Cultural and Linguistic Competence Plan

FY 24-25

SISKIYOU COUNTY BEHAVIORAL HEALTH DIVISION

Table of Contents

List of Abbreviations

ABGAR—Annual Beneficiary Grievance and Appeal Report

ASQ/SE—Ages and Stages Questionnaire/Social-Emotional

BHP—Behavioral Health Plan

CLAS—Culturally and Linguistically Appropriate Service Standards

CLCC—Cultural and Linguistic Competence Committee

CLCP—Cultural and Linguistic Competence Plan

CPP—Community Partnership Planning

DHCS—Department of Health Care Services

EHR—Electronic Health Record

EQRO—External Quality Review Oversight

ESM—Ethnic Services Manager

LGBTQIA2-S—Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual/Ally, and Two-Spirit

MHSA—Mental Health Services Act

MMEF—Monthly Medi-Cal Eligibility File

PEI—Prevention and Early Intervention

QIC—Quality Improvement Committee

SUD—Substance Use Disorder

TAY—Transitional-aged youth

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Overview

Siskiyou County Health and Human Services Agency Behavioral Health Division strives to deliver culturally, ethnically, and linguistically appropriate services to behavioral health clients and their families. The Behavioral Health Plan (BHP) recognizes the importance of developing services that are sensitive to other cultures, including consumers in recovery (from mental health and/or substance use disorders), the Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual/Ally, and Two- Spirit (LGBTQIA2-S) community, various age groups (children, transitional aged youth – TAY, adults, and older adults), faith-based, physically disabled, and persons involved in the criminal justice system.

Developing a culturally and linguistically competent system requires commitment and dedication from leadership, staff, and the community to continually strive to learn from each other and through ongoing training and education. The BHP is committed to providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs, practices, and preferred languages. This vision is reflected in the BHP informing materials and client treatment plans. The integration of these values creates a forum for ensuring that we continually enhance our services to be culturally and linguistically relevant for youth and adult clients, and their families.

The following Cultural and Linguistic Competence Plan (CLCP) reflects the BHP's ongoing commitment to providing equitable access to services and quality of care. The CLCP addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder services, including the Culturally and Linguistically Appropriate Service Standards (CLAS).

Criterion 1 — Commitment to Cultural Competence

Mission Statement and Core Values

The BHP's mission is to promote the prevention of and recovery from mental illness and substance abuse for the individuals, families, and communities served by providing accessible, caring, inclusive, and culturally respectful services.

The BHP's core values include the following:

- Promotion of wellness and recovery
- The integrity of individual and organizational actions
- Dignity, worth, and diversity of all people
- The intrinsic worth of our clients as human beings
- Importance of human relationships
- Open and honest communication amongst our members
- Contributions of each employee
- Creation of an environment by which all persons can thrive and grow

The BHP is dedicated to developing, implementing, monitoring, and reviewing the following eight objectives:

1. Maintain accurate and reliable demographic and service-level data to measure and evaluate the impact of services and outcomes. The BHP expects leadership to promote equity of services through culturally responsive policies, practices, and procedures.
2. Expand the behavioral health workforce by recruiting, promoting, training, and supporting culturally and linguistically diverse leadership and expanding the workforce to include consumers and family members to create a better response for the needs of the community.
3. Provide culturally and linguistically appropriate behavioral health services, in an easy-to-understand written format in our two prominent languages (Spanish and English), as well as the Medi-Cal Manual in audio (English only). If needed, language assistance at no cost to the consumer. The BHP contracts with the AT&T Language Line to provide this no-cost service to our non-English speakers.
4. Improve access for all racial, ethnic, and cultural groups, including Hispanic, and Native American populations, TAY, older adults, veterans, LGBTQIA2-S individuals, persons involved in the criminal justice system, homeless individuals, foster care children, and consumer family members.
5. Provide at least two culturally informed trainings per fiscal year for behavioral health staff, contractors, and collaborative community partners. Deliver behavioral health services, including outreach and education, throughout Siskiyou County, in collaboration with other community partners. Provide co-located services whenever possible, including in diverse community settings known to serve Hispanic and Native populations in the least restrictive environment.

6. Increase the proportion of persons who reflect the diversity of the county by expanding membership for the Quality Improvement Committee (QIC), the Cultural and Linguistic Competence Committee (CLCC), and other committees.
7. Hold personnel and contractors responsible for showing sensitivity to cultural and ethnic differences to ensure that clients and co-workers feel welcome, safe, understood, and respected at the MHP.

Code of Conduct

All BHP personnel are committed to a belief in the dignity and worth of the individual human being. BHP staff members at all levels maintain high ethical standards concerning their duties as they come in contact with clients, other service providers, support personnel, and the public.

Non-Discrimination Statement

The Siskiyou County Behavioral Health Division provides equal care to all individuals seeking and receiving services regardless of age, race, ethnicity, physical ability, attributes, religion, sexual orientation, and gender identity or expression. Signs in English and Spanish are posted at clinic sites.

Training and Recruitment

The Siskiyou County Personnel Department assists with recruitment through local and online media as well as government websites.

The Department Compliance Officer assists with providing new employee orientation that meets mandated requirements through the BHP. All policies and procedures are available to staff electronically and are provided to contractors when their contracts are fully executed or if the policies are updated.

The Quality Assurance Manager provides new employee orientation to the rules and regulations of the BHP as they pertain to appropriate treatment planning and documentation mandates per DHCS.

