El Dorado County
Health and Human Services Agency
Behavioral Health Division

CULTURAL COMPETENCE PLAN

Fiscal Year 2021-22

"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

Substance Use Disorder Services (SUDS) Office and Clinic
929 Spring Street
Placerville, CA 95667
Phone (530) 621-6290
Fax (530) 295-2596

South Lake Tahoe Mental Health Office and Clinic
1900 Lake Tahoe Boulevard
South Lake Tahoe, CA 96150
Phone: (530) 573-7970
Fax: (530) 543-6873

West Slope Mental Health Office and Clinic
768 Pleasant Valley Road,
Suite 201
Diamond Springs, CA 95619
Phone: (530) 621-6290
Fax: (530) 295-2565

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 (CLAS) Standards

Principal Standard

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

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

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

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.

Table of Contents

Exhibits:

Introduction

The Cultural Competence Plan (CCP) Requirements, as detailed in Department of Mental Health (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 (HHSA), Behavioral Health Division (BHD), originally developed its Cultural Competence Plan in 2010. Please note that El Dorado County Behavioral Health Services includes both Mental Health (MH) and Substance Use Disorder Services (SUDS). As we move forward with a more integrated Behavioral Health System, we are including both MH and SUDS in this and subsequent year's CCP updates.

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 DHCS.

Criterion 1, Commitment To Cultural Competence

I. County Behavioral 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.

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

1. Mission Statement

   HHSA

   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.

   Behavioral Health

   To deliver coordinated, timely, trauma-informed, culturally-responsive mental health and substance use disorder treatment services that promote wellness, recovery, resiliency, and positive outcomes.

2. Statements of Philosophy – in lieu of a Statement of Philosophy, our department and division Vision Statements are as follows.

   HHSA

   Transforming lives and improving futures

   Behavioral Health

   To provide exemplary community-based mental health and substance use disorder treatment, in collaboration with the Public Guardian, and other partner agencies, within a coordinated, cost-effective system of care.

3. Strategic Plans

   The HHSA Strategic Plan can be found online at:
   https://www.edcgov.us/Government/hhsa/Pages/strategic_planning.aspx.

4. Policy and Procedure Manuals

   See Appendix B

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

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

The County's current MHSA Three-Year Program and Expenditure Plan and the County's respective MHSA Annual Updates can be found online on the BHD's MHSA Page at: https://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) programs provide prevention and early intervention services that may lead to engagement in Specialty Mental Health Services and is discussed in greater detail below.

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, queer, intersex, pansexual, two-spirit (2S), androgynous and asexual (LGBTQQIP2SAA) individuals; Veterans; and individuals experiencing homelessness. Poverty, substance use disorders, domestic violence, and intergenerational patterns are also cultural issues within El Dorado County.

Age-specific populations that are frequently seen as underserved are school aged children, transitional age youth (TAY) (age 16-25), and older adults.

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 Update. 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 600 members includes:

- adults and seniors with severe mental illness

- families of children, adults and seniors with severe mental illness
- providers of services
- law enforcement agencies
- education
- social services agencies
- veterans and representatives from veterans organizations
- providers of alcohol and drug 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 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 current Community Planning Process is included in the current MHSA Plan and Annual Update. Historical information about previous Community 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.

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
- Community Mental and Behavioral Health Cooperative
- Stepping Up Initiative

C. Share lessons learned on efforts made on the items B and C 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 and trusted 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.

All County Contractors and subcontractors are required by law and held accountable by signed contract to comply with Federal Equal Opportunity Requirements and non-discrimination laws.

In addition, El Dorado County implemented Drug Medi-Cal Organized Delivery System (DMC-ODS) services June 1, 2019. The DMC-ODS system provides a continuum of care modeled after the American Society of Addiction Medicines (ASAM) Criteria for substance use disorder treatment. This service system enables more local control of services provisions to tailor them to more closely meet the diverse needs of our community. This service system enables more local control of service provisions to tailor services to more closely meet the diverse needs of our clients. Additionally, this system provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced-based practices in substance abuse treatment, and coordinates with other systems of care.

In recognition of the importance of cultural and linguistic competence within the DMC-ODS system, El Dorado County SUDS requires all network providers to:

- Ensure their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations.
- Translation services shall be available for beneficiaries, as needed.
- Ensure equal access to quality care by diverse populations, each service provider receiving funds shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards and comply with 42 CFR 438.206(c)(2).
- Ensure that the Client's primary spoken language and self-identified race and ethnicity are included in the CalOMS AVATAR system, the Provider's management information system, as well as any Client records used by provider staff.

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 a Manager of Mental Health Programs 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.

The CC/ESM is part of our Cultural Competence Team collectively working towards establishing an official division Cultural Competence Committee.

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*	$4,500
Latino Outreach	$231,150
Wennem Wadati - A Native Path to Healing	$100,000
LGBTQIA Community Education	$50,000
Veterans Outreach	$150,000

* 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).

In addition, BHD training funds are available for cultural competence trainings.

Criterion 2, Updated Assessment of Services Needs

I. General Population

Based on the 2021 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 2021 estimated demographic data, the County's current population is 193,651.

Race	Number	Percent of Total Population
American Indian or Alaska Native	2,108	1.09%
Asian	9,468	4.89%
Black or African American	1,936	1.00%
Native Hawaiian or Other Pacific Islander	376	0.19%
White or Caucasian	162,337	83.83%
Multiracial	8,781	4.53%
Other Race	8,645	4.46%

Ethnicity	Number	Percent of Total Population
Hispanic or Latino	26,116	13.49%
Non-Hispanic or Latino	167,535	86.51%

Language Spoken in the Home (over the age of 5 only)	Number	Percent of Total Population
English Only	161,410	87.38%
Spanish	15,152	8.20%
Other Indo-European Languages	4,613	2.50%
Asian and Pacific Island Languages	3,057	1.65%
Other Languages	497	0.27%

Age	Number	Percent of Total Population
Under 5 years	8,922	4.61%
5 to 9 years	9,590	4.95%
10 to 14 years	11,179	5.77%
15 to 17 years	7,291	3.77%
18 to 20 years	6,505	3.36%
21 to 24 years	8,434	4.36%
25 to 34 years	19,547	10.09%
35 to 44 years	21,324	11.01%
45 to 54 years	24,351	12.57%
55 to 64 years	33,000	17.04%
65 to 74 years	27,417	14.16%
75 to 84 years	11,621	6.00%
85+ years	4,470	2.31%

Gender	Number	Percent of Total Population
Female	97,087	50.14%
Male	96,564	49.86%

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

Please note that unless specifically referenced as “SUDS” or “includes SUDS”, the data refers to MH only.

