



Alpine County Behavioral Health Services

Cultural and Linguistic Competence Plan ANNUAL UPDATE FY 2023-2024

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

OVERVIEW

It is the value, mission and practice of Alpine County Behavioral Health Services (ACBHS) to deliver services in a culturally-competent manner that is responsive to diverse cultures; reflects the health beliefs and practices of the communities served; and demonstrates cultural humility. This approach includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs and practices and preferred languages. This vision is reflected in the department's world view, informing materials, and client treatment plans.

Integration of these values creates a forum for ensuring that ACBHS continually assesses and enhances its services in an effort to be culturally and linguistically relevant for youth and adult clients and their families. Staff members continually discuss opportunities to promote the delivery of culturally sensitive services at staff meetings, clinical team meetings, and cultural competence committee meetings.

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

Developing a culturally- and linguistically-competent system requires the commitment and dedication from leadership, staff, and the community to continually strive to learn from each other. This goal also requires ongoing training and education at all staff levels. The following Cultural and Linguistic Competence Plan (CLCP) reflects ACBHS' ongoing commitment to improving services to expand access to services, quality care, and improved outcomes. The CLCP addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder services, including the Cultural and Linguistic Standards (CLAS).

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

In this small county, staff and community members serve multiple roles. As a result, the promotion of culturally relevant services is an ongoing continuous improvement project. ACBHS is involved in developing strategies for improving access and quality of services for individuals who are underserved. This population includes TAY, persons who are American Indian, older adults, young children, the geographically isolated and LGBTQI2-S and veterans.

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

In addition, culture is an important component of each community and client health meeting, where stakeholders, staff, and community-based partners ensure that clients are successful in treatment. Working as a team, staff are able to understand how culture shapes the choices and goals for each of the community members. As part of the planning process, staff discuss how to incorporate cultural leaders into services as a support network for clients. This teamwork is consistent for the System of Care, during staff and clinical team meetings. ACBHS works closely with allied partner agencies to help promote a learning environment.

I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

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

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

II. DATA, ANALYSIS, AND OBJECTIVES

A. County Geographic and Socioeconomic Profile

1. Geographical location and attributes of the county

Alpine County is the smallest county by population, in California, with a population of approximately 1,204 (2020 Census). This rural county is located in the central Sierra Nevada mountains, south of Lake Tahoe and bordering the State of Nevada, with a total area of 738 square miles. Alpine County has no incorporated cities; instead, the county residents recognize five distinct communities: On the eastern slope are communities of Hung-A-Lel-Ti (the Southern Band of the Washoe Tribe); Markleeville, which is the county seat; Woodfords; and Kirkwood recreation and ski resort. On the western slope is the Bear Valley community.

The census-designated places include Markleeville (population 191); Alpine Village (population 224); Bear Valley (population 128); Kirkwood (population 158); and Mesa Vista (population 200). The Hung-A-Lel-Ti community has a population of approximately 250. (*Census 2010 and 2020 data*)

The most populated areas of Alpine County are geographically distant and isolated from one another. 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 36-mile drive is still 1 hour and 33 minutes.

With a population of less than two (2) persons per square mile, it is 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.

The only threshold language in Alpine County is English. 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 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 1,204 residents who live in Alpine County, 12.6% are children ages 0-14; 10% are TAY ages 15-24; 42.7% are adults ages 25-59; and 34.7% are older adults ages 60 years and older. The majority of persons in Alpine County identify as White (66.5%) and 17.8% identify as American Indian/Alaskan Native. There are a comparable number of males (52.6%) and females (47.4%) in the county.

Figure 1
Alpine County Residents
By Gender, Age, and Race/Ethnicity
 (Population Source: 2020 Census)

	Alpine County Population 2020 Census	
Age Distribution	Number	Percent
0 - 14 years	152	12.6%
15 - 24 years	120	10.0%
25 - 59 years	514	42.7%
60+ years	418	34.7%
Total	1,204	100.0%
Race/Ethnicity Distribution	Number	Percent
Black	10	0.8%
American Indian/ Alaskan Native	214	17.8%
Asian/ Pacific Islander	12	1.0%
White	801	66.5%
Hispanic	84	7.0%
Other	83	6.9%
Total	1,204	100.0%
Gender Distribution	Number	Percent
Male	633	52.6%
Female	571	47.4%
Total	1,204	100.0%

3. Socioeconomic characteristics of the county

Alpine County's per capita income for all residents is \$55,425 (U.S. Census, 2022 American Community Survey). In comparison, the statewide per capita income is \$45,591. This data shows that, on average, each person in Alpine County earns approximately \$9,834 more 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 2022 was \$101,125, which is higher than the statewide median of \$91,905. These levels are relatively new for Alpine County where, historically, income rates are less than the statewide average.

4. Penetration rates for Mental Health services

Figure 2 shows the percentage of the population who access mental health services. Figure 2 uses the same county population data that is shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2022/23). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2022/23. This data is shown by age, race/ethnicity, and gender. Primary language was not available for the general population. The only threshold language in Alpine County is English.

Of the 1,204 residents who live in Alpine County, 12.6% are children ages 0-14; 10% are Transition Age Youth (TAY) ages 15-24; 42.7% are adults ages 25-59; and 34.7% are older adults ages 60 years and older. The majority of persons in Alpine County identify as White (66.5%) and 17.8% identify as American Indian/ Alaskan Native. There are a comparable number of males (52.6%) and females (47.7%) in the county.

There were 28 individuals who received one or more mental health services in FY 2022/23. Of these individuals, 25% were children ages 0-14; 21.4% were TAY ages 15-24; 32.1% were adults ages 25-59; and 21.4% were 60 and older. Of these 28, 25% were American Indian/ Alaskan Native, 57.1% were White, and 7.1% were Hispanic. All clients (100%) indicated English as their primary language. Of the total clients, 35.7% were male, 60.7% were female and one (1) client identified as another gender (3.6%).

The penetration rate data shows that 2.3% of the Alpine County population received mental health services, with 28 individuals out of the 1,204 residents. Of these individuals, children ages 0-14 had a penetration rate of 4.6%, TAY ages 15-24 had a penetration rate of 5%, adults ages 25-59 had a penetration rate of 1.8%, and older adults ages 60 and older had a penetration rate of 1.4%.

For race/ethnicity, individuals who identified as American Indian/ Alaskan Native had a penetration rate of 3.3%, White individuals had a penetration rate of 2%, and individuals who identified as Hispanic had a penetration rate of 2.4%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. Males had a much lower mental health penetration rate (1.6%), compared to females (3%).

Figure 2
Alpine County Mental Health Penetration Rates
By Age, Race/Ethnicity, Language, and Gender
(Population Source: 2020 Census)

	Alpine County Population 2020 Census		All Mental Health Clients Served FY 2022-23		Alpine County Population Mental Health Penetration Rate FY 2022-23
Age Distribution					
0 - 14 years	152	12.6%	7	25.0%	7 / 152 = 4.6%
15 - 24 years	120	10.0%	6	21.4%	6 / 120 = 5.0%
25 - 59 years	514	42.7%	9	32.1%	9 / 514 = 1.8%
60+ years	418	34.7%	6	21.4%	6 / 418 = 1.4%
Total	1,204	100.0%	28	100.0%	28 / 1,204 = 2.3%
Race/Ethnicity Distribution					
Black	10	0.8%	-	0.0%	0 / 10 = 0.0%
American Indian/ Alaskan Native	214	17.8%	7	25.0%	7 / 214 = 3.3%
Asian/ Pacific Islander	12	1.0%	-	0.0%	0 / 12 = 0.0%
White	801	66.5%	16	57.1%	16 / 801 = 2.0%
Hispanic	84	7.0%	2	7.1%	2 / 84 = 2.4%
Other/ Unknown	83	6.9%	3	10.7%	3 / 83 = 3.6%
Total	1,204	100.0%	28	100.0%	28 / 1,204 = 2.3%
Language Distribution					
English	-	-	28	100.0%	-
Spanish	-	-	-	0.0%	-
Other	-	-	-	0.0%	-
Total	-	-	28	100.0%	-
Gender Distribution					
Male	633	52.6%	10	35.7%	10 / 633 = 1.6%
Female	571	47.4%	17	60.7%	17 / 571 = 3.0%
Other	-	-	1	3.6%	-
Total	1,204	100.0%	28	100.0%	28 / 1,204 = 2.3%

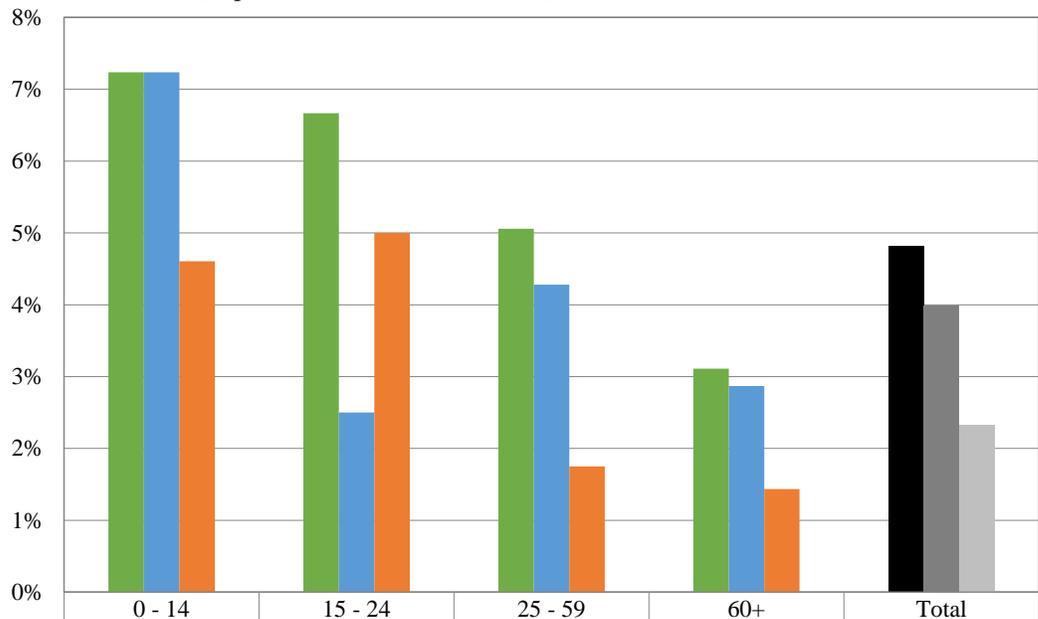
5. Analysis of disparities identified in Mental Health penetration rates

The small general population and the small number of people served creates variability in the data and is, therefore, difficult to interpret. The penetration rate data for age shows that there is a higher proportion of children and TAY served compared to adults and older adults. The proportion of females (3%) is higher than males (1.6%). This data is consistent across many small counties.

