

Cultural Competence Plan

Annual Update 2026



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I. INTRODUCTION

Cultural competence is the ability to understand, appreciate, and engage with individuals from different cultural backgrounds and belief systems. For Specialty Mental Health Services (SMHS) and Substance Use Disorder Services (SUDS) 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 commits to:

- Treat all clients with dignity, respect, and courtesy and provide care in a manner sensitive to their background, culture, religion, and heritage.
- Provide 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.
- Strive 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.

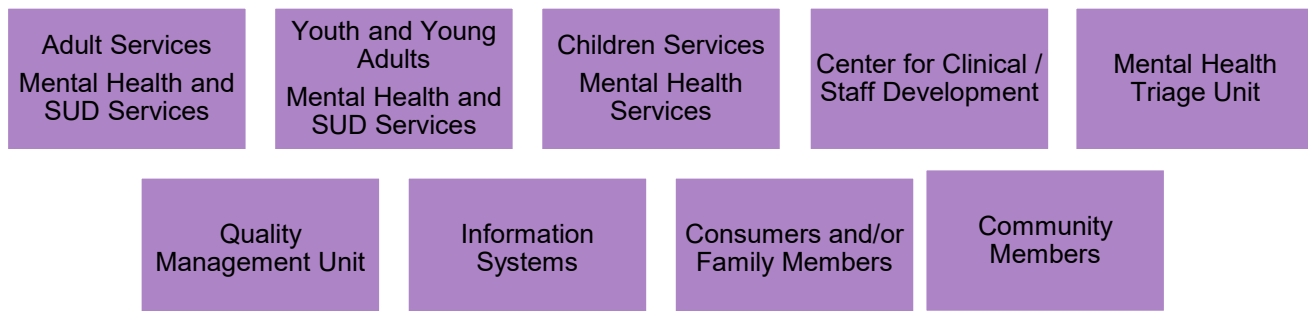
During FY 24-25, the CCT consisted of 14 members. The following depicts the cultural and linguistic representation of each member to ensure the CCT reflects the diversity of the Medi-Cal clients served by ICBHS:

FY 24-25 CCTF Members vs Clients Served			
Ethnicity	CCTF Members	ICBHS Medi-Cal Clients SUDS	ICBHS Medi-Cal Clients SMHS
Not Hispanic	2	129	455
Hispanic / Latino or Mexican American	12	828	7,090
Preferred Language	CCTF Members	ICBHS Medi-Cal Clients SUDS	ICBHS Medi-Cal Clients SMHS
English	14	819	5,327
Spanish	12	176	3,043

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 SMHS and SUDS that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.
Chairperson	<p>The CCT chairperson is designated by the ICBHS Director or designee. The CCT chairperson will:</p> <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 ICBHS 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 MHSA 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.

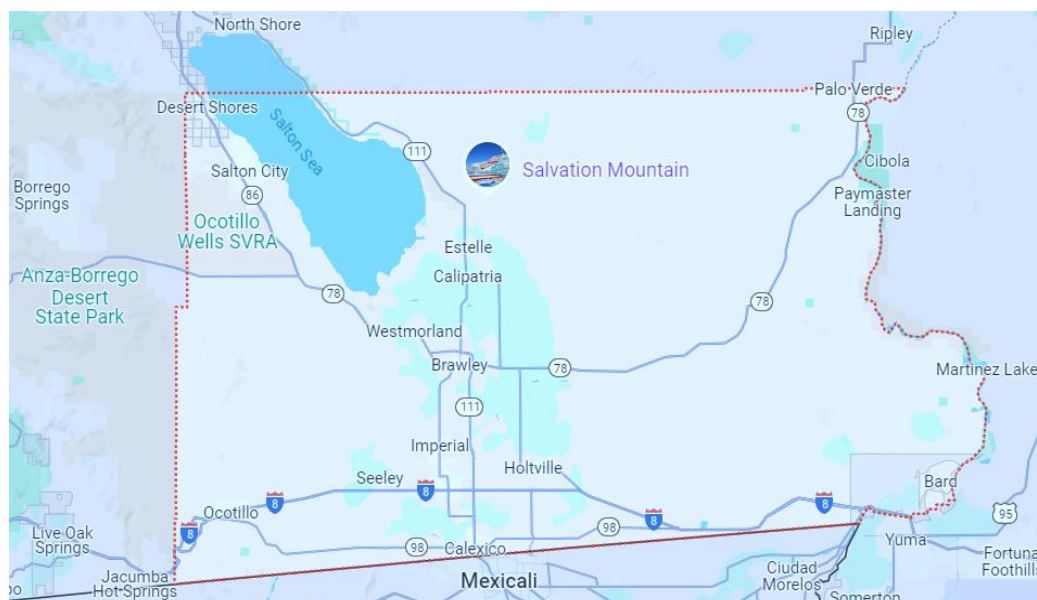
Cultural Competence Plan

The Department's Cultural Competence Plan includes a listing of SMHS, SUDS, 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 SUDS 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 2025 objectives that were built upon previous findings, as well as objectives that represent new opportunities for the upcoming year.

II. ICBHS Services



Imperial County Behavioral Health Services (ICBHS) offers a wide range of SMHS, SUDS, 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 they meet state certification requirements before becoming operational. This study evaluates the accessibility and adequacy of services by reviewing:

- The availability of public transportation for Imperial County residents.
- Designated parking spaces for individuals with disabilities.
- Public restrooms accessible to both men and women, including appropriate accommodations for wheelchair users. The study also verifies the availability of gender-neutral and family restrooms.
- The overall environment of the facility, ensuring it is welcoming and provides ample space for all visitors.

ICBHS has 28 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). ICBHS also partners with six in-county organizational providers and two out-of-county providers for the delivery of SMHS.

SUDS 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. SUDS are also organized by age group, with offerings for adolescents (ages 12–18) and adults (18 and older).

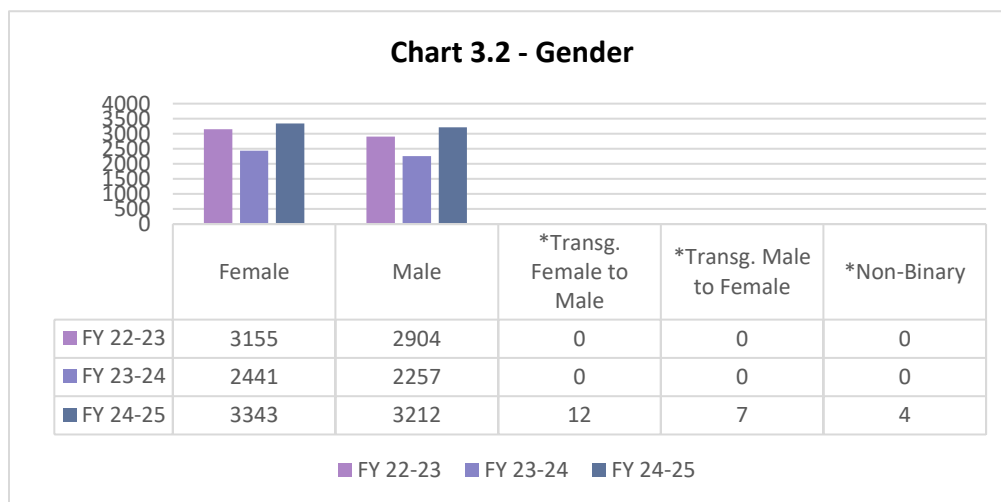
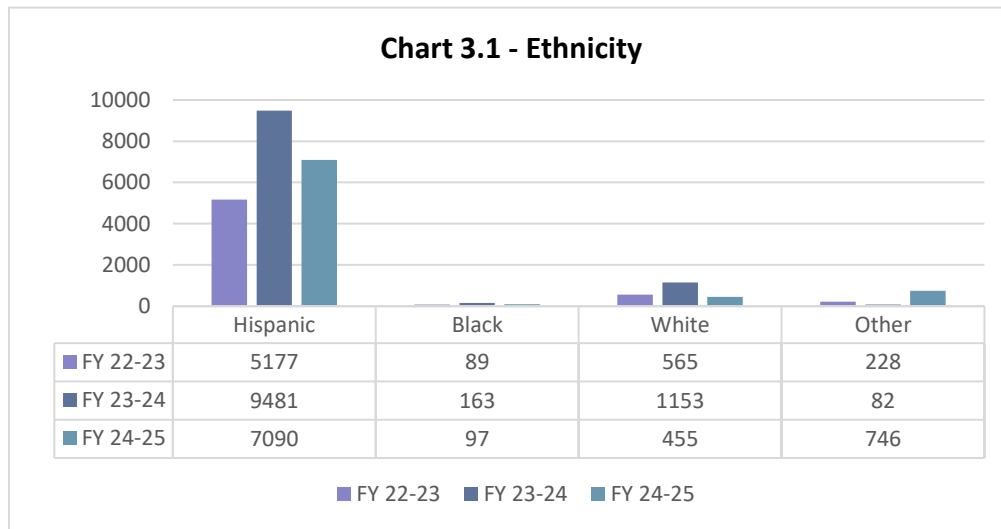
The Provider Directory for SMHS and SUDS is updated monthly to reflect the current providers at each site. This directory includes the provider's name, license number, National Provider Identifier (NPI), specialty, population served, service category, language capabilities, cultural competencies, participation 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/>.

III. SMHS Population Assessment

Data for FY 24-25 for SMHS population assessment include beneficiaries that may have received duplicated 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.

During FY 24-25, SMHS were provided to 8,388 unduplicated Medi-Cal clients. The following charts depict the ethnicity, gender, language, and age of the clients provided with SMHS during FY 24-25:



**Note: FY 22-23 & FY 23-24 did not capture this data.*

Chart 3.3 - Language

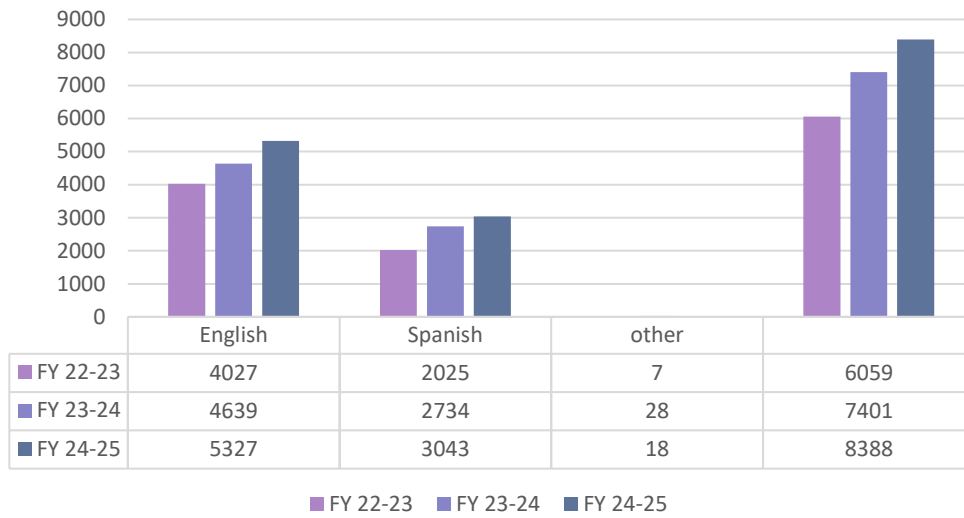


Chart 3.4 - Childrens Served by Age Group

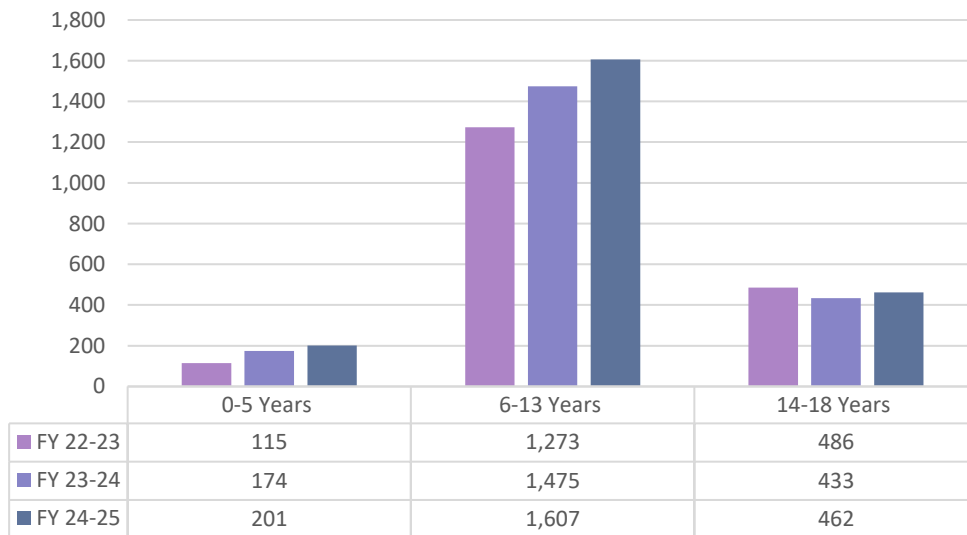


Chart 3.5 - Youth and Young Adults Served by Age Group

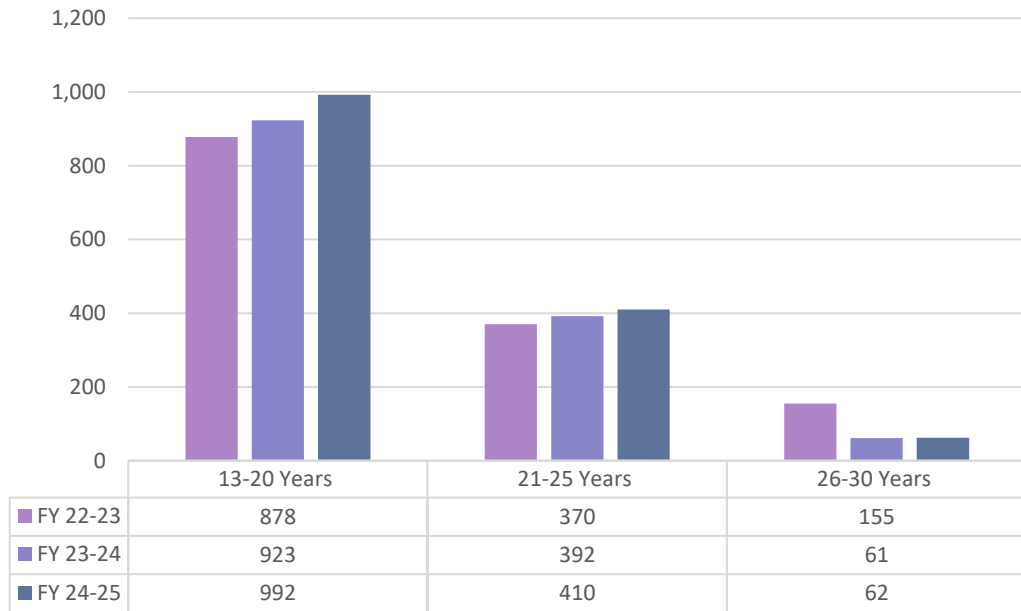
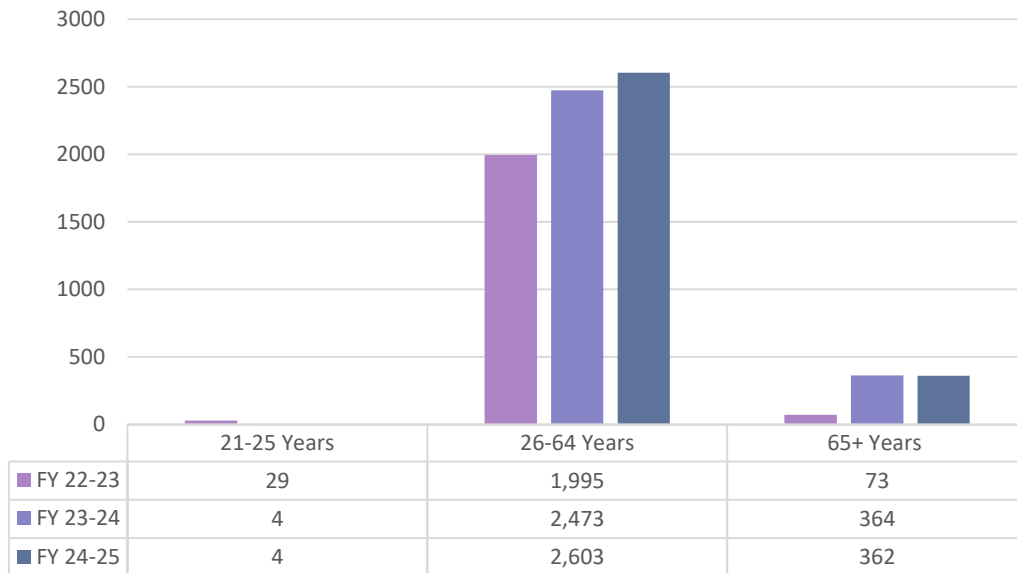
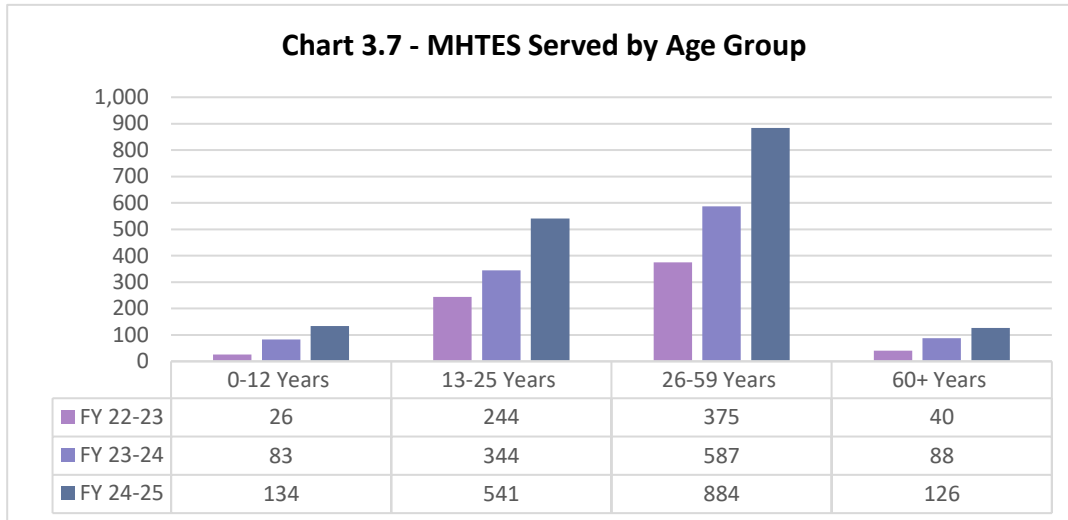


Chart 3.6 - Adults Served by Age Group





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 2024) are summarized in Table 3.1 through 3.4, including a side-by-side comparison with CY 2023 and CY 2022 findings.

Table 3.1 Youth CPS Results				
Survey Area	CY 2022 (n=82)	CY 2023 (n=67)	CY 2024 (n=59)	Difference in % (2023 to 2024)
General Satisfaction	86%	81%	88%	+7
Perception of Access	95%	87%	86%	-1
Participation in Treatment Planning	94%	77%	78%	+1
Outcome of Services	94%	73%	76%	+3
Social Connectedness	69%	80%	86%	+6
Cultural Sensitivity	82%	85%	93%	+8
Perception of Functioning	66%	78%	78%	0

Table 3.2 Youth Families CPS Results				
Survey Area	CY 2022 (n=138)	CY 2023 (n=156)	CY 2024 (n=104)	Difference in % (2023 to 2024)
General Satisfaction	90%	89%	88%	-1
Perception of Access	93%	93%	88%	-5
Participation in Treatment Planning	90%	90%	84%	-6
Outcome of Services	70%	75%	78%	+3
Social Connectedness	87%	96%	84%	-12
Cultural Sensitivity	96%	98%	92%	-6
Perception of Functioning	68%	72%	78%	+6

Table 3.3 Adult CPS Results				
Survey Area	CY 2022 (n=93)	CY 2023 (n=128)	CY 2024 (n=115)	Difference in % (2023 to 2024)
General Satisfaction	81%	90%	93%	+3
Perception of Access	94%	90%	97%	+7
Quality and Appropriateness	90%	88%	93%	+5
Participation in Treatment Planning	95%	92%	91%	-1
Outcome of Services	72%	74%	77%	+3
Social Connectedness	83%	80%	80%	0.0
Perception of Functioning	71%	71%	77%	+6

Table 3.4 Older Adult CPS Results				
Survey Area	CY 2022 (n=45)	CY 2023 (n=46)	CY 2024 (n=15)	Difference in % (2023 to 2024)
General Satisfaction	92%	96%	100%	+4
Perception of Access	92%	88%	100%	+12
Quality and Appropriateness	83%	88%	93%	+5
Participation in Treatment Planning	91%	96%	87%	-9
Outcome of Services	70%	83%	85%	+2
Social Connectedness	67%	77%	77%	0.0
Perception of Functioning	80%	74%	85%	+11

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

IV. SUDS Population Assessment

Data for FY 24-25 for SUDS population assessment include beneficiaries that may have received duplicated 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.