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 MH client utilization data**

El Dorado County Medi-Cal Approved Claims Data - Calendar Year 2017				
	Average Number of Eligibles per Month	**Number of Beneficiaries Served per Year**	**El Dorado County Penetration Rate**	**Statewide Penetration Rate**
Total	37,339	1,311	3.51%	4.86%
Age group				
0-5	4,011	35	0.87%	2.23%
6-17	8,726	402	4.61%	6.88%
18-59	19,563	797	4.07%	5.06%
60 +	5,041	77	1.53%	2.90%
Gender				
Female	19,464	647	3.32%	4.48%
Male	17,876	664	3.71%	5.31%
Race/Ethnicity				
White	22,452	876	3.90%	6.73%
Hispanic	7,097	157	2.21%	4.08%
African-American	309	21	6.80%	8.49%
Asian/Pacific Islander	1,004	10	1.00%	2.26%
Native American	269	16	5.95%	7.50%
Other	6,210	231	3.72%	5.01%

Eligibility Categories				
Disabled	4,204	353	8.40%	15.29%
Foster Care	356	130	36.52%	51.91%
Other Child	8,348	272	3.26%	5.20%
Family Adult	5,539	177	3.20%	3.31%
Other Adult	3,574	20	0.56%	0.74%
MCHIP	4,108	86	2.09%	4.43%
ACA	11,764	362	3.08%	4.30%

3. County's DMC-ODS Utilization Data

Penetration Rates by Age, FY 2019-20

El Dorado County				Small Counties	Statewide
Age Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
Ages 12-17	4,392	*	n/a	0.25%	0.32%
Ages 18-64	21,444	328	1.53%	0.69%	1.33%
Ages 65+	2,991	*	n/a	0.35%	0.81%
TOTAL	**28,827**	**356**	**1.23%**	**0.58%**	**1.10%**

Penetration Rates by Race/Ethnicity, FY 2019-20

El Dorado				Small Counties	Statewide
Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	18,641	267	1.43%	0.66%	2.08%
Latino/Hispanic	5,168	34	0.66%	0.56%	0.76%
African-American	243	*	n/a	0.54%	1.44%

El Dorado				Small Counties	Statewide
Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
Asian/Pacific Islander	886	*	n/a	0.10%	0.19%
Native American	218	*	n/a	0.29%	1.91%
Other	3,671	43	1.17%	0.54%	1.38%
TOTAL	**28,827**	**356**	**1.23%**	**0.58%**	**1.10%**

Clients Served and Penetration Rates by Eligibility Category, FY 2019-20

El Dorado				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Clients Served	Penetration Rate	Penetration Rate
Disabled	3,985	54	1.36%	1.88%
Foster Care	180	*	n/a	2.46%
Other Child	2,608	*	n/a	0.34%
Family Adult	5,488	94	1.71%	1.15%
Other Adult	3,030	*	n/a	0.13%
MCHIP	1,821	*	n/a	0.24%
ACA	11,653	218	1.87%	1.74%

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

Age Group

Mental Health Services

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 mealsites and a PEI program to engage older adults. The start of this program has been on hold as a result of the federal and State COVID-19 precaution mandates since two key program activities - services in the home and at congregate meal sites - have been severely impacted by

the precautions. Congregate meals are not being served at this time, and social distancing has been strong encouraged for all individuals.

This lower penetration rate for older adults could also be due to historic concerns as 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%

Substance Use Disorder Services

El Dorado County DMC-ODS served 356 beneficiaries in FY 2019-20. El Dorado's penetration rates were higher than small-sized counties and statewide averages. The overall penetration rate of 1.23 percent was higher than small-sized counties (0.58 percent) and on par with the State (1.10 percent). Penetration rates for Age Group 12-17 and 65+ were unable to be calculated due to suppression of the data in accordance

with HIPAA guidelines. The need to suppress data, however, indicates rates far lower than the 18-64 age range. The county is exploring the reasons for this.

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	19,464	647	3.32%	4.48%
Male	17,876	664	3.71%	5.31%

Race/Ethnicity

Mental Health Services

Consistent with Statewide findings, the access of the Latino population is lower than white Medi-Cal beneficiaries in El Dorado County.

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		Penetra-tion Ratio[1]
		Number Served	Penetra-tion Rate	Number Served	Penetra-tion Rate	
State (2019)	*unknown*	*unknown*	4.08%	*unknown*	6.73%	0.61
EDC (2019)	37,339	157	2.21%	876	3.90%	0.57
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
EDC (2007)	unknown	101	2.9%	1,239	11.2%	0.26
EDC (2006)	unknown	92	2.7%	1,278	11.9%	0.22

[1] 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[1]
		Number Served	Penetration Rate	Number Served	Penetration Rate	
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.

Substance Use Disorder Services

DMC-ODS Table 2 shows the penetration rates by race/ethnicity compared to counties of like size and statewide rates. Based on FY 2019-20 data, 64.7% of El Dorado's eligible beneficiaries were White, but this group made up 75% of beneficiaries served so their use of services was not proportional to population size. Hispanic/Latino beneficiaries constituted 17.9% of the eligible population but only accounted for 9.6% of beneficiaries served. As such, their use of services was under-represented. Looking at penetration rates, El Dorado's Native Americans had the highest penetration rate at 2.75%, followed by Whites at 1.43%. The Hispanic/Latino population's penetration rate was low (0.66%) relative to the other race/ethnicity groups but on par with small-sized counties and Statewide averages.

Eligibility Categories

Mental Health Services

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 generally 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. This is evidenced by the reduction in the number of requests for services annually since the expansion of Medi-Cal eligibility in 2014 until FY 2019-20, when the referrals began increasing again.

