delivering services that met the specific needs of this demographic.

The program identified a persistent need for behavioral health support within the LGBTQ+ youth population and actively collaborated with various LGBTQ+ programs in the community. Additionally, the program established safe spaces through drop-in centers, where outreach efforts were made to engage youth into care.

On average, it took 16 days for a client to receive their first assessment appointment. Over the course of the year, there were 19 discharges from the program, with 31% of these beneficiaries achieving a successful discharge from services.

Dually Involved Youth (DIY) Program

The DIY program serves youth in both child welfare and juvenile justice systems, focusing on youth of color and underserved populations. Its main goal is to connect these youth and families with essential resources, including education, housing, mental health services, and reducing system involvement. The program builds relationships with the DIY Unit and external service providers, emphasizing engagement with available services. Key to the program is facilitating strength-based, solution-focused Child and Family Team (CFT) meetings to identify support for safe functioning and prevent further involvement in systems.

The CANS assessment tool guides the DIY program's team in determining specific services and interventions based on identified needs, including safety, well-being, and permanency. Behavioral health clinicians collect information from various sources, including the youth, caregivers, prior CANS assessments, service providers, the DIY team, and other involved system partners.

Youth advocates play a crucial role in building rapport and trust with the youth, working with behavioral health clinicians to assess their current needs and strengths

for care planning. CFT meetings provide a collaborative platform for discussing care plans, led by behavioral health clinicians and guided by youth advocates, ensuring the youth's voice is heard in planning, goal-setting, and decision-making.

CFT meetings play a vital role in formulating effective plans and joint recommendations, which are incorporated into the WIC 241.1(a) Dual Status Report.

In the DIY Unit, twenty-eight unique youth were served, excluding those with sealed juvenile justice records. A client satisfaction survey gathered direct feedback to adjust programming, focusing on a youth cultural perspective. Sixty-seven percent of surveyed youth felt "good" or "great" about their DIY team, with sixty percent satisfied with family services and seventy-three percent content with education-related support. Seventy-three percent expressed a "great" or "good" overall experience. Regarding culturally responsive services, an impressive ninety-three percent felt their needs were met in terms of community, culture, religion, and language, and one hundred percent felt their identity was respected.

allcove (Palo Alto)

allcove Palo Alto, established in 2021, serves as a community wellness center for youth, offering a welcoming space for community, support, advice, and respite. Developed in collaboration with youth, its purpose is to combat stigma, promote mental well-being, foster community ties, and provide culturally sensitive services encompassing mental health treatment, substance use support, physical health care, education, employment assistance, and peer and family support.

In FY23, allcove focused on expanding youth access in Santa Clara County by streamlining referrals from the BHSD call center, increasing Spanish workshops for parents, and intensifying outreach efforts to engage youth and families across the county. Special attention was given to reaching marginalized groups and underserved populations. The center also introduced hybrid service options to cater to youth with disabilities and transportation challenges.

The Youth Advisory Group (YAG), composed of 12-15 young people aged 16-25 representing diverse backgrounds, plays a pivotal role in shaping allcove's policies, structure, and services. It ensures that young voices, experiences, and opinions are at the core of the allcove experience.

In its second year of operation, allcove reported high youth satisfaction rates, above-average staff retention, and increased community awareness. The center successfully

attracted youth from diverse cultural backgrounds and made connections with culturally specific groups and underserved populations through outreach.

The program analyzes service utilization, participant demographics, youth reports on their needs being met, and satisfaction with services. It respects youth consent in accessing services. In FY23, Spanish workshops increased to 1-2 times per month, primarily targeting parents to reduce stigma and enhance family engagement in youth services. A satisfaction survey in FY23 revealed over 90% youth satisfaction with services. FY24 aims to maintain these high satisfaction scores while continuing to focus on outreach and engagement to increase program utilization.

The YAG actively contributes to operational and program design through regular meetings and events. In FY24, the YAG is involved in designing an additional allcove center. The evaluation plan includes both quantitative satisfaction data and qualitative narratives focusing on destigmatizing mental health among diverse populations.

Key accomplishments in FY23 encompass developing a series of Spanish mental health workshops, recruiting a diverse Youth Advisory Group (cohort 5), participation in various community events, establishing connections with housing and legal firms to reach immigrant youth, and offering hybrid service options for youth unable to visit the center due to disabilities, transportation issues, or other reasons.

Community Access, Response, and Engagement (CARE) Team

The Community Access, Response and Engagement (CARE) team was developed to support streamlining access to Behavioral Health Services from Valley Health Clinics' (VHC) Pediatric Department. It encompasses aiding children and caregivers in connecting with the BHSD call center and facilitating a smooth transition to treatment providers. Valuable feedback is provided to VHC Primary Care Physicians for improved care coordination. The CARE team, comprising bilingual and bicultural community workers, is stationed at specific VHC sites, including Bascom, East Valley, Tully, Sunnyvale, and Gilroy.

Functioning as a resource and linkage program, each CARE team member is committed to ensuring that every child or youth referred to behavioral health services not only becomes aware of the referral but also secures their first appointment. In the initial contact, if behavioral health services do not align with the family's intentions, prompt provision of appropriate resources supports their connection to the needed services.

The CARE team ensures timely connections and secure first appointments for referrals from VHC pediatric sites, with a focus on specialty mental health services (SMHS) due to CalAIM and the screening tool. Engaging with pediatrician referrals and maintaining communication, the team emphasizes preparedness through onboard training covering client culture and trauma-informed systems. Members undergo Mental Health First Aid training and receive one-on-one supervision, enhancing communication skills to reduce stigma, foster effective family engagement, and ensure successful linkage to services.

For tracking purposes, every referral submitted by a VHC pediatrician at designated sites is meticulously logged in the VHC electronic record system, HealthLink. The CARE team employs various methods to receive referral information for follow-up, including generating reports from HealthLink to identify daily referrals and participating in patient visits alongside pediatricians. Data is recorded in an Excel document, and outcomes are assessed to evaluate the effectiveness of CARE team support in facilitating linkage to services at the respective VHC sites:

- Bascom VHC: 1056 referrals
- East Valley VHC: 450 referrals
- Gilroy VHC: 208 referrals
- Tully VHC: 345 referrals
- Sunnyvale VHC: 411 referrals

Diligent efforts have been made to contact the families for which referrals were made. Out of the 2,470 families reached out to, 16% were unreachable, and 12% required assistance in connecting with their managed care plan for behavioral health support.

Commercially Sexually Exploited Children (CSEC)

The Commercially Sexually Exploited Children (CSEC) program offers integrated behavioral health treatment for young people aged 10-21 who have experienced or are at risk of commercial sexual exploitation. It focuses on their recovery from emotional, physical, and sexual trauma, emphasizing individual therapy, family engagement, medication support, crisis intervention, and targeted case management. Upon referral, youth are connected with advocates to enhance their safety from exploitation, and the program offers financial support and educational connections. Multidisciplinary treatment teams, comprising case managers and clinical therapists, collaborate with Child Welfare, Juvenile Probation, and Community-Based Organizations.

This program serves an underserved population of youth at risk or involved in commercial sexual exploitation, including those engaged with child welfare and juvenile justice systems, with a significant representation of youth of color and LGBTQ+ individuals. The program aims to increase access to services, reduce mental health disparities, focusing on three main goals: access for new clients, engagement in services, and successful discharges. Objectives encompass improving behavioral and emotional functioning, reducing substance use, minimizing juvenile justice-related risk, addressing trauma's impact, preventing suicide risk, mitigating CSE risk factors and behaviors, and enhancing supportive relationships within families and communities.

The team collaborates closely with Juvenile Probation, Child Welfare, Public Health, and Advocates to ensure access, cultural relevance, and sustainability of training efforts related to CSE youth. Core team members meet monthly, and an executive leadership team convenes quarterly, incorporating community members. Currently undergoing training in the Neurosequential Model of Therapeutics, the team emphasizes individualized and culturally appropriate care as a core element of treatment.

During the past year, the team served 30 youth, a number slightly lower than expected. In the upcoming fiscal year, efforts will continue to focus on outreach and education, along with offering consultative services to community providers.

In terms of FY23 CANS Outcome Measures and Successful Discharge Rate:

- The successful discharge rate for youths leaving the program was 29%, with many referred to higher levels of care.
- Youths exhibited a slight decrease in the CANS Behavioral and Emotional domain score, indicating a -25% change in need.
- Risk factors for youths increased, showing a 100% change in the CANS, reflecting intense needs and subsequent referral to higher levels of care.
- Youths maintained their Life Domain Functioning Score, with a 0% change in the CANS Life Functioning domain score.

Program successes include engaging youth in program participation, providing integrated treatment using co-occurring standards, offering in-person services or hybrid support despite COVID-19 limitations, serving as a no-wrong-door entry point, supporting higher levels of care for youth, and effectively utilizing virtual platforms for care coordination and multidisciplinary team meetings to increase engagement and participation.

Youth Residential Substance Use Treatment Services

This program addresses the underserved youth in the Juvenile Justice and Child Welfare systems, where youth of color are disproportionately represented. Its primary focus is on the recovery from substance use and dependence in a 30-day residential setting.

Youth are assessed for services, with an emphasis on providing treatment when they are motivated and ready for it. The program follows a recovery model with supportive services to enhance short-term and long-term functioning, assisting youth in achieving their goals and aspirations.

In FY23, the program's focus was on achieving same-day access to treatment services, though it faced initial operational delays. During this fiscal year, 33 youth were served. In FY24, the program transitioned to another primary vendor to improve capacity and address diverse needs, while closely collaborating with community organizations, outpatient substance use providers, juvenile justice, child welfare, and the courts. Training sessions are also planned to enhance service quality and cultural relevance, focusing on respectful and culturally dignified treatment for youth.

FY24 objectives include achieving 24-72 hour access from the referral date, increasing successful discharges, facilitating successful transitions to lower care levels, and providing training on system-involved youth and sexual orientation and gender identity expression.

Juvenile Justice Programs

BHSD collaborates with Probation, Juvenile Services Division to provide comprehensive services to justice-involved youth aged 12-24. These services include assessments, individual, family, and group therapy, intensive case management, medication services, and rehabilitation. BHSD oversees a co-occurring treatment court. The Juvenile Justice Program operates in custody/detention settings in Morgan Hill or San Jose, focusing on preparing youth for community reintegration.

The program features individual and group therapy, rehabilitation skill-building, and family engagement. Medication support, crisis intervention, and targeted case management are key components. Structured into intake/assessment, treatment, and transition/discharge phases, the program adopts a culturally responsive, trauma-informed, client-centered, strength-based, and recovery-oriented approach.

The program aims to improve behavioral and emotional functioning, addressing issues related to depression, impulsivity, oppositional/conduct needs, anxiety, and

the impact of trauma/adversity. It specifically focuses on addressing substance use, considering severity, duration of use, and peer, parent, and environmental influences. In collaboration with partners, the program works to enhance functioning in key life domains such as legal and social functioning, and decision-making. It aims to reduce risk behaviors like suicide, self-harm, and law-breaking, while concurrently strengthening supportive relationships, including relationship permanence and natural supports.

The diverse staff, mirroring the population served, ensures effective outreach to marginalized juvenile justice youth. With services delivered in a unique setting, staff conduct regular therapy/treatment sessions and provide daily support as needed. In FY 2023, there was a strong emphasis on maintaining continuity of treatment by supporting youth to have the same treatment provider across both locations, fostering established relational and cultural connections. Services are offered in multiple languages as needed, and active family participation in treatment sessions is encouraged.

In FY 2023, the San Jose branch extended services to 645 youth, with demographics as follows: 87% aged 16 to 25, 13% aged 0 to 15; 87% identified as Hispanic/Latino, 13% as other non-Hispanic/Non-Latino; primary language: 98% English, 0.95% Spanish, 0.78% Vietnamese, 0.15% Farsi, 0.46% other languages; gender assigned at birth: 98% male, 2% female.

The Morgan Hill branch served 51 youth: 76% aged 16 to 25, 24% aged 0 to 15; 78% identified as Hispanic/Latino, 22% unknown ethnicity; primary language: 91% English, 9% Spanish; gender assigned at birth: 98% male, 2% female.

School Linked Services (SLS) Family Engagement

The SLS Family Engagement program, led by SLS Coordinators, prioritizes Family Engagement among its essential elements, fostering a welcoming school environment. Coordinators organize diverse activities, including one-time events and workshop series, ensuring cultural and linguistic relevance for all students and families.

In FY24, SLS Coordinators, per new service agreements, aim to organize a minimum of six family engagement activities. BHSD will closely monitor, support, and train Coordinators on community-based resources. Participation tracking will assess program effectiveness over time. Coordinators, with versatile roles, adapt to school district priorities. Service agreements set a minimum for family engagement activities to uphold program integrity and fulfill essential elements.

SLS Coordinators have demonstrated success in boosting attendance at family engagement activities. In FY22, there were 582 one-time activities with 45,651 attendees and 130 workshop series with 6,690 participants. FY23 witnessed an increase, with 721 one-time activities drawing 63,505 attendees, along with 148 workshop series involving 13,971 participants. This represents a 48% surge in participation in family engagement activities from FY22 to FY23.

The program employs a range of strategies and approaches to engage culturally diverse populations in discussions concerning mental health disparities and stigma. Family engagement activities, such as psychoeducation presentations, documentary screenings of films like “Angst” from Indieflix, and subject matter expert panels conducted in various languages and by diverse individuals, allow attendees to connect with the topic and the presenters.

In FY24, BHSD and the SLS Family Engagement program will emphasize capturing feedback after family engagement activities, including one-time workshops and workshop series. New data points will be collected to identify family engagement categories, audience, location, and language, ensuring a purposeful approach to family engagement that respects different ethnicities, cultures, and languages.

Substance Use Medication Assisted Treatment (MAT)

Substance use Medication Assisted Treatment (MAT) services involve a collaboration between medical physicians and clinicians dedicated to supporting substance use treatment for youth and young adults. These services are administered in an outpatient setting, involving regular physician visits for medication monitoring, family therapy, and weekly group and individual sessions conducted by a SUTS clinician to address triggers and behaviors.

Goals and deliverables for FY24 encompass ensuring the accessibility of culturally responsive services. BHSD’s Children and Family Community Services (CFCS) clinic is the sole MAT program available for county beneficiaries. The program prioritizes the inclusion of staff who are bilingual and culturally competent to provide support to the diverse cultural communities within the county. Staff members participate in regular cultural humility trainings to enhance their skills and knowledge, particularly concerning disparities in accessing care for cultural communities and efforts to mitigate these disparities.

CFCS maintains ongoing collaborations with various system partners, including the medical community, to guarantee that individuals in need of MAT services have access to culturally responsive care.

Furthermore, there is a recognized need for increased community awareness about substance use disorders and available treatments. MAT represents a higher level of support offered within the county, typically required when individuals have experienced severe substance use situations, such as admission to an in-patient induction program and are now prepared for outpatient care.

In FY23, MAT services were provided to 16 youth. The majority of these youth successfully completed MAT services, transitioning to lower levels of care or being discharged from services. The program keeps a close watch on referrals to Youth MAT services and tracks engagement outcomes. Data is also gathered on youth discharges, helping to identify if they completed services or left prior to completion.

CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM (CLAS STANDARD 13)

The Department is a strong advocate for integrating the Client/Family Member/Community Committee into the county mental health system to create a cooperative environment for improved mental health outcomes. As part of this effort, the Diversity, Equity, Inclusion, Belonging, and Accessibility (DEIBA) Committee is being relaunched, collaborating closely with similar groups focused on cultural issues and actively engaging representatives from diverse communities. This ensures that the committee's composition reflects the broader community. This strategic integration aligns seamlessly with the County Mental Health system. The committee prioritizes engagement, continuous improvement, and accountability. Through active collaboration with the community, it plays a pivotal role in designing, implementing, and evaluating policies, practices, and services to ensure cultural and linguistic appropriateness. This collaborative approach guarantees that mental health services are not only effective but also attuned to the unique needs of the diverse community it serves.

FY 22-23 Progress and Updates

Workforce Development Committee

In response to the Santa Clara County Board of Supervisors' declaration of a public health crisis in January 2022, BHSD examined opportunities to expand current

activities and develop new programs addressing mental health and substance use needs. This focused on Workforce Education and Training (WET) and aimed to tackle workforce shortages in mental health and substance use treatment. A Workforce Development Committee was established in December 2021 to address this concern. The committee developed criteria and program guides for two retention strategies: a Loan Repayment Program and a Workforce Tuition Program. The criteria for applicants include having bilingual skills, representing diverse communities, incurring lived experience, or experiencing working with unserved/underserved groups.

Goals and progress include a Public Awareness Campaign for the Behavioral Health Profession, expansion of educational programs, and an increase in the impact and scope of various programs, such as Loan Repayment, Tuition Programs, and Student and Peer Internship Stipend Programs. Plans also involve conducting a regional compensation survey and strategizing with behavioral health education/training programs in the Bay Area. Challenges include a lack of dedicated staff and time-intensive outreach to schools, procurement delays for middle management training, and difficulties filling internship slots, particularly for peer interns. Despite challenges, the Workforce Development Committee continues to work collaboratively to grow and retain the behavioral health workforce while promoting diversity, equity, and inclusion.

The Workforce Development Committee consists of department staff and a network of community-based nonprofit organizations that provide mental health and substance use services under contract with Behavioral Health Services Department. Their efforts are aligned with the goal of reflecting the diverse clients they serve, and surveys are used to gather information and make recommendations on initiatives to tackle this regional and nationwide workforce shortage.

Trans Care Coalition

The Trans Care Coalition (TCC) is a collaborative effort involving gender-affirming care advocates from various behavioral health agencies. The TCC focuses on four key areas: ensuring equitable access to care, promoting knowledgeable gender-affirming services, fostering collaborative efforts, and sharing knowledge and expertise. To achieve these goals, the TCC operates through five workgroups: Welcoming Environments, Collecting SOGIE Data, Referrals and Placement, Clinical Services, and Care in Institutions. These workgroups consist of members from both the County and County-contracted behavioral health agencies, all committed to enhancing support and services for transgender, nonbinary, gender expansive clients, and others.

Throughout FY23, the TCC has remained active. This coalition has been instrumental in creating and disseminating various resources, including a Pronouns Booklet, a Creating Welcoming Environments brochure, SOGI Data Collection guidelines, a document on Collecting SOGI Data without Sex Assigned at Birth, a Children and SOGIE booklet, and Best Practices for Gender Affirming Care in behavioral health settings.

CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES (CLAS STANDARD 4)

The Behavioral Health Services Department is committed to fostering cultural competence through rigorous training activities. To ensure a comprehensive approach, the county system mandates annual cultural competence (cc) training for all staff and stakeholders. These annual sessions are designed to enhance awareness and understanding, promoting the relevance and effectiveness of cultural competence within the department. Recognizing the vital role of client culture, the county has established a systematic process for incorporating client culture training throughout the mental health system. This emphasizes the department's dedication to tailoring services to individual needs. Furthermore, the commitment extends to governance, leadership, and the entire workforce, with ongoing education and training in culturally and linguistically appropriate policies and practices. This multifaceted approach reflects the department's determination to instill cultural competence at every level, ensuring a more inclusive and effective mental health service delivery.

FY 22-23 Progress and Updates

Learning Partnership

Learning Partnership enhances the capabilities of the BHSD and CCP workforce. Its focus is on elevating knowledge and skills to ensure clients and family members receive culturally sensitive and respectful services. This extends to various populations, including BIPOC, the Elderly, Youth, People with Disabilities, LGBTQ+ individuals, and Immigrant and Refugee populations. In FY22-23, it achieved the following goals:

1. Exceeded the target of 140 trainings by providing 209, including 69 Cultural Humility/Competency trainings.
2. Successfully increased population-specific cultural humility/competency trainings to 9, focusing on African American, Latino, and Asian American populations.

3. Identified a peer support worker, Melody Hames, as the internal Client Culture Trainer for BHSD.
4. Met the goal for the Informed Level of Co-Occurring Training Certification and is making progress toward the Capable Level, with plans for Enhanced Level development in FY24.

Santa Clara County's BHSD provides annual cultural humility/competency training that aligns with the department's cultural competency plan, following National Standards for CLAS in healthcare. The training covers County employees, subcontracted, and affiliated personnel. It ensures culturally appropriate service delivery to clients from diverse backgrounds. A contracted trainer offers cultural humility/competency training with post-tests and evaluations to assess effectiveness. Evaluation results help in enhancing future training to determine if improvements or changes are needed.

Enhancing Culturally Responsive Clinical Suicide Safety Nets through Training and Consultation Engagements

In response to research indicating insufficient preparedness among medical providers for suicide risk, the Suicide Prevention Program (SPP) partnered with Drs. Joyce Chu and Chris Weaver of Community Connections Psychological Associates (CCPA). This collaboration aims to provide consultation and resources to enhance suicide assessment and management within behavioral health and healthcare systems, with a focus on diverse client populations.

In FY21, CCPA initiated culturally competent support for suicide services in primary care and behavioral health clinical sites. The successful pilot program led to a comprehensive needs assessment and taskforce establishment at PCBH and Momentum for Mental Health. The initiative extended into FY22 and was renewed for a 5-year commitment from FY23 to FY27. In FY23, CCPA expanded its partnership to AACI, aiming to enhance suicide prevention practices. Objectives included collaborative development of site-specific action programs, organizational assessment, staff education, data integration, and innovative approaches to culturally competent suicide assessment and management. Modifications involved adapting protocols and intervention practices.

In the lead-up to FY23, the FY21 pilot and FY22 full engagement resulted in collaborative workgroups at each site, leading to site-specific enhancements. In FY23, the focus remained on improving culturally competent suicide prevention in Santa Clara County's clinical services. Deliverables included a multi-year workplan ensuring collaborative relationships and site-specific consultation services tailored to identified

needs. Specific aims for each site were outlined, addressing diverse requirements and processes.

Common needs, gaps, and strengths were identified across sites, prompting customized consultation. Despite differences, this tailored approach has proven effective, driving system-level changes positively impacting patient care and suicide risk management in Santa Clara County. CCPA's work emphasizes culture, diversity, and community-based approaches, remaining flexible and guided by clinical sites. Consultation functions were adjusted to align with each organization's unique needs. An evaluation tool, based on the Zero Suicide Framework, measured organizational needs and outcomes, focusing on evidence-based practices for suicide care.

