SAN BERNARDINO COUNTY

Behavioral Health

Cultural Competency Plan Update Summary Fiscal Year 2018/2019

San Bernardino County Department of Behavioral Health
Office of Cultural Competence and Ethnic Services
February 2020

Table of Contents

Introduction: San Bernardino County, Department of Behavioral Health

The Department of Behavioral Health (DBH) is responsible for providing mental health and substance use disorder services to San Bernardino County residents who are experiencing major mental illness or substance abuse issues. DBH provides mental health/substance use disorder treatment to all age groups, with a primary emphasis placed on treating children/youth who may be seriously emotionally disturbed, adults who are experiencing a serious and persistent mental illness, and individuals who are experiencing substance use disorders. DBH also provides an array of prevention and early intervention services for both mental health and substance use disorders.

The following is a summary of the FY 18/19 Cultural Competency Plan updates and activities to accomplish for FY 19/20.

Note: The term Client and Consumer are used interchangeably throughout the plan. Both terms represent individuals receiving services from the Department of Behavioral Health.

Criterion 1: Commitment to Cultural Competence

1-I: Policies, Procedures and Practices

DBH continues to have in place seventeen (17) policies and procedures that reflect steps taken to institutionalize the recognition and value of racial, ethnic, and cultural diversity within the county behavioral health system. These policies and procedures apply to all mental health and substance use disorder services rendered within the county behavioral health system.

In FY 19/20 the Office of Cultural Competence and Ethnic Services (OCCES) will be reviewing and updating the policies and procedures to ensure they are up to date and in compliance with current state and federal policies and procedures.

1-II A: Community Outreach, Engagement and Involvement Efforts

DBH contracted providers participate in the department's efforts to promote the delivery of culturally and linguistically appropriate services. Language on cultural competence is included in all department contracts with providers to ensure contract services are provided in a culturally and linguistically appropriate manner. DBH's Office of Cultural Competency and Ethnic Services (OCCES) monitors providers on Cultural Competence requirements in collaboration with DBH's Office of Compliance and provides technical assistance as needed.

DBH coordinates community outreach and collaboration with diverse racial, ethnic, cultural and linguistic communities through the Office of Cultural Competence and Ethnic Services (OCCES) and DBH's Public Relations and Outreach Office (PRO). PRO promotes DBH's services, OCCES, and DBH's Mental Health Services Act (MHSA) investment.

During FY 18/19 PRO, in collaboration with OCCES provided outreach and education on DBH resources to almost 29,000 people of diverse racial, ethnic, cultural and linguistic groups at 128 different events throughout the county.

In FY 19/20 PRO will be adding positions to focus on outreach for substance use disorders.

DBH's Community Program Planning (CPP) protocol continues to include a participatory framework of regular, ongoing meetings with diverse stakeholders to discuss topics related to behavioral health policy, pending legislation, program planning, implementation and evaluation, and financial resources associated with behavioral health programs.

DBH's Community Program Planning (CPP) protocol includes the following meetings:

- Behavioral Health Commission (BHC): Twelve annual-monthly meetings
- District Advisory Committee meetings: Five monthly meetings
- Community Policy Advisory Committee (CPAC): Twelve annual meetings-monthly meetings
- Cultural Competency Advisory Committee (CCAC): Twelve annual meetings-monthly meetings
- Association of Community Based Organizations (ACBO): Twelve annual meetings-monthly meetings

OCCES continues to support the DBH Cultural Competency Advisory Committee (CCAC) and thirteen (13) culturally specific subcommittees. CCAC is a committee made up of community based providers, organizations, partner agencies, clients, family members, faith based organizations/individuals, representatives from various DBH departments, primary care providers and other interested parties. CCAC has established direct channels of communication with the staff of the OCCES and the Cultural Competency Officer (CCO). CCAC interacts closely and advises the CCO on pertinent information and research data regarding the special needs of the target populations in the community. Likewise, information also flows from the CCO and OCCES to the CCAC and the diverse communities the membership represents. The CCAC and its subcommittees meet on a monthly basis. Subcommittees include:

African American Awareness
Asian/Pacific Islander Awareness
Consumer and Family Member Awareness
Co-Occurring and Substance Abuse Awareness
Disabilities Awareness
Latino Awareness
LGBTQ Awareness
Native American Awareness
Older Adult Awareness
Spirituality Awareness
Transitional Aged Youth Awareness
Veterans Awareness
Women's Awareness

1-II-C: Skills Development and Strengthening of Community Organizations

In an effort to improve skill development for those who provide essential services within the DBH system of care in FY 18/19 OCCES staff provided 30 trainings on cultural competence and diversity to external partner agencies and other county departments. Some of these partners are the following:

- Asian American Resource Center
- Mental Health and SUD contract providers contracted with the county
- Chicano Indigenous Community for Culturally Conscious Advocacy and Action
- Diocese of San Bernardino
- San Bernardino County Superintendent of Schools
- San Bernardino County Community Housing and Development
- West End Family Services
- Various School Districts within the county

PRO, in collaboration with DBH programs, provided twelve (12) Mental Health First Aid (MHFA) trainings resulting in 360 individuals trained. PRO also provided two (2) Applied Suicide Intervention Skills Training (ASIST) trainings resulting in 60 people trained as well.

1-II-D: Lessons Learned/Efforts Made

In FY 18/19 one of OCCES Mental Health Education Consultants was certified as a LEAP (Listen, Emphasize, Agree and Partner) trainer and will provide LEAP training to community and faith based partners in FY 19/20. The mission of the LEAP training is to educate the public about the unmet needs of persons with mental illness and anosognosia.

In FY 18/19 DBH's Substance Use Disorder (SUD) providers requested assistance from OCCES on adopting and reporting their implementation of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in their agencies. OCCES staff provided an overview of the CLAS standards to the Substance Abuse Provider Network (SAPN) in July of 2019 and will continue to provide technical assistance to providers in FY 19/20.

In FY 19/20 additional OCCES and OCFA staff will be trained to deliver MHFA trainings to community and faith base partners.

