

Cultural Competence Plan

Annual Update 2024



IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY



202 NORTH 8TH STREET
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CULTURAL COMPETENCE

ANNUAL UPDATE 2024

INTRODUCTION

Cultural competence is the ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than one's own. As providers of mental health and substance use disorder (SUD) services, being culturally competent means being able to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. Imperial County Behavioral Health Services (ICBHS) believes in the importance of being culturally competent to



develop and implement its Cultural Competence Program to assure that services provided reflect the cultural and linguistic needs of the individuals served by ICBHS, as well as, to identify any gaps or disparities in service provision, and to implement action steps to improve provision of services and client outcomes.

ICBHS believes that a culturally competent organization provides services that are culturally sensitive and responsive to diverse populations. ICBHS ensures standards of care are consistent with the philosophy that services provided are respectful of individuality, cultural diversity and imbedded into every facet of the department. ICBHS ensures that services are provided in a welcoming environment and by staff that is culturally competent and linguistically proficient to meet the needs of the population served.

Statement of Philosophy

ICBHS is dedicated to:

- Providing quality professional services that respect individuality and cultural diversity.
- Offering, in a non-judgmental environment, services which promote dignity and self-empowerment for individuals on their journey of wellness and recovery.
- Promoting independence and community integration for individuals with the support of family, peers, and the community.
- Helping individuals experience relief from emotional distress and assisting them in reaching their goals for a happier life.
- Offering services that are the least restrictive to people of all ages according to their needs.
- Holding the staff responsible for showing sensitivity to cultural and ethnic differences so that clients feel understood and respected.
- Providing early intervention and direct treatment to families in the community.
- Linking qualified clients to vocational and independent living resources.
- Encouraging teamwork among staff, clients, and community support systems in order to develop options for better living.
- Supporting staff by encouraging creativity, while at the same time meeting federal, state and county guidelines.

Quality of Care and Services

ICBHS is committed to providing high quality, cost-effective behavioral healthcare services to all clients, to the extent resources are available. ICBHS:

- Treats all clients with dignity, respect, and courtesy and provide care in a manner sensitive of their background, culture, religion, and heritage.
- Provides treatment and care to all clients regardless of race, gender, religion, color, economic status, sexual orientation, age, source of payment, or any other discriminatory characteristic.
- Strives to understand the diverse cultural backgrounds of our clients by gaining knowledge, personal awareness, and developing sensitivity and skills pertinent to working with a diverse client population.

Non-Discrimination Statement

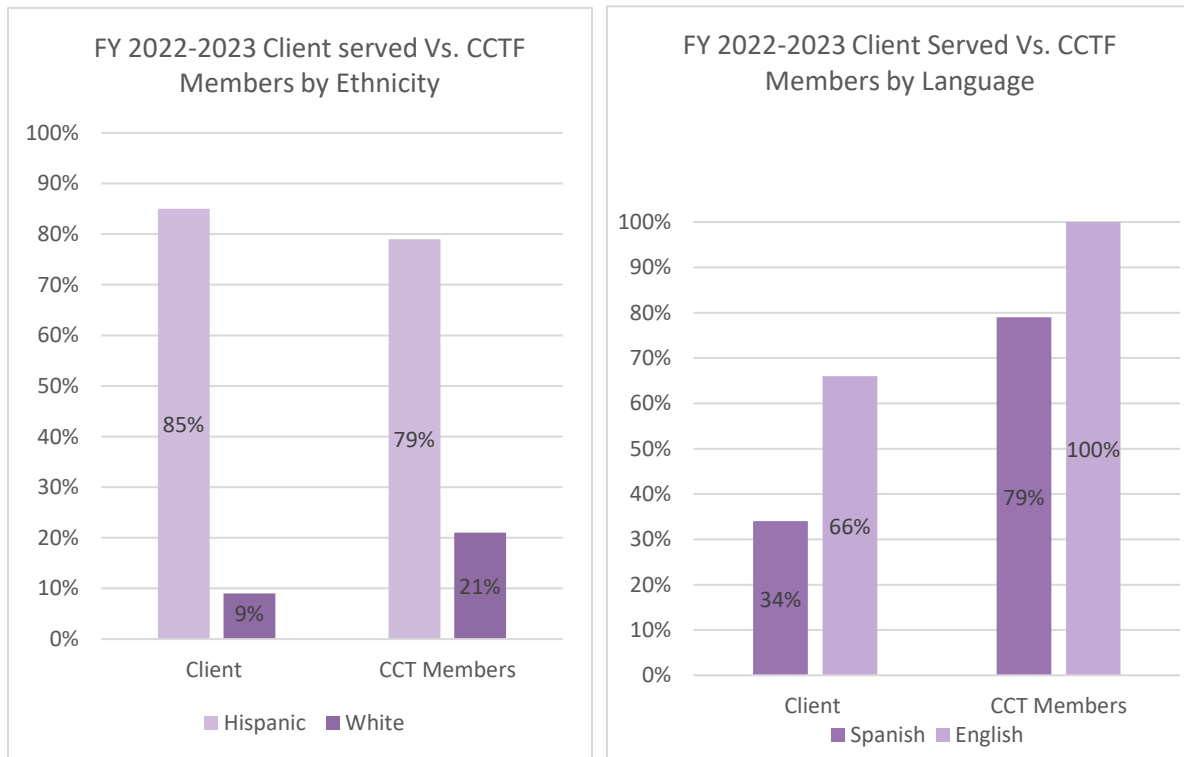
- Imperial County Behavioral Health Services provides equal care to all individuals seeking and receiving services, regardless of age, religion, sex, gender identity or gender expression, ethnicity, age, disability, sexual orientation, physical attributes and ability to pay.

A. Cultural Competence Taskforce

The Cultural Competence Taskforce (CCT) is committed to addressing cultural issues and promoting a delivery of services and the provision of information to residents of Imperial County in a manner that is responsive to and respectful of the individuals, attitudes, beliefs, customs, and practices of the various cultural and ethnic groups reflective of Imperial County.

Any member of the taskforce may resign at any time, with the approval of their Deputy Director or the Director, by giving written notice to the chairperson. Such resignation will take effect at the time specified therein, unless a successor has been named. In this event, such resignation shall take effect immediately upon the appointment of the successor.

During FY 22-23, the CCT consisted of 14 members. The following depicts the cultural and linguistic representation of each member to ensure the CCT reflects the diversity of the clients served by ICBHS:



More detailed information regarding the cultural and linguistic factors of the clients served by ICBHS can be found in Section III of this document.

MEMBERSHIP COMPOSITION OF THE CCT

To the extent feasible, the CCT will have participation from ethnic, racial, and cultural groups that are reflective of the community. Members will serve a two-year term, at a minimum. CCT members are appointed by the ICBHS Director or designee and will include representation from the following:



- Adults Services** – Mental Health Services
- Children Services** – Mental Health Services
- Youth and Young Adult Services** – Mental Health Services
- Center for Clinical Training/Staff Development**
- Mental Health Triage Unit**
- Adults and Adolescent** – SUD Services
- Quality Management (QM) Unit**
- Information Systems**
- Consumers**
- Family Members**
- Community Members**

CCT Meeting

The CCT meetings are held bi-monthly the second Wednesday of the month from 3:30 p.m. to 5:00 p.m. An exception is made for the month of August, wherein no meeting will be scheduled.

Agenda

All departmental personnel, providers, and taskforce members may contribute to the agenda items. All agenda items shall be submitted to the CCT record prior to the first Wednesday of each month by 5:00 p.m. All agenda items and materials for distribution shall be reviewed by the CCT chairperson prior to distribution to CCT members. The agenda and meeting minutes are distributed to all committee members the Friday prior to the scheduled meeting.

Meeting Minutes

The CCT chairperson is responsible for the meeting minutes. The minutes will contain, at a minimum, the following:

- a. The name and location of the meeting.
- b. The date and time of the meeting.
- c. The members present listed by name and title.
- d. The members absent, listed by name and title.
- e. Guest listed by name and title.
- f. Issues discussed.
- g. Review, analysis, and evaluation of cultural competence related activities.
- h. Decisions and/ or recommendations made.
- i. Action(s) taken.
- j. Institution of needed cultural competence activities.

Voting

The CCT shall follow these guidelines:

- a. A quorum (presence of more than half of the appointed members) is required for any decisions and/or actions taken by the CCT.
- b. The chairperson (or designee) is not a voting member, except in the event of a tie-vote in which case the chairperson (or designee) vote will prevail.



Duties of Officers

Coordinator

The Cultural Competence Ethnic Services Manager is responsible for cultural competence that promotes the development of appropriate mental health and SUD services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

Chairperson

The CCT chairperson is designated by the ICBHS Director or designee. The CCT chairperson will:

- Preside at all meetings.
- Review agenda items and materials with the QM Unit Behavioral Health Manager prior to distribution.
- Appoint all subcommittees.
- Call special meetings, as necessary.
- Work in concert with the QM Unit Behavioral Manager to develop and implement the Cultural Competence Plan, including assigning tasks and monitoring the progress of task completion.

CCT Roles and Responsibilities

ICBHS has established the following guidelines and responsibilities as being appropriate for the individuals who are part of the CCT:

- i. The CCT will provide an advisory role for the Ethnic Services Manager/designee and will be involved in the design, implementation, review, and evaluation of the Cultural Competence Plan.
- ii. The CCT will review departmental services/programs and data with respect to cultural issues and ensure CLAS standards are infused throughout the organization's planning and operations.
- iii. The CCT will monitor the translation of the MHP's written materials to ensure information is effectively communicated to individuals in the language(s) commonly used by the populations in the service area and takes into consideration persons with limited reading proficiency (i.e., 6th grade reading level).
- iv. The CCT will participate in the overall planning and implementation of county services.
- v. The CCT will participate and review the MHSA community program planning process and outcomes.
- vi. The CCT will provide updates as assigned; participate in assigned sub-committees; and participate in activities designed to move forward the taskforce objectives as described in the Cultural Competence Plan.
- vii. The CCT will provide reports to ICBHS management, the Director, and the Quality Improvement Committee (QIC).
- viii. The CCT will review and evaluate the results of the Cultural Competence Plan activities at least annually.

CULTURAL COMPETENCE PLAN

The Department's Cultural Competence Plan includes a listing of specialty mental health services (SMHS), SUD services, and other services available for beneficiaries in their primary language by location of services; a population assessment and a provider assessment focusing on issues of cultural competence and linguistic capability; objectives and strategies for improving cultural competence; and a plan for cultural competency training for administrative and management staff, persons providing SMHS



and SUD services who are either employed by or contracted by the Department, and the persons employed by or contracting with the Department who provide interpreter or other support services to beneficiaries. The Cultural Competence Plan also includes any additional requirements as set forth by the Department of Health Care Services (DHCS).

The QM Unit updates the Department's Cultural Competence Plan annually so that it documents the progress made in evaluating and monitoring all of its activities and provides an annual report of the CCT's activities. The annual update reflects current goals, monitoring results, and improvement processes. It also describes the CY 2023 objectives that were built upon previous findings, as well as objectives that represent new opportunities for the upcoming year.

I. AVAILABLE MENTAL HEALTH, SUBSTANCE USE DISORDER AND OTHER SERVICES

ICBHS provides a wide array of mental health, SUD, and other supportive services throughout Imperial County, a rural area that extends over 4,579 square miles, located in the southeast corner of California. The county extends from the Colorado River on the east to the San Diego County line on the west, and from the international border with Mexico on the south to Riverside County on the north. The incorporated cities of Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland are the most heavily populated areas in the county.



Although residents in the more populated areas can easily access services from ICBHS, those in the less populated, outlying areas may face time and distance barriers when accessing services. Making services readily accessible to residents in these remote areas has been part of ICBHS strategy in planning and establishing service sites.

ICBHS completes a *Location Study* to all Medi-Cal sites to ensure all affiliated sites adhere to state regulations certification standard before operating. One of the on-site criteria consist on checking the accessibility of services, which includes, but limited to: a) if the residents of the cities of Imperial County have the availability transportation transit; b) spaces designated for handicapped parking; c) accessible to public restroom for male and females and appropriated measurement to give access to someone who is in a wheelchair. As well, checking if facilities have gender-neutral restrooms and a family restroom; and d) checking if the facilities are providing an inviting and spacious welcoming atmosphere for everyone.

The MHP has 35 Medi-Cal certified sites for the provision of SMHS to individuals of all ages. Mental health services are organized according to age group; Children (clients through the age of 13); Youth and Young Adults (clients age 14 through 25), and Adults (clients over the age of 25). The MHP also has four in-county organizational providers and two out-of-county.

DMC-ODS provider sites includes county-operated adolescent and adult clinic in El Centro and Calexico; a contracted Narcotic Treatment contracted provider with programs in El Centro and Calexico; and three contracted out-of-county residential treatment providers with multiple sites within their host county. Services are also provided according to the age group for adolescents, age 12 to 18, and adults over the age of 18.

A Provider Directory for SMHS and SUD services is updated monthly to reflect the providers assigned to each SMHS and SUD sites. The providers directory includes the providers name, License number, National Provider Identifier (NPI), Specialty, population served, service category, their non-English language, cultural capabilities, if they have participated in cultural competence training, and if they are accepting new beneficiaries. The Providers Directory for SMHS and SUD is available on the department's website at <https://bhs.imperialcounty.org/resources/>.

II. POPULATION AND PROVIDER ASSESSMENT

ICBHS implemented the California Advancing and Innovating Medi-Cal (CalAIM) behavioral health initiatives through the Semi-Statewide Innovation Enterprise Health Record Project. This involved adopting the SmartCare EHR to meet evolving standards, enhance workforce efficiency, promote cross-county learning, and scale best practices. As the first pilot county, ICBHS went live with SmartCare on February 1, 2023, collaborating with CalMHSA. Due to these changes, ICBHS is only able to report on data collected through the previous EHR up until December 31, 2022. It is anticipated that the subsequent Cultural Competence Plan will report on a data set that reflects information collected through SmartCare.

A. Population Assessment

By evaluating the data gathered in FY 22-23 for Quarter 1 and Quarter 2, ICBHS provided mental health services to a total of 6,059 unduplicated Medi-Cal clients and SUD services to a total of 601 unduplicated Medi-Cal clients. The group numbers include beneficiaries that may have received services in more than one team/program but are counted only one time in each team/program in which they received services.

An overview of the cultural and linguistic assessment are illustrated and discussed in this section of the plan for mental health services and substance use disorder treatment services.

