COVER SHEET

Due December 31, 2021 to:

Department of Health Care Services (DHCS) via email: MCBHD.CCPR@dhcs.gov

Contact for DHCS: Monika Grass

FY 2020/2021 UPDATE: Monterey County Cultural Competency Plan Requirements

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CRITERION I: COUNTY MENTAL HEALTH SYSTEM COMMITMENT TO CULTURAL COMPETENCE

I. County Mental Health System commitment to cultural competence

The County shall include the following in the CCPR:

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

Monterey County FY20/21 Cultural Competency Plan Requirement Report (CCPR) is written to satisfy the requirements under the Mental Health Services Act and the Medi-Cal Wavier. A full copy of Monterey County Behavioral Health (MCBH) Bureau's culturally relevant policies and procedures can be found at: http://qi.mtyhd.org.

MCBH will have the documents outlined below during the site compliance review.

The County shall include the following during the on-site compliance review.

B. Copies of the following documents to ensure the commitment to culturally and linguistic competence services are reflected throughout the entire system:

1. Mission Statement;
2. Statements of Philosophy;
3. Strategic Plans;
4. Policy and Procedure Manuals;
5. Human Resource Training and Recruitment Policies;
6. Contract Requirements; and

7. Other Key Documents

II. County Recognition, Value and Inclusion of Racial, Ethnic, Cultural and Linguistic Diversity within System.

The CCPR shall be completed by the County Mental Health Department. The County will hold contractors accountable for reporting the information to be inserted into the CCPR.

The County shall include the following in the CCPR:

A. A description, not to exceed two pages, of practices and activities that demonstrate community outreach, engagement and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities; including, recognition and value of racial, ethnic, cultural and linguistic diversity within the system. That may include the solicitation of diverse input to local mental health planning processes and services development.

Community Program Planning Process for the Mental Health Services Act

The primary mechanism for obtaining diverse input to local mental health planning processes and services occurs on an annual basis during the Community Program Planning Process (CPPP) for the Mental Health Services Act (MHSA). In FY20/21, as the Shelter-In-Place Orders continued during the time of year typically designated for our local CPPP, in-person outreach and engagement was not possible. Building on the information gathered during the community engagement sessions in 2019 for our MHSA Three-Year Plan, MCBH conducted five (5) virtual "Community Listening Sessions" via ZOOM during December 2020 and January 2021. Three (3) sessions were conducted in English with simultaneous Spanish interpretation, and two (2) were in Spanish with simultaneous English interpretation. Bi-lingual/bi-cultural staff were available to assist participants when needed. Those Sessions in Spanish were conducted at 5:30PM during the week, and one of the English sessions was conducted at 10AM on a Saturday.

In addition, MCBH contracted with EVALCORP, a professional evaluation company, to support an assessment of behavioral and mental health needs in communities throughout Monterey County. The needs assessment employed two surveys—a Community Member Survey and a Provider Survey, which were administered throughout the community, as well as Key Stakeholder Interviews that were held with community leaders. Each instrument was designed to gather a respondent's perspective on the current state of mental and behavioral health services in Monterey County. This is the second consecutive year in which these surveys have been used to assess the mental and behavioral health needs for the County.

The Community Member Survey was designed to gather feedback from residents of the County with mental health needs, as well as family members and other community members affected by mental health issues. This survey was offered in both Spanish and English.

The Provider Survey was designed to gather feedback from a broad range of people, agencies, and systems who work directly with persons who are receiving or who are seeking mental health services. Respondents invited to take the survey represented multiple service sectors, such as education, law enforcement, hospitals, and other community service agencies and organizations.

The Community Member and Provider Surveys were distributed via email with a link that directed participants to the survey in the language of their choice. The link to both surveys were also posted to the MCBH website. Email invitations to the surveys were sent to all MCBH staff, the Monterey County Behavioral Health Commission, community-based agencies that contract with MCBH, service providers from medical, public health, community, and public agencies, mental and

behavioral health service providers, and other stakeholders from the MHSA CPPP. Providers of prevention and early intervention services in the County also distributed the Community Member survey to residents on their email listservs.

Additionally, a list of community members and leaders was developed in a purposeful way to reflect a diverse set of voices within the community. These individuals were invited to participate in the Key Stakeholder Interviews.

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Outreach and Engagement for Communities with Mental Health Disparities

In FY 20/21 in an effort to increase community outreach, engagement and involvement efforts with racial, ethnic, cultural and linguistic communities with mental health disparities, MCBH released a Request for Proposals (RFP) for Culturally Specific Prevention and Early Intervention Services with the intention to create a continuum of support for vulnerable and historically underserved populations including: Latinos, Blacks, African Americans, and LGBTQ+ individuals. MCBH encouraged providers to include in the RFP Promotores, Community Health Workers and/or Peers that are representative of diverse populations as an effective strategy in connecting with community members, engaging, and effectively supporting historically marginalized populations to access mental health care and other resources.

As a result of the RFP, MCBH awarded 5 contracts in FY 21/22 for a total of $768,817 to community-based programs. Each program will provide Culturally Specific Outreach and Engagement that is specific to a racial, ethnic, or cultural group that has been historically underserved. Programming will include: a) social marketing campaigns, b) community presentations, c) outreach events, and d) other promotional activities to engage historically underserved populations in mental health care and in programming to support their health and wellness. Holistic wellness activities that reduce isolation, promote resilience, recovery and social connectedness for each cultural group will also be provided. Under the awards the specific communities that will be served include: African Americans and Blacks, Hispanic and Latinx, and LGBTQ+ youth. An update on these efforts will be included in the CCPR for FY 21/22.

B. A narrative description addressing the county's current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system's planning process for services.

Committees & Commissions:

Over the past year MCBH has facilitated the Cultural Relevancy and Humility Committee (CRHC), (the MCBH Cultural Competency Committee). This Committee includes community members, clients, family members of clients, providers and MCBH staff with the focus of providing MCBH with guidance and input to address racial and ethnic disparities and to ensure Behavioral Health programs and services are culturally relevant to Monterey County residents. More on this Committee will be discussed in Criterion 4.

MCBH has a collaborative relationship with the Behavioral Health Commission (BHC) which serves as the body to review budget, policy, reports and plans that shape MCBH activities and reports, including those under the MHSA. Commissioners have a range of backgrounds including consumers, family of consumers and community partners. CRHC members regularly attend the BHC meetings and give voice to issues that are impacting Monterey County residents, and in this past year brought forward concerns pertaining to individuals and families who are experiencing homelessness and are unsheltered.

Information on the Behavioral Health Commission may be found here https://www.co.monterey.ca.us/government/departments-a- h/health/boards-collaboratives/mental-health-commission .

MCBH actively participates in the Recovery Task Force which is a peer run committee under the auspices of a local non-profit Interim, Inc. The Recovery Task Force has a vision of "A compassionate world without stigma." and a mission that "Together we promote equality of all individuals with regards to their whole health, self-expression, and quality of care, recognizing all people have an equal voice." This dynamic committee works on the following goals: 1.) Develop a stronger consumer voice within the Mental Health County System to meet these needs; 2.) Increase consumer accessibility of mental health services; and 3.) Increase consumer participation in the program development of mental health services. MCBH's Deputy Director of the Adult System of Care is a standing member and additional MCBH key staff such as the Prevention Manager/Ethnic Services Manager, and Quality Improvement staff regularly attend the meetings and work in collaboration with the committee on peer identified projects, outreach and community events. RTF members are involved with planning for the CPPP and are invited to participate in surveys and focus groups to provide input that will guide planning of programs and services.

MCBH has also established a South County Service Committee meeting that serves as an interagency committee to share program and services updates for South County residents.

Substance Use Disorder Committees:

MCBH helped establish Preventing Alcohol Related Trauma in Salinas (PARTS) and in Seaside in 1992. The mission of this committee is to prevent alcohol-related injuries and fatalities, prevent youth access to alcohol and drugs and the initiated use of alcohol, tobacco and other drugs in the city of Salinas. Regular and active partners in this Coalition: MCBH, Community Members, Parents, Youth Groups and Organizations, Law Enforcement such as Alcohol Beverage Control, California Highway Patrol, Monterey County Probation, Salinas Police Department, Natividad Medical Center, City of Salinas, Community Alliance for Safety and Peace, Monterey County Department of Social Services, Alliance on Aging, OMNI Resource Center, Alcoholics Anonymous, Sun Street Centers, and Salinas City Council. PARTS has been an integral part of the community feedback for substance use disorder services. PARTS members are encouraged to participate in the CPPP which guides planning for Behavioral Health programs and services.

The Monterey County Prescribe Safe Initiative, a multi-organizational collaborative of more than 35 local businesses and agencies has been addressing the opioid addiction problem since 2014. Prescribe Safe works to: improve safety of prescription drugs, reduce inappropriate prescribing of pain medications and sedatives, increase access to treatment for addiction and to teach the public and medical professionals about the protentional dangers of prescription drug addiction. Prescribe Safe Monterey County partners with MCBH and the Monterey County Health Department to provide education on safe prescribing practices, naloxone distribution and Medication-Assist Treatment best practices.

Racial and Cultural Community Organizations:

In FY20/21, MCBH was purposeful in connecting with underserved and unserved communities in Monterey County regions. It has also increased visibility of its bilingual and bicultural staff at South County communities (such as Gonzales, Greenfield, Soledad and King City), and therefore, has increased the personal connection between community and MCBH staff. MCBH has actively collaborated with the Center for Community Advocacy (CCA), which is a community organization that works to provide education and legal supports for farm workers and other low-income working families with a focus on housing and health

related issues. CCA has a contract with MCBH to provide outreach and education on mental health to the farm working community and Spanish speaking individuals and families through their Promotores program. CCA provided training and recommendations to MCBH staff on ways to effectively engage monolingual Spanish speaking individuals in Behavioral Health treatment and addressed cultural elements that can impact a clinical relationship with the goal of improving outcomes for this population.

MCBH also has a contract with The Village Project Inc. (TVPI), a local non-profit who specializes in serving the African American community. TVPI has had Outreach and Engagement as a component of its overall contract with MCBH for the past 13 years. Outreach and Engagement activities, over the years, have involved presentations in churches, schools, cultural and community organizations, civil rights organizations such as the Monterey County Branch of the NAACP and the Monterey, North County and Salinas Councils of LULAC and appearances on local radio shows and local news shows. The staple of the Outreach and Engagement Program component is the organization's appearance in the community and the trust the community has in the organization. TVPI is consistently invited by low-income housing complexes to set up display tables and speak to tenants, most of whom are people of color, about TVPI's mental health programs and services. Likewise, tenant associations have also had staff from the organization be guest speakers at tenant association meetings to talk about the organization's programs and services. The executive director from TVPI was one of the individuals who participated in the Key Stakeholder Interviews during the CPPP and MCBH encourages TVPI to share information on the CPPP with the community to increase participation from diverse residents in the planning for Behavioral Health services.

C. A narrative description discussing how the county is working on skills development and strengthening of community organizations involved in providing essential services.

MCBH offers a variety of trainings to partners through a diverse provider collaborative effort with the aim of skill development and strengthening community organizations. These activities were impacted in FY20/21 due to the global pandemic which placed restrictions on in-person meetings as some of the training programs require in-person sessions. Below is a list of trainings offered by MCBH and contract providers.

Training provided by MCBH:

1. Youth Mental Health First Aid (YMHFA) was offered to community, contractors and county staff. The goal of YMHFA is to provide resources to professional and lay people to be able to help youth experiencing mental health challenges. These trainings are provided in partnership with the Monterey County Office of Education.
2. Crisis Intervention Training for Law Enforcement and First Responders is provided by Behavioral Health experienced clinical staff for law enforcement, other emergency services personnel and public service staff on various aspects of mental health and crises de-escalation. By taking this 40-hour training, participants learn how mental health conditions can impact a person's behavior and presentation, especially in traumatic situations. This has been critical in providing law enforcement and other key personnel who interact with community members with knowledge and skills to better understand and address individuals who are experiencing mental health challenges and crises. MCBH's goal is to provide law enforcement and other key personnel with tools that can be used to de-escalate situations and help resolve issues using non-confrontational approaches in community settings, specifically with individuals that may be experiencing a mental health related break/psychosis/condition.
3. Prevention and Early Intervention (PEI) Evaluation Progress Report Training was provided this fiscal year to MCBH staff and contractors who are providing PEI funded services. This training included updates in reporting requirements on demographics, evaluation forms and preliminary data collected from last year. Ongoing technical assistance will be provided through MCBH and contracted evaluators to organizations that need additional guidance with meeting PEI reporting requirements.
4. Critical Incident Stress Management Training is an evidence based model that was originally developed as a strategy to help emergency personnel debrief and process work related traumas that can potentially impact their mental health and wellbeing. It is currently utilized with a broader range of individuals

to help them cope with traumatic events. MCBH provides regular training to emergency personnel, school personnel, MCBH staff and contract providers in this model and helps organizations to develop their own internal teams who can assist in providing psycho-educational supports and debriefings.

5. LGBTQ+ Cultural Competency Training Series was a new offering in FY 20/21 as part of an effort to develop comprehensive affirmative care for LGBTQ+ youth and their families. The series was open to educators, community members, staff from community-based agencies and MCBH staff. The purpose of the series was to increase knowledge, understanding and skills related to providing culturally reflective and affirmative care for LGBTQ+ individuals. Topics included LGBTQ+ Best Practices, Understanding the Rights of LGBTQ+ Youth, LGBTQ+ Health 101: A Medical Perspective, Documenting Sexual Orientation and Gender Identity in Electronic Health Records, Increasing Family Acceptance for LGBTQ+ Youth, and Supporting Trans and Gender Expansive Youth. Some sessions will be held in FY 21/22 and an update will be provided in subsequent report.

Training funded by MCBH provided by contractors:

1. The Epicenter provided a training on LGBTQ+ Best Practices designed for service providers, and community members to understand the mental health needs of Monterey County's LGBTQ+ communities.
2. Suicide Prevention Services of the Central Coast provided online trainings in English and Spanish regarding suicide awareness and prevention.

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

Along with the nation, MCBH witnessed the impacts of the COVID-19 pandemic disproportionately impacting communities of color and saw how intuitional and structural racism in the medical/health care system created and perpetuates these inequities. Additionally, the nation's reckoning with racial injustice in the aftermath of George Floyd's murder has highlighted the urgent need for systemic reforms in our policing and legal systems. As a provider of public behavioral health care that is part of a larger bureaucratic system, MCBH will need to examine the role of institutional and structural racism that impacts racial and ethnic disparities that exist in our Behavioral Health Care delivery system. In doing this, MCBH will also need to develop authentic relationships with diverse community members and clients while recognizing the power structures that disenfranchise individuals and communities from being involved in a substantive manner in the oversight of Behavioral Health care that is provided by MCBH and its contracted providers.

In addition to the above needs, MCBH recognizes the shortage of mental health professionals and sees an opportunity to leverage community resources that exist in the Community Health Workers/Promotoras workforce that has developed during the pandemic to address COVID-19 related issues in our County. Also, with the passing of SB 803 which will establishes Peer Specialists as providers of increased specialty mental health services, MCBH has an opportunity to increase much needed mental health supports in our County. Partnering with diverse community members will be critical in these endeavors.

E. Identify county technical assistance needs.

MCBH would benefit from technical assistance to develop functional processes to transform our behavioral health delivery system to address racial and ethnic disparities. MCBH, contract providers and community members would also benefit from training and technical assistance related to the Peer Specialist role and function in a behavioral health care delivery system.

III. Each County has a Designated Cultural Competence/Ethnic Services Manager (CC/ESM) Person Responsible for Cultural Competence

The CC/ESM will report to, and/or have direct access to, the Mental Health Director on issues impacting mental health issues related to the racial, ethnic, and linguistic populations within the county.

