

**El Dorado County  
Health and Human Services Agency  
Behavioral Health Division**



# **CULTURAL COMPETENCE PLAN**

**Fiscal Year 2020-21**

*“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.”*

**- National CLAS Standards**

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# EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA)

## **Mission Statement**

*With integrity and respect we provide effective, efficient, collaborative services that strengthen, empower and protect individuals, families and communities, thereby enhancing their quality of life.*



## **HHSA Vision**

*Transforming lives and improving futures*



## **HHSA Values**

### ***Fiscal Accountability***

*We apply conservative principles in a responsible manner and adhere to all government guidelines when working with our stakeholders*

### ***Adaptability***

*We embrace and implement best practices based on an ever changing environment*

### ***Excellence***

*We provide the best possible services to achieve optimal results*

### ***Integrity***

*Our communication is honest, open, transparent, inclusive and consistent with our action*

# National Culturally and Linguistically Appropriate Services Standards

## Principal Standard

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1. 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.

## Governance, Leadership and Workforce

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2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## Communication and Language Assistance

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5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## Engagement, Continuous Improvement, and Accountability

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9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

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## **Introduction**

The Cultural Competence Plan Requirements, as detailed in DMH Information Notice 10-02 and 10-17, establish standards and criteria for the entire County Mental Health System, including Medi-Cal services, Mental Health Services Act (MHSA), and Realignment as part of working toward achieving cultural and linguistic competence.

El Dorado County Health and Human Services Agency (HHS), Behavioral Health Division (BHD), originally developed its Cultural Competence Plan in 2010. The following information is provided as an update to that plan.

The Cultural Competence Plan consists of eight criteria:

Criterion I: Commitment to Cultural Competence

Criterion II: Updated Assessment of Service Needs

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

Criterion IV: Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System

Criterion V: Culturally Competent Training Activities

Criterion VI: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

Criterion VII: Language Capacity

Criterion VIII: Adaptation of Services

The BHD's Cultural Competence Plan shall be reviewed on an annual basis, or more frequently as needed, and revisions to the Cultural Competence Plan shall be made as needed and submitted to Department of Health Care Services (DHCS).

## **Criterion 1, Commitment To Cultural Competence**

### **I. County Mental Health System commitment to cultural competence**

The BHD remains committed to cultural competence. This updated Cultural Competence Plan reflects the latest areas of enhanced awareness of unique needs within El Dorado County.

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

- A. Provide a copy of the county's Community Services and Supports (CSS) plan that describes practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, linguistic, and other relevant small county cultural communities with mental health disparities.**

The County's MHSA Three-Year Program and Expenditure Plan covering Fiscal Years (FY) 2020/21 through FY 2022/23 can be found online on the BHD's MHSA Page at: [https://www.edcgov.us/Government/MentalHealth/mhsa/Pages/mhsa\\_plans.aspx](https://www.edcgov.us/Government/MentalHealth/mhsa/Pages/mhsa_plans.aspx)

The primary unserved and underserved communities in El Dorado County were originally identified as the Latino and Native American communities. In more recent years, this has expanded to include individuals recently released from jail; lesbian, gay, bisexual, transgender, questioning, intersex, and asexual or allied (LGBTQIA) individuals; Veterans; and individuals experiencing homelessness. Poverty, substance use disorders, domestic violence, and intergenerational patterns are also cultural issues within El Dorado County.

Included in the FY 2020/21-2022/23 MHSA Three-Year Plan is a new CSS Forensic Full Service Partnership (FSP) Project. The Forensic FSP project is intended to serve individuals age 18 and older who have involvement in the criminal justice system and meet the criteria for Specialty Mental Health Services. Project goals include a reduction in incarceration, a reduction in hospitalizations, individuals will be maintained in their community with individualized services, and there will be a team approach to treatment. While the infrastructure for this project is still under construction, it is anticipated that at least 20 individuals will be served by this project.

Additionally, age-specific populations that are frequently seen as underserved are school-aged children, transitional age youth (TAY) (age 16-25), and older adults. The FY 2020/21 – 22/23 MHSA Plan includes a pilot project that provides a student wellness center at five (5) of the County's high schools on the Western Slope. While this project is in year two of two, the first year was only eight (8) months long but served over 523 unduplicated students with a total of 1,398 contacts. The eight months of operation included school closure times with the holiday breaks of Thanksgiving and Christmas, and school closure due to the Coronavirus Public Health Emergency.

A copy of the current MHSA Plan and any associated Annual Updates, can be located on the MHSA website at: [https://www.edcgov.us/Government/MentalHealth/mhsa/Pages/mhsa\\_plans.aspx](https://www.edcgov.us/Government/MentalHealth/mhsa/Pages/mhsa_plans.aspx). The Community Services and Supports (CSS) section identifies how the County is providing outreach, engagement and services to the community.

In addition to the CSS activities, the County's Prevention and Early Intervention (PEI) and the "Partnership Between Senior Nutrition and Behavioral Health" Innovation programs provide services that may lead to engagement in Specialty Mental Health Services and is discussed in greater detail below.

**B. A one page description addressing the county's current involvement efforts and level of inclusion with the above identified underserved communities on the advisory committee.**

The general public and stakeholders are invited annually to participate in or host MHSA planning opportunities and provide initial comment to contribute to the development of the County's MHSA Plan/Annual Updates. Meetings are held in various locations throughout the County, and the County also offers the opportunity to provide input via email, letter, fax, online survey or comment form. The survey and the comment forms are available in English and Spanish, which are the County's threshold languages.

Additionally, the MHSA project team maintains a MHSA email distribution list for individuals who have expressed an interest in MHSA activities. The distribution list of over 1,400 members includes:

- adults and older adults with severe mental illness
- families of children, adults and older adults with severe mental illness
- providers of services
- law enforcement agencies
- education providers
- social services agencies
- veterans and representatives from veterans organizations
- providers of substance use disorder services
- health care organizations
- other interested individuals

Updates about community involvement opportunities may be sent to the MHSA email distribution list, distributed via press release, discussed at the Behavioral Health Commission meetings, and/or posted on the County's web site.

As part of the MHSA Community Program Planning Process, the public, including stakeholders representing diverse cultural backgrounds, is invited to provide input into the County's mental health services, needs, and programming. More details about the FY 20/21 Community Planning Process is included in the FY 20/21 – 22/23 MHSA Three Year Program and Expenditure Plan. Historical information about previous Community



Program Planning Processes can be found in the corresponding MHSA Plan or MHSA Annual Update, which are available online at: [https://www.edcgov.us/Government/MentalHealth/mhsa/Pages/mhsa\\_plans.aspx](https://www.edcgov.us/Government/MentalHealth/mhsa/Pages/mhsa_plans.aspx)

### **Additional Opportunities for Learning and Raising Awareness**

Throughout the year, Behavioral Health staff may attend many community-based meetings that provide an opportunity to engage with diverse individuals, discuss how to become more culturally competent, and learn about the general needs of the community. Some of these meetings include:

- Adverse Childhood Experiences Survey (ACEs) Collaborative
- Continuum of Care
- El Dorado County Commission on Aging
- Behavioral Health Cooperative
- Stepping Up Initiative

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

The importance of maintaining close working relationships with individuals and providers who are respected, trusted, and recognized by the underserved or unserved populations cannot be stressed enough. It is frequently through those relationships that individuals in need of services will receive the needed assistance, whether it be mental health services, physical health services, domestic violence assistance, or other services available in the community.

One of the greatest challenges in El Dorado County continues to be engaging the community in discussions about Mental Health and improving penetration rates into the unserved and underserved communities and populations. Additional challenges exist in engaging individuals who may have a mental illness, but are unwilling to seek services due to anosognosia, which is a lack of awareness or insight that one has a mental illness. Technical assistance in these areas is always welcome.

### **III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) who is responsible for cultural competence**

The CC/ESM will report to, and/or have direct access to, the Executive Leadership for the BHD regarding issues related to the racial, ethnic, cultural, and linguistic populations within the county.

In El Dorado County, the BHD has designated the MHSA Program Manager as the CC/ESM, with the WET Coordinator providing additional support related to cultural competence. The CC/ESM and WET Coordinator also ensures appropriate trainings are offered.

The CC/ESM works in collaboration with the Quality Assurance/Quality Improvement/Utilization Review Manager and Team regarding issues of access, timeliness and services in regard to the diverse needs of the County’s racial, ethnic, cultural, and linguistic populations.

**IV. Identify budget resources targeted for culturally competent activities**

The BHD has specific funds budgeted for cultural competence activities, including interpreter and translation services, disparities reduction, and outreach to target populations.

Budget Item	FY 20/21 Budget
Interpreter*	\$1,500
Latino Outreach	\$231,150
Wennem Wadati - A Native Path to Healing	\$125,750
LGBTQIA Community Education	\$10,000
Veterans Outreach	\$150,000
Peer Partner	\$95,000
Juvenile Services/Wraparound Services	\$550,000
Older Adults Enrichment Project	\$160,000
Forensic Access and Engagement Project (PEI)	\$385,000
FSP Forensic Services Project (CSS)	Approx. \$538,750
Student Wellness Centers	\$260,000
Projects for Assistance in Transition from Homelessness (PATH)	\$47,298

\* Whenever possible, the BHD accesses bilingual services through its staff who have been certified through the County’s process as bilingual in the threshold language (Spanish).

BHD training funds are available for cultural competence trainings.

**Criterion 2, Updated Assessment of Services Needs**

**I. General Population**

Based on the 2020 estimated demographic data retrieved from the County’s Well Dorado website at <http://www.welldorado.org>, the El Dorado County demographic profile is outlined below.

As of the 2020 estimated demographic data, the County’s current population is 191,790.

<b>Race</b>	<b>Number</b>	<b>Percent of Total Population</b>
American Indian or Alaska Native	2,090	1.09%
Asian	9,013	4.70%
Black or African American	1,888	0.98%
Native Hawaiian or Other Pacific Islander	381	0.20%
White or Caucasian	161,180	84.04%
Multiracial	8,723	4.55%
Other Race	8,515	4.44%

<b>Ethnicity</b>	<b>Number</b>	<b>Percent of Total Population</b>
Hispanic or Latino	25,722	13.41%
Non-Hispanic or Latino	166,068	86.59%

<b>Language Spoken in the Home</b> (over the age of 5 only)	<b>Number</b>	<b>Percent of Total Population</b>
English Only	159,792	87.37%
Spanish	15,001	8.20%
Other Indo-European Languages	4,574	2.50%
Asian and Pacific Island Languages	3,038	1.66%
Other Languages	493	.27%

<b>Age</b>	<b>Number</b>	<b>Percent of Total Population</b>
Under 5 years	8,922	4.65%
5 to 9 years	9,544	4.98%
10 to 14 years	11,156	5.82%
15 to 17 years	7,319	3.82%
18 to 20 years	6,547	3.41%
21 to 24 years	8,534	4.45%
25 to 34 years	19,605	10.22%

35 to 44 years	20,697	10.79%
45 to 54 years	24,662	12.86%
55 to 64 years	33,297	17.36%
65 to 74 years	26,330	13.73%
75 to 84 years	10,902	5.68%
85+ years	4,275	2.23%

Gender	Number	Percent of Total Population
Female	96,075	50.09%
Male	95,715	49.91%

**II. Medi-Cal population service needs (Use current CAEQRO data if available.)**

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

- 1. The county's Medi-Cal population (County may utilize data provided by DMH. See the Note at the beginning of Criterion 2 regarding data requests)**
- 2. The county's client utilization data.**

<b>El Dorado County Medi-Cal Approved Claims Data - Calendar Year 2018</b>				
	<b>Average Number of Eligibles per Month</b>	<b>Number of Beneficiaries Served per Year</b>	<b>El Dorado County Penetration Rate</b>	<b>Statewide Penetration Rate</b>
<b>Total</b>	38,329	1,404	3.66%	4.66%
<b>Age group</b>				
0-5	4,107	40	0.97%	2.11%
6-17	8,900	439	4.93%	6.57%
18-59	20,365	833	4.09%	4.84%
60 +	4,959	92	1.86%	2.83%
<b>Gender</b>				
Female	19,853	722	3.64%	4.28%

<b>El Dorado County Medi-Cal Approved Claims Data - Calendar Year 2018</b>				
	<b>Average Number of Eligibles per Month</b>	<b>Number of Beneficiaries Served per Year</b>	<b>El Dorado County Penetration Rate</b>	<b>Statewide Penetration Rate</b>
Male	18,477	682	3.69%	5.10%
<b>Race/Ethnicity</b>				
White	23,201	934	4.03%	6.50%
Hispanic	7,196	160	2.22%	3.78%
African-American	332	19	5.72%	7.99%
Asian/Pacific Islander	989	15	1.52%	2.25%
Native American	272	15	5.51%	6.88%
Other	6,341	261	4.12%	5.25%
<b>Eligibility Categories</b>				
Disabled	4,187	380	9.08%	15.23%
Foster Care	360	135	37.50%	48.41%
Other Child	8,546	298	3.49%	4.98%
Family Adult	5,749	186	3.24%	3.11%
Other Adult	3,509	14	0.40%	0.68%
MCHIP	4,178	97	2.32%	4.07%
ACA	12,364	377	3.05%	4.01%

**B. Provide an analysis of disparities as identified in the above summary.**

**Age Group**

Consistent with Statewide access rates, young children (age 0 to 5 years) receive mental health services at a rate far lower than either school-aged youth or adults. While some of this disparity may reflect difficulties that parents face in accessing mental health care for young children, it is likely that the low penetration ratio also reflects a lower rate of severe emotional and behavioral problems exhibited by pre-school-aged children. Additionally, the County's Mental Health Services Act (MHSA) Plan and Annual Updates maintain a Prevention and Early Intervention (PEI) program for "Children age 0-5 and their Families" with an organization that specializes in providing services to the young.

As such, services provided through that organization would not be reflected through Medi-Cal claim data.

Consistent with Statewide findings, the highest penetration rates occur for beneficiaries age 6 through 59.

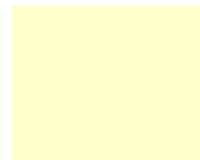
The El Dorado County penetration rate for ages 6-17 is lower than the Statewide average, however the County has introduced a new access point for high school students through the use of school-based community partner for the West Slope. The South Lake Tahoe high school also has developed its own school-based model. Additionally, the County has become a partner in the “Unite Us” referral system in South Lake Tahoe, and it is anticipated that referrals for youth may increase through this community-based referral system.

Beneficiaries age 18-59 represent the great number of beneficiaries in the county and the penetration rate is slightly lower than statewide average. The County continues to explore the reasoning for this, but some impacts are the result of:

- Strong primary care providers with a behavioral health unit (e.g., Shingle Springs Health and Wellness, El Dorado County Community Health Center, Barton Clinic); and
- Rural nature of much of El Dorado County without public transport.

Beneficiaries age 60+ also have a penetration rate lower than State average. To help ensure access to services for this group, the MHSA Plan and Annual Updates include an Innovation program to partner with the Senior Nutrition program to engage older adults who utilize the home-delivered meal program or the congregate meal sites and a PEI program to engage older adults. Obtaining a contractor for these services is pending the outcome of a Request for Proposals. Other PEI projects, including Senior Peer Counseling and Friendly Visitor, are already active projects in the MHSA Plan.

This lower penetration rate for older adults could be due to concerns noted in the 2013 Older Adults Survey:



Summary Category	Specifically	Percent of Respondents Identifying This as a Barrier
Transportation	Lack of private transportation	50.63%
	Lack of or insufficient public transportation	31.88%
	Travel distance to services from home	25.00%
	Lack of private transportation	50.63%
Cost	Cost of services	49.38%
	Cost of transportation	31.25%
Impact to Others	Not wanting to bother others	66.25%
Stigma	Stigma associated with mental health/illness	36.88%
	Concern friends or family may find out	16.25%
Lack of Information	Not knowing where to start	48.13%
Physical Health Limitation	Physical health limitation	43.75%
Provider Issue	Lack of trust in service provider	15.63%
	Inconvenient appointment times	13.75%
Cultural/Language Differences	Cultural differences	3.13%
	Language differences	1.25%

### Gender

Relatively little disparity exists between men and women in El Dorado County or within the State.

Gender	Average Number of Eligibles Per Month	Number Served	El Dorado County Penetration Rate	Statewide Penetration Rate
Female	19,853	722	3.64%	4.28%
Male	18,477	682	3.69%	5.10%

### Race/Ethnicity

Consistent with Statewide findings, the access of the Latino population is lower than white Medi-Cal beneficiaries in El Dorado County. While there had been a decrease in this disparity, there was an increase in the disparity in 2017. The primary provider of various services to the Latino population in Tahoe now employs a Mental Health Clinician, which may be one of the reasons for the drop in the penetration rate. Regardless, outreach and the provision of culturally competent services to the County's Latino community remains a high priority.

Geographic Area / Year	Average Number of Eligibles Per Month	Latino		White		Penetration Ratio <sup>1</sup>
		Number Served	Penetration Rate	Number Served	Penetration Rate	
State (2018)			3.78%		6.50%	0.58
EDC (2018)	38,329	160	2.22%	934	4.03%	0.55
EDC (2017)	39,331	142	1.95%	860	3.53%	0.55
EDC (2016)	39,231	163	2.26%	954	3.86%	0.59
EDC (2015)	26,625	129	2.35%	775	4.83%	0.49
EDC (2014)	25,596	138	2.57%	1,009	6.53%	0.39
EDC (2013)	21,115	130	2.85%	1,101	8.43%	0.34
EDC (2012)	20,327	98	2.21%	1,044	7.92%	0.28
EDC (2011)	20,350	109	2.44%	1,197	8.82%	0.28
EDC (2010)	19,077	116	2.75%	1,171	8.89%	0.31
EDC (2009)	18,188	118	3.00%	1,350	10.57%	0.28
EDC (2008)	16,572	134	3.8%	1,469	12.5%	0.30

<sup>1</sup> Penetration ratio is calculated by dividing the Latino penetration rate by the White penetration rate, resulting in a ratio that depicts the relative access for Latinos when compared to Whites. A ratio of 1.0 reflects parity; less than 1.0 reflects disparity in access for Latinos in comparison to Whites; and a ratio of more than 1.0 would indicate a higher rate of access for Latinos in comparison to Whites.



Geographic Area / Year	Average Number of Eligibles Per Month	Latino		White		Penetration Ratio <sup>1</sup>
		Number Served	Penetration Rate	Number Served	Penetration Rate	
EDC (2007)	unknown	101	2.9%	1,239	11.2%	0.26
EDC (2006)	unknown	92	2.7%	1,278	11.9%	0.22
EDC (2005)	unknown	83	2.5%	1,271	11.9%	0.21

The remaining race categories reflect a relatively small number of beneficiaries, so it is difficult to gain insight as to why penetration rates for these groups vary from Statewide penetration rates. However, the County continues to work towards developing a contract for Specialty Mental Health Services with the local Tribal provider, Shingle Springs Health and Wellness.

### Eligibility Categories

It is difficult to determine why the El Dorado County and Statewide penetration rate varies so significantly for the Disabled and Foster Care populations. There could be numerous reasons for this, including other sources of services for those who may be disabled, such as Veterans who may receive services through the Veteran Administration, or the number of foster care children placed out of county, or that services are provided directly by Child Welfare Services contracted providers via a "Purchase Disbursement Authorization" rather than through a referral to County Mental Health.

