2025

Culturally and Linguistically Appropriate Services

2024-25 UPDATE

Salud Mental y Tratamiento del Uso de Sustancias

COVER SHEET

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Submit an update to: **MCBHD.CCPR@dhcs.ca.gov**

Name of County: **County of Santa Cruz**

Name of County Behavioral Health Director: **Marni Sandoval**

Name of Quality Improvement Director: **Subé Robertson**

QI Director Telephone: **831-454-4959**

QI Director Email: **Sube.Robertson@santacruzcountca.gov**

Name of Contact: **Shelly Barker**

Contact's Title: **ESM/CLAS Coordinator**

Contact's Telephone: **831-291-6036**

Contact's Email: **Shelly.barker@santacruzcountyca.gov**

Contact's Unit/Division: **Quality Improvement, Behavioral Health**

1400 Emeline Ave., Bldg. K

Santa Cruz, CA 95060

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INTRODUCTION

The County of Santa Cruz Health Service Agency's integrated Behavioral Health Services Division and its community-based providers seek to continuously improve the delivery of a broad range of behavioral health services including prevention and early intervention and mental health and/or substance use disorders treatment, which are based in cultural humility, are culturally responsive and appropriate for the communities that make up Santa Cruz County. Santa Cruz County Behavioral Health Services (BHS) is comprised of the Mental Health Plan (MHP) for Specialty Mental Health Services, and the Drug Medi-Cal Organized Delivery System (DMC-ODS) for Substance Use Disorder Services pilot initiated in January 2018. The DMC-ODS pilot aims to demonstrate how organized substance use disorder care increases the success of DMC beneficiaries while decreasing other system healthcare costs.

The State of California requires each County Mental Health and Drug Medi-Cal system to have a Cultural Competence Plan. This fiscal year 2024-2025 Cultural Compliance Plan is an update to earlier plans developed by Santa Cruz County Behavioral Health Services and shall focus on the eight criteria of the State's proposed **Cultural Competence Plan Requirement (CCPR).**

BHS developed a Cultural Awareness Mission Statement which demonstrates the values of our division. It states:

> The goal of Santa Cruz County Behavioral Health Services is to support our consumers, youth, and family members with culturally appropriate resources, encouragement, tools and skills so they may achieve the quality of life they desire.
>
> As an agency we challenge ourselves to develop ever-greater cultural awareness and sensitivity to acknowledge and embrace individual differences, including language, beliefs, values, attitudes, healing practices, sexual orientation, gender, and physical and mental abilities.
>
> We endeavor to build on existing strengths, develop new skills and maximize the opportunity for recovery and optimal health of our community.

The County of Santa Cruz Behavioral Health Services values providing culturally and linguistically appropriate services. The criterion and questions (**in bold**) are those previously set forth by the State. Santa Cruz County has adopted the term "Culturally and Linguistically Appropriate Services", or CLAS.

In the development of our Cultural Competency Plan, Santa Cruz County Behavioral Health Services has incorporated language that expands on the importance of diversity and inclusion. The terms "cultural humility" and "culturally responsive" have been included

in this report to represent the Cultural Competency Plan. BHS values the increased development of staff cultural humility and delivery of culturally responsive services. Cultural humility involves an ongoing process of self-exploration and self-critique combined with a willingness to learn from others. It centers the relationship with our clients, with the intention of honoring their beliefs, customs, and values; acknowledging differences and accepting others for who they are. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. “Responsive” centers client care with the capacity to respond to the needs of clients from diverse cultural backgrounds to improve health outcomes. This includes the increased awareness of the client’s cultural factors and how these impact behavioral health needs, recognition of the providers own culture, and how both affect the patient-provider relationship. These commitments are reflected in day-to-day practice, in policies, procedures, and in the Quality Improvement workplan.

COVID-19 IMPACT on Santa Cruz County residents

This report will identify how BHS addresses community need and the reduction of health disparity by transitioning to online formats when possible, modifying office spaces with safety protocols, and collaboration with local agencies to increase technological equity to under resourced communities.

Office spaces are kept clean to ensure safety protocols are in place for in-person services. BHS continues to have designated computer rooms for a telehealth option for those with limited access to technology who prefer services via telehealth.

CRITERION 1.
COMMITMENT TO CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

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

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

Santa Cruz County Behavioral Health Services (BHS) has made an intentional effort to reach underserved, unserved, and inappropriately served communities in equitable, new and innovative ways. BHS intends to advance health equity, improve quality, and help eliminate health care disparities. BHS’ efforts are guided by The Enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

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

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

- Program policies and administrative practices that reflect the cultural, ethnic, and linguistic diversity of the Medi-Cal beneficiary population to be served.
- Integrating the value of cultural diversity throughout the Division and providing the most culturally and linguistically appropriate services possible to beneficiaries.
- Provide services to beneficiaries at locations within the county, and through telehealth to increase accessibility to the populations we serve.
- Utilization of Human Resources to develop policies that enable managers to specify bilingual staff recruitment in positions and advertisements.
- Expansion of training policies to increase staff access to training in cultural & linguistic issues. The expectation is for all staff to complete these trainings on a fiscal year basis. Current policy identifies staff training to be 7 CLAS course credits per fiscal year.
- Every employee in the Division is responsible for ensuring that CLAS issues are addressed in all programs, proposals, and descriptions.
- New Anti-Harassment and Discrimination policy created to promote respect, professionalism, and safety, in the workplace, with a commitment to addressing and preventing hate speech and discriminatory behavior among all individuals within the department.

Related policies and procedures include:

⇨ Behavioral Health Network Adequacy, Policy 2107, Section 9.e & f

3100	Cultural Competence	
Number	*Title of Policy*	*Effective Date*
3101	BHS Culturally & Linguistically Appropriate Services (MHP and DMC-ODS)	12/14/2020
3105	Linguistically Appropriate Services	3/1/25
3108	ADA Service Accessibility for Persons with Visual, Hearing and/or Physical Challenges	10/15/20(Rev.)
3111	Contract Requirements for Culturally & Linguistically Appropriate Service Standards	12/15/20
3113	Outreach to Medi-Cal Beneficiaries	12/15/20
3115	Availability of Culturally Competent Staff	12/14/20
3116	BH Workforce CLAS Education Plan for Culturally & Linguistically Appropriate Services	12/31/22(Rev)

6300	Employee Ethics	
Number	*Title of Policy*	*Effective Date*
6301	Employee Standards of Conduct	3/1/22(Rev)
6302	Dual Relationships	5/30/12(Rev)
6303	Behavioral Health Anti-Harassment and Discrimination Policy	11/1/23

The responses below were pulled from the *Cultural Competence/Humility Questionnaire for FY 24-45* distributed to contracted CBO's and Civil Service BH programs within the county.

List any 2024-2025 strategies, objectives, and actions that you implemented to reduce disparities in the county's identified populations. (10 responses)

Received two grants to build services in FY 25-26-expanding care to youth and TAY. Planning expansion to mobile outreach in underserved areas both in north and south county. Both did not launch until FY 25/26 however received in FY 24/25
We have ensured that there is at minimum one staff member within each client facing team who is a fluent Spanish speaker.
Emphasis on tabling, events, and trainings for staff that increased contact with identified populations
The development of the Idea team
In 2025, we implemented monolingual Spanish peer-support services to reduce linguistic barriers and improve service accessibility for Spanish-speaking individuals, a population identified as experiencing significant disparities in our county.
Providing community engagement presentations in areas of south county that underutilize services. Presentations provided by bilingual/bicultural staff; reaching out to programs, hospitals, schools, libraries and other agencies to provide information about crisis services, Billboard in Watsonville highlighting crisis services, improved website, marketing across the county with ads on Metro busses with routes from north to south county, targeted marketing with ads at the DMV, radio, etc
Increase clinic staff in south county.
Hired bilingual, bi-cultural employees to fill key roles (intake, Techs, etc). Participated in numerous outreach events throughout the county, including health fairs, parolee outreach meetings (PAC), mental health fairs, etc. Secured property in south county and actively working to set up SUDS services in the area.
Workgroups Employee engagement Referral processes

We were only recruiting for one bilingual / bicultural position, but when two great candidates presented themselves, we decided to figure out how to hire both, rather than letting one go.

B. Health Services Agency mission and vision demonstrate a commitment to cultural and linguistic competence services and are reflected throughout the entire system.

The vision of the County is….
Santa Cruz County is healthy, safe and more affordable community that is culturally diverse, economically inclusive and environmentally vibrant.

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

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

HSA Values: BHS is a department of Health Services Agency (HSA), with the departmental mission to promote and ensure a healthy community and environment by providing education, outreach and comprehensive health services in an inclusive and accessible manner. The values of the HSA department are: Integrity, Quality, Compassion and Respect, Equity and Justice, Collective Impact, Capacity Building and Positivity.

BHS Values: In 2020, BHS identifies key values for our division by conducting surveys of current MHP and DMC-ODS providers and active clients to prioritize key BH-specific values based on foundational work done by both County, HSA and Trauma-Informed Principles. These values shall drive our MHP and DMC-ODS focus areas and be included in operational decisions and quality improvement work plans.
The values of the BHS division are:

Inclusion & Engagement	Cultural humility & responsiveness ● Human connection and relationship ● Universal dignity, respect, kindness, and compassion ● Offerings of support and gratitude ● Transparency and collective communication ● Timely accessibility ● Inclusion of client voice/choice ● Dependability
Operational Excellence & Service Stewardship	Excellent effective care and customer service delivery ● Adaptability ● Ethics ● Responsibility ● Accountability ● Innovation ● Utilize outcomes to improve care, support program decisions and share with other healthcare providers and the greater community.
Targeted Treatment & Evidence-Based Services	Trauma-informed care ● Individualized “Voice & Choice” care ● Targeted Health ● Clinical quality & fidelity to EB practices ● Utilize data outcome to inform decisions ● Workforce Training
Equity & Sustainability	Promote resiliency and recovery (personal/social/environmental/economic) ● Collective impact ● Equity for All ● Justice ● Integrity ● Collaboration ● Holding hope & Eliminating stigma ● Positivity ● Capacity building
Safety	For all who provide and receive services from SCCBHS, including staff, clients, contractors, partners, stakeholders, and our community at large.

	Safety includes physical, emotional and self-care when at county facilities, remote work setting and/or in community

Copies of the following are available:

- Health Service Agency's Strategic Plan
- BHS QI Work Plan 2024-25 Evaluation and ongoing fiscal year Work Plans
- Policy and Procedures
- Contract Requirements

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

A. A description of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural and linguistic communities with mental health and substance use disorder disparities; including recognition and value of racial ethnic, cultural and linguistic diversity within the system.

The County of Santa Cruz Behavioral Health Services (BHS) recognizes the value of racial, ethnic, cultural, and linguistic diversity within our system. Through the existing programs and support of Mental Health Services Act (MHSA), BHS can outreach and establish cultural and linguistically appropriate practices, activities, and programs that are tailored to our diverse community.

South Santa Cruz County remains a focus of outreach efforts due to their large Spanish-speaking, immigrant, and Central and South American indigenous populations. These communities include the cities of Watsonville and Pajaro and often face extra challenges in accessing mental health services due to stigma, language and literacy needs, fear of deportation, impacts of barriers in education, employment, and criminal justice systems, and limited financial resources.

County Engagement Initiatives:

Behavioral Health Equity Collaborative (BHEC)

The Santa Cruz County Behavioral Health Equity Collaborative aims to increase equity by bringing together representatives of the community to identify, address, and reduce behavioral health disparities for diverse groups represented in the county. The BHEC envisions Santa Cruz County as an inclusive, equitable, and resilient community where everyone seeking Behavioral Health Services finds beneficial and exceptional services necessary to thrive at every stage of life. The collaborative is comprised of those with lived experiences, family members of those with lived experience and a variety of community partners including NAMI, Encompass Community Services, Janus of Santa Cruz, Santa Cruz County BH, and Diversity Center. Launched in July 2022, the collaborative has committed to meeting monthly to work together in advancing Behavioral Health Improvement initiatives.

In 2024, the Behavioral Health Equity Collaborative released an allyship statement affirming its steadfast support for the LGBTQ+ community, aligning closely with Santa Cruz County's equity statement. This declaration underscores a commitment to providing unwavering support, dignity, and compassion to individuals of every orientation, identity,

and expression. Both initiatives aim to foster inclusive environments where everyone can thrive and belong, reflecting a shared dedication to equity and access for all community members. Along with this declaration, a request was made to the Santa Cruz County Board of Supervisors to issue a proclamation in support. In 2025, the group developed and disseminated a survey to community members seeking feedback about their experiences as consumers of Behavioral Health services or as family members of people with lived experience. Data collection is ongoing through the coordinated efforts of BHEC members. A webpage was created to support online access to the survey, as well as information about BHEC. Data from the survey will be used to inform BH staff and leadership about opportunities to maintain and enhance equitable access to services. It is expected that recommendations will be proposed in 2026, once a threshold sample size is achieved.

211 – Community 24-hour helpline Engagement

Santa Cruz County Behavioral Health and SUD and MH partners are incorporated into the local 211santacruzcounty.org information system which is a resource sharing phone call, text and web-based resource hosted by United Way. United Way, Behavioral Health and other local providers have distributed 211 informational materials across the county north and south regions to inform the community of direct contract & description information for various services, including but not limited to, SUD and MH treatment, housing, children and family services, senior services, healthcare services, transportation, legal services and reentry support services. With the recent lapse in SNAP benefits, Santa Cruz County Behavioral Health Division partnered with local community-based organizations to offer four large food distribution events in late November 2025; BH clinicians were on site at these events to offer outreach and link community members to our services.

BHS' Recovery Wave Internet Substance Use Disorder Recovery Resources

The Recovery Wave internet page is available in English and Spanish. Here is the link to the Spanish page: Santa Cruz County Health Services Agency > Recovery Wave > Outpatient Services and English: http://www.recoverywave.org/LA_OLA/index.html

These entities offer services in Spanish, such as 12-Step programs, Refuge Recovery and DMC-ODS treatment providers.

Santa Cruz County Latino Affairs Commission

The Latino Affairs Commission,scclatinoaffairs.org, works as an advisory board to the County Board of Supervisors to review and provide recommendations that are in the best interest of the County's Latino/Hispanic population including, but not limited to, review of County Operational Plan for Equity and Inclusion, bring voice to community challenges and identify and prioritize areas of focus, proposed improvement goals, monitor community activities and multi-stakeholder collaborations for greater effectiveness and ensure of State, Federal and private community interests. The commission meets virtually now monthly. A Partner of the Commission is the Pajaro Valley Arts, Pajaro Valley Arts pvarts.org , whose mission is to bring people together through art. Here's an example: Regeneración: Women, Girls + Climate Justice, Climate of Hope Forum – Pajaro Valley Arts (pvarts.org)

Mobile Crisis Response Team

In 2025 our community expanded and rebranded our Mobile Crisis Response Team (MCRT), Santa Cruz County Behavioral Health has partnered with Family Service Agency of the Central Coast with the C.R.I.S.E.S. grant to support expanded after-hour services. The MCRT provides culturally responsive and clinically appropriate services in the community. The Crisis team responds quickly to urgent behavioral health emergencies to help stabilize youth, support families and provide linkages to additional services. We help remove barriers to access by meeting individuals where they are, whether that's a park, school, or other safe site like a faith-based location.

