



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Cultural Competence Plan

2018 Annual Update

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countyofsb.org/behavioral-wellness

Executive Summary

The Santa Barbara County Department of Behavioral Wellness is committed to engaging consumers, family members and individuals from diverse ethnic and cultural groups in developing, implementing and monitoring specialty mental health and substance use programs and services. Stakeholders from multicultural communities are involved in various forums, including the Cultural Competency and Diversity Action Team (CCDAT), the Consumer and Family Member Advisory Committee, the Behavioral Wellness Commission, Peer Recovery Learning Centers and human resource panels. The Department's commitment to providing culturally competent services is embedded through a wide range of policies and procedures, including telephone access, human resources training and recruitment, bilingual allowances, cultural competence training, interpretation, signage and other areas documented in the plan.

In 2018, Santa Barbara County was challenged with the aftermath of back-to-back natural disasters, first with the Thomas fire followed by the debris and mud flows in Montecito and Carpinteria. These incidents had a major impact on the community as thousands of residents were evacuated and displaced, hundreds of properties and business damaged or destroyed, and 25 lives lost. While the Department has long-standing community ties and has been asked to respond to community crises in the past, these tragedies called the Department into action in ways never seen before. A complex system of resources were diverted to the emergency response and recovery, including dozens of mental health professionals, administrators and public information staff deployed over the course of three months to provide emotional, mental and spiritual support wherever help was needed. Behavioral Wellness staff answered calls at the 24/7 disaster information line, supported and comforted families looking for missing loved ones at the Family Assistance Center, and met homeowners returning for the first time to their properties following the disaster to assess damage and recover personal belongings. Additionally, the Department's Ethnic Services and Diversity Manager Yaneris Muñiz was temporarily reassigned to the county's Joint Information Center (JIC) for 6 months to oversee day-to-day recovery communications, including equitable access to health and safety information in Spanish through media interviews, press releases, and the county's Spanish-language Twitter account. While cultural competence projects continued with the assistance of various departmental personnel, Behavioral Wellness focused particularly on priority deliverables for the first half of the 2018, and resumed normal programming in June 2018.

As the recovery phase progressed, the Department of Behavioral Wellness was awarded an emergency FEMA grant to establish the California HOPE 805 Network to assess and address the post-disaster needs of the community. These services included linkage to resources, public education, and counseling for individuals effected directly or indirectly by the disaster. It became clear that many immigrant communities were affected by the disasters as a result of mandatory evacuations and lost wages, but were fearful to access help through government agencies due to their immigration status. California HOPE 805 and partner agencies worked closely with immigrant and minority community leaders to assure the community of their promise to help regardless of legal status. Moreover, Spanish-language mental health support groups lead by Behavioral Wellness promotoras experienced an increase in participation and community members seeking support post-disaster.

Key Deliverables

➤ *Mixtec Culture and Mental Health Training*

It is estimated that Santa Barbara County is home to approximately 18,000 to 30,000 Mixtec Indian migrants, primarily from the states of Oaxaca, Puebla and Guerrero in Mexico, living and working primarily in the Santa Maria Valley within the agricultural sector. The Mixtec culture is deeply seated in indigenous practices and heritage, and the language is pre-Columbian with no written alphabet and up to 40 different dialects associated with specific *pueblos* or *municipales*. This population is considered a “hidden” minority facing high levels of discrimination, anti-immigrant rhetoric and cultural- and language-based barriers to care as compared to the dominant English- and Spanish-speaking communities. In recent years, the Department of Behavioral Wellness and community providers have experienced increases in referrals for individuals and families whose primary and/or preferred language is Mixteco. According to interpreter utilization data for 2017, Mixteco is the second-most prevalent language at Behavioral Wellness service sites requiring an interpreter (behind Spanish, the county’s threshold language). With few culturally-focused local resources and advocacy organizations to provide information and training, many behavioral health providers are challenged in serving this hard-to-reach community.

The *Mixtec Culture and Mental Health Training* was created by the Department of Behavioral Wellness in response to requests for information on how to better engage with this under-served population. The training examines ways to adapt treatment to suit the cultural needs of a Mixteco-speaking client and their families. Running approximately 40 minutes, the training is available on the Department’s online eLearning platform Relias free of charge.