I-III: Designated Cultural Competence/Ethnic Services Manager (CC/ESM) Person Responsible for Cultural Competence.

The Cultural Competency Officer (CCO) reports directly to the Director of Behavioral Health and is responsible for embedding the tenets of cultural competence throughout the system of care and promotes the development of culturally appropriate mental health services. In FY18/19 this position was vacant for half of the fiscal term and the main responsibility fell to the Chief Compliance Officer. The CCO position was permanently filled in July of 2019 and the CCO manages the 10 administrative positions of the OCCES and the Office of Family and Consumer Affairs (OCFA).

1-IV: Identify Budget Resources Targeted for Culturally Competent Activities.

In FY 18/19 OCCES had an allocated budget of $742,654 dedicated to staff, and programmatic and operational costs for the office. Additionally, in FY 18/19, DBH expended $840,203 for contracted language services.

In FY 18/19 $270,205 was paid in bilingual pay deferential to DBH employees.

In FY19/20 DBH, in collaboration with the Human Resources department, will be reviewing and updating the policies and procedures for bilingual compensation.

Criterion 2: Updated Assessment of Service Needs

2-II: Medi-Cal Population Service Needs

For general population summary for 2018 please see the complete FY18/19 Cultural Competency Update

Mental Health Program Medi-Cal Indicators for Fiscal Year 2018/2019

	Medi-Cal Beneficiaries		Medi-Cal Clients		Medi-Cal Penetration Rate
	780,478	100%	37,804	100%	4.8%
Gender					
Female	424,623	54.4%	18,212	48.2%	4.3%
Male	355,855	45.6%	19,541	51.5%	5.5%
Unknown	0	0.0%	51	0.1%	NA
Age					
Children 0-15Y	260,950	33.4%	12,769	33.8%	4.9%
TAY 16-25Y	128,869	16.5%	7,229	19.1%	5.6%
Adult 26-59Y	302,862	38.8%	15,374	40.7%	5.1%
Older Adult 60+	87,797	11.2%	2,432	6.4%	2.8%
Ethnicity					
African American	85,683	11.0%	6,199	16.4%	7.2%
Asian/Pacific Islander	36,012	4.6%	867	2.3%	2.4%
Caucasian	138,955	17.8%	10,894	28.8%	7.8%
Latino	438,106	56.1%	16,152	42.7%	3.7%
Native American	1,897	0.2%	205	0.5%	10.8%
Other	79,825	10.2%	3,487	9.2%	4.4%
Preferred Language					
Cambodian	508	.1%	25	0.1%	4.9%
English	590,706	75.7%	34,263	90.5%	5.8%
Spanish	171,165	21.9%	2,546	6.7%	1.5%
Thai	95	0.0%	47	0.1%	49.5%
Vietnamese	3,074	0.4%	93	0.3%	3.0%
Other	14,930	1.9%	830	2.3%	5.6%
Residence Region					
Central Valley	169,349	21.7%	7,257	19.2%	4.3%
Desert/Mountain	231,124	29.6%	13,115	34.7%	5.7%
East Valley	203,630	26.1%	10,345	27.4%	5.1%
West Valley	159,544	20.4%	5,416	14.3%	3.4%
Unknown/Out of County	16,831	2.2	1,671	4.4%	9.9%

Sources: Medi-Cal Eligible Beneficiaries: MMEF file series edited monthly by CA Department of Mental Health, as of 6/1/2019. DBH, R&E Databases, data as of 7/30/2019.

Disparities between the Medi-Cal eligible beneficiaries group and the Mental Health Medi-Cal clients served in FY18/19:

Gender

- Fewer Medi-Cal beneficiaries served were female compared to those who were Medi-Cal Eligible. (48.2% versus 54.4%)
- 51.7% of Medi-Cal beneficiaries served were male, which was greater than their percentage of the Medi-Cal eligible population of 45.6%.
- The penetration rate was higher for males versus females (4.3% vs. 5.5%).

Age

- Transitional Age Youth (TAY) 16-25 years constituted 19.1% of beneficiaries served, compared to 16.5% of Medi-Cal eligible.
- Adults 26-59 years constituted 40.7% of beneficiaries served, compared to 38.8% of Medi-Cal eligible.
- Older Adults 60+ years constituted 6.4% of beneficiaries served compared to 11.2% of Medi-Cal eligible.
- The percentage of Children served was equivalent (33%) to the percentages of the Medi-Cal eligible population.
- By age group, the lowest penetration rate was for Older Adults (60+) at 2.8%.
- While the penetration rates for TAY and Adults was over 5%, the rate for children was 4.9%.

Race/Ethnicity

- Although Latinos represented 56.1% of Medi-Cal eligible beneficiaries, they only represented 42.7% of beneficiaries served.
- Although 4.6% of Medi-Cal eligible, Asian/Pacific Islanders represented only 2.3% of the beneficiaries served.
- The African American group represented 11% of Medi-Cal eligible beneficiaries and 16.4% of beneficiaries served.
- Caucasians represented 17.8% of Medi-Cal eligible and 28.8% of beneficiaries served.

Language

- 21.9% of Medi-Cal eligible beneficiaries preferred Spanish, while only 6.7% of Medi-Cal clients served preferred Spanish.
- The vast majority of Medi-Cal clients preferred English (90.6%).
- The penetration rate for the preferred Spanish language group was 1.5%, the lowest for all the language groups.
- The second lowest penetration rate was for the preferred Vietnamese language group (3.0%).

