



TRINITY COUNTY CULTURAL COMPETENCY PLAN UPDATE 2023-2024

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.

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Introduction

Trinity County Behavioral Health Services (TCBHS) is committed to the provision of culturally competent services which are effective, equitable, understandable, respectful and responsive to a diverse culture of health beliefs and practices. To that end, TCBHS established a Cultural Competence Committee to establish clear goals and policies for culturally and linguistically appropriate services that address the needs of consumers and their families with mental health, substance use and co-occurring disorders. Members of the Cultural Competence Committee obtained training and education to understand cultural issues and are committed to lifelong learning and dissemination of lessons learned.

Developing a culturally- and linguistically proficient system requires the commitment and dedication from staff, leadership and the community to continually learn from each other. This goal also requires ongoing education and training within the agency and in the community. The following Cultural Competency Plan reflects TCBHS commitment to improve services, to expand access to services, improve quality of care, and improve outcomes. The Plan addresses the requirements from Department of Health Care Services (DHCS) for both Mental Health and Substance Use services, including the Cultural and Linguistic Standards (CLAS).

County Demographics and Description

Trinity County is a rural frontier county located in the far northern region of the state. The population is now just over 13,000 with a land mass equal to that of the state of Rhode Island. There are two main communities located within Trinity County, Weaverville which is the county seat with a population of approximately 3,900 and Hayfork which is the next largest community with a population of approximately 2,500 residents. There are fourteen small communities outside of Weaverville and Hayfork which many are isolated. Some of the communities are working with domestic violence issues, substance abuse issues and rural poverty that can be extreme.

U.S. Census Bureau statistics from 2010 indicate that 87.3% of the county's population is Caucasian while the Latino population is appx. 7.0%. Individuals who identify as Native American represent 4.8% of the population. These statistics are used to maintain focus on population trends as well as outreach efforts to underserved or unserved populations within the county. Outreach to the rural poverty culture 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, TCBHS has presented trainings on the negative and pervasive impact of extreme poverty. TCBHS has embraced the "recovery model" and has embedded this practice into all its programs. Staff, consumer/family members and community members are offered trainings that discuss the efficacy of the recovery model and peer support along with trainings that present client perspectives.

Criterion 1 – Commitment to Cultural Competence

I. Commitment to cultural competence

Trinity County Behavioral Health Services (TCBHS) has policies, procedures and practices in place that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity. These policies and procedures provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The Department is committed to embedding cultural sensitivity and inclusiveness into all its activities and planning efforts, while maintaining close oversight of this value. The Cultural Competence Plan is solely dedicated to advancing the Department’s overall cultural competence.

The mission of TCHBS is to provide quality services while carrying out our values to support individuals in recovery within their own communities. This mission statement is accompanied by a vision statement which reads “To achieve a standard of excellence in Mental Health and Substance Use Disorder services.” By having the following core values followed in the agency, TCBHS strives to be the best agency possible:

TCBHS believes in:

- The “Recovery Model”
- The collaboration with other County Agencies and Community Partners.
- Dignified and comfortable access to services
- The cultural identities and worldviews of consumers.
- The importance of self-care.
- Respecting all individuals while valuing their strengths, diversities, culture, and choices.
- Being ethical and professional.
- Providing information and ongoing education that will prevent stigma from interfering in treatment.

Not only does TCBHS believe in the commitment to cultural competence, TCBHS is also committed to ensuring beneficiary access to services through its network of county and contracted providers. Prior to entering contract, TCBHS certifies that organizational providers are following CCR, Title 9, Chapter 11, Section 1810.435.

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

It is the purpose of TCBHS 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. Since 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. Outreach and engagement activities continue to be focused on individuals who are geographically isolated and poor, 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 PEI 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 PEI 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.

The Cultural Competency Committee developed the following goals for Calendar Year 2020:

- Barrier-free access for all residents of the county focusing on those from a diverse, ethnic, cultural, lower socio-economic groups who traditionally have more difficulty accessing services
- Providing cultural competence training for all TCBHS staff as time and funding allow
- Continued partnerships with agencies within the community who have contact with diverse groups to improve access to services
- Language and Communication assistance offered to clients at no cost
- Community outreach at events throughout the community to show the presence of TCBHS in the community.

III. Designated Cultural Competence/Ethnic Services Manager (CC/ESM)

The duties and responsibilities of the Cultural Competence/Ethnic Services Manager at TCBHS rest with the Deputy Director of Quality Assurance (DDQA). It is the responsibility of the DDQA and the Leadership Team to ensure development and delivery of behavioral health services to meet the cultural, ethnic, and linguistic needs of all County residents who receive services. The DDQA & Cultural Committee are responsible for the annual updates to the Cultural Competency Plan.

