



# Mariposa County Behavioral Health and Recovery Services

CULTURAL AND LINGUISTIC COMPETENCE PLAN

| FY 2018-19 |

## Overview

Mariposa County Health and Human Services Agency (MCHHSA) is dedicated to enhancing well-being in a safe and thriving community. Within this mission, Mariposa County Behavioral Health and Recovery Services (MCBHRS), a division of MCHHSA, has a mission of: promoting hope, trust and wellness through the reliable, professional and responsive services.

MCBHRS strives to deliver culturally and linguistically appropriate services to behavioral health clients and their families. The division is dedicated to developing services that are sensitive and responsive to other cultures, including American Indian, Hispanic and other racial and ethnic groups; persons with disabilities; Veterans; elderly consumers; consumers in recovery; faith based; and persons involved in the correctional system.

Developing a culturally and linguistically competent system requires commitment and dedication from leadership, staff, and the community to continually strive to learn from each other. In order to facilitate these meaningful conversations, all staff attend ongoing training that is open to the community. The following Cultural and Linguistic Competence Plan reflects MCBHRS' commitment to improving services, to expanding access to services, improving quality of care and improved outcomes. The CLCP addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Substance Abuse Services, including the Cultural and Linguistic Standards (CLAS).

MCBHRS has had an established Cultural Responsiveness Committee (CRC) for several years. Membership of the committee has included leadership, line staff, community members and consumers. The committee reports directly to the Quality Improvement Committee (QIC) which is made up of leadership, line staff, community members and consumers. The CRC continuously evaluates for opportunities for improving access and quality of services for individuals who are underserved. This population includes American Indians, older adults, Veterans, and geographically isolated communities or individuals.

Cultural responsiveness is integrated into our Children, Adult, Substance Use Disorder teams as well as our Triage Response Assessment of Crisis (TRAC) team.

Planning activities for MCHHSA includes feedback from the community that promotes culturally sensitive services. Planning discussions have outlined the importance of integrating a person's culture and community including involving families in treatment, when possible.

Culture is an important component of treatment and is considered throughout the service delivery process. From assessment, to treatment planning, to service delivery, culture is recognized and incorporated into client centered and driven services.

## DEMONSTRATING CULTURAL AND LINGUISTIC COMPETENCE

The following documents ensure the commitment to cultural and linguistic competence services are reflected throughout the entire delivery system. Copies are available upon request, on the county website, and on-site during compliance reviews.

- Mission Statement
- Statement of Philosophy
- Strategic plan including Mariposa County's MHSA plans, implementation plan and substance abuse prevention plan.
- Policies and Procedures

MCBHRS division and staff are committed to constantly improving services to meet the need of culturally diverse individuals seeking and receiving services. A number of goals were developed in conjunction with the MHSA plan, and have been expanded through the work of the CRC and the integration of SUD services. These goals and objectives are outlined below and provide the framework for developing this CLCP.

**Goal 1:** To provide culturally and linguistically appropriate services to improve access for persons who are American Indian, Hispanic, and other race/ethnicity groups; older adults; Veterans and their families.

**Objective A:** MCBHRS will increase cultural awareness for the community and staff through the development of training modules to assist in awareness and integration of culture into services.

**Objective B:** MCBHRS will provide access to services and informing materials in the county's threshold language ( currently only English) in our clinics and Wellness Center. In addition, all materials will be offered for translation in the client's preferred language.

**Objective C:** MCBHRS will continue to hire diverse or bilingual staff within the teams to provide services and information to the client and family in their preferred language.

**Goal 2:** To create a work climate where dignity and respect are encouraged and modeled so that everyone has equitable opportunities for professional and personal growth.

**Objective D:** MCBHRS will develop and implement a training program for new hires and ongoing staff to orient them to the ability to respectfully identify and honor culture within the services, agency and community. These trainings will include topics of, but not limited to, cultural humility, issues of poverty, the aging population, local American Indian traditions, equity, diversity, relevant cultural narratives, social determinants of behavioral health, recovery culture, access barriers and sustainable partnerships.

**Objective E:** MCBHRS will provide cultural and linguistic competency trainings for staff and community members a minimum of once per year in an identified area of underserved clients.

**Objective F:** MCBHRS will continue to hire and promote clients and family members, whenever possible, who are reflective of the Mariposa County community, especially American Indians or bilingual/bi-cultural individuals, to help address barriers for culturally diverse populations.

**Goal 3:** To deliver behavioral health services in collaboration with other community organizations and in locations that are regionally isolated.

