



TRINITY COUNTY CULTURAL COMPETENCY PLAN UPDATE 2017-18

ABSTRACT

This document represents Trinity County's commitment to cultural competence, efforts to address mental health disparities and ongoing work to involve consumers and family members at all levels of the county mental health system.

Marlinda Butler

Marlinda Butler, MSW and Trinity County Behavioral Health Services Cultural Competency Committee

Criterion 1: Commitment to Cultural Competence

1. County mental health system commitment to cultural competence

The county shall have the following available on site during the compliance review:

- A. Copies of the following documents to ensure the commitment to cultural and linguistic competent services are reflected throughout the entire system.**

Mission Statement

Vision Statement

Strategic Plans

Policy and Procedures

MHSA Community Supports and Services Plan

Other key documents as identified

II. County recognition, value and inclusion of racial, ethnic, cultural and linguistic diversity within the system.

- A. Provide a copy of the county's CSS plan that describes practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, linguistic and other relevant small county cultural communities with mental health disparities-Exhibit 'E'**
- B. A one page description addressing the county's current involvement efforts and level of inclusion with the above underserved communities on the advisory committee.**

Trinity County is a rural frontier county located in the far northern region of the state. The population is now just under 13,000 with a land mass equal to that of Rhode Island. There are two main communities located within Trinity County. Weaverville is the county seat with a population of approximately 3,900. Hayfork is the next largest community within the county and is maintaining a population total of approximately 2,500 residents. There are many outlying areas from these two population centers. These small communities are often very isolated and the community as a whole deals with domestic violence, substance abuse issues and rural poverty that can be extreme.

Trinity County conducted a needs assessment in 2006. The effort was to identify underserved and un-served populations in county. Since 2006, the demographics have changed becoming more diverse. U.S. Census Bureau statistics indicate that 87.8% of the county's population is Caucasian while the Latino population sits at 7.3%. Individuals who identify as Native American represent 5.1% of the population. Trinity County uses these statistics to maintain focus on population trends as well as outreach efforts to underserved or unserved populations within the county.

Trinity County has partnered with the Nor Rel Muk tribe in order to assist in the effort to become a federally recognized tribe. This relationship remains ongoing with primary interface between tribal members and mental health consumers and staff taking place at the wellness center. Since the development of this relationship the Nor Rel Muk tribal council and tribal members have become key stakeholders of behavioral health and MHSA services/programs offered in the county. In an effort to remain a step ahead of shifting cultural demographics and utilizing populations statistics, Trinity County offers cultural trainings to staff, consumers/family members and the community that focus on stigma reduction, suicide education and reduction strategies, the Hmong, Latino and Native American cultures. In addition, several comprehensive trainings have focused on the LGBTQ culture.

The county has a significant rural poverty culture. This culture is represented in all areas of the county and because of their economic challenges these individuals are often *under-represented* in the county mental health system. Outreach to this population is ongoing and staff work with individuals who struggle with generational poverty and can attest that extremely low socio-economic status impacts these individuals across many life domains. To continue to educate the staff Trinity County has presented trainings on the negative and pervasive impact of extreme poverty. Trinity County has embraced the recovery model and has embedded this practice into all of its programs. Staff, consumer/family member and community members are offered trainings that discuss the efficacy of the recovery model and peer support along with trainings that present client perspective.

Since 2010, Trinity County Behavioral Health and Milestones Wellness Center have partnered with members of the Nor Rel Muk tribe to organize community events that focus on educating the community about historical trauma, ongoing marginalization, as well as Native America spirituality. The spiritual leader of the tribe has participated on two spirituality panels that have presented to the staff of Trinity County Behavioral Health and Milestones Wellness Center. Through ongoing interactions and collaboration, these partnerships are delivering more effective, focused and culturally relevant outreach to Native American individuals residing in the county.

Trinity County Behavioral Health has one staff member that speaks Spanish however, this person is non-clinical and is not considered as an official interpreter. Because Trinity County has not reached threshold language status, the county utilizes Language Line Services in order to interact with non-English speakers who present at the clinic seeking services. Outreach to the Latino community is ongoing and can be described as a work in progress. Spanish is the language identified as the most likely to become a threshold language in the future.

There are ongoing efforts to include members of the above mentioned groups on the Trinity County Behavioral Health Advisory Board. Current members of this oversight committee are generally representational of the population of the county. Membership is predominately Caucasian with one individual identifying as Native American. Two members on the board are consumers and one member is a family member/interested community member. Although there is strong participation of consumers and family members on this board there is constant drive to increase ethnic diversity. Trinity County operates under the philosophy that in order to provide the most culturally sensitive and effectual mental health services, there is a need to continually develop and maintain an environment that both embraces and values diversity. TCBHS will continue its efforts to recruit ethnically and culturally diverse individuals to serve on this important decision-making board. Title IX Regulations state that in order for a county to meet criteria for a threshold language 3000 or 5% of the Medi-Cal beneficiary population must speak the language. As of now, Trinity County does not meet these criteria however, TCBHS is aware of a growing Latino and Hmong community. As of 2017, 7.3% of the county’s population identifies as Latino and about 1.2% identify as Asian American which likely includes the large groups of Hmong individuals that are moving into the Hayfork and Southern Trinity areas.

C. Share lessons learned on efforts made on items ‘A’ and ‘B’ above and any identified technical assistance needs. Information on the county’s current MHSA Annual Plan may be included to respond to this requirement.

Provided Input Into 17/18 Annual Update : Focus Groups	Provided Input Into 17/18 Annual Update: BH Services Board (specify)	Provided Input Into 2017/2018 Annual Update: Other (specify)	Have not Provided 17/18 Annual Update	County Plans to Encourage Future Contributions

<p>Adults and Seniors with severe mental illness:</p> <p>Staff from Milestones Wellness Center have conducted two recent outreach efforts to the Golden Age Center participants. The staff concentrated on delivering psychosocial education about depression and anxiety as well as suicide prevention material. The attendees of these outreach events were given an overview of the MHSAs programs in the county and Trinity County Behavioral Health's (TCBHS) intent to use ongoing MHSAs funds to sustain these programs. Feedback gathered from attendees was favorable especially in regard to suicide prevention efforts.</p>		<p>X (see Comment)</p>
<p>Families of children, adults and seniors with severe mental illness:</p> <p>Family members of adults/older adults and children who may be struggling with a severe mental illness have expressed support for each iteration of the county's Innovation plan as well as the Full-Service Partnership program to provide wraparound services for their loved ones.</p>		
<p>Family members of unserved/underserved populations:</p> <p>Ongoing efforts are being made to engage these populations and representatives from these two cultural groups did not participate in the focus groups nor did they offer feedback in any other venue. Plans to engage these populations are underway. The agency is partnering with members of the Latino community during May as Mental Health month and the agency is contracting with the Hmong Cultural Center of Butte County to conduct focus groups/needs assessment for the county's Hmong community.</p>	<p>X Latino and Hmong</p>	<p>(See comment)</p>
<p>Consumers that reflect the cultural, ethnic, and racial diversity of Trinity County mental health consumers:</p> <p>Consumers that reflect the county's most diverse population (rural poverty) participate on the QIC and also on the advisory board and offer feedback and support to the three integrated plan.** Plans to engage this population are listed above in the "Families members of unserved/underserved population" section.</p>	<p>X Latino</p>	<p>See Comment **</p>

<p>Providers of services:</p> <p>There is not an abundance of private pay providers in the community however education on the purpose of MHSA programming has been provided to two of the three outside providers. Feedback gathered from these educative efforts has been in support of the MHSA 3- year Integrated Plan especially in regard to continuing to emphasize the importance of peer support and the idea of ‘lived experience”.</p>		
<p>Law enforcement agencies</p> <p>(documented in narrative)</p>		
<p>Education</p> <p>(documented in narrative)</p>		
<p>Social services agencies:</p> <p>(documented in narrative)</p>		
<p>Veterans:</p> <p>No input was gathered from this population. This continues to be a struggle in regard to successful outreach. A wellness center staff will be continuing to lead this effort.</p>	X	<i>See comment</i>
<p>Providers of Substance Use Disorder (SUD) Services (fka Alcohol & Other Drug (AOD) Services):</p> <p>Trinity County Behavioral Health is an integrated agency and as such the administrator of the Substance Use Disorder services is aware of and provides regular feedback regarding the county’s MHSA programming and three integrated plan.</p>		
<p>Health care organizations:</p> <p>There is a monthly integrated health care meeting that allows opportunity for community partners to weigh in on the MHSA 3- year Integrated plan. In the past, there have been meetings with hospital administrators where all aspects of services available at TCBHS are discussed. This opportunity may be re-established in the future.</p>		

As indicated in the table there are a few cultural groups that remain hard to engage and therefore outreach and engagement efforts continue to be tailored to and focused on these groups. There are other key groups that do have regular input and they are discussed more fully within the narrative of the three-year plan or annual MHSA update. These groups include; adults, families, providers of service, law enforcement, other social service agencies, and health care organizations.

It is the purpose of Trinity County to deliver more culturally appropriate services to populations in the county that may have been previously under-represented or underserved in the county mental health system. It is also a goal of the county to create a more culturally aware and sensitive workforce/community both by employing more ethnically diverse staff and by providing culturally competent trainings to staff, consumers, family members and community partners. Due to the fact that Trinity County is a rural frontier county and lacks ethnic or cultural diversity, it is difficult to hire individuals with the desired educational and professional training needed to work in a behavioral health agency.

Trinity County has focused on developing a career ladder for community members who have lived experience. To continue this focus the county participates in the Superior Region WET Partnership. This partnership is key to helping individuals in the superior region access certification or master's level education programs that will help career advancement. This strategy creates a workforce that is both representational of the superior region's ethnic diversity and familiar with the culture of poverty that is endemic, especially in the more frontier, less densely populated counties.

Trinity County recognizes that the Native American community is underserved. Trinity County has worked to partner with the Nor Rel Muk Tribe which is one of the indigenous tribes of the area. The initial purpose of this partnership was to aid the tribe in gaining federal recognition and to bring a training that spoke to generational trauma to TCBHS staff. This initial focus has transitioned to an ongoing relationship that supports ongoing conversation about the needs of this community and education of staff.

Outreach and engagement activities continue to be focused on individuals who are geographically isolated and economically disadvantaged, or culturally or linguistically isolated. These individuals are identified as un-served or under-represented in the county mental health system. Trinity County's Community Support and Services (CSS) programs (Full Service Partner, Wellness Center) focus explicitly on the under-served within the community. These efforts are furthered by the PE&I programs which strive to address the needs of youth in rural schools. There is a significant lack of opportunity within the county, especially for youth. The PE&I programs that are currently in place speak to issues ranging

from development of social skills that help children function more effectively and appropriately in school to activities that promote leadership and advocacy. These programs are based in regions of the county where there is a paucity of other services. Although Trinity County is making every effort to identify and provide outreach to the un/under-served within the community and to develop strategies and interventions that will benefit these groups and individuals, it is recognized that this is a continually evolving process.

III. each County has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence

The CC/SM will report to , and have direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural and linguistic population within the County.

The county shall include the following in the CCPR Modification (2010):

- A. Detail who is designated the county's CC/ESM responsible for the cultural competence and who promotes the development of appropriate mental health service that will meet the diverse needs of the county's racial, ethnic, cultural and linguistic populations.**

Trinity County has designated the chairperson of the cultural competency sub-committee as the cultural competency/ethnic service manager. This individual occupies the role of Mental Health Services Act Coordinator. The responsibility of creating a culturally competent and diverse environment does not fall totally on the shoulders of this individual. Instead, Trinity County utilizes the Quality Improvement Committee (QIC) which provides input and oversight on all cultural competency activities. The Trinity County Behavioral Health Services Director, Assistant Director, Clinical Deputy Director, MHSA Coordinator, Patient Rights Advocate, Quality Assurance Staff and consumer/family member representatives currently comprise this committee. This varied input allows the committee to examine cultural sensitivity issues thoroughly. An important tool that the QIC utilizes to help gauge consumer satisfaction is the "Client Satisfaction Survey". The committee reviews these survey results annually in order to address concerns that may be revealed by the responses. Additionally, the cultural competency committee administers a survey to all staff to ascertain cultural and linguistic knowledge as well as overall staff knowledge of what resources are available, through the agency, to individuals

from other cultures and ethnicities. This survey is reviewed by the cultural competency sub-committee allowing the members to identify and address areas of confusion or lack of understanding. The cultural competency chair reports back to the QIC regarding the staff consensus regarding the trainings presented. Over the last nine years the staff have gained appreciation for the importance of ongoing cultural training and are active participants in the effort to embed cultural humility into all professional roles within the agency.

Trinity County Behavioral Health believes that leadership is most effective when delivered from a team approach. The leadership team for the agency meets on a weekly basis and like the QIC it focuses on the overall cultural competency of the agency. This team consists of the agency director, assistant director, clinical and fiscal deputy director, the MHSA Coordinator, triage crisis manager, administrative services officer and quality assurance manager. This team makes key decisions on audits, compliance issues as well as strategies to develop a more culturally responsive work force. The ideology behind the leadership team is that decisions about cultural sensitivity and service delivery cannot logically be made by one individual as these decisions impact the entire agency. Although the MHSA Coordinator functions as Trinity County's CC/ESM, it is ultimately up to the QIC Committee and the leadership team to promote the development of appropriate mental health services that will meet the needs of the diverse populations within the county.

IV. Identify budget resources targeted for culturally competent activities.

The county shall include the following in the CCPR Modification (2010);

- A. Evidence of a budget dedicated to cultural competence activities which may include, but not limited to the following;**
- 1) Budget amount spent on interpreter and translation services.**
 - 2) Reduction of racial, ethnic, cultural and linguistic mental health disparities.**
 - 3) Budget amount allocated towards outreach to racial and ethnic county identified target populations.**
 - 4) Special budget for culturally appropriate mental health services and;**
 - 5) If applicable, financial incentives for culturally and linguistically competent providers, non-traditional provides and/or natural healers.**

- 1) Trinity County is dedicated to providing culturally competent services to all members of the community. Trinity County has a standing contract with Language Line Services to provide interpreter services in any language for a flat rate of \$3.95 per minute.

- 2) In fiscal 2017/2018 Trinity County requested \$1,111,986 of MHPA dollars in order to continue to fund its Community Supports and Services projects. Through the stakeholder process, it was determined that CSS dollars should be used to provide services to individuals that had been previously un-served or under-represented in the county mental health system. In addition, stakeholders identified five areas where the funds should be allocated.
- Children’s Full Service Partnership:** In fiscal year 2017-2018, Trinity County worked to identify children or youth under the age of eighteen to be served as a Full Service Partner (FSP) client. Trinity County does not have wrap around services however, the agency is collaboratively working with partner agencies to develop a sort of wraparound program with the FSP program being central to this effort. Even though Trinity County has a limited number of children in out of home placements, the county’s goal is to address the needs of these children and prevent future placements. This new effort addresses a critical gap in the continuum of care that the children’s system of care has available in Trinity County. The population to be served is diverse, seriously emotionally disturbed (SED) severely mentally ill (SMI) children, from birth to 18 years of age, who meet the criteria for enrollment in a Full-Service Partnership;
- Who have experienced multiple psychiatric hospitalizations,
 - Have so-occurring disorders,
 - Are exiting the juvenile justice system or social service system or are uninsured,
 - Are unable to function in a mainstream school setting,
 - Families who are homeless, or have parents with a serious mental illness,
 - Whose families are un-served/under-served due to cultural or linguistic isolation, which in Trinity County includes Latinos, Hmong and Native Americans affiliate with the Nor Rel Muk the local band of Wintu Tribe.

Trinity County has developed a tiered system for its FSP’s. Children in tier I require more significant interventions. Children who are classified as ‘tier II’ will generally be stable but struggling with mental health issues combined with a psychosocial stressor. These children are in the process of implementing recovery tools and with support are generally able to avoid major life interruptions like psychiatric hospitalizations. Those that will be considered ‘tier I’ will typically need the services of more than one TCBHS staff. They will require the services of a psychiatrist, case manager and therapist.

TAY Full Service Partnership: Trinity County has been serving TAY since the first approved CSS plan in 2006. Individuals who are currently participating in the program have achieved appropriate housing, stabilized symptoms and returned from out of county placement. The county’s goal is to continue to address the needs of this age group. This group, in particular, is in need of continued support due to frequent substance abuse issues and lack of educational or employment opportunities. TAY enrolled as an FSP are assisted in accessing numerous community resources that are

suited to the cultural and language needs of the individual. A 'whatever it takes' approach is used in assisting TAY while gradually moving toward self-sufficiency and independence. Linkage to extensive services, including mental health, medical care, education, employment and housing will allow the TAY to avoid the label of 'chronically disabled' and 'unemployable'. All efforts will be made to assist TAY to successfully navigate the normal developmental stages appropriate for their age. TAY who meet the MHSA criteria for enrollment in a Full Serve Partnership (FSP) i.e., experiencing one or more of the following;

- First psychotic episode,
- Homelessness,
- Multiple psychiatric hospitalizations,
- Co-occurring disorders,
- Lack insurance and exiting probation/social services,
- Members of an un-served/under-served population due to cultural or linguistic isolation such as Latinos, Hmongs and Native American affiliated with the Nor Rel Muk the local band of the Wintu Tribe,
- Members of geographically isolated or economically depressed.

