Alpine County
Behavioral Health Services

Cultural and Linguistic Competence Plan
Annual Update
FY 2015/2016

TABLE OF CONTENTS

Name of County:	**Alpine**
Name of County Mental Health Director:	**Alissa Nourse**
Name of Contact:	**Kristy Vann**
Contact's Title:	**Native Wellness Advocate**
Contact's Unit/Division:	**Alpine County Behavioral Health Services** **75 C Diamond Valley Rd.** **Markleeville, CA 96120**
Contact's Telephone:	**530-694-1816**
Contact's Email:	**kvann@alpinecountyca.gov**

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 we serve 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 our world view, informing materials, and client treatment plans. Integration of these values creates a forum for ensuring that we continually assess and enhance our services in an effort to be culturally and linguistically relevant for our 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, we recognize the importance of developing services that are sensitive to other cultures, including Native Americans, Hispanic and other racial and ethnic groups, 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; physically disabled; 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 Alcohol and Drug 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. We are involved in developing strategies for improving access and quality of services for individuals who are underserved. This population includes TAY youth, persons who are Native American, older adults, young children, the geographically isolated and LGBTQI2-S and veterans.

Cultural discussions are an integrated part of our child, youth, adult, and older adult service delivery systems. We discuss 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 includes a discussion that promotes culturally sensitive services. Our 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, we are able to understand how culture shapes the choices and goals for each of our community members. As part of the planning process we discuss how to incorporate cultural leaders into our services as a support network for those receiving services with our agency. This team work is consistent for our System of Care, during staff and clinical team meetings. We work closely with our allied partner agencies to help promote a learning environment.

I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

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

1. Mission Statement;
2. Statements of Philosophy;

3. Strategic Plans including Alpine County's MHSA Plans, Implementation Plan and Substance Abuse Prevention Plan;
4. Policy and Procedure Manuals; and
5. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).

The documents listed above are currently available at all ACBHS clinics. Copies of these documents will be available on site during the compliance review.

ACBHS department and staff are committed to constantly improving services to meet the needs of culturally diverse individuals seeking and receiving services. A number of objectives were developed as a component of our Mental Health Services Act (MHSA) Plan, and have been expanded as we have integrated Alcohol and Other Drug Treatment Services into our overall programming. See attached plans as reference.

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

Goal 1: To provide culturally and linguistically appropriate behavioral health services to improve access for persons who are Native American, Hispanic and other race/ethnicity groups; TAY and older adults; veterans and their families; Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQI2-S) individuals; persons released from jail and their families; and additional cultures.

- **Objective 1a**: ACBHS will provide informing materials in the county's threshold language (currently only English) in our clinics and wellness center. In addition, ACBHS will provide all informing materials in Spanish as well.
- **Objective 1b**: When appropriate, ACBHS will hire diverse or bilingual staff to work in our programs in order to provide services and information to the client and family in their preferred language and preferred cultural setting.
- **Objective 1c**: ACBHS will ensure that the crisis line is culturally sensitive to all persons utilizing these services, and clients receive services in their preferred language.

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

- **Objective 2a**: ACBHS will provide cultural and linguistic competency trainings for ACBHS staff a minimum of 4 times per fiscal year.
- **Objective 2b**: ACBHS will discuss and provide trainings on topics including but not limited to cultural humility, local Native American traditions, equity, diversity, relevant cultural narratives, social determinants of behavioral health, local consumer culture, recovery culture, access barriers and sustainable partnerships on a monthly basis at staff or clinical team meetings.
- **Objective 2c**: ACBHS will hire clients and family members, whenever possible, who are reflective of the Alpine County community, especially Native Americans or bilingual/bicultural individuals, to help address barriers for culturally diverse populations.

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, schools, and other rural community locations).

- **Objective 3a**: ACBHS will deliver services in the least restrictive environment (e.g., home, schools, tribal community, senior center, and other rural community locations) when needed and as appropriate.
- **Objective 3b**: ACBHS will retain a presence in the Hung-A-Lel-Ti community, providing services and programs open to all Alpine County residents as determined by the local tribal community council.
- **Objective 3c**: ACBHS will work closely with local schools including Douglas High School, to engage youth and TAY in the development of strategies to prevent alcohol and drug abuse and intervene early in the onset of behavioral health issues.

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

- **Objective 4a**: ACBHS will gather data to provide objective and consistent evaluation and feedback to leadership, staff, and clients regarding program impact and outcomes to best support and meet the needs of the community, individuals and family. Data will be collected ongoing and reviewed quarterly by the clients, staff, and partner agencies at staff, clinical team, cultural competence and quality improvement meetings.

II. DATA, ANALYSIS, AND OBJECTIVES

A. County Geographic and Socio-Economic 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. 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 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 (Southern Band of the Washoe Tribe); Markleeville, which is the county seat; Woodfords; and Kirkwood recreation and ski resort, with a population of 9 6. 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 grocery store, no bank, no hospital, and no pharmacy. All highways have but two lanes, except for an occasional passing lane.

Alpine County does not have a threshold language. Within the county is a Native American Washoe Tribe community with a population of approximately 250 people. 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 (albeit, sometimes necessary) for them to understand issues comprehensively, and intercede cross-disciplinarily.

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 0-15; 9% are TAY ages 16-24; 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 are Caucasian (72.5%) and Native American (17.9%). 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 - 15 years	220	18.7%
16 - 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**
Caucasian	852	72.5%
Hispanic	84	7.1%
African American/Black	-	0.0%
Alaskan Native/Native American	210	17.9%
Asian/Pacific Islander	7	0.6%
Other/Unknown	22	1.9%
Total	**1,175**	**100.0%**
Gender Distribution	**Number**	**Percent**
Male	606	51.6%
Female	569	48.4%
Total	**1,175**	**100.00%**

3. Socio-economic characteristics of the county

Alpine County is a relatively poor county, with the per capita income for all residents in 2010-2014 at $25,527 (U.S. Census). In comparison, the statewide per capita income was $29,527. This data shows that, on average, each person in Alpine County earns approximately $4,000 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 2010-2014 was $58,636, which is lower than the statewide average of $61,094.

4. Penetration rates for mental health services

Figure 2 shows the percentage of the population who access mental health services. Figure 2 shows the same county population data shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2014/15). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2014/15. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 75 people who received one or more mental health services in FY 2014/15. Of these individuals, 22.7% were children ages 0-15; 8.0% were Transition Age Youth (TAY) ages 16-24; 42.7% were adults ages 25-59; and 26.7% were 60 and older. There were 62.7% of the clients who were Caucasian, 28.0% Native American and 6.7% Hispanic. All other race/ethnicity groups represented a small number of individuals. All clients have a primary language of English. The majority of clients are females (68%) compared to males (32%).

The penetration rate data shows that 6.4% of the Alpine County population received mental health services, with 75 individuals out of the 1,175 residents. Of these individuals, children ages 0-15 had a penetration rate of 7.7%, TAY ages 16-24 had a penetration rate of 5.7%, adults ages 25-59 had a penetration rate of 5.6%, and older adults ages 60 and older had a penetration rate of 7.2%.

For race/ethnicity, persons who are Caucasian had a penetration rate of 5.5% and persons who are Native American had a penetration rate of 10.0%. 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 lower mental health penetration rate (4.0%), compared to females (9.0%).

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

	Alpine County Population 2010 Census		Mental Health Clients FY 2014/15		Alpine County Population Mental Health Penetration Rate FY 2014/15
Age Distribution					
0 - 15 years	220	18.7%	17	22.7%	17 / 220 = 7.7%
16 - 24 years	106	9.0%	6	8.0%	6 / 106 = 5.7%
25 - 59 years	573	48.8%	32	42.7%	32 / 573 = 5.6%
60+ years	276	23.5%	20	26.7%	20 / 276 = 7.2%
Total	**1,175**	**100.0%**	**75**	**100.0%**	**75 / 1,175 = 6.4%**
Race/Ethnicity Distribution					
Caucasian	852	72.5%	47	62.7%	47 / 852 = 5.5%
Hispanic	84	7.1%	5	6.7%	5 / 84 = 6.0%
African American/Black	-	0.0%	1	1.3%	-
Alaskan Native/Native American	210	17.9%	21	28.0%	21 / 210 = 10.0%
Asian/Pacific Islander	7	0.6%	-	0.0%	0 / 7 = 0.0%
Other/Unknown	22	1.9%	1	1.3%	1 / 22 = 4.5%
Total	**1,175**	**100.0%**	**75**	**100.0%**	**75 / 1,175 = 6.4%**
Language Distribution					
English	-	-	75	100.0%	-
Spanish	-	-	-	0.0%	-
Other/Unknown	-	-	-	0.0%	-
Total	-	-	**75**	**100.0%**	-
Gender Distribution					
Male	606	51.6%	24	32.0%	24 / 606 = 4.0%
Female	569	48.4%	51	68.0%	51 / 569 = 9.0%
Total	**1,175**	**100.00%**	**75**	**100.0%**	**75 / 1,175 = 6.4%**

