



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
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**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ANTI-RACISM, INCLUSION, SOLIDARITY AND EMPOWERMENT (ARISE) DIVISION
CULTURAL COMPETENCY UNIT**

AND

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) BUREAU
STRATEGIC AND NETWORK DEVELOPMENT DIVISION
EQUITABLE ACCESS SECTION (EAS)**

2025 CULTURAL COMPETENCE PLAN UPDATE – FY 23-24

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December 2025

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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**2025 CULTURAL COMPETENCE PLAN UPDATE
INTRODUCTION**

In alignment with the Culturally and Linguistically Appropriate Services and Healthcare (CLAS) Standards, Cultural Competence Plan Requirements (CCPR), Cal AIM's Behavioral Health Administrative Integration priorities, the 2025 Cultural Competence Plan Report, represents an integration of the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC) Bureau - Strategic and Network Development Division into the Department of Mental Health's (LACDMH) long-standing cultural competence plan updates. This dual reporting represents the combined efforts of a workgroup formed by key representatives from LACDMH and SAPC. To the extent that the CCPR are applicable to the mission of both Departments, the content reflects the cultural and linguistic competence activities as specified throughout the report. The report reflects FY 23-24 updates for both health Departments.

LACDMH, and more recently SAPC, update the Cultural Competence Plan report in accordance with the California Department of Health Care Services (DHCS) Cultural Competence Plan Requirements (CCPR), Title IX – Section 1810.410 statutes, and the National Standards for Culturally and Linguistically Appropriate Services and Healthcare (CLAS) provisions. The Cultural Competence Plan is used as a tool to promote and evaluate system progress in terms of service planning, integration, and delivery toward the reduction of mental health disparities and the enactment of equitable, culturally inclusive, and linguistically appropriate services. Both Departments utilize the Cultural Competence Plan report as a benchmark that reveals the progress made in reducing health disparities and fostering the delivery of services that ensure cultural and linguistic equity, appropriateness, and inclusivity.

The 2025 integrated Cultural Competence Plan report was accomplished with the active involvement of the LACDMH and DPH-SAPC Cultural Competence Plan Integration Workgroup, implemented in Calendar Year (CY) 2023. Comprised of the LACDMH ARISE Division - Cultural Competency Unit (CCU) and SAPC's Strategic and Network

Development Divisions, Equitable Access Section (EAS), the workgroup expanded in CY 2024 to include participation of representatives of key subject matter experts. The first workgroup accomplishment was the development of the 2024 Cultural Competence Plan report following a comparative model, which allowed readers to experience the vibrancy of each Department's responsiveness to the cultural and linguistic diversity of LA County communities served. The 2024 reporting model reflected the operational reality of LACDMH and SAPC as separate entities with independent yet connected missions, visions, leadership, budgets and organizational structures. For CY 2025, the workgroup pursued a less intricate reporting configuration in favor of highlighting the integration of interdepartmental cultural competence-related philosophies, commitments and practices. Beyond collaborative efforts to develop the report, the workgroup maximized opportunities to integrate the strategies and practices that advance cultural and linguistic equity in the infrastructure of each Department.

At the core of early LACDMH-SAPC integration efforts is the philosophy of "no wrong door" for LA county residents seeking health care for either mental health conditions, substance use issues, or co-occurring disorders. The most salient areas of interdepartmental integration for FY 23-24 include:

- Stakeholder process enhancements to amplify the voice of community-based experts for inclusion of cross-cultural considerations
- LA County Board motion collaborations
- Shared planning and reporting in the areas of cultural competence and quality improvement
- Tracking of disparities data to move toward a healthcare framework that offers an understanding of mental health and substance use co-morbidity
- Commitment to grow a multicultural and multilingual workforce by advancing education, training and/or certification for staff with lived or shared experience
- Enhancement of language assistance services

The report continues to follow on the CCPR set forth by DHCS. These requirements are organized under eight specific criteria, which are vital elements to advance service quality standards for the cultural and linguistically diverse communities of Los Angeles County.

- Criterion 1: Commitment to Cultural Competence
- Criterion 2: Updated Assessment of Service Needs
- Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
- Criterion 4: Cultural Competency Committee
- Criterion 5: Culturally Competent Training Activities
- Criterion 6: County's Commitment to Growing a Multicultural Workforce
- Criterion 7: Language Capacity
- Criterion 8: Adaptation of Services

Both Departments post the annual cultural competence report on their respective websites to ensure that consumers, family members, all levels of staff, and the community at large have immediate access to the report. For LACDMH, the annual update report is posted on the Cultural Competency Unit webpage and can be accessed at: <https://dmh.lacounty.gov/ccu/>. Similarly, SAPC posts its annual cultural competence report and can be accessed on the SAPC website at: <http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/LACDMH-SAPC-2024-CC-Plan-report.pdf>

TABLE OF CONTENTS

Introduction	2
Criterion 1: Commitment to Cultural Competence (CC)	6
Criterion 2: Updated Assessment of Service Needs	33
Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities.....	74
Criterion 4: Cultural Competency Committee.....	104
Criterion 5: Culturally Competent Training Activities.....	118
Criterion 6: County's Commitment to Growing a Multicultural Workforce.....	130
Criterion 7: Language Capacity.....	145
Criterion 8: Adaptation of Services	162



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CULTURAL COMPETENCE PLAN UPDATE, FY 23-24

Criterion 1

Commitment to Cultural Competence

December 2025

Criterion 1: Commitment to Cultural Competence

I. Los Angeles County Mental Health and Substance Use Disorder Systems' Commitment to Cultural Competence

The Los Angeles County Department of Mental Health (LACDMH) and the Los Angeles County Department of Public Health Substance Abuse Prevention and Control (SAPC) are among the largest county-operated health systems in the United States, serving over 10 million culturally diverse residents in 13 threshold languages and beyond. LACDMH's provider network is composed of Directly Operated and Contracted programs that serve Los Angeles residents across more than 85 cities and approximately 300 co-located sites. More than 250,000 residents of all ages are served every year. SAPC facilitates the delivery of a full spectrum of prevention, harm reduction, treatment, and recovery services. SAPC contracts 100% of its services through over 102 community-based organizations. It is the sole provider of publicly funded substance use services to County residents.

Both Departments strive to reduce the negative impacts of untreated mental illness and substance use by providing services based on whole person care, cultural and linguistic responsiveness, equity for all cultural groups, community partnerships, integration with social service providers, and openness to sustained learning and on-going improvements. LACDMH and SAPC share in the belief that wellbeing is possible and that mental health interventions should be person-centered. Both Departments employ a collaborative approach to assist consumers achieve their personal recovery goals such as finding a safe place to live, meaningful use of time, healthy relationships, access public assistance, successful crises management, and wholesome health attainment.

The 2025 Cultural Competence Plan report was developed as a collaborative effort from the LACDMH and SAPC Cultural Competence Plan Integration Workgroup, created in March 2023. The content of the report was developed by incorporating the expertise of both Departments. A cross-cutting goal was to anchor on the 2025 report on the Los Angeles County Strategic Plan in addition to each Department's Strategic Plans. This alignment ensures a unified, equity-driven approach to delivering culturally and linguistically responsive behavioral health services across the County. *See Criterion 1 Appendix for the Links to the Strategic Plans.*

The Cultural Competence Plan Integration Workgroup was comprised as follows:

- Sandra Chang, Ph.D., LACDMH, Ethnic Services Manager and Cultural Competency Unit Program Manager
- Mirtala Parada Ward, LCSW, LACDMH, ARISE Division Mental Health Clinical Program Manager III
- Robert Byrd, Psy.D., LACDMH, Prevention Bureau Deputy Director
- Alan Wu, LACDMH, Prevention Bureau Analyst
- Antonne Moore, M.Ed., SAPC, Chief, Strategic and Network Development Division

- Christina Villegas, SAPC, Section Manager, Equitable Access Section (EAS)
- Lauren Trosclair Duncan, SAPC, Staff Analyst, Equitable Access Section (EAS)
- Karina Pangan, SAPC, Health Program Analyst I, Equitable Access Section (EAS)

A. Policy and Procedures (P&Ps)

LACDMH and SAPC continue to develop, implement, and publicize P&Ps that strengthen the infrastructures of each Department. This practice ensures effective, equitable and responsive services for constituents, while providing a solid and supportive infrastructure for its workforce. Table 1 below provides a snapshot of the P&Ps that are directly related to cultural competence currently in place. While the Departments do not have P&P in common, the table below highlights areas of focus that reflect a shared commitment to maintain infrastructures that support cultural and linguistic responsiveness.

TABLE 1: LACDMH AND SAPC POLICIES, PROCEDURES, AND OTHER INFRASTRUCTURE DOCUMENTS RELATED TO CULTURAL COMPETENCE

TYPE	INFRASTRUCTURE DOCUMENTS
LA County Level P&Ps	• Code of Organizational Conduct, Ethics, and Compliance • Los Angeles County Policy of Equity (CPOE) • Just Culture • Implicit Bias and Cultural Competence • Gender Bias
Strategic Plan, Overarching Policies and Procedures	Strategic Plans • LACDMH Strategic Plan 2020-2030 • SAPC Strategic Plan 2023 – 2028 • SAPC's Strategic Prevention Plan 2020-2025 Policies and Procedures (P&Ps) • Culturally Appropriate and Inclusive Services ○ Policy No. 200.09 – Culturally and Linguistically Inclusive Services (LACDMH) ○ 901-22-R0 - Culturally and Linguistically Appropriate Services (SAPC) ○ 903-24-R2 – Culturally and Linguistically Appropriate Services (SAPC) ○ Policy No. 200.02 – Interpreter Services for the Deaf and Hard of Hearing Community (LACDMH) ○ Policy No. 200.03 – Language Translation and Interpreter Services (LACDMH)

TYPE	INFRASTRUCTURE DOCUMENTS
	○ SAPC IN 24-02 - Requirements for Ensuring Culturally and Linguistically Appropriate Services (SAPC-For contracted provider agencies) ○ Policy No. 520-05-22 Indian Health Care Providers (DPH-SAPC)
Board Motions Pertinent to Cultural Diversity	LA County Board Motions appointing LACDMH and SAPC as lead Departments or main contributors • Strengthening Bridge Housing Resources Through the Behavioral Health Bridge Housing Program for People Experiencing Homelessness Living with Serious Behavioral Health Conditions * • Supporting Mental Health for Latino Residents (LACDMH) • Supports for Youth with Complex Care Needs * • Community Resources App for Youth by Youth ** • Investing in the Los Angeles County CareConnect Application * • Combatting Identity-Based Hate in Los Angeles County through a Comprehensive, Proactive, and Equitable Strategy * • Wolf Therapy - Power of The Pack Program Sole Source Contract (LACDMH) • Care with Pride: Affirming and Expanding the Gender Health Program ** • Continuum of Care for Mental Health and Substance Use Disorder Beds * • Understanding and Addressing Origin and Obstacles: Ending Intergenerational Homelessness and Housing Insecurity, Incarceration, and Systems Involvement and Ensuring Generational and Life-Long Success for Transition Age Youth * • Celebrating “Fatherhood Well-Being Month” in Los Angeles County ** • LA County Chief Executive Office Anti-Racism, Diversity, and Inclusion (ARDI) Collaborative * • Departmental Language Access Plan (DLAP) * *Pertinent to LACDMH and DPH-SAPC **Pertinent to LACDMH and DPH
Commonly-Themed P&Ps and Parameters for Clinical Practice	• Persons with Disabilities ○ ClinP-18 – Co-Occurring Developmental Disabilities (LACDMH) ○ BA-101 - Access to SUD Services for Persons with Disabilities (DPH-SAPC) • Timely Access ○ Policy No. 302.07 Access to Care (LACDMH) ○ BA 102 - Timely Access (DPH-SAPC) • Service Availability ○ BA-103 – Service Availability (DPH-SAPC) ○ Policy No. 302.14 Responding to Initial Requests for Service (LACDMH)
Provider Manuals	• Organizational Provider’s Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services (LACDMH) • DMC-ODS Substance Use Disorder Treatment Services Provider Manual (DPH-SAPC) • Prevention Standards and Practices Manual (DPH-SAPC)

TYPE	INFRASTRUCTURE DOCUMENTS
Additional P&P related to cultural competence by Department	<u>LACDMH</u> • Policy No. 200.05 – Request for Change of Provider • Policy No. 200.08 – Access to Care for Veterans and Their Families • Policy No. 201.02 – Nondiscrimination of Beneficiaries • Policy No. 305.01 – Mental Health Disorders and Co-Occurring Substance • Policy No. 310.01 – HIV and AIDS Clinical Documentation and Confidentiality • Policy No. 311.01 – Integration of Clients’ Spiritual Interests in Mental Health Services • Parameters for Medication Use (Med) ○ Med-6 – Psychoactive Medications for Individuals with Co-Occurring Substance Use and Mental Health Conditions ○ Med-8 – Psychotropic Medication in Children and Adolescents ○ Med-9 – Review of Psychotropic Medication Authorization Forms for Youth in State Custody ○ Med-10 – Medication Assisted Treatment in Individuals with Co-Occurring Substance Use Disorders • Parameters for Psychotherapy (Psych) ○ Psych-5 – Psychotherapy with Children, Adolescents, and Their Families ○ Psych-6 – Family Therapy Techniques with Families of Adult Children • Parameters for Special Considerations (SC) ○ SC-2 – Sexual and Gender Diversity ○ SC-6 – Older Adults ○ SC-7 – Assessment for Co-Occurring Cognitive Impairment with Mental Health ○ SC-8 – Treatment for Co-Occurring Cognitive Impairment with Mental Health ○ SC-9 – Access to Care After Discharge from Psychiatric Hospitals and Juvenile Justice Programs • Parameters for General Considerations (GC) ○ GC -1 – Recovery Model and Clinical Care • Parameters for Clinical Programs (ClinP) ○ ClinP-9 – Referral to Self-Help Groups ○ ClinP-10 – Wellness Centers ○ ClinP-11 – Lifestyle Counseling or Healthy Living Programs ○ ClinP-13 – Department of Mental Health Peer Advocates ○ ClinP-15 – Assessment and Integration of Spiritual Interests of

TYPE	INFRASTRUCTURE DOCUMENTS
	Clients in Their Wellness and Recovery ○ ClinP-16 – Family Engagement and Inclusion for Adults

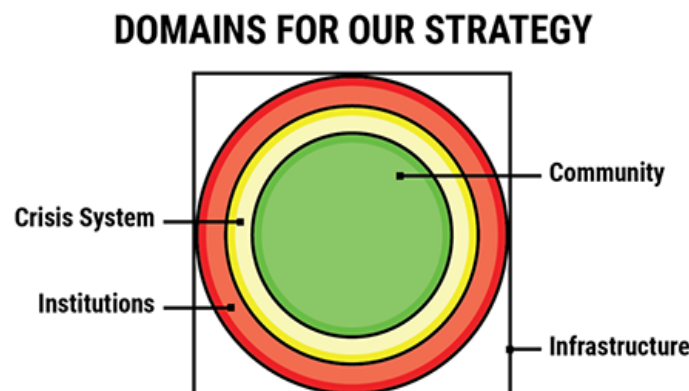
See CR 1 Appendix for links to the Departments' policies and procedures referenced above.

II. County Mental Health Services Recognition, Value, and Inclusion of Racial, Ethnic, Cultural and Linguistic Diversity within the System

LACDMH and SAPC safeguard their commitment to serve LA County communities with equitable, inclusive, as well as culturally and linguistically responsive services by clearly delineating it in all foundational documents. Among them, the departmental Strategic Plan, P&Ps, provider manuals, contractual agreements, and program-specific mission statements and practices. Simultaneously, these core documents create the Departments' blueprint for service planning, delivery, and evaluation. The emphasis on cultural and linguistic inclusion is not only foundational but also explicitly reflected in the Strategic Plans of both Departments, reinforcing their dedication to equity and responsiveness across all levels of care.

Synopsis of the Strategic Plans

- LACDMH Strategic Plan 2020-2030
The LACDMH Strategic Plan has four deliberate domains which organize departmental focal areas of operations internally and externally. Namely, these domains include Community, Crisis System, Institutions, and Infrastructure. Collectively, they ensure the Department's investment in pursuing the ultimate goal to positively impact the process of recovery and wellbeing of all persons, families, and communities served. See *Criterion 1 Appendix for the Link to LACDMH Strategic Plan 2020-2030*.



- “The *Community domain* signifies our north star to have enriched, welcoming, and inclusive communities where human needs are met in a responsive, effective, age informed and culturally competent manner across the County and where falling out of community is neither common nor acceptable.”
- “The *Crisis System domain* includes the intensive care resources needed to help individuals in crisis who are falling out of community. It signifies our interface with clients experiencing crises and includes both real-time response and triage services as well as facility-based treatment for stabilization. With adequate crisis system resources in place, episodes of homelessness, out of home placement, incarceration, and recidivism in general can be avoided.”
- “The *Institutions domain* comprises our broad portfolio of re-entry resources (including compelled treatment) is deployed to help clients who have fallen out of community into the “open-air” asylum of the street, the “closed air” asylum of the jail, and the personal asylum of deep isolation.
- “The *Infrastructure domain* signifies the departmental engine that takes care of our numerous support operations. Being ever-present and enterprise-wide, the administrative domain provides us with a foundation for everything we do, from staffing and contracting to managing our technology, facilities, and budget to supporting stakeholder engagement and communications.”

SAPC Strategic Plan

- In pursuing its mission and vision, SAPC identified four key priorities and cross cutting strategies (**see figure 1: Key Priorities and Cross-Cutting Strategies**) that support advancement of countywide substance use transformation that is grounded in ensuring diversity, equity and inclusion in all facets of its prevention, harm reductions, treatment, and recovery portfolio.



Figure 1: Key Priorities and Cross Cutting Strategies

Above provides a detailed presentation of the goals and objectives of the SAPC's Strategic Plan by highlighting the intentional effort to create a sustainable cultural, linguistic, and equitable infrastructure. The strategic plan is rooted in the belief that substance use recovery is possible, and that leveraging community strengths and resilience through a proactive approach will positively influence behavioral health outcomes.

Key components of the SAPC's systemwide framework include: Enhancing service accessibility, providing effective levels of intervention, including prevention and early intervention, integrating health services, offering culturally and linguistically appropriate care, implementing meaningful practices to reduce the stigma surrounding substance use, removing barriers to engaging with behavioral health providers, delivering anti-racist and equitable services, utilizing culturally-based data collection, and offering high-quality workforce training that addresses the trauma, oppression, and discrimination experienced by underserved communities. See *Criterion 1 Appendix for the Link to the SAPC Strategic Plan 2023-2028*.

The Departments' Common Work Grounds

Despite operating under two distinct Strategic Plans, LACDMH and SAPC services share a common core based on the commitment to create and promote healthy communities. LACDMH and SAPC recognize that service delivery must be informed and enriched by the expertise of stakeholders; innovative programming; systematized quality improvement as well as meaningful workforce training opportunities. Both Departments have made significant advances in the areas of service accessibility, inclusiveness of the culturally diverse communities in LA County, provider capacity development, language justice, revamping of their stakeholder platform, partnership with Community-Based Organizations, collaborations with other LA County departments, and actively engaging with the Los Angeles County Board of Supervisors.

Areas of program commonalities and partnerships include:

- Board Motions pertinent to cultural diversity
- Implementation of intentional Cultural Competency Committee (CCC) and C3H
- Housing initiatives
- Homeless initiatives
- Departmental Language Access Plans (DLAP)
- Multimedia Campaigns
- Allocations for cultural competence activities and supports for consumers, family members and the community at large
- Cultural diversity-focused committees -- Cultural Competency Committee (CCC) for LACDMH and Cultural Competence and Humility (C3H) for SAPC
- Staff training

Additionally, each Department has implemented a myriad of specialized programs that address the scope of their mission and strategic plan objectives. Tables 2 and 3 below provide examples of key programming that illustrate LACDMH's four strategic plan domains and SAPC's strategic plan key priorities.

- A. Practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities. **(CR 1, Section II. A.)**
- B. Relationships with diverse clients, family, advisory committees and CBOs **(CR 1, Section II. B.)**

The programs outlined in Table 2 below demonstrate LACDMH's efforts to enhance its culturally and linguistically responsive service delivery. These programs reflect strategic approaches to reduce mental health stigma, multi-faceted levels of intervention, and action-oriented steps to eliminate barriers to mental health services particularly for underserved and historically marginalized communities.

TABLE 2: LACDMH SPECIALIZED PROGRAMS BY STRATEGIC PLAN DOMAINS AND CR 1, SECTIONS II. A. AND B.

Community Domain		
Community-related Specialized Program	Section II. A. Outreach, engagement, and involvement with identified cultural and linguistic communities	Section II. B. Relationship with diverse clients, family, advisory committees and CBOs
1. Promotores de Salud Mental and United Mental Health Promoters (UMHP) Programs	The program is designed to outreach, engage and deliver clinical mental health information to LA County communities in culturally and linguistically appropriate ways. Promoters also reduce stigma related to mental health services and assist community residents in accessing care.	The program is constantly in contact with community members and CBOs such as schools, churches, libraries, and community centers.
2. Speakers Bureau (SB)	100 % of Speakers Bureau services aim to serve LA County communities by imparting information and knowledge about mental health and wellbeing.	The SB services directly to provide mental health information to Departmental, CBO's, County, governmental and community groups request presentations and other speaking engagements.
3. Spanish Support Groups (SSG)	100 % of SSG to serve the Latino communities across all support groups.	The SSG continue to operate through partnerships with schools, churches community centers and LACDMH provider sites.
4. Cultural Competency Committee (CCC)	These Countywide stakeholder committees open to the community at large.	The membership of the committee includes consumers, family members, peers, advocates, CBO's, other LA County Departments and governmental agencies. .
5. Faith-Based Advocacy Council (FBAC)	The Council meets monthly at various community-based locations with the goal of inviting faith-based organizations and clergy to participate in discussions regarding mental health, recovery and overall wellbeing.	This Council empowers the Department's collaboration with faith leaders from various religious affiliations. Monthly meetings in each Service Area. Meeting information is posted on the DMH website calendar.

6. Underserved Cultural Communities (UsCC) subcommittees	The UsCC subcommittees are an important part of the community stakeholder engagement process. The subcommittees develop community outreach via culturally relevant and linguistically appropriate capacity building projects.	The UsCC subcommittees work closely with community partners and consumers in order to increase the capacity of the public mental health system. Monthly meetings are open to the public and held in the community. Meeting information is posted on the DMH website calendar.
7. Service Area Leadership Teams (SALT)	SALT Stakeholder Groups take place in all Service Areas with the goal of addressing planning and operational needs of each respective regional area. Membership is made up of representatives of the community interested in developing stakeholder priorities that will advise LACDMH on its planning and service delivery.	SALT Monthly meetings in each Service Area welcome the participation of parties such as other County departments, law enforcement, schools and any organization interested in informing the groups' shared vision.
8. Community Leadership Team (CLT)	This Community Engagement Countywide Stakeholder Group is open to the community at large to gather their input about experiences with programs in mental health system; to gauge the overall impact and effectiveness of programs; and to drive recommendations for improvement.	The CLT aims to strengthen the collaborative relationship among the CLT Leaders, the LACDMH Director, and key staff to achieve a shared vision. Quarterly meetings welcome participation from CBOs, the leadership from important networks of stakeholders (e.g., SALTs, UsCCs, CCC) among others.
9. Commissions: Mental Health Commission (MHC)	Countywide Stakeholder Group, which evaluates the community's mental health needs, services, facilities, and special programs. The MHC includes leadership from Stakeholder groups co-chairs who represent the voice of consumers, advocates, and family members.	This commission connects the L.A. County Board of Supervisors, the director of Mental Health, and the director of Substance Abuse Prevention and Control (SAPC) on various aspects of local mental health programs.

Infrastructure Domain

Infrastructure-related Specialized Programs	Section II. A. Outreach, engagement, and involvement with identified cultural and linguistic communities	Section II. B. Relationship with diverse clients, family, advisory committees and CBOs
1) Child Welfare Division (CWD)	The CWD offers a comprehensive and specialized range of services for children and their families countywide.	CWD services are the partnerships with various community organizations for its Specialized Foster Care (SFC) co-located Program, Medical Hubs, Wraparound Program, Family Preservation, and Community linkages.
2) Full-Service Partnerships (FSP)	FSP provide comprehensive, intensive, community-based mental health services to adults with severe mental illness. Adult FSP programs assist with housing, employment, education, and integrated services for individuals who have co-occurring mental health and substance use conditions. Services may be provided at consumers' homes or in the community.	FSP work closely with community agencies to provide FSP participants with linkages to services to employment, education, housing and physical health care). The program's infrastructure has been reviewed by the community for input and recommendations.
3) Geriatric Evaluation Networks	GENESIS provides field-based outpatient comprehensive mental health services for	The scope of this program requires on-going interfacing with housing facilities, community-

Encompassing Services Intervention Support (GENESIS) Program	Older Adults who are living with a severe mental illness and are unable to access services due to impaired mobility, frailty, or other limitations. Outreach activities to promote services for the Older Adult community include senior centers, senior housing locations, community medical primary care providers and other community-based agencies serving the Older Adult population.	based social resources, Medi-Cal, Medicare, Social Security, and Veteran Administration Benefits administrators.
4) Housing and Job Development (HJDD) Division	Housing services and resources for consumers experiencing homelessness. Outreach is done in consumer-specific ways for this hard to engage population.	Community-based collaborations with Section 8 providers; financial rental and household goods acquisition agencies; eviction prevention consultants; and temporary shelters.
5) LGBTQIA2-S Champion Network	Outreach and engagement services are provided by a cohort of LACDMH administrative and clinical staff with meaningful experience, knowledge, and training in affirming clinical practice with LGBTQIA2-S communities.	LGBTQIA2S Champions may represent and actively connect consumers, family members and the community at large with social service agencies specialized in LGBTQ+ services and community resources.
6) Maternal Mental Health (MMH) Program	Outreach efforts of the MMH Program include community education, resources, linkages, and direct mental health services to women who are currently pregnant or during the post-partum period. Participation in resource fairs and other events in the community decrease mental health stigma and encourage participants' willingness to engage in services	MMH establishes ongoing collaborations with multiple community agencies, community members, faith-based organizations, as well as interfaces with the DHS, DPH, Department of Children and Family Services (DCFS), and other governmental entities to address community needs and linkage services.
7) My Health Los Angeles (MHLA) – Behavioral Health Expansion Program	MHLA supports mental health prevention services and activities that reduce risk factors associated with the onset of serious mental illness in traditionally underserved, low income, and uninsured communities.	The program establishes community partnerships for the delivery of preventative activities to reduce/manage risk factors associated with the onset of serious mental illness, as well as to cultivate and support protective factors of MHLA participants.
8) Older Adult (OA) Service Extenders (SE) Program	OA SE are trained volunteers who provide sensitive and culturally appropriate supportive services to Older Adults. SE conduct friendly outreach via visits to isolated Older Adults, assisting in community reintegration, and providing hope and support in the recovery process.	SE collaborate with clinic-based treatment teams and offer additional support and advocacy for Older Adult consumers. They are knowledgeable of social service resources that may be beneficial to Older Adult consumers.
9) Prevention and Early Intervention (Older Adults)	This effort increases awareness of mental wellness for Older Adults throughout Los Angeles County, particularly among underserved and underrepresented communities.	The program connects participants to community-based opportunities for elderly to prosper and grow independent by teaching them not fear technology but rather, use it as a helpful tool to stay connected to loved ones, learn new things, and find entertainment.
10) Public Information Office (PIO)	Manages and facilitates the Department's communication activities, including interview, photography, filming, and audio recording requests; social media; announcements to the LACDMH workforce; maintaining the Department's public event calendar.	Various PIO projects such as public service announcements; organizational branding; event promotion; graphic design and layout; marketing campaigns; and communication partnerships require close partnerships with community experts.

11) Telemental Health Program (TMH)	Virtual psychiatric medication evaluation and management services for clients affiliated to LACDMH clinics throughout the County of Los Angeles.	Partnerships with various LACDMH clinics, community resources, and social service agencies to meet the needs of clients and family members.
12) Therapeutic Transportation Teams (TTT)	Integrates mental health experts into the emergency response for calls that come to the 911 system, LA City Police Department, or LA City Fire Department.	Partnerships with key LA county departments and community-based agencies are at the core of these program's mission and scope. Examples: substance use resources, social service agencies, housing shelters.
13) Transition Age Youth (TAY) Navigation Team	Assists TAY in accessing mental health and other supportive services. Outreach and engagement activities increase access to mental health services for youth who may be experiencing homelessness, complex trauma or in unstable living situations.	Navigators network with community-based organizations to coordinate social services that support the youth's recovery journey utilizing a "no wrong door" approach. Participation in youth events ensures collaboration with local community groups and agencies.

Institutions Domain

Institutions-related Specialized Programs	Section II. A. Outreach, engagement, and involvement with identified cultural and linguistic communities	Section II. B. Relationship with diverse clients, family, advisory committees and CBOs
1) California Work Opportunity and Responsibility for Kids (CalWORKs) and General Relief Opportunities for Work (GROW) Programs	Outreach activities are also conducted with potential employers in the community to provide education and awareness of the abilities of CalWORKs mental health consumers to facilitate employment opportunities. Program addresses the barriers, challenges, and mental health needs experienced by participants as part of their preparation for gainful employment.	These two programs foster partnerships with CBOs to facilitate employment opportunities for program participants. CalWORKs and GROW staff work closely with community organizations to maximize the employment success of participants as well as the agencies.
2) Urgent Care Centers (UCC)	UCC serve to divert individuals to avoid engagement with law enforcement and potential incarceration. The UCC operate as urgent walk-in programs.	UCC work closely with County and private hospital emergency departments. Community-based interagency collaboration and consultation with courts, hospitals, Law Enforcement, Public Defenders, County Council, faith-based organizations, National Alliance for Mental Illness (NAMI) and other community agencies.
3) Veteran Peer Access Network (VPAN)	The VPAN program conducts intensive street outreach and engagement to veterans to get them permanently housed. VPAN collaborates with Psychiatric Mobile Response Team (PMRT) /Mental Evaluation Team (MET) on high-risk cases. The program also recruits veterans and family members of veterans who can share their lived experience to effectively engage with the LA County Veteran community.	The majority of VPAN services are based on connections to various county departments, non-profit organizations, the U.S. Department of Veterans Affairs, and LA City programs. Among them: Department of Military and Veterans Affairs (DMVA), Job Vision Success (JVS), Volunteers of America (VOA), Battleship Iowa, and Goodwill locations.
4) Men's Community Re-Entry Program (MCRP)	This program outreaches to men in the community with the goal of reducing recidivism and facilitating their reintegration in the community. MCRP focuses on treating the mental health symptoms of program participants who have high	Partnerships between DHS/DMH/DPH are crucial to address re-entry needs for the justice involved population. Additionally, collaborative work between the Office of the Public Defender, LACDMH and substance abuse treatment providers to address the lack of housing and treatment services provided for the most

	criminogenic risk factors while engaging them in re-entry activities.	disadvantaged clients who need intensive services. MCRP staff also work collaboratively with staff members from Interim Shelters, Residential Programs and Sober Living Facilities.
5) Women's Community Reintegration Program (WCRP)	This field-based program outreaches to previously incarcerated women to reintegrate and become successful members of their communities. Interested WCRP consumers are connected to colleges to become certified substance abuse counselors and continue college courses to earn bachelor's degrees.	Community re-entry requires knowledge of and collaborations with a plethora of organizations such as sister health departments, local police departments, public defenders, Office of the Public Defender, Office of Diversion and Re-entry, and community college liaisons.
6) Wellness Outreach Workers (WOW) Program	The WOW program promotes ongoing peer support to vulnerable adult consumers by facilitating community reintegration and mental health recovery.	WOW connect consumers to various community-based services to reduce stigma, discrimination, and isolation. They facilitate access to community resources for various social service needs.

Crisis Domain

Crisis-related Specialized Program	Section II. A. Outreach, engagement, and involvement with identified cultural and linguistic communities	Section II. B. Relationship with diverse clients, family, advisory committees and CBOs
1) Assisted Outpatient Treatment Program (AOT)	AOT identifies individuals in need of AOT services to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to self or others. AOT staff meet with clients where they are geographically (i.e., at home, parks, sidewalks). AOT staff approach their engagement with clients by being persistent and "relentless" to encourage the client to accept mental health services being offered to them.	Examples of community-based collaborations include Presentations to various community stakeholders such as National Alliance for Mental Illness (NAMI), Law Enforcement Agencies, DHS, Jails, DCFS and Hospitals. Ongoing collaboration and consultation with courts, hospitals, Law Enforcement, Public Defenders, County Council, UCCs and other community agencies.
2) Crisis Residential Treatment Programs (CRTP)	CRTP offers an alternative to hospitalization and reduces the duration of psychiatric inpatient stays.	The program is a vital collaborator of the High Desert Campus along with the operating High Desert Regional Health Center (HDRHC) and Mental Health Urgent Care Center (MHUCC).
3) Enriched Residential Care Program (ERC)	ERC facilitates the placement of consumers who require intensive care and supervision at licensed residential facilities.	The program coordinates connections to various community-based services and supports to subsidize the rent for consumers who live in Board and Care homes and have no income.
4) Homeless Outreach and Mobile Engagement (HOME)	The HOME Program offers field-based outreach and treatment to individuals who have severe and persistent mental illness and who are experiencing unsheltered homelessness.	The program establishes partnerships with contracted subacute and enriched residential service facilities. Services include linkage to appropriate resources, often related to substance use and housing.
5) Housing and Supportive Services Program (HSSP)	HSSP aims to provide specialty mental health services onsite at project-based PSH locations including all sites with MHSA capital investments as well as at select tenant-based locations.	HSSP services are delivered as part of an integrated care model in which DMH, DHS-Housing for Health (DHS-HFH) and SAPC partner to provide integrated mental health services, intensive case management services

		(ICMS) and substance-use focused Client Engagement and Navigation Services (CENS).
6) Mental Health – Law Enforcement Teams (MH-LET)	The primary mission of LET is to assist patrol officers when responding to 911 calls involving persons with a mental illness. These crisis intervention services are aimed to reduce incarcerations, mitigate police use of force, and allow patrol officers to return quickly to patrol duties.	LEP Program clinicians have been working closely with 39 out of the 46 police Departments in Los Angeles County.
7) Outpatient Care Services (OCS) Transition Age Youth (TAY) Drop-In Centers	The Drop-In Centers are designed to be an entry point for Seriously Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) Transition-Age Youth (TAY), ages 16-25, who may be homeless or in unstable living situations. TAY are often experiencing complex trauma as victims of abuse in their homes, streets, and in their communities.	TAY accessing Drop-In Centers have an opportunity to build trusting relationships with staff, and when ready and willing, connect to needed services and supports to best meet stability/recovery.
8) Preventing Homelessness and Promoting Health (PH) ²	(PH) ² works with adults and families countywide to address risk factors and build daily living skills that support the maintenance of permanent and stable housing. All initial outreach is provided in the community where the individual lives to promote access to care.	(PH) ² is a collaboration between LA County Department of Health Services, Housing for Health (HFH), and DMH. Co-location with other county departments, e.g., Department of Children and Family Services (DCFS), Department of Public Social Services (DPSS), DHS), and DPH.
9) Psychiatric Mobile Response Teams (PMRT)	PMRT provides mobile crisis response services for persons experiencing a psychiatric emergency in the community. PMRT teams consist of LACDMH clinicians designated to perform evaluations for involuntary detention of individuals determined to be at risk of harming themselves or others, or who are unable to provide food, clothing, or shelter for themselves.	PMRT staff support clients and their families through trust and attention and ultimately contribute to reducing stigma surrounding mental health and accessing help. This service includes coordination and the dispatch of response teams.
10) School Threat Assessment Response Team (START) Program Expansion	START services include, but are not limited to, faculty consultation on threat management; close monitoring of potentially violent individuals; development of threat management plans and interventions specific to individuals; training extended to students and their families; and linkage to a wide range of community resources.	START has strong partnerships with various threat management teams in the Los Angeles Community College District (LACCD), the largest community college system in the nation. The program has partnership with the Los Angeles County Sheriff's Department and the LACCD. Additionally, START participates in LAUSD's Threat Assessment Response Partners (TARP) collaborative, and the higher education Threat Assessment Regional Group Evaluation Team (TARGET) to provide on-going consultations and training on threat cases.

Additional information about these LACDMH programs can be found on the Department's website: dmh.lacounty.gov

TABLE 3: SAPC SPECIALIZED PROGRAMS BY STRATEGIC PLAN KEY PRIORITY AREAS AND CCPR, CR 1, SECTIONS II. A. AND B.

Key Priority Area: Optimize Workforce		
Program, Project or Initiative	Section II. A. Outreach, engagement, and involvement with identified cultural and linguistic communities	Section II. B. Relationship with diverse clients, family, advisory committees and CBOs
1) Culturally and Linguistically Appropriate Services Access to Coaching and Training (CLAS ACT)	CLAS Meetings with SAPC Staff and CIBHS to identify culturally competent trainings and resources for external provider network.	SAPC Facilitates an internal bi-monthly meeting to discuss emerging challenges, culturally significant changes and, innovations along with strategies to meet provider needs to deliver culturally and linguistically appropriate services.
2) California Institute for Behavioral Health Services (CIBHS)	SAPC consultant that provides CLAS-related trainings and technical assistance for contracted provider network, internal staff, and community/clients as needed.	CIBHS helps build provider network capacity to deliver culturally and linguistically appropriate services that effectively serve clients, families, and community stakeholders."
3) Tuition Incentive Program (TIP)	A county-led initiative to increase the number of certified-eligible counselors in Los Angeles County.	Tuition Incentive Program (TIP) A county-led initiative designed to increase the number of certified-eligible counselors in Los Angeles County through strategic partnerships with agencies that build workforce capacity and enhance culturally competent service delivery.
4) AB2473	AB 2473 supports community outreach by mandating cultural competence training for all SUD counselors in SAPC-contracted facilities, ensuring that when counselors engage with diverse communities, they possess the foundational knowledge to understand cultural contexts and serve people with disabilities effectively. This legislation creates a more culturally prepared workforce that can participate meaningfully in community engagement activities and respond appropriately to the linguistic and cultural needs of Los Angeles County's diverse populations.	AB 2473 directly strengthens relationships with diverse clients by requiring all SAPC-contracted counselors to demonstrate cultural competence and knowledge of co-occurring conditions as part of twelve mandatory core competencies, elevating the quality of therapeutic relationships across the treatment system. The legislation ensures that by July 2025, every counselor in SAPC's network will meet enhanced standards that improve their ability to serve clients from diverse backgrounds, including those with disabilities, ultimately strengthening the foundation for effective partnerships with families and community-based organizations.

Key Priority Area: System Innovation and Provider Support		
Program, Project or Initiative	Section II. A. Outreach, engagement, and involvement with identified cultural and linguistic communities	Section II. B. Relationship with diverse clients, family, advisory committees and CBOs
1) Committee on Cultural Competence and Humility (C3H)	C3H address the disparities in care and treatment of an increasingly diverse community by establishing guidelines for SAPC and SAPCs provider network to engage individuals, in a meaningful way, from a perspective of self-reflection and respect for the impact of culture (inclusive of race, faith, ethnicity, abilities, gender, class, sexual orientation, housing and education) and language on service provision.	Cultivate an environment where health equity and accessibility is prioritized and where SAPC and SAPCs provider network engage individuals, in a meaningful way, from a perspective of self-reflection and respect for the multidimensional and complex ways culture (inclusive of race, faith, ethnicity, abilities, gender, class, sexual orientation, housing and education) and language impact interactions.
2) Provider Advisory Committee (PAC)	SAPC convened the Provider Advisory Committee (PAC) to promote effective and patient-centered prevention and treatment services. The PAC serves as an advisory body to SAPC and engages in an ongoing process to ensure SUD services are developed with the insight and knowledge of SAPC's provider network. In addition, SAPC staff from across the Division participate to provide a multi-disciplinary knowledge base.	The Provider Advisory Committee exemplifies SAPC's commitment to collaborative relationships by establishing bi-monthly meetings where contracted providers contribute their frontline expertise and community insights to shape substance use disorder prevention and treatment services across Los Angeles County. This multi-disciplinary approach, including SAPC staff alongside diverse contracted providers, positions community-based organizations as true partners in service design while ensuring that their unique cultural knowledge and community connections directly inform SAPC's strategic decisions for serving diverse clients and families.
3) Commission on Alcohol and Other Drugs	The Commission on Alcohol and Other Drugs (CAOD) advises and makes recommendations to the Board of Supervisors on alcohol and drug related issues with the goal of reducing the negative impact of substance use disorders on the quality of life for individuals and their families residing in Los Angeles County.	The Commission on Alcohol and Other Drugs serves as a vital advisory body that strengthens SAPC's relationships with diverse stakeholders by providing direct recommendations to the Los Angeles County Board of Supervisors on alcohol and drug-related issues affecting individuals, families, and communities countywide. Through this formal advisory structure, CAOD creates a mechanism for community voices and diverse perspectives to influence policy decisions while ensuring that the lived experiences of those affected by substance use disorders directly inform county-level strategic planning and resource allocation.
4) Substance Abuse Service Helpline	A 24/7 toll-free helpline where a team of professionals is available to provide screening, resources and referral directly to alcohol/drug treatment provider.	Efforts to integrate with LACDMH was underway in FY 23-24 to provide a comprehensive resource on mental health and substance use disorders for LA County residents.
5) Digital and eLearning Toolkits	Digital toolkits that complement and reinforce previous years' training to	Resource for provider network staff which complements and reinforces previous years'

	ensure affirming care for transgender patients and ADA accessibility.	training to ensure affirming care for transgender patients and ADA accessibility.
6) Service Bed and Availability Tool (SBAT) Tool Review	Assessment tool to evaluate whether a provider has dedicated clinical/counselor bilingual staff, and staff that can proficiently conduct monolingual group activities.	SAPC Contract program auditors conduct a review of SAPC providers' workforce to assess their ability to provide culturally and linguistically appropriate services to their patients/clients.
7) RecoverLA.org	RecoverLA.org is a mobile-optimized resource for information about substance use disorder, available treatment options, and overdose prevention and resources. Topics include general SUD information, how to stay safe, how to recognize and respond to an overdose, harm reduction programs, treatment options, and how to find a provider.	SAPC marketing efforts to promote the website include geotargeted digital ads, outreach videos on how to access RecoverLA.org., and posters placed in convenience stores located in targeted zip codes.

Key Priority Area: Policy and Fiscal Acumen		
Program	Section II. A. Outreach, engagement, and involvement with identified cultural and linguistic communities	Section II. B. Relationship with diverse clients, family, advisory committees and CBOs
1) Payment Reform: Capacity building initiative (CBI)	CBI aims to support SAPC provider network in workforce development, access to care, and fiscal and operational efficiency. Agencies can choose to participate in any or all of the three efforts. Participating in these efforts 1) ensures that staff are prepared to work with an increasingly complex patient population, 2) ensures that SAPC specialty SUD system also focus on the ~95% of people with SUDs who do not receive treatment, and 3) establish and maintain an accurate and current accounting system to monitor revenue and expenditures.	Payment reform CBI efforts ensures that SAPC provider network are equipped with strong organizational infrastructure to provide SUD services and meet the diverse and complex needs of LA County residents.

Key Priority Area: Participant Experience		
Program	Section II. A. Outreach, engagement, and involvement with identified cultural and linguistic communities	Section II. B. Relationship with diverse clients, family, advisory committees and CBOs
1) CORE Centers (Connecting to Opportunities for Recovery and Engagement)	Community spaces throughout LA county where everyone can come to get information and resources about how to prevent alcohol and drug use, learn more about substance use	Families and friends can build skills to talk about alcohol/drugs with loved ones and learn how to help someone experiencing a drug overdose. CORE Centers provide

	disorders (also known as addiction) and find out where to go for free or low-cost treatment services.	education classes and links to local support services, including treatment when needed.
2) Member Support	Conduct presentations to county and community partners on accessing LA County's SUD Treatment System and the destigmatizing addiction and substance use disorder.	Member Support conducts presentations to county and community partners on accessing LA County's SUD Treatment System and destigmatizing addiction and substance use disorder.
3) CENS (Client Engagement Navigation Services)	Sites throughout LA County where staff serve as liaisons between state, county, and city agencies and alcohol/drug treatment providers conducting in-person navigation, screening, and linkage to treatment.	CENS works to facilitate access to SAPC's network of SUD treatment services, harm reduction and recovery services by providing clients with a screening, identifying the client's service needs and linking clients to services. Justice involved and PEH populations are targeted by co-locating CENS staff at courts, probation offices, Los Padrinos Juvenile Hall, and permanent supportive housing (PSH) sites
4) Biannual Beneficiary Focus Groups (QI)	Voluntary focus group sessions with SAPC clients to gather information from the client perspective on treatment regarding the quality of services received.	Beneficiary focus group results are shared with the providers in a confidential manner to determine ways to optimize and improve upon services for the clients.
5) Interim Housing Outreach Program (IHOP)	The Interim Housing Outreach Program is a partnership between Department of Mental Health, Department of Health Services, Department of Public Health to build regional, field-based multidisciplinary teams in each Service Area. Funded by the Mental Health Services Act (MHSA), the goal is to serve people experiencing homelessness with substance use needs residing in interim housing sites including, but not limited to shelters, hotels, motels, and tiny homes.	December 2023. 40 participants were referred by IHOP to the CENS between December 2023 – June 2024 across 19 interim housing sites or shelters in SPA 4. The subsequent launches of IHOP in other SPAs would be completed by June 2025.
6) CalWORKs API Outreach	The CalWORKs API Targeted Outreach Program provides information and education about SUD and related treatment services for CalWORKs participants within Asian Pacific Islander (API) communities across Los Angeles County. Outreach services seek to identify API CalWORKs participants with SUD needs and connect them with culturally and linguistically appropriate treatment services and support.	In FY 23-24, a total of 15,383 individuals received outreach services through the CalWORKs API program. Of those 362 were identified as having a substance use disorder, and 1,908 were identified as CalWORKs recipients. Sixteen individuals were referred to DPSS Greater Avenues for Independence (GAIN), three of whom subsequently began receiving SUD services.

7) Treatment Perception Survey (TPS)	TPS is a required anonymous survey conducted annually throughout California to gauge client perception/satisfaction with substance use disorder treatment services. TPS collects information from adult patients in the SUD treatment system of care on 6 domains to include access, quality of care, care coordination, treatment outcome, satisfaction, and telehealth. For youth patients in the SUD treatment system of care, 8 TPS domains include access, therapeutic alliance, service satisfaction, staff/environment, care coordination, outcome, overall satisfaction and telehealth.	TPS survey results are utilized by service providers to identify strengths and areas for growth, client feedback, improvement efforts, grant or accreditation applications, and self-reported outcome measures.
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Collectively, the programs summarized in Tables 2 and 3 above illustrate the intentionality of the two Departments to maintain a sustainable infrastructure that is culturally, linguistically, and equity driven. Each featured program is grounded in the shared belief that optimal health and health equity are achievable when systems leverage community strengths and resilience as foundational elements of care and service delivery.