Trinity County will utilize a tiered approach in terms of providing services to transitional aged youth. As discussed above, TAY's will be divided into two groups; one that will require general support to move him or her along his or her path to recovery and the other another group that will require more intensive interventions.

Adult Full Service Partnership: Trinity County has developed an adult FSP program that targets individuals in the population who are chronically mentally ill, who are homeless or at the risk of becoming homeless and may also be diagnosed with co-occurring substance abuse or dependence disorder. These programs are linguistically and culturally competent and able to provide services to the under-served populations in Trinity County, such as Latino, Hmong and Native American. Target groups will include clients who may be receiving services in Institutions of Mental Disease (IMD) because they lack re-integration support services. Other clients to be identified will be persons with significant mental illness who are at a stage in their recovery where they may require intensive support. Trinity County will continue to focus on providing interventions to those individuals who are in need of additional support and services in and effort to attain stability. Under the FSP umbrella, Trinity County will provide intensive case management and full recovery services to the chronic and persistently mentally ill who be suffering with a co-occurring substance use disorder, are homeless and/or involved in the justice system. The services provided include assistance with housing, education, employment, group therapy as well as linkage medical and dental services etc.

Older Adult Full-Service Partnership: Individuals served as and older adult FSP will be diverse, chronically mentally ill adults who are sixty years of age or older. This population struggles with the acute and chronic symptoms of mental illness and often present with co-occurring diagnoses and multiple functional impairments. Some of these older consumers will also be struggling with substance use disorders. Individuals eligible for this program typically have chronic mental illness that is complicated by at least one medical condition. Older adults receiving these services are often very isolated, homebound, may be living in an institutionalized setting and have limited resources. The program will target mentally ill seniors (60+) who struggle with co-occurring diagnosis and are difficult to engage in treatment. The program focuses on delivering culturally/linguistically competent services to seniors in the community so that they might achieve their maximum level of functioning: decrease isolation, reduce risk of suicide and maintain independence in the community. Adult and older adult FSP's will also receive services based on the tiered approach that has been previously described.

CSS Outreach and Engagement: This program targets the underserved populations of Trinity County who are chronically mentally ill and may not have received mental health services in the past. The target populations include Latinos and members of the Nor Rel Muk Tribe, the local band of the Wintu Tribe. Focus is also placed on those individuals who are geographically remote, are economically disadvantaged or culturally or linguistically isolated. Outreach efforts will be directed to members of the gay, lesbian, bi-sexual, or transgender community. Outreach and engagement activities are primarily anchored at Milestones Wellness Center. CSS funds will continue to be utilized to fund this wellness center and outreach activities in Hayfork and the Southern Trinity area of the county and are critical to the delivery of culturally competent services. A primary focus for the center and outreach in Hayfork is to provide services to those individuals who may have been overlooked by the more traditional mental health system. As identified in Trinity County 's original CSS Plan, the population experiencing the most disparity within the county mental health system, are those individual or families who are dealing with extreme rural poverty. The center provides assistance with applying for entitlement programs, offering peer run support groups and providing referrals to SUDS, behavioral health and numerous other community resources. Creating career pathways and encouraging consumer and family member involvement in the county mental health system has been the ongoing focus for Trinity County Behavioral Health Services. Over the past four years, Trinity County has worked with the WET Regional Partnership in order to continue to assist those with lived experience achieve educational advancement and employment goals. In this vein, Trinity County has conceptualized a new Innovation Plan that will take the idea of peer support services to an advanced level by opening a peer respite facility. This new plan will focus on the efficacy of peer support Training and education has been primary in advancing peer staff

employed by the county. Peer staff have participated in CASRA trainings and also, most recently, Intentional Peer Support.

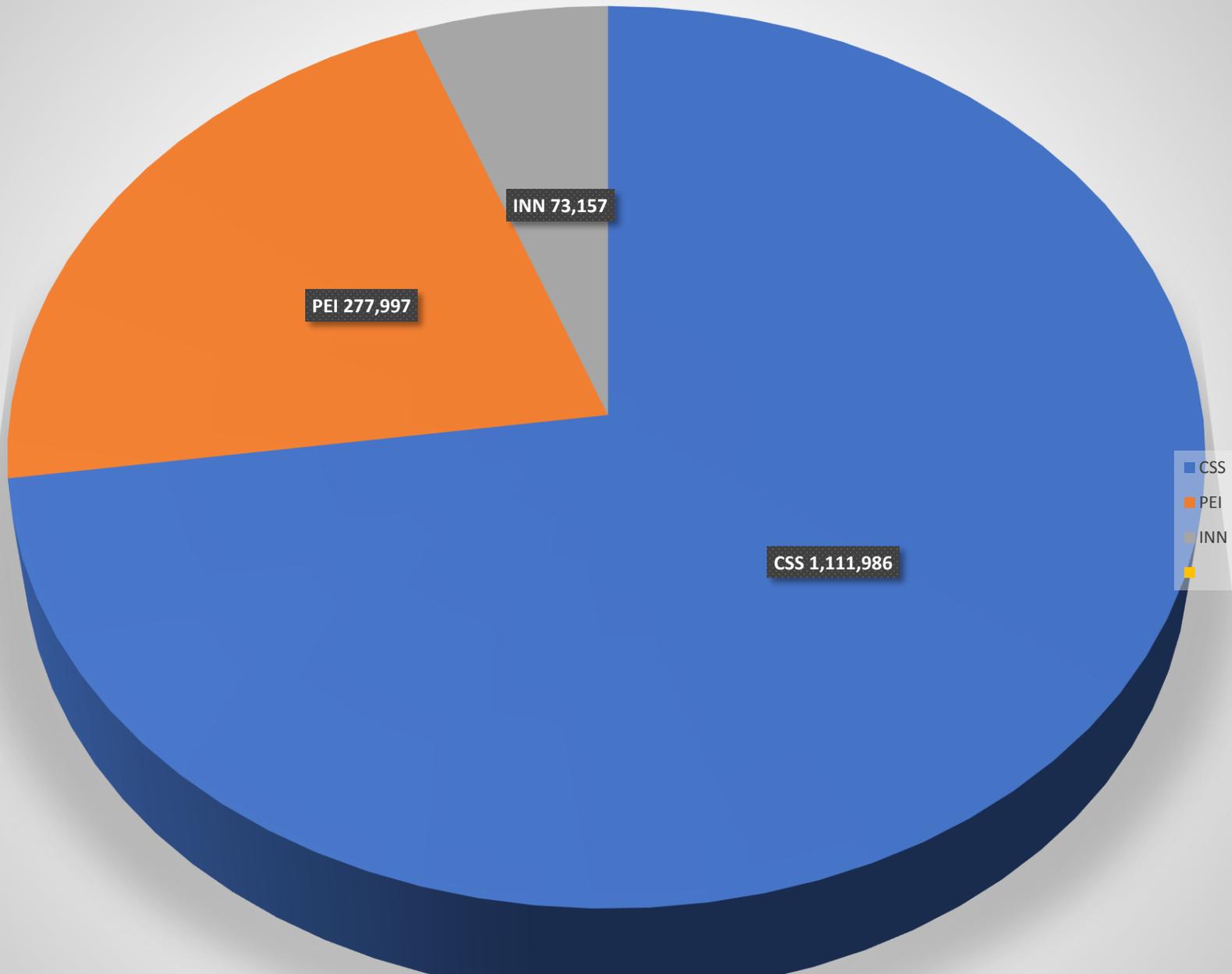
Another population in Trinity County that has historically been under-represented in the county mental health system are older adults 60 years or older. These individuals commonly have co-occurring mental health issues and physical health concerns. It is not uncommon for older individual to isolate. Trinity County Behavioral Health is performing regular outreach to the Roderick Center in Hayfork and the Golden Age Center in Weaverville. These centers cater to the needs of older adults in each community. These outreach efforts not only deliver anti-stigma and suicide prevention education it also creates a partnership with these community resources/agencies.

Included in this document is the current budget allocation for Community Support and Service projects as submitted in the MHSA Annual Update for 2017/2018.

(See Next Page)

DRAFT

2017-2018 MHSA Budget



3) There is no 'special budget' provision for culturally appropriate mental health services. Trinity County has dedicated its entire allotment of MHSAs funds to providing culturally competent services within the community. All components of the MHSAs have been dedicated to reducing an identified disparity. It is the charge of the Cultural Competency Committee to identify and to organize trainings and events that will continue to increase the level of cultural understanding for staff. Trinity County Behavioral Health is continuing to participate in the WET Regional Partnership in order to sustain education and employment opportunities for persons with lived experience and varied ethnic and cultural backgrounds.

For fiscal year 2017/2018 the Cultural Competency Committee is working on delivering two trainings aimed at increasing the knowledge of staff, consumers and family members about cultural diversity. There will be trainings that will focus on providing insight regarding the consumer perspective. Hmong, Latino and Native American trainings will continue to be relevant populations on which to focus.

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act
Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

TRINITY COUNTY

Date: 6/13/18

CSS Dollars	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs 1.	769,147					

2.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs	512,765					
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
CSS Administration	226,220					
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,508,132	0	0	0	0	0
FSP Programs as Percent of Total						

Criterion 2: Updated Assessment of Mental Health Needs

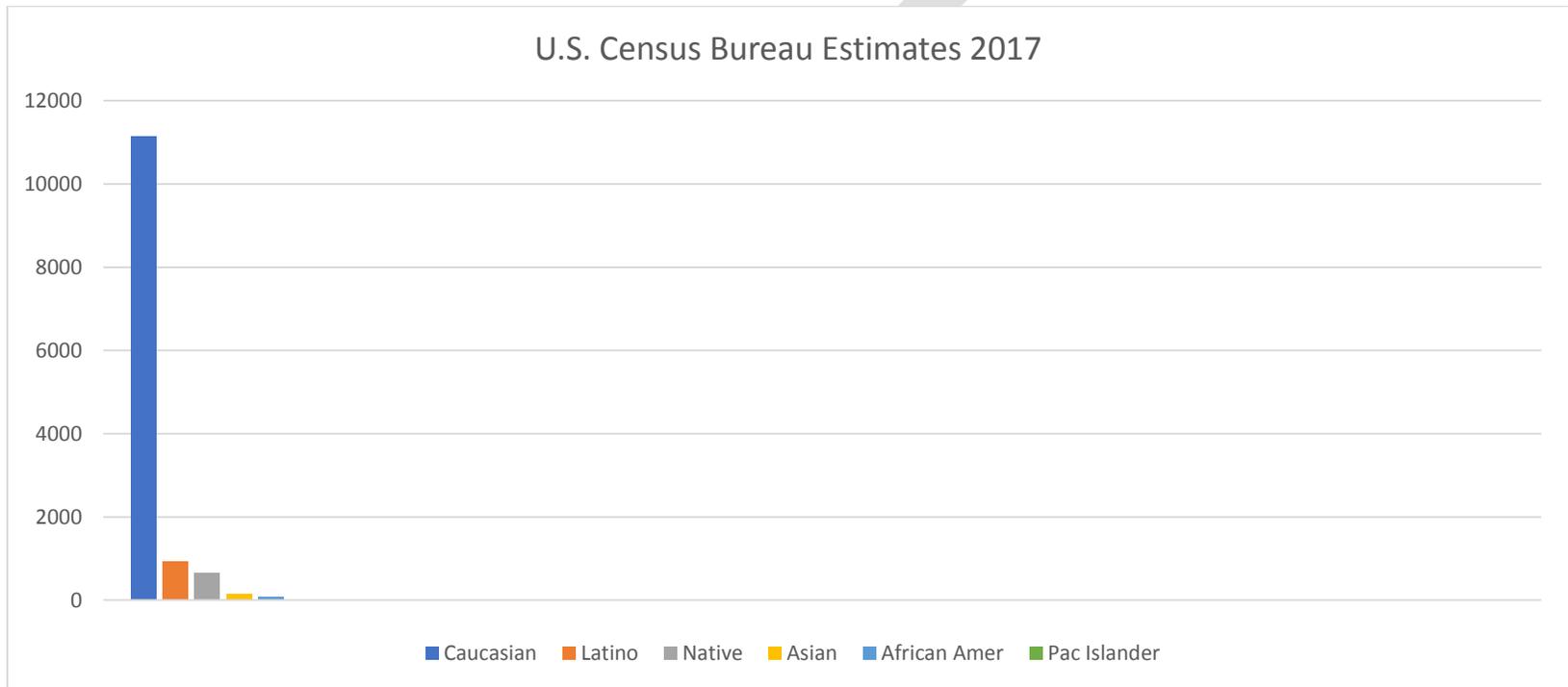
I. General Population

The county shall provide the following in the CCPR Modification:

- A. Provide a description of the county’s general population by race, ethnicity, age gender, and other relevant small county cultural populations. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally). If appropriate, the county may use MHSAs Annual Update data here to respond to this requirement.

U.S. Census Bureau Statistics-2017 Estimates

	Total County Population	Percentage of Population %
12,709		
11,158	Caucasian	87.8%
927	Hispanic/Latino	7.3%
648	Native American	5.1%
152	Asian American	1.2%
76	African American	0.6%
25	Pacific Islander	0.2%



As demonstrated by the chart above, Trinity County lack ethnic diversity. There are two easily identified reasons for this circumstance: 1) the economy, in general, does not draw new individuals or families into the community; 2) the county’s terrain and environmental features, while beautiful and rugged, does not lend itself to the growth and development of economic opportunities.

The individuals employed and served by TCBHS are representational of the general county population. Despite this fact, Trinity County is dedicated to providing services that are culturally sensitive and is making strides to accomplish this by making available informing materials that are in a language other than English and offering interpreter services

through Language Line Services when needed. A significant portion of the population living in Trinity County identify as poor or extremely poor. This coupled with the lack of resources within the county constitutes a populace of individuals and families who are the 'rural poor'. Although members of some ethnic groups may be under-represented in the county mental health system it is far more likely that those struggling with the barriers of rural poverty are disproportionately underserved in the mental health system. Trinity County has a detailed strategy to remedy this disparity by anchoring outreach and engagement activities at the wellness center. Services are available at the center to those who do not have Medi-Cal; peer specialist are available to help individuals apply for entitlement programs that he or she may be eligible for. With this plan, Trinity County can offer an immediate intervention and linkage to crisis services for an individual in the midst of an escalating crisis. In addition, to the immediate intervention, individuals are assisted in bridging the gap between 'not eligible for mental health services' to 'eligible for services' due to enrollment in the Medi-Cal program, thus addressing a long-term need.