Contract Requirements, Provider Selection, and Certification

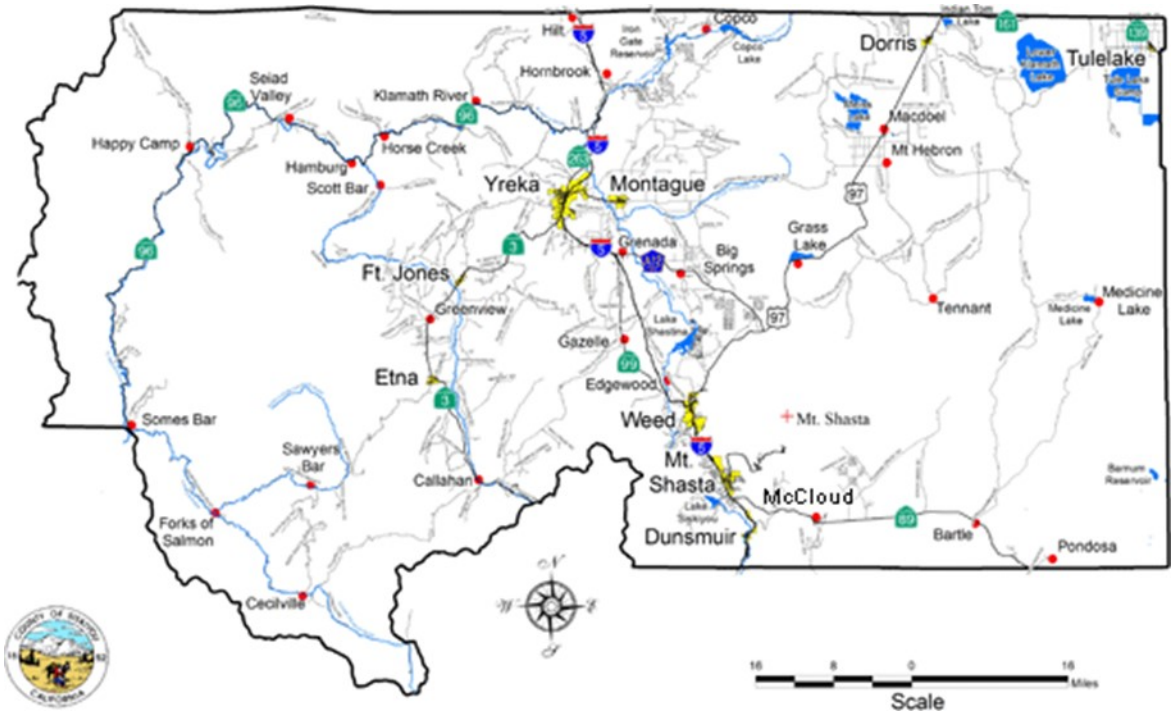
The Siskiyou County Health and Human Services Agency Behavioral Health Division is committed to ensuring beneficiary access to services through its network of county and contracted providers. Before entering into a contract, the BHP certifies that organizational providers comply with CCR, Title 9, Chapter 11, Section 1810.435 and the BHP Contract, Exhibit A, Attachments 7 and 11.

The BHP does not discriminate against providers that serve high-risk populations or specialize in conditions that require costly treatment. The BHP does not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely based on that license or certification. If the BHP declines to include an individual or groups of providers in its network, affected providers are given written notice of the reason for its decision. The BHP does not employ or contract with providers excluded from participation in federal health care programs under either section 1128 or section 1128A of the Act. Additionally, the BHP complies with any additional requirements established by the State.

County Demographics

Siskiyou County is a geographically large, rural county with a population of 42,905 persons, located in the Shasta Cascade region of Northern California. Approximately 6,350 square miles, Siskiyou County is geographically diverse with lakes, dense forests, and high desert. The County seat, Yreka, is located on Interstate 5 (I-5) about 20 minutes south of the Oregon border. However, many towns and cities are located off the I-5 corridor and accessible primarily by two-lane roads with minimal public transportation to outlying areas in East County (Butte Valley) and West County (Klamath River corridor/Happy Camp). Geography and distance play an important role in determining service delivery for the BHP.

Figure 1: Siskiyou County Map



The major population centers in Siskiyou County exist along I-5, as indicated by Figure 1 above. Only nine cities in the County are incorporated. The County's public transportation system operates buses connecting the more populated areas, however, trips to some communities occur only once per day, or in some cases, once per week. Siskiyou County Behavioral Health is located in Yreka, the County seat. To assist with meeting the needs of clients throughout the County, the BHP operates a satellite clinic in Mt Shasta, the second-largest city in the County, and provides school and Family/Community Resource Center based services in outlying communities. Round trip mileage from the incorporated cities to Yreka is as follows:

Tulelake 158 miles
Dorris 106 miles
Dunsmuir 95 miles
Weed 56 miles
Fort Jones 30 miles
Happy Camp 132 miles
McCloud 98 miles
Mt. Shasta 74 miles
Etna 54 miles
Montague 16 miles

Governance

The Board of Supervisors, acting with the advice of the County Administrative Officer and various department heads may determine the compensation, number, and general duties of personnel employed by the County. The board is authorized to perform other duties and exercise any other powers which are granted by or are in compliance with the laws of the State of California.

Leadership

The BHP Director, Clinical Director, and the Siskiyou County Behavioral Health Board have the authority and responsibility to integrate cultural competence throughout Siskiyou County BHP services.

Ethnic Services Manager (ESM)

The BHP Director has delegated the development and oversight of the cultural competence committee to the Quality Assurance Manager, who also serves in the role of state- mandated ESM.

The ESM works closely with the Director, MHSA Coordinator, and the Compliance Officer, and is a member of the Executive Management Team. The ESM reports recommendations of the Cultural and Linguistic Competence Committee to the Director and offers recommendations to ensure the agency is in full compliance with the CLAS standards.

Cultural and Linguistic Competence Committee (CLCC)

The CLCC is committed to promoting the delivery of services and information to residents of Siskiyou County responsively and respectfully toward the individual attitudes, beliefs, customs, and practices of the various cultural and ethnic groups represented within the county. The CLCC has four primary functions:

1. Review departmental services, programs, and data concerning cultural competency issues.
2. Participate in the overall planning and implementation of the County services.
3. Participate in and review the County MHSA planning process and outcomes.
4. And directly transmit recommendations and concerns to the administration and the Quality Improvement Committee.

The Committee meets every other month and to the extent possible, has participation from ethnic, racial, and cultural groups represented in the community. The Committee is comprised of the Director, ESM, MHSA Coordinator, Clinical Services Site Supervisor, line staff, Wellness Center staff, and two consumers. Members are continuously working to recruit additional consumers, TAY, family members of consumers, and community stakeholders.

Criterion 2 — Updated Assessment of Service Needs

County Demographics

Age

The U.S. Census Bureau changed the demographic age groups after the 2020 Census. This report has been updated to reflect the age groups as shown in the 2023 Census estimates, so a comparison to previous years is unavailable. Unlike many counties in California, the overall population of Siskiyou County decreased from 44,077 to 42,095 (2.7%) between 2020 and 2023. As demonstrated in Table 1, about half (50.1%) of the residents are between the ages of 18 and 64, and over a quarter (28.7%) are above the age of 65.

Table 1: Siskiyou County Age Distribution

Age Group	2022 Pct	2023 Pct
0-5 years	4.8%	4.4%
6-17 years	15.2%	15.3%
18-64 years	52.5%	50.1%
65+	27.6%	28.7%

Race/Ethnicity

As illustrated in Table 2, Siskiyou County is a fairly homogenous county comprised primarily of White/ Caucasian citizens (74.1%). The second-highest total number of citizens in the County identify as Hispanic (13.7%), and a much lower number identify as of Alaskan Native/American Indian descent (5.3%). Siskiyou County's Asian/Pacific Islander (2.3%) and Black/African American populations (1.5%) are fairly similar in total number. Hispanic was identified as an ethnicity, not as a race. The percentage is compared to the total population.