The *Mixtec Culture and Mental Health Training* is narrated by Enrique Bautista, who is of Mixtec heritage and serves as a Patient Rights Advocate at the Department of Behavioral Wellness, and developed by the Department’s Cultural Competency and Diversity Action Team across several rounds of revision. The content draws on resources and guidance from the Ventura-based advocacy group MICOP (Mixteco Indigena Community Organizing Project), members of the county’s Mixtec community, and community partner organizations working with the Mixtec population in primary, dental and mental health care settings.

The training itself is structured with the following topics as sections:

- A historical introduction;
- What the Mixtec population is like today within California;
- Mixtec culture, and how it influences the way individuals understand mental health;
- Stigma surrounding mental health conditions and treatment;
- Barriers for Mixteco-speaking clients trying to access services;
- Spirituality, which has an important role in wellness and recovery; and
- New culturally-adapted ways to approach treatment and services.

Below are examples of training slides from *Mixtec Culture and Mental Health Training*:

Religion & Spirituality

- A spiritual healer is called a *curanderola* (or *practicante*, or *persona de ayuda*)
- A *curanderola* may perform cleansing rituals called *limpias*



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Approaches to Treatment

- Clients may struggle to *advocate for themselves* and ask questions
- “Storytelling” approach to discussing experiences



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➤ *Implicit Bias Advisory Group/Implicit Bias Training for Behavioral Health Providers*

In 2015, the Santa Barbara County Probation Department was awarded the Reducing Racial and Ethnic Disparities (RED) grant from the California Board of State and Community Corrections to address disparities in the juvenile justice system for youth of color. Part of the grant involved partnering with intersecting agencies, including the mental health system. The Department of Behavioral Wellness became a long-term committed partner, submitting de-identified data and working with contracted researchers from the University of California at Santa Barbara (UCSB), under the direction of research psychologist Dr. Jill Sharkey, to conduct an investigation into racial and ethnic disparities for youth receiving services by within the mental health system. UCSB produced two RED Mental Health Reports which revealed disparities in referrals, diagnoses, treatment and outcomes for youth of color receiving services. For example, examinations of patterns of diagnoses revealed that African American and Latino youth were overrepresented in diagnoses for Disruptive Behavior Disorders and Substance Use Disorders compared to White youth. At the same time, Latino youth were underrepresented in diagnoses for ADHD. These disparities are similar to disparities observed nationally and are impacted by larger social forces outside the purview of Behavioral Wellness, including beneficiaries of Medi-Cal coverage being disproportionately individuals of color.

The Department recognized an opportunity to reduce the occurrence of disparities within the mental health system, and based on feedback from UCSB researchers, Cultural Competence and Diversity Action Team (CCDAT) members, and advocacy groups, embarked on the creation of a customized implicit bias training focused on clinical assessment, diagnosis, and treatment practices within the behavioral health setting.

An *Implicit Bias Training Advisory Group* was formed to guide the Department on the development of a new and innovative training specific to behavioral health care professionals. More than a dozen advisory members were recruited to represent diverse perspectives and backgrounds from various organizations and agencies throughout the county, including UCSB faculty, Department of Behavioral Wellness, Family Service Agency, Council on Alcoholism and Drug Abuse (CADA), among others.

The Advisory Group was tasked with informing the creation of a training with the following outcomes:

1. Participants would gain an understanding of implicit bias.
2. Participants would gain an understanding of the impacts of implicit bias—generally and specific to their work in the mental health and substance use treatment system.
3. Participants would develop specific strategies for overcoming implicit bias in assessment and diagnosis.

Along with Dr. Jill Sharkey, the *Implicit Bias Training Advisory Group* contracted with subject matter consultants in the development of the training and to serve as training presenters. The main training presenters selected were Jarrod Schwartz, Executive Director of Just Communities of Santa Barbara County, who offers trainings and consultations in cultural competency; and Carmel Saad, a researcher and professor at Westmont College, who has conducted extensive research on implicit bias and published in several peer-reviewed journals on the topic of implicit bias. Together, and with the support and feedback of the Advisory Group, they developed the framework for this training.