6. Mental Health penetration rate trends for three (3) years

ACBHS has analyzed the mental health penetration rates for FY 2020/21 to FY 2022/23 (see Figure 3). This data shows the number of clients by age served in each of the three (3) years. The total number of clients decreased from 58 to 48, then to 28 clients between the three years. In addition, the number of children served decreased (11 to 7); the number of TAY served decreased (8 to 6), and the number of adults decreased (26 to 9); and the number of older adults decreased (13 to 6).

Figures 3
Alpine County Mental Health Penetration Rate, by Age
 FY 2020/21 to FY 2022/23
 (Population Source: 2020 Census)



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2020-21 # Participants	11	8	26	13	58
FY 2020-21 Penetration Rate	7.2%	6.7%	5.1%	3.1%	4.8%
FY 2021-22 # Participants	11	3	22	12	48
FY 2021-22 Penetration Rate	7.2%	2.5%	4.3%	2.9%	4.0%
FY 2022-23 # Participants	7	6	9	6	28
FY 2022-23 Penetration Rate	4.6%	5.0%	1.8%	1.4%	2.3%
Alpine County Total Population	152	120	514	418	1,204

The TAY population is small. In addition, most TAY who are in high school travel to the state of Nevada to attend school. As a result, these youth spend the majority of their time outside of the county. ACBHS provides monthly MHSa TAY outreach services on site at Douglas High School in Nevada.

7. Medi-Cal Mental Health population

Figure 4 shows the number of Medi-Cal eligibles who accessed mental health services in FY 2022/23. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal eligible who received mental health services. This data is shown by age, race/ethnicity, and gender.

There were 15 Medi-Cal clients who received one or more mental health services in FY 2022/23. Of these individuals, 33.3% were children ages 0-17 (N=5); 26.7% were TAY ages 18-24 (N=6); and 40% were adults ages 25-64 (N=6).

Of these 15 clients, 46.7% identified as American Indian/ Alaskan Native (N=7), and 46.7% identified as White (N=7). The majority of clients were females (60%) compared to males (33.3%).

The penetration rate data shows that 5.3% of the Alpine County Medi-Cal eligibles received mental health services, with 15 individuals out of the 282 Medi-Cal eligibles. Of these individuals, children had a penetration rate of 6.8%; TAY had a penetration rate of 16%; and adults had a penetration rate of 3.9%.

For race/ethnicity, individuals who identified as American Indian/ Alaskan Native had a penetration rate of 4.8%, and individuals who identified as White had a penetration rate of 6.9%. Males had a penetration rate of 3.7%, and females had a penetration rate of 6.1%.

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 2022/23)

	Alpine County Average Number of Medi-Cal Eligibles		Number of Medi-Cal Mental Health Clients Served FY 2022-23		MH Medi-Cal Penetration Rate FY 2022-23
Age Group					
Children	74	26.2%	5	33.3%	5 / 74 = 6.8%
Transition Age Youth	25	8.9%	4	26.7%	4 / 25 = 16.0%
Adults	154	54.6%	6	40.0%	6 / 154 = 3.9%
Older Adults	29	10.3%	-	0.0%	0 / 29 = 0.0%
Total	282	100.0%	15	100.0%	15 / 282 = 5.3%
Race/Ethnicity					
Black	2	0.7%	-	0.0%	0 / 2 = 0.0%
American Indian/ Alaskan Native	146	51.8%	7	46.7%	7 / 146 = 4.8%
Asian/ Pacific Islander	1	0.4%	-	0.0%	0 / 1 = 0.0%
White	102	36.2%	7	46.7%	7 / 102 = 6.9%
Hispanic	16	5.7%	-	0.0%	0 / 16 = 0.0%
Other/ Unknown	15	5.3%	1	6.7%	1 / 15 = 6.7%
Total	282	100.0%	15	100.0%	15 / 282 = 5.3%
Gender					
Male	135	47.9%	5	33.3%	5 / 135 = 3.7%
Female	147	52.1%	9	60.0%	9 / 147 = 6.1%
Other	-	0.0%	1	6.7%	-
Total	282	100.0%	15	100.0%	15 / 282 = 5.3%

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

The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total Mental Health penetration rate. The Medi-Cal penetration rates are proportionally higher, with an overall penetration rate of 5.3% (compared to 2.3% for the mental health population). 53.6% of all mental health participants are Medi-Cal (15/28).

9. Penetration rates for Substance Use Disorder services

Figure 5 shows the number of persons in the county population (2020 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2022/23). From this data, a penetration rate was calculated, showing the percentage of persons in the population that received SUD services in FY 2022/23. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population. The only threshold language in Alpine County is English.

Of the 1,204 residents who live in Alpine County, 12.6% are children ages 0-14; 10% are TAY ages 15-24; 42.7% are adults ages 25-59; and 34.7% are older adults ages 60 years and older. The majority of persons in Alpine County identify as White (66.5%) and 17.8% identify as American Indian/ Alaskan Native. There are a comparable number of males (52.9%) and females (47.1%) in the county.

As expected, the proportion of persons receiving SUD services shows a different proportion of individuals by age. There were 17 people who received one or more SUD services in FY 2022/23. Of these individuals, 11.8% were TAY ages 15-24 (N=2); 64.7% were adults ages 25-59 (N=11); and 23.5% were ages 60+ (N=4). For race/ethnicity, 58.8% identified as American Indian/ Alaskan Native (N=10) and 29.4% identified as White (N=5). All clients reported their primary language as English. There was a higher number of males (52.9%) than females (47.1%).

The penetration rate data shows that 1.4% of the Alpine County population received SUD treatment services. Of these individuals, TAY had a penetration rate of 1.7%; adults had a penetration rate of 2.1%; and older adults had a penetration rate of 1%. For race/ethnicity, individuals who identified as American Indian/ Alaskan Native had a penetration rate of 4.7% and individuals who identified as White had a penetration rate of 0.6%. Males and females both had a penetration rate of 1.4%.

Figure 5
Alpine County Substance Use Disorder Services Penetration Rates
By Age, Race/Ethnicity, Language, and Gender
(Population Source: 2020 Census)

	Alpine County Population 2020 Census		All Substance Use Clients Served FY 2022-23		Alpine County Population Substance Use Penetration Rate FY 2022-23
Age Distribution					
0 - 14 years	152	12.6%	-	0.0%	0 / 152 = 0.0%
15 - 24 years	120	10.0%	2	11.8%	2 / 120 = 1.7%
25 - 59 years	514	42.7%	11	64.7%	11 / 514 = 2.1%
60+ years	418	34.7%	4	23.5%	4 / 418 = 1.0%
Total	1,204	100.0%	17	100.0%	17 / 1,204 = 1.4%
Race/Ethnicity Distribution					
Black	10	0.8%	-	0.0%	0 / 10 = 0.0%
American Indian/ Alaskan Native	214	17.8%	10	58.8%	10 / 214 = 4.7%
Asian/ Pacific Islander	12	1.0%	-	0.0%	0 / 12 = 0.0%
White	801	66.5%	5	29.4%	5 / 801 = 0.6%
Hispanic	84	7.0%	1	5.9%	1 / 84 = 1.2%
Other/ Unknown	83	6.9%	1	5.9%	1 / 83 = 1.2%
Total	1,204	100.0%	17	100.0%	17 / 1,204 = 1.4%
Language Distribution					
English	-	-	17	100.0%	-
Spanish	-	-	-	-	-
Other	-	-	-	-	-
Total	-	-	17	100.0%	-
Gender Distribution					
Male	633	52.6%	9	52.9%	9 / 633 = 1.4%
Female	571	47.4%	8	47.1%	8 / 571 = 1.4%
Total	1,204	100.0%	17	100.0%	17 / 1,204 = 1.4%

