



ALPINE COUNTY
Behavioral Health Services

**CULTURAL & LINGUISTIC
COMPETENCE PLAN**

Annual Update
FY 2025-2026

FINAL 12/18/2025

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I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

“The mission of Alpine County Behavioral Health Services (ACBHS) is to provide safe, ethical and accessible services that inspire personal growth and development through strength-based behavioral health programs and supportive connections.”

Alpine County Behavioral Health Services (ACBHS) strives to deliver culturally, ethnically, and linguistically-appropriate services to behavioral health clients and their families. In addition, ACBHS recognizes the importance of developing services that are sensitive to other cultures, including Native Americans other racial and ethnic groups; veterans; persons with disabilities; clients in recovery; LGBTQ2S+ community; various age groups (e.g., Transition Age Youth [TAY]; Older Adults); faith-based; and persons involved in the correctional system.

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

“Recovery emerges from hope. The belief that recovery is real provides the essential and motivating message of a better future, that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.” (*“Engaging Native Wellness: Healing Communities of Care Curriculum Workbook,” Art Martinez, 2014.*)

In this small county, staff and community members serve multiple roles. As a result, the promotion of culturally-relevant and recovery-oriented services is a continuous improvement project that is the responsibility of all ACBHS staff. ACBHS develops strategies for improving access and quality of services for individuals who are underserved, including TAY; Native Americans; older adults; young children; persons who are geographically isolated; LGBT LGBTQ2S+, and veterans.

Cultural considerations are an integrated part of the child, youth, adult, and older adult service delivery systems. ACBHS continually addresses how diverse backgrounds influence outcomes, and the importance of understanding an individual’s culture and unique perspective to better combine and understand traditional healing methods with western methodologies and philosophies. ACBHS staff and providers are committed to constantly improving services to meet the needs of culturally-diverse individuals who seek and receive ACBHS services.

As part of the commitment to cultural and linguistic competence, ACBHS provides training on the national standards and incorporates the standards into the framework of the cultural competence program. Current program goals and objectives were developed through various committees and stakeholder activities. These goals and objectives are outlined in this document and provide direction to the whole Cultural and Linguistic Competence program.

A. Behavioral Health Board – Membership and Activities

It is the value and mission of ACBHS to involve underserved communities in planning and management committees. This approach includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs and practices and preferred languages. The integration of these values creates a forum for ensuring that ACBHS continually enhances its services to be culturally- and linguistically-relevant for adult clients and youth and their families.

The Behavioral Health Board (BHB) provides a forum for clients, diverse populations, family members, youth, and other cultural groups to provide input and feedback on the ACBHS system. The BHB ensures that ACBHS continually enhances services to be culturally and linguistically relevant for youth and adult clients, and their families.

B. Cultural Competence Committee – Membership and Activities

The ACBHS Cultural Competence Committee (CCC) is a subcommittee of the Quality Improvement Committee. It is a cross-agency subcommittee that has representatives from mental health, alcohol and drug, and public health services. Approximately 8-10 people attend each meeting, which is held quarterly. Members include persons who are Caucasian and Hispanic; Native American, consumers of mental health and/or SUD services; and family members of consumers. The CCC works closely together to review data; organize cultural activities; and promote culture and healing to help balance the lives of the persons served. The CCC works to develop a set of congruent practice skills, attitudes, policies, and structures which enables employees and contractors to work effectively in cross-cultural situations.

II. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Available Culturally-Competent Services and Activities

Alpine County recognizes the need to be culturally responsive to Native Americans and other minority and under-represented populations. By providing treatment in a manner that is responsive and demonstrates an understanding of the client’s heritage, history, traditions, worldview, and beliefs, ACBHS hopes to engage more members of the community and the diverse populations within it.

It is the value and mission of ACBHS to involve underserved communities in planning and management committees. These committees provide leadership and opportunities to give voice to consumers, persons of diverse racial backgrounds, family members, youth, and other cultural groups. This leadership creates a forum for ensuring that the department continually enhances services to be culturally relevant for youth, adult clients, and their families. ACBHS has individuals from different ethnic and cultural backgrounds represented in many of its committees.

The Alpine County Behavioral Health Board is comprised of clients and family members, partner agency representatives, and other community members. The Behavioral Health Board is very active and involved in representing the most geographically-isolated areas of the county.

Alpine County’s Wellness Projects are designed to provide targeted programming for a variety of distinct populations. These programs provide continued support to prevent the development and onset of mental health issues among Alpine County residents. The following activities are included within the Wellness Projects, as well as many others: Honoring the Past and Present Through Traditional Knowledge; Play Group; Bike Fix-It and Bike-to-School events; community trips; Family Night; Movie Nights and Archery Tag nights; Create the Good activities; activities that address senior socialization and exercise (chair exercises, senior soak; etc.); and yoga classes.

Native Americans

“The core principles for alleviating mental health disparities of Native Americans in California must directly correlate to the root causes of the disparities: Respect sovereign rights of tribes...; Support rights for self-determination; Value Native American cultural practices as stand-alone practices; Incorporate the use of Native American specific research and evaluation methods unique to each community.” – Native Vision (2011) from “Healing Communities of Care Curriculum Workbook.”

In an effort to reduce disparities in access to treatment services, ACBHS continues to provide services at the Washo Community Center. This partnership encourages collaboration and interconnected services. Some of these activities in the past have included: cultural crafts, weekly Talking Circle recovery groups, and a luncheon open to the Alpine County community.

“If you use the metaphor of water, therapy is only one river. History and culture are an ocean.”
– Community Member from
“Healing Communities of Care Curriculum Workbook.”

Children and TAY

ACBHS strives to offer a variety of engagement activities and services for children and TAY and intentionally creates partnerships with entities that serve children and TAY. The Woodfords Indian Education Center provides tutoring and other after school activities at Hung-A-Lel-Ti; and another organization provides counseling services at the only school in the county. In addition, ACBHS provides play groups for parents with young children; a youth leadership group; family movie nights; and parent wellness activities. ACBHS also provides monthly teen lunches at the high school where youth are informed about ACBHS activities and services available, receive flyers and information, and they provide their contact information to assist ACBHS in contacting them in the preferred manner, or manner most relevant to each individual.

Older Adults

ACBHS focuses many programs on older adults including “Good Morning Alpine” events. The senior activities focus on improving the healthy attitudes, beliefs, skills, and lifestyles of older adults in Alpine County through participation in meaningful activities and utilization of services. It also serves to reduce stigma associated with seeking behavioral health services; reduce isolation, depression, fear, anxiety, and loneliness among seniors; increase referrals to and knowledge about supportive services; provide a warm, caring environment where seniors can develop a sense of connection and belonging; encourage development of new skills and creative abilities; and support active, healthy lifestyles.

Isolated Communities

ACBHS works to include the smaller communities within the county by offering in-person and virtual events, outreach, guided meditation, Bear Valley yoga, and monthly Create the Good events.

“Create the Good” began as a luncheon geared towards adults and seniors, featuring presentations on topics related to health, wellness, and parenting. It promotes socialization, awareness of health and wellness subjects, and learning opportunities. The program has expanded to include more early intervention opportunities by hosting an open support group; providing alternative therapies, such as therapeutic nature walks; and making opportunities for “meet and greets” between participants and ACBHS staff. In addition, Create the Good observes holidays by incorporating the food, culture, and customs of the holiday into the day’s luncheon. For example, ACBHS has commemorated Veteran’s Day, St. Patrick’s Day, Chinese New Year, and Valentine’s Day.

LGBTQ2S+ Community

ACBHS strives to offer a variety of services for the LGBTQ2S+ community. ACBHS offers training and promotional materials at the local school and other community events to help reduce bullying, suicides, and stigma. ACBHS offers promotional materials to support the LGBTQ2S+ community. These anti-stigma campaigns aim to reduce the effects of stigma and discrimination in our community.

Recovery Community

The weekly Talking Circle group is focused primarily on engaging the Native American community.

Persons with Disabilities

ACBHS provides transportation to ACBHS services and programs for all clients and members of the community when needed. Transportation for people with disabilities is also available through the county Dial-A-Ride program at no cost. TDD is available for persons with hearing impairments. Audio versions of the client brochures are available for individuals who are visually impaired. Staff are scheduled during regular business hours, Monday through Friday, 8:00 am to 5:00 pm. The majority of services are offered during these business hours. However, services and activities are available in the evening or weekend, in special circumstances. In addition, ACBHS links clients with disabilities to other services, such as the Alta Regional Center. All of ACBHS facilities that serve clients are ADA accessible. ACBHS strives to provide a warm and welcoming environment that is comfortable to diverse cultural backgrounds.

B. Informing Clients of Culturally-Competent Services

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

1. Integrated Behavioral Health Member Handbook (Medi-Cal SMHS & DMC)
 - a. A template of the Integrated BH Member Handbook is produced by the Department of Health Care Services (DHCS) or its designee.
 - 1) It includes broad, statewide standards of care, as well as specific pages dedicated to local county contact information and details.
 - 2) The Integrated Handbook also includes language assistance taglines in multiple languages to ensure that clients have access to this information.
 - b. The Integrated Handbook is reviewed at least annually by ACBHS, and the local information is updated as needed.
 - c. The Integrated Handbook is provided to clients upon intake and as requested. It is also posted on the ACBHS website.
 - d. In addition, the Integrated Handbook is provided to clients whenever significant changes have been made.
 - 1) The updated Integrated Handbook to Medi-Cal SMHS must be given to clients 30 days before the effective date of the change, and posted on the ACBHS website.
 - e. A bound copy of the Integrated Handbook is available in the clinic lobby.

2. ACBHS Provider Directory

- a. The ACBHS Provider Directory details a complete listing of ACBHS staff and contract providers that are available to deliver behavioral health services. The Provider Directory includes at least the following information about each provider:
 - 1) Name of staff person, individual provider, organization/facility, and group affiliation, if any; must include physicians, hospitals, pharmacies, and BH providers
 - 2) CA license type and number (for staff and individual providers)
 - 3) National Provider Identifier (NPI) Number
 - 4) Physical address
 - 5) Phone number and email address
 - 6) Website (if applicable)
 - 7) Hours of operation
 - 8) Specialty, in terms of training, experience and specialization, including board certification (if any)
 - 9) Services/modalities (mental health services, substance use disorder services, Cognitive Behavioral Therapy, medication support, etc.)
 - 10) Populations served (age groups, cultural groups, LGBTQ2S+, veterans, etc.)
 - 11) Language capabilities (Spanish, American Sign Language, etc.)
 - 12) Cultural competency training status (staff and individual providers)
 - 13) Interpreter availability (individuals or language line)
 - 14) Accessibility/ADA compliance
 - 15) If the provider is accepting new clients
 - 16) If the provider is accepting new Children's Health Insurance Program (CHIP) members
- b. Information about ACBHS language assistance and interpretation services is included.
- c. This document also includes language assistance taglines in multiple languages to ensure that clients have access to these services.
- d. The Provider Directory is updated by ACBHS monthly.
 - 1) Contract providers submit their updated information with their monthly invoices, or are contacted by ACBHS to obtain changes.
 - 2) ACBHS also verifies provider information through provider contact and via internet research.
- e. The Provider Directory is distributed to each client at intake, and is available in the clinic lobby and upon request. It is also available on the ACBHS website.