Mental Health Services (MHP)

During FY 22-23, mental health services were provided to 6,059 unduplicated Medi-Cal clients. The following figures depict the ethnicity, gender, language, and age of the clients provided with MHP services during FY 22-23:

Figure 1: MHP Medi-Cal Beneficiaries by Ethnicity

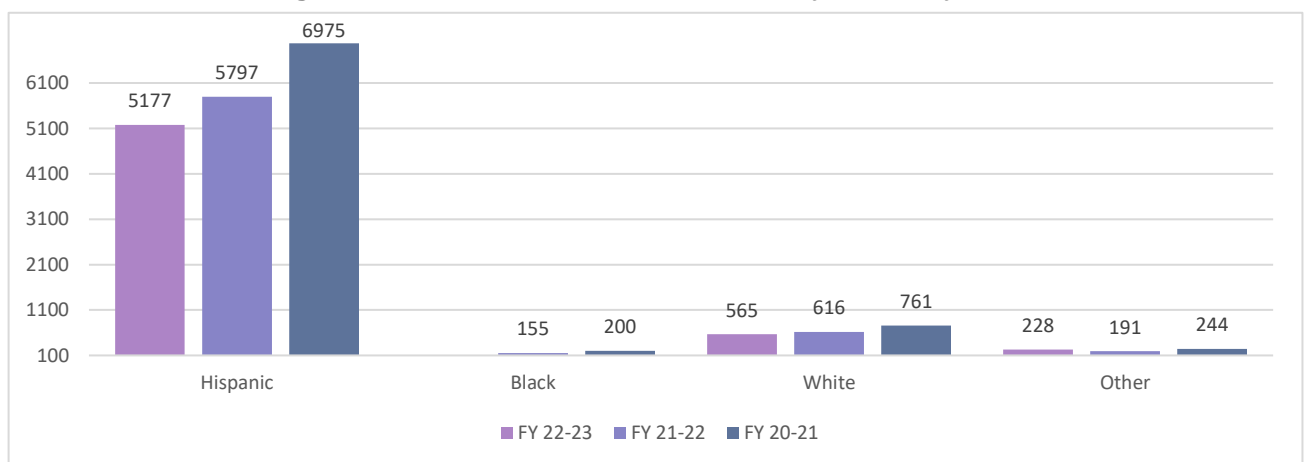


Figure 2: MHP Medi-Cal Beneficiaries by Gender Distribution

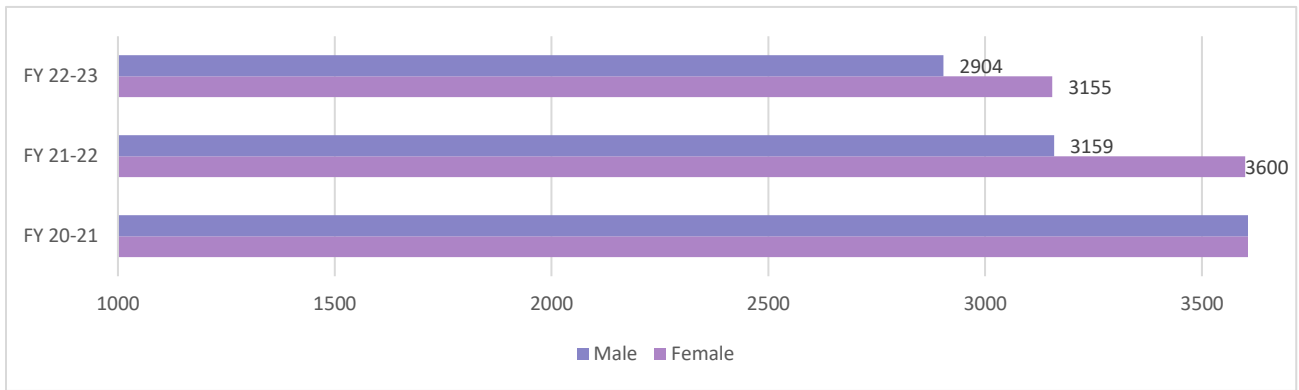


Figure 3: MHP Medi-Cal Beneficiaries by Language Distribution

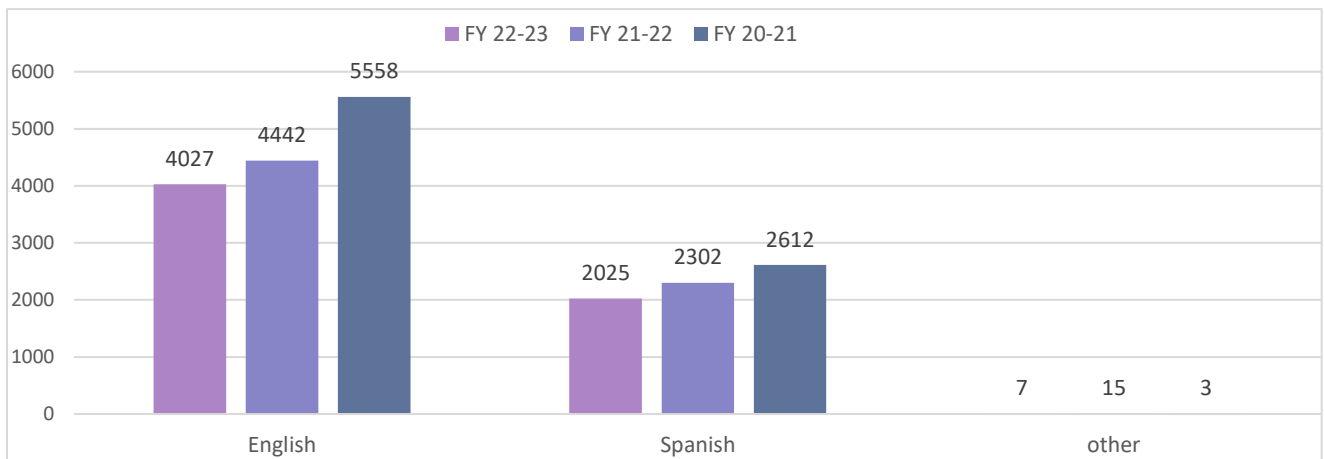
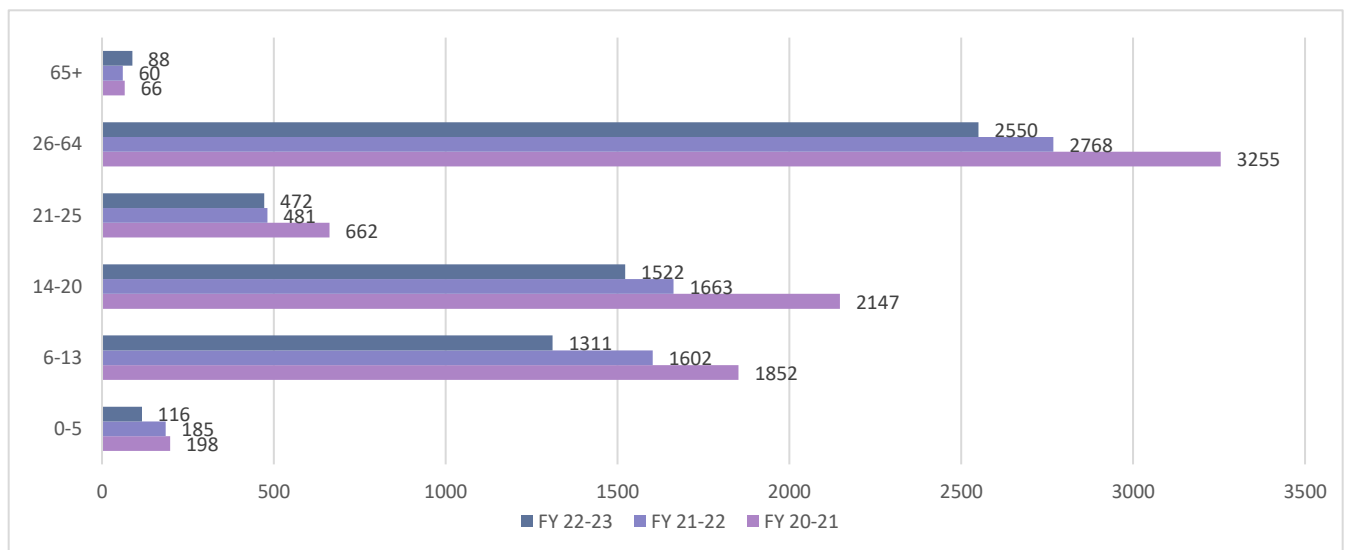


Figure 4: MHP Medi-Cal Beneficiaries by Age Group Distribution



Consumer Perception Survey (CPS)

Consumers receiving mental health services are also surveyed annually to determine the overall perception of their treatment, including their perception of the cultural sensitivity of their provider(s). The most recent Consumer Perception Survey data (CY2022) are summarized in Table 1 through 4, including a side-by-side comparison with CY 2021 and CY 2020 findings.



Table 1: Satisfaction Rates-Youth Consumer Perception Survey

Youth Consumer Perception Survey	CY 2020	CY 2021	CY 2022
	(n=15)	(n=3)	(n=82)
General Satisfaction	91%	96%	86%
Perception of Access	90%	95%	95%
Treatment Planning	93%	80%	94%
Outcome of Services	87%	90%	94%
Social Connectedness	82%	100%	69%
Cultural Sensitivity	93%	90%	82%
Perception of Functioning	86%	90%	66%

Youth had a significant decrease in the areas of “General Satisfaction”, with a decrease of 10 percentage points; “Social Connectedness”, with a decrease of 31 percentage points; and “Perception of Functioning”, with a decrease of 24 percentage points. There was a notable increase in the area of “Participation in Treatment Planning”, with an increase of 14 percentage points. Although most areas stayed the same or had slight improvement, there was a notable decrease in the areas of “Cultural Sensibility”, with an 8-percentage point decrease when comparing the scores to CY 2021.

Table 2: Satisfaction Rates-Youth and Families Consumer Perception Survey

Youth for Families Consumer Perception Survey	CY 2020	CY 2021	CY 2022
	(n=17)	(n=27)	(n=192)
General Satisfaction	89%	92%	90%
Perception of Access	91%	92%	93%
Treatment Planning	91%	84%	90%
Outcome of Services	91%	85%	70%
Social Connectedness	83%	91%	87%
Cultural Sensitivity	86%	90%	96%
Perception of Functioning	88%	85%	68%

Although most areas in the *Youth and families* stayed the same or had slight improvement, there was an increase in the area of “Cultural Sensibility”, with a 6-percentage point increase when comparing the scores to CY 2021.

Table 3: Satisfaction Rates-Adult Consumer Perception Survey

Adult Survey Consumer Perception -Survey	CY 2020	CY 2021	CY 2022
	(n=41)	(n=66)	(n=93)
General Satisfaction	90%	86%	81%
Perception of Access	89%	88%	94%
Quality & Appropriateness	91%	84%	90%
Treatment Planning	93%	87%	95%
Outcome of Services	82%	83%	72%
Social Connectedness	86%	77%	83%
Functioning	82%	85%	71%

Adult consumers reported high satisfaction perception (72 to 95 percent). Findings remained consistent from the previous year, excluding “Participation in Treatment Planning”, which increased by 11 percentage points, and “Perception of Functioning”, which decreased by 14 percentage points.

Table 4: Satisfaction Rates-Older Adult Consumer Perception Survey

Older Adult Survey Consumer Perception Survey	CY 2020	CY 2021	CY 2022
	(n=2)	(n=16)	(n=45)
General Satisfaction	90%	85%	92%
Perception of Access	89%	86%	92%
Quality & Appropriateness	91%	85%	83%
Treatment Planning	93%	87%	91%
Outcome of Services	82%	90%	70%
Social Connectedness	86%	80%	67%
Functioning	82%	80%	76%

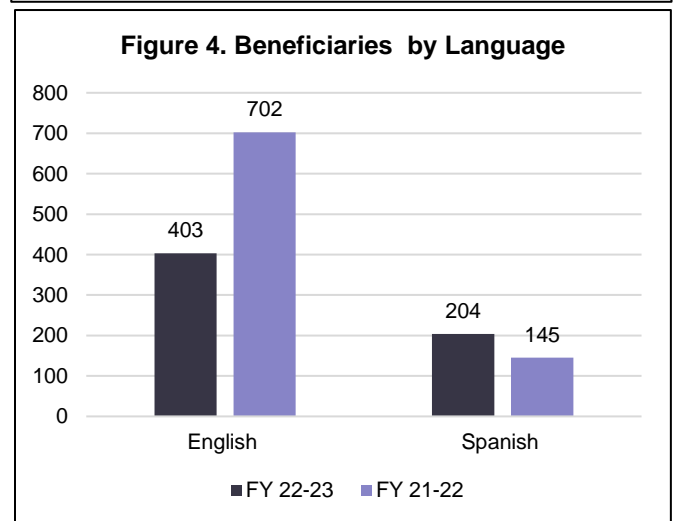
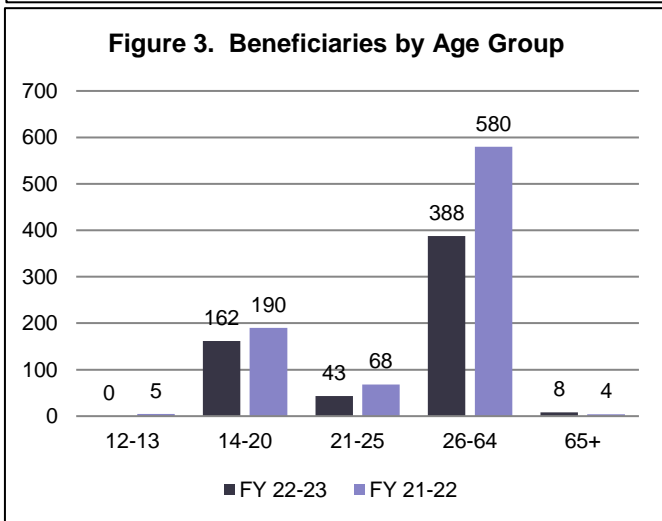
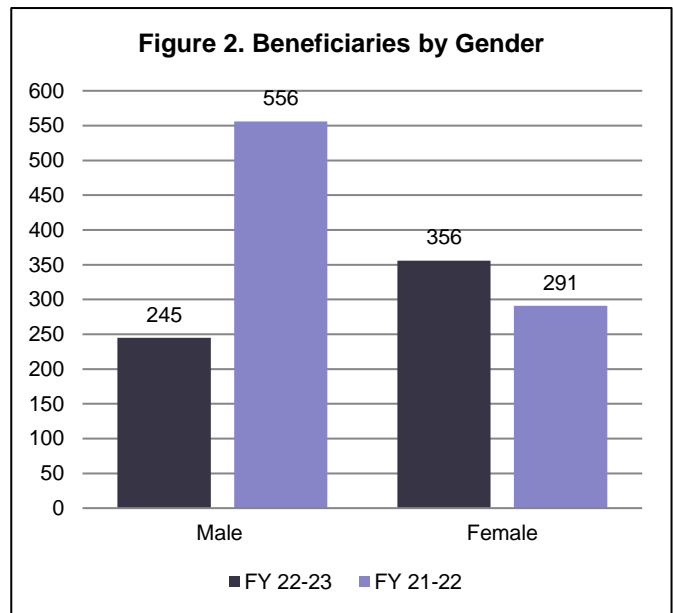
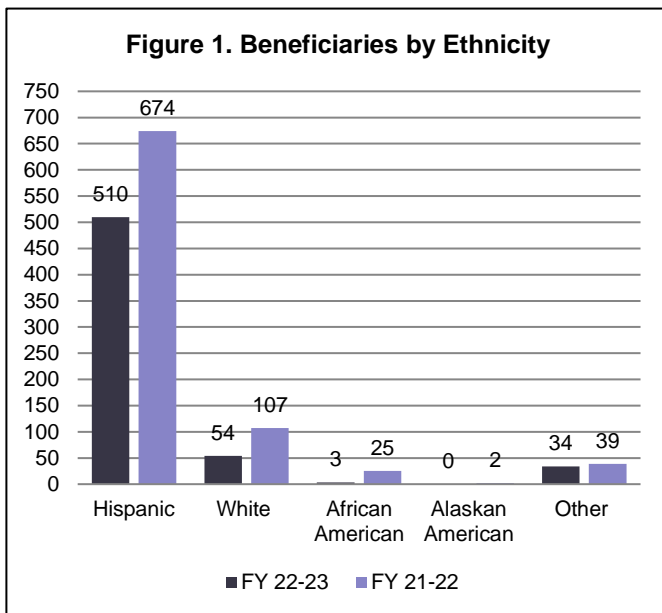
Older Adults findings remained consistent from the previous year, excluding “Outcome of Services”, which decreased by 20 percentage points, and “Social Connectedness”, which decreased by 13 percentage points.

The Consumer Perception Survey for CY 2022 results and findings were presented to the QIC on June 8, 2023.

