IMPERIAL COUNTY

BEHAVIORAL HEALTH SERVICES

CULTURAL COMPETENCE PLAN
ANNUAL UPDATE 2022

202 NORTH 8TH STREET
ELCENTRO, CA 92243

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CULTURAL COMPENTENCE

ANNUAL UPDATE 2022

INTRODUCTION

Cultural competence is the ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than one's own. As providers of mental health and substance use disorder (SUD) services, being culturally competent means being able to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. Imperial County Behavioral Health Services (ICBHS) believes in the importance of being culturally competent to develop and implement its Cultural Competence Program to assure that services provided reflect the cultural and linguistic needs of the individuals served by ICBHS, as well as, to identify any gaps or disparities in service provision, and to implement action steps to improve provision of services and client outcomes.

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

Statement of Philosophy

ICBHS is dedicated to:

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

Quality of Care and Services

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

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

Non-Discrimination Statement

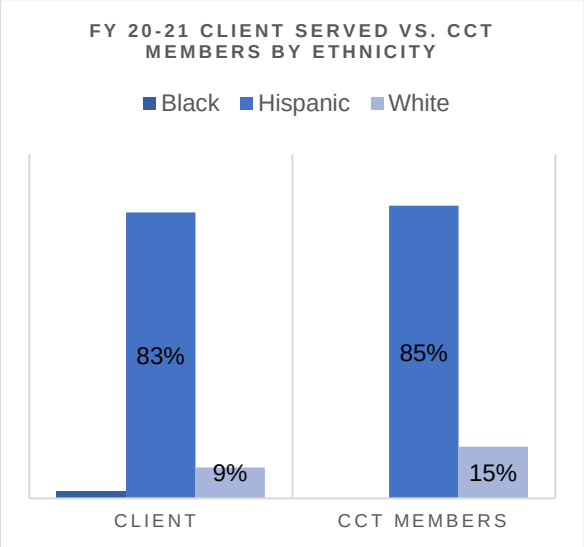
- Imperial County Behavioral Health Services provides equal care to all individuals seeking and receiving services, regardless of age, religion, sex, gender identity or gender expression, ethnicity, age, disability, sexual orientation, physical attributes and ability to pay

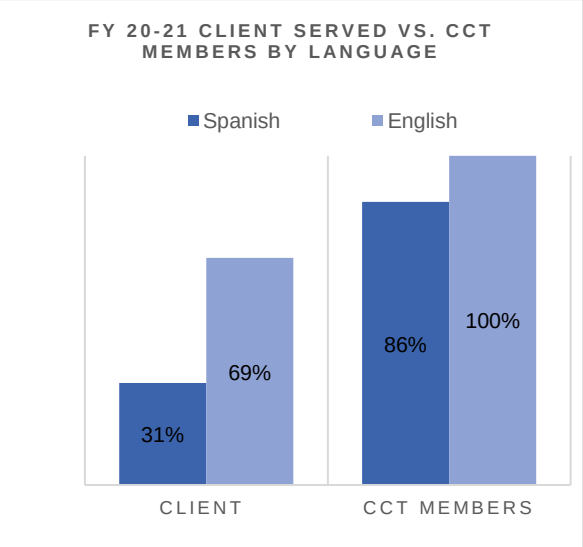
A. Cultural Competence Taskforce

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

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

During FY 20-21, the CCT consisted of 13 members. The following depicts the cultural and linguistic representation of each member to ensure the CCT reflects the diversity of the clients served by ICBHS:





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

MEMBERSHIP COMPOSITION OF THE CCT

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

Adults Services – Mental Health Services

Children Services – Mental Health Services

Youth and Young Adult Services – Mental Health Services

Center for Clinical Training/Staff Development

Mental Health Triage Unit

Adults and Adolescent – SUD Services

Quality Management (QM) Unit

Information Systems

Consumers

Family Members

Community Members

CCT Meeting

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

Agenda

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

Meeting Minutes

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

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

Voting

The CCT shall follow these guidelines:

a. A quorum (presence of more than half of the appointed members) is required for any decisions and/or actions taken by the CCT.

b. The chairperson (or designee) is not a voting member, except in the event of a tie-vote in which case the chairperson (or designee) vote will prevail.

Duties of Officers

Coordinator

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

Chairperson

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

- Preside at all meetings.
- Review agenda items and materials with the QM Unit Behavioral Health Manager prior to distribution.
- Appoint all subcommittees.
- Call special meetings, as necessary.

- Work in concert with the QM Unit Behavioral Manager to develop and implement the Cultural Competence Plan, including assigning tasks and monitoring the progress of task completion.

CCT Roles and Responsibilities

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

i. The CCT will provide an advisory role for the Ethnic Services Manager/designee and will be involved in the design, implementation, review, and evaluation of the Cultural Competence Plan.

ii. The CCT will review departmental services/programs and data with respect to cultural issues and ensure CLAS standards are infused throughout the organization's planning and operations.

iii. The CCT will monitor the translation of the MHP's written materials to ensure information is effectively communicated to individuals in the language(s) commonly used by the populations in the service area and takes into consideration persons with limited reading proficiency (i.e. 6th grade reading level).

iv. The CCT will participate in the overall planning and implementation of county services.

v. The CCT will participate and review the MHSA community program planning process and outcomes.

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

vii. The CCT will provide reports to ICBHS management, the Director, and the Quality Improvement Committee (QIC).

viii. The CCT will review and evaluate the results of the Cultural Competence Plan activities at least annually.

CULTURAL COMPETENCE PLAN

The Department's Cultural Competence Plan includes a listing of specialty mental health services (SMHS), SUD services, and other services available for beneficiaries in their primary language by location of services; a population assessment and a provider assessment focusing on issues of cultural competence and linguistic capability; objectives and strategies for improving cultural competence; and a plan for cultural competency training for administrative and management staff, persons providing SMHS and SUD services who are either employed by or contracted by the Department, and the persons employed by or contracting with the Department who provide interpreter or other support services to beneficiaries. The Cultural Competence Plan also includes any additional requirements as set forth by the Department of Health Care Services (DHCS).

The QM Unit updates the Department's Cultural Competence Plan annually so that it documents the progress made in evaluating and monitoring all of its activities and provides an annual report of the CCT's activities. The annual update reflects current goals, monitoring results, and improvement processes. It also describes the CY 2022 objectives that were built upon previous findings, as well as objectives that represent new opportunities for the upcoming year.

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

ICBHS provides a wide array of mental health, SUD, and other supportive services throughout Imperial County, a rural area that extends over 4,579 square miles, located in the southeast corner of California. The county extends from the Colorado on the east to the San Diego County line on the west, and from the international border with Mexico on the south to Riverside County on the north. The incorporated cities of Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland are the most eavily populated areas in the county. Although residents in the more populated areas can easily access services from ICBHS, those in the less populated, outlying areas may face time and distance barriers when accessing services. Making services readily accessible to residents in these remote areas has been part of ICBHS strategy in planning and establishing service sites.

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

The MHP has 23 Medi-Cal certified sites for the provision of SMHS to individuals of all ages. Mental health services are organized according to age group; Children (clients through the age of 13); Youth and Young Adults (clients age 14 through 25), and Adults (clients over the age of 25). The MHP also has four organizational providers.

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

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

II. POPULATION AND PROVIDER ASSESSMENT

A. Population Assessment

During FY 20-21, ICBHS provided mental health services to a total of 8,633 unduplicated clients and SUD services to a total of 627 unduplicated clients. The group numbers are include beneficiaries that may have received services in more than one team/program, but are counted only one time in each team/program in which they received services.

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

Mental Health Services (MHP)

During FY 20-21, mental health services were provided to 6,168 unduplicated Medi-Cal beneficiaries and 2,465 unduplicated non-Medi-Cal clients, for a total of 8,633 individuals by MHP served. For the purposes of this report, data for only the Medi-Cal beneficiaries served is included below.

The following tables and figures depict the ethnicity, gender, age, and language of the beneficiaries provided with mental health services during FY 20-21:

Figure 1: MHP Medi-Cal Beneficiaries by Ethnicity

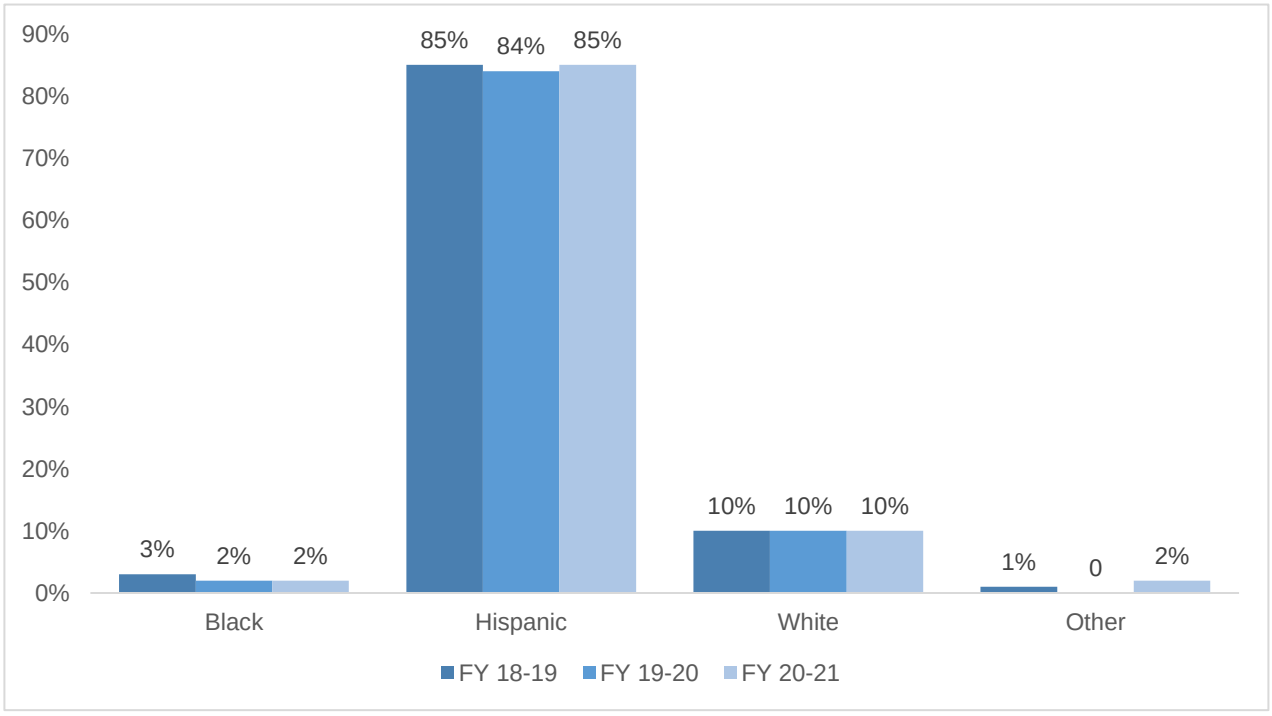


Figure 2: MHP Medi-Cal Beneficiaries by Gender Distribution

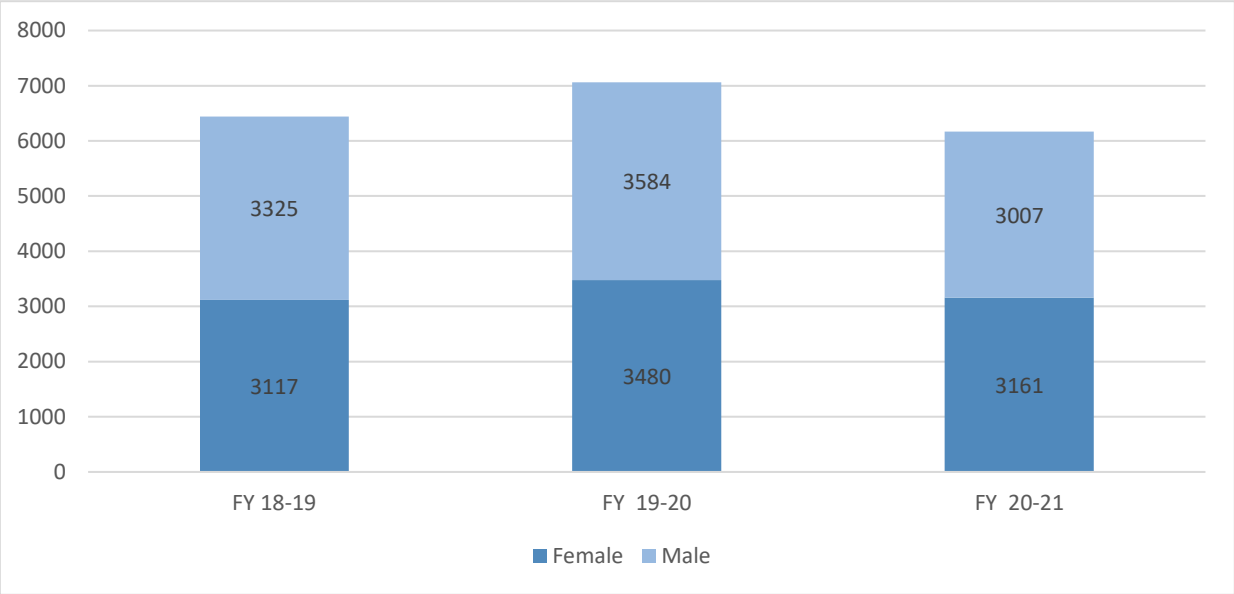


Figure 3: MHP Medi-Cal Beneficiaries by Language Distribution

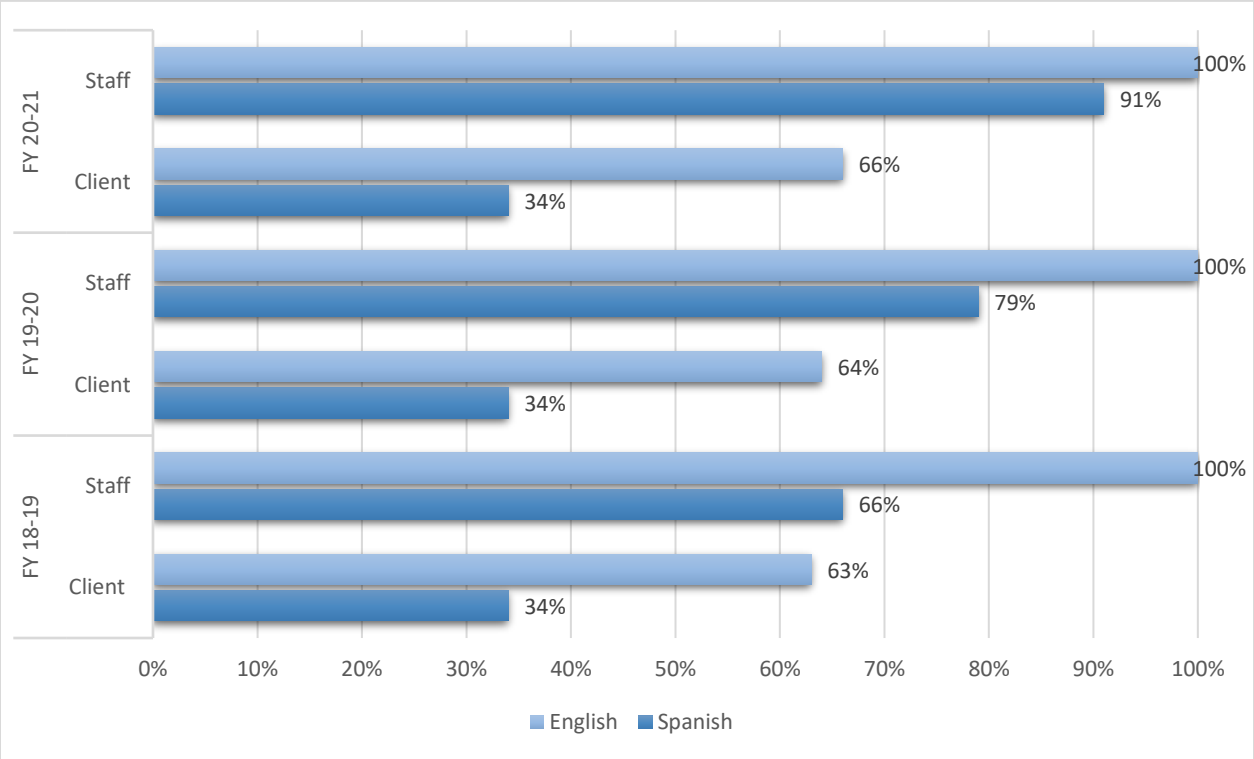
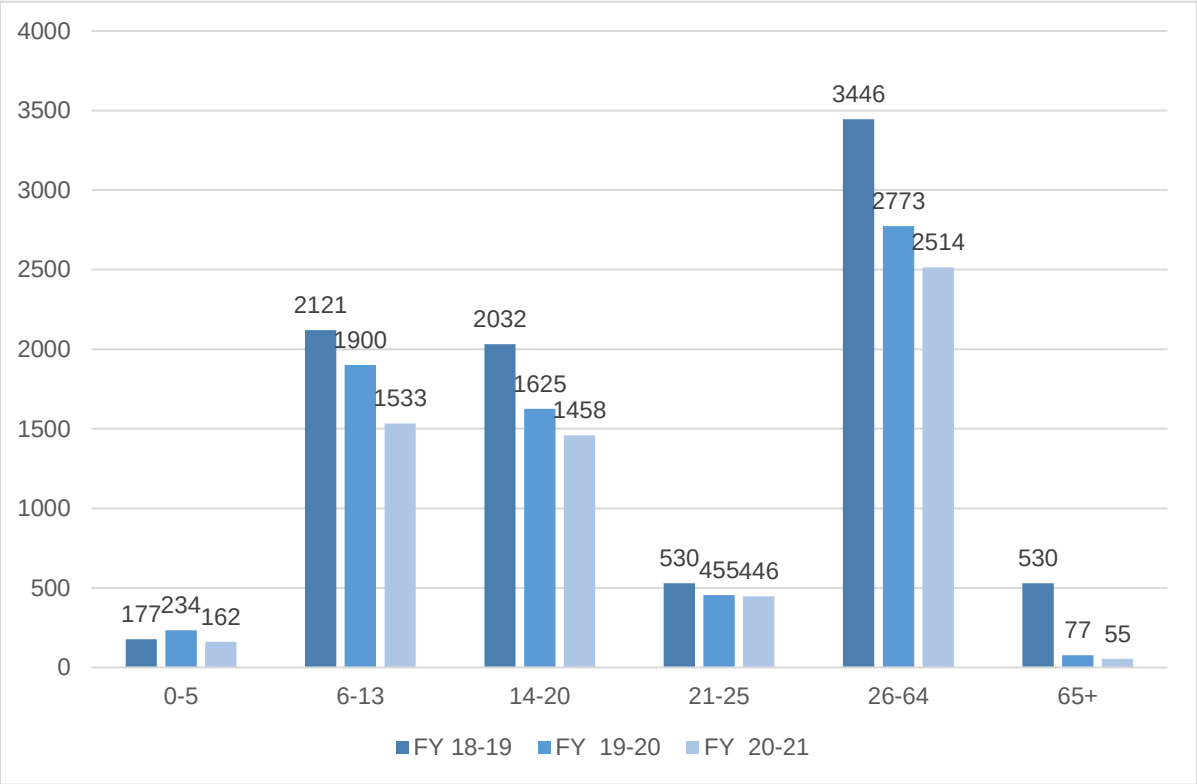


Figure 4: MHP Medi-Cal Beneficiaries by Age Group Distribution



Consumer Perception Survey

Consumers receiving mental health services are also surveyed semi-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 (FY 19-20) indicates the following:

Figure 5: Youth and Youth Adults

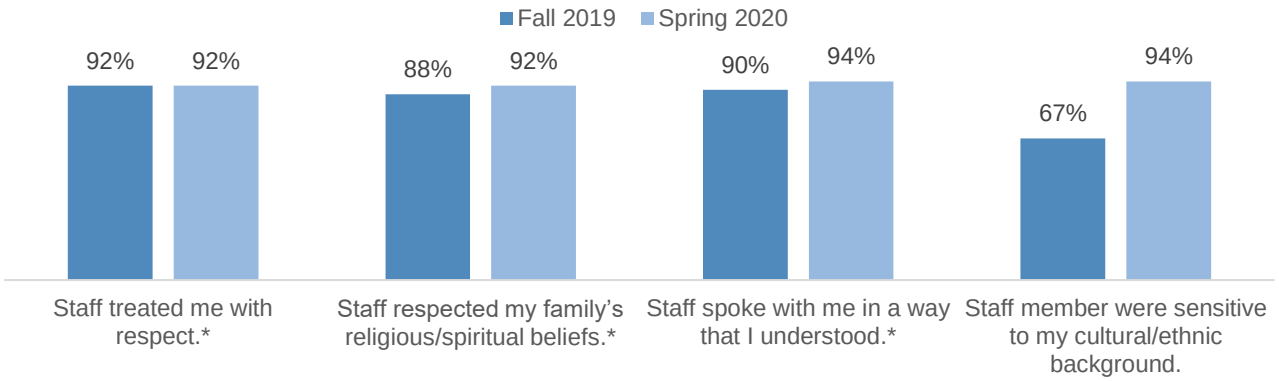
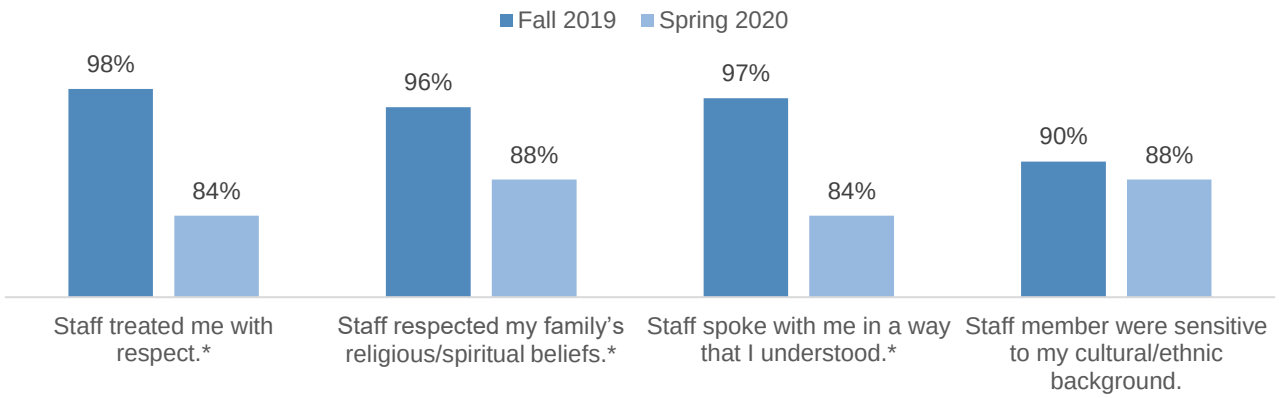
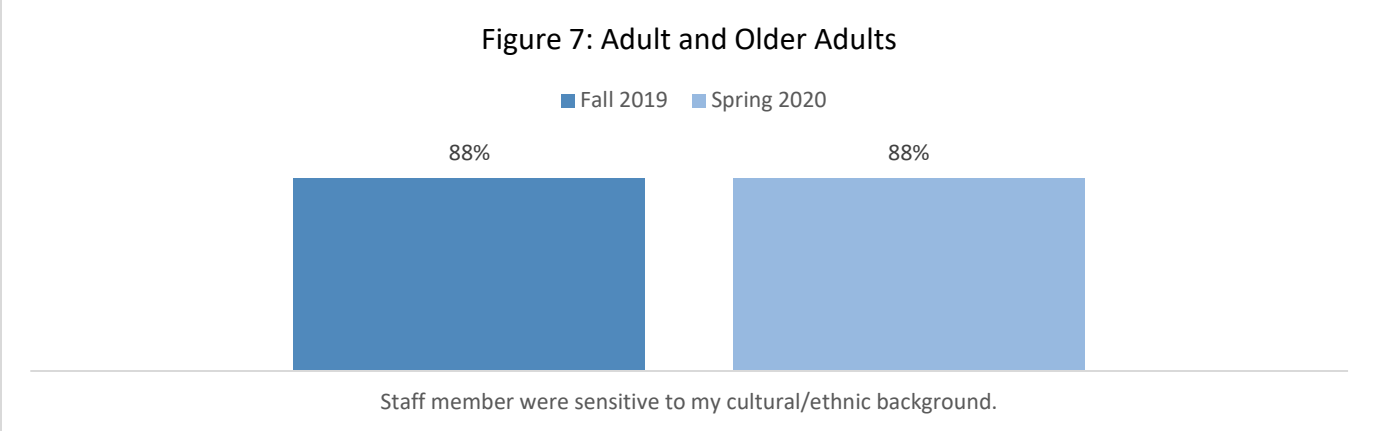


Figure 6: Family Members/Caregiver



During CY 2020, ***Youth consumers*** who participated in the survey reported scores from 67 percent to 94 percent in the perception of staff being sensitive to their cultural/ethnic background. When comparing the scores to fiscal year (18-19), the survey indicated that the Youth consumers reported scores from 75 percent to 86 percent in the same area.

Family members/caregivers reported a decrease in perception of staff cultural sensitivity, with scores ranging from 88 percent to 90 percent during both Fall 2019 and Spring 2020. When comparing the scores to the previous fiscal year (18-19), the survey indicated that the family members/caregivers reported lower scores from 95 percent to 96 percent.



Adults and older adults reported an increase in perception of staff cultural sensitivity, with a score of 88 percent during both Fall 2019 and Spring 2020. When comparing the scores to the previous fiscal year (18-19), consumers reported scores ranging from 89 to percent 96 percent during both Fall 2018 and Spring 2019.