LGBTQ Training

The training programs offered by The Q Corner and Caminar's LGBTQ Wellness Program are essential for establishing a baseline competency among various programs and service providers. These programs aim to equip professionals with the knowledge and skills necessary to provide welcoming, affirming, and competent services to support LGBTQ individuals. Furthermore, they help build a workforce of specialized providers with a deep understanding of cultural competence required to create healing relationships within the LGBTQ+ community. The Q Corner Team, in collaboration with the Office of LGBTQ Affairs, has created an extensive menu of training courses that collectively provide education, support, and technical assistance to a wide range of professionals, including behavioral health providers, educators, and families.

The trainings have garnered widespread recognition and positive feedback from local, state, and national groups. Participants have consistently praised the diverse range of training options, citing them as informative, enlightening, and interactive. They appreciate the knowledgeable instructors who use appropriate self-disclosure to illustrate the content. Feedback from participants often describes these trainings as the best they've encountered in their respective fields, such as BHSD or topics related to SOGIE. In FY23, The Q Corner successfully administered over 20 different types of training opportunities, totaling more than 70 individual training sessions conducted over the course of almost 120 days and 500 hours. These trainings reached a total of 1633 participants.

In conclusion, The Q Corner and Caminar's LGBTQ Wellness program take pride in their accomplishments in FY23 and look forward to making an even more significant impact on the Santa Clara County community in FY24. While many activities are evaluated based on qualitative feedback, various outcome measures and tools are

used to assess the effectiveness of the training programs. This includes pre- and post-training surveys, feedback from participants, and improvements observed in service providers' practices after attending these trainings. The impact of these programs is evident in the positive feedback received from participants, who find them valuable, informative, and instrumental in improving their work in various fields.

Law Enforcement Liaisons (LELs) and Interactive Video Simulation Training (IVST)

Interactive Video Simulation Training (IVST) enhances community-officer interactions through realistic scenarios. BHSD aims to develop ten videos, including two bilingual ones for Vietnamese and Latino communities and one on gender identity in the LGBTQ+ community. The videos, fostering cultural humility, cover critical scenarios. Collaboration involves BHSD, the Division Director, LELs, and Subject Matter Experts (SMEs) for authenticity. The training equips officers to recognize, de-escalate, and refer individuals in crisis during mental health-related encounters.

In FY 22-23, LELs completed 10 new IVST scenarios, covering LGBTQ+ situations and multilingual cases. LELs, crucial for connecting with behavioral health, received 525 referrals, aiding 1,167 individuals. COVID-19 impacted training activities, but interest is rising. Use of force and negative outcomes in law enforcement hit a low, indicating training effectiveness. Law enforcement participants' feedback rates reached 99%, with improved recognition of mental health and dual diagnosis signs and symptoms. Pre-class recognition rates increased from 69% to 81% in FY 23.

Positive Parenting Program (Triple P)

The Positive Parenting Program (Triple P) aims to maintain access to various levels of Triple P Services for children, youth, and their parents through BHSD services. These services provide caregivers with skill-building tools to support positive parenting and foster healthy relationships between caregivers and children.

Triple P continues its commitment to training County and Contracted service providers to deliver Triple P programming to the families under their care. In FY23, BHSD conducted three Triple P trainings to assist direct service providers in implementing the curriculum for all families they serve. The diverse group of trained Triple P providers, including bi-lingual and bi-cultural providers, ensures that services can be delivered effectively to various cultural communities.

For participants in lower-level Triple P trainings (Level 2 and 3), a survey has been developed to gather pre and post-training feedback regarding satisfaction and skills development. This feedback mechanism provides participants with an opportunity to

express any areas for improvement and share their needs related to the cultural impact of the program.

Triple P providers must complete the full training requirement and pass an accreditation process to deliver Triple P services to the community. This process ensures that services are delivered with fidelity to the evidence-based practice. Families receiving Triple P services, depending on the service level, are provided with pre and post-evaluation tools to measure outcomes from their participation, including satisfaction, skills development, and behavioral changes.

CRITERION 6: GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY- AND LINGUISTICALLY COMPETENT STAFF (CLAS STANDARD 3)

The Behavioral Health Services Department is proactively building a diverse workforce by strategically recruiting, hiring, and retaining staff experienced in serving unserved and underserved populations. This commitment spans all department levels, emphasizing the importance of a culturally and linguistically diverse governance, leadership, and workforce. The goal is to form a team that not only mirrors the diversity of the service area but also understands and meets the unique needs of the community. Through deliberate recruitment, promotion, and ongoing support, the department is dedicated to cultivating an inclusive and culturally competent environment. This approach ensures that the workforce is well-prepared to address the diverse challenges faced by the communities they serve, contributing to more effective and empathetic mental health services. Meanwhile, the nation grapples with a significant shortage of mental health clinicians, driven by increased demand and exacerbated by the COVID-19 pandemic and societal stressors. This shortage, particularly pronounced in underserved areas, underscores the need for strategic initiatives to expand clinician training programs, enhance accessibility to mental health education, and implement policies that encourage professionals to enter and stay in the mental health field.

FY 22-23 Progress and Updates

Career Pathways and Intern Programs

The Intern Program provides training for students, consumers, and family members to develop clinical, professional, and cultural competence in the behavioral health field. It caters to bachelor's and master's students, as well as those with lived experience, offering diverse experiences with various populations. Many interns are subsequently hired, contributing to staff diversity.

Stipends are available for 2nd-year MSW/MFT/PCC students and eligible individuals with BHSD and CCPs, selected based on their background and ability to serve diverse populations.

A scholarship program is offered to San Jose State University's Bachelor of Arts Social Work students, with a requirement to work with BHSD or County Contract Provider for one-year post-graduation.

The Career Summer Institute, a one-week program for high school students, educates about behavioral health services and careers.

Feedback from student interns is collected through surveys and exit interviews, influencing adjustments and future curricula. The Career Summer Institute recently resumed in-person activities.

FY23 Goals Updates:

1. Stipend goals were met with a 50% increase in County student interns (12 to 18) and a 140% increase in CCP student interns (20 to 48). Peer interns for the County increased from 3 to 4, and for CCPs, the number rose by 140% from 10 to 24.
2. The goal of having 75% of county interns hired right after graduation was surpassed, as 78% of student interns were employed within a couple of months of finishing their internship.
3. The goal of having 75% of BA scholarship recipients pursuing related graduate programs or working in a public behavioral health system upon graduation was partially achieved. Of three scholarship recipients, one is working for a CCP, one is planning to apply for an MSW program, and one is in their senior year in a BASW program.
4. Progress was made on the goal of launching a Peer Collaborative for future peer support specialists, with the first meeting held on November 4, 2022. However, due to necessary budget actions in FY22, the project is currently on hold due to staffing limitations.

CRITERION 7: LANGUAGE CAPACITY (CLAS STANDARD 5, 6, 7, AND 8)

The Behavioral Health Services Department is dedicated to enhancing language capacity to ensure equitable access to mental health services. This commitment involves several key initiatives. First, there is a concerted effort to increase the number of bilingual staff, fostering a workforce with diverse language capabilities. The department also prioritizes providing services to individuals with Limited English Proficiency (LEP), deploying bilingual staff or interpreters for languages identified as

thresholds, and extending services to all LEP clients, irrespective of specific language criteria. To enhance accessibility, the department diligently translates essential documents, forms, signage, and client information materials. Additionally, communication and language assistance are offered at no cost to individuals with limited English proficiency or other communication needs to facilitate timely access to healthcare and services. Clear and comprehensive communication about the availability of language assistance services is a priority, ensuring that individuals are informed in their preferred language. The department also ensures the competence of those providing language assistance, avoiding the use of untrained individuals or minors as interpreters. Moreover, easy-to-understand print and multimedia materials are provided in languages commonly used by the populations in the service area, contributing to a more inclusive and responsive mental health service delivery.

FY 22-23 Progress and Updates

Culturally infused Suicide Prevention print and media materials

The Department's Suicide Prevention Program (SPP) has modified suicide prevention print and media materials to include suicide symptoms, signs, and facts specific to LGBTQ+ and racial/ethnic minority communities, expanding on the standard materials.

The Program conducts community outreach through events and provider communications, though outcomes are not individually measured. Instead, they are considered within the context of broader activities aiming to increase mental health service utilization. County-wide surveys conducted by other partners are used to assess population-level progress in increasing help-seeking, with the BHSD's MHSA team conducting an annual survey on consumers' knowledge and experience with BHSD services.

Additional data on mental health service utilization comes from Crisis Text Line and the Crisis and Suicide Prevention Lifeline. Crisis Text Line provides real-time data on usage, demographics, and topics discussed. The Crisis and Suicide Prevention Lifeline offers call volume and demographic data upon request.

The SPP employs evidence-based standards to assess the effectiveness of public awareness campaigns. While no formal evaluation was conducted for the FY23 campaign, the Program maintains a comprehensive evaluation plan. The Program works closely with an evaluation agency to monitor program implementation, assess participant outcomes, and demonstrate program effectiveness. Evaluation activities align with the Program's logic model, and each campaign includes specific questions

to assess reach, reaction, knowledge, attitudes, and likelihood to seek help for mental health challenges.

Evaluation data is collected from surveys and analyzed by the evaluation agency to provide insights and inform further public awareness and communication efforts. The evaluation data aids in reducing stigma and increasing help-seeking among cultural communities.

The FY23 988 public awareness campaign aimed at county residents who speak English, Spanish, Vietnamese, Chinese, Tagalog, and Farsi. Key findings from the evaluation survey include:

- One in three respondents recalled seeing the ads.
- A third of those who recalled the ads had taken action to share the information or learn more about 988.
- Knowledge about 988 in the community was relatively low.
- Attitudes about 988 and help-seeking were mostly positive, particularly among those who recalled the campaign.
- Noticeable increases in 988 call volume coincided with campaign phases, with peak volume at the end.
- Feedback from 988 callers was mostly positive, with some expressing concerns.

The Q Corner

The Q Corner provides comprehensive support for the Spanish-speaking LGBTQ+ community, offering 1:1 peer support and hosting specialized groups like the Spanish language trans group and "Latinx Diversa" Spanish language all identities group. Collaborating with Oasis Legal Services, asylum screenings are provided, and outreach at Spanish language events is conducted. To enhance accessibility, Spanish language SOGIE 101 training and LGBTQ+ terminology pamphlets have been developed. Community resource sheets and social media posts are translated into both Spanish and English.

The school support team at The Q Corner, proficient in both languages, strategically plans to connect with school staff, educators, and administrators to offer services and training in both Spanish and English. Dr. Ryan and the Family Acceptance Project collaborate to create a psychoeducation group for parents and caregivers of 2SLGBTQIA+ youth, presented in both English and Spanish.

Efforts to support Vietnamese-speaking LGBTQ+ community members include an online Vietnamese LGBTQIA+ Glossary and Resource guide, a pilot training by Lotus

and The Q Corner, and translated resource documents and social media posts. A new "Queer and Asian" peer support and social group has been launched, providing a safe space for individuals identifying with both queer and Asian identities to connect and build community. The group meets twice a month at the Vietnamese American Services Center (VASC).

Cultural and Linguistic Services

The Department is dedicated to ensuring every beneficiary receives necessary services, recognizing the diverse linguistic backgrounds of its clientele. Currently developing a Language Access Plan, this initiative underscores the Department's commitment to inclusivity by establishing guidelines and procedures for effective communication with beneficiaries who speak languages other than English. Through systematic implementation, the plan aims to create an environment where language barriers are identified and addressed, promoting the mission of providing equitable and accessible services.

This strategic initiative outlines clear guidelines and procedures for effective communication with beneficiaries speaking languages other than English, aligning with the Department's goal of providing equitable and accessible services. In-person translation services are provided when appropriate, with qualified interpreters available for face-to-face interactions, acknowledging the importance of real-time, accurate communication, especially in nuanced situations.

Additionally, the Department prioritizes translating essential documents into threshold languages, empowering beneficiaries with vital information. This commitment extends beyond verbal communication, recognizing the significance of written materials in conveying details about services, rights, and resources. The goal is to enable informed decisions about healthcare, reflecting the Department's commitment to equitable and inclusive services for diverse communities.

CRITERION 8: ADAPTION OF SERVICES (CLAS STANDARD 14)

The Behavioral Health Services Department prioritizes the adaptation of mental health services to meet the diverse needs of its community. This commitment encompasses various key strategies. First and foremost, the Department emphasizes client-driven and operated recovery and wellness programs, recognizing the importance of tailoring services to the unique needs and preferences of the individuals it serves. The responsiveness of mental health services is a focal point, ensuring that interventions and support are timely and aligned with the evolving needs of clients. The Department also places a strong emphasis on the quality of care provided by contracted service providers, maintaining rigorous standards to uphold

the well-being of clients. Quality assurance processes are integral to this commitment, ensuring continuous improvement and adherence to the highest standards of care. Furthermore, the Department has established conflict and grievance resolution processes that are not only effective but culturally and linguistically appropriate. These processes aim to identify, prevent, and resolve conflicts or complaints in a manner that respects the diverse backgrounds and communication needs of the community, fostering a supportive and inclusive mental health service environment.

FY 22-23 Progress and Updates

Cultural Communities Wellness Program

The Cultural Communities Wellness Program (CCWP) provides prevention and early intervention services to underserved communities, with a focus on cultural sensitivity. Outreach and engagement activities in the community aim to bridge linguistic, cultural, and ethnic barriers, ensuring access to necessary services.

CCWP offers a range of services, including community outreach, support with a cultural focus, events, support groups, and collaboration with community-based organizations and county teams. The program also provides behavioral health training and offers resources related to COVID.

CCWP achieved a 17% increase in total services, reflecting expanded outreach and intervention efforts. The program has faced challenges, such as limitations in language capacity, recruitment difficulties, budget deficits resulting in lost positions, staff burnout, retention issues, and a lack of career advancement opportunities.

Feedback from surveys indicated that participants found the survey less focused on wellness and recovery, which led to incomplete responses. CCWP plans to address implementation challenges and explore more consumer-friendly survey options.

Data indicates a positive impact in reducing stigma and changing attitudes and behaviors towards behavioral health services. Individuals are becoming less ashamed to discuss their mental health and more comfortable disclosing their use of psychological treatment after receiving education and training.

The program also provides access and linkage services, with peer support workers helping individuals navigate the behavioral health system and connecting them to various resources and opportunities.

In fiscal year 2023, CCWP increased staff training to support the Navigator Program, enhancing their knowledge of the Behavioral Health System. This led to more efficient responses, accurate referrals, and improved service quality. This comprehensive approach serves the well-being of individuals and the broader community. In total, CCWP served 6,288 individuals.

Ethnic and Culture Specific Wellness Centers

Ethnic Specific Wellness Centers are inclusive spaces for underserved groups, including Latino, African American, LGBTQ+, Asian/Pacific Islander, and Native American communities. They offer accessible mental health services, culture-specific practices, and recovery-oriented activities. Building trust with the community through an open-door policy distinguishes them from traditional Medi-Cal services.

The centers exceeded their goals, serving 57,565 clients, including the Indian Health Center (197), Mekong (8,379), Gardner African Descent (8,473), and Gardner Latino/Hispanic (40,516). They also made 5,582 referrals to various services such as counseling, housing, immigration, and legal support.

Community feedback on social media highlighted the positive impact of programs like the Youth Group and Youth Workforce Development at the Indian Health Center. These programs improved students' grades, social skills, confidence, and mental health. Additionally, two youth dancers from the Traditional Song and Dance Class participated in significant powwow traditions like the Santa Clara and Stanford Powwows.

The Wellness Center continually seeks to enhance support by participating in webinars, workshops, and special training to better understand community needs. Staff advocates for individuals, helps them find resources, and prioritizes community outreach, partnerships, and accessibility. The primary focus remains on spreading mental health awareness, eliminating stigma, and increasing timely access to services within ethnic-specific communities.

Measurement methods vary, with providers using surveys or counting unduplicated outreach numbers.

Evans Lane Outpatient and Residential Program

The Evans Lane Outpatient and Residential Program uniquely provides combined mental health outpatient and residential services to justice-involved individuals. Key services encompass specialized knowledge of diverse populations, proficiency in six

threshold languages, cultural and age-sensitive psychopathology understanding, and awareness of local community resources.

In terms of graduation rates, the Evans Lane Outpatient Program achieved a 52% success rate, while the Evan's Lane Residential Program reached 66%. The division aims to attain a 65% success rate in the future.

To enhance success rates, the Evans Lane Outpatient Program is pursuing co-occurring clinic status, currently undergoing Substance Use Treatment certification. This approach allows for a more comprehensive treatment strategy, addressing both mental health and substance use issues common among justice-involved individuals.

Evans Lane actively collaborates with external partners, such as Behavioral Health Treatment Courts, the Probation Department, Parole Department, Custody Health, and Community Based Organizations, holding frequent meetings to ensure comprehensive beneficiary care. Participation in monthly FDR Governance meetings facilitates discussions on regulations, treatment services, departmental processes, and program updates.

Challenges in FY23 include budget cuts affecting clinical and community worker positions, impacting client capacity despite a high influx of referrals.

Program	Clients Served	Actual LOS	Successful Discharge Rate
Evans Lane Outpatient	162	133	52%
Evans Lane Residential	133	141	66%

Office of Consumer Affairs

The Office of Consumer Affairs (OCA) provides prevention and early intervention peer support services at Zephyr (San Jose) and Esperanza (Gilroy) wellness drop-in centers. Mental Health Peer Support Workers (MHPSW) focus on various wellness dimensions, aiming to reduce stigma, enhance cultural competency, and create safe spaces. Services complement clinical care by addressing basic needs, offering emotional assistance, and facilitating connections to healthcare, education, employment, and housing.

Self-help centers cater to English- and Spanish-speaking consumers, providing one-on-one peer support, support groups, recreational activities, Wellness Recovery Action Plan (WRAP®) groups, events, and workshops. Despite a 138% increase in services, OCA faces challenges such as limited language capacity, recruitment difficulties, reduced client volume due to mandates, and staff burnout. OCA served

582 individuals with 5,357 services, including one-on-one sessions, group sessions, and diverse cultural wellness programs, fostering community well-being and recovery. CCWP and Office of Family Affairs (OFA) enhance social and cultural events and training opportunities.

Office of Family Affairs

The Office of Family Affairs is committed to providing prevention and intervention services, assisting families in navigating the behavioral health system of care. They offer multilingual and culturally competent MHPSWs focused on education, stigma reduction, and promoting cultural competency and wellness. OFA's services include resource linkages, court assistance, post-incarceration transition support, collaboration with NAMI for family support, advocacy, support groups, and COVID resources. Notably, OFA increased total services by 52%, reflecting expanded outreach and intervention efforts.

OFA provides language translation support in Spanish and Vietnamese and has a referral process in place to ensure timely access to services for underserved clients. Despite challenges like language limitations, recruitment needs, budget deficits, and staff burnout, OFA's focus remains on Prevention and Early Intervention through education, WRAP one-on-one support, and family support. They advocate for clients in the criminal justice system, aiming to divert them toward treatment, reducing hospitalizations and homelessness.

Using a service tracking tool, OFA analyzes weekly data, resulting in a 52% increase in services. They serve an unduplicated total of 4,037 clients, providing 5,322 total services, including 59 Support/WRAP groups and Mental Health First Aid classes. Additionally, OFA has expanded outreach efforts, increasing from one annual Mental Health Month event to an average of three outreach events per week.

Vietnamese American Services Center

The Vietnamese American Service Center Behavioral Health (VASCBH) is a culturally proficient site dedicated to serving the adult and older adult Vietnamese and Latino populations in Santa Clara County with severe mental illness. The program focuses on culturally tailored interventions and employs bilingual and/or bicultural staff in Vietnamese and Spanish. The comprehensive services provided include individual, family, and group counseling, evaluation/assessment, medication management, plan development, case management/brokerage, rehabilitation, collateral support, referral assistance, and 24-hour crisis intervention if required. Treatment staff from the Ambulatory Health and Social Services Agency are also housed at this location, creating a comprehensive treatment facility.

VASCBH aims to help adult and older adult Vietnamese and Latino populations in the East San Jose region access specialty behavioral health and medication support. The goal is to enhance functionality, reduce symptoms, maintain wellness, improve quality of life, and minimize the need for more intensive interventions like hospitalization.

Since its launch in February 2022, VASCBH has served approximately 245 patients, with 11 new patients in September 2023. Monthly community workshops, such as the Queer and Asian Peer Support Group and the Accessing Resources for the Vietnamese Community workshop, contribute to community engagement. Ongoing referrals are accepted from various sources, including walk-ins, Call Center referrals, and transfers from other County clinics and outside agencies.

Challenges faced by VASCBH include the need to fill specific job positions, such as a Spanish-speaking clinician and Health Services Representative. Delays in the credentialing process for clinicians have impacted staff availability, and efforts are ongoing to fill the Spanish-speaking Health Services Representative position. Despite these challenges, the program continues to collect quantitative data, work towards its goal of serving 300 patients, and accept referrals from diverse sources.

Navigator Program

Operating as a call center, the program has expanded its services by introducing successful in-person peer support throughout Santa Clara County in collaboration with community service providers. Peer Navigators provide personalized support to address behavioral health needs, offering guidance on wellness services, mental health, substance use, suicide prevention, and more. These services, delivered by peers with a deep understanding of local resources, aim to help community members find solutions that best suit their needs.

Since the program's July 2022 launch, significant progress has been achieved, including collaborative planning with South County Esperanza Self-help Center and Downtown Youth Wellness Center. In September 2022, the Navigator Program applied for a Kaiser grant for outreach support through the Valley Medical Foundation, engaging actively with County and community partners through virtual sessions.

From January to June 2023, Navigators conducted outreach at 12 events, reaching 700 community members, supported by the Kaiser Grant from the Valley Health Foundation. Strengthening our outreach further, we secured the Kaiser grant for

Community Benefit Programs in March 2023, extending community outreach activities until March 2024, successfully connecting with 1,024 community members and 47 providers across Santa Clara County.

To enhance outreach, we are developing three video advertisements in multiple languages, educating the community about our services. In June 2023, the BH Navigator Program expanded in-person peer support services to five locations and added an additional site in Milpitas in September 2023. Future goals include expanding in-person peer support services, engaging collaborations with the Morgan Hill Unified School District and the Blanca Alvarado Community Center in East San Jose, and creating video advertisements in English, Spanish, and Vietnamese to enhance outreach efforts.