**Objective G:** MCBHRS will deliver services in the least restrictive environment (e.g. home, school, and other community locations) when needed and as appropriate.

**Objective H:** MCBHRS will continue work with the MACT Board to support the MiWu-Mati Healing Center in providing services to the American Indian community.

**Objective I:** MCBHRS will continue to work with the Mariposa County School District to engage youth and TAY in the development of strategies and supports to intervene early in the onset of behavioral health issues and to prevent alcohol and drug abuse.

**Goal 4:** To collect and maintain accurate and reliable demographic and service-level data to monitor and evaluate the impact of services on health equity and outcomes.

**Objective J:** MCBHRS will gather data to provide objective and consistent evaluation and feedback to leadership, staff and clients regarding program impact and outcomes to best support and meet the needs of the community, individuals and family. Data will be collected ongoing and reviewed semi-annually by the leadership, Quality Improvement Committee, Cultural Responsiveness Committee and clinical teams.

## Data, Analysis, and Objectives

### A. County Geographic and Socio-Economic Profile

#### I. Geographical location and attributes of the county

Mariposa County is a small rural county in California with a population of approximately 17,569 (2017 census estimate). This rural county is located in the Central Sierra Nevada mountain range, west of Yosemite National Park with a total of 1448.82 square miles. With a population of 12.6 per square mile Mariposa is

considered to be one of the smallest in the state. Mariposa county as a border county to Yosemite National Park is host to 4 million park visitors a year. 55 percent of the county is designated “public land” managed by the U.S. Government’s department of the interior, agriculture, forest service and Bureau of Land Management.

Mariposa County has no incorporated cities; and no permanent stop lights. The county residents recognize 8 distinct communities of: Mariposa, Midpines, Cathey’s Valley, Coulterville, La Grange, Greeley Hill, El Portal and Yosemite. Mariposa is the main population area of the county.

Mariposa County does not have a threshold language. Within the county in an American Indian Mi-Wuk community with a population of approximately 541 people. Mariposa county’s small population size offers the potential of being able to offer intensive wrap-around type services as the relationships that the department has with community partners offers the ability to expedite referrals into services and the coordination to meet the client’s needs quickly. From the perspective of MCBHRS and their partners, the small population size provides Mariposa county an opportunity for meaningful collaboration and timely identification and resolution of both system and client related issues and challenges. The few members of staff comprising the department tend to wear multiple hats, making it feasible for them to understand issues comprehensively, and take a multidisciplinary approach.

**II. Demographics of the County**

Figure 1 shows age and race/ethnicity and gender of the general population. Of the 17,569 residents who live in Mariposa County,

Figure 1  
Mariposa County Residents  
by Gender, Age, and Race/Ethnicity

Mariposa County Population 2010 Census		
Age Distribution	Number	Percent
0-5	791	4.5%
Under 18	2881	16.4%
19-65	9153	52.1%
65+	4744	27%
Race/Ethnicity		
African American	226	1%
Alaskan Native/ American Indian	541	3%
Asian / Pacific Islander	251	1%
Caucasian	15542	87%

Hispanic	1300	9%
Other	320	2%
Total	17569	100%
<b>Gender</b>		
Male	8881	50%
Female	8764	50%
Other	17,645	100%

**III. Socio-economic characteristics of the county**

Mariposa County is a retirement community with 45 percent of the population being of retirement age. The primary industry of the county is tourism. The per capita income is \$27,832.00. In comparison the statewide per capita income was \$31,458. Currently there are 4884 (27.8%) households under the poverty line. 21.9 percent of children live below the poverty line. Current unemployment is at 4.6% in comparison with the state at 4.2%.

The census data also shows the median household income for Mariposa County is \$45,534.00 which is lower than the statewide average of \$63,783 (U.S. Census Bureau). The number of veterans in the community is 10 percent as compared with the state at 6 percent.

**IV. Penetration rates for Mental Health Services**

Figure 2 shows the percentage of the population who accessed behavioral health services in 2017-18. Figure 2 shows the same county population data shown in Figure 1 and also provides information on the number of persons who received behavioral health services in FY 17/18. From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 17-18. This data is shown by age, race/ethnicity and gender. Primary language was not available for the general population.

There were 507 people who received one or more mental health services in FY 17-18. Of these individuals, 143 were children ages 0-17, 297 were adults ages 25-59 and 67 were 60 and older. There were 97 percent of the clients who were Caucasian, 2.76 percent were Alaska Native/American Indian, and 10.65 percent were Hispanic. All other race/ethnicity groups represented a small number of individuals. 97 percent have a primary language of English and .01 percent Spanish. The majority of clients are females 321 compared to males 262.