SUBSTANCE USE DISORDER SERVICES (SUD)

Services provided by Imperial County SUD Programs have consisted of Outpatient Drug Free Services. Imperial County entered into a new era of SUD services by opting into the Drug Medi-Cal Organized Delivery System (DMC-ODS) as of July 1, 2018, ICBHS expanded its SUD services. SUD services will be expanded beyond the regular Outpatient Drug Free services that have historically been provided to include additional service needs identified according to the American Society of Addiction Medicine (ASAM) criteria. Specifically, SUD treatment services provided by County Operated providers will now include the following: Outpatient services, Intensive Outpatients, Additional Medication Assisted Treatment, Case management, and Recovery services.

By evaluating the data gathered in FY 22-23 for Quarter 1 and Quarter 2, SUD services were provided to 601 Medi-Cal clients. The following figures depict the ethnicity, gender, language, and age of the clients provided with SUD services during FY 22-23:



Treatment Perception Survey (TPS)

During CY 2022, ICBHS administered the Treatment Perception Survey (TPS) during the fall 2022 to determine the overall perception of their treatment, including their perception of the cultural sensitivity of their provider(s). The most recent Treatment Perception Survey data (CY 2022) are summarized in Table 5 and 6, including a side-by-side comparison with CY 2021 and CY 2020 findings.

Table 5: Satisfaction Rates- Youth Treatment Perception Survey

Survey Area	CY 2020	CY 2021	CY 2022
Convenient Location	100%	82.6%	81.0%
Convenient Time	100%	83.3%	90.5%
Good Enrollment Experience	100%	87.0%	81.0%
Worked with Counselor on Goals	100%	91.3%	95.2%
Received the Right Services	100%	87.5%	80.0%
Treated with Respect	100%	95.8%	100%
Counselor Listened	100%	95.7%	95.2%
Positive/Trusting Relationship with Counselor	100%	91.7%	80.0%
Cultural Sensitivity	91.7%	54.5%	68.4%
Counselor Interested in Me	100%	87.5%	90.5%
Liked Counselor	100%	95.8%	90.5%
Counselor Capable of Helping	100%	100%	100%
Health/Emotional Needs Being Met	100%	95.8%	100%
Helped with Other Issues/Concerns	100%	91.3%	90.0%
Provided Family Services	100%	90.0%	80.0%
Better Able to Do Things	100%	82.6%	85.7%
Overall Satisfied with Services	100%	91.7%	100%
Recommend Services	100%	95.7%	81.0%

A significant decrease between CY 2021 and CY 2022 in the areas of "Positive/Trusting Relationship with Counselor", with a decrease of 11.7 percentage points, and "Recommend Services", with a decrease of 14.7 percentage points. There was, however, a 13.9 percentage point improvement in "Cultural Sensitivity".

Table 6: Satisfaction Rates- Adult Treatment Perception Survey

Survey Area	CY 2020	CY 2021	CY 2022
Convenient Location	80.6%	88.8%	85.3%
Convenient Time	86.0%	91.6%	90.5%
I Chose my Treatment Goals	89.0%	92.8%	88.7%
Staff Gave Me Enough Time	92.9%	93.6%	93.7%
Treated with Respect	89.5%	93.2%	91.0%
Understood Communication	90.6%	96.0%	90.5%
Cultural Sensitivity	87.0%	93.7%	90.5%
Work with Physical Health Care Providers	85.5%	90.8%	88.2%
Work with Mental Health Providers	81.5%	89.1%	87.2%
Better Able to Do Things	88.3%	94.4%	89.9%
Felt Welcomed	90.5%	94.0%	92.6%
Overall Satisfied with Services	88.3%	91.4%	94.2%
Got the Help I Needed	88.9%	91.2%	91.1%
Recommend Agency	89.0%	92.4%	92.3%

The data shown in Table 6 indicates relatively consistent responses between CY 2021 and CY 2022.

Treatment Perception Survey for Fall 2022 results and findings were presented to the QIC on May 11, 2023.

B. Provider Assessment

Each fiscal year, the QM Unit conducts an analysis of the cultural competence and language capabilities of the Department by surveying ICBHS staff and providers. During FY 22-23, the QM Unit surveyed 437 individuals. The results for this year were measured by the number of staff employed by ICBHS as of April 1, 2023. The finding from these surveys are included below:

Table 7: Staff Race by Function

Race	Administrative		Direct Services				Support Services		Grand Total	
	n= 59		Licensed n= 71		Unlicensed n= 98		n= 209		n= 437	
	#	%	#	%	#	%	#	%	#	%
American India/Alaskan Native	0	0%	0	0%	0	0%	0	0%	0	0%
Asian Indian	0	0%	2	3%	0	0%	0	0%	2	0%
Black/African American	0	0%	0	0%	0	0%	0	0%	0	0%
Hispanic/Latino	49	83%	51	72%	89	91%	178	85%	367	84%
Japanese	0	0%	0	0%	0	0%	0	0%	0	0%
White	7	12%	13	18%	8	8%	19	9%	47	11%
Other Race	3	5%	5	7%	1	1%	7	3%	16	4%
Not Reported	0	0%	0	0%	0	0%	5	2%	5	1%
Grand Total	59	100%	71	100%	98	100%	209	100%	437	100%

Table 8: Staff Language Capabilities by Function

Language Capabilities	Administrative		Direct Services				Support Services		Grand Total	
	n= 59		Licensed n= 71		Unlicensed n= 98		n= 209		n= 437	
	#	%	#	%	#	%	#	%	#	%
Spanish										
Fluent	41	69%	44	62%	75	77%	143	68%	303	69%
Good	6	10%	5	7%	9	9%	25	12%	45	10%
Fair	4	7%	9	13%	7	7%	16	8%	36	8%
Poor	0	0%	2	3%	2	2%	6	3%	10	2%
Sign Language										
Fluent	0	0%	2	3%	7	7%	15	7%	24	5%
Good	1	2%	0	0%	2	2%	3	1%	6	1%
Fair	1	2%	2	3%	5	5%	6	3%	14	3%
Poor	4	7%	10	14%	13	13%	12	6%	39	9%
Other Languages										
Fluent	0	0%	12	17%	10	10%	26	12%	48	11%
Good	0	0%	1	1%	6	6%	5	2%	12	3%
Fair	1	2%	1	1%	3	3%	2	1%	7	2%
Poor	0	0%	1	1%	4	4%	4	2%	9	2%

*Not all totals are shown due to staff indicating having more than one language capability.

The survey results indicate that out of the total respondents, staff responded working with the following top three-culture population:

- 54% Hispanic/Latino
- 46% Mental Health Clients
- 40 White

The survey results also indicate that out of total respondents, staff felt *quite a bit knowledgeable* to *very knowledgeable* of the cultures they work with. Table 9 illustrates Staff Cultural Awareness by Likert scale.

Table 9: Staff Cultural Awareness by Likert scale

Cultural Awareness	Not Knowledgeable-Somewhat	Quite a bit-Very Knowledgeable
Hispanic/Latino	8%	92%
Mental Health Clients	13%	87%
White	29%	71%

As part of the assessment, providers were also asked to identify which cultures they felt they needed training in order to better meet the cultural needs of the clients they serve. Survey respondents indicated the following:

- American Indian/Alaskan Native (24%)
- Black/African American (18%)
- Asian/Pacific Islander (22%)

In FY 22-23, the QM Unit assessed the cultural competence and linguistic capabilities of staff and presented the annual report to the QIC on September 13, 2023.

Population vs. Provider Assessment

When reviewing ethnicity, the clients served in FY 22-23 are consistent with the profile of Imperial County, with 83 percent of clients being Hispanic, as is the ICBHS workforce, with 84 percent of employees being Hispanic, as seen in Table 4. Clients served in FY 22-23 primarily identified English as their primary language (68%); while 84 percent of the ICBHS workforce are able to speak Spanish and are thereby able to meet the needs of Spanish speaking clients, as well as any growth in the number of Spanish speaking clients served.

Table 10: FY 22-23 ICBHS Clients Served vs. Workforce

Ethnicity	Clients	Workforce
Hispanic	85%	84%
White	9%	11%
Black	1%	0%
Other	4%	4%
Language		
Language	Clients	Workforce
Spanish	32%	79%
English	68%	100%

**Spanish is Imperial County's threshold language.*

In reviewing the overall ethnic and linguistic information of the clients served versus the ICBHS workforce, no disparities were found.

CULTURAL COMPETENCE ACTIVITIES REVIEW AND GOALS



PRINCIPLES: CLAS STANDARD #1

CLAS STANDARD 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

A. Overview of objectives and planned activities for CY 2023

ICBHS strives to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. In order to accomplish this, ICBHS has adopted the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care as its framework for implementing its Cultural Competence Plan. The CLAS Standards have been issued by the U.S. Department of Health and Human Services to advance health equity, improve quality, and help eliminate health care disparities. ICBHS utilizes each standard as a goal for the Department and develops objectives and strategies for monitoring and improving cultural competence throughout the year.

The CLAS Standards include the following:

Principle Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

During FY 22-23 the CCT continued its works toward achieving its CY 2023 goals, which was designed around the framework of the CLAS Standards. Throughout CY 2023, activities were implemented according to each CLAS Standard, as indicated in the CY 2023 Cultural Competence Plan, and were monitored, reviewed, and evaluated by the CCT. Findings and recommendations were made by the CCT, as appropriate, to ICBHS management, the Director, and the QIC, regarding the overall planning and implementation of county services, as well as CCT activities.

Details of the activities completed during CY 2023 are reported under each corresponding CLAS Standard, along with any findings and recommendations, to ensure the provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

a. Objectives and planned activities for CY 2024

- The CCT will review and evaluate departmental services/programs and data with respect to cultural issues and ensure CLAS standards are infused throughout the organization's planning and operations.
- The CCT will be involved in the design, implementation, review, and evaluation of the Cultural Competence Plan.
- The CCT will participate in the overall planning and implementation of county services.
- The CCT will provide updates as assigned; participate in assigned sub-committees; and participate in activities designed to move forward the taskforce objectives as described in the Cultural Competence Plan.
- The CCT will provide reports to ICBHS management, the Director, and the QIC.
- The CCT will review and evaluate the results of the Cultural Competence Plan activities at least annually.

GOVERNANCE, LEADERSHIP AND WORKFORCE:

CLAS STANDARD #2-4

CLAS STANDARD 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

a. Overview of objectives and planned activities for CY 2023

During CY 2023, ICBHS and its leadership continued to promote and support the CLAS Standards and health equity through policies, procedures, practices, and allocated resources. ICBHS supports the CLAS Standards through the implementation of the following policies and procedures:

Policy 01-55: *Culturally and linguistically Competent Services*

To ensure all ICBHS staff are aware of culturally and linguistically competent services that are available to ICBHS clients.

Procedure 01-130: *Language Line Solutions On Site Interpretive Services Interpretive Services*

To establish a procedure to request on-going interpretive services in languages other than the established threshold language, Spanish, through Language Line Solutions.

Policy 01-264: *Cultural Competence Training Plan*

To establish a policy for the development of the MHP's Cultural Competence Plan.

Policy 01-265: *Cultural Competence Taskforce*

To establish a policy identifying the responsibilities of the Cultural Competence Taskforce.

Policy 01-270: *Cultural Competence Plan*

To establish a policy on developing and updating the Cultural Competence Plan.

Policy 13-12: *Request for Initial Choice of Provider*

This establishes that ICBHS will provide for an initial choice of provider upon the request of the beneficiary.

Procedure 13-12: *Using the AT&T Language Line*

This procedure provides instructions on how to use the AT&T Language Line.

Policy 13-14: *Interpreter Services*

This policy establishes the provision of interpreter services provided free of cost to beneficiaries.

Policy 13-18: *Available Cultural/Linguistic Services to Populations Meeting the Threshold Language, Spanish*

This policy identifies the available cultural/linguistic services to populations meeting the threshold languages.

Policy 13-19: *Available Cultural/Linguist Services to Populations not meeting the Threshold Language (Spanish)*

This policy identifies the available cultural/linguistic services to populations not meeting the threshold language.

Policy 13-22: *Provider List*

This policy defines the requirements for the list of current MHP providers. The Provider List provides information for county operated provider sites, contract providers and community providers. List includes language(s) spoken, cultural competency, populations served, and service category available.

Policy 16-17: *Literature and Translated Materials Distribution*

This policy assures the availability of culturally and linguistically appropriate general program literature in threshold languages that assists beneficiary in accessing medically necessary specialty mental health services.

Policy 01-323: *Written Materials – Language and Format Requirements*

This policy defines the requirements for the written materials provided to beneficiaries by ICBHS.

The QM Unit ensures policies and procedures are implemented throughout the agency and makes changes and/or updates to reflect new state and/or federal requirements or needed systems changes as a result of identified quality improvement issues. During the fiscal year, there was no need for changes and/or updates that required the policies to be modified.

To ensure cultural competency is prioritized and integrated throughout the organization, ICBHS also has several key documents that reflect a commitment to culturally and linguistically appropriate services.

These documents include:

- **Quality Improvement (QI) Work Plan FY 2023-2024** was presented to the QIC on September 13, 2023.
- **Staff Cultural Competence Survey Report FY 2022-2023** was presented to the QIC on September 13, 2023, and to the CCT on November 8, 2023.
- **Community Education and Outreach Plan CY 2023** report will be presented to the CCTF in February 2024.
- **ICBHS Penetration Rates Report FY 2022-2023** report will be presented to the CCT in February 2024 and to QIC in January 2024.
- **ICBHS Retention Rates and Utilization of Services Report FY 2022-2023** report will be presented to CCT on January 2024 and to QIC in January 2024.

These documents are compiled throughout the year and are presented to the CCT, management, and the QIC, as appropriate, and include recommendations for promoting health equity throughout the Department.

b. Objectives and planned activities for CY 2024

- ICBHS will ensure that department policy and procedure reflect current practices and promote and support the CLAS Standards and health equity.
- The QM Unit will monitor ICBHS practices to ensure they reflect current policy and procedure.
- The QM Unit will make recommendations for cultural and linguistic competence related policy and/or procedure changes and/or updates to reflect new state and/or federal requirements or needed system changes as a result of identified quality improvement issues.
- The CCT will review and evaluate cultural and linguistic competence related policies and procedures and make recommendations to management, as appropriate.
- ICBHS will continue to complete the *QI Work Plan; Staff Cultural Competence Survey Report; Accessibility, Utilization, and Availability of Services Report; Community Outreach and Education Plan; Penetration Rates Report; and Retention Rates Report* to ensure cultural competency is prioritized and integrated throughout the organization.

CLAS STANDARD 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

a. Overview of objectives and planned activities for CY 2023

During CY 2023, ICBHS continued to recruit and promote a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in Imperial County by recruiting and hiring from within the service area. Job opportunities are posted online through Imperial County’s Human Resources website, advertised in the local newspaper, *The Imperial Valley Press*, and distributed via email and posted throughout the various departments of the County of Imperial. Moreover, ICBHS works closely with local universities and colleges to promote education in the areas of mental health and substance use and provide training and internship opportunities to local students. Through these collaborative efforts, ICBHS has built a sustainable workforce of individuals who were born, raised, and educated locally, and are thereby familiar with the culture, values, and traditions that are specific to the community and its residents, as reflected in the Population and Provider Assessment in Section III of this document.

A total of **107** new hires became part of ICBHS workforce, which included both full-time and part-time positions.



ICBHS also supports its workforce by providing ongoing cultural and linguistic competence training. An overview of the different trainings provided during CY 2023 can be found under *CLAS Standard 4*. The plan for staff trainings during CY 2024 can be found in Section V of this document.

Additionally, ICBHS surveys staff to assess their needs for cultural and linguistic competence trainings. During FY 22-23, staff indicated *quite a bit knowledgeable* to *very knowledgeable* of the cultures they work with. Detailed findings regarding this assessment can be found in Section III of this document.

