KINGS COUNTY
BEHAVIORAL HEALTH

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CULTURAL COMPETENCE PLAN

ANNUAL UPDATE

FY 2024/2025

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Kings County Behavioral Health Cultural Competency Plan

2024 UPDATE

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The Fiscal Year 2024/2025 Cultural Competency Plan Update was approved by the Cultural Humility Taskforce on December 13, 2024.

Kings County Behavioral Health Cultural Competency Plan

2024 UPDATE – EXECUTIVE SUMMARY

BACKGROUND:

Each county Mental Health Plan must develop and submit a cultural competence plan (CCP) consistent with the standards and criteria set forth in California Code of Regulations, Title 9, Section 1810.410. This plan must be updated annually and submitted to the Department of Health Care Services (DHCS) each year by December 31st.

INTENT:

The CCP is intended to move toward the reduction of mental health service disparities identified in racial, ethnic, cultural, linguistic, and other unserved/underserved populations, working toward the development of the most culturally and linguistically competent programs and services to meet the needs of the county's diverse racial, ethnic, and cultural communities in the mental health system of care.

PURPOSE:

This plan is the Kings County Behavioral Health (KCBH) fiscal year 2023/2024 CCP annual update. The updated plan contains an assessment of the county's population, Medi-Cal enrollees, and clients served by the Kings County Mental Health Plan (MHP) to identify any disparities in access and satisfaction with cultural and linguistic competence within the MHP. The CCP also assesses the MHP's workforce and system of care to ensure capacity to provide culturally and linguistically competent services. The format used follows the eight (8) criterion required by DHCS as found within Information Notice 10-17 Enclosure 1.

FINDINGS:

Upon assessment of the eight criterion, and after discussion within the county's Cultural Humility Task Force, the following is a synthesis of the findings for which a subsequent strategy was determined, but does not include the findings where no action was found to be needed. Details from the assessment, to include all findings, can be found within the main Plan.

- Findings: Access to services within rural county
  - Strategy: School-based services

- Finding: Lower percentage of Hispanic/Latino client utilization in comparison to percentage of county population
    - Strategy: Access promotions targeting Hispanic/Latino population such as social media campaigns and community outreach
- Finding: Stigma among LGBTQ+, African American, Latino, and veteran communities.
    - Strategy: Mental Health awareness promotions among identified populations
- Finding: Access fears among LGBTQ+ community.
    - Strategy: LGBTQ+ supports specific to the LGBTQ+ community such as pop-up support groups and provider trainings.
- Finding: No representation of persons with lived experience on Cultural Humility Task Force
    - Strategy: Recruit members among Peer and Parent partners
- Finding: No MHP-wide Client Culture Training, specifically
    - Strategy: Release identified Client Culture Training to MHP staff and providers
- Finding: Diverse cultural representation among materials
    - Strategy: Further exploration

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CRITERION 1: Commitment to Cultural Competence

I. County Mental Health System commitment to cultural competence

The County of Kings, its Behavioral Health Department and its community-based providers seek to continuously improve the delivery of a broad range of behavioral health services, including mental health, prevention and early intervention, and substance use disorders which are based in cultural humility, are culturally responsive and appropriate for the communities that make up Kings County.

A. Commitment of to cultural and linguistic competence services are reflected throughout the entire system:

1. *Mission Statement*;

   To promote, support, and invest in the wellness and recovery of individuals living in the communities of Kings County by creating opportunities to contribute, learn, work and find hope in each day.

2. *Statements of Philosophy*;

   Vision**:** Kings County Behavioral Health (KCBH) and its partners build programs that empower individuals and their families to achieve sustained well-being from mental illness and addiction.

   Guiding Values:

   - Meet each individual where they are, focusing on the person, not an illness
   - Seek to understand and embrace diversity
   - Demonstrate ethics, integrity and commitment in all that we do
   - Share knowledge and information, which fosters authority and empowerment in everyone.
   - Create partnerships that are preventative, creative, and positive to our mission.

3. *Strategic Plans;*

   KCBH conducted a Community Program Planning (CPP) process to engage stakeholders and gather information to support decision- making for the FY 2023/2024 – 2025/2026 Kings County Mental Health Services Act (MHSA) Three Year Plan Annual Update. KCBH commissioned EVALCORP Research & Consulting to facilitate the CPP process activities, analyze data gathered from the community, and summarize key findings. KCBH continues to strive to meet beneficiaries where they are and provide appropriate services to their community, to address the needs of the rural areas.

   KCBH continues to focus on supporting school-based services for youth. KCBH's School Based Services Program has had an overwhelming demand and success since it was first

implemented in January 2022. The program is now fully booked for fiscal year 2024-2025 due to the requests of the myriad of schools throughout the county. This continues to be an additional method to meet beneficiaries where they are in the community.

The three MHSA-funded programs are primarily field-based services, serving individuals at Family Engagement/Resource Centers, schools, homes, via telehealth, and other community-based locations. The KIND Center and the Adult Recovery Oriented Services Program currently offer the ability for clients to be served at locations other than their Hanford Clinic, by appointment only. However, through community feedback and this community planning process, the community would like this to be expanded to not just be by appointment only (allow a place for walk-in request for services).

Kings County Behavioral Health will be launching the County's first 24/7 Countywide Mobile Crisis Program starting Dec 31, 2024, which will also launch the County's first integrated 24/7 behavioral health call center that'll include the Mental Health Plan and Drug Medi-Cal Access Line, peer-operated Warmline, and Mobile Crisis Dispatch and Response. The new line which launches Dec 31, 2024, will be (559) 247-HELP. We look forward to making access to care more readily accessible and timelier for those in the community seeking services, a listening ear, or are experiencing a behavioral health crisis. This launch is through the help of the Department of Health Care Services (DHCS) Mobile Crisis Benefit, the DHCS Crisis Care Mobile Units (CCMU) Planning and Infrastructure Grant, and through MHSA funding that allows for such support systems as Warmlines and Wellness Centers where no other funding is available.

Also, the first Mental Health First Aid training in Spanish was held in the community this year. This training was facilitated by one of our Prevention Coordinators that is dedicated to ensuring these trainings are accessible to the community in a culturally and linguistically diverse manner.

Additionally, as continued support towards increasing awareness and access throughout the County especially within the rural areas, KCBH works with partner organizations to increase awareness of programs available in rural areas and to minority populations and has increased outreach and advertising in English and Spanish related to services available and topics around behavioral health such as suicide prevention.

4. *Policy and Procedure Manuals;*

Policies and procedures include the following, which are available upon request:

a. MPP A-015: Cultural Competency Policy
b. MPP A-016: Cultural Competence Taskforce
c. MPP A-042: Requirement of Culturally and Linguistically Appropriate Services (CLAS) Standards for all Direct Service Providers
d. MPP A-052: Language and Interpreter Services
e. Kings County Employee Handbook: Bilingual Pay

5. *Other Key Documents*;
    a. Contractor Requirements contained in the KCBH agreement boilerplate, item 26, Culturally and Linguistically Appropriate Services Standards.

II. County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system.

Contractors: KCBH expects that all contracted network providers are accountable for providing culturally and linguistically competent specialty mental health and substance use disorder treatment services. Contractor agreements include a provision that states, "To ensure equal access to quality care by diverse populations, Contractor shall adopt and implement the federal Office of Minority Health (OMH) national Culturally and Linguistically Appropriate Standards (CLAS), and will be demonstrated through policies, training and cultural competency plans its efforts address the CLAS requirements." Contractors are also required to participate on the Cultural Humility Task Force, report any necessary data for the Cultural Humility Plan, and provide their staff with a minimum of four (4) hours of cultural competency training annually.

