



County of Santa Clara Behavioral Health Services Department

Cultural Competency Plan Update 2023 - 2024



COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

Better Health for All

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE (CLAS STANDARD 1, 2, AND 15) ...	4
FY 23-24 Progress and Updates.....	4
CRITERION 2: UPDATED ASSESSMENT OF SERVICES NEEDS (CLAS STANDARD 11).....	6
FY 23-24 Progress and Updates.....	9
CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC BEHAVIORAL HEALTH DISPARITIES (CLAS STANDARD 9, 10 AND 12)	21
FY 23-24 Progress and Updates.....	21
CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM (CLAS STANDARD 13).....	57
FY 23-24 Progress and Updates.....	57
CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES (CLAS STANDARD 4)	59
FY 23-24 Progress and Updates.....	59
CRITERION 6: GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY- AND LINGUISTICALLY COMPETENT STAFF (CLAS STANDARD 3).....	63
FY 23-24 Progress and Updates.....	63
CRITERION 7: LANGUAGE CAPACITY (CLAS STANDARD 5, 6, 7, AND 8).....	66
FY 23-24 Progress and Updates.....	66
CRITERION 8: ADAPTION OF SERVICES (CLAS STANDARD 14)	73
FY 23-24 Progress and Updates.....	73
ATTACHMENTS.....	84
Attachment 1: Prevention Division Older Adults Suicide Prevention Efforts	84
Attachment 2: SCC 988 Public Awareness Campaign Evaluation Report	84
Attachment 3: CCP Goals FY24.....	116

EXECUTIVE SUMMARY

The Behavioral Health Services Department (BHSD) of Santa Clara County has made progress in advancing cultural competency and ensuring equitable behavioral health services for all residents. The 2023-2024 Cultural Competency Plan highlights the department's commitment to breaking down barriers and addressing the diverse needs of the community through several strategic initiatives. BHSD has aligned its services with CLAS Standards to improve access, cultural responsiveness, and service quality, especially for those from underserved backgrounds.

Language access remains a priority, with efforts to expand services in multiple languages and the development of a comprehensive Language Access Plan. The addition of Russian as a threshold language and increased in-person translation services are examples of the department's dedication to reducing linguistic barriers. BHSD has also strengthened partnerships with community-based organizations to ensure that culturally and linguistically appropriate resources are available across all service points. Moreover, workforce initiatives have been bolstered to recruit and retain culturally competent staff, offering training programs that focus on cultural humility, inclusivity, and the unique needs of the county's diverse population. These efforts are key to enhancing service delivery and ensuring that care is accessible, respectful, and tailored to the needs of all members.

In addition to service adaptations, BHSD has expanded its prevention and outreach initiatives to address behavioral health disparities proactively. Programs like the Prevention Division's school-based efforts and the Older Adult Suicide Prevention Workgroup emphasize early intervention and community engagement. By targeting specific populations—such as youth, older adults, and marginalized cultural communities—BHSD aims to create a network of support that reduces stigma, promotes mental wellness, and encourages timely access to care.

BHSD continues to adapt and refine its services to meet the changing needs of Santa Clara County residents, fostering an inclusive and supportive environment. By integrating community feedback and prioritizing cultural competence, the department aims to improve behavioral health outcomes, reduce disparities, and ensure equitable care for all members of the county. The department's ongoing commitment to quality improvement, partnership with stakeholders, and focus on culturally responsive care positions it as a leader in advancing health equity and addressing the complex mental health needs of a diverse population.

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

The Behavioral Health Services Department is deeply committed to cultural competence, guided by a framework that ensures equitable and accessible care for all members, particularly those from diverse cultural and linguistic backgrounds. Criterion 1 embodies this commitment by aligning departmental practices with the National CLAS Standards, specifically Standards 1, 2, and 15. These standards emphasize the importance of providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, and other communication needs.

Through ongoing initiatives such as the implementation of a robust Language Access Policy and comprehensive Provider Directory Policy, the department continues to address the unique needs of Santa Clara County's diverse population. These efforts demonstrate a clear dedication to not only enhancing communication but also ensuring that every individual receives high-quality, culturally and linguistically appropriate behavioral health services. By upholding these standards, the department strives to eliminate disparities in healthcare access and outcomes, fostering an inclusive system that respects and responds to the cultural identities of all members.

FY 23-24 Progress and Updates

Language Access Policy

The new Language Access Policy was an essential step forward for the department in ensuring that all members, particularly those with Limited English Proficiency (LEP), have equitable access to behavioral health services. This policy was designed to eliminate language barriers that prevent members from accessing care, aligning with both federal and state regulations, such as Executive Order §13166, which seeks to improve access for those with limited English proficiency. It also adheres to the Dymally Alatorre Bilingual Services Act, demonstrating the department's commitment to serving the diverse population of Santa Clara County.

The policy outlines clear guidelines for providing language translation and interpretation services at no cost to members. It ensures that members are not only informed of their rights to these services but also receive them at critical points of care, whether in medical, and behavioral health settings or through non-medical interactions like appointment scheduling. Furthermore, the use of qualified

interpreters and translators ensures that services are delivered effectively and respectfully, while also upholding privacy standards.

Implementing this policy was crucial for the department because it directly impacts the quality of care and the inclusivity of services. By mandating that language assistance services are readily available in primary and threshold languages, as well as through auxiliary services like American Sign Language (ASL), the department guarantees that every individual, regardless of their language abilities, has the same opportunity to access mental health and substance use treatment services. This is particularly important for marginalized communities that might otherwise face significant challenges in accessing behavioral health care.

Provider Directory Policy

The Provider Directory Policy is crucial for ensuring that members of behavioral health services have accurate and accessible information about the providers available to them. This policy establishes the requirements for maintaining the Behavioral Health Services Department (BHSD) Provider Directory in accordance with state and federal regulations, such as 42 CFR §438.10 and §438.71. The policy details the standards for directory content, access, language requirements, and maintenance to ensure that members can easily find and understand the information they need to access care.

This policy is especially important for members because it ensures that the Provider Directory is up-to-date, comprehensive, and accessible in multiple formats, including electronic, printed, and in various languages. By providing detailed information about providers, such as cultural and linguistic capabilities, specialties, and whether they are accepting new members, the directory empowers members to make informed choices about their care. Additionally, the directory's adherence to accessibility standards, including availability in large print and machine-readable formats, ensures that members with disabilities or limited English proficiency have equitable access to critical information about their healthcare options.

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

Santa Clara County is home to a richly diverse community, characterized by a wide range of cultural, linguistic, and socioeconomic backgrounds. The Behavioral Health Services Department is dedicated to understanding and addressing the unique needs of these varied populations through thoughtful assessment and planning. By conducting an updated assessment of service needs, BHSD ensures that behavioral health services are accessible, effective, and equitable for all residents.

By examining the demographic and cultural landscape of Santa Clara County, BHSD aims to identify the specific needs of different communities and address disparities in access to care. This commitment is reflected in the department's focus on providing culturally and linguistically appropriate services that meet the diverse needs of the population.

The following section provides an overview of the general population in Santa Clara County, highlighting key demographic and socioeconomic factors that shape the demand for behavioral health services and influence the department's strategies for delivering culturally and linguistically appropriate care.

General Population Overview

Located in California's Silicon Valley, Santa Clara County embodies a dynamic blend of diversity, innovation, and economic vitality, with a population of approximately 1.93 million according to the latest [U.S. Census Bureau](#) data. The county is a multicultural hub, with Asian residents making up the largest racial group at about 39%, followed by White residents at 32% and Hispanic or Latino residents at 26%. African American, Native American, and other racial groups further enrich this diverse landscape, making the county a true reflection of global cultures.

Santa Clara County's high educational attainment, driven by prestigious institutions like Stanford University and strong public schools, supports a skilled workforce that fuels the tech-driven economy. The median household income is notably above the national average, yet the high cost of living and income inequality remain significant challenges. These economic dynamics necessitate policies that promote equitable growth to ensure that all communities can thrive.

Mental Health Medi-Cal Population

Santa Clara County's diverse demographics are also evident within its Medi-Cal mental health population, which serves many low-income residents across

Hispanic/Latino, Asian, African American, and Native American communities. The county’s Medi-Cal enrollees include a large proportion of children, young adults, and older adults, each with unique healthcare needs influenced by their cultural and linguistic backgrounds.

Santa Clara County Behavioral Health Services is committed to delivering culturally competent mental health care, with support provided in multiple languages, particularly English, Spanish, and several Asian languages. This approach addresses barriers to accessing quality healthcare and ensures that the diverse needs of Medi-Cal members are met equitably, supporting the health and well-being of all residents.

Population Served Overview

The following table provides an overview of the population served, including both Medi-Cal and non-Medi-Cal members. This data helps inform targeted outreach and service strategies to better meet the needs of each community.

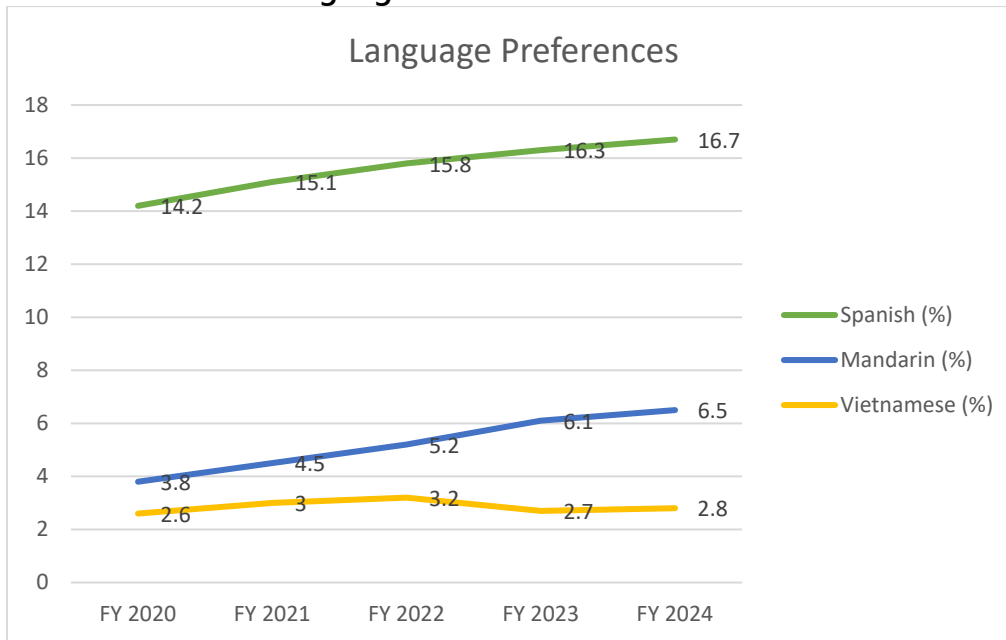
Table 1: FY 23/24 Overview of mental health population served

	Population Served (Medi-Cal)	Population Served (Non Medi-Cal)	Total Percentage of Members
Hispanic/Latino	8,782	781	35.60%
Asian/Pacific Islander	3,498	442	14.20%
White	4,634	546	18.80%
African American	1,437	135	5.80%
Native American	244	27	1.00%
Mixed/Other Ethnicities	1,640	134	6.60%
Unknown Ethnicity	4,452	1,006	18.00%

Language Preferences

Understanding language preferences is essential to providing culturally and linguistically appropriate services to the diverse Medi-Cal mental health population served by the Santa Clara County Behavioral Health Services Department. The top threshold languages for Medi-Cal mental health consumers in FY24 include English, Spanish, Mandarin, Vietnamese, and Cantonese. Over the years, the preferences have shifted slightly, with notable increases in Mandarin and Vietnamese speakers. The chart below illustrates these changes from FY20 to FY24, highlighting the evolving linguistic needs and the importance of maintaining effective language access services.

Chart 1: Preferred Language of beneficiaries served



Language preferences vary significantly between Medi-Cal Mental Health members and Substance Use Treatment (SUTs) members. Among mental health members, Spanish, Mandarin, and Vietnamese are prominent, reflecting a need for multilingual services targeting these communities. For SUTs members, English is the predominant language (70.4%), followed by Spanish (11.6%), with other languages such as Vietnamese, American Sign Language, Chinese, and Russian being much less represented.

The higher percentage of Spanish-speaking SUTs members indicates a stronger need for bilingual services within SUTs programs, while the prominence of Mandarin and Vietnamese among mental health members suggests targeted outreach for these communities. These differences are crucial for tailoring language services to the specific needs of each client group.

This analysis ensures that all members can access treatment in their preferred languages, thereby supporting the health and well-being of Santa Clara County's diverse Medi-Cal and SUTs clientele.

Substance Use Treatment Medi-Cal Population

The Substance Use Treatment (SUTs) programs in Santa Clara County cater to a multicultural client base, mirroring the county's overall demographic diversity. According to the FY24 unduplicated data, Hispanic/Latino members formed the

largest group, comprising 36.3% of total SUTs members. White members made up 20.2%, and Asian members represented 5.8%. African American members accounted for 5.9%, while Native American members represented 1.2%. The remaining percentage included members identifying as Mixed Race, Other Race, or those whose race was listed as Unknown.

Table 2: FY 23/24 Overview of SUTS population served

	Population Served (Medi-Cal)	Population Served (Non Medi-Cal)	Total Percentage of Members
American Indian	13	1	0.3%
Asian	225	40	5.8%
Black/African American	235	34	5.9%
Latino	1224	433	36.3%
Mixed Race	15	3	0.4%
Native American	50	4	1.2%
Other Race	254	123	8.3%
Unknown	702	286	21.7%
White	774	147	20.2%

The age distribution of SUTs members reveals that the majority fall within the 26-59 age group, accounting for 77.0% of the population served. Young adults (16-25 years) represent 13.5%, while older adults (60+ years) make up 7.2%. This indicates that the SUTs program primarily serves adults in their working years, emphasizing the importance of employment support and substance use recovery services that address the unique challenges faced by this demographic.

Language preferences among SUTs members also reflect the county's cultural diversity, with English being the most common language (70.4%). Spanish accounted for 11.6%, and Vietnamese represented 0.5%. Other languages, including American Sign Language, Chinese, and Russian, were also represented, albeit at lower rates. This highlights the importance of ensuring language services are available to address the needs of members who may not speak English fluently.

FY 23-24 Progress and Updates

In-Home Outreach Team (IHOT)

The County implemented two models of In-Home Outreach Teams (IHOT) based on successful programs from Alameda, San Diego, and Ventura Counties. The County IHOT, modeled after Ventura County's Rapid Integrated Support & Engagement (RISE) team, consisted of clinicians and peer specialists who provided follow-up care for 30 to 60 days after a crisis. Acting as the main entry point into the county's mental

health system, the team managed referrals and conducted outreach to assess and connect members to the appropriate services.

The community-based IHOT, modeled after programs in Alameda and San Diego, is staffed by non-clinical members such as peers, family members, and case managers. This team works with members for up to four months, exclusively receiving referrals from the county IHOT, to help connect them to mental health services and navigate various levels of care.

The program aims to reduce the number of repeat visits to Emergency Psychiatric Services (EPS), emergency departments, jails, mobile crisis teams, and law enforcement for members not connected to behavioral health and substance treatment services. It also seeks to engage members resistant to care and successfully link them to ongoing behavioral health services. The EPS/Behavioral Health Urgent Care (BHUC) pilot project, which began in FY 2022-2023 and continued into FY 2023-2024 with support from the county IHOT team, ended on June 30, 2024. Over the course of FY 2023-2024, the number of members referred to IHOT for outreach, engagement, and linkage services increased, as did the number of members successfully connected to ongoing behavioral health services.

The IHOT program is designed to provide intensive outreach and engagement, mental health screening, in-home intervention, family education, and support for members who are not voluntarily engaging with services. However, the biggest challenge faced by the program is locating and connecting with referred members, particularly those in marginalized populations who have limited access to mental health services. Many of these members experience housing instability, which makes it difficult for IHOT staff to maintain contact due to changes in phone numbers, addresses, or locations. To address this, IHOT teams make multiple attempts to locate members through various means, including visiting known addresses, calling phone numbers, and searching for members at hospitals, jails, court dates, community programs, and homeless encampments.

The program has achieved two significant outcomes. First, targeted outreach and engagement efforts have enabled IHOT teams to meet members “where they’re at” and facilitate their connection to the appropriate services. The teams have improved their ability to track members in hospitals and custody settings and have increased collaboration with community agencies such as Mobile Crisis Response Team (MCRT), Trusted Response Urgent Support Team (TRUST), and law enforcement. This has allowed them to screen members more effectively and connect them to appropriate behavioral health services. Second, the program has contributed to a decrease in the

use of higher-cost services by increasing access to more cost-effective care. In FY 2023-2024, the IHOT teams were able to connect 138 of the 502 referred members to community-based or County behavioral health services, which reduced their visits to EPS, emergency departments, and County jails. The number of referrals to behavioral health services has steadily increased over the past three fiscal years, with 55 referrals in FY 2021-2022, 100 in FY 2022-2023, and 138 in FY 2023-2024.

Additionally, all three IHOT teams have provided culturally relevant services by utilizing language translation, connecting members to culturally appropriate resources, and employing staff whose racial and ethnic backgrounds align with those of the members they serve. One success story involved the County IHOT team's work with an African American transition-age youth (TAY) referred by The HUB, a provider of services for former foster youth. An IHOT staff member, also a former foster youth, was able to immediately connect with the individual, facilitating a referral to a behavioral health provider and other TAY-specific community resources. This connection ultimately helped stabilize the individual's overall well-being.

In FY25, the County IHOT program will cease, and the staff assigned to IHOT will be assigned to support the Community Assistance, Recovery, and Empowerment (CARE) program and referrals. They will be part of the new BHSD Outreach and Engagement program.

Law Enforcement Liaison (LEL) and Interactive Video Simulation Training (IVST) Program

The Law Enforcement Liaison (LEL) Team has been recognized for its Interactive Video Simulation Training (IVST) program, designed to enhance law enforcement personnel's ability to interact safely and effectively with members experiencing a mental health crisis. Accredited by the California State Peace Officer Standards & Training Commission (POST), IVST has earned commendations from the State Legislature, County Board of Supervisors, and mental health organizations like NAMI. This training promotes best practices in de-escalation, sensitivity, and cultural humility when dealing with members facing mental health challenges or intellectual disabilities.

Recently, IVST has expanded to include hybrid training for mental health providers, government agencies, and approved civilian organizations. The program addresses factors contributing to stigma around mental illness and includes interactive video scenarios depicting members from diverse communities, such as LGBTQ+ and bilingual (Vietnamese and Spanish) populations. These culturally informed scenarios

were developed with input from subject matter experts and community representatives to reflect cultural humility and dignity.