The first round of *Implicit Bias Training for Behavioral Health Providers* was offered Thursday, August 23, from 12:30–3:30pm; and Wednesday, September 5th, from 9:00am–12:00pm. Both were held in Buellton, a central location for Behavioral Wellness and community-based organization staff from North, West, and South regions of the county. The training was free of charge with free CEUs for Behavioral Wellness staff and \$15 for CEUs for all others. Dr. Saad is contracted with the Department to evaluate the impacts of the training on diagnosis and biased language in assessment through pre- and post-training surveys and analyzing de-identified client documentation. This research report will be available in 2019. Plans are underway to offer additional implicit bias trainings in Spring 2019.

➤ *Drug Medi-Cal Organized Delivery System (DMC-ODS): Cultural Competence Training and Translation of Critical Client-Centered Documents*

This year, a major focus for the Department was the preparation for the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) in Santa Barbara County, set to begin December 1st. The Department's mission in implementing DMC-ODS is to promote the prevention of and recovery from addiction and mental illness among individuals, families and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services.

Equitable access to services through the Department's 24/7 Access Line is key to ensuring all beneficiaries receive timely care. Whenever possible, the Access Line is staffed by screeners bilingual in English and Spanish. When bilingual staff are unavailable, or the caller speaks a language in which current staff are not proficient, the Department utilizes over-the-phone Language Line services, available 24/7 and in over 240+ languages. Language Line utilization data shows that over 90% of calls are for Spanish interpretation, followed by Mixteco, Vietnamese and Tagalog. Following screening for DMC-ODS services, all beneficiaries will be referred to the appropriate ASAM level of care. Matching beneficiaries to the appropriate treatment provider can be just as important as matching the client to the appropriate level of care. Therefore, each referral will be grounded in each beneficiary's preferences and cultural experience including geographic location, language needs, transportation and other beneficiary-centered values and concerns.

Unduplicated counts of Drug Medi-Cal open admissions for Alcohol and Drug Programs show approximately 51% of adult clients identify as Hispanic while 79% of youth identify as Hispanic.

Spanish is the threshold language of Santa Barbara County, and a considerable proportion of DMC beneficiaries identify Spanish as their preferred/primary language. To address the needs of racial and ethnic minorities as well as other vulnerable and marginalized communities accessing DMC-ODS services, the following program and service priorities were integrated into all provider contracts:

- Adoption of the Culturally and Linguistically Appropriate Services (CLAS) standards.
- Hiring and retaining culturally competent staff with quarterly reporting on number of staff who are bilingual/bicultural. All contracted providers will strive to fill direct service positions with bilingual staff in county's threshold language Spanish that is reflective of the specific needs of each region. Contractor percentage goals are calculated based on U.S. Census language data by region: Santa Barbara service area (including Goleta and Carpinteria) - 30%; Santa Maria service area (including Orcutt and Guadalupe) - 48%; Lompoc service area (including Buellton and Solvang) - 33%.
- Provision of services in the client's primary/preferred language, and services that consider the cultural of mental illness and substance use disorders, as well as the ethnic and cultural diversity of clients and families serviced.
- Utilization of qualified and trained interpreters, include American Sign Language (ASL).
- Policies and procedures addressing discrimination and access barriers for racial and ethnic minorities, individuals with disabilities, and the LGBTQ+ community.
- Annual cultural competence training.
- Signage, informational brochures and other critical materials provided in Spanish.

Prior to implementation of DMC-ODS, the Department identified several critical documents requiring translation into Spanish, including highly technical and specialized documents (e.g. Release of Information, or ROI) that necessitate a translator with high English/Spanish proficiency in medical and legal terminology. The Ethnic Services and Diversity Manager worked closely with a contracted translator certified by the American Translators Association (ATA) to provide professional English-to-Spanish translation. All DMC-ODS translated documents were subjected to a quality review and back translated to ensure the original meaning and intention of the information was retained and all information is culturally appropriate for the local community. Beneficiary-critical translated DMC-ODS documents include, but are not limited to, the following:

- DMC-ODS Beneficiary Member Handbook
- DMC-ODS Provider Directory
- DMC-ODS Continuum of Care and Services Brochure
- Notices of Adverse Benefit Determination
- Informed Treatment and Medication Consent forms
- Intake and Financial Information forms
- Grievance and Appeal forms and notification letters

- Substance Use Disorder Release of Information (ROI)
- Opioid Prevention and Reversal Brochure

New and Revised Policies and Procedures

Through a number of policies and procedures, the Department targets and addresses various cultural and linguistic competency areas. While some are focused on upholding the rights of clients of all diverse backgrounds, other policies may embed information related to accessibility of services, supports through cultural and language adaptations, and mandated trainings.