The youth-focused component of MCRT (formerly known as Mobile Emergency Response Team for Youth) continues to engage in crisis outreach, targeting our south county partners including (but not limited to): Salud Para La Gente, Doctors on Duty, PVPSA, Watsonville Hospital, PVUSD, and Kaiser. This component of MCRT continues to serve south Santa Cruz County youth (5-21 years old) and includes a Behavioral Health mobile office van and bilingual clinician and family specialist. This team is trained in MH crisis, screening for SUD treatment needs via the ASAM Brief Screening tool and linking the youth to the appropriate MH or SUD referral. The Mobile Crisis Response Team currently has eight staff who are bilingual in Spanish.

Community Partners:

NAMI-SCC
The Santa Cruz County chapter of the National Alliance for Mental Illness (NAMI) continues to offer support groups and classes in English and Spanish, and speaker events during the pandemic through online platforms, as well continuing to offer their emotional support and resource (phone) line for those with mental health conditions and their family members. BHS continues to work collaboratively with NAMI-SCC and share resource information to all teams to encourage beneficiaries and their family members to seek support. In the past couple of years NAMI-SCC has shared their listserve to help BHS promote the Stakeholders events mentioned above. NAMI-SCC also offers Provider Trainings for BHS, which helps to expand clinician's awareness of the experiences, challenges, and strengths of mental health beneficiaries and their families as they navigate the mental health system, and how to increase support and collaboration with client wellness teams.

Community Action Board (CAB).
CAB is a community-based program which strives to eliminate poverty through collaboration, social change, advocacy, and connection to essential services. They offer whole-person services throughout Santa Cruz County to underserved communities, including at-risk youth and immigrants. They are a key collaborator and known for their skill at providing services in Spanish and indigenous languages (Mixteco and Trique).

County Presentations:
Behavioral Health Staff, both involved in mental health and SUD services provided presentations at events hosted by various community partners, including but not limited to Health Improvement Partnership of Santa Cruz County (HIP), the Diversity Center, NAMI, Santa Cruz County Immigration Project (SCCIP), Pajaro Valley Prevention and Student Assistance (PVPSA), Calciano Youth Symposium, Triple P, and Harm Reduction Coalition. These presentations focused on behavioral health services for adults and children, distance learning support, and youth empowerment.

County Provider Partnerships:

The Mariposa Wellness Center (MHP Contractor)

The Mariposa Wellness Center is in Watsonville, which is largely a Latino/Hispanic community. This Wellness Center promotes consumer-operated services to support recovery, and strives to reflect the cultural, ethnic and racial diversity of mental health consumers. The center is a place for families and adult consumers to share information, learn about services and get support for engaging in wellness and educational activities. The Mariposa Wellness Center has collaborated with the Santa Cruz Warriors to provide care packages for Thanksgiving for the most in need clientele in Watsonville.

Pacific Clinics (MHP Contractor)

Pacific Clinics is a large agency dedicated to providing inclusive care to youth and families in Santa Cruz County and beyond. In 2025, they engaged in outreach at the Trunk or Treat event.

Pajaro Valley Prevention and Student Assistance (PVPSA) (MHP and DMC-ODS Contractor)

BHS regularly collaborated with PVPSA, a local agency in Watsonville which focuses on serving students and families of the Pajaro Valley by providing health education, mental health counseling, substance abuse and prevention services, as well as community policy advocacy. In March 2020, PVPSA became a DMC-ODS provider to focus on serving south county Latino/Hispanic youth. In addition to Santa Cruz County Behavioral Health staff presenting and participating at events hosted by PVPSA, PVPSA regularly sends newsletters, and promotion of events that focus on parent information, advocating for student equity, and youth empowerment. These materials are shared with beneficiaries as many receive services through Santa Cruz County Behavioral Health and PVPSA.

Encompass Community Services (MHP and DMC-ODS Contractor)

Encompass Community Services is a large community partner who provides a variety of mental health and substance use disorder services within our Santa Cruz County and works tirelessly at providing translated material in our County's Spanish threshold language. Encompass has an active Health Equity Committee that focuses on outreach access with special attention to hard-to-reach populations. Specific to substance use disorder treatment and access outreach, in recent years, Encompass DMC-ODS staff participated in local events in Watsonville area such as graffiti clean-up, health fairs, social diversity events and marches, outreach to health clinics, and participation in the local Harm Reduction Coalition and Probation Service Center outreach efforts. Their DUI program specifically outreaches Watsonville residents through print material and law enforcement partnership. For youth outreach, focus involves creating engaging materials for school distribution and reaching parents within Watsonville as well as north county through targeting English Learning Advisory Committee (ELAC) groups specifically (Spanish-speaking parents). Outreach to LBGTQ+ youth includes joining the Santa Cruz Diversity Center's Instagram livestream event to outreach youth, as well as staff participating of the Gay Straight Alliance group (GSA) at a local Santa Cruz high school.

Encompass mental health materials are also available at these outreach events to promote whole person wellness and raise awareness of and participation in their programs for Transitional Age Youth (TAY). Program staff participate in youth homeless outreach efforts/Youth Homeless Demonstration Program meetings, that focus on preventing/ending

human trafficking. Program staff regularly attend meetings with COE, probation, CFS and other community partners to advertise services.

Janus of Santa Cruz (DMC-ODS Contractor)
Janus of Santa Cruz is a large community partner within our Santa Cruz County who provides a variety of substance use disorder services meeting the ASAM level of care spectrum and works tirelessly to provide equitable and inclusive services. They continue to conduct community outreach to those most vulnerable, via the hospital for alcohol withdrawal, perinatal care setting and houselessness resource centers for potential clients of all diversity. In 2025 Janus was able to braid funding together and re-launch a sobering center which located adjacent to our community's main jail. They strive to hire a diverse workforce within management and treatment counselors. Their perinatal residential program includes bi-lingual/bi-cultural staff who outreach women in the community, especially Latino/Hispanic women who need SUD treatment services.

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

Santa Cruz County Behavioral Health Services (BHS) staff and contract providers engage with the diverse clients and family members who reside within the community. We provide Prevention and Early Intervention programs to persons across the lifespan, including culturally and linguistically appropriate services to infants, preschoolers, teenagers, adults, older adults and parents. The Behavioral Health Director and Deputy Director attend the monthly convenings of the local Behavioral Health Advisory Board. In 2025 the Mental Health Behavioral Health Board became the BH Advisory Board, and the Substance Use Disorder Commission was subsumed into it. Now, the Director of Substance Use Disorder Services and other staff and managers attend the BH Advisory Board based on the agenda and/or upon request. The Behavioral Health Department Directors facilitate bi-weekly to monthly Contractor & Partner meetings where updates on services are provided. County staff participate in a variety of boards and commissions, such at the Santa Cruz Community Foundation, Diversity Partnership Advisory Board, the Queer Youth Task Force, Trauma-Informed Consortium, and Special Education Local Plan Area (SELPA). We have close partnerships with law enforcement, county jail, juvenile hall, probation, child welfare, schools, health clinics, local shelter facilities, food pantry service providers and other community-based agencies. Santa Cruz County is geographically small, and staff have close working relationships with a variety of service providers, which enhance our ability to engage and coordinate services for consumers in a variety of locations. Due to the close partnership between Behavioral Health, Santa Cruz County Office of Education, and School Districts throughout Santa Cruz County, both students and their families have been able to receive referrals to needed services, and creative efforts have been made to meet the mental health and substance use disorder needs of undocumented students and their families. Similarly, BH Children's teams are active members of the Youth Access Coalition. The Behavioral Health Equity Collaborative actively engages with its members which include the community, partners and stakeholders in the behavioral health system's planning process for services.

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

Substance Use Disorders Services (SUDS) has a robust Spanish speaking team with bilingual certified Spanish speaking staff who provide SUDS clients of all ages greater choice in providers. With the number of bilingual providers, SUDS offers outpatient group services in Spanish. SUDS provides presentations to staff at local safety net primary care settings about their Spanish speaking substance use services, and outreaches to local substance use treatment programs such as Janus and New Life, as well as at monthly network provider meetings. Additionally, MHP has Spanish speaking staff members who are dedicated to meeting the cultural and linguistic needs of their clients and offer input and suggestions on how to increase such services across the division.

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

Access to culturally responsive education, training and workforce development have continued to include webinars, videos, on-line trainings and conferences, and book club discussion groups. This expansion facilitated the creation of a CLAS Education Plan Policy which was implemented on 12/7/2020 and updated 12/31/2022. Topics offered through this education plan include:

Cultural & Linguistic Appropriate Services trainings, such as:

- Effects of implicit bias in the workplace, community, client-care, and organization.
- LGBTQIA Voices of Color
- Cultural Case Formulation and Assessment
- Barriers in Mental Health Services for Trans, Queer and Non -binary Latino/Hispanic Communities
- The mental health impacts of COVID-19 on Latino/Hispanic, immigrant, LGBTQ+, elder communities.
- Suicide prevention for those struggling with substances
- Racial injustice and trauma in mental health settings and in client experiences.
- What Happened to You? Trauma-Informed and Culturally-Responsive Practices in Working with BIPOC Clients
- Trauma-Informed Systems
- Bi-monthly Cultural Café include the following topics:
    - Cross-Agency Discussion Series address the following topics: Navigating ICE in our Community, Gender, Race, and other cultural factors.
    - Gender Inclusive Behavioral Healthcare (required by all client-facing staff)Mitigating Work Place Bias (required by all staff)
    - *Me and White Supremacy* (book club)

Additional CLAS Training Opportunities:
The Cultural COMPASS newsletter is distributed by the Behavioral Health Cultural Humility Sub-Committee (a sub-committee under Trauma-Informed System Committee) and includes current culturally responsive topics impacting clients and staff, and offers education, clinical considerations, and resources to help increase staff cultural humility and quality of CLAS. Each newsletter contains a set of discussion questions that managers and supervisors can use to facilitate in team meetings.

Topics covered by the Cultural COMPASS include:

- Systemic Racism
- Provide culturally sensitive and appropriate services during pandemic
- White Supremacy
- White Fragility
- Indigenous Perspectives
- Neurodiversity
- Affinity Groups
- Mixed Status Households
- Colorism
- Intersectionality
- Gender
- Indigenous perspectives'
- Belonging
- Saviorism

BH leadership and the Cultural Humility Sub-Committee are working toward committee restructuring and redesign that expands the governance of the Cultural Humility Committee to be inclusive of Behavioral Health Staff, community partners and consumer representation, and continuing the current committee's focuses of enhancing workforce CLAS knowledge across all BH staff.

The Diversity Calendar monthly email announcement is distributed by the Behavioral Health Cultural Humility Sub-Committee and promotes awareness and learning opportunities on the varied cultural perspectives and experiences impacting clients and staff, and community and offers education, clinical considerations, and resources to help increase staff cultural humility and quality of CLAS. Each email announcement contains a set of CLAS credit eligibility learning opportunities.

Topics covered by the Diversity Calendar include:

- Emancipation Proclamation
- Women's History Month
- Black History Month
- Autism Awareness Month
- Asian American and Pacific Islander Heritage
- LGBT Pride Month
- Americans with Disabilities Act

- International Day of the World's Indigenous People
- National Hispanic Heritage Month
- National Recovery Month

The responses below were pulled from the *Cultural Competence/Humility Questionnaire for FY 24-25* distributed to contracted CBO's and Civil Service BH programs within the county.

Please list out at least three cultural competence, cultural humility, anti-racism, diversity/inclusion/belonging related training your staff has participated in and indicate if they are required or optional. (Include the trainings that are mandated)

8 Responses

Required training during onboarding/new hire orientation through Relias: "Cultural Competence", "Your Role in Workplace Diversity", and "Cultural Competence and Diversity".
All staff complete DEIB training at hire. We have also partnered with the Diversity Center to provide in-person activities for our program and site directors in the last year. We also host cultural events at each location for clients and community partners to attend.
Mandated: Introduction to Cultural Humility. All staff retreats centered around microaggressions and having difficult conversations, Child Safety Plan (CSP), clinical work in another language, and neurodiversity training
Gender Diversity training (facilitated by the Diversity Center)- Mandated Town Hall Community Space- Cultural diversity and learning – 6x/year. All staff are required to complete 6 CLAS hours per year. Additionally, we use Relias and staff are assigned multiple training courses which meet CLAS standards as applicable to their roles.
"Gender Inclusive Care" (required), "Think Cultural Health" online CLAS training (required), Cultural Humility (required).
Cultural Competence Training – required. Cultural/ Diversity/ inclusion trainings as offered by various county partners. Ex. Criminal justice partners, county CEO's office, Diversity Center, county behavioral health, etc.
Quarterly Culture Cafes (75 minutes; CLAS credit) - not mandatory; 2-3 annual Cultural COMPASS reviews - required/are integrated into Team Meetings; and mandatory Gender Affirming Behavioral Health Services training - mandatory.
We have Cultural Competency & CLAS Standards. Required (agency-created): Training Diversity, Equity, Inclusion & Belonging (DEIB) Training -Trauma-Informed Care with Cultural Humility

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

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

The Santa Cruz County Behavioral Health Services (BHS) has designated a bilingual QI Utilization Review Specialist who is identified as the CC/ESM. Our agency also refers to this role as CLAS Coordinator. During times of vacancy, the ESM/CLAS Coordinator role is covered by a bilingual QI Manager or bilingual designee who receives support from a Senior Trainer as needed. The ESM/CLAS Coordinator collaborates with other department staff, behavioral health committees, contract agencies, and assigned leaders to lead BHS' efforts to increase culturally responsive services. Related staff development trainings and other educational opportunities are provided so that the diverse needs of the county's racial, ethnic, cultural, and linguistic populations are being met. However, the responsibility for ensuring the provision of culturally and linguistically appropriate services is not the sole responsibility of one person. We believe that these standards must be infused throughout our division and therefore is the responsibility of every staff person.