II. Medi-Cal population service needs (utilizing current CAEQRO)

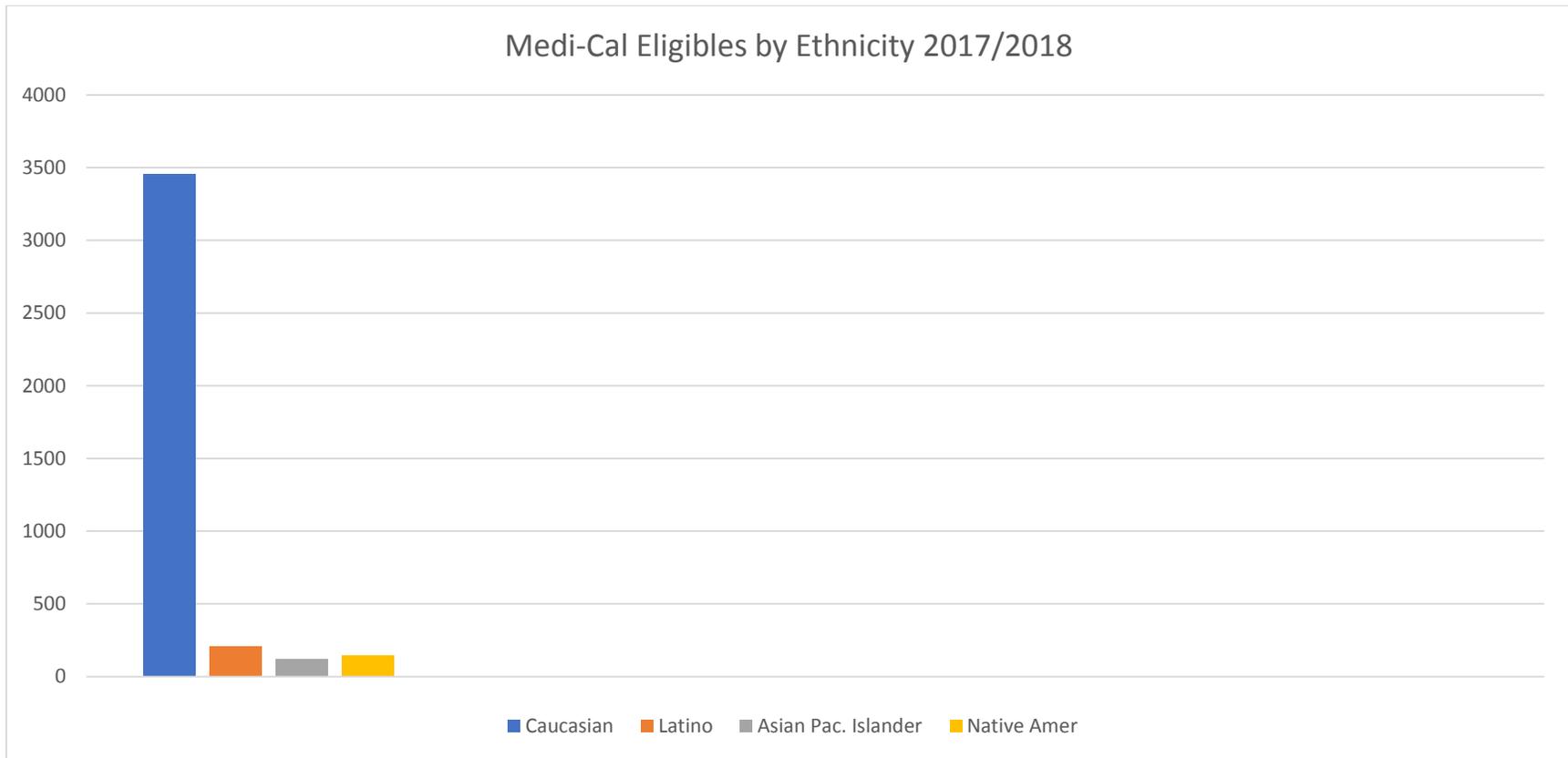
The county shall include the following in the CCPR Modification (2010)

- A. Summarize the following two categories by, race, ethnicity, language, ge, gender, and other relevant small county populations.**
 - 1. The county's Medi-Cal population**
 - 2. The county's utilization data**

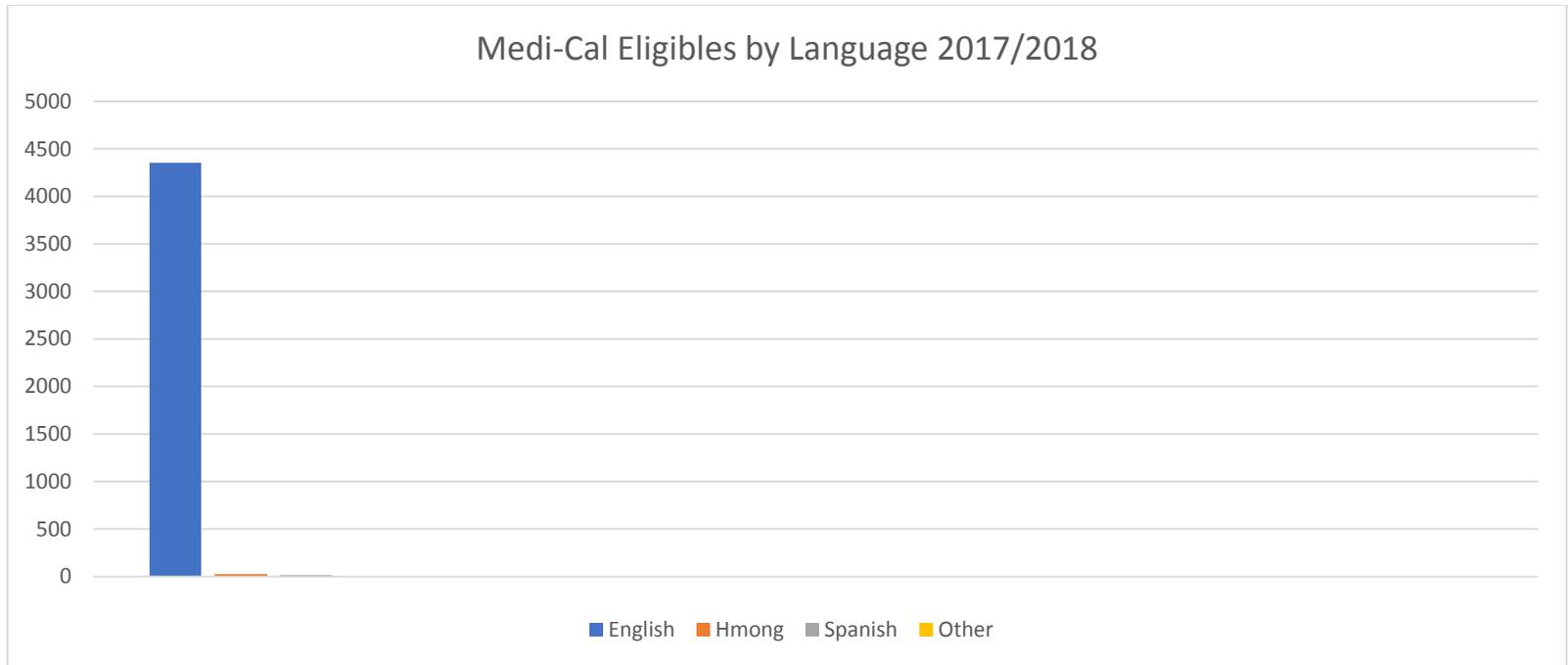
Overview of Medi-Cal Eligibles and Trinity County's Medi-Cal population:

According to statistics extrapolated from Trinity County Behavioral Health's electronic health record the total number of individuals eligible for Medi-Cal in Trinity County is 4,453 for the fiscal year of 2017/2018. This total represents approximately 35% of the county's population. Of the individuals that are receiving Medi-Cal benefits in the county; 3,458 are Caucasian, 211 identify as Latino, 123 identify as Asian or Pacific Islander and 146 are Native American.

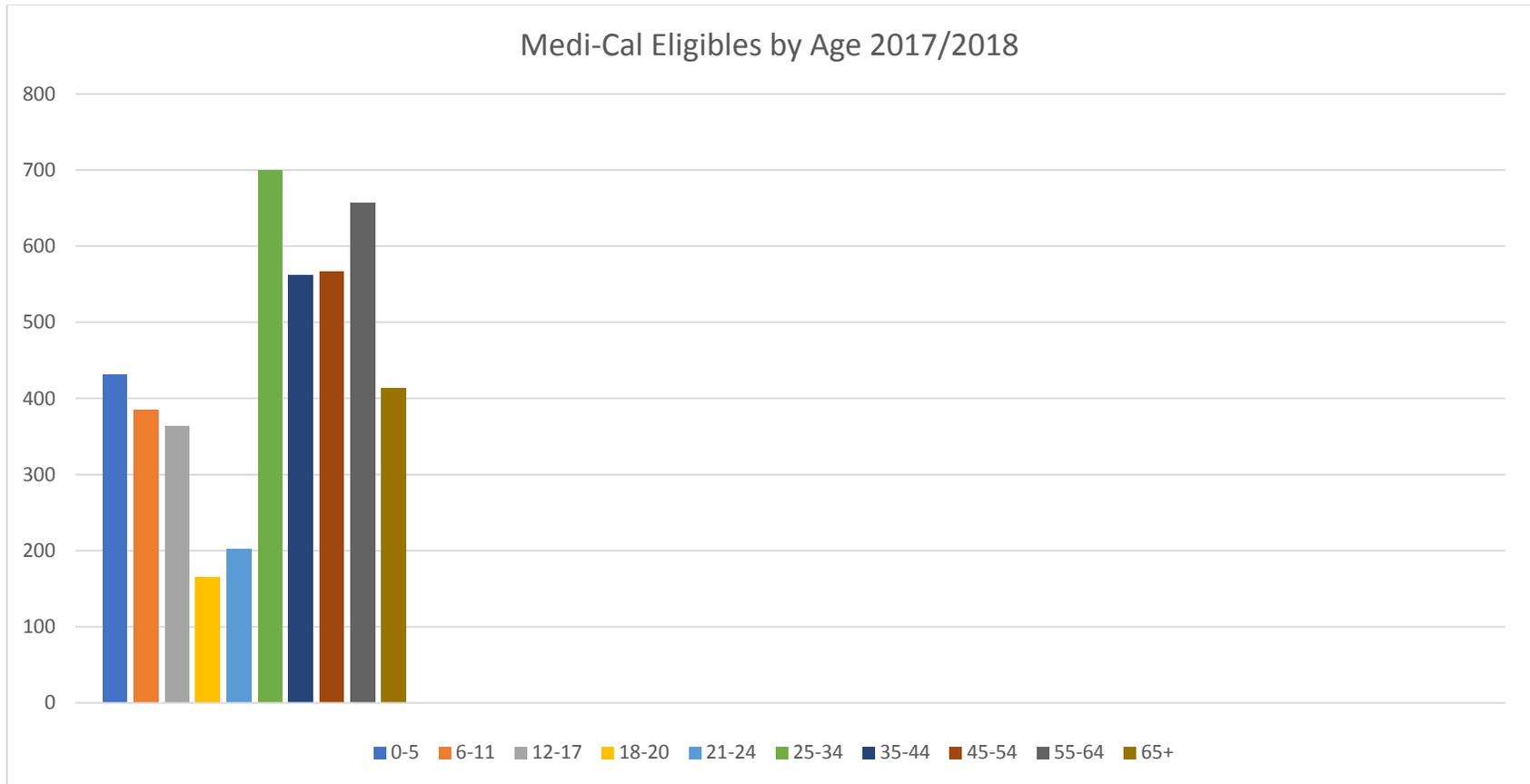
(See Chart)



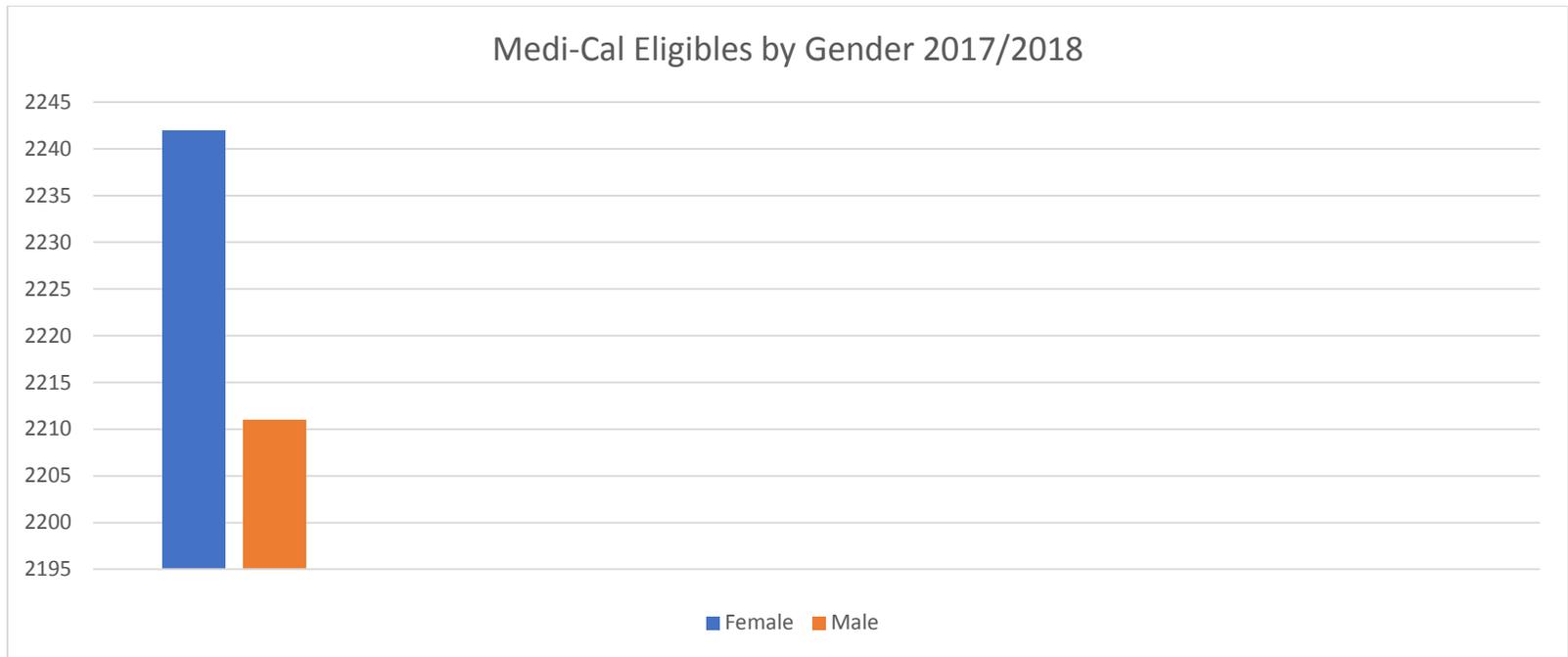
The majority of eligibles in Trinity County identify English being the preferred language. These individuals total 4,351 while 22 speak Hmong and 17 state that their preferred language is Spanish. Three individuals fall into the 'other language' category.



Age distribution of individuals who are Medi-Cal eligible are as follows; age 0-5, 432, age 6-11, 385, age 12-17, 364, age 18-20, 166, age 21-24, 203, age 25-34, 700, age 35-44, 563, age 45-54, 567, age 55-64, 658, and 65+, 414.



Statistics gathered from the electronic health record indicate the following numbers regarding the gender of those individuals who are eligible for receiving Medi-Cal benefits in Trinity County. Female eligibles number 2,242 and male eligibles number 2,211.

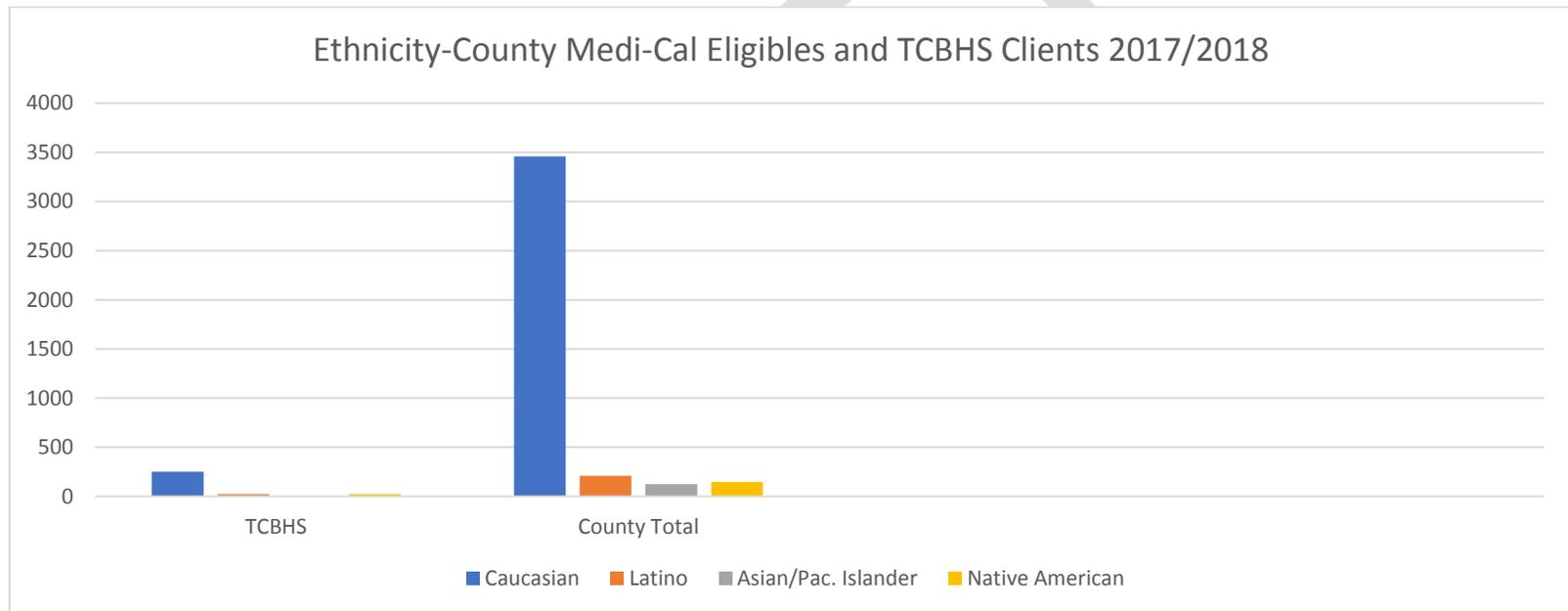


Trinity County's Client Utilization Data;