Substance Use Disorder Medi-Cal Indicators for Fiscal Year 2018/2019

	Medi-Cal Beneficiaries		Medi-Cal Clients		Medi-Cal Penetration Rate
	780,478	100%	6,035	100%	0.8%
Gender					
Female	424,623	54.4%	2,686	44.5%	0.6%
Male	355,855	45.6%	3,307	54.8%	0.9%
Unknown	0	0.0%	42	0.7%	NA
Age					
Children 0-11Y	197,237	25.3%	0	0%	0%
TAY 12-17Y	92,716	11.9%	117	1.9%	0.1%
Adult 18+Y	490,525	62.8%	5,918	98.1%	1.2%
Ethnicity					
African American	85,683	11.0%	645	10.7%	0.8%
Asian/Pacific Islander	36,012	4.6%	95	1.6%	0.3%
Caucasian	138,955	17.8%	2,657	44.0%	1.9%
Latino	438,106	56.1%	2,269	37.6%	0.5%
Native American	1,897	0.2%	263	4.4%	13.9%
Other	79,825	10.2%	106	1.8%	0.1%
Preferred Language					
English	590,706	75.7%	5,956	98.7%	1.0%
Spanish	171,165	21.9%	69	1.1%	0.0%
Other	18,607	2.4%	10	0.2%	0.1%
Residence Region					
Central Valley	169,349	21.7%	1,140	18.9%	0.7%
Desert/Mountain	231,124	29.6%	1,880	31.2%	0.8%
East Valley	203,630	26.1%	1,818	30.1%	0.9%
West Valley	159,544	20.4%	945	15.7%	0.6%
Unknown/Out of County	16,831	2.2	252	4.2%	1.5%

Includes all clients for DBH, contract agencies, Fee for services (FFS), outpatient, inpatient and residential.
Medi-Cal Eligible Beneficiaries: MMEF file series edited monthly by CA. Dpt. Of Mental Health, data as of June 1, 2019
Medi-Cal clients served and clients retained: ADS, R&E SIMON Data Bases. Information as of 8/7/2019
Medi-Cal clients retained are those who receive 3 or more face to face visits during the fiscal year.

2-II-B: Analysis of Disparities Identified in the Above Table

Disparities between Medi-Cal Eligible to Medi-Cal Substance Use Disorder Beneficiaries Served:

<u>Gender</u>

- Fewer Medi-Cal beneficiaries served were female compared to those who were Medi-Cal eligible (44.5% versus 54.4%)
- 54.8% of Medi-Cal beneficiaries served were male, which was greater than their percentage of the Medi-Cal eligible population of 45.6%.
- The penetration rate was higher for males versus females (0.6% vs. 0.9%).

Age

- Adults (18+ years) represented 98.1% beneficiaries served compared to 62.8% Medi-Cal eligible
- Youth (12-17 years) represented only 1.9% of beneficiaries served, compared to 11.9% of Medi-Cal eligible.
- The percentages of Children served was Zero (0) compared to the percentages of the Medi-Cal eligible population of 25.3%. The data can be interpreted as Youth and Children being underserved and unserved.

Race/Ethnicity

- Although Latinos represented 56.1% of Medi-Cal eligible beneficiaries, they only represented 37.6% of beneficiaries served.
- Caucasians represented 17.8% of Medi-Cal eligible beneficiaries and 44% of beneficiaries served.
- Native Americans represented 0.2% of Medi-Cal eligible and 4.4% of beneficiaries served.
- Although 4.6% of Medi-Cal eligible, Asian/Pacific Islanders represented only 1.6% of the beneficiaries served.

Language

- 21.9% of Medi-Cal eligible beneficiaries preferred Spanish, while only 1.1% of Medi-Cal clients served preferred Spanish.
- The vast majority of Medi-Cal clients served preferred English (98.7%).
- 75% of Medi-Cal beneficiaries preferred English.
- The data may suggest that we are underserving the Spanish speaking Medi-Cal population.

2-III: 200% of Poverty (minus Medi-Cal) Population and Service Needs

2-III-A: Summary of the 200% poverty (minus Medi-Cal) client data by race, ethnicity, language, age and gender.

Fiscal Year 2018/19 Population under 200% FPL minus Medi-Cal Eligible Beneficiaries

Population under 200% of Federal Poverty Line:	795,540
Medi-Cal Eligible Beneficiaries:	780,478
Population under 200% FPL minus Medi-Cal Eligible Beneficiaries:	15,062

San Bernardino Population under 200% of the Federal Poverty Line, Medi-Cal Beneficiaries, and Mental Health Medi-Cal Clients Served and Non-Medi-Cal Clients Served Fiscal Year 18/19

	Population under 200% FPL		Medi-Cal Beneficiaries		Medi-Cal Clients Served		Non Medi-Cal Clients Served	
	795,540	100.0%	780,478	100%	37,804	100.0%	5,995	100.0%
Gender		%				%		%
Female	399,382	50.2%	424,623	54.4%	18,212	48.2%	2,801	46.7%
Male	396,158	49.8%	355,855	45.6%	19,541	51.7%	3,186	53.1%
Other/Unknown	0	0.0%	0	0.0%	51	0.1%	8	0.1%
Age Group		%				%		%
Children(0-15y)	244,477	30.7%	260,950	33.4%	12,769	33.8%	1,697	28.3%
TAY (16-25y)	124,889	15.7%	128,868	16.5%	7,229	19.1%	1,443	24.1%
Adult (26-59y)	347,336	43.7%	302,862	38.8%	15,374	40.7%	2,375	39.6%
Older Adult (60+y)	78,838	9.9%	87,797	11.2%	2,432	6.4%	480	8.0%
Ethnic Group		%				%		%
African American	78,673	9.9%	85,683	11%	6,199	16.4%	764	12.70%
Asian/Pacific Islanders	42,942	5.4%	36,012	4.6%	867	2.3%	185	3.1%
Caucasian	239,094	30.1%	138,955	17.8%	10,894	28.8%	1,783	29.7%
Latino	405,850	51.0%	438,106	56.1%	16,152	42.7%	2,509	41.9%
Native American	5,255	0.7%	1,897	0.2%	205	0.5%	36	0.6%
Other/Unknown	23,726	3.0%	79,825	10.2%	3,487	9.2%	718	12.0%
Region		%				%		%
Central Valley	188,230	23.7%	169,349	21.7%	7,257	19.2%	1,042	17.4%
Desert/Mountain	198,662	25.0%	231,124	29.6%	13,115	34.7%	1,565	26.1%
East Valley	209,919	26.4%	203,630	26.1%	10,345	27.4%	1,204	20.1%
West Valley	197,237	24.8%	159,544	20.4%	5,416	14.3%	1,350	22.5%
Other/Unknown	1,492	0.2%	16,831	2.2%	1,671	4.4%	834	13.9%
Language								
Cambodian			508	0.1%	25	0.1%	1	0.0%
English			590,706	75.7%	34,263	90.6%	5,182	86.4%
Spanish			171,165	21.9%	2,546	6.7%	673	11.2%
Thai			95	0.0%	47	0.1%	7	0.1%
Vietnamese			3,074	0.4%	93	0.2%	4	0.1%
Other			14,930	1.9%	830	2.2%	128	2.1%

2-III-B: Narrative of Disparities Identified in the Previous Summary.

