Alpine County
Behavioral Health Services

Cultural and Linguistic Competence Plan

Annual Update 2019

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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 American Indian, 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; 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. 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 American Indian, older adults, young children, the geographically isolated, 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 include 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. PROGRAM GOALS AND OBJECTIVES

ACBHS staff and providers are committed to constantly improving services to meet the needs of culturally-diverse individuals who seek and receive ACBHS services. A number of goals and objectives have been identified for the ACBHS cultural and linguistic competence program, which guides the program and provides the framework for developing this CLCP.

Goal 1: To provide culturally and linguistically appropriate behavioral health services to improve access for persons who are American Indian, Hispanic and other race/ethnicity groups; TAY and older adults; veterans and their families; Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit (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 the clinics and the wellness center. In addition, ACBHS will provide all written informing materials in Spanish.
- **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 four (4) times per fiscal year.
- **Objective 2b**: ACBHS will discuss and provide trainings on topics including but not limited to cultural humility, local American Indian 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 American Indians 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 in Minden, Nevada, 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.
- **Objective 3d**: ACBHS will collaborate with community partners to promote the well-being of native children and families.
- **Objective 3e**: ACBHS will collaborate with local providers and educational institutions who serve people with disabilities to teach and enhance social and life skills, in addition to providing behavioral health support.

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.

Program Documentation

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

- Mission Statement;
- Statements of Philosophy;
- Strategic Plans, including Alpine County's MHSA Plans, Implementation Plan, and Substance Abuse Prevention Plan; and
- Policies and procedures.

Note: The documents listed above are currently available at all ACBHS clinics. Copies of these documents are available on site during compliance reviews, and to the general public upon request.

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 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 (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.

Alpine County does not have a threshold language. Within the county is an American Indian 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 (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 Caucasian (72.5%) and 17.9% identify as Alaska Native/American Indian. 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**
African American/ Black	-	0.0%
Alaska Native/ American Indian	210	17.9%
Asian/ Pacific Islander	7	0.6%
Caucasian/ 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. Socio-economic 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 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 2018/19). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2018/19. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 88 individuals who received one or more mental health services in FY 2018/19. Of these individuals, 22.7% were children ages 0-14; 13.6% were Transition Age Youth (TAY) ages 15-24; 53.4% were adults ages 25-59; and 10.2% were 60 and older. Of these 88, 30.7% were Caucasian, 47.7% were Alaska Native/American Indian, and 17.0% were Hispanic. All other race/ethnicity groups represented a small number of individuals. Most clients (98.9%) indicated English as their primary language. Of the total clients, 52.3% were female and 47.7% were male.

The penetration rate data shows that 7.5% of the Alpine County population received mental health services, with 88 individuals out of the 1,175 residents. Of these individuals, children ages 0-14 had a penetration rate of 9.1%, TAY ages 15-24 had a penetration rate of 11.3%, adults ages 25-59 had a penetration rate of 8.2%, and older adults ages 60 and older had a penetration rate of 3.3%.

For race/ethnicity, individuals who identified as Caucasian had a penetration rate of 3.2%, individuals who identified as Alaska Native/American Indian had a penetration rate of 20.0%, and individuals who identified as Hispanic had a penetration rate of 17.9%. 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 lower mental health penetration rate (6.9%), compared to females (8.1%).

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 2018/19		Alpine County Population Mental Health Penetration Rate
Age Distribution					
0 - 14 years	220	18.7%	20	22.7%	20 / 220 = 9.1%
15 - 24 years	106	9.0%	12	13.6%	12 / 106 = 11.3%
25 - 59 years	573	48.8%	47	53.4%	47 / 573 = 8.2%
60+ years	276	23.5%	9	10.2%	9 / 276 = 3.3%
Total	**1,175**	**100.0%**	**88**	**100.0%**	**88 / 1,175 = 7.5%**
Race/Ethnicity Distribution					
African American/ Black	-	0.0%	1	1.1%	-
Alaska Native/ American Indian	210	18.2%	42	47.7%	42 / 210 = 20.0%
Asian/ Pacific Islander	7	0.6%	-	0.0%	0 / 7 = 0.0%
Caucasian/ White	852	73.8%	27	30.7%	27 / 852 = 3.2%
Hispanic	84	7.3%	15	17.0%	15 / 84 = 17.9%
Other	1	0.1%	-	0.0%	0 / 1 = 0.0%
Two or More Races	1	0.1%	2	2.3%	2 / 1 = 200.0%
Unknown	-	0.0%	1	1.1%	-
Total	**1,155**	**100.0%**	**88**	**100.0%**	**88 / 1,155 = 7.6%**
Language Distribution					
English	-	-	87	98.9%	-
Spanish	-	-	-	0.0%	-
Other	-	-	1	1.1%	-
Total	-	-	**88**	**100.0%**	-
Gender Distribution					
Male	606	51.6%	42	47.7%	42 / 606 = 6.9%
Female	569	48.4%	46	52.3%	46 / 569 = 8.1%
Total	**1,175**	**100.0%**	**88**	**100.0%**	**88 / 1,175 = 7.5%**

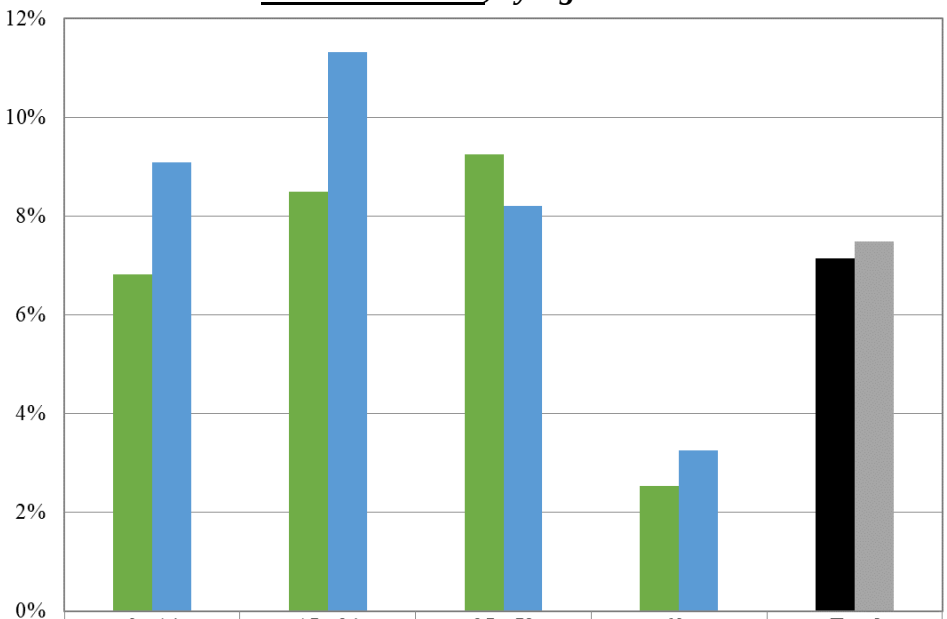
5. Analysis of disparities identified in penetration rates

The small numbers of persons served 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 lower proportion of older adults, ages 60 and older, served, compared to children, TAY, and adults, ages 25-59. The proportion of females (9.0%) is higher than males (4.3%). This data is consistent across many small counties.