All policies are available on the Department's website via this link: <http://countyofsb.org/behavioral-wellness/policies>.

In 2018, the Department created and updated several policies addressing system-wide cultural competency. The following is a listing of these policies with a summary of the policy function and/or specific language from the policy that refers to cultural competence.

1. Non-discrimination Policy (NEW)

Consistent with the requirements of applicable federal and state law, the Department and its contracted providers shall not engage in any unlawful discriminatory practices in the admission of clients, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, religion, marital status, national origin, age, sexual preference, mental or physical handicap, health status, or need for health care services.

In addition to the above, the Department and its contracted providers do not exclude, deny service to, or otherwise discriminate against any person on the basis of immigration status, legal status, insurance status, gender identity or expression, pregnancy status, or on any other basis prohibited by federal, state, or local law.

2. Accessibility for Persons with Disabilities (NEW)

It is the policy of the Department to comply with all requirements as set forth by the Americans with Disabilities Act (ADA) and ensure that all programs and services are accessible to people with disabilities to the fullest extent possible. This includes ensuring physical access, reasonable accommodations, culturally competent communications, and accessible equipment for all beneficiaries within Santa Barbara County with physical or mental disabilities.

3. Notice of Adverse Benefit Determination (REVISED)

All Notice of Adverse Benefit Determinations forms, regardless of type, must include attachments with (1) information on how to access the form and other information in a

different language or alternative format, (2) information on the Department's non-discrimination policy, and (3) free language services.

4. Mandatory Trainings (REVISED)

All MHP staff, DMC-ODS staff, and contracted providers must complete a minimum of one (1) training in the "Cultural Competence Training" category during each fiscal year of employment or other service.

5. 24/7 Toll-free Access Line (REVISED)

It is the policy of the Department to provide a statewide, toll-free telephone number 24 hours a day, seven days a week, with language capability in the county's threshold language of Spanish. This toll-free line shall provide information to beneficiaries on how to obtain specialty mental health and substance use disorder services; how to file a complaint or grievance; how to file an appeal in response to a Notice of Adverse Benefit Determinations; how to obtain out-of-network services; and other Department-relevant information as necessary and available.

Language interpretation and California Relay TTY capability shall be provided to Access Line callers to ensure full access to information and services to Limited English Proficient (LEP) individuals and people who are deaf, hard of hearing or speech disabled. Bilingual staff in the county's threshold language of Spanish will be scheduled to operate the Access Line whenever possible. For all other language interpretation needs, the Department shall utilize certified and qualified interpreters through contracted over-the-phone interpretation services.

6. Network Adequacy Standards and Monitoring (REVISED)

It is the policy of the Department to ensure beneficiaries of specialty mental health and substance use disorder services timely access to care and access to a sufficient number of high-quality, cultural-competent and effective service providers that are within reasonable travel distance in accordance with the standards set forth by the California state Department of Health Care Services (DHCS).

The Department shall maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the DHCS contract for all beneficiaries within Santa Barbara County, including beneficiaries with limited English proficiency or physical or mental disabilities, and proportionately adjust the number of network providers to support any anticipated changes in enrollment.

Data Updates: In-person Interpreter Utilization

The Department of Behavioral Wellness is mandated to provide services in a client's primary and preferred language, in accordance with its contract with the California Department of Health Care Services (DHCS) and Title VI of the Civil Rights Act of 1964 (42 USC §200d). To ensure quality interpretation services provided by trained and certified interpreters, the Department maintains contracts for both in-person and over-the-phone interpretation services.