A. *Community Outreach, Engagement, Involvement:* Given the geographic and demographic profile of Kings County, the MHSA Community Program Planning Process (CPPP) found that KCBH should continue to strive to meet people "where they are" - in terms of their location, culture, and mental health needs. Transportation and language were cited as barriers to access by many participants. Participants suggested alternative means such as using an app or online program to stay connected to members who are unable to travel to Hanford regularly. These connections to members would also provide a pathway for KCBH to outreach in rural areas—another identified need—by increasing familiarity with their services among rural community members.

   In 2024, KCBH ran multiple ad campaigns via Kings Area Rapid Transit (KART), and through the KCBH Billboard to raise awareness of mental health services available and promote the 9-8-8 Suicide Lifeline. The following are the ads that were used to promote the 9-8-8 Suicide Lifeline.

   In 2025 KCBH will be updating the billboard and KART advertisements to help promote the launch of the County's first integrated 24/7 behavioral health call center that'll include the Mental Health Plan and Drug Medi-Cal Access Line, peer-operated Warmline, and Mobile Crisis Dispatch and Response.

Location: College of the Sequoias, Hanford

Location: Home Garden Health Clinic, Hanford

Location: Northstar at Remington, Hanford

Location: Skyline at State Market, Avenal

Location: Shown on media screens of all KART Buses

Location: KCBH Billboard on 11th Avenue, Hanford

The KART ad campaign includes two bus ads, one English and one Spanish (the busses rotate through the Kings County routes), both English and Spanish ads rotate through the media screens on all busses. The ads is displayed on the only KART shelter in Avenal in both English and Spanish. In addition KCBH has added three additional shelter spaces to include a space in front of the Home Garden Clinic, College of the Sequoias, and the Remington which is also near the Northstar Apartments in Hanford.

B. *Committee:* KCBH facilitates a Cultural Humility Task Force (CHTF) which evolved in late 2010. The Task Force is made up of community members and partnering agency staff who contribute to the completion of the required State Cultural Competency Plan, annual updates to that plan, and promoting culturally appropriate services throughout Kings County. This effort is accomplished through identification of some of our community provider training needs, recommending trainings, working on anti-stigma and stigma reduction, focusing on underserved, or inappropriately served populations in Kings County (i.e. LGBTQ Youth, Latinos, Veterans, seniors, Native Americans, and those living with a mental illness) as well as promotion of CLAS standards. The Task Force meets quarterly and is open to all community members, organizations, service providers. Information on the Task Force and when and where it meets can be found online at: http://www.kcbh.org/cultural-competency-task-force.html

C. *Challenges:* Program challenges include having consistent attendance by committee members. Additionally, representation on the Task Force by persons with lived experience and or family members had been a challenge, but we have been able to have a person with lived experience start attending our monthly meetings.

III. Each county has a designated Cultural Competence/Equity Services Manager (CC/ESM) person responsible for cultural competence.

A. Designated CC/ESM responsible for cultural competence

Currently the designated CC/ESM (Equity Services Manager) is the Mental Health Services Act Program Manager, and the CC/ESC (Equity Services Coordinator) is the Community Outreach Specialist within the Mental Health Services Act Team. The CC/ESC works in collaboration with the Kings County Behavioral Health Cultural Humility Task Force to monitor, identify, and promote an appropriate system of care that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

IV. Identify budget resources targeted for culturally competent activities.

A. Evidence of a budget dedicated to cultural competence activities:

1. Funds applicable to cultural humility efforts and the work of the Cultural Humility Task Force can be found within the Mental Health Services Act, Prevention and Early Intervention, Stigma and Discrimination Reduction service category. Given the nature of this program and the widely distributed outreach efforts, KCBH was unable to track the exact number of individuals impacted by this program. It is estimated that over 100,000 are reached through advertising and outreach events. Additional funds for cultural humility activities and the Cultural Humility Task Force are a part of the Department's overall training costs, which are not specifically broken out into categorical areas.

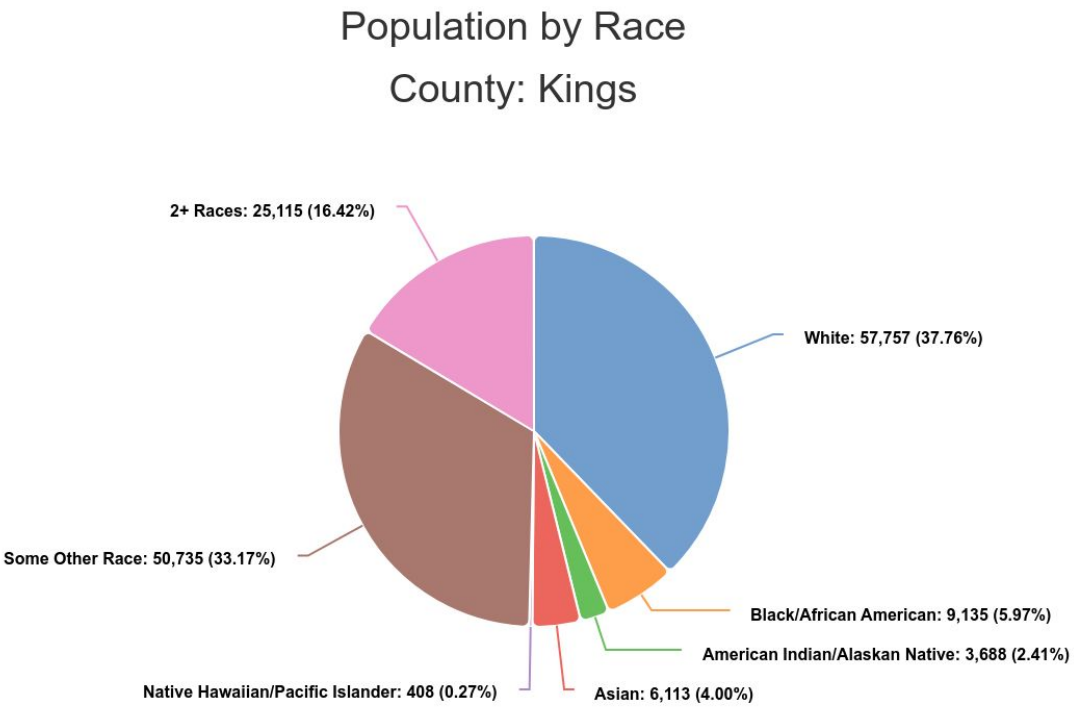
- Number of individuals to be served in FY 2024-2025: 100,000
- Proposed FY 2023-2024 Budget: $292,334

