

LASSEN COUNTY BEHAVIORAL HEALTH Cultural Competence Plan



2019

California Department of Mental Health Cultural Competence Plan Requirements
CCPR Modification

COVER SHEET

An original, three copies, and a compact disc of this report (saved in PDF [preferred] or Microsoft Word 1997-2003 format) due December 3, 2018, to:

Department of Mental Health
Office of Multicultural Services
1500 Capital Avenue
Sacramento, California 95814

Name of County: Lassen

Name of County Mental Health Director: Tiffany Armstrong

Name of Contact: Tiffany Armstrong

Contact's Title: Behavioral Health Director

Contact's Unit/Division: Behavioral Health

Contact's Telephone: (530) 251-8108

Contact's Email: tarmstrong@co.lassen.ca.us

CHECKLIST OF THE CULTURAL COMPETENCE PLAN REQUIREMENTS CRITERIA

- CRITERION 1: Commitment to Cultural Competence
- CRITERION 2: Updated Assessment of Service Needs
- CRITERION 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
- CRITERION 4: Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System
- CRITERION 5: Culturally Competent Training Activities
- CRITERION 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff
- CRITERION 7: Language Capacity
- CRITERION 8: Adaptation of Services

Cover Page

Current Status of Cultural Competency Committee

Lassen County Behavioral Health (LCBH) Cultural Competency Committee continues to grow, with the addition of members from Lassen Aurora Network, Lassen Community College and Susanville Indian Rancheria. LCBH is dedicated to the development of a countywide collaborative which includes not just behavioral health but other local providers from the medical community, education, faith based organizations, law enforcement, businesses and consumers just to name a few. The collaborative is made up of community members and partnering agency staff, which will work on completion of the required State Cultural Competence Plans, annual update to that plan, setting the training agenda for the year, and promoting culturally appropriate services throughout Lassen County. The Cultural Competency Committee meets at least monthly, and more often as necessary.

This effort is accomplished through identification of some of our community provider training needs, recommending trainings, working on anti-stigma reduction, focusing on underserved or inappropriately served populations of Lassen County (i.e. LGBTQ, Latinos, Veterans, older adult populations, Native Americans, ex-offenders and those living with a mental illness) as well as promotion of Culturally and Linguistically Appropriate Services (CLAS) standards. These standards can be found at <https://www.thinkculturalhealth.hhs.gov/clas/standards>.

The Lassen Health Care Collaborative meets monthly and is open to all community members, organizations, service providers and consumers.

Contents

OVERVIEW:..... 2

CRITERION 1: COUNTY MENTAL HEALTH SYSTEM COMMITMENT TO CULTURAL COMPETENCE . 2

CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS..... 8

CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES 21

CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM 22

CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES 23

CRITERION 6: COUNTY’S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF 32

CRITERION 7: LANGUAGE CAPACITY..... 33

CRITERION 8: ADAPTATION OF SERVICES 34

**LASSEN COUNTY BEHAVIORAL HEALTH
CULTURAL COMPETENCE PLAN**

2019

OVERVIEW:

The LCBH Cultural Competence Plan seeks to establish standards and criteria to achieve and maintain a culturally and linguistically competent mental health service delivery system. Creation of a welcoming environment that reduces mental health disparities identified in racial, ethnic, cultural, linguistic and underserved populations is the goal of the LCBH Cultural Competence Plan.

CRITERION 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 competence services are reflected throughout the entire system:
1. Mission Statement;
 2. Statements of Philosophy;
 3. Strategic Plans;
 4. Policy and Procedure Manuals;
 5. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).

LCBH's commitment to cultural competence is reflected in the department's mission statement, strategic planning efforts, policies and procedures manual and on-going training protocols. LCBH strives to meet CLAS Standards with every encounter.

MISSION STATEMENT: To provide comprehensive, integrated behavioral health services that promote the health and quality of life of our community members.

VISION STATEMENT: To inspire confidence and respect as a provider of comprehensive behavioral health care.

GOALS:

- To provide assessable, effective, and efficient behavioral health services.
- To continually measure the outcomes of the services provided to assure effectiveness, efficiency and fiscal accountability.

- To engage in active outreach to assure prevention, early intervention and coordination of services to reduce the impact of behavioral health disorder for the individuals and community we serve.

VALUES:

Our services will:

- Protect the dignity and privacy of the individuals served.
- Be within the financial reach of anyone in need.
- Be empirically advised and clinically sound.
- Respond to community diversity through culturally sensitive consumer focused care.
- Target outcomes that satisfy the consumer and demonstrate program effectiveness.

Our staff will:

- Be friendly, courteous, and efficient.
- Observe the highest ethical and practice standards.
- Respond with empathy and compassion to the needs of the individuals we serve.

Our services sites will:

- Be accessible to all individuals.
- Be safe, hospitable and well-organized.
- Be governed by business practices that are efficient, accountable and honest

Our management practices will:

- Promote respect and dignity towards the staff.
- Encourage continuing professional development.
- Support staff participation in community activities important to the well-being of our service public.
- Promote a broad-based partnership of coordinated community care.

LCBH has several established policies and procedures to assure outreach and engagement of culturally diverse and underserved community populations, to meet the CLAS standards and two for Governance, Leadership and Workforce. The following Policies are reflective of LCBH's on-going commitment to cultural competent services:

- BH 18-19 Information for Clients who are Visually and/or Hearing Impaired (replaces 07-06 LCBH Meeting the Needs of Individuals with Visual & Hearing Impairments Policy)
- BH 18-42 Intake Process for Outpatient Mental Health Services (replaces MH 07-03 LCBH Access Policy)
- BH 18-21 Meeting Consumer Cultural and Linguistic Needs (replaces MH 07-04 LCBH Meeting Consumer Needs Policy)
- BH 18-10 Availability of Written Materials in English and Spanish
- BH 18-73 Beneficiary Rights/Brochure, "Lassen Guide to County Services" (replaces MH 07-12 LCBH Initial Selection and Change of Provider Policy)

- MH 07-29 LCBH Recovery Model Policy*
- MH 07-32 LCBH Language Interpreters Policy*

*Currently being updated.

DOCUMENTS THAT REFLECT LASSEN COUNTY'S COMMITMENT TO CULTURAL COMPETENCE ARE AVAILABLE FOR ON-SITE REVIEW

Statement of Philosophy

Considering the diverse cultures in Lassen County, it is essential for LCBH to work with Lassen County Cultural Competency Committee to develop culturally sensitive approaches to reach all members of the community. LCBH recognizes that cultural competency is a fluid process that requires continuous monitoring, evaluation, and change as LCBH implements Cultural Competency Plan throughout the County. To better incorporate this growth, LCBH will reach out to a variety of individuals with different points of view, and will emphasize on reaching out to the community for the services that LCBH is planning to provide. Community input is invaluable in preventing oversight of key components as well as developing and understanding any missing components needed for future outreach efforts.