The County shall include the following in the CCPR:

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

MCBH has a full-time position dedicated to the CC/ESM which is currently vacant and due to a hiring freeze instituted by the Health Department of Monterey County, MCBH is not able to hire and fill the vacant position at this time. Dana Edgull, LCSW, is currently the Acting CC/ESM and has served in this role since 2019. Ms. Edgull has prior experience with developing culturally responsive programs and services in her role as Project Director for a Federal System of Care grant where one of the primary goals was to assist MCBH under the Children's System of Care to improve efforts around cultural competency. In this role she developed a Family Partnership Program, comprehensive services for youth including a Youth Council and actively partnered with the CC/ESM in collaboration to improve outcomes for Latino youth and families. MCBH named this grant La Familia Sana/The Health Family and the work performed under this funding was recognized at the annual Latino Network Celebration for its role in improving service delivery for Latino youth and families. Ms. Edgull has close relationships with community members and contract providers who represent historically marginalized populations and she is committed to helping MCBH further its efforts on addressing racial and ethnic disparities.

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

The Cultural Competency Coordinator carries the duties and responsibilities supporting the implementation, maintenance, and evaluation of how cultural competence is reflected in the services MCBH offers. This position represents Monterey County on California's Mental Health Directors Association Ethnic Services Committee, and the CRHC. These committees ensure that mental health services meet the needs of all individuals who seek such services, and that culture, language, ethnicity are reviewed and considered to provide high-quality service. MCBH understands that with the implementation of the Specialty Mental Health Services and MHSA, the state requires this classification to ensure that each County is monitoring and evaluating mental health services in accordance with the cultural competency plan. The Cultural Competency Coordinator serves to identify areas requiring improved service capacity, aid partner agencies with cultural competency plans, and provide consultation to better improve those plans. The position is essential in meeting the increased needs and demands of MCBH programs, seeking to implement quality mental health services in a culturally diverse and sensitive manner.

IV. Identify Budget Resources Targeted for Cultural Competence Activities

The County Shall Include the Following in the CCPR:

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

In MCBH's FY 20/21 budget there was an estimated $730,111 allocated for cultural competence activities.

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

1. Interpreter and translation services;

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

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

4. Culturally appropriate mental health services; and

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

The cultural competency FY 19/20 funds were spent on the items below.

Interpreter and Translation Services ($57,089)

- Interpretation is provided to clients when there is a need to ensure effective communication is occurring in their Behavioral Health treatment
- Interpretation to ensure language accessibility for the following meetings: Cultural Relevancy and Humility Committee meetings, Behavioral Health Commission meetings, Mental Health Services Act Community Program Planning Process and for training by Spanish speaking Promotores to MCBH staff on how to engage Latinos in Behavioral Health care
- Translation services for MHSA and other MCBH documents
- Utilization of interpretation services that include indigenous dialects, such as Mixteco and Triqui, with the Natividad Medical Foundation

Training and Consultation to Reduce Disparities ($54,000)

- Cultural Competency training for MCBH staff at all levels of organization and consultation regarding Cultural Relevancy and Humility Committee.

Reduction of Mental Health Disparities ($99,636)

- Contract with University of Southern California (USC) bilingual therapists and psychiatrists were expanded to fill in workforce language capacity gaps utilizing telemedicine

Outreach to County Identified Racial and Ethnic Groups ($519,386)

The contract providers identified below are culture-specific agencies with the aim to engage hard-to- reach populations experiencing mental health service needs. Each organization's program/project combines outreach, education, as well as educational materials on common mental health diagnoses, such as depression and anxiety, plus information on coping skills, self-care and resources for seeking additional mental health services, as needed.

- The Village Project provides supports and therapeutic services to Blacks and African Americans
- The Center for Community Advocacy provides community outreach and education on mental health through the Promotoras program to monolingual Spanish-speaking communities, focusing on agricultural workers
- The Central Coast Citizenship Project serve the immigrant monolingual Spanish-speaking communities, including providing therapeutic services
- Epicenter serves LGBTQ+ communities

CRITERION 2: COUNTY MENTAL HEALTH SYSTEM UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population

A. Summarize the county's general population by race, ethnicity, age and gender. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally).

Table 2.1: Monterey County Racial 2019 Estimates		
Race	**Population (n)**	**Percent**
White	12,6493	29.1%
Hispanic/ Latino	257,721	59.4%
African American	11,212	2.6%
American Indian	595	0.1%
Asian/ Pacific Islander	26,036	6.0%
Two or more races	11,017	2.5%
Other race	987	0.2%
Total Population	**434,061**	

Source: US Census Bureau, 2019 American Community Survey 1-year estimate. Located at: https://data.census.gov/cedsci/table?q=monterey%20county%20race%20table&tid=ACSDT1Y2019.C02003&hidePreview=false

Table 2.1 above shows 2019 Racial estimates for Monterey County. It is reported that 59.4% of our residents are Hispanic, with an ethnic break-down of 54.8% Mexican, 0.5% Puerto Rican, 0.3% as Cuban and 3.7% as another Hispanic or Latino group. There are 42% identified as non-Latino, 29.1% White alone, 2.6% Black or African American, 0.1% American Indian and Alaska Native alone, 5.8% Asian alone, 0.2% Native Hawaiian and Other Pacific Islander alone, 0.2% Some Other race and 2.5% Two or More Races.

Table 2.2 below shows 2019 estimates of languages spoken in Monterey County and it is estimated that almost 24% of residents 5 years and older speak English less than "very well", with variation of percentages across age groups within the languages of Spanish, Indo-European, Asian Pacific Islander other languages.

Table 2.2: Monterey County Language Spoken 5 years of age and over 2019 estimates:						
	Overall		**Speaks English only or "very well"**		**Speaks English less than "very well"**	
	Estimate	**Percentage**	**Estimate**	**Percentage**	**Estimate**	**Percentage**
Population 5 years and over	**403842**	**(X)**	**306640**	**75.9**	**97202**	**24.1**
Speak only English	183450	45.4	(X)	(X)	(X)	(X)
Speak a language other than English	220392	54.6	123190	55.9	97202	44.1
SPEAK A LANGUAGE OTHER THAN ENGLISH						
Spanish	196406	48.6	106802	54.4	89604	45.6
5 to 17 years old	49539	12.3	38648	78	10891	22
18 to 64 years old	133058	32.9	63690	47.9	69368	52.1
65 years old and over	13809	3.4	4464	32.3	9345	67.7
Other Indo-European languages	7998	2	6517	81.5	1481	18.5
5 to 17 years old	684	0.2	593	86.7	91	13.3
18 to 64 years old	5226	1.3	4458	85.3	768	14.7
65 years old and over	2088	0.5	1466	70.2	622	29.8
Asian and Pacific Island languages	14248	3.5	8905	62.5	5343	37.5
5 to 17 years old	1239	0.3	1030	83.1	209	16.9
18 to 64 years old	9400	2.3	6426	68.4	2974	31.6
65 years old and over	3609	0.9	1449	40.1	2160	59.9
Other languages	1740	0.4	966	55.5	774	44.5
5 to 17 years old	136	0	0	0	136	100
18 to 64 years old	1338	0.3	795	59.4	543	40.6
65 years old and over	266	0.1	171	64.3	95	35.7

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

A. Summarize Medi-Cal population and client utilization data by race, ethnicity, language, age and gender (other social/cultural groups may be addressed as data is available and collected locally).

Table 2.3: Monterey County Behavioral Health Medi-Cal Beneficiaries data FY 2020-21		
	Mental Health	**Substance Use Disorder**
Number of Clients Served (N=8292)	**7,142**	**1,150**
Clients served by Age category		
Average Age	26 years old	39 years old
0-5 years	4%	N/A
6-15 years	27%	1%
16-25 years	24%	12%
26-59 years	41%	78%
60+ years	3%	9%
Clients served by Gender		
Female	45.7%	40%
Male	54%	60%
Transgender	0.3%	None
Clients served by Preferred spoken language		
English Language Preference	80%	94%
Spanish Language Preference	17%	5%
Other Language	3%	1%

Table 2.3: Monterey County Behavioral Health Medi-Cal Beneficiaries data FY 2020-21 continued		
	Mental Health	Substance Use Disorder
Clients served by Diagnosis Category		
Mood Disorder	32%	6%
Anxiety Disorders	34%	0%
Substance Related Addictive Disorder	20%	100%
Clients served by Race/ethnicity		
Hispanic/Latino	57%	53%
White	15%	32%
African American	4%	6%
Asian/Pacific Islander	3%	3%
American Indian	1%	1%
Other	20%	5%
Clients served by Region of residence		
Salinas Valley	48%	52%
South County	23%	10%
North County	9%	10%
Coastal Region	17%	27%
Other Region	3%	1%

Table 2.4: Monterey Medi-Cal Enrollees and MCBH Beneficiaries Served by Race/Ethnicity, Age and Region in FY 20/21 & FY19/20							
		Monterey Medi-Cal Enrollees and MCBH Beneficiaries Served in FY 20/21 by Race/Ethnicity			**Monterey Medi-Cal Enrollees and MCBH Beneficiaries Served in FY1 19/20 by Race/Ethnicity**		
		% Enrolled in Medi- Cal	*% Served at MCBH*	*Service Utilization Differences*	*% Enrolled in Medi- Cal*	*% Served at MCMCBH*	*Service Utilization Differences*
Race & Ethnicity	*White*	10%	18%	8%	10%	18%	8%
	Hispanic	77%	57%	-20%	75%	58%	-17%
	African American	1%	4%	2%	2%	4%	2%
	Asian/PI	3%	3%	0%	3%	3%	0%
	Native American	0.1%	1%	1%	0.1%	1%	1%
	Other	9%	19%	9%	8.9%	16%	7%
Age	*0-5 yrs*	11%	4%	-7%	13%	4%	-9%
	5-15 yrs	22%	23%	1%	22%	23%	0%
	16-25 yrs	17%	23%	6%	16%	19%	3%
	26-59 yrs	39%	46%	7%	39%	48%	9%
	60+ yrs	11%	4%	-7%	10%	7%	-3%
Region	*Salinas*	50%	48%	-2%	48%	48%	0%
	South County	19%	22%	3%	18%	19%	1%
	North County	12%	9%	-3%	11%	9%	-2%
	Coastal	17%	19%	2%	16%	22%	6%
	Other	2%	2%	0%	16%	22%	6%

**The total is not a direct sum of the averages above it. The averages are calculated separately. Source: Monterey County Behavioral Health, Avatar Data FY 2020-21, FY 2019-20 data.*

Table 2.5: Monterey Medi-Cal Enrollees and MCBH Beneficiaries Served by Age and Race/Ethnicity in FY 20/21 & FY19/20										
Race/Ethnicity	Monterey Medi-Cal Enrollees and MCBH Beneficiaries FY 20/21					Monterey Medi-Cal Enrollees and MCBH Beneficiaries FY 19/20				
	*Average Medi-Cal Enrollees**	*% Enrolled*	*Unduplicated MCBH Beneficiaries*	*% Served*	***Service Utilization Differences***	*Average Medi-Cal Enrollees**	*% Enrolled*	*Unduplicated MCBH Beneficiaries*	*% Served*	*Service Utilization Differences*
Age-Group 0-5 (totals)	**20851**	**100%**	**287**	**100%**		**11770**	**100%**	**413**	**100%**	
White	784	4%	14	5%	1%	653	6%	28	7%	1%
Hispanic/Latino	14426	69%	151	53%	**-16%**	10600	90%	260	63%	**-27%**
African American	106	1%	12	4%	3%	107	1%	27	7%	6%
Asian/Pacific Islander	214	1%	4	1%	0%	168	1%	6	1%	0%
Native American	4	0%	0	0%	0%	3	0%	0	0%	0%
Other	5317	25%	106	37%	12%	239	2%	92	22%	20%
Age-Group 6-15 (totals)	**40326**	**100%**	**1941**	**100%**		**39450**	**100%**	**2496**	**100%**	
White	1920	5%	183	9%	5%	2091	5%	241	10%	4%
Hispanic/Latino	34572	86%	1206	62%	**-24%**	36016	91%	1598	64%	**-27%**
African American	320	1%	50	3%	2%	384	1%	69	3%	2%
Asian/Pacific Islander	553	1%	28	1%	0%	670	2%	36	1%	0%
Native American	11	0%	12	1%	1%	15	0%	22	1%	1%
Other	2950	7%	462	24%	16%	274	1%	530	21%	21%
Age-Group 16-25 (totals)	**31059**	**100%**	**1879**	**100%**		**28978**	**100%**	**1970**	**100%**	
White	1975	6%	184	10%	3%	2132	7%	203	10%	3%
Hispanic/Latino	26154	84%	1247	66%	**-18%**	25376	88%	1351	69%	**-19%**
African American	376	1%	46	2%	1%	414	1%	68	3%	2%
Asian/Pacific Islander	688	2%	41	2%	0%	711	2%	45	2%	0%
Native American	25	0%	9	1%	0%	35	0%	10	1%	0%
Other	1841	6%	352	19%	13%	310	1%	293	15%	14%

Table 2.5: Monterey Medi-Cal Enrollees and MCBH Beneficiaries Served by Age and Race/Ethnicity in FY 20/21 & FY19/20 (continued)										
	Monterey Medi-Cal Enrollees and MCBH Beneficiaries Served by Racial/Ethnicity and Age in FY 20/21					Monterey Medi-Cal Enrollees and Beneficiaries Served by Racial/Ethnicity and Age in FY 19/20				
Race/Ethnicity	*Average Medi-Cal Enrollees**	*% Enrolled*	*Unduplicated MCBH Beneficiaries*	*% Served*	*Service Utilization Differences*	*Average Medi-Cal Enrollees**	*% Enrolled*	*Unduplicated MCBH Beneficiaries*	*% Served*	*Service Utilization Differences*
Age-Group 26 -59 (totals)	**72280**	**100%**	**3845**	**100%**		**70393**	**100%**	**3989**	**100%**	
White	8960	12%	945	25%	12%	9947	14%	1048	26%	12%
Hispanic/Latino	55084	76%	1966	51%	-25%	55606	79%	2011	50%	-29%
African American	1283	2%	193	5%	3%	1470	2%	210	5%	3%
Asian/Pacific Islander	2227	3%	131	3%	0%	2315	3%	157	4%	1%
Native American	100	0%	28	1%	1%	114	0%	37	1%	1%
Other	4626	6%	582	15%	9%	941	1%	526	13%	12%
Age-Group 60 + (totals)	**19215**	**100%**	**340**	**100%**	**0%**	**17965**	**100%**	**323**	**100%**	
White	3776	20%	135	40%	20%	4259	24%	130	40%	17%
Hispanic/Latino	11184	58%	124	37%	-22%	11226	62%	126	39%	-23%
African American	464	2%	21	6%	4%	497	3%	22	7%	4%
Asian/Pacific Islander	1589	8%	16	5%	-4%	1670	9%	12	4%	-6%
Native American	38	0%	3	1%	1%	36	0%	1	0%	0%
Other	2164	11%	41	12%	1%	277	2%	32	10%	8%

The total is not a direct sum of the averages above it. The averages are calculated separately. Source: Monterey County MHP FY 19/20. Monterey County Behavioral Health, Avatar Data FY 2019-21.* **Note: Objectives for these defined disparities will be identified in Criterion 3, Section III.