It is suspected that the reason for the increase in the number of referrals starting in FY 2019-20 is due to a number of factors, including implementation of Student Wellness Centers, increased collaboration with Child Welfare Services, and increased referrals from other healthcare providers. Although COVID precautions were implemented in quarter 4 of FY 2019-20, there was not a significant impact (reduction in referrals) immediately as a result of those precautions.

The decrease in the number of referrals in FY 2020-21 is believed to be a direct result of COVID-19 impacts. During the height of the quarantine from July 2020 and into 2021, individuals were not seeking services at the same levels as the previous year.

Fiscal Year (FY)	Number of Requests for Services	Percent Change from Prior Year
2014-15	1,852	--
2015-16	1,607	-13.2%
2016-17	1,406	-12.5%
2017-18	1,337	-4.9%
2018-19	1,322	-1.1%
2019-20	1,593	20.5%
2020-21	1,478	-7.2%

The County continues to monitor potential reasons for this decrease.

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. MHSA 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).

Race	Total	Percent of County
American Indian or Alaska Native	2,107	1.1%
Asian	8,533	4.5%
Black or African American	1,902	1%
Native Hawaiian and Other Pacific Islander	368	0.19%
White or Caucasian	160,312	84%
Multiracial	8,590	4.5%
Other Race	8,269	4.3%

Ethnicity	Number	Percent of Total Population
Hispanic or Latino	24,951	13.1%
Non-Hispanic or Latino	165,130	869%

The median age in the County is 45.9, distributed as follows:

Age	Total	Percent of County
Under 5	8,998	4.69%
5 to 9	9,669	5.04%

Age	Total	Percent of County
35 to 44	20,413	10.64%
45 to 54	25,593	13.34%

10 to 14	11,261	5.87%
15 to 17	7,425	3.87%
18 to 20	6,715	3.50%
21 to 24	8,844	4.61%
25 to 34	19,473	10.15%

55 to 64	33,746	17.59%
65 to 74	25,094	13.08%
75 to 84	10,379	5.41%
85 and Over	4,221	2.20%

Children 0 to 20 comprise 22.97% of the population and adults age 65 and over comprise 20.69% of the population.

Income Levels

Place of Residence within the County	Median Household Income
Cameron Park	$93,941
Camino	$72,146
Cool	$98,333
Diamond Springs	$61,620
Echo Lake	$87,500
El Dorado	$69,035
El Dorado Hills	$138,719
Fair Play	$60,093
Garden Valley	$83,185
Georgetown	$65,074
Greenwood	$75,316
Grizzly Flats	$61,970
Kyburz	$85,227
Lotus	$84,295
Pilot Hill	$90,141
Placerville	$68,288
Pollock Pines	$75,551
Rescue	$112,654
South Lake Tahoe	$59,812
Tahoma	$46,292
Twin Bridges	$87,500

El Dorado County Average Median Income	$83,377

Languages

The primary language spoken within El Dorado County is English. As of August 2013, California DHCS identified Spanish as the only "threshold language" within El Dorado County.[2] 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. MHSA considers threshold languages when determining other languages to be considered in program design and implementation.

	CSS Outpatient Clinic Client Utilization FY 2020-21	**Countywide Population[3]** (regardless of Medi-Cal eligibility)	**Penetration Rate** (not Medi-Cal specific)
Age Group			
Child and Youth (0-17)	270	36,982	0.7%
Transitional Age Youth (18-24)	96	14,939	0.6%
Adult (25-64)	458	98,222	0.5%
Older Adult (65+)	21	43,508	0.0%
Race			
American Indian or Alaska Native	17	2,108	0.8%
Asian	6	9,468	0.1%
Black or African American	23	1,936	1.2%
Native Hawaiian or Other Pacific Islander	--	376	--
White	461	162,337	0.3%
Unknown / Other / Multiracial	507	17,426	2.9%

[2] California Department of Health Care Services. MHSD Information Notice No.: 13-09, Enclosure 1. http://www.dhcs.ca.gov/formsandpubs/Documents/13-09Encl1.pdf. April 2013.

[3] https://www.welldorado.org/demographicdata?id=246&sectionId=942, Demographics information provided by Claritas, updated January 2021.

Ethnicity			
Hispanic or Latino	107	26,116	0.4%
Non-Hispanic or Latino	592	167,535	0.4%
Unknown/Declined to State	286	--	--
Primary Language[4]			
English	871	161,410	0.5%
Spanish	11	15,152	0.1%
Other/Declined to State	103	8,167	1.3%

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

By age group, the MHSA CSS penetration rate for children (aged 0 to 17 years) continues to be the highest among all age groups, however the CSS programs are only one of several programs that provide services to children and youth in El Dorado 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 Prevention and Early Intervention plan addresses this disparity with two programs designed specifically to engage older and vulnerable adults. The Senior Peer Counseling program provides outreach services, and assessment and brief treatment. The Senior Link program, once implemented, will provide mobile outreach, with services 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.

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.

[4] Ages 5+ who speak language at home.

Those reporting Spanish as their primary language account for approximately 8.2% of the language preference in the County for individuals above age 5. However, 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 and planning meetings, focus groups, and key interviews, which generated hundreds of community contacts. 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.

Through the data gathered via the Community 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 initial priority populations were identified as school-aged children, Latinos and Native Americans.

- 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, queer, intersex, pansexual, two-spirit (2S), androgynous and asexual (LGBTQQIP2SAA) 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 Advocates (both parents and former foster youth) are provided through CSS Full Service Partnership and the PEI activities of "Foster Youth Continuum" under "Community Education and Parenting Classes". Peer Partner services are individuals with lived experience, participating in systems of care as a consumer, parent, or caregiver. Peer Partner services are designed to enhance service delivery, provide a continuum of care, and share organizational knowledge and resources with the common goal of engaging families and promoting the safety and well-being of at-risk children and families.

- "Juvenile Services/Wraparound Services" project will be a pilot program that 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.

- "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.

- "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 Behavioral Health Disparities

I. Target populations, with disparities identified in Medi-Cal and MHSA 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 and planning meetings, focus groups, and key interviews, which generated hundreds of community contacts. 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.