Strategic Plans

LCBH has adopted several strategic plans, including Mental Health Services Act (MHSA) and, Substance Use Disorder (SUD) Strategic Prevention Plan, .

These plans can be found on Lassen County's Network of Care website <http://lassen.networkofcare.org/mh/>

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

The CCPR shall be completed by the county Mental Health Department. The county will hold contractors accountable for reporting the information to be inserted into the CCPR. Note: The DMH recognizes some very small counties do not have contracts.

The county shall include the following in the CCPR:

- 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.**
- B. A one page description addressing the county's current involvement efforts and level of inclusion with the above identified underserved communities on the advisory committee.**
- C. Share lessons learned on efforts made on the items A and B above and any identified county technical assistance needs. Information on the county's current MHSA Annual Plan may be included to respond to this requirement.**

Currently Lassen County Behavioral Health contracts with Lassen Aurora Network (non-profit peer run organization). The program enables the County to provide an array of services for transitionally aged youth, adults and older adults of all ethnic and culturally diverse populations of the county. The program currently offers:

- peer support socialization in partnership with the county and other community organizations.
- one-on-one interaction and the ability to co-facilitate group support services to identified behavioral health clients. Aurora further offers individual consumer peer support.
- trained individuals to provide non-clinical, person-centered, strength based, wellness focused and trauma informed support while helping ensure the persons wellness-recovery plan reveals the needs and preferences of the person being served to complete their measurable and personalized goals.

Lassen County further contracts with Communities United for Children and Families (CUCF) and with Big Valley Community Alliance, both of which serve as a one-stop facility for remote locations in Lassen County. CUCF is a role model for recovery and wellness and self-advocacy. CUCF provides feedback and insight into the value of every individual's unique recovery experience, and provides trained peer-to-peer support in groups encouraging and supporting participation and self-directed participation.

As part of LCBH's efforts for inclusion with identified underserved communities, Grand Care units are simple touchscreen computers that can be utilized by clients in their home or in one-stops in Lassen County's remote locations. At this time, a Grand Care system is set up at Big Valley Family Resource Center in Bieber Ca, and the Westwood and Fort Sage Family Resource Centers. The units come equipped with a Bluetooth blood pressure cuff and weight scale, which are used independently by the clients, as there is no nurse present at these locations. We are also looking into installing a system at Banner Hospital, so our psychiatrists can see clients in crisis at the ER. The main idea behind this system, though, is home use. We would like to see these units loaned out to clients in our outlying areas, as transportation may be a barrier for them. We may also use them for people whose mobility impairments make it difficult for them to come to appointments. In January 2018 the first in-home system was installed in a client's home in Milford CA. This individual identifies as Native American and uses the system for therapy, psychiatry and case management. Other clients who have difficulty accessing our clinic hopefully will follow.

Lessons Learned

With the implementation of Grand-Care at the above mentioned facilities, LCBH has identified a need for technical assistance in reaching the outlying areas of the County. Distance between the main facilities in Susanville and the outlying communities hinders the abilities of the clients' access to services. Little to no infrastructure is also a barrier to services.

LCBH would benefit from gathering data that identifies outreach efforts so staff can target unserved and underserved populations. LCBH would also benefit from the development of regularly scheduled penetration reports. Representation on the Behavioral Health Advisory Board by individuals from these outlying areas remains a challenge. Distance from the main population center, Susanville, and extreme weather limit participation by individuals from these areas.

III. Each county has a designated Cultural Competence / Ethnic Services Manager (CC/EMS) person responsible for cultural competence.

The CC/ESM will report to, and/or have direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural and linguistic populations within the county.

The county shall include the following the CCPR:

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

LCBH lacks staff and fiscal capacity to afford a full time Cultural Competence/Ethnic Services Manager (CC/ESM). The CC/ESM will report to, and/or have direct access to, the Behavioral Health Director regarding issues impacting behavioral health issues related to the racial, ethnic, cultural, and linguistic populations within the county and provides leadership and mentoring to other staff.

Lassen County Behavioral Health has designated Cynthia Raschein as the County's CC/ESM. In addition to her regular duties, she is responsible for facilitating the promotion of behavioral health services that meet the needs of our diverse population. She promotes the delivery of culturally sensitive services.

IV. Identify budget resources targeted for culturally competent activities.

The county shall include the following in the CCPR :

- A. Evidence of a budget dedicated to cultural competence activities which may include, but not be 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 providers, and/or natural healers.**

LCBH Director has developed a budget plan to help facilitate the certification of bilingual staff. Although funding is now available, staff has not been able to find appropriate training opportunities. LCBH staff will continue to look for suitable courses for bilingual staff.

Lassen County integrates cultural activities and vision into all services. However, most of these services are not budgeted or tracked separately. One item that is budgeted or tracked separately is interpreter and translation services. In the last fiscal year 2017-2018, Lassen County spent \$1,207.72 on interpreter and translation services.

Behavioral Health also provides financial incentives for culturally and linguistically competent providers. Qualified bilingual staff receives a 5% financial incentive, which two administrative support staff received in 2018. In order to receive this differential pay, employees must demonstrate proficiency in the second language to the satisfaction of the Quality Improvement Committee.

CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS

1. General Population

The county shall include the following in the CCPR:

- 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 Plan data here to respond to this requirement.

Lassen County is located in the northeastern portion of California, approximately 280 miles northeast of the San Francisco. Geographically it is among the largest counties in California incorporating 4,547 square miles. The county's terrain consists of forest and high desert plateaus. Lassen County has an estimated population of 24,294. The region is primarily mountainous, extending east from Lassen volcanic national Park to the Nevada boundary and north to Modoc County. Susanville is the county seat and the main population center. Susanville is located near the center of Lassen County and approximately 80 miles north of Reno, Nevada. There are other small, unincorporated outposts throughout the County. They include Bieber (Big Valley), some 96 miles to the north of Susanville, Westwood 18 miles to the west and Herlong (Fort Sage), 60 miles to the south. Major routes leading to Susanville include Highway 395 from the south, Highway 139 from the North, and Highway 36 from the west. Severe winter weather frequently impacts travel on these highways, making travel from the outlying areas difficult. Public transportation is available on a limited basis by way of the Lassen Rural Bus. The service maintains a more elaborate schedule within the community of

Susanville. Services to the outlying areas are generally limited to morning and evening service runs.