3. Guide to Alpine County Behavioral Health Services

- a. This ACBHS brochure describes the behavioral health services available in Alpine County and how individuals can access these services.
 - 1) This brochure also includes language assistance taglines in multiple languages to ensure that clients have access to these services.
 - b. The Guide to Alpine County Behavioral Health Services brochure is reviewed by ACBHS at least annually, and updated as needed.
 - c. This document is provided to clients upon intake and as requested. Copies are also available in the clinic lobby.
4. A New Client Intake Tracking Sheet is used to ensure that each client is informed about the availability of free language assistance services.
- a. This document is completed by front office staff, added to the client's chart, and forwarded to clinical staff for the intake assessment appointment.

5. Other Informing Mechanisms

- a. ACBHS website and partner websites
- b. ACBHS monthly calendar and local newsletters
- c. ACBHS brochures, posters, and rack cards identifying available services and how to access them for targeted groups such as TAY, older adults, and Native Americans
- d. Interagency meetings
- e. Bulk mailings with monthly newsletters
- f. Crisis Line: ACBHS utilizes the Crisis Support Services of Alameda County, a non-profit provider, for the crisis line. Individuals who staff this 24/7 Access Line are trained to be familiar with the culturally-competent services that ACBHS offers, and are able to provide interpreter services or link clients to language assistance services as needed.

C. Providing Language Assistance Services

Officially, Alpine County has only one (1) threshold language, English. ACBHS also provides written informing materials in Spanish to improve access and engage Alpine County residents who may have Spanish as a primary language.

The 24/7 Access Log documents a client's need for interpreters, for clients who do not speak English or who prefer to receive services in another language. The New Client Intake Tracking Sheet also documents when a client requests an interpreter and which provider is preferred.

This information is forwarded to clinical staff for the intake assessment and the Director to ensure compliance. This information is also utilized during case assignments and clinical team

meetings, to help assign the appropriate staff to provide ongoing services in the individual's primary language, whenever possible.

ACBHS has a policy in place that outlines the requirements and processes for meeting a client's request for language assistance and an interpreter, including the documentation of providing that service.

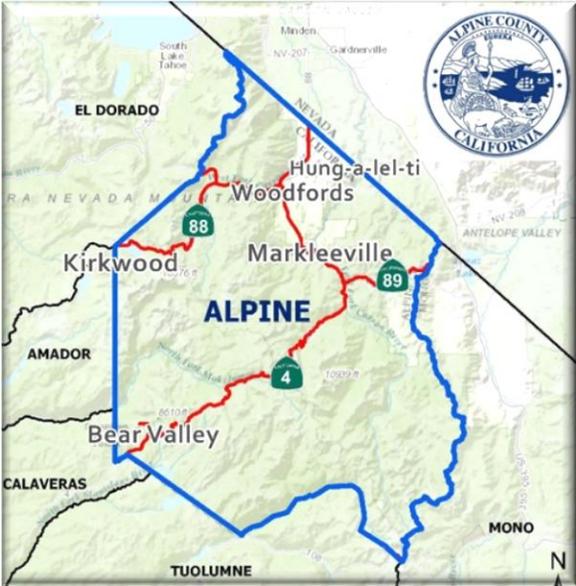
D. Reviewing Relevant Grievances and Appeals

The Quality Improvement Committee (QIC) reviews complaints and grievances. The grievance log records if there are any issues related to cultural competency. The QIC reviews all issues and determines if the resolution was culturally appropriate. ACBHS has a policy and form to allow clients to file a problem with MHSA programs, and has a resolution process in place to address these identified issues.

III. DATA, ANALYSIS, AND OBJECTIVES

A. County Geographic and Socioeconomic Profile

1. County location and attributes



Alpine County is the smallest county by population, in California, with a population of approximately 1,204 (2020 Census). This rural county is located in the central Sierra Nevada mountains, south of Lake Tahoe and bordering the State of Nevada, with a total area of 738 square miles. Alpine County has no incorporated cities; instead, the county residents recognize five distinct communities: On the eastern slope are communities of Hung-A-Lel-Ti (the Southern Band of the Washoe Tribe); Markleeville, which is the county seat; Woodfords; and Kirkwood recreation and ski resort. On the western slope is the Bear Valley community.

The census-designated places include Markleeville (population 191); Alpine Village (population 224); Bear Valley (population 128); Kirkwood (population 158); and Mesa Vista (population 200). The Hung-A-Lel-Ti community has a population of approximately 250. (*Census 2010 and 2020 data*)

The most populated areas of Alpine County are geographically distant and isolated from one another. In the winter, due to the Highway 4 closure, the distance between the two Alpine County clinics, in Markleeville and Bear Valley, is 131 miles, which takes 3 hours and 20 minutes to drive. In the summer, with Highway 4 open, the distance between the two towns is 36 miles. Due to the road conditions, this 36-mile drive is still 1 hour and 33 minutes.

With a population of less than two (2) persons per square mile, Alpine is considered a “frontier” county. Ninety-six percent (96%) of the county’s territory is designated “public land,” managed by the U. S. Department of Agriculture, Forest Service, and Bureau of Indian Affairs.

The only threshold language in Alpine County is English. Alpine County’s small population size offers the potential of being able to get “arms around the problems,” to identify and reach virtually every individual in need. From the perspective of ACBHS professionals and their partners, its small population size provides Alpine County an opportunity for meaningful collaboration and timely identification and resolution of both system- and client-related issues and challenges. The few numbers of staff comprising the department wear multiple hats, making it necessary for all staff to understand issues comprehensively, and take a multidisciplinary approach to treatment and service delivery.

2. County demographics

Figure 1 shows age and race/ethnicity, and gender of the general population. Of the 1,204 residents who live in Alpine County, 12.6% are children ages 0-14; 10% are TAY ages 15-24; 42.7% are adults ages 25-59; and 34.7% are older adults ages 60 years and older. The majority of persons in Alpine County identify as White (66.5%) and 17.8% identify as Native American/ Alaskan Native. There are a comparable number of males (52.6%) and females (47.4%) in the county.

Figure 1
Alpine County Residents
By Gender, Age, and Race/Ethnicity
 (Population Source: 2020 Census)

	Alpine County Population 2020 Census	
Age	Number	Percent
0 - 14 years	152	12.6%
15 - 24 years	120	10.0%
25 - 59 years	514	42.7%
60+ years	418	34.7%
Total	1,204	100.0%
Race/Ethnicity	Number	Percent
Black	10	0.8%
Native American/ Alaskan Native	214	17.8%
Asian/ Pacific Islander	12	1.0%
White	801	66.5%
Hispanic or Latino	84	7.0%
Other	83	6.9%
Total	1,204	100.0%
Gender	Number	Percent
Male	633	52.6%
Female	571	47.4%
Total	1,204	100.0%

3. County socioeconomic characteristics

Alpine County's per capita income for all residents is \$55,425 (U.S. Census, 2022 American Community Survey). In comparison, the statewide per capita income is \$45,591. This data shows that, on average, each person in Alpine County earns approximately \$9,834 more than the average person in the state. The census data also shows the median household income for Alpine County and statewide. Alpine County's median household income in 2023 was \$101,125, which is higher than the statewide median of \$91,905. These levels are relatively new for Alpine County where, historically, income rates are less than the statewide average.

4. Penetration rates for Mental Health services

Figure 2 shows the percentage of the population who access mental health services. Figure 2 uses the same county population data that is shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2024/25). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2024/25. This data is shown by age, race/ethnicity, and gender identity. Primary language was not available for the general population. The only threshold language in Alpine County is English.

Of the 1,204 residents who live in Alpine County, 12.6% are children ages 0-14; 10% are Transition Age Youth (TAY) ages 15-24; 42.7% are adults ages 25-59; and 34.7% are older adults ages 60 years and older. The majority of persons in Alpine County identify as White (66.5%) and 17.8% identify as Native American/ Alaskan Native. There are a comparable number of males (52.6%) and females (47.7%) in the county.

There were 31 individuals who received one or more mental health services in FY 2024/25. Of these individuals, 16.1% were TAY ages 15-24; 51.6% were adults ages 25-59; and 32.3% were 60 and older. Of these 31, 32.3% were Native American/ Alaskan Native, 54.8% were White, and 9.7% were Other/Unknown. All clients (100%) indicated English as their primary language. Of the total clients, 25.8% were male and 74.2% were female.

The penetration rate data shows that 2.6% of the Alpine County population received mental health services, with 31 individuals out of the 1,204 residents. Of these individuals, TAY ages 15-24 had a penetration rate of 4.2%, adults ages 25-59 had a penetration rate of 3.1%, and older adults ages 60 and older had a penetration rate of 2.4%.

For race/ethnicity, individuals who identified as Native American/ Alaskan Native had a penetration rate of 4.7% and White individuals had a penetration rate of 2.1%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. Males had a much lower mental health penetration rate (1.3%), compared to females (4%).

Figure 2
Alpine County Mental Health Penetration Rates
By Age, Race/Ethnicity, Language, and Gender
(Population Source: 2020 Census)

	Alpine County Population 2020 Census		All Mental Health Clients Served FY 2024-25		Alpine County Population Mental Health Penetration Rate FY 2024-25
Age					
0 - 14 years	152	12.6%	-	0.0%	0 / 152 = 0.0%
15 - 24 years	120	10.0%	5	16.1%	5 / 120 = 4.2%
25 - 59 years	514	42.7%	16	51.6%	16 / 514 = 3.1%
60+ years	418	34.7%	10	32.3%	10 / 418 = 2.4%
Total	1,204	100.0%	31	100.0%	31 / 1,204 = 2.6%
Race/Ethnicity					
Black	10	0.8%	-	0.0%	0 / 10 = 0.0%
Native American/ Alaskan Native	214	17.8%	10	32.3%	10 / 214 = 4.7%
Asian/ Pacific Islander	12	1.0%	-	0.0%	0 / 12 = 0.0%
White	801	66.5%	17	54.8%	17 / 801 = 2.1%
Hispanic or Latino	84	7.0%	1	3.2%	1 / 84 = 1.2%
Other/ Unknown	83	6.9%	3	9.7%	3 / 83 = 3.6%
Total	1,204	100.0%	31	100.0%	31 / 1,204 = 2.6%
Language					
English	-	-	31	100.0%	-
Spanish	-	-	-	-	-
Total	-	-	31	100.0%	-
Gender Identity					
Male	633	52.6%	8	25.8%	8 / 633 = 1.3%
Female	571	47.4%	23	74.2%	23 / 571 = 4.0%
Total	1,204	100.0%	31	100.0%	31 / 1,204 = 2.6%

