

CULTURAL LINGUISTIC COMPETENCY PLAN (CLCP) --- PLAN YEAR 2021

Mariposa County Behavioral Health and Recovery Services

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Mariposa County
**Health & Human
Services Agency**
Healthy. Safe. Thriving.

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 (MCBHR), a division of MCHHSA, has a mission of: promoting hope, trust and wellness through reliable, professional and responsive services.

MCBHR 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; LGBTQ+ persons and consumers in recovery.

Developing a culturally and linguistically competent system requires commitment and dedication from leadership, staff, and the community. This task requires MCBHR to continually strive to learn from each group. 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 (CLCP) reflects MCBHR's commitment to improving services, 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).

MCBHR 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 to improve access and quality of services for individuals who are underserved. The underserved populations this plan will focus on are determined by analyzing data collected over the course of our last plan year.

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. 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, MCBHR 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.

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
- Mariposa County's Prevention Plan
- Mariposa County's MHSA Plan
- Mariposa County's Community Needs Assessment
- Policies and Procedures

MCBHRS and staff are committed to constantly improving services to meet the need of culturally diverse individuals seeking and receiving services.

Goal and Objective Selection Methodology

Goals and objectives were developed in conjunction with data from the Community Needs Assessment, and input from stakeholders. The Mariposa County Community Needs Assessment was made in partnership with the Calaveras Mariposa Community Action Agency, First 5 Mariposa, and the Local Childcare Planning Council as a part of a comprehensive effort to identify and assess the greatest unmet needs in the county. With this document as the foundation the CRC met with members of BHRS staff, and volunteer Community Members to discuss what goals and objectives BHRS should set for itself in 2021.

In starting the goal and objective planning process the CRC reviewed the previous year's goals/objectives and asked four questions:

- What activities/processes were developed/ran to complete this goal or objective?
- Does the CRC believe this goal or objective has been fully satisfied?
- What documentation/data can be used to verify that this goal or objective has been completed?
- Does the CRC believe that this goal or objective should stay in the plan going into 2021?

The CRC determined that all four main goals from the 2020 plan should remain in the 2021 version. The CRC believes that these goals are in line with the continuing work that is occurring to further educate and empower staff to be more culturally competent and aware. One new objective was added under Goal 1, and a number of other objectives were edited for clarity. The CRC will work to facilitate the completion of these goals and objectives in the 2021 plan year.

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; differently-abled populations; Veterans and their families, and LGBTQ+ individuals.

Objective A: MCBHRS will increase cultural awareness through the utilization of trainings that are open to both staff and the community. Prioritization of trainings with a focus on “lived experiences” will guide development of trainings. These trainings will continue to be developed to assist in awareness and integration of culture into services.

Objective B: MCBHRS does not have a threshold language. However, MCBHRS will strive to provide access to services and informing materials in the clients primary language. All services will also be displayed on the county website with a machine translation option and be posted at all certified Medi-Cal sites. All documents can be verbally translated at client request via our contracted tele-interpreter services. A training will be implemented that teaches direct service providers and staff how to utilize the language line and will be conducted in a 2021 all staff meeting.

Objective C: MCBHRS continues to seek to hire diverse and bilingual staff within the teams to provide services and information to the client and family in their preferred language.

Objective D: MCBHRS staff will utilize LGBTQ+ resources from these organizations including but not limited to: the Trevor Project, the Fenway Institute, and SAGE USA.

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 E: MCBHRS will begin to develop a plan to 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 F: MCBHRS will provide cultural and linguistic competency trainings for staff and community members a minimum of once per year in the identified populations within this plan.

Objective G: MCBHRS will continue to seek and encourage a climate of diversity by hosting events that enable staff to share their unique heritage.

Goals and Objectives Cont'd

Goal 3:

To deliver behavioral health services in collaboration with other community organizations and identified sub-communities.

Objective H: MCBHRS will deliver services in the least restrictive environment (e.g. home, school, and other community locations) when needed and as appropriate. School based treatment services will be continued at all school campuses in the Mariposa County School District.

Objective I: MCBHRS will continue work with the American Indian Council to support the MiWu-Mati Healing Center in providing services to the American Indian community. Counseling services funded by MCBHRS will be continuing through the 2021 year. Expansion of these services include funding of a vehicle for client transportation and an Activities Coordinator.