Socio-economics

Lassen counties current local economy is based on multiple Industries. State, local and federal government institutions as well as agriculture/farm, business and the service industry. The county unemployment rate is currently 4.9% compared to the state average of 4.0% and 3.9% for the U.S average. Lassen County is currently ranked 34th in the state for unemployment among counties. (Source: CA EDD 2018 monthly labor force Data for counties)

<http://www.labormarketinfo.edd.ca.gov/file/lfmonth/countyr-400c.pdf>

<http://www.labormarketinfo.edd.ca.gov/file/lfmonth/lassepds.pdf>

The data contained in the following analyses excludes individuals with co-occurring behavioral health issues so as not to skew the data by duplicating clients in the measure.

Penetration rate disparities in minority groups may be due to immigration status and the concern clients may have in reporting their ethnicity.

Figure 1
US Census Data of Lassen County

Age distribution	Number	Percent of Total Pop
Male		
0-14 years	1,438	10.60%
15-24 years	2,265	16.70%
25-59 years	7,894	58.20%
60+ years	1,953	14.40%
Total	13,550	100%
Female		
0-14 years	2,076	19.30%
15-24 years	1,237	11.50%
25-59 years	4,656	43.30%
60+ years	2,775	25.80%
total	10,743	100%
Age distribution totals		
0-14 years	3,513	14.46%
15-24 years	3,502	14.41%
25-59 years	12,551	51.66%
60+ years	4,728	19.46%
Total	24,294	100.00%

Source: U.S. Census Bureau ACS
Demographic and Housing Estimate,
Lassen County 2012-2016

Figure 1 displays age distributions of the County population by gender. This summary is the result of calculations involving U.S. Census Bureau data for age-range sub-populations and Department of Finance information on Group Quarters, to account for incarcerated persons living in the County.*

The proportion of males residing in the county is higher than females by 11.55%. The age ranges accounting for this disparity lie in the 15-24 and 25-59 brackets. However, there are more females than males in the 0-14 and 60+ age ranges.

Lassen County CCP official estimate for County population: 24,294 non-incarcerated persons.*

**Figure 2
Mental Health Ethnic and Age Penetration Rates**

MH Client Age Distribution Totals	White	Hispanic	Native American	Other/Unknown	African American/Black	Native Hawaiian/Pacific Islander	Asian	Mixed Race	Totals	Percent of Total MH Client-Base	Pen Rate by County Age-Range	Change since last year
0-14	143	16	13	5	8	4	0	3	192	20.30%	5.47%	1.24%
15-24	214	12	9	3	7	9	0	1	255	26.96%	7.28%	-0.28%
25-59	330	18	16	12	15	1	4	0	396	41.86%	3.16%	-2.32%
60+	89	2	4	2	1	4	1	0	103	10.89%	2.18%	0.88%
Total	776	48	42	22	31	18	5	4	946	100.00%	3.89%	-0.70%
Pen. Rate by County Demographic	4.00%	1.07%	5.40%		1.43%	3.90%	0.66%	0.70%				

Sources:

U.S. Census Bureau ACS Demographic and Housing Estimate, Lassen County 2012-2016.
LCBH EHR data

Figure 2 shows current ethnic and age distributions of Mental Health clients and LCBH penetration rates into County Demographic and Age-range sub-populations. The largest ethnic proportion of LCBH MH clients is white, representing 82% of total clientele. The largest age bracket of LCBH MH clients is 25-59. The smallest ethnic proportion of LCBH MH clients is Asian, and the smallest age bracket of LCBH MH clients is 60+.

The largest ethnic penetration rate is for Native Americans. The reason no penetration rate is listed for Other/Unknown is because the Census Bureau does not report on this ethnic sub-population.

There is a marked decrease since last year in the penetration rate for age bracket 25-59, and a modest overall decrease of 0.70%.

**Figure 3
Substance Use Disorder Ethnic and Age Penetration Rates**

SUD Client Age Distribution Totals	White	Hispanic	Native American	Other/Unknown	African American/Black	Native Hawaiian/Pacific Islander	Asian	Mixed Race	Totals	Percent of Total SUD Client-Base	Pen Rate by County Age-Population Range	Change since last year
0-14	3	3	2	0	0	0	0	0	8	1.55%	0.23%	0.18%
15-24	89	8	7	3	5	0	0	1	113	21.94%	3.23%	2.32%
25-59	302	23	24	3	10	4	0	0	366	71.07%	2.92%	0.17%
60+	27	0	1	0	0	0	0	0	28	5.44%	0.59%	0.48%
Total	421	34	34	6	15	4	0	1	515	100.00%	6.96%	3.15%
Pen. Rate by County Demographic	2.17%	0.76%	4.37%		0.69%	0.87%	0.00%	0.17%				

Last year's data combines Asian and Islander. Calculating differences here, that figure was put under Native Hawaiian/Pacific Islander.

Sources:

U.S. Census Bureau ACS Demographic and Housing Estimate, Lassen County 2012-2016.

LCBH EHR data

Figure 3 shows current ethnic and age distributions of Lassen County SUD clients and LCBH penetration rates into County Demographic and Age-range sub-populations. Penetration rates reflect those of MH clientele. The largest ethnic proportion of LCBH SUD clients is white, representing 81.74% of total clientele. The largest age bracket of LCBH SUD clients is 25-59. There are currently no SUD clients who identify as an Asian ethnicity.

Fortunately, there are only 8 individuals in SUD services in the 0-14 age bracket, representing 2% of total SUD clientele. As with MH clients, Native Americans hold the highest penetration rate of all ethnicities. Each age range penetration rate shows an increase since last year, with an overall increase of 3.15%.

Age and Ethnicity categories are limited to those represented both in LCBH EHR and Census Bureau reporting. For instance, the Census does not include data on persons identifying as Other/Unknown, but some LCBH clients do. LCBH EHR includes the more

broad descriptions of Native American and Hispanic ethnic categories, and the more specific ethnicities reported by the Census are included in these.

LCBH will continue to collect this data to meet CLAS Standards 10, 11, 12, 13 and 15.