6. Mental Health penetration rate trends for two years

We have also analyzed our penetration rates for FY 2017/18 and FY 2018/19 (see Figure 3). This shows the number of clients by age served in FY 2017/18 and FY 2018/19. The total number of clients increased from 84 to 88 clients between these two years. In addition, the number of children served increased (15 to 20), the number of TAY increased (9 to 12), and the number of older adults increased (7 to 9). The number of adults, ages 25-59, decreased (53 to 47).

Figure 3
Alpine County Mental Health Services
FY 2017/18 and FY 2018/19
Mental Health Penetration Rate, by Age



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2017-18 # Participants	15	9	53	7	84
FY 2017-18 Penetration Rate	6.8%	8.5%	9.2%	2.5%	7.1%
FY 2018-19 # Participants	20	12	47	9	88
FY 2018-19 Penetration Rate	9.1%	11.3%	8.2%	3.3%	7.5%
Alpine County Total Population	220	106	573	276	1,175

The TAY population is small. In addition, most TAY youth who are in high school, travel to a Nevada for school. 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

Figure 4 shows the percentage of Medi-Cal eligibles who accessed mental health services in FY 2018/19. 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 2018/19. This data is shown by age, race/ethnicity, and gender.
There were 49 Medi-Cal clients who received one or more mental health services in FY 2018/19. Of these individuals, 24.5% were children ages 0-17; 10.2% were TAY ages 18-24; 59.2% were adults ages 25-64; and 6.1% were older adults ages 65 and older. Of these 49 clients, 18.4% identified as Caucasian, 65.3% identified as Alaska Native/American Indian, and 10.2% identified as Hispanic. All other race/ethnicity groups represented a small number of individuals. The majority of clients were females (57.1%) compared to males (42.9%).

The penetration rate data shows that 17.4% of the Alpine County Medi-Cal eligibles received mental health services, with 49 individuals out of the 282 Medi-Cal eligibles. Of these individuals, children had a penetration rate of 14.6%, TAY had a penetration rate of 14.7%, adults had a penetration rate of 21.6%, and older adults had a penetration rate of 9.4%.

For race/ethnicity, individuals who identified as Caucasian had a penetration rate of 12.7%, individuals who identified as Alaska Native/American Indian had a penetration rate of 19.2%, and individuals who identified as Hispanic had a penetration rate of 29.4%. All other race/ethnicity groups represented a small number of individuals. Males had a penetration rate of 16.7%, and females had a penetration rate of 17.9%.

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 2018/19)

	Alpine County Average Number of Medi-Cal Eligibles		Number of Medi-Cal Mental Health Clients Served		MH Medi-Cal Penetration Rate
Age Group					
Children	82	29.1%	12	24.5%	12 / 82 = 14.6%
Transition Age Youth	34	12.1%	5	10.2%	5 / 34 = 14.7%
Adults	134	47.5%	29	59.2%	29 / 134 = 21.6%
Older Adults	32	11.3%	3	6.1%	3 / 32 = 9.4%
Total	**282**	**100.0%**	**49**	**100.0%**	**49 / 282 = 17.4%**
Race/Ethnicity					
African American/ Black	1	0.4%	1	2.0%	1 / 1 = 100.0%
Alaska Native/ American Indian	167	59.2%	32	65.3%	32 / 167 = 19.2%
Asian/ Pacific Islander	3	1.1%	-	0.0%	0 / 3 = 0.0%
Caucasian/ White	71	25.2%	9	18.4%	9 / 71 = 12.7%
Hispanic	17	6.0%	5	10.2%	5 / 17 = 29.4%
Other	1	0.4%	-	0.0%	0 / 1 = 0.0%
Two or More Races	-	0.0%	1	2.0%	-
Unknown	22	7.8%	1	2.0%	1 / 22 = 4.5%
Total	**282**	**100.0%**	**49**	**100.0%**	**49 / 282 = 17.4%**
Gender					
Male	126	44.7%	21	42.9%	21 / 126 = 16.7%
Female	156	55.3%	28	57.1%	28 / 156 = 17.9%
Total	**282**	**100.0%**	**49**	**100.0%**	**49 / 282 = 17.4%**

8. Analysis of disparities identified in Medi-Cal clients

The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total Mental Health penetration. The Medi-Cal penetration rates are proportionally higher, with an overall penetration rate of 17.4% (compared to 7.5%). Approximately 55.7% 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 2018/19). From this data, a penetration rate was calculated, showing the percent of persons in the population that received SUD services in FY 2018/19. 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.

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 Caucasian (72.5%) and 17.9% identify as Alaska Native/American Indian. 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 20 people who received one or more SUD services in FY 2018/19. Of these individuals, 10.0% were children ages 0-14; 15.0% were TAY ages 15-24; 70.0% were adults ages 25-59; and 5.0% were 60 and older. For race/ethnicity, 60.0% identified as Alaska Native/American Indian, 15.0% identified as Caucasian, and 20.0% identified as Hispanic. All clients reported their primary language is English. There was a higher number of males (75.0%) than females (25.0%).

The penetration rate data shows that 1.7% of the Alpine County population received SUD treatment services. Of these individuals, children ages 0-14 had a penetration rate of 0.9%, TAY ages 15-24 had a penetration rate of 2.8%, adults ages 25-59 had a penetration rate of 2.4% and older adults ages 60 and older had a penetration rate of 0.4%. For race/ethnicity, individuals who identified as Alaska Native/American Indian had a penetration rate of 5.7%, individuals who identified as Caucasian had a penetration rate of 0.4%, and individuals who identified as Hispanic had a penetration rate of 4.8%. Males had a penetration rate of 2.5% while females had a penetration rate of 0.9%.

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 2018/19		Alpine County Population Substance Use Penetration Rate
Age Distribution					
0 - 14 years	220	18.7%	2	10.0%	2 / 220 = 0.9%
15 - 24 years	106	9.0%	3	15.0%	3 / 106 = 2.8%
25 - 59 years	573	48.8%	14	70.0%	14 / 573 = 2.4%
60+ years	276	23.5%	1	5.0%	1 / 276 = 0.4%
Total	**1,175**	**100.0%**	**20**	**100.0%**	**20 / 1,175 = 1.7%**
Race/Ethnicity Distribution					
African American/ Black	-	0.0%	-	0.0%	-
Alaska Native/ American Indian	210	17.9%	12	60.0%	12 / 210 = 5.7%
Asian/ Pacific Islander	7	0.6%	-	0.0%	0 / 7 = 0.0%
Caucasian/ White	852	72.5%	3	15.0%	3 / 852 = 0.4%
Hispanic	84	7.1%	4	20.0%	4 / 84 = 4.8%
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%	1	5.0%	-
Total	**1,175**	**100.0%**	**20**	**100.0%**	**20 / 1,175 = 1.7%**
Language Distribution					
English	-	-	20	100.0%	-
Spanish	-	-	-	0.0%	-
Other	-	-	-	0.0%	-
Total	-	-	**20**	**100.0%**	-
Gender Distribution					
Male	606	51.6%	15	75.0%	15 / 606 = 2.5%
Female	569	48.4%	5	25.0%	5 / 569 = 0.9%
Total	**1,175**	**100.0%**	**20**	**100.0%**	**20 / 1,175 = 1.7%**

10. Analysis of disparities identified in Substance Use Disorder services

Figure 5 data also shows that the majority of SUD clients are adults (70.0% compared to 48.8% in the population) and TAY (15.0% compared to 9.0% in the population). There are also a higher proportion of SUD clients who are Alaska Native/ American Indian (60.0% compared to 17.9% of the population). Clients who are Caucasian represent 15.0% of the clients (compared to 72.5% of the population). There is a higher proportion of clients who are male (75.0% compared to 51.6% of the population). There is a lower proportion of clients who are female (25.0% 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 TAY population and the American Indian population, and developing appropriate recovery services for these two populations will be the goal of the CLC Plan.

