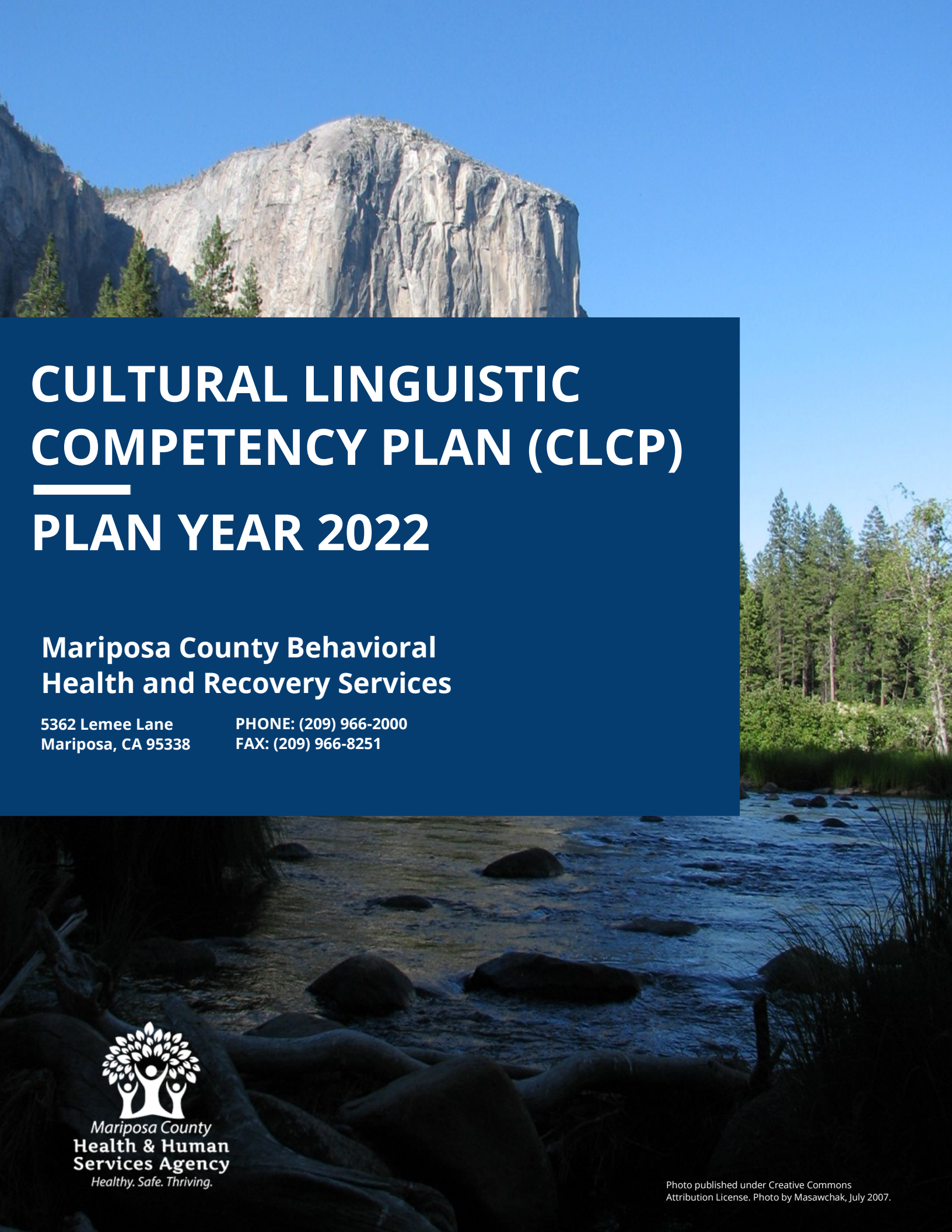

CULTURAL LINGUISTIC COMPETENCY PLAN (CLCP)

PLAN YEAR 2022

Mariposa County Behavioral Health and Recovery Services

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Health & Human Services Agency
Healthy. Safe. Thriving.

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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 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; 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 MCBHRS 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 MCBHRS' 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).

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 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, MCBHRS 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 Strategic Prevention Plan
- Mariposa County MHSA Plan
- Mariposa County 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 2022?