Comparison of Medi-Cal Clients Served FY 18/19 to County Population under 200% of FPL:

- The percentage of Medi-Cal female clients served was 48.2% less than the females under 200% of the federal poverty line (FPL) of 50.2%.
- The percentage of Medi-Cal male clients served was higher at 51.7% than males under 200% FLP at 49.8%.
- The percentages of children (0-15 years) was higher in the Medi-Cal clients served group at 33.8% compared to the population in poverty at 30.7%.
- The percentage of TAY (16-25 years) was higher in the Medi-Cal clients served group at 19.1% compared to the population in poverty at 15.7%.
- The percentages of adults (26-59 years) and especially older adults (60+ years) were lower in the Medi-Cal client group served compared to the population in poverty.
- Adults were 40.7% of Medi-Cal clients served compared to the population in poverty at 43.7%.
- Older adults were 9.9% of the population in poverty, but only 6.4% of Medi-Cal clients served.
- African Americans were 9.9% of the population in poverty, and 16.4% of the Medi-Cal clients served group.
- The percentages of Asian/Pacific Islanders (API) and Latino groups were lower in the Medi-Cal Clients served group compared to the population under 200% of FPL.
- The percentages of API Medi-Cal clients served was 2.3% compared to 5.4% of the population in poverty.

Comparison of Non Medi-Cal Clients Served in Fiscal Year 18/19 to County Population under 200% of FPL:

- Greater percentages of the Non Medi-Cal client group were male than the county population under 200% of the Federal Poverty Line (53.1% vs. 49.8%).
- The only group to have a greater percentage of Non Medi-Cal population than the FPL percentage was the TAY group with 24.1% compared to the 15.7% FPL.
- Children, Adults and Older Adults constituted lower percentages of the Non-Medi-Cal client groups versus the poverty population.
- The Percentages of African Americans and those who identified as Other/Unknown were higher in the Non Medi-Cal Clients served group versus the population in poverty.
- Lower percentages of Asian/Pacific Islanders and Latino were in the Non Medi-Cal Clients served group versus the population in poverty.

Comparison of Medi-Cal Clients Served to Non-Medi-Cal Clients Served:

- The majority of clients in both groups were male.
- While a third of Medi-Cal clients served were children, only 28.3% of Non Medi-Cal consumers were children.
- The majority of Non Medi-Cal consumers served were adults, 26-59 years old (39.6%).

2-IV: MHSA Community Services and Supports (CSS) Population Assessment and Service Needs

2-IV-A: CSS Population Assessment update by Race, Ethnicity, Language, Age and Gender

MHSA Community Services and Supports (CSS) Population Assessment and Service Needs MHSA Community Services and Support (CSS) Information for Fiscal Year 18/19

	Unduplicated Clients Served		County Population(*)
Total	13,322	100%	100%
Gender		**%**	**%**
Female	6,273	47.1%	50.30%
Male	7,029	52.8%	49.70%
Unknown	20	0.2%	0.00%
Age		**%**	**%**
Children (0-15 y)	3,149	23.6%	25.5%
Young Adult (16-25y)	3,416	25.6%	16.4%
Adult (26-59y)	5,918	44.4%	44.9%
Older Adult (60+y)	839	6.3%	13.1%
Ethnicity		**%**	**%**
African American	2,421	18.2%	8.5%
Asian/Pacific Islander	268	2.0%	6.3%
Caucasian	4,203	31.5%	32.9%
Latino	5,221	39.2%	49.6%
Native American	84	0.6%	0.4%
Other/Unknown	1,125	8.4%	2.3%
Preferred Language**		**%**	**%**
Cambodian	2	0.0%	N/A
English	12,406	93.1%	N/A
Spanish	624	4.7%	N/A
Thai	30	0.2%	N/A
Vietnamese	7	0.1%	N/A
Other	253	1.9%	N/A
Residence Region^^		**%**	**%**
Central Valley (CV)	2,660	20.0%	20.5%
Desert/Mountain (DM)	3,977	29.9%	23.0%
East Valley (EV)	3,358	25.2%	25.0%
West Valley (WV)	1,960	14.7%	31.5%
Unknown/Out of county	1,367	10.3%	0.0%

Sources: Total Population (*): California Department of Finance and Demographic Research Unit
Unduplicated Clients Served: SIMON database as of 8/14/2019
Notes: MHSA-CSS unduplicated consumers served based on RUs associated to the MHSA program
***County Preferred Language data on preferred language is unavailable.*
^^County Residence Region Data from California Department of Finance Demographic Research Unit

2-IV-B: Narrative of Disparities Identified in the Previous Summary.

Disparities between CSS unduplicated Clients Served and the County Population:

- The County female population is just larger than the male population at 50.3% whereas the female population for the unduplicated clients served comes in at only 47.1% allowing the male unduplicated population the majority at 52.8%.
- The percentage of children (0-15 years old) in the CSS program (23.6%) is just smaller than its proportion of the County population. (25.5%)
- The percentage of Transitional Age Youth (16-25 years) in the CSS programs is almost 10% higher compared to the percentage of the County population (25.6 vs. 16.4% respectively).
- Older adults (60+ years) are underrepresented at 6.3% in the CSS programs compared to their 13.1% proportion of the County population.
- The percentage of African Americans in the CSS programs are 10% higher compared to their proportions of the County population.
- The percentages of Latinos, Caucasians and Asian/Pacific Islanders are slightly lower in the CSS programs compared to their proportions of the County population.
- Native Americans constitute 0.4% of the County Population and have similar representation, 0.6%, in the CSS program
- CSS consumers who identified as Other/Unknown ethnicity were overrepresented (8.4%), compared to their proportion of the County population. (2.3%)

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

3-I: List of Target Populations with Identified Disparities in Medi-Cal and MHSA Components.