In FY23-24, the LEL team introduced 10 new IVST scenarios, enhancing training for first responders and community service providers. The team also supported 22 case conferences and 23 collaborative meetings between first responders, care providers, and the judicial system, ensuring better communication and service coordination for members. LEL received 580 referrals and consultations, training 537 first responders and 298 non-first responders. Post-training surveys revealed significant improvements in participants' understanding of de-escalation techniques, recognizing signs of mental illness, and knowing where to refer members who do not meet 5150 criteria.

Looking forward to FY25, a new goal is to implement pre- and post-surveys for non-first responders, reflecting the growing demand for this training and the need to capture outcome data for this group. These efforts continue to build cultural competence and reduce mental health disparities within the community.

Vietnamese American Service Center

The Vietnamese American Service Center Behavioral Health (VASCBH) is a culturally proficient program that primarily serves the adult and older adult Vietnamese and Latino populations of Santa Clara County living with severe mental illness. VASCBH offers a comprehensive range of mental health services within the cultural context of the communities it serves. The bilingual and bicultural staff, which includes Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Psychiatrists, Rehabilitation Counselors, Licensed Psychiatric Technicians, and Mental Health Peer Support Workers, work collaboratively in multidisciplinary teams to provide tailored treatment plans that reflect the unique cultural needs of each client.

VASCBH provides essential mental health services such as individual, family, and group counseling, medication management, case management, rehabilitation, crisis intervention, and referral support. The program also includes staff from the Ambulatory Health and Social Services Agency, creating a multi-faceted treatment facility that enhances care coordination and service delivery. The primary goal is to help members reduce symptoms, maintain wellness, improve their quality of life, and avoid the need for intensive interventions like hospitalization.

In FY24, VASCBH served 302 unduplicated members, offering services such as therapy, counseling, medication support, and crisis intervention. Recognizing the diverse needs of the community, the program introduced a Queer and Asian Peer

Support Group, which meets twice a month. The program expanded its access points beyond internal transfers and Call Center referrals to include walk-ins, Ambulatory Care, and community referrals, ensuring more timely access to behavioral health services. Despite limited staffing, most referrals are scheduled or triaged, demonstrating the program's commitment to addressing the needs of the community.

VASCBH's culturally diverse staff is trained to work with members from various backgrounds, including Vietnamese, Latino, Chinese, and African-American communities, reflecting the population it serves. Clinicians focus on symptom management and rely heavily on client feedback to guide treatment, ensuring culturally responsive care.

One notable success story is that of a Vietnamese client referred to VASCBH by Emergency Psychiatric Services (EPS) after an evaluation for suicidal ideation. Despite ongoing challenges, the client has made significant strides, including completing college coursework, gaining admission to a prestigious university, and engaging in a psychology research program. He also received recognition from the Santa Clara County Board of Supervisors and is committed to using his life experiences to help others. He remains grateful for the support received from VASCBH and plans to continue his care.

In FY24, 127 members were discharged from the program, with 57 successfully completing treatment, further demonstrating VASCBH's impact in reducing mental health disparities and supporting the well-being of its members. The program remains dedicated to providing culturally competent care that addresses the mental health needs of its diverse community.

Forensic, Diversion and Reintegration (FDR) Co-Occurring

The Forensic, Diversion, and Reintegration (FDR) Co-Occurring Program addresses the complex needs of members with co-occurring mental health and substance use disorders involved in the criminal justice system. Launched in 2017, the program seeks to divert participants from incarceration, offering comprehensive treatment and support to aid their reintegration into the community.

Key goals include reducing recidivism, improving mental health and substance use outcomes, enhancing participants' quality of life, and alleviating the burden on the criminal justice system. In FY24, the program saw a 15% increase in enrollment, with a 75% retention rate, though this fell slightly below target. New outreach strategies are planned for FY25 to address these gaps. Furthermore, 95% of staff completed cultural

competency training, and ongoing workshops ensure continued development in this area.

Notable progress includes a 25% reduction in symptoms and substance use, with partnerships formed with six community organizations representing diverse cultural groups. The program currently serves 150 participants, with a demographic breakdown of 40% Hispanic/Latino, 30% African American, 15% White, 10% Asian/Pacific Islander, and 5% Other/Mixed Race. However, engaging Asian/Pacific Islander participants has been challenging due to cultural stigma around mental health, leading the program to develop tailored outreach strategies.

The program understands the importance of hiring diverse staff, utilizing peer support, integrating traditional healing practices, and offering flexible scheduling to respect cultural and religious observances. Evaluation tools such as the Cultural Competence Assessment Scale (CCAS) and client satisfaction surveys, available in multiple languages, showed positive outcomes. In FY24, staff cultural competence scores improved from 3.5 to 4.2, and client satisfaction increased from 75% to 85%. Recidivism rates dropped by 40%, reflecting the program's effectiveness.

Training strategies include regular workshops on cultural sensitivity, role-playing exercises, and education on the historical contexts of mental health stigma. Engagement strategies involve partnerships with community leaders, services in multiple languages, and the inclusion of traditional healing practices when desired by members. Pre- and post-program surveys, focus groups, and interviews help assess changes in attitudes and behaviors, showing a 30% increase in treatment completion rates among minority participants.

The program collaborates with community organizations through regular meetings, co-designed interventions, and shared spaces for community events. These partnerships have improved access for marginalized populations, including undocumented immigrants and LGBTQ+ members. Key lessons learned include the importance of cultural humility, ongoing community engagement, and flexible, person-centered approaches.

Efforts to improve mental health care for diverse populations include culturally responsive training, evaluation, and treatment planning. Addressing language barriers and reducing disparities in care through culturally appropriate services has resulted in significant improvements in help-seeking behaviors and access to care for underserved communities. The program also educates providers and communities on

the social determinants of health and the intersectionality of mental health with substance use and physical health.

In conclusion, the FDR Co-Occurring Program has made significant strides in promoting cultural awareness, improving mental health outcomes, and reducing stigma among diverse justice-involved populations. Continued evaluation and refinement are necessary to ensure sustained success and progress in reducing mental health disparities.

Forensic, Diversion and Reintegration (FDR) Crisis Residential Programs

The Forensic, Diversion, and Reintegration (FDR) Crisis Residential Programs are designed to provide culturally competent mental health services to members involved in the criminal justice system or at risk of involvement. The program's core mission is to divert members from unnecessary incarceration and support their reintegration into the community by addressing mental health and substance use challenges within a cultural framework.

Staff undergo intensive cultural competency training, including modules on reducing mental health stigma in diverse communities. The program employs staff from various cultural backgrounds to lead discussions on mental health disparities and stigma. Pre- and post-intervention surveys are used to measure changes in attitudes toward mental health, with quantitative data showing a 25% reduction in self-reported stigma among participants. Qualitative feedback is gathered through focus groups and individual interviews, further informing program improvements.

The FDR Crisis Residential Programs have also established a Cultural Liaison Program and formed strong partnerships with community organizations, hosting regular stakeholder meetings to ensure continuous community involvement. These efforts have led to high stakeholder satisfaction, increased referrals, and enhanced engagement with immigrant populations, LGBTQ+ members, and underserved neighborhoods through mobile outreach, multilingual services, and targeted campaigns.

Key lessons learned include the importance of community involvement, flexibility in service delivery, ongoing education, awareness of intersectionality, and the time needed for trust-building. The program continuously uses surveys, community forums, and a participant advisory committee to make improvements, resulting in increased participant satisfaction and enhanced services. Diverse groups such as Latino, Southeast Asian refugees, African American youth, LGBTQ+ members from

conservative backgrounds, and Native American participants have reported significant improvements in treatment outcomes.

The program addresses mental health disparities through culturally specific psychoeducation sessions that explore the root causes of these disparities in group therapy, incorporating historical and social contexts. Awareness campaigns have also increased community understanding of the cultural factors influencing mental health and substance use for justice-involved members, as shown by post-campaign surveys. The use of comprehensive assessment tools, personalized care plans, diverse staffing, and intersectionality training further reflects the program's commitment to addressing the complex needs of members with multiple cultural identities. Concrete metrics and outcomes provide clear evidence of the program's effectiveness in reducing stigma and improving mental health treatment for marginalized populations.

MHSA Planning Process

The MHSA Community Program Planning process began in early 2023 with a comprehensive program utilization review, community meetings, and provider briefings. These efforts were guided by recommendations from the County's MHSA Stakeholder Leadership Committee (SLC) and marked the first phase of the planning process, which focused on reviewing program priorities and outcomes data. During the fall of 2023, the SLC and community partners participated in breakout groups, surveys, and Q&A sessions, fostering valuable exchanges of ideas that informed the planning process.

Phase two, which took place in late 2023 and early 2024, refined program considerations based on stakeholder feedback and the emerging needs of the community. This phase also addressed Proposition 1, emphasizing the need for a shared community vision in program planning, implementation, and evaluation. This engagement led to the completion of the FY25 MHSA Annual Plan Update, which was finalized in June 2024, following the completion of the planning process in April 2024.

The MHSA team hired and trained two new staff in September 2024 to support the planning process and administrative work. Efforts to recruit and appoint new SLC members are ongoing, with an Outreach Subcommittee prioritizing the filling of vacant seats and exploring new ways to encourage participation.

Proposition 1, which passed in April 2024, resulted in changes to MHSA (now BHSA). The MHSA/BHSA team continues to participate in workgroups to stay informed on

potential impacts and keep stakeholders updated. In early 2023, the team conducted surveys to measure changes in attitudes, beliefs, and behaviors related to mental health services. The findings informed the FY25 community program planning process.

In 2023, 29 community conversations were held, gathering input on the impact of MHSA programs on stigma and mental health disparities. These conversations included diverse groups, including historically underserved populations. Feedback indicated reduced stigma and high satisfaction with services, which were described as "useful" and "focused on patient-centered recovery."

A third-party evaluator was engaged to review feedback from surveys and community conversations, using culturally competent tools to assess MHSA progress over the years. The final report with detailed findings and recommendations can be accessed here: [Santa Clara County FY24 and FY25 Annual Plan](#)

New Refugees

The New Refugee Program aims to reduce stigma and improve mental health awareness for newly arrived refugees by offering early intervention services that address mental health concerns at their onset. Through culturally and linguistically tailored outreach, engagement, and prevention activities, the program supports refugees in adapting to life in the county. Services are provided to refugees, including children, who have lived in the area for up to seven years. Recognizing the unique challenges refugees face, the program fosters collaboration with community partners to deliver coordinated, culturally appropriate services, including outreach in refugees' native languages and supportive videos featuring compatriots.

Given the distrust many refugees may have towards authorities due to past experiences of persecution, the program emphasizes trauma-informed engagement and provides responsive services, including specialized support for torture survivors. Refugees are also connected to additional mental health resources to facilitate their successful integration and well-being.

The program's goals include reducing stigma, trauma, and disparities in access to care, while also preventing suicide. Culturally appropriate outreach occurs in natural community settings, using accessible language to describe mental health symptoms. The program's brief interventions aim to address the situational stressors characteristic of resettlement, helping reduce the need for specialty mental health services, while bridging members to more intensive care when necessary.

Additionally, by improving coping skills during acculturation, the program reduces the risk of suicidality among refugee populations.

In FY24, the program served 241 members, with a total expenditure of \$1,049,958, averaging a cost of \$4,356.67 per person. Outcomes were measured using tools like the Current Adaptive Functioning Index - Cross-Cultural Version (CAFI-XC), which evaluates client progress in areas such as mental health, social connections, and navigation of cultural barriers. Across various domains, significant improvements were seen, reflecting the program's commitment to culturally competent and trauma-informed care.

Through partnerships and collaborative efforts, the program supports members by offering resources such as housing extensions, employment assistance, and parenting support groups. Events like World Refugee Day further foster community cohesion and celebrate the cultural diversity that enriches the county. By addressing mental health needs in a culturally sensitive manner and promoting community integration, the program empowers refugees to thrive in their new environment.

CYF Substance Use Treatment Services (SUTS)

The CYF SUTS program provides comprehensive substance use treatment services to youth ages 12-21, including assessment, individual, family, and group therapy; collateral and case management; and family and group education. Recovery services encompass recovery monitoring, peer-to-peer relapse prevention, and individual/family support groups.

In 2024, the program expanded with the addition of nine Peer Support Workers across three County-contracted provider programs. These peers, located at 24 school sites throughout Santa Clara County, assist with outreach, engagement, and timely access to youth substance use treatment services. The program began ramping up in January 2024 and data collection started with the 2024-2025 school year. The model integrates peers with lived experience to work alongside school staff and providers, offering culturally responsive and developmentally appropriate interventions that address the complex needs of youth. This collaboration with schools targets marginalized populations with limited access to behavioral health services, ensuring earlier intervention and comprehensive support. The program also addresses the intersectionality of youth from diverse cultural communities, including those defined by race/ethnicity, language, age, system involvement, and SOGIE.

Although the ramp-up started in January 2024, peers were not placed on school campuses until by August/September due to hiring and agreement delays. Some

providers are still working towards full staffing. During the current school year, data will be collected to evaluate success and challenges in improving youth access to services. The expansion of peer support on campuses is expected to increase service utilization and expedite care linkage.

In FY24, 160 youth were served through County-contracted providers. BHSD is also exploring formal, consistent ways to gather input from youth, families, and care providers to create a detailed plan that continuously enhances culturally responsive services and meets the evolving needs of the community.

Ethnic Outpatient Services

The CYF Ethnic Outpatient Continuum program serves Medi-Cal eligible youth, ages 6-21, from diverse ethnic backgrounds who require specialty mental health services. Designed to meet the unique cultural and linguistic needs of specific populations—including African, Alaska Native, Asian, Cambodian, Latino/a, Middle Eastern, Native American, Southeast Asian, and Vietnamese youth—the program offers culturally competent mental health interventions. These services address functional impairments related to self-care, school/employment, mood regulation, relationships, trauma, family dynamics, and cultural adjustments.

In FY24, the program demonstrated success in providing timely access to ethnic-specific services, with 65% of referred youth being connected to ongoing care with culturally matched providers. The program also reported a 68% successful discharge rate, underscoring its positive impact in reducing mental health symptoms among participants.

The Ethnic Outpatient Continuum served 289 youth in FY24, with 51% identifying as Asian or Pacific Islander, 21% as Hispanic or Latino/a, and 20% as African or of African ancestry. The program prioritizes hiring bicultural and bilingual staff to ensure services are culturally relevant, furthering its goal of reducing disparities in mental health care. Program outcomes are evaluated through tools such as the Child and Adolescent Needs and Strengths (CANS) assessment, penetration rates, and discharge data, ensuring continuous improvement and responsiveness to community needs.

CYF County Clinical Services

CYF County Clinical Services offers a range of behavioral health services for children, youth, and families, from birth through age 25. These services include assessment, outpatient mental health (MH) and SUTS, as well as first episode of psychosis (FEP) support. The program emphasizes trauma-informed and culturally responsive care, with a staff that is 95% bilingual and bicultural, ensuring that services are delivered

by providers from diverse backgrounds who can meet the cultural and linguistic needs of the community.

The program aims to reduce the need for higher levels of care or prolonged services. In FY24, 70% of members made progress in managing symptoms and addressing their behavioral health challenges. However, only 33% successfully graduated from the program, signaling a need for further evaluation to improve the rate of successful discharges from the program.

Culturally responsive care is a cornerstone of the program. Clinic staff are trained in various evidence-based practices and deliver services in multiple languages, including Spanish, Vietnamese, and Cantonese. Collaboration with the Diversity, Equity, and Inclusion (DEI) team ensures that interpretation services, both in-person and over the phone, are available for members who need additional language support. These services, offered within a 48-hour window when needed, make intake documentation and other materials accessible in languages beyond English, enhancing the overall client experience and fostering a culturally sensitive environment. This commitment to cultural competence allows CYF County Clinical Services to effectively serve the diverse needs of the community while continually improving service delivery and outcomes.

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

The Department is committed to reducing racial, ethnic, cultural, and linguistic disparities in behavioral health services, in alignment with Criterion 3 and CLAS Standards 9, 10, and 12. These standards emphasize the importance of proactive strategies for addressing disparities, engaging diverse communities, and ensuring culturally competent care. The department's approach focuses on eliminating barriers to access, enhancing cultural responsiveness, and promoting equity through targeted programming and collaboration with community partners.

Key initiatives include school-based prevention programs targeting youth substance use and suicide, culturally responsive efforts for older adult populations, and substance use prevention activities designed to meet the unique needs of various cultural communities. The department has expanded its reach through collaborations with local organizations, culturally competent training programs, and tailored services that reflect the cultural and linguistic needs of Santa Clara County's diverse population. By engaging community stakeholders and implementing evidence-based practices, these efforts contribute to reducing disparities and ensuring equitable access to behavioral health services for all residents.

Moving forward, the department remains dedicated to strengthening partnerships, addressing the specific needs of marginalized communities, and continuously improving service delivery to promote health equity and reduce disparities in behavioral health outcomes.

FY 23-24 Progress and Updates

Prevention Division School-based Efforts

The Prevention Services Division is dedicated to reducing suicide and substance use disorders in Santa Clara County, with a particular focus on youth (K-12). The division offers school-based prevention programs that include trainings, presentations, and technical assistance, designed to complement school districts' efforts in promoting awareness and prevention among students, staff, and caregivers. Support is available to all 32 districts, including charter schools.

In FY24, highlights of the division's initiatives include:

- Trainings and consultations: Guidance on suicide prevention, intervention, and postvention strategies, reaching 20 districts.

- Kognito training: A virtual simulation platform to improve comfort and competence in handling sensitive conversations on topics like trauma, bullying, LGBTQ+ youth, and suicide risk, with over 2,100 staff and students trained.
- Friday Night Live: A youth development program that fosters leadership and healthy development.
- Botvin’s LifeSkills: A research-backed substance abuse prevention program, building personal management and resistance skills.
- Alcohol and Other Drugs (AOD) presentations: Tailored presentations on substance use trends, intervention strategies, and available resources.
- Restorative Practices: Individualized training to integrate restorative practices and social-emotional learning into a multi-tiered support system, engaging 15 districts.
- Grief/loss support: On-site support following critical incidents, available to staff, students, and families.

The goal is to equip participants with the skills to identify and refer members at risk for substance abuse or suicide. In FY24, the program expanded restorative practices, trained over 2,000 members in emotional learning, and maintained support services like grief counseling and AOD presentations.

Cultural competence is embedded through training and consultation, such as Kognito role-play simulations and resources addressing the needs of diverse populations. Staff were provided cultural addenda developed by Palo Alto University to help navigate psychological distress, culturally specific warning signs, minority stress, and stigma, ensuring that prevention efforts are culturally responsive.

Looking ahead, the passage of Proposition 1 and expected changes to the Behavioral Health Services Act (BHSA) may impact future programming. The division is preparing to adapt while continuing its commitment to addressing local needs.

Outcomes from these initiatives include increased knowledge of suicide warning signs, best-practice crisis response, and substance use prevention, with long-term goals to reduce youth suicidality and substance use. These efforts are tracked through customized surveys and quantitative/qualitative tools across districts.