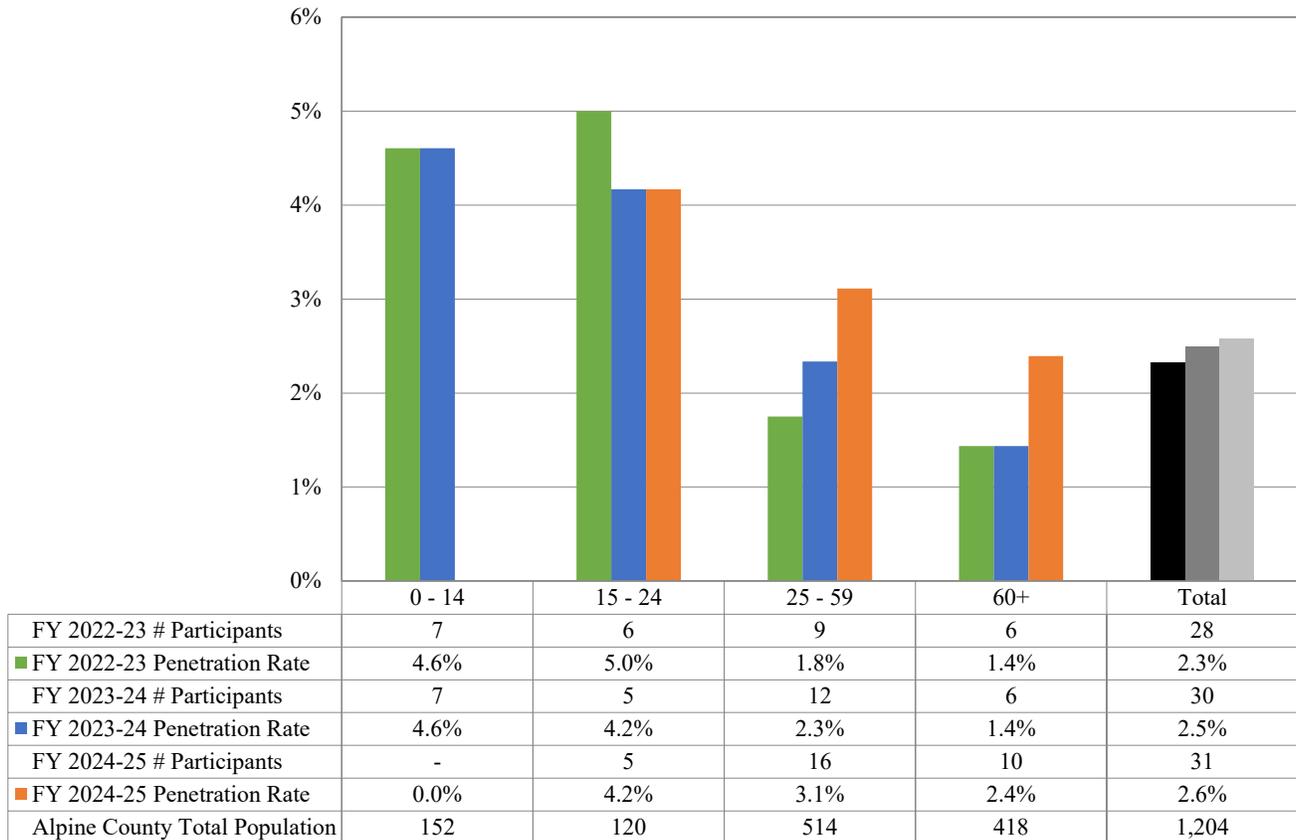
5. Disparities in Mental Health penetration rates

The small general population and the small number of people served creates variability in the data and is, therefore, difficult to interpret. The penetration rate data for age shows that there is a higher proportion of TAY served (4.2%) compared to adults and older adults, and there were zero (0) children served. The proportion of females (4%) is higher than males (1.3%). This data is consistent across many small counties.

6. Mental Health penetration rate trends for 3 years

ACBHS has analyzed the mental health penetration rates for FY 2022/23 to FY 2024/25 (see Figure 3). This data shows the number of clients by age served in each of the three (3) years. The total number of clients increased slightly from 28 to 31 across the three years. The number of children served decreased (7 to 0); the number of TAY served decreased slightly (6 to 5), the number of adults increased (9 to 16); and the number of older adults also increased (6 to 10).

Figures 3
Alpine County Mental Health Penetration Rate, by Age
 FY 2022/23 to FY 2024/25
 (Population Source: 2020 Census)



The TAY population is small. In addition, most TAY who are in high school travel to South Lake Tahoe or the state of Nevada to attend school. As a result, these youth spend the majority of their time outside of Alpine County.

7. Mental Health Medi-Cal population

Figure 4 shows the number of Medi-Cal eligibles who accessed mental health services in FY 2024/25. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal eligible who received mental health services. This data is shown by age, race/ethnicity, and gender identity.

There were 21 Medi-Cal clients who received one or more mental health services in FY 2024/25. Of these individuals, 14.3% were children ages 0-18 (N=3); 76.2% were adults ages 19-64 (N=16); and 9.5% were older adults ages 65+ (N=2).

Of these 21 clients, 42.9% identified as Native American/ Alaskan Native (N=9), and 42.9% identified as White (N=9). The majority of clients were females (61.9%) compared to males (38.1%).

The penetration rate data shows that 6.4% of the Alpine County Medi-Cal eligibles received mental health services, with 21 individuals out of the 327 Medi-Cal eligibles (CalHHS Medi-Cal Certified Eligibles Data for January 2025). Of these individuals, children had a penetration rate of 2.9%; and adults had a penetration rate of 8.7%; and older adults had a penetration rate of 5%.

For race/ethnicity, individuals who identified as Native American/ Alaskan Native had a penetration rate of 7.5%, and individuals who identified as White had a penetration rate of 11.4%. Please note that the number of Medi-Cal eligibles who identify as Black or Hispanic was not reported in the CalHHS Medi-Cal Certified Eligibles data due to the small number of individuals. Those individuals were included in the other/unknown category. Males had a penetration rate of 5.3%, and females had a penetration rate of 7.3%.

Figure 4
Alpine County Medi-Cal Mental Health Penetration Rates
By Age, Race/Ethnicity, and Gender
(Medi-Cal Eligible Source: CalHHS Medi-Cal Certified Eligibles Data for January 2025)

	Alpine County Number of Medi-Cal Eligibles		Number of Medi-Cal Mental Health Clients Served FY 2024-25		MH Medi-Cal Penetration Rate FY 2024-25
Age					
Children (0 - 18 years)	104	31.8%	3	14.3%	3 / 104 = 2.9%
Adults (19 - 64 years)	183	56.0%	16	76.2%	16 / 183 = 8.7%
Older Adults (65+ years)	40	12.2%	2	9.5%	2 / 40 = 5.0%
Total	327	100.0%	21	100.0%	21 / 327 = 6.4%
Race/Ethnicity					
Black*	-	-	-	-	-
Native American/ Alaskan Native	120	36.7%	9	42.9%	9 / 120 = 7.5%
Asian/ Pacific Islander	-	-	-	-	-
White	79	24.2%	9	42.9%	9 / 79 = 11.4%
Hispanic or Latino*	-	-	1	4.8%	-
Other/ Unknown*	128	39.1%	2	9.5%	2 / 128 = 1.6%
Total	327	100.0%	21	100.0%	21 / 327 = 6.4%
Gender Identity					
Male	150	45.9%	8	38.1%	8 / 150 = 5.3%
Female	177	54.1%	13	61.9%	13 / 177 = 7.3%
Total	327	100.0%	21	100.0%	21 / 327 = 6.4%

* The number of Medi-Cal eligibles was not reported in the CalHHS Medi-Cal Certified Eligibles data due to the small number of individuals. Those individuals were included in the other/unknown category.

8. Disparities in Mental Health Medi-Cal clients

The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total Mental Health penetration rate. The Medi-Cal penetration rates are proportionally higher, with an overall penetration rate of 6.4% (compared to 2.6% for the mental health population). The majority (67.7%) of all mental health participants are Medi-Cal (21/31).

9. Penetration rates for Substance Use Disorder services

Figure 5 shows the number of persons in the county population (2020 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2024/25). From this data, a penetration rate was calculated, showing the percentage of persons in the population that received SUD services in FY 2024/25. This data is shown by age, race/ethnicity, and gender identity. Primary Language was not available for the general population. The only threshold language in Alpine County is English.

Of the 1,204 residents who live in Alpine County, 12.6% are children ages 0-14; 10% are TAY ages 15-24; 42.7% are adults ages 25-59; and 34.7% are older adults ages 60 years and older. The majority of persons in Alpine County identify as White (66.5%) and 17.8% identify as Native American/ Alaskan Native. There are a comparable number of males (52.6%) and females (47.4%) in the county.

As expected, the proportion of persons receiving SUD services shows a different proportion of individuals by age. There were 14 people who received one or more SUD services in FY 2024/25. Of these individuals, 14.3% were TAY ages 15-24 (N=2); 71.4% were adults ages 25-59 (N=10); and 14.3% were ages 60+ (N=0). For race/ethnicity, 57.1% identified as Native American/ Alaskan Native (N=8) and 35.7% identified as White (N=5). All clients reported their primary language as English. There was a higher number of females (71.4%) than males (28.6%).

The penetration rate data shows that 1.2% of the Alpine County population received SUD treatment services. Of these individuals, TAY had a penetration rate of 1.7%; adults had a penetration rate of 1.9%; and older adults had a penetration rate of 0.5%. For race/ethnicity, individuals who identified as Native American/ Alaskan Native had a penetration rate of 3.7% and individuals who identified as White had a penetration rate of 0.6%. Males had a lower penetration rate (0.6%) compared to females (1.8%).