SUDS were provided to 997 Medi-Cal clients during FY 24-25. The following charts depict the ethnicity, gender, language, and age of the clients provided with services during FY 24-25:

Adolescent Division

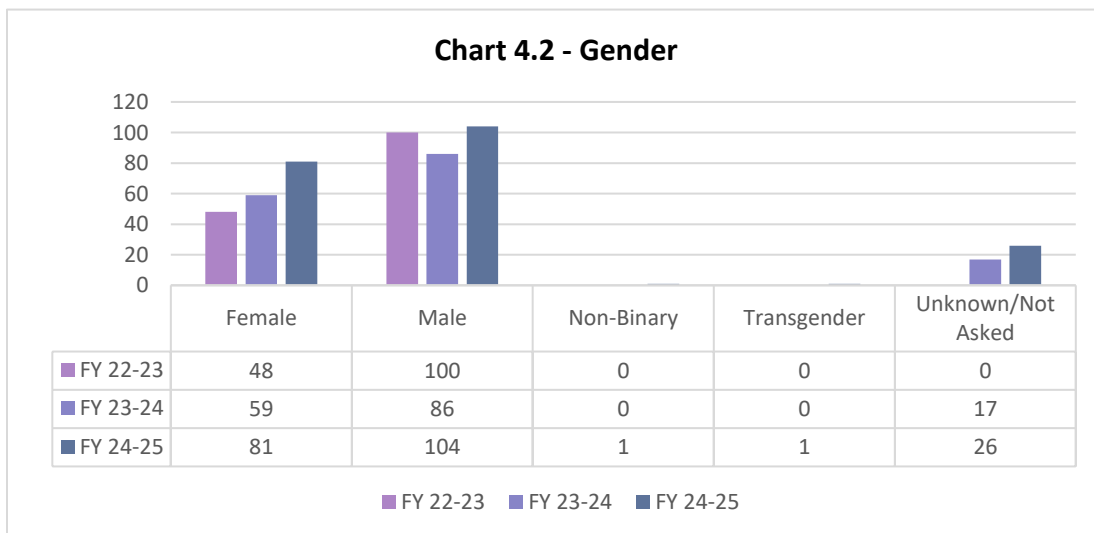
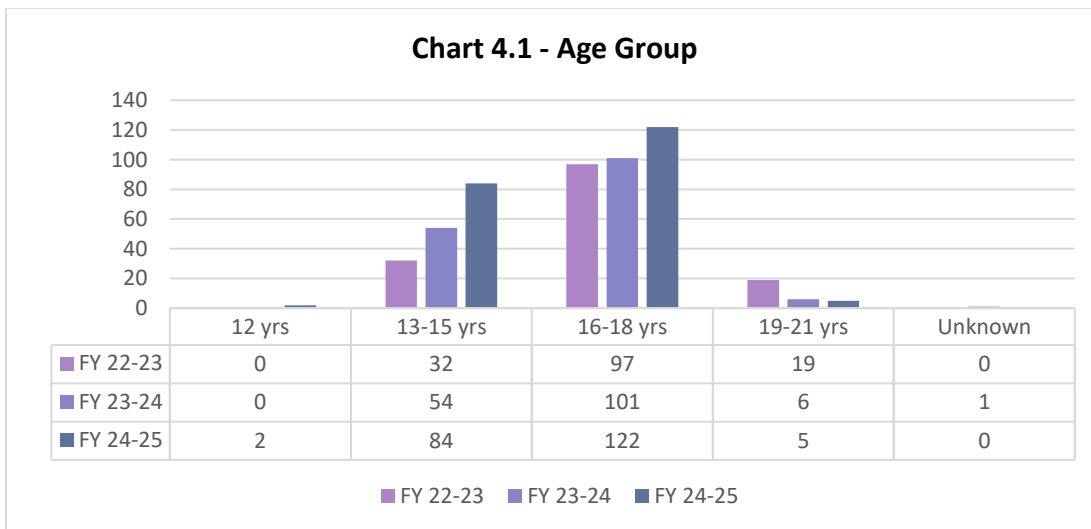


Chart 4.3 - Ethnicity

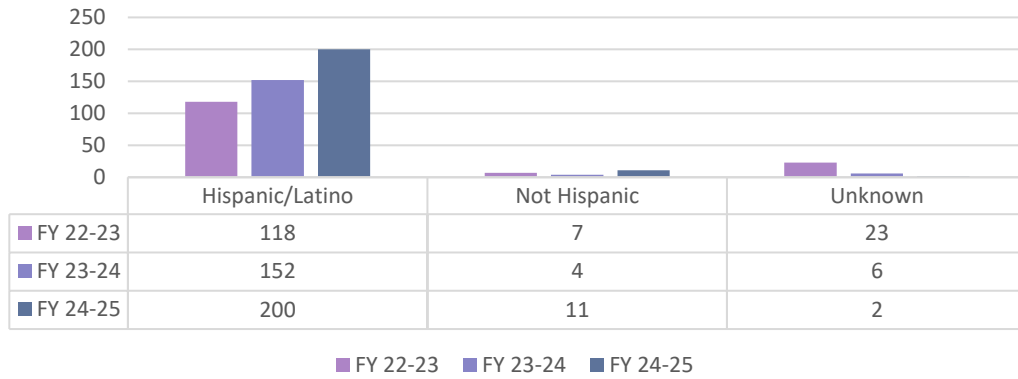
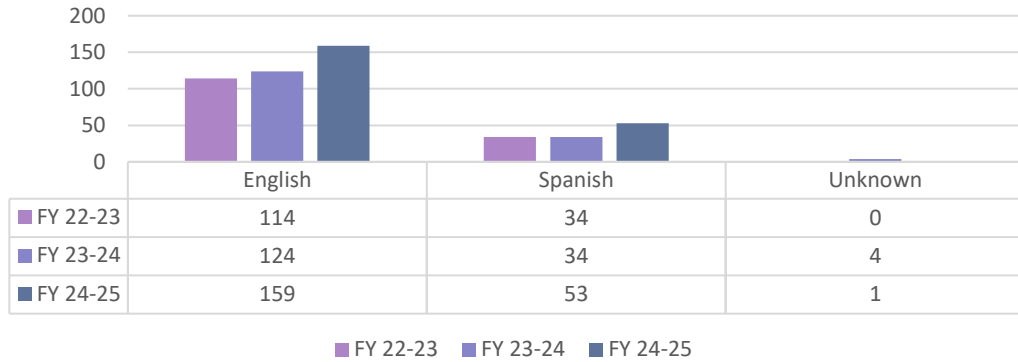


Chart 4.4 - Language



Adult Division

Chart 4.5 - Age Group

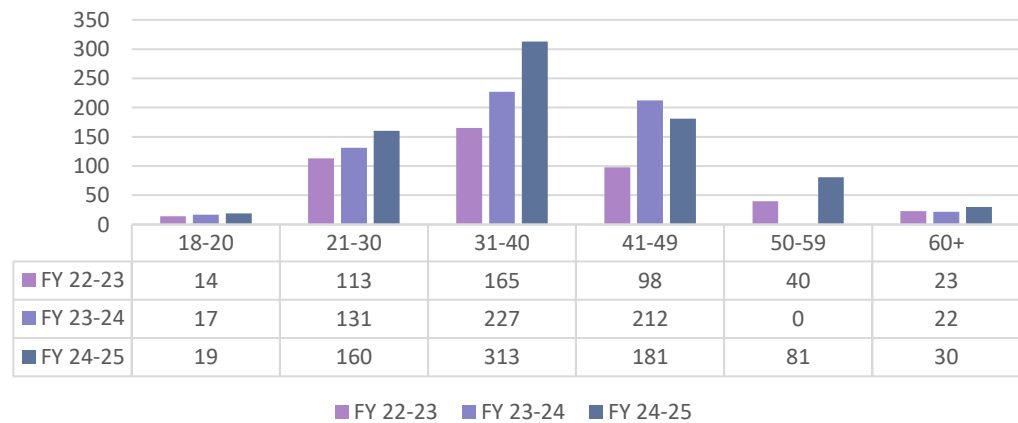


Chart 4.6 - Gender

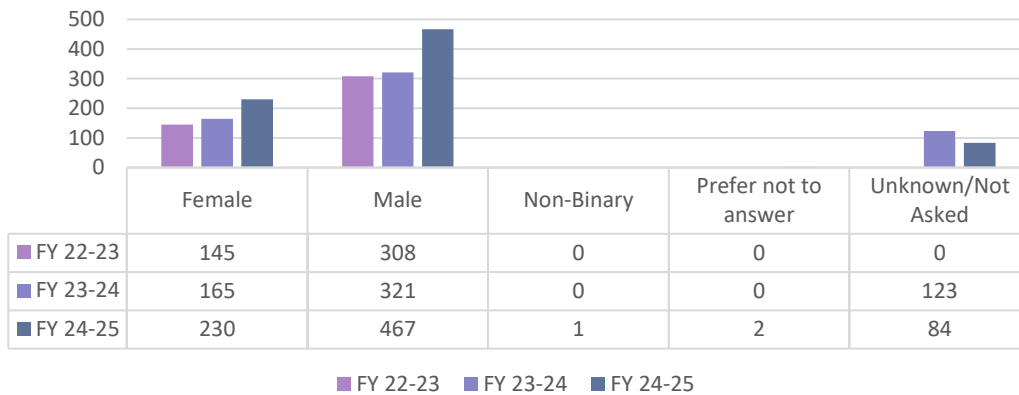


Chart 4.7 - Ethnicity

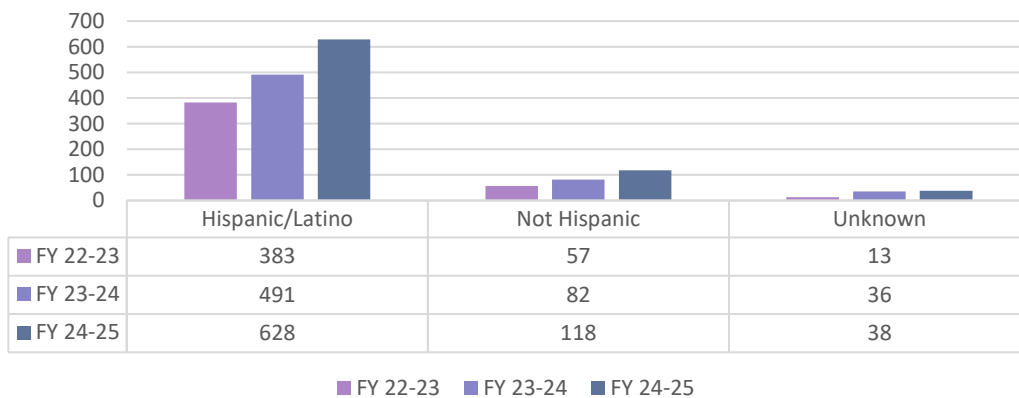
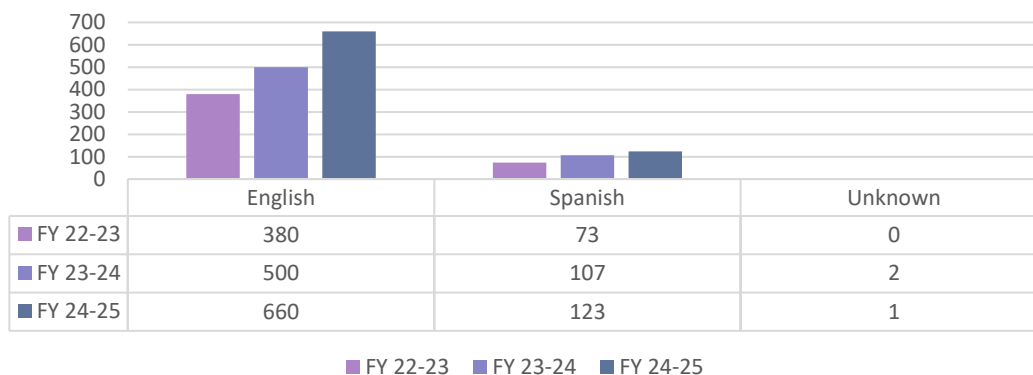


Chart 4.8 - Language



Treatment Perception Survey (TPS)

During CY 2024, ICBHS administered the Treatment Perception Survey (TPS) during the fall 2024 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 2024) are summarized in Table 4.1 and 4.2, including a side-by-side comparison with CY 2022 and CY 2023 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

52 surveys were completed during the CY 2024 TPS period. The survey assesses 6 domains: Access, Quality, Therapeutic Alliance, Care Coordination, Outcome, and General Satisfaction.

