



# **Modoc County Behavioral Health**

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## **Cultural and Linguistic Competence Plan Annual Update 2020**

**UPDATED FINAL  
05/13/2020**

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*The mission of the Modoc County Health Services is to promote whole health and well-being through teamwork.*

**OVERVIEW**

It is the value and mission of Modoc County Behavioral Health (MCBH) to involve underserved communities in planning and management committees. The county's threshold languages are English and Spanish, with 14% of the population being Hispanic. In addition, 4% of the county's population is Alaska Native/ American Indian. There are small numbers of other racial groups in this small, rural county. The local advisory and planning committees show diversity that is consistent with the general population. The Mental Health Board is comprised of 100% Caucasian, 17% consumers, and 33% family members. The MCBH Cultural Competence Committee (CCC) is comprised of 29% Caucasian, 43% Hispanic, 14% American Indian, and 14% Pacific Islander. These committees provide leadership and opportunities to give voice to consumers, persons of color, family members, youth, and other cultural groups. This leadership creates a forum for ensuring that MCBH continually enhances services to be culturally and linguistically relevant for youth and adult clients, and their families.

In this small, remote community, strategies for community involvement are comprised of staff actively providing outreach and engagement within cultural communities. Modoc County Behavioral Health partners with the Public Health Promotora (Community Health Worker), Janet Rojina, to outreach to the Hispanic community at the Migrant Education program in the Tulelake-Newell area. Outreach involves assisting families with immigration, and issues of acculturation with the ultimate goal of improving health and access to services. Education is an important component to outreach and the community has identified need to provide education about literacy programs, the effects of alcohol on families; building strong families; parenting skills; nutrition and exercise. The Promotora is based in the Newell Migrant Center and is referring new families to Behavioral Health Services. The Promotora is also supporting the community with information about how to access and apply for benefits.

# I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

Copies of the following documents ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

1. Statements of Philosophy;
2. Strategic Plans including Modoc County's MHSA Plans, Implementation Plan, and Substance Abuse Prevention Plan;
3. Policies and Procedures; and
4. Other Key Documents.

*The documents listed above are currently available at the MCBH clinic. Copies of these documents are available on site during compliance reviews.*

MCBH department and staff are committed to constantly improving services to meet the needs of culturally-diverse individuals seeking and receiving services. As part of the commitment to cultural and linguistic competence, MCBH will develop and provide training on the National CLAS standards and incorporate the standards into the framework of the cultural competence plan. Current goals and objectives were developed through various committees and stakeholder activities. These goals and objectives are outlined below and provide the framework for developing this CLCP.

**Goal 1:** To create a work climate where dignity, respect, and cultural humility are encouraged and modeled so that staff enjoy equitable opportunities for professional and personal growth.

- **Objective 1a:** MCBH provides cultural and linguistic competency trainings for MCBH staff a minimum of six (6) times per fiscal year.
  - FY 2019-2020 Update: In FY 2018-2019, MCBH offered over 25 training courses for staff. Please see section IV for a list of the specific cultural competence trainings provided by MCBH during FY 2018-2019.
- **Objective 1b:** MCBH will hire clients and family members, whenever possible, who are reflective of the County community, especially American Indians or bilingual/bicultural individuals, to help address barriers for culturally-diverse populations.
  - FY 2019-2020 Update: Modoc County Behavioral has hired on clients for part time extra help positions and peer support specialist.

**Goal 2:** To provide culturally and linguistically appropriate behavioral health services and improve access for persons who are American Indian, Hispanic, and other race/ethnicity groups; TAY and older adults; veterans and their families; Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI) individuals; persons released from jail and their families; and additional cultures.

- **Objective 2a:** MCBH will provide written informing materials in English and the county's threshold language (Spanish) in the clinic and at the wellness center.

- FY 2019-2020 Update: MCBH provides written informing materials in English and Spanish in the clinic and wellness centers. On a weekly basis, clerical staff review the availability of written brochures and informative posters at the clinic and wellness center; missing materials are restocked immediately.
- **Objective 2b:** When appropriate and feasible, MCBH will hire diverse or bilingual staff to work in MCBH programs in order to provide services and information to the client and family in their preferred language and preferred cultural setting.
  - FY 2019-2020 Update: MCBH continues to strive to hire diverse and bilingual staff. Of the 17 staff who completed the 2020 Staff Ethnicity and Cultural Proficiency Survey, four (4) identified as Hispanic, one (1) as Native Hawaiian or Other Pacific Islander. Of the respondents, one (1) is English-Spanish bilingual; one (1) is English-French bilingual; and one (1) is English-Tongan bilingual.
- **Objective 2c:** MCBH will ensure that the crisis line is culturally sensitive to all persons utilizing these services and that clients receive services in their preferred language.
  - FY 2019-2020 Update: Monthly, MCBH conducts a total of five (5) test calls, split between English and Spanish; other languages are tested as feasible. Results of the calls are analyzed by designated QI staff, and reviewed at QIC meetings to identify and mitigate any trends and issues.

**Goal 3:** To deliver behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including in diverse community settings (e.g., tribal community, schools, and other rural community locations).

- **Objective 3a:** MCBH will deliver services in the least-restrictive environment (e.g., home, schools, tribal community, senior center, and other rural community locations) when feasible and as appropriate.
  - FY 2019-2020 Update: MCBH offer services at home, schools, tribal centers such as Local TANF and Strong Family Health center, Warnerview Skilled Nursing Facility, and after school facilities when feasible.
- **Objective 3b:** MCBH will retain a presence in the American Indian community, providing services and programs open to all County residents as determined by the local tribal community council.
  - FY 2019-2020 Update: MCBH was present in the Native Youth Summit planning committee.
- **Objective 3c:** MCBH will work closely with local schools to engage youth and TAY in the development of strategies to prevent alcohol and drug use and intervene early in the onset of behavioral health issues.
  - FY 2019-2020 Update: A Youth Diversion Program was implemented for students who are at risk for early alcohol and drug use. The youth diversion program is a collaboration between MCBH Probation, Modoc Middle School, Modoc High School, and MCOE. MCBH Prevention Specialist goes into local schools to teach life skills trainings.

**Goal 4:** To collect and maintain accurate and reliable client demographic and service-level data to monitor and evaluate the impact of services on access, health equity, and outcomes.

- **Objective 4a:** Increase to the number of Latino and Native American mental health clients by at least 5% annually

- **Baseline Data:** *Number and Percent of Mental Health Clients who are Latino or Native American*

FY 2017-2018	Latino: 55 of 427 Native American: 41 of 427	Latino: 12.9% Native American: 9.6%
FY 2018-2019	Latino: 65 of 529 Native American: 57 of 529	Latino: 12.3% Native American: 10.8%

- **Analysis:** The percent of outpatient mental health services received by these populations has remained generally the same across two fiscal years: annually, approximately 12% of clients are Latino, and 10% are Native American.
- **Action Plan:** In FY 2019-2020, MCBH will increase the number of Latino and Native American clients by 5%, by identifying and offering outpatient mental health services that are engaging to these populations to increase the number of services received by these communities.

## II. DATA, ANALYSIS, AND OBJECTIVES

### A. County Geographic and Socioeconomic Profile

#### 1. Geographical location and attributes of the county

Modoc County is a small (population just over 9,600), remote county that lies in the northeastern corner of California, bordering Oregon to the north and Nevada to the east. Approximately 90% of the land in Modoc County consists of national forests and wilderness area. Modoc County has only one incorporated city, Alturas, with a population of just under 3,000 people. Major metropolitan areas are outside the county, or outside the state, approximately 150 to 180 miles away. There are a number of small, rural communities located in the county. East of the Warner Mountains are Cedarville, Eagleville, and Fort Bidwell; in the northern part of the county are Davis Creek and New Pine Creek; to the west and northwest are Day, Canby, Newell/Tulelake, and Adin; and in the south is Likely. The population of these communities ranges from 800 to less than 60. (*Source: US Census 2010*)

It is estimated that about 14% of the population of Modoc County speaks a language other than English at home. Spanish is the only threshold language in Modoc County. Veterans represent an estimated 7.0% of the population. (*Source: 2013-2017 American Community Survey*)

## 2. Demographics of the county

Figure 1 shows age, race/ethnicity, and gender of the general population. For the 9,686 residents who live in Modoc County, 17.7% are children ages 0-14; 10.6% are Transition Age Youth (TAY) ages 15-24; 43.5% are adults ages 25-59; and 28.2% are older adults ages 60 years and older. The majority of persons in Modoc County are Caucasian (79.0%). Persons who are Hispanic represent 13.0% of the population and persons who are American Indian/Alaska Native represent 4.9% of the population. All other race/ethnicity groups represent a small percentage of individuals. There are slightly more males (50.4%) than females (49.6%) in the county.

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

<b>Modoc County Population 2010 Census</b>		
<b>Age Distribution</b>	<b>Number</b>	<b>Percent</b>
0 - 14 years	1,711	17.7%
15 - 24 years	1,026	10.6%
25 - 59 years	4,217	43.5%
60+ years	2,732	28.2%
<b>Total</b>	<b>9,686</b>	<b>100.0%</b>
<b>Race/Ethnicity Distribution</b>	<b>Number</b>	<b>Percent</b>
Black	99	1.0%
American Indian/ Alaskan Native	471	4.9%
Asian/ Pacific Islander	117	1.2%
White/ Caucasian	7,649	79.0%
Hispanic	1,256	13.0%
Other/ Unknown	94	1.0%
<b>Total</b>	<b>9,686</b>	<b>100.0%</b>
<b>Gender Distribution</b>	<b>Number</b>	<b>Percent</b>
Male	4,878	50.4%
Female	4,808	49.6%
<b>Total</b>	<b>9,686</b>	<b>100.0%</b>

## 3. Socioeconomic characteristics of the county

Historically, the local economy has been based on agriculture and forestry, with some recreation. Currently, major employers in Modoc County include government, agriculture, services, wholesale/retail, and manufacturing. There has been a major decline in forestry jobs over the last fifteen years and some decline in agriculture. Like other far Northern California counties, individuals age 30-39 in particular have migrated out of the area, pulled by academic and employment opportunities elsewhere. The unemployment rate in Modoc County in 2018 was 7.5%; the state unemployment rate was 4.2% for that same year. Modoc's unemployment rate



has been consistently higher than the state's rate since 1990. (Source: CA EDD Monthly Labor Force Data for Counties, Annual Average 2018; Data Not Seasonally Adjusted)

Modoc County has one of the lowest median incomes of households in the state at \$39,296 in 2017, compared to \$67,169 in California the same year. The county has a high percentage of population living under the poverty level (18.1%), above the statewide average of 15.1%. (Source: 2013-2017 American Community Survey)

#### **4. Penetration rates for Mental Health services**

Figure 2 shows the percentage of the population who access mental health services. Figure 2 shows the same county population data shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2018/19). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2018/19. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 529 individuals who received one or more mental health services in FY 2018/19. Of these individuals, 23.8% were children ages 0-14; 17.8% were TAY ages 15-24; 48.4% were adults ages 25-59; and 10.0% were 60 and older. Of the 529 individuals, 72.4% identified as White/Caucasian, 12.3% identified as Hispanic, and 10.8% identified as American Indian/Alaskan Native. All other race/ethnicity groups represented a small number of individuals. Of the 529 individuals, 99.2% reported their primary language as English. Clients with other primary languages represented a small number of individuals. The majority of clients were female (56.1%) compared to male (43.9%).

The penetration rate data shows that 5.5% of the Modoc County population received mental health services, with 529 individuals out of the 9,686 residents. Of these individuals, children ages 0-14 had a penetration rate of 7.4%, TAY ages 15-24 had a penetration rate of 9.2%, adults ages 25-59 had a penetration rate of 6.1%, and older adults ages 60 and older had a penetration rate of 1.9%.

For race/ethnicity, individuals who identified as Black had a penetration rate of 6.1%, individuals who identified as American Indian/Alaskan Native had a penetration rate of 12.1%, individuals who identified as Asian/Pacific Islander had a penetration rate of 7.7%, individuals who identified as White/Caucasian had a penetration rate of 5.0%, individuals who identified as Hispanic had a penetration rate of 5.2%, and individuals who reported Other/Unknown race/ethnicity had a penetration rate of 9.6%. Male clients had a mental health penetration rate of 4.8%, and female clients had a mental health penetration rate of 6.2%.

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

	Modoc County Population 2010 Census		All Mental Health Participants FY 2018/19		Modoc County Population Mental Health Penetration Rate FY 2018/19
<b>Age Distribution</b>					
<b>0 - 14 years</b>	1,711	17.7%	126	23.8%	126 / 1,711 = 7.4%
<b>15 - 24 years</b>	1,026	10.6%	94	17.8%	94 / 1,026 = 9.2%
<b>25 - 59 years</b>	4,217	43.5%	256	48.4%	256 / 4,217 = 6.1%
<b>60+ years</b>	2,732	28.2%	53	10.0%	53 / 2,732 = 1.9%
<b>Total</b>	<b>9,686</b>	<b>100.0%</b>	<b>529</b>	<b>100.0%</b>	<b>529 / 9,686 = 5.5%</b>
<b>Race/Ethnicity Distribution</b>					
<b>Black</b>	99	1.0%	6	1.1%	6 / 99 = 6.1%
<b>American Indian/ Alaskan Native</b>	471	4.9%	57	10.8%	57 / 471 = 12.1%
<b>Asian/ Pacific Islander</b>	117	1.2%	9	1.7%	9 / 117 = 7.7%
<b>White/ Caucasian</b>	7,649	79.0%	383	72.4%	383 / 7,649 = 5.0%
<b>Hispanic</b>	1,256	13.0%	65	12.3%	65 / 1,256 = 5.2%
<b>Other/ Unknown</b>	94	1.0%	9	1.7%	9 / 94 = 9.6%
<b>Total</b>	<b>9,686</b>	<b>100.0%</b>	<b>529</b>	<b>100.0%</b>	<b>529 / 9,686 = 5.5%</b>
<b>Language Distribution</b>					
<b>English</b>	-	-	525	99.2%	-
<b>Spanish</b>	-	-	2	0.4%	-
<b>Other/ Unknown</b>	-	-	2	0.4%	-
<b>Total</b>	-	-	<b>529</b>	<b>100.0%</b>	-
<b>Gender Distribution</b>					
<b>Male</b>	4,878	50.4%	232	43.9%	232 / 4,878 = 4.8%
<b>Female</b>	4,808	49.6%	297	56.1%	297 / 4,808 = 6.2%
<b>Total</b>	<b>9,686</b>	<b>100.0%</b>	<b>529</b>	<b>100.0%</b>	<b>529 / 9,686 = 5.5%</b>

**5. Analysis of disparities identified in Mental Health penetration rates**

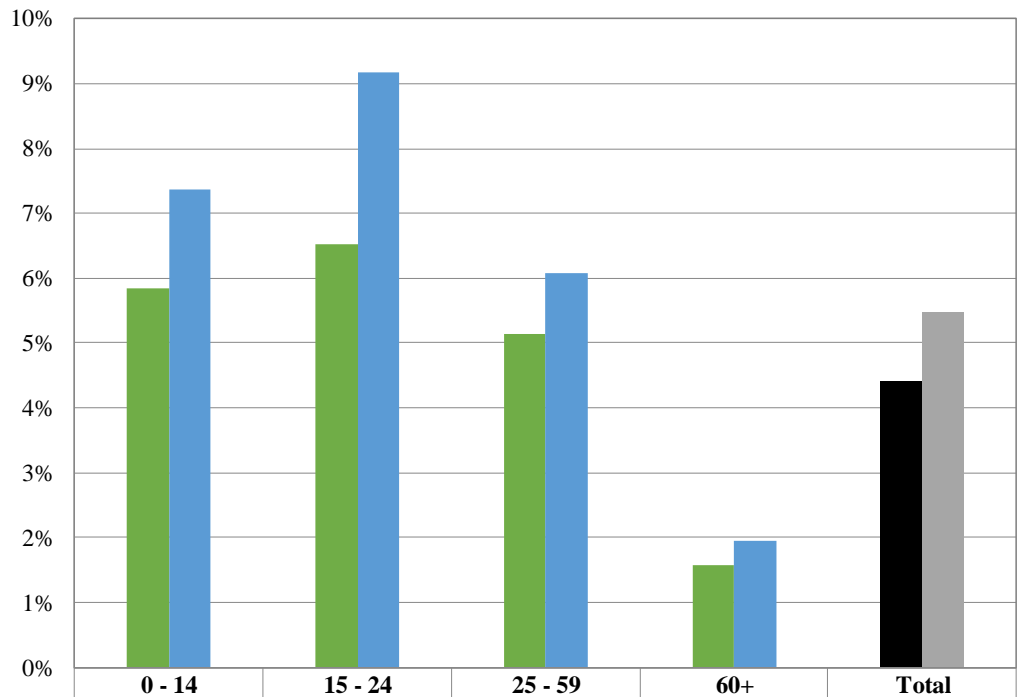
The penetration rates for clients identifying as Hispanic (5.2%) and as Caucasian (5.0%) are consistent with the total penetration rate of 5.5%. The penetration rates for clients identifying as Black (6.1%), as Asian/ Pacific Islander (7.7%), and for clients identifying as American Indian/Alaskan Native (12.1%) are higher than the total penetration rate of 5.5%. The penetration rate data for age shows that there are a higher proportion of children, TAY, and adults served, compared to older adults. The penetration rate for female clients (6.2%) is higher than for male clients (4.8%).