IV. Budget Resources for Culturally Competent Activities

Due to the limitations in the budget for TCBHS, there are limited dollars available to spend on cultural competency. However, funds are available to pay for interpreter and translation services through contract providers such as the "Language Line" and a sign language consultant. As TCBHS enters FY 20/21, the staff is hopeful of having some funds available to purchase outreach items when necessary.

Criterion 2: Assessment of Service Needs

To ensure that TCBHS continues to provide cultural and linguistically appropriate services, TCBHS collects and maintains demographic data provided by Kings View Information Technology and compares the Medi-Cal Eligible population to the Census Bureau data.

Trinity County has two central urban areas, Weaverville, and Hayfork. In addition, there are many small communities in Trinity County. There are 2 highways that provide traffic inlets (Hwy 3 and Hwy 299) and there is not an incorporated city within the county. Roundtrip, in miles, from these communities to Weaverville, where TCBHS is located is as follows:

Big Bar	46	Lewiston	32
Burnt Ranch	81	Mad River	130
Coffee Creek	76	Ruth	164
Douglas City	12	Salyer	102
Hayfork	60	Trinity Center	60
Helena	32	Trinity Village	96
Hyampom	102	Weaverville	0
Junction City	18	Zenia	188

I. General Population

Figure 1 below, shows age, race/ethnicity, and gender of the general population. In 2017, the US Census Bureau estimated the population of Trinity County to be 13,037. In that estimate, 2,163 persons are under the age of 18 (16.6%), 3,330 persons are over the age of 65 (25.5%) and 7,544 (57.9%) are between the ages of 19 and 64. There is a slightly large male population (51.1%) than females (48.9%) within the county who are over the age of 18. Most persons identify with one race (97.0%) and most residents are not Hispanic or Latino (92.8%). As demonstrated by the chart Trinity County lacks 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, TCBHS provides 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 amid 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.

Figure 1
Trinity County Residents
By Gender, Age, and Race/Ethnicity

Trinity County Population 2017 ACS Demographic and Housing Estimates		
Age	Number	Percent
Under 5	569	4.4%
5 to 14	1,154	8.8%
15 to 24	1,216	9.4%
25 to 59	5,364	41.2%
60 to 64	1,404	10.8%
65 and older	3,330	25.4%
Race/Ethnicity	Number	Percent
White	11,284	86.6%
Black or African American	104	.8%
American Indian/Alaska Native	559	4.3%
Asian	161	1.2%
Native Hawaiian	118	.9%
Hispanic	937	7.2
Other race	416	3.2%
Gender Distribution (over 18)	Number	Percent
Male	5,509	50.7%
Female	5,365	49.3%

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

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 4,395 for the fiscal year of 2018/2019 in Figure 2. This total represents approximately 34% of the county’s population. Of the individuals that are receiving Medi-Cal benefits in the county; 3,386 are Caucasian, 205 identify as Hispanic, 104 identify as Asian or Pacific Islander and 145 are Native American. Persons between the ages of 25 and 34 have the highest rate of eligibility, however persons between 12 and 17, have the highest penetration rate of 22.3%. Although TCBHS has a large caseload of white persons (373), the largest penetration rate is among the Alaska Native or American Indian population of 15.9%. In 2018/19, TCBHS served more females than males, however 2019/20 reflects that more males than females are being seen. The primary language spoken in Trinity County is English, although the Medi-

Cal Eligibles show that 3 people indicate they speak another language and 1 of the 3 persons are current clients, or 33.3% penetration rate.

Figure 2
Medi-Cal Eligibles
By Gender, Age, and Race/Ethnicity

Trinity County Population 2020/2021 Penetration Report			
Age	Number Eligible	Number Served	Penetration Rate
Under 5	431	6	1.4%
6 to 17	792	85	10.7%
18 to 24	353	20	5.6%
25 to 54	1,954	147	7.5%
55 to 64	692	37	5.3%
65 and older	504	20	3.9%
Race/Ethnicity	Number	Number Served	Penetration Rate
White	3,524	227	6.4%
Black or African American	17	1	5.8%
American Indian/Alaska Native	146	20	13.6%
Asian	122	2	1.6%
Hispanic	263	27	10.2%
Other/Unknown	513	17	14.8%
Gender Distribution (over 18)	Number	Number Served	Penetration Rate
Male	2,399	143	5.9%
Female	2330	143	7.2%
Language	Number	Number Served	Penetration Rate
English	4630	311	6.7%
Hmong	27	0	0
Other Language	3	1	30.3%
Spanish	23	0	0
Unknown	33	2	6%