5. Analysis of disparities identified in penetration rates

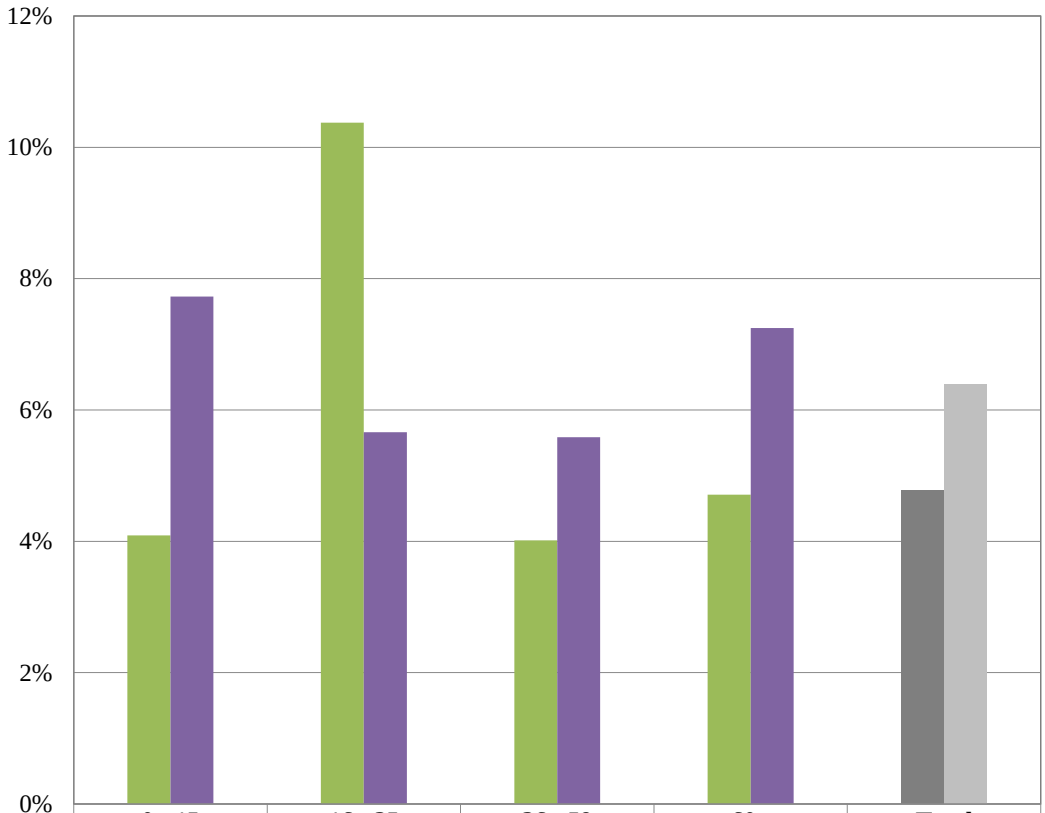
The penetration rate for each race/ethnic group is consistent with the total penetration rate of 6.4%. The small numbers of persons served and in the population creates variability in the data and is therefore difficult to interpret. The penetration rate data for age shows that there are a higher proportion of children and older adults served, compared to TAY and adults. The proportion of females (9.0%) is higher than males (4.0%). This data is consistent across many small counties. In addition, it is important to note that most high school students travel across state lines to attend high school in Nevada making outreach and engagement with this age group and subsequently the older TAY population more difficult to access.

6. Penetration rate trends for two years

We have also analyzed our penetration rates for the past two years (see Figure 3). This shows a significant increase in the number of clients by age served between FY 2013-14 through FY

2014-15. The total number of clients increased from 56 – 75 clients in this two-year period. In addition, each age group increased, with the exception of TAY: Children: 9 - 17; TAY: 11 - 6; Adults: 23 - 32; and Older Adults: 13 - 20.

Figure 3
Alpine County Mental Health Services
FY 2012-13 to FY 2014-15
Mental Health Penetration Rate, by Age



	0 - 15	16 - 25	26 - 59	60+	Total
FY 2013-14 # Clients	9	11	23	13	56
FY 2013-14 Penetration Rate	4.1%	10.4%	4.0%	4.7%	4.8%
FY 2014-15 # Clients	17	6	32	20	75
FY 2014-15 Penetration Rate	7.7%	5.7%	5.6%	7.2%	6.4%
Alpine County Census Population	220	106	573	276	1,175

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

7. Mental Health Medi-Cal population

Annually, Alpine County has 267 Medi-Cal beneficiaries and ACBHS served 47 beneficiaries in the last fiscal year for a penetration rate of 18%. Thirty percent (30%) of the Medi-Cal beneficiary population is Caucasian and 30% of the Medi-Cal client population were served by mental health services. Sixty-one percent (61%) of the Medi-Cal beneficiary population were Native American and 60% of the Medi-Cal client population were served by mental health.

8. Analysis of disparities identified in Medi-Cal clients

In analyzing the racial disparities for Medi-Cal clients, the proportion of Medi-Cal clients receiving services was the same as the proportion of persons in the Medi-Cal beneficiary population. Thirty percent (30%) of the beneficiary population and 30% of the mental health Medi-Cal clients were Caucasian. This proportion increased to 61% of the Medi-Cal beneficiary population for Native Americans compared to 60% of the Medi-Cal client population. This data shows there were no disparities in access and services for the two predominate races in our county.

9. Penetration rates for Alcohol and Other Drug services

Figure 5 shows the number of persons in the county population (2010 Census) and the number of persons who received Alcohol and Other Drug (AOD) services (FY 2014/15). From this data, a penetration rate was calculated, showing the percent of persons in the population that received AOD services in FY 2014/15. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population. According to MEDS, there is no threshold language other than English in Alpine County.

For the 1,175 residents who live in Alpine County, 18.7% are children ages 0-15; 9.0% are TAY ages 16-24; 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 are Caucasian (72.5%) and Alaskan Native/Native American (17.9%). Persons who are Hispanic represent 7.1% of the population. There are a comparable number of males (51.6%) and females (48.4%) in the county.

As expected, the proportion of persons receiving AOD services shows a different proportion of individuals by age. There were 14 people who received one or more AOD services in FY 2014/15. Of these individuals, none were children ages 0-15; 35.7% were TAY ages 16-24; 64.3% were adults ages 25-59; and none were 60 and older. The proportion of AOD clients by race/ethnicity include Alaskan Native/Native American (64.3%), Caucasian (14.3%) and Hispanic (14.3%). The African American community represents 7.1% of the clients. All other race/ethnicity groups represented a small number of individuals. All clients have a primary language of English. There was a higher number of males (64.3%) than females (35.7%).

The penetration rate data shows that 1.2% of the Alpine County population received AOD treatment services. Of these individuals, TAY ages 16-24 had a penetration rate of 4.7% and adults ages 25-59 had a penetration rate of 1.6%. There were no children or older adults enrolled in AOD services. For race/ethnicity, persons who are Native American had a penetration rate of 4.3% and persons who are Hispanic had a penetration rate of 2.4%. The Caucasian community had a penetration rate of 0.2% of the clients. Males had a penetration rate of 1.5% while females had a penetration rate of 0.9%.

10. Analysis of disparities identified in Alcohol and Other Drug services

Figure 4 data also shows that the majority of AOD clients are adults (64.3% compared to the population of 48.8%) and TAY (35.7% compared to 9.0% in the population). There are also a higher proportion of AOD clients that are Native American (64.3% compared to 17.9% of the

population). The Hispanic community also has a high proportion of clients (14.3% compared to 7.1% in the population). Clients who are Caucasian represent 14.3% of the clients (compared to 72.5% of the population). There is a slightly higher proportion of clients that are male (64.3% compared to 51.6% of the population). Females represent 35.7% of the clients compared to 48.4% of the population.

This data illustrates the need to provide culturally-sensitive services to clients receiving AOD services. Developing strategies for serving the TAY population and developing age appropriate recovery services for this difficult to serve community will be one of the goals of the CLC Plan.