Medi-Cal

The populations with the highest index of disparities within the Medi-Cal population are the Latino, Asian/Pacific Islander (API), African American and Native American populations. Those disparities are presented from the following data:

- For Latinos there is a lack of access and service utilization in general with a 3.7% penetration rate.
- The penetration rate for the API group is the lowest of all groups at 2.4%. However, they receive a higher rate of inpatient and residential care compared to other racial and ethnic groups.
- Native Americans were a very small percentage of the overall county population but were served at the highest penetration rate of 10.8%.
- Latinos represented 56.1% of beneficiaries yet they only represented 42.7% of beneficiaries served.
- African Americans are accessing Mental Health services at lower levels of care when compared to other racial and ethnic groups.

Community Services and Support (CSS) Population

The percentages of African Americans served in CSS programs were higher than the general population at 18.2% versus 8.5%. However, Caucasians, Latinos and Asian/Pacific Islanders population percentages are higher than the respective percentages of CSS consumer rates.

WET Population

Between 2008 to Fiscal Year 18/19 DBH's Latino workforce has increased from 20% to 37% of the total workforce population. Two hundred seventy-nine (279) of the total workforce speaks Spanish which is an increase of 34% over 10 years.

3-III Identified Strategies/Objectives/Actions/Timelines to Reduce Identified Disparities

3-III-A: Strategies identified for WET and PEI

DBH currently has eight (8) Full Service Partnerships (FSP) that address the needs of specific populations and age groups. These programs implement key practices that consistently promote good outcomes for mental health clients and their families. In FY18/19 FSP programs served 4,492 unduplicated clients.

Some of the FSP programs are the following:

- The Age Wise Program provides FSP to older adults age 59 and older.
- Three Full Service Partnerships programs for children.
- Three One Stop Transitional Age Youth (TAY) Centers serving youth ages 16 to 25.

Some of the WET strategies used to reduce identified disparities:

- Peer and Family Advocate workforce support initiative.
- 12 to 18-month Internship programs (Social Work, Marriage and Family Therapy (MFT) and Psychology.
- Psychiatry Residency Program

Some of the PEI strategies implemented to reduce disparities in service:

- Stigma and Discrimination Reduction: The Native American Resource Center
- Outreach for Increasing Recognition of Signs of Mental Illness: Promotores de Salud/Community Health Workers.
- Access and Linkage to Treatment: Child and Youth Connection Program
- Prevention: Student Assistance Program
- Prevention: The Resilience Promotion in African-American Childeren (RPiAAC)

3-IV: Additional Strategies and Actions as well as Lessons Learned

Innovative Remote Onsight Assistance Delivery (InnROADs): The InnROADs project is a new innovative project that will target individuals living with a serious mental illness who are at-risk of homelessness, chronically homeless, or are homeless, and living in the County's suburban and urban areas.

For a full detailed list of partnerships, programs and disparity strategies with data driven results, please refer to the full version of the cultural competency plan.

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

4-I: Cultural Competency Committee to Address Cultural Issues reflective of the Community.

The Cultural Competency Advisory Committee (CCAC) advocates for the development, implementation and evaluation of high quality, culturally/linguistically competent behavioral health services that are capable of meeting the diverse needs of all cultural groups in San Bernardino County. The CCAC and its subcommittees are community-led and chaired by members of the community. CCAC and its subcommittees meet monthly and have direct channel access to the staff of the Office of Cultural Competency and Ethnic Services (OCCES) and the Cultural Competency Officer (CCO). The CCAC works closely with the CCO and staff on all relevant issues regarding the quality of behavioral health services. The philosophy of the CCAC includes: The belief that persons of all cultural backgrounds have the right to receive quality behavioral health services, regardless of age, creed, gender, sexual orientation, ethnicity, socio-economic status, disability or nationality.

4-II: Cultural Competency Committee Integration with the County's Mental Health System: Objectives and Responsibilities

Some of the objectives are the following:

- The promotion of equitable distribution of behavioral health services using multi-lingual and multi-cultural staff,
- Defending the right and promoting equal access to behavioral health services,
- Supporting community inclusion and input,
- Promoting community awareness about behavioral health issues,
- Advancing cultural competency and moving the Cultural Continuum towards an ideal state of Cultural Proficiency,
- And promoting research on behavioral health needs and interventions through culturally respectful best practices.

Cultural Proficiency is the policies and practices in an organization or the values and behavior of an individual, that enable the person or institution to engage effectively with people and groups who are different from them.

Some of the roles and responsibilities are:

- Review policies, mission and program statements to ensure Cultural Competency principles are included,
- Hold focus groups to share cultural information, support, resources and receive feedback from the community,
- Develop opportunities to increase community partnerships and collaboration.
- Review and update DBH's capacity and capability to provide competent cultural and linguistic services.
- Analyze Department services programs related to county/state demographics, trends, research findings regarding access, retention and treatment of specific cultural groups by age, gender, language, poverty and other criteria.

4-II-C: The CCAC Annual Reporting Functions

The FY 18/19 report by the CCAC chair can be viewed as an attachment in the Cultural Competency Plan Update for FY 18/19. The report contains work plans and objectives which are updated throughout the

fiscal year. Monthly updates are provided by the 13 CCAC subcommittees on their various activities related to the overall goal of the CCAC.

Criterion 5: Culturally Competent Training Activities

5-1: Annual Cultural Competence Training for County Staff and Stakeholders

The following are some of the Culturally Competent Training Activities that were performed during FY 18/19:

- OCCES staff provided 30 live trainings to DBH staff, contractor provider staff and community stakeholders.
- The County's online training system Relias offers 54 courses that qualify for Cultural Competency Hours.
- During FY 18/19 Relias reported over 5000 Cultural Competency hours granted to DBH employees and contractor staff.