Despite challenges in establishing partnerships, particularly in South County due to limited space, we remain committed to reducing mental health stigma and providing culturally relevant services. Team members receive extensive training, including SOAR, Culturally and Linguistically Appropriate Services, to better serve our community.

Trusted Response Urgent Support Team (TRUST)

In response to the events of 2020, the Santa Clara County Board of Supervisors endorsed the creation of the Trusted Response Urgent Support Team (TRUST), an MHSA Innovation program designed to offer mobile behavioral health crisis response without law enforcement involvement, with a focus on marginalized communities. Launched in November 2022, TRUST has successfully diverted approximately 98% of calls from law enforcement involvement, emphasizing cultural sensitivity, compassion, and de-escalation techniques in lower acuity situations. TRUST providers are required to have a Cultural Competency Plan, and staff receive training in psychopathology, physical health, cultural and linguistic needs, and community engagement. The program currently offers services in English, Spanish, and Vietnamese, with plans to cover all six threshold languages. Despite operational challenges, TRUST is refining its data collection process, supported by an independent evaluator working on an evaluation plan for the program's ongoing improvement.

Downtown Youth Wellness Center

The Downtown Youth Wellness Center (DYWC) in San Jose serves youth and young adults aged 12 to 25, offering diverse services such as behavioral health support, peer support, workshops, activities, and linkage to medical and behavioral health services. Located at 725 E Santa Clara Street, the center prioritizes inclusivity, reducing access

barriers, and eliminating stigma. With a keen understanding of cultural and linguistic needs, the DYWC provides a welcoming environment featuring vibrant furniture, culturally reflective artwork, counseling rooms, a clothing closet, and hygiene supplies. This collaborative effort between BHSD Children, Youth, and Family System of Care, and Alum Rock Counseling Center aims to enhance youth engagement in behavioral health services and increase access for San Jose's youth and young adults. In FY 2023, the program served 220 individuals, focusing on fostering a sense of belonging and reducing mental health disparities within the community. Outreach events, community tours, and various services were conducted throughout the year, emphasizing the program's commitment to accessible and culturally responsive youth support.

Key program highlights include:

1. Increased utilization by parenting youth, with readily available infant supplies.
2. Positive feedback from external providers, indicating that youth highly value the program and their experiences.
3. Consistently high numbers of returning youth.
4. Successful placement of homeless youth living in their cars into housing with assistance from DYWC staff.
5. Expansion of clinical and psychoeducational resources, including Joven Noble, Life Skills, and an Anxiety Group.
6. Growing demand from youth seeking assistance for substance use treatment.
7. Comprehensive Narcan training for the entire team and the availability of necessary supplies.
8. Preparation of the "Backyard" space for hosting outdoor activities and events, enhancing the summer program with games, art, and group activities.
9. Inclusion of activities, groups, and daily lunch in summer events to address youth food insecurity.
10. Youth report using DYWC as a strategy to avoid self-harm and relapse.
11. External providers acknowledge the center as a calm and welcoming space, regularly using it for individual sessions with youth and bringing youth for tours.
12. Establishment of partnerships with external programs, such as the Bill Wilson Center, which collaborates with DYWC to complete VSPDT intakes with youth and their families.

Raising Early Awareness & Creating Hope (REACH) – Screening

The REACH program, a collaboration between Momentum for Health (MMH) and Starlight Community Services (SCS), provides early intervention and prevention

services for youth at high risk for psychosis in Santa Clara County. Aimed at reducing stigma and disparities in mental health services, REACH offers a range of services, including case management, therapy, psychiatry, and education support. Program goals include reducing psychiatric hospitalizations, increasing positive family engagement, and delaying or reducing the severity of psychosis onset. The program employs a centralized toll-free phone number and website for public access, conducts screenings using the Prodromal Questionnaire, and utilizes the Structured Interview for Psychosis-Risk for eligibility assessment. In FY23, REACH served 129 youth, admitted 29 individuals, and achieved positive outcomes, including improvements in emotional well-being, risk factors, and daily life functioning. The program emphasizes cultural competency, education, and outreach, with multilingual sessions, anti-stigma campaigns, and inclusive materials. REACH follows the PIER Model for fidelity and utilizes the Child and Adolescent Needs and Strengths assessment for data collection, demonstrating notable improvements in participant outcomes.

School Linked Service (SLS) Family Engagement (SLS FE)

The SLS Family Engagement program collects and reviews feedback from parents regarding services provided by SLS Coordinators, utilizing a Continuous Quality Improvement (CQI) process. While specific CQI projects were not identified in FY22, valuable input from caregivers has led to adjustments in programming and service delivery. In FY23, SLS Coordinators submitted 8,260 referrals, serving 6,634 students with a 94.7% closure rate, and 80.4% successfully linked. Caregiver feedback from the Caregiver Feedback Survey showed improved outcomes, with over a 5% increase compared to FY22, indicating enhanced consumer satisfaction. Notable results include caregivers learning about available resources (87%), receiving tools to improve their child's health (90%) and academic success (90%), feeling more comfortable at school (88%), and feeling more connected to the school community (78%). SLS Coordinators underwent training on BHSD's Family and Children continuum of care services and gained insight into the BHSD Navigator Program. Challenges included the need for additional behavioral support services, especially with the return to in-person learning, and certain school districts facing difficulties in implementing the program. Campus Collaborative meetings were organized to address unique cultural and requirements of each school district, fostering relationships with community-based organizations to provide support to students. The program conducts surveys to gather feedback from caregivers, and in FY24, the focus will include capturing feedback after family engagement activities and gathering additional data points for enhanced service delivery and consumer satisfaction.

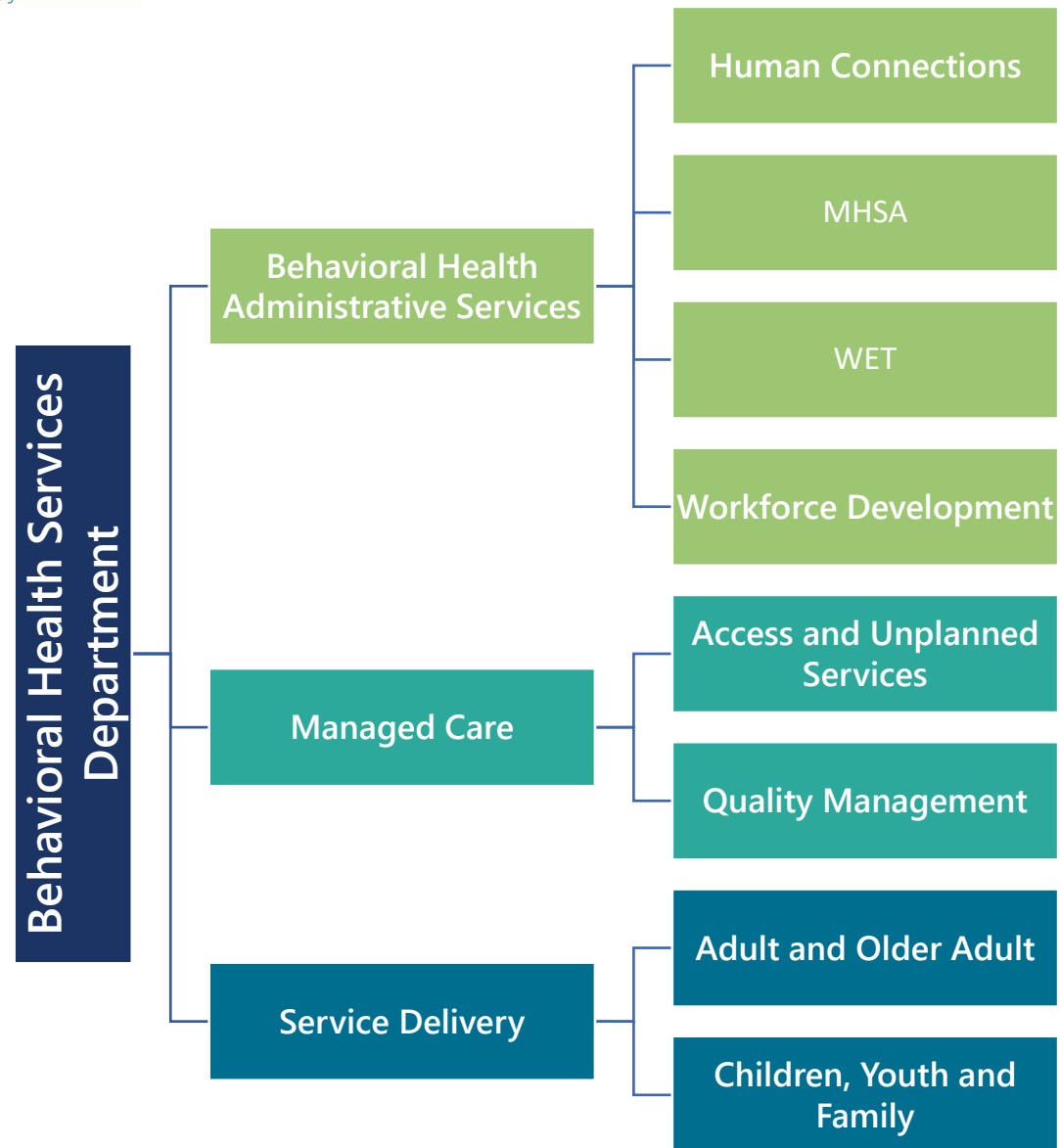
ATTACHMENT

A – Goals and Priorities

B – Dashboard



FY 23/24 GOALS AND PRIORITIES





Behavioral Health Administrative Services

Human Connections and Critical Incident

- Complete crosswalk of BHSD-specific racial equity information sources to inform strategic planning (Q1)
- Launch trust-building relationship development process across BHSD (Q1)
- Present integrated FES planning process and objectives to BHSD leadership to increase awareness of racial equity and trauma-informed systems efforts (Q1)
- Co-lead County-wide employee Racial Equity Training Committee with County of Santa Clara Office of Diversity and Belonging (ODEB) (Q1)
- Complete environmental scan and literature review of trauma-informed practices and implementation efforts within BHSD (Q1)
- Pilot and launch BHSD Racial Equity Action Team (including: developing recruitment process for RE Action Team and establishing SMARTIE goals for workgroup members) (Q2)
- Evaluate and make recommended changes to Reflective Practice offerings available to BHSD staff (Q3)
- Plan, develop, and implement FES strategic plan (including a specific Racial Equity Plan) (Q4)

Mental Health Services Act (MHSA)

- Hire and train new MHSA staff (Q2)
- Carry out the Annual MHSA Community Survey & Community Conversations to inform the FY26 Annual Plan Update (Q3)
- Complete the MHSA FY25 Annual Plan Update Community Planning Process (Q4)
- Finalize the FY25 Annual Plan Update (Q4)
- Recruit and appoint members to the Stakeholder Leadership Committee (SLC) (Ongoing goal)



Workforce Development

- Conduct a countywide public behavioral health workforce assessment and draft strategic plan to address the future workforce capacity required to address projected community needs, including strategies to ensure diversity and equity in the workforce. (Q4)
- Continue to implement a sign-on bonus program for newly hired clinical staff (Q4)
- Continue to conduct specialized recruitments for prioritized clinical positions (Q4)
- To achieve a 50% increase in the count of student and peer interns working with County Contract Providers (Q4)
- Identify funding sources to provide the Middle Management Academy training (Q4)
- Fill remaining slots for the Loan Repayment and Workforce Tuition program (Q4)

Workforce, Education, and Training (WET)

- Boost participation in cultural humility training sessions offered by the Learning Partnership by 25% (Q4)
- Identify training vendor for the Enhanced level and have the Enhanced certification process started in the department's learning management system. (Q4)
- Increase participation in the County's Student Intern Program to 14-18 students (Q4)
- Have minimum of four peer interns in the County's Peer Intern Program (Q4)
- Increase the number of SJSU scholarships by at least 50% (Q4)
- 75% of County Student Interns to be hired into County positions (Q4)
- Have at least one additional County Contract Provider participate in the Peer Intern program (Q4)
- Increase number of student interns with County Contract Providers (Q4)



Managed Care Access and Unplanned Services

Call Center

- Reduce Dropped call % to under 10%, Improve average answer speed to under 2 mins (Q2)
- Reduce Dropped call % to under 5%, Reduce average answer speed to under 1 min (Q4)

Crisis Services

- Law Enforcement Liaisons (LEL) will begin training first responders, community providers, BH providers using the new videos to expand verbal de-escalation triaging skills and alternatives to 5150 and incarcerations throughout the County. With the new scenarios that address the diversity of the community, it is expected that several hundred individuals will be trained. (Q4)
- All Mobile Crisis Services (Psychiatric Emergency Response Team (PERT), Mobile Crisis Response Services (MCRT), Mobile Crisis Stabilization Services (MRSS), Trusted Response Urgent Support Team (TRUST), and In-Home Outreach Team (IHOT)) to work collaboratively and in partnership. Teams are bi-directional and do warm hand-offs to one another. Focus on response times and dispositions along with billing Medi-Cal under the new expanded rate.
- Recruitment bilingual staff reflective of the community, train and fully launch the newest PERT team, San Jose Police Department PERT, in the same trainings for consistency and uniformity as the other PERT teams. (Q4)



Prevention Services

- Implement at least two (2) public awareness campaigns addressing suicide prevention or substance prevention among non-English-speaking county audiences; and at least one (1) public awareness campaign addressing substance use among county youth and young adults up to age 25. (Q4);
- Provide a minimum of four (4) mental health and thirty (30) suicide prevention “Be Sensitive, Be Brave” culturally-adapted community helper trainings to various cultural groups and providers in the community. (Q4)
- Provide alternative activities building protective factors for at least 2,600 unduplicated participants, with at least 8,500 duplicated total activity attendances. Improve evaluation survey collection to obtain at least thirty (30) completed surveys by youth alternative activity participants for each provider. (Q4)
- Develop and begin implementing an outreach plan to the Latinx/e/o community, in response to three years of increasing suicide rates in this population. (Q4)

For older adults:

- Create a learning space for learning/sharing about other older adult services in the County, by having at least six (6) organizations/programs to present about their services at older adult suicide prevention subgroup meetings.
- Raise older adult suicide prevention awareness through education and outreach, by organizing at least two (2) community helper trainings to people who provide services to older adults; create at least one (1) older adult suicide prevention resource; and promote suicide prevention resources at a minimum of three (3) older adult-related events/or programs.
- Promote healthy connections among older adults by implementing at least one (1) group activity that helps build a sense of connectedness and belonging at a senior center.
- Through contract with the agency Catholic Charities, implement at least seventy (70) social support/socialization groups, reaching up to six hundred (600) unduplicated individuals, including older adults. Examples of groups include art/poetry, healthy relationships, and grief and loss. In addition, implement at least sixteen (16) empowerment-focused groups, such as employment services, reaching up to one hundred-sixty (160) unduplicated individuals, including older adults. (Q4)



LGBTQ Wellness Services

- Diversify and multiply the reach of all LGBTQ+ Wellness Services across Geographical regions, Language needs, and Intersectional cultural identities (ie. across race/ethnicity): Expand the Spanish and Vietnamese language and cultural services to individuals in Southern, Central, and North Santa Clara County through continued and increased individual, group, and community building support and activities. (Q4)
- Increase Direct Clinical (Gender Clinic) and Peer Support Services (The Q Corner and LGBTQ Wellness) to LGBTQ+ Community Members, including specialized GAC services for trans, nonbinary, and gender expansive folks: Fully open the SMH Gender Affirming Care Clinic and provide therapy, clinical case management, and peer support to trans individuals of all ages in Santa Clara County. (Q4)
- Offer comprehensive menu of Supports and Services to Families/Caretakers and Schools supporting LGBTQ+ Youth including transgender, nonbinary, and gender expansive children, youth, and young adults: Successfully execute, evaluate, and improve family acceptance workshops with parents and LGBTQ+ student rights seminars with educators this fiscal year. (Q4)
- Increase access and linkage to improved services through intensive collaboration with system partners across mental health, substance use, suicide and crisis prevention and response, health services, housing, criminal justice, etc.: Increase collaboration with substance use, suicide prevention, health services, housing, and criminal justice through additional partnerships and workgroup participation. Establish systemwide Baseline Competency for LGBTQ+ knowledgeable, welcoming, and affirming environments and supports through foundational Training and Technical Assistance (Q4)
- Establish systemwide Baseline Competency for LGBTQ+ knowledgeable, welcoming, and affirming environments and supports through foundational Training and Technical Assistance: Expand from set SOGI 101 trainings to customized/individualized trainings to providers that work in particular settings, such as housing services and substance use treatment services. (Q4)
- Expand Network of Specialized Services, including Behavioral Health Services through a community of practice of dedicated and individualized Training and Consultation staff and supports: Expand the Trans Care Coalition in 2024 to reengage other BHSD providers and expand resources produced and disseminated by the Trans Care Coalition, with a focus on expanded gender affirming clinical services at all BHSD CCPs. (Q4)
- Improve Efficacy and Quality of System through implementation of culturally responsive SOGI Data Collection and Administrative and Clinical Best Practice Recommendations: Finalize SOGI data collection P&P and roll out to BHSD system through trainings and technical assistance. (Q4)



Quality Management

Language Program

- Ensuring Language Access will provide timely services to providers and beneficiaries. (Q4)
- Add interpretation services to quarterly reporting to leadership on language program (Q4)

Provider Network Management

- Publish updated ODS provider directories in all threshold languages with easy access to search for a provider by language, gender, zip code, and special population (Q4)

Quality Committees

- Quality Improvement will incorporate a race equity analysis in all Performance Improvement projects in FY 23/24. (Q1)
- Quality Improvement will include at least 2 goals related to Cultural Competency in the Quality Assurance and Performance Improvement (QAPI) Work Plan for FY 23/24 (Q2)

Utilization Management

- Implement a Utilization Management program focused on measuring over/under utilization of key services and identify any barriers to accessing services (Q4)
- Development of utilization management committee for Fiscal (Q4)



Service Delivery
Adult and Older Adult

Addiction Medicine and Therapy Services

- Retain 72 hours admission rule. (Q4)
- Achieve 3 year accreditation from CARF (Q3)
- Train staff on stigma and trauma. (Q2)

Clinical and Wellness Services

- Improve beneficiary outcomes as measured by the new departments Adult Assessment Tool (ANSA) (Q4)
- Improve Leadership Skill, Delivery and Core Competencies by providing on-going quarterly trainings, annual performance appraisals, cross train leadership to serve in any CWS program, develop and implement coaching strategies. (Q4)
- Improve community health by meeting or exceeding all quality standards and network adequacies. Assessment within 10-days and medication evaluations in 15 days through centralized scheduling management. Decrease no show rate to 10% and improve penetration rates by 10%. (Q4)
- Retain current staff as measured by turnover rate not higher than 10%. Increase staff work satisfaction as measured by Staff Survey. Decrease overall recruitment timeline by 10 business days (Q4)
- Increase conversion rate of referred CWS Outpatient programs to 80% (Q4)



Cross Systems Initiatives

- Create a system of care for intensive outpatient services that allows seamless transitions for clients based on their clinical needs. This will lead to more effective use of overall capacity. This will continue to be measured by client's timeliness of access to services (Q4)
- Create a robust and coordinated housing system that provides various options for clients based on their needs regardless of the level of treatment they are enrolled in. This will be measured by comparing the number of clients accessing housing resources versus those who are not.
- Assist clients increase their length of stay in housing placements as appropriate for the specific level of housing. Length of stay will be a measure of the clients' housing stability.

Forensic, Diversion and Reintegration (FDR) Division

- Implement standardized residential referral form to streamline the housing placement process for justice-involved individuals (Q2)
- Provide Substance Use Treatment Services along with Mental Health and Residential Services at Evans Lane Outpatient/Residential Programs. (Q3)
- Secure a new vendor for the Intensive Outpatient Program (IOP) level of care given that the current provider has opted out from providing these services. (Q3)
- Implement CalAIM 90-day pre-release payment reform that will allow FDR Providers to provide and bill for outreach, engagement and transitional services provided to incarcerated individuals transitioning into community treatment programs and placements. (Q4)
- Expand in-reach to individuals in custody to link individuals to mental health, substance use and/or co-occurring treatment programs, as well as safe and stable housing placements, immediately upon release. (Q4)



Inpatient and Residential Service

- To place clients in culturally and linguistically appropriate residential settings based on client needs (Q4)

Office of Consumer Affairs, Family Affairs, and Cultural Communities Wellness Program

- Increase services delivery by 10%. (Q4)
- Increase client experience (Q4)
- 75% of Staff Certified as Peer Specialist (Q4)
- Develop Peer Services workflow in Avatar (Q4)



Children, Youth, and Family

Enhanced and Intensive Services (EIS)

- Youth residential substance use treatment services to offer same day access once parental consent is obtained (Q4)
- Youth residential substance use treatment services to offer a youth satisfaction survey that includes items related to being treated with cultural respect and dignity (Q4)
- Juvenile Justice Programs - Develop and implement focus group questions and process for youth to provide feedback about their services and make suggestions regarding culturally relevant programming. Survey will be administered at least 1x/year and will support continuous quality improvement. (Q4)
- Child Welfare Programs - Child Welfare specific programs will reflect an increase in engagement of natural and community supports as measured provider and family report and as documented in CFTs. (Q4)
- Substance Use Programs - Providers will be culturally aware and sensitive towards adolescents and families and staff will receive training on differing cultural beliefs and values to increase the likelihood of adolescents engaging and staying in treatment. (Q4)
- Substance Use Programs - Providers will provide gender competent care and receive training on gender-appropriate strategies for engaging with youth which enhance therapeutic alliances. (Q4)

Outpatient Specialty Services

- Improve access to intensive LGBTQ services for young adults who may have a higher level of need. Youth referred will be provided flexibility in service level. (Q1)
- Accessibility to ethnic and LGBTQ services. Ensuring that at minimum 50% of individuals referred are connected to services within 10 business days. (Q4)
- Provide opportunity to increase knowledge and use of EBPs, to fidelity, that will support diverse cultural communities. Expected Completion. (Q4)



School Linked Services and Early Psychosis

- Early Psychosis programs will increase the number of outreach presentations offered to the community by at least 5%. (Q4).
- SLS Family Engagement program will facilitate/organization 20% of family engagement activities in different languages (i.e., Spanish, Vietnamese, etc.) and/or for specific population (i.e., ethnic group, LGBTQ, etc.). (Q4)
- 90% of wellness center grant awardees will integrate an access point within the school-based behavioral health wellness centers to the SLS School-Based Behavioral Health programs (i.e., PEI, SLS BH, UE, SEAS) to ensure there is a no-wrong door approach (Q4)

Cultural Competency Report

Fiscal Year Reporting 2019 - 2023

*Changing
Faces*



The Santa Clara County Behavioral Health Services Department acknowledges the changing faces of the population it serves. According to the United States Bureau of Census (<https://www.census.gov>), the 2022 population estimate for Santa Clara County is 1,870,945, a .8% decrease from the 2021 population of 1,885,509.

