

CULTURAL COMPETENCE PLAN



Annual Update 2025



**Imperial County Behavioral Health Services
202 N. 8th Street
El Centro. CA 92243**

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CULTURAL COMPETENCE

ANNUAL UPDATE 2025

INTRODUCTION

Cultural competence is the ability to understand, appreciate, and engage with individuals from different cultural backgrounds and belief systems. For mental health and substance use disorder (SUD) service providers, cultural competence involves delivering care that aligns with the social, cultural, and linguistic needs of patients. Imperial County Behavioral Health Services (ICBHS) recognizes the importance of cultural competence and has established a Cultural Competence Program to ensure that its services address the unique cultural and linguistic needs of its clients. The program also identifies gaps or disparities in service provision and implements strategies to enhance service quality and improve client outcomes.

ICBHS is committed to being a culturally sensitive and responsive organization. It ensures that the services provided are respectful of individual and cultural diversity, integrating this philosophy into every aspect of the department's operations. ICBHS strives to create a welcoming environment, offering care delivered by staff who are both culturally competent and linguistically proficient, while ensuring they can meet the diverse needs of the communities they serve.



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 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

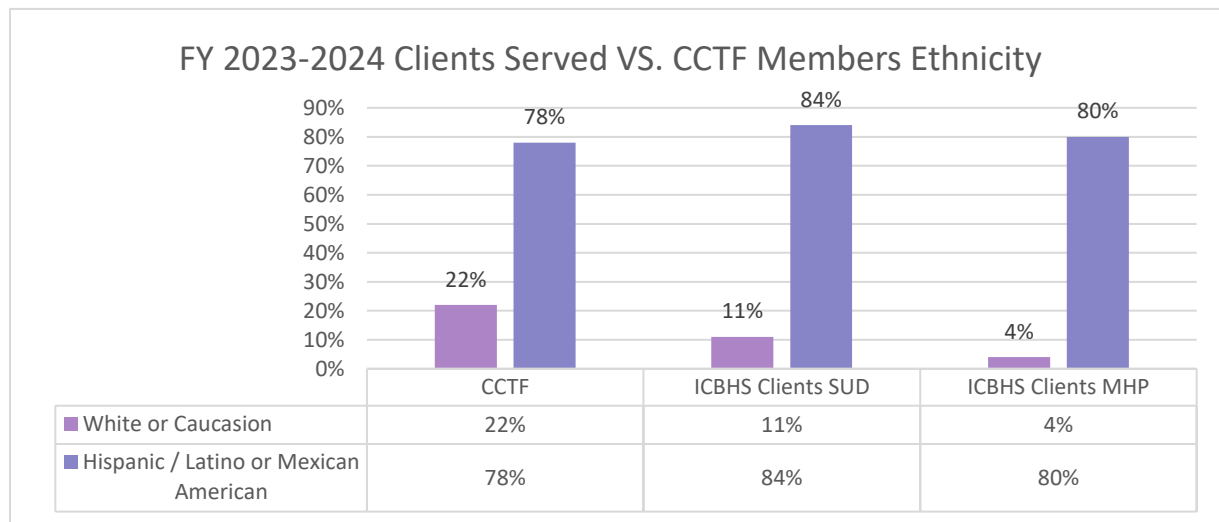
gender expression, ethnicity, age, disability, sexual orientation, physical attributes and ability to pay.

A. Cultural Competence Taskforce

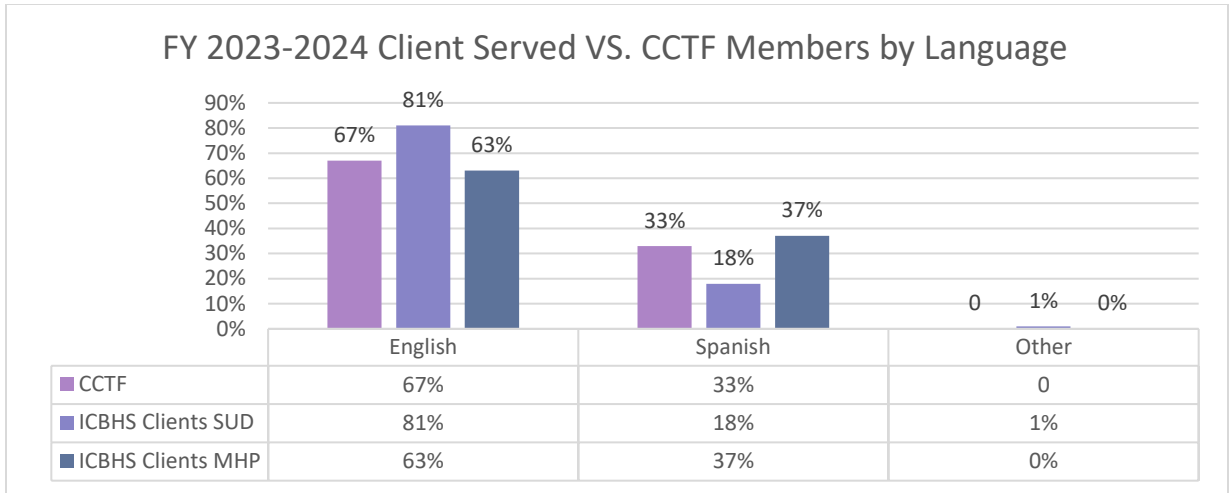
The Cultural Competence Taskforce (CCT) is committed to addressing cultural issues and promoting a delivery of services and the provision of information to residents of Imperial County in a manner that is responsive to and respectful of the individuals, attitudes, beliefs, customs, and practices of the 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 23-24, 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:



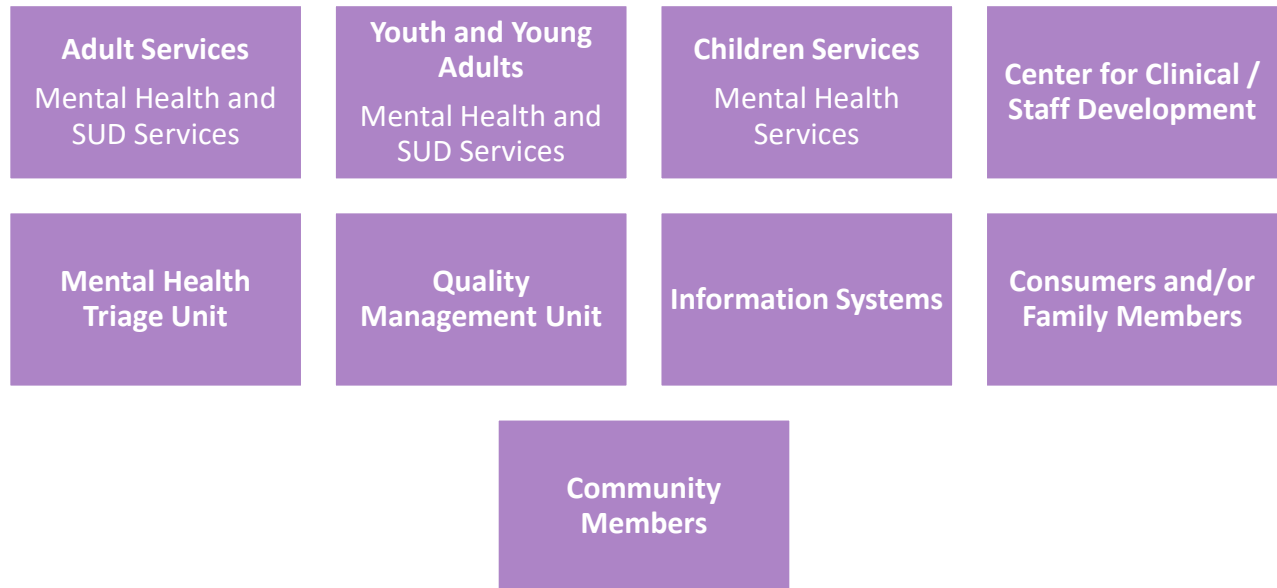
FY 2023-2024 Client Served VS. CCTF Members by Language



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 their designee and will include representation from the following:



CCT Meeting

The CCT meetings are held every month on the second Wednesday of the month from 4:00 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 are present, listed by name and title.
- d. The members absent, listed by name and title.
- e. Guest(s) 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

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.

Officer's Duties

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: <ul style="list-style-type: none">• 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 individuals 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 MHS community program planning process and outcomes.
- vi. CCT will provide updates 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.



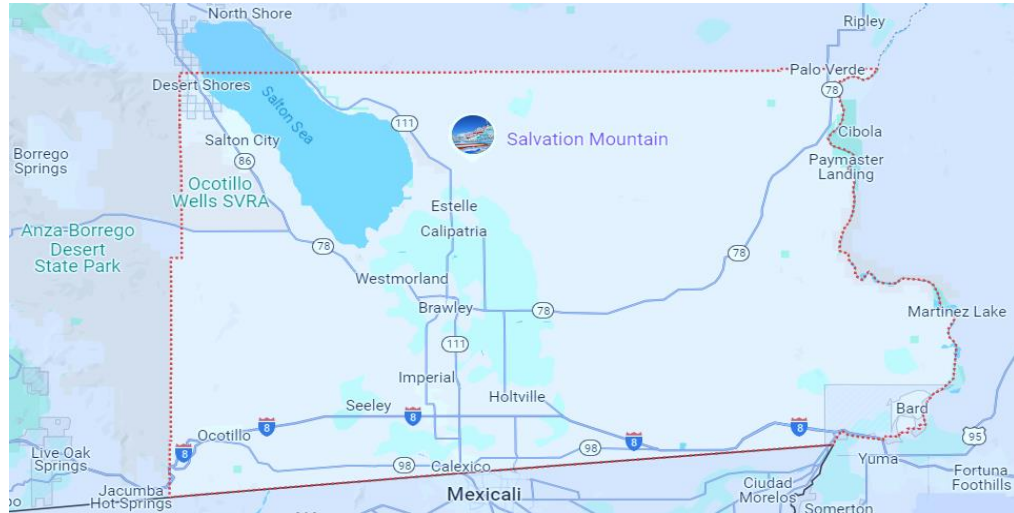
CULTURAL COMPETENCE PLAN

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 Department's Cultural Competence Plan is updated annually so that it documents the progress made in evaluating and monitoring all of its activities and provides an annual report on the CCT's activities. The annual update reflects current goals, monitoring results, and improvement processes. It also describes the CY 2024 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



Imperial County Behavioral Health Services (ICBHS) offers a wide range of mental health, substance use disorder (SUD), and supportive services throughout Imperial County, a rural region covering 4,579 square miles in southeastern California. The county stretches 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 primary population centers include the incorporated cities of Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland. While residents in these areas have relatively easy access to ICBHS services, those living in more remote locations often face challenges related to time and distance. Ensuring that services are accessible to residents in these rural areas has been a key focus in ICBHS’s planning and establishment of service sites.

ICBHS conducts a “location study” for all Medi-Cal sites to ensure compliance with state certification regulations before they become operational. This study assesses service accessibility, including:

- the availability of public transportation for residents in Imperial County.
- designated handicapped parking spaces.
- public restrooms accessible to both men and women, with appropriate accommodations for individuals using wheelchairs. Additionally, the study checks for the presence of gender-neutral and family restrooms, as well as
- ensure the facilities offer a welcoming, spacious environment for all visitors.

The Mental Health Plan (MHP) includes 35 Medi-Cal certified sites providing Specialty Mental Health Services (SMHS) to individuals of all ages. Services are organized by age group: Children (up to age 13), Youth and Young Adults (ages 14–25), and Adults (ages 25 and older). The MHP also partners with four in-county organizational providers and two out-of-county providers.

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

For SUD services under the Drug Medi-Cal Organized Delivery System (DMC-ODS), provider sites include county-operated adolescent and adult clinics in El Centro and Calexico, a contracted narcotic treatment provider with locations in El Centro and Calexico, and three contracted out-of-county residential treatment providers with multiple sites in their respective counties. SUD services are also organized by age group, with offerings for adolescents (ages 12–18) and adults (18 and older).

The Provider Directory for SMHS and SUD services is updated monthly to reflect the current providers at each site. This directory includes the provider’s name, license number, National Provider Identifier (NPI), specialty, population served, service category, language capabilities, cultural competencies, participation in cultural competence training, and whether they are accepting new beneficiaries. The directory is available in both English and Spanish and can be accessed on the ICBHS 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.

Population Assessment

By evaluating the data gathered in FY 23-24, ICBHS provided mental health services to a total of 7,401 unduplicated Medi-Cal clients and SUD services to a total of 771 unduplicated Medi-Cal clients. The group numbers include beneficiaries that may have received services in more than one team/program but are counted only once in each team/program in which they receive services.