The CRC determined that all four main goals from the 2021 plan should remain in the 2022 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 2022 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 individuals seeking mental health services and to focus in on cultural considerations in assessment and treatment planning. 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 A: MCBHRS will provide a training focusing on the culture of poverty as it applies across cultures and linguistically appropriate services. MCBHRS would like to focus on increasing awareness of the impact poverty has on a person's mental health residing in a small county.

Objective B: MCBHRS does not have a threshold language. However, MCBHRS will provide access to services and informing materials in the client's 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. Ongoing training will be provided to teach direct service providers and staff how to utilize the language line.

Objective C: MCBHRS will seek to hire staff representative of and familiar with the lifestyles of residents of a rural community. MCBHRS will continue to offer entry level positions with a career ladder for professional development.

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 record the cultural responsiveness trainings and ensure new hires (all staff) review the material, as applicable to the current plan.

Objective E: 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 F: MCBHRS will continue to seek and encourage a climate of diversity by hosting activities that enable staff to share their unique heritage, as COVID-19 guidelines allow.

Goals and Objectives Continued

Goal 3:

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

Objective G: MCBHRS will deliver services in the least restrictive environments (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 H: 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 2022 year. Through this mutually beneficial relationship, MiWu-Mati has sought Medi-Cal certification for FY22.

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 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. Ongoing, MSF continues to work on substance abuse prevention. In 2022, school education groups on substance use disorders will be restarted.

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 J: MCBHRS will continue to 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. Through electronic health record, InSync, data will be collected ongoing and reviewed semiannually by the leadership, Quality Improvement Committee, Cultural Responsiveness Committee and clinical teams. Review of data will focus on relationships between demographic information of the county compared to penetration rates of MCBHRS demographics.

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 17,569[1]. 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. In addition, 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 2020 Census data indicates that Mariposa County is 79% White, 12.1% Hispanic, 2.5% Other, 3.5% Alaskan Native/American Indian, 1.3% African American and 1.6% Asian/Pacific Islander, with a total of 17,131 people. The county is home to a small American Indian community, the Southern Sierra Mi-Wuk nation. This community is a tribe continuing to seek federal recognition.

Mariposa County's age demographics show that the Older Adult (65+) population is significantly higher at 28.9% compared to the state-wide average of 14%. The average percentage of persons under the age of 18 in California is 22.5% which is significantly higher in comparison to Mariposa County which is 16.1%. Figure 1 shows the 2020 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 2020 Census		
Age Distribution	Number	Percent
0-5	720	4.2%
Under 18	2758	16.1%
19-64	8702	50.8%
65+	4950	28.9%
Race / Ethnicity		
African American	223	1.3%
Alaskan Native / American Indian	600	3.5%
Asian / Pacific Islander	274	1.6%
Caucasian	13533	79%
Hispanic	2073	12.1%
Other	428	2.5%
Total	**17131**	**100%**
Gender		
Male	8739	51%
Female	8394	49%

The 2020 Census data was derived from the U.S. Census Bureau website for Mariposa County.

Socio-Economic Characteristics of the County

Mariposa County is a retirement community with 28.9% of the population aged 65 years and over. The largest industry in Mariposa is tourism. The per capita income is around $28,757 in comparison the statewide per capita income was $36,955 according to the American Community Survey 2019 data. The U.S Census Bureau data from 2019 reports the median household income at $48,820 which is significantly lower than the California median household income of $80,440 .

The 2020 Census Bureau estimates 15.2% of the population lives at or below the poverty line. This number is higher than the national average of 12.3%. The Kids Count Data Center reports that children living in poverty in 2016 for Mariposa County was 19.3%.

As of December 2020, the unemployment rate for Mariposa sits at 10.3%. The state unemployment rate is 9.1% and the national unemployment rate is 6.7%. COVID-19 related closures continue to significantly impact the unemployment rate in Mariposa County due to the largest industry being tourism.

Mariposa County is also home to around 1,485 veterans, about 8.6% of the county's total population. California veterans make up 5.1% of the state's population.

Mariposa County is a small rural county which faces a difference in resources compared to larger cities. For example, there is 1 homeless shelter with 40 beds between temporary sleeping trailers and communal housing for the county population size of 17,131. Due to COVID-19 guidelines, the capacity of the shelter is currently reduced.