Figure 4
Alpine County Alcohol and Other Drug Services Penetration Rates
By Gender, Age, Race/Ethnicity, and Language
(Population Source: 2010 Census)

	Alpine County Population 2010 Census		Substance Use Clients FY 2014/15		Alpine County Population Substance Use Penetration Rate FY 2014/15
Age Distribution					
0 - 15 years	220	18.7%	-	0.0%	0 / 220 = 0.0%
16 - 24 years	106	9.0%	5	35.7%	5 / 106 = 4.7%
25 - 59 years	573	48.8%	9	64.3%	9 / 573 = 1.6%
60+ years	276	23.5%	-	0.0%	0 / 276 = 0.0%
Total	**1,175**	**100.0%**	**14**	**100.0%**	**14 / 1,175 = 1.2%**
Race/Ethnicity Distribution					
Caucasian	852	72.5%	2	14.3%	2 / 852 = 0.2%
Hispanic	84	7.1%	2	14.3%	2 / 84 = 2.4%
African American/Black	-	0.0%	1	7.1%	-
Alaskan Native/Native American	210	17.9%	9	64.3%	9 / 210 = 4.3%
Asian/Pacific Islander	7	0.6%	-	0.0%	0 / 7 = 0.0%
Other/Unknown	22	1.9%	-	0.0%	0 / 22 = 0.0%
Total	**1,175**	**100.0%**	**14**	**100.0%**	**14 / 1,175 = 1.2%**
Language Distribution					
English	-	-	14	100.0%	-
Spanish	-	-	-	0.0%	-
Other/Unknown	-	-	-	0.0%	-
Total	**-**	**-**	**14**	**100.0%**	**-**
Gender Distribution					
Male	606	51.6%	9	64.3%	9 / 606 = 1.5%
Female	569	48.4%	5	35.7%	5 / 569 = 0.9%
Total	**1,175**	**100.00%**	**14**	**100.0%**	**14 / 1,175 = 1.2%**

11. Analysis of disparities in Drug Medi-Cal clients

Alpine County does not participate in the Drug Medi-Cal program.

12. Seasonal migrants who are Medi-Cal beneficiaries in the county

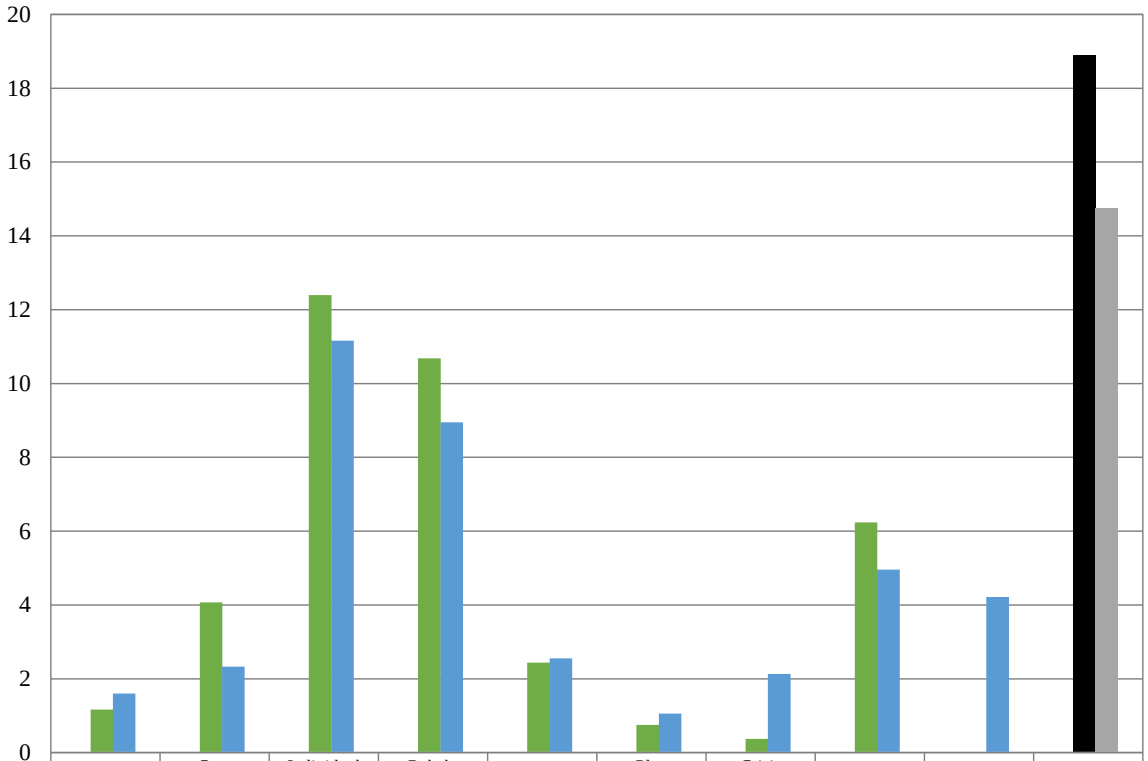
This information is not available for Alpine County.

B. Utilization of Mental Health and Alcohol and Other Services

Figure 5 shows the total number of hours, by type of mental health service, clients, and hours per client for FY 2013/14 and FY 2014/15. This data shows that the 75 mental health clients received 1,106 hours of services in FY 2014/15, which calculates into 14.7 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

Clients who received an assessment averaged 1.6 hours; case management averaged 2.3 hours; individual therapy: 11.2 hours; rehabilitation: 8.9 hours; collateral: 2.6 hours; plan development: 1.1 hours; crisis intervention: 2.1 hours; medication management: 5.0 hours; and 4.2 hours of group.

Figure 5
Alpine County Mental Health Services
Total Mental Health Hours, Clients, and Hours per Client per Year, by Service Type
All Mental Health Clients
FY 2013-14 and FY 2014-15



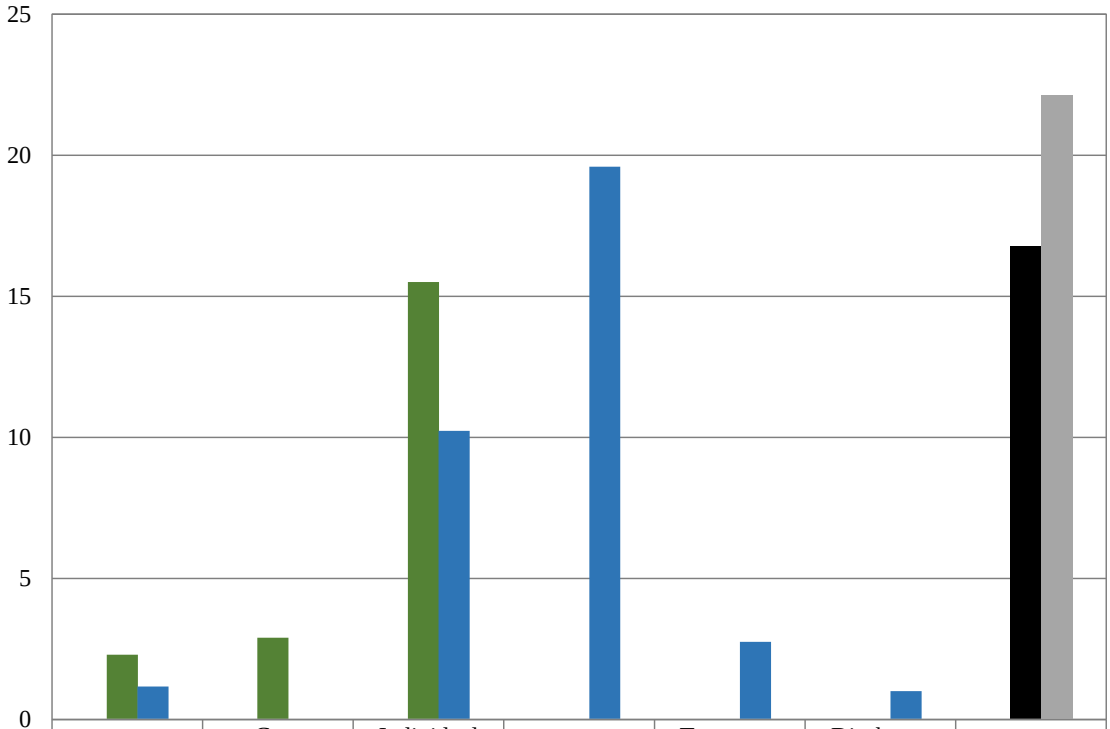
	Assessment	Case Management	Individual Therapy	Rehab. Individual	Collateral	Plan Development	Crisis Intervention	Medication	Group	Total FY
# Hours FY 2013-14	26.8	122.2	595.1	160.3	26.8	1.5	0.8	124.8	-	1,058.1
# Clients FY 2013-14	23	30	48	15	11	2	2	20	-	56
Avg Hrs/Clt FY 2013-14	1.2	4.1	12.4	10.7	2.4	0.8	0.4	6.2	-	18.9
# Hours FY 2014-15	67.2	74.6	625.1	116.3	38.3	29.6	21.3	104.2	29.5	1,106.1
# Clients FY 2014-15	42	32	56	13	15	28	10	21	7	75
Avg Hrs/Clt FY 2014-15	1.6	2.3	11.2	8.9	2.6	1.1	2.1	5.0	4.2	14.7

Figure 6 shows the total number of hours, by type of substance abuse treatment service, clients, and hours per client for FY 2013/14 and FY 2014/15. This data shows that the 14 substance use

treatment clients received 310 hours of services in FY 2014/15, which calculates into 22.1 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.