Figure 5
Alpine County Substance Use Disorder Services Penetration Rates
By Age, Race/Ethnicity, Language, and Gender
(Population Source: 2020 Census)

	Alpine County Population 2020 Census		All Substance Use Clients Served FY 2024-25		Alpine County Population Substance Use Penetration Rate FY 2024-25
Age					
0 - 14 years	152	12.6%	-	-	0 / 152 = 0.0%
15 - 24 years	120	10.0%	2	14.3%	2 / 120 = 1.7%
25 - 59 years	514	42.7%	10	71.4%	10 / 514 = 1.9%
60+ years	418	34.7%	2	14.3%	2 / 418 = 0.5%
Total	1,204	100.0%	14	100.0%	14 / 1,204 = 1.2%
Race/Ethnicity					
Black	10	0.8%	-	-	0 / 10 = 0.0%
Native American/ Alaskan Native	214	17.8%	8	57.1%	8 / 214 = 3.7%
Asian/ Pacific Islander	12	1.0%	-	-	0 / 12 = 0.0%
White	801	66.5%	5	35.7%	5 / 801 = 0.6%
Hispanic or Latino	84	7.0%	-	-	0 / 84 = 0.0%
Other/ Unknown	83	6.9%	1	7.1%	1 / 83 = 1.2%
Total	1,204	100.0%	14	100.0%	14 / 1,204 = 1.2%
Language					
English	-	-	14	100.0%	-
Spanish	-	-	-	-	-
Other	-	-	-	-	-
Total	-	-	14	100.0%	-
Gender Identity					
Male	633	52.6%	4	28.6%	4 / 633 = 0.6%
Female	571	47.4%	10	71.4%	10 / 571 = 1.8%
Total	1,204	100.0%	14	100.0%	14 / 1,204 = 1.2%

10. Disparities in Substance Use Disorder penetration rates

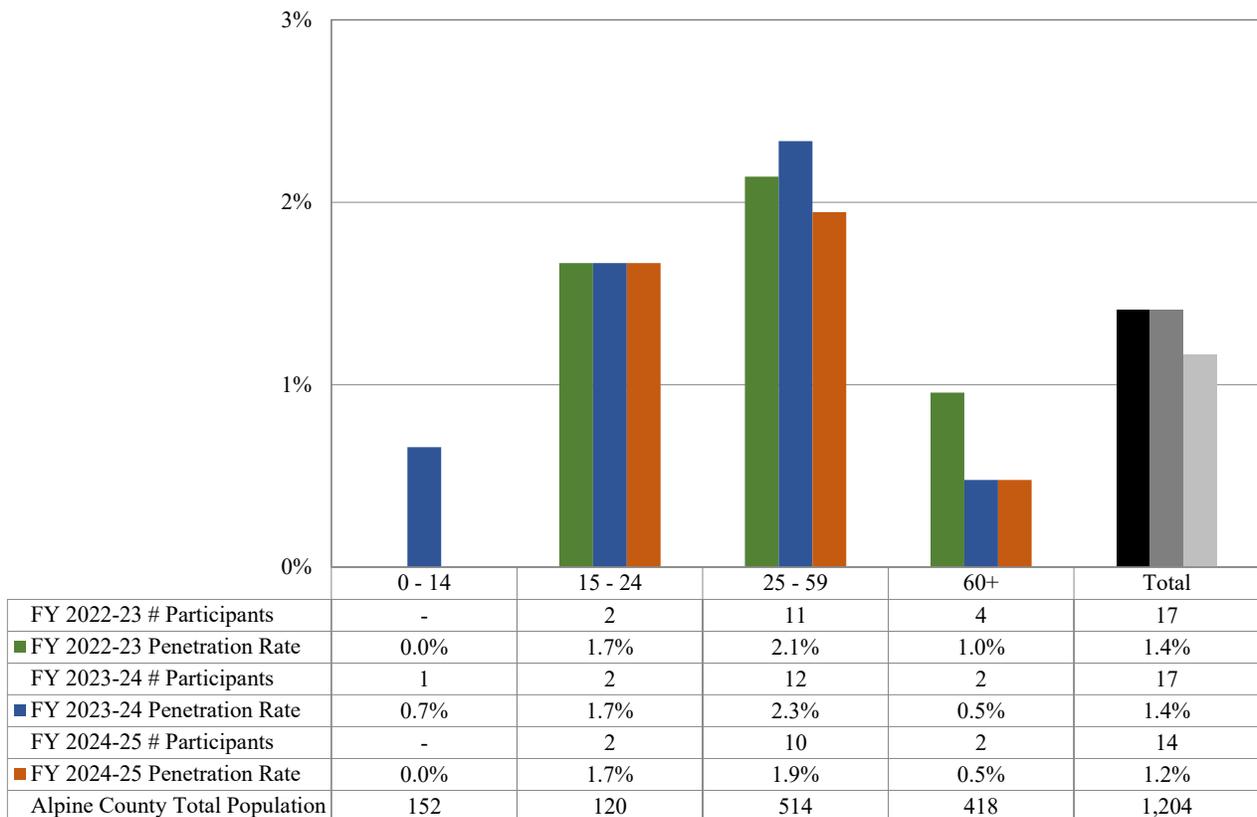
Figure 5 data shows that 14 individuals received SUD services in FY 2024/25, for a 1.2% penetration rate out of the total population. This data shows there is an opportunity to increase the total number of persons who receive SUD services in Alpine County. Of the 120 TAY youth in Alpine County, two (2) received SUD services. There may be opportunities to expand SUD services to youth and TAY if there is a need.

Similarly, of the 14 individuals who received SUD services, eight (8) were Native American/ Alaskan Native, which is a higher proportion than the general population (57.1% compared to 17.8%). This information indicates services are available to help engage persons who are Native American/ Alaskan Native in services. There may be opportunities to continue to expand services for this population. There were zero (0) clients served who were Hispanic. Overall, this data illustrates the need to provide and expand culturally-sensitive services to clients receiving SUD services. Developing strategies for serving the adult and TAY populations, as well as the Native American/ Alaskan Native and Hispanic communities is a goal of the CLC Plan.

11. Substance Use Disorder penetration rate trends for 3 years

ACBHS analyzed the SUD penetration rates for FY 2022/23 to FY 2024/25 (see Figure 6). This data shows the number of clients by age served in the three (3) years. The total number of clients served by SUD decreased from 17 clients to 14 across the three years. The number of TAY remained stable (N=2); the number of adults decreased from 11 to 10; and the number of older adults decreased from four (4) to two (2).

Figure 6
Alpine County Substance Use Disorder Penetration Rate, by Age
 FY 2022/23 to FY 2024/25
 (Population Source: 2020 Census)



12. Drug Medi-Cal population

Figure 7 shows the number of Medi-Cal eligibles who accessed SUD services in FY 2024/25. From this data, a penetration rate was calculated, showing the percentage of persons who are Medi-Cal eligible who received SUD services. This data is shown by age, race/ethnicity, and gender identity.

There were 10 Medi-Cal clients who received one or more SUD services in FY 2024/25. Of these individuals, 10% were children 0-18 (N=1); 80% were adults ages 19-64 (N=8); and 10% were older adults ages 60+ (N=1). Of these 10 clients, 70% identified as Native American/ Alaskan Native and 30% were White. There were 40% males and 60% females.

The penetration rate data shows that 3.1% of the Alpine County Medi-Cal eligibles received SUD services, with 10 clients served out of the 327 Medi-Cal eligibles (CalHHS Medi-Cal Certified Eligibles Data for January 2025). Of these individuals, children had a penetration rate of 1%; adults had a penetration rate of 4.4%; and older adults had a penetration rate of 2.5%.

For race/ethnicity, individuals who identified as Native American/ Alaskan Native had a penetration rate of 5.8%, and individuals who identified as White had a penetration rate of 3.8%. Please note that the number of Medi-Cal eligibles who identify as Black or Hispanic was not reported in the CalHHS Medi-Cal Certified Eligibles data due to the small number of individuals. Those individuals were included in the other/unknown category. Males had a penetration rate of 2.7% and females had a penetration rate of 3.4%.

Figure 7
Alpine County Medi-Cal Substance Use Disorder Services Penetration Rates
By Age, Race/Ethnicity, and Gender

(Medi-Cal Eligible Source: CalHHS Medi-Cal Certified Eligibles Data for January 2025)

	Alpine County Number of Medi-Cal Eligibles		Number of Medi-Cal Substance Use Clients Served FY 2024-25		SU Medi-Cal Penetration Rate FY 2024-25
Age Group					
Children (0 - 18 years)	104	31.8%	1	10.0%	1 / 104 = 1.0%
Adults (19 - 64 years)	183	56.0%	8	80.0%	8 / 183 = 4.4%
Older Adults (65+ years)	40	12.2%	1	10.0%	1 / 40 = 2.5%
Total	327	100.0%	10	100.0%	10 / 327 = 3.1%
Race/Ethnicity					
Black*	-	-	-	-	-
Native American/ Alaskan Native	120	36.7%	7	70.0%	7 / 120 = 5.8%
Asian/ Pacific Islander	-	-	-	-	-
White	79	24.2%	3	30.0%	3 / 79 = 3.8%
Hispanic or Latino*	-	-	-	-	-
Other/ Unknown*	128	39.1%	-	-	0 / 128 = 0.0%
Total	327	100.0%	10	100.0%	10 / 327 = 3.1%
Gender					
Male	150	45.9%	4	40.0%	4 / 150 = 2.7%
Female	177	54.1%	6	60.0%	6 / 177 = 3.4%
Total	327	100.0%	10	100.0%	10 / 327 = 3.1%

* The number of Medi-Cal eligibles was not reported in the CalHHS Medi-Cal Certified Eligibles data due to the small number of individuals. Those individuals were included in the other/unknown category.

13. Disparities in Drug Medi-Cal penetration rates

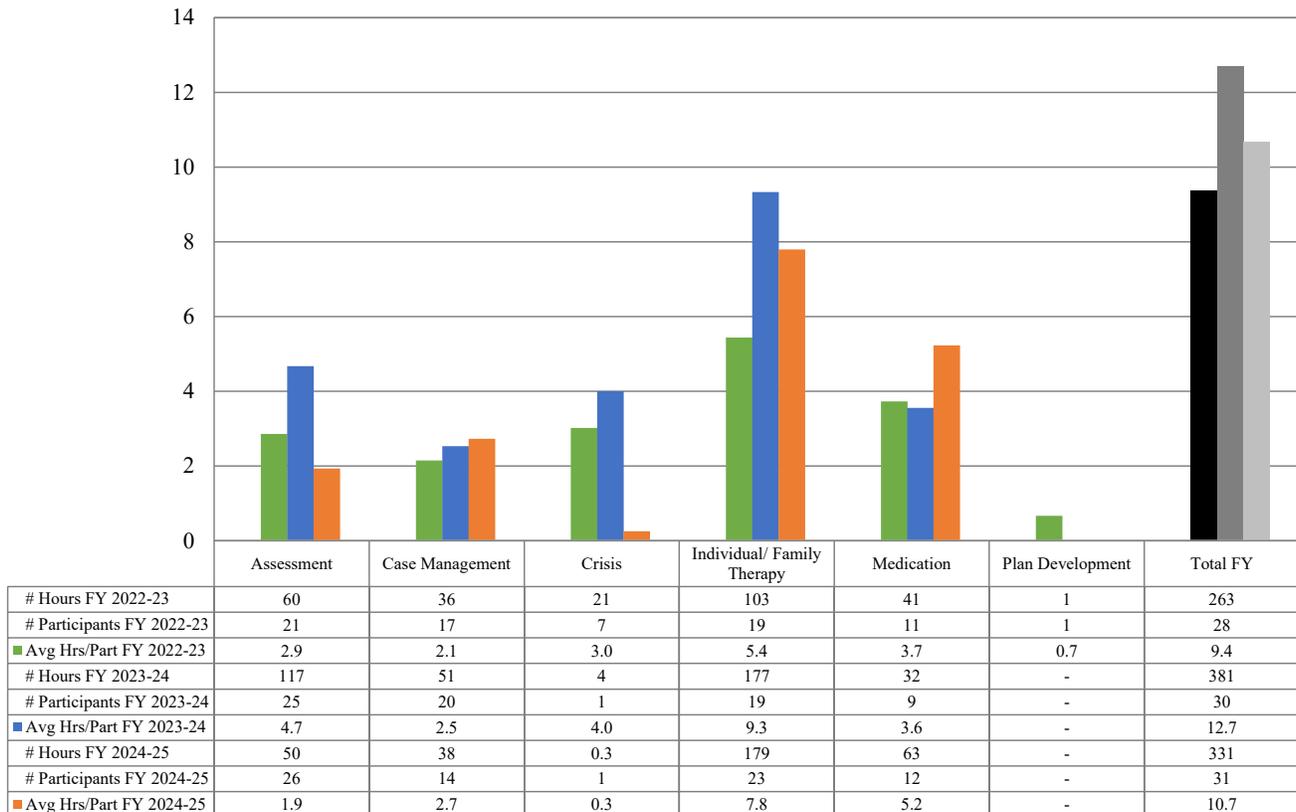
The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total SUD penetration rates. The low number of clients served makes analysis of this data difficult; however, this data illustrates the need to continue to provide culturally responsive services to clients receiving SUD services. Strategies and outreach activities will be developed to engage and improve access for the adult, Native American, and Hispanic communities and is a goal of the CLC Plan.