Prevention Division Older Adults Suicide Prevention Efforts

The Suicide Prevention Program (SPP) has made significant strides in addressing suicide prevention among older adults in Santa Clara County (SCC). Since its inception, the program formalized its efforts with the hiring of a Prevention Program Analyst and the creation of the Older Adult Suicide Prevention (OASP) Workgroup in

FY23. This workgroup was established to identify service gaps and coordinate prevention and intervention efforts, focusing on raising awareness, promoting connections among older adults, and enhancing upstream prevention strategies.

To further these efforts, the SPP engaged with County Behavioral Health clinical sites and primary care providers, where older adults frequently access care. Research has shown that many medical and mental health professionals feel inadequately prepared to assess and manage suicide risk, particularly when serving diverse populations. Recognizing this gap, the SPP contracted with Drs. Joyce Chu and Chris Weaver from Community Connections Psychological Associates (CCPA) to provide culturally competent consultation services.

Since FY21, CCPA has supported primary care and behavioral health sites in improving suicide assessment and management practices for diverse older adult populations. In FY24, CCPA engaged with a new site, Adult and Older Adult (AOA) Services in the Behavioral Health Services Department (BHSD), to improve suicide prevention and management practices. Deliverables and outcomes include establishing collaborative relationships with sites and offering a selection of 13 consultation functions, developed from the evidence based Zero Suicide Framework (Layman et al., 2021; Turner et al., 2021; Zero Suicide Institute, 2018; 2020). These functions encompass support in areas such as data collection, needs assessments, and program evaluation to identify organizational gaps, strengths, and priorities. Additionally, sites receive assistance in setting up systems for tracking and analyzing improvements. The consultation services are tailored to each organization's specific needs, collaboratively determined, and implemented based on the identified priorities.

The OASP Workgroup identified three key goals for FY24: 1) enhancing partnerships among programs serving older adults, 2) increasing suicide prevention awareness through education and outreach, and 3) fostering healthy connections within the older adult community. These goals were based on a needs assessment conducted by the Workgroup. Table 1 outlining all the deliverables and progress in more detail can be found in Attachment A.

In FY24, the OASP Workgroup has fostered partnerships by continuing its outreach efforts to expand membership to those serving older adults. By the end of FY24, these efforts resulted in a diverse membership of 13 representatives, each contributing unique perspectives and addressing various needs related to older adult suicide prevention (See Table 1 below). Each organization brought unique perspectives, allowing the workgroup to address the varied cultural and mental health needs of older adults in SCC. This collaboration ensured that suicide

prevention efforts were both culturally relevant and sustainable by fostering strong, community-based partnerships.

Table 1: Involvement of Older Adults Serving Organizations

Programs/Organizations	Pilot Year (FY23: 22-23)	Year 2 (FY24: 23-24)
BHSD AOA Division	x	x
Catholic Charities	x	x
Gardner Family Health Network		x
Korean American Community Services (KACS)		x
BHSD Law Enforcement	x	x
Milpitas Barbara Lee Senior Center	x	x
Momentum	x	
Clinic to Community Linkages, Public Health Department (PHD)		x
San Jose State University Public Health Program		x
SASCC	x	x
SELPA 1 CAC	x	x
Seniors' Agenda, (Department of Aging and Adult Services (DAAS))	x	x
VA Palo Alto Health Care System	x	x
West Valley Service Providers Network & Los Gatos Thrives Foundation		x

Community members and participants have provided positive feedback on the Older Adult Suicide Prevention Resource Guide, noting its significant impact on reducing stigma and addressing mental health disparities among older adults. Key responses include:

- Valuable Resource: “The Older Adult Suicide Prevention Resource Guide is an excellent source of lots of valuable information for seniors. It is extremely well done and in a very readable large font.”
- Comprehensive Utility: “I found the Older Adults Suicide Prevention Resource Guide surprisingly useful. I thought it was only for people who need mental health support, but there is a little bit of everything in here. Everything you need is right there.”
- Sense of Support: “The information was clear, and the resources listed gave me a sense of support. It’s comforting to know that there are dedicated resources available for older adults facing mental health challenges.”

These testimonials reflect the guide's effectiveness in increasing awareness and encouraging help-seeking behaviors among older adults. Additionally, the high demand for hard copies, with over 1,000 requests, underscores the guide's positive reception and its role in addressing mental health needs within the community.

Table 2: List of organizational consultation functions/services

Function / Service #	Description
1	Mobilize efforts (e.g, increase awareness, foster buy-in) to analyze and refine or improve downstream suicide assessment, stabilization, and recovery services.
2	Identify gaps, strengths, and priorities for organizational improvement through collection and analysis of qualitative and quantitative needs assessment data.
3	Conduct consultation meetings on system improvements as indicated
4	Identify and implement the need for program adaptations, changes, or additions in the areas of culture and diversity (i.e., to prevent suicide and promote recovery in the diverse populations of the County).
5	Assist in the development of suicide-relevant policies and procedures
6	Determine the needs for training of clinic staff, providers, or other relevant stakeholders
7	Provide ongoing consultation regarding initial and booster training, and education
8	Collaboratively customize screening and assessment tools. Streamline processes to balance effectiveness with feasibility.
9	Implement evidence-based practices to assure referral, safe discharge, continuity of care, and recovery to meet and exceed legal, ethical, and clinical standards.
10	Assess and modify forms and clinical notes to optimize clinical care, minimize clinician burden, and address legal and ethical standards.
11	Track outcomes on system improvements through the collection and analysis of evaluation data.
12	Consult on the setup of a program evaluation and data collection, monitoring, and analysis system.
13	Provide individual and ongoing training.

Progress has been tracked using both quantitative measures, such as the number of outreach efforts, presentations, and trainings, and qualitative feedback from stakeholders to assess the impact of the Workgroup’s efforts on reducing stigma and

increasing resource utilization. The focus has been on promoting healthy social connections among older adults, a key protective factor against suicide.

CCPA’s culturally responsive work is tailored to the unique needs of each site, informed by evidence-based practices and guided by the Zero Suicide Framework. This participatory approach ensures that suicide prevention efforts are not only effective but culturally competent, addressing the specific needs of older adults from diverse backgrounds.

Table 3: Description of downstream suicide prevention consultation efforts in FY24

Name of Site	FY23 Status	Description of Downstream Work in FY2024	Functions/Services Performed in FY2024	Next Steps
Adult and Older Adult Services (AOA)	Active	New onboarding of full consultation client. Full needs assessment via survey and multiple focus groups, including reporting out to leadership. Drafting of comprehensive suicide prevention plan and development of supporting tools.	<ol style="list-style-type: none"> 1. Mobilize efforts 2. Identify gaps, strengths, and priorities 3. Consultation meetings on system improvements 4. Culture/diversity adaptations 5. Policies and procedures 6. Determine training needs 7. Provide consultation on education/ training needs 8. Screening/ assessment tools 9. Evidence-based practices 10. Provide training 	Continue seeking policy approval. Finalize training curriculum for implementation, and work toward roll-out.

In FY24, CCPA expanded its consultation to additional sites, including the Adult and Older Adult clinics, while continuing its engagement with organizations such as Asian Americans for Community Involvement (AACI), the MCRT, and the Bill Wilson Center. The flexible and collaborative nature of the consultation allowed each site to address their specific needs and implement systemic changes effectively.

Substance Use Prevention Alternative Activities

Substance Use Prevention Services (SUPS) aims to reduce substance use disparities across diverse cultural communities by responding to emerging trends and providing youth with alternatives that promote leadership, community connectedness, and a sense of purpose. These activities serve as protective factors against substance use and are tailored to meet the unique needs of various cultural groups.

One key program, Caminar's LGBTQIA+ South County Safe Space, serves LGBTQIA+ youth in Gilroy and Morgan Hill (ages 13-25), offering peer support groups and workshops on alcohol and other drugs (AOD) in both English and Spanish. Similarly, Youth Community Service (YCS)'s Youth Connect program fosters relationship-building and community engagement among youth, parents, and adults, promoting protective factors in a supportive environment.

Rebekah Children's Services (RCS) offers a vocational alternative through its Culinary Academy, which serves high-risk youth, integrating AOD education into hands-on culinary training. Meanwhile, Youth Alliance (YA)'s Youth Empowerment Project focuses on leadership development and drug-free events, providing after-school activities for youth ages 11-18 in South County.

In FY24, youth alternative activities provided healthy, engaging options for youth (ages 9-24) to stay active, build purpose, and strengthen community connections as a protective factor against substance use. Several providers contracted with the County of Santa Clara, including AACI Friday Night Live (FNL), AACI Youth in Technology Incubator (YTI), Caminar, Catholic Charities, Horizon, Rebekah Children's Services (RCS), Youth Alliance, and Youth Community Service (YCS). Except for Catholic Charities, all providers collected participant surveys to evaluate the impact of these activities.

In collaboration with Hatchuel Tabernik & Associates (HTA), the County developed a survey to measure the effects of these alternative activities. The survey assessed whether participants learned something new, enjoyed the program, and were glad they participated. It also included self-reported data on substance use in the past 30 days and reflections on protective factors such as emotional regulation, self-esteem, coping and problem-solving skills, engagement with others, and the development of skills and interests. The survey, available in English and Spanish, saw 178 completed responses between July 2023 and June 2024 (see Attachment 2 for more detailed results).

In FY24, the survey reflected the diverse demographics of Santa Clara County, with 90.4% of participants reporting that they learned something new. Additionally, the data showed a reduction in risk factors, such as rebelliousness and social isolation, and an increase in protective factors, including emotional regulation, self-esteem, and connection with peers and adults.

The program's culturally responsive approach is evident in feedback from participants. Many youth reported gaining communication skills, self-awareness, and a sense of belonging, expressing how the programs helped them cope with challenges and build confidence, especially regarding their cultural identities.

An external evaluation agency, in collaboration with SUPS and program providers, ensures continuous monitoring of outcomes through validated surveys, guiding program improvements and future decisions. Demographic data and program engagement levels are analyzed to assess progress in reducing risk and increasing protective factors among culturally diverse youth.

SUPS's commitment to cultural competence is highlighted by events like the Pride Kitchen Class hosted by RCS, which partnered with LGBTQ Wellness and the County's Behavioral Health Services Department to serve LGBTQIA+ youth. Similarly, YCS's Gender Affirming Clothing Drive and Queer Fashion Show demonstrate the program's dedication to serving marginalized communities.

Through culturally relevant art, education, and leadership opportunities, SUPS programs address racial, ethnic, and cultural disparities. For example, Youth Alliance uses poetry from artists like Tupac Shakur and Maya Angelou to empower youth from communities of color, helping them recognize their self-worth and take pride in their identities. These efforts reflect SUPS's ongoing commitment to fostering equity and resilience among youth across Santa Clara County.

Latinx/e and Asian Suicide Prevention

The County of Santa Clara's Suicide Prevention Oversight Committee (SPOC) conducts an annual review of suicide death data from the Medical Examiner-Coroner's office, analyzing trends over the past five years. In late 2023, the Data Workgroup identified a concerning increase in suicides among the Latinx and Asian populations over the previous three years (2020-2022). In response, the workgroup recommended enhanced outreach and interventions for these communities, primarily through SPOC's Interventions Workgroup, and the formation of an ad hoc research subgroup dedicated to exploring the factors contributing to suicides in these populations.

The research subgroup developed questions aimed at deepening the understanding of suicide behaviors, stigma, and missed intervention points among Latinx and Asian suicide decedents and attempters. The subgroup reviewed existing data sources and current research projects, incorporating insights from an updated literature review on mental health stigma and help-seeking behaviors, as well as anecdotal evidence shared by local organizations serving these communities.

The findings were summarized in a report, which is currently being finalized to guide SPOC and the Suicide Prevention Program (SP Program) in shaping effective outreach and media strategies for these populations. Concurrently, the SP Program intensified its engagement with local Latinx and Asian-serving organizations by presenting information about its services and soliciting feedback on community mental health needs. This collaborative effort led to the formation of a database of over 60 organizations, with 18 actively participating in suicide prevention initiatives.

As of October 2024, the report produced by the ad hoc research subgroup will be completed, and the Interventions Workgroup will assess the subgroup's recommendations to inform future actions. Current initiatives include setting up focus groups to gather input from Latinx and Asian community members for an upcoming mental health stigma reduction media campaign and establishing six mini-grants of up to \$5,000 for local organizations to support mental health promotion and suicide prevention efforts in Latinx, Vietnamese, Chinese, and Korean communities.

Challenges persist, particularly in obtaining data from the California Department of Health Care Access and Information (HCAI) on suicide attempts and related data. Collaborating with Palo Alto University, the program has been working for three years to secure this data, which will help address critical research questions. Additionally, local Promotoras de salud have provided valuable insights into mental health disparities based on their experiences and data collection efforts from a Stanford Mental Health Survey study in East San Jose.

The ad hoc research subgroup also included members identifying as Latinx or Asian, ensuring that discussions around mental health disparities and stigma were informed by community perspectives. Focus groups will further inform the stigma reduction media campaign targeting Latinx and Asian-identifying members in the county. Each strategy within the Suicide Prevention Program has its own evaluation plan, with assessments guided by the research report's recommendations. For example, the

stigma reduction campaign will use post-campaign surveys for evaluation, while culturally-specific trainings will incorporate pre- and post-training surveys.

Annually, the Suicide Prevention Program reviews and analyzes suicide death data, including demographic information, to evaluate progress in addressing suicide rates among the Latinx and Asian populations. This ongoing assessment is essential for refining strategies and ensuring culturally competent interventions that meet the needs of these communities.

Navigator Program

The Peer-Run Behavioral Health (BH) Navigator Program connects members and families to County and community resources, guiding them through the behavioral health system to ensure access to accurate information, linkage to services, and support navigating various opportunities. Peer Navigators offer personalized assistance for behavioral health needs, provide guidance on wellness services, and connect members to mental health, substance use, suicide prevention, and other support resources. Navigators have lived experience and a deep understanding of local services, fostering trust and engagement within the community.

In FY 23-24, the BH Navigator Program met its goals by connecting residents with resources tailored to their needs. The program expanded by hiring a Program Manager, three peer support workers, two additional peer support workers, and an office support specialist. Collaborations were established with Family and Community Engagement in Morgan Hill to support South County residents, though efforts to partner with the Blanca Alvarado Community Center in East San Jose were unsuccessful. Recognizing the need for services in San Jose, the program is working with the City of San Jose Parks and Recreation Center to establish in-person support at Seven Trees Community Center and Library.

In May 2024, three staff members participated in the Governing for Racial Equity training hosted by the Office of Diversity, Equity, and Belonging. Inspired by this, they formed a Diversity, Equity, and Belonging Committee, which hosts monthly discussions on topics related to culture, diversity, and systemic inequities. These conversations, aligned with cultural events, encourage learning and reflection among staff and aim to foster a culturally responsive and inclusive environment. The program also emphasizes using client-centered language to avoid perpetuating stigma around behavioral health and substance use services.

The BH Navigator Program conducted extensive outreach, with a part-time outreach worker engaging 914 community members at events across San Jose, Milpitas, Los

Gatos, Gilroy, and Morgan Hill. Additionally, the program offered 26 virtual presentations to County Contracted Providers (CCPs), County outpatient programs, school districts, and other County departments. To further promote services, BHSD created a video advertisement in English, Spanish, and Vietnamese, informing the community about the program.

Since June 2023, the BH Navigator Program has provided in-person support services at locations including the Los Gatos Library, West Valley Community Services in Cupertino, Community Services Agency in Mountain View, and Sunnyvale Community Services. In collaboration with the Office of Diversion and Reentry Services (DRS), it was determined that DRS staff were better suited to serve justice-involved populations at the Palo Alto Superior Courthouse, transitioning navigator duties to DRS.

In FY 23-24, the program implemented a customer satisfaction survey developed by Qualtrics, inviting callers to provide feedback. Of the 153 respondents, the results are as follows:

Table 1: Customer Satisfaction survey results

Question	Satisfaction Scores
How likely are you to call us again?	90%
How successful were you in getting the information you needed?	98%
The degree to which you were clear on the next steps	93%
How was your experience with the agent?	95%
How much confidence did the agent instill in your decision?	96%

Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) is an evidence-based program designed for adults (18+) with serious mental illness who are at risk of institutionalization, homelessness, or involvement with the criminal justice system. The program provides intensive, wraparound services for members who are unable or unwilling to engage in traditional care. ACT’s interdisciplinary team, often called a “hospital without walls,” includes psychiatrists, nurses, vocational and substance use specialists, and peer counselors, delivering comprehensive support 24/7. Services are community-based, focusing on reducing hospitalizations, homelessness, and substance use, and the team collaborates with families, landlords, and legal entities to foster stability.

Key objectives include reducing symptoms of mental illness, improving social skills and daily functioning, securing employment, and promoting housing stability. ACT aims to prevent crises, reduce victimization, and support community integration, with

an emphasis on culturally and linguistically proficient care. The program employs trauma-informed, evidence-based practices tailored to diverse populations, promoting recovery, self-sufficiency, and access to education, employment, and benefits.

ACT has seen success in coordinating with community partners and maintaining high staffing standards, as confirmed by independent fidelity reviews. In FY23/24, rental subsidies were centralized to ensure seamless transitions for members across levels of care, despite challenges for providers. The program expanded by 20 treatment slots and will continue growing, particularly with the upcoming implementation of the CARE Act.

BHSD monitors key metrics, such as timely access to services and no-show rates. In FY23/24, the average time to the first service was 15 days, though this varied due to factors like discharge planning and housing coordination. The average time to the first offered assessment was 13 days, and 27% of members were seen within 10 business days. No-show rates averaged 0%, reflecting the high fidelity of ACT's community-based service model, where care is delivered at members' homes rather than in clinics.

Intimate Partner Violence Program

The HEART (Healthy, Equitable, & Respectful Together) program aimed to prevent intimate partner violence (IPV) by promoting healthy relationships and providing resource referrals to ensure community safety. HEART served members across all ages, identities, and backgrounds, emphasizing that IPV includes various interpersonal relationships, not limited to romantic partners. Through its outreach, HEART empowered participants to recognize signs of abuse while fostering healthy relationship dynamics.

The program's design addressed the growing need for IPV prevention, with a focus on reducing disparities by connecting participants to economic stability, healthcare, housing, and legal services through a non-clinical networking model. HEART operated in diverse community spaces like resource centers and colleges, offering culturally responsive and linguistically appropriate workshops that targeted underserved populations. These sessions were particularly designed to reach at-risk groups, including LGBTQIA+ members and ethnic communities with language barriers.

HEART collaborates with community partners and Santa Clara County departments to provide culturally reflective education, outreach, and peer support aimed at reducing

stigma and increasing access to IPV prevention services. The program's goals included enhancing knowledge of healthy relationships, disrupting the progression toward IPV, and ensuring early access to mental health services to reduce barriers and enhance well-being.