11. Analysis of disparities in Drug Medi-Cal clients

Alpine County is currently implementing the Drug Medi-Cal program. Data will be added to this section as it becomes available.

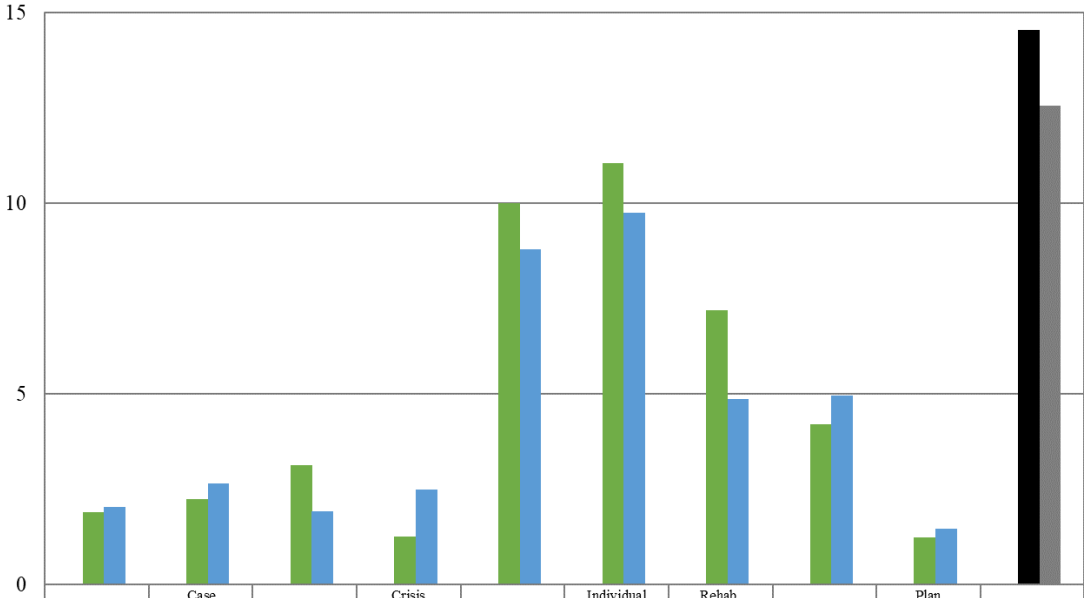
B. Utilization of Mental Health and Substance Use Disorder Services

1. Utilization of Mental Health Services

Figure 6 shows the total number of hours, by type of mental health service, clients, and hours per client for FY 2017/18 and FY 2018/19. This data shows that the 88 mental health clients received 1,106 hours of services in FY 2018/19, which calculates to 12.6 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.

Assessments averaged 2.0 hours per client; case management averaged 2.6 hours; collateral averaged 1.9 hours; crisis intervention averaged 2.5 hours; group averaged 8.8 hours; individual therapy averaged 9.8 hours; rehab. individual averaged 4.9 hours; medication averaged 5.0 hours; and plan development averaged 1.5 hours.

Figure 6
Alpine County Mental Health Services
Total Mental Health Hours, Clients, and Hours per Client per Year, by Service Type
All Mental Health Clients
FY 2017/18 and FY 2018/19



	Assessment	Case Management	Collateral	Crisis Intervention	Group	Individual Therapy	Rehab. Individual	Medication	Plan Development	Total FY
# Hours FY 2017-18	123	80	57	3	170	586	43	93	68	1,223
# Participants FY 2017-18	65	36	18	2	17	53	6	22	55	84
Avg Hrs/Part FY 2017-18	1.9	2.2	3.1	1.3	10.0	11.1	7.2	4.2	1.2	14.6
# 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

2. Analysis of population assessment and utilization data for Mental Health; conclusions

This data shows that there was an increase in the number of persons receiving mental health services across the two-year period. It is important to note that prior to FY 2014/15, 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.

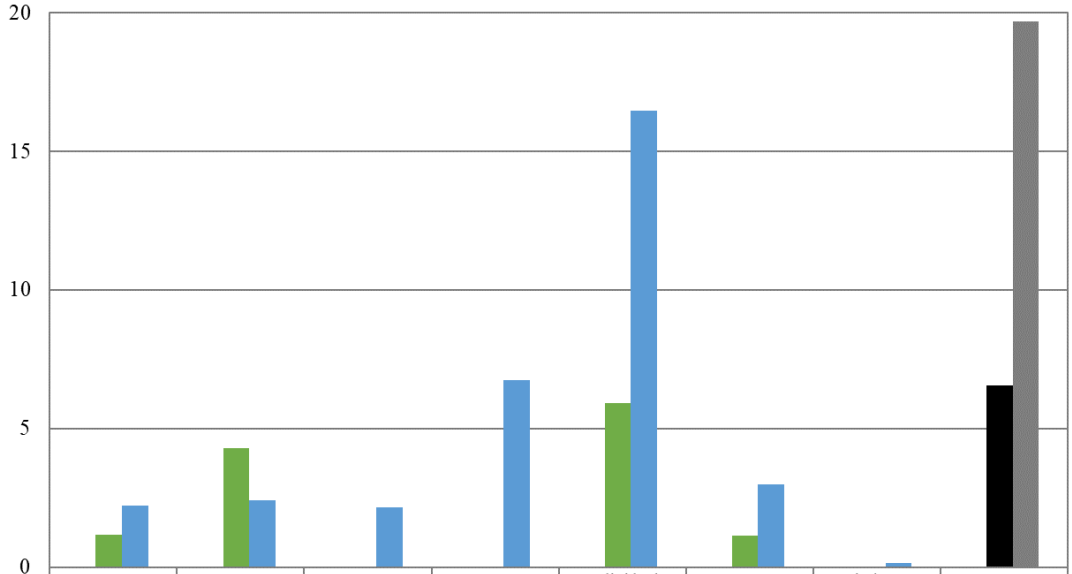
ACBHS has been holding Dual Diagnosis groups since 2016 and this group has always used the Seeking Safety Model. Also, since March 2015, ACBHS has been conducting a Talking Circle Group which specifically engages with the Hung-A-Lel-Ti community, with cultural aspects brought to the discussion.

