



Lake County
Behavioral Health Services

**Cultural and Linguistic
Competence Plan
Annual Update 2022-2023**

FINAL 03/23/2023

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TABLE OF CONTENTS

I. Commitment to Cultural and Linguistic Competence.....	1
II. Meeting Cultural and Linguistic Requirements	2
A. Delivering Culturally-Competent Services.....	2
B. Providing Language Assistance Services.....	4
C. Informing Clients of Culturally-Competent Services	5
D. Reviewing Relevant Grievances and Appeals	6
III. Data and Analysis.....	7
A. County Geographic and Socioeconomic Profile.....	7
B. Utilization and Analysis of Mental Health Services	17
C. Utilization and Analysis of Substance Use Disorder Services.....	18
IV. Staff Cultural Competency Assessment	20
A. Staff Survey and Results	20
B. Analysis of Staff Survey Results.....	22
V. Client Cultural Competency Survey	23
A. Survey Distribution.....	23
B. Client Cultural Humility Survey Results	23
C. Analysis of Disparities and Related Objectives	23
D. Identification of Barriers and Methods of Mitigation.....	24
VI. Cultural Competence Training (FY 2021/2022)	25
A. Staff and Provider Training Log.....	25
B. Training Analysis.....	25
VII. Program Goals for Next Three Fiscal Years	26
Attachment A: Staff Survey Results	28
Attachment B: Client Survey Results	43

I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

This mission of Lake County Behavioral Health Services is to improve the quality of life for the people of Lake County experiencing mental illness, substance use disorders and/or homelessness.

Lake County Behavioral Health Services (LCBHS) strives to deliver culturally-, ethnically-, and linguistically-appropriate services to behavioral health clients and their families. In addition, LCBHS recognizes the importance of developing services that are sensitive to other cultures, including Hispanic, Asian, Native American, and other racial and ethnic groups; persons with disabilities; consumers in recovery (from mental health or substance use); LGBTQ+ community; various age groups (Transition Age Youth [TAY], older adults); veterans; faith-based; physically disabled; and persons involved in the correctional system.

Developing a culturally- and linguistically-proficient system requires commitment and dedication from leadership, staff, and the community to continually strive to learn from each other. This goal also requires ongoing training and education at all staff levels. This Cultural and Linguistic Competence (CLC) Plan reflects the ongoing commitment of LCBHS to improve services to expand access to services, quality care, and improved outcomes. The CLC Plan addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder services, including the National Cultural and Linguistically Appropriate Standards (CLAS).

Cultural Competence Committee

It is the vision of LCBHS to deliver culturally-competent services that are responsive to diverse cultures that reflect the health beliefs and practices of these communities. This approach includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs and practices and preferred languages. The integration of these values creates a forum for ensuring that LCBHS continually enhances its services to be culturally- and linguistically-relevant for adult clients and youth and their families.

To advance these values, LCBHS maintains a diverse Cultural Awareness Committee (CAC). The LCBHS CAC is a cross-agency committee that has representatives from mental health, alcohol and drug, and public health services. Approximately 8-10 people attend each meeting, which is held twice per year. Members include persons who are older adults, LGBTQ+, consumers, Hispanic, Native American, and white/European descent. The CAC works closely together to review data; organize cultural activities; and promote culture and healing to help balance the lives of the persons who we serve. The CAC works to develop a set of congruent practice skills, attitudes, policies and structures which enables employees and contractors to work effectively in cross-cultural situations.

II. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Delivering Culturally-Competent Services

By providing services and treatment in a manner that is responsive and demonstrates an understanding of each client's heritage, history, traditions, worldview, and beliefs, LCBHS strives to engage more members of the community and the diverse populations within it. The following services are available to specific populations/cultures that are prevalent in Lake County.

Native American

LCBHS provides outreach specifically directed toward the Native American population at the Circle of Native Minds Peer Support Center (CNM). At the center, LCBHS currently has staff dedicated to reaching this population and creating culturally-competent bridges (and adjuncts) to our services. LCBHS has also been able to have members of the community offer culturally-specific trainings and activities at the CNM Peer Support Center. A primary goal is cultural healing and recovery from generational trauma.

The following services are offered at CNM: basket weaving classes; drum making; talking circles; skirt making; traditional smudging and prayer; elders circle; tribal agency roundtable; Warrior Down facilitators meeting; Warrior Down Re-entry Program; Red Roads Recovery meetings; and Pathfinders groups. LCBHS partners with other local agencies in community events, including The Tribal Olympics; Health Fairs; Big Times; Indian Days Celebrations; and the Tule Boat Festival. The staff at CNM also provide referrals to local providers to the needs of the served population.

This past year, LCBHS has hired an outreach and prevention specialist who specifically provides outreach to the Native American community, building rapport and relationships with the local tribal leadership and population to provide referrals, assistance, and recovery support.

Latino

LCBHS has Outreach and Engagement programs focused on the local Hispanic communities at *La Voz de Esperanza Centro Latino* Peer Support Center. Service providers who are part of the community provide access to mental health services and develop strategies to overcome the stigma and discrimination that occur within the Hispanic community. Cultural preferences are considered with respect to the services offered. Outreach takes place individually, with community organizations and events, and efforts are made to engage these underserved populations "where they are," both geographically as well as culturally. LCBHS has an outreach and prevention specialist designed to go out in the community and work with the population in providing assistance and referrals.

Some of the services offered at *La Voz* include Latina Support Groups; mental health support group; Alcoholics Anonymous meetings; Homework Club; individual peer support; anger management; Nurturing Parenting classes; citizen classes; English classes; and the Art for Happiness group. The Peer Support Center staff at *La Voz* also provides referrals to local service providers to meet the needs of the served population.

Children and Families

LCBHS Peer Support Center staff provides after-school prevention activities to children and youth at *La Voz* and The Family Support Center. Children and youth are provided with help on their homework and group education (with parents) around substance use. In addition, LCBHS provides group education using the Teen Mental Health First Aid; Youth Mental Health First Aid; Know the Signs; Project Alert; The Truth About Drugs; and Question Persuade and Respond (QPR) and Life Skills curricula at the local high schools and middle schools.

LCBHS also has a Parent Partner who oversees the Family Support Center and works with parents and caregivers, along with peer support staff. The Parent Partner acts as a support to families who have members with mental health and substance use issues.

LCBHS also has treatment staff, both from LCBHS and contracted treatment staff, that work with children directly in schools across the county, addressing mental health needs and working with school personnel.

Transition Age Youth

The Harbor on Main is a drop-in center that provides specialty mental health referral and support services for Transition Age Youth, 15-24 years old. Services include basic personal care services and counseling. Groups and programs offered at The Harbor have been specifically designed to meet the needs of youth in Lake County. Youth are welcome to “drop-in” whenever the center is open without any obligation to attend a group or class. Activities and groups happen on a daily basis, and therapy services are offered to those who qualify. The Harbor is open Monday through Friday.

LCBHS also has outreach and prevention specialists that provide specialized Mental Health First Aid to students in the schools, with the goal that every high school student in Lake County will receive the training.

Homeless and Seriously Mentally Ill

LCBHS provides outreach and engagement programs focused on the local homeless and seriously mentally ill populations in Lake County. Currently there is staff located at The Big Oak Peer Support Center (BOC) to provide services to these populations to decrease the risk of negative consequences in their lives and on the community.

The services at the BOC include community food resources; monthly food giveaways; referrals to mental health services and substance use disorders services (SUDS); linkage to The Hope Center, and Elijah House; referrals to Social Services; clothing closet; peer accessible phone; weekly pop-up shower / care trailer in collaboration with Adventist Health; and CCHAPP HIV and Hepatitis C testing and education. Other services include food giveaways; patients’ rights advocate services; assistance in completing paperwork; peer daily check-ins; occasional holiday potlucks; weekly peer support groups; life skills; survival cooking; public health nutrition; and weekly movie group. The center staff also provide transportation for supportive services in the community.

LCBHS also has an outreach van that goes out to the homeless camps and where others who are experiencing homelessness are located, bringing supports such as sack lunches, clothing items, hygiene kits, and other helpful items, as well as referrals and other assistance as needed.

Those who are experiencing homelessness and severe mental illness often qualify for the MHSA Full Service Partnerships (FSP). This program has the “whatever it takes” approach to recovery, including wraparound type services and assistance for housing.

Veterans

Outreach and Prevention staff attend all veteran-sponsored community events. LCBHS works with Vansant to get housed the homeless veterans who we encounter at either Peer Support centers or through our outreach activities. The VA participated in the annual Point-In-Time count to help identify homeless veterans. Our Outreach and Prevention Specialist will start offering two prevention education series to vets and VA staff: Question, Persuade, Refer (QPR), and Mental Health First Aid (MHFA).

Older Adults

LCBHS contracts with Konocti Senior Support to provide outreach services to the elderly and aging populations in Lake County. Outreach and education services are provided to older adults to reduce the stigma still associated with seeking mental health assistance. In addition, as part of the Konocti Senior Support, the Friendly Visitor Program conducts home visits to those older adults who cannot reach the Senior Center. The LCBHS peer support centers also offer groups to the senior population, peer support, and referrals to local providers to meet their unique needs.

LCBHS also has an outreach and prevention specialist who is assigned to this population, working with providers, including community senior centers, to help older adults receive the support that they need, including behavioral health services.

In addition, LCBHS has specific treatment staff that work with older adults to provide mental health services under the Mental Health Services Act.

B. Providing Language Assistance Services

By identifying and providing language assistance services, LCBHS engages individuals more effectively, improving access to services and client outcomes.

- LCBHS currently offers service providers who are bilingual/bicultural in Spanish; language assistance in other languages is met through the use of interpreters and/or the language line. Cultural preferences are met by LCBHS staff or contract providers, or through referral into the community.
- Our 24/7 access log includes a field to record a client’s request for interpreters. This information is provided to clinical staff for the initial assessment. This information is also utilized during case assignments and clinical team meetings, to help determine the appropriate staff to provide ongoing services in the individual’s primary language, whenever possible.

- LCBHS utilizes a contracted service provider for its 24/7 crisis line. Individuals who staff this access line are trained to be familiar with the culturally-proficient services that are offered, and are able to provide interpreter services or link clients to language assistance services as needed.
- LCBHS also provides written materials in English and Spanish to allow individuals requesting services, as well as the community in general, to be informed about the availability and access to mental health and substance use treatment services. The LCBHS informing materials are written in a manner and format that is easy to read and understand. In addition, to ensure the accuracy of written materials in Spanish, LCBHS utilizes a native Spanish speaker for translation services.
- Periodically, the Quality Improvement (QI) Coordinator and other designated staff review these processes during the Quality Improvement Committee (QIC) meetings to ensure compliance.

C. Informing Clients of Culturally-Competent Services

LCBHS utilizes the following mechanisms for informing clients of culturally-competent services and providers, including culturally-specific services and language services.

Written Informing Materials

- Beneficiary Guide to Medi-Cal Mental Health Services: The Beneficiary Guide is maintained by the Department of Health Care Services (DHCS). It includes broad, statewide standards of care, as well as specific pages dedicated to local county contact information and details.
 - The guide informs clients of their right to free language assistance, including the availability of interpreters.
 - The Guide is provided to clients upon intake and upon request. It is also posted on the LCBHS website. At intake, clients are required to sign an acknowledgement form, indicating that they have received a copy of the Guide. A bound copy of the Beneficiary Guide to Medi-Cal Mental Health Services is available in the clinic lobbies and at the wellness centers.
 - It is available in English and in Spanish; in regular and large print; and in audio.
- Guide to County Mental Health Services: This brochure highlights available services, including cultural and linguistic services.
 - The guide informs clients of their right to free language assistance, including the availability of interpreters.
 - This brochure is provided to clients at intake, and is also available at the clinics and wellness centers.
 - It is available in English and in Spanish; in regular and large print; and in audio.
- Provider Directory: A Provider Directory is available to clients which lists provider names; population specialty (Hispanic, Native American, children, adult, veterans,

LGBTQ+, etc.); services provided; language capability; whether or not the provider is accepting new clients; and ADA accessibility.

- This Directory is provided to clients upon intake and is available at the clinics and wellness centers.
- The Provider Directory is updated at least monthly.
- It is available in English and in Spanish; and in regular and large print. In addition, staff are available to read the Directory to clients, upon request.