Table 2.6: Service Gap* FY 20/21 based on age group, region of residence and race/ethnicity							
Region	**White**	**Hispanic/Latinx**	**African American**	**Asian/Pacific Islander**	**American Indian**	**Other**	**Total**
0-5 years	**1%**	**-17%**	**4%**	**0%**	**0%**	**11%**	**0%**
Salinas Valley	1%	-22%	4%	1%	0%	16%	0%
South County	-2%	-8%	4%	0%	0%	7%	0%
North County	-1%	-2%	4%	-1%	0%	0%	0%
Coastal	7%	-21%	0%	1%	0%	13%	0%
Other	-7%	-11%	9%	-1%	0%	10%	0%
6-15 years	**5%**	**-24%**	**2%**	**0%**	**1%**	**16%**	**0%**
Salinas Valley	3%	-29%	1%	1%	1%	23%	0%
South County	4%	-13%	2%	0%	0%	6%	0%
North County	8%	-25%	2%	-1%	1%	15%	0%
Coastal	8%	-27%	4%	-2%	0%	17%	0%
Other	7%	-34%	7%	1%	-1%	19%	0%
16-25 years	**3%**	**-18%**	**1%**	**0%**	**0%**	**13%**	**0%**
Salinas Valley	3%	-22%	1%	0%	0%	17%	0%
South County	3%	-8%	0%	0%	0%	5%	0%
North County	4%	-25%	1%	1%	1%	19%	0%
Coastal	4%	-18%	5%	-2%	0%	10%	0%
Other	18%	-20%	3%	-1%	0%	0%	0%
26-59 years	**12%**	**-25%**	**3%**	**0%**	**1%**	**9%**	**0%**
Salinas Valley	15%	-29%	3%	0%	1%	10%	0%
South County	5%	-12%	1%	1%	0%	5%	0%
North County	12%	-28%	1%	2%	1%	13%	0%
Coastal	9%	-20%	5%	-2%	1%	7%	0%
Other	14%	-21%	4%	-1%	0%	4%	0%
60+ years	**20%**	**-22%**	**4%**	**-4%**	**1%**	**1%**	**0%**
Salinas Valley	24%	-30%	4%	-3%	0%	4%	0%
South County	12%	-9%	2%	-2%	0%	**-3%**	0%
North County	33%	-34%	-1%	-5%	0%	8%	0%
Coastal	10%	-1%	3%	-7%	2%	**-7%**	0%
Other	25%	-33%	19%	-8%	0%	**-3%**	0%

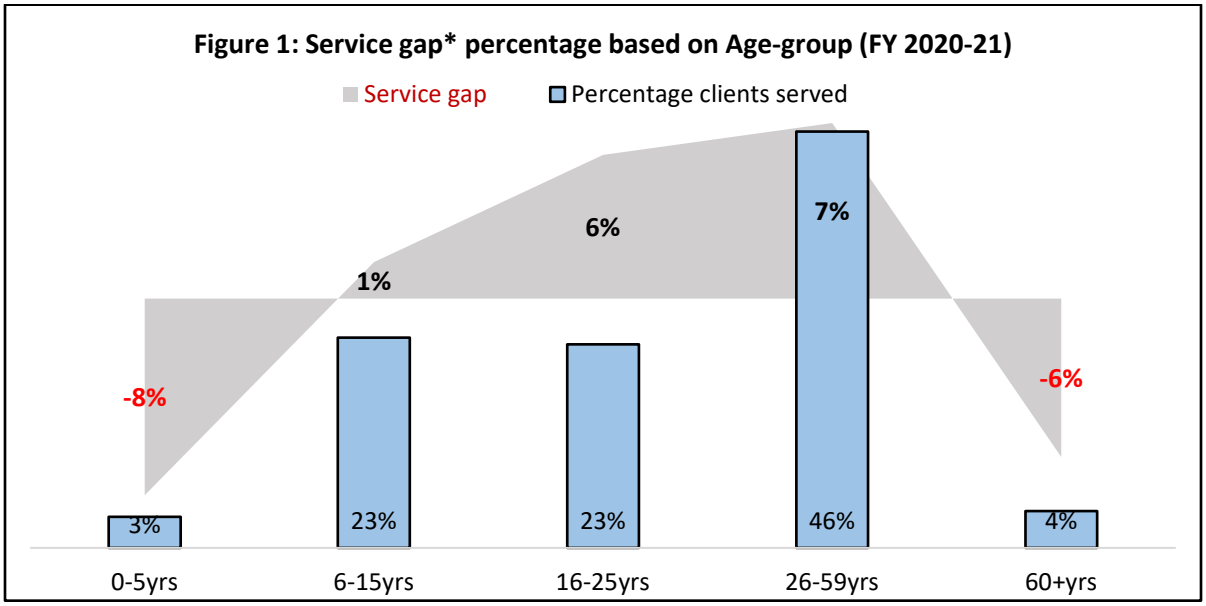
*Service Gap is defined as the difference in percentage distribution of BH clients served and percentage distribution of average Medi-Cal enrollees in the same fiscal year.

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

MCBH served about 8,292 Medi-Cal eligible beneficiaries in fiscal year 2020-21 (FY 20/21). Table 2.3 provides the socio-demographic data of all the beneficiaries served in FY 2020-21 based on their primary diagnostic groups- Mental health disorders and Substance use disorders.

Age distribution:

The average age of Medi-Cal beneficiaries served in MCBH is 28 years. The percentage age-group distribution in FY 20/21 when compared to that of the Medi-Cal eligible population of Monterey county showed gaps in services to individuals under 5 years old and above 60 years old. (Figure 1). The average age of Hispanic/Latino beneficiaries is significantly lower than the average age of Non-Hispanic/Latino beneficiaries by 5 years. The service gap analysis among our beneficiaries shows that even though the older adults receive 70% more number of services than those less than 26 years, MCBH is underserving the older adult population by 6%.



*Service Gap is defined as the difference in percentage distribution of BH beneficiaries served and percentage distribution of average Medi-Cal enrollees in the same fiscal year.

Under 5 years age-group:

- Total number of beneficiaries served: 287
- Female MCBH Beneficiaries percentage: 40%
- Under-serving Female beneficiaries by 10 percentage points
- Preferred spoken language among MCBH Beneficiaries: 29% Spanish and 66% English
- Under-serving Spanish-speaking beneficiaries by 6 percentage points
- Percentage of Hispanic/Latino MCBH Beneficiaries: 69%
- Under-serving the Hispanic/Latino population by 16 percentage points
- Under-serving the Salinas Valley Region and South county region by 4% and 19%, respectively

6 - 15 years age-group:

- Total number of beneficiaries served: 1941
- Female MCBH Beneficiaries percentage: 48%
- Under-serving Female beneficiaries by 1 percentage point
- Preferred spoken language among MCBH Beneficiaries: 20% Spanish and 77% English
- Under-serving Spanish-speaking beneficiaries by 14 percentage points
- Percentage of Hispanic/Latino MCBH Beneficiaries: 62%
- Under-serving the Hispanic/Latino population by 24 percentage points
- Under-serving the Salinas Valley and North County Regions by 5% and 1%, respectively

16-25 years age-group:

- Total number of beneficiaries served: 1879
- Female MCBH Beneficiaries percentage: 54%
- Under-serving Female beneficiaries by 1 percentage points
- Preferred spoken language among MCBH Beneficiaries: 8% Spanish and 89% English
- Under-serving Spanish-speaking beneficiaries by 37 percentage points
- Percentage of Hispanic/Latino MCBH Beneficiaries: 66%
- Under-serving the Hispanic/Latino population by 18 percentage points
- Under-serving the North County Region and Salinas Valley region by 4% and 1%, respectively

26-59 years age-group:

- Total number of beneficiaries served: 3845
- Female MCBH Beneficiaries percentage: 55%
- Under-serving Female beneficiaries by 3 percentage point
- Preferred spoken language among MCBH Beneficiaries: 15% Spanish and 82% English
- Under-serving Spanish-speaking beneficiaries by 33 percentage points
- Percentage of Hispanic/Latino MCBH Beneficiaries: 51%
- Under-serving the Hispanic/Latino population by 25 percentage points
- Under-serving the South county by 1%, Salinas valley region by 1%, and North County by 3%

60+ years age-group:

- Total number of beneficiaries served: 340
- Female MCBH Beneficiaries percentage: 60%
- Under-serving Female beneficiaries by 6 percentage points
- Preferred spoken language among MCBH Beneficiaries: 18% Spanish and 78% English
- Under-serving Spanish-speaking beneficiaries by 19 percentage points
- Percentage of Hispanic/Latino MCBH Beneficiaries: 37%
- Under-serving the Hispanic/Latino population by 22%, and Asian/Pacific Islander by 4%
- Under-serving the South county by 4%, and North County regions by 4%

GENDER:
Approximately 52% of our beneficiaries are Females. The average cost of service per beneficiaries was approximately $1,075 less for female beneficiaries compared to male beneficiaries in FY 20/21. There was a statistically significant decrease in overall service utilization among women beneficiaries compared to male. Female beneficiaries are engaged more in the short-term care via Access to treatment programs and more male beneficiaries were enrolled in the high-cost long term care.

RACE/ETHNICITY:
57% of the Medi-Cal eligible MCBH beneficiaries were Hispanic/Latino in FY 20/21. MCBH is under-serving the Hispanic/Latino population by 20% and Asian / Pacific Islander population by 2%. This gap has widened by 6% for Hispanic/Latino Medi-Cal beneficiaries since FY 18/19. The age-adjusted average number of services per Hispanic/Latino beneficiaries is 50% lower than those availed by Caucasian/ White beneficiaries. The age-adjusted average cost of service per beneficiaries is 30% lower (approx. $3,500) among Hispanic/ Latino beneficiaries compared to Caucasian/ Whites beneficiaries.

PREFERRED SPOKEN BENEFICIARIES' LANGUAGE:
15 percent of beneficiaries indicated they prefer Spanish as their Preferred spoken language. We have observed a service gap of about 26% among Spanish speaking beneficiaries. In FY 19/20, 95% of the beneficiaries were matched to clinicians who spoke/understood the beneficiaries' language. Compared to English speaking beneficiaries, the Spanish speaking beneficiaries had 47% lower (approximately $3,900) average cost of service per beneficiaries and other non-English speakers had 73% lower (approximately $6,000) average cost of service per beneficiaries. There was also significant lower number of services among Spanish and other non-English speakers, compared to English speaking beneficiaries.

REGION OF BENEFICIARIES' RESIDENCE:
The county boundary is geographically divided into 4 different regions- Salinas Valley, South County, North County and Coastal Region. About 48% of our beneficiaries come from Salinas Valley Region, 22% from South County, 19% from Coastal Region and 9% from North County. Service gap has widened in Salinas valley region by 2% and in North County region by 2% in the last 3 years. Compared to those who reside in Salinas valley region, the South County residents received lower service value as well as average count of service per beneficiaries. Those residing in Coastal Region, received higher services as well as high-cost services per beneficiaries in FY 20/21.

III. 200% of Poverty (Minus Medi-Cal) Population and Service Needs.

A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).

Table 2.6: Percentage of Monterey County Residents Uninsured by Income Level in 2014*		
Federal Poverty Line (FPL)	Percentage	
Income levels	*Monterey County*	*California*
All income level	*21.70*	*17.30*
At or below 138% FPL	*33.90*	*30.40*
At or below 200% FPL	*33.30*	*29.90*
At or below 250% FPL	*31.80*	*28.70*
At or below 400% FPL	*27.90*	*24.60*
Average FPL between 138% and 400%	*24.5*	*21.3*

**Note: Most current year for these data. Source: Open Data Network. Retrieved* HERE

Table 2.7: Percentage of Medi-Cal Eligible and Uninsured					
	Mental Health N=11,637 *	Substance Use Disorder N=1,519 *	Monterey County N=406,561 **	California N=37,551,064 **	United States N=309,082,272 **
Medi-Cal	75%	97%	40.1%	33.4%	20.75%
Uninsured	5%	2%	20.9%	16.7%	14.2%
MediCare B	15%				

*Source: *Monterey County Behavioral Health, Data Driven Decisions, D3, FY20/21. **Medi-Cal Statistics from California Department of Health Care Services (2016), September 2015 data.*

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

During FY 20/21, 11,637 individuals were served in Behavioral Health programs of which 75% had Medi-Cal as their primary insurance, 15% had Medicare B, 4% had private insurance and 5% were uninsured. (see Table 2.7 above). Additionally, Substance Use Disorder programs served 1,519 individuals out of which 97% of the individuals who were served identified Medi-Cal as their primary insurance, 1% private insurance, and 2% uninsured (see Table 2.7 above). While MCBH currently does not have a system to distinguish between beneficiaries who fall under the 200% FPL compared to those who do not, there are about one-third of Monterey County residents living at or below 200% FPL and about one quarter living at or below 400% FPL, therefore

there is a strong probability that MCBH is a safety net for residents living at or under the poverty level (at any level).

2015 Monterey County data suggest 41.9% of residents were at or below 200% the Federal Poverty Level (FPL), compared to 36.7% of CA residents and 34.5% of the US population. Comparing across the four poverty level lines of 138%-400%, data suggests, that on average Monterey County residents are about 3% higher in each category compared to that of the State. Source. The total poverty rate in Monterey County is 15%, with 22% of all children in Monterey County living below the poverty level. The latest Monterey County Homeless Census conducted by Applied Survey Research found there are approximately 2,422 individuals who are homeless in the County.

MHSA Community Service and Supports (CSS) population assessment and service needs.

Table 2.8 Monterey County Mental Health Services Act (MHSA) Community Services & Supports (CSS) FY 2020-21				
Strategy in FY21-23 Three Year Plan		**Program**	**Total Count of Clients**	**% of Strategy group**
CSS-01	**Early Childhood & Family Stability FSP**	CS Family Preservation	13	11%
		CS Salinas Home Partners	13	11%
		CS Family Reunification FSP	15	12%
		Kinship Adoption FSP Seneca	48	39%
		Kinship Center Seneca First Five Trauma	1	1%
		Kinship Center Seneca FSP King City	33	27%
		Strategy Total	**123**	100%
CSS-02	**Dual Diagnosis FSP**	DTH Co-occurring Disorder SD	73	63%
		DTH Co-occurring Disorder FSP	19	17%
		DTH Santa Lucia	23	20%
		Strategy Total	**115**	100%
CSS-03	***Deactivated in FY21***			
CSS-04	**Transition Age Youth FSP**	CS MHSA TIP AVANZA FSP	275	100%
CSS-05	**Adults with SMI FSP**	Interim Assertive Comm Treat FSP	63	100%
CSS-06	**Older Adults FSP**	AS Older Adult FSP	10	29%
		Drake House MHSA MHS FSP	25	71%
		Strategy Total	**35**	100%
CSS-07	**Access Regional Services**	Access Navigator Salinas	1	0.01%
		Access Navigator Soledad	2	0.03%
		Access Promotores	18	0.25%
		Access to Treatment Coastal Region	891	12.53%
		Access to Treatment King City	658	9.25%
		Access to Treatment Salinas	2,779	39.09%
		Access to Treatment Soledad	829	11.66%
		Access CalWORKS	368	5.18%
		Access Medication Support	79	1.11%
		Access MHSA Clinic Integration	19	0.27%