CRITERION 2: Updated Assessment of Service Needs

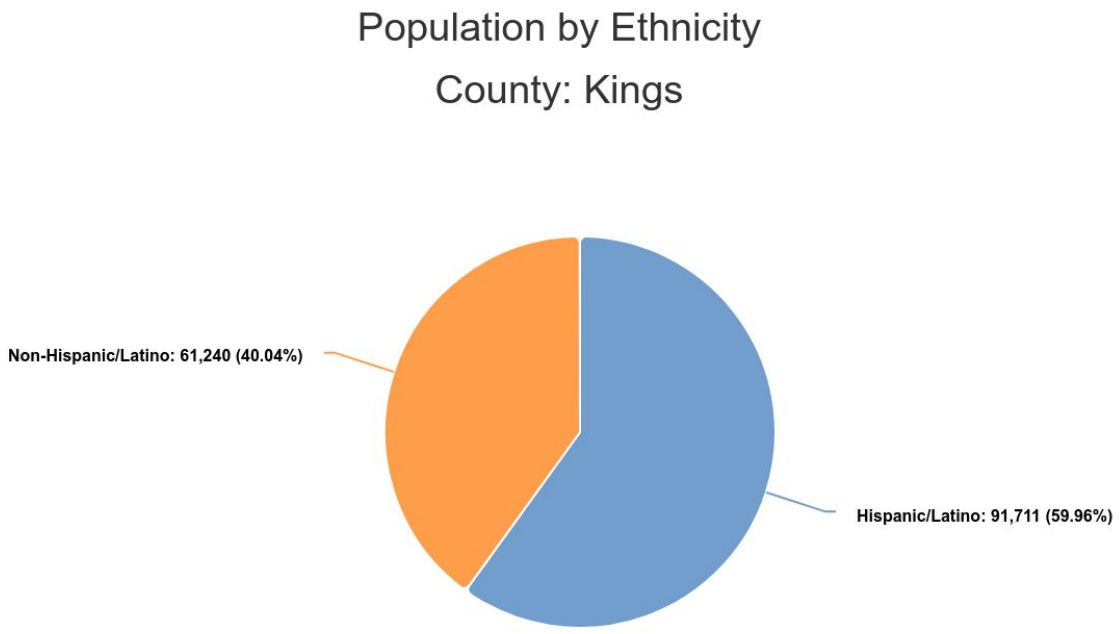
I. General Population

A. Per the US Census Quick Facts report (https://www.census.gov/quickfacts/fact/table/kingscountycalifornia/PST045223), Kings County has a population of 152,682 as of July 1, 2023.

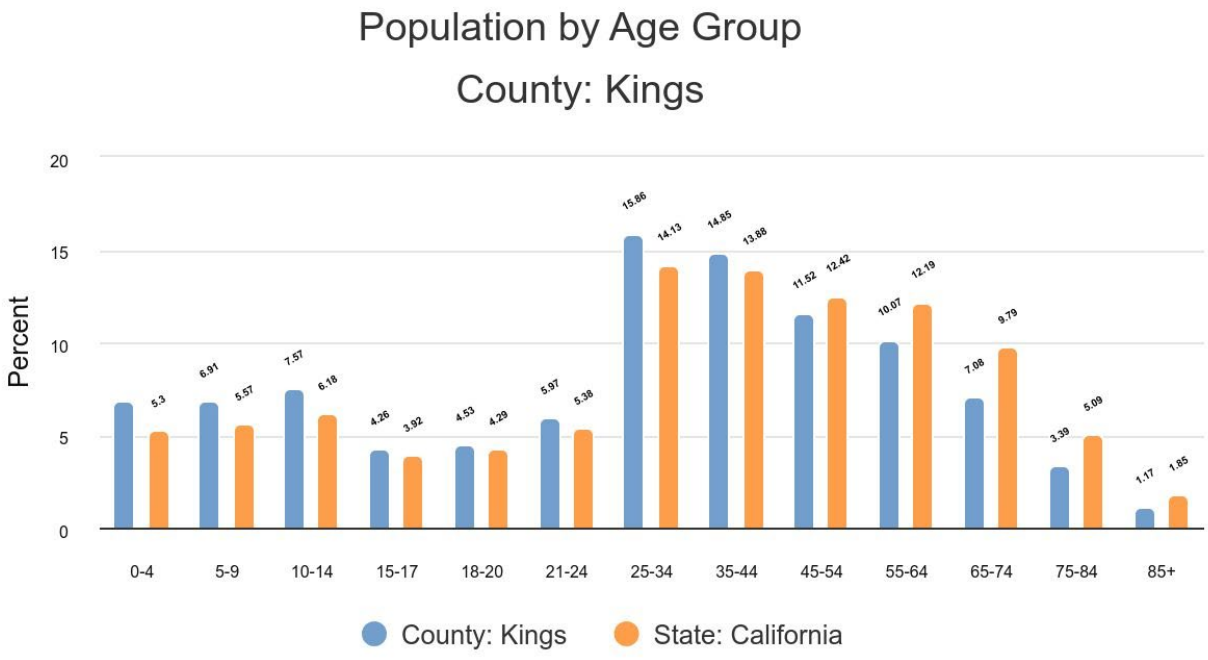
B. The race, ethnicity, age and sex breakdowns are as follows (https://www.kpfp.org/?module=demographicdata&controller=index&action=index&id=253&sectionId=):



Claritas, 2024. kpfp.org



Claritas, 2024. kpfp.org



Claritas, 2024. kpfp.org

Population by Sex				
	County: Kings		*State: California*	
	Persons	*% of Population*	*Persons*	*% of Population*
Male	82,802	54.14%	19,351,680	49.40%
Female	70,149	45.86%	19,821,192	50.60%

II. Medi-Cal population service needs

A. *Summarize Medi-Cal population and client utilization, utilizing EQRO data.*

The following table demonstrates the average number of Medi-Cal beneficiary enrollees in Kings County, by race/ethnicity, age, and gender, and those served by the Mental Health Plan in calendar year 2022 demonstrated through specialty mental health services claims data as provided by the External Quality Review Organization Claims Data Report.

*Disclaimer: The External Quality Review Organization is currently undergoing a vendor transition. As a result, an EQRO audit and updated data for the 2023 calendar year were not available.

Kings MHP Medi-Cal Enrollees and Beneficiaries Served in CY 2022, by Race/Ethnicity				
	Average Monthly Unduplicated Medi-Cal Enrollees	*% Enrollees*	*Unduplicated Number of Beneficiaries Served*	*% Served*
TOTAL				
	68,932		2,623	
RACE/ETHNICITY				
Hispanic/Latino	44,952	65%	1,411	53.79%
Caucasian	9,555	13.86%	691	26.34%
African-American	2,774	4.02%	174	6.63%
Asian/Pacific Islander	1,409	2.04%	39	1.49%
Native American	265	0.38%	26	0.99%
Other	9,977	14.47%	282	10.75%
AGE GROUP				
0-5	8,262	11.99%	80	3.05%
6-17	18,525	26.87%	808	30.80%
18-59	34,821	50.52%	1,557	59.36%
60 +	7,323	10.62%	178	6.79%
GENDER				
Female	36,580	53.07%	1,400	53.37%

Male	32,351	46.93%	1,223	46.63%

B. *Analysis of potential disparities within data in II.A.:* The primary potential disparity noted in the data from the table above is the percent served among Hispanic/Latino and Caucasian in comparison to percent enrolled. Hispanic/Latino make up 65% of the persons enrolled in Medi-Cal on average monthly calendar year 2022 yet make up 53.79% of those served by the MHP, and Caucasians make up 13.86% of the persons enrolled in Medi-Cal on average monthly calendar year 2022 yet make up 26.34% of those served by the MHP. KCBH has focused outreach efforts for increasing awareness and access among the Hispanic/Latino population and will continue through fiscal year 2023/2024.

