Alpine County
Behavioral Health Services

Cultural and Linguistic Competence Plan
Annual Update 2020

Final
10/23/2020

TABLE OF CONTENTS

Name of County:	**Alpine**
Name of County Mental Health Director:	**Gail St. James**
Name of Contact:	**Teri McAlpin**
Contact's Title:	**Fiscal and Technical Specialist**
Contact's Unit/Division:	**Alpine County Behavioral Health Services** **40 Diamond Valley Rd.** **Markleeville, CA 96120**
Contact's Telephone:	**530-694-1816**
Contact's Email:	**tmcalpin@alpinecountyca.gov**

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

OVERVIEW

It is the value, mission and practice of Alpine County Behavioral Health Services (ACBHS) to deliver services in a culturally-competent manner that is responsive to diverse cultures; reflects the health beliefs and practices of the communities served; and demonstrates cultural humility. This approach includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs and practices and preferred languages. This vision is reflected in the department's world view, informing materials, and client treatment plans. Integration of these values creates a forum for ensuring that ACBHS continually assesses and enhances its services in an effort to be culturally and linguistically relevant for youth and adult clients and their families. Staff members continually discuss opportunities to promote the delivery of culturally sensitive services at staff meetings, clinical team meetings, and cultural competence committee meetings.

ACBHS strives to deliver culturally, ethnically, and linguistically appropriate services to behavioral health clients and their families. In addition, ACBHS recognizes the importance of developing services that are sensitive to other cultures, including American Indian, Hispanic and other racial and ethnic groups; veterans; persons with disabilities; consumers in recovery (from mental health or substance use); LGBTQI2-S community; various age groups (Transition Age Youth [TAY]; Older Adults); faith-based; and persons involved in the correctional system.

Developing a culturally- and linguistically-competent system requires the commitment and dedication from leadership, staff, and the community to continually strive to learn from each other. This goal also requires ongoing training and education at all staff levels. The following Cultural and Linguistic Competence Plan (CLCP) reflects ACBHS' ongoing commitment to improving services to expand access to services, quality care, and improved outcomes. The

CLCP addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder services, including the Cultural and Linguistic Standards (CLAS).

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

Before the advent of the Cultural Competence Committee, the members have been involved in participating and providing leadership to the MHSA planning process from the initial funding and stakeholder meetings. In this small county, staff and community members serve multiple roles. As a result, the promotion of culturally relevant services is an ongoing continuous improvement project. ACBHS is involved in developing strategies for improving access and quality of services for individuals who are underserved. This population includes TAY, persons who are American Indian, older adults, young children, the geographically isolated and LGBTQI2-S and veterans.

Cultural discussions are an integrated part of the child, youth, adult, and older adult service delivery systems. ACBHS discusses how diverse backgrounds influence outcomes, and the importance of understanding an individual's culture and unique perspective to better combine and understand traditional healing methods with western methodologies and philosophies.

Planning activities for MHSA include a discussion that promotes culturally sensitive services. Planning discussions have outlined the importance of integrating a person's culture and community, including involving families in treatment, whenever possible.

In addition to the MHSA planning process and updates, culture is an important component of each Client Care Plan meeting, where the client, family, staff and support persons come together to develop a comprehensive plan for ensuring that the individual is successful in treatment. Working as a team, staff are able to understand how culture shapes the choices and goals for each of the community members. As part of the planning process, staff discuss how to incorporate cultural leaders into services as a support network for clients. This team work is consistent for the System of Care, during staff and clinical team meetings. ACBHS works closely with allied partner agencies to help promote a learning environment.

I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

ACBHS staff and providers are committed to constantly improving services to meet the needs of culturally-diverse individuals who seek and receive ACBHS services.

Copies of the following documents ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

- Strategic Plans, including MHSA Plans and Updates; the Implementation Plan for Specialty Mental Health Services; and the Substance Abuse Strategic Prevention Framework plan;
- Policies and procedures; and
- Other key documents.

These documents are available at all ACBHS clinics. Copies of these documents are available on site during compliance reviews, and to the general public upon request.

As part of the commitment to cultural and linguistic competence, ACBHS provides training on the national standards and incorporates the standards into the framework of the cultural competence program. Current program goals and objectives were developed through various committees and stakeholder activities. These goals and objectives are outlined below and provide the framework for developing this CLCP.

Program Goals and Objectives

Goal 1: To create a work climate where dignity, respect, and cultural humility are encouraged and modeled so that staff enjoy equitable opportunities for professional and personal growth.

- **Objective 1a**: ACBHS provides cultural and linguistic competency training for ACBHS staff a minimum of four (4) times per fiscal year.
    - Data: In FY 2018/19, ACBHS provided 10 cultural competency courses. In FY 2019/20, ACBHS conducted 4 competency courses.
    - Analysis and Action Plan: For a variety of reasons, including COVID-19 restrictions, the number of courses offered was reduced in FY 2019/20. Future training will be conducted as feasible via Zoom and via other methods. Training will encompass multicultural knowledge; sensitivity awareness; and information on understanding diverse backgrounds beyond the traditional race/ethnicity groups (e.g., sexual orientation, age, disability, veteran, and family cultures).

Goal 2: To provide culturally and linguistically appropriate behavioral health services and improve access for persons who are American Indian and Hispanic; TAY and adults; veterans and their families; Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI) individuals; persons released from jail and their families; and additional cultures.

- **Objective 2a**: When appropriate and feasible, ACBHS will hire culturally-diverse or bilingual staff to work in ACBHS programs in order to provide services and information

to the client and family, with a staff pool that reflects the diversity of the client and county population.

- Data: Of the nine (9) staff who completed the 2020 Staff Ethnicity and Cultural Proficiency Survey, six (6) reported their race as Caucasian; two (2) as Hispanic; and one (1) as American Indian.
- Analysis and Action Plan: Although the data is limited, the cultural diversity of staff do not reflect the client population, as shown in Figure 1 of this document. Currently, a hiring freeze is in effect; but once that restriction is lifted, ACBHS will continue its efforts to recruit culturally-diverse staff.

Goal 3: To deliver behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including in diverse community settings (e.g., tribal community and remote community locations).

- **Objective 3a**: ACBHS strives to deliver services in the least-restrictive environment (e.g., home, schools, tribal community, and remote community locations) when feasible and as appropriate.
  - Information: ACBHS offers services at home, schools, tribal center, and after-school facilities, when feasible. Weekly via Zoom, ACBHS is currently providing "Create the Good" events on Fridays, and Family Nights on Wednesday evenings. ACBHS continues four (4) yoga session per week through Zoom (Monday and Wednesday mornings; and Tuesday and Thursday evenings).
  - Analysis and Action Plan: Due to COVID restrictions, ACBHS has adapted as feasible with limited and/or virtual events. ACBHS will continue to explore and expand additional events in a virtual setting, until COVID restrictions are lifted.

- **Objective 3b**: ACBHS will retain a presence in the American Indian community, providing services and programs open to all County residents as determined by the local tribal community council.
  - Information: Due to COVID restrictions, ACBHS has limited its presence in the Tribal community. A meeting was held in September 2020 to coordinate ACBHS services with the Washoe Tribe Cultural Resources. In addition, the Talking Circle continues to
  - Analysis and Action Plan: Due to COVID restrictions, ACBHS has adapted as feasible with limited and/or virtual events. ACBHS will continue to explore and expand additional events in a virtual setting, until COVID restrictions are lifted.

- **Objective 3c**: ACBHS will work closely with local schools to engage youth in the development of strategies to prevent alcohol and drug use and intervene early in the onset of behavioral health issues.
  - Information: Prior to COVID restrictions, the MHSA Specialist provided lunches at Douglas High School to Alpine students once a month. Also, ACBHS hosted monthly teen drop-in dinners in the Hung-A-Lel-Ti community. These will begin again, once COVID restrictions are lifted.
  - Analysis and Action Plan: Due to COVID restrictions, ACBHS has adapted as feasible with limited and/or virtual events. ACBHS will continue to explore and expand additional events in a virtual setting, until COVID restrictions are lifted.

II. DATA, ANALYSIS, AND OBJECTIVES

A. County Geographic and Socioeconomic Profile

1. Geographical location and attributes of the county

Alpine County is the smallest county by population, in California, with a population of approximately 1,175 (2010 Census). This rural county is located in the Central Sierra Nevada mountain range, south of Lake Tahoe and bordering the State of Nevada, with a total area of 738 square miles. In the winter, due to the Highway 4 closure, the distance between the two Alpine County clinics, in Markleeville and Bear Valley, is 131 miles, which takes 3 hours and 20 minutes to drive. In the summer, with Highway 4 open, the distance between the two towns is 36 miles. Due to the road conditions, this drive is still 1 hour and 33 minutes. The census designated places include Markleeville, the county seat, (population 210), Alpine Village (population 114), Bear Valley (population 121), Kirkwood (population 158), and Mesa Vista (population 200). With a population of less than two (2) persons per square mile, it is still considered a "frontier" county. Ninety-six percent (96%) of the county's territory is designated "public land," managed by the U. S. government's Department of Agriculture, Forest Service, and Bureau of Indian Affairs.

Alpine County has no incorporated cities; instead, the county residents recognize five distinct communities: On the eastern slope are communities of Hung-A-Lel-Ti (the Southern Band of the Washoe Tribe); Markleeville, which is the county seat; Woodfords; and Kirkwood recreation and ski resort, with a population of 96. On the western slope is the Bear Valley community. The three most populated areas of Alpine County are geographically distant and isolated from one another; it is virtually impossible to share or access services among the three communities, especially during the winter months. Alpine County has no stoplight, no large grocery store, no bank, no hospital, and no pharmacy. All highways have only two lanes, except for an occasional passing lane.

The only threshold language in Alpine County is English. Within the county is an American Indian Washoe Tribe community with a population of approximately 250. Alpine County's small population size offers the potential of being able to get "arms around the problems," to identify and reach virtually every individual in need. From the perspective of BHS professionals and their partners, its small population size provides Alpine County an opportunity for meaningful collaboration and timely identification and resolution of both system- and client-related issues and challenges. The few numbers of staff comprising the department tend to wear multiple hats, making it feasible (and sometimes necessary) for them to understand issues comprehensively, and take a multidisciplinary approach.

2. Demographics of the county

Figure 1 shows age and race/ethnicity, and gender of the general population. Of the 1,175 residents who live in Alpine County, 18.7% are children ages 0-14; 9% are TAY ages 15-24; 48.8% are adults ages 25-59; and 23.5% are older adults ages 60 years and older. The majority of persons in Alpine County identify as White (72.5%) and 17.9% identify as American Indian/ Alaskan Native. There are a comparable number of males (51.6%) and females (48.4%) in the county.

Figure 1
Alpine County Residents
By Gender, Age, and Race/Ethnicity
(Population Source: 2010 Census)

	Alpine County Population 2010 Census	
Age Distribution	**Number**	**Percent**
0 - 14 years	220	18.7%
15 - 24 years	106	9.0%
25 - 59 years	573	48.8%
60+ years	276	23.5%
Total	**1,175**	**100.0%**
Race/Ethnicity Distribution	**Number**	**Percent**
Black	-	0.0%
American Indian/ Alaskan Native	210	17.9%
Asian/ Pacific Islander	7	0.6%
White	852	72.5%
Hispanic	84	7.1%
Other	1	0.1%
Two or More Races	21	1.8%
Total	**1,175**	**100.0%**
Gender Distribution	**Number**	**Percent**
Male	606	51.6%
Female	569	48.4%
Total	**1,175**	**100.0%**

3. Socioeconomic characteristics of the county

Alpine County is a relatively poor county, with the per capita income for all residents in 2013-2017 at $27,448. In comparison, the statewide per capita income was $33,128 (U.S. Census Bureau). This data shows that, on average, each person in Alpine County earns approximately $5,680 less than the average person in the state.

The census data also shows the median household income for Alpine County and statewide. Alpine County's median household income in 2013-2017 was $63,438, which is lower than the statewide median of $67,169 (U.S. Census Bureau).

4. Penetration rates for Mental Health services

Figure 2 shows the percentage of the population who access mental health services. Figure 2 uses the same county population data that is shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2019/20). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2019/20. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population. According to MEDS, the only threshold language in Alpine County is English.

Of the 1,175 residents who live in Alpine County, 18.7% are children ages 0-14; 9% are TAY ages 15-24; 48.8% are adults ages 25-59; and 23.5% are older adults ages 60 years and older. The majority of persons in Alpine County identify as White (72.5%) and 17.9% identify as American Indian/ Alaskan Native. There are a comparable number of males (51.6%) and females (48.4%) in the county.