		Access to Treatment GAP Services	170	2.39%
		Access AB 109	249	3.50%
		Access Probation	162	2.28%
		CHS South County	98	1.38%
		USC Telehealth	128	1.80%
		CHS Family Counseling Salinas	308	4.33%
		CHS Family Counseling Seaside	160	2.25%
		Interim Inc. OMNI Resource Center	191	2.69%
		Strategy Total	**7,110**	100.00%
CSS-08	**Early Childhood Mental Health**	DTH MCSTART	28	24.56%
		DTH MCSTART 6-11	13	11.40%
		DTH MCSTART 6-11 DSES	1	0.88%
		CS Secure Families	72	63.16%
		Strategy Total	**114**	100.00%
CSS-09	***Deactivated in FY21***			
CSS-10	**Supported Services to Adults with SMI**	Central Coast Center for Independent Living*	324	93%
		Interim Wellness Navigator - Marina	11	3%
		Interim Wellness Navigator - Salinas	15	4%
		Strategy Total	**350**	100%
CSS-11	**Dual Diagnosis Services**	Interim Co-occurring Integrated Care	106	100%
CSS-12	***Deactivated in FY21***			
CSS-13	**Justice Involved FSP**	CS JJ CALA MH Court FSP	14	13%
		CS JJ CALA MH Court SD	13	13%
		CS JJ JSORT	51	49%
		AS Creating New Choices FSP	26	25%
		Strategy Total	**104**	100%
CSS-14	**Homeless Services & Supports**	Interim MHSA Homeless FSP	113	72%
		Interim MHSA Lupine Garden FSP	21	13%
		Interim Sunflower Garden FSP	24	15%
		Strategy Total	**158**	100%
CSS-15	**Homeless Services & Supports**	Interim Rockrose Gardens	22	35%
		Interim McHome Outreach	40	65%
		Strategy Total	**62**	100%
CSS-16	**Responsive Crisis Interventions**	CS Archer Child Advocacy Center	255	80%
		Mobile Crisis (County Operated)	64	20%
		Strategy Total	**319**	100%
	GRAND TOTAL ALL PROGRAMS		**8,934**	100%

Monterey County Mental Health Services Act (MHSA)		
Community Services & Supports (CSS) FY 2020-21		
Race/Ethnicity	# Clients	% of Total
Latino / Hispanic	4642	52%
White	1579	18%
African American	327	4%
Asian / Pacific Islander	242	3%
Other	2144	24%
Gender	**# Clients**	**% of Total**
Female	5221	58%
Male	3713	42%
Language Preference	**# Clients**	**% of Total**
English	6977	78%
Spanish	1522	17%
Other	436	5%
Region of Residence	**# Clients**	**% of Total**
Coastal	1660	19%
North County	738	8%
Salinas Valley	4335	49%
South County	1995	22%
Other Region	205	2%
Insurance	**# Clients**	**% of Total**
Medi-Cal	3268	37%
Medi-Care B	1261	14%
Private Insurance	1159	13%
Self-Pay	3092	35%
Others	154	2%

The County shall include the following in the CCPR:

A. From the county's approved CSS plan, extract a copy of the population assessment. If updates have been made to this assessment, please include the updates. Summarize the population and client utilization data by race, ethnicity, language, age and gender (other social/cultural groups may be addressed as data as available and collected locally).

See Tables 2.8-2.9 above

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

In FY 20/21, 8,934 individuals were served in our MHSA Community Services & Supports programs. Overall, 52% clients were Hispanic/Latino, 58% were Female, 78% chose English as their preferred language in which to receive services, and 22% were residents of our South County region. At the time of entry into services, 37% of clients were enrolled in Medi-Cal; 13% had private insurance and 14% were covered by Medicare Part B; and 35% used self-pay option as they were probably uninsured. Our Access Regional Services, consisting of county-operated clinics in King City, Marina, Salinas and Soledad as well as services provided by community-based agencies, served 7,110 clients. 70% of all CSS program clients belonged to Access Regional Services. This program has increased its capacity by 23% in the last one year. In the last 10 years, the percentage of Hispanic clients served has increased by 12%.

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

The County shall include the following in the CCPR:

A. Which PEI priority population(s) did the county identify in their plan? The county could choose from the following six PEI priority populations:

1. **Underserved cultural populations**
2. **Individuals experiencing onset of serious psychiatric illness**
3. **Children/youth in stressed families**
4. **Trauma-exposed**
5. **Children/youth at risk of school failure**
6. **Children/youth at risk or experience juvenile justice involvement**

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

MCBH is following the recommendations of the Mental Health Services Oversight and Accountability Commission (MHSOAC) to implement services that promote wellness, foster health, and prevent the suffering that can result from an untreated mental illness. The current organizing framework from the MHSOAC includes the following service categories: 1) Prevention, 2) Early Intervention, 3) Stigma and discrimination reduction, 4) Recognizing early signs of mental illness, 5) Promoting greater access and linkage to treatment, and 6) Suicide prevention. All programs employ strategies for promoting access and linkage to treatment, improving timely access to services for underserved populations, and utilizing non-stigmatizing and non-discriminatory practices. These categories and strategies align with Mental Health Services Oversight and Accountability Commission (MHSOAC) requirements of 2018 and can be found HERE.

Based on data for Monterey County as described throughout Criterion 2, in FY20-21 MCBH prioritized two underserved populations as priority populations for PEI funded programs and services: 1) Medi-Cal eligible Latinos and 2) all residents living in the Northern Region of Monterey County. Other priority populations include transition age and college age youth, older adults, African Americans, individuals who are at risk of suicide, individuals who are experiencing early psychosis disorders and reducing childhood exposures to trauma in alignment with SB 1004 which identifies priority populations for PEI. MCBH PEI funded programs have been

developed to address disparities in these specific populations and can be referenced in the MHSA FY 21-23 Three-year Program and Expenditure Plan found HERE.

For additional PEI related programming and data, the Monterey County Prevention and Early Intervention FY 19/20 Program Overview and Data Summary can be accessed HERE, showing demographics and data from the PEI funded services that have been implemented to address disparities. The final report on PEI funded programs for FY 20/21 will be available in accordance with state deadlines and regulations.

CRITERION 3: COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL AND LINGUISTIC MENTAL HEALTH DISPARITIES

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

The County shall include the following in the CCPR:

- **Medi-Cal population**
- **Community Services Support (CSS) population. Full-Service Partnership population**
- **Workforce, Education, and Training (WET) population; Target to grow a multicultural workforce**
- **Prevention and Early Intervention (PEI) priority populations: These population are county identified from the six PEI priority populations**

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

When examining disparities in the Medi-Cal population based upon race, ethnicity and age (see Tables 2.4-2.5), we find disparities in numbers of Latinx individuals served in every age group with Latinx individuals between the ages of 26-59 having the largest disparate gap of 25%, followed by the 6-15 age range which had a disparate gap of 24%, Latinx individuals age 60+ had a disparate gap of 22%, individuals age 16-25 had a disparate gap of 18%, and the 0-5 age range had a disparate gap of 17%. Asian Pacific Islanders age 60+ had a disparate gap of 4%.

In regard to regional equity, MCBH breaks down the Medi-Cal population by ethnicity and region, as part of aligning services with the needs of this population. Medi-Cal beneficiaries eligible for mental health services are primarily Latinx, located predominately in the Salinas Valley region of Monterey County. 50% of the Medi-Cal population resides in the Salinas Valley, 17% in the Coastal Region, 12% in the North County region, 19% in the South County region, and 2% in other areas. Table 3.1 below shows that the MCBH has made improvements in decreasing the disparate service provision that has historically occurred in the South County region and highlights the disparate service provision in FY 20/21 for the North County region.

Table 3.1: Monterey Medi-Cal Enrollees and MCBH Beneficiaries Served in FY20/21 by Region

Region	% Enrolled in Medi- Cal	% Served at MCMCBH	Service Gap
Salinas	50%	48%	-2%
South County	19%	22%	+3%
North County	12%	9%	-3%
Coastal	17%	19%	+2%

- **Workforce, Education, and Training (WET) population; Target to grow a multicultural workforce**

MCBH has exhausted the initial allocation of WET and submitted the workforce assessment in prior CCPR. MCBH transferred funding from CSS, as allowed in regulations, to address WET needs beginning in FY 19/20. MCBH also participates in the regional WET partnerships. For reference, the FY 2020/21 - FY 2022/23 MHSA 3-YEAR PROGRAM & EXPENDITURE PLAN can be found HERE. The MCBH has a full-time training manager who oversees efforts to grow our multicultural workforce, retention and training efforts for our staff and to the extent that we have capacity, our contract providers. This will be more fully described in Criterion(s) 5 and 6.

- **Prevention and Early Intervention (PEI) priority populations: These population are county identified from the six PEI priority populations**

MCBH is following the recommendations of the Mental Health Services Oversight and Accountability Commission (MHSOAC) to implement services that promote wellness, foster health, and prevent the suffering that can result from an untreated mental illness. The current organizing framework from the MHSOAC includes the following service categories: 1) Prevention, 2) Early Intervention, 3) Stigma and discrimination reduction, 4) Recognizing early signs of mental illness, and 5) Promoting greater access and linkage to treatment and 6) Suicide prevention. All programs employ strategies for promoting access and linkage to treatment, improving timely access to services for underserved populations, and utilizing non-stigmatizing and non-discriminatory practices.

Individuals who are not likely to seek services because of ethnicity, race, sexual orientation or stigma represent unserved or underserved cultural populations. As noted previously due to disparities and inequities, in Monterey County the priority populations include Spanish-speaking Latinos and individuals residing in North Monterey County. Other priority populations include transition age and college age youth, older adults, African Americans, individuals who are at risk of suicide, individuals who are experiencing early psychosis disorders and reducing childhood exposures to trauma in alignment with SB 1004 which identifies priority populations for PEI. MCBH PEI funded programs have been developed to address disparities in these specific populations and can be referenced in the MHSA FY 21-23 Three-year Program and Expenditure Plan found HERE.

II. Identified disparities (within target populations)

The county shall include the following in the CCPR:

A. List disparities from the above identified populations with disparities (within Medi-Cal, CSS, WET and PEI's priority/target populations)

Upon reviewing the data, it is recommended that MCBH focus on disparities that exist within populations based upon region of residence (North County), age (26-59-year-olds), race and ethnicity (Latinx) as discussed above.

III. Identified strategies/objectives/actions/timelines

The county shall include the following in the CCPR:

A. List the strategies identified in CSS, WET, and PEI plans, for reducing the disparities identified.

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

i. **Medi-Cal population**
ii. **200% of poverty population**
iii. **MHSA/CSS population**
iv. **PEI priority population(s)**

MCBH's focus is to improve racial and regional health equity for Monterey County residents. Strategies to reduce disparities are consistent across priority populations and categories identified in Criterion 3, III A & B.

The Health Department and stakeholder efforts have focused on expanding Medi-Cal coverage for eligible Monterey County residents. The expansion of coverage creates additional eligible beneficiaries; giving MCBH access to serve even more individuals. Some of the strategies designed to engage and serve this population, along with Monterey County residents in need of Behavioral Health care, are stated below.

Strategies to address regional disparities:

- To target hard-to-reach areas of the County, such as the South County region, MCBH prioritized hiring staff for the South County region and MCBH increased use of Telehealth and offers space in the MCBH clinics for clients to utilize necessary technology and ensure privacy/confidentiality for therapeutic sessions.
- MCBH will examine capacity of current workforce to identify strategies for decreasing the disparity for North Monterey County residents and may utilize Telehealth as a strategy that has proven successful in assisting South County residents to access services.
- All four regional MCBH Access clinics have walk-in hours and people can receive same day services, although this has been modified as needed to meet health and safety guidelines due to the COVID-19 pandemic, all regional Access clinics remain open for walk-in services to address needs.

Strategies to increase access and engagement in services for Hispanics and Latinos:

- MCBH has developed relationships with community organizations that employ Promotoras and Community Health Workers (CHWS). In FY 20/21 MCBH partnered with the Monterey County Health Department and CHWS from several agencies to distribute bilingual materials on MCBH programs and psycho-educational literature to increase community awareness of mental health conditions and how to access services. This resulted in an increase in Hispanic and Latino residents reaching out to MCBH for assistance with mental health needs.
- In FY 20/21, MCBH increased the contracted amount for the Center for Community Advocacy (CCA) in outreach and engagement efforts for Latino communities in underserved regions of the County. CCA utilizes Promotoras to reach Spanish speaking Latino community members who need mental health services.
- MCBH continues to contract with Interim Inc. to provide comprehensive therapeutic services for Latinos living in the Salinas and South County regions through the Assertive Community Treatment (ACT) program for adults with Serious Mental Illness.

Strategies to address mental health needs of children, youth, and families:

- MCBH has hired additional staff to expand services to children/youth and their families in school settings in collaboration with school districts county-wide. This strategy reduces barriers to care including transportation, childcare, and scheduling for working parents/caregivers. These barriers disproportionately impact families with

parents/caregivers who work in agriculture and in Monterey County agricultural workers are predominately Latino.

- MCBH entered into contract with a community agency to provide a Mobile Response Team (MRT) for all children and youth in Monterey County who have Medi-Cal or are uninsured. The MRT provides 24/7 crisis counseling to the child/youth and their caregiver(s) to stabilize crises and help maintain children/youth in the least restrictive environment. The child/youth and family are linked to appropriate mental health treatment as needed. Services are available in English and Spanish.

Strategies to address substance use disorder service needs:

- Substance-use-disorder services are available through the Drug Medi-Cal Organized Delivery System (DMC-ODS) and are integrated into MCBH's organizational structure through Access and contracted service providers.
- MCBH Children's System of Care is participating in the Effective Child Welfare and Justice Systems for Families Impacted by Opioid and/or Stimulant Use: A Learning Collaborative through California Department of Health Care Services Medication Assisted Treatment Expansion. By participating in this Learning Collaborative, Monterey County hopes to create an inter-agency strategic plan for an effective coordinated level of care system for substance use disorder treatment for youth and their families.

Strategies to provide comprehensive care for clients served in the Adult System of Care:

- MCBH has implemented a very successful system transformation known as Reaching Recovery and began this process in 2018. (For more on the implementation of this model, visit our Quality Improvement Website HERE.) In FY 20/21, MCBH transitioned clients served in Levels 1 and 2 of this model to be in Full Service Partnerships so that clients needing higher levels of care would have access to "whatever it takes" to recover and live healthy lives with their mental health condition.

To identify strategies for addressing disparities MCBH utilizes the Community Program Planning Process (CPPP) for the Mental Health Services Ac (MHSA). MCBH conducted an in-depth Community Program Planning Process for the development of the MHSA FY 21-23 Three-year Program and Expenditure Plan, and this is used as the foundation for informing the Bureau's strategies to address inequities and disparities. The following describes the details of this process with the addition of the CPPP for FY 20/21.

In FY 19/20, MCBH engaged in a robust CPPP using multiple approaches to ensure that residents could share input and feedback to guide the development of the MHSA FY21-23 Three-Year Program and Expenditure Plan. MCBH adopted two primary strategies which included in-person Community Engagement Sessions and a Needs Assessment conducted via surveys of providers and community members. In FY 20/21, MCBH conducted the CPPP utilizing two distinct approaches to ensure that residents could provide input and feedback to guide the development of the draft MHSA FY22 Annual Update. A Needs Assessment was conducted via on-line surveys of providers and community members/residents and was supplemented with Key Stakeholder Interviews to further inform and validate the data collected in the survey process.

MCBH utilized the feedback and input from the CPPP to develop strategies to reduce disparities and increase equity that make sense for diverse community residents. The MHSA funded programs have been developed to address disparities in priority populations that have been identified by the State and based upon local data for the

CSS and PEI populations. These strategies can be referenced in the MHSA FY 21-23 Three-year Program and Expenditure Plan found HERE and updated strategies for the MHSA FY 2021/2022 Annual Update can be found HERE.

