Siskiyou County
Behavioral Health Services

Cultural and Linguistic Competence Plan
Annual Update
FY 2015/2016

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SISKIYOU COUNTY BEHAVIORAL HEALTH SERVICES
Cultural and Linguistic Competence Plan Annual Update
FY 2015/2016

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OVERVIEW

Siskiyou County Health and Human Services Agency (HHSA) Behavioral Health Division (BH) 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 consumers in recovery (from mental health or substance use), Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) community, various age groups (Transition Age Youth – TAY: Older Adults), faith-based, physically disabled, and persons involved in the correctional system.

Developing a culturally and linguistically competent system requires the commitment and dedication from leadership, staff, and the community to continually strive to learn from each other, and through ongoing training and education. The following Cultural and Linguistic Competence Plan (CLCP) reflects our ongoing commitment to improving access to services, quality care, and improving outcomes. The CLCP addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Alcohol and Other Drug services, including the Cultural and Linguistic Standards (CLAS).

It is the value and mission of Siskiyou County BH to deliver culturally competent services that are responsive to diverse cultures that reflect the health beliefs and practices of these communities. This includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs, 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 enhance our services to be culturally and linguistically relevant for our youth and adult clients and their families. Staff continually discuss opportunities to promote the delivery of culturally-sensitive services.

I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

The Behavioral Health Division is committed to constantly improving services to meet the needs of culturally diverse individuals seeking and receiving services. A number of objectives were developed as a component of our Mental Health Services Act (MHSA) Plan, and have been expanded as we have integrated Substance Use Disorder Treatment Services into our program.

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

1. Cultural and Linguistic Mission: To provide leadership that promotes equity of services through policy, practices, and allocated resources.
2. To expand the behavioral health workforce by recruiting, promoting, training, and supporting culturally and linguistically diverse leadership and workforce of staff, consumers, TAY, and family members that is responsive to our community needs.
3. To provide culturally and linguistically appropriate behavioral health services, and easy to understand informing materials in our threshold languages (Spanish and English), to the community, and to improve access for persons who are Hispanic, Native American, and other race/ethnicity groups; transitional age youth (TAY) and older adults; veterans; Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) individuals; persons released from jail; homeless; additional cultures; and family members.
4. To deliver behavioral health services to clients and family members in their primary language whenever possible, including language assistance at no cost to the consumer.
5. To conduct cultural competence training programs for behavioral health staff and collaborative community partners.
6. To deliver behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including in diverse community settings (e.g., churches, senior centers, schools, family resource centers, wellness center and other rural community locations).
7. To develop outreach and education activities focused on providing information about mental health services for groups and organizations known to serve the Hispanic and Native communities in the least restrictive environment (e.g., Tribal Community, churches, etc.).
8. To promote the delivery of culturally competent services through the expansion of the behavioral health Quality Improvement Committee (QIC), the Cultural and Linguistic Competence Committee (CLCC), and other committees in order to increase the proportion of persons who reflect the diversity of the county, for example expanding membership for persons who are Hispanic, Native American, TAY, LGBTQ, older adults and veterans.
9. 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.
10. To create and support a culturally safe environment to promote understanding, equity, and positive communication.

II. DATA, ANALYSIS, AND OBJECTIVES

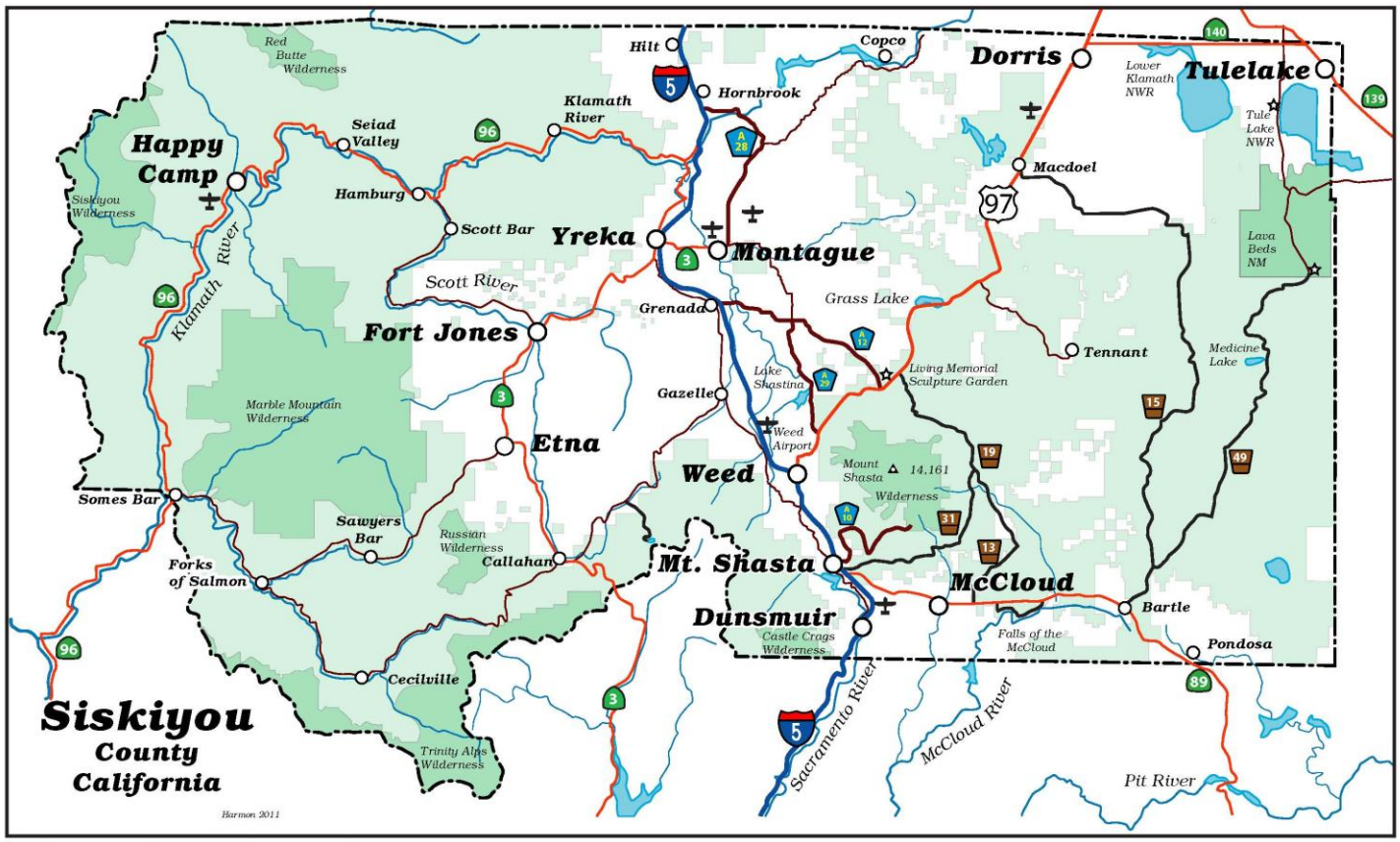
A. The current county population assessment and utilization data

1. County Geographic and Socio-Economic Profile

a) Geographical location and attributes of the county and by region, including:

1) Main urban and rural centers;
2) Terrain and distances; and,
3) Main transportation routes and availability of public transportation.

Siskiyou County is a geographically large, rural county with a population estimated at 43,799 persons, located in the Shasta Cascade region of Northern California. Approximately 6400 sq miles, Siskiyou County is geographically diverse, including lakes, dense forests as well as desert. The county seat, Yreka, is located on I-5 about 20 minutes south of the Oregon border. However, the majority of access to towns and cities is primarily by two-lane roads, with minimal public transportation to outlying areas in East County, (the Butte Valley area) and West County, (down Klamath River toward Happy Camp). Geography and distance plays an important role in determining service delivery.



Siskiyou County does not have one central urban area, but has a few small towns along the main travel corridor of Interstate 5. Instead, multiple small communities are dispersed throughout the almost 6300 square miles. Only nine cities are incorporated. The County's public transportation operates buses connecting the more populated areas, however, due to long distances; trips are limited to sometimes only once a day. The primary Siskiyou County Behavioral Health clinic is located in Yreka, the county seat. To assist with meeting needs to our clients in South County, BHS has a smaller clinic located in Mt Shasta, the second largest city in the County. Round trips from the incorporated cities to Yreka are as follows:

Happy Camp	142 miles	Montague	16 miles
Fort Jones	34 miles	Mt Shasta	74 miles
Etna	58 miles	Dunsmuir	90 miles
Weed	56 miles	McCloud	98 miles
Tulelake	186 miles	Dorris	134 miles

Figure 1 shows age and race/ethnicity, and gender of the general population. Of the 44,900 residents who live in Siskiyou County, 16.9% are children ages 0-15; 11.0% are TAY ages 16-24; 44.0% are adults ages 25-59; and 28.1% are older adults ages 60 years and older. The majority of persons in Siskiyou County are Caucasian (79.5%) and Hispanic (10.3%). There are a comparable number of males (49.9%) and females (50.1%) in the county.