Table 2: Siskiyou County Race and Ethnicity Distribution

Race/ Ethnicity	2022 Pct	2023 Pct
Alaskan Native or American Indian	4.6%	5.3%
Asian or Pacific Islander	2.1%	2.3%
Black or African American	1.1%	1.5%
Hispanic	14.1%	13.7%
White or Caucasian	76.2%	74.1%
Two or More Races	11.5%	6.0%

Gender

The gender distribution between males and females is approximately equal (Table 3).

Table 3: Gender Distribution

Gender	2022 Pct	2023 Pct
Male	49.5%	49.9%
Female	50.5%	50.1%
Total	**100%**	**100%**

Language

The language distribution for the county population (Table 4) shows that English speakers are the highest percentage of residents at 90.3% and that Spanish-speaking residents comprise approximately 7.1% of the population.

Table 4: Siskiyou County Language Distribution

Language	2022 Pct	2023 Pct
English	90.6%	90.3%
Spanish	6.9%	7.1%
Other	2.5%	2.6%
Total	**100%**	**100%**

Monthly Medi-Cal Eligibles by Demographics

Regarding the calculation of penetration rates, the Siskiyou BHP uses a different method than that used by the California External Quality Review Organization (CalEQRO). For data-driven decisions, the BHP monitors the SmartCare penetration data monthly and annually reviews the CalEQRO data for the small-rural counties comparison. These two data sources often differ significantly in the penetration rates due to a recode that occurs when comparing unduplicated race and ethnicity data in the Electronic Health Record (EHR) to the monthly average Medi-Cal enrollee count.

The following includes a summary of the Medi-Cal Eligibles, Medi-Cal beneficiaries served by the BHP, and penetration rates by race/ethnicity, age, gender, and language. The data for the Medi-Cal Eligibles was obtained from DHCS, the number of Medi-Cal beneficiaries served comes from the BHP's EHR, and the penetration rates are obtained monthly throughout the fiscal year.

Race/Ethnicity

Table 5 describes the BHP's penetration rates by race and ethnicity. The overall penetration rate for the BHP was 5.41% in fiscal year 23-24. The White/Caucasian rate was 6.38%, Native American was 5.22%, Hispanic was 3.51%, and both the Asian/Pacific Islander and the Black/African American rates were not able to be calculated by the EHR in comparison with MMEF eligibles due to suppression of numbers lower than 11.

Table 5: Race/Ethnicity Penetration Report (SmartCare FY 23-24)

Race/Ethnicity	MMEF Eligibles	SDMC Clients Served	Penetration Rate (%)
Alaskan Native or American Indian	997	52	5.22%
Asian or Pacific Islander	456	<11	<2.41%
Black or African American	360	<11	<3.06%
Hispanic	2,795	100	3.51%

White	13,001	829	6.38%
Other	2,838	114	4.02%
TOTAL	**20,447**	**1,106**	**5.41%**

The BHP has historically had challenges with increasing the penetration rates for the Hispanic community and has developed outreach strategies for increasing the penetration rates. Beginning in 2015, the BHP contracted with a local bilingual Spanish speaking resident to provide outreach and linkage services in the Butte Valley area of the county, which is home to the highest concentrations of Hispanic individuals. Unfortunately, the Family Resource Center in Butte Valley closed this year, and this contract is no longer in place. The BHP partners with the Public Health Division, whose bilingual staff provide outreach materials and information on available services to Hispanic communities throughout Siskiyou County.

Age

Table 6 illustrates the age distribution penetration report that is developed by SmartCare. The SmartCare report does not present the age groups in the same distributions as the Census data, so the reports are not comparable. However, the SmartCare report portrays a disparity in the age group 0-5 with only 2.17% penetration.

Table 6: Age Distribution Penetration Report (SmartCare FY 23-24)

Age Group	MMEF Eligibles	SDMC Clients Served	Penetration Rate (%)
0-5	1,840	40	2.17%
6-11	2,102	61	2.9%
12-17	2,267	136	5.9%
18-20	904	34	3.76%
21-24	964	63	6.53%
25-34	2,801	195	6.96%
35-44	2,880	212	7.36%
45-54	2,030	164	8.08%
55-64	2,498	157	6.29%
65+	2,159	67	3.10%
TOTAL	**20,447**	**1,129**	**5.52%**

To address low penetration rates in the 0-5 age group, the BHP partners with First 5 to increase access to developmental screenings throughout the county by utilizing the Ages and Stages Questionnaire and Social-Emotional Screening. Currently, screenings are conducted in all county preschool programs, in the Family/Community Resource Centers, through the Women, Infants, and Children program, and for children in the foster care system. Screenings and supportive services to build protective factors in parents and providers are offered in community-based culturally inclusive settings. These supportive programs increase knowledge of child development through evidence-based parenting education classes and workshops, the Ages and Stages Questionnaire, and social connections through drop-in services and play

groups. Furthermore, families receive concrete support in time of need through over 12,000 hours of in-person drop-in support annually at local libraries, and Family/Community Resource Centers.

The BHP's Children's System of Care clinicians receive training in the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) model which was developed to provide support and skills for young children (ages 0-5) and families to recover and heal after stressful and traumatic events.

Gender

Table 7 represents gender distribution penetration rates. Females had a 6.03% penetration rate and males had a lower rate at 4.08%. The BHP's electronic health record is being developed to capture gender categories of clients more accurately.

Table 7: Gender Penetration Rates (SmartCare FY 23-24)

Age Group	MMEF Eligibles	SDMC Clients Served	Penetration Rate (%)
Female	10,427	629	6.03%
Male	10,020	489	4.08%
TOTAL	**20,447**	**1,118**	**5.47%**

Language

Table 8 represents language distribution penetration rates. The English penetration rate was 5.86%, the Spanish rate was 0.53%, and the Hmong rate was 1.3% for fiscal year 23-24. One of our goals in Criterion 3, Strategies for Reducing Disparities, is to recruit staff and contract with bilingual providers for translation and interpretation services.