The information gathered via the Community 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
School-aged children				
Lack of identification of early symptoms		x		x
Stigma (either the parents or the children)	x	x	x	x
Untreated mental illness leading to academic failure	x	x		x
Stressed families	x	x		x

Latino Population:				
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		x
Insufficient numbers of bilingual, bicultural Spanish-speaking providers and peers	x	x	x	x
Unstable housing		x		x
Native American Population:				
Lack of cultural awareness from providers	x	x	x	x
Lack of trust of governmental agencies	x	x	x	x
Foster Care Youth:				
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		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	x
Transportation challenges		x		x
Stigma	x	x	x	x
Not receiving the FSP level of care	x	x		
Transition Age Youth:				
Newly found independence	x	x		
Stigma	x	x	x	x
Co-occurring disorders	x	x	x	x
Limited mental health service engagement	x	x		
Unstable housing		x		
Older Adults:				
Transportation	x	x		x

Cost	x	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		x
LGBTQQIP2SAA population:				
Lack of local culturally-specific resources	x	x	x	x
Co-occurring disorders	x	x		x
Stigma	x	x	x	x
Parents:				
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
Homeless individuals/families:				
Homeless / unstable housing		x		x
Co-occurring disorders	x	x	x	x
Transportation	x	x		x
Rural populations:				
Transportation challenges	x	x		x
Geographically isolated individuals	x	x		x
Service needs:				
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
School-aged children	
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, Full Service Partnership and Student Wellness Centers, along with the PEI projects of Student Wellness Centers, Children 0-5 and Their Families, Mentoring, Parenting Skills, Primary Intervention Project (PIP), and Juvenile Justice Services all address untreated mental illness leading to academic failure.
Stresses families	Several MHSA projects including Children 0-5 and Their Families, Mentoring, Parenting Skills, Primary Intervention Project (PIP), Nurtured Hearth Approach, Full Service Partnership, and Wennem Wadati focus on strengthening family resiliency and reducing family stresses.
Latino Population:	
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	The 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 eligible individuals.
Native American Population:	
Lack of cultural awareness from providers	PEI Wennem Wadati - A Native Path to Healing and the Workforce Education and raining projects address this issue.
Lack of trust of governmental agencies	The PEI project Wennem Wadati - A Native Path to Healing address this issue.
Foster Care Youth:	
At risk of out of home placement or higher level of placement	The CSS Full Service Partnership, and Transitional Age Youth Services, as well as the PEI Foster Care Continuum address these issues.
Disproportionately at risk of homelessness and criminal justice involvement	The CSS Full Service Partnership, Transitional Age Youth Services, the PEI Foster Care Continuum Training and the Juvenile Justice Services 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 Services, as well as the PEI Foster Care Continuum 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, and Transitional Age Youth Services, as well as the PEI Foster Care Continuum address these issues.

Disparity	Strategies
Lack of role models/mentors	The CSS Full Service Partnership, and Transitional Age Youth Engagement, Wellness and Recovery Services, as well as the PEI Foster Care Continuum and Mentoring for Youth programs 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 receiving the FSP level of care	The CSS Full Service Partnership program addresses the need for FSP services by foster care youth.
Transition Age Youth:	
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, and the CSS project, Full Service Partnerships (TAY and Adults), address those with co-occurring disorders.
Limited mental health service engagement	The PEI projects and the CSS project, Full Service Partnerships (TAY and Adults), as well as Outreach and Engagement, reach out to those with limited engagement.
Unstable housing	The CSS projects and MHSA Housing address housing for those at risk.
Older Adults:	
Transportation	The WS Wellness Center shuttle, provision of bus passes, and the Managed Care Plans' transportation assistance. Additionally, PEI Older Adult programs utilizing the Mobility Van to assist with transportation.
Cost	PEI Older Adults programs address 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 Latino Outreach Workforce Education and Training
Isolation	The PEI, CSS and Innovation projects, including Adult Full Service Partnership, Outreach and Engagement Services, Community Based Mental Health Services, Assisted Outpatient Treatment, PEI Older Adult Programs, and Senior Nutrition Collaboration all address the issue of isolation.
LGBTQQIP2SAA population:	
Lack of local culturally-specific resources	The PEI project LGBTQIA Community Education Project addresses this issue.
Co-occurring disorders	The PEI project LGBTQIA Community Education Project 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 LGBTQIA Community Education Project addresses the additional stigma the LGBTQQIP2SAA community experiences.
Parents:	
Their own mental health needs	The PEI projects of Community Outreach and Linkage, Mental Health First Aid, LGBTQIA Community Education Project, and Community Outreach and Linkage address these issues.
Co-occurring disorders	PEI Parenting Skills, 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, LGBTQIA Community Education Project, 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 and MHSA Housing address housing for those at risk.
Homeless individuals/families:	
Homeless / unstable housing	CSS Outreach and Engagement program, including PATH, provides linkage to available housing options. This includes CSS programs, MHSA Housing and transitional housing for eligible individuals.
Co-occurring disorders	PEI Community Outreach and Linkage, and service integration with Substance Use Disorder Services, address these issues.

Disparity	Strategies
Transportation	The Wellness Center shuttle, provision of bus passes, and Managed Care Plan transportation assistance.
Rural populations:	
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.
Service needs:	
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.

Both the SUDS and MH Quality Improvement Work Plans include 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 entire State 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 and ratified a new MOU for the Local 1 union that the majority of MH and SUDs employees are part

of. This included salary increases and increased geographical differential pay. This 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 Behavioral 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 has a group of 5 staff that meet monthly regarding Cultural Competence matters. The group plans to formalize committee expectations and requirements within the next year.

The Cultural Competence Committee will meet at least 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 Quality Improvement Committee (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, LGBTQ, 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, LGBTQ, 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:

- 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.

Additionally, the Cultural Competence Group is exploring options for Sexual Orientation and Gender Identity Expression (SOGIE) training in order for the BHD's staff to gain the skills to better communicate this type of information requests to clients. The BHD has identified a potential vendor, and hope to begin implementation by March 2022.