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

	Siskiyou County Population 2010 Census	
Age Distribution	**Number**	**Percent**
0 - 15 years	7,609	16.9%
16 - 24 years	4,935	11.0%
25 - 59 years	19,752	44.0%
60+ years	12,604	28.1%
Total	**44,900**	**100.0%**
Race/Ethnicity Distribution	**Number**	**Percent**
Caucasian	35,683	79.5%
Hispanic	4,615	10.3%
African American/Black	552	1.2%
Alaskan Native/Native American	1,549	3.4%
Asian/Pacific Islander	597	1.3%
Other/Unknown	1,904	4.2%
Total	**44,900**	**100.0%**
Gender Distribution	**Number**	**Percent**
Male	22,395	49.9%
Female	22,505	50.1%
Total	**44,900**	**100.0%**

Data from the California Department of Education (FY 2014/15) shows a number of kindergarten children in Siskiyou County are Hispanic. Of the 491 children enrolled in kindergarten in Siskiyou County in FY 2014/15, 12.6% are Hispanic and 68.0% are Caucasian. The Department of Education data also shows that 3.7% of kindergarten children have a primary language of Spanish in FY 2014/15.

b) Socio-Economic Factors.

Siskiyou County is a relatively impoverished county, with the per capita income for all residents in 2009-2013 at $22,293 (U.S. Census 2010). In comparison, the statewide per capita income was $29,527. This shows that, on average, each person in Siskiyou County earns $7,000 less than each person in the state.

The census data also illustrates the low median household income for Siskiyou County and statewide. Siskiyou County's median household income in 2009-2013 was $37,709, which is over $23,000 per household lower than the statewide average of $61,094. This clearly reflects the poor economic condition of this small, rural county.

c) Penetration Rates for Mental Health Services.

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

There were 1,254 people who received one or more mental health services in FY 2014/15. Of these individuals, 16.3% were children ages 0-15; 17.9% were Transition Age Youth (TAY) ages 16-24; 55.4% were adults ages 25-59; and 10.4% were 60 and older. There were 74.2% of the clients who were Caucasian, 8.9% Hispanic and 9.3% Alaskan Native/Native American. All other race/ethnicity groups represented a small number of individuals. The majority of clients have a primary language of English (98.4%). There are a comparable number of female (51.4%) and male (48.6%) clients.

The penetration rate data shows that 2.8% of the Siskiyou County population received mental health services. Of these individuals, children ages 0-15 had a penetration rate of 2.7%, TAY ages 16-24 had a penetration rate of 4.5%, adults ages 25-59 had a penetration rate of 3.5%, and older adults ages 60 and older had a penetration rate of 1.0%.

For race/ethnicity, persons who are Caucasian had a penetration rate of 2.6% and persons who are 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 similar mental health penetration rate (2.7%), compared to females (2.9%).

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

	Siskiyou County Population 2010 Census		Mental Health Clients FY 2014/15		Siskiyou County Population Mental Health Penetration Rate FY 2014/15
Age Distribution					
0 - 15 years	7,609	16.9%	204	16.3%	204 / 7,609 = 2.7%
16 - 24 years	4,935	11.0%	224	17.9%	224 / 4,935 = 4.5%
25 - 59 years	19,752	44.0%	695	55.4%	695 / 19,752 = 3.5%
60+ years	12,604	28.1%	131	10.4%	131 / 12,604 = 1.0%
Total	**44,900**	**100.0%**	**1,254**	**100.0%**	**1,254 / 44,900 = 2.8%**
Race/Ethnicity Distribution					
Caucasian	35,683	79.5%	930	74.2%	930 / 35,683 = 2.6%
Hispanic	4,615	10.3%	111	8.9%	111 / 4,615 = 2.4%
African American/Black	552	1.2%	49	3.9%	49 / 552 = 8.9%
Alaskan Native/Native American	1,549	3.4%	116	9.3%	116 / 1,549 = 7.5%
Asian/Pacific Islander	597	1.3%	30	2.4%	30 / 597 = 5.0%
Other/Unknown	1,904	4.2%	18	1.4%	18 / 1,904 = 0.9%
Total	**44,900**	**100.0%**	**1,254**	**100.0%**	**1,254 / 44,900 = 2.8%**
Language Distribution					
English	-	-	1,234	98.4%	-
Spanish	-	-	2	0.2%	-
Other/Unknown	-	-	18	1.4%	-
Total	-	-	**1,254**	**100.0%**	-
Gender Distribution					
Male	22,395	49.9%	610	48.6%	610 / 22,395 = 2.7%
Female	22,505	50.1%	644	51.4%	644 / 22,505 = 2.9%
Total	**44,900**	**100.0%**	**1,254**	**100.0%**	**1,254 / 44,900 = 2.8%**

d) Analysis of disparities identified for total Mental Health Penetration Rates.

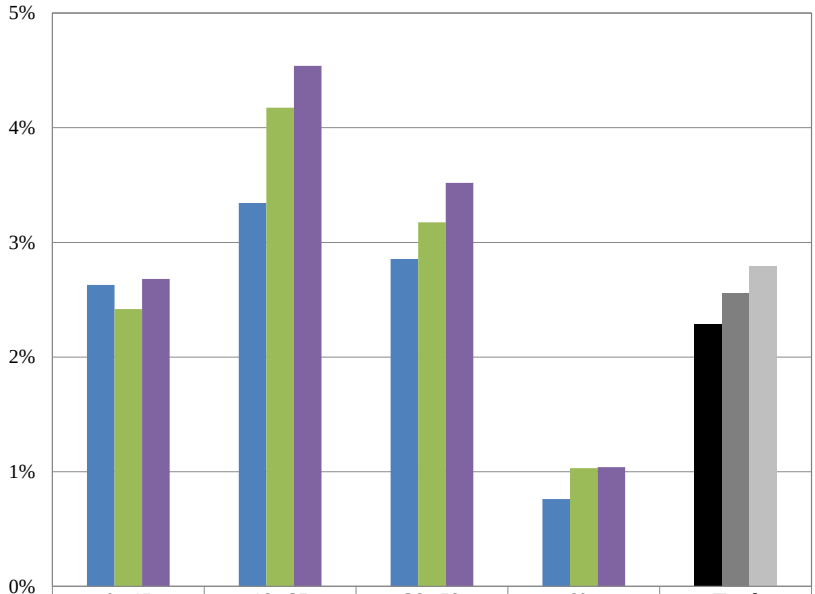
The penetration rate data across all mental health clients by age shows that there are a higher proportion of TAY and adults served, compared to children and older adults. The percent of children served is 2.7%, which is lower than TAY (4.5%) and Adults (3.5%). Older adults is the most underserved age group served for mental health services (1.0%). However, many older adults have Medicare insurance, so may be accessing mental health services through private providers.

The race/ethnicity data shows a similar penetration rate for Caucasians (2.6%) and Hispanics (2.4%). The other race/ethnicity groups have small numbers of individuals in the population, so the penetrate rate shows a lot of variability. The proportion of females (2.9%) is similar to males (2.7%) and shows equal access for both genders. This penetration rate is calculated by the number of mental health clients divided by the number of Siskiyou County residents. To help address the needs of the Hispanic community, we continually strive to increase the number of bilingual and bicultural staff at our agency.

e) Penetration Rate Trends for All Mental Health Clients over Three Years.

We have also analyzed our penetration rates for all mental health clients over the past three years (see Figure 3). This shows an increase in the number of TAY clients served between FY 2012-13 through FY 2014-15, from 165 to 224 TAY served per year. The total number of adult clients also increased from 564 – 695. The number of children served was stable with 200 – 204 served. There were a small number of Older Adults who were served. The number of Older Adults served increased across the three year period from 96 – 131.

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



	0 - 15	16 - 25	26 - 59	60+	Total
FY 2012-13 # Clients	200	165	564	96	1,025
FY 2012-13 Penetration Rate	2.6%	3.3%	2.9%	0.8%	2.3%
FY 2013-14 # Clients	184	206	627	130	1,147
FY 2013-14 Penetration Rate	2.4%	4.2%	3.2%	1.0%	2.6%
FY 2014-15 # Clients	204	224	695	131	1,254
FY 2014-15 Penetration Rate	2.7%	4.5%	3.5%	1.0%	2.8%
Siskiyou County Census Population	7,609	4,935	19,752	12,604	44,900

Mental Health Medi-Cal Population.

In addition to examining the penetration rate for access to mental health services in the general population, it is also important to calculate the penetration rate for the Medi-Cal population. This rate looks at the number of persons who are Medi-Cal eligible and the percentage of Medi-Cal clients who have received mental health services. The most recent data on the number of Medi-Cal beneficiaries in the county is Calendar Year (CY) 2013 data. This information is used to review data and calculate the Penetration rate on the number of Medi-Cal clients receiving mental health services in the county. This data is analyzed by ethnicity, age, gender, primary language spoken.