Table 8: Language Penetration Rates (SmartCare FY 23-24)

Language	MMEF Eligibles	SDMC Clients Served	Penetration Rate (%)
English	18,855	1,104	5.86%
Hmong	156	2	1.3%
Laotian	61	1	1.63%
Spanish	1,122	6	0.53%
Chinese	6	0	0.0%
Russian	6	0	0.0%
Other	89	0	0.0%
Unknown	152	0	0.0%
TOTAL	**20,447**	**1,106**	5.41%

Similar to race/ethnicity penetration rates, the Spanish language rate has historically been a challenge for the BHP. Efforts to recruit and certify bilingual County staff and contractors have been continuous, but very few qualified applicants are available in this frontier county. Currently, Health and Human

Services is flying an RFP in an effort to recruit translators that can work throughout the agency, including in the Behavioral Health Division. The BHP also recognizes the growing Hmong and Laotian populations in the County and the need for targeted outreach to this community. This year we have added a goal to provide targeted training to staff on the Hmong culture.

200% of Poverty

Siskiyou County has been unsuccessful in locating data that addresses 200% below the poverty level. The following table provides the 2024 federal poverty level depending on household size.

HOUSEHOLD SIZE	POVERTY LEVEL	138%	200%
1	$15,060	$20,782.80	$30,120
2	$20.440	$28,207.20	$40,880
3	$25,820	$35,631.60	$51,640
4	$31,200	$43,056.00	$62,400
5	$36,580	$50,480.40	$73,160
6	$41,960	$57,904.80	$83,920
7	$47,340	$65,329.20	$94,680
8	$52,720	$72,753.60	$105,440
EACH ADD'L HEAD	$5,380	$7,424.40	$10,760

MHSA CSS Population Assessment and Service Needs

The Siskiyou County MHSA Three-Year Plan for FY 2023-2026 was approved and adopted by the Board of Supervisors on August 6, 2023. The following data was reported in the three-year plan based on information collected in the County Census and the BHP's electronic health record from FY 23-24.

As stated previously in this plan, the demographics of Siskiyou County differs significantly from that of most California counties in that it is less racially and ethnically diverse. More than 74% of the county population identifies as white or Caucasian, and almost 14% as Hispanic. Two federally recognized tribes alongside other non-federally recognized local indigenous people in the county account for 5.3% of the population, and a much smaller Asian community (2.3%). Almost 29% of residents are age 65 or older compared to the statewide average of 16.2%, and 11.9% of those under 65 are disabled compared with the state average of 7.3%. Approximately 8.5% of Siskiyou County residents are veterans. An estimated 9.7% of the population speaks a language other than English in the home, and Spanish has previously been identified as a threshold language in Siskiyou County.

Behavioral Health served 1,129 consumers in FY 23-24 as reported in the department's electronic health record and the Monthly Medi-Cal Eligibility File (MMEF) Data. Through Community Partnership Planning (CPP) focus groups, surveys, and analysis of the demographic penetration rate data, Siskiyou County has identified Youth (6-15), Transitional Age Youth (TAY, 16-24), Older Adults (65+),

Spanish speakers, Hmong speakers, Native Americans, unhoused individuals, families living in poverty, and those involved in the criminal justice system as target populations for MHSA.

Prevention and Early Intervention (PEI) Plan

Prevention and Early Intervention (PEI) programs bring mental health awareness into the lives of all members of the community through public education initiatives and community dialogue. These programs facilitate access to services and support at the earliest sign of mental health challenges and builds upon existing capacity to increase intervention services at sites frequently visited for other routine activities, e.g., health care clinics, educational facilities, community organizations, and the F/CRC (Family/Community Resource Center) network.

As identified through the CPP, children and transitional-age youth are priority populations, and several PEI programs focus on youth ages 2-18, family systems, and parenting. Prevention programs include: a Mindfulness curriculum to promote self-control and emotional resilience for students, and train teachers and staff to support the youth who are struggling are implemented into grades K-3rd in rural Happy Camp; and a Youth mentoring program in Scott Valley focused on ages 5-18 increases community service/support for unserved/underserved at-risk youth, reduces negative exchanges with law enforcement agencies and brings positive change to the community.

Other programs include children's groups such as Girl's Circle and Boy's Council, and parenting classes. Media projects in local middle and high schools provide teens with the opportunity to share experiences and mental health challenges through videos that tell their stories, to reduce stigma around bullying, mental illness, and other challenges students face. As an early intervention project, the BHP collaborates with First 5 Siskiyou to conduct countywide childhood screenings for children aged birth – 5 years old. The Ages and Stages Questionnaire/Social-Emotional (ASQ/SE) screening tool is administered by qualified partners to identify those who require further evaluation for eligibility of specialized mental health services. Research studies demonstrate the fundamental importance of early developmental and social-emotional screenings for children and youth in stressed families. In partnership with First 5 Siskiyou, the BHP works with local and regional organizations to develop systems that fully support young children's social-emotional health.

Substance Use Disorder Clients Served

The following includes a summary of data by age, gender, and ethnicity for the 226 clients who received services in FY 23-24 in the Substance Use Disorder (SUD) program.

Age

SUD clients under the age of 24 and those 65 and older are under-represented concerning service provision, which is confirmed in the penetration reports and has been a historical trend (Table 9). As compared to the previous fiscal year, FY 23-24 showed an increase in the number of clients between the ages of 35 and 64 that were seeking SUD treatment services.

Table 9: Age Distribution of SUD Clients Served (SmartCare FY 23-24)

Age Group		SUD Clients Served	Percent (%) of SUD Clients

0-5		0	0%
6-11		0	0%
12-17		16	7.1%
18-20		6	2.6%
21-24		12	5.4%
25-34		56	24.7%
35-44		74	32.7%
45-54		25	11.2%
55-64		29	11.8%
65+		8	3.5%
TOTAL		**226**	**100%**

Ethnicity

In FY 23-24, 90.1% of the clients identified as not Hispanic or Latino, and 9.9% identified as Hispanic or Latino; as compared to the previous fiscal year, this is a two-percentage point decrease in Hispanic or Latino clients and is slightly lower than the countywide demographic data. This recent trend will be addressed by Goals 2.1 (Outreach), 1.4 (Mobile crisis cultural competence training) and 2.2 (Staff training to target specific cultural needs) listed under Strategies for Reducing Disparities below.

Gender

Of the 226 SUD clients served in FY 23-24, 44.2% were female and 55.8% were male. This distribution remained historically consistent.

Criterion 3 — Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

Medi-Cal Target Populations with Disparities

1. Ethnicity/Race

   Siskiyou County is predominately populated by individuals (74.1%) who identify as White/Caucasian. Slightly less than 14% of the 42,905 individuals residing in the county identify as Hispanic. This demographic disparity is increasingly unique in rural Northern California. Historically, the BHP has struggled to serve this population as reflected in the disparities between the calendar year 2022 small- rural county penetration rate of 4.93% and 3.58% for Siskiyou County, based on CalEQRO penetration rate data.