I. Medi-Cal population’s service needs.

The county shall include the following in the CCPR

A. Summarize the following two categories by race, ethnicity, language, age, gender, and other relevant small county cultural populations:

- 1. The county’s Medi-Cal population (County may utilize data provided by DMH.)**
- 2. the county’s client utilization data**

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

**Figure 4a
Lassen County Ethnic Distribution**

Ethnicity	sub-pop	% total pop
White	19381	79.70%
Black or African American	2164	8.90%
Native American	778	3.20%
Asian	754	3.10%
Native Hawaiian/ Pacific Islander	462	1.70%
Hispanic	4477	18.40%
Mixed Race	572	2.35%
Total	28588	117.35%

Source:

U.S. Census Bureau ACS Demographic and Housing Estimate, Lassen County 2012-2016.***

**Figure 4b
LCBH Mental Health Ethnic, Sex and Age Distributions**

Female	White	Hispanic	Native American	Other/Un-known	African American/Black	Native Hawaiian/Pacific Islander	Asian	Mixed Race	Amount	Percent of Total Female MH Clients	Penetration Rate for County age bracket
0-14	51	5	9	2	3	0	0	2	72	14.69%	3.47%
15-24	108	6	7	3	4	7	0	1	136	27.76%	11.00%
25-59	179	12	7	6	11	0	2	0	217	44.29%	4.66%
60+	55	2	3	1	0	3	1	0	65	13.27%	2.34%
Total	393	25	26	12	18	10	3	3	490	100.00%	4.56%

Male	White	Hispanic	Native American	Other/Unknown	African American/Black	Native Hawaiian/Pacific Islander	Asian	Mixed Race	Amount	Percent of Total Female MH Clients	Penetration Rate for County age bracket
0-14	92	11	4	3	5	4	0	1	120	26.32%	8.35%
15-24	106	6	2	0	3	2	0	0	119	26.10%	5.25%
25-59	151	6	9	6	4	1	2	0	179	39.25%	2.27%
60+	34	0	1	1	1	1	0	0	38	8.33%	1.95%
Total	383	23	16	10	13	8	2	1	456	100.00%	3.37%

Figure 4c
LCBH Substance Use Disorder Ethnic, Sex and Age Distributions

Female	White	Hispanic	Native American	Other/Unknown	African American/Black	Native Hawaiian/Pacific Islander	Asian	Mixed Race	Amount	Percent of Total Female MH Clients	Penetration Rate for County age bracket
0-14	3	1	1	0	0	0	0	0	5	2.08%	0.24%
15-24	41	5	3	1	0	0	0	0	50	20.83%	4.04%
25-59	145	9	12	2	4	0	0	0	172	71.67%	3.69%
60+	12	0	1	0	0	0	0	0	13	5.42%	0.47%
Total	201	15	17	3	4	0	0	0	240	100.00%	2.23%

Male	White	Hispanic	Native American	Other/Unknown	African American/Black	Native Hawaiian/Pacific Islander	Asian	Mixed Race	Amount	Percent of Total Female MH Clients	Penetration Rate for County age bracket
0-14	0	2	1	0	0	0	0	0	3	1.09%	0.21%
15-24	48	3	4	2	5	0	0	1	63	22.91%	2.78%
25-59	157	14	12	1	6	4	0	0	194	70.55%	2.46%
60+	15	0	0	0	0	0	0	0	15	5.45%	0.77%
Total	220	19	17	3	11	4	0	1	275	100.00%	2.03%

**Figure 4d
Lassen County Partnership Medi-Cal Demographics**

Age Group	2018 MC Eligibles	MH MediCal Clients	2018 MH Pen rate	SUD MediCal Clients	2018 SUD Pen Rate
0-17	2,666	234	8.78%	40	1.50%
18-64	4,189	463	11.05%	411	9.81%
65+	498	38	7.62%	3	0.60%
Totals	7,353	735	10.00%	454	6.17%

Ethnicity	2018 MC Eligibles	MH MediCal Clients	MH Pen rate 2018	SUD MediCal Clients	SUD Pen Rate 2018
WHITE	5,081	588	11.57%	371	7.30%
HISPANIC	837	51	6.10%	32	3.82%
UNKNOWN	765	19	2.48%	0	0.00%
NATIVE AMERICAN	275	35	12.74%	29	10.56%
BLACK	141	29	20.61%	14	9.95%
OTHER	133	2	1.50%	4	3.00%
ASIAN/PACIFIC ISLANDER	107	6	5.59%	2	1.86%
FILIPINO	15	2	13.50%	1	6.75%
Totals	7,353	732	9.95%	453	6.16%

Source: Partnership HealthPlan of California: Lassen County Average Yearly MediCal Enrollment.

Behavioral Health Penetration Rates

This data excludes individuals with co-occurring behavioral health issues so as not to skew the data by duplicating clients in the measure.

Current estimations of Lassen County Medi-Cal eligibles, obtained from Partnership, are in the 3 presented age brackets. This makes estimating current penetration rates for clients in smaller age brackets murky. However, cross-referencing the penetration rates from Figures 4b and 4c with the broad age ranges in 4c shows that LCBH penetration rates based on total County age demographics match those of Medi-Cal eligibles within a few tenths of a percent. That these total figures correlate between County demographics and Partnership Medi-Cal demographics demonstrates that LCBH outreach into the community is equitable and fair between age and ethnic demographics.

Behavioral Health Medi-cal Penetration Rates

While the majority of MH clients are White, penetration rates based on County ethnic sub-populations for Native American, Black and Filipino are higher.

LCBH Medi-Cal penetration rates in lower age ranges are likely lower than County penetration rates. There is a higher Medi-Cal Penetration rate into 60-65+ age range than the County Penetration rate for the same age range.

Mental Health overall penetration rate for Medi-Cal population is circa 10%.

LCBH is currently addressing the disparities that have been identified in all populations.

Substance Use Disorder Medi-Cal Penetration Rates

LCBH SUD Medi-Cal penetration rates into all age ranges are likely higher than County penetration rates.

While the majority of MH clients are White, penetration rates for Native American and Black ethnicities are higher.

Substance Use Disorder penetration rates for Medi-Cal is circa 6.16%

LCBH is currently addressing the disparities that have been identified in all populations.

III. 200% of Poverty (minus Medi-Cal) populations and service needs.

The county shall include the following in the CCPR :

- A. Summarize the 200% of poverty (minus Medi-Cal 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**

The following tables illustrate the 200% poverty level data for Lassen County, based on the most recent data from 2016 on the DHCS website.

Estimates of Need for Mental Health Services for Lassen County									
Total Pop	Total Population			Household Population			Households below 200% poverty		
	Cases	Pop	Percent	Cases	Pop	Percent	Cases	Pop	Percent
Total Population	2,996	34,473	8.69	1,429	24,988	5.72	819	8,939	9.16
Youth Age 0-17									
Youth total	495	6,485	7.63	485	6,433	7.54	233	2,660	8.77
AGE									
00-05	146	1,863	7.83	146	1,861	7.82	78	884	8.84
06-11	156	2,046	7.64	156	2,045	7.63	79	911	8.71
12-17	193	2,575	7.49	183	2,527	7.26	76	865	8.78
GENDER									
Male	267	3,454	7.72	257	3,407	7.55	119	1,358	8.78
Female	228	3,030	7.54	228	3,026	7.53	114	1,302	8.77
ETHNICITY									
White-NH	335	4,523	7.4	331	4,506	7.35	141	1,615	8.75
African Am-NH	15	171	8.93	12	154	7.76	4	53	8
Asian-NH	6	53	10.4	3	41	7.61	1	12	8.17
Pacific I-NH	4	53	7.76	4	53	7.72	2	24	9.33
Native-NH	21	241	8.74	21	239	8.7	17	188	9.26
Other-NH	0	0	0	0	0	0	0	0	0
Multi-NH	23	282	7.99	23	282	7.99	14	157	8.88
Hispanic	92	1,161	7.91	91	1,158	7.89	53	612	8.71
POVERTY LEVEL									
Below 100%	103	1,028	10	103	1,028	10	103	1,028	10
100%-199%	131	1,632	8	131	1,632	8	131	1,632	8
200%-299%	103	1,474	7	103	1,474	7	0	0	0

Estimates based on data from dhcs.ca.gov.