Figure 4 shows for the number and percent of Medi-Cal beneficiaries in the county and the number and percent of Medi-Cal mental health clients who have Medi-Cal by age, race/ethnicity, and gender. In addition, the Medi-Cal penetration rate is calculated, showing the proportion of mental health clients who receive Medi-Cal Services compared to the Medi-Cal eligible population.

There were 11,643 Medi-Cal eligibles in the county in CY 2013 (APS EQRO data). There were 4,767 children ages 0-17 (40.9%); 5,148 adults ages 18-59 (44.2%); and 1,728 older adults ages 60+ (14.8%). There were 768 mental health clients who had Medi-Cal benefits. Of these clients, 237 were children (30.9%), 442 were adults (57.6%), and 89 were older adults (11.6%).

The penetration rate shows the percent of Medi-Cal eligibles who are receiving mental health services. For children, ages 0-17, the penetration is 5.0%; for adults, 8.6%, and older adults 5.2%.

The penetration rate for persons who are Caucasian is 6.9% and Hispanic is 2.4%. This shows a much higher proportion of Caucasians with Medi-Cal receive mental health services compared to persons who are Hispanic. The other race populations have small number of individuals in the population, so the data is variable and difficult to interpret. For example, the penetration rate for persons who are African-American is 10.5%, but this represents 27 out of 258 people. Native American is 5.4% (37 out of 689 individuals); Asian/Pacific Islander is 11.1%; and other race/ethnicity is 8.4%.

Figure 4
Siskiyou County Medi-Cal Penetration Rates,
by Age, Race/Ethnicity, and Gender
(Medi-Cal Eligible APS EQRO Data CY 2013)

	Average Number of Eligibles per Month		Number of Medi-Cal Mental Health Clients Served		Medi-Cal Penetration Rate
Age Group					
Children	4,767	40.9%	237	30.9%	237 / 4,767 = 5.0%
Adults	5,148	44.2%	442	57.6%	442 / 5,148 = 8.6%
Older Adults	1,728	14.8%	89	11.6%	89 / 1,728 = 5.2%
Total	**11,643**	**100.0%**	**768**	**100.0%**	**768 / 11,643 = 6.6%**
Race/Ethnicity					
Caucasian	7,865	67.5%	539	70.2%	539 / 7,865 = 6.9%
Hispanic	1,286	11.0%	31	4.0%	31 / 1,286 = 2.4%
African American/Black	258	2.2%	27	3.5%	27 / 258 = 10.5%
Native American	689	5.9%	37	4.8%	37 / 689 = 5.4%
Asian/Pacific Islander	171	1.5%	19	2.5%	19 / 171 = 11.1%
Other/Unknown	1,376	11.8%	115	15.0%	115 / 1,376 = 8.4%
Total	**11,645**	**100.0%**	**768**	**100.0%**	**768 / 11,645 = 6.6%**
Gender					
Male	5,366	46.1%	333	43.4%	333 / 5,366 = 6.2%
Female	6,277	53.9%	435	56.6%	435 / 6,277 = 6.9%
Total	**11,643**	**100.0%**	**768**	**100.0%**	**768 / 11,643 = 6.6%**

f) Analysis of disparities identified in Medi-Cal clients.

Figure 4 shows that persons who are Hispanic are underrepresented in our Medi-Cal mental health service population. This data clearly indicates the need to continue to enhance our services to the Hispanic community and identify ways to improve access to services. Providing training and coordinating services with other allied community agencies will help to improve referrals and access to mental health services.

In comparing Figure 2 with Figure 4, there is an interesting difference between the proportion of Caucasians with Medi-Cal (57.9%) and Hispanics with Medi-Cal (27.9%). This disproportionate access is also shown in the Penetration Rate, with 6.9% of Caucasians served and 2.4% of Hispanics served. This illustrates a potential opportunity to increase the number of Hispanics with Medi-Cal benefits. The Medi-Cal data also shows that there are 1,276 persons with Medi-Cal with 'Other' race/ethnicity. Many of these individuals may also be Hispanic.

A large number Hispanics live in the eastern part of the county, Butte Valley and Tulelake. There is no public transportation from these areas to Yreka, and it is a 1 ½ hour drive in good

weather. It is also only 20 minutes' drive to Klamath Falls. Many of the individuals living in this area choose to receive health services at the local Federally Qualified Center (FQHC). The FQHC offers both health and mental health services. This may also have an impact on the total number of Siskiyou County mental health clients who are Hispanic.

g) 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 2014/15). From this data, a penetration rate was calculated, showing the percent of persons in the population that received Substance Use Disorder services in FY 2014/15. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

For the 44,900 residents who live in Siskiyou County, 16.9% are children ages 0-15; 11.0% are TAY ages 16-24; 44.0% are adults ages 25-59; and 28.1% are older adults ages 60 years and older. The majority of persons in Siskiyou County are Caucasian (79.5%) and Hispanic (10.3%). Native Americans represent (3.4%) of the population. There are a comparable number of males (49.9%) and females (50.1%) in the county.

As expected, the proportion of persons receiving Substance Use Disorder services shows a different proportion of individuals by age. There were 283 people who received one or more Substance Use Disorder services in FY 2014/15. Of these individuals, 6.0% were children ages 0-15; 26.9% were TAY ages 16-24; 62.9% were adults ages 25-59; and 4.2% were 60 and older.

The proportion of Substance Use Disorder clients by race/ethnicity include Caucasian (68.9%) and Hispanic (11.7%). The Native American community represents (13.8%) of the clients. All other race/ethnicity groups represented a small number of individuals. The majority of clients have a primary language of English (99.6%). There were an equal number of males (51.6%) and females (48.4%).

The penetration rate data shows that 0.6% of the Siskiyou County population received Substance Use Disorder treatment services. Of these individuals, children ages 0-15 had a penetration rate of 0.2%, TAY ages 16-24 had a penetration rate of 1.5%, adults ages 25-59 had a penetration rate of 0.9%, and older adults ages 60 and older had a penetration rate of 0.1%.

For race/ethnicity, persons who are Caucasian had a penetration rate of 0.5% and persons who are Hispanic had a penetration rate of 0.7%. The Native American community had a penetration rate of 2.5%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. There was a similar penetration rate for males (0.7%) and females (0.6%).

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

	Siskiyou County Population 2010 Census		Substance Use Clients FY 2014/15		Siskiyou County Population Substance Use Penetration Rate FY 2014/15
Age Distribution					
0 - 15 years	7,609	16.9%	17	6.0%	17 / 7,609 = 0.2%
16 - 24 years	4,935	11.0%	76	26.9%	76 / 4,935 = 1.5%
25 - 59 years	19,752	44.0%	178	62.9%	178 / 19,752 = 0.9%
60+ years	12,604	28.1%	12	4.2%	12 / 12,604 = 0.1%
Total	**44,900**	**100.0%**	**283**	**100.0%**	**283 / 44,900 = 0.6%**
Race/Ethnicity Distribution					
Caucasian	35,683	79.5%	195	68.9%	195 / 35,683 = 0.5%
Hispanic	4,615	10.3%	33	11.7%	33 / 4,615 = 0.7%
African American/Black	552	1.2%	11	3.9%	11 / 552 = 2.0%
Alaskan Native/Native American	1,549	3.4%	39	13.8%	39 / 1,549 = 2.5%
Asian/Pacific Islander	597	1.3%	1	0.4%	1 / 597 = 0.2%
Other/Unknown	1,904	4.2%	4	1.4%	4 / 1,904 = 0.2%
Total	**44,900**	**100.0%**	**283**	**100.0%**	**283 / 44,900 = 0.6%**
Language Distribution					
English	-	-	282	99.6%	-
Spanish	-	-	-	0.0%	-
Other/Unknown	-	-	1	0.4%	-
Total	-	-	**283**	**100.0%**	-
Gender Distribution					
Male	22,395	49.9%	146	51.6%	146 / 22,395 = 0.7%
Female	22,505	50.1%	137	48.4%	137 / 22,505 = 0.6%
Total	**44,900**	**100.0%**	**283**	**100.0%**	**283 / 44,900 = 0.6%**

h) Analysis of disparities identified in Substance Use Disorder services.

Figure 5 data shows that there is a high proportion of Substance Use Disorder clients who are TAY (26.9% compared to 11.0% in the population) and adults (62.9%) compared to adults in the population of (44.0%). The Native American community has a high proportion of clients (13.8% compared to 3.4% in the population). Also, a slightly higher proportion of Substance Use Disorder clients are Hispanic (11.7% of clients compared to 10.3% of the population). Clients who are Caucasian represent 68.9% of the clients compared to 79.5% of the population. Males represent a slightly higher proportion of clients (51.6% of clients compared to 49.9% of the population).

i) Analysis of disparities for Substance Use Disorder clients.

The SUD program offers Assessments, One to One Counseling, and Two Intensive Outpatient Programs (IOP) with no waiting list, 3-5 Life Works Out Patient groups per week. The SUD program also offers an Athlete's Committed Program, which is an early intervention for school aged youth. Additionally, they offer groups for youth incarcerated at Juvenile Hall and adults on Probation. There are also two Drug Courts, one for dependency and one AB 109. The SUD program provides an excellent resource for the courts.