C. Utilization and Analysis of Substance Use Disorder Services

1. Utilization of Substance Use Disorder Services

Figure 7 shows the total number of hours, by type of substance use treatment service, clients, and hours per client for FY 2017/18 and FY 2018/19. This data shows that the 20 substance use treatment clients received 394 hours of services in FY 2018/19, which calculates to 19.7 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. Assessments averaged 2.2 hours per client; case management averaged 2.4 hours; collateral averaged 2.2 hours; group averaged 6.8 hours; individual counseling averaged 16.5 hours; treatment planning averaged 3.0 hours; and discharge planning averaged 0.2.

Figure 7
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 2017/18 and FY 2018/19



	Assessment	Case Management	Collateral	Group	Individual Counseling	Treatment Planning	Discharge Planning	Total FY
# Hours FY 2017-18	24	26	-	-	83	18	-	151
# Participants FY 2017-18	21	6	-	-	14	16	-	23
Avg Hrs/Part FY 2017-18	1.2	4.3	-	-	5.9	1.1	-	6.6
# 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

2. Analysis of population assessment and utilization data for Substance Use; conclusions

For SUD services, there was a decrease in the number of persons receiving services (23 to 20). There was an increase in the total number of hours delivered (151 to 394) and the average number of hours per person (6.6 to 19.7). The increase in delivered hours may be due to an increase in the need of clients for additional services.

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 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 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 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 newly elected Chair is very active and has also been elected to serve on the California Local Behavioral Health Boards and Committees (CALBHB/C) and attends the quarterly meetings and various trainings.

During the most recent stakeholder meetings for the three-year MHSA plan in March 2019 there were 15 participants: 59% adults and 45% older adults; 75% identified as female, 25% identified as male; and 60% identified as White/Caucasian, 34% identified as American Indian/Native Alaskan, and 6% identified as other; 29% were consumers, 19% were family members, and 62% were community members.

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: ACBHS will provide targeted support for parents regarding early screening and support for children with severe emotional disturbances (SED) at monthly playgroups. ACBHS will conduct outreach at Douglas High School to Alpine County students weekly and provide wellness hours specific to youth and adults in the summer 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 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. 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. Currently, the BHS Director, Senior Account Clerk, Behavioral Health Services Coordinator, MHSA Coordinator, MHSA Program Specialist, Native Wellness Advocate, BHS Driver, and Administrative Assistant I all have their offices at the Wellness Center. This location creates 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 community.

"Combining Past and Present" is a cultural program for Alpine County residents of all ages, with a goal of preventing the development of depression and anxiety related to lack of socialization and identity confusion. The Native Wellness Advocate leads activities such as gathering to socialize and share traditional knowledge, while creating regalia via beadwork, appropriate attire to attend native based gatherings and dances, such as shawls, dresses, moccasins; as well as harvesting and teaching traditional preparation of acorn, pine nuts, onion, nettle, watercress, berries, seeds, roots, and medicine plants. Basketry includes "willow teachings" and physical and meta-physical reconnection to traditional lands, water sources, and harvesting areas of the Washoe Tribe and the responsibility of stewardship. Basketry plants are harvested at different times of the year, and include willow, redbud, dogwood, woodwardia fern, chokecherry, and birch. Attendees learn how to respectfully harvest; proper preparation method; storage; basket making; and humility, such as giving away one's first basket. All activities encompass the Washiw language, storytelling, and humor; and are often overseen by an elder. In addition, the Native Wellness Advocate collaborates with the Washoe Tribal Cultural Resource Department to gain the assistance with the written Washiw language, as well as teaching of traditional games such as women's stick game; hand games including songs; snow shoe making; rabbit skin blanket class, etc.

The ACBHS Native Wellness Advocate and Live Violence Free program provides activities that promote the well-being of native children and families. These activities promote that all forms of abuse can be prevented by changing the structural system from one of oppression to one of shared equity and justice for all living beings. Live Violence Free advocates lead open

discussion, which will offer coping skills, resources, and a safe environment to process the information.

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 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.

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 aerobic, chair exercise, and holistic health movement 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 and Bear Valley.

"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 encourages the development of new skills and creative abilities, gives exposure to healthy foods that taste good and provides the opportunity for relationship building. Collaborating agencies are invited 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. In 2019, ACBHS adopted monthly themes to integrate with mental health education opportunities, practices and suicide prevention at ongoing programs and during wellness hours. Themes include Mental Health Awareness, Child Abuse Prevention, Honoring Veterans, Storytelling, Mindfulness, Friendship, Drug Awareness, Water is Life, Kindness, Music, Art and Gardening.

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. We offer 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 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 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 our 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 our clinics and the wellness center. 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-Lel-Ti community; posted throughout the county; and mailed and emailed to residents who have selected to receive it.
- ACBHS informal brochures 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

C. 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. 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 has 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
   - Clinicians (2.6 FTE): Caucasian
   - Driver: Caucasian
   - Fiscal & Technical Specialist: vacant
   - Administrative Assistants (3.0 FTE): Caucasian
   - SUD Program Specialist (0.8): Caucasian
   - MHSA Program Coordinator: Caucasian
   - MHSA Program Specialist: Caucasian
   - Native Wellness Advocate: American Indian

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

   One (1) direct service provider is proficient in reading and/or writing in Spanish.
   - *Note: Currently, Alpine County has only one (1) threshold language, 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 July 2019. The complete results are shown in Attachment A.

   There were 9 staff who completed the survey. Of the respondents, 38% were direct service staff and 62% were administration and management staff. For those who completed the survey, 100% were Caucasian. One (1) staff member identified as bilingual and none indicated they acted as interpreters. Of the staff who responded, 56% consider themselves to be consumers of Mental Health Services, and 78% are family members of consumers. All of the respondents were female. Seventy-five percent (92%) were heterosexual, and 25% were gay/lesbian.

   The survey response options included Almost Always; Often; Sometimes; and Almost Never. The CCC will review and analyze these results early in Fall 2019 and develop new goals based upon these results. We also plan to administer the survey again in the Spring of 2020 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=25%).

- I write public reports and communicate in a style and reading level that can be easily understood by consumer sand family members (Almost Never=13%).

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 spring.

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 14 positions. Only one of those is held by an individual who identifies as American Indian. For future positions at ACBHS, a priority will be placed on hiring more American Indians within the Alpine County hiring protocols. 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 American Indian staff. To achieve this objective, it is our goal to have the department's employee demographics be representative of our client and community population, whenever possible.

The staff survey results also highlight areas for staff training. Although this is not an identified need by our population and demographics, additional training on utilizing an interpreter effectively 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 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 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 Melanie Smokey, Native Wellness Advocate, as the county's Cultural Competency representative. This individual is responsible for promoting mental health services

that meet the needs of our diverse population. She promotes the delivery of culturally sensitive services and provides leadership and mentoring to other staff on cultural competence related issues. The Cultural Competency representative 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 and services.

Our Cultural Competence Committee began again in October 2014 and is a cross-agency and community committee that has representatives from mental health, substance use, and public health services. Six people attended the first meeting and four others have expressed interest in attending future meetings. The members of the Cultural Competence Committee represent different departments in Alpine county. Working closely together, the committee will review data, organize culturally competent activities and trainings that promote healing through engagement of one's cultural background. 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. 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 AND LINGUISTIC COMPETENCE

This section describes cultural and linguistic competence training for staff and contract providers in fiscal year 2018/19.