An overview of the cultural and linguistic assessment is 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 23-24, mental health services were provided to 7,401 unduplicated Medi-Cal clients. The following figures depict the ethnicity, gender, language, and age of the clients provided with MHP services during FY 23-24:

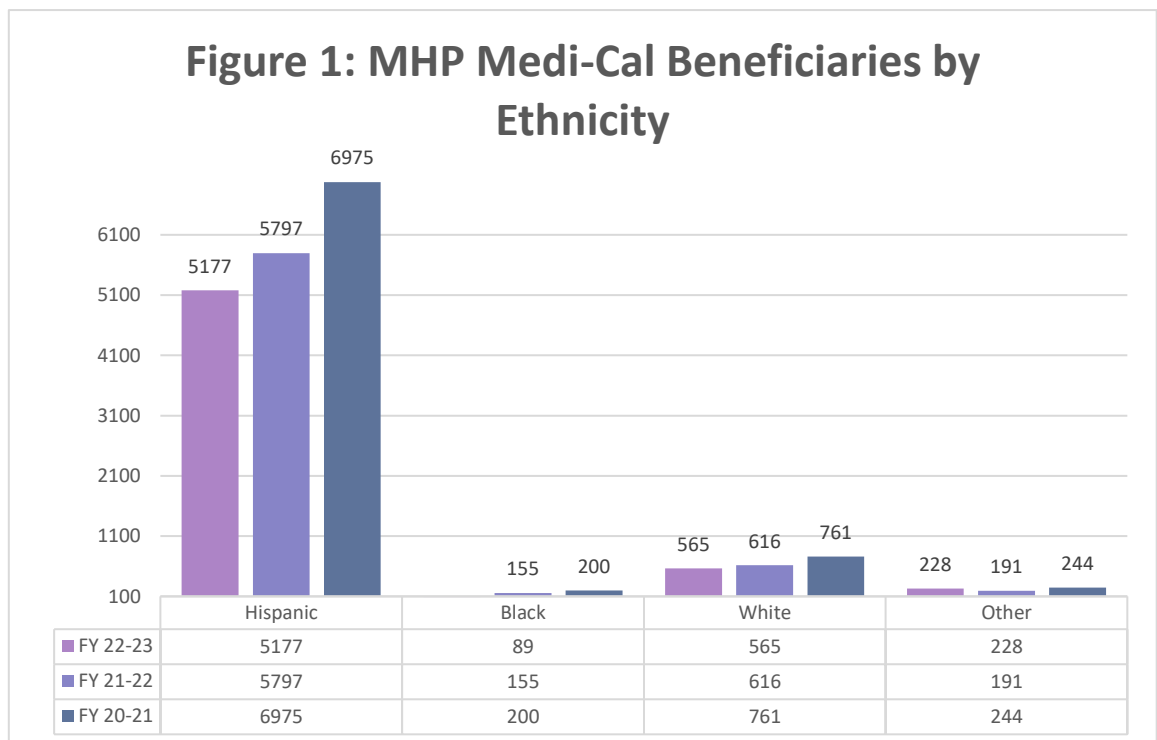


Figure 2: MHP Medi-Cal Beneficiaries by Gender Distribution

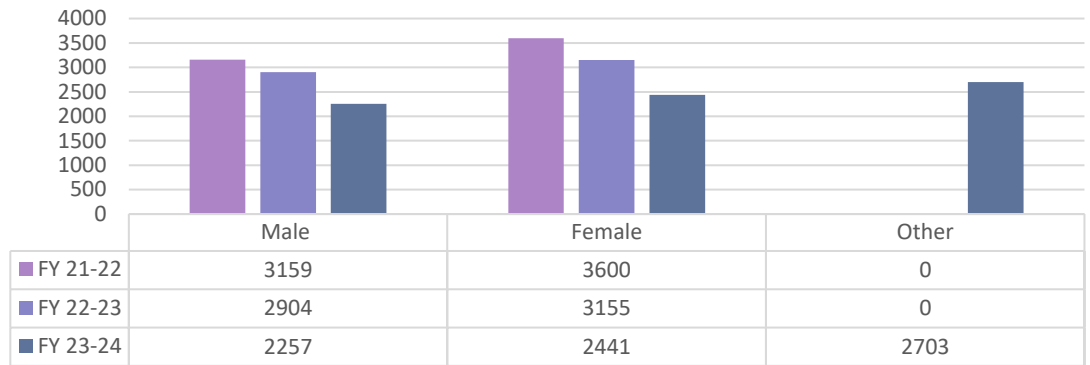


Figure 3: MHP Medi-Cal Beneficiaries by Language Distribution

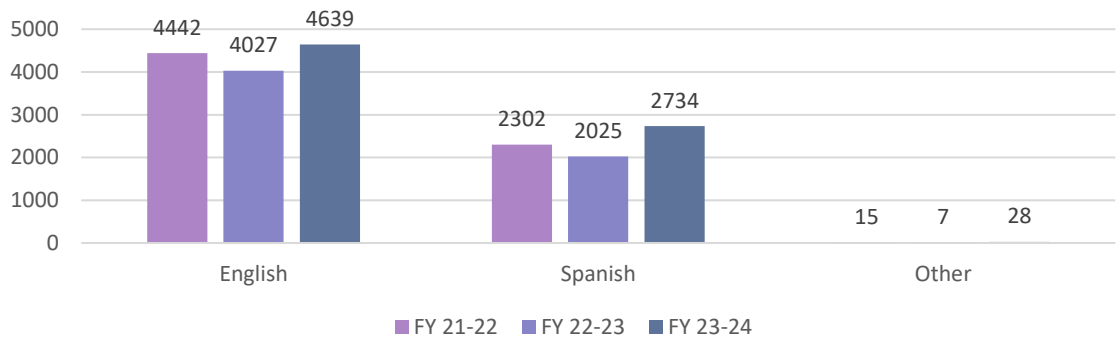
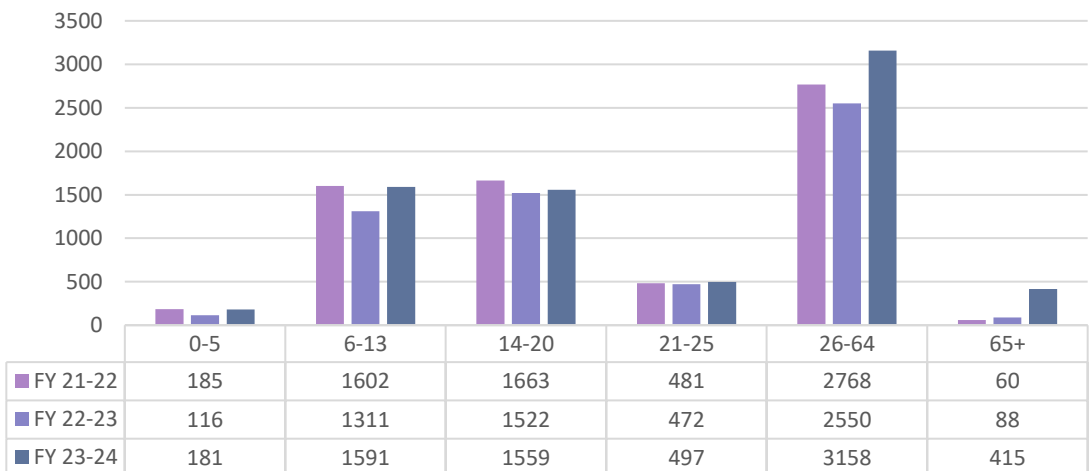


Figure 4: MHP Medi-Cal Beneficiaries by Age Distribution



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 (CY 2023) are summarized in Table 1 through 4, including a side-by-side comparison with CY 2022 and CY 2021 findings.

Table 1: Satisfaction Rates-Youth Consumer Perception Survey

Youth Consumer Perception Survey	CY 2021	CY 2022	CY 2023
	(n=3)	(n=82)	(n=67)
General Satisfaction	96%	86%	81%
Perception of Access	95%	95%	87%
Treatment Planning	80%	94%	77%
Outcome of Services	90%	94%	73%
Social Connectedness	100%	69%	80%
Cultural Sensitivity	90%	82%	85%
Perception of Functioning	90%	66%	78%

In summary, youth had a decrease in the areas of “General Satisfaction”, “Perception of Access”, “Treatment Planning” and “Outcome of Services” which had the highest decrease in percentage points (-21). Notable increases were received in the areas of “Social Connectedness” and “Functioning” with an increase of 12 percentage points. “Cultural Sensitivity” had a 3 percentage point increase.

**Figure 5: Consumer Perception Survey
CY 2021, CY 2022, CY 2023**

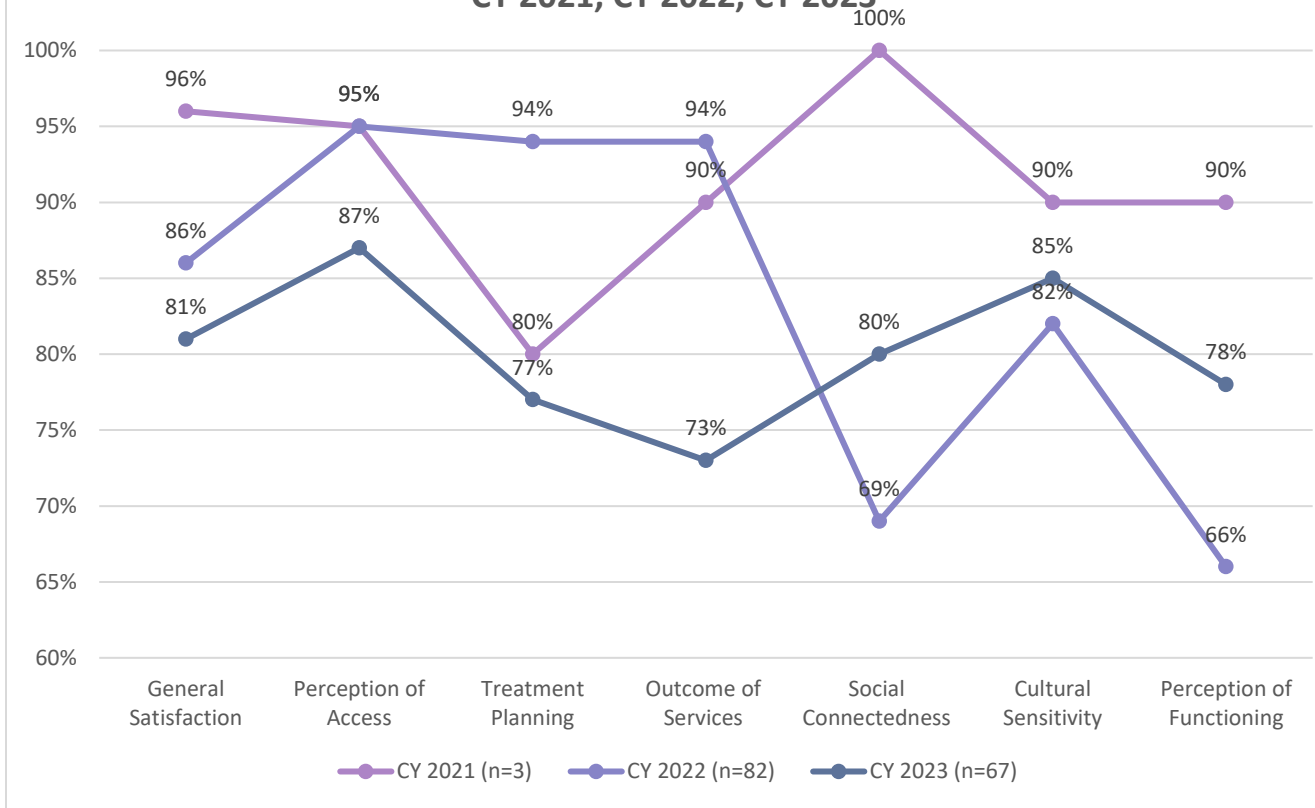


Table 2: Satisfaction Rates-Youth and Families Consumer Perception Survey

Youth for Families Consumer Perception Survey	CY 2021	CY 2022	CY 2023
	(n=27)	(n=192)	(n=156)
General Satisfaction	92%	90%	89%
Perception of Access	92%	93%	93%
Treatment Planning	84%	90%	90%
Outcome of Services	85%	70%	75%
Social Connectedness	91%	87%	96%
Cultural Sensitivity	90%	96%	98%
Perception of Functioning	85%	68%	72%

There has been a consistent increase in the area of “Cultural Sensibility”, with a 8-percentage point increase since CY 2021.

**Figure 6: Youth for Families Consumer Perception Survey
CY 2021, CY 2022, CY 2023**

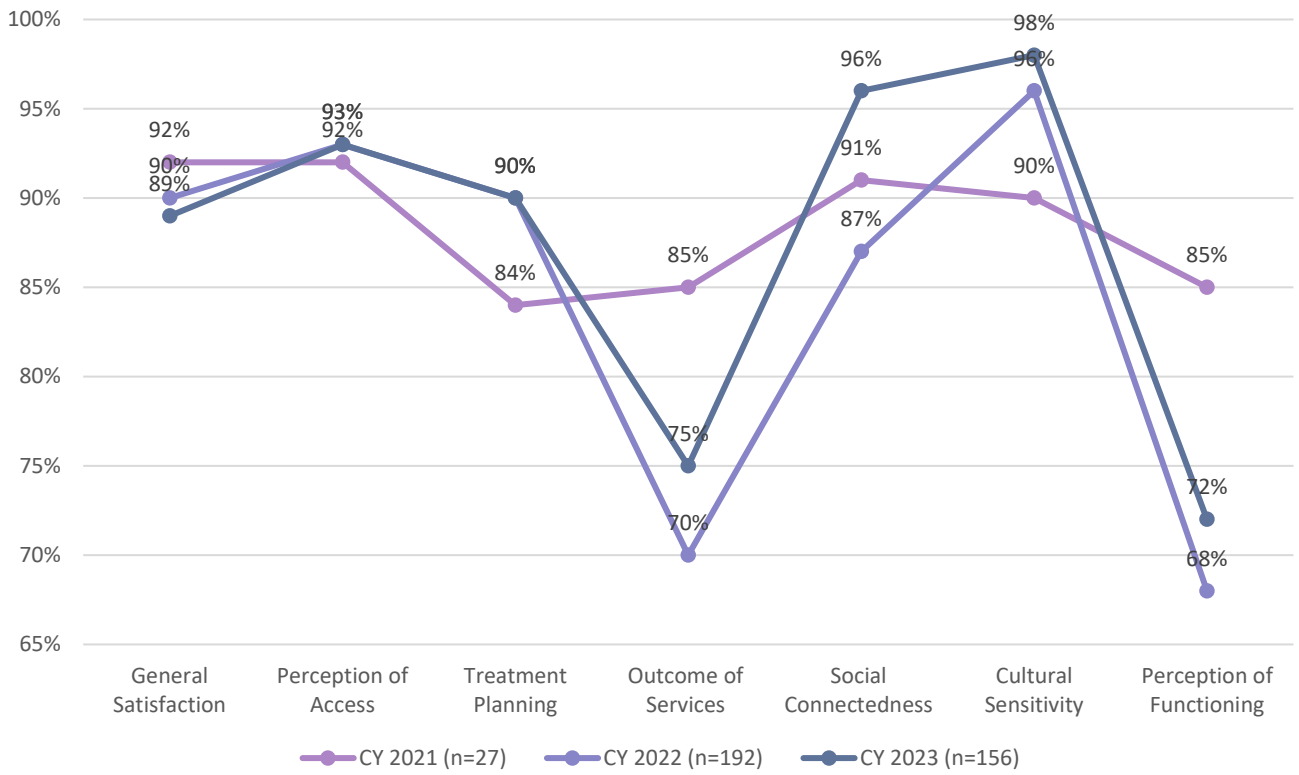


Table 3: Satisfaction Rates-Adult Consumer Perception Survey

Adult Survey Consumer Perception -Survey	CY 2021	CY 2022	CY 2023
	(n=66)	(n=93)	(n=128)
General Satisfaction	86%	81%	90%
Perception of Access	88%	94%	90%
Quality & Appropriateness	84%	90%	88%
Treatment Planning	87%	95%	92%
Outcome of Services	83%	72%	74%
Social Connectedness	77%	83%	80%
Functioning	85%	71%	71%

Adult consumers “General Satisfaction” perception increased to 90%. Findings remained consistent from the previous year, excluding “Perception of Functioning”, which remained at 71%.