## 6. Mental Health penetration rate trends for two years

MCBH has also analyzed penetration rates for the past two years (see Figure 3). This data shows the number of clients by age served between FY 2017/18 through FY 2018/19. The total number of clients increased from 427 to 529 clients in this two-year period. The number of clients in all age groups increased.

The penetration rate increased over the two years. This increase is reflected in each age group, as well.

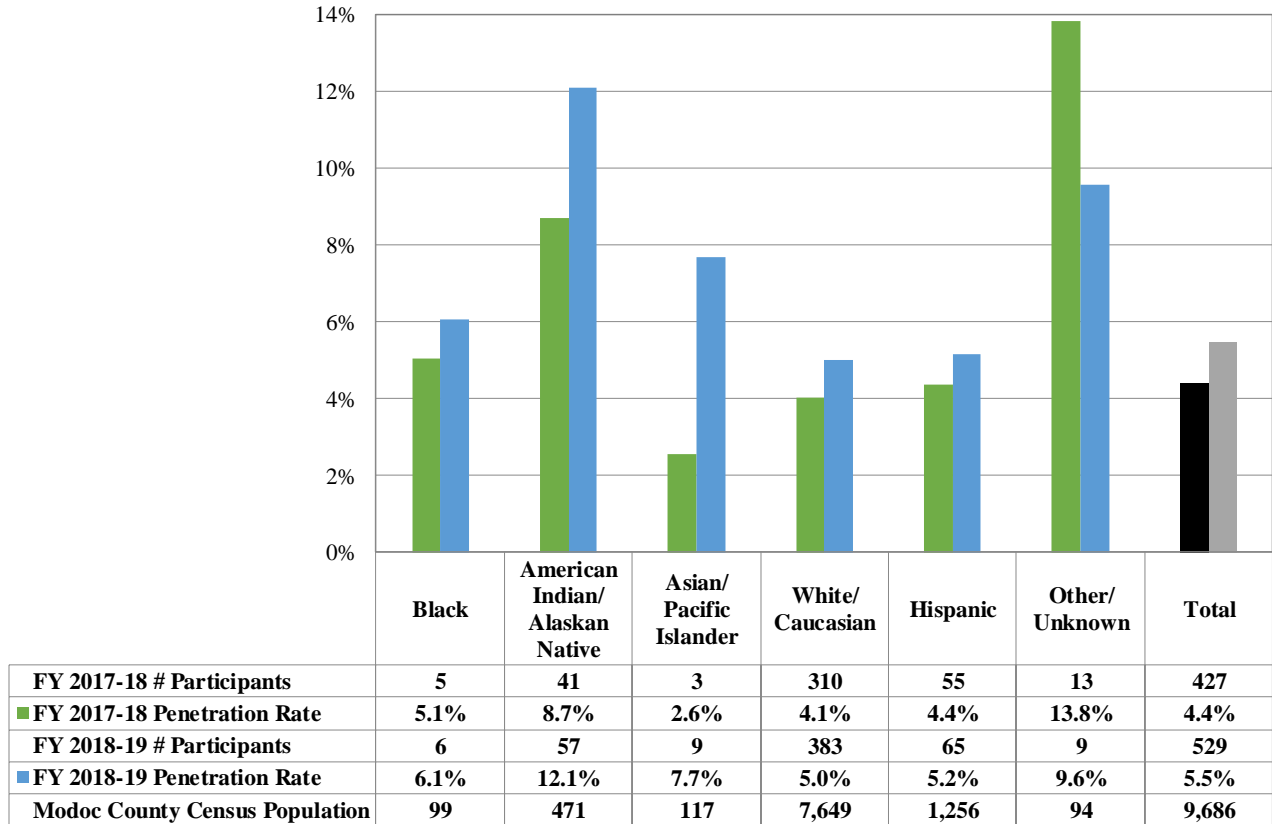
**Figure 3**  
**Modoc County Mental Health Services**  
*Mental Health Penetration Rate, by Age*  
**FY 2017-18 to FY 2018-19**



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2017-18 # Participants	100	67	217	43	427
FY 2017-18 Penetration Rate	5.8%	6.5%	5.1%	1.6%	4.4%
FY 2018-19 # Participants	126	94	256	53	529
FY 2018-19 Penetration Rate	7.4%	9.2%	6.1%	1.9%	5.5%
Modoc County Census Population	1,711	1,026	4,217	2,732	9,686

Figure 4 shows the penetration rates by race/ethnicity for the same two years. All racial/ethnic groups show an increase in penetration rates across the two years, with the exception of the “Other/Unknown” group. Overall, the penetration rate increased over the two years, from 4.4% to 5.5%.

**Figure 4**  
**Modoc County Mental Health Services**  
***Mental Health Penetration Rate, by Race/Ethnicity***  
**FY 2017-18 to FY 2018-19**



**7. Mental Health Medi-Cal population**

Figure 5 shows the percentage of Medi-Cal eligibles who accessed mental health services in FY 201/19. From this data, a penetration rate was calculated, showing the percent of individuals who are Medi-Cal Eligible that received mental health services in FY 2018/19. This data is shown by age, race/ethnicity, and gender.

There were 439 Medi-Cal clients who received one or more mental health service in FY 2018/19. Of these individuals, 33.5% were children ages 0-17; 8.7% were TAY ages 18-24; 55.4% were adults ages 25-64; and 2.5% were older adults ages 65 and older. Of the 439 individuals, 1.4% identified as Black, 11.6% identified as American Indian/Alaska Native, 1.4% identified as Asian/Pacific Islander, 71.8% identified as White/Caucasian, 11.8% identified as Hispanic, and

2.1% were individuals who reported Other/Unknown race/ethnicity. The majority of clients were female (58.1%) as compared to males (41.9%).

The penetration rate data shows that 14.2% of Modoc County Medi-Cal eligibles received mental health services, with 439 individuals out of the 3,089 Medi-Cal eligibles. Of these individuals, children had a penetration rate of 15.4%, TAY had a penetration rate of 14.6%, adults had a penetration rate of 15.3%, and older adults had a penetration rate of 3.9%.

For race/ethnicity, individuals who identified as Black had a penetration rate of 15.4%, individuals who identified as American Indian/Alaskan Native had a penetration rate of 25.9%, individuals who identified as Asian/Pacific Islander had a penetration rate of 26.1%, individuals who identified as White/Caucasian had a penetration rate of 16.2%, individuals who identified as Hispanic had a penetration rate of 11.1%, and individuals who reported Other/Unknown race/ethnicity had a penetration rate of 2.1%. Male clients had a mental health penetration rate of 12.5%, and female clients had a mental health penetration rate of 15.8%.

**Figure 5**  
**Modoc County Medi-Cal Mental Health Penetration Rates**  
**By Gender, Age, and Race/Ethnicity**  
(Medi-Cal Eligible Source: Kings View Penetration Report FY 2018/19)

	Modoc County Average Number of Eligibles FY 2018/19		Number of Medi-Cal Mental Health Clients Served FY 2018/19		MH Medi-Cal Penetration Rate FY 2018/19
<b>Age Group</b>					
<b>Children</b>	957	31.0%	147	33.5%	147 / 957 = 15.4%
<b>Transition Age Youth</b>	260	8.4%	38	8.7%	38 / 260 = 14.6%
<b>Adults</b>	1,587	51.4%	243	55.4%	243 / 1,587 = 15.3%
<b>Older Adults</b>	285	9.2%	11	2.5%	11 / 285 = 3.9%
<b>Total</b>	<b>3,089</b>	<b>100.0%</b>	<b>439</b>	<b>100.0%</b>	<b>439 / 3,089 = 14.2%</b>
<b>Race/Ethnicity</b>					
<b>Black</b>	24	0.8%	6	1.4%	6 / 24 = 25.0%
<b>American Indian/ Alaskan Native</b>	197	6.4%	51	11.6%	51 / 197 = 25.9%
<b>Asian/ Pacific Islander</b>	23	0.7%	6	1.4%	6 / 23 = 26.1%
<b>White/ Caucasian</b>	1,942	62.9%	315	71.8%	315 / 1,942 = 16.2%
<b>Hispanic</b>	470	15.2%	52	11.8%	52 / 470 = 11.1%
<b>Other/ Unknown</b>	433	14.0%	9	2.1%	9 / 433 = 2.1%
<b>Total</b>	<b>3,089</b>	<b>100.0%</b>	<b>439</b>	<b>100.0%</b>	<b>439 / 3,089 = 14.2%</b>
<b>Gender</b>					
<b>Male</b>	1,472	47.7%	184	41.9%	184 / 1,472 = 12.5%
<b>Female</b>	1,617	52.3%	255	58.1%	255 / 1,617 = 15.8%
<b>Total</b>	<b>3,089</b>	<b>100.0%</b>	<b>439</b>	<b>100.0%</b>	<b>439 / 3,089 = 14.2%</b>

## **8. Analysis of disparities identified in Mental Health Medi-Cal clients**

The penetration rate data shows that there is a large number of people receiving mental health Medi-Cal services. For age groups, the penetration rate of TAY clients (14.6%) is similar to the total (14.2%). The penetration rates for children (15.4%) and adults (15.3%) is higher than the total (14.2%). The penetration rate for older adults (3.9%) is much lower than the total (14.2%).

The number of Medi-Cal eligibles in each race/ethnicity category varies. The penetration rates for clients who identify as Black (25.0%), as American Indian/Alaskan Native (25.9%), as Asian/Pacific Islander (26.1%), and White/Caucasian (16.2%) are higher than the total (14.2%). This data shows that 11.1% of Hispanic eligibles received services, which is lower than the total (14.2%). This population often works long hours in agricultural jobs, and may not be able to access mental health services during the normal business hours of the clinic. There is also stigma in accessing mental health services. Many may seek services from cultural healers and/or faith-based organizations.

## **9. Penetration rates for Substance Use Disorder Services**

Figure 6 shows the number of persons in the county population (2010 Census) and the number of persons who received Substance Use Disorder Services (SUD) services during FY 2018/19. From this data, a penetration rate was calculated, showing the percent of persons in the population who received SUD services in FY 2018/19. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

As expected, the proportion of persons receiving SUD services varies by age. A total of 97 individuals received one or more SUD services in FY 2018/19. Of these individuals, 7.2% were TAY ages 15-24; 81.4% were adults ages 25-59; and 11.3% were 60 and older. Of the 97 individuals who received SUD services, the majority identified as White/Caucasian (72.2%); smaller proportions identified as American Indian/Alaskan Native (13.4%), Hispanic (13.4%), and Asian/Pacific Islander (1.0%). Most of the clients reported a primary language of English (99.0%) and one (1) individual reported Spanish (1.0%) as a primary language. There were more female clients (54.6%) than male clients (45.4%).

The SUD services penetration rate for Modoc County was 1.0%. The penetration rate for TAY ages 15-24 (0.7%) and for older adults (0.4%) was lower than the overall penetration rate (1.0%). The penetration rate for adults ages 25-59 (1.9%) was higher than the overall penetration rate (1.0%).

For race/ethnicity, individuals who identified as American Indian/Alaskan Native had a penetration rate of 2.8%, individuals who identified as Asian/Pacific Islander had a penetration rate of 0.9%, individuals who identified as White/Caucasian had a penetration rate of 0.9%, and individuals who identified as Hispanic had a penetration rate of 1.0%. Male clients had a penetration rate of 1.1%, and female clients had a penetration rate of 0.9%.

**Figure 6**  
**Modoc County Substance Use Disorder Services Penetration Rates**  
**By Gender, Age, Race/Ethnicity, and Language**  
(Population Source: 2010 Census)

	Modoc County Population 2010 Census		All Substance Use Participants FY 2018/19		Modoc County Population Substance Use Penetration Rate FY 2018/19
<b>Age Distribution</b>					
<b>0 - 14 years</b>	1,711	17.7%	-	0.0%	0 / 1,711 = 0.0%
<b>15 - 24 years</b>	1,026	10.6%	7	7.2%	7 / 1,026 = 0.7%
<b>25 - 59 years</b>	4,217	43.5%	79	81.4%	79 / 4,217 = 1.9%
<b>60+ years</b>	2,732	28.2%	11	11.3%	11 / 2,732 = 0.4%
<b>Total</b>	<b>9,686</b>	<b>100.0%</b>	<b>97</b>	<b>100.0%</b>	<b>97 / 9,686 = 1.0%</b>
<b>Race/Ethnicity Distribution</b>					
<b>Black</b>	99	1.0%	-	0.0%	0 / 99 = 0.0%
<b>American Indian/ Alaskan Native</b>	471	4.9%	13	13.4%	13 / 471 = 2.8%
<b>Asian/ Pacific Islander</b>	117	1.2%	1	1.0%	1 / 117 = 0.9%
<b>White/ Caucasian</b>	7,649	79.0%	70	72.2%	70 / 7,649 = 0.9%
<b>Hispanic</b>	1,256	13.0%	13	13.4%	13 / 1,256 = 1.0%
<b>Other/ Unknown</b>	94	1.0%	-	0.0%	0 / 94 = 0.0%
<b>Total</b>	<b>9,686</b>	<b>100.0%</b>	<b>97</b>	<b>100.0%</b>	<b>97 / 9,686 = 1.0%</b>
<b>Language Distribution</b>					
<b>English</b>	-	-	96	99.0%	-
<b>Spanish</b>	-	-	1	1.0%	-
<b>Other/ Unknown</b>	-	-	-	0.0%	-
<b>Total</b>	-	-	<b>97</b>	<b>100.0%</b>	-
<b>Gender Distribution</b>					
<b>Male</b>	4,878	50.4%	53	54.6%	53 / 4,878 = 1.1%
<b>Female</b>	4,808	49.6%	44	45.4%	44 / 4,808 = 0.9%
<b>Total</b>	<b>9,686</b>	<b>100.0%</b>	<b>97</b>	<b>100.0%</b>	<b>97 / 9,686 = 1.0%</b>

**10. Analysis of disparities identified in Substance Use Disorder services**

Most SUD services clients were adults (84.1% compared to the population at 43.5%). There were no clients who identified as Black or reported Other/Unknown as their race/ethnicity who accessed SUD services. Clients who identified as American Indian/Alaskan Native represented 13.4% of the clients (compared to 4.9% of the population), clients who identified as White/Caucasian represented 72.2% of the clients (compared to 79.0% of the population), and clients who identified as Hispanic represented 13.4% of the clients (compared to 13.0% of the population). Male clients represented 56.4% of clients compared to 50.4% of the population. Female clients represented 45.4% of the clients compared to 49.6% of the population.

The penetration rate for clients who identified as American Indian/Alaskan Native (2.8%) is approximately three times the penetration rate of clients who identified as Asian/Pacific Islander (0.9%), White/Caucasian (0.9%), or Hispanic (1.0%). The small numbers in the Race/Ethnicity

groups make this data difficult to accurately analyze.

### 11. Substance Use Disorder penetration rate trends for two years

MCBH also analyzed SUD penetration rates for the past two years for age and race/ethnicity. Figure 7 shows the penetration rates for age. There was an increase in the number of clients by age served between FY 2017-18 through FY 2018-19. The total number of clients increased from 81 to 97 clients in this period. Each age group increased the number clients during this period, except for clients aged 0–14 years. Clients aged 0-14 decreased from two (2) in FY 2017/18 to zero in FY 2018/19. TAY clients aged 15-24 increased from five (5) to seven (7). Adult clients aged 25-59 increased from 72 to 79. Older adult clients increased from two (2) to eleven. The overall penetration rate increased from 0.8% to 1.0% across the two years.