The diversity is clear:

- * The US Census Bureau 2022 data states that 49.7% of SCC residents are white, 41.4% are Asian, 24.7% are Hispanic, 2.9% are African American, 1.7% Native Americans and Pacific Islanders, 24.7% Hispanic or Latino and 4.3% are mixed races/ethnicities.
- * The US Census Bureau 2017-2021 data states that 39.9% of SCC residents were born outside of the US.
- * The US Census Bureau 2022 data states that 15.1% of county residents belong to the ages 65 or older.



Number and Percent of Consumers by Age Group in FY19-FY23 Medi-Cal and Non Medi-Cal

Source Data: County of Santa Clara Behavioral Health Services Department, Unicare



Table: Outpatient (Mode 10 & 15) by Age Group

Medi-Cal										
	FY 19		FY 20		FY 21		FY 22		FY 23	
Age Group	#4	%4	#5	%5	#6	%6	#7	%7	#	%
0-5	2061	10.1%	2296	9.4%	1757	7.7%	1495	6.4%	1495	6.3%
6-15	6493	31.8%	6892	28.3%	6070	26.6%	6065	25.9%	6387	27.1%
16-25	3277	16.1%	4021	16.5%	4509	19.7%	4632	19.7%	4391	18.6%
26-59	7197	35.3%	9479	39.0%	8520	37.3%	9158	39.0%	9344	39.6%
60+	1368	6.7%	1629	6.7%	1999	8.7%	2103	9.0%	1989	8.4%
Total	20396	100%	24317	100%	22855	100%	23456	100%	23607	100.0%

Non Medi-Cal										
	FY 19		FY 20		FY 21		FY 22		FY 23	
Age Group	#4	%4	#5	%5	#6	%6	#7	%7	#	%
0-5	200	4.3%	232	4.1%	78	2.4%	66	1.9%	43	1.0%
6-15	1528	32.5%	1463	25.8%	1206	37.4%	1232	36.0%	1194	27.1%
16-25	710	15.7%	944	16.6%	506	15.7%	610	17.8%	833	18.9%
26-59	1694	36.1%	2308	40.6%	1152	35.8%	1158	33.8%	1682	38.1%
60+	566	12.0%	732	12.9%	280	8.7%	354	10.3%	656	14.9%
Total	4698	100%	5679	100%	3222	100%	3422	100%	4411	100%

All Payors										
	FY 18		FY 19		FY 20		FY 21		FY 22	
Age Group	#4	%4	#5	%5	#6	%6	#7	%7	#	%
0-5	2261	9.0%	2528	8.4%	1835	7.0%	1561	5.8%	1538	5.5%
6-15	8021	32.0%	8355	27.9%	7276	27.9%	7297	27.1%	7581	27.1%
16-25	3987	15.9%	4965	16.6%	5015	19.2%	5242	19.5%	5224	18.6%
26-59	8891	35.4%	11787	39.3%	9672	37.1%	10316	38.4%	11026	39.4%
60+	1934	7.7%	2361	7.9%	2279	8.7%	2457	9.1%	2645	9.4%
Total	25094	100%	29996	100%	26077	100%	26878	100%	28018	100%

When you look at the "Age Group" graphs and the labelled percentages, please refer to the table above ("Outpatient") and follow these quick directions:

- please ensure that you are looking at the appropriate Fiscal Year "FY."
- the percentages, "%,"correspond with the number "#."

FY "TOTALS" (n) for Medi-Cal are:

FY 19 (n = 20396)

FY 20 (n = 24317)

FY 21 (n = 22855)

FY 22 (n = 23456)

FY 23 (n = 23607)

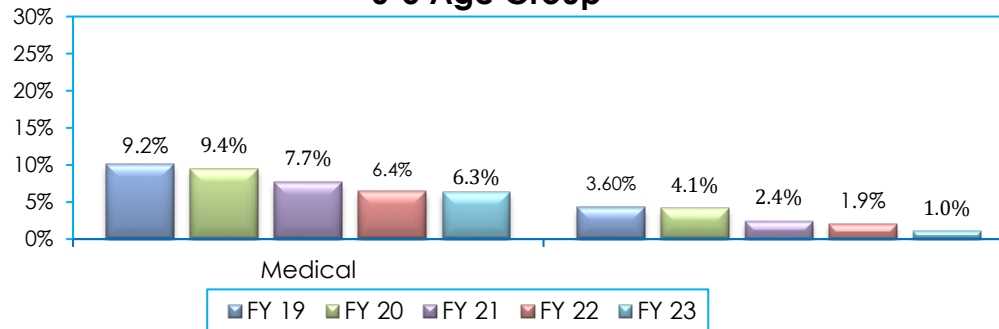
Number and Percent of Consumers by Age Group in FY19-FY23

Medi-Cal and Non Medi-Cal

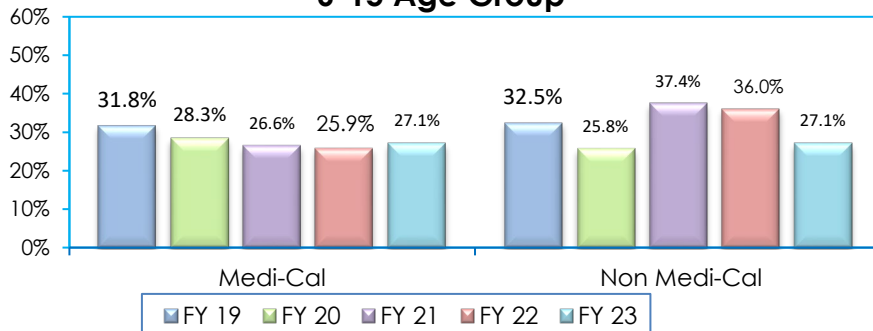
Source Data From: County of Santa Clara Behavioral Health Services Department, Unicare



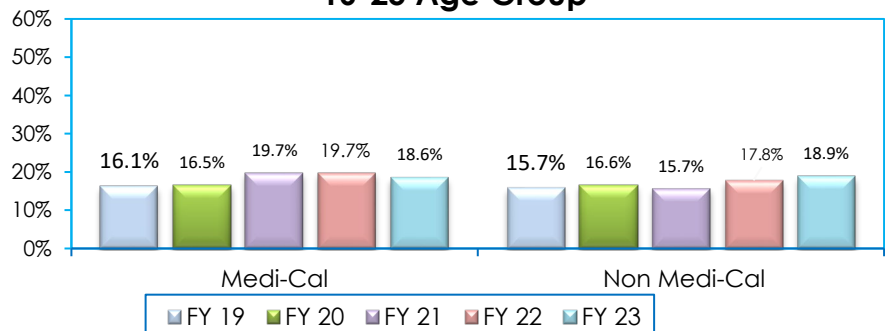
0-5 Age Group



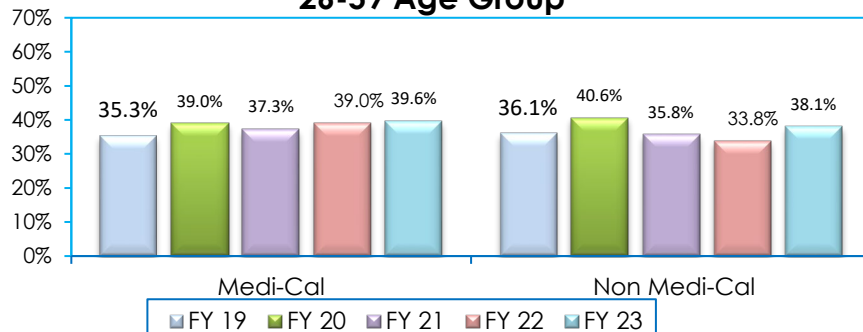
6-15 Age Group



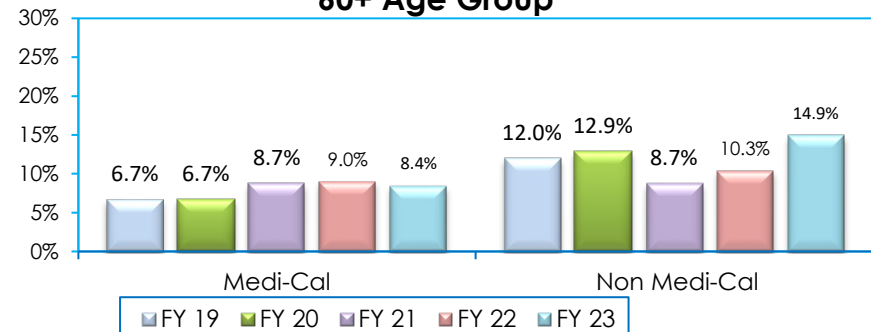
16-25 Age Group



26-59 Age Group

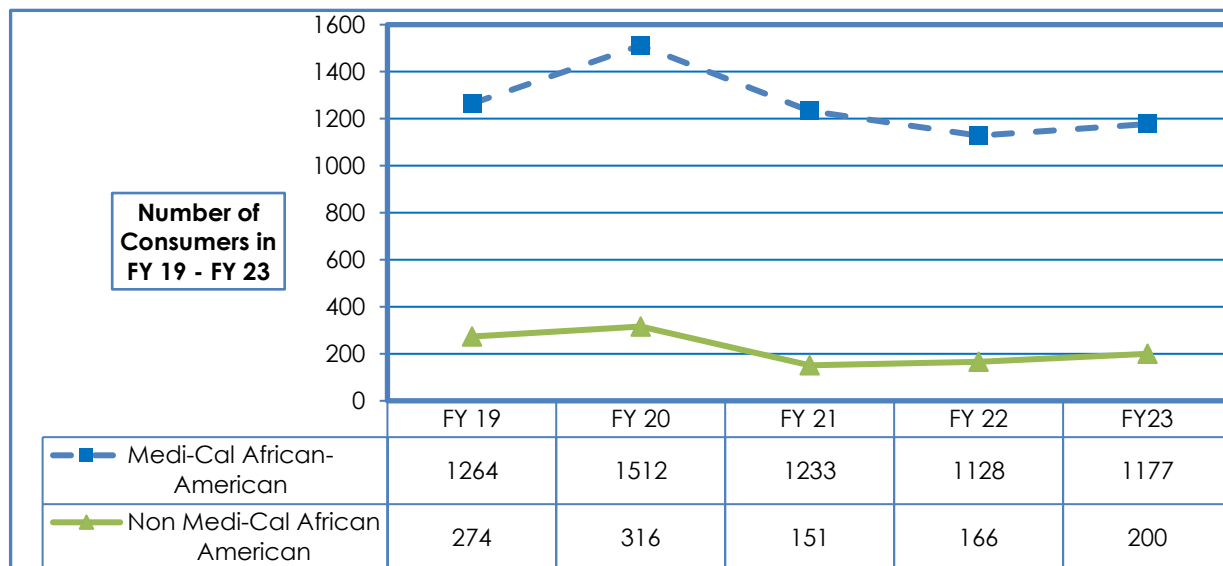


60+ Age Group



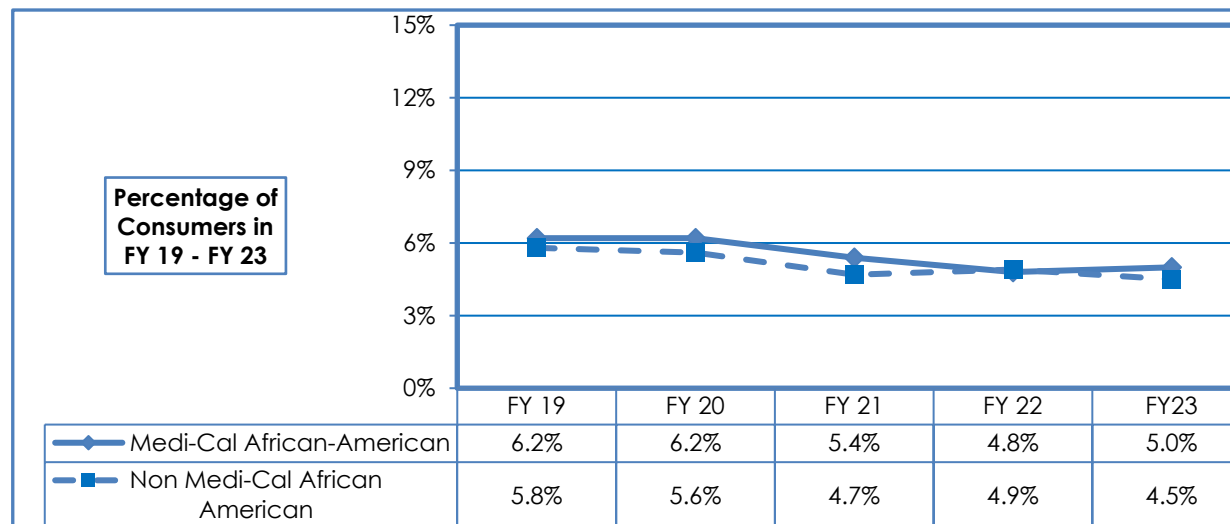
Medi-Cal and Non Medi-Cal MHD Consumers by Ethnicity/Race in FY19-FY23

African-American



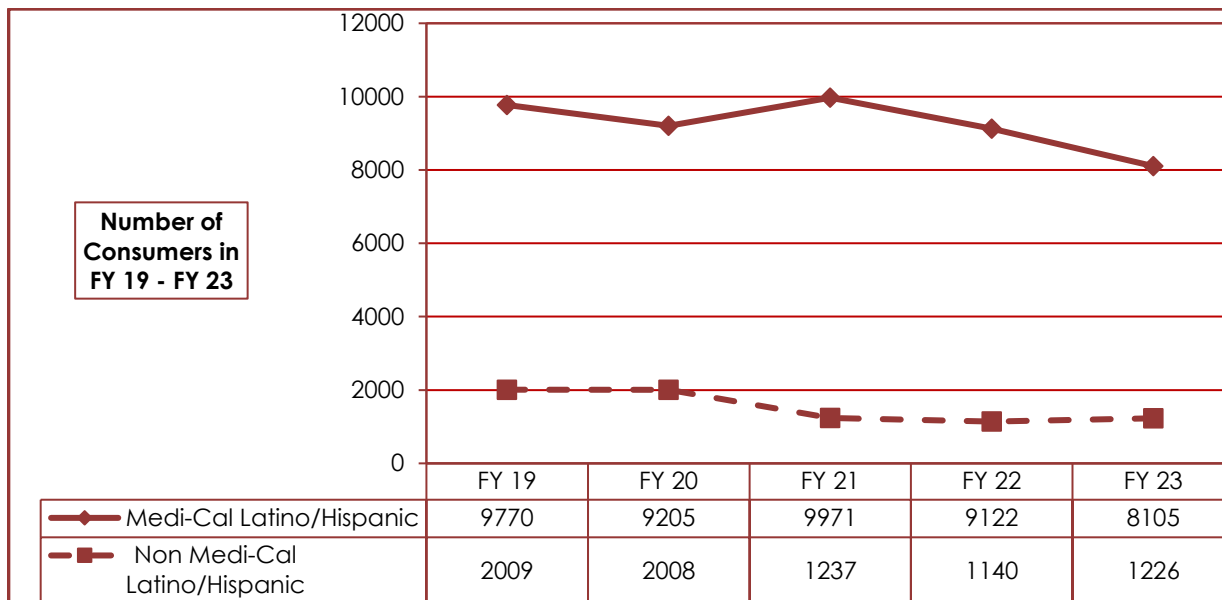
The number of Medi-Cal African-American consumers, from fiscal year 2019 to fiscal year 2023, decreased from 1,264 to 1177 consumers. Percentage wise, as a proportion of total ethnic/race groups served, it decreased from 6.2% to 5.0%.

The number of Non Medi-Cal African-American consumers increased from 274 to 200 consumers. Percentage wise, as a proportion of total ethnic/race groups served, it decreased from 5.8% to 4.5%.



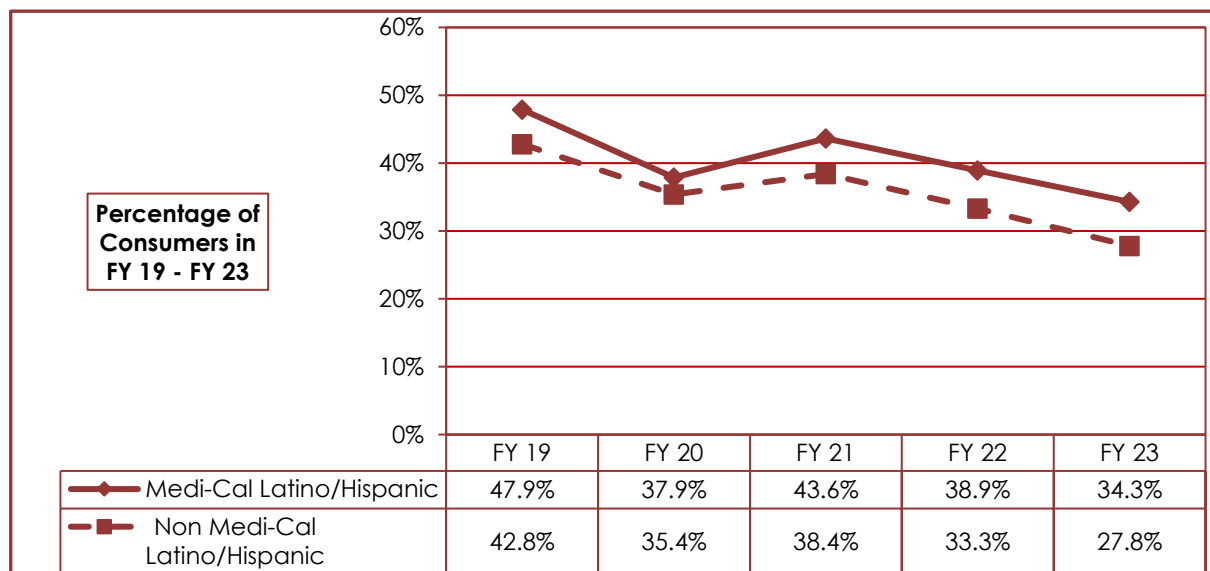
Medi-Cal and Non Medi-Cal MHD Consumers by Ethnicity/Race in FY19-FY23

Latino/Hispanic



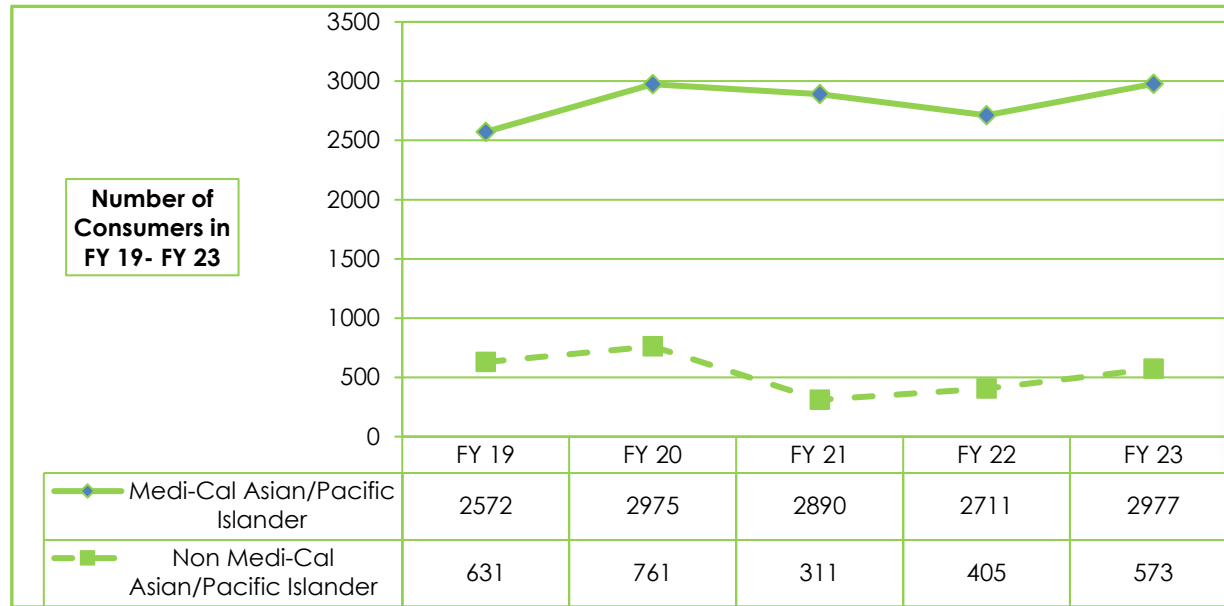
The number of Medi-Cal Latino/Hispanic consumers, from fiscal year 2019 to fiscal year 2023 decreased from 9,770 to 8,105 consumers. Percentage wise, as a proportion of total ethnic/race groups served, it decreased from 47.9% to 34.3%.

The number of Non Medi-Cal Latino/Hispanic consumers decreased from 2,009 to 1,226 consumers. Percentage wise, as a proportion of total ethnic/race groups served, it decreased from 42.8% to 27.8%.