The penetration rate data shows that 12.4% of the Mariposa County Medical eligible population received behavioral health services, with 583 out of 4690 Medical eligible. Of these individuals, children (ages 0-17) had a penetration rate of

15%, adults (ages 25-64) had a penetration rate of 12%, and older adults (age 65 and older) had a penetration rate of 6%.

For race/ethnicity, persons who are Caucasian had a penetration rate of 12% and persons who are Alaska Native/American Indian had a penetration rate of 14.5%; persons who identify as Asian/Pacific Islander had a penetration rate of 15.4%; Black/African American had a penetration rate of 42.3%; persons who identify as Hispanic had a penetration rate of 11.3%. The other race/ethnicity group had a penetration rate of 63.3% which may indicate a discrepancy in the data. Males had a lower mental health penetration rate of 11.7% compared to females at 13.1%.

**Figure 2**  
**Mariposa County Behavioral Health Penetration Rates**  
**by Age, Race/Ethnicity, Language and Gender**

	Mariposa County Population 2010 census		All Behavioral Health Clients Served FY 17-18		Mariposa County population Behavioral Health Penetration Rate
<b>Age Distribution</b>					
	Children	1346	Children	227	17%
	Adults	2908	Adults	478	16%
	Older Adults	436	Older Adults	45	10%
	Total	4690	Total	750	16%
<b>Gender</b>					
	Male	2233	Male	353	16%
	Female	2457	Female	396	16%
	Other	-	Other	-	-
	Total	4690	Total	749	16%

**V. Analysis of disparities identified in penetration rates**

The penetration rate data for age shows that there are a higher proportion of adults served compared to older adults. The proportion of females is higher than males. This data is consistent across many small counties. The number of veterans in Mariposa County at 11% is higher than the state average.

**VI. Penetration rate trends for three years**

An analysis of the penetration rates for FY 15-16 , 16-17 and 17-18 (See figure 3). This shows the number of clients by ages services in the respective years. The total number of clients increased from 380 to 583 between the three years, while the Medi-Cal population increased by only 114 persons. In addition the number of

adults served increased 59% (222 to 353). Children increased 45% (140 to 203) and older adults increased 50% (18 to 27).

**Figure 3**

**Mariposa County Behavioral Health Services**

**FY 15-18 Penetration rate by age.**

As a retirement community the youth and TAY populations are small.

**VII. Mental Health Medi-Cal population**

Figure 4 shows the percentage of Medi-Cal eligible who accessed mental health services in FY 17-18. From this data, a penetration rate was calculated showing the percent of persons who are Medi-Cal eligible who received mental health services in FY 17-18. This information is shown by age, race/ethnicity and gender.

There were 507 Medi-Cal clients who received one or more mental health service in FY 2017/18. Of these individuals, 23% were children 0-17; 59% were adults ages 25-59 and 13% were older adults ages 65 and over. There were 77% of the clients who were Caucasian, 3% were Alaska Native/American Indian and 9% were Hispanic. All other race/ethnicity groups represented a small number of individuals. The majority of clients were females 288 compared to males 219.

The penetration rate data shows that 12.4% of Mariposa County Medi-Cal eligible received mental health services, with 507 out of 4690 Medi-Cal eligible. Of these

individuals, children had a penetration rate of 15%; adults had a penetration rate of 12% and older adults had a penetration rate of 6%.

For race/ethnicity, persons who are Caucasian had a penetration rate of 12%, and persons who are Alaska Native/American Indian had a penetration rate of 15% and persons who are Hispanic had a penetration rate of 11%. All other race/ethnic groups represented a small number of individuals. Males had a penetration rate of 11% and females had a penetration rate of 13%.

**Figure 4**  
**Mariposa County Medi-Cal Mental Health Penetration Rates**  
**By Age, Race/Ethnicity, and Gender**

	Mariposa County Average Number of Medi-Cal Eligible Clients	Number of Mental Health Clients Served	MH Medi-Cal Penetration Rate
<b>Age group</b>			
Children	1346	203	15%
Adults	2908	353	12%
Older Adults	436	27	6%
Total	4690	507	11%
<b>Race/Ethnicity</b>			
African American	145	-	-
Alaskan Native/ American Indian	39	21	15%
Asian / Pacific Islander	26	-	-
Caucasian	3496	418	12%
Hispanic	675	76	11%
Other	30	19	63%
Unknown	280	32	11%
Total	4691	583	11%
<b>Gender</b>			
Male	2233	262	11%
Female	2457	321	13%
Other	-	-	-
Total	4690	583	12%

**VIII. Analysis of disparities identified in Medi-Cal clients**

The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total Mental Health penetration. Approximately 82% of all clients are Medi-Cal beneficiaries. Older adults appear to have the lowest

penetration rate at 6% and continue to be a priority population. Approximately 28% of the population lives under the poverty line.