Survey results and findings were presented to the QIC on January 21, 2021.

SUBSTANCE USE DISORDER SERVICES (SUD)

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

During FY 20-21, SUD services were provided to 627 Medi-Cal clients. The following figures depict the ethnicity, gender, language, and age of the clients provided with SUD services during FY 20-21:

Figure 1. Beneficiaries by Ethnicity

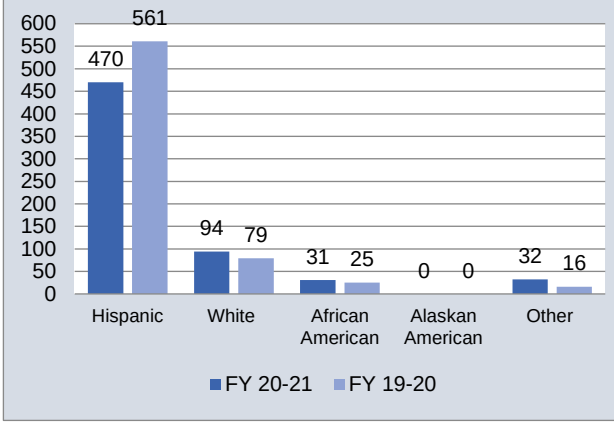


Figure 2. Beneficiaries by Gender

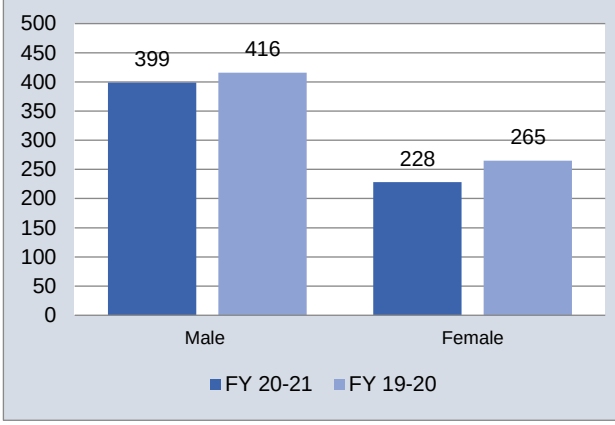


Figure 3. Beneficiaries by Age Group

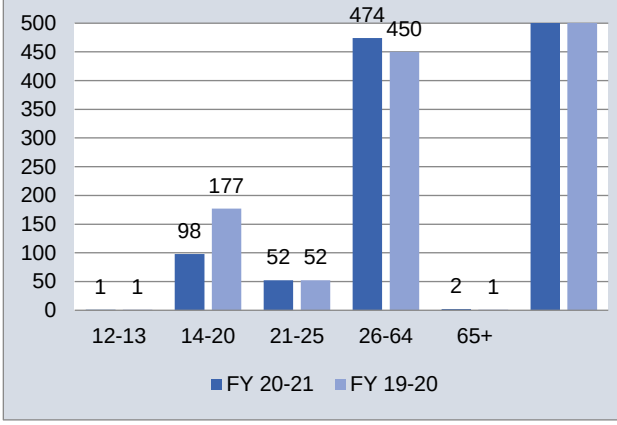
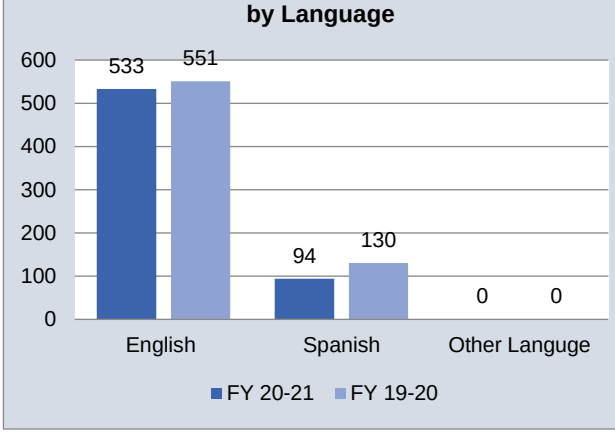


Figure 4. Beneficiaries by Language

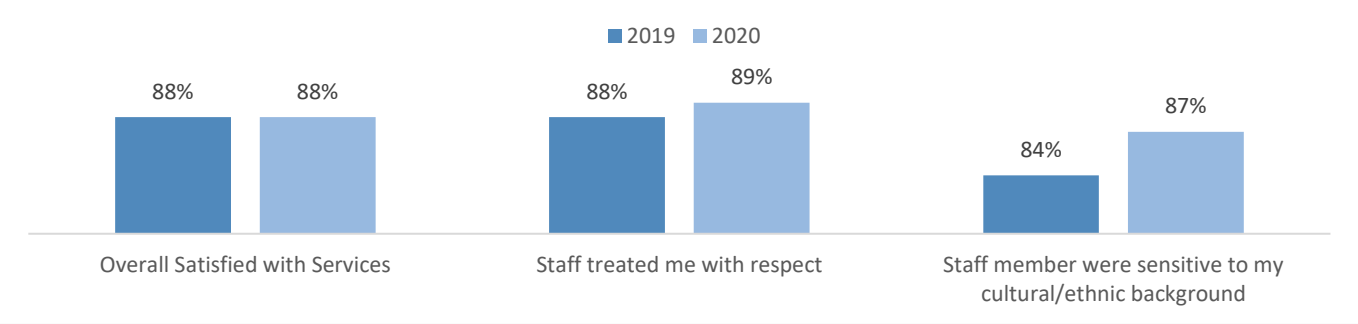


Treatment Perception Survey

During FY 20-21, clients receiving SUD services were surveyed semi-annually to determine the overall satisfaction of their treatment, including whether or not treatment staff were sensitive to understand and support diverse beliefs and cultural backgrounds. The most recent Treatment Perception Survey data (FY 19-20) indicates the following:

Figure 12: Adolescents

Figure 13: Adults



During FY 20-21, ***Adolescents*** who participated in the survey reported 91 percent in the perception of staff being sensitive to their cultural/ethnic background, while data indicates a range of 95-100 percent of the adolescents been rated overall satisfied services during 2019 and 2020.

Adults who participated in the survey reported scores of 84-87 percent in the perception of staff being sensitive to their cultural/ethnic background, while data indicates that 88 percent of the adolescents been rated overall satisfied services during 2019 and 2020.

Survey results and findings were presented to the QIC on April 8, 2021.

B. Provider Assessment

Each fiscal year, the QM Unit conducts an analysis of the cultural competence and language capabilities of the Department by surveying ICBHS staff and providers. During FY 20-21, the QM Unit surveyed 483 individuals. As a result to the Novel COVID-19 outbreak ICBHS staff were temporarily out and/or on a modified schedule, resulting in some staff being unable to complete a survey this fiscal year. The finding from this surveys are included below:

Table 1: Staff Race by Function

Race	Administrative		Direct Services				Support Services		Grand Total	
			Licensed		Unlicensed					
	n=54		n=103		n=147		n=179		n=483	
	#	%	#	%	#	%	#	%	#	%
American India/Alaskan Native	0	0%	0	0%	2	1%	0	0%	2	0%
Asian Indian	0	0%	3	3%	1	1%	0	0%	4	1%
Black/African American	0	0%	0	0%	2	1%	0	0%	2	0%
Chinese	0	0%	0	0%	0	0%	0	0%	0	0%
Hispanic/Latino	43	80%	89	86%	126	86%	150	84%	408	84%
Japanese	0	0%	0	0%	0	0%	0	0%	0	0%
White	10	19%	8	8%	10	7%	22	12%	50	10%
Other Race	1	2%	3	3%	5	3%	4	2%	13	3%
Not Reported	0	0%	0	0%	1	1%	3	2%	4	1%
Grand Total	**54**	**100%**	**103**	**100%**	**147**	**100%**	**179**	**100%**	**483**	**100%**

Table 2: Staff Language Capabilities by Function

Language Capabilities	Administrative		Direct Services				Support Services		Grand Total	
			Licensed		Unlicensed					
	n=54		n=103		n=147		n=179		n=483	
	#	%	#	%	#	%	#	%	#	%
Spanish										
Certified	0	0%	0	0%	0	0%	0	0%	0	0%
Fluent	38	70%	61	59%	103	70%	123	69%	325	67%
Good	5	9%	13	13%	23	16%	27	15%	68	14%
Fair	5	9%	12	12%	12	8%	16	9%	45	9%
Poor	0	0%	8	8%	4	3%	7	4%	19	4%
Sign Language										
Certified	0	0%	0	0%	0	0%	0	0%	0	0%
Fluent	0	0%	1	1%	1	1%	4	2%	6	1%
Good	0	0%	0	0%	2	1%	0	0%	2	0%
Fair	2	4%	7	7%	4	3%	4	2%	17	4%
Poor	0	0%	11	11%	13	9%	13	7%	37	8%
Other Languages										
Certified	0	0%	0	0%	0	0%	0	0%	0	0%
Fluent	0	0%	10	0%	10	7%	5	3%	25	5%
Good	0	0%	3	0%	5	3%	1	1%	9	2%
Fair	0	0%	2	0%	3	2%	2	1%	7	1%
Poor	2	4%	2	0%	2	1%	1	1%	7	1%

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

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

- 79% Hispanic/Latino
- 72% Family Members of Mental Health Clients
- 61% Mental Health Clients

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 3 illustrates the Staff Cultural Awareness by Likert scale.

Table 3: Staff Cultural Awareness by Likert scale

Cultural Awareness	Not Knowledgeable	A Little	Somewhat	Quite a bit	Very Knowledgeable
Hispanic / Latino	0%	1%	4%	23%	72%
Mental Health Clients	0%	0%	7%	39%	54%
Family Members of Mental Health Clients	0%	2%	9%	39%	50%

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

- No training need identified (60%)
- American Indian/Alaskan Native (24%)
- Asian/Pacific Islander (15%)
- Black/African American (15%)
- LGBT (15%)

In FY 20-21, the QM Unit assessed the cultural competence and linguistic capabilities of staff and presented the annual report to the QIC on September 9, 2021.

Population vs. Provider Assessment

When reviewing ethnicity, the clients served in FY 20-21 are consistent with the profile of Imperial County, with 83 percent of clients being Hispanic, as is the ICBHS workforce, with 84 percent of employees being Hispanic, as seen in Table 4. Clients served in FY 20-21 primarily identified English as their primary language (69%); while 84 percent of the ICBHS workforce are able to speak Spanish and are thereby able to meet the needs of Spanish speaking clients, as well as any growth in the number of Spanish speaking clients served.

Table 4: FY 2020-2021 ICBHS Clients Served vs. Workforce

Ethnicity	Clients	Workforce
Hispanic	83%	84%
White	9%	10%
Black	2%	0%
Native American	1%	0%
Other	2%	6%
Language	**Clients**	**Workforce**
Spanish	31%	81%
English	69%	100%

*Spanish is Imperial County's threshold language.

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

CULTURAL COMPETENCE ACTIVITIES REVIEW AND GOALS

PRINCIPLES: CLAS STANDARD #1

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

A. Overview of objectives and planned activities for CY 2021

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

The CLAS Standards include the following:

Principle Standard

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

Governance, Leadership, and Workforce

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

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

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

Communication and Language Assistance

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

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

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

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

Engagement, Continuous Improvement, and Accountability

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

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

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

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

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

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

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

During FY 20-21, the CCT continued its works toward achieving its CY 2021 goals, which was designed around the framework of the CLAS Standards. Throughout CY 2021, activities were implemented according to each CLAS Standard, as indicated in the CY 2021 Cultural Competence Plan, and were monitored, reviewed, and evaluated by the CCT. Findings and recommendations were made by the CCT, as appropriate, to ICBHS management, the Director, and the QIC, regarding the overall planning and implementation of county services, as well as CCT activities.

Details of the activities completed during CY 2021 are reported under each corresponding CLAS Standard, along with any findings and recommendations, to ensure the provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

a. Objectives and planned activities for CY 2022

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

GOVERNANCE, LEADERSHIP AND WORKFORCE:

CLAS STANDARD #2-4

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

a. Overview of objectives and planned activities for CY 2021

During CY 2021, ICBHS and its leadership continued to promote and support the CLAS Standards and health equity through policies, procedures, practices, and allocated resources. ICBHS supports the CLAS Standards through the implementation of the following policies and procedures:

Policy 01-55: *Culturally and linguistically Competent Services* To ensure all ICBHS staff are aware of culturally and linguistically competent services that are available to ICBHS clients.
Procedure 01-130: *Language Line Solutions On Site Interpretive Services Interpretive Services* To establish a procedure to request on-going interpretive services in languages other than the established threshold language, Spanish, through Language Line Solutions.
Policy 01-264:*Cultural Competence Training Plan* To establish a policy for the development of the MHP's Cultural Competence Plan.
Policy 01-265:*Cultural Competence Taskforce* To establish a policy identifying the responsibilities of the Cultural Competence Taskforce**.**
Policy 01-270*:Cultural Competence Plan* To establish a policy on developing and updating the Cultural Competence Plan.
Policy 13-12: *Request for Initial Choice of Provider* This establishes that ICBHS will provide for an initial choice of provider upon the request of the beneficiary.
Procedure 13-12: *Using the AT&T Language Line* This procedure provides instructions on how to use the AT&T Language Line.