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

The CLAS Coordinator reviews CLAS-related policy, in accordance with State and Federal Regulations, and along with the core leadership team evaluates the competencies of staff in providing culturally competent services. The CLAS Coordinator is a vital member of the Quality Improvement Steering Committee. Other responsibilities include:

- Identify needed CLAS trainings and coordinate trainings
- Evaluate Cultural Competence educational opportunities outside of our own offerings
- Update to the CLAS Plan
- Support in updating CLAS policies and procedures
- Data analysis of workforce completed CLAS hours
- Provide support to staff and management in matters related to acquiring and tracking CLAS hours.
- Participate in the Quality Improvement Steering Committee
- Participate in Cultural Humility Committee
- Facilitate meetings, enhance outreach, coordination and managing of multi-stakeholder Behavioral Health Equity Collaborative activities, including contributing in the agency's adoption of a Cultural Humility model (Cultural Competency Committee)
- Attend EQRO audit meetings and other DHCS audit sessions if appropriate
- Attend Cultural Competency, Equity and Social Justice (CCESJC) monthly State and Regional Meetings

IV. Identify budget resources targeted for culturally competent activities

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

The Santa Cruz Behavioral Health Services (BHS) demonstrates its commitment to cultural competence through a dedicated budget allocated for various activities. Specifically, BHS recognizes the importance of bilingual services and incentivizes bilingual staff with differentials. Currently, there are 90 County staff certified bilingual proficient in Spanish at level 1 and/or level 2.

Furthermore, BHS allocates funds to support community engagement initiatives, such as meetings, public forums, and focus group sessions. These events may necessitate translation and interpretation services, and the budget is earmarked to meet such language-related needs. Additionally, BHS has allocated resources to address non-threshold language requirements, covering the costs associated with translation and interpretation.

In alignment with the Culturally and Linguistically Appropriate Services (CLAS) standards, BHS has a dedicated budget for workshops, community meetings, trainings, and staff development initiatives. This budget ensures the organization and its contractors adhere to CLAS standards, thereby fostering cultural competence throughout the division. Overall, the budgetary provisions underscore BHS's approach to promoting cultural competence and inclusiveness within its operations.

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

1. Interpreter and translation services;

BHS has a designated budget to cover costs for translation and interpretation needs of threshold language needs, including ASL. BHS pays a differential hourly rate for bilingual staff who are required to provide bilingual services to their monolingual Spanish-speaking clients. Santa Cruz County provides funding to support community meetings, public forums, and focus group meetings, which may require translation and/or interpretation services in the threshold language. Since 2024 we have offered Mixteco translation service in response to an identified need, ensuring our commitment to inclusivity and effective communication for all individuals within our community.

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

DHCS staff responded to ESM question affirming that the new External Quality Review Organization is not expected to provide Counties with penetration rates, so the CY 2022 penetration rates are the most recent available to Counties at time of writing. BHS statistics confirm that there is a disparity in access and service delivery to the Latino/Hispanic community. The penetration rate for Latino/Hispanic beneficiaries for mental health plan services for CY 2022 was 2.47%, lower than the state rate of 3.51% and other medium counties rate average of 3.00% (FY23-24 EQRO data). The DMC-ODS penetration rate of 0.96% (from FY 23-24 claims EQRO data) is higher than the state average (0.69%) and higher than other medium counties avg rates (0.69%), but service utilization is low for the number of enrolled Latino/Hispanic beneficiaries in the MCP. Regardless to the state comparison data, we realize that these numbers are quite low for

our mission and community needs. As such, increasing access to services for Latinos was established as an overall goal for the Mental Health Services Act and DMC-ODS. Our BHS QI work plan for 24/25 included an increased focus on addressing disparities.

BHS continues to provide South County services in our larger facility to maximize access to behavioral health services in a welcoming environment, including substance use disorder services and psychiatric services. In addition, this behavioral health clinic remains on the same campus as the county medical clinic, to promote access to holistic culturally and linguistically appropriate medical services. One particularly successful strategy to address disparities in access among underserved populations includes the early decision to locate BHS' second Wellness Center program, Mariposa, in the heart of downtown Watsonville, a community which houses many Latino/Hispanic Medi-Cal beneficiaries and their families.

BHS allocates needed funds to develop behavioral health materials, in English and Spanish, which are used to provide awareness and education for consumers, youth and family members of diverse racial, ethnic, cultural, and linguistic populations in the county. BHS is committed to ensuring that client forms are published in English and Spanish and distributed simultaneously to avoid language disparity and use of outdated forms. Worksheets and Safety Plans are encouraged to be reviewed for linguistic and cultural relevancy.

The BHS Prevention & Early Intervention (PEI) Plan also focuses on addressing the existing disparities in every project. During CY2025 the components of the Mental Health Service Act (MHSA) funding allocations and areas of focus remain intact. At time of writing, BHS is working to complete the BHSA Integrated Plan including details of Early Intervention Services and we are collaborating with local Public Health colleagues toward BHSA pivots of Prevention funds to CDPH.

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

The funding for this comes primarily from the Community Services and Supports and the Prevention & Early Intervention components of the MSHA; and SABG prevention funding.

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

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

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

- Coordination of services with county primary care clinics with a focus on predominantly Spanish speaking community in Watsonville.
- Veteran Advocate to engage, support and link to services in the community.
- High school outreach to inform, educate, and dispel myths about mental illness, and encourage students to consider public sector careers in behavioral health.
- Establishment of online and print materials describing signs and symptoms of mental illness and substance use disorder to provide awareness, education and direction for consumers, community partners and family members.
- Community presentations at non-profit agencies, NAMI, Behavioral Health Advisory Board, local high schools, community colleges and universities.
- Sheriff and Police Liaisons. Mental Health clinicians respond with law enforcement to assess mental health issues and engage individuals in services. Currently we are partnered with the Santa Cruz Police Department, the County of Santa Cruz Sheriff Department, and the Watsonville Police Department to embed one full time Mental Health Liaison in each jurisdiction. Of note, the MHL in Watsonville is bilingual in Spanish.
- Local school district presentations
- County SUDS program collaborate with Diversion Court, DMC-ODS providers offer ASAM assessments to people in jail, and SUDS programs collaborate with Family Preservation Court to increase awareness of SUD challenges on family stability.

4. Culturally appropriate behavioral health services;

Currently the Behavioral Health Director works closely with the Quality Improvement Director and Senior management staff to ensure that all services/programs continue to integrate CLAS values and standards throughout the County Behavioral Health System.

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

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

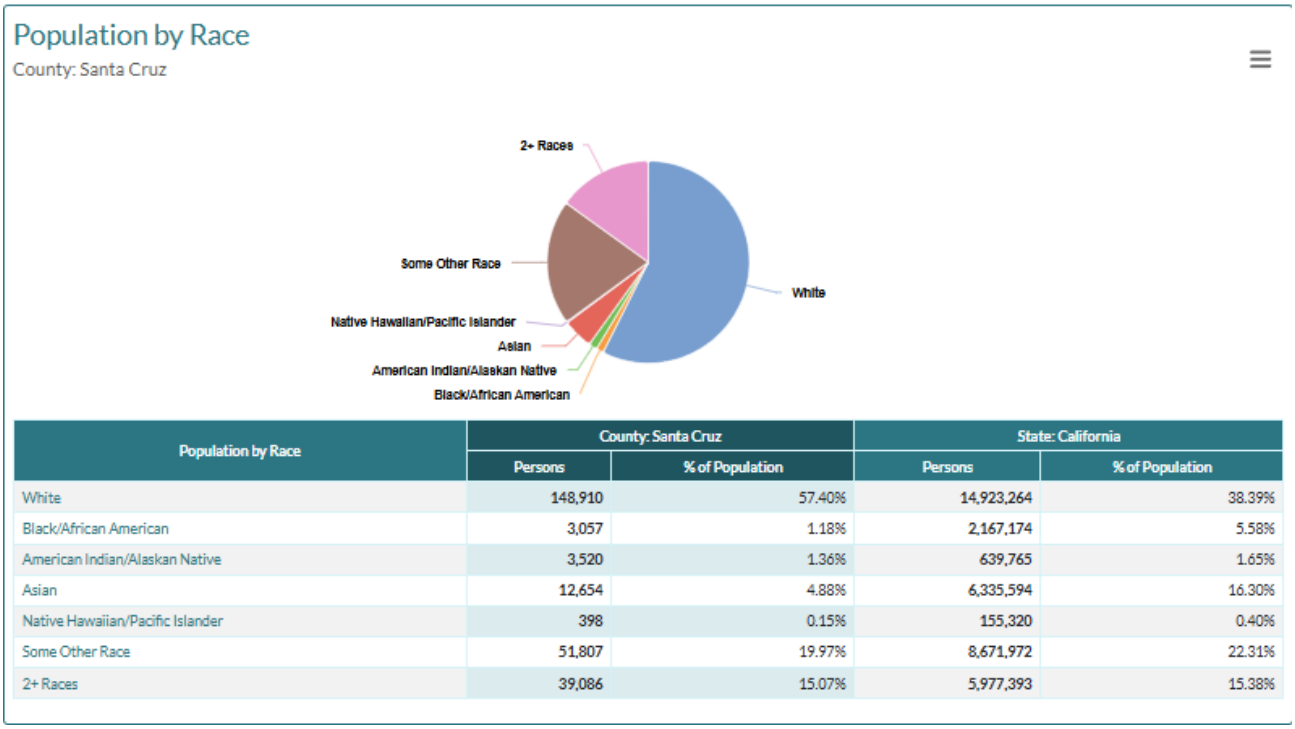
Santa Cruz County Behavioral Health Services (BHS) designates some positions as bilingual only and encourages bilingual/bicultural persons to apply for all positions. Santa Cruz County Personnel Department evaluates and certifies staff in their ability to use Spanish (our threshold language). Staff passing level one (1) can communicate orally. Staff passing level two (2) are also able to read and write in another language. Staff that are certified as being bilingual receive a differential in pay. The current CLAS Coordinator is certified as bilingual level 2 as well as other Quality Improvement staff.

CRITERION 2
UPDATED ASSESSMENT OF SERVICES NEEDS

I. General Population

Santa Cruz County's estimated 2025 population is 259,432 a -0.1% change from 2024 to 2025, according to our county Data Share Dashboard. Santa Cruz County has only one region. [Source: datasharescc.org] The US Census 2021 report identifies 256,182 Santa Cruz Residents, which is a difference of 13711-, or 0.53%-point margin of error difference. [Census - Table Results]

Below graphs depict an overall summary of the population as of July 2025: Ethnic majority groups are Non- Latino/Hispanic at 63.63% with Latino/Hispanic next at 36.37%, and sex at 50.14%/49.86% female/male. Regarding age, 17.68% persons under 18 years, 18+ years old equals 61.98%, and 20.34% of the population is over 65 years old. The primary language in Santa Cruz County is English, with 68.61% of residents speaking only English, of the 31.39% non-English language spoken group 24.74% is Spanish. The threshold language in Santa Cruz is Spanish.



Population by Race	County: Santa Cruz		State: California	
	Persons	% of Population	Persons	% of Population
White	148,910	57.40%	14,923,264	38.39%
Black/African American	3,057	1.18%	2,167,174	5.58%
American Indian/Alaskan Native	3,520	1.36%	639,765	1.65%
Asian	12,654	4.88%	6,335,594	16.30%
Native Hawaiian/Pacific Islander	398	0.15%	155,320	0.40%
Some Other Race	51,807	19.97%	8,671,972	22.31%
2+ Races	39,086	15.07%	5,977,393	15.38%

Population by Sex

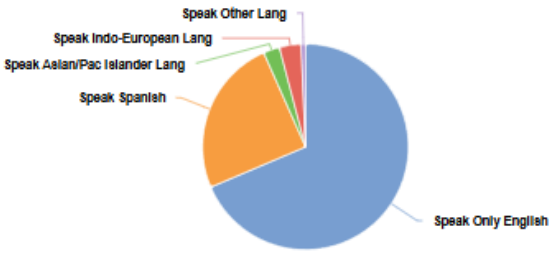
Population by Sex	County: Santa Cruz	
	Persons	% of Population
Male	129,344	49.86%
Female	130,088	50.14%

Population by Age

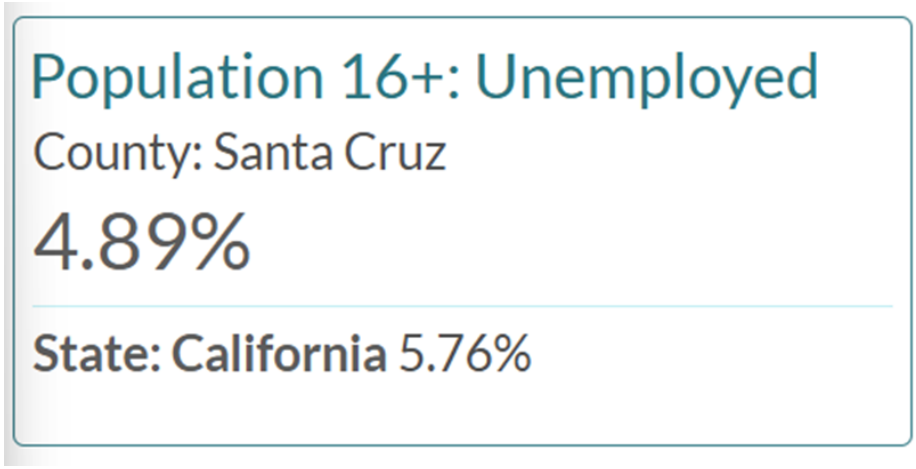
Population by Age	County: Santa Cruz	
	Persons	% of Population
Under 18	45,864	17.68%
18+	213,568	82.32%
25+	178,479	68.80%
65+	52,781	20.34%
85+	5,215	2.01%

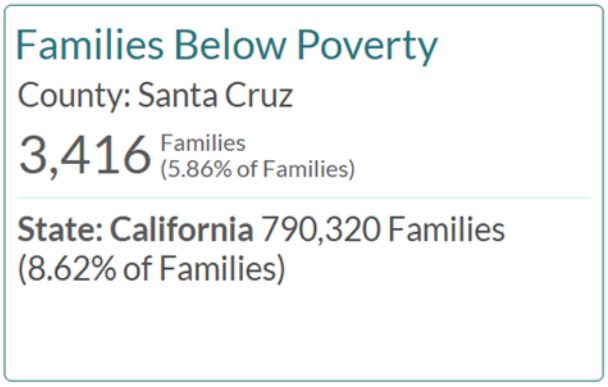
Population Age 5+ by Language Spoken at Home

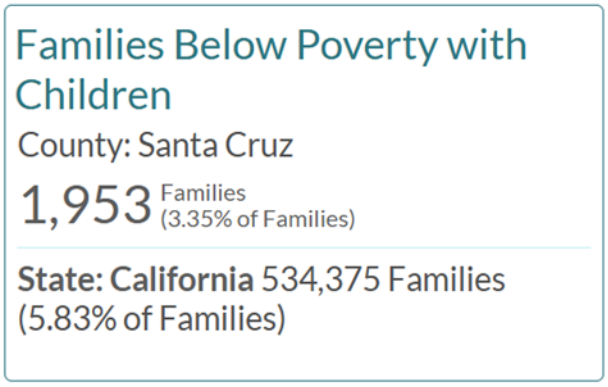
County: Santa Cruz



Population Age 5+ by Language Spoken at Home	County: Santa Cruz		State: California	
	Persons	% of Population Age 5+	Persons	% of Population Age 5+
Speak Only English	170,436	68.61%	20,703,919	56.30%
Speak Spanish	61,455	24.74%	10,405,506	28.29%
Speak Asian/Pac Islander Lang	6,380	2.57%	3,499,721	9.52%
Speak Indo-European Lang	8,459	3.41%	1,748,674	4.75%
Speak Other Lang	1,667	0.67%	418,847	1.14%