**IX. Penetration rates for Substance Use Disorder services**

Figure 5 shows the number of persons in the county population (2010 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2017/18). From this data, a penetration rate was calculated showing the percent of persons in the population that received SUD services in FY 2017/18. This data is shown by age, race/ethnicity, and gender. Primary language was not available for the general population. According to MEDS, there is no threshold language other than English for Mariposa County.

For the 17,645 residents who live in Mariposa County, 18.6% are children age 0-17; 46.9% were adults ages 18-59; and 34.4% were older adult ages 60 and above. The majority of persons in Mariposa County are Caucasian 89% and Alaskan Native/American Indian 2.7%. Persons who are Hispanic represent 9% of the population. There are a comparable number of males 8881 and females 8764 in the county.

As expected, the proportion of persons receiving SUD services shows a different proportion of individuals by age. There were 167 people who received 1 or more SUD services in FY 2017/18. Of these individuals, none were children ages 0-14; 14% were TAY ages 15-24; 75% were adult ages 24-59 and 11% were older adult ages 60 and higher. The proportion of SUD clients by race/ethnicity include Alaskan Native/American Indian 8% and Caucasian 65% and Hispanic 8%. All clients have a primary language of English. There was a higher number of males 91 than females 76.

The penetration rate data shows that 4% of the Mariposa County population received SUD treatment services. Of these individuals, TAY ages 15-24 had a penetration rate of 2%, adults ages 25-59 had a penetration rate of 4% and older adults age 60 and older had a penetration rate of 4%. There were no children enrolled in SUD services. For race/ethnicity, persons who are Alaska Native/American Indian had a penetration rate of 33%, persons who were Caucasian had a penetration rate of 3% and persons who were Hispanic had a penetration rate of 2%. Males had a penetration rate of 4% while females had a penetration rate of 3%.

**Figure 5  
Mariposa County Substance Use Disorder Services Penetration Rates  
By Age, Race/Ethnicity, Language and Gender**

	Mariposa County Average Number	Number of SUD Clients Served	SUD Medi-Cal Penetration Rate
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	of Medi-Cal Eligibles		
<b>Age group</b>			
Children	1346	0	0%
TAY		24	2%
Adults	2908	125	4%
Older Adults	436	18	4%
Total	4690	167	4%
<b>Race/Ethnicity</b>			
African American	145	-	
Alaskan Native/ American Indian	39	13	33%
Asian / Pacific Islander	26	-	
Caucasian	3496	109	3%
Hispanic	675	13	2%
Other	30	-	
Two or more Races	28	-	
Unknown	280	26	9%
Total	4690	167	4%
<b>Gender</b>			
Male	2233	91	4%
Female	2457	76	3%
Other	0	-	-
Total	4690	167	4%

**X. Analysis of disparities identified in Substance Use Disorder services**

Figure 5 data also shows that the majority of SUD clients are adults (4% compared to the population of 51%) and TAY (2% as compared to 16% of the population). There are also a higher proportion of SUD clients that are Alaska Native/American Indian (8% compared to 3.5% of the population). Clients who are Caucasian represent 65% of the clients ( compared to 87% of the population). There is a slightly higher proportion of clients who are male (55% compared to 50% of the population). Females represent 45% of the clients compared to 50% of the population.

This data illustrates the need to provide culturally sensitive services to clients receiving SUD services. Developing strategies for services that engage TAY and adult non-probation, the American Indian population and developing appropriate recovery services for these two populations will be a goal of the CLC Plan.

**XI. Analysis of disparities in the Drug Medi-Cal clients**

Mariposa county provides Drug Medi-Cal services. Currently 92% of clients are Drug Medi-Cal. MCBHRS is expanding services into Intensive Outpatient

Treatment which will allow for more clients to stay in county for treatment services.

**A. Utilization of Mental Health and Substance Use Disorder Services**

**I. Utilization of Mental Health Services**

Figure 6 shows the total number of hours, by type of mental health service, clients and hours per client for FY 16-17 and FY 17-18. This data shows that the 507 mental health clients received 12,991 hours of services in FY 17-18, which calculates into 22 hours per client. This data also shows the number of client 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.