III. 200% of Poverty (minus Medi-Cal) population and services need.

A. *Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, age, and gender.*
200% of poverty data below was extracted from the Department of Health Care Services at https://www.dhcs.ca.gov/provgovpart/Documents/CaliforniaPrevalenceEstimates.pdf.

Estimates of Need for Mental Health Services for SMI/SED in Kings County	Total Population	Households below 200% Poverty	Household below 200% SMI/SED Estimate	Household below 200% SMI/SED Estimate %
AGE				
Youth (0-17)	41,320	25,131	2,238	8.91 %
Adults (18+)	107,444	36,795	2,918	7.93 %
GENDER				
Female Youth (0-17)	19,975	12,169	1,083	8.90 %
Male Youth (0-17)	21,345	12,961	1,155	8.91 %
Female Adults (18+)	43,444	19,742	1,842	9.33 %
Male Adults (18+)	64,000	17,053	1,076	6.31 %
ETHNICITY				
White-NH Youth (0-17)	11,723	4,508	383	8.49 %
African Am-NH Youth (0-17)	1,785	1,202	105	8.76 %
Asian-NH Youth (0-17)	1,026	372	33	8.78 %
Pacific I-NH Youth (0-17)	72	32	3	9.67 %
Native-NH Youth (0-17)	408	269	24	9.06 %
Other-NH Youth (0-17)	-	-	-	-
Multi-NH Youth (0-17)	1,101	728	63	8.62 %
Hispanic Youth (0-17)	25,205	18,020	1,627	9.03 %
White-HN Adults (18+)	43,233	9,211	902	9.79 %
African Am-NH Adults (18+)	9,096	1,505	111	7.36 %
Asian-NH Adults (18+)	3,615	1,005	38	3.78 %
Pacific I-NH Adults (18+)	184	42	2	3.80 %
Native-NH Adults (18+)	1,106	422	653	12.53 %

Other-NH Adults (18+)	-	-	-	-
Multi-NH Adults (18+)	1,216	577	53	9.21 %
Hispanic Adults (18+)	49,020	24,032	1,760	7.32 %

B. *Analysis of potential disparities in above table:* Currently there is a lack of available information on the number and percentage of individuals in Kings County at 200% Poverty who are not Medi-Cal Beneficiaries, therefore, we believe there isn't enough information to make any conclusions on this population's services needs.
*Disclaimer: Updated data for the 2023 calendar year could not be found.

IV. MHSA Community Services and Supports population assessment and services needs.

A. *Assessment of population and client utilization as it relates to MHSA CSS.*
The KCBH CSS focus is towards enhancement and expansion of the transition mental health system of care with emphasis on Full-Service Partnership (FSP) programs for children/youth and adults. Therefore, the CSS population to be served and served are Medi-Cal enrollees. As such, the data table from Criterion 2. II. Medi-Cal Population is applicable to this population assessment and client utilization.

The following table demonstrates the average number of Medi-Cal beneficiary enrollees in Kings County, by race/ethnicity, age, and gender, and those served by the Mental Health Plan in calendar year 2022 demonstrated through specialty mental health services claims data as provided by the External Quality Review Organization Claims Data Report.

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Female	36,580	53.07%	1,400	53.37%
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B. Analysis of potential disparities within data.

The primary potential disparity noted in the data from the table above is the percent served among Hispanic/Latino and Caucasian in comparison to percent enrolled. Hispanic/Latino make up 65% of the persons enrolled in Medi-Cal on average monthly calendar year 2022 yet make up 53.79% of those served by the MHP, and Caucasians make up 13.86% of the persons enrolled in Medi-Cal on average monthly calendar year 2022 yet make up 26.34% of those served by the MHP. KCBH has focused outreach efforts for increasing awareness and access among the Hispanic/Latino population and will continue through fiscal year 2023/2024.

V. Prevention and Early Intervention (PEI) priority populations.

A. *Description of PEI priority population identified in the MHSA Plan.*

To identify the priority population(s) for focus within the county's Mental Health Services Act (MHSA) plan, the county conducted a community program planning (CPP) process. A mixed-methods approach was used to meaningfully involve stakeholders (including clients and their family members) in all aspects of the CPP process through a series of engagement opportunities:

- Community Focus Groups
- Community Survey
- Key Stakeholder Interviews
- Public Comments
- Behavioral Health Advisory Board Public Hearing

Collectively, these CPP activities gathered stakeholder input on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget allocations in accordance with WIC § 5848.

KCBH invited participation from, and included, the following stakeholder groups in accordance with WIC§ 5848 and California Code of Regulations (CCR) § 3300:

- Representatives of unserved and/or underserved populations and family members of unserved/underserved populations
- Stakeholders that reflect the diversity of the demographics of the county including, but not limited to geographic location, age, gender, and race/ethnicity
- Adults and older adults with severe mental illness and/or serious emotional disturbance
- Families of children, adults, and older adults with severe mental illness and/or serious emotional disturbance
- Service providers

- Law enforcement agencies
- Educators and educational agencies
- Social services agencies
- Veterans and representatives from veteran organizations
- Providers of alcohol and drug treatment services
- Health care organizations

Each CPP activity was designed to engage stakeholders in planning, implementing, and evaluating programs using the following standards in accordance with CCR § 3320:

- Community collaboration
- Cultural competence
- Client driven
- Family driven
- Wellness, recovery, and resilience focused
- Integrated service experience for clients and their families

Findings from the CPP process, across community engagement efforts, found that the top mental and behavioral health, barriers to accessing care, and recommended strategies that were identified.

Community engagement efforts revealed that there were barriers an/or major gaps in services that prevent residents from accessing services in the county. Below are the top identified barriers to mental/behavioral health services by data collection activity.

- Limited accessibility of existing services (due to i.e. sense of unease from providers not being representative of population, long waitlists, staff turnover, costly services, location restrictions)
- Lack of services for specific needs (i.e. topics-specific support groups, local community warm line, physical spaces for social gatherings, assistance with funeral planning or budgeting)
- Limited knowledge of available services (i.e. uncertainty of where to go, outdated online resources, limited resources for Spanish speakers)
- Stigma (against seeking help for mental illness)
- Limited appointment availability
- Difficulty navigating the health care system

Recommendations were provided by participants contributing to the needs assessment to address identified needs and gaps. The recommendations below are intended to inform services for all agencies county-wide and do not refer to any specific agency or service. Please note that some suggested strategies may already be implemented by one or more individuals/organizations, but additional resources may be required to adequately address the need.

Top recommended strategies to address mental and behavioral health needs in the county by data collection activity are listed below:

- Expand/increase additional specific services (i.e. home-based and onsite activities, support groups, expand telehealth services, mobile unit(s), having crisis teams in schools, having some mental presence 24/7)
- Improve community outreach efforts (i.e. collaboration of crisis teams with law enforcement, expand outreach to younger populations at schools, improve awareness of services for needs that are "not severe" per insurance requirements, reduce stigma, inform about available services)
- Improve access to services (i.e. increasing staffing, geographic reach, and appointment flexibility)
- Expand service options (i.e. youth-specific therapy, on-site counseling for unhoused individuals, residential substance use treatment programs)
- For providers and staff: increase cultural competence and knowledge of available services

The findings and recommendations suggest that, while Kings County is providing important and needed mental and behavioral health services to residents, there are unmet needs that could be addressed through further improvements to the network of county and non-county providers of mental and behavioral health services. It is clear from the recommendations provided by participants across data collection activities that these improvements should focus on improving accessibility of services (in particular, by offering on-site, home-based, and/or mobile services with flexible scheduling) and expanding services that support specific needs (i.e. substance use services, crisis services, population specific services or groups, employment and/or housing assistance, and wellness or prevention services).