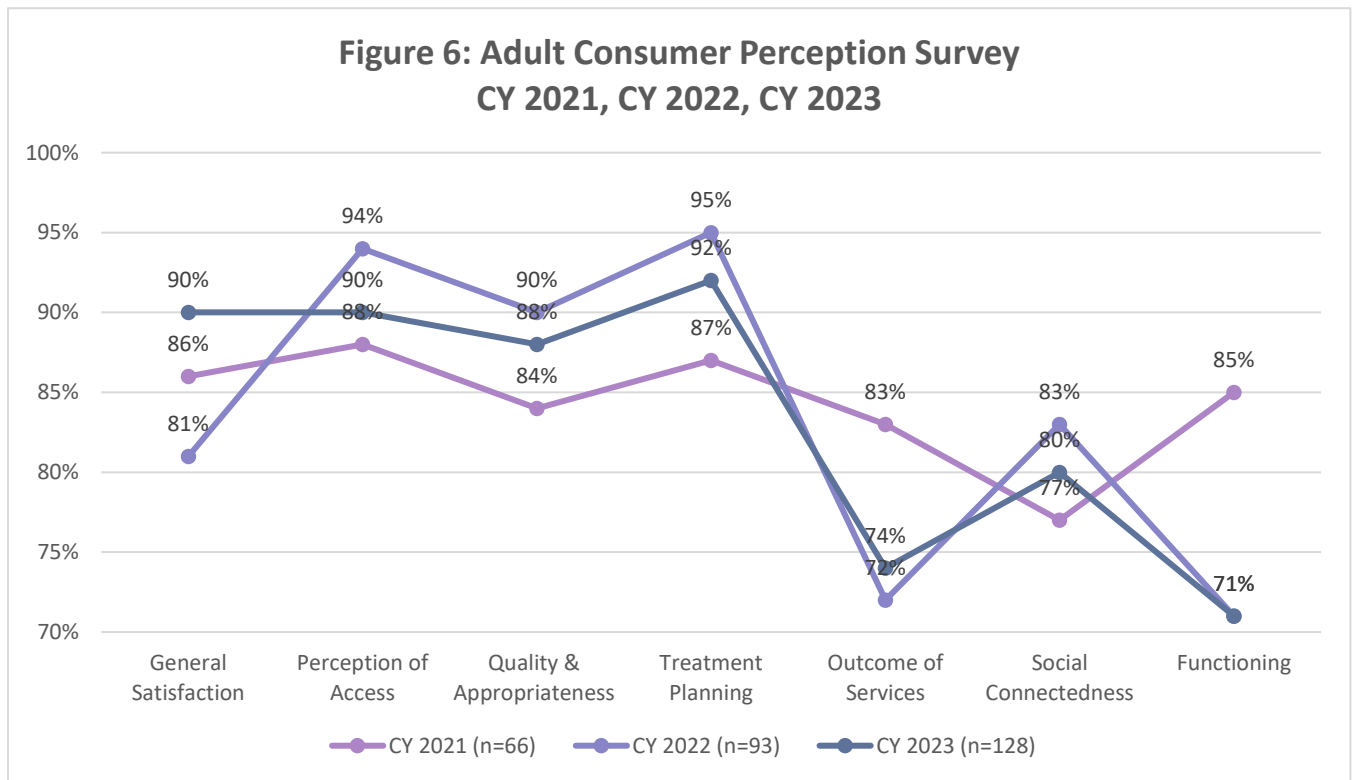
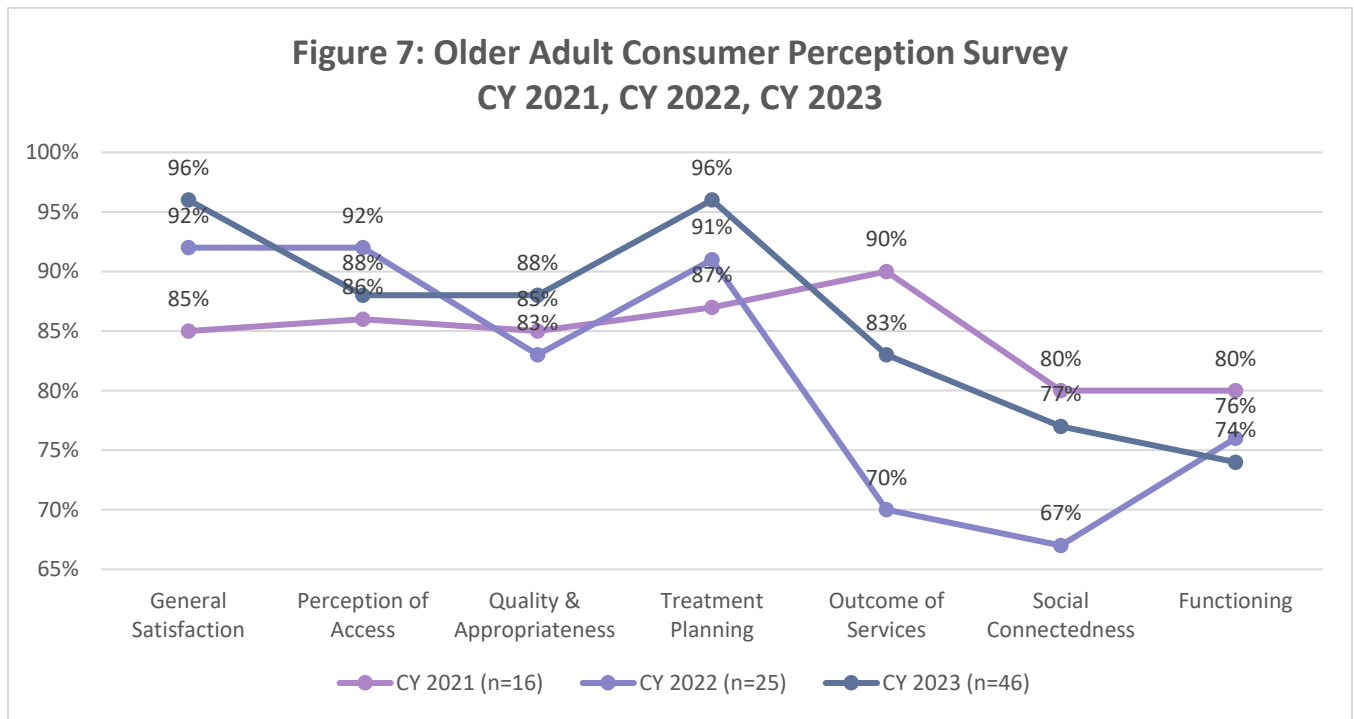


Table 4: Satisfaction Rates-Older Adult Consumer Perception Survey

Older Adult Survey Consumer Perception Survey	CY 2021	CY 2022	CY 2023
	(n=16)	(n=25)	(n=46)
General Satisfaction	85%	92%	96%
Perception of Access	86%	92%	88%
Quality & Appropriateness	85%	83%	88%
Treatment Planning	87%	91%	96%
Outcome of Services	90%	70%	83%
Social Connectedness	80%	67%	77%
Functioning	80%	76%	74%

There was a notable increase in the number of older adults completing this perception survey. The areas of “General Satisfaction” and “Treatment Planning” landing in the 90% percentile.



The Consumer Perception Survey for CY 2023 results and findings were presented to the QIC on May 9, 2024.



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. SUD services were provided to 771 Medi-Cal clients during FY 23-24. The following figures depict the ethnicity, gender, language, and age of he clients provided with SUD services during FY 23-24:

Figure 1. Medi-Cal Beneficiaries by Ethnicity

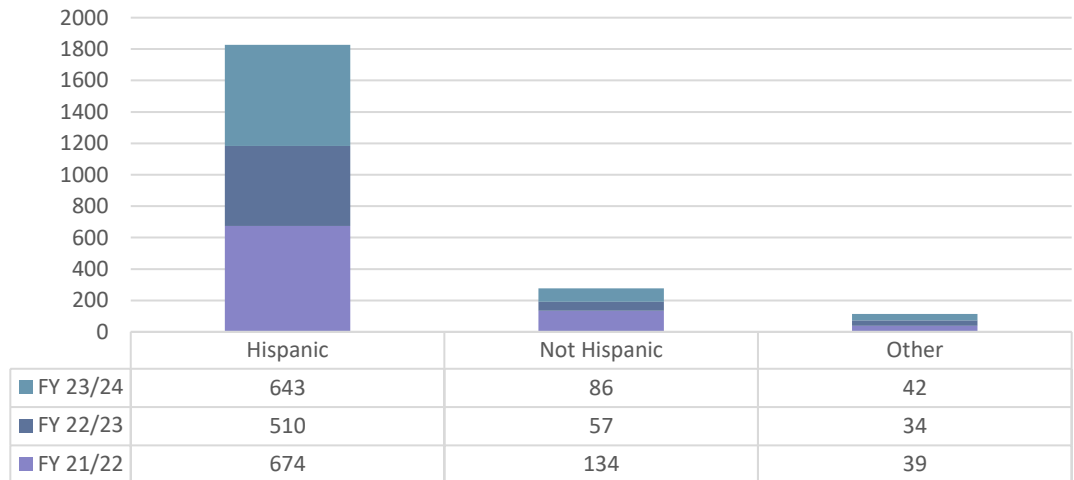
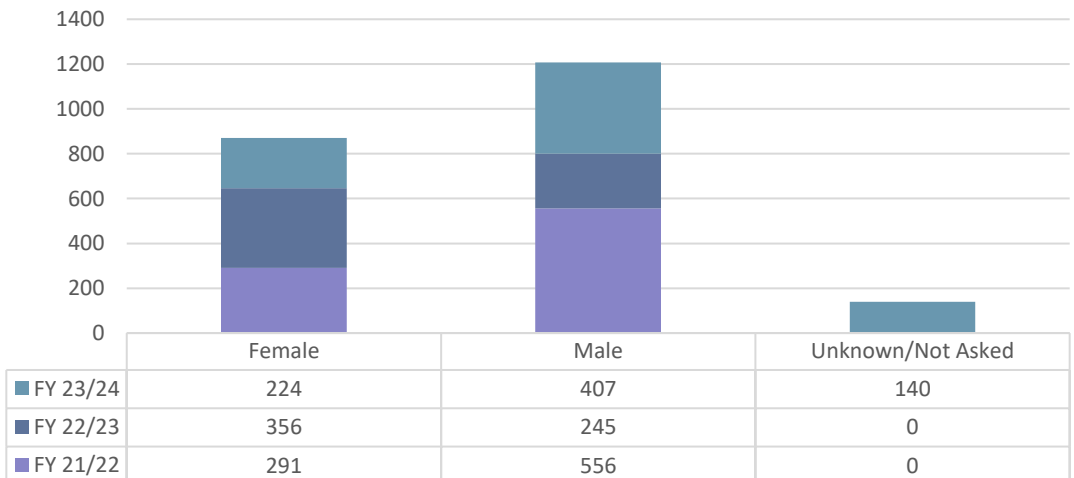