In FY 19/20, OCCES and the Cultural Competency: Quality Improvement Workgroup will be reviewing Relias training reports on a bi-monthly basis to monitor completion of cultural competency trainings by DBH staff.

5-II: Annual Cultural Competence Trainings

Table 10 and 11 of the FY 18/19 Cultural Competency Plan (CCP) update has detailed information about the training activities that were performed throughout the fiscal year.

Table 10 provides a list of all Live Cultural Competency Trainings provided some of which are listed below:

- Diversity Film Series
- Un Momento/One Moment
- Safe Space
- Love is Love Event
- Breath…Together We Can Handle Anxiety
- Deaf Sensitivity Training
- Historical Trauma in Native American Communities
- Cultural Competency Training

Table 11 in the CCP provides a list of all Relias Online Trainings awarding Cultural Competency Hours some of which are listed below:

- A Culture Centered Approach to Recovery
- Customer Service in a Behavioral Health Environment
- Military Cultural Competence
- Film-Panel "The Anonymous People"
- Barriers to Recovery
- Advocacy and Multicultural Care
- Identifying and Preventing Child Abuse and Neglect
- Family Assessment and Intervention
- Advocacy and Multicultural Care
- Cultural Competence

In FY 19/20 OCCES will continue to work with WET and DBH Research and Evaluation team to develop post surveys to capture staff skills learned in trainings. OCCES plans to implement Post surveys next FY.

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

6-I: Recruitment, Hiring and Retention of a Multicultural Workforce

The DBH workforce is a direct reflection of the County's Community and efforts continue to assure that the workforce has the capability to adequately serve the diverse and expansive county. The emphasis to hire and retain bicultural and bilingual staff remains a top priority of the department. Since FY 12/13 the number of bilingual staff has increased from 150 personnel to 279 which represents a 53% increase over seven years. The majority, (96%) of bilingual staff, are Spanish speakers but other languages like ASL, Farsi and Arabic are also spoken by DBH personnel. WET continues to actively recruit bilingual interns to help provide services in other languages. Since FY 08/09, on average, 34% of interns have been bilingual. In FY 18/19, 38% of interns were bilingual. Of the bilingual interns, 93% were Spanish speakers.

6-I-B: Comparisons of the Workforce Needs Assessment data for the WET component of the Plan to the General Population and Medi-Cal under 200% Poverty Level:

Latinos had a high level of disparity as evident by the comparison of DBH workforce to the general population (36.6%), population under 200% poverty level (51.0%), and Medi-Cal Consumers (42.6%). When looking at DBH staffing needs, it is clear that the Latino population is underrepresented; however, DBH has made efforts to address the population disparities through its recruitment and hiring practices. To address some of the potential language disparities DBH has made efforts to improve the number of bilingual staff, which has increased by 53% from FY 12/13 (150) to FY 18/19 (279). Additionally, DBH is attempting to address the potential language disparities through its internship program by recruiting bilingual and bicultural interns. The bilingual program often acts as a pipeline to the DBH workforce by training future clinicians to work in the public mental health field. In FY 18/19, 38% of DBH interns were bilingual and of those 93% are Spanish speakers. By comparison, there is a large disparity in the gender makeup of DBH workforce, with male staff being underrepresented. The DBH workforce is 22.7% male, as compared to the general population (49.7%), population under 200% poverty level (49.8%), and Medi-Cal Consumers (51.7%). Recruitment efforts for FY 18/19 resulted in 34% of the DBH staff hired being male.

FY18/19 Ethnicity and Gender of DBH Workforce Compared to Populations of Interest

	Total Population		Population under 200% FPL		Medi-Cal Beneficiaries		Medi-Cal Consumers		DBH Workforce	
	2,192,203		795,540		780,478		37,804		1,307	
Female	1,102,645		389,382		424,623		18,212		1,010	
Percentage of Females	50.3%		50.2%		54.4%		48.2%		77.28%	
Male	1,089,558		396,158		355,855		19,541		297	
Percentage of Males	49.7%		49.8%		45.6%		51.7%		22.7%	
Other/Unknown	0	0%	0	0.0%	0	.0%	33	0.1%	0	0
Ethnic Group	**Total Population**		**Population under 200% FPL**		**Medi-Cal Beneficiaries**		**Medi-Cal Consumers**		**DBH Workforce**	
African American	185,919	8.5%	78,673	9.9%	85,683	11.%	6,199	16.4%	212	16.22%
API	138,952	6.3%	41,942	5.4%	36,012	4.6%	867	2.3%	102^	7.81%
Caucasian	720,664	32.9%	239,094	30.1%	138,955	17.8%	10,894	28.8%	384	29.38%
Latino	1,086,865	49.6%	405,850	51.0%	438,106	56.1%	16,152	42.7%	478	36.57%
Native American	9,167	0.4%	5,255	0.7%	1,897	0.2%	205	0.5%	9	0.69%
Other/ Unknown	50,636	2.3%	23,726	3.0%	79,825	10.2%	3,487	9.2%	82^^	6.27%

^Includes Asian and Native Hawaiian or other Pacific Islander categories of employees
^^Includes Two or more races and Not Applicable categories of employees
Sources:
(*) California Department of Finance Demographic Research Unit
Report E-4 Population Estimates for cities, counties and the State 2011-2019 with 2010 Benchmark
Estimated as of January 1st. 2019 Released May 1, 2019
Total Population, Poverty Population, Persons in Need are estimated based on different sources like: US Census Bureau, American Community Survey
California Department of Finance Demographic Research Unit, California Health Interview Survey (provided for UCLA Center for Health Policy Research) etc.
Medi-Cal Eligible Beneficiaries: Medical Monthly Eligibility Files (MMEF) provided by CA Department of Health Care Services. Monthly average for the FY 18/19
Unduplicated Clients: DBH-SIMON database and Data Warehouse as of 7/30/2019
DBH Human Resources

6-I-D: Summary of Targets Reached to Grow a Multicultural Workforce in Rolling Out WET Planning and Implementation Efforts:

- The Expansion of the Psychiatry Residency Program.
- The hiring of 6 Internship Fellows into permanent positions with the DBH system of care.
- The hiring of 47 licensed and pre-licensed clinicians into permanent positons within the DBH system of care.
- A workforce that includes 39 Peer and Family Advocates (PFA) that builds upon lived experience and adds a greater dimension to service provision.