10. Analysis of disparities identified in Substance Use Disorder services

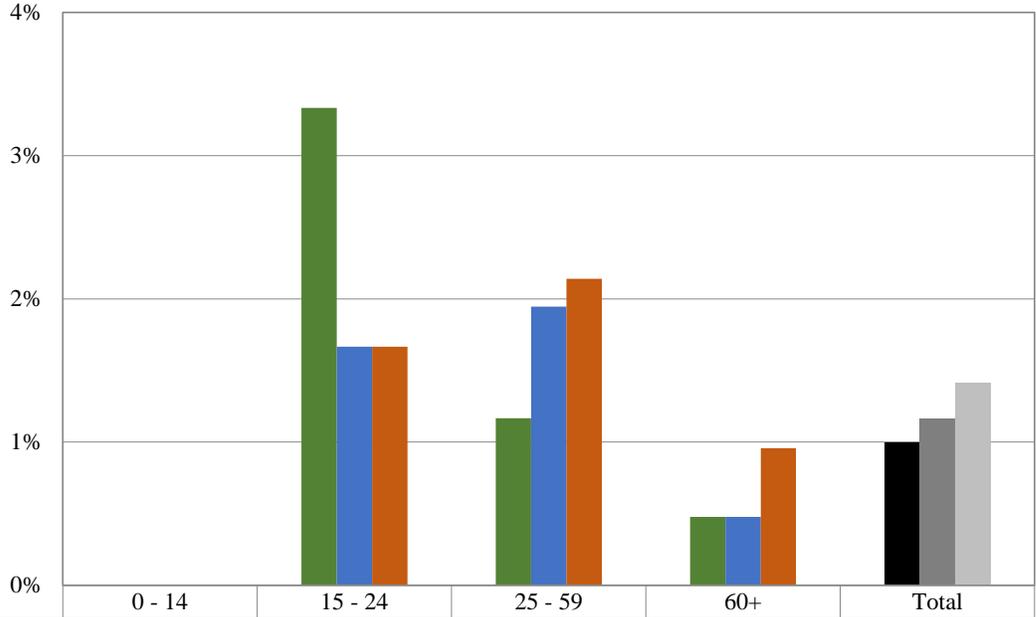
Figure 5 data also shows that 17 individuals received SUD services in FY 2022/23, a 1.4% penetration rate out of the total population. This data shows there is an opportunity to increase the total number of persons who receive SUD services in Alpine County. Of the 120 TAY youth in Alpine County, two (2) received SUD services. It is difficult to interpret the penetration rates for youth with these small numbers. There may be opportunities to expand SUD services to TAY if there is a need. Similarly, of the 17 individuals who received SUD services, 10 (58.8%) were American Indian/ Alaskan Native, which is a higher proportion than the general population

(58.8% compared to 17.8%). This information indicates services are available to help engage persons who are American Indian/ Alaskan Native in services. There may be opportunities to continue to expand services for this population. There was only one (1) client served who was Hispanic. Overall, this data illustrates the need to provide and expand culturally-sensitive services to clients receiving SUD services. Developing strategies for serving the adult and TAY populations, as well as the American Indian/ Alaskan Native and Hispanic communities is a goal of the CLC Plan.

11. Substance Use Disorder penetration rate trends for three (3) years

ACBHS analyzed the SUD penetration rates for FY 2020/21 to FY 2022/23 (see Figure 6). This data shows the number of clients by age served in the three (3) years. The total number of clients served by SUD increased from 12 clients to 17 across the three years. The number of children served remained zero (0) all three years. The number of TAY served decreased from 4 to 2; the number of adults increased from 6 to 11; and the number of older adults served increased from 2 to 4. Overall, the total number of people served increased slightly across these three years.

Figure 6
Alpine County Substance Use Disorder Penetration Rate, by Age
 FY 2020/21 to FY 2022/23
 (Population Source: 2020 Census)



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2020-21 # Participants	-	4	6	2	12
FY 2020-21 Penetration Rate	0.0%	3.3%	1.2%	0.5%	1.0%
FY 2021-22 # Participants	-	2	10	2	14
FY 2021-22 Penetration Rate	0.0%	1.7%	1.9%	0.5%	1.2%
FY 2022-23 # Participants	-	2	11	4	17
FY 2022-23 Penetration Rate	0.0%	1.7%	2.1%	1.0%	1.4%
Alpine County Total Population	152	120	514	418	1,204

12. Drug Medi-Cal population

Figure 7 shows the number of Medi-Cal eligibles who accessed SUD services in FY 2022/23. From this data, a penetration rate was calculated, showing the percentage of persons who are Medi-Cal eligible who received SUD services. This data is shown by age, race/ethnicity, and gender.

There were 10 Medi-Cal clients who received one or more SUD services in FY 2022/23. Of these individuals, 10% were children 0-17 (N=1); 10% were TAY ages 18-24 (N=1); 70% were adults ages 25-64 (N=7); and 10% were older adults ages 60+ (10%). Of these 10 clients, 70% identified as American Indian/ Alaskan Native; 10% were Hispanic; and 20% were White. There were 50% males and 50% females.

The penetration rate data shows that 3.5% of the Alpine County Medi-Cal eligibles received SUD services, with 10 clients served out of the 282 Medi-Cal eligibles. Of these individuals, children had a penetration rate of 1.4%; TAY had a penetration rate of 4%; adults had a penetration rate of 4.5%; and older adults had a penetration rate of 3.4%.

For race/ethnicity, individuals who identified as American Indian/ Alaskan Native had a penetration rate of 4.8%; Hispanic had a penetration rate of 6.3%; and individuals who identified as White had a penetration rate of 2%. Males had a penetration rate of 3.7% and females had a penetration rate of 3.4%.

Figure 7
Alpine County Medi-Cal Substance Use Disorder Services Penetration Rates
By Age, Race/Ethnicity, and Gender

(Medi-Cal Eligible Source: Kings View Penetration Report FY 2021/22)

	Alpine County Average Number of Medi-Cal Eligibles		Number of Medi-Cal Substance Use Clients Served FY 2022-23		SU Medi-Cal Penetration Rate FY 2022-23
Age Group					
Children	74	26.2%	1	10.0%	1 / 74 = 1.4%
Transition Age Youth	25	8.9%	1	10.0%	1 / 25 = 4.0%
Adults	154	54.6%	7	70.0%	7 / 154 = 4.5%
Older Adults	29	10.3%	1	10.0%	1 / 29 = 3.4%
Total	282	100.0%	10	100.0%	10 / 282 = 3.5%
Race/Ethnicity					
Black	2	0.7%	-	0.0%	0 / 2 = 0.0%
American Indian/ Alaskan Native	146	51.8%	7	70.0%	7 / 146 = 4.8%
Asian/ Pacific Islander	1	0.4%	-	0.0%	0 / 1 = 0.0%
White	102	36.2%	2	20.0%	2 / 102 = 2.0%
Hispanic	16	5.7%	1	10.0%	1 / 16 = 6.3%
Other/ Unknown	15	5.3%	-	0.0%	0 / 15 = 0.0%
Total	282	100.0%	10	100.0%	10 / 282 = 3.5%
Gender					
Male	135	47.9%	5	50.0%	5 / 135 = 3.7%
Female	147	52.1%	5	50.0%	5 / 147 = 3.4%
Total	282	100.0%	10	100.0%	10 / 282 = 3.5%

13. Analysis of disparities in Drug Medi-Cal clients

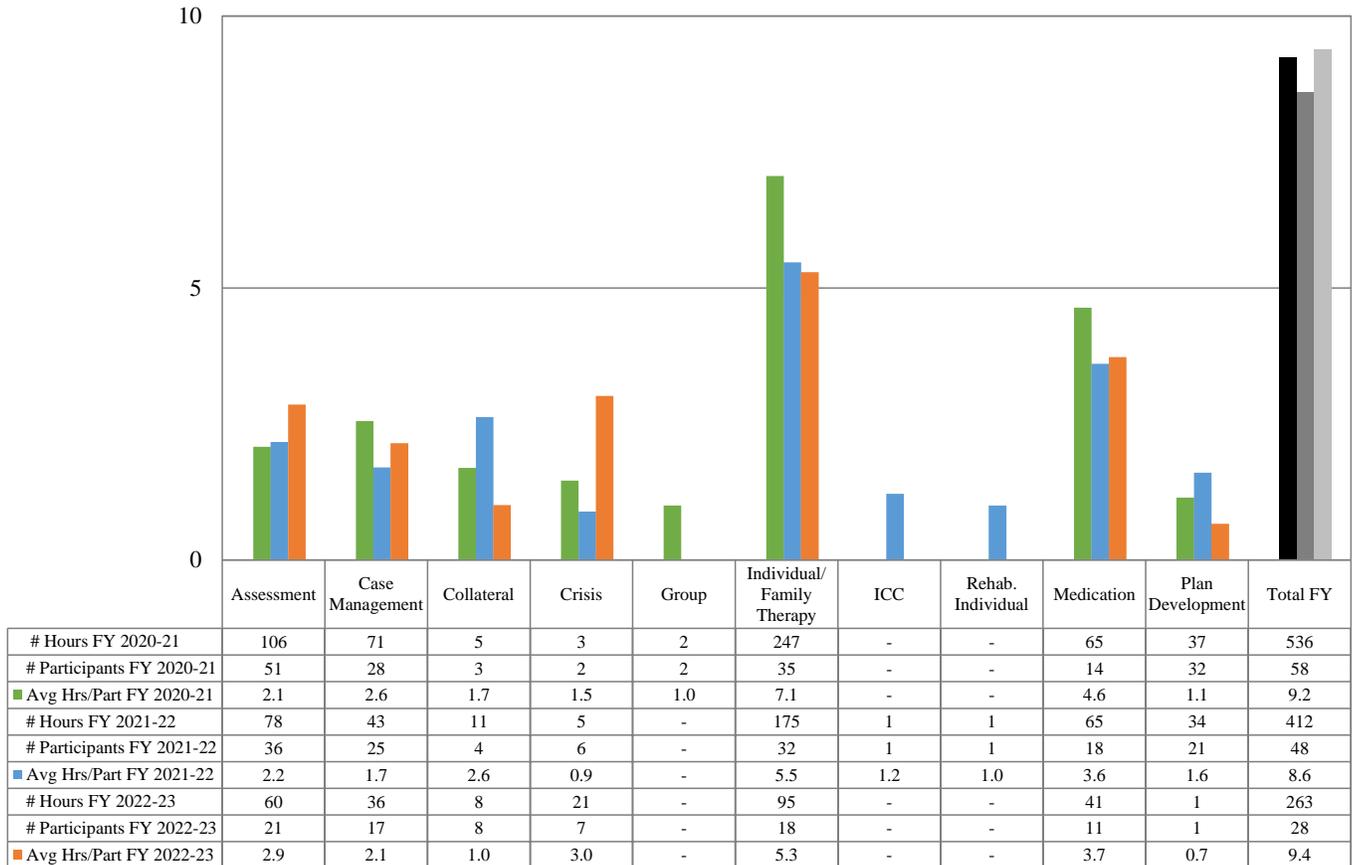
The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total SUD penetration rates, with TAY having the highest penetration rate across the SUD clients. The low number of clients served makes analysis of this data difficult; however, this data illustrates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

B. Utilization and Analysis of Mental Health Services

1. Utilization of Mental Health services

Figure 8 shows the total number of hours, clients, and hours per client by type of mental health service for FY 2020/21 to FY 2022/23. This data shows that the 28 mental health clients received 263 hours of services in FY 2022/23, which calculates to 9.4 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service. In 2022/23, assessments averaged 2.9 hours per client; case management averaged 2.1 hours; collateral averaged 1 hour; crisis intervention averaged 3 hours; individual/family therapy averaged 5.3 hours; medication averaged 3.7 hours; and plan development averaged 0.7 hours. The total hours decreased from 536 in FY 2020/21 to 263 in FY 2022/23.