Figure 2. Medi-Cal Beneficiaries by Gender



III. POPULATION AND PROVIDER ASSESSMENT
Continued.....

Figure 3. Medi-Cal Beneficiaries by Age Group

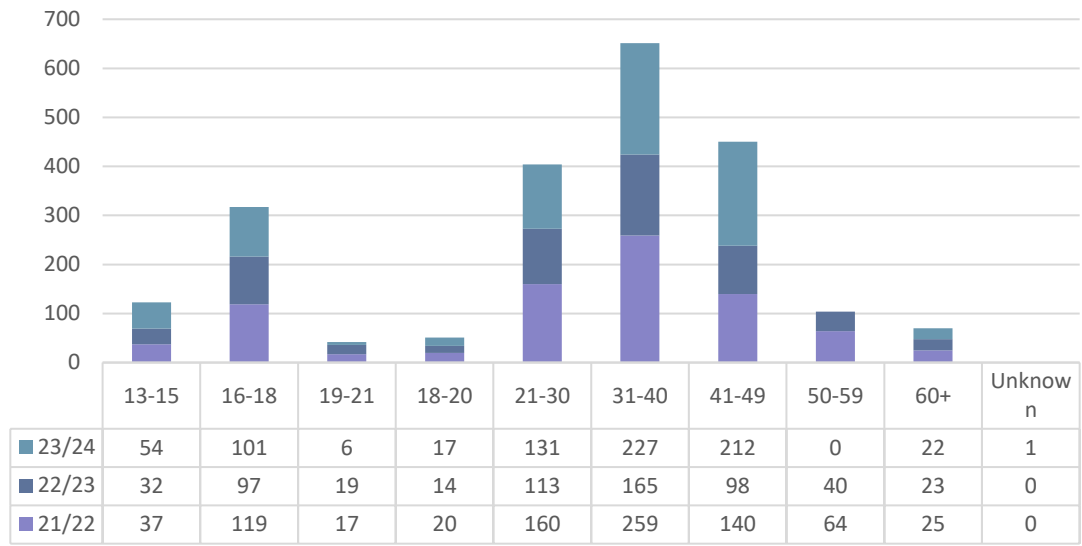
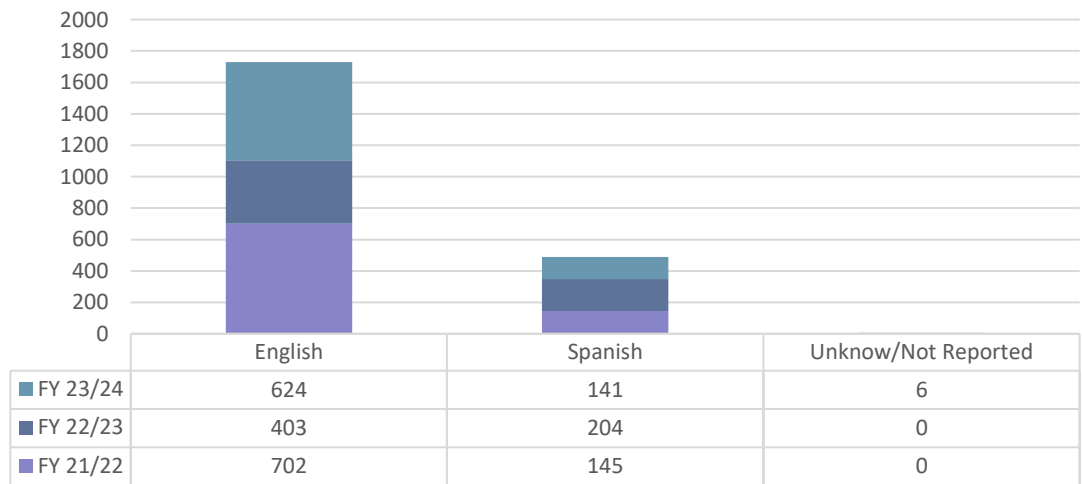


Figure 4. Medi-Cal Beneficiaries by Language



Treatment Perception Survey (TPS)

During CY 2023, ICBHS administered the Treatment Perception Survey (TPS) during the fall 2023 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 2023) are summarized in Table 5 and 6, including a side-by-side comparison with CY 2021 and CY 2022 findings. The purpose of administering this survey is to ensure compliance and corrective actions with standards, access, and delivery of quality of care and services.

Youth Treatment Perception Survey

14 surveys were completed during the CY 2023 TPS period, which includes 14 surveys from two (2) County-Operated Outpatient/Intensive Outpatient, located within the County. The survey assesses 6 domains: Access, Quality, Therapeutic Alliance, Care Coordination, Outcome, and General Satisfaction.

There were significant increases / decreases between CY 2022 and CY 2023 in the areas of:

Significant Increases >11.9%	Significant Decreases <11.9%
Convenient Location	The Counselor was Sincerely Interested
Good Enrollment Experience	Counselor is Capable
Staff Sensitive to Cultural Background	Better Able to Do Things
	Satisfied with Services



Table 5: Satisfaction Rates- Youth Treatment Perception Survey

DOMAIN	Survey Area	CY 2021	CY 2022	CY 2023
ACCESS	Convenient Location	82.6%	81.0%	92.9%
	Convenient Time	83.3%	90.5%	92.9%
	Good Enrollment Experience	87.0%	81.0%	92.9%
QUALITY	Received the Right Services	87.5%	90.5%	85.7%
	Treated with Respect	95.8%	100%	92.9%
	Cultural Sensitivity	54.5%	68.4%	85.7%
	Counselor Provided Necessary Services	90.0%	80.0%	71.4%
THERAPEUTIC ALLIANCE	Worked with Counselor on Treatment Goals	91.3%	95.2%	92.9%
	Counselor Listened	95.7%	95.2%	92.9%
	Trusted Relationship with Counselor	91.7%	80.0%	85.7%
	Sincerely Interest	87.5%	90.5%	78.6%
	Liked my Counselor Here	98.8%	90.5%	85.7%
	Capable Counselor	100%	100%	85.7%
CARE COORDINATION	Staff Helped with Health & Emotional Needs	95.8%	100%	92.9%
	Staff Helped with Other Issues	91.3%	90.0%	92.9%
OUTCOME	Better Able to Do Things	82.6%	85.7%	71.4%
	Feel Less Cravings for Drugs & Alcohol	N/A	N/A	64.3%
GENERAL SATISFACTION	Satisfied with Services	91.7%	100%	85.7%
	Would Recommend Services	95.7%	81.0%	71.4%

Adult Treatment Perception Survey

245 surveys were completed during the CY 2023 TPS period, which includes 40 surveys from two (2) County-Operated Outpatient/Intensive Outpatient, located within the County, one survey from one (1) contracted out-of-county Residential treatment providers, and 204 surveys from two (2) in-county Opioid/Narcotic Treatment Program. The survey assesses 5 key domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction. There were significant increases (>5.1%) in the areas of convenient locations, and they understood the communication.

Table 6: Satisfaction Rates- Adult Treatment Perception Survey

DOMAIN	Survey Area	CY 2021	CY 2022	CY 2023
ACCESS	Convenient Location	88.8%	85.3%	90.4%
	Convenient Time	91.6%	90.5%	95.0%
QUALITY	I Chose my Treatment Goals	92.8%	88.7%	91.9%
	Staff Gave Me Enough Time	93.6%	93.7%	95.8%
	Treated with Respect	93.2%	91.0%	95.0%
	Understood Communication	96.0%	90.5%	97.1%
	Cultural Sensitivity	93.7%	90.5%	95.3%
CARE COORDINATION	Work with Physical Health Care Providers	90.8%	88.2%	92.9%
	Work with Mental Health Providers	89.1%	87.2%	91.1%
	Staff Helped to Connect with Services	N/A	N/A	87.3%
OUTCOME	Better Able to Do Things	94.4%	89.9%	93.8%
	Feel Less Cravings for Drugs and Alcohol	N/A	N/A	94.6%
GENERAL SATISFACTION	Felt Welcomed	94.0%	92.6%	95.8%
	Overall Satisfied with Services	91.4%	94.2%	94.6%
	Got the Help I Needed	91.2%	91.1%	93.2%
	Recommend Agency	92.4%	92.3%	93.7%

Treatment Perception Survey for Fall 2023 results and findings were presented to the QIC on May 9, 2024.

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 23-24, the QM Unit surveyed 472 individuals. The results for this year were measured by the number of staff employed by ICBHS as of April 2024.

Staff were grouped into four functions:

Administrative (57)	<ul style="list-style-type: none">• Management• Supervisory staff• Any other administrative position
Direct Services Licensed (91)	<ul style="list-style-type: none">• Psychiatrists, Psychologists, Nurses, Clinicians and any other licensed position.
Direct Services Unlicensed (90)	<ul style="list-style-type: none">• Rehabilitation Specialists/Technicians, Mental Health Workers and any other direct position.
Support Services (234)	<ul style="list-style-type: none">• Administrative Secretaries, Office Technicians, Office Assistants, Administrative Analysts, Accounting staff, and Any other support position

The findings from these surveys are included in the following page:

Table 7: Staff Race by Function

Race	Administrative		Direct Services				Support Services		Grand Total	
			Licensed		Unlicensed					
	n= 57		n= 91		n= 90		n= 234		n= 472	
	#	%	#	%	#	%	#	%	#	%
American India/Alaskan Native	0	0%	0	0%	0	0%	0	0%	0	0%
Asian Indian	0	0%	2	2%	1	1%	1	0%	4	1%
Black/African American	0	0%	0	0%	0	0%	0	0%	0	0%
Hispanic/Latino	46	81%	72	79%	81	90%	205	88%	404	86%
White	8	14%	13	14%	6	7%	17	7%	44	9%
Other Race	2	4%	2	2%	0	0%	1	0%	5	1%
Not Reported	1	2%	2	2%	2	2%	10	4%	15	3%
Grand Total	57	100%	91	100%	90	100%	234	100%	472	100%

Table 8: Staff Language Capabilities by Function

Language Capabilities	Administrative		Direct Services				Support Services		Grand Total	
			Licensed		Unlicensed					
	n= 57		n= 91		n= 90		n= 234		n= 472	
	#	%	#	%	#	%	#	%	#	%
Spanish										
Certified	0	0%	0	0%	0	0%	0	0%	0	0%
Fluent	34	60%	63	69%	68	76%	162	69%	327	69%
Good	10	18%	6	7%	8	9%	28	12%	52	11%
Fair	6	11%	7	8%	6	7%	16	7%	35	7%
Poor	0	0%	5	5%	3	3%	7	3%	15	3%
Sign Language										
Fluent	0	0%	1	1%	2	2%	9	4%	12	3%
Good	1	2%	0	0%	2	2%	4	2%	7	1%
Fair	1	2%	2	2%	3	3%	4	2%	10	2%
Poor	4	7%	6	7%	9	10%	18	8%	37	8%
Other Languages										
Fluent	1	2%	4	4%	5	6%	21	9%	31	7%
Good	1	2%	1	1%	3	3%	8	3%	13	3%
Fair	1	2%	2	2%	0	0%	1	0%	4	1%
Poor	0	0%	1	1%	3	3%	3	1%	7	1%

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

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

- 53% Hispanic/Latino
- 45% Mental Health Clients
- 39% 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	6%	94%
Mental Health Clients	20%	80%
White	27%	73%

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

- American Indian/Alaskan Native
- LGBTQ+
- Asian/Pacific Islander

In FY 23-24, the QM Unit assessed the cultural competence and linguistic capabilities of staff and presented the annual report to the QIC on October 10, 2024.



Population vs. Provider Assessment

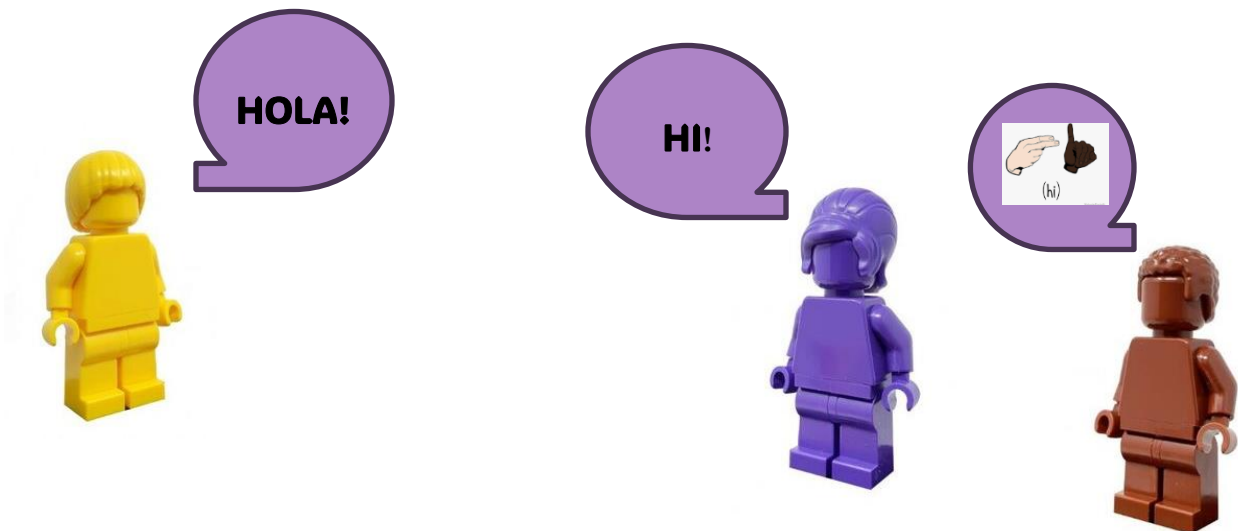
When reviewing ethnicity, the clients served in FY 23-24 are consistent with the profile of Imperial County, with 82 percent of clients being Hispanic, as is the ICBHS workforce, with 86 percent of employees being Hispanic, as seen in Table 4. Clients served in FY 23-24 primarily identified English as their primary language (72%); while 87 percent of the ICBHS workforce can 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 (SUD/MHP) Served vs. Workforce

Ethnicity	Clients	Workforce
Hispanic	82%	86%
White	8%	9%
Language		
Language	Clients	Workforce
Spanish	28%	87%
English	72%	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 & Goals



CLAS:



CULTURALLY AND



LINGUISTICALLY



APPROPRIATE



SERVICES

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 2024

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. 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

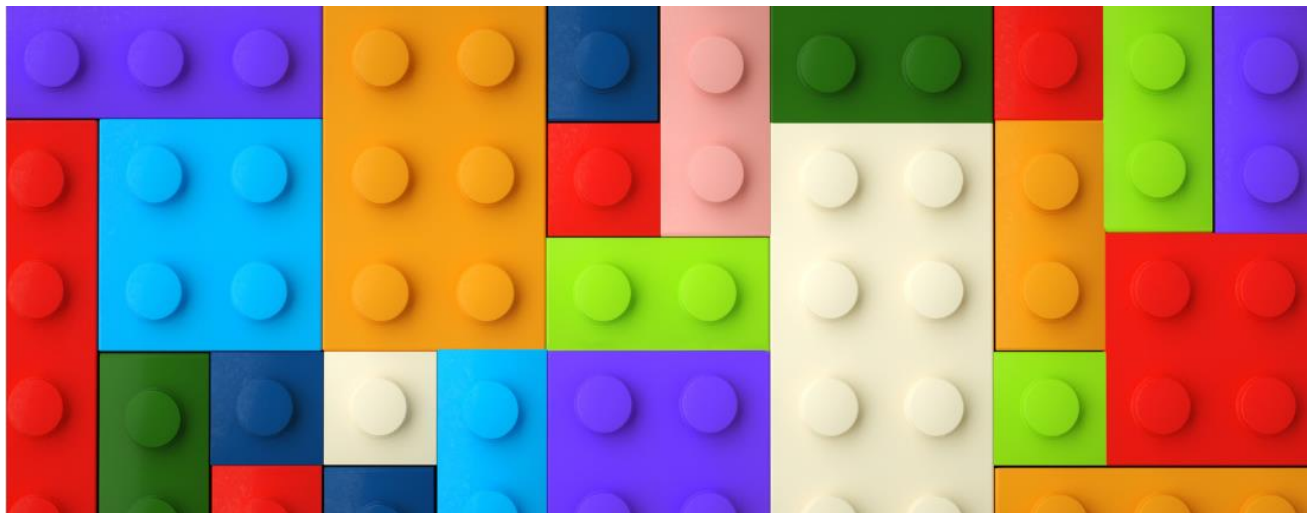
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement 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 public.