Mariposa County has 1166 households below the 200% FPL. These households if not eligible for Medi-Cal are eligible to access services through a sliding fee scale or to have fees waived if situations of hardship.

Penetration Rates for Medi-Cal Mental Health Services

Mariposa County has an estimated 5,447 Medi-Cal Eligible persons for the fiscal year 2020-21. This number is based on the CHHS Monthly Medi-Cal Eligibility Report. This means that an estimated 32% of the population has Medi-Cal as their insurance provider. The breakdown is as such: 1682 Children (0-17), 3,302 Adults (25-64), and 463 (65+) Older Adults. There was a total of 664 Medi-Cal Eligible people who received one or more mental health care services in FY 2020-21 with MCBHRS. The breakdown is as follows: 127 Children (0-17), 481 Adults, and 56 Older Adults. Figure 2 shows the percentage of the Medi-Cal Eligible population broken down by age and gender for Mariposa County, the number of clients served, and overall penetration rate for those populations.

The Medi-Cal Client ethnicity/race breakdown is similar, but not identical to the Census Demographics in terms of the two most populated races/ethnicities. Medi-Cal eligible clients served in FY20-21 74.3% identified as White and 16.1% as Hispanic. Other populations represented a small number of individuals. English was the primary language with 90.4% of clients identifying it as their primary speaking language. Of the clients served, 49% were Male and 51% were Female.

The penetration rate data shows that 12.2% of eligible Mariposa County Medi-Cal Population received behavioral health services. Of these individuals the penetration rates for Children (0-17) are 7.6%, Adults (18-64) 14.6%, and Older Adults (65+) 12.1%. Women had a slightly higher penetration rate of 12.4% compared to men 12.0%.

Ethnicity Penetration Rates are as follows: Alaskan Native or American Indian (30.5%), Hispanic (9.5%), Unknown (34%), White (8.9%), Asian or Pacific Islander (17.2%), and Black or African American (70%).

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	1682	Children	127	7.6%	
Adults (18-64)	3302	Adults	481	14.6%	
Older Adults (65+)	463	Older Adults	56	12.1%	
Gender					
Male	2670	Male	*	*	
Female	2767	Female	343	12.4%	
Other	10	Other	*	*	
Total	**5437**	**Total**	**663**	**Total**	**12.2%**
Ethnicity					
Alaskan Native or American Indian	95	Alaskan Native or American Indian	29	30.5%	
Asian or Pacific Islander	29	Asian or Pacific Islander	*	*	
Black or African American	20	Black or African American	*	*	
Hispanic	811	Hispanic	77	9.5%	
Other	197	Other	77	34%	
Unknown	197	Unknown	67	11.6	
White	3985	White	356	8.9%	
Total	**5137**	**Total**	**543**	**Total**	**10.6%****

*Suppressed data due to population size.
**Race/Ethnicity data is not accurate due to census designations vs state designations.

Penetration Rate by Age, Trends from FY19-20 to FY21-22

Listed in Figure 3 are the Penetration Rates by age groups for FY 20-21. Mariposa County's Penetration rates show a decrease from FY18-19, FY19-20 to FY20-21 in the 12–17-year-old bracket. There was a steep decrease in the 12-17 age range from FY19-20 26.50% to FY20-21 at 14.8%. In this age bracket FY19-20 there were 389 youth eligible with 103 accessing care with a penetration rate of 26.3%. In this same age bracket FY20-21 there were 513 eligible with 49 youth accessing care with a penetration rate of 9.6% which is less than half of youth accessing care compared to last year. During the COVID19 pandemic, MCBHRS did not see a decrease in penetration rates at the sudden shift to telehealth in FY 19/20. The decrease may be due to youth participating in longer use of electronic devices for remote learning thus causing a "burn out" effect for ongoing treatment via telehealth. MCBHRS continues to work with the school system to promote outreach and engagement, however, with intermittent school/classroom closures and/or quarantine of students limited outreach opportunities could be a factor in the lower penetration rates.

In the 18–20-year-old bracket, there is a consistent increase in penetration rates from FY18-19 12.4%, FY19-20 14.8%, to FY20-21 15.22%. This group has steadily increased accessing mental health services throughout the COVID-19 pandemic.