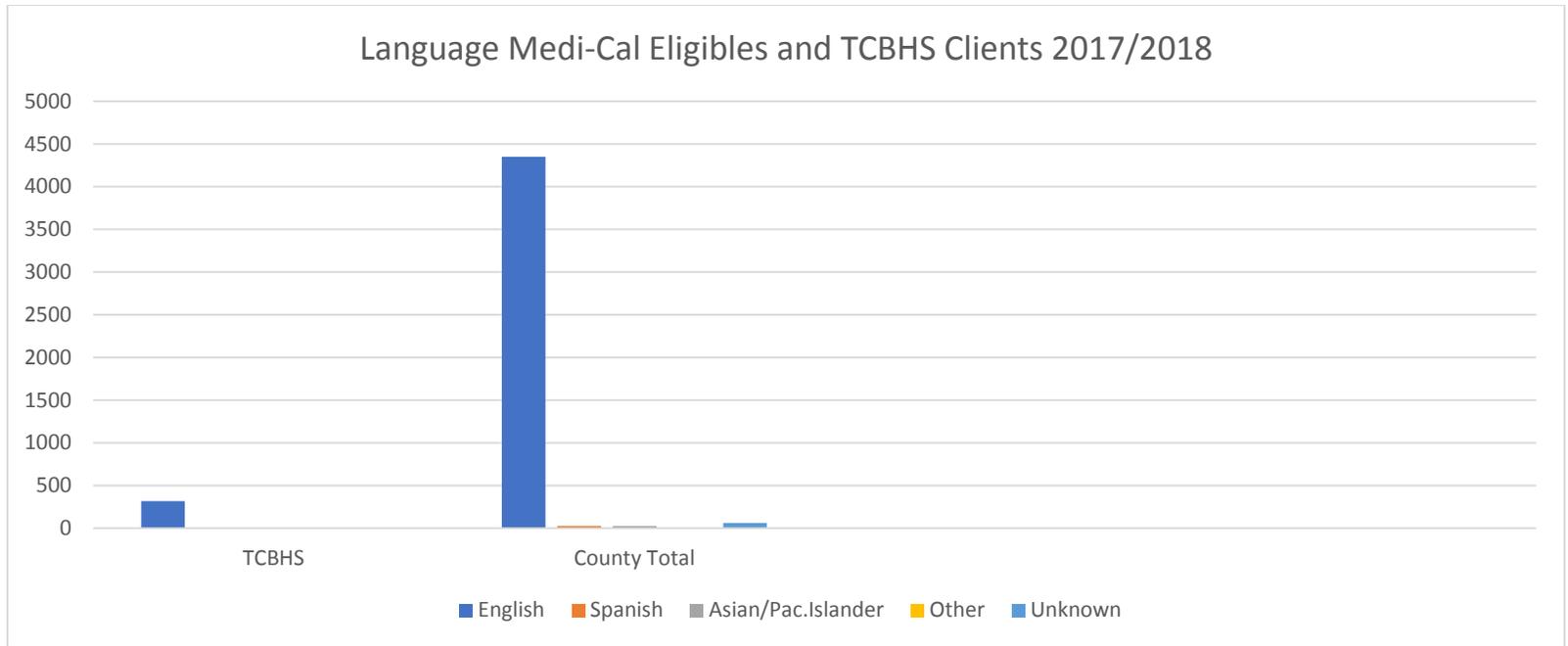
While it is important to know demographic information regarding individuals who are eligible to receive Medi-Cal within Trinity County it is more important to narrow the focus and analyze the corresponding data regarding the individuals who are receiving mental health services. Information regarding those receiving mental health services was gathered through Trinity County's electronic health record and is readily comparable to the countywide data.

In 2017/2018 there were 319 individuals that received mental health services through Trinity County Behavioral Health Services. The ethnic breakdown is as follows; 251 individuals identify as Caucasian, 22 as Latino, 24 as Native American, 1 Asian/Pacific Islander and 1 as African American. Fifteen individuals claim 'other' in regard to ethnicity and five are listed as unknown.

Compared against the number of Medi-Cal eligible in the county the number of individuals served at TCBHS, in percentages, are presented here; 7.2% are Caucasian, 10.4% are Latino, .08% are Asian or Pacific Islander and 16% identify as Native American.

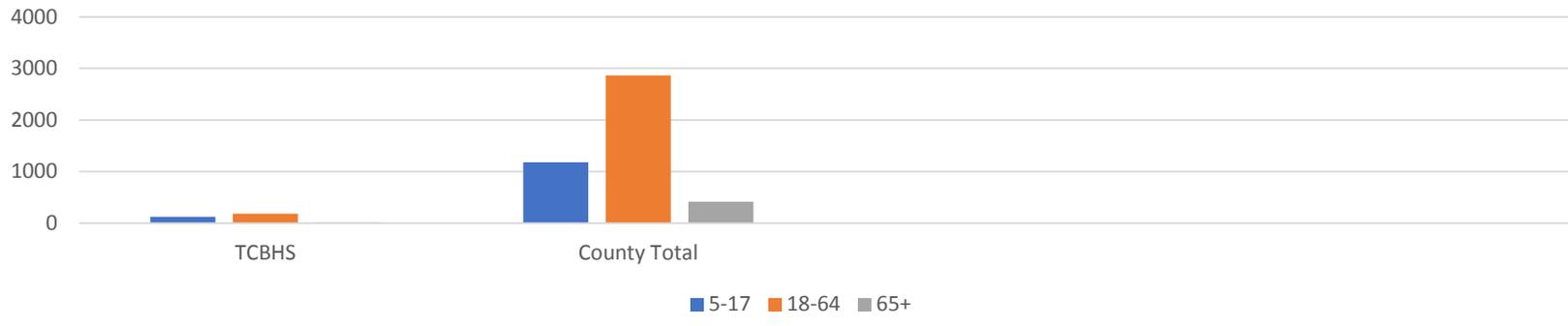


An array of demographic information is gathered from the client when he or she is seen for his or her initial assessment. Language preferences are included in the information that is captured and entered into the electronic health record. Extrapolated totals regarding language diversity of individuals receiving behavioral health services are presented here; 317 individuals state that their preferred language is English, 1 list 'unknown' as their preferred language while 3 individuals indicate 'other' as their preferred language.

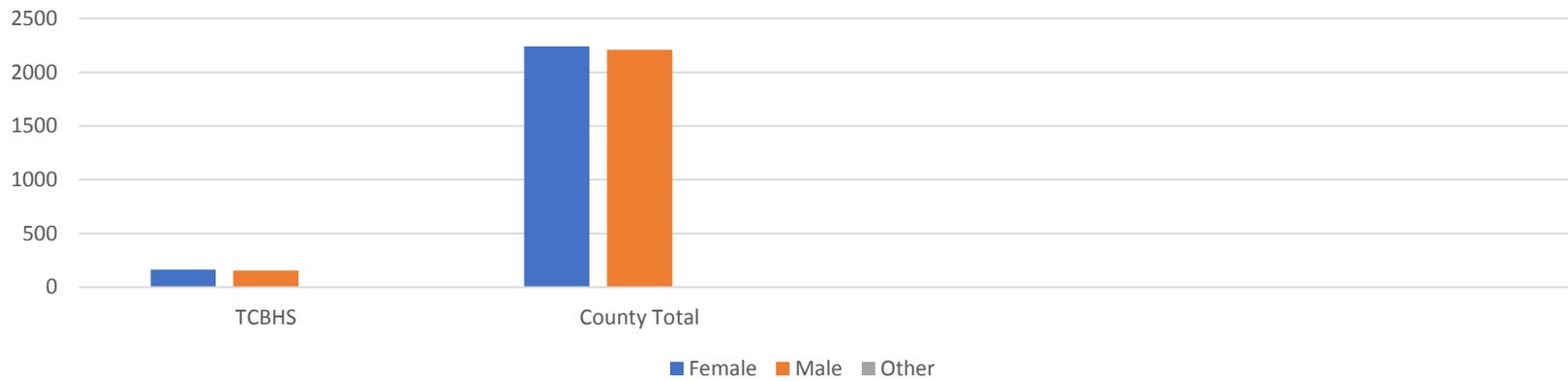


In addition to ethnicity and language totals gender and age information is also gathered through the demographic form and input into the electronic health record. The following charts compare the age of county Medi-Cal eligibles and those receiving services. A comparison chart regarding gender totals is also included (see next page).

Age- Medi-Cal Eligible and TCBHS Clients 2017/2018



Gender-Medi-Cal Eligible and TCBHS Clients 2017/2018



Trinity County Behavioral Health has implemented a tri-pronged approach or, colloquially speaking a ‘three- legged stool’, regarding identifying individuals who would benefit from services. Mental health, substance use disorder and wellness center services are all integrated to facilitate a functional referral process.

Trinity County Behavioral Health Services continues to be aware, sensitive and responsive to the needs of individuals in the community. To that end, the agency has delivered several trainings to staff that focus on LGBTQ culture, Hmong cultural, Native American culture, Latino culture, Veteran and Military culture and the consumer perspective. Generalizations about ethnicity and language may be understandable given the lack of diversity that exists in the county however, TCBHS is aware that populations can grow quickly and in order to keep up with increasing demand, ongoing analysis and education is imperative.

III. 200% of Poverty population and service needs.

The County shall include the following in the CCPR Modification:

- A. Age 0-18 Summarize the 200% of Poverty (minus the Medi-Cal population) and client utilization data by race, ethnicity, language, age, gender and other relevant small county cultural populations.**
- B. Provide as analysis of disparity as identified in the above summary. This can be narrative discussion of the data. (Data must support the analysis).**

Summary of the 200% of Poverty Population in Trinity County;

In 2017-2018 there were approximately 4,453 Medi-Cal eligible individuals residing in Trinity County. Of those 4,453 individuals 319 sought and received behavioral health services at Trinity County Behavioral Health. Regarding the population living at 200% of poverty the following numbers were provided by the Trinity County Health and Human Services Department. According to their numbers 1688 individuals fall between 138% and 200% of poverty. This was information that was gathered through individual’s application process to determine eligibility for MAGI Medi-Cal (MAGI is an acronym for modified adjusted gross income).

Of the individuals that applied for MAGI Medi-Cal 1513 identify as Caucasian, while 53 identify as Hispanic. 88 report as Native America, 26 Asian and 8 individuals identify as African American. All but seven of the 1688 individuals list their preferred language as English while 7 report their preferred language as Spanish and one individual state that Hmong is his or her preferred language. As in past years, female individuals that applied for MAGI Medi-Cal benefits outnumbered

men. For 2018/2018, 924 females applied and only 764 men applied. The age grouping for the applicants are as follows; 0-18 there are 493 individuals that qualify for MAGI Medi-Cal, 1119 individuals are aged between 19-64 and lastly there are only 76 individuals in the 65 years and older category.

Analysis of Disparities:

Trinity County has an extremely small population. The two largest communities within the county are Hayfork with a population of approximately 1500 and Weaverville, the county seat, with a population of about 3500. Travel between the two communities takes about 45 minutes through mountainous terrain. Families and individuals residing in the southern portion of the county (Hayfork, Forest Glen and Mad River) deal with living in a geographically remote area and all that it entails i.e. reduced access to services, supplies and regular employment. As a result of Trinity County being remote and lacking in overall resources it also does not enjoy a remarkable amount of ethnic diversity. Analysis of data indicates that the Hmong, Latino and Native American population are increasing slightly on a yearly basis. Their numbers represent 2.7%, 4.7% and 3.2% respectively, of the population of Medi-Cal eligibles. These percentages are also representative of the number of individuals who are Medi-Cal eligible and receiving specialty services. Considering only the information that is available through the local health and human services department (these are approximate numbers) 77% are Caucasian, 4.7% are Latino 3.2% are Native American and finally 2.7% are Asian. Comparing percentages between Medi-Cal eligible and those at 200% poverty (those that qualify for MAGI- Medi-Cal) it continues to appear that more Native American individuals fall into this category as compared to Latino individuals at 3.1%. Caucasians remain closely distributed in each income demographic with 77% eligible for Medi-Cal and 89% percent falling in to the 200% of poverty category. This comparison can be used for heuristic purposes to create 'at a glance' perspective of ethnic diversity in the general population and Medi-Cal eligible.

Trinity County Behavioral Health has continued to partner with the Nor Rel Muk tribe. This partnership has allowed for important stakeholder input from the Native American population in the county in regard to MHSA plan, delivery of mental health services and development of programs. It has also allowed a bi-directional relationship that has created opportunity for staff trainings to strengthen understanding and recognition and way to appropriately deliver culturally respectful services.

It is evident through analysis of numbers that the Latino and Hmong population is increasing within the county. In order to address the needs of these growing groups Trinity County will continue to present cultural trainings that focus on these two groups. Intense focus is being placed on methods that TCBHS can effectively outreach to and engage these populations in an effective and respectful manner. Although, both of these populations are growing with the number of

Spanish speakers increasing in the county, Trinity County still does not meet criteria for a threshold language. However, continued effort is made to ensure that informing materials are available in Spanish and should the need arise, the Language Line is available to translate for individuals who speak only Spanish and are seeking mental health treatment.

Considering that Trinity County is a rural frontier county it is no surprise that there is a lack of educational and employment resources available. Trinity County has focused on school age children through its Prevention and Early Intervention programs. These school-based programs focus on how to improve the social and emotional development of children five to eighteen years of age. Unfortunately, communities within Trinity County have high rates of substance use and abuse, domestic violence and poverty. Because of these issues the children in the community, regardless of ethnicity, have a difficult time succeeding in the school environment. In order to support these youth and assist them to achieve goals in their school careers it is important for individuals providing interventions to understand the culture of rural poverty. More than ethnic differences this is the biggest challenge for professionals in the county to undertake. The now longstanding prevention efforts of TCBHS are readily available to youth who are considered 200% of poverty. Trinity County continues to maintain a strong peer support program offered at the wellness center and through active outreach in Hayfork and Southern Trinity. In addition to the option of peer support, Trinity County is prepared to enroll the most high need individuals into the Full Service Partnership Program (FSP). Trinity County has a board and care home with five permanent beds and one bed dedicated to respite. Individuals who are placed in the home are enrolled in the FSP program and receive all the wraparound benefits that the program offers. The FSP program is available to all individuals regardless of ethnicity, language or gender. As is the case in other programs, individuals who struggle with extremely low socio-economic status are the most likely to be enrolled in the FSP program. Because Trinity County has identified rural poverty as the most overarching circumstance within the county, ongoing efforts are being made to both bring trainings on the subject into the county or to send staff or advisory board members to trainings outside of the county.

IV. MHSA Community Service and Supports (CSS) population assessment and services needs.

The county shall include the following in the CCPR Modification (2010).

- A. From the county's approved CSS plan, extract copy of the population assessment and summarize the population and client utilization data by race, ethnicity, language age, gender and other relevant small county cultural populations**
- B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.**

To understand the racial, ethnic and gender disparities regarding mental health services, we analyzed historic service utilization data to better understand patterns of service use across different populations. Data was examined to determine who is served and who is under-served. These data provided an overview of service utilization in comparison to the general population and the Medi-Cal eligible population to help understand the existing service patterns and access to services. Service utilization data by are, ethnicity and gender were reviewed to help understand ethnic and gender disparities.

Below is a summary for each age group which outlines the community issues selected for implementation and how these issues relate to stakeholder concerns regarding the under-served populations. The county mental health program's goal is to provide accessible services to all ethnicities.

Approximately 4.7% of the Medi-Cal beneficiary population in Trinity County is Latino. According to data 6.8 % of the clients served at TCBHS are Latino. Approximately 3.2% of the Medi-Cal beneficiary population in Trinity County is Native American comparatively 7.5% of the clients served at TCBHS identify as Native American. Overall, the prevalence data shows that many of the ethnic groups are served at rates equal to or greater than expected (African American, Asian, Latino and other). For Caucasians and Native American, 80% of expected rates received services at Trinity County Behavioral Health.

This data show the unduplicated count of client served but does not address the total number of service clients receive.