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 FY 2020/21
for
Current Staff of the Behavioral Health Division
(Substance Use Disorder Services and Mental Health)

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
A Provider's Introduction to Substance Abuse Treatment for LGBT Individuals	Appropriate diagnosis and treatment approaches for the LGBT populations	2 hours Online	Administration / Management Direct Service Staff	2 9	06/30/21	NAADAC
Abuse and Neglect of Children	If you read the newspaper, watch TV news, or view news on the internet, you will likely see stories about abuse and neglect frequently. Sadly, available examples are voluminous and graphic. In this course we will go into detail about types of child abuse, signs and symptoms, and potential long-term effects. By learning what to look for and where to turn for help, you can make a huge difference in a child's life.	1 hour On demand	Direct Service Staff	2	01/21/21 06/15/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Abuse and Neglect of Elders	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. Elders around the world are being 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.	1 hour On demand	Direct Service Staff	1	06/15/21	myLearning Pointe
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 On demand	Direct Service Staff	3	07/17/20 01/22/21 02/16/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Addictions: Addressing the Specific Needs of Men in Substance Misuse Treatment	The physical, psychological, social, and spiritual effects of substance use and misuse on men can be quite different from the effects on women. Those differences have implications for treatment in behavioral health settings and this course addresses these distinctions. It provides practical information based on available evidence and clinical experience. Through this information, counselors may more effectively treat men with substance use disorders and improve outcomes.	1 hour On Demand	Direct Service Staff	3	07/18/20 02/02/21 02/16/21	myLearning Pointe
Addictions: Addressing the Specific Needs of Women in Substance Misuse Treatment	Differences between men and women regarding the physical effects of substance use and the specific issues related to substance use disorders have an impact on treatment. The primary goal of this course is to assist substance misuse treatment providers in offering effective, up-to-date treatment to adult women. When women's specific needs are addressed from the outset, improved treatment engagement, retention, and outcomes are the result. This course summarizes Treatment Improvement Protocol (TIP) 51 from the Substance Abuse and Mental Health Services Administration (SAMHSA). The information presented here is grounded in women's experiences, built on women's strengths, and based on best, promising, or research-based practices.	1 hour On Demand	Direct Service Staff	3	07/18/20 01/29/21 02/02/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Addictions: Adolescent Addiction Part 1	This course is an overview of adolescent addiction and addiction treatment and examines topics including Substance Abuse and Dependence, Disease Concept and Progression of Addiction, Evidence Based Practices, Screening adolescents for addiction, and Addiction's Effect on a Family. This is the first in a series of Adolescent Addictions Trainings.	1 hour On demand	Direct Service Staff	2	01/29/21 06/16/21	myLearning Pointe
Addictions: Adolescent Addiction Part 2	This course is an overview of adolescent addiction and addiction treatment and examines topics including the escalating pattern of substance use disorders, signs and symptoms, genetic and environmental factors, AACAP recommendations, promising assessment tools, and evidence based treatment approaches. This is the second in a series of Adolescent Addictions Trainings.	1 hour On demand	Direct Service Staff	2	06/16/21	myLearning Pointe
Addictions: Effective Treatment of Young Adults to Improve Outcomes	This course is a presentation that focuses on the current trends of emerging adult substance abuse and mental health problems. Additionally we will review recommendations to service providers about the qualities of effective interventions with emerging adults as well as helpful tips on how to interact with this group more effectively.	1 hour On demand	Direct Service Staff	1	03/19/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Addictions: Substance Misuse Treatment for People with Physical and Cognitive Disabilities	The topic of substance misuse treatment for people with coexisting disabilities is a broad one. Specifically, this course focuses attention on the needs of adults in treatment who had a coexisting physical or cognitive disability. The course was created for behavioral health clinicians and presents simple and straightforward guidelines on how to overcome barriers and provide effect treatment to people with coexisting disabilities.	1 hour On demand	Direct Service Staff	1	01/11/21	myLearning Pointe
Addressing Racial Disparities in Healthcare for Black Americans	Discussion of issues facing the Black community arising from decades of system healthcare inequality.	1 hour Online	Administration / Management	1	02/23/21	PsychU / Harriett Washing-ton, Columbia University and Others
Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment with LGBTQIA+	An introduction to the LGBTQIA2+ community and suicide prevention.	2 hours Online	Direct Service Staff	2	06/23/21	CCAPP / Kristina Padilla, MA, IMF, LAADC, ICAADC, CGS

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Addressing Trauma, Racism and Bias in Behavioral Health	African Americans and other historically marginalized communities continue to face disproportionate challenges around access to and quality of care for mental illness and addictions due to systemic racism resulting in significantly poorer mental health outcomes. Organizational and clinical practices such as who we fund, how we prioritize care access and types of treatments offered are often impacted by bias. These biases impact quality of care – for example, African Americans experience complications caused by lack of proper assessment for severe diagnosis, undertreatment of pain and increased coercion in care. These care decisions can cause trauma, re-traumatize and add to cumulative historical trauma. This further perpetuates mistrust in systems of care and decreases mental health supports for African Americans and other communities of colors despite overwhelming need. Reducing trauma and building resiliency requires direct sustained efforts to address the systematic racism and bias that lead to poorer mental health outcomes for African Americans and other people of color.	1 hour Online	Direct Service Staff	1	09/25/20	National Council for Behavioral Health

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Adolescence Part A (R)	H. Spencer Bloch, MD, Psychiatry. explains his model of conceptualizing acting out behaviors in adolescence, developmental difficulties, predictors of an adolescent's ability to use peer relationships to facilitate emancipation, and the unique challenges faced by adolescents today. Elizabeth Lloyd Mayer, Ph.D., Psychology, "Early Adolescence in Girls" discusses differences in male and female development in early adolescence, how the interaction of social learning and biology produces salient differences, why adolescent girls experience pressure from parents, and what kinds of pressure, and comments on the gender of the therapist treating and adolescent female.	2.5 hours On demand	Direct Service Staff	2	02/04/21 05/19/21	myLearning Pointe / H. Spencer Bloch, MD, Psychiatry
Adolescence Part B (R)	James Alexander, Ph.D. , Psychology, "Adolescents in Managed Care" discusses the goals of the first session, the motivation phase of treatment, positive predictors of outcome, and the biggest obstacles in overcoming delinquent conduct. Mark Masi, Psy.D. "Angry Adolescents" describes his model of therapy for treating aggressive adolescent clients, the primary tasks of this model, the important interactions that take place within this model, and making connections with the adolescent.	2.5 hours On demand	Direct Service Staff	1	02/09/21	myLearning Pointe / James Alexander, Ph.D. , Psychology