**Figure 6**  
**Mariposa County Mental Health Services**  
**Total Mental Health Hours, Clients and Hours per client per year by**  
**service type.**  
**All Mental Health Clients**  
**FY 16-17 and FY18-19**

- II. **Analysis of population assessment and utilization data for Mental Health;** This data shows that there is an increase of 52% in the number of persons receiving mental health services across the two year period. However a decrease in the average number of services per client. In the

past two years, trainings have focused on trauma and PTSD, which may indicate the reason that treatment sessions are becoming shorter.

**B. Utilization and Analysis of Substance Use Disorder Services**

I. Utilization of Substance Use Disorder Services

The total number of hours, by type of substance use treatment services, clients and hours per client for FY 16/17 and FY 17/18. This data shows that the 167 SUD clients received 1100 hours of services in FY 17-18 which calculates into 6.6 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, and not every client receives all types of services. The number of clients varies by type of services. Clients who receive an assessment averaged 1.2 hours; individual counseling averaged .27 hours; and total group sessions averaged 5 hours per client.

**Figure 7**  
**Mariposa County Substance Use Disorder Services**  
**All Substance Use Disorder Clients**  
**FY 16-17 and FY 17-18**

- II. For SUD services, there was an increase in the number of persons receiving services (139 to 167). There was a decrease in the total number of hours delivered to (1085 to 1100) and the average number of hours per person (8 to 7 hours). These changes could be attributed to losing the primary

provider of these services and then hiring new staff in those positions, with the gap in staffing resulting in lower service numbers. In the next year higher utilization is expected due to adding Intensive Outpatient Treatment Services and expanding the claiming of Drug Medi-Cal for residential treatment.

## Meeting Cultural and Linguistic Requirements

### **C. Outline the culturally-specific services available to meet the needs of diverse populations, including peer-driven services; identify issues and methods of mitigation.**

Mariposa County recognizes the need to be culturally responsive to American Indian and other minority and under-represented populations. By providing treatment in a manner that is responsive, demonstrates an understanding and shows cultural humility toward the client's heritage, history, traditions, world view and beliefs, we hope to engage more members of our community and the diverse populations within it.

It is the value and mission of MCBHRS 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 we continually enhance our services to different ethnic and cultural backgrounds represented in many of the county's communities. Our Behavioral Health Board is comprised of at least 50% consumers/family members. The Behavioral Health Board is very active and involved; in the last year the Board had 2 new members join, including one person from the northern part of the county. In addition, the Mental Health Board and Alcohol and Other Drug Board merged in March of 2018 allowing for a united Behavioral Health Board with more diverse representation.

During the most recent set of stakeholder meetings for the three-year MHSA plan in May 2018, there were 146 participants: 56% adults and 24% older adults; 42.5% identified as female, 32.8% identified as male and 3.4% other or preferred not to answer; and 86.3% identified as Caucasian, 6.2% identified as Alaskan Native/American Indian; and 2.7% as other.

Mariposa County's Wellness Center is designed to provide targeted programming for a variety of distinct populations. This program will provide continued support to prevent the development and onset of mental health issues among Mariposa County residents. The following activities will be included within the Wellness Center: Parenting support; Grand-families support; identification and early

intervention of Mental Health and Substance Use Disorder conditions; as well as inclusion in the provided trainings.

### **American Indians**

“The core principles for alleviating mental health disparities of American Indians in California must directly correlate to the root causes of the disparities: respect sovereign rights of tribes....; support rights for self-determination; value American Indian cultural practices as stand-alone practices; incorporate the use of American Indian 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, MCBHRS continues to fund services provided at the MiWu-Mati Healing Center. The Healing Center is located in a building owned by the Mariposa Amador Calaveras and Tuolumne (MACT) Health Board. The tribal members interview and hire staff to provide services. The tribal members also have complete control over the décor of their center and offices. This welcoming environment is utilized for tribal sweats and other cultural activities. Providing services on site where other cultural activities occur allows for a higher level of welcoming. This partnership encourages collaboration and interconnected services. Currently, MACT meets with the agency regularly and submits utilization data monthly.

### **Children and TAY**

MCBHRS strives to offer a variety of engagement activities and services for children and TAY, including counseling services provided on site at school as to limit the amount of time missed from class. In addition, MCBHRS contracts with a local non-profit provider to operate the Primary Intervention Program at the school to identify and intervene early with children experiencing SUD issues, provide family support services and family strengthening activities. MCBHRS funds 5.5 positions within the school district to assist with prevention and early intervention of mental health issues. MCBHRS partners with Alliance for Community Transformations, a local non-profit organization, who oversees the local drop in center, Ethos, where runaway, homeless and disconnected youth can access support.