Objective J: MCBHRS will continue to work with the Mariposa County School District to engage youth and TAY in the development of strategies and supports to prevent alcohol and drug abuse. Prevention groups will continue, and Mariposa Safe Families will recruit children from the alternative High School for the Friday Night Live Program.

Goal 4:

To collect and maintain accurate and reliable demographics and service-level data to monitor and evaluate the impact of services on health equity and outcomes.

Objective K: 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.

County Geographic and Socio-Economic Profile

Geographical Location and Attributes of the County

Mariposa County is a small rural county in California with a population of approximately 17,569¹. This rural county is in the Central Sierra Nevada mountain range, west of Yosemite National Park with a total of 1448.82 square miles. With about 11.8 residents per square mile, Mariposa is one of the smallest counties in the state. Mariposa county borders Yosemite National Park, a park that hosts up to 4 million visitors a year. 55% of the county is designated as public lands managed by the Department of the Interior, and the Bureau of Land Management.

Mariposa County has no incorporated cities; and no permanent stop lights. There are 8 census designated areas: Mariposa, Midpines, Cathey's Valley, Coulterville, La Grange, Greeley Hill, El Portal and Yosemite. Mariposa is the main population area of the county. With such a small population, and a mountainous land mass traversing Mariposa County can be difficult. It can take up to 90 minutes to reach from one end of the county to the other, and weather conditions may make roads dangerous and unusable. Because of this, there is little to no public transportation in Mariposa County, which makes access to services difficult for those who are geographically isolated.

However, 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 members of staff comprising the department fulfill multiple roles, making it feasible for them to understand issues comprehensively and take a truly multidisciplinary approach.

Demographics of the County

The 2010 Census data indicates that Mariposa County is 80% White, 11% Hispanic, 4% Other, 3% Alaskan Native / American Indian, 1% African American and 1% Asian / Pacific Islander, with a total of 17,569 people. The county is home to an American Indian community, the Southern Sierra Mi-Wuk Nation, with approximately 541 people. This community is a tribe of people indigenous to Yosemite and Mariposa County.

Mariposa County's age demographics show that the Older Adult (65+) population is significantly higher than the state-wide average, and that the percentage of persons under the age of 18 is lower in comparison¹. Figure 1 shows the 2010 Census Data for age, race/ethnicity, and gender of the general population of Mariposa County.

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

Mariposa County Population 2010 Census		
Age Distribution	Number	Percent
0-5	791	4.3%
Under 18	2881	16.2%
19-64	9153	51.6%
65+	4744	27.9%
Race / Ethnicity		
African American	226	1%
Alaskan Native / American Indian	541	3%
Asian / Pacific Islander	251	1%
Caucasian	15542	80%
Hispanic	1300	11%
Other	320	4%
Total	17569	100%
Gender		
Male	8881	51%
Female	8764	49%

The 2010 Census data was used in place of current Census.gov projections due to the unique nature of Mariposa County. Census Projections have been inaccurate before, and with the lack of industrial growth and housing being built the trend looks to continue. The wildfires of the past years have only exacerbated these issues.

Socio-Economic Characteristics of the County

Mariposa County is a retirement community with 27.9% of the population at 65 years and over¹. The largest industry in Mariposa is tourism. The per capita income is around \$29,776². In comparison the statewide per capita income was \$39,393 according to the American Community Survey². The same data puts the median household income at \$51,199 and median family income at \$60,183.

The 2018 American Community Survey also details that about 9.4% of families living in Mariposa have had income for the last 12 months below the poverty line and that 18.8% of children in Mariposa live in poverty. As of September 2020 the unemployment rate sits at 8.5%, COVID-19 related closures have significantly impacted the unemployment rate in Mariposa County which was as low as 4% late in 2019³.

Mariposa County is also home to around 1,601 veterans, about 9% of the county's total population. This is significantly higher than other counties. For example, as a percentage of population, Mariposa County has about four times more veterans than Los Angeles county.