In FY24, HEART experienced significant growth by facilitating nearly 50 workshops and serving 557 participants. This is a substantial increase from FY23, which had 16 workshops and 131 participants. The program forged strong partnerships with organizations such as the Billy DeFrank LGBTQIA+ Community Center and actively participated in key prevention conferences, enhancing its network and outreach capabilities. However, despite these successes and the positive feedback from participants, including LGBTQIA+ youth, HEART encountered challenges in promoting its 1:1 resource referral services, receiving only three requests in FY24.

Unfortunately, HEART's funding from the Santa Clara County Behavioral Health Services Department was not renewed, leading to the program's termination on June 30, 2024. Despite this, the program left a lasting impact, with participants expressing increased knowledge of healthy relationships, improved conflict resolution skills, and greater awareness of IPV warning signs. HEART's legacy reflects its dedication to promoting inclusive, equitable, and respectful relationships within the community.

Assisted Outpatient Treatment (AOT)

In May 2021, the Board of Supervisors adopted and implemented Assisted Outpatient Treatment (AOT) in Santa Clara County, with the program officially launching in February 2022. This report covers the period from July 1, 2023, to June 30, 2024, marking the second full fiscal year of the program's implementation. AOT operates under AB 1421, or "Laura's Law," which allows a court to order outpatient treatment for members with severe mental illness who are unable or unwilling to engage in services voluntarily. In Santa Clara County, members can enroll in AOT either voluntarily or through a court order, with the program emphasizing voluntary engagement at every step before resorting to civil commitment.

AOT aims to break the cycle of psychiatric crises, hospitalizations, incarcerations, and homelessness among members with serious mental health conditions. Its goals include promoting recovery principles, reducing symptoms of mental illness, improving social support, reducing hospitalizations and homelessness, and enhancing community reintegration. AOT also strives to reduce the burden on families and improve the overall quality of life for its members.

Over its two years of operation, AOT has demonstrated success in engaging members voluntarily. Only 10 petitions were filed with the court since the program's inception, reflecting its commitment to using civil commitment as a last resort. Program outcomes show reductions in the use of emergency psychiatric services and incarcerations. By the end of FY24, 61% of the 100 members enrolled were stably housed, though housing challenges remain due to the severity of client needs.

AOT referrals are primarily from family members, behavioral health providers, and justice partners. An analysis requested by the Board of Supervisors explored whether Black, Indigenous, and people of color (BIPOC) were disproportionately referred to AOT. Findings showed no significant differences in referral and admission rates across racial and ethnic groups, suggesting no disparities in how these communities are being served.

In FY24, AOT providers enrolled 60 new members, with 90 of 102 enrolled members consenting to treatment (88%). The program maintained nearly full capacity throughout the year, and the goal of achieving 60% successful discharges was met, with 24 out of 40 discharges classified as successful. These members either transitioned to another level of care or completed the program without adverse outcomes.

The AOT program also includes a Master Lease (ML) component, offering low-barrier housing in shared homes with supportive services. At the end of FY24, 8 AOT members resided in ML homes, with 3 preparing to transition to lower-intensity services. The ML program has enhanced support services, including staffing increases, meal provision, and community integration activities to better serve AOT members and reduce stigma.

This culturally competent approach ensures equitable access to services across racial and ethnic groups while prioritizing voluntary engagement and recovery. The program's emphasis on community-based, individualized care underscores its commitment to addressing the unique needs of each client, promoting both mental health recovery and housing stability.

Full-Service Partnership

The County's Adult (ages 26 to 59) and Older Adult (ages 60 and above) Full-Service Partnership (FSP) program, operated by CCP, delivers intensive, wraparound services to members with serious mental illness. With a low staff-to-consumer ratio of 1:10, the program takes a "whatever it takes" approach to promote recovery, improve quality of life, and decrease negative outcomes such as stigma, homelessness, incarceration,

and hospitalization. The FSP program also aims to enhance positive outcomes, including life skills, social support, access to benefits, employment, education, and community engagement.

FSP services are tailored to meet the unique biopsychosocial needs of adults at risk of out-of-home placement due to serious mental illness, often with co-occurring medical conditions. The program is client- and family-driven, reflecting cultural values in care plans that encompass living arrangements, social support, education, and employment goals.

Key objectives of the FSP program include providing 24/7 services, reducing homelessness and crisis episodes, and offering culturally and linguistically proficient, client-centered services that integrate treatment and rehabilitation. Recovery plans are developed with members, empowering them to manage their illness and life choices. The program offers self-help and peer support opportunities, and transition planning begins at the assessment stage, ensuring continuous evaluation of progress and goals.

Despite challenges in FY24, including the closure of the Momentum FSP program, FSP providers worked collaboratively with BHSD) to minimize care disruptions. Housing funding was reallocated, and a third-party administrator took over housing payments to ensure housing assistance follows members rather than providers. Although large CCPs faced delays due to the volume of administrative work, the transition is expected to be completed by FY25.

Outcomes for FY24 demonstrate the program's commitment to client care, with three FSP providers expanding capacity to absorb members affected by the Momentum closure. By March 2024, BHSD data showed an average wait time of 13 days for initial services and a no-show rate of 1.5%. While the overall capacity decreased from 802 to 646, providers continue to strengthen partnerships and improve housing stability for members.

The FSP program remains focused on reducing the impact of trauma, increasing engagement in meaningful activities, and supporting members in achieving recovery, self-sufficiency, and improved psychosocial outcomes, all within a culturally competent framework.

Trusted Response Urgent Support Team (TRUST)

TRUST adopts a community-based mobile crisis response model that operates without law enforcement involvement, focusing on lower-acuity situations. By using

culturally intuitive, compassionate, and de-escalation techniques, the program seeks to prevent crises, divert law enforcement calls, and offer resources both before and after a response. The TRUST team tracks the number of calls diverted from law enforcement and has successfully stabilized members through phone and in-person interventions.

Each TRUST provider has developed a Cultural Competency Plan, ensuring staff are trained to address members' cultural and linguistic needs. This training includes an understanding of psychopathology and physical health issues in relation to members' age and culture, and familiarity with community resources, including self-help centers and ethnic services. A Community Advisory Board (CAB) supports each field service team, offering guidance on community norms and cultural needs. TRUST providers are also trained in cultural humility, triage, and de-escalation techniques to build trust within the community and ensure effective crisis intervention.

Services are offered in English, Spanish, and Vietnamese, with access to a language line that covers all seven threshold languages: Spanish, Vietnamese, Mandarin, Tagalog, Cantonese, Russian, and Farsi. Since its launch in November 2022, TRUST has faced challenges, including standardizing data collection and differentiating itself from other existing mobile crisis programs like the Psychiatric Emergency Response Team (PERT), MCRT, and Mobile Response and Stabilization Services (MRSS). Collaboration with these programs remains a key focus to ensure appropriate crisis response.

Each TRUST team is supported by an independent evaluator working to develop a comprehensive evaluation plan to ensure the program's effectiveness. Community engagement remains a core component, with the CAB helping to maintain cultural relevance and sustainability across the program.

Mobile Response and Stabilization Services (MRSS)

The Mobile Response and Stabilization Services (MRSS) program provides 24/7 crisis stabilization and support to children, youth, and families in Santa Clara County experiencing acute psychological crises, including depression, suicidal thoughts, or potential danger to others. Services include 5150 assessments, safety planning, and referrals to community-based mental health services. MRSS is accessible to all children and youth in the County, regardless of their living situation or funding, with referrals typically coming from family members, schools, police, or health professionals. Teams assess risk, promote stabilization, and employ a family-centered, strengths-based approach to help families manage current and future crises.

MRSS aims to deliver culturally informed and linguistically competent care to a racially and ethnically diverse population. The program's goals are to improve crisis response, reduce trauma and stigma, minimize law enforcement involvement, and increase hospital diversion rates. In FY 23-24, MRSS achieved significant outcomes:

- **Safety Plans vs. 5150s:** The MRSS team successfully stabilized 71% of the assessments they conducted, allowing youth to remain in their communities with a safety plan instead of being placed on involuntary holds, providing a trauma-informed approach.
- **Hospital Diversion:** Of 170 youth referred to the Crisis Stabilization Unit (CSU), 70% were discharged back to the community. Additionally, 43 youth were referred to Post-Crisis Stabilization Services (PCSS), and 55% met their treatment goals.
- **Average Response Time:** The average response time was 35 minutes, with MRSS teams stationed across multiple locations in Santa Clara County. In FY 23-24, the team responded to 618 calls in Central County, 91 in South County, and 50 in North County. MRSS continued integrating Salesforce for efficient call and dispatch management.

MRSS staff are diverse, multilingual, and multidisciplinary, ensuring culturally responsive care. They also conducted outreach presentations to schools (5), law enforcement (6), mental health and County agencies (10), and community health events (3) to raise awareness and strengthen partnerships.

Despite challenges in hiring and retaining qualified staff, MRSS continues to expand its capacity and works closely with other crisis programs, including PERT, MCRT, and MRSS. Supervisors and managers support crisis calls during staff shortages, and the program has successfully diverted youth from involuntary holds and linked them to necessary services. Nearly three-quarters of in-person responses resulted in community stabilization without involuntary detention.

MRSS is a critical part of the County's crisis care continuum, collaborating with the 988 hotline, law enforcement, schools, and other community partners. It provides telephonic and in-person support, helping children and youth stabilize within their homes and communities. MRSS remains dedicated to improving access to crisis intervention and promoting emotional wellness for children and families in Santa Clara County.

Mobile Crisis Response Team (MCRT)

BHSD established the Mobile Crisis Response Team (MCRT) to provide immediate and compassionate crisis intervention for members experiencing mental health or traumatic crises. MCRT's goal is to de-escalate crises, connect members to appropriate mental health services, reduce harm, increase public safety, and enhance outreach. The team consists of licensed clinicians with expertise in crisis response and collaborates closely with local law enforcement to reduce unnecessary hospitalizations and incarcerations. Law enforcement is involved only when necessary, based on safety risks assessed during the screening process. If the situation escalates, law enforcement can be called to assist or dismissed if no longer required.

MCRT has been expanding its capacity, securing two additional positions in FY 23-24. With the anticipated increase in 988 calls, driven by diversions from 911, MCRT expects a significant rise in call volume, including up to 4,000 additional calls monthly. One new clinician has already been hired, and another is expected to be onboarded in FY 24-25.

To meet the diverse needs of the community, MCRT has hired a Vietnamese-speaking clinician, doubling its capacity to provide services in this high-need language. The team has also been active in outreach efforts, including participation in the Suicide Prevention Conference and the Chinese Health Initiative Health Panel, to increase awareness and access for underserved populations. MCRT continues to maintain response times of under 60 minutes, with only 16 delayed responses last year, thanks to the addition of a dedicated North County team.

One challenge MCRT faces is disengagement when members refuse to cooperate with hospital transfers, despite clinicians' best efforts to build rapport and use therapeutic techniques. In these cases, law enforcement is called to enforce holds, though their presence does not always ensure compliance. In such instances, MCRT develops reengagement plans.

MCRT addresses mental health disparities by providing psychoeducation to families about mental health issues, the 5150 process, and referrals to resources like NAMI. The team is linguistically diverse, with clinicians speaking Spanish, Vietnamese, Hindi, and Punjabi. MCRT also uses a language line for additional support in over 200 languages.

In FY 23-24, MCRT responded to 2,648 calls and completed 1,372 field visits. The implementation of a data dashboard has streamlined data collection and analysis,

improving reporting accuracy. Moving forward, MCRT will use MyAvatar for documentation, reducing errors and enhancing data integrity.

MCRT also expanded its services to minors, supporting the Mobile Response and Stabilization Services (MRSS) team when unavailable. In FY 23-24, MCRT responded to 113 cases involving minors. One success story involved a 10-year-old boy from Guatemala struggling with the loss of his grandmother and adjusting to a new environment. MCRT provided timely crisis intervention, with a Spanish-speaking clinician offering translation services to ensure effective communication and support for the client. MCRT remains committed to providing timely, culturally sensitive crisis intervention services and improving outcomes for the diverse populations in Santa Clara County.

Psychiatric Emergency Response Team (PERT)

The PERT (Psychiatric Emergency Response Team) program is a mobile crisis response initiative that partners law enforcement officers with mental health clinicians to respond to high-acuity 911 calls. The primary goal is to de-escalate situations and divert members from emergency psychiatric services, jail, and future law enforcement encounters. By embedding clinicians with law enforcement in unmarked vehicles and responding in plain clothes, PERT reduces stigma while promoting a community-based, culturally competent approach to mental health crises.

PERT places significant emphasis on cultural humility, ensuring both officers and clinicians are trained in a wide range of topics, including collaborative and culturally responsive crisis planning, suicide prevention for diverse populations, crisis care for Tribal and urban Indian communities, and LGBTQIA+ and disability awareness. Staff are also trained to work with mental health interpreters, enhancing communication and care for non-English speaking members. PERT actively recruits bilingual clinicians and those from diverse backgrounds, including the LGBTQIA+ community, to improve access to care and help reduce disparities in mental health outcomes.

PERT has been successful in building strong agency partnerships, which are foundational to its model. The program has gained attention for its future-forward approach to policing, fostering cultural shifts within law enforcement. This collaborative model has been supported by data showing improved officer attitudes and responses to mental health issues, reduced hospitalizations, and better client outcomes.

Despite these successes, PERT has faced challenges, particularly in recruiting clinicians. A hiring freeze and administrative delays have limited the program to only

3 active teams, impacting its overall capacity. However, advocacy has led to the recent approval of additional bilingual clinicians, and recruitment efforts have resumed. As a result, 8 PERT teams have been approved for continued operation, with several cities securing independent funding to sustain the program.

Table 1: Sheriff’s Office (2 teams) and Santa Clara Police Department (1 team) data for FY23-24.

Year	Call For Service	Follow Up	Total
2023	130	249	379
July	18	34	52
August	33	52	85
September	18	34	52
October	19	66	85
November	20	32	52
December	22	31	53
2024	130	253	383
January	15	41	56
February	17	43	60
March	28	67	95
April	29	44	73
May	24	37	61
June	17	21	38
Total	260	502	762

In FY 24-25, PERT will expand to cover more underserved communities, with teams set to provide 7-day coverage across multiple jurisdictions. Additionally, PERT will now document its services using the Avatar system, ensuring more accurate reporting of mental health demographic data and allowing for better assessment of community needs and program effectiveness.

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

The Older Adult Prevention and Early Intervention (OA PEI) program in Santa Clara County offers outpatient services designed to improve the quality of life for adults over 60 experiencing mental health challenges, such as depression, PTSD, and anxiety. These challenges often stem from retirement, financial difficulties, loss of loved ones, social isolation, or health problems. The program’s goal is to provide mental health support that enables older adults to remain in their homes and prevent the need for more intensive care.

The OA PEI program provides short-term, low-intensity services (up to 120 days) to members who may not have a formal mental health diagnosis or have not received behavioral health services before. Services include mental health consultations, anger management support, and socialization programs aimed at addressing isolation, depression, anxiety, family conflict, and substance abuse. For members requiring longer-term support, the program connects them with appropriate services to meet their needs.

Key objectives of the OA PEI program include reducing stigma within underserved communities through early interventions, improving access to timely and high-quality care, reducing the impact of trauma, and preventing suicide risk by addressing mental health issues early. The program works to connect homebound members with services to support an active lifestyle and improve their overall well-being. Successful discharge is achieved when clients can independently manage daily tasks and show improvements in areas such as social skills, employment, relationships, and emotional health.

In FY23-24, the OA PEI program served 47 members, offering timely access to services within 5-10 days of referral. Despite challenges, including gaps in referrals from the Call Center, the program has worked to strengthen partnerships with community organizations like senior living facilities, the YMCA, and health clinics to enhance service delivery. The program has also been resilient in adapting to changes, such as transitioning to the Epic EHR system and the implementation of CalAIM.

Clinicians use non-stigmatizing strategies and collaborate with members to develop treatment plans. Many older adults are trying mental health services for the first time, and the program has supported members in overcoming suicidal ideation and developing healthier coping mechanisms. OA PEI currently uses the Milestones of Recovery Scale (MORS) to assess client progress and is transitioning to the Adult Needs and Strengths Assessment (ANSA) assessment tool to better evaluate needs and strengths. Additionally, the Adult Co-Occurring Conditions - Oklahoma Questionnaire (AC-OK) Co-Occurring Questionnaire is used to identify any co-occurring mental health or substance use disorders.

The program has demonstrated resilience in navigating structural changes and adapting to evolving service delivery methods while continuing to focus on improving the mental health and quality of life for older adults in Santa Clara County.

LGBTQIA+ Wellness Services

The Q Corner, launched in March 2020, addresses the disparities in mental health services for the 2SLGBTQIA+ population in Santa Clara County by providing low-

barrier, affirming, and culturally competent access to wellness resources, mental health support, and recovery-oriented activities. A team of 2SLGBTQIA+ Peer Navigators and Outreach Specialists collaborates with County and community-based providers to increase connections to behavioral health services. They offer one-on-one peer support, resource navigation, social engagement activities, and capacity-building efforts, such as training and consultation. In December 2023, The Q Corner co-located with the BHSD SMH Gender Affirming Care Clinic, forming the comprehensive colleQTive 2SLGBTQIA+ Wellness Center.

The Q Corner hosts outreach events and maintains a strong social media presence, reaching tens of thousands of community members and providers. This year, the team participated in over 150 events, including Pride festivals and resource fairs. Having peers from the 2SLGBTQIA+ community is crucial in supporting a population that has historically been underserved and marginalized. Peers provide guidance in navigating resources, making access to care more manageable. Of the 366 connections, two-thirds were members seeking support for themselves or their families, while one-third were providers seeking information for members. Most outreach now occurs in person at the drop-in center, while others connect via phone, text, or email.

In FY24, The Q Corner continued its gender-affirming garment program, which supports transgender, nonbinary, and gender-expansive members. Participants reported relief and affirmation from receiving these garments, with 275 gender-affirming items distributed. Peer support workers assist members in this process, ensuring culturally sensitive care. Additionally, The Q Corner and Caminar's LGBTQ Wellness Program offer 10 peer support groups, including several in Spanish. These groups provide safe spaces for community members to share experiences, find support, and connect with others.

The School Qnection team works closely with schools to create safe, affirming spaces for 2SLGBTQIA+ youth and families. Through partnerships, they provide bilingual support and education for parents and caregivers. The Harm ReduQion Project (HRQP) supports 2SLGBTQIA+ members who use substances, offering trauma-informed, affirming care and access to substance use treatment. HRQP collaborates with Public Health and Custody Health Services to increase engagement with substance use and medication for addiction treatment programs.

The Q Corner continues to strengthen its relationships with providers through presentations and system meetings, offering training and resource navigation to promote LGBTQ+affirming care. This year, over 2,000 members were reached through

more than 60 presentations and tours. Additionally, The Q Corner distributes LGBTQ+ resources such as placards, pronoun buttons, and pride materials to providers.

Although most activities are not quantitatively measured, The Q Corner and Caminar's LGBTQ Wellness receive valuable qualitative feedback. Participants express gratitude for the safe, inclusive environment, highlighting the sense of community and support they feel.