### **Older Adults**

MCBHRS focuses programs on older adults including outreach at the Senior Health Fair. In addition, outreach at the Senior Center and support of services provided for senior outreach in home.

### **Rural Communities**

MCBHRS works to include our smaller and more remote communities within the county by participating in events such as the Back to School Health Fair, community events and partner agency consultation.

## **Recovery Community**

For the recovery community, MCBHRS contracts for SUD support services through the community partner Mariposa Heritage House (MHH), a program of the Alliance for Community Transformations. MHH distributes a monthly calendar of daily activities, provides SUD support services, and community support such as providing meals free of charge.

## **Persons with Disabilities**

MCBHRS provides transportation to MCBHRS 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 at little or no cost. TDD is available for persons with hearing impairments. Upon request, visually impaired clients can have any printed material read to them at no cost.

Staff are scheduled during regular business hours, Monday through Friday, 8:00 a.m.-5:00 p.m. The majority of services are offered during these business hours. However, services and activities are available in the evening or weekend in pre-arranged circumstances.

All of MCBHRS sites that serve clients are ADA accessible. We strive to provide a warm and welcoming environment that is comfortable to diverse cultural backgrounds.

### **A. Describe the mechanisms for informing clients of culturally-competent services and providers, including culturally specific services and language services; identify issues and methods of mitigation**

MCBHRS utilizes Crisis Support Services of Alameda County, a non-profit provider for our crisis line. Individuals who staff this 24/7 Access Line are trained to be familiar with the culturally competent services that we offer and are able to provide interpreter services or link clients to language assistance services as needed.

The Mariposa County Behavioral Health Guide to County Mental Health Services brochure highlights available services, including culturally specific services. In addition, the guide informs clients of their right to language assistance free of charge. This brochure is available at all county sites, on the website and upon request.

A provider directory is available to clients which lists provider names and contact information; facility ADA compliance; client/population specialty (children, adults, veterans, etc.); services specialties; language capability and interpreter availability; and whether or not the provider is accepting new clients. This directory is provided to clients on the internet, in all county sites and upon request. This directory is updated monthly.

In addition, MCBHRS uses the following informal mechanisms to inform clients and potential clients of culturally competent services and providers:

- MCBHRS website
- MCHHS Facebook page
- MCBHRS Wellness Center calendar
- MCBHRS brochures identifying services and how to access them
- Local newspaper and radio station
- Interagency meetings
- Mountain Valley 211

**B. Outline the process for capturing language needs and the methods for meeting those needs; identity issues and methods of mitigation**

Our 24/7 Access log documents client requests for interpreters. This information is included on the initial assessment and new client intake forms. All staff are trained in the use of the tele-interpreter line. Staff also have access to the interpreter services P&P. Language is also recorded in the intake paperwork and at each service that utilizes an interpreter.

**C. Describe the process for reviewing grievances and appeals related to cultural competency; identify issues and methods of mitigation**

The Deputy Director of MCBHRS is responsible for processing all complaints. Once a month the Utilization Management (UM) Committee reviews the record to identify areas of concern and access. The UM Committee reviews all dispositions of grievances/ appeals and will identify if responses were culturally appropriate or if additional training is indicated. The Grievance and Appeal policy and procedure outlines the process for completion of these action steps and provides guidance for staff and clients including the ability to escalate the complaint to the California Department of Healthcare Services (DHCS).

**Staff and Service Provider Assessment:**

**I. Current Composition**

**i. Ethnicity by function**

MCBHRS staff by function

- Direct providers
- Administrative support

**ii. Staff proficiency in reading and/or writing in a language other than English by function and language**

MCBHRS staff are not proficient in reading or writing in another language other than English. All staff are trained to access the tele-interpreter services.

**iii. Staff and Volunteer Ethnicity and Cultural Competence Survey**

In an effort to assess the cultural awareness of our workforce, we asked staff to complete the Staff and Volunteer Ethnicity and Cultural Competence Survey in November 2018. The results are shown in Attachment A.

There were 28 staff who completed the survey. Of the respondents, 20 were direct service staff and 6 were administration and management staff. For those who completed the survey 89% were Caucasian, 11% were Hispanic and 4% were Native American. None of the staff identified themselves as bilingual or acted as interpreters. Of the respondents, 4% identified as having a behavioral health condition and 50% identified having a family member with a behavioral health condition.