A. List of cultural and linguistic competence trainings

Training Event	Description of Training	Number of Attendees	Date
2018 National Sexual Assault Conference	The theme was "Bold Moves: Ending Sexual Violence in One Generation."	1	08/27/2018-08/31/2018
Cultural Diversity in Native American Country	Training on Cultural Diversity in Native American Country	1	1/24/2019
Cultural Competence	Cultural Competence Training	1	2/13/2019
Client/Patient Rights	Client/Patient Rights Training	1	2/14/2019
Cultural Competence	Cultural Competence Training	2	2/15/2019
The Role of Behavioral Health Interpreter	Training on Behavioral Health Interpreter Role	1	2/19/2019
Cultural Competence	Cultural Competence Training	3	2/20/2019
Cultural Competence	Cultural Competence Training	2	2/21/2019
Client/Patient Rights	Client/Patient Rights Training	1	2/26/2019
Cultural Competence	Cultural Competence Training	2	2/28/2019
Client/Patient Rights	Client/Patient Rights Training	1	3/1/2019
Cultural Competence	Cultural Competence Training	1	3/6/2019
Cultural Competence	Cultural Competence Training	1	3/7/2019
Cultural Competence	Cultural Competence Training	1	3/8/2019
The Role of Behavioral Health Interpreter	Training on Behavioral Health Interpreter Role	1	3/8/2019
The Role of Behavioral Health Interpreter	Training on Behavioral Health Interpreter Role	1	3/11/2019
Language Line Training	Language Line Training	2	3/21/2019
Language Line Training	Language Line Training	8	4/1/2019

Training Event	Description of Training	Number of Attendees	Date
Vicarious Trauma, Burnout and Compassion Fatigue	Training on Trauma, Burnout, and Compassion Fatigue	10	4/2/2019
Vicarious Trauma, Burnout and Compassion Fatigue	Training on Trauma, Burnout, and Compassion Fatigue	1	4/3/2019
Cultural Competence	Cultural Competence Training	1	4/23/2019
MHSA Bootcamp	MHSA Training	1	04/23/2019-04/24/2019
Trauma Informed System	Training on Trauma Informed System	1	5/3/2019
Native American Culture	Training on Native American Culture	1	5/16/2019
CLAS Culturally and Linguistically Appropriate Services	Training on CLAS	1	6/7/2019

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.

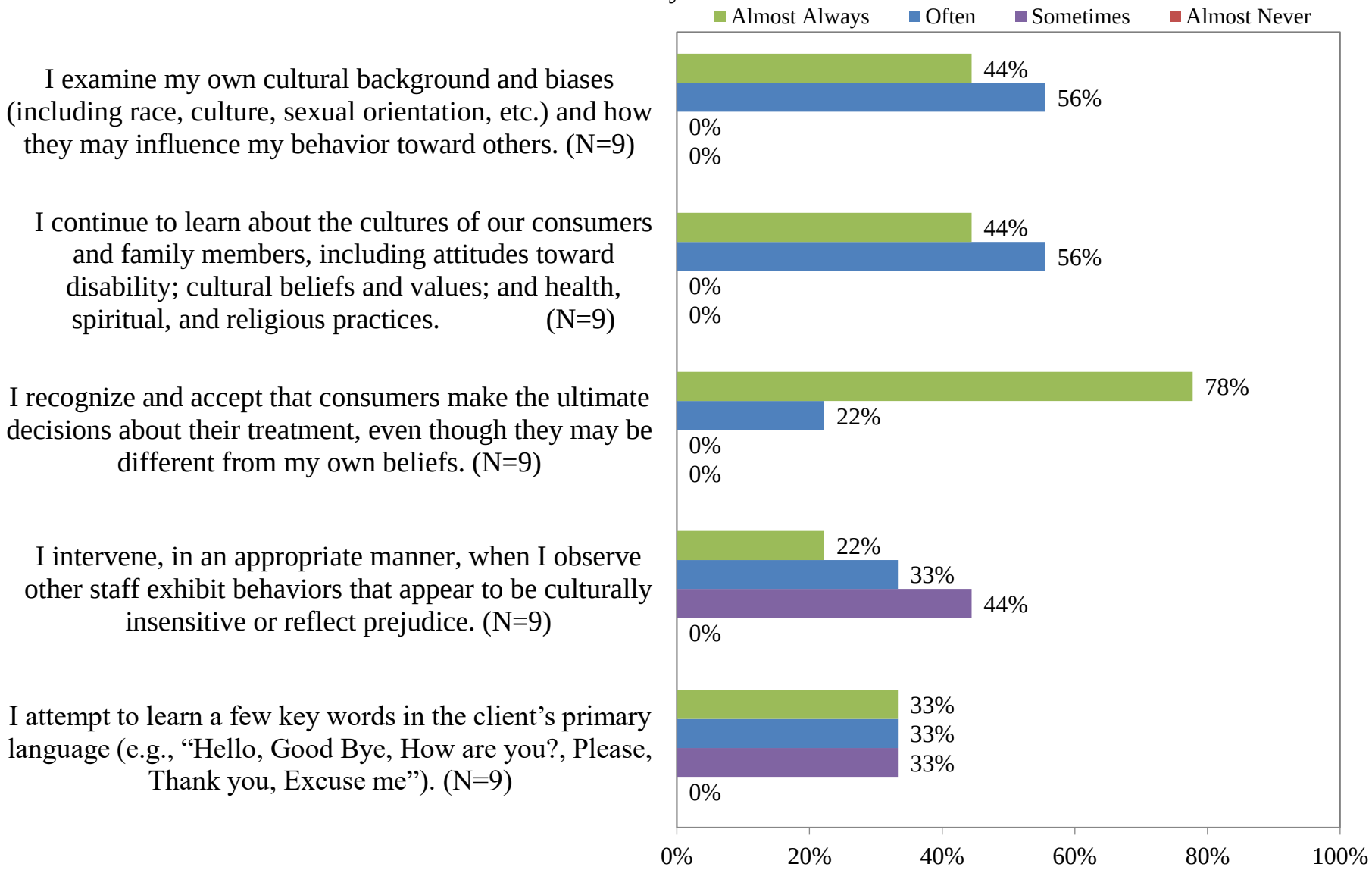
Future trainings will encompass multicultural knowledge, sensitivity awareness and understanding of diverse backgrounds beyond the traditional race/ethnicity groups (e.g. sexual orientation, age, disability, veterans and family cultures). Training will also be provided to staff that creates an understanding of the firsthand accounts and impressions of members of those living in our community who have experienced circumstances different than our own. Use of language, how to welcome individuals, and promoting opportunities to learn from individuals with lived experience will be developed. Training will include information 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 in which staff have participated.