B. Utilization and Analysis of Mental Health Services

1. Utilization of Mental Health services

Figure 8 shows the total number of hours, clients, and hours per client by type of mental health service for FY 2022/23 to FY 2024/25. This data shows that the 31 mental health clients received 331 hours of services in FY 2024/25, which calculates to 10.7 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service. In 2024/25, assessments averaged 1.9 hours per client; case management averaged 22.7 hours; crisis intervention averaged 0.3 hours; individual/family therapy averaged 7.8 hours; and medication averaged 5.2 hours. The total hours increased from 263 in FY 2022/23 to 331 in FY 2024/25. The total number of clients receiving services also increased from 28 to 31.

Figure 8
Alpine County Mental Health Services
Mental Health Hours, Clients, and Hours per Client
per Year, by Service Type
All Mental Health Clients
FY 2022/23 to FY 2024/25



2. Analysis of data for Mental Health services

As noted above, the number of mental health clients served increased from 28 to 31 across the three years, and the total hours delivered also increased from 263 to 331. ACBHS is committed to increasing access to mental health services in FY 2025/26.

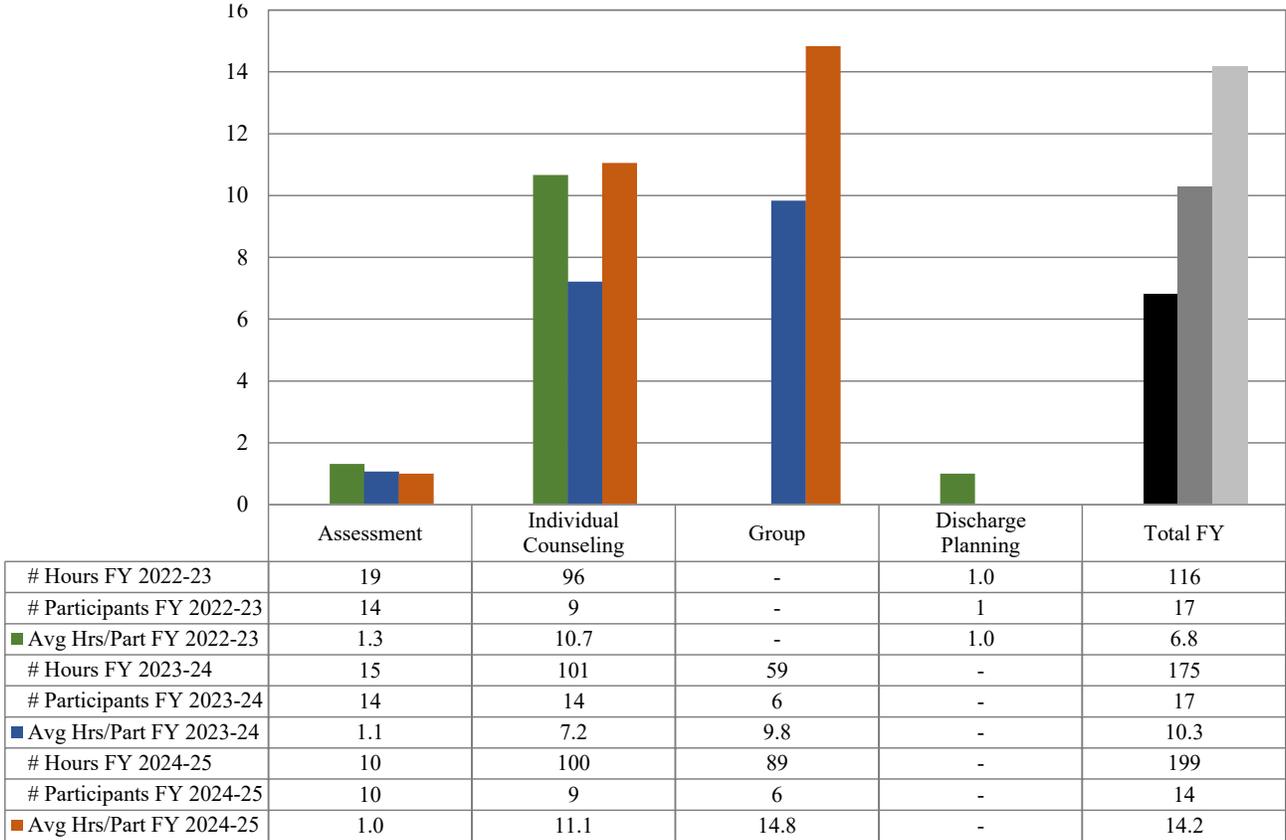
C. Utilization and Analysis of Substance Use Disorder Services

1. Utilization of Substance Use Disorder services

Figure 9 shows the total number of hours, by type of substance use disorder treatment service, clients, and hours per client for FY 2022/23 to FY 2024/25. This data shows that the 14 clients that received substance use treatment received 199 hours of services in FY 2024/25, which calculates to 14.2 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In FY 2024/25, assessments averaged 1 hour per client; individual counseling averaged 11.1 hours; and group averaged 14.8 hours per client. Across the three years, the number of hours increased from 116 in FY 2022/23 to 199 in FY 2024/25.

Figure 9
Alpine County Substance Use Disorder Services
Substance Use Hours, Clients, and Hours per Client
per Year, by Service Type
All Substance Use Disorder Clients
 FY 2022/23 to FY 2024/25



2. Analysis of data for Substance Use Disorder services

For SUD services, there was an increase in the total number of hours of services delivered (116 to 199) and the average number of hours per person (6.8 to 14.2).

The number of clients who receive SUD services decreased from 17 to 14 over the three years. ACBHS has conducted additional SUD outreach efforts over the past years.

IV. WORKFORCE ASSESSMENT AND SURVEY

A. Staff Demographics

To assess the cultural awareness of its workforce, ACBHS asked staff to complete the Staff Ethnicity and Cultural Competence Survey in September 2023. Six (6) staff completed the survey. The complete results are shown in Appendix A.

- Of the six (6) staff who responded to the survey, 50% were direct service staff and 50% were administration and management staff.
- Of the staff who responded, 83% were White and 17% were Hispanic/Latino.
- No staff members identified as bilingual, and none indicated that they offer interpreter services.
- Six (6) respondents reported their gender identity, and all six (6) were female.
- Four (4) respondents reported their sexual orientation, with three (3) identifying as heterosexual/straight and one (1) identifying as LGBTQ2S+.
- The majority of respondents were aged 50-59 (50%).

B. Staff Ethnicity and Cultural Competence Survey Results

The survey asked several questions about cultural responsiveness (e.g., I have developed skills to effectively utilize an interpreter.) The options for responding to the survey questions included: Frequently; Occasionally; Rarely or Never; and Did Not Occur to Me.

A high percentage of staff responded “**Frequently**” to the following questions:

- I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others. (83% responded Frequently)
- I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services. (100% responded Frequently)
- I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs. (100% responded Frequently)
- I recognize that family may be defined differently by different cultures. (83% responded Frequently)
- I utilize materials in a manner that can be easily understood by clients and family members. (83% responded Frequently)
- I recognize that gender roles in families may vary across different cultures. (100% responded Frequently)
- I participate in trainings to learn how to best meet the needs of clients and family members from diverse cultures. (83% responded Frequently)

The survey also contained a question about staff participation in cultural awareness activities over the past six (6) months.

A **high** percentage of survey respondents reported that they had participated in the following activities:

- Attended a cultural humility training seminar (83%).
- Reflected on my race/ethnicity and how it affects my work with clients (83%).
- Read/watched/listened to media multicultural issues (83%).
- Learned something about a racial and/or cultural group other than my own (100%).
- Sought consultation or supervision about multicultural issues (83%).

A **low** percentage of survey respondents reported that they had participated in the following activities:

- Sought guidance about a racial, gender, or other cultural issue that arose during therapy/service delivery (50%).
- Attended an event in which most of the other people were not my race/ethnicity (50%).
- Reflected on my sexual orientation and gender identity and how it affects my work with clients (50%).
- Talked to a friend/associate about how our racial differences affect our relationship (33%).
- Challenged a racist remark (50%).
- Challenged an anti- LGBTQ2S+ or transphobic remark (50%).
- Attended a training on Implicit Bias (33%).

The complete survey results are included in Appendix A.

C. Staffing Disparities and Planned Interventions

ACBHS strives to hire staff members who reflect the cultural diversity of Alpine County. This goal has been extremely difficult because ACBHS has a very small number of staff. The diversity of the ACBHS workforce does not reflect the client population or the general county population. ACBHS will continue to identify opportunities to recruit and retain staff from different cultures including Native American staff. It is a goal to have the department's employee demographics be representative of the client and community population, whenever possible.

Currently, Alpine County has only one (1) threshold language, English. There are very few residents of Alpine County who speak Spanish or who identify Spanish as their primary language. All clients are currently receiving services in their primary language.

The staff survey results also highlight areas for staff training. Training on utilizing an interpreter effectively has been provided to staff. In addition, offering ongoing training on how to create a safe environment so staff feel comfortable in providing feedback to other staff. Additional training opportunities will be identified as the QIC-CCC reviews the results of the survey and "Cultural Courtesy" training and discussions.

ACBHS strives to incorporate discussions of delivering culturally relevant services within the weekly staff meetings, as well as during clinical and staff supervision, and the topic has been added as a permanent agenda item. ACBHS takes advantage of regional and/or state trainings offered on promoting and delivering culturally-relevant services. Staff treat each client as an individual, all having differing needs and cultural backgrounds. In addition to delivering services at the person's preferred location, ACBHS understands that age, health, gender, community, and lifestyle have an important role in meeting the individual needs of each client. As circumstances and needs change over time, staff is sensitive to evaluating and implementing services that best fit the client at any given time.

V. CULTURAL AND LINGUISTIC COMPETENCE TRAINING

A. Completed Staff, Provider, and Community Partner Training Activities

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

ACBHS Training Log FY 2024/2025

Title of Training / Course	Date(s) Conducted	Number of Trainings Completed*
Achieving and Maintaining Abstinence From Substance Use	04/09/2025	1
Cultural Awareness and Humility	Various dates across FY 2024/25	9
Supporting Client Rights for Paraprofessionals in BH	Various dates across FY 2024/25	7
Understanding Human Trafficking	Various dates across FY 2024/25	8

*Includes duplicative staff

B. Three-Year Training Plan for Staff, Providers, and Community Partners

The ACBHS three-year training plan will continue to offer training on effectively delivering culturally-relevant services to the county's diverse populations and communities. A focus will be improving the use of the language line, interpreters, and key linking phrases in Spanish.