Other Mechanisms

- LCBHS website and partner websites
- LCBHS Facebook page and partner social media sites
- Monthly calendars for the Peer Support Centers are available at the Centers, the LCBHS clinics, and is posted on the Facebook page monthly. Each center also sends the monthly calendar to their email lists.
- LCBHS and Peer Support Center informational brochures, as well as Peer Support Center Informational cards identifying available services and how to access them for targeted groups such as TAY, older adults, the Hispanic community, and the Native American community.
- Local newsletters
- Interagency meetings
- Community events (Recovery Happens, Children's Day, health fairs, etc.)
- Monthly or quarterly collaboration meetings with local agencies, including point in time, Lake County continuum of care, mental health board meetings, cultural competency committee; and other supportive agencies.
- Cultural Awareness Committee meetings, which plan the methods for disseminating information about the availability of culturally-sensitive services.

D. Reviewing Relevant Grievances and Appeals

The QIC reviews new grievances and appeals at each quarterly meeting. The Grievance and Appeal Log helps to document when issues are related to cultural competency.

The QIC reviews all issues and determines if the resolution was culturally appropriate and met the needs of the client. The QIC and CAC work together to identify issues and objectives to improve overall services.

III. DATA AND ANALYSIS

A. County Geographic and Socioeconomic Profile

1. County location and attributes

Lake County is a small, rural county with a population of approximately 65,000. The county lies in the north central part of California. It is named after the freshwater Clear Lake, which is the dominant geographic feature in the county and the largest natural lake wholly within California.

A county of 1,329 square miles, Lake is bordered by Mendocino County to the northwest; Sonoma County to the west; Napa County to the south; and Glenn, Colusa, and Yolo Counties to the east.

The most populated city in Lake County is Clearlake, with a population of 15,250 (2010 US Census Bureau). The county seat is Lakeport (2010 US Census population of 4,753). There are also a number of small, rural communities located in the county.

2. County demographics

Figure 1 shows age, race/ethnicity, and gender of the general population. For the 64,665 residents who live in Lake County, 17.2% are children ages 0-14; 11.7% are Transition Age Youth (TAY) ages 15-24; 45.5% are adults ages 25-59; and 25.7% are older adults ages 60 years and older.

The majority of persons in Lake County are White (74.1%). Persons who are Hispanic represent 17.1% of the population, and persons who are Native American/Alaska Native represent 4.2% of the population. All other race/ethnicity groups represent a small percentage of individuals.

There are the slightly more males (50.2%) than females (49.8%) in the county.

Figure 1
Lake County Residents
By Gender, Age, and Race/Ethnicity
(Population Source: 2010 Census)

	Number	Percent
Age Distribution		
0 - 14 years	11,095	17.2%
15 - 24 years	7,552	11.7%
25 - 59 years	29,421	45.5%
60+ years	16,597	25.7%
Total	64,665	100.0%
Race/Ethnicity Distribution		
Black	1,523	2.4%
Native American/ Alaskan Native	2,712	4.2%
Asian/ Pacific Islander	1,087	1.7%
White	47,938	74.1%
Hispanic	11,088	17.1%
Other	317	0.5%
Total	64,665	100.0%
Gender Distribution		
Male	32,469	50.2%
Female	32,196	49.8%
Total	64,665	100.0%

3. County socioeconomic characteristics

County’s economy is based largely on tourism and recreation, due to the accessibility and popularity of its several lakes and accompanying recreational areas. The most common industries are healthcare and social assistance (both public and private); retail trade; public administration; educational services; and construction. Compared to other counties, Lake also has an unusually high number of occupations in agriculture/forestry/fishing/ hunting, and utilities (*DATAUSA : US Census Bureau, ACS 5-Year Estimate Dataset*).

The unemployment rate in Lake County in August 2020 was 8.8%; the state unemployment rate was 11.4% for the same period (*CA EDD Monthly Labor Force Data for Counties, August 2020*).

Lake County has one of the lowest median incomes of households in the state at \$42,475, compared to \$60,293 in California during same time period. The county also has a high percentage of population living under the poverty level (18.4%), above the statewide average of 10.5% (*2014-2018 American Community Survey*).

4. Penetration Rates for Mental Health Services

Figure 2 shows the percentage of the population who access mental health services. Figure 2 shows the same county population data shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2021/22). From this data, a penetration rate was calculated, showing the percentage of persons in the population that received mental health services in FY 2021/22. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 1,597 people who received one or more mental health services in FY 2021/22. Of these individuals, 309 were children ages 0-14 (19.3%); 332 were TAY ages 15-24 (20.8%); 770 were adults ages 25-59 (48.2%); and 186 were 60 and older (11.6%). There were 1,025 clients who were White (64.2%), 304 who were Hispanic (19.0%), 70 who were Black (4.4%), 65 who were Native American/Alaskan Native (4.1%) and 120 individuals 7.5% who were other/unknown (7.5%). All other race/ethnicity groups represented a small number of individuals. There were 1,540 clients whose primary language was English (96.4%). Clients with other primary languages represented a small number of individuals. There were 776 clients who were male (48.6%), 804 clients who were female (50.3%), and 17 clients whose gender was reported as 'Other/ Unknown' (1.1%).

The penetration rate data shows that 1,597 Lake County residents received mental health services out of total County population of 64,665 (2.5%). Of these individuals, 309 children ages 0-14 had a penetration rate of 2.8%, 332 TAY ages 15-24 had a penetration rate of 4.4%, 770 adults ages 25-59 had a penetration rate of 2.6%, and 186 older adults ages 60 and older had a penetration rate of 1.1%.

Figure 2
Lake County Mental Health Penetration Rates
By Gender, Age, Race/Ethnicity, and Language
(Population Source: 2010 Census)

	Lake County Population 2010 Census		All Mental Health Participants FY 2021/22		Lake County Population Mental Health Penetration Rate FY 2021/22
Age Distribution					
0 - 14 years	11,095	17.2%	309	19.3%	309 / 11,095 = 2.8%
15 - 24 years	7,552	11.7%	332	20.8%	332 / 7,552 = 4.4%
25 - 59 years	29,421	45.5%	770	48.2%	770 / 29,421 = 2.6%
60+ years	16,597	25.7%	186	11.6%	186 / 16,597 = 1.1%
Total	64,665	100.0%	1,597	100.0%	1,597 / 64,665 = 2.5%
Race/Ethnicity Distribution*					
Black	1,523	2.4%	70	4.4%	70 / 1,523 = 4.6%
Native American/ Alaskan Native	2,712	4.2%	65	4.1%	65 / 2,712 = 2.4%
Asian/ Pacific Islander	1,087	1.7%	13	0.8%	13 / 1,087 = 1.2%
White	47,938	74.1%	1,025	64.2%	1,025 / 47,938 = 2.1%
Hispanic	11,088	17.1%	304	19.0%	304 / 11,088 = 2.7%
Other/ Unknown	317	0.5%	120	7.5%	120 / 317 = 37.9%
Total	64,665	100.0%	1,597	100.0%	1,597 / 64,665 = 2.5%
Language Distribution					
English	-	-	1,540	96.4%	-
Spanish	-	-	43	2.7%	-
Other/ Unknown	-	-	14	0.9%	-
Total	-	-	1,597	100.0%	-
Gender Distribution					
Male	32,469	50.2%	776	48.6%	776 / 32,469 = 2.4%
Female	32,196	49.8%	804	50.3%	804 / 32,196 = 2.5%
Other/ Unknown	-	-	17	1.1%	-
Total	64,665	100.0%	1,597	100.0%	1,597 / 64,665 = 2.5%

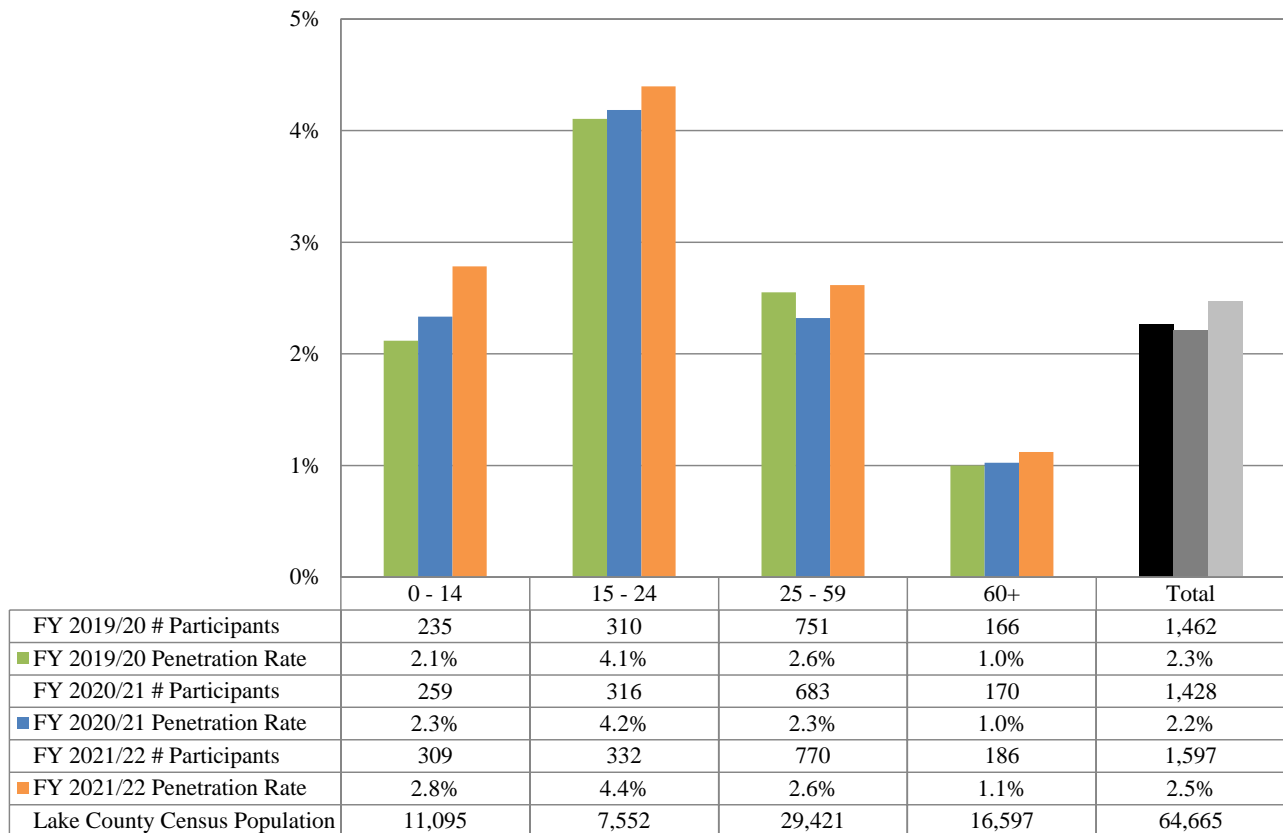
5. Disparities in Mental Health Penetration Rates

The penetration rate data for age shows that there is a higher proportion of TAY served, compared to children, adults, and older adults. The penetration rates for children (2.8%) and adults (2.6%) are similar to that of the population (2.5%). The penetration rate of females (2.5%) is the slightly higher than the penetration rate of males (2.4%).

6. Mental Health Penetration Rate Trends for Three Years

We have also analyzed our penetration rates for the past three years by age (see Figure 3). This data shows an increase in the number of children (259 children to 305 children), TAY (316 TAY to 332 TAY) and older adults (170 older adults to 186 older adults) served between FY 2020/21 and FY 2021/22. There was an increase in the number of adults served (683 adults to 770 adults). The total number of participants was relatively stable, with a slight increase (1,462 to 1,597 participants) in this three-year period.

Figure 3
Lake County Mental Health Services
 FY 2019/20 to FY 2021/22
Mental Health Penetration Rate, by Age
 (Population Source: 2010 Census)



7. Mental Health Medi-Cal population

Figure 4 shows the percentage of Medi-Cal eligibles who accessed mental health services in FY 2021/22. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal Eligible that received mental health services in FY 2021/22. This data is shown by race/ethnicity.

From the information available, there were 1,412 Medi-Cal participants who received one or more mental health services in FY 2021/22. Of these individuals, 63 were Black (4.5%), 56 were Native American/Alaska Native (4.0%), 914 were White (64.7%), 273 were Hispanic (19.3%), and 95 were other/unknown (6.7%). All other race/ethnicity groups represented a small number of individuals.

The penetration rate data shows that 1,412 of the Lake County Medi-Cal eligibles received mental health services (4.3%), out of the 32,937 Medi-Cal eligibles.