Ortiz Schneider Interpreting & Translation is the contractor that provides in-person interpretation for county-operated service locations. The following information analyzes utilization of these services over **one year**, from **January 2017** to **January 2018**.

➤ Language Interpretation

- **Spanish** interpretation accounted for **95%** of all services rendered.
- **Mixteco** interpretation followed at **4.3%**.
- The remaining **.7%** included languages of lesser diffusion and sessions in which language was not recorded; in the latter, data indicates that sessions likely took place in Spanish.

➤ Utilization of Services

- There were **603** documented, in-person interpreter sessions in the period analyzed.
- On any given date, there were as few as **1 session** or as many as **11 sessions**. The average was **3.3 hours** of active interpretation each day.

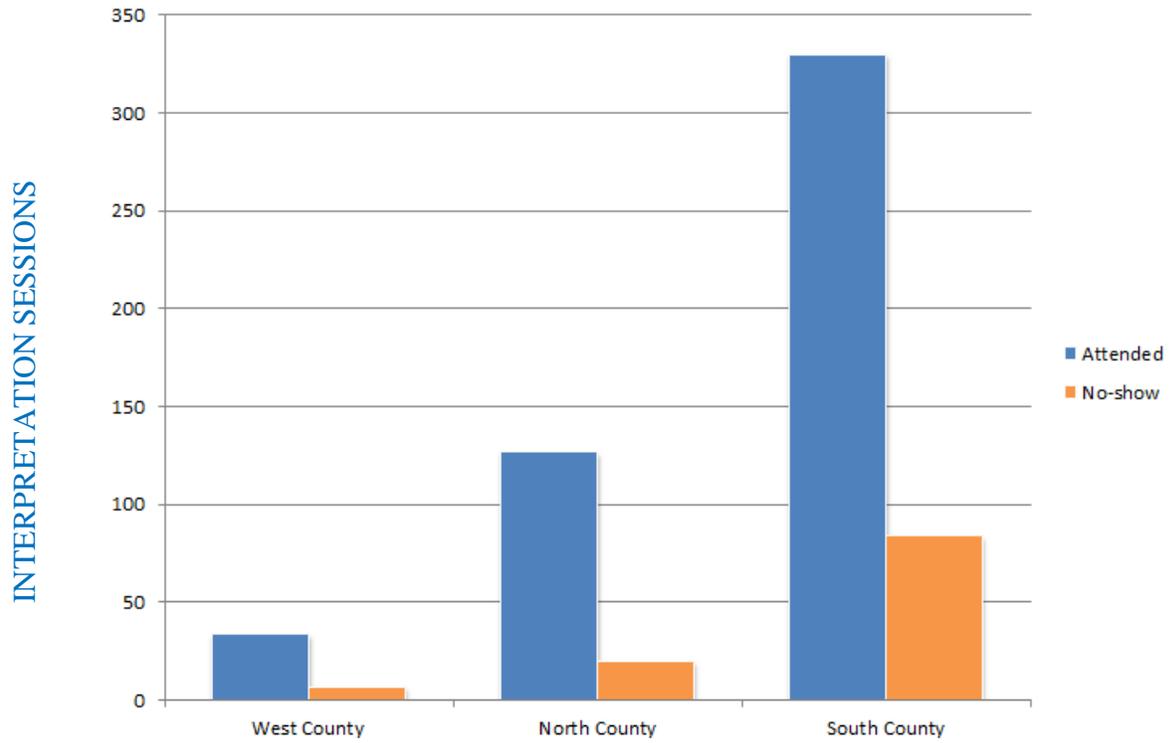
➤ Services by Location

- About **69%** of sessions took place in South County (Santa Barbara service area). **24%** took place in North County (Santa Maria) and **7%** in West County (Lompoc).
- One site had high utilization for interpreter services: **Santa Barbara Children's Clinic** alone accounted for **46% all interpretation sessions**. Of 224 unduplicated clients who received psychiatric services at this site, **73** unduplicated clients utilized in-person interpretation services.
 - This means that **32.5%**, or about **1 in 3**, of **all Children's psychiatric clients** utilized an interpreter.