Clients who received an assessment averaged 1.2 hours; individual counseling: 10.2 hours; group: 19.6 hours; treatment planning: 2.8 hours; and discharge planning: 1.0 hours.

Figure 6
Alpine County Alcohol and Other Drug Services
Total Substance Use Hours, Clients, and Hours per Client per Year, by Service Type
All Substance Use Clients
FY 2013-14 and FY 2014-15



	Assessment	Case Management	Individual Counseling	Group	Treatment Planning	Discharge Planning	Total FY
# Hours FY 2013-14	13.8	14.5	139.6	-	-	-	167.8
# Clients FY 2013-14	6	5	9	-	-	-	10
Avg Hrs/Clt FY 2013-14	2.3	2.9	15.5	-	-	-	16.8
# Hours FY 2014-15	3.5	-	143.3	156.8	5.5	1.0	310.0
# Clients FY 2014-15	3	-	14	8	2	1	14
Avg Hrs/Clt FY 2014-15	1.2	-	10.2	19.6	2.8	1.0	22.1

C. An analysis of the population assessment and utilization data; conclusions

This data shows that there is an increase in the number of persons receiving mental health services across the two-year period. The total number of services received by the different age and race/ethnicity groups remained stable over the two years, as the number of staff and leadership also remained consistent and stable. It is important to note that prior to the 2014-2015

fiscal year, group therapy was not available in Alpine County. ACBHS listened to stakeholder input regarding confidentiality and privacy in group settings and since that time, groups have been very successful.

III. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Outline the culturally-specific 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 Native Americans and other minority and under-represented populations. By providing treatment in a manner that is responsive and demonstrates an understanding of the client's heritage, history, traditions, worldview and beliefs we hope to engage more members of our 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 we continually enhance our services to be culturally relevant for our youth, adult clients and their families. We have individuals from different ethnic and cultural backgrounds represented in many of our committees. Our Mental Health Board is comprised of 2 consumers/family members, including one member of the Washoe Hung-a-lel-ti community. The Mental Health Board is very active and involved; in the last year we have had three new members join, including one person from Bear Valley and one from Kirkwood, representing the most geographically isolated areas of the county. In addition, another member of the Washoe tribal community and employee of the Public Health Department will be joining the Board in 2015.

During the last stakeholder meetings for the three year MHSA plan in April 2014, there were fifteen participants and out of that, nine provided demographic information and 2 of those identified as Native American. It is believed that another 3 individuals who attended but did not provide demographic information identify as Native American.

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 will be included within the Wellness Projects: Parenting Workshops: ACBHS will provide targeted support for parents regarding early screening and support for children with severe emotional disturbances (SED); Men and Youth Wellness Project: ACBHS will continue to provide this project to increase emotional relationship building between father figures and children; Women and Youth Wellness Project: ACBHS will implement this project to mirror the Men and Youth Project; Children and TAY Wellness Project: ACBHS will continue to provide summer story time and play groups for children and will continue to support and leverage existing children and TAY programming occurring in nearby locations.

Native Americans

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

> "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 Native American community in the county. For example, most of the MHSA programs are located at our 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. See attached MHSA Plan for current MHSA programs in Alpine County. This partnership encourages collaboration and interconnected services. Some of these programs include: exercise classes for older adults, cultural crafts, gathering trips dictated by the Native American calendar, weekly Talking Circle recovery groups, monthly elder's luncheon and a weekly luncheon open to the Alpine County community. Currently, the BHS Director, Senior Account Clerk, Behavioral Health Services Coordinator, AOD Program Specialist, MHSA Program Specialist and Native Wellness Advocate all have their offices at the Wellness Center. Due to our location, ACBHS is able 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 community.

Combining Past and Present is a cultural program for Alpine County residents of all ages, serving as a means to prevent the development of depression and anxiety related to lack of socialization and identity confusion. The program includes such activities as acorn, willow, onion and pine nut gatherings; basket making; snow shoe making; Native cooking and food preparation; and singing cultural songs.

Children and Teens

ACBHS strives to offer a variety of engagement activities and services for children and teens including counseling services provided at the only school in the county. In addition, we provide play groups for parents with young children, a youth leadership group, teen movie nights, family movie nights, family weekend movie events and father and mother wellness activities. ACBHS also contracts with a local non-profit provider to operate the Primary Intervention Program at the school to identify and intervene early with young children experiencing behavioral health issues. ACBHS partners with Tahoe Youth & Family Services to provide a monthly drop in center evening where runaway, homeless and disconnected youth can get a hot meal, basic needs items such as toiletries and clothing, resources and respect. 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; and meditation classes. 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 our smaller communities within the county by offering events, outreach and programming in Kirkwood (yoga, alcohol and drug prevention, outreach), Bear Valley (yoga and weekly create the good events serving a meal and information).

"Create the Good" began as an adult luncheon geared towards adult and seniors and featuring presentation 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.

Recovery Community

For the recovery community, ACBHS offer 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 Native American 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 our beneficiary guide will be made available soon for the 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.

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

B. 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

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

The Alpine County Behavioral Health *Guide to 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 our clinics and wellness centers throughout the county.

A *Provider List* is available to clients which lists provider names, population specialty (children, adult, veterans, LGBTQ, etc.), services provided, language capability, and whether or not the provider is accepting new clients. This list is provided to clients upon intake and is available at our clinics and the wellness center. The Provider List 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
- ACBHS Facebook page and partner social media sites
- ACBHS monthly calendar that is delivered door to door in the community
- ACBHS informal brochures and rack cards identifying available services and how to access them for targeted groups such as TAY, older adults and Native Americans.
- Local newsletters
- Interagency Meetings

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

Our 24/7 Access Log includes a field to record a client's need for interpreters. This form 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 determine 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. 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 beneficiaries to file a problem with MHSA programs and have a resolution process in place to address these identified issues.

IV. STAFF AND SERVICE PROVIDER ASSESSMENT

A. Current Composition

1. Ethnicity by Function

   ACBHS staff by function:
   - Director: Caucasian
   - Clinical Coordinator: Caucasian
   - Behavioral Health Services Coordinator: Caucasian
   - Clinician (2 FTE): Caucasian
   - Driver: Caucasian
   - Senior Account Clerk: Caucasian
   - Administrative Assistant (2 FTE): Caucasian
   - AOD Program Specialist: Caucasian
   - MHSA Program Specialist (1.5 FTE): Caucasian
   - Native Wellness Advocate: Native American

2. Staff Proficiency in Reading and/or Writing in a Language Other Than English By Function and Language:

   None of ACBHS' staff are proficient in reading or writing in a language other than English.

3. Staff and Volunteer Ethnicity and Cultural Competence Survey

   In an effort to assess the cultural awareness of our workforce, we asked staff to complete the Staff and Volunteer Ethnicity and Cultural Competence Survey in December 2015. The complete results are shown in Attachment A.

   There were 10 staff who completed the survey. Of these individuals, 43% were direct service staff and 57% were administration and management staff. Of these survey respondents, 100% were Caucasian. ACBHS' Native Wellness Advocate did not

complete the survey. None of the staff identified as bilingual or acted as interpreters. No staff reported that they are consumers; however, 10% are family members of a consumer. Ninety percent (90%) are female; and 100% are heterosexual.

The survey response options included Almost Always; Often; Sometimes; and Almost Never. The CCC will review and analyze these results early in 2016 and develop new goals based upon these results. We also plan to administer the survey again in the Fall of 2016 and compare the results.

There are some interesting results when examining those questions where the responses were "Almost Never." Those responses will be briefly outlined below.

Across all staff:

- I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that appear to be culturally insensitive or reflect prejudice (Almost Never=10%).

- I attempt to learn a few key words in the client's primary language (Almost Never=10%).

- I have developed skills to utilize an interpreter effectively (Almost Never=33%).

- I utilize different methods of communication to help improve communication with consumers and family members (Almost Never=20%).

There was also 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 the fall.

B. Analyze staff disparities and related objectives

ACBHS strives to hire staff members who at least reflect the cultural diversity of our county. This goal has been extremely difficult for several reasons. The first is that we have a very small staff with only 13 positions. Only one of those is held by an individual who identifies as Native American. For future positions at ACBHS, a priority will be placed on hiring more Native Americans within the Alpine County hiring protocols. Alpine County did have a bilingual clinician up until this year. Her clinical services were never needed or requested in Spanish as 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 diversity of our workforce is not equal to our client population or our general population. As a result, we will continue to identify opportunities to recruit and retain Native America staff. To achieve this objective, it is our goal to have the department's employee demographics be representative of our client and community population, whenever possible. We also will expand to support individuals in the community to pursue careers in social work and related fields, through our WET program.