Attachment A
Staff Ethnicity & Cultural Competence Survey Results

Alpine County Mental Health Services

Staff & Volunteer Ethnicity and Cultural Competence Survey

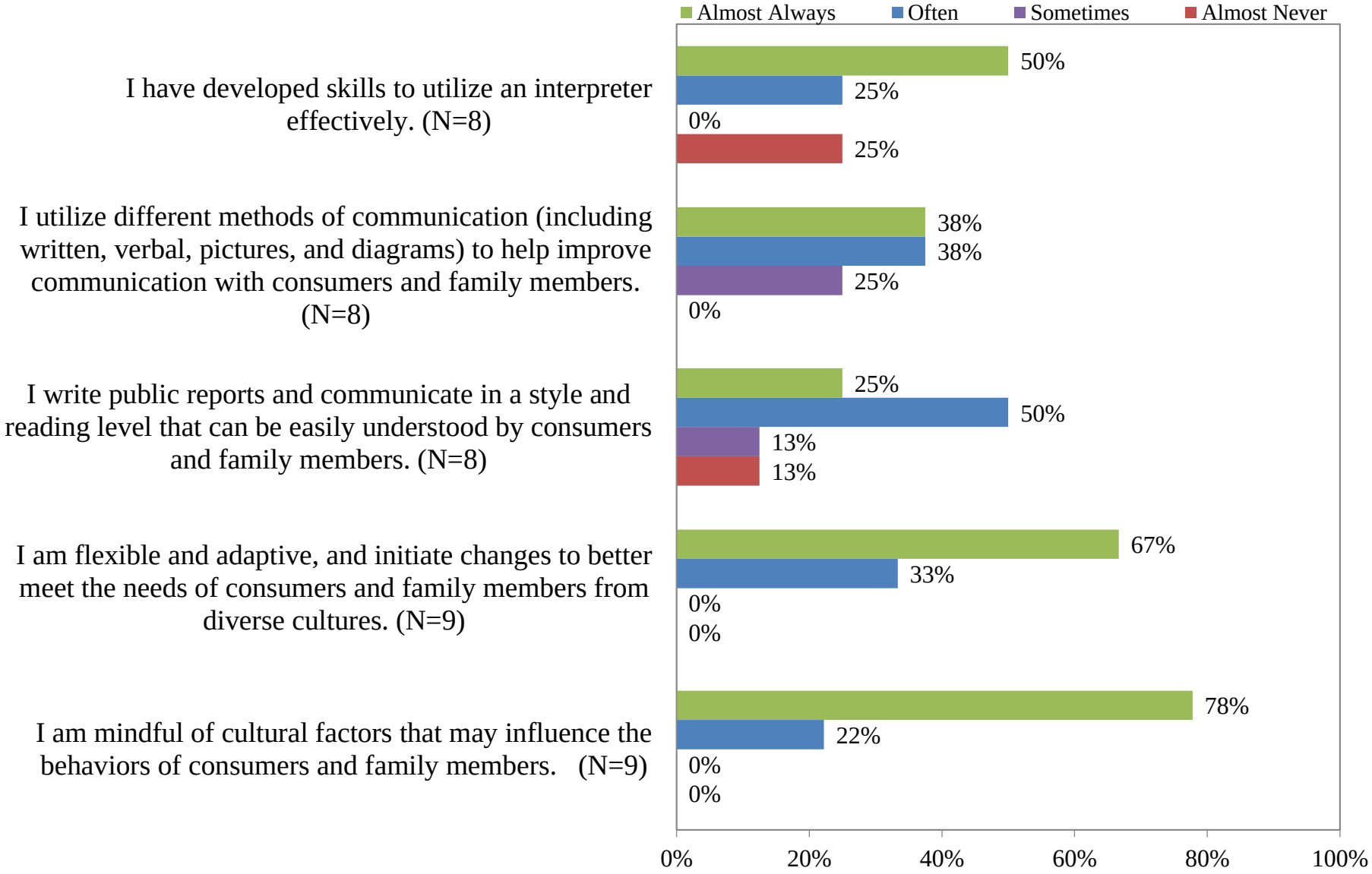
July 2019



Alpine County Mental Health Services

Staff & Volunteer Ethnicity and Cultural Competence Survey

July 2019



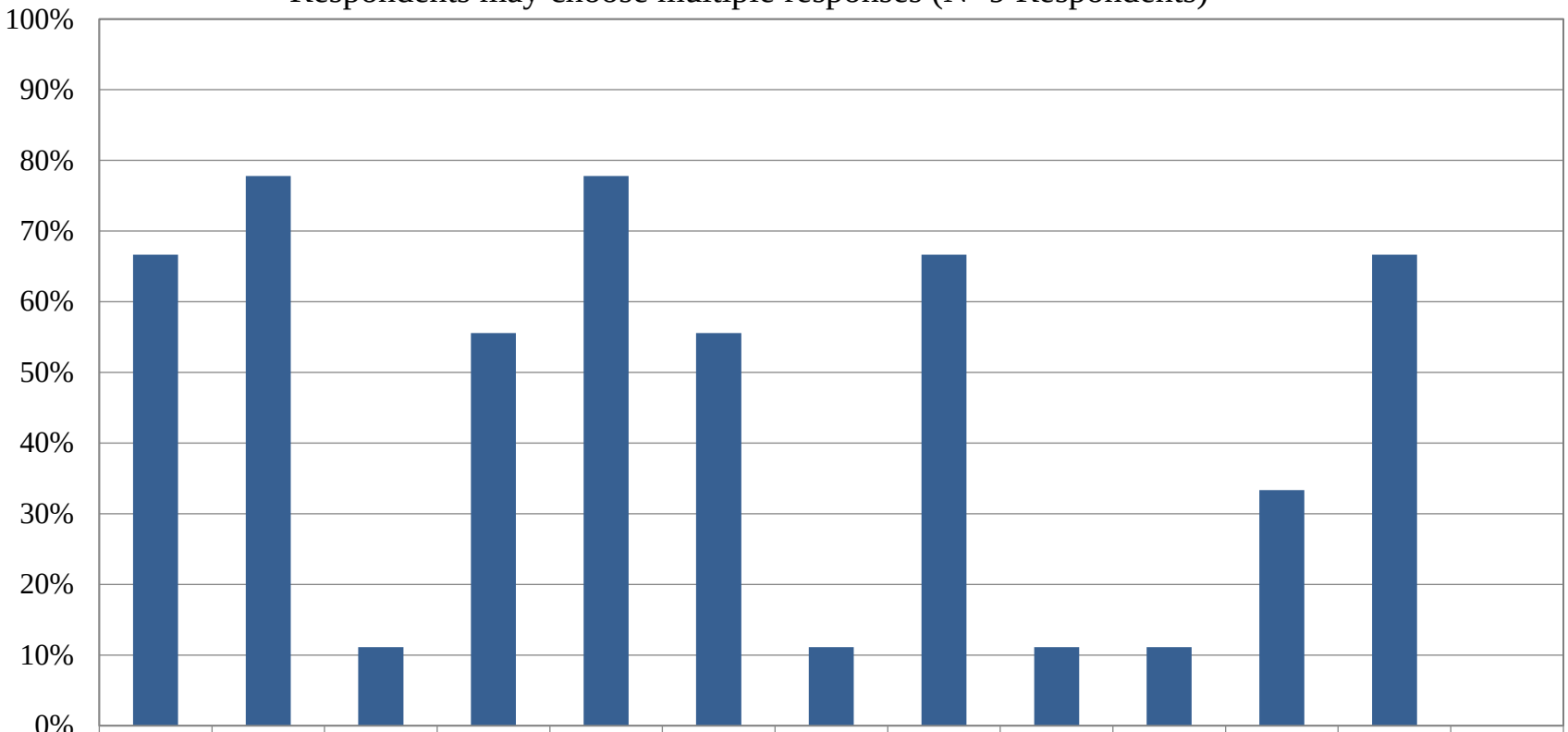
Alpine County Mental Health Services

Staff & Volunteer Ethnicity and Cultural Competence Survey

July 2019

Participation in Cultural Awareness Activities (Past Six Months)