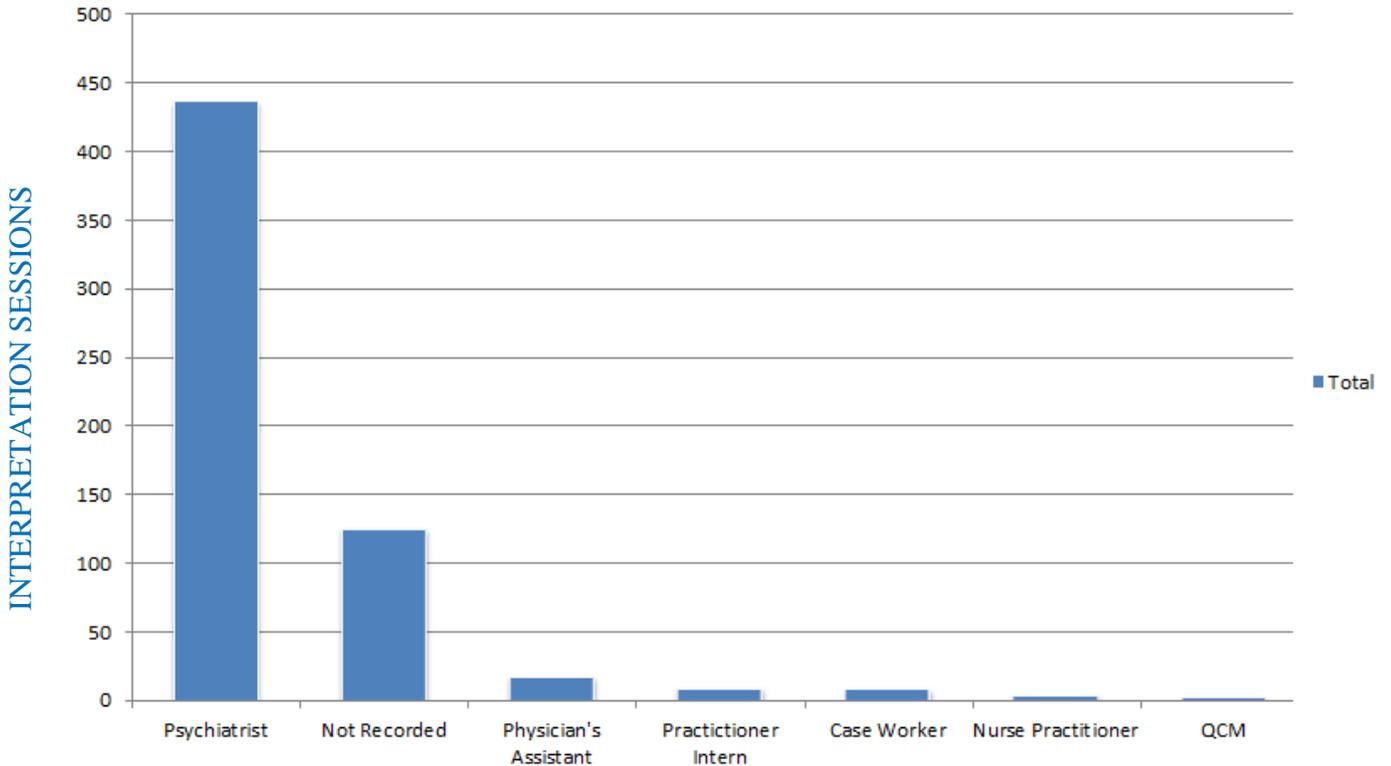
➤ Cost of Services

- In 2017, the total for all Ortiz Schneider interpretation services was **\$89,442**.
 - The total cost of no-show and late-cancelled appointments was **\$16,057**. This represents **19%** of all expenditures on in-person interpretation.
- In 2017, the total for all Language Line interpretation services was **\$9,276**.
- The total combined cost for the year of contracted interpreter services (in-person and over-the-phone) was **\$98,718**.

UTILIZATION BY REGION



UTILIZATION BY PROVIDER TYPE



Current data also demonstrates that the highest utilizers of in-person interpreter services are psychiatrists. Approximately 125 interpreter sessions did not have a provider type properly documented, but based on data trends and anecdotal information, these sessions were likely provided during psychiatric appointments.