VI. THREE-YEAR PROGRAM GOALS

The following goals and objectives will be tracked over the next three fiscal years, and address identified issues and trends related to cultural and linguistic competency in the ACBHS system. Data on these goals and objectives is tracked over time to monitor system improvement and to ensure that ACBHS meets the cultural and linguistic needs of its clients and the community. Goals and/or objectives may be modified in order to address new challenges, as needed.

Goal 1: Increase access to BH services for children, older adults, Native American, and Hispanic individuals		
Action Item	Objective	Status/Progress
1a	Conduct outreach activities and information dissemination for underserved populations, including Native American, children, elders/older adults, LGBTQ2S+, and the Hispanic community	Outreach activities through the Woodfords Tribal Council and their community were conducted to Native Americans, children, and elders/older adults.
1b	Provide or arrange for transportation services, especially for elders/older adults who are isolated in the county	Transportation is provided as needed.
1c	Hire, when possible, individuals from the Native community, individuals with lived experience, individuals receiving behavioral health services, and their family members, to offer peer and family support, and engage in outreach activities, to underserved clients	ACBHS hired consultants who are experts in working with Native American populations. ACBHS has partnered with a Native American non-profit on a grant for delivering sober living services for individuals who are returning from treatment. This non-profit has done outreach at Hung-A-Lel-Ti to reach individuals and their extended families who struggle with substance use issues.

Goal 2: Enhance the delivery of services that are culturally sensitive to each client’s cultural/ethnic background and in their preferred language

Action Item	Objective	Status/Progress
2a	Support the delivery of person-centered, culturally-responsive services that meet the needs of the clients and the Native Community	ACBHS leads a group that meets quarterly on strategies to meet this goal. This group includes staff from the Tribe, the county, other community service providers, people with lived experience, and subject matter experts in working with Native Americans. Also includes elected leadership from Tribe and county.

Goal 3: Create an environment where cultural awareness, dignity, and respect are encouraged and modeled as core values to effectively engage clients

Action Item	Objective	Status/Progress
3a	Provide cultural and linguistic competency trainings for ACBHS staff at least two (2) times per fiscal year.	ACBHS staff participated in cultural and linguistic competency trainings in FY 2024/25. ACBHS will work to increase the number of trainings and participants.
3b	Provide interpreter and language line training to all direct service staff and providers who regularly communicate with individuals receiving services. Address the process for effectively using an interpreter, as well as using the language line, to support individuals receiving services in their preferred language.	Due to staff turnover, this training was not conducted in recent years; but will be delivered in FY 2025/26.

Goal 3: Create an environment where cultural awareness, dignity, and respect are encouraged and modeled as core values to effectively engage clients

Action Item	Objective	Status/Progress
3c	Utilize creative recruitment practices to hire professional staff, as well as peers and family advocates, to increase the workforce; and to expand the number of persons who are reflective of the Native Community, as well as individuals who are bilingual/bicultural.	ACBHS is currently recruiting for a new BH Manager to strengthen the BH system and promote cultural and linguistic competency.
3d	Schedule community events that bring all members of the community together to learn about the unique and various cultures in the county; teach about different cultural landmarks and artifacts in the county and region; and celebrate the history of Alpine County.	Create the Good is held monthly in both Hung-A-Lel-Ti and Bear Valley. These events bring communities together to learn about each other and ways of healing.

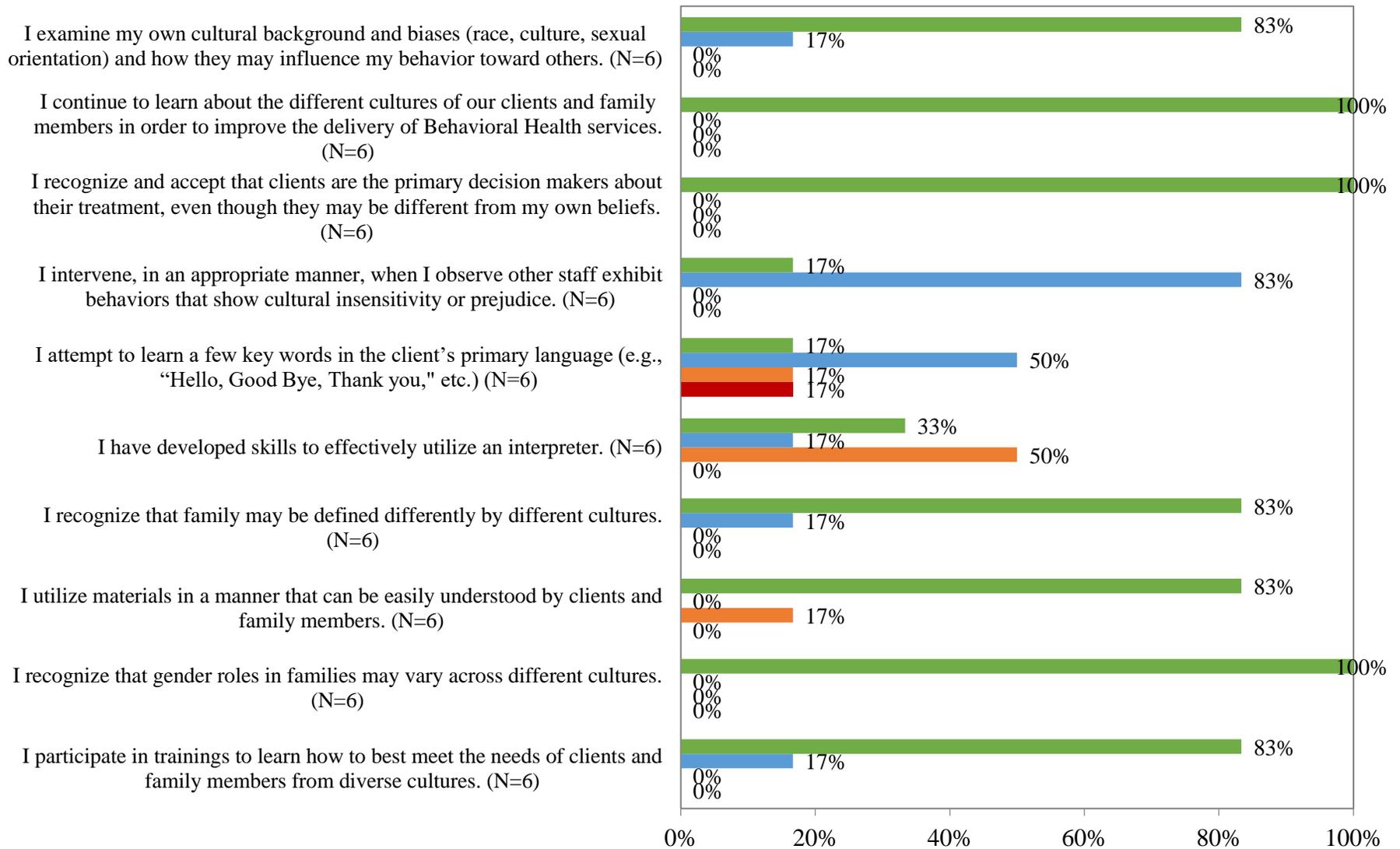
APPENDIX A: STAFF CULTURAL COMPETENCE SURVEY RESULTS

Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey

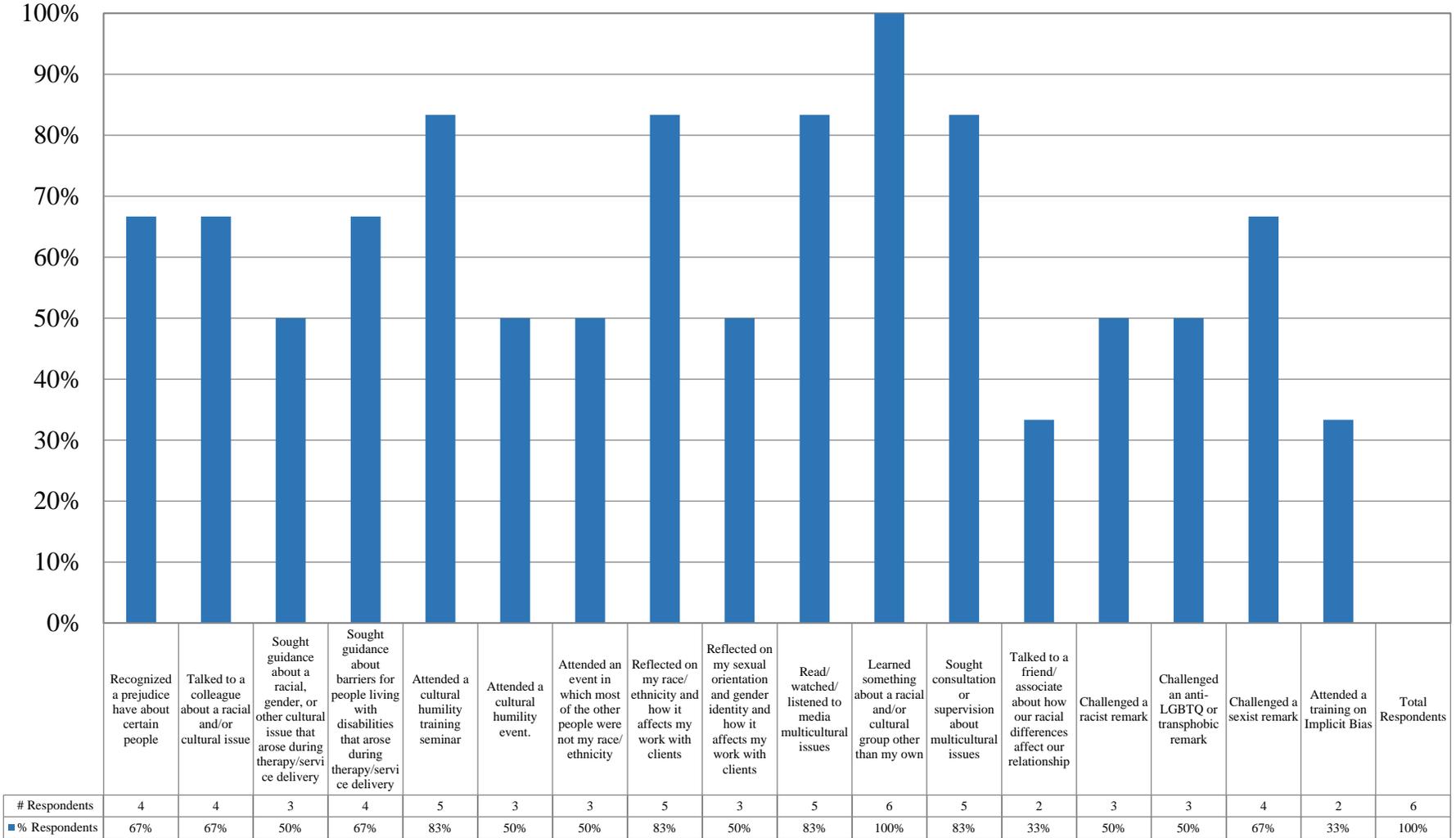
2023

All Respondents

Frequently Occasionall
 Rarely or Never Did Not Occur to Me

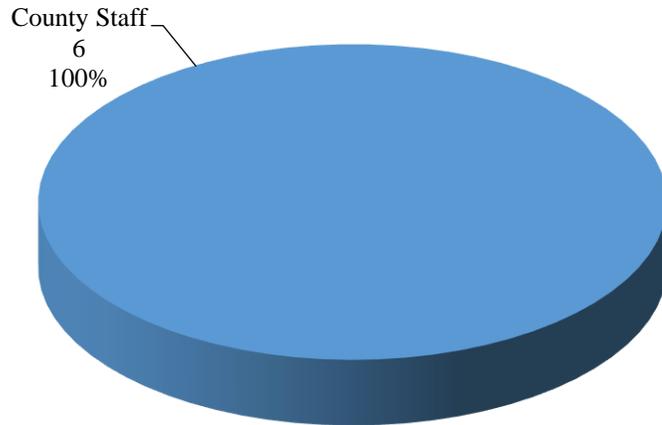


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
 2023
Participation in Cultural Awareness (Past Six Months)
All Respondents (N=6)
(Respondents may choose multiple answers.)