The number of persons served by SUDS is also impacted by other SUD service providers in the county. When the private provider is taking new clients, the county SUD program sees a decrease in the number of persons seeking SUD services. Also, the county program requires that the person attend IOP groups only when they are abstinent. The private community SUD providers do not have the same restrictions. As a result, some people prefer receiving SUD services from community providers.

It has also been noted, that the county program has had difficulty in identifying and keeping veterans in the program. SUD staff has identified the need to expand group services for veterans that are not entitled to services through the VA to better meet their needs.

The Drug Medi-Cal program is currently under development. As we design and implement this program, we plan to incorporate the vision and objectives of the CLC Plan throughout the Drug Medi-Cal service delivery system.

j) Migrant workers who are Medi-Cal beneficiaries in the county by region.

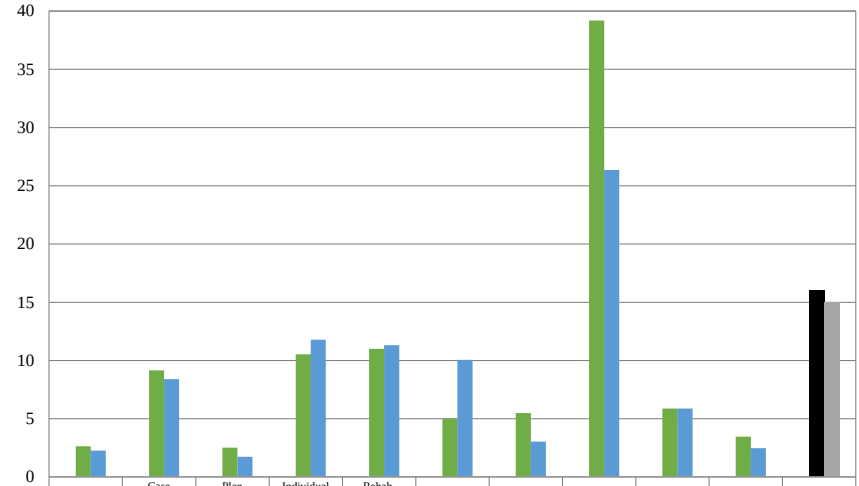
The County will be implementing a Latino Outreach and Collaboration program in East County, where the majority of our migrant workers reside. Outreach activities will include services structured after the Promotora delivery model which utilizes a Latino peer to provide bilingual/bicultural outreach and engagement, linkage to services, interpretation and support services to Latino individuals and their families. These services will include migrant workers and their families when appropriate.

2. Utilization of Mental Health Services (by age, ethnicity, gender)

Figure 6 shows the total number of hours, by type of mental health service, clients, and hours per client for FY 2013/14 and FY 2014/15. This data shows that in FY 2014/15, the 1,254 mental health clients received 18,747.3 hours of services. This calculates into an average of 15 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

Clients who received an assessment averaged 2.3 hours; plan development averaged 1.7 hours; individual therapy: 11.8 hours; rehabilitation: 11.3 hours; group: 26.4 hours; case management: 8.4 hours; medication management: 5.9 hours; and 2.5 hours of crisis intervention.

Figure 6
Siskiyou County Mental Health Services
Total Mental Health Hours, Clients, and Hours per Client
per Year, by Service Type
FY 2013-14 to FY 2014-15
All Mental Health Clients

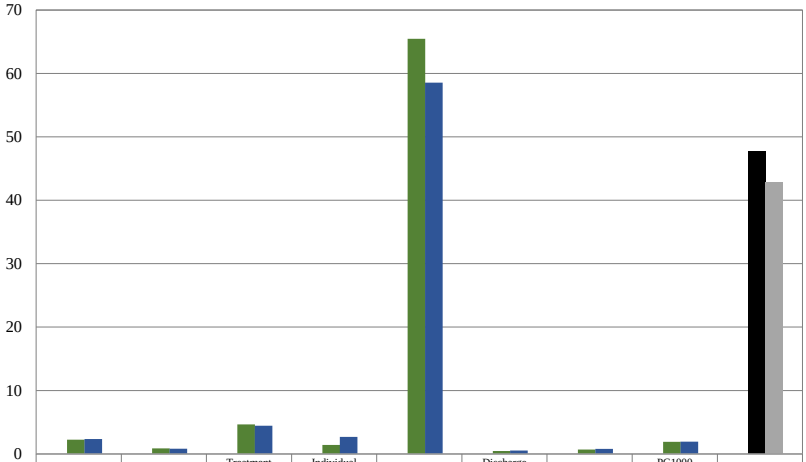


	Assessment	Case Management	Plan Development	Individual Therapy	Rehab. Individual	ICC/ IHBS	Collateral	Group	Medication	Crisis	Total
# Hours FY 2013-14	1,211.7	3,057.5	975.1	3,956.5	1,804.4	169.9	604.2	2,625.9	2,389.9	1,569.4	18,364.5
# Clients FY 2013-14	459	334	387	376	164	34	110	67	407	452	1,147
Avg. Hrs/Clt FY 2013-14	2.6	9.2	2.5	10.5	11.0	5.0	5.5	39.2	5.9	3.5	16.0
# Hours FY 2014-15	1,100.6	3,326.7	673.8	4,594.5	1,719.0	392.4	322.3	2,767.2	2,602.3	1,248.5	18,747.3
# Clients FY 2014-15	485	396	387	390	152	39	106	105	443	504	1,254
Avg. Hrs/Clt FY 2014-15	2.3	8.4	1.7	11.8	11.3	10.1	3.0	26.4	5.9	2.5	15.0

Figure 7 shows service utilization data for SUD clients. This data shows the total number of hours, by type of SUD service, clients, and hours per client for FY 2013/14 and FY 2014/15. This data shows that in FY 2014/15, the 283 SUD clients received 12,117.6 hours of services. This calculates into 42.8 hours per client. This data reflects the majority of treatment services provided are group focused with Intensive Outpatient Groups (IOP) occurring in 3 hour durations and Outpatient groups being 1.5 hours in duration. The additional data shows the number of clients and average hours for other types of services provided. The specific type of service provided is identified at the time of assessment and tailored to the client's need. Clients can receive more than one type of service and not all clients received all services. The number of clients varies by type of service.

Clients who received an assessment averaged 2.3 hours; case management: 0.8 hours; individual counseling: 2.7 hours; treatment planning: 4.5 hours; discharge planning: 0.5 hours; group: 58.6 hours. The majority of clients received group services (N-175). As the numbers demonstrate, SUD programs are predominately provided in a group manner; however, there are those clients who would also benefit from 1 to 1 counseling. Although case management services can be offered, most SUD participants do not request this intervention. The data also shows that treatment planning occurs regularly and is required by the State every 90 days.

Figure 7
Siskiyou County Substance Use Services
Total Substance Use Hours, Clients, and Hours per Client per Year, by Service Type
FY 2013-14 to FY 2014-15
All Substance Use Clients



	Assessment	Case Management	Treatment Planning	Individual Counseling	Group	Discharge Planning	Drug Testing	PC1000 Enrollment	Total
# Hours FY 2013-14	468.4	101.5	660.3	153.3	10,998.4	48.8	61.1	21.0	12,512.9
# Clients FY 2013-14	209	115	142	108	168	109	89	11	262
Avg. Hrs/Clt FY 2013-14	2.2	0.9	4.7	1.4	65.5	0.4	0.7	1.9	47.8
# Hours FY 2014-15	556.5	38.7	809.9	294.8	10,247.8	73.5	77.0	19.3	12,117.6
# Clients FY 2014-15	238	47	182	110	175	140	98	10	283
Avg. Hrs/Clt FY 2014-15	2.3	0.8	4.5	2.7	58.6	0.5	0.8	1.9	42.8

3. An analysis of the population assessment and utilization data, and conclusions drawn in terms of designing and planning for the provision of appropriate and effective specialty mental health services. The analysis includes:

In reviewing all of the above statistics for access to both SUD and Mental Health Service it is clear that the County needs to improve access to both types of services to our Hispanic community members. Although we have two (2) Spanish speaking staff and one (1) staff person who speaks Mien, the total number of person who are Hispanic and access our services is low. This disparity can be partially accounted for due to geography, as the community where most of our Spanish speaking members live is over 90 minutes' drive in each direction.

At present, we do not have any Spanish speaking SUD treatment providers; however, the Agency does have a Spanish speaking Behavioral Health Specialist who is available to provide translation services. The other factor, which highly contributes to a lack of Spanish speaking consumers, is that a great majority of this community work long hours in the fields and services are not available in their home community in the evenings. Mental Health sends a therapist and behavioral health specialist to the East County region 1-2 days per week, during business hours. At this time, the SUD program does not provide treatment in this region. The statistics suggest that there would be a higher penetration rate for Hispanic community members if services were provided within their community. At the present time,

our SUD program has three (3) vacant positions and they are actively recruiting to hire new staff.