**Figure 7**  
**Modoc County Substance Use Disorder Services**  
***Substance Use Disorder Penetration Rate, by Age***  
**FY 2017-18 to FY 2018-19**

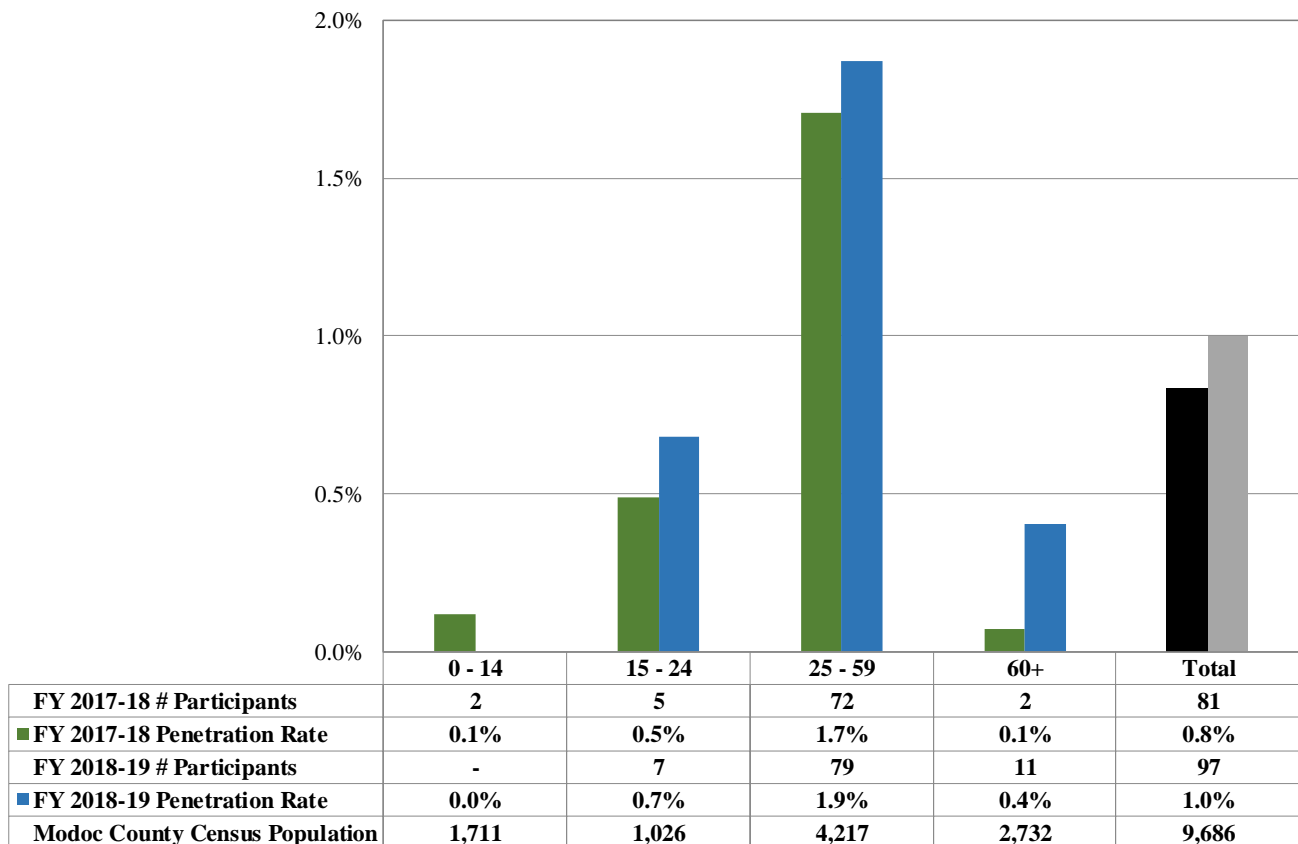
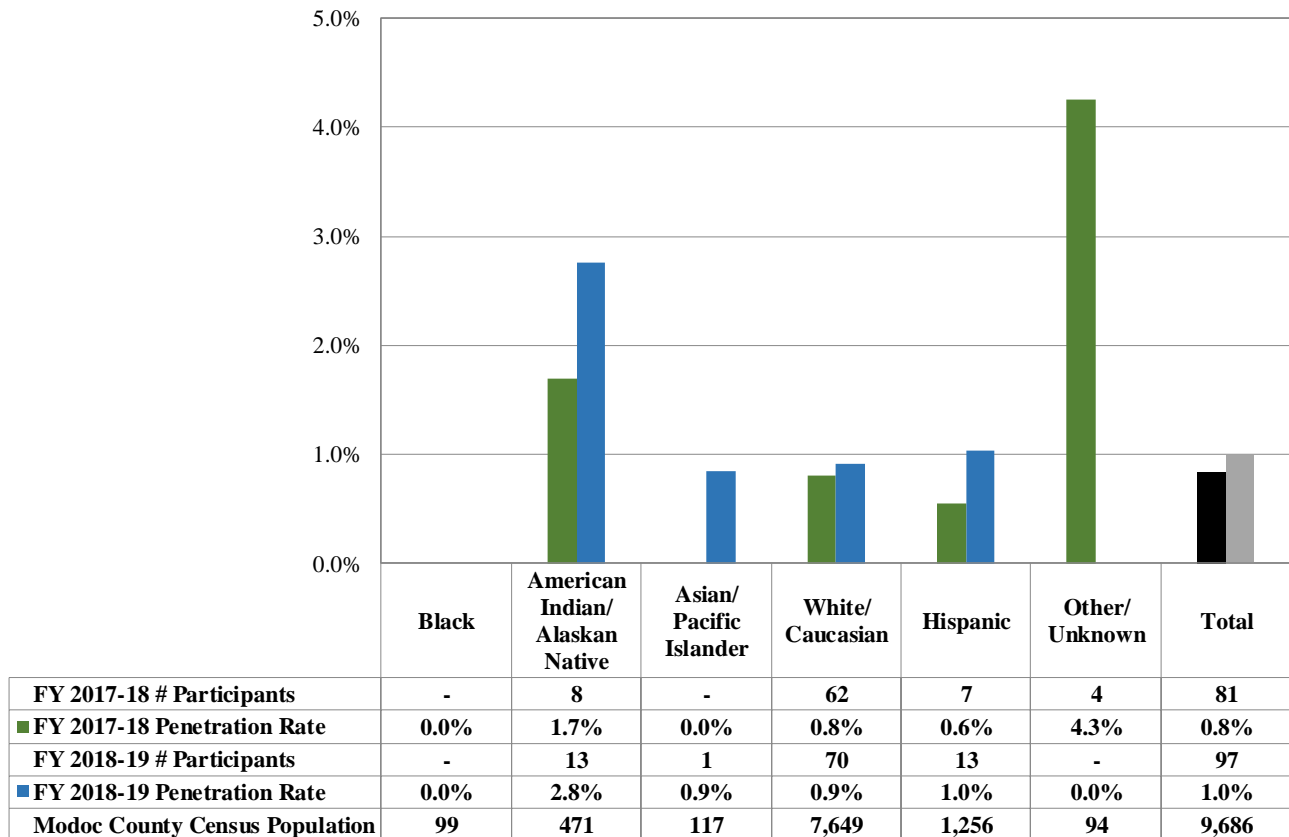




Figure 8 shows the penetration rate for SUD services by race/ethnicity. Each race/ethnicity group increased the total number of clients, except for clients who identified as Black and clients who reported Other/Unknown as their race/ethnicity. There were no clients how identified as Black across both fiscal years. The number of clients who reported Other/Unknown decreased from four (4) to zero. The number of clients who identified as American Indian/Alaskan Native increased from eight (8) to 13. Clients who identified as Asian/Pacific Islander increased from zero to one (1). Clients who identified as White/Caucasian increased from 62 to 70. Clients who identified as Hispanic increased from 7 to 13. The overall penetration rate increased from 0.8% to 1.0% across the two years.

**Figure 8**  
**Modoc County Substance Use Disorder Services**  
*Substance Use Disorder Penetration Rate, by Race/Ethnicity*  
**FY 2017-18 to FY 2018-19**



## 12. Drug Medi-Cal population

Figure 9 shows the percentage of Medi-Cal eligibles who accessed SUD services in FY 2018/19. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal Eligible and who received SUD services in FY 2018/19. This data is shown by age, race/ethnicity, and gender.

A total of 75 Medi-Cal clients received one or more SUD services in FY 2018/19. Of these individuals, 9.1% were TAY ages 18-24, 87.0% were adults ages 25-64, and 3.9% were older adults ages 65 and older. Of the 75 clients, 14.3% identified as American Indian/Alaskan Native, 1.3% identified as Asian/Pacific Islander, 70.1% identified as White/Caucasian, and 14.3% identified as Hispanic. There were more female (51.9%) than male clients (48.1%).

The penetration rate for Modoc County Medi-Cal eligibles who received SUD services was 2.5%. TAY (2.7%) and adult (4.2%) clients had higher penetration rates than the total (2.5%). Children (0.0%) and older adults (1.1%) had lower penetration rates than the total (2.5%).

Clients who identified as American Indian/Alaskan Native (5.6%), Asian/Pacific Islander (4.3%), and White/Caucasian (2.8%) had higher penetration rates than the total (2.5%). Clients who identified as Black (0.0%), Hispanic (2.3%), and clients who reported Other/Unknown race/ethnicity (0.0%) had lower penetration rates than the total (2.5%). Male and female clients had comparable penetration rates (2.5%).

**Figure 9**  
**Modoc County Medi-Cal Substance Use Disorder Services Penetration Rates**  
**By Gender, Age, and Race/Ethnicity**

(Medi-Cal Eligible Source: Kings View Penetration Report FY 2018/19)

	Modoc County Average Number of Eligibles FY 2018/19		Number of Medi-Cal Substance Use Clients Served FY 2018/19		SUD Medi-Cal Penetration Rate FY 2018/19
<b>Age Group</b>					
<b>Children</b>	957	31.0%	-	0.0%	0 / 957 = 0.0%
<b>Transition Age Youth</b>	260	8.4%	7	9.1%	7 / 260 = 2.7%
<b>Adults</b>	1,587	51.4%	67	87.0%	67 / 1,587 = 4.2%
<b>Older Adults</b>	285	9.2%	3	3.9%	3 / 285 = 1.1%
<b>Total</b>	<b>3,089</b>	<b>100.0%</b>	<b>77</b>	<b>100.0%</b>	<b>77 / 3,089 = 2.5%</b>
<b>Race/Ethnicity</b>					
<b>Black</b>	24	0.8%	-	0.0%	0 / 24 = 0.0%
<b>American Indian/ Alaskan Native</b>	197	6.4%	11	14.3%	11 / 197 = 5.6%
<b>Asian/ Pacific Islander</b>	23	0.7%	1	1.3%	1 / 23 = 4.3%
<b>White/ Caucasian</b>	1,942	62.9%	54	70.1%	54 / 1,942 = 2.8%
<b>Hispanic</b>	470	15.2%	11	14.3%	11 / 470 = 2.3%
<b>Other/ Unknown</b>	433	14.0%	-	0.0%	0 / 433 = 0.0%
<b>Total</b>	<b>3,089</b>	<b>100.0%</b>	<b>77</b>	<b>100.0%</b>	<b>77 / 3,089 = 2.5%</b>
<b>Gender</b>					
<b>Male</b>	1,472	47.7%	37	48.1%	37 / 1,472 = 2.5%
<b>Female</b>	1,617	52.3%	40	51.9%	40 / 1,617 = 2.5%
<b>Total</b>	<b>3,089</b>	<b>100.0%</b>	<b>77</b>	<b>100.0%</b>	<b>77 / 3,089 = 2.5%</b>

### **13. Analysis of disparities in Drug Medi-Cal clients**

A total of 75 Medi-Cal clients received one or more SUD services in FY 2018/19. Due to the small numbers in each age group, the SUD Medi-Cal penetration rate varies across cohorts. Overall, the penetration rate is higher for adults (4.2%) than TAY (2.7%), older adults (1.1%), and children (0.0%). Penetration rates for children (0.0%) and older adults (1.1%) were low, which often happens for SUD programs.

Approximately 64% of the beneficiary population and 70% of the Medi-Cal clients who received SUD services identified as White/Caucasian. Approximately 15% of the beneficiary population and 14% of the Medi-Cal clients who received SUD services identified as Hispanic.

Approximately 6% of the beneficiary population and 14% of the Medi-Cal clients who received SUD services identified as American Indian/Alaskan Native. Male and female clients had the same penetration rate as the total population (2.5%).

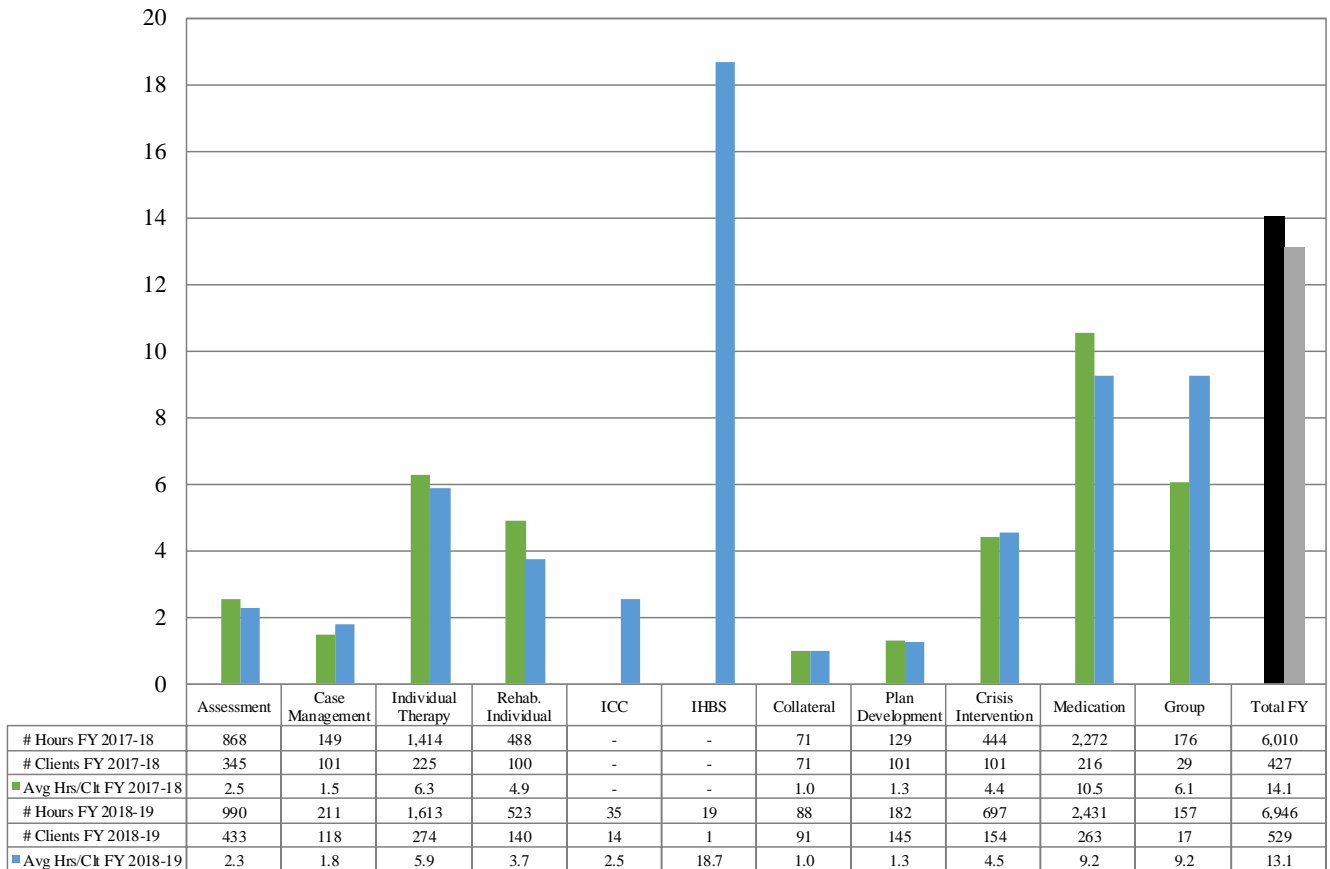
## B. Utilization and Analysis of Mental Health Services

### 1. Utilization of Mental Health services

Figure 10 shows the total number of hours, clients, and hours per client by type of mental health service for FY 2017/18 and FY 2018/19. This data shows that the 529 mental health clients received 6,946 hours of services in FY 2018/19, which averages to 13.1 hours per client in the Fiscal Year. This average is a 1.0 hour decrease in the average number of hours of services per client from FY 2017/18. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In FY 2018/19, assessments averaged 2.3 hours per client; case management: 1.8 hours; individual therapy: 5.9 hours; rehabilitation: 3.7 hours; intensive care coordination (ICC): 2.5 hours; intensive home based services (IHBS): 18.7; collateral: 1.0 hours; plan development: 1.3 hours; crisis intervention: 4.5 hours; medication management: 9.2 hours; and group: 9.2 hours.