ICBHS clients are also surveyed annually to assess their perception of staff cultural sensitivity. As indicated in the most recent data from implemented surveys, the majority of clients, varying from youth to older adults from MHP and SUD, indicated feeling that staff were culturally sensitivity, ranging from 68 percent to 96 percent. Detailed findings regarding this assessment can be found in Section III of this document.

b. Objectives and planned activities for CY 2024

- The QM Unit will survey staff at least annually in an effort to ascertain cultural and linguistic competence for the purposes of maintaining a workforce that is responsive to the Imperial County population.
- The CCT will review and evaluate the annual Staff Cultural Competence Survey and make recommendations to the QIC, as appropriate.
- The QIC will review and evaluate the annual Staff Cultural Competence Survey and make recommendations to management, as appropriate.
- The QM Unit will survey mental health and SUD clients at least annually to ensure service providers are sensitive and responsive to their individual cultural and linguistic needs and religious and spiritual beliefs.
- The CCT will review and evaluate annual client perception survey and the treatment perception survey data in the areas related to staff cultural sensitivity and make recommendations to the QIC, as appropriate.
- The MHP will explore ways to increase adolescent perception of staff sensitivity to their cultural/ethnic background.

CLAS STANDARD 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

a. Overview of objectives and planned activities for CY 2023

During CY 2023, ICBHS provided several training opportunities to staff to ensure their proficiency in cultural and linguistic competence. These trainings included:

Client Culture Training

In an effort to provide staff with an understanding that consumers of mental health services have a set of values, beliefs, and lifestyles that are developed as a result of their own personal experiences with mental illness, the mental health system, and their own ethnic culture, ICBHS provided the *Client Culture Training for New Employees* and the *Client Culture Refresher Course* accordingly to 151 mental health and SUD program staff during FY 22-23. The trainings covered areas such as definitions of client culture, three levels of staff cultural competence, stigma and anti-stigma facts, discrimination and social distance, early steps in the recovery movement, recovery definitions and SAMHSA’s guiding principles of recovery, among other topics.



New Employee Orientation (Cultural Competence Training Course)

The CCT developed an eLearning cultural competence training course for new hires during FY 18-19. This training course allows for new hired staff to understand “*What Cultural Competence is*” and how ICBHS implements the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards in the department and our community. During FY 22-23, 84 staff received the new employee orientation eLearning course.

Interpreter Training for Staff and Interpreters

In an effort to ensure that staff have the proper skills and knowledge to provide accurate interpretation from one language to another, the ICBHS contracted with the National Latino Behavioral Health Association (NLBHA) to provide the Behavioral Health Interpreter Training. During FY 22-23, one interpreter training took place via zoom, on March 20-23, for 18 staff.

The interpreter training focused on many areas, including the complexity of language and how there are different communication styles within each cultural group. The training covered the verbal and non-verbal communication styles used by some cultural groups and how important it is to understand each communication styles in order to convey the right message, as well as how many cultures reflect either a high context (telling the whole story, indirect) or low context (straight forward, direct) style of communication. Understanding the high and low context styles is crucial to the interpreter as it presents challenges for an interpreter who works with both.

In addition, the training covered the important roles of an interpreter: as a clarifier, the interpreter helps simplify technical terms; as a cultural broker, the interpreter provides cultural information to improve communication; as an advocate, the interpreter works on behalf of the client when

their needs are not being met; and as a conduit, the interpreter provides verbatim or word for word interpreting and, as much as possible, not changing the message.

LGBT Trainings

In an effort to provide staff with better understanding on the needs of the LGBTQ population, ICBHS provided the “*LGBTQIA2+ - Clinical*” training to 255 mental health and SUD program staff and “*LGBTQIA2+ - Non-Clinical*” trainings to 153 mental health and SUD program staff in efforts increase cultural competency and clinical confidence when serving the LGBTQ population.



The “*LGBTQIA2+ - Clinical and Non-Clinical*” training provided the first step to becoming an ally to LGBTQIA2+ transgender and nonbinary people is to learn more; It can be tough for LGBTQIA2+ transgender and nonbinary people to bear the burden of educating others about their lived experience. After this workshop the staff was able to better support the LGBTQIA2+ trans and nonbinary folks in your lives, and help to create a safer, kinder and more accepting world. Being an LGBTQIA2+ ally, is the first step on how to support LGBTQIA2+ transgender and nonbinary people in your life, program, school, private practice, hospital, College, Detox, group home for youth, correctional facility, mental health or substance disorder treatment facility, home, sober living or any organization or facility. We will touch on the Basics of gender: gender identity, gender expression, and transitioning, LGBTQIA2+ terms and Definitions, Suicide prevention regarding the LGBTQIA2+ Community, Basics of sexual orientation: Tips and Techniques of helping with the Coming out process: planning ahead, testing the waters, environment, support systems, and safety, Healthy relationships, self-care, mental health, and warning signs of negative mental health outcomes such as seriously considering suicide. This training was presented by Kristina Padilla, M.A., LAADC, ICAADS, CGS. Mx. Padilla is a Licensed Advanced Alcohol and Drug Abuse Counselor (LAADC) and an International Certified Advanced Alcohol and Drug Abuse Counselor (ICAADC). She is also a Certified Gang Specialist of the National Gang Crime Research Center (NGCRC).

Southern California Regional Partnership (SCRIP) Trainings



Trauma and Parenting: Creating a Safe Home Base

In an effort to provide staff with better understanding on enhancing parenting safety skills for their clients, ICBHS provided the “*Trauma and Parenting: Creating a Safe Home Base*” training to 66 mental health and SUD program staff.

This training provides a research-based overview, it focuses on safety, child abuse law, casework practice and the interaction between parenting and the impact of trauma and disaster on both the child and parent. It considers emerging research into the intergenerational transmission of trauma

as well as practice approaches to help parents increase both physical and emotional safety in their interactions with their children.

Trauma Informed De-escalation, Grounding and Safety Planning

In an effort to provide staff with better clinical professional active skills to work effectively with trauma exposed clients, ICBHS provided the “*Trauma Informed De-escalation, Grounding and Safety Planning*” training to 28 mental health and SUD program staff.

This 90-minutes training asked attendees to examine de-escalation, safety planning and grounding as key safety skills for any clinical professional working in publicly funded systems. Attendees were able to use scaling to measure danger levels and use sensory awareness/grounding practices to detach from overwhelming emotions, as well as learning about safety planning and using the Anytime Safe Action Plan Worksheet.



Trauma Informed PTSD/Complex PTSD

In an effort to provide staff with an enhancement of the current research of PTSD, ICBHS provided the “*Trauma Informed PTSD/Complex PTSD*” training to 41 mental health and SUD program staff.

This training is a two-part 90-minute training. This training covered the current research regarding PTSD and complex Trauma. It allowed participants to have a familiarity with trauma-related terms, identify trauma symptoms, and identify responses that can exacerbate or alleviate trauma responses.

Trauma Informed Suicide and Self-Harm

In an effort to provide staff with a better understanding of the approaches of trauma, ICBHS provided the “*Trauma Informed Suicide and Self-Harm*” training to 49 mental health and SUD program staff.

This training is a two-part 90-minute training. This training provided a better understanding of the approaches for understanding trauma, PTSD, and complex PTSD as keys to working with individuals at risk for suicide or self-harm. It considers how a trauma informed framework helps services prevent suicide and self-harm in trauma-exposed populations and how to develop a relapse prevention intervention that addresses suicide.

Language Assistance Services Training

During FY 22-23 the Access Unit Program Supervisor provided training to approximately 16 staff from the MHP and SUD staff on the use of language assistance services, policies, and procedures in order to improve staff knowledge of how to utilize language assistance services. In addition, the Access Unit supervisor reminds Access Unit staff the importance of language assistance services on their monthly meetings.

Cultural Competence Training

The QM Unit completed a Cultural Competence Training Report for FY 22-23, which includes data regarding the number of attendees to all formal cultural competence training courses provided.

Table 11. FY 22-23 ICBHS Training Report

Name of Training	Type of Training	# Attended
Client Culture Training Refresher	Online	81
Client Cultural Training for New Employees	Online	70
Grievance and Appeal Training	Online	295
Behavioral Health Interpreter Training	Online	18
LGBTQIA2+ Training-Clinical	Online	255
LGBTQIA2+ Training-Non-Clinical	Online	153
Southern Counties Regional Partnership (SCRP) and Parenting Training: Creating a Safe Home Base	Online	66
Southern Counties Regional Partnership (SCRP) Training: De-escalation, Grounding and Safety Planning	Online	28
Southern Counties Regional Partnership (SCRP) Training: Trauma Informed PTSD/Complex PTSD	Online	41
Southern Counties Regional Partnership (SCRP) Training: Trauma Informed Suicide and Self-Harm	Online	49
Total	-	1,056

The QM Unit monitored ICBHS staff and providers in compliance with the requirement of attending at least one cultural competence training per year. Of the 583 staff employed by ICBHS as of June 30, 2023, 566 (97%) completed an annual cultural competence training as required and 17 (3%) did not completed a cultural competence training; however, it should be noted that the staff were unable to complete their training due to leave of absence, upon their return, they will complete the cultural competence training required.

The QM Unit will continue monitoring to ensure all employees receive the necessary cultural competence training.

a. Objectives and planned activities for CY 2024

- The QM Unit will develop an annual Cultural Competence Training Plan to ensure all ICBHS staff and providers receive education and training in culturally and linguistically appropriate processes and practices on an ongoing basis. The training plan will include a plan for cultural competency training for administrative, management staff and persons employed by or contracting with ICBHS who provide SMHS and SUD services, as well as a plan for persons employed by or contracting with ICBHS who provide interpreter and other support services to beneficiaries.
- The CCT will review and evaluate the plan for annual cultural competence training and make recommendations to the QIC, as appropriate.
- The QM Unit will ensure implementation of the annual training program to improve the cultural competence skills of staff and contract providers.

COMMUNICATION AND LANGUAGE ASSISTANCE:

CLAS STANDARD #5-8

CLAS STANDARD 5: Offer language assistance to individuals who have limited English proficiency and/or communication needs, at no cost to them, to facilitate timely access to all health care and services.

a. Overview of objectives and planned activities for CY 2023

ICBHS provides free language assistance and interpretive services to all clients accessing mental health and SUD services. A 24-hour toll-free telephone line with linguistic capability is also available for clients with visual impairment. Clients are informed of their right to free language and interpretive services verbally, by the Access & Benefits Worker when scheduling the initial appointment, and in writing, through the Mental Health Plan Beneficiary Handbook or Drug Medical Organized Delivery System Member Handbook, which is provided at the first appointment and at any time during the course of treatment at the request of the beneficiary.



In the event that a client is in need of language assistance or interpretive services, the Access Unit staff will indicate the need for such services on the Access Log and on one of the following: the Initial Patient Information Sheet for a client accessing services at a county clinic; the Provider Referral Notification form for a client accessing services with an in-county credentialed provider; or the Provider Referral Notification ICBHS Beneficiary Living Out-of-County form for a beneficiary accessing services with an out-of-county provider.

Clients accessing SMHS and SUD services with ICBHS who request language assistance or interpretive services in the threshold language will have access to a linguistically proficient interpreter free of cost. Clients who do not meet the threshold language criteria will be linked to all appropriate SMHS and SUD services through the AT&T Language Line services free of cost. Additionally, American Sign Language interpretive services are also available for clients who are deaf or hard of hearing. During CY 2023, ICBHS contracted with two providers for this service: Deaf Communities of San Diego and Hanna Interpreting Services.

AT&T Language Line

The QM Unit monitors the availability of language assistance and interpretive services by reviewing the AT&T Language Line invoices and logging on a monthly basis. During FY 22-23, there was no use of interpretive services provided for MHP or SUD services. The report was presented to the CCT on November 8, 2023. No recommendations were made.

The QM Unit's monitoring process entailed conducting random test calls, during business hours and after hours, in both English and Spanish, the County's threshold language.

During FY 22-23 the QM Unit followed the DHCS Protocol when conducting random test calls. The Access Logs were also reviewed to verify that the test calls were logged as required.



Test callers assessed the Access Unit staff's knowledge in the following areas: 1) language capability, 2) materials in alternative format, 3) request for TTY/TDY services, request for Interpreting Services, 4) Provider Directory and/or Beneficiary Handbook for Mental Health and Substance Use Services was available upon request. Test calls are made at random times of the day and days of the week and verified that the 24-hour toll-free telephone line was in operation 24 hours a day, seven days a week.

During FY 22-23, the QM Unit for mental health services conducted a total of 49 test calls, 24 during business hours and 25 after hours. The Access Unit was 100 percent compliant in the language capability during and after hours, including language capabilities. The QM Unit for substance use disorder conducted a total of 48 test calls, 24 during business hours and 24 after hours. The Access Unit was 100 percent compliant in the language capability during and after hours, including language capabilities. No recommendations were made.

Informing Materials

The QM Unit selects random clinical charts to ensure the department provides beneficiaries with the proper informing materials upon first receiving services and that materials are provided in the County's threshold languages of English and Spanish, as set forth in DHCS regulations and department policies and procedures. The QM Unit was able to identify if the following informing materials were provided to beneficiaries as outlined on the Access and Eligibility Registration Summary: Disclosure Statement, Notice of Privacy Practices, Beneficiaries Handbook, Provider Directory, and Advance Directive.

During FY 22-23, the QM Unit continued to monitor if Informing Materials were provided in the County's threshold languages of English or Spanish, since the transition to the Electronic Health Record the number of charts has increased slightly.

During FY 22-23, the QM Unit for mental health services reviewed a total of 240 charts for all divisions of the MHP to ensure materials were provided in the County's threshold language of English or Spanish; of which the MHP had a compliance rate of 57 percent were verified if the materials were provided in the beneficiaries' primary language.

The QM Unit for substance use services reviewed a total of 258 clinical charts for ICBHS to ensure materials was provided in the County's threshold language of English or Spanish, of which SUD treatment program had a compliance rate of 33 percent were verified if the materials were provided in the beneficiaries' primary language.

Documentation Standards

The QM Unit is responsible for conducting Documentation Standards chart reviews to monitor if the departments are following documentation standards as set forth in DHCS regulations, Title 22 regulations and department policies and procedures, including the availability of culturally and linguistically competence services. The QIC reviewed the Documentation Standards Chart Reviews Report on September 7, 2022, and to CCT on May 10, 2023.

The documentation standards chart reviews were conducted by the QM Unit on an ongoing basis, with charts randomly selected from a team center list compiled from EHR. A review tool with sixteen categories was utilized for the purpose of this objective only category six "Other Chart Documentation" was reviewed.

During FY 22-23, the QM Unit reviewed 90 clinical and case management charts for the MHP, of which 30 charts were for Children Services, 30 charts were for Youth and Young Adults Services, and 30 charts were for Adults Services. The MHP was in compliance in the two below areas:

- Cultural linguistic services and availability in alternate formats.
- The need for language assistance in during treatment services, as evidenced by documentation and linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCPPR.

The QM Unit for substance use services reviewed a total of 40 clinical charts for all programs, of which 20 charts were for the Adolescents SUD program and 20 charts for the Adults SUD program. The SUD has identified 70% or below as an area for improvement.

The results were as follows:

- If a beneficiary is Limited English Proficient (LEP), is there evidence that interpreter services were offered, if applicable? – 100 percent compliance.
- If the need for language assistance is identified in the assessment, is there documentation linking beneficiaries to culture-specific and/or linguistic services? – 100 percent compliance.
- When applicable, was treatment specific information provided to beneficiaries in an alternative format (i.e., brail, audio, large font, etc.)? – 100 percent compliance.