III. 200% of Poverty population and service needs.

Summary of the 200% of Poverty Population in Trinity County

In 2020-2021 there were approximately 4,727 Medi-Cal eligible individuals residing in Trinity County. Of those 4,727 individuals 315 sought and received behavioral health services at TCBHS. The number of persons living in between 138% and 200% of poverty is 2,280 according to Trinity County Health

and Human Services. 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, 2,053 identify as Caucasian, while 79 identify as Hispanic. 105 individuals report as Native America, 29 Asian and 14 individuals identify as African American. All but nine of the 2,280 individuals list their preferred language as English while 8 report their preferred language as Spanish and one individual state that Hmong is their preferred language. For 2018/2019, 1,262 females applied for Medi-Cal, while 1,018 men applied. The age grouping for the applicants are as follows; 0-18 there are 675 individuals that qualify for MAGI Medi-Cal, 1,568 individuals are aged between 19-64 and lastly there are only 37 individuals in the 65 years and older category.

Analysis of Disparities:

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. Analysis of data indicates that the Hmong, Latino and Native American population are increasing slightly on a yearly basis. Their numbers represent 2.4%, 4.5% and 3.3% 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.

IV. Mental Health Services Act (MHSA) Community Service and Supports (CSS) population assessment and service's needs.

To understand the racial, ethnic and gender disparities regarding mental health services, historic data was analyzed to better understand patterns of service use across different populations. This 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 age, ethnicity and gender were reviewed to help understand ethnic and gender disparities.

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. While this data shows the unduplicated count of client served, the total number of service clients receive is not shown.

Comparing the statistics from Trinity County's original CSS plan to the latest data available from the electronic record (2018/2019), it appears that the Caucasian and Native American populations in the county has remained static only differing by a few percentage points, while the Latino and Hmong populations are 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. Data from the last ten years show apparent that Trinity County is unlikely to experience a huge population increase regardless of ethnicity. Despite this fact, TCBHS intends to place emphasis on cultural sensitivity to provide culturally relevant services and support when the need arises.

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

During the planning process for Trinity County's initial CSS plan, there were 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. Workgroups were formed to develop a list of criteria to apply to the ideas/issues compiled. The information was analyzed and used to prioritize the issues which meet 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 was to provide guidance of the original CSS plan development and to consider issues related to untreated mental illness. The primary task of the committee was to be devoted 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. Input from stakeholders identified children and youth 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 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 learning. This type of program is especially needed in the community, as the community 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 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. 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 newcomers to establish relationships. These strategies have been successful in the past for integrating youth from small schools into the larger school-environment.

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

I. Identified unserved/underserved target population (with disparities)

TCBHS staff worked with the stakeholders to accurately identify priority populations with disparities that would benefit from Prevention and Early Intervention funding. Although TCBHS had knowledge of children who were at risk who were in need for services, complete picture of this population's needs overall was missed. To address the most pressing and prevalent issues, staff asked for stakeholder input from partnering agencies such as Department of Health and Human Services, the Probation Department, Trinity County Office of Education, Human Response Network, various school administrators 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 was 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 to inform the MHPSA programs that are currently underway. Stakeholders have relevant input as to how programs need to evolve 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 MHPSA 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. Identified disparities within the target populations

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 which 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.

III. Identified strategies/objectives/actions/timelines

In its CSS plan, TCBHS is attempting to address the needs of the rural poor population which includes individuals from all age groups. Outreach efforts are conducted through the wellness center and the TCBHS 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 many individuals within the county who need 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.

TCBHS 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, anchored at Milestones Wellness Center, places peer staff in the lead role of crisis intervention. The county has now opened 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.

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 TCBHS 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. TCBHS struggles with keeping its transportation department within its budget and at the same time provide transportation services to those most in need. To assist those consumers who, wish to participate at the wellness center, TCBHS can dispense bus tickets. Usage of these tickets must be closely monitored so that costs do not become prohibitive, making further assistance unavailable.

TCBHS 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.

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 MHSAs programs, the MHSAs 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. Finally, a professional skills pre/post questionnaire was developed to measure improvement of professional skills after participation in CASRA's core competency training.

Criterion 4: Integration of the Committee within the County Mental Health System

I. Structure and function of the committee:

Staff in TCBHS has reformed a Cultural Competency Committee (CCC) in recent months due to staff turnover. The CCC plans to meet 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. 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 complying with all requirements.