Estimates of Need for Mental Health Services for Lassen County									
Total Pop	Total Population			Household Population			Households below 200% poverty		
	Cases	Pop	Percent	Cases	Pop	Percent	Cases	Pop	Percent
300%+ pov	122	2,036	6	122	2,036	6	0	0	0
Undefined	36	315	11.52	26	263	10	0	0	0
RESIDENCE									
Household	485	6,433	7.54	485	6,433	7.54	233	2,660	8.77
Institution	10	48	20	0	0	0	0	0	0
Group quarters	0	4	10	0	0	0	0	0	0
Adult 18+									
Adult Total	2,501	27,988	8.94	944	18,554	5.09	586	6,278	9.33
AGE									
18-20	54	1,575	3.41	24	913	2.6	18	470	3.8
21-24	205	2,545	8.04	63	1,163	5.41	47	577	8.07
25-34	882	6,341	13.91	188	2,643	7.1	125	1,047	11.94
35-44	780	5,804	13.44	272	3,391	8.04	170	1,154	14.71
45-54	364	4,757	7.64	217	3,848	5.64	114	903	12.63
55-64	153	3,850	3.98	128	3,615	3.55	78	1,083	7.21
65+	63	3,116	2.03	52	2,982	1.75	34	1,045	3.27
GENDER									
Male	1,914	18,567	10.31	393	9,364	4.2	226	2,871	7.86
Female	587	9,422	6.23	551	9,191	6	360	3,407	10.56
ETHNICITY									
White-NH	1,484	18,888	7.86	785	15,470	5.07	465	4,759	9.76
African Am-NH	489	3,236	15.12	11	248	4.39	8	112	6.73
Asian-NH	12	274	4.54	5	186	2.6	3	71	4.85
Pacific I-NH	6	109	5.62	2	65	2.53	1	21	4.68

Estimates of Need for Mental Health Services for Lassen County									
Total Pop	Total Population			Household Population			Households below 200% poverty		
	Cases	Pop	Percent	Cases	Pop	Percent	Cases	Pop	Percent
Native-NH	83	794	10.48	48	619	7.77	40	390	10.31
Other-NH	0	0	0	0	0	0	0	0	0
Multi-NH	25	427	5.83	20	399	5.11	13	139	9.63
Hispanic	401	4,261	9.41	74	1,566	4.72	55	787	7.02
MARITAL STATUS									
Married	1,601	19,963	8.02	415	11,903	3.49	189	2,783	6.78
Sep/Wid/Div	697	4,991	13.97	369	3,976	9.27	279	2,151	13
Single	202	3,035	6.67	161	2,676	6.02	117	1,345	8.73
EDUCATION									
Grades 00-11	818	6,624	12.34	205	3,045	6.74	167	1,732	9.65
HS Graduate	1,605	18,711	8.58	677	13,017	5.2	396	4,178	9.49
College Grad	78	2,653	2.94	62	2,493	2.5	22	368	5.96
POVERTY LEVEL									
Below 100%	276	2,453	11.24	274	2,435	11.24	274	2,435	11.24
100%-199%	313	3,862	8.12	312	3,843	8.11	312	3,843	8.11
200%-299%	153	3,586	4.26	152	3,580	4.25	0	0	0
300%+ pov	207	8,710	2.38	207	8,696	2.38	0	0	0
Undefined	1,552	9,377	16.56	0	0	0	0	0	0
RESIDENCE									
Household	944	18,554	5.09	944	18,554	5.09	586	6,278	9.33
Institution	1,548	9,264	16.71	0	0	0	0	0	0
Group quarters	8	170	4.87	0	0	0	0	0	0

Estimates based on data from dhcs.ca.gov.

IV. MHS Community Service and Supports (CSS) population assessment and service needs

The county shall include the following in the CCPR :

- A. From the county's approved CSS plan, extract a copy of the population assessment and summarize 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.**

V. Prevention and Early Intervention (PEI) Plan: the process used to identify the PEI priority populations

The county shall include the following in the CCPR :

- A. Describe which PEI priority population(s) the county identified in their PEI plan and describe the process and rationale used by the county in selecting them. PEI plan sections should be used to respond to priority populations identified by the county.**

Lassen County Behavioral Health MHS Prevention and Early Intervention (PEI) planning process involved many agencies throughout the community. Stakeholder meetings were held in easily-accessible community locations and some transportation services were available, as needed. This included education, health and social services, Specific outreach was made to individuals with serious mental illness (as well as their families and caregivers), as well as traditionally underserved and un-served populations (Native American and Hispanic communities). For greater detail, please refer to the "Lassen County Mental Health Services Act (MHS) Three-Year Program & Expenditure Plan FY 2017-2020", attached to this document .

Surveys were given out at all stakeholder meetings to help establish PEI priorities for use in planning and selecting the identified PEI programs and services. Lassen County's stakeholder process and surveys identified children ages 0-12 and their families as a priority population for the Prevention and Early Intervention plan. The plan states early intervention can occur when screening of children indicates the likelihood of behaviors and conditions that create multi-problems, serious symptoms and troublesome behaviors in children and their families.

CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

List the target populations with disparities your county identified in Medi-Cal and all MHA components (CSS, WET, and PEI).

- A. Briefly describe the process and rationale the county used to identify and target the population(s) (with disparities) in its PEI population
- II. Then list disparities in each of the populations (Medi-Cal, CSS, WET and PEI).
- III. Then list strategies for the Medi-Cal populations as well as those strategies identified in the MHA plans (CSS, WET and PEI) for reducing those disparities described above.
- IV. Then discuss how the County measures and monitors activities strategies for reducing disparities
- 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)

Workforce, Education and Training Population. WET funding for Lassen County was exhausted in 2015. No program or services have been provided since.

In CSS and PEI, we have identified opportunities to improve services for people in the remote areas of the County (One Stop Centers), children 0-12, individuals with trauma, children/youth in the juvenile hall, and older adult access to mental health services. We also improved assessment/referral services with our Native American populations. LCBH has also been successful in hiring and retaining staff who are culturally, ethnically, and linguistically representative of the community.