Penetration Rates for Medi-Cal Mental Health Services

Mariposa County has an estimated 4,561 Medi-Cal Eligible persons. This number is based on the Monthly Medi-Cal Eligibility File (MMEF). This means that an estimated 25.9% of the population has Medi-Cal. Figure 2 on the following page shows the percentage of the Medi-Cal Eligible population who accessed behavioral health services in FY 2019-2020. It also shows the estimated eligible Medi-Cal population broken down by age and gender for Mariposa County on the left, and on the right column the number of clients served, and our overall penetration rate for those populations.

There were 565 Medi-Cal Eligible people who received one or more mental health services in FY 19-20. The breakdown is as such: 193 Children (0-17), 347 Adults (25-64), and 25 (65+) Older Adults. This represents an increase in clients of 23.63% from the previous year. With a majority of the increase in the Children and Adults category.

The Medi-Cal Client ethnicity/race breakdown is similar, but not identical to the Census Demographics. 70% of Medi-Cal eligible clients served identified as White, 16.81% Hispanic, and 3% Alaskan Native or American Indian. Other populations represented a small number of individuals. English was the primary language with 98% of clients identifying it as their primary speaking language. Of the 565 clients served, 296 were Male and 269 were Female.

The penetration rate data shows that 12.4% of eligible Mariposa County Medi-Cal Population received behavioral health services. Of these individuals the penetration rates for Children (0-17) is 15.27%, Adults (18-64) 12.34%, and Older Adults (65+) 5.54%. Men and women had equal penetration rates of 12.5%.

Ethnicity Penetration Rates are as follows: Alaskan Native or American Indian 14.0%, Hispanic 13.8%, Unknown 10.7%, White 11.2%, with other populations being small enough to be protected information.

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

MMEF Eligible FY 2019-2020		SDMC Clients Served FY 2019-2020		BHRS Penetration Rate FY 2019-2020	
Age Distribution					
Children	1264	Children	193	15.27%	
Adults (18-64)	2828	Adults	347	12.27%	
Older Adults (65+)	469	Older Adults	25	5.30%	
Gender					
Male	2365	Male	296	12.5%	
Female	2196	Female	269	12.5%	
Other	0	Other	0	-	
Total	4561	Total	565	Total	12.4%
Ethnicity					
Alaskan Native or American Indian	121	Alaskan Native or American Indian	17	14.0%	
Asian or Pacific Islander	37	Asian or Pacific Islander	*	*	
Black or African American	19	Black or African American	*	*	
Hispanic	689	Hispanic	95	13.8%	
Other	16	Other	27	168.8%	
Unknown	261	Unknown	29	10.7%	
White	3418	White	384	11.2%	
Total	4561	Total	565	Total	12.4%

Sexual Orientation data is not reported as it is not a required data element to be captured for state reporting.

*Suppressed data due to population size.

Analysis of Disparities Identified in Medi-Cal Client Penetration Rates

Three populations were identified in our data analysis that indicated possible disparities. The Older Adult (65+) population, the Hispanic population and the LGBTQ+ population. These populations were identified because of low penetration rates, historical disparities and discrimination, or cultural stigma around mental health care.

1. Older Adult Population

With a penetration rate of 5.3%, a value lower than other age groups in Mariposa County, the Older Adult (65+) population does not seem to be utilizing mental health services in the same capacity as other age groups. Statewide the DHCS MHS EPSDT Reports data puts the average penetration rate for Older Adults (65+) at 1.8%⁴. Nationally, there is a lack of research on the issue of Older Adult (65+) populations not seeking mental health treatment. The Cultural Responsiveness Committee is working on a training for staff that will focus on the issues facing this population when trying to access mental health care.

2. Hispanic Population

Mariposa County has a higher than average Hispanic penetration rate when compared to the state of California⁷ and is approaching the percentages needed to have Spanish become a threshold language for Mariposa County. As such, the Cultural Responsiveness Committee wants to begin preparations by starting to educate staff members on the issues this population faces when trying to access mental health care.

3. LGBTQ+ Population

Sexual orientation data is not a required data element to be captured for state reporting, and as such Mariposa County does not have accurate data on the possible disparities that LGBTQ+ residents face. However, historically the LGBTQ+ community is underserved across the United States, and the Cultural Responsiveness Committee believes this holds true in Mariposa County. As such, the CRC is planning a LGBTQ+ training to educate our staff on issues this population faces when trying to access mental health care.