The Older Adult (65+) age group is one of the three populations that the CRC had identified as having a disparity in our previous plan due to the decrease in an already low penetration rate FY18-19 6.4% to FY19-20 5.3%. MCBHRS has seen a nearly double increase in penetration rates for this age group from the FY19-20 5.3% to FY20-21 9.5%. MCBHRS provided a training on Older Adult Mental Health during the FY20-21 year as well as provided Wellness Center flyers and calendars at the Senior Center which may account for the higher penetration rate.

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	573	00 - 05	15	6.3%
06 - 11	563	06 - 11	48	14.5%
12 - 17	513	12 - 17	49	26.5%
18 - 20	243	18 - 20	71	14.8%
21 - 24	305	21 - 24	36	11.4%
25 - 34	727	25 - 34	144	11.9%
35 - 44	613	35 - 44	131	12.5%
45 - 54	621	45 - 54	103	15.5%
55 - 64	803	55 - 64	109	9.7%
65+	486	65+	69	5.3%
Total	**5447**	**Total**	**775**	**12.4%**

Analysis of Disparities Identified in Medi-Cal Client Penetration Rates

Three populations were identified in the data analysis that indicated possible disparities. The Children's population, the Poverty population and the Hispanic population. These populations were identified because of low penetration rates, historical disparities and discrimination, or cultural stigma around mental health care.

1. Children

With a penetration rate of 7.6%, a value lower than other age groups in Mariposa County, the Children (0-17) 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 Children (0-17) at 4.1% from 2018 data. In comparison to the FY19-20 data shows the penetration rate for children was 15.3% so this reduction reflects a COVID-19 isolation from school personnel who were a primary referral source.

2. Poverty

The poverty rate of Mariposa County is 15.2% compared with the poverty rate of California at11.4%, and across the United States at 10.5%. The data discussed in the socio-economic section of this report indicates that Mariposa County residents collectively have a higher unemployment rate 10.3% compared to the state unemployment rate 9.1%, and the national unemployment rate of 6.7%. As well as a lower income per capita (compared to the median). From the last 15 years of data, generational poverty is a well-established culture subgroup of Mariposa County.

3. Race and Ethnicity

Reviewing the penetration rates across ethnicity compared to last year, we noticed some increases and decreases. For example, the Medi-Cal Eligible Hispanic Population FY19-20 was 689 with a penetration rate of 13.8%, FY20-21 the same population was 811 with a penetration rate of 9.5% indicating more residents were eligible but did not access care. Due to the COVID-19 pandemic shutdown of the local tourist industry, loss of employment may have increased recipients of Medi-Cal. In review of the FY19-20 Black or African American Medi-Cal Eligible Population the numbers were too small to report, compared to the same population FY20-21 with 20 eligible with a 70% penetration rate. Mariposa County will continue the trend to increase penetration rates across all ethnicities as we understand focusing on one demographic alone is too narrow and is not reflective of all of the individuals we serve.

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 development of reporting in the electronic health record that was used to complete the timeliness analysis this year is still under development to produce granular reports looking at specific timeliness data for targeted demographics. MCBHRS transitioned to a new electronic health record in FY 20/21.

MCBHRS has a timeliness to service standard of ten business days for length of time from initial request to first offered appointment, this standard was met 98.5% of the time, with a mean time of 5.1 days. This represents a decrease of .9 days from the prior year and a timeliness improvement of 14.5%. For first offered psychiatry appointment, MCBHRS has a 15-day standard which was met 96.1 % of the time with a mean of 8.1 days. Compared to last year, this is a 25% improvement in timeliness and a 3.9 decrease in days.

MCBHRS has a standard of seven calendar days for follow-up appointments post psychiatric inpatient discharge, this standard was met about 45.7% of the time with a mean of 12.1 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 8.7%. The standard for psychiatrist no show is 15%, and for clinicians the no show standard is 10%.

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

MCBHRS has a long standing Substance Use Disorder Service program. Below the penetration rates for SUD services are reviewed and analyzed. In 2022, MCBHRS will seek DMC ODS certification to enhance the SUD network of Services in Mariposa County.