CR 1, Section II. C: Skill development and strengthening of community organizations involved in providing essential service

- LACDMH Speakers Bureau**

The implementation of the Speakers Bureau (SB) has significantly expanded access to reliable, high-quality mental health information for CBOs and community groups seeking to enhance the knowledge on mental health. As a cadre, SB members offer over 200 different areas of clinical specialty Department's capacity to create culture-specific informational materials in the threshold languages for the diverse communities of LA County. SB members have also been called upon to assist with the field testing of various public-facing materials such as program flyers, brochures, and consumer satisfaction surveys, among many others. Their cultural and linguistic expertise ensures that materials are not only clinically accurate, but also culturally sensitive, linguistically appropriate, and effective in communicating with diverse communities across the County.
- Incubation Academy**

The LACDMH Incubation Academy is an innovative tactic designed to help small and mid-size grassroots organizations get the mentorship, training, technical assistance they need to better prepare to compete for and manage funding from the Los Angeles County department of mental health by building up the capacity of trusted community based organizations the image expands its potential provider network and access to preventative mental health services for underserved communities across LA county they participate in CEO's receive training, technical assistance, and capacity building through a series of online Academy sessions meetings with small groups and one-on-one coaching and consultation tailored to their specific needs and goals once

organizations have completed the online sessions they receive funding from community partners to implement a project that will increase community access to preventative mental health services the CEO will also have access to funds to support institutional capacity needs, including technology, software and other infrastructure costs.

- **Workforce Training in Cultural Competence**
LACDMH and SAPC offer a wide range of cultural competence training offerings to increase the workforce's cultural awareness, understanding, sensitivity, responsiveness, multicultural knowledge, and cross-cultural skills, all of which are essential to effectively serve our culturally and linguistically diverse communities. The training topics offered by the Departments' respective Training Units incorporate a multiplicity of cultural competence elements. Some examples are listed below:
 - Age groups (Children, TAY, Adults and Older Adults)
 - Cultural competence and cultural humility
 - Deaf and hard of hearing population
 - Evidence Based Practices
 - Forensic population
 - Gender identity
 - Homeless population
 - Implicit Bias
 - Intellectual and physical disabilities
 - Language interpreter series
 - Peer support
 - Race and ethnicity
 - Racism
 - Sexual orientation
 - Spirituality
 - Substance use and co-morbidity
 - Trauma-informed services
 - Veterans

III. Cultural Competence/Ethnic Services Manager responsible for cultural competence

Both LACDMH and SAPC have staff dedicated to serve as cultural competence managers. Both LACDMH and SAPC have designated staff who serve as Cultural Competence Managers, leading efforts to integrate culturally and linguistically responsive services. Although they work in separate Departments, their roles converge in key areas of activity and expertise, reinforcing a shared commitment to equity, inclusion, and access. Sandra T. Chang, Ph.D. serves as the LACDMH Ethnic Services Manager (ESM). She also holds the position of Program Manager for the ARISE Division – Cultural Competency Unit (CCU). This organizational structure strategically positions Dr. Chang and the ARISE Division to collaborate with various LACDMH programs and sister Health Departments, promoting cross-departmental alignment on cultural and linguistic competence matters. In her role as ESM, Dr. Chang provides administrative oversight of several critical areas, including the Cultural Competency Unit, the Cultural Competency Committee (CCC), and the Language

Assistance Services Unit. Through these efforts, she plays a pivotal role in advancing the Department's cultural competence goals and ensuring services meet the needs of Los Angeles County's diverse populations.

Christina Villegas is the SAPC's Manager for the Equitable Access Section (EAS) and is responsible for designing and implementing strategies to ensure that services meet the diverse cultural and linguistic needs of clients, including access to bilingual staff, interpretation and written translation services throughout the network, materials in alternate formats and with auxiliary aids. She manages updates to the SAPCs cultural competency plan, coordinate SAPC's committee on Cultural Competence and Humility, represents SAPC in various diversity equity and inclusion committees, and establishing requirements for the provider network that meet the State and federal mandates, and supports recommendations to integrate cultural competence into service planning, delivery, and evaluation, including those outlined in SAPC's strategic plan.

TABLE 3: EXAMPLES OF HOW THE LACDMH AND SAPC CULTURAL COMPETENCE MANAGERS ACTIVITIES, CY 2024

Cultural Competence Managers Activity	LACDMH Sandra T. Chang	SAPC Christina Villegas
Administrative oversight of the cultural competency committee activities, including facilitating regular meetings.	☒	☒
Lead for the development of annual Cultural Competence Plans.	☒	☒
In collaboration with internal and external stakeholders: develop, implement, and evaluate cultural and linguistic service delivery goals, departmental P&Ps, and practices.	☒	☒
Deliver a comprehensive approach to providing language translation and interpreter services for LACDMH programs and DPH-SAPC contracted provider network via workforce development, training, and technical assistance.	☒	☒
Administrative oversight of the coordination, delivery, and accessibility of Language Assistance Services (LAS) via hired vendors for threshold language interpreters, American Sign Language (ASL) and closed captioning services for the provision of mental health and SUD services in the community.	☒	☒
Coordinate evaluation efforts for the collection of CLAS-related outcomes across Departments or divisions including tracking and reporting data and trends.	☒	☒
Participate in continuous quality improvement efforts around CLAS-related activities including membership in departmental quality improvement meetings.	☒	☒
Provide oversight into the planning, implementation, and evaluation of CLAS-related activities to include training and provider compliance efforts.	☒	☒

Cultural Competence Managers Activity	LACDMH Sandra T. Chang	SAPC Christina Villegas
Departmental responsiveness to advance the LACDMH and DPH-SAPC' commitments to advance Anti-Racism and Diversity and Inclusion Initiative (ARDI) efforts.	☒	☒
Anti-racism and cultural diversity-focused work via strategic cultural and linguistic competence within the system of care.	☒	☒
Lead and/or participate in anti-racism and cultural diversity-focused community events in collaboration with stakeholder groups, and departmental leadership. • Pride Event • Latino Heritage Month • Black History Month • American Indian/Alaska Native • SA-based cultural events • Special community events (i.e. AI-Impics, Taste of Soul)	☒	☒
Participation in tri-departmental workgroup with to expand existing Language Assistance Services Master Agreement (LASMA).	☒	☐
Lead for the LACDMH Speakers Bureau (SB) and overseeing the processing of requests received from the community at large and the system of care	☒	☐
Feedback on DHCS' draft of new requirements for Behavioral Health Equity Plan report	☒	☒
Participation in mental health and substance use disorder-focused media campaigns to reach culturally and linguistically diverse communities via multiple media outlets.	☒	☒

III. LACDMH Budgetary Allocations for Cultural Competence Activities, FY 23-24

LACDMH has a robust budget for cultural competence activities, including training, outreach and engagement activities, language translation and interpretation services, employee bilingual compensation, and program expansions, among many others.

Cultural Competence-related training

- \$79,094 for Specialized Foster Care training
- \$4,350 for juvenile justice training
- \$22,700 for culture-specific training focusing on underserved populations
- \$21,420 for interpreter training

Language Assistance Services

During FY 23-24, LACDMH continued providing and expanding the band of language assistance services as follows:

- \$113,025 for client-related appointments ASL services

- \$97,456 for countywide translation services
- \$255,622 for language interpreter services (Clinical Appointments Over the Phone interpretation)
- \$272,685 for language interpreter services for LACDMH stakeholder meetings and events*
- \$76,935 ASL services for LACDMH stakeholder meetings and events*
- \$113,488 for Closed Captioning in Real Time (CART) services for LACDMH stakeholder meetings and events*

* These expenditures allow consumers, family members, and the community at large to participate in various departmental stakeholder meetings/events in their preferred language or communication accommodation.

MHSA Plan-Specific projected budget allocations

A sizable amount of funding is dedicated to LACDMH's cultural competence-related activities under the MHSA Plans. The table below summarizes the projected MHSA-specific budget allocations by plan:

- Community Services and Supports (CSS)
- Prevention Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities/Technology Needs (CFTN)

**TABLE 5: SUMMARY OF MHSA PLAN BUDGETARY ALLOCATIONS
AND EXPENDITURES, FY 23-24**

Programs	Funding
CSS Programs	
1. Full-Service Partnerships	\$151,587,276
2. Outpatient Care Services	\$216,907,729
3. Alternative Crisis Services	\$122,512,681
4. Planning Outreach & Engagement	\$15,728,743
5. Linkage Services	\$47,158,493
6. Housing Services	\$66,140,935
7. CSS Administration	\$48,749,803
Total CSS Program Expenditures	\$668,785,660
PEI Programs	
1. Suicide Prevention	\$5,787,478
2. Stigma Discrimination Reduction	\$77,060,907
3. Prevention	\$124,395,549
4. Early Intervention	\$100,522,973
5. PEI Administration	\$19,056,371

Programs	Funding
Total PEI Program Expenditures	\$326,824,278
INN Programs 1. Innovation 7 – Therapeutic Transport 2. Innovation 8 – Early Psychosis Learning Health Care Network 3. Hollywood Mental Health Cooperative 4. INN Administration	\$6,653,266 \$252,600 \$23,101,097 \$3,000,000
Total Gross Expenditures INN Programs	\$33,006,963
WET Programs 1. Training and Technical Assistance 2. Mental Health Career Pathway 3. Residency 4. Financial Incentives 5. WET Administration	\$8,071,305 \$2,818,573 \$6,284,554 \$10,240,770 \$1,581,781
Total Gross Expenditures WET Programs	\$28,996,983
Total Gross Expenditures Capital Facilities/Technology Needs (CFTN) 1. Capital Project – Tenant Improvement/New Facilities 2. Exodus 3. IBHIS – Netsmart 4. IBHIS – Microsoft Agreement 5. Technology Improvements 6. CFTN Administration	\$6,000,000 \$25,000,000 \$11,000,000 \$2,000,000 \$20,000,000 \$6,400,000
Total Gross Expenditures Capital Facilities/Technology Needs Programs	\$70,400,000
Grand Total MHSA Expenditures across all Plans	\$1,128,014,884

* Data Source: MHSA Annual Update Report FY 23-24.

V. CLAS Standards Implementation: Progress at a Glance

LACDMH and SAPC actively pursue the implementation and sustenance of the CLAS Standards in their direct service and administrative operations. For FY 23-24, the Departments converged in various CLAS-related activities across their respective systems of care. The following chart summarizes the on-going implementation progress of both Departments. See *CR 1 Appendix* for additional details of each departmental crosswalk.

TABLE 6: CROSSWALK OF LACDMH AND SAPC'S PRACTICES RELATED TO THE CLAS STANDARDS AND CCPR, FY 23-24

CLAS Standard	CCPR Criterion	CLAS Standards Implementation
1) Promote effective, equitable, understandable, and respectful quality of care and services	1 - 8	• Departmental mission and vision statements, strategic plan, P&P, providers manual, and parameters that guide clinical care • Culture and language-specific outreach and engagement
2) Governance and leadership promoting CLAS	1, 4, 5, and 6	• Incorporation of the CLAS standards, CCPR, and departmental Strategic Plan in Cultural Competence Plan reports • Policies and procedures revisions to guide culturally and linguistically competent service provision • Review and discussions regarding the CLAS standards with departmental leadership
3) Diverse governance, leadership, and workforce	1, 6, and 7	• Utilization of demographic and consumer utilization data in program planning, service delivery, and outcome evaluation • Presence of committees that advocate for the needs of cultural and linguistically underserved populations • Efforts to recruit culturally and linguistically competent staff who represent the communities and cultural groups served across multiple functions • Development of paid employment opportunities for peers and persons with lived and shared experience
4) Train governance, leadership, and workforce in CLAS	1 and 5	• Accessible cultural competence training • Inclusion of the CLAS standards in the cultural competence trainings
5) Communication and language assistance	5 and 7	• Established P&Ps for bilingual certification, language translation and interpretation services, interpreter services for the Deaf and Hard of Hearing community, and culturally and linguistically inclusive services
6) Availability of language assistance	7	• Monitoring the LACDMH 24/7 Help Line's language assistance operations
7) Competence of individuals providing language assistance	6 and 7	• Offering training for language interpreters

CLAS Standard	CCPR Criterion	CLAS Standards Implementation
8) Easy to understand materials and signage	1, 3, and 7	• Translation of key-informing materials. Among them, consent forms, program brochures, and fliers in the threshold languages • Conduction of culture-specific media campaigns in the threshold languages of LA County
9) Organizational assessments	3 and 8	• Monitoring the impact of cultural and language-specific outreach and engagement activities • Partnering with the community to identify capacity-building projects for underserved cultural communities • Conduction of program-based needs assessments • Conduction of program outcome evaluations and reporting on the progress made in service accessibility, and improvements in penetration and retention rates
10) Demographic data	2, 4, and 8	• Developed infrastructure to collect SOGI data in IBHIS, the Department's electronic health record system • Implementation of LACDMH data dashboards made available to the public
11) Conflict and grievance resolution processes	8	• Monitoring of grievances, appeals and request for State Fair Hearings

Criterion 1 Appendix

I. LACDMH Attachments

1. Link to LACDMH policies and procedures
<https://secure2.compliancebridge.com/lacdmh/public/index.php?fuseaction=app.main&msg>
2. Link to LACDMH Strategic Plan 2020-2030
<https://dmh.lacounty.gov/about/lacdmh-strategic-plan-2020-2030/>
3. Link to MHSA report, FY 23-24
1143711_MHSAAnnualUpdateFY23-24Adopted6-6-23.pdf (lacounty.gov)
4. Link to LACDMH Crosswalk with CCPR and CLAS
1198344_Table3LACDMHStrategicPlan.pdf

II. SAPC Attachments

5. Link to SAPC Strategic Plan
<http://publichealth.lacounty.gov/sapc/docs/providers/SAPC-Strategic-Plan-2023-2028.pdf?tm>
6. Link to SAPC Crosswalk with CCPR and CLAS:



Criterion 1 -
APPENDIX XXX CROS:

7. Link to SAPC Prevention Strategic Prevention Plan
<http://publichealth.lacounty.gov/sapc/prevention/PP/StrategicPreventionPlan.pdf>



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
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**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ANTI-RACISM, INCLUSION, SOLIDARITY AND EMPOWERMENT (ARISE) DIVISION
CULTURAL COMPETENCY UNIT**

AND

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) BUREAU
STRATEGIC AND NETWORK DEVELOPMENT DIVISION
EQUITABLE ACCESS SECTION (EAS)**

CULTURAL COMPETENCE PLAN UPDATE, FY 23-24

Criterion 2

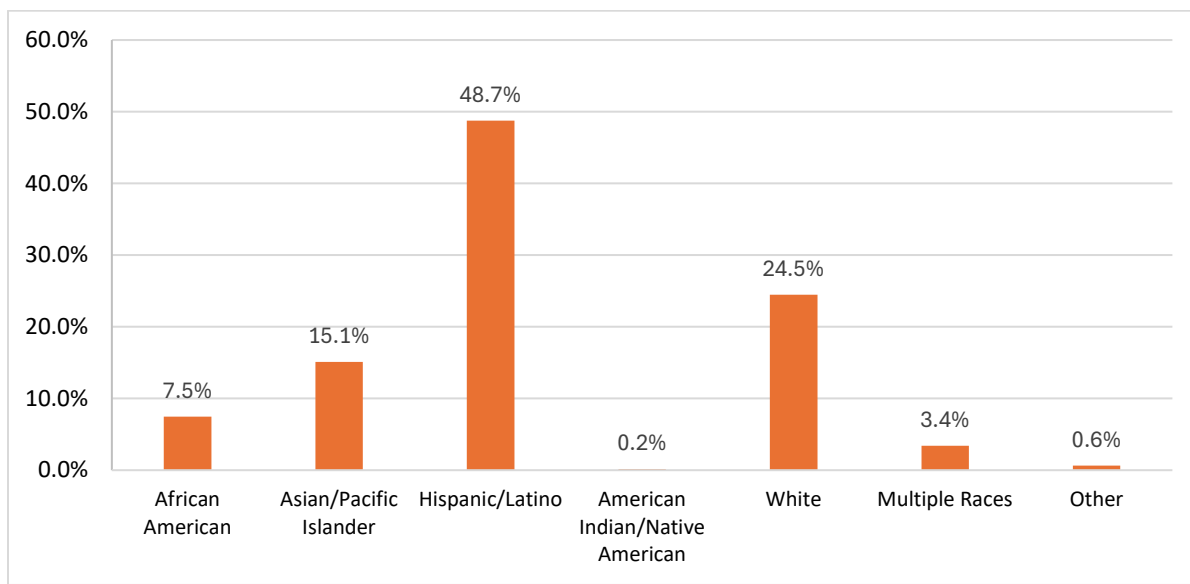
Updated Assessment of Services Needs

December 2025

I. General Population: Los Angeles County Total Population¹

- A. This section summarizes the Los Angeles County's general population by race/ethnicity, age, gender, sexual orientation, and disability.

**Figure 1: Los Angeles County General Population by Race/Ethnicity
CY 2024**



Data Source: American Community Survey, US Census Bureau and Hedderson Demographic Services, 2025.

Figure 1 above shows the Los Angeles County population by race/ethnicity. Latino is the largest ethnic group at 48.7% compared to Native American being the smallest group at 0.2%.

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¹ Data Source: Estimates for the LAC general population are based on three sources. Population data (by age, gender, race/ethnicity) was derived from the 2020-2024 population data generated by County of Los Angeles, Internal Services Department, Information Technology Services, Geographic Information Systems Section and Hedderson Demographic Services. Sexual orientation and by SA estimates were calculated by applying percentages from the 2018-2022 California Health Interview Survey to the overall population. Similarly, Disability and primary language by SA estimates were derived by applying percentages from the American Community Survey 5-year estimates Public Use Microdata Sample to the general LAC population.

**Figure 2: Los Angeles County General Population by Age
CY 2024**

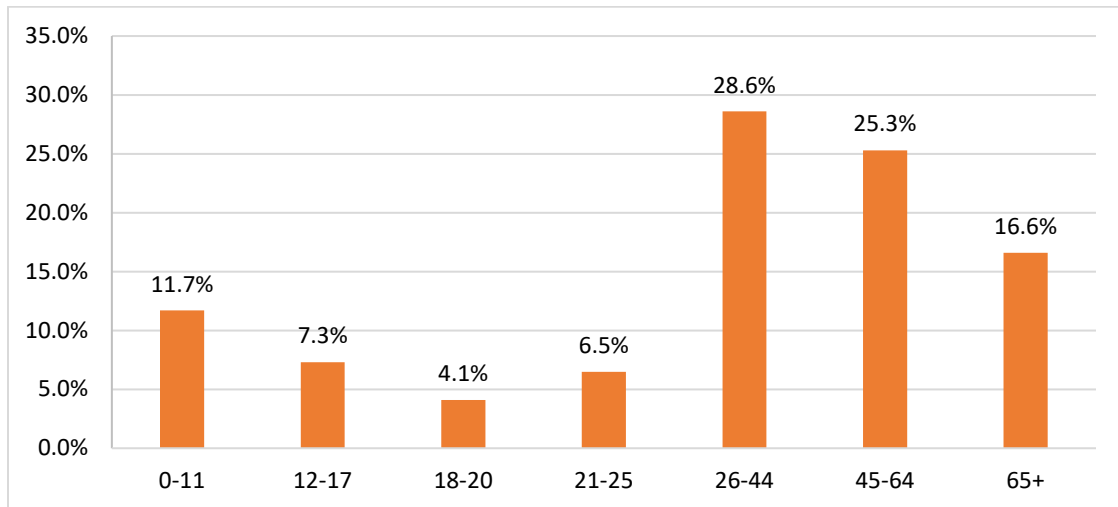


Figure 2 above shows the Los Angeles County population by age group. Age 26-44 make up the largest age group at 28.6% compared to age 18-20 comprises the smallest group at 4.1%.

**Figure 3: Los Angeles County General Population by Gender
CY 2024**

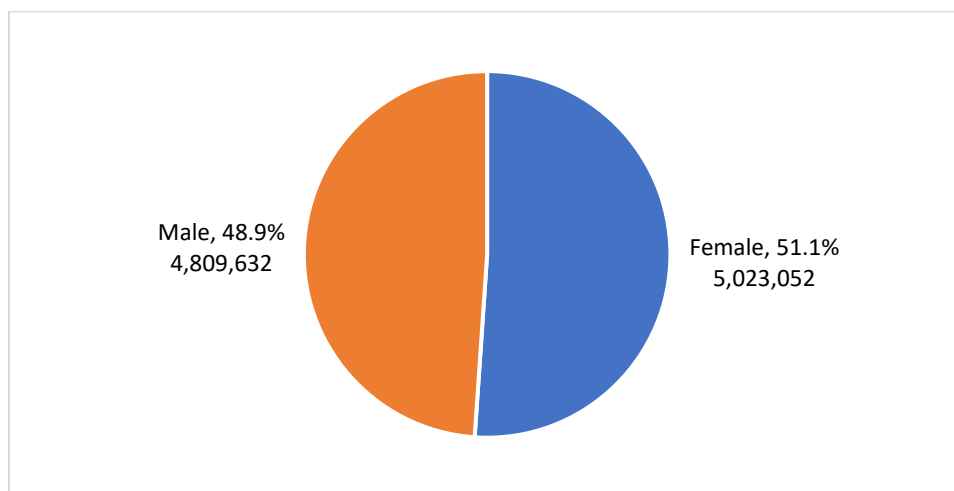
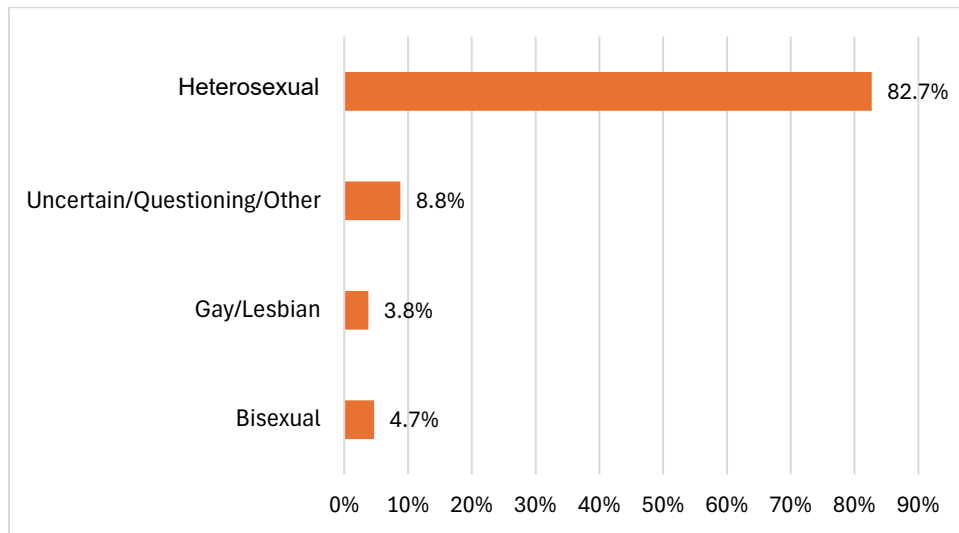


Figure 3 above shows the Los Angeles County population by gender. Females make up the larger population at 51.1% while male comprise the smaller population at 48.9%.

**Figure 4: Los Angeles County General Population by Sexual Orientation
CY 2024 (Age 12+ only)**



Data Source: American Community Survey, US Census Bureau and Hedderson Demographic Services, 2025.

Figure 4 above shows the Los Angeles County population by sexual orientation. Heterosexual make up the largest group at 82.78% compared to gay/lesbian which comprises the smallest group at 3.8%.

**Figure 5: Los Angeles County General Population by Disability
CY 2024**

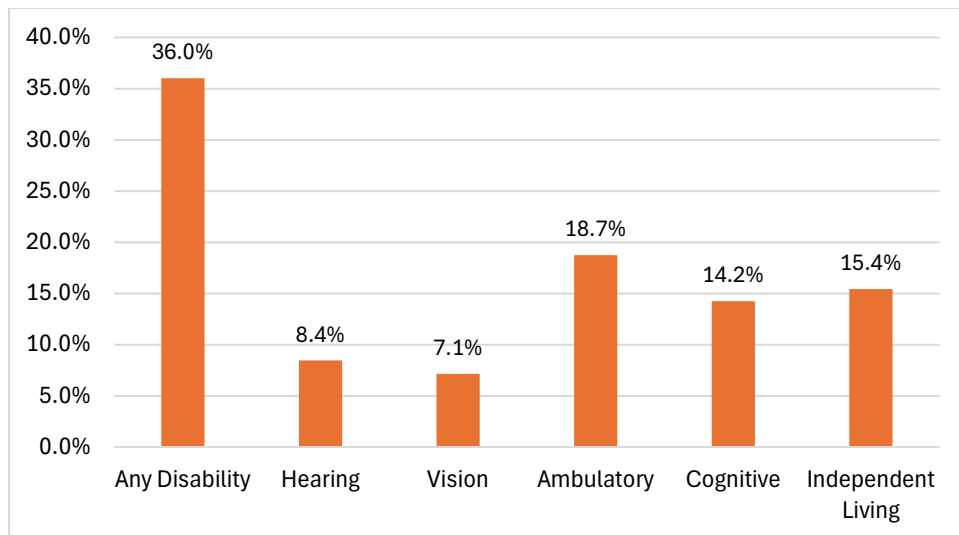


Figure 5 above shows the Los Angeles County population by disability. Any disability make up the largest disability group at 36.0% compared to vision which comprises the smallest group at 7.1%. *See the CR 2 Appendix Attachment 1: Los Angeles County Estimated Medi-Cal Population.*

II. Medi-Cal Population Service Needs

1. LACDMH Medi-Cal population

- A. This section summarizes the estimated prevalence of SED and SMI among Medi-Cal eligible population by race/ethnicity, language, age, gender, sexual orientation, and disability. All the tables in this section cover Medi-Cal eligibles of all ages.

Table 1. Estimated Los Angeles County Prevalence of SED and SMI Among Medi-Cal Eligible Population by Race/Ethnicity, Language, Age, Gender, Sexual Orientation, and Disability – CY 2024

Medi-Cal Eligibles Estimated SED/SMI (CY 2024)		
	Counts	Percent
Race/Ethnicity		
White	27,072	13.4%
Hispanic/Latino	120,917	59.8%
African American	20,118	10.0%
American Indian/Native American	311	0.2%
Asian/Pacific Islander	18,744	9.3%
Other/Missing/Invalid	15,091	7.5%
Total	202,254	100.0%
Threshold Language		
Arabic	289	0.1%
Armenian	4,755	2.4%
Chinese (Mandarin/Cantonese/Other Chinese)	4,643	2.3%
English	118,122	58.4%
Farsi	776	0.4%
Khmer/Cambodian	399	0.2%
Korean	1,621	0.8%
Other/Missing/Invalid	1,125	0.6%
Russian	1,583	0.8%
Spanish	67,167	33.2%
Tagalog	434	0.2%
Vietnamese	1,339	0.7%
Total	202,254	100.0%
Medi-Cal Age Group		
0-11 (8% prevalence rate)	57,236	23.6%
12-17 (8% prevalence rate)	34,180	14.1%
18-20 (8% prevalence rate)	15,244	6.3%
21-25 (5% prevalence rate)	14,260	5.9%
26-44 (5% prevalence rate)	52,785	21.8%
45-64 (5% prevalence rate)	42,136	17.4%
65+ (5% prevalence rate)	26,226	10.8%
Missing	185	0.08%
Total	242,252	100.0%

Gender		
Male	94,715	46.8%
Female	107,539	53.2%
Total	202,254	100.0%
Sexual Orientation (For age 12+ only)		
Bisexual	8,767	5.3%
Gay/Lesbian	4,025	2.4%
Uncertain/ Questioning/ Other	21,477	12.9%
Heterosexual	132,027	79.4%
Total	166,296	100.0%
Disability		
Any Disability	38,005	33.9%
Hearing	6,770	6.0%
Vision	7,865	7.0%
Ambulatory	20,903	18.7%
Cognitive	18,464	16.5%
Independent Living	20,096	17.9%
Total	112,102	100.0%

Data Source: CY2024 Medi-Cal population data by overall, age, gender, race/ethnicity, and primary language, and by Service Areas were derived from the Medi-Cal Eligibility Data System (MEDS) files averaged from January to December 2024 to produce the annual estimates.

Medi-Cal and SED/SMI by Race/Ethnicity

Table 1 above shows that in 2024, Los Angeles County had a total of 202,254 Medi-Cal eligibles with SED/SMI. This was a decrease of 23,051 from the previous year. The Latino Medi-Cal population had the highest estimated prevalence of SED/SMI (59.8%) compared to American Indian/Native American Medi-Cal population had the lowest prevalence (0.2%).

Medi-Cal and SED/SMI by Threshold Language

Table 1 above shows the prevalence of SED/SMI among Medi-Cal eligible population by primary language for 2024. English was the primary language with the highest percentage (58.4%) of Medi-Cal eligibles compared to Arabic with the lowest percentage (0.1%).

Medi-Cal and SED/SMI by Age Group

Table 1 above shows the prevalence of SED/SMI in the Medi-Cal population by age group. The age group 0-11 had the highest prevalence of SED/SMI (23.6%) compared to the age group 21-25 with the lowest prevalence (5.9%).

Medi-Cal and SED/SMI by Gender

Table 1 above shows the prevalence of SED/SMI among the Medi-Cal eligible population by gender. Female had a higher prevalence of SED/SMI (53.2%) than male (46.8%).

Medi-Cal and SED/SMI by Sexual Orientation

Heterosexual had the highest rate (79.4%) of individuals identified with SED and SMI among the Medi-Cal eligible population compared to gay/bisexual with the lowest rate (2.4%).

Medi-Cal and SED/SMI by Disability

Any disability had the highest rate (33.9%) of individuals identified with SED and SMI among the Medi-Cal eligible population compared to hearing disability with the lowest rate (6.0%).

B. LACDMH Client Utilization Data - Consumers Served in Outpatient Programs

Table 2 below presents the unduplicated count of consumers served in outpatient programs by race/ethnicity, language, age group, and gender.

Table 2: Consumers Served in Outpatient Programs by Race/Ethnicity, Language, Age, and Gender, CY 2024

Outpatient Clients Served (CY 2024)		
	Counts	Percent
Race/Ethnicity		
White	24,990	12.0%
Hispanic/Latino	76,897	37.0%
African American	31,370	15.1%
American Indian/Native American	1,074	0.5%
Asian	5,931	2.9%
Native Hawaiian/Pacific Islander	1,642	0.8%
Multiple Races	5,978	2.9%
Missing/Invalid	41,330	19.9%
Other	18,719	9.0%
Total	207,931	100.0%
Threshold Language		
Arabic	128	0.1%
Armenian	1,088	0.5%
Chinese (Mandarin/Cantonese/Other Chinese)	1,103	0.5%
English	161,153	77.5%
Farsi	469	0.2%
Khmer/Cambodian	566	0.3%
Korean	711	0.3%
Other/Missing/Invalid	13,279	6.4%

Russian	365	0.2%
Spanish	28,352	13.6%
Tagalog	203	0.1%
Vietnamese	514	0.3%
Total	207,931	100.0%
Age Group (MHSA)		
0-15	58,941	28.4%
16-25	36,727	17.7%
26-59	87,526	42.1%
60+	24,737	11.9%
Total	207,931	100.0%
Gender		
Male	99,783	48.0%
Female	107,959	51.9%
Unknown	189	0.1%
Total	207,931	100.0%

Data Source: LACDMH-IS-IBHIS, November 2025.

Consumers Served by Race/Ethnicity

Table 2 above shows Latino has the highest percentage (37.0%) of consumers served compared to American Indian/Native American at 0.5%.

Consumers Served by Threshold Language

Table 2 above shows English was the highest reported primary language (77.5%) among consumers served in outpatient programs.

Spanish was the highest reported non-English threshold language (13.6%) for consumers served compared to Arabic was the lowest reported non-English threshold language (0.1%).

Consumers Served by Age Group

Age group 26-59 had the highest percentage (42.1%) of clients served compared to age group 60+ with the lowest percentage at 11.9%.

Consumers Served by Gender

Female had a higher percentage (51.9%) of consumers served than male (48.0%).

2. SAPC

Substance Use Disorder Service Needs among Medi-Cal Population in LA County²

A. Substance Use Description of Service Need

This section summarizes the Los Angeles County Medi-Cal population substance use disorder (SUD) needs by age, gender, race/ethnicity, sexual orientation, disability and threshold language. SUD prevalence rates were estimated using data retrieved from NSDUH reports (2023). For detailed information regarding county and service planning areas related to this data. *See the CR 2 Appendix Attachment 2: SUD Service Needs among Medi-Cal Population in LA County.*

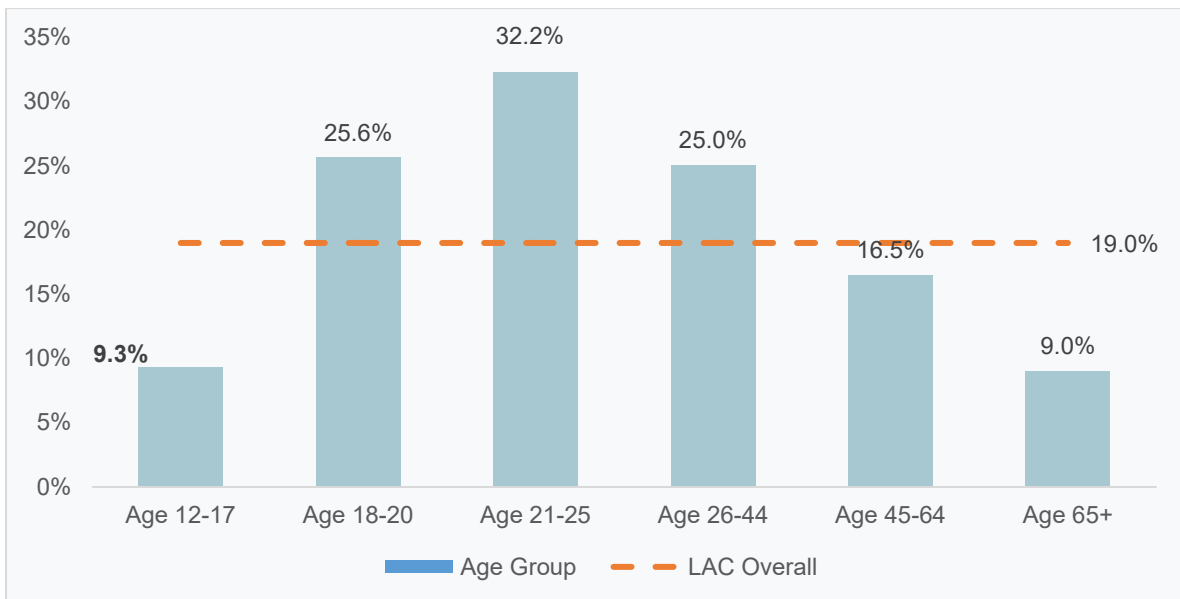
1) Age

The overall estimated SUD prevalence rate among Medi-Cal eligibles in Los Angeles County is 19.0%, with notable variation by age group. Rates are 9.3% for ages 12–17, increase to 25.6% for ages 18–20, and peak at 32.3% among ages 21–25, before declining steadily with age to 9.0% among those 65 and older (Figure 7).

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² SUD prevalence rate by demographic and social characteristics were obtained from the 2023 NSDUH (SAMHSA DAS). Service Planning Area (SPA) estimates for FY24–25 were modeled using 2016–2018 NSDUH small-area patterns for Los Angeles County combined with ACS-informed projections. A logistic regression framework with SPA and age group predictors established 2018 baselines, which were projected forward with 2024 ACS data and calibrated to county-level NSDUH targets. To distribute cases across gender, race/ethnicity, sexual orientation, and language, iterative proportional fitting (raking) was applied so that SPA-level totals aligned with modeled age-specific cases while maintaining consistency with population-based category targets. Disability estimates were calculated separately, without enforcing SPA-total alignment, to reflect overlapping subtypes.

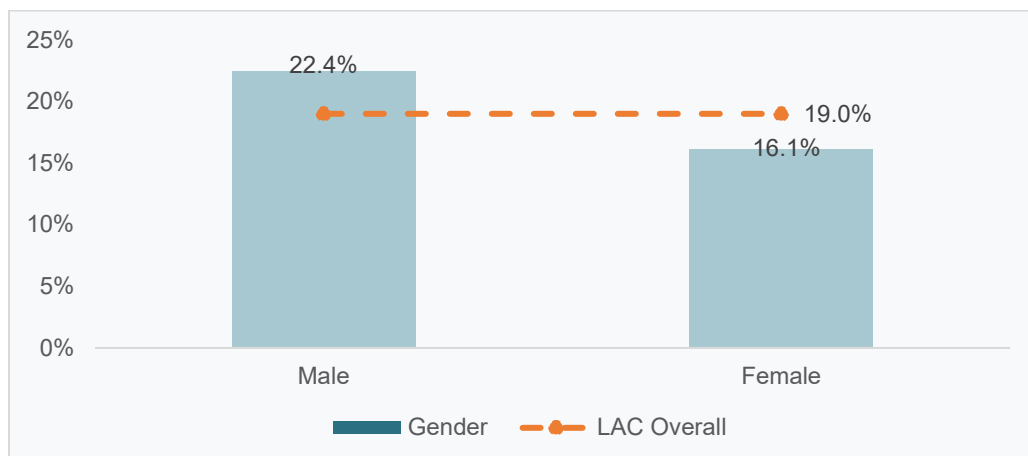
Figure 7: Estimated SUD prevalence rate among Medi-Cal population by age group, LAC, 2024



2) Gender

Figure 8 presents that male had a higher estimated SUD prevalence rate (22.4%) compared to females (16.1%) in LA County overall.

Figure 8: Estimated SUD prevalence rate among Medi-Cal population by gender, LAC, 2024



3) Race/Ethnicity

Figure 9 shows that SUD prevalence was highest among the American Indian/Alaska Native (AIAN) Medi-Cal population (30.6%), followed by those classified as Other (28.9%), White (20.8%), Black (20.6%), Hispanic (18.3%), and Asian/Pacific Islander (API) (11.8%).

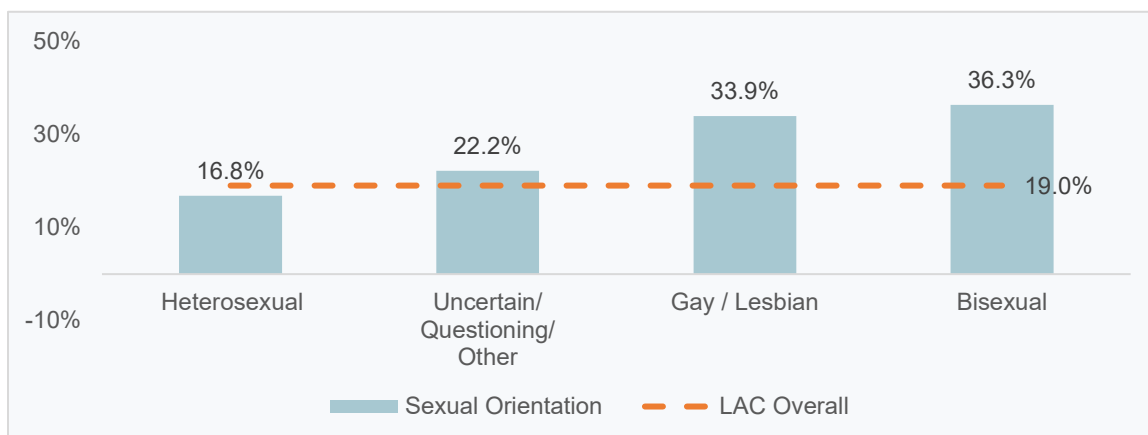
Figure 9: Estimated SUD prevalence rate among Medi-Cal population by race/ethnicity LAC, 2024



4) Sexual Orientation

Figure 10 shows that estimated SUD prevalence rates are substantially higher among the LGBTQ Medi-Cal population compared with those identifying as heterosexual. Prevalence was 36.6% among bisexual individuals and 34.2% among gay/lesbian individuals, while heterosexual individuals had a much lower estimated prevalence of 16.9%.

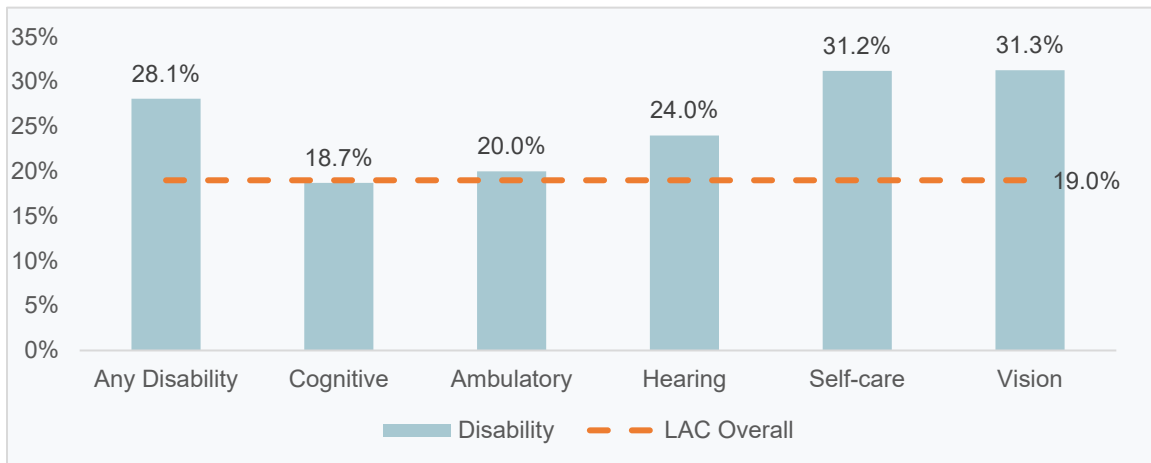
Figure 10: Estimated SUD prevalence rate among Medi-Cal population by sexual orientation, LAC, 2024



5) Disability Status

Figure 11 shows that estimated SUD prevalence rates vary across disability types. Medi-Cal beneficiaries with any self-identified disability had a projected prevalence of 28.1%. The estimated highest rates were observed among individuals with vision difficulties (31.3%) and self-care limitations (31.2%), while lower rates were reported among those with ambulatory limitations (20.0%) and cognitive disabilities (18.7%).

Figure 11: Estimated SUD prevalence among Medi-Cal population by disability, LAC, 2024



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III. Mental Health Service Needs among Population Living at or Below 138% FPL

1. LACDMH

A. Summary of 138% FPL population

Table 3: Estimated Los Angeles County Population Living at or Below 138% FPL by Race/Ethnicity, Language, Age, and Gender - CY 2024

138% FPL Population (CY 2024)		
	Counts	Percent
Race/Ethnicity		
White	360,708	17.7%
Hispanic/Latino	1,126,004	55.3%
African American	223,489	11.0%
American Indian/Native American	4,149	0.2%
Asian	266,398	13.1%
Native Hawaiian/Pacific Islander	2,493	0.1%
Multiple Races	51,485	2.5%
Total	2,034,726	100.0%
Threshold Language		
Arabic	13,596	0.7%
Armenian	50,181	2.57%
Chinese (Mandarin/Cantonese/Other Chinese)	85,917	4.2%
English	640,595	31.5%
Farsi	15,913	0.8%
Khmer/Cambodian	7,081	0.4%
Korean	38,216	1.9%
Russian	20,864	1.0%
Spanish	1,052,012	51.7%
Tagalog	28,748	1.4%
Vietnamese	17,938	0.9%
Other/Missing/Invalid	63,706	3.1%
Total	2,034,767	100.0%
Age Group (ACA)		
0-20	610,680	30.0%
21-25	125,751	6.2%
26-64	949,069	46.6%
65+	349,226	17.2%
Total	2,034,726	100.0%
Gender		
Male	920,397	45.2%
Female	1,114,329	54.8%
Total	2,034,726	100.0%

Data Source: County of Los Angeles, Internal Services Department, Information Technology Services, Geographic Information Systems Section, July 1, 2024
Population Estimates for Los Angeles County Tract-City and Countywide Statistical Area Splits by Age, Sex and Race/Ethnicity, Los Angeles, CA, March 2025.

138% FPL by Race/Ethnicity

Table 3 above shows Latino comprised the largest ethnic group (55.3%) living at or below 138% of the Federal Poverty Level (FPL) while Native Hawaiian/Pacific Islander make up the smallest group (0.1%) living at or below 138% of the FPL.

138% FPL by Threshold Language

Table 3 shows Spanish and English are the highest (83.2%) reported threshold languages among estimated population living at or below 138% FPL. Spanish was the highest (51.7%) reported non-English threshold language among estimated population living at or below 138% FPL compared to other non-English threshold languages (16.8%).

Cambodian is the lowest (0.3%) reported threshold language among estimated population living at or below 138% FPL.

138% FPL by Age Group

Table 3 shows age 26-64 comprised the largest age group (46.6%) living at or below 138% of the FPL compared to age 21-25 make up the smallest age group (6.2%) living at or below 138% of the FPL.

138% FPL by Gender

Table 3 shows female comprised the larger population (54.8%) living at or below 138% FPL while the male gender make up the smaller population (45.2%) living at or below 138% FPL.

For client utilization data by race/ethnicity, language, age, and gender, please see Table 2 on page 40.

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Table 4. Estimated Los Angeles County Prevalence of SED and SMI Among Population Living at or Below 138% FPL by Race/Ethnicity, Language, Age, and Gender - CY 2024

138% FPL Population Estimated SED/SMI (CY 2024)		
	Counts	Percent
Race/Ethnicity (5% prevalence rate)		
White	18,035	17.7%
Hispanic/Latino	56,300	55.3%
African American	11,174	11.0%
American Indian/Native American	207	0.2%
Asian	13,320	13.1%
Native Hawaiian/Pacific Islander	125	0.1%
Multiple Races	2,574	2.5%
Total	101,736	100.0%
Threshold Language (5% prevalence rate)		
Arabic	680	0.7%
Armenian	2,509	2.5%
Chinese (Mandarin/Cantonese/Other Chinese)	4,296	4.2%
English	32,030	31.5%
Farsi	796	0.8%
Khmer/Cambodian	354	0.4%
Korean	1,911	1.9%
Russian	1,043	1.0%
Spanish	52,601	51.7%
Tagalog	1,437	1.4%
Vietnamese	897	0.9%
Other/Missing/Invalid	3,185	3.1%
Total	101,738	100.0%
Age Group (ACA)		
0-20 (8% prevalence rate)	48,854	40.7%
21-25 (5% prevalence rate)	6,288	5.2%
26-64 (5% prevalence rate)	47,453	39.5%
65+ (5% prevalence rate)	17,461	14.5%
Total	120,057	100.0%
Gender		
Male	46,020	45.2%
Female	55,716	54.8%
Total	101,736	100.0%

Data Source: County of Los Angeles, Internal Services Department, Information Technology Services, Geographic Information Systems Section, July 1, 2024 Population Estimates for Los Angeles County Tract-City and Countywide Statistical Area Splits by Age, Sex and Race/Ethnicity, Los Angeles, CA, March 2025.

138% FPL and SED/SMI by Race/Ethnicity

Table 4 above shows Latino had the highest rate (55.3%) of individuals identified with SED and SMI among the population living at or below 138% FPL compared to Native Hawaiian/Pacific Islander had the lowest rate (0.1%).

138% FPL and SED/SMI by Threshold Language

Table 4 shows Spanish and English had the highest rate (83.2%) of individuals identified with SED and SMI among estimated population living at or below 138% FPL. Spanish had the highest rate (51.7%) of individuals identified with SED and SMI among non-English threshold language and estimated population living at or below 138% FPL compared to other non-English threshold languages (16.8%).

Cambodian had the lowest rate (0.3%) of individuals identified with SED and SMI among estimated population living at or below 138% FPL.