Additionally, clients who participate in MHSA PEI activities are often not included in CAEQRO data. In El Dorado County, PEI programs have increased over the past several years to meet the needs of specific groups such as Latinos, Native Americans, Children 0-5 and their Families, and Older Adults.

Further, with the implementation of the Affordable Care Act, many individuals seek mental health services through their primary care provider and/or their Managed Care Plan rather than through the County.

Fiscal Year (FY)	Number of Requests for Services	Percent Change from Prior Year
2014-15	1,852	--
2015-16	1,607	-13.2%

<b>Fiscal Year (FY)</b>	<b>Number of Requests for Services</b>	<b>Percent Change from Prior Year</b>
2016-17	1,406	-12.5%
2017-18	1,337	-4.9%
2018-19	1,421	6.3%

**III. 200% of Poverty (minus Medi-Cal) population and service needs: The county shall include the following in the CCPR:**

- A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).**

The BHD was not successful in locating a current breakdown of the 200% of poverty data.

With the introduction of the Medi-Cal expansion, children below 266% of the federal poverty level, pregnant women below 208% of the federal poverty level and adults below 138% of the federal poverty level may now be eligible for Medi- Cal, so the increased number of Medi-Cal eligibles identified above would have been previously reflected in the 200% of federal poverty level data.

- B. Provide an analysis of disparities as identified in the above summary.**

The data is not available to analyze in this current year update. Please see the 2010 Cultural Competence Plan for analysis of the data available at that time.

**IV. MSHA Community Services and Supports (CSS) population assessment and service needs.**

- A. From the county's approved CSS plan, extract a copy of the population assessment. If updates have been made to this assessment, please include the updates. Summarize population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).**

<b>Race</b>	<b>Total</b>	<b>Percent of County</b>
American Indian or Alaska Native	2,107	1.1%
Asian	8,533	4.5%

Race	Total	Percent of County
Black or African American	1,902	1.0%
Native Hawaiian and Other Pacific Islander	381	0.2%
White or Caucasian	160,312	84.3%
Multiracial	8,590	4.5%
Other Race	8,269	4.4%

Ethnicity	Number	Percent of Total Population
Hispanic or Latino	24,951	13.1%
Non-Hispanic or Latino	165,130	86.9%

The median age in the County is 46.4, distributed as follows:

Age	Total	Percent of County
Under 5	8,922	4.65%
5 to 9	9,544	4.98%
10 to 14	11,156	5.82%
15 to 17	7,319	3.82%
18 to 20	6,547	3.41%
21 to 24	8,534	4.45%
25 to 34	19,605	10.22%

Age	Total	Percent of County
35 to 44	20,697	10.79%
45 to 54	24,662	12.86%
55 to 64	33,297	17.36%
65 to 74	26,330	13.73%
75 to 84	10,902	5.68%
85 and Over	4,275	2.23%

Children 0 to 20 comprise 22.68% of the population and adults age 65 and over comprise 20.77% of the population.

#### Income Levels

Place of Residence within the County	Median Household Income
Cameron Park	\$ 78,740
Camino	\$ 76,472
Cool	\$ 92,721

Place of Residence within the County	Median Household Income
Diamond Springs	\$ 52,210
Echo Lake	\$ 50,000
El Dorado	\$ 63,160
El Dorado Hills	\$ 131,601
Fair Play	\$ 60,163
Garden Valley	\$ 74,362
Georgetown	\$ 58,077
Greenwood	\$ 57,899
Grizzly Flats	\$ 49,981
Kyburz	\$ 43,750
Lotus	\$ 80,926
Pilot Hill	\$ 71,921
Placerville	\$ 69,443
Pollock Pines	\$ 62,699
Rescue	\$ 102,750
South Lake Tahoe	\$ 48,653
Tahoma	\$ 73,843
Twin Bridges	\$ 151,250
El Dorado County Average Median Income	\$ 86,811

### Languages

The primary language spoken within El Dorado County is English. As of July 2016, California DHCS identified Spanish as the only “threshold language” within El Dorado County.<sup>2</sup> A “threshold language” is the primary language identified by 3,000 or five percent of the Medi-Cal beneficiaries, whichever is lower, in an identified geographic area. MHSAs consider threshold languages when determining other languages to be considered in program design and implementation.

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<sup>2</sup> California Department of Health Care Services. All Plan Letter 17-011.  
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-011.pdf>

	<b>CSS Client Utilization as of March 2018</b>	<b>Countywide Population</b> (regardless of Medi-Cal eligibility)	<b>Penetration Rate</b> (not Medi-Cal specific)
<b>Age Group</b>			
Child and Youth (0-17)	268	36,268	0.74%
Transitional Age Youth (18-24)	70	15,673	0.45%
Adult (25-64)	358	97,222	0.37%
Older Adult (65+)	35	37,265	0.09%
<b>Race</b>			
American Indian or Alaska Native	17	2,043	0.83%
Asian	12	8,089	0.15%
Black or African American	16	1,853	0.86%
Native Hawaiian or Other Pacific Islander	2	313	0.64%
White	564	157,512	0.36%
Unknown / Other / Multiracial	120	16,618	0.72%
<b>Ethnicity</b>			
Hispanic or Latino	101	24,692	0.41%
Non-Hispanic or Latino	537	161,736	0.33%
Unknown/Declined to State	93	--	--
<b>Primary Language</b>			
English	683	157,925	0.43%
Spanish	13	11,615	0.11%
Other/Declined to State	35	8,713	0.40%

**B. Provide an analysis of disparities as identified in the above summary.**

By age group, the CSS penetration rate for children (aged 0 to 17 years) is highest among all age groups. The CSS programs are only one of several programs that provide services to children and youth in El Dorado County and therefore it appears that children are some of the highest served individuals in the County.

The finding of lower utilization in CSS services among older adults represents a more pervasive disparity in access to mental health services, which is also evidenced in the utilization data among Medi-Cal beneficiaries (see Criterion 2, section II). Barriers to care include low income, isolation, lack of transportation, and stigma. Additionally, the BHD is not a Medicare provider, and the vast majority of individuals age 65 and older have Medicare. Since Medi-Cal is the payer of last resort, the BHD works to connect older adults to Medicare providers. The County's MHSa Prevention and Early Intervention plan addresses this disparity with three programs designed specifically to engage older and vulnerable adults. The Senior Peer Counseling program provides outreach services, and assessment and brief treatment. The Friendly Visitor program provides meaningful one-on-one interactions with Friendly Visitor volunteers to help older adults prevent or overcome physical and mental health risks associated with isolation and loneliness. The Senior Link program provides mobile outreach, and services are designed to provide access, support, and linkage for older adults to a variety of community-based services with the goal of improving overall mental health. The Partnership Between Senior Nutrition and Behavioral Health Innovation project also will address providing mental health screenings, assessments, and case management services to older adults who participate in the County's Senior Nutrition meal programs.

By ethnicity, penetration rates for all races except Asians are higher than the penetration for the White population, but this is skewed by the County's relatively small number of residents in specific racial/ethnic categories. In addition, County population data does not account for variance in the potential need for County mental health services among racial and ethnic groups.

The analysis of disparity by primary language is likely also skewed by the variance in the estimated need for County mental health services among non-English-speaking residents. Those reporting Spanish as their primary language account for approximately 8.2% of the language preference in the County for individuals above age 5. Although the penetration rate for individuals reflecting Spanish as their primary language, the penetration rate for individuals identifying as Hispanic or Latino is higher than the penetration rate for those who are not Hispanic or Latino.

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

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

In preparation for development of the County's initial PEI Plan, the BHD conducted community planning meetings, focus groups, and key interviews. Surveys were disseminated online, via mail, via e-mail, and during community meetings, focus groups and planning meetings.

Since the initial Plan was developed, the BHD continues to hold community and planning meetings and disseminate confidential surveys at these meetings as well as online, via mail, and via e-mail each year. Meetings are held virtually, as a result of the Public Health Emergency due to the Coronavirus pandemic.

Through the data gathered via the Community Program Planning Processes, along with information gathered throughout the year in individual and group meetings, telephone calls, requests for services and penetration rate data, the BHD identified the following priority populations:

- The priority populations were identified as individuals involved in the criminal justice system, adults with serious mental illness (including co-occurring substance use disorder), older adults, transitional age youth (TAY), veterans, children (including children ages 0-5, school-aged children, and foster youth), individuals experiencing homelessness, and Hispanic and Latino individuals.
- The primary unserved and underserved communities in El Dorado County were originally identified as the Latino and Native American communities. In more recent years, this has expanded to include individuals recently released from jail; LGBTQIA individuals; Veterans; and individuals experiencing homelessness. Poverty, substance use disorders, domestic violence, and intergenerational patterns are also cultural issues within El Dorado County.
- Most recently, individuals with specific service needs are facing disparities due to lack of coverage or indetermination as to how coverage can be provided. These include individuals with dementia, traumatic brain injury, eating disorders, and individuals in need of institutionalization.

Some of these priority populations are addressed through PEI programs, while others are addressed through programs under CSS. PEI specific programs that address culturally unique communities include:

- “Wennem Wadati” provides culturally specific Native American services through use of Cultural Specialists, who are Native American community members, working in a professional capacity that access unique cultural contexts and characteristics through the use of traditional Native American healing approaches.
- “Latino Outreach” addresses isolation in the Spanish speaking or limited English-speaking Latino adult population, peer and family problems in the youth population, and community issues resulting from unmet mental health needs, by contributing to system of care designed to engage Latino families and provide greater access to culturally competent mental health services.
- Peer Partner services uses a model of parent partners and youth advocates who have prior personal participation in Child Welfare Services. They offer their own personal

experiences and advocacy skills to support youth and families with the goal of engaging families and promoting the safety and well-being of at-risk children and families. Parent Partner services are funded through CSS Full Service Partnership and Youth Advocates are funded through PEI.

- “Juvenile Services/Wraparound Services” project is designed to provide intensive services utilizing a strength-based, needs-driven, family-centered and community-based planning process to help connect youth involved with the Juvenile Justice program with necessary mental health services.
- “Senior Link”, under the “Older Adults Enrichment Project” is designed to provide access, support, and linkage for older adults to a variety of community-based services with the goal of improving their mental health. (Not yet implemented, but a Request for Proposal (RFP) is in the process of being drafted.)
- Friendly Visitor and Senior Peer Counseling projects are continuum of care projects designed to provide comprehensive services to meet the changing needs of older adults. Friendly Visitor uses trained volunteers who provide weekly visits or phone calls to help older adult prevent or overcome physical and mental health risks associated with isolation and loneliness. For individuals with more intensive needs, the Senior Peer Counseling project provides free, confidential individual counseling to adults age 55 and older.
- “Veterans Outreach” provides outreach and linkage services for Veterans and their families, including assisting Veterans to obtain necessary mental health services and secure permanent and affordable housing.
- The Forensic Access and Engagement Project (PEI) and the FSP Forensic Services Project (CSS) provide services to individuals who have involvement in the criminal justice system. Services are provided by a collaborative team including Behavioral Health, Courts, Probation, Law Enforcement, and jails.
- “Student Wellness Centers and Mental Health Supports at El Dorado Union High School District Sites,” is a collaboration with school district psychological and nursing staff and other community-based organizations, to provide students with greater access to mental health services.
- “Outreach and Engagement Services” includes a program in the South Lake Tahoe area to assist homeless individuals with a serious mental illness to engage in services and secure housing, funded through the federal program “Projects for Assistance in Transition from Homelessness” or “PATH”.



### Criterion 3, Strategies and Efforts For Reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities

#### I. Target populations, with disparities identified in Medi-Cal and MHS components (CSS, WET, and PEI).

##### A. Briefly describe the process and rationale the county used to identify and target the population(s) (with disparities) in its PEI population.

In preparation for development of the County’s initial PEI Plan, the BHD conducted community planning meetings, focus groups, and key interviews. Confidential surveys were disseminated online, via mail, via e-mail, and during community meetings, focus groups and planning meetings.

Since the initial Plan was developed, the BHD continues to hold community and planning meetings and disseminate confidential surveys at these meetings as well as online, via mail, and via e-mail each year. Meetings are held virtually, as a result of the Public Health Emergency due to the Coronavirus pandemic.

The information gathered via the Community Program Planning Processes, along with information gathered throughout the year in individual and group meetings, telephone calls, requests for services and penetration rate data, is reviewed annually to identify priority populations and develop strategies to address the needs of these populations.

#### II. List of disparities in each of the populations (within Medi-Cal, CSS, WET, and PEI).

Disparity	Medi-Cal	CSS	WET	PEI
<b>Individuals Involved in the Criminal Justice System:</b>				
Lack of services	x	x		x
Unstable housing	x	x		x
Lack of trust of governmental agencies		x		x
Co-occurring disorders	x	x		x
<b>School-aged children</b>				
Lack of identification of early symptoms		x		x
Stigma		x		x
Untreated mental illness leading to academic failure				x
Stressed families				x

Disparity	Medi-Cal	CSS	WET	PEI
<b>Latino Population:</b>				
Disproportionately low Medi-Cal penetration rate	x	x		
Barriers to health care (lack of citizenship and low income)	x	x		
Stigma	x	x	x	x
Transportation challenges		x		x
Insufficient numbers of bilingual, bicultural Spanish-speaking providers and peers		x	x	x
Unstable housing	x	x		x
<b>Native American Population:</b>				
Lack of cultural awareness from providers		x	x	x
Lack of trust of governmental agencies	x	x	x	x
<b>Foster Care Youth:</b>				
At risk of out of home placement or higher level of placement	x	x		x
Disproportionately at risk of homelessness and criminal justice involvement		x		x
Higher levels of mental illness than children not in the foster care system	x	x		x
Lack of local foster care homes lead to out of county placement, and not all counties will provide higher level of services to children from other counties	x	x		
Lack of role models/mentors		x	x	x
Transportation challenges		x		x
Stigma	x	x	x	x
Not represented in the FSP level of care (children in Group Homes/STRTPs are not eligible for FSP services)		x		
<b>Transition Age Youth:</b>				
Newly found independence		x		
Stigma		x	x	x
Co-occurring disorders	x	x	x	
Limited mental health service engagement		x		
Unstable housing		x		

Disparity	Medi-Cal	CSS	WET	PEI
<b>Older Adults:</b>				
Transportation	X	X		X
Cost	X	X		
Impact to others	X	X		
Stigma	X	X	X	
Lack of information	X	X	X	X
Physical health limitation	X	X	X	
Provider issues	X	X	X	
Cultural/language differences	X	X	X	X
Isolation		X		X
<b>LGBTQIA population:</b>				
Lack of local culturally-specific resources		X	X	X
Co-occurring disorders	X	X		
Stigma		X	X	X
<b>Parents:</b>				
Their own mental health needs	X	X		X
Co-occurring disorders	X	X		X
Lack of involvement with children	X	X		X
Lack of education regarding mental health	X	X		X
Transportation	X	X		X
Stigma	X	X	X	X
Unstable housing		X		X
<b>Veterans:</b>				
Lack of local services	X	X		X
Unstable housing		X		X
Lack of trust of governmental agencies		X		X
Co-occurring disorders		X		X
<b>Homeless individuals/families:</b>				
Homeless / unstable housing		X		X
Co-occurring disorders	X	X	X	X

Disparity	Medi-Cal	CSS	WET	PEI
Transportation	x	x		x
<b>Rural populations:</b>				
Transportation challenges	x	x		x
Geographically isolated individuals		x		x
<b>Service needs:</b>				
Dementia		x		
Traumatic brain injury		x		
Eating disorders		x		x

**III. Then list strategies for the Medi-Cal population as well as those strategies identified in the MHSA plans (CSS, WET, and PEI) for reducing those disparities identified above.**

Disparity	Strategies
<b>Individuals Involved in the Criminal Justice System</b>	
Lack of services	The CSS projects, including but not limited to CSS and PEI Forensic Projects, Full Service Partnerships (TAY, Adults, and Older Adults) and MHSA Housing, address housing for those at risk.
Unstable housing	The CSS projects, including but not limited to CSS and PEI Forensic Projects, Full Service Partnerships (TAY, Adults, and Older Adults) and MHSA Housing, address housing for those at risk. CSS Outreach and Engagement program, including PATH, provides linkage to available housing options.
Lack of trust of governmental agencies	CSS and PEI Forensic projects to build trust between the individual and governmental agencies.
Co-occurring disorders	CSS and PEI Forensic projects to address mental health needs, and referral and linkage to community based services, housing needs, physical healthcare needs, etc.

Disparity	Strategies
<b>School-aged children</b>	
Lack of identification of early symptoms	The majority of PEI and CSS projects focus on identifying early symptoms.
Stigma	The majority of PEI and CSS projects focus on stigma reduction.
Untreated mental illness leading to academic failure	The CSS projects, Children’s FSP and Transitional Age Youth FSP, along with the PEI projects of Primary Project, Wennem Wadati: A Native Path to Healing, Children 0-5 and Their Families, Mentoring for Youth, Parenting Skills, Peer Partner Services, Prevention Wraparound Services: Juvenile Services all address untreated mental illness leading to academic failure.
Stresses families	Several MHSa projects including Children 0-5 and Their Families, Mentoring for Youth, Parenting Skills, Primary Intervention Project (PIP), Nurtured Hearth Approach, Peer Partner Services, Prevention Wraparound: Juvenile Services, and Youth and Family Full Service Partnership focus on reducing family stresses.
<b>Latino Population:</b>	
Disproportionately low Medi-Cal penetration rate	The PEI Latino Outreach project provides for Spanish speaking Promotoras to work with the Latino population to provide linkage to Medi-Cal and traditional MH services.
Barriers to health care (lack of citizenship and low income)	The PEI Latino Outreach project provides for Spanish speaking Promotoras to work with the Latino population to provide linkage to legal and social services to help reduce the barriers to health care.
Stigma	The PEI Latino Outreach project provides for Spanish speaking Promotoras to work with the Latino population to help reduce the stigma often associated with mental health services.

Disparity	Strategies
Transportation challenges	The WS Wellness Center shuttle, provision of bus passes, and the Managed Care Plans' transportation assistance.
Insufficient numbers of bilingual, bicultural Spanish-speaking providers and peers	WET Workforce Development project addresses this issue.
Unstable housing	The PEI Latino Outreach project provides for Spanish speaking Promotoras to work with the Latino population to provide linkage to available housing options. This includes MHSA Housing and transitional housing for individuals eligible for MHSA CSS services (Youth and Family, TAY and Adults).
<b>Native American Population:</b>	
Lack of cultural awareness from providers	PEI Wennem Wadati - A Native Path to Healing and Community Information Access and the Workforce Education and raining projects address this issue.
Lack of trust of governmental agencies	The PEI projects, Wennem Wadati - A Native Path to Healing and Community Information Access address this issue.
<b>Foster Care Youth:</b>	
At risk of out of home placement or higher level of placement	The CSS Full Service Partnership, and Transitional Age Youth Engagement, Wellness and Recovery Services, as well as the PEI Foster Care Continuum Training address these issues.
Disproportionately at risk of homelessness and criminal justice involvement	The CSS Full Service Partnership, and Transitional Age Youth Engagement, Wellness and Recovery Services, as well as the PEI Foster Care Continuum Training address these issues.
Higher levels of mental illness than children not in the foster care system	The CSS Full Service Partnership, and Transitional Age Youth Engagement, and Wellness and Recovery Services address these issues.
Lack of local foster care homes lead to out of county placement, and not all counties will provide higher level of services to children from other counties	The CSS Full Service Partnership, Transitional Age Youth Engagement, and Wellness and Recovery Services address these issues.