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

The county shall include the following in the CCPR:

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

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

Through the MHSA Innovation (INN) component, MCBH continued to offer a funding opportunity for one-time projects designed to increase the engagement of Latino communities with our local mental health services system. For several years, health record data for Monterey County has indicated Latino communities to be the most underserved in our county. Extensive community feedback has indicated this may be due to current services not resonating with the various Latino ethnicities, languages and dialects, and cultural norms that exist across our large county. In response to this feedback, MCBH has obtained approval from the MHSOAC to utilize INN funding to support individuals and organizations across Monterey County to try out unique approaches to promoting mental health services in ways that better reach their Latino ethnicity, culture, language, city, neighborhood, etc. As a result, it is hoped that more culturally appropriate and impactful mental health service delivery and communication methods will be uncovered. The first application period began in March 2019, the second occurred in December 2019, with a final application period was announced in the early Summer of 2020. However, due to the widespread COVID-19 pandemic, the final application period has been postponed. MCBH will provide a final evaluation report on this Innovative project upon project completion. Information on Monterey County's MHSA INN projects can be found HERE.

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

The County shall include the following in the CCPR:

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

B. Discuss the mechanism(s) the county will have or has in place to measure and monitor the effect of the identified strategies, objectives, actions and timelines on reducing disparities identified in Section II of Criterion 3. Discuss what measures and activities the county uses to monitor the reduction or elimination of disparities.

All the programs mentioned above are currently operational. It is MCBH's intention to support ongoing efforts to reduce disparities among the vulnerable and underserved communities in Monterey County and to expand access them as resources allow.

MCBH's Quality Improvement department provides oversight and monitoring of data related to health equity and the Department of Health Care Services (DHCS) regulations pertaining to Medi-Cal beneficiaries.

MCBH's Quality Management statement is as follows:

Quality Management is a high priority in Monterey County. We value our community and the quality of service we provide. Quality Management is provided through a robust system comprised of multiple programs within our organization. Collectively, it is through these programs that we obtain information on quality of care, evaluation of current processes, and identification of areas for improvement. Using data to inform decision, we can make the necessary changes to meet the needs of our community. Quality Management ensures to meet all state, federal, and local level regulatory requirements.

MCBH monitors data on an ongoing basis and produces an annual comprehensive report titled "Data Driven Decisions" (D3), with reports starting in FY 2011/12 that can be found HERE. The Quality Assurance Manager in partnership with MCBH's epidemiologist regularly reviews county data to inform Performance Improvement Projects and to monitor MCBH's progress on reducing disparities based upon priority populations identified above. Programs report results of activities, both direct and through outreach, in their quarterly reports for MHSA PEI funded programs. The MCBH was recently introduced to reports available through Microsoft Power BI that will assist the MCBH in tracking service provision and utilization, among other key factors. The Health Equity and Cultural Competency Coordinator will work closely with the Avatar information technology staff to develop culturally competent-related benchmarks for programs, to ensure that measurable objectives are monitored on a regular basis.

C. Identify county technical assistance needs.

The County would benefit from technical assistance in developing strategic plans to measure and monitor the effect of identified strategies, objectives, actions and timelines for reducing disparities.

CRITERION 4: COUNTY MENTAL HEALTH SYSTEM CLIENT/FAMILY/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

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

The county shall include the following in the CCPR:

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

MCBH's committee that has fulfilled this role has been the Cultural Relevancy and Humility Committee (CRHC). The CRHC has been functioning for the past several years and has operated under the following mission statement: The mission of the CRHC is to support a holistic approach to bring equitable services to all community members in Monterey County through cultural humility awareness and education, with the end goal of all Monterey County residents having an equal opportunity to reach their full health potential.

In FY 19/20, MCBH began working with a consultant who has provided training in Monterey County on culturally and linguistically appropriate services (CLAS) in Behavioral Health, as well as participated in state and national efforts related to cultural competency, to engage in a process so that the CRHC could evolve and transition to a more diverse and robust committee that will lead MCBH in efforts to eliminate disparities. MCBH convened a Transition Team of MCBH staff, community members, clients and contract providers who met between the months of May-August 2020, along with the consultant, to examine the current organizational structure and the role of the CRHC in MCBH. Recommendations were made to increase diverse representation on the committee and to develop relationships with existing groups who represent the cultural and ethnic diversity of Monterey County. Additionally, MCBH committed to dedicating additional resources and staffing from Quality Assurance and MCBH leadership to assist with the development and implementation of a transparent and inclusive process for obtaining client, community, and staff input related to cultural competence planning, implementation, monitoring and evaluation.

In FY 20/21 the larger CRHC meetings resumed in October 2020 and due to Health Department and State guidelines related to the pandemic, the meetings are currently held virtually using Zoom video conferencing. Interpretation is available for individuals who need assistance due to language needs as meetings are facilitated in English. The CRHC continued to meet via Zoom teleconferencing monthly between October 2020 through July 2021. The meetings were facilitated by Dana Edgull, who is the Ethnic Services Manager.

The CRHC performed the following functions in FY 20/21:

1. Provides input and recommendations to MCBH on practices, policies and procedures that impact Behavioral Health care provided to Monterey County residents by MCBH and contracted providers.
2. Provides input and recommendations to MCBH on the Mental Health Services Act (MHSA) Community Program Planning Process (CPPP) and on ongoing MHSA initiatives, such as Innovations planning and implementation.
3. Provides recommendations to establish and implement a transparent and inclusive process for obtaining client/participant, community, and staff input related to cultural competence planning, implementation, monitoring and evaluation.

4. Reviews county data on services and outcomes for Monterey County residents served by MCBH and contracted providers to identify racial and ethnic disparities, along with inequities based upon an individual's personal identity and life experiences.
5. Provides recommendations to MCBH staff, including the Behavioral Health Director, in order to effectuate change to reduce and eliminate racial and ethnic disparities, along with inequities based upon an individual's personal identity and life experiences in Behavioral Health Care service delivery and client/participant outcomes. This includes the Training Plan for MCBH and contract providers.

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

The CRHC focused meeting agenda topics during FY 20/21 on how to increase representation and involvement on the CRHC from racial, ethnic and other cultural groups that have been historically underserved and inappropriately served in Behavioral Health care. Ideas were proposed for MCBH to build relationships with community leaders from Latino, African American and Asian American communities, along with additional cultural groups, such as the LGBTQ+ community. A plan was developed (see MCBH Health Equity Planning Timeline on following page) to create infrastructure and build relationships to support authentic community engagement and involvement with diverse community groups. These groups will be known as Health Equity Groups. The process will start with participation from MCBH staff who represent diverse perspectives on a Steering Committee (SC). The SC will partner with MCBH's Quality Improvement department to develop feedback processes and protocols so the CRHC and Health Equity Groups can be involved in meaningful ways in the functions listed above. This will coincide with an Organizational Assessment on Racial Equity that will be conducted by Dr. Kenneth Hardy of the Eikenberg Institute in 2022. The implementation of the Health Equity Planning Timeline is on hold due to limited staffing capacity and will resume when MCBH is able to hire a full time Ethnic Services Manager.

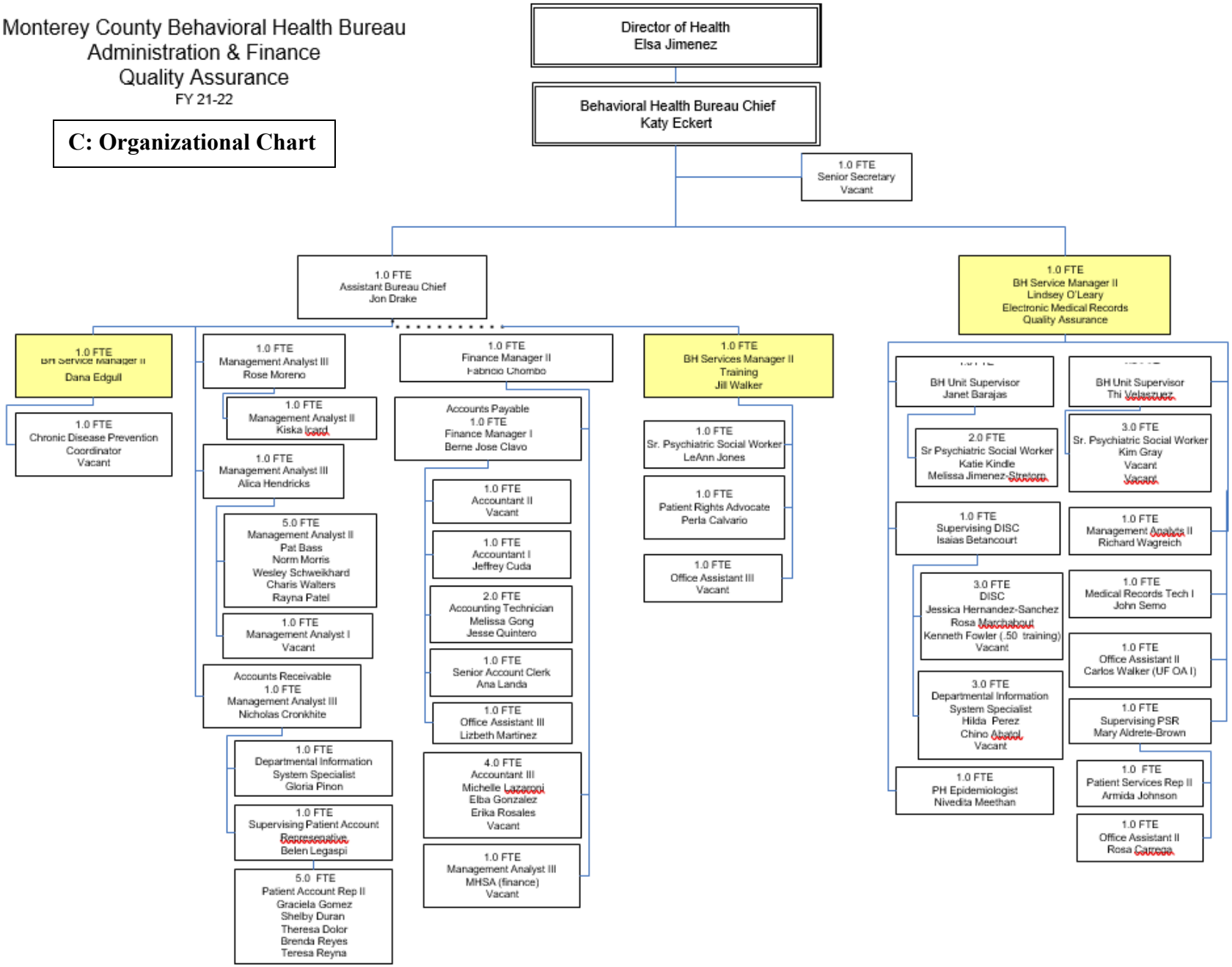
MCBH Health Equity Planning Timeline

November 2021	January 2022	March 2022	May 2022	June 2022
• Identify MCBH staff for Health Equity Steering Committee (SC) from diverse perspectives. For example: race, ethnicity, language, lived experience in BH services, gender, sexual orientation, sexual identity, veteran status, differently abled	• Form SC • SC creates initial Health Equity Action Plan for MCBH with QI • SC develops structure for CRHC and Quality Improvement processes • MCBH starts organizational assessment with Dr. Ken Hardy	• Identify areas of focus for Health Equity Groups • Conduct Resource Mapping of existing groups • Build relationships in community • Identify MCBH staff who can support each Health Equity Group	• Identify Health Equity Group Members for on-going Committee • Create meaningful feedback loops and identify ways for community members to be involved	• Committee meetings resume with new structure • Committee creates Vision, Mission and name for ongoing Committee

Currently contract providers who work with historically underserved communities are encouraged to participate in the CRHC and the membership from diverse contract providers increased in FY 20/21. Diverse representation on the committee is highly encouraged and the CRHC is continuously seeking to engage staff, community partners, consumers, family members and local activists to participate in the CRHC through presentations and email campaigns. One of the key functions of CRHC members is to support the expansion of the committee to include representation of unrepresented cultures and ethnic groups, and to encourage others to join the group to include fresh insights from the community. The roster list in Table 4.1 is inclusive of consumer and family members, community organizations, stakeholders, MCBH and Health department staff. Ms. Edgull, the Ethnic Services Manager sends calendar invites with time and Zoom video conferencing link to participants to ensure meeting participation.

Monterey County Behavioral Health Bureau
Administration & Finance
Quality Assurance
FY 21-22

C: Organizational Chart



D. Committee membership roster listing member affiliation if any:

Table 4.1 Cultural Relevancy and Humility Committee Roster		
Name	Organization	Affiliation or Role
Dana Edgull	MCBH	Acting Ethnic Services Manager
Katy Eckert	MCBH	Behavioral Health Director
Lindsey O'Leary	MCBH	Quality Improvement Manager
Jill Walker	MCBH	Training Manager
Nivedita Meethan	MCBH	Epidemiologist
Kacy Carr	MCBH	Access/Crisis Team Supervisor
Yvette Carreon	MCBH	Access Team Supervisor
Noemi Gomez	MCBH	Services to Education Supervisor
Yessica Rodriguez	MCBH	Children's System of Care
Marni Sandoval	MCBH	Deputy Director
Michael Lisman	MCBH	Deputy Director
Luis Saldana-Ruiz	MCBH	Adult System of Care
Alica Hendricks	MCBH	MHSA Coordinator
Relindis Diaz	MCBH	Children's System of Care
Raquel Morris	MCBH	Adult System of Care
Adriana Furuzawa	Felton Institute	Early Psychosis Division Director
Jacob Agamo	The Epicenter	Our Gente Coordinator
Sam Gomez	The Epicenter	Program Coordinator
Norma Ahedo	Center for Community Advocacy	Promotora
Kristine Edmunds	Center for Community Advocacy	Executive Director
Robin McCrae	Community Human Services	Executive Director
Kathryn Ramirez	Seniors Council	Program Director
Jean-Jacques Murphy	Department of Veterans Affairs	Veterans Services Representative
Julianne Leavy	Harmony at Home	Executive Director
Christina Wright	Harmony at Home	Program Manager
Teresa Sullivan	Alliance on Aging	Executive Director
Mel Mason	The Village Project	Executive Director
Justin Alnas	NAMI	Office Manager
Wes White	Community Enthusiast	Community Member
Maria Gurrola	California State Monterey Bay	Professor and Department Chair
Kontrena McPheter	OMNI Resource Center	Peer Outreach and Advocacy
Pamela Weston		Community Member

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

The county shall include the following in the CCPR:

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

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

Members of the CRHC provide input to support the integration of cultural competence in the local Behavioral Health Care service delivery system. The Committee receives reports from the Quality Assurance/Quality Improvement (QI) Program on an annual basis and reviews data each fiscal year that includes numbers of individuals served by race & ethnicity, gender and region to examine disparities based upon these demographics. Additionally, service trends, primary mental health and substance use disorder diagnoses and hospitalization rates are reviewed. This is an area that will be improved over the next reporting period.

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

QI team members are active CRHC members and regularly attend committee meetings. In these meetings, QI hears committee concerns and receives feedback as they share policy updates on QI activities. Ms. Edgull provides updates to the QI Committee as needed. Ms. Edgull is in regular contact with QI team members to report any committee members concerns or grievances.

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

During this past FY there were limited opportunities for the CRHC to be involved in the overall planning and implementation of services at the county. MCBH will be developing policies and procedures to ensure there is adequate opportunity with clear roles for the CRHC to be involved in planning and implementation of the Behavioral Health Care service delivery system. As MCBH is embarking on the implementation of California Advancing and Innovating Medi-Cal (CalAIM), we will look for ways the CRHC can be involved in the systemic transformation of the Medi-Cal Behavioral Health Delivery System.

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

The new MCBH Director, Katherine Eckert, has been involved with CRHC meetings and hears concerns directly from the Committee. Ms. Edgull reports to the Assistant Bureau Chief and brings forward concerns identified by the Committee in regularly held meetings with the MCBH executive staff which includes Ms. Eckert. Additional executive level staff have been recruited to participate in the Committee and actively participated in the Transition Team meetings described above. CRHC members attend the Behavioral Health Commission (BHC) meetings, which is comprised of executive BH staff. Concerns are brought forward during public comment to the BHC and key CRHC members discuss and report on Committee goals and progress.