138% FPL and SED/SMI by Age Group

Table 4 shows age group 0-20 had the highest rate (40.7%) of individuals identified with SED and SMI among the population living at or below 138% FPL compared to age group 21-25 had the lowest rate (5.2%).

138% FPL and SED/SMI by Gender

Table 4 shows the rate of individuals identified with SED and SMI among the population living at or below 138% FPL was higher for female (54.8%) than for male (45.2%).

B. Analysis of Disparities

The series of figures below (Figures 12-16) highlight disparities by comparing the number of outpatient consumers served by LACDMH with the number of individuals living at or below 138% federal poverty level (FPL) and number of Medi-Cal eligibles with SED and SMI by race/ethnicity, language, age group, and gender.

Data interpretation

Caution must be exercised when looking at the disparities data that compares total consumers served against the number of Medi-Cal eligibles and 138% FPL population. The level of disparity or “unmet need” may not reflect the number of individuals that LACDMH is not serving and could be serving. Estimates of unmet need do not mean that each person would seek/receive mental health services from LACDMH. On the contrary, these persons have choices in terms of where they would access mental health services such as their primary care doctor, mental health providers via employment insurance, mental health services from community-based organizations, other Los Angeles County departments, including the Department of Public Health, urgent care centers, shelters, and traditional healers. Furthermore, significant

gaps in our data (30%) including incomplete, missing, or invalid data may provide an incomplete picture of disparities. The lack of retention data of clients who remain in treatment may contribute to an overrepresentation of certain ethnic groups being served.

When looking at disparities it is also important to keep in mind that DMH serves the LA County Medi-Cal eligible individuals and population living at or below 138% Federal Poverty Level who meet the criteria for Specialty Mental Health Services (SMHS). According to the CA Department of Health Care Services (DHCS), SMHS are designed for persons who require intensive and specialized care due to complex and severe mental health needs. Therefore, comparisons of consumers served against unmet needs may not be an accurate reflection of the numbers of consumers that LACDMH did not serve and could have served.

Disparity: 138% FPL with SED/SMI by Race/Ethnicity

Figure 12 below shows mental health services need were met for most ethnicities living at or below 138% FPL with SED and SMI except for Asian/Pacific Islanders. They had a disparity with an estimated unmet service need for 7,389 individuals living at or below 138% FPL with SED and SMI. The number of unduplicated Asian Pacific Islander consumers served was 5,931 compared with the estimated 13,320 individuals living at or below 138% FPL with SED and SMI.

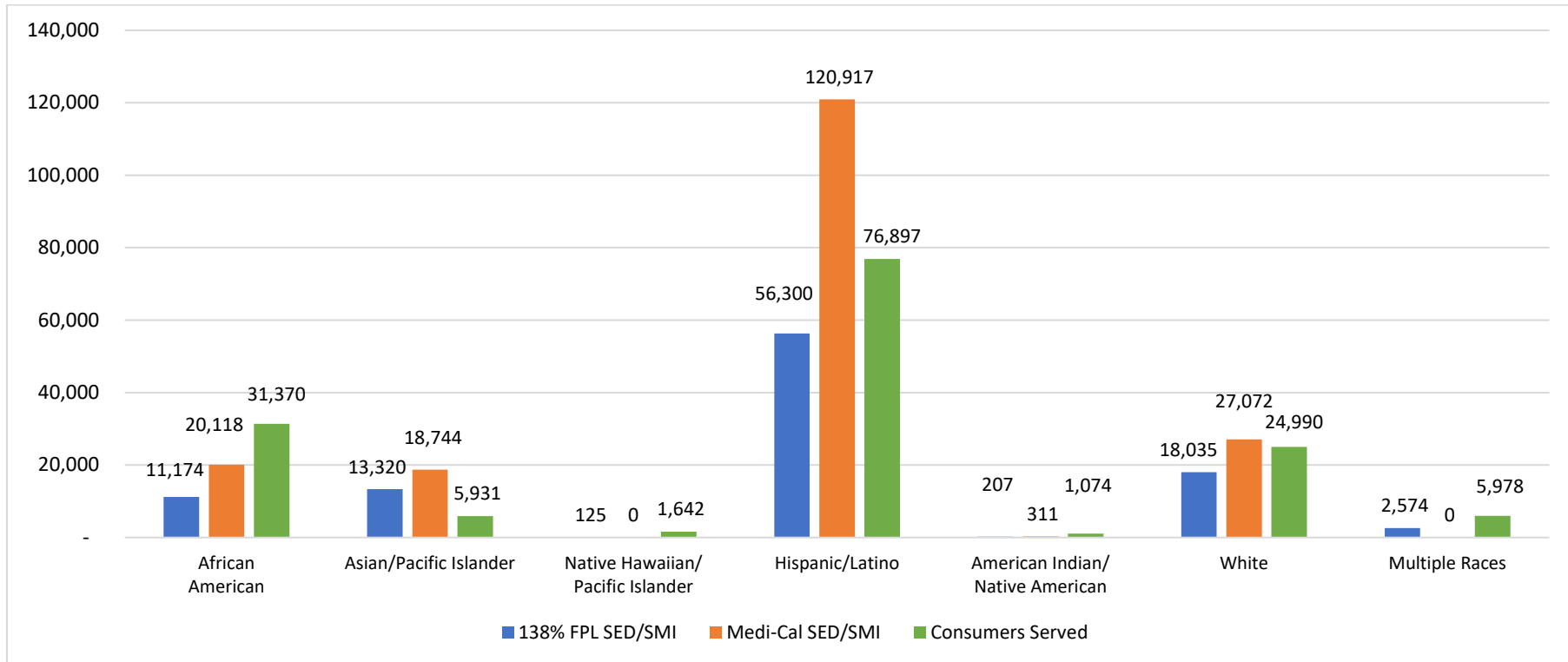
Disparity: Medi-Cal Eligible with SED/SMI by Race/Ethnicity

Figure 12 below shows the disparities in terms of the unmet need among ethnic groups at the County level. Latino had the highest disparity with an estimated unmet service need for 44,020 Medi-Cal eligible individuals with SED and SMI. The number of unduplicated Latino consumers served was 76,897 compared with 120,917 Medi-Cal eligible individuals with SED and SMI.

White had the lowest disparity with an estimated unmet service need for 2,082 Medi-Cal eligible individuals with SED and SMI. The number of unduplicated White consumers served was 24,990 compared with 27,072 Medi-Cal eligible individuals with SED and SMI.

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Figure 12: Population Living at or Below 138% FPL and Medi-Cal Eligible Individuals with SED/SMI and Consumers Served by Race/Ethnicity, CY 2024



Data Sources: County of Los Angeles, Internal Services Department, Information Technology Services, Geographic Information Systems Section, July 1, 2024 Population Estimates for Los Angeles County Tract-City and Countywide Statistical Area Splits by Age, Sex and Race/Ethnicity, Los Angeles, CA, March 2025. CY2024 Medi-Cal population data by overall, age, gender, race/ethnicity, and primary language, and by Service Areas were derived from the Medi-Cal Eligibility Data System (MEDS) files averaged from January to December 2024 to produce the annual estimates.

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Disparity: 138% FPL with SED/SMI by Language

Figure 13 below shows Spanish had the highest disparity with an estimated 24,249 Spanish-speaking Medi-Cal eligible individuals with SED and SMI in need of services.

Farsi had the lowest disparity with an estimated 327 individuals living at or below 138% FPL with SED and SMI in need of services.

Overall, at the County level, the number of individuals receiving services exceeded the estimated need of services. Out of an estimated total of 101,738 individuals living at or below 138% FPL with SED and SMI, 207,931 unduplicated consumers were served.

Disparity: Medi-Cal Eligible with SED/SMI by Language

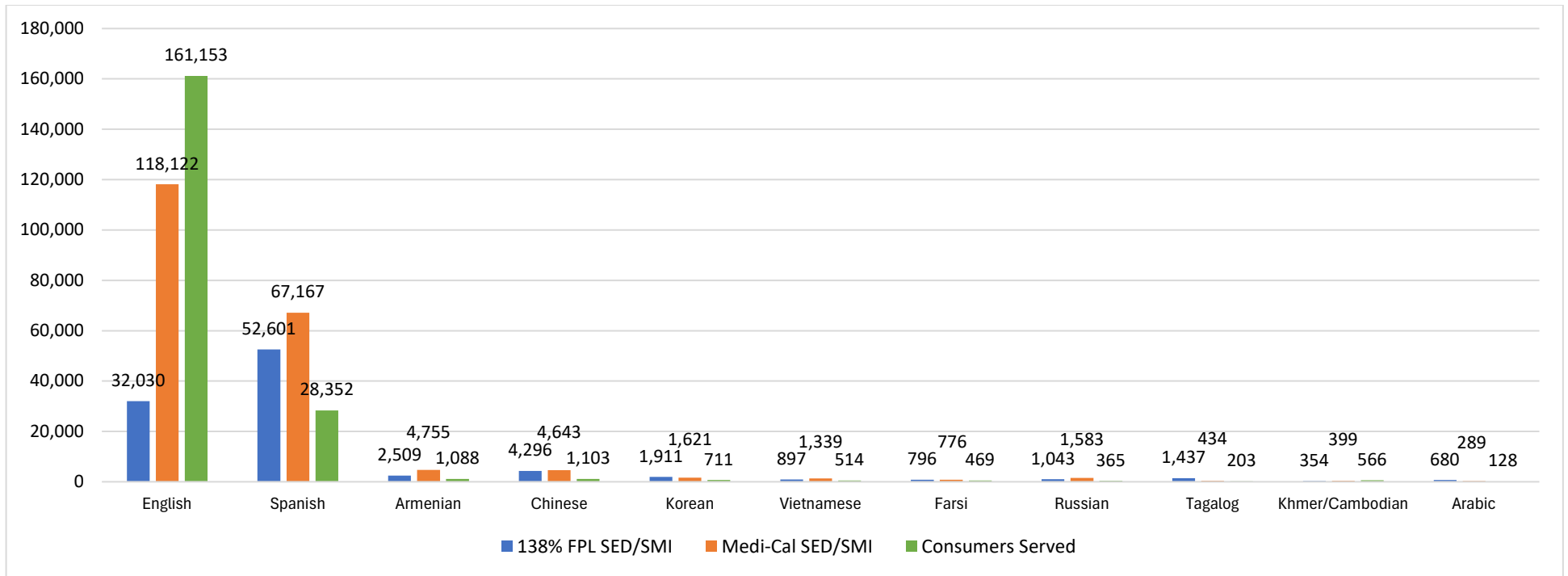
Figure 13 below shows the disparities in terms of the unmet need based on the threshold languages in Los Angeles County. Spanish speaking Medi-Cal eligible individuals with SED and SMI had the highest disparity with an estimated 38,815 Spanish-speaking individuals in need of services.

Arabic had the lowest disparity with an estimated 161 Medi-Cal eligible individuals with SED and SMI in need of services.

Overall, at the County level, the number of individuals receiving services exceeded the estimated need of services. Out of an estimated total of 202,254 Medi-Cal eligible individuals with SED and SMI, 207,931 unduplicated consumers were served.

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Figure 13: Population Living at or Below 138% FPL and Medi-Cal Eligible Individuals with SED/SMI and Consumers Served by Language, CY 2024



Data Sources: County of Los Angeles, Internal Services Department, Information Technology Services, Geographic Information Systems Section, July 1, 2024 Population Estimates for Los Angeles County Tract-City and Countywide Statistical Area Splits by Age, Sex and Race/Ethnicity, Los Angeles, CA, March 2025. CY2024 Medi-Cal population data by overall, age, gender, race/ethnicity, and primary language, and by Service Areas were derived from the Medi-Cal Eligibility Data System (MEDS) files averaged from January to December 2024 to produce the annual estimates.

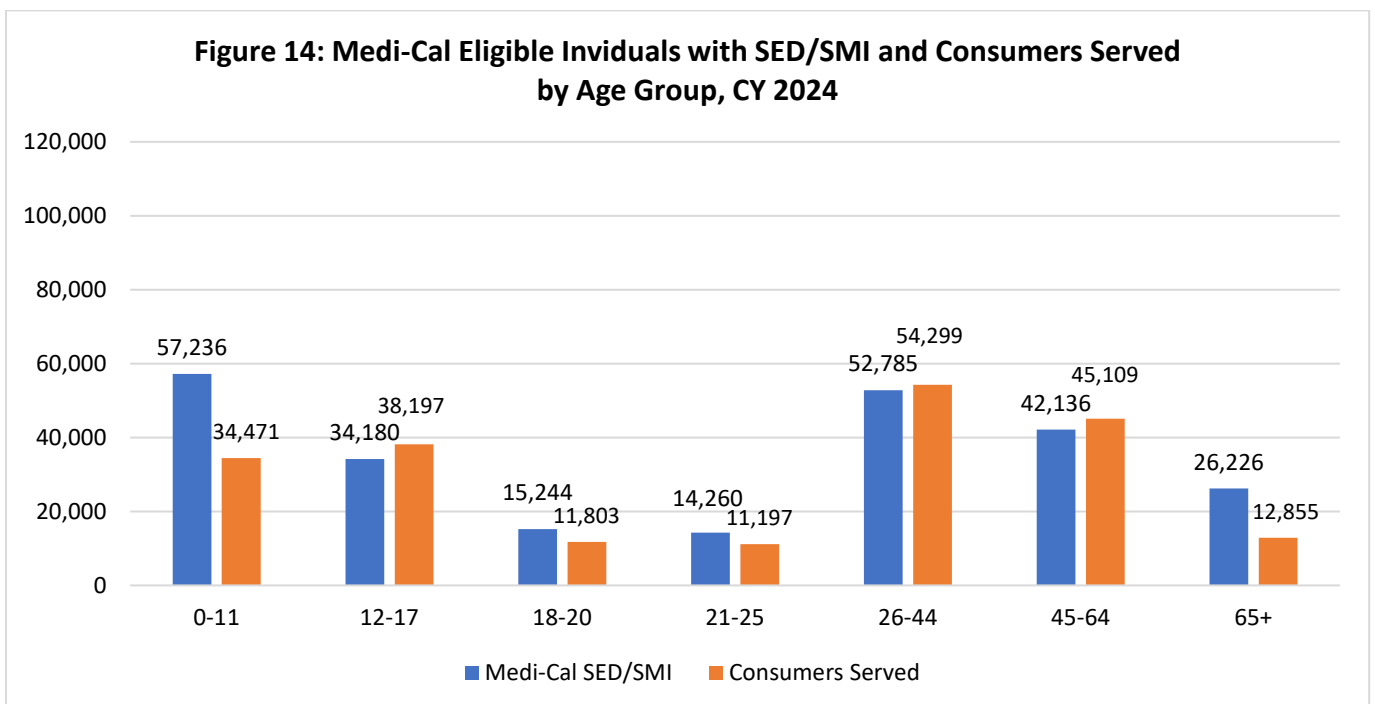
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Disparity: Medi-Cal Eligible with SED/SMI by Age Group

Figure 14 below shows the disparities in terms of the unmet need based on age group at the County level. The age group 0-11 Medi-Cal eligible individuals with SED and SMI had the highest disparity with an estimated 22,765 individuals in need of services.

The age group 21-25 Medi-Cal eligible individuals with SED and SMI had the lowest disparity with an estimated 3,063 individuals in need of services.

Figure 14: Medi-Cal Eligible Individuals with SED/SMI and Consumers Served by Age Group, CY 2024



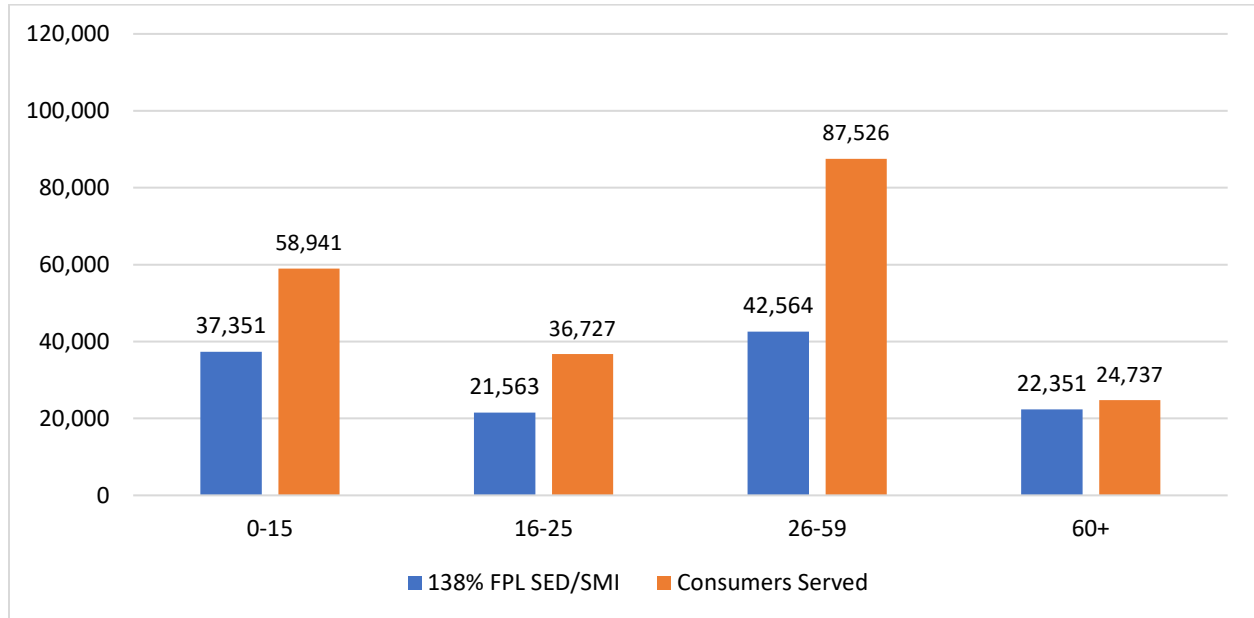
Data Source: CY2024 Medi-Cal population data by overall, age, gender, race/ethnicity, and primary language, and by Service Areas were derived from the Medi-Cal Eligibility Data System (MEDS) files averaged from January to December 2024 to produce the annual estimates. LACDMH-IS-IBHIS, November 2025.

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Disparity: 138% FPL with SED/SMI by Age Group

Figure 15 below shows mental health services need were met for all age groups living at or below 138% FPL with SED and SMI.

Figure 15: Population Living at or Below 138% FPL with SED/SMI and Consumers Served by Age Group, CY 2024



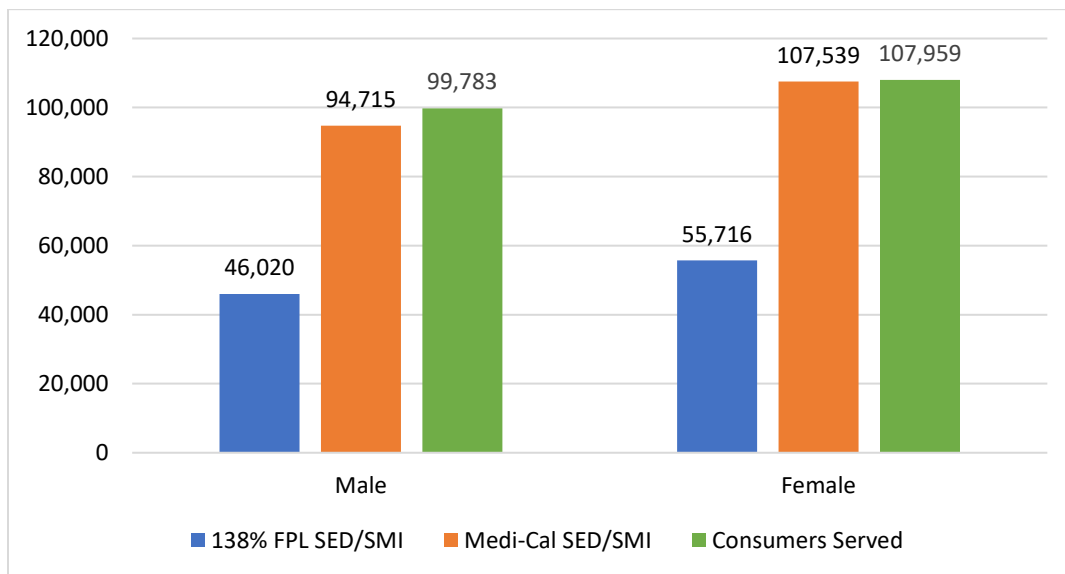
Data Source: County of Los Angeles, Internal Services Department, Information Technology Services, Geographic Information Systems Section, July 1, 2024 Population Estimates for Los Angeles County Tract-City and Countywide Statistical Area Splits by Age, Sex and Race/Ethnicity, Los Angeles, CA, March 2025. LACDMH-IS-IBHIS, November 2025.

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Disparity: 138% FPL and Medi-Cal Eligible with SED/SMI by Gender

Figure 16 below shows mental health services need were met for male and female Medi-Cal eligible individuals living at or below 138% FPL with SED and SMI.

Figure 16: Population Living at or Below 138% FPL and Medi-Cal Eligible Individuals with SED/SMI and Consumers Served by Gender, CY 2024



Data Source: County of Los Angeles, Internal Services Department, Information Technology Services, Geographic Information Systems Section, July 1, 2024 Population Estimates for Los Angeles County Tract-City and Countywide Statistical Area Splits by Age, Sex and Race/Ethnicity, Los Angeles, CA, March 2025. LACDMH-IS-IBHIS, November 2025.

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2. SAPC

Substance Use Disorder and Mental Health clients served and their profiles

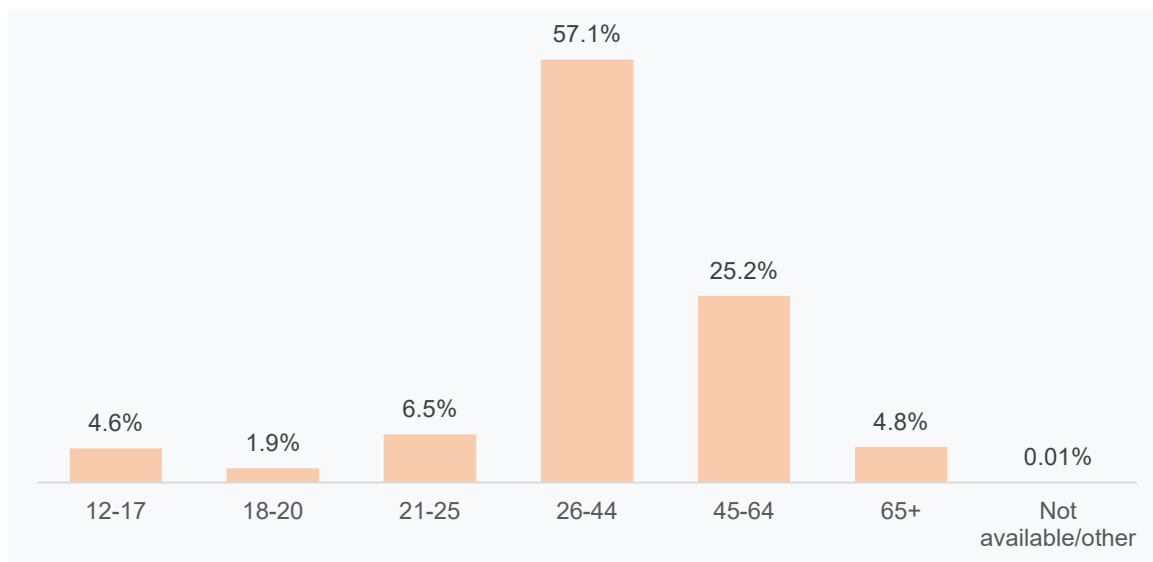
A. Description of Clients Receiving Substance Use Disorder Services

This section summarizes statistics of clients served in the in the Los Angeles County SUD publicly funded treatment program by age, gender, race/ethnicity, sexual orientation, primary language, primary substance use, level of care, and criminal involvement in the fiscal year 2023-2024 (FY23-24) using data from California Outcomes Measurement System (CalOMS).

1) Age

The SUD clients in FY23-24 were broadly distributed across age groups. The largest proportion fell within the 26 to 44 age group (57.1%), followed by individuals aged 45 to 64 (25.2%), aged 21 to 25 (6.5%), aged 65+ (4.8%), aged 12-17 (4.6%), and aged 18-20 (1.9%) (Figure 17).

Figure 17: SUD clients by age group, LAC, FY 23-24

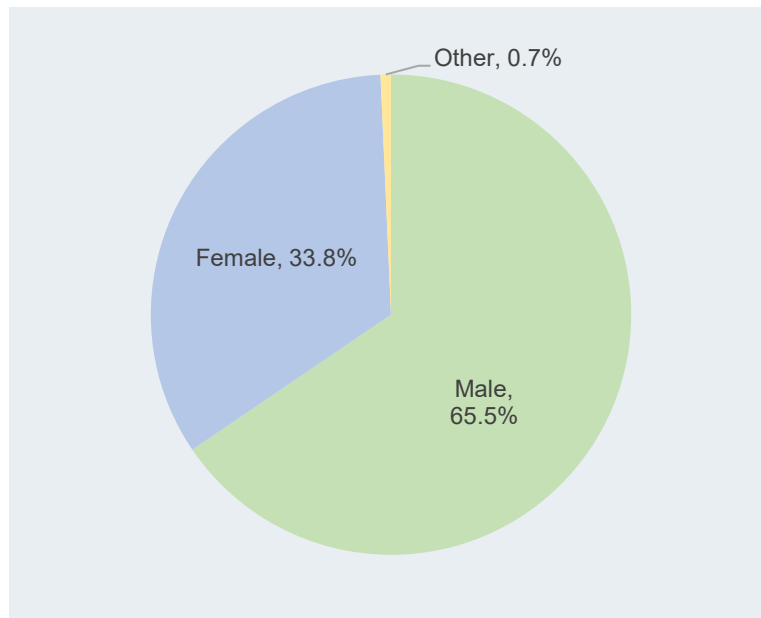


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2) Gender

The SUD clients were predominantly male (65.5%), with females making up the remaining 33.8% (Figure 18).

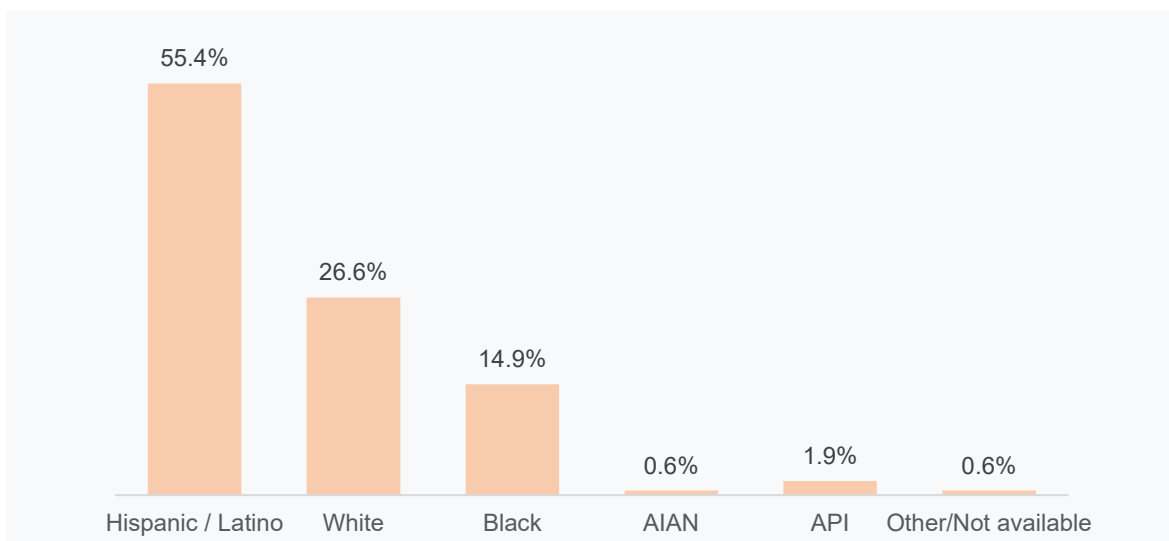
Figure 18: SUD clients by gender, LAC, FY 23-24



3) Race And Ethnicity

The population was predominantly Hispanic/Latino (55.4%). Other groups include White (26.6%), Black (14.9%), Asian/Pacific Islander (1.9%), and American Indian/Alaska Native (0.6%) (Figure 19).

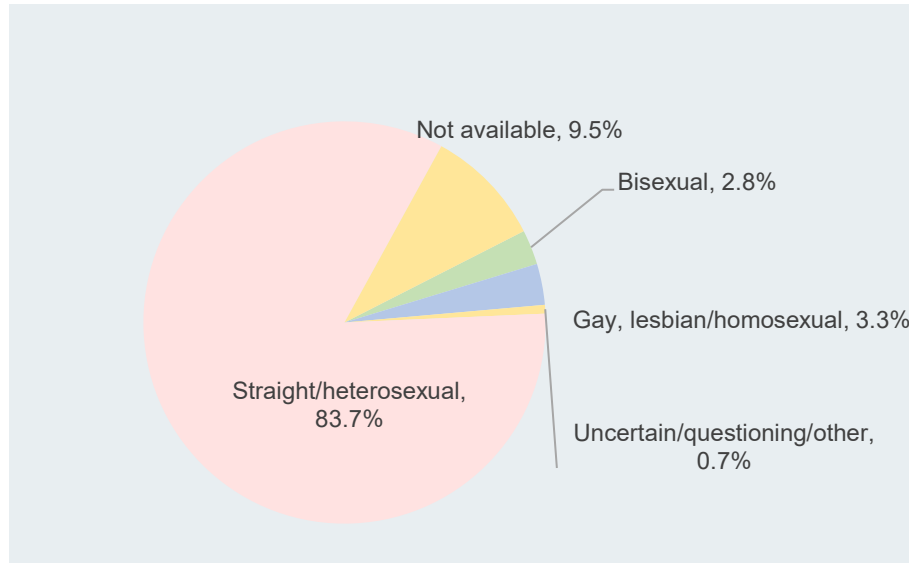
Figure 19: SUD clients by race/ethnicity, LAC, FY 23-24



4) Sexual Orientation

The majority of SUD clients identified as heterosexual (83.7%). Smaller proportions identified as gay, lesbian/gay (3.3%), bisexual (2.8%), or uncertain/questioning/other (0.7%) (Figure 20).

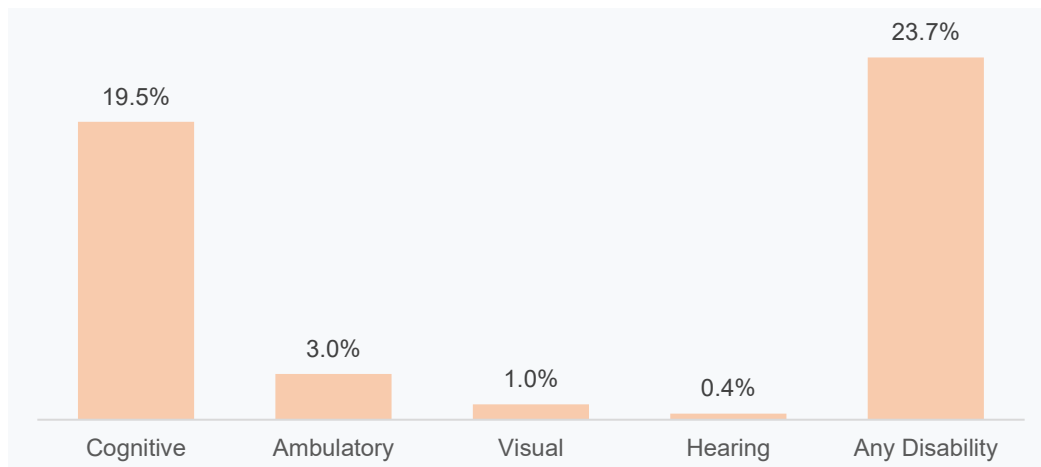
Figure 20: Distribution of SUD clients, by sexual orientation, FY23-24



5) Disability Status

Among all SUD clients, 23.7% reported having any disability. The most common individual disabilities were cognitive difficulty (19.5%), followed by ambulatory difficulty (3.0%). Additional reported disabilities included vision (1.0%) and hearing (0.4%) challenges (Figure 21).

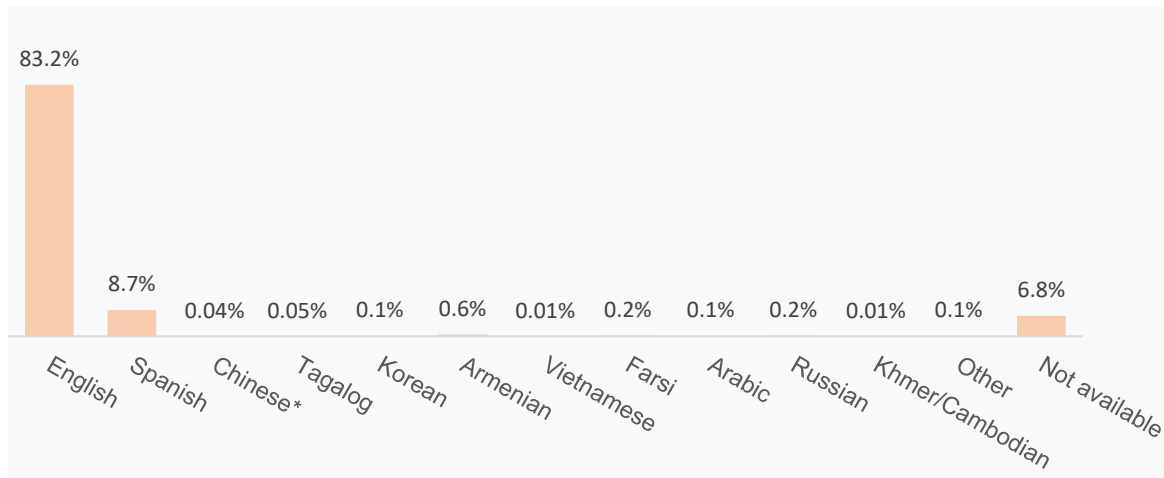
Figure 21: SUD clients by disability, LAC, FY23-24



6) Primary Language

English was the most common primary language, spoken by 83.2% of SUD clients, followed by Spanish at 8.7%. Other primary languages were each spoken by less than 3% of the population, with Armenian (0.6%), Farsi (0.2%), and Russian (0.2%) representing the largest of these groups (Figure 22).

Figure 22: SUD clients by primary language, LAC, FY23-24

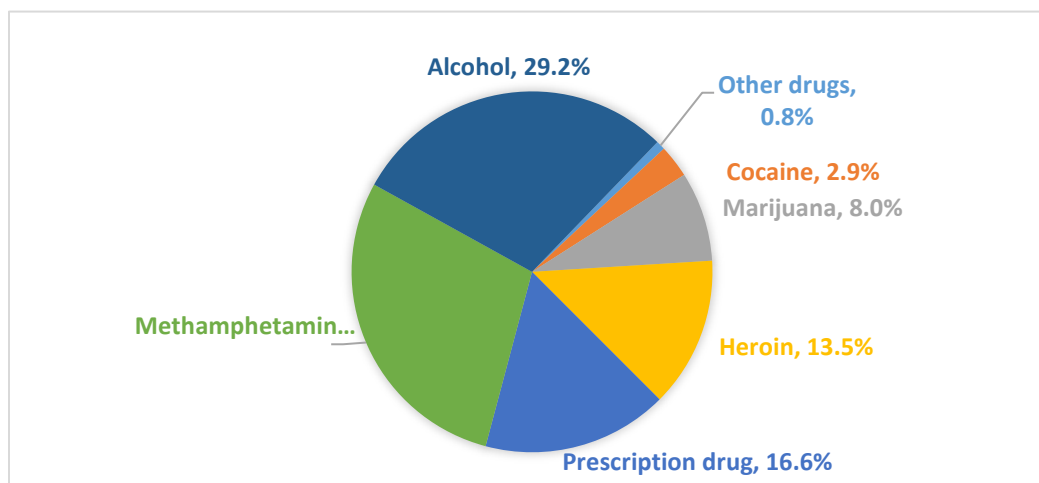


*Including mandarin, Cantonese, and other Chinese

7) Primary Substance Use

Among SUD admissions, the most commonly reported primary substance use was alcohol (29.2%), followed by methamphetamine (28.9%), prescription drug (16.6%), and heroin (13.5%). Additional primary drugs included marijuana (8.0%), cocaine (2.9%), and other drugs (0.8%) (Figure 23).

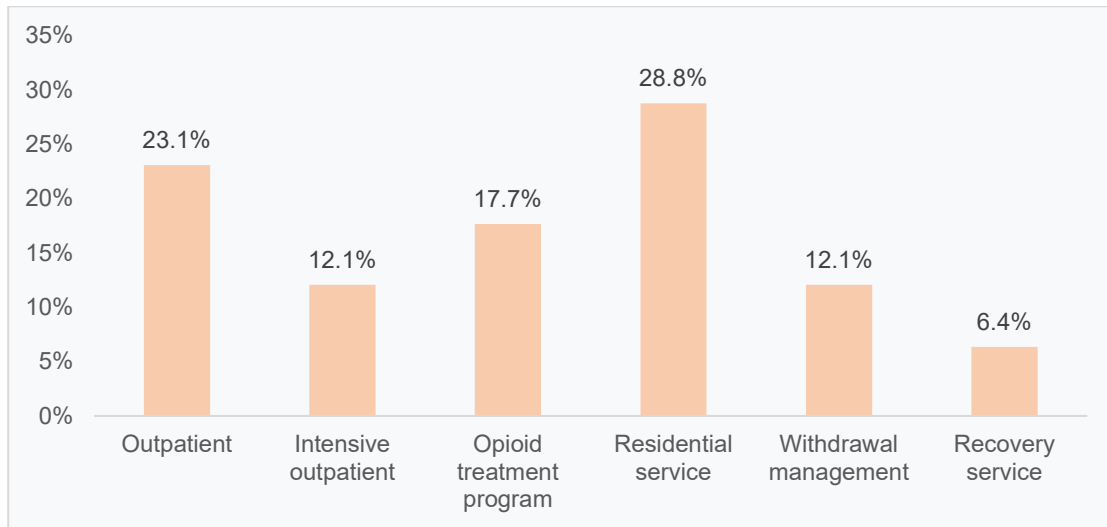
Figure 23: SUD admissions by primary substance use, LAC, FY23-24



8) Level Of Care

Among SUD admissions, the most commonly reported level of care was residential service programs (28.8%), followed by outpatient programs (23.1%), opioid treatment programs (17.7%), and withdrawal management (12.1%). Additional levels of care included intensive outpatient (12.1%) and recovery service (6.4%) (Figure 24).

Figure 24: SUD admissions by level of care, LAC, FY23-24

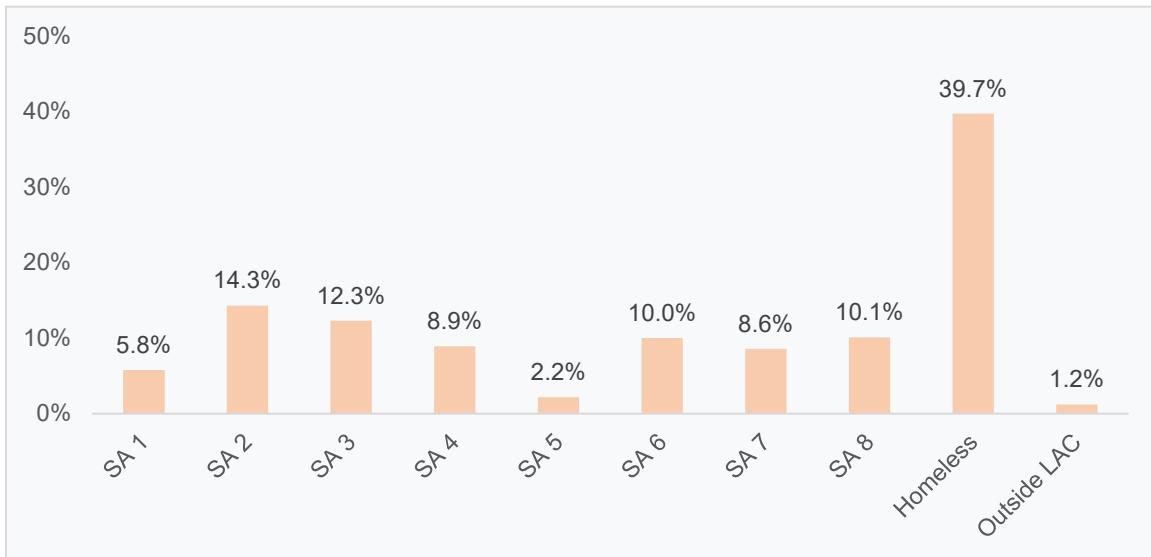


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9) Service Planning Area (SA)

Among 34,229 clients served in the LAC SUD treatment programs in FY2324, majority of clients were homeless (39.7%), followed by clients residing in SA 2 (14.3%), SA 3 (12.3%), SA 8 (10.1%), and SA 6 (10.0%). Other areas clients residing were SA 4 (8.9%), SA 7 (8.6%), SA 1 (5.8%), SA 5 (2.2%), and outside LAC (1.2%) (Figure 25).

Figure 25: SUD clients by service area, LAC, FY23-24



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B. Substance Use Disorders Analysis of Disparities

These sections provide a summary of SUD treatment demands (estimated SUD population), service availability (population receiving treatment), and the penetration rate, broken down by age, gender, race/ethnicity, sexual orientation status, disability, and threshold languages by Service Area (SA). The SUD penetration rate measures the proportion of Medi-Cal beneficiaries aged 12 and above who receive SUD services (SUD clients served) out of the estimated SUD population among DMC eligible (SUD treatment need).

The summaries below use the **overall countywide penetration rate of 5.4%** (or the number of individuals who need SUD treatment and receive those services) to assess disparities in SUD service needs across different subgroups. Text **in red** indicates where there are disparities seen in penetration rates.

1) Age

Table 5 demonstrates substantial variation in SUD penetration rates across age groups within the Medi-Cal population in 2024. The overall countywide penetration rate was 5.4%. Youth aged 12–17 (3.9%), young adults aged 18–20 (1.3%) and 21–25 (2.4%), and adults aged 65 and older (3.5%) had penetration rates well below the county average, underscoring lower treatment engagement among these groups. In contrast, adults aged 26–44 (7.4%) and 45–64 (6.2%) exceeded the overall county rate, reflecting comparatively higher treatment access and utilization in midlife populations.

Table 5: Needs assessments of Medi-Cal population with SUD by age group, LAC, 2024

Age									
	12-17	18-25	18-20	21-25	26+	26-44	45-64	65+	LAC
SUD treatment need	39,700	140,801	48,826	91,976	450,249	264,256	138,862	47,131	630,750
SUD Clients Served*	1,558	2,868	640	2,228	29,803	19,557	8,616	1,630	34,229
Penetration Rates	3.9%	2.0%	1.3%	2.4%	6.6%	7.4%	6.2%	3.5%	5.4%

* SUD clients served only reflect those who received services within SUD specialty care. Clients served at FQHCs, MCPs, or other service providers are not included; therefore, the penetration rates may be underestimated.

2) Gender

Table 6 highlights gender disparities in SUD penetration rates within the Medi-Cal population in 2024. Females had a penetration rate of 4.0%, notably below the countywide average of 5.4%, while males had a higher rate of 6.6%, indicating greater treatment engagement among men.

Table 6: Needs assessment of Medi-Cal population with SUD by gender, LAC 2024

Gender			
	Female	Male	LAC
SUD treatment need	289,077	341,673	630,750
SUD Clients Served	11,557	22,425	34,229
Penetration Rates	4.0%	6.6%	5.4%

3) Race/Ethnicity

Table 7 highlights notable racial and ethnic disparities in SUD penetration rates within the Medi-Cal population for 2024. American Indian/Alaska Native (AIAN) beneficiaries had the highest rate at 12.8%, followed by White (9.1%) and Black (7.4%). In contrast, Hispanic/Latino (5.3%) and Asian/Pacific Islander (API) (1.7%) groups fell below the countywide average of 5.4%, with API populations showing the lowest engagement and indicating a greater unmet need for SUD treatment.

Table 7: Needs assessments of Medi-Cal population with SUD by Race/Ethnicity, LAC 2024

Race/Ethnicity							
	Hispanic/Latino	White	Black	AIAN	API	Other/Not Available	LAC
SUD treatment need	357,107	99,835	69,186	1,673	39,553	63,398	630,750
SUD Clients Served	18,964	9,104	5,103	214	666	178	34,229
Penetration Rates	5.3%	9.1%	7.4%	12.8%	1.7	0.3%	5.4%

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4) Sexual Orientation

Table 8 highlights disparities in SUD penetration rates across sexual orientation groups within the Medi-Cal population in 2024. Heterosexual beneficiaries had the highest rate at 7.1%, while gay/lesbian (4.5%), bisexual (1.7%), and uncertain/questioning/other (0.3%) groups all fell below the countywide average of 5.4%, underscoring unmet treatment needs among these populations.

Table 8: Needs Assessment of Medi-Cal population with SUD by sexual orientation, LAC, 2024

Sexual Orientation					
	Bisexual	Gay/ Lesbian	Uncertain/ Questioning/ Other	Heterosexual	LAC
SUD treatment need	63,704	27,310	95,323	444,414	630,750
SUD Clients Served	1,077	1,241	277	31,633	34,229
Penetration Rates	1.7%	4.5%	0.3%	7.1%	5.4%

5) Disability

Table 9 highlights disparities in SUD penetration rates across disability types within the Medi-Cal population for 2024. Individuals with cognitive difficulties had the highest penetration rate at 9.7%, while those with ambulatory (1.8%), vision (0.8%), and hearing (0.5%) difficulties had substantially lower rates of treatment engagement, reflecting comparatively greater unmet needs for SUD treatment in these groups.

Table 9: Needs assessment of Medi-Cal population with SUD disability, LAC, 2024

Disability							
	Any Disability	Hearing	Vision	Ambulatory	Cognitive	Self-care	LAC
SUD treatment needs	176,033	26,787	40,475	57,019	68,913	68,490	630,750
SUD Clients Served	8,118	133	328	1,024	6,667	N/A	34,229
Penetration Rates	4.6%	0.5%	0.8%	1.8%	9.7%	N/A	5.4%

IV. MHSA Community Services and Supports (CSS) Population Assessment and Service Needs

- A. This section summarizes the LACDMH MHSA CSS population and client utilization data by race/ethnicity, language, age, and gender.

**Table 10: MHSA CSS Consumers Served in Outpatient Programs
By Race/Ethnicity, Language, Age, and Gender, FY 24-25**

MHSA CSS Consumers Served (FY 24-25)		
	Counts	Percent
Race/Ethnicity		
African American	28,221	17.0%
Asian	5,390	3.2%
Hispanic/Latino	56,360	33.9%
Multiple Races	4,667	2.8%
Native American	942	0.6%
Native Hawaiian/Pacific Islander	1,540	0.9%
White	22,567	13.6%
Other	12,307	7.4%
Unreported	34,031	20.5%
Total	166,025	100.0%
Primary Language		
Arabic	118	0.1%
Armenian	950	0.6%
Cambodian	517	0.3%
Chinese (Mandarin/Cantonese/Other Chinese)	1,006	0.6%
English	127,986	77.1%
Farsi	452	0.3%
Korean	601	0.4%
Other non-English	991	0.6%
Russian	252	0.2%
Spanish	19,998	12.0%
Tagalog	189	0.1%
Vietnamese	391	0.2%
Unknown/Unreported	12,574	7.6%
Total	166,025	100.0%
Age Group		
Child	28,790	16.9%
TAY	27,619	16.3%
Adult	89,001	52.4%
Older Adult	24,189	14.2%
Unknown	285	0.2%
Total	169,884	100.0%
Gender		
Male	81,499	49.1%
Female	84,321	50.8%

Unknown	205	0.1%
Total	166,025	100.0%

Table 10 above presents an unduplicated count of MHSA Community Services and Supports (CSS) consumers served in outpatient programs by race/ethnicity, language, age, and gender.