Figure 8
Alpine County Mental Health Services
Mental Health Hours, Clients, and Hours per Client
per Year, by Service Type
All Mental Health Clients
 FY 2020/21 to FY 2022/23



2. Analysis of data for Mental Health services; conclusions

As noted above, the number of clients served decreased from 71 to 58 to 48 across the three years, and the total hours delivered was 1,131 hours in FY 2019/20 and decreased to 536 in FY 2020/21 and 412 in FY 2021/22. This decrease in clients and services may be explained by the impact COVID-19 had on Behavioral Health Services. Services needed to be delivered by telehealth, but many clients did not have the equipment or internet capacity to participate in a Zoom call. ACBHS is committed to increasing access to services in FY 2022/23.

C. Utilization and Analysis of Substance Use Disorder Services

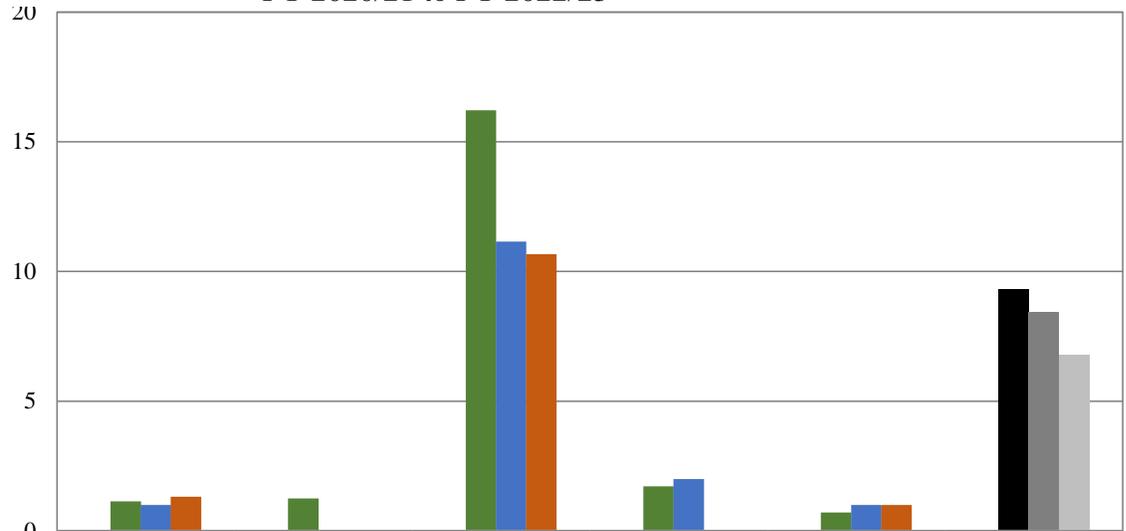
1. Utilization of Substance Use Disorder services

Figure 9 shows the total number of hours, by type of substance use disorder treatment service, clients, and hours per client for FY 2020/21 to FY 2022/23. This data shows that the 17 clients that received substance use treatment received 116 hours of services in FY 2022/23, which calculates to 6.8 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In FY 2022/23, assessments averaged 1.3 hours per client; individual counseling averaged 10.7 hours; and discharge planning averaged 1 hour per client.

Across the three years, the number of hours increased from 112 in FY 2020/21 to 118 in FY 2021/22, then decreased slightly to 116 in FY 2022/23. Across the three years, the number of clients increased from 12 to 17.

Figure 9
Alpine County Substance Use Disorder Services
Substance Use Hours, Clients, and Hours per Client
per Year, by Service Type
All Substance Use Disorder Clients
FY 2020/21 to FY 2022/23



	Assessment	Case Management	Individual Counseling	Treatment Planning	Discharge Planning	Total FY
# Hours FY 2020-21	13	1	81	16	1.4	112
# Participants FY 2020-21	11	1	5	9	2	12
Avg Hrs/Part FY 2020-21	1.1	1.3	16.2	1.7	0.7	9.3
# Hours FY 2021-22	11	-	89	16	2.0	118
# Participants FY 2021-22	11	-	8	8	2	14
Avg Hrs/Part FY 2021-22	1.0	-	11.2	2.0	1.0	8.4
# Hours FY 2022-23	19	-	96	-	1	116
# Participants FY 2022-23	14	-	9	-	1	17
Avg Hrs/Part FY 2022-23	1.3	-	10.7	-	1.0	6.8

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

For SUD services, there was a decrease in the total number of hours delivered (217 to 118) and the average number of hours per person (13.6 to 8.4). The number of clients that receive SUD services decreased from 16 to 14 across the three years, and the total hours delivered decreased from 217 hours in FY 2019/20, to 112 in FY 2020/21, then increased to 114 in FY 2021/22. This decrease, then increase, in clients and services may be explained by the impact COVID had on Behavioral Health Services. Services needed to be delivered by telehealth, but many clients did not have the equipment or internet capacity to participate in a Zoom call. ACBHS is committed to increasing access to services in FY 2022/23.

III. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Services Available; Issues and Mitigation

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

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

The Alpine County Mental Health Board is comprised of several consumers/family members, partner agency representatives, and other community members. The Mental Health Board is very active and involved in representing the most geographically isolated areas of the county.

Alpine County’s Wellness Projects are designed to provide targeted programming for a variety of distinct populations. These programs will provide continued support to prevent the development and onset of mental health issues among Alpine County residents. The following activities are included within the Wellness Projects: Honoring the Past and Present Through Traditional Knowledge; Play Group; Bike Fix-It and Bike-to-School events; community trips; Family Night; Movie Nights and Archery Tag nights; Create the Good activities; activities that address senior socialization and exercise (chair exercises, senior soak; etc.); and yoga classes

American Indians

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

In an effort to reduce disparities in access to treatment services, ACBHS continues to expand MHSAs at the Hung-A-Lel-Ti location in the county. For example, most of the MHSAs are located at the Wellness Center located in a Tribal-owned property, leased by the county. The Wellness Center located in Hung-A-Lel-Ti is decorated in an inviting and culturally relevant manner. Photographs of local elders adorn the walls. These welcoming centers reduce stigma and create a comfortable setting for offering

“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.”

supportive services to individuals and their families. This partnership encourages collaboration and interconnected services. Some of these programs include: cultural crafts, weekly Talking Circle recovery groups, and a bi-weekly luncheon open to the Alpine County community.

In 2021 Alpine County completed the construction of a new Behavioral Health/Wellness Center facility. At the completion of the facility Behavioral Health staff were relocated from Hung-A-Lel-Ti to the new facility. The County still leases a facility at Hung-a-lel-ti and many Mental Health Services Act programs are offered there. The County is exploring moving staff back to the Hung-A-Lel-Ti Community.

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 incorporating films with mental health content, family movie nights, and father and mother wellness activities. ACBHS also provides monthly teen lunches at the high school where youth are informed about ACBHS activities and services available, receive flyers and information, and they provide their contact information to assist ACBHS in contacting them in the preferred manner, or manner most relevant to each individual.

Older Adults

ACBHS focuses many programs on older adults including weekly Senior Soak, where older adults gather at the local swim center for fellowship and exercise; monthly 50+ potluck events; yoga. 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.

Rural Communities

ACBHS works to include the smaller communities within the county by offering in-person and virtual events, outreach, guided meditation, Bear Valley yoga, and monthly Create the Good events.

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

LGBTQI2-S Community

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

Recovery Community

The weekly Talking Circle group is focused primarily on engaging the American Indian community.

Persons with Disabilities

ACBHS provides transportation to ACBHS services and programs for all clients and members of the community when needed. Transportation for people with disabilities is also available through the county Dial-A-Ride program at no cost. TDD is available for persons with hearing impairments. Audio versions of the client brochures are available for individuals who are visually impaired. Staff are scheduled during regular business hours, Monday through Friday, 8:00 am to 5:00 pm. The majority of services are offered during these business hours. However, services and activities are available in the evening or weekend, in special circumstances. In addition, ACBHS links clients with disabilities to other services, such as the Alta Regional Center. All of ACBHS facilities that serve clients are ADA accessible. ACBHS strives to provide a warm and welcoming environment that is comfortable to diverse cultural backgrounds.

B. Informing Clients: Mechanisms for informing clients of culturally-competent services and providers; issues and mitigation

The Alpine County Behavioral Health “Guide to County Mental Health Services” brochure (in English and Spanish) highlights available services, including culturally-specific services. In addition, the guide informs clients of their right to FREE language assistance, including the availability of interpreters. This brochure is provided to clients at intake, and is also available at the ACBHS clinics and wellness centers throughout the county. A “Provider Directory” is available to clients which lists provider names and contact information; facility ADA compliance; client/population specialty (children, adult, veterans, LGBTQI2-S, etc.); service specialties; language capability and interpreter availability; and whether or not the provider is accepting new clients. This directory is provided to clients upon intake and is available at the ACBHS clinics, at the Wellness Center, and online at alpinecountyca.gov. The Provider Directory is updated monthly.