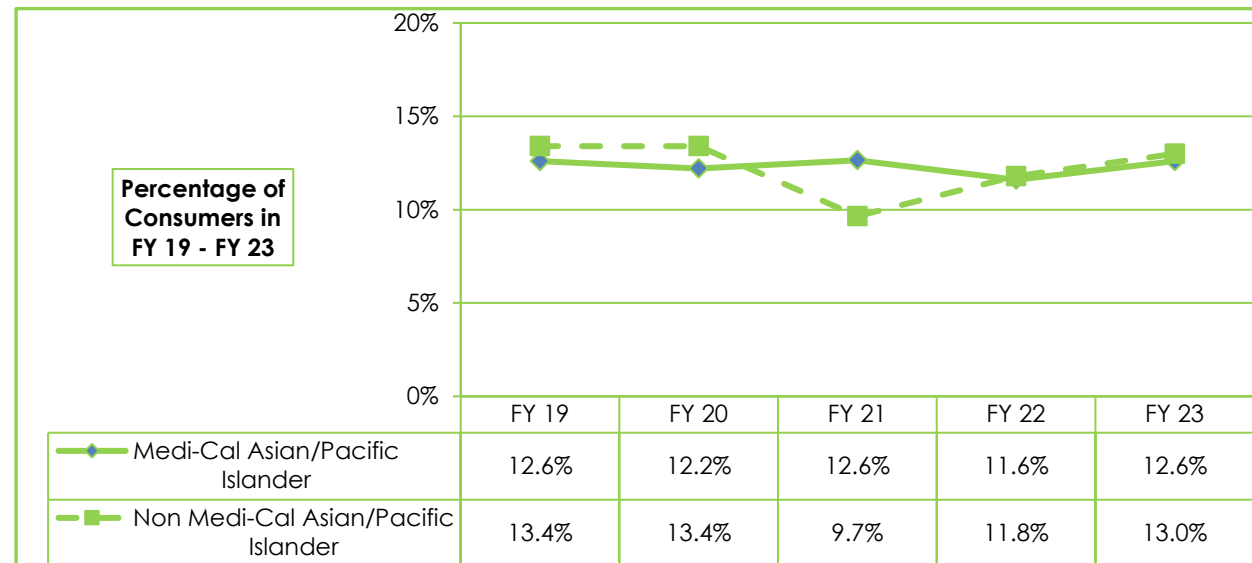
Medi-Cal and Non Medi-Cal MHD Consumers by Ethnicity/Race in FY19-FY23

Asian/Pacific Islander



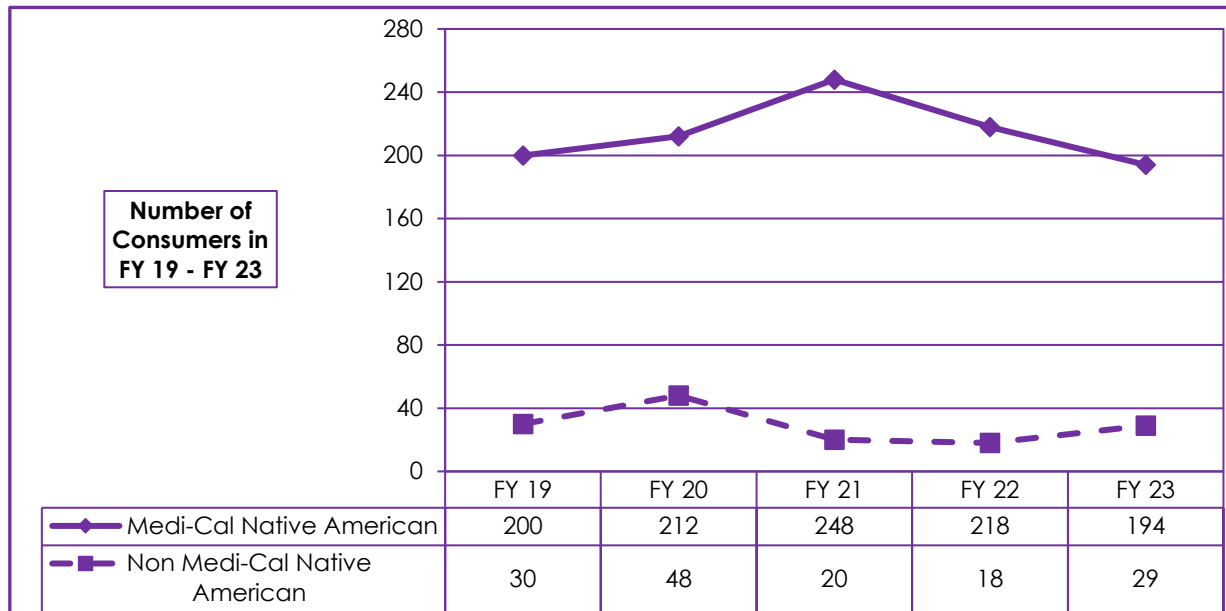
The number of Medi-Cal Asian/ Pacific Islander consumers, from fiscal year 2019 to fiscal year 2023, increased from 2,572 to 2,977 consumers. Percentage wise, as a proportion of total ethnic/race groups served, has stayed the same at 12.6%.

The number of Non Medi-Cal Asian/ Pacific Islander consumers decreased from 631 to 573 consumers. Percentage wise, as a proportion of total ethnic/race groups served, it decreased from 13.4% to 13.0%.



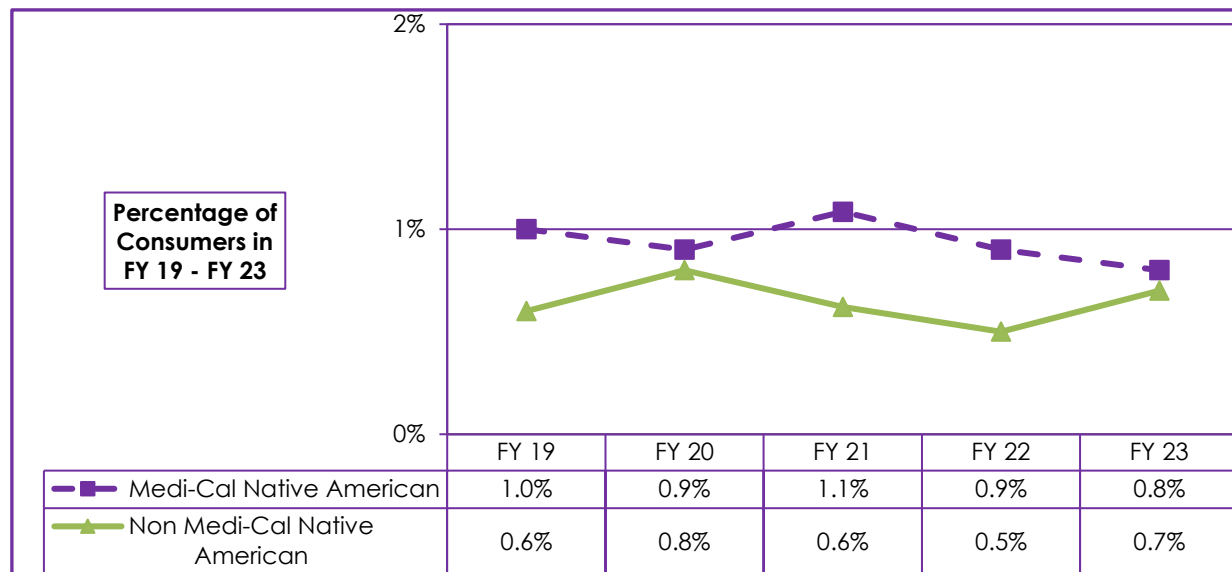
Medi-Cal and Non Medi-Cal MHD Consumers by Ethnicity/Race in FY19-FY23

Native American



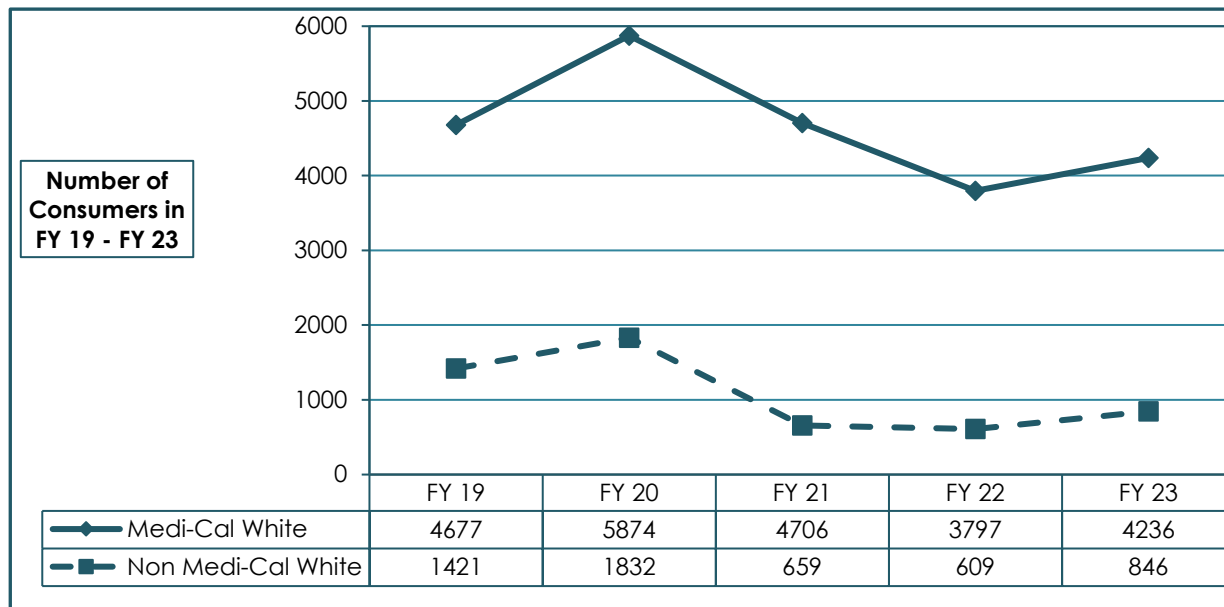
The number of Medi-Cal Native American consumers, from fiscal year 2019 to fiscal year 2023, decreased from 200 to 194 consumers. Percentage wise, as a proportion of total ethnic/race groups served, it decreased slightly from 1.0% to 0.8%.

The number of Non Medi-Cal Native American consumers decreased from 30 to 29 consumers. Percentage wise, as a proportion of total ethnic/race groups served, increased slightly from 0.6% to 0.7%.



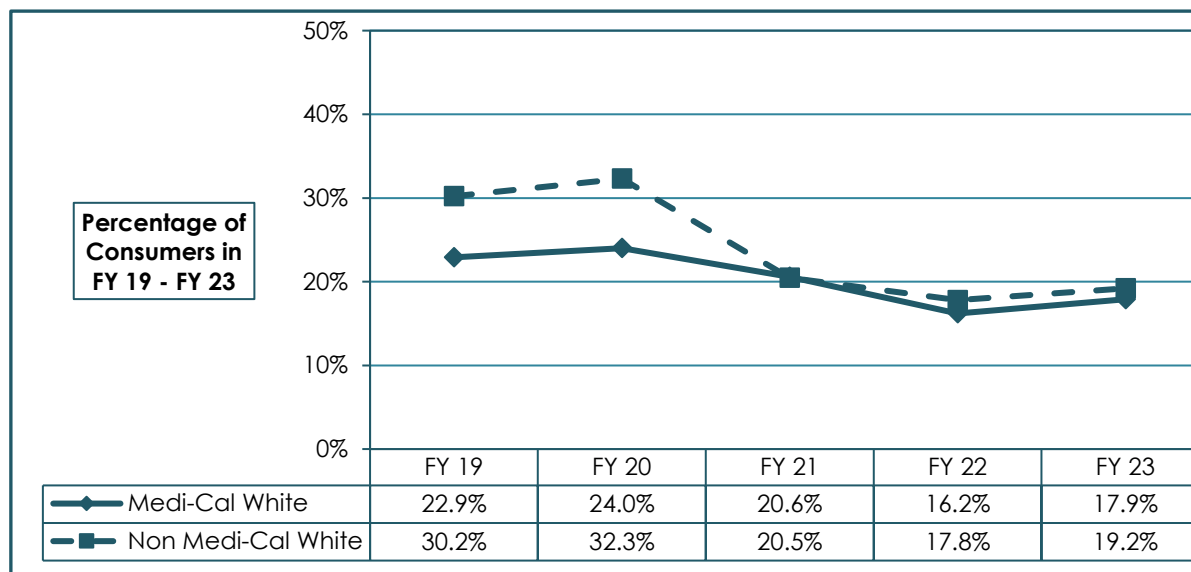
Medi-Cal and Non Medi-Cal MHD Consumers by Ethnicity/Race in FY19-FY23

White



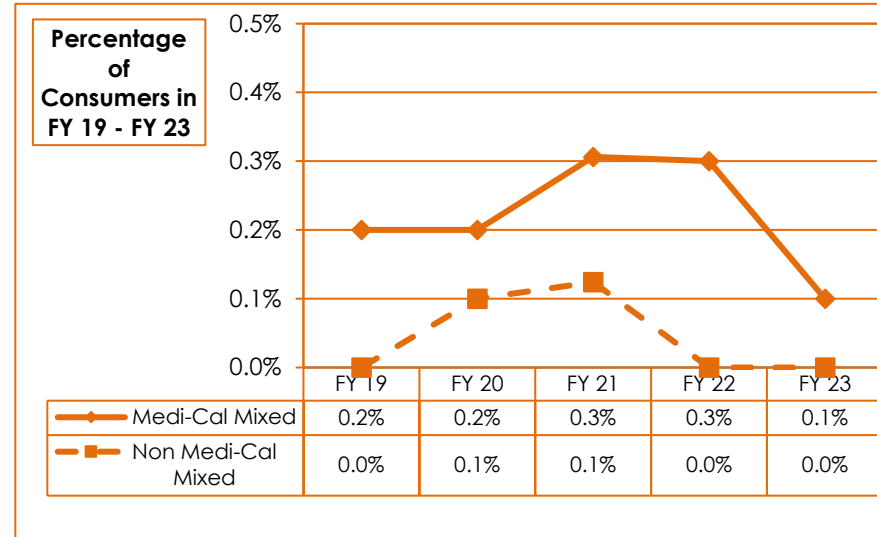
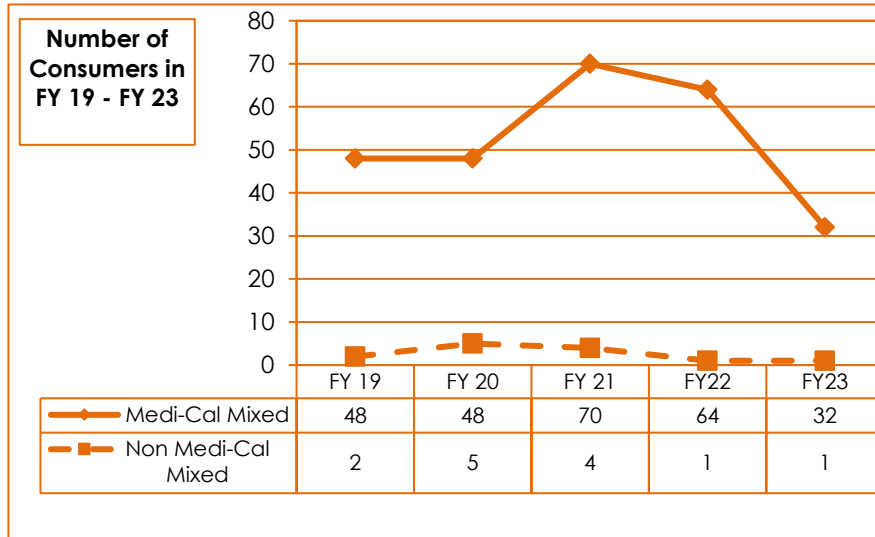
The number of Medi-Cal White consumers, from fiscal year 2019 to fiscal year 2023, decreased from 4,677 to 4,236 consumers. Percentage wise, as a proportion of total ethnic/race groups served, it decreased from 22.9% to 17.9%

The number of Non Medi-Cal White consumers decreased from 1,421 to 846. Percentage wise, as a proportion of total ethnic/race groups served, it decreased from 30.2% to 19.2% .

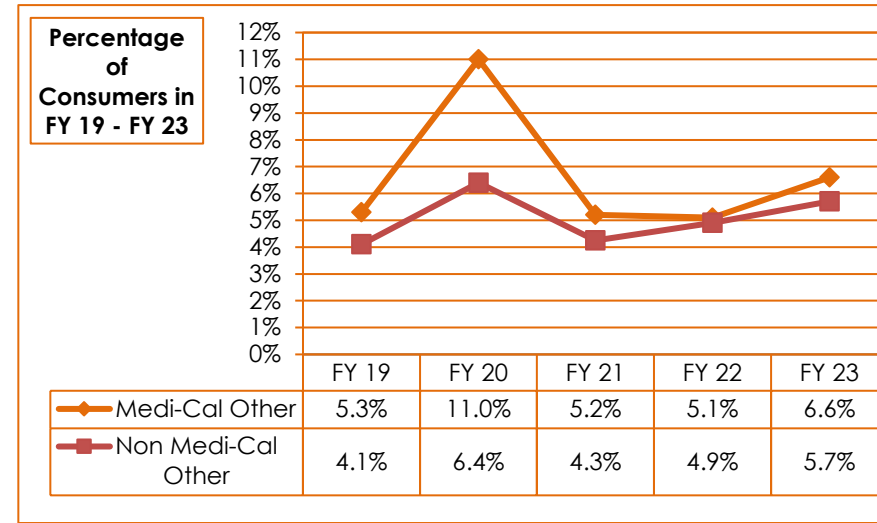
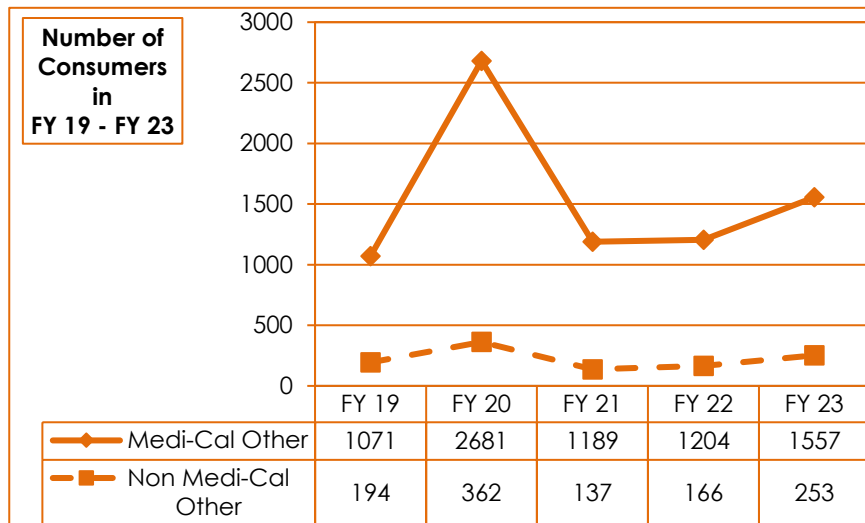


Medi-Cal and Non Medi-Cal MHD Consumers by Ethnicity/Race in FY19-FY23

Mixed Ethnicity/Race

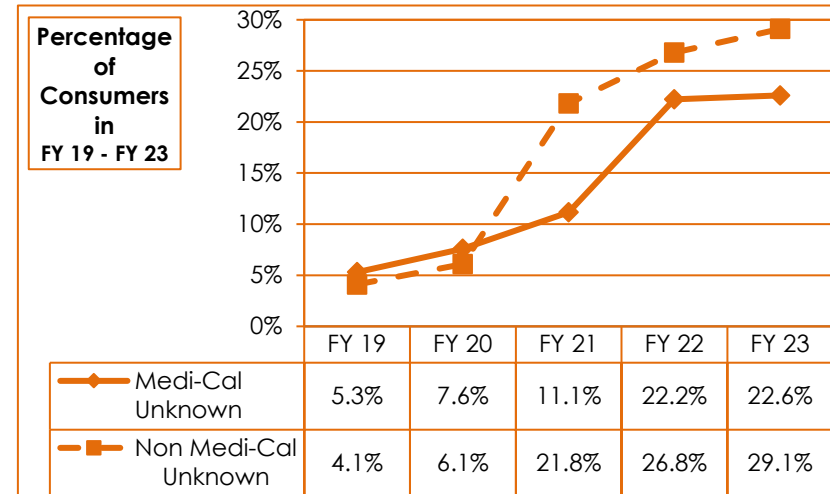
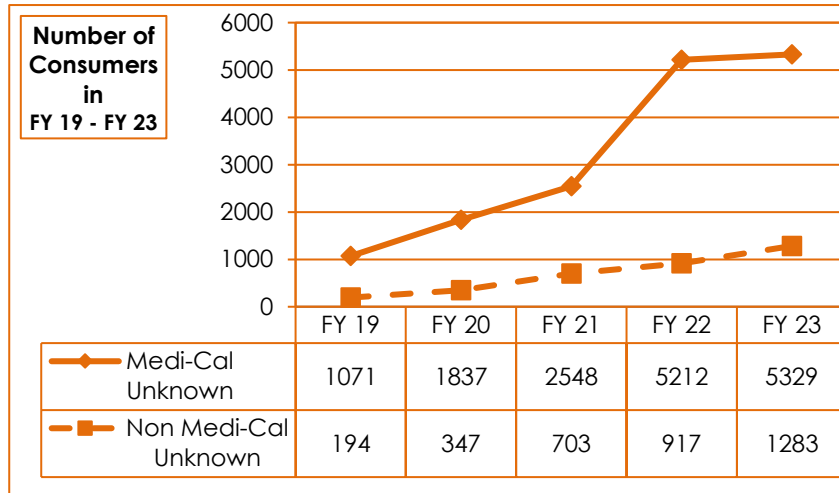