**Figure 10**  
**Modoc County Mental Health Services**  
**Total Mental Health Hours, Clients, and Hours per Client per Year, by Service Type**  
**All Mental Health Clients**  
**FY 2017-18 to FY 2018-19**



## **2. Analysis of population assessment and utilization data for Mental Health services; conclusions**

There was an increase of 102 individuals served across the two fiscal years. Each person averaged over 13 hours of services in the year. Approximately half of the clients received medication services. This is higher than other small counties that average 4-5 hours per year. Approximately half of the clients received Individual Therapy, averaging 5.9 hours per year.

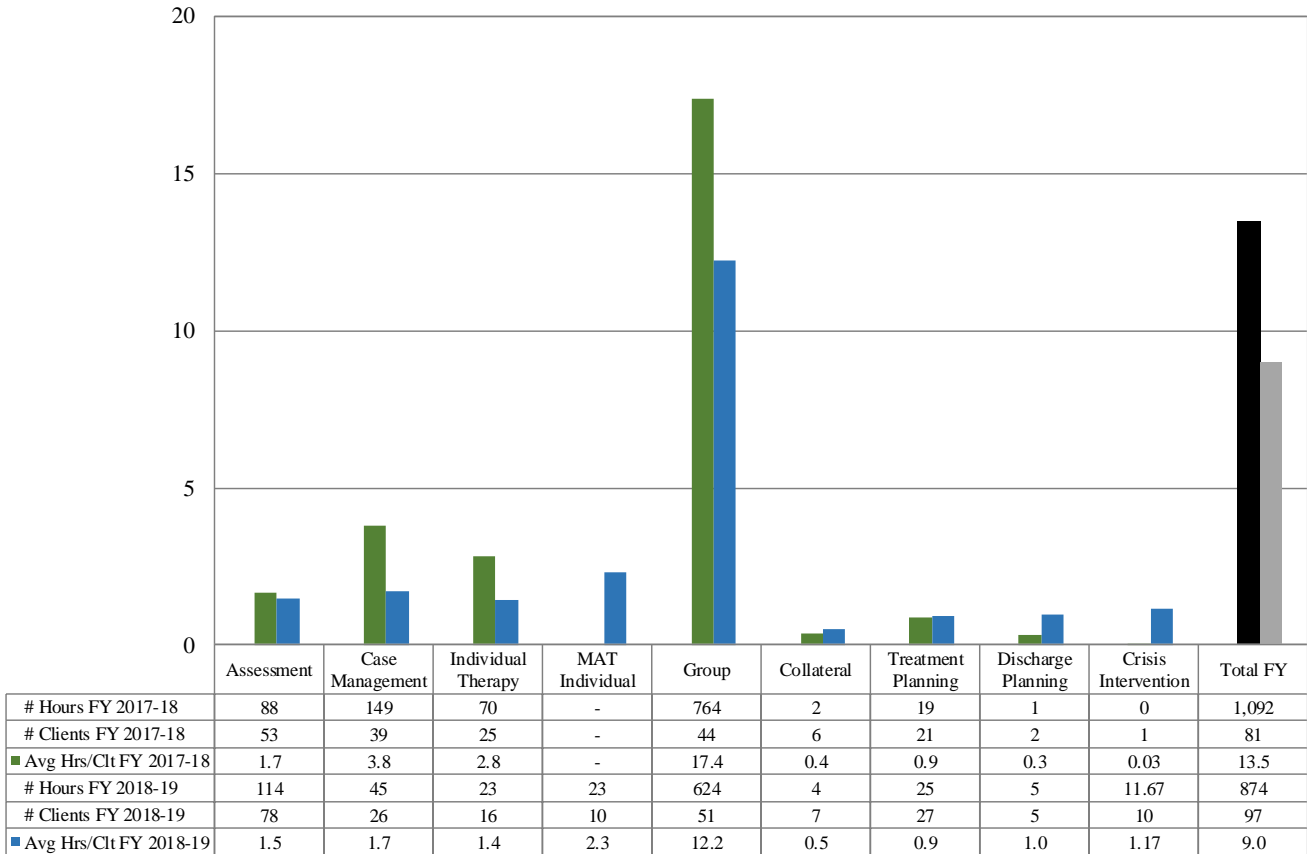
### **C. Utilization and analysis of Substance Use Disorder Services**

#### **1. Utilization of Substance Use Disorder services**

Figure 11 shows the total number of hours and clients by type of substance use treatment service, and hours per client for FY 2017/18 and FY 2018/19. A total of 97 SUD treatment clients received 874 hours of services in FY 2018/19, for an average of 9.0 hours per client. There was a decrease in the average hours of SUD services across the two years, from 13.5 to 9.0. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In FY 2018/19, assessments averaged 1.5 hours per client; case management: 1.7 hours; individual therapy: 1.4 hours; MAT Individual: 2.3 hours; group: 12.2 hours; collateral: 0.5 hours; treatment planning: 0.9 hours; discharge planning: 1.0; and crisis intervention: 1.17 hours. The majority of clients received group services.

**Figure 11**  
**Modoc County Substance Use Disorder Services**  
**Total Substance Use Hours, Clients, and Hours per Client per Year, by Service Type**  
**All Substance Use Clients**  
**FY 2017-18 to FY 2018-19**



**2. Analysis of population assessment and utilization data for Substance Use Disorder services; conclusions**

There was an increase of 16 individuals served across the two fiscal years. Each person averaged 13.5 hours in FY 2017/18 and 9 hours in FY 2018/19. Over half of the people received group services, with an average of over 12.2 hours per year.

### III. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

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#### A. Outline the culturally-specific services available to meet the needs of diverse populations, including peer-driven services; identify issues and methods of mitigation

MCBH recognizes the need to be culturally responsive to individuals who identify as Hispanic, American Indian, and to other minority and underrepresented populations in Modoc County. By providing treatment in a manner that is responsive and demonstrates an understanding of the client's heritage, history, traditions, worldview, and beliefs, MCBH hopes to engage more members of the community and the diverse populations within it.

##### Hispanic

MCBH continues to improve in meeting the cultural and linguistic needs for the Hispanic population. MCBH encourages employment of bilingual, bicultural staff. Currently, there is one (1) Spanish speaking clinician and (2) clerical staff who can help with translations or work closely with Spanish-speaking clients.

Front office staff at Health Services have been trained to utilize the language line and after-hours crisis services to support those who speak Spanish.

At Sunrays of Hope, the wellness and recovery center, MCBH has one (1) staff member who is also fluent in Spanish.

The Cultural Competence Committee has ensured that all intake documentation has been translated into Spanish.

Health Services has continued to expand the Promotora (Community Health Worker) Program that is housed in the Newell Migrant Center in Newell, California. The following has been implemented in the past year.

- **Emotional Wellness Training:** After the Latina Saludable es Familia Saludable training, participants wanted to see more trainings like that one being offered to the community. The Promotora Community Work Group (PCWG) assessed the needs of the community and helped choose the next training that focused on Mental Health and Emotional Wellness. This training took place on February 20-23, 2019 at the Newell Migrant Center. A total of 15 people completed the training. Two people were not able to complete the training and received a certificate of participation.
- **Community Book Club:** After the Emotional Wellness Training the PCWG decided to form a community book club. The group is currently reading Marie Kondo's *The Magic of Tidying Up*. The objectives of the book club are to:
  - Increase personal knowledge around emotional wellness/mental health/personal growth.

- Allow participants to increase their emotional/mental well-being by gathering at least once a month with fellow community members.
  - Facilitate participants to share what they learn with family and community members.
  - Increase community involvement.
- **Newell Community Garden:** Seven garden beds were built for the Newell community. Five beds are located in the Newell Migrant Center behind the administration building and two beds are inside the Newell Child Development Center campus.
  - **Promotora Community Work Group (PCWG):** Throughout 2019 the PCWG met monthly except for a couple of months due to holidays. The PCWG chose hosting a community health fair in Newell as their 2019 community project with the goal of promoting healthy lifestyles and raising awareness of local resources. There are 18 members of PCWG.
  - **Newell Health Fair** –The health fair took place on June 22, 2019.
    - 10 programs participated in the health fair by hosting a booth.
    - 1 program participated by putting on a bike rodeo.
    - We were able to hire a local food truck to serve free food at the event thanks to the sponsorship of 3 local organizations (Mountain Valley Health Clinics, Macy’s Flying Services, and Duncan farms).
    - Based on our sign-in sheet we had approximately 144 participants come to the fair.
  - **Vision y Compromiso Annual Promotora Conference:** On September 26-28, 2019 Vision y Compromiso Annual Promotora Conference took place in Los Angeles, CA. After working with various organizations, 11 promotoras from our PCWG were able to attend. Participants were able to choose from 55 different educational sessions to participate in.
  - **Next Promotora Training Planning:** During November and December, planning and logistics for the next promotora training were conducted. We worked closely with Vision y Compromiso to design a training that fit the needs of our community (I Look Good, I Feel Good with Dance Therapy).
  - **I Look Good, I Feel Good with Dance Therapy Training/Promotora Training:** This training took place on February 4-7, 2020 at the Fairgrounds in Tulelake, CA. Two trainers came from Los Angeles, CA to deliver this 4-day training. The first two days were presented by Miriam Hernandez and focused on nutrition, how to cope with stress, and how to prevent diseases such as diabetes, high blood pressure, and high cholesterol. The last two days were presented by Maricela Sanchez. The focus was on teaching participants how to become leaders of Dance Therapy groups in the community. A total of 31 people attended the training. Twenty people were able to attend all 4 days and received two certificates of completion.



Providing opportunities and services to monolingual Spanish speakers has reduced barriers to health, mental health, substance use, and telemedicine services for Hispanic individuals in the community. This strategy has created a strong partnership between mental health and allied agencies, improving access and outcomes across the community.

#### American Indian

Modoc County California Tribal TANF leaders continue to participate in trainings sponsored by the MCBH Cultural Competence Team. These trainings have been key in networking and collaboration. The local Tribal TANF office has been offered as a safe place where consumers can choose to receive behavioral health services to gap the barrier of trust that may occur.

Strong Family Health Center, a center providing comprehensive tribal health care, joined efforts with MCBH and other community partners to plan a Native Youth Summit. The Youth Summit occurred in the Summer of 2019 with the focal point of “Suicide,” drugs and alcohol, grief and loss, and healthy relationships. The Youth Summit was opened to Native children and non-Native siblings. The purpose of the Summit was to deliver information in regards to many negative factors affecting Native American youth, their families and our communities and to provide tools and resources in order to empower them and help them to combat the epidemic of addiction, alcoholism, domestic violence, bullying, STDs, teenage pregnancy, high school dropout rate, gangs, human trafficking, the choking game and in particular Youth suicide. The Youth Summit provided youth the opportunity to see local faces of professionals in order to bridge the gap of stigma and trust.

Strong Family Health Center has also agreed to allow MCBH to use their facility to deliver MCBH services. In addition, Strong Family Health Center has inquired about MCBH providing education to Native parents about mental health and substance use through MCBH attendance at Tribal Parenting meetings.

Lupe Toaetolu, a Prevention and Intervention Specialist at MCBH, provides outreach to various American Indian events, providing suicide prevention materials, mental health information, and substance use education. Lupe attends Annual Fairs, cultural camps, education workshops, and provides outreach to youth. Self-harm presentations and suicide information have been dispersed among the youth at Ft. Bidwell. Continued outreach to the American Indian population is an ongoing effort in order to increase our presence in the American Indian community.

#### Migrant Workers

The MCBH bilingual, bicultural staff is working closely with Promotora, Janet Rojina, who is based at the Newell Migrant Center. Newell, California, has a large population of migrant workers. The focus is to create more education amongst the migrant community about services and how to access services. With health expansion, services will entail a satellite clinic and health outreach trainings.

#### Children and Teens

As a result of stakeholder feedback, the Primary Intervention Program (PIP) was expanded to increase the number of hours and programs offered. It will also extend the program to the Big

Valley Joint School District. The PIP will be folded into a more comprehensive, PEI program called Behavioral Tiered Supports for Prevention and Early Intervention Program. The program focuses on grades K-12 and will include Positive Behavior Intervention Supports and a Multi-Tiered System of Support.

Healthy Beginnings and EMPOWER are programs that collaborate with behavioral health and public health to serve families with children. Healthy Beginnings serves families with children who are prenatal to five years of age and EMPOWER serves families with children ages six years to 18 throughout Modoc County. As part of the program, parents and children are referred for mental health and substance use services.

Lupe Toaetolu, a Prevention and Early Intervention Specialist, has been a vital part of our increased numbers in outreach to youth. She is a face on campus at the elementary, middle, and high school campus in Alturas. Lupe has developed a strong relationship with school administration by sitting on different boards and attending community meetings as a representative of Behavioral Health. She also attends community youth events and organizes Youth Groups and Leadership Conferences. Lupe provides outreach and education about self-harm, suicide, drug and alcohol use, and mental health to community partners, school administration, and youth. She responds to crisis calls at school, which can turn into facilitation for youth and families to engage with the behavioral health system.

#### Older Adults

The Cultural Competence Committee has identified that MCBH needs to increase outreach to the older adult population. Currently, Lupe Toaetolu participates in Health Fairs to promote outreach efforts to seniors. In addition, clinicians treat older adults at Warnerview Convalescent Hospital for mental health concerns.

#### Rural and Isolated Communities

MCBH is outreaching service delivery to rural and least-restrictive environments such as homes, schools, and community centers in the rural communities of Modoc. MCBH is planning on expanding services to Adin and Newell communities. MCBH also provides transportation services to those with severe mental health needs who live in rural communities, to necessary medical and mental health services. MCBH has been delivering specialty mental health services to youth at schools in Cedarville, California, which meets the needs of children who live in the outlying areas of Modoc County.

MCBH is exploring the use of technology to provide services in the patient's home through the internet. MCBH is also considering establishing satellite clinics in outlying communities, and the use of telemedicine to connect individuals who live in rural areas to services.

#### Persons with Disabilities

With the small numbers of those with disabilities, MCBH develops accommodations as necessary or as they occur. MCBH continuously reviews and updates policies and practices to meet standards. One specific strategy that MCBH is exploring is to connect with community partners to coordinate a sign language translator for future utilization.

**B. Describe the mechanisms for informing clients of culturally-competent services and providers, including culturally-specific services and language services; identify issues and methods of mitigation**

The Modoc County Behavioral Health *Guide to County Mental Health Services* brochure (in English and Spanish) highlights available services, including cultural and linguistic services. In addition, the guide informs clients of their right to FREE language assistance, including the availability of interpreters. This brochure is provided to clients at intake, and is also available at the clinic and the wellness center.

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

In addition, MCBH uses a variety of outreach mechanisms to inform clients and potential clients of culturally-competent services and providers:

- All individuals are offered assistance in completing paperwork to obtain benefits, when appropriate. Outreach activities include making home visits, especially to monolingual Spanish-speakers to help reduce stigma. This program helps provide support and outreach to young, high-risk girls by providing groups at the school. MCBH also works with the Promotora to help provide outreach into the Hispanic community.
- MCBH also supports consumer culture through a contract with Sunrays. This organization is run by consumers and has been effective in changing perceptions in this small, rural community. They provide outreach to the community through offering information at the Children's Fair, Health Fairs, and other community events.

**C. Outline the process for capturing language needs and the methods for meeting those needs; identify issues and methods of mitigation**

The MCBH 24/7 Access Log includes a field to record a client's need for interpreters. This form is forwarded to clinical staff for the intake assessment and the Director and QI Coordinator to ensure compliance. This information is also utilized during case assignments and clinical team meetings, to help determine the appropriate staff to provide ongoing services in the individual's primary language, whenever possible.