We will continue to monitor service delivery and work toward providing interpreter services for both SUD and Mental Health services to our Hispanic community. In addition to monitoring the penetration rate and providing interpreter services, we will be starting a Promotora service to provide outreach and engagement in our East County region. This service is expected to increase access to both Mental Health and SUD 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.

1. We strive to expand the number of services available in Spanish. Currently, these services are administered by Siskiyou County Behavioral Health and through our contract with The Language Line. We have a bi-lingual telepsychiatrist and recently hired a full time bi-lingual case manager in an effort to continue to improve mental health access for Latino and monolingual Spanish-speaking consumers. The department will be sending her to specialized Promotora training to assist her with providing more culturally appropriate services to our Latino/Hispanic communities. We are committed to recruiting and retaining bi-lingual staff to provide culturally relevant services to Spanish speaking consumers. Demographically, the highest concentration of bi-lingual and mono-lingual Spanish speaking consumers reside in Eastern Siskiyou County; the Agency will make every effort to assign our bi-lingual staff to the area that constitutes the "Eastern" County. The focus will be to provide direct services and to create and maintain linkages with other programs to ensure that Latino consumers receive appropriate services.

2. We participate in many multi-cultural events each year. Specifically for our Hispanic/Latino population, department staff participate in the Tulelake/Butte Valley Fair and the Health Fair in East County hosted by the FQHCs. For our older adult population we staff a booth during the Senior Fair each year and for our Veterans we are available with information and support during Armed Forces Day and collaborate on the Stand Down each May.

3. The Department has incorporated training and promotional materials to the local schools to help reduce bullying, suicides, and stigma by including this information with the Athlete's Committed and Prevention presentations. In addition we have started a Youth Empowerment Program in our Happy Camp area to engage children with early signs of behavioral problems and intend to eventually expand this program to other schools in the County.

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.

Individuals who staff our 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.

Behavioral Health Services Agency *Programs & Services Guide* brochure (in English and Spanish) highlights available services, including culturally-specific services. In addition, the brochure 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 center throughout the county.

A *Provider List* is available to clients which lists provider names, population specialty (children, adult, veterans, LGBTQ, etc.), services provided, language capability, and whether or not the provider is accepting new clients. This list is provided to clients upon intake and is available at our clinics and wellness center. The Provider List is regularly updated.

We use a Behavioral Health Access Log to ensure that we inform each new client about the availability of free language assistance services. This document is completed by front office health assistance staff, added to the Access Log and client's electronic health record. This notification is in client's permanent record and available for Clinicians and/or Health assistance to make to appropriate arrangements for interpreters as requested.

C. Outline the process for capturing a client's need for an interpreter and the methods for meeting that need; identify issues and methods of mitigation.

Our 24/7 Access Log includes a field to record a client's need for interpreters. There is a least one bilingual staff person working in our clinic. This individual is able to communicate with any caller who speaks Spanish. The new clients are offered an assessment with a Spanish speaking interpreter, whenever possible.

Our Behavioral Health Access Log allows us to document when a client requests an interpreter. This information is added to the electronic Access Log and client's electronic health record.

Currently, we have a policy in place that outlines the requirements and processes for meeting a client's request for language assistance, 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 Compliance Officer reviews complaints and grievances. The grievance log records if there are any issues related to cultural competency or MHSA Community Planning. The Compliance

Officer reviews all issues and determines if the resolution was culturally appropriate. The Department also reports a summary of all grievances to the State and the Behavioral Health Board on a quarterly basis.

It has been identified that the Ethnic Services Coordinator should be notified of any cultural grievances. The Department will develop a protocol to include the ESC in the summary reports when cultural issues arise.

IV. STAFF AND SERVICE PROVIDER ASSESSMENT

A. Staff and Provider Assessment Data

The Behavioral Health staff responded to a Staff and Volunteer Ethnicity and Cultural Competence Survey in January 2016. There were 88 staff (N=76), providers (N=6), and one Behavioral Health Board member who responded to the survey. Fifty percent (50%) were direct service staff, 17% Administration/Management, and 33% Support Service/ Fiscal/Clerical staff. Sixty-nine (69%) worked in mental health services, 19% in alcohol and drug services, and 23% in transportation. The results of their surveys are provided in the following sections.

1. Current Composition

a) Ethnicity and Language:

Of the 82 staff who reported race/ethnicity, 85% are Caucasian, 9% American Indian/Alaska Native, 4% Hispanic, 1% Asian, and 1% Black/African American. Eight staff (8%) are bilingual, and 92% not.

Of the seven bilingual staff, four speak Spanish, and one each speaks Mien, Japanese, and American Sign Language (ASL). Four staff reported being proficient in reading and writing: three in Spanish and one in Japanese. Three staff reported providing interpreter services as part of their job function.

b) Gender and Sexual Identity:

The majority of staff are female (63%). Three of our staff are gay/lesbian, one bisexual, and 90% heterosexual/straight.

c) Staff with Lived Experience and/or Family Member of a Consumer:

Of the 66 staff who responded to the question: "Do you consider yourself to be a consumer of specialty mental health services?", fifty-seven (97%) said "No" and two (3%) responded "Yes". Of the 88 staff who responded to the question: "Are you a family member of a consumer of specialty mental health services?", seventy-six (86%) said "No" and twelve (14%) responded "Yes".

d) Staff with Military Experience:

Of the 87 staff who responded to the question: "Have you served in the military?", sixty-eight (78%) said "No", eleven (13%) said they have served in the military, one (1%) reported being active military, and seven (8%) responded that they are family of military.

2. Analyze staff disparities and related objectives.

Over the past several years, we have expanded the number of bilingual, bicultural staff. However, there is a need to continue to increase the number of bilingual, bicultural staff throughout Behavioral Health. It is our goal is have all Spanish speaking clients receive services in their primary language, whenever possible.

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 bilingual, bicultural staff. While 15% of our workforce is bicultural, only 4% are Hispanic and 3% are bilingual Spanish speakers (N=3). It is our goal to have at least 7% of our workforce, being bilingual/bicultural Hispanic. We also continue to support bilingual, bicultural individuals in the community to pursue careers in social work and related fields, through our WET program. This can be an effective way to increase the number of bilingual, bicultural staff in our program. We also offer a 5% pay differential for bilingual staff.

We surveyed our staff and volunteers (N=88) to obtain information about their jobs and their experience with promoting a culturally and linguistically competent work environment. Figure 8 shows the employment status and primary job function of the staff who responded to the survey. Of the 83 people responding about employment status, 92% reported they were county staff or a volunteer (N=76). There were six (6) contract providers (7%) and one (1) Mental Health Board member (1%). Of the 88 people who repeated Primary Job Function, 50% said they deliver direct services, including clinical, case management, and medications (N=44). Support staff, including Fiscal and Clerical represent 33% of the respondents (N=29) and 17% were Administration and Management (N=15).

Figure 9 shows that 86 people responded which departments they worked in. Respondents were allowed to select more than one category. The majority of people were employed in Mental Health (69%), Alcohol and Drug (19%) and Transportation (23%) were the other departments reported.