Other Ethnicity /Race



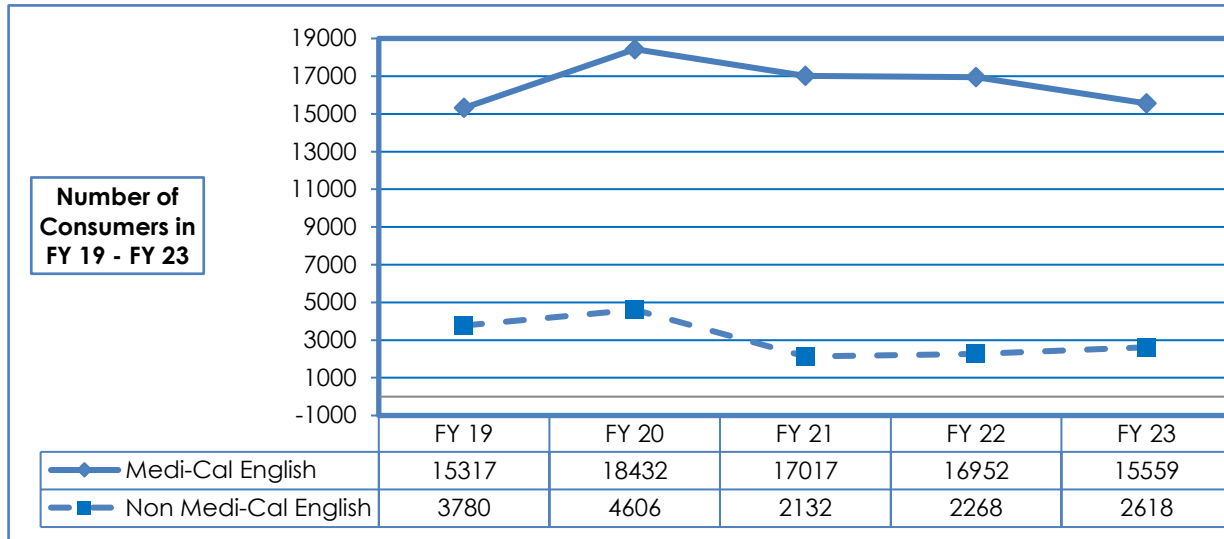
Medi-Cal and Non Medi-Cal MHD Consumers by Ethnicity/Race in FY19-FY23

Unknown Ethnicity/Race



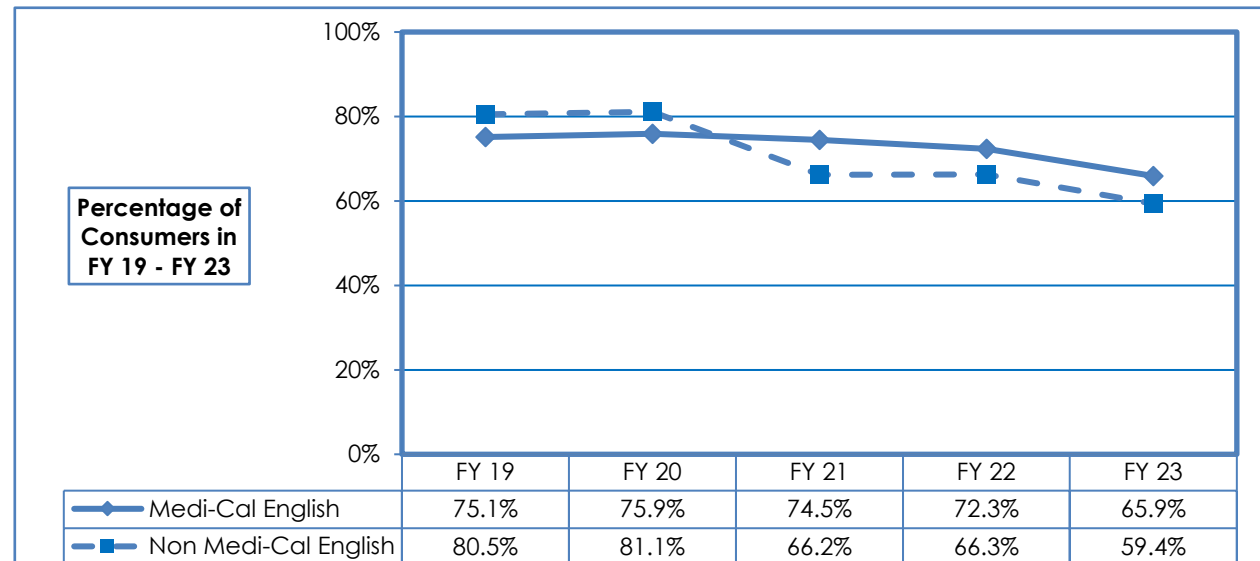
Medi-Cal and Non Medi-Cal MHD Consumers by Primary Language Preference in FY19 - FY23

English



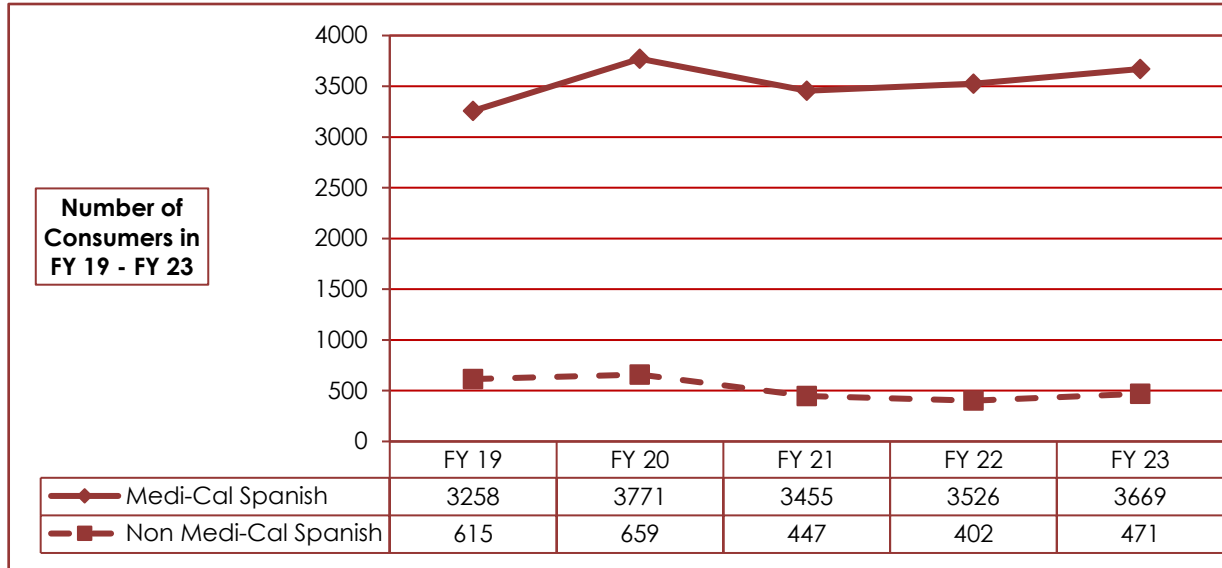
The number of Medi-Cal English speaking consumers, from fiscal year 2019 to fiscal year 2023, increased by 1.6%, from 15,317 to 15,559 consumers. As a proportion of total consumers by primary language preference, it decreased from 75.1% to 65.9%.

The number of Non Medi-Cal English speaking consumers decreased by 30.7%, from 3,780 to 2,618 consumers. As a proportion of total consumers by primary language preference, it decreased by 15.7%, from 75.1% to 59.4%.



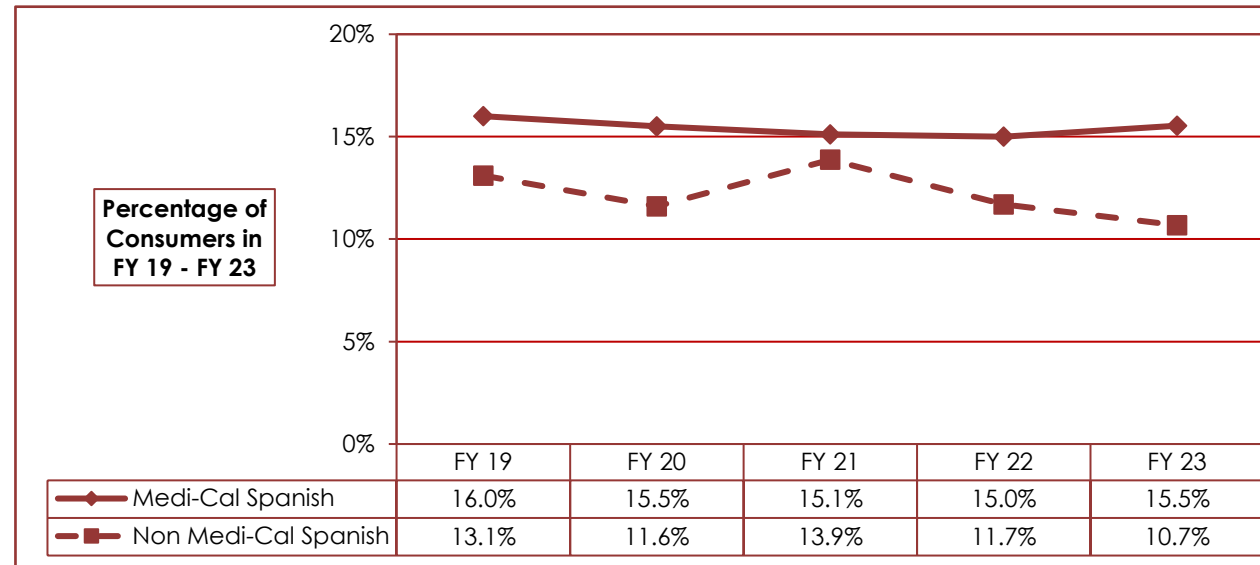
Medi-Cal and Non Medi-Cal MHD Consumers by Primary Language Preference in FY19 - FY23

Spanish



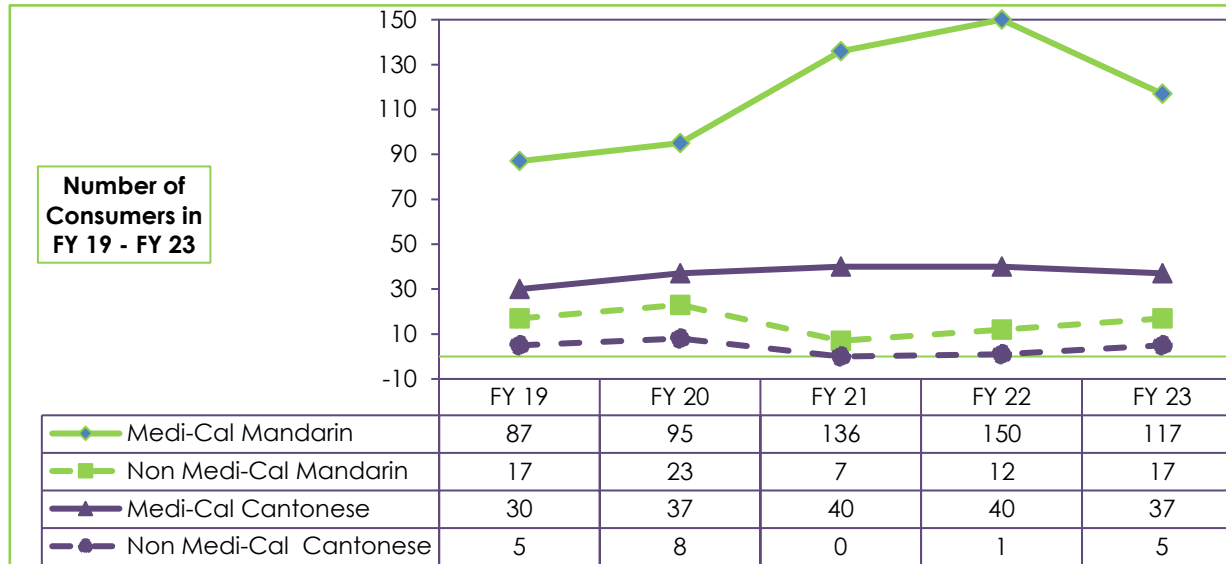
The number of Medi-Cal Spanish speaking consumers, from fiscal year 2019 to fiscal year 2023, increased by 18.5%, from 3258 to 3669 consumers. As a proportion of total consumers by primary language preference, it decreased by 0.5%, from 16% to 15.5%.

The number of Non Medi-Cal Spanish speaking consumers decreased by 19.4%, from 615 to 471 consumers. As a proportion of total consumers by primary language preference, it decreased by 2.4%, from 13.1% to 10.7%.



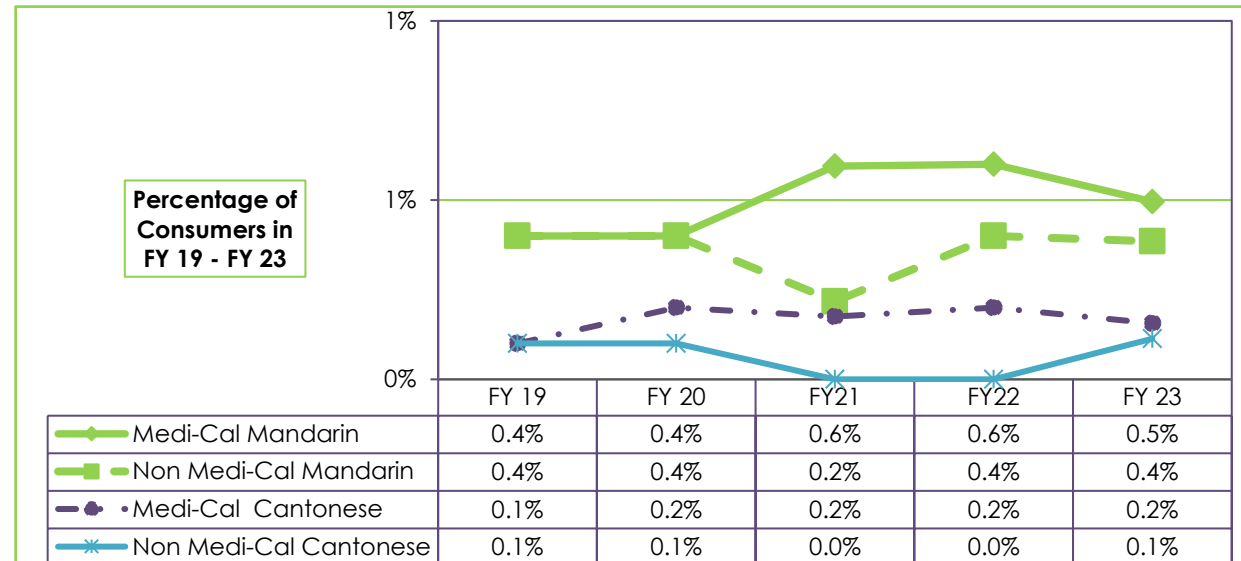
Medi-Cal and Non Medi-Cal MHD Consumers by Primary Language Preference in FY19 - FY23

Mandarin and Cantonese



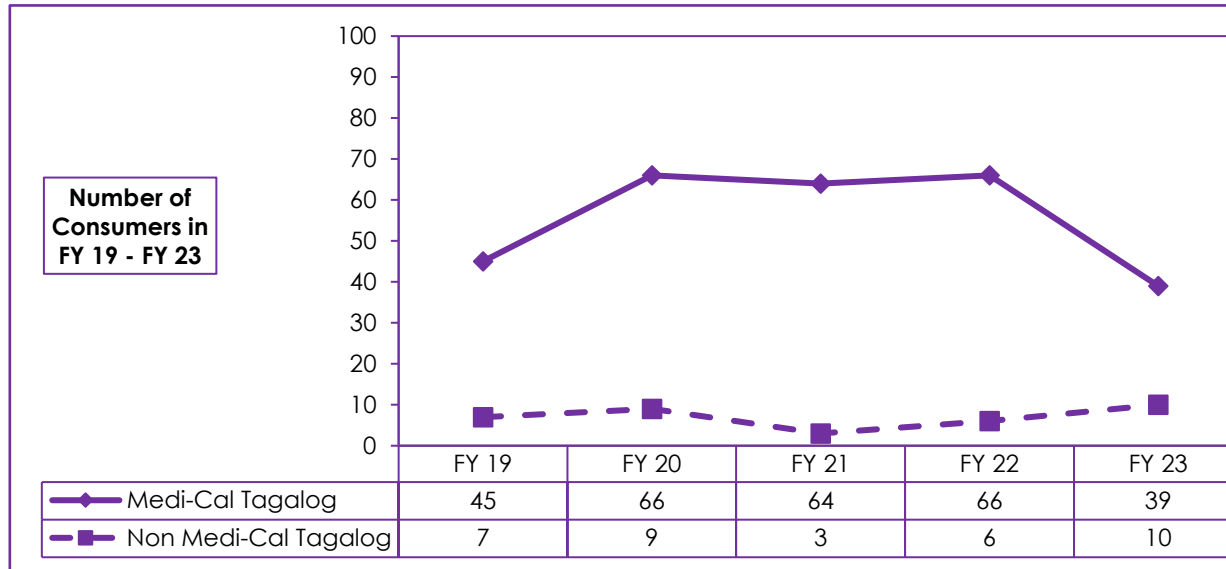
The number of Medi-Cal Mandarin speaking consumers, from fiscal year 2019 to fiscal year 2023, increased by 34.5%, from 87 to 117 consumers. For Cantonese speaking it increased by 23.3%, from 30 to 37 consumers. As a proportion of total consumers by primary language preference, Mandarin increased from 0.4% to 0.5% and Cantonese increased from 0.1% to 0.2%.

The number of Non Medi-Cal Mandarin speaking consumers stayed the same at 17 consumers. For Cantonese speaking consumers it stayed the same at 5 consumers. As a proportion of total consumers by primary language preference, Mandarin stayed the same at 0.4% and Cantonese stayed the same at 0.1%.



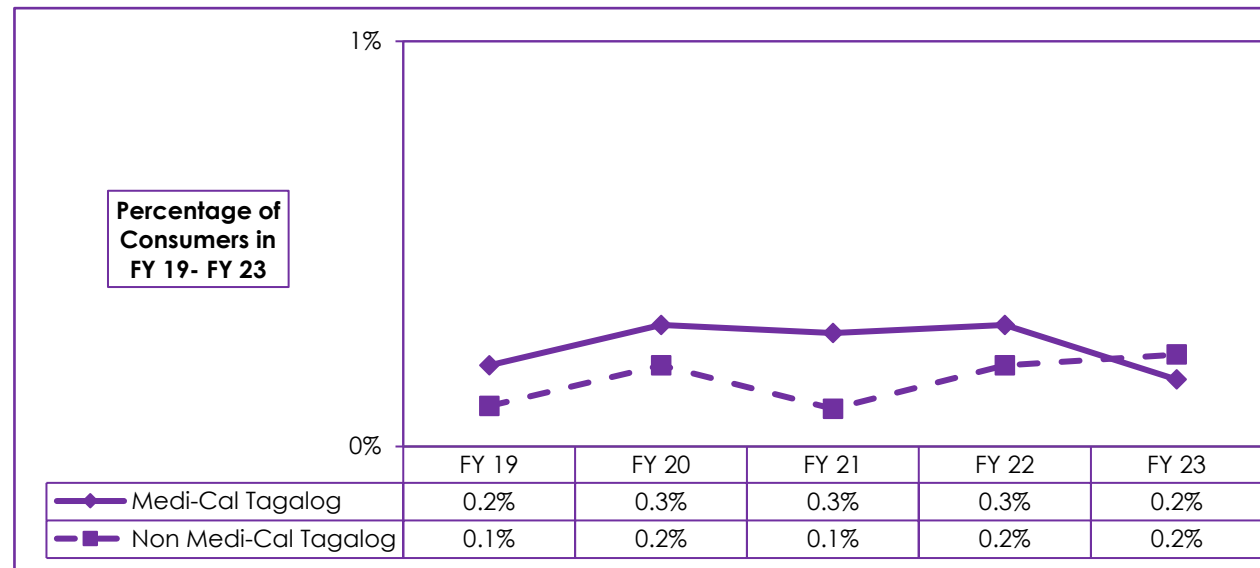
Medi-Cal and Non Medi-Cal MHD Consumers by Primary Language Preference in FY19 - FY23

Tagalog



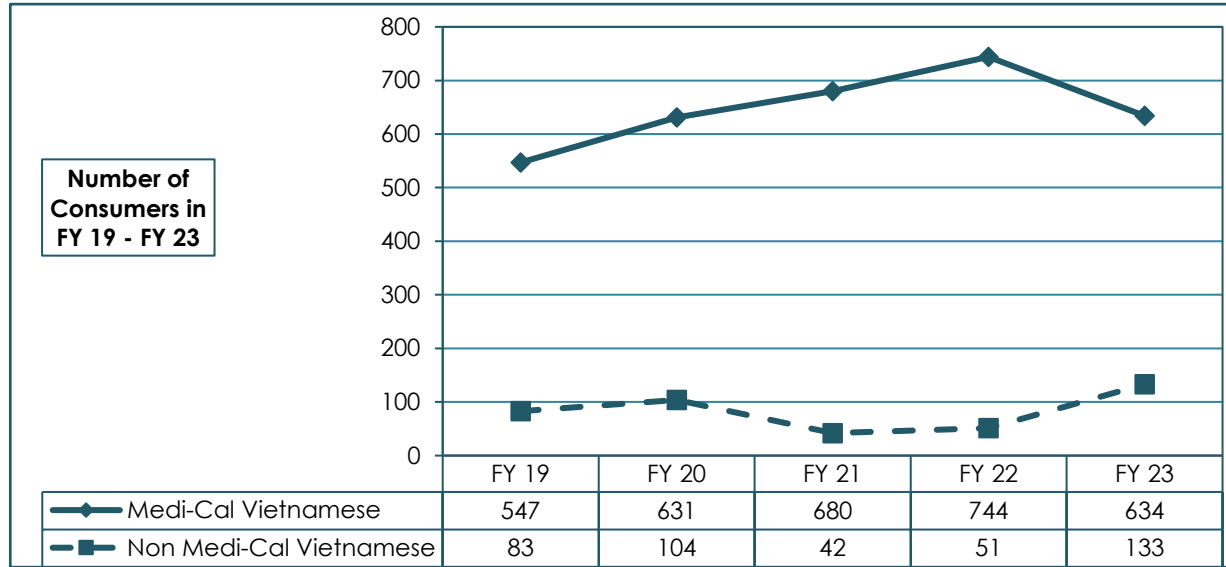
The number of Medi-Cal Tagalog speaking consumers, from fiscal year 2019 to fiscal year 2023, decreased by 13.3%, from 45 to 39 consumers. As a proportion of total consumers by primary language preference, it stayed the same at 0.2%.

The number of Non Medi-Cal Tagalog speaking consumers increased by 42.9%, from 7 to 10 consumers. As a proportion of total consumers by primary language preference, it increased by 0.1% from 0.1% to 0.2%.