Overall, Latino represent the largest consumer (33.9%) in Los Angeles County compared to Native American represent the smallest consumer (0.6%).

Adults (age 26-59) represent the largest consumer (52.4%) compared to older adults (age 60+) represent the smallest consumer (14.2%).

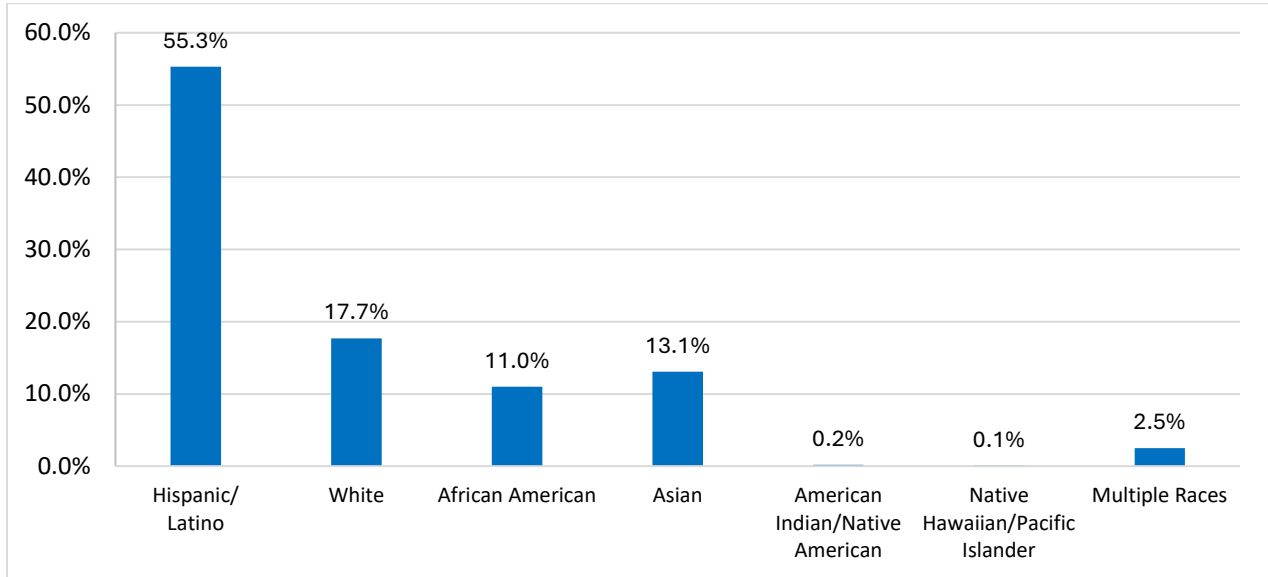
English and Spanish are the most common languages among MHSA consumers in all of the Service Areas. Spanish was the highest reported non-English threshold language (12.0%) among MHSA consumers served in outpatient programs.

Female had a higher percentage (50.8%) of consumers served than male (49.1%).

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B. LACDMH Analysis of Disparities

Figure 26: Estimated Population Below or at 138% Federal Poverty Level (FPL) in Need of Services by Race/Ethnicity, CY 2024



SED/SMI Prevalence applied for all ethnicity groups = 5%.

Figure 26 above shows the estimated population below or at 138% FPL in need of services by race/ethnicity.

Figure 27: CSS Consumer Population by Race/Ethnicity FY 24-25

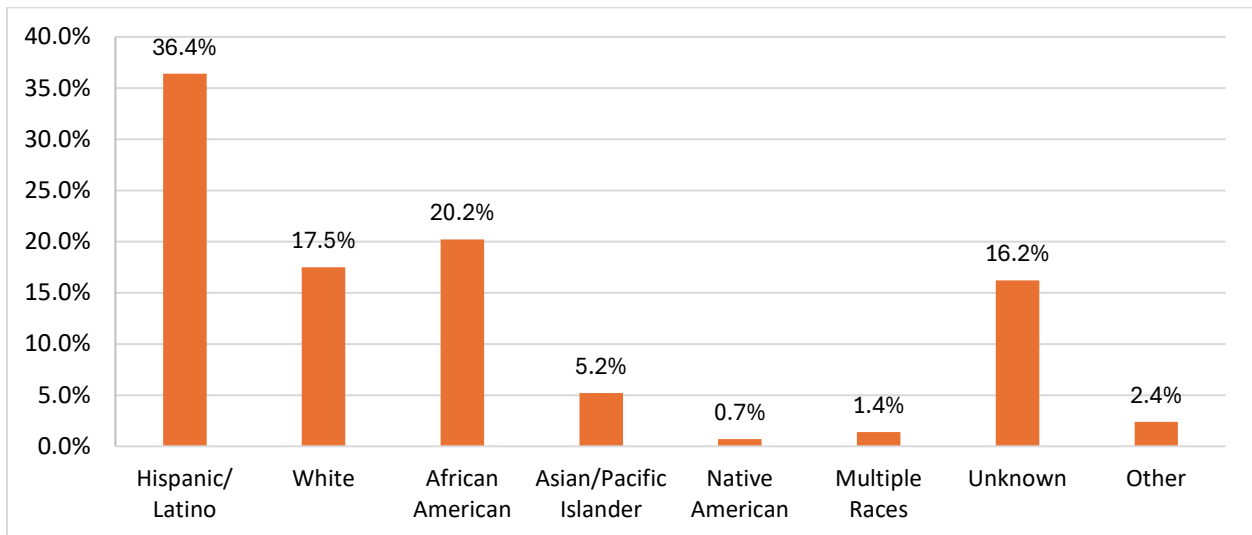


Figure 27 above shows the CSS consumer population by race/ethnicity. Latino is the largest group at 36.4% compared with Native American being the smallest group at 0.7%.

Figure 28: Needs Assessment Summary for CSS Programs: Percentage of Population at or Below 138% FPL in Need of Services and Consumers Served by Race/Ethnicity FY 2023-2024

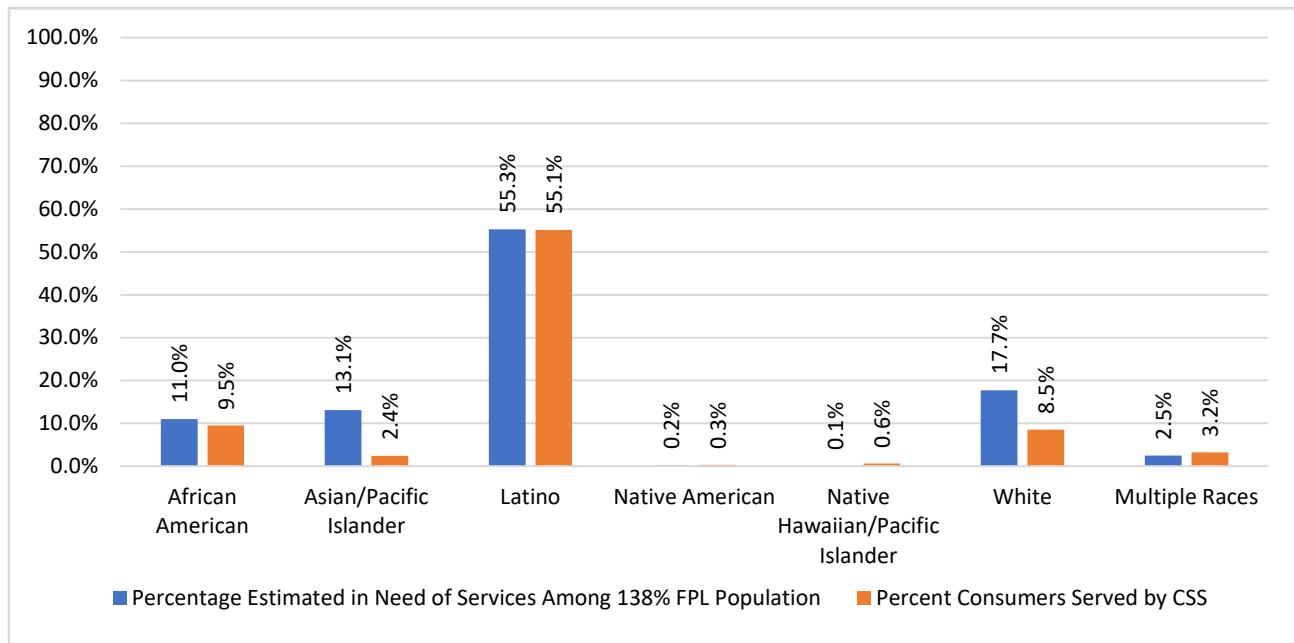


Figure 28 above compares the information in Figures 25 and 26 to analyze the disparities.

The percentage of African American receiving CSS services was 17.0% when compared with this population at or below 138% FPL in need of services at 11.0%.

The percentage of Asian/Pacific Islander receiving CSS services was 3.2% when compared with this population at or below 138% FPL in need of services at 13.1%.

The percentage of Latino receiving CSS services was 33.9% when compared to this population at or below 138% FPL in need of services at 55.3%.

The percentage of Native American receiving CSS services was 0.6% when compared with this population of Native Americans at or below 138% FPL in need of services at 0.2%.

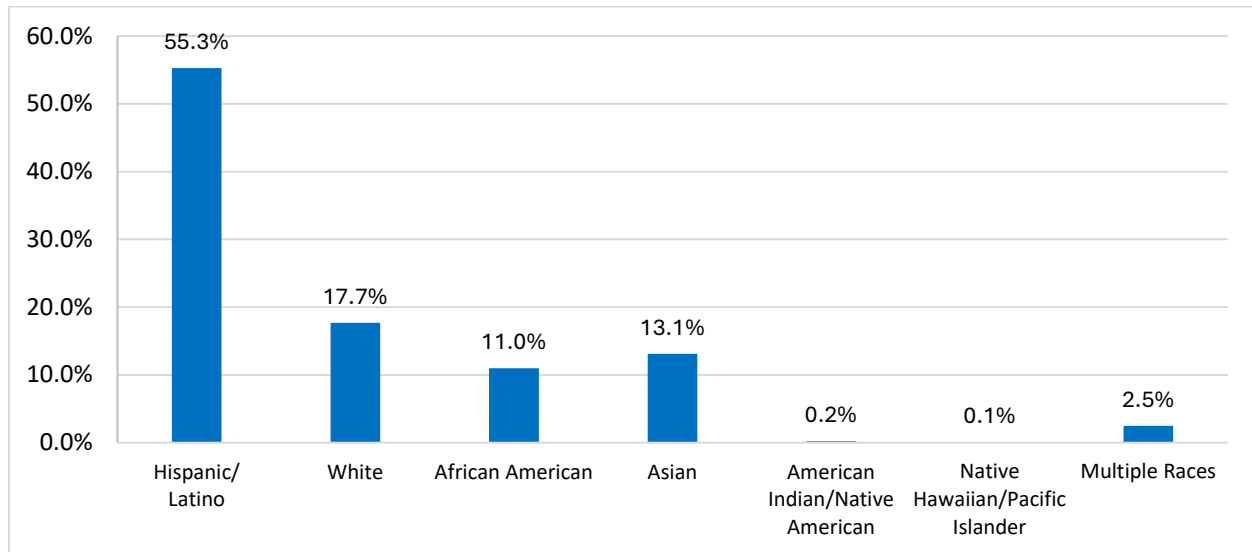
The percentage of Native Hawaiian/Pacific Islander receiving CSS services was 0.9% when compared with this population of Native Americans at or below 138% FPL in need of services at 0.1%.

The percentage of White receiving CSS services was 13.6% when compared with this population at or below 138% FPL in need of services at 17.7%.

The percentage of Multiple Races receiving CSS services was 2.8% when compared with this population at or below 138%, FPL estimated in need of services at 2.5%.

V-A. Prevention and Early Intervention (PEI) Plan

Figure 29: Estimated Population at or Below 138% Federal Poverty Level (FPL) in Need of Services by Race/Ethnicity, CY 2024



SED/SMI Prevalence applied for all ethnicity groups = 5%. Some percentages may not total 100% due to rounding.

Figure 29 above shows the estimated population at or below or 138% FPL in need of services by race/ethnicity.

Figure 30: PEI Consumer Population by Race/Ethnicity FY 2023-2024

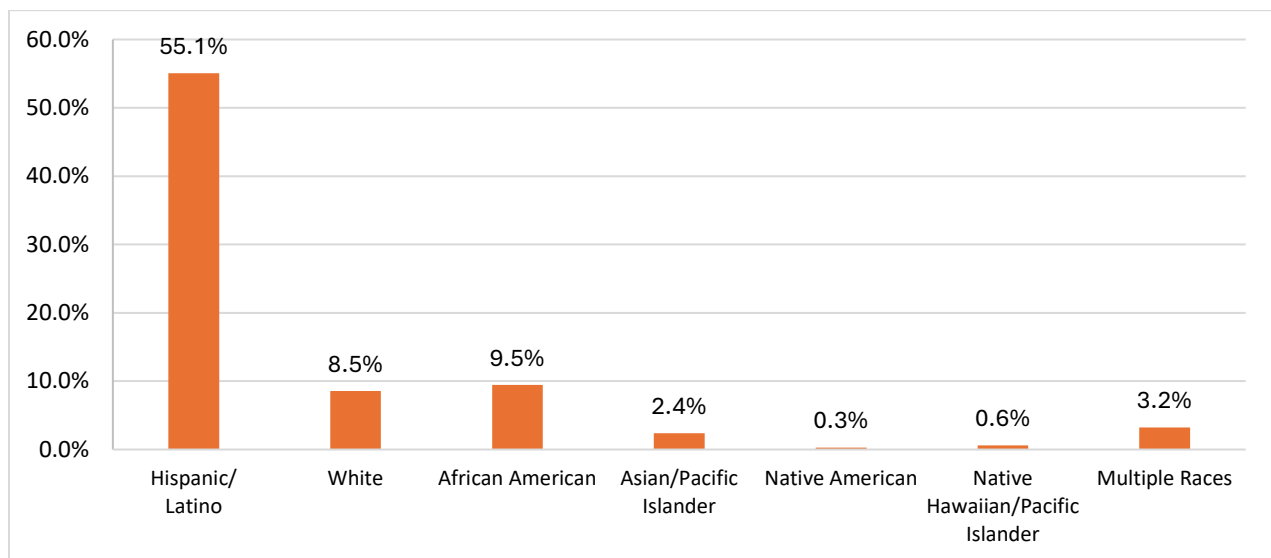


Figure 30 above shows the PEI consumer population by race/ethnicity. Latinos are the largest group at 55.1% compared to Native Americans being the smallest group at 0.3%.

**Figure 31: Needs Assessment Summary for PEI Program:
Percentage Comparison of the Population at or Below 138% FPL
and Consumers Served By Race/Ethnicity, FY 23-24**

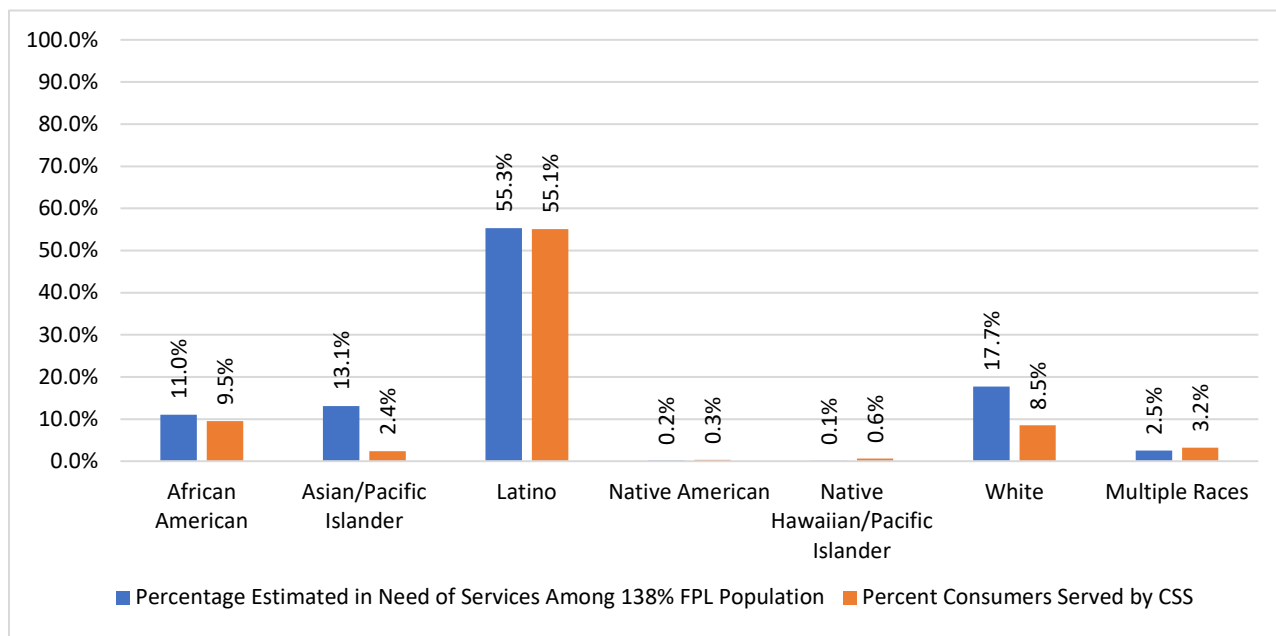


Figure 31 above compares the information in Figures 28 and 29 to analyze the disparities.

The percentage of African Americans receiving PEI services was 9.5% when compared with this population at or below 138% FPL in need of services at 11.0%.

The percentage of Asian/Pacific Islanders receiving PEI services was 2.4% when compared with this population at or below 138% FPL in need of services at 13.1%.

The percentage of Latinos receiving PEI services was the highest at 55.1% when compared to this population at or below 138% FPL in need of services at 55.3%.

The percentage of Native Americans receiving PEI services was 0.3% when compared with this population at or below 138% FPL in need of services at 0.2%.

The percentage of Native Hawaiian/Pacific Islanders receiving PEI services was 0.6% when compared with this population at or below 138% FPL in need of services at 0.1%.

The percentage of Whites receiving PEI services was 8.5% when compared with this population at or below 138% FPL in need of services at 17.7%.

The percentage of Multiple Races receiving PEI services was 3.2% when compared with this population at or below 138% FPL in need of services at 2.5%.

V-B. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations

A. LACDMH Prevention Early Intervention (PEI) Priority Populations with Disparities

1. *Underserved Cultural Populations*

- Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex/2-Spirit (LGBTQI2-S)
- Deaf and Hard of Hearing
- Blind/Visually impaired
- AI/AN

2. *Individuals Experiencing Onset of Serious Psychiatric Illness*

- Young Children (0-5)
- Children
- TAY
- Adults
- Older Adults

3. *Children/Youth in Stressed Families*

- Young Children (0-5)
- Children
- TAY

4. *Trauma-exposed*

- Veterans
- Young Children (0-5)
- Children
- TAY
- Adults
- Older Adults

5. *Children/Youth at Risk for School Failure*

- Young Children (0-5)

- Children
- TAY

6. *Children/Youth at Risk of or Experiencing Juvenile Justice*

- Children
- TAY

B. Process/rationale used by the county in selecting their PEI priority population(s)

These priority populations are designed within the guidelines of the State Mental Health Service Act (MHSA) Prevention and Early Intervention Regulations. Based on community input from stakeholders, including the ad hoc steering committees, LACDMH developed projects that address the needs, priority populations, and special sub-populations. For example, community partners/stakeholders play an active role in setting the priorities for funding allocations for services funded by MHSA and provide feedback on priority populations and service models to be implemented.

Criterion 2 APPENDIX

Attachment 1: Los Angeles County Estimated Medi-Cal Population



LA County Estimated
Medi-Cal Population

Attachment 2: SUD Service Needs among Medi-Cal Population in LA County



SUD Service Needs
among Medi-Cal Po



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ANTI-RACISM, INCLUSION, SOLIDARITY AND EMPOWERMENT (ARISE) DIVISION
CULTURAL COMPETENCY UNIT**

and

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) BUREAU
STRATEGIC AND NETWORK DEVELOPMENT DIVISION
EQUITABLE ACCESS AND PROMOTIONS SECTION (EAPS)**

CULTURAL COMPETENCE PLAN UPDATE – FY 23-24

Criterion 3

**Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and
Linguistic Behavioral Health Disparities**

December 2025

Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Behavioral Health Disparities

I. List of unserved/underserved Target Populations with Disparities

LACDMH and SAPC have identified target populations experiencing behavioral health disparities across multiple demographic dimensions related to cultural diversity, including race and ethnicity, primary language, age, gender identity, sexual orientation, and disability.

A. Table 1 summarizes Medi-Cal Enrolled Populations identified as having behavioral health disparities, FY 23-24

TABLE 1: LACDMH and SAPC Medical Enrolled Populations by Disparities

Most Salient Cultural Elements	LACDMH	SAPC
<i>Ethnicity</i>		
American Indian/Alaska Native (AI/AN)	X	
Asian Pacific Islander (API)	X	X
Black/African American	X	
Hispanic/Latino	X	X
Other/Missing		X
Unreported	X	
White	X	
<i>Language</i>		
Arabic	X	X
Armenian	X	X
Cambodian	X	X
Cantonese	X	X
English	X	
Farsi	X	X
Korean	X	X
Mandarin	X	X
Other Chinese not listed	X	X
Other Languages not listed	X	X
Russian	X	X
Spanish	X	X
Tagalog	X	X
Vietnamese	X	X
<i>Age Group</i>		
Age 0-18	X	

Most Salient Cultural Elements	LACDMH	SAPC
Age 12-17		X
Age 18-20		X
Age 19-44	X	
Age 21-25		X
Age 45-64	X	
Age 65+	X	X
<i>Gender Identity</i>		
Female	X	X
Male	X	
<i>Sexual Orientation</i>		
Bisexual	X	X
Gay/Lesbian	X	X
Heterosexual	X	X
Uncertain/Questioning/Other	X	X
<i>Disability</i>		
Ambulatory	X	X
Cognitive	X	
Vision	X	X

II. LACDMH identified disparities within the CCPR target populations by MHSA Plan*

As described in Criterion 1, LACDMH's budget for cultural competence-related activities and program originates from the Mental Health Services Act (MHSA). Each FY, several activities are implemented and tracked to determine disparities in access to mental health services across three MHSA Plans including Community Services and Support (CSS), Workforce, Education, and Training (WET), and Prevention Early Intervention (PEI).

TABLE 2: COMPARISON OF POPULATIONS WITH DISPARITIES BY MHSA PLAN

Cultural Elements	CSS	WET	PEI
Race/Ethnicity			
African American	X	X	
API (Mandarin and Korean)	X	X	
Latino	X	X	
Middle Eastern		X	
AI/AN	X	X	X
White	X		
Unreported	X		
Language			
Arabic	X	X	
Armenian	X	X	
Cambodian	X	X	
Cantonese	X	X	
Chinese not listed above	X	X	
English	X		
Farsi	X	X	
Korean	X	X	
Mandarin	X	X	
Non-English languages not listed above	X		
Russian	X	X	
Spanish	X	X	
Tagalog	X	X	
Vietnamese	X	X	
American Sign Language		X	
Age Group			
Children (0 to 15)		X	
Transition Age Youth (TAY) (19 to 26)		X	
Adults (26 to 59)		X	
Older Adults (60+)		X	
Other age groups: • 0 to 18 • 19 to 44 • 45 to 64	X		
Gender			
Male	X		
Female	X		
PEI Underserved Cultural Populations (1-5 below)			
Lesbian/Gay/Bisexual/Transgender/Questioning /Intersex/2-Spirit (LGBTQIA2-S)			X
Deaf and Hard of Hearing			X
Blind and Visually Impaired			X
1) Individual Experiencing Onset of Serious Psychiatric Illness			
Young Children (0 to 5)			X

Cultural Elements	CSS	WET	PEI
Children (0 to 15)			
TAY (19 to 26)			X
Adults (26 to 59)			X
Older Adults (60+)			X
2) Children/Youth in Stressed Families			
Young Children (0 to 5)			X
Children (0 to 15)			X
Tay (19 to 26)			X
3) Trauma-Exposed			
Veterans			X
Young Children (0 to 5)			X
Children (0 to 5)			X
TAY (19 to 26)			X
Adults (26 to 59)			X
Older Adults (60+)			X
4) Children/Youth at Risk for School Failure			
Young Children (0 to 5)			X
Children (0 to 5)			X
TAY (19 to 26)			X
5) Children/Youth at Risk of or Experiencing Juvenile Justice			
Children (0 to 5)			X
TAY (19 to 26)			X

Notes:

CSS disparities are the same as Medi-Cal listed above due to overlap in the populations served in Los Angeles County.

SAPC does not receive MHSA funding and therefore is not included in the comparison below.

III. Identified strategies/objectives/actions/timelines

Both Departments recognize that addressing health disparities requires a multipronged approach across a wide range of programs and initiatives, given that underserved communities face inequities rooted in multiple interconnected Social Determinants of Health (SDH). It is widely known that these determinants disproportionately burden specific cultural groups, deepening existing inequities and highlighting the unique challenges these communities encounter. These culture-specific gaps in access and opportunity create significant barriers to health and well-being. In addition to inequities in health care access, affordability, service quality, and the availability of culturally and linguistically responsive care, underserved communities also experience disparities across many other areas, including environmental resources, social and community supports, educational opportunities, housing, neighborhood conditions, employment, economic stability, and health

insurance coverage. Whether considered individually and collectively, these factors shape health outcomes, daily functioning, and overall quality of life.

The table below summarizes systemwide strategies to reduce health disparities and their implementation across LACDMH and SAPC. While both Departments actively work to reduce health disparities and expand equitable services, the mission and scope of each Department determine whether a particular strategy is shared or implemented independently.

TABLE 3: Interdepartmental Crosswalk of Strategies to Reduce Disparities

Systemwide Strategies to Reduce disparities	LACDMH	SAPC
1. Faith-Based Collaboration	X	
2. Development and Translation of public informing materials	X	X
3. Co-location of Services	X	X
4. Community Education	X	X
5. Multi-media campaigns	X	X
6. Consultation to Gatekeepers	X	X
7. FSP-Countywide Networks	X	
8. Committees & Taskforces	X	X
9. FSP-Ethnic Targets	X	
10. EBPs/CDEs for Ethnic Populations	X	X
11. Field-Based Services	X	X
12. FSP-Enrollment Flexibility	X	
13. CC Enhancement Across Health Departments	X	X
14. Culture-Specific Capacity Building Projects	X	X
15. Policies & Procedures	X	X
16. New Technologies	X	X
17. Service Accessibility	X	X
18. Language Assistance Services	X	X
19. Integrated Supportive Services	X	
20. Interagency Collaboration	X	X
21. Investments in Learning	X	
22. Multi-cultural Staff Development	X	X
23. Outreach and Engagement Activities	X	X
24. Integrated Services (Physical, Mental Health and Substance Use)	X	X
25. Specific Ethnic/Language Groups	X	
26. Provider Communication/Support	X	X
27. School-based Services	X	X
28. Trainings/Case Consultation	X	X
29. Utilization of Community Knowledge and Feedback	X	X
30. Workforce Assessment	X	X
31. Health Department Collaboration	X	X

In addition to presenting a comprehensive list of systemwide strategies to reduce disparities, LACDMH and SAPC have completed an “at a glance” matrix of program-specific endorsement. This analysis allows the identification of most and least widely endorsed strategies. *For additional details, see the CR 3 Appendix, Attachment 2 for LACDMH and Attachment 6 for SAPC.*

Feature Programs Selected by Executive Management for FY 23-24

Executive management selected the following five salient areas of work for inclusion in the 2025 Cultural Competence Plan report. These efforts exemplify LACDMH and SAPC systemwide culturally inclusive and equitable advancements.

1. LACDMH ARISE Division's interface with L.A. County Anti-Racism, Diversity and Inclusion (ARDI) initiative commissioned by the Board of Supervisors and under the oversight of the Chief Executive Office (LACDMH and SAPC)
2. Office of Transition Age Youth and expansion of TAY services (LACDMH and SAPC)
3. Community Assistance, Recovery, and Empowerment (CARE) Court expansion (LACDMH)
4. Homeless initiative (LACDMH)
5. Comprehensive Quality Improvement (LACDMH)

The Information provided for each of the above focuses on the following:

- Description of scope and purpose based in relation to the applicable domain(s) of the departmental strategic plan
- Data on consumers served, FY 23-24
- Strategies and objectives to reduce disparities, timeline, monitoring practices and accomplishments, FY 23-24
- Impact on the cultural and linguistic competence of the system of care

1. LACDMH and SAPC's Interface with the LA County's Anti-Racism, Diversity, and Inclusion (ARDI) initiative being led by the Chief Executive Office (CEO)

Established in 2020 by the Los Angeles County Board of Supervisors (BOS), the ARDI Initiative represents a collective countywide effort involving all County departments, City departments and bureaus, commissions, agencies, advisory bodies, community-based organizations, philanthropy, and academic institutions to end structural racism and its consequences.

Both Departments actively pursue the ARDI North Star in their daily operations and have dedicated programs to advance anti-racism, equity, and inclusion initiatives. For example, LACDMH's ARISE Division, formerly known as the departmental ARDI Division, aims to 1) promote anti-racism, diversity, equity, and inclusion in LACDMH's programs and operations for consumers/clients, stakeholders, staff, and LA County residents and 2) increase access and services to underserved, diverse, and historically oppressed communities. The programs and components of the ARISE Division include:

- Cultural Competency Unit* and the Cultural Competency Committee
- United Mental Health Promoters and Promotores de Salud Mental Programs
- Spanish Support Groups
- Speakers Bureau
- Language Assistance Services Unit including non-emergent ASL interpretation

* Cultural Competency Unit coordinates the annual Cultural Competence Plan Report, Triannual Reviews, and other responsibilities related to cultural diversity and mental health access.

The Center for Health Equity (CHE) serves as liaison between ARDI and DPH and supports the department's Equity Action Team (EAT). EAT members include CHE staff and representatives from various DPH programs. EAT members participate in ARDI workgroups and subcommittees and engage in trainings and meetings with the goal of advancing equity in Los Angeles County through strategic planning and other equity initiatives. SAPC regularly meets with CHE representative and advances the goals of ARDI.

1) *Inter-departmental common grounds*

During FY 23-24, LACDMH's ARISE Division and SAPC partnered with LA County Chief Executive Office-Anti-racism, Diversity and Inclusion (ARDI) initiative to carry out a wide range of focused workforce initiatives, support services, and collaborative activities. The ARDI-related work undertaken by the two Departments involves multilayered commitments such as prioritizing the elimination of racism and implicit bias; assessing organizational policies and practices; evaluating operations through a racial equity lens; and fostering collaboration across leadership levels. A crucial element of ARDI work is the effective engagement of community and service provider stakeholders in each Department's strategies to address the health needs of disadvantaged communities, support the implementation of key programs and services, and reach positive long-term outcomes. The examples below illustrates these efforts.

a) ARDI-related training

Both Departments actively pursue this training for their respective leadership to address implicit bias and dismantle anti-Black racism, White supremacy, and other forms of intersectional oppression. The overall goal of this leadership transformational training is to reconceptualize organizational leadership by shifting from a hierarchal system to a more horizontal, collaborative organization that better serves staff and consumers/clients. Thus, the training focuses on how each manager can foster multicultural spaces characterized by a welcoming and affirming attitude combined with anti-racist and anti-oppressive practices. 200 managers from expanded management completed the training in FY 23-24. *For further details about the Departments' ARDI-related trainings, see Criterion 5.*

b) ARDI Equity Explorer tool

Both departments have access to the ARDI Equity Explorer tool, which provides information on population size, racial and ethnic diversity, median household income, poverty levels, unemployment, and housing arrangements. LACDMH began using the CEO ARDI Equity Explorer to identify the needs of underserved communities and to guide the implementation of programs and strategies targeting marginalized populations. The Equity Explorer allows County departments and other stakeholders to analyze data that informs program and policy design. It supports program development, implementation, and outcome evaluation while prioritizing equity considerations for marginalized groups. Specialized training on the Equity Explorer tool is planned for FY 24-25.

c) Implementation of Departmental Language Access Plan (DLAP)

Both LACDMH and DPH are committed to providing linguistically and culturally appropriate services to consumers/clients, family members and the broader community,

taking all reasonable steps to ensure timely and high-quality access regardless of preferred language. This commitment is rooted in the belief that language barriers in service delivery should be removed for health care to be accessible, relevant, and meaningful. All employees, contractors, and provider sites are required to offer free language assistance services to individuals who have Limited English Proficiency or communicate in Languages Other Than English (LOTE). The LACDMH and DPH DLAPs establish the minimum requirements to ensure that staff from both Departments provide reliable and high-quality language access. Language justice accommodations include access to both threshold and non-threshold language access across all programs. For details on the Departments' DLAP, please refer to CR 7.

d) Stakeholder engagement – LACDMH's Community Planning Team (CPT) and SAPC's Building Communities of Belonging subcommittee – part of the Provider Advisory Committee (PAC)

Both Health Departments have active stakeholder platforms that contribute to organizational goals related to planning, implementing, recalibrating, and/or revamping strategies, initiatives, and operations.

LACDMH

LACDMH's CPT engages a diverse group of stakeholders to provide input, feedback, and recommendations on critical issues and service gaps related to both MHSA and non-MHSA activities. Consisting of over 100 members, the CPT structure embodies three central commitments to a community-driven community planning process: broad range of community and systems stakeholders, robust representation of people with lived experience, and procuring a mirror effect of LA County's demographic and cultural diversity.

The goal of the CPT is to build the capacity of existing community and stakeholder groups (e.g., SALTs, UsCC subcommittees, the Cultural Competency Committee, Peer Advisory, Co-Chairs, and Liaisons) to effectively represent issues that impact their communities. Monthly CPT meetings provide a forum for stakeholders to discuss new proposals for programs and services that may address identified service gaps. Meetings are posted on the Department's website event calendar, and virtual reminders are sent to all participants.

The State Code of Regulations for MHSA names specific stakeholder groups that must be involved in the community process, among them:

- Individuals with serious mental illness or serious emotional disturbance, and/or their families
- Providers of mental health and/or related services such as physical health care and/or social services
- Educators and/or representatives of education
- Representatives of law enforcement
- Any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families.

To ensure inclusion of the voice and advocacy for underserved communities, the CPT overall composition and representation include:

- Community Stakeholders at large = 35%
- Cultural Competency Committee (CCC) = 2%
- Eight Services Area Leadership Teams (SALTs) = 24%
- Faith Based Advocacy Council = 2%
- Mental Health Commission = 4%
- Seven Underserved Cultural Communities (UsCCs) = 8%

Each of these stakeholder groups contribute to service development and service accountability through active participation in the stakeholder process, engagement of their local communities, and provision of expert feedback and recommendations departmental efforts to address the needs of their respective communities.

SAPC

SAPC's stakeholder advisory body, the Provider Advisory Committee (PAC), aims to effectively consider the consumer and provider perspective in the network-wide policy decisions and to promote effective and patient-centered prevention and treatment services. PAC members engage in an ongoing process to ensure that SUD services are developed with insight and knowledge of SAPC's provider network. SAPC staff from across the Divisions participate to provide a multi-disciplinary knowledge base. During the PAC bi-monthly meetings, committee members provide input on the planning, development, implementation and evaluation efforts of SUD services. Co-chaired by SAPC and a provider leader, the PAC has established the Building Communities of Belonging Sub-Committee to advise and make recommendations to SAPC on how to enhance efforts to address social, cultural, and racial disparities in access to and engagement in SUD treatment services. This sub-committee represents PAC's commitment to advancing equity and ensuring that all Los Angeles County residents have meaningful access to culturally responsive care.

e) Multi-media and multi-language campaigns

The Departments share several strategies to reduce disparities in each system of care. A salient area of work is the commitment to implement multi-media campaigns.

LACDMH

The Department launched its "Take Action for Mental Health L.A. County" campaign during the May is Mental Health Awareness Month. It was comprised of more than 400 events to increase knowledge and reduce stigma around mental health issues. A total of 110 Community-Based Organizations were awarded grants to provide community events including community health fairs, wellness fairs, mental health first aid trainings, wellness picnics, mental health education retreats, media (TV, radio, podcasts on topics relevant to mental health such as Feeling Good, The Hardcore Self-Help Podcast, The Happiness Lab, The Anxiety Podcast, Therapy for Black Girls, Mental Illness Happy Hour, Medication Minis, and more. More than 40,000 people attending at least one event. Take Action LA programs were offered in 21 different languages, with 9,000 meals served, and 70 grants provided to community-based organizations. Major sports venue events with the LA Dodgers, Sparks, Galaxy, and Clippers reached more than 65,000 people and over

400,000 social media impressions. *For additional information, visit [Take Action for Mental Health](#)*

SAPC

Similarly, SAPC media campaigns serve an essential purpose in exposing individuals and communities to messaging that promotes risk reduction of substance use and encourages positive behavior change. These media campaigns use data and community-driven strategies to provide effective traditional, social and other marketing approaches that target high-risk geographic areas, incorporating new technologies and other novel public health approaches to substance abuse and misuse prevention efforts.

SAPC launched the Fentanyl Frontline campaign in 2023 to address the ongoing threat of Fentanyl overdose deaths to LA County residents. The campaign was developed to reach a broad audience to share overdose prevention, harm-reduction strategies, and to increase awareness around fentanyl. To achieve this, the campaign aimed to increase brand and message awareness, knowledge of harm of fentanyl/counterfeit pills, knowledge of naloxone, and awareness of the SASH hotline. The campaign, comprised of English and Spanish messaging, reached millions of residents, delivered over a half a billion media impressions, and engaged communities through both digital platforms and in-person activations. During that time, SAPC also developed Fentanyl Fact Sheet Series, and to complement the media campaign efforts. To access these fact sheets please click here: <http://publichealth.lacounty.gov/sapc/sites/fentanylfrontline/take-action.html>

f) Culturally and Linguistically Diverse Staff Recruitment Efforts

LACDMH recognize that essential for equitable, accessible, relevant, and appropriate service delivery is the hiring and retention of culturally and linguistically competent workforce. Seeking to enhance workforce diversity, LACDMH engaged in proactive recruitment strategies. For example, implementation of partnerships with educational institutions and professional organizations and collaboration with Gallaudet University involved discussions with the Chair of the Social Work program about employment opportunities for clinicians fluent in American Sign Language (ASL). In addition, the ARDI SAC networked with multiple Historical Black Colleges and Universities. *See CR 6 for detailed information on workforce development.*

g) Interim Housing Interim Housing Outreach Program (IHOP)

The program is a collaborative project among LACDMH, SAPC, and Health Services-Housing for Health (DHS-HFH). The goal of the program is to increase access to quality mental health, substance misuse, and physical health services for interim housing residents; address and stabilize areas of functional impairment; facilitate transition to permanent housing, improve health outcomes; and prevent returns to homelessness.

Specialty mental health services for the IHOP include outreach & engagement, triage, peer support, screening/assessment, individual and/or group rehabilitation and therapy, medication evaluation/administration, intensive case management, and crisis intervention. Substance use disorder (SUD) treatment is delivered by DPH-SAPC and includes individual and group support sessions, psychoeducation on substance use, linkage to medication for addiction treatment (MAT), and harm reduction services, (e.g. fentanyl test strips, naloxone, syringe services etc.). For residents in need of more intensive SUD services, the IHOP teams are able to facilitate admission to detox and residential treatment

programs. The phase 1 of IHOP implementation started in FY 23-24 and focused on establishing the administrative infrastructure for the Program, recruitment and hiring, project evaluation; and initiation of treatment services at interim housing sites.

h) Los Angeles County Board of Supervisor (BOS) Motions

Another area of common ground for LACDMH and SAPC revolved around BOS motion collaboration. Both Departments engaged with the Los Angeles County Board of Supervisors and other county departments in response to various Board motions, released during FY 23-24. A selected group of Board Motions are reference in the table below to highlight the Departments concentrated efforts to best served specific cultural communities in Los Angeles County.

During FY 23-24, LADMH engaged in the following LA County BOS motions covering a wide range of cultural competence-related services:

TABLE 4: BOS MOTIONS AND DEPARTMENT-SPECIFIC PARTICIPATION

Board Motion title	DMH Prominent Role	SAPC Prominent Role	Multi- department Collaboration*
1) Strengthening Bridge Housing Resources Through the Behavioral Health Bridge Housing Program for People Experiencing Homelessness Living with Serious Behavioral Health Conditions http://file.lacounty.gov/SDSInter/bos/supdocs/182400.pdf	X		DMH, DPH, SAPC & Others
2) Supporting Mental Health for Latino Residents http://file.lacounty.gov/SDSInter/bos/supdocs/183269.pdf	X		Not applicable
3) Implementing LPS Act Reform http://file.lacounty.gov/SDSInter/bos/supdocs/185174.pdf	X	X	DMH, SAPC & Others
4) Supports for Youth with Complex Care Needs http://file.lacounty.gov/SDSInter/bos/supdocs/185168.pdf	X		DMH, SAPC & Others
5) Implementing Lanterman-Petris-Short Act Reform http://file.lacounty.gov/SDSInter/bos/supdocs/185174.pdf	X	X	DMH, SAPC & Others
6) Community Resources App for Youth by Youth http://file.lacounty.gov/SDSInter/bos/supdocs/185775.pdf	X		Others
5) Investing in the Los Angeles County CareConnect Application http://file.lacounty.gov/SDSInter/bos/supdocs/189046.pdf	X	X	Others
6) Combatting Identity-Based Hate in Los Angeles County through a Comprehensive, Proactive, and Equitable Strategy http://file.lacounty.gov/SDSInter/bos/supdocs/189760.pdf	X		DMH, SAPC & Others
7) Implementing the Mental Health Resources Report http://file.lacounty.gov/SDSInter/bos/supdocs/190340.pdf	X		DMH & CEO

Board Motion title	DMH Prominent Role	SAPC Prominent Role	Multi- department Collaboration*
8) Wolf Therapy - Power of The Pack Program Sole Source Contract https://file.lacounty.gov/SDSInter/bos/supdocs/191792.pdf	X		Not applicable
9) Stabilization Supports for Foster Youth http://file.lacounty.gov/SDSInter/bos/supdocs/191796.pdf	X		Others
10) Care with Pride: Affirming and Expanding the Gender Health Program https://file.lacounty.gov/SDSInter/bos/supdocs/192417.pdf	X		DMH, DPH & Others
11) Understanding Methamphetamine in Los Angeles County http://file.lacounty.gov/SDSInter/bos/supdocs/192262.pdf		X	DMH & Others
13) Understanding and Addressing Origin and Obstacles: Ending Intergenerational Homelessness and Housing Insecurity, Incarceration, and Systems Involvement and Ensuring Generational and Life-Long Success for Transition Age Youth https://file.lacounty.gov/SDSInter/bos/supdocs/192870.pdf	X		DMH, DPH & Others
14) Celebrating “Fatherhood Well-Being Month” in Los Angeles County https://file.lacounty.gov/SDSInter/bos/supdocs/193200.pdf	X		X
15) TAY related motions a) Better Reaching the 95% b) Supports for Youth with Complex Care Needs c) Community Resources App for Youth by Youth d) Expanding Near-Peer Mentorship for Youth with Complex Care Needs in Temporary Shelter Care Facilities e) Financial Literacy for Youth in Los Angeles County Care and Accountability of Los Angeles County Probation Department's Unclaimed Juvenile Funds and Property	X X X	X	X X

Note:

* Collaborative efforts may have involved other LA County Departments.

2) Department-specific ARDI activities

A. LACDMH

a) ARISE Multi-Cultural Events during FY 23-24

One of the milestones of the ARISE Division and the Department as a whole is the on-going implementation of culturally rich events that celebrate diverse cultures and honor.

the experiences of various cultural groups --past, present and future. These events take place across all eight Service Areas and are planned in collaboration with departmental venues such as Peer Resource Centers, mental health clinics, and community-based locations, as well as with other County departments including Parks and Recreation and Arts and Culture. Designed to be experiential and serve as community activations, the events engage the community and staff in cross-cultural learning, fostering the understanding that mental health care is essential to overall wellbeing. Many events feature participation from cultural experts who are members of the LACDMH stakeholder groups, small business enterprises, and women-owned business. In addition to boosting community engagement, the events combat mental health stigma, racist attitudes, challenge negative implicit biases, and create a lasting impact. They are widely announced to all stakeholder groups, on the Department's website and through media outlets.

For detailed more information, please refer to CR 8.

b) UsCC Capacity Building Projects

One of the cornerstones of MHSA is to empower underrepresented ethnic populations. In June 2007, LACDMH established the Underrepresented Ethnic Populations (UREP) stakeholder platform for historically underserved ethnic and cultural communities in LA County. Subcommittees were formed to work closely with various underrepresented/underserved ethnic and cultural populations to address their specific needs. In 2017, the UREP transitioned to Underserved Cultural Communities (UsCC) following the addition of two (2) new subcommittees, implemented by the Cultural Competency Unit (CCU) in collaboration with the Cultural Competency Committee (CCC).

The seven UsCC Subcommittees include:

- Black and African Heritage (BAH)
- American Indian/Alaska Native (AI/AN)
- Asian Pacific Islander (API)
- Access for All (formerly known as Deaf, Hard of Hearing, Blind, and Physical Disabilities)
- Eastern European/Middle Eastern (EE/ME)
- Latino
- Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, and Two-Spirit (LGBTQIA2-S)

Together, the UsCC assist LACDMH in addressing disparities while reducing mental health stigma and empowering communities to prioritize mental health care. All UsCC subcommittee are allotted one-time funding to implement capacity-building projects each Fiscal Year. This unique opportunity draws on the collective wisdom and experience of community members to determine the greatest needs and priorities in their communities.

The UsCC Capacity Building Projects are community-based initiatives that provide culturally responsive outreach, engagement, and education, addressing both historical and geographic disparities and barriers to services. Their goals include increasing knowledge about mental illness, improving access to mental health resources, and reducing stigma within the targeted UsCC communities. These projects are not intended

to provide direct mental health services; rather, they aim to increase access to mental health care for unserved, underserved, and inappropriately served populations—particularly those who are uninsured or uninsurable—across all age groups (children, TAY, adults, and older adults), in ways that reflect the language, cultural needs, and demographics of the communities they serve. The table below provides an overview of each UsCC subcommittee’s capacity building projects.