There were 71 individuals who received one or more mental health services in FY 2019/20. Of these individuals, 21.1% were children ages 0-14; 9.9% were Transition Age Youth (TAY) ages 15-24; 45.1% were adults ages 25-59; and 23.9% were 60 and older. Of these 71, 45.1% were White, 36.6% were American Indian/ Alaskan Native, and 14.1% were Hispanic. Most clients (98.6%) indicated English as their primary language. Of the total clients, 69% were female and 31% were male.

The penetration rate data shows that 6% of the Alpine County population received mental health services, with 71 individuals out of the 1,175 residents. Of these individuals, children ages 0-14 had a penetration rate of 6.8%, TAY ages 15-24 had a penetration rate of 6.6%, adults ages 25-59 had a penetration rate of 5.6%, and older adults ages 60 and older had a penetration rate of 6.2%.

For race/ethnicity, individuals who identified as White had a penetration rate of 3.8%; individuals who identified as American Indian/ Alaskan Native had a penetration rate of 12.4%; and individuals who identified as Hispanic had a penetration rate of 11.9%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. Males had a much lower mental health penetration rate (3.6%), compared to females (8.6%).

Figure 2
Alpine County Mental Health Penetration Rates
By Age, Race/Ethnicity, Language, and Gender
(Population Source: 2010 Census)

	Alpine County Population 2010 Census		All Mental Health Clients Served FY 2019/20		Alpine County Population Mental Health Penetration Rate
Age Distribution					
0 - 14 years	220	18.7%	15	21.1%	15 / 220 = 6.8%
15 - 24 years	106	9.0%	7	9.9%	7 / 106 = 6.6%
25 - 59 years	573	48.8%	32	45.1%	32 / 573 = 5.6%
60+ years	276	23.5%	17	23.9%	17 / 276 = 6.2%
Total	**1,175**	**100.0%**	**71**	**100.0%**	**71 / 1,175 = 6.0%**
Race/Ethnicity Distribution					
Black	-	0.0%	2	2.8%	-
American Indian/ Alaskan Native	210	18.2%	26	36.6%	26 / 210 = 12.4%
Asian/ Pacific Islander	7	0.6%	-	0.0%	0 / 7 = 0.0%
White	852	73.8%	32	45.1%	32 / 852 = 3.8%
Hispanic	84	7.3%	10	14.1%	10 / 84 = 11.9%
Other	1	0.1%	1	1.4%	1 / 1 = 100.0%
Two or More Races	1	0.1%	-	0.0%	0 / 1 = 0.0%
Unknown	-	0.0%	-	0.0%	-
Total	**1,155**	**100.0%**	**71**	**100.0%**	**71 / 1,155 = 6.1%**
Language Distribution					
English	-	-	70	98.6%	-
Spanish	-	-	-	0.0%	-
Other	-	-	1	1.4%	-
Total	-	-	**71**	**100.0%**	-
Gender Distribution					
Male	606	51.6%	22	31.0%	22 / 606 = 3.6%
Female	569	48.4%	49	69.0%	49 / 569 = 8.6%
Total	**1,175**	**100.0%**	**71**	**100.0%**	**71 / 1,175 = 6.0%**

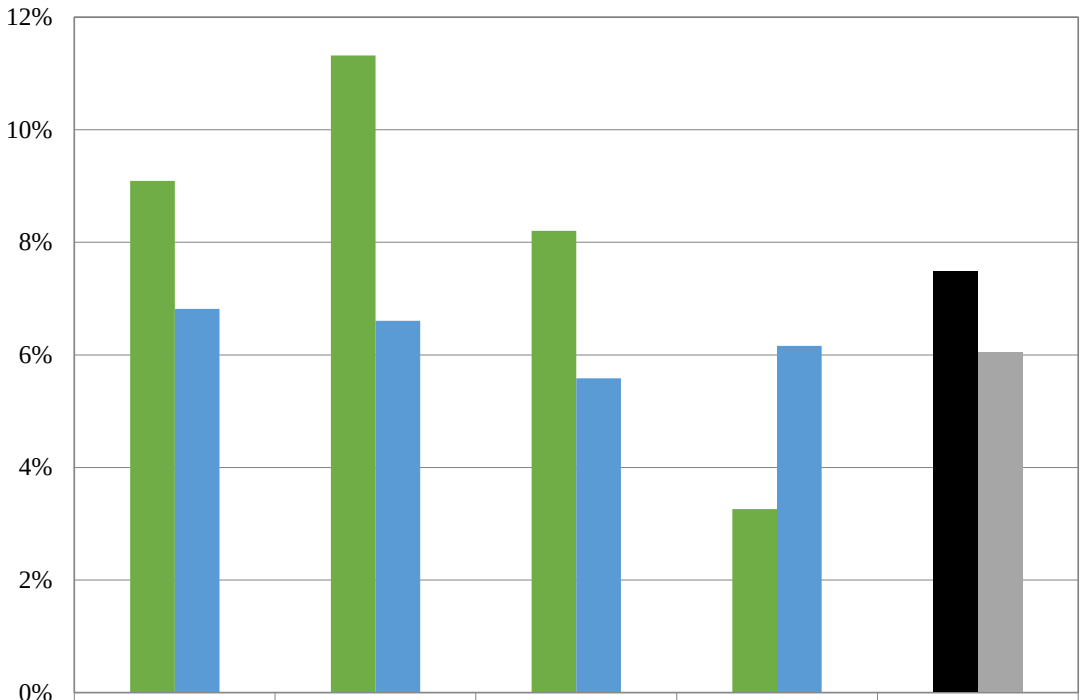
5. Analysis of disparities identified in Mental Health penetration rates

The small general population and the small number of people served creates variability in the data and is, therefore, difficult to interpret. The penetration rate data for age shows that there is a slightly lower proportion of adults, ages 25-59, served compared to children, TAY, and older adults. The proportion of females (8.6%) is much higher than males (3.6%). This data is consistent across many small counties.

6. Mental Health penetration rate trends for two years

ACBHS has analyzed the mental health penetration rates for FY 2018/19 and FY 2019/20 (see Figure 3). This data shows the number of clients by age served in FY 2018/19 and FY 2019/20. The total number of clients decreased from 88 to 71 clients between these two years. In addition, the number of children served decreased (20 to 15); the number of TAY served decreased (12 to 7), and the number of adults decreased (47 to 32). The number of older adults served almost doubled (9 to 17).

Figure 3
Alpine County Mental Health Services
FY 2018/19 and FY 2019/20
Mental Health Penetration Rate, by Age



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2018-19 # Participants	**20**	**12**	**47**	**9**	**88**
FY 2018-19 Penetration Rate	**9.1%**	**11.3%**	**8.2%**	**3.3%**	**7.5%**
FY 2019-20 # Participants	**15**	**7**	**32**	**17**	**71**
FY 2019-20 Penetration Rate	**6.8%**	**6.6%**	**5.6%**	**6.2%**	**6.0%**
Alpine County Total Population	**220**	**106**	**573**	**276**	**1,175**

The TAY population is small. In addition, most TAY who are in high school travel to Nevada for school. As a result, these youth spend the majority of their time outside of the county. In addition, most ACBHS clinicians are not licensed to practice in Nevada, making school time inaccessible to ACBHS programs and services.

7. Medi-Cal Mental Health population

Figure 4 shows the percentage of Medi-Cal eligibles who accessed mental health services in FY 2019/20. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal eligible who received mental health services in FY 2019/20. This data is shown by age, race/ethnicity, and gender.

There were 40 Medi-Cal clients who received one or more mental health services in FY 2019/20. Of these individuals, 30% were children ages 0-17; 2.5% were TAY ages 18-24; 60% were adults ages 25-64; and 7.5% were older adults ages 65 and older. Of these 40 clients, 30% identified as White, 55% identified as American Indian/ Alaskan Native, and 12.5% identified as Hispanic. The majority of clients were females (72.5%) compared to males (27.5%).

The penetration rate data shows that 15.7% of the Alpine County Medi-Cal eligibles received mental health services, with 40 individuals out of the 255 Medi-Cal eligibles. Of these individuals, children had a penetration rate of 17.1%; TAY had a penetration rate of 3.8%; adults had a penetration rate of 18.5%; and older adults had a penetration rate of 10.3%.

For race/ethnicity, individuals who identified as White had a penetration rate of 16.7%; individuals who identified as American Indian/ Alaskan Native had a penetration rate of 14.3%; and individuals who identified as Hispanic had a penetration rate of 50.%. Males had a penetration rate of 9.4%, and females had a penetration rate of 21%.

Figure 4
Alpine County Medi-Cal Mental Health Penetration Rates
By Age, Race/Ethnicity, and Gender
(Medi-Cal Eligible Source: Kings View Penetration Report FY 2019/20)

	Alpine County Average Number of Medi-Cal Eligibles		Number of Medi-Cal Mental Health Clients Served		MH Medi-Cal Penetration Rate
Age Group					
Children	70	27.5%	12	30.0%	12 / 70 = 17.1%
Transition Age Youth	26	10.2%	1	2.5%	1 / 26 = 3.8%
Adults	130	51.0%	24	60.0%	24 / 130 = 18.5%
Older Adults	29	11.4%	3	7.5%	3 / 29 = 10.3%
Total	**255**	**100.0%**	**40**	**100.0%**	**40 / 255 = 15.7%**
Race/Ethnicity					
Black	1	0.4%	1	2.5%	1 / 1 = 100.0%
American Indian/ Alaskan Native	154	60.4%	22	55.0%	22 / 154 = 14.3%
Asian/ Pacific Islander	1	0.4%	-	0.0%	0 / 1 = 0.0%
White	72	28.2%	12	30.0%	12 / 72 = 16.7%
Hispanic	10	3.9%	5	12.5%	5 / 10 = 50.0%
Other	1	0.4%	-	0.0%	0 / 1 = 0.0%
Two or More Races	-	0.0%	-	0.0%	-
Unknown	16	6.3%	-	0.0%	0 / 16 = 0.0%
Total	**255**	**100.0%**	**40**	**100.0%**	**40 / 255 = 15.7%**
Gender					
Male	117	45.9%	11	27.5%	11 / 117 = 9.4%
Female	138	54.1%	29	72.5%	29 / 138 = 21.0%
Total	**255**	**100.0%**	**40**	**100.0%**	**40 / 255 = 15.7%**

8. Analysis of disparities identified in Medi-Cal Mental Health clients

The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total Mental Health penetration rate. The Medi-Cal penetration rates are proportionally higher, with an overall penetration rate of 15.7% (compared to 6% for the mental health population). Approximately 56% of all participants are Medi-Cal.

9. Penetration rates for Substance Use Disorder services

Figure 5 shows the number of persons in the county population (2010 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2019/20). From this data, a penetration rate was calculated, showing the percent of persons in the population that received SUD services in FY 2019/20. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population. According to MEDS, the only threshold language in Alpine County is English.

Of the 1,175 residents who live in Alpine County, 18.7% are children ages 0-14; 9% are TAY ages 15-24; 48.8% are adults ages 25-59; and 23.5% are older adults ages 60 years and older. The majority of persons in Alpine County identify as White (72.5%) and 17.9% identify as American Indian/ Alaskan Native. There are a comparable number of males (51.6%) and females (48.4%) in the county.

As expected, the proportion of persons receiving SUD services shows a different proportion of individuals by age. There were 16 people who received one or more SUD services in FY 2019/20. Of these individuals, none (0%) were children ages 0-14; 12.5% were TAY ages 15-24; 68.8% were adults ages 25-59; and 18.8% were ages 60+. For race/ethnicity, 43.8% identified as American Indian/ Alaskan Native; 43.8% identified as White; and 12.5% identified as Hispanic. All clients reported their primary language is English. There was a higher number of females (56.3%) than males (43.8%).

The penetration rate data shows that 1.4% of the Alpine County population received SUD treatment services. Of these individuals, children ages 0-14 had a penetration rate of 0%; TAY ages 15-24 had a penetration rate of 1.9%; adults ages 25-59 had a penetration rate of 1.9%; and older adults ages 60+had a penetration rate of 1.1%. For race/ethnicity, individuals who identified as American Indian/ Alaskan Native had a penetration rate of 3.3%; individuals who identified as White had a penetration rate of 0.8%; and individuals who identified as Hispanic had a penetration rate of 2.4%. Males had a penetration rate of 1.2%, while females had a penetration rate of 1.6%.