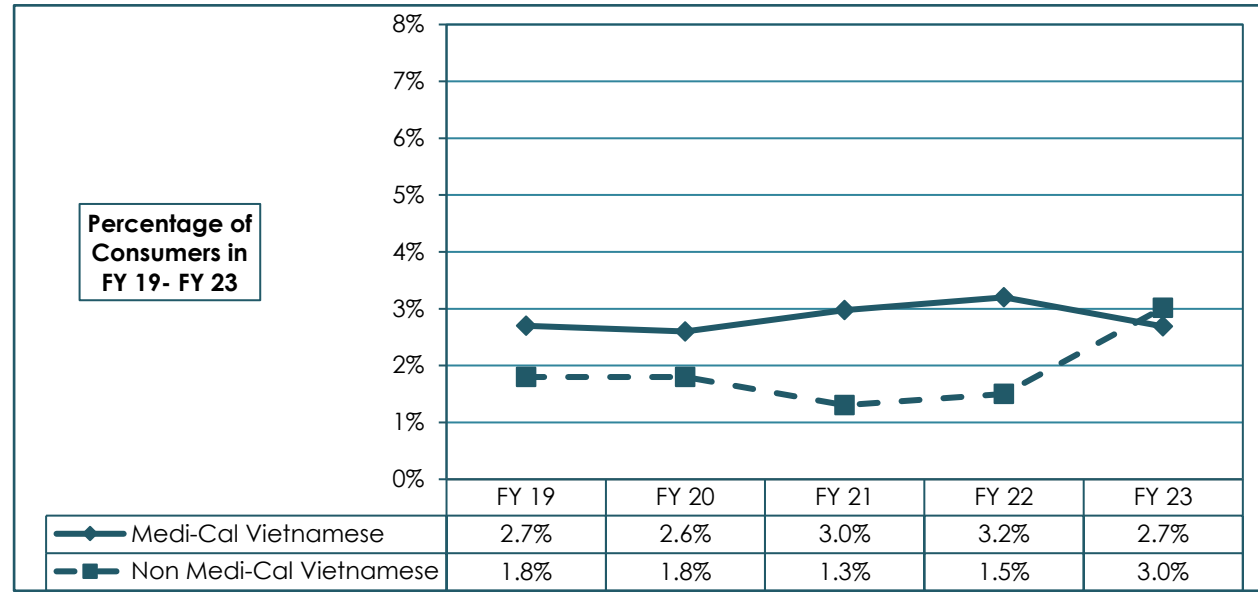
Medi-Cal and Non Medi-Cal MHD Consumers by Primary Language Preference in FY19 - FY23

Vietnamese



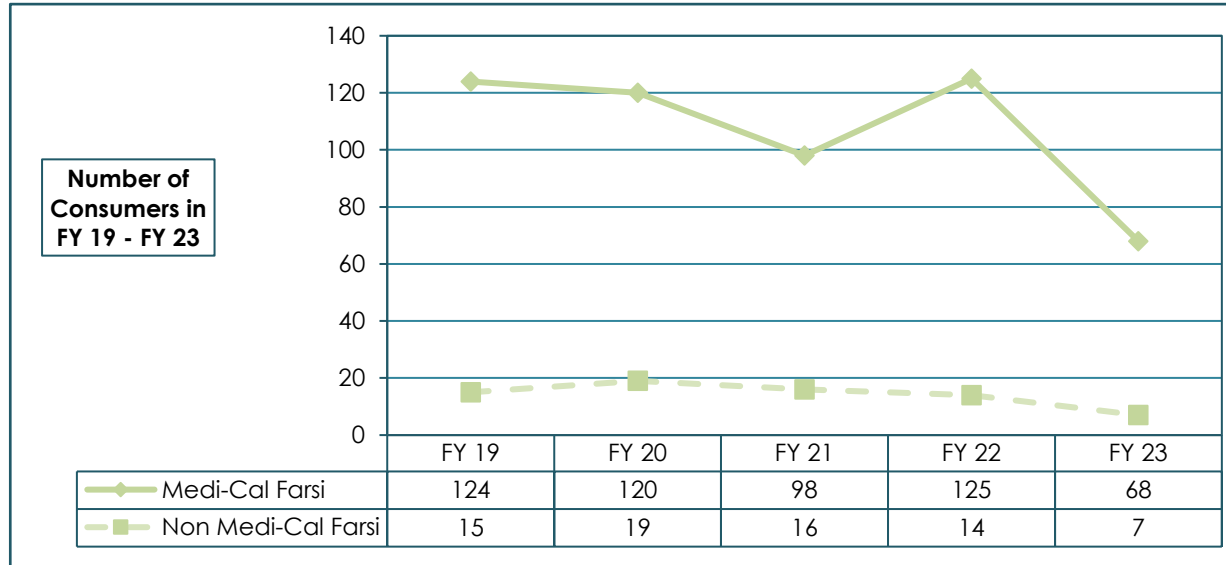
The number of Medi-Cal Vietnamese speaking consumers, from fiscal year 2019 to fiscal year 2023 increased by 15.9%, from 547 to 634 consumers. As a proportion of total consumers by primary language preference, it stayed the same at 2.7%.

The number of Non Medi-Cal Vietnamese speaking consumers increased by 60.2%, from 83 to 133 consumers. As a proportion of total consumers by primary language preference, it increased from 1.8% to 3%.



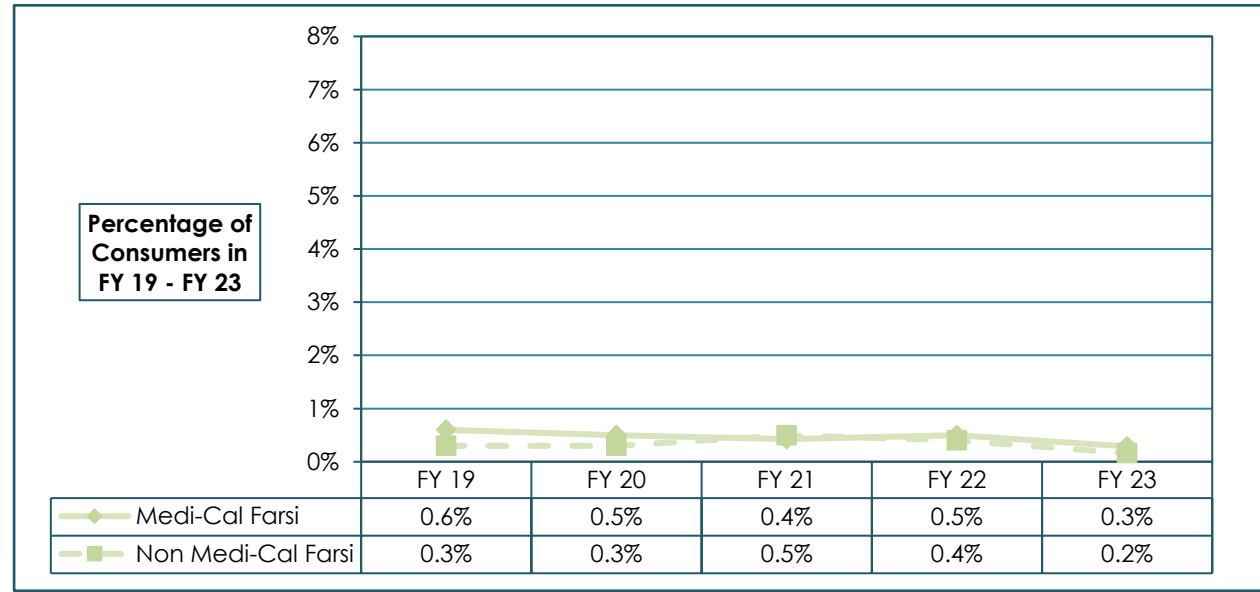
Medi-Cal and Non Medi-Cal MHD Consumers by Primary Language Preference in FY19 - FY23

Farsi



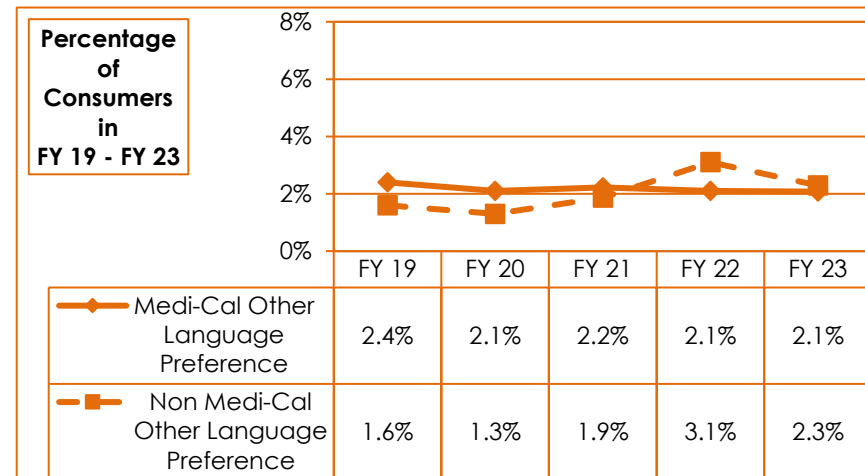
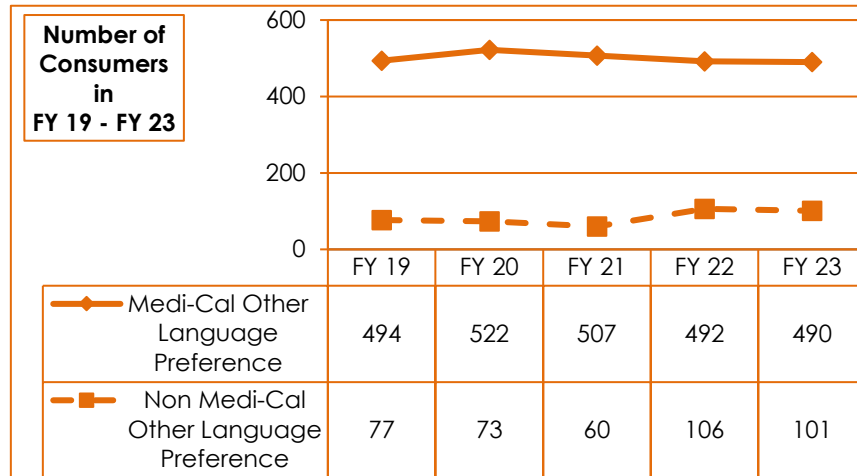
The number of Medi-Cal Farsi speaking consumers, from fiscal year 2019 to fiscal year 2023 decreased by 45.2%, from 124 to 68 consumers. As a proportion of total consumers by primary language preference, it decreased from 0.6% to 0.3%.

The number of Non Medi-Cal Farsi speaking consumers decreased by 53.3%, from 15 to 7 consumers. As a proportion of total consumers by primary language preference, it decreased from 0.3% to 0.2%.

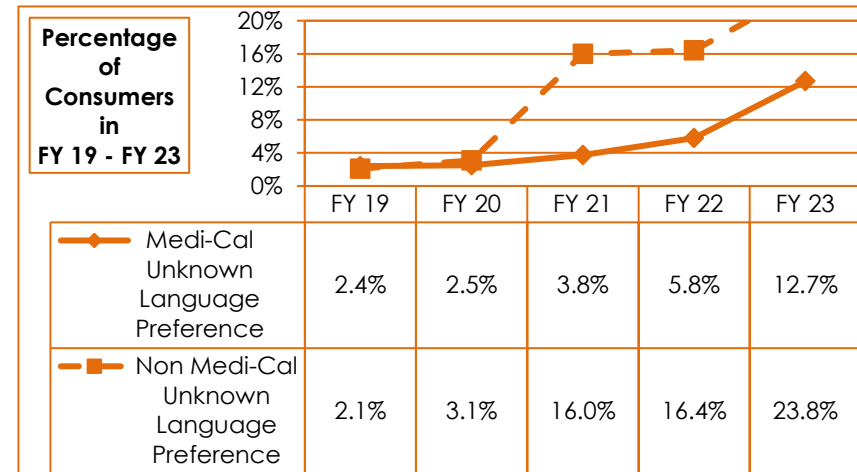
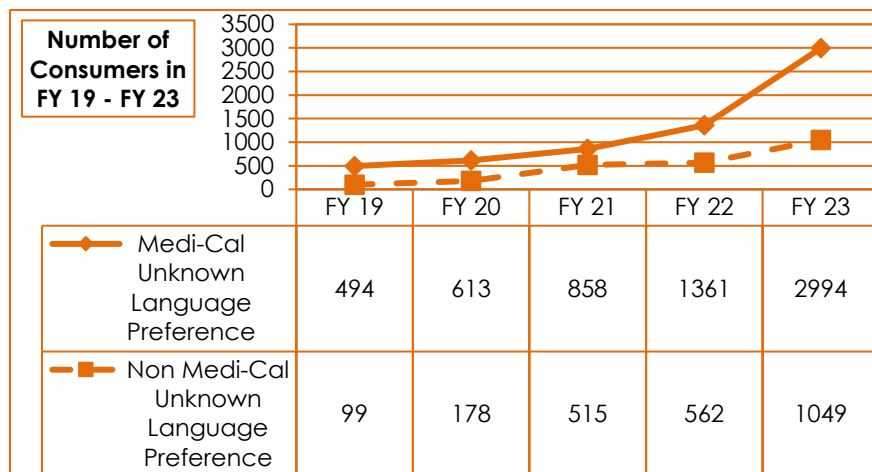


Medi-Cal and Non Medi-Cal MHD Consumers by Primary Language Preference in FY19 - FY23

Other Primary Language Preference

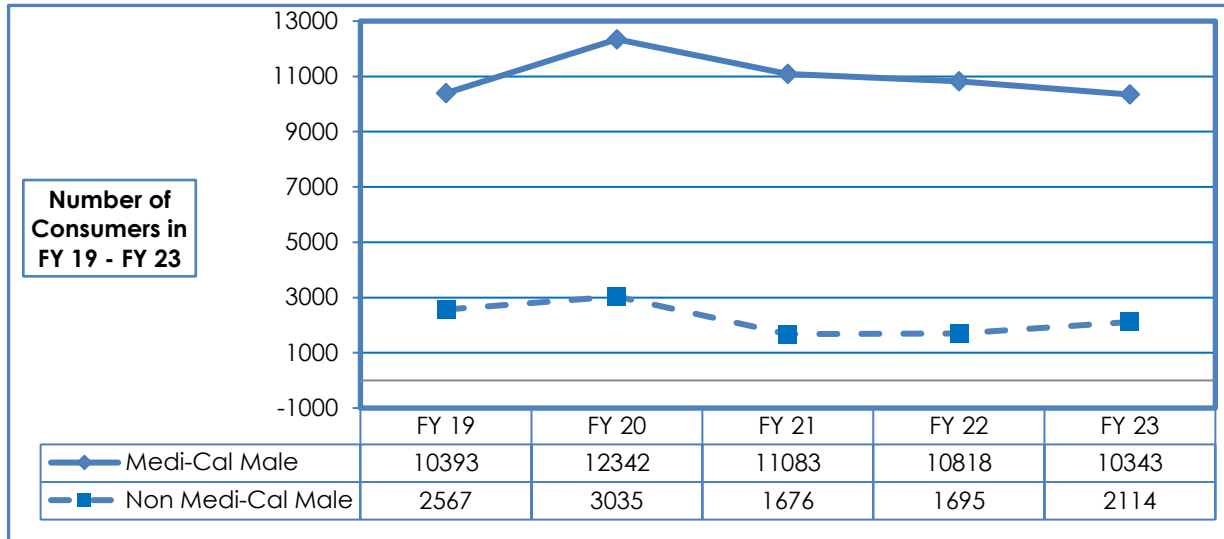


Unknown Primary Language Preference



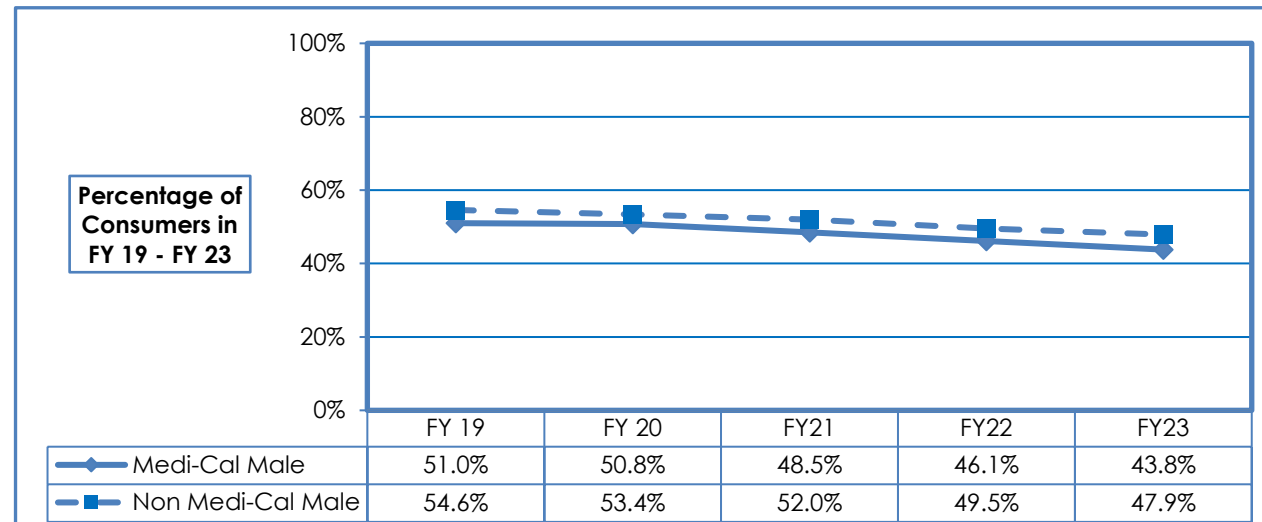
Medi-Cal and Non Medi-Cal MHD Consumers by Gender in FY19 - FY23

Male



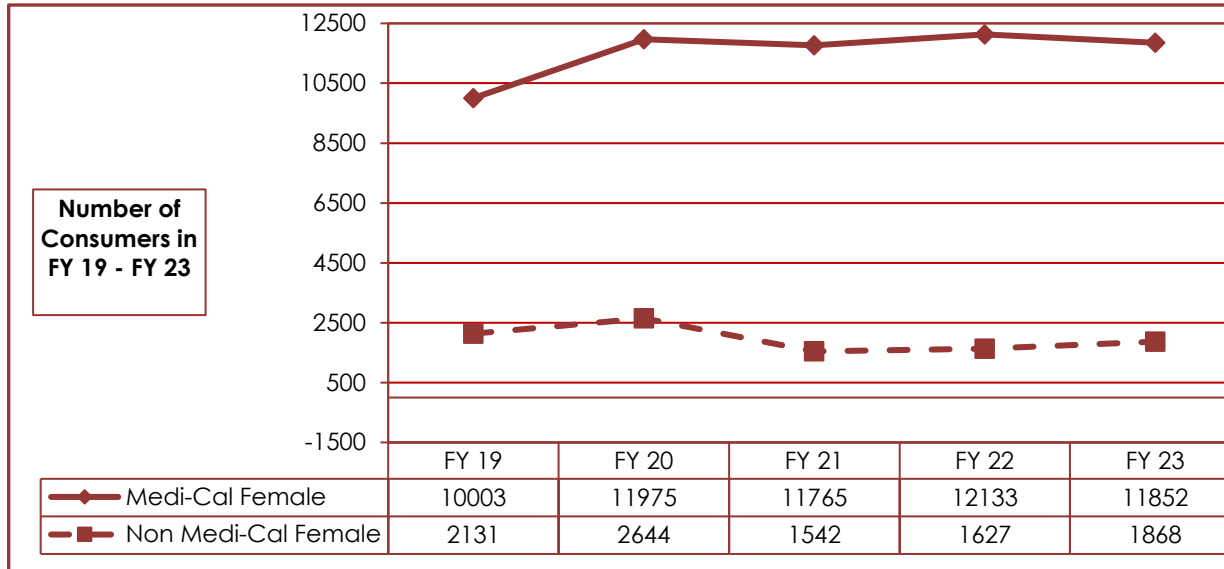
The number of Medi-Cal Male consumers, from fiscal year 2019 to fiscal year 2023, decreased slightly by .5%, from 10,393 to 10,343 consumers. As a proportion of total consumers by gender, it decreased by 7.2%, from 51.0% to 43.8%.

The number of Non Medi-Cal Male consumers decreased by 17.6%, from 2,567 to 2,114 consumers. As a proportion of total consumers by gender, it decreased by 6.7%, from 54.6% to 47.9%.



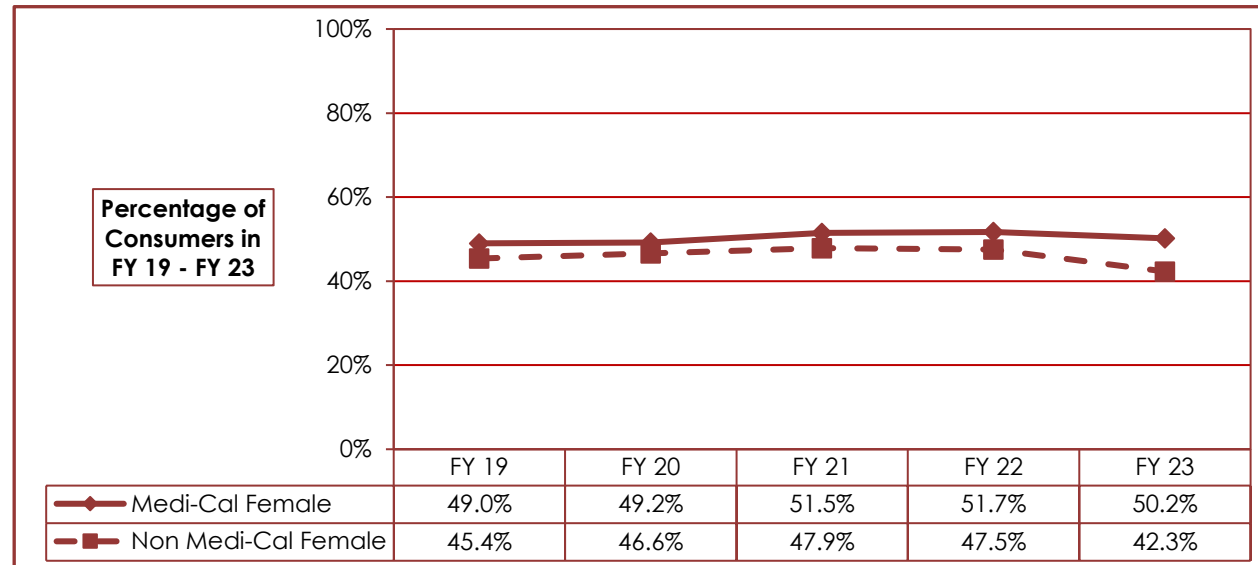
Medi-Cal and Non Medi-Cal MHD Consumers by Gender in FY19 - FY23

Female



The number of Medi-Cal Female consumers, from fiscal year 2019 to fiscal year 2023, increased by 18.5% from 10,003 to 11,852 consumers. As a proportion of total consumers by gender, it increased by 1.2% from 49.0% to 50.2%.