Promotores

The County's Adult and Older Adult Promotores Program, serving members 16 years and older, is operated by Gardner Family Health Network. It provides outreach, education, and referrals for mental health services, connecting members to primary care, behavioral health programs, and community resources through the County Call Center.

The program delivers outreach in English, Spanish, and Vietnamese and engages the community through events such as fairs, festivals, and community centers, offering psychoeducational presentations on public health topics. In the past year, the program reached over 6,500 members across 69 community events. During these events, Promotores staff provided referrals to prevention programs, early intervention services, and non-county resources, making a total of 1,186 referrals.

Despite facing challenges with scheduling and securing locations for tabling due to property regulations, the Promotores staff have worked diligently to strengthen relationships with local organizations. This effort has been particularly successful in Gilroy and Morgan Hill, where staff have secured recurring presentations at a local sheet metal union and Aptitud school. The program remains committed to expanding its outreach, with plans to host at least 24 tabling events and 10 educational presentations, aiming to reach an additional 3,000 members.

Community feedback has highlighted the positive impact of the program, particularly in low-income areas and among Limited English Proficiency groups. Promotores have been recognized for their role in increasing access to resources and reducing stigma around mental health. One board member of Gardner Family Health Network praised the staff's dedication, noting their joy in serving the community and their effectiveness in reaching populations that are often underserved or unaware of available services.

The program also provided targeted educational presentations on topics such as stress management, cyberbullying, social anxiety, and suicide prevention, reaching

160 members over 14 sessions. By focusing on underserved populations and delivering culturally competent services, the Promotores Program plays a critical role in enhancing access to behavioral health services across Santa Clara County.

Addressing Trauma and Stigma

The community-driven innovation project was developed to promote wellness, resilience, and recovery by incorporating the voices and needs of the community. The planning process began with a call for ideas in early 2020, followed by months of refinement and public feedback. Key milestones included a Behavioral Health Board (BHB) hearing in December 2020, a Board of Supervisors (BOS) hearing, and a Mental Health Services Oversight and Accountability Commission (MHSOAC) hearing in February 2021. The Request for Proposals (RFP) was released in July 2021, and services officially began in July 2022, with the second year starting in July 2023.

The project launched with two providers: Vietnamese Voluntary Foundation (VIVO), a new partner, and Ujima. The program's goals focus on identifying cultural and spiritual practices that shape mental health services, partnering with faith-based and medical institutions, and reducing stigma by integrating mental health support in these natural community settings. These efforts also aim to address historical trauma linked to stigma, discrimination, violence, and poverty, using community-defined strategies.

VIVO: During the reporting period, VIVO provided 157 referrals to internal and external resources. Of these, over 60 members were identified for external behavioral health services, with 55 referrals completed to date. The detailed list of resources and participants is included in an accompanying report.

Ujima: In its second year, Ujima saw significant growth, with participation in healing circles increasing by 18.9%, parent cafes by 44.4%, and outreach events by 43%. This was achieved through innovation, collaboration with local organizations, and the continuation of culturally relevant spaces. The anti-stigma campaign has been particularly successful, with 23,000 mailers sent to African American residents in Santa Clara County. Community feedback has praised the campaign's simplicity and cultural relevance, which has helped encourage mental health help-seeking behaviors. Ujima has also observed higher attendance during warmer months and at family-friendly events, which they plan to integrate more deeply into future programming, including Parent Cafes.

Both VIVO and Ujima continue to enhance their services by aligning with cultural competence, promoting community engagement, and reducing barriers to mental health care in underserved populations.

Raising Early Awareness & Creating Hope (REACH) Outreach

Raising Early Awareness and Creating Hope (REACH), provided by Starlight Community Services (SCS), offers early intervention and prevention services to Santa Clara County youth ages 10-25 experiencing early signs of psychosis. REACH serves youth at clinically high risk for psychosis (CHR-P) or those who have had a first episode of psychosis (FEP), with a mission to increase mental health awareness and provide culturally competent, evidence-informed care to underserved populations. Services include case management, therapy, psychiatry, occupational therapy, education and employment support, peer and parent mentorship, and multi-family groups.

REACH's key goals are to reduce stigma and discrimination, improve access to mental health services, address trauma, prevent suicide, and promote early intervention for youth at risk of serious psychiatric illness. The program also aims to educate providers and community members, reduce psychiatric hospitalizations, strengthen family involvement, and minimize the duration and severity of untreated psychosis.

In FY24, REACH delivered 27 outreach presentations to 867 professionals across various community-based organizations, schools, hospitals, and crisis teams, focusing on psychosis awareness and service linkage. While there was a 46% reduction in presentations compared to FY23, REACH continued to provide early intervention services to 100 youth, the decrease was partly due to the closure of a contracted provider. Outreach activities targeted culturally diverse populations, including a presentation to the Vietnamese American Services Center (VASC), which highlighted mental health disparities and psychosis stigma in the Vietnamese American community.

Looking ahead to FY25, REACH aims to continue targeted outreach to organizations serving diverse populations and maintain collaborations with BHSD staff to offer culturally relevant presentations. The program also follows the PIER Model for service delivery, which includes community education, multicultural outreach, peer support, and multi-family support groups. Additionally, REACH is piloting the Early Psychosis Intervention Plus (EPI+) project, using updated fidelity tools such as the Clinical High

Risk for Psychosis Service – Fidelity Scale (CHRPS-FS) to evaluate adherence to the Coordinated Specialty Care (CSC) model.

Through this culturally competent, community-focused approach, REACH strives to improve outcomes for youth at risk of psychosis while addressing the unique needs of diverse populations.

School Linked Services (SLS) Family Engagement

The School Linked Services (SLS) Family Engagement (FE) program partners with Santa Clara County school districts to integrate and streamline coordinated services for students and families. SLS Coordinators connect students to school-based behavioral health programs such as Prevention and Early Intervention (PEI) and SLS Behavioral Health (SLS BH) services, as well as county and community resources. They provide light case management and facilitate family engagement activities, including one-time events and workshop series, designed to welcome families and enhance their knowledge of behavioral health and community resources. This community participatory approach fosters partnerships between schools, public agencies, and community-based organizations in the county.

The SLS FE program strives to provide culturally sensitive, evidence-based behavioral and mental health services with a focus on prevention and early intervention. This approach centers on four key elements: resource coordination, family engagement, campus collaboration, and co-investment. In FY24, the program organized 58.9% of family engagement events in languages other than English, such as Spanish, Vietnamese, Mandarin, Farsi, and Tagalog. Additionally, 13.7% of events were designed specifically for diverse populations, including ethnic and LGBTQIA+ groups.

To assess the effectiveness of these efforts, the SLS FE program administered surveys at each event. In FY24, 86.5% of attendees reported feeling more welcomed at their child's school, 86.7% felt more connected to the school community, 88.1% increased their knowledge of the event topic, and 88.9% expressed satisfaction with the event. Additionally, 84.8% of attendees stated they knew where to seek help at the school following the event.

In FY24, SLS Coordinators served a total of 7,395 unduplicated students through referral and linkage, placing 9,669 referrals, with 80.2% of those resulting in successful service connections. The racial and ethnic breakdown of students served was 74.4% Latino, 10.6% Asian, 8.3% White, 2.4% African American, 2.3% Multiracial/Other, and 1% Native American or Pacific Islander, reflecting the program's focus on reaching diverse populations.

SLS Coordinators also facilitated 1,124 family engagement events, serving 152,957 students and families, and organized 271 workshop series, reaching 25,392 members. However, communication with parents and caregivers about these events remains a challenge, particularly for those without access to email or cell phones. In FY25, the program aims to improve outreach strategies to better connect with hard-to-reach families and maintain positive family engagement outcomes, with a goal of 85% of attendees feeling more comfortable, connected, and informed.

SLS Coordinators meet bi-monthly to share best practices, challenges, and successes. Feedback from these meetings, as well as the continuous analysis of Family Engagement Survey results, informs ongoing quality improvement efforts, ensuring that services meet the cultural and linguistic needs of the community. As the program continues to grow, the SLS FE initiative remains committed to providing culturally competent, inclusive services that support the mental and behavioral health of students and families across Santa Clara County.

Youth Residential Substance Use Treatment Services (SUTS)

This program offers residential substance use treatment for adolescents ages 12-17 who are struggling with acute drug and/or alcohol use. It recognizes the complex needs of youth and emphasizes the importance of culturally responsive, trauma-informed care for this marginalized population. Many youths served are involved in the Juvenile Justice or Child Welfare systems, with youth of color often overrepresented, further compounding behavioral health stigma and disparities. The program's primary focus is on addressing substance use and addressing risk factors through 24/7 therapeutic residential care. Treatment typically lasts 30 days, followed by a transition to supportive services within the youth's community to foster long-term recovery and functioning.

In FY24, the County partnered with a new residential facility to provide these services. Key goals included fostering collaboration with community organizations, such as outpatient providers, juvenile justice, child welfare, and the courts, to ensure culturally relevant, accessible, and sustainable care. Of the 22 youths admitted, 68% were involved in the Child Welfare or Juvenile Justice system. Efforts continue to identify additional vendors to increase program capacity, though the scarcity of adolescent SUTS residential programs across the state, and especially near Santa Clara County, remains a challenge. This distance from local communities can complicate family participation in treatment.

A notable achievement was the introduction of a Care Coordinator, initially as a pilot for dually involved youth, to enhance support during treatment transitions. Given the success of this role, the Care Coordinator now supports all youth in the residential program. Additionally, Child and Family Team (CFT) meetings were introduced, giving youth and their caregivers a platform to actively participate in treatment decisions, provide feedback on their experiences, and address their intersectional needs related to race, ethnicity, system involvement, and mental health.

In FY24, 36% of members completed treatment. For FY25, the program aims to improve this completion rate by 10% by enhancing stakeholder education on youth readiness for treatment and increasing collaboration and support during the treatment process. Another goal is for 90% of youth to participate in at least one CFT meeting, helping to foster greater engagement and feedback. BHSD is also developing youth surveys to better measure perceptions of services and is working with the provider to improve outcome tracking tools tailored to the adolescent population. In the interim, BHSD will continue monitoring progress through regular clinical updates and discharge summaries.

Dually Involved Youth (DIY) Program

The DIY program serves youth involved in both the Child Welfare and Juvenile Justice systems, with a focus on youth of color who are disproportionately represented and often marginalized. The program aims to connect these youth and their families to essential resources, including education, housing, and mental health services, to reduce stigma, mental health disparities, recidivism, and continued involvement with these systems.

Key components of the program include building strong relationships between the DIY Unit, external providers, and youth, ensuring follow-up and engagement in services. The program helps youth identify their interests and goals and facilitates CFT meetings, which foster a network of natural supports for the youth and their families.

In FY24, the team's capacity to facilitate CFT meetings in Spanish increased with the addition of a bilingual clinician. The team also utilizes language services when needed to ensure accessibility. DIY staff incorporate feedback from youth to continuously improve access to support services. The program partners with community-based, mentor, and cultural organizations to meet the diverse needs of youth outside traditional behavioral health services. In FY24, 64 youth were served.

A strength-based, solution-focused approach is used during CFT meetings to help youth and families identify the necessary supports to prevent further system involvement. However, a key challenge this year was the inability to complete the

annual youth feedback survey due to leadership changes and staffing constraints. While individual feedback was gathered, the lack of a standardized tool limited the ability to capture the overall experience of program participants, especially in improving cultural competence and reducing mental health disparities.

Moving forward, the program will work with DFCS and JPD partners to administer the client satisfaction survey in the new fiscal year. Additionally, BHSD is exploring new measurement tools tailored to the DIY program to ensure continuous improvement.

Juvenile Justice Programs

In partnership with the Probation Juvenile Services Division, the Juvenile Justice Program provides justice-involved youth (ages 12-24) with access to a comprehensive range of services, including assessment, individual, family, and group therapy, intensive case management, medication support, and rehabilitation services. The program also operates a co-occurring treatment court, integrating behavioral health support to address both mental health and substance use needs for youth in County custody/detention facilities in Morgan Hill and San Jose. These services are designed to support successful reentry into the community.

The program emphasizes individual and group therapy, skill-building in rehabilitation, and active family involvement through collateral support and family therapy. Additional services include medication support, crisis intervention, and targeted case management. The program follows three distinct phases: intake/assessment, treatment, and transition/discharge, using a culturally responsive, trauma-informed approach that is client-centered, strength-based, and focused on recovery.

Key treatment goals include improving behavioral and emotional functioning, and addressing challenges such as depression, impulsivity, anxiety, conduct issues, and trauma. The program also targets substance use severity and duration, alongside peer, parent, and environmental influences. Collaborative partnerships are used to improve social functioning and decision-making, while also reducing risk behaviors such as self-harm, suicide, and law-breaking. Another critical focus is fostering supportive relationships and creating long-term connections for the youth, both with natural support and within their communities.

In both San Jose and Morgan Hill, the program serves a predominantly Hispanic/Latino population (66% in San Jose and 83% in Morgan Hill), making culturally responsive care particularly important. The program has successfully recruited staff from cultural backgrounds that mirror the youth served, ensuring more

relevant and accessible services. For example, in San Jose, 16% of youth speak Spanish, so bilingual services and language support are critical. Additionally, regular therapy sessions and daily support help maintain consistent treatment, while continuity of care—having the same treatment provider across locations—strengthen relational and cultural connections for the youth and their families. Services are available in multiple languages, and family participation is actively encouraged to ensure a holistic and inclusive approach to care.

allcove– Palo Alto

In partnership with the Center for Youth Mental Health and Wellbeing's (CYMHW) Central allcove Team (CaT), the Behavioral Health Services Department (BHSD) launched allcove, a rebranded version of the headspace program originally developed in Australia. Opened on June 25, 2021, the allcove Palo Alto center provides accessible, holistic, and youth-friendly services for members aged 12 to 25, regardless of their needs or insurance status. This free, integrated center offers a range of de-stigmatizing, confidential services, including early mental health and substance use support, physical health care, peer and family support, and education and employment resources.

Central to allcove's mission is youth engagement, facilitated through a shared decision-making model with the Youth Advisory Group (YAG), comprised of former members and community-minded youth. This collaboration shapes various aspects of the center, including brand identity, space design, policies, evaluation, and outreach strategies, ensuring that the voices of young people are heard and valued.

In fiscal year 2024 (FY24), allcove emphasized increasing access for underserved youth by strengthening collaborations with local wellness centers and organizations such as Project Safety Net and Youth Community Service. These partnerships focus on supporting groups negatively impacted by systemic barriers. To further enhance accessibility, allcove provides hybrid service options for youth with disabilities and transportation challenges. Daily workshops—such as QueerCove and Neurodiversity and Me—target diverse cultural groups, while monthly workshops in local middle and high schools promote wellness and program services.

The program has made significant strides toward its goals, evidenced by strong partnerships with organizations like LifeMoves and Alta Housing to improve referrals for youth and families facing housing insecurity. Throughout its third year, allcove has maintained high youth satisfaction rates, above-average staff retention, and growing community awareness. Peer support specialists actively engage with youth at

community events, reaching underserved populations and fostering participation from diverse cultural backgrounds.

The YAG has played a vital role in shaping allcove's policies and services, providing feedback on center improvements, artwork, and new workshops. A key lesson learned is that peers are often more effective communicators regarding mental health issues. In response, the program has increased outreach opportunities for YAG members, allowing them to participate in events like the Minority Mental Health Fair and Dia de Los Muertos, aimed at reducing treatment barriers for culturally diverse youth.

allcove continuously evaluates service utilization, participant demographics, and satisfaction through feedback mechanisms like "End of Visit" surveys. In FY24, over 95% of youth reported satisfaction with services, and the program aims to maintain these scores while enhancing outreach efforts to further engage underserved populations. The evaluation plan includes both quantitative satisfaction data and qualitative narratives that capture youth experiences, emphasizing the importance of cultural factors in addressing mental health disparities. Ultimately, allcove strives to promote awareness and understanding of these disparities within all activities and services, fostering a more inclusive and supportive environment for young people in Santa Clara County.

Table 1: End of Visit survey results by age

FY 2024		
Age Group	# Served	% of Served
0 – 15 years	69	35.20%
16 -25 years	128	64.80%
Unknown	0	0
Unduplicated Total	197	100%

Table 2: End of Visit survey results by race

FY 2024		
Race	# Served	% of Served
American Indian or Alaska Native	5	2.81%
Asian	51	28.65%
Black or African American	4	2.25%
Native Hawaiian or Other Pacific Islander	3	1.69%
White/ Caucasian	37	20.79%
Hispanic or Latino	52	29.21%
More than one race	21	11.80%
Prefer not to answer	5	2.81%
Unknown	19	9.64%
Unduplicated Total	197	100

Substance Use Medication Assisted Treatment (MAT)

The Substance Use Medication Assisted Treatment (MAT) program is a collaboration between medical physicians and behavioral health clinicians, designed to support youth and young adults ages 12 to 21 in managing substance use disorders. MAT services help prevent withdrawal symptoms associated with opioids, stimulants, and similar substances. Care is provided in an outpatient setting with regular physician visits for medication monitoring, along with weekly individual and group sessions led by a SUTS clinician. These sessions address behavioral triggers and support members in their recovery journey.

The program emphasizes cultural and linguistic competency, with 73% of its staff being bilingual and/or bicultural, representing diverse communities within the county. Staff, from Health Services Representatives to the management team, participate in annual cultural competency training and receive 5-10 hours of addiction medication training to ensure they are equipped to provide culturally sensitive care. Half of the clinical team has also undergone specialized training in co-occurring

treatment, ensuring they can deliver culturally appropriate services for members with both mental health and substance use needs.

In FY24, the MAT program retained its bilingual staff, offering services in languages such as Spanish and Korean to reduce disparities in care. When additional language needs arise, the program collaborates with the Diversity, Equity, and Inclusion (DEI) division to provide in-person or over-the-phone interpretation services, further ensuring that language barriers do not impede access to care.

In FY24, the program saw an increase in utilization, serving 24 youth, compared to previous years. Notably, 79% of youth served identified as Latinx, reflecting an increase from FY23 when 60% of the members were Latinx. To ensure continued cultural responsiveness, the program tracks staff participation in cultural competency training, with 100% of staff completing their required training in FY24. This ongoing focus on cultural competence helps the program effectively serve diverse communities and address mental health disparities and stigma.

Commercially Sexually Exploited Children (CSEC)

The Commercially Sexually Exploited Children (CSEC) program provides integrated behavioral health treatment for youth ages 10-21 who are at risk of or have experienced commercial sexual exploitation. The program is designed to support recovery from emotional, physical, and sexual trauma through individualized therapy, family involvement, and healing-centered care. Additional services include medication support, crisis intervention, targeted case management, and advocacy to ensure safety from exploitation. Youth are also connected to educational opportunities and financial support. The program's multidisciplinary team, composed of case managers and clinical therapists, works closely with Child Welfare, Juvenile Probation, and community-based organizations to provide culturally competent, trauma-informed care.