The QM Unit for substance use services compiled the data by team identifying opportunities for improvement and areas of concern, as appropriate.

b. Objectives and planned activities for CY 2024

- The QM Unit will monitor the availability of language assistance and interpretive services by reviewing the AT&T Language Line invoices and logging on a monthly basis.
- The CCT will review and evaluate the AT&T Language Line Report and make recommendations to the QIC, as appropriate.
- The QIC will review and evaluate the AT&T Language Line Report and make recommendations to management, as appropriate.
- The QM Unit will review and evaluate the Access and Eligibility registration summaries to ensure new clients are provided with the Beneficiaries Handbook Services upon first accessing mental health and substance use services and provide a report to the CCT.
- The CCT will review and evaluate a report of Access and Eligibility registration summaries and make recommendations to the QIC, as appropriate.
- The QM Unit will conduct test calls on the 24-hour toll-free telephone line to ensure that clients requiring language assistance and interpretive services are offered such services, as appropriate.
- The CCT will review and evaluate the 24-Hour Toll-Free Telephone Line Report and make recommendations to the QIC, as appropriate.
- The QM Unit will conduct chart reviews to ensure that language assistance and interpretive services are offered and provided, when applicable.

CLAS STANDARD 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

a. Overview of objectives and planned activities for CY 2023

ICBHS provides free language assistance and interpretive services to all clients accessing mental health and SUD services. Clients are informed of their right to free language and interpretive services verbally, by the Access & Benefits Worker when scheduling the initial appointment, and in writing, through the Beneficiaries Handbook, which is provided at the first appointment and at any time during the course of treatment at the request of the beneficiary. Should the client require the use of language assistance or interpretive services, the Access & Benefits Worker will make arrangements to ensure those services are provided. The Beneficiaries Handbook provides information on how clients can access language assistance and interpretive services.

Additionally, ICBHS posts the “Free Language Assistance and Interpretive Services” poster in English and Spanish at all program sites to ensure clients are aware of the language assistance services that are available and how to access those services. Information regarding the availability of free language assistance and interpretive services is also included in the “Patient Rights and Responsibilities” brochure, which is also posted at all program sites in both English and Spanish. Both documents also provide information on how clients can access language assistance and interpretive services. Detailed findings regarding this review can be found under CLAS Standard 5 of this document.

The QM Unit is responsible for monitoring ICBHS sites to ensure that posted/written materials were available in alternative formats such as English and Spanish, large font, audio and video at no cost to the beneficiary. A site check material list is utilized to conduct annual reviews. The checklist consisted of four categories to ensure that all sites have the required displayed/available forms as well as the most current versions.

The QM Unit conducted annual reviews to ensure that all ICBHS clinics display and have written materials available in English and Spanish. During FY 22-23, a total of 22 for MHP and 4 for SUD sites were conduct their annual review; to ensure that all clinics displayed/available materials had the most current English and Spanish posted/written materials.

The QM Unit will continue to monitor ICBHS sites to ensure that posted/written materials are available in alternative formats such as English and Spanish, large font, audio and video at no cost to the beneficiary. The CCT reviewed the Posted/Written Material site requirements on November 8, 2022.

b. Objectives and planned activities for CY 2024

- The QM Unit will review and evaluate the Access and Eligibility registration summaries to ensure new clients are provided with the Mental Health Plan Beneficiary Handbook and the Drug Medi-Cal Organized Delivery System Member Handbook upon first accessing mental health services.
- The CCT will review and evaluate a report of Access and Eligibility registration summaries and make recommendations to the QIC, as appropriate.
- The QM Unit will conduct test calls on the 24-hour Toll-Free Telephone Line to ensure that clients requiring language assistance and interpretive services are informed of such services, as appropriate.
- The CCT will review and evaluate the 24-Hour Toll-Free Telephone Line Report and make recommendations to the QIC, as appropriate.
- The QM Unit will perform site checks to ensure the “Free Language Assistance and Interpretive Services” poster is posted at all program sites in English and Spanish.
- The QM Unit will perform site checks to ensure the “Patient Rights and Responsibilities” brochure is posted at all program sites in English and Spanish.

CLAS STANDARD 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

a. Overview of objectives and planned activities for CY 2023


In an effort to ensure that staff have the proper skills and knowledge to provide accurate interpretation from one language to another, the QM Unit surveyed the staff who provide interpreter services. The MHP contracted with the National Latino Behavioral Health Association (NLBHA) to provide the Behavioral Health Interpreter Training for these staff. During FY 22-23, one interpreter training took place via zoom, on March 20-23, for 18 staff.

The QM Unit continues ICBHS staff and identified to monitor ICBHS sites to ensure that the list of translated medical terminology is available and updated at all the sites. During the Interpreters training, the National Latino Behavioral Health Association (NLBHA) provided ICBHS staff a Behavioral Health Interpreter Training Glossary handout to those staff that attended the Interpreters training.

Additionally, the County of Imperial has a formal testing process intended to ensure language assistance services provided to the community are appropriate. The County’s Department of Human Resources and Risk Management provides a written literacy test, which must be passed in order to be deemed bilingual and receive bilingual differential pay.

ICBHS prohibits the expectation that family members provide interpretive services; however, a client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpretive services. ICBHS also discourages the use of minor children as interpreters. If under rare circumstances a family member and/or child is used as an interpreter (e.g., monolingual parent will not communicate with ICBHS interpreter), ICBHS will ensure that the reason/justification is well documented.

147 ICBHS staff who utilize a language other than English when performing work duties through the mental health, substance use disorders, and administrative programs have passed the written literacy test.



During FY 22-23, the QM Unit monitored the number of clients utilizing minor children as interpreters for mental health and substance use disorder programs. The documentation chart review tool assist the department in tracking if any clients utilizing minor children as interpreters were identified.

The MHP has identified 80% or below as an area for improvement and SUD has identified 70% or below as an areas for improvement. The results in the area if there were documentation of who provided the interpreters services (i.e., staff or family member).

The QIC reviewed the Annual Documentation Standards Reviews Report on November 9, 2022. Detailed findings regarding this review can be found in under CLAS Standard 5 of this document.

b. Objectives and planned activities for CY 2024

- The QM Unit will survey staff to ensure all ICBHS staff and providers who provide interpreter or other support services are appropriately identified.
- The QM Unit will ensure all persons employed by or contracting with ICBHS who provide interpreter or other support services to beneficiaries are trained appropriately in language competence.
- The QM Unit will review the list of employees providing interpretation services and ensure staff providing interpretive services have completed an Interpreter training.

CLAS STANDARD 8: Provide easy to understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

a. Overview of objectives and planned activities for CY 2023

ICBHS provides all of its written materials that are critical to obtaining services in easy-to-understand print in both English and Spanish. Written informing materials are provided to clients upon first appointment and are also available at each program site.

Materials provided to clients upon first appointment include the Beneficiary Handbook, the Provider Directory, Notice of Privacy Practice, and information regarding advance directives. These materials are available in both English and Spanish in regular print, in both English and Spanish in large print, and in audio format in both English and Spanish. These documents are also posted on the Department’s website.

Written materials provided to clients or posted at each clinic site include:

Required Brochures/Handbooks	Required Forms/Envelopes
<ul style="list-style-type: none"> • Advance Directives • Beneficiary Protection Processes • Beneficiary Handbook - Specialty Mental Health Services/ DMC-ODS Member Handbook • Medical Necessity Criteria • Notice of Privacy Practices • Patient’s Right and Responsibilities • Provider Directory • Quality Improvement Committee 	<ul style="list-style-type: none"> • Request for Change of Practitioner • Request for Second Opinion • Expedited Appeal Forms • Standard Appeal Form • Grievance Forms • Compliance Concern Forms • Compliance self-address envelopes • Quality Management self-address envelopes
Required Posters	Other Informational Material
<ul style="list-style-type: none"> • Toll Free Telephone Line 1 800-817-5292 • Advance Directives • Beneficiary Rights • Free Language Assistance and Interpretive Services • Beneficiary Handbook - Specialty Mental Health Services/DMC-ODS (Bilingual) • Provider Directory • For Information about your Rights as a Client • Mental Health Patients’ Right State • Beneficiary Protection Processes • Notice of Privacy Practices • Compliance Hotline • Notice to Patients 	<ul style="list-style-type: none"> • Service Animal Sign • Non-Discrimination Statement • Community Resource List • Language Assistance Taglines Language Assistance Taglines Poster page 1 & 2 • Healthcare Practitioner Information • Notice of Open Payments Database

All documents are available in English and Spanish. All brochures and handbooks are also available in large print.



The QM Unit audited ICBHS sites to ensure that posted/written materials were available in alternative formats such as English and Spanish, large font, audio and video at no cost to the beneficiary. In addition, QM Unit ensure written material use a font size no smaller than 12 points and for all large print documents use font no smaller than 18 points. Due to the COVID-19 global pandemic, ICBHS was unable to conduct their annual review. The CCT reviewed the Posted/Written Material site requirements on November 8, 2023. No recommendations were made. Detailed findings regarding this review can be found in under CLAS Standard 6 of this document.

Written materials are reviewed by the Department's Consumer/Family Members Quality Improvement Subcommittee (CFQIS) to ensure information is effectively communicated to clients in terms of both language and culture and takes into consideration persons with limited reading proficiency. Additionally, ICBHS employs a sub-committee of the CCT to translate all written materials into Imperial County's threshold language, Spanish. The translation process is divided into three main steps: field testing, editing and evaluation, and finalization.

Prior to translating a document, the CCT Translation Subcommittee determines the target audience and ensures that the English version is clear, accurate, and appropriate, as well as ensure the documentation takes into consideration persons with limited reading proficiency. The CCT Translation Subcommittee will ensure that the unit submitting the document for translation is agreeable to any changes made to the English version prior to translating.

Once the CCT Translation Subcommittee has worked on the first translated draft of the selected document, the program supervisor/designee will review the recommended translated document. The CCT Translation Subcommittee will incorporate recommendations from the program supervisor/designee, if any. The selected document will be presented to the CFQIS in El Centro and Brawley for field testing to ensure that the document conveys the desired message to the intended audience; ensure that the literacy level is appropriate for the intended audience; allow correction of inaccuracies and misconceptions; and identify and correct geographical or regional differences in language.

After presenting the document to the CFQIS, the CCT Translation Subcommittee will review and incorporate any recommendations given and then direct the document to the Department's Patient's Right Advocate and the program supervisor/designee for final review and recommendations. The CCT Translation Subcommittee will incorporate recommendations given, if any.



The CCT will review the document translated by the CCT Translation Subcommittee to ensure it is appropriate prior to the document being disseminated to the intended audience. The CCT is responsible for monitoring the translation of the Department's written materials to ensure

information is effectively communicated to individuals in the language(s) commonly used by the population in the service area and takes into consideration persons with limited reading proficiency at a 6th grade level.

During FY 22-23, the translation subcommittee reviewed nine (9) documents to ensure the accuracy of translation and cultural appropriateness.

- **Crisis Care Mobile Unit:** The CCTF reviewed the brochure on March 23, 2023, and recommendations were provided to the appropriate program.
- **Positive Engagement Team (P.E.T):** The CCTF reviewed the brochure on March 27, 2023, and recommendations were provided to the appropriate program.
- **Soaring Hawks:** The CCTF reviewed the brochure on March 27, 2023, and recommendations were provided to the appropriate program.
- **SmartCare Forms (6):** The CCTF reviewed the forms on September 2023, and recommendations were provided to the appropriate program.

b. Objectives and planned activities for CY 2024

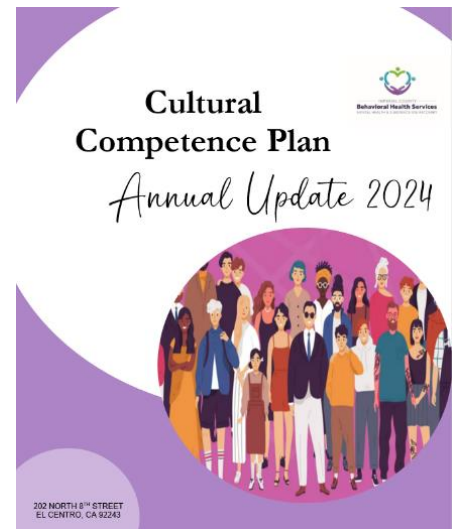
- The QM Unit will perform site checks to ensure written materials are posted at all program sites are easy to understand, in the language(s) commonly used by populations in the service area and use a font size no smaller than 12 points.
- The QM Unit will conduct test calls to ensure clients are provided with written materials that are easy to understand, in the language(s) commonly used by populations in the service area and use a font size no smaller than 12 point, upon request.
- The QM Unit will ensure all large print documents use a font size no less than 18 points.
- The QM Unit will ensure all written materials include taglines in the prevalent non-English languages explaining the availability of written translation or oral interpretation to understand the information provided, as well as the toll-free and TTY/TDY telephone numbers for ICBHS.
- The CFQIS will continue to review written materials and provide feedback to ensure information is effectively communicated to clients in terms of both language and culture and takes into consideration people with limited reading proficiency.
- The CCT will monitor the translation of the Department's written materials to ensure information is effectively communicated to individuals in the language(s) commonly used by the population in the service area and takes into consideration persons with limited reading proficiency.
- The QM Unit will conduct chart reviews to ensure that treatment specific information was provided to clients in an alternative format (e.g., brail, audio, large print, etc.), when applicable.

ENGAGEMENT, CONTINUOUS, IMPROVEMENT AND ACCOUNTABILITY: CLAS STANDARD #9-15

CLAS STANDARD 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.

a. Overview of objectives and planned activities for CY 2023

During CY 2023, ICBHS continues to implement its Cultural Competence Plan, as established according to the CLAS Standards. The Cultural Competence Plan included culturally and linguistically appropriate goals, policies, and management accountability, with an overview of the objectives and planned activities for CY 2023 being reported under each corresponding CLAS Standard within this document. The progress made toward completing the CY 2023 objectives and planned activities were also reported to the CCT and the QIC on a monthly basis.



b. Objectives and planned activities for CY 2024

- The QM Unit will update the Cultural Competence Plan on an annual basis, establishing culturally and linguistically appropriate goals, policies, and management accountability.
- The CCT will be involved in the design, implementation, review, and evaluation of the Cultural Competence Plan.
- The CCT will review and evaluate the results of the Cultural Competence Plan activities at least annually and make recommendations to the QIC, as appropriate.
- The QIC will review and evaluate the results of the Cultural Competence Plan activities at least annually and make recommendations to management, as appropriate.

CLAS STANDARD 10: Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

a. Overview of objectives and planned activities for CY 2023

As part of its Cultural Competence Plan, ICBHS has incorporated objectives and planned activities for each CLAS Standard to ensure CLAS-related activities are completed each year, including monitoring activities for identifying areas of needed quality improvement. The QM Unit conducts monitoring activities to ensure each CLAS Standard’s objectives and planned activities are completed accordingly. Monthly reports are provided to the CCT, including recommendations for needed quality improvement activities, as appropriate.



The CCT reviews and evaluates the progress made toward completing each CLAS Standard’s objectives and planned activities, as well as the recommendations made for needed quality improvement activities, and in turn makes recommendations to the QIC, as appropriate. The QIC reviews and evaluates all recommendations made by the CCT for needed quality improvement activities, in turn making recommendations to management, as appropriate.

b. Objectives and planned activities for CY 2024

- The QM Unit will monitor the Department’s CLAS-related activities and report findings to the CCT, as appropriate.
- The CCT will review and evaluate the progress made toward completing each CLAS Standard’s objectives and planned activities and make recommendations to the QIC, as appropriate.
- The QIC will review and evaluate all recommendations made by the CCT for needed quality improvement activities and make recommendations to management, as appropriate.