Figure 5
Alpine County Substance Use Disorder Services Penetration Rates
By Age, Race/Ethnicity, Language, and Gender
(Population Source: 2010 Census)

	Alpine County Population 2010 Census		All Substance Use Clients Served FY 2019/20		Alpine County Population Substance Use Penetration Rate
Age Distribution					
0 - 14 years	220	18.7%	-	0.0%	0 / 220 = 0.0%
15 - 24 years	106	9.0%	2	12.5%	2 / 106 = 1.9%
25 - 59 years	573	48.8%	11	68.8%	11 / 573 = 1.9%
60+ years	276	23.5%	3	18.8%	3 / 276 = 1.1%
Total	**1,175**	**100.0%**	**16**	**100.0%**	**16 / 1,175 = 1.4%**
Race/Ethnicity Distribution					
Black	-	0.0%	-	0.0%	-
American Indian/ Alaskan Native	210	17.9%	7	43.8%	7 / 210 = 3.3%
Asian/ Pacific Islander	7	0.6%	-	0.0%	0 / 7 = 0.0%
White	852	72.5%	7	43.8%	7 / 852 = 0.8%
Hispanic	84	7.1%	2	12.5%	2 / 84 = 2.4%
Other	1	0.1%	-	0.0%	0 / 1 = 0.0%
Two or More Races	21	1.8%	-	0.0%	0 / 21 = 0.0%
Unknown	-	0.0%	-	0.0%	-
Total	**1,175**	**100.0%**	**16**	**100.0%**	**16 / 1,175 = 1.4%**
Language Distribution					
English	-	-	16	100.0%	-
Spanish	-	-	-	0.0%	-
Other	-	-	-	0.0%	-
Total	**-**	**-**	**16**	**100.0%**	-
Gender Distribution					
Male	606	51.6%	7	43.8%	7 / 606 = 1.2%
Female	569	48.4%	9	56.3%	9 / 569 = 1.6%
Total	**1,175**	**100.0%**	**16**	**100.0%**	**16 / 1,175 = 1.4%**

10. Analysis of disparities identified in Substance Use Disorder services

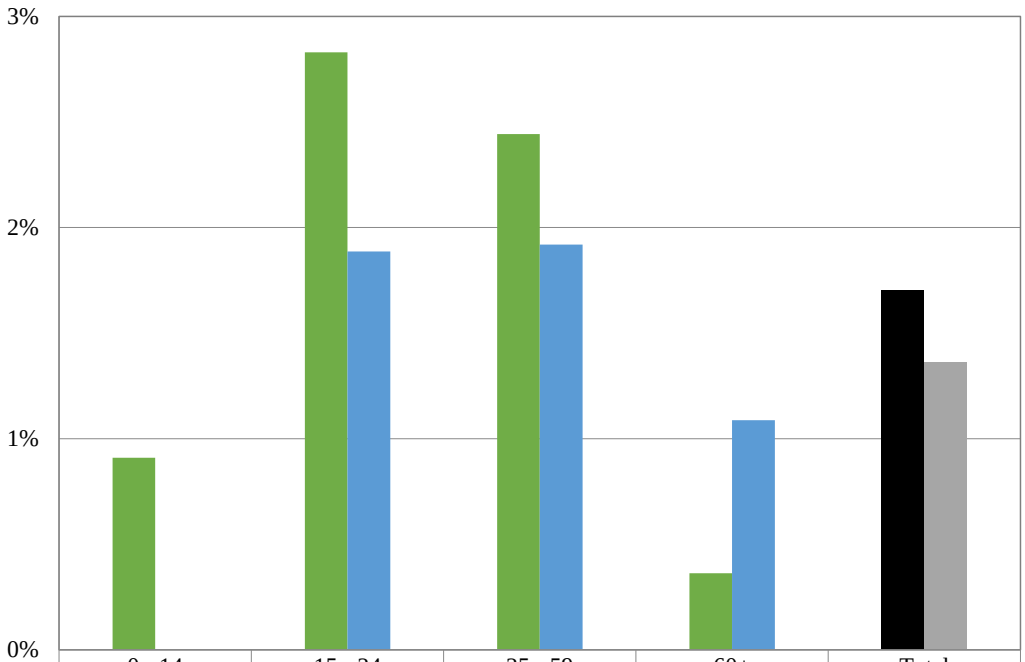
Figure 5 data also shows that a higher proportion of SUD clients are adults (68.8% compared to 48.8% in the population) and TAY (12.5% compared to 9% of the general population). There is a higher proportion of SUD clients who are American Indian/ Alaskan Native (43.8% compared to 17.9% of the general population) and Hispanic (12.5% compared to 7.1% of the general population). There is a higher proportion of clients who are female (56.3% compared to 48.4% of the population).

This data illustrates the need to provide culturally-sensitive services to clients receiving SUD services. Developing strategies for serving the adult and TAY populations and the American Indian and Hispanic communities is a goal of the CLC Plan.

11. Substance Use Disorder penetration rate trends for two years

ACBHS has analyzed the SUD penetration rates for FY 2018/19 and FY 2019/20 (see Figure 6). This data shows the number of clients by age served in FY 2018/19 and FY 2019/20. The total number of clients decreased from 20 clients to 16 clients between these two years. In addition, the number of children served decreased (2 to 0); the number of TAY served decreased (3 to 2); and the number of adults decreased (14 to 11). The number of older adults served more than doubled (1 to 3).

Figure 6
Alpine County Substance Use Disorder Services
FY 2018/19 and FY 2019/20
Substance Use Penetration Rate, by Age



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2018-19 # Participants	2	3	14	1	20
FY 2018-19 Penetration Rate	0.9%	2.8%	2.4%	0.4%	1.7%
FY 2019-20 # Participants	-	2	11	3	16
FY 2019-20 Penetration Rate	0.0%	1.9%	1.9%	1.1%	1.4%
Alpine County Total Population	220	106	573	276	1,175

12. Drug Medi-Cal population

Figure 7 shows the percentage of Medi-Cal eligibles who accessed SUD services in FY 2019/20. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal eligible who received SUD services in FY 2019/20. This data is shown by age, race/ethnicity, and gender.

There were 4 Medi-Cal clients who received one or more SUD services in FY 2019/20. Of these individuals, 100% were adults ages 25-64. Of these 4 clients, 75% identified as American Indian/ Alaskan Native and 25% identified as Hispanic. All of the clients were female (100%).

The penetration rate data shows that 1.6% of the Alpine County Medi-Cal eligibles received SUD services, with 4 clients served out of the 255 Medi-Cal eligibles. Of these individuals, adults had a penetration rate of 3.1%.

For race/ethnicity, individuals who identified as American Indian/ Alaskan Native had a penetration rate of 1.9%; and individuals who identified as Hispanic had a penetration rate of 10%. Females had a penetration rate of 2.9%.

Figure 7
Alpine County Medi-Cal Substance Use Disorder Services Penetration Rates
By Age, Race/Ethnicity, and Gender
(Medi-Cal Eligible Source: Kings View Penetration Report FY 2019/20)

	Alpine County Average Number of Medi-Cal Eligibles		Number of Medi-Cal Substance Use Clients Served		SU Medi-Cal Penetration Rate
Age Group					
Children	70	27.5%	-	0.0%	0 / 70 = 0.0%
Transition Age Youth	26	10.2%	-	0.0%	0 / 26 = 0.0%
Adults	130	51.0%	4	100.0%	4 / 130 = 3.1%
Older Adults	29	11.4%	-	0.0%	0 / 29 = 0.0%
Total	**255**	**100.0%**	**4**	**100.0%**	**4 / 255 = 1.6%**
Race/Ethnicity					
Black	1	0.4%	-	0.0%	0 / 1 = 0.0%
American Indian/ Alaskan Native	154	60.4%	3	75.0%	3 / 154 = 1.9%
Asian/ Pacific Islander	1	0.4%	-	0.0%	0 / 1 = 0.0%
White	72	28.2%	-	0.0%	0 / 72 = 0.0%
Hispanic	10	3.9%	1	25.0%	1 / 10 = 10.0%
Other	1	0.4%	-	0.0%	0 / 1 = 0.0%
Two or More Races	-	0.0%	-	0.0%	-
Unknown	16	6.3%	-	0.0%	0 / 16 = 0.0%
Total	**255**	**100.0%**	**4**	**100.0%**	**4 / 255 = 1.6%**
Gender					
Male	117	45.9%	-	0.0%	0 / 117 = 0.0%
Female	138	54.1%	4	100.0%	4 / 138 = 2.9%
Total	**255**	**100.0%**	**4**	**100.0%**	**4 / 255 = 1.6%**

13. Analysis of disparities in Drug Medi-Cal clients

The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total SUD penetration rate. The low number of clients served makes analysis difficult; however, this data illustrates the need to provide culturally-sensitive services to clients receiving SUD services. Developing strategies for serving the adult population and the American Indian and Hispanic communities is a goal of the CLC Plan.

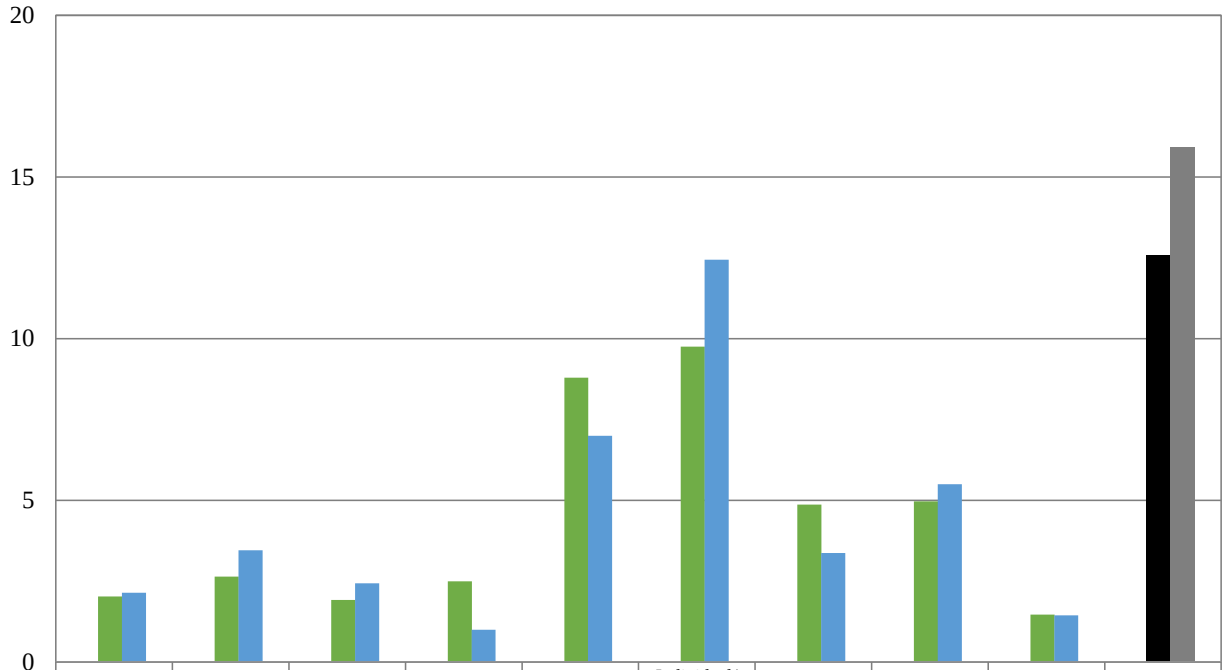
B. Utilization and Analysis of Mental Health Services

1. Utilization of Mental Health services

Figure 8 shows the total number of hours, by type of mental health service, clients, and hours per client for FY 2018/19 and FY 2019/20. This data shows that the 71 mental health clients received 1,131 hours of services in FY 2019/20, which calculates to 15.9 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In 2019/20, assessments averaged 2.1 hours per client; case management averaged 3.5 hours; collateral averaged 2.4 hours; crisis intervention averaged 1.0 hour; group averaged 7.0 hours; individual therapy averaged 12.4 hours; rehab. individual averaged 3.4 hours; medication averaged 5.5 hours; and plan development averaged 1.4 hours.

Figure 8
Alpine County Mental Health Services
Total Mental Health Hours, Clients, and Hours per Client per Year, by Service Type
All Mental Health Clients
FY 2018/19 and FY 2019/20



	Assessment	Case Management	Collateral	Crisis	Group	Individual/ Family Therapy	Rehab. Individual	Medication	Plan Development	Total FY
# Hours FY 2018-19	128	95	27	3	88	595	10	94	66	1,106
# Participants FY 2018-19	63	36	14	1	10	61	2	19	45	88
Avg Hrs/Part FY 2018-19	2.0	2.6	1.9	2.5	8.8	9.8	4.9	5.0	1.5	12.6
# Hours FY 2019-20	116	124	20	1	63	635	7	105	61	1,131
# Participants FY 2019-20	54	36	8	1	9	51	2	19	42	71
Avg Hrs/Part FY 2019-20	2.1	3.5	2.4	1.0	7.0	12.4	3.4	5.5	1.4	15.9

2. Analysis of data for Mental Health services; and conclusions

This data shows that, although there was a decrease in the number of persons receiving mental health services across the two-year period, the overall number of services that clients received increased. ACBHS has been working to provide more services to clients, to engage and retain clients and to improve outcomes.