Criterion 3: County Mental Health System: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

I. Target populations with disparities county identified in Medi-Cal and MHSA components:

As previously described within this plan (Criterion 2. II. & IV.), the potential disparity identified among the Medi-Cal population within Kings County and within MHSA CSS is as follows:

The primary potential disparity noted in the data from the table above is the percent served among Hispanic/Latino and Caucasian in comparison to percent enrolled. Hispanic/Latino make up 65% of the persons enrolled in Medi-Cal on average monthly calendar year 2022 yet make up 53.79% of those served by the MHP, and Caucasians make up 13.86% of the persons enrolled in Medi-Cal on average monthly calendar year 2022 yet make up 26.34% of those served by the MHP. KCBH has focused outreach efforts for increasing awareness and access among the Hispanic/Latino population and will continue through fiscal year 2024/2025.

A. *Process and rationale the county used to identify and target the population(s) (with disparities) in its PEI population.*
Additionally, as previously described within this plan (Criterion 2.V.), the process and rational used to identify the target population for MHSA PEI is as follows:

The findings and recommendations suggest that, while Kings County is providing important and needed mental and behavioral health services to residents, there are unmet needs that could be addressed through further improvements to the network of county and non-county providers of mental and behavioral health services. It is clear from the recommendations provided by participants across data collection activities that these improvements should focus on improving accessibility of services (in particular, by offering on-site, home-based, and/or mobile services with flexible scheduling) and expanding services that support specific needs (i.e. substance use services, crisis services, population specific services or groups, employment and/or housing assistance, and wellness or prevention services).

II. Disparities in each of the populations.

Disparities identified among the Medi-Cal, MHSA CSS, and MHSA PEI populations are noted above in Criterion 3.I.

III. Strategies for the Medi-Cal population as well as those strategies identified in the MHSA plans for reducing those disparities described above.

Strategies that have been identified to address disparities listed in Criterion 3.I. are as follows:

- Disparity: Access to services within rural county
  - Strategy: School-based services

- Disparity: Lower percentage of Hispanic/Latino client utilization in comparison to percentage of county population
  - Strategy: Access promotions targeting Hispanic/Latino population such as and community outreach and engagement.

- Disparity: Stigma among LGBTQ+, African America, Latino, and veteran communities.
  - Strategy: Mental Health awareness promotions among identified populations

- Disparity: Access fears among LGBTQ+ community.
  - Strategy: LGBTQ+ supports specific to the LGBTQ+ community such as pop-up support groups and provider trainings.

IV. Measurement and monitoring of strategies for reducing disparities.

The measurement and monitoring of each strategy is as follows:

- Disparity: Access to services within rural county
  - Strategy: School-based services
    - Measurement and monitoring:

        - Complete development and implementation of newly awarded school-based services vendors who will perform both mental health and substance use disorder prevention and early intervention services.
        - Complete development and implementation of newly awarded children's specialty mental health services (SMHS) provider who will provide school-based treatment.
        - Track number of referrals from schools to KCBH mental health plan
        - Track number of SMHS and PEI services provided at schools

- Disparity: Lower percentage of Hispanic/Latino client utilization in comparison to percentage of county population
    - Strategy: Access promotions targeting Hispanic/Latino population such as community outreach and engagement
        - Measurement and monitoring:
            - Track number of campaigns targeting Hispanic/Latino population
            - Track number of community outreach events, target population, and number of materials disseminated in English and in Spanish
            - Monitor access among Hispanic/Latino population specifically the annual EQRO Claims Data, comparing year by year. As a note, it is anticipated that activities done in fiscal year 2024/2025 will not be reflected until receipt of the 2025 claims data, to reflect population action in the year subsequent to county activity.

- Disparity: Stigma among LGBTQ+, African America, Latino, and veteran communities.
    - Strategy: Mental Health awareness promotions among identified populations
        - Measurement and monitoring:
            - Track number of anti-stigma campaigns targeting these specific communities
            - Track number of community outreach events, target population, and number and type of materials disseminated.
              As a note, it is anticipated that activities done in fiscal year 2024/2025 will not be reflected until receipt of the 2025 claims data, to reflect population action in the year subsequent to county activity.

- Disparity: Access fears among LGBTQ+ community.
    - Strategy: LGBTQ+ supports specific to the LGBTQ+ community such as pop-up support groups and provider trainings.
        - Measurement and monitoring:
            - Track number of LGBTQ+ pop-up support groups and attendance
            - Offer at least one LGBTQ+-specific provider training and track attendance

V. Share what has been working well and lessons learned through the process of the county's development and implementation of strategies that work to reduce disparities.

What has worked well through the process of the county's development and implementation of strategies that work to reduce disparities are the ability to conduct community-wide campaigns through various forms of ad campaigns and attend community-wide outreach events such as farmer markets, flea markets, school events, etc. These are always available and allow for expansive outreach. However, the lesson learned from these outreach efforts is the need for targeted messaging and materials that are most attractive and effective to the target populations. As well as ensuring messages and materials translate to the target population appropriately.

What has also worked well is the relationship KCBH has with a local LGBTQ+ center headquartered in a neighboring county. This center has been a present advocate for the population, providing pop-up support groups, community events, online events and resources, and tailored trainings. This has been and will continue to be vital in the ongoing cultural humility efforts of KCBH.

Two additional lesson learned from the process of addressing disparities are focusing efforts on priority strategies and performance indicators (measurement/monitoring) so as to not dilute the resources available, and understanding that strategies have short and long-term goals for which short-term goals may be measurable within a Cultural Competence Plan cycle, yet long-term goals may not be seen until the year proceeding the cycle (i.e. outreach done in one year may not result in increased access until evidenced in the subsequent year's data).

Criterion 4: Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System

I. County has a Cultural Competence Committee, or other group that addresses cultural issues and has participation from cultural groups, that is reflective of the community and integrates its responsibilities into the mental health system.

A. *Committee:*
KCBH facilitates a Cultural Humility Task Force (CHTF) which evolved in late 2010. The Task Force is made up of community members and partnering agency staff who contribute to the completion of the required State Cultural Competency Plan, annual updates to that plan, and promoting culturally appropriate services throughout Kings County. This effort is accomplished through identification of some of our community provider training needs, recommending trainings, working on anti-stigma and stigma reduction, focusing on underserved or inappropriately served populations in Kings County (i.e. LGBTQ Youth, Latinos, Veterans, seniors, Native Americans, and those living with a mental illness) as well as promotion of CLAS standards.

The Task Force meets quarterly and is open to all community members, organizations, service providers. Meeting information and materials are hosted online at: http://www.kcbh.org/cultural-competency-task-force.html

B. *Committee integration with Mental Health System:*
The Equity Services Manager and Coordinator are members of and regularly attend the quarterly KCBH Quality Improvement Committee (QIC). In addition, the Task Force has standing performance indicators within the KCBH Quality Assessment and Performance Improvement (QAPI) Work Plan, which the Equity Services Manager and Coordinator report on at the Quality Improvement Committee (QIC) quarterly. These measures include, but are not limited to, bilingual diversity among network providers, cultural competency trainings, and language line utilization.