TABLE 5: UsCC CAPACITY BUILDING PROJECTS, FY 23-24

UsCC Subcommittee	Capacity Building Projects
Access for All People with Disabilities UsCC)	1) African American Family Mental Health and Disability Awareness
American Indian/Alaska Native UsCC	1) Suicide in Native Communities Toolkit 2) Missing and Murdered Indigenous Women and Girls 3) AI/AN Elder Gathering Project 4) AI/AN Cooking for Wellness Project 5) AI/AN Community Garden Project 6) AI/AN Youth Graphic Novel Project
Asian Pacific Islander (API) UsCC	1) Filipino Comic Book 2) Recovery Talk 3) Storytelling Theater for Healing and Social Justice
Black and African Heritage UsCC	1) Prevention Works 4 Communities Toolkit 2) ReFRESH (Finding Restoration, Self Help) 3) Youth and Young Adult Drug Prevention
Eastern European and Middle Eastern UsCC	1) Sharing our Stories: Russian/Farsi Book 2) Parenting Seminars for the Armenian Community 3) Arabic Poetry Night
Latino UsCC	1) Latina Power: Latinas as Community Leaders 2) Culture and Mind-Body Health Education 3) Breaking Bread Podcast 4) Finding Balance: Sacred Mayan Ceremonies 5) Personalismo
LGBTQIA2-S UsCC	1) Neurodivergent Voices Album 2) Liberation Workshop Series 3) Violence Prevention Lab 4) LGBTQIA2-S Housing Listening Sessions 5) Proyecto Mariposa (Project Butterfly) 6) Transforming Community Care: API LGBTQ+ Mental Health and Wellness Project 7) Two-Spirit Storytelling as Medicine 8) Bi-Affirming Mentorship

For a full description of each project, see CR 3 Appendix - Attachment 3.

2. Transition Age Youth (TAY) Services

Both Departments are committed to serving the TAY community, which has been identified as an underserved group. Table 4 above identifies specific Board motions in which LACDMH and SAPC are collaborating to serve the TAY community of LA County. Common areas of focus include:

- Identification, engagement, and connection to substance use disorder (SUD) and mental health services
- Lowering barriers to treatment
- Expanding access points into both systems of care
- Engagement strategies directly impacts transition-age youth who frequently struggle with SUD, co-occurring disorders, unstable housing, or justice involvement

LACDMH

Office of TAY and expansion of TAY services

In FY 23-24, the newly established Prevention and Child Wellbeing Administration, under the leadership of Mary R. Barraza, LCSW, Senior Deputy Director, was charged with streamlining all children and youth services under a single bureau to enhance coordination, accessibility, and service quality. As part of this effort, the Administration initiated the planning and development of the Office of TAY, beginning with the recruitment of a Program Manager III, Erica Reynoso, Ph.D., LCSW, to lead and operationalize the new division.

The plan for the Office of TAY was to combine existing programs providing comprehensive field-based teams and youth development services designed to address the diverse needs of Transition Age Youth (TAY) (ages 16-25) with new innovative programming aimed at expanding outreach and access to developmentally appropriate specialty mental health services and supports under one child and youth serving administration. Core program areas include mental health support, housing navigation, employment readiness, education assistance, and access to supportive resources such as drop-in centers, shelter services, and field-based clinical teams. By partnering with County departments and community organizations, the division connects vulnerable youth to resources, reduces disconnection, and aims to promote long-term stability and success.

In FY 23-24, as part of the Reaching the 95% Initiative, which expanded cross-system engagement and substance use disorder treatment access for populations least likely to seek help, LACDMH launched an online training titled “Accessing the Healthy Youth Early Intervention” in collaboration with the Azusa Pacific University (APU) team and with support from LA County Substance Abuse Prevention and Control (SAPC). This training equipped LACDMH providers and contracted partners with the knowledge and tools needed to support TAY youth who need early intervention services with the goal of preventing escalation into higher levels of care and improving long-term outcomes.

The training curriculum focused on reducing substance use risk, improving psychosocial functioning, and supporting behavioral health needs for at-risk youth,

which directly overlaps with the TAY population since many TAY experience co-occurring mental health and substance use challenges. Many of the strategies, including lowered barriers, broader outreach, and increased crisis/stabilization support, aligned directly with TAY Bureau responsibilities. Also, during FY 23-24, the Office was TAY actively working in five distinct Board Motions including the forementioned. *See Table 4 and the CR 3 Appendix - Attachment 4 details.*

Additionally, while LA County departments were advancing a coordinated set of initiatives to strengthen supports for youth and young adults, with a particular focus on TAY, LACDMH in partnership with other County departments (including Department of Children and Family Services, Department of Economic Opportunity) expanded stabilization supports, trauma informed practices, career pathways, and crisis response education for TAY 16-25 including foster youth. As part of this effort, LACDMH launched the *Who Do I Call for Help?* campaign and the integrated mental health and substance use help line, both of which directly support TAY crisis pathways by clarifying access to timely community based behavioral health responses. Our DCFS partner helped spread the word about the *Who Do I Call for Help?* campaign to their network, including posting campaign infographics on their LAKids website as well as sharing with all Resource Parents through internal software systems.

LACDMH also prioritized mentoring and youth peer-to-peer models through funding partnerships with the Department of Youth Development. In response to foster youth's requests for information and education about financial literacy, LACDMH partnered with Twinpire, a non-profit organization started by twin brothers with lived experience and expertise in financial literacy to develop and implement a financial literacy program for system impacted youth residing in the STRTPs and juvenile halls. The program has been overwhelmingly well received. Together, these efforts demonstrate DMH's broad and sustained commitment to helping TAY achieve stability, wellbeing, and successful transitions into adulthood.

SAPC

As part of countywide prevention efforts, SAPC partners with local school districts and community-based substance use prevention providers to conduct Botvins Life Skills Training (LST), an evidence-based program designed to positively impact the lives of youth in elementary, middle, and high school by equipping them with the confidence and necessary skills to successfully handle challenging situations around substance use. Other evidence-based programs, such as Project Towards No Drugs (TND), Dare – Keeping it Real, Guiding Good Choices, and Stanford Prevention Toolkit are also taught by SAPC's Prevention Providers. One contracted provider implemented Winners Sankofa, an African-centered model aimed to counter the effects of poverty, school failure, substance abuse, incarceration, and environmental challenges facing African American youth. This curriculum supports the psycho-social developmental needs of the African American children by strengthening racial identity and self-concept.

SAPC also operates Student Wellbeing Centers (SWBC) on school campuses across the County to provide a comprehensive health and youth development curriculum that

focus on substance use prevention, mental health, and sexual health. The positive youth development framework enables TAY and other young people to gain leadership skills and opportunities as peer health advocates in their school communities and neighborhoods to support life-affirming health practices. In 2023, the SWBCs educated peer health advocates and other students on each campus on the dangers of fentanyl and trained them in the administration of Naloxone, as well as provided Naloxone to students who demonstrate a need to carry it.

The Los Angeles County Office of Education's Friday Night Live program, represents a long-standing collaboration with SAPC to implement various programs in support of youth. The Foster Youth Services Coordinating Program offers substance use prevention education to district and school staff that work with students in foster care and experiencing homelessness. Staff made several connections and continued ongoing partnership with the network to provide resources and countywide support.

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3. Community Assistance, Recovery, and Empowerment (CARE) Court

Many persons in our community experience severe mental illness and may not receive regular help, often resulting in homelessness and substance use. Their loved ones and other caregivers often struggle to find lifesaving support and assistance. The County of Los Angeles launched a new, state-funded program called CARE Court, which helps people with untreated schizophrenia and other associated psychotic disorders receive treatment and services for their health and well-being. Participants receive support services to promote their recovery and well-being, which may include counseling, medication, housing options, social services, and others. Rather than cycling through jails and emergency rooms, CARE Court gives vulnerable individuals and those who care for them another path to access key services that can help keep them safe. Family members, roommates, clinicians, and others can petition the court to seek approval for this program.

The LACDMH CARE Court program planning phase began during FY 22-23 with three (3) specialized workgroups:

- *CEO-Led Workgroup:* The Chief Executive Office led an interdepartmental CARE Court workgroup which met frequently during this period. Numerous county departments and partners came together to plan the Los Angeles County's implementation of CARE Court. These meetings focused on all aspects of cross-functional implementation, including workflow planning and multi-departmental coordination.
- *DMH-Led Workgroup:* LACDMH convened a CARE Court implementation workgroup. The group included DHS, SAPC, members of executive management team, Chief Information Office, housing partners, and existing field-based programs, among others. This workgroup focused on service provision model, workflows, exploration of peer support, staffing models/patterns, behavioral health bridge housing, linguistic and culturally competent services, technology platforms, tracking and documentation systems, and marketing and advertising materials.
- *DMH-Led Subcommittees:* As a result of the key areas identified via the LACDMH-Led workgroup, as critical to the planning process, multiple subcommittees were convened to focus on the specific areas identified such as staffing patterns, the incorporation of peer supporters/supporters, and budgeting and finance. There were also additional discussions around training of staff which included, but were not limited to, field-based safety training, orientation of mental health staff to the courtroom processes, orientation of court staff on mental health basics, and working with diverse populations.

The components described above represent some of the primary tasks undertaken during the planning phase for the CARE Court program in Los Angeles County. LACDMH worked closely with CEO to identify the appropriate classifications and structure of the CARE Court program. The program was successfully implemented on December 1, 2023, one year ahead of the initial implementation date.

LACDMH Strategic Plan Domain most applicable: Community Services				
Focal population: Persons with untreated schizophrenia and other associated psychotic disorders				
Program objectives related to cultural competence	Activities	Timeline for each activity	Monitoring practices for each activity	Measurable accomplishments
1. Hiring cultural and language appropriate staffing	Recruit from language specific lists (Spanish). Recruit staff who are bilingual bonus certification eligible	FY 23-24	Tracking logs	Hiring and staffing
2. Staff diversity should reflect the community they serve	Recruit staff that represent the community (i.e. African American, Asian, Latino, etc.)	FY 23-24	Hiring spreadsheet	Hiring and staffing

4. The Homeless Initiative

LACDMH has adopted a multipronged approach to serve persons experiencing homelessness and to contribute to LA County's Homeless Initiative. At the core of these departmental strategies are homelessness prevention, outreach in the streets, interim housing, permanent housing, affordable housing and supportive services. The following section presents a description of the LACDMH programs specializing in homelessness and housing interventions.

Housing and Job Development Division (HJDD)

The HJDD provides a range of housing services and resources for consumers experiencing homeless including housing subsidies through the Section 8 Housing Choice Voucher Program and Continuum of Care Program; financial assistance for rental assistance, household goods and eviction prevention through the Countywide Housing Assistance Program; and temporary shelter through the Interim Housing Program. In addition, the HJDD provides capital development funding and operating subsidies for the creation of new permanent supportive housing throughout Los Angeles County.

HJDD was responsible for administering Housing and Supportive Services Program (HSSP), with services provided by DMH Legal Entity contractors. Efforts were made to ensure clients were able to access HSSP services in their most comfortable language or that comprehensive translation services were available. HSSP services were also provided on-site at the PSH developments, improving access to care. For FY 23-24, HJDD provided a total of 11,604 individuals who were experiencing homelessness or at risk of homelessness with housing resources and/or supportive services in FY 23-24.

Additionally, the HJDD provided a total of 21 unique trainings for the LACDMH system of care as such as Question, Persuade, Refer (QPR), Introduction to Employment &

Education Resources Training, Motivational Interviewing, Community Volunteer Resources Training, Assessing & Responding to Suicide Risk, Danger-to-Self & Self-Injurious Behaviors, Hoarding Disorder: Practical Interventions for Your Client, Life Skills Curriculum Training, Understanding & Implementing the Housing First Model, The Basics of Housing Navigation - How to Successfully Prepare Your Clients For & Assist Them with the Housing Search, Trauma Informed Care De-Escalation, Anger Management Intervention and Conflict Resolution, Service Area-Specific Employment & Education Resources Training, Employment & Education Resources for Older Adults, and Industry Spotlight Series: Hospitality & Tourism in LA County.

LACDMH Strategic Plan Domain most applicable: Re-entry Initiatives				
Focal population: People Experiencing Homelessness				
Program objectives related to cultural competence	List activities by <u>objective</u>	Timeline for each activity, FY 23-24	Monitoring practices for each activity	Measurable accomplishments
1. Provide integrated, culturally sensitive services in Permanent Supportive Housing (PSH).	DMH partnered with the Department of Health Services - Housing for Health (DHS-HFH) and SAPC to provide client-tailored integrated services in PSH for persons with Serious Mental Illness who were formerly homeless. LACDMH provided specialty mental health services through HSSP, DHS-HFH provided Intensive Case Management Services and DPH-SAPC provided substance abuse services.	Integrated services, including HSSP, were delivered to new PSH online developments made available via DMH's capital investments and other funding sources.	A monitoring tool was used to evaluate each HSSP contractor's performance and adherence to their contract requirements. Feedback was provided to each contractor and corrective action plans were requested as appropriate. HJDD monitored HSSP contractors through monthly funding utilization reports, and billing records. Monthly meeting with HSSP contractors addressed issues.	In FY 23-24, DMH provided HSSP services to a total of 4,141 individuals across 178 PSH developments including new sites that opened within the fiscal year and sites that had opened prior.
2. Provide housing services that are trauma-informed and culturally sensitive.	The trauma-Informed Care training is required for Interim Housing Program (IHP) providers as well as HSSP contractors. Additional trainings were made available to case managers and clinicians such as Cultural Humility, Trauma-Informed Care	Trainings related to Trauma-Informed Care were provided multiple times throughout FY 23-24 and will continue in FY 24-25.	HJDD reviewed the training status of HSSP contractor staff as part of its annual on-site contract monitoring evaluations to ensure this requirement was met. HJDD also verified the Trauma-Informed Care training status	Contractor and interim housing staff were trained in Trauma-Informed Care. Feedback about the quality of HJDD services indicated that 97% of IHP clients surveyed agreed that staff responded to their concerns and 99% agreed that they would

	De-Escalation and Understanding and Implementing the Housing First Model.		of IHP provider staff as part of its bi-annual interim housing site review and issued Corrective Action Plans if this requirement was not met.	return to the shelter. These results were attributed to the Trauma Informed Care training.
3. Assist LACDMH clients who are experiencing homelessness to obtain and retain interim and permanent housing.	LACDMH clients experiencing homelessness were provided interim housing through IHP and received assistance to develop a permanent housing plan. Clients entering PSH were provided with move-in assistance funding through the HJDD Housing Assistance Program (HAP). Once in housing, mental health services were offered. Funding for eviction prevention was also offered by HAP if needed.	The provision of interim and permanent housing to DMH clients was an ongoing process and length of time from homelessness to housing varied depending on each client's individual situation.	HJDD monitored its interim and permanent housing programs through data collected in ACCESS databases that tracked clients' move-in and exit dates, and exit destinations, use of housing resources, transitions from interim to permanent housing.	Of the 1,081 clients who exited IHP in FY 23-24, 32% exited to permanent housing. For clients in permanent housing, the overall housing retention rate was 90%. This included 81% housing retention rate for those in licensed residential care funded by the ERC Program, a 92% housing retention rate for those who lived and received supportive services at a MHSA-funded PSH site and a 96% housing retention rate for those in federally-subsidized housing.
4. Increase the overall number of interim and permanent supportive housing units and rental subsidies targeting LACDMH clients.	LACDMH worked to identify new opportunities for partnerships and funding as it related to building its interim and PSH portfolios for individuals with SMI who were experiencing homelessness. LACDMH partnered with the DHS Office of Diversion and Reentry (ODR) to launch the DREAM program in October 2023, which provides interim housing, licensed residential care and permanent housing as well as ICMS services for individuals living with	The identification of new partnership and funding opportunities was ongoing throughout the year.	The success of these partnerships was tracked through the number of new resources created.	In FY 23-24, LACDMH provided \$25 million to ODR to launch the Diversion, Re-Entry and Mental Health (DREAM) program, which - combined with a previous LACDMH commitment to ODR for \$2 million - resulted in 560 interim and permanent housing resources becoming available to join LACDMH/ODR clients. The DREAM program began to ramp up in October 2023 and, by fiscal year end, a total of 158 clients had been served.

	SMI who are experiencing homelessness and are justice-involved. Additionally, in partnership with the Los Angeles County Development Authority (LACDA), the final solicitation for No Place Like Home funding that was received by LACDA from the State to support the creation of new PSH developments was released on December 27, 2023. On January 25, 2024, LACDMH also executed a contract with Advocates for Human Potential (AHP) to accept \$259,280,749 in Behavioral Health Bridge Housing (BHBH) funding from the State to increase bridge housing beds and services for people with serious behavioral health conditions experiencing homelessness including funding for additional interim housing beds and rental subsidies.			Additionally, through the “No Place Like Home” solicitation process, 17 new PSH developments comprising 585 units were recommended for funding – further growing the LACDMH PSH inventory. IHP utilized MHSA resources to add 55 interim housing beds across two sites that targeted the justice-involved population and another 96 beds across two sites that targeted individuals within the Hollywood area as part of DMH’s Hollywood 2.0 initiative. LACDMH also began preparation for the release of a Request for Applications (RFA) in FY 24-25 that will award BHBH funds and further expand the number of IHP beds.
5. Enhance data reporting capabilities as it relates to client demographics of those served by HJDD housing programs. NOTE: While many DMH housing programs serve families experiencing	LACDMH worked with the California Policy Lab (CPL) to analyze for the first time the demographic data of those served across HJDD housing programs and the Enhanced Emergency Shelter Program (EESP) for Transition Age Youth (TAY) including data on race/ethnicity, gender identity and age.	Obtained demographic outcome data from CPL for HJDD and TAY EESP clients served The HHIP agreements reflected a two-year grant period beginning October 31, 2023, and ending October 30, 2025.	Demographic data outcomes were reported out in the MHSA Annual Plan.	Demographic outcome data was obtained from CPL for 11,604 unique clients served by HJDD housing programs and the TAY EESP in FY 23-24. The race/ethnicity and gender identity outcomes can be found in Section IV below. In addition, age outcomes were obtained as follows: -Children (Ages 0-15): 11 served (0.1%)

homelessness, none target children directly. Rather, children counted in the data above account for situations where either the child in the assisted family is the eligible DMH client or is being counted as the Head of Household due to their parent not being eligible for the housing resource.	Additionally, LACDMH executed agreements with the L.A. Care and Health Net Managed Care Plans to receive Housing and Homelessness Incentive Program (HHIP) funding totaling \$1,050,000 to enhance DMH's data infrastructure and exchange capabilities including housing data.			-TAY (Ages 16-25): 1,032 served (8.9%) -Adult (Ages 26-59): 7,164 served (61.7%) -Older Adult (Ages 60+): 2,985 (25.7%) -Unknown/Not Reported: 412 served (3.6%) In May 2024, HJDD also held its first kick-off meeting to begin the work needed to start building a new housing data system for HJDD using Microsoft Dynamics 365.
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HJDD Consumers served data, FY 23-24

Program/ Project	Race/Ethnicity								Gender Identity					
	African American	American Indian/Alaska Native	Asian and Pacific Islander	Eastern European/Middle Eastern	Latino/Latinx	Multiracial	White	Other/not reported	Male	Female	Transman/Transmasculine	Transwoman/Transfeminine	Non-Binary/Gender Fluid	Unknown
MH Housing Programs	4,608 39.7%	94 0.8%	321 2.8%	NC	2,441 21%	601 5.2%	2,081 17.9%	1,458 12.6%	5,937 51.2%	4,939 42.6%	16 0.1%	66 0.6%	9 0.1%	621 5.4%

Note: NC= not collected. Demographic information on sexual orientation and physical disability information was not collected at the program level.

5. Comprehensive Quality Improvement

LACDMH

LACDMH's Quality Improvement (QI) Unit in conformance with Federal, State, and local QI requirements oversees technical reporting related to the annual Quality Assurance and Performance Improvement (QAPI) Work Plan and Evaluation Report, coordinates efforts to assess member/family satisfaction by implementing the annual Consumer Perception Surveys (CPS) and evaluates and reports member/family

satisfaction data. The QI Unit is responsible for the state-mandated Performance Improvement Projects (PIPs) and their validation during External Quality Review Organization (EQRO) audits. PIP committee members are chosen by the QI Unit who have relevant experience and/or expertise with the PIP topic to ensure that improvement plans and strategies are well informed and that improvement efforts are coordinated. The QI Unit is also responsible for coordinating the Quality Improvement Committee (QIC) meetings, evaluating the population of consumers served and the services delivered to identify areas in need of improvement, and coordinates with other departmental units to develop quality improvement plans and strategies to address these areas. Additionally, the QI unit provides technical assistance, consultation, and training around the professional use of QI practices and strategies to promote a culture of Continuous Quality Improvement (CQI) and to support QI efforts where they occur. For more information visit: <https://dmh.lacounty.gov/qid/>.

The QI Unit regularly attended the Cultural Competency Committee meetings as well as all the Underserved Cultural Communities, Faith Based Community meetings, and Service Area Leadership Teams, when possible, to gather information on community needs. Quality Improvement was also involved in focus groups during the annual External Quality Reviews.

The QI Unit annually looks at data for Total Population of LA County, 138% Federal Poverty Level, Medi-Cal Eligibles, and Consumers Served by race/ethnicity, gender, primary language, and age. The data is looked at for LA County as a whole as well as broken down by Service Area to identify potential disparities and areas of need in planning programming.

The QI Unit uses the Countywide and Service Area Quality Improvement Committees to support trainings put out by the department and to develop interventions for improving services in our system.

For FY 23-24, the QI Unit along with Quality Assurance started a Behavioral Health Administrative Integration meeting in October 2023. Key leadership was identified on the Department of Public Health-Substance Abuse Prevention and Control side as well as the LACDMH side. Objectives were to integrate both departments Quality Assurance and Performance Improvement Work Plans and Evaluation reports, Quality Improvement Committees, and identifying a comprehensive list of performance measures that address both Specialty Mental Health Services and Substance Use Disorder services, with special attention to beneficiaries with co-occurring needs by 2026.

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LACDMH Strategic Plan Domain most applicable: Infrastructure

Focal population: LACDMH Consumers and Providers

Program objectives related to cultural competence	Activities for each objective	Timeline	Monitoring practices for each activity	Measurable accomplishments
1. Utilize Quality Improvement Committees at the Administrative and Provider Level to identify areas of improvement in our system of care by utilizing data including disparity data and suggesting policy changes as applicable.	1a. Countywide Quality Improvement Committee 1b. Service Area (SA) Quality Improvement Committee	1a. Ongoing monthly meeting. 1b. Ongoing meetings. Each SA differed. Some were held monthly, bimonthly, or quarterly.	1a. Written minutes, recording, and attendance are posted on the Quality Improvement website https://dmh.lacounty.gov/qid/qic-minutes/ 1b. Written minutes and attendance were posted on the Quality Improvement website by service area and month https://dmh.lacounty.gov/qid/sa/	1a. Ten meetings were completed in FY 23-24 1b. Breakdown by SA - SA 1: six meetings - SA 2: two meetings for children and five meetings for adult - SA 3: Five meetings - SA 4: Six meetings - SA 5: None posted - SA 6: Six meetings - SA 7: Four meetings - SA 8: Four meetings
2. Started the planning phase of integrating administrative tasks of the Department of Public Health Substance Abuse Prevention and Control and Department of Mental Health	2. Initiated Quarterly Department of Public Health-Substance Abuse Prevention and Control Quality Improvement Unit leadership with designated DMH Quality Assurance/QI leadership by October 1, 2023, for planning	2. Ongoing		
3. Implement annual Consumer Perception Survey to identify strengths and areas of improvement indicated by our consumers, including linguistic and cultural needs.	3a. Administered the Consumer Perception Survey and analyzed both quantitative and qualitative data. 3b. Translated Consumer Perception	3a. Completed in May 2024. 3b. Ongoing	3a. Data collected via Excel spreadsheets from paper and electronic version of the survey. 3b. One Page Handouts are posted on the Quality Improvement website at	3a. Consumer Perception Survey administered in May 2024. 3b. One-page handouts in all threshold languages by age group (Youth, Family,

	Survey outcome one page community handouts into all threshold languages for 2023 data. Full translations are pending for 2024 data.		https://dmh.lacounty.gov/qid/cps/results/	Adult, and Older Adult).
4. LACDMH Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) team and ICCTM Advisory Committee developed a Quality Improvement Action Plan to better incorporate national standards for culturally and linguistically appropriate services standards systemwide.	4a. The ICCTM team met once every two weeks for project planning and edits to the Quality Improvement Action Plan draft. 4b. The ICCTM team established an ICCTM Advisory Committee including members of the Underserved Cultural Committees and other stakeholders. Meetings were held monthly where members provided feedback and suggestions on the development of the Quality Improvement Action Plan.	4a. Completed	4a. Meeting agendas and notes were kept. University of California-Davis requested the Counties provide presentations on progress, successes, and barriers. 4b. Meeting agendas and notes were kept.	4a. The ICCTM project was transitioned from the LACDMH collaborative group to the Anti-Racism, Diversity, and Inclusion Division in October 2023 for continued development.
5. LACDMH non-clinical Performance Improvement Project FY 2023-24 , Improving Follow-Up After Emergency Department Visit for Mental Illness (FUM)	5a. Increase the coordination of care for Geriatric Evaluation Networks Encompassing Services	5. Ongoing	5a. Percent of clients that have an emergency department encounter 5b. Percent of clients that receive a mental health diagnosis from	5a. Decrease by 5% 5b. Decrease by 5%

for Older Adult Beneficiaries that Present with Mental Health Concerns, focused on increasing the rate of follow-up appointments after a Geriatric Evaluation Networks Encompassing Services Intervention Support program clients aged 65+ years goes to an emergency department and receives a mental health diagnosis, or treatment for self-harm.	Intervention Support (GENESIS) program clients who have emergency department encounters that receive a mental health diagnosis. 5b. Develop workflows for addressing emergency department encounter alerts from Health Information Exchanges (HIEs). 5c. Increase the rate of linkage for mental health referrals to seven and 30-day follow-up appointments.		the emergency department 5c. Percent of PointClickCare alerts to which GENESIS program responds 5d. Average number of days for GENESIS program to follow-up with the beneficiary 5e. Percent of patients that attend their follow-up 7 or 30-day Follow-Up After Emergency Department Visit for Mental Illness 5f. Percent of adults that attend their follow-up 7 or 30-day Follow-Up After Emergency Department Visit for Mental Illness 5g. Percent of older adults that attend their follow-up 7 or 30-day Follow-Up After Emergency Department Visit for Mental Illness	5c. Increase by 5% 5d. Increase to 5% 5e. Increase by 5% 5f. Increase by 5% 5g. Increase by 5%
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IV. Additional Strategies to Reduce Health Disparities Specific to Each Department

In addition to the countywide strategies used by both departments, LACDMH independent strategies based on its mission and scope of services. Below is a brief listing of departmental initiatives, program expansions and accomplishments for FY 23-24:

LACDMH prides itself for the extensive implementation of specialized programs that address elements of culture such as race/ethnicity, age group, gender identity, sexual orientation, language, veteran status, experience of homelessness, and involvement with the justice system, among others. New programs and exciting practices have been established since the previous Cultural Competence Plan report. Some examples include:

- Expansion of the Access to Care systemwide framework resulting in areas of programmatic concentration and improved data collection
 - Hospital and Acute Services
 - Subacute and Long-Term Care Services

- Residential Treatment Services
- Crisis Services
- Outpatient and Intensive Outpatient Services
- Early Intervention
- Population Prevention Services
- Housing Beds/Unit
- Hiring of a second Sign Language Specialist to respond to communication needs of Deaf and Hard of Hearing clients, family members, staff, and the community at large
- Improvements in service delivery of American Sign Language interpreter services via virtual platforms to remove technology-related barriers
- Alignments in accordance to Prop 1 to ensure adherence to legislative mandates
- Preliminary preparations for the Behavioral Health Services Act to align data collection methods across programs and divisions
- Efforts to increase staff awareness of ARISE Staff Advisory Council (SAC) and ARISE Division in departmental wide venues such as Town Halls and “Hello DMH” newsletters
- Gender Impact Assessment (GIA)-focused data collection on Sexual Orientation and Gender Identity (SOGI) across key programs like the Women's Community Reintegration Program (WCRP), Men's Community Reintegration Program (MCRP), and Enhanced Emergency Shelter Program (EESP)
- Expansion of Black Girl Mentoring (Friends of the Children): This initiative was expanded to include mentoring programs specifically targeting Black girls, in partnership with organizations like Friends of the Children, aiming to provide support and opportunities for empowerment
- Implementation of Community Care Villages over a period of five years
- Significant expansion of Preventing Homelessness Program and Promoting Health (PH2) to include restorative care villages, psychiatric health facilities, suicide prevention, temporary shelter, therapeutic foster care services
- Collaboration and fiscal support in multiple supportive housing project launches such as
 - Participation in the groundbreaking of Villa Vanowen, a Permanent Supportive Housing (PSH) project with 64 studio apartments and the
 - Hosting of grand opening events for Talisa Apartments, a 49-unit PSH designed specifically for homeless families and the Antelope Valley Child and Adolescent Program and celebrated the opening of Juniper Grove Apartments, which offers 49 low-income units reserved for individuals facing mental health challenges
 - LACDMH contributed over \$7 million in funding for 31 Lake House apartments, providing 62 supportive housing units, ensuring access to intensive care management services for residents

Criterion 3 APPENDIX

I. LACDMH Attachments

Attachment 1: Mental Health Services Act (MHSA) Annual Update FY 25-26
[1188054_MHSAAnnualUpdateFY2025-26AdoptedJune1725.pdf](https://file.lacounty.gov/SDSInter/dmh/1188054_MHSAAnnualUpdateFY2025-26AdoptedJune1725.pdf)

Attachment 2: LACDMH Programs and Departmental Strategies to Reduce Disparities

https://file.lacounty.gov/SDSInter/dmh/1197483_LACDMHStrategiestoReduceDisparities.pdf

https://file.lacounty.gov/SDSInter/dmh/1198306_LACDMHProgramEndorsementofSystemwideStrategiestoReduceDisparities.pdf

Attachment 3: UsCC Capacity Building Project Description

https://file.lacounty.gov/SDSInter/dmh/1198305_CapacityBuildingProjectsbyUsCCFY23-24.pdf

Attachment 4: Criterion 3: TAY Report Back Summaries

https://file.lacounty.gov/SDSInter/dmh/1198304_TAYReportBackSummaries.pdf

II. SAPC Attachment

Attachment 1: CLAS Action Plan



CLAS Action
Plan-Final.pdf



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ANTI-RACISM, INCLUSION, SOLIDARITY AND EMPOWERMENT (ARISE) DIVISION
CULTURAL COMPETENCY UNIT**

AND

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) BUREAU
STRATEGIC AND NETWORK DEVELOPMENT DIVISION
EQUITABLE ACCESS SECTION (EAS)**

Criterion 4

Cultural Competency Committee

December 2025

Criterion 4: Cultural Competency Committee: Client/Family, Member/Community Committee, and Its Integration of the Committee within the County Mental Health System

- I. Los Angeles County Department of Mental Health (LACDMH) and the Department of Public Health Bureau of Substance Abuse Prevention and Control (SAPC) share a unified commitment to advancing cultural competence and health equity through their respective advisory committees. Together, the Cultural Competency Committee (CCC) and Committee on Cultural Competence and Humility (C3H) work to infuse cultural awareness, sensitivity, and responsiveness throughout the services provided to LA County diverse communities.

This unified approach demonstrates that effective behavioral health cultural competence requires both a specialized mental health infrastructure and substance use expertise, working in partnership to serve our county's diverse populations. The collaboration between these committees creates a comprehensive framework that addresses cultural competence from multiple perspectives, ensuring that no community is left behind in the pursuit of equitable, accessible, and culturally responsive services.

Both committees serve as advisory bodies that amplify the voices of consumers, family members, advocates, and community stakeholders, ensuring that services provided by each Department remain culturally and linguistically appropriate for all LA County residents. At the same time, each committee also maintains strategic lines of communication and accountability to its respective Department Directors. Strong areas of cross-committee focus include:

- Providing input on departmental policies, procedures, and practices to ensure meaningful integration of cultural and linguistic considerations.
- Cultivating an environment where health equity and accessibility are prioritized.
- Incorporating perspectives of Directly Operated (DO) programs, Contracted providers, and community-based organizations.
- Expanding knowledge and sensitivity to multicultural worldviews and the complex intersectionality of cultural dimensions.
- Conducting reviews of key programs and consumer utilization data.
- Gathering stakeholder feedback to inform departmental operations pertinent to cultural and linguistic inclusion and responsiveness in each Department.
- Integrating cultural and language equity principles that align with the county-wide Anti-Racism, Diversity, and Inclusion Initiative (ARDI) initiative and the CLAS Standards to promote an equitable workforce and county community.
- Advocacy for all cultural and linguistic groups.

In addition to sharing the core commonalities described above, each committee maintains distinct areas of specialty and advocacy. The CCC advocates for inclusion

and mental health services access for all cultural groups while C3H focuses on access for all cultural groups who may experience or be at risk of experiencing substance use disorders. The section below presents the mission statements, leadership and structure of each committee.

A. LACDMH's CCC and SAPC's C3H Description, Leadership and Structure

LACDMH CCC

The CCC serves as an advisory group for the infusion of cultural competence in all departmental operations. By advising on the functions of the ARISE Division - Cultural Competency Unit (CCU), the CCC ensures that cultural competence and language access are integrated throughout the Department. To achieve this, the CCC considers the cultural and linguistic perspectives of consumers, family members, advocates, Directly Operated (DO) and administrative program staff, Contracted providers, and community-based organizations essential elements for sustaining its mission and goals. The CCC mission is to "Increase cultural awareness, sensitivity, and responsiveness in LACDMH's response to the needs of diverse cultural populations to foster hope, wellness, resilience, and recovery in our communities." In recognition of the richness of cultural diversity, the Committee's motto is "Many Cultures, One World."

In its advisory role, the committee actively welcomes key LACDMH programmatic presentations to provide practical recommendations for implementation, service delivery and evaluation. Through these efforts, the Committee ensures that stakeholder input directly informs departmental policies and practices and enhances culturally and linguistically responsive service delivery. The committee also promotes cross-cultural learning opportunities for its members, thereby serving as a valuable resource for personal growth in cultural humility and the exploration of diverse perspectives. These activities support the ongoing development of members while reinforcing the Committee's mission of fostering recovery, inclusion, and understanding.

In terms of leadership, the committee is led by two Co-Chairs, elected annually by its members, along with the LACDMH Ethnic Services Manager (ESM)/Cultural Competency Unit Manager. The Co-Chairs are selected directly from the community and bring lived and shared experience with mental health conditions, ensuring that leadership reflects the perspectives of communities served. Their roles and responsibilities include facilitating monthly meetings, engaging members in committee discussions, collaborating on agenda development, planning committee activities, vetting of Unit's projects, appointing ad-hoc subcommittees as needed, and representing the voice of the CCC at departmental and community meetings.

The LACDMH ESM monitors all activities pertaining to the CCC and provides technical support to the Co-Chairs and the committee. Serving also as the program manager for the CCU and an active member of the Departmental Quality Improvement Council (QIC), the ESM ensures that collaboration for the Department's QI Work Plan. This structure helps the Committee contribute to

reducing disparities, increasing capacity, and improving the quality and availability of services. Relevant Committee decisions and activities are regularly reported to members at QIC meetings.

SAPC C3H

The C3H was established as an internal body than plans and support efforts to ensure equity, diversity, and inclusion throughout SAPC's portfolio of services. The purpose of the C3H is to cultivate an environment where health equity and accessibility is prioritized and where SAPC and its provider network engage individuals, in a meaningful way, from a perspective of self-reflection, by building knowledge of and respect for the multidimensional and complex ways language and culture (inclusive of race, faith, ethnicity, abilities, gender, class, sexual orientation, housing and education) is experienced individually and impact personal interactions. C3H creates a space where diverse representation from SAPC (i.e. level, experience, race/ethnicity, gender, etc.) participate in the implementation and direction of the C3H action/strategic plan, incorporating racial equity principles that align with the county-wide Anti-Racism, Diversity, and Inclusion Initiative (ARDI) which seeks to facilitate discussions and implement strategies that create a more equitable workforce and county community.

The C3H participates in the bimonthly Quality Improvement and Risk Management (QI & RM) meetings representing SAPC efforts to cultivate - through training, evaluation, and monitoring - an environment where health equity and accessibility are prioritized this includes reporting on gaps, barriers, and complaints related to discrimination or language access during committee meetings to problem solve impacts to quality improvement overall. Cultural and linguistic competence metrics tracked in SAPC's Quality Improvement Plan include 1) access to DMC ODS services, inclusive of translation, in the prevalent non-English language, 2) coordination of physical and mental health services at the provider level, and 3) assessment of clients' experiences including complaints, grievances, and appeals.

C3H serves as the guiding body that assesses, designs, and implements efforts that address the cultural, social, and linguistic needs of communities experiencing harms related to substance use and individual who are at risk of or experiencing substance use disorders. The committee focuses on establishing common standards, policies, and procedures for its provider network, improving data collection, and monitoring cultural competency efforts. The committee regularly evaluates its progress, reviews the completion of goals, objectives, and deliverables with its members, and collaborates with the Provider Advisory Committee's (PAC) Building Communities of Belonging workgroup to establish priorities.

The C3H membership reflects the cultural perspectives of staff from various SAPC Divisions, advocating for the needs of all cultural and linguistic groups. See *Criterion 4 Appendix, Attachment 4: Committee on Cultural Competence and Humility Structure*

B. Policies, procedures, and practices that assure members of the CCC and C3H are reflective of the community

CCC

The CCC functions as an advisory body for cultural competence, supported by LACDMH clinical and administrative programs. These programs participate in monthly meetings, deliver presentations, provide information on program outcomes, and implement the Committee's recommendations. Through this collaboration, the committee ensures that its guidance is translated into actionable improvements across the Department, strengthening culturally and linguistically responsive services.

During CY 2024, the CCC had a total of 120 active members representing a wide range of cultural and linguistic backgrounds, roles, and perspectives, including consumers, family members, caregivers, community members, advocates, peers, and L stakeholder groups. The richness of the Committee's diversity is evident across multiple elements of culture, including race and ethnicity, language proficiency, gender identity, sexual orientation, physical and cognitive abilities, and agency affiliations. In 2024, members identified with 19 different racial/ethnic categories, 14 languages besides English, three sexual orientations, and multiple personal pronouns. Through this diverse membership, The CCC benefits from its members' broad array of experiences and perspectives, which amplify the committee's advocacy platform for culturally and linguistically responsive services. Among them,

- LACDMH Directly Operated Programs, Contracted/Legal Entity Providers and Administrative Programs
- Consumer-Based Organizations
- Community-Based Organizations
- Los Angeles County Departments
- Other Government Entities

For additional details, see the CR 4 Appendix, Attachment 2: List of Organizations and Programs represented in the CCC membership

C3H

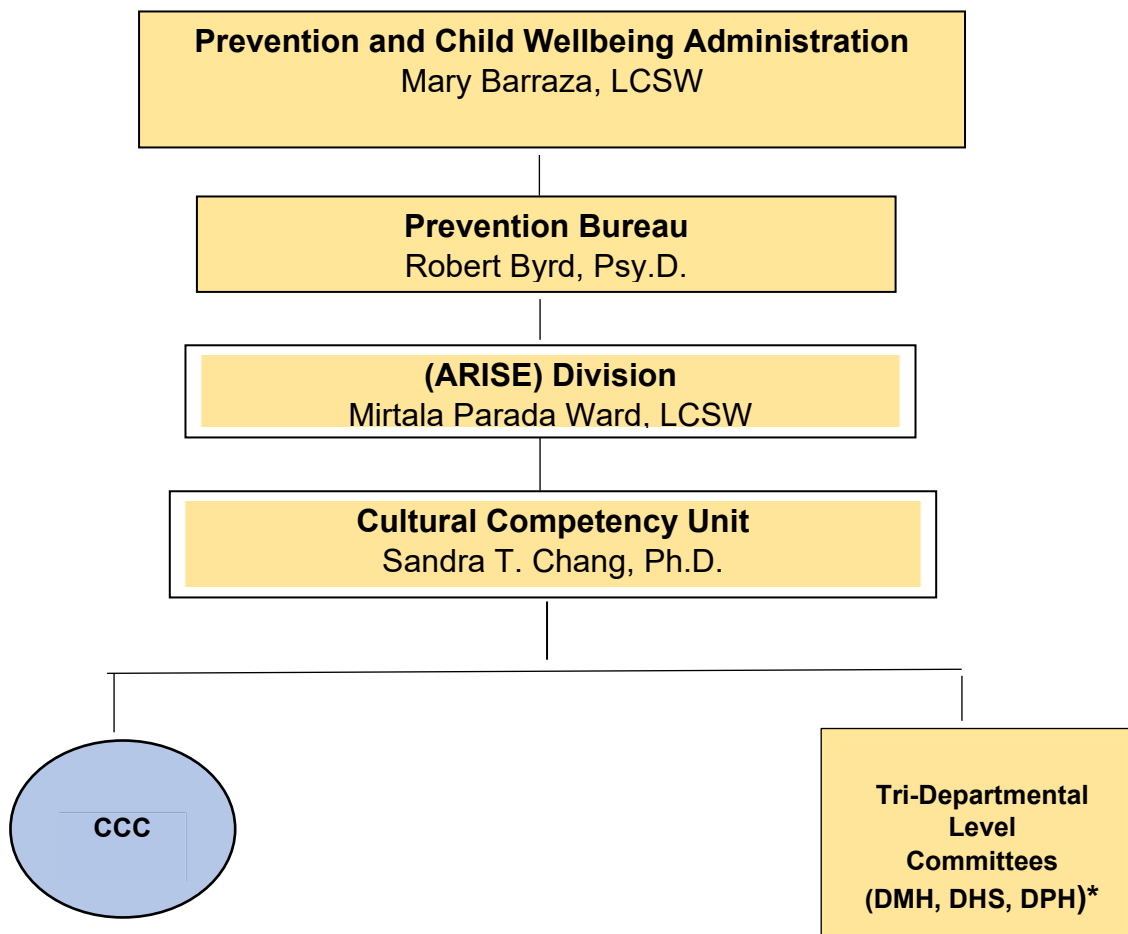
C3H serves as SAPC's guiding body that assesses, designs, and implements culturally and linguistically appropriate efforts addressing the cultural, social, and linguistic needs of communities experiencing substance use-related harms. The committee focuses on establishing common standards, policies, and procedures for SAPC's provider network, improving data collection, and monitoring cultural competency efforts.

The committee is led by the EAS Section Manager and meets monthly on the third Thursday. C3H membership consists of 10-20 representatives from various SAPC divisions, with at least one representative from each division/section serving as primary liaison to management. This structure ensures comprehensive representation across SAPC's operational areas and integrates cultural competence principles throughout SAPC. C3H regularly evaluates its progress and reviews completion of goals and objectives to advance SAPC's cultural competence and equity initiatives.

C. LACDMH and SAPC Committees' Organizational Charts

Below are the two Departments organizational charts for the CCC and C3H. The leadership of both committees, for LACDMH, the CCC is connected to the director via the Prevention and Child Wellbeing Administration, Senior Deputy Director. SAPC's C3H connects via the Strategic Network and Development Division.

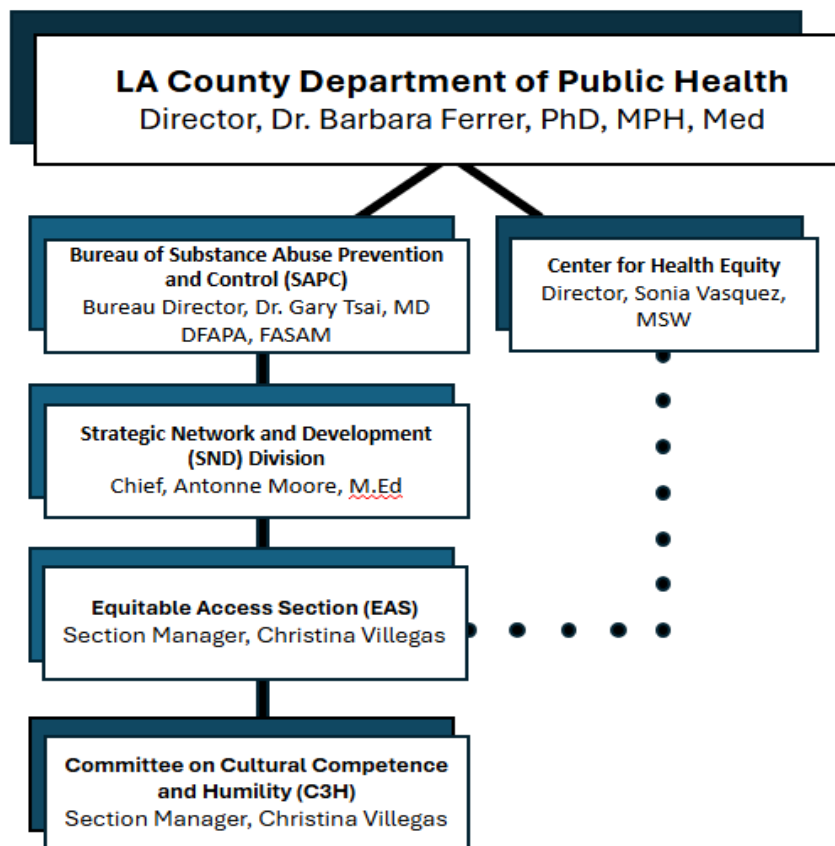
Organizational Chart of the LACDMH CCC, CY 2024



*

DHS = Department of Health Services
DPH = Department of Public Health

Organizational Chart of SAPC's C3H, CY 2024



II. CCC and C3H integration within the LACDMH and SAPC County System

A. Evidence of policies, procedures, and practices that demonstrate the Committees activities

Both CCC and C3H serve as the advisory groups responsible for implementing the Cultural Competence Plan Requirements (CCPR) relevant to Criterion 4, as mandated by the Department of Health Care Services. Below is a brief description of each committee's activities.

CCC

According to LACDMH P&P 200.09 "Culturally and Linguistically Inclusive Services", the Committee's role is to promote the infusion of cultural competence throughout all LACDMH operations. Administratively, the CCC is housed within the Unit and draws membership from a wide range of stakeholders, including consumers, family members, advocates, peers, staff from Directly Operated and contracted providers, and community-based organizations. In addition, the committee values the expertise of clinical and administrative programs, front-line

staff, and management, which is essential for sustaining its mission and supporting culturally and linguistically responsive mental health services.

This model positions the CCC to accomplish several key goals. First, it serves as an advisory body to LACDMH programs, offering membership recommendations for the planning, implementation, and evaluation of initiatives related to cultural diversity and responsiveness. Second, the committee promotes cultural awareness, sensitivity, and inclusion across all departmental operations. Finally, the Committee collaborates with departmental venues, stakeholder groups, and expert community-based organizations, engaging them as guest speakers and potential members. Through these efforts, the CCC ensures that cultural competence is integrated into programs and services while fostering engagement, learning, and inclusion across the County.

At the end of each CY, the CCC holds an annual retreat to review its goals, activities, and accomplishments; vote on cultural competence objectives for the upcoming year; and reinforce the collaborative team atmosphere among members. Once areas of organizational cultural competence are identified, the committee operationalizes its goals and objectives. The CCC also welcomes, collects, analyzes, and provides feedback and recommendations to departmental programs and initiatives, strengthening LACDMH's cultural and linguistic responsiveness to diverse communities of LA County. Through this ongoing cycle of review and action, The C ensures that its guidance remains practical, impactful, and aligned with its mission of fostering inclusion, awareness, and culturally competent services

The collective voice of the CCC is actively represented at system wide meetings, ensuring that the voice and recommendations are considered in decision-making processes. This advocacy is further amplified through the participation of the Co-Chairs in the UsCC and CCC Leadership Team. Together, The CCC and the UsCC subcommittees work to advocate for the needs of underserved cultural groups and to address mental health disparities across the County. By maintaining this active presence, the CCC strengthens its role as a key driver of culturally competent and inclusive mental health services.