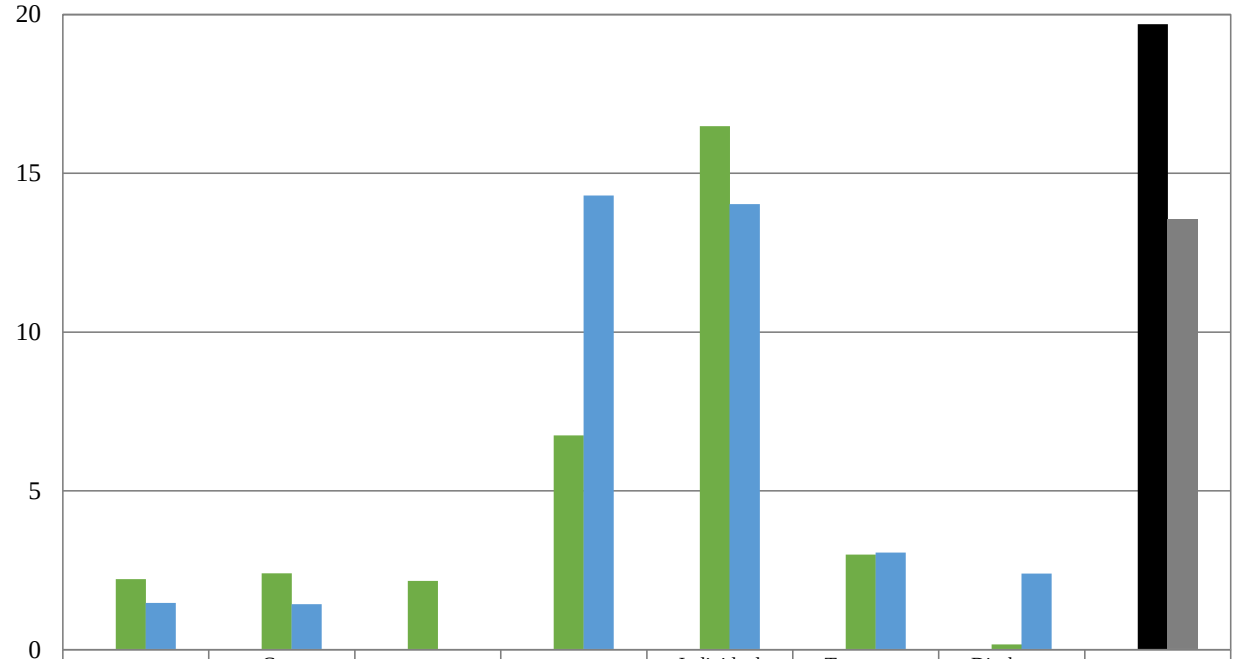
C. Utilization and Analysis of Substance Use Disorder Services

1. Utilization of Substance Use Disorder services

Figure 9 shows the total number of hours, by type of substance use treatment service, clients, and hours per client for FY 2018/19 and FY 2019/20. This data shows that the 16 substance use treatment clients received 217 hours of services in FY 2019/20, which calculates to 13.6 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In 2019/20, assessments averaged 1.5 hours per client; case management averaged 1.4 hours; group averaged 14.3 hours; individual counseling averaged 14.0 hours; treatment planning averaged 3.1 hours; and discharge planning averaged 2.4 hours.

Figure 9
Alpine County Substance Use Disorder Services
Total Substance Use Hours, Clients, and Hours per Client per Year, by Service Type
All Substance Use Clients
FY 2018/19 and FY 2019/20



	Assessment	Case Management	Collateral	Group	Individual Counseling	Treatment Planning	Discharge Planning	Total FY
# Hours FY 2018-19	40	27	7	54	231	36	0.2	394
# Participants FY 2018-19	18	11	3	8	14	12	1	20
Avg Hrs/Part FY 2018-19	2.2	2.4	2.2	6.8	16.5	3.0	0.2	19.7
# Hours FY 2019-20	18	7	-	72	84	25	12.0	217
# Participants FY 2019-20	12	5	-	5	6	8	5	16
Avg Hrs/Part FY 2019-20	1.5	1.4	-	14.3	14.0	3.1	2.4	13.6

2. Analysis of data for Substance Use Disorder services; and conclusions

For SUD services, there was a decrease in the number of persons receiving services between 2018/19 and 2019/20 (from 20 clients to 16). There was a decrease in the total number of hours delivered (394 to 217) and the average number of hours per person (19.7 to 13.6). However, the number of group hours increased (54 to 72), reflecting the effort of ACBHS to engage clients in more group services.

III. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Services Available: Outline services available to meet the needs of diverse populations, including peer-driven services; identify issues and methods of mitigation

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

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

The Alpine County Mental Health Board is comprised of one (1) consumers/family members, including two (2) Public Interest Representative and a Board of Supervisor Liaison, in which 2 (two) of the members are from the Washoe Hung-A-Lel-Ti community and one (1) a resident of Bear Valley. The Mental Health Board is very active and involved representing the most geographically isolated areas of the county. The Chair also serves on the California Local Behavioral Health Boards and Committees (CALBHB/C) and attends the quarterly meetings and various trainings.

Alpine County's Wellness Projects are designed to provide targeted programming for a variety of distinct populations. These programs will provide continued support to prevent the development and onset of mental health issues among Alpine County residents. The following activities are included within the Wellness Projects: ACBHS provides targeted support for parents regarding early screening and support for children with severe emotional disturbances (SED) at monthly playgroups. ACBHS conducts outreach at Douglas High School to Alpine County students weekly; and provides wellness hours specific to youth and adults throughout the year.

<u>American Indians</u>
"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."

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

In an effort to reduce disparities in access to treatment services, ACBHS continues to expand services in Hung-A-Lel-Ti, the American Indian community in the county. For example, most of the MHSA programs are located at the Wellness Center located in a Tribal-owned property, leased by the county. The Wellness Center located in Hung-A-Lel-Ti is decorated in an inviting and culturally relevant manner. Photographs of local elders adorn the walls. These welcoming centers reduce stigma and create a comfortable setting for offering supportive services to individuals and their families. This partnership encourages collaboration and interconnected services. Some of these programs include: exercise classes for older adults, cultural crafts, gathering trips dictated by the American Indian calendar, weekly Talking Circle recovery groups, monthly elder's luncheon and a weekly luncheon open to the Alpine County community.

Prior to COVID restrictions, the majority of ACBHS staff had their offices at the Wellness Center. This location created the opportunity for ACBHS to easily meet with Tribal TANF, the Woodfords Washoe Community Council, and the Woodfords Indian Education Center on at least a monthly basis, to coordinate programming and discuss barriers to services for the American Indian community. Due to COVID restrictions, all ACBHS staff are currently working in the new facility located at 40 Diamond Valley Road. Once COVID restrictions are lifted, ACBHS will evaluate the needs of the Hung-A-Lel-Ti community and determine the best way to provide services to this population.

In January 2019, the Native Wellness advocate resigned from her position with ACBHS. Due to COVID restrictions, Alpine County has adopted a hiring freeze for all positions that are not essential. ACBHS has been in contact with the Washoe Tribal Resource Center to provide culturally-appropriate Native American activities; and these programs will resume once COVID restrictions are lifted.

Children and TAY

ACBHS strives to offer a variety of engagement activities and services for children and TAY, including counseling services provided at the only school in the county. In addition, ACBHS provides play groups for parents with young children, a youth leadership group, TAY movie nights, family movie nights, family weekend movie events and father and mother wellness activities. ACBHS also partners with the Washoe Tribe Recreation Department to provide youth activities on school breaks and weekends.

Older Adults

ACBHS focuses many programs on older adults including weekly Senior Soak, where older adults gather at the local hot springs for fellowship; monthly 50+ potluck events; yoga; Elder's lunch; The Senior Socialization and Exercise Program focuses on improving the healthy attitudes, beliefs, skills, and lifestyles of older adults in Alpine County through participation in meaningful activities and utilization of services. It also serves to reduce stigma associated with seeking behavioral health services; reduce isolation, depression, fear, anxiety, and loneliness among seniors; increase referrals to and knowledge about supportive services; provide a warm, caring environment where seniors can develop a sense of connection and belonging; encourage

development of new skills and creative abilities; and support active, healthy lifestyles. ACBHS partners with the Washoe Tribe Senior Center to provide a monthly Elder's Luncheon and Activity.

Rural Communities

ACBHS works to include the smaller communities within the county by offering events, outreach, and Bear Valley (yoga, and semi-monthly Create the Good events).

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

LGBTQI2-S Community

ACBHS strives to offer a variety of services for the LGBTQI2-S Community. ACBHS offers training and promotional materials at the local school and other community events to help reduce bullying, suicides, and stigma. ACBHS offers promotional materials to support the LGBTQI2-S community. These anti-stigma campaigns aim to reduce the effects of stigma and discrimination in our community.

Recovery Community

For the recovery community, ACBHS offers a weekly open family night where dinner is served and recovery principles are discussed. In addition, the weekly Talking Circle group is focused primarily on engaging the American Indian recovery community.

Persons with Disabilities

ACBHS provides transportation to ACBHS services and programs for all clients and members of the community when needed. Transportation for people with disabilities is also available through the county Dial-A-Ride program at no cost. TDD is available for persons with hearing impairments. Audio versions of the client brochures are available for individuals who are visually impaired.

Staff are scheduled during regular business hours, Monday through Friday, 8:00 am to 5:00 pm. The majority of services are offered during these business hours. However, services and activities are available in the evening or weekend, in special circumstances. In addition, ACBHS links clients with disabilities to other services, such as the Alta Regional Center.

All of ACBHS facilities that serve clients are ADA accessible. ACBHS strives to provide a warm and welcoming environment that is comfortable to diverse cultural backgrounds.

B. Informing Clients: 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

The Alpine County Behavioral Health *Guide to County Mental Health Services* brochure (in English and Spanish) highlights available services, including culturally-specific services. In addition, the guide informs clients of their right to FREE language assistance, including the availability of interpreters. This brochure is provided to clients at intake, and is also available at the ACBHS clinics and wellness centers throughout the county.

A *Provider Directory* is available to clients which lists provider names and contact information; facility ADA compliance; client/population specialty (children, adult, veterans, LGBTQI2-S, etc.); service specialties; language capability and interpreter availability; and whether or not the provider is accepting new clients. This directory is provided to clients upon intake and is available at the ACBHS clinics, at the Wellness Center, and online at alpinecountyca.gov. The Provider Directory is updated monthly.

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

- ACBHS website and partner websites
- The ACBHS monthly calendar is delivered door to door in the Hung-A-Lil-Ti community; posted throughout the county; and mailed and emailed to residents who have selected to receive it.
- ACBHS informal brochures, posters, and rack cards identifying available services and how to access them for targeted groups such as TAY, older adults, and American Indians.
- Local newsletters
- Interagency Meetings
- Weekly newsletters
- Bulk mailings with monthly newsletters

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

C. Capturing Language Needs: Outline the process for capturing language needs and the methods for meeting those needs; identify issues and methods of mitigation

Currently, Alpine County has only one (1) threshold language, English. The 24/7 Access Log documents a client's need for interpreters, for clients who do not speak English or who prefer to receive services in another language. This information is forwarded to clinical staff for the intake assessment and the Director and QI Coordinator to ensure compliance. This information is also utilized during case assignments and clinical team meetings, to help assign the appropriate staff to provide ongoing services in the individual's primary language, whenever possible.

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

D. Grievances and Appeals: Describe the process for reviewing grievances and appeals related to cultural competency; identify issues and methods of mitigation

The Quality Improvement Committee (QIC) reviews complaints and grievances. The grievance log records if there are any issues related to cultural competency. The QIC reviews all issues and determines if the resolution was culturally appropriate. The QIC and CC (Cultural Competence) Committee work together as many members are on both committees. These committees meet alternating months and therefore have the ability to identify additional issues and objectives to help improve services during the coming year.

In addition, ACBHS has a policy and form to allow clients to file a problem with MHSA programs, and has a resolution process in place to address these identified issues.

IV. TRAINING IN CULTURAL AND LINGUISTIC COMPETENCE

This sections lists the cultural and linguistic competence trainings in which staff participated in FY 2019-2020.