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

- ACBHS website and partner websites
- An ACBHS monthly calendar; and local newsletters
- ACBHS informal brochures, posters, and rack cards identifying available services and how to access them for targeted groups such as TAY, older adults, and American Indians
- Interagency Meetings
- Bulk mailings with monthly newsletters

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

C. Capturing Language Needs: Mechanisms for capturing and meeting language needs; issues and mitigation

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

D. Grievances and Appeals: Grievances and appeals related to cultural competency; issues and 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 Cultural Competence Committee work together as many members are on both committees. These committees meet alternating months and therefore have the ability to identify additional issues and objectives to help improve services during the coming year. In addition, ACBHS has a policy and form to allow clients to file a problem with MHSA programs, and has a resolution process in place to address these identified issues.

IV. TRAINING IN CULTURAL AND LINGUISTIC COMPETENCE

The cultural and linguistic competence trainings in which ACBHS staff participated in FY 2022/2023 are listed below. Courses were taken through an online training platform, and were either assigned to staff throughout the year, or were taken as electives by staff.

Training Event/Title	Date	Count of Courses Completed
Compassion and Empathy in Service Delivery	April 2023	1
Cultural Competence	Throughout 2022/2023	13
Diversity for All Employees for Healthcare	August 2022	1
Domestic Violence Awareness for Healthcare Personnel	May 2023	2
Supporting Client Rights for Paraprofessionals in Behavioral Health	April 2023	4
Trafficking Victims Protection Act	Throughout 2022/2023	10

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

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

In FY 2023/2024, ACBHS will continue to directly provide or arrange for staff training, as feasible, via Zoom and other methods. Training will encompass multicultural knowledge; sensitivity awareness; and information on understanding diverse backgrounds beyond the traditional race/ethnicity groups (e.g., sexual orientation, age, disability, veteran, and family cultures). Training will include information on children, TAY, families, family-focused treatment, and navigating multiple service agencies.

V. STAFF ASSESSMENT

A. Current Composition

To assess the cultural awareness of its workforce, ACBHS asked staff to complete the Staff Ethnicity and Cultural Competence Survey in September 2023. There were six (6) staff who completed the survey. The complete results are shown in Appendix A.

1. Ethnicity by job category

Six (6) staff completed the survey. Reporting staff by function:

- Management/Leadership: 2 staff members
- Administration Support Staff (routinely interact with people who are seeking or receiving services): 1 staff member
- Licensed/ waived Mental Health Provider (LCSW; LMFT; LPCC; etc.): 2 staff members
- Certified SUD Counselor/ Provider (CATC; CADC; etc.): 1 staff member

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

No direct service providers reported being proficient in reading and/or writing in a language other than English. *Note: Currently, Alpine County has only one (1) threshold language, English.*

3. Analysis: Staff Ethnicity and Cultural Competence Survey

Of the six (6) staff who responded to the survey, 50% were direct service staff and 50% were administration and management staff. The staff members represent the population in the county in their race/ethnicity, with White and Hispanic/Latino individuals. No staff members identified as bilingual, and none indicated that they offer interpreter services. Six (6) respondents reported their gender identity, and all six (6) were female. Four (4) respondents reported their sexual orientation, with three (3) identifying as heterosexual/straight and one (1) identifying as LGBTQ+.

The survey asked several questions about cultural responsiveness (e.g., I have developed skills to effectively utilize an interpreter.) The options for responding to the survey questions included: Frequently; Occasionally; Rarely or Never; and Did Not Occur to Me.

A high percentage of staff responded “**Frequently**” to the following questions:

- *I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others.* (83% responded Frequently)
- *I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services.* (100% responded Frequently)

- *I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs. (100% responded Frequently)*
- *I recognize that family may be defined differently by different cultures. (83% responded Frequently)*
- *I utilize materials in a manner that can be easily understood by clients and family members. (83% responded Frequently)*
- *I recognize that gender roles in families may vary across different cultures. (100% responded Frequently)*
- *I participate in trainings to learn how to best meet the needs of clients and family members from diverse cultures. (83% responded Frequently)*

The survey also contained a question about staff participation in cultural awareness activities over the past six (6) months.

A **high** percentage of survey respondents reported that they had participated in the following activities:

- *Attended a cultural humility training seminar (83%).*
- *Reflected on my race/ethnicity and how it affects my work with clients (83%).*
- *Read/watched/listened to media multicultural issues (83%).*
- *Learned something about a racial and/or cultural group other than my own (100%).*
- *Sought consultation or supervision about multicultural issues (83%).*

A **low** percentage of survey respondents reported that they had participated in the following activities:

- *Sought guidance about a racial, gender, or other cultural issue that arose during therapy/service delivery (50%).*
- *Attended an event in which most of the other people were not my race/ethnicity (50%).*
- *Reflected on my sexual orientation and gender identity and how it affects my work with clients (50%).*
- *Talked to a friend/associate about how our racial differences affect our relationship (33%).*
- *Challenged a racist remark (50%).*
- *Challenged an anti-LGBTQ or transphobic remark (50%).*
- *Attended a training on Implicit Bias (33%).*

B. Staff Disparities and Related Objectives

ACBHS strives to hire staff members who reflect the cultural diversity of Alpine County. This goal has been extremely difficult because ACBHS has a very small number of staff. In the past, only one (1) of these positions was held by an individual who identified as American Indian as a Native Wellness Advocate. The County has chosen to contract with the Washoe Tribe to provide cultural and language services to County residents rather than employ a Native Wellness Advocate. It is the County's position that the Washoe Tribe is far more qualified to provide those services than the County.

The diversity of the ACBHS workforce does not reflect the client population or the general county population. ACBHS will continue to identify opportunities to recruit and retain staff from different cultures including American Indian staff. It is a goal to have the department's employee demographics be representative of the client and community population, whenever possible.

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

The staff survey results also highlight areas for staff training. Training on utilizing an interpreter effectively has been provided to staff. In addition, offering ongoing training on how to create a safe environment so staff feel comfortable in providing feedback to other staff. Additional training opportunities will be identified as the Cultural Competence Committee reviews the results of the survey and "Cultural Courtesy" training and discussions.

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

As FY 2023/2024, the Agency Director and Deputy Director are responsible for ensuring cultural competency. They are responsible for promoting mental health services that meet the needs of the diverse population. They promote the delivery of culturally-sensitive services and provides leadership and mentoring to other staff on cultural competence related issues.

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

C. Barriers and Mitigation

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

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

Alpine County Health & Human Services currently employs a college student from the Hung-a-lel-ti Community to work during school breaks. The student is attending a Native American College in Oklahoma where she is studying Nursing. She works in the County Health Clinic and assists at Behavioral Health providing outreach services.

VI. PROGRAM GOALS, DATA, AND INTERVENTIONS/ACTIONS

Due to challenges in gathering data for past Plan goals, ACBHS has developed new goals and objectives in this fiscal year. These goals and objectives will be tracked over the next three fiscal years, and address identified issues and trends related to cultural and linguistic competency in the ACBHS system. Data on these goals and objectives will be tracked over time to monitor system improvement and to ensure that ACBHS meets the cultural and linguistic needs of its clients and the community. Goals and/or objectives may be modified in order to address new challenges, as needed.

Goal 1: Increase access to BH services for children, older adults, Native American, and Hispanic individuals			
Action Item	Description	Evidence	Status/Progress
1a	Conduct outreach activities and information dissemination for underserved populations, including Native American, children, elders/older adults, LGBTQ, and the Hispanic community	Outreach Log; materials	<i>TBD in next update</i>
1b	Provide or arrange for transportation services, especially for elders/older adults who are isolated in the county	Progress Notes; transport logs, FSP Clients Service log	<i>TBD in next update</i>
1c	Hire, when possible, individuals from the Native community, individuals with lived experience, individuals receiving behavioral health services, and their family members, to offer peer and family support, and engage in outreach activities, to underserved clients	Staffing Plan	<i>TBD in next update</i>
Goal 2: Enhance the delivery of services that are culturally sensitive to each client's cultural/ethnic background and in their preferred language			
Action Item	Description	Evidence	Status/Progress
2a	Support the delivery of person-centered, culturally-responsive services that meet the needs of the clients and the Native Community	Client surveys, Staff Training Log	<i>TBD in next update</i>

Goal 3: Create an environment where cultural awareness, dignity, and respect are encouraged and modeled as core values to effectively engage clients

Action Item	Description	Evidence	Status/Progress
3a	Provide cultural and linguistic competency trainings for ACBHS staff at least two (2) times per fiscal year.	Training logs; training materials	<i>TBD in next update</i>
3b	Provide interpreter and language line training to all direct service staff and providers who regularly communicate with individuals receiving services. Address the process for effectively using an interpreter, as well as using the language line, to support individuals receiving services in their preferred language.	Training logs; training materials	<i>TBD in next update</i>
3c	Utilize creative recruitment practices to hire professional staff, as well as peers and family advocates, to increase the workforce; and to expand the number of persons who are reflective of the Native Community, as well as individuals who are bilingual/bicultural.	Recruitment materials; new hire data; training logs	<i>TBD in next update</i>
3d	Schedule community events that bring all members of the community together to learn about the unique and various cultures in the county; teach about different cultural landmarks and artifacts in the county and region; and celebrate the history of Alpine County.	Event flyers and logs	<i>TBD in next update</i>