The CSEC program serves an underserved population, with a significant number of youth of color and LGBTQIA+ youth disproportionately represented among those at risk of exploitation. Many members are also involved in the child welfare and juvenile justice systems. The program focuses on increasing access to services, addressing mental health disparities, and improving outcomes for these vulnerable groups. Through targeted interventions, the program seeks to improve emotional and behavioral functioning, reduce substance use, decrease risk factors associated with exploitation, and foster supportive family and community relationships.

In fiscal year 2024 (FY24), the program expanded its services, supporting 40 youth, an increase from the previous year. The program also improved successful discharge rates, rising from 29% in FY23 to 43% in FY24. In some cases, youth were transitioned to higher levels of care, ensuring they received appropriate support, although these were categorized as administrative discharges rather than successful ones. Additionally, two Spanish-speaking clinicians trained in the Neurosequential Model of Therapeutics provided culturally responsive care to Spanish-speaking members in their preferred language.

Looking ahead to FY25, the program aims to continue reducing barriers to care and increasing community awareness of commercial sexual exploitation. It will collaborate with the Silicon Valley Westcoast Clinic to provide specialized training on CSE risk factors and signs for professionals working with youth. The program remains committed to strengthening partnerships with Juvenile Probation, Child Welfare, Public Health, and advocacy groups to ensure that training efforts are culturally relevant and sustainable. Outreach efforts to diverse community organizations will continue to enhance service accessibility and raise awareness of the program's services and referral processes.

Through ongoing evaluation of service utilization and outcome measures, the CSEC program identifies areas for improvement and ensures culturally competent care for youth at risk of exploitation.

Community Access, Response, and Engagement (CARE) Team

The Community Access, Response & Engagement (CARE) Team was established to improve access to BHSD services for children and their caregivers, referred through the Valley Health Clinics (VHC) Pediatric Department. The CARE Team links families to the BHSD Call Center, coordinates connections with treatment providers, and provides feedback to VHC Primary Care Physicians to enhance care coordination. The Team, made up of bilingual and bicultural community workers, is stationed at six VHC sites: Bascom, East Valley, Tully, Sunnyvale, Gilroy, and Milpitas.

The primary goal of the CARE Team is to ensure that every referral from VHC pediatricians results in a timely connection to behavioral health services. The Team tracks referrals, confirms that a first appointment is secured, and provides ongoing feedback to the referring pediatricians. By focusing on underserved and unserved populations, the CARE Team supports follow-through on recommended behavioral health services, ensuring equity of access.

In fiscal year 2024 (FY24), the CARE Team facilitated the scheduling of appointments for over 50% of the 2,569 referrals from VHC pediatricians, with 1,289 appointments confirmed within two weeks. Less than 1% of the referrals that had confirmed appointments waited more than 10 days for services, and CARE Team members maintained consistent follow-up until appointments were secured. Referrals are tracked through VHC's HealthLink system, and CARE Team members receive referral information through daily reports, direct communication with pediatricians, and logged outcomes tracked in an internal system.

The CARE Team's mission is to ensure that every child or youth referred for behavioral health services understands their referral and has a scheduled first appointment. When families decide that behavioral health services are not what they need, CARE Team members provide alternative resources to connect them with appropriate services. By further expanding services to the Milpitas VHC site, and maintaining high levels of engagement, the CARE Team promotes equitable access to care across the community.

TAY LGBTQIA+ Outpatient Services

The LGBTQIA+ Outpatient Program is part of Transitional Age Youth (TAY) Services coordinated continuum of care, using a trauma-informed, youth-guided, and family-driven approach. It supports vulnerable and underserved youth, particularly those who identify as LGBTQ and may face heightened risks of homelessness and mental health challenges.

In FY24, the average time to access services for the TAY LGBTQIA+ program was 23 business days, exceeding the state's regulation of 10 business days. Several factors contributed to this, such as youth and family preferences for later appointments due to work or school commitments, and initial engagement challenges. While staffing shortages posed difficulties, the program continues to monitor service access closely to reduce the need for higher levels of care, such as emergency interventions. With the transition to a fee-for-service model under CalAIM in FY25, staffing improvements are expected to enhance timely access to care.

In terms of outcomes, 43% of youth were successfully discharged from services in FY24. While this falls short of the BHSD's goal of 60%, it does not account for youth who transitioned to higher levels of care, which were necessary to meet their needs. These transitions, though not counted as successful discharges, indicate that the program is responsive to the mental health needs of the LGBTQIA+ community. Continuous quality improvement efforts will be implemented in FY25 to further reduce mental health symptoms and improve outcomes for LGBTQIA+ members.

The program saw an increase in successful discharges compared to FY23, although the longer wait times reflect ongoing staffing challenges. BHSD is committed to ensuring staff are equipped with the skills and knowledge necessary to reduce stigma and provide culturally competent care. Providers are required to undergo annual cultural competency and SOGIE (Sexual Orientation, Gender Identity, and Expression) 101 training to better serve the unique needs of the LGBTQIA+ community.

Additionally, the LGBTQIA+ Outpatient Program experienced an increase in utilization in FY24, with about 20 more youth served compared to the previous year. This growth highlights the program's expanding capacity to reach a marginalized community with limited access to culturally responsive mental health services, helping to address the stigma and challenges faced by LGBTQIA+ youth.

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

Integrating the Client/Family Member/Community Committee into the county mental health system is a cornerstone of the Behavioral Health Services Department's commitment to culturally and linguistically appropriate services. In line with Criterion 4 and CLAS Standard 13, this integration ensures that the voices of members, family members, and community representatives are central to shaping mental health services that meet the diverse needs of Santa Clara County.

The Workforce Development Committee (WDC) has played a crucial role in addressing staff shortages and enhancing the behavioral health workforce by focusing on education, training, and retention initiatives that emphasize cultural competence. These committees ensure that community voices are not only heard but also actively contribute to the development, implementation, and evaluation of mental health services, thereby enhancing their quality and accessibility.

By fostering active engagement with diverse community members and stakeholders, the department aims to build an inclusive, responsive, and accountable mental health system that ultimately leads to better health outcomes and stronger community partnerships.

FY 23-24 Progress and Updates

Workforce Development Committee (WDC)

In response to the Santa Clara County Board of Supervisors' declaration of a public health crisis in January 2022, BHSD prioritized expanding Workforce Education and Training (WET) programs to address the growing mental health and substance use needs. A key focus was on developing strategies to tackle staff shortages in behavioral health services, with an emphasis on collaborating with community partners to create both short- and long-term solutions.

In December 2021, BHSD launched the Workforce Development Committee (WDC), led by WET managers, which includes County and Contract Providers. The committee worked collaboratively on workforce development and retention strategies, including the Loan Repayment and Workforce Tuition Programs. Eligibility criteria for these programs emphasized cultural competence, prioritizing applicants who are bilingual in threshold languages, represent diverse communities, have lived experience as mental health consumers or family members, or have worked with underserved populations.

By the end of FY24, several goals were set to strengthen the behavioral health workforce. Despite challenges, some progress was made:

1. **Community College Outreach:** While 17 students participated in the San Jose City College program, limited intern placement sites restricted the number of students. Outreach to community providers is planned once resources allow.
2. **Workforce Training Partnerships:** Efforts to convene a meeting with behavioral health education programs were delayed due to staff turnover.
3. **Loan Repayment and Tuition Programs:** The department successfully filled the 76 remaining slots for the Loan Repayment Program, though demand exceeded available funding. Additional funding opportunities are being explored as this is the final year of the HCAI Loan Repayment Program.
4. **Middle Management Training:** Efforts to secure funding for the Middle Management Academy training are ongoing due to the County's budget deficit.
5. **Internship Expansion:** While the number of peer interns doubled, increasing from one to two, the goal of expanding student internships was not met due to competitive wages from other programs. The WDC is conducting market research to offer more competitive reimbursement rates for student interns.

The Workforce Development Committee met regularly, retaining its membership and focusing on implementing workforce strategies despite limited resources. Outreach to high schools and community colleges is paused due to budget constraints, impacting the ability to hold career events. Nonetheless, in May 2024, the Behavioral Health Promotion subcommittee conducted outreach at a San Jose High School, engaging 60 students, with many expressing interest in behavioral health careers.

The WDC, led by the WET Career Pathways Program Manager, also hosted a successful Career Expo in March 2024. Sixteen agencies participated, with 172 attendees. Feedback highlighted a welcoming environment and valuable networking opportunities. Areas for improvement included better event organization and increased agency representation.

Overall, the WDC continues to make strides in workforce development, aligning its efforts with diversity, equity, and inclusion principles to ensure the behavioral health workforce reflects the communities it serves.

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

To ensure that behavioral health services are accessible and effective for all residents, the Behavioral Health Services Department prioritizes culturally competent training activities, as outlined in Criterion 5 and CLAS Standard 4. The department is dedicated to fostering cultural competence throughout the workforce by offering a diverse range of training programs designed to enhance awareness, understanding, and responsiveness to cultural and linguistic differences.

Key initiatives include the Learning Partnership and WET programs, which provide essential training to both department staff and contracted providers, emphasizing cultural humility and competency across various communities. LGBTQIA+ affirming care is supported through specialized training offered by the Q Corner and Caminar's LGBTQ Wellness program, which aims to equip providers with the skills needed to create inclusive and supportive environments for 2SLGBTQIA+ members.

Additionally, the Positive Parenting Program (Triple P) provides culturally responsive parenting support, ensuring that families from diverse backgrounds have access to effective and practical strategies for building strong relationships and managing behavior.

These training activities reflect the department's commitment to cultivating an informed and culturally competent workforce that can effectively serve Santa Clara County's diverse population. By embedding cultural competence into every level of service delivery, the department strives to reduce disparities and improve behavioral health outcomes for all communities.

FY 23-24 Progress and Updates

LGBTQIA+ Trainings

The Q Corner's educational arm, in collaboration with Caminar's LGBTQ Wellness program, offers comprehensive training and consultation to equip providers with best practices for supporting and affirming 2SLGBTQIA+ members. The program provides 35 different training courses, facilitated by both in-house experts and contracted trainers, covering key topics for behavioral health providers, educators, families, and more. These trainings aim to create culturally competent, welcoming, and knowledgeable services for 2SLGBTQIA+ communities, addressing systemic barriers and enhancing support for members across various sectors.

The foundational trainings, "Understanding Gender, Attraction, Expression (GAE)" and "SOGIE 101," equip agencies with critical knowledge to safely and respectfully serve

2SLGBTQIA+ members. These sessions explore essential topics such as pronouns, intersectionality, cultural and historical trauma, and best practices for data collection. GAE, a six-hour intensive course, targets behavioral health professionals, while the two-hour SOGIE 101 is adapted for broader audiences, including social workers, educators, and community service providers.

Specialized courses also focus on working with 2SLGBTQIA+ children, youth, and families, offering evidence-based training such as the Family Acceptance Project and Comprehensive Care for Trans Youth. Intersectional and culturally specific trainings address mental health practices that affirm the experiences of marginalized groups, including sex workers and those in consensual non-monogamous relationships. The program also expands cultural resources for Vietnamese LGBTQ+ communities, offering tailored consultations, training, and clinical support in collaboration with the Vietnamese American Services Center.

Clinical trainings include advanced topics such as addressing cisnormativity, providing trans-affirming care, and supporting trans folks of color. The annual LGBTQ Clinical Academy offers a 40-hour comprehensive course with didactic and clinical consultation components, fostering advanced competency in providing LGBTQ+ affirming care. Additionally, the monthly Gender Affirmative Clinical Consultation Group provides a space for medical and behavioral health providers to seek guidance on supporting gender-diverse members, further increasing accessibility to affirming services.

The Q Corner also emphasizes peer support through the Queer Intentional Peer Support program, which includes a 40-hour intensive training and a monthly co-reflection group to foster community-based peer support. School-focused initiatives, like the “LGBTQ+ Students’ Rights Round Table Talk Sessions,” help educators and service providers understand the legal rights of LGBTQ+ students and implement safe, affirming practices in schools.

Harm Reduction training is another key focus, with the Harm ReduQion Project offering resources and education on reducing stigma and providing trauma-informed care to LGBTQIA+ members engaged in substance use. These efforts include distributing naloxone and fentanyl testing strips across Santa Clara County and educating providers and community members on overdose prevention.

All Q Corner trainings are evaluated using pre-and post-surveys, with participants consistently reporting increased knowledge and comfort in supporting 2SLGBTQIA+ members. Participants particularly appreciate the lived experience shared by

presenters, the interactive learning formats, and the safe, inclusive training environments. The open feedback provided by participants highlights the impact and transformative nature of the trainings, underscoring their importance in building culturally competent and affirming care systems.

Learning Partnership/ Workforce Education & Training (WET)

Learning Partnership provides training for BHSD and County Contract Providers (CCPs) to enhance workforce skills and ensure that services are delivered with cultural sensitivity and respect. Workforce Education & Training (WET) prioritizes cultural humility and competency training to improve service delivery for diverse populations, including Black, Indigenous, and People of Color (BIPOC), the elderly, youth, people with disabilities, LGBTQIA+ members, and immigrant and refugee populations.

In FY24, 204 trainings were provided, exceeding the goal of 150-175, with 78 focused on cultural humility and competency. Despite aiming for a 25% increase in attendance, the program achieved a 16% rise, with 1,953 participants. Given this, a more realistic goal of a 10% increase is set for FY25, aligning with the department's emphasis on cultural humility.

Plans to introduce an Enhanced certification for cultural competency have been paused due to budget constraints, delaying vendor identification. Once funding is available, this initiative will be prioritized.

BHSD is committed to reducing stigma around mental health in diverse communities through mandatory annual cultural humility training, adhering to the National Standards for Culturally and Linguistically Appropriate Services (CLAS). Evaluation data from FY24 shows overwhelmingly positive feedback, with 98% of participants finding the content relevant and culturally integrated. Efforts will be made to boost attendance, especially for trainings led by Dr. Gloria Morrow, the contracted Cultural Humility trainer.

Positive Parenting Program (Triple P)

The Positive Parenting Program (Triple P) is a globally recognized, evidence-based parenting program with over 35 years of research. It provides parents with practical strategies to build strong relationships, manage children's behavior, and prevent problems from developing. Used in more than 30 countries, Triple P has been proven effective across various cultures, socio-economic groups, and family structures.

To enhance access to Triple P services, the BHSD offered training for Child, Youth, and Family (CYF) providers in FY24. These services range from one-time workshops

(Levels 2 and 3) to longer, more in-depth support (Level 4), with up to 18-week sessions for families. In collaboration with School Linked Services, Level 2 workshops were offered in English and Spanish, reaching 130 participants across 18 series.

In FY24, BHSD continued to train County and Contracted Providers, ensuring culturally responsive services delivered by bilingual and bicultural staff. Triple P providers must complete comprehensive training and pass an accreditation process to deliver services with fidelity to the evidence-based model. This rigorous approach ensures that services meet the diverse needs of the community while maintaining high standards.

To evaluate program effectiveness, pre- and post-training surveys were introduced for participants in Level 2 and 3 services. These surveys measure satisfaction, skill development, and cultural relevance. In FY24, participants reported an average satisfaction rate of 60%, highlighting areas for improvement and opportunities for better alignment with cultural needs. BHSD remains committed to refining Triple P services and expanding access to diverse cultural communities to support positive parenting and improve family dynamics.

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

To address the diverse needs of Santa Clara County, the Behavioral Health Services Department is focused on building a multicultural workforce that is culturally and linguistically competent. Aligned with Criterion 6 and CLAS Standard 3, the department's initiatives include targeted recruitment, workforce development, and retention programs that emphasize cultural competence. By offering opportunities for bilingual and bicultural candidates, loan repayment incentives, and career growth pathways, the department seeks to reduce health disparities, enhance client outcomes, and ensure that all residents have access to culturally relevant mental health services.

FY 23-24 Progress and Updates

Career Pathways & Intern Program

The Intern Program provides students, consumers, and family members with training and experience to build clinical, professional, and cultural competence, preparing them for careers in behavioral health. This program offers placements for bachelor's and master's students, as well as members with lived experience, at various internship sites, allowing them to work with diverse populations across ethnic, cultural, and socio-economic backgrounds. These internships often lead to employment opportunities within BHSD and County Contract Providers, enhancing the cultural and linguistic capacity of the system.

Stipends are available for 2nd-year MSW/MFT/PCC students and those with lived experience, with recipients selected based on their ability to serve the community's diverse populations. In addition, scholarships are offered to San Jose State University's Bachelor of Arts in Social Work (BASW) students, requiring them to work for Santa Clara County's Public Behavioral Health System for a year post-graduation.

In FY24, the program successfully achieved several goals. Fifteen student interns participated, meeting the target range of 14-18, and four peer interns joined, fulfilling the peer internship goal. The number of SJSU BASW scholarship recipients increased from three to four, although challenges with meeting volunteer hour requirements continued. Due to a hiring freeze, only three of the fifteen student interns were hired into County positions, falling short of the 74% hiring goal. Additionally, one more County Contract Provider, Momentum, joined the Peer Intern Program. However, the number of stipend recipients from County Contract Providers slightly decreased due to competition from state grants, prompting a review of stipend rates.

Since July 2023, the program has been operating at reduced capacity following the elimination of the Management Analyst position, delaying expansion plans, including the Peer Intern Collaborative and other discipline internships.

Intern feedback is collected through surveys and evaluations, highlighting strengths like organized supervision, comprehensive training, and diverse opportunities. Concerns about supervisor availability are being addressed by enhancing communication and collaboration with licensed supervisors.

In March 2024, the program hosted the first in-person Public Behavioral Health Career Expo, attended by 16 agencies and approximately 200 participants, receiving praise for its networking opportunities and welcoming atmosphere.

Cultural competence is emphasized through integrated training on Client Culture, Cultural Humility, and SOGIE (Sexual Orientation, Gender Identity, and Expression), with ongoing support provided through group supervision and case discussions focused on culturally responsive care.