Policy 13-14: *Interpreter Services* This policy establishes the provision of interpreter services provided free of cost to beneficiaries.
Policy 13-18: *Available Cultural/Linguistic Services to Populations Meeting the Threshold Language, Spanish* This policy identifies the available cultural/linguistic services to populations meeting the threshold languages.
Policy 13-19: ***Available Cultural/Linguist Services to Populations not meeting the Threshold Language (Spanish)*** This policy identifies the available cultural/linguistic services to populations not meeting the threshold language.
Policy 13-22: *Provider List* This policy defines the requirements for the list of current MHP providers. The Provider List provides information for county operated provider sites, contract providers and community providers. List includes language(s) spoken, cultural competency, populations served, and service category available.
Policy 16-17: *Literature and Translated Materials Distribution* This policy assures the availability of culturally and linguistically appropriate general program literature in threshold languages that assists beneficiary in accessing medically necessary specialty mental health services.
Policy 01-323: ***Written Materials – Language and Format Requirements*** This policy defines the requirements for the written materials provided to beneficiaries by ICBHS.

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

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 2021-2022** presented to the QIC on October 14, 2021.
- **Staff Cultural Competence Survey Report FY 2020-2021** presented to the QIC on September 9, 2021 and to the CCT on July 14, 2021.
- **Accessibility, Utilization, and Availability of Service Report FY 2020-2021** report will be presented to the QIC on December 2021.
- **Community Education and Outreach Plan CY 2022** report will be presented to CCTF on January 2022.
- **ICBHS Penetration Rates Report FY 2020-2021** report will be presented to CCT on January 2022 and to QIC on December 2021.
- **ICBHS Retention Rates and Utilization of Services Report FY 2020-2021** report will be presented to CCT on January 2022 and to QIC on December 2021.
- These documents are compiled throughout the year and are presented to the CCT, management, and the QIC, as appropriate, and include recommendations for promoting health equity throughout the Department.

b. Objectives and planned activities for CY 2022

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

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

a. Overview of objectives and planned activities for CY 2021

During CY 2021, ICBHS continued to recruit and promote a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in Imperial County by recruiting and hiring from within the service area. Job opportunities are posted online through Imperial County's Human Resources website, advertised in the local newspaper, *The Imperial Valley Press*, and distributed via email and posted throughout the various departments of the County of Imperial. Moreover, ICBHS works closely with local universities and colleges to promote education in the areas of mental health and substance use and provide training and internship opportunities to local students. Through these collaborative efforts, ICBHS has built a sustainable workforce of individuals who were born, raised, and educated locally, and are thereby familiar with the culture, values, and traditions that are specific to the community and its residents, as reflected in the Population and Provider Assessment in Section III of this document.

A total of 48 new hires became part of ICBHS workforce; which included both full-time and part-time positions.

ICBHS also supports its workforce by providing ongoing cultural and linguistic competence training. An overview of the different trainings provided during CY 2021 can be found under *CLAS Standard 4*. The plan for staff trainings during CY 2022 can be found in Section V of this document.

Additionally, ICBHS surveys staff to assess their needs for cultural and linguistic competence trainings. During FY 20-21, staff indicated *quite a bit knowledgeable* to *very knowledgeable* of the cultures they work with. Detailed findings regarding this assessment can be found in Section III of this document.

ICBHS clients are also semi-annually surveyed to assess their perception of staff cultural sensitivity. As indicated in the most recent data from implemented surveys, the majority of clients, varying from youth to older adults from MHP and SUD, indicated feeling that staff are sensitive to and respectful of their needs as they relate to their treatment and their cultural/ethnic and religious backgrounds; however, 67 percent of adolescents from MHP felt staff were sensitive to their cultural/ethnic background, which is a much lower percentage rate of perception when compared to others groups during the same survey period. Detailed findings regarding this assessment can be found in Section III of this document.

b. Objectives and planned activities for CY 2022

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

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

a. Overview of objectives and planned activities for CY 2021

During CY 2021, ICBHS provided several training opportunities to staff to ensure their proficiency in cultural and linguistic competence. These trainings included:

Client Culture Training

In an effort to provide staff with an understanding that consumers of mental health services have a set of values, beliefs, and lifestyles that are developed as a result of their own personal experiences with mental illness, the mental health system, and their own ethnic culture, ICBHS provided the *Client Culture Training for New Employees* and the *Client Culture Refresher Course* accordingly to 528 mental health and SUD program staff during FY 20-21. The trainings covered areas such as definitions of client culture, three levels of staff cultural competence, stigma and anti-stigma facts, discrimination and social distance, early steps in the recovery movement, recovery definitions and SAMHSA's guiding principles of recovery, among other topics.

New Employee Orientation (Cultural Competence Training Course)

The CCT developed an eLearning cultural competence training course for new hires during FY 18-19. This training course allows for new hire 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 20-21, 43 staff received the new employee orientation eLearning course.

Interpreter Training for Staff and Interpreters

In an effort to ensure that staff have the proper skills and knowledge to provide accurate interpretation from one language to another, the ICBHS contracted with the National Latino Behavioral Health Association (NLBHA) to provide the Behavioral Health Interpreter Training. During FY 20-21, two interpreter trainings took place, one on April 26-29, 2021, for 30 staff, and the second training on May 24-27, 2021, for 21 staff.

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

In addition, the training covered the important roles of an interpreter: as a clarifier, the interpreter helps simplify technical terms; as a cultural broker, the interpreter provides cultural information

to improve communication; as an advocate, the interpreter works on behalf of the client when their needs are not being met; and as a conduit, the interpreter provides verbatim or word for word interpreting and, as much as possible, not changing the message.

LGBT Training

In an effort to provide staff with better understanding on the needs of the LGBTQ population, ICBHS provided the "*LGBT Engagement and Treatment in Behavioral Health Services*" training to 17 mental health and SUD program staff and "*Working with LGBT Clients: Gender Identity & Sexual Orientation Issues In Mental Health and Social Work Practice- Clinical*" trainings to 49 mental health and SUD program staff in efforts increase cultural competency and clinical confidence when serving the LGBTQ population.

The "*LGBT Engagement and Treatment in Behavioral Health Services*" training provides resources to build capacity in local LGBTQ+ communities, and represents a coalition voice at state-level policy discussions. This task forces training explains the support local community members and organizations can provide in assistance with engaging the LGBTQ Mental Health Advocacy at the county, state, and federal level. In addition, the training furthers advances the LGBT Engagement and Treatment in Behavioral Health Services and Cultural Competency with the LGBT Community. This training was presented by CalVoices (a continuation of NorCal Mental Health America [MHA]) PRESENTER: POSHI WALKER, MSW. The "*Working with LGBT Clients: Gender Identity & Sexual Orientation Issues In Mental Health and Social Work Practice- Clinical*" training provides an outline of the developmental and clinical issues related to gay, lesbian, bisexual and transgender populations. The training covered some insights regarding differences between gender identity and sexual orientation and discusses the impact of adverse societal reactions such as transphobia and homophobia on the self-esteem of LGBT clients and their intimate relationships. In addition, the training provides some guidelines in developing an empathetic and effective clinical approach in working with these clients and their families/loved ones. It highlights the salient issues in transgender populations and the psychological/physiological impact of gender transition.

Seeking Safety Training

In effort to provide staff with a better understanding on the Trauma and/or Substance Abuse, ICBHS provided the "Seeking Safety" training to 33 mental health and SUD program staff. This training is a therapeutic program for individuals suffering from trauma, substance abuse, and/or posttraumatic stress disorder (PTSD). The training is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. The training addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement.

Being Resilient in the Face of Adversity

The Global COVID-19 Pandemic has placed unexpected mental strain on individuals around the world. In effort to better understand the on how to deal with the COVID-19 Pandemic challenges, ICBHS provided the "Being Resilient in the Face of Adversity" training to 33 mental health and SUD program staff. This training covered a variety of stressors associated with COVID-19 Pandemic; such as health, economic, social relationships, and others call upon all to gather resources and tap into mental health resiliency to support ourselves, friends and families, and community through the challenges of pandemic life. This training was conducted by Behavioral Health Consultant and national stress and trauma expert Bren Manaugh discusses how to access, utilize, and share our inner resiliency in the face of the challenges of the moment.

Bridges Out of Poverty: Strategies for Professionals and Communities

In an effort to provide staff with an understanding of people from poverty, a deeper understanding of their challenges and strengths, ICBHS provided the "Bridges Out of Poverty: Strategies for Professionals and Communities" training to 55 mental health and SUD program staff. This training covered a variety of tools to build a community model using Bridges Out of Poverty, an integrated system of resources. The training focused on many areas, including how to develop human capacity and opportunity for the under-resourced, provide a significant ROI to the community so call can live well. As well as, to develop an accurate mental model of generational poverty and explore the impact of poverty on those served by the organization. Based in part on Dr. Ruby K. Payne's myth-shattering A Framework for Understanding Poverty, Bridges reaches out to millions of service providers and businesses whose daily work connects them with people in poverty. In addition, the training covered hidden rules of economic class and review research on the causes of poverty. The training examined the impact of poverty on family structures and explored registers of language, discourse patterns, and cognitive issues. It define poverty in terms of the resources needed for a stable life. Lastly, it identified ways in which the information can be used to improve relationships and outcomes: individual, organizational, and community.

Southern California Regional Partnership (SCRP) Trauma Informed Foundation

During FY 20-21, this training provided participants, managers, line staff and administrators with key elements of what a trauma informed program looks like (and does not look like). ICBHS provided the SCRP Trauma Informed Foundation training to 57 mental health and SUD program staff. It followed the 2001 "Using Trauma Theory to Design Service Systems" framework as well as providing resources for assessing and transforming agencies to become more trauma informed.

Language Assistance Services Training

During FY 20-21 the Access Unit Program Supervisor provided training to approximately 17 staff from the MHP and SUD staff on the use of language assistance services, policies, and procedures in order to improve staff knowledge of how to utilize language assistance services. In addition, Access Unit supervisor reminds Access Unit staff the importance of language assistance services on their monthly meetings.

Cultural Competence Training

The QM Unit completed a Cultural Competence Training Report for FY 20-21, which includes data regarding the number of attendees to all formal cultural competence trainings provided, as well as the outcomes of the administered pre- and post-tests:

Table 6. FY 20-21 ICBHS Training Report

Name of Training	# of Trainings offered	# Attended	Pre-Test	Post-Test	Percentage Improvement
Client Culture Training for New Employees	Online	50	95%	99%	4%
Client Culture Refresher Course	Online	489	97%	98%	1%
New Orientation eLearning	Online	45	-	-	-
Behavioral Health Interpreter Training	Online	51	-	-	-
LGBT Engagement & Treatment in BH Services	Online	17	-	-	-
SCRP Trauma Informed Foundations	Online	57	-	-	-
Seeking Safety Training	Online	33	-	-	-
Being Resilient in the Face of Adversity	Online	24	-	-	-
Bridges Out of Poverty: Strategies for Professionals and Communities	Online	55	-	-	-
Racial & Cultural Diversity: Approaching Ethical & Culturally-Informed	Online	1	-	-	-
Working With LGBT Clients: Gender Identity & Sexual Orientation Issues In MH & SW Practice	Online	49	-	-	-
Total	**-**	**871**	**-**	**-**	**-**

The QM Unit monitored ICBHS staff and providers compliance with the requirement of attending at least one cultural competence training per year. Of the 574 staff employed by ICBHS as of June 30, 2021, 520 (91%) completed an annual cultural competence training as required and 54 (9%) did not completed a cultural competence training; however; it should be noted that the 9 percent of the staff were unable to complete their training as required due to the COVID-19 pandemic, as ICBHS temporarily reduced its workforce and/or new hires during the fiscal year; which they have one year to complete the required cultural competence training.

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

a. Objectives and planned activities for CY 2022

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

COMMUNICATION AND LANGUAGE ASSISTANCE:

CLAS STANDARD #5-8

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

a. Overview of objectives and planned activities for CY 2021

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

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

Clients accessing SMHS and SUD services with ICBHS who request language assistance or interpretive services in the threshold language will have access to a linguistically proficient interpreter free of cost. Clients who do not meet the threshold language criteria will be linked to all appropriate SMHS and SUD services through the AT&T Language Line services free of cost. Additionally, American Sign Language interpretive services are also available for clients who are deaf or hard of hearing. During CY 2021, ICBHS contracted with two providers for this service: Deaf Communities of San Diego and Hanna Interpreting Services.