MCBH has policies in place that outline the requirements and processes for meeting a client's request for language assistance and/or alternate formats, including the documentation of providing those services.

MCBH staff offer translation services to other agencies in the community. This strategy provides an opportunity to deliver outreach services, develop a trusting relationship, and create the opportunity to offer services, when appropriate.

**D. Describe the process for reviewing grievances and appeals related to cultural and linguistic competence; identify issues and methods of mitigation**

Beneficiary grievances and appeals may be submitted to MCBH for review in accordance with the Beneficiary Problem Resolution Process policy and procedure (#101). Clients are notified of this process through the MCBH Beneficiary Problem Resolution Guide brochure, and by staff report upon intake. Submitted grievances and appeals are reviewed by the MCBH Quality Improvement Committee (QIC) to determine if race/ethnicity and/or cultural competency is relevant to the grievance or appeal. QIC minutes, with identified issues and mitigation efforts, are recorded and maintained by MCBH.

## IV. TRAINING IN CULTURAL COMPETENCE (2018/2019)

This section describes cultural competence training for staff and contract providers, including training in the use of interpreters, in FY 2018/2019 to present.

### A. List of Cultural and Linguistic Competence Trainings

Training Event	Number of Attendees/Staff	Date
The Building Blocks of Clinical Supervision	2	7/12/2018
Establishing Supervision, Contracts, Goals & Boundaries	2	7/19/2018
ASAM From Assessment to Treatment Planning	1	7/18/18
Mental Health Youth First Aid	2	8/4/2018
Latina Saludable es Familia Saludable	12	8/27/18 – 9/1/2018
Commercial Sexual Exploitation of Children	12	8/12/2018
FB, Laws, Bullying	1	9/13/18
Legal, Ethical, & Cultural Considerations	2	9/26/2018
Effective Supervisor Knowledge Base	2	9/27/2018
Intimate Partner Violence/Modoc Crisis Center	31	11/28/2018
Introduction to Trauma Informed Care	1	12/2/18
Treatment Plan Training	10	12/3/18
Youth Mental Health First Aid	1	1/5/19
Child and Adolescent Needs and Strengths	4	2/12/19 -2/13/19
CIBH Leadership Institute (4 sessions)	1	3/19/19 -3/22/19 4/17/19 -4/18/19 5/15/19 – 5/16/19 6/12/19 6/13/19
Working Effectively with Gender and Sexual Minorities	1	3/5/2019

<b>Training Event</b>	<b>Number of Attendees/Staff</b>	<b>Date</b>
Identification, Prevention, and Treatment of Suicidal Behavior For Service Members and Veterans	1	3/5/19
Best Practices for Working with LGBTQ Children and Youth	1	3/6/19
Trauma Focused Cognitive Behavioral Therapy	2	3/18/19 -3/22/19
Legal Aspects	2	4/24/19
Every 15 Minutes	5	4/29/19 – 4/30/19
Addictions	2	4/30/19
Drugs, Brains and Behavior The Science of Addiction	1	5/3/2019
Resilience Factors for People who Use Drugs	1	5/3/2019
Law and Ethics	35	5/8/19
Millennium Training	6	5/9/19
Improving Access to Homeless	3	5/8/19
ASU Field Instructor Certification Training	1	5/21/19
Understanding Adoption in Families Including Child Welfare	29	5/22/2019

## V. STAFF AND SERVICE PROVIDER ASSESSMENT

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### A. Current Composition

#### 1. Staff proficiency in reading and/or writing in a language other than English

According to the Staff and Volunteer Ethnicity and Cultural Proficiency Survey (N=17), three (3) respondents are bilingual. One (1) respondent speaks Spanish, one (1) respondent speaks French, and one (1) respondent speaks Tongan. All three (3) respondents are proficient in reading and writing the languages they speak.

#### 2. Staff Ethnicity and Cultural Proficiency Survey

In an effort to assess the cultural awareness of the workforce, MCBH asked staff to complete the Staff Ethnicity and Cultural Proficiency Survey in March 2020. The complete results of the survey are shown in Attachment A.

##### a. March 2020 Survey Results

In March 2020, 17 staff completed the survey. Of these individuals, 12 (70%) were direct service staff, two (2) (12%) were Administration/Clerical staff who do not routinely interact with persons served, and three (3) (18%) were management staff. Of the 17 respondents, 12 (69%) identified as Caucasian, four (4) (23%) as Hispanic, and one (1) (6%) as Native Hawaiian or Other Pacific Islander. Of the 17 respondents, three (3) (18%) identified as bilingual and one (1) (6%) acts as interpreters as part of their job function. Six (6) (35%) of staff reported having lived Mental Health experience and 10 (35%) are family members of someone with lived Mental Health experience. Three (3) (18%) of staff reported having lived Substance Use Disorder experience and 12 (71%) are family members of someone with lived Substance Use Disorder experience. Thirteen (76%) respondents identified as female and four (4) (24%) as male. Sixteen (94%) respondents identified as Heterosexual/Straight and one (1) (6%) as bisexual. None of the respondents reported having military experience. One (1) (6%) respondent reported having a disability.

The survey response options included Frequently; Occasionally; Rarely or Never; and Did Not Occur to Me.

There are some interesting results when examining those questions where the responses were “Rarely or Never.” Those responses will be briefly outlined below.

##### Across all respondents:

- “I attempt to learn a few key words in the participant’s primary language” (Rarely or Never = 29%).
- “I have developed skills to utilize an interpreter effectively” (Rarely or Never = 18%).
- “I develop materials in a manner that can be easily understood by clients and family members” (Rarely or Never = 24%).

There was also a question about participation in cultural awareness activities over the past six (6) months. The responses will be reviewed by the CLP Committee over the next few months to discuss any signification findings from the responses. One of the key findings that was identified by this survey is the need to provide several trainings that focus on cultural awareness, including the use of interpreters.

### **B. Analyze Staff Disparities and Related Objectives**

MCBH continually strives to hire diverse staff who are bilingual and bicultural, whenever possible, and reflect the cultural diversity of Modoc County. MCBH has been successful in hiring a number of individuals from diverse cultures. MCBH will continue to identify opportunities to recruit and retain bilingual, bicultural staff. It is a goal to maintain employee demographics to be representative of the client and community population, as feasible.

The staff survey results also highlight areas for staff training, including cultural awareness and sensitivity; meeting language and communication needs; and encouraging respect for other cultures.

### **C. Identify Barriers and Methods of Mitigation**

It is a goal of MCBH to maintain employee demographics to be representative of the client and community population, as feasible. Recruiting in this small, remote county continues to be a challenge.

A significant barrier to meeting training goals is the lack of a clear training plan for new hires and ongoing staff. A training plan is under development, which will clearly outline a schedule for cultural and linguistic competency training for new hires and existing staff.



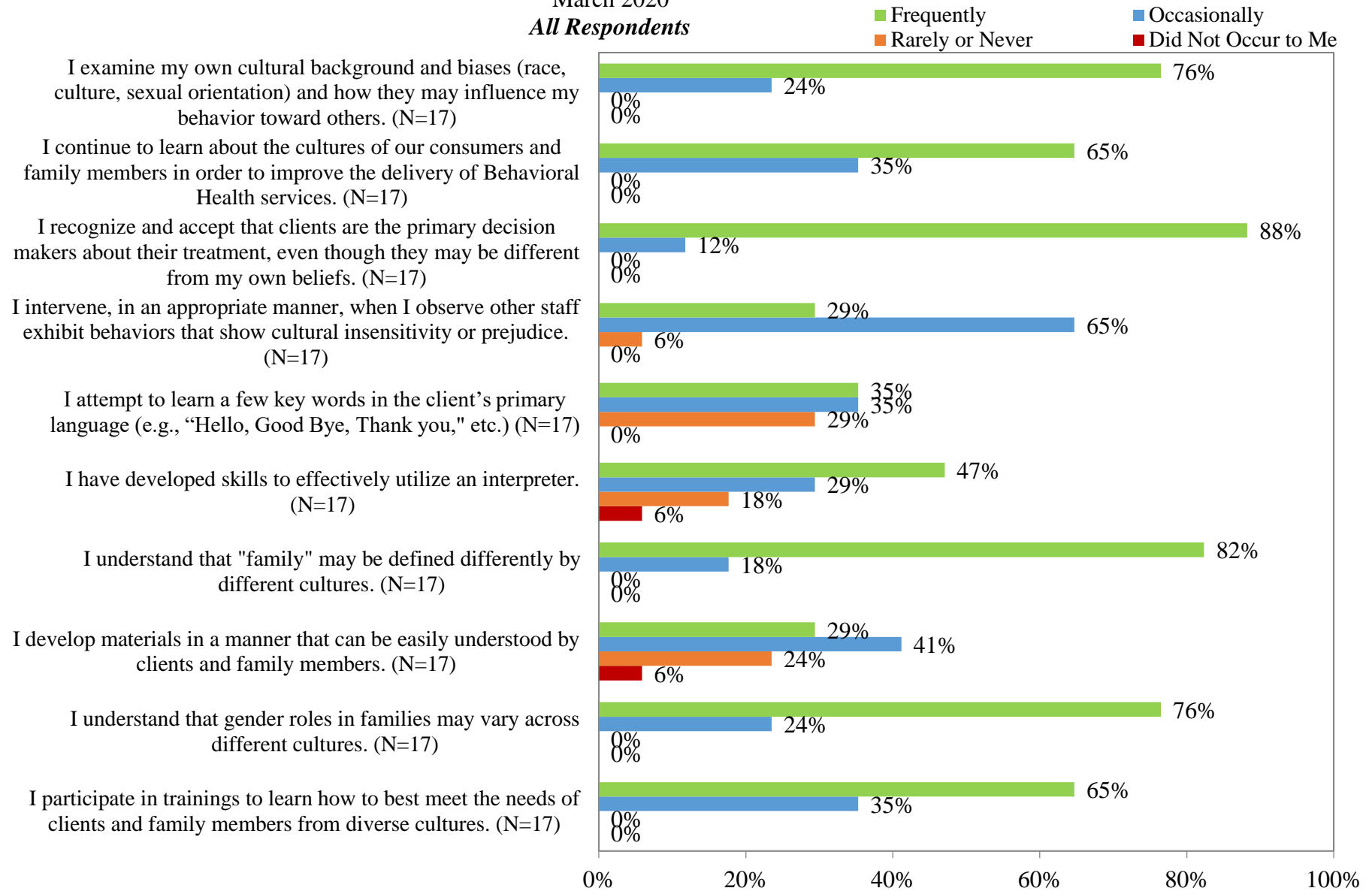
**Attachment A**  
**Staff Ethnicity and Cultural Proficiency Survey Results**  
**March 2020**

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## Modoc County Behavioral Health Services Staff Ethnicity and Cultural Proficiency Survey