CHART A

TRINITY COUNTY

Children & Youth 0-17 years old	Fully Served		Total Fully Served		Underserved/ Inappropriately Served		Total Served by Gender		Total Served		County Population	
	Male	Female	Number	% of TOTAL SERVED	MALE	FEMALE	MALE	FEMALE	Number	%	Number	%
Total	39	32	71	48.0%	41	36	80	68	148		2,659	
African American	0	1	1	0.7%	1	0	1	1	2	1.4%	4	0.2%
Asian-Pacific Islander	0	0	0	0.0%	0	1	0	1	1	0.7%	33	1.2%
Latino	1	0	1	0.7%	3	1	4	1	5	3.4%	234	8.8%
American Indian	7	4	11	7.4%	0	3	7	7	14	9.5%	187	7.0%
White	28	24	52	35.1%	33	29	61	53	114	77.0%	2,005	75.4%
Other	3	3	6	4.1%	4	2	7	5	12	8.1%	196	7.4%
Transition Age Youth 16-25 years old	Fully Served		Total Fully Served		Underserved/ Inappropriately Served		Total Served by Gender		Total Served		County Population	
	Male	Female	Number	% of TOTAL SERVED	MALE	FEMALE	MALE	FEMALE	Number	%	Number	%
Total	20	19	39	43.8%	26	24	46	43	89		1,827	
African American	1	0	1	1.1%	0	0	1	0	1	1.1%	4	0.2%
Asian-Pacific Islander	0	0	0	0.0%	0	0	0	0	0	0.0%	58	3.2%
Latino	2	1	3	3.4%	4	3	6	4	10	11.2%	118	6.5%
American Indian	2	2	4	4.5%	1	1	3	3	6	6.7%	123	6.7%
White	15	15	30	33.7%	14	19	29	34	63	70.8%	1,462	80.0%
Other	0	1	1	1.1%	7	1	7	2	9	10.1%	92	5.0%
Children & Youth 0-17 years old	Fully Served		Total Fully Served		Underserved/ Inappropriately Served		Total Served by Gender		Total Served		County Population	
	Male	Female	Number	% of TOTAL SERVED	MALE	FEMALE	MALE	FEMALE	Number	%	Number	%
Total	53	77	130	54.9%	49	58	102	135	237		7,343	
African American	2	0	2	0.8%	1	0	3	0	3	1.3%	53	0.7%
Asian-Pacific Islander	0	2	2	0.8%	0	0	0	2	2	0.8%	92	1.3%
Latino	3	5	8	3.4%	2	6	5	11	16	6.8%	381	5.2%
American Indian	3	1	4	1.7%	1	2	4	3	7	3.0%	411	5.6%
White	43	69	112	47.3%	36	44	79	113	192	81.0%	6,145	83.7%
Other	2	0	2	0.8%	9	6	11	6	17	7.2%	261	3.6%
Older Adults 60+ years old	Fully Served		Total Fully Served		Underserved/ Inappropriately Served		Total Served by Gender		Total Served		County Population	
	Male	Female	Number	% of TOTAL SERVED	MALE	FEMALE	MALE	FEMALE	Number	%	Number	%
Total	5	8	13	72.2%	3	2	8	10	18		3,543	
African American	0	0	0	0.0%	0	0	0	0	0	0.0%	3	0.1%
Asian-Pacific Islander	0	0	0	0.0%	0	0	0	0	0	0.0%	12	0.3%
Latino	0	0	0	0.0%	0	0	0	0	0	0.0%	69	1.9%
American Indian	0	0	0	0.0%	0	0	0	0	0	0.0%	121	3.4%
White	5	8	13	72.2%	2	0	7	8	15	83.3%	3,236	91.3%
Other	0	0	0	0.0%	1	2	1	2	3	16.7%	99	2.8%

Comparing the statistics from Trinity County's original CSS plan to the latest data available from the electronic record (2017/2018) it appears that the Caucasian and Native American populations in the county has remained static only differing by a few percentage points. The Latino and Hmong population is increasing slightly. A loss, or even an insignificant increase in population could be attributed simply to the fact that Trinity County does not have strong economy or an abundance of resources. By reviewing data from the last ten years, it seems apparent that Trinity County is unlikely to experience a huge population increase regardless of ethnicity. Despite this fact, Trinity County intends to place emphasis on cultural sensitivity in order to provide culturally relevant services and support when the need arises.

Trinity County has formed a Cultural Competency Sub-Committee that reports every other month to the Quality Improvement Committee. The focus of this sub-committee is to identify areas where cultural sensitivity could be increased. This includes assessing the staff and contractors for cultural knowledge, understanding, and identifying areas for development. The committee meets six times a year to discuss: 1) ongoing trainings and development of relationships in the community, 2) upcoming trainings and events that are potentially enriching to staff, consumers, family members and to partner agencies, 3) trainings and/or presentations that should be scheduled during the upcoming year.

**V. Prevention and Early Intervention (PEI) Plan: The Process to identify the PEI priority populations
The County shall include the following in the CCPR Modification (2010):**

A. Describe which PEI priority population the county identified in their PEI Plan, and describe the process and rationale the county used in selecting them. PEI Plan sections should be used to respond to priority populations identified by the county.

During the planning process for Trinity County's initial CSS plan, there were many focus groups conducted consisting of consumer, family members, stakeholders and interested community members. The initial discussions were to identify areas where MHSA funds should be spent to benefit the community as a whole. Workgroups were formed to develop a list of criteria to apply to the idea/issues compiled from the various focus groups and survey results. The information was analyzed and used to prioritize the issues. Those ideas that have been selected for implementation in Trinity County met the following criteria:

- Identified as high priority by stakeholders, as noted by the number of responses in favor of the idea or by the number of responses siting the issue;
- Consistent with the identified un-served or underserved populations;
- Consistent with the prevalence need in Trinity County;
- Addresses the cultural needs of the community;
- Consistent with the needs of children and youth with serious emotional disturbance and adults and older adults with serious mental illness; and
- Consistent with the focus and intent of the Mental Health Services Act.

The original steering committee formed to help guide direction of the original CSS plan, considered issues related to untreated mental illness but primarily devoted time to considering which under-served or un-served populations were in greatest need and which strategies could best address their needs and contribute to the transformation of the mental health system. Stakeholder input was key to the process of identifying which groups needed the most support. Children and youth were identified as the group whose needs often go unmet and who, if provided with early intervention, would have early emotional disturbances and mental health concerns ameliorated before advancing into a more chronic problem. Child, peer and family problems were issues identified throughout the community planning process and included need for parenting classes for parent with your children who may be involved in the child welfare system or high-risk families. Trinity County is utilizing the Incredible Years curriculum which is an evidenced based practice to support parents and children in developing appropriate and healthy relationships.

Stakeholders felt that supporting and enhancing children's programs would decrease out of home placement, facilitate shorter stays in out of home placements and assure comprehensive, effective services through additional staff time devoted to children and families. School issues, including the inability to be in a mainstream school and school failure were identified as issues that the county needed to address. This included the need for additional mental health services in the schools, along with training, screening, assessment and various treatments in schools. There are four ongoing Prevention and Early Intervention Programs that operate in the Mountain Valley Unified School District., Trinity Alps Unified School District, Southern Trinity Unified School District and through Trinity County Probation Department. All programs provide psychosocial education and skill building that help youth navigate the school environment. A referral process is in place for those children who may benefit from a more intensive mental health intervention.

While the focus of the Prevention Services Liaison is youth in the juvenile justice system the focus of the school-based programs is to support children in their academic development and their ability to develop healthy and adaptive social skills. The Link Center which is the main Prevention and Early Intervention Project for Mountain Valley Unified School District is located at the Hayfork Elementary School. Staff for the center is responsible for conducting groups that deal with problematic behaviors such as bullying, as well as anger management and disruption in the classroom. The Link Center provides individual and group educational counseling to youth who are at risk of school failure due to behavior problems, family crisis, or social concerns that may interfere with normal concentration and leaning. This type of program is especially needed in the community. Hayfork is located in the southern portion of Trinity County and is extremely rural. The community as a whole struggles with a poor economy, domestic violence and substance abuse issues.

The Trinity County Office of Education confirmed that students in the Trinity Alps Unified School District were dealing with some of the same issues as their counterparts in Southern Trinity. During the initial planning process, stakeholder input identified school failure due to behavioral issues as a countywide concern. The program anchored at the Trinity County Office of Education serves eight elementary schools. The emphasis of this third school-based PEI project is to present curriculum that will help children build better relationships, regulate their behavior, and how to develop anger management skills. In addition, activities and education about reducing bullying will be offered at all eight elementary schools in the district. Although there are many elementary schools spread throughout the county there are only three high schools. Trinity High School is located in the Trinity Alps Unified School District and is 'fed' by all eight schools participating in the PEI project. It has been noted by school administrators and teachers that children entering the high school environment from these small feeder schools often have a difficult time adapting to the high school "culture". Problems adjusting can lead to both academic and behavioral problems. In order to assist the children coming from the small schools to adjust better the Trinity County Office of Education, as part of their PEI project, has created a process of introducing the seventh and eighth graders to the high school environment. There are activities planned where upperclassmen interact with new comers in order to establish relationships. These strategies have been successful in the past for integrating youth from small schools into the larger school-environment.

Criterion 3:

The County shall include the following in the CCPR Modification (2010)

- I. List the target population with disparities your county identified in Medi-Cal and all MHSA components (CSS, WET and PEI)**
- A. Briefly describe the process and rationale the county used to identify the target the populations (with disparities) in the PEI population.**

Trinity County turned to the stakeholders in order to accurately identify priority populations with disparities that would benefit from Prevention and Early Intervention funding. Although Trinity County had knowledge of children who were at risk who were in need for services that did not paint a complete picture of this population's needs overall. In order to address the most pressing and prevalent issues, to ask for stakeholder input i.e. representatives from Department of Health and Human Services, the Probation Department, Trinity County Office of Education and the local non-profit the Human Response Network, and various school administrator and interested community members. This group readily identified needs in the community and focused on what activities, curriculum and other resources could benefit youth. It is determined overall, that activities should be directed to youth in the schools who were at-risk of academic failure due to

behavioral concerns and youth involved in the juvenile justice system. Efforts should be made to provide clean and sober activities to all youth. Stakeholders felt that overall, youth in the county were underserved and this represented an obvious disparity. Because Trinity County is rural and lacks many resources and opportunities compared to its larger counterparts children in the community often get caught in the cycle of rural poverty that tends to be generational. Stakeholders expressed the opinion that dedicating funds to projects that would support academic success, the development of better social skills and anti-substance abuse education could potentially break this cycle for youth in the County.

Trinity County continues to utilize the stakeholder process in order to inform the MSHA programs that are currently underway. Stakeholders have relevant input as to how programs need to evolve in order to address the ever changing needs of the community and each population that the programs are geared toward. There are three focus groups held yearly to create the MSHA Annual Update. There is the public hearing taking place at the end of the public comment period where the community is invited to make substantive comments and suggestions for changes to the drafted plan. Throughout the year there are other venues that allow consumers and family members input. The Quality Improvement Committee and Behavioral Health Advisory Board both meet bi-monthly and both offer opportunities for programming input.

- II. Then list disparities in each or the population (Medi-Cal, CSS, WET and PEI)**
- III. Then list strategies for the Medi-Cal population as well as those strategies identified in the MSHA plans (CSS, WET and PEI) for reducing those disparities described.**

For Trinity County, there are no significant disparities regarding services provided to different ethnic groups. However, there is a group that could be considered under-represented in the county mental health system and that would be the rural poor. Statistics for this group is not gathered by the state or by the agency's EQRO reviewer, however, individuals who reside and work in the county are aware that this population exists and really represent the group who would benefit from the concentrated outreach efforts.

In its CSS plan, Trinity County is attempting to address the needs of the rural poor population which includes individuals from all age groups. Efforts to outreach to the individuals are anchored at the wellness center which are funded by CSS funds. CSS funds also support Trinity County's FSP program which focuses on four age groups (children, TAY, Older, and Older Adult) these 'whatever it takes' services to culturally sensitive by considering the ethnic populations most prevalent in the county (Native American, Hispanic). Efforts to engage the LGBTQ community are underway within the wellness center and the needs of this community will be addressed in upcoming trainings. There are a large number of individuals within the county who are in need of mental health services but who are not eligible for Medi-Cal. The wellness center can provide peer support and non Medi-Cal recovery groups that can help ameliorate crises for some of these

individuals. The ongoing social interaction can help individuals regain a feeling of connection to the community and staff is available to assist individual who might meet criteria to apply for entitlement programs.

Trinity County has expounded on its original Innovation plan which looked to discover the efficacy of peer support when delivered to clients in crisis. The current program is placing peer staff in the lead role of crisis intervention and this effort is anchored at Milestones Wellness Center. The county has now open a peer respite home to further the county's research on the efficacy of peer support.

In terms of an identified disparity for Trinity County's PEI population all youth in the county, not just those at-risk, have been identified as individuals in need of interventions, psychosocial education and skill development. These interventions include school-based programs dealing with social skills building, establishing and maintaining healthy relationships, reducing bullying behavior and choosing clean and sober activities. For those involved in the juvenile justice system support is provided to reduce recidivistic behaviors, re-integrate back into the school environment and assist parents to seek additional services and supports in the community.

IV. Discuss how the Count measures and monitors activities /strategies for reducing disparities

The work of the Quality Improvement Committee is to measure the success of service delivery and the satisfaction of clients regarding the services delivered.

For its MHSA programs, the MHSA Coordinator has developed consumer satisfaction surveys to determine what programming offered through the wellness center is most conducive to recovery and the promotion of wellness. A survey was also created to gain consumer feedback regarding the effectiveness of peer staff when dealing with a crisis situation. Finally, a professional skills pre/post questionnaire was developed to measure improvement of professional skills after participation in CASRA's core competency training.

V. Share what has been working well and lessons learned through the process of the county's development and implementation of strategies that work to reduce disparities (within Medi-Cal, CSS, WET and PEI)

One of the most challenging aspects of living in Trinity County and struggling with a low socio-economic status is getting from one place to another. Often individuals who live in the more isolated parts of the community carpool with other persons who may be going to the same destination. Opportunities may be few and far between making it difficult for these individuals to keep appointments for tele-psychiatry or group/individual counseling. Similarly, those individuals benefitting from the interactions at the wellness center find it difficult to participate on a regular basis. In order, to ameliorate some of these difficulties Trinity County provides transportation to Medi-Cal billable appointments. Although this has proven to be helpful to most individuals there have been a few cases when providing transportation to those in the furthestmost outlying areas has been unfeasible. The county struggles with keeping its transportation department within

its budget and at the same time provide transportation services to those most in need. In order to assist those consumers who wish to participate at the wellness center, the county is able to dispense bus tickets. Usage of these tickets has to be closely monitored so that costs do not become prohibitive, making further assistance unavailable.

The provision of transportation services is perhaps the most effective way to reduce disparities in a county like Trinity. The population of the county is widespread; naturally those who live the closest to larger communities, like Weaverville and Hayfork have the most access to services and conversely those who live in the outlying areas struggle to receive the services they need. The availability of regular transportation has significantly reduced this potential inequality but it remains a serious and ongoing need. TCBHS has partnered with Trinity Transit to develop ways to increase ridership and to offer routes that would benefit consumers utilizing the wellness center as well as those receiving Medi-Cal billable services.

Trinity County has been dedicated to increasing its cultural competence by employing many different strategies. Efforts have included staff and consumer trainings both in and out of the county. One of the most effective strategies to increase the level of cultural sensitivity, is to hire individuals of different cultural and ethnic backgrounds. This is an area where Trinity County struggles. There is little 'draw' to entice individuals with varied backgrounds to relocate to Trinity County. Often the pay level is significantly lower than neighboring counties. One way that Trinity County has attempted to circumvent this difficulty is to 'grow its own' educated and culturally competent staff. Using WET funds the County has funded scholarships to assist those already or interested in working in the mental health field to further their education. In return, individuals receiving the scholarship agree to dedicate two years working at TCBHS. Trinity County continues to participate in the WET Regional Partnership to continue to support the effort of individuals who are from rural areas and often have lived experience to achieve educational and employment goals. This strategy seems to have been a success; individuals who received the scholarship are from the area and are therefore familiar with the cultural differences (socio-economic) within the county. In addition, the idea of cultural competence is a huge element of higher education and those working on finishing a degree at this time are likely to be familiar with the concept and will be able to carry this insight into their work at TCBHS.

Criterion 4:

The county has cultural competency committee, or similar group that addresses cultural issues, has participation from the cultural groups, that is reflective of the community, and integrate its responsibilities into the mental health system.

The county shall include the following CCPR Modification (2010):

- A. If so, briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role) if the committee of similar group integrated with another body (Quality Improvement Committee). This inclusive committee shall demonstrate how cultural competence issues are included in committee work.**
- B. If so, briefly describe how the committee integrated with the county mental health system by participating in and reviewing MHSA planning process.**

Structure and function of the committee:

The Quality Improvement Committee has formed a cultural competency sub-committee. This sub-committee meets six times per year and the membership includes staff representing each department i.e. clinical, administration, peer and management. It is the function of the committee to ascertain what trainings pertaining to cultural competence should be planned. This sub-committee reports back to the QIC any decisions regarding trainings and relevant discussions concerning cultural issues. The QIC and the sub-committee have a reciprocal relationship in that the QIC often drives the focus of the sub-committee and input from the committee helps the QIC make changes to mental health services to ensure improved cultural sensitivity and engagement. Toward that end, the committee is responsible for periodic review of the agency's informing and other written material to ensure that Trinity County is in compliance.

Committee Participation in the MHSA Planning Process:

As mentioned, the MHSA Coordinator is currently the chair of the cultural competency committee. Because the MHSA Coordinator is integral to the MHSA planning process the interest and focus of the committee are always represented in the plan. The committee is able to provide oversight on the MHSA programs and make recommendations when necessary. Trinity County is working toward an integrated approach with the cultural competency committee as the hub of cultural sensitivity that meets both Medi-Cal and MHSA standards.

Criterion :

The county system shall require all and shall invite stakeholder to receive annual cultural competence training.

The county shall include the following in the CCPR Modification (2010):

- A. The county shall develop a three-year training plan for required cultural competence training that includes the following; (The county may submit information from the county's WET plan and provisions for**

training). The county shall describe how training efforts are integrated and can reasonably be expected to create and maintain a culturally competent workforce.

1. Steps the county will take to provide required cultural competence training to 100% of their staff over a three year period.
2. How cultural competency has been embedded in all trainings.
3. A report list of annual training for staff, document stakeholder invitation. Attendance by function to include: administration/management; direct services; counties; contractors, support services, community members/general public; community; interpreters; mental health board and commissions; and community based organizations.

B. Annual cultural competence trainings topics shall include but not limited to the following:

1. Cultural formulation
2. Multicultural knowledge
3. Cultural sensitivity
4. Cultural awareness
5. Social and cultural diversity (diverse groups, LGTBQ, SES, Elderly)
6. Differently abled individuals
7. Interpreter training in mental health settings
8. Training staff in the use of mental health interpreters

A. Trinity County's three-year plan; WET plan and funds:

As a part of its WET component Trinity County has. In the past, carved out a portion of the funds that is solely dedicated to staff and consumer training. Funding has been utilized to allow Trinity County Behavioral Health staff, members of the mental health board, consumers and family members of the agency to attend trainings that address the issues of cultural competency and workplace diversity. Focus will be placed on wellness and recovery. Because Trinity County is a rural frontier county, local training resources are scarce.