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Adolescence Part C (R)	Colin Pereira Webber, M.A., Clinical Social Worker "Parent Loss in Adolescence" describes the coping styles of children who have a lost a parent, the difference between adjustment and internal processing, the challenges faced by adolescents dealing with the death of a parent due to their stage of development, and the defense mechanisms most likely to be used by a bereaved adolescent to protect against narcissistic injury. David Wexler, Ph.D., Clinical Psychology, discusses his "freeze frame" technique in working with adolescents, and how this strategy can be used to short circuit the behavioral pattern when the trigger for a behavioral pattern is encountered. He also addresses the comments of his critics.	2.5 hours On demand	Direct Service Staff	1	02/09/21	myLearning Pointe / Colin Pereira Webber, M.A., Clinical Social Worker

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Adolescent Depression and Suicide	The goal of this course is to provide information about the prevalence of depression and suicide in adolescents and to present some of the evidence-based approaches to treating adolescents who are depressed, suicidal and/or at risk for suicide. Currently, it is generally accepted by many that the most efficacious treatment is a combination of SSRIs and a cognitive behavioral psychosocial treatment. There is much discussion in the literature about the safety risks associated with pharmacological treatments, the quality of the supporting research and whether a conservative approach to treatment might be to initiate treatment with an evidence-based psychosocial model, moving to pharmacological treatments if psychosocial approaches are ineffective. We will touch briefly on this discussion, but will focus on providing an overview of some of the evidence-based psychosocial treatments for adolescents with depression and/or suicidality. Note that most will be cognitive behavioral in nature since that is the more popular treatment today – albeit not the only evidence-based approach	1.5 hours On demand	Direct Service Staff	3	02/02/21 02/05/21 05/05/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Adoption Issues 1: Fetal Alcohol Spectrum Disorder	Dr. Amy Groessl shares her research and insights into how mental health clinicians and professionals working in adoption-related fields can develop a better understanding of how Fetal Alcohol Spectrum Disorders may impact a child and their family.	1 hour On demand	Direct Service Staff	1	01/22/21	myLearning Pointe / Dr. Amy Groessl
Aging and Long Term Care	The number of people over 65 years of age is growing and expected to expand significantly over the coming decades in the United States. A larger number of older people will be requiring and looking for health care from a variety of sources. This creates an environment in which specialists in geriatric health are highly sought after to deal with the specific and various issues that affect an aging population. Older individuals are highly likely to have chronic health issues that require long-term care, either in a specialized facility or in the home. A proactive approach to managing older individuals' health is necessary to ensure the highest quality of health care is available.	6 hours Online	Direct Service Staff	1	10/23/20	Ce4Less
Alzheimer: Psychological Consequences of Alzheimer's Disease	The purpose of this course is look at the impact of Alzheimer's dementia on the cognitive, social and emotional well-being of the affected individual, as well as considers the effect the disease process has on the caregivers.	1 hour On demand	Direct Service Staff	1	07/21/20	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Alzheimer's Disease 101	This course will present an overview of what we know about Alzheimer's disease, including its effect on the brain, potential causes of the disease and a discussion of the typical course of progression. We will also focus on the challenges for behavioral health providers who care for individuals with Alzheimer's disease, and so will focus on management of the behavioral manifestations of the disease. As we begin our program, we'll take a look at the specific changes Alzheimer's disease creates	1 hour On demand	Direct Service Staff	1	07/21/20	myLearning Pointe
An Introduction to Cultural and Linguistic Competency	Cultural and linguistic competency is recognized as an important strategy for improving the quality of care provided to clients from diverse backgrounds. The goal of this e-learning program is to help behavioral health professionals increase their cultural and linguistic competency. In this course, you'll learn what culture has to do with behavioral health care.	1 hour Online	Administration / Management Direct Service Staff	1 1	10/01/20 09/28/20	Think Cultural Health / HHS.gov
Assessing Care Needs for Older Adults with Intellectual and Developmental Disabilities (R)	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 demand	Direct Service Staff	1	07/19/20	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Behavior Management: Interventions in Dementia	This course provides an introduction to the theory and principles of behavior management and the specific application of behavioral interventions in managing problem behaviors associated with dementia.	1 hour On demand	Direct Service Staff	1	07/19/20	myLearning Pointe
Black Body Trauma/Cultural Semantics Part 2	Description pending.	1 hour Online	Direct Service Staff	1	11/04/20	Information pending
Black Trans* Lives Matter	What would my life and the world look like if Black Trans* Lives mattered? Race, gender, social class, and disability all intersect to shape Black Trans* lives. How would social institutions, such as education, law, healthcare, religion, and family be different?	0.25 hour Online	Direct Service Staff	1	09/23/20	Dr. O.L. Stewart, Colorado State University, TED Talk
Black Wellness: A Local Perspective	Join our experts from Fresno County in a discussion centered around perspectives of wellness amongst the Black community. Topics include what "wellness" means, what it looks like, how it can be attained as well as ways in which service providers can provide the most effective behavioral health services for members of the Black community.	1.5 hours Online	Direct Service Staff	3	02/26/21 03/25/21	Fresno County
Code Switching 101 Black Behavioral Health	Learn about what "Code Switching" means and its impact on Black individuals seeking and providing behavioral health services.	1.5 hours Online	Direct Service Staff	1	02/19/21	Fresno County

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Counseling Lesbian Gay Bisexual and Transgender (LGBT) Clients v.2	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.	1 hour On demand	Direct Service Staff	3	09/13/20 12/29/20 12/30/20	myLearning Pointe
COVID-19 and the Latinx Community: Skills to reduce stress, stigma, and substance use	This webinar aims to provide an overview on the stress and stigma Hispanic and Latino communities face in relation to the COVID-19 pandemic and how this has caused an uptick in substance use among individuals. This presentation will provide recent research and information on Latinx stress, substance use and mental health trends, and coping strategies that professionals working with the Latinx community can use to help clients build resiliency.	1 hour Online	Direct Service Staff	1	02/10/21	National Latino Behavioral Health Association