Table 4.1 Youth TPS Results				
Survey Area	CY 2022 % (n=21)	CY 2023 % (n=14)	CY 2024 % (n=52)	Difference in % (2023 to 2024)
Convenient location	81.0	92.9	82.4	-10.5
Services available at a convenient time	90.5	92.9	82.0	-10.9
Good enrollment experience	81.0	92.9	68.6	-24.3
Received services right for me	90.5	85.7	80.4	-5.3
Staff treated me with respect	100	92.9	82.0	-10.9
Staff sensitive to cultural background	68.4	85.7	60.0	-25.7
Counselor provided necessary services	80.0	71.4	62.8	-8.6
Worked with counselor on treatment goals	95.2	92.9	79.6	-13.3
Counselor took the time to listen	95.2	92.9	83.7	-9.2
Developed positive trusting relationship with counselor	80.0	85.7	71.4	-14.3
Counselor was sincerely interested	90.5	78.6	79.6	+1.0
Liked my counselor here	90.5	85.7	83.7	-2.0
Counselor is capable of helping me	100	85.7	79.6	-6.1
Staff helped with health and emotional needs	100	92.9	83.3	-9.6
Staff helped with other issues	90.0	92.3	83.3	-9.0
Better able to do things	85.7	71.4	77.6	+6.2
Feel less craving for drugs and alcohol	N/A	64.3	58.3	-27.4
Satisfied with services I received	100	85.7	74.0	+2.6
Would recommend the services to a friend	81.0	71.4	80.4	+16.1

Adult Treatment Perception Survey

369 surveys were completed during the CY 2024 TPS period-a significant increase of 124 surveys from CY 2023. The survey assesses 5 key domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction. There were significant increases (>2.8%) in the area of "General Satisfaction".

Table 4.2 Adult TPS Results				
Survey Area	CY 2022 % (n=192)	CY 2023 % (n=245)	CY 2024 % (n=369)	Difference in % (2023 to 2024)
Convenient location	85.3%	90.4%	91.4	+1.0
Convenient time	90.5%	95.0%	93.5	-1.5
I chose my treatment goals	88.7%	91.9%	90.9	-1.0
Staff gave me enough time	93.7%	95.8%	90.3	-5.5
Treated with respect	91.0%	95.0%	95.5	+0.5
Understood communication	90.5%	97.1%	96.6	-0.5
Cultural sensitivity	90.5%	95.3%	92.7	-2.6
Work with physical health care providers	88.2%	92.9%	88.5	-7.3
Work with mental health providers	87.2%	91.1%	89.3	-5.3
Staff helped connect with services	N/A	87.3%	86.3	-6.9
Better able to do things	89.9%	93.8%	90.6	-0.5
Feel less cravings for drugs and alcohol	N/A	94.6%	90.2	-3.6
Felt welcomed	92.6%	95.8%	95.7	+2.8
Overall satisfied with services	94.2%	94.6%	93.0	-0.7
Got the help I needed	91.1%	93.2%	90.2	-4.4
Recommend agency	92.3%	93.7%	94.1	+6.8

TPS results were reviewed by SUDS leadership and shared with staff and contracted providers to guide ongoing quality improvement initiatives.

V. ICBHS 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 24-25, the QM Unit surveyed 446 individuals. The results for this year were measured by the number of staff employed by ICBHS as of April 2025.

Staff were grouped into four functions:

Administrative (84)	<ul style="list-style-type: none"> • Management • Supervisory staff • Any other administrative position
Direct Services Licensed (97)	<ul style="list-style-type: none"> • Psychiatrists, Psychologists, Nurses, Clinicians and any other licensed position (includes licensed/registered interns).
Direct Services Unlicensed (107)	<ul style="list-style-type: none"> • Rehabilitation Specialists/Technicians, Mental Health Workers and any other direct position.
Support Services (158)	<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 table:

Race	Administrative		Direct Services				Support Services		Grand Total	
			Licensed		Unlicensed					
	n=	84	n=	97	n=	107	n=	158	n=	446
	#	%	#	%	#	%	#	%	#	%
Asian Indian	0	0%	2	2%	0	0%	0	0%	2	0.45%
Black/African American	0	0%	2	2%	1	1%	0	0%	3	0.67%
Hispanic/Latino	68	81%	73	75%	94	88%	139	88%	374	84%
White	14	17%	16	16%	9	8%	19	12%	58	13%
Korean	1	0%	0	0%	0	0%	0	0%	1	0.22%
Laotian	0	0%	0	0%	1	1%	0	0%	1	0.22%
Multi Race	1	1%	2	2%	1	1%	0	0%	4	0.90%
Samoan	0	0%	1	1%	0	0%	0	0%	1	0.22%
Pacific Islander	0	0%	0	0%	1	1%	0	0%	1	0.22%

Not Reported	0	0%	1	1%	0	0%	0	0%	1	0.22%
Grand Total	84	100%	97	100%	107	100%	158	100%	446	100%

Table 5.2 – Staff Language Capabilities by Function

Language Capabilities	Administrative		Direct Services				Support Services		Grand Total	
			Licensed		Unlicensed					
	n=	84	n=	95	n=	106	n=	158	n=	445
	#	%	#	%	#	%	#	%	#	%
Spanish										
Certified	8	10%	20	21%	14	13%	23	15%	65	15%
Fluent	57	68%	48	51%	72	68%	97	61%	274	62%
Good	9	11%	7	7%	7	7%	15	9%	38	9%
Fair	1	1%	7	7%	5	5%	9	6%	22	5%
Poor	3	4%	5	5%	3	3%	7	4%	18	4%
Not applicable	6	7%	8	8%	5	5%	7	4%	26	6%
Sign Language										
Fluent	2	2%	4	4%	3	3%	3	2%	12	3%
Certified	0	0%	1	1%	2	2%	1	1%	4	1%
Good	0	0%	0	0%	2	2%	1	1%	3	1%
Fair	3	4%	4	4%	2	2%	7	4%	16	4%
Poor	7	8%	9	9%	12	11%	12	8%	40	9%
Not applicable	72	86%	77	81%	84	79%	134	85%	367	82%
Other Languages										
Fluent	4	5%	15	16%	15	14%	19	12%	53	12%
Certified	0	0%	1	1%	2	2%	0	0%	3	1%
Good	1	1%	4	4%	6	6%	5	3%	16	4%
Fair	2	2%	4	4%	3	3%	1	1%	10	2%
Poor	4	5%	1	1%	0	0%	4	3%	9	2%
Not applicable	73	87%	70	0%	80	0%	129	82%	352	79%

**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:

- 94% Hispanic/Latino
- 84% Mental Health Clients
- 72% 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 5.3 illustrates Staff Cultural Awareness by Likert scale.

Table 5.3 – Staff Cultural Awareness by Likert Scale		
Cultural Awareness	Not Knowledgeable-Somewhat	Quite a bit-Very Knowledgeable
Hispanic/Latino	9%	69%
Mental Health Clients	16%	53%
White	24%	36%

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+
- Individuals with physical disabilities
- Mental Health
- Asian/Pacific Islander

In FY 24-25, 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 24-25 are consistent with the profile of Imperial County, with 81 percent of clients being Hispanic, as is the ICBHS workforce, with 84 percent of employees being Hispanic, as seen in Table 4. Clients served in FY 24-25 primarily identified English as their primary language (72%); while 90 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 5.4 – FY 24-25 ICBHS Clients Served vs Workforce		
Ethnicity	Clients	Workforce
Hispanic	81%	84%
White	10%	13%
Language	Clients	Workforce
Spanish	28%	90%
English	72%	100%
<i>*Spanish is Imperial County's threshold language.</i>		

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

VI. Culturally and Linguistic Appropriate Services

a. Principle: 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 activities for CY 2025

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 24-25 the CCT continued its work toward achieving its CY 2025 goals, which was designed around the framework of the CLAS Standards. Throughout CY 2025, activities were implemented according to each CLAS Standard, as indicated in the CY 2025 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 2025 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.

b. Objectives and planned activities for CY 2026

- 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 implementation, review, and evaluation of the Cultural Competence Plan.
- 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.

b. 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 activities for CY 2025

During CY 2025, 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 07-02: 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 09-20: *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 Policy 01-55, now renumbered in Procedure Policy 07-02, Procedure 01-323, now renumbered 09-20.

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.
- Community Education and Outreach Plan CY 2024 report was presented to the CCTF in February 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 2026

- 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*, *ICBHS Annual Data Report*, *Accessibility, Utilization, and Availability of Services Report*; *Community Outreach and Education Plan*; 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 activities for CY 2025

During CY 2025, 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 to employees within the County and posted throughout the various County departments. 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 V of this document.

A total of 117 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 VI of this document.

Additionally, ICBHS surveys staff to assess their needs for cultural and linguistic competence training. During FY 24-25, staff indicated *quite a bit of knowledge to be very knowledgeable* with 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 6.1 illustrates Staff Cultural Awareness by Likert scale.

Table 6.1 – 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 SMHS and SUDS clients are also surveyed annually to assess their perception of staff cultural sensitivity. As indicated in the most recent data from implemented surveys, most clients, varying from youth to older adults, indicated feeling that staff were culturally sensitivity, ranging from 84 percent to 94 percent. The core finding is that clients feel respected and understood by the staff in terms of their cultural backgrounds. Detailed findings regarding this assessment can be found in Section III and IV of this document.

b. Objectives and planned activities for CY 2026

- 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 QM Unit will survey SMHS and SUDS 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.

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 activities for CY 2025

During CY 2025, 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 358 SMHS and SUDS staff during FY 24-25. 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 24-25. 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 24-25, 55 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 24-25, an interpreter training course took place via Zoom, for 25 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 24-25, 118 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 81 SMHS and SUDS 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 24-25, 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 SMHS and SUDS 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 258 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 24-25, which includes data regarding the number of attendees on all formal cultural competence training courses provided.