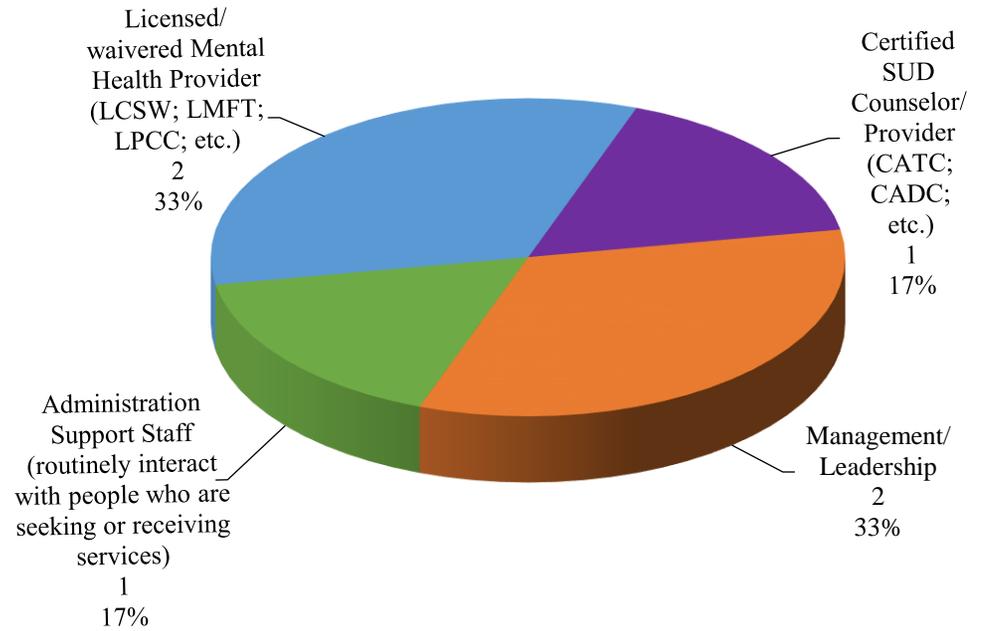


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Employment Status (N=6)

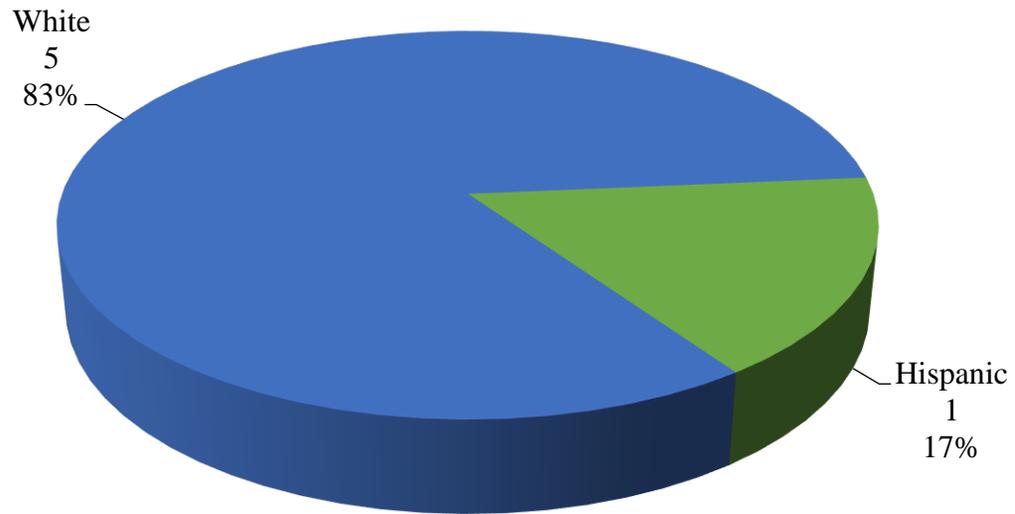


Primary Job Function (N=6)



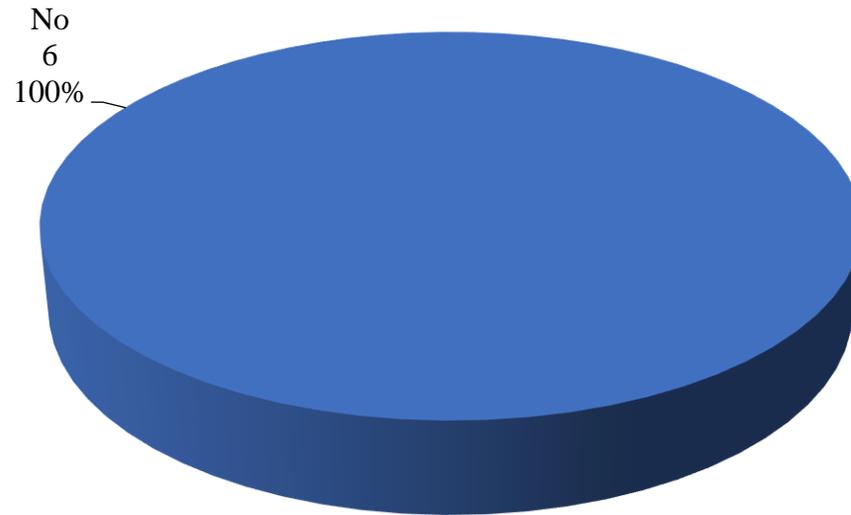
Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Race/Ethnicity (N=6)

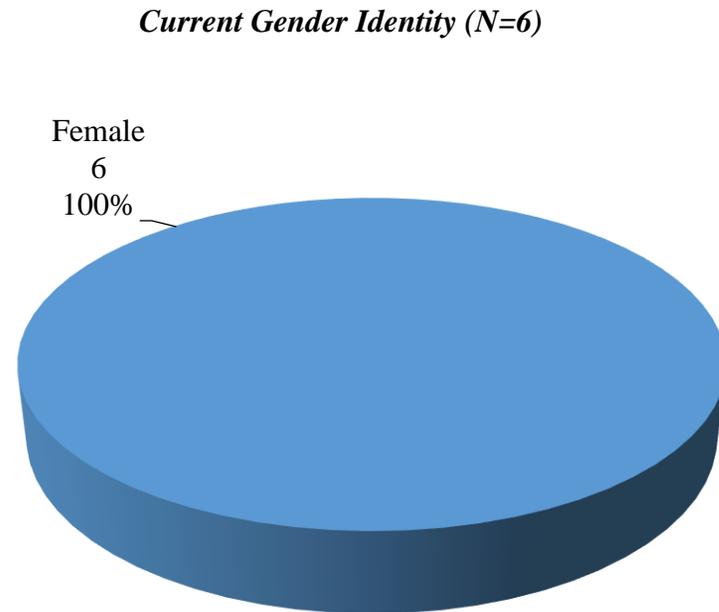
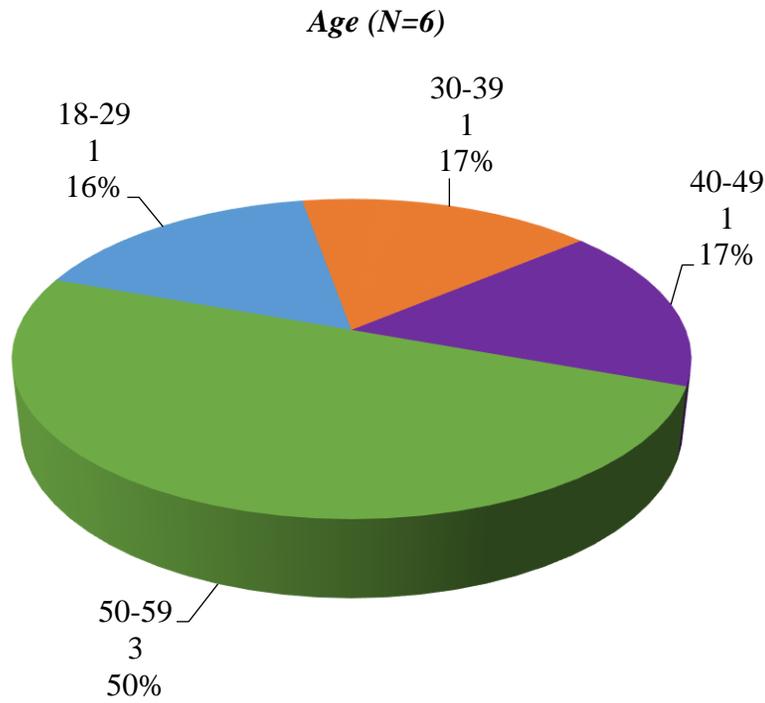


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Do you consider yourself Bilingual? (N=6)