March 2020

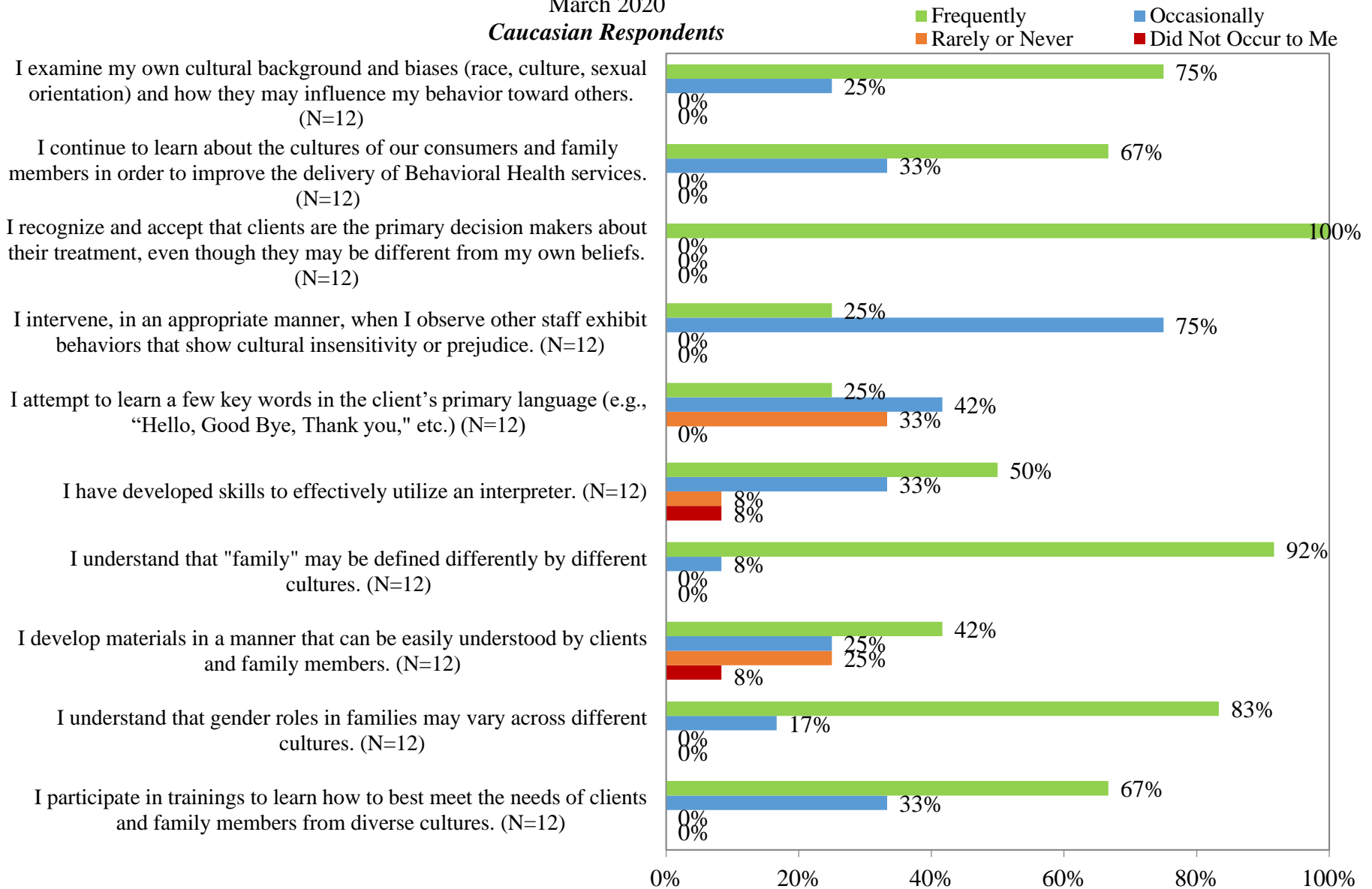
*All Respondents*



## Modoc County Behavioral Health Services Staff Ethnicity and Cultural Proficiency Survey

March 2020

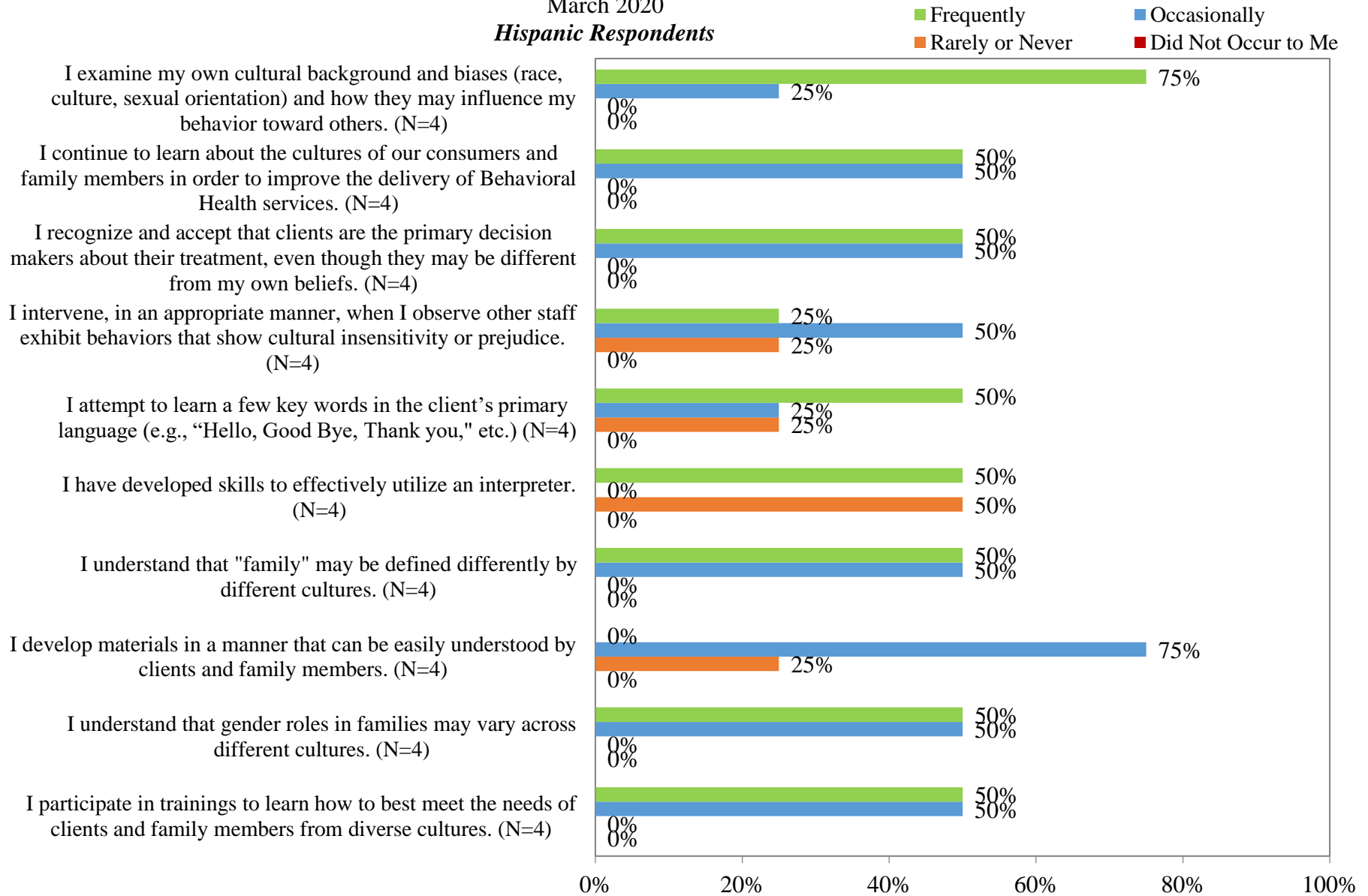
### Caucasian Respondents



**Modoc County Behavioral Health Services  
Staff Ethnicity and Cultural Proficiency Survey**

March 2020

**Hispanic Respondents**

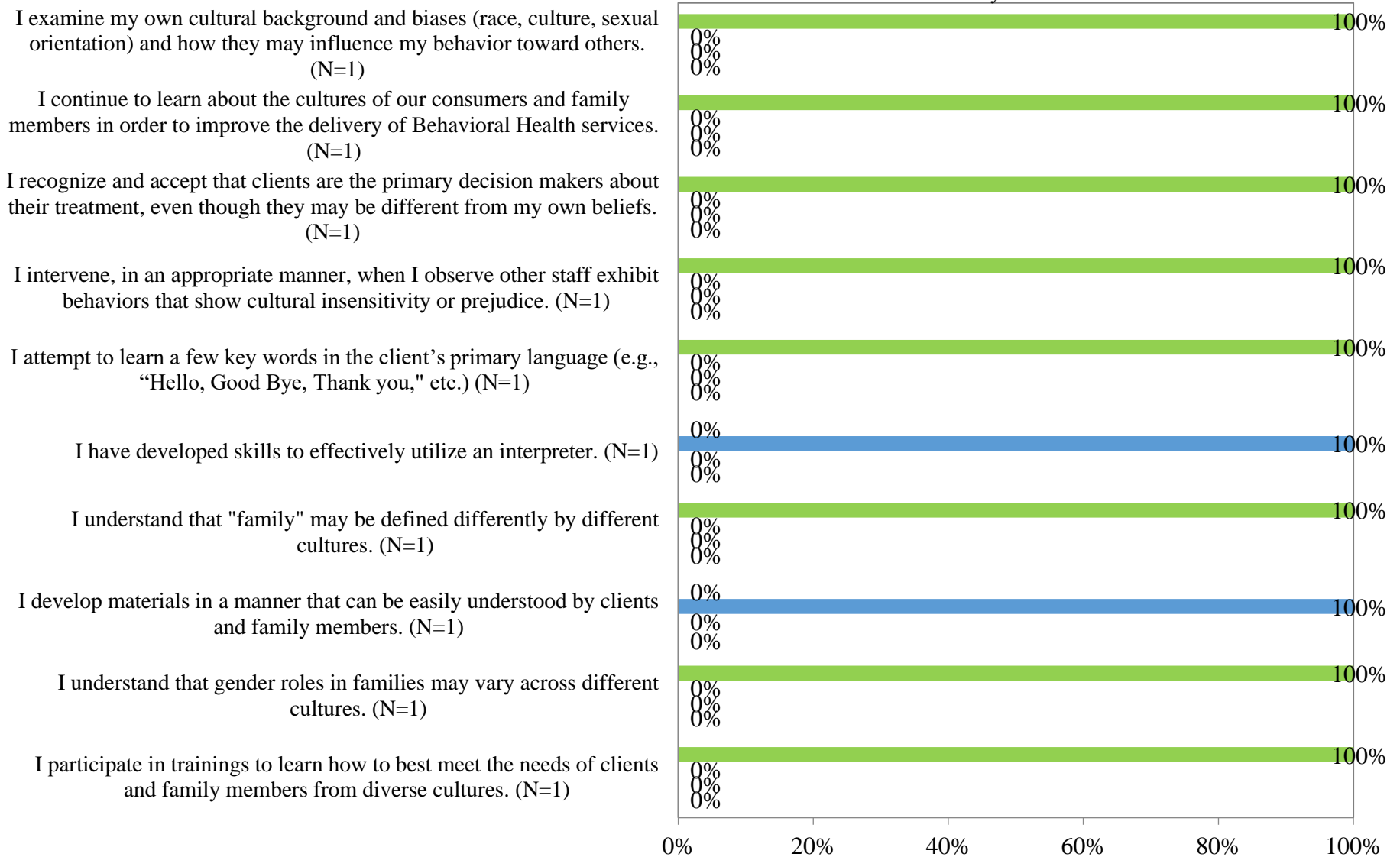


**Modoc County Behavioral Health Services**  
**Staff Ethnicity and Cultural Proficiency Survey**

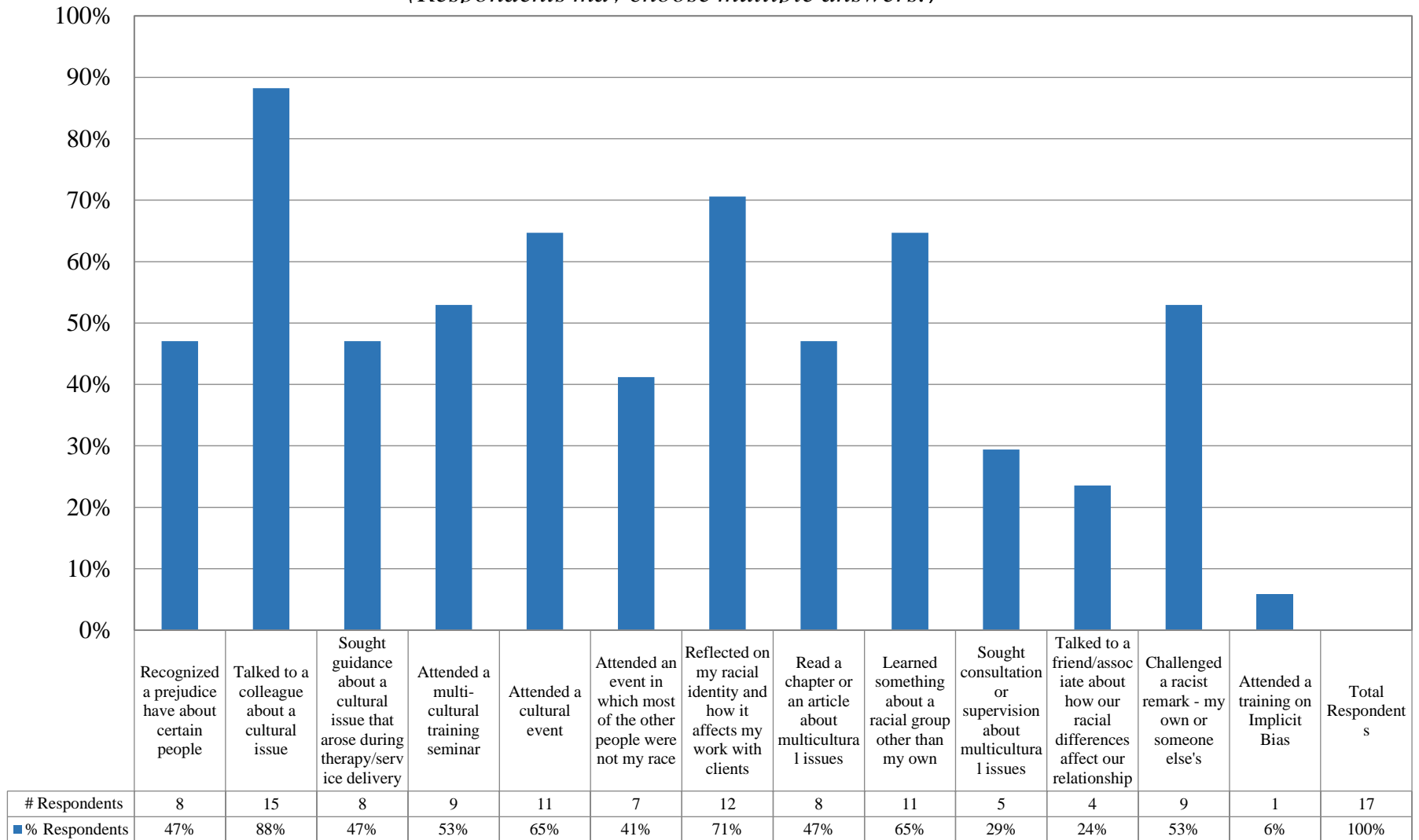
March 2020

*All Other Ethnicity Respondents*

■ Frequently      ■ Occasionally  
■ Rarely or Never      ■ Did Not Occur to Me



**Modoc County Behavioral Health Services**  
**Staff Ethnicity and Cultural Proficiency Survey**  
 March 2020  
*Participation in Cultural Awareness (Past Six Months)*  
**All Respondents (N=17)**  
*(Respondents may choose multiple answers.)*



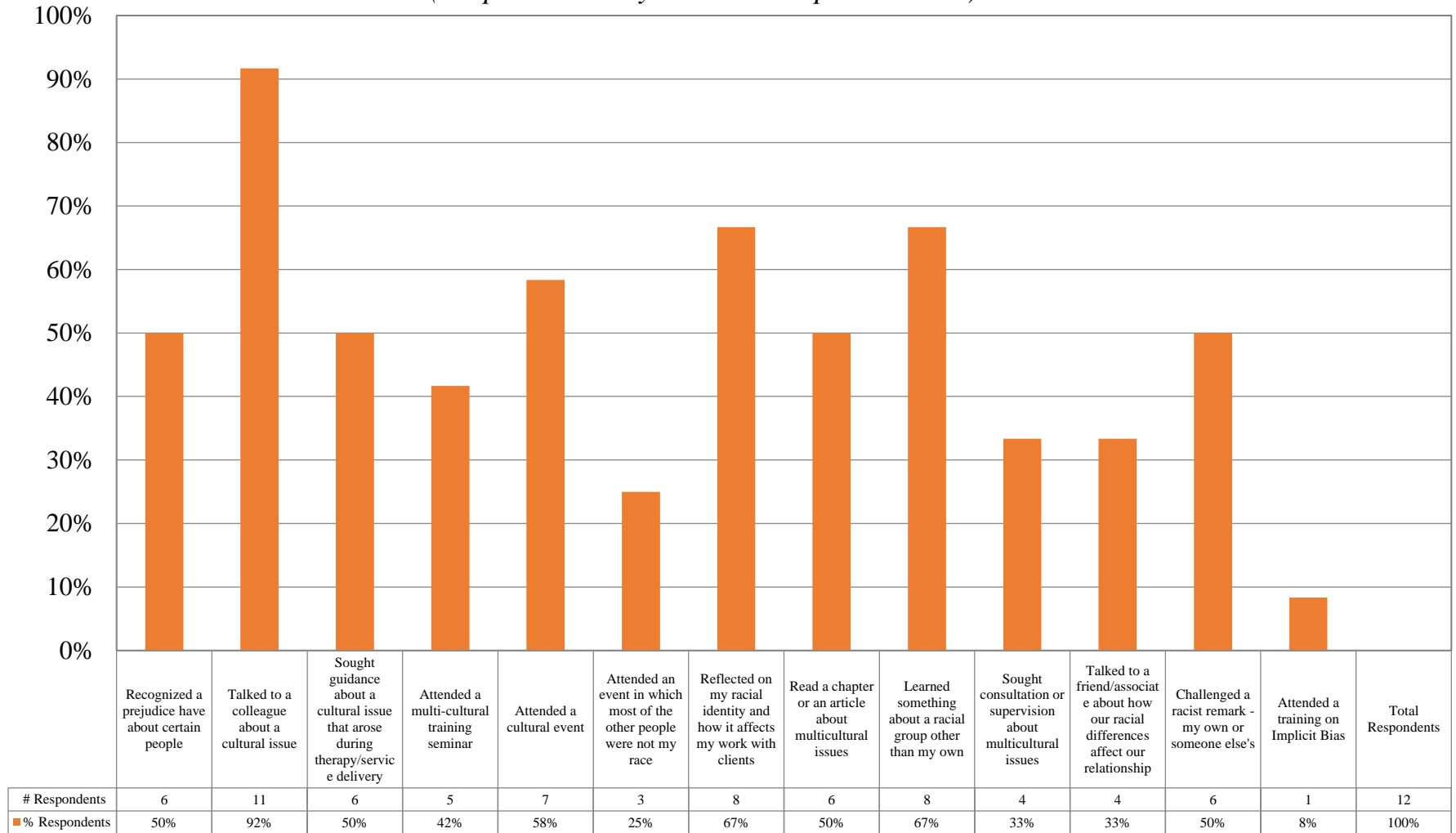
**Modoc County Behavioral Health Services  
Staff Ethnicity and Cultural Proficiency Survey**

March 2020

*Participation in Cultural Awareness Activities (Past Six Months)*

***Caucasian Respondents (N=12)***

*(Respondents may choose multiple answers.)*



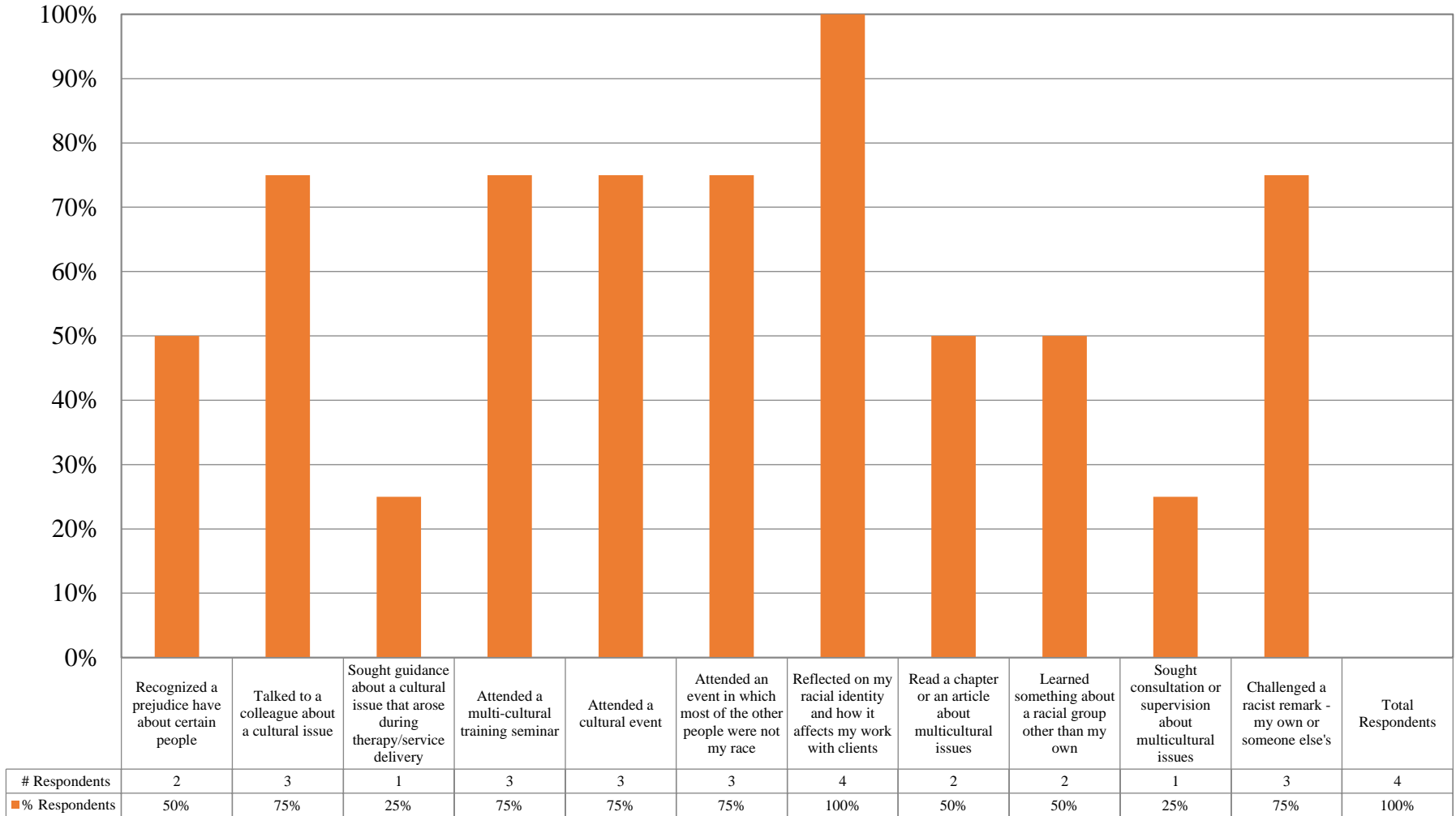
**Modoc County Behavioral Health Services**  
**Staff Ethnicity and Cultural Proficiency Survey**