Lassen County Behavioral Health has an Electronic Health Care System "Clinician Desk Top". A few data reports are obtained from the system but most of the data is obtained by chart reviews and reporting forms which is registered on an Excel Spreadsheet. We closely monitor the quality of services by examining the number of individuals who are hospitalized, placed in higher levels of care, and length of stays. As the data is reviewed, managers and supervisors are able to discuss disparities and develop strategies for improving access and quality of services.

**CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE:
INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH
SYSTEM**

- I. The county has a Cultural Competency Committee or similar group that addresses cultural issues, has participation from cultural groups, which is reflective of the community, and integrates its responsibilities into the mental health system.**

The county shall include the following in the CCPR:

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

The Cultural Competence Committee meets on a monthly basis. Committee membership includes various community and county agencies. There has been active participation from members of the Native American, African American, and Hispanic Communities on the Cultural Competence Committee. The LCBH Cultural Committee receives and reviews data from reports, surveys and focus groups, with particular attention paid to focus group findings and data reflective of penetration and retention rates for historically underserved communities. Reported information will identify future needs related to: service provision, recruitment, training, and outreach, meeting CLAS Standards for Governance, Leadership and Workforce.

There is a presentation of data obtained at all Mental Health Stakeholder meetings. The presentation of data is to stimulate discussion related to strategies for system development and/or improvement to expand access for underserved populations. In turn, the LCBH Cultural Competence and Quality Assurance and Quality Improvement Committees review data and suggested strategies to identify any needs of the underserved cultures, and are committed to developing a plan to resolving those needs.

CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES

- 1) The County system shall require all staff and shall invite stakeholders to receive annual cultural competence training**

The county shall include the following in the CCPR:

- 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 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.**

Lassen County Behavioral Health (LCBH) is determined to be culturally competent in order to provide appropriate services to clients, client families, staff, and community. This will start with annual attendance at our stakeholder meetings. Organizations that make up the stakeholders include:

Banner-Lassen Medical Center
Northeastern Rural Health Clinics
Big Valley Health Center
Susanville Indian Rancheria
Crossroad Ministries Homeless Center
Westwood, Fort Sage, and Big Valley Family
Resource Centers
Lassen Aurora Network
NAMI of Lassen County
Lassen County Patient Rights Advocate
Lassen County Office of Education
Susanville School District
Westwood Unified School District
Johnsonville Elementary School District

Fort Sage Unified School District
Shaffer Elementary School District
Big Valley School District
Susanville Head Start
Lassen County Health and Social Services
including

- Public Health
- Behavioral Health
- Children and Family Services
- Lassen Family Services

Lassen County Sheriff Department
Susanville Police Department
Lassen County Probation Department
Lassen Community College

LCBH will develop and implement a cultural competency-training program for FY 2018/2019 to be provided to all staff with a goal of having 100% trained in a three-year period. The training program will utilize TIP-59 Improving Cultural Competence. These trainings will be on a rotating six-month schedule consisting of the first five months with cultural competency topics and the sixth month discussing the cultural competency plan and progress made. Monthly cultural competency meetings will discuss trainings and will be modified if necessary.

Training for new staff will include a cultural competency orientation training. The first day orientation or new employee orientation will initiate cultural competency training. New employees will also have the opportunity to attend a monthly scheduled cultural competency meeting for their initial training. This will also serve as a means to build capacity, as they will have an opportunity to join the committee.

The committee has developed a monthly newsletter that is distributed to all County employees and all members of the committee. Everyone who receives the newsletter is encouraged to share it.

2. How cultural competence has been embedded into all trainings.

Cultural Competency has been incorporated in all trainings by developing and distributing evaluation forms. The evaluation form will be distributed at the end of the trainings. These forms will also serve as means to identify our strengths and improve on weaknesses. The majority of the questions on the form will be on a strongly disagree to strongly agree scale, and have a comment section at the end.

3. A report list of annual training for staff, documented stakeholder invitation.

Records of trainings provided will be secured in a binder, with copies of sign in sheets to track attendance. Stakeholder meeting invitations are advertised in the newspaper, which can be saved for records. A copy of the annual stakeholders meeting sign-in sheet is on file.

B. Annual cultural competence training topics shall include, but not be limited to the following:

January July	Cultural Formulation: LCBH will use information “A Treatment Improvement Protocol: Improving Cultural Competence,” to gather information to assist in trainings.
February August	Multicultural Knowledge: LCBH will use information “A Treatment Improvement Protocol: Improving Cultural Competence,” to gather information to assist in trainings.
March September	Cultural Sensitivity: LCBH will use information “A Treatment Improvement Protocol: Improving Cultural Competence,” to gather information to assist in trainings. Cultural Awareness: LCBH will use information “A Treatment Improvement Protocol: Improving Cultural Competence,” to gather information to assist in trainings.
April October	Social/Cultural Diversity (Diverse groups, LGBTQSES, Elderly, Disabilities, ETC.): LCBH will use information from “A Providers Introduction into Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender individuals,” to gather information to assist in trainings.
May November	Interpreter Training in Mental health Settings: LCBH will use information from SAMMHPA website for information on this topic Training staff in the Use of Mental Health Interpreters: LCBH will use information from SAMMHPA website for information on this topic
June December	Discuss the Cultural Competency Plan progress and updates Discuss CLAS Standards

Training Staff in the Use of Mental Health Interpreters:

LCBH will use information seek this information from SAMHSA website for information on this training topic.

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 :

- 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 cultural communities. Topics for client Culture training are detailed on page 18 of the CCPR (2010) from 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**

Please see training topic guidelines for Children, Adolescent, Transitional Age Youth Client Culture Trainings that incorporates a client's personal experience inclusive of racial, ethnic, cultural, linguistic, relevant small county cultural communities, family focused treatment, navigating multiple agency services and resiliency.

Family Focused Treatment:

Family focused treatment is a clinical goal within our transformational wellness approach to treatment for all ages. We have excellent outcomes from our family approach through our Family Solutions Program (Wrap Around). We are planning to have staff trainings using current and former Family Solutions clients (children, adolescents or transitional aged youth) and former clients/family members discuss family focused treatment that they experienced and their cultural bias, unbiased beliefs, expectations and experiences for our cultural education. They will use a training topic guideline for Client Culture Trainings that incorporates a client's personal experience inclusive of racial, ethnic, cultural, linguistic, and relevant small county cultural communities.