5. Participate in and review county MHSA planning process;

In FY 19/20, the CRHC was actively involved with the Mental Health Services Act Community Program Planning Process (CPPP) for FY 2020/21 MHSA 3-Year Program & Expenditure Plan and is viewed as a critical partner. MHSA

reports and other documentation can be found here http://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health/mental-health-services-act.

In FY 20/21, CRHC members were recruited to participate in the CPPP for the Annual Update for the MHSA for FY 22 and assisted with planning and outreach for the CPPP. MCBH posted a presentation that was reviewed by the CRHC to inform the public of the CPPP and included an audio version on the website. Several members of the CRHC participated in the Key Stakeholder Interviews that informed the Annual Update for FY 22. To review the audio/visual aid for the CPPP and the finalized Annual Update for FY 22 which describes the CPPP please go to our website HERE.

Participates in and reviews county MHSA stakeholder process;

The CRHC provides input and review of the MHSA stakeholder process. For additional information on the CPPP for FY 2020/21 MHSA 3-Year Program & Expenditure Plan stakeholder process, see the final document HERE. For the FY 2021-22 MHSA Annual Update, see the final document HERE.

6. Participates in and reviews county MHSA plans for all MHSA components;

CRHC receives updates on the significant MHSA changes over the course of the plan's timeline. All CRHC members can participate and provide feedback during the MHSA plan's development. They are also able to ask questions and are notified of significant changes to MSHA. CRHC members are also encouraged to provide comments in oral or written form during the public comment period and are asked to invite other to do so as well.

In FY 20/21, CRHC members were invited to join a newly formed Innovations Advisory Committee that is being created to ensure Innovation projects through the MHSA are informed by diverse community needs, ideas and perspectives.

7. Participates in and reviews client developed programs (wellness, recovery, and peer support programs);

In FY 20/21, the CRHC worked in partnership with The Recovery Task Force (RTF), which is a client run committee that focuses on reducing stigma related to mental health and promoting recovery, to implement a community awareness event during suicide awareness month and community outreach throughout the year. The CRHC has several members from RTF that represent the peer and client perspectives and they share updates on client centered programming for input and collaboration. The CRHC is recruiting youth and family members to the Committee and in FY 20/21 have added members from a youth run community agency, The Epicenter. The Committee would like to expand its focus in this area for FY 21/22 and in future years.

8. Participates in revised CCPR (2010) development.

This is an area that is underdevelopment as MCBH is waiting to see the updated regulations that will be released from the Department of Health Care Services (DHCS). Additionally, issues resulting from the pandemic disrupted some regular CRHC meetings and MCBH focused capacity to update and evolve the CRHC to be a more inclusive and functional committee so it was difficult to fully involve the CRHC in the development of the CCPR. Committee members have been advised of the CCPR and will receive the finalized report. These issues continued to be the same in FY 20/21.

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

Like FY 19/20, in FY 20/21 Committee meetings were impacted due to the pandemic so the involvement with this current year's review process was minimal. As a reference, attendance lists and meeting notes reflecting participation are maintained for each meeting. In addition, CRHC members, who participate in a specific plan development or program, report the activity at the committee meetings. All meeting minutes and agendas are available during site visits and audits.

In addition to this process, MCBH plans to develop a policy that addresses the direct connection between the CRHC and the Bureau about the CCPR and will act in accordance with updated regulations.

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

1. **Detailed discussion of the goals and objectives of the committee;**
    a. **Were the goals and objectives met?**
        - **If yes, explain why the county considers them successful?**
        - **If no, what are the next steps?**
2. **Reviews and recommendations to county programs and services;**
3. **Goal of cultural competence plans;**
4. **Human resource report;**
5. **County organizational assessment;**
6. **Training plans; and**
7. **Other county actives, as necessary**.

As noted above, MCBH has had limited resources to dedicate to the CRHC. Beginning in FY 19/20, resources were diverted to operational functions to ensure MCBH could meet the critical needs of individuals and families with mental health needs. The County of Monterey is currently in a hiring freeze due to fiscal concerns and the full-time position for the Ethnic Services Manage is currently vacant. MCBH plans to hire for this position and hopes to fill by the end of FY 21/22. An annual report of the Cultural Competence Committee's activities is not available currently. Meeting agendas and minutes provide a record of the CRHC's activities for FY 20/21.

MCBH has developed a Health Equity Action Plan to create a more inclusive and effectively functioning Committee that is integrated into the above areas, including County organizational assessment, training plans and the development of the Cultural Competence Plan, that will be developed along new regulations from the DHCS. The Committee recommended that MCBH engage in an organizational assessment focused on racial equity. MCBH has entered into contract with The Eikenberg Institute and has started the initial phase of the organizational assessment. The CRHC will be actively involved with the assessment and review of recommendations to ensure MCBH implements necessary changes to address disparities and racial injustice that continues to impact Monterey County residents.

CRITERION 5: COUNTY MENTAL HEALTH SYSTEM CULTURALLY COMPETENT TRAINING ACTIVITIES

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

The county shall include the following in the CCPR:

A. The county shall develop a three-year training plan for required cultural competence training that includes the following:

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

MCBH requires that all staff members (i.e., clinical, clinical support, and administrative), take six hours of cultural competence training per year. Except for the Foundations in Cultural Competence course, which all staff are required to take once, staff members can take the class or classes of their choice to meet this requirement.

The Foundations course is a 6-hour, classroom-based course (now virtual), taught by Matthew R. Mock, Ph. D. The course supports MCBH's ability to productively address challenges related to cultural differences and develop ways to turn often difficult dialogues into ones that are informative, instructive, and ultimately helpful for all involved.

MCBH also provides and tracks cultural competence training for clinical and clinical-support staff who work for MCBH contract agencies. This includes approximately another 400 individuals.

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

MCBH's Training Manger has developed a cultural competence framework to guide the development and identification of training that qualifies for the 6-hour per year cultural competence requirement. Currently the focus is on classroom training; however, the Training Manager is developing a cultural competence consultation format that will support clinical service and a way to track staff participation in community activities that expose them to the cultural values and traditions of our citizenry, which will also count toward the requirement.

The cultural competence framework focuses on three areas:

1) Humility (Attitude)
2) Knowledge (Knowledge)
3) Responsiveness (Skills)

Compliance with the cultural competence requirement is managed using MCBH's learning management system, MyLearningPointe. Reports can be generated which track both MCBH and Contract staff attendance. MCBH will be moving to a new Learning Management System, NeoGov Learn, starting in January 2022.

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

The Training Manager has been intentional in incorporating cultural competence in MCBH training standards. One way this occurs is to ensure that all instructors are aware of the cultural backgrounds represented in Monterey County and the

clients MCBH serves. Such information includes statistics about racial, linguistic, socio-economic status, and common mental health diagnoses in our communities. With this knowledge, instructors can tailor their presentations.

The Training Manager also encourages instructors who teach clinical interventions (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavior Therapy) to present research about the effectives of their intervention with various cultural groups, including Latinx individuals who make up a large portion of our community.

MCBH's efforts to imbed cultural competence into all trainings has not always been successful. In 2017, the Training Manger added a cultural competence item to the class evaluation: ***"Cultural issues were identified and discussed."*** Except for classes that focus on cultural competence, this item almost always receives the lowest evaluation score, and comes out neutral; participants neither agree nor disagree. **MCBH could benefit from technical assistance to support embedding cultural competence into all trainings.**

II. Annual cultural competence trainings

The county shall include the following in the CCPR:

1. **Please report on the cultural competence trainings for staff. Please list training, staff and stakeholder attendance by function (if available, include if they are clients and/or family members):**

    1. Administration/Management;
    2. Direct Services, Counties;
    3. Direct Services, Contractors;
    4. Support Services;
    5. Community Members/General Public;
    6. Community Event
    7. Interpreters; and
    8. Mental Health Board and Commissions; and
    9. Community-based organizations/Agency board of Directors

Table 5.1 below lists the FY 20/21 MCBH trainings that included a focus and/or emphasis on culture. The table is organized using MCBH's cultural competency framework, with classes focusing on humility, competence and responsiveness grouped together. MCBH has a "target audience" for each training (i.e., all clinical, just those who are licensed/licensed eligible, administrative, and clinical); when the Training Division has more clerical support, MCBH will begin to track attendance numbers by function.

Table 5.1: Monterey County Behavioral Health Bureau Training for FY 20/21

Start Date	Topic	Cultural Competence Focus	Specific Content	Length ***in hours***	Targ3t Audience	Approximate Attendance	Lead Trainer
10/19/20	Culture	Humility	Cultural Humility in our Worlklife	3	All Staff	3	Mock
10/19/20	Culture	Humility	Cultural Humility in our Worlklife	3	All Staff	15	Mock
04/12/21	Culture	Humility	Cultural Humility in our Worlklife	3	All Staff	2	Mock
09/15/20	Culture	Humility	Foundations in Cultural Humility	6	All Staff	27	Mock
12/14/20	Culture	Humility	Foundations in Cultural Humility	6	All Staff	28	Mock
03/08/21	Culture	Humility	Foundations in Cultural Humility	6	All Staff	9	Mock
11/09/20	New Employee Training	Humility	Orientation to Training	2	New Hires	12	Walker
11/30/20	New Employee Training	Humility	Orientation to Training	2	New Hires	2	Walker
12/09/20	New Employee Training	Humility	Orientation to Training	2	New Hires	2	Walker
03/17/21	New Employee Training	Humility	Orientation to Training	2	New Hires	3	Walker
03/22/21	New Employee Training	Humility	Orientation to Training	2	New Hires	3	Walker
04/19/21	New Employee Training	Humility	Orientation to Training	2	New Hires	7	Walker
11/18/20	Safety	Humility	72-Hour Involuntary Holds	3	Lic/Lic Eligible	22	Walker
01/20/21	Safety	Humility	72-Hour Involuntary Holds	3	Lic/Lic Eligible	6	Walker
02/17/21	Safety	Humility	72-Hour Involuntary Holds	3	Lic/Lic Eligible	6	Calvario
04/21/21	Safety	Humility	72-Hour Involuntary Holds	3	Lic/Lic Eligible	5	Calvario
05/19/21	Safety	Humility	72-Hour Involuntary Holds	3	Lic/Lic Eligible	2	Calvario
06/16/21	Safety	Humility	72-Hour Involuntary Holds	3	Lic/Lic Eligible	2	Calvario
05/26/21	Culture	Knowledge	Asian Americans: Strength & Resilience in Difficult Times	6	All Staff	30	Mock
05/27/21	Culture	Knowledge	Building a Network of Affirmative Care in Monterey County	3	All Staff	55	Epicenter Staff
04/29/21	Culture	Knowledge	Developing Affirmative Services for LGBTQ+ People & Communities	3	All Staff	79	Peterson
06/24/21	Culture	Knowledge	LGBTQ+ Clients: Privacy and Non-Discrimination	3	All Staff	43	CRLA (CA Rural Legal Ass)
06/14/21	Culture	Knowledge	Working w/ Latinx When You Yourself Are Not Latinx	3	All Clinical Staff	27	Mock
09/10/20	Documentation	Knowledge	Assessment	4	Lic/Lic Eligible	9	Walker
12/01/20	Documentation	Knowledge	Assessment	4	Lic/Lic Eligible	5	Walker

02/03/21	Documentation	Knowledge	Assessment	4	Lic/Lic Eligible	10	Walker
05/05/21	Documentation	Knowledge	Assessment	4	Lic/Lic Eligible	8	Jones
08/13/20	Documentation	Knowledge	Progress Notes	4	All Clinical Staff	12	Walker
11/05/20	Documentation	Knowledge	Progress Notes	4	All Clinical Staff	11	Walker
12/15/20	Documentation	Knowledge	Progress Notes	4	All Clinical Staff	8	Walker
04/07/21	Documentation	Knowledge	Progress Notes	4	All Clinical Staff	6	Walker
10/01/20	Documentation	Knowledge	Treatment Planning	4	All Clinical Staff	7	Walker
12/08/20	Documentation	Knowledge	Treatment Planning	4	All Clinical Staff	7	Walker
03/03/21	Documentation	Knowledge	Treatment Planning	4	All Clinical Staff	6	Walker
06/02/21	Documentation	Knowledge	Treatment Planning	4	All Clinical Staff	11	Jones
02/04/21	Law & Ethics	Knowledge	Annual Legal Updates	3	Clinical Staff	46	Garrett
11/16/20	New Employee Training	Knowledge	Public Behavioral Health	4	New Hires	8	Walker
12/07/20	New Employee Training	Knowledge	Public Behavioral Health	4	New Hires	4	Walker
03/24/21	New Employee Training	Knowledge	Public Behavioral Health	4	New Hires	5	Walker
04/20/21	New Employee Training	Knowledge	Public Behavioral Health	4	New Hires	4	Walker
05/03/21	New Employee Training	Knowledge	Public Behavioral Health	4	New Hires	9	Walker
10/15/20	Trauma	Knowledge	Human Trafficking	3	All Staff	31	Pembroke
10/21/20	Trauma	Knowledge	Human Trafficking	3	All Staff	37	Pembroke
02/17/21	Culture	Responsiveness	Engagement, Assessment & Dx	6	Lic/Lic Eligible	4	Mock
06/30/21	Culture	Responsiveness	Engagement, Assessment & Dx	6	Lic/Lic Eligible	16	Mock
02/11/21	Culture	Responsiveness	Working Effectively with Interpreters	3	All Clinical Staff	5	Mock

2. **Annual Cultural Competence training topics shall include, but not be limited to the following:**
    1. **Cultural Formulation.**
    2. **Multicultural Knowledge.**
    3. **Cultural Sensitivity.**
    4. **Cultural Awareness; and**
    5. **Social/Cultural Diversity (Diverse groups, LGBTQ, SES, Elderly, Disability, etc.)**
    6. **Mental Health Interpreter Training**
    7. **Training staff in the use of mental health interpreters**
    8. **Training in the use of interpreters in the mental health setting**

As is evident in Table 5.2 below, which outlines MCBH's cultural competency training topics, MCBH did not provide any interpretation training for interpreters but did provide a training on "Working Effectively with Interpreters". ***MCBH could benefit from technical assistance to support interpreter training.*** MCBH does have at least five staff trained in interpretation; these staff attended a 40-hour intensive program and passed a criterion exam. All bilingual/bicultural staff provide interpretation for mono-lingual Spanish-speaking staff, as needed. This occurs primarily during psychiatric medication support appointments.