A. List of cultural and linguistic competence trainings

Training Event	Description of Training	Number of Attendees	Date
Living with FASD	Training designed to educate staff about the unique aspects and needs of clients who have Fetal Alcohol Spectrum Disorders (FASDs). Presenter: ACBHS Native Wellness Advocate	12	08/21/2019
Cultural Competency – Washoe Tribe	Training related to the unique traditions and cultural characteristics of the Washoe Tribe. Presenter: Representatives from the Washoe Tribe	6	10/21/2019
Native Story Telling		12	12/04/2019
Language Line Training	Addressed Presenter: ACBHS Admin Assistant III	11	03/20/2020

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

ACBHS has integrated cultural competence training and discussions in its weekly staff meetings since 2013. Over this period, ACBHS staff has expanded their knowledge of different cultures and infused this knowledge throughout rendered services. ACBHS has created a safe, learning environment where the staff members feel safe to ask questions about culture. By creating a safe environment to ask and receive feedback, each person has the opportunity to learn and expand their services to better meet the needs of the community.

For a variety of reasons, training in FY 19/20 was sparse. Future trainings will encompass multicultural knowledge; sensitivity awareness and understanding of diverse backgrounds beyond the traditional race/ethnicity groups (e.g., sexual orientation, age, disability, veteran, and family cultures). Training will include information on children, TAY, families, family-focused treatment, and navigating multiple service agencies.

V. STAFF AND SERVICE PROVIDER ASSESSMENT

A. Current Composition

To assess the cultural awareness of its workforce, ACBHS asked staff to complete the Staff and Volunteer Ethnicity and Cultural Competence Survey in August 2020. There were 9 staff who completed the survey. The complete results are shown in Attachment A.

1. Ethnicity by job category

- Nine (9) staff completed the survey. Reporting staff by function:
    - Administration/Management
        - 3 Caucasian
        - 2 Hispanic
        - 1 American Indian
    - Direct Service (Clinical; Case Management; Medication Support)
        - 3 Caucasian

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

No direct service providers reported being proficient in reading and/or writing in a language other than English.

- *Note: Currently, Alpine County has only one (1) threshold language, English.*

3. Analysis: Staff Ethnicity and Cultural Proficiency Survey

Of the nine (9) respondents, 33% were direct service staff and 67% were administration and management staff. For those who completed the survey, 67% were Caucasian; 22% were Hispanic; and 11% were American Indian or Alaskan Native. Zero (0) staff members identified as bilingual and none indicated that they acted as interpreters. Of the staff who responded, 22% consider themselves to be clients of mental health services; and 56% are family members of clients. All of the respondents were female. 100% of respondents were heterosexual.

The survey response options included Almost Always; Often; Sometimes; and Almost Never. The CCC will review and analyze these results early in Fall 2020 and develop new goals based upon these results. ACBHS also plans to administer the survey again in the Spring of 2021 and compare the results.

There were very few responses of "Almost Never" in this round of surveys. Those responses will be briefly outlined below.

Across all staff:

- I have developed skills to utilize an interpreter effectively (Almost Never=22%).

- I utilize different methods of communication (including written, verbal, pictures, and diagrams) to help improve communication with consumers and family members (Almost Never=11%).

- I have developed skills to utilize an interpreter effectively (Almost Never=17%).

The survey also contained a question about participation in cultural awareness activities over the past six (6) months. The responses will be reviewed by the CCC over the next few months to discuss any signification findings from the responses. All staff will be encouraged to complete the survey in Spring 2021.

B. Staff Disparities and Related Objectives

ACBHS strives to hire staff members who at least reflect the cultural diversity of Alpine County. This goal has been extremely difficult because ACBHS has a very small staff pool, with only 12 positions. In the past, only one (1) of these positions was held by an individual who identified as American Indian; unfortunately, this staff person is no longer with the department.

The diversity of the ACBHS workforce is not equal to the client population or the general county population. ACBHS will continue to identify opportunities to recruit and retain American Indian staff. To achieve this objective, it is a goal to have the department's employee demographics be representative of the client and community population, whenever possible.

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

The staff survey results also highlight areas for staff training. Although this need is not required by the county population and demographics, additional training on utilizing an interpreter effectively has been provided to all staff. In addition, ongoing training on how to create a secure environment so staff feel safe in providing feedback when they see or experience other staff exhibiting behaviors that appear to be culturally insensitive or reflect prejudice. Additional training opportunities will be identified as the CC Committee reviews the results of the survey and "Cultural Courtesy" training and discussions.

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

As circumstances and needs change over time, staff is sensitive to evaluating and implementing services that best fit the client at any given time.

ACBHS has designated Teri McAlpin, Fiscal and Technical Specialist, as the county's Cultural Competency representative. This individual is responsible for promoting mental health services that meet the needs of the diverse population. She promotes the delivery of culturally-sensitive services and provides leadership and mentoring to other staff on cultural competence related issues. The Cultural Competency representative reports to, and/or has direct access to, the Behavioral Health Director regarding issues that impact mental health issues related to the racial, ethnic, cultural, and linguistic populations and services.

The ACBHS Cultural Competence Committee is a cross-agency and community committee that has representatives from mental health, substance use, and public health services. The members of the Cultural Competence Committee represent different departments in Alpine county. Working closely together, the committee reviews data and organizes culturally-competent activities and training that promote healing through engagement of cultural backgrounds. Suggestions were made to increase services to elders; children under 5; the Hung-A-Lel-Ti community; LGBTQI2-S; and geographically-isolated persons. All minutes of the meetings are shared with ACBHS staff to implement programmatic and procedural changes.

C. Barriers and Mitigation

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

ACBHS will continue to identify opportunities to recruit and retain American Indian staff. To achieve this objective, it is a goal to have the department's employee demographics be representative of the client and community population, whenever possible.

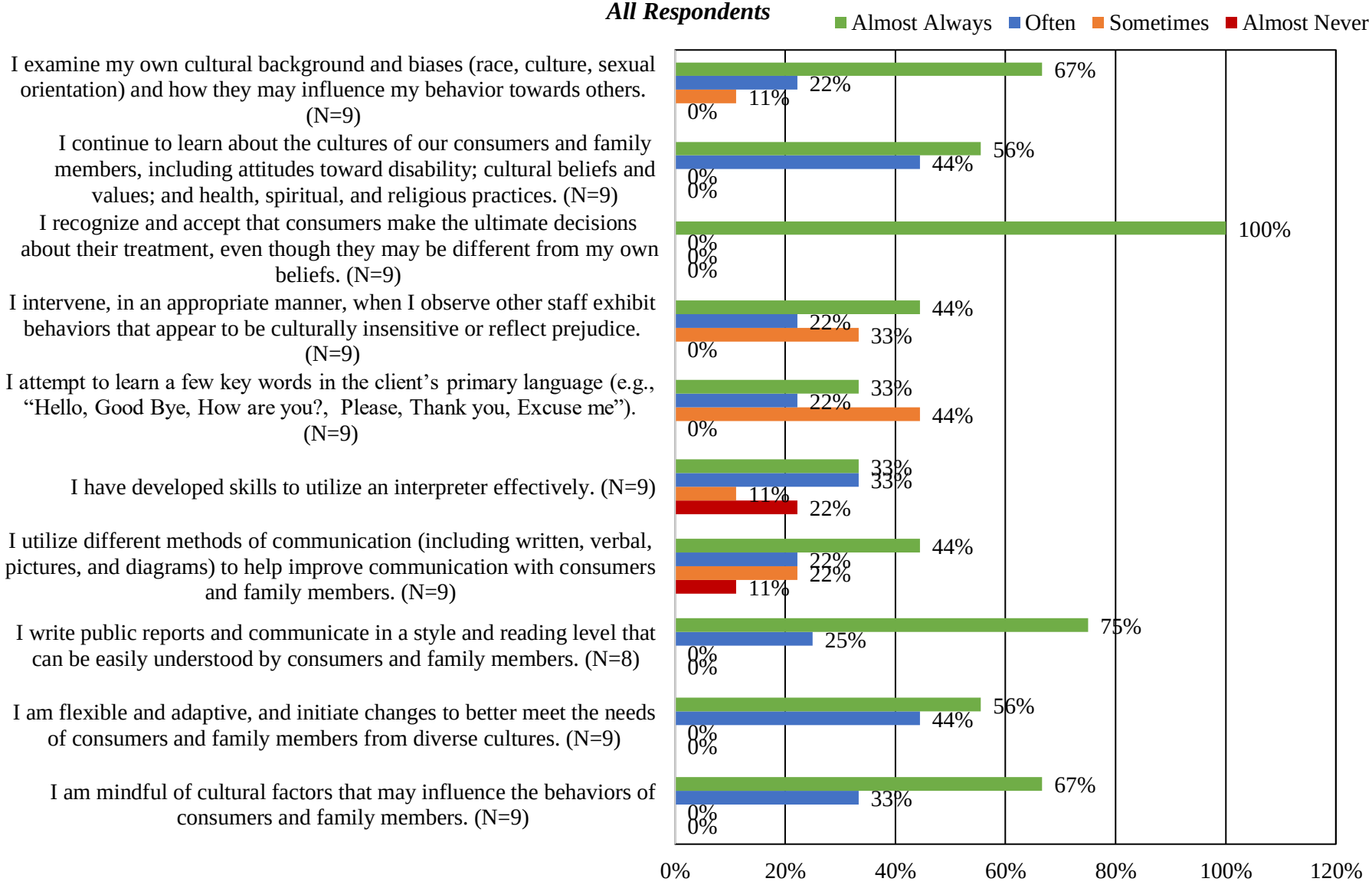
Attachment A
Staff Ethnicity & Cultural Proficiency Survey Results

Alpine County Department of Behavioral Health

Staff Cultural Competence Survey

2020

All Respondents

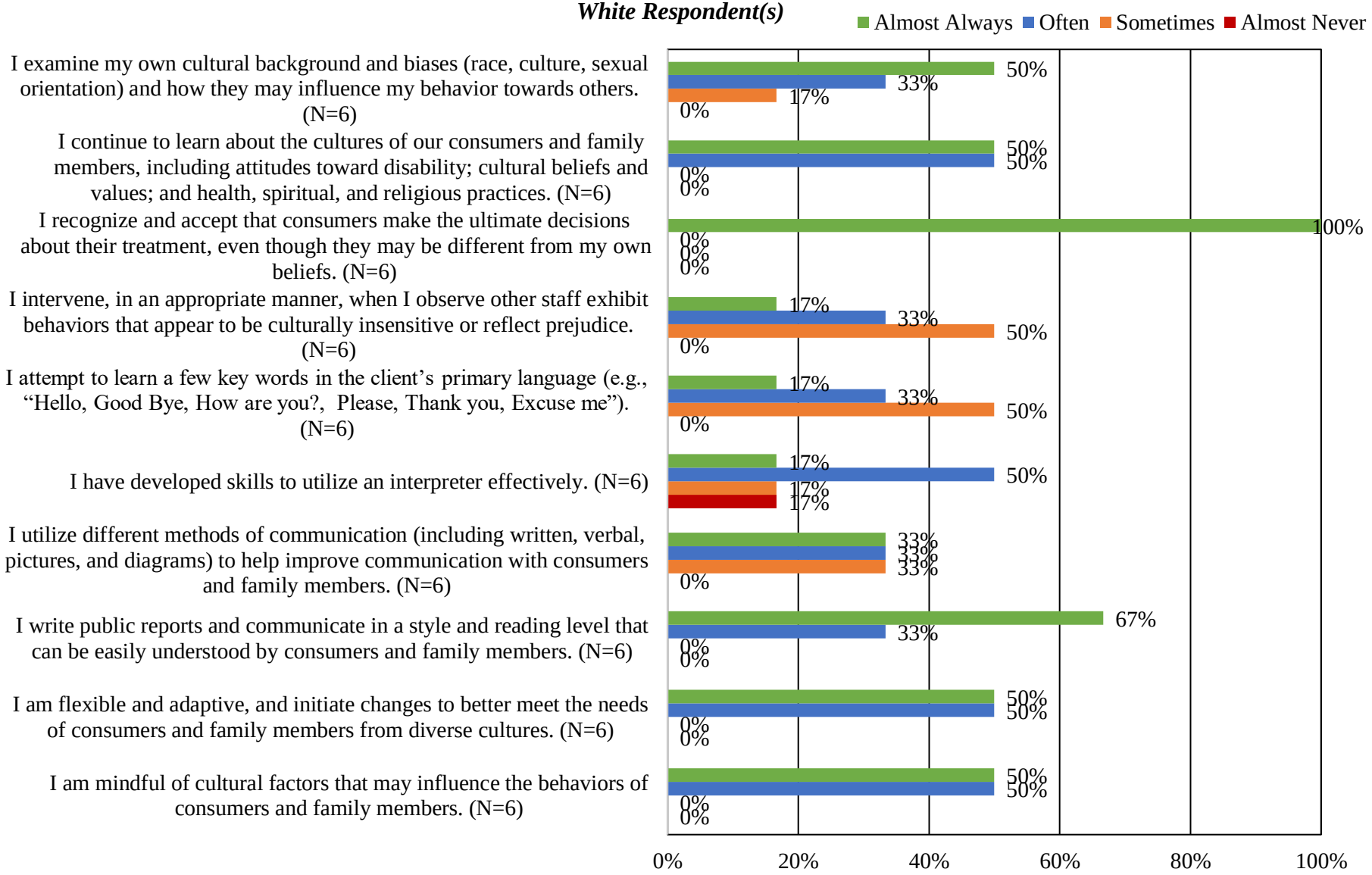


Alpine County Department of Behavioral Health

Staff Cultural Competence Survey

2020

White Respondent(s)