The CCC also has an impact on the system of care by inviting and scheduling presentations from various LACDMH programs. These presentations take place during the monthly meetings. Feedback is provided either via the committee at large or via ad-hoc workgroups, when the Committee deems that an in-depth project review is necessary. The primary goal of the CCC is to ensure that cultural competence and linguistic appropriateness are included in new departmental projects and initiatives. When deemed necessary, the Committee will request presenters to return with updated information or work products to ensure the feedback has been incorporated.

C3H

The C3H advances the following priorities from the action plan to improve racial equity and cultural/linguistic appropriateness in substance use services throughout LA County:

- Increase recruitment, promotion, and support of culturally and linguistically diverse governance, leadership, and workforce
- Ensure service availability in threshold languages through competent bilingual staff and accessible language assistance services
- Develop culturally and linguistically appropriate goals, policies, and management accountability integrated throughout organizational planning and operations
- Conduct ongoing CLAS-related assessments and integrate findings into measurement and continuous quality improvement activities
- Partner with communities to design, implement, and evaluate culturally and linguistically appropriate policies, practices, and services
- Implement and evaluate action plan priorities
- Organize CLAS-related data collection across divisions
- Recommend improved strategies to SAPC Executive leadership

With this foundation in place, C3H is positioned to implement key strategic initiatives and measure progress toward achieving SAPC's cultural competence goals.

The C3H plays a key role in supporting diversity, equity, and inclusion efforts and integrating culturally and linguistically appropriate services within its network or providers. SAPC's Policy and Procedure on Culturally and Linguistically Appropriate Services scope is to govern how SAPC's Strategic and Network Development (SND) Division, Equitable Access and Promotion Section in collaboration with other SAPC Divisions implements and monitors culturally and linguistically appropriate services, including language assistance services and the provision of critically informing written materials translated into threshold languages.

B. Evidence that the Cultural Competence Committee participates in the above review process of various programs

CCC

During CY 2024, the CCC invited a total of five LACDMH to present on their activities and how they are impacting their cultural and linguistic service delivery. Programs had the opportunity to engage with the committee's advocacy and gather meaningful recommendations. Programmatic presentation also included most relevant initiatives such as Proposition 1 and Behavioral Health Act Services (BHSA) among others. The committee also actively provided recommendations for staff's cultural competence training topics, which are incorporated into the departmental training plan each FY. *See Table 1 below for additional details on LACDMH Program presentations to the CCC.*

C3H

C3H's activities during CY 2024 included multiple training reviews, covering transgender training, CLAS training discussions, and strategies for strengthening equity in behavioral health training. The committee held action plan discussions, including template walkthroughs and action item streamlining. *See Table 1 below for additional details on SAPC presentations to the C3H.*

In addition, SAPC convenes the Provider Advisory Committee (PAC), a stakeholder advisory body to effectively consider the consumer and provider perspective in the network-wide policy decisions and to promote effective and patient-centered prevention and treatment services. The Building Communities of Belonging (BCB) Workgroup, a subcommittee of the PAC formed in 2023, provides guidance on ensuring that all individuals entering the SUD system of care feel accepted, respected, and engaged, while honoring their unique identities and experiences. This workgroup group partners with SAPC to identify gaps and recommend guidelines for culturally and linguistically appropriate services in the provider network.

Three initial key focus areas addressed during this reporting period include:

- Implementation of guidance and requirements to ensure affirmative services for LGBTQ+ and transgender persons.
- Discuss barriers and identify solutions to ensure access to language assistance services and increase a bilingual workforce.
- Gather data to better engage communities of color in services and address the social determinants of health data impacting disparities in outcomes around SUD.

C. Annual report of the CCC and C3H Activities

For CY 2024, the CCC membership adopted a new workplan model designed to enhance learning and engagement. The workplan included monthly presentations highlighting LACDMH's new initiatives and programs of interest, allowing the committee to learn about these efforts and provide meaningful feedback. The CCC 2024 workplan also facilitated meaningful connections and interactions with various LACDMH programs, including the Training Unit, Quality Improvement Division, ARISE Division Units (such as the Underserved Cultural Communities Subcommittees, United Mental Health Promoters Program, Spanish Support Groups, and the Speakers Bureau), as well as other departmental stakeholder groups, community-based organizations, and additional partners. By fostering these collaborations, the workplan allowed spaces for the committee to establish relationships across the Department and the community.

Additionally, special presentations focused on month-to-month commemorations, festivities, and dates of remembrance as noted in the CCC's Multicultural Diversity Calendar, offering members opportunities for cross-cultural learning. Furthermore, mini knowledge capsules on Deaf and Hard of Hearing topics were provided by the CCU's Sign Language Specialists, further supporting the Committee's goal of broadening cultural and linguistic competence and humility among its members.

For detailed information regarding CY 2024 month-to-month CCC activities with summaries of presentations and discussions, *see the CR 4 Appendix, Attachment 1.*

Table 1: Summary of the CCC and C3H Activities at a Glance, CY 2024

Table 1 below provides a detailed summary of the presentations and discussions held month-to-month at CCC and CH3 meetings.

MONTH	TITLES OF PRESENTATIONS AND DISCUSSIONS
January	1. 2024 Inspirational Words and CCC Workplan discussion (LACDMH) 2. Transgender Training Review (SAPC) 3. Black People Experiencing Homelessness Discussion (SAPC) 4. Action Plan – Walkthrough Template Discussion (SAPC)
February	1. LACDMH presentations: The United Mental Health Promoter Program (UMHP) and Underserved Cultural Communities Unit (UsCC) Capacity Building Projects (LACDMH) 2. Commemorations from the Diversity and Multicultural Calendar: Valentine’s Day Around the World and Lunar New Year (LACDMH) 3. ARDI Survey Discussion (SAPC) 4. Upcoming CLAS Trainings Review (SAPC) 5. Strategies for Strengthening Equity Training Review (SAPC) 6. Action Plan – Walkthrough Template Discussion (SAPC)
March	1. Commemoration of International Women’s Day (LACDMH) 2. LACDMH Presentation: EQRO System Review Outcomes (LACDMH)
April	1. Implementation of new CCU segment: Learning about the Deaf and Hard of Hearing Culture (LACDMH) 2. Special Presentation: Faith Based Advocacy Council (LACDMH) 3. Overview of Demographic Data (SAPC) 4. Action Plan – Action Item Streamlining Discussion (SAPC)
May	1. Commemoration of World Day Awareness (LACDMH) 2. Learning about the Deaf and Hard of Hearing Culture Segment (LACDMH)
June	1. Commemoration of Men's Health Awareness Month (LACDMH) 2. Learning about the Deaf and Hard of Hearing Culture Segment (LACDMH)
July	1. LACDMH presentation: Americans with Disabilities Act (ADA) Unit (LACDMH) 2. Commemoration of Disabilities Pride Month Panel Presentation (LACDMH) 3. CLAS Training Discussion (SAPC)
August	1. Commemoration of Bullying Awareness Month (LACDMH) 2. Commemoration of International Day of the World’s Indigenous People - United Nations (LACDMH) 3. Learning about Deaf and Hard of Hearing Culture Segment (LACDMH)
September	1. Commemoration of World Day of Immigrants (LACDMH) 2. Strategies for Strengthening Equity in Behavioral Health Training Review (SAPC)

MONTH	TITLES OF PRESENTATIONS AND DISCUSSIONS
October	1. Commemoration of International Day of Older Persons (LACDMH)
November	1. LACDMH presentation: Impact of Proposition 1– MHSA Administration (LACDMH) 2. Commemoration of International Men's Day, special presentation titled: “Beyond the Strong Silent Type: Reimagining Masculinity” (LACDMH)
December	1. 2024 CCC Annual Report (LACDMH) 2. 2024 CCC Work Plan (LACDMH)

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Criterion 4 APPENDIX

I. LACDMH Attachments

Attachment 1: LACDMH Summaries of Meeting Presentations and Discussions, CY 2024

https://file.lacounty.gov/SDSInter/dmh/1197500_LACDMHCulturalCompetencyCommittee_CCC_ActivitiesCY2024.pdf

Attachment 2: CCC Demographic Information and List of Organizations and Programs Represented in the CCC membership, CY 2024

https://file.lacounty.gov/SDSInter/dmh/1197499_ListofCCCParticipatingOrganizationsandPrograms.pdf

Attachment 3: CCC meeting agendas, CY 2024

https://file.lacounty.gov/SDSInter/dmh/1197498_January2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197497_February2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197496_March2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197495_April2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197494_May2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197493_June2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197492_July2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197491_August2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197490_September2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197489_October2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197488_November2024Agenda.pdf

https://file.lacounty.gov/SDSInter/dmh/1197487_December2024Agenda.pdf

II. SAPC Attachments

Attachment 4

C3H Description of Structure



Committee on
Cultural Competenc

Attachment 5

C3H Meeting Agendas/Notes, CY 2023

[C3H Meeting Agenda 1-26-23](#)

[C3H Meeting Agenda 2-23-23](#)

[C3H Meeting Agenda 4-27-23](#)

[C3H Meeting Agenda 7-27-23](#)

[C3H Meeting Agenda 9-28-23](#)

[C3H Meeting Agenda 10-26-23](#)



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ANTI-RACISM, INCLUSION, SOLIDARITY AND EMPOWERMENT (ARISE) DIVISION
CULTURAL COMPETENCY UNIT**

AND

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) BUREAU
STRATEGIC AND NETWORK DEVELOPMENT DIVISION
EQUITABLE ACCESS SECTION**

CULTURAL COMPETENCE PLAN UPDATE – FY 23-24

Criterion 5

Culturally Competent Training Activities

December 2025

Criterion 5: Culturally Competent Training Activities

Criterion 5 of the Cultural Competence Plan Requirements mandates that 100% of employees receive annual cultural competence training to ensure effective service delivery to culturally and linguistically diverse communities. This criterion establishes the foundation for workforce development that enhances cultural awareness, understanding, sensitivity, responsiveness, multicultural knowledge, and cross-cultural competencies across all organizational levels and functions.

The Los Angeles County Department of Mental Health (LACDMH) and Department of Public Health Substance Abuse Prevention and Control (SAPC) are both committed to making cultural competence training available to staff from all functions. Both departments adhere to the expectation that 100% of employees—including clerical/support, financial, clinical/direct service, and administration/management personnel—complete annual cultural competence training, whether directly employed, contracted, subcontracted, or affiliated. The departments address a comprehensive range of cultural elements including implicit bias, disabilities awareness, race and ethnicity, gender identity and expression, sexual orientation, homelessness, justice system involvement, age group diversity, language interpreter services, spirituality, trauma-informed services, and veterans' issues, among others.

Through these efforts, both departments work to ensure that Los Angeles County's diverse communities receive culturally competent services from a workforce equipped with the knowledge and skills necessary to address the unique needs of our multicultural population.

I. LACDMH and SAPC Cultural Competence Training Plans

- A. LACDMH and SAPC continue to make cultural competence training available to staff from all functions. Training bulletins and calendars are available online and related information on upcoming training offerings are regularly emailed to the workforce, including contracted provider network. Each Department's projected training offerings contain a combination of topics that have been requested by the workforce and/or deemed necessary to keep the current standards of practice in mental health and substance abuse prevention and control.

LACDMH's workforce Cultural Competence Training Plan and SAPC's cultural competence trainings aim to increase cultural awareness, understanding, sensitivity, responsiveness, multicultural knowledge and cross-cultural competencies, all of which are essential to effectively serve our culturally and linguistically diverse communities. The training offered by both Departments respectively present LACDMH employees and SAPC network providers with options to fulfill their annual cultural competence training requirement. LACDMH's training plan also avails employees the opportunity to engage in a personal evaluation of their training needs and to customize their training profile. By strategic

design, the plan includes a broad spectrum of training topics which focus on specific elements of cultural diversity and inclusion. *See Criterion 5 Appendix Attachment 1 for the LACDMH Training Plan.*

In addition to targeted trainings for its employees, each fiscal year, SAPC engages California Institute for Behavioral Health Solutions (CIBHS) and UCLA Integrated Substance Abuse Programs (ISAP) to implement SAPC-directed training plans. *See Criterion 5 Attachment 5 for further information.*

These trainings across all sectors including clerical and support staff, financial teams, clinical and direct service providers, as well as administrative and managerial personnel. SAPC providers are contractually required to ensure that their staff complete annual cultural competence training, many of which are provided by SAPC, and tracked and regularly monitored.

1. Annual staff cultural competence training
In accordance with the CCPR, it is expected that 100% of LACDMH and SAPC staff will complete annual cultural competence training.
2. Tracking of staff cultural competence training completion
To track completion of annual cultural competence training, LACDMH utilizes the Network Adequacy: Provider and Practitioner Administration (NAPPA) app, which facilitates the monitoring of training completion by provider site and practitioner. Administrative programs report their progress toward 100% annual completion via an attestation form. To track employee compliance with mandatory trainings, both LACDMH and SAPC rely on the built-in capabilities of Talent Works. SAPC tracks training attendance through Webex reporting. These attendance records are maintained for continuing education accrediting bodies and compliance monitoring.
3. Steps for completion of cultural competence training
LACDMH and SAPC introduce new employees to cultural competence training during New Employee Orientation during which they are also informed of the requirement of annual cultural competence training. Thereafter, employees are made aware of training opportunities via the Training Division's webpage. Departmentwide announcements containing a listing of upcoming training topics are sent regularly.
4. Policies and procedures related to cultural competence training
Both Departments have workforce training policies and procedures, demonstrating their commitment to support and enhance staff capabilities to carry out mandated requirements associated with their positions. LACDMH Policy No 614.02, *In-Service Training*, specifies that all employees are eligible for training to meet the needs of their specific assignments. Managers and supervisors collaborate with staff in identifying knowledge gaps and training needs and submit requests to the Training Unit. DPH Workforce Training Policy:

716-R1 was created to establish uniform guidelines for informing new and current Department of Public Health (DPH) workforce members of training and education requirements and defining the areas of responsibility for assuring educational requirements defined as “mandatory training” are completed within the prescribed timeframes.

5. Cultural competence embedded in all trainings

The LACDMH Training Unit enforces guidelines for the inclusion of cultural responsiveness in all trainings. These guidelines are provided to all trainers to guide their content development. In brief, the guidelines specify the following: trainers are expected to include learning objectives referencing cultural issues/concerns relevant to the topic, and to incorporate cultural references in training content. The Equitable Access Section (EAS) hosts twice-monthly meetings with SAPC team members and external partners to discuss all CLAS-related topics. These regular meetings provide a forum for reviewing training content, sharing best practices, and addressing emerging cultural competence needs within the substance abuse prevention and control field. Through this collaborative approach, EAS ensures that cultural responsiveness remains embedded throughout all training initiatives and that SAPC continues to meet diverse needs of the communities served.

II. Annual Cultural Competence Trainings

A. The cultural competence-related training offered by LACDMH and SAPC address a multiplicity of cultural elements. For example:

- Implicit bias
- American Disabilities Act - Deaf and Hard of Hearing culture
- Race and ethnicity
- Racism and Anti-racism
- Substance use and co-morbidity
- Gender identity and Expression
- Sexual orientation
- The experience of homelessness
- Justice system involvement
- Intellectual and physical disabilities
- Age group diversity (Children, Transition Age Youth, Adults and Older Adults)
- Language interpreter services
- Spirituality
- Trauma-informed services
- *Veterans*

For FY 23-24, LACDMH's Training Unit offered 85 unique cultural competence training courses to staff from different functions inclusive of clinical, administrative, clerical/support, and supervisorial/managerial. While these trainings target clinical

skill acquisition, licensed administrative and management staff also attend these trainings to learn about clinical service delivery updates and their application to clinical supervision. Additionally, through the “DMH + UCLA Public Partnership for Wellbeing (PPFW)” further training opportunities were made available to the LACDMH workforce, resulting in a broad portfolio of professional trainings encompassing approximately 190 topics. *See Criterion 5 Appendix Attachment 2 for the Training Unit and the DMH+UCLA PPFW lists of training titles, FY 23-24.*

SAPC designed and provided 22 comprehensive trainings to strengthen the capacity of staff and network provider agencies to deliver culturally responsive services. The comprehensive training initiative featured a six-part series on best practices for providing culturally responsive care to Black patients. The series covered the historical context of health care disparities, principles of equitable service design, and specialized approaches to serving diverse demographics within the Black community. The initiative also included dedicated sessions on developing cultural humility in treatment settings.

Other key trainings included serving justice-involved individuals post-release, people experiencing homelessness through engagement strategies and recovery-oriented housing approaches, and LGBT populations with emphasis on understanding gender identity and sexual orientation, treatment considerations for clinical work, and addressing the specific needs of lesbian, gay, bisexual, and transgender individuals. The training program also included a robust youth Early Intervention services track that equipped providers with evidence-based engagement and treatment strategies. *For further information please see Criterion 5 Appendix Attachment 6: SAPC Cultural Competency Trainings – Staff Attendance FY 23-24.*

In addition to providing one-day cultural competence training for their workforce, LACDMH and SAPC also offer training series pertinent for staff and network providers to receive more substantial didactic and experiential learning environment. For example, staff from both Departments have participated in highly specialized training opportunities:

1) Gender Impact Assessment (GIA)

The GIA is a methodology that helps the County improve its understanding of people’s different needs, experiences, and opportunities – which vary based on gender, race/ethnicity, age, and other social-demographic variables. As a countywide tool, the GIA challenges the assumption that policies, programs, and services impact everyone in the same way. LACDMH and SAPC participated in cohorts along with other departments to assess data, programs, and the services they provide to the community. Each department commits to a multi-year plan aimed at addressing gender imbalances and improving access for all genders.

2) Implicit Bias

a) LACDMH ARDI Leadership Transformational Training Series

Designed as a mandatory in-person training series for managers and supervisors, this initiative aimed to transform the system of care by dismantling anti-Black racism, White supremacy, and other forms of intersectional oppression. It also sought to increase leadership accountability; and the fostering of welcoming, affirming, anti-racist, anti-oppressive, multicultural spaces for staff and consumers. The training involved a combination of didactic information and multiple process-oriented discussions. The rollout for the expanded management (phase I) was completed during FY 23-24, and 200 managers were trained.

b) SAPC CLAS ACT Training Series Descriptions

- **Implicit Bias Leadership Series**

This Implicit Bias leadership series was designed to assist existing and potential leaders within SAPC and its provider network to build skills and knowledge to mitigate the negative effects that bias could have on the wellbeing, recovery, and outcomes of the diverse patients served, be more intentional about addressing their own bias, and implement practices and policies that reduce the negative impact of implicit bias.

This four-part series was facilitated by nationally recognized expert Dr. Bryant T. Marks.

- Session 1: Implicit Bias Awareness: covered the science behind the causes and consequences of implicit bias, including practical strategies to identify, manage, and potentially mitigate implicit bias.
- Session 2: Implicit Bias Mitigation presented best practices for reducing and managing bias during the employee life cycle, offering evidence-based knowledge and tools that can be applied in provider organizations immediately to improve diversity, equity, and inclusion.
- Session 3: Follow up discussions where Dr. Marks worked with participants to support implementation of bias mitigation concepts and practices.
- Session 4: Follow up discussions where Dr. Marks worked with participants to support implementation of bias mitigation concepts and practices.

- **Implicit Bias Awareness (for Clinical and Support Staff)**

Implicit biases operate outside of our awareness, affecting our behavior, creating unintended consequences, and posing challenges for all. In this interactive workshop, nationally recognized expert Dr. Bryant T. Marks presented information that addressed:

- The science behind the causes and consequences of implicit bias
- How implicit bias affects individuals and outcomes
- Practical strategies for identifying, managing, and reducing implicit bias

A. Sexual Orientation and Gender Identity (SOGI) Training Series

SOGI-related training continues to be made available to the workforce to instill and deepen staff knowledge and sensitivity around SOGI data collection and the needs of the LGBTQIA2S community.

- The Ins and Outs of SOGI Data Collection
- SOGI Sexual Orientation Gender ID
- Core Practice Concepts in Working with LGBTQIA+ Youth
- LGBTQ+ Survivor Allyship Training
- Affirmative Cognitive Behavioral Therapy to Foster Queer Joy and Gender Euphoria
- Disparities in Suicide-Related Behaviors Across Sexual Orientations by Gender
- Understanding Mental Health Among the Gen Z LGBTQIA2-S+ Communities
- Best Practices in Providing Affirmative and Culturally Responsive Care to Trans Patients (SAPC)
- Discussion Series: Best Practices in Providing Affirmative and Culturally Responsive Care to Trans Patients

Staff training attendance is tracked by the LACDMH Training Unit via the training evaluation form. Training participants self-report their staff function by choosing among the following options: Direct Service, (County or Contractor), Support Services, Administration/Management, Community Organization, Community Member Religious/Spiritual Population, Mental Health Board, Interpreter and other staff function not specified above. To learn details regarding attendance to these trainings, *please see the C 5 Appendix – Attachment 2: LACDMH's list of Cultural Competence-Related Specialty Mental Health Trainings.*

B. Annual cultural competence trainings topics

For LACDMH, the content of all training offerings is analyzed by the ARISE Division – Cultural Competency Unit to determine areas of cultural competence covered by each training consistent with the CCPR as follows:

- Cultural formulation
- Multicultural knowledge
- Cultural sensitivity
- Cultural awareness
- Social/Cultural Diversity
- Mental Health Interpreter Training
- Training staff in the use of mental health interpreters
- Training in the Use of Interpreters in the Mental Health Setting

See the Criterion 5 Appendix – Attachment 4: LACDMH Specialty Cultural Competence Trainings – Staff attendance by function and State content categories, FY 23-24.

SAPC Cultural Competence Training: SAPC's cultural competence training framework recognizes that substance use disorders intersect with multiple cultural,

social, and systemic factors affecting treatment access and recovery outcomes. Through direct staff training, comprehensive provider network programs, and strategic partnerships—particularly with the California Institute for Behavioral Health Solutions (CIBHS) under the CLAS ACT initiative—SAPC develops a workforce capable of delivering culturally responsive, trauma-informed care to Los Angeles County’s diverse communities. The training curriculum addresses the full spectrum of diversity dimensions including race/ethnicity, LGBTQIA2S+ identities, age across the lifespan, linguistic diversity, disability status, veteran status, homelessness, and justice involvement.

Our approach emphasizes intersectionality, acknowledging how overlapping systems of discrimination create unique barriers to treatment that require nuanced, culturally responsive interventions. See *Criterion 5 Appendix, Attachment: SAPC FY 23-24 Trainings*.

III. Monitoring of staff’s skills/post skills learned in each training

- A.1. For LACDMH, *Attachment 3* referenced above contains the training report including a description of each training topic. In terms of the rationale for the training offerings, at the beginning of each FY, the Training Unit contacts the administrators for the Cultural Competency Committee (CCC) and Underserved Cultural Communities (UsCC) subcommittees to solicit stakeholder input into new cultural competence-related training that could be implemented. Per Policy No 614.02, In-Service Training, LACDMH managers are encouraged to identify training needs for their staff and contact the Training Unit to request those topics.
2. The Training Unit works closely with trainers to determine whether pre- and post-tests are appropriate. The use of these tools depends on several factors, including the need to establish participants’ baseline knowledge, assess learning and skill retention, identify supplemental training supports, gather information on content gaps and needed improvements, evaluate overall training effectiveness, and adjust future training sessions.
3. Training participants receive online evaluation form at the end of each training offering to avail them the opportunity to comment on whether addressed cultural inclusion. These evaluations are carefully reviewed and when participant evaluations indicate dissatisfaction, the training coordinators follow up with the trainers to ensure improvements in future training offerings.
4. The LACDMH Training Unit analyzes outcomes, to refine ongoing training plans, justify renewing training contracts, and plan for future trainings.
5. The LACDMH Training Unit collects targeted outcomes for selected training topics offered throughout the year. Staff and program managers collaborate to select which training will be assessed to evaluate participant skill acquisition. Trainings identified for post offering assessment undergo a careful review regarding effectiveness of content, cost, advance level training needs, impact on participants’ clinical skill development, and transfer of knowledge from the training to daily practice. See *Criterion 5 Appendix, Attachment 3: Examples of training with one-month follow-up conducted by Training Unit*.

SAPC ensures training effectiveness through systematic evaluation including post-training tests and evaluation surveys that are reviewed to identify areas for improvement in curriculum content, presentation delivery, and training logistics. This evaluation process enables the department to refine training content based on participant feedback and ensures that cultural competence principles are integrated into service delivery across our provider network.

Each training includes both an evaluation survey and a post-training test. The evaluation surveys are systematically reviewed to identify areas for improvement in curriculum content, presentation delivery, and training logistics. Training effectiveness and skill acquisition are measured through post-training test results, which demonstrate how well attendees have learned the material. SAPC tracks training attendance through Webex reporting, which identifies participants who attended trainings in their entirety. These attendance records are maintained for continuing education accrediting bodies and are available for compliance monitoring. Providers are contractually required to ensure their staff complete annual cultural competence training, with attendance data regularly monitored through the Webex system. These workforce development initiatives directly support LA County's cultural competence plan objectives by ensuring our provider network can effectively engage and retain historically underserved populations, demonstrating SAPC's commitment to reducing disparities and ensuring all individuals receive respectful, relevant treatment that honors their unique cultural contexts and lived experiences.

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Criterion 5 Appendix

I. LACDMH Attachments

Attachment 1: LACDMH Cultural 3-Year Competence Training Plan

https://file.lacounty.gov/SDSInter/dmh/1197043_LACDMHTrainingPlanFY20-21to23-24.pdf

Attachment 2: LACDMH Cultural Competence Trainings, FY 23-24

https://file.lacounty.gov/SDSInter/dmh/1197042_LACDMHExamplesofCulturalCompetence.pdf

Attachment 3: LACDMH's Additional Workforce Training Offered Through the UCLA's Prevention Center of Excellence-Partnership for Wellbeing FY 23-24

https://file.lacounty.gov/SDSInter/dmh/1198303_LACDMHAndUCLAPreventionCenterofExcellence-PartnershipforWellbeing.pdf

Attachment 4: LACDMH Specialty Cultural Competence Trainings – Staff attendance by function and State content categories, FY 23-24

https://file.lacounty.gov/SDSInter/dmh/1197044_FINALCCtrainingsFY23-24byStatecontent9-22-25.pdf

Attachment 5: Examples of LACDMH trainings with one-month follow-up conducted by Training Unit, FY 23-24

- Engaging Fathers & Other Adult Males in the Therapeutic Process 11 30 23

https://file.lacounty.gov/SDSInter/dmh/1195350_01EngagingFathers_OtherAdultMalesintheTherapeuticProcess113023.pdf

- Domestic Violence Awareness & Missing and Murdered Indigenous Women and Girls 3 21 24

https://file.lacounty.gov/SDSInter/dmh/1195351_02DomesticViolenceAwareness_MissingandMurderedIndigenousWomenandGirls32124.pdf

- LGBTQ+ Survivor Allyship 2 22 24

https://file.lacounty.gov/SDSInter/dmh/1195352_03LGBTQ_SurvivorAllyship22224.pdf

- Military Veteran Families 3 7 24

https://file.lacounty.gov/SDSInter/dmh/1195353_04MilitaryVeteranFamilies3724.pdf

- Racial Trauma in Cambodian Population and Implications for Clinical Work 6 27 24

[https://file.lacounty.gov/SDSInter/dmh/1195354_05RacialTraumainCambodianPopulatio
nandImplicationsforClinicalWork62724.pdf](https://file.lacounty.gov/SDSInter/dmh/1195354_05RacialTraumainCambodianPopulatio
nandImplicationsforClinicalWork62724.pdf)

- Cultural Sensitivity, Intersectionality, and Factors to Take Into Consideration 6 25 24

[https://file.lacounty.gov/SDSInter/dmh/1195355_06CulturalSensitivity_Intersectionality
andFactorstoTakeIntoConsideration62524.pdf](https://file.lacounty.gov/SDSInter/dmh/1195355_06CulturalSensitivity_Intersectionality
andFactorstoTakeIntoConsideration62524.pdf)

- The Impact of Intimate Partner Violence on the Developing Brain of Latino Children 6 20 24

[https://file.lacounty.gov/SDSInter/dmh/1195356_07TheImpactofIntimatePartnerViolence
ontheDevelopingBrainofLatinoChildren62024.pdf](https://file.lacounty.gov/SDSInter/dmh/1195356_07TheImpactofIntimatePartnerViolence
ontheDevelopingBrainofLatinoChildren62024.pdf)

- CSEC & Technology 4 26 24

https://file.lacounty.gov/SDSInter/dmh/1195357_08CSEC_Technology42624.pdf

- Trauma-Informed Care for Spanish-Speaking Populations 5 15 24

[https://file.lacounty.gov/SDSInter/dmh/1195358_09Trauma-InformedCareforSpanish-
SpeakingPopulations51524.pdf](https://file.lacounty.gov/SDSInter/dmh/1195358_09Trauma-InformedCareforSpanish-
SpeakingPopulations51524.pdf)

- Utilizing Best Clinical Treatment Practices to Address Grief and Loss in Children and Families of Color 5 14 24

[https://file.lacounty.gov/SDSInter/dmh/1195359_10UtilizingBestClinicalTreatmentPractic
estoAddressGriefandLossinChildrenandFamiliesofColor51424.pdf](https://file.lacounty.gov/SDSInter/dmh/1195359_10UtilizingBestClinicalTreatmentPractic
estoAddressGriefandLossinChildrenandFamiliesofColor51424.pdf)

- 29th Annual Asian American Mental Health Training Conference Eval

https://file.lacounty.gov/SDSInter/dmh/1195360_1129thAnnualAsianAmMHTrainingConferenceEval.pdf

- 2023 LA Suicide Prevention Network Summit - Eval Summary

https://file.lacounty.gov/SDSInter/dmh/1195361_122023LASuicidePreventionNetworkSummit-EvalSummary.pdf

II. SAPC Attachments

Attachment 5: CLAS ACT Summary Report Fiscal Year 23-24

[CIBHS Fiscal Year-End Summary Report 23-24- Final.pdf](#) [Mandatory Training-Policy 716-R1.pdf](#)

[DPH-MandatoryTraining.pdf](#)

[Attachment SAPC CC Trainings - Staff attendance FY 23-24.xlsx](#)

[C:\Users\le702358\OneDrive - County of Los Angeles\Desktop\SAPC Trainings FY 23-24.pdf](#)



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ANTI-RACISM, INCLUSION, SOLIDARITY AND EMPOWERMENT (ARISE) DIVISION
CULTURAL COMPETENCY UNIT**

AND

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) BUREAU
STRATEGIC AND NETWORK DEVELOPMENT DIVISION
EQUITABLE ACCESS SECTION (EAS)**

CULTURAL COMPETENCE PLAN UPDATE – FY 23-24

Criterion 6

County's Commitment to Growing a Multicultural Workforce

December 2025

L.A. County's Commitment to Growing a Multicultural Workforce

Los Angeles County Department of Mental Health (LACDMH) and the Department of Public Health Substance Abuse Prevention and Control (SAPC) Bureau represent two pillars of behavioral health excellence within Los Angeles County's integrated health system. Both have established distinguished reputations for advancing culturally and linguistically appropriate services (CLAS) while addressing the complex behavioral health needs of the nation's most diverse metropolitan area. LACDMH has earned recognition as a national leader in public mental health innovation, particularly in developing culturally responsive treatment modalities and integrating lived experience into the workforce. The Department's commitment to anti-racism principles through its ARISE Division demonstrates how large public mental health systems can transform organizational culture while sustaining service excellence. Meanwhile, SAPC has distinguished itself as a pioneer in substance use disorder (SUD) treatment integration, leading statewide legislative efforts including AB 2473 and developing innovative workforce development strategies that prioritize cultural humility and community representation.

These organizations complement each other through their shared commitment to cultural competency, both as an operational principle and a guiding lens for service delivery. Their work across Los Angeles County's eight Service Planning Areas reflects a coordinated approach to reduce behavioral health disparities by building a workforce that mirrors the communities it serves. Both departments recognize that effective behavioral health care requires practitioners who not only possess clinical expertise but also demonstrate cultural humility and the ability to navigate the complex social determinants of health affecting diverse populations.

Workforce Landscape across Departments

During FY 23-24, LACDMH and SAPC employed a combined workforce of direct service employees and contracted staff in positions ranging from clerical to managerial roles. According to LA County Human Resources, LACDMH had 6,033 staff members (324 administrative, 1,735 clerical/support, 3,679 clinical service, and 295 management positions); while SAPC continues to expand its workforce with a total of 401 total hires and 27 contracted staff members. In addition to their direct employees, both agencies have contracted network providers to deliver comprehensive mental health and substance use services throughout the county. See Criterion 6 Appendix, Attachment 2: SAPC List of Permanent Staff and Classifications.

As a point of interest, below are additional details specific to each department's workforce growth for FY 23-24: LACDMH's Human Resources Bureau engaged in extensive recruitment efforts that resulted in the hiring of 621 new employees across all departmental staff functions. The new hires include ten psychiatrists, 205 clinicians, 209 clinical support, 194 clerical/support, and three administrative positions. SAPC relies 100% on its contracted network providers to provide substance use prevention, harm reduction, treatment, and recovery services. There was a total of 102 unique provider agencies which include a total of 148 contracts, 29 prevention, 82 treatment, 12 harm reduction, and 25 recovery-oriented housing services. SAPC ensures that its provider network offers equitable access to and provision of SUD services that are applicable to all its contracted treatment provider sites. SAPC is comprised of over 550 staff members

that support its prevention, harm reduction, treatment and recovery efforts. See *Criterion 6 Appendix, Attachment 3: SAPC Contracted Staff-Classifications*.

Unlike many programs/departments within DPH, SAPC has its own dedicated Finance and Contracts team, working alongside each respective division to provide support. Both Finance and Contract staff also participate in committees such as C3H. This level of specialized support is unique in that it allows a broadened perspective and awareness of the significance of providing culturally and linguistically appropriate SUD services while operationalizing innovative contract monitoring and fiscally responsive approaches.

To promote a service delivery system that ensures equitable access to mental health and substance use services tailored to the diverse population of L.A. County, recruitment efforts focus on hiring staff who reflect the county's cultural and linguistic diversity as well as the lived and shared experiences of the communities they serve. For LACDMH, most new hires were for direct clinical services and clerical/support positions. For SAPC, the largest categories of new hires were Youth Educators (38 positions), followed by Assistant Staff Analysts (32 positions), Contract Program Auditors (28 positions), Staff Analysts (28 positions), and Substance Abuse Counselors (21 positions). Combined, youth educator positions represent SAPC's significant investment in prevention and early intervention services for the county's youth population. See *the CR 6 Appendix, Attachment 1 for a detailed list of positions*.

I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

Convergent Strategies

LACDMH and SAPC are comprised of a multicultural and linguistically proficient workforce consisting of both direct service and contracted network providers who reflect the county's diverse populations. This shared commitment to cultivating a multicultural and language proficient workforce drives the continuous interdepartmental efforts to foster work environments where employees feel professionally valued, respected, and appreciated for their daily contributions. Both Departments promote equal employment opportunities for veterans, peers, and a myriad of positions in direct clinical service, support/clerical and administrative positions -- highlighting the breadth of collective skills and expertise in the workforce. In order to recruit, hire, train, and retain culturally and linguistically competent staff, the Departments coordinate parallel workforce development initiatives to strengthen their infrastructures. Common strategies include:

- Recruitment for diversity and expertise: Building a culturally, linguistically and multidisciplinary workforce that brings diverse perspectives to health equity planning, implementation, and delivery of services.
- Offer tuition reimbursement and loan forgiveness: Such programs attract and retain workforce members from culturally and linguistically diverse communities.
- Academic partnerships: Collaborations with higher education institutions promote health careers and create pathways for students to pursue future employment with LACDMH and SAPC.

- Integration of lived experience: Embedding peer and paraprofessional expertise within the workforce ensures authentic representation of lived experience
- Language justice commitment: Promoting and supporting language justice through the implementation of Departmental Language Access Plans
- Community Collaboration: Build and sustain collaborative partnerships with specialized community-based organizations, higher education institutions, and other County agencies to advance shared workforce goals.
- Employee engagement: Foster workforce collaboration through engagement events and town halls to encourage participation in departmental planning and improvement efforts.

II. Examples of Interdepartmental Workforce Development

Both LACDMH and SAPC recognize the importance of augmenting the workforce capability to responsibly serve the culturally and linguistically diverse residents of Los Angeles County. A considerable amount of work to grow a multicultural and multi-lingual workforce is done by the Departments' respective Training Units. The main goal of these strategic efforts is to offer competitive work environments that attract recently graduated hires and support existing workforce to delve into new areas of professional expertise. The strategies highlighted above have resulted in the following confluent areas of workforce enhancements and supports:

- Incentive programs designed to attract new hires to ensure latest developments and areas of expertise in mental health and substance use disorders.
- Mentorship and leadership training programs that enhance collaboration and strengthen the composition of multidisciplinary work teams.
- Strategic training programs that equip and support staff in effectively working with vulnerable populations in LA County including individuals experiencing homelessness or involvement with the justice system.
- Strong partnerships with local universities and organizations to build the capacity of the LACDMH and SAPC workforce through training and professional development opportunities for staff.
- Solidify underpinnings for the provision of language assistance services in accordance with the LACDMH and SAPC Departmental Language Access Plans.
- Accessible e-learning opportunities designed to enhance staff skills and professional growth.
- Systemic initiatives that further enhance the workforce's ability to address culturally based health equity while fostering quality improvement practices.

To support these strategic goals, the Departments have implemented the following workforce enhancements:

1. LACDMH and SAPC Hiring Campaigns and Employment Fairs

This strategy supports employment priorities in both Departments with the goal of building cultural, linguistic, and multi-disciplinary expertise into the workforce. Secondly, these efforts achieve the ever-present goal of having a workforce that reflects the diversity of the communities served. Thirdly, these efforts also benefit

other essential functions of the Departments, such as increasing internal language proficiency to meet the linguistic needs of consumers, family members, and the community at large – an essential component to sustain DLAP requirements.

Recognizing the need for a workforce that reflects the diversity of Los Angeles County, LACDMH implemented intentional recruitment and retention strategies. This approach extended to fostering inclusiveness in mental health services, ensuring cultural and linguistic relevance through community partnerships and targeted outreach events. Partnerships with educational institutions and key industry events like the American Psychiatric Association Annual Meeting exemplified efforts to attract diverse talent. Specifically, LACDMH pursued strategic efforts to enhance workforce diversity through proactive recruitment strategies by forming partnerships with educational institutions and professional organizations, launching an internship opportunity for clinicians in training, attending and hosting recruitment booths at professional conferences, and participating in local job fairs hosted by sister departments and community-based organizations. In addition, during FY 23-24, the LACDMH HRB conducted several concerted efforts to strengthen the workforce, including several employment promotion campaigns and fairs. HRB reached out to 9,563 potential candidates of whom 1,428 registered to participate in the hiring campaign, 794 completed the interview process, resulting in 335 conditional offers of employment.

SAPC's *Workforce Connect Campaign* raised awareness about workforce opportunities in SUD treatment, specifically targeting SUD counselors and Licensed Practitioners of the Healing Arts. The campaign emphasized the fulfilling nature of supporting individuals in recovery while targeting high-need neighborhoods and educational institutions. The campaign yielded significant results, including:

- 29,684,590 total impressions across Los Angeles County
- 1.17 million complete video views
- 15,566 clicks directing viewers to MakeADifferenceLA.org
- 8.7 million additional impressions from persistent billboard and social media presence
- Bilingual outreach in English and Spanish

2. LACDMH and SAPC Tuition Incentive Programs Strategy

The practice of offering financial incentives is a tactic employed by both Departments to attract candidates who will bring the latest developments in the fields of mental health and SUD treatment.

LACDMH offered a variety of multi-disciplinary financial incentive programs with the goal of attracting and retaining staff in functions that have a high number of vacancies. Below is a list of such programs by academic discipline:

a. Mental Health Psychiatrist Student Loan Repayment Incentive

LACDMH offered a financial incentive toward the outstanding balance of student loans for full-time Mental Health Psychiatrists and Supervising Mental Health Psychiatrists who completed one year of continuous employment and held unpaid graduate-level student loans. Eligible psychiatrists, who had not previously participated in or received funds from the Psychiatrist Recruitment Incentive program, received a maximum annual payment of up to \$50,000 for five years, totaling up to \$250,000, over the lifetime of the program.

- b. **Mental Health Psychiatrist Recruitment Incentive Program**
This program sought recruitment of Psychiatrists for employment at LACDMH. Full-time Psychiatrists and Supervising Psychiatrists who completed one year of continuous service in the Department, and who had not received funds from the Student Loan Repayment Incentive program, qualified for a one-time award of \$50,000. The award was distributed in two installments: \$25,000 upon completion of the first year of continuous service and \$25,000 upon completion of the second year.
- c. **Mental Health Psychiatrist Relocation Expense Reimbursement**
This program was made available to full-time newly hired Psychiatrists or Supervising Psychiatrists recruited by LACDMH. The maximum reimbursement amount for eligible relocation expenses was \$15,000. Employees who left LACDMH within one year of their start date were required to repay the reimbursed amount.
- d. **Mental Health Student Loan Assistance Program**
LACDMH offered a financial incentive toward the outstanding balance of student loans for full-time Mental Health Clinicians and Supervising Mental Health staff who had completed one-year of continuous service and held unpaid graduate-level student loans. Eligible employees who had not previously participated in or received funds from another financial incentive program could receive an annual payment of up to \$15,000 toward loan repayment.
- e. **Stipend Program**
This program aimed to increase the workforce by recruiting qualified individuals committed to providing services in high priority areas. Graduate students in the final year of their degree program in mental health-related fields were eligible to participate. The Stipend Program objectives included recruitment of graduate students who demonstrated 1) linguistic proficiency in one of the LA County's threshold languages and willingness to work in geographical areas designated as high need, 2) experience with culturally diverse populations, and 3) the ability to provide culturally appropriate and sensitive services to underserved communities, and 4) agreement to accept employment in areas and programs identified as high need and workforce priority.

SAPC has a Tuition Incentive Program (TIP) which addresses workforce expansion needs by recruiting, training, and developing new SUD counselors from communities most affected by the War on Drugs. TIP provides comprehensive support through no-cost enrollment in Tarzana Treatment Centers College's SUD Counselor Certificate Program, delivered via a six-month hybrid learning experience combining virtual classes with practical fieldwork. The program covers all SUD Counselor Registration fees and prerequisite 9-hour courses with certifying organizations including CCAPP, CADTP, and CAADE, as well as tuition and materials for the duration of coursework. Participants complete field practicum requirements and 255 internship hours while receiving direct connections to internship and employment opportunities within LA County's SUD treatment network. Additionally, the program offers professional development

including resume writing, interviewing skills, time management, and conflict resolution techniques, along with learning support and resources to ensure program completion.

3. Language Justice and Lived Experience Workforce Strategies

The following is a brief description of high priority, interdepartmental workforce enhancements developed to respond to the cultural and linguistic diversity of LA County communities. LACDMH and SAPC view these enhancements as a vital investment in advancing health equity, as well as promoting cultural and linguistic inclusion and responsiveness.

a) Language Access Priority

Both Departments share a commitment to language justice by:

- 1) Raising awareness and sensitivity for the linguistic diversity in LA County and the experiences of Language Other Than English (LOTE) communities; and
- 2) Creating employment opportunities for professionals, paraprofessionals and peers who are proficient in the threshold and non-threshold languages of the County including American Sign Language (ASL).

In accordance with the Countywide Language Access Policy by the Board of Supervisors, LACDMH and SAPC developed their Departmental Language Access Plan (DLAP) to ensure that all consumers, family members and community members have equitable access to quality language assistance services at any point of contact with the Departments. For LACDMH and SAPC, LAS encompasses language translation and interpreter services, including of American Sign Language (ASL). The DLAPs provide the necessary infrastructure to ensure provision of LAS for historically marginalized, immigrant, and LOTE communities. The Plans contain detailed procedures for the LACDMH and SAPC provider networks to access language translation and interpreter services. Additionally, the DLAPs also contain key information pertinent to language equity mandates such as the Departments' vision for providing inclusive translation and interpreter services in threshold and non-threshold languages, the relevance of LAS in daily operations departmental operations, implementation and reporting requirements, and a glossary of terms.

b) Bilingual Bonus Compensation for Other than English Language Proficiency

Both SAPC and LACDMH operate bilingual bonus programs designed to strengthen workforce retention and expand language access, consistent with the CLAS Standards and each department's DLAP. SAPC's approach aligns with CHE's Language Justice Unit framework, which provides translation of vital documents in 12 threshold languages and ensures that residents with Limited English Proficiency (LEP) can fully participate in public life. LACDMH implements bilingual compensation through direct workforce development, with their Human Resources Exams Unit systematically assessing employee proficiency in speaking, reading, writing to build certified bilingual rosters that serve communities with LOTE needs. For FY 23-24, LACDMH sustained bilingual bonus for 27 distinct languages. In contrast, SAPC operates through a fully contracted provider network model and incentivizes participating agencies to enhance

language access within the SUD treatment system. Collectively, these approaches ensure that culturally and linguistically appropriate services are delivered to Los Angeles County's diverse communities.

c) Workforce Enhancements Involving Mental Health and Substance Use Lived and Shared Experience

The following section outlines workforce development initiatives implemented by the LACDMH and SAPC to enhance cultural competence and expand service capacity. These programs prioritize recruitment, training, and support of individuals with lived and shared experience from the diverse communities, recognizing that culturally representative workforces improve treatment effectiveness and accessibility across Los Angeles County's behavioral health continuum. Both Departments share a commitment to advancing workforce diversity through community-based strategies that focus on inclusion and representation. Given that LACDMH and SAPC operate as separate entities, each Department has developed distinct workforce enhancements that merit recognition. For example:

1) LACDMH's Promotores/United Mental Health Promoters (UMHP) Program

The Promotores/UMHP Program exemplifies departmental efforts to integrate the expertise of paraprofessional and natural community leaders into the workforce. During FY 23-24, LACDMH continued strengthening this program across all eight Service Areas, pursuing culture-specific stigma reduction, community-based mental health education, community partnerships, and enhancements to mental health service accessibility. UMHP workforce-related accomplishments include:

- Incorporating built-in mentorship by Senior and Supervising Community Health Workers who previously served as Promotores and/or peer advocates. Drawing on their professional and lived experience, these mentors, they provide guidance and supervision to Promoters, strengthening the program's infrastructure and capacity.
- Enhancement of the UMHP cultural and linguistic diversity to 154 staff, including part-time and full-time positions and Vendor Promotores.
- Transitioning a total of 15 Promoters from part-time to full-time employees with language proficiency in Spanish and Korean as well as Black/African American culture.
- Hiring of eight full time Promoters with various LOTE capabilities such as Spanish, Tagalog and Hindi.

2) Peer Workforce Diversity

LACDMH acknowledges the peer workforce's contribution to LA County's behavioral health system through the provision of peer-based support grounded in lived experience and professional training. In FY 23-24, LA County peer workforce was comprised of 502 Certified Medi-Cal Peer Support Specialists (CMPSS), including 78 who completed supervisory training to oversee other peer levels, especially new peers requiring mentorship and additional support to navigate the health department's organizational culture and procedures.