- In FY 18/19 6 PFA's were promoted within the ranks of the DBH, the highest number since FY 07/08.

Criterion 7: Language Capacity

7-I: Increase Bilingual Workforce Capacity

During FY 18/19, DBH employed 279 bilingual employees and interns (21%). The majority of the bilingual staff speak Spanish (96%) but other languages include Arabic, ASL, Farsi, Tagalog, Mandarin and Vietnamese. The DBH Bilingual Staff List is updated on a quarterly basis by BDH Human Resources Department. A breakdown of DBH Bilingual Staff by Language and Skill Level for FY 18/19 can be observed in the table below:

	Proficiency			Total
	Verbal	Written	Technical	
Spanish	126	45	97	268
ASL	1	0	0	1
Arabic	0	0	1	1
Farsi	0	0	1	1
Mandarin	3	0	1	4
Tagalog	0	0	1	1
Vietnamese	0	0	3	3

Other options for language services are the five (5) DBH contracted language vendors that provide translation and interpretation services. The expense for FY 18/19 language service vendors was $270,205 which does not include bilingual compensation paid to DBH certified employees who have passed County Human Resource testing.

7-II: Provide Services to Persons who have Limited English Proficiency (LEP) by using Interpreter Services

The Department of Behavioral Health also provides a dedicated 24-Hour Access and Referral Line which helps callers gain access to mental health services, respond to urgent conditions and provides help with processes, grievances and appeals. Callers also have access to interpreters through a contracted county language provider which allows callers to ask and answer questions, listen about information and programs and receive further instructions in their preferred language.

In June 2016, DBH partnered with Health Care Interpreter Network (HCIN) to pilot the use of a video interpretation system to provide prompt video interpretation at two clinic test locations. Feedback from the initial pilot survey was very positive over an eighteen (18) month period. Some technical difficulties created quality issues under the pilot and further testing was able to correct these limitations. The devices continued in use throughout the FY 18/19 and there are plans to expand the service to other areas of the county during FY 19/20 which will increase the options the client has for translation services, reduce costs for the county and make the interpretation process more efficient. County clients will always have the option of in person interpretation even with the success of video interpretation.

7-III: Provide Bilingual Staff and/or Interpreters for the Threshold Languages at all Point of Contact

Non-English speaking clients and their family can be helped at any point of contact through DBH staff that are certified as bilingual and are listed on the bilingual list. This list is first used when a client or family member accesses services. In the case that no certified DBH bilingual members are available, DBH employees have the option to access one of five language service vendors that are available 24/7. Language posters are posted at all clinic sites and state that language services are available free of charge. An offer of language interpretation is documented in a client's outpatient chart which describes the exact process of documenting interpreter offers and requests. DBH has policies and procedures in place that address the language service delivery for LEP clients and their families. Please refer to CUL 1004 and the other related documents in the FY 18/19 Cultural Competency Plan update.

In FY 19/20 the Office of Cultural Competence and Ethnic Services will be visiting all DBH sites to update and replace posted language rights posters.

In FY1 9/20 OCCES will be developing a survey to request feedback on language services delivered from staff who frequently access these services to ensure they are satisfied with the quality of service provided from DBH vendors. The results will also allow us to identify future training opportunities.

In FY 19/20 OCCES will survey DBH staff to identify any current challenges in providing language services.

Criterion 8: Adaptation of Services

8-I: Client-Driven/Operated Recovery and Wellness Programs

8-I-A: List Client-Driven Operated Recovery and Wellness Programs

DBH has nine (9) client Clubhouses and four (4) One Stop TAY Centers which are primarily staffed by Peer and Family Advocates (PFA's) who are culturally and linguistically representative of the clients served throughout the DBH system of care.

Clubhouses: In Fiscal Year 18/19 Clubhouses served 10,252 unduplicated individuals.

- Desert Stars – Barstow
- Our Place - Loma Linda
- TEAM House – San Bernardino
- A Place to Go Clubhouse – Lucerne Valley
- Central Valley FUN Clubhouse – Rialto
- Amazing Place – Ontario
- Santa Fe Social Club – Yucca Valley
- Pathways to Recovery – Fontana
- Serenity Clubhouse – Victorville

One Stop TAY Centers: In Fiscal Year 18/19 served 346 unduplicated individuals.

- Ontario
- San Bernardino
- Victorville
- Yucca Valley

DBH has a Peer and Family Advocate (PFA) program with the goal of increasing the number of clients and family members of clients employed in the public mental health system. PFA's are individuals with the lived experience of being behavioral health clients or family members of behavioral health clients. PFA's provide crisis response services, peer counseling, linkages to services, and support for clients of DBH services. In FY 18/19, DBH had thirty-nine (39) PFA positions within DBH.

DBH has the Office of Consumer and Family Affairs (OCFA) which is comprised of three (3) PFA's. OCFA provides assistance and support to clients and their families by linking them to appropriate services for treatment. OCFA also facilitates the CCAC Consumer and Family Members Awareness Subcommittee.

All of these programs use the Recovery, Wellness, and Resilience model in a stigma free environment.

8-II: Mental Health Services Responsiveness

A Provider Directory, Fee for Service Provider Directory and Resource Guide are provided to clients for their personal accommodation of preference and cultural/linguistic needs. The directories provide options for clients/family members. The complete DBH Health Provider Directory and Fee for Service Provider Directory can be viewed on the DBH website.