During FY 23-24 the CCT continued its work toward achieving its CY 2024 goals, which was designed around the framework of the CLAS Standards. Throughout CY 2024, activities were implemented according to each CLAS Standard, as indicated in the CY 2024 Cultural Competence Plan, and were monitored, reviewed, and evaluated by the CCT. Findings and recommendations were made by 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 2024 are reported under each corresponding CLAS Standard, along with any findings and recommendations, to ensure the provision of effective, equitable, understandable, and respectable, 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 2025

- 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.
- CCT will provide updates assigned; participate in assigned sub-committees; and participate in activities designed to move forward the taskforce objectives as described in the Cultural Competence Plan.
- 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 2024

During CY 2024, 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 cultural and linguistically competent services that are available to ICBHS clients.

Procedure 01-26: *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 Language Line*

This procedure provides instructions on how to use the 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. The 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 because of identified quality improvement issues. During the fiscal year, there was a need to update Procedure 01-130, now renumbered in Procedure 01-26.

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 2024-2025** was presented to the QIC on October 10, 2024.
- **Staff Cultural Competence Survey Report FY 2023-2024** was presented to the QIC on October 10, 2024, and to the CCT on November 13, 2024.
- **Community Education and Outreach Plan CY 2024** report will be presented to the CCTF in February 2025.
- **ICBHS Penetration Rates Report FY 2023-2024** report will be presented to the CCT in February 2025 and to QIC in January 2025.
- **ICBHS Retention Rates and Utilization of Services Report FY 2024-2025** report will be presented to CCT in January 2025 and to QIC in January 2025.

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

b. Objectives and planned activities for CY 2025

- 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 system changes needed 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 competence is prioritized and integrated throughout the organization.



CLAS STANDARD 3: Recruit, promote, and support 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 2024

During CY 2024, 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 **142** 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 training courses provided during CY 2024 can be found under *CLAS Standard 4*. The plan for staff training during CY 2025 can be found in Section V of this document.

Additionally, ICBHS surveys staff to assess their needs for cultural and linguistic competence training. During FY 23-24, staff indicated *quite a bit of knowledge to be very knowledgeable* of the cultures they work in. The survey results also indicate that out of total respondents, staff felt *quite a bit more knowledgeable to very knowledgeable* of the cultures they work with. Table 1 illustrates Staff Cultural Awareness by Likert scale.

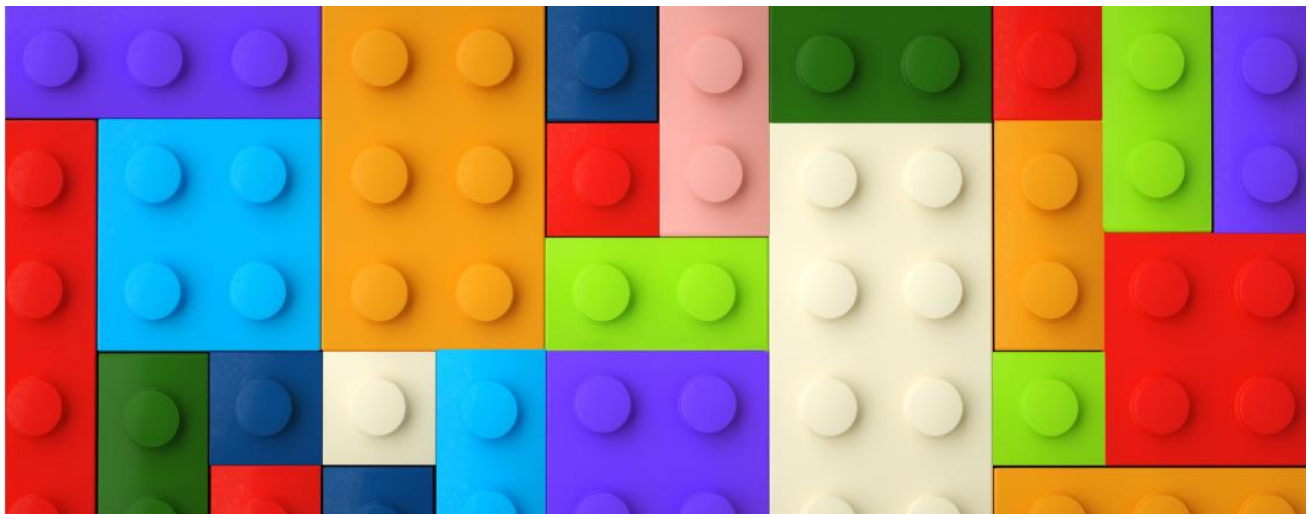
Table 1: Staff Cultural Awareness by Likert scale

Cultural Awareness	Not Knowledgeable-Somewhat	Quite a bit-Very Knowledgeable
Hispanic/Latino	6%	94%
Mental Health Clients	20%	80%
White	27%	73%

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 84 percent to 94 percent. Detailed findings regarding this assessment can be found in Section III of this document.

b. Objectives and planned activities for CY 2025

- The QM Unit will survey staff at least annually in an effort to ascertain cultural and linguistic competence for the purpose 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 the 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 2024

During CY 2024, ICBHS provided several training opportunities to staff to ensure their proficiency in cultural and linguistic competence. These training courses included:

Client Culture Training

ICBHS provided the Client Culture Training and the Client Culture Refresher Course according to 221 mental health and SUD program staff during FY 23-24. These trainings provide staff with an understanding that consumers of behavioral health services have a set of values, beliefs, and lifestyles that are developed because of their own personal experiences with mental illness, the



mental health system, and their own ethnic culture. The training 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 is guiding principles of recovery, among other topics.

New Employee Orientation (Cultural Competence Training Course)

The ICBHS Center for Clinical Training continued to implement an eLearning cultural competence training course for new hires during FY 23-24. This training course allows newly 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 23-24, 130 staff received the new employee orientation eLearning course.

Interpreter Training for Staff and Interpreters

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 23-24, an interpreter training course took place via Zoom on March 11-14, 2024, for 17 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.

Southern California Regional Partnership (SCRIP) Trainings



The Neurobiology of Trauma

To provide staff with better understanding on trauma, The Neurobiology of Trauma training -- essentially the effects of trauma on the brain--is important to understand because it helps break down common misconceptions and victim-blaming about gender-based violence and it helps survivors to understand their experience and the aftermath in a new way.

During a traumatic event, the brain is primed to respond reflexively to ensure survival. But that same line of defense that keeps us safe can also keep clients trapped in cycles of traumatic memory. For staff to fully help clients heal from trauma, we must understand what's happening in the traumatized brain – while the traumatic event is occurring as well as how the client gets held hostage to threat cues long afterward. During FY 23/24, 26 staff members from various roles including Mental Health Rehabilitation Technicians, Therapists, Vocational Nurses, etc... completed this training.

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 32 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.

Language Assistance Services Training

During FY 23-24, the Access Unit supervisor provided two training courses to approximately 16 staff from the Access Unit and after-hours staff. The Access Unit supervisor provided training to SUD program and mental health staff on the use of language assistance services, policies, and procedures to improve staff knowledge of how to utilize language assistance services.



County Formal Testing Process

To ensure bilingual staff are proficient in the Spanish language, the County of Imperial has a formal testing process in place. The County's Department of Human Resources and Risk Management provides a written literacy test, which must be passed to be deemed bilingual and receive bilingual differential pay. A total of 207 ICBHS employees 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.



Cultural Competence Training

The QM Unit completed a Cultural Competence Training Report for FY 23-24, which includes data regarding the number of attendees on all formal cultural competence training courses provided.

Table 11. FY 23-24 ICBHS Training Report

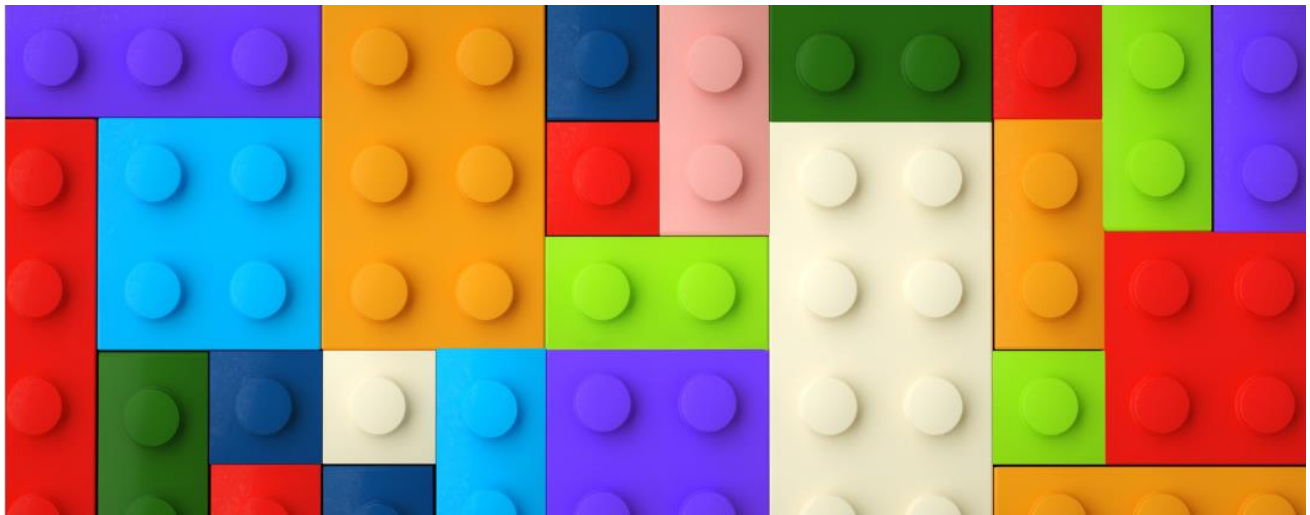
Name of Training	Type of Training	# Attended
Client Culture Training	In person	67
Client Culture Training Refresher	Online	149
Client Cultural Training for New Employees	Online	130
Curanderismo Cultural Competence	Zoom	345
National Latino Behavioral Health Association (NLBHA) - Behavioral Health Interpreter Training (BHIT)	Zoom	17
SCRIP Trauma Informed: The Neurobiology of Trauma	Online	26
SCRIP Trauma Informed: De-escalation, Grounding and Safety Planning	Online	32
Total	-	766

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 2025

- 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 people employed by or contracting with ICBHS who provide SMHS and SUD services, as well as a plan for people 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 2024



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 Medi-Cal Organized Delivery System Member Handbook, which is provided at the first appointment and at any time during 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 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 2024, ICBHS contracted with two providers for this service: Deaf Communities of San Diego and Hanna Interpreting Services.

Language Line

The QM Unit monitors the availability of language assistance and interpretive services by reviewing the Language Line invoices and logging monthly. During FY 23-24, there are 960 minutes of language services provided to mental health clients (0 for DMC-ODS). Interpreter services included Spanish, ASL, Farsi/Dari, and Somali. Services were offered over the phone, onsite, or via zoom. The report was presented to the CCT on November 13, 2024. 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 23-24 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 23/24, the QM Unit for mental health services conducted a total of 48 test calls, 26 during business hours and 22 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 (Consent to Treat)

The QM Unit selects random clinical charts to ensure the department provides beneficiaries with the proper Consent to Treat documents 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.

Mental Health Services

During FY 23-24, 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 23-24, the QM Unit for mental health services reviewed a total of 402 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 0% compliance rate as there were no findings verifying if the form was provided in the client's language.

Substance Use Disorder

The QM Unit for substance use services reviewed a total of 818 clinical charts for ICBHS to ensure materials was provided in the County's threshold language of English or Spanish; of which the DMC-ODS had a 0% compliance rate as there were no findings verifying if the form was provided in the client's 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 cultural and linguistically competence services. The QIC reviewed the Documentation Standards Chart Reviews Report on July 11, 2024.

The Quality Management Unit randomly selected and reviewed clinical and case management charts utilizing a review tool focused on the following categories: Access to Specialty Mental Health Services, Assessment/Reassessment, Problem List, Treatment Interventions, Care Coordination, and Other Areas of Review

Mental Health Services

During FY 23-24, the QM Unit reviewed 106 clinical and case management charts for the MHP, of which 35 charts were for Children Services, 34 charts were for Youth and Young

Adults Services, 19 charts were for Adults Services, and 18 charts were from Mental Health Triage and Engagement Services. Under “Other Areas of Review” there were no findings for FY 23/24.

Substance Use Disorder

For the SUD Division the Quality Management Unit randomly selected and reviewed charts utilizing a review tool focused on the following categories: 1) Access Criteria; 2) Assessment; 3) Physical Examination; 4) Problem List; 5) Treatment Interventions; 6) Care Coordination; 7) Perinatal Services; 8) Family Counseling; 9) Adolescent SUD Best Practices; 10) Other Areas of Review. Reports were provided to the SUD Division Deputy Director and Behavioral Health Managers. Areas of concern required a corrective action plan. The QM Unit approved Corrective Action Plans prior to implementation, and followed up with each division to ensure all corrective actions were completed, as appropriate.