The staff survey results also highlight areas for staff training. Although this is not an identified need by our population and demographics, additional training on utilizing an interpreter effectively will be developed in the next few months. In addition, developing 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. ACBHS' Native Wellness Advocate has been working with the Native community to design and implement a "Cultural Courtesy" training for all staff based on local stakeholder input, history, knowledge and best practices related to working with and engaging the Native community. 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 our weekly staff meetings, as well as during clinical and staff supervision and the topic has been added as a permanent agenda item. We take advantage of any regional and/or state trainings offered on promoting and delivering culturally-relevant services. We treat each client as an individual, all having differing 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 evaluating and implementing services that best fit the client at any given time.

ACBHS has designated Kristy Vann, Native Wellness Advocate, as the county's Cultural Competence/Ethnic Services Manager. This individual is responsible for promoting mental health services that meet the needs of our diverse population. She is a member of the Washoe tribe from the Hung-a-lel-ti community, has been an elected member of the Community Council and has been on staff for over three years. She promotes the delivery of culturally sensitive services and provides leadership and mentoring to other staff on cultural competence related issues. The Cultural Competency/Ethnic Services Manager who is also the Native Wellness Advocate will report to, and/or have direct access to, the Behavioral Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

Our Cultural Competence Committee began again in October 2014 and is a cross-agency and community committee that has representatives from mental health, alcohol and drug, and public health services. Six people attended the first meeting and four others have expressed interest in attending future meetings. Members include 3 people who identify as Native American, African American and Caucasian. The members of the Cultural Competence Committee represent different departments in Alpine county including the Board of Supervisors and Health and Human Services. In addition, there are members serving on both the Mental Health Board and the Cultural Competence committee. Working closely together, the committee will review data, organize culturally competent activities and trainings that promote healing through engagement of one's cultural background. At the last committee meeting several items were reviewed and suggestion made to increase services to elders, 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. Identify barriers and methods of mitigation

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

V. TRAINING IN CULTURAL COMPETENCE (2015)

This section describes cultural competence training for staff and contract providers, including training in the use of interpreters, in 2015.

A. List of internal training and staff attendance by function:

1) Administration/management;
2) Direct services: MHP's staff;
3) Direct Services: contractors
4) Support services; and,
5) Interpreters.

Training Event	Description of Training	Number of Attendees	Attendees by Function	Date
Employment	Welfare to Work, Job Training/Seeking for different populations	9	Administrative Assistant III AOD Program Specialist BHS Coordinator BHS Director Clinical Coordinator Clinician (2) MHSA Program Specialist Native Wellness Advocate	2/25/15
Policy Training	Cultural and Linguistic Needs, Translated Materials, and Visually and Hearing Impaired Clients	11	Account Clerk Administrative Assistant I Administrative Assistant III AOD Program Specialist BHS Coordinator BHS Director Clinical Coordinator Clinician (2) MHSA Program Specialist Native Wellness Advocate	4/15/15
Trauma Informed Practices	Engaging in Trauma Informed Practices; How to Be Trauma Informed and work with individuals based on their specific trauma	11	Account Clerk Addiction Counselor Administrative Assistant I Administrative Assistant III AOD Program Specialist BHS Driver Clinical Coordinator Clinician (2) MHSA Program Specialist Native Wellness Advocate	5/13/15

Each Mind Matters	California's Mental Health Movement; Mental Health and Equality; Training on Our Role in the Movement for the diverse communities	9	Administrative Assistant I Administrative Assistant III AOD Program Specialist BHS Coordinator BHS Director Clinical Coordinator Clinician (2) Native Wellness Advocate	6/3/15
Father's Wellness Program	Overview of the program within the Native Community	10	Addiction Counselor Administrative Assistant I Administrative Assistant III AOD Program Specialist BHS Coordinator BHS Director BHS Driver Clinical Coordinator Clinician MHSA Program Specialist	7/1/15
Native Wellness		9	Addiction Counselor Administrative Assistant I Administrative Assistant III AOD Program Specialist BHS Director Clinical Coordinator Clinician MHSA Program Specialist Native Wellness Advocate	7/29/15
Domestic Violence Review of Annual Conference	Overcoming Trauma; From Heart to Healing. Children exposed to domestic violence, Adverse Childhood Experiences, Engaging Faith Leaders in Response to Domestic Violence, Child Custody, Connecting Traumatic Brain Injury, Impact on Children and Adolescents, and Strengthening Personal and Family Resilience	11	Account Clerk Addiction Counselor Administrative Assistant I Administrative Assistant III AOD Program Specialist BHS Coordinator BHS Director BHS Driver Clinical Coordinator MHSA Program Specialist Native Wellness Advocate	8/19/15
Drug Training	"Tall Cop Says Stop" – youth culture and drug culture – how to recognize drugs and paraphernalia, signs and symptoms	11	Account Clerk Addiction Counselor Administrative Assistant I Administrative Assistant III AOD Program Specialist BHS Coordinator BHS Driver Clinical Coordinator MHSA Program Specialist (2) Native Wellness Advocate	9/2/15

Create the Good	Presentation and assistance with VA benefits, and required documents to apply for benefits	2	BHS Coordinator MHSA Program Specialist	11/6/15
50+ Club Honors Veterans	Potluck to honor veterans and increase awareness	4	Account Clerk Administrative Assistant I BHS Coordinator MHSA Program Specialist	11/12/15
Code of Ethics	Review of procedures and requirements regarding providing timely services to clients that are appropriate to their background, culture, religion, and heritage.	14	Account Clerk Addiction Counselor Administrative Assistant I Administrative Assistant III BHS Coordinator BHS Director BHS Driver Clinical Coordinator Clinician MHSA Program Specialist (2) Native Wellness Advocate	12/23/15
Code of Ethics	Review of procedures and requirements regarding providing timely services to clients that are appropriate to their background, culture, religion, and heritage.	12	Account Clerk Administrative Assistant I Administrative Assistant III AOD Program Specialist BHS Coordinator BHS Director BHS Driver Clinical Coordinator Clinician MHSA Program Specialist (2) Native Wellness Advocate	1/6/16
Staff Meeting – Cultural Humility	Scenario Role Play	12	Account Clerk Addiction Counselor Administrative Assistant I AOD Program Specialist BHS Coordinator BHS Director BHS Driver Clinician (2) MHSA Program Specialist (2) Native Wellness Advocate	3/30/16
LGBTQI – Teens	Received/reviewed MH Health Guide for LGBTQI teens	11	Account Clerk Administrative Assistant I AOD Program Specialist BHS Coordinator BHS Director Clinical Coordinator Clinician (2) MHSA Program Specialist (2) Native Wellness Advocate	4/6/16

Native Wellness Training	2 interactive role play scenarios regarding including humor, and being able to work alone as well as with others to achieve goals	11	Account Clerk Administrative Assistant I AOD Program Specialist BHS Coordinator BHS Director Clinical Coordinator Clinician (2) MHSA Program Specialist (2) Native Wellness Advocate	4/6/16

B. List of external training provided through outside agencies/resources other than the County's internal training process; and staff attendance by function:

Training Event	Description of Training	Number of Attendees	Attendees by Function	Date
Mental Health First Aid Annual Conference	Training on Depression, Mood Disorders, Anxiety Disorders, Trauma, Psychosis, and Substance Abuse Disorders – how to respond and identify emotional distress	4	BHS Director BHS Services Coordinator Clinician Native Wellness Advocate	3/9/15-3/10/15
Native Men and Woman's Wellness Conference	3 Focus Areas – Behavioral Health, Health Promotion/Disease Prevention, and Wellness; The Role of Public Health in Strengthening Tribal Communities	4	Clinician (2) MHSA Program Specialist Native Wellness Advocate	3/22/15-3/25/15
Elder Abuse Awareness Conference	Overview of various types of elder abuse and recognizing the signs and symptoms	3	AOD Program Specialist MHSA Program Specialist Native Wellness Advocate	4/29/15
SAYS (Sacramento Area Youth Speaks)	Youth Day – utilize evidence-based best practices to narrow the achievement gap	1	Native Wellness Advocate	5/8/15
Alcohol and Drug	Tall Cop Says Stop – recognizing drugs, paraphernalia, signs, and symptoms	1	Native Wellness Advocate	7/14/15
CPI Regional Training	Community Prevention Initiative; Meeting the Diverse Needs of the Communities and Organizations We Serve; Foundations of Substance Abuse; Environmental Prevention	2	AOD Program Specialist Native Wellness Advocate	8/11/15-8/13/15
Positive Psychology	Happiness: How Positive Psychology Changes Our Lives. The benefits of Frequent Positive Affect; Using Key Strength to address challenges	5	Addiction Counselor Administrative Assistant I BHS Coordinator BHS Director Clinical Coordinator	8/21/15