Appendix A

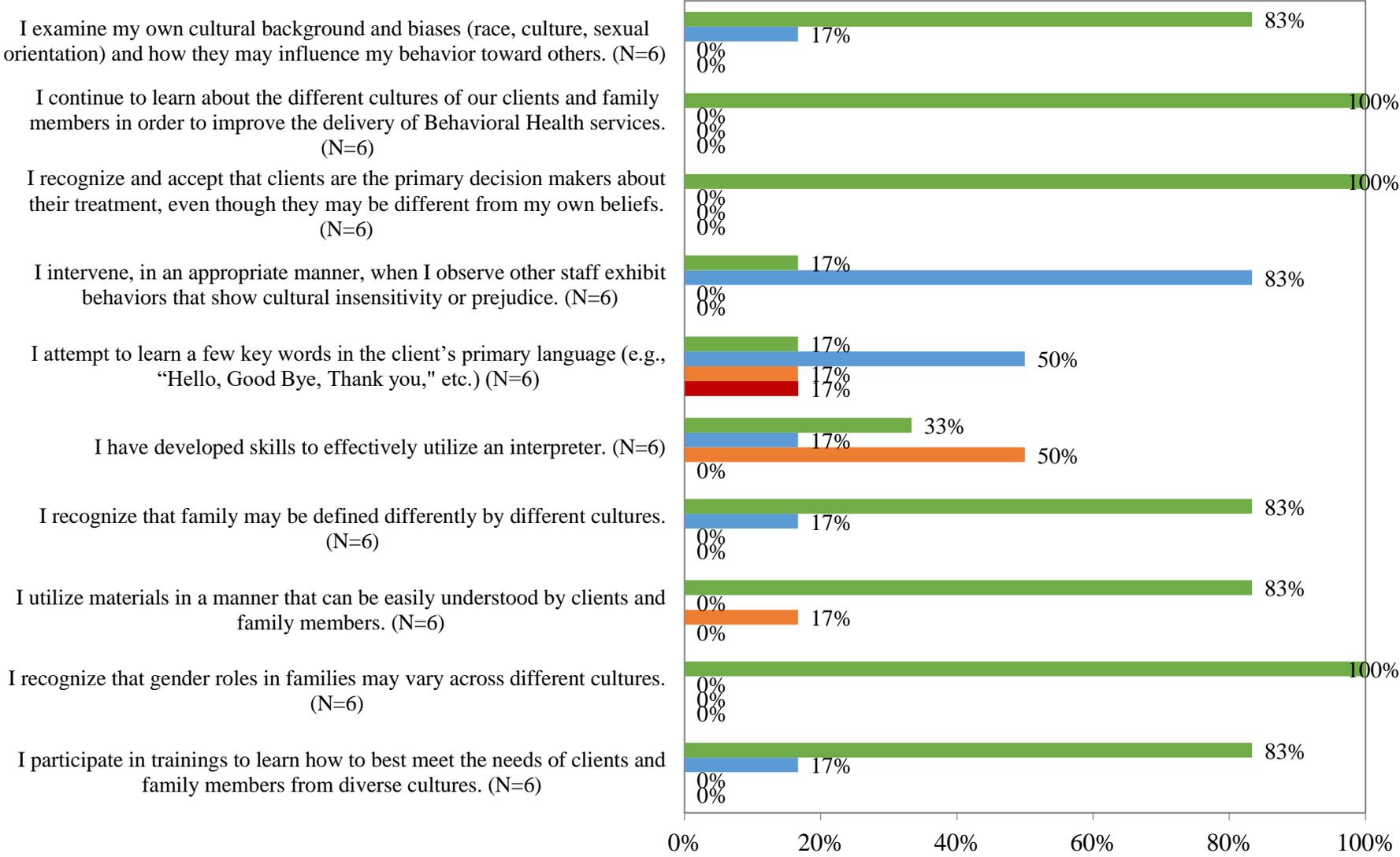
Staff Ethnicity & Cultural Competence Survey Results

**Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey**

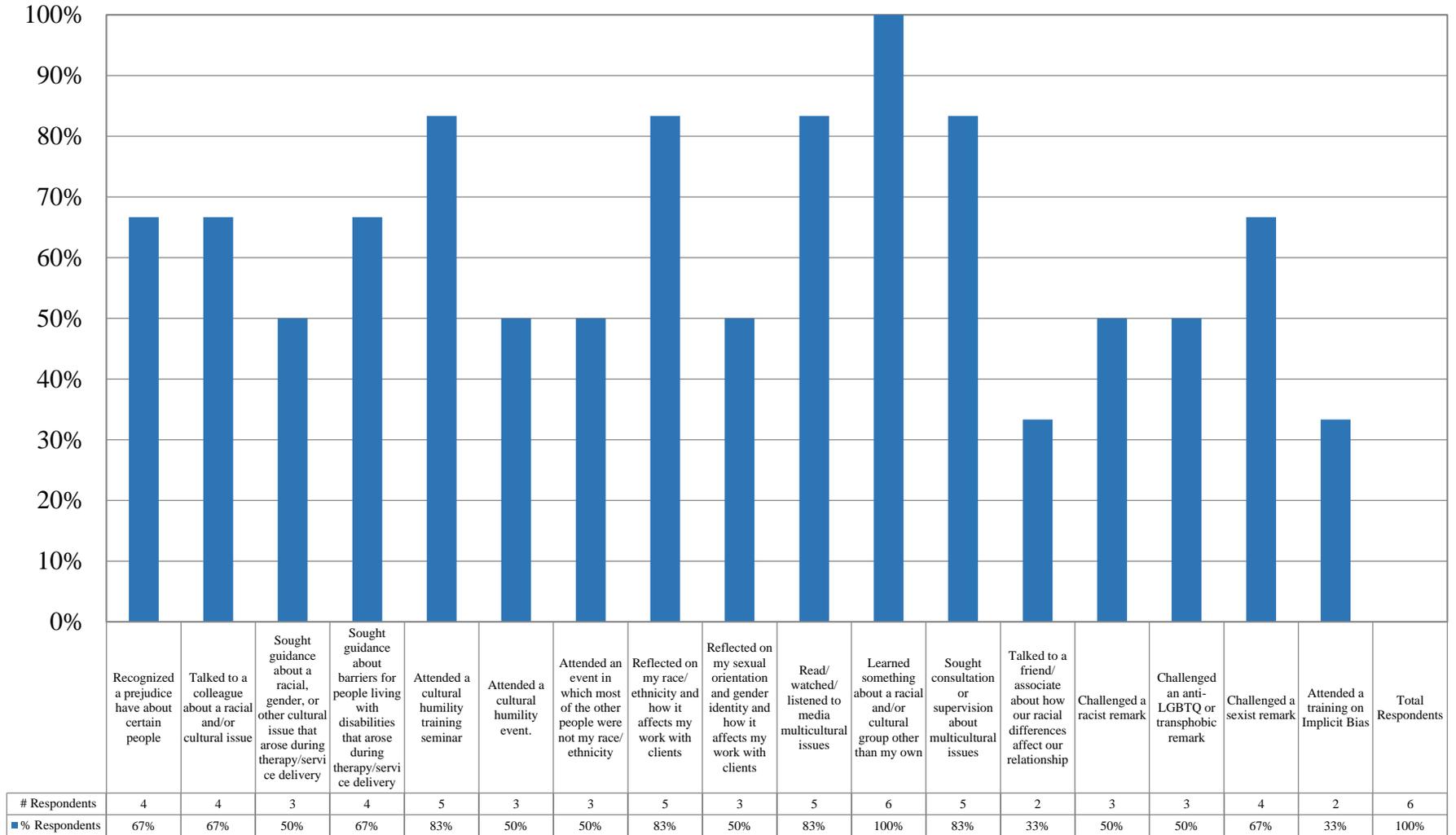
2023

All Respondents

Frequently Occasionall
Rarely or Never Did Not Occur to Me

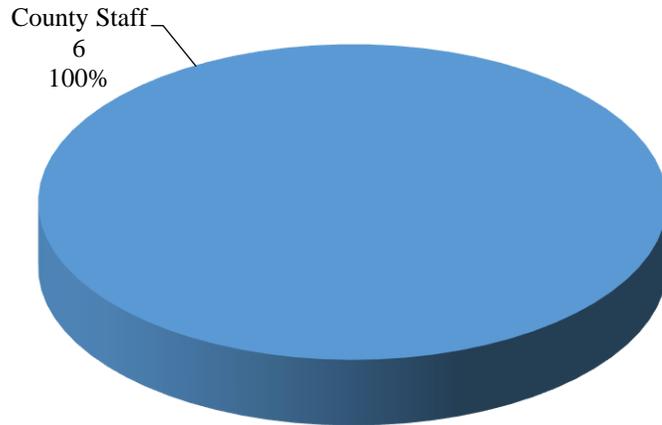


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
 2023
Participation in Cultural Awareness (Past Six Months)
All Respondents (N=6)
(Respondents may choose multiple answers.)