Figure 8

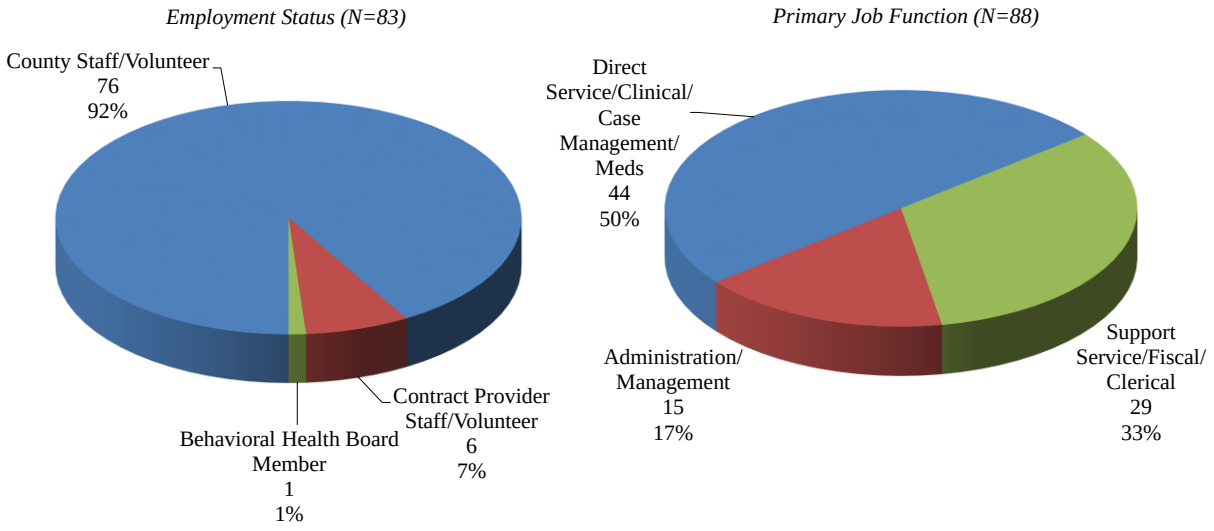
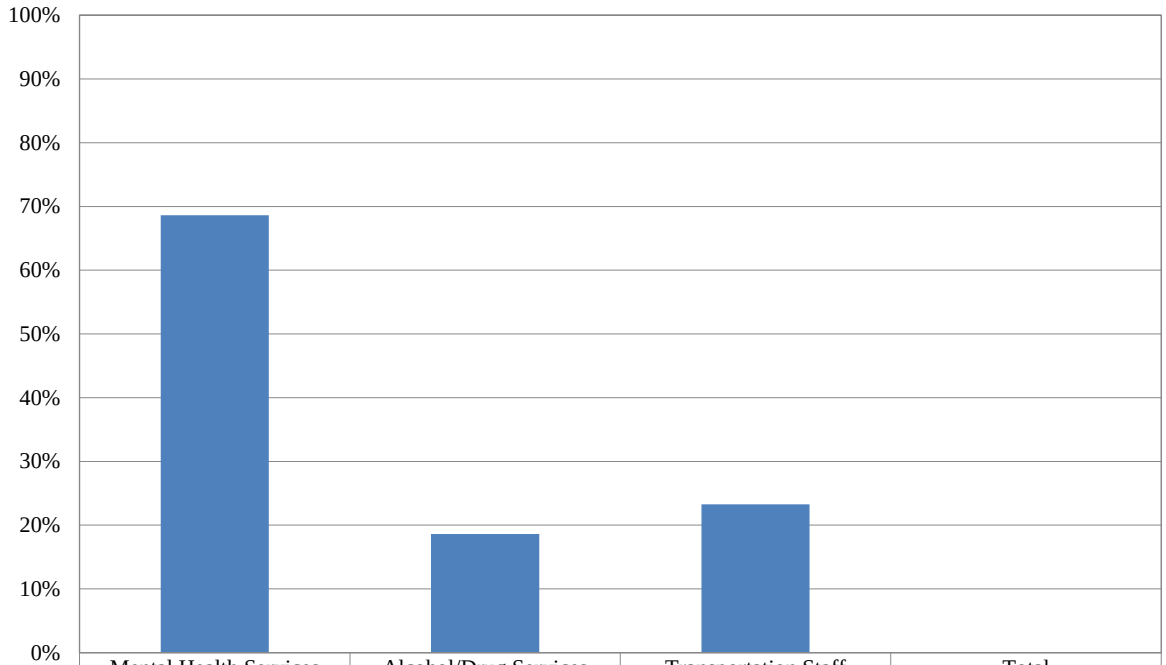


Figure 9

Which department(s) do you work in? (Check all that apply.)

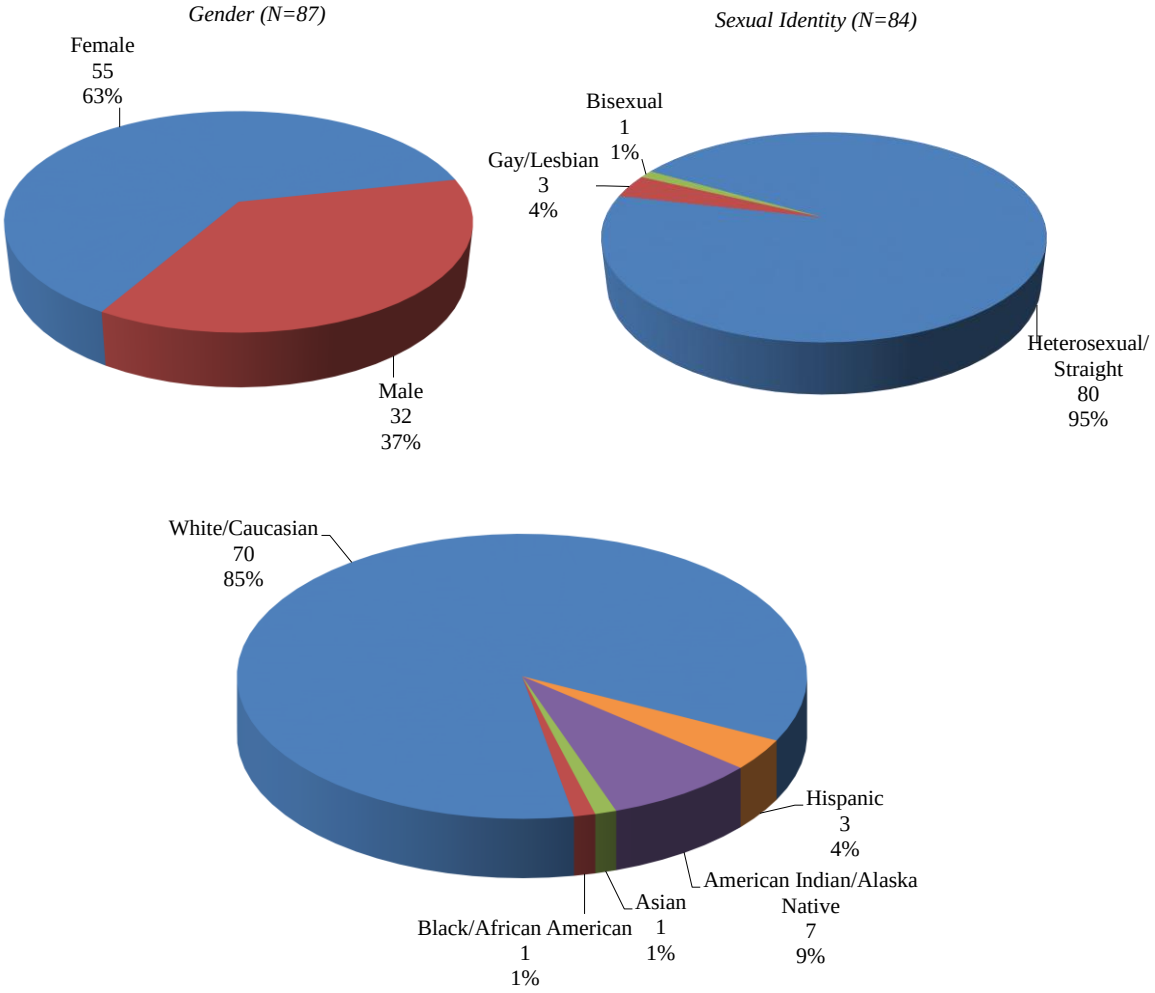
Respondents may choose multiple responses (N=86 Respondents)



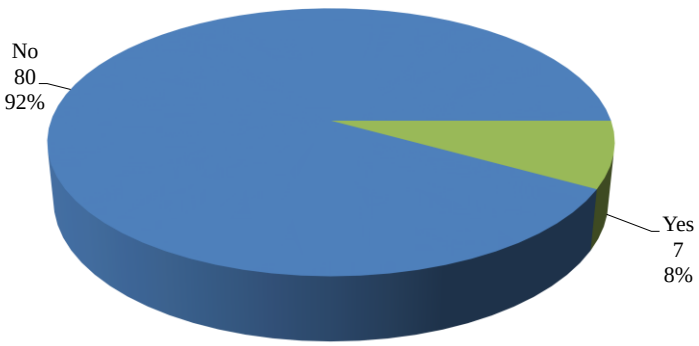
	Mental Health Services	Alcohol/Drug Services	Transportation Staff	Total
# Respondents	59	16	20	86
% Respondents	69%	19%	23%	100%

Demographic information for the respondents (see Figure 10) show that 63% of the staff are females, 95% reported sexual identity as Heterosexual/Straight, 85% White/Caucasian, and 8% bilingual.