Disparity	Strategies
Lack of role models/mentors	The CSS Full Service Partnership, Transitional Age Youth Engagement, Wellness and Recovery Services, and Peer Partner address these issues.
Transportation challenges	The WS Wellness Center shuttle, provision of bus passes, and the Managed Care Plans' transportation assistance.
Stigma	The majority of PEI and CSS projects focus on stigma reduction.
Not represented in the FSP level of care (children in Group Homes/STRTPs are not eligible for FSP services)	The CSS Full Service Partnership program addresses the lack of representation in FSP services by foster care youth.
<b>Transition Age Youth:</b>	
Newly found independence	The focus of PEI projects and CSS Outreach and Engagement Services include those with newly found independence.
Stigma	The majority of PEI and CSS projects focus on stigma reduction.
Co-occurring disorders	The PEI projects, Mental Health First Aid, Prevention and Early Intervention for Youth in Schools, and the CSS project Full Service Partnerships (TAY, Adults, and Older Adults), address those with co-occurring disorders.
Limited mental health service engagement	The PEI projects and the CSS project, Full Service Partnerships (TAY, Adults, and Older Adults) reach out to those with limited engagement.
Unstable housing	The CSS projects, including but not limited to Full Service Partnerships (TAY, Adults, and Older Adults) and MHSA Housing, address housing for those at risk.
<b>Older Adults:</b>	
Transportation	The WS Wellness Center shuttle, provision of bus passes, and the Managed Care Plans' transportation assistance.
Cost	PEI Older Adults project addresses this issue.

Disparity	Strategies
Impact to others	The concern for impact to others would be addressed during the services provided by PEI and CSS projects
Stigma	The majority of PEI and CSS projects focus on stigma reduction.
Lack of information	PEI, CSS and Innovation projects include providing information to providers of physical healthcare services, senior centers, libraries and other locations that may be frequented by older adults.
Physical health limitation	PEI, CSS and Innovation projects include providing information to providers of physical healthcare services.
Provider issues	PEI, CSS and Innovation projects include providing information to providers of physical healthcare services.
Cultural/language differences	The following PEI, CSS & WET projects address these issues: Community Outreach and Engagement Wennem Wadati - A Native Path to Healing Workforce Education and Training
Isolation	The PEI and the CSS projects, including Older Adult Enrichment Projects, Older Adult Full Service Partnership, Outreach and Engagement Services, Assisted Outpatient Treatment, and Resource Management Services all address the issue of isolation.
<b>LGBTQIA population:</b>	
Lack of local culturally-specific resources	The PEI project Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education addresses this issue.
Co-occurring disorders	The PEI project Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education and the CSS project, Full Service Partnerships, address those with co-occurring disorders.



Disparity	Strategies
Stigma	The majority of PEI and CSS projects focus on stigma reduction; however, the PEI project Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education addresses the additional stigma the PFLAG community experiences.
<b>Parents:</b>	
Their own mental health needs	The PEI projects of Community Education and Parenting Classes, Mental Health First Aid, Parents, Families, Friends of Lesbians and Gays (PFLAG), and Community Outreach and Linkage address these issues.
Co-occurring disorders	PEI Community Education and Parenting Classes, Mental Health First Aid and Community Outreach and Linkage address these issues.
Lack of involvement with children	PEI Parenting Skills, Foster Care Continuum Training, Nurtured Heart Approach, Mental Health First Aid, and Community Outreach and Linkage assist parents and foster parents with this issue.
Lack of education regarding mental health	PEI Parenting Skills, Mental Health First Aid, Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education, and Community Outreach and Linkage address this issue.
Transportation	The West Slope Wellness Center shuttle, provision of bus passes, and the Managed Care Plans' transportation assistance.
Stigma	The majority of PEI and CSS projects focus on stigma reduction.
Unstable housing	The CSS projects, including but not limited to Full Service Partnerships (TAY, Adults, and Older Adults) and MHSA Housing, address housing for those at risk.
<b>Veterans:</b>	
Lack of local services	PEI Veterans Outreach program; the CSS projects.
Unstable housing	CSS Outreach and Engagement program, including PATH, provides linkage to available housing options. Also the CSS projects for eligible individuals.

Disparity	Strategies
Lack of trust of governmental agencies	PEI Veterans Outreach program; the CSS projects.
Co-occurring disorders	PEI Veterans Outreach program; the CSS projects.
<b>Homeless individuals/families:</b>	
Homeless / unstable housing	CSS Outreach and Engagement program, including PATH, provides linkage to available housing options. This includes MHSA Housing and transitional housing for eligible individuals.
Co-occurring disorders	PEI Community Outreach and Linkage, and service integration with ADP, address these issues.
Transportation	The Wellness Center shuttle, provision of bus passes, and Managed Care Plan transportation assistance.
<b>Rural populations:</b>	
Transportation challenges	A greater focus on community-based services, as well as the Wellness Center shuttle, provision of bus passes, and Managed Care Plan transportation assistance.
Geographically isolated individuals	A greater focus on community-based services, including telehealth as available.
<b>Service needs:</b>	
Dementia	Continue working with Managed Care Plans.
Traumatic brain injury	Continue working with Managed Care Plans.
Eating disorders	Continue working with Managed Care Plans.

**IV. Then discuss how the county measures and monitors activities/strategies for reducing disparities.**

The El Dorado County Mental Health Services Act (MHSA) Plan includes specific programs that are designed to reduce disparities within the County. These programs identify the Outcome Measures that will be used to measure and monitor the success of the programs.

Additional measures and monitors include penetration rates, participation in programs by clients as distinguished by certain demographic markers (e.g., race, ethnicity, gender, age), the mandated Full Service Partnership data elements submitted by providers for all individuals enrolled in Full Service Partnership services, and training attendance sheets.

The County's Quality Improvement Work Plan also includes measures for monitoring Cultural and Linguistic Competency.

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

**Strengths:**

- Medi-Cal and MHSA Community Services and Supports (CSS) programs are aligned by age group, which assists the BHD in better addressing the unique needs that individuals experience in their childhood, as a transitional age youth, as an adult, and as an older adult.
- The collaboration between Mental Health and Child Welfare Services has significantly improved, and a member of the County's Access Team attends collaborative meetings regularly to ensure timely access to Mental Health services.
- The BHD expanded its services to Transitional Age Youth through a Mental Health Block Grant specifically for prevention (services provided on high school campuses using Dialectical Behavior Therapy (DBT) to address the needs of the students) and early intervention (through Navigate, a program designed to address the unique needs of youth experiencing their first episode of psychosis).
- In the South Lake Tahoe region, the South Lake Tahoe Family Resource Center (FRC) is a well-known centralized service hub for the Latino Community. The County has long contracted with FRC for the Latino Outreach MHSA Prevention and Early Intervention (PEI) program in the South Lake Tahoe community.
- MHSA Housing funds were utilized to designate 11 apartment units (five on the West Slope and six in the Tahoe Basin) for individuals who have a serious mental illness and are facing homelessness. Additional housing supports are available through CSS FSP programs and some PEI programs (e.g., Veterans Outreach).
- The BHD works closely with the El Dorado County Sheriff's Office and the Placerville and South Lake Tahoe Police Departments. This assists all participants with helping individuals experiencing a serious mental illness obtain the necessary services to address their needs.

**Challenges:**

- Attempts to hire Clinicians and Psychiatrists who are bilingual / bicultural have been difficult. However, this is not solely limited to bilingual / bicultural individuals as the County has experienced difficulty in hiring Clinicians, regardless of their language capabilities. Service providers in the community face similar challenges at recruiting

bilingual / bicultural Clinicians, and Psychiatrists regardless of their language capabilities.

- Low-cost housing options are very limited in El Dorado County.
- Some reporting challenges exist due to the nature of and access to various State reporting sites (including outcomes of the Consumer Perception Survey and the FSP data).

**Opportunities:**

- The County recently completed a Classification and Compensation Study which may help with the recruitment of qualified staff, including those who are bilingual / bicultural (the County offers an additional \$1.00 per hour for employees who are certified Spanish bilingual).
- The current MHSA Plan includes programs to address the specific needs of Older Adults in the County.

**Criterion 4, Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System**

- I. The county has a Cultural Competence Committee, or similar group that addresses cultural issues, has participation from cultural groups, that is reflective of the community, and integrates its responsibilities into the mental health system.**
  - A. If so, briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee), inclusive committee shall demonstrate how cultural competence issues are included in committee work.**

Currently, the BHD does not have an established Cultural Competence Committee. Rather, the Quality Improvement Committee (QIC) and Behavioral Health Commission are providing support in this area.

Once re-established, the committee will be made up of BHD staff, contract providers and other representatives of groups who have typically been underserved and underrepresented in relationship to mental health service delivery in our rural community.

The Cultural Competence Committee will meet quarterly. During the meetings, issues such as quality improvement, exploration of culturally relevant client outcomes, strategies to outreach to underserved community groups and challenges in providing services to populations that have not traditionally sought mental health treatment will be discussed.

Monitoring of critical tools and compliance issues (signage, translation and interpreter services) will also be addressed by this group.

**B. If so, briefly describe how the committee integrates with the county mental health system by participating in and reviewing MHSA planning process.**

The Cultural Competence Committee will serve as a vehicle for collaboration among providers, BHD staff, County partners, and contract providers who serve underserved populations, for monitoring of service delivery to underserved populations, and for planning, evaluation, and training related to services for underserved populations. Through mechanisms such as meeting collaboration, reporting requirements, and monitoring activities (outcomes data collection) for QI and program evaluation purposes, this committee will be informed and provided with the authority to advise the QIC related to the efficacy of the BHD's cultural competence activities.

The Cultural Competence Committee will be well-integrated in the County mental health system and MHSA planning and review process. The Cultural Competence Committee members will also be routinely invited to actively participate in the MHSA Community Planning Processes and a representative will sit on the MHSA Advisory Board.

**Criterion 5, Culturally Competent Training Activities**

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

**A. The county shall develop a three year training plan for required cultural competence training that includes the following:**

- 1. Steps the county will take to provide required cultural competence training to 100% of their staff over a three year period.**
- 2. How cultural competence has been embedded into all trainings.**
- 3. A report of annual training for staff, documented stakeholder invitation. Attendance by function to include: Contractors, Support Services, Community Members/General Public; Community Event; Interpreters; Mental Health Board and Commissions; and Community-based Organizations/Agency Board of Director; and if available, include if they are clients and/or family members.**

The following areas continue to be of high focus for the BHD:

- Meaningful consumer and family workforce participation;
- Spanish-speaking language capacity;

- Ethnic diversity (in particular Latino representation given our community profile) in the workforce; and
- Increased employment of licensed clinicians.

There are similar needs in the mild-to-moderate and Medicare mental health community, however, psychiatrists serving mild-to-moderate and Medicare beneficiaries also continue to be a need.

The action plan to address these training needs include:

- Use of trainings for BHD staff, contract providers, and the community (ongoing);
- Career pathway for consumer and family members (ongoing).

The cultural competence strategy includes using monthly training as the venue for a significant portion of training. Quarterly training will focus specifically on cultural competency, whereas the other trainings will be clinical in nature and may address how the clinical treatment/issue may vary for specific racial, ethnic, linguistic, age, gender, sexual orientation or other unique needs of specific client populations.

Strengthening of cultural competency among the attendees is the goal of the trainings, and will be achieved by ensuring that the training agendas consistently address at least one of the following cultural competence training issues:

1. Cultural Formulation
2. Multicultural Knowledge
3. Cultural Sensitivity
4. Cultural Awareness
5. Social/Cultural Diversity (Diverse groups, LGBTQIA, Elderly, Disabilities, Veterans, etc.)
6. Interpreter Training in Mental Health Settings
7. Training Staff in the Use of Mental Health Interpreters

The Cultural Competence Training Plan is aligned with the MHSA workforce training needs, the requirements of the Cultural Competence Plan, and will be tied to the programs and practices of the participants, thereby delivered in an integrated fashion. The monitoring processes provided through the MHSA Annual Updates and the Cultural Competence Committee/Quality Improvement Committee quarterly meetings and work plans will provide mechanisms for ongoing review to use the training plan as a vehicle to create and maintain a culturally competent workforce and service delivery system.

Sign in sheets are used in each of these trainings to document attendance and a feedback survey is emailed to each attendee. BHD contracts specify that providers must attend trainings, which include cultural competence trainings. Invitations to trainings may include the following groups, depending upon the training topic:

- Administration/Management
- Direct Service Providers
- Contract Providers
- Support Services
- Community Members/General Public
- Interpreters
- Mental Health Board and Commissions
- Community-based Organizations/Agency Board of Director

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

1. Cultural Formulation
2. Multicultural Knowledge
3. Cultural Sensitivity
4. Cultural Awareness
5. Social/Cultural Diversity (diverse groups, LGBTQIA, older adults, disabilities, Veterans, etc.)
6. Interpreter Training in Mental Health Settings
7. Training Staff in the Use of Mental Health Interpreters

Recent cultural competence trainings offered by the BHD or attended by BHD staff include, but are not limited to:

- How to be Supportive of Clients Who Are Transgender
- The Immigrant Experience Ethnicity and Families
- Exploring Cultural Awareness Sensitivity and Competence
- The Influence of Culture and Society on Mental Health
- Older Adults
- Peer Culture and Peer Perspective

Cultural competence training for BHD staff will continue to cover the seven required areas on a rotating basis.

A list of recent cultural competency trainings is included below.

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

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



**Cultural Competence Trainings From 7/1/19 to 6/30/20**

Training Event	Description of Training	How Long (Hours) and Often	Attendance by Function / Number of Attendees and Total	Date of Training	Name of Presenter
Cultural Competence:  National CLAS Standards	The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and healthcare organizations to implement culturally and linguistically appropriate services. This training will provide a focused look at the CLAS Standards and service/program participation, as well as discuss implicit bias.	2 hours	Direct Services Staff .....10  10 Total	7/1/2019	Cenpatico
Cultural Competence:  Culture Counts: Mental Health Care for Hispanic Americans	This course documents the existence of striking disparities for minorities in mental health services and the underlying knowledge base. Racial and ethnic minorities have less access to mental health services than do whites. They are less likely to receive needed care. When they receive care, it is more likely to be poor in quality. The focus is on exploring mental illness among Hispanic Americans and possible contributing factors. There are significant differences between subpopulations of Latinos, e.g., Mexican Americans, Cuban Americans, Puerto Ricans and	2 hour on-line course	Direct Services Staff .....7  Administration/ Management .....2 (Interpreter)  9 Total	7/18/2019	myLearningPointe

	Central Americans.				
Cultural Competence:  Military Culture Part 1: An Introduction to the United States Armed Forces	This is the first of four modules giving you an introduction to working with current and former United States military members. Many civilians have a preconceived notion of what the mindset is of persons in the military. When working with veterans or current military members you must work to understand where they are at with their values, ideals, and experiences. This module informs you about the basic mentality of those who serve as members of the military as a whole and also the mission, creed, motto, ethos and values of each branch of the military. This course is intended for any professional who will be working with veterans, current military members, or military family members.	1 hour on-line course	Direct Services Staff .....1  1 Total	7/26/2019	myLearningPointe
Military Culture Part 2: Formalities of the Military	Module 2 of the Military Culture course acquaints you with the hierarchy of the military organization and the types of duties or jobs a person might have in the military. It is helpful when working with veterans or active duty	1 hour on-line course	Direct Services Staff .....1  1 Total	7/26/2019	myLearningPointe

	<p>military personnel to understand the hierarchy. All branches of the military are steeped in traditions. These include customs, courtesies, and ceremonies. While each branch has its own traditions, this module discusses some of the common traditions for all branches that you may see expressed by your clients or their families. This course is for anyone who will be working with veterans, active duty military members, or their families.</p>				
Client & Family Perspective	<p>Presentations made by two clients and a family member, where they shared their personal experiences living with mental health issues, seeking/receiving treatment from multiple agencies, medications, resiliency, stigma, and how the agency could better serve their needs.</p>	1.5 hours annually	<p>Direct Client Services.....19</p> <p>Administration/ Management .....9</p> <p>Interpreters .....2</p> <p>30 Total</p>	9/12/2019	<p>2 Clients</p> <p>1 Family Member</p>
Culture Counts: The Influence of Culture and Society on Mental Health	<p>This course documents the existence of striking disparities for minorities in mental health services and the underlying knowledge base. To better understand what</p>	1 hour on-line course	Direct Client Services.....18	Multiple dates ranging from 9/30/19 to	myLearningPointe

	happens inside the clinical setting, this chapter looks outside to reveal the diverse effects of culture and society on mental health, mental illness, and mental health services. This understanding is key in developing mental health services that are more responsive to the cultural and social contexts of racial and ethnic minorities.		Administration/ Management .....1  19 Total	6/9/20	
Diversity: Embracing Diversity in the Workplace v.2	This course helps you understand many different aspects of diversity in your workplace. It takes you to the next step beyond tolerating or just accepting diversity to embracing our differences and understanding what each person can bring to a company to make it even better.	1 hour on-line course	Direct Client Services.....7  Administration/ Management .....1  8 Total	Multiple dates ranging from 10/7/19 to 4/7/20	myLearningPointe
Exploring Cultural Awareness Sensitivity and Competence v.2	After completing this course, participants should be able to: <ul style="list-style-type: none"> <li>• Identify the types of diversity</li> <li>• Recognize the value of knowing a client’s culture</li> <li>• Define cultural awareness and sensitivity</li> <li>• Describe cultural competence</li> </ul>	1 hour on-line course	Direct Client Services.....4  Administration/ Management .....2  6 Total	Multiple dates ranging from 10/8/19 to 6/25/20	myLearningPointe

	<p>and its importance within organizations and healthcare providers</p> <ul style="list-style-type: none"> <li>• Recall effective communication techniques to use with diverse clients</li> </ul>				
Gender Competency: An Introduction What Does It Mean?	<p>The goal of this course is twofold: • To get you thinking about gender competence and the breadth of information and perspective it requires of you • To provide you with examples of information in different areas of a person's functioning that might make you see the value of a gender perspective as a behavioral health provider.</p>	3 hour on-line course	<p>Direct Client Services.....2</p> <p>2 Total</p>	10/14/19 and 12/26/19	myLearningPointe
Diversity: Counseling Lesbian Gay Bisexual and Transgender (LGBT) Clients v.2	<p>This course utilizes information from the American Counseling Association, the American Psychological Association, as well as research by well-known and respected professionals in the fields of counseling and psychology. This course is designed as a beginners experience in learning about Lesbian, Gay, Bisexual, and Transgender clients and in no way is considered to be the summative of all knowledge in working with this population.</p>	1 hour on-line course	<p>Direct Client Services.....3</p> <p>5 Total</p>	Multiple dates ranging from 10/16/19 to 4/7/20	myLearningPointe