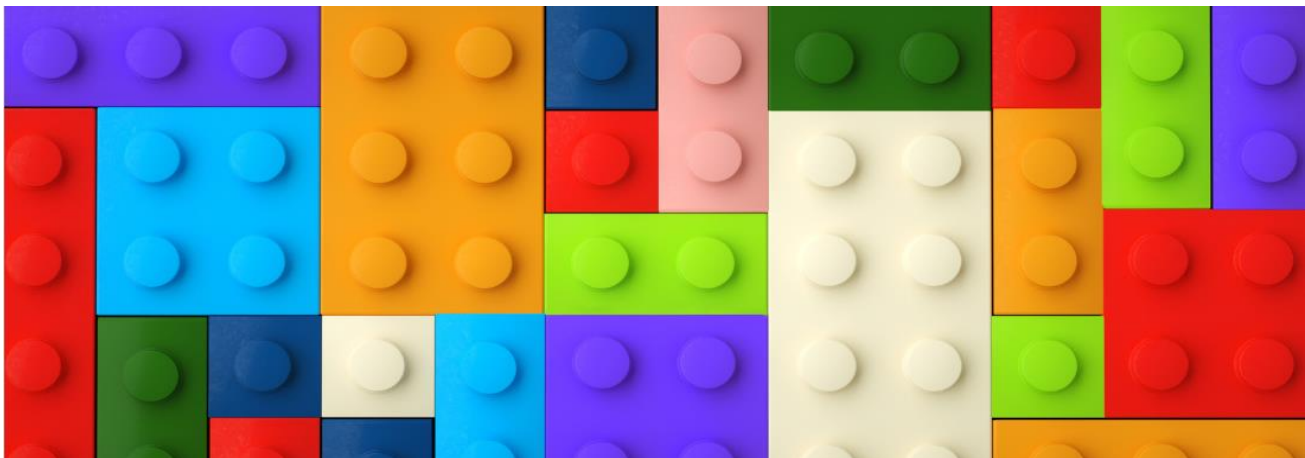
During FY 23-24, the Quality Management Unit reviewed a total of 20 clinical charts for the SUD Division: 10 charts were from the Adolescent SUD Program and 10 charts from the Adult SUD Program. The summary of “Other Areas of Review” included the following finding:

- No evidence that written materials that are critical to obtaining services were available to beneficiaries in non-English languages.

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 2025

- The QM Unit will monitor the availability of language assistance and interpretive services by reviewing the Language Line invoices and logging monthly.
- The CCT will review and evaluate the Language Line Report and make recommendations to the QIC, as appropriate.
- The QIC will review and evaluate the 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 on 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 2024

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 treatment at the request of the beneficiary. Should the client require the use of language assistance or interpretive services, the Access & Benefits Worker will plan 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.

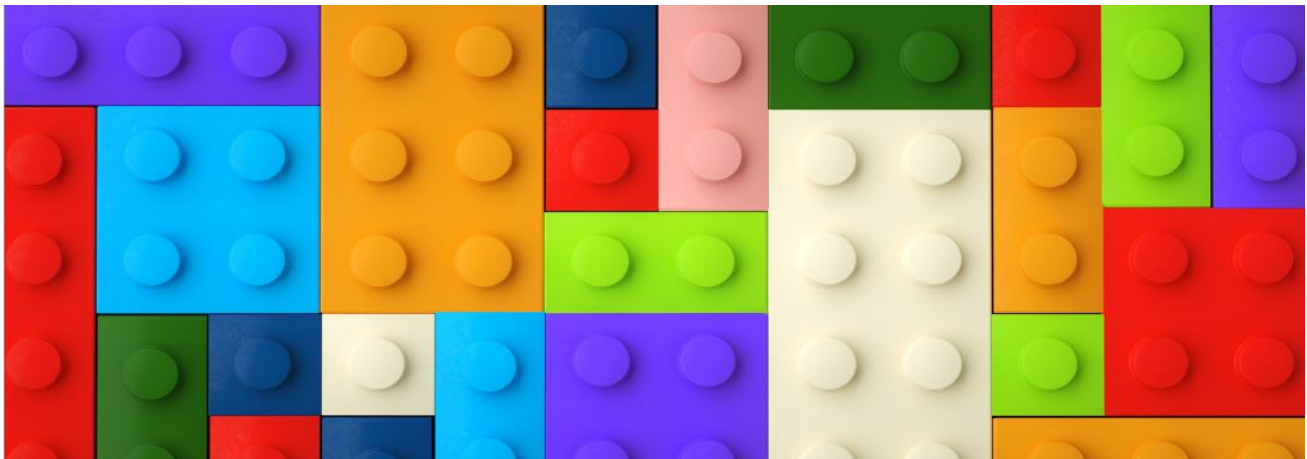
The QM Unit conducted annual reviews to ensure that all ICBHS clinics display and have written materials available in English and Spanish. During FY 23-24, a total of 22 for MHP and 4 for SUD sites were conduct their annual review; to ensure that all clinics displayed/available materials had the most 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.



b. Objectives and planned activities for CY 2025

- 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 on 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 2024


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 23-24, one interpreter training course took place via zoom, on March 11-14, for 17 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 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.

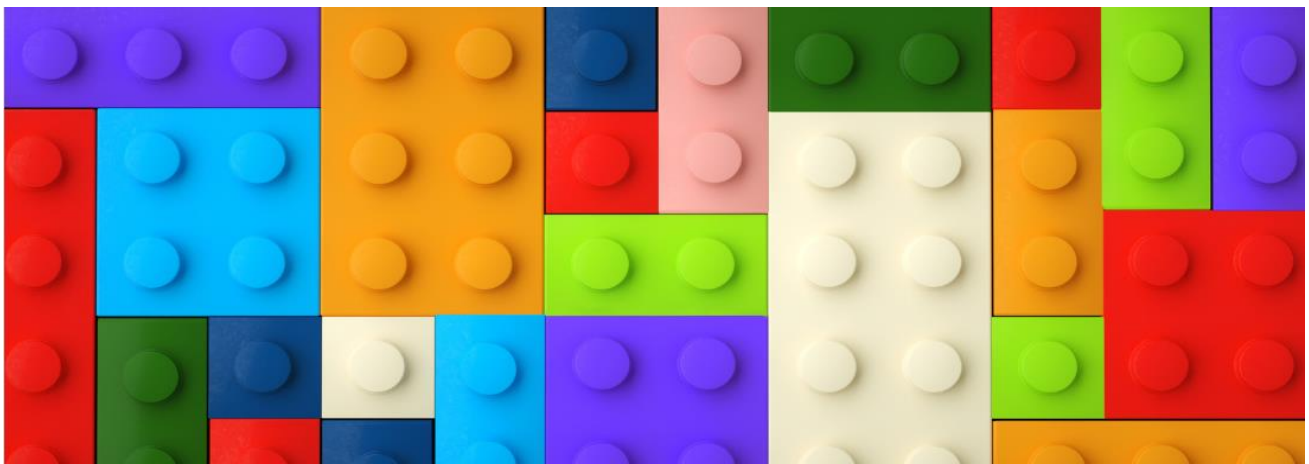


During FY 23-24, the MHP and SUD did not report any concerns in relation to having minors be the translation providers for their family members or support person. The monitoring in this area is supported by documentation of who provided the interpreters services (i.e., staff or family members).

The QIC reviewed the Annual Documentation Standards Reviews Report on July 11, 2024. Detailed findings regarding this review can be found in under CLAS Standard 5 of this document.

b. Objectives and planned activities for CY 2025

- The QM Unit will survey staff to ensure all ICBHS staff and providers who provide interpreters or other support services are appropriately identified.
- The QM Unit will ensure all people employed by or contract with ICBHS who provide interpreters 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 2024

ICBHS provides all its written materials that are critical to obtaining services in easy-to-understand print in both English and Spanish. Written information 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 advanced 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 <i>Language Assistance Taglines Poster page 1 & 2</i> • 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 ensures written material use a font size no smaller than 12 points and for all large print documents use font no smaller than 18 points.

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 people 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.

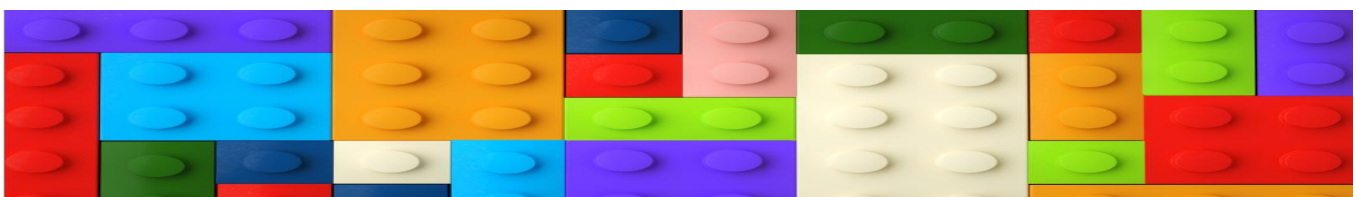
The CCT will review the document translated by the CCT Translation Subcommittee to ensure it is appropriate prior to the document being disseminated to the intended audience. The CCT is responsible for monitoring the translation of the Department's written materials to ensure information is effectively communicated to individuals in the language(s) commonly used by the population in the service area and takes into consideration people with limited reading proficiency at a 6th grade level.

During FY 23-24, the translation subcommittee reviewed four (4) documents to ensure the accuracy of translation and cultural appropriateness.

- **Service Notes:** The CCTF reviewed the brochure on August 14, 2023, and recommendations were provided to the appropriate program.
- **Coordinated Care Consent:** The CCTF reviewed the brochure on August 14, 2023, and recommendations were provided to the appropriate program.
- **Mental Health Status:** The CCTF reviewed the brochure on August 14, 2023, and recommendations were provided to the appropriate program.
- **Consent for Email:** The CCTF reviewed the forms on June 10, 2024, and recommendations were provided to the appropriate program.

b. Objectives and planned activities for CY 2025

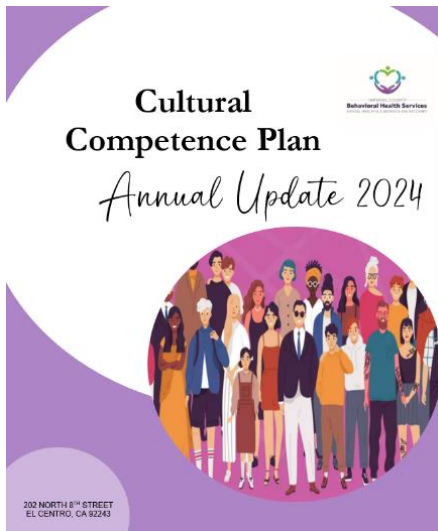
- The QM Unit will perform site checks to ensure written materials are posted at all program sites are easy to understand, in the language(s) commonly used by populations in the service area and use a font size no smaller than 12 points.
- The QM Unit will conduct test calls to ensure clients are provided 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 points, 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 people 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 2024



During CY 2024, 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 2024 being reported under each corresponding CLAS Standard within this document. The progress made toward completing the CY 2024 objectives and planned activities were also reported to the CCT and the QIC monthly.

b. Objectives and planned activities for CY 2025

- 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 2024

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 the needed quality improvement activities, in turn making recommendations to management, as appropriate.

b. Objectives and planned activities for CY 2025

- 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 QIC, as appropriate.
- The QIC will review and evaluate all recommendations made by the CCT for the 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 2024

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 with 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 23-24 examines service retention information for beneficiaries (new and ongoing) who received services in FY 2023-2024.

Mental Health Services

The retention rate for FY 2023-2024 is 98%, which represents an increase when compared to FY 22-23 at 95%. The decline in FY 22-23 retention rate may have been affected by the limited data available, as it only covered a six-month period (July 1, 2022, through December 2022). However, there has been a consistent trend of retention rates remaining in the 90% range over the past fiscal years. Table 12 illustrates the retention rate for Mental Health Services for the last three (3) fiscal years.

Table 12 – Mental Health Services Retention Rates

Number of Beneficiaries	FY	FY	FY
	21-22	22-23*	23-24
New Beneficiaries served who came in for an intake	3,275	1,632	3,040
Less beneficiaries who did not meet medical necessity	381	222	332
New Beneficiaries that met medical necessity	2,894	1,410	2,708
Beneficiaries who received 2 or more services	2,853	1,340	2,763
Retention Rates	99%▲	95%▼	98%▲

**Covers six months period (July 1, 2022, through December 31, 2022)*

During CY 2024, the QM Unit for mental health services calculated and evaluated service retention for FY 23-24 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 number of services provided represent an opportunity for improvement.

The following section includes service retention for FY 23-24:

a) Ethnicity/Race

The highest utilization of service by ethnic/race group was the Hispanic population with a total of 6,540 beneficiaries served of whom 386 (6%) were new beneficiaries and the majority 3,631 (55%) received 12+ services. The lowest utilization of service by ethnic/race group was the Alaskan Native/American Indian population with a total of 10 beneficiaries served.

This data is consistent with the Penetration Report for FY 23-24 as the MHP had only 14 beneficiaries served for the Alaskan Native/American Indian population. This population is considered underserved and community outreach services will be recommended for the upcoming fiscal year.

When compared to FY 22-23, there was a decline in the Alaskan Native/American Indian group from 27 to 10 and Other/Not Reported group increasing from 114 to 1,189. This may have been affected by some of the demographic information entries left incomplete as the MHP transitioned to the new Electronic Health Record-SmartCare.

b) Gender

The gender group with highest utilization of services by gender group was the female population with a total of 4,295 beneficiaries served, of whom 273 (6%) were new beneficiaries and the majority 2,261 (54%) received 12+ services. The lowest utilization of services by gender group was the male population with 3,730 beneficiaries served, of whom 207 (6%) were new beneficiaries and the majority 2,064 (55%) 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 data indicates that the highest utilization of services by age group was the 16-17 population with a total of 3,074 beneficiaries served, of whom 160 (5%) were new beneficiaries and the majority 1,840 (59%) received 12+ services. The lowest utilization of services by age group was the 0-5 population with 104 beneficiaries served, of whom 17 (16%) were new beneficiaries and the majority 31 (30%) received 12+ outpatient visits.