Criterion 5: Culturally Competent Training Activities

I. The County system shall require all staff and shall invite stakeholders to receive annual cultural competence training.

The MHP takes steps to provide access to cultural competency training for its staff, contracted provider staff and stakeholders on an annual basis and requires that all staff and contracted provider staff participate in a minimum of four (4) hours of cultural competency training annually.

In addition to trainings staff, contractors, and stakeholders may attend outside of that which the Task Force disseminates or hosts, the following is a list of webinars that were distributed by the taskforce so far for FY 2024-2025.

Date	Name of Training	Provided By
7/2/2024	Maximizing Employee Performance & Retention	Catalyst Center
8/1/2024	Collaboration, Communication & the power of vulnerability	Catalyst Center
8/24/2024	Reimagining Resilience: Navigating Children's Mental Health in the Post-COVID Era	Catalyst Center
8/25/2024	Supporting Young Minds: Effective Empowerment Strategies	Mental Health America
8/27/2024	7th Annual Maternal Mental Health Symposium	El Camino Health
10/10/2024	Strategies to combat burnout, promote healing at the workplace, and address Secondary Traumatic Stress (STS)	CIBHS
10/15/2024	Workforce Solutions Jam: Leveraging AI to Streamline Administrative Tasks in Behavioral Health	Leaders4Health
10/15 &10/17 2024	Co-Occurring Disorders: An Overview of Prevalence, Assessment, Client Engagement, and Treatment Interventions for Substance Use and Mental Illness	CIBHS
10/16/2024	The Mental Health Crisis in Latino Communities (Past, Present, & Future)	CIBHS
10/17/2024	Trauma Responsive Caregiving: An Introduction	Catalyst Center
10/22/2024	Supporting Youth Mental Health in Rual Communities	Mental Health America

10/24/2024	Trauma Responsive Centering Family & Culture	Catalyst Center
10/24 & 10/25 2024	2024 Latino Conference	The Latino Commission
10/25/2024	Understanding Trauma-Informed Care for AAAI LGBTQ+ Youth	Lotus Project
10/29/2024	Misconceptions of the Angry Black Woman	Catalyst Center
11/4/2024	Measure What Matters to Your Community	CIBHS
11/7/2024	Trauma Responsive Caregiving: Healing for Healers	Catalyst Center
11/12/2024	The Leadership Likeability Factor: Enhancing Your Workplace Influence	US Mass Global
11/14/2024	Trauma Responsive Caregiving: Leadership & Systems	Catalyst Center
12/3 & 12/4 2024	Peer Support Essentials: A Comprehensive Workshop for Peer Support Specialists	CIBHS
12/5/2024	Culturally Competent Leadership: Fostering Inclusivity in the Workplace	US Mass Global
12/5/2024	Embracing Youth Voice and Lived Experience to Improve Child Welfare	Catalyst Center
12/6/2024	Crisis Intervention & De-escalation	Catalyst Center
12/9/2024	Set Yourself Up for Success with Data	CIBHS
12/10/2024	Domestic Violence Among AAAI Communities: Background & Impacts on Children & Youth	Lotus Project
12/11/2024	Law & Ethics Training	Kings County/Linda Garrett

II. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system.

The Task Force has continued to use the Think Cultural Health training series online through the federal Health and Human Services Agency for FY 2023/2024 (https://thinkculturalhealth.hhs.gov/education/behavioral-health). Per the training, the goal of this e-learning program is to help behavioral health professionals increase their cultural and linguistic competency.

- In Course 1, An introduction to cultural and linguistic competency, you'll learn what culture has to do with behavioral health care.
- In Course 2, Know thyself – Increasing self-awareness, you'll learn how to get to know your cultural identity and how it affects your work with clients.
- In Course 3, Knowing others – Increasing awareness of your client's cultural identity, you'll learn how to get to know your client's cultural identity.
- In Course 4, Culturally and linguistically appropriate interventions and services, you'll learn how to build stronger therapeutic relationships with clients from diverse backgrounds.

The estimated time to complete all 4 Courses is between 4 – 5.5 hours.

The training was sent out to all KCBH Staff and providers July 2023 to be completed by September 2023. The ESM and ESC are currently in the process of identifying an alternative training course for all staff and providers for the FY 2024/2025 period.

Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

I. Workforce Needs Assessment

Beneficiary Survey: A cultural humility survey was provided to KCBH beneficiaries to help with determining cultural competency needs. The results demonstrated an overall satisfaction (88.71%) from beneficiaries of providers, services, and materials. Results were provided to the taskforce for review, below are those results.

KCBH Beneficiary Cultural Humility Survey					
	Agree	**Disagree**	**Neutral**	**Unknown**	**Total**
There are staff members at this agency who showed respect for my culture and personal values.	67	1	3	2	73
Percentage of Responders	91.78%	1.37%	4.11%	2.74%	100.00%
The staff members that I interacted with during my first visit were respectful and helpful.	165	1	3	2	171
Percentage of Responders	96.49%	0.58%	1.75%	1.17%	100.00%
This agency's printed materials such as brochures, flyers, posters reflect various cultural backgrounds including my own.	136	3	17	16	172
Percentage of Responders	79.07%	1.74%	9.88%	9.30%	100.00%
Because of the services I receive or have received at this agency, I feel comfortable returning for additional services.	152	1	8	11	172
Percentage of Responders	88.37%	0.58%	4.65%	6.40%	100.00%
This agency has provided and has assisted me with accesing the resources I need.	154	0	13	4	171
Percentage of Responders	90.06%	0.00%	7.60%	2.34%	100.00%
This agency has treated me with dignity and respect, and I feel supported.	165	2	5	1	173
Percentage of Responders	95.38%	1.16%	2.89%	0.58%	100.00%

This agency has provided me with all necessary support to help my family or myself to receive services.	152	1	15	5	173
Percentage of Responders	87.86%	0.58%	8.67%	2.89%	100.00%
Staff from this agency believe I can grow, change, and recover.	155	0	8	9	172
Percentage of Responders	90.12%	0.00%	4.65%	5.23%	100.00%
My values and cultural background were taken into consideration when developing treatment options.	61	2	6	8	77
Percentage of Responders	79.22%	2.60%	7.79%	10.39%	100.00%
Average	**88.71%**	**0.96%**	**5.78%**	**4.56%**	**100.00%**

*Note: Five of these responses were from Spanish surveys.

	Yes	No	N/A	Total
Information about my rights were given to me.	159	9	0	168
Percentage of Responders	94.64%	5.36%	0.00%	100.00%

The following questions were optional demographic questions and below are the results.