Penetration Rate by Age, Trends from FY17-18 to FY19-20

Listed in Figure 3 are the Penetration Rates for age groups for FY 19-20. Figures 4, 5, and 6 track three specific age ranges over the last three fiscal years. Mariposa County's Penetration rates remain consistent year to year. The County's work with the school system to promote outreach and engagement in Youth shows clear dividends in the high penetration rate for teenagers 12-17 years of age. Even with the sudden shift to tele-health due to COVID-19, MCBHRS sees penetration rates for this group remain high. Another area that has seen increased rates is in the 18-20 year old bracket. Normally, once these clients are outside of the school system it can be more difficult for them to access the care they need. Despite this, there has been a 6.8% gain from FY 17-18 in this age group. MCBHRS believes this to be attributed to the increased availability of tele-health appointments due to COVID-19.

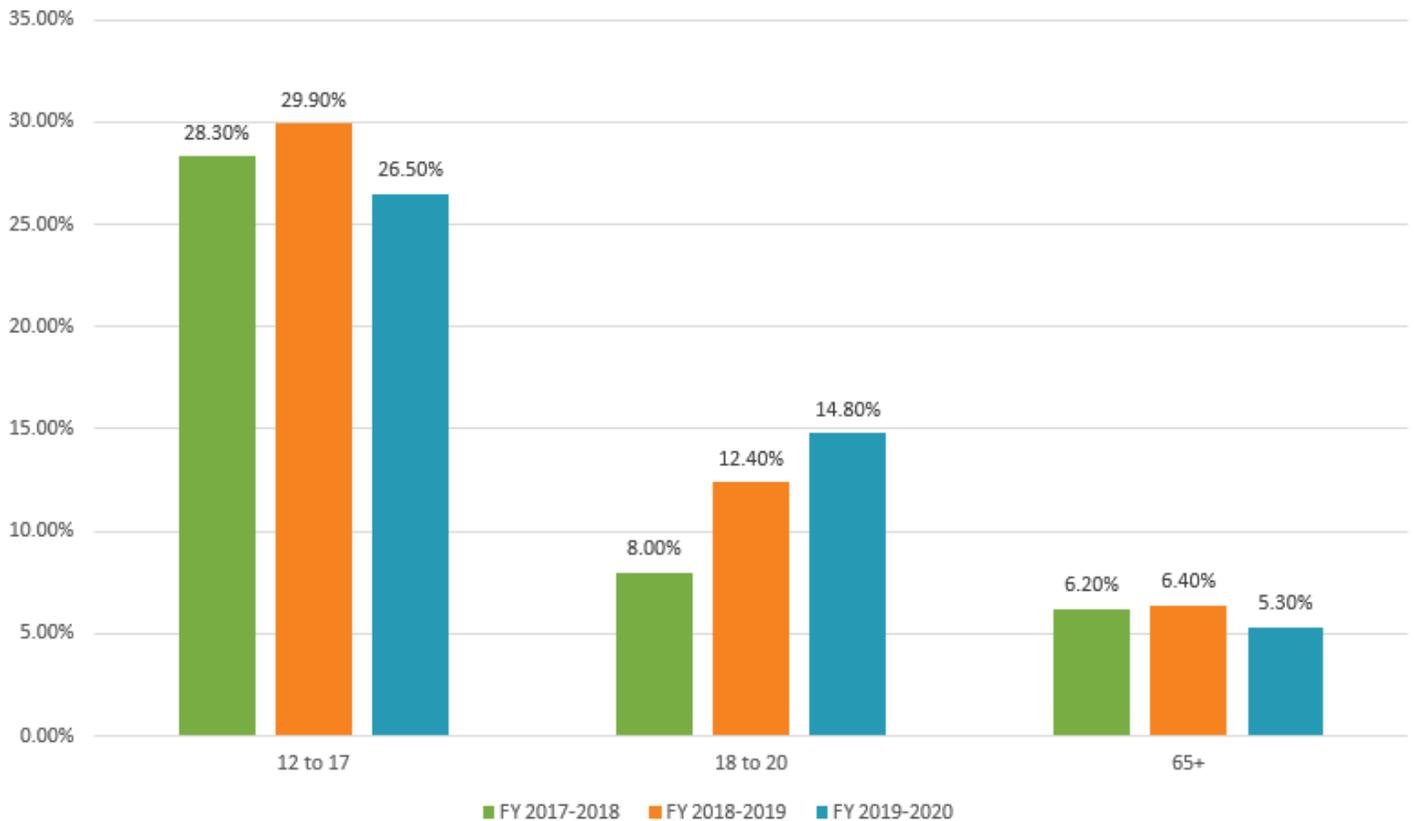
In the Adult age ranges a different story plays out. There has been a 2.6% point decrease in the penetration rates for clients aged 55 - 64. This may be attributed to COVID-19, and the stay at home orders. To combat this Mariposa County BHRS has worked hard to enable tele-health appointments. By recently switching to a new electronic health record, InSync, MCBHRS has an easy to use and intuitive patient portal that allows for easy access to appointment reminders, and information on how to setup tele-health appointments.