MCBHRS analyzed the penetration rates for the Children (0-17-year-old) population which showed the most significant disparity with 1682 Medi-Cal beneficiaries eligible, and less than 12 beneficiaries served resulting in penetration rate too small to be reported. The Adult 18-64-year-old age bracket showed out of 3302 beneficiaries, 148 beneficiaries were served in the SUD program, with a penetration rate of 4.5%, which was the highest among the age brackets. Out of 463 Older Adult 65+-year-old age bracket, the total amount of beneficiaries served was too small to report.

Medi-Cal penetration rates for the Male population showed 89 beneficiaries were served in SUD services with a penetration rate of 3.3%. The Female population showed 71 beneficiaries were served in SUD services with a penetration rate of 2.6%. The Other gender category was too small to be reported in the SUD penetration rates. The Male population had the highest penetration rate. In FY 19-20, the Male population penetration rate was higher than the female and Other gender categories, with Males at 4.0% and Females at 3.8%.

In Figure 5, the data collected showed the most underserved Mariposa County Medi-Cal Eligible population was Hispanic 863 with 13 served resulting in a penetration rate of 1.5%. The White population followed closely with 3,985 Mariposa County Medi-Cal Eligible beneficiaries and only 112 served with a penetration rate of 2.81%. The White and Hispanic populations account for the majority of the Mariposa County Medi-Cal Eligible population and show the smallest penetration rates in the county for SUD services compared to other ethnicities which rated at or above 10% penetration rates.

Penetration rates for Medi-Cal Substance Use Disorder Services

Figure 5
Mariposa County SUD Penetration Rates
by Age Group, Gender and Race/Ethnicity

MMEF Eligible FY2020-2021		SUD Clients Served FY 2020-2021		SUD Penetration Rate FY 2020-2021
Age Distribution				
Children	1682	Children	*	*
Adults (18-64)	3302	Adults (18-64)	148	4.5%
Older Adult (65+)	463	Older Adult (65+)	*	*
Gender				
Male	2670	Male	89	3.3%
Female	2767	Female	71	2.6%
Other	10	Other	*	*
Total	5447	Total	162	3.0%
Race /Ethnicity				
Alaskan Native/ American Indi-an	43	Alaskan Native/ American Indi-an	*	*
Asian or Pacific Islander	29	Asian or Pacific Islander	*	*
Black or African American	20	Black or African American	*	*
Hispanic	811	Hispanic	13	1.5%
Other/ Unknown	197	Other/ Unknown	26	13.1%
White	3985	White	112	2.8%
Total	5137	Total	164	3.2%

*Suppressed data due to population size.
**Race/Ethnicity data is not accurate due to census designations vs state designations.

Analysis of Disparities in Substance Use Disorder Services

Substance Use disorder penetration rates show disparities for the Children and Hispanic populations.

The Children (0-17-year-old) population showed the highest disparity with 1682 Mariposa County Medi-Cal beneficiaries eligible, and only 6 beneficiaries served resulting in a penetration rate too small to be captured. Mariposa County recognizes that children 12+ are eligible to receive SUD services, therefore the denominator of children may result in under estimating the actual penetration rate.

The Hispanic population was identified as having a disparity in penetration rates for the FY20-21. The Mariposa County Medi-Cal Eligible population in this ethnic group was 811beneficiaries, only 13 beneficiaries were served in SUD services with a 1.5% penetration rate.

MCBHRS overall SUD penetration rate is a disparity at 3.0% for FY 20-21 compared to 3.9% penetration rate in FY19-20. The low penetration rate may be attributed to the stigma of SUD treatment. Low penetration rates may also be due to COVID 19 impacts to the probation system which is a primary referral source into this program.

In the FY22 plan, MCBHRS will address these disparities by highlighting this issue and identifying practical ways to increase engagement in SUD services, in unit meetings and other activities as COVID-19 guidelines allow. Meeting in smaller unit meetings is more appropriate when discussing barriers or obstacles clients encounter while struggling with SUD issues.

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. The 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. These activities are maintained by on-going training and high expectations of staff behavior.

Children

MCBHRS provides services individual counseling, family therapy, group counseling, intensive care coordination and in home support services to children and when appropriate, their care-giver or identified support person with the focus on increasing the child's overall well-being. These services include preventative and screening measures and referrals to other services or resources. MCBHRS staff strive to meet children where they are to reduce the barriers that often present with transportation barriers or other constraints that attribute to poor attendance in therapy. MCBHRS staff provide services to children at various locations such as at preschool, in the home, school campuses, and through telehealth when appropriate. Mariposa BHRS has a strong relationship with school counseling staff, Child Welfare Services, CASA, and with other contracted partners serving children in the community. MCBHRS will continue to collaborate with community partners to ensure ease of access to services for children. This population continues to be identified as underserved.