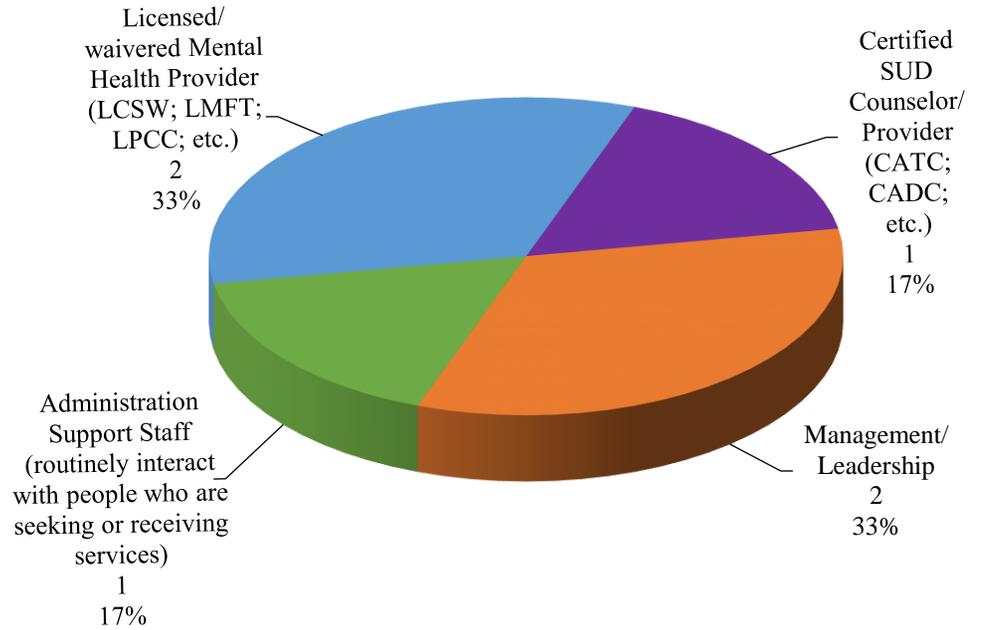


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Employment Status (N=6)

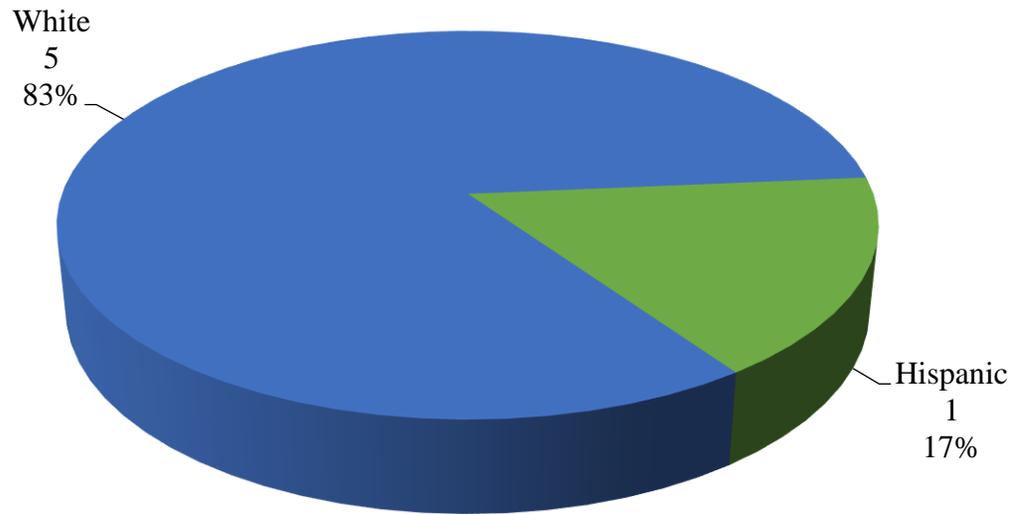


Primary Job Function (N=6)



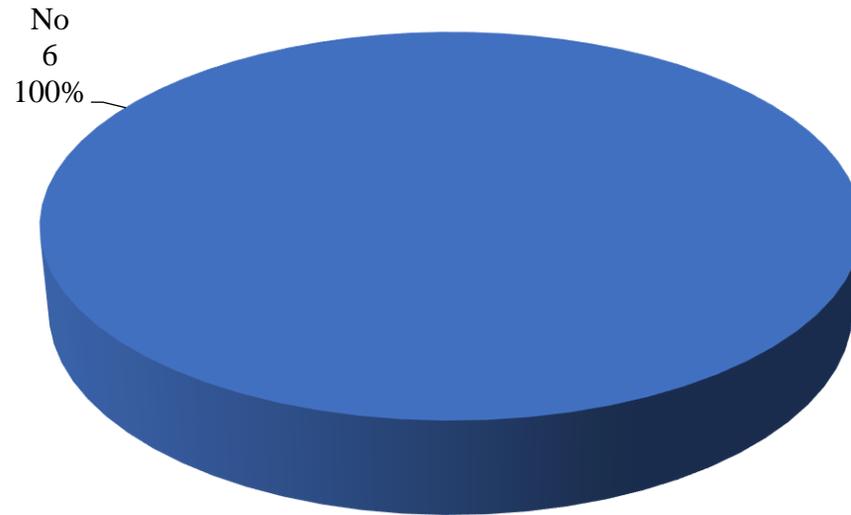
Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Race/Ethnicity (N=6)

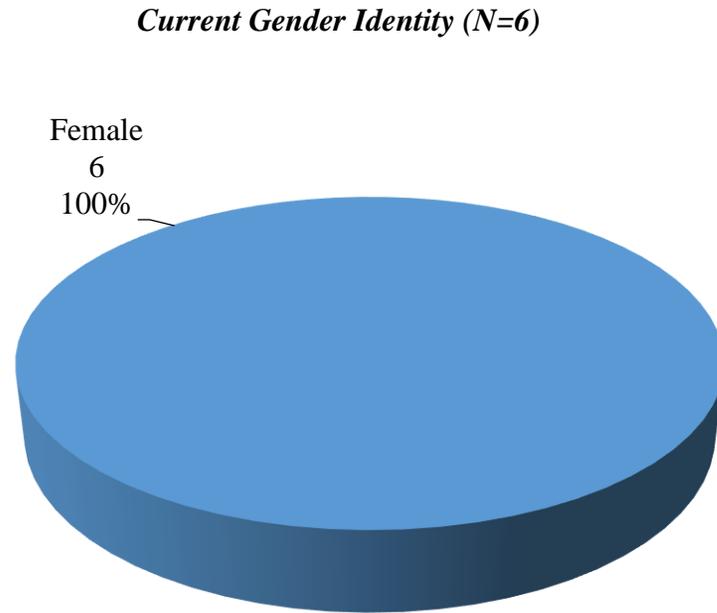
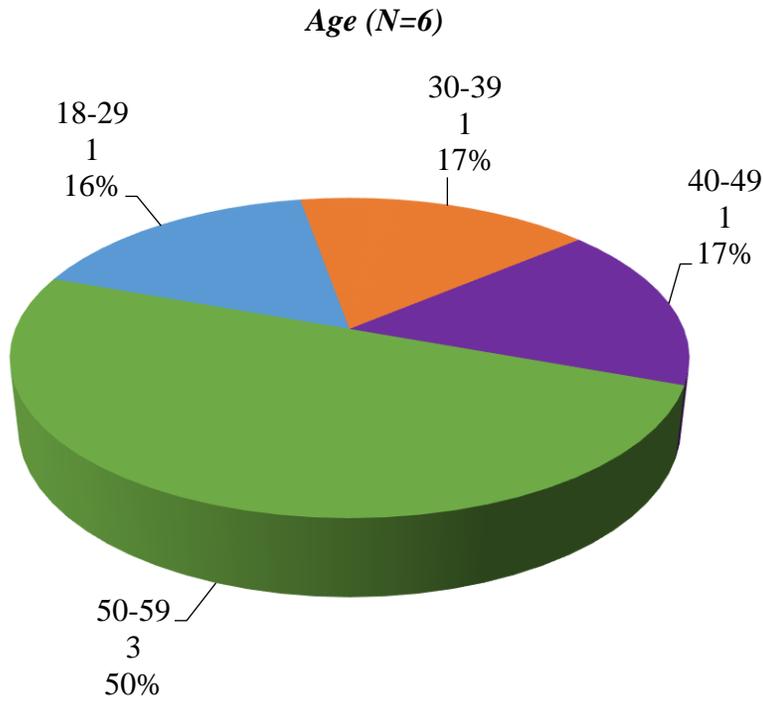


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Do you consider yourself Bilingual? (N=6)

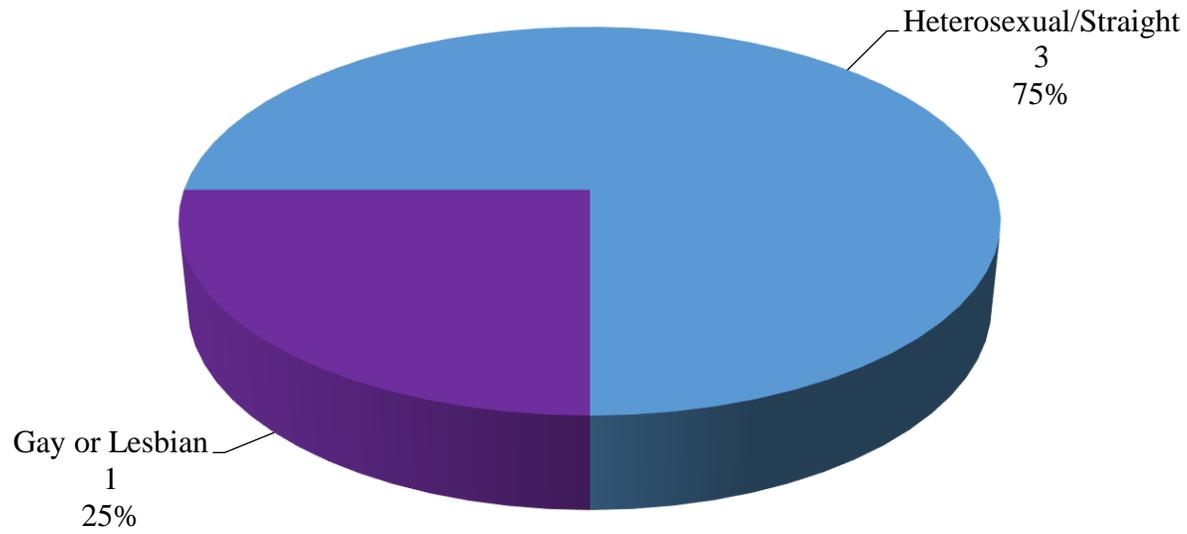


Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023



Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey
2023

Sexual Orientation (N=4)