Figure 4
Lake County Medi-Cal Mental Health Penetration Rates
By Race/Ethnicity
(Medi-Cal Eligible Source: EQR Report FY 2021/22)

	Lake County Average Number of Eligibles CY 2020		Number of Medi-Cal Mental Health Clients Served FY 2021/22		MH Medi-Cal Penetration Rate FY 2021/22
Race/Ethnicity					
Black	786	2.4%	63	4.5%	63 / 786 = 8.0%
Native American/ Alaskan Native	1,110	3.4%	56	4.0%	56 / 1,110 = 5.0%
Asian/ Pacific Islander	340	1.0%	11	0.8%	11 / 340 = 3.2%
White	19,672	59.7%	914	64.7%	914 / 19,672 = 4.6%
Hispanic	8,694	26.4%	273	19.3%	273 / 8,694 = 3.1%
Other/ Unknown	2,335	7.1%	95	6.7%	95 / 2,335 = 4.1%
Total	32,937	100.0%	1,412	100.0%	1,412 / 32,937 = 4.3%

8. Disparities in Medi-Cal Mental Health Clients

The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total Mental Health penetration. The Medi-Cal penetration rates are proportionally higher, with an overall penetration rate of 4.3% (compared to 2.3%). This shows that approximately 4.3% of all individuals with Medi-Cal received mental health services.

9. Penetration Rates for Substance Use Disorder Services

Figure 5 shows the number of persons in the county population (2010 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2021/22). From this data, a penetration rate was calculated, showing the percentage of persons in the population that received SUD services in FY 2021/22. This data is shown by age, race/ethnicity, primary language, and gender.

As expected, the proportion of persons receiving SUD services shows varying proportions of individuals by age. There were 452-people who received one or more SUD services in FY 2021/22. Of these individuals, 4 were children ages 0-14 (0.9%); 46 were TAY ages 15-24 (10.2%); 348 were adults ages 25-59 (77.0%); and 54 were 60 and older (11.9%). Race/ethnicity includes 294 individuals who identified as White (65.0%), 90 identified as Hispanic (19.9%), and 29 identified as Native American/Alaskan Native (6.4%). All other race/ethnicity groups represented a small number of individuals. There were 414 of the SUD participants in FY 2021/22 that spoke a primary language of English (91.6%). There were 23 SUD participants (5.1%) that spoke a primary language of Spanish. There were 288 male SUD clients (63.7%), 163 female SUD clients (36.1%), and one (1) client that identified as an Other / Unknown gender (0.2%).

The penetration rate data shows that 0.7% of the Lake County population received SUD treatment services. Of these individuals, children had a penetration rate of 0.0%, TAY had a penetration rate of 0.6%, adults had a penetration rate of 1.2%, and older adults had a penetration rate of 0.3%.

Figure 5
Lake County Substance Use Disorder Services Penetration Rates
By Gender, Age, Race/Ethnicity, and Language
(Population Source: 2010 Census)

	Lake County Population 2010 Census		All Substance Use Participants FY 2021/22		Lake County Population Substance Use Penetration Rate FY 2021/22
Age Distribution					
0 - 14 years	11,095	17.2%	4	0.9%	4 / 11,095 = 0.0%
15 - 24 years	7,552	11.7%	46	10.2%	46 / 7,552 = 0.6%
25 - 59 years	29,421	45.5%	348	77.0%	348 / 29,421 = 1.2%
60+ years	16,597	25.7%	54	11.9%	54 / 16,597 = 0.3%
Total	64,665	100.0%	452	100.0%	452 / 64,665 = 0.7%
Race/Ethnicity Distribution					
Black	1,523	2.4%	12	2.7%	12 / 1,523 = 0.8%
Native American/ Alaskan Native	2,712	4.2%	29	6.4%	29 / 2,712 = 1.1%
Asian/ Pacific Islander	1,087	1.7%	4	0.9%	4 / 1,087 = 0.4%
White	47,938	74.1%	294	65.0%	294 / 47,938 = 0.6%
Hispanic	11,088	17.1%	90	19.9%	90 / 11,088 = 0.8%
Other/ Unknown	317	0.5%	23	5.1%	23 / 317 = 7.3%
Total	64,665	100.0%	452	100.0%	452 / 64,665 = 0.7%
Language Distribution					
English	-	-	414	91.6%	-
Spanish	-	-	23	5.1%	-
Other/ Unknown	-	-	15	3.3%	-
Total	-	-	452	100.0%	-
Gender Distribution					
Male	32,469	50.2%	288	63.7%	288 / 32,469 = 0.9%
Female	32,196	49.8%	163	36.1%	163 / 32,196 = 0.5%
Other/ Unknown	-	-	1	0.2%	-
Total	64,665	100.0%	452	100.0%	452 / 64,665 = 0.7%

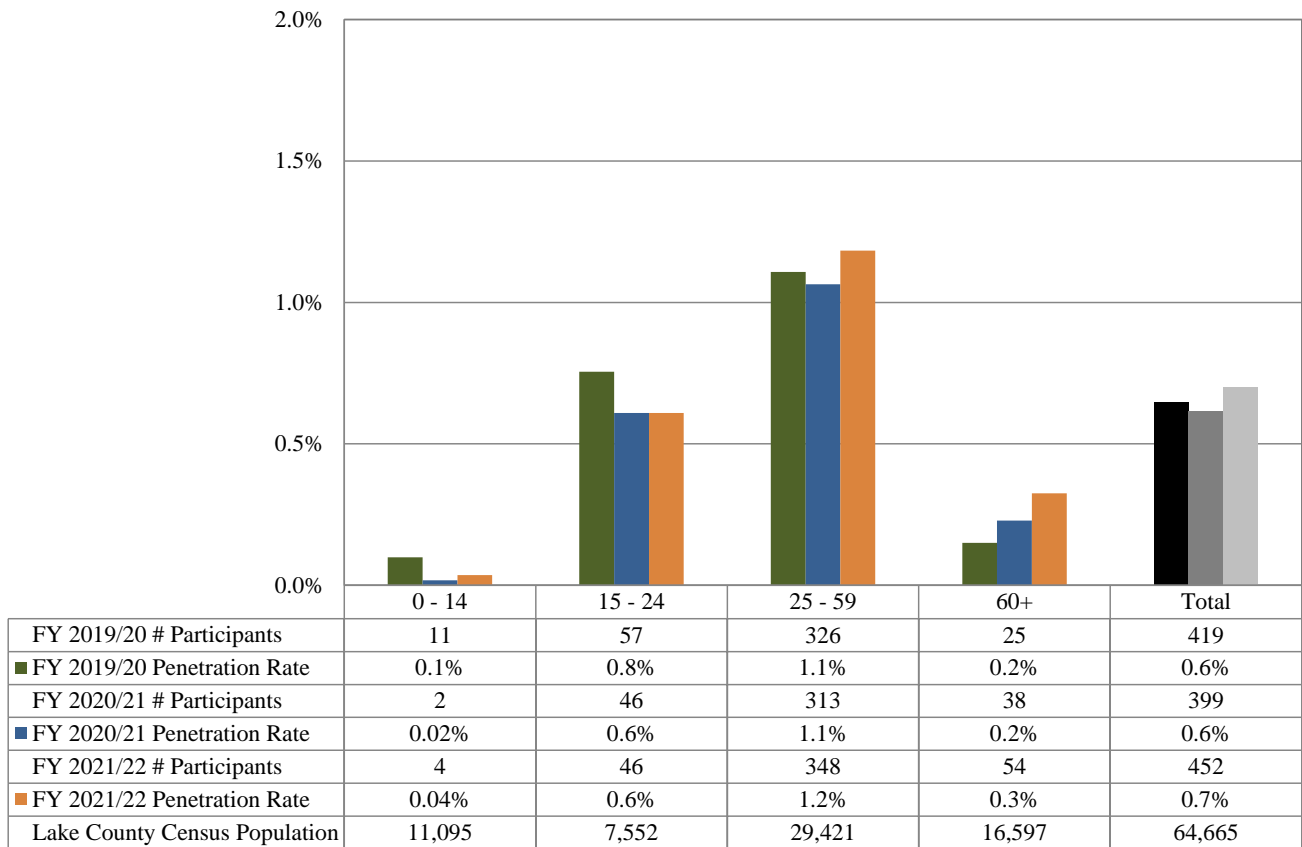
10. Disparities in Substance Use Disorder Services

Figure 5 data also shows that 348 SUD participants are adults (77.0%) and 46 participants are TAY (10.2%). This data is consistent with other SUD programs. Compared to the Lake County general population, there is a similar proportion of SUD participants who are White (65.0% compared to 74.1% of the population) and Hispanic (19.9% compared to 17.1% of the population). There are 288 clients who are male (63.7%), and 163 clients that are female (36.1%).

11. Substance Use Penetration Rate Trends for Three Years

Penetration Rates were analyzed for the past three years by age (see Figure 6). This data shows an increase in the number of children (2 children to 4 children) served between FY 2020/21 and FY 2021/22. There was an increase in the number of adults (313 adults to 348 adults) and older adults (38 older adults to 54 older adults). The number of TAY participants remained the same (at 46 participants). The total number of participants increased (399 to 452 participants) in this three-year period.

Figure 6
Lake County Substance Use Disorder Services
 FY 2019/20 to FY 2021/22
Substance Use Penetration Rate, by Age
 (Population Source: 2010 Census)



12. Substance Use Disorder Medi-Cal Population

Figure 7 shows the percentage of Medi-Cal eligibles who accessed substance use disorder services in FY 2021/22. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal Eligible that received substance use disorder services in FY 2021/22. This data is shown by race/ethnicity.

From the information available, there were 224 Medi-Cal participants who received one or more substance use disorder services in FY 2021/22. Of these individuals, 6 were Black (2.7%), 18 were Native American/ Alaska Native (8.0%), 150 were White (67.0%), 28 were Hispanic (12.5%), and 20 were other/ unknown (8.9%). All other race/ethnicity groups represented a small number of individuals.

The penetration rate data shows that 0.7% of the Lake County Medi-Cal eligibles received substance use disorder services, with 224 individuals out of the 32,937 Medi-Cal eligibles.

Figure 7
Lake County Medi-Cal Substance Use Disorder Services Penetration Rates
By Race/Ethnicity
(Medi-Cal Eligible Source: EQR Report FY 2021/22)

	Lake County Average Number of Eligibles CY 2020		Number of Medi-Cal Substance Use Clients Served FY 2021/22		SU Medi-Cal Penetration Rate FY 2021/22
Race/Ethnicity					
Black	786	2.4%	6	2.7%	6 / 786 = 0.8%
Native American/ Alaskan Native	1,110	3.4%	18	8.0%	18 / 1,110 = 1.6%
Asian/ Pacific Islander	340	1.0%	2	0.9%	2 / 340 = 0.6%
White	19,672	59.7%	150	67.0%	150 / 19,672 = 0.8%
Hispanic	8,694	26.4%	28	12.5%	28 / 8,694 = 0.3%
Other/ Unknown	2,335	7.1%	20	8.9%	20 / 2,335 = 0.9%
Total	32,937	100.0%	224	100.0%	224 / 32,937 = 0.7%

13. Disparities in Medi-Cal Substance Use Disorder clients

The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total Substance Use Disorder penetration rate. The Medi-Cal penetration rates are slightly higher, with an overall penetration rate of 0.7% (compared to 0.6%). Approximately 0.7% of all participants are Medi-Cal.