The survey response options included almost always; often; sometimes; almost never. The CRC team will review and analyze these results in early 2019 and develop new or adjusted goals based upon these results. We also plan to administer the survey again in the Fall of 2019 and compare the results.

There are some interesting results when examining those questions where the responses were “almost never”. Those responses are briefly outlined below.

Across all staff:

- I have developed skills to utilize an interpreter effectively
- I intervene in an appropriate manner when other staff exhibit behaviors that appear to be culturally insensitive or reflect prejudice.

- II. MCBHRS strives to hire staff members who reflect the cultural diversity of our county. The goal has been difficult for several reasons. The first is that we have a small staff with 50 positions. 11% of our staff identify as Hispanic. Staff will continue to be trained in utilization of the tele-interpreter service for ease of access for translation services when requested or needed.

The diversity of our workforces is not equal to our client population or general population. As a result, we will continue to identify opportunities to recruit and retain multi-cultural staff. To achieve this objective, it is our goal to have the department's employee demographics be representative of our client and community population, whenever possible

The staff survey results also highlight areas for staff training. Although this is not an identified need by our population and demographics, additional training on utilizing an interpreter effectively will be developed in the next few months. Training will be developed and implemented to engage staff in promoting a culturally respectful and inclusive work environment. Additional training opportunities will be identified as the CRC reviews the results of the survey and future training surveys.

MCBHRS strives to incorporate discussions of delivering culturally relevant services within our weekly staff meetings, as well as during clinical and staff supervision and the topic has been added as a permanent agenda item. CRC representatives are sent to any regional or state trainings offered on promoting and delivering culturally relevant services. Each client is treated as an individual, all having different needs and cultural backgrounds. In addition to delivering services at the person's preferred location, we understand 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 evaluation and implementing services that best fit the client at any given time.

MCBHRS has designated Kathleen Paxton as the Cultural Responsiveness Committees' chair. This individual is responsible for promoting behavioral health services that meet the needs of our diverse population. She promotes the delivery of culturally sensitive services and provides leadership and mentoring to other staff of cultural competence related issues. The Cultural Responsiveness Chair reports to, and has direct access to, the Deputy Director of Behavioral Health Services regarding issues impacting behavioral health issues related to the racial, ethnic, cultural and linguistic populations and services.

Our Cultural Responsiveness Committee has been ongoing for over 10 years and is a cross agency and community committee that has representatives from mental health, substance use disorder, public health services, and non-profit partners. Ongoing members include: Kathleen Paxton, Wendy Jaskowiak, Lynn Rumfelt, Michael Cornwell, Jenni Moore, Ilene Jean and Kristen Fiester.

The members of the CRC represent different departments in Mariposa County including the Behavioral Health Board and Mariposa County Health and Human services. In addition, there are community members from Mountain Crisis, the local domestic violence shelter, and Alliance a partner agency offering supportive services. Working closely together, the committee reviews data, organizes culturally competent activities and trainings that promote healing through engagement of one's cultural background. At the last committee meeting several items were reviewed and suggestion made to increase services to elders and LGTBQI2-S and geographically isolated persons. All minutes of the meeting are shared with MCBHRS staff to implement programmatic and procedural changes.

### III. Identify barriers and methods of mitigation

The primary barriers to meeting our goal of expanding culturally representative staff is our limited size and requirements to fill current positions. As a result, it is difficult to recruit potential staff members that meet the qualifications for the professional positions that become available.

## Training in Cultural and Linguistic Competence

This section describes the cultural and linguistic competence training for staff and contract provider in 2016-2018.

Date	Training event	Description of training	Number of attendees
1/28/16	Domestic Violence	Awareness of culture and DV	6
7/14/16	Culture of aging	Elderly cultural awareness	10
10/27/16	Veterans needs	Awareness of veteran interaction and services	13
5/23/17	LGBTQ Awareness	Sensitivity and awareness training	3
03/01/18	Rural poverty among the elderly	Poverty and aging	25
03/14/18	Bridges out of Poverty	Train the trainer	2
06/29/18	Peer Support 101	Awareness in cultural bias with Peers	20
8/28/18	Agency on Aging	Needs and resources for elderly	2
10/25/18	Understanding the puzzle of poverty	UC Davis training	5

10/26/18	SOGIE training	Sexual orientation gender identity and expression	17
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It is our system view that all staff will participate in a number of different learning experiences to help promote person-centered care and develop culturally responsive services to all individuals in the behavioral health system. Staff will participated in a number of different learning opportunities that include face-to-face meetings and trainings, individual learning sessions online, and ongoing discussions during staff meetings and during supervision.