The Older Adult (65+) age group is one of the three populations that the CRC has identified as having a disparity. This group has remained one of the lowest penetration rates for Mariposa County for the past three years, at 5.3% this year. COVID-19 related lockdowns and safety measures contributed to another 1% decrease. Like the other age groups, the new easy to use patient portal will enable clients in this age group to safely, and intuitively access tele-health care in the future.

Figure 3
Mariposa County Behavioral Health Services
FY 19-20 Penetration Rate by Age Bracket.

MMEF Eligible FY 2019-2020		SDMC Clients Served FY 2019-2020		BHRS Penetration Rate FY 2019-2020
Age Distribution				
00 - 05	447	00 - 05	28	6.3%
06 - 11	428	06 - 11	62	14.5%
12 - 17	389	12 - 17	103	26.5%
18 - 20	183	18 - 20	27	14.8%
21 - 24	211	21 - 24	24	11.4%
25 - 34	672	25 - 34	80	11.9%
35 - 44	534	35 - 44	67	12.5%
45 - 54	515	45 - 54	80	15.5%
55 - 64	713	55 - 64	69	9.7%
65+	469	65+	25	5.3%
Total	4,561	Total	565	12.4%

Penetration Rate by Age, Trends from FY17-18 to FY19-20



Penetration rates for highlighted age groups tracking three fiscal years. The 18-20 year old age bracket has seen tremendous growth in penetration rates, while the 65+ year old age bracket has begun declining. COVID related closure may be impacted the ability to reach out to specific groups both older and younger as seen in the decline in the 12 to 17 age bracket.

Process Measures for Behavioral Health

As part of the EQRO review, MCBHRS analyzed timeliness data to assess weaknesses and identify areas needing improvement. While MCBHRS has access to high level timeliness data, the legacy electronic health record that was used to complete the timeliness analysis this year does not have the capability to produce granular reports looking at specific timeliness data for targeted demographics. MCBHRS has a new electronic health record called InSync which allows much more detailed and granular reporting that will enable greater analysis of timeliness data in the future.

MCBHRS has a standard of ten business days for length of time from initial request to first offered appointment, this standard was met ~84% of the time, with a mean time of six days. This represents a decrease of 4.8 days from the prior year. For first offered psychiatry appointment, MCBHRS has a 15-day standard which was met 71% of the time on average with a mean of 12 days. MCBHRS has a 48 hour standard from service request for urgent appointments, this standard was met 38% of the time with a mean of 3.8 days.

MCBHRS has a standard of seven calendar days for follow-up appointments for post-psychiatric inpatient discharge, this standard was met about 40.38% of the time with a mean of 10.8 days. This data only reflects Medi-Cal beneficiaries, including those transferred to Mariposa County. The overall hospital re-admission rate within 30 days is about 5.8%. The standard for psychiatrist no show is 10%, with the current percentage around 14.5%. For clinicians the no show standard is 10%, with the current overall percentage being 12%.

MCBHRS will utilize the new electronic health record InSync to better collect information to perform more granular analysis on timeliness data in our effort to continue improving the services we offer to our community. MCBHRS has stringent anti-discrimination policies in place to prevent and dismiss any staff member that would harm any client due to any protected characteristics.