AT&T Language Line

The QM Unit monitors the availability of language assistance and interpretive services by reviewing the AT&T Language Line invoices and log on a monthly basis. During FY 20-21, 52 minutes were utilized for a total of $226.70 for interpretive services. The interpretive services provided was in the language Punjabi. The QM Unit was able to verify that the AT&T Language

Line was available to provide language assistance and interpretive services to limited English proficient individuals, as needed. All calls were made by staff from the MHP, no calls were identified for SUD services. The report was presented to the CCT on September 8, 2021. No recommendations were made.

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

During FY 20-21, 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 20-21, the QM Unit for mental health services conducted a total of 50 test calls, 26 during business hours and 24 after hours. The Access Unit was 100 percent compliant in the language capability during and after hours, including language capabilities. The QM Unit for substance use disorder conducted a total of 48 test calls, 24 during business hours and 24 after hours. The Access Unit was 100 percent compliant in the language capability during and after hours, including language capabilities. No recommendations were made.

Informing Materials

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

During FY 20-21, the QM Unit continued to monitor if Informing Materials were provided in the County's threshold languages of English or Spanish; however; the number of charts decreased due to the transitioning to Electronic Health Record. Moreover, the impact of COVID-19 decreased the numbers of charts that came through the QM Unit.

During FY 20-21, the QM Unit for mental health services reviewed a total of 215 charts for all divisions of the MHP to ensure materials were provided in the County's threshold language of English or Spanish; of which 86 charts for Adult Services, 66 charts for Children Services, and

63 charts for Youth and Young Adult Services. Overall, the MHP had a compliance rate of 94 percent were verified if the materials were provided in the beneficiaries' primary language.

The QM Unit for substance use services reviewed a total of 44 clinical charts for ICBHS to ensure materials was provided in the County's threshold language of English or Spanish , of which 29 charts were for the Adolescents SUD program and 15 charts for the Adults SUD program. Overall, the SUD treatment program had a compliance rate of 68 percent were verified if the materials were provided in the beneficiaries primary language.

Documentation Standards

The QM Unit is responsible for conducting Documentation Standards chart reviews to monitor if the departments is following documentation standards as set forth in DHCS regulations, Title 22 regulations and department policies and procedures, including the availability of culturally and linguistically competence services. The QIC reviewed the Documentation Standards Chart Reviews Report on September 9, 2021, and to CCT on May 12, 2021.

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

During the FY 20-21, QM Unit for mental health services reviewed a total of 239 all divisions of the MHP; 75 charts for Adult Services, 70 charts for Children Services, 30 charts for MHTES, and 69 charts for Youth and Young Adult Services. The MHP has identified 79% or below as an area for improvement.

The results were as follows:

- In the area of cultural linguistic services and availability in alternative formats. Overall MHP was above the 80 percent benchmark, at 100 percent.
- In the area of the need for language assistance is identified in the assessment, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCPR. Overall MHP was above the 80 percent benchmark, at 95 percent.

The QM Unit for substance use services reviewed a total of 50 clinical charts for ICBHS, of which 30 charts were for the Adolescents SUD program and 20 charts for the Adults SUD program. The SUD has identified 70% or below as an area for improvement.

The results were as follows:

- If a beneficiary is Limited English Proficient (LEP), is there evidence that interpreter services were offered, if applicable? – 30 percent compliance.
- If the need for language assistance is identified in the assessment, is there documentation linking beneficiaries to culture-specific and/or linguistic services? – 22 percent compliance.

- When applicable, was treatment specific information provided to beneficiaries in an alternative format (i.e. brail, audio, large font, etc.)? – 25 percent compliance.

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

b. Objectives and planned activities for CY 2022

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

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

a. Overview of objectives and planned activities for CY 2021

ICBHS provides free language assistance and interpretive services to all clients accessing mental health and SUD services. Clients are informed of their right to free language and interpretive services verbally, by the Access & Benefits Worker when scheduling the initial appointment, and in writing, through the Beneficiaries Handbook, which is provided at the first appointment and at any time during the course of treatment at the request of the beneficiary. Should the client require the use of language assistance or interpretive services, the Access & Benefits Worker will make arrangements to ensure those services 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 in under CLAS Standard 5 of this document.

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

Due to the COVID-19 global pandemic, ICBHS was unable to conduct their bi-annual review; however, program supervisors ensure that all clinics displayed/available materials had the most current English and Spanish posted/written materials.

The QM Unit will continue to monitor ICBHS sites to ensure that posted/written materials were available in alternative formats such as English and Spanish, large font, audio and video at no cost to the beneficiary. The CCT reviewed the Posted/Written Material site requirements on May 12, 2021.

b. Objectives and planned activities for CY 2022

- The QM Unit will review and evaluate the Access and Eligibility registration summaries to ensure new clients are provided with the Mental Health Plan Beneficiary Handbook and the Drug Medi-Cal Organized Delivery System Member Handbook upon first accessing mental health services.

- The CCT will review and evaluate a report of Access and Eligibility registration summaries and make recommendations to the QIC, as appropriate.

- The QM Unit will conduct test calls on the 24 hour Toll-Free Telephone Line to ensure that clients requiring language assistance and interpretive services are informed of such services, as appropriate.

- The CCT will review and evaluate the 24 Hour Toll-Free Telephone Line Report and make recommendations to the QIC, as appropriate.

- The QM Unit will perform site checks to ensure the “Free Language Assistance and Interpretive Services” poster is posted at all program sites in English and Spanish.

- The QM Unit will perform site checks to ensure the “Patient Rights and Responsibilities” brochure is posted at all program sites in English and Spanish.

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

a. Overview of objectives and planned activities for CY 2021

In an effort to ensure that staff have the proper skills and knowledge to provide accurate interpretation from one language to another, the QM Unit surveyed ICBHS staff and identified the staff who provide interpreter services. The MHP contracted with the National Latino Behavioral Health Association (NLBHA) to provide the Behavioral Health Interpreter Training for these staff. During CY 2021, two interpreter trainings took place, one on April 26-29, 2021, for 30 staff, and the second training on May 24-27, 2021, for 21 staff.

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

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

ICBHS prohibits the expectation that family members provide interpretive services; however, a client may choose to use a family members 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.

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

During FY 20-21, the QM Unit monitored the number of clients utilizing minor children as interpreters for mental health and substance use disorder programs. The documentation chart review tool assist the department in tracking if any clients utilizing minor children as interpreters were identified.

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

The QIC reviewed the Annual Documentation Standards Reviews Report on September 9, 2021. Detailed findings regarding this review can be found in under CLAS Standard 5 of this document.

b. Objectives and planned activities for CY 2022

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

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

a. Overview of objectives and planned activities for CY 2021

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

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

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

Required Brochures/Handbooks	Required Forms/Envelopes
• Advance Directives • Beneficiary Protection Processes • Beneficiary Handbook - Specialty Mental Health Services • Medical Necessity Criteria • Notice of Privacy Practices • Patient's Right and Responsibilities • Provider Directory • Quality Improvement Committee	• 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**
• Toll Free Telephone Line 1 800-817-5292 • Advance Directives • Beneficiary Rights • Free Language Assistance and Interpretive Services • Beneficiary Handbook - Specialty Mental Health Services (Bilingual) • Provider Directory • For Information about your Rights as a Client • Notice to Consumers • Mental Health Patients' Right State • Beneficiary Protection Processes • Notice of Privacy Practices • Compliance Hotline	• Service Animal Sign • Non-Discrimination Statement • Community Resource List • Healthcare Practitioner Information

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

The QM Unit audited ICBHS sites to ensure that posted/written materials were available in alternative formats such as English and Spanish, large font, audio and video at no cost to the

beneficiary. In addition, QM Unit ensure written material use a font size no smaller than 12 points and for all large print documents use font no smaller than 18 points. Due to the COVID-19 global pandemic, ICBHS was unable to conduct their bi-annual review; however, program supervisors ensure that all clinics displayed/available materials had the most current English and Spanish posted/written materials. The CCT reviewed the Posted/Written Material site requirements on May 12, 2021. No recommendations were made. Detailed findings regarding this review can be found in under CLAS Standard 6 of this document.

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

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

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

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

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

During FY 20-21, the translation subcommittee reviewed nine (9) documents to ensure the accuracy of translation and cultural appropriateness. Due to the COVID-19 global pandemic, the CFQIC was unable to review any handout; however, the Patient Right Advocate and the program

supervisor/designee took extra precautions while reviewing the documents to ensure accuracy of translation. The following documents were approved and finalized.

- "**Informed Consent for Psychotherapy Form**" – The CCTF reviewed the brochure on May 12, 2021, and recommendations were provided to the appropriate program.
- "**Prevention and Early Intervention**" Brochure- The CCTF reviewed the letters on May 12, 2021, and recommendations were provided to the appropriate program.
- **"Welcome Letters (General Welcome Letter; Welcome Letter- COVID-19; Mental Health Rehabilitation Technician Services for Parents; Mental Health Rehabilitation Technician Services for Adults and Young Adults; and Outpatient Therapy Services)" –** The CCTF reviewed the letters on September 9, 2020, and recommendations were provided to the appropriate program.
- **Illness Management and Recovery Modules (1, 2E, 6, 7, 8, and 9) –** Recommendations were provided to the appropriate program.

b. Objectives and planned activities for CY 2022

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

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

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

a. Overview of objectives and planned activities for CY 2021

During CY 2021, 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 2021 being reported under each corresponding CLAS Standard within this document. The progress made toward completing the CY 2021 objectives and planned activities were also reported to the CCT and the QIC on a monthly basis.

b. Objectives and planned activities for CY 2022

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

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

a. Overview of objectives and planned activities for CY 2021

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

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

b. Objectives and planned activities for CY 2022

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

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

a. Overview of objectives and planned activities for CY 2021

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

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

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

SERVICE RETENTION

Service retention is defined as the total number of services received from the county's health system. Service retention is calculated by obtaining the unduplicated number of beneficiaries who received one or more services during the fiscal year and distributing the services into six service retention categories. The service retention categories are analyzed by demographic groups to calculate which groups are the largest and smallest and which groups are the most and least retained. Analyzing service retention information across different demographic groups allows examination of the continuum of services provided to beneficiaries and provides an opportunity to address potential differences among the demographic groups.

Mental Health Services

The retention rate for FY 20-21 was 87 percent, which represents a decrease compared to FY 2019-2020 at 91%, as seen in Table 5 below:

Table 5. Mental Health Services Retention Rate

Review Period	Intake Assessments	Met Medical Necessity Criteria	Beneficiaries Who Received 2+ Services	Retention Rate
FY 20-21	3,093	2,800	2,448	87%
FY 19-20	3,005	2,550	2,309	91%
FY 18-19	3,336	2,942	2,634	90%

During CY 2021, the QM Unit for mental health services calculated and evaluated service retention for FY 20-21 to examine the continuum of services provided to beneficiaries and ensure that persons of diverse backgrounds were retained in the service delivery system. Group differences found in the amount of services provided represent an opportunity for improvement.

The following section includes service retention for FY 20-21:

a) Ethnicity/Race

The ethnic group with the highest utilization of service by ethnic/race group was the Hispanic population with a total of 5,775 outpatient visits served of whom 420 (7%), received one (1) outpatient visit and the majority 3,483 (60%) received 12+ outpatient visits served.

The lowest utilization of service by ethnic/race group was the Alaskan Native/American Indian population with a total of 40 outpatient visits served.

The data indicates that Alaskan Native/American Indians had a retention rate of 75% for 12+ outpatient visits, which was a significant disparity when compared to other ethnic/races for 12+ outpatient visits. There were no other major disparities in ethnic groups as the groups tended to stay within the same ten-percentage range for each service category. There were two exceptions however: the lowest retention rate was 2% for outpatient visits for beneficiaries utilizing 2 outpatient visits for Other groups and while the highest retention rate of 75% for outpatient visits for beneficiaries utilizing 12+ outpatient visits was also the Alaskan Native/American Indian group.

b) Gender

The gender group with highest utilization of services by gender group was the female population with a total of 3,561 outpatient visits served, of whom 249 (7%) received one (1) outpatient visit and the majority 2,153 (61%) received 12+ outpatient visits.

The lowest utilization of services by gender group was the male population with 3,243 outpatient visits served, of whom 227 (7%) received one (1) outpatient visit and the majority 1,973 (60%) received 12+ outpatient visits.

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

c) Age Group

The age group with highest utilization of services by age group was the 6-17 population with a total of 2,663 outpatient visits served, of whom 178 (7%) received one (1) outpatient visit and the majority 1,689 (63%) received 12+ outpatient visits.

The lowest utilization of services by age group was the 0-05 age group with 117 outpatient visits served, of whom 14 (12%) received one (1) outpatient visit and the majority 45 (38%) outpatient visits received 12+ outpatient visits.