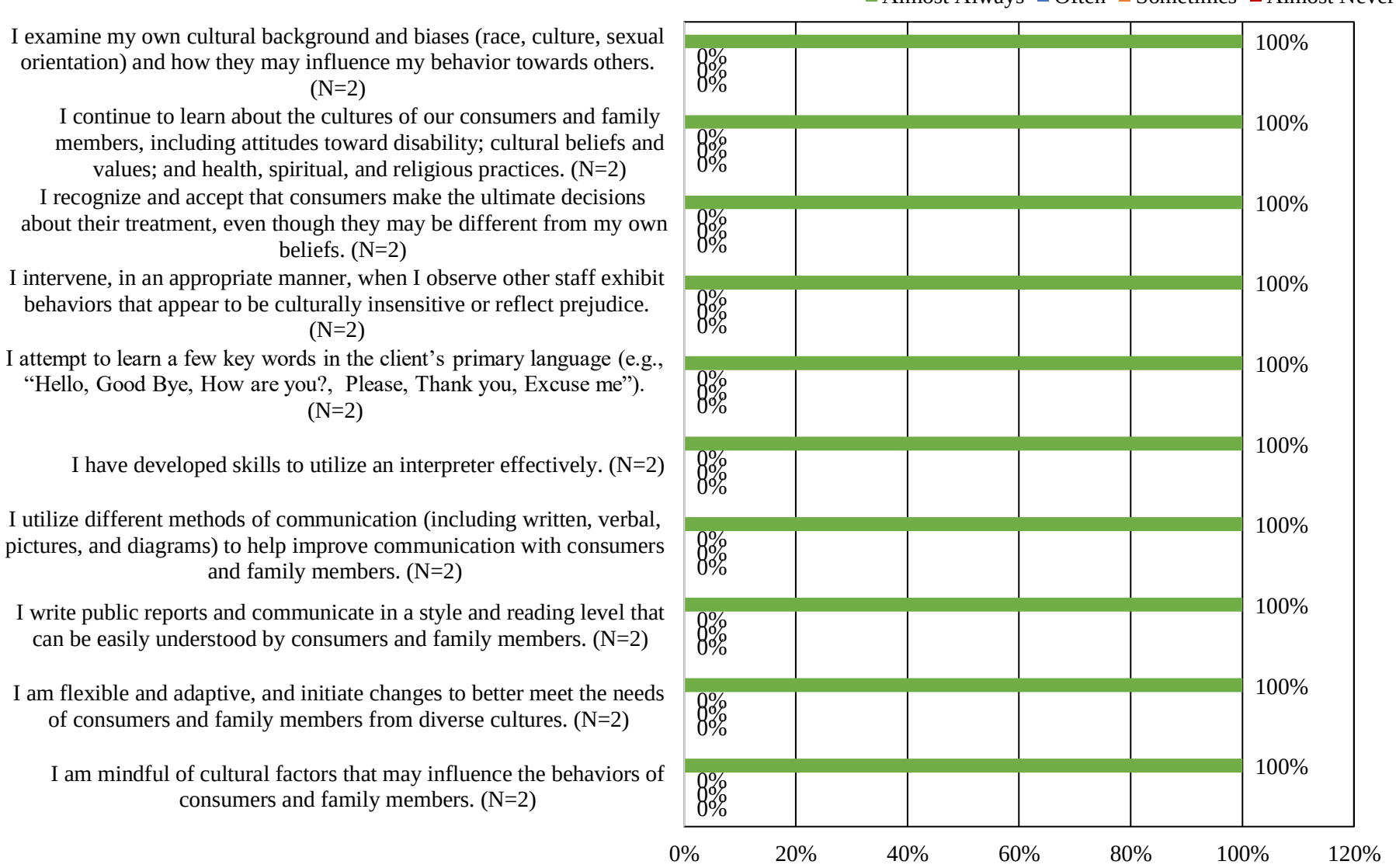


Alpine County Department of Behavioral Health

Staff Cultural Competence Survey

2020

Hispanic/ Latino Respondent(s)

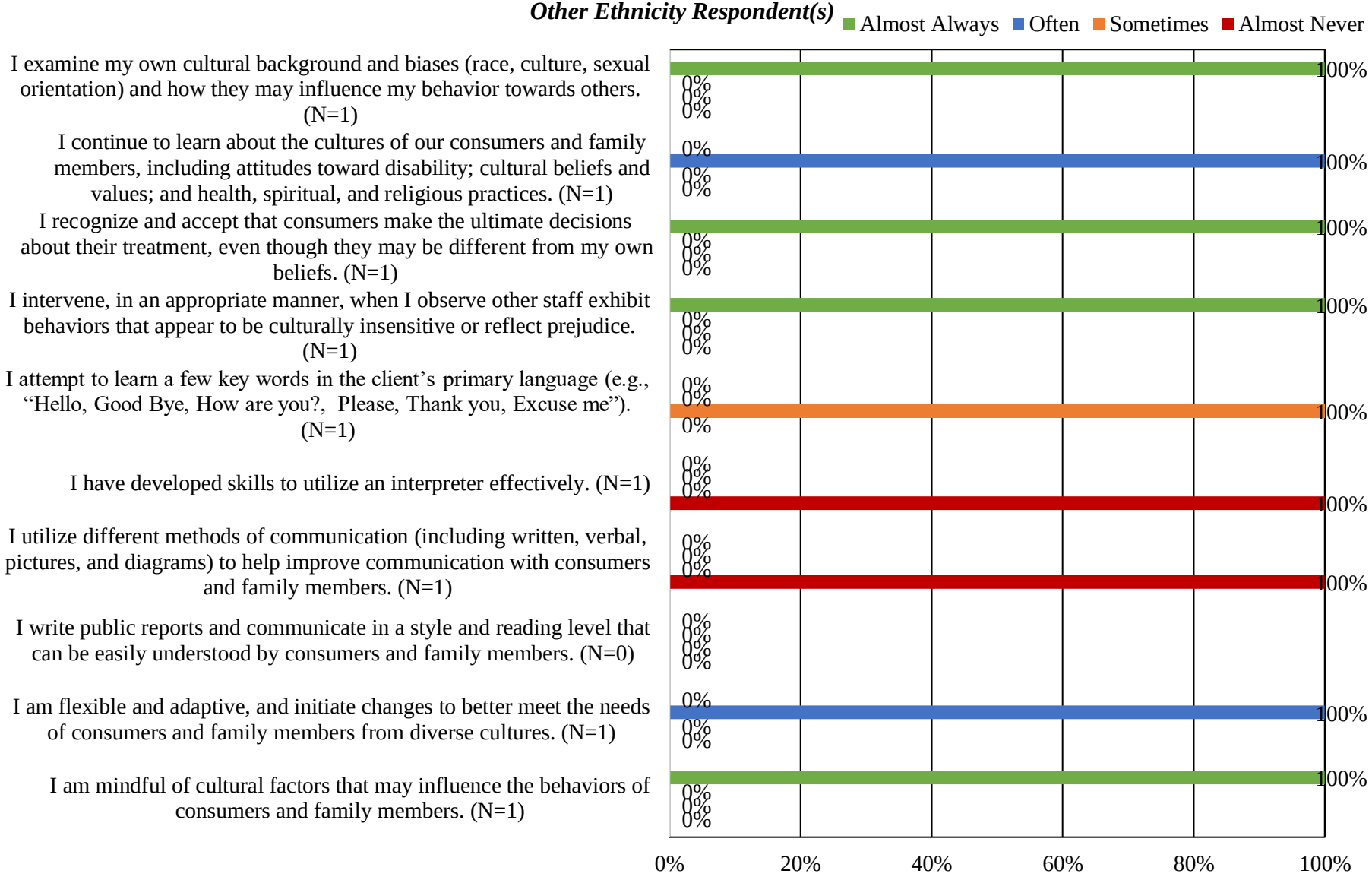


Alpine County Department of Behavioral Health

Staff Cultural Competence Survey

2020

Other Ethnicity Respondent(s)



Alpine County Department of Behavioral Health

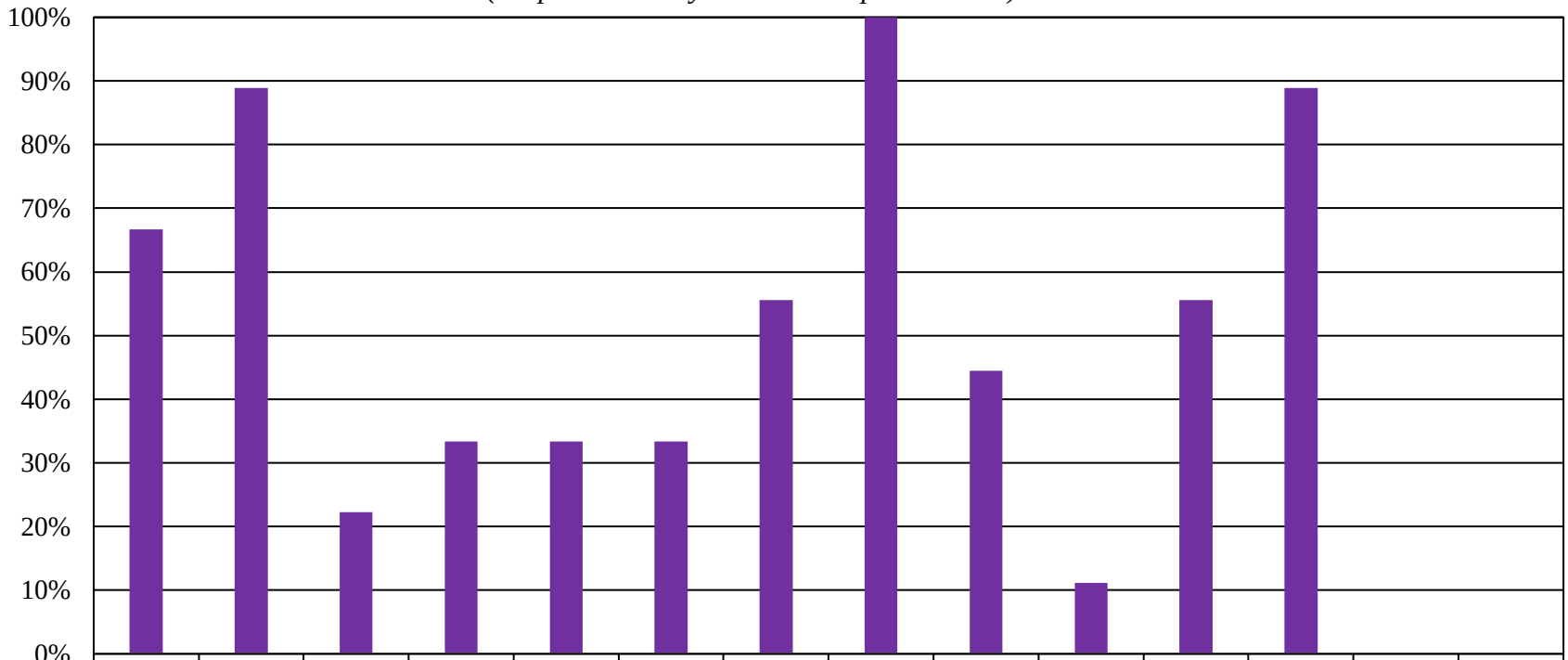
Staff Cultural Competence Survey

2020

Participation in Professional Development Activities (Past Six Months)

All Respondents (N=9)

(Respondents may choose multiple answers.)