The Children 0-17-year-old age range population has been identified as being the most underserved in the Mental Health and SUD penetration rates. During FY19-20 this population comprised of 1264 beneficiaries and has significantly increased over the past year to 1682 beneficiaries during to FY20-21. To put this into perspective, there are over 400 more children residing at a level of poverty this year compared to last year. For a small county with fewer resources, this is cause for concern.

Meeting Cultural and Linguistic Requirements

Children are considered a vulnerable population as they rely on adults to get their needs met. In review of the Adult FY19-20 penetration rate of 12.27% increasing to 14.6% in the FY20-21, this data suggests that adults are accessing mental health care at far higher rates than the children whom they may be caring for. MCBHRS is working towards a System of Care Approach and has joined in the ACES Initiative. On the ACES PEARLS Screening Tool for Children, 8 out of 10 questions inquire about the relationship, behaviors, and harmful experiences the child may have had with an adult or caregiver in their life. Recognizing that children are an identified underserved poverty-stricken population, MCBHRS will address this by providing a training to providers and community partners on the complex issue of poverty and the challenges that trickle down from adults to children. The goal of training community partners would be increase referrals for children into services.

Ethnicity

MCBHRS understands that culture and tradition are unique to each person. MCBHRS provides interpreter services so that all individuals engaged in services at MCBHRS are served in their preferred language. MCBHRS is co-located with Public Assistance, Child Welfare Services/Adult Protective Services, Adults & Aging, and the Public Guardian/Conservator. In addition, MCBHRS works alongside the court system and other supportive agencies in the community to engage individuals in treatment to reduce symptoms of trauma, recidivism, increase self-sufficiency, and self-actualization. MCBHRS staff engage in outreach services by responding in the community such as the jail, homeless encampments, and at the hospital to name a few locations. MCBHRS provides individual and group counseling services, case management, rehabilitative services, client/family team meetings, preventative and intensive outpatient services. With the multitude of engagement practices and partnering, the Hispanic population data for the FY20-21 showed the lowest penetration rates compared to other ethnicities. The Hispanic population was identified as having a disparity in penetration rates for the FY20-21. While MCBHRS recognizes the Hispanic population is an underserved population in mental health and SUD services, the White population has also experienced a disparity in penetration rates for SUD services. From the data collected, the underlying issue that is being brought forth is poverty that MCBHRS is seeing an increase in Mariposa County residents who are eligible for Medi-Cal as a primary source of insurance, indicating poverty is striking individuals across cultures. MCBHRS will provide a training on poverty which will focus on lived experience or shared experience and self-care as our providers are advocating and guiding our beneficiaries through difficult times of financial hardship and scarcity.

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 ensure 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 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, and at Medi-Cal Certified contract provider sites.

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).

MCHHSA Workforce Analysis

MCBHRS 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.

MCBHRS currently has three bi-lingual (2 Spanish, 1 Hmong) staff members. If the client is requesting translation in another language, or if the staff member is unavailable, all staff are trained to access the tele-interpreter services.

MCBHRS 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 staff familiar with the lifestyles of residents in a small rural mountainous county. MCBHRS 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.

MCBHRS has designated Rachel Gren as the Cultural Responsiveness Committee's Chair and Ethnic Services Coordinator. 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 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.

Training in Cultural and Linguistic Competence

Date	Training event	Description of training	Number of attendees
Feb 2022	Tele Interpreter Training	Train staff on the use of tele-interpreter services, including deaf and hard of hearing	All MCBHRS staff/contractors
March 2022	CRC Recruitment Activity	Send out flyers at various locations and social media to recruit members	All CRC members
January –Dec 2022	Culture and Heritage Recognition activities	During unit meetings at least quarterly, discuss culture and heritage in treatment or personal experiences	All MCBHRS staff
January– December 2022	Cultural Formation Community and Staff Culture and Heritage Tree activity	Quarterly using the FSC reception tree– invite members of the community to share their response to a prompt and post it on the tree, identifying information will be removed prior to posting	Community members and BHRS staff
July 2022	Multi Cultural/Cultural Sensitivity Cultural Awareness/Social cultural diversity Poverty Training	Train all staff on the culture of poverty and effective care planning as it pertains to all ages and ethnic groups	All MCBHRS staff
January– December 2022	Cultural Awareness/ CLAS Standards	Train staff on the CLAS standards at all staff meetings	All MCBHRS staff
July 2021	Multi Cultural/Cultural Sensitivity Cultural Awareness/Social cultural diversity Older Adult	Understanding Historical Trauma + Effective Care Planning	All MCBHRS staff