The data indicates there was a notable difference in utilization of services; 0-5 age group outpatient visits in this group had the lowest percentage of retention in the 12+ outpatient visits services with 38%, this is 39% below the highest percentage of 77% in the 65+ group. The lowest retention rate for all age groups was 1% for outpatient visits for beneficiaries utilizing two (2) services and the highest retention rate for all age groups was 77% for outpatient visits for beneficiaries utilizing 12+ services.

d) Language

The language group with l highest utilization of services by language group was the English-speaking population with a total of 4,413 outpatient visits served, of whom 315 (7%) received one (1) outpatient visit and the majority 2,653 (60%) received 12+ outpatient visit.

The lowest utilization of services by language group was the Other group with a total of 13 outpatient visits served, of whom 1 (8%) received one (1) outpatient visit and the majority 7 (54%) received 12+ outpatient visit.

The data indicates that there were no major disparities in languages as both English and Spanish speaking tended to stay within the same range for each category with the utilization of services.

e) City of Residence

The city with the highest utilization of service was the Central region with a total of 3,505 outpatient visits served, of whom 253 (7%) received one (1) outpatient visit and the majority 2,086 (60%) received 12+ outpatient visits.

The lowest utilization of service was the Eastern region with a total of 63 outpatient visits served, of whom 2 (3%) received one (1) outpatient visit and the majority 38 (60%) received 12+ outpatient visits.

The data indicates that there were no major disparities in as the groups tended to stay within the same ten percent range for each service category. However, it is notable the Northern region had the highest retained outpatient visits for beneficiaries with 12+ services at 63%, and the Eastern region had the lowest retained outpatient visits for beneficiaries with 2 services at 2%.

Substance Use Disorder

The retention rate for FY 20-21 is 93%, which remain the same as FY 19-20 at 93%, as seen in Table 6 below:

Table 6. SUD Retention Rate

Review Period	Intake Assessments	Met Medical Necessity Criteria	Beneficiaries Who Received 2+ Services	Retention Rate
FY 20-21	479	434	402	93%
FY 19-20	593	541	503	93%
FY 18-19	508	459	437	95%

During CY 2021 the QM Unit for substance use disorder calculated and evaluated service retention for FY 20-21 to examine the continuum of services provided to beneficiaries and ensure that persons of diverse backgrounds were retained in the service delivery system. Group differences found in the amount of services provided represent an opportunity for improvement.

The following section includes service retention for FY 20-21:

a) Ethnicity/Race

The ethnic group with the highest utilization of service by ethnic/race group was the Hispanic population with a total of 512 outpatient visits served of whom 55 (11%), received one (1) outpatient visit and the majority 244 (48%) received 12+ outpatient visits.

The lowest utilization of service by ethnic/race group was the Alaskan Native/American Indian population with a total of eight outpatient visits served.

The data indicates that there were no major disparities in ethnic groups as the groups tended to stay within the same ten-percent range for each service category. There were two exceptions, however: the African American and White had the lowest retention rate of 6% outpatient visits for beneficiaries utilizing 3 services, when compared to the other groups, while Hispanics/Latino had the highest retention rate of 48% outpatient visits beneficiaries utilizing 12+ outpatient visits, when compared to other groups.

b) Gender

The gender group with the highest utilization of services by gender group was the male population with a total of 432 outpatient visits beneficiaries served, of whom 47 (11%) received one (1) outpatient visits and the majority 204 (47%) received 12+ outpatient visits.

The lowest utilization of services by gender group was the female population with 252 outpatient visits served, of whom 39 (15%) received one (1) outpatient visits and the majority 102 (40%) received 12+ outpatient visits.

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

c) Age Group

The age group with the highest utilization of services by age group continues to be the 21-44 population with a total of 462 outpatient visits served, of whom 63 (14%) received one (1) outpatient visits and the majority 207 (45%) received 12+ outpatient visits.

The lowest utilization of services by age group was the 65+ population with five outpatient visits.

The data indicates that there were no major disparities in as the groups tended to stay within the same ten-percent range for each service category. The only exceptions were noted with the 18-20 age group: the highest retention rate of 51% for outpatient visits for beneficiaries utilizing 12+ services, when compared to other groups. Additionally, the same age group had the lowest retention rate of 2% for outpatient visits for beneficiaries utilizing one service, when compared to other groups.

d) Language

The language group with highest utilization of services by language group was the English-speaking population with a total of 582 outpatient visits for each beneficiaries served, of whom 75 (13%) received one (1) outpatient visits and the majority 257 (44%) received 12+ outpatient visits.

The lowest utilization of services by language group was the Spanish-speaking population with a total of 102 outpatient visits served, of whom 11 (11%) received one (1) outpatient visits and the majority 49 (48%) received 12+ outpatient visits.

The data indicates that there were no major disparities in languages as both English and Spanish-speaking tended to stay within the same range for each category with the utilization of services.

e) City of Residence

The largest highest utilization of service by city of residence was the Central population with a total of 352 outpatient visits served, of whom 48 (14%) received one (1) outpatient visits and the majority 156 (44%) received 12+ services.

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

The data indicates that there were no major disparities in as the groups tended to stay within the same ten-percent range for each service category. There were two exceptions, however: Eastern population had the lowest retention rate of 0% for outpatient visits for beneficiaries utilizing 2-11 services, when compared to the other groups. Additionally, Northern population had the lowest retained outpatient visits of 5% when compared to the other groups in the 3 services category.

The ICBHS Retention Rates and Utilization Rates Report for FY 20-21, indicates no major disparities in health equity.

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

Direct Service Providers by Geographic Location

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

Mental Health Services

i. Children Services

Southern Services

The average number of full-time equivalent staff allocated to provide children services in the southern region are:

- 0.83 percent full-time equivalent psychiatrists
- 3.00 percent full-time equivalent clinicians
- 1.84 percent full-time equivalent nurse
- 6.19 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 100 percent Hispanic with 90 percent fluent in Spanish. In addition, 100 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Central Services

The average number of full-time equivalent staff allocated to provide children services in the central region are:

- 1.73 percent full-time equivalent psychiatrists
- 8.32 percent full-time equivalent clinicians
- 3.86 percent full-time equivalent nurse
- 16.34 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 87 percent Hispanic with 91 percent fluent in Spanish. In addition, 100 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Northern Services

The average number of full-time equivalent staff allocated to provide children services in the northern region are:

- 1.01 percent full-time equivalent psychiatrists
- 3.26 percent full-time equivalent clinicians
- 2.34 percent full-time equivalent nurse
- 7.28 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 83 percent Hispanic with 83 percent fluent in Spanish. In addition, 100 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Eastern Services

The average number of full-time equivalent staff allocated to provide children services in the eastern region are:

- 0.05 percent full-time equivalent psychiatrists
- 0.22 percent full-time equivalent clinicians
- 0.06 percent full-time equivalent nurse
- 0.52 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 50 percent Hispanic with 50 percent fluent in Spanish. In addition, 100 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

ii. Youth and Young Adult Services

Southern Services

The average number of full-time equivalent staff allocated to provide services to the youth and young adult population in the southern region are:

- 0.46 percent full-time equivalent psychiatrists
- 2.08 percent full-time equivalent clinicians
- 1.58 percent full-time equivalent nurse
- 4.55 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 77 percent Hispanic with 92 percent fluent in Spanish. In addition, 92 percent of staff report feeling knowledgeable about the Hispanic/Latino culture.

Central Services

The average number of full-time equivalent staff allocated to provide services to the youth and young adult population in the central region are:

- 1.32 percent full-time equivalent psychiatrists
- 5.30 percent full-time equivalent clinicians
- 2.00 percent full-time equivalent nurse
- 13.54 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 83 percent Hispanic with 72 percent fluent in Spanish. In addition, 93 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Northern Services
The average number of full-time equivalent staff allocated to provide services to the youth and young adult population in the northern region are:

- 0.53 percent full-time equivalent psychiatrists
- 3.74 percent full-time equivalent clinicians
- 1.67 percent full-time equivalent nurse
- 4.79 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 100 percent Hispanic with 73 percent fluent in Spanish. In addition, 91 percent of the staff reported feeling knowledgeable about the Hispanic/Latino culture.

iii. Adult Services

Southern Services
The average number of full-time equivalent staff allocated to provide adult services in the southern regions are:

- 1.14 percent full-time equivalent psychiatrists
- 1.92 percent full-time equivalent clinicians
- 1.75 percent full-time equivalent nurse
- 2.33 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 89 percent Hispanic with 78 percent fluent in Spanish. In addition, 89 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Central Services
The average number of full-time equivalent staff allocated to provide adult services in the central region are:

- 3.46 percent full-time equivalent psychiatrists
- 8.54 percent full-time equivalent clinicians
- 3.99 percent full-time equivalent nurse
- 10.65 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 77 percent Hispanic, with 77 percent fluent in Spanish. In addition, 87 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Northern Services
The average number of full-time equivalent staff allocated to provide adult services in the northern region are:

- 1.62 percent full-time equivalent psychiatrists
- 4.33 percent full-time equivalent clinicians
- 3.70 percent full-time equivalent nurse
- 4.42 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 94 percent Hispanic with 89 percent fluent in Spanish. In addition, 100percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Eastern Services
The average number of full-time equivalent staff allocated to provide adult services in the eastern region are:

- 0.11 percent full-time equivalent psychiatrists
- 0.20 percent full-time equivalent clinicians
- 0.10 percent full-time equivalent nurse
- 0.71 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 50 percent Hispanic with 50 percent fluent in Spanish. In addition, 100 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

iv. Mental Health Triage Unit

Central Services
The average number of full-time equivalent staff allocated to provide mental health triage and engagement services are:

- 1.23 percent full-time equivalent psychiatrists
- 4.61 percent full-time equivalent clinicians
- 3.00 percent full-time equivalent nurse
- 19.01 percent full-time equivalent mental health rehabilitation specialist/technicians

Staff is 86 percent Hispanic with 76 percent fluent in Spanish. In addition, 76 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

v. Adult SUD Treatment Services

Southern Services
The average number of full-time equivalent staff allocated to provide adult services in the southern region are:

- 2.00 percent full-time equivalent SUD counselor
- 4.50 percent full-time Licensed Practitioner of the Healing Arts (LPHA)

Staff is 75 percent Hispanic with 75 percent fluent in Spanish. In addition, 75 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture

Central Services
The average number of full-time equivalent staff allocated to provide adult services in the central region are:

- 5.00 percent full-time equivalent SUD counselor
- 6.50 percent full-time Licensed Practitioner of the Healing Arts (LPHA)

Staff is 69 percent Hispanic with 69 percent fluent in Spanish. In addition, 85 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

vi. Adolescent SUD Treatment Services

The average number of full-time equivalent staff allocated to provide adolescent services in the southern region are:

- 3.00 percent full-time equivalent SUD counselor
- 2.00 percent full-time Licensed Practitioner of the Healing Arts (LPHA)

Staff is 75 percent Hispanic with 75 percent fluent in Spanish. In addition, 75 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Central Services
The average number of full-time equivalent staff allocated to provide adolescent services in the central region are:

- 3.00 percent full-time equivalent SUD counselor
- 4.50 percent full-time Licensed Practitioner of the Healing Arts (LPHA)

Staff is 75 percent Hispanic with 50 percent fluent in Spanish. In addition, 75 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

ICBHS direct service staff is 85 percent Hispanic with 94 percent fluent in Spanish. In addition, 89 percent of staff reported feeling culturally aware of the Hispanic/Latino culture. This is indicative of the cultural and linguistic composition of the county.

Number of Clients by Team and Region

Mental Health Services

In FY 20-21, the MHP provided services to 7,131 beneficiaries, unduplicated by division. Of these, 84 percent were Hispanic and 34 percent were Spanish speaking. The distribution by division is included in Table 7.

Table 7. Distribution of Beneficiaries by Division

Division	Number of Beneficiaries FY 20-21	Ethnicity		Language	
Children Services	2,316	90%	Hispanic	46%	Spanish
Youth and Young Adult Services	1,635	89%	Hispanic	29%	Spanish
Adult Services	2,438	80%	Hispanic	28%	Spanish
Mental Health Triage & Engagement	742	69%	Hispanic	16%	Spanish

Substance Use Disorder Treatment Services

In FY 20-21, the DMC-ODS Plan provided services to 627 beneficiaries, unduplicated by team. Of these, 75 percent were Hispanic and 15 percent were Spanish speaking. The distribution by division is included in Table 8.