   Penetration rate data from SmartCare (5.3% in FY 2023-24) demonstrates a higher percentage of Hispanics served as compared to the CalEQRO data; however, this data is not comparable due to recoding differences. The Hispanic population in Siskiyou County remains a target population that receives services at rates disproportionate to that of the majority culture.

2. Language

   Spanish is the language utilized by 7.1% of Siskiyou residents, yet the BHP penetration rate for Spanish speakers is 0.53%. This demographic represents a target population for the BHP. Additionally, there is a growing Hmong and Laotian population (1.4% combined penetration rate) in the county for which a lack of outreach in their language may be a barrier; the CLCC will monitor this demographic concerning potential disparities. For all language needs, the BHP utilizes the free service of the AT&T Language Line and has in-person Spanish translators.

MHSA Target Populations with Disparities

1. Ethnicity

   The majority of clients identify as Caucasian, which is consistent with the composition of the resident population, which is 74% Caucasian. The second- highest percentage of clients reported as Hispanic at 14% and therefore is identified as a target population for outreach.

2. Age

   Through Community Partnership Planning (CPP), focus groups, surveys, and analysis of the data MHSA identified Youth (6-15) and Transitional Age Youth (TAY, 16-24) as well as Older Adults (65+) as target populations for outreach. Combined they make up over a third of the total clients served.

3. Language

   Mono-lingual Spanish-speaking clients have been identified through the MHSA CPP Process as a population that would benefit from specific outreach to improve their access to services.

4. Justice Involved

Through the CPP Process, focus groups, surveys, and analysis of the data MHSA identified individuals that are justice-involved as a target population that has significant barriers to accessing specialty mental health and substance use services.

Strategies for Reducing Disparities

The CLCC identifies goals on an annual basis that are developed to reduce the disparities that affect Medi-Cal beneficiaries. In 2016, Siskiyou County adopted the Culturally and Linguistically Appropriate Services Standards (CLAS) of care and trained all staff to these Standards. The CLAS Standards are intended to advance health equity, improve the quality of care, and eliminate health care disparities by establishing a blueprint for health and healthcare organizations. More information on the CLAS standards that are used to guide the development of BHP strategies can be found at https://www.co.siskiyou.ca.us/behavioralhealth/page/cultural-competency-committee-0.

The FY 23-24 strategies for reducing disparities include:

1. Overall Strategies to reduce disparities in Siskiyou County

1.1 The BHP will evaluate the community providers' capacity to meet the needs of a culturally diverse population and update the internal provider list to demonstrate cultural diversity, language capacity, and staff specialties.

- Timeline: Internal provider directory updated monthly, Network Adequacy submitted annually, Staff Diversity Survey administered annually, and 274 data submitted monthly.
- Monitoring Mechanism: Internal provider directory, Network Adequacy compliance, Staff Diversity Survey outcomes, and review of 274 submissions
- FY 22-23 Baseline: There were 73 respondents to this year's Staff Diversity survey, generally reflecting the diversity of Siskiyou County. The BHP did not receive a plan of correction for the Annual Network Adequacy Submission. The BHP has begun submitting monthly 274 reports to assess the network of provider capacity on a consistent, real-time basis.
- FY 23-24 Update: There was no Staff Diversity survey performed in 23-24. The BHP received 1 plan of correction for the Annual Network Adequacy Submission and is working with DHCS on the Corrective Action Plan. The BHP has continued to submit monthly 274 reports to monitor the network provider capacity on a consistent real-time basis.

1.2 Continue to contract with Relias Online Training program. Provide at least two cultural competence trainings for all staff. The Compliance Officer tracks and assures completion of the assigned trainings.

- Timeline: Two trainings completed each fiscal year.
- Monitoring Mechanism: Relias training roster, other training sign-in sheets, number of staff completing trainings.
- FY 22-23 Baseline: Although no mandatory cultural competence staff training was assigned last year, all onboarding staff are required to

complete 2 hours of cultural competence training, for a total of 3 trainings via the Relias platform (Cultural Competence, Understanding Unconscious Bias, and The Role of The Behavioral Health Interpreter). Twenty-four staff were hired and thus received this training in FY 22-23. Additionally, staff training for Mobile Crisis completed the required training modules, to include training specific to several underrepresented populations.

- FY 23-24 Update: All staff received a 1-hour training on Cultural Humility and Implicit Bias in Behavioral Health. Onboarding staff also received 3 hours of cultural competence training via the Relias platform (Cultural Awareness and Humility and Ethical, Legal Issues for Behavioral Health Interpreters, Human Trafficking). Additionally, staff training for Mobile Crisis completed the required training modules, to include training specific to several underrepresented populations.

1.3 Utilize signs, brochures, and printed materials written at the sixth-grade level in both English and Spanish at BHP locations.

- Timeline: Review of the material completed every six months.
- Monitoring Mechanism: All signs, brochures, and printed material on BHP sites monitored by Compliance Officer.
- FY 22-23 Baseline: Signage and informing material is updated as needed and mandated in sixth-grade level in both English and Spanish.
- FY 23-24 Update: Signage and informing material is updated as needed and mandated in sixth-grade level in both English and Spanish. ***Since we are consistently able to meet this goal, it will be discontinued for FY 24-25.***

1.4 (New for FY 2024): Provide Cultural Competence Training for the Mobile Crisis Team.

- Timeline: Provide place-based training including specialized information on specific underserved populations such as the local indigenous peoples, non-natural born US citizens, and other growing ethnic groups in the region such as Hmong and Hispanic populations to the Mobile Crisis Team (MCT) by December 31, 2025. (please see goal 2.2 which is a related goal for all BHP staff).
- Monitoring Mechanism: Training sign in sheets.
- FY 2023-24 Baseline: Previously the Mobile Crisis Team has only completed the Mobile Crisis TA Center (MTAC) training on cultural competence and the two required CC trainings that all staff are assigned.
- Background Note: The Hmong culture has historically been very difficult to engage, so having the MCT familiar with their culture could make it easier to engage their community.

2. Strategies to reduce disparities related to race, ethnicity, or gender identity.

2.1 Meet with culturally diverse groups and agencies to increase/reinforce provider relationships at least two times per fiscal year.