Table 5.2: Monterey County Behavioral Health Bureau Training Report FY20/21

Course	Cultural Formulation	Multicultural Knowledge	Cultural Sensitivity	Cultural Awareness	Social/ Cultural Diversity	MH Interpreter Training	Use of MH Interpreters
Culture: Foundations in Cultural Humility		X	X	X	X		
Cultural Humility in our Worklife		X	X	X	X		
New Employee Training: Orientation to Training	X	X			X		
Safety: 72-Hour Involuntary Holds (5150/5585)				X	X		
Culture: Working with Asian Americans	X		X	X	X		
Culture: LGBTQ+/Building a Network of Care			X	X	X		
Culture: LGBTQ+/Affirmative Care	X		X	X	X		
Culture: LGBTQ+/Privacy/Non-Discrimination				X	X		
Culture: Working with Latinx	X	X	X	X	X		
Culture: Assessment	X	X	X	X			
Documentation: Assessment	X		X	X			
Documentation: Progress Notes		X	X	X			
Documentation: Tx Planning	X		X	X	X		
Law & Ethics: Updates		X			X		
New Employee Training: Public Behavioral Health		X	X	X	X		
Trauma: Human Trafficking	X		X	X			
Culture: Working Effectively with Interpreters	X		X	X	X		X

III. Relevance and effectiveness of all culture competence trainings.

The county shall include the following in the CCPR:

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

1. **Rationale and need for the trainings: Describe how the training is relevant in addressing identified disparities**
2. **Results of pre/post tests**
3. **Summary report of evaluations; and**
4. **Provide a narrative of current efforts that the county is taking to monitor advancing staff skills/post skills learned in trainings.**
5. **County methodology/protocol for following up and ensuring staff, over time and well after they completed the training, are utilizing the skills learned.**

A1. Rationale/Reducing Disparities

Training	***Relevancy in reducing disparities***
Culture: Foundations in Cultural Humility	• Increase staff cultural humility and ability to value and respect differences.
Cultural Humility in our Worklife	• Help staff, clinical and administrative, learn to (re)interpret some work challenges as cultural in nature and develop skills to address.
New Employee Training: Orientation to Training	• Demonstrate to new hires how MCBH's "values in action" support diversity, inclusion, and equity.
Safety: 72-Hour Involuntary Holds (5150/5585)	• Help staff minimize misunderstanding of cultural norms with pathological behavior.
Culture: Working with Asian Americans	• Help clinical staff understand sx formulation, barriers and acceptable tx formats for Asian American clients
Culture: LGBTQ+/Building a Network of Care	• Help clinical and education staff understand BH treatment approaches and resources available to MCBH LGBTQ+ community
Culture: LGBTQ+/Affirmative Care	• Explain MCBH new approach to affirmative care for LGBTQ+ community, including learning collaborative & consultation model
Culture: LGBTQ+/Privacy/Non-Discrimination	• Review of HIPPA and other laws, as well MCBH policies and procedures to ensure LGBTQ+ client privacy and access
Culture: Working with Latinx	• Help clinical staff understand sx formulation, barriers and acceptable tx formats for Latinx clients
Culture: Assessment	• Increase staff understanding of cultural integration into the diagnostic formulation.
Documentation: Assessment	• Increase staff understanding of cultural integration into the diagnostic formulation.
Documentation: Progress Notes	• Increase awareness of a culturally integrated treatment plan to support level of care.
Documentation: Tx Planning	• Increase awareness of a culturally integrated treatment plan to support level of care.

Law & Ethics: Updates	• Reinforce legal aspects of access for all.
New Employee Training: Public Behavioral Health	• Provide statistics re: disparities to education and inspire action/support of BB equity plan
Trauma: Human Trafficking	• Increase staff awareness of human trafficking (e.g., sex, factory and domestic work) and barriers to victims of seeking BH services.
Culture: Working Effectively with Interpreters	• Teach staff how to build rapport with a client (e.g., speak to each other not interpreter) to increase retention rate of psychiatric clients.

A2. Results of pre/posttests (Counties are encouraged to have a pre/posttest for all trainings)

Currently, MCBH Training Manager, does not have enough support to collect and analyze pre and post test data.

A3. Summary report of evaluations

Class evaluations for Cultural Competence trainings are consistently positive, as are all classes offered by MCBH. As mentioned above, MCBH is less successful in integrating cultural humility, competence, and responsiveness into its general course catalogue. Ratings of courses not listed above, in response to the item: ***"Cultural issues were identified and discussed"*** are most often "neutral" (neither "agrees" or "disagrees," suggesting MCBH continues to have work to do to implement cultural competence into all of its course.)

A4. Provide a narrative of current efforts that the county is taking to monitor advancing staff skills/post skills learned in trainings

This is another area of growth. MCBH is working to define Cultural Competency skills and then teach to and measure, beyond self-report. ***MCBH could benefit from technical assistance to support cultural competency skills assessment.***

A5. County methodology/protocol for following up and ensuring staff, over time and well after they completed the training, are utilizing the skills learned

This is another area of growth. MCBH is working to define Cultural Competency skills and then teach to and measure, beyond self-report. ***MCBH could benefit from technical assistance to support cultural competency skills assessment.***

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

The county shall include the following in the CCPR:

A. Evidence of an annual training on Client Culture that includes a <u>client's personal experience</u> inclusive of racial, ethnic, cultural and linguistic communities.

B. The training plan must also include, for children, adolescents, and transition age youth, the parents' and/or caretaker's personal experience with the following:

i. Family focused treatment;
ii. Navigating multiple agency services; and
iii. Resiliency

The Success over Stigma (SOS) panel presents multiple times per year to new employees learning about work in public behavioral health. Presenters are all current consumers of behavioral health services and talk about their experience with past and current symptoms, functional impairment, and behavioral health services. They share their stories, including elements of their individual and familial culture, and make recommendations as to how new MCBH staff can engage, build relationships, and effectively work with people like them or in a similar situation. SOS is a program through one of our contract agencies, Interim Inc., that aims to reduce stigma surrounding mental illness by having individuals from the community share their stories of recovery and wellness.

CRITERION 6: COUNTY MENTAL HEALTH SYSTEM 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.

The county shall include the following in the CCPR:

A. Extract a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component.

MCBH has exhausted the initial allocation of WET and submitted the workforce assessment in prior report. MCBH transferred funding from CSS, as allowed in regulations, to address WET needs beginning in FY 19/20. MCBH also participates in the regional WET partnerships. For reference, the FY 2020/21 - FY 2022/23 MHSA 3-YEAR PROGRAM & EXPENDITURE PLAN can be found HERE.

B. Compare the WET Plan assessment data with the general population. Medi-Cal population, and 200% of poverty data

Table 6.1: MCBH Staff Race and Ethnicity Representation

MCBH Staff Race/Ethnicity	Count	Percentage
WHITE	127	30.24%
OTHER	2	0.48%
ASIAN	22	5.24%
HISPANIC	253	60.24%
BLACK	12	2.86%
AK NATIVE/AMER. IND.	4	.95%
Total	**420**	**100.00%**

Table 6.1 reports data identifying MCBH workforce race and ethnicity. Looking at this data we can see that 60.24% of staff report to be Hispanic/Latino, which is reflective of Monterey County general population demographics. However, when looking at Medi-Cal beneficiaries, Hispanic/Latinos comprised 75% of enrolled individuals which is a higher percentage than reflected in MCBH staff. When looking at other racial and ethnic groups, MCBH staff has slightly higher representation of the following racial and ethnic groups: Black/African American (2.86% of MCBH staff compared to 2% of Medi-Cal beneficiaries), Asian/Pacific Islander (5.24% of MCBH staff compared to 3% of Medi-Cal beneficiaries) and Native American (.95% of MCBH staff compared to .01% of Medi-Cal beneficiaries).

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

MCBH did not receive cultural consultation technical assistance during FY 20/21. MCBH, however, did qualify its coastal region clinic as Health Professional Shortage Area (HPSA) in FY 19/20, thus increasing the likelihood that new clinical staff, a majority of whom graduate from California State University, Monterey Bay (CSUMB) with their MSW degrees, could access loan repayment programs. MCBH's South county clinics are already designated HPSAs.

MCBH also provided 8 Master's Level students with a yearlong internship experience. Of these students, five were graduating; MCBH hired three and local non-profit organizations hired the other two students.

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

As stated above, MCBH did not receive WET funds for FY 20/21 and did not have formal WET planning and implementation efforts. MCBH, however, actively advertises open recruitments. MCBH works closely with County Health Department's HR to post job descriptions in various venues, including professional association job boards and employment sites, as well as the County website. Job openings are shared internally with staff and with community- based partners and local universities to attract local talent.

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

As stated above, MCBH did not receive WET funds for FY 20/21, and did not receive or engage in technical assistance or other supportive activities. MCBH's Training Unit is staffed by the Training Manager and a Senior Psychiatric Social Worker. Additional clerical/administrative positions are needed in order for recruitment and retention activities, particularly training and loan repayment programs, to function effectively.

F. Identify County Technical Assistance Needs

MCBH would benefit from support with the following:

1) On-Demand Course Development
   As we move into the virtual world, the benefits of virtual face-to-face and on-demand training are becoming clear. There is much content, particularly related to compliance (e.g., review of policies, basic clinical documentation guidelines,) that can be developed in-house and shared with staff in an efficient, meaningful manner. MCBH currently uses Articulate; however, technical assistance re: this and other products could help increase the speed and effectiveness of on-demand courses.
2) Outcome Analysis
   MCBH would benefit from consultation regarding how to collect and analyze data related to the impact of cultural competence and other training. Results would inform training content, timing, frequency, etc.
3) Employee Demographics: Race, Gender
   MCBH is required to report out on these statistics; however, HR limits our ability to collect this data.
4) Interpretation
   The local vendor that has historically provided training in medical/mental health interpretation, is no longer providing this service MCBH would benefit from technical assistance and/or help locating another provider.

CRITERION 7: COUNTY MENTAL HEALTH SYSTEM LANGUAGE CAPACITY

I. Increase bilingual workforce capacity

The County shall include the following in the CCPR:

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

1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.

The partnership with CSUMB was established to help build capacity and assist in providing education and training to bilingual students, who could potentially become employees of MCBH. The first cohort of MSW candidates graduated in Spring 2013 and since then the University has been graduating individuals who can apply to MCBH vacancies. The intent of the MSW program is to 'grow our own' by providing the opportunity for Monterey County residents to pursue advanced education in social work without having to commute to neighboring counties or sacrifice fulltime employment. The program's curriculum is focused on increasing student competence in serving the Hispanic/Latino community.

MCBH and MCHD support CSUMB's Collaborative Health and Human Services (CHHS) bachelor's degree program, which offers concentrations in social work and community health. The program requires 240 field placement hours. Several bureaus within the Health Department, including MCBH, and several of our community partners offer field-placement opportunities for these students. The hands-on experience and engagement the students receive during placement help them become ready to work in our system and provides them introductory knowledge and skill-set to effectively work within community. Many of the students in this program are from Monterey County and are part of the vision to 'grow our own' as a large portion of the students are bilingual with a fair amount coming from families and households where they have dealt with immigration related issues.

The CRHC identified these partnerships as an opportunity given that many of MCBH's line staff have bilingual skills and currently serve the Hispanic/Latino Spanish-speaking community as case managers, behavioral health aides and support-group counselors. The CRHC recognizes that helping to build their capacity through education and training can help them become more competent providers and help the Bureau narrow the disparity gaps that currently exist.

The MCBH will also develop an orientation process for interpreters and bilingual staff to ensure an understanding of the basics of interpretation ethics and confidentiality. Moreover, the Bureau will engage in research, via external experts, to ensure best practices for interpreter certification. Additional strategies include intentionally recruiting of bilingual and bicultural employees, bilingual pay for candidates that pass bilingual exam, and an annual stipend of $520.00 for bilingual staff after five (5) years of employment with MCBH.

2. Updates from Mental Health Services Act (MHSA), Community Service and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.

Currently the MCBH does not have a WET plan, although as referenced in Criterions 5 and 6, has an extensive training plan that aims to increase staff skill and knowledge in providing linguistically and culturally appropriate Behavioral Health services to the community.

It should be noted that students residing in Monterey County are applying, are being selected and are completing the MSW program at CSUMB with the competencies needed to serve the diverse populations of Monterey County. A percentage of those graduating the program are of Latino/Hispanic descent and speak Spanish, giving them additional ability to relate to the most significant target population. Because of the identified need for bilingual support services, MCBH will continue to support the MSW and BA programs offered by CSUMB, and other local Universities while also seeking to develop other partnerships and training opportunities for current staff. This has been noted in prior MHSA WET plan.

3. Total annual dedicated resource for interpreter services.

MCBH has allocated dollars for vendors to provide interpretation including The Language Line, Medialocate and Natividad Medical Foundation, Indigenous Interpretation services. When possible, clients are seen by clinical staff that can provide services in client's preferred language. Amount spent on this for FY 20/21 was $51,546.

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

The County shall include the following in the CCPR:

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

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals.

Policy 451 Procedure 7 states: 24-hour service access (crisis services/inpatient psychiatric) to a toll-free line (888) 258-6029 to assist staff and consumers with translation services. Access services on outpatient accesses the County's or other local agencies (e.g. Defense Language Institute and translation services for deaf and blind) to assist the translation. Policy 451 can be found HERE.

MCBH clients can call 1-888-258-6029, referred to as the "Access Line", 24 hours a day, seven days a week. The call is answered by bilingual (English-Spanish) MCBH Access Team staff during 8:00 AM -5:00 PM with after business hours and on holidays calls are centrally answered by Crisis Support Services of Alameda County (additional information may be found https://www.crisissupport.org/). MCBH and Crisis Support Services provide TTD services for deaf and hearing-impaired callers and offer translation in 240 languages through the Language Line (described below). Detailed Policy information may be found on the QI website at MCBH Policies and Procedures.

To inform the public on the Access Line, it is featured prominently in bilingual MCBH communication materials and website (Click HERE for website) as well as shared at community meetings and presentations on how to access Behavioral Health services, which includes mental health and substance use disorder services.

2. Least preferable are language lines. Consider use of new technologies such as video language conferencing. Use new technology capacity to grow language access.

If an individual comes into a clinic during a time when a bilingual, (English-Spanish), clinical staff is off-site or unavailable or requires assistance in languages other than English or Spanish, the on-site staff can request the assistance of Language Line and have the language and needs of the client addressed. MCBH staff are provided with Language Line instruction cards containing a MCBH identification number and instructions on process. The Language Line service staff will provide interpretation within a reasonable amount of time and explain the interpretation process to the individual and/or family, including reviewing confidentiality of information, via their services.

In addition, MCBH has access to the Indigenous Language Interpreters from Natividad Medical Foundation (NMF) http://interpretnmf.com/, and the County's master agreement list of providers, that have additional language service providers. The Indigenous Language Interpreters from NMF can provide in-person interpretation in addition to select vendors on the County's master agreement.

3. Description of protocol used for implementing language access through the County's 24-hour phone line with statewide toll-free access.

As noted above, the MCBH has a toll-free number that is answered 24 hours a day seven days a week (1-888-258-6029). The call is answered by bilingual (English-Spanish) MCBH Access Team staff during 8:00 AM -5:00 PM with after business hours and holidays calls centrally answered by Crisis Support Services of Alameda County (additional information may be found https://www.crisissupport.org/). MCBH and Crisis Support Services provide TTD services for deaf and hearing-impaired callers and offer translation in 240 languages through the Language Line.

To inform the public on the Access Line, it is featured prominently in bilingual MCBH communication materials and website, as well as shared at community meetings and presentations on how to access Behavioral Health services which includes mental health and substance use disorder services.

Staff are trained on how to utilize the Language Line with instructions being available on our Quality Improvement website HERE, which also identifies how to access the Indigenous Language Interpreters noted above. When MCBH clinical staff receive a caller, whose language is unknown by clinical staff, then staff is instructed to contact the Language Line for assistance in determining the caller's language and collect the caller's telephone number to ensure follow up if the call is inadvertently disconnected before securing an interpreter. Policies and clinical documentation may be found at by clicking the following link HERE.

4. Training for staff who may need to access the 24-hour phone line with statewide toll-free access to meet the client's linguistic capability.

During orientation, staff are provided information about interpretation resources and on how to use the Language Line which addresses how to use with the 24-hour phone line. Each employee receives a card provided by Language Line with instructions on calling and obtaining the appropriate interpreter.

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 of their rights to services in their preferred language, and their preference is recorded in the Electronic Medical Record (EMR) during initial assessments. Materials informing clients of the availability of interpretation services at no-cost to them are provided during the initial visit. Every effort is made to provide services by bilingual staff directly, without use of an interpreter, but the client is still informed of the availability of interpretation services. Each Access Team has bilingual staff (English-Spanish) and materials in both languages. Additional language information about interpretation is available through materials provided by the Language Line. Posters and cards with information about interpretation services are displayed throughout the offices, so clients have access to information in their preferred language.