<p>Culture Counts: Mental Health Care for African Americans</p>	<p>Identify strengths of African-Americans in coping with mental illness; Recall traditional coping strategies of African-Americans;</p> <p>List factors that may contribute to disparities that exist in appearance of mental illness and treatment of mental illness among African Americans.</p>	<p>2 hour on-line course</p>	<p>Direct Services Staff .....5</p> <p>Administration/ Management .....1</p> <p>6 Total</p>	<p>Multiple dates ranging from 10/18/19 to 1/10/20</p>	<p>myLearningPointe</p>
<p>Cultural Competence: The Immigrant Experience Ethnicity and Families</p>	<p>The domain of clinical practice currently faces a crisis of competence and conscience in the treatment of those clients whose ethnicity, race, or class renders them minority groups in American society. Even with the best of intentions and belief in our own objectivity/impartiality, we unwittingly, even unconsciously impose presumptuous interpretations and interventions on clients' lives. So, we shouldn't be shocked to learn that ethnic minority groups are the smallest users of mental health services. Furthermore, when these groups do use treatment, they show the highest premature termination rate of any social group. Something is wrong here! Our clinical training programs need to step up to this challenge. Dr. McGoldrick discusses</p>	<p>1 hour on-line course</p>	<p>Direct Client Services.....12</p> <p>Administration/ Management .....4</p> <p>16 Total</p>	<p>Multiple dates ranging from 10/18/19 to 4/13/20</p>	<p>myLearningPointe</p>

	the ethno-centered value presuppositions that inform theories of normal human development and related views of psychopathology.				
Assessing Care Needs for Older Adults with Intellectual and Developmental Disabilities	This course is intended to help clinicians from all backgrounds to take a holistic view of aging clients with intellectual and developmental disabilities (IDD). It is hoped that by viewing this course, you will be better equipped to recognize, assess and address the multifaceted challenges that aging IDD clients face.	1 hour on-line course	Direct Client Services.....2  2 Total	10/21/19 & 4/16/20	myLearningPointe
Ask the Expert with Rachel Ray: Immigration 101	Immigration policies and administrative decisions affecting immigrants are happening at an almost breakneck speed. Because so many service providers have immigrant clients, individuals in many sectors can benefit from even a surface understanding of these policies and decisions.  This webinar will focus on an overview of the following changes:  <ul style="list-style-type: none"> <li>• Overview of the REAL ID Act</li> <li>• June 4 passage of the Dream &amp; Promise Act by the U.S. House of</li> </ul>	1 hour on-line interactive course	Administration/ Management .....1  1 Total	10/22/19	California Child Abduction Task Force



	<p>Representatives</p> <ul style="list-style-type: none"> <li>• June 18 announcement regarding “immigration raids”</li> <li>• November 12 hearing on DACA before the Supreme Court</li> <li>• Expanded Expedited Removal</li> <li>• Public charge updates</li> </ul>				
Culture Counts: Mental Health Care for American Indians and Alaska Natives	List factors that may contribute to disparities that exist in appearance of mental illness and treatment of mental illness among Native Americans; Identify characteristics of Native American culture that may be important to consider in providing treatment for mental illness.	2 hour online	<p>Direct Client Services.....1</p> <p>Administration/ Management .....1</p> <p>2 Total</p>	10/22/2019 and 10/24/2019	myLearningPointe
Bullying Prevention: Building a Culture of Respect	Panel presentation where you’ll learn how Broward County Public Schools and New York City Public Schools are addressing bullying in their communities, as well as a national perspective on curbing bullying to improve school climate.	1 hour webinar	<p>Administration/ Management .....1</p> <p>1 Total</p>	11/7/2019	Kognito
Cultivating a Culture of	Accommodations and leave for employees with behavioral health	2 hours	Direct Client Services.....1	12/3/2019	Webinar through

Inclusion	challenges, for employees caring for family members/children with differences, and entitlements for all employees.		1 Total		CIBHS
LGBTQ Clients: Clinical Issues & Treatment Strategies	<p>Assess gay, lesbian, bisexual, transgender and questioning clients for psychological trauma to assist in informing treatments interventions.</p> <p>Establish and understand the six distinct stages of the coming out process to provide optimal amount of support to the client.</p> <p>Distinguish between mental health disorders that mimic the effects of the trauma from growing up LGBTQ.</p> <p>Utilize specific clinical interventions and assessment tools to more effectively treat LGBTQ clients.</p> <p>Employ adaptable clinical interventions to work more effectively with LGBTQ clients from different generations.</p> <p>Consider the dynamics of same gendered couple, including vulnerabilities and strengths, when working with LGB couples in session.</p>	6.25 hours	<p>Direct Client Services.....9</p> <p>Administration/ Management .....7</p> <p>16 Total</p>	12/9/2019	Joe Kort, PhD, LMSW

<p>Cultural Competence: Latino Outreach</p>	<p>Discussion regarding the services offered, Hispanic culture and mental health needs.</p>	<p>1 hour</p>	<p>Direct Client Services.....31</p> <p>Administration/ Management .....12</p> <p>Interpreters .....4 (incl. in function count)</p> <p>43 Total</p>	<p>12/12/2019</p>	<p>Bill Martinez of Family Resource Center, South Lake Tahoe, CA</p>
<p>Cultural Competence: The Immigrant Experience The Impact of Migration on Families</p>	<p>The domain of clinical practice currently faces a crisis of competence and conscience in the treatment of those clients whose ethnicity, race, or class renders them minority groups in American society. Even with the best of intentions and belief in our own objectivity/impartiality, we unwittingly, even unconsciously impose presumptuous interpretations and interventions on clients' lives. So, we shouldn't be shocked to learn that ethnic minority groups are the smallest</p>	<p>1 hour</p>	<p>Direct Client Services.....2</p> <p>Administration/ Management .....1</p> <p>2 Total</p>	<p>Multiple dates ranging from 12/16/2019 to 12/30/2019</p>	<p>myLearningPointe</p>

	<p>users of mental health services. Furthermore, when these groups do use treatment, they show the highest premature termination rate of any social group. Something is wrong here! Our clinical training programs need to step up to this challenge. Latinos in the United States constitute a significant and sizable population that mental health professionals must serve appropriately. In her book, <i>Latino Families in Therapy</i>, our speaker in this interview, Dr. Celia Falicov, writes that, “Even when freely chosen, the transition of migration is replete with loss and disarray – there is loss of language, separation from loved ones, the intangible emotional vacuum left in the space where “home” used to be, the loss of community, and lack of understanding of how jobs, schools, banks, or hospitals work. Immigrants are rendered vulnerable, isolated, and susceptible to individual and family distress.” She states that it is impossible to do cross-cultural work without critical cultural and sociopolitical self-awareness on the part of the practitioner, and refers to the term, “Cultural Humility” to</p>				
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	describe what this takes.				
Demographics Issues and Challenges in Older Adult Behavioral Health	The course provides an overview of the mental health needs of older adults and the barriers to meeting those needs. We explore strategies for meeting the challenges of providing mental health services to elders and discuss some key concepts underlying best practices in mental health care for older adults.	1 hour online	Direct Client Services.....3  3 Total	12/19/2019 and 1/25/2020	myLearningPointe
Cultural Competence: The Immigrant Experience The Legal Hoops of Immigration	The domain of clinical practice currently faces a crisis of competence and conscience in the treatment of those clients whose ethnicity, race, or class renders them minority groups in American society. Even with the best of intentions and belief in our own objectivity/impartiality, we unwittingly, even unconsciously impose presumptuous interpretations and interventions on clients' lives. So, we shouldn't be shocked to learn that ethnic minority groups are the smallest users of mental health services. Furthermore, when these groups do use treatment, they show the highest premature termination rate of any social group. Something is wrong here! Our clinical training		Direct Client Services.....5  5 Total	Multiple dates ranging from 12/24/2019 to 4/7/2020	myLearningPointe

	<p>programs need to step up to this challenge. Family reunification has stood as a central pillar of the US Immigration system. However, immigration laws have implications that go well beyond actual admissions. These laws not only determine who is allowed to immigrate and through which channels, but they also shape the composition of immigrant families and, by doing so, they affect immigrant households' economic opportunities and their ability to integrate into American society. In principle, our immigration law recognizes the right of US citizens and lawful permanent residents to be reunited with close family members born abroad. However, a closer look at the actual impact of current immigration laws on families reveals that many legal provisions of the laws threaten this reunification. Here to give us an overview on the complexities of our immigration system and the concomitant emotional repercussions of these laws is attorney Kenneth Geman.</p>				
Diversity in the Workplace	This course is about diversity in our workplace. With a global economy and living in a multiethnic state,	1 hour online	Direct Client Services.....3	Multiple dates ranging	myLearningPointe

	<p>you will have diversity within your organization and among your clients. This course is designed to help you recognize diversities in your work environment. Some diversity issues or categories are protected by the Federal laws such as the Civil Rights Act, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and others. Some diversity issues are not necessarily specified by law, but do fall under ethical behavior within the workplace.</p> <p>This course is not about you requiring you to change your values and morals, rather it is about helping you see where you can act to make your workplace an accepting place to for everyone and celebrate each person's diversity.</p>		<p>Administration/ Management .....1</p> <p>4 Total</p>	<p>from 12/27/2019 to 6/24/2020</p>	
Abuse and Neglect of Elders	<p>Abuse and neglect permeates all aspects of our society. The available information is voluminous and graphic. Cases pertain to both public figures and private individuals and affect people of all ethnic, cultural, racial, economic, and religious backgrounds.</p> <p>Elders around the world are being</p>	1 hour online	<p>Direct Client Services.....2</p> <p>Administration/ Management .....1</p> <p>3 Total</p>	<p>Multiple dates ranging from 1/26/2020 to 4/8/2020</p>	myLearningPointe

	abused: harmed in some substantial way, often by people who are directly responsible for their care. In the U.S. alone, more than half a million reports of abuse against elderly Americans reach authorities every year, and millions more cases go unreported. In this course we will go into detail about definitions, signs and symptoms, and risk factors.				
Addiction and the Elderly	The purpose of this course is to examine the prevalence of elderly substance use disorders. This is an often overlooked population by addiction professionals. The general goal of this course is to recognize the impact of addictions in the elderly. This will assist you in identifying the signs and symptoms as well as to make appropriate referrals for prevention and treatment.	1 hour online	Direct Client Services.....1  Administration/ Management .....1  2 Total	1/26/2020 and 2/6/20	myLearningPointe
Women and Addiction: Treatment Considerations	The goal of this course is to summarize critical areas of concern in assessing and treating substance abusing or dependent women. These include relationships, biological, psychological (including trauma), and socioeconomic issues. We summarize research findings presented in CSAT's TIP 51,	1.5 hours online	Direct Client Services.....1  Administration/ Management .....1	1/26/2020 and 2/15/2020	myLearningPointe



	<p>Substance Abuse Treatment: Addressing the Specific Needs of Women, as well as findings from other sources – and, then, we review implications of some of these findings for assessing women to identify needs and for providing services to meet those needs. Throughout, we attempt to maintain a gender competent awareness.</p>		2 Total		
<p>Women and Addiction: Consumption Patterns</p>	<p>he purpose of this course is to summarize some of the information available on the different rates of substance use in women and men, with a special focus on the consumption rates of those less than 18 years of age in the U.S. Our data source will be the results of the last annual National Survey on Drug Use and Health (NSDUH), conducted by the federal government. We will also review international comparisons of alcohol use patterns among women and men in different countries. Interestingly, initial researchers suggested that the rates of use are underestimated for women because of the oversimplified questions used in the surveys. A new instrument was developed and used to find some expected and</p>	0.5 online	<p>Direct Client Services.....1</p> <p>1 Total</p>	2/13/2020	myLearningPointe

	<p>unexpected results. We do provide a brief description of the revised survey instrument – all or portions of it which may be of value in treatment assessments.</p> <p>Importantly, this survey instrument looks much more fully at contexts, both drinking and life contexts, than most standard diagnostic and psychosocial assessments used in treatment organizations today.</p>				
Women and Addiction: Physiological Consequences	<p>The purpose of this course is to summarize some of the information available on the different physiological responses to substances that occur in women and men. In so doing, it is hoped that providers will see that the screening for, evaluation of and education about the physiological consequences of substance use needs to be different according to the gender being educated, that is, it needs to be gender-informed.</p> <p>For the most part, women are more vulnerable to substances. They become addicted more quickly using lower amounts and they experience more negative physiological consequences, - and again more quickly than men. It is hoped that greater knowledge will result in greater sensitivity to the</p>	1.5 hours online	Direct Client Services.....1  1 Total	2/13/2020	myLearningPointe

	potential needs of clients, in this case, especially your women clients				
An Introduction to Cultural & Linguistic Competency	An introduction to cultural and linguistic competency, you'll learn what culture has to do with behavioral health care.	1 hour online	Direct Client Services.....21  Administration/ Management .....4  25 Total	Multiple dates ranging from 3/22/2020 to 4/18/2020	SMI Adviser Content Partners
Know Thyself - Increasing Self-Awareness	Know thyself – Increasing self-awareness, you'll learn how to get to know your cultural identity and how it affects your work with clients.	1 hour to 1.25 hours online depending on function	Direct Client Services.....19  Administration/ Management .....4  23 Total	Multiple dates ranging from 3/24/2020 to 6/20/2020	SMI Adviser Content Partners
Cultural Competence:  Knowing Others - Increasing Awareness of your Client's Cultural Identity	Knowing others – Increasing awareness of your client's cultural identity, you'll learn how to get to know your client's cultural identity.	1 hour, 1.5 or 1.75 hours online depending on function	Direct Client Services.....17  Administration/	Multiple dates ranging from 3/25/2020 to	SMI Adviser Content Partners

			Management .....3  Interpreters .....2 (incl. in function count)  22 Total	6/27/2020	
Culturally & Linguistically Appropriate Interventions and Services	Culturally and linguistically appropriate interventions and services, you'll learn how to build stronger therapeutic relationships with clients from diverse backgrounds.	1 hour to 1.5 hours online depending on function	Direct Client Services.....19  Administration/ Management .....1  Interpreters .....2 (incl. in function count)  20 Total	Multiple dates ranging from 3/26/2020 to 3/28/2020	SMI Adviser Content Partners
Culture Counts: Mental Health Care for Asian Americans and	Mental Health: Culture, Race and Ethnicity was written as a supplement to Mental Health: A Report of the Surgeon General (U.S.	2 hours online	Direct Client Services.....1	4/2/2020	myLearningPointe

<p>Pacific Islanders</p>	<p>Department of Health and Human Services [DHHS], 1999). It documents the existence of striking disparities for minorities in mental health services and the underlying knowledge base. Racial and ethnic minorities have less access to mental health services than do whites. They are less likely to receive needed care. When they receive care, it is more likely to be poor in quality.</p> <p>In Chapter 5, the focus is on exploring mental illness among Asian-Americans and Pacific Islanders. There are significant differences between subpopulations of Asian-Americans and Pacific Islander. These are explored in this chapter. Two more recent surveys, completed in the early 2000s (2001-2003), the National Latino and Asian American Study (NLAAS) and the National Comorbidity Survey Replication (NCS-R) provide updated and more comprehensive information about the disparities that exist in the need for and delivery of mental health services for the Latino and Asian American populations.</p>		<p>1 Total</p>		
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<p>Women and Addiction: The Relational Model Applied</p>	<p>The goal of this course is introduce participants to The Stone Center’s Relational Model’s primary thesis – that relationships are central to women’s development, lives and health. When relationships are disconnected, psychological distress ensues – and may result in the use of substances to manage that distress or, perhaps, to allow any given woman to remain in the damaging relationships. Traditional cultural practices, including psychological, psychiatric and social service practices, devalue the centrality of relationships to identity and, along with it, devalue women. The numbers of women receiving substance abuse treatment services today who experience seriously disconnected relationships and/or the consequences of them, e.g., experiences of child abuse, rape and battering paired with depression, anxiety, and PTSD, demand an awareness of the role of such disconnection in the etiology of substance use disorders.</p>	<p>1 hour online</p>	<p>Direct Client Services.....1</p> <p>1 Total</p>	<p>4/15/2020</p>	<p>myLearningPointe</p>
<p>Behavior Management: Interventions in</p>	<p>This course provides an introduction to the theory and principles of behavior management and the specific application of</p>	<p>1 hour online</p>	<p>Direct Client Services.....1</p>	<p>4/18/2020</p>	<p>myLearningPointe</p>

Dementia	behavioral interventions in managing problem behaviors associated with dementia.		1 Total		
Aging in the Transgender Community	<p>As transgender older adults age and need more care, they are more likely to run into discrimination and lack of understanding. They face profound challenges and experience striking disparities in areas such as health and health care access, physical and mental health, employment, housing and more.</p> <p>Unlike with younger transgender people, there has been less coverage around the problems and issues of older adults who have lived as transgender for decades. Rena McDaniel, LCPC, MEd, Certified Sex Therapist has extensive experience working with trans people of all ages, and she shares this with us here.</p>	1 hour online	<p>Direct Client Services.....1</p> <p>1 Total</p>	4/18/2020	myLearningPointe
Suicide Part B - Elderly Suicide	Nancy Osgood, Ph.D., Gerontology, discusses ageism in our culture. She presents methods of assessing and identifying early signs of suicide in the elderly.	1.5 hour online	<p>Direct Client Services.....1</p> <p>1 Total</p>	4/28/2020	myLearningPointe
Working with the Elderly Part A	Bob G. Knight, Ph.D., Psychology, discusses methods of assessing older adults, how to complete a	2 hours online	Direct Client Services.....1	4/28/2020	myLearningPointe

	therapeutic life review, and how treatment of the older adult differs from that of younger adults in his interview ""Treatment of the Elderly."		1 Total		
Hey White Therapist Here's Where We Start	<p>This interview is a primer about the themes white therapists can begin exploring to be more aware of their own racial identity, cultural conditioning, and the effects on white people and people of color.</p> <p>This interview offers practical and compassionate guidance and interventions to white therapists wanting to be more effective in their work with people of color.</p>	1 hour online	Direct Client Services.....3  Administration/ Management .....1  4 Total	Multiple dates ranging from 6/3/2020 to 6/27/2020	Frank Baird, LMFT, LPCC
Cultural Somatics	Explore basics facets of Racialized Trauma and what to do about it.	1 hour online	Direct Client Services.....1  1 Total	6/18/2020	Cultural Somatics Training & Institute  Resmaa Menakem
Implicit Bias	In this series of short videos, Stanford psychologist and MacArthur "Genius Grant" recipient Dr. Jennifer L. Eberhardt shares the science of how bias really works, and what we can do to overcome it.	1.5 hours online	Direct Client Services.....1  1 Total	6/18/2020	Dr. Jennifer Eberhardt



Racial Trauma	Explore basics facets of Racialized Trauma and what to do about it.	1.25 hours online	Direct Client Services.....1  1 Total	6/19/2020	Resmaa Menakem
Black Minds Matter	A public course where we seek to raise the national consciousness about issues facing Black boys and men in education. My name is Luke Wood and I am a social scientist in the field of education. I am Vice President of Student Affairs & Campus Diversity and the Dean's Distinguished Professor of Education at San Diego State University. I have the pleasure of serving as your professor for this learning experience.	2 hours online	Direct Client Services.....1  1 Total	6/20/2020	Dr. Luke Wood
Lifting Black Voices: Therapy Trust and Racial Trauma	Clinicians discuss the theme of therapeutic mistrust in the Black and African community, and offer insight about how the lived experience of BIPOC individuals may impact the course of therapy. Guidance for non-minority clinicians is also discussed.	1 hour online	Direct Client Services.....5  Administration/  Management .....1  6 Total	Multiple dates ranging from 6/20/2020 to 6/27/2020	La Shanda Sugg, LPC, L.J. Lumpkin, LMFT, & Dr. Tiffany Crayton, LPC
How to Fight Racial Bias	In honor of the protests appearing around the nation, we've made our e-course on racial bias free to the	1.25 hours online	Direct Client Services.....1	6/23/2020	Dr. Jennifer Eberhardt

	public. In this series of short videos, Stanford psychologist and MacArthur "Genius Grant" recipient Dr. Jennifer L. Eberhardt shares the science of how bias really works, and what we can do to overcome it.		1 Total		
Lifting LGBTQ Voices of Color: Racism Among Gender & Sexual Minorities	panel discussion about the intersection between racial and gender/sexual discrimination.	1 hour online	Direct Client Services.....1  1 Total	6/30/2020	Dr. Frank Sanchez, PSY, LMFT, Luna Malbroux, MSW, and Jazzmun Nichcala Crayton

## **Criterion 6, County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff**

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

- A. Extract and attach a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component. Rationale: Will ensure continuity across the County Mental Health System.**

Please see the County's Workforce Needs Assessment for more details:

<https://www.edcgov.us/government/mentalhealth/mhsa%20plans/documents/El+Dorado+FinalWET.pdf>.