Health Care for LGBTQI	Culturally Competent Behavioral Healthcare for LGBTQI	1	Native Wellness Advocate	9/15/15
Domestic Violence Annual Conference	Overcoming Trauma; From Harm to Healing. Children exposed to domestic violence, Adverse Childhood Experiences, Engaging Faith Leaders in Response to Domestic Violence, Child Custody, Connecting Traumatic Brain Injury, Impact on Children and Adolescents, and Strengthening Personal and Family Resilience	1	Native Wellness Advocate	9/28/15-9/30/15
Cultural Competency Training	Live Violence Free; oppression, racism, and historical trauma in Native American and Washoe history	7	Administrative Assistant I Administrative Assistant III BHS Coordinator BHS Director Clinician MHSA Program Specialist Native Wellness Advocate	10/23/15
Strengthening Families	Strengthening Hearts and Courageous Spirit; Understanding Native historical trauma and resilience	2	BHS Director Clinical Coordinator	10/24/15
Mental Health First Aid	Train the Trainer: How to respond in a Mental Health Emergency and how to offer support to someone who appears to be in emotional distress	1	MHSA Program Specialist	11/5/15
Native Wellness Institute	Work Better with Youth; adapting to the youth culture	1	Native Wellness Specialist	12/2/15-12/5/15
Youth Mental Health First Aid	Training for Professionals who work with Youth	1	MHSA Program Specialist	12/7/15-12/9/15
Prescription Drugs	Prescription Drugs in the Teen community; Zero Teen Fatalities	1	Native Wellness Specialist	12/23/15
Men's and Women's Native Wellness Conference	The Awesome Power of a Positive Attitude; Learn How to say Yes to Life; The Foundation to Healing; Risks for American Indian Youth; Native Women Sharing Empowerment	4	Account Clerk Administrative Assistant I MHSA Program Specialist Native Wellness Advocate	2/28/16-3/2/16

Since January 2014, ACBHS employees have attended 10 trainings relevant to cultural competency and ACBHS has hosted or co-hosted 5 of those. In conducting the stakeholder listening sessions for the FY 14 and FY 15 MHSA plans, we learned that as a department and as

individuals representing the department, our relationships with Washoe Tribal members and the community at large is strong and are continuously growing.

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

We have integrated cultural competence training and discussions in our weekly staff meetings since 2013. Over this period, ACBHS staff has expanded their knowledge of different cultures and infused this knowledge throughout rendered services. We have created a safe, learning environment where the staff members feel safe to ask questions about culture. Equally important, staff also feel comfortable in providing feedback to others regarding specific behaviors which may not have been as culturally sensitive. By creating a safe environment to ask and receive feedback, each person has the opportunity to learn and expand their services to better meet the needs of the community.

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

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

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, veterans and family cultures).

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

IV. GOALS AND OBJECTIVES

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

These objectives are outlined below and provide the framework for developing this CLC Plan:

Goal 1: To provide culturally and linguistically appropriate behavioral health services to improve access for persons who are Native American, Hispanic and other race/ethnicity groups; TAY and older adults; veterans and their families; Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQI2-S) individuals; persons released from jail and their families; and additional cultures.

- **Objective 1a**: ACBHS will provide informing materials in the county's threshold language (currently only English) in our clinics and wellness center. In addition, ACBHS will provide all informing materials in Spanish as well.
- **Objective 1b**: When appropriate, ACBHS will hire diverse or bilingual staff to work in our programs in order to provide services and information to the client and family in their preferred language and preferred cultural setting.
- **Objective 1c**: ACBHS will ensure that the crisis line is culturally sensitive to all persons utilizing these services, and clients receive services in their preferred language.

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

- **Objective 2a**: ACBHS will provide cultural and linguistic competency trainings for ACBHS staff a minimum of 4 times per fiscal year.
- **Objective 2b**: ACBHS will discuss and provide trainings on topics including but not limited to cultural humility, local Native American traditions, equity, diversity, relevant cultural narratives, social determinants of behavioral health, local consumer culture, recovery culture, access barriers and sustainable partnerships on a monthly basis at staff or clinical team meetings.
- **Objective 2c**: ACBHS will hire clients and family members, whenever possible, who are reflective of the Alpine County community, especially Native Americans or bilingual/bicultural individuals, to help address barriers for culturally diverse populations.

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, schools, and other rural community locations).

- **Objective 3a**: ACBHS will deliver services in the least restrictive environment (e.g., home, schools, tribal community, senior center, and other rural community locations) when needed and as appropriate.
- **Objective 3b**: ACBHS will retain a presence in the Hung-A-Lel-Ti community, providing services and programs open to all Alpine County residents as determined by the local tribal community council.
- **Objective 3c**: ACBHS will work closely with local schools including Douglas High School, to engage youth and TAY in the development of strategies to

prevent alcohol and drug abuse and intervene early in the onset of behavioral health issues.

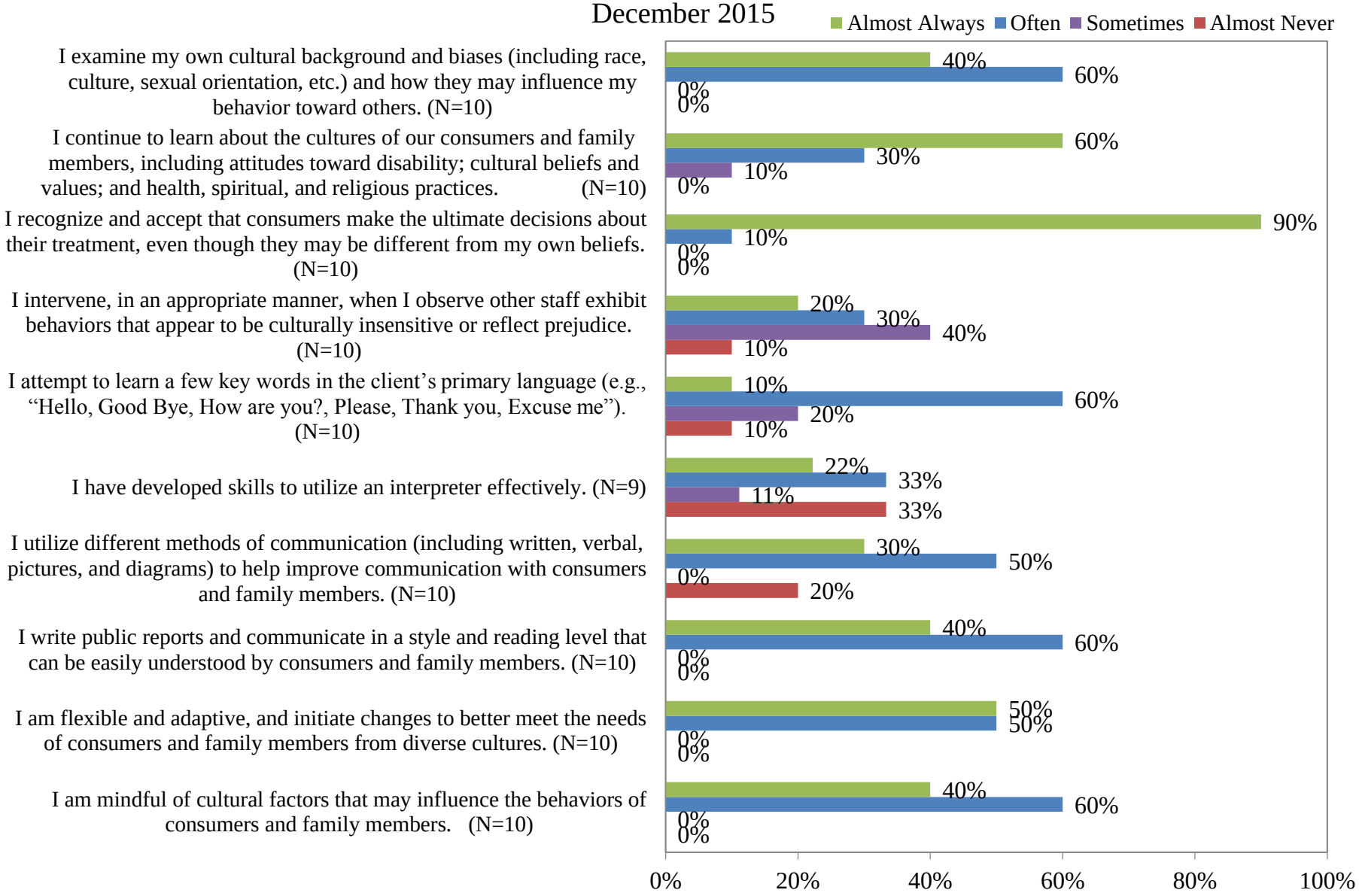
Goal 4: To collect and maintain accurate and reliable demographic and service-level data to monitor and evaluate the impact of services on health equity and outcomes.