	0-15	16-25	26-59	60+	Prefer Not to Answer	Total
What age group do you best identify with?	0	7	106	12	3	128
Percentage of Responders	0.00%	5.47%	82.81%	9.38%	2.34%	100.00%

	Yes	No	Prefer not to answer	Total
Do you identify as Hispanic or Latino?	56	59	12	127
Percentage of Responders	44.09%	46.46%	9.45%	100.00%

	American Indian	Native Hawaiian or other Pacific Islander	Asian	White	Black or African American	More than one race	Other	Prefer Not to Answer	Total
What best defines your race?	8	0	4	57	11	18	27	12	137
Percentage of Responders	5.84%	0.00%	2.92%	41.61%	8.03%	13.14%	19.71%	8.76%	100.00%

	African	Central American	Mexican/ Mexican-American/ Chicano	Filipino	Chinese	Japanese	European	Puerto Rican	Vietnamese	Eastern European	South American	Other	Prefer Not to Anser	Total
What best defines your ethnicity: (Please mark all that apply)	7	9	52	3	0	1	9	1	1	1	1	17	17	119
Percentage of Responders	5.88%	7.56%	43.70%	2.52%	0.00%	0.84%	7.56%	0.84%	0.84%	0.84%	0.84%	14.29%	14.29%	100.00%

	English	Spanish	Other	Prefer Not to Answer	Total
Please mark preferred language:	117	5	4	2	128
Percentage of Responders	91.41%	3.91%	3.13%	1.56%	100.00%

	Foster Youth	LGBTQ	Veteran	No	Prefer Not to Answer	Total
Do you identify with any of the following demographic classifications? (Check all that apply)	5	11	5	88	21	130
Percentage of Responders	3.85%	8.46%	3.85%	67.69%	16.15%	100.00%

	Hanford	Corcoran	Lemoore	Armona	Kettleman City	Avenal	Other Community	Prefer Not to Answer	Total
Which area of Kings County do you live?	88	7	9	6	0	3	11	3	127
Percentage of Responders	69.29%	5.51%	7.09%	4.72%	0.00%	2.36%	8.66%	2.36%	100.00%

Staff/Provider Survey: Additionally, a cultural humility survey was provided to KCBH staff and contracted providers related to their perception related to cultural humility within the workforce. The results demonstrated overall satisfaction (86.38% agreed) from staff and providers with 8.06% answering neutral and 2.96% disagreeing.

KCBH Staff and Contract Provider Cultural Humility Survey					
	Agree	**Disagree**	**Neutral**	**Unknown**	**Total**
The agency I am employed with is committed to serving clients/families of diverse cultural backgrounds.	173	0	1	0	174
Percentage of Responders	99.43%	0.00%	0.57%	0.00%	100.00%
This agency's policies value staff diversity and encourage staff enhancement in cultural competency/humility	163	3	9	0	175
Percentage of Responders	93.14%	1.71%	5.14%	0.00%	100.00%
This agency's printed materials such as brochures, flyers, posters reflect various cultural backgrounds of people who are served.	150	8	10	6	174
Percentage of Responders	86.21%	4.60%	5.75%	3.45%	100.00%
My agency's leadership allow beneficiaries, staff, and volunteers in the organizational decision making.	125	18	26	6	175
Percentage of Responders	71.43%	10.29%	14.86%	3.43%	100.00%
My agency provides opportunities for advancement for all staff including those of diverse backgrounds.	146	7	19	3	175
Percentage of Responders	83.43%	4.00%	10.86%	1.71%	100.00%
My agency's hiring process is supportive of recruiting diverse personnel.	157	5	10	3	175
Percentage of Responders	89.71%	2.86%	5.71%	1.71%	100.00%
My agency values individuals of diverse cultural backgrounds.	159	1	13	2	175
Percentage of Responders	90.86%	0.57%	7.43%	1.14%	100.00%
My agency enforces policies that are against discrimination and harassment.	155	3	13	3	174
Percentage of Responders	89.08%	1.72%	7.47%	1.72%	100.00%
My agency supports staff to bring up issues that arise from cultural differences.	143	3	24	5	175
Percentage of Responders	81.71%	1.71%	13.71%	2.86%	100.00%
My agency is active and effective in outreach methods to beneficiaaries of diverse cultural backgrounds.	151	7	11	6	175
Percentage of Responders	86.29%	4.00%	6.29%	3.43%	100.00%
My agency consults community representatives of diverse backgrounds in the development of new programs and services directly affecting their communities.	138	2	19	16	175
Percentage of Responders	78.86%	1.14%	10.86%	9.14%	100.00%
Average	**86.38%**	**2.96%**	**8.06%**	**2.60%**	**100.00%**

Furthermore, within the staff survey, 65.14% of respondents indicated they or a loved one has participated in mental health or substance use disorder services. Of those who chose to answer the optional demographic questions, below are the results.

	0-15	16-25	26-59	60+	Prefer Not to Answer	Total
What age group do you best identify with?	1	11	129	3	7	151
Percentage of Responders	1.00%	6.00%	78.00%	9.00%	6.00%	100.00%

	Yes	No	Prefer not to answer	Total
Do you identify as Hispanic or Latino?	91	43	17	151
Percentage of Responders	50.00%	33.00%	17.00%	100.00%

	American Indian	Native Hawaiian or other Pacific Islander	Asian	White	Black or African American	More than one race	Prefer not to answer	Total
What best defines your race?	3	0	5	64	4	20	48	144
Percentage of Responders	2.08%	0.00%	3.47%	44.44%	2.78%	13.89%	33.33%	100.00%

	African	Central American	Mexican/ Mexican American/ Chicano	European	Eastern European	Other	Prefer not to answer	Total
What best defines your ethnicity: (Please mark all that apply)	4	1	86	13	1	13	25	143
Percentage of Responders	2.80%	0.70%	60.14%	9.09%	0.70%	9.09%	17.48%	100.00%

*Note these are the only ethnicities that had an answer and were not the only choices given.

	Foster Youth	LGBTQ	Veteran	No	Prefer Not to Answer	Total
Do you identify with any of the following demographic classifications? (Check all that apply)	1	11	3	127	12	154
Percentage of Responders	0.65%	7.14%	1.95%	82.47%	7.79%	100.00%

Criterion 7: Language Capacity

I. Bilingual workforce capacity

The threshold language within Kings County is Spanish, with 43.5% of the community speaking a language other than English at home, per US Census Kings County Quick Facts. The following chart is staff from KCBH as well as agency providers that are bilingual in a language other than English (19 of the 19 providers).

Total Bilingual Staff

MHP Program	Total Providers	Total Bilingual	% Bilingual
JDT	6	2	33.33%
KCBH/MOST	5	1	20.00%
Turn Behavioral Health ACT	10	1	10%
The KIND Center	15	4	27%
Aspiranet	7	2	28.57%
Kings View	44	8	18%
Inspiring Pathways	2	1	50%
TOTAL	**89**	**19**	**21.35%**

Under a third of the staff and providers are bilingual primarily in Spanish. This shows a bilingual capacity that meets the needs of active clients of which 5% have a primary or preferred language other than English *(KCBH Electronic Health Record)* and is alignment with the needs of the community of which 43.5% speak a language other than English at home *(US Census Kings County Quick Facts).*

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.

KCBH and its contracted providers use a Language Line-type service for telephonic/video interpreter services. This is available to assist those who may need interpreter services when an on-site bilingual provider is not available and for languages outside of the on-site bilingual capacity. Moreover, the county and it's contracted providers all utilize the DHCS-release language taglines in non-English languages advising clients of the availability of free language assistance services. This information is posted in client lobbies and has been placed in the reception area for individuals accessing services.

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.