Demographically, most members of the peer workforce were between the ages of 26 and 64; predominantly female, with representation from male and non-

binary individuals; and racially and ethnically diverse. This diversity includes 308 Latino/Hispanic, 174 Black/African American, 115 White, 41 Asian/Pacific Islander, four (4) American Indian/Alaska Native, and 30 multiracial individuals. In terms of language capacity, peers reported expertise in Spanish, Korean, Russian, Tagalog, Farsi, and multilingual proficiencies.

LACDMH has approximately 25 peers working as Wellness Outreach Workers actively serving the community at various Directly Operated programs.

3) SAPC's Certified Peer Support Services: CLAS Implementation Through Lived Experience – Peer Support Services

SAPC's workforce development strategy represents meaningful inclusion of lived experience directly into service delivery, ensuring that Los Angeles County's diverse communities receive substance use disorder treatment from providers who understand and reflect their experiences. Peer Support Services demonstrate flexibility in delivery settings, providing services with patients and significant support persons in both clinical and non-clinical environments, ensuring that culturally responsive peer support can meet individuals where they are most comfortable, whether in formal treatment settings or community-based locations that feel more familiar and accessible to diverse populations. *See Criterion 8 further references the adaptation of Peer Support Services.*

4. Additional Department-specific workforce enhancement programs

In addition to the shared strategies described above, LACDMH and SAPC have procured system-level training programs that enhance skill development for both new and existing staff seeking opportunities for professional growth and diversification. The following examples highlight department-specific efforts designed to strengthen the workforce in order to address the complex cultural and linguistic needs of LA County communities.

A. LACDMH

LACDMH is strongly invested in offering workforce support to strengthen the composition of multidisciplinary work teams. This strategy relies on collaborative partnerships with specialized community-based agencies, higher education institutions, and other County agencies to advance its efforts. For FY 23-24, LACDMH sustained multiple partnerships to advance workforce training initiatives targeting vulnerable populations with serious mental illness through the Public Mental Health Partnership. The Bilingual and Spanish Interdisciplinary Clinical Training (BASIC-T) in collaboration with the Hispanic Neuroscience Center of Excellence (HNCE) engaged mental health Promotores de Salud and built relationships with faith- and community-based organizations (FBO/CBO). Additionally, the partnership with Charles Drew University resulted in the development of a new psychiatric residency program and to coordinate training of resident physicians at County facilities. Finally, the Semel Institute National Clinician Scholars Program (NCSP) Professional Trainees under the UCLA Public Partnership for Wellbeing Agreement provided for training in research, quality improvement, health services and policy research and leadership. Below is a detailed description of these training programs:

1) *The DMH + UCLA Public Partnership for Wellbeing (PPFW)*

PPFW is a high impact partnership to strengthen communities by addressing inequities and advancing wellbeing and mental health in Los Angeles County. Over FY 23-24, the PPFW has continued to demonstrate a high level of productivity in supporting workforce development, professional pipeline training, program implementation, and continuous quality improvement within LACDMH's highest priority areas. Through this partnership, key workforce engagement strategies have been identified to increase the effectiveness. See CR 6 Appendix for complete report of PPFW and other training programs.

2) *Bilingual and Spanish Interdisciplinary Clinical Training (BASIC-T)*

The BASIC T program operated by the Hispanic Neuroscience Center of Excellence (HNCE) had two overarching objectives: to engage Promotores de Salud and build relationships with faith- and community-based organizations (FBO/CBO). The Center provided training in psychological first aid and recovery to reduce stigma around mental health topics and care. Also in FY 23-24, the Center provided training to postdoctoral fellows in neuropsychology as part of the Pipeline Program and adapted a series of live trainings developed for LACDMH, into video format in both English and Spanish. This additional step facilitated broader dissemination of culturally and linguistically responsive content for the Latino community.

3) *Psychiatric Residency Program: Charles Drew University Agreement*

In 2015, the Los Angeles County Board of Supervisors established the Los Angeles County Health Agency in 2015 to improve integrate of the Departments of Health Services, Mental Health, and Public Health. This integrated entity partnered with Charles Drew University to develop a new psychiatric residency program that would oversee the training of resident physicians at County facilities, as well as the University itself and non-profit contracted agencies.

4) *LACDMH + UCLA General Medical Education (GME) – (UCLA Public Partnership for Wellbeing Agreement)*

This Psychiatry Residency and Fellowship program, under the Public Psychiatry UCLA Graduate Medical Education program at the Jane and Terry Semel Institute for Neuroscience and Human Behavior, trains adult residents and fellows specializing in child and adolescent, geriatric, and forensic psychiatry.

5) *LACDMH + Semel Institute National Clinician Scholars Program (NCSP)*

Under the UCLA Public Partnership for Wellbeing Agreement, professional trainees participated in a competitive fellowship program providing training in partnered research, quality improvement, health services and policy research, and leadership. Fellows are selected nationally through a competitive process, and Department H funds one fellowship slot at a time, with new fellows eligible every two years. This program contributes to workforce development by preparing scholars for leadership roles in public mental health and research.

6) *Interpreter Training Program (ITP)*

The ITP provided specialized training for bilingual staff performing, or interested in performing, interpreter services, as well as monolingual English-speaking mental

health providers. The program enhanced participants' ability to fulfill the complex role of interpreters by reviewing interpreting models, standards of practice, and strategies for addressing challenges encountered in mental health settings. This training supports culturally and linguistically appropriate service delivery across Los Angeles County's behavioral health system.

7) *Expanded Employment and Professional Advancement Opportunities for Peers, Parent Advocates, Child Advocates and Caregivers in the Public Mental Health System*

LACDMH continued developing new, innovative training opportunities to prepare peers, parent advocates, child advocates and caregivers for employment in the public mental health system. Examples of peer-focused training include:

a. Intentional Peer Support (IPS) Core Training

The IPS was developed by and for individuals with shared mental health experience, focusing on building effective peer support relationships. The curriculum distinguished peer support from other helping practices and has been widely used as foundational training for people working in both traditional and alternative mental health settings.

b. Online Wellness Recovery Action Plan (WRAP)

This training introduced participants to the WRAP® model, equipping them to enhance personal wellness and quality of life. The program provides foundational skills for building and supporting a competent peer workforce, teaching participants to apply the Key Concepts of Recovery and utilize tools and strategies to manage thoughts, feelings, and behaviors. Successful completion of this training fulfills the prerequisites for WRAP® Facilitator Training, preparing participants to lead and mentor others in recovery-oriented practices.

c. Online Wellness Recovery Action Plan (WRAP) Facilitator Refresher Training

This training was designed for facilitators in charge of leading WRAP® groups, assisting others in developing their own WRAP®, and delivering presentations on mental health recovery topics. This interactive program enhanced participants' facilitation skills, enabling them to more effectively engage groups and apply their own lived experience with WRAP®. Through experiential learning activities, facilitators strengthened their ability to guide recovery-oriented discussions and support peer participants.

d. Wellness Recovery Action Plan (WRAP) Facilitator Training

This training equips participants to lead WRAP® classes both in the community and within their organizations. The WRAP® Facilitator training is delivered in an experiential learning environment grounded in mutuality and self-determination. Upon completion of this training, participants are better able to engage peers and advance recovery-oriented practices across diverse settings.

e. Parent Partners Training Program

The Parent Advocate/Parent Partner Training program provided participants with knowledge and skills to support families and children in behavioral health

settings. The program enhanced understanding of resilience, self-help, and personal wellness, while promoting empowerment within the role of parent advocate or parent partner. Additionally, the training supported the employment of parents and caregivers of children and youth consumers, strengthening the County's culturally and experientially informed workforce.

8) *Licensure Preparation Program (LPP)*

To expand the pool of licensed mental health professionals, the Department subsidized licensure examination readiness for aspiring Social Workers, Marriage and Family Therapists, Professional Clinical Counselors, and Psychologists. This initiative supports workforce growth and enhances the availability of qualified clinicians to meet the diverse behavioral health needs of Los Angeles County residents.

B. SAPC

SAPC's commitment to developing a workforce aligned with Culturally and Linguistically Appropriate Services (CLAS) standards builds upon the broader Department of Public Health's foundational equity framework to foster an environment in which (1) individuals are appreciated for their differences and treat each other with respect; (2) employees understand and appreciate cultural differences and are responsive to the uniqueness of each individual; (3) employees reach their full potential in pursuit of departmental and organizational objectives.

1) *AB 2473 and Enhanced Cultural Competency Standards for SAPC Services*

AB 2473, authored by Assemblymember Nazarian and signed into law on September 27, 2022, directly strengthens the ability for SAPC's provider network workforce to ensure culturally and linguistically appropriate substance use disorder treatment services throughout Los Angeles County. This legislation amended Health and Safety Code Section 11833 to establish mandatory core competency requirements for registered and certified SUD counselors working in SAPC-contracted treatment programs. The law explicitly requires cultural competence training, including competency in serving people with disabilities, ensuring that counselors in SAPC's network are equipped to serve the county's diverse populations effectively.

Additionally, the legislation mandates knowledge of co-occurring substance use and mental health conditions—directly supporting SAPC's integrated approach to serving clients with complex needs. For SAPC, this means all counselors in contracted facilities must demonstrate these competencies as part of twelve core elements that align with national certification standards, elevating the quality and cultural responsiveness of care across the entire SAPC treatment system. Implementation begins July 1, 2025, ensuring SAPC's workforce meets enhanced standards that align with the department's commitment to equitable, culturally responsive substance use disorder treatment. [*Source: AB 2473 \(Nazarian, 2022\), California Health and Safety Code Section 11833.*](#)

2) *SAPC Payment Reform Workforce Development*

To support provider agencies in preparing for payment reform under California Advancing and Innovating Medi-Cal (Cal-AIM) SAPC developed a comprehensive capacity-building program. This incentive-based metrics package helps move the specialty substance use disorder (SUD) system away from volume-based toward a value-based reimbursement structure, with capacity building and incentive funds developed to support providers in transitioning from predominantly cost-based practices to fee-for-service systems and to adapt new organizational practices, using data in decision-making.

The three different workforce efforts under this Capacity-Building Package include:

- Certification and education efforts to expedite completion of certification coursework and training hours among registered SUD counselors credentialed by SAPC and employed by agencies as of April 1, 2023. This effort aims to ensure the field has the skills to treat patients with complex health needs and prepare for value-based care. It is also an important step in valuing the professionalism of the SUD field's primary workforce and demonstrating that LA County believes in raising standards and opportunities for counselors and will continue to take steps to elevate this as a priority in California. This also enables agencies to support registered counselors hired before AB 2473 takes effect to obtain the 80-hours of core competencies and validate the importance of understanding these topics in the delivery of care even when not mandated.
- Sustainability and retention efforts help agencies develop sustainable, multi-year workforce strategies centered on enhanced compensation packages—including salary, benefits, training/tuition reimbursement, retirement accounts, and bilingual bonuses. To strengthen patient outcomes and decrease costly staff turnover, agencies were offered time-limited financial support to help them accelerate their workforce investments and strengthen counselor retention.
- Medications for Addiction Treatment (MAT) Prescribing Clinicians efforts support workforce development by providing cost-sharing funds to help treatment agencies recruit, retain, and integrate medical clinicians into their treatment teams. These clinicians deliver medication-assisted treatment (MAT) services directly to patients at SAPC-contracted agencies, strengthening the agency's capacity to provide comprehensive care.

Among the three foundational reform pillars, workforce development provides training and technical assistance focused on long-term sustainability planning through enhanced compensation packages, organizational development, and cultural competency advancement.

III. Workforce Augmentation Through New Hiring Efforts

Both LACDMH and SAPC recognize that developing culturally and linguistically competent workforces requires a sustained commitment to strategic hiring practices consistent with CLAS standards and CCPR. Each Department actively seeks to fill

job vacancies with candidates who reflect the diversity of the communities served, ensuring cultural representation across all levels of service delivery—from administrative and clerical support to direct clinical care. Both Departments align their hiring strategies with cultural competency principles.

For FY 23-24, LACDMH continued to build on prior achievements by strengthening its administrative infrastructure for Language Assistance Services and the Americans with Disabilities Act (ADA) Unit, as well as expanding para-professional programs such as the United Mental Health Promoters Program and leadership initiatives supporting peer services and lived experience employment.

1) The Sign Language Specialist (SLS)

This highly specialized position became effective for the first time at LACDMH in March 2024. The primary goal of the SLS is to provide quality sign language interpreter services for Deaf/ Hard of Hearing clients, consumers, family members, community stakeholders, and employees. The SLS delivers sign language interpreter services in-person, virtually, or via remote videoconferencing across a variety of clinical, field-based, and administrative settings, including community stakeholder meetings and training sessions. The hiring of an SLS has strengthened LACDMH ability to include the perspective of an in-house advocate and ally, and inform departmental policies, procedures, as well as practices regarding the needs of the Deaf and Hard of Hearing community. Additionally, the SLS has enhanced the Cultural Competency Committee's cross-cultural knowledge and sensitivity through the sharing of critical information regarding Deaf and Hard of Hearing culture. *See CR 6 Addendum for additional information.*

2) Chief of Peer Services

This position functions as a deputy-level subject matter expert on aspects of peer advocacy, including strategic direction, governance for services, service development; planning and performance, quality systems, and workforce safety. The Chief of Peer Services is responsible for and reports on the ongoing development, review, and evaluation of standards of care, policies, procedures, and practices to ensure compliance with all State and Federal laws, regulations as well as evidence based best practices in the field.

FY 23-24 Workforce-related accomplishments include:

- Collaborations with the community-based Peer Advisory Council and the Staff Peer Advisory Council to gain feedback and inform departmental practices.
- Clarification of the evidence-based Community Health Worker and Peer Support Specialist roles, including scope of practice with inclusion of cultural diversity.
- Development of a comprehensive catalogue of training for the Peer Support Specialist role.
- Development of the Community Health Worker Peer Support Specialist career ladder which reward Peers who excel in the system of care. By placing them on par with other disciplines, peers are exposed to opportunities for career promotion and advancement.
- Expansion of the office of Peer Services to include a support team and a program team.

CR 6 APPENDIX

I. LACDMH Attachments

1. LACDMH List of New Hires, FY 23-24

https://file.lacounty.gov/SDSInter/dmh/1197504_LACDMHListofNewHiresFY23-24.pdf

2. LACDMH Promoters by Language of Expertise

https://file.lacounty.gov/SDSInter/dmh/1198307_LACDMHPromotersbyLanguageofExpertise.pdf

3. PPFW Annual Report, FY 23-24

https://file.lacounty.gov/SDSInter/dmh/1198469_LACDMHUCLAPublicPartnershipforWellbeing23-24AnnualReport.pdf

II. SAPC Attachments

3. SAPC List of Permanent Staff and Classifications



SAPC_Number
Permanent Staff and

4. SAPC Contracted Staff-Classifications



SAPC_Contract
Staff_Classification_F



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ANTI-RACISM, INCLUSION, SOLIDARITY AND EMPOWERMENT (ARISE) DIVISION
CULTURAL COMPETENCY UNIT**

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
STRATEGIC AND NETWORK DEVELOPMENT DIVISION
EQUITABLE ACCESS SECTION (EAS)**

CULTURAL COMPETENCE PLAN UPDATE – FY 23-24

CRITERION 7

Language Capacity

December 2025

Criterion 7: Language Capacity

While both the Los Angeles County Department of Mental Health (LACDMH) and the Department of Public Health Substance Abuse Prevention and Control (SAPC) are committed to comprehensive language capacity development, this section reflects the distinct organizational structures and operational scopes of the two departments. LACDMH operates as a standalone county department with directly operated programs, legal entities, and extensive administrative infrastructure, which allows for more detailed documentation of workforce data, funding allocations, and programmatic elements. SAPC has an expanded infrastructure to support the coordination of language assistance services. SAPC's language capacity is integrated within the Public Health framework, including the departmental Language Access Plan and shared resources such as the Hub for Interpretation and Translation (HIT) system. Both departments, however, maintain equally strong commitments to ensuring language access and cultural competence throughout their respective systems of care.

I. Increase Bilingual Workforce Capacity

LACDMH and SAPC strive to meet the linguistic needs of persons who have Limited English Proficiency (LEP) or prefer to communicate in a Language Other than English (LOTE). This commitment requires recruiting and employing a multicultural and multilingual workforce, providing training opportunities for bilingual certified staff to become language interpreters, and contracting with Legal Entities (LACDMH) and Provider Network (SAPC) for the provision of culturally and linguistically competent programs. LACDMH and SAPC offer services in the threshold languages listed below and beyond:

- Arabic
- Armenian
- Cambodian
- Cantonese
- English
- Farsi
- Korean
- Mandarin
- Russian
- Spanish
- Tagalog
- Vietnamese

The table below summarizes the number of Medi-Cal beneficiaries by language. The most prevalent language for CY 2024 was English followed by Spanish, Armenian, Chinese (inclusive of Mandarin, Cantonese and Other Chinese), Korean, and Russian.

TABLE 1: LOS ANGELES COUNTY MEDI-CAL BENEFICIARIES BY LANGUAGE, CY 2024

Language	Average
Arabic	5,788
Armenian	95,101
Cambodian	7,983
Chinese*	92,868
English	2,362,447
Farsi	15,512
Korean	32,415
Other non-English	22,503
Russian	31,668
Spanish	1,343,336
Tagalog	8,675
Vietnamese	26,789
Total	4,045,085

Note: Bold values represent the highest and lowest percents within each language across Service Areas.

**Includes Mandarin/ Cantonese/ Other Chinese*

Data Source: Los Angeles County Department of Public Health-SAPC Bureau

Threshold language data is updated annually based on beneficiary primary language within Los Angeles County. The Medi-Cal criteria for threshold language define it as 3,000 or five percent (5%) of Medi-Cal beneficiaries whichever is lower within a geographical area. Arabic is not a threshold language for the State but is a threshold language for LA County as there are more than 3,000 beneficiaries countywide who identify Arabic as their primary language.

Interdepartmental Efforts to increase bilingual workforce capacity

LACDMH and SAPC are invested in building a strong, multicultural and multilingual workforce that is competent, sensitive, and inclusive. To uphold this commitment, both Departments ensure the reliable delivery of language accommodations and operate according to the following guiding principles:

- Ensure individuals who are Language Other Than English (LOTE) receive access to language assistance services that do not significantly restrict, delay, or expose them to inferior quality — and are provided at no cost upon request.
- Provide appropriate language and communication accommodations for individuals with disabilities to ensure equitable participation in mental health and substance use treatment services.
- Provide essential written information translated into patients' primary or preferred languages, when requested.
- Support engagement and outreach activities.
- Fulfill Federal, State and County mandates pertinent to language access equity.

The Departments have operationalized the above with the following practices:

1) Hiring of Staff

Both Departments hire staff representative of the diverse communities of Los Angeles County who are qualified to fulfill administrative, clinical, and managerial functions. LACDMH and SAPC ensure that their workforces reflect the rich diversity of the communities they serve, and that consumers and family members have meaningful language access to fully participate in treatment. Within the network, approximately 80 providers and 500 bilingual direct service staff offer services in languages other than English.

2) Bilingual Bonus

Bilingual bonuses are available to compensate staff who utilize a language other than English in their service delivery. LACDMH and SAPC are committed to language justice and value the contributions of all bilingual staff members. Regarding language capabilities, the LACDMH Human Resources Bureau (HRB) determined that during FY 23-24, from a pool of 5,316 employees, approximately 2,068 (40%) received a bilingual bonus for speaking, reading, or writing in another language. These bilingual certified employees work at Directly Operated Clinics, Legal Entities, and administrative programs. LACDMH provides bilingual bonuses for staff who use the identified threshold and non-threshold languages in service delivery. In alignment with departmental policies pertinent to language access, LACDMH and SAPC remunerate employees who are certified bilingual in the following languages:

- | | | | | |
|--------------------------|-----------|------------|--------------|--------------|
| • American Sign Language | • Farsi | • Ilocano | • Polish | • Thai |
| • Arabic | • Flemish | • Italian | • Portuguese | • Toi Shan |
| • Armenian | • French | • Japanese | • Russian | • Turkish |
| • Bulgarian | • German | • Korean | • Samoan | • Urdu |
| • Cambodian/Khmer | • Greek | • Laotian | • Spanish | • Vietnamese |
| • Cantonese | • Hakka | • Mandarin | • Swedish | • Visayan |
| • Catalán | • Hebrew | | • Tagalog | • Yiddish |

Both Departments employ a cadre of bilingual staff who receive Bilingual Bonus Incentive Pay for proficiency in many of the languages below, with Spanish being the most widely workforce certified language. Furthermore, LACDMH and SAPC agree that, in addition to linguistic proficiency, all employees and contracted providers must possess cultural knowledge and sensitivity to the needs of consumers who speak languages other than English.

For SAPC, SASH, CORE, and other public-facing teams include bilingual staff members to better serve diverse communities. While some SAPC staff provide direct services, most client services are delivered through contracted providers. To strengthen language access at the point of service, SAPC developed a Capacity-

Based Initiative that includes a bilingual bonus program specifically for contracted provider staff, launching in FY 24-25. This approach strategically directs bilingual incentives toward the contracted staff who most frequently interact with clients, maximizing language access and support for the communities SAPC serves.

3) Language Assistance Services

LACDMH and SAPC have staff dedicated to working specifically to coordinate language accommodations for consumers, family members and the community at large to participate meaningfully in treatment, stakeholder meetings and cultural events. The LACDMH LAS Unit provides guidance to Directly Operated on a range of language accommodations, including Over the Phone Requests submitted to the Internal Services Department, LACDMH Stakeholder meetings and events, American Sign Language (ASL) interpretation for clinical appointments (for both Directly Operated and LE/Contracted providers), and language access for departmental stakeholder groups. During FY 23-24, the LAS Unit facilitated and processed language assistance services for 78 different stakeholder meetings. Many of these meetings were held monthly and required more than one type of language or communication support. Furthermore, the LAS Unit also coordinated language assistance services for a variety of community-focused events including training, focus groups, and wellness resource fairs.

SAPC's LAS are designed to ensure equitable access to substance use disorder (SUD) services for individuals with Limited English Proficiency (LEP) and those who communicate in a Language Other than English (LOTE). These services remove language-related barriers, foster inclusivity, and improve SUD outcomes for Los Angeles County's diverse communities.

SAPC provides comprehensive language assistance through the departmental infrastructure. All SAPC staff and contracted staff follow Public Health language access policies when working with clients and community stakeholders. This infrastructure also includes providing translation and interpretation services at no cost to the client. Our contracted providers receive vital document translations, trainings in cultural competence and linguistically appropriate services, and updated information notices. SAPC also has a specialized contract to provide deaf and hard-of-hearing services at no cost.

4) Funding allocation for Language Assistance Services

LACDMH is committed to funding various types of language assistance services to enable consumers, family members, and the community at large to have meaningful participation in treatment as well as departmental stakeholder meetings and events in their preferred language. During FY 23-24, the LACDMH LAS Unit processed requests for ASL, CART, language interpreters and translation services as follows:

- \$272,685 for language interpreter services
- \$113,487.50 CART
- \$76,935 ASL for stakeholder meetings and community events
- \$113,025.00 for ASL services provided during client appointments
- \$97,456.20 for countywide translation services

SAPC was in the planning process to create and update Capacity Based Initiative programming that will directly empower its contracted providers to offer culturally and linguistically appropriate services which will commence in FY 24-25.

5) Culturally and Linguistically Competent Programs

LACDMH also builds the linguistic capacity of the system of care by dedicating funding for culture-specific programs that increase service accessibility for underrepresented populations. For example,

- a. LACDMH Promotores de Salud Mental and United Mental Health Promoters (UMHP) Program operates in all eight Service Areas. During FY 23-24, the program consisted of 134 Promotores/UMHP. Table 2 below summarizes the language expertise of the program by Service Area.

TABLE 2: LACDMH PROMOTORES/UMHP LANGUAGES BY SERVICE AREA, FY 23-24

Service Area	Amharic	Arabic	Chinese	English	Hindi	Khmer	Korean	Spanish	Total
1				4				10	15
2				1				11	12
3			3	6	1		3	13	28
4	1			1			6	15	23
5				1				1	2
6				9				18	27
7				2			1	18	21
8		1		4		1	2	18	26
Total	1	1	3	28	1	1	12	104	154

The UMHP Program continued its recruitment efforts to hire multicultural Promoters who can actively address language gaps in Los Angeles County. This includes expanding services in additional threshold languages such as Russian, Tagalog, and Vietnamese, as well as increasing the number of Promoters in other languages with low representation.

- b. LACDMH and DPH Speakers Bureaus' services and language capabilities

Both Departments operate Speakers Bureaus to serve Los Angeles County communities by providing accurate health information and promoting well-being for all residents. These free services connect community groups with trained experts who deliver educational presentations to diverse audiences, including community organizations, schools, faith-based groups, health professionals, and parents—at community meetings, conferences, health fairs, and professional events throughout the county.

The LACDMH and DPH Speakers Bureaus share a commitment to cultural responsiveness and community representation. Speaker Bureau members across both agencies are active and engaged individuals who identify with the underserved communities they serve, reflecting the concerns, culture, and language of their respective communities. Together, they provide comprehensive health education that addresses the interconnected nature of mental, physical, and community health.

The LACDMH Speakers Bureau, launched in April 2020, features approximately 70 licensed clinicians serving as Subject Matter Experts who provide reliable information and practical tools to help individuals, families, and communities maintain mental health and emotional well-being. As a departmental public communication resource, the goal of the Speakers Bureau is to ensure access to available resources by connecting community members to crisis intervention and mental health services, thereby helping to reduce trauma, cultural and health disparities, domestic violence, child and elder abuse, depression, anxiety, addiction, and other mental health concerns. Presentations connect community members to crisis intervention and mental health services, helping to reduce trauma, cultural and health disparities, domestic violence, child and elder abuse, depression, anxiety, addiction, and other mental health concerns. To ensure broad accessibility, these services are available in 14 languages: Arabic, Armenian, Cambodian, Cantonese, English, Farsi, Hindi, Korean, Mandarin, Russian, Spanish, Tagalog, Thai, and Urdu.

Expanding the scope of community health education, the DPH Speakers Bureau provides trained public health professionals who address over 30 public health topics—from chronic diseases like diabetes and cardiovascular disease to substance use disorder (SUD) and infectious diseases such as COVID-19, tuberculosis, and measles.

c) LACDMH language interpreter and medical terminology trainings

In addition to the above, LACDMH also supports the provision of LAS by offering language interpreter and medical terminology trainings each FY. These trainings are available to the entire workforce and are highly encouraged for staff receiving a bilingual bonus. Some examples include:

- *Introduction to Interpreting in Mental Health Settings*

This three-day language interpreter training series is designed for bilingual staff who are proficient in English and in a second language. The purpose is to equip bilingual staff with knowledge and skills related to the role of interpreters, interpreting models, mental health terminology, and standards of practice. Additionally, the training covers cultural interpreting and strategies for addressing challenges in the mental health field.

- *Mental Health terminology (i.e., in Armenian and Mandarin)*

Training content aims to increase clinicians', and bilingual staff's vocabulary and use of terms related to the provision of mental health services. The training also addresses challenges that may arise when providing services in the target

language, such as using incorrect or misleading terminology, misunderstanding of translated information, misdiagnosis, and other unintended consequences.

II. Services To persons who have limited English proficiency

Both LACDMH and SAPC are committed to meet the language needs of consumers, family members and the community at large. Both Departments dedicate fiscal and personnel resources to support language access. Below are specific examples that illustrate this interdepartmental commitment:

- 1) Provision of language accommodations for community stakeholders and clients
- 2) Hiring of culturally and linguistically competent staff who receive bilingual bonus for using their proficiency in languages other than English.
- 3) Dedicated Language Assistance Services Units within each department
- 4) Tri-departmental collaboration in the revision of DPH's Language Assistance Services Master Agreement (LASMA), including participation in the vendor solicitation and review process
- 5) Implementation of Speakers Bureaus to provide high quality and relevant mental health and SUD information to the community at large
- 6) Implementation of department-specific DLAP/LAP
- 7) Policies and procedures for the provision of LAS at all points of contact
- 8) Websites that function with a built-in translation feature, allowing the public to access information in multiple languages other than English. Websites also contain language-specific resources for various cultural and language communities.

See appendix for examples of LACDMH and SAPC Language accommodations.

Evidence of interdepartmental policies, procedures and practices in place to meet language needs:

1) LACDMH Departmental Language Access Plan (DLAP) and SAPC Language Access Plan (LAP)

During FY 23-24, the LA County Board of Supervisors appointed the Department of Consumer and Business Affairs (DCBA) and its Office of Immigrant Affairs (OIA) to lead the implementation of the DLAP Board Motion. In this role, OIA coordinated meetings to provide technical assistance, and monitor LA County Departments' response to the DLAP. Both LACDMH and SAPC participated in these DLAP implementation processes leading to the development of department-specific language access plans outlining compliance with this Policy and requirements pertinent to language justice.

Although LACDMH and SAPC are both health departments, they operate under different mission statements and policies. Both Departments strive to provide services, conduct internal operations, allocate resources, establish regulations, and operate facilities in ways that support equitable language access for all individuals. The three overarching countywide objectives of the DLAP/LAP include:

- I. Building departmental capacity to consistently deliver linguistically and culturally responsive service.
- II. Integrate language access, equity, and inclusion in every aspect of County work.
- III. Support the County in having a flexible and efficient administrative, technological, and physical infrastructure to help meet the linguistic needs of County residents.

In accordance with the countywide language access policy from the Board of Supervisors, LACDMH and DPH developed their own DLAP/LAP to ensure that all consumers, family members and community members have equitable access to quality language assistance services at any point of contact with the Departments. The DLAP/LAP provide the infrastructure to ensure provision of LAS in service of historically marginalized, immigrant, and LOTE communities. For example: the relevance of LAS in daily operations and departmental policy, implementation and reporting requirements, and a glossary of terms. It contains detailed procedures for the LACDMH and SAPC workforce to know how to access language translation and interpreter services as well as CART. The DLAP/LAP also contain key information related to language equity mandates to guide the provision of inclusive translation and interpreter services in threshold and non-threshold languages. Another key element emphasized in the DLAP/LAP is the countywide mandate to inform clients of their right to receive services in their preferred language and information on how each Department meets this requirement.

Both Health Departments maintain policies and procedures related to bilingual bonuses, Per LACDMH Policy No. 602.01, Bilingual Bonus, certified bilingual employees possess a valid Language Proficiency Certificate issued through the County's Bilingual Proficiency Examination, which assesses proficiency in speaking, reading, and/or writing the language. Bilingual compensation is paid to certified bilingual employees whose assignments require dual fluency in English and at least one other language, as well as knowledge of and sensitivity toward the culture and needs of the linguistic communities served by the Departments. All LACDMH bilingual certified employees are placed on the eligible lists and are contacted when their skills in a language other than English are needed for translation of materials and/or language interpretation services.

Regarding implementation, the LACDMH DLAP was submitted to the Department of Consumer and Business Affairs (DCBA) Office of Immigrant Affairs for review and comment. Subsequently, the ARISE Division management provided a series of strategic presentations across the system of care. These sessions ensured that executive leadership, managers from directly operated and legal entity programs, as well as administrative and direct service staff were introduced to the DLAP as a language justice resource.

On the other hand, SAPC operates as a bureau within the Los Angeles County Department of Public Health and adhered to the LAP in FY 23-24 while developing a SAPC-specific LAP. The overarching goal of the LAP is to encourage contracted providers to develop their own individualized LAPs, which delineate policies and

procedures for providing language assistance services. To build provider network capacity, SAPC partnered with the California Institute of Behavioral Health Solutions (CIBHS) to deliver a comprehensive initiative that includes training, materials, technical assistance, and ongoing resources. The initiative began with preparatory work in FY 23-24, during which CIBHS delivered two intensive trainings to selected SAPC contracted providers, equipping them with the knowledge, tools, and frameworks necessary to develop organization-specific LAPs. Full LAP implementation will launch in FY 24-25 with the goal of supporting professional development for contracted providers while empowering them to take ownership of their language access strategies. This approach assists contracted providers in recruiting and retaining qualified staff members, securing vendors, identifying gaps, and performing programmatic needs assessments. By developing customized LAPs tailored to their unique organizational contexts and client populations, providers gain greater investment in language justice outcomes, enhanced organizational pride, and increased capacity to deliver culturally and linguistically appropriate services that meet the diverse needs of the communities they serve.

Both LACDMH and SAPC have the respective DLAPs accessible to internal and external viewers on the departmental websites. *See Criterion 7 Appendix, See the CR 7 Appendix, Attachment 2 for detailed information on the LACDMH and SAPC DLAPs. Attachment 3: LACDMH Policy on Bilingual Bonus.*

2) LACDMH Organizational Provider Manual and SAPC's Provider Manual

Both Departments operate according to their respective organizational manuals for service provision. The LACDMH Organizational Provider's Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services addresses content related to cultural and linguistic considerations in service delivery. Below is a sample of this content:

General documentation rules

Special client needs as well as associated interventions directed toward meeting those needs must be documented (LACDMH Policy 401.03):

- Visual and hearing disabilities
- Clients whose primary language is not English
 - Clients should not be expected to provide interpretive services through friends or family members.
 - Oral interpretation and sign language services must be available free of charge
 - NOTE: To obtain and/or transmit linguistically accurate information from clients who do not speak English as a first language, the Department has translated some of its forms into other languages. Whenever non-English forms are used, the English translation version must be printed on the back of the form. If that is not possible, the English version must be placed immediately adjacent to the non-English version in the clinical record. The English version should note that the document was signed on the non-English version.
- Cultural and/or linguistic considerations

These considerations may include but are not limited to racial/ethnic/national origin, religious/spiritual background or affiliation, gender, sexual orientation, other cultural considerations expressed by the consumer.

- When special cultural and/or linguistic needs are present, there must be documentation in the clinical record indicating the plan to address the cultural and/or linguistic needs.
- If an exception is made to the identified plan for addressing cultural and/or linguistic needs, there must be documentation in the progress note addressing the exception and how it was handled.

Assessments

Based on LACDMH Policy 401.03, assessments are important for understanding and appreciating who the consumer is as a whole person, including the relationship between their symptoms and behaviors. The assessment enables the reader to see the role of language, culture and ethnicity in the client's life and documents the impact of significant support, living situation, and substance use among others have on their mental health. The Assessment also identifies the client and their family's strengths as well as their stages of change/recovery. The diagnostic formulation generated in an assessment allows the client and staff to collaborate in the development of a mutually agreed-upon treatment and recovery plan.

SAPC and LACDMH share several commonalities, however in this case, SAPC has its own comprehensive Provider Manual, which is issued by the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control (SAPC) bureau, which governs the delivery of substance use disorder (SUD) treatment services in Los Angeles County under the Drug Medi-Cal Organized Delivery System (DMC-ODS) and California Advancing and Innovating Medi-Cal (Cal-AIM) initiatives. The manual establishes clinical, operational, and business standards for SAPC's network providers delivering a full continuum of care—including outpatient, intensive outpatient, residential, withdrawal management, opioid treatment programs, recovery services, and Recovery Bridge Housing—to Medi-Cal beneficiaries and eligible County-funded program participants. It emphasizes patient-centered, evidence-based care that treats SUDs as chronic conditions requiring coordinated, accessible services across multiple levels of care, with particular attention to culturally and linguistically appropriate services (CLAS). The manual details eligibility determination processes, assessment requirements using ASAM criteria, timeliness and access standards, documentation requirements, quality improvement expectations, and special considerations for priority populations including justice-involved individuals, pregnant and parenting women, youth, and people experiencing homelessness.

See CR 7 Appendix, Attachment 7 for SAPC's Provider Manual.

3) LACDMH and SAPC Change of Provider (COP) Forms

Both Departments have implemented mechanisms for consumers to effectively request a Change of Provider. For LACDMH, Policy and Procedure (P&P) 200.05 specifies that beneficiaries have the right to request a change in program of service and/or practitioner to achieve the maximum benefits from mental health services.

Similarly, SAPC provides a Change of Provider process that allows consumers to request a change by completing and submitting the Request for Change of Provider form. Consumers are not obliged to reveal the reason for their request, and Program Managers make every effort to accommodate such requests.

To improve the quality of programs and better understand the nature of requests, Program Managers attempt to gather information from consumers. This process allows service delivery programs to clarify any misunderstandings or address concerns in a way that is satisfactory to consumers. Additionally, LACDMH's Quality, Outcomes and Training Division - Quality Improvement Team reviews data from the Patients' Rights Office (PRO) on voluntary change of provider requests quarterly and annually to identify any emerging trends.

The Change of Provider Form includes the following culture-related reasons for consumers to request a different program of service and/or practitioner:

- Age group gaps
- Gender
- Language concerns
- Does not understand me
- Insensitive/unsympathetic
- Treatment concerns
- Medication concerns
- Uncomfortable
- Not a good connection
- Change of schedule
- Attendance issues
- Lack of professionalism
- Preference for a previous provider
- Family members receiving services from the same provider
- I would like to have a second opinion
- Unforeseen reason
- Other- this option allows the consumer to describe the reason(s) for seeking a change of provider

III. and IV. Provision of bilingual staff and/or interpreters for the threshold and non-threshold languages at all points of contact

1) The LACDMH Help Line and SAPC's 24/7 Beneficiary Helpline

Both agencies operate Helplines to support the needs of LA County residents. The LACDMH ACCESS Help Line is a 24/7 resource that serves as the primary entry point for callers seeking information regarding mental health services and support. When callers request information about mental health services and other social needs, the Help Line provides referrals to culture-specific providers and services that are appropriate and conveniently located. The Help Line is committed to meeting the cultural and linguistic needs of callers by providing language assistance services in both threshold and non-threshold languages at first contact. Additionally, it offers equitable language assistance services to Deaf and Hard of

Hearing consumers and providers requesting ASL interpreter services for clinical appointments with psychotherapists and psychiatrists. The Help Line also tracks the number of calls received in non-English languages. It provides emergency and non-emergency services.

Similarly, SAPC has SASH, its substance use 24/7 beneficiary helpline used as a resource and primary entry point for callers seeking information, screening, and referrals for substance use disorder treatment services. When requested, callers are referred to culturally and linguistically specific providers and services, within time and distance standards, where feasible. SASH employs bilingual staff, mostly Spanish, and offers language assistance services in threshold and non-threshold languages as well as ASL interpreter services at the time of first contact. SASH tracks the number of calls received in non-English languages.

Both Help Lines/Call Centers provide end-to-end assistance in an efficient and user-centered manner and provides:

- Information & Referral
- Centralized Appointment Scheduling Pilot for Hospital Discharges in SA 3
- Warmline/Emotional Support
- Hotline/Crisis Response

Table 3 summarizes data on the number of LOTE calls received by the LACDMH Help Line and SAPC's SASH by language. Marked with an asterisk are the languages identified as common to both Departments.

TABLE 3: CALLS RECEIVED BY THE LACDMH Help Line and SAPC SASH BY LANGUAGE, FY 23-24

Languages	LACDMH Calls Received	SAPC Calls Received
Inbound Handled (All Languages)	168,205	27,097
American Sign Language (ASL)	9	0
Amharic	0	10
Arabic	15	5
Armenian	31	27
Bengali	0	14
Burmese	1	2
Cambodian	3	0
Cantonese	11	11
Danish	0	1
Ethiopian	1	0
Farsi	17	11
French	3	3
Hindi	1	6
Indonesian	0	2

Languages	LACDMH Calls Received	SAPC Calls Received
Japanese	5	5
Korean	39	0
Mandarin	65	11
Nepali	0	5
Other	2	0
Portuguese	1	3
Punjabi	0	6
Romanian	0	14
Russian	21	39
Sinhalese	2	0
Spanish	2,478	2,155
Tagalog	1	1
Thai	1	1
Turkish	1	3
Ukrainian	0	5
Vietnamese	18	8

Data from both Departments show that the majority of the Help Line and SASH's calls received were in Spanish. Other languages with higher call volumes across Departments include Armenian and Russian. Notably, LACDMH's most prominent languages, in descending order, were Spanish, Mandarin, Korean, Russian, Cantonese, and Farsi. In contrast, SAPC's language calls were predominantly in Spanish, followed by Russian; Armenian; Bengali and Romanian (tied); and Cantonese, Mandarin, and Farsi (also tied).

2) LACDMH Service Area Provider Directory and SAPC Service and Bed Availability Tool Provider Directory

Both Departments have a provider directory to ease the flow of service information to the public. The LACDMH Provider Directory is a primary tool developed by LACDMH to assist the public find service providers in convenient and accessible geographic locations. Users can access information about geographically accessible LACDMH providers by typing in their zip code and can refine their search specifying a maximum travel distance. Once these criteria are entered, the system generates a list of all providers in closest proximity. When a provider is selected, the Directory presents practical information such location, hours of operation, type of setting, Specialty Mental Health Services provided inclusive of specialized programs, spoken languages, age groups served, special populations, American Disabilities Act (ADA) compliance, availability for new cases, and percentage of staff who have completed annual cultural competence training. The screenshot below is an example of a search result by a user. The Provider Directory can be accessed by the public via Internet at <https://dmh.lacounty.gov/pd>. LACDMH staff can also access this tool using the Provider Locator feature in the Intranet at

<https://lacounty.sharepoint.com/sites/DMH/SitePages/DMH%20Provider%20Directory.aspx>

SAPC's Service and Bed Availability Tool (SBAT) makes the search for SUD treatment as easy as searching on Yelp®. The SBAT is SAPC's web-based, filterable provider directory of contracted specialty SUD treatment services, including Outpatient, Intensive Outpatient, various levels of Residential treatment and Withdrawal Management, OTPs, Recovery Bridge Housing (RBH), and Driving Under the Influence (DUI) programs. The purpose of the SBAT is to simplify the process of identifying appropriate SUD providers by allowing users to refine and filter their search based on the level of care, languages spoken, and by specialized populations, including youth, those with co-occurring mental health disorders, people experiencing homelessness, and LGBTQA, lived. Users can tailor their search according to their needs to identify intake, bed, and slot availability more quickly. They can refine their search by location to ensure geographic proximity, and each agency data includes contact information, business hours, ADA accessibility, availability for new cases and staff that have completed cultural competence training.

Since all SAPC points of entry will use the SBAT to identify which treatment agency and location to contract for services, network providers are required to update and verify beds/slots availability and intake appointments daily. The link below can be utilized to access the SBAT and the Provider Directory www.SUDHelpLA.org.

3) *In-house ASL interpreter/Sign Language Specialist (SLS)*

During FY 23-24, LACDMH hired its first SLS to provide ASL facilitated clinical services including initial assessments, psychotherapy sessions, psychiatric evaluations as well as follow up appointments. Both Directly Operated and Legal Entities/Contracted providers have access to the expertise of the SLS for virtual and in-person appointments. This position ensures that the Deaf and Hard of Hearing community is served equitably and appropriately. In addition, administrative and budgetary preparations begun for the hiring of a second SLS in FY 24-25.

V. Required translated documents

Both Departments offer extensive LAS to meet the needs of the culturally and linguistically diverse communities of Los Angeles County. In accordance with Federal and State guidelines, the DLAPs developed by LACDMH and SAPC outline the procedures for workforce access to translation services of clinical forms and informational materials into the threshold languages. The Departments maintain policies and procedures related to translation services.

For LACDMH, it is P&P 200.03: Language Translation and Interpreter Services which ensures that beneficiaries are never denied access to mental health services due to language barriers. Collectively, these policies affirm that consumers and family members who speak a language other than English have the right to a LAS at no cost.

These policies also detail step-by-step procedures for service providers to follow and provide definitions distinguishing language interpreter and language translation services.

SAPC's policy commits to treating individuals within the context of their language, literacy, culture, race/ethnicity, gender identity, age, sexual orientation, developmental stage, and any disabilities, with the goal of reducing health disparities and achieving health equity. The policy is based on federal Culturally and Linguistically Appropriate Services (CLAS) standards and governed by 42 CFR Part 438, the Americans with Disabilities Act Title III, and the Civil Rights Act Title VI.

Key compliance requirements include:

- Providers must offer language assistance services at no cost to patients/members
- Written materials must be translated into LA County's threshold languages (Arabic, Armenian, Chinese (Cantonese and Mandarin), English, Farsi, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese)
- Critical documents including Member Handbook, Bill of Rights, Consent forms, and Release of Information forms must be available in all threshold languages
- Certified bilingual contracted staff and qualified interpreters must meet specific proficiency standards with healthcare/medical interpretation certification
- Providers must post nondiscrimination notices and information about language assistance service availability
- Providers cannot turn away patients due to language barriers

Furthermore, the bilingual bonus practices of the two Departments promote the involvement of certified bilingual employees when language translation services are needed. At LACDMH, the departmental forms, brochures, flyers, website content that have been translated undergo a quality review through field testing to ensure accuracy and cultural relevance. The LACDMH Speakers Bureau (SB) has further expanded the Department's capacity to create culture-specific information materials in the threshold languages for LA County diverse communities. These resources have been incorporated into the LACDMH website to provide information on mental health services. Speaker Bureau members are also called upon to assist in the field testing of public-facing materials -- such as program flyers, brochures, and consumer satisfaction surveys--, bringing their cultural and linguistic expertise to ensure that content reflects the cultural and language nuances, maintains appropriate communication, and upholds clinical accuracy. The ARISE-CCU actively participates in the leadership and activities of the Speakers Bureau. *See CR 7, Appendix 4, Attachments 4 and 5 for LACDMH and SAPC lists of materials translated into various languages.*

Criterion 7 Appendix

I. LACDMH Attachments

Attachment 1

https://file.lacounty.gov/SDSInter/dmh/1197501_LACDMHARISEDivisionLanguageAssistanceServicesUnit.pdf

DLAP: <https://file.lacounty.gov/SDSInter/bos/supdocs/190378.pdf>

Attachment 2: LACDMH DLAP

[Language Access Plan - Department of Mental Health](#)

Attachment 3: LACDMH Bilingual Bonus P&P

LACDMH Policy 602.01 – Bilingual Bonus

https://file.lacounty.gov/SDSInter/dmh/1197502_BilingualBonus.pdf

Attachment 4: LACDMH list of forms and brochure translations

https://file.lacounty.gov/SDSInter/dmh/1197503_2025LACDMHFormsandBrochures.pdf



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ANTI-RACISM, INCLUSION, SOLIDARITY AND EMPOWERMENT (ARISE) DIVISION
CULTURAL COMPETENCY UNIT**

AND

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) BUREAU
STRATEGIC AND NETWORK DEVELOPMENT DIVISION
EQUITABLE ACCESS SECTION (EAS)**

CULTURAL COMPETENCE PLAN UPDATE – FY 23-24

Criterion 8

Adaptation of Services

December 2025

CRITERION 8: ADAPTATION OF SERVICES

The Los Angeles County Department of Mental Health (LACDMH) and the Substance Abuse Prevention and Control (SAPC) adapt their services to meet the cultural and linguistic needs of diverse populations while taking all necessary actions to bolster recovery, healing, and well-being. The shared approach to service adaptation include dynamic community engagement, robust stakeholder inclusion, strategic peer involvement, and on-going anti-stigma through culturally responsive outreach and education.

Shared core principles:

- Commitment to reducing disparities through targeted interventions that address racial, ethnic, linguistic, and geographic inequities
- Investment in workforce development to build capacity for culturally responsive care
- Data-driven quality improvement through performance improvement projects, consumer feedback mechanisms, and grievance analysis
- Community partnership that recognizes effective adaptation requires collaboration with the populations served

Together, these efforts reflect a countywide approach to ensuring that behavioral health services are not merely available, but are accessible, acceptable, and effective for all Los Angeles County residents, regardless of cultural background, language, or community of residence. The following sections summarize department-specific activities that at times emphasize one Department more than the other. This reporting pattern reflects the combined effect of LACDMH and SAPC operating under differing mission scopes and funding streams in relation to the Cultural Competence Plan Requirements.