- **Objective 4a**: ACBHS will gather data to provide objective and consistent evaluation and feedback to leadership, staff, and clients regarding program impact and outcomes to best support and meet the needs of the community, individuals and family. Data will be collected ongoing and reviewed quarterly by the clients, staff, and partner agencies at staff, clinical team, cultural competence and quality improvement meetings.

Alpine County Mental Health Services

Staff & Volunteer Ethnicity and Cultural Competence Survey

December 2015



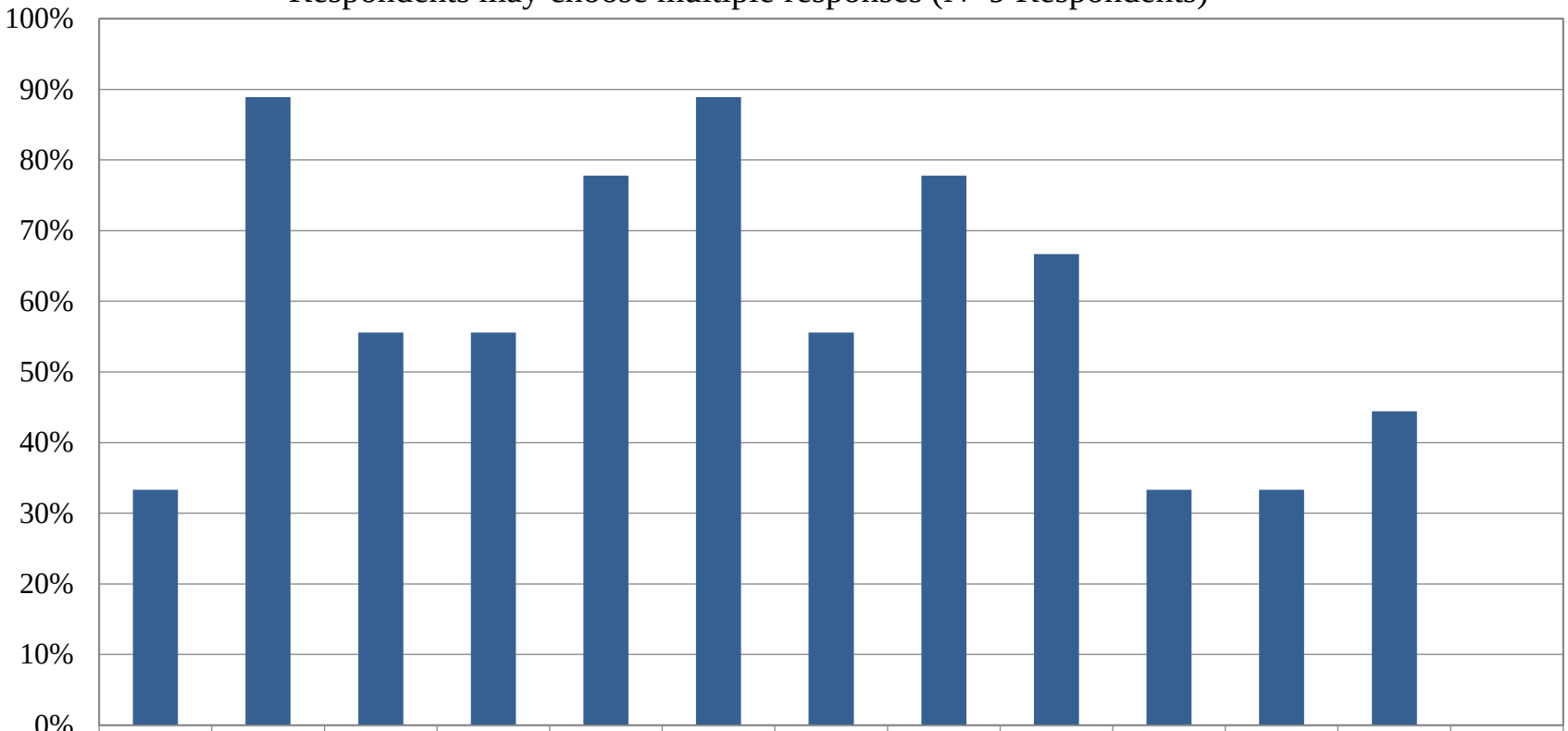
Alpine County Mental Health Services

Staff & Volunteer Ethnicity and Cultural Competence Survey

December 2015

Participation in Cultural Awareness Activities (Past Six Months)

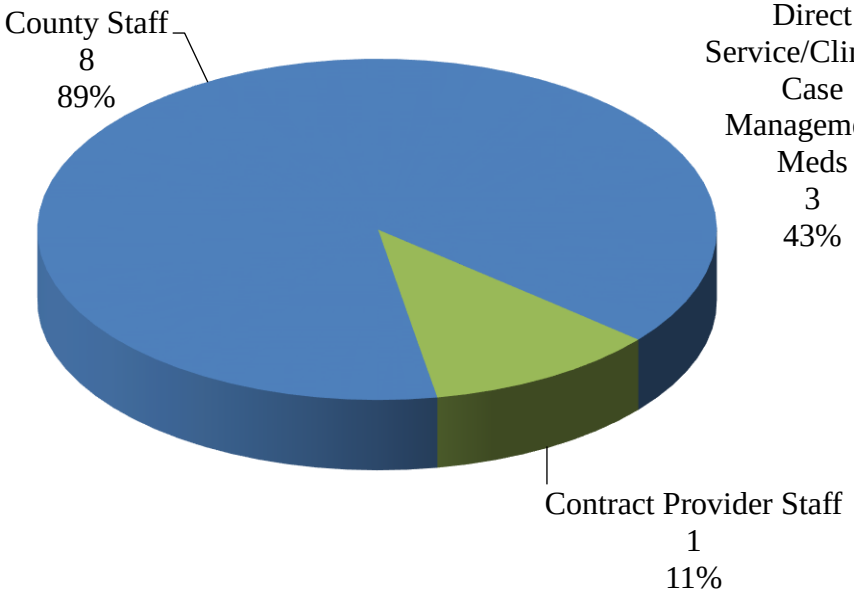
Respondents may choose multiple responses (N=9 Respondents)



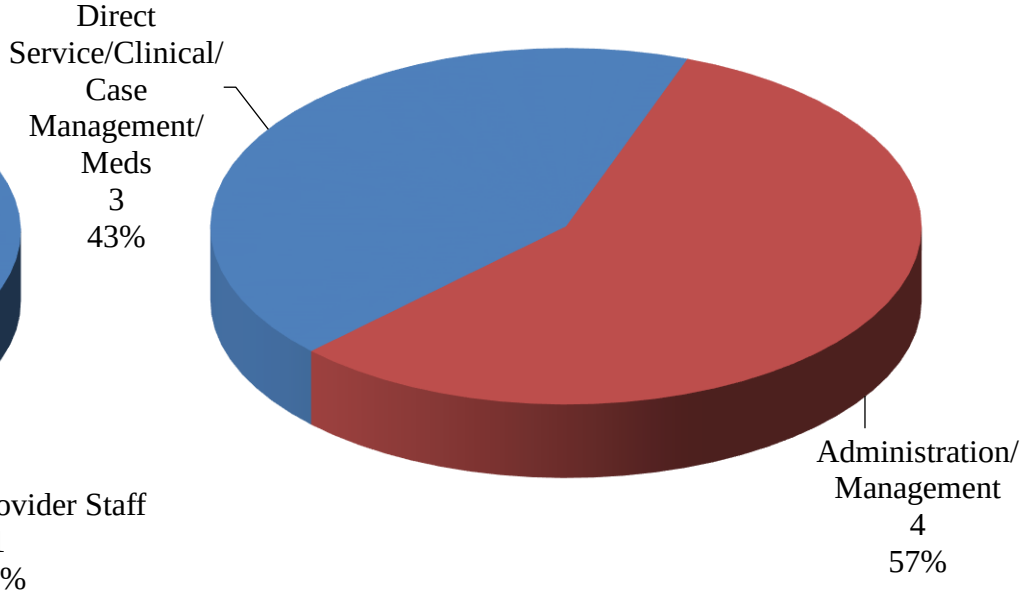
	I recognized a prejudice I have about certain people.	I talked to a colleague about a cultural issue.	I sought guidance about a cultural issue that arose during therapy/ service delivery.	I attended a multi-cultural training seminar.	I attended a cultural event.	I attended an event in which most of the other people were not my race.	I reflected on my racial identity and how it affects my work with clients.	I read a chapter or an article about multicultural issues.	I read a novel about a racial group other than my own.	I sought consultation or supervision about multicultural issues.	I talked to a friend/ associate about how our racial difference affect our relationship.	I challenged a racist remark - my own or someone else's.	Total
# Respondents	3	8	5	5	7	8	5	7	6	3	3	4	9
% Respondents	33%	89%	56%	56%	78%	89%	56%	78%	67%	33%	33%	44%	100%

Alpine County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
December 2015

Employment Status (N=9)