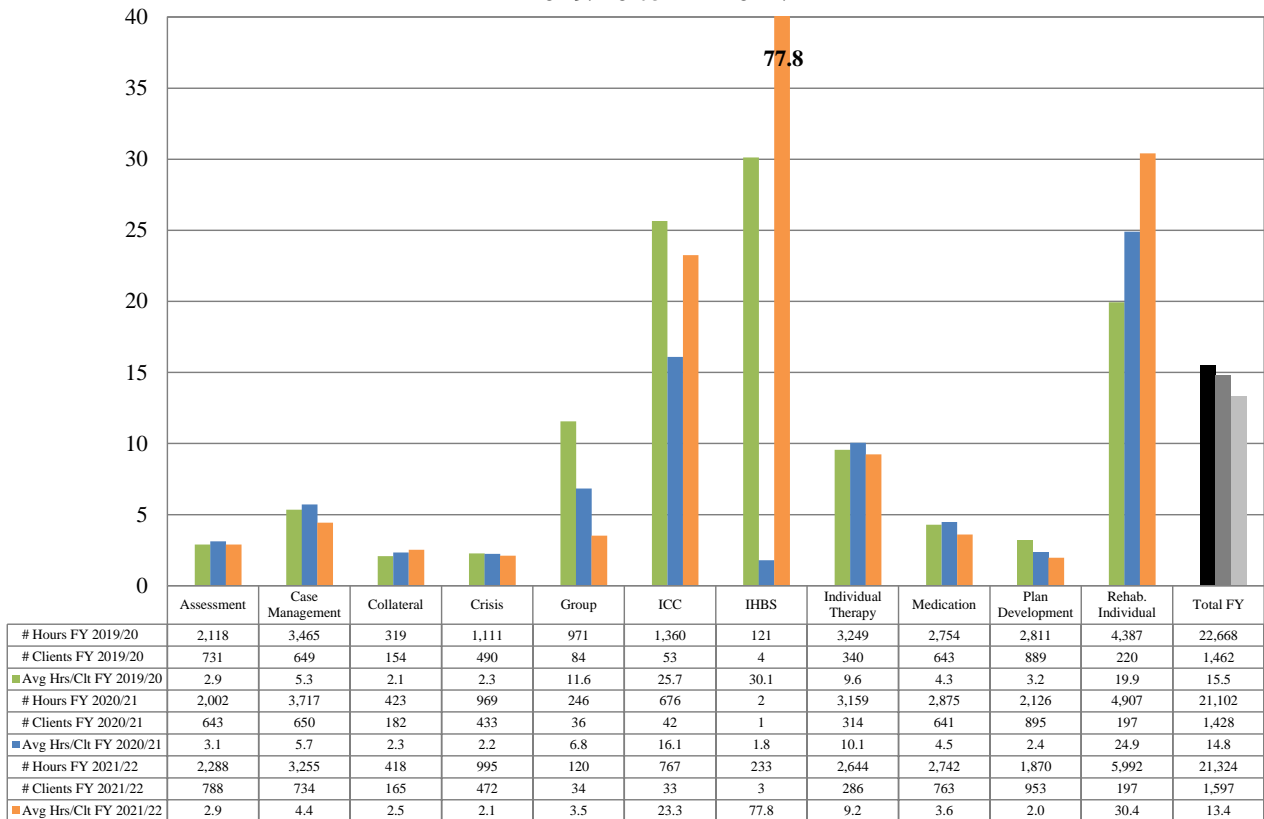
B. Utilization and Analysis of Mental Health Services

1. Utilization of Mental Health Services

Figure 8 shows the total number of hours, by type of mental health service, participants, and hours per participant across three (3) years, FY 2019/20 through FY 2021/22. This data shows that the 1,579 mental health participants received 21,324 hours of services in FY 2021/22, which calculates into 13.4 average hours per participant. This data also shows the number of participants and average hours for each type of service. Participants can receive more than one type of service. Not all participants received all services. The number of participants varies by type of service.

In FY 2021/22, participants who received an assessment averaged 2.9 hours; case management: 4.4 hours; collateral: 2.5 hours; crisis: 2.1 hours; group: 3.5 hours; Intensive Care Coordination (ICC): 23.3 hours; Intensive Home-Based Services (IHBS): 77.8 hours; individual therapy: 9.2 hours; medication: 3.6 hours; plan development: 2.0 hours; and rehabilitation individual: 30.4 hours.

Figure 8
Lake County Mental Health Services
Total Mental Health Hours, Participants, and Hours per Participant per Year, by Service Type
All Mental Health Participants
FY 2019/20 to FY 2021/22



2. Analysis of Data for Mental Health services

For mental health services, there was a small increase in the number of persons receiving services (from 1,462 to 1,597) across the three (3) years. There was a small decrease in the total number of mental health outpatient services delivered, from 22,668 to 21,324 across the three (3) ~~two~~ years. The average number of hours per person was also slightly lower from 15.5 hours per year to 13.4 hours per year.

There was a substantial increase in the average hours of Intensive Home-Based Services (IBHS), from 1.8 hours in FY 2020/21 to 77.8 hours in FY 2021/22. This service is a new Medi-Cal service that is delivered to children and families. With the changes in services as a result of COVID-19 beginning March 2020, these intensive services in the home were reduced in FY 2020/21. They have now increased in FY 2021/22.

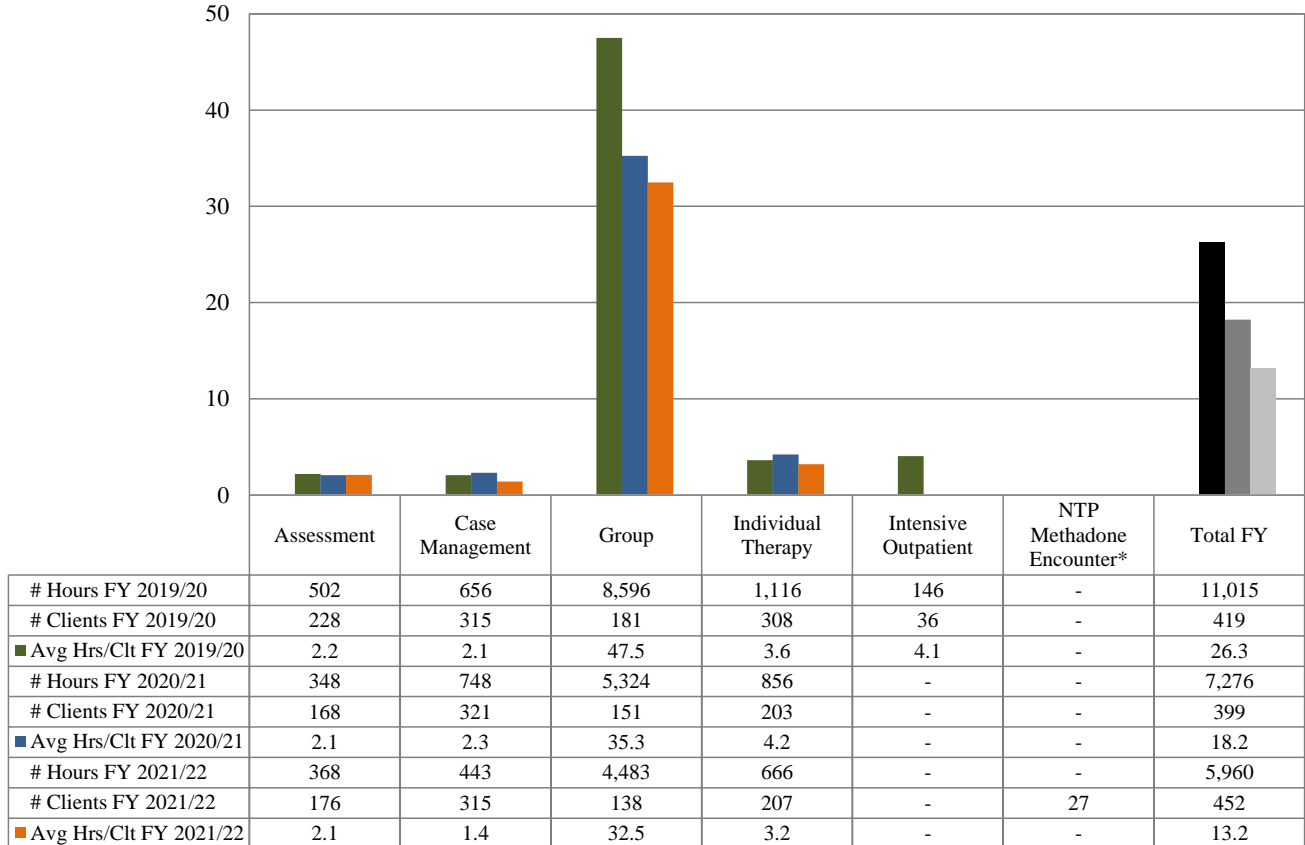
C. Utilization and Analysis of Substance Use Disorder Services

1. Utilization of Substance Use Disorder Services

Figure 9 shows the total number of hours, by type of substance use treatment service, participants, and hours per participant for FY 2019/20, FY 2020/21, and FY 2021/22. This data shows that the 452 substance use treatment participants received 5,960 hours of services in FY 2021/22, which calculates into 13.2 hours per participant. This data also shows the number of participants and average hours for each type of service. Participants can receive more than one type of service. Not all participants received all services. The number of participants varies by type of service.

In FY 2021/22, participants who received an assessment averaged 2.1 hours; case management: 1.4 hours; group: 32.5 hours; and individual therapy: 3.2. There were no intensive outpatient services delivered in FY 2021/22. There were also 27 individuals that receive NTP services since September 2021. There were no service hours associated with these services.

Figure 9
Lake County Substance Use Disorder Services
Total Substance Use Hours, Participants, and Hours per Participant per Year, by Service Type
All Substance Use Participants
FY 2019/20 to FY 2021/22



* Only the number of clients is available for NTP, not the number of hours.

2. Analysis of Data for Substance Use Disorder Services

For SUD services, there was an increase in the number of persons receiving services (from 399 to 452). There was a decrease in the total number of hours (7,276 to 5,960) delivered and the average number of hours per person (18.2 to 13.2). For FY 2021/22, there was a decrease in group services from 5,324 hours to 4,483. Similarly, the number of persons who received group services decreased from 151 to 138 persons from FY 2020/21 to FY 2021/22. The average hours of group services per person per year decreased from 35.3 hours to 32.5.

IV. STAFF CULTURAL COMPETENCY ASSESSMENT

A. Staff Survey and Results

To help assess the cultural composition and awareness of its workforce, LCBHS asked staff to complete the Staff Ethnicity and Cultural Proficiency Survey in December 2022. The complete results are shown in Attachment A.

1. Staff Composition

- a) Forty-nine (49) staff members completed the survey.
 - 1) Of all respondents, 63% (N=31) were direct service staff and 37% (N=18) were administration and management staff.
 - 2) Of all respondents, 84% work for Lake County Behavioral Health Services-MH; 31% work for Lake County Behavioral Health Services-SUD; 2% work for North American Mental Health Services; and 4% work for another agency.
 - 3) Of all respondents, 38% (N=17) reported that they are consumers of Mental Health Services and 55% (N=26) are family members of a consumer.
 - 4) Of all respondents, 53% (N=25) reported that they are persons with lived Substance Use Disorder experience and 74% (N=35) are family members of a person with lived Substance Use Disorder experience.
 - 5) Of all respondents, 20% (N=10) identified as bilingual and 12% (N=6) act as interpreters as part of their job function.
 - 6) Of all respondents, 78% reported female at birth, and 22% reported male at birth)

2. Staff Proficiency in Reading and/or Writing in Languages Other Than English

- a) Of all respondents, (N=49), 10 are bilingual. Eight (8) speak Spanish; one (1) speaks Farsi; and one (1) speaks Italian.
- b) Eight (8) respondents are proficient in reading and writing Spanish; one (1) respondent is proficient in reading and writing Farsi; and one (1) is proficient in reading and writing the Italian language.
- c) Six (6) respondents act as an interpreter as part of their job function. All six (6) interpret Spanish.
- d) Of these six (6) respondents, five (5) received bilingual pay.

3. Staff Cultural Proficiency

The survey response options included Frequently; Occasionally; and Rarely or Never. There are some interesting results when examining those questions where the responses were “Frequently”. Those responses are briefly outlined below.

a) Across all respondents:

- 1) *I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs.*
(Frequently=88%)
- 2) *I recognize that family may be defined differently by different cultures.*
(Frequently=82%)
- 3) *I recognize that gender roles in families may vary across different cultures*
(Frequently=82%)
- 4) *I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others.*
(Frequently=65%)
- 5) *I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services.*
(Frequently=65%)

b) Staff also reported on their participation in professional development activities during the past six months.

- 1) A **high** percentage of survey respondents reported that they had participated in the following activities:
 - *Talked to a colleague about a cultural issue (65%).*
 - *Reflected on my racial identity and how it affects my work with clients (57%).*
 - *Read/watched/listened to media about multicultural issues (84%).*
 - *Attended a cultural event (51%).*
- 2) A **low** percentage of survey respondents reported that they had participated in the following activities:
 - *Attended a multi-cultural training seminar (24%).*
 - *Read a novel about a racial group other than my own (27%).*
 - *Sought supervision about multicultural issues (22%).*

- *Attended a training on Implicit Bias (10%).*

B. Analysis of Staff Survey Results

The composition of LCBHS staff mirrors the demographics of the county. Several staff are available who speak Spanish, the county's threshold language other than English; and several staff members work as interpreters. Additional bilingual/bicultural staff persons are needed to support clients throughout the system. LCBHS will continue to identify creative methods for recruiting, retaining, and consistently training qualified staff.

The survey results show that there are opportunities to provide additional training to LCBHS staff to expand cultural proficiency, especially gaining awareness about cultural diversity and influences; engaging and supporting clients in ways that meet cultural and language needs/preferences; and developing skills for supporting clients as they move through the system. Highlights of staff responses show that staff reported high levels of acceptance of clients' autonomy in decision making, and recognition that both family and gender roles may vary across different cultures.

V. CLIENT CULTURAL COMPETENCE SURVEY

A. *Survey Distribution*

In an effort to assess the cultural responsiveness of our service delivery, we asked individuals who received behavioral health services through LCBHS to complete the Client Cultural Competence Survey in December 2022. The complete results for the surveys are shown in Attachment B.