March 2020

*Participation in Cultural Awareness Activities (Past Six Months)*

**Hispanic Respondents (N=4)**

*(Respondents may choose multiple answers.)*





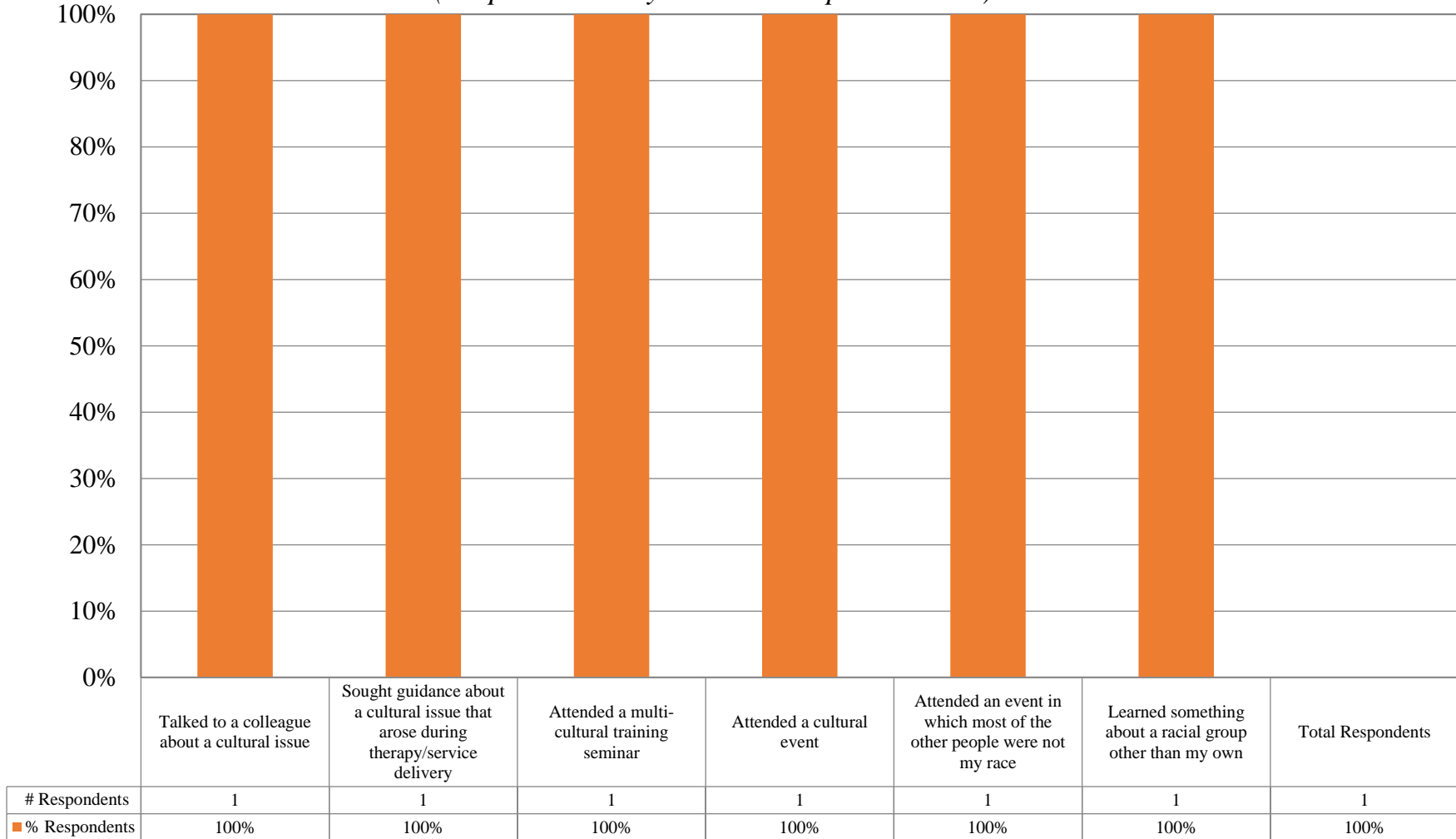
**Modoc County Behavioral Health Services  
Staff Ethnicity and Cultural Proficiency Survey**

March 2020

*Participation in Cultural Awareness Activities (Past Six Months)*

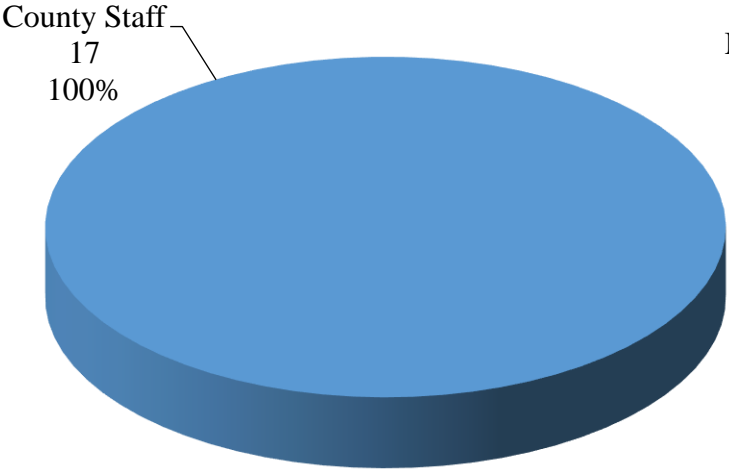
**Other Ethnicity Respondents (N=1)**

*(Respondents may choose multiple answers.)*

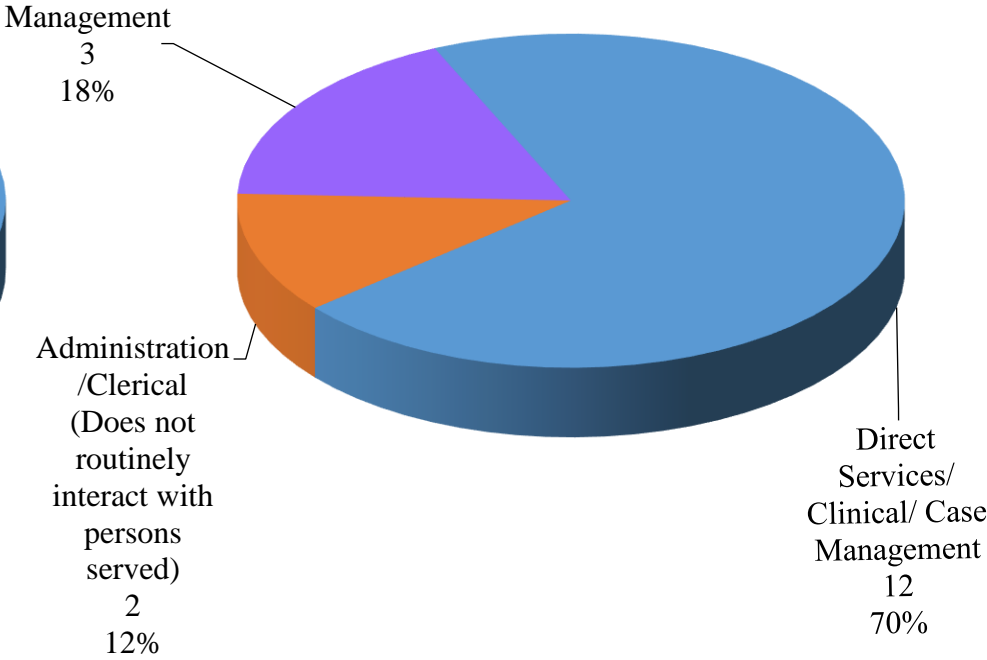


**Modoc County Behavioral Health Services  
Staff Ethnicity and Cultural Proficiency Survey  
March 2020**

*Employment Status (N=17)*

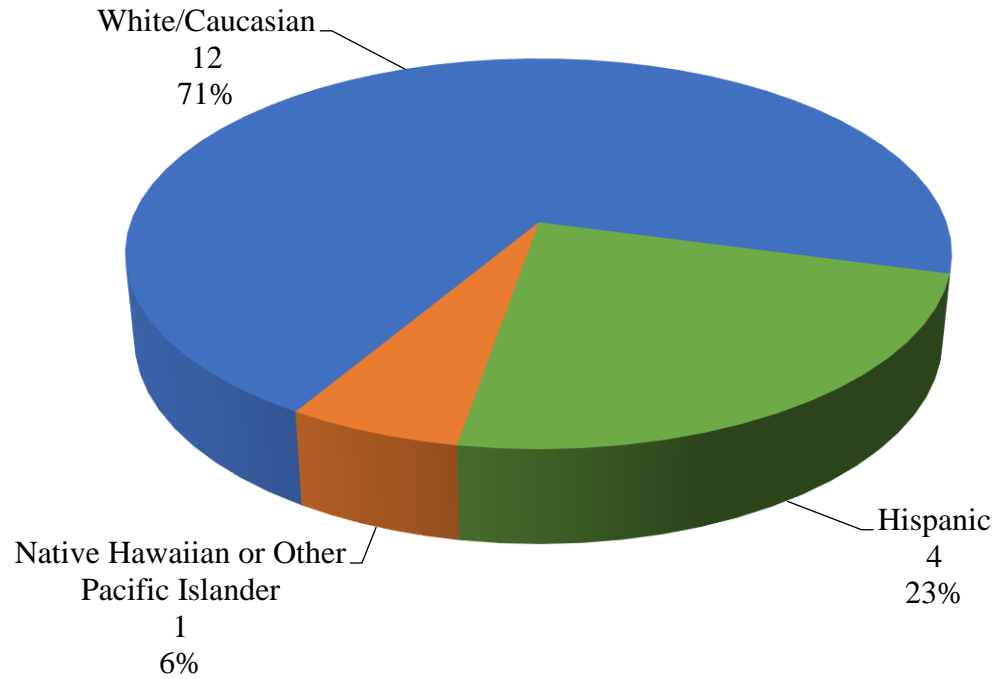


*Primary Job Function (N=17)*



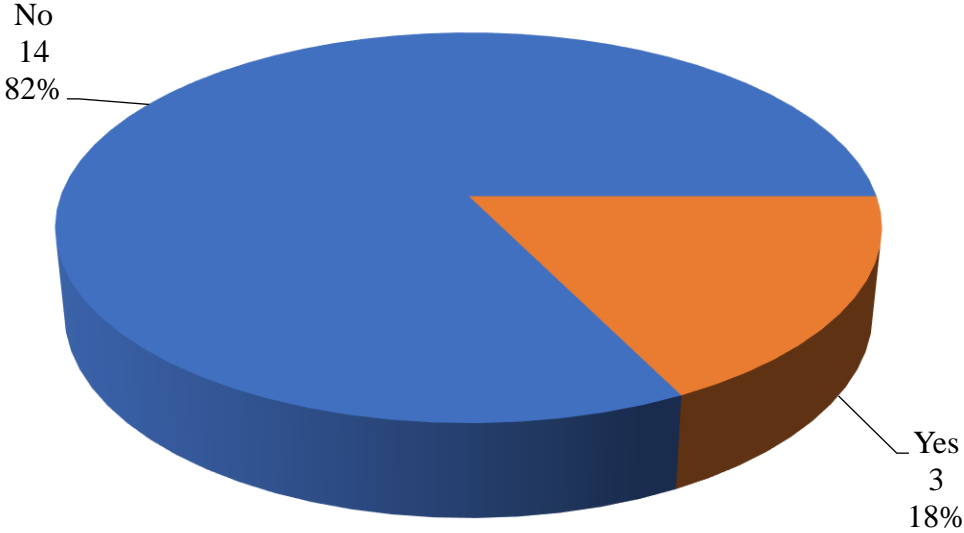
**Modoc County Behavioral Health Services  
Staff Ethnicity and Cultural Proficiency Survey  
March 2020**

***Race/Ethnicity (N=17)***



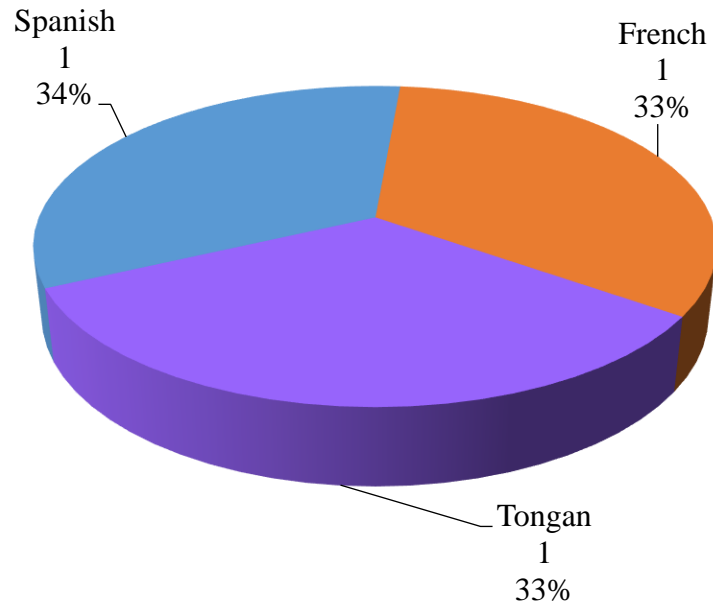
**Modoc County Behavioral Health Services**  
***Staff Ethnicity and Cultural Proficiency Survey***  
March 2020