Figure 10



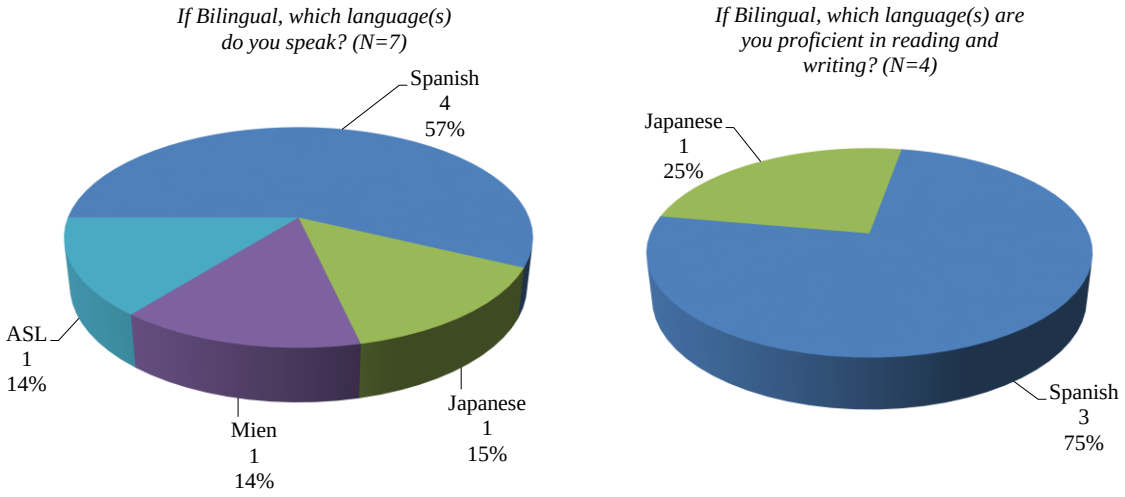
Do you consider yourself Bilingual? (N=87)

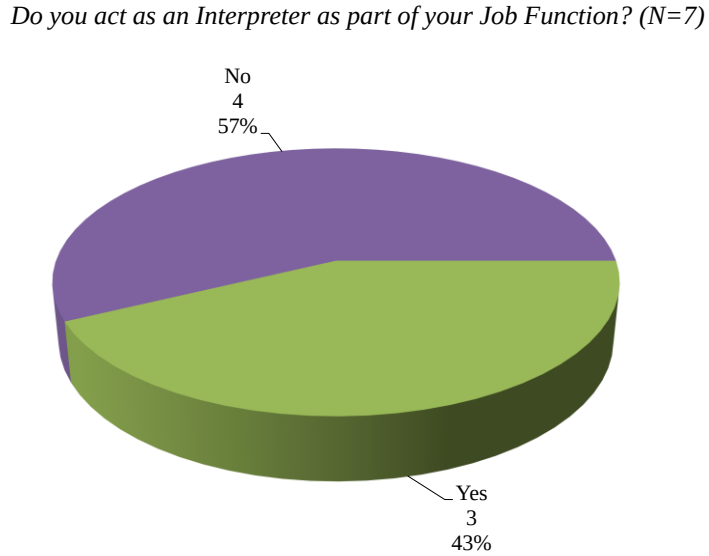


Demographic data is also shown in Figure 11. Of the seven (7) people who are bilingual, 4 people speak Spanish (57%), and 1 each speaks Japanese, Mien, and American Sign Language (ASL). Three of the staff reported that they provide intervention services (43%).

Of the 60 staff who responded to the question "Do you consider yourself a consumer of specialty mental health services?" 3% said "Yes" (N=2). Of the 88 staff who responded to the question "Are you a family member of a consumer of specialty mental health services?" 14% said "Yes" (N=12).

Figure 11





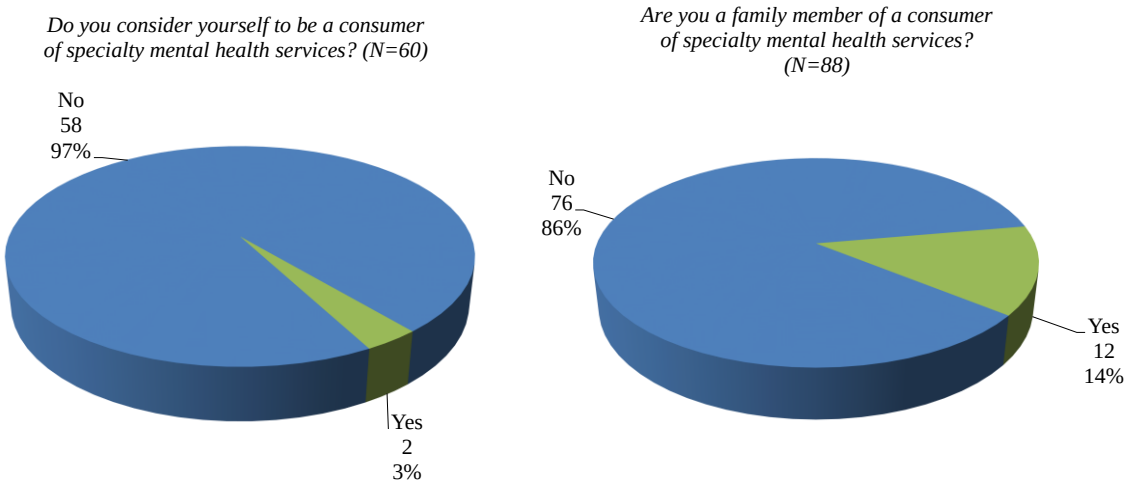


Figure 12 shows the number of staff who served in the military. Eleven (11) reported that they served in the military (13%), seven (7) said they were family of military (8%) and one (1) reported being active military.

Figure 13 shows the summary responses for the 88 staff who completed the survey. Please note that some staff did not answer all of the questions. For each question, the staff answered Almost Always (Green), Often (Blue), Sometimes (Purple), or Almost Never (Red). The survey results show that over 50% of the respondents answered Almost Always to three questions:

- "I recognize and accept that consumers make the ultimate decisions about their treatment, even though they may be different from my own beliefs" (78%),
- "I am flexible and adaptive, and initiate changes to better meet the needs of consumers and family members from diverse cultures." (60%),
- "I am mindful of cultural factors that may influence the behaviors of consumers and family members." (68%).

There were two statements that identify an opportunity for training. Over 30% of staff responded Almost Never to these two statements:

- "I have developed skills to utilize an interpreter effectively." (31%)
- "I write public reports and communicate in a style and reading level that can be easily understood by consumers and family members." (31%).

These are areas we can support and train staff to develop the skills to feel comfortable utilizing an interpreter and write reports that are easy to understand.

Figure 12

Have you served in the military? (N=87)