B. *Client Cultural Humility Survey Results*

There were 10 individuals who completed the Client/Person Served Cultural Humility Survey.

Due to the small number of individuals who completed the survey, individual demographics will not be reported in order to protect the survey respondents' privacy.

The survey response options for the following items included Agree, Neither, and Disagree. Upon review, there were some interesting results when examining these survey responses:

1. **Across all respondents:**

- a) *LCBHS staff collaborate with me about my treatment.* Agree=80%
- b) *Staff respect my religious or spiritual beliefs.* Agree =88.9%
- c) *Staff treat me with respect.* Agree=90%
- d) *Interpreters are readily available to assist me and/or my family.* Agree=75%
- e) *Some of the treatment staff are from my racial or ethnic group.* Agree=75%
- f) *The facility has pictures or reading material that show people from my racial or ethnic group.* Agree=75%
- g) *As a result of the services that I receive here, I can handle my daily life better.* Agree=60%
- h) *If I want to receive services from a person from my own racial or ethnic group, staff help me connect to those services.* Agree=33.3%; Neither=33.3%; Disagree=33.3%

C. *Analysis of Disparities and Related Objectives*

Survey results will be analyzed and shared with the Cultural Awareness Committee (CAC) to help identify new strategies and goals over the coming year (2023).

D. Identification of Barriers and Methods of Mitigation

These survey results provide valuable information on staff, family members, and individual's understanding of culture and their experience with mental health services within the system of care. The results also help identify training opportunities to support staff to deliver culturally responsive services. The CAC has made great strides in creating a system of care that delivers culturally, ethnically, and linguistically responsive services to individuals receiving behavioral health services. This supports services that are sensitive to other cultures, including individuals in recovery; Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) community; veterans; persons living with disabilities (hearing, vision, physical); various age groups (Children: 0-15; Transition Age Youth [TAY]: 16-25; Adults: 26-59; Older Adults: 60+); immigrants and refugees; and persons involved in the justice system.

The development and implementation of a culturally- and linguistically-responsive system requires commitment and dedication from leadership, staff, organizational providers, and the community to continually strive to learn from each other. This collaboration helps to identify and mitigate barriers to ensure a service delivery system that respects the whole person.

VI. CULTURAL COMPETENCE TRAINING (FY 2021/2022)

A. Staff and Provider Training Log

Staff and contract providers completed 12 cultural competence training courses in FY 2021/2022, as follows:

Training Title	Number of Participants	Types of Participants
Cultural Competence	11	Case Managers; Client Support Assistants; Staff Services Specialists; Staff Services Analysts; MH Specialists; BH Clinical Specialists
10 Steps to Fully Integrating Peers into Your Workforce	3	Staff Services Analyst; Client Support Assistant
Abuse and Neglect in the Elder Care Setting	1	Client Support Assistant
Abuse and Neglect of Individuals with I/DD	2	Client Support Assistant; Staff Services Analyst
A Culture-Centered Approach to Recovery	3	Client Support Assistant; SUD Counselor; MH Specialist
Abuse and Neglect	1	SUD Prevention Specialist
2-Spirited/LGBTQ+ Awareness Definitions	3	SUD Counselors
Cultural Dimensions of Relapse Prevention	2	BH Clinical Specialist; Client Support Assistant
Cultural Considerations and Working with Latino Families	2	MH Case Manager; MH Specialist
911 Diversion Mental Health Equity	1	Client Support Assistant
Cultural Competence for Housing People who use Drugs	1	Staff Services Analyst
Cultural Competence and Sensitivity / LGBTQ+	1	Client Support Assistant

B. Training Analysis

It is the LCBHS system view that all staff and select providers will participate in a number of different learning experiences to help promote person-centered care and develop culturally-sensitive services to all individuals in the behavioral health system. Learning opportunities may include face-to-face meetings and trainings; individual learning sessions online; and ongoing discussions during staff meetings, clinical team meetings, and supervision sessions.

Training participants expanded their knowledge of different cultures and were equipped to use this knowledge to engage clients. LCBHS strives to create a safe, learning environment where participants feel safe to ask questions about culture, giving individuals the opportunity to expand their skills to better meet the needs of the community.

VII. PROGRAM GOALS FOR NEXT THREE FISCAL YEARS

Analysis of current programs and data allows LCBHS to develop specific goals and action items to improve quality of care and cultural competency. The following goals and action items are relevant for FY 2020/21, 2021/22, and 2022/23; these goals and action items will be reviewed and updated as necessary. Goals and/or action items may be updated as new data and trends become available. LCBHS will report on each action item in the timeframe indicated.

Goal 1: Increase access to BH services for children, older adults, and Hispanic individuals			
Action	Description	Evidence	Status/Progress
1a	Conduct appropriate outreach activities and information dissemination for underserved populations, including children, older adults, and the Hispanic community	Outreach Log; materials	<i>In progress; ongoing.</i> FY 2022/23 Update: LCBHS has hired cultural outreach specialists to specifically reach these populations. This team does both outreach and prevention activities and has been making inroads to these populations in the past year.
1b	Provide or arrange for transportation services, especially for older adults who are isolated in the county	Progress Notes; transport logs	<i>In progress; ongoing.</i> FY 2022/23 Update: LCBHS has transportation services, including drivers and bus tickets, to help people get to LCBHS services, including the peer support centers.
1c	Hire, when possible, individuals with lived experience, individuals receiving behavioral health services, and their family members, to offer peer and family support, and engage in outreach activities, to underserved clients	Staffing Plan	<i>In progress; ongoing.</i> FY 2022/23 Update: LCBHS has a number of peer support specialists with lived experience, including those within these populations identified. LCBHS is developing financial supports to a career ladder to help in advancement through education. In addition, many ongoing staff at LCBHS have lived experienced as well.

Goal 2: Enhance the delivery of services that are culturally sensitive to each client’s cultural/ethnic background and in their preferred language			
Action	Description	Evidence	Status/Progress
2a	Support the delivery of person-centered, culturally-responsive services that meet the needs of the clients	MHSIPs	<i>In progress; ongoing.</i> FY 2022/23 Update: The mission statement of LCBHS is the improvement of the quality of life for residents experiencing mental illness or substance use disorders by offering recovery-orient services. This is accomplished by being culturally responsive to the needs of the clients as identified in LCBHS policy.

Goal 3: Create a work environment where cultural awareness, dignity, and respect are encouraged and modeled as core values to effectively engage clients			
Action	Description	Evidence	Status/Progress
3a	Provide cultural and linguistic competency trainings for LCBHS staff at least two (2) times per fiscal year.	Training logs; training materials	<i>In progress; ongoing.</i> FY 2022/23 Update: LCBHS continues to utilize an online training portal (Relias) for all LCBHS staff. Relias aids LCBHS in scheduling and monitoring consistent training courses for all staff and some contract providers, including courses around cultural and linguistic competency and the use of interpreters.
3b	Provide interpreter and language line training to all direct service staff and providers who regularly communicate with individuals receiving services. Address the process for effectively using an interpreter, as well as using the language line, to support individuals receiving services in their preferred language.	Training logs; training materials	
3c	Utilize creative recruitment practices to hire professional staff, as well as peers and family advocates, to increase the workforce; and to expand the number of persons who are reflective of the local community, especially bilingual/bicultural individuals.	Recruitment materials; new hire data	<i>In progress; ongoing.</i> FY 2022/23 Update: Bilingual pay bonus is in place. Leads of peer support centers are recruited as “cultural specialists.”