Spanish is the threshold language within Kings County. Over a third of the staff and providers are bilingual primarily in Spanish. This shows a bilingual capacity that meets the needs of active clients of which 10% have a primary or preferred language other than English (KCBH Electronic Health Record) and is alignment with the needs of the community of which 40.8% speak a language other than English at home (US Census Kings County Quick Facts). However, as stated in Criterion 7. II. all KCBH staff and providers at all points of contact through the system of care have access to a language line-type service to assist with telephonic/video interpreter services when an on-site bilingual staff or provider may not be available.

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter mental health system at all points of contact.

Per MPP A-052 Language and Interpreter policy if an on-site interpreter is not available, all staff must provide language and interpreter services through the language line provider such as AT&T Language Line, Fox Interpreting for American Sign Language, TTY/TDY (Text Telephone/Telecommunication Device for the Deaf), California Relay Service (CRS), etc.

V. Required translated documents, forms, signage, and client informing materials.

All client-facing documents are translated into the threshold language, Spanish. If the material is not released in Spanish by DHCS or affiliated entities, or is developed locally, KCBH uses a contracted translator. All of KCBH Informing Notices and Materials are available in Spanish to include Notice of Privacy Practices, Beneficiary Rights, Consent to Treat, Taglines and Auxiliary Aides, Non-Discrimination Notice, Grievance and Appeals Form and Procedure, EPSDT Brochure, TBS Brochure, Foster Child Mental Health Bill of Rights, Guide to Medi-Cal Mental Health Services, Medi-Cal Beneficiary Handbook, Provider Directory, and Advance Health Care Directives Brochure.

Criterion 8: Adaptation of Services

I. Client driven/operated recovery and wellness programs.

A. The MHP has an agreement with a Contracted Provider to operate the Oak Wellness Center. The Oak Wellness Center is a beneficiary-driven wellness and recovery center in Hanford. The goal of the center is to help adults and older adults live independently in the community while promoting wellness and resiliency. The objectives to achieve the goal include: promote the development of independent living skills and provide meaningful daily activities; provide a safe, welcoming, and supportive environment for beneficiaries to engage in enrichment activities and support groups; increase the capacity of beneficiaries and peers for self-advocacy and mutual aid. Beneficiaries can access an array of beneficiary-driven services and social/recreational programming through the Oak Wellness Center. Resources and services available include:

1. Peer-led discussion and support groups

2. Wellness and Recovery Action Plans (WRAP)
3. Transportation for field trips, conferences, and other enrichment activities
4. Games & Activities

Additionally, KCBH facilitates five support groups, each led by individuals who are representative of the targeted populations. These groups include: the Family Support Group, Sister Speak, Veterans Support Group, LGBTQ+ Pop-up Support Groups, and Survivors of Suicide Loss. This year, we have ensured the consistent presence of a Spanish-speaking translator at the Family Support Group, in response to the increasing participation of Spanish-speaking individuals.

II. Responsiveness of mental health services.

A. KCBH and its contracted providers make available alternatives and options that accommodate individual preference, or cultural and linguistic preferences. These include, but are not limited to:
   i. A Provider Directory made available online (http://www.kcbh.org/) and in each clinic with information regarding:
      1. Specialty populations served and specific services offered.
      2. The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender).
      3. The provider's linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider's office; and,
      4. Whether the provider's office/facility has accommodations for people with physical disabilities.
   ii. Clinic lobbies have information and postings in the County's threshold languages of English and Spanish.
   iii. Each client is provided with the ability to have a copy of the State template Beneficiary Handbook at the time of intake, per State requirement, in English and Spanish or in alternate format as needed such as through oral interpretation or large print. The handbook informs the client on how to obtain Medi-Cal specialty mental health services through their respective County of residence as well as explains their benefits and rights.
   iv. All materials that are required to be distributed to consumers are translated into the County's threshold language, which is Spanish, in addition to English. The ability to have materials translated appropriately is done by multiple methods:
      1. Several required materials come as translated templates from State entities such as the Consumer Perception Survey, Beneficiary Handbook, and Notice of Adverse Beneficiary Determination are translated first by the California Institute for Behavioral Health Solutions (CIBHS) as contracted by the Department of Health Care Services, as such it is implied the State is releasing translated material with accurate translation and at an appropriate reading level.

2. Materials translated internally such as Grievance Acknowledgement and Resolution Forms are translated by KCBH's contracted translator.

v. Services are not only provided in the County Seat, Hanford, but also in some of the more rural outlying communities such as in the communities of Avenal and Corcoran. Services are also provided in the field and at school-based locations, when and where appropriate.

III. Quality Assurance

Kings County Behavioral Health utilizes many measures and reports to assess the quality of care provided for all members through the Mental Health Plan, and strives to review these data sets not only for the system as a whole, but also by filters to include member demographic such as gender, age, and race/ethnicity to ensure there are no disparities in access, timeliness, quality, and outcomes for any given population. These measures and reports are consolidated into the KCBH Quality Assessment and Performance Improvement (QAPI) Work Plan which is a required work plan by the Department of Mental Health Services, and can be found on the County website at: http://www.kcbh.org/plans--documents.html.

A. Member grievances and complaints – As part of the KCBH quality assessment and performance improvement process, the Quality Improvement Committee (QIC) conducts regular monitoring activities of the resolution of beneficiary grievances and appeals and submits an Annual Beneficiary Grievance and Appeal Report (ABGAR) to DHCS analyzing trends. When issues arise due to individual grievances and appeals, or if unexpected trends emerge based on numbers and percentages, the QIC looks for root causes and determines appropriate follow-up interventions to positively impact beneficiaries' system-wide. The results of follow-up actions are evaluated at least annually. Additionally, KCBH also has a Mental Health Services Act (MHSA) Issue Resolution Process (IRP) to handle client disputes related to the provision of their mental health services funded through the MHSA. KCBH maintains a log to record issues submitted as part of the Issue Resolution Process. The log includes the date the issue was received; a brief synopsis of the issue; the final issue resolution outcome; and the date the final issue resolution was reached. Trend analysis is conducted by the QIC similar to the process described for Medi-Cal beneficiary grievances and appeals.

FY 23-24 GRIEVANCES	
INDICATOR	**TOTAL COUNT**
Resolved	58
Active	0
Timely Resolution	58
Number of grievances resolved by plan during the reporting period related to the following services: (A single grievance may be related to multiple service types and may therefore be counted in multiple categories below.)	
Inpatient	0
Outpatient	0
Number of grievances resolved by plan during the reporting period related to the following services: (A single grievance may be related to multiple service types and may therefore be counted in multiple categories below.)	
Related to Customer Service	3
Related to Case Management	14
Access to Care	8
Quality of Care	18
County (Plan) Communication	0
Payment/Billing Issues	0
Suspected Fraud	0
Abuse, Neglect or Exploitation	0
Lack of Timely Response	0
Denial of Expedited Appeal	0
Filed for other reasons	15
Total	**58**

FY 23-24 APPEALS	
INDICATOR	**TOTAL COUNT**
Resolved	8
Active	0
Timely Resolution (standard)	8
Timely Resolution (expedited)	0
Denial or Limited Authorization of Service(s)	4
Reduction, Suspension, or Termination of a Previously Authorized Service	4
Payment Denial	0
Service Timeliness	0
Untimely Response to Appeal or Grievance	0
Denial of Beneficary Request to Dispute Finanicial Liability	0
Number of appeals resolved by plan during the reporting period related to the following services: (A single appeal may be related to multiple service types and may therefore be counted in multiple categories below.)	
Inpatient	0
Outpatient	8
Total	**8**