Table 8. DMC-ODS Distribution of Beneficiaries by Division

Division	Number of Beneficiaries FY 20-21	Ethnicity		Language	
Adults SUD	541	73%	Hispanic	12%	Spanish
Adolescents SUD	86	85%	Hispanic	31%	Spanish

Tables 9-14 illustrate the ICBHS distribution of beneficiaries by team, as well as by region, ethnicity, and language:

Table 9. Children Services Beneficiaries Unduplicated by Team

Team	Service Region	Number of Beneficiaries FY 20-21	Ethnicity		Language	
Calexico FRC	Southern	470	96%	Hispanic	70%	Spanish
Calexico Vista Sands	Southern	22	86%	Hispanic	59%	Spanish
Team 5	Central	469	89%	Hispanic	46%	Spanish
Team 12	Central	518	88%	Hispanic	39%	Spanish
El Centro FRC	Central	62	94%	Hispanic	73%	Spanish
El Centro Vista Sands	Central	32	94%	Hispanic	38%	Spanish
Team 6	Northern	600	87%	Hispanic	30%	Spanish
Brawley Vista Sands	Northern	25	96%	Hispanic	40%	Spanish
San Pasqual FRC	Eastern	23	48%	Hispanic	22%	Spanish
PEI/TF-CBT	All Regions	8	88%	Hispanic	25%	Spanish
Innovation/First Steps to Success	All Regions	78	96%	Hispanic	51%	Spanish
MHSA/First Step to Success	All Regions	9	100%	Hispanic	44%	Spanish
Total		**2,316**	**90%**	**Hispanic**	**46%**	**Spanish**

During FY 20-21, 89 percent of Children Services' direct services staff were Hispanic with 89 percent fluent in Spanish. In addition, 100 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Table 10. Youth and Young Adult Services Beneficiaries Unduplicated by Team

Team	Service Region	Number of Beneficiaries FY 20-21	Ethnicity		Language	
YAYA Calexico Anxiety and Depression	Southern	265	97%	Hispanic	57%	Spanish
YAYA Calexico FSP	Southern	73	95%	Hispanic	42%	Spanish
YAYA El Centro Anxiety and Depression	Central	576	89%	Hispanic	24%	Spanish
YAYA El Centro FSP	Central	226	81%	Hispanic	20%	Spanish
YAYA El Centro FRC	Central	16	94%	Hispanic	56%	Spanish
YAYA Brawley Anxiety and Depression	Northern	286	89%	Hispanic	22%	Spanish
YAYA Brawley FSP	Northern	146	82%	Hispanic	16%	Spanish
YAYA Brawley FRC	Northern	28	96%	Hispanic	18%	Spanish
AHLP	Central	19	79%	Hispanic	16%	Spanish
Total		**1,635**	**89%**	**Hispanic**	**29%**	**Spanish**

During FY 20-21, 85 percent of YAYA Services' direct services staff were Hispanic with 77 percent fluent in Spanish. In addition, 92 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Table 11. Adult Services Beneficiaries Unduplicated by Team

Team	Service Region	Number of Beneficiaries FY 20-21	Ethnicity		Language	
Adult Calexico Anxiety & Depression Clinic	Southern	225	98%	Hispanic	55%	Spanish
Adult Calexico FSP	Southern	200	95%	Hispanic	46%	Spanish
Adult El Centro Anxiety and Depression Clinic - Team 1	Central	272	84%	Hispanic	40%	Spanish
Adult El Centro Anxiety and Depression Clinic - Team 2	Central	308	83%	Hispanic	36%	Spanish
Adult El Centro FSP- Team 1	Central	382	69%	Hispanic	14%	Spanish
Adult El Centro FSP- Team 2	Central	359	79%	Hispanic	18%	Spanish
Adult Brawley Anxiety & Depression Clinic	Northern	341	82%	Hispanic	26%	Spanish
Adult Brawley FSP	Northern	325	69%	Hispanic	10%	Spanish
San Pasqual FRC	Eastern	26	42%	Hispanic	19%	Spanish
Total		**2,438**	**80%**	**Hispanic**	**28%**	**Spanish**

During FY 20-21, 83 percent of Adult Services' direct services staff were Hispanic with 80 percent fluent in Spanish. In addition, 92 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Table 12. MHTES Beneficiaries Unduplicated by Team

Team	Service Region	Population	Number of Beneficiaries FY 20-21	Ethnicity		Language	
CESS	Central	All	219	73%	Hispanic	18%	Spanish
Mental Health Triage	Central	All	290	68%	Hispanic	16%	Spanish
TESS	Central	Age 14+	233	67%	Hispanic	14%	Spanish
Total			**742**	**69%**	**Hispanic**	**16%**	**Spanish**

During 20-21, the direct service staff for Mental Health Triage & Engagement Services were 86 percent with 76 percent fluent in Spanish. In addition, 76 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

Table 13. DMC-ODS Beneficiaries Unduplicated by Team

Team	Service Region	Number of Beneficiaries FY 20-21	Ethnicity		Language	
Adult Calexico	Southern	93	94%	Hispanic	40%	Spanish
Adult El Centro	Central	448	69%	Hispanic	7%	Spanish
Adolescent Calexico	Southern	23	91%	Hispanic	57%	Spanish
Adolescent El Centro	Central	63	83%	Hispanic	22%	Spanish
Total		**627**	**75%**	**Hispanic**	**15%**	**Spanish**

During FY 20-21, the direct service staff for the SUD programs were 72 percent with 68 percent fluent in Spanish. In addition, 80 percent of staff reported feeling knowledgeable about the Hispanic/Latino culture.

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

Based on the analysis by division, ICBHS direct service staff is culturally proficient in meeting the needs of clients, as shown in Tables 15 and 17.

Table 15. Comparison of MHP Client and Staff Cultural Profiles FY 20-21

Division	Ethnicity		Language		Cultural Awareness
	Client	Staff	Client	Staff (Fluent)	
Children Services	96% Hispanic	89% Hispanic	70% Spanish	89% Spanish	100% Hispanic
YAYA Services	89% Hispanic	85% Hispanic	29% Spanish	77% Spanish	92% Hispanic
Adult Services	80% Hispanic	83% Hispanic	28% Spanish	80% Spanish	92% Hispanic
MHTE Services	69% Hispanic	86% Hispanic	16% Spanish	76% Spanish	76% Hispanic
MHP	**84% Hispanic**	**86% Hispanic**	**33% Spanish**	**80% Spanish**	**89% Hispanic**

Table 16. Comparison of DMC-ODS Client and Staff Cultural Profiles FY 20-21

Division	Ethnicity		Language		Cultural Awareness
	Client	Staff	Client	Staff (Fluent)	
Adults SUD	73% Hispanic	75% Hispanic	12% Spanish	63% Spanish	81% Hispanic
Adolescent SUD	85% Hispanic	75% Hispanic	31% Spanish	63% Spanish	75% Spanish
SUD Total	**75% Hispanic**	**75% Hispanic**	**15% Spanish**	**63% Spanish**	**79% Hispanic**

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

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

b. Objectives and planned activities for CY 2022

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

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

a. Overview of objectives and planned activities for CY 2021

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

The Staff Development Program develops the Community Outreach Plan, which was developed as a result of the assessment conducted through the FY 19-20 Penetration Rates Report, to ensure that outreach services were targeted toward those groups identified as being in need of outreach services.

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

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

The CCT monitored the implementation of the Department's outreach efforts conducted during the FY 20-21 that promotes cultural competence. During fiscal year FY 20-21, ICBHS met the challenge of the Covid-19 pandemic by adopting, modifying, and transitioning to virtual presentations to increase awareness in the community about mental health and substance use treatment services.

At the onset of the pandemic, most services throughout the Imperial County closed stopping all in individuals sessions conducted at clinics, school campuses, and jail. The department had to find new ways of innovation by disseminated through virtual presentations, and social media postings. Articles about services and programs were also written in English and Spanish and were circulated in various local newspapers.

As Covid-19 restrictions were lifted in Imperial County, the department began to disseminate information at the Imperial Valley Mall, Imperial County Office of Education, Imperial County Fairgrounds, San Diego State University-Imperial Valley Campus, Calexico Recreational Center, Calipatria Resource Center, and the Betty Jo McNeece Receiving home, Imperial Valley LGBTQ Center, Schools (High School and elementary). By providing information through various outlets and venues, the department increased awareness of services to residents of Imperial County with the objective of reducing stigma and discrimination related to mental illness and substance use disorder treatment services.

ICBHS at the Imperial Valley Mall with a resource table with PET Project dog Betty Boop from Imperial Valley Humane Society. Facebook post on May 17, 2021.

Facebook page become a vital tool in promoting the ICBHS services and also a great platform in sharing other important information to our Facebook followers, to include training opportunities, personal testimonial, weekly topics for departments Radio Show (English and Spanish), Podcast promos and other important updates, including those concerning the COVID-19 pandemic.

Promoting of "Multi-Ethnic Collaborative of Community Agencies" through our departments social media Facebook post on June 15, 2021.

During Fiscal Year 20-21, a multitude of outreach efforts were made spanning various methods of engagement.

Below is a breakdown of the outreach efforts conducted by the department to our underserved population during the FY 20-21.

Undeserved Population:

- 144 outreach activities were performed that targeted the identified population by means of material disseminations, informational booths, online/zoom presentations and contactless outreach.
    - 22 Winterhaven residents
    - 855 adults in the Older Adults 65+ population
    - 92 Alaskan Native/American Indian individuals
    - 7,390 females

Hard-to-Reach Populations:

33 foster youth have been engaged by means of informational booths, material disseminations, online/zoom presentations and contactless outreach.

Homeless Population:

154 homeless individuals were engaged by means of informational booths, material disseminations, online/zoom presentations and contactless outreach.

LGTBG Population:

841 individuals from the LGBTQ population were engaged by means of informational booths, material disseminations, online/zoom presentations and contactless outreach.

In addition, between ICBHS and partner agencies such as the Imperial Valley LGBTQ Center and Sure Helpline, conducted 193 outreach activities for purposes of engaging the Hard-to-Reach population. Lastly, a variety of activities were hosted that assisted with engaging the community such as Central Union High School, GSA Youth Meetings, Trans Support, LGBT Youth Group, Mental Health Support Groups, Volunteer Support, Youth Mentorship, Presentations on SUD, Anger Management, Abuse, and Community Outreach.

The outreach efforts also include the wellness radio show in both English and Spanish. The radio show is broadcast via KUBO/Radio Bilingüe FM 88.7, FM 107.5, and KXO AM 1230. The English radio show "*Let's Talk About It*", is aired four times per week while the Spanish radio show, "*Exprésate*", is aired once a week. Additionally, *Exprésate* are aired once a week, one show per month on XEAO 910 AM and radio advertisements on Power 98.30 FM.

The radio show calendars are published in varies local newspaper: Imperial Valley Alive, Adelante Valle, Imperial Valley Press, White Sheet, Holtville Tribune, The Desert Review, El Sol del Valle and Calexico Chronicle.

Imperial County Behavioral Health Services
Systems of Care
http://www.co.imperial.ca.us/behavioralhealth
For access to services please contact:
(442) 265-1525 o 1-800-817-5292

¡Exprésate! Radio Bienestar
Abril 2021

Fecha:	Tema:	Orador Invitado:
	Servicios de Tratamiento por Trastorno de Uso de Sustancias en Adolescentes (Agosto 2020) e uso de sustancias son tratables. Promovemos el oducir o eliminar el uso de sustancias. Brindamos ecuperación para jóvenes y adultos jóvenes. Únase óvenes en nuestra comunidad, cuando cumple con unciona el tratamiento.	Richard Luna Consejero Especialista Certificado en Adicciones Programa de Trastorno por Consumo de Sustancias para Adolescentes y Jóvenes
	ds Club en inglés) en IVC stablecida para promover y apoyar el bienestar ciación entre compañeros. El concepto de que los s un tema que se repite en los campus del Valle ites profesionales están desarrollando su ayuda y aludables y seguras. Únase a nosotros mientras so paso adelante en la salud mental comunitaria en	Lupita Castro, LMFT Licencia Estatal en Terapia Matrimonial y Familiar Directora Interino de Servicios de Salud Estudiantil Presidente del Equipo de Atención de Salud Mental Asesora de Active Minds Aileen Sanchez Presidenta de Active Minds Colegio del Valle Imperial
	Mental como la forma más común de demencia, un término s lo suficientemente graves como para interferir con y tratamientos disponibles para los síntomas y las de demencia no son trastornos de salud mental en ser devastadores para la salud mental tanto de mientras entrevistamos a los líderes y educadores xplorar los contextos y apoyo disponibles para el lzheimer y otros tipos de demencia relacionados.	Karla Corte, BS, PMP Gerente de Programas y Educaciónn Alejandra Pulido, MSW Consultante de Cuidado y Gerente de Educación Megan Nicholson Especialista en Desarrollo Socorro De La Torre, MPA, MSW Voluntaria/Miembro de la Junta Alzheimer's Association San Diego /Imperial Chapter
	vención de la Agresión Sexual Sexual. La conexión entre la agresión sexual y las trauma es, lamentablemente y demasiado común, tros mientras arrojamos luz sobre las verdades y ctora de albergue WomanHaven, Un Centro de mperial más seguro y saludable para todos.	Sonia Silva Directora del Albergue WomanHaven Un Centro de Soluciones Familiares

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Let's Talk About It! Wellness Radio
June 2021