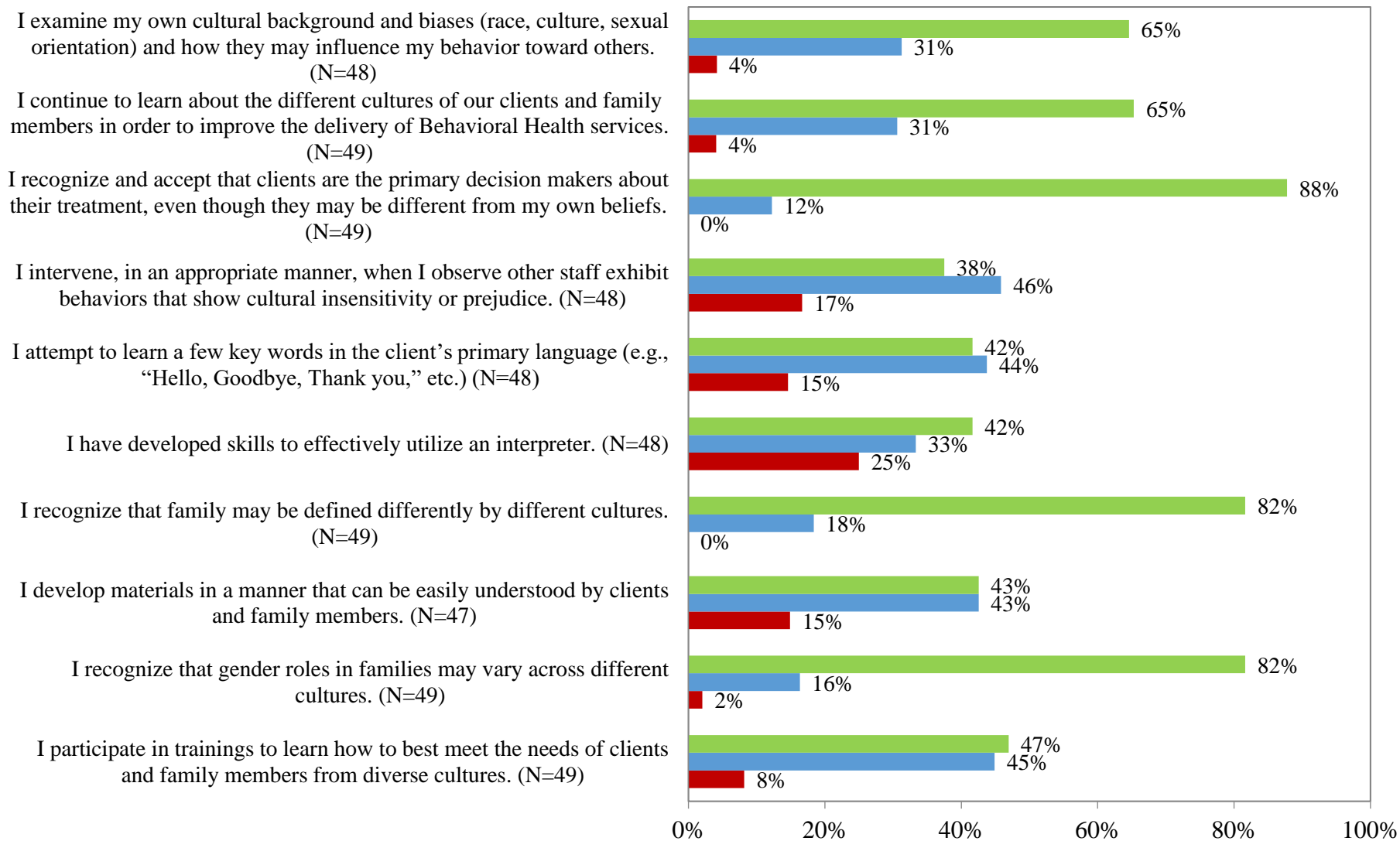
Attachment A

Staff Survey Results

Lake County Behavioral Health Staff Cultural Competence Survey 2022

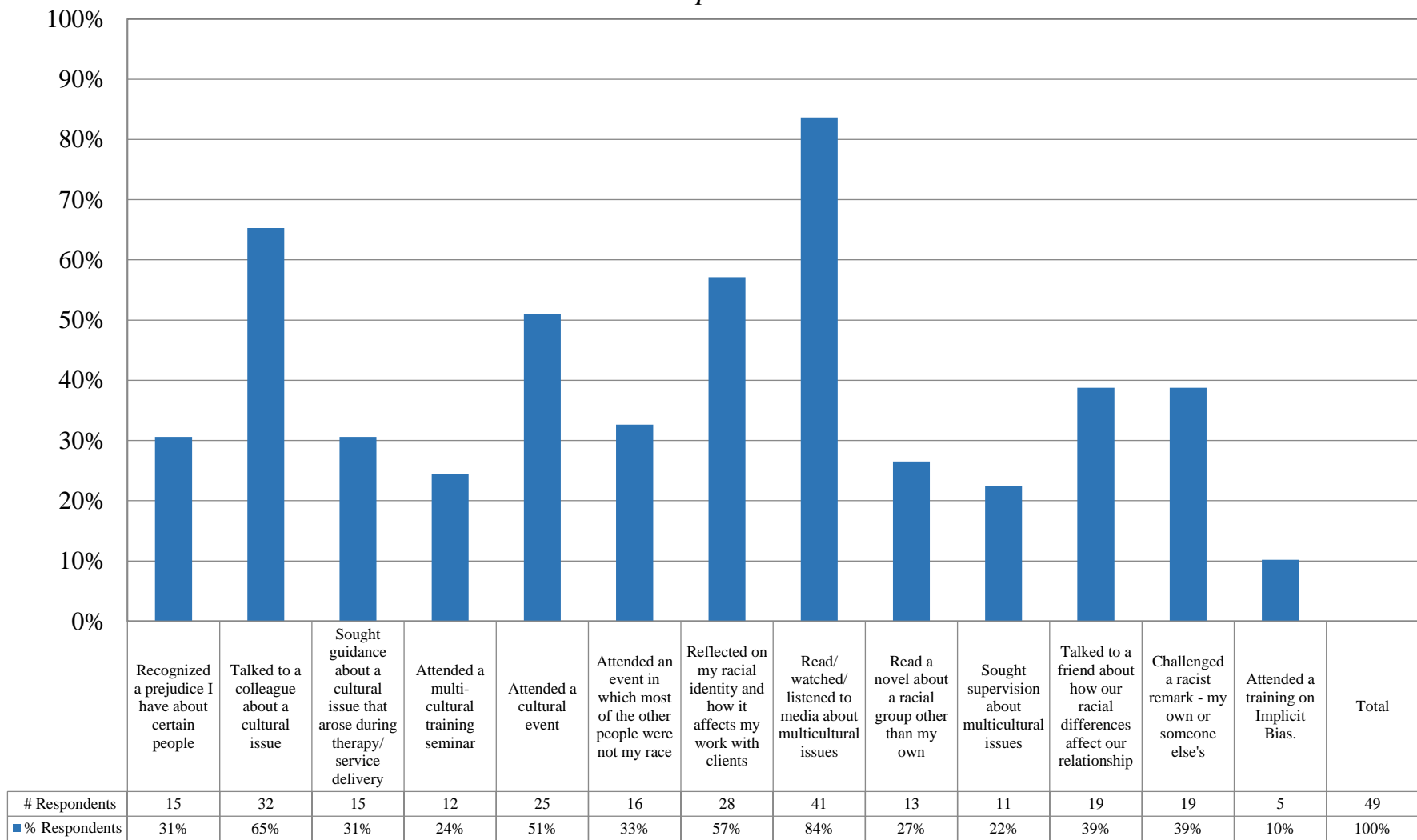
All Respondents

■ Frequently
 ■ Occasionally
 ■ Rarely or Never



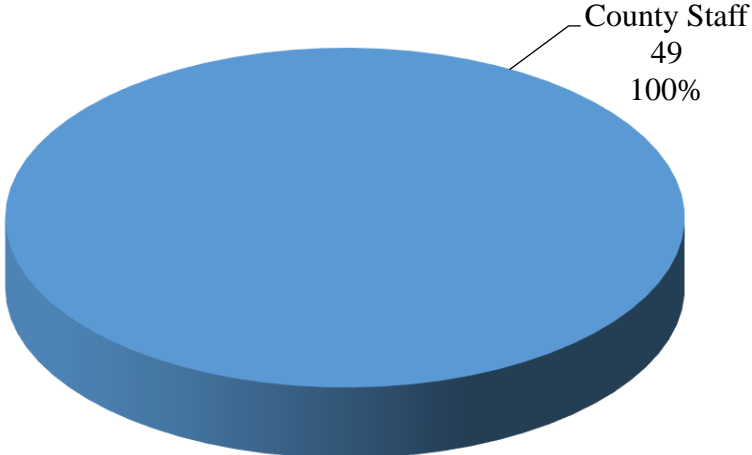
Lake County Behavioral Health
Staff Cultural Competence Survey
 2022

Participation in Professional Development Activities (Past Six Months)
All Respondents

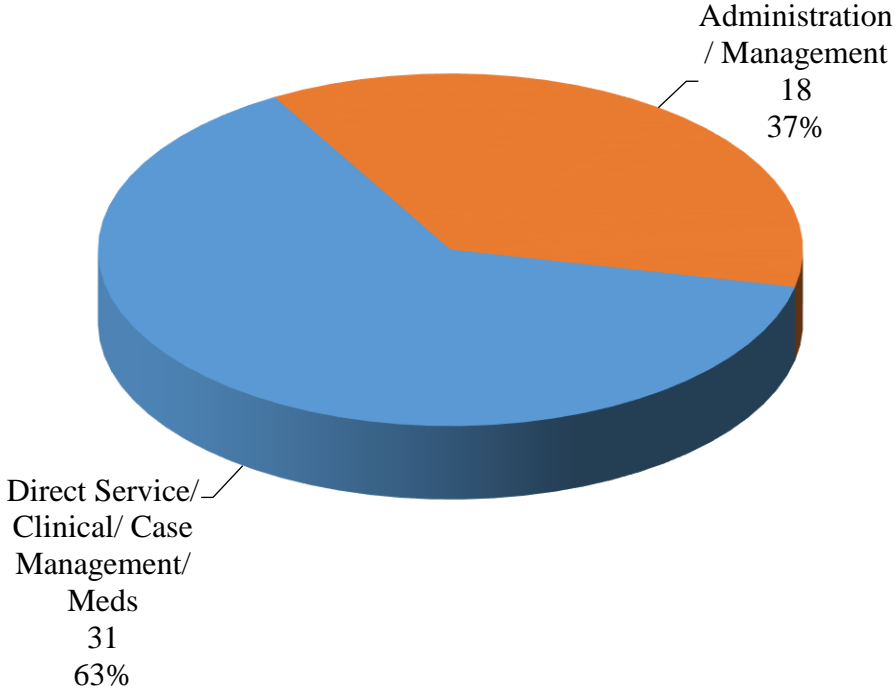


**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

Employment Status (N=49)

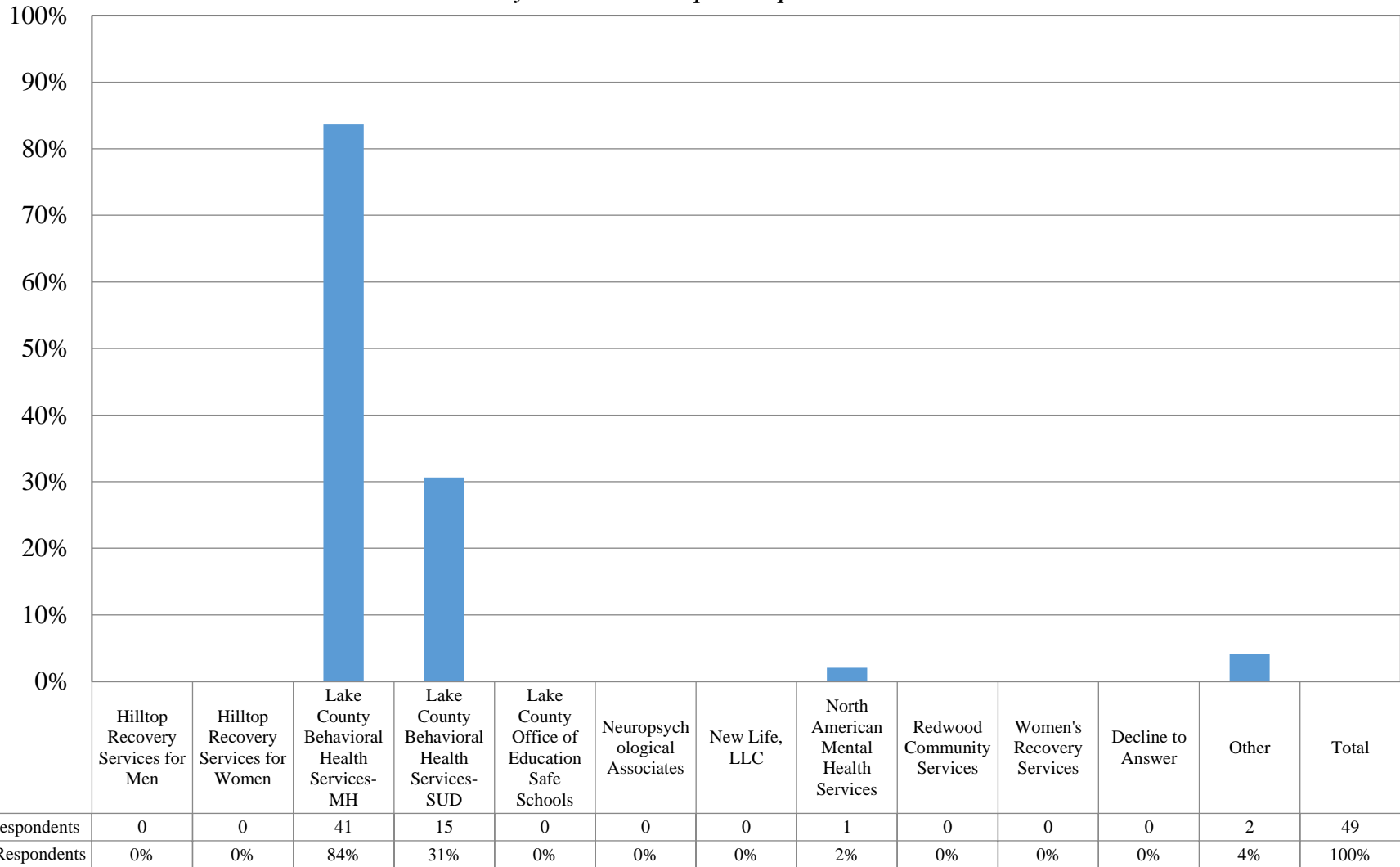


Primary Job Function (N=49)



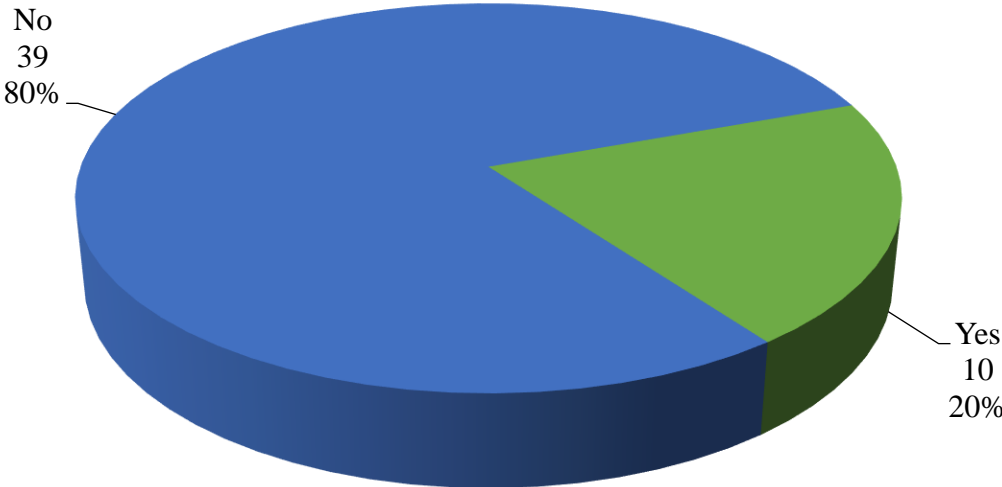
**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