➤ Analysis

The data demonstrates significant need for ongoing interpretation services. To best mitigate the cost of no-shows and build consistency in services for Behavioral Wellness clients and treatment teams, the Department is exploring the possibility of providing one or more in-house Spanish language interpreters, utilizing either an Extra Help or civil service role within the Department.

An in-house interpreter could serve as a cultural bridge and system navigator for Spanish-speaking clients. Having this resource located on-site or close to care sites could reduce the time spent on no-show appointments, and may reduce logistical barriers when scheduling appointments that require an interpreter. The Department plans to further analyze 2018 data to determine the best course of action.

Spotlight on Partnerships: American Indian Health and Services (AIHS) Circles of Care Grant

The Department of Behavioral Wellness has partnered with urban Indian health care provider American Indian Health and Services (AIHS) to address disparities in access to quality, culturally-appropriate mental health services to Native youth and families within Santa Barbara County.

AIHS has been awarded a 3-year grant through SAMHSA focused on research, planning, and infrastructure development to increase access to mental health and wellness services among the local Native American community. The information gathered during the data collection phase (Year 1) will inform efforts to design a blueprint for services (Year2) and integrate programs within existing local systems of care while also building internal capacity to meet needs that are culturally specific to the community (Year 3).

The Department's Ethnic Services and Diversity Manager serves on the AIHS Community Advisory Council to support integration and leveraging of existing resources and infrastructure in the services blueprint. Additionally, the Department has committed to apply for the SAMHSA Systems of Care grant following the conclusion of the Circles of Care grant.

Cultural Adaptations and Improvements to Documentation Practices

Members of the Department’s Cultural Competence and Diversity Action Team (CCDAT) guided the revision of several documentation templates, including the Comprehensive Assessment and Treatment Plan templates, to strengthen collection of culturally relevant information. A key focus this year was the integration of the American Psychiatric Association’s Cultural Formulation Interview (CFI) questions throughout the assessment. Posing these questions during an assessment enhance a mental health practitioner’s clinical understanding of the problem and functional impairments, potential sources of help, and expectations for services from the client’s cultural perspective.

CFI questions appear in hover boxes in multiple areas of the assessment template and not only in the “Cultural and Social Factors and Functioning” section. Below is a screenshot of a section of the template within the Department’s electronic health record system Clinician’s Gateway. In this example, the practitioner completing the assessment is prompted during the “Presenting Symptoms/Impairments” section to ask Questions 1 through 3, which elicit the individual’s view of core problems and key concerns. Question 3 (*What troubles you most about your problem?*) appears in a hover box below.

IDENTIFYING CURRENT FUNCTIONING DURING ASSESSMENT - <i>(Client is appropriately/inappropriately dressed and groomed, poor/good participation in assessment, good/poor eye-contact, list actual current appearance/behaviors of the client, and add the reason the client is here today- client is here for initial or updated assessment to... etc): *</i>		
<div style="border: 1px solid gray; height: 60px; width: 100%;"></div>		
PRESENTING SYMPTOMS/IMPAIRMENTS - Explain how the symptoms are leading to functional impairments. For each impairments, state the onset, duration and frequency/intensity of the impairment. *		
Note: Please ask Questions 1-3 to elicit the individual's view of core problems and key concerns. Focus on the individual's own way of understanding the problem.		
[Question 1]	[Question 2]	[Question 3]
<div style="border: 1px solid gray; padding: 5px;"><div style="border: 1px solid gray; border-radius: 5px; padding: 5px; display: inline-block;">What troubles you most about your problem?</div></div>		



The CCDAT also focused on revising the way the Department gathers information about a client’s race, ethnicity, sex, gender, preferred language, and more. The updated demographics section supports more thorough and inclusive data-gathering that can better inform treatment and services that match the client’s cultural and linguistic needs. Demographic data fields align with the updated Prevention and Early Intervention (PEI) data collection regulations to support consistency in information gathering across the system.