Primary Job Function (N=7)

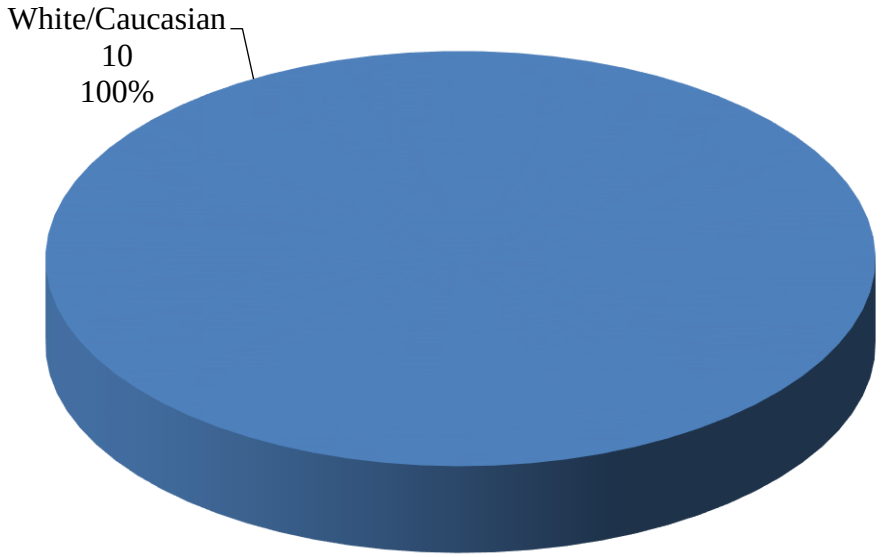


Alpine County Mental Health Services

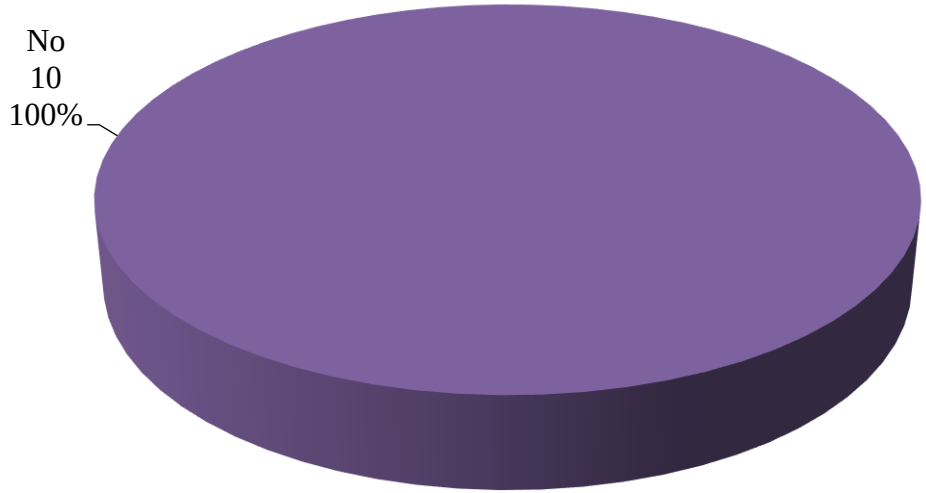
Staff & Volunteer Ethnicity and Cultural Competence Survey

December 2015

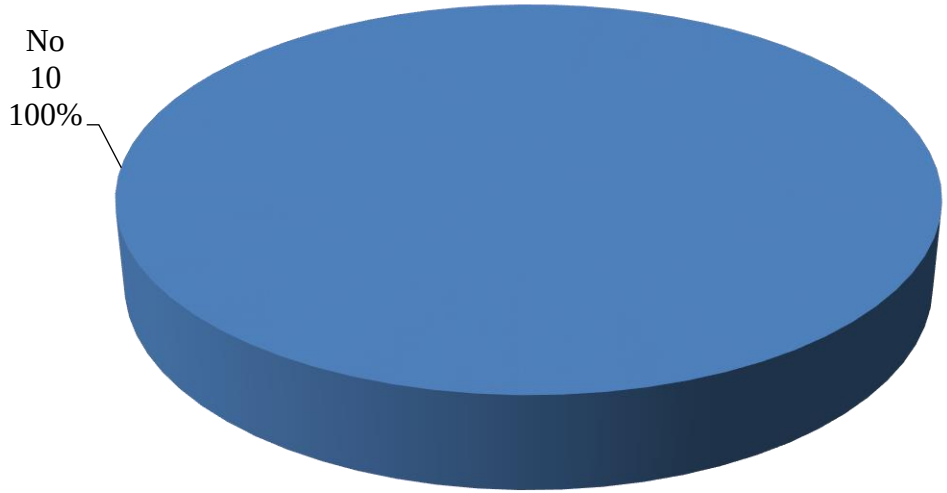
Race/Ethnicity (N=10)



Alpine County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
December 2015
Do you consider yourself Bilingual? (N=10)

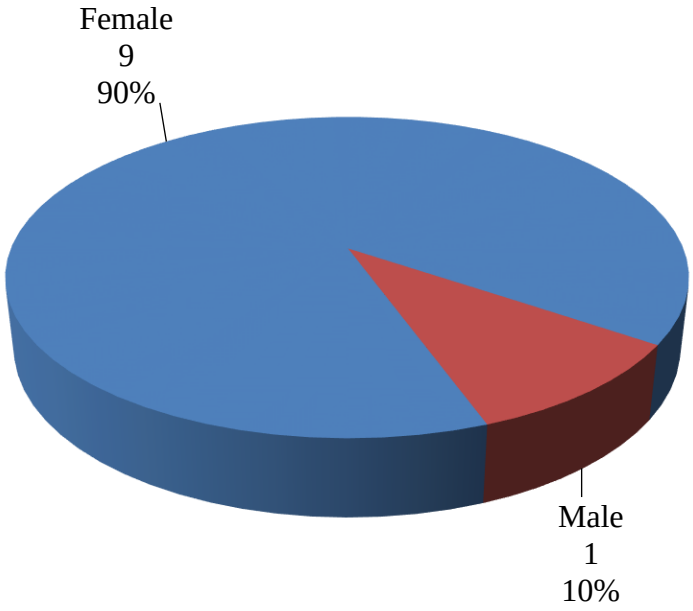


Alpine County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
December 2015
Do you act as an Interpreter as part of your Job Function? (N=10)

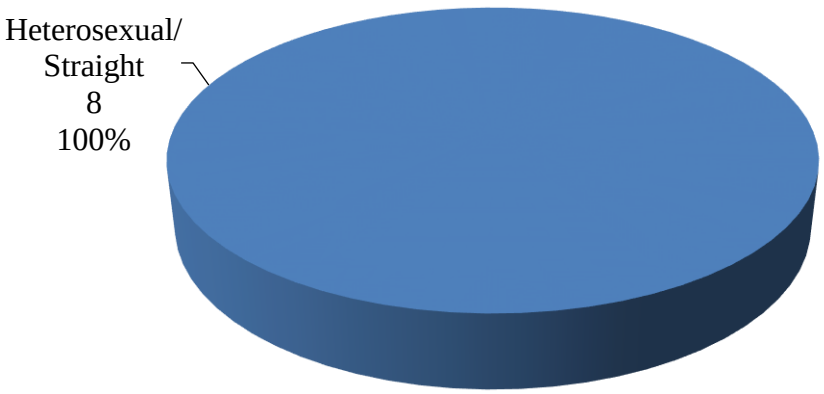


Alpine County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
December 2015

Gender (N=10)

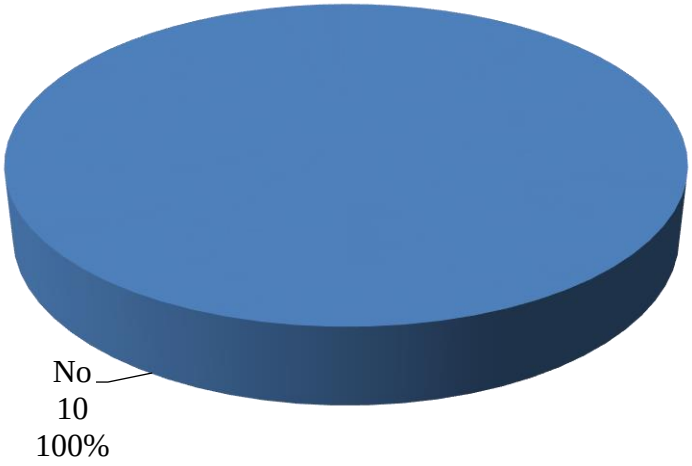


Sexual Orientation (N=8)



Alpine County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
December 2015

Do you consider yourself to be a Consumer of Mental Health Services? (N=10)



Are you a Family Member of a Consumer of Mental Health Services? (N=10)