Chart 1: Student Intern Program (County and Contract Provider Student Interns) evaluations

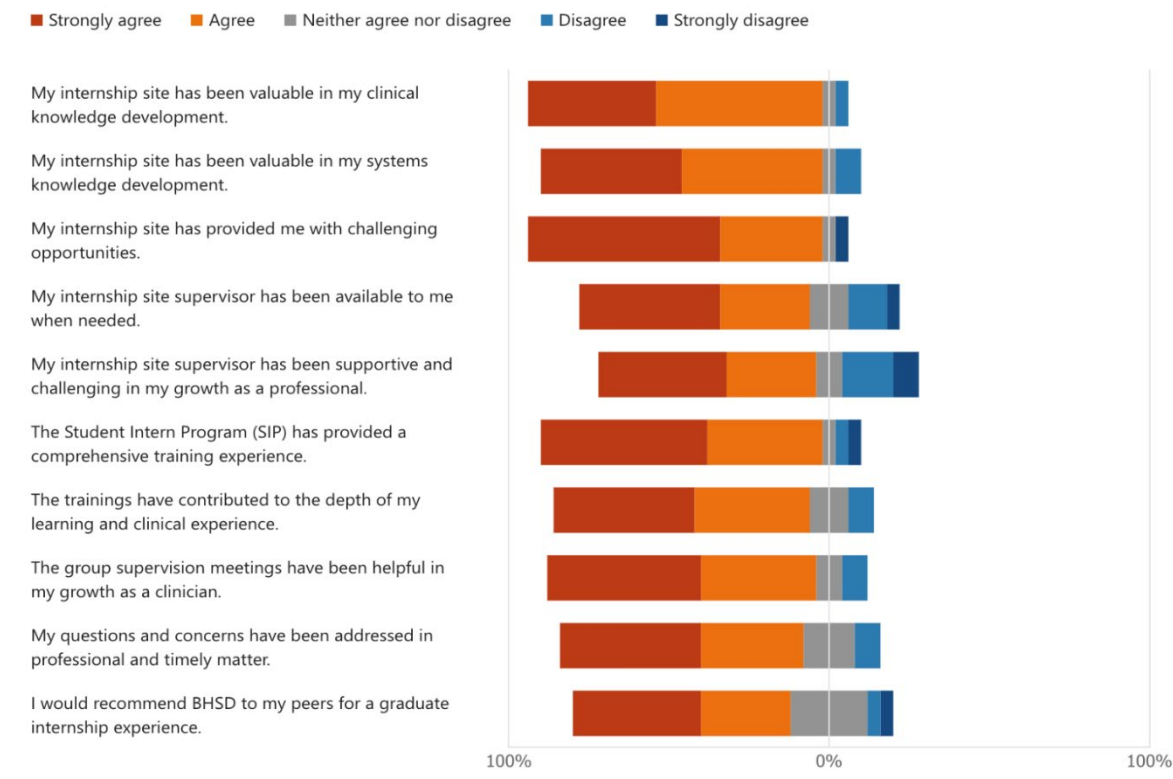
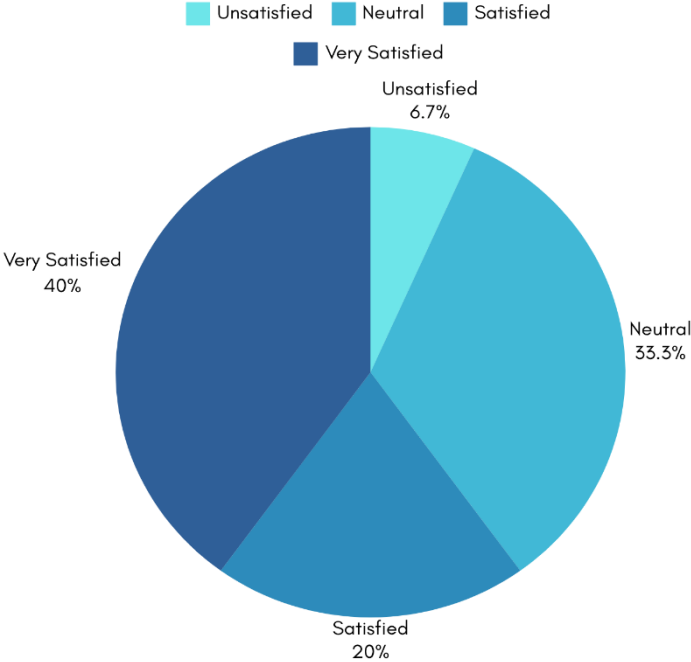


Chart 2: Participant's Satisfaction Rating Survey from Public Behavioral Health Career Expo (March 6, 2024) Survey

Quality of Experience



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

The Behavioral Health Services Department is dedicated to ensuring equitable access to mental health services for all residents, regardless of their linguistic background. Aligned with Criterion 7 and CLAS Standards 5, 6, 7, and 8, the department prioritizes language capacity as a key component of its mission to effectively serve Santa Clara County's diverse population. This commitment is reflected in the development of a comprehensive Language Access Plan, which provides structured guidelines for enhancing communication with members who speak languages other than English.

Efforts to expand language access include adding Russian as a threshold language and ensuring in-person translation services are available when needed. The department collaborates closely with the Language Access Unit to secure high-quality language services vendors, translate essential documents, and improve the accessibility of digital resources. Through these initiatives, the department aims to provide culturally and linguistically appropriate care, reduce barriers to services, and empower members to fully engage with their mental health care.

FY 23-24 Progress and Updates

Prevention Services Media Materials

The Department's Prevention Services Division is committed to enhancing suicide and substance use prevention efforts through culturally informed print and media campaigns tailored to LGBTQIA+ and racial/ethnic minority communities. This commitment is evident in various targeted initiatives. For instance, a media campaign aimed at English- and Vietnamese-speaking women aged 18 to 35, along with their partners, was developed to raise awareness about Fetal Alcohol Spectrum Disorders (FASDs). This campaign utilized insights from prior evaluations and community feedback to inform its messaging and materials.

Similarly, a campaign targeting English-speaking youth (ages 14 to 29) and English- and Spanish-speaking parents focused on raising awareness about fentanyl and strategies to avoid its dangers. Insights from evaluation surveys and focus groups guided the development of campaign materials, including Spanish-language resources for youth to be used in future initiatives. Additionally, another campaign promoted the 988 Crisis and Suicide Prevention Lifeline to encourage help-seeking behaviors among residents of all ages, incorporating findings from prior campaigns and nationwide research.

The Division emphasizes cultural humility and competence in its public awareness efforts, planning to implement at least three new campaigns targeting various

cultural groups in the upcoming fiscal year. These include a fentanyl awareness campaign for youth, a campaign addressing intoxicating hemp products aimed at parents, and a stigma reduction initiative for Latinx/e and Asian adults aged 18 to 44. Plans are also underway for a campaign focusing on methamphetamine. To improve effectiveness, the Division actively seeks community input on messaging and tone, partners with local organizations for distribution, and conducts formal post-campaign evaluations.

In FY24, the Division continued its commitment to cultural competence by evaluating two previous campaigns and launching three new ones. Although budget constraints limited comprehensive evaluations for all FY24 campaigns, key output data was collected. For example, the FY24 988 campaign, which ran for seven weeks, delivered nearly 9 million impressions, while the FY24 FASDs campaign reached over 8 million impressions during its six-week run.

1. FY23 988 Public Awareness Campaign

- Impressions Delivered: 26,250,225
- Key Findings:
 - One in three respondents recalled the ads.
 - 13% of responses were in non-English languages (9% Spanish, 3% Vietnamese, 1% Chinese).
 - A third of those who recalled the ads took action to share information about 988 or learn more.
 - General knowledge of 988 and the BHSD non-crisis line (800-704-0900) was low, but those who recalled the ads had significantly more knowledge.
 - Attitudes towards 988 and help-seeking were mostly positive, especially among those recalling the campaign.
 - Call volume to 988 increased notably during campaign phases, peaking at the end of all three phases.
 - Feedback from 988 callers was largely positive, with two-thirds praising the service.

Cultural Group Feedback:

- Positive Comments: Many respondents reported positive experiences, expressing gratitude for the help received.
- Mixed/Negative Comments: Some callers experienced long hold times or felt inadequately supported, highlighting areas for improvement in service response and training.

2. FY23 Cannabis Campaign

- Impressions Delivered: 9,128,273

- Key Findings:
 - 44% of respondents recalled the ads.
 - 86% agreed that conversations with teens about cannabis risks can reduce misuse.
 - 87% felt they influence their children's choices, and 79% expressed concern about the potential side effects of cannabis use.
 - High agreement on the impact of early cannabis use on brain development (89%).
 - Parents who saw the ads reported challenges in discussing cannabis use due to its legality and personal use.
 - Those who recalled the ads were younger, more likely to be male, and identified as part of the LGBTQIA+ community.

3. FY24 Fentanyl Campaign Phase 1

- Impressions Delivered: 9,899,783
- Key Findings:
 - Nearly two-thirds of respondents recalled the ads.
 - Demographics: 23% Hispanic/Latino, 32% two or more races, 23% LGBTQIA2S+.
 - Respondents who recalled the ads were more likely to have a history of recent drug use, indicating effective outreach to those in need.
 - The majority expressed a desire to learn more about fentanyl risks, and over half reported taking action to avoid recreational drug use after exposure to the ads.
 - Those exposed to the campaign showed an increased likelihood of seeking help and information about fentanyl.

4. FY24 Fentanyl Campaign Phases 2-4

- Impressions Delivered: 37,058,115
- Status: Data collection completed; analysis is currently underway.

The Division's evaluation process is guided by an evidence-based framework, which includes surveys to assess campaign reach and changes in knowledge, attitudes, and behaviors regarding suicide and substance use among different cultural groups. This comprehensive approach ensures that campaigns not only raise awareness but also promote help-seeking behaviors among culturally diverse populations. The findings from these evaluations reveal the importance of tailoring communication strategies to resonate with various communities, as seen in the positive responses from those who recalled the campaigns, while also highlighting areas for improvement in service response and training.

Call Center

The Behavioral Health Services Department Call Center provides a toll-free 800 number for Santa Clara County residents, offering screenings and referrals to both Specialty and Non-Specialty Mental Health Services for Medi-Cal and Medicare members, as well as for uninsured members. In addition, the Call Center connects community members to peer navigation services, the Crisis and Suicide Prevention Lifeline, the grievance and appeal line, and Assisted Outpatient Treatment (AOT) services.

To enhance service delivery and ensure equity, the Call Center has set a goal of connecting 95% of non-English-speaking callers to an agent within 30 seconds. Additionally, we aim to reduce the dropped call rate for non-English speakers to less than 5%, ensuring they are connected to the appropriate services without unnecessary delays.

In the past year, we successfully reduced wait times by 15% and dropped call rates by 17% for non-English-speaking callers. These improvements resulted from targeted staff training, increased monitoring, and real-time feedback provided by leadership. While these are significant achievements, there is still progress to be made.

Leveraging the Cisco Unified Intelligence System, the Call Center is working to meet its target of 95% compliance with the 30-second wait time for non-English speakers. This will be accomplished by filling vacant positions, offering more workgroup training, and continuing the leadership's focus on staff performance and call monitoring.

We track performance daily, weekly, monthly, and annually, focusing on wait times and dropped calls for non-English speakers. These metrics are compared to previous years to assess the success of our interventions. Staff undergo formal department-led training as well as informal coaching from managers and lead staff.

To promote cultural competence, the Call Center utilizes translation and interpretation services to ensure callers can communicate in their preferred language when discussing mental health treatment options. A reduction in dropped calls is used as a measure of increased engagement. The Call Center also tracks referrals to ethnic-specific programs and regularly meets with community-based organizations to address challenges related to capacity and service demand. While feedback from the community is minimal, we continue to offer comprehensive language services and culturally tailored referrals to meet the diverse needs of the population.

Crisis and Suicide Prevention Lifeline (CSPL)

The Crisis and Suicide Prevention Lifeline (CSPL) offers a 24/7, toll-free, and confidential phone line for members in crisis, providing emotional support, suicide prevention, crisis intervention, and resource referrals to the entire Santa Clara County community. In addition to phone support, CSPL also provides crisis text and chat services for eight hours a day, seven days a week.

The program's goals focus on assisting members in emotional or suicidal crises by de-escalating the situation and facilitating their return to a normal state of functioning, connecting them with vital resources, and preventing suicide. To enhance cultural competence, CSPL collaborates with community-based organizations that specialize in serving specific ethnic and targeted communities. This partnership enables the provision of cultural competency training for counselors, ensuring that staff are equipped to address diverse community needs. CSPL staff also participate in Cultural Competence and Sensitive Practices trainings offered by BHSD.

To better reflect the linguistic diversity of the community, CSPL prioritizes recruitment and retention of staff and volunteers who speak languages that resonate with local demographics. Currently, the program comprises 22 staff members and 52 volunteers, with 22 members bilingual in English and another language. The breakdown of bilingual staff and volunteers includes four who speak Spanish, six who speak Vietnamese, eight who speak Chinese, and three who speak Hindi.

Table 1: Call volume in FY 23/24.

Month	988				Local Lines 855-278-4204 & 1800-704-0900			
	Offered	Answered	Unanswered & Hang-up	Answer Rate	Offered	Answered	Unanswered & Hang-up	Answer Rate
Jul-23	2,314	2,163	151	93%	4273	3519	754	82%
Aug-23	2,207	2,078	129	94%	3494	3053	441	87%
Sep-23	2,633	2,529	104	96%	3515	3056	459	87%
Oct-23	2,416	2,297	119	95%	3511	2977	534	85%
Nov-23	2,137	1,998	139	93%	3413	3017	396	88%
Dec-23	2,199	2,049	150	93%	3520	2979	541	85%
Jan-24	2,128	2,014	114	95%	3411	2996	415	88%
Feb-24	2,131	2,020	111	95%	3513	3050	463	87%
Mar-24	2,445	2,270	175	93%	3459	2944	515	85%
Apr-24	2,501	2,321	180	93%	3451	2956	495	86%
May-24	2,792	2,570	222	92%	3352	2767	585	83%
Jun-24	2,578	2,341	237	91%	2759	2319	440	84%

Total/ Average	28,481	26,650	1,831	94%	38,912	33,314	5,598	86%
-------------------	--------	--------	-------	-----	--------	--------	-------	-----

Table 2: Text and chat volume in FY 23/24

988 Crisis and Suicide Prevention Lifeline - Crisis Text and Chat													
	Jul- 23	Aug- 23	Sep- 23	Oct- 23	Nov- 23	Dec- 23	Jan- 24	Feb- 23	Mar- 24	Apr- 24	May- 24	Jun- 24	Total
Number of STATE QUEUE incoming texts to CSPL	145	210	150	199	194	221	145	157	141	190	170	178	2100
Number of texts answered by CSPL	115	167	120	163	161	167	141	137	128	179	164	161	1803
Number of STATE QUEUE incoming Chat to CSPL	90	114	87	109	98	66	68	71	74	68	49	55	949
Number of Chat answered by CSPL	69	86	72	95	84	54	64	62	69	64	41	45	805
Total Offered	235	324	237	308	292	287	213	228	215	258	219	233	3,049
Total Answered	184	253	192	258	245	221	205	199	197	243	205	206	2,608

The National 988 Suicide and Crisis Lifeline and the state closely monitor the performance of crisis centers through monthly Key Performance Indicators (KPIs), which include call answer rates, average response times, call abandonment rates and call rollover rates. The state mandates that 90% of calls be answered, with 95% responded to within 20 seconds, a call abandonment rate of 5% or lower, and a call rollover rate of 5% or lower. In Fiscal Year 2024, Santa Clara County's 988 call response achieved a 94% answer rate, with 95% of calls answered within eight seconds, a call abandonment rate of 4%, and a call rollover rate of just 1%.

Cultural and Linguistic Services

The Department is dedicated to ensuring all members receive the services they need, with a strong focus on accommodating the diverse linguistic backgrounds within our communities. To strengthen this commitment, we are actively developing a comprehensive Language Access Plan in partnership with the Language Access Unit. This plan will establish structured guidelines and procedures to enhance communication with members who speak languages other than English, advancing our mission of providing equitable and accessible services.

This year, we added Russian as a threshold language, notifying all programs and ensuring that essential documents are translated to meet this new requirement. Additionally, we have been working with the Language Access Unit to secure language services vendors, allowing clinics and programs to access high-quality language support that better serves members with diverse linguistic needs.

Our collaborative efforts with the Language Access Unit extend to participation in an advisory workgroup focused on translating the Department's website with cultural and linguistic accuracy. This ensures that our digital presence is accessible and meaningful to all members, fostering a more inclusive online experience.

To further align with our inclusivity goals, the Department provides in-person translation services where appropriate, with qualified interpreters available for face-to-face interactions. This approach prioritizes real-time, accurate communication, especially in sensitive and complex situations.

Additionally, we prioritize the translation of essential documents into all threshold languages, empowering members with accessible information on services, rights, and resources. By making written materials available in multiple languages, we enable informed healthcare decisions, underscoring the Department's dedication to equitable and inclusive service for all communities.

CRITERION 8: ADAPTION OF SERVICES (CLAS STANDARD 14)

The Behavioral Health Services Department is always looking for ways to adapt its services to better serve Santa Clara County's diverse community. By focusing on effective, equitable, and respectful care tailored to cultural differences, the department aims to break down barriers and improve health outcomes for everyone, especially those who have been historically underserved. This commitment aligns with Criterion 8 and CLAS Standard 14, ensuring that our services evolve to meet the needs of all residents.

Recent efforts include the establishment of the Gender Affirming Care Clinic (GACC), which provides specialized mental health services for transgender and gender-diverse members. Additionally, the expansion of peer services through programs like the Cultural Communities Wellness Program (CCWP) and the Evans Lane Wellness and Recovery Center highlights the department's dedication to culturally competent care. These initiatives focus on creating safe, affirming spaces and integrating community feedback to continuously enhance service delivery and address the unique challenges faced by diverse populations.

FY 23-24 Progress and Updates

Gender-Affirming Care Clinic

The transgender and gender-diverse (TGD) community faces significant disparities in accessing quality, affirming care. These challenges are heightened for TGD members of color, who experience compounded minority stress due to anti-transgender bias and discrimination. A review by the Valley Medical Center (VMC) Gender Health Center revealed that many of their TGD patients require specialty mental health services but avoid seeking care due to environments that lack gender-affirming and culturally competent support.

The Gender Affirming Care Clinic (GACC) was established to address these gaps by expanding existing Specialty Outpatient Services in Santa Clara County. The GACC offers a range of services, including individual, group, and family therapy, evaluations, plan development, medication management, and peer support. These services are rooted in the Gender Affirmative Clinical Model, which recognizes gender diversity as a normal part of human diversity and emphasizes healing from the trauma of discrimination and gender minority stress. This clinic is one of the first in the county dedicated to serving TGD members and aims to become a model for other counties.

The GACC also seeks to reduce mental health disparities among TGD members, such as feelings of isolation, suicidal ideation, and the need for higher levels of care. In its

first year, the clinic enrolled 40 members, most of whom receive weekly or bi-weekly therapy. The clinic's comprehensive approach includes mental health peer support workers (MHPSWs), who assist members with housing resources, employment, navigating care systems, and accessing gender-affirming interventions, such as clothing, medical treatments, and legal changes.

Located at the colleQTive Wellness Center alongside The Q Corner, the GACC is part of a broader initiative to create safe, affirming spaces for the 2SLGBTQIA+ community. ColleQTive provides drop-in services, information, peer support, and community connections in a welcoming environment designed for LGBTQIA+ members. The space includes private therapy rooms, a library, and a lounge area for group meetings, offering members both clinical services and a sense of belonging.