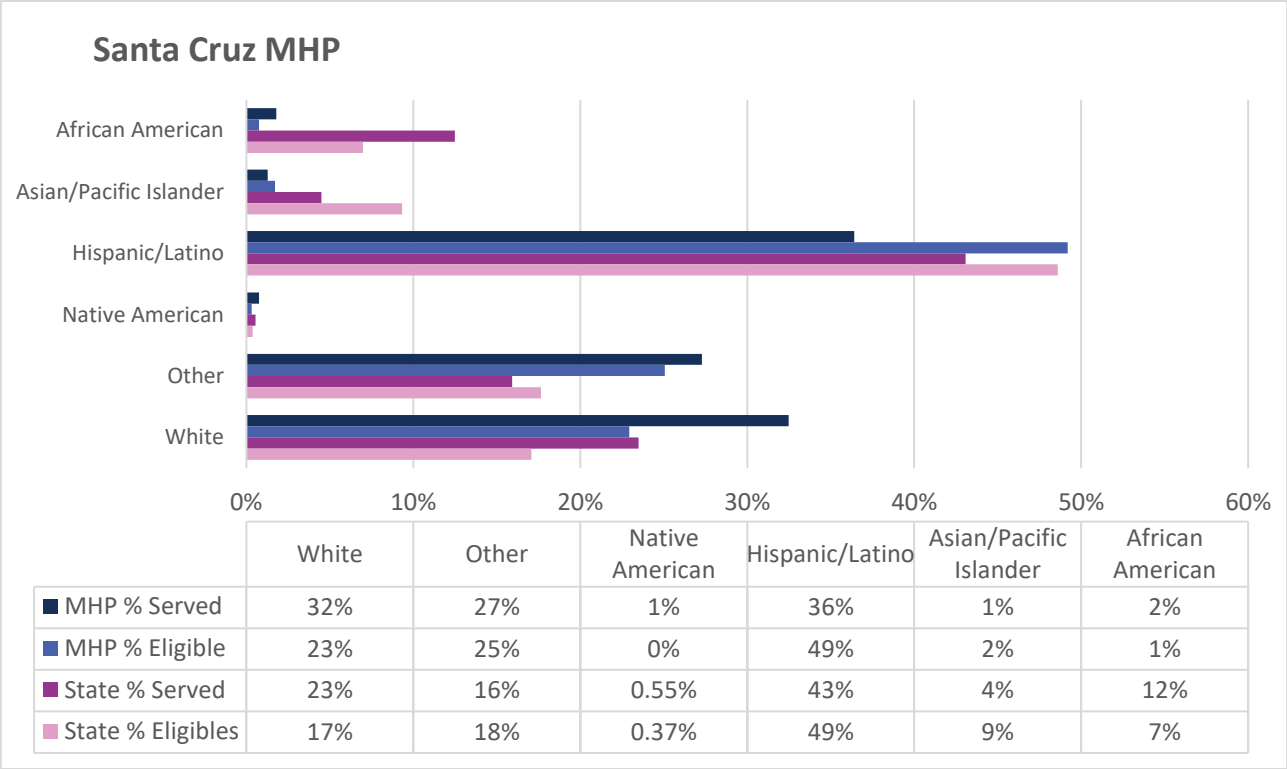




II. Medi-Cal population service needs

The Santa Cruz County Medi-Cal membership is 78,412 beneficiaries indicated in an available 2024 Annual Report (Central California Alliance for Health) data.

The Medi-Cal population and client utilization rate by race, ethnicity, age, and gender, are as shown below sourced from the most recent EQRO penetration rate data available to Santa Cruz County Behavioral Health Division. In Santa Cruz the breakdown of the Medi-Cal monthly population served for mental health needs by race in CY 2022 is 32% White (Not of Latino/Hispanic origin), Latino/Hispanic make up 36% of the county served population, 2% African Americans, 1% Asian/Pacific Islander and 1% American Indian and 27% identify as Other, which includes multiple races.



	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
MHP % Served	32%	27%	1%	36%	1%	2%
MHP % Eligible	23%	25%	0%	49%	2%	1%
State % Served	23%	16%	0.55%	43%	4%	12%
State % Eligibles	17%	18%	0.37%	49%	9%	7%

Source of data: FY 2023-24 Medi-Cal Specialty Mental Health External Quality Review

Table 7: Santa Cruz MHP PR of Members Served by Race/Ethnicity, CY 2022

Race/Ethnicity	Total Members Eligible	# of Members Served	MHP PR	Statewide PR
African American	666	52	7.81%	7.08%
Asian/Pacific Islander	1,493	37	2.48%	1.91%
Hispanic/Latino	42,753	1,056	2.47%	3.51%
Native American	274	22	8.03%	5.94%
Other	21,789	791	3.63%	3.57%
White	19,940	942	4.72%	5.45%
Total	**86,915**	**2,900**	**3.34%**	**3.96%**

Table 5: Threshold Language of Santa Cruz MHP Medi-Cal Members Served in CY 2022

Threshold Language	# Members Served	% of Members Served
Spanish	588	21.29%
Threshold language source: Open Data per BHIN 20-070		

The primary language in Santa Cruz County is English, and threshold language is Spanish. Santa Cruz County is a Medium sized MHP. Table 5 shows that 21.29% of MHP served beneficiaries spoke Spanish as primary language. In 2022, Santa Cruz MHP had lower penetration than other medium size counties and the overall state average.

Table 6: Santa Cruz MHP Medi-Cal Expansion (ACA) PR and AACM, CY 2022

Entity	Total ACA Eligibles	Total ACA Members Served	MHP ACA PR	ACA Total Approved Claims	ACA AACM
MHP	29,362	690	2.35%	$6,792,360	$9,844
Medium	530,704	15,912	3.00%	$110,270,160	$6,930
Statewide	4,831,118	164,980	3.41%	$1,051,087,580	$6,371

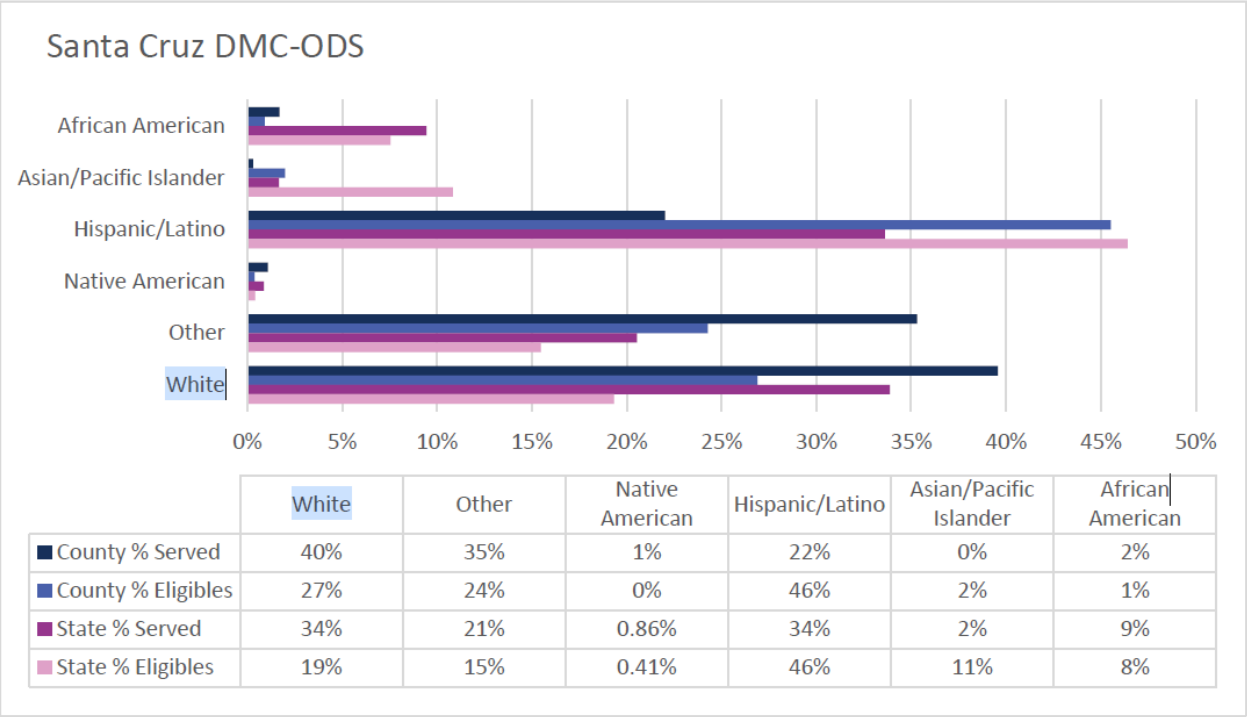
For the subset of Medi-Cal eligible that qualify for Medi-Cal under the ACA, the overall PR and AACM tend to be lower than non-ACA members. This

Source of data: FY 2023-24 Medi-Cal Specialty Mental Health External Quality Review

DMC–ODS Beneficiaries Served by Race/Ethnicity in FY 2023-24

The primary language in Santa Cruz County is English, and threshold language is Spanish. Santa Cruz County is a Medium sized DMC-ODS and began implementing service January 2019. BHS Substance Use Disorder DMC-ODS services network-wide include 40% White, 22% Latino/Hispanic, 2% African-Americans, 0% Asian/Pacific Islander, and 1% Native American for CY2022

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



	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
County % Served	40%	35%	1%	22%	0%	2%
County % Eligibles	27%	24%	0%	46%	2%	1%
State % Served	34%	21%	0.86%	34%	2%	9%
State % Eligibles	19%	15%	0.41%	46%	11%	8%

Source of data: FY 2023-24 Drug Medi-Cal Organized Delivery System External Quality Review

DMC-ODS, Penetration Rates, by Race/Ethnicity, FY 2023-24

Table 3 below shows the DMC-ODS penetration rates by race/ethnicity compared to medium counties and statewide rates based on claims data. African Americans clients had the highest penetration rate at 3.67%, followed by White clients at 2.93%. The Latino/ Hispanic population's penetration rate was relatively low compared to other race/ethnicity groups at 0.96 percent, but still higher than other medium counties (0.69%) and the statewide average of 0.69%.

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

Racial/Ethnic Groups	# Members Eligible	# Members Served	County PR	Same Size Counties PR	Statewide PR
African American	600	22	3.67%	1.35%	1.19%
Asian/Pacific Islander	1,293	<11	-	0.23%	0.15%
Hispanic/Latino	29,627	285	0.96%	0.69%	0.69%
Native American	251	-	-	2.07%	2.01%
Other	15,802	457	2.89%	1.51%	1.26%
White	17,500	512	2.93%	1.85%	1.67%
Total	**65,071**	**1,294**	**1.99%**	**1.11%**	**0.95%**

- The DMC-ODS PRs for all racial/ethnic groups exceed those of similar size counties and statewide PRs.
- The PRs in Table 4 are very similar to those from CY 2021.

Source of data: FY 2023-24 Drug Medi-Cal Organized Delivery System External Quality Review

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

Overall penetration rates have been low, which is in alignment with statewide average and that of similar sized MHPs. Latino penetration rates have consistently been higher than statewide and similar sized MHP averages. Santa Cruz County Behavioral Health continues to investigate and address the underlying reasons for low Latino/Hispanic penetration rates, including obtaining a community perspective, expanding outreach efforts, and meeting the linguistic needs of the community.

The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average Medi-Cal enrollee count. The annual average approved claims per beneficiary (ACB) served is calculated by dividing the total annual Medi-Cal approved claim dollars by the unduplicated number of Medi-Cal beneficiaries served during the corresponding year. Regarding the calculation of penetration rates, the Santa Cruz MHP uses the same method used by CalEQRO.

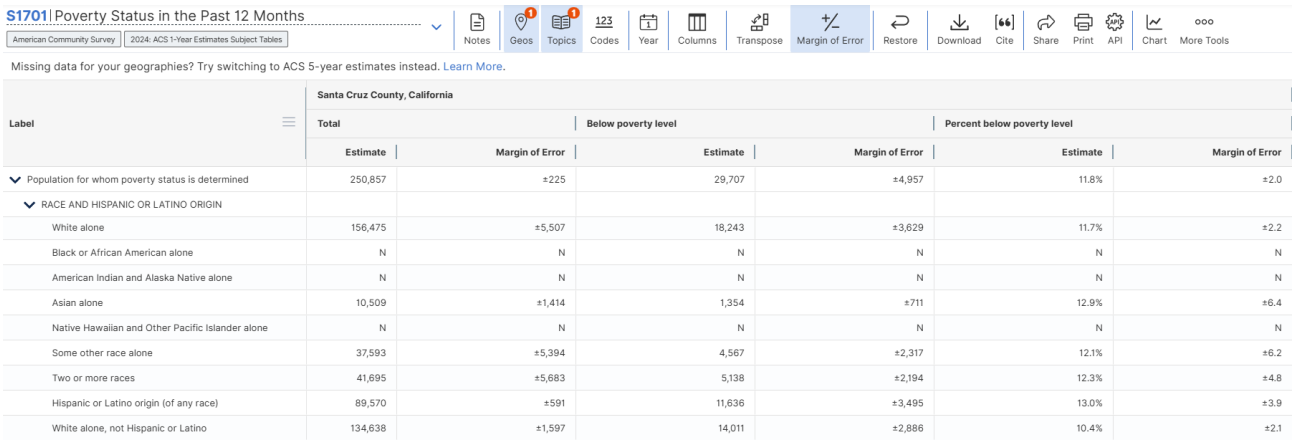
The race/ethnicity results in the DMC-ODS table can be interpreted to determine how readily the listed race/ethnicity subgroups access treatment through the DMC-ODS. If they all had similar patterns, one would expect the proportions they constitute of the total population of DMC-ODS enrollees to match the proportions they constitute of the total beneficiaries served as clients. As the table shows, there are distinct differences. Beneficiaries who are White accessed DMC-ODS services more readily than others, at a rate of more than twice their proportions of enrollees. In contrast, persons who are Latino/Hispanic were less likely to access treatment. Data for other ethnic groups is limited, except for the “Other” race/ethnicity, who appear to be accessing services proportionately. Santa Cruz continues to explore the reasons for low utilization by some

subgroups and what can be done to increase it, especially within the Latino/Hispanic community.