With Scott Dudley & Maria Wyatt
Tune in:
88.7 Radio Bilingüe
Thursdays at 8:00 a.m.
KXO AM 1230
Sundays at 7:00 a.m.
FM 107.5
Sundays at 7:00 p.m.
Visit www.kxoradio.com for podcasts on demand

Schedule:	Topic:	Guest Speaker:
Week of June 7th	**Dialectical Behavior Therapy** Dialectical Behavior Therapy(DBT) provides clients with new set of skills to manage painful emotions and decrease conflict in relationships. This therapy focused on four areas: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. DBT is an evidenced-based treatment program incorporating individual therapy, group therapy, and a therapist consultation team. This comprehensive approach is a new addition to the stable of evidence-based practices embraced by Behavioral Health, join us to hear more.	**Daphna Peterson, LCSW** DBT Therapist **Christopher Conley, MSW, RSW** DBT Clinician Portland DBT Institute
Week of June 14th	**Mindfulness** (Originally aired on May 2016) What it mindfulness? Mindfulness is defined as placing ones attention to the internal and external experiences occurring at the present moment. Join us as leading Mindfulness researcher, Dr. Langer explains how Mindfulness works and it's benefits to our health.	**Dr. Ellen Langer, Ph. D.** Psychologist Professor Harvard University
Week of June 21st	**Mental Health During a Pandemic and Emerging From a Pandemic** We are still experiencing a global pandemic event caused by a communicable novel (new) virus, COVID-19. This virus has already demonstrated its effects on our daily lives, our routines, and even our mental health. One of the best coping tools for anxiety is information discernment, gathering information, verifying the accuracy of the information, and then specific planning to manage the information is an effective anxiety reduction strategy. We have invited Sun Valley Research Center, Dr. Ng to discuss all things COVID-19, including the adaptations and adjustments from pandemic life to post-pandemic life. What have we learned from the past year? How can we bring that knowledge to bear for a better post-pandemic life and community.	**Bernardo Ng, M.D.** Sun Valley Research Center, INC.
Week of June 28th	**Split Thought: Media Isn't The Enemy, It's The Solution** (Originally aired on November 2019) Youth are subject to ever-increasing amounts of media, from social media to phones that act as televisions, the world of media is sometimes described as a brave new world hazard, contributing to anxiety and stress. Rico Rivera, the pioneer of *Split Thought Videos and Podcasting* finds mental health support and healing in using the media and all of its forms to create self-expression, putting his truth out into the world of media.	**Rico Rivera** Founder Split Thought

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

Penetration Rates

In CY 2021, the QM Unit calculated and evaluated the penetration rate for FY 20-21 to ensure that persons of diverse ethnic backgrounds accessed the service delivery system. The penetration rate is defined as the total unduplicated number of Medi-Cal beneficiaries served divided by the number of persons eligible for Medi-Cal. The penetration rates are calculated by obtaining the unduplicated number of Medi-Cal eligible beneficiaries from the DHCS website and the number of Medi-Cal beneficiaries served from AVATAR.

Mental Health Services

The penetration rate for FY 20-21 is 7.29% which is a decrease compared to the FY 2019-2020 penetration rate at 8.85%, as seen in Table 18 below:

Table 18. Mental Health Services Penetration Rate

Review Period	Medi-Cal Eligible	ICBHS Beneficiaries Served	Penetration Rate
FY 20-21	84,654	6,168	7.29%
FY 19-20	79,792	7,064	8.85%
FY 18-19	78,021	6,361	8.15%

The following section includes the penetration rates by category for FY 20-21:

a) Ethnicity/Race

The data shows that the penetration rate of beneficiaries who are African American ethnic group accessing services in Imperial County was the highest than other group at 21.85%.

The penetration rate of beneficiaries who are Asian/Pacific Islander ethnic groups accessing services in Imperial County were the ethnicities with the lowest penetrations rate at 0.00%.

b) Gender

The data shows that the penetration rates of beneficiaries who are Males accessing mental health services in Imperial County was the highest at 8.10% than Females at 6.65%.

c) Age

The data shows that the penetration rate of beneficiaries who are between 14-20 age group accessing mental health services in Imperial County was the highest than other age groups at 12.97%. The penetration rate of beneficiaries who are

between 65+ age group accessing mental health services in Imperial County was the lowest than other age groups at 0.45%.

d) Language

The data shows that the penetration rate of beneficiaries who are English Speaking accessing mental health services in Imperial County was the highest at 12.30% than for Spanish at 4.07%.

e) City of Residence

The data shows that the penetration rate of beneficiaries who lived in Westmorland accessing treatment in Imperial County was the highest than other cities at 83.02%. The penetration rate of beneficiaries who lived in Calexico and Winterhaven accessing mental health services in Imperial County was the lowest than other cities at 4.71% and 5.00%.

Substance Use Disorder Treatment Services

The penetration rate for FY 20-21 is 0.74%, which is decrease when compared to the FY 2019-2020 penetration rate at 0.85%, as seen in Table 19 below:

Table 19: Substance Use Disorder Treatment Services Penetration Rates

Review Period	Medi-Cal Eligible	Medi-Cal Served	Penetration Rate
FY 20-21	84,654	627	0.74%
FY 19-20	79,792	681	0.85%
FY 18-19	78,021	568	0.73%

The following section includes the penetration rates by category for FY 20-21:

a) Ethnicity/Race

The data shows that the penetration rate of beneficiaries who are African American ethnic group accessing treatment in Imperial County was the highest than other subgroups at 4.55%.

The penetration rate of beneficiaries who are Alaskan Native/American Indian and Asian/Pacific Islander ethnic groups accessing treatment in Imperial County were the ethnicities with the lowest penetrations rate at 0.00%.

b) Gender

The data shows that the penetration rates of beneficiaries who are Males accessing treatment in Imperial County was the highest at 1.07% than Females at 0.48%. Table 9 illustrates the distribution for FY 2019-2020 and FY 2020-2021 by gender.

c) Age

The data shows that the penetration rate of beneficiaries who are between 26-64 age group accessing treatments in Imperial County was the highest than other age groups at 1.41%. The penetration rate of beneficiaries who are between 12-20 and 65+ age group accessing treatments in Imperial County was the lowest than other age groups at 0.30% and 0.02%.

d) Language

The data shows that the penetration rate of beneficiaries who are English Speaking accessing treatment in Imperial County was the highest at 1.61% than for Spanish at 0.18%.

e) City of Residence

The data shows that the penetration rate of beneficiaries who lived in Westmorland accessing treatment in Imperial County was the highest than other cities at 5.66%. The penetration rate of beneficiaries who lived in Ocotillo and Winterhaven accessing treatment in Imperial County was the lowest than other cities at 0.00% and 0.36%.

b. Objectives and planned activities for CY 2022

- ICBHS will conduct regular assessments of community health assets and needs through the QI Work Plan; the Staff Cultural Competence Survey Report; the Accessibility, Utilization, and Availability of Service Report; the Consumer Perception Survey; and the Retention Rates and Utilization of Services Report and ensure corresponding objectives are included in the Cultural Competence Plan.

- The QM Unit will calculate and evaluate penetration rates annually to ensure that persons of diverse ethnic backgrounds access the service delivery system.

- The CCT will review and evaluate the Penetration Rates Report at least annually and make recommendations to the QIC, as appropriate.

- The QM Unit will ensure populations identified as underserved are included in the ICBHS Outreach Plan.

- The CCT will review and evaluate quarterly Outreach Plan progress reports to ensure underserved populations are informed of the availability of cultural and linguistic services and programs, assertive outreach is provided to persons who are homeless with mental disabilities, and assertive outreach is provided to hard-to-reach individuals with mental disabilities.

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

a. Overview of objectives and planned activities for CY 2021

During CY 2021, 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 2022

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

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

a. Overview of objectives and planned activities for CY 2021

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

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

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

During FY 20-21, ICBHS received a total of 104 grievances (representing both Medi-Cal beneficiaries and non Medi-Cal clients), 30 standard appeals, and 11 expedited appeals from Medi-Cal beneficiaries for mental health services. There were two grievances and no standard or expedited appeals for SUD services.

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

b. Objectives and planned activities for CY 2022

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

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

a. Overview of objectives and planned activities for CY 2021

During CY 2020, 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 community on Cultural Competence and the framework of Cultural Competence. In addition, it provides contact information from ICBHS Patients' Right Advocate, in the event an individual feels services were not provided with equal care.

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

b. Objectives and planned activities for CY 2022

- A CCT representative will attend QIC, MHSA Steering Committee, and Outreach Taskforce meetings to provide updates and make recommendations, as appropriate.

- ICBHS will post its Cultural Competence Plan on the ICBHS website to communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

IV: CULTURAL COMPETENCE TRAINING PLAN CY 2022

In an effort to utilize data to measure cultural competence training plan activities, the Staff Development Unit has developed this annual Cultural Competence training plan for fiscal year 21-22. The format of the report includes a list of tentative trainings that will be delivered during the fiscal year. The training plan includes a broad range of cultural competence topics.

Description of Training	Audience	Proposed Schedule
Client Culture Training for New Employees: This training provides participants with shared experiences of persons diagnosed with mental illness which enables staff to have an understanding and appreciation for the culture of a mental health client.	- Administrative & Management staff - SMHS & SUD Providers	To be assigned to New Staff upon hire via e-learning.
Client Culture Refresher Course: This training provides participants with shared experiences of persons diagnosed with mental illness which enables staff to have an understanding and appreciation for the culture of a mental health client.	- Administrative & Management staff - SMHS & SUD Providers	To be assigned annually to all staff via e-learning.
Grievance & Appeal Process Training: This training is designed to ensure that the grievance resolution process is implemented in a manner that is culturally and linguistically appropriate.	- Staff involved in all levels of the grievance and appeal process	To be scheduled once during the fiscal year.
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.	- Employees/Contractors who provide interpreter or other support services	To be scheduled once during the fiscal year.
New Employee Orientation: This e-learning training will allows for new staff to understand what Cultural Competence is and how ICBHS implements the National Standards for culturally and Linguistically Appropriate Services (CLAS) standards in the department and our community.	- New Administrative & Management staff - New SMHS & SUD Providers.	To be assigned to New Staff upon hire via e-learning.

Southern Counties Regional Partnership (SCRP)Training -Homelessness and Trauma: Homelessness is both caused by trauma and is a symptom of trauma, so agencies providing servicpres to people struggling with housing issues can best serve their clients by understanding the connection between trauma and homelessness and by assessing agency practice to transform services into a trauma informed framework. By focusing shelter or program rules on safety, promoting empowerment and addressing unsafe behavior in a compassionate manner, agencies working on addressing homelessness in their communities can improve client outcomes, create safer shelters, and reduce staff burnout.	- New Administrative & Management staff - New SMHS & SUD Providers	To be scheduled once during the fiscal year.
Southern Counties Regional Partnership (SCRP) Training -Neurobiology and Trauma : This training goes over the work done by Dr. Bruce Perry, Dr. Bessel van der Kolk and others regarding trauma's interference with brain development and how the traumatized brain works. This training offers a lay person's understanding of the brain and trauma, accessible and understandable to participants. By understanding the brain, staff can respond more effectively and programs can apply concepts more appropriately to increase safety and safe decision-making.	- New Administrative & Management staff - New SMHS & SUD Providers	To be scheduled once during the fiscal year.
Working With LGBT Clients: Gender Identity & Sexual Orientation Issues in Mental Health and Social Work Practice-Clinical: This training provides an outline of the developmental and clinical issues related to gay, lesbian, bisexual and transgender populations. Offering some insights regarding differences between gender identity and sexual orientation. It discusses the impact of adverse societal reactions such as transphobia and homophobia on the self-esteem of LGBT clients and their intimate relationships. It	- SMHS & SUD Providers	To be assigned once to all staff during the fiscal year.

also provides some guidelines in developing an empathetic and effective clinical approach in working with these clients and their families/loved ones. It highlights the salient issues in transgender populations and the psychological/physiological impact of gender transition.		
Working With LGBT Clients: Gender Identity & Sexual Orientation Issues in Mental Health and Social Work Practice-Non-Clinical: This training provides an outline of the developmental and clinical issues related to gay, lesbian, bisexual and transgender populations. Offering some insights regarding differences between gender identity and sexual orientation. It discusses the impact of adverse societal reactions such as transphobia and homophobia on the self-esteem of LGBT clients and their intimate relationships. It also provides some guidelines in developing an empathetic and effective clinical approach in working with these clients and their families/loved ones. It highlights the salient issues in transgender populations and the psychological/physiological impact of gender transition.	- Administrative & Management staff	To be assigned once to all staff during the fiscal year.

SUMMARY OF EXHIBITS AVAILABLE UPON REQUEST

A. Quality Improvement (QI) Work Plan FY 2021-2022

B. Staff Cultural Competence Survey Report FY 2020-2021

C. Accessibility, Utilization, and Availability of Service Report- FY 2021-2022

D. ICBHS Penetration Rates Report FY 2020-2021

E. ICBHS Retention Rates and Utilization of Services Report FY 2020-2021