Table 6.2 – FY 24-25 ICBHS Training Report		
Name of Training	Type of Training	# Attended
Client Culture Training	Zoom	358
Client Culture Training Refresher	Online	64
Client Cultural Training for New Employees	Online	55
Curanderismo Cultural Competence	Zoom	376
National Latino Behavioral Health Association (NLBHA) - Behavioral Health Interpreter Training (BHIT)	Zoom	25
SCRIP Trauma Informed: The Neurobiology of Trauma	Online	118

SCRIP Trauma Informed: De-escalation, Grounding and Safety Planning	Online	81
Total	-	1,498

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 613 staff employed by ICBHS as of June 30, 2025, 579 (94%) completed an annual cultural competence training as required and 34 (6%) 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.

b. Objectives and planned activities for CY 2026

- 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 SUDS, 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.

c. 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 activities for CY 2025

ICBHS provides free language assistance and interpretive services to all clients accessing SMHS and SUDS. 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 SUDS 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 SUDS 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 2025, ICBHS contracted with two providers for this service: Deaf Communities of San Diego and Hanna Interpreting Services.

Language Line

The Contracts Unit monitors the availability of language assistance and interpretive services by reviewing the Language Line invoices and logging monthly. During FY 24-25, there are 340 minutes of language services provided to SMHS clients and zero minutes for SUDS. Interpreter services included Spanish, ASL and Vietnamese. Services were offered over the phone, onsite, or via zoom.

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 24-25 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 24-25, the QM Unit for mental health services conducted a total of 52 test calls, 30 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 52 test calls, 30 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. 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.

CalMHSA has revised the Spanish versions of the Consent to Treat and Coordinated Care Consent forms to match updates made to the English versions. These revisions incorporate recent changes discussed in the November 2024 meeting regarding ePrescribing workflows and updates to 42 CFR privacy rules, specifically following the guidance in the "ePrescribing under 42 CFR Part 2 - 2023 CalMHSA" protocol.

Documentation Standards

The QM Unit is responsible for conducting Documentation Standards reviews to monitor if the departments are following documentation standards set forth in DHCS regulations and department policies and procedures, including the availability of cultural and linguistically competence services. The QIC reviewed the Annual Documentation Standards Chart Reviews Report on July 10, 2025.

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

Specialty Mental Health Services

During FY 24-25, the QM Unit reviewed 128 clinical and case management charts for the SMHS, of which 29 charts were for Children Services, 17 charts were for Youth and Young Adults Services, 23 charts were for Adults Services, and 25 charts were from Mental Health Triage and Engagement Services. The summary of "Other Areas of Review" had no findings.

Substance Use Disorder

During FY 24-25, the Quality Management Unit reviewed a total of 20 clinical charts for the SUDS Division: 10 charts were from the SUDS Adolescent Program and 10 charts from the Adult Program. The summary of "Other Areas of Review" had no findings.

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 2026

- The Contracts 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 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 activities for CY 2025

ICBHS provides free language assistance and interpretive services to all clients accessing SMHS and SUDS 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 Compliance 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 Compliance Unit conducted annual reviews to ensure that all ICBHS clinics display and have written materials available in English and Spanish. During FY 24-25, a total of 25 for SMHS and 4 for SUDS 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 Compliance 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 2026

- 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 Contracts 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 Contracts 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 activities for CY 2025

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. ICBHS 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.

During FY 24-25, SMHS and SUDS 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 is supported by documentation of who provided the interpreters services (i.e., staff or family members).

The QIC reviewed the Annual Documentation Standards Chart Reviews Report on July 10, 2025. Detailed findings regarding this review can be found in under CLAS Standard 5 of this document.

b. Objectives and planned activities for CY 2026

- The QM Unit will survey staff to ensure all ICBHS staff and providers who provide interpreters or other support services are appropriately identified.
- The Contracts 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 Contracts Unit will review the list of employees providing interpretation services and ensure staff providing interpretive services have completed Interpreter training.

288 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.

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 activities for CY 2025

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 • Access Criteria and Medically Necessary Services • Beneficiary Protection Processes • Notice of Privacy Practices • Patient's Right and Responsibilities • Quality Improvement Committee (QIC) • Integrated SMHS and ODS Member Handbook • Provider Directory 	<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 (English & Spanish) • Advance Directives • Beneficiary Rights • Free Language Assistance and Interpretive Services • Integrated SMHS and ODS Member Handbook • Provider Directory • For Information about your Rights as a Client • Mental Health Patients' Right State • Beneficiary Protection Processes for Medi-Cal Beneficiaries (ICBHS) • Notice of Privacy Practices Poster • Compliance Hotline • Notice to Patients • Personal Rights (SUDS Only) • Compliance Hotline Poster 	<ul style="list-style-type: none"> • Service Animal Sign • Non-Discrimination Statement • Community Resource List • Healthcare Practitioner Information • Licensed Health Practitioner Information • Notice of Open Payments Database (Only applies to sites that have physicians) • Notice of Availability Taglines • No Audio or Video Recording Posters • Human Trafficking Poster

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

The Compliance 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 uses 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 2026

- The Compliance Unit will perform site checks to ensure written materials are posted at all program sites 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.
- 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 the Beneficiary Handbook and Provider Directory 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.

d. 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 activities for CY 2025

During CY 2025, 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 2025 being reported under each corresponding CLAS Standard within this document. The progress made toward completing the CY 2025 objectives and planned activities were also reported to the CCT and the QIC monthly.

b. Objectives and planned activities for CY 2026

- 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 activities for CY 2025

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. 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 2026

- 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 activities for CY 2025

The QM Unit will continue to calculate and assess retention rates and service engagement data each year to determine the impact of the CLAS Standards on health equity and client outcomes. This work also ensures that individuals from diverse ethnic backgrounds can access services and remain engaged in the service delivery system.

The retention rate represents the percentage of new clients who receive two or more services after their initial non-crisis contact with the health system. This metric reflects the extent to which new clients remain connected to treatment.

To determine this rate, the QM Unit evaluates Medi-Cal beneficiaries who completed an initial intake assessment, met medical necessity requirements, and received at least two qualifying services. Crisis services, documentation time, and travel time are excluded; only direct services delivered are counted. The analysis focuses on outpatient follow-up after the initial visit.

Service Retention

Service retention refers to the total number of services a beneficiary receives within 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.

For FY 2024–2025, the retention rate is based on service retention data for new beneficiaries who received services during that fiscal year. In previous years, the Retention Report included all ongoing beneficiaries by demographic group; however, for FY 2024–2025, ICBHS narrowed its focus to new beneficiaries only.

Mental Health Services

The retention rate for FY 2024-2025 is 90%, which represents a decrease when compared to FY 23-24 at 98%. Although the retention rate decreased from 98% in the previous fiscal year to 90% in the current year, the two rates are not directly comparable due to a change in methodology. Last year’s rate included all beneficiaries, while this year’s analysis focused exclusively on new beneficiaries, who typically have lower retention rates. Table 6.3 illustrates the retention rate for Mental Health Services for the FY 24-25.

Table 6.3 – FY 24-25 Mental Health Services Retention Rates	
Categories	Number of Beneficiaries
New Beneficiaries served who came in for an intake	3,732
Less beneficiaries who did not meet medical necessity	115
New Beneficiaries that met medical necessity	3,617
Beneficiaries who received 2 or more services	3,268
Retention Rates	90% ▲

During CY 2025, the QM Unit for mental health services calculated and evaluated service retention for FY 24-25 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 24-25:

a) Ethnicity/Race

The highest service utilization was observed among the Hispanic population, with 3,113 beneficiaries served. Of these, 309 (11%) beneficiaries received only one service and the majority—1,813 individuals (58%) received 12 or more services. In contrast, the Alaskan Native/American Indian population had the lowest utilization, with only 9 beneficiaries served. This group appears to be underserved, and targeted community outreach efforts will be recommended for the upcoming fiscal year.

b) Gender

The data shows that females had the highest service utilization, with 1,909 beneficiaries served. Of these, 184 (10%) beneficiaries received only one service and the majority—1,138 individuals (60%) received 12 or more services. Males had the lowest utilization, with 1,708 beneficiaries served, including 165 (11%) new beneficiaries, and 980 individuals (57%) who received 12 or more services.

Overall, the data does not indicate significant disparities between genders, as both females and males demonstrated similar patterns across all service utilization categories.

c) Age Group

The data shows that service utilization was highest among the 16–17 age group, with 1,584 beneficiaries served. Of these, 145 (9%) beneficiaries received only one service and the majority 1,005 individuals (63%) received 12 or more services. In contrast, the lowest service utilization occurred in the 0–5 age group, which had 104 beneficiaries served. Within this group, 27 (25%) beneficiaries received only one service and 42 (40%) received 12 or more outpatient services.

A disparity is evident for the 0–5 age group, which had the lowest retention rate (40%) in the 12+ services category, compared to the 18–20 age group, which had the highest retention rate at 66%. Additionally, among the 0–5 population, 25% received only one service and 8% received two services. This pattern may indicate that medical necessity was not established for some children in this age range, resulting in referrals to Early Intervention services for appropriate services.

d) Language

The highest service utilization occurred among English-speaking beneficiaries, with 2,354 individuals served. Of these, 241 (10%) beneficiaries received only one service and the majority—1,355 (58%) received 12 or more services.

The Spanish-speaking population had the lowest utilization, with 1,256 beneficiaries served. Among this group, 108 (9%) beneficiaries received only one service while 760 (60%) received 12 or more services.

Overall, the data shows no significant disparities between language groups. English- and Spanish-speaking beneficiaries displayed similar service utilization patterns, with both groups falling within comparable percentage ranges across all service categories.

e) City of Residence

The five regional groups based on city of residence are as follows: Southern (Calexico) with 795 beneficiaries; Northern (Brawley, Calipatria, Niland, and Westmorland) with 949 beneficiaries; Central (El Centro, Heber, Holtville, Imperial, Ocotillo, and Seeley) with 1,764 beneficiaries; Eastern (Winterhaven) with 22 beneficiaries; and Other Cities (including those outside the county) with 87 beneficiaries.

The Central region had the highest service utilization, serving 1,764 beneficiaries. Of these, 155 (9%) beneficiaries received only one service and the majority—1,090 individuals (61%) received 12 or more services. The Eastern region had the lowest utilization, with 22 beneficiaries served, including 2 new beneficiaries (8%) and 11 beneficiaries (50%) who received 12 or more services.

Overall, the data shows no significant disparities between regions in service utilization, with most areas falling within a similar ten-percent range across service categories. The Eastern region, however, stands out as an outlier with a 23% utilization in the 2+ services category, likely influenced by its small population size and the higher number of beneficiaries who did not complete the assessment process and were subsequently discharged. This population may experience barriers to accessing services, and cultural belief systems may also affect engagement. SMHS continues to provide outreach and engagement efforts in the Eastern region (Winterhaven) to support increased access to services.

Substance Use Disorder

The retention rate for FY 2024-2025 is 96%, which represents an increase when compared to FY 23-24 at 94%. Although the retention rate increased from 94% in the previous fiscal year to 96% in the current year, the two rates are not directly comparable due to a change in methodology. Last year's rate included all beneficiaries, while this year's analysis focused exclusively on new beneficiaries, who typically have lower retention rates. Additionally, beneficiaries participating in the Recovery 1.0 Outpatient services were incorporated into the analysis to ensure the retention rate reflects clients who continued receiving outpatient services. Table 6.4 illustrates the retention rate for SUDS for the FY 24-25.