II. Committee Participation in the MHSA Planning Process:

The Community Collaborative Planning process for updating the MHSA 3-year plan for 2020- 2023 is underway. Each of the stakeholder meetings will collect community surveys to ensure all cultural needs are met in the future.

Criterion 5 – Culturally Competent Training Activities

In the past, TCBHS 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, however 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 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, LGBTQ 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 soon. 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 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.

I. The county system shall require all staff and stakeholders to receive annual cultural competence training

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 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	
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 45 Total: 50	5/21/2011	
8 Things You Need to Know to be Culturally Competent in	Cultural Competency - staff orientation on what is	Once 20 minutes	Administration Clinical Staff Peer Specialists Management	5 12 2 4	8/30/2011	

Trinity County	required in the CCPR			Total: 23		
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	

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

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	36	April 30, 2015	Hmong Cultural Center Staff

			Partner agency staff			
LGBTQ Awareness	Understanding LGBTQ culture	Once; 6 hours	Clinical, Admin, Management Peer	26	June 18, 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
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
LGBTQ Sensitivity and Advocacy	Promoting Advocacy for LGBTQ 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
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

Criterion 6 – County’s Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

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. 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. Currently, the county relies on Language Line Services to provide interpreter services when necessary.

Shortages by occupational category

In Trinity County it has been found that generally the more professional the category, the more difficult the classification is to recruit. There is especially a shortage in licensed medical and license behavioral health providers. There is a critical need for licensed social workers and marriage family therapists, especially clinicians interested in supervisorial or managerial roles. 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.

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 underserved and ultimately meet their needs, so underserved groups want to frequent mental health clinics. However, it must be noted, hiring professionals of every ethnicity is quite challenging.

Language proficiency

We must increase the ability of behavioral health staff who are bilingual and bicultural. 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 were available through the MHSA Work Force Education and Training efforts. Trinity County sees the need to hire more bilingual staff so the community can receive the culturally competent interventions they truly deserve.

Provide a summary of target reached to grow multicultural workforce in rolling out county WET planning and 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 since the rate of pay is among the lowest in the State.

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 – Language Capacity

I. Increase bilingual workforce capacity

Trinity County does not have an identified threshold language. Therefore, a significant number of resources has not been 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 diverse population in the county. Efforts are underway to make sure that key informing materials are being made available in multiple languages for clients seeking services. Outreach and engagement efforts are gaining momentum as staff discover more effective ways to make connection with the population.

II. Limited English Proficiency (LEP) by using interpreter services.

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 to establish a reliable resource that can be accessed when needed.

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

Trinity County Behavioral Health does not have a threshold language. The County utilizes the Language Line services, which adequately meet the needs of the agency.

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

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. Bilingual 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.

Criterion 8 – Adaptation of Services

I. Client driven/operated recovery and wellness programs

Trinity County operates 2 client driven/operated recovery and wellness programs, including a walk-in Wellness Center, and a Peer Crisis Respite Center. Both programs are located at 250-B Main Street, Weaverville, CA 96093, and both programs offer peer-run services that welcome and respect all individuals. Peer workers develop services and activities in collaboration with program participants based on participant’s cultural, ethnic and language preferences and influences. Program participants take an active role in daily planning and the development of culturally relevant activities. Participants of both programs are representative of the culturally and ethnically diverse populations in Trinity County.

Milestones Wellness Center

Milestones is a dynamic, client operated walk-in program that is open Monday through Friday from 10:00 a.m. to 4:00 p.m. and is inclusive of all individuals interested in participating in, developing and/or leading activities during the day. Clients develop the curriculum for this program, and a monthly calendar of planned activities and events is published each month ⁽⁸⁻¹⁾. Milestones is staffed during the week by 2 Peer Specialists, and oversight and support is provided by the Triage Manager.

The Milestones wellness program is a major component of the Trinity County Mental Health Services Act (MHSA) Community Services and Supports (CSS) programs. Community Services and Supports programs focus on the unserved or the underserved of Trinity County who are chronically mentally ill and may not have received mental health services in the past. A key focus of CSS programming is to reach and serve those individuals who are geographically remote, poor or culturally or linguistically isolated.

Cedar Home Peer Crisis Respite Center

Cedar Home Peer Crisis Respite Center (Cedar Home) is a respite center offering crisis-referred respite to persons experiencing distress or other feelings of crisis that do not rise to the level of acute need such as intervention or hospitalization. Individuals access the Cedar Home through the crisis team and can reside at the Cedar Home 24 hours per day, 5 days per week. The Cedar Home is staffed with 2 Peer Specialists, 1 Mental Health Case Manager, and oversight and support are provided by the Triage Manager.