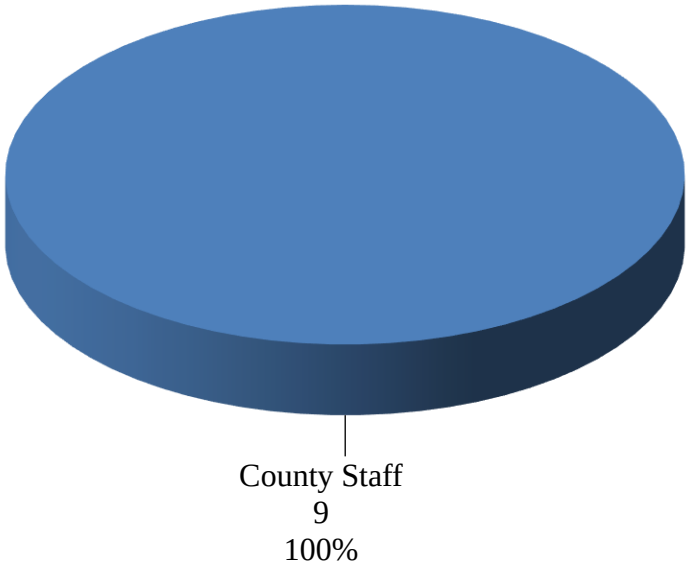
Respondents may choose multiple responses (N=9 Respondents)



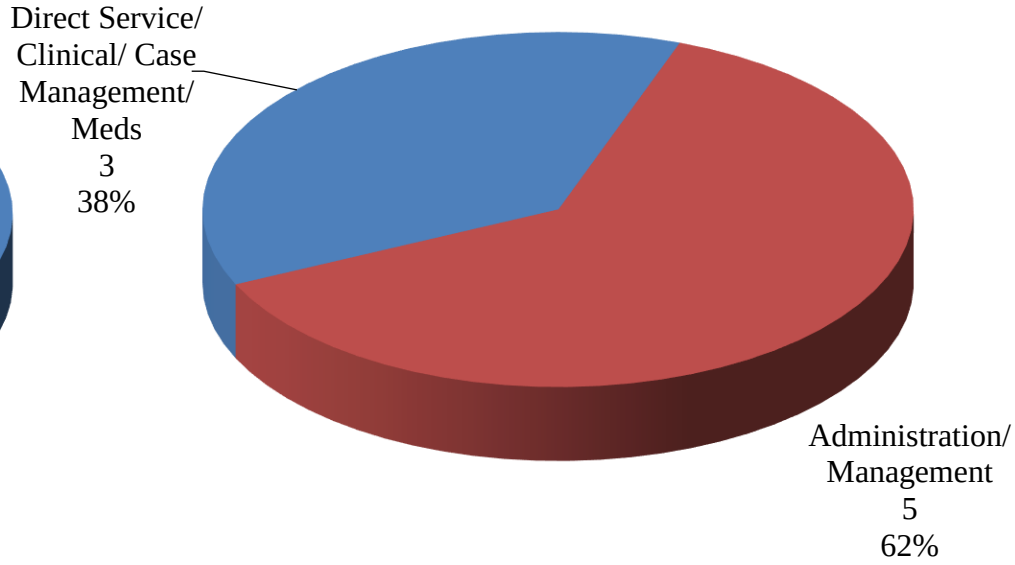
	I recognized a prejudice I have about certain people.	I talked to a colleague about a cultural issue.	I sought guidance about a cultural issue that arose during therapy/ service delivery.	I attended a multi-cultural training seminar.	I attended a cultural event.	I attended an event in which most of the other people were not my race.	I reflected on my racial identify 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 differences affect our relationship.	I challenged a racist remark - my own or someone else's.	Total
# Respondents	6	7	1	5	7	5	1	6	1	1	3	6	9
% Respondents	67%	78%	11%	56%	78%	56%	11%	67%	11%	11%	33%	67%	100%

Alpine County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
July 2019

Employment Status (N=9)



Primary Job Function (N=8)

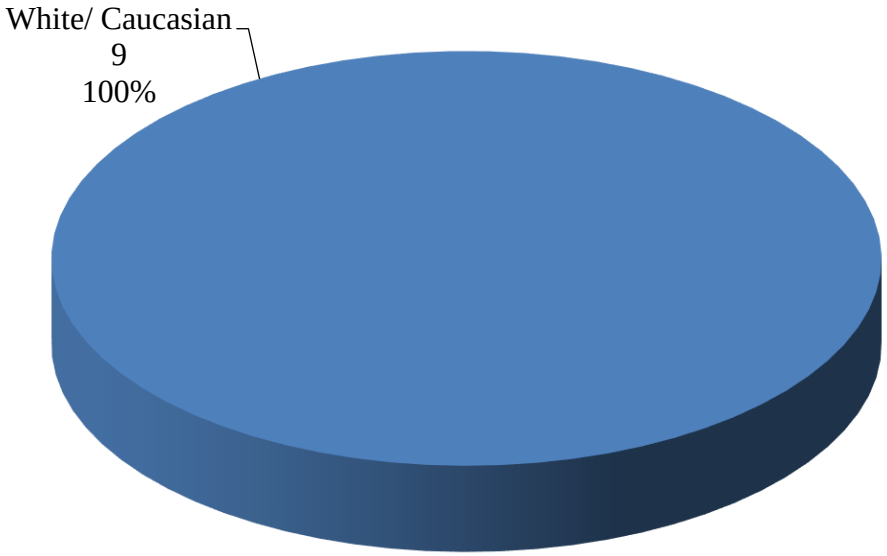


Alpine County Mental Health Services

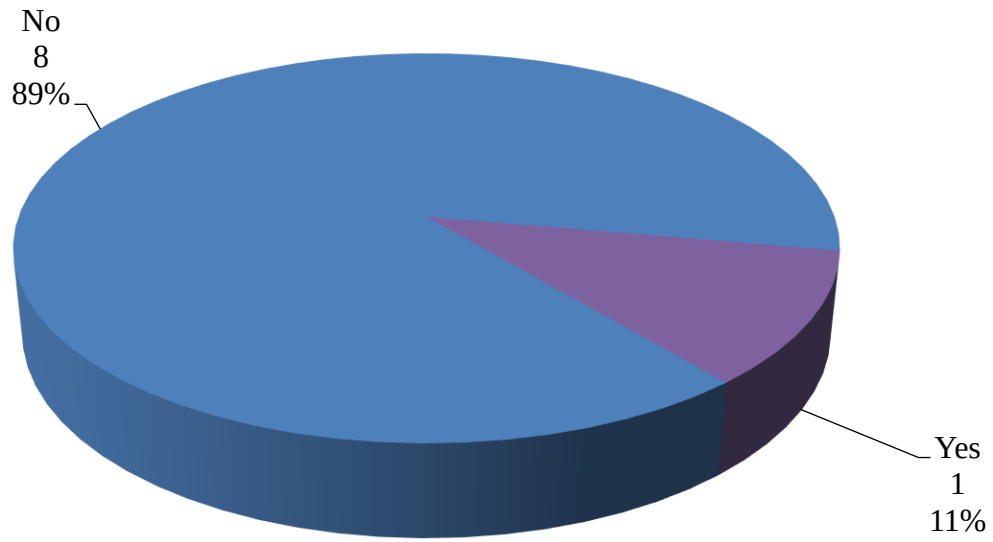
Staff & Volunteer Ethnicity and Cultural Competence Survey