CLAS STANDARD 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

a. Overview of objectives and planned activities for CY 2023

The QM Unit calculates and evaluates retention rates and service retention information annually to evaluate the impact of CLAS Standards on health equity and outcomes, as well as to ensure that persons of diverse ethnic backgrounds access and are retained in the service delivery system.

The retention rate is defined as the percentage of new clients who received two or more services following an initial non-crisis contact with the health system. This measures the rate at which new clients, in general, are retained in the system for treatment.

The methodology used to calculate the retention rate consisted of selecting the number of Medi-Cal beneficiaries who came in for an initial intake assessment, met medical necessity, and were provided two or more services. Crisis services, documentation, and/or travel time were excluded. Only actual services delivered were included. The focus was on outpatient follow-up after an initial visit.

SERVICE RETENTION

Service retention is defined as the total number of services received from the county’s health system. Service retention is calculated by obtaining the unduplicated number of beneficiaries who received one or more services during the fiscal year and distributing the services into six service retention categories. The service retention categories are analyzed by demographic groups to calculate which groups are the largest and smallest and which groups are the most and least retained. Analyzing



service retention information across different demographic groups allows examination of the continuum of services provided to beneficiaries and provides an opportunity to address potential differences among the demographic groups.

The retention rate for FY 22-23 examines service retention information for beneficiaries (new and ongoing) who received services in FY 2022-2023 for six months covering July 1, 2022, through December 31, 2022.

Mental Health Services

The retention rate for FY 2022-2023 is 95%. Data can't be compared to previous fiscal years as data from FY 22-23 is from July 1, 2023, to December 31, 2023, only.

Table 12. Mental Health Services Retention Rate

Review Period	Intake Assessments	Met Medical Necessity Criteria	Beneficiaries Who Received 2+ Services	Retention Rate
FY 22-23	1,632	1,410	1,340	95%
FY 21-22	3,275	381	2,894	99%
FY 20-21	3,093	2,800	2,448	87%

During CY 2023, the QM Unit for mental health services calculated and evaluated service retention for FY 22-23 to examine the continuum of services provided to beneficiaries and ensure that persons of diverse backgrounds were retained in the service delivery system. Group differences found in the amount of services provided represent an opportunity for improvement.

The following section includes service retention for FY 22-23:

a) Ethnicity/Race

The highest utilization of service by ethnic/race group was the Hispanic population with a total of 4,865 beneficiaries served of whom 491 (10%) were new beneficiaries and the majority 1,352 (28%) received 12+ services. The lowest utilization of service by ethnic/race group was the Alaskan Native/American Indian population with a total of 27 beneficiaries served.

The data indicates that there is no major disparity between ethnicity/race in their utilization of services, with most ethnicity/race falling within a similar ten-percent range for each service category. However, the data shows the Alaskan Native/American Indian had the lowest retention of services for FY 22-23.

b) Gender

The gender group with highest utilization of services by gender group was the female population with a total of 2,975 beneficiaries served, of whom 302 (10%) were new beneficiaries and the majority 823 (28%) received 12+ services. The lowest utilization of services by gender group was the male population with 2,670 beneficiaries served,

of whom 262 (10%) were new beneficiaries and the majority 757 (28%) received 12+ services.

The data indicates that there were no major disparities as females and males tended to stay within the same range for each category with the utilization of services.

c) Age Group

The highest utilization of services by age group was the 16-17 population with a total of 2,131 beneficiaries served, of whom 200 (9%) were new beneficiaries and the majority 686 (33%) received 12+ services. The lowest utilization of services by age group was the 0-5 population with 64 beneficiaries served, of whom 19 (29%) were new beneficiaries and the majority 12 (19%) received 12+ outpatient visits.

The data indicates a disparity for the 0-5 age group who had the lowest retention rate of 19% for 12+ services when compared to the 65+ age group who had the highest retention rate of 35% in the 12+ category. Historically, this age group has the lowest retention for mental health services. Many referrals come from the Department of Social Services, where infants are required to have a mental health screening for KATIE A. services. The data shows the 0-5 age group had a 29% retention rate for 1 service which may indicate no medical necessity was determined and referred to the Early Intervention Program for services.

d) Language

The highest utilization of services by language group was the English-speaking population with a total of 3,596 beneficiaries served, of whom 366 (10%) were new beneficiaries and the majority 1,030 (29%) received 12+ services. The lowest utilization of services by language group was the Other group population with a total of 7 beneficiaries served, of whom 0 (0%) were new beneficiaries and the majority 3 (42%) received 12+ services.

The data indicates that there is no major disparity between English and Spanish in their utilization of services. Across various services categories, both languages fell within the similar ten-percent range for each services category.

e) City of Residence

The highest utilization of service was the Central region with a total of 2,908 beneficiaries served, of whom 269 (9%) were new beneficiaries and the majority 833 (29%) received 12+ services. The lowest utilization of service was the Eastern region with a total of 46 beneficiaries served, of whom 2 (4%) were new beneficiaries and the majority 25 (55%) received 12+ services.

The data indicates that there is no major disparity between cities of residence in their utilization of services, with most groups falling within a similar ten-percent range for each service category except for the Eastern region which demonstrated an outlier due to having the lowest population when accessing services. The MHP is currently

working on outreach engagement services in the Eastern region (Winterhaven) to increase beneficiaries' access to services.

Substance Use Disorder

The retention rate for FY 2022-2023 is **81 percent**. Data can't be compared to previous fiscal years as data from FY 22-23 is from July 1, 2023, to December 31, 2023, only.

Table 13. SUD Retention Rate

Review Period	Intake Assessments	Met Medical Necessity Criteria	Beneficiaries Who Received 2+ Services	Retention Rate
FY 22-23	327	314	254	81%
FY 21-22	647	565	531	94%
FY 20-21	479	434	402	93%

During CY 2023 the QM Unit for substance use disorder calculated and evaluated service retention for FY 22-23 to examine the continuum of services provided to beneficiaries and ensure that persons of diverse backgrounds were retained in the service delivery system. Group differences found in the amount of services provided represent an opportunity for improvement.

The following section includes service retention for FY 22-23:

a) Ethnicity/Race

The highest utilization of service by ethnic/race group was the Hispanic population with a total of 480 beneficiaries served of whom 88 (18%), received 1 service and the majority 177 (37%) received 12+ services. The lowest utilization of service by ethnic/race group was the Alaskan Native/American Indian population with a total of three beneficiaries served.

The data indicates that there is no major disparity between ethnicity/race in their utilization of services, with most ethnicity/race falling within a similar ten-percent range for each service category.

b) Gender

The highest utilization of services by gender group was the male population with a total of 562 beneficiaries served, of whom 73 (19%) received 1 service and the majority 154 (40%) received 12+ services. The lowest utilization of services by gender group was the female population with 174 beneficiaries served, of whom 27 (16%) received 1 service and the majority 60 (34%) received 12+ services.

The data indicates that there is no major disparity between Females and Males in their utilization of services. Across various services categories, both genders fell within the similar ten-percent range for each services category.

c) Age Group

The highest utilization of services by age group continues to be the 21-44 population with a total of 325 beneficiaries served, of whom 50 (15%) received 1 service and the majority 118 (36%) received 12+ services.

The lowest utilization of services by age group was the 65+ population with seven beneficiaries served.

The data indicates that there is no major disparity between age groups in their utilization of services, with most age groups falling within a similar ten-percent range for each service category. However, a notable trend emerges when examining the utilization of 12+ services in the 65+ age group, where 57 percent of beneficiaries indicate the highest utilization compared to other age groups in the same service categories.

d) Language

The highest utilization of services by language group was the English-speaking population with a total of 461 beneficiaries served, of whom 81 (18%) received 1 service and the majority 175 (38%) received 12+ services.

The lowest utilization of services by language group was the Spanish-speaking population with a total of 101 beneficiaries served, of whom 19 (19%) received 1 service and the majority 39 (39%) received 12+ services.

The data indicates that there is no major disparity between English and Spanish in their utilization of services. Across various services categories, both languages fell within the similar ten-percent range for each services category.

e) City of Residence

The highest utilization of service by city of residence was the Central population with a total of 277 beneficiaries served, of whom 52 (19%) received 1 service and the majority 110 (40%) received 12+ services.

The lowest utilization of service by city of residence was the Eastern population with three beneficiaries served, of whom two (67%) received 12+ services.

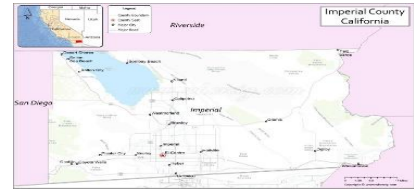
The data indicates that there is no major disparity between cities of residence in their utilization of services, with most groups falling within a similar ten-percent range for each service category. However, a notable trend emerges when examining the utilization of 12+ services in the Central region, the highest utilization of services by city of residence was Eastern and Other Cities accounting for 67 percent each. The Eastern region stand out with the lowest utilization of services in the 2-11 services, accounting for zero percent, which is significantly lower compared to other regions in the same service categories.

The ICBHS Retention Rates and Utilization Rates Report for FY 22-23 indicates no major disparities in health equity.

In addition to the retention rates and service retention data, the QM Unit also evaluates capacity of services to ensure that services are rendered by staff that are culturally competent and linguistically proficient to meet the needs of the population(s) served. This is measured by an analysis of human resources composition by location data in contrast with a population needs assessment data for each population category. The results of this analysis are presented by geographic region.

Direct Service Providers by Geographic Location

ICBHS provides services in the southern, central, northern, and eastern regions of the county. ICBHS direct service provider geographic distribution within regions, ethnicity, language capabilities, and cultural awareness is as follows:



Mental Health Services

Children Services					
Service Region	Average of full-time equivalent staff		Ethnicity	Language Capabilities	Cultural Awareness
Southern Services	0.89%	Full-time equivalent psychiatrists	100% Hispanic	100% Spanish	90% Hispanic
	3.64%	Full-time equivalent clinicians			
	1.41%	Full-time equivalent nurses			
	6.25%	Full-time equivalent mental health rehabilitation specialist/technicians			
Central Services	1.52%	Full-time equivalent psychiatrists	100% Hispanic	85% Spanish	100% Hispanic
	8.41%	Full-time equivalent clinicians			
	2.75%	Full-time equivalent nurses			
	15.83%	Full-time equivalent mental health rehabilitation specialist/technicians			
Northern Services	78.00%	Full-time equivalent psychiatrists	83% Hispanic	83% Spanish	100% Hispanic
	2.91%	Full-time equivalent clinicians			
	1.62%	Full-time equivalent nurses			
	5.19%	Full-time equivalent mental health rehabilitation specialist/technicians			
Eastern Services	0.05%	Full-time equivalent psychiatrists	100% Hispanic	100% Spanish	100% Hispanic
	0.22%	Full-time equivalent clinicians			
	0.06%	Full-time equivalent nurses			
	0.60%	Full-time equivalent mental health rehabilitation specialist/technicians			

Youth and Young Adult Services					
Service Region	Average of full-time equivalent staff		Ethnicity	Language Capabilities	Cultural Awareness
Southern Services	0.53%	Full-time equivalent psychiatrists	100% Hispanic	100% Spanish	50% Hispanic
	1.42%	Full-time equivalent clinicians			
	1.11%	Full-time equivalent nurses			
	3.93%	Full-time equivalent mental health rehabilitation specialist/technicians			
Central Services	1.25%	Full-time equivalent psychiatrists	100% Hispanic	95% Spanish	76% Hispanic
	2.60%	Full-time equivalent clinicians			
	2.47%	Full-time equivalent nurses			
	13.00%	Full-time equivalent mental health rehabilitation specialist/technicians			
Northern Services	0.48%	Full-time equivalent psychiatrists	100% Hispanic	100% Spanish	60% Hispanic
	2.00%	Full-time equivalent clinicians			
	1.00%	Full-time equivalent nurses			
	4.90%	Full-time equivalent mental health rehabilitation specialist/technicians			

Adult Services					
Service Region	Average of full-time equivalent staff	Ethnicity	Language Capabilities	Cultural Awareness	
Southern Services	1.17%	Full-time equivalent psychiatrists	100% Hispanic	92% Spanish	77% Hispanic
	1.92%	Full-time equivalent clinicians			
	1.90%	Full-time equivalent nurses			
	2.75%	Full-time equivalent mental health rehabilitation specialist/technicians			
Central Services	2.43%	full-time equivalent psychiatrists	100% Hispanic	83% Spanish	83% Hispanic
	3.92%	full-time equivalent clinicians			
	4.04%	full-time equivalent nurses			
	8.00%	full-time equivalent mental health rehabilitation specialist/technicians			
Northern Services	1.48%	Full-time equivalent psychiatrists	100% Hispanic	63% Spanish	75% Hispanic
	1.58%	Full-time equivalent clinicians			
	2.00%	Full-time equivalent nurses			
	4.50%	Full-time equivalent mental health rehabilitation specialist/technicians			
Eastern Services	0.11%	Full-time equivalent psychiatrists	100% Hispanic	100% Spanish	100% Hispanic
	0.00%	Full-time equivalent clinicians			
	0.10%	Full-time equivalent nurses			
	0.75%	Full-time equivalent mental health rehabilitation specialist/technicians			

Mental Health Triage and Engagement Services					
Service Region	Average of full-time equivalent staff	Ethnicity	Language Capabilities	Cultural Awareness	
Central Services	2.64%	Full-time equivalent psychiatrists	100% Hispanic	94% Spanish	77% Hispanic
	3.17%	Full-time equivalent clinicians			
	3.00%	Full-time equivalent nurses			
	20.08%	Full-time equivalent mental health rehabilitation specialist/technicians			

i. Substance Use Disorder Services

Adolescent SUD Services					
Region	Average of full-time equivalent staff		Ethnicity	Language Capabilities	Cultural Awareness
Southern Services	2.00%	Full-time equivalent SUD counselor	100% Hispanic	60% Spanish	100% Hispanic
	2.51%	Full-time Licensed Practitioner of the Healing Arts (LPHA)			
Central Services	5.00%	Full-time equivalent SUD counselor	50% Hispanic	50% Spanish	83% Hispanic
	5.95%	Full-time Licensed Practitioner of the Healing Arts (LPHA)			

Adult SUD Services					
Region	Average of full-time equivalent staff		Ethnicity	Language Capabilities	Cultural Awareness
Southern Services	2.00%	Full-time equivalent SUD counselor	60% Hispanic	60% Spanish	60% Hispanic
	1.60%	Full-time Licensed Practitioner of the Healing Arts (LPHA)			
Central Services	0.85%	Full-time equivalent SUD counselor	100% Hispanic	100% Spanish	60% Hispanic
	1.60%	Full-time Licensed Practitioner of the Healing Arts (LPHA)			

During FY 22-23, ICBHS direct service staff is 95 percent Hispanic with 90 percent fluent in Spanish. In addition, 84 percent of staff reported feeling culturally aware of the Hispanic/Latino culture. This is indicative of the cultural and linguistic composition of the county.

Number of Clients by Team and Region

Mental Health Services

In FY 22-23, the MHP provided services to 6,059 beneficiaries, unduplicated by division. Of these, 85 percent were Hispanic, and 34 percent were Spanish speaking. The distribution by division is included in Table 14.