	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients	Read a chapter or an article about multicultural issues	Read a novel about a racial group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total
# Respondents	6	8	2	3	3	3	5	9	4	1	5	8	0	9
% Respondents	67%	89%	22%	33%	33%	33%	56%	100%	44%	11%	56%	89%	0%	100%

Alpine County Department of Behavioral Health

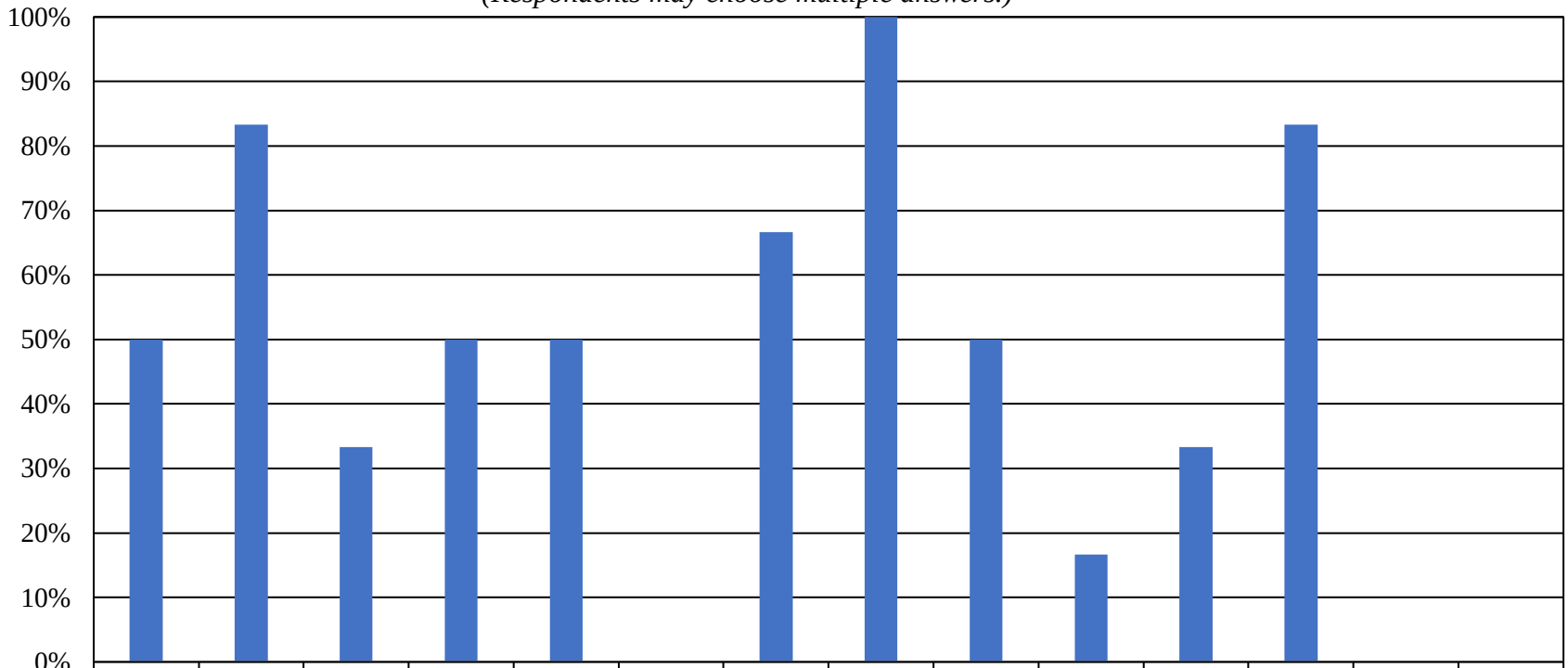
Staff Cultural Competence Survey

2020

Participation in Professional Development Activities (Past Six Months)

White Respondent(s) (N=6)

(Respondents may choose multiple answers.)



	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients	Read a chapter or an article about multicultural issues	Read a novel about a racial group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total
# Respondents	3	5	2	3	3	0	4	6	3	1	2	5	0	6
% Respondents	50%	83%	33%	50%	50%	0%	67%	100%	50%	17%	33%	83%	0%	100%

Alpine County Department of Behavioral Health

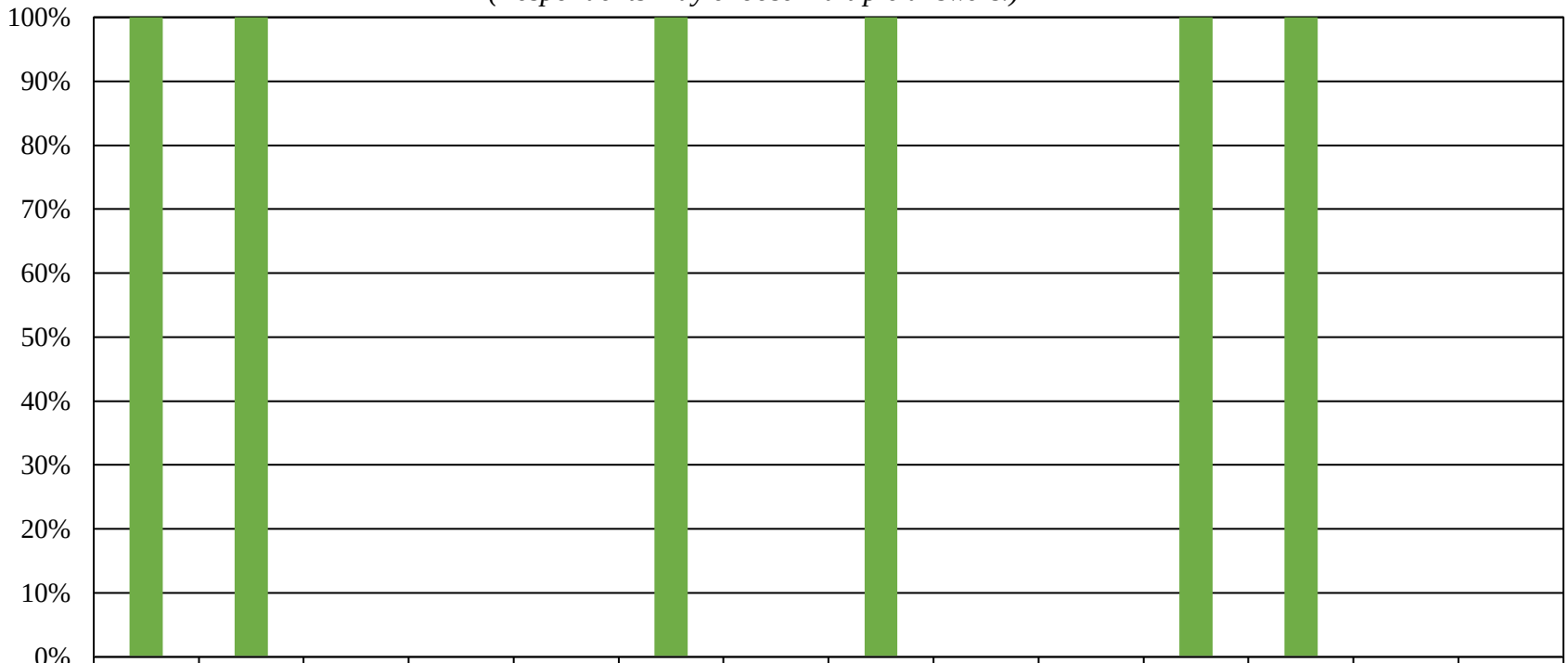
Staff Cultural Competence Survey

2020

Participation in Professional Development Activities (Past Six Months)

Hispanic/ Latino Respondent(s) (N=2)

(Respondents may choose multiple answers.)



	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients	Read a chapter or an article about multicultural issues	Read a novel about a racial group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total
# Respondents	2	2	0	0	0	2	0	2	0	0	2	2	0	2
% Respondents	100%	100%	0%	0%	0%	100%	0%	100%	0%	0%	100%	100%	0%	100%

Alpine County Department of Behavioral Health

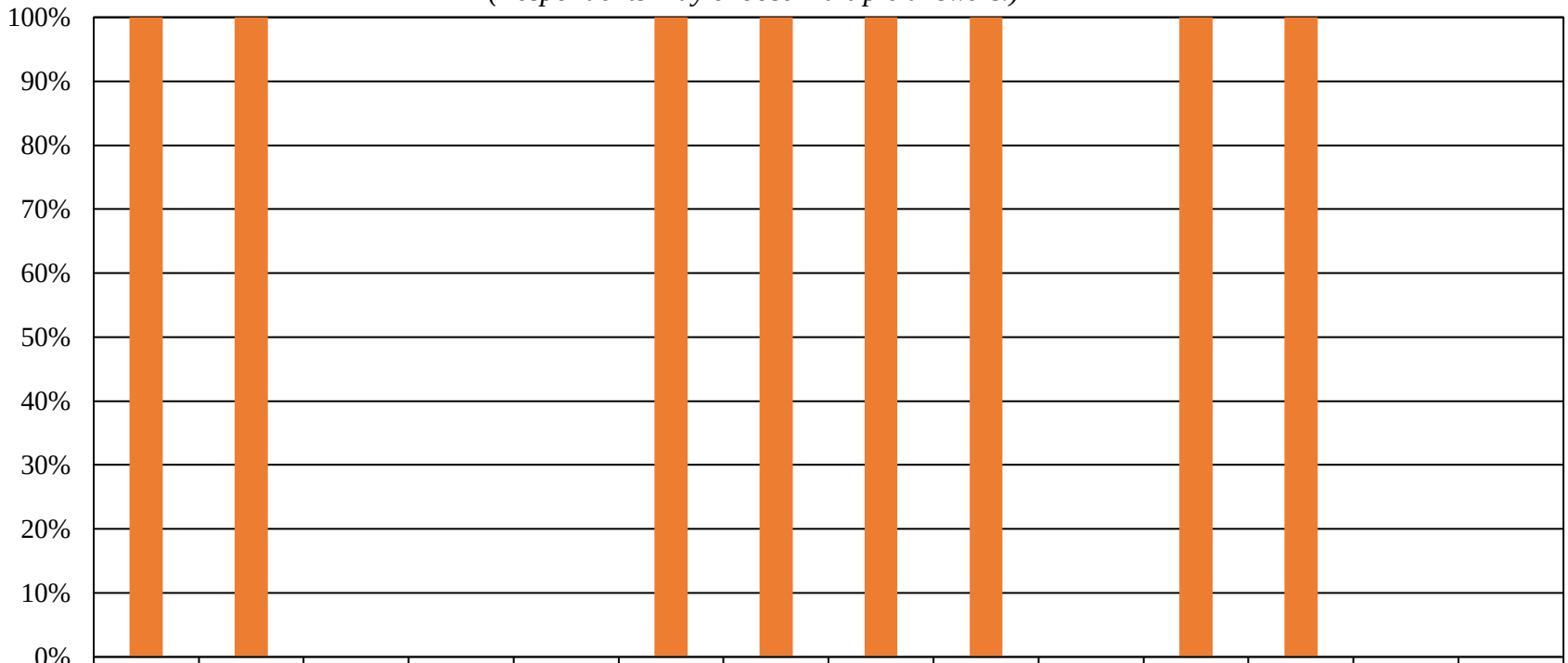
Staff Cultural Competence Survey

2020

Participation in Professional Development Activities (Past Six Months)

All Other Ethnicity Respondent(s) (N=1)

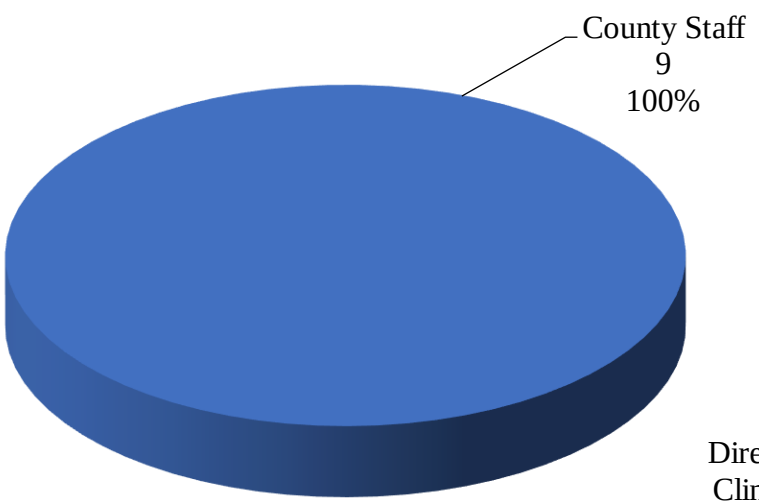
(Respondents may choose multiple answers.)