- B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. Rationale: Will give ability to improve penetration rates and eliminate disparities.**

The comparison in the Workforce Needs Assessment remains unchanged.

- C. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.**

The current progress toward targets provided in the Workforce Needs Assessment are not available for the BHD and community-based organizations.

- D. Share lessons learned on efforts in rolling out county WET implementation efforts.**

While the public mental health system workforce development needs remain significant, the BHD has been carefully reviewing its operations to prioritize client outcomes while maximizing current staffing levels. Additionally, the BHD contracts all children's outpatient services to community-based organizations.

However, current staffing trends continue to identify challenges in staffing psychiatric technicians, mental health marriage and family therapists (especially licensed clinicians), clinical social workers (especially licensed social workers); bilingual/bicultural staff; and all positions that work nights, evenings, weekends, and part-time and/or on-call.

- E. Identify county technical assistance needs.**

- Recruitment and collaborative strategies may be helpful, particularly for small counties.

- Use of technology to make high quality and desirable trainings easily accessible (taped trainings available on DVD or on-line that offer CMEs and CEUs – perhaps at no or low cost), including:
- The identification and use of easily accessible technology (on line classes, webinars, and training) that expands staff knowledge of the cultures represented in the community.
- Assistance with the identification and/or development of culturally competent educational and training materials that can be integrated into the County’s required orientation and employment courses.

## **Criterion 7, Language Capacity**

### **I. Increase bilingual workforce capacity**

#### **A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity, including the following: (Counties shall document the constraints that limit the capacity to increase bilingual staff.)**

##### **1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.**

The challenge of competing with nearby counties that offer higher pay, higher benefits, and serve as sites for educational institutions continues. However, the County has recently undertaken a Classification and Competence Study to bring El Dorado County into a more competitive standing with surrounding counties.

Additionally, the MHSA Team previously brought together representatives of the Latino community, along with representatives of organizations that serve the Latino community (e.g., schools). This group was designed to identify the needs of the Latino community and identify means of reaching the Latino community and potential bilingual/bicultural service providers.

##### **2. Updates from Mental Health Services Act (MHSA), Community Service and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.**

The BHD has 5 Mental Health staff who are bilingual and/or bilingual/bicultural. These staff are identified on the BHD’s internal staff directory so that all BHD staff know who can assist them when interpreter needs arise.

**3. Total annual dedicated resources for interpreter services in addition to bilingual staff.**

The BHD maintains a contract for interpretation services via phone line and in-person. The annual amount budgeted is \$1,500.

In addition, all BHD contracts for Specialty Mental Health Services and Prevention and Early Intervention services include a requirement that the contractors maintain access to and utilize interpreters, if needed, at no charge to the clients.

Additionally, the BHD is exploring options for interpreter training as a result of discussion with the Latino Outreach Workgroup, which identified the need for standardized training for all individuals assisting with interpreter services in the County.

**II. Provide services to persons who have Limited English Proficiency**

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

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

The BHD operates a 24-hour phone line with statewide toll-free access (800-929-1955) and a TTY/TTD (530-295-2576, or via the California Relay Service) that has linguistic capability available for all individuals. Linguistic capability is assured 24-hours a day via the language line contracted by the BHD. For calls received by the BHD during regular business hours, an attempt is made to contact staff who speak the language of the caller, and the call is transferred if this can be completed in a timely manner.

A description of the protocol used for implementing language access through the county's 24-hour phone line with statewide toll-free access, including staff training protocol is documented in Policy and Procedure II-B-0-004 "Cultural and Linguistic Competence at Mandated Points of Contact".

**B. Evidence that clients are informed in writing in their primary language, of their rights to language assistance services.**

Rights are explained in the “Guide to Medi-Cal Mental Health Services”, given to each new client in the preferred language (the Guide is available in Spanish as the only threshold language in El Dorado County), and available to anyone upon request.

Additionally, rights are posted at all service sites and language preference is asked and documented in the electronic medical record.

**C. Evidence that the county/agency accommodate persons who have limited English proficiency (LEP) by using bilingual staff or interpreter services.**

Accommodation of persons who have LEP is demonstrated by the following:

- Language preference is asked and documented in the electronic medical record on the client contact page. The Initial Assessment document indicates the client’s preferred language.
- During regular business hours an attempt is made to contact staff who speak the language of the caller. Staff are provided with a listing of county personnel and language(s) spoken, who are available to provide interpretation services.
- Contracts include the requirement that the contractor provide written materials in the format preferred by the client and maintain access to and utilize interpreters, if needed, at no charge to the clients.

**D. Share historical challenges on efforts made on the items A, B, and C above. Share lessons learned.**

- El Dorado County faces the ongoing challenge of “competing” with nearby counties that offer higher pay, better benefits, and serve as sites for educational institutions. As a small, rural county El Dorado has struggled with recruiting and retaining bilingual, bicultural staff. However, the County recently completed a Classification and Compensation Study which may help with the recruitment of qualified staff.
- Some LEP clients may have limited or poor reading skills, thus the BHD is exploring the use of videos or screen reader capability through Adobe to address reading limitations.

**E. Identify county technical assistance needs. (DMH is requesting counties identify language access technical assistance needs so that DMH may aggregate information and find solutions for small county technical assistance needs.)**

El Dorado County continues to need technical assistance in developing small county strategies to more effectively recruit bilingual/bicultural staff.

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

**Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable. Counties should train their staff for the proper use of language lines but should seek other options such as training interpreters or training bilingual community members as interpreters.**

**A. Evidence of availability of interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken by community.**

- Flyers announcing the availability of free interpreter services are posted at all service sites.
- List of staff available to provide interpreter services are available to all staff.
- Provider list includes the languages spoken by each provider.

**B. Documented evidence that interpreter services are offered and provided to clients and the response to the offer is recorded.**

- This is documented in the intake assessment document.

**C. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.**

- The BHD contracts with bilingual and bicultural agencies in South Lake Tahoe and Western Slope regions. For example, South Lake Tahoe Family Resource Center is located in the heart of a predominantly Latino community in South Lake Tahoe and is an ethnic-services agency dedicated to serving this community. All contracts with providers include the requirement that services be available in multiple languages either directly by provider staff or through an interpreter service at no charge to the clients.
- The BHD certifies its staff who are bilingual in Spanish, the threshold language in El Dorado County.
- Additionally, BHD staff document in the medical record if services are offered and/or provided in Spanish.

**D. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).**

- The BHD's process to certify bilingual competence in Spanish is contained in Policy and Procedure II-B-0-001 "Certification of Bilingual Competence and Eligibility for Pay Differential" (see attached).

- The BHD maintains a contract with a contractor for language services, including ASL interpreting services.
- It is acknowledged that even if bilingual competence has been certified, the skills needed to interpret are distinct. Technical assistance is requested from DMH for El Dorado and possibly other small counties in how to train and establish proficiency in interpretation given very limited resources.

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

**A. Policies, procedures, and practices that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.**

- This is contained in Policy and Procedure II-B-0004 “Cultural and Linguistic Competence at Mandated Points of Contact”.

**B. Provide a written plan for how clients who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.**

- This is contained in Policy and Procedure II-B-0004 “Cultural and Linguistic Competence at Mandated Points of Contact”.

**C. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 (see page 27) requirements:**

- 1. Prohibiting the expectation that family members provide interpreter services;**
- 2. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services; and**
- 3. Minor children should not be used as interpreters.**

- Compliance with the following Title VI of the Civil Rights Act of 196 requirements is itemized in Policy and Procedure II-B-0-004.

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

**A. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:**

- 1. Member service handbook or brochure;**
- 2. General correspondence;**



3. **Beneficiary problem, resolution, grievance, and fair hearing materials;**
4. **Beneficiary satisfaction surveys;**
5. **Informed Consent for Medication form;**
6. **Confidentiality and Release of Information form;**
7. **Service orientation for clients;**
8. **Mental health education materials, and**
9. **Evidence of appropriately distributed and utilized translated materials.**

The BHD will maintain and distribute as required the above-identified forms/written materials.

**B. Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients' preferred language.**

Documentation of preferred language is provided in the electronic medical record, minimally under the CSI data and in the assessment. Additionally, when services are offered and/or provided in a client's preferred non-English language, that information is documented in the progress note.

**C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).**

The BHD participates in the Statewide Consumer Perception Survey. These forms are available in both English and Spanish, and are provided to the BHD by the State's contractor.

**D. Report mechanisms for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).**

Items that are generated by the BHD undergo the initial translation by a staff member who is certified bilingual, and the translated document is then distributed to another bilingual staff for review of the translation. Any discrepancies between the translations are reviewed by a third bilingual staff member, and if needed, there is a meeting to discuss the translation.

**E. Report mechanisms for ensuring translated materials are at an appropriate reading level (6th grade). Source: Department of Health Services and Managed Risk Medical Insurance Boards.**

The MHP is in the process of reviewing all of its written materials to ensure materials are at an appropriate reading level.

## **Criterion 8, County Mental Health System Adaptation of Services**

### **I. Client driven/operated recovery and wellness programs**

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

The BHD's programs are all client driven, recovery oriented, and wellness directed. Some specific programs that address the culturally unique populations include:

##### **PEI: Mental Health First Aid**

There are two program instructors who are bilingual/bicultural and one instructor who is a Veteran. This evidence-based project introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and provides an overview of common treatments, using the curriculum developed by Mental Health First Aid USA, including a module specific to Veterans and their families.

##### **PEI: Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education**

This project supports differences, build understanding through community involvement, and provide education to reduce shame and support to end discrimination. Written materials are provided in both English and Spanish.

##### **PEI: Wennem Wadati: A Native Path to Healing**

Foothill Indian Education Alliance provides culturally specific Native American services through use of Cultural Specialists, who are Native American community members, working in a professional capacity that access unique cultural contexts and characteristics through the use of traditional Native American healing approaches. The project employs various prevention strategies to address all age groups in the target population with the intent to maintain mental health well-being, improve wellness, and decrease health disparities experienced by the Native American community.

##### **PEI: Latino Outreach**

New Morning Youth and Family Services and the South Lake Tahoe Family Resource Center provide Promotoras to address needs in the Spanish-speaking or limited English-speaking Latino adult population and peer and family problems in the youth population as community issues resulting from unmet mental health needs by contributing to system of care designed to engage Latino families and provide greater access to culturally competent mental health services. All staff are bilingual or bilingual/bicultural.

##### **PEI: Older Adult Programs**

This project focuses on depression among older adults and the community issues of isolation and the inability to manage independence that result from unmet mental health needs. The goal is to reduce institutionalization or out of home placement. The programs include Senior Peer Counseling, Friendly Visitor, and Senior Link. Senior Peer Counseling provides free confidential individual peer counseling to adults age 55 and older. Senior Peer

Counseling volunteers evaluate the needs of potential clients, frequently referring them or assisting them in making contact with other community services, including Behavioral Health evaluation and treatment. Friendly Visitor is designed to help older adults prevent or overcome physical and mental health risks associated with isolation and loneliness. Senior Link is designed to provide access, support, and linkage for older adults to a variety of community-based services with the goal of improving mental health.

**PEI: Veterans Outreach**

This project is an outreach project aimed at reaching Veterans who may be in need of behavioral health services. The goals are to provide a single point of entry for homeless Veterans to receive needed services, assist Veterans to secure permanent and affordable housing, and to reduce the number of homeless Veterans in our community.

**PEI: Psychiatric Emergency Response Team (PERT) (Community-Based Outreach and Linkage)**

PERT is a dedicated team that responds to mental health-related calls in the community. PERT pairs a mental health clinician with a Sheriff Deputy, who provide field-based mental health outreach, referrals and linkage to services. PERT reaches community members where they live, work and play to allow greater access to services for individuals who may not seek out traditional access points, including those who are homeless, underserved, or have other social or cultural pressures to avoid mental health services. PERT may interact with individuals who are victims of domestic violence, use substances as a means of self-medicating, or are experiencing poverty or multi-generational impacts of untreated mental illness.

**CSS: Full Service Partnership**

This project encompasses services for children, Transitional Age Youth, Adults, and Older Adults. Each client's personal and cultural needs are addressed. According to California Code of Regulations (CCR), Title 9, Section 3200.130, a FSP is "the collaborative relationship between the County and the client, and when appropriate, the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals. Included in the services are FSP projects provide an individualized approach to meeting needs for mental health and support services to children/youth, Transitional Age Youth, adults, and older adults.

**CSS: TAY Engagement, Wellness and Recovery Services**

This project provides services to meet the unique needs of transitional age youth and encourages continued participation in mental health services.

**CSS: Outreach and Engagement Services**

This project includes Projects for Assistance in Transition from Homelessness (PATH) services, including services provided by a homeless advocate. This project engages individuals with a serious mental illness in mental health services and to continue to keep clients engaged in services by addressing barriers to service.

## II. Responsiveness of mental health services

- A. Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider.**

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

El Dorado County maintains a list of Specialty Mental Health Service providers that includes languages spoken other than English, experience with specific cultural and spiritual groups, and specialty services. This list is available in both English and Spanish at all BHD locations.

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

El Dorado County maintains a list of mental health service providers that includes languages spoken other than English, experience with specific cultural and spiritual groups and specialty services. The list is included in the beneficiary informing materials provided to beneficiaries at intake.

A flyer (English and Spanish) is posted in the lobby areas of mental health service sites that advise clients that a Guide to Medi-Cal Mental Health Services is available upon request, and the Guide to Medi-Cal Mental Health Services is provided to clients upon initial intake.

- C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services.**

**(Counties may include a.) Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services; or b.) Evidence of outreach for informing under-served populations of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.)**

Please see the attached information (Exhibit A).

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

**Location, transportation, hours of operation, or other relevant areas;**

There are six geographic areas that are generally seen as comprising the distinct regions of the County:

West County	Cameron Park, Shingle Springs, Rescue, El Dorado Hills
Placerville Area	Placerville, Diamond Springs, El Dorado, Pleasant Valley, Kelsey, Swansboro
North County	Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Pilot Hill
South County	Somerset, Grizzly Flats, Mt. Aukum
Mid County	Pollock Pines, Camino, Cedar Grove, Kyburz, Pacific House, Riverton
Tahoe Basin	SLT, Tahoma

Behavioral Health offices are in Diamond Springs and South Lake Tahoe. Additionally, a bilingual/bicultural Mental Health Clinician is stationed full time at the Community Corrections Center in Shingle Springs. This Mental Health Clinician works closely with County Probation and Substance Use Disorder Services. Additionally, a Mental Health Clinician is stationed at the Marshall Hospital Emergency Department from 8:00 pm to 12:00 am seven days per week.

Individuals receiving Full Service Partnership level of services may receive those services anywhere in the community that is appropriate and safe, including clients' homes.

In determining the location of the Outpatient Behavioral Health Clinics, concerns such as proximity to local transportation is considered. For example, when the West Slope Clinic relocated to Diamond Springs, the County partnered with El Dorado Transit to install a new bus stop in front of the Diamond Springs office and the BHD developed a Transportation Plan.

Standard business hours for both the West Slope (Diamond Springs) and South Lake Tahoe offices are Monday through Friday, 8:00 a.m. to 5:00 p.m. The Intensive Case Management (ICM) team is available seven days per week from 8:00 a.m. to 8:00 p.m. ICM services are available after those hours through Psychiatric Emergency Services staff.

- 1. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs); and**

The BHD service sites are easily accessible by public transportation, are ADA-compliant, and have limited after business hour services (e.g., Psychiatric Emergency Services). Collaboration with law enforcement, school districts and primary care providers greatly enhances geographic access, increases early identification, and decreases the barriers presented by stigma.

- 2. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis.)**

During site visits and Medi-Cal certification/recertification processes, application of culturally appropriate strategies to ensure a welcoming and accessible environment is considered.

### **III. Quality Assurance**

**Requirement: A description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:**

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

The State Department of Health Care Services requires that local Mental Health Plans (MHPs) have in place problem resolution processes for Medi-Cal beneficiaries and MHP providers. In addition, it is the policy of the BHD to offer this problem resolution process to all individuals receiving or requesting services, with the exception of the right to a State Fair Hearing, which is limited to Medi- Cal beneficiaries.

The BHD sets the following objectives for our problem resolution process:

- To respond in a timely, sensitive, and confidential manner to all public complaints, queries, and reports regarding mental health services in El Dorado County.
- To assist individuals in accessing medically necessary, high quality, client- centered mental health services.

- To provide a process for resolution of problems in a client-focused atmosphere.
- To provide a formal process for resolution of grievances and appeals.
- To protect the rights of clients during the grievance and appeal process.

The BHD ensures that the individuals who make decisions on grievances and appeals are:

- individuals who were not involved in any previous level of review or decision-making; and
- who are health care professionals who have the relevant and appropriate clinical expertise and licensure meeting State and Federal regulations.

The Problem Resolution Coordinator:

- receives all grievances and appeals and serves as the MHP's representative;
- is available to consult and assist patients upon request; and
- assign each grievance or appeal to the appropriate staff for investigation and findings.

Upon request for mental health services, MHP beneficiaries shall receive a copy of the "Guide To Medi-Cal Mental Health Services" booklet created by the State Department of Mental Health available in English and Spanish. This booklet includes a description of the problem resolution process and useful information on how to contact the Patients' Rights Advocate and the MHP's Problem Resolution Coordinator. Additionally, a list of providers is also available.

Brochures explaining the Grievance and Appeal processes (available in English and Spanish) explain in greater detail the Grievance, Appeals and Expedited Appeals processes designed to resolve problems, including Medi-Cal beneficiaries' right to request a State Fair Hearing.

A sign indicating the availability of the booklet and both brochures is accessible and visibly posted in the waiting room of all MHP service locations and on the BHD's web site. In addition, informational brochures, grievance and appeals forms, and self-addressed envelopes for submitting grievances and appeals forms, are provided with easy access and in full view in all BHD service locations.

If at any time a client or family member expresses dissatisfaction with the BHD, they should be provided with a copy of the Grievance and/or Appeals packet, which includes information about Grievances/Appeals and the Grievance/Appeal form. All staff, including those answering the (800) 929-1955 Access Line, shall be able to provide information on how to access copies of the agency's

Grievance and Appeals forms and how to contact the Problem Resolution Coordinator and Patients' Rights Advocate.

Full detail on the MHP's handling of Grievances and Appeals is documented in Policy & Procedure N-MH-002. Grievance and Appeal forms are available in English and Spanish.