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Cross Cultural Awareness: Working Through Unconscious Bias	We live and work in a culturally diverse environment. Building cultural competency helps us interact with respect, forge strong working relationships, and communicate effectively with people across diverse backgrounds. In this workshop, participants will: • Learn to recognize and avoid group stereotyping • Increase awareness of unconscious biases and prejudices, and learn how these impact interpersonal relationships • Learn to recognize culturally related concerns, issues, and miscommunications that may become conflicts or complaints of discrimination • Develop communication techniques to create stronger and more consistent working relationships	3.5 hours Online	Administrative / Management	1	12/2/20	UC Davis Continuing and Professional Education
Cultivating a Blended Culture	Description pending.	2 hours Online	Direct Service Staff	1	11/10/20	Terri Bianco, CPS HR Consulting

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 Awareness: Shingle Springs Band of Miwok Indians and the Impact of Historical Trauma on American Indian's Health & Wellbeing	This course provides an overview of this historical trauma experienced by the American Indian's and the impact the trauma had has, including higher likelihood of developing physical and mental health diseases and disorders. Discusses therapy methods and traditional medicines.	1.5 hours Online	Direct Service Staff	6	01/21/21 02/09/21 03/25/21	Rose Hollow Horn Bear, LMFT

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: The Immigrant Experience Ethnicity and Families	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 the ethno-centered value presuppositions that inform theories of normal human development and related views of psychopathology.	1 hour On demand	Direct Service Staff	8	11/12/20 12/15/20 12/30/20 01/07/21 01/13/21 03/26/21 06/17/21	myLearning Pointe / Dr. McGoldrick

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: The Immigrant Experience The Impact of Migration on Families	Latinos in the United States constitute a significant and sizable population that mental health professionals must serve appropriately. In her book, Latino Families in Therapy, 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 describe what this takes.	1 hour On demand	Direct Service Staff	1	06/17/21	myLearning Pointe / Dr. Celia Falicov

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: The Immigrant Experience The Legal Hoops of Immigration	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.	1 hour On demand	Direct Service Staff	1	08/04/20	myLearning Pointe / Kenneth Geman
Culturally and Linguistically Appropriate Interventions and Services	Learn how to build stronger therapeutic relationships with clients from diverse backgrounds.	1.5 hour Online	Administration / Management Direct Service Staff	1 1	10/02/20 12/31/20	Think Cultural Health / HHS.gov

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Culture Counts: Mental Health Care for African Americans	Mental Health: Culture, Race and Ethnicity was written as a supplement to Mental Health: A Report of the Surgeon General (U.S. 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. In Chapter 3, the focus is on exploring mental illness among African-Americans and possible contributing factors. Please note that, even though this report was published in 2001, a quick review of available resources on the status of mental health care disparities among African Americans in the more recent past (2008 – 2010) indicates that significant disparities still exist. Difficulties in ferreting out possible causes also still exist.	2 hours On demand	Direct Service Staff	5	09/23/20 11/24/20 01/08/21 01/12/21 05/24/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Culture Counts: Mental Health Care for Asian Americans and Pacific Islanders	\Mental Health: Culture, Race and Ethnicity was written as a supplement to Mental Health: A Report of the Surgeon General (U.S. 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. In Chapter 4, the focus is on exploring mental illness among American Indians and Alaska Natives.	2 hours On demand	Direct Service Staff	2	01/12/21 05/20/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Culture Counts: Mental Health Care for Hispanic Americans	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 Central Americans. 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.	2 hours On demand	Direct Service Staff	5	09/28/20 01/08/21 01/13/21 05/05/21 05/24/21	myLearning Pointe
Culture Counts: The Influence of Culture and Society on Mental Health	This course documents the existence of striking disparities for minorities in mental health services and the underlying knowledge base. To better understand what 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.	2 hours On demand	Direct Service Staff	4	12/15/20 01/06/21 06/02/21 06/04/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
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 On demand	Direct Service Staff	2	07/19/20 01/13/21	myLearning Pointe
Diversity in the Workplace	This course is about diversity in our workplace. With a global economy and living in a multiethnic state, 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. 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.	1 hour On demand	Administration / Management	1	08/07/20	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Diversity: Embracing Diversity in the Workplace v.2 (R)	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 hours On demand	Direct Service Staff	1	09/28/20	myLearning Pointe
Domestic Violence and Its Effect on Children	Children do not need to be physically abused themselves to feel the impact of domestic violence on their lives. Simply by living in a home that is experiencing domestic violence, a child is impacted. When a parent, or guardian, is living in an abusive relationship, children do not experience a home that inspires healthy development. – behaviorally, emotionally, physically, and socially. Children tend to mirror and mimic their "role models" looking for cues on how to communicate and act. If a child is only exposed to two adults in a volatile relationship, they may project what they learn in the home – not only for the present, but in the future as well. This course focuses on recognizing signs and symptoms as well as the short –term and long-effects, of witnessing domestic violence.	1 hour On demand	Direct Service Staff	1	07/27/20	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Domestic Violence I Part A (R)	Rochelle Hanson, LCP, Ph.D., Psychology, "Overview" defines domestic violence as involving a broad spectrum of abusive behavior and discusses the phases in the cycle of violence. Because many battered women are ashamed to admit that they are being hurt, Dr. Hanson recommends a number of "red flags" that the clinician should look for. Dr. Hanson also presents the primary goals of treatment for a battered woman and the steps in a treatment plan.	1.5 hours On demand	Direct Service Staff	2	09/24/20 01/06/21	myLearning Pointe / Rochelle Hanson, LCP, Ph.D., Psychology
Domestic Violence I Part B (R)	Brad Barris, Ph.D. Clinical Psychology, "Anger Management" recommends a type of treatment for anger management closely related to cognitive-behavior therapy. He describes his theories of the causes of anger and presents his model of treatment.	1.5 hours On demand	Direct Service Staff	1	01/06/21	myLearning Pointe / Brad Barris, Ph.D. Clinical Psychology
Domestic Violence II Part A (R)	Diane Zosky, MSW, Ph.D., Clinical Social Work, "An Object-Relations Approach" states that current approaches to Domestic Violence, which focus on the sociopolitical and the family system can overlook the meaning of this behavior to the offender and the victim. She discusses how object relations theory can be valuable in work with domestic violence victims and offenders.	1.5 hours On demand	Direct Service Staff	1	01/06/21	myLearning Pointe / Diane Zosky, MSW, Ph.D., Clinical Social Work