July 2019

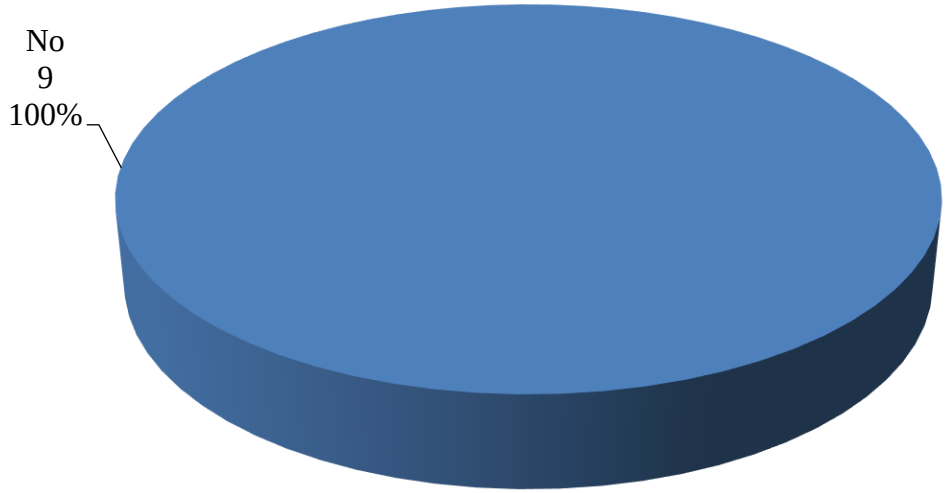
Race/Ethnicity (N=9)



Alpine County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
July 2019
Do you consider yourself Bilingual? (N=9)

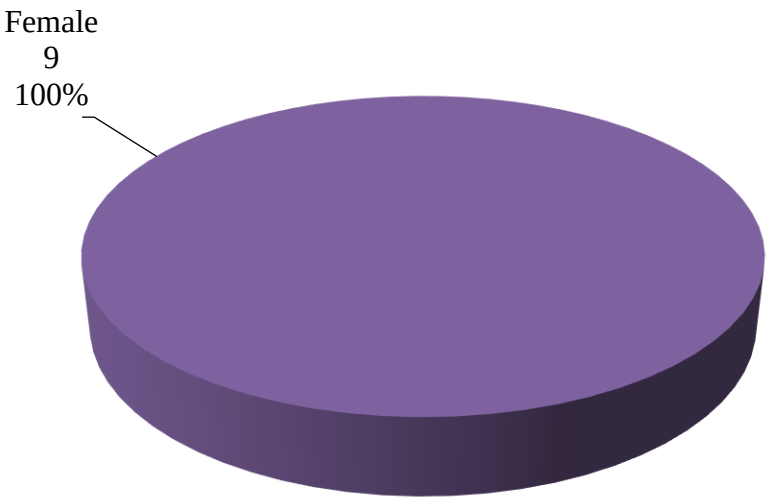


Alpine County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
July 2019
Do you act as an Interpreter as part of your Job Function? (N=9)

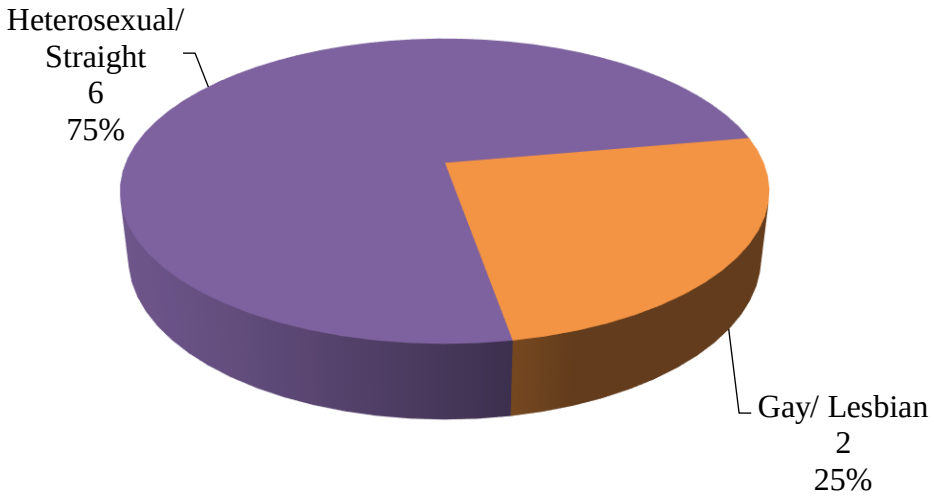


Alpine County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
July 2019

Gender (N=9)

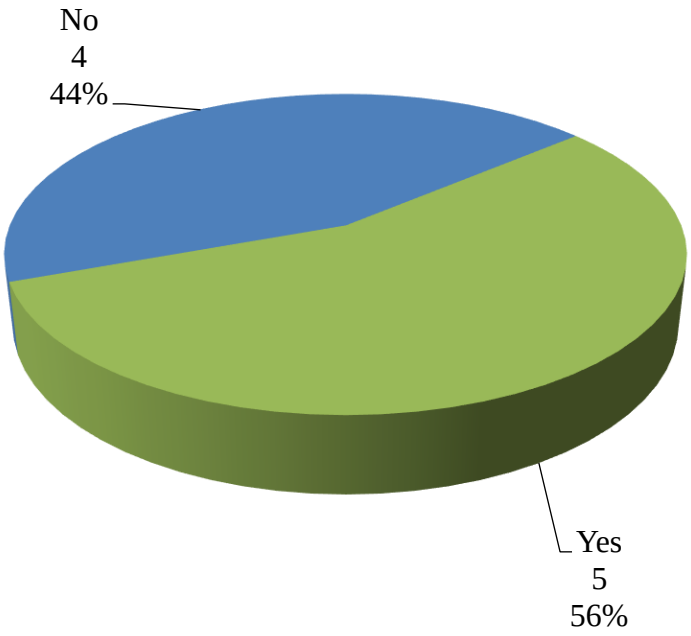


Sexual Orientation (N=8)



Alpine County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
July 2019

Do you consider yourself to be a Consumer of Mental Health Services? (N=9)



Are you a Family Member of a Consumer of Mental Health Services? (N=9)