The MHSA Coordinator regularly attends training and meetings that are pertinent to the Mental Health Services Act and as such are embedded with philosophies regarding cultural sensitivity as stipulated in the act. Staff, consumer, consumer contractor, partner organization and stakeholder trainings will emphasize the Recovery Model and will focus on wellness and recovery in addition to cultural awareness and sensitivity.

To date, the primary focus of the cultural competency sub-committee has been to identify areas where cultural competency training is needed. The committee has identified the need for continued trainings on Latino, Native American, Hmong, LGTBQ and rural culture.

Individuals who struggle with rural poverty represent the largest cultural diversity in the county. Each time the committee meets there is a discussion on what area needs to be explored in the near future. The committee often has multiple projects underway. Difficulties exist in finding appropriate trainers/presenters for each of the cultures identified. TCBHS memorializes its efforts toward all-staff cultural training by keeping detailed records of both trainings and lists of those who have attended. Each year the QIC develops a work plan. Contained in this workplan are the goals for the cultural competency sub-committee. Each year the committee decides on what projects need to be completed and how many trainings will be offered for that fiscal year. The following is a table of recent cultural trainings that staff have attended.

B. Annual Cultural Competence topics

Training Event	Description of Training	How long and how often?	Attendance by function	Number of Attendees and Total	Date of Training	Presenter
Weaving Good Relations	Building Cultural Partnerships	Once 8 Hours	Management	1 Total: 1	1/8/2010	
Discussion with Nor Rel Muk Tribal Leaders	Cultural Competency	Once 3 Hours	Management Direct Services Admin Staff Support Staff Consumers Contractors (Peer)	4 10 2 2 4 Total: 24	1/28/2010	

Dimensions of Latino Culture	Cultural Competency	Once 3 Hours	Management Direct Services Admin Staff Support Staff Consumers Contractor (peer) Outside Organizations	3 9 1 2 4 4 5 Total: 28	2/8/2010	
Training Event	Description of Training	How Long and How Often	Attendance by Function	Number of attendees and Total	Date of Training	Presenter
Creating Welcoming Environments	Recovery focused training	Once 8 Hours	Management Peer contractors Consumers	2 4 6 Total: 12	4/1/2010	
Tackling Barriers to Employment Criminal Record Expungement	Recovery focused training	Once 4 Hours	Management	1 Total: 1	6/21/2010	
Lassen Self Care Training- Consumer Culture	Recovery focused training	Once 4 hours	Management Direct Services Support Staff Admin Staff Peer Contractors Consumers	3 10 1 2 4 4 Total:24	5/27/2010	

Shaping Our Future: Prevention Integration innovation and Advocacy	MHSA	Once 16 Hours	Management	1 Total: 1	5/5- 5/7/2010	
Journey Drumming: Native American Spirituality and Experience	Cultural Competency	Once 6 Hours	Management Peer Contractors Community Stakeholders	1 4 40 5 Total: 50	5/21/2011	
8 Things You Need to Know to be Culturally Competent in Trinity County	Cultural Competency...staff orientation on what is required in the CCPR	Once 20 minutes	Administration Clinical Staff Peer Specialists Management	5 12 2 4 Total: 23	8/30/2011	
LGTBQ Culture	Cultural Competency	Once 1.5 hours	Administration Clinical Staff Peer Specialists Management	5 12 2 4 Total: 23	3/22/12	
Culture of Poverty	Cultural Competency	Once 3 hours	Administration Clinical Staff Peer Specialists Management Partner Agencies	3 8 2 2 12 Total: 27	4/18/12	

Unintentional Intolerance	Cultural Competency	Once 12 hours	Administration Peer Specialist	1 1 Total: 2	3/21/2013	
Spirituality Panel	Cultural Competency	Once 1.5 hours	Administration Clinical Staff Peer Specialists Management	5 12 1 2 Total: 20	4/25/13	
May is Mental Health Month Treasure Hunt	Outreach/De-stigmatization	Once 5 hours (staff time)	Community Participation	Exact amount unknown- community participation	5/7/2013	

B. Annual Cultural competence topics

Training Event	Description of Training	How long and how often?	Attendance by function	Number of Attendees and Total	Date of Training	Presenter
Hmong Cultural Training	Introduction to Hmong Cultural	Once; 3 hours	Clinical, Admin, Management Peer Partner agency staff	36	April, 30 th 2015	Hmong Cultural Center Staff
LGTBQ Awareness	Understanding LGTBQ culture	Once; 6 hours	Clinical, Admin, Management Peer	26	June 18 th 2015	NOR Cal MHA

Culture of Poverty Training	'Ruby Payne'	Once; 4 hours	Clinical Admin Management Peer Partner Agency Staff	44	May 19, 2016	Susan Morris-Wilson
Training Event	Description of Training	How long and how often?	Attendance by function	Number of attendees and Total	Date of Training	Presenter
Latino Training	Varied Latino Cultures	Once; 2 hours	Clinical Admin	33	March 24, 2016	Beth Perez, Educator
Culture of Poverty	'Ruby Payne'	Once; 3 hours	SUD Counselor	1	Dec 9, 2015	Susan Morris-Wilson
LGTBQ Sensitivity and Advocacy	Promoting Advocacy for LGTBQ clients	Once; 3 hours	Clinical	ALL	Dec 5, 2016	Stonewall Alliance Chico Staff
Suicide Prevention	Community and Youth Education	Once 1.5 hours	Staff/junior high and high school students	8 staff attended Total attendance 200	October 2017	Kevin Berthia
Military and Veteran Population	Military Culture	Once 3 hours	All Staff	33	March 29, 2018	Capt. Curtis Ketsenberg, MSW
Intentional Peer Support Training	Peer Support	Five Days 40 hours	Peer Staff and Peer Management Staff	9	April 23-27	Intentional Peer Support Trainers

II. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system.

The county shall include the following in the CCPR Modification (2010):

- A. Evidence of an annual training on Client Culture that includes a client’s personal experience inclusive of racial, ethnic, cultural, linguistic, and relevant small county culture communities. Topics for Client Culture Trainings are detailed on page 18 of the CCPR (2010) from the DMH Information Notice 10-02**
- B. The training plan must also include, for children, adolescents, and transition age youth, the parent ‘s and or caretaker’s, personal experiences with the following:**
 - 1. Family focused treatment**
 - 2. Navigating multiple agency services; and**
 - 3. Resiliency**

Training Event	Description of training	How long and how often	Attendance by function	Number of attendees and total	Date of Training	Presenter
Consumer Perspective	‘Voices’	Half Hour/once	All Staff	All Staff	11/19/2015	CCC
Consumer Perspective	Consumer Experience in the County Mental Health System	Hour and a half/ once	All Staff	28	1/26/2017	CCC/Consumers
Consumer Perspective	Suicide survivor experience in mental health system	Once	School age youth	200	10/2017	Kevin Berthia

Criterion 6:

Recruitment, hiring and retention of multicultural workforce from, or experienced with, the identified un-served or under-served populations.

The County shall include the following in the CCPR Modification (2010):

- A. Extract and attach a copy of the MHSAs workforce assessment submitted to DMH for the Workforce Education and Training Component. The rationale is that this will ensure continuity across the County Mental Health System.

This is the original Workforce Education and Training needs assessment that was completed in 2006. Trinity County continues to make every effort to hire individuals that are representational of the county’s general population but is also mindful of other ethnic groups in the community. In order to be sensitive to the needs of these groups TCBHS looks for opportunities to hire individuals with knowledge of Native American culture, ideally these individuals would be members of the Nor Rel Muk tribe the indigenous people of this area. One individual on staff speaks Spanish and has knowledge of the Latino culture. Although Trinity County cannot boast of any threshold languages, effort is being made to have strategies in place so that services can be provide to native Spanish speakers in an appropriate manner. Currently, the county relies on Language Line Services to provide interpreter services when necessary. Below is the original needs assessment that was completed in 2006.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions	Esti- mated # FTE author- ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
				White/ Cau-casian	His- panic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islander	Native Ameri- can	Multi Race or Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Unlicensed Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	4	1	2							

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race or Other	# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
B. Licensed Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	0	1	1							
Psychiatrist, child/adolescent	0	1	1							
Psychiatrist, geriatric	0	1	0							
Psychiatric or Family Nurse Practitioner	0	1	.5							
Clinical Nurse Specialist	1	1	0							
Licensed Psychiatric Technician	1	1	1							
Licensed Clinical Psychologist	0	1	1							
Psychologist, registered intern (or waived)	0	0	0							
Licensed Clinical Social Worker (LCSW)	1	1	1							
MSW, registered intern (or waived)	0	1	1							
Marriage and Family Therapist (MFT)	1	1	1							
MFT registered intern (or waived)	4	1	1							
Other Licensed MH Staff (direct service)	0	0	0							
<i>Sub-total, B (County)</i>	8	11	8.5	8	0	0	0	0	0	8
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	0	0	0							
Psychiatrist, child/adolescent	0	0	0							

(Licensed Mental Health Direct Service Staff; Sub-Totals Only)
↓

Psychiatrist, geriatric	0	0	0							
Psychiatric or Family Nurse Practitioner	0	0	0							
Clinical Nurse Specialist	0	0	0							
Licensed Psychiatric Technician	0	0	0							
Licensed Clinical Psychologist	0	0	0							
Psychologist, registered intern (or waived)	0	0	0							
Licensed Clinical Social Worker (LCSW)	0	0	0							
MSW, registered intern (or waived)	0	0	0							
Marriage and Family Therapist (MFT)	0	0	0							
MFT registered intern (or waived)	0	0	0							
Other <i>Licensed</i> MH Staff (direct service)	0	0	0							
<i>Sub-total, B (All Other)</i>	0	0	0	0	0	0	0	0	0	0
Total, B (County & All Other):	8	11	8.5	8	0	0	0	0	0	8

(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only)
↓

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

Major Group and Positions	Esti- mated # FTE author- ized	Position hard to fill? 1=Yes' 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
				White/ Cau- casian	His- panic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islander	Native Ameri- can	Multi Race or Other		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
C. Other Health Care Staff (direct service):											
County (employees, independent contractors, volunteers):											
Physician	0	0	0								
Registered Nurse	0	0	0								
Licensed Vocational Nurse	0	0	0								
Physician Assistant	0	0	0								

Occupational Therapist	0	0	0								
Other Therapist (e.g., physical, recreation, art, dance)	0	0	0								
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0								
											(Other Health Care Staff, Direct Service; Sub-Totals Only)
Sub-total, C (County)	0										
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
Physician	0	0	0								
Registered Nurse	0	0	0								
Licensed Vocational Nurse	0	0	0								
Physician Assistant	0	0	0								
Occupational Therapist	0	0	0								
Other Therapist (e.g., physical, recreation, art, dance)	0	0	0								
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0								(Other Health Care Staff, Direct Service; Sub-Totals and Total Only)
Sub-total, C (All Other)	0										
Total, C (County & All Other):	0										

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions	Est # FTE authorized	Position hard to fill? 1=Yes;	# FTE estimated to meet need in addition	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+(7)+(8)+
				White/Caucasian	Hispanic/Latino	African-American/		Native American	Multi	

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
		0=No	to # FTE			Black	Asian/ Pacific Islander	can	Race or Other	(9)+(10)
			authorized							
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor	1	1	0							
Supervising psychiatrist (or other physician)	0	1	0	(Managerial and Supervisory; Sub-Totals Only) ↓						
Licensed supervising clinician	1	1	1							
Other managers and supervisors	2	1	1							
Sub-total, D (County)	4	4	2	3	0	0	0	0	0	3
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor	0	0	0	(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
Supervising psychiatrist (or other physician)	0	0	0							
Licensed supervising clinician	0	0	0							
Other managers and supervisors	0	0	0							
Sub-total, D (All Other)	0	0	0	0	0	0	0	0	0	0
Total, D (County & All Other):	4	4	2	3	0	0	0	0	0	3
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance	2	1	1	(Support Staff; Sub-Totals Only) ↓						
Education, training, research	0	1	1							
Clerical, secretary, administrative assistants	5	0	1							
Other support staff (non-direct services)	2	0	0							

<i>Sub-total, E (County)</i>	9	2	3	8	0	0	0	1	0	9										
All Other (CBOs, CBO sub-contractors, network providers and volunteers):	(Support Staff; Sub-Totals and Total Only)																			
Analysts, tech support, quality assurance											0	0	0							
Education, training, research											0	0	0							
Clerical, secretary, administrative assistants											0	0	0							
Other support staff (non-direct services)											0	0	0							
<i>Sub-total, E (All Other)</i>	0	0	0	0	0	0	0	0	0	0										
Total, E (County & All Other):	9	2	3	8	0	0	0	1	0	9										

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

GRAND TOTAL WORKFORCE (A+B+C+D+E)

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
				White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race or Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
County (employees, independent contractors, volunteers) (A+B+C+D+E)	37.25	21	23.75	31.25	1	0	0	3	0	35.25

All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	37.25	21	23.75	31.25	1	0	0	3	0	35.25

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

				Race/ethnicity of individuals planned to be served -- Col. (11)						
				White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race or Other	All individuals (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
487										
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			437	12	3	1	24	10	487

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience:

Major Group and Positions	Estimated # FTE authorized and to be filled by clients or family members	Position hard to fill with clients or family members? (1=Yes; 0=No)	# additional client or family member FTEs estimated to meet need
(1)	(2)	(3)	(4)

A. Unlicensed Mental Health Direct Service Staff:	6	1	2
Consumer Support Staff	1.25	0	3.75
Family Member Support Staff	0	1	2
Other <i>Unlicensed</i> MH Direct Service Staff	0	0	1
Sub-Total, A:	7.25	2	8.75
B. Licensed Mental Health Staff (direct service)	2	1	2
C. Other Health Care Staff (direct service)	0	0	0
D. Managerial and Supervisory	0	0	1
E. Support Staff (non-direct services)	1	1	1
GRAND TOTAL (A+B+C+D+E)	10.25	4	12.75

III. LANGUAGE PROFICIENCY

For languages other than English, please list (1) the major ones in your county/city, (2) the estimated number of public mental health workforce members currently proficient in the language, (3) the number of additional individuals needed to be proficient, and (4) the total need (2)+(3):

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. Spanish	Direct Service Staff 2 Others _____	Direct Service Staff <u> 5 </u> Others <u> 2 </u>	Direct Service Staff <u> 7 </u> Others <u> 2 </u>
2. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
3. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
4. _____	Direct Service Staff _____	Direct Service Staff _____	Direct Service Staff _____

	Others _____	Others _____	Others _____
5. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

IV. REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

A.Shortages by occupational category:

We have found in Trinity County that generally the more professional the category, the more difficult the classification is to recruit. There is especially a shortage in the area of licensed medical and license behavioral health providers. There is a critical need for licensed social workers and marriage family therapists, especially clinicians interested in supervisory or managerial roles. Additionally, licensed providers who are culturally diverse and who are fluent in Spanish are in exceptional demand. However, there is difficulty in the recruitment and hiring of every classification across the board. It is also difficult to find consumer and family members who have training to be ready to enter the public mental health system at all levels of participation.

B.Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:

Creating opportunities for new bilingual and bicultural staff is an area where Trinity County needs to make a bigger push to increase the capacity to serve the Latinos and ultimately meet their needs so this population group wants to frequent mental health clinics. However, it must again be noted, hiring professionals of every ethnicity is quite challenging. Approximately 2.5% of the population are Hispanic, and our survey shows that we have three providers who speak and write Spanish and one additional provider who identifies herself as Hispanic. This can be improved upon. For Native Americans, 6% of the general population in Trinity County is Native American, and three staff members identify themselves with this group, so 7% of public mental health system is Native American.

C.Positions designated for individuals with consumer and/or family member experience:

Trinity County is much better in this area than the language and ethnicity area. Trinity has had several consumer staff hired since the MHSA CSS Plan was adopted and Trinity County has found consumer staff persons do make exceptional employees. Trinity County will continue with this effort simply because it is the right thing to do, and it is very effective. The

survey suggested that just about 11 staff members or 26% of the current workforce is made up of mental health consumers or immediate family members of current consumers. New efforts to contract with consumers and family members, especially to provide training and support while at the Drop in Center, will bring revitalization and new faces into the public mental health system.

D.Language proficiency:

We must increase the ability of behavioral health staff to speak Spanish. Future recruitment efforts should target persons for all classifications who are bilingual and bicultural so that the public mental health system will have persons wanting to take advantage of the career ladders that will be available through the MHSA Work Force Education and Training efforts. As mentioned above, 7% of the public mental health workforce speaks Spanish, while 2.5% of the general population are Hispanic. The second culture that meets a threshold level in Trinity County is the Native American Community. Even though Native Americans do already speak the English Language, we could use more staff on board who have competence in the Native American Culture. As a culture, White/Caucasian people, which make up 90% of all providers in the Trinity County Public Mental Health System, can certainly be supportive and interact with the Native Population, but we must remember that full effectiveness in treatment comes from cultural competence that only the Native Provider can bring to their people. Our survey suggests that out of 41 providers in the public mental health system, we have 3 Native Americans Persons. This represents about 7% of all providers. Trinity County sees the need to hire more bilingual staff so the Hispanic Community can receive the culturally competent interventions they truly deserve.