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

The 2024 US Census Bureau ACE 1-year Survey (Table S1701) is the source for the Santa Cruz Poverty Data described below. Santa Cruz County population is estimated at 250,857 residents with an estimate of 29,707 residents classified as below poverty level, roughly 11.8% (+/2.0 margin of error). Population and poverty estimates may not be comparable to other geographic levels due to methodology differences that exist between different data sources.

Santa Cruz Poverty 2024 Data



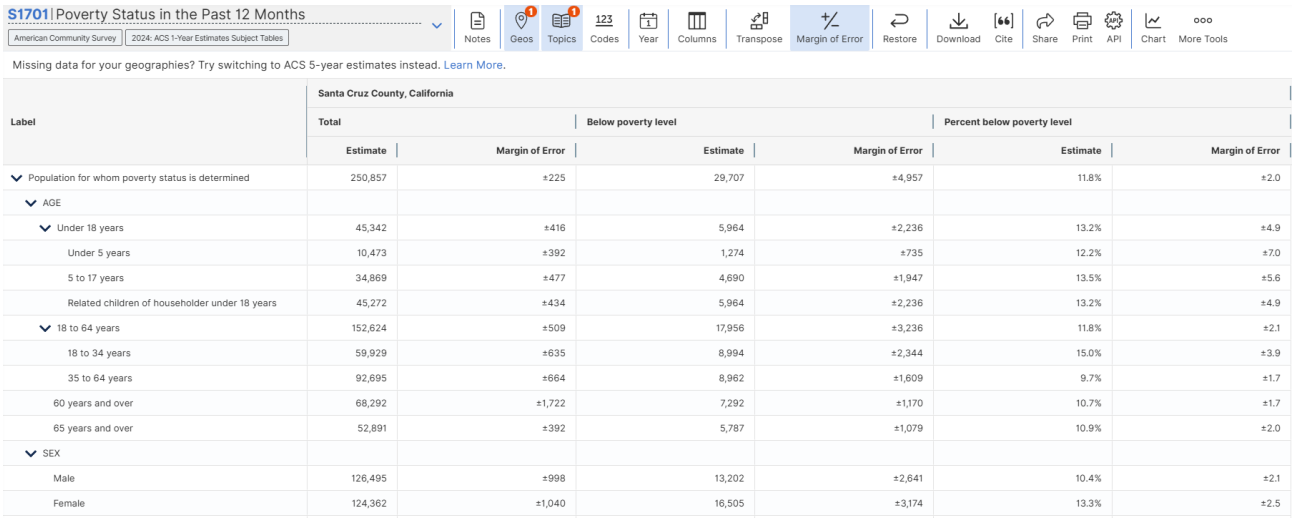
S1701 | Poverty Status in the Past 12 Months

American Community Survey | 2024: ACS 1-Year Estimates Subject Tables

Notes | Geos | Topics | Codes | Year | Columns | Transpose | Margin of Error | Restore | Download | Cite | Share | Print | API | Chart | More Tools

Missing data for your geographies? Try switching to ACS 5-year estimates instead. Learn More.

Label	Santa Cruz County, California					
	Total		Below poverty level		Percent below poverty level	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Population for whom poverty status is determined	250,857	±225	29,707	±4,957	11.8%	±2.0
RACE AND HISPANIC OR LATINO ORIGIN						
White alone	156,475	±5,507	18,243	±3,629	11.7%	±2.2
Black or African American alone	N	N	N	N	N	N
American Indian and Alaska Native alone	N	N	N	N	N	N
Asian alone	10,509	±1,414	1,354	±711	12.9%	±6.4
Native Hawaiian and Other Pacific Islander alone	N	N	N	N	N	N
Some other race alone	37,593	±5,394	4,567	±2,317	12.1%	±6.2
Two or more races	41,695	±5,683	5,138	±2,194	12.3%	±4.8
Hispanic or Latino origin (of any race)	89,570	±591	11,636	±3,495	13.0%	±3.9
White alone, not Hispanic or Latino	134,638	±1,597	14,011	±2,886	10.4%	±2.1



S1701 | Poverty Status in the Past 12 Months

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Label	Santa Cruz County, California					
	Total		Below poverty level		Percent below poverty level	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Population for whom poverty status is determined	250,857	±225	29,707	±4,957	11.8%	±2.0
AGE						
Under 18 years	45,342	±416	5,964	±2,236	13.2%	±4.9
Under 5 years	10,473	±392	1,274	±735	12.2%	±7.0
5 to 17 years	34,869	±477	4,690	±1,947	13.5%	±5.6
Related children of householder under 18 years	45,272	±434	5,964	±2,236	13.2%	±4.9
18 to 64 years	152,624	±509	17,956	±3,236	11.8%	±2.1
18 to 34 years	59,929	±635	8,994	±2,344	15.0%	±3.9
35 to 64 years	92,695	±664	8,962	±1,609	9.7%	±1.7
60 years and over	68,292	±1,722	7,292	±1,170	10.7%	±1.7
65 years and over	52,891	±392	5,787	±1,079	10.9%	±2.0
SEX						
Male	126,495	±998	13,202	±2,641	10.4%	±2.1
Female	124,362	±1,040	16,505	±3,174	13.3%	±2.5

Santa Cruz Poverty 2024 Data

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

In 2024, Santa Cruz County was identified as having a 12.9% overall Poverty Rate, with 13.3% Male and 12.5% Female. Ethnic filtering for the 2024 ACS report identifies Santa

Cruz Hispanic or Latino origin (of any race) residents to have the highest poverty rate at 13.0%, residents that identified as Asian alone at 12.9%, two or more races 12.3%, 12.1% some other race alone, and 11.8% White residents to have the lowest poverty rate. Of those individuals classified as impoverished, 15.4% have less than a 9th Grade education and 22.6% rate for unemployed men and 34.6% women. There are several disparities identified on this poverty and utilization data. Using the US Census Santa Cruz County population estimate of 250,857 residents, approximately 29,707, 11.8% of Santa Cruz County residents are below the poverty level. Data indicates that there are 58,099 residents also identified as below the 200% poverty threshold. Age group percentages are 13.2% of minors under the age of 18 years old; Adults 18–64-year-old age group with approximately 11.8% meeting the poverty threshold; and 10.9% over 65 years of age.

IV. MHSA Community Services and Supports

A. Population Assessment- see above analyses of our population.

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

Santa Cruz County Behavioral Health, which is comprised of the Mental Health Plan (MHP) and Drug Medi-Cal-Organized Delivery System (DMC-ODS), is serving ethnic groups at comparable rates as reflected in the overall population. However, when comparing the Mental Health and Substance Use Disorder (SUD) consumers against the Medi-Cal enrollment population, the MHP and DMC-ODS utilization data shows that the Latino/Hispanic population has a low rate of engaging in Specialty MH or SUD treatment services. The MHP appears to be serving Black and Asian consumers at comparable rates to their representation among Medi-Cal beneficiaries. White consumers are over-represented in both SMHS and SUD treatment services.

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

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

The Mental Health Services Oversight and Accountability passed new regulations concerning PEI in October 2015. The updated requirements do not require “priority populations”. The DMC-ODS pilot also includes PEI services for residents under the age of 21 years of age.

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

No longer applicable.

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

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

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

As the above data indicates, the Santa Cruz County Latino/Hispanic population experiences a higher level of housing, educational, economic and social disparities/barriers to accessing and engaging in behavioral healthcare services. As a result, our priority target population is Latino/Hispanic residents, all ages, gender expressions and marital status, and Spanish speaking consumers for outreaching and educating of access to Medi-Cal, PEI and other funding sources for Specialty MH and SUD treatment services. Psychiatrists (adult and child) and Bilingual mental health and/or substance use disorder providers (psychiatrist, therapists, and case managers) are the top two “hard to fill” positions.

II. Identified disparities (within the target populations)

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

Disparities exist in the Latino/Hispanic and Spanish speaking populations, including youth. We also note disparities in the LGBTQ+ population, based on hearing from constituents.

III. Identified strategies/objectives/actions/timelines

A. List the strategies for reducing the disparities identified.

One critical strategy is to continue hiring bilingual bicultural staff, and work with contractors to increase our ability to serve Latino/Hispanic clients. We have continuous recruitment of bilingual clinicians. BHS has upheld easy access to interpretive services (both phone and video format). In 2024, we introduced the Mixteco translation service in response to an identified need, ensuring our commitment to inclusivity and effective communication for this subset of our beneficiaries. Another previously addressed strategy is the requirement for all BH Division staff to complete 7 hours of CLAS trainings annually. See below for additional strategies.

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

a. Medi-Cal population

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

b. 200% of poverty population

We looked at the Medi-Cal data and conclude that there are some disparities in the breakdown of the unserved, underserved populations. The data available to us did not

include language and this is an important factor to measure. The other disparity shown by this data is the need for services for older adults.

c. MHSA/CSS population

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

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

The new PEI regulations do not require priority populations.

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

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

Additional strategies to address language and access disparities include developing different outreach activities to inform, educate, diffuse myths about mental illness and/or SUD and seeking consumer feedback in Spanish threshold language. We developed a substance use disorder brochure, modeled after the mental health brochure (which is in both English and Spanish), which informs the reader about how to cope and where to access services for them or a loved one. This is one way to provide resources and direction for consumers, family members, service providers, and community members. We also maintain kiosks in the reception areas that are available in both Spanish and English languages to encourage consumers and family members to provide feedback on the services received.

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

- Santa Cruz County Behavioral Health Services (BHS) is committed to acknowledge and address the impact of Stress and Trauma in our community and in our organizational systems. To this end BHS has trained a core team of certified Trauma Informed System trainers. BHS has offered this curriculum to individuals from diverse settings, including the City of Santa Cruz administrative staff, parks and recreation, public works, justice department court staff, Head Start, Behavioral Health staff, and Community Action Board.
- We provide numerous workshops across the three school districts within Santa Cruz County (PVUSD, Live Oak School District, and Santa Cruz City Schools) to create awareness about mental health and SUD challenges; mental health and SUD impacts, like depression, anxiety, suicide, stress disorder, panic attacks, eating disorders, bullying and cyberbullying, as well as drug and alcohol abuse, gang involvement, the impact of acculturation and immigration.
- We provide culturally specific family strengthening curriculums for youth, family members and the community at elementary, middle, and high schools, shelters,

community-based organizations, apartment complexes, Santa Cruz County medium security inmate facilities, detox and recovery centers. The purpose is to create awareness, education, and guidance in how individuals, families and the community may begin to process and heal their emotional pain. This model has been developed to work with Latino/Hispanic, including Indigenous communities. The parent classes are offered in English and Spanish.

- We have leveraged grant funding to continue to provide MHFA (Mental Health First Aid) to develop more awareness, education about what is mental health, the high incidence of persons who may be experiencing mental health challenges, living with depression, suicidal ideation, anxiety, panic attacks, psychosis, substance abuse, and other crises. Through these efforts we educate the community to be able to see the signs, notify someone who can help, or provide resources and information. We have been able to provide these classes to the local agencies who interact with youth and people experiencing homelessness.
- We participate in several school and community annual parent conferences, where we present workshops on how to re-introduce, reconnect, and/or maintain family and cultural values to engage youth, families, local organization consumers and providers.
- We participate in health fairs throughout the community providing information and education about mental health, and our services. Specifically, MH and SUD staff attended the following specific community-based events in Watsonville: National Night Out (sponsored by police department), “El Mercado” (farm-focused event), Reiter Affiliated Company’s Spanish Educational Resource Fair (large agricultural labor contractor), and International Overdose Awareness Day. These events served Spanish and indigenous language speakers. When we see that people are reluctant to come to the table, we mingle with the crowd and find that they are more accepting of the information we have to offer.
- The LGBTQ+ community deals with different forms of discrimination, stigma, marginalization, and often feel that they are not being acknowledged. BHS continues to partner with the local Diversity Center, a LGBTQ+ center, to strengthen how the county supports the LGBTQ+ community and LGBTQ+ appropriate services. This partnership contributed to positive changes to the signage throughout the county buildings, making our environment more welcoming, embracing, and a safe place for everyone to seek services. In 2025 we complied with a new BHIN regarding gender inclusive care delivery. We have contracted with the Diversity Center to provide Gender Inclusive Care trainings to County clinicians and those in our contract partner agencies for both MHP and DMC-ODS. We are in the process of developing an on-demand version of this training content. Also, BH has included tracking the completion of this training as part of our FY25/26 QI work plan.
- We attended consumer advocacy organizational meetings/events hosted by NAMI and BHAB to offer presentations and trainings on various topics that address the diverse needs of our community, and to describe our “no-wrong door” approach to accessing and engaging in BHS’ mental health and substance use disorder services.

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

Our planning and implementation process through MHSA, CLAS/ESM Coordinator and our SUDS & MHP service division leadership has helped us strengthen our community involvement and stakeholder's participation, including consumer and family voices in our efforts to reduce disparities in the county's identified populations.

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

Santa Cruz County has effectively made efforts to involve consumers and advocates in trainings, planning process, steering committees, and our local Behavioral Health Advisory Board. We continue to strive to improve our ability to meaningfully engage consumers and families in these efforts.

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

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

Strategies and status:

- Hiring bilingual staff: we find having continuous recruitment for bilingual clinical positions is an effective tool.
- External Quality Reviews have historically included the EQRO providing the County with updated penetration rates as well as an opportunity for us to engage management in reviewing disparities, monitoring penetrations rates, and brainstorm ways to improve services. In 2024, DHSC selected a new EQRO and the new agency and focus does not include addressing these data, but rather a focus on HEDIS measures and Performance Improvement Projects. As QI managers have engaged in PIP efforts, we have looked at our process measures to consider if our intervention is having equal impact among beneficiaries who speak English and those who are monolingual in Spanish.
- Training staff on providing culturally and linguistically appropriate services. Santa Cruz County Behavioral Health Staff carries out survey evaluations for all trainings with Continuing Education.
- The various workshops, community trainings, presentations, groups and other outreach activities are ongoing. BHS carries out survey evaluations for workshops, and community presentations, educational trainings for youth, parents and community stakeholders.
- In 2023, we introduced Relias, our Learning Management System. With over 30 CLAS-eligible learning opportunities, Relias empowers our staff to enhance their knowledge and skills. This platform goes beyond content delivery, providing a

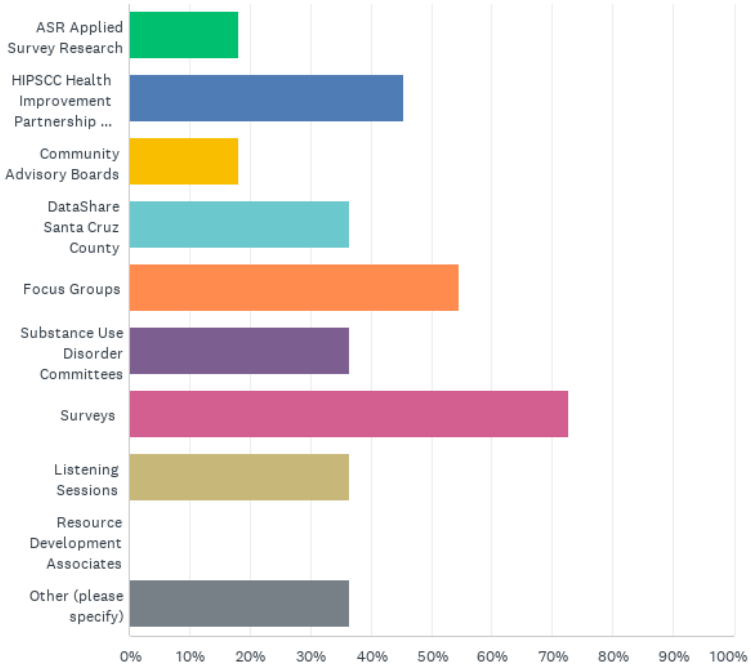
seamless experience for tracking and managing progress towards achieving the annual goal of 7 CLAS hours per staff.