Navigating Multiple Agency Services:

Within our Family Solutions Program, we have contracted with Parent Partners through Lassen Family Services. Their job is to train, coach and mentor the Family Solutions clients (children, adolescents or transitional aged youth) and family members on navigating through service systems. We plan to have the Parent Partners and current or former Family Solutions clients/family members do this client culture training for our staff with individual experiences of trying to navigate without Parent Partners assistance. Then, what they learned about our service culture and what we need to be aware of from the client's perspective. They will use a training topic guideline for client Culture Trainings that

incorporate a client's personal experience inclusive of racial, ethnic, cultural, linguistic, and relevant small county cultural communities.

Resiliency:

We will re-implement our annual training with Lassen Aurora Network (LAN). LAN is a nonprofit organizational peer support agency. In the past, LCBH has had the opportunity to participate in their client cultural training on a yearly basis. During this training, clients tell stories of personal experiences to help LCBH staff develop their cultural sensitivity. We will continue to have National Alliance on Mental Illness (NAMI) training in connection with the LAN client cultural training. LAN continuously engages new members to participate in this training. By having a continuous turnover of clients, there is the benefit of having diverse stories for the education. LAN and NAMI will use a training topic guideline for client cultural trainings that incorporates a client's personal experience inclusive of racial, ethnic, cultural, linguistic, and relevance to this small county's cultural communities.

LCBH Cultural Competency Training 2018

Training Event	Description of Training	Duration	Occurrence	Attendance By function	No. Of attendees	Dates	Number of Presenters
LCBH Monthly Training	Multicultural Knowledge	60 minutes	Monthly	Case manager	11	2/21/2018	1. Nichole Johnson 2. Tina Richards
				Substance Abuse Workers	2		
				Therapist/MFT	7		
				LVN/CNA/RN	2		
				Administration Clerks/Assistance	5		
				Supervisors	3		
				TOTAL	30		
Tall Cop Says Stop	Understanding Drug culture and emerging trends	135 minutes	One time	Open to: Educators, Administration, Prevention and Treatment Providers, Law Enforcement, Counselors, Probation Officers, Coalition Members, Health Care Providers	NA	2/22/18	1. Jermain Galloway
				TOTAL	46		

LCBH Cultural Competency Training 2018

Training Event	Description of Training	Duration	Occurrence	Attendance By function	No. Of attendees	Dates	Number of Presenters
LCBH Monthly Training	Cultural Competence in Mental Health	45 minutes	Monthly	Case manager	11	3/21/2018	1. Nichole Johnson
				Substance Abuse Workers	3		
				Therapist/MFT	7		
				LVN/CNA/RN	1		
				Administration Clerks/Assistances	4		
				Supervisors	3		
				Account Tech	1		
				TOTAL	30		
LCBH Monthly Training	Culturally Alert Counseling	45 minutes	Monthly	Case manager	9	4/18/2018	1. Nichole Johnson
				Substance Abuse Worker	2		
				Therapist/MFT	4		
				LVN/CAN/RN	0		
				Administration Clerks/Assistance	5		
				Supervisors	3		
				Account Tech	1		
				TOTAL	24		

LCBH Cultural Competency Training 2018

Training Event	Description of Training	Duration	Occurrence	Attendance By function	No. Of attendees	Dates	Number of Presenters
LCBH Monthly Training	Culturally Alert Counseling	45 minutes	Monthly	Case manager	8	7/18/2018	1. Nichole Johnson
				Substance Abuse Workers	3		
				Therapist/MFT	6		
				LVN/CNA/RN	1		
				Administration Clerks/Assistance	4		
				Supervisors	2		
				Account Tech	1		
				TOTAL	25		
LCBH Monthly Training	Diversity Activity: Perceptions	30 minutes	Monthly	Case manager	7	8/15/2018	1. Nichole Johnson
				Substance Abuse Workers	2		
				Therapist/MFT	5		
				LVN/CNA/RN	2		
				Administration Clerks/Assistance	3		
				Supervisors	2		
				Account Tech	1		
				Analyst	1		
				TOTAL	23		

LCBH Cultural Competency Training 2018

Training Event	Description of Training	Duration	Occurrence	Attendance By function	No. Of attendees	Dates	Number of Presenters
LCBH Monthly Training	Diversity Activity: Cultural Pursuit	30 minutes	Monthly	Case manager	7	9/19/2018	1. Nichole Johnson
				Substance Abuse Workers	2		
				Therapist/MFT	7		
				LVN/CNA/RN	0		
				Administration Clerks/Assistance	3		
				Supervisors	1		
				Account Tech	1		
				Analyst	1		
				TOTAL	22		
LCBH Monthly Training	Behavioral Health Interpreting	20 minutes	Monthly	Case manager	8	11/14/2018	1. Nichole Johnson 2. Eva Diaz
				Substance Abuse Workers	1		
				Therapist/MFT	7		
				LVN/CNA/RN	2		
				Administration Clerks/Assistance	5		
				Supervisors	2		
				Account Tech	1		
				Analyst	1		
				TOTAL	27		

CRITERION 6: COUNTY’S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

- I. **Recruitment, hiring and retention of a multicultural workforce from, or experienced with, the identified un-served and underserved populations.**

The county shall include the following in the CCPR:

- A. **Extract and attach a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component. Rationale: Will ensure continuity across the County Mental Health System.**
- B. **Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. Rationale: Will give the ability to improve penetration rates and eliminate disparities.**
- C. **Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.**
- D. **Share lessons learned on efforts in rolling out county WET implementation efforts**
- E. **Identify county technical assistance needs.**

Lassen County is committed to growing and maintaining a multicultural workforce. Lassen County is now and will continue to focus recruitment of Spanish Speaking staff, meeting CLAS standard 3 under Governance, Leadership and Workforce. It is the goal of Lassen County to obtain bilingual staff, as well as to increase our number of Spanish Speaking staff at our two main clinics.

The three One Stop Centers are still providing services to our outlying areas since its implementation in 2011. To assure consistent and appropriate staffing at the One Stop Centers, as well as the main clinic in Susanville, LCBH has utilized a “grow your own” strategy for staff recruitment and retention. The “Grow Your Own” strategy is based upon lessons learned at the Big Valley One Stop Center. Since implementing the “Grow Your Own” strategy, LCBH has had numerous successes in career advancement and retention. The “Grow Your Own” strategy is used for recruitment and retention.

LCBH exhausted WET funds in 2015, therefore assessment data is unavailable.

CRITERION 7: LANGUAGE CAPACITY

- I. Increase bilingual workforce capacity**
 - A. Evidence of dedicated resources and strategies counties are 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.**
- II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.**
- III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.**
- IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system at all points of contact**
- V. Required translated documents, forms, signage and client informing materials**

LCBH currently has four full time bilingual staff as well as one contracted interpreter. Two of the staff are certified providers, two are clerical support. Recruitment efforts target to individuals with bilingual language capability, salary enhancements and local “Grow Your Own” strategies have helped to assure an adequate bilingual workforce.