The Cedar Home is a 6-bed residential facility that is Medi-Cal certified for the provision of Case Management, Crisis Intervention, Mental Health Assessments, Treatment Planning, Rehabilitative and Collateral specialty mental health services, and is accessible to individuals with disabilities. Individuals may receive services at the Cedar Home regardless of whether they are an active Mental Health client or not. The Cedar Home provides a safe environment, complete with living, cooking, shower, and laundry facilities to persons experiencing distress and in need of respite care in order to prevent an escalation of crisis symptoms. Due to the respite focus of this program, the Cedar Home program does not have a formal curriculum. Instead, individuals staying at the Cedar Home are welcomed to participate in any activities being provided at the Milestones wellness program.

II. Responsiveness of mental health services

A. TCBHS maintains an updated Provider List that includes the services and specialties of both the County Mental Health Plan providers and other local and contracted providers. Culturally relevant and specific services offered through these providers includes LGBTQ2 services, referral to Native American contract providers and Peer Provider services. In addition, services in English and Thai are available in-house, and the County maintains a contract with the Language Line for all other linguistically appropriate services.

TCBHS remains committed to assisting individuals who require specialty mental health services, including culturally specific 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 to everyone seeking services or linkage through TCBHS.

B. Trinity County provides comprehensive information about selecting a provider to consumers in the Trinity County Behavioral Health Beneficiary Handbook, which is also published on the TCBHC website, and can be found by following the link below:

<https://www.trinitycounty.org/sites/default/files/Behavioral%20Health/Documents/PDF%20UPDATED%20FOR%20WEBSITE%201-2018.pdf>

C. Trinity County Behavioral Health Services informs all beneficiaries about the specialty mental health services available and how to access these services, as required in California Code of Regulations (CCR) Title 9, Section 1810.310, 1A and 2B. It is a standard of practice at TCBHS to provide, or contract for the provision of all specialty mental health services. Clinical staff discuss available mental health services with beneficiaries during the Treatment Planning process and during outreach activities. Throughout the treatment process beneficiaries are supported in exploring all appropriate service options, and clients can request provider changes or additional services at any time.

D. Trinity County is a small, predominantly Caucasian, English-speaking County. The County captures and analyzes comprehensive service reports to monitor client demographics by age, ethnicity, gender, language, and area of residence to track the potential service needs and linguistic supports within the county.⁽⁸⁻⁴⁾ TCBHS offers clients transportation to and from services and provides services in outlying communities including Hayfork and County Schools in all districts. TCBHS also provides in-home case management and telepsychiatry in both major towns within the county, to secure access to services to persons living in remote areas.

II. Quality of Care: Contract Providers

TCBHS maintains an updated Provider list ⁽⁸⁻²⁾ that includes the services and specialties of both the County Mental Health Plan providers and other local and contracted providers. Culturally relevant and specific services offered through these providers includes LGBTQ2 services, Referral to Native American community providers and Peer Provider services ⁽⁸⁻⁵⁾. In addition, services in English and Thai are available in-house, and the County maintains an account with the Language Line for all other linguistically appropriate services.

TCBHS remains committed to assisting individuals who require specialty mental health services, including culturally specific services. TCHBS Policy and Procedure # 1401 governs the department's commitment in the provision of culturally competent services. ⁽⁸⁻³⁾ 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 to everyone seeking services or linkage through TCBHS.

III. Quality Assurance

A. Trinity County constantly assesses service delivery, operational processes, and data dashboard reports to identify demand for services in demographic categories and geographic regions within our small county. TCBHS contracts with the Kings View Corporation to develop and report out on service dashboards that allow department managers to assess the demand for services across the county and to identify trends, outcomes, and changes.

B. The department continues to seek staff input and participation in the Cultural Competence Committee, and trainings and community events are discussed and offered at monthly staff meetings as well as when opportunities arise throughout the year. Leadership within the department has created suggestion boxes which serve as a mechanism for both staff and consumers to inform the department of their experiences, additional needs or concerns regarding service delivery and department policy. The Leadership Team meets weekly and reviews and addresses staff and consumer suggestions, and it is a department priority to resolve or respond to all suggestions.

Trinity County also recognizes the ethnic diversities within its communities, and provides staff and community training on those culturally diverse populations, including the LGBTQ2, Hmong and Native American cultures and how to best provide outreach, access and treatment services to culture specific populations within the county by learning from each culture how they prefer to be connected.

C. TCBHS processes grievances and complaints for all Medi-Cal and Non-Medi-Cal consumers as outlined in the TCBHS Policy and Procedure number 1104 – Beneficiary Problem Resolution Process, attached. ⁽⁸⁻⁶⁾