Table 14. Distribution of Beneficiaries by Division

Division	Number of Beneficiaries FY 22-23	Ethnicity	Language
Children Services	1,874	90% Hispanic	46% Spanish
Youth and Young Adult Services	1,403	89% Hispanic	29% Spanish
Adult Services	2,097	82% Hispanic	29% Spanish
Mental Health Triage & Engagement	685	78% Hispanic	21% Spanish



Children Services: 98 percent of Children Services direct services staff were Hispanic with 88 percent fluent in Spanish. In addition, 95 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Youth and Young Adults Services: 93 percent of YAYA Services' direct services staff were Hispanic with 96 percent fluent in Spanish. In addition, 71 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Adult Services: 96 percent of Adults Services' direct services staff were Hispanic with 82 percent fluent in Spanish. In addition, 80 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Mental Health Triage & Engagement: 100 percent of YAYA Services' direct services staff were Hispanic with 94 percent fluent in Spanish. In addition, 77 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Substance Use Disorder Treatment Services

In FY 22-23, the DMC-ODS Plan provided services to 601 beneficiaries, unduplicated by team. Of these, 80 percent were Hispanic, and 17 percent were Spanish speaking. The distribution by division is included in Table 15.

Table 15. DMC-ODS Distribution of Beneficiaries by Division

Division	Number of Beneficiaries FY 22-23	Ethnicity	Language
Adults SUD	453	91% Hispanic	19% Spanish
Adolescents SUD	148	83% Hispanic	77% Spanish



Adult SUD Services: 64 percent of Adult Services direct services staff were Hispanic with 45 percent fluent in Spanish. In addition, 100 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Adolescent SUD Services: 64 percent of YAYA Services' direct services staff were Hispanic with 45 percent fluent in Spanish. In addition, 100 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

ICBHS ensures that beneficiaries have access to specialty mental health services and SUD treatment services that are culturally and linguistically competent by providing information and services in the beneficiary's preferred language. ICBHS also ensures that language assistance and interpretive services are available to all beneficiaries upon request. Interpretive services for Spanish speaking beneficiaries are provided by bilingual staff (English and Spanish) and Language Line Services in all programs and clinics. Interpretive services in other languages are also available through Language Line Services. ICBHS also has American Sign Language Interpretive Services available for beneficiaries with speech and/or hearing impairments.

Based on the analysis by division, ICBHS direct service staff is culturally proficient in meeting the needs of clients, as shown in Tables 16 and 17.

Table 16. Comparison of Client and Staff Cultural Profiles by Division and MHP FY 22-23

Division	Ethnicity		Language		Cultural Awareness
	Client	Staff	Client	Staff (Fluent)	
Children Services	90% Hispanic	80% Hispanic	46% Spanish	65% Spanish	98% Hispanic
YAYA Services	90% Hispanic	88% Hispanic	30% Spanish	72% Spanish	91% Hispanic
Adult Services	81% Hispanic	83% Hispanic	30% Spanish	68% Spanish	82% Hispanic
MHTE Services	79% Hispanic	93% Hispanic	23% Spanish	79% Spanish	94% Hispanic
MHP	85% Hispanic	83% Hispanic	34% Spanish	70% Spanish	93% Hispanic

Table 17. Comparison of Client and Staff Cultural Profiles by Division and DMC-ODS FY 22-23

Division	Ethnicity		Language		Cultural Awareness
	Client	Staff	Client	Staff (Fluent)	
Adults SUD	83% Hispanic	64% Hispanic	19% Spanish	45% Spanish	100% Hispanic
Adolescent SUD	91% Hispanic	64% Hispanic	77% Spanish	45% Spanish	100% Spanish
SUD Total	85% Hispanic	82% Hispanic	34% Spanish	63% Spanish	88% Hispanic

ICBHS has the capacity to provide specialty mental health and SUD treatment services by staff that is culturally competent and linguistically proficient to meet the needs of the population(s) served.

ICBHS ensures that beneficiaries have access to specialty mental health services and SUD treatment services that are culturally and linguistically competent by providing information and services in the beneficiary's preferred language. ICBHS also ensures that language assistance and interpretive services are available to all beneficiaries upon request. Interpretive services for Spanish speaking beneficiaries are provided by bilingual staff (English and Spanish) and Language Line Services in all programs and clinics. Interpretive services in other languages are also available through Language Line Services. ICBHS also has American Sign Language Interpretive Services available for beneficiaries with speech and/or hearing impairments.

b. Objectives and planned activities for CY 2024

- The QM Unit will collect and maintain data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery and make recommendations to the CCT, as appropriate.
- The QM Unit will calculate and evaluate retention and utilization rates annually to ensure that persons of diverse ethnic backgrounds access the service delivery system and are retained in services.
- The CCT will review and evaluate the Retention Rates and Utilization Rates Report on an annual basis and make recommendations to the QIC, as appropriate.
- The QM Unit will conduct an analysis of human resources composition by location data, including staff's ethnicity and language capabilities, in contrast with population need assessment data for each population category, including ethnicity and language, at least annually.
- The QM Unit will monitor retention in the 0-5 age category for mental health services to determine if strategies need to be implemented to increase retention in this age group.

CLAS STANDARD 12: Conduct regular assessment of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

a. Overview of objectives and planned activities for CY 2023

ICBHS conducts regular assessments of community health assets and needs through the QI Work Plan; the Staff Cultural Competence Survey Report; the Accessibility, Utilization, and Availability of Service Report; the Consumer Perception Survey; and the Retention Rates and Utilization of Services Report. These reports are included as attachments, with the data being found interspersed throughout this document. As a result of the data presented in these reports, services are planned and delivered accordingly to ensure that people in all ethnic groups are served with programs that meet their cultural needs. Any findings from these assessments are included as objectives under each corresponding CLAS Standard, as appropriate.



The Staff Development Program develops the Community Outreach Plan, which was developed as a result of the assessment conducted through the FY 21-22 Penetration Rates Report, to ensure that outreach services were targeted toward those groups identified as being in need of outreach services.

The Outreach and Engagement Program provides education to the community regarding mental illnesses and their signs and symptoms; resources to help improve access to mental health care; and information regarding mental health services available through ICBHS. Staff provide outreach at many community locations such as local schools (primary, secondary, college and university), homeless shelters, eateries, religious locations, and self-help group meetings. Staff have completed presentations at the local LGBT Resource Center, the local Housing Authority, faith-based organizations, local schools and other community-based organizations.

The CCT reviewed quarterly reports and made recommendations to the Outreach Unit, as needed.

During FY 21-22, the Center for Clinical Training (CCT) monitored the Department's outreach efforts to promote cultural competency. In the past year, the Outreach program continued facing the effects of the COVID-19 pandemic and physical distancing, as well as the safety measures.

The Outreach has been able to manage to provide resources and avenues available to continue to provide educational information and conduct outreach at the community level.

Outreach program has brought resiliency and the experiences gained in the past year with COVID-19, the knowledge, the new connections, and collaborations that will help us in our commitment to eliminating behavioral health disparities and substance abuse disparities and to providing the best quality of care to every client who visits us, no matter if they are virtual, by telephone, or in person.

In this review period, the COVID-19 pandemic limited face-to-face outreach and engagement opportunities in our community; however, the programs overcame this limitation by focusing more on social media outreach. The Outreach has also promoted mental health and substance use disorder services by advertisement kiosk stationed at the Imperial Valley Mall with ongoing video feeds of events, and current radio calendars as well as manning a table with current information on all programs in both languages English and Spanish.

Moreover, the PET program continues to occasional visits at the Imperial Valley Mall which has been a valuable resource for those hesitant to approach the booth due to stigma.



Facebook page continues to be a vital tool in promoting the ICBHS services and also a great platform in sharing other important information to our Facebook followers, to include training opportunities, personal testimonial, weekly topics for departments Radio Show (English and Spanish), Podcast promos and other important updates.



The goals and objectives for outreach in fiscal year 2022-2023, were determined by the Penetration Rate Report 2021-2022 and the numbers were recorded below. Numerous outreach efforts were made to the specified undeserved groups along with groups determined by the county to be high risk by various methods of engagement. Those methods included material disseminations, informational booths, in-person, online/zoom presentations, and contactless outreach. Outreach efforts were provided throughout Imperial County at schools, Imperial Valley Mall, community events, local businesses, medical facilities, churches amongst other areas.



Below is a breakdown of the goals and objectives conducted by the department for our underserved, hard-to-reach, homeless, and other identified target population during fiscal year 2022-2023.

Goals & Objectives	YTD
Underserved Population	
1. Provide Outreach to 200 Age Group 0-5 children.	204
2. Provide Outreach to 2,490 Older Adults, ages 65+.	2,116
3. Provide Outreach to 1,666 Spanish-Speaking residents.	3,325
4. Provide Outreach to 3,213 Calexico residents.	4,230
5. Provide Outreach to 150 Winterhaven residents.	311
6. Provide Outreach to City of Niland.	80
7. Provide Outreach to Alaskan Native/American Indian.	194
8. Participate in a minimum of 30 outreach activities, targeted toward providing outreach to the identified underserved populations, per quarter.	176
9. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	0
Hard-to-Reach Population	
1. Provide Outreach to 245 Foster-Youth.	95
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the identified hard-to-reach populations, per quarter.	0
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	0
Homeless Population	
1. Provide Outreach to 886 homeless individuals.	1,051
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the homeless population, per quarter.	20
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	0
Other Identified Target Populations	
1. Provide Outreach to LGBTQ.	108



Some of the highlights of events that occurred during the fiscal year are summarized below.

World Mental Health Day



Imperial County Behavioral Health Services (ICBHS) in collaboration with Imperial Valley College (IVC) held its annual World Mental Health Day Summit on October 7, 2022, at IVC in Imperial, California. The theme for WMHD 2022 was “*Taking Action*” in efforts to promote the importance of mental health. This event provided an opportunity for mental health professionals from ICBHS and partner agencies to discuss mental health topics, reduce the stigma, encourage individuals to seek professional help, educate the community and raise awareness on mental health issues.

Free workshops, lunch and live music were provided to 300 attendees that varied by age. Participants included junior high school students, high school students, college students, faculty staff, affiliated organizations, and community members.

In addition, this event included 30 resource tables that distributed information and incentives on services available in Imperial County. Participating agencies included Sure Helpline, Innercare, Imperial Valley Medical Clinic, Women Infants and Children (WIC), Woman Haven, Sun Valley Research Center Inc, Imperial Valley LGBT Resource Center, Imperial County Area Agency on Aging, Imperial Valley College Student Health Center, San Diego Regional Center, ICBHS PET Program, veteran aimed programs amongst other partner institutions.

Workshops were divided into six categories that included Taking action on school campus, through treatment, self-care and wellness, through spirituality, la cultura vale (Spanish workshop) and suicide prevention. This gave attendees the opportunity to choose which workshop they’d benefit from the most. Workshop presenters included professionals from diverse backgrounds which included LGBT community members, college students, Behavioral Health staff, Islamic foundation members, Christian Churches, Licensed Marriage and Family Therapists, sound healer, psychiatrists, amongst other professionals.

Children's Fair

Imperial County Behavioral Health Services (ICBHS) participated in the 42nd annual Children's Fair on April 1, 2023, in El Centro, California. This event was hosted by The Child Abuse Prevention Council and sponsored by the City of El Centro, United Way, Los Vigilantes and Imperial County Office of Education in efforts to prevent child abuse and keep our children safe.

Families from all across Imperial County attended this event. Outreach surveys reflect 244 adult signatures from Brawley, Calexico, El Centro, Heber, Holtville, Imperial, Seeley, Calipatria and Westmorland. ICBHS Center for Clinical Training shared an informational booth with ICBHS Children's division and PET Program that consisted of disseminating brochures and QR codes that provided individuals with information on mental health services. In addition, ICBHS staff members provided children with free fun activities such as coloring paper crowns, beading necklaces and bracelets and spinning the wheel for prizes. All children received a goodie bag with slime, stickers, pencils, and a mini activity book.

PET program dogs made an appearance at this event. This gave children the opportunity to engage with some of the PET program dogs and enjoy the music, activities, and food.



Homeless Outreach FY 2022-2023

Imperial County Behavioral Health Services (ICBHS) operates numerous homeless outreach efforts throughout the year in Imperial County. The goal of these efforts is for staff to develop positive relationships with individuals experiencing homelessness. The objective is to help them access services and resources they may need for them to move forward with their lives. Individual circumstances and culture barriers vary which prevents them from seeking mental health services.

Homeless outreach strategies include distributing kits, informational brochures on Behavioral Health Services and other community resources along with in-person explanation of services available. Winter outreach consists of winter homeless kits that were distributed in Niland, Paloverde, Calexico, El Centro, Imperial, Seeley, and other various unincorporated areas of Imperial County. These kits contained blankets, gloves, socks, beanies, and informational brochures. During warmer months of the year homeless outreach is also conducted throughout Imperial County. Staff distribute kits that contain brochures with Behavioral Health Services information, cold water bottles, snacks, sunscreen, and hand sanitizers.



Northend Outreach

A vastly underserved area of Imperial County continues to be the Northend which consists of Niland, Calipatria, Palo Verde, Desert Shores, Bombay Beach, and Salton City. Therefore, Behavioral Health Services has had several outreach events in the Northend that include resource fairs, school presentations, homeless outreach and material dissemination at local businesses and churches.



A video compiling the events for the CY 2023 can be seen at this link: [Outreach and Engagement 2023.](#)



Radio Show

Weekly wellness radio shows are broadcasted in both English and Spanish via KUBO/Radio Bilingüe 88.7 FM, 107.5 FM and KXO AM 1230. The English radio show “Let’s Talk About it,” is aired three times a week on Thursday morning, Sunday morning and Sunday night. The Spanish radio show, “Exprésate”, is aired weekly on Wednesday mornings. In addition, Exprésate is aired once a month on XEAO 910 AM and radio advertisements on Power 98.3 FM.

Radio show calendars are published weekly on social media platforms such as Facebook and in various local newspapers. Those newspapers include Imperial Valley Alive, Adelante Valle, Imperial Valley Press, White Sheet, Holtville Tribune, The Desert Review, El Sol del Valle and Calexico Chronicle.

English and Spanish wellness radio show topics vary. They include educational topics and issues that have significant Behavioral Health impacts, such as pandemic related concepts, including grief, parenting, vicarious trauma, resiliency, youth empowerment, amongst other topics.

The image contains two promotional graphics for radio shows. The top graphic is for 'iExpresate!' in Spanish, featuring hosts Dalia Pesqueira and Patricia Arevalo-Caro. It is broadcast on 88.7 FM (Imperial County Behavioral Health Services) and 98.3 FM (Power 98.3). The theme is 'Salud Mental y Espiritualidad' (Mental Health and Spirituality). The featured speakers are Monica Dubois and Lupita Castro. The bottom graphic is for 'Let's Talk About It!' in English, featuring hosts Scott Dudley and Maria Wyatt. It is broadcast on 88.7 FM (Imperial County Behavioral Health Services), 107.5 FM (KUBO), and 910 AM (XEAO). The theme is 'Mental Health and Spirituality'. The featured speakers are Catherine Carmona and Crystal Schonviesner. Both graphics include contact information for the Imperial County Behavioral Health Services.

iExpresate!
IMPERIAL COUNTY Behavioral Health Services
Radio Bienestar
Salud Mental y Espiritualidad
SEMANA DE DEC 19
Monica Dubois y Lupita Castro son estudiantes de la vida que han apostado con éxito su recuperación para abrazar una espiritualidad que incluye muchos caminos, pero cohesionada en su compromiso de amor y capacidad de respuesta hacia uno mismo, los demás y el universo que habitamos. Su experiencia vivida y su esmerada atención y amabilidad para compartir su don con nuestra comunidad hacen de este un espectáculo imperdible. Cuando la recuperación y la espiritualidad se unen en un propósito común, los resultados son sorprendentes.
Orador Invitado: Monica Dubois- Maestra en Administración de Empresas en Servicios Humanos y Familiares- Lupita Castro-Director Interino de Servicios de Salud Estudiantil IVC
Sintoniza 88.7 Miércoles a las 8am
Visita www.kooradio.com para podcasts bajo demanda
bhs.imperialcounty.org Para acceder a servicios contacte (442) 265-1525 o 1-800-817-5292 Si tiene preguntas que le gustaría que contestemos en el programa, mande un email a: wellnessradio@co.imperial.ca.us

Let's Talk About It!
IMPERIAL COUNTY Behavioral Health Services
Wellness Radio
Week of DEC 19th
Catherine Carmona and Crystal Schonviesner are students of life who have successfully staked their recovery to embrace a spirituality that is inclusive of many paths, but cohesive in its commitment to love and responsiveness to self, others, and the universe we inhabit. Their lived experience and their careful attention and kindness to share their gift with our community make this a can't-miss show. When recovery and spirituality meet in common purpose, the results are amazing.
Guest Speaker: Cat Carmona and Crystal Schonviesner
TUNE IN 88.7 Thursdays at 8am 107.5 KUBO Sundays at 7am 910 XEAO Sundays at 7pm
Visit www.kooradio.com for podcasts on demand
If you have any questions that you would like answered on the show, please send an email to: wellnessradio@co.imperial.ca.us bhs.imperialcounty.org For access to services please contact (442) 265-1525 or 1-800-817-5292

Penetration Rates

In CY 2023, the QM Unit calculated and evaluated the penetration rate for FY 22-23 to ensure that persons of diverse ethnic backgrounds accessed the service delivery system. The penetration rate is defined as the total unduplicated number of Medi-Cal beneficiaries served divided by the number of persons eligible for Medi-Cal. The penetration rate is defined as the total unduplicated number of Medi-Cal beneficiaries served divided by the number of persons eligible for Medi-Cal. The penetration rates are calculated by obtaining the unduplicated number of Medi-Cal eligible beneficiaries from the DHCS website and the number of Medi-Cal beneficiaries served from AVATAR.