I. Consumer-driven/operated recovery and wellbeing programs

A. Consumer-driven Programs

Both departments are committed to supporting and enhancing consumer-driven services and wellbeing programs that are recovery-focused and rich in peer involvement. The most salient efforts in this area include:

1. Peer Services

The LACDMH Office of Peer Services serves as the Department's subject matter expert on the incorporation of lived experience in the system with the goal of "changing lives" positively. It operates with the belief that individuals with mental illness can experience meaningful, productive, and fulfilled lives. The office provides guidance and support for all persons with lived experience. Led by the Chief of Peer Services, it optimizes meaningful roles for peer specialist staff, who understand consumer needs through their own lived and shared experiences with mental health challenges.

The Department recognizes that peers can engage effectively when their lived experience is used to enhance the services provided to mental health consumers.

The role of peer support specialists continues to expand, and several LACDMH programs have successfully integrated their expertise including Wellness and Client-Run Centers, street outreach teams, housing and health navigation services, and Whole Person Care linkage and support.

During FY 23-24, the LACDMH Office of Peer Services accomplished the hosting of the community-based Peer Advisory Council and the Staff Peer Advisory Council. The feedback gathered from both councils informed practices pertinent to Community Health Worker Peer Support Specialist role. This office also identified and catalogued training relevant to the Peer Support Specialist workforce; developed the structure for the Peer Support Specialist career ladder; explored opportunities to further prepare Peer Support Specialists for career development, promotion and advancement.

SAPC engages and supports a growing cadre of certified peer support specialists through its implementation of Senate Bill 803 (SB 803), which significantly strengthened SAPC's ability to deliver culturally and linguistically appropriate SUD services by establishing Certified Medi-Cal Peer Support Specialists as a new Medi-Cal provider type. The integration of Certified Peer Support Specialists into SAPC's workforce development strategy represents meaningful inclusion of lived experience directly into service delivery, ensuring that Los Angeles County's diverse communities receive substance use disorder treatment from providers who understand and reflect their experiences. Peer Support Services demonstrate flexibility in delivery settings, providing services with patients and significant support persons in both clinical and non-clinical environments, ensuring that culturally responsive peer support can meet individuals where they are most comfortable, whether in formal treatment settings or community-based locations that feel more familiar and accessible to diverse populations.

2. Peer Run Centers (PRCs)

LACDMH has five PRCs throughout the county. The PRCs are in Service Areas (SAs) 2, 3, 4, 6, and 7. At the PRCs, our Peers concentrate on forming “heart forward” connections with every visitor. The PRCs are not only a comfortable, safe, and non-judgmental environments for all visitors. Rather, they operate as a hub of community supports created with intention. Peer staff and volunteers use their lived experience to help visitors feel welcomed, accepted, and supported. By sharing their lived experience and first-hand knowledge, PRCs foster hope, recovery, and well-being within the surrounding community and throughout Los Angeles County.

The guiding vision of all PRCs is “Heart Forward,” which is operationalized through the commitment to ensure that “Everybody leaves with something.” Each visitor confidently departs with the community referrals they did not have prior to visiting a PRC and the reassurance that they are welcome at any time.

Each PRC is dedicated to serving the specific community and demographic in its Service Area. PRC staff are proficient in various languages such as English,

Spanish, and Korean, thereby providing services in the preferred language of visitors. Additional languages are systemically explored to better meet the linguistic needs of the neighborhood.

PRC staff provide an open, welcoming, and safe environment for all community members. Strategically located within each service area, PRCs are in close proximity to LACDMH clinics. PRC projects and staffing reflect the diversity of the County. Implemented across different service areas, each PRC addresses the unique cultural needs of its community and incorporates culture-specific elements into its operations and special activities.

PRC staff offer an open, welcoming, and safe environment for all community members. The PRCs are strategically located in several Service Areas, and in close proximity to LACDMH clinics. PRC projects and staffing reflect the diversity in the County. PRC services incorporate culture-specific elements in their day-to-day activities.

TABLE 1: OPERATING PRC BY SERVICE AREA

SERVICE AREA	PRC LOCATION	HOURS OF OPERATION
2	14238 Saranac Lane Sylmar, CA 91342	8:00 a.m. to 4:30 p.m. Monday through Friday
3	330 E. Live Oak Avenue Arcadia, CA 91006	8:30 a.m. to 4:00 p.m. Monday through Friday
4	510 S. Vermont Avenue, 1 st floor lobby Los Angeles, CA 90020	8:00 a.m. to 5:00 p.m. Monday through Friday
6	12021 Wilmington Avenue, Building 18 Los Angeles, CA 90059	8:00 a.m. to 5:00 p.m. Monday through Friday
7	6330 Rugby Avenue, Suite 200 Huntington Park, CA 90255	8:00 a.m. to 5:30 p.m. Monday through Friday

B. Wellbeing Programs

These programs highlight LACDMH's proactive approach to embedding equity, diversity, and inclusion into its core operations and service delivery strategies. By prioritizing community education, mental health awareness, and culture-specific outreach, the Department advances toward achieving cultural and linguistic equity while providing inclusive mental health care across Los Angeles County.

1) *Expansion of the Promotores de Salud Mental and the United Mental Health Promoter's (UMHP) to Black, Indigenous, and People of Color (BIPOC) communities*

The UMHP Program addresses the stigma associated with mental illness in underserved cultural and linguistic communities in Los Angeles County. The

program's objectives include raising awareness about mental health, eliminating barriers to care, and improving access to culturally and linguistically appropriate services and resources. The Promotores are natural leaders, many of whom have firsthand experience with mental health conditions, either personally or as caregivers, giving them a profound understanding and empathy. Their strong community connections and culturally sensitive approach make them well-equipped to support local residents and promote mental health awareness. Combined with training from licensed clinicians on recognizing the signs and symptoms of mental health challenges, promoters are highly effective in preventing and managing mental health conditions.

The program's expansion led to a significant increase in workshops across the county, rising from 7,354 in FY 21–22 to 13,613 in FY 23–24. Correspondingly, workshop attendance grew from 64,097 to 135,099. These counts may potentially reflect attendance duplication since community members may have participated in multiple presentations. Local hiring has fostered trust within community, contributing to strong attendance at workshops which cover a wide range of topics, with particular emphasis on Black youth in foster care, LGBTQ+ Black youth, and Older Adults. Additionally, the program expanded its partnerships with Korean media, resulting in a substantial rise in Korean-language workshops—from 160 to 1,198 in FY 23–24.

Another key UMHP accomplishment in CY 2024 was the establishment of strategic partnerships with 20 high-need libraries across Los Angeles County to improve access to mental health information and community resources. Through these collaborations, promoters offered onsite resource tables and educational workshops which provided community members with valuable information on mental health services, local clinics, food banks, housing assistance, and other supportive agencies. Since its inception, the program has delivered 52 workshops and facilitated an average of 30 resource tables per month throughout LA County.

In addition, the UMHP program broadened its scope to include a series of 17 Older Adult Wellness Workshops, thereby reflecting the program's commitment to evolve based on the needs of the community. A total of 2,973 Older Adult workshops were successfully delivered at senior centers, senior living facilities, and various community venues. Figures 1 and 2 below summarize the number of UMHP workshop delivery and number of community participants by language.

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FIGURE 1: UMHP PRESENTATIONS BY LANGUAGE

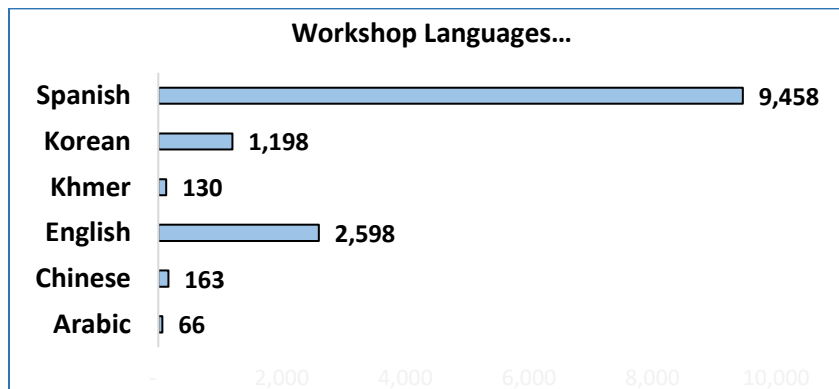
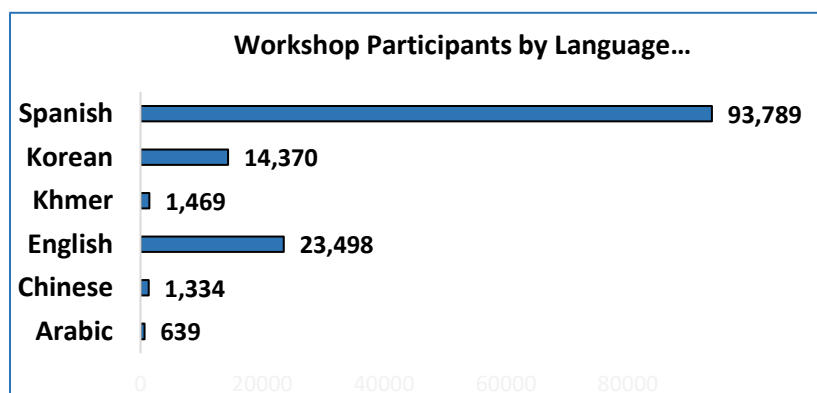


FIGURE 2: COMMUNITY PARTICIPANTS BY LANGUAGE



Similarly, SAPC maintains two types of service located in Wellness Centers: Community Opportunities for Recovery (CORE) and Student Well-Being Centers (SWBC).

CORE is one of four main entryways to Los Angeles County's specialty SUD system. The CORE Centers are community spaces that offer information on alcohol and drug use, or substance use disorders, and resources, including treatment services. CORE Center staff provides education classes on a variety of substance use-related topics, including how to respond to drug overdoses, trainings on how to administer naloxone, screenings to identify treatment needs, and referrals to no-cost treatment services for Medi-Cal and My Health LA clients.

The Student Wellbeing Centers (SWBCs) were launched on school campuses in 2019 to empower students to make informed decisions that promote lifelong health and wellbeing. Operated by Public Health and staffed by trained Youth Educators, the SWBCs provide youth-centered substance use prevention and overall wellness education through four core intervention areas: emotional wellbeing, general health

education and risk reduction, reproductive health education, and leadership development. Grounded in Positive Youth Development (PYD) principles—a framework that emphasizes empowering students to take control of their health, wellbeing, and personal growth—these interventions use a strengths-based approach to help students build resilience, enabling them to prevent or delay substance use and reduce substance-related risks. SWBCs provide safe, accessible environments on school campuses where students receive free guidance, resources, and education supporting their physical, emotional, and social wellbeing.

2) *Speakers Bureau (SB)*

The LACDMH SB continues to serve as the Departmental centralized public-speaking mechanism, supporting both the community and LACDMH programs. During CY 2024, the SB operated with approximately 75 licensed clinicians serving as Subject Matter Experts (SME). Collectively, the SB provided presentations, trainings, public-facing speaking engagements, and media interviews in radio and television in ten languages inclusive of Armenian, Cambodian, Cantonese, English, Farsi, Hindi, Korean, Mandarin, Russian and Spanish.

Multiple LA County Board Offices, K-12 schools and institutions of higher learning, community and faith-based organizations, professional associations, and other governmental agencies, the State and the Country have benefited from the expertise of the Speakers Bureau. Additionally, various LACDMH programs rely on the Speakers Bureau to deliver high quality, culturally sensitive, and clinically sound presentations for the workforce.

The Speakers Bureau's tracking data indicates that for CY 2024, members completed approximately 110 distinct activities. Most of these activities involved mental health consultation, public speaking at community events, delivery of clinically thorough mental health presentations, and translation review/field testing in multiple languages. The following list includes the most requested topics for presentations for CY 2023 and CY 2024:

- Various mental health conditions
- Self-care and stress management
- Grief and loss in the family
- Domestic or gun violence
- Suicide prevention and warning signs
- Social media and its impact on youth mental health
- Mental health career paths
- Mental health wellbeing and resources

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II. Responsiveness of Mental Health and Substance Use Services

LACDMH

LACDMH actively addressed the mental health needs of the community through a variety of proactive cultural and linguistically inclusive approaches. Some examples include:

1) ARISE Division Cultural Events

FY 23-24 marked another year of cultural events designed to promote awareness of the rich LA County diversity. These events are intentionally crafted to be culturally relevant, respectful and meaningful. Open to both the community members and employees, the events foster community engagement, well-being and cultural enrichment. The ARISE Division leads most of these departmental events along with the Service Area Chiefs to promote awareness and appreciation of diverse cultural themes and mental health services. Below are chronological examples demonstrating the wide range of cultural elements addressed throughout the fiscal year.

- July 2023 - Staff retreat at the Coastal API Family Mental Health Center to combat compassion fatigue and promote wellness, alongside participation in the County's Destination: Wellness Event.
- September 2023 - Suicide Prevention Summit focusing on community involvement in suicide prevention and the impact of racial discrimination
- October 2023 - Asian American Mental Health Conference and Hispanic Heritage Month across various Service Areas clinics, Peer Run Centers and various departmental venues such as the Supervisor Forum, Cultural Competency Committee and ARISE Division monthly meetings.
- January 2024 - Inaugural Monterey Park Teatime Program launch to support Asian American and Pacific Islander Older Adults following the tragic Lunar New Year mass shooting.
- February 2024 - Celebration of Lunar New Year and honoring of Black History Month.
- March 2024: Women's and Girls Leadership and Wellbeing Summit and Armenian Genocide commemorative event focusing on healing intergenerational trauma.
- May 2024 - "Take Action for Mental Health LA County" campaign to commemorate May is Mental Health Month via over 180 culturally diverse events focusing on community well-being.
- June 2024 - LGBTQ Pride Month Event and Second Annual Staff Summer Wellness Retreat that engaged approximately 600 staff for a day of wellness activities, live music and health-promoting workshops.

2) Expansion of Language Assistance Services resources for the Deaf and Hard of Hearing Clients, Family Members and the Community at large

During FY 23-24, LACDMH made significant strides in meeting the language and American Disability Act (ADA) support needs for Deaf and Hard of Hearing consumers and family members. Specifically, a noteworthy advancement was

the hiring of the first Sign Language Specialist (SLS) with approval to hire a second specialist in the upcoming fiscal year. The SLS position has increased the Department's capacity to fulfill requests for American Sign Language (ASL)-facilitated clinical appointments, both virtual and in-person, at provider sites or in clients' homes. The SLS has also enabled the provision of ASL interpreter services during stakeholder meetings and ARISE cultural events, ensuring the active participation of Deaf and Hard of Hearing community members. For FY 23-24, the hired SLS provided ASL interpretation in 202 clinical appointments.

3) Stakeholder Newsletter

The ARISE and Behavioral Health Services Act (BHSA) Administration Divisions revamped the Cultural Competency Committee's Cultural Traditions and Connections Newsletter, originally launched in CY 2022. This newer version, namely the "Stakeholder Newsletter" preserves the original purpose of creating a space where personal stories of recovery, well-being experiences, and community voices are heard, valued, and shared. It also provides stipends to community members whose content is selected for inclusion and publication.

The first quarterly Stakeholder Newsletter was released in December 2024 with an open invitation to the community to submit content. Submission guidelines, developed by the planning committee, ensure representation of diverse voices from across LA County. These guidelines emphasize themes grounded in lived and shared experiences; inclusion of content that is relevant and relatable; the use of non-stigmatizing language that avoids triggering or culturally insensitive material; and a consistent tone that is supportive, empowering, and empathetic.

4) Anti-Racism, Diversity and Inclusion (ARDI) Transformational Leadership Training

LACDMH engaged in a pivotal systemwide training to eliminate racism. Designed as a mandatory in-person training series for managers and supervisors, this initiative aimed to transform the system of care by dismantling anti-Black racism, White supremacy, and other forms of intersectional oppression. It also sought to increase leadership accountability; and the fostering of welcoming, affirming, anti-racist, anti-oppressive, multicultural spaces for staff and consumers. The training involved a combination of didactic information and multiple process-oriented discussions. This immersive training underscored the impact of power differentials within the organization and the essential need to reinforce for the cultures and backgrounds of staff. The rollout for the expanded management (phase I) was completed during FY 23-24, and 200 managers were trained. Plans for subsequent phases include the training of approximately 700 supervisors across the system.

5) MHSA-funded programs and activities

In addition to the above, LACDMH utilizes the MHSA Plans to advance cultural and linguistic competence within its system of care. Numerous initiatives funded under the MHSA Plans are making a difference in the lives of consumers, their

families, and the communities at large. An MHSA update report is produced annually regarding activity under the five MHSA components identified in CR 1 – Section on budgetary allocations for cultural competence-related activities, which include:

- Community Services and Supports (CSS)
- Prevention Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities/Technology Needs (CFTN)

The annual update details outcomes for MHSA-funded programs and services and is considered an important compliment to the information provided in the 2025 Cultural Competence Plan Report. *See Criterion 8 Appendix.*

SAPC

SAPC ensures substance use disorder services are accessible and responsive to the diverse needs of Los Angeles County residents through integrated systems and strategic partnerships.

1) Southern California Alcohol and Drug Program (SCAD-P)

Since 2022, SAPC has funded the SCAD-P to increase access to services for the deaf and hard of hearing community. This collaboration provides comprehensive language assistance services, including Sign Language, ensuring individuals who are Deaf or Hard of Hearing can fully access care. By lowering barriers to access services, this partnership facilitates accessibility in strategic geographic areas throughout the County, with extended hours of operation and streamlined pathways to treatment that ensure timely access to care for at-risk adult populations.

2) Service and Bed Availability Tool (SBAT)

Launched in 2017, the Service & Bed Availability Tool (SBAT) is SAPC's web-based substance use disorder (SUD) treatment provider directory that provides real-time availability of publicly-funded treatment services throughout Los Angeles County. To improve access and increase visibility of services available for diverse populations, SAPC completed a full redesign of the SBAT with enhanced navigation features, improved onscreen presentation, and content translation into over 30 languages.

In December 2024, Public Health received the California State Association of Counties Innovation Award for this transformative tool, recognizing SBAT as a best-in-class resource for individuals and stakeholders to find critical information about open treatment beds and service availability. SBAT supports equitable access through customizable filters that allow users to search by language accessibility, veteran status, non-traditional treatment modalities, proximity-based searches, and other specific needs, reducing barriers to service entry by

connecting individuals with culturally and linguistically appropriate treatment options. Users can access immediate support through a direct link to the Substance Abuse Service Helpline (SASH), where trained staff provide guidance toward appropriate services. Since its inception, the SBAT has driven significant results, connecting people with SUD services through a total of 485,000 page views. A backend dashboard launched in 2021 provides data on user interactions, with page views increasing from 1,800 in 2021 to over 49,000 in the first half of 2024. Over 93% of residential providers now update their bed availability daily, ensuring accurate and up-to-date information for those seeking help.

3) *Recoverla.org*

This web-based, mobile-friendly platform that connects Los Angeles County residents with essential substance use disorder information, treatment resources, and overdose prevention tools. The site addresses critical community needs by providing guidance on recognizing and responding to overdoses, accessing harm reduction programs, understanding treatment options, and locating local providers. To ensure the website reaches those who need it most, SAPC implements targeted marketing strategies including geotargeted digital advertising, instructional outreach videos demonstrating site navigation, and strategic poster placement in convenience stores throughout targeted zip codes.

4) *SUD Cultural Events*

- a. Al-Impics is the largest LA County annual recovery event. It is a special one-day event during National Recovery month that demonstrates, through friendly competitive sports and games, the positive life-enriching experience associated with recovery. In collaboration with SAPC's provider network, recovering individuals, local communities, and community leaders, the event promotes the societal benefits of community health through substance abuse prevention and athletic participation. Annually, an average of 13 agencies participates in the event with approximately 1,800 attendees.
- b. Taste of Soul is Black cultural experience fused with diverse cultures and traditions. It is the largest one-day 'free' street festival in Los Angeles attracting nearly 350,000 attendees annually. The festival is comprised of many entertainment vendors along with social and healthcare resources. SAPC supports and participates in this event to promote its SUD services in the community.
- c. Shatterproof is a leading national nonprofit that believes no one should struggle or die from a substance use disorder. The organization implements science-based solutions to reverse this public health crisis tied to SUD, impacting loved ones, neighbors, and coworkers. Shatterproof Walk is an opportunity for communities to come together and walk to end the stigma of addiction while surrounded by friends, family, and loved ones, while honoring those who have been lost to SUD, celebrating individuals in recovery, and bringing hope to the millions living with substance use disorder.

- d. SAPC engaged the community by participating in outreach and engagement activities during Filipino American History Month (October), Black History Month (February), Cesar Chavez Tribute (March), Latin American Culture (September/October). Street outreach was also conducted to engage the unhoused Khmer (Cambodian) community in Long Beach via environmental scans that resulted in providing SUD prevention support, housing, and medical resources for 17 unhoused Khmer individuals.

III. Quality of Care: Contract Providers

Both Departments have contractual agreements in place to ensure culturally and linguistically appropriate services. Common grounds include:

- Commitments to abide by Federal, State and County wide mandates
- Provider manuals that clearly outline expectations from contractors
- Policies and procedures that guide the provision of culturally and linguistically equitable services
- Quality improvement practices

The following section summarizes key department-specific details from contractual agreements, provider manuals and quality improvement practices.

1. Contractual Agreements

LACDMH

Section 8.15.3 of the LACDMH Legal Entity Contract instructs prospective Contractors to provide services that are consistent with the Department's Cultural Competence Plan and all applicable Federal, State, and local regulations, manuals, guidelines, and directives. Specifically,

- "The Contractor's Quality Management Program shall be consistent with the Department's Cultural Competence Plan. Contractor shall ensure that 100% of Contractor's staff, including clerical/support, administrative/management, clinical, subcontractors, and independent contractors receive **annual** cultural competence training in accordance with departmental [Policy 200.09](#). This policy is based on the Culturally and Linguistically Appropriate Services for Healthcare Organizations (CLAS) Standards and the Cultural Competence Plan Requirements (CCPR).
- Contractor shall monitor, track, document (e.g., training bulletins/flyers, sign-in sheets specifying name and function of staff, and/or individual certificates of completion, etc.) and make available upon request by the federal, State and/or County government the annual cultural competence training provided to Contractor's staff, including clerical, administrative/ management, clinical, subcontractors, and independent contractors.
- An extensive list of regulatory legislations is cited in the contractual agreement. The most significant guidelines for culturally and linguistically

competent service delivery such as *The California Welfare and Institutions Code, Section 5600 and Title IX, Title 42 – part 438*.

SAPC

As stated in previous sections, SAPC contracts 100% of its prevention, harm reduction, treatment, and recovery services. SAPC uses several mechanisms to ensure that contractors provide quality care that is culturally and linguistically appropriate and monitors for compliance, at minimum, annually: Contract provisions, SAPC bulletins, and the Provider Manual. The below represents sample language from each.

- Contraction Provision 18Y of the SAPCs Drug Medi-Cal Organized Delivery System (DMC ODS) provider contract outlines the requirements for ensuring compliance to CLAS standards, and all applicable Federal, State, and local regulations, manuals, guidelines, and directives.

Contractor shall ensure that all services provided are delivered in a culturally and linguistically appropriate manner, in accordance with 42 C.F.R., part 438, the National CLAS Standards (available at: <https://thinkculturalhealth.hhs.gov/clas/standards>) and as described in SAPC Bulletin 18-03, unless superseded by an updated version, or most current version, and the most current version of the Provider Manual. Contractors shall ensure that, in accordance with all applicable federal, State, and local laws, rules, regulations, directives, guidelines, policies and procedures, patients who have limited English proficiency, who are non-English monolingual, or who have a disability are provided information on the free language assistance services that are available them, including prominent posting of language assistance services. These services include the provision of bilingual staff who are representative of the primary population(s) served by each Contractor facility location where treatment is provided, oral and sign language interpreters, and auxiliary aids and services (e.g. large print documents, Braille, TTD/TTY, closed caption, etc.). Contractor shall ensure its policies, procedures, and practices are consistent with the CLAS standard and language assistance requirement and are incorporated into the organizational structure, as well as day-to-day operations.

SAPC Information Notice # 24-02: Requirement for Ensuring Culturally and Linguistically Appropriate Service. On May 15, 2024, Substance Abuse Prevention and Control (SAPC) released an updated notice on requirements for ensuring diversity, equity, and inclusion (DEI) in specialty substance use disorder (SUD) services to ensure compliance under California Advancing and Innovating Medi-Cal (Cal AIM) policies.

2. Provider Manuals

The Departments have separate provider manuals which converge on the goal to provide specific guidelines for service delivery and documentation. As

expected of all Health Departments, the manuals demonstrate strong adherence to the CLAS Standards, CCPR, Network Adequacy Certifications for Medicaid Managed Care Health Plans/Drug Medi-Cal Organized Delivery System Plans.

LACDMH

Below are selected excerpts pertinent to cultural and linguistic inclusion in service delivery from the LACDMH Organizational Provider's Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services (pages 15 and 18-19).

1) General documentation rules

Special client needs as well as associated interventions directed toward meeting those needs must be documented (LACDMH Policy 401.03):

- Visual and hearing disabilities
- Client's whose primary language is not English - Clients should not be expected to provide interpretive services through friends or family members. Oral interpretation and sign language services must be available free of charge (State Contract)
- Cultural and/or linguistic considerations
 - When special cultural and/or linguistic needs are present, there must be documentation in the clinical record indicating the plan to address the cultural and/or linguistic needs.
 - If an exception is made to the identified plan for addressing cultural and/or linguistic needs, there must be documentation in the progress note addressing the exception and how it was handled.
NOTE: Culture is "the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics.
- Culture defines
 - How health care information is received
 - How rights and protections are exercised
 - What is considered to be a health problem
 - How symptoms and concerns about the problem are expressed
 - Who should provide treatment for the problem
 - What type of treatment should be given

Source: (U.S. Department of Health and Human Services, Office of Minority Health (2013); The National Culturally and Linguistically Appropriate Services (CLAS) Standards.)
- Cultural considerations may include but are not limited to racial/ethnic/national origin, religious/spiritual background or affiliation, gender/sexual orientation, other cultural considerations expressed by the consumer.

2) Assessments

Based on LACDMH Policy 401.03, Assessments are important in beginning to understand and appreciate who the client is and the interrelationship between the client's symptoms/behaviors and the client as a whole person. The Assessment enables the reader to see the role of culture and ethnicity in the client's life and documents the impact of significant supports, living situation, substance use, etc. on the Mental Health of the client. The Assessment identifies the client and his/her family's strengths and identifies the stages of change/recovery for the client. The formulation collected in an Assessment allows the client and staff to collaborate in the development of a mutually agreed upon plan of treatment and recovery.

Assessments must contain the required seven (7) uniform Assessment domains as identified below. There is no requirement for the domains to be laid out in this manner. For clients under the age of 21, the Child and Adolescent Needs and Strengths (CANS) Assessment tool may be utilized to help inform the Assessment domain requirements but is not sufficient as the Assessment in-and-of itself. The domains shall be documented on an Assessment form or other documentation form (i.e., initial medication note) and shall be kept within the client's clinical record. The five domains are specified below:

- Domain 1
 - Presenting Problem(s)
 - Current Mental Status
 - History of Presenting Problem(s)
 - Client-Identified Disabilities
- Domain 2
 - Trauma
- Domain 3
 - Behavioral Health History (including Substance Use History)
Comorbidity (i.e. substance use & Mental Health)
- Domain 4
 - Medical History
 - Current Medications
 - Comorbidity (i.e., medical & Mental Health)
- Domain 5
 - Social and Life Circumstances
 - Culture/Religion/Spirituality
- Domain 6
 - Strengths, Risk Behaviors & Safety Factors
- Domain 7
 - Clinical Summary & Recommendations
 - Diagnostic Impression
 - Medical Necessity Determination/Level of Care/Access Criteria

SAPC

SAPC's Provider Manual for Substance Use Disorder Treatment Services contains numerous references for providers to ensure compliance with cultural competence; the following represents a sample of these. *For additional information please see: CR 7 Appendix, Attachment 7.*

1) Services for Persons with Disabilities (page 113)

Providers must comply with all elements of the Americans with Disabilities Act of 1990 (ADA), including access to alternate technologies such as TTY/TVR, magnification, and audio, as well as policies for allowing service animals. To accommodate the communication needs of all qualified individuals, providers must be prepared to facilitate alternative format requests, including braille, audio format, large print, and accessible electronic formats such as data CDs, along with other auxiliary aids and services as appropriate. SAPC's website provides resources and additional information about implementing culturally competent services. Providers can also use the DHCS Alternative Format website (<https://afs.dhcs.ca.gov/>) to identify alternative format selections by beneficiaries.

2) CalWORKs Asian Pacific Islander Targeted Outreach Program (page 162)

The purpose of outreach to the Asian Pacific Islander (API) targeted population is to provide SUD information and education for CalWORKs participants who may have an SUD and/or co-occurring mental health issues in API communities. The outreach seeks to identify SUD needs and connect persons with culturally and linguistically appropriate staff and treatment services levels. Participants to be served include individuals in API communities across LA County, including people experiencing homelessness.

The program provides intensive, family-centered pre-treatment outreach, education, and supportive services to affected Korean, Cambodian, and Samoan families in LA County. This is both to encourage participants with SUDs and family members to enter treatment and to ensure that a supportive family network is in place to support those individuals who choose to enter treatment.

Three dedicated SAPC treatment agencies administer the API Targeted Outreach Program: Cambodian Association of America (CAA), Asian American Drug Abuse Program, Inc. (AADAP), and Special Services of Groups (SSG).

API Outreach Workers:

- Assist participants to self-explore the consequences of alcoholism and other drug dependence
- Educate on how self-help groups (Alcoholics Anonymous, Al-Anon, and Narcotics Anonymous) complement alcoholism/drug addiction or dependency counseling and the unique role of each in the recovery process
- Connect participants with culturally and linguistically appropriate treatment agencies

IV. Quality Assurance

A. Consumer/Treatment Perception Survey

Both Departments utilize perception surveys to gather feedback on the quality and appropriateness of services, though these differ in content, format, procedures, and collection timing. Common areas of feedback across Departments include overall satisfaction with received health care, perception of access, quality of services, and treatment outcomes.

LACDMH

The LACDMH Consumer Perception Survey (CPS) gathers consumer input from Youth, Adult, Older Adult consumers as well as Family Members across seven domains: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Participation in Treatment Planning, Perception of Outcomes of Services, Perception of Functioning, and Perception of Social Connectedness. In addition to the CPS being a Federal and State requirement, the Department concedes that a systematic assessment of consumers' experience of services is essential for internal improvement and innovation.

Key findings:

- Youth and Families had the highest scores for the Quality and Cultural Appropriateness domain, with 96.7% and 97.8% of respondents agreeing or strongly agreeing with the items in that domain. Families also had the highest scores in the Social Connectedness domain, the Access domain as well as the Improved Functioning domain. Older Adults had the highest scores in the Participation in Treatment Planning domain and the General Satisfaction domain.
- Survey participants rating to the item "Staff being sensitive to their cultural ethnic/background" was as follows: Youth 94.3%, Adult 97.2%, Older Adult 91.4% and Family member 97.2%
- Regarding the availability of written materials in their preferred language, Youth 96.4%, Adult 97.3%, Older Adult 97.3% and family member 97.7%
- Open comment feedback:
 - Most client feedback was positive. Clients reported overall satisfaction and noted improvement in symptoms and considered clinicians as instrumental to their progress. Several sites were identified as providing positive and satisfying experiences.
 - Clients and caregivers expressed gratitude for disability supports, flexible scheduling, and availability of both in-person and telehealth services.
 - Most consumers reported being treated with kindness, respect and professionalism. However, some noted challenges such as difficulty communicating with staff, feeling judged and rushed, not feeling adequately supported.
 - Most client feedback highlighted providers' cultural sensitivity and the availability of services in clients' preferred languages and cultural contexts. However, several requests were made to increase the number

- of Spanish, Chinese, and Korean speaking clinicians, Black providers, male providers, and, in some cases, clinicians closer in age to the client.
- Youth, Adult, and Family members expressed interest in more group activities, additional activities for children, and many clients and increased community involvement opportunities.
- Consumers requested faster initial response to service requests, timely return of calls, more appointment reminders and increased availability of in-home and in-person appointments.

SAPC

SAPC's Treatment Perception Survey (TPS)

Similarly, SAPC's TPS collects information on five areas: Satisfaction, Treatment Outcome, Access, Care Coordination and Quality of Care. SAPC's Health Outcomes and Data Analytics Division (HODA) is responsible for ensuring comprehensive distribution and administration of the Substance Use Disorder Treatment Perception Survey (TPS), working in partnership with SAPC's provider network. The information collected is used to measure adult and youth clients' perceptions of access to services and quality of care. The TPS is also required to fulfill the county External Quality Review Organization (EQRO) requirement related to having a valid client survey. The data may also be used by service providers to evaluate and improve the quality of care and patient experience. The surveys are administered online and in paper survey forms in LA County threshold languages.

The feedback collected through TPS serves important purposes for service providers. They use client feedback to identify strengths and areas for growth, let clients know they have a voice, and support action planning for improving services, grant applications, and ongoing accreditation. Staff receive direct feedback from client comments, helping them identify areas for improvement and obtain outcome measurement directly from clients themselves.

Key Findings:

- During October 2024, 6,972 valid surveys were collected from 197 facilities across LA County, with an average response rate of 63%.
- The survey results showed that 9 of 10 clients were satisfied overall with services received
- Across the five measurement areas, clients reported positive experiences Client satisfaction with substance use disorder treatment services was consistently high across multiple measures. Ninety-four percent of respondents felt welcomed and 88% agreed that they received needed services.
- In terms of treatment outcomes, 90% reported being better able to do things they want to do, while 89% felt less craving for drugs and alcohol.

- Access to services was also rated favorably, with 92% finding services available when needed, 88% finding the location convenient, and 92% indicating they would recommend the services to others.
- Staff quality of care received consistently positive feedback from respondents. Ninety-two percent found staff respectful, 90% felt they were given enough time with sessions, 91% felt staff were sensitive to their cultural background, and 87% reported choosing treatment goals with their provider's help.
- Open comments included the following:
 - Positive feedback denoting feelings of safety, utilizing healthy coping skills, keeping accountable, and overall satisfaction with their recovery.
 - Clients also raised concerns regarding delays in services, meals and scheduled times, as well as lack of engagement in activities.

B. Grievance and Appeals

LACDMH and SAPC gather, track and monitor consumer grievances and appeals. This important aspect of quality assurance is done independently. The following section summarizes each Departments data.

LACDMH

LACDMH is mandated by the State Department of Health Care Services (DHCS) Program Oversight and Compliance, the Quality Improvement Division facilitates the annual evaluation of beneficiary Grievances, Appeals, and State Fair Hearings. Grievances and appeals are collected and reviewed by the Patients' Rights Office (PRO) and recorded on the Managed Care Program Annual Report for the Medical Behavioral Health Division.

Beneficiary Problem Resolution

Grievances, appeals, expedited appeals, and requests for change of provider are consumer and provider activities that LACDMH monitors, evaluate for trends, and report to the Departmental Quality Improvement Council. This is an on-going Quality Improvement Work Plan monitoring activity, as specified by our DHCS contract.

In addition to grievances and appeals, the Department also tracks requests for Change for Provider and their outcome via the Change of Provider Portal application. This tool allows Directly Operated and Legal Entity providers to submit and track change of provider requests from consumers. The internal application allows PRO to track, modify, and extract the monthly, quarterly, and annual reports based on submission from Directly Operated and Legal Entity provider programs/agencies. The implementation of the application replaced the manual paper process. This allows PRO to export report, filter, and view trends throughout the network. Providers need to request access to the portal from the LACDMH Chief Information Office Bureau. Once obtained, agency providers can use the link <https://lacdmhprod20.crm9.dynamics.com/apps/COP>.

FIGURE 3: LACDMH CHANGE OF PROVIDER REQUEST BY REASON, FY 23-24

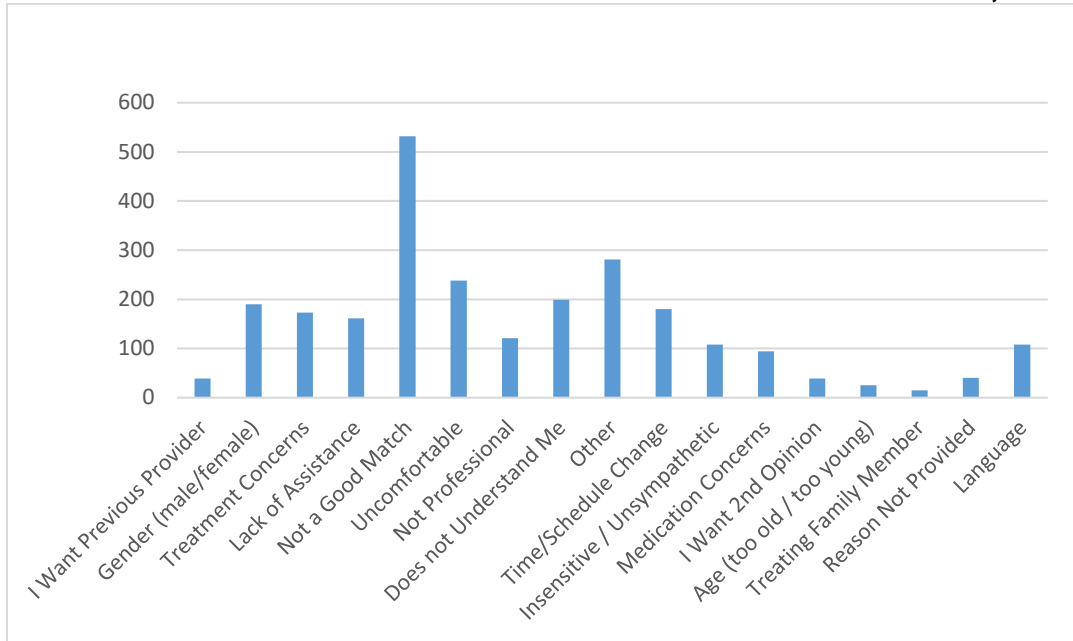


Figure 3 provides a snapshot of consumer requests for a change of provider. Overall, LACDMH received a total of 2,543 requests across 17 reasons in FY 23-24. The most frequently cited reasons were: “Not a good match” (532), “Uncomfortable” (238), gender-related concerns (190), time/schedule conflicts (180), treatment concerns (173), and lack of assistance (161). Reasons directly pertinent to cultural competence were “Does not understand me” (199), gender-related concerns (190), language barriers (108), and age mismatch described as “too old/too young” (25).

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**TABLE 2: LACDMH GRIEVANCES AND APPEALS
FY 23-24**

GRIEVANCES						
CATEGORY	PROCESS		GRIEVANCE DISPOSITION			
	Grievance	Exempt Grievance	Grievances Pending, Unresolved as of June 30	Resolved	Referred	Timely Resolution
ACCESS						
Services not available	11	0	1	10	0	5
Services not accessible	5	0	3	3	0	1
Timeliness of services	10	0	0	10	0	2
24/7 Toll-free access line	0	0	0	0	0	0
Linguistic services	0	0	0	0	0	0
Other access issues	15	0	1	14	0	8
(Access) TOTAL	41	0	5	37	0	16
Percent	6.99%	0.0%	4.50%	7.66%	0.0%	6.20%
QUALITY OF CARE						
Staff behavior concerns	171	0	29	153	0	67
Treatment issues or concerns	96	0	19	77	0	41
Medication concern	35	0	9	27	0	16
Cultural appropriateness	0	0	0	0	0	0
Other quality of care issues	24	0	4	20	0	13
(quality of care) TOTAL	326	0	61	277	0	137
Percent	55.54%	0.0%	54.95%	57.35%	0.0%	53.10%
Percent	0.0%	0.0%				
OTHER						
Financial	4	0	2	2	0	1
Lost Property	16	0	2	14	0	9
Operational	9	0	1	8	0	4
Patient's Rights	60	0	11	50	0	40
Peer behaviors	15	0	3	12	0	7
Physical environment	11	0	0	11	0	5
County(Plan) communication	0	0	0	0	0	0
Payment/Billing issues	3	0	0	0	0	0
Suspected Fraud	0	0	0	0	0	0

GRIEVANCES						
CATEGORY	PROCESS		GRIEVANCE DISPOSITION			
Abuse, Neglect or Exploitation	6	0	4	2	0	2
Other grievance not listed above	86	0	22	70	0	37
(other) TOTAL	220	0	45	169	0	105
Percent	37.47%	0.0%	40.54%	35.01%	0.0%	40.70%
GRAND TOTAL	587	0	111	483	0	258

APPEALS							
CATEGORY	PROCESS			APPEAL DISPOSITION		EXPEDITED APPEALS DISPOSITION	
	All Notice of Adverse Benefit Determination (NOABD) Issues	Appeal	Expedited Appeal	Decision Upheld	Decision Overturned	Decision Upheld	Decision Overturned
Denial Notice	0	0	0	0	0	0	0
Payment Denial Notice	0	544	0	110	434	0	0
Delivery System Notice	0	0	0	0	0	0	0
Modification Notice	0	0	0	0	0	0	0
Termination Notice	0	0	0	0	0	0	0
Authorization Delay Notice	0	0	0	0	0	0	0
Timely Access Notice	0	0	0	0	0	0	0
Financial Liability Notice	0	0	0	0	0	0	0
Grievance and Appeal Timely Resolution Notice	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0

Note: Data above reflects the grievances and appeals for/by Medi-Cal beneficiaries.
Data Source: PRO June 2024.

Table 2 demonstrates that Most grievances receive during FY 23-24 were due to “issues with staff behavior” followed by “treatment concerns” and “medication concerns”. Patients’ Rights Advocates investigate and respond to grievances and complaints about inpatient and outpatient mental health providers. The complaints may be filed by consumers, family, friends, and even staff. Advocates also provide other advocacy and mediation services to consumers involving outpatient providers. The grievance and appeals forms are available in all threshold languages, posted on the departmental website, and can be accessed at [Patients’ Rights Office - Department of Mental Health](#)

In accordance with Title 9, CCR, Chapter 11, Subchapter 5, and the Mental Health Plan (MHP) Contract, LACDMH must have problem resolution processes that enable beneficiaries to resolve problems or concerns about any issues related to performance, including the delivery of SMHS. The Department is required to meet specific timeframes and notification requirements related to these processes.

Notices of Action (NOAs) are required when any of the following actions occur with a Medi-Cal beneficiary

- NOA-A: Denial of Services Following Assessment
- NOA-B: Reduction of Services
- NOA-C: Post Service Denial of Payment
- NOA-D: Delay in Processing a Beneficiary Grievance or Appeal
- NOA-E: Lack of Timely Services

SAPC

The complaint/grievance and appeals processes for SUD are available for patients, their authorized representative, or providers acting on behalf of the patient ("involved parties"). A grievance (or complaint) and appeal may be submitted to SAPC or its network of providers.

At the SAPC provider agency level, providers must have clear and transparent policies and procedures for managing complaints, grievances, and appeals. These processes must be integrated into the agency's monitoring and quality improvement efforts and include signage informing patients of their rights to file grievances with SAPC, DHCS Office of Civil Rights, and the United States Health and Human Services Office of Civil Rights.

SAPC's Contracts and Compliance Division in partnership with the Quality Improvement unit tracks, investigates, and monitors grievances and appeals. The data summarizes the number and percentage of inpatient and outpatient grievances and appeals by category and disposition.

FY 23-24 Grievance Activity

During FY 23-24, SAPC received and processed 53 grievances and zero appeals across its contracted provider network. Of the 53 grievances received, all were resolved at fiscal year-end. The absence of appeals indicates that the grievance process is effectively addressing beneficiary concerns at the initial level, without requiring escalation to the formal appeal process.

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TABLE 3: SAPC GRIEVANCES AND APPEALS, FY 23-24

GRIEVANCES						
CATEGORY	PROCESS		GRIEVANCE DISPOSITION			
	Grievance	Exempt Grievance	Grievances Pending, Unresolved as of June 30, 2024	Resolved	Referred	Timely Resolution
ACCESS						
Services not available	0	0	0	0	0	0
Services not accessible	0	0	0	0	0	0
Timeliness of services	0	0	0	0	0	0
24/7 Toll-free access line	0	0	0	0	0	0
Linguistic services	0	0	0	0	0	0
Other access issues	12	0	0	12	0	0
(Access) TOTAL	12	0	0	12	0	0
Percent	23%	0.0%	0.0%	23%	0.0%	0.0%
QUALITY OF CARE						
Staff behavior concerns	0	0	0	0	0	0
Treatment issues or concerns	0	0	0	0	0	0
Medication concern	0	0	0	0	0	0
Cultural appropriateness	0	0	0	0	0	0
Other quality of care issues	2	0	0	2	0	0
(Quality of Care) TOTAL	2	0	0	2	0	0
Percent	4%		0%	4%	0	0
Change of Provider	0	0	0	0	0	0
Confidentiality Concern	0	0	0	0	0	0
Percent	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
OTHER						
Financial	0	0	0	0	0	0
Case Management	12	0	0	12	0	0
Operational	0	0	0	0	0	0
Patient's Rights	0	0	0	0	0	0
Peer behaviors	0	0	0	0	0	0
Physical environment	0	0	0	0	0	0
Suspected Fraud	2	0	0	2	0	0
Abuse, Neglect or Exploitation	12	0	0	12	0	0
Other grievance not listed above	13	0	0	13	0	0
(Other) TOTAL	39	0	0	39	0	0
Percent	74%	0.0%	0.0%	74%	74%	0.0%
GRAND TOTAL	53	0	0	53	0	0

APPEALS									
CATEGORY	PROCESS			APPEAL DISPOSITION			EXPEDITED APPEALS DISPOSITION		
	All Notice of Adverse Benefit Determination (NOABD) Issues	Appeal	Expedited Appeal	Appeals Pending, Unresolved as of June 30	Decision Upheld	Decision Overturned	Expedited Appeals Pending, Unresolved as of June 30	Decision Upheld	Decision Overturned
Denial Notice	0	0	0	0	0	0	0	0	0
Payment Denial Notice	0	0	0	0	0	0	0	0	0
Delivery System Notice	0	0	0	0	0	0	0	0	0
Modification Notice	0	0	0	0	0	0	0	0	0
Termination Notice	0	0	0	0	0	0	0	0	0
Authorization Delay Notice	0	0	0	0	0	0	0	0	0
Timely Access Notice	0	0	0	0	0	0	0	0	0
Financial Liability Notice	0	0	0	0	0	0	0	0	0
Grievance and Appeal Timely Resolution Notice	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0

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CR 8 Appendix

I. LACDMH Attachments

Attachment 1: MHSA Annual Update Report, FY 23-24

[1153248_MHSAAnnualUpdateFY23-24Adopted.pdf](#)

Attachment 2: Short-Doyle/Medi-Cal Organizational Provider's Manual for Specialty Mental Health Services Under the Rehabilitation Option and Targeted Case Management Services

https://file.lacounty.gov/SDSInter/dmh/1132980_ORGANIZATIONALPROVIDER_SMANUAL.pdf