The data indicates a disparity for the 0-5 age group who had the lowest retention rate of 30% for 12+ services when compared to the 6-17 age group who had the highest retention rate of 59% 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/toddlers are required to have a mental health screening for KATIE A. services. The data shows for the 0-5 age group who had a 16% retention rate for 1 service and 14% retention rate for 2 services, 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 5,018 beneficiaries served, of whom 303 (6%) were new beneficiaries and the majority 2,696 (54%) received 12+ services. The lowest utilization of services by language group was the "Other" group population with a total of 31 beneficiaries served, of whom 3 (10%) were new beneficiaries and the majority 9 (29%) received 12+ services.

The data indicates that there were no major disparities in languages as both English and Spanish speaking tended to stay within the same range for each category with the 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 five region groups based on city of residence are as follows: (1,796)-Southern (Calexico), (2,024)-Northern (Brawley, Calipatria, Niland, and Westmorland), (3,980)-Central (El Centro, Heber, Holtville, Imperial, Ocotillo, and Seeley), (56)-Eastern (Winterhaven) and (169)-Other Cities (this may include cities out of this county).

The highest utilization of service was the Central region with a total of 3,980 beneficiaries served, of whom 211 (5%) were new beneficiaries and the majority 2,250 (56%) received 12+ services. The lowest utilization of service was the Eastern region with a total of 56 beneficiaries served, of whom 1 (2%) were new beneficiaries and the majority 38 (67%) received 12+ services.

The data indicates that there are no major disparities 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 data point of 67 percent for the utilization of 12+ services due to having the lowest population when accessing services. This may indicate barriers to accessing services and cultural beliefs systems that may impact this population. The MHP continues to provide outreach engagement services in the Eastern region (Winterhaven) to increase beneficiaries' access to services.

Substance Use Disorder

For FY 23-24, the retention rate was 94%, reflecting an improvement in services utilization compared to the 81% in FY 22-23. This decline in FY 22-23 retention rate may have been affected by the limited data available for the fiscal year, as it only covers six months period (July 1, 2022, through December 31, 2022). However, there has been a consisted trend of retention rates remaining in 90% range percentage over the past fiscal years.

Table 13: Substance Use Disorder Treatment Services

Number of Beneficiaries	FY 21-22	FY 22-23*	FY 23-24
New Beneficiaries served who came in for an intake	647	327	719
Less beneficiaries who did not meet medical necessity	82	13	37
New Beneficiaries that met medical necessity	565	314	682
Beneficiaries who received 2 or more services	531	254	639
Retention Rates	94% ▼	81% ▼	94% ▲

**Covers six months period (July 1, 2022, through December 31, 2022)*

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 number of services provided represent an opportunity for improvement.

The following section includes service retention for FY 23-24:

a) Ethnicity/Race

The highest utilization of service by ethnic/race group was the Hispanic population with a total of 782 beneficiaries served of whom 76 (10%), received 1 service and the majority 371 (47%) 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 some service categories show similar utilization across ethnic/race groups. There are notable disparities in others.

The White group shows a significantly higher percentage (52%) of beneficiaries receiving 12 or more services, compared to other groups. Additionally, while most groups fall within the same range in the 4-7 service category, the Alaskan Native/American Indian and

African American groups have zero percentage, highlighting differences in services retention.

b) Gender

The highest utilization of services by gender group was the male population who had the highest utilization of services, with 700 beneficiaries served. Of those, 64 (9%) received only one service, while the majority, 346 (49%) received 12 or more services. The female population had the lowest utilization of services with 343 beneficiaries served. Of those 33 (10%) received only one service, while the majority 161 (47%) received 12 or more services.

There was no major disparity between Females and Males in their utilization of services. Across various services categories, both genders fall within a similar ten-percent range for each services category.

c) Age Group

The data indicates that the 21-44 age group continues to be the highest utilization of services among all age groups, with a total of 571 beneficiaries served. Of those, 55 (10%) received only one service, while the majority, 266 (47%) received 12 or more services.

The 65+ age group had the lowest utilization of services with 12 beneficiaries served, with only six beneficiaries served, with the majority receiving 12 or more services.

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 62 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 had the highest utilization of services, with a total of 848 beneficiaries served. Of those, 78 (9%) received only one service, while the majority 415 (49%) received 12 or more services.

The Spanish-speaking population had the lowest utilization of services with a total of 189 beneficiaries served. Of those, 19 (10%) received only one service, while the majority 88 (47%) received 12 or more services.

The data indicates that there is no major disparity in utilization of services between English and Spanish-speaking beneficiaries, with both groups falling within a similar ten percent across all service categories.

e) City of Residence

The five categories' cities of residence include: Southern (Calexico), Central (Heber, El Centro, Holtville, Imperial, and Seeley), Northern (Brawley, Calipatria, Niland and Westmorland); Eastern (Winterhaven), and Other Cities (this includes cities out of this county).

The data indicates that the Central regions had the highest utilization of service among all city of residence, with a total of 529 beneficiaries served. Of those, 50 (9%) received only one service, while the majority 263 (50%) received 12 or more services.

The Eastern region has the lowest utilization of service with three beneficiaries served.

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 in the Central region, where beneficiaries are more likely to receive when examining the utilization of 12 or more services in the Central region, where beneficiaries are more likely to receive services. The Eastern region stands out with the lowest utilization of services in the 2-7 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 23-24 indicates no major disparities in health equity.

In addition to the retention rates and service retention data, the QM Unit also evaluates the 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 population needs assessment data for each population category. The results of this analysis are presented by geographic region.

Number of Clients by Team and Region

Mental Health Services

In FY 23-24, the MHP provided services to 7,401 Medi-Cal beneficiaries, unduplicated by division. Of these, 80 percent were Hispanic, and 37 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 23-24		Ethnicity		Language
Children Services	2,082	81%	Hispanic	49%	Spanish
Youth and Young Adult Services	1,376	85%	Hispanic	31%	Spanish
Adult Services	2,841	79%	Hispanic	34%	Spanish
Mental Health Triage & Engagement	1,102	76%	Hispanic	28%	Spanish

Children Services: 89 percent of Children Services direct services staff were Hispanic with 80 percent fluent in Spanish. In addition, 96 percent of staff reported feeling Quite a Bit – Very Knowledgeable about the Hispanic/Latino culture.

Youth and Young Adults Services: 74 percent of YAYA Services’ direct services staff were Hispanic with 74 percent fluent in Spanish. In addition, 88 percent of staff reported feeling Quite a Bit – Very Knowledgeable about the Hispanic/Latino culture.

Adult Services: 81 percent of Adults Services’ direct services staff were Hispanic with 74 percent fluent in Spanish. In addition, 98 percent of staff reported feeling Quite a Bit – Very Knowledgeable about the Hispanic/Latino culture.

Mental Health Triage & Engagement: 94 percent of YAYA Services’ direct services staff were Hispanic with 62 percent fluent in Spanish. In addition, 90 percent of staff reported feeling Quite a Bit – Very Knowledgeable about the Hispanic/Latino culture.

Substance Use Disorder Treatment Services

In FY 23-24, the DMC-ODS Plan provided services to 771 Medi-Cal beneficiaries, unduplicated by team. Of these, 83 percent were Hispanic, and 18 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 23-24	Ethnicity	Language
Adults SUD	609	81% Hispanic	18% Spanish
Adolescents SUD	162	94% Hispanic	21% Spanish

SUD Services: 84 percent of Adult and Adolescent Services direct services staff were Hispanic with 59 percent fluent in Spanish. In addition, 88 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 23-24

Division	Ethnicity		Language		Cultural Awareness
	Client	Staff	Client	Staff (Fluent)	
Children Services	81% Hispanic	89% Hispanic	49% Spanish	80% Spanish	96% Hispanic
YAYA Services	85% Hispanic	74% Hispanic	31% Spanish	74% Spanish	88% Hispanic
Adult Services	79% Hispanic	81% Hispanic	34% Spanish	74% Spanish	98% Hispanic
MHTE Services	76% Hispanic	94% Hispanic	28% Spanish	62% Spanish	90% Hispanic
MHP	80% Hispanic	84% Hispanic	37% Spanish	72% Spanish	93% Hispanic

Table 17. Comparison of Client and Staff Cultural Profiles by DMC-ODS FY 23-24

Division	Ethnicity		Language		Cultural Awareness
	Client	Staff	Client	Staff (Fluent)	
Adolescent & Adults SUD	87% Hispanic	82% Hispanic	18% Spanish	71% Spanish	88% Hispanic

ICBHS has the capacity to provide specialty mental health and SUD treatment services by staff that are 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 2025

- The QM Unit will collect and maintain data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform delivery service and make recommendations to the CCT, as appropriate.
- The QM Unit will calculate and evaluate retention and utilization rates annually to ensure that people 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 2024

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 because of the assessment conducted through the FY 22-23 Penetration Rates Report, to ensure that outreach services were targeted toward those groups identified as needing 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 23/24, the Center for Clinical Training (CCT) monitored the Department's outreach efforts to promote cultural competency.

The Outreach Unit has been able to manage and to provide resources and available avenues to continue to provide Information on the available services for the people in the Imperial Valley

The Outreach program has brought-resiliency and the experiences gained in the past years with COVID-19, the knowledge, the new connections, and collaborations that will help us in our commitment to eliminating behavioral health 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.

As we are emerging from the Covid 19 pandemic we are slowing re-connecting and re-building our outreach and engagement opportunities in our community. We continue to increase our social media outreach. We continue to provide outreach regarding mental health and substance use disorder services. The Outreach Unit has also promoted mental health and substance use disorder services with an 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.

The goals and objectives for outreach in fiscal year 2023-2024, were determined by the Penetration Rate Report 2022-2023 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.



The ICBHS 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 addition of Instagram has also given the department a new avenue to add the above items along with inspirational thoughts



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 2023-2024.

Goals & Objectives	YTD
Underserved Population	
1. Provide Outreach to 200 Age Group 0-5 children.	631
2. Provide Outreach to 2,490 Older Adults, ages 65+.	2,564
3. Provide Outreach to 1,666 Spanish-Speaking residents.	4,134
4. Provide Outreach to 3,213 Calexico residents.	5,871
5. Provide Outreach to 150 Winterhaven residents.	460
6. Provide Outreach to City of Niland.	170
7. Provide Outreach to Alaskan Native/American Indian.	543
8. Participate in a minimum of 30 outreach activities, targeted toward providing outreach to the identified underserved populations, per quarter.	257
Hard-to-Reach Population	
1. Provide Outreach to 245 Foster-Youth.	106
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the identified hard-to-reach populations, per quarter.	28
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	10
Homeless Population	
1. Provide Outreach to 886 homeless individuals.	1,342
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the homeless population, per quarter.	28
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	11
Other Identified Target Populations	
1. Provide Outreach to LGBTQ.	111

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 6, 2023, at IVC in Imperial, California. The theme for WMHD 2023 was “Balance” 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 over 300 attendees that varied from middle school to older adults. Participants included junior high school students, high school students, college students, faculty staff, affiliated organizations, and community members.

In addition, this event included 35 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 Balance on Campus, Balance in Self, Balance in Mental Health, Balance in Life, Balance in Student Life and Equilibrio (Spanish Workshop). This gave attendees the opportunity to choose which workshop they’d benefit from the most. Workshop presenters included professionals from diverse backgrounds which included NAMI staff, college students, Behavioral Health staff, Marriage and Family Therapists, sound healer, psychiatrists, amongst other professionals.



Children's Fair



Imperial County Behavioral Health Services (ICBHS) participated in the 43rd annual Children's Fair on April 13, 2024, 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 the Imperial County attended this event. Outreach surveys reflect 482 adult signatures from Brawley, Calexico, El Centro, Heber, Holtville, Imperial, Seeley, Calipatria and Westmorland. ICBHS Center for Clinical Training shared an information 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 the 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 2023-2024

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 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 2023-2024](#)

Outreach Events

FY 2023-2024



IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

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 airs 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.

Let's Talk About It!

Wellness Radio

December 2023

IMPERIAL COUNTY Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

With Scott Dudley

Topic	Week	Description	Guest Speaker
Youth Opioid Response Grant	WEEK OF DECEMBER 4TH	In the midst of the fentanyl crisis, the Youth Opioid Response Grant assists youth and young adults ages 12 to 24 with opioid use and/or stimulant use disorders by enhancing the availability of treatment services. The substance use disorder services offered by Imperial County Behavioral Health are responsive to youth and young adults, considering their family values, beliefs, norms, socio-economic, and cultural context, provided in a non-judgmental environment, which promotes independence and community integration for individuals with the support of family, peers, and the community.	Christen Magana, Program Supervisor, Adolescent Substance Use Disorder Treatment Services
Mental Health of Family Caregivers	WEEK OF DECEMBER 11TH	Caregiving for our elderly and others with caregiving needs, is a selfless act of love that is a critical element of our community fabric. Yet who cares for the caregivers? Caregivers face a challenge of providing support to ever-escalating needs. Trying harder and harder, the caregivers are pushed to their limits, in physical and mental health. Join us as Sarah Enz, Director of the Area Agency on Aging shares ways to determine if the caregiver needs additional support along with resources and self-care tips.	Sarah Enz, J.D., Public Administrator, Guardian, Conservator, Area Agency on Aging Director
Sexual Assault Awareness and Prevention	WEEK OF DECEMBER 18TH	The connection between sexual assault and lifelong mental health concerns related to trauma is unfortunately too common. Join us as we shine light into the truths and consequences of sexual assault with WomanHaven-A Center for Family Solutions Director of Legal Services Judith Klein-Pritchard, in an attempt to support a safer, healthier Imperial Valley for everyone.	Judith R. Klein-Pritchard, Director of Legal Services WomanHaven A Center for Family Solutions
Ecotherapy: Finding Peace in a Changing Climate	WEEK OF DECEMBER 25TH	Concerned about climate change? Disconnected from nature? Feeling sad or worried most days? Climate-related anxiety and depression are increasingly being identified as a part of the mental health crisis experienced primarily in youth and young adult populations. Ecotherapy is a guided nature-based mindfulness process intended to support easing some worry and sadness while maintaining and enhancing the love of planet and place that so many feel. Join us as ecotherapist and licensed clinician Maia Kiley shares tools and tips for embracing self and planet.	Maia Kiley, LMFT, Certified in Ecotherapy

TUNE IN

88.7 KUBO BILINGÜE Thursdays at 8 am

107.5 KUBO BILINGÜE Sundays at 7 am

1230 KXO AM Sundays at 7 pm

Visit www.kxoradio.com for podcasts on demand

<https://bhs.imperialcounty.org>
For access to services please contact (442) 265-1525 or 1-800-817-5292

If you have any questions that you would like answered on the show, please send an email to: wellnessradio@co.imperial.ca.us

Penetration Rates

In CY 2024, the QM Unit calculated and evaluated the penetration rate for FY 23-24 to ensure that people 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 people eligible for Medi-Cal.