The Department of Behavioral Health also provides several culturally-specific programs, both County operated and through contract agencies. Some of the programs are the following:

- Resilience Promotion in African American Children
- Culturally-Specific Community Health Worker/Promotores de Salud
- Native American Resource Center
- Age Wise Program
- The Military Support and Family Support Program (MSFS)

DBH also takes on a pro-active role through their Public Relations and Outreach (PRO) Office which works with the Office of Cultural Competence and Ethnic Services (OCCES) to outreach to diverse communities and cultures of San Bernardino County. Some of the many functions of PRO are the following:

- Create guidelines for Promotional, Educational and/or Informational Materials
- Create policies for Web Blast Procedures and Guidelines
- Provide written communications in Threshold/Primary Languages for Client/Family Members

In FY 19/20 OCCES will be conducting mystery Caller studies for the Department's Substance Use Disorder and Recovery Services program. Calls will be made to DBH's after-hours' access line and contracted providers to assess for linguistic capabilities, ADA accessibility and alternative Medication Assisted Treatment (MAT) services. The results will help guide training needs.

8-III: Quality of Care: Satisfaction of Cultural Competency Requirements: Contract Providers

As part of DBH's quality assurance and cultural competency requirements all contractors must satisfy the following requirements:

- Participate in the County's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity. In addition, contract agencies will maintain a copy of the current DBH CCP.
- To ensure equal access to quality care for diverse populations, contractors shall adopt the federal Office of Minority Health Cultural and Linguistically Appropriate Service (CLAS) national standards.
- Assess the demographic make-up and population trends of its service area to identify the cultural and linguistic needs of the eligible beneficiary population.
- Upon request, provide DBH with cultural specific service options available to be provided by the contractor.
- The capacity or ability to provide interpretation and translation services in threshold and prevalent non-English languages, free of charge to beneficiaries.
- Provide written informing materials in alternate formats and in threshold and prevalent non-English languages.
- Have in place strategies to recruit, promote, and support a culturally and linguistically diverse workforce that is representative of the demographic characteristics of the population in the service area.
- Procedures to determine if their staff is multilingual/bilingual and their competency level.
- Procedures notifying beneficiaries of interpretation services, auxiliary aids and services, which must be available to them free of charge.

8-IV: Quality Assurance Requirement

Client outcomes are collected by various survey tools as well as focus group projects. The following tools are utilized to address cultural/linguistic issues in addition to other client service items:

- The Mental Health Plan Perception Survey
- Substance Use Disorders Treatment Perceptions Survey
- Transformation Collaborative Outcomes Management (TCOM) assessment tools
    - ANSA- Adult Needs and Strengths
    - CANS-Child and Adolescent Needs and Strengths
- Consumer Comment Cards
- The Consumer Evaluation Counsel (Clubhouses)

Grievance and Complaints: In FY 18/19 no grievances were received. In FY 19/20 any grievances that are received will be reviewed during the bi-monthly Cultural Competency Quality Improvement Workgroup.

NONDISCRIMINATION NOTICE

The San Bernardino County Department of Behavioral Health (DBH) complies with Federal and State civil rights laws. DBH does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation or Limited English Proficiency (LEP).

DBH provides:

- Free aids and services to people with disabilities to help them communicate effectively with DBH, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the San Bernardino County Department of Behavioral Health, at 1-888-743-1478, 711 (California State Relay).

LANGUAGE ASSISTANCE TAGLINES

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call *1 (888) 743-1478* (TTY: *7-1-1*).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request.
Call *1 (888) 743-1478* (TTY: *7-1-1*).

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al *1 (888) 743-1478* (TTY: *7-1-1*).

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số *1 (888) 743-1478* (TTY: *7-1-1*).

Tagalog (Tagalog / Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa *1 (888) 743-1478* (TTY: *7-1-1*).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1 (888) 743-1478 (TTY: *7-1-1*) 번으로 전화해 주십시오.

繁體中文**(Chinese)**
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電*1 (888) 743-1478* (TTY: *7-1-1*)。

Հայերեն **(Armenian)**
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք *1 (888) 743-1478* (TTY (հեռատիպ)՝ *7-1-1*).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните *1 (888) 743-1478* (телетайп: *7-1-1*).

LANGUAGE ASSISTANCE TAGLINES

فارسی **(Farsi)**

توجه: شما برای رایگان بصورت زبانی تسهیلات کنید، می گفتگو فارسی زبان به اگر
بگیرید تماس (TTY: *7-1-1*) *1 (888) 743-1478* با. باشد می فراهم

日本語 **(Japanese)**
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1 (888) 743-1478 (TTY: *7-1-1*) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau *1 (888) 743-1478* (TTY: *7-1-1*).

ਪੰਜਾਬੀ **(Punjabi)**

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸ ੀਂ ਪੰਜਾਬ ਬੋਲਿ ਹੋ, ਤਾ ੀਂ ਭਾਸ਼ਾ ਧ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। *1 (888) 743-1478* (TTY: *7-1-1*) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اللغة، اذكر المجان لك تتوافر اللغوية المساعدة خدمات فإن .بالمجان برقم اتصل *1 (888) 743-1478*
(والبكم الصم هاتف رقم: *7-1-1*)

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। *1 (888) 743-1478* (TTY: *7-1-1*) पर कॉल करें।

ภาษาไทย **(Thai)**
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร *1 (888) 743-1478* (TTY: *7-1-1*).

ខ្មែរ (Cambodian)
ប្រយ័ត្ន៖ រ ើសិនជាអ្នកនិយាយ ភាសាខ្ម , រសវាជំនួយមាននកភាសា រោយមិនគិត្ឌួល
គឺអាចមានសំរ ់ ំរ ើអ្នក។ ចូ ទូ សព្ទ *1 (888) 743-1478* (TTY: *7-1-1*)។

ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ ້າວ ່າທ ່ານເວ ົ ້າພາສາລາວ, ການບ ໍ ລ ິການຊ ່ວຍເຫ ຼ ືອດ ້ານພາສາ,
ໂດຍບ ໍ ່ເສ ັ ຽຄ ່າ,ແມ ່ນມ ີພ ້ອມໃຫ ້ທ ່ານ.ໂທຣ *1 (888) 743-1478* (TTY: *7-1-1*).