- Behavioral Health Equity Collaborative: this is an effective way to engage consumer and stakeholders in reviewing disparities, monitoring penetrations rates, and brainstorm ways to improve services.

BHS receives positive feedback from various consumer/family groups, including consumers who receive MH and SUD treatment services through annual perception surveys, local agency providers who also work with MHP and DMC-ODS youth/families and adult populations, as well as from consumer & family advocacy organizations. Additionally, BHS receives positive feedback from community providers such as probation officers, probation supervisors, managers, non-profit managers, professional colleagues and/or organizational administrators who report a positive change in behavior attitude, emotional health of to the youth, adults, families they serve, who also participate or have participated in our educational workshop series, presentations or support groups.

The responses below were pulled from the Cultural Competence/Humility Questionnaire for FY 24-25 distributed to the CBO and Civil Service BH programs within the county.

Q14 What platforms/modalities/spaces, if any, does your program use to partner/engage with and collect feedback/input from consumers and community stakeholders? Select all that apply



B. **Discuss the mechanism(s) the county will have or has in place to measure and monitor the effect of the identified strategies, objectives, actions, and timelines on reducing**

disparities identified in Section II of Criterion 3. Discuss what measures and activities the county uses to monitor the reduction of elimination of disparities.

Santa Cruz County Behavioral Health Services (BHS) utilizes the Quality Improvement (QI) Steering Committee to measure and monitor the effect of the identified strategies, objectives, actions and timelines in reducing disparities. This QI Steering Committee monitors the QI Work Plan progress and reports service utilization rates on a quarterly basis, tracks services and populations and identifies disparities in access to services. The QI Steering Committee was expanded in the past 3 years to be inclusive of both MH and SUD services, including providers, consumers with lived experience representation, local advocacy groups and the ESM/CLAS Coordinator.

C. Identify county technical assistance needs.

Santa Cruz County Behavioral Health Services (BHS) was able to hire bilingual clinicians through our MHSA plans. With a continuous recruitment model for bilingual staff, recent clinical hires tend to be bilingual in our threshold language (Spanish). We would like to know how other counties address the issue of retaining bilingual staff, even when there are layoffs due to economic hardships.

CRITERION 4

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

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

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

The BHS hosts the Behavioral Health Equity Collaborative (BHEC) that was established July 2022. Through various community engagement efforts including surveys, focus groups, and listening session offered to county BHS employees, contract providers, consumers and advocates across three months the Culture Competence Committee development has become what is now known as the BHEC. The recruitment efforts consisted of targeted emails, meetings, calls, and recruitment flyers posted in both our north county and south county clinics. The results of such efforts led to the development of a first draft of the charter that has now been revised and adapted by the BHEC which states: The Santa Cruz County Behavioral Health Equity Collaborative aims to increase Behavioral Health by bringing together representatives of the community to identify,

address, and reduce behavioral health disparities for diverse groups represented in the county. We envision Santa Cruz County as an inclusive, equitable, and resilient community where everyone seeking Behavioral Health Services finds beneficial and exceptional services necessary to thrive at every stage of life. The BHEC will continue to engage consumer and stakeholders in reviewing disparities, monitoring penetrations rates (as available), and identifying opportunities to improve services. The collaborative presently meets every third Friday of the month for 60 minutes. The committee is structured as a collaborative governance which involves the government, community and private sectors communicating with each other and working together to achieve more than any one sector could achieve on its own. Upon agreeing to committee participation each member commits to regularly attend and contribute to in the Standing Committee meetings; Collaboratively engage with other Committee members; Participate in subcommittees and workgroups, as needed and as available, to support the development and sustainability of the work plan; and serve as ambassadors of BHEC efforts in appropriate networking, professional, and community settings.

The BHS Quality Improvement (QI) Steering Committee, Trauma-Informed Systems (TIS) Steering Committee and Cultural Humility Committee have played key roles in establishing a solid foundation for integrating “Culturally and Linguistically Appropriate Services” (CLAS) principals and standards throughout Santa Cruz County Behavioral Health Services. The CLAS/ESM Coordinator designated staff is a member of Quality Improvement division and member of these committees. Quality Improvement also aims to support the development and implementation of culturally inclusive policies, procedures and standards to care. Quality Improvement staff reviews cultural issues, including penetration rates and outreach to diverse communities to identify improvement initiatives or projects.

The Behavioral Health Director works closely with Behavioral Health Senior Leadership Team to ensure that all services/programs continue to integrate cultural values and standards throughout the County Behavioral Health System.

Santa Cruz County Behavioral Health Services has a Cultural Humility Sub-Committee of the Trauma Informed Systems Initiative, with overarching goals to create a safe and supportive client-care environment that promotes healing, and to create a safe and supportive workplace with staff to promote healing. In 2022, we met our previous goal to launch an Equity Committee to be a multi-stakeholder MH/SUD steering committee to oversee and prioritize our multiple CLAS enhancement initiatives, such as policy revisions, outreach & survey activity planning, data collection and analysis, staff training scheduling, for BHS and our provider partnerships. The committee is now known as the Behavioral Health and Equity Collaborative. We are committed to continual Cultural Humility practices throughout BHS and contracted providers to ensure service delivery aligns with the core principles.

B. Policies, procedures, and practices that assure members of the Cultural Competence Committee will be reflective of the community, including county management level and

line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other members as necessary;

These Committees are consistently making efforts to establish a workforce which is reflective of the community. Committee members consist of BHS' licensed and unlicensed BH staff from north and south county, supervisors, and directors of diverse divisions, as well as community providers, advocates and consumers.

C. **Organizational chart**

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

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

The leadership team consists of:

- Marni Sandoval, Behavioral Health Director
- Meg Yarnell, Deputy Director of Behavioral Health
- Vacant, Director, Access, and Crisis
- Dr. Latha Nair, Chief of Psychiatry
- Dr. Hassan Dinakar, DMC-ODS Medical Director
- Subé Robertson, Quality Improvement Director
- Casey Swank, Substance Use Disorder Services Director
- Lisa Gutierrez Wang, Director of Children's Services
- Vacant, Director of Adult Services
- Adriana Bare, Senior Health Manager for Administrative Services
- Leah Flagg-Wilson, Program Manager, QI Division
- Shelly Barker, Program Manager, QI Division
- Andrea Turnbull, Program Manager, Access Services
- Robert Annon, Program Manager, Adult Outpatient
- Brenda Campbell, Program Manager, Forensic Services
- Jorge Duque, Program Manager, Recovery South, Integrated Housing and Recovery Team
- Danielle Long, Program Manager, Crisis Services
- Grace Saldivar-Napoles, Program Manager, Children's BH
- Rocky Allemandi, Program Manager, Children's BH
- Janus of Santa Cruz, Executive Director
- Volunteer Center, Director
- Telecare, Regional Operations Manager
- Encompass, Director of Quality Improvement
- NAMI representation
- Behavioral Health Equity Collaborative consumer representation

The composition of the individual members may change during the year, but the functions and organizations shall continue to be represented. We increased committee participation of direct service provider organizations who serve the key disparity/underserved populations, and increased representation from the local community and underserved populations.

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

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

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

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

The Behavioral Health Equity Collaborative (BHEC) plays a critical role in supporting the integration of cultural humility withing County's Behavioral Health services and programs. The BHEC works towards reviewing all services, programs, and cultural competence plans to identify gaps, address cultural competence issues, and recommend improvements.

This review process includes evaluating the accessibility and effectiveness of services for diverse populations, assessing the cultural responsiveness of care, and ensuring that all programs align with the County's commitment to equity and inclusivity.

The BHEC has been working on engaging community members and stakeholders to gather feedback and insights, ensuring that the perspectives of those who are most affected by disparities are considered in decision-making processes. The collaborative also works closely with various departments to implement policies and practices that enhance cultural competence across the entire Behavioral Health system. This ongoing review and feedback loop helps the County maintain high standards of cultural competence and continuously improve the quality and accessibility of its services for all community members.

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

The Quality Improvement (QI) staff has played a key role in establishing a solid foundation for integrating "Culturally and Linguistically Appropriate Services" (CLAS) principals and standards throughout County Behavioral Health. This included developing and implementing policies, procedures and standards, providing CLAS education opportunities, and processing completed staff CLAS hours; and completing a Spanish audit of Behavioral Health charts to ensure clients who prefer services in Spanish are receiving service in alignment with this preference.

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

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

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

The ESM/CLAS Coordinator participates in and attends the Quality Improvement Steering Committee, Cultural Humility Committee, Behavioral Health Equity Collaborative and TIS Steering Committee, which monitors workforce CLAS enhancement activities, as well as culturally appropriate service delivery, capacity and accessibility, and monitor beneficiary satisfaction. CLAS/Cultural Competency goals continue to be established within the fiscal year QI Work Plan and monitored on a quarterly basis, as well as expected to be captured in the newly formed Behavioral Health Equity Collaborative.

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

The Behavioral Health Director works closely with the QI Director, Senior Leadership and Management Staff to ensure that all services/programs continue to integrate cultural values and standards throughout the County Behavioral Health System

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

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

5. Participates in and reviews county MHSA/BHSA planning process;
The CLAS Coordinator works with BHS Management. The MHSA Coordinator works with community and staff in development of MHSA plans. Stakeholder Engagement Sessions are held at various parts of the County to provide MHSA Updates.

6. Participates in and reviews county MHSA/BHSA stakeholder process;

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

7. Participates in and reviews county MHSA/BHSA plans for all components

The CLAS Coordinator participates in the county development of the MHSA/BHSA plans.

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

Mariposa Center is a thriving wellness center. Mariposa is in the heart of downtown Watsonville, a community that houses many Anglo/Caucasian consumers as well as many underserved Latino/Hispanic consumers and their families. The Mariposa Wellness Center program quickly became a hub for engaging in wellness and educational activities and support services, sharing information, and outreach activities for families and adult consumers.

The Mariposa Wellness Center promotes consumer-operated services to support recovery, and strives to reflect the cultural, ethnic, and racial diversity of mental health consumers. Due to the covid-19 pandemic modifications to in-person services were made by providing limited in-person mental health groups at the center with safety protocols in place, as well as mental health zoom groups and individual sessions both via telephone and in-person.

9. Participates in revised CCPR development.

The CLAS Coordinator works with the QI Director and QI Managers to discuss, review and develop updates to the CLAS Plan. The plan is then distributed to the QIC for review. The plan will be distributed to the multi stakeholder Behavioral Health Equity Collaborative for review and feedback.

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

The Quality Improvement committee meets quarterly. The Behavioral Health Equity Collaborative supports the identification of CLAS needs recommendations, strategic planning and implementation workgroup focuses. The CLAS Coordinator will facilitate this oversight steering committee and will provide outcome reports to the QI Steering Committee.

C. Annual Report of the Cultural Competence Committee's activities including:
1.Detailed discussion of the goals and objectives of the committee;

Santa Cruz County Behavioral Health Services (BHS) developed a Cultural Awareness Mission Statement which demonstrates the values of our division. It reads as follows:

- Our goal is to support our consumers, youth, and family members with culturally appropriate resources, encouragement, tools and skills so they may achieve the quality of life they desire.
- As an agency we challenge ourselves to develop ever-greater cultural awareness and sensitivity to acknowledge and embrace individual differences, including language, beliefs, values, attitudes, healing practices, sexual orientation, gender, physical and mental abilities.
- We endeavor to build on existing strengths, develop new skills and maximize the opportunity for recovery and optimal health of our community.

The Cultural Humility Sub-Committee of the Trauma Informed Systems Initiative has overarching goals to create a safe and supportive client-care environment that promotes

healing, and to create a safe and supportive workplace with staff who are able to promote healing.

In July 2023, the Behavioral Health and Equity Collaborative agreed on the following goals:

- To develop outreach and education activities focused on disseminating information about behavioral health services for groups and organizations known to serve specific cultural groups within the community.
- To collect and produce accurate and reliable demographic, service-level, and outcome data to understand and evaluate the impact of services on health equity, outcomes, and needs.
- To promote equitable access to Behavioral Health Services across our County population, including for persons and their families across all: ages, education levels, genders, housing status, immigration status; legal status; race/ethnicities; sexual orientation; veteran status; and other cultural factors.

a. **Were the goals and objectives met?**

We have institutionalized the value of cultural diversity throughout the organization beyond trainings. We have also developed a standard in supporting all staff, to have a minimum of seven CLAS training hours every year. In partnership with the BH Trainer staff, a local CBO, and the Cultural Humility Committee, BHS developed a new two-part CLAS training that focused on highlighting cultural/ethnic disparities in our probation, educational and housing sectors. The first training part was a Speaker Series with a keynote presenter from the specific sector that highlighted data inequities and shared current challenges and improvement initiatives to address inequities. The second training part was a Cultural Café for workforce staff that established focused discussion topic across multi-division staff break-out groups to raise individual and collective consciousness and dialogue of inequities and identification of obtainable action steps. Additionally, a Staff of Color Gathering was developed to support staff's experiences of the racially charged socio-political climate and how these experiences impact their clients' and their work with the community.

We have improved our ability to serve clients and their families at various county locations where such services are more accessible. We are continuously addressing the issue of underutilization and/or overrepresentation of the target population being served to make sure that we are serving the right populations.

2. Reviews and recommendations to county programs and services;

Informed by data analysis and CLAS Coordinator and Committee recommendations input, BHS Management is responsible for reviewing and recommending county and contract provider services delivery program and service delivery changes. QI regularly reviews issues of disparity and access of services, as well as grievances and client satisfaction.