- Timeline: Activities to be completed by December 31, 2025.
- Monitoring Mechanism: Outreach log.
- FY 22-23 Baseline: due to challenges with the BHP finding partners to review P&Ps, the focus of this goal was shifted to building new and renewing relationships with community partners. Youth Empowerment Siskiyou, Law Enforcement agencies, Siskiyou County Courts, and the Office of Education were involved in partnerships and collaborations targeting disparities.
- FY 23-24 Update: Youth Empowerment Siskiyou, Law Enforcement agencies, Siskiyou County Courts, Siskiyou County Family/Community Resource Centers, and the Office of Education were involved in partnerships and collaborations targeting disparities.

2.2 One of the annual mandatory training opportunities to BHP staff will target the specific cultural needs of minority ethnic groups that are located in Siskiyou County.

- Timeline: Targeted cultural needs training expected to be completed by December 2025.
- Monitoring Mechanism: Relias training roster; training sign in sheets.
- FY 22-23 Baseline: The BHP failed to provide mandatory cultural competence training on local cultural groups due to the number of hours required to complete CalAIM training and EHR end-user training. The BHP will resume targeted training next year.
- FY 23-24 Update: The BHP failed to provide mandatory cultural competence training on local cultural groups due to the number of hours required to complete CalAIM training and EHR end-user training. In FY 24-25 the BHP will provide place-based training including specialized information on specific underserved populations in Siskiyou County such as the local indigenous peoples, non-natural born US citizens, and other growing ethnic groups in the region such as Hmong and Hispanic populations to the Mobile Crisis Team (MCT) by December 31, 2025.

2.3 Provide training to BHP staff on Senate Bill 923 requirements for transgender, gender non-conforming, and intersex (TGI) people.

- Timeline: Training will be provided by December 31, 2025.
- Monitoring Mechanism: Training sign in sheets.
- 2023-24 Baseline: This training is now recommended by DHCS as an evidence-based practice which is required by SB 923.

3. Strategies to reduce disparities related to age.

3.1 Provide a minimum of two outreach activities to older adults residing in Siskiyou County.

- Timeline: Ongoing outreach activities throughout the year.
- Monitoring Mechanism: Outreach activity log and program evaluation data.

- FY 22-23 Baseline: Due to the requirement of new programming, outreach and engagement activities were provided by the Mobile Crisis program, Mental Health Student Services Act (MHSSA) Coordinator, and MHSA Coordinator. Outreach activities and stakeholder feedback was solicited from older adults in the community regarding these and other programs offered by the BHP.
- FY 23-24 Update: Due to the requirement of programming, outreach and engagement activities will be provided by the Mobile Crisis program, Mental Health Student Services Act (MHSSA) Coordinator, CARE program and MHSA coordinator. Outreach activities and stakeholder feedback will be solicited from older adults in the community.

3.2 Participate in school-based Social Emotional Learning (SEL) and therapeutic services for school aged children and youth.

- Timeline: Ongoing
- Monitoring Mechanism: SEL referral forms and program reports.
- FY 22-23 Baseline: The BHP was in the operational phase with this program. An MHSSA coordinator and Behavioral Health Specialist were hired to implement SEL services to those youth who meet the Tier 3 level of service. MHSSA continues to participate in the monthly collaborative with the Office of Education and the Champion school to further enhance and increase services throughout the county.
- FY 23-24 Update: The MHSSA coordinator and Behavioral Health Specialist implemented SEL services for those youth who meet the Tier 3 level of service. MHSSA continues to participate in the monthly collaborative with the Office of Education and the Champion school to further enhance and increase services throughout the county.

3.3 Engage transitional aged youth (TAY) in substance use prevention and early intervention.

- Timeline: Ongoing Prevention and Early Intervention activities provided in school-based settings throughout the school year.
- Monitoring Mechanism: Prevention/Early Intervention activity reports and school contacts.
- FY 22-23 Baseline: Prevention and Early Intervention services were expanded with the addition of the MHSSA. Two positions were added to increase outreach and services to school-age and TAY populations through MHSSA. MHSA continues to fund community providers to provide Prevention services to the TAY population throughout the county. The BHP continues to utilize an SUD counselor to provide Prevention and Early Intervention services to the TAY population, as well as the continuation of the Athlete Committed program. Approximately 25 schools received Prevention services through this program in FY 22-23.
- FY 23-24 Update: MHSA continues to fund community providers to provide Prevention services to the TAY population throughout the

county. The BHP continues to utilize an SUD counselor to provide Prevention and Early Intervention services to the TAY population, as well as the continuation of the Athlete Committed program. Approximately 25 schools received Prevention services through this program. MHSSA has increased outreach to the TAY population.

4. Strategies to reduce disparities related to language

4.1 Utilize and maintain a contract with the AT&T Language Line and NorCal Services for the Deaf and Hard of Hearing.

- Timeline: Annual review of contracts.
- Monitoring Mechanism: AT&T Language Line and NorCal Services for the Deaf and Hard of Hearing contracts.
- FY 22-23 Baseline: Current Language Line contract is effective from July 1, 2023 through June 30, 2025.
- FY 23-24 Update: Current Language Line contract is effective from July 1, 2023 through June 30, 2025. ***Since we are consistently able to meet this goal, it will be discontinued for FY 24-25.***

4.2 Provide mandatory annual language line training and random testing throughout the year to ensure staff are capable in the use of the language line.

- Timeline: Annual training and ongoing test calls.
- Monitoring Mechanism: Training sign-in sheets, test call reports.
- FY 22-23 Baseline: 15 test calls were completed. Nine were to the 24-hour crisis line. Six of the calls were to the in-house business line, (0 were conducted in Spanish). There was a 7% decrease is test calls and no FY 22-23 alternate language testing.
- FY 23-24 Update: 12 test calls were completed. Nine were to the 24-hour crisis line. Four of the calls were to the in-house business line, (1 was conducted in Spanish).

4.3 Inform all individuals at first request for services and during intake of the availability of language assistance services and that these services are free.

- Timeline: Ongoing intervention; clients are provided with verbal and written material during intake.
- Monitoring Mechanism: Access material and procedures.
- FY 22-23 Baseline: All clients continue were informed of language services at time of intake and if they inquired about translation services at the time of first request.
- FY 23-24 Update: All clients continue to be informed of language services at time of intake and if they inquired about translation services at the time of first request. ***Since we are consistently able to meet this goal, it will be discontinued for FY 24-25.***

4.4 Seek to recruit staff and contract with bilingual providers for translation and interpretation services. All translation/interpreters shall complete language proficiency testing.

- Timeline: Language proficiency testing occurs upon hire or contracting. Recruitment ongoing, RFP issued.