*Please indicate what agency you work for
May choose multiple responses*



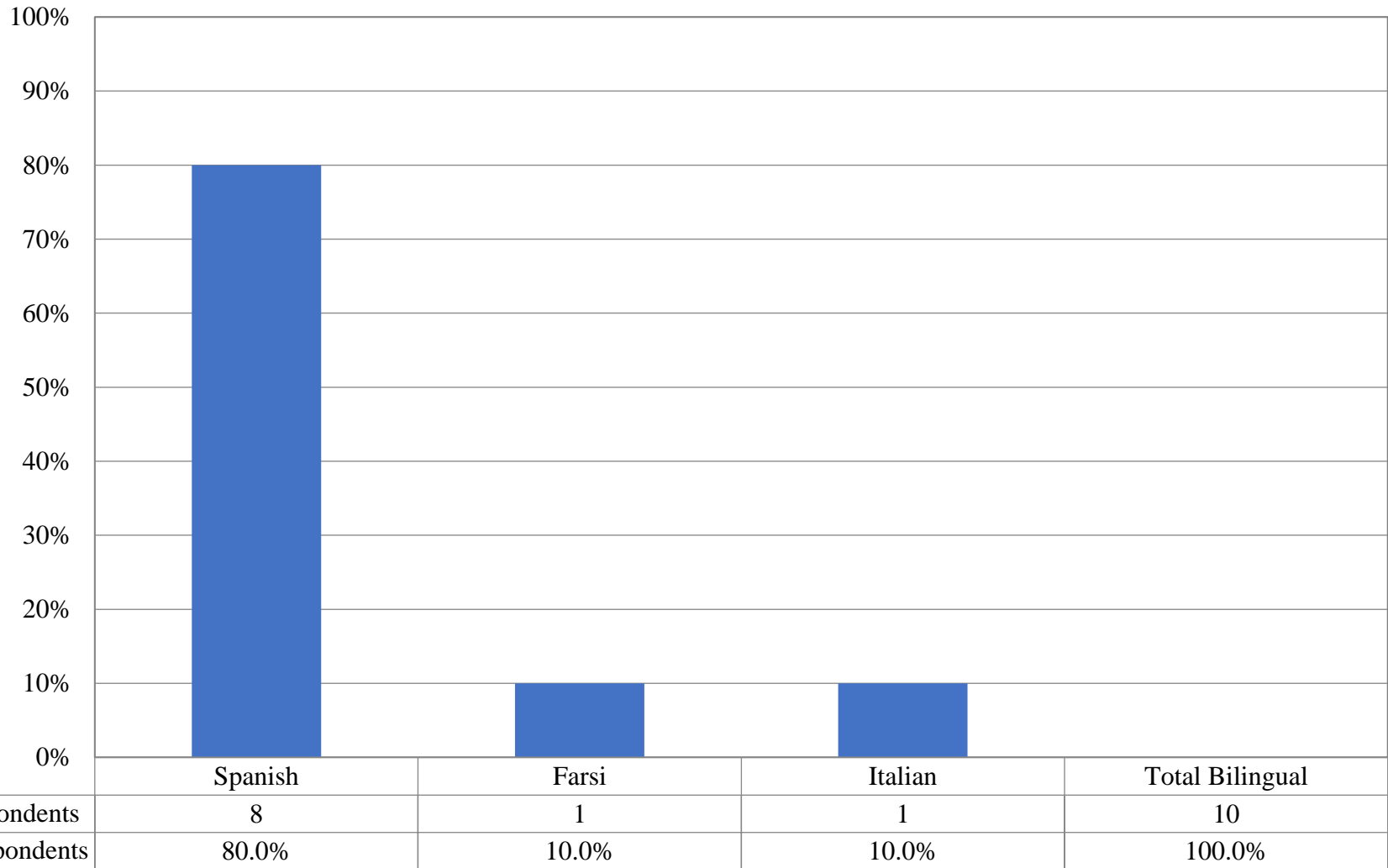
**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

Do you consider yourself Bilingual? (N=49)



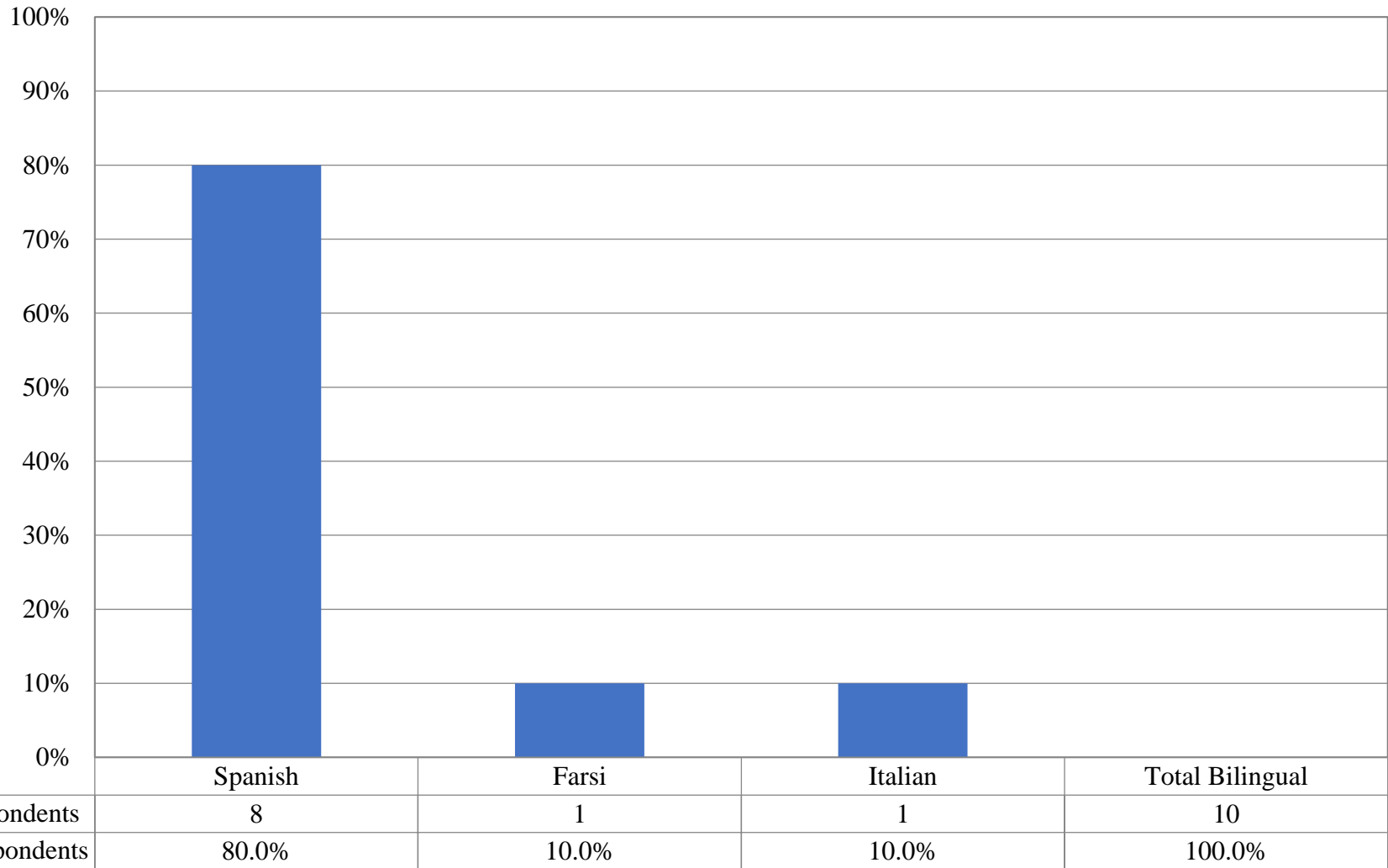
**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

*If Bilingual, which language(s) do you speak?
All Bilingual Respondents, may choose multiple responses*



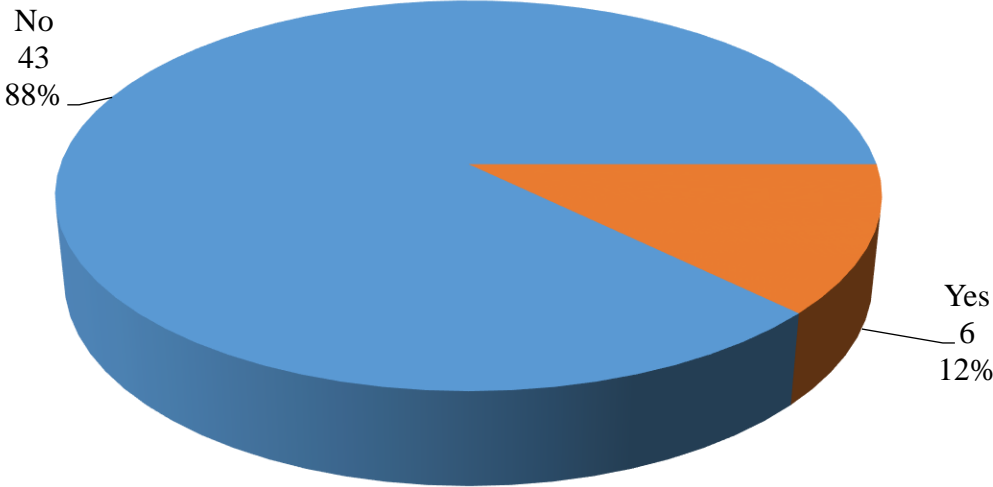
Lake County Behavioral Health
Staff Cultural Competence Survey
 2022

If Bilingual, which language(s) are you proficient in reading and writing?
All Bilingual Respondents, may choose multiple responses



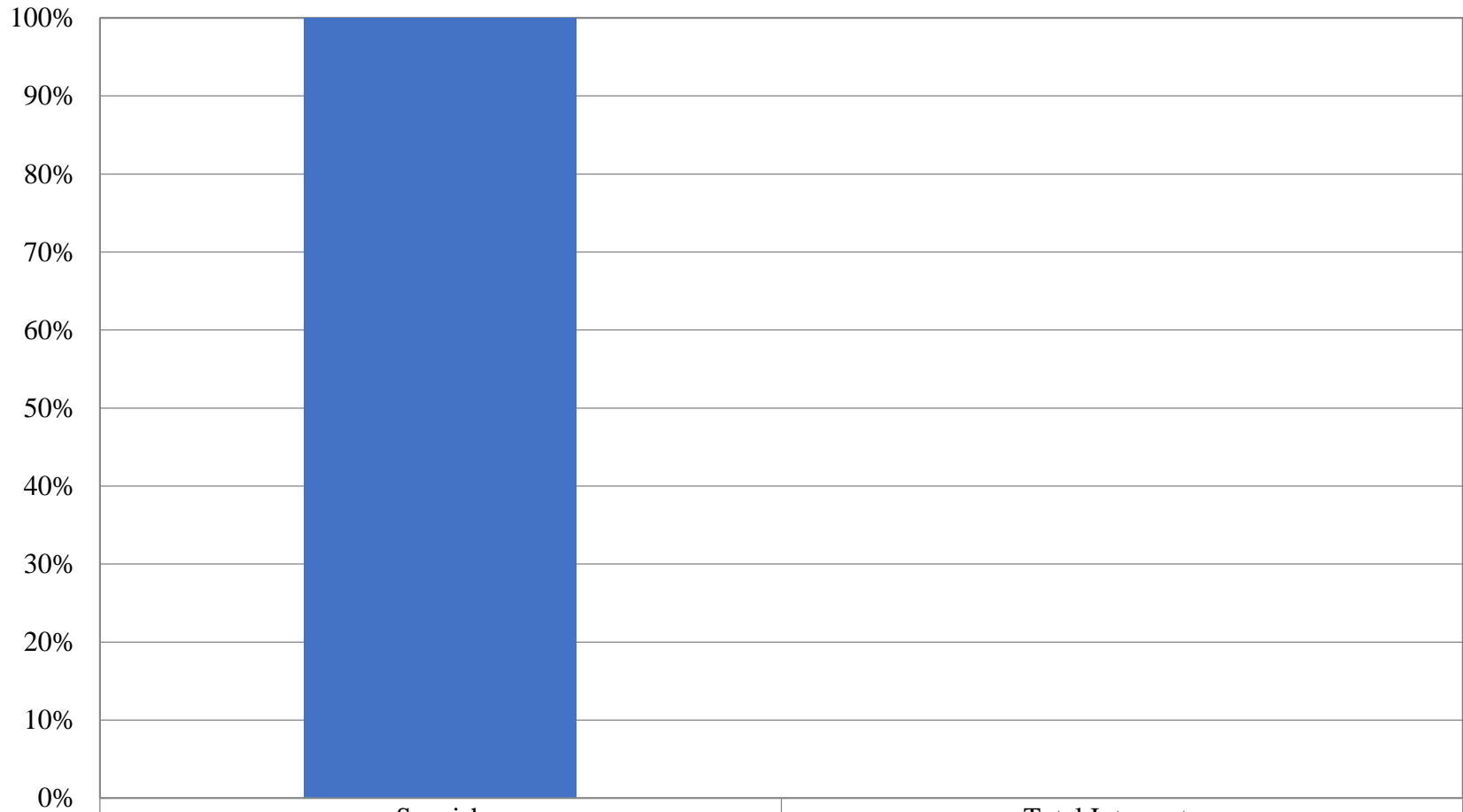
**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

Do you act as an Interpreter as part of your Job Function? (N=49)