**Exhibit A**  
**Consumer Informing Materials**

**El Dorado County  
Health and Human Services Agency  
Behavioral Health Division**

**Access and set up for ASL  
interpretation  
(for hearing impaired)**



**The Behavioral Health  
Division has a contract  
with “Language People”**

***Call:***

**Diamond Springs  
(530) 621-6290**

**South Lake Tahoe  
(530) 573-7970**

**Agencia de Salud y Servicios Humanos  
de el Condado de El Dorado  
División de Salud de Comportamiento**

**Acceso y arreglo para  
obtener servicio de interpretación  
(para los que no oyen)**



**La División de Salud del  
Comportamiento tiene un  
contrato con “Language  
People”**

***Llame:***

**Diamond Springs  
(530) 621-6290**

**South Lake Tahoe  
(530) 573-7970**



**Ofrecemos servicios de salud mental  
en su propio idioma**

**Si Ud. así lo requiere, le brindamos los  
servicios de un intérprete sin costo alguno.**

**También ofrecemos ayuda apropiada para  
personas sordas o con vista limitada**

**Por favor informe a la recepcionista o a su  
consejero que Ud. necesita estos servicios.**

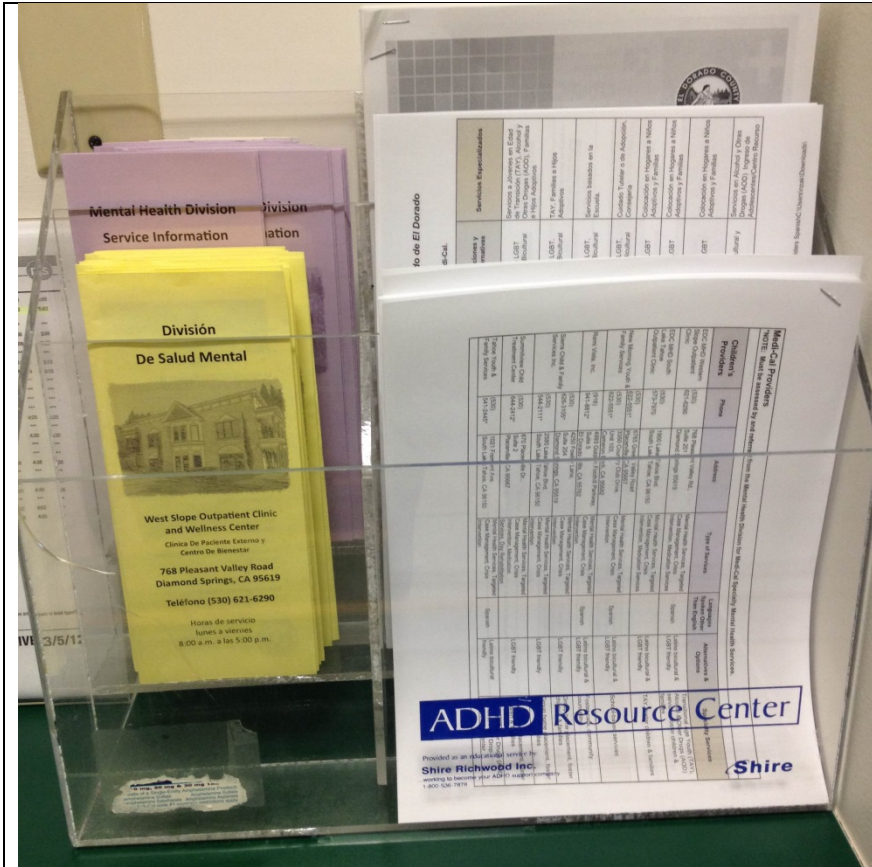
Mental health services are available to  
you in your primary language.

When necessary, interpreter services will be  
made available at no cost to you.

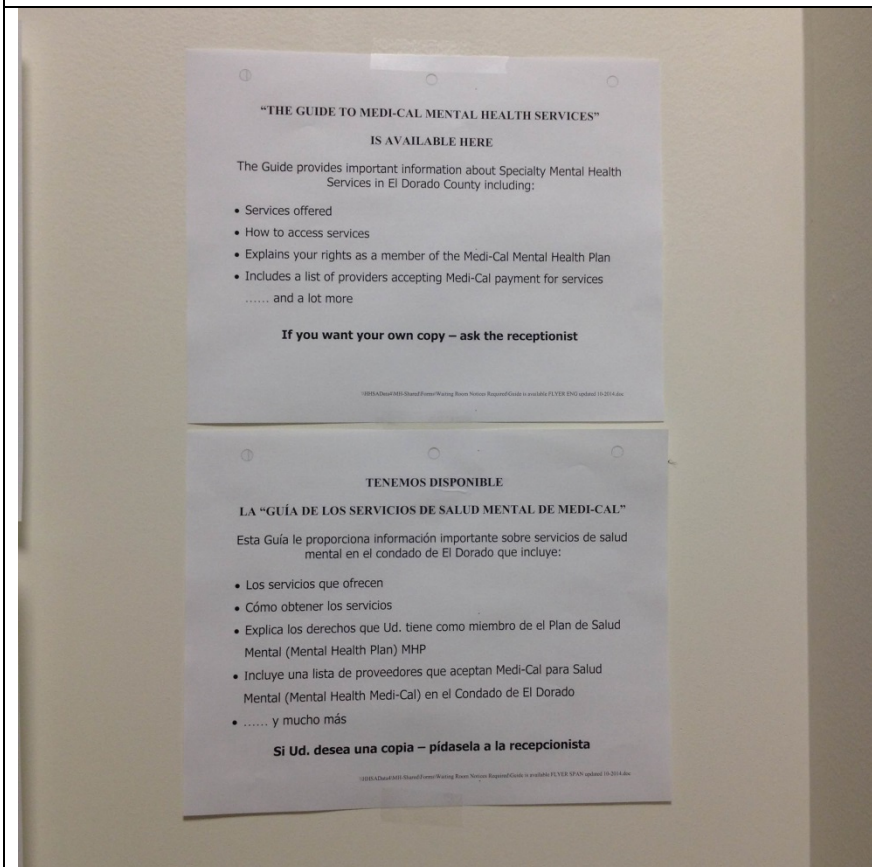
**Accommodations for the visually and hearing  
impaired are also available.**

Please speak with the receptionist or with your  
counselor if you need these services.

# Lobby Postings – English and Spanish

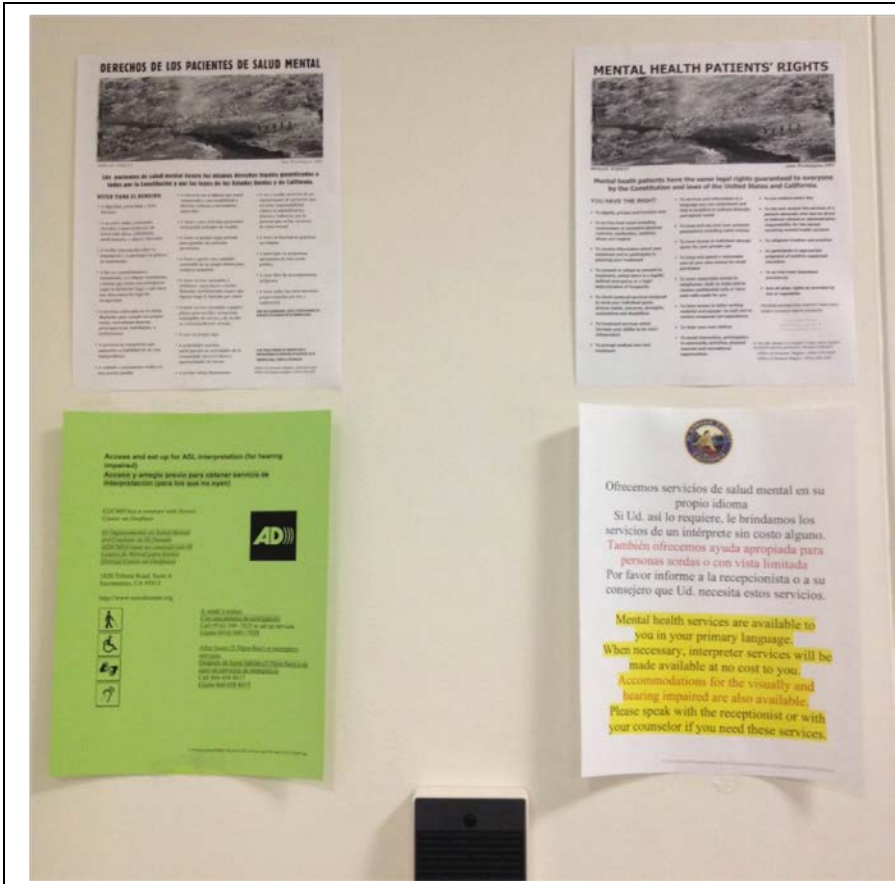


- Guide to Medi-Cal
- Provider Lists
- Mental Health Division Service Information

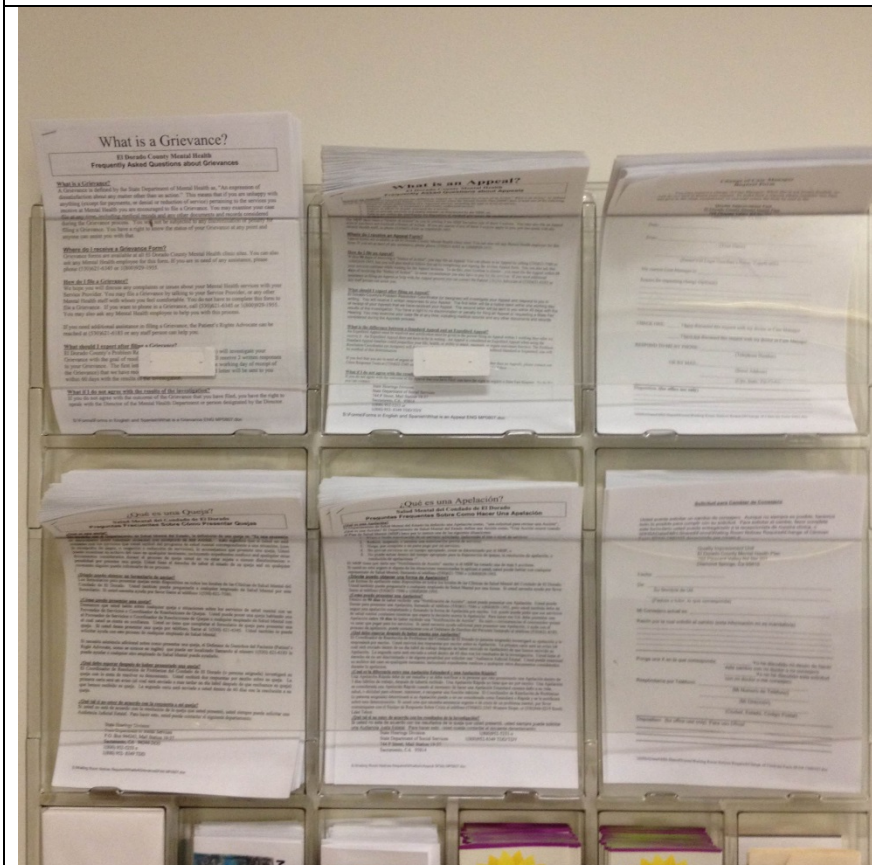


- Guide to Medi-Cal Mental Health Services Notice

# Lobby Postings – English and Spanish



- Mental Health Patients' Rights
- ASL poster
- Free Interpreter Service



- What is a Grievance and Form
- What is an Appeal and Form
- Change of Case Manager

Additional Informing Material are located on the Behavioral Health Division's website at:  
<https://www.edcgov.us/MentalHealth>.

**Exhibit B**  
**Behavioral Health Division**  
**Policies, Procedures, and Forms**



**EL DORADO COUNTY  
MENTAL HEALTH DEPARTMENT**

**POLICY/PROCEDURE**

<b>SUBJECT:</b> Certification for Bilingual Differential Pay Benefit	<b>Policy Number:</b> II-B-0-001
<b>AUTHOR:</b> _____ Barry Wasserman, LCSW	<b>Date:</b> _____ 9/1/2005
<b>Revised by:</b> _____ Stephanie Carlson	<b>APPROVED BY:</b> <i>John Bachman</i> John Bachman, PhD. <b>Date:</b> 9/20/07 Director

**POLICY**

Bilingual Differential shall be awarded for bilingual proficiency in Spanish, sign language or any language determined by the Department Head as necessary to meet regulatory requirements and/or the needs of the community. Staff who will receive bilingual differential pay must be certified by the Department Head as proficient in the designated language and must utilize their proficiency skills as part of their job duties. The bilingual differential benefit is not an ongoing entitlement and should be granted only if necessary to meet agency needs. As appropriate, the Department Director will complete the documentation for an annual re-certification.

**PROCEDURE**

The proficiency determination process will be implemented after the Department Director receives and approves a written request from the Cultural Competency Committee to fill an identified need.

After receiving approval from the Department Director for a proficiency review, the Chair of the Cultural Competency Committee shall appoint bilingual county personnel and, if available, one consumer representing the language and culture, to interview the candidate for his/her level of proficiency and cultural awareness.

An employee seeking bilingual status must meet the minimum qualifications for their desired position as determined by the Human Resources Department.

The proficiency determination should accurately assess the applicant's proficiency in the area of need, e.g., cultural awareness and verbal and written translation skills.

If a newly hired candidate is required to have bilingual capability upon being hired, the bilingual proficiency review should be a part of the interview/hiring process before the candidate is offered a position.

Upon completion of the proficiency determination assessment, the Department Director and the Cultural Competency Committee Chair shall be notified in writing by the bilingual proficiency interview team of the proficiency capabilities of the applicant. If the applicant is determined to be proficient, the




Department Director shall notify the site Program Manager and complete the Human Resources Resources bilingual certification form, "Certification of Eligibility for receipt of Bilingual Differential." If the applicant is not determined to be proficient, the Chair of Cultural Competency Committee shall notify the candidate in writing.

Certification of the employee's bilingual status shall be reviewed and renewed annually, as needed. The Cultural Competency Committee will notify the Department Director if the employee continues to use bilingual skills which are necessary in the delivery of services. The Department Director will then provide written authorization to the Human Resources Department, if warranted, per the El Dorado County Salary and Benefits Resolution Section 14 (1412).

**NOTE: Only certified staff should interpret. Uncertified staff members attempting to interpret could misunderstand and create more problems. Staff will find a certified staff member to assist with interpreting needs.**

**EL DORADO COUNTY  
MENTAL HEALTH DEPARTMENT**

**POLICY/PROCEDURE**

<b>SUBJECT:</b> Cultural Competency Program Documentation Standards	<b>POLICY NUMBER:</b> II-B-0-002
<b>APPROVED BY:</b>  Barry Wasserman, LCSW, Interim Director	<b>DATE:</b> <u>7/8/05</u>

**Policy:**

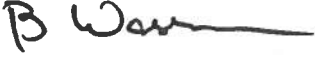

Consumer's from diverse ethnic backgrounds shall have input in the development of culturally and linguistically competent Mental Health Treatment Plans.

**Procedure:**

1. The Consumer's cultural / linguistic concerns, issues and preferences will be documented in the client's record.
2. The Consumer's request for cultural input from family, friends and community support persons will be documented in the Client Assessment.
3. The Client Plan, and Progress Notes will reflect the inclusion of the consumer's input and participation, as well as efforts to include input from family, friends, and community support persons in the development of culturally and linguistically competent service delivery.

**EL DORADO COUNTY  
MENTAL HEALTH DEPARTMENT**

**POLICY/PROCEDURE**

<b>SUBJECT:</b> Cultural Competency Training Requirements	<b>POLICY NUMBER:</b> II-B-0-003
<b>APPROVED BY:</b> Signed by:  Barry Wasserman, LCSW, Interim Director	<b>DATE:</b> 

**Policy:**

To provide Cultural Competency Training to staff, providers, and interpreters in order to facilitate the acquisition of the skills necessary to serve clients of diverse ethnic backgrounds with the appropriate services.

**Procedure:**

All staff shall attend cultural competency training at least twice a year.

Attendance at an annual training regarding accessing cultural proficient services and language skills and the effective use of an interpreter is required. The training will consist of presentations by staff, guest speakers, consumers, family members, handouts, and informational materials.

Additional trainings shall include one of the following Core Curriculum topics:

1. Overview of Mental Health Services
2. County Geography and Cultural Issues
3. Socio-economic Cultural Issues
4. Information and training regarding the major ethnic groups in the county
5. Ethnicity, Culture, and Mental Illness

Additional topics may be added to the Core Curriculum such as:

1. Interpreters: Ethical issues related to translating, role of service provider and interpreter.
2. Consumer Culture (including issues related to family members)
3. Training for Work with Special Populations (0-5 and Elder Adults)

Attendees at all training sessions will be asked to complete a written evaluation of the program.

# EL DORADO COUNTY MENTAL HEALTH DEPARTMENT

## POLICY/PROCEDURE

<b>SUBJECT: Cultural and Linguistic Competency, at Mandated Points of Contact</b>		<b>Policy Number: II-B-0-004</b>
<b>AUTHOR:</b> Barry Wasserman, LCSW	<b>Date:</b> 7/5/2005	<b>PAGE 1 of 1</b>
<b>Revised by:</b> Laura Eakin, MFT	<b>Date:</b> 9/5/07	<b>APPROVED BY:</b> John Bachman, PhD.
		<b>Date:</b> 9/10/07 <b>Director</b>

### Policy:

It is the policy of the El Dorado County Mental Health (EDCMH) Department to provide culturally and linguistically competent services to consumers and their families. At mandated key points of contact, EDCMH will access the appropriate resource to remove barriers to verbal or written communication for beneficiaries who speak a language other than English, or have limited English proficiency. Mandated key points are common points of entry into the mental health system, including the 24 hour toll free line, beneficiary problem resolution system, the Psychiatric Health Facility (PHF) or the outpatient clinics.

### Procedure:

If a consumer is requesting services, EDCMH staff will determine their preferred language. Their primary language preference will be documented on the request for services log, the Crisis Intake form, the PHF admission form and elsewhere to assure clear communication between staff and consumer.

The EDCMH will have documented evidence that beneficiaries who speak a language other than English or have limited English proficiency are informed that they have the right to free language assistance. A consumer may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services. EDCMH providers may NOT put the burden of responsibility to identify a resource for interpretation or translation upon the consumer. It is strongly recommended that minor children not be used as interpreters.

A list of names and phone numbers of interpreters and providers with cultural and linguistic capabilities will be maintained at all mental health service sites.

Reception and direct service staff will be trained yearly, and on an as-needed basis, in the appropriate role of interpreter and how and when to access interpreters.

If a bilingual staff member from anywhere in the system of care is needed to interpret or provide direct services, the staff member's supervisor should be contacted. Priority is to be given to staff availability for interpretation.

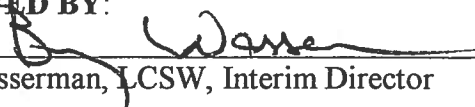
EDC always maintains a contract with a provider for telephone interpreting services.

If the beneficiary speaks a non-threshold language, or has limited English proficiency interpretation services can be access via the contracted telephone services. Priority is always given to locating a staff person within the system of care who speaks the non-threshold language.

EDCMH maintains a list of names and phone numbers of interpreters and providers with cultural and linguistic capabilities at all service sites. The use of the contracted telephone language line is viewed as acceptable in the provision of services only when other options are unavailable.

**EL DORADO COUNTY  
MENTAL HEALTH DEPARTMENT**

**POLICY/PROCEDURE**

<b>SUBJECT:</b> Cultural Competency, Community Outreach	<b>POLICY NUMBER:</b> II-B-0-005
<b>APPROVED BY:</b>  Barry Wasserman, LCSW, Interim Director	<b>DATE:</b> 7/7/05

**POLICY**

Mental Health Department will provide community outreach to underserved cultural and ethnic populations. The overall purpose is to disseminate information regarding availability and access to county mental health services.