- Monitoring Mechanism: Staff directory and internal provider directory, contracted respondents to RFP.
- FY 22-23 Baseline: Five staff, or 7%, are bilingual and able to act as interpreters.
- FY 23-24 Update: Four staff are bilingual, however, due to changes in the certification process for interpretation/translation, these staff do not provide interpretive services. The BHP has issued an RFP for translation/interpretive services and currently utilizes the Language Line for translation/interpretation.

5. Strategies to reduce disparities related to justice involvement

5.1 Provide annual BHP training on criminogenic needs in partnership with Siskiyou County Probation and other partner agencies.

- Timeline: At least one training completed by December 31, 2025.
- Monitoring Mechanism: Training sign-in sheets.
- FY 22-23 Baseline: The BHP funded a Homeless Outreach Worker, who works for the Yreka Police Department. Funding has been secured to develop and implement a low-barrier homeless shelter to decrease unnecessary contacts between law enforcement and the unhoused population. Continue quarterly meetings with Mental Health Diversion team (probation, public defenders, district attorneys, and judges).
- FY 23-24 Update: The BHP continued to fund a Homeless Outreach Worker who works in the Yreka Police Department, and added an Outreach position. Funding has been secured to develop and implement a low-barrier homeless shelter to decease unnecessary contacts between law enforcement and the unhoused population. Continue quarterly meetings with Mental Health Diversion team (probation, public defenders, district attorneys, and judges). Developed monthly meetings for new justice involved programs (CARE Court Team and PATH JI Team) including the Sheriff's office, probation, public defenders, district attorneys, judges and social services.

5.2 Provide clinical assessments, mental health treatment, and case management for mental health diversion candidates and participants.

- Timeline: Services provided ongoing throughout the year.
- Monitoring Mechanism: Diversion log.
- FY 22-23 Baseline: There were 57 total diversion candidates, with 43 accepted or pending acceptance. 26 cases were dual diagnosis.
- FY 23-24 Update: There were 71 candidates, 43 enrolled, and 16 were pending, 29 with dual diagnosis.

Criterion 4 — Client/ Family Member/ Community Committee

The County's Cultural and Linguistic Competence Committee addresses cultural issues and has participation from cultural groups that reflect the community.

Ethnic Services Manager (ESM)

The BHP Director has delegated the development and oversight of the cultural competence program to the Quality Assurance Manager, who also serves in the role of state- mandated ESM. Currently, the BHP Director is serving in the role of ESM and oversees the cultural competence program as the QAM position is vacant.

The ESM works closely with the Clinical Director, MHSA Coordinator, the Compliance Officer, and is a member of the Executive Management Team. The ESM reports recommendations of the CLCC committee to the BHP Director and offers recommendations to ensure the agency is in full compliance with the CLAS standards.

Cultural and Linguistic Competence Committee

The CLCC is committed to promoting the delivery of services and information to residents of Siskiyou County responsively and respectfully toward the individual attitudes, beliefs, customs, and practices of the various cultural and ethnic groups represented within the County.

The role of the CLCC is to review departmental services/programs and data concerning cultural competence issues; participate in the overall planning and implementation of the county services; participate in and review the County MHSA planning process and outcomes; directly transmit recommendations and concerns to the administration and the Quality Improvement Committee. The Committee meets monthly, in conjunction with the QIC, and to the extent possible, has participation from ethnic, racial, and cultural groups that represent the community. The Committee is comprised of the Director of Clinical Services, ESM, the Quality Assurance Manager, the MHSA Coordinator, line staff, Six Stones Wellness Center staff, Remi Vista staff (the BHPs organizational provider) and consumers. Members are continuously working to recruit consumers, TAY, family members of consumers, and community partners/providers.

Criterion 5 — Culturally Competent Training Activities

The BHP recognizes the importance of cultural competency in closing the disparities gap in health care, and recognizes that services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse clients can help bring about positive health outcomes.

The BHP is committed to increasing access to trainings that raise cultural awareness and promote cultural competence in the workforce. The CLCC is responsible for identifying staff training needs and client cultural needs.

The BHP entered into a contract with Relias Learning in March 2020. The compliance officer works in conjunction with the clinical director to assign appropriate trainings through Relias Learning and tracks the completion of those assignments. Relias trainings will focus on disparities uncovered through the BHP penetration rates and client demographic breakdown.

For FY 23-24, the trainings included:

- Cultural Humility and Implicit Bias in Behavioral Health (1 hour) – all staff

Training for onboarding new hires on the Relias platform included:

- Ethical and Legal Issues for Behavioral Health Interpreters (1 hour)
- Cultural Awareness and Humility (1 hour)
- Human Trafficking (1.0 hour)

Criterion 6 — County's Commitment to Growing a Multicultural Workforce

Workforce

The Behavioral Health Division's workforce is grouped into three categories of County staff/volunteer, contract provider staff/volunteer and Behavioral Health Board Members. The Behavioral Health Board functions in an advisory capacity to the BHP.

The BHP conducts annual staff and board surveys that are utilized to identify training needs, language capacity, staff knowledge/expertise regarding cultural issues, and other culturally relevant information. Sixty-three responses were received during the December 2024 staff survey. Table 10 shows the workforce categories for the 2024 survey respondents.

Table 10: BHP Workforce December 2024

N = 63	Number	Percent
County Staff/Volunteers	54	85.7%
Contract Provider Staff/Volunteers	8	12.7%
Behavioral Health Board Member	1	1.6%
Total	63	100%

Race/Ethnicity

The majority (75%) of staff self-identified as white/Caucasian in the December 2024 survey (N=88). American Indian/Alaskan Native represented 4.5% of the workforce, Black/African American represented 3.4% and Hispanic/Latino represented 4.5%.

Although 11.4 percent of the workforce preferred not to identify their race or ethnicity, the racial and ethnic diversity of the BHP workforce is similar to that of the County population.

Table 11: Workforce Race/Ethnicity December 2024

Race/ Ethnicity	Total Staff/Community Partners N=88	
American Indian/Alaska Native	4	4.5%
White or Caucasian	66	75%
Asian	0	0%

Native Hawaiian or Other Pacific Islander	0	0%
Black or African American	3	3.4%
Hispanic, Latino or Mexican	4	4.5%
Decline to answer	10	11.4%
Other	1	1.2%
Total	88	100%

Table 11A: Hispanic/Latino Origin (regardless of race)

Hispanic/Latino Origin	Response Count	PCT
Yes	13	14.8%
No	75	85.2%

Comparison to Previous Year

As compared to previous years, the 2024 survey data on the workforce race/ethnicity has remained similar with three exceptions. First, the number in the workforce identifying as White/Caucasian was similar to 2023 but has declined from previous years. Second, the number of individuals identifying as Black/African American has increased to 6% in the 2023 survey and decreased to 3.4% in the current survey. Third, the percentage of both Asian and Native Hawaiian/Other Pacific Islander has decreased to 0%.