LCBH recruitment advertisements for all positions contain the following language, “Bilingual, bicultural individuals and individuals with lived experience as a family member of a mental health consumer are encouraged to apply.” Bilingual staff are also provided a 5% salary enhancement.

LCBH recognizes the need to be culturally responsive to Hispanics, Native Americans, and other minority groups in our county. By providing treatment in a manner that is responsive and demonstrates an understanding of the client’s heritage, history, traditions, and beliefs, we hope to engage more members of diverse populations within our community.

In addition, Lassen County Community Social Services has one full time bilingual provider position.

Lassen County has a variety of Native American populations. Some identified tribes include Maidu, Paiute, Pit River and Washoe. The Susanville Indian Rancheria Tribal Chairperson has been involved with the Cultural Competence Committee and is in the process of determining how to better serve the Native American population.

LCBH also contracts with interpreters to assure access for individuals with limited English proficiency (LEP). Bilingual interpreters are available at all points of contact. The AT&T Language Line is also available at all points of contact and serves as a secondary strategy to

assure services for LEP clients, which meets CLAS standards for Communication and Language Assistance. Use of the AT&T Language Line is not prescribed as a long term solution for LEP clients not meeting threshold language criteria. The intent is to use the AT&T Language Line only long enough to secure the services of a contracted interpreter with the required language capability.

A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, is available for all individuals. Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.

The Cultural Competence Committee has identified that there are still some intake documents that have not been translated into Spanish. There is an increased effort at this time to have all intake documentation in Spanish.

CRITERION 8: ADAPTATION OF SERVICES

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

LCBH partners with Lassen Aurora Network (LAN), meeting CLAS Standard 13. LAN is a non-profit consumer run organization, which is open from 8:00 a.m. until 3:00 p.m., on Monday through Friday. There are paid peer support positions, which the County links to Full Services Partnerships. LAN has a main office in the central part of Susanville for easy access to individuals. There are a number of different groups for individuals, including:

- Drop In
- Women's Wellness Group
- Wellness Group
- Family Time
- Walk With Us
- Depression and Anxiety Group
- Yoga
- Senior Group
- Survivors of Suicide
- Healthy Eating (FIR)
- Veteran Group

Participation in the activities is voluntary and individuals can participate in any of the services without being required to participate in others. Individuals share power, responsibility and skills, and create a welcoming environment to all persons.

LCBH has initiated wellness groups that provide equal access to everyone.

II. Responsiveness of mental health services

The county shall include the following in the CCPR:

- A. Documented evidence that the county/contractor has available, as appropriate, alternatives and options 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.**

(Counties may develop a listing of available alternatives and options of cultural/linguistic services that shall be provided to clients upon request. The county may also include evidence that it is making efforts to include additional culture-specific community providers and services in the range of programs offered by the county).

A Provider List (in English and Spanish) is available to clients which lists provider names, service type (children, adult, etc.), language capability, and whether or not the provider is accepting new clients. A copy of the Provider List, as well as a list of Spanish-speaking staff, is included.

- 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.**

Lassen County Behavioral Health *Medi-Cal Booklet* (in English and Spanish) is included. Both versions are available at our clinics and One Stop Centers throughout the county.

- C. Counties have policies, procedures and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services.**
(counties may include:
- 1) Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services; or**
 - 2) Evidence of outreach for informing under-served populations of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.)**

Lassen County Behavioral Health *Medi-Cal Booklet* (in English and Spanish) is included. Both versions are available at our clinics and One Stop Centers throughout the County.

- D. Evidence that the county has assessed factors and developed plans 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 (e.g., posters, magazines, décor, signs); and**
 - 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. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis).**

An array of outpatient mental health services are offered at our main clinic and One Stops Centers: Westwood, Fort Sage (Herlong/Doyle), Big Valley. All of the facilities have free brochures, pamphlets and posters on dual diagnosis disorders, mental health issues or life management skills (i.e. parenting, anger management, etc.). LCBH also has written grievance procedures that clients may follow, meeting CLAS Standards 9 and 14. Staff are scheduled during regular business hours, Monday through Friday, 8:00 a.m. to 5:00 p.m. Crisis services are provided after hours, weekends and holidays.

The One Stop facilities encourage partnership between Lassen Aurora Network, Family Resource Center and Health and Social Services. Co-locating services in the remote areas of the community reduces stigma and encourages un-served and underserved individuals to attend mental health services.

Lassen Aurora Network also offers wellness activities and outreach and engagement activities to individuals living near the One Stop Centers. LCBH provides County transportation or bus passes for mental health services for all clients, when needed.

III. Quality Assurance Requirement:

A description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine

the outcome of services to consumers from diverse cultures including, but not limited to, the following:

The county shall include the following in the CCPR:

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

The *Client Problem Resolution Process* brochure (in English and Spanish) and the county policy and procedure are included. The brochure is available in both English and Spanish at our clinics and wellness centers throughout the county. The County also provided “How Are We Doing?” surveys at intake and annual appointment. Clients can also complete a survey anytime they want to give the clinic or One Stop Center feedback. Clients can be anonymous when completing the survey. Surveys help management assess the quality of care within the department.

Notes:

*To account for incarcerated persons:

Based on the latest (2016) estimate from the U.S. Census Bureau, male population of Lassen County over the age of 18 is 18,437. Department of Finance Table E-5 reports that for 2016, Group Quarters population was 7627 persons. Subtracting the Group Quarters sub-population from the male 18+ population yields 10,810 adult males not incarcerated in the county. The Group Quarters population is deducted from total Census estimate for male population. Adding this number to the reported total for females provides the Census-based total County population, from which the estimated age-bracket populations are derived.

**Age ranges as proportions of total population:

Discrepancies exist between the Census Bureau population counts (which reports age and demographic proportions of total population) and the Dept. of Finance populations (which accounts for group quarters). Each age-group proportion reported by the Census Bureau is multiplied by the aforementioned gender total population figure. The purpose for this series of calculations is to estimate more accurately the age range sub-populations for reporting of LCBH penetration rates. This summary of age ranges and their total is the figure used for Lassen County's CCP estimation of county population: 24,294 non-incarcerated persons.

***Ethnicities as proportions of total population:

The demographic proportions of Lassen County's population reported by the U.S. Census Bureau do not corroborate themselves. That is, summing the reported sub-populations results in a figure higher than the Census Bureau's estimate for total county population. This is reflected in the proportions as well. Lacking another source for demographic reporting, Lassen County's CCP retains the Census Bureau's demographic proportions and calculates sub-population counts based on the previously described processes: proportions reported by the Census Bureau are multiplied by the LCBH estimate of incarceration-revised total population count to arrive at CCP final figures, inaccurate though they are.