**PROCEDURE**

Each year the Cultural Competency Committee will develop a community education outreach plan in which they identify events, populations and/or communities for outreach activities. Materials and information will be disseminated regarding access and availability of services at county facilities or contract provider locations.

The community education outreach plan will be included in the annual cultural competency work plan.

**EL DORADO COUNTY  
MENTAL HEALTH DEPARTMENT**

**POLICY/PROCEDURE**

<b>SUBJECT:</b> Beneficiary Rights	<b>Policy Number:</b> II-E-0-001
<b>AUTHOR:</b> Laura Eakin, MFT	<b>Date:</b> 3/15/2006
<b>Revised by:</b> <i>Laura Eakin MFT</i>	<b>Date:</b> <i>8/16/07</i>
<b>Laura Eakin, MFT</b>	<b>8/16/07</b>
<b>APPROVED BY:</b> <i>John Bachman</i>	<b>Date:</b> <i>9/10/07</i>
<b>John Bachman, PhD.</b>	<b>Director</b>

**Policy:** Consistent with the requirements of Title 42, Code of Federal Regulations (CFR) Part 438, Section 438.100 and as described in the DMH Information Notice 03-13, it is the policy of the El Dorado County Mental Health Department to maintain a written policy guaranteeing beneficiaries of certain basic rights as outlined below. EDCMH will communicate these rights to beneficiaries, employees, and providers and will ensure that beneficiaries' treatment are not adversely affected as a result of exercising these rights.

**BACKGROUND**

As described in DMH Information Notice 03 -13, new Medicaid Managed Care (MMC) regulations were issued by the Centers for Medicare and Medicaid Services (CMS) on June 14, 2002 with a required implementation date of August 13, 2003. These regulations apply to the Medi-Cal mental health managed care program and create new procedural requirements that affect the Department of Mental Health (DMH) and MHPs. Under the new MMC regulations, MHPs are considered Prepaid Inpatient Health Plans (PIHPs) and are required to comply with MMC regulations that apply to PIHPs. The new MMC regulations supersede the regulations governing the Medi-Cal managed mental health care program (Title 9, California Code of Regulations (CCR), Division 1, Chapter 11) when there is a conflict.

**Procedure:**

1. The following rights apply to all Medi-Cal Beneficiaries:
  - a. Be treated with respect and with due consideration for his or her dignity and privacy;
  - b. Receive information on available treatment options and alternatives, presented in a manner appropriate to his or her condition and ability to understand;
  - c. Participate in decisions regarding his or her health care, including the right to refuse treatment;
  - d. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;
  - e. Request and receive a copy of his or her medical records, and request that they be amended or corrected;

- f. Receive information in accordance with Title 42, CFR, Section 438.10, which describes information requirements; and
  - g. Be furnished health care services in accordance with Title 42, CFR, Sections 438.206 through 438.210, which cover requirements for availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
2. These Beneficiary Rights will be included in the Member Brochure.
  3. All staff will be informed of these rights upon joining the EDCMH staff.
  4. All mental health providers on contract with EDCMH to serve Medi-Cal recipients must adhere to these rights, as well. They will be informed of these expectations in writing, provided with copies of the updated member brochure, and this requirement will be incorporated into all future contracts.

**EL DORADO COUNTY  
MENTAL HEALTH DEPARTMENT**

**POLICY/PROCEDURE**

<b>SUBJECT:</b> Informing Materials for El Dorado County Consumers of Mental Health Services		<b>Policy Number:</b> II-E-0-004	
<b>AUTHOR:</b> Laura Eakin	<b>Date:</b> 12/8/2005	<b>PAGE 1 of 1</b>	
<b>Revised by:</b> Laura Eakin	<b>Date:</b> 8/16/2007	<b>APPROVED BY:</b> <i>John Bachman</i> John Bachman, PhD.	<b>Date:</b> 8/17/07 Director

**Policy:** El Dorado County Mental Health Department provides all consumers with informing materials. The informing materials are available in El Dorado County's threshold languages. The content of the informing materials includes all information outlined in Title 42, Code of Federal Regulations, Section 438.10.

**Reference:** Sec. 438.10, Code of Federal Regulations  
El Dorado County Mental Health Contract with State Department of Mental Health, Exhibit E, Section 6, and F  
Title 9 California Code of Regulations, Chapter 11, and Section 1810.360

**Scope:** All service providers within the El Dorado County Mental Health Plan  
All El Dorado County Medi-Cal beneficiaries, consumers of Specialty Mental Health Services.

**Procedure:**

1. All consumers newly admitted to the Mental Health Plan will be given, as applicable, the materials listed on the "Intake Check Sheet" as applicable.
2. If, at the time of admission, the consumer is unable to accept and utilize these materials due to their mental health condition, the information will be given as soon as the consumer is able to accept and utilize it.
3. At any point in time, informing materials are available to current consumers of mental health services or any interested party upon their request. Signs advising consumers of this availability are posted in lobbies of each provider site. [Exhibit "Informing Materials for El Dorado County Consumers of Mental Health Services" binder]
4. The informing materials will be available in written and audiotape formats in El Dorado County's threshold languages.



# Intake Check Sheet

Retain in the medical record

I certify that I have been given each of the below listed items:

- EDCMH Informed Consent form
- EDCMHP Providers list
- Authorization for Treatment of a Minor
- Guide to Medi-Cal Mental Health Services booklet
- What is a Grievance? document
- What is an Appeal? document
- Right to an Interpreter disclosure
- California Advance Health Care Directives document
- Request for Services form
- EDC Notice of Privacy Practices document
- EDC Acknowledgement of Receipt of Notice of Notice of Privacy Practices form
- EDCMH UMDAP form
- EDCMHP Client Registration form
- Client Cost Explanation and Agreement (if not Medi-Cal) form
- EDCMH Authorization for use or disclosure of PHI – 1 Party
- EDCMH Authorization for use or disclosure of PHI – Multi Party
- Would you like to Register to Vote? form
- Register to Vote application

Patient signature

Intake provider signature

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## LANGUAGE ASSISTANCE

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### **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-530-621-6290 (TTY: 711 (California Relay Service)).

**ATTENTION:** Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 1-530-621-6290 (TTY: 711 (California Relay Service)).

### **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-530-621-6290 (TTY: 711 California Relay Service).

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-530-621-6290 (TTY: (California Relay Service)).

### **Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-530-621-6290 (TTY: (California Relay Service)).

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-530-621-6290 (TTY: 711 (California Relay Service)) 번으로 전화해 주십시오.

### **繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-530-621-6290 (TTY: 711 (California Relay Service))。

### **Հայերեն (Armenian)**

ՌԻՇԱԴՐՈՒԹՅՈՒՆ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություններ: Ձանգահարեք 1-530-621-6290 (TTY: 711 (California Relay Service)).

### **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-530-621-6290 (TTY: 711 (California Relay Service)).

### فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (California Relay Service) (TTY: 711) (1-530-621-6290) تماس بگیرید.

### 日本語(Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-530-621-6290 (TTY: 711 (California Relay Service)) まで、お電話にてご連絡ください。

### Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-530-621-6290 (TTY: 711 (California Relay Service)).

### ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-530-621-6290 (TTY: 711 (California Relay Service)) 'ਤੇ ਕਾਲ ਕਰੋ।

### آري برعلا (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-530-621-6290

(رقم هاتف الصم والبكم: 711 (California Relay Service))

### हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-530-621-6290 (TTY: 711 (California Relay Service)) पर कॉल करें।

### ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-530-621-6290 (TTY: 711 (California Relay Service)).

### ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អ្នកដែលនិយាយភាសាខ្មែរ, សេវាជំនួយមនុស្សភាសា រោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូលទៅទាក់ទងលេខ 1-530-621-6290 (TTY: 711 (California Relay Service))។

### ພາສາລາວ (Lao)

ໂປດລາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-530-621-6290 (TTY: 711 (California Relay Service)).



**C TEST (000583791)**  
F, 112, 01/02/1903

Ep: 2 : WS ADULT SVCS (51000)  
Problem P: -  
DX P:

Location: 1212 N CALIFORNIA, Placerville, CA  
Attn. Pract.: ADULT,WS  
Adm. Pract.: ADULT,WS

Allergies (2)

Chart **Outpatient Progress Note**

- Progress Note
- Additional Information**

Submit



Online Documentation

Interpreter Used?

Consult with Primary Care Provider

Interpreter's Name

**Risk Assessment**

Is client currently suicidal

Is client currently homicidal

- Not Assessed
- No
- Yes

**For the purpose of releasing records, are the following addressed in the note**

Alcohol and Drug

HIV



C TEST (000583791)  
F, 112, 01/02/1903

Allergies (2)

Chart Progress Note Interpreter Used

Progress Note Interpret...

Process

Start Date

End Date

Client

Attending Practitioner

Optional Fields (the field name is not in red)

# Telephone Interpreting Community Services



Enter Account Number [redacted] when prompted  
Enter Language Code or choose from a list of options

- Face-to-Face Interpreting
- Video Remote Interpreting
- Document Translations
- ASL/Sign Language
- Foreign Language

More info Online at  
[languagepeople.com](http://languagepeople.com)

# LANGUAGE PEOPLE



This card should be placed in a location that is accessible by your staff in the event of any language service needs.

To reach our main line, please call



38750 Sky Canyon Drive • Murrieta • CA • 92563 • [redacted]

LANGUAGE CODES

*Commonly Used Languages*

Afrikaans 2011	Cantonese 2035	Finnish 2064	Indonesian 2087	Min Nan 2112	Slovak 2137
Albanian 2130	Catalan 2036	Flemish 2065	Italian 2088	Mixteco 2114	Somali 2138
Amharic 2014	Chamorro 2039	French (Ca) 2067	Japanese 2089	Moldovan 2115	Spanish 2140
Arabic 2016	ChaoChow 2038	French 2066	Javanese 2090	Mongolian 2116	Sudanese 2141
Armenian 2006	Cherokee 2042	Fula 2068	Kanjobal 2091	Navajo 2118	Swahili 2142
Assyrian 2018	Cree 2044	Ganda 2071	Karen 2093	Nepali 2119	Swedish 2143
Badini 2020	Creole (F.) 2046	Georgian 2072	Korean 2094	Nigerian 2120	Tagalog 2146
Bahasa 2022	Creole (H) 2163	German 2073	Kurdish 2095	Norwegian 2121	Tamil 2147
Bajuni 2021	Croatian 2050	Greek 2007	Lahu 2097	Pampango 2124	Thai 2008
Bambara 2024	Czech 2051	Guarani 2074	Lakota 2096	Pangasinan 2125	Tigrinya 2149
Basque 2025	Danish 2053	Gujarati 2075	Lao 2098	Pashto 2126	Tongan 2151
Behdini 2026	Dari 2054	Hakka 2076	Latvian 2099	Polish 2127	Turkish 2152
Belroussian 2027	Dinka 2055	Hebrew 2078	Lithuanian 2101	Portuguese 2128	Ukrainian 2162
Bengali 2028	Dutch 2056	Hindi 2079	Maay 2102	Punjabi 2129	Urdu 2153
Berber 2029	Eskimo 2058	Hmong 2081	Malayalam 2103	Romanian 2130	Vietnamese 2154
Bosnian 2031	Estonian 2059	Hungarian 2082	Maltese 2105	Russian 2131	Visayan 2155
Bulgarian 2032	Farsi 2061	Ibanag 2083	Mandarin 2106	Samoan 2132	Yiddish 2158
Burmese 2033	Fijian (F) 2062	Ilocano 2085	Mandinka 2107	Serbian 2133	Zapotec 2160
Cambodian 2034	Fijian (H) 2063	Ilongot 2086	Marshallse 2109	Sicilian 2135	Zulu 2161

LANGUAGE  
PEOPLE

LANGUAGE IDENTIFICATION CARD  
For service, call [REDACTED]

Language

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> أنا أتحدث اللغة العربية  | Arabic                |
| <input type="checkbox"/> Շոխումիս եմ հայերէնի   | Armenian              |
| <input type="checkbox"/> আমি বাংলা কথা বোলতে পারি   | Bengoli               |
| <input type="checkbox"/> Ja govorim bosanski  | Bosnian               |
| <input type="checkbox"/> Аз говоря български  | Bulgarian             |
| <input type="checkbox"/> ကဏ္ဍိတော်/ကဏ္ဍိမ မြန်မာ လို ပြောတော် ပါတယ်                                   | Burmese               |
| <input type="checkbox"/> 如果你能读中文或讲中文, 请选择此框。  | Cantonese Simplified  |
| <input type="checkbox"/> 我講廣東話  | Cantonese Traditional |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ  | Cambodian             |
| <input type="checkbox"/> Parlo català   | Catalan               |
| <input type="checkbox"/> Motka i kahhon ya yangin ùntùngnu' manaitai pat ùntùngnu' kumentos Chamorro. | Chamorro              |
| <input type="checkbox"/> Govorim hrvatski   | Croatian              |
| <input type="checkbox"/> Mluvíím český  | Czech                 |
| <input type="checkbox"/> من دری حرف می زنم  | Dari                  |
| <input type="checkbox"/> Ik spreek het Nederlands   | Dutch                 |
| <input type="checkbox"/> من فارسی صحبت می کنم   | Farsi                 |

LANGUAGE  
PEOPLE

LANGUAGE IDENTIFICATION CARD

Language

- |   |                |
|---|----------------|
| <input type="checkbox"/> Je parle français                                  | French         |
| <input type="checkbox"/> Ich spreche Deutsch                                | German         |
| <input type="checkbox"/> Μιλώ τα ελληνικά                                   | Greek          |
| <input type="checkbox"/> હુ ગુજરાતી બોલુ છુ                                 | Gujarati       |
| <input type="checkbox"/> M pale kreyòl ayisyen                              | Haitian Creole |
| <input type="checkbox"/> אני מדבר עברית                                     | Hebrew         |
| <input type="checkbox"/> मैं हिंदी बोलता हूँ ।                              | Hindi          |
| <input type="checkbox"/> Kuv has lug Moob                                   | Hmong          |
| <input type="checkbox"/> Beszélek magyarul                                  | Hungarian      |
| <input type="checkbox"/> Agsaonak ti Ilokano                                | Ilocano        |
| <input type="checkbox"/> Parlo italiano                                     | Italian        |
| <input type="checkbox"/> 私は日本語を話す   | Japanese       |
| <input type="checkbox"/> Quin chagüic'ká chábal' ruin' rí tzújon cakchiquel | Kockchiquel    |
| <input type="checkbox"/> 한국어 합니다  | Korean         |
| <input type="checkbox"/> man Kurdii zaanim                                  | Kurdish        |
| <input type="checkbox"/> man Kurmaanji zaanim                               | Kurmanji       |
| <input type="checkbox"/> ຂອບປາກພາສາລາວ                                      | Laotian        |



# LANGUAGE

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# PEOPLE

## Telephone System Instructions

- 1) Dial [REDACTED]
- 2) Tell the operator what type of service is needed:
  - a. in person or telephone appointment
  - b. when you need assistance (immediately or at a future date/time)
  - c. in which language you need assistance

If at all possible, please schedule an appointment in advance. If you are in need of immediate assistance, you will experience a brief delay as Language People contacts an interpreter for you.

## Conference Calls

If you need us to connect someone else onto the call for you, we can do multiple-party calls. Let the operator know, and this will be performed for you.

## Ending Calls Before You Are Finished

When you are connected to one of our Interpreters, you will be told which Interpreter # you are speaking to. This # is the # inside our phone system of the individual you are speaking to. If, in the middle of your call, you have to end the call before your conversation is finished, you can dial back into the system and, when asked for the Language Code, you can enter the Interpreter #, and you will be transferred back to that individual *if they are available*. If that individual is not available to help you, your call will be routed to the Operator for assistance.

## What To Do If You Have A Problem With A Phone Call

Telephone reception problems are extremely rare, but if you should experience call problems, please report them as soon as possible to our Operator. If you are done with your call, call back into the system and press 0 for the Operator and report the problem. If you are in the middle of the call and need to terminate, remember to obtain the Interpreter # and call back into the system using that #.

## USING LANGUAGE PEOPLE, INC. PHONE INTERPRETERS

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**INCOMING CALL** in any non-English language, ask, “What language do you speak?” \_\_\_\_\_ . “One moment, please.”

Then select **CONF** on the telephone screen (not hold), and call the Language People, Inc. [REDACTED] and follow the prompts: #2 for current customers (that’s us), then #1 to request an interpreter.

### Once you are connected:

- “I am calling from El Dorado County Public Health, our contract with you is # [REDACTED], our billing address is **3057 Briw Rd., Placerville, CA 95667**”
- “I need an over the phone interpreter in \_\_\_\_\_ [what language?] The call should take about [how many?] minutes.”
- “The caller’s first name is \_\_\_\_\_”, **OR**, “I don’t know the caller’s name yet.”

Wait for the interpreter to get on the phone. Jot their name here: \_\_\_\_\_

- Tell the interpreter, “We are a mental health agency; I think the caller is asking about our services. Now I am conferencing you in with the caller.”
- Select **JOIN** on the telephone screen.
- Then continue the call, first making sure we get the caller’s name and phone #. If the caller is requesting services, get the information needed to complete an AVATAR “Pre-Admit Request for Service”:

Name \_\_\_\_\_, \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Last First

Birth Date \_\_\_\_\_ Medi-Cal insurance? YES NO

Street Address

City

State

ZIP

- Then say, “You will receive a call back from a counselor within 2 weeks. If you have a mental health emergency call, any time:  
WS (530) 622-3345 SLT (530)544-2219
  - Make sure the caller’s “Pre-Admit Request for Service” is entered into AVATAR.
  - Hang up, you’re done!
-

## USING LANGUAGE PEOPLE, INC. PHONE INTERPRETERS

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**OUTGOING CALL** to a non-English speaker.

If the individual is a Spanish speaker, consider asking an EDC MHD certified bilingual staff person to make the call. Bilingual staff extensions can be found at [REDACTED]. If none are available:

- phone the Language People, Inc. [REDACTED] and follow the phone prompts: #2 for current customers (that's us), then #1 to request an interpreter.

**Once you are connected with Language People, Inc.:**

- "I am calling from El Dorado County Public Health, our contract with you is # [REDACTED], our billing address is 3057 Briw Rd., Placerville, CA 95667"
- "I need an over the phone interpreter in \_\_\_\_\_" [what language?]  
The call should take about [how many?] minutes."
- "The caller's first name is \_\_\_\_\_. The caller's phone number is \_\_\_\_\_. My name is [ \_ ], and phone number is \_\_\_\_\_."
- "I'll wait for you to call me back with the interpreter and client conferenced in."

The Language People, Inc. staff will contact one of their interpreters, call the client, then conference those 2 with each other. They will then phone you back in order to have a 3-way conversation: you, the client, and the interpreter. Jot down the interpreter's name: \_\_\_\_\_.

- Tell the interpreter, "We are a mental health agency. I need to talk to this client about \_\_\_\_\_" [give the interpreter a general sense of what the content of the conversation will be.]
  - Proceed with the business you have with the client.
  - Hang up, you're done!
- 

*Language People, Inc. Contract Agreement* [REDACTED]

*Over-the-Phone Interpreting and Face-to-Face Interpretation (including American Sign Language)  
This agency is bonded, and contractually obligated to treat all PHI within HIPAA regulations of confidentiality.*

**Exhibit C**  
**Quality Improvement Work Plan**

**El Dorado County Health & Human Services Agency, Behavioral Health Division**  
**Annual Quality Improvement (QI) Work Plan**  
**Fiscal Year 2020-21**

**Measurable Goals in Red**

Changes from previous year's QI Work Plan are reflected in blue, underlined text.