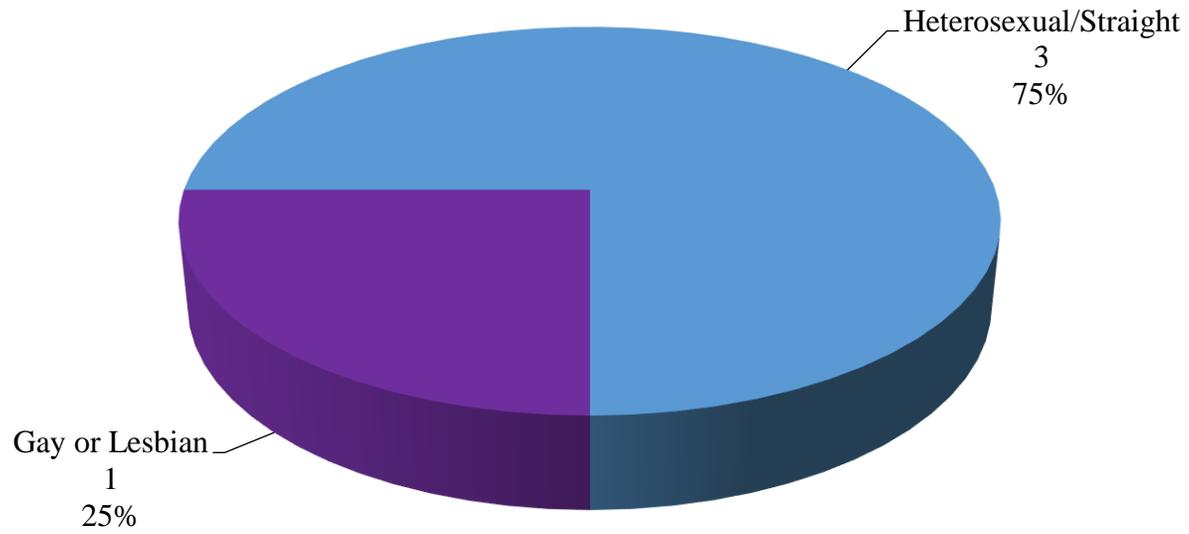


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

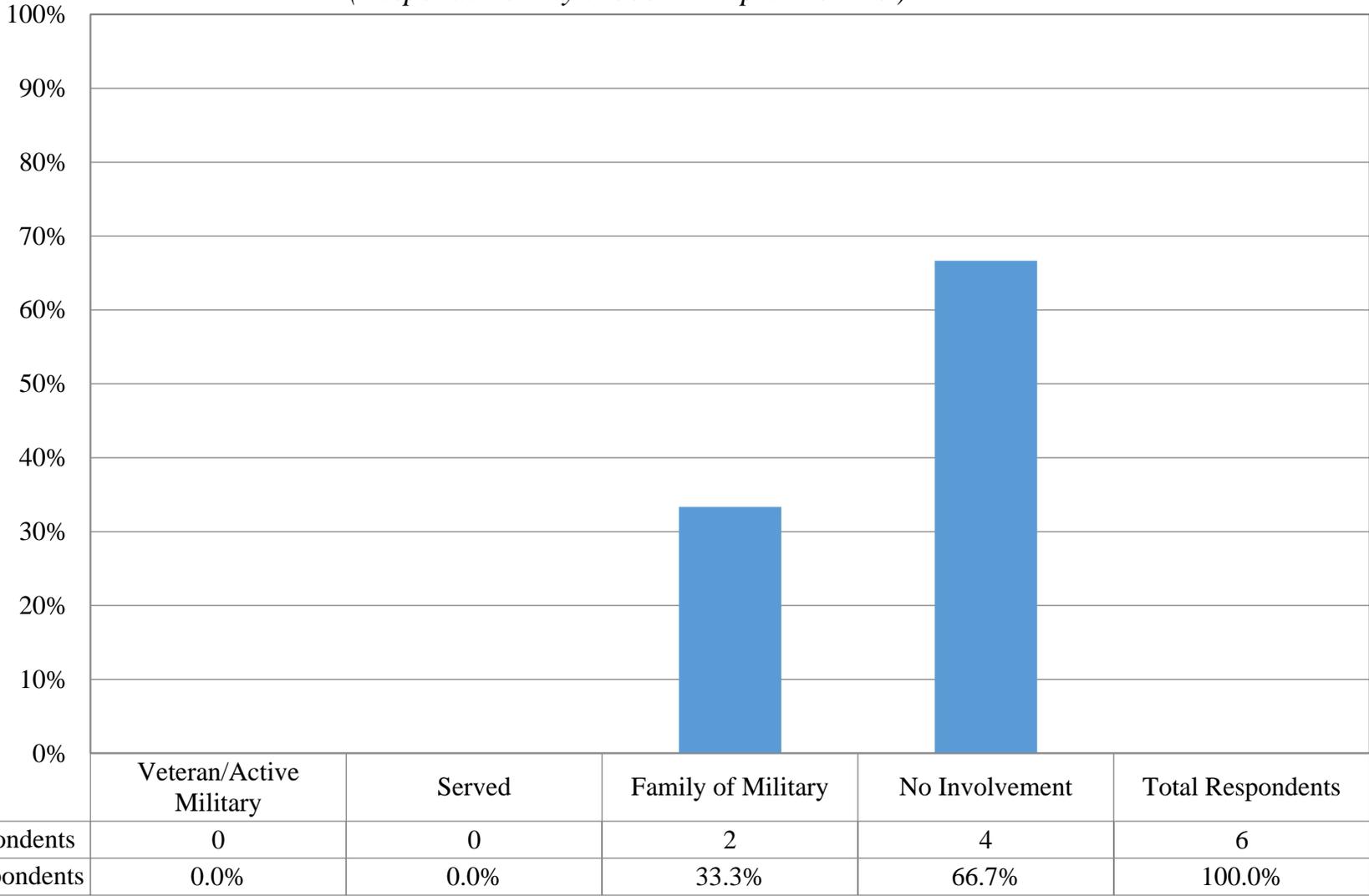


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Sexual Orientation (N=4)

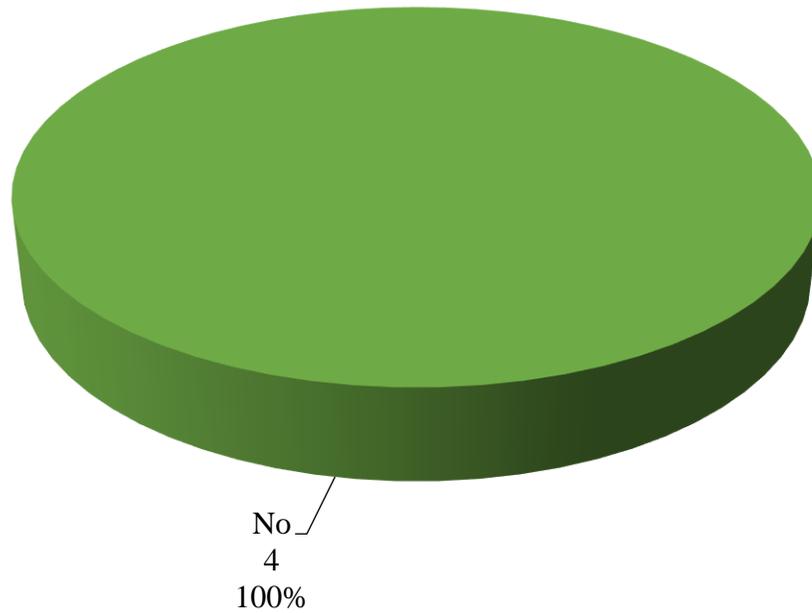


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
 2023
Military/Service Involvement (N=6)
(Respondents may choose multiple answers.)



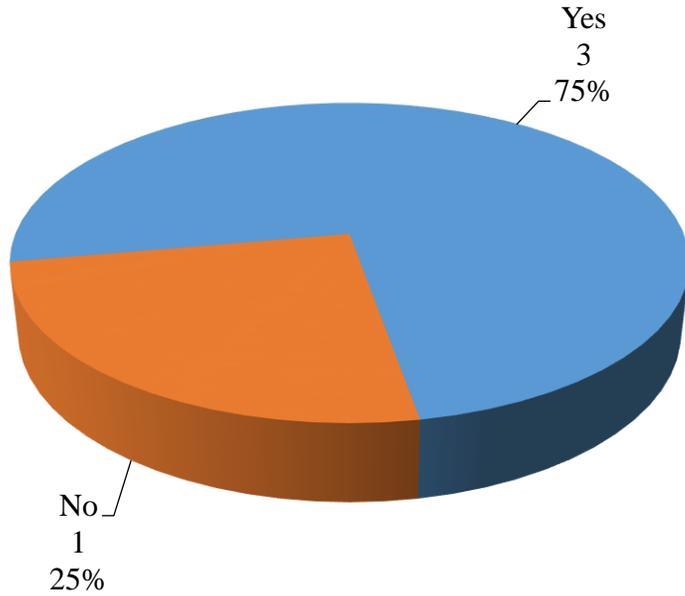
Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Disability (N=4)

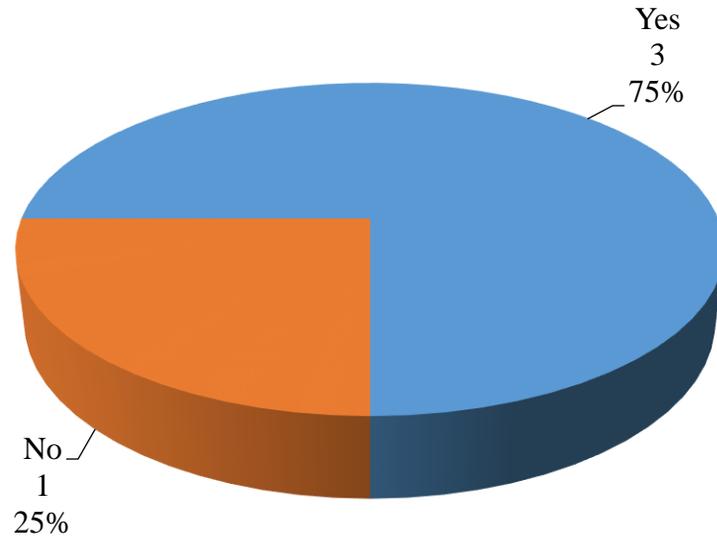


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Do you consider yourself to be a person with lived Mental Health experience? (N=4)

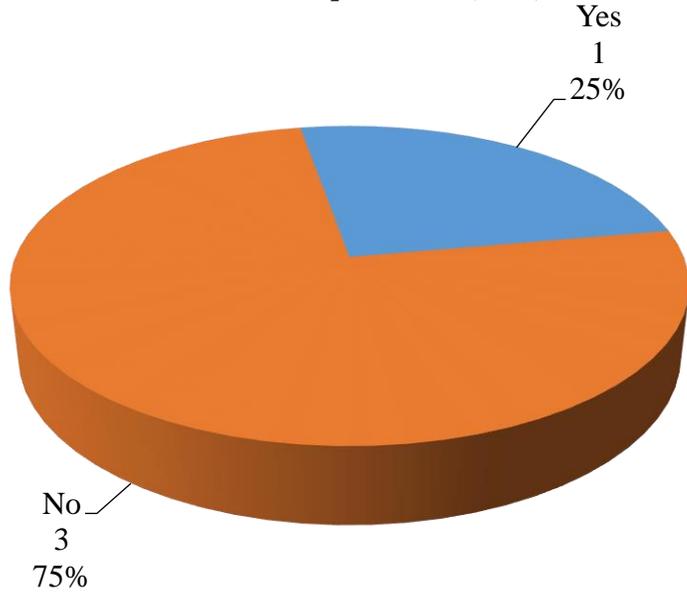


Are you a Family Member of a person with lived Mental Health experience? (N=4)



Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=4)



Are you a family member of a person with lived Substance Use Disorder experience? (N=4)