MHSA Innovations Project: RISE (Resiliency Interventions for Sexual Exploitation)

A 2-year extension was granted for the MHSA Innovations RISE program serving minor survivors of commercial sexual exploitation and those at risk of sex trafficking. Recent outreach and engagement efforts have increased focus on LGBTQ and gender non-conforming (GNC) youth, a population that is especially at risk for sex trafficking due to higher rates of family rejection, homeless and behavioral health conditions. Additionally, RISE has encountered a higher proportion of migrants subjected to sex and labor trafficking than expected. These youth are particularly difficult to reach as a result of increased fear related to legal status issues and the current anti-immigrant political climate. Effective service delivery to this population requires specialized culturally-specific efforts and cross-agency collaboration. A newly created Migrant Outreach Workgroup provides a forum for multi-disciplinary collaboration to better understand and respond to the support needs of migrant survivors of exploitation.

Additional Trainings Offered in 2018

➤ Sexual Orientation and Gender Identity (SOGI) Training

The Department partnered with the Pacific Pride Foundation to provide three (3) in-person trainings on Sexual Orientation and Gender Identity (SOGI) mental health and substance use recovery topics, held in all major regions of Santa Barbara County. Often, living with mental illness and/or addiction and entering recovery are compounded by the unique pressures of being LGBTQ+ in today's culture. Numerous individuals develop mental illness or become addicted as a result of abuse or trauma directed at their unique sexuality or gender identity. Understanding these complex realities can be a critical part of a client's recovery and of a provider's learning to offer improved client-centered care. In addition to LGBTQ+ 101 information and issues, the training comprised of small group break-out sessions led by trainers to focus on solution-oriented approaches to improve LGBTQ+ inclusion and participation in behavioral health programs. All Behavioral Wellness staff, partner agencies, and community members were invited to join free of charge. CEUs were available to Behavioral Wellness staff free of charge and \$15 for all others.

➤ Community Prevention Initiatives (CPI) Regional Training: Cultural Competence for Counties

This one-day training provided information and guidance to local Substance Use Disorder (SUD) prevention program on how to incorporate cultural competence into local effects and strategic prevention planning. Objectives included addressing the social determinants of health and the needs of targeted focus populations.

➤ **Hard Reduction & Overdose Prevention and Reversal Trainings**

The Pacific Pride Foundation was contracted to provide education and training on harm reduction, overdose prevention and reversal, and the use of naloxone. Over 20 education presentations and training sessions were provided throughout the county, resulting in over 500 naloxone kits distributed. Trainings offer a special focus on vulnerable populations are higher risk of opioid abuse and overdose, particularly homeless youth, the LGBTQ+ community, individuals newly released from incarceration, and older adults.

Looking Ahead

➤ **Cultural Competence Needs Assessment**

Through funds coordinated by the Southern California Regional Partnership, the Department is consulting with Dr. Jonathan Martinez with the California State University at Northridge (CSUN) to conduct a cultural competence needs assessment of the county-wide behavioral health system of care. The needs assessment will comprise of a 15-20 minute online survey inquiring on organizational confidence in cultural adaptations for treatment and services, availability of trainings and language services, and capability to serve hard-to-reach, marginalized and vulnerable populations, including immigrants and refugees, individuals with physical, cognitive and sensory disabilities, and older adults. Surveys will be followed by focus groups with organizational providers to gain deeper insights on cultural competence strengths and areas for improvement. The survey is slated to be launched in January 2019 with focus groups conducted in late Spring 2019.

➤ **Peer-to-Peer Chat and Digital Therapeutics (PPCDT) – aka “Tech Suite”**

The Peer to Peer Chat and Digital Therapeutics (PPCDT) application offers a free, voluntary and mobile web-based network of trained peers available to chat 24/7 with individuals (or their family members/caregivers) experiencing symptoms of mental illness. With MHSA Innovations funding, the Department will offer this service at no cost to behavioral health consumers and community members who have access to a cell phone, laptop, tablet, desktop computer or similar computing devices.

This Innovations project will target three primary adult populations, specifically individuals from psychiatric hospitals and/or recipients of crisis services; adults living in geographically isolated areas; and transition-age youth enrolled in colleges and universities at risk for severe mental illness and/or suicide. The application will be available in the county’s threshold of Spanish and the goal is to recruit a diverse pool of peer specialists to include several bilingual/bicultural peers.