The content and structure of this QI Work Plan is taken from the MHP's contract with the State Department of Health Care Services (DHCS).

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1. Quality Improvement

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP will evaluate effectiveness of QI program annually	Complete QI Year-End Report for FY 18-19	<ul style="list-style-type: none"> <li>•QI Program Managers</li> <li>•QI Committee Members</li> </ul>	<ul style="list-style-type: none"> <li>•QI Committee Minutes</li> <li>•Avatar Reports</li> </ul>	Nov. 2021
b. Consumers and family member shall have substantial involvement in QI activities and MHSA planning	Ensure that the QI Committee includes at least one consumer and one family member.	<ul style="list-style-type: none"> <li>•QI Program Managers</li> <li>•QI Committee Members</li> <li>•MHSA Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>•QI Committee Sign-In Sheets and Minutes</li> <li>•MHSA Sign-In Sheets, Comment Forms, and Minutes</li> </ul>	Ongoing through June 2021
c. QI Activities shall include collaboration & exchange of information with MHSA stakeholders and BH Commission	Ensure QI representation at MHSA stakeholders' and BH Commission meetings; report progress to QI Committee	<ul style="list-style-type: none"> <li>•BH Director</li> <li>•Assistant Director of Adult Services</li> <li>•Deputy Director of Behavioral Health</li> <li>•QI Program Manager</li> <li>•MHSA Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>•QI Committee Minutes</li> <li>•Avatar Reports</li> <li>•BH Dashboard</li> </ul>	Ongoing through June 2021

2. Performance Improvement Projects (PIPs)

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. Two QI activities shall meet the criteria for Performance Improvement Projects (PIP), one clinical and one non-clinical	<p><b>PIP #1 GOAL (non-clinical):</b> Scheduling new clients' first appointment with a Clinician immediately after eligibility for services is determined.</p> <p><b>PIP #2 Goal (clinical):</b> Establishing a safety plan upon starting services and verify monthly whether the client has utilized the safety plan.</p>	<ul style="list-style-type: none"> <li>•QI Program Managers</li> <li>•Access Supervisor</li> <li>•Access Clinicians</li> <li>•Outpatient Clinicians</li> </ul>	<ul style="list-style-type: none"> <li>•EQRO Auditing Tool and "Road Maps to a PIP"</li> </ul>	<p>PIP #1 December 2021</p> <p>PIP #2 December 2021</p>

3. Service Delivery and Capacity

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP will describe and monitor data to ensure capacity	BHD will use AVATAR reports to monitor crisis and access trends. Management Team to review data regularly to ensure adequate resource allocations.	<ul style="list-style-type: none"> <li>•QI Program Managers</li> <li>•Access Supervisor</li> <li>•Sr. IT Analyst</li> <li>•MHP Leadership Team</li> </ul>	<ul style="list-style-type: none"> <li>•AVATAR Reports</li> <li>•Leadership Team meeting minutes</li> </ul>	Ongoing through June 2021
b. Ensure capacity and timeliness for consumers with urgent conditions	Consumers presenting in person or on the telephone with urgent BH conditions will be served <b>within 24 business hours of request (excludes Psychiatric Emergency Services).</b>	<ul style="list-style-type: none"> <li>•Front Desk Staff</li> <li>•Worker of the Day Staff</li> <li>•Access Clinicians</li> <li>•Access Coordinator</li> <li>•QI Program Managers</li> </ul>	<ul style="list-style-type: none"> <li>•AVATAR “Request for Service” report</li> </ul>	Ongoing through June 2021
c. Ensure capacity and timeliness	Individuals requesting service will be provided an appointment <b>within 10 business days of request</b>	<ul style="list-style-type: none"> <li>•Front Desk Staff</li> <li>•Worker of the Day Staff</li> <li>•Access Clinicians</li> <li>•Access Coordinator</li> <li>•QI Program Managers</li> </ul>	<ul style="list-style-type: none"> <li>•AVATAR “Request for Service” reports</li> </ul>	Ongoing through June 2021
d. Ensure capacity and timeliness	Consumers requesting a psychiatric evaluation appointment will be seen by a psychiatrist <b>within 15 business days of request</b>	<ul style="list-style-type: none"> <li>•BH Medical Director &amp; Staff Psychiatrists</li> <li>•Management Team</li> <li>•Front Desk Staff</li> <li>•Worker of the Day Staff</li> <li>•Access Clinicians</li> <li>•Access Coordinator</li> <li>•QI Program Managers</li> </ul>	<ul style="list-style-type: none"> <li>•AVATAR reports</li> </ul>	Ongoing through June 2021
e. Ensure capacity and timeliness	Beneficiaries will have access to after-hours care via telephone, clinic and/or at the hospital emergency department <b>100% of the time</b> (after hours defined as outside 8:00 am to 5:00 pm, Monday through Friday)	<ul style="list-style-type: none"> <li>•PES Managers</li> <li>•PES Clinicians</li> <li>•ICM Teams</li> <li>•UR Clinicians</li> <li>•UR Coordinator</li> <li>•QI Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>•AVATAR report</li> <li>•Contractor reports</li> </ul>	Ongoing through June 2021

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
f. Clinical staff productivity	Track and trend provider productivity. <b>Productivity level expectations are identified in Attachment A.</b>	<ul style="list-style-type: none"> <li>•MH Program Coordinators</li> <li>•MH Managers</li> <li>•QI Program Manager</li> <li>•BH Analyst</li> </ul>	•AVATAR Report	Ongoing through June 2021

**4. Accessibility of Services**

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. Ensure access lines answered by front-desk staff are providing linguistically appropriate services to callers	Outcome of Test Calls will demonstrate <b>100% success</b> in accessing a bilingual staff or “Language People” for non-English speaking callers	<ul style="list-style-type: none"> <li>•UR Coordinator</li> <li>•QI/UR Staff</li> </ul>	•Test Calls with outcomes logged	Ongoing through June 2021
b. Ensure the accessibility to medically necessary after-hours care	Beneficiaries will have access to after-hours care via telephone and/or at the hospital emergency department 100% of the time (after hours defined as outside 8:00 am to 5:00 pm, Monday through Friday)	<ul style="list-style-type: none"> <li>•PES Managers</li> <li>•PES Clinicians</li> <li>•Contract Providers</li> </ul>	<ul style="list-style-type: none"> <li>•AVATAR report</li> <li>•Contractor reports</li> </ul>	Ongoing through June 2021
c. Ensure time and distance standards are met	<ul style="list-style-type: none"> <li>• For psychiatry, <b>travel time and distance shall not exceed 45 miles or 75 minutes</b></li> <li>• For other outpatient Specialty Mental Health Services, <b>travel time and distance shall not exceed 45 miles or 75 minutes</b></li> </ul>	<ul style="list-style-type: none"> <li>•UR Coordinator</li> <li>•QI/UR Staff</li> </ul>	<ul style="list-style-type: none"> <li>•AVATAR report</li> <li>•Geographic mapping program (e.g., ArcGIS)</li> </ul>	Ongoing through June 2021



5. Program Integrity

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP shall have a process to verify services reimbursed by Medi-Cal were actually furnished to beneficiaries	The service verification tool was implemented July 2013. <b>100% of services verified were confirmed by client.</b> Corrective action will be taken with staff <b>100% of the time if indicated.</b>	<ul style="list-style-type: none"> <li>•UR Coordinator</li> <li>•Admin Support Staff</li> <li>•QI Program Manager</li> <li>•Management Team</li> </ul>	•Service Verification Log	Ongoing through June 2021
b. MHP shall monitor the no-show rate for psychiatry and outpatient services, including services provided by its contracted providers.	<b>For psychiatry, the no-show rate goal is 10%. For clinicians, the no-show rate goal is 15%.</b>	<ul style="list-style-type: none"> <li>•UR Coordinator</li> <li>•QI/UR Staff</li> <li>•Clinic/Admin Support Staff</li> <li>•QI Manager</li> </ul>	•AVATAR Report	Ongoing through June 2021

6. Cultural and Linguistic Competency

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP shall ensure services are provided in culturally and linguistically competent manner	BHD will provide at least <b>four trainings annually</b> to build cultural competence; at least one will address client culture and family member perspectives	<ul style="list-style-type: none"> <li>•Management Team</li> <li>•Cultural Competency Manager</li> </ul>	•Training Attendance Log & Outlines/Handouts	Ongoing through June 2021
b. MHP shall ensure services are provided in culturally and linguistically competent manner	<b>HHSa will certify bilingual and cultural competence of all staff receiving bilingual compensation</b>	•EDC Personnel Unit	•HR report	Ongoing through June 2021

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
c. MHP shall update the Cultural Competence Plan (CCP) and submit these updates to DHCS for review and approval annually	CCP shall be updated in compliance with State issued requirements.	<ul style="list-style-type: none"> <li>•MHSa Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>•CCP</li> <li>•DHCS Notices</li> </ul>	December 2020

**7. Beneficiary Satisfaction**

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP shall monitor and Evaluate Beneficiary Satisfaction	BHD shall administer the Consumer Perception Surveys at least twice annually or at other intervals specified by the State.	<ul style="list-style-type: none"> <li>•Admin Support Staff</li> <li>•Front Desk Staff</li> <li>•Consumers / Family of Consumers (for children)</li> <li>•Organizational Providers</li> <li>•UR Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>•Consumer Perception Survey issued by DHCS, supported by CIBHS or other contracted vendor</li> </ul>	November 2020 / May 2021, or per the timeline set by the State.
b. MHP shall inform service providers of the results of beneficiary/family satisfaction activities	BHD will report results of Consumer Perception Surveys to BHD staff and contracted organizational providers	<ul style="list-style-type: none"> <li>•Admin Support Staff</li> <li>•UR Coordinator</li> <li>•QI Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>•All-Staff meeting minutes</li> <li>•CBO meeting minutes</li> <li>•Emails</li> </ul>	Generally twice per year, after the data from the previous Consumer Perception Survey becomes available and is analyzed

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
c. MHP shall evaluate beneficiary Grievances, Appeals, Expedited Appeals, State Hearings, Expedited State Hearings, and change of provider requests	BHD will track and trend programmatic or staffing issues identified in Grievances, Appeals, Expedited Appeals, State Hearings, Expedited State Hearings, and Requests for Change of Provider, identifying and correcting any indications of poor quality of care.	<ul style="list-style-type: none"> <li>•UR Coordinator</li> <li>•Patients’ Rights Advocate</li> <li>•MHSA Coordinator</li> <li>•Management Team</li> </ul>	<ul style="list-style-type: none"> <li>•Tracking logs</li> <li>•QIC Minutes</li> <li>•Management Team Minutes</li> <li>•Behavioral Health Commission minutes</li> </ul>	Ongoing through June 2021
d. MHP shall evaluate MHSA disputes (Issue Resolution)	MHP will track and trend MHSA Issue Resolutions, identifying and correcting any indications of program changes.	<ul style="list-style-type: none"> <li>•MHSA Coordinator</li> <li>•BH Analyst</li> <li>•MHSA Manager</li> </ul>	<ul style="list-style-type: none"> <li>•Tracking logs</li> <li>•QIC Minutes</li> </ul>	Ongoing through June 2021

**8. Service Delivery System and Clinical Issues Affecting Consumers**

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP shall implement mechanisms to monitor safety and effectiveness of medication practices	BHD will develop a Med Monitoring Committee which will be charged with oversight of the safety and effectiveness of outpatient medication practices	<ul style="list-style-type: none"> <li>•BH Medical Director</li> <li>•Assistant Director of Health Services</li> <li>•Community Public Health Nursing Division Manager</li> <li>•QI Program Manager</li> <li>•UR Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>•Med Monitoring Committee minutes</li> </ul>	Ongoing (quarterly meetings) through June 2021
b. MHP shall conduct performance outcome monitoring activities.	BHD has selected the CANS and ANSA as the instruments to measure treatment outcomes. Use will begin when the tool have been built into AVATAR.	<ul style="list-style-type: none"> <li>•UR Coordinator</li> <li>•Avatar System Specialist</li> <li>•QI Program Manager</li> <li>•MHP Leadership Team</li> </ul>	<ul style="list-style-type: none"> <li>•AVATAR report comparing baseline data to data collected at regular intervals</li> </ul>	Ongoing through June 2021

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
c. MHP shall ensure that progress notes are timely.	BHD’s standard for note completion: by end of business, the day following delivery of the service. <b>GOAL: standard will be met 80% of the time.</b>	<ul style="list-style-type: none"> <li>•UR Coordinator</li> <li>•Avatar System Specialist</li> <li>•QI Program Manager</li> <li>•MHP Leadership Team</li> </ul>	•AVATAR timeliness report	Ongoing through June 2021
d. MHP shall monitor clinical issues affecting consumers	Continue to develop AB 109 program, targeting BH consumers involved in the criminal justice system. GOAL: Improvement in BH recovery and decrease in criminal justice system recidivism	<ul style="list-style-type: none"> <li>•AB 109 Manager, Program Coordinator and Clinical Staff</li> </ul>	•QIC meeting minutes	Ongoing through June 2021
e. MHP shall monitor client services for over- and under-utilization of services.	100% of all children’s charts shall be monitored upon service reauthorization requests (every six (6) months). Outcomes shall be reported back to the contracted provider. 100% of all adult charts shall be monitored once per year. Outcomes shall be reported back to each practitioner’s Supervisor and Manager.	<ul style="list-style-type: none"> <li>•QI Program Manager</li> <li>•UR Coordinator</li> <li>•Access Team Clinicians</li> </ul>	•Avatar Utilization Report	Ongoing through June 2021

**9. Interface with Physical Health Care**

QI Directive	Goal	Responsible Parties	Auditing Tool	Goal Assessment Date
a. MHP shall make clinical consultation and training available to beneficiaries’ primary care providers (PCP)	BHD will provide training to PCPs at the FQHC on an as requested basis. BHD will also develop a protocol for standardizing and tracking psychiatric/PCP consultation.	<ul style="list-style-type: none"> <li>•BH Medical Director</li> <li>•Assistant Director of Health Services</li> <li>•FQHC Medical Director</li> <li>•QI Program Manager</li> <li>•UR Coordinator</li> </ul>	•Training sign-in sheet and outline/handouts	Ongoing through June 2021

10. Utilization Management

QI Directive	Goal	Responsible Parties	Auditing Tool	Goal Assessment Date
<p>a. MHP shall evaluate inpatient medical necessity appropriateness and efficiency of services provided to beneficiaries prospectively and retrospectively</p>	<p>100% of all out-of-county Hospital Treatment Authorization Requests (TAR) shall be completed within 14 days of receipt of request.</p>	<ul style="list-style-type: none"> <li>•UR Coordinator</li> <li>•Admin Support Staff</li> <li>•QI Program Manager</li> <li>•Crisis Clinicians</li> </ul>	<ul style="list-style-type: none"> <li>•TAR Log</li> <li>•Crisis Assessment Report</li> </ul>	<p>Ongoing through June 2021</p>
<p>b. MHP shall evaluate medical necessity appropriateness and efficiency of outpatient services provided to beneficiaries prospectively and retrospectively.</p>	<p>At the time of authorization or re-authorization of services with <u>contracted organizational providers</u>, the MHP will assure medical necessity is established 100% of the time for Specialty Mental Health services. At the time of annual Treatment Plan renewal, the BHD will assure medical necessity is established in BHD-served consumers 100% of the time before approving the Treatment Plan.</p>	<ul style="list-style-type: none"> <li>•UR Clinical Staff</li> <li>•QI Program Manager</li> <li>•BH Program Coordinators</li> <li>•UR Coordinator</li> <li>•Avatar System Specialist</li> </ul>	<ul style="list-style-type: none"> <li>•Avatar reports; assessment reviews; service authorization requests</li> </ul>	<p>Ongoing through June 2021</p>

QI Directive	Goal	Responsible Parties	Auditing Tool	Goal Assessment Date
c. MHP shall comply with timeliness when processing of submitting authorization requests for children in foster care or Kin-Gap living outside county of origin	<b>100%</b> of authorizations for Out-of-County children shall be completed within 3 calendar days from the receipt of the original Service Authorization Request (SAR). If complete additional information is requested and not received within 14 days from the date of receipt of the original SAR, the BHD shall complete the SAR within 3 business days from the date the complete additional requested information is received.	<ul style="list-style-type: none"> <li>•UR Clinical Staff</li> <li>•QI Program Manager</li> <li>•UR Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>•Managed Care Authorization Binder</li> </ul>	Ongoing through June 2021

**11. Provider Relations**

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP has ongoing monitoring system in place that ensures contracted providers sites are certified and recertified as per Title 9 regulations	BHD will certify and re-certify all contracted provider sites meeting <b>100% compliance</b> in the following manner: <ul style="list-style-type: none"> <li>•Within state required time frames of a new contracted provider or if current contracted provider changes/adds locations, certifications will be performed as needed to maintain compliance with current state requirements.</li> <li>•Re-certify every 3 years thereafter.</li> </ul>	<ul style="list-style-type: none"> <li>•Fiscal Staff</li> </ul>	<ul style="list-style-type: none"> <li>•Certification Protocol from DHCS</li> </ul>	Ongoing through June 2021

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
b. Monitor Provider Satisfaction	BHD will conduct <b>as-needed meetings</b> of BHD senior management and Contract Provider Management.	<ul style="list-style-type: none"> <li>•BH Director</li> <li>•Assistant Director of Health Services</li> <li>•QI Program Manager</li> <li>•UR Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>•CBO meeting minutes</li> </ul>	Ongoing through June 2021
c. Monitor FSP Reporting	<b>100% reported timely.</b>	<ul style="list-style-type: none"> <li>•FSP Report Monitors</li> <li>•UR Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>•State website</li> <li>•Tracking document</li> </ul>	Ongoing through June 2021
d. Monitor Provider Appeals	BHD will track and trend issues identified in Provider Appeals.	<ul style="list-style-type: none"> <li>•UR Coordinator</li> <li>•MHSA Coordinator</li> <li>•Management Team</li> </ul>	<ul style="list-style-type: none"> <li>•Tracking Logs</li> <li>•QIC Minutes</li> <li>•Meeting Minutes</li> </ul>	Ongoing through June 2021

As appropriate, the MHP will track and trend outcomes over time to determine any ongoing needs and provide those trends to the QIC. The QIC will review actions taken for previously identified issues, targeted areas of improvement, or changes in service delivery.

Attachment A

Billable Productivity Standards and Overall Productivity Standard for MH Staff

Position	Medication Support Team	Community-Based Team	Clinic-Based Team	Psychiatric Emergency Services Team	Access Team
Medical Director	Billable: 38% Overall: 40%	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Psychiatrists	Billable: 65% Overall: 72%	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Physician Assistants	Billable: 65% Overall: 72%	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Nurse Practitioners	Billable: 65% Overall: 72%	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Registered Nurses	Billable: 65% Overall: 72%	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Psychiatric Technicians	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 0% Overall: 72%
Mental Health Clinicians	NOT APPLICABLE	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 0% Overall: 72%
Mental Health Workers	NOT APPLICABLE	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 0% Overall: 72%
Mental Health Aides	NOT APPLICABLE	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 0% Overall: 72%