Table 12: Workforce Comparison to Previous Years

Race/Ethnicity	2019 N= 59	2020 N=49	2021 N=61	2022 N=50	2023 N=73	2024 N=88
American Indian/Alaskan Native	5%	10%	7%	4%	4%	4.5%
White/Caucasian	93%	84%	82%	86%	74%	75%
Asian	0%	0%	5%	2%	0%	0%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	2%	0%	0%

Black or African American	0%	0%	0%	2%	6%	3.4%
Hispanic/ Latino Origin	11%	10%	11%	18%	16%*	14.8%*
Decline to Answer/Other	2%	6%	7%	4%	12%	12.6%

**Using survey results of Hispanic/Latino Origin instead of Race/Ethnicity.*

Criterion 7 — Language Capacity

Language Capability

The 2024 survey data indicated that 11.27% of the workforce speaks a language other than English (Table 13).

Table 13: 2024 Workforce Language Capacity

Language	Number	Percent
English (non-bilingual)	70	*79.5%*
Spanish	7	*7.9%*
Some Spanish	2	*2.27%*
Slovak	1	*1.1%*
No Response	8	*9.1%*
Total	88	*100%*

The BHP currently has 2 certified bilingual, Spanish speaking staff under the current translation certification standards.

Interpretation/Translation

Currently, interpretation and translation services are provided by two staff who are bilingual and able to act as interpreters. For all other languages, the BHP informs all clients at the time of intake of the availability of free translation services through the Language Line. Written materials including brochures, grievances/appeals, and the Medi-Cal handbook are provided in Spanish and English upon request.

In order to meet the needs of clients who would prefer alternate languages to English, Siskiyou County is working to establish a more comprehensive and varied set of bilingual staff. The BH is working to establish a range of certification that would allow for staff's abilities with an alternate language be matched with the needs of the clients. This approach would allow for bilingual aptitude with clients from conversational engagement to in-depth therapy by using a multitiered approach towards certification.

Comparison to Previous Year

Between 2023 and 2024, the number of certified staff interpreters/translators decreased by 1. Because many of the new telehealth staff are still new to the agency, many of the bilingual providers have not been tested yet for language proficiency.

Criterion 8 — Adaptation of Services

Client driven/operated recovery and wellness programs

The Full-Service Partnership (FSP) provides 'whatever it takes' services to children, TAY, adults, and older adults with serious and persistent mental illness. Services are tailored to the client's "readiness for change", are client and family-driven, accessible, and individualized. They are delivered in a culturally competent manner and focus on wellness, outcomes, and accountability.

The Six Stones Wellness Center is client-driven, focused on peer support, and aimed at promoting resiliency and recovery. After several years of community planning focus groups continuously identifying the development of a Wellness Center as a priority for Siskiyou County residents, in 2015 Behavioral Health successfully executed a contract with an organizational provider for the Six Stones Wellness Center program. Located in Yreka, Siskiyou County's most populous city, transportation is provided from surrounding communities to facilitate engagement by clients from all regions of the County.

The South County Behavioral Health office historically had a client-initiated support group that was led by consumers and supported by clinical staff. Unfortunately, this group was closed as a result of the COVID-19 Pandemic, but the BHP is dedicated to supporting future client-driven peer support groups.

Responsiveness of mental health services

The BHP maintains county provider and private provider lists following State mandates that advise clients of the availability of culture-specific programs and bilingual providers. The Integrated Behavioral Health Handbook informs clients that a provider list is available at the two clinic sites. Whenever feasible, the BHP strives to accommodate requests from clients for specific providers or services.

Informing materials in English and Spanish are available at all service locations and on the Siskiyou County website at https://www.co.siskiyou.ca.us/behavioralhealth. Many community outreach and education forums, including informing under-served populations of the availability of cultural and linguistic services and programs are described in the Siskiyou County MHSA Three Year Plan, which is also on the County website listed above.

Quality of Care: Contract Providers

Evidence of how a contractor's ability to provide culturally competent mental health services is taken into account in the selection of contract providers, including the identification of any cultural language competence conditions in contracts with mental health providers.

The BHP expects that all network and organizational contract providers will be accountable for providing culturally and linguistically competent specialty mental health

services and reporting applicable information to be included in the Cultural Competence Plan.

The BHP's contracts include a provision on Cultural Competence stating that the contractor shall use a set of professional skills, behaviors, attitudes, and policies that enable the system, or those participating in the system, to work effectively in meeting the cross-cultural needs of Siskiyou County clients. Contractors shall have a written policy and procedure that ensures organizational and individual compliance by staff. Contractors shall comply with all requests from the BHP for a list of cultural competency trainings and sign-in sheets of staff attending those trainings. Contractors are required to meet the BHP's Cultural Competence training requirements.

Quality Assurance

Beneficiary Satisfaction

The BHP utilizes Consumer Satisfaction surveys provided by DHCS, which is also available in Spanish. Consumer Satisfaction surveys are provided to beneficiaries annually and the data analysis is provided to the CLCC and QI Committee (QIC) for review. The BHP develops strategic plans to address any survey domains which show negative outcomes. For FY 24-25 surveys will be open continuously throughout the year with virtual and physical options for clients to complete. Survey data will be analyzed and reported quarterly to the CLCC.

Staff Satisfaction

The BHP surveys staff annually to identify areas focused on cultural competency patterns amongst personnel such as comfortability with other cultures, comfortability using training tools, and gaps in cultural training. This survey is utilized to identify staff demographics, cultural education opportunities, and listen to staff's needs to provide culturally competent services. The data from the staff satisfaction surveys are shared at All-Staff, CLCC, and QIC meetings.

Grievances and Complaints

The BHP's Quality Assurance Manager along with the Quality Improvement Committee conducts monitoring activities of the resolution of beneficiary grievances and appeals. The Compliance Officer submits the Managed Care Program Annual Report (MCPAR) to DHCS, which analyzes and monitors grievance and appeal trends. MCPAR outcomes are reported to the CLCC and QIC annually for review. When issues arise due to individual grievances and appeals, or if unexpected trends emerge based on numbers and percentages, the Quality Assurance Manager and Compliance Officer review the cause and determines appropriate follow-up interventions to positively impact beneficiaries' system-wide. The results of follow-up actions are evaluated at least annually.