E.Other, miscellaneous:

A brief overview of our methodology will be presented here. For the count on the numbers and types of classifications, Trinity County developed a database of all providers. There were a total of two County Operations, and a couple of individual contractors. There were no organizational providers. The numbers listed in Exhibit 3 are actual positions and not estimates. In order to achieve an accurate reflection of language, race and ethnicity issues, Trinity County developed a Survey Questionnaire that was sent by hard copy to all County and Contract Staff. We had 100% or 41 responders out of a total population of 41 persons. Having such a limited pool of persons working in the Public Mental Health Sector made this analysis quite simple.

B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and the 200% of Poverty data. The rationale is this will give counties the ability to improve penetration rates and eliminate disparities.

In comparing the information gathered and presented in the WET Workforce Needs Assessment and the statistics regarding the general population of Trinity County, it is easy to see that the individuals employed are representational of the overall population. The majority of the workforce identifies as Caucasian with two individuals identifying as Native American, two identifying as Thai and one as Latino.

Provide a summary of target reached to grow multicultural workforce in rolling out county WET planning and implementation efforts.

Trinity County has held true to its plan to hire individuals from culturally and ethnically diverse backgrounds. A major stumbling block for the county is its rural location and limited economy that makes attracting these individuals difficult at best. Trinity County realizes that the process of creating diversity in the workforce will take time and that in the meantime the most valuable way to increase cultural sensitivity and cultural knowledge is to focus on presentations, trainings, and other events that speak to this issue. Trinity County has employed the “grow our own” philosophy. Individuals who are interested in working in the county mental health system (in a rural setting) were eligible to receive scholarships and currently, can take advantage of the Masters of Social Work programs offered through a distributed learning format through at Chico and Humboldt State Universities (WET funds). Utilizing these strategies, Trinity County was successful and able to retain/hire individuals who were very familiar with the culture of poverty that is widespread throughout the county. It is also the population/culture that is the most under-presented in the county mental health system, in Trinity County, due to the fact that these individuals often lack the means that would allow them to participate in services. In addition to those individuals familiar with the culture of poverty there is one individual on staff who identify as Native American, another identifies as Latino and two more are Thai. Both the Latino and Native American populations represent significant numbers of Medi-Cal eligible individuals in Trinity County.

C. Share lessons learned on efforts in rolling out county WET implementation efforts.

For Trinity County, the most significant lesson learned was that creating (ethnic) diversity in the staff will take time and as of right now, only incremental success can be reported. As with all counties throughout California, the slow economy has made hiring new employees almost impossible. Even if a position did become available, the likelihood of hiring a qualified candidate, who also identifies as member of one of the target populations, is slim. Even in the best of times, Trinity County has a difficult time attracting quality applicants due to the fact that the rate of pay is among the lowest in the State. Incentives such as the scholarship program (WET dollars), or loan forgiveness/repayment programs offered through mental health/university collaboratives, for those who wish to work in a rural setting are a few of the most effective strategies that will attract qualified professionals to this extremely rural community.

D. Identify county technical assistance needs

The County would benefit from input from the Office of Multicultural Services as well as partnering with other small counties that have to struggle with similar issues. Trinity County will also benefit from the continued ability to contract with individuals both inside and outside of the community that have unique knowledge regarding the issue of cultural competency. This will make services more relevant for those who live in the County while simultaneously discovering ways that may more effectively create an ethnically diversify the workforce.

Criterion 7:

I. Increase bilingual workforce capacity

The County shall include the following in the CCPR Modification (2010):

- A. Evidence of dedicated resources and strategies the County is undertaking to grow bilingual staff capacity, including the following: (Counties shall document the constraints that limit the capacity to increase bilingual staff)**
 - 1) Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.**
 - 2) Updates from Mental Health Services Act(MHSA), Community Services and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations**
 - 3) Total annual dedicated resources for interpreter services in addition to bilingual staff**

Trinity County has no identified threshold language. Therefore, not a significant amount of resources are being dedicated specifically to grow bilingual staff capacity. Over the past two fiscal years Trinity County has spent \$953.00 for access to Language Line Services. Trinity County Behavioral Health Services has had to access the services infrequently the service has been more utilized by the Trinity County Sheriff's Department. Trinity County is aware of a growing Spanish speaking population in the county. Efforts are underway to make sure that key informing materials are being made available to Spanish speakers that may be seeking services. Outreach and engagement efforts are gaining momentum as staff discover more effective ways to make connection with this population.

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services. The County shall include the following in the CCPR Modification (2010):

A. Evidence of policies and procedures , and practices for meeting clients' language needs, including the following

- 1. A 24 –hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals. NOTE: The use of Language Line is viewed as acceptable in the provision of services only when other options are unavailable.**
- 2. Least preferable are Language lines. Consider use of new technologies such as video language conferencing as resources are available. Use new technology capacity to grow language access**

**TRINITY COUNTY
BEHAVIORAL
HEALTH
SERVICES**

**PROGRAM DESCRIPTION
&
CONSUMER GUIDE**

Mailing Address

P. O. Box 1640
Weaverville, CA 96093

Weaverville Clinic

1450 Main Street
(530) 623-1362

Hayfork Clinic

154-B Tule Creek Road
(530) 628-4111

24 Hour Crisis Line

(530) 623-5708

Toll Free 24 Hours

(888) 624-5820

This is the information that appears on the outside of our Consumer Guide which provides clients with our 24-hour toll free number. In addition to this information appearing on the Consumer Guide it appears on all of the agency's business cards, appointment slips, and informing materials.

Trinity County regularly holds refresher trainings regarding access to the Language Lines so that staff remain familiar with the process.

Trinity County has contracted with Alameda Nightwatch, which provides crisis support services Monday through Friday 5pm to 8am, weekends, and holidays. Additionally, crisis support is a 24- hour response should a person present at the ER or be contacted by the sheriff and placed on a 5150 hold.

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES POLICY

POLICY NUMBER: 314
TITLE: CONSUMER CARE – 300
SUBJECT: LANGUAGE TELEPHONE LINES
REFERENCE: CCR, TITLE 9, CHAPTER 11, SECTIONS 1810.405(D) AND 1810.410(D) (1) AND DMH INFORMATION NOTICE NO. 02-03
FORM: LANGUAGE LINE SERVICES FORM
EFFECTIVE: 4/15/02
REVISED: 6/4/02; 7/29/02; 12/13/02; 2/10/06; 5/15/07; 2/17/10

POLICY:

It is the policy of Trinity County Behavioral Health Services (TCHBS) to have linguistic capabilities in all the languages spoken by beneficiaries and to ensure that all TCBHS staff and contractors can access the AT&T Language Lines.

PROCEDURE:

The procedures vary according to phone system and site for TCBHS. All contractors will ensure access to Language Lines.

- **When receiving a call from a non-English speaker at TCBHS in Weaverville:**

1. While on the call, press **Feature + 430**. The system selects a new line and places the first caller on hold.
2. Dial **9-1-888-808-9008**.
3. At the prompt, enter the 8-digit PIN number: **54476983**.
4. Speak the name of the desired language (e.g. Spanish, Chinese, etc.)
5. If the language you requested is correct, press **1**.
6. An interpreter will be connected. Tell them what you want to accomplish and give them any special instructions.
7. Provide the phone number if you need to have the interpreter place an international or domestic call.

- **When receiving a call from a non-English speaker at TCBHS Hayfork:**

1. Press Hold/Transfer TWICE to put call on exclusive hold.
2. Dial **9-1-888-808-9008**.
3. At the prompt, enter the 8-digit PIN number: **54476983**.
4. Speak the name of the desired language (e.g. Spanish, Chinese, etc.)
5. If the language you requested is correct, press **1**.
6. An interpreter will be connected. Tell them what you want to accomplish and give them any special instructions.
7. Provide the phone number if you need to have the interpreter place an international or domestic call.

- **When placing a call to a non-English speaker, begin at step 2.**

- **When at home on crisis and paged to respond to a call from the Sheriff's Office, begin at step 2.** The language line phones will perform the three-way connection needed for the translator.

If you have any troubles with the language line, call the customer service number 1-800-752-6096.

APPROVED BY: _____ Date: _____
Clinical Deputy Director

DRAFT

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES POLICY

POLICY NUMBER: 315
TITLE: CONSUMER CARE – 300
SUBJECT: SERVICES PROVIDED TO BENEFICIARIES WITH VISUAL AND HEARING IMPAIRMENTS
REFERENCE: NONE
FORM: NONE
EFFECTIVE: 12/9/02
REVISED: 5/1/07

POLICY:

It is the policy of Trinity County Behavioral Health Services (TCBHS) to provide services to beneficiaries who have vision or hearing impairments in a timely and professional manner.

PROCEDURE:

1. All TCBHS staff will observe beneficiaries in order to be ready to provide supportive assistance whenever it appears any beneficiary has difficulty understanding written information.

2. As part of the Intake process, TCBHS Reception staff and Intake clinicians shall explain to beneficiaries that alternative formats are available for written materials.
3. Informational materials may be read to beneficiaries who have limited reading proficiency. For beneficiaries who are visually impaired, TCBHS staff may read the information to them or provide written materials reproduced in a larger font size that the beneficiary can read.
4. In cases of hearing impairment, TCBHS staff may access Interpreter Services through the NorCal Contract for services to the hearing impaired.
5. Telephone communication with hearing impaired individuals is also available through the TDD/California Relay systems. Instructions and appropriate phone numbers are listed in the Verizon Telephone Book.
6. All sites shall be maintained as ADA (Americans with Disabilities Act) compatible.

APPROVED BY: _____

Director

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES POLICY

POLICY NUMBER: 311
TITLE: CONSUMER CARE – 300
SUBJECT: ACCESS OF BENEFICIARY TO TRANSLATED MATERIALS
REFERENCE: INTERPRETER LIST
FORM: ACCESS LOG FOR CONSUMERS WITH LIMITED ENGLISH PROFICIENCY
EFFECTIVE: 12/4/02
REVISED: 11/15/06

POLICY:

Trinity County Behavioral Health Services (TCBHS) values diversity and the dissemination of agency materials in the language which is most easily understood by the consumer.

PROCEDURE:

1. If a consumer prefers information that is translated into their primary language, arrangements will be made for the information to be translated.
2. If the language cannot be translated by our available interpreters (see Interpreter List), the TCBHS Executive Director will arrange for the translation to occur. Translation options may include the use of the translation service available through the A T & T Language Line or via a contract with an interpreter used by another county.
3. All efforts to provide translated information will be documented in the chart and in the Access Log for Consumers with Limited English Proficiency.

APPROVED BY: _____

Director

DRAFT

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

POLICY NUMBER: 1005
TITLE: Program Compliance & HIPAA - General
SUBJECT: Corrective Action
REFERENCE: None
FORM(S): None
EFFECTIVE: 4/1/03
REVISED: 10/26/10, 8/16/16

POLICY:

It is the policy of Trinity County Behavioral Health Services (TCBHS) that upon report or reasonable indication of suspected noncompliance, the MHP Compliance Officer (CO) or designee will promptly investigate the conduct in question to determine whether a material violation of applicable law, rule, or program instruction or the requirements of the compliance program has occurred.

PURPOSE:

Detected but uncorrected misconduct can seriously endanger the mission, reputation, and legal status of MHP. The Compliance Program will assure that detected misconduct is promptly investigated and corrective action is carried responsively and responsibly.

PROCEDURE:

1. Alleged violations may be detected through one of several means:

- Hotline
- Anonymous Non-Compliance Reporting Box (Main Office and Satellite Office)
- Employee reports to supervisors
- Monitoring of routine reports
- Ad hoc audits and self assessments

2. When an alleged violation has been reported, the CO will log it, and will complete an investigation using the Compliance Report of Alleged Illegal or Unethical Incidents form and Compliance Officer Action form.
3. Depending upon the alleged violations, an internal investigation may include:
 - The assistance of outside counsel, auditors, or health care experts.
 - Interviews.
 - Review of relevant documents.
 - Research of regulations, contracts, literature, other background information (memorandum, policies and procedures, etc.).
4. If an investigation of an alleged violation is undertaken and the CO believes the integrity of the investigation may be at stake because of the presence of employees under investigation, those individuals will be removed from their current work activity until the investigation is completed (unless an internal or Government-led undercover operation known to the organization is in effect).
5. Records of the investigation, will contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, a log of the witnesses interviewed and the documents reviewed, and the results of the investigation (e.g., any disciplinary action or any corrective action implemented).
6. The CO will take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation.
7. The CO will report to the MHP Director, who will take or direct appropriate corrective action, including prompt identification of any overpayment and imposition of proper disciplinary action where applicable, up to and including termination.
8. If it is determined that the deviation was caused by improper procedures, misunderstanding of rules, fraud or system problems, MHP will take prompt steps to correct the problem, including but not limited to: Notification to State and Recoupment of any funds.
9. Further, after a reasonable period, the CO will review the circumstances that formed the basis for the investigation to determine whether similar problems have been uncovered or modifications of the compliance program are necessary to prevent and detect other inappropriate conduct or violations.

APPROVED BY:


Noel J. O'Neill, LMFT, Director

Historically, Trinity County has not experienced challenges in providing services in languages other than English. This can easily be attributed to the fact that Trinity County lacks ethnic and linguistic diversity. Trinity County has an established agreement with Language Line Services, this service has been used by Trinity County Behavioral Health Services Agency to access interpreter services and the Trinity County Sheriff's department uses our agreement to access services semi-frequently.

In regard, to using video conferencing as a vehicle to provide language services, this is certainly a possibility as Trinity County currently has the technology in place that would allow this to happen. In terms of technical assistance, Trinity County could choose to utilize its video conferencing capabilities to provide language services however, the county would need assistance from the other counties or to partner with institutions of higher learning in order to establish a reliable resource that can be accessed when needed.

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact

Note: The use of language line is viewed as acceptable in the provision of services only when other options are not available. Counties should train their staff for the proper use of language lines but should seek other options such as training interpreters or training bilingual community members as interpreters.

The County shall include the following in the CCPR Modification (2010):

- A. Evidence of availability of interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken in the community**
- B. Documented evidence that interpreter services are offered and provided to clients and the response to that offer is recorded.**
- C. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.**
- D. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g. formal testing)**

NorCal Center on Deafness, Inc.

**Communication Services
4708 Roseville Road, Suite 112
North Highlands, CA 95660**

(916) 349-7525 V/TTY

(877) 866-7225 V/TTY

(209) 474-8996 V/TTY

(916) 349-7578 FAX

AFTER HOURS EMERGENCY

(916) 962-6055

(209) 474-1535

Language Interpreter Services Available

All Languages

AT&T Language Line

1-800-773-4344

DRAFT

ACCESS LOG FOR CONSUMERS WITH LIMITED ENGLISH PROFICIENCY

DATE OFFERED FREE LANGUAGE SERVICE	DATE INTERPRETER USED	DATE ACCESSED TRANSLATOR FOR WRITTEN MATERIALS	CONSUMER NAME	ACCEPT FREE LANGUAGE SERVICE	DECLINE FREE LANGUAGE SERVICE	NAME OF INTERPRETER USED	CONSUMER PREFERS FAMILY MEMBER (NAME OF FAMILY MEMBER USED)	STEPS TAKEN TO OBTAIN INTERPRETER SERVICES

At this point in time, Trinity County is not contracting with any individual to provide direct interpreter services and therefore has no process in place to provide regular training and or skills testing for interpreters who are providing this service. It may be that in the future as the demographics of the county grow and evolve, the agency may choose to contract with interpreters. In the meantime, the Language Line service is adequately meeting the need of the agency.

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system at all points of contact

The County shall include the following in the CCPR Modification (2010):

- A. Policies, procedures, and practices that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g. LEP clients) who encounter the mental health system at all key points of contact to culturally and linguistically appropriate services.**
- B. Provide a written plan for how clients who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.**
- C. Policies, and procedures and practice that comply with the following Title VI of the Civil Rights Act of 1964 requirements.**
 - 1. Prohibiting the expectation that family members provide interpreter services**
 - 2. Clients may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services**
 - 3. Minor children should not be used as interpreters**

For Trinity County Behavioral Health Services, the key points of contact are the 24- Hour crisis line, the wellness center or at the reception area where a request for services may be made. Although, we do not meet the threshold for any language other than English we are sensitive to the fact that non-English speaking individual may seek services. Reception staff, as well as all other staff, have been trained on how to access the AT&T Language Line system. Trinity County Sheriff's department staff have also been advised on how to utilize this service. Our after-hours answering service, Alameda Night Watch, has the capability to provide interpreter services to those individuals who call in crisis. Reception staff and some clinical staff are familiar with the TTY Relay system and could assist anyone who have used these resources to contact the agency. Bi-lingual messages have been recorded as an outgoing message at both sites

Weaverville and Hayfork. Information about interpreter services have been placed in the reception/front desk area in each location.