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

Use of interpreters is documented in the EMR, and the consumer's preference for services in their own language is noted in admission documents. Language used (other than English) to deliver a service, including when an interpreter or language line was used, is noted within the client health record via progress notes. Interpretation services provided by others are noted in billing invoices from contracted interpreters, including date, name, location and amount of time.

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

Bilingual staff are used when available, however the use of the Language Line has also been useful when assessing clients' needs and staff are not proficient in the client's language. The following lessons have been learned about providing services to persons with LEP:

· It is helpful to have a pre- and a post session with the interpreter and MCBH staff.

· It is important to train clinicians on how to utilize interpreters.

· It is beneficial to train interpreters about mental health services provided in our County and on behavioral health terminology.

· Interpreters should be neutral and someone the client does not know or have any prior relationship.

· More bilingual staff are needed. MCBH supports County human resource efforts to increase bilingual staff.

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

MCBH is committed to providing services in the client's preferred language; however, bilingual personnel qualified to provide such services are limited in availability and highly sought after. Historically, this has been one of the reasons MCBH has partnered with community organizations mentioned throughout this plan to best meet the needs of the diverse populations it serves. Conflicting priorities and budget impacts make it difficult to dedicate adequate funds to provide high-level interpreter services in-person in a diversity of languages. Nonetheless, the MCBH understands local linguistic barriers and is working to address these in the best way possible.

E. Identify County technical assistance needs.

The Bureau sees a need for technical assistance to most effectively identify languages spoken by callers, especially those who speak languages infrequently encountered in this County. Technical assistance also is needed to improve outreach to clients with LEP. It would be useful to receive training and implement strategies that go beyond language barriers to help engage clients who have low utilization rates of service.

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

The County shall include the following in the CCPR:

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

MCBH prefers in-person bilingual staff to assist and serve clients, however when there is a need to assist a client in a language that staff are not proficient in, staff may acquire services from the Language Line and Natividad Medical Center Foundation. Posters and cards with information about interpretation services are displayed throughout the offices so that clients have information in their preferred language. If bilingual staff are not present or available at the office when a client with language needs comes in, staff members contact the Language Line for assistance. Clinics have bilingual (English-Spanish) support staff on-site at each location. The Crisis Team staff at Natividad Medical Center Emergency Department have available interpreters for Hispanic/Latino and Filipino clients and their family members. Indigenous languages interpreters are available through Natividad Medical Center's Foundation interpretation services.

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

EMR documents, including Assessments and Services Plans, indicate the clients' preferred language. An acknowledgement of interpretation services is provided, and client response is recorded for requested interpretation services. The Consumer Handbook also provides information about availability of interpretation services at no-cost to client.

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

Each contractor is requested to review and sign a Cultural Competence Exhibit as part of their contract with the MCBH. The exhibit clearly identifies the need to provide availability of services in English and Spanish, and other languages as necessary during regular operating hours. The scope of work in the contract also includes expectation that services will be provided in the client's preferred language. Contract Monitors are expected to monitor availability of signage informing clients of their right to interpretation and linguistically appropriate service provision.

To ensure that contractors are also providing support in a culturally and linguistically appropriate manner, MCBH is working towards increasing contractor's awareness of cultural and linguistic resources. MCBH will include the following statements to ensure interpreters are trained and monitored for language competence:

"Contractor shall ensure all personnel assigned to provide language-interpretive services meet all applicable licensing, certification, training and/or professional criteria during all periods of service provision. Interpreters shall demonstrate proficiency in English and non-English languages, possess knowledge of specialized terms used in the mental health field, and have clear understanding of interpreting ethics and practice."

"Contractor shall maintain files of language interpretation professional criteria of all assigned personnel, including contracted and subcontracted personnel. Contractor will maintain and make available personnel files of aforementioned professional criteria upon request of the County."

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

All Spanish bilingual staff are tested for language proficiency upon hire. Bilingual language exams include a Spanish-speaking conversation with a bilingual staff to assess fluency. Further training is provided to bilingual staff that are interested in being interpreters for psychiatric patient's needs.

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

The County shall include the following in the CCPR:

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

The threshold language for Monterey County is Spanish. Currently, the diversity in languages spoken in the community is beyond the public mental health workforce capacity. Our community is home to speakers of many other languages other than Spanish, such as Tagalog (2,280 individuals) and Korean (1,099 individuals). For legal purposes, Spanish is considered the only "significant" or "threshold" language. In addition, it is known that there is a large population of speakers of Mexican indigenous languages including Mixteco, Triqui, and Chatino, among others.

MCBH utilizes the Language Line Service and the Indigenous Interpreting+, a program of Natividad Medical Foundation, to meet the linguistic needs of individuals the MCBH serves, such as Mixteco and Triqui.

MCBH staff have access to the Language Line interpreting services to support assessment, short-term group services, referral to ongoing services, referrals to contractor-provided services, or community services. Interpreting services directions may be found at the following link HERE.

Staff may receive additional guidance for LEP patients in MCBH's Guide to Medi-Cal Mental Health Services, available on MCBH county webpage at http://www.co.monterey.ca.us/home/showdocument?id=51480

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.

Monterey County's threshold language is Spanish, for non-English speakers that do not meet this criterion, MCBH staff will work collaboratively with bilingual treatment team members, access the language line or Natividad Medical Center Foundation Indigenous interpreting services to assess client's need. In addition, MCBH staff will work with community resources to connect them to the appropriate resources.

C. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 (see page 32) requirements:

1. Prohibiting staff from expecting family members to provide interpreter services;

2. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services

3. Minor children should not be used as interpreters.

To ensure accurate translation that is in compliance with Title VI of the Civil Rights Act of 1964, MCBH staff is prohibited from using family members and friends of MCBH clients to provide translation services, as well as clerical staff, except in unplanned circumstances.

MCBH Policy 451: Cultural and Linguistic Services states "…staff is prohibited from expecting family members and friends to provide translation. Only in unplanned situations will clinical staff utilize clerical staff for interpretation and translation services unless the consumer prefers a family member or friend to do the translation. Minor children are not to be used as interpreters."

When possible, Monterey County MCBH will assign staff who speak the same language as the client to the client's treatment team. Clients also may request a provider who is of their same ethic background or whom they feel can best understand their culture. Similar efforts will be offered regarding contractual providers.

If needed, an audio tape of the materials is provided and is available to consumers on this webpage: http://qi.mtyhd.org/index.php/home/printable-documents/ Click on "Medi-Cal Guide to Mental Health Services" to access the audio version.

V. Required translated documents, forms, signage and client informing materials. The County shall have the following available for review during the compliance visit:

A. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:

1. Member service handbook or brochure;

2. General correspondence;

3. Beneficiary problem, resolution, grievance, and fair hearing materials;

4. Beneficiary satisfaction survey;

5. Informed Consent for medication form;

6. Confidentiality and Release of information form;

7. Service orientation for clients;

8. Mental health education materials, and

9. Evidence of appropriately distributed and utilized translated materials

MCBH Policy 452 specifies that information will be provided to clients in their language in an understandable written language. Materials are available to consumers in English and Spanish at: http://qi.mtyhd.org/index.php/home/printable-documents/ . Written material will be provided to the consumer in font size 14 (or larger upon request). Materials will be available during on site compliance visits.

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

The EMR documentation includes client's language of preference and documents provided to the client in their preferred language.

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

MCBH utilizes the state's satisfaction survey instruments to gather information from clients and family members about their level of satisfaction and beneficial outcomes from participation in services. Surveys are provided in the client's language of preference. Reports are developed by the department for distribution and review by the Quality Improvement Committee and the CRHC.

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

Materials are translated either by a contractor or bilingual staff and are reviewed by various bilingual staff, including Quality Improvement staff, to ensure accuracy. Some materials also are reviewed by the CRHC to ensure appropriate use of language and content. Recommendations from the CRHC are incorporated into final materials.

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.

Translated materials are reviewed by staff for content and clarity before finalization. The CRHC also provides feedback on reading level of materials and presentations.

CRITERION 8: COUNTY MENTAL HEALTH SYSTEM ADAPTATION OF SERVICES

I. Client driven/operated recovery and wellness programs

The County shall include the following in the CCPR:

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

The agencies below support MCBH mental and behavioral health client driven/recovery and wellness programs in the community.

Contract Provider Services:

The Epicenter: The Epicenter is Monterey County's first youth-led community center and is an innovative type of organization that is focused on personal connection and relationship. The center provides resources and counseling for youth, ages 16-24, especially those who are transitioning out of foster care and youth who have been involved with public agencies, such as Juvenile Justice/Probation. Services include information, referral and linkage to mental health and other supportive services, coaching and mentoring, training on life skills emphasizing employment and education opportunities and development and sustainability of local volunteers. It also offers support and empowerment services for LGBTQ+ youth through the Our Gente program. Based on the desires of youth in the area services are provided with a positive lens rather than a problems orientation. Additional information can be found at their website at http://www.epicentermonterey.org/.

Interim Inc., OMNI Resource Center: The OMNI Resource Center provides outreach, prevention education, and peer support, which contribute to improvements in personal functioning through the development of social and independent living skills. Services are delivered by paid consumers/peers and volunteer staff, in English and Spanish, with administrative oversight from a nonprofit mental-health services organization (Interim, Inc.). All services are provided at no-cost. Omni Resource Center services are offered by ethnically diverse staff who understand and celebrate cultural diversity. The services provided at the Omni Center are based on personal connection and self-determination, therefore ensuring each client may experience services that are suitable for their individual preferences. Integral values of the Omni Center are to value the diversity of the staff, designing services that are meant to meet the diverse cultures of the clients, and to keep the focus on the whole person. Services include wellness and recovery services, relapse prevention, healthy boundaries, whole health, and "No Estás Solo" (You are not Alone) support groups. Additional information may be found at http://www.interiminc.org/.

One additional program operated by Interim Inc. that has been very successful in helping to destigmatize mental health and substance use disorders is Success over Stigma (SOS). SOS provides community presentations by individuals with lived experience with behavioral health conditions who share their personal stories exemplifying hope and recovery. SOS promotes peer and client involvement in advocating for public policies that empower people with psychiatric disabilities and provides peer consultation to service providers for strengthening local and state mental health services.,

Sensitivity to cultural diversity and an awareness of Client Culture and resultant experiences is infused throughout MCBH activities and practices. Contracted community programs are client-led and help to inform the MCBH and infuse a Client Culture throughout the system, such as the Recovery Task Force (RTF). The RTF is led by a community-based organization and who aims for 51% of meeting attendees to be current or former clients and/or individuals with lived experience with a mental health condition. This structure supports the client centered culture, where individuals can feel comfortable discussing gaps in the mental-health continuum and discuss innovative solutions to those issues. Their efforts help to improve services and programs for people with mental health challenges, with the goals of increasing access, decreasing duplication, and facilitating community-wide support of mental health recovery. Their meetings are attended by members of the MCBH's Quality Improvement (QI) team, Cultural Competency Coordinator and other MCBH staff

who seek to inform and improve the mental health system by soliciting information and feedback about service access and program impact.

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', those client-driven/operated programs that are racially, ethnically, culturally, and linguistically specific.**

The Epicenter's central focus areas are LGBTQ+ youth and youth coming out of the foster care system and/or having been involved with another public agency, as noted above. This is a youth-lead initiative and the services that are provided have been designed by youth for youth. The Epicenter also focuses on health and well-being for LGBTQ+ youth with programs such as Our Gente, a multi-faceted project that includes community and agency trainings by the Queer and Trans Youth Collected and provides a safe space for lesbian, gay, bisexual, queer and questioning, and asexual youth to come and talk, share and explore their experiences with peers and share the experience of not feeling alone. The Epicenter fosters youth development and provides supports around youth leadership. Staff at the Epicenter come from diverse cultural and ethnic backgrounds that reflect the populations of Monterey County and the youth that are served in these programs have options to support their needs and personal preferences.

Interim Inc. provides a variety of services and programs in Monterey County. As noted above, Interim Inc. supports the OMNI Resource Center self-help, wellness and recovery activities and services are available at no cost to interested adults. Outreach services and specialized groups and activities are available for Spanish-speaking adults. All staff and volunteers at the Omni Center have personal experience with mental health issues and recovery. Interim Inc. also provides residential services for individuals with serious mental health conditions in the MCHOME, Soledad House, Lupine Gardens, Sunflower Gardens and Rockrose Gardens. These programs provide supportive housing for community members that are low income and have serious mental health conditions. The overarching goals of the programs are to maximize recovery or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self- sufficiency. Staff at Interim reflect the diversity of Monterey County residents and individuals served in Interim programs have options to support their needs and personal preferences.

II. Responsiveness of mental health services

The County shall include the following in the CCPR:

A. **Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preferences, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider.**

In addition to the programs noted above in Criterion 8, MCBH also provides alternative options that accommodate monolingual Spanish speaking communities through contractors such as the Senior Peer Counseling Program/Fortaliciendo el Bienestar, Promotoras de Salud, and the National Alliance on Mental Illness (NAMI) Connections, focusing on Latino outreach. The Promotoras de Salud program offers early psycho-educational services, limited individual/family services, and provide referrals for more specialized services in MCBH. The Promotoras (visit http://cca-viva.org/health/) utilize an evidence-based approach in their outreach into the community. Promotoras provide a bridge to services for the uninsured Latino immigrant community, by readily communicating in the threshold language of Spanish and having staff that understand on a personal level the experiences of Latino immigrants. Specialized short-term

mental health services are available for Spanish speaking individuals and families in need of therapeutic support through the Central Coast Citizenship Project.

The Village Project Inc. (TVPI) was founded to help meet the needs of the under-served African American community and currently provides early intervention mental health and prevention services to any individual or family in need, thereby increasing the availability of culturally competent services for communities of color. TVPI values providing services from one's cultural identify and sees this as paramount to the organization's mission. The work includes cultural-competence development, culturally relevant mental health training series and systematic-outreach activities. TVPI also provides individual and family counseling, parenting groups, and other prevention services. These services are available to all ages and for Medi-Cal beneficiaries. Learn more about TVPI at their website HERE.

On a community level, the MCBH has a partnership with the Chinatown Learning Center (CLC) that provides supportive services to vulnerable populations in the homeless communities. CLC offers training experience for CSUMB Master of Social Work candidates in supporting individuals experiencing homelessness and other marginalized populations in the Chinatown neighborhood of Salinas and surrounding areas. Individuals can receive therapeutic and other supportive services at CLC where they have established relationships, and this helps eliminates barriers to care while providing services in an environment that fosters trust.

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 for their CCPR.

Information about each program is available in each office, on the MCBH website found HERE and in community announcements about MCBH services. Brochures for each program are also advertised throughout the MCBH system and offered as resources by staff.

C. Counties have policies, procedures and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services.

MCBH works to inform Medi-Cal beneficiaries about available programs and services with regular and ongoing participation in community-health fairs, presentations, workshops and trainings to increase awareness about Behavioral Health services, which include Substance Use Disorder programs and services. Since March of 2020, the primary mode for sharing information with the community at large has been through online presentations and live streaming to social media due to the COVID-19 pandemic. In FY 20/21, MCBH dedicated resources to update and promote a community friendly website, www.mtyhd.org/BH, and has developed content in English and Spanish that informs Medi-Cal beneficiaries of available services under consolidation of specialty mental health services. In addition, MCBH has increased its presence on social media channels advertising available behavioral health services and encouraging Monterey County residents to engage with MCBH to address their behavioral health needs.