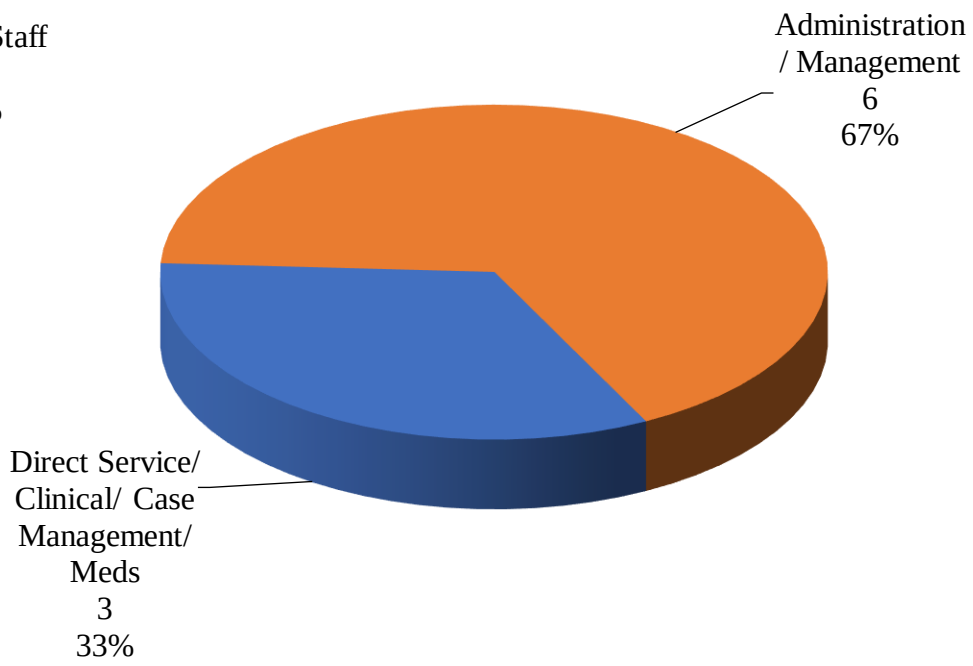
	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients	Read a chapter or an article about multicultural issues	Read a novel about a racial group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total
# Respondents	1	1	0	0	0	1	1	1	1	0	1	1	0	1
% Respondents	100%	100%	0%	0%	0%	100%	100%	100%	100%	0%	100%	100%	0%	100%

Alpine County Department of Behavioral Health
Staff Cultural Competence Survey
2020

Employment Status (N=9)

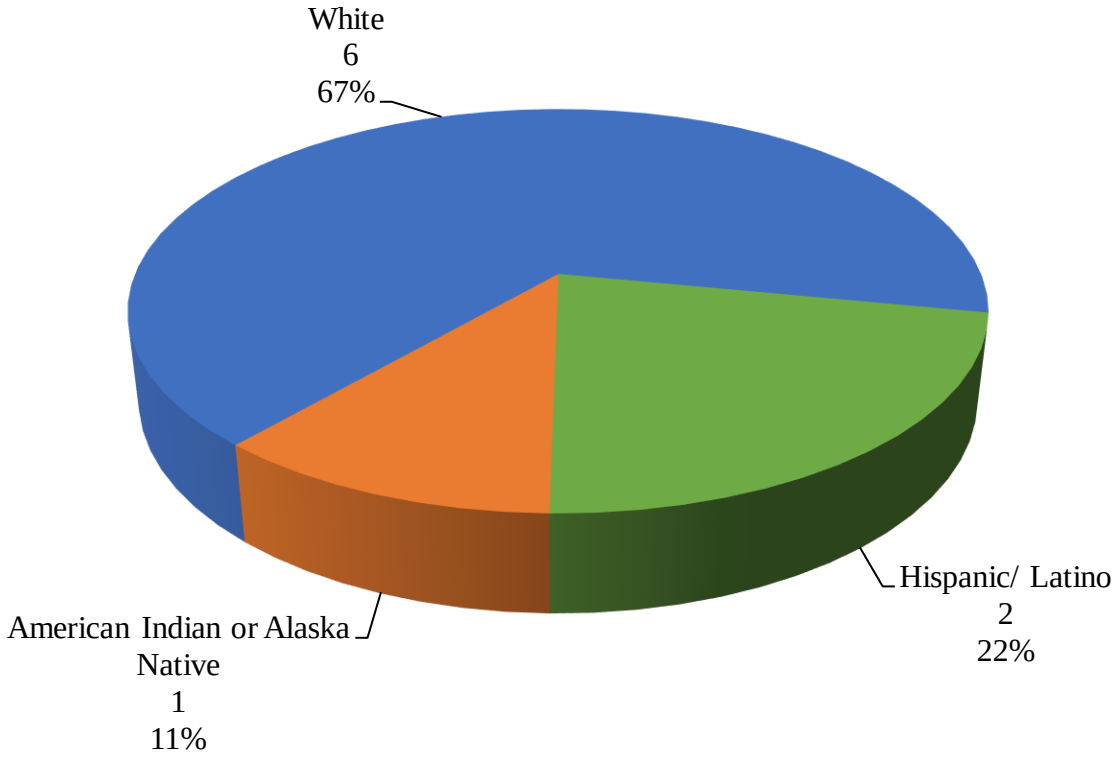


Primary Job Function (N=9)



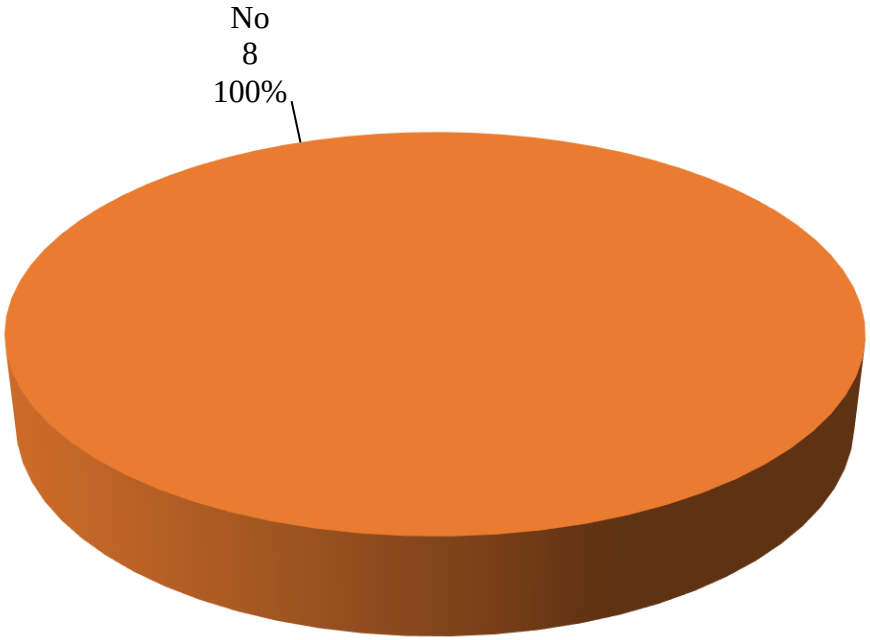
Alpine County Department of Behavioral Health
Staff Cultural Competence Survey
2020

Race/Ethnicity (N=9)



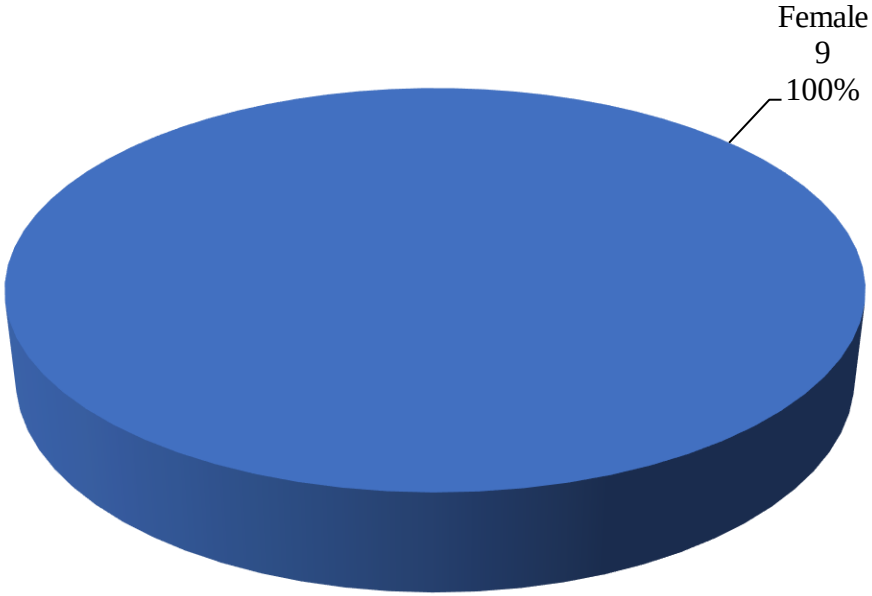
Alpine County Department of Behavioral Health
Staff Cultural Competence Survey
2020

Do you consider yourself Bilingual? (N=8)



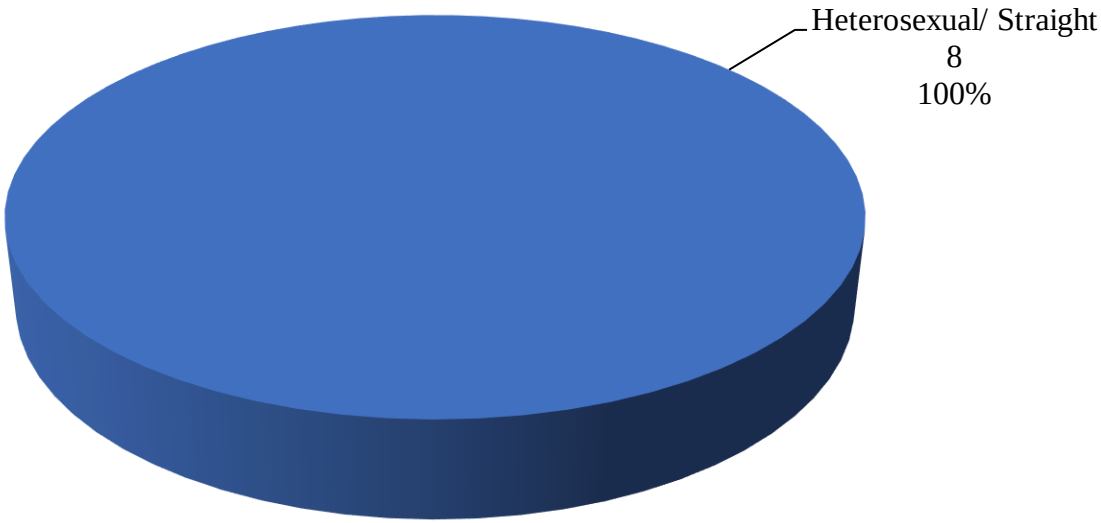
Alpine County Department of Behavioral Health
Staff Cultural Competence Survey
2020

Gender (N=9)



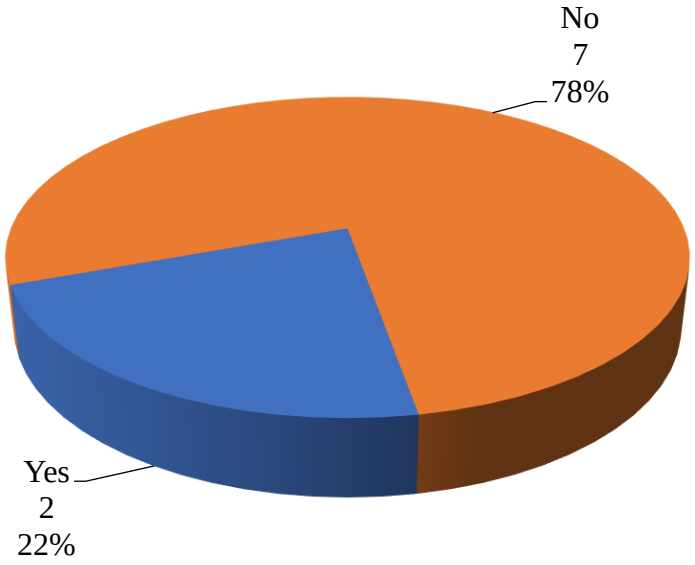
Alpine County Department of Behavioral Health
Staff Cultural Competence Survey
2020

Sexual Orientation (N=8)



Alpine County Department of Behavioral Health
Staff Cultural Competence Survey
2020

Do you consider yourself to be a person with lived Mental Health experience? (N=9)



Are you a Family Member of a person with lived Mental Health experience? (N=9)