Table 6.4 – FY 24-25 SUDS Retention Rates	
Categories	Number of Beneficiaries
New Beneficiaries served who came in for an intake	984
Less beneficiaries who did not meet medical necessity	43
New Beneficiaries that met medical necessity	941
Beneficiaries who received 2 or more services	904
Retention Rates	96% ▲

During CY 2025 the QM Unit for substance use disorder calculated and evaluated service retention for FY 24-25 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 24-25:

a) Ethnicity/Race

The highest service utilization was observed among the Hispanic population, with 798 beneficiaries served. Of these, 32 (4%) beneficiaries received only one service while the majority 449 beneficiaries (56%) received 12 or more services. In contrast, the Alaskan Native/American Indian population had the lowest utilization, with only two beneficiaries served, indicating a potential need for enhanced outreach and engagement for this group.

Overall, the data shows that some service categories reflect similar utilization patterns across ethnic/race groups; however, notable disparities remain. The White population demonstrates the highest level of service retention, with 60% of beneficiaries receiving 12 or more services—significantly higher than other groups. Additionally, while most groups fall within comparable ranges in the 8–11 service category, both the Alaskan Native/American Indian and African American populations show zero utilization in this range, highlighting differences in service engagement and retention.

b) Gender

The data shows that males had the highest service utilization, with 631 beneficiaries served. Of these, 20 individuals (3%) received only one service while the majority 351 beneficiaries (56%) received 12 or more services. In contrast, females had the lowest utilization, with 310 beneficiaries served. Of these, 17 individuals (5%) received only one service, and 179 beneficiaries (58%)—received 12 or more services.

Overall, there were no major disparities between genders in service utilization. Across all service categories, both males and females fell within a similar ten-percent range, indicating comparable patterns of engagement and retention.

c) Age Group

The data shows that service utilization was highest among the 21–44 age group, with 511 beneficiaries served. Of these, 23 (5%) beneficiaries received only one service while 273 beneficiaries (53%) for the majority received 12 or more services. In contrast, the 65+ age group had the lowest utilization, with 14 beneficiaries served. Within this group, one (7%) beneficiary received only one service, while the majority nine (64%) individuals received 12 or more services.

Overall, there are no major disparities between age groups in service utilization, with most groups falling within a similar ten percent range across service categories. However, a notable trend is observed in the 65+ age group, where 64% of beneficiaries received 12 or more services, indicating the highest level of utilization in this service category compared to other age groups.

d) Language

The highest service utilization occurred among English-speaking beneficiaries, with 768 individuals served. Of these, 33 (4%) beneficiaries received only one service while the majority 432 (56%) received 12 or more services.

The Spanish-speaking population had the lowest utilization, with 171 beneficiaries served. Among this group, 4 (2%) beneficiaries received only one service while 87 beneficiaries (57%) received 12 or more services.

Overall, the data shows no significant disparities between language groups. English- and Spanish-speaking beneficiaries demonstrated similar patterns of service utilization, with both groups falling within a comparable ten-percent range across all service categories.

e) City of Residence

The five city categories based on residence include: Southern (Calexico); Central (Heber, El Centro, Holtville, Imperial, and Seeley); Northern (Brawley, Calipatria, Niland, and Westmorland); Eastern (Winterhaven); and Other Cities (including those outside the county).

The Central region had the highest service utilization, with 480 beneficiaries served. Of these, 27 (6%) beneficiaries received only one service while the majority 262 (55%) received 12 or more services. In contrast, the Eastern region had the lowest utilization, with eight beneficiaries served.

Overall, the data shows no major disparities in service utilization between cities of residence, with most regions falling within a similar ten-percent range across service categories. However, a notable trend is observed in the Southern region, where beneficiaries are more likely to receive 12 or more services, indicating higher levels of engagement in that area.

The ICBHS Retention Rates and Utilization Rates Report for FY 24-25 indicates no major disparities in health equity.

Number of Clients by Team and Region

Specialty Mental Health Services

In FY 24-25, ICBHS provided services to 7,239 SMHS Medi-Cal beneficiaries, unduplicated by division. Of these, 98 percent were Hispanic, and 42 percent were Spanish speaking. The distribution by division is included in Table 6.5.

Table 6.5 - FY 24-25 Distribution of Beneficiaries by Division					
Division	Number of Beneficiaries	Ethnicity		Language	
Children Services	2,270	88%	Hispanic	47%	Spanish
Youth and Young Adult Services	1,464	88%	Hispanic	32%	Spanish
Adult Services	2,969	82%	Hispanic	34%	Spanish
Mental Health Triage & Engagement	1,685	81%	Hispanic	29%	Spanish

Children Services: 86 percent of Children Services direct services staff were Hispanic with 81 percent fluent in Spanish. In addition, 100 percent of staff reported feeling Quite a Bit – Very Knowledgeable about the Hispanic/Latino culture.

Youth and Young Adults Services: 91 percent of YAYA Services' direct services staff were Hispanic with 87 percent fluent in Spanish. In addition, 87 percent of staff reported feeling Quite a Bit – Very Knowledgeable about the Hispanic/Latino culture.

Adult Services: 80 percent of Adults Services' direct services staff were Hispanic with 73 percent fluent in Spanish. In addition, 88 percent of staff reported feeling Quite a Bit – Very Knowledgeable about the Hispanic/Latino culture.

Mental Health Triage & Engagement: 88 percent of YAYA Services' direct services staff were Hispanic with 79 percent fluent in Spanish. In addition, 86 percent of staff reported feeling Quite a Bit – Very Knowledgeable about the Hispanic/Latino culture.

Substance Use Disorder Treatment Services

In FY 24-25, SUDS provided services to 997 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 6.6.

Table 6.6. SUDS Distribution of Beneficiaries by Division			
Division	Number of Beneficiaries FY 24-25	Ethnicity	Language
Adolescent	213	94% Hispanic	25% Spanish
Adult	784	80% Hispanic	16% Spanish

SUDS Services: 88 percent of Adult and Adolescent Services direct services staff were Hispanic with 76 percent fluent in Spanish. In addition, 90 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

ICBHS ensures that beneficiaries have access to SMHS and SUDS 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 6.7 and 6.8.

Table 6.7- FY 24-25 SMHS Comparison of Client and Staff Cultural Profiles					
Division	Ethnicity		Language		Cultural Awareness
	Client	Staff	Client	Staff (Fluent)	
Children Services	88% Hispanic	86% Hispanic	47% Spanish	81% Spanish	96% Hispanic
YAYA Services	88% Hispanic	91% Hispanic	32% Spanish	87% Spanish	88% Hispanic
Adult Services	82% Hispanic	80% Hispanic	34% Spanish	73% Spanish	98% Hispanic
MHTE Services	81% Hispanic	88% Hispanic	29% Spanish	79% Spanish	90% Hispanic
SMHS Total	85% Hispanic	86% Hispanic	36% Spanish	80% Spanish	93% Hispanic

Table 6.8 – FY 24-25 SUD Comparison of Client and Staff Cultural Profiles					
Division	Ethnicity		Language		Cultural Awareness
	Client	Staff	Client	Staff (Fluent)	
Adolescent & Adults SUDS	87% Hispanic	88% Hispanic	21% Spanish	76% Spanish	88% Hispanic

ICBHS has the capacity to provide SMHS and SUDS 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 SMHS and SUDS 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 2026

- 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 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 activities for CY 2025

ICBHS conducts ongoing evaluations of community mental health needs through various comprehensive reports, including the QI Work Plan, the Staff Cultural Competence Survey Report, the Accessibility, Utilization, Availability of Services Report, the Consumer Perception Survey, Retention Rate Report and Utilization of Services Report. These reports contain relevant data distributed throughout. The findings derived from these assessments inform the planning and delivery of services, ensuring that individuals from all ethnic backgrounds receive programs tailored to their cultural needs. Any pertinent findings from these assessments are reflected as objectives under the applicable CLAS Standards.

The Staff Development Program is responsible for the formulation of the Community Outreach Plan, which was developed in response to the FY 23–24 Penetration Rate Report. This plan ensures that outreach activities are strategically focused on populations identified as requiring enhanced engagement.

The Outreach and Engagement Program provide critical education to the community on mental health conditions, including their signs and symptoms, available resources to improve access to mental health services, and the array of mental health services offered by ICBHS. Outreach efforts are conducted at various community venues, including local schools (primary, secondary, and post-secondary institutions), valley events, IV Mall, resource tables in front of local businesses, and homeless encampments and gathering locations for the unsheltered. Additionally, staff have delivered presentations at community organizations such as local schools, and other community-based entities.

The Center for Clinical Training (CCT) reviews quarterly reports and provides recommendations to the Outreach Unit as necessary. Throughout FY 24/25, the CCT continued to monitor and assess the Department's outreach efforts to ensure the promotion of cultural competency.

The Outreach Unit has demonstrated effective management in providing essential resources and information regarding available services throughout the Imperial Valley. Building upon past experiences, new partnerships, and collaborative efforts, the Outreach Program remains steadfast in its commitment to eliminating behavioral health and substance use disparities and continues to provide the highest quality of care to every individual, regardless of whether services are delivered in person, virtually, or via telephone.

We have continued to expand our social media outreach initiatives while actively promoting services related to mental health and substance use disorders. ICBHS can be found on Facebook, Instagram, and Spotify, where we provide valuable resources and updates.



The Outreach Unit has continued to advance our outreach efforts as we continue to advertise at the kiosk at the Imperial Valley Mall. The kiosk features continuous video feeds with highlights of our events, training calendars, radio show promos and wellness tips. In addition, the kiosk is staffed with personnel providing up-to-date information on all programs in both English and Spanish.

Furthermore, the PET program has maintained periodic visits to the Imperial Valley Mall, which have proven to be an invaluable resource. These visits can help break down barriers by increasing visibility and accessibility, showing that support is available in places people frequent regularly thus increasing engagement. It creates an environment where individuals can feel more comfortable asking questions or learning about available resources without the pressure or fear of judgment that might come from more formal settings. This kind of outreach is key to reaching those who may otherwise not have known where to turn for help.

ICBHS also has a marquee located at 202 N. 8th Street in El Centro. The marquee features people that the department or community has honored, radio show promos and upcoming events.

The department has outlined a comprehensive set of goals and objectives aimed at addressing the needs of the underserved, hard-to-reach, homeless, and other identified target populations for the fiscal year 2024-2025. These initiatives are designed to provide equitable support, foster community engagement, and facilitate sustainable solutions for individuals facing significant challenges. As you can see by the table below, ICBHS was able to surpass our goals and objectives for FY 2024-2025.