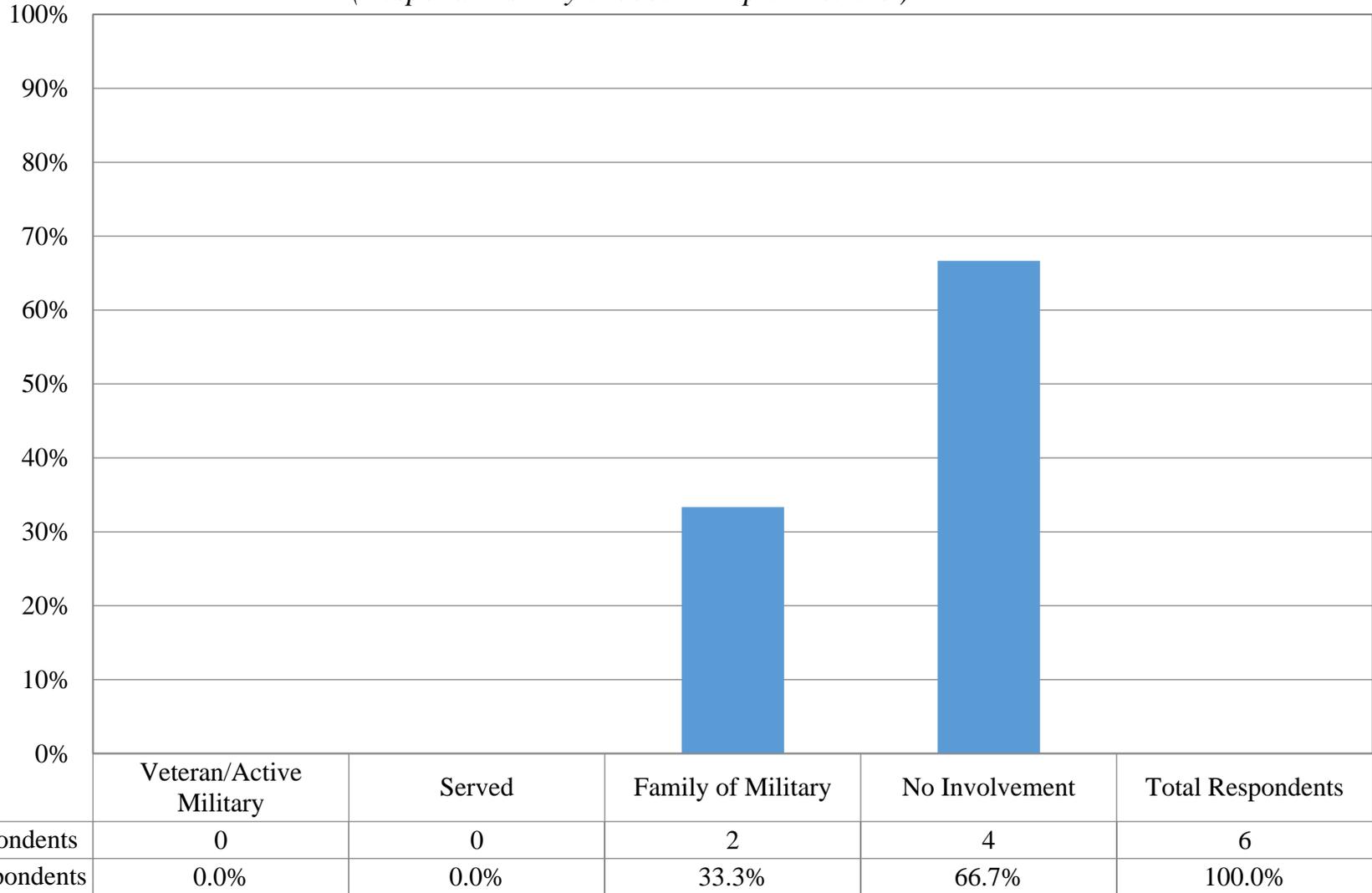


**Alpine County Department of Behavioral Health
Staff and Volunteer Ethnicity and Cultural Competence Survey**

2023

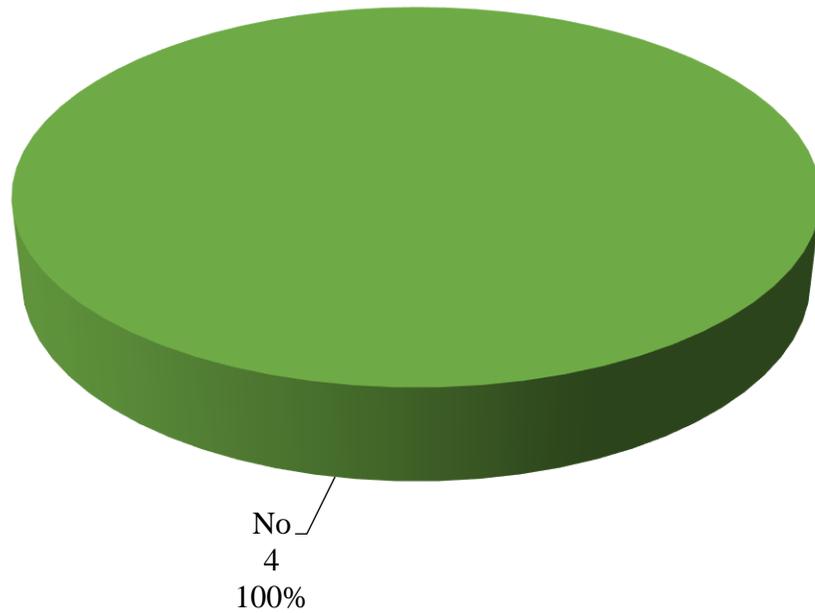
Military/Service Involvement (N=6)

(Respondents may choose multiple answers.)



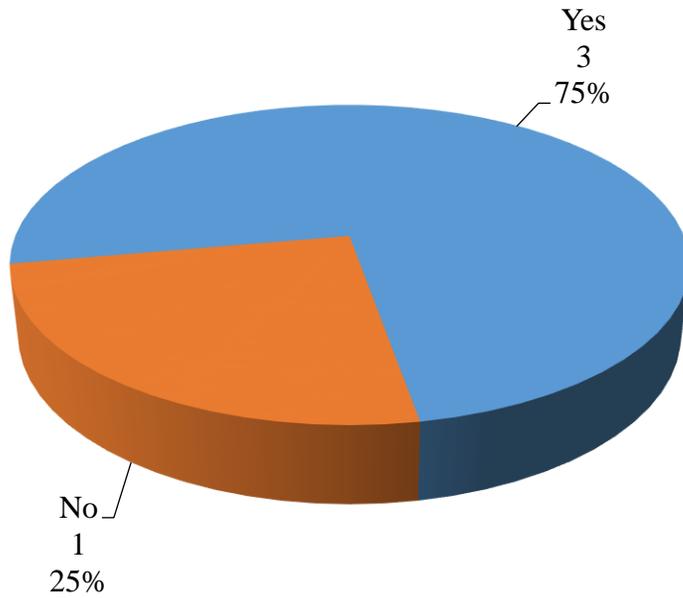
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Disability (N=4)

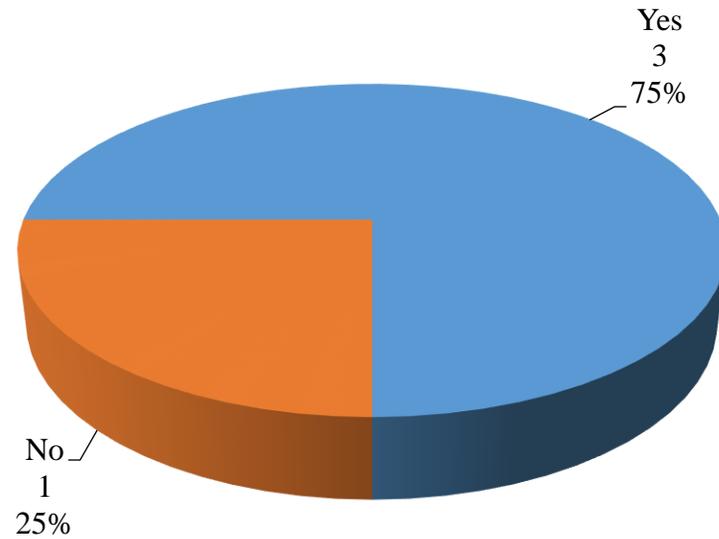


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Do you consider yourself to be a person with lived Mental Health experience? (N=4)

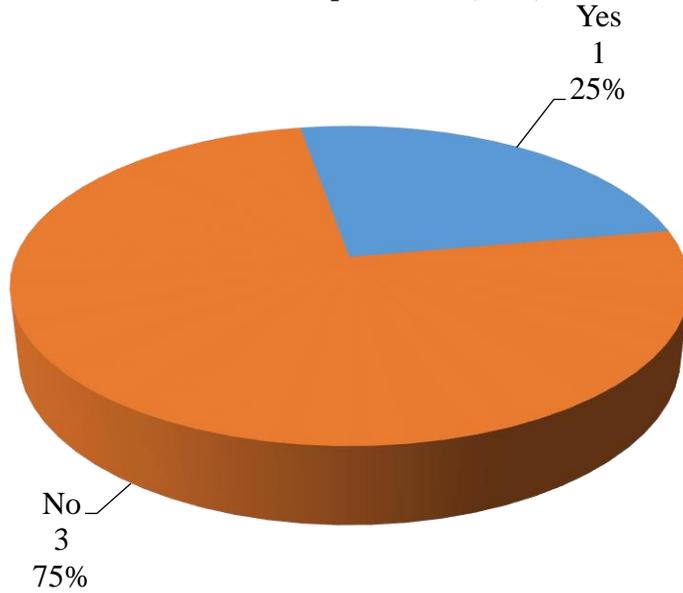


Are you a Family Member of a person with lived Mental Health experience? (N=4)



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Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=4)



Are you a family member of a person with lived Substance Use Disorder experience? (N=4)