The training plan for the coming year (2022) will focus on addressing poverty which MCBHRS believes to be the underlying root of the disparities in the community. The training will include lived experience, space for providers to share what they are seeing as obstacles and barriers that the poverty-stricken population through generations face. The training will include cultural and heritage barriers including language barriers and other resources that are available.

The plan above includes activities that foster recognition and meaningful discussions about heritage and culture among staff, with the aim of providing a workforce climate that embraces diversity and uniqueness. In addition, the plan includes an activity that is shared among staff and community members that offers firsthand feedback of traditions that are celebrated. All identifying information will be removed before posting on the reception “tree” to protect the privacy of individuals.

The CLAS standards are intended to advance health equity, improve quality, and help eliminate health care disparities. MCBHRS will review and discuss the CLAS standards during all-staff meetings.

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 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

The COVID-19 pandemic hindered progress towards achieving some of the objectives in the 2021 CLCP as MCBHRS focused on the health of the community, staff, and taking action to reduce the spread of COVID-19 in the community.

On 02/04/2021, MCBHRS provided a Tele-Interpreter training with 43 participants in attendance. This training consisted of review of the step-by-step Tele-Interpreter Instruction sheet. Staff received a copy of the instructions for ease of access. Unfortunately, no data was collected from this training other than the agenda and sign in sheet.

On 4/1/2021, MCBHRS provided a training on LGBTQ+ Behavioral Health and Crisis Care. 54 staff and community partners attended. Staff were trained on understanding minority stressors and LGBTQ mental health disparities, identifying and decreasing barriers to crisis continuum of care (e.g., bias and discrimination), increasing engagement through LGBTQ-affirming behavioral health care, and building on LGBTQ community strengths and resilience which also highlighted some local community resources. A survey offered pre-training showed 27.5% of participants had received no prior training in LGBTQ+ culture. The pre-training survey showed 15% of participants rated themselves as “no familiar at all” regarding their knowledge of the strengths, resiliencies and supports for the LGBTQ+ community.

Post survey results showed an increase in knowledge about the strengths, resiliencies and supports for the LGBTQ+ population. Overall, 75% of participants rated this training as effective or extremely effective in increasing awareness of cultural competency and responsiveness as it applies to the LGBTQ+ population.

On 7/15/2021, MCBHRS provided a training on the Older Adult population. 43 staff and community partners attended. Staff were trained on Ageism and its impact, understanding the difficulties older adults face in seeking support, the mental health challenges older adults experience, and the realities of elder abuse and how to respond. A pre-training and post-training survey showed an increased level of cultural awareness regarding our Older Adult population.

All trainings provided during the 2021 year were virtual due to the COVID-19 pandemic. The staff that did not attend were required to view the information. MCBHRS had intended on providing an additional training on the Hispanic population. This did not occur separately as staff showed signs of virtual fatigue as the agency adjusted to telework, to reduce the spread of COVID-19 infection. The trainings provided included information across cultures to improve our healthcare practice.

Conclusion

MCBHRS aims to build and maintain a diverse, culturally and linguistically responsive workforce. Going into 2022, MCBHRS is fully staffed with clinical providers. In the next year, the CRC will focus on increasing staff awareness of the culture of poverty and the impact it has on the person across generations and ethnicities. The CRC will provide opportunities for staff to share their cultural heritage and traditions as MCBHRS recognizes staff bring a diverse knowledge base to the workplace. The CRC will provide activities for staff and the community to share about their culture and heritage with the goal of celebrating diversity while learning about each other's uniqueness. Lastly, MCBHRS will train on the CLAS Standards as our goal is to improve our staff member's ability to provide equitable healthcare.

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