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

4.HSA EEOC Occupational Category report (e)

Health Services Agency Staff								
Ethnicity	**2002**	**2003**	**2010**	**2016**	**2019**	**2020**	**June 2022**	**2023**
Caucasian	72%	61%	61%	59.5%	53%	52%	49%	46%
Latino/Hispanic	21%	18%	22%	29.3%	36%	37%	40%	42%
Asian	2%-	3%	3%	3%	5.6%	7%	6%	6%
Black	1%	1%	1%	1.3%	1%	1%	2%	2%
Native American	No Info	No Info	No Info	.4%	1%	1%	1%	4%
Mix	No Info	No Info	No Info	1.7%	2%	2%	2%	4%
Other	2%	7%	9%	1.7%	.4%	No Info	No Info	No Info
Unknown	1%	9%	4%	3%	1%	No Info	No Info	No Info
POC*	No Info	No Info	No Info	No Info	No Info	No Info	51%	54%

Gender	**2002**	**2003**	**2010**	**2016**	**2019**	**2020**	**2022**	**2023**
Male	No Info	No Info	No Info	35%	27%	27%	27%	25%
Female	No Info	No Info	No Info	65%	73%	73%	73%	75%
Other	No Info	No Info	No Info	0%	No Info	No Info	No Info	No Info

*POC represents “People of Color”
31% of Behavioral health staff are bilingual Spanish level 1 and/or level 2. A small number of staff also speak Portuguese.
This is the most current data available at time of writing.

5.County organizational assessment;

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

The MHP and DMC-ODS work closely with consumer groups and advocates, including the Mariposa Wellness Center, Behavioral Health Advisory Board, and Community Action Board (CAB). Additionally, we have a close working relationship with the local NAMI, as well as community-based agencies, probation, law enforcement, child welfare, schools and school districts. The MHP and DMC-ODS interface with these groups to solicit input, share community resources and events, and to strengthen our services.

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

6 Staff Trainings

Trainings	Example of Trainings
New Employee Volunteer	• County BH Orientation • Confidentiality/HIPAA • Mandated Reporting • Human Trafficking Protection • Trauma Informed Systems • Treatment Plans, Assessments & Progress Notes in support of client services documentation and billing
Required Annual Trainings	• Law & Ethics • Sexual Harassment • HIPAA • Culturally & Linguistically Appropriate Services (CLAS) • Compliance/FWA Prevention • Mitigating Workplace Bias
Advanced Specialized Mental Health and Substance Abuse Trainings	• CBT • DBT • IMMR • CANS/ANSA • ASAM • Mindfulness • Supervisor training • Motivational Interviewing • Mental Health First Aid • Suicide Prevention
Provision of Culturally & Linguistically Appropriate Services	• Cultural Humility training & panel presentation (CLAS, SOGIE and DEI inequity) • Implicit Bias • Gang Dynamics training • VA training • Consumer Experience Presentations • Communicating Effectively through an Interpreter

CRITERION 5
CLAS TRAINING ACTIVITIES

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

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

In recent years, BHS drafted and completed a training plan. We now have a contract with Relias, a learning management system (LMS). This LMS provides a library of available BH workforce trainings and CLAS credit eligible learning opportunities on demand and available to all BH staff to ensure accessibility. In addition, BH Leadership distributed an All-Staff Memo in April 2020 that ensures staff that they are allotted time during their work schedule to complete the required seven hours of CLAS trainings annually. Our QI Work Plan includes tracking of County staff compliance with this requirement.

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

Every county employee in our division is required to complete seven training hours per evaluation year on provision of culturally and linguistically appropriate services. The estimated number of BH workforce is 223 individuals.

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

BHS is committed to follow the policies that have been established. Staff are required to meet their 7 hours of cultural awareness training hours per evaluation year. We have established a series of policies that underscore our commitment and practice, including the requirement for each staff to be evaluated on CLAS standards in their annual performance evaluation. To support staff access to CLAS material, BHS distributed information on webinar, on-line trainings, and videos which qualify for CLAS hours. This expansion led to the development of a CLAS Education Plan Policy which outlines these types of content (trainings, webinars, etc.) which staff can access for completion of CLAS Hours. BH Leadership distributed an All-Staff Memo in April 2020 that ensures staff that they are allotted time during their work schedule to complete the required seven hours of CLAS trainings annually. An updated CLAS Educational policy was released in December 2022.

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

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

Annual cultural competence trainings

- In 2023-2024, BHS offered a variety of CLAS related trainings which enabled staff to complete 7 hours of CLAS training. Since 2020, SCCBHS is leveraging online resources such as Think Cultural Health, The National LGBTQ+ Health Education Center, and the Mental Health Technology Transfer Center (MHTTC) Network for content specifically created for Behavioral Health Professionals on Improving Cultural Competency for Behavioral Health Professionals. In addition to the CLAS content available in the LMS, the previously mentioned Speaker Series and Cultural Café events were well-attended, receiving positive feedback and requests for continuation. Below are links to samples of the online resources provided to staff.
- https://thinkculturalhealth.hhs.gov/education/behavioral-health

- https://www.lgbthealtheducation.org/resources/in/behavioral-health/type/webinar/https://www.lgbthealtheducation.org/resources/in/behavioral-health/type/webinar/

III. Relevance and effectiveness of all cultural competence trainings

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

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

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

Cultural awareness: Involves continually developing your awareness of your own and other's cultures to assist in the performance of your professional duties. (Speaker Series)
Cultural formulation: Including assessing the patient's cultural identity and understanding how culture affects the explanation of the individual's illness, support system and the clinician-patient relationship as well as understanding how culture affects the assessment and diagnosis of culturally diverse individuals.
Cultural sensitivity: Being aware that cultural differences and similarities exist and influence values, learning, and behavior.
Implicit Bias: Increasing awareness of our attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner, and how these impacts client services, the workplace, and organization.
Interpreter training: Including training staff in the use of interpreters and training in the use of interpreters in the behavioral health setting.
Latino/a/e: Latino/Hispanic population in the United States consisting of demographic, historical, sociopolitical, and geographic contexts that are critical to understanding the population as well as the diversity within. Specific concepts and frames of reference such as identity, acculturation, language, family values, religion and spirituality, traditional beliefs about health and illness, gender role socialization, and social class are discussed. Attention will be given to contemporary issues facing Latino/Hispanic, including a discussion of factors that influence help seeking and receiving care.
LGBTQ+: Includes various aspects of providing effective mental health and substance use treatment services to LGBT individuals. Trainings can include topics related to legal issues, the “coming out” process, increasing LGBT-welcoming spaces, oppression trauma, substance use, LGBTQ+ elders, and gender identity.
Social/Cultural diversity: Diverse groups, consumers, family, LGBTQ+, SES, Elderly, Disabilities, etc.

Staff training is vital to ensuring cultural and linguistically appropriate services and includes staff on all levels, from administrative to management. These trainings focus on understanding the reality of the persons who may have different worldviews, persons who deal with the stigma of mental illness daily, and who may be reluctant to seek mental health and/or other services for themselves or a loved one. Training also focuses on how

to improve our skills in engaging and applying customer service principles in serving our consumers and families, as well as to reduce disparities associated with language barriers, access to services and low penetration rates**.**

Stigma regarding SUDs persists in marginalized communities and impedes: (1) use of medications to help with SUD treatments; (2) use of ASAM assessment criteria to support optimal care, versus court orders not driven by clients' clinical needs; and (3) support for new and expanded sites for service delivery (e.g., NIMBY or "not in my back yard" opposition). Continued education and work with media, the public, and community leaders are needed to push back on these biases and beliefs, which otherwise create barriers for clients to obtain housing, jobs, childcare, and other services.

2. Results of pre/post tests

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

3. Summary report of evaluations

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

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

We have created systems to track, monitor, and evaluate our training efforts. Behavioral Health builds from what we have learned and aims to consistently involve supervisory staff in how they may best support line staff, clinical staff and contract agency staff who are responsible for implementing programs and training. The mentioned CLAS Trainings during work hours Memo and LMS implementation are activities towards this goal.

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

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

We established a set of policies and procedures to provide the needed infrastructure. The methodology used to ensure staff complete their training and utilize their cultural awareness skills is embedded in these policies. Staff are required to complete seven hours of culture and/or language related training per evaluation year, and supervisors are expected to evaluate staff on their "cultural competence" in their annual performance evaluation. Supervisors are responsible for overseeing their staff and require them to attend trainings to ensure culturally aware and responsive services.

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

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

CRITERION 6

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

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

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

We are continuously addressing the ongoing challenge of recruiting and retaining bilingual, bicultural psychiatrists, along with other licensed clinicians. To tackle this, we have implemented targeted recruitment strategies, provided cultural-specific trainings, created mentorship opportunities within our workforce, hired additional support, and fostered collaborations with external agencies.

The Santa Cruz County Behavioral Health (SCCBH) Student Internship Program (SIP) is designed to develop the local workforce to meet the growing needs for behavioral health services in Santa Cruz County. Additionally, Santa Cruz County has some of the most expensive housing costs in the nation1,2, contributing to the county's difficulty in hiring and retaining mental health professionals to fill the vacancies across the county's Behavioral Health division. As a result, BH employees who are interested in growing clinically and pursuing a master's degree need significant support to complete graduate degrees while working full time. The SIP provides clinical growth and development opportunities for mental health client specialists in good standing to pursue an advanced graduate degree and an internship training program for people pursuing a master's degree who are interested in working in the public mental health system at the county. We hope this program will allow us to retain staff who reflect our community.

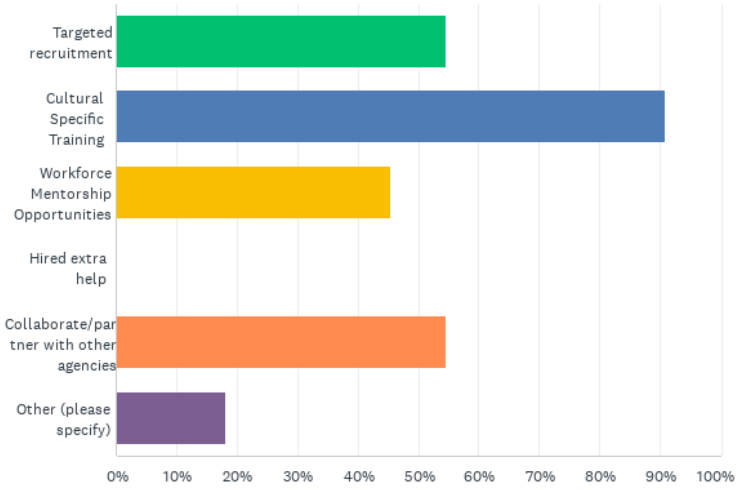
1 https://nlihc.org/oor

2 https://nlihc.org/sites/default/files/oor/2024_OOR-california.pd

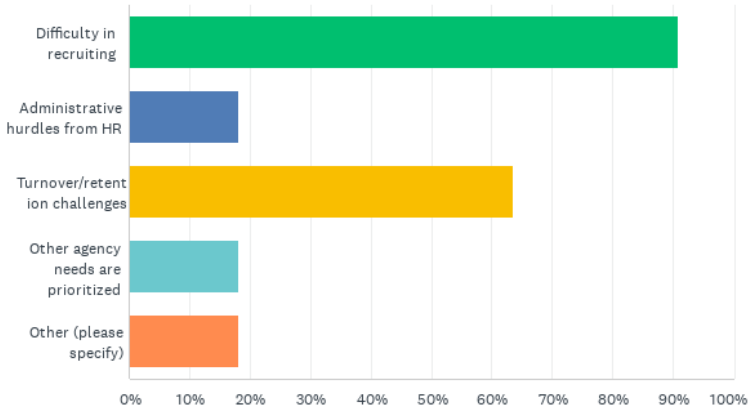
The responses below were pulled from the *Cultural Competence/Humility Questionnaire for FY 24-25* distributed to contracted CBO's and Civil Service BH programs within the

county.

Q7 What if any steps has your program taken to make its workforce more culturally or linguistically diverse to meet community needs?



Q8 What barriers has your program faced in trying to build a more diverse workforce?



10. If you selected "other" to the previous question, please elaborate.

1 Responses

ID ↑	Name	Responses
1	anonymous	Elaborating on "Retention Challenges" due to: 1) worksite/clinic locations available (i.e. staff want to work closer to home, which is often in South County or surrounding Counties, where we have more limited space); and 2) historically not having the Management-level diversity (i.e. historically having non-BIPOC individuals in all Supervisor and Manager roles, left some BIPOC direct service staff feeling there was a deficit of cultural sensitivity and knowledge needed to provide CLAS to our client population).

Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. Rationale: Will give ability to improve penetration rates and eliminate disparities.

As mentioned previously WET funding is reportedly not available for workforce development activities, yet BHS is able to continue tracking, monitoring and analyzing our cultural response to our community through our quality assurance activities within QI. In comparing the data from the MHP and DMC-ODS EQRO Reports and MHSA Plan assessment with the general population, Medi-Cal population, and the 200% of Poverty data, it raises several challenges: first the shortages of licensed clinicians, especially bilingual (Spanish) speaking clinicians. Second, our workforce does not proportionately reflect the ethnic diversity of the community; there is a shortage of Latino/Hispanic (a) staff throughout the system. There have not been positions designated for consumer and family members at the County at this time; however, the county has begun to move in this direction with the passing of the Peer Support Certification and Medi-Cal reimbursable services. Our contract agency partners do employ Peer Support Specialists who provide services to our beneficiaries.

There is a severe shortage of Spanish speaking staff at almost all public agencies, and the COVID-19 pandemic left a lasting impact on overall healthcare workforce capacity, availability and endurance. The general population, Medi-Cal population and the 200% of Poverty data demonstrate that while our penetration rate is competitive with the State average, we are not satisfied with the low numbers for serving clients who identify Spanish as their primary language. We are curious as to the personal and social factors that contribute to these low numbers, including if there is a direct correlation to the shortage of Spanish speaking staff throughout our county's behavioral health system.

B. If applicable, the county shall report in the CCPR, the specific actions taken in response to the cultural consultant technical assistance recommendations as reported to the county during the review of their WET Plan submission to the State.

Not applicable.

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

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

- Have continuous recruitment for bi-lingual behavioral health clinicians. Added the following statement that bilingual positions "require that the mental health clinician be fully fluent in Spanish and English to provide the full range of professional level mental health services in Spanish, including the facilitation of individual, group, family, and crisis counseling. Bilingual clinicians may be asked to translate written clinical materials and interpret for Spanish speaking clients that need to communicate with monolingual English-speaking mental health professionals."
- Provide higher education field placement and internship opportunities for bi-lingual candidates within MHP and DMC-ODS services to support industry growth and staff hiring and retention efforts.
- Provide High School Outreach: To foster knowledge and create interest in mental health as a career path amongst high school students, with a focus on bilingual (Spanish) and bicultural students.

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

Not Applicable No WET funds have been available since prior to FY18-19 and as a result, we have not been able to continue these services.

F. Identify county technical assistance needs.

Hiring Spanish speaking staff. Learning from other counties about effective evidenced-based practices in CLAS. The CLAS Coordinator attends Bay Area Ethnic Services Managers monthly meetings to collaborate with and hear best practices from colleagues in other California counties.