Goals & Objectives	Totals
Underserved	
1. Provide Outreach to 200 Age Group 0-5 children.	450
2. Provide Outreach to 2,490 Older Adults, ages 65+.	2,102
3. Provide Outreach to 1,666 Spanish-Speaking residents.	3,033
4. Provide Outreach to 3,213 Calexico residents.	4,712
5. Provide Outreach to 150 Winterhaven residents.	2,224
6. Provide Outreach to Alaskan Native/American Indian.	714
7. Participate in a minimum of 30 outreach activities, targeted toward providing outreach to the identified underserved populations, per quarter.	153
8. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	82
Hard-to-reach	
1. Provide Outreach to 245 Foster-Youth.	255
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the identified hard-to-reach populations, per quarter.	73
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	53
Homeless	
1. Provide Outreach to 886 homeless individuals.	1,422
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the homeless population, per quarter.	49
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	51
Other identified target	
1. Provide Outreach to LGBTQ.	546

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

Recovery Walk

The 2nd annual Recovery Walk organized by ICBHS that was held at the IV Mall on September 28, 2024, during National Recovery Month, served as a powerful community event to celebrate individuals in recovery from substance use disorders and to honor those who have lost their lives to addiction. The walk brought together people in recovery, their families, healthcare providers, and community organizations to promote hope, healing, and awareness. Through activities such as complimentary lunch, snacks, group walks, guest speakers, and resource tables, the event highlighted the importance of treatment, peer support, and reducing the stigma associated with addiction. Overall, the Recovery Walk emphasized that recovery is possible and encouraged continued community involvement in supporting individuals on their recovery journey.



World Mental Health Day

The World Mental Health Day Summit organized by ICBHS in collaboration with Imperial Valley College (IVC) was a significant event that took place on October 11, 2024, at IVC in Imperial, California. The theme for WMHD 2024 was "Be Kind, Embrace Your Mind," underscoring the critical importance of mental health awareness and promoting the message of self-compassion and mental well-being.

This summit provided a vital platform for mental health professionals from ICBHS and various partner organizations to engage in thoughtful discussions, share insights, and collaborate on strategies aimed at reducing stigma surrounding mental health and substance use disorders. Additionally, the event sought to encourage individuals to seek professional help when needed, educate the community on mental health issues, substance use issues, and foster a deeper understanding of mental health and substance use challenges.

By offering a space for open dialogue, the summit contributed significantly to raising awareness and advancing mental health advocacy efforts within the community.

WORLD MENTAL HEALTH DAY SUMMIT

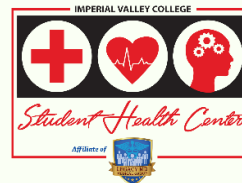
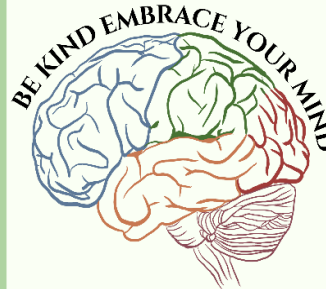
Imperial Valley College in collaboration with Imperial County Behavioral Health Services cordially invite you to their annual World Mental Health Day Summit.

FRI **OCTOBER 11, 2024**
9:00AM-3:00PM
(REGISTRATION BEGINS AT 8:00AM)

**FREE WORKSHOPS,
LUNCH AND LIVE MUSIC!**

Workshops Include:
• Embracing Our Youth
• Embracing Self-Care
• End the Stigma
• Behavioral Health Services
• Imperial Valley College
• Substance Use Disorders
• Spanish Track

LOCATION:
380 EAST ATEN ROAD
IMPERIAL CA 92251
IMPERIAL VALLEY COLLEGE



IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY
Hope, Wellness and Recovery



To enhance the experience, the event provided free workshops, a complimentary taco cart lunch, and live music provided by the Superstars, making it a vibrant and inclusive gathering. The summit also featured 35 resource tables, where attendees could receive valuable information and incentives on services available within Imperial County. These resources were provided by a wide range of organizations, including Sure Helpline, Consulado de México, NAMI, Children and Parents Council, Sun Valley Research Center, Area on Aging, IV Veterans Service Office, Brightlife Kids, Project Food Box, Access to Independence, and ICBHS PET and SUDS Programs, among others.

The workshops were organized into seven distinct categories, allowing participants to choose the sessions that were most relevant to their needs and interests.

The categories included:

- Embracing Our Youth
- Embracing Self-Care
- Breaking the Stigma
- Behavioral Health Services
- IVC (Imperial Valley College)
- SUD (Substance Use Disorder)
- Spanish Track (focusing on various mental health topics)

This structure ensured that attendees could tailor their experience to suit their personal or professional interests. Workshop presenters were diverse, coming from various fields such as NAMI staff, college students, Behavioral Health professionals, Marriage and Family Therapists, fitness instructors, psychiatrists, and other specialists. Their collective expertise contributed to the depth and breadth of the discussions, providing attendees with valuable insights into mental health from multiple perspectives.

Overall, the summit was not only an opportunity for education and engagement but also a celebration of community collaboration, offering practical resources, fostering inclusivity, and emphasizing the importance of mental health for individuals of all ages and backgrounds.

Children's Fair



Imperial County Behavioral Health Services (ICBHS) made a significant contribution to the 44th Annual Children's Fair held on April 5, 2025, in El Centro, California. This event, organized by The Child Abuse Prevention Council and supported by local organizations such as the City of El Centro, United Way, Los Vigilantes, and the Imperial County Office of Education, aimed to raise awareness around child abuse prevention and promote the safety and well-being of children in the community.

Families from throughout Imperial County participated in the event, with outreach surveys indicating a total of 308 adult signatures from communities including Brawley, Calexico, El Centro, Heber, Holtville, Imperial, Seeley, Calipatria, and Westmorland. ICBHS was represented by the Center for Clinical Training, which shared an informational booth alongside the ICBHS Children's Division and PET Program. The booth provided attendees with brochures and QR codes, offering valuable information on mental health services available to the community.

In addition to disseminating informational resources, ICBHS staff engaged with children through a variety of interactive and enjoyable activities. These included coloring paper crowns, beading necklaces and bracelets, and spinning a prize wheel. Each child received a goodie bag containing slime, stickers, pencils, and a mini activity book, ensuring a fun and memorable experience.

The presence of ICBHS at this important community event reflects the agency's ongoing commitment to mental health outreach and child welfare in Imperial County. The participation also offered an opportunity to foster conversations around mental health and support services available to families.

Children's Fair 2025



ICBHS's inclusion of the PET Program in the event highlights the organization's dedication to offering holistic and accessible mental health resources, further strengthening its presence in the community.

Unsheltered Outreach FY 2024-2025

Imperial County Behavioral Health Services (ICBHS) runs several outreach initiatives throughout the year to support individuals experiencing homelessness. The primary goal is to build positive relationships with those individuals and connect them to the services and resources they need to improve their lives. Since each person's situation and cultural background can affect their willingness to seek mental health care, the outreach efforts are designed to address those unique barriers.

The outreach strategies include distributing hygiene kits and informational brochures about Behavioral Health Services and other community resources, along with in-person explanations of the available services. During the winter months, outreach teams distributed winter kits at various locations throughout Imperial County, including Niland, Palo Verde, Calexico, El Centro, Imperial, Seeley, and other unincorporated areas. These winter kits included blankets, gloves, socks, beanies, and informational brochures. In the warmer months, outreach efforts continue with kits that include Behavioral Health Services brochures, cooling bandanas, cold water bottles, snacks, sunscreen, hygiene items and hand sanitizers.



Northend Outreach

The Northend region of Imperial County, which encompasses the communities of Niland, Calipatria, Palo Verde, Desert Shores, Bombay Beach, and Salton City, remains a significantly underserved area. In response to this, Behavioral Health Services has undertaken several outreach activities aimed at addressing the needs of these communities. These activities included resource fairs, school presentations, homeless outreach programs, and the dissemination of informational materials through local businesses and churches.

Despite these efforts, it is important to consider the unique challenges that the Northend faces, including limited access to healthcare, economic hardships, and social isolation. These outreach events are crucial in raising awareness about available behavioral health resources and providing much-needed support to residents in these areas. The outreach efforts not only help to increase access to vital services but also contribute to reducing stigma around mental health and wellness.



A video compiling the events for FY 2024-2025 can be seen at this link: [**Outreach Events 2024-2025**](#)

Outreach Events

FY 2024-2025



IMPERIAL COUNTY
Behavioral Health Services
 MENTAL HEALTH & SUBSTANCE USE RECOVERY
Hope, Wellness and Recovery

Radio Show

The weekly wellness radio shows broadcasted via KUBO/Radio Bilingüe and KXO AM and FM provide a valuable platform for disseminating important behavioral health information in both English and Spanish. With "Let's Talk About It" airing three times a week and "Exprésate" airing weekly, these shows reach a wide audience across various time slots, ensuring that listeners can access the information at their convenience.

The additional airing of Exprésate on XEAO 910 AM and radio advertisements on Power 98.3 FM further extends the reach, particularly in areas where listeners may tune into different stations. By publishing the radio show calendars on social media, Imperial Valley Mall Kiosk and in local newspapers like Imperial Valley Alive and Adelante Valle, the programs maintain visibility and promote engagement with a broad cross-section of the community.

The focus on behavioral health topics, such as parenting, PTSD, resiliency, and youth empowerment, is especially timely and relevant. These are critical issues that directly affect individuals and families, and offering both English and Spanish broadcasts helps to address the diverse needs of the community.

Let's Talk About It!



December 2024

Wellness Radio



IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY
Hope, Wellness and Recovery

Ecotherapy: Finding Peace in a Changing Climate

Originally aired December 2023
WEEK OF DECEMBER 2

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 Eco-therapist, and licensed clinician, Maia Kiley shares tools and tips for embracing self and planet.

Guest Speaker: Maia Kiley, LMFT, Certified in Ecotherapy

The Path of the Butterfly

Originally aired January 2023
WEEK OF DECEMBER 9

This week's guest, Psychologist Dulce Lopez, Psy.D. shares her life philosophy with us all. "The METAMORPHOSIS of the butterfly is utilized as a metaphor to describe the ongoing transformation/transmutation that we experience throughout our lifetimes... The premise and foundation of my soul-work is to HEAL through LOVE. When we choose to walk the path of love... our whole world changes."

Join us for this amazing story that can help any of us to reclaim our human magic, kindness towards ourselves and others, and put the struggles we all face into perspective.

Guest Speaker: Dulce Lopez, Psy.D., Psychologist Motivational Speaker

Future Farmers of America and Mental Health

Originally aired December 2022
WEEK OF DECEMBER 16

The youth organization, Future Farmers of America (FFA), helps students learn about all aspects of agriculture, and about the wellbeing of animals. The student led organization prepares students in different areas such as animal science, plant science, woodworking, welding and plumbing. The activities that students participate also help support student mental health. With this knowledge members get to grow plants or take care of an animal which eventually the student will show at the annual Imperial Valley Mid-Winter Fair.

Guest Speaker: Michelle Taylor
Future Farmers of America Teacher Brawley Union High School - Haleigh-FFA Student Advisor - Addison - FFA Student Recorder

Link Crew: Using Student Mentoring to Support Connection and Wellbeing at Central Union High School

Originally aired March 2022
WEEK OF DECEMBER 23

Central Union High School shares with us their system of connection that supports incoming Freshman using selected upperclassman student mentors. The Link Crew system provides wellness and wellbeing coaching through activities designed to provide inclusion to arriving freshmen and identifies support needs that can be accessed at various levels of support, including counseling and professional treatment with an emphasis on behavioral health and wellness. Join us and an incredible team from Central Union to learn more about this innovative and caring system.