Penetration rates for Medi-Cal Substance Use Disorder Services

Figure 7
Mariposa County SUD Penetration Rates
by Age Group, Gender and Race/Ethnicity

MMEF Eligible FY 2019-2020		SUD Clients Served FY 2019-2020		SUD Penetration Rate FY 2019-2020	
Age Distribution					
Children	1264	Children	*	*%	
Adults (18-64)	2828	Adults	162	5.7%	
Older Adults (65+)	469	Older Adults	*	*%	
Gender					
Male	2365	Male	94	4.0%	
Female	2196	Female	83	3.8%	
Other	0	Other	0	-	
Total	4561	Total	177		
Race/Ethnicity					
Alaskan Native or American Indian	121	Alaskan Native or American Indian	15	12.3%	
Asian or Pacific Islander	37	Asian or Pacific Islander	*	*	
Black or African American	19	Black or African American	*	*	
Hispanic	689	Hispanic	38	5.5%	
Other	16	Other	0	-	
Unknown	261	Unknown	41	15.7%	
White	3418	White	131	3.8%	
Total	4561	Total	225	Total	9.325%

Sexual Orientation data is not reported as it is not a required data element to be captured for state reporting. Race/Ethnicity data being larger than clients served is due to the legacy electronic health record report.

*Suppressed data due to population size.

Analysis of Disparities in Substance Use Disorder Services

Last year's plan highlighted disparities in the American Indian population in Mariposa County. As such strategies to engage the American Indian population are crucial due to historical discrimination and poverty that creates barriers to accessing services. SAMHSA's data set on American Indians/Alaska Natives shows that "in 2013, 38.7% of Native adolescents had a lifetime prevalence of illicit drug use, compared with the national averages Native adolescents have the highest rates of lifetime tobacco, marijuana and non-medical use of pain relievers"⁶.

Because of these highlighted disparities the CRC decided that educating MCBHRS staff was a priority when looking to improve the development of culturally sensitive treatment plans for our American Indian population. A knowledgeable community member who works with this population was contracted to develop two 4 hours trainings. One training focused on basic cultural information, and another training focused on trauma and how to better serve this community. The first training was offered to the entire HHSA agency, and the second was for BHRS only. These trainings took place in October 2020.

For our 2021 plan, like the Behavioral Health data, a disparity in the Older Adult penetration rate indicates that further education and training is required on the needs of that population. The Cultural Responsiveness Committee plan this year has a training on the barriers Older Adults may face when accessing care and how to effectively serve these clients. In addition, the new easy to use patient portal and tele-health options should help Mariposa County HHSA better serve these clients in the future.

Much like in the Behavioral Health data, there is no effective representation of LGBTQ+ clients. The 2018 National Survey on Drug Use and Health (NSDUH) reports that 37.6% of LGBTQ+ adults 18 and older reported past year marijuana use, and 9% higher opioid use⁷. Based on historical patterns, the Cultural Responsiveness Committee believes that there is a significant need to continue to better the agency's understanding and awareness of LGBTQ+ sensitive treatment plans. As such, the CRC is working to plan a training that will focus on awareness, sensitivity to LGBTQ+ issues and how to more effectively development tailored treatment plans.

Meeting Cultural and Linguistic Requirements

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

It is the goal 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. The leadership of these groups creates a forum for ensuring that MCBHRS continually enhances 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. In addition, the Mental Health Board and Alcohol and Other Drug Board merged in March of 2018 allowing for a united Behavioral Health Board for a broader spectrum of viewpoints.

Mariposa County strives to have all the services offered at the agency be culturally aware, and competent. We maintain this by on-going training and high expectations of staff behavior.

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"

To reduce disparities in access to treatment services, MCBHRS continues to fund services provided at the MiWu-Mati Healing Center. The Healing Center is 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.

Meeting Cultural and Linguistic Requirements

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 prevention program at the school to identify and intervene early with children experiencing SUD issues. MCBHRS staff provides services at school locations upon request. The local high school will be receiving these groups in the 2020-2021 school year.

MCBHRS maintains a relationship with Ethos, where runaway, homeless and disconnected youth can access support.

Older Adults

MCBHRS has a focused program through FSP for Older Adults to address the specific needs of this community.

LGBTQ+ Community

Mountain Crisis Services in Mariposa County offers resources for LGBTQ+ people that suffer from domestic violence. In nearby Fresno County, the LGBTQ+ Resource Center provides supportive services ranging from informational groups to health services. In developing this plan, the Cultural Responsiveness Committee did not identify any meaningful LGBTQ+ resources that Mariposa HHSA offered directly. To remedy this a new objective was created with the goal of educating staff on the resources provided by hardworking organizations in the space. These organizations include, but are not limited to: the Trevor Project, the Fenway Institute and SAGE USA.