***Do you consider yourself Bilingual? (N=17)***

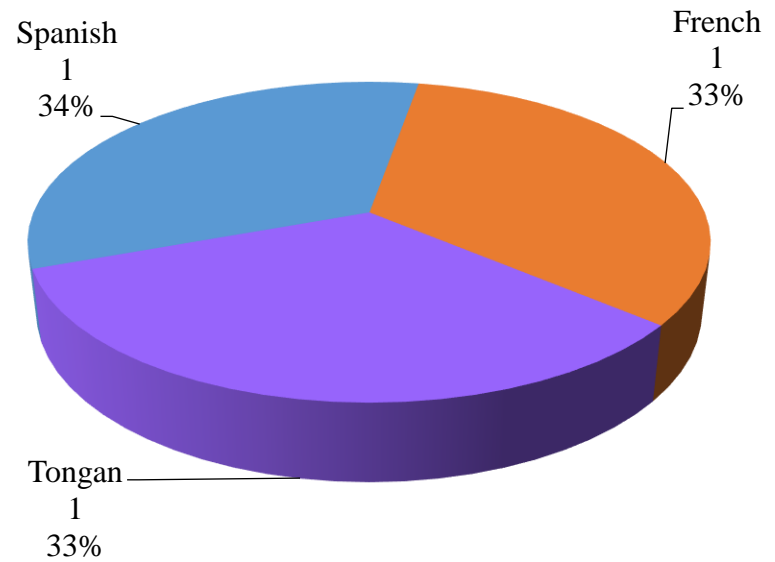


**Modoc County Behavioral Health Services  
Staff Ethnicity and Cultural Proficiency Survey  
March 2020**

*If Bilingual, which language(s)  
do you speak? (N=3)*

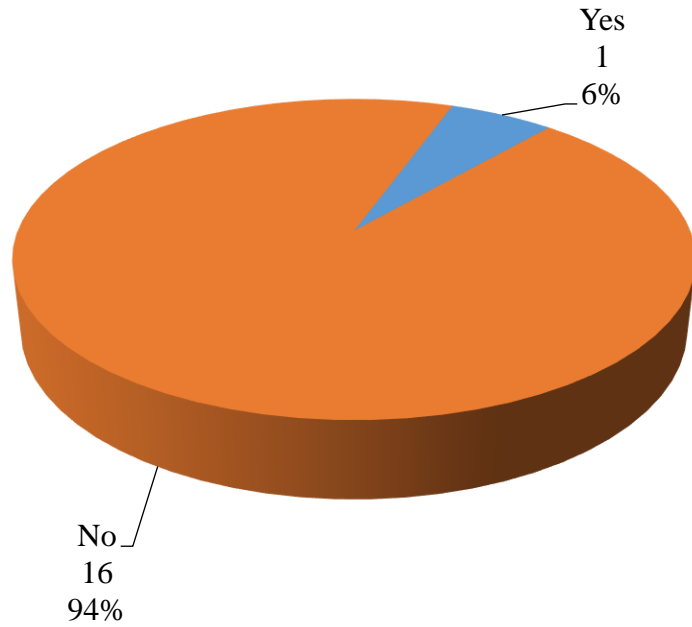


*If Bilingual, which language(s)  
are you proficient in reading and  
writing? (N=3)*

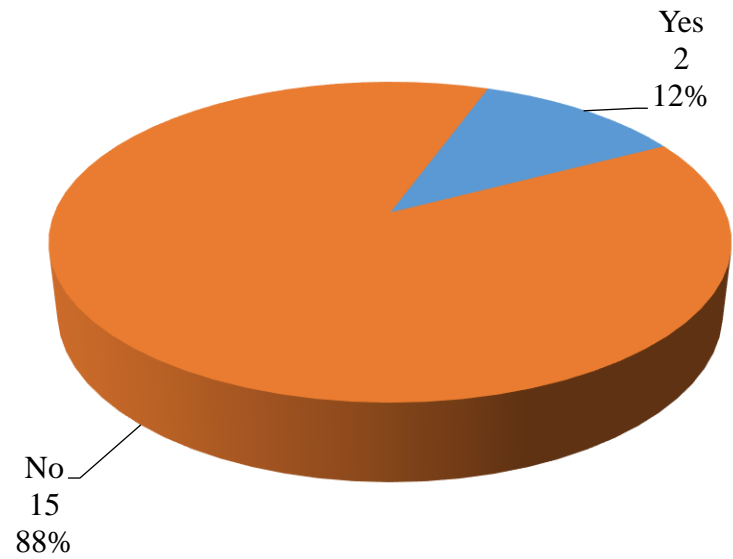


**Modoc County Behavioral Health Services  
Staff Ethnicity and Cultural Proficiency Survey  
March 2020**

*Do you act as an Interpreter as  
part of your Job Function?*  
(N=17)

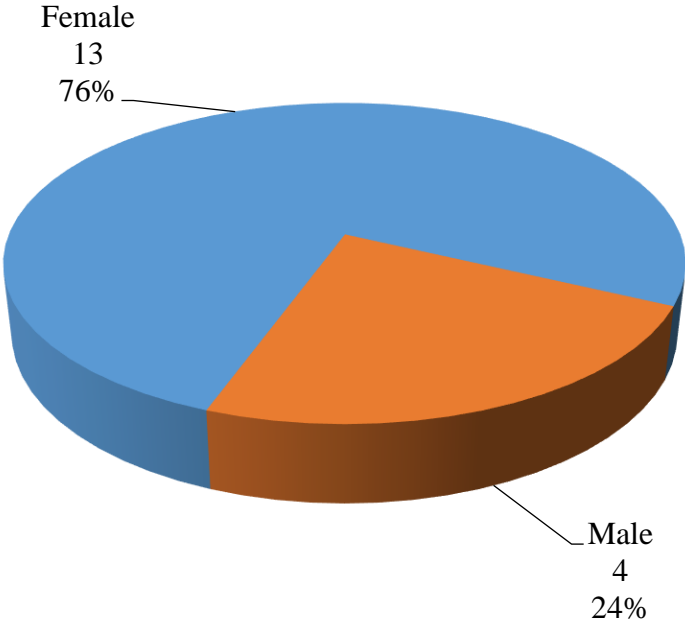


*Do you receive bilingual pay?*  
(N=17)

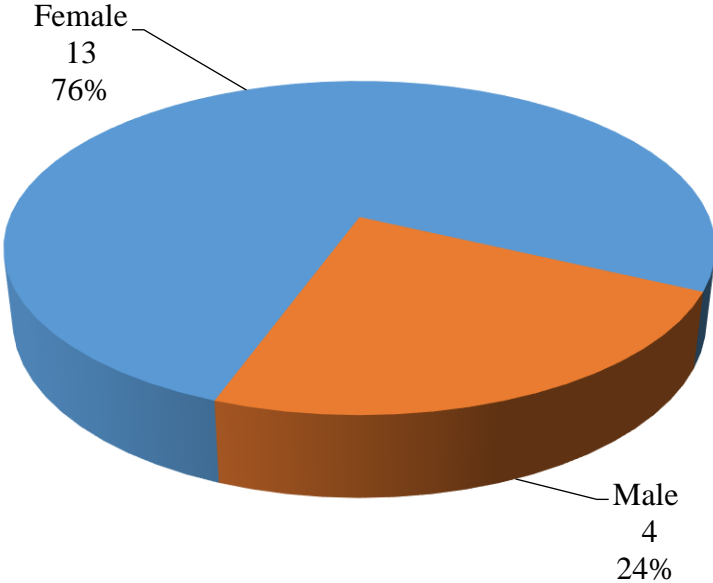


**Modoc County Behavioral Health Services**  
***Staff Ethnicity and Cultural Proficiency Survey***  
March 2020

***Gender assigned at birth***  
***(N=17)***

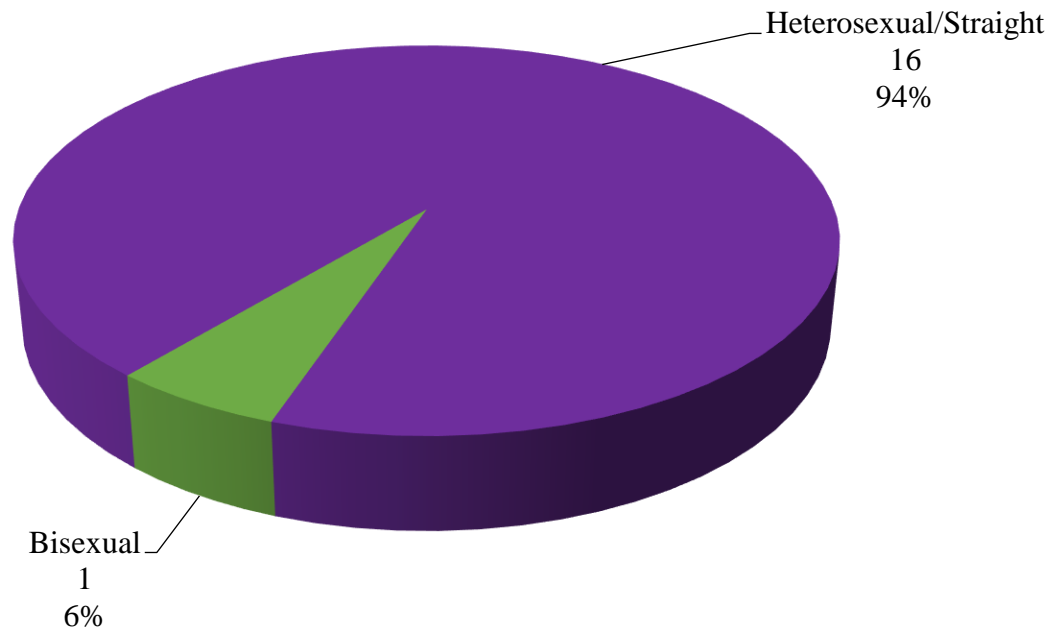


***Current Gender Identity (N=17)***



**Modoc County Behavioral Health Services**  
***Staff Ethnicity and Cultural Proficiency Survey***  
March 2020

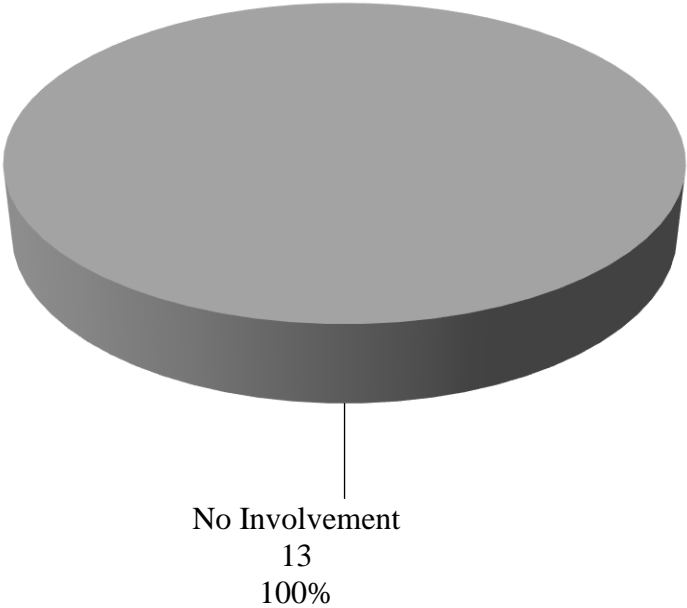
***Sexual Orientation (N=17)***



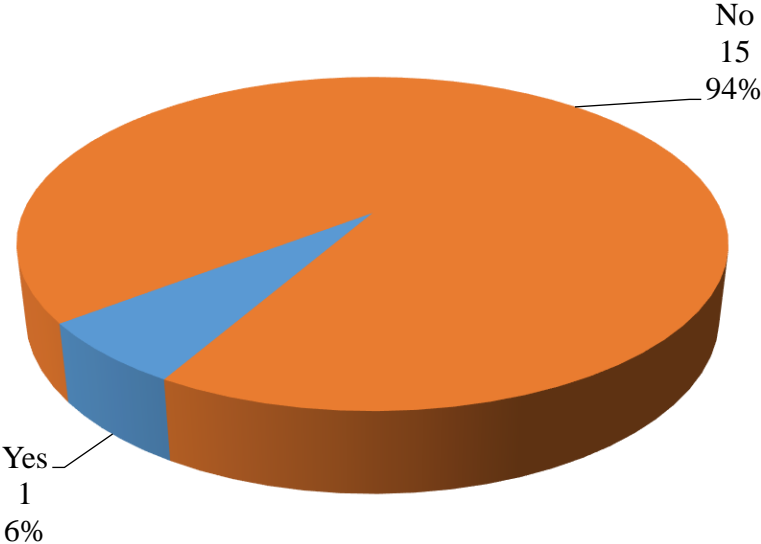


**Modoc County Behavioral Health Services  
Staff Ethnicity and Cultural Proficiency Survey  
March 2020**

***Military/Service Involvement  
(N=13)***

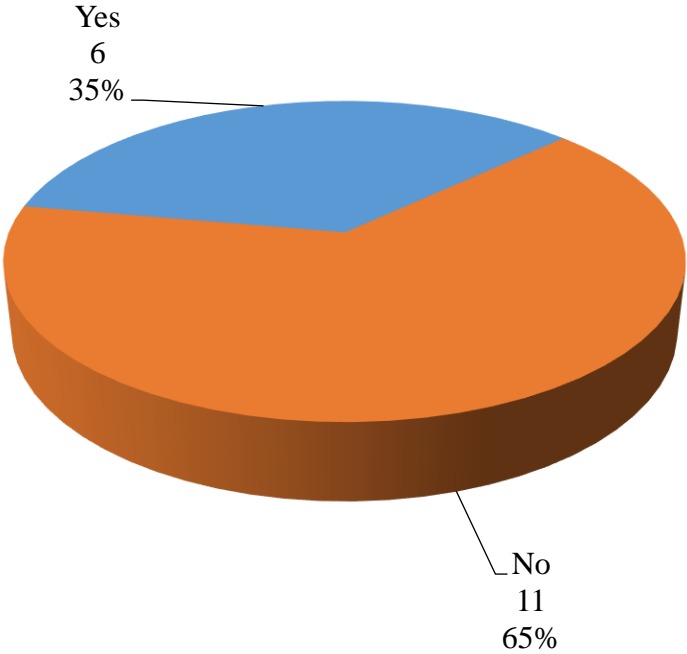


***Disability (N=16)***

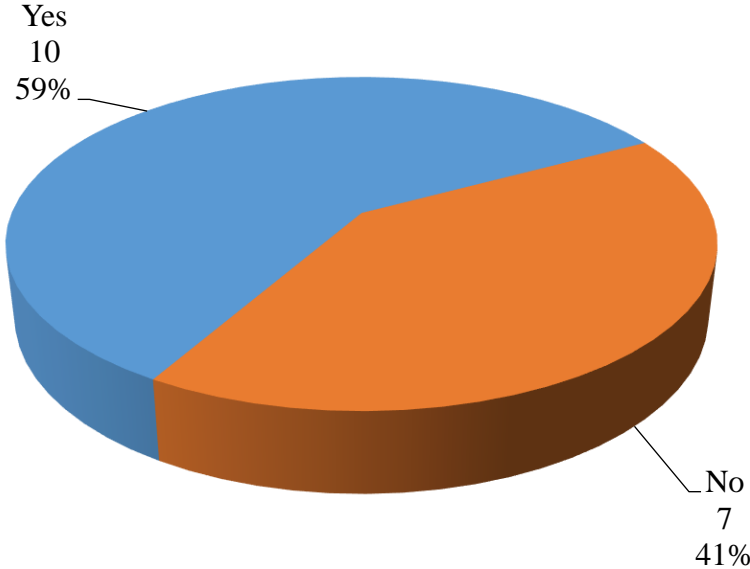


**Modoc County Behavioral Health Services**  
***Staff Ethnicity and Cultural Proficiency Survey***  
March 2020

***Do you consider yourself to be a person with lived Mental Health experience? (N=17)***

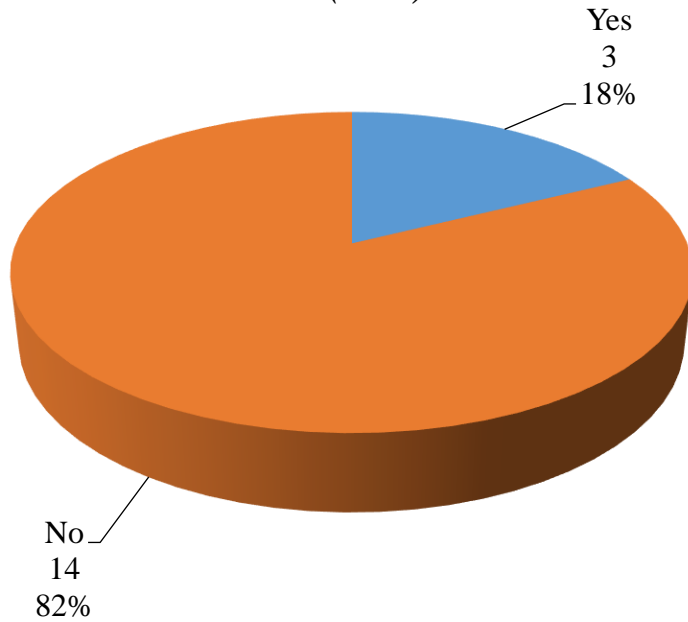


***Are you a Family Member of a person with lived Mental Health experience? (N=17)***



**Modoc County Behavioral Health Services  
Staff Ethnicity and Cultural Proficiency Survey  
March 2020**

*Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=17)*



*Are you a family member of a person with lived Substance Use Disorder experience? (N=17)*