The number of Non Medi-Cal Female consumers decreased by 12.3% from 2,131 to 1,868 consumers. As a proportion of total consumers by gender, it decreased by 3.1%, from 45.4% to 42.3%.

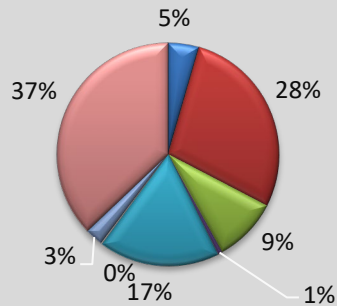


Underserved Clients by Ethnicity/Race

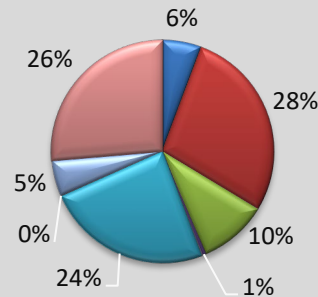
Source Data From: SCC MHD Unicare

	FY 19 Underserved		FY 20 Underserved		FY 21 Underserved		FY 22 Underserved		FY 23 Underserved	
Ethnicity/Race	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
African American	386	4.5%	582	5.7%	661	7.7%	737	8.2%	517	7.0%
Latino/ Hispanic	2,409	28.1%	2878	28.0%	3126	36.4%	2961	33.1%	2207	29.9%
Asian/ Pacific Islander	802	9.4%	1022	10.0%	1017	11.9%	1109	12.4%	935	12.7%
Native American	58	0.7%	61	0.6%	43	0.5%	49	0.5%	36	0.5%
White	1,497	17.5%	2480	24.2%	2516	29.3%	2306	25.8%	1607	21.7%
Mixed	11	0.1%	6	0.1%	1	0.0%	4	0.0%	3	0.0%
Other	228	2.7%	533	5.2%	270	3.1%	287	3.2%	231	3.1%
Unknown	3,176	37.1%	2705	26.3%	944	11.0%	1482	16.6%	1854	25.1%
Total	8,567	100.0%	10267	100.0%	8578	100.0%	8935	100.0%	7390	100.0%

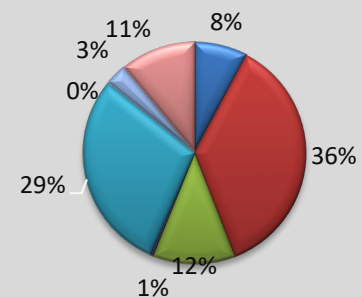
FY19 (N=8567)



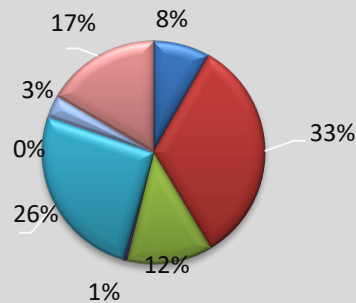
FY20 (N=10267)



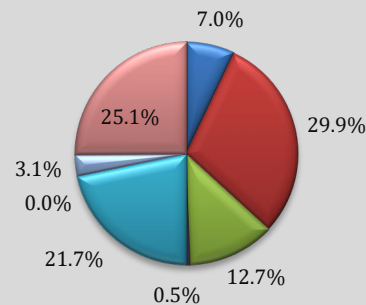
FY21 (N=8578)



FY22 (N=8935)



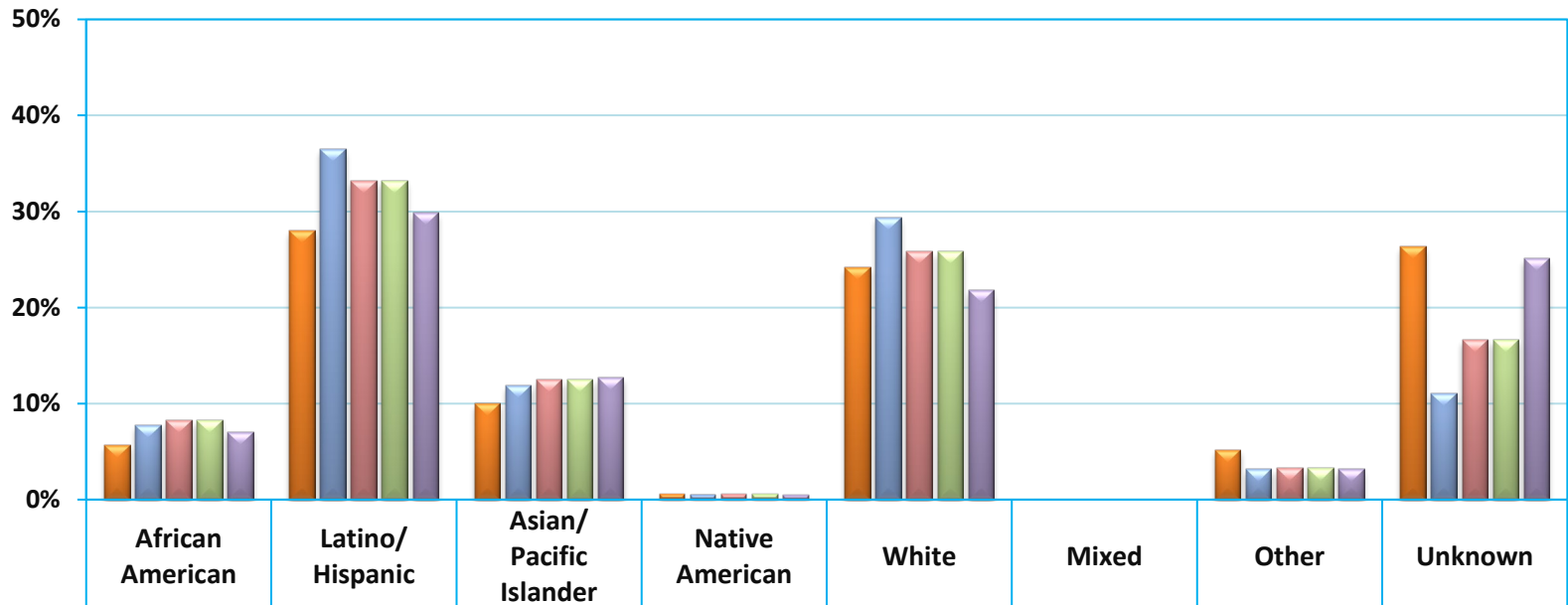
FY23 (N=7390)



Underserved Clients by Ethnicity/Race

Source Data From: SCC MHD Unicare

Percentage Underserved* Trend by Ethnicity/Race



	African American	Latino/Hispanic	Asian/Pacific Islander	Native American	White	Mixed	Other	Unknown
FY19 (N=8567)	5.7%	28.0%	10.0%	0.6%	24.2%	0.1%	5.2%	26.3%
FY20 (N=10267)	7.7%	36.4%	11.9%	0.5%	29.3%	0.0%	3.1%	11.0%
FY21 (N= 8578)	8.2%	33.1%	12.4%	0.5%	25.8%	0.0%	3.2%	16.6%
FY22 (N=8935)	8.2%	33.1%	12.4%	0.5%	25.8%	0.0%	3.2%	16.6%
FY23 (N=7390)	7.0%	29.9%	12.7%	0.5%	21.7%	0.0%	3.1%	25.1%

GLOSSARY

Cultural Competency Report

Fiscal Year Reporting 2019-2023

Term	Definition
African American	Refers to ethnicities of Black/African American descent.
Asian and Pacific Islander	Refers to ethnicities of Asian Indian, Cambodian, Chinese, Filipino, Guamanian, Hawaiian, Hmong, Japanese, Korean, Laotian, Mien, Other Asian, Samoan, and Vietnamese descent.
EPS	EPS is Emergency Psychiatric Service.
Ethnicity/Race	The characteristic of a group of people that share a common and distinctive racial, national, religious, linguistic or cultural heritage. (Source: OMH). To come up with this category for Client and Service Information (CSI), Santa Clara County Mental Health Department combined ethnicity and race.
FY19	FY19 is from July 1, 2018 to June 30, 2019
FY20	FY20 is from July 1, 2019 to June 30, 2020
FY21	FY21 is from July 1, 2020 to June 30, 2021

GLOSSARY

Cultural Competency Report

Fiscal Year Reporting 2019-2023

Term	Definition
FY22	FY22 is from July 1, 2021 to June 30, 2022
FY23	FY23 is from July 1, 2022 to June 30, 2023
Gender	Gender is the range of physical, mental and behavioral characteristics pertaining to, and differentiating between, masculinity and femininity.
Latino / Hispanic	Refers to ethnicities of Hispanic descent.
Missing	Missing data - person did not fill-in or verbalize their ethnicity.
Mixed	Refers to individuals who identify as having multiple ethnicities/race.
Mode 10	refers to Hospital Outpatient (Crisis Stabilization ER, Crisis Stabilization Urgent Care, Day TX Intensive ½ Day, Day TX Intensive Full Day, Day Rehabilitation ½ Day, Day Rehabilitation Full Day).

GLOSSARY

Cultural Competency Report

Fiscal Year Reporting 2019-2023

Term	Definition
Mode 15	refers to non-Hospital Outpatient (Case Management, Mental Health Services, TBS, Medication Support, Crisis Intervention).
Native American	Refers to ethnicities of Native American descent
Other	Refers to an ethnicity/race not categorized.
Prevalence	The number of people in California with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) across various demographic characteristics such as Age, Gender and Race/Ethnicity. (Source: "Measuring Access to Community-Based Mental Health Services in California," A Presentation to the California Mental Health Planning Council, April 16, 2009).
Primary Language Preference	It is the language which the consumer prefers as her/his first language to communicate.
Served	Served is the number served by Santa Clara County Mental Health Department Outpatient Programs and Services, and who received all possible Outpatient services, which can be offered to them.
Underserved	Underserved is the number of consumers who less than 5 outpatient services; and anyone who was in EPS and did not receive any outpatient services.

GLOSSARY
Cultural Competency Report
Fiscal Year Reporting 2019-2023

Term	Definition
Unknown	Refers to a person that does not know their ethnicity/race.
Unserved	Unserved is the difference between the prevalence data and the number of those who are served by Santa Clara County Mental Health Department Outpatient Programs and Services.
White	Refers to ethnicities of White/Native Alaskan descent.

SCC SUTs Dept: Cultural Competency Plan, SUTs Clients, FY23

Table 1: Consumers Served: Agegroup by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Agegroup	Number	Percent	Number	Percent	Number	Percent
0-5	0	0.0%	0	0.0%	0	0.0%
6-15	29	1.1%	38	2.1%	67	1.6%
16-25	307	12.2%	300	16.9%	607	14.1%
26-59	2037	80.8%	1299	73.1%	3336	77.6%
60+	149	5.9%	140	7.9%	289	6.7%
Total	2522	100.0%	1777	100.0%	4299	100.0%

Table 2: Consumers Served: Ethnicity by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Ethnicity/Race	Number	Percent	Number	Percent	Number	Percent
American Indian	67	2.7%	27	1.5%	94	2.2%
Asian	132	5.2%	83	4.7%	215	5.0%
Black/African American	154	6.1%	54	3.0%	208	4.8%
Latino	692	27.4%	665	37.4%	1357	31.6%
Mixed Race	579	23.0%	279	15.7%	858	20.0%
Native American	16	0.6%	7	0.4%	23	0.5%
Other Race	231	9.2%	101	5.7%	332	7.7%
Unknown	615	24.4%	554	31.2%	1169	27.2%
White	36	1.4%	7	0.4%	43	1.0%
Total	2522	100.0%	1777	100.0%	4299	100.0%

Table 3: Consumers Served: Language by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Language	Number	Percent	Number	Percent	Number	Percent
Arabic	4	0.2%	0	0.0%	4	0.1%
Chinese	0	0.0%	3	0.2%	3	0.1%
English	1914	75.9%	1025	57.7%	2939	68.4%
Farsi	2	0.1%	2	0.1%	4	0.1%
Polish	1	0.0%	0	0.0%	1	0.0%
Russian	0	0.0%	1	0.1%	1	0.0%
Samoan	1	0.0%	1	0.1%	2	0.0%
Spanish	75	3.0%	308	17.3%	383	8.9%
Tagalog	1	0.0%	0	0.0%	1	0.0%
Unknown	511	20.3%	428	24.1%	939	21.8%
Vietnamese	13	0.5%	9	0.5%	22	0.5%
Total	2522	100.0%	1777	100.0%	4299	100.0%

Table 4: Consumers Served: Gender by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Gender	Number	Percent	Number	Percent	Number	Percent
Female	848	33.6%	410	23.1%	1258	29.3%
Male	1674	66.4%	1367	76.9%	3041	70.7%
Total	2522	100.0%	1777	100.0%	4299	100.0%

Table 5: Underserved by Ethnicity

Ethnicity/Race	Number	Percent
American Indian	15	1.0%
Asian	83	5.6%
Black/African American	66	4.4%
Latino	429	28.7%
Mixed Race	247	16.5%
Native American	9	0.6%
Other Race	90	6.0%
Unknown	536	35.9%
White	18	1.2%
Total	1493	100.0%

SCC SUTs Dept: Cultural Competency Plan, Outpatient FY23

Table 1: Outpatient Consumers Served: Agegroup by Payor

Agegroup	Medi-Cal		Non Medi-Cal		All Payors	
	Number	Percent	Number	Percent	Number	Percent
0-5	0	0.0%	0	0.0%	0	0.0%
6-15	28	1.3%	38	2.7%	66	1.9%
16-25	290	13.6%	276	19.5%	566	16.0%
26-59	1703	80.0%	1045	73.6%	2748	77.5%
60+	108	5.1%	60	4.2%	168	4.7%
Total	2129	100.0%	1419	100.0%	3548	100.0%

Table 2: Outpatient Consumers Served: Ethnicity by Payor

Ethnicity/Race	Medi-Cal		Non Medi-Cal		All Payors	
	Number	Percent	Number	Percent	Number	Percent
American Indian	67	3.1%	27	1.9%	94	2.6%
Asian	112	5.3%	71	5.0%	183	5.2%
Black/African American	125	5.9%	43	3.0%	168	4.7%
Latino	592	27.8%	559	39.4%	1151	32.4%
Mixed Race	466	21.9%	176	12.4%	642	18.1%
Native American	11	0.5%	3	0.2%	14	0.4%
Other Race	200	9.4%	77	5.4%	277	7.8%
Unknown	524	24.6%	457	32.2%	981	27.6%
White	32	1.5%	6	0.4%	38	1.1%
Total	2129	100.0%	1419	100.0%	3548	100.0%

Table 3: Outpatient Consumers Served: Language by Payor

Language	Medi-Cal		Non Medi-Cal		All Payors	
	Number	Percent	Number	Percent	Number	Percent
Arabic	2	0.1%	0	0.0%	2	0.1%
Chinese	0	0.0%	1	0.1%	1	0.0%
English	1612	75.7%	742	52.3%	2354	66.3%
Farsi	1	0.0%	1	0.1%	2	0.1%
Polish	1	0.0%	0	0.0%	1	0.0%
Russian	0	0.0%	1	0.1%	1	0.0%
Spanish	69	3.2%	284	20.0%	353	9.9%
Tagalog	1	0.0%	0	0.0%	1	0.0%
Unknown	430	20.2%	383	27.0%	813	22.9%
Vietnamese	13	0.6%	7	0.5%	20	0.6%
Total	2129	100.0%	1419	100.0%	3548	100.0%

Table 4: Outpatient Consumers Served: Gender by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Gender	Number	Percent	Number	Percent	Number	Percent
Female	730	34.3%	314	22.1%	1044	29.4%
Male	1399	65.7%	1105	77.9%	2504	70.6%
Total	2129	100.0%	1419	100.0%	3548	100.0%

Table 5: Underserved by Ethnicity

Ethnicity/Race	Number	Percent
American Indian	15	1.2%
Asian	70	5.6%
Black/African American	57	4.5%
Latino	367	29.2%
Mixed Race	182	14.5%
Native American	8	0.6%
Other Race	77	6.1%
Unknown	470	37.3%
White	13	1.0%
Total	1259	100.0%

SCC SUTs Dept: Cultural Competency Plan, Residential, FY23 Data

Table 1: Residential Consumers Served: Agegroup by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Agegroup	Number	Percent	Number	Percent	Number	Percent
0-5	0	0.0%	0	0.0%	0	0.0%
6-15	3	0.4%	0	0.0%	3	0.3%
16-25	71	9.4%	14	11.4%	85	9.7%
26-59	636	84.5%	107	87.0%	743	84.8%
60+	43	5.7%	2	1.6%	45	5.1%
Total	753	100.0%	123	100.0%	876	100.0%

Table 2: Residential Consumers Served: Ethnicity by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Ethnicity/Race	Number	Percent	Number	Percent	Number	Percent
American Indian	12	1.6%	1	0.8%	13	1.5%
Asian	42	5.6%	4	3.3%	46	5.3%
Black/African American	53	7.0%	5	4.1%	58	6.6%
Latino	217	28.8%	45	36.6%	262	29.9%
Mixed Race	218	29.0%	11	8.9%	229	26.1%
Native American	8	1.1%	0	0.0%	8	0.9%
Other Race	71	9.4%	12	9.8%	83	9.5%
Unknown	124	16.5%	44	35.8%	168	19.2%
White	8	1.1%	1	0.8%	9	1.0%
Total	753	100.0%	123	100.0%	876	100.0%

Table 3: Residential Consumers Served: Language by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Language	Number	Percent	Number	Percent	Number	Percent
Arabic	1	0.1%	0	0.0%	1	0.1%
English	611	81.1%	54	43.9%	665	75.9%
Farsi	1	0.1%	0	0.0%	1	0.1%
Other Non-English	1	0.1%	0	0.0%	1	0.1%
Samoan	1	0.1%	1	0.8%	2	0.2%
Spanish	18	2.4%	24	19.5%	42	4.8%
Tagalog	1	0.1%	0	0.0%	1	0.1%
Unknown	118	15.7%	43	35.0%	161	18.4%
Vietnamese	1	0.1%	1	0.8%	2	0.2%
Total	753	100.0%	123	100.0%	876	100.0%

Table 4: Residential Consumers Served: Gender by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Gender	Number	Percent	Number	Percent	Number	Percent
Female	272	36.1%	22	17.9%	294	33.6%
Male	481	63.9%	101	82.1%	582	66.4%
Total	753	100.0%	123	100.0%	876	100.0%

Table 5: Underserved by Ethnicity

Ethnicity/Race	Number	Percent
Asian	7	5.9%
Black/African American	6	5.0%
Latino	27	22.7%
Mixed Race	33	27.7%
Other Race	12	10.1%
Unknown	31	26.1%
White	3	2.5%
Total	119	100.0%

SCC SUTs Dept: Cultural Competency Plan, NTP, FY23 Data

Table 1: NTP Consumers Served: Agegroup by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Agegroup	Number	Percent	Number	Percent	Number	Percent
0-5	0	0.0%	0	0.0%	0	0.0%
6-15	1	0.5%	2	0.5%	3	0.5%
16-25	12	5.8%	38	8.8%	50	7.8%
26-59	158	76.0%	279	64.6%	437	68.3%
60+	37	17.8%	113	26.2%	150	23.4%
Total	208	100.0%	432	100.0%	640	100.0%

Table 2: NTP Consumers Served: Ethnicity by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Ethnicity/Race	Number	Percent	Number	Percent	Number	Percent
American Indian	3	1.4%	1	0.2%	4	0.6%
Asian	3	1.4%	23	5.3%	26	4.1%
Black/African American	9	4.3%	15	3.5%	24	3.8%
Latino	62	29.8%	114	26.4%	176	27.5%
Mixed Race	72	34.6%	157	36.3%	229	35.8%
Native American	2	1.0%	5	1.2%	7	1.1%
Other Race	16	7.7%	27	6.3%	43	6.7%
Unknown	38	18.3%	89	20.6%	127	19.8%
White	3	1.4%	1	0.2%	4	0.6%
Total	208	100.0%	432	100.0%	640	100.0%

Table 3: NTP Consumers Served: Language by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Language	Number	Percent	Number	Percent	Number	Percent
Arabic	1	0.5%	0	0.0%	1	0.2%
Chinese	0	0.0%	3	0.7%	3	0.5%
English	170	81.7%	391	90.5%	561	87.7%
Farsi	0	0.0%	1	0.2%	1	0.2%
Other Non-English	1	0.5%	0	0.0%	1	0.2%
Spanish	3	1.4%	14	3.2%	17	2.7%
Unknown	33	15.9%	21	4.9%	54	8.4%
Vietnamese	0	0.0%	2	0.5%	2	0.3%
Total	208	100.0%	432	100.0%	640	100.0%

Table 4: NTP Consumers Served: Gender by Payor

	Medi-Cal		Non Medi-Cal		All Payors	
Gender	Number	Percent	Number	Percent	Number	Percent
Female	94	45.2%	153	35.4%	247	38.6%
Male	114	54.8%	279	64.6%	393	61.4%
Total	208	100.0%	432	100.0%	640	100.0%

Table 5: Underserved by Ethnicity

Ethnicity/Race	Number	Percent
Asian	8	4.6%
Black/African American	8	4.6%
Latino	48	27.6%
Mixed Race	47	27.0%
Native American	1	0.6%
Other Race	11	6.3%
Unknown	48	27.6%
White	3	1.7%
Total	174	100.0%