CRITERION 7
LANGUAGE CAPACITY

I. Increase Bilingual Workforce Capacity

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

Santa Cruz County Behavioral Health Services (BHS) designates some positions as bilingual only, and encourages bilingual, bicultural people to apply for all positions. Santa Cruz County has continuous recruitment for bilingual clinical staff. The bilingual job announcement indicates that bilingual positions "require that the mental health clinician be fully fluent in Spanish and English to provide the full range of professional level mental health services in Spanish, including the facilitation of individual, group, family, and crisis counseling. Bilingual clinicians may be asked to translate written clinical materials and

interpret for Spanish speaking clients that need to communicate with monolingual English-speaking mental health professionals."

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

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

We do not have staff whose sole job is to interpret. Santa Cruz Behavioral Health standard is to provide services in the threshold language therefore we rarely use Spanish interpreters. When interpreters are needed, we work with medically qualified interpreter services or a bilingual mental health professional on our staff. For example, a bilingual mental health clinician who is facilitating an IEP school meeting may utilize an approved interpreter service or bilingual mental health staff to meet the language needs of attendees. This allows the bilingual facilitator to focus on their task and provide equitable and quality services. We train staff on how to be effective interpreters, and how to use interpreters effectively. Interpreter services are also utilized for non-threshold languages and for sign language on an as-needed basis. In response to a recognized need for improved inclusivity and communication, we implemented the Mixteco translation service this year, reaffirming our commitment to ensuring effective access for all members of our community.

The responses below were pulled from the *Cultural Competence/Humility Questionnaire for FY 24-25* distributed to contracted CBO's and Civil Service BH programs within the county

Please describe your program's protocol(s) for analyzing data by client cultural and language needs to inform where certain cultural groups may be underserved, thereby assessing needs and areas for improvement. (Culture groups example: Ethnicity/Race, Religion, Socioeconomic status, language needs, immigration status, Gender Identity, LGBTQ+, etc.)

9 responses

Our outcomes and evaluation director
We complete client satisfaction surveys annually and ensure that they are provided in the language that each client prefers.
Largely qualitative and as reported by line, leadership staff, CHWs, and via community partners. We provide individualized care and ensure that we are adjusting our services to best meet needs which can include factors influenced by culture groups

Through the demographic information collected in our person satisfactory surveys served each year.
We utilize data from Cal-OMS, AVATAR reports, admissions records, paperwork, and client satisfaction surveys to examine service utilization patterns and determine where certain cultural groups may be underserved.
We do not have a protocol
I have found the DataShare Santa Cruz County platform to be most helpful in identifying needs in our county. We analyze our annual client enrollment list to see trends/ groups/ need to drive areas of improvement. We conduct client satisfaction/ feedback
Review during EQRO Audits
Using cultural and linguistic data available from a source that proactively leverages it, we combine quantitative dashboards with community embedded insights to identify disparities, implement targeted improvements, and measure real world impact in closing care gaps across diverse client populations.

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

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

The County has a 24-hour phone line **(1-800-952-2335)** with statewide toll-free access that has linguistic capability for all Medi-Cal beneficiaries. It is answered during normal business hours by clerical and clinical staff that speak our threshold language. In addition, Santa Cruz County has contracted with Language Services Associates.

To access a Qualified Interpreter, the following number is called (866) 937-7325 and when greeted the Santa Cruz County Behavioral Health Services Account Code 50492920 is used. Staff are trained to use the language line; additionally, the protocol for using Language Services is outlined in a "quick reference guide" for staff.

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

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

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

Clients are informed in writing in their primary language that they have a right to free language assistance services. This information is posted in all service lobbies and included in correspondence for grievance, appeal, change of treatment staff requests, and NOABD processes. This content is also in the beneficiary handbooks.

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

The Santa Cruz MHP and DMC-ODS standard is to provide services in the threshold language when at all possible. When interpreters are needed, we utilize medically qualified interpreter services and bilingual behavioral health professionals on our staff. For example, a bilingual behavioral health clinician may interpret for a monolingual psychiatrist. Interpreter services are also accessed for non-threshold languages and for sign language on an as-needed basis. BHS does not utilize family members, especially minors, for interpretation or translation services.

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

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

Based on the training provided on how to interpret and how to use interpreters, staff have learned how to be a conduit of communication, and how the interpreter solely translates what is verbalized by each party and does not add to the conversation. Bilingual staff who are leading and facilitating coordinated care meetings have been encouraged to request interpreters to meet the language needs of attendees. This allows the bilingual facilitator to focus on their task and provide equitable and quality services.

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

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

write Spanish. Job openings are disseminated to all eligible employees within the Division by Health Services Agency Personnel (to encourage promotional opportunities).

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

F. Identify county technical assistance needs.

The biggest challenge the County has been in finding Spanish Speaking psychiatrists and clinical staff.

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

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

The County’s standard is to provide services in the threshold language. When interpreters are used, we access approved medically qualified interpreter services or bilingual behavioral health professionals on our staff. For example, a bilingual mental health clinician may interpret for a monolingual psychiatrist.

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

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

Evidence can be found in the Service Request logs and documentation within the BHS’ Electronic Medical Records (EMR). This information is usually recorded in Assessments, Treatment Plans and it is also documented in progress notes. A Spanish Audit was implemented in 2020 to review chart of beneficiaries identified as Spanish preferred language and review for continuity of Spanish services and client documents. When there are discrepancies, this information is provided to the teams so they can examine and identify improvement strategies.

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

At key points of contact the County provides services in the threshold language for beneficiaries and staff to communicate effectively. Clients speaking in the threshold language will be assigned to clinicians that speak their language, whenever possible. Medically qualified interpreter services are utilized when other options are unavailable.

When a client or client's family needs a translator to assist during a mental health or SUD assessment or evaluation, it is the responsibility of the clinician to either arrange or provide the translation services. The standard is to provide services in the threshold language. When interpreters are needed, we generally use other mental health professionals on our staff or medically qualified interpreter services. For example, a bilingual SUD Counselor or licensed clinician may interpret for a monolingual prescriber. When bilingual staff are leading and facilitating coordinated care meetings, they are encouraged to request interpreters to meet the language needs of attendees. This allows the bilingual facilitator to focus on their task and provide equitable and quality services.

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

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

Staff speaking the threshold language (Spanish) are evaluated and certified by the Santa Cruz County Personnel Department in their ability to use Spanish. Staff passing level one (1) are able to communicate orally. Staff passing level two (2) are also able to read and write Spanish.

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

A. Policies, procedures, and practices the county uses that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.

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

Our current policy states it is prohibited to expect family members or friends to provide interpreter services. LEP individuals are informed (in a language that they understand) in the intake process that they have a right to free language assistance services. Medically qualified interpreter services are utilized when staff are not available to provide client language needs.

B. Provide a written plan for how clients, who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.

BHS has a policy "Linguistically Appropriate Services" that addresses how we meet the needs of consumers who do not meet the threshold language criteria. It states: "If the beneficiary speaks a language other than a threshold language and there is no provider in the Mental Health Plan or DMC-ODS who speaks the beneficiary's language, the program

will contract with someone to provide these services. The program may request the assistance of a neighbor county program to provide these services. LEP beneficiaries will be informed (in a language that they understand) that they have a right to free language assistance services." We have a standing contract with an interpreter service and also use a language services vendor, when appropriate.

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

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

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

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

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

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

Materials translated into the County's threshold language include such things as The DMC-ODS Handbook for Medi-Cal Beneficiaries, The Mental Health Plan Handbook for Med-Cal Beneficiaries, Provider Directory for both MHP and DMC-ODS, Consent for Treatment, Satisfaction Surveys, Grievance Resolution Request brochure, etc. Clients are informed in writing in their primary language that they have a right to free language assistance services. This information is posted as well as included in correspondence for procedures related to grievances, appeals, change of treatment staff, and NOABD.

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

This information is recorded in the Electronic Medical Record in client admissions, progress notes, treatment plans, assessments, intake forms, and scanned documents

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

Santa Cruz Behavioral Health Services (BHS) uses surveys as required by DHCS MHP Consumer Perception Survey and DMC-ODS Treatment Perception Survey. The Consumer Perception Survey has four forms Adult (for ages 18-59), Older Adult (for age 60+), Youth Services Survey (for ages 13-17 and transition-age youth), and Youth Services Survey for Families (for parents/caregivers of youth under age 18). The DMC-

ODS has a survey for Youth and for Adult participants. Each of these forms is available in English and Spanish. They are sent out per DHCS survey cycle.

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

Bilingual Level II clinical and/or administrative staff within the BHS program review and approve the final draft translations. The Cultural Humility Committee has made themselves available for Bilingual Level II committee members to review translated materials for linguistic and cultural accuracy and relevance.

E. Mechanism for ensuring translated materials is at an appropriate reading level (6th grade). Source: Department of Health Services and Managed Risk Medical Insurance Boards.

It is our aim, as identified in the "Linguistically Appropriate Services" policy to ensure accessibility and understanding of services, through communications in the beneficiary's primary language. Bilingual Level II Quality Assurance staff develop, and review translated materials for linguistic and cultural accuracy and relevance, including required font size, cognitive ability, and reading level.

CRITERION 8
ADAPTATION OF SERVICES

I. Client driven/operated recovery and wellness programs.

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

1. **Evidence the county has alternatives and options available within the above programs that accommodate individual preference and racially, ethnically, culturally, and linguistically diverse differences.**
2. **Briefly describe, from the list in "A" above, those client-driven/operated programs that are racially, ethnically, culturally, and linguistically specific.**

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

II. Responsiveness of behavioral health services

A. Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the

county/contractor and/or referral to community-based, culturally-appropriate, non-traditional behavioral health provider.

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

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

The MHP informing materials and the DMC-ODS informing materials notify beneficiaries of the availability of this listing. The CLAS Plan is posted on the BHS website.

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

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

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

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

D. Evidence that the county has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

1. **Location, transportation, hours of operation, or other relevant areas;**

2. **Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs); and**
3. **Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and/or partnerships, such as primary care and in community settings. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis.)**

BHS facility signage is posted in both English and Spanish. At our current South County location in Watsonville psychoeducational material, wall art and décor are provided in culturally respect and threshold language (Spanish) capabilities to ensure a welcoming and inviting environment for clients. At each BHS location, services (including reception and direct clinical services) are provided in Spanish. In addition, Santa Cruz County Behavioral Health Services larger facility in Watsonville provides increased access to behavioral health services in a welcoming environment, including substance use disorder services and psychiatric services. This behavioral health clinic (built in 2019) is on the same campus as the county medical clinic, to promote access to holistic culturally and linguistically appropriate medical services.

The responses below were pulled from the *Cultural Competence/Humility Questionnaire for FY 24-25* distributed to contracted CBO's and Civil Service BH programs within the county.

Describe the process by which clients with disabilities (i.e. visual, physical impairments) can request accommodations per American Disabilities Act guidelines.

8 responses

During the admission process any client requesting accommodation may speak with the medical provider or clinician and at any point during the process may request additional support. We collaborate with community medical providers when needed for additional complex medical needs or service animals.
This is an integral part of our assessment process for admission into any of our programs.
Per policy clients can make requests in any form to any staff at any time.
We offer large print and brail versions of all clients facing documents
Our facility is ADA compliant with accessible entryways and bathrooms, and clients with disabilities can request accommodation at any point verbally, in writing, or with staff assistance. Staff maintain knowledge of local threshold languages, and vital documents, materials, and signage are translated and available in those languages, with all written materials designed to meet ADA accessibility standards and consider age and literacy levels. Internal and external translation resources, including oral translation for various languages or clients with visual impairments, are available, and translated materials are

kept in stock for easy access. Staff are trained in health literacy and can assess and adjust materials or communication methods to ensure clients receive information in a fully accessible, cultural and linguistically appropriate manner.
A client can make a verbal or written request to any provider or front desk staff.
Interested individuals can explain/ request accommodation by communicating with intake staff prior to engagement with the program. Staff also request any relevant documentation that may help support in making appropriate accommodation. With requests, staff evaluates how to best support the individual and if additional resources (outside of the agency) need to be secured.
The process begins when a client indicates that a disability is affecting their ability to access Telecare services (e.g., having difficulty viewing forms, navigating portals, or communicating during telehealth visits). They can make a request for accommodation verbally or in writing, no formal form is required, though written requests are helpful. Disability does not need to be officially diagnosed or labeled for a request to initiate the process. Regular check-ins will be carried out to ensure accommodation remains effective. Adjustments or new solutions may be made if the client's situation changes or needs change.

III. Quality of Care: Contract Providers

A. Evidence of how a contractor's ability to provide culturally competent behavioral health services is taken into account in the selection of contract providers, including the identification of any cultural language competence conditions in contracts with mental health providers.

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

IV. Quality Assurance

Requirement: A description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:
A. List if applicable, any outcome measures, identification, and descriptions of any culturally relevant consumer outcome measures used by the county.

Santa Cruz Behavioral Health Services (BHS) uses surveys as required by DHCS: MHP Consumer Perception Survey and DMC-ODS Treatment Perception Survey. The Consumer Perception Survey has four forms Adult (for ages 18-59), Older Adult (for age 60+), Youth Services Survey (for ages 13-17 and transition-age youth), and Youth Services Survey for Families (for parents/caregivers of youth under age 18). The DMC-ODS has a survey for Youth and for Adult participants. Each of these forms is available in English and Spanish and paper-based and online. The online surveys are available in a

large array of languages and are accessible via QR codes. Each Plan administers the survey one week per year as directed by DHCS.

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

B. Staff satisfaction: A description of methods, if any, used to measure staff experience or opinion regarding the organization's ability to value cultural diversity in its workforce and culturally and linguistically competent services.

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

A Survey of Needs was completing in 2024 which identified many staff were taking part in CLAS activities on their own time. The survey also identified which CLAS educational opportunities need to be prioritized and offered.

C. Grievances and Complaints: Provide a description of how the county mental health process for Medi-Cal and non-Medi-Cal client Grievance and Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.

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

Appendix A: Supplemental BHS employee survey at time of annual performance evaluation:

EMPLOYEE CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES FEEDBACK FORM

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

1. Describe a specific circumstance with a client/clinician/community group or staff member where you think your own values (socio-economic, religious, ethnic, etc.) affected the other person (client/ supervisee/staff member) in either a positive or negative way.

2. Would you consciously repeat this circumstance again? Why or why not?

3. How do you react and relate when an experience of a client, clinician or staff member is very different than or opposed to your own?

4. How has this affected your clinical, supervisory or work relationships?

5.Describe a specific circumstance when you made culturally based assumption(s) in relation to a client, supervisee or other staff? Describe what effect that had on the other person.

6. Describe a specific circumstance when you made gender based or sexual orientation-based assumption(s) about a client, supervisee or staff member. Describe what effect that had on that person. Develop at least one goal for the next year that is specific to increasing your sensitivity to how the needs of your clients, supervisees or co-workers might be different from your own.