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.

Veterans Community

Veterans are a traditionally underserved population in the United States. MCBHRS is aware of this and has been building and reinforcing services for veterans over the last couple of years. While this population remains underserved, MCBHRS continues to strive to provide the best quality of care. Due to COVID-19, in-person events have been cancelled. The Mariposa County Veterans Services office offers a wide variety of services including but not limited to claim preparation and submission, claim follow-up, comprehensive benefits counseling and, networking with federal, state and local agencies. Anytime that a veteran is identified they are linked with Veterans Services. The County Veterans Services Officer is co-located at the Community Health Center and the Office of Veteran Services to enable greater assistance and advocacy.

Meeting Cultural and Linguistic Requirements

Persons with Disabilities

Mariposa County has a higher than average amount of residents that are federally recognized as disabled. The current statewide total sits at around 3%, versus Mariposa County's 10%.

The Mariposa/Madera County SELPA (Special Education Local Plan Area) assists over 3,500 students with disabilities. This is about 15.4% of the overall K-12 student population in Mariposa/Madera County school districts. For comparison the state-wide amount is about 12.9%⁷ based on data from the California Department of Education.

MCBHRS values comprehensive access for all clients. To this end, MCHHSA 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. MCBHRS strives provides services in the least restrictive environments per client preference and request.

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 recognizes the need to inform clients of the existence of culturally competent services and providers. As such, MCBHRS developed a Behavioral Health Guide to County Mental Health Services brochure, that highlights available services, including culturally specific services. In addition, this brochure informs the clients of their right to language assistance (including interpreter services) free of charge. This brochure is available at all county sites, on the county website and at request.

During mental health emergencies access to an interpreter is critically important. MCBHRS utilizes 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 we offer and can provide interpreter services or link clients to language assistance services as required.

To enable clients better access to information on our providers, 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, 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
- Social Media Channels
- Community Outreach
- MCBHRS Committee Meetings

Informing materials will continue to be posted at the Family Services Center, County website, Health and Human Services Agency building, Wellness Center site, Senior Center and Mariposa Heritage House.

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.

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).

MCHSA Workforce Analysis

MCBHR understands that having a staff that is diverse strengthens the organization's ability to give great care to clients of all backgrounds.

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

MCBHR currently has one bi-lingual (Spanish) staff member. If the staff member is unavailable, or the client is requesting translation in another language, all staff are trained to access the tele-interpreter services.

MCBHR strives to hire staff members who reflect the cultural diversity of our country.

The diversity of our workforce closely mirrors our client population and general population. We will continue to identify opportunities to recruit and retain multi-cultural staff.

Current data indicates that the workforce in our Health and Human Services Agency resembles our counties diversity with 84% of our employees being White, 1% Native American/Native Alaskan, 2% being Black/African American and 2% being Asian.

MCBHR strives to incorporate discussions of delivering culturally relevant services within our weekly staff meetings, as well as during clinical and staff supervision. CRC representatives are encouraged to attend any regional or state trainings offered on promoting and delivering culturally relevant services.

Staff are trained to treat each client as an individual, each 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.

MCBHR has designated Rachel Gren 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 Rachel Gren, Wendy Jaskowiak, Garret Simpson, Clarence Tedrow, James Jardin, Sheila Baker, Chad Leiske, Christina Rouse and Cathy Rohrbaugh.

MCBHRS strives to hire staff members who reflect the cultural diversity of our country. Cont'd

The members of the CRC represent different departments in Mariposa County including the Behavioral Health Board and Mariposa County Health and Human services. One of our members is a contract provider from, Mariposa Safe Families and our partners at the Mariposa County School District. We will be recruiting new members from our community partners. We will send out flyers to our partners, distribute flyers at a variety of locations and contact our partners via-email to facilitate dialog and promote awareness of our committee and to recruit members in 2021. At the last committee meeting several items were reviewed relating to this year's accomplishments and how we will move forward. All minutes of the meeting are shared with MCBHRS staff to implement programmatic and procedural changes.