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

POLICY NUMBER: 1117

TITLE: Program Compliance & HIPAA – Beneficiary Rights

SUBJECT: Interpreter Services

REFERENCE: DMH Information Notice No.: 02-03, Page 14; CCR, Title 9, Chapter 11, Section 1810.410(a); Title VI, Civil Rights Act Of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., Part 80);
DHCS 2016/17 Annual Review Protocol, Section A(2)

FORM: Access Log For Consumers With Limited English Proficiency (Form#: 1115.1)

EFFECTIVE: 12/03/01

REVISED: 7/5/02; 7/29/02; 8/16/02; 11/15/06; 8/31/11; 2/15/17, 2/20/17

POLICY: It is the policy of Trinity County Behavioral Health Services (TCBHS) to provide culturally competent and sensitive services.

PROCEDURE:

1. Whenever a consumer has limited English proficiency, it is incumbent upon the provider to ensure that the consumer is informed in a language that he or she understands that they have a right to free language assistance

DATE OFFERED FREE LANGUAGE SERVICE	DATE INTERPRETER USED	DATE ACCESSED TRANSLATOR FOR WRITTEN MATERIALS	CONSUMER NAME	ACCEPT FREE LANGUAGE SERVICE	DECLINE FREE LANGUAGE SERVICE	NAME OF INTERPRETER USED	CONSUMER PREFERS FAMILY MEMBER (NAME OF FAMILY MEMBER USED)	STEPS TAKEN TO OBTAIN INTERPRETER SERVICES

Access Log for Consumers with Limited English Proficiency

Consumers will be linked to culturally/linguistically appropriate services by front desk staff using one of the following two methods; accessing the AT&T Language Line, or asking a culturally/linguistically knowledgeable staff member for

assistance in order to provide the beneficiary with the services or information he or she requests. These efforts will be documented on the Access Log for Consumers with Limited English Proficiency. Please refer to the Policy/Procedure included above.

In reference to Policy # 1117-Consumer Care Trinity County has created a policy that meets the guidelines established by Title V of the Civil Rights Act of 1964. Trinity County does not expect that a family member provide interpreter services for individuals with limited English proficiency or for those individuals who do not speak English. The policy does however stipulate that if the non-English speaking individual chooses/prefers to have a family member provide interpreter services he/she may do so. Prior to this choice being made by the consumer he/she must be informed that other interpreter services are available free of charge.

V. Required translated documents, forms, signage, and client informing materials

The County shall have the following available for review during the compliance visit

- A. Culturally and linguistically appropriate written information for threshold languages, including the minimum**
 - 1) Member service handbook or brochure**
 - 2) General Correspondence**
 - 3) Beneficiary problem resolution, grievance, and fair hearing materials**
 - 4) Beneficiary satisfaction surveys**
 - 5) Informed Consent for Medication form**
 - 6) Confidentiality and Release of Information Form**
 - 7) Service orientation for clients**
 - 8) Mental health education materials**
 - 9) Evidence of appropriately distributed and utilized translated materials**
- B. Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients' preferred language**

- C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results(e.g.**

- back translation and culturally appropriate field testing)**
 - D. Report mechanisms for ensuring accuracy of translated materials in term of both language and culture (e.g. back translation and culturally appropriate field testing)**
 - E. Report mechanisms for ensuring that translated materials are at an appropriate reading level (6th Grade)**
- Source:**
Department of Mental Health Services and Managed Risk Medical Insurance Boards

Trinity County has no official threshold language however, every effort is made to provide consumers with services and informing materials that are culturally and linguistically appropriate. These materials were a requirement for the County’s most recent Medi-Cal audit, May 2017. Trinity County was found to be in one hundred percent compliance with cultural competency standards and requirements.

Criterion 8:

I. Client driven/operated recovery and wellness programs

The County shall include the following in the CCPR Modification (2010):

- A. A list of client driven/operated recovery and wellness programs and options for consumers that accommodate racially, ethnically, culturally, and linguistically diverse differences**

In the Summer of 2009 Trinity County introduced an innovative plan to promote consumer empowerment. Those individuals who were participating in Medi-Cal treatment groups at the TCBHS were enrolled in “Mental Health College”. Like a college student this program allows consumers to choose the “classes” (groups) that they will take over a period of three to six months. Consumers will decide which issue is the most important for them to deal with, whether it is depression, life skills, or handling the symptoms of anxiety. The Mental Health College encourages consumers to be active in their treatment by providing a sense of empowerment and self-efficacy. Generally, clinicians and consumers alike are reporting a feeling of “progress” when describing this new concept versus a feeling of stagnation experienced in more traditional therapeutic settings.

An integral part of Trinity County’s MHSA plan (CSS Component) is to fund the wellness center in Weaverville. This program targets the un-served or the underserved of Trinity County who are chronically mentally ill and may not have received mental health services in the past. The target populations include Latinos and Native American that are affiliated

with the Wintu tribe. Focus will also be placed on those individuals who are geographically remote, are economically disadvantaged or culturally or linguistically isolated. Outreach will include efforts to invite gay, lesbian, bi-sexual, transgender, and questioning into the wellness center. Milestones in Weaverville is providing peer driven services to the community. Milestones is providing peer support services to individuals who come into the wellness center. The importance of peer support is being studied in Trinity County through the Innovation component of its MHSA plan. The study question is “will outcomes and quality of service improve for the consumers using the peer respite?” Trinity County has confidence that the outcomes for this project will underscore the importance of peer to peer interaction and does, in fact, help individuals in crisis to stabilize.

The idea of cultural competence is being explored many ways; peers from the wellness center are partnering with members of the Nor Rel Muk Tribes in order to create Native American events that will provide information to the community that is educational and de-stigmatizing. Diversity in spirituality is another topic of interest at the wellness center with spiritual discussion groups forming on and off throughout the year.

II Responsiveness of mental health services

The County shall include the following in the CCPR Modification (2010):

A. Documented evidence that the County/Contractor has available, as appropriate alternatives and option that

accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the County/Contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider.

Weaverville/Redding Area							
NAME	ADDRESS	PHONE	AREAS OF EXPERTISE	MODALITIES	EXPERTISE WITH DIVERSE CULTURES	INSURANCE	SLIDING SCALE
Andrea Asebedo, MFT www.wholebrainlearningnow.com	1724 West St., Redding	244-4705	Individual, Couples, Trauma	EMDR, Bio/Neurofeedback	Mexican		No
Frances Bennett, PhD, LMFT flb118@sbcglobal.net	1350 Placer St., Redding	246-2280	Children, Family, Individ., Couples, Teens, Trauma, Sub. Abuse, Anxiety, Depression, Psych. Dis.	Cognitive/Behavior., EMDR, Expressive Arts Therapies	Native American	Blue Cross/Shield, Health Net	Yes
Toni Childs, MFT	1614 Continental St., #A, Redding	524-7246	Children, Family, Individ., Couples, Teens, Trauma, Sub. Abuse, Anxiety, Depression, Psych. Dis., PTSD	Cognitive/Behavior., Psychodynamic, Acceptance and Commitment Therapy	Native American, Mexican	Blue Cross/Shield, VW, EAP	Yes

David Casper, MFT	1352 Oregon St., Redding	244-4155	Children, Family, Individ., Couples, Teens, Trauma, Sub. Abuse, Anxiety, Depression	Cognitive/Behavior., Psychodynamic	Native American, Mexican, Vietnamese, Pacific Islander	Blue Cross/Shield	Yes
Betty Doty, MFT	6899 Riata, Redding	365-8068	Individual, Couples, Anger				No
Becky Fogarty, LMFT www.beckyfogarty.com	1724 West St., Redding	605-5405	Children, Family, Individ., Couples, Teens, Trauma, Anxiety, Depression, Eating Disorders	Cognitive/Behavior., EMDR		All Insurance	No
Lynn Fritz, LMFT www.lynnfritz.com	1452 Oregon St., Redding	243-8862	Children, Family, Individ., Couples, Teens, Trauma, Sub. Abuse, Anxiety, Depression, Grief, Suicide	Cognitive/Behavior., EMDR, Bio/Neurofeedback, Sandplay, Art, Narrative	Native American, Hispanic, Pacific Islander	Non-Network Provider, Crime Victims Assist.	No
Scott LaFein, MFT	Weaverville	623-2695				Private Pay, Various Ins.	Yes
Vicki McDonald, MFT www.vickimcdonald.com	2750 Eureka Way, Redding	921-3130	Family, Individ., Couples, Teens, Trauma, Anxiety, Depression	Cognitive/Behavior., EMDR, Narrative	Native American, Mexican		Yes
Robert McKinnon, MFT www.mckinnontherapy.com	3570 Santa Rosa, Redding	229-7744	Family, Individ., Couples, Teens, Trauma, Anxiety, Depression	Cognitive/Behavior., Psychodynamic, EMDR	Mexican	Blue Cross/Shield, MHN, Value	Yes

						Options, AETNA, CIGNA	
NAME	ADDRESS	PHONE	AREAS OF EXPERTISE	MODALITIES	EXPERTISE WITH DIVERSE CULTURES	INSURANCE	SLIDING SCALE
Kathryn Ranken, LMFT	2485 Old Eureka Way, Redding	241-9588	Children, Individ., Couples, Trauma, Anxiety, Depression	Cognitive/Behav., Psychodynamic, EMDR, Bio/Neurofeedback, Expressive Arts Therapies		Non-Network Provider	Yes
Phil Rapin, M.A., MFT www.shastaoptions.com	9272 Churn Creek Rd., Redding	224-5469	Family, Individ., Couples, Teens, Sub. Abuse, Anxiety, Depression	Cognitive/Behavior.			Yes
G. Blair Rhodes, MFT blairrhodesmft@yahoo.com	P.O. Box 122, Mt. Shasta	925-4480	Children, Family, Individ., Couples, Teens, Trauma, Anxiety, Depression	Cognitive/Behavior., Psychodynamic, EMDR	Native American, Mexican, Asian	All Insurance	Yes
Lyn Rountree, MFT www.psychologytoday.com	1350 Placer St., Ste 3C, Redding	949-3882	Children, Family, Individ., Couples, Teens, Trauma, Anxiety, Depression, PTSD	Cognitive/Behavior.	Native American, Mexican	Blue Cross/Shield, Tri-Care, Value Options, Delta	Yes

Patricia Seargeant, LCSW	448 Redcliff Dr., Ste 33, Redding	221-4777	Family, Individ., Teens, Trauma, Anxiety, Depression	Cognitive/Beha v.	Mexican	Blue Cross/ Shield, MediCare , Tricare, Anthem Blue Cross	No
Alexa Singer-Telles, MFT www.alexasingertelles.com	748 N. Market, Redding	246-8317	Indiv., Couples, Anxiety, Depression	Psychodynamic, EMDR, Expressive Arts Therapies, Mindfulness		Blue Cross/Shield	Yes
Cheryl Wilkerson, MFT	Weaverville	623-2892					
Bill Wilson, LMFT	20867 Old Alturas Rd., Redding	945-2192	Family, Individ., Trauma, Eating Disorders, Sub. Abuse, Anxiety, Depression	Cognitive/Beha v., EMDR, Acceptance and Commitment Therapy	Native American, Mexican	Blue Cross/Shield	Yes

In regard to non-traditional providers; TCBHS has been working with the tribal leaders of the Nor Rel Muk Tribe in order to establish a referral system so that individuals can be referred to a tribal healer if they prefer. In addition, Trinity County Behavioral Health is working to partner with the Hmong Cultural Center of Butte County in order to provide linkage to traditional services by members of this community. In order to refine this referral process Trinity County Behavioral Health will remain in communication and establish a feedback loop in order to facilitate this goal.

B. Evidence that the county informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the county will include it in their next printing or within one year of the submission of their CCPR

Currently, it is the procedure of Trinity County Behavioral Health front desk staff to offer the above list when the consumer requests services from an individual that has expertise in a particular culture or speaks the appropriate language.

C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under the consolidation of specialty mental health services. Include evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services.

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

POLICY NUMBER: 3006

TITLE: Consumer Care – Access to Services

SUBJECT: Outreach to Underserved, Homeless, and Hard to Reach Populations

REFERENCE: DHCS 2016/17 Annual Review Protocol, Section A(2), Section B(8)

FORM(S): None

EFFECTIVE: 5/11/07

REVISED: 8/31/11; 2/14/17; 3/23/17, 4/3/17

POLICY:

It is the policy of Trinity County Behavioral Health Services (TCBHS) to provide community education and assertive outreach to underserved, homeless and hard to reach individuals throughout the County.

PROCEDURES:

1. TCBHS reaches out to the homeless who have persistent mental disabilities through regular communication with partnering agencies that provide housing assistance to homeless individuals in the County or that may provide other requested services.
2. TCBHS reaches out to those members of the population who do not speak English through communication with partners in providing services to such individuals and by maintaining language line capability.
3. TCBHS reaches out to members of the population who have limited transportation by providing transportation assistance to TCBHS services through agency transportation, purchase of bus passes, and provision of gas vouchers.
4. TCBHS regularly surveys the population of the County to remain informed regarding demographics of the population.
5. TCBHS reaches out to underserved populations through activities such as presentations, forums, newspaper articles, posters, and collaboration with other county agencies and community partners such as Education, Law Enforcement, and Health Care providers.
6. TCBHS reaches out to homeless and hard to reach individuals in collaboration with partnering agencies to establish at least an annual count of this population and makes concerted efforts to inquire as to the need for mental health services. This population is invited to participate at the Wellness Center both in Weaverville and in Hayfork as a first step toward services,
7. TCBHS assists homeless and hard-to-reach individuals as needed with linkages to social service agencies including Health and Human Services to apply for Medi-Cal, Veterans Services when applicable, local community resources including churches and commodities, and shelter options by way of motel vouchers.

APPROVED BY: Noel J. O'Neill, LMFT
Noel J. O'Neill, LMFT, Director

Electronic Signature: Date Approved 3/23/17

D. Evidence that the County has assessed factors and developed plan to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

- 1. Location, transportation, hours of operation or other relevant areas**
- 2. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds**
- 3. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services, and/or partnerships, such as primary care and in community settings**

Trinity County Behavioral Health Services is committed to assisting individuals who require specialty mental health services. This includes providing transportation to appointments, supplying gas vouchers, or bus tickets so that individuals

can attend their appointments on a consistent basis. All buildings that are leased by TCBHS are ADA compliant and every effort has been made to create environments that are welcoming. This could mean providing something as simple as a snack and a cup of coffee to create this atmosphere. The cultural competency committee is working on creating a more culturally welcoming setting in the lobbies of both the main clinic in Weaverville and the satellite office in Hayfork.

III. Quality Assurance

The County shall include the following in the CCPR Modification (2010):

- A. **Grievances and complaints: Provide a description of how the county mental health process for Medi-Cal and non Medi-Cal client Grievance and Compliant/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.**

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

POLICY NUMBER: 3006
TITLE: Consumer Care – Access to Services
SUBJECT: Outreach to Underserved, Homeless, and Hard to Reach Populations
REFERENCE: DHCS 2016/17 Annual Review Protocol, Section A(2), Section B(8)
FORM(S): None
EFFECTIVE: 5/11/07
REVISED: 8/31/11; 2/14/17; 3/23/17, 4/3/17
POLICY:

It is the policy of Trinity County Behavioral Health Services (TCBHS) to provide community education and assertive outreach to underserved, homeless and hard to reach individuals throughout the County.

PROCEDURES:

8. TCBHS reaches out to the homeless who have persistent mental disabilities through regular communication with partnering agencies that provide housing assistance to homeless individuals in the County or that may provide other requested services.
9. TCBHS reaches out to those members of the population who do not speak English through communication with partners in providing services to such individuals and by maintaining language line capability.
10. TCBHS reaches out to members of the population who have limited transportation by providing transportation assistance to TCBHS services through agency transportation, purchase of bus passes, and provision of gas vouchers.
11. TCBHS regularly surveys the population of the County to remain informed regarding demographics of the population.
12. TCBHS reaches out to underserved populations through activities such as presentations, forums, newspaper articles, posters, and collaboration with other county agencies and community partners such as Education, Law Enforcement, and Health Care providers.
13. TCBHS reaches out to homeless and hard to reach individuals in collaboration with partnering agencies to establish at least an annual count of this population and makes concerted efforts to inquire as to the need for mental health services. This population is invited to participate at the Wellness Center both in Weaverville and in Hayfork as a first step toward services,
14. TCBHS assists homeless and hard-to-reach individuals as needed with linkages to social service agencies including Health and Human Services to apply for Medi-Cal, Veterans Services when applicable, local community resources including churches and commodities, and shelter options by way of motel vouchers.

APPROVED BY: Noel J. O'Neill, LMFT
Noel J. O'Neill, LMFT, Director

In conclusion, Trinity County Behavioral Health Services realizes that 'cultural competency' is a misnomer but rather the goal is to focus on cultural humility where diversity is recognized as important and respected. At no point is this a process that is finished but rather a continued focus on life-long learning and constantly evolving. Although, the county scored very well on its most recent audit in the cultural competency section, a new protocol is eagerly awaited along with state level review so that the county remains on track with its efforts.