Guest Speaker: Union High School Staff: Stephanie Valenzuela, LCSW, Therapist ICDE, Ramona Campos & Irma Avelar, Counselors, Teresa González, Link Crew Coordinator Teacher: Haydee Rodriguez, Teacher

Right Hand Club of Calexico High School

Originally aired May 2021
WEEK OF DECEMBER 30

The Right Hand Club at Calexico High School is where students represent students as spokespersons to better enhance each other's experience in school, socially, academically, and extra-curricular activities. The club and its students serve as advocates and bring valuable resources to their fellow students. Join us as we speak with their advisor and leader about their passion which is resulting in making the behavioral health of their campus more valued and improving students outcomes.

Guest Speaker: Eva Lara, LCSW- Licensed Clinical Social Worker- Calexico Unified School District



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<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

Thursdays at 8 am

Sundays at 7 am

Sundays at 7pm

Penetration Rates

In CY 2025, the QM Unit calculated and evaluated the penetration rate for FY 24-25 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 rates are calculated by obtaining the number of Medi-Cal eligible beneficiaries from the California Health and Human Services Open Data Portal (CalHHS). The dataset obtained from CalHHS is limited to age group categories, restricting the ability to provide a more comprehensive breakdown and the number of Medi-Cal beneficiaries served from SmartCare EHR.

Mental Health Services

The penetration rate for mental health services increased to 8.30% in FY 24-25, from 7.54% in FY 23-24. The penetration rate and the rate of change for mental health services for the last two (2) fiscal years are illustrated in Table 6.9 below.

Table 6.9 - Penetration Rates for Mental Health Services				
Fiscal Year	Medi-Cal Eligible	ICBHS Served	Penetration Rate	Rate of Change
FY 24-25	101,035	8,388	8.30%▲	10.09%
FY 23-24	98,145	7,401	7.54%▲	14.78%

The following table below illustrates all five demographic categories of Medi-Cal Eligibles, Medi-Cal served population and penetration rates for FY 23-25 and FY 24-25.

Table 6.10 – Demographic Categories						
Demographic Categories	FY 23-24			FY 24-25		
	# of Medi-Cal Eligible	Medi-Cal Served	Penetration Rate	# of Medi-Cal Eligible	Medi-Cal Served	Penetration Rate
Ethnicity						
Alaskan Nat./Am. Indian	587	14	2.39%	635	21	3.31%
Asian/Pacific Islander	424	2	0.47%	448	0	0.00%
African American	873	48	5.50%	837	97	11.59%
Hispanic/Latino	86,553	5,953	6.88%	89,004	7,090	7.97%
White	4,623	314	6.79%	4,499	455	10.11%
Other/Not reported	5,085	1,070	21.04%	5,612	725	12.92%
Gender						
Female	53,898	2,441	4.53%	55,321	3,343	6.04%
Male	44,247	2,257	5.10%	45,714	3,212	7.03%
Other	N/A	2,703	N/A	0	1,833	0
Language						
English	41,463	4,639	11.19%	43,052	5,327	12.37%
Spanish	56,291	2,734	4.86%	57,581	3,043	5.28%
Other/Unknown	391	28	7.16%	402	18	4.48%
Age						
0-18	36,312	3,080	8.48%	36,916	3,481	9.43%
19-44	31,215	2,662	8.53%	32,041	3,145	9.82%
45-64	16,218	1,244	7.67%	16,555	1,326	8.01%
65+	14,400	415	2.88%	15,523	436	2.81%
City of Residency						
Brawley	16,113	1,328	8.24%	16,576	1,501	9.06%
Calexico	26,908	1,631	6.06%	27,353	1,746	6.38%
Calipatria	2,443	206	8.43%	2,478	279	11.26%
El Centro	27,490	2,481	9.03%	28,441	2,828	9.94%
Heber	3,450	245	7.10%	3,559	300	8.43%
Holtville	4,073	270	6.63%	4,155	318	7.65%
Imperial	8,403	650	7.74%	9,013	782	8.68%
Niland	1,247	101	8.10%	1,224	103	8.42%
Seeley	1,052	106	10.08%	1,096	106	9.67%
Westmorland	1,526	125	8.19%	1,547	134	8.66%
Winterhaven	1,552	57	3.67%	1,590	52	3.27%
Other/Not reported	3,888	201	5.17%	4,003	239	5.97%
Total	98,145	7,401	7.54%	101,035	8,388	8.30%

The following section includes penetration rates by category for FY 24-25:

Ethnicity/Race

The data shows that the penetration rate of beneficiaries who are African American ethnic group accessing services in Imperial County was the highest than another group at 11.59%.

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 0.00% followed by Alaskan Native/American Indian with 3.31%.

Gender

The data shows Male had the highest penetration rate at 7.03% and Female with the lowest penetration rate of 6.04% for FY 24-25.

Language

The data shows that the penetration rate of beneficiaries who are English Speaking accessing treatment in Imperial County was the highest at 12.37% than for Spanish at 5.28%.

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 9.82%. 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 2.81%.

City of Residence

The data shows that the penetration rate of beneficiaries who lived in Calipatria accessing treatment in Imperial County was the highest than other cities at 11.26%. The penetration rate of beneficiaries who lived in Winterhaven accessing mental health services in Imperial County was the lowest than other cities at 3.27%.

Substance Use Disorder

The penetration rate for SUDS increased to 0.99% in FY 24-25, from 0.79% in FY 23-24. The penetration rate and the rate of change for SUDS for the last two (2) fiscal years are illustrated in Table 6.11.

Table 6.11 - Substance Use Disorder Treatment Services				
Fiscal Year	Medi-Cal Eligible	Medi-Cal Served	Penetration Rate	Rate of Change
FY 24-25	101,035	997	0.99% ▲	25.61%
FY 23-24	98,145	771	0.79% ▲	21.54%

The following table below illustrates all five demographic categories of Medi-Cal Eligibles, Medi-Cal served population and penetration rates for FY 23-25 and FY 24-25.

Demographic Categories	FY 23-24			FY 24-25		
	# of Medi-Cal Eligible	Medi-Cal Served	Penetration Rate	# of Medi-Cal Eligible	Medi-Cal Served	Penetration Rate
Ethnicity						
American Native	587	1	0.17%	635	3	0.47%
Black/African American	873	6	0.69%	837	22	2.63%
Hispanic/Latino	86,553	652	0.75%	89,004	828	0.93%
White	4,623	47	1.02%	4,499	85	1.89%
Other/Not reported	5,509	65	1.18%	6,060	59	0.97%
Gender						
Female	53,898	224	0.42%	55,321	311	0.56%
Male	44,247	407	0.92%	45,714	571	1.25%
Unknown	0	140	0	0	115	0
Language						
English	41,463	624	1.50%	43,052	819	1.90%
Spanish	56,291	141	0.25%	57,581	176	0.31%
Other/Unknown	391	6	1.53%	402	2	0.50%
Age						
0-18	36,312	154	0.42%	36,916	209	0.57%
19-44	31,215	467	1.50%	32,041	585	1.83%
45-64	16,218	141	0.87%	16,555	191	1.15%
65+	14,400	9	0.06%	15,523	12	0.08%
City of Residency						
Brawley	16,113	151	0.94%	16,576	213	1.28%

Calexico	26,908	151	0.56%	27,353	179	0.65%
Calipatria	2,443	18	0.74%	2,478	21	0.85%
El Centro	27,490	267	0.97%	28,441	333	1.17%
Heber	3,450	29	0.84%	3,559	48	1.35%
Holtville	4,073	33	0.81%	4,155	37	0.89%
Imperial	8,403	62	0.74%	9,013	76	0.84%
Niland	1,247	16	1.28%	1,224	24	1.96%
Seeley	1,052	9	0.86%	1,096	14	1.28%
Westmorland	1,526	14	0.92%	1,547	14	0.90%
Winterhaven	1,552	2	0.13%	1,590	8	0.50%
Other/ Not Reported	3,888	19	0.49%	4,003	30	0.75%
Total	98,145	771	0.79%	101,035	997	0.99%

The following section includes the penetration rates by category for FY 24-25:

Ethnicity/Race

The data shows that the Black/African American ethnic group had the highest penetration rate for SUDS in Imperial County at 2.63% and American Native group had the lowest penetration rate at 0.47%

Gender

The data shows Male had the highest penetration rate at 1.25% and Female with the lowest penetration rate of 0.56% for FY 24-25.

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 1.90% than for Spanish at 0.31%.

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 1.83%. 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 0.08%.

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 1.96%. The penetration rate of beneficiaries who lived in Winterhaven (0.50%) and Calexico (0.65%) 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	SMHS Underserved Population	SUDS 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)*

b. Objectives and planned activities for CY 2026

- 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 ensure corresponding objectives are included in the Cultural Competence Plan.
- The Contracts 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 Center for Clinical Training 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 activities for CY 2025

During CY 2025, 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 2026

- 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 activities for CY 2025

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.

During Fiscal Year 2024–2025, ICBHS received a total of 72 grievances, 10 standard appeals, and 11 expedited appeals related to SMHS. While this reflects a decrease in the number of

grievances compared to the previous year, the number of appeals—both standard and expedited—increased. In contrast, SUDS received 4 grievances and no appeals during the same reporting period. The numbers include both Medi-Cal and non-Medi-Cal beneficiaries.

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) Customer Service 2) Quality of Care.

b. Objectives and planned activities for CY 2026

- 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 activities for CY 2025

During CY 2025, 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 BHSA 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 2026

- A CCT representative will attend QIC, BHSA 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.

VII. Cultural Competence Training Plan

The Staff Development Unit created an annual Cultural Competence Training Plan for fiscal year 2025-2026, designed to measure and improve cultural competence through various training activities. This plan outlines a series of potential training sessions to be delivered throughout the fiscal year, covering a wide range of cultural competence topics.

Description of Training	Audience	Proposed Schedule
Client Culture Training 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.	<ul style="list-style-type: none"> - Administrative & Management Staff - SMHS & SUDS Providers - Contract Providers - Any other persons that provide services for ICBHS 	To be assigned to New Staff upon hire and annually thereafter to all staff.
ICBHS TGI Training This comprehensive 2-part training provides healthcare providers, staff, and health plan administrators with essential knowledge and skills to support transgender, gender-diverse, and intersex (TGI) individuals.	<ul style="list-style-type: none"> - Administrative & Management staff - SMHS & SUDS Providers - Contract Providers - Any other persons that provide services for ICBHS 	To be assigned every two years to all staff via e-learning.
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.	<ul style="list-style-type: none"> - Employees and or Contractors who provide interpretive services or other support services 	To be scheduled once during the fiscal year.
New Employee Orientation: This e-learning training will allow 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.	<ul style="list-style-type: none"> - New Administrative & Management staff - New SMHS & SUDS Providers. - Contract Providers - Medical and Clinical Staff 	To be assigned to New Staff upon hire via e-learning.

VIII. Reports Available Upon Request

- Quality Improvement (QI) Work Plan FY 2024-2025
- Annual Data Report FY 2024-25
- Staff Cultural Competence Survey Report FY 2024-2025