Training in Cultural and Linguistic Competence

Date	Training event	Description of training	Number of attendees
11/18/19 11/19/19 11/26/19 12/02/19	Exploring our Cultural Roots PART I	Historical and personal awareness of cultural biases.	66 total for the 4 offered sessions
October 2020	Tribal Histories and Native Culture	Understanding Historical and Intergenerational Trauma	All Agency staff
October 2020	Impacts on Native Mental Health and Behavioral Health	Understanding Historical and Intergenerational Trauma	All MCBHRS staff
Jan 2021 – Dec 2021	Video Series (National CLAS)	Deeper dive into National CLAS	All MCBHRS staff
April 2021	LGBTQ+	Understanding Historical Trauma + Effective Care Planning	All MCBHRS staff
July 2021	Hispanic	Understanding Historical and Intergenerational Trauma + Effective Care Planning	All MCBHRS staff
October 2021	Older Adult	Understanding Historical Trauma + Effective Care Planning	All MCBHRS staff

The training plan for the coming calendar year (2021) has a broad range of topics including knowledge of different cultures, personal cultural and potential cultural biases. In addition, these three distinct trainings will focus on three identified groups: LGBTQ+, Hispanic and Older Adult populations with a focus on understanding historical trauma and effective care planning.

It is a requirement of MCBHRS that all staff will participate in several different learning experiences to help promote person-centered care and develop culturally responsive services to all individuals in the behavioral health system. Staff will participate in several different learning opportunities that include (when possible) face-to-face meetings and trainings, learning sessions online, and ongoing discussions during staff meetings and during supervision. All trainings are attended by (but not limited to) direct client contact staff, administrative staff, and management staff. These trainings are also required to be attended by all our contracted providers.

Training in Cultural and Linguistic Competence

MCBHRS has integrated cultural competence training and discussions in our bi-monthly staff meetings since 2017. Over this time, MCBHRS staff has expanded their knowledge of different cultures and infused the knowledge throughout rendered services. MCBHRS has 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 can learn and expand their services to better meet the needs of the community.

In 2020 MCBHRS planned to use the CLAS trainings, however due to COVID-19 these plans were disrupted. Our 2021 plans now include these CLAS trainings quarterly at the All-Staff Meetings again. MCBHRS intends to use a series of informative videos to dig deeper into the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. This training series relates to Goal 2, Objective F. The CRC committee picked the CLAS training that will be implemented 2021 that will be an experiential application of the utilization of the language line to increase staff proficiency. The training will include a role plays exploring how to intervene when a bi-lingual client presents for services.

Future planned training includes the three groups identified with greater than normal disparities in our data: Older Adults, Hispanic, LGBTQ+. The Cultural Responsiveness Committee is in the process of preparing, planning and developing these trainings.

Last year, the CRC decided to focus on generational trauma present in the American Indian community present in Mariposa County. The CRC believed that by having a training on the experience of the Mi-Wuk people and American Indians across the nation that Clinicians could better develop care plans integrating American Indian culture. A local member of the population who also works in the behavioral health field was contracted with to develop two trainings.

These trainings were held in late 2020, there were 48 staff in attendance. The staff that did not attend were required to view the video recording of the training. A survey offered pre-training and post-training showed that participants had an increased level of cultural awareness in regard to our Native American community, 16% expressed that after the training they had a "Good" understanding of American Indian culture in Mariposa County when previously they rated their knowledge as "Fair". Other staff members that took the training stated that they believed their general cultural awareness went up after the training. BHRS intends for these trainings to then be taken and improve the staff member's ability to provide quality care to clients.

Conclusion

MCBHRS aims to build and maintain a diverse, culturally and linguistically responsive workforce. Over the next year MCBHRS will continue to build and enhance our cultural and linguistic services. This cultural and linguistic plan was developed to improve services, expand access to services, improve quality of care and improve outcomes. While we have made strides in expanding and educating our staff, we continue to strive for awareness, proficiency, and understanding that culture is a vital component of treatment.

Trainings scheduled for 2021 are aimed specifically towards staff to continue to integrate cultural awareness into our services. The cultural responsiveness committee has created a series of trainings designed to ensure MCBHRS is providing treatment in a manner that is responsive, demonstrates an understanding of, and shows cultural humility toward the client's heritage, history, traditions, world views, and beliefs.

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