Feedback from members and families has been overwhelmingly positive, with many expressing appreciation for the affirming staff and inclusive environment. Members often report feeling accepted from the moment they enter the space, where accurate names and pronouns are consistently used. The clinic has become a safe place where members can express their authentic selves, sometimes for the first time.

GACC's impact is seen through success stories that highlight the transformative power of gender-affirming care. For example, one young adult client, initially unsupported by her mother, has now begun openly expressing her gender identity with her mother's support. Another youth client used the clinic as a safe space to disclose his gender identity to his mother, leading to ongoing family support. Additionally, an adult client who initially distrusted mental health providers due to past negative experiences is now engaged in therapy and peer support after receiving tailored, inclusive care.

The GACC continues to build partnerships with other county and community providers to ensure TGD individuals have access to affirming care across various service systems. Although the program is still in its first year, efforts are underway to evaluate client outcomes and enhance service delivery based on client feedback.

Peer Services

Peer Services play a crucial role in the County's approach to behavioral health, offering individuals lived-experience support to complement traditional clinical care. These services are rooted in cultural competence and focus on empowering individuals by addressing both their mental health needs and the social determinants of health. Through peer-led programs, participants receive personalized support, helping to break down stigma and enhance access to culturally relevant care.

The Cultural Communities Wellness Program (CCWP) provides prevention and early intervention services to underserved communities with a strong emphasis on cultural sensitivity. By focusing on outreach and engagement, the program addresses linguistic, cultural, and ethnic barriers to ensure access to essential services. CCWP offers a variety of services, including community outreach, culturally focused artistic support, events, and support groups, while collaborating with community-based organizations and county departments. Additionally, the program provides behavioral health training and resources.

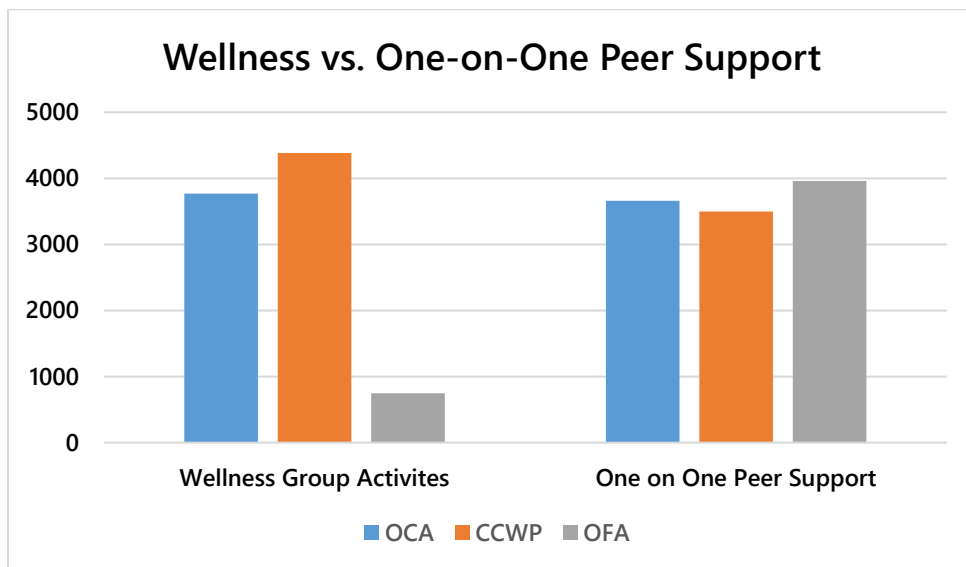
The Office of Consumer Affairs (OCA) delivers peer support services at the Zephyr (San Jose) and Esperanza (Gilroy) wellness drop-in centers. Mental Health Peer Support Workers (MHPSWs) reduce stigma, enhance cultural competency, and create safe spaces by focusing on multiple dimensions of wellness. Their services complement clinical care by addressing basic needs, providing emotional support, and connecting individuals to healthcare, education, employment, and housing.

The Office of Family Affairs (OFA) assists families in navigating the behavioral health system, offering multilingual and culturally competent peer support. OFA's services include education, stigma reduction, and wellness promotion, with resource linkages, court assistance, post-incarceration transition support, and advocacy. The office collaborates with NAMI and provides language support in Spanish and Vietnamese, ensuring timely access to services for underserved members.

The program aimed to increase service delivery and penetration rates by 10% for FY23. Although this goal was not met and will require a reassessment of targets, Mental Health Peer Support Workers (MHPSWs) continued to provide valuable services to consumers. Another goal was to increase wellness support groups by 10%. Through Zephyr, Esperanza, and the Vietnamese American Service Center (VASA), wellness group sessions and peer navigation services were expanded. Direct engagement with participants helped build trust, resulting in increased participation. Additionally, the program sought to increase mental health outreach events by 10%. MHPSWs provided essential linkages to behavioral health services, reducing suicide risk by referring consumers to the Call Center, Emergency Psychiatric Services, Mobile Crisis Units, and other crisis management resources. Collaboration with county providers, County Contracted Providers, and community partners such as Probation, the District Attorney's Office, the San Jose Police Department (SJP), and local healthcare providers further strengthened outreach efforts.

As part of the program evaluation, changes in attitudes toward mental health disparities were measured through pre- and post-peer service surveys administered by the Office of Consumer Affairs (OCA). These surveys were given to consumers before and after participating in peer groups, with follow-up surveys distributed 30 days later to assess the impact on their attitudes, knowledge, and behaviors. In promoting cultural awareness and reducing stigma, Wellness Recovery Action Plan (WRAP) sessions, one-on-one peer support, and family-focused peer groups played a key role. These activities helped participants form strong emotional bonds, reduce feelings of isolation, and deepen their understanding of cultural factors contributing to mental health disparities.

Chart 1: Wellness versus one-on-one Peer support across the Peer Services division



Outreach and Engagement:

The Office of Family Affairs expanded outreach to ten additional sites, including events at the Mexican Consulate and Urgent Care facilities across the county.

Evans Lane Outpatient and Residential Program

The Evans Lane Wellness and Recovery Center provides comprehensive behavioral health treatment and supportive services to adults facing mental illness, substance use, and co-occurring disorders within the justice system. Established in 2010, the center aims to serve the diverse communities of San Jose by offering culturally sensitive outpatient treatment and safe interim housing. By addressing the stigma surrounding mental health and substance use, Evans Lane enhances access to quality care for marginalized populations, including Latino/Hispanic, Asian, African American, and LGBTQIA+ communities. The ultimate goal is to reduce crime and recidivism by

helping individuals confront self-deception and negative thought patterns, replacing them with positive coping mechanisms that foster personal growth and community safety.

To further its commitment to cultural competence, Evans Lane has set specific goals for staff training, language accessibility, and community partnerships. For Goal 1, monthly cultural competency workshops have been implemented, with 95% of staff completing at least 10 hours of training in FY24. Plans for FY25 include expanding training to cover intersectionality and LGBTQIA+ mental health issues. For Goal 2, program materials have been translated into Spanish, Vietnamese, and Mandarin, and two bilingual therapists were hired; efforts to add Tagalog translations and recruit a Tagalog-speaking professional are underway. Goal 3 focuses on enhancing outreach to underserved populations through partnerships with local cultural organizations and community events, with plans to establish additional partnerships in FY25.

Despite these efforts, challenges remain, including insufficient funding for multilingual services and difficulties in recruiting behavioral health professionals from specific cultural backgrounds. The center has learned the importance of ongoing community input in shaping service delivery. Measurement tools, such as the Cultural Competence Assessment Scale (CCAS) and Client Satisfaction Survey, have yielded positive results: staff CCAS scores increased by an average of 22% from FY23, client satisfaction with cultural sensitivity rose from 75% to 88%, and there was a 40% increase in members from underrepresented communities accessing services.

The Evans Lane program has introduced the Cultural Diversity and Competence (CDAC) training initiative, pairing experienced staff with those from diverse backgrounds for mentorship and professional development. This program emphasizes culturally sensitive approaches to substance use treatment, cross-cultural communication, and the impact of acculturation stress. Additionally, ongoing professional development includes family involvement strategies and culturally adapted harm reduction techniques. The CDAC program has improved staff cultural competency and enhanced treatment engagement and outcomes among members with co-occurring disorders.

Staff members engage in monthly workshops focused on topics like implicit bias and culturally adapted therapeutic techniques, supplemented by ongoing supervision that addresses cultural issues in client care. The center facilitates community forums and collaborates with cultural festivals to promote mental health discussions among diverse populations. The "Client Governance Community Meeting" series integrates client narratives to diminish stigma and improve service delivery.

Follow-up assessments at 6 and 12 months post-treatment evaluate sustained improvements, while community-level indicators are tracked to measure changes in mental health awareness and stigma reduction. An active Community Advisory Board, along with partnerships with religious leaders and cultural organizations, informs outreach strategies and service adaptations. The mobile mental health unit and telehealth program extend services to underserved neighborhoods, addressing barriers to access.

In summary, the Evans Lane Wellness and Recovery Center has made substantial progress in enhancing cultural competency and addressing mental health disparities. Achievements in staff training, community engagement, and service adaptation have improved access and outcomes for diverse populations. Moving forward, the center aims to expand language accessibility, deepen community partnerships, and continue evolving its services based on client feedback and emerging needs. While challenges persist, the commitment to cultural competency and continuous improvement positions Evans Lane well for future success.

Ethnic and Culture-Specific Wellness Centers

Ethnic-Specific Wellness Centers provide essential spaces for underserved, underrepresented, and inappropriately served communities to engage in culturally reflective caregiving and healing practices. Designed specifically for Latino, African American, LGBTQIA+, Asian/Pacific Islander, and Native American populations, these centers offer low-barrier access to mental health services, community engagement, and culture-specific practices. Acknowledging the historical mistrust many of these communities have towards government and mental health systems, the Wellness Centers focus on building trust and rapport with service providers. Unlike traditional Medi-Cal services, they operate on an open-door policy, fostering inclusivity.

Each Wellness Center offers services and activities tailored to the specific cultural needs of the communities they serve. These include behavioral health workshops, psycho-educational sessions, and drop-in support groups. Additionally, outreach and educational activities are conducted in diverse community settings like schools, childcare centers, and faith-based organizations. These efforts aim to increase access to culturally relevant mental health services, reduce stigma, and strengthen collaboration with community stakeholders.

In 2022, the centers had several notable successes. For instance, the Traditional Song and Dance Class hosted a "Culture is Prevention" Powwow, attracting 71 new participants. Similarly, the Indian Health Center hosted multiple community-focused

events, such as the Healing of Healers workshop and the American Indian Graduation, which celebrated over 100 Native students and promoted community pride and cultural resilience. In the Youth Workforce Development program, social media outreach successfully engaged 17 new participants, showcasing the center's ability to connect with younger populations.

Client feedback emphasizes the positive impact of these programs. One mother expressed gratitude for the Youth Workforce Development program at the Indian Health Center, noting the significant improvements in her son's confidence, academic performance, and overall well-being. In another case, two young dancers from the Traditional Song and Dance Class prepared for their "coming out" ceremony, a vital powwow tradition, which deepened their cultural connection and community involvement. Additionally, participants of a Two-Spirit Powwow internship gained valuable cultural insights and professional experience, further enriching their personal and community development.

Despite challenges in data collection, centers like Mekong are working on improving their feedback mechanisms, including implementing culturally translated surveys and offering feedback boxes at events. These efforts ensure that community needs are met, and services are continuously adapted based on participant input.

Data from surveys across various centers reflect significant improvements in participant knowledge and comfort with accessing wellness and preventative programs. For example, in the African American and Latino/Hispanic populations, post-survey results indicated a 25% increase in comfort with seeking wellness support, a clear sign of the center's success in reducing stigma and increasing awareness of available resources.

The success of the Ethnic-Specific Wellness Centers lies in their culturally competent approach, empowering communities through targeted services, fostering healing, and creating a sense of belonging. The centers remain committed to expanding their outreach and eliminating barriers to care, particularly within ethnic-specific communities, while working tirelessly to reduce the stigma surrounding mental health. Through continued efforts in collaboration, education, and culturally sensitive support, the centers will continue to serve as vital pillars of mental health and wellness for these underserved populations.

Raising Early Awareness & Creating Hope (REACH) Screening

Raising Early Awareness and Creating Hope (REACH) provides early intervention and prevention services for Santa Clara County youth ages 10-25 experiencing early signs

of psychosis. Operated by Starlight Community Services (SCS), REACH is dedicated to supporting those at high risk for psychosis (CHR-P) or experiencing a first episode of psychosis (FEP). The program emphasizes raising awareness about mental illness and offering culturally competent, evidence-informed care to underserved youth, young adults, and their families. Services include case management, therapy, psychiatry, occupational therapy, education and employment support, peer and parent mentorship, and multi-family group sessions.

The program's overarching goals include reducing stigma and discrimination, addressing disparities in mental health service access, minimizing the psycho-social impact of trauma, preventing suicide, and promoting early intervention for youth at risk of serious psychiatric illness. To achieve these goals, REACH focuses on reducing psychiatric hospitalizations, shortening the duration of untreated psychosis, and enhancing family engagement. Additionally, the program aims to increase education and training among providers, educators, and child-service systems to improve early detection and intervention.

REACH provides a toll-free number and a public website for psychoeducation, consultation, and referrals. When a referral is received, a phone screening, including the Prodromal Questionnaire (PQ-B), is conducted to determine if the individual meets the initial criteria. If eligible, a comprehensive assessment called the Structured Interview for Psychosis-Risk (SIPS) follows. Those not admitted to the program receive care coordination through BHSD.

In FY24, the program completed 38 screenings, reflecting a 15.55% decrease from FY23 due to the closure of a contracted provider. For FY25, REACH aims to screen 90% of newly referred youth ages 12-25 at the Las Plumas County Clinic using the full PQ-B, with the goal of increasing members served by 10%. Training for clinic staff in administering the PQ-B ensures more accurate assessments and aligns with REACH's commitment to culturally competent, trauma-informed care.

Table 1: REACH youth served by race in FY24

Race	Number Served (N=100)	%
Asian	12	12%
Black	4	4%
Hispanic	68	68%
White	7	7%
Unknown	9	9%

Table 2: REACH youth served by language preference in FY24

Language	Number Served (N=100)	%
English	59	59%
Spanish	30	30%
Vietnamese	4	4%
Mandarin	1	1%
Portuguese	1	1%
Unknown	5	5%

Table 3: REACH youth served by gender in FY24

Gender	Number Served (N=100)	%
Female	60	60%
Male	40	40%

Table 4: REACH youth served by age in FY24

Age by Category	Number Served (N=100)	%
6-15	38	38%
16-20	53	53%
21-25	8	8%
26+	1	1%

REACH integrates tools like the SIPS, CANS, and PSC-35 to track outcomes, with improvements in the CANS used as a measure of successful discharges. Cultural competency training ensures staff are aware of their biases and equipped to work effectively with diverse populations, fostering an inclusive and supportive environment for members.

School-Based Wellness Center Grant Program

As part of Santa Clara County’s strategic vision for recovery from the COVID-19 pandemic, the School-Based Wellness Center Grant Program was established to improve public health, address inequities, and provide safety net services for the community. This program aims to enhance the mental health and well-being of K-12 students by expanding wellness centers on school campuses. Funding is allocated to support the establishment of new school-based behavioral health wellness centers, enhance existing centers, and address infrastructure needs.

Wellness centers serve as vital access points for behavioral health services, grounded in six principles: emotional and intellectual nourishment for each child, schools as centers of wellness, integrated health and education, prioritization of prevention and early intervention, engagement and ownership for youth, and families, and the necessity of sustainable funding and collaborative leadership. The new centers will provide resources in various languages and create safe, inclusive, LGBTQIA+-friendly spaces accessible to all students during and after school hours.

In FY24, the program aimed for 90% of wellness center grant awardees to integrate access points to SLS School-Based Behavioral Health programs, ensuring a no-wrong-door approach. Unfortunately, this goal was not met due to delays in grant administration and project initiation. For FY25, the same goal remains, with plans for quarterly technical assistance and monthly office hours to support behavioral health and wellness objectives. Wellness center staff will also participate in School Linked Services Community Resource Trainings, focusing on supporting immigrant, unhoused, and diverse student populations.

The BHSD contracted with Valley Health Foundation (VHF) to launch the grant project. A workgroup was formed to establish clear guidelines for grant eligibility, evaluation processes, and application criteria. In mid-September, a press release announced the grant opportunity, leading to 14 school districts receiving funding for 39 school sites to create or enhance wellness centers.

In mid-August 2024, grantees attended a kickoff meeting where the SLS team introduced the Learning Collaborative Community and drop-in technical assistance for the grant period. Lessons learned from the initial phase emphasized the importance of clear guidelines for program criteria and evaluation processes, as well as the need for better coordination with school administrations to expedite funding disbursement. Challenges included the timing of grant release during the holiday season and a shortage of behavioral health professionals, which delayed some wellness center openings.

The Wellness Center Grant Program will be evaluated by ensuring full disbursement of funds by June 30, 2027, with at least 80% of deliverables met. VHF will report quarterly and annually on expenditures, client utilization, and narratives detailing successes, lessons learned, and challenges.

To support grant awardees, BHSD has created a Learning Collaborative utilizing Restorative Practices, an evidence-based approach that engages district and school administrators, as well as wellness center staff. This collaborative will foster safe and

welcoming environments for all students while equipping staff with tools to support those seeking help. Throughout the grant, opportunities for dialogue among wellness center staff will focus on addressing mental health disparities and stigma through restorative and equitable practices.

Downtown Youth Wellness Center

The Downtown Youth Wellness Center (DYWC) offers a safe, supportive, and youth-focused environment for individuals aged 12-25. Services include brief behavioral health support, peer support, workshops, life skills development, education and career planning, independent living support, and linkage to medical and behavioral health services. DYWC's Advisory Committee ensures the center remains responsive to community needs by emphasizing youth involvement and community voice.

To reduce barriers to access and stigma, the center provides same-day access and fosters an inclusive, culturally responsive atmosphere. Bilingual and bicultural peer support workers, rehabilitation counselors, and clinicians engage youth in their preferred language, ensuring accessibility for diverse communities in downtown San Jose.

In FY24, the program served 201 youth, with 18.4% aged 0-15 and 81.6% aged 16-25. A significant proportion of participants (60.8%) identified as Hispanic or Latino, and over 85% were BIPOC (Black, Indigenous, and People of Color), highlighting its focus on culturally diverse youth. Outreach efforts included participation in events like the Minority Mental Health Fair, Day in the Bay, and Dia de Los Muertos, along with culturally relevant workshops such as Joven Noble, Neurodiversity: Celebrating Minds of All Kinds, PRIDE Celebration, and Ask a Psychiatrist in Spanish.

In FY25, the program will continue efforts to increase awareness and reduce stigma surrounding behavioral health among diverse populations. The Advisory Board will identify culturally specific workshops to engage underserved communities. DYWC's environment reflects the cultural and linguistic diversity of the community, featuring artwork and murals representing the indigenous roots and current cultural makeup of San Jose.