We have integrated cultural competence training and discussions in our weekly staff meetings since 2017. Over this time, MCBHRS staff has expanded their knowledge of different cultures and infused the knowledge throughout rendered services. We have created a safe, learning environment where the staff members feel safe to ask questions about culture. Equally important, staff also feel comfortable providing feedback to others regarding specific behaviors which may not have been culturally sensitive. By creating a safe environment to ask and receive feedback, each person has the opportunity to learn and expand their services to better meet the needs of the community.

The to be written training plan will have a broad range of topics including knowledge of different cultures, the use of spiritual leaders, traditional healing methods, in conjunction with western methodologies and medicine. Training to learn how to navigate the person's culture and broader community and support system will be discussed. In addition, training will focus on strength-based services, a person's cultural perspective, and an understanding of how treatment can incorporate an individual's traditional practices.

Psychiatry and western medicine techniques as one path to healing will be incorporated in this training. Staff will be able to understand that medications are one treatment modality that can be offered to clients as an option for helping managing risk. Staff are aware that accepting a client's perspective in healing practices will increase the likelihood the client will engage in services.

Future trainings will encompass multi-cultural knowledge, sensitivity awareness and understanding of diverse backgrounds beyond the traditional race/ethnicity groups (e.g. sexual orientation, age, disability, veterans, and family cultures).

Training will also be provided to staff that creates an understanding of the firsthand accounts and impressions of members of those living in our community who have experienced circumstances different than our own. Use of language, how to welcome individuals, and promoting opportunities to learn from individuals with lived experience will be developed. Training will include information of children, families, family-focused treatment, and navigating multiple service agencies. In addition, trauma-focused care and creating a trauma-informed community has been an ongoing topic of current trainings in which staff have participated.

## Goals and Objectives

The following objectives have been identified to promote the development of culturally and linguistically competent services throughout the organization.

These objectives are outlined below and provide the framework for developing this plan.

**Goal 1:** To provide culturally and linguistically appropriate services to improve access for persons who are American Indian, Hispanic, and other race/ethnicity groups; older adults; veterans and their families.

**Objective A:** MCBHRS will increase cultural awareness for the community and staff through the development of training modules to assist in awareness and integration of culture into services.

**Objective B:** MCBHRS will provide access to services and informing materials in the county's threshold language ( currently only English) in our clinics and wellness center. In addition, all materials will be offered for translation in the client's preferred language.

**Objective C:** MCBHRS will continue to hire diverse or bilingual staff within the teams to provide services and information to the client and family in their preferred language.

**Goal 2:** To create a work climate where dignity and respect are encouraged and modeled so that everyone has equitable opportunities for professional and personal growth.

**Objective D:** MCBHRS will develop and implement a training program for new hires and ongoing staff to orient them to the ability to respectfully identify and honor culture within the services, agency and community. These trainings will include topics of, but not limited to, cultural humility, issues of poverty, the aging population, local American Indian traditions, equity, diversity, relevant cultural narratives, social determinants of behavioral health, recovery culture, access barriers and sustainable partnerships.

**Objective E:** MCBHRS will provide cultural and linguistic competency trainings for staff and community members a minimum of one time annually in an identified area of underserved clients.

**Objective F:** MCBHRS will continue to hire and promote clients and family members, whenever possible, who are reflective of the Mariposa County community, especially American Indians or bilingual/bi-cultural individuals, to help address barriers for culturally diverse populations.

**Goal 3:** To deliver behavioral health services in collaboration with other community organizations and in locations that are regionally isolated.

**Objective G:** MCBHRS will deliver services in the least restrictive environment (e.g. home, school, and other community locations) when needed and as appropriate.

**Objective H:** MCBHRS will continue work with the MACT Board to support the MiWu-Mati Healing Center in providing services to the American Indian community.

**Objective I:** MCBHRS will continue to work with the Mariposa County School District to engage youth and TAY in the development of strategies and supports to intervene early in the onset of behavioral health issues and to prevent alcohol and drug abuse.

**Goal 4:** To collect and maintain accurate and reliable demographic and service-level data to monitor and evaluate the impact of services on health equity and outcomes.

**Objective J:** MCBHRS will gather data to provide objective and consistent evaluation and feedback to leadership, staff and clients regarding program impact and outcomes to best support and meet the needs of the community, individuals and family. Data will be collected ongoing and reviewed semi-annually by the leadership, Quality Improvement Committee, cultural competence committees and clinical teams.