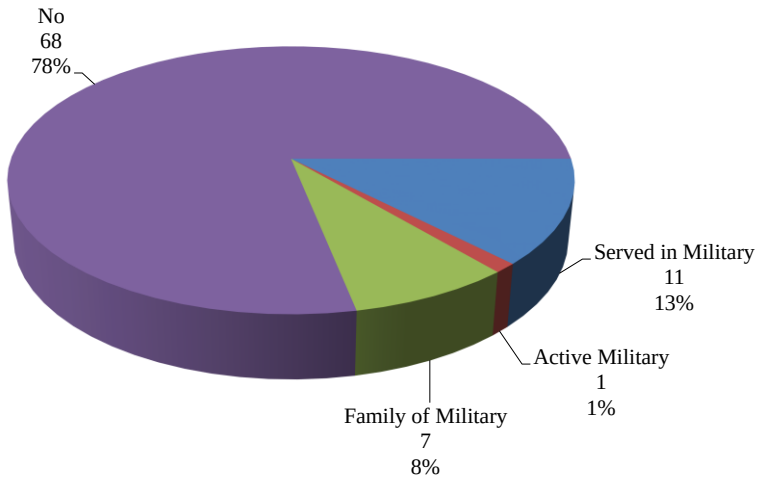


Figure 13

Survey Responses N=88

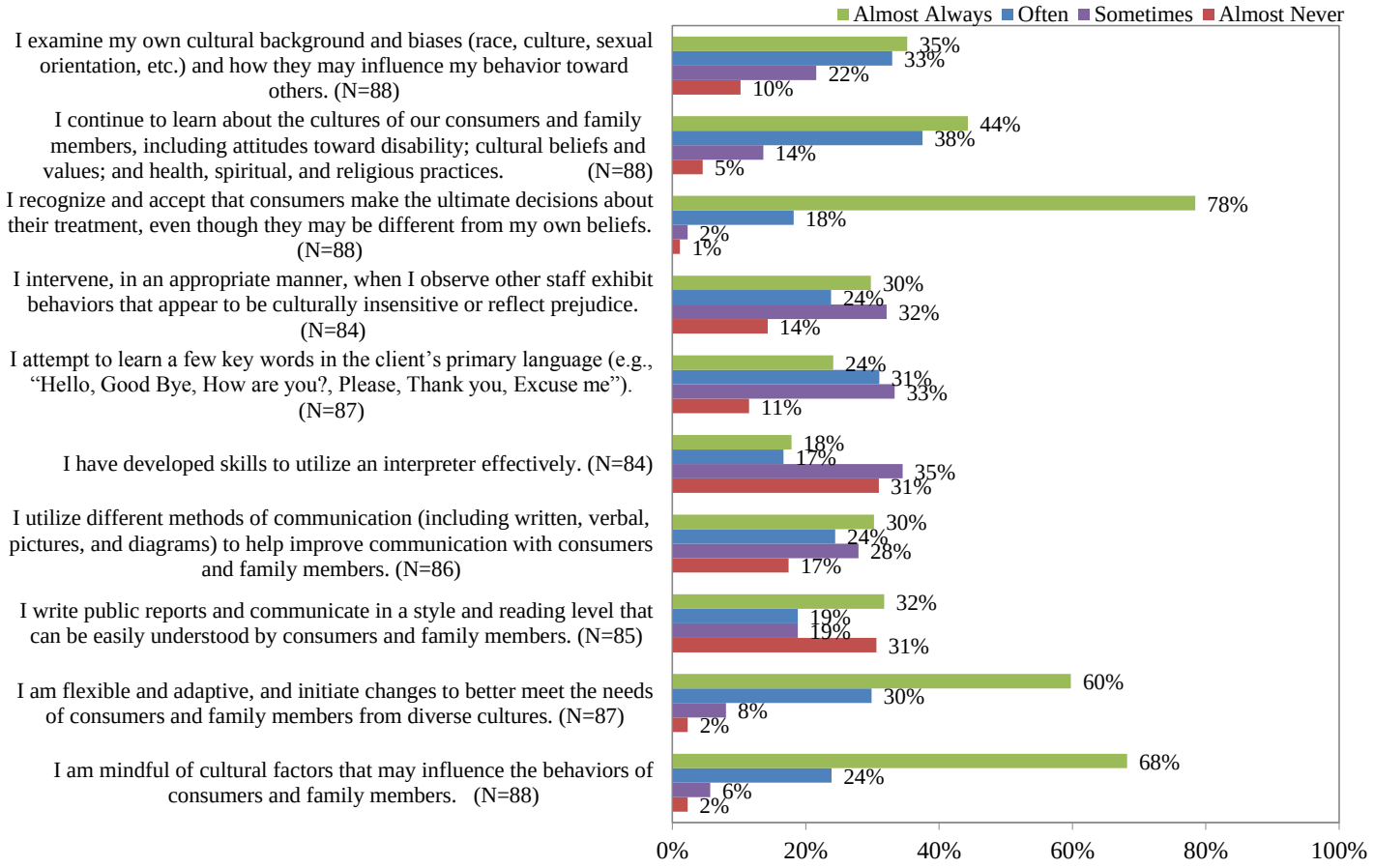


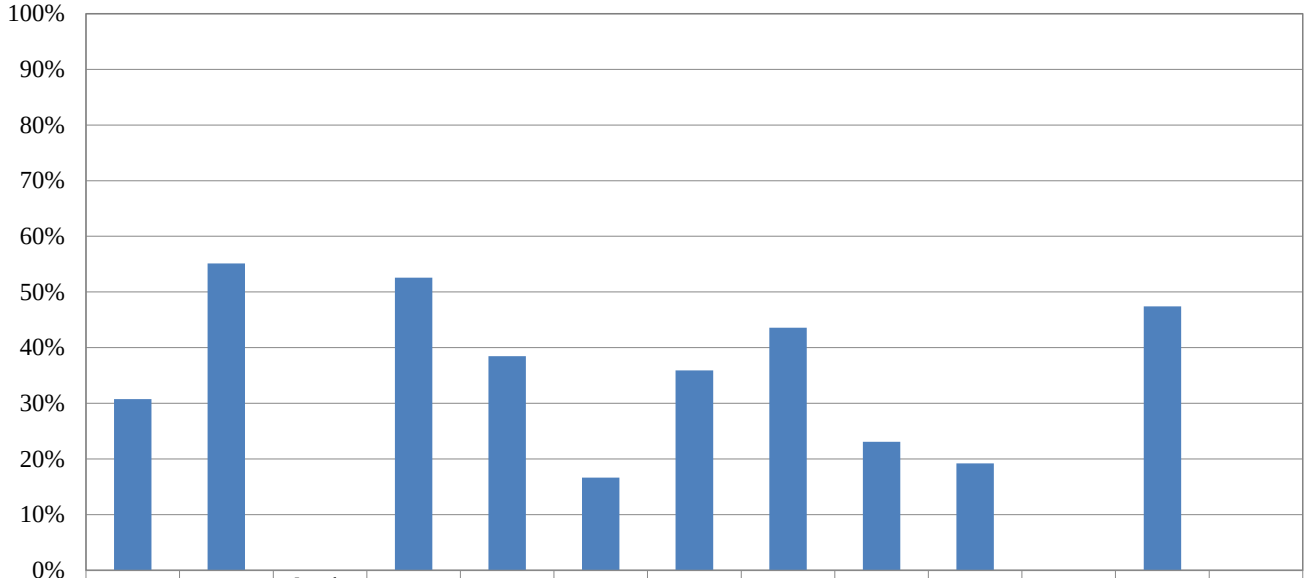
Figure 14 shows the number of staff (N=77) who have participated in Professional Development activities in the past 6 months. The lowest reported activities were:

- "I sought guidance about a cultural issue that arose during therapy/service delivery." (No responses)
- "I talked to a friend/associate about how our racial difference affects our relationship." (No responses)

Figure 14

Please indicate which of the following Professional Development Activities you have participated in the Past Six Months:

Respondents may choose mult



	I recognized a prejudice I have about certain people.	I talked to a colleague about a cultural issue.	I sought guidance about a cultural issue that arose during therapy/ service delivery.	I attended a multi-cultural training seminar.	I attended a cultural event.	I attended an event in which most of the other people were not my race.	I reflected on my racial identity and how it affects my work with clients.	I read a chapter or an article about multicultural issues.	I read a novel about a racial group other than my own.	I sought consultation or supervision about multicultural issues.	I talked to a friend/ associate about how our racial difference affect our relationship.	I challenged a racist remark - my own or someone else's.	Total
# Respondents	24	43	0	41	30	13	28	34	18	15	0	37	78
% Respondents	31%	55%	0%	53%	38%	17%	36%	44%	23%	19%	0%	47%	100%

Based on survey results, the CLC identified the need for training around using interpreters for providing ongoing services.

3. Identify barriers that impede progress in your objectives, and methods of mitigation.

The primary barrier to meeting our goal of expanding our bilingual, bicultural staff is our pay and benefits package. As a small rural county, our salaries and benefits are lower than larger counties. As a result, it is difficult to recruit and retain staff. We have found that we are occasionally able to hire social work interns. However, once these interns become licensed, they leave our county for higher paying positions in larger counties.

V. TRAINING IN CULTURAL COMPETENCE (2015)

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

A. List training and staff attendance by function:

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

Description of Training	Attendees	Attendees by Function	Date
Clinical Meeting	Clinical Team/CM	2	Ongoing/monthly
Documentation	Clinicians/CM	1,2	4/22/15
Compliance, Privacy & Security	All Staff	1,2,3,4,5	8/19/15
Code of Conduct/Ethics Annual Review and Attestation	All Staff	1,2,4,5	7/15/15
Basic Psychopharmacology	Clinicians/CM	2	8/19/15
Crisis/5150 Training W/ BHS Program Coordinator	Clinical/CM	2	Quarterly, as needed
Language Line and 24/7 Access Line	HID	4	9/17/15

B. List training and staff attendance of cultural competence training provided through **outside** agencies/resources other than the County's internal training process. Include trainings established by direct services contractors:

Description of Training	Attendees	Attendees by Function	Date
Evidence Based Case Management: Core Skills	Case Managers	2	11/10/15
Cognitive Behavioral Approaches	Case Managers	2	11/6/15
Motivational Interviewing Skills	Case Managers	2	11/20/15
Law and Ethics	All staff	1,2,3,4	2/4/15
5150 Laws	All Staff, Law Enforcement	1,2,3,4	2/3/15

Description of Training	Attendees	Attendees by Function	Date
Tobaccos Role in Wellness & Recovery	Clinical, AOD	1,2,3	6/17/15
Med-Cal Documentation/Chart Review	Clinical/CM/MEDS	1,2	8/12/15
DSM-V	Clinicians/CM/AOD	1,2,3	8/20/15
Diversity & Older Adults	All Staff	1,2,3,4,5	12/10/15

VI. 2015-2016 CLC PLAN OBJECTIVES

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

1. Cultural and Linguistic Mission: To provide leadership that promotes equity of services through policy, practices, and allocated resources.
2. To expand the behavioral health workforce by recruiting, promoting, training, and supporting culturally- and linguistically-diverse leadership and workforce of staff, consumers, TAY, and family members that is responsive to our community needs.
3. To provide culturally- and linguistically-appropriate behavioral health services, and easy-to-understand informing materials in our threshold languages (Spanish and English), to the community, and to improve access for persons who are Hispanic, Native American, and other race/ethnicity groups; TAY and older adults; veterans; Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) individuals; persons released from jail; additional cultures; and family members.
4. To deliver behavioral health services to clients and family members in their primary language whenever possible, including language assistance at no cost to the consumer.
5. To conduct cultural competence training programs for behavioral health staff and collaborative community partners.
6. To deliver behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including in diverse community settings (e.g., churches, senior centers, schools, and other rural community locations).
7. To develop outreach and education activities focused on providing information about mental health services for groups and organizations known to serve the Hispanic and Native communities in the least restrictive environment (e.g., Karuk Community, churches, etc.).
8. To promote the delivery of culturally-competent services through the expansion of the behavioral health Quality Improvement Committee (QIC), the Cultural and Linguistic Competence Committee (CLCC), and other committees in order to increase the proportion of persons who reflect the diversity of the county, for example expanding membership for persons who are Hispanic, Native American, TAY, LGBTQ, and veterans.
9. 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.
10. To create and support a culturally safe environment to promote understanding, equity, and positive communication.