The penetration rate is defined as the total unduplicated number of Medi-Cal beneficiaries served divided by the number of people 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 SmartCare EHR.

Mental Health Services

The penetration rate for mental health services increased to 7.54% in FY 23-24, from 6.57% in FY 22-23, which had decreased from 7.48% in FY 21-22. Due to a limited data set (only six months reported in FY 22-23), there was a significant decline in FY 22-23. Despite the change, the overall trends indicate improvement in services over the three years. The penetration rate and the rate of change for mental health services for the last three (3) fiscal years are illustrated in Table 1.

Table 18: Penetration Rates for Mental Health Services

Fiscal Year	Medi-Cal Eligible	ICBHS Served	Penetration Rate	Rate of Change
FY 23-24	98,145	7,401	7.54%▲	14.78%
FY 22-23*	92,225	6,059	6.57%▼	-12.18%
FY 21-22	90,351	6,759	7.48% ▲	9.53%

*Data for FY 22-23, the reporting Medi-Cal served was for six months covering July 1, 2022, through December 31, 2022, due to the data limitations of the EHR.

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



Ethnicity/Race

The data shows that the penetration rate of beneficiaries who are **Hispanic/Latino** ethnic group accessing services in Imperial County was the highest than another group at **6.88%**.

The penetration rate of beneficiaries who are **Asian/Pacific Islander** ethnic group accessing services in Imperial County were the ethnicities with the **lowest** penetrations rate at **0.47%** followed by **Alaskan Native/American Indian** with **2.39%**.

Gender

The data shows Male had the highest penetration rate at 5.10% and Female with the lowest penetration rate of 4.53% for FY 23-24.

Age

The data shows that the penetration rate of beneficiaries who are between **19-44 age group** accessing mental health services in Imperial County was the **highest** than other age groups at **8.53%**. 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 **2.88%**.

Language

The data shows that the penetration rate of beneficiaries who are **English Speaking** accessing treatment in Imperial County was the **highest** at **11.19%** than for **Spanish** at **4.86%**.

City of Residence

The data shows that the penetration rate of beneficiaries who lived in **Seeley** accessing treatment in Imperial County was the **highest** than other cities at **10.08%**. The penetration rate of beneficiaries who lived in **Winterhaven** accessing mental health services in Imperial County was the **lowest** than other cities at **3.67%**.

Substance Use Disorder



The penetration rate for SUD treatment services increased to 0.79% in FY 23-24, from 0.65% in FY 22-23, which had decreased from 0.94% in FY 21-22. Due to a limited data set (only six months reported in FY 22-23), there was a significant decline in FY 22-23. Despite the changes, the overall trends indicate improvement in services over the three years. The penetration rate and the rate of change for SUD treatment services for the last three (3) fiscal years are illustrated in Table 19.

Table 19: Substance Use Disorder Treatment Services

Fiscal Year	Medi-Cal Eligible	Medi-Cal Served	Penetration Rate	Rate of Change
FY 23-24	98,145	771	0.79% ▲	21.54%
FY 22-23*	92,225	601	0.65% ▼	-30.49%
FY 21-22	90,351	847	0.94% ▲	-26.57%

*Data for FY 22-23 covers July 1, 2022, through December 31, 2022, due to EHR data limitations.

The following section includes the penetration rates by category for FY 23-24:

Ethnicity/Race

The data shows that the White ethnic group had the highest penetration rate for SUD treatment services in Imperial County at 1.02%. While American Native ethnic groups had the lowest penetration rates at 0.17%.

The penetration rate of beneficiaries who are Alaskan Native/American Indian and Black African American ethnic groups accessing treatment for substance use disorder in Imperial County were the ethnicities with the lowest penetrations rate at 0.17% followed by African American with a penetration rate of 0.69%.

Gender

For FY 23/24 the data showed that the penetration rates of beneficiaries who identified as male had a higher penetration rate than females accessing treatment for substance use disorder in Imperial County. The rate for males was .92% compared to a decrease (-43.93%) landing at a .42% for those identified as female.

Age

The data shows that the penetration rate of beneficiaries who are between 19-44 age group accessing treatments for substance use disorder in Imperial County was the highest than other age groups at 1.50%. 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%.

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 1.50% than for Spanish at 0.25%.

City of Residence

The data shows that the penetration rate of beneficiaries who lived in Niland accessing treatment for substance use disorder in Imperial County was the highest than other cities at 1.28%. The penetration rate of beneficiaries who lived in Winterhaven (.13%) and Calexico (.56%) accessing treatment in Imperial County was the lowest than other cities.

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:

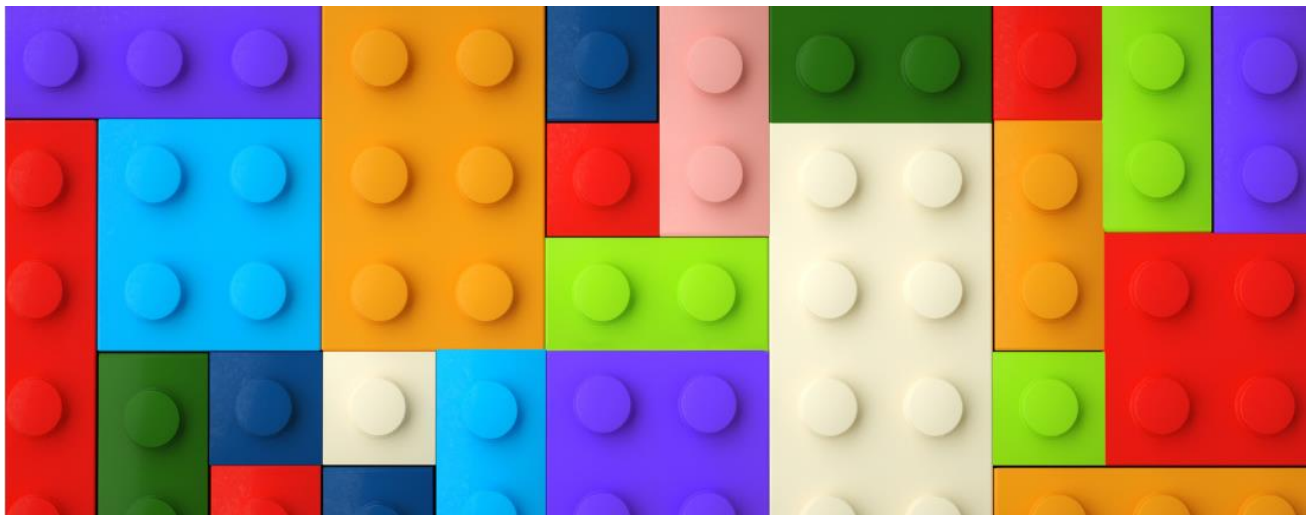
Target Population	MHP Underserved Population	SUD Underserved Population
Ethnicity	Asian Pacific Islander/American Native	American Native
Gender	Female	Female
Age Group	65+	65+

**Underserved is defined 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)*



Objectives and planned activities for CY 2025

- ICBHS will conduct regular assessments of community health assets and needs through the QI Work Plan; the Staff Cultural Competence Survey 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 2024

During CY 2024, 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 2025

- 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 2024



ICBHS has a grievance and appeal process 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.

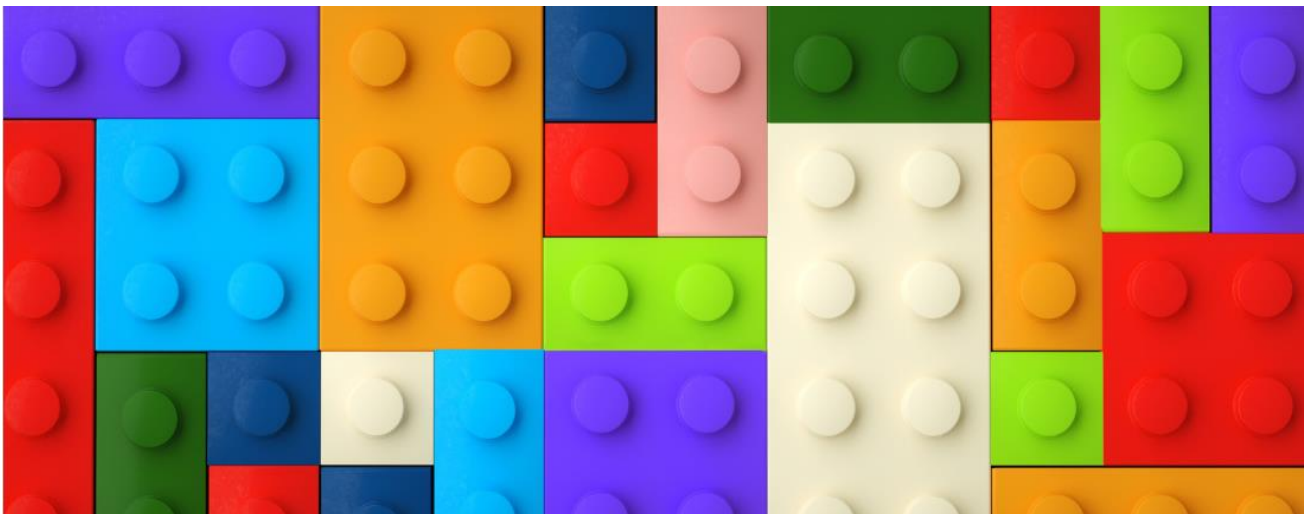
ICBHS also maintains grievance, appeal, and expedited appeal that records each grievance, appeal, and expedited appeal within one working day of receipt, to ensure each is appropriately addressed in the established timeframes.

For mental health, during FY 23-24, ICBHS received a total of 122 grievances (representing both Medi-Cal beneficiaries and non-Medi-Cal clients), 3 standard appeals, and 9 expedited appeals from Medi-Cal beneficiaries for mental health services. There were ten (representing both Medi-Cal beneficiaries and non-Medi-Cal) clients' 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 2025

- 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.

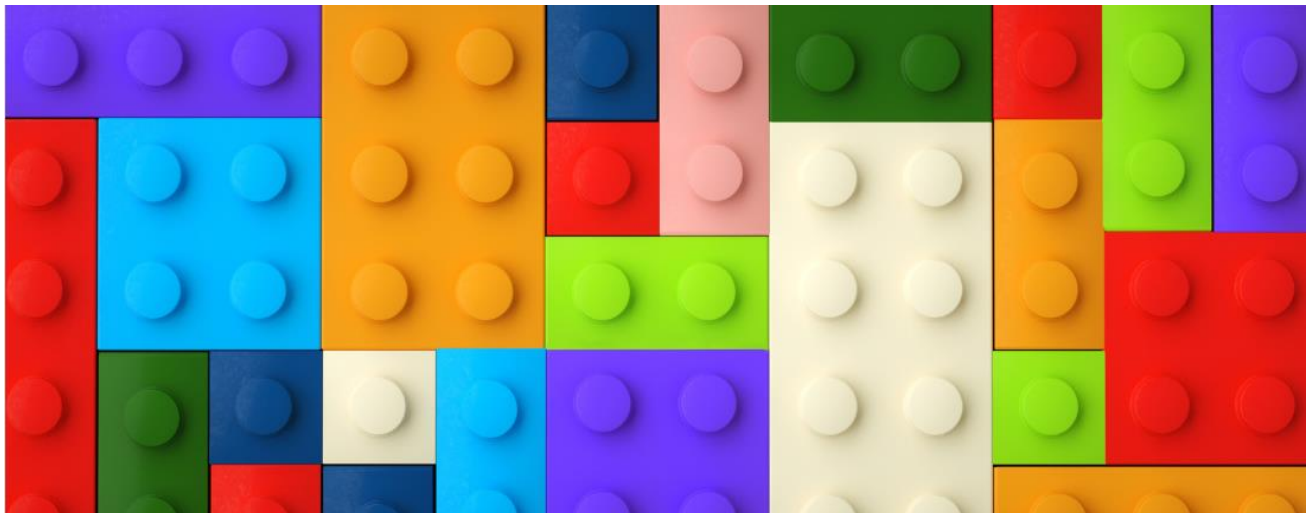
a. Overview of objectives and planned activities for CY 2024

During CY 2024, 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 2025

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 24-25. The format of the report includes a list of tentative training courses 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 interpreters 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>Introduction to the LGBTQ+Community: LGBTQIA2+101 Date TBD</p>	<ul style="list-style-type: none"> - All Staff 	<p>To be assigned to all staff on designated training dates</p>
<p>Working with the Trans Umbrella Date TBD</p>	<ul style="list-style-type: none"> - All Clinical Staff 	<p>To be assigned to clinical staff on designated training date</p>

SUMMARY OF EXHIBITS AVAILABLE UPON REQUEST

- A. Quality Improvement (QI) Work Plan FY 2024-2025
- B. Staff Cultural Competence Survey Report FY 2023-2024
- C. ICBHS Penetration Rates Report FY 2023-2024
- D. ICBHS Retention Rates and Utilization of Services Report FY 2023-2024