Mental Health Services

The penetration rate for **FY 2022-2023** is **6.57%**, which is a decrease compared to the FY 2021-2022 penetration rate at 7.48% as seen in table 18.

Table 18: Mental Health Services

Fiscal Year	Medi-Cal Eligible	ICBHS Served	Penetration Rate	Rate of Change*
FY 22-23	92,225	6,059	6.57% ▼	-12.18%
FY 21-22	90,351	6,759	7.48% ▲	9.53%
FY 20-21	84,654	6,168	7.29%	-17.70%

*Rate of Change shows how much a population is growing or declining in the particular year.

The following section includes the penetration rates by category for FY 22-23:

a) Ethnicity/Race

The data shows that the penetration rate of beneficiaries who are African American ethnic group accessing services in Imperial County was the highest than another group at 17.63%.

The penetration rate of beneficiaries who are Alaskan Native/American Indian ethnic group accessing services in Imperial County were the ethnicities with the lowest penetrations rate at 3.91% followed by Asian/Pacific Islander with 4.11%.

b) Gender

The data shows both Male and Female beneficiaries had the same penetration rate at 6.57% for FY 22-23.

c) Age

The data shows that the penetration rate of beneficiaries who are between 14-20 age group accessing mental health services in Imperial County was the highest than other age groups at 14.48%. The penetration rate of beneficiaries who are between 65+ age group accessing mental health services in Imperial County was the lowest than other age groups at 0.62%.

d) Language

The data shows that the penetration rate of beneficiaries who are English Speaking accessing treatment in Imperial County was the highest at 10.36% than for Spanish at 3.87%.

e) City of Residence

The data shows that the penetration rate of beneficiaries who lived in Calipatria accessing treatment in Imperial County was the highest than other cities at 8.97%. The penetration rate of beneficiaries who lived in Winterhaven accessing mental health services in Imperial County was the lowest than other cities at 2.81%.

Substance Use Disorder

The penetration rate for FY 2022-2023 is 0.65%, which is a decrease when compared to the FY 2021-2022 penetration rate at 0.94% as seen in table 19.

Table 19: Substance Use Disorder Treatment Services

Fiscal Year	Medi-Cal Eligible	Medi-Cal Served	Penetration Rate	Rate of Change
FY 22-23	92,225	601	0.65% ▼	-30.49%
FY 21-22	90,351	847	0.94% ▲	-26.57%
FY 20-21	84,654	627	0.74% ▼	-13.22%

**Rate of Change shows how much a population is growing or declining in the particular year.*

The following section includes the penetration rates by category for FY 22-23:

a) Ethnicity/Race

The data shows that the penetration rate of beneficiaries who are White ethnic group accessing treatment for substance use disorder in Imperial County was the highest than other subgroups at 1.09%.

The penetration rate of beneficiaries who are Alaskan Native/American Indian and Asian/Pacific Islander ethnic groups accessing treatment for substance use disorder in Imperial County were the ethnicities with the lowest penetrations rate at 0.00% followed by African American with a penetration rate of 0.36%.

b) Gender

The data shows that the penetration rates of beneficiaries who are Females accessing treatment for substance use disorder in Imperial County was the highest at 0.74% than Males at 0.55%.

c) Age

The data shows that the penetration rate of beneficiaries who are between 26-64 age group accessing treatments for substance use disorder in Imperial County was the highest than other age groups at 0.92%. The penetration rate of beneficiaries who are between 65+ age group accessing treatments for substance use disorder in Imperial County was the lowest than other age groups at 0.06%.

d) Language

The data shows that the penetration rate of beneficiaries who are English Speaking accessing treatment for substance use disorder in Imperial County was the highest at 1.27% than for Spanish at 0.20%.

e) City of Residence

The data shows that the penetration rate of beneficiaries who lived in Westmorland accessing treatment for substance use disorder in Imperial County was the highest than other cities at 1.01%. The penetration rate of beneficiaries who lived in Calexico, Seeley, and Winterhaven accessing treatment in Imperial County was the lowest than other cities at 0.37%, 0.42, and 0.27%.

The purpose of this report is to evaluate Imperial County Behavioral Health Service's ability to provide mental health and substance abuse treatment services to beneficiaries. After reviewing the aforementioned data, it is evident that services are underutilized and population groups with such gaps are considered underserved.

The underserved categories are as follows:

Target Population	MHP Population	SUD Population
Ethnicity	Alaskan Native/American Indian	African American
Language	Spanish	Spanish
Gender	N/A	Male
Age Group	65 +	65+
City of Residence	Calexico and Winterhaven	Calexico, Seeley and Winterhaven

***Underserved** is define as Individuals who have been diagnosed with serious mental illness and children who have been diagnosed with serious emotional disorders, and their families, who are getting some service, but whose services do not provide the necessary opportunities to participate and move forward and pursue their wellness/recovery goals. This category would also include individuals who are so poorly served that they are at risk of situational characteristics such as homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences. (Source: 9 CCR § 3200.300)*

b. Objectives and planned activities for CY 2024

- ICBHS will conduct regular assessments of community health assets and needs through the QI Work Plan; the Staff Cultural Competence Survey Report; the Accessibility, Utilization, and Availability of Service Report; the Consumer Perception Survey; and the Retention Rates and Utilization of Services Report and ensure corresponding objectives are included in the Cultural Competence Plan.
- The QM Unit will calculate and evaluate penetration rates annually to ensure that persons of diverse ethnic backgrounds access the service delivery system.
- The CCT will review and evaluate the Penetration Rates Report at least annually and make recommendations to the QIC, as appropriate.
- The QM Unit will ensure populations identified as underserved are included in the ICBHS Outreach Plan.
- The CCT will review and evaluate quarterly Outreach Plan progress reports to ensure underserved populations are informed of the availability of cultural and linguistic services and programs, assertive outreach is provided to persons who are homeless with mental disabilities, and assertive outreach is provided to hard-to-reach individuals with mental disabilities.

CLAS STANDARD 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

a. Overview of objectives and planned activities for CY 2023

During CY 2023, the CCT continued to include the involvement of one consumer and two partner agencies, the Imperial Valley LGBT Resource Center and Sure Helpline, in the design, implementation, and evaluation of the Department's Cultural Competence Plan, as well as the many other functions of the CCT. Community members are also welcome to participate in any subcommittees formed by the CCT.

b. Objectives and planned activities for CY 2024

- The CCT will continue to partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

CLAS STANDARD 14: Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

a. Overview of objectives and planned activities for CY 2023

ICBHS has a grievance and appeal process in place that meets all of the requirements of CFR Title 9 and Title 42 requirements. When processing grievances and appeals, ICBHS ensures that staff making decisions on grievances, appeals, and expedited appeals have the appropriate clinical expertise to treat the beneficiary's condition and were not involved in any previous level of review or decision-making.

ICBHS posts notices explaining grievance, appeal, and expedited appeals process procedures in locations at all provider sites, in both English and Spanish, sufficient to ensure that the information is readily available to both beneficiaries and provider staff. Additionally, ICBHS ensures forms used to file grievances, appeals, and expedited appeals, as well as self-addressed envelopes, are available for beneficiaries to pick up at all provider sites, in both English and Spanish, without having to make a verbal or written request to anyone.

ICBHS also maintains a grievance, appeal, and expedited appeal that records each grievance, appeal, and expedited appeal within one working day of receipt, to ensure each is appropriately addressed in the established timeframes.

During FY 22-23, ICBHS received a total of 121 grievances (representing both Medi-Cal beneficiaries and non-Medi-Cal clients), 29 standard appeals, and 12 expedited appeals from Medi-Cal beneficiaries for mental health services. There were seven grievances and no standard or expedited appeals for SUD services.

All of the grievances were investigated by the Department's deputy directors/managers. The Patients' Rights Advocate provided technical assistance to management to assure that beneficiary protection requirements were met. The findings indicate that the primary reasons why beneficiaries filed grievances were due to: 1) quality of care and 2) access.

b. Objectives and planned activities for CY 2024

- ICBHS will continue to implement grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflict or complaints.
- The CCT will review and evaluate the Grievance and Appeal Report to ensure the grievance process is culturally and linguistically appropriate and make recommendations to the QIC, as appropriate.
- The QM Unit will ensure that staff involved in all levels of the grievance and appeal process receive training to ensure the grievance resolution process is implemented in a culturally and linguistically appropriate manner.

CLAS STANDARD 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

a. Overview of objectives and planned activities for CY 2023

During CY 2023, the QM Unit continued to issue the Cultural Competence brochure to be disseminated when conducting outreach events to the community. This brochure will educate consumers and the community on Cultural Competence and the framework of Cultural Competence. In addition, it provides contact information from ICBHS Patients' Right Advocate, in the event an individual feels services were not provided with equal care.

Additionally, ICBHS continued to include a CCT representative on the QIC, the MHSA Steering Committee, and the Outreach Taskforce. The representative attended all meetings as required and provided updates and made recommendations, as appropriate.

b. Objectives and planned activities for CY 2024

- A CCT representative will attend QIC, MHSA Steering Committee, and Outreach Taskforce meetings to provide updates and make recommendations, as appropriate.
- ICBHS will post its Cultural Competence Plan on the ICBHS website to communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

IV: CULTURAL COMPETENCE TRAINING PLAN 2024

In an effort to utilize data to measure cultural competence training plan activities, the Staff Development Unit has developed this annual Cultural Competence training plan for fiscal year 23-24. The format of the report includes a list of tentative trainings that will be delivered during the fiscal year. The training plan includes a broad range of cultural competence topics.

Description of Training	Audience	Proposed Schedule
<p>Client Culture Training for New Employees: This training provides participants with shared experiences of persons diagnosed with mental illness which enables staff to have an understanding and appreciation for the culture of a mental health client.</p>	<ul style="list-style-type: none"> - Administrative & Management staff - SMHS & SUD Providers 	<p>To be assigned to New Staff upon hire via e-learning.</p>
<p>Client Culture Refresher Course: This training provides participants with shared experiences of persons diagnosed with mental illness which enables staff to have an understanding and appreciation for the culture of a mental health client.</p>	<ul style="list-style-type: none"> - Administrative & Management staff - SMHS & SUD Providers 	<p>To be assigned annually to all staff via e-learning.</p>
<p>Grievance & Appeal Process Training: This training is designed to ensure that the grievance resolution process is implemented in a manner that is culturally and linguistically appropriate.</p>	<ul style="list-style-type: none"> - Staff involved in all levels of the grievance and appeal process 	<p>To be scheduled once during the fiscal year.</p>
<p>Mental Health Interpreters Training for Interpreters: This training is designed to support bilingual/bicultural individuals interested in enhancing their skills as a Mental Health Interpreter, becoming an interpreter, or for those staff who want to learn how to properly use interpreters.</p>	<ul style="list-style-type: none"> - Employees/Contractors who provide interpreter or other support services 	<p>To be scheduled once during the fiscal year.</p>
<p>New Employee Orientation: This e-learning training will allow for new staff to understand what Cultural Competence is and how ICBHS implements the National Standards for culturally and Linguistically Appropriate Services (CLAS) standards in the department and our community.</p>	<ul style="list-style-type: none"> - New Administrative & Management staff - New SMHS & SUD Providers. 	<p>To be assigned to New Staff upon hire via e-learning.</p>
<p>Curanderismo Cultural Competence Training Behavioral Health developed the Curandismo Cultural Competence Training in</p>	<ul style="list-style-type: none"> - Administrative & Management staff 	<p>To be assigned to all staff via e-learning.</p>

conjunction with the contracted trainer, Grace Sesma, a longtime lecturer, and trainer on Curanderismo with connections to local indigenous tribal groups, using a self-developed curriculum that is adapted to individual groups.

The purpose of the Curanderismo training is to increase the knowledge and understanding by ICBHS clinical and administrative staff of the culture-specific terms, concepts, and healing philosophy of Mexican Traditional Medicine/Curanderismo and its applications to better serve the emotional, mental, spiritual, and physical needs of the Hispanic/Mexican/Latino/Indigenous community served by Imperial County Behavioral Health Services. The overall goal of this training program is to enhance knowledge, understanding, and respect for how Curanderismo is used by the Mexican/Latinx/Indigenous community. This community has historically been underserved and mis-served due partly to Western medical and mental health providers' lack of familiarity with traditional ancestral practices. This furthers a lack of trust within the community and is a potential for inadvertent emotional, mental, spiritual, and physical harm to clients.

Objectives: These objectives are fluid and will be revised or added upon further consultation with ICBHS leadership.

- Learn about the Indigenous worldview that informs and grounds Curanderismo/MTM.
- Gain understanding of a curandera/o/x training, education, and cultural practice.
- Become familiar with cultural protocols, rituals, and healing from a Mexican and Indigenous perspective.
- Distinguish how Mesoamerican concepts of the human body informs the application of

Curanderismo healing practices, especially in the treatment of post-traumatic stress disorder.

<ul style="list-style-type: none"> • Demonstrate understanding of Mexican and Indigenous culture-specific protocols. • Identify and delineate the differences between the concept and practice of cultural competence and the practice of cultural humility. • Demonstrate an understanding of Curanderismo protocols, terms, culture-specific practices, and interventions. • Observe and/or participate in a Curanderismo session. • Recognize and delineate ways of working collaboratively with traditional Native healers and curanderas/os/x • Reflect on possible unconscious bias for participants to be more aware of themselves and how it may be affecting current practices and interactions with clients • Evaluate, revise, and implement culture-specific phrasing and identification of presenting symptoms in treatment plans. • Re-evaluate, revise, and implement culture-specific phrasing of initial intake and assessment forms, outreach documents, and other documentation. 		
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SUMMARY OF EXHIBITS AVAILABLE UPON REQUEST

- A. Quality Improvement (QI) Work Plan FY 2023-2024
- B. Staff Cultural Competence Survey Report FY 2022-2023
- C. ICBHS Penetration Rates Report FY 2022-2023
- D. ICBHS Retention Rates and Utilization of Services Report FY 2022-2023