**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

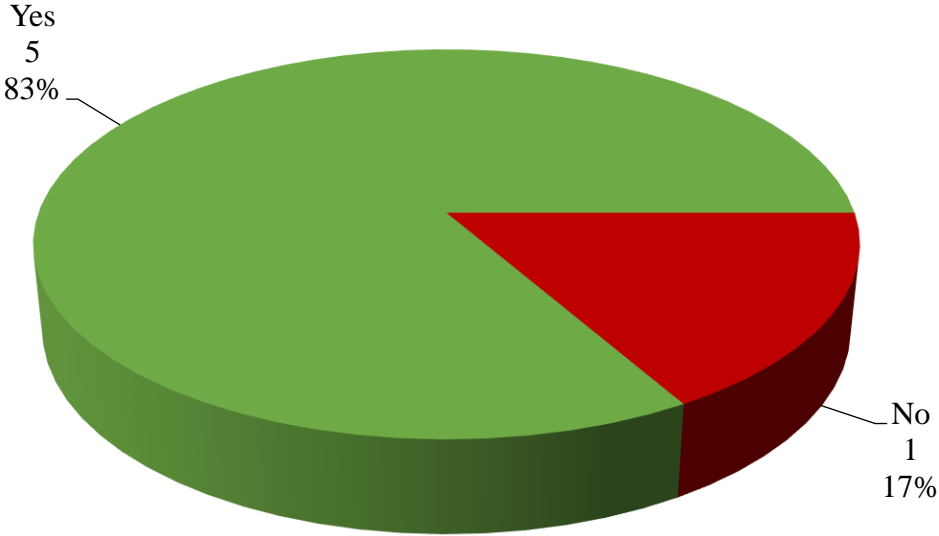
*If you act as an Interpreter, which languages do you interpret?
All Interpreter Respondents, may choose multiple responses*



	Spanish	Total Interpreters
# Respondents	6	6
% Respondents	100.0%	100.0%

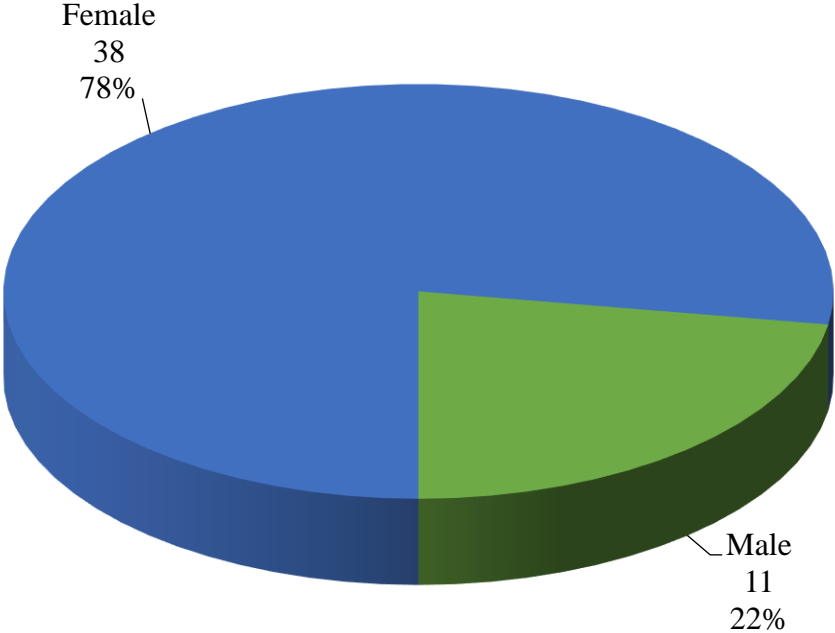
**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

*Do you receive bilingual pay? (N=6)
All Interpreter Respondents*

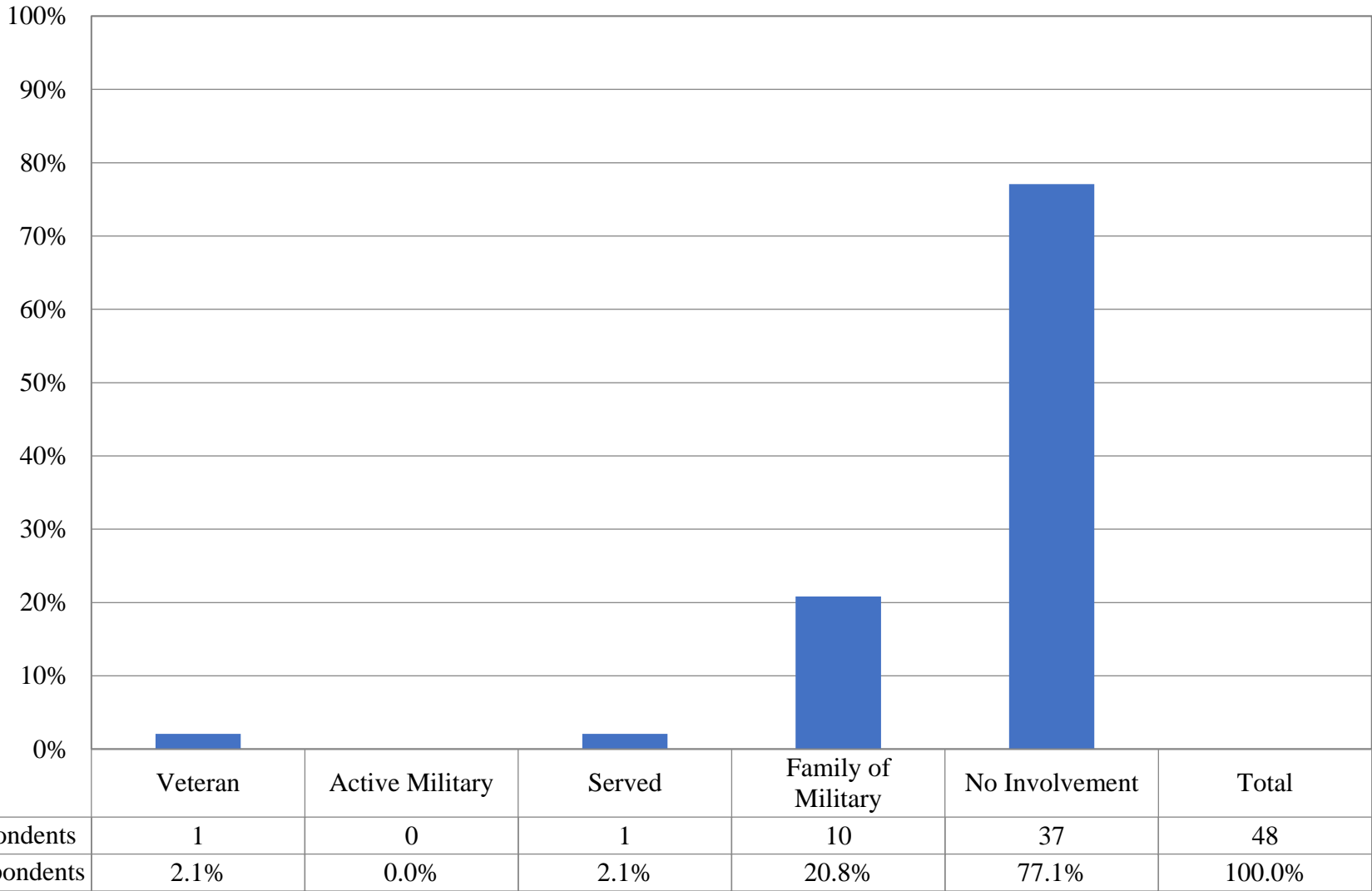


**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

Gender Assigned at Birth (N=49)

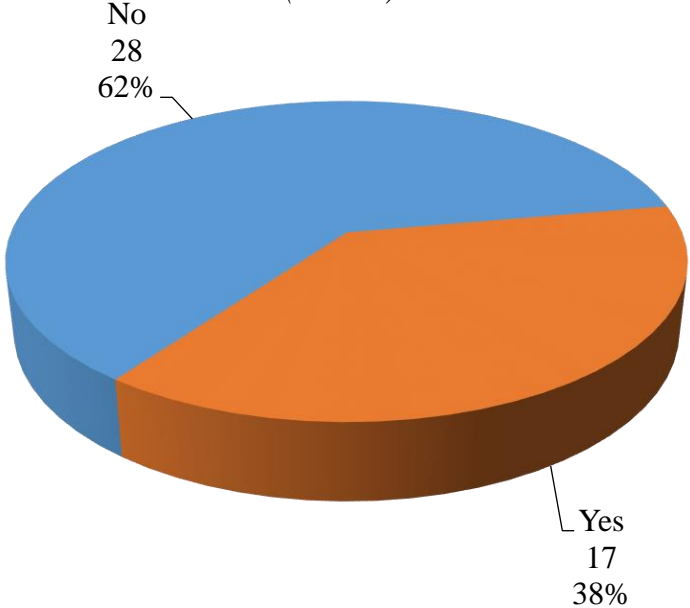


Lake County Behavioral Health
Staff Cultural Competence Survey
 2022
Military/ Service Involvement (N=48)
May choose multiple responses

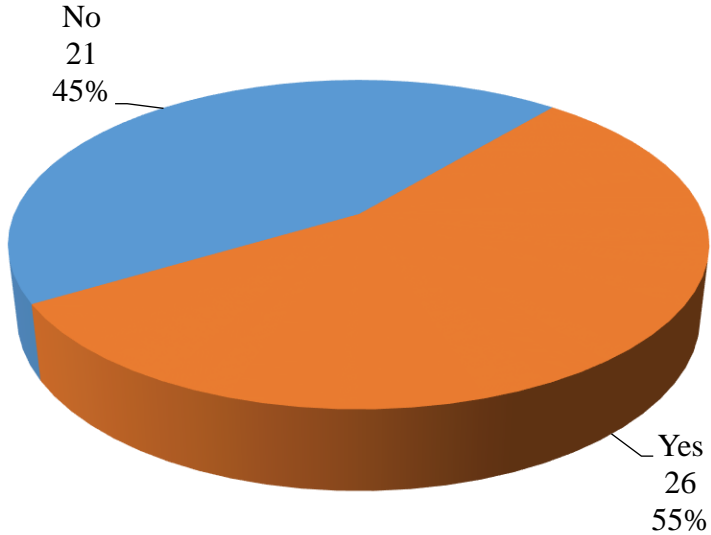


**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

*Do you consider yourself to be a consumer of Mental Health Services?
(N=45)*

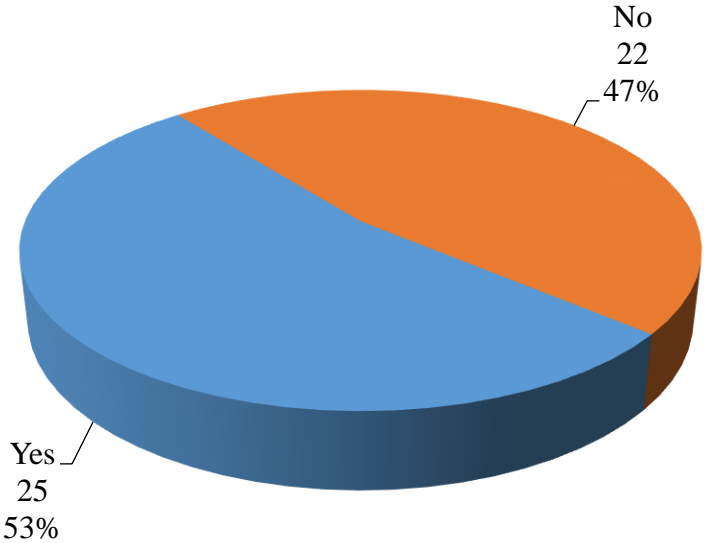


*Are you a family member of a consumer of Mental Health Services?
(N=47)*

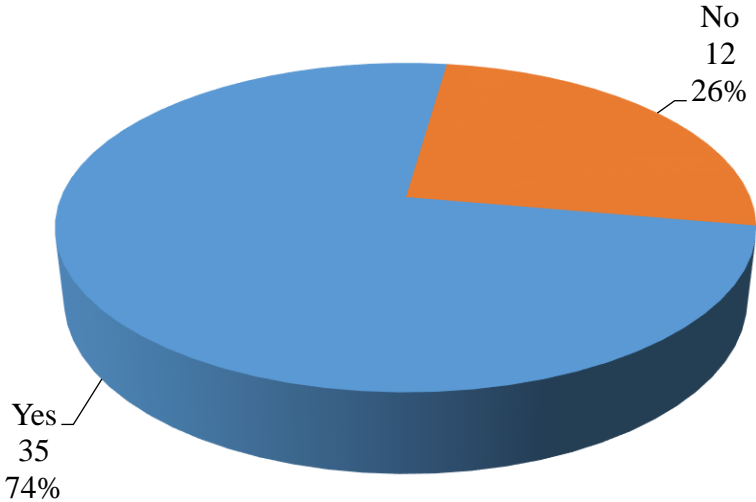


**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=47)



Are you a Family Member of a person with lived Substance Use Disorder experience? (N=47)



Attachment B Client Survey Results

Lake County Behavioral Health Client/Person Served Cultural Humility Survey 2022