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Domestic Violence II Part B (R)	Robert Galatzer-Levy, MD, and Nancy C. Murphy, J.D. "Protecting the Victim" present the first steps for a clinician to take in working with a battered woman, and explains why many clinicians fail in their treatment of women experiencing domestic violence. The interview explains the legal issues involved and how the therapist and attorney can work together on behalf of the victim.	1.5 hours On demand	Direct Service Staff	1	01/06/21	myLearning Pointe / Robert Galatzer-Levy, MD, and Nancy C. Murphy, J.D.

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Domestic Violence in the LGBT Community	This course focuses on domestic violence between intimate partners. Domestic violence is defined as an ongoing, continual pattern in a relationship where one person is forced to change or modify their behavior in a response to coercion, exploitation, manipulation, threats and, or violence because of their partner. This course will not address in depth all aspects of domestic violence. However, it will share the foundation and building blocks in order to address the oppression, barriers and challenges unique to, or are magnified for, Lesbian, Gay, Bi-sexual and Transgendered (LGBT) individuals when seeking safety. It is also worth noting that acts of domestic violence against LGBT individuals may not be committed by an individual in the same-gender or gender-variant relationship at all. For example, a male relative may batter a woman after discovering she is involved in a lesbian relationship, feeling it somehow reflects on his family honor.	1 hour On demand	Direct Service Staff	1	01/15/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Ethics V Part A Spiritual Issues in Clinical Practice (R)	Many ethical questions arise out of the incorporation of spirituality into ones clinical practice. These questions range from the appropriateness of prayer in the therapy or counseling session to informed consent between client and therapist about whether and how spiritual/religious issues are discussed. There are two types of ethical theories: "Rule" or "Principal Ethics" and "Virtue Ethics." The most obvious example for clinicians of Rule Ethics is the Code of Ethics of our particular profession. In the first two interviews, we speak with experts on "Rule Ethics" the material included in our professional ethical codes. Terry Northcutt, MSW, Ph.D., Social Work, "Handling Ethical Issues" discusses the importance of training and competence in incorporating spirituality into one's practice. And, Frederic Reamer, Ph.D., Social Service Administration, "Ethical Codes and Violations" discusses the one feature common to all codes of ethics: the client's right to self-determination. Also covered is the concept of the use of self in ethical practice and adjudication/legal issues arising out of the misuse of spirituality in clinical practice.	1.5 hours On demand	Direct Service Staff	1	03/17/21	myLearning Pointe / Terry Northcutt, MSW, Ph.D., Social Work and Frederic Reamer, Ph.D., Social Service Administration

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Ethics V Part B Spiritual Issues in Clinical Practice (R)	Many ethical questions arise out of the incorporation of spirituality into ones clinical practice. These questions range from the appropriateness of prayer in the therapy or counseling session to informed consent between client and therapist about whether and how spiritual/religious issues are discussed. There are two types of ethical theories: "Rule" or "Principal Ethics" and "Virtue Ethics." The most obvious example for clinicians of Rule Ethics is the Code of Ethics of our particular profession. Virtue Ethics is the theory emphasizing character and virtue. This theory defines certain traits of character which are universally understood to make one a morally good person. These two speakers address the "Virtue Ethics" involved in incorporating spiritual attitudes. Edward R. Canda, M.A., MSW., Ph. D., "Spirituality Sensitive Practice," defines "Spirituality Sensitive Practice" and emphasizes separating spirituality from clinical practice is impossible and undesirable. Dennis Haynes, Ph.D., Ph.D., Counseling Psychology, "Ethics and Character," points out most mental health workers make their ethical decisions based on the policies and procedures of their agency, rather than on their own inner sense of what is right and virtuous.	1.5 hours On demand	Direct Service Staff	1	03/16/21	myLearning Pointe / Edward R. Canda, M.A., MSW., Ph. D. and Dennis Haynes, Ph.D., Ph.D., Counseling Psychology

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Exploring Cultural Awareness Sensitivity and Competence v.2	Have you ever been in a situation where you needed to understand or define the nature of a problem, think of some new ideas, or devise and carry out a plan of action? If so, this presentation is for you. In fact, everyone faces situations that require a bit of creative problem solving techniques. Creative problem solving is a process that you can use in your work environment to better manage problems, opportunities, and challenges.	1 hour On demand	Administration / Management Direct Service Staff	2 5	08/10/20 10/05/20 09/28/20 12/16/20 12/30/20 01/07/21 05/19/21	myLearning Pointe
Families of Seriously Mentally Ill The Forgotten Group	Dr. Denny Morrison, Netsmart's Chief Clinical Advisor, is joined by Shannon Jaccard, Board Chair for RI International, who shares the emotional story of her brother's mental illness before deeply exploring the struggles faced by siblings of the mentally ill. From isolated moments in the aftermath of visits, to challenges navigating the legal system, siblings are the forgotten survivors and it's time to shed light on their battle. Originally released as a podcast titled “Locked Outside: Guilt, Stigma, and Sadness.”	0.5 hours On demand	Administration / Management	1	08/10/20	myLearning Pointe / Dr. Denny Morrison

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Foster Care Part E. Sexual Abuse and Foster Care (R)	Recent figures show 513,000 children were in foster care in the United States and as many as 5.4 million children living with grandparents. In this program we explore the issues of foster care and parental alternatives from a number of viewpoints, with a special emphasis on understanding attachment theory and trauma, which are both the backdrops and main features in work with this population. Current statistics show that as many as 75% of children in foster care have been sexually abused. Of these children who receive psychotherapy, treatment is a rocky road. Recognizing these challenges and the need of these children for long term therapy, Dr. Heineman established A Home Within, the only national organization focused on the emotional well-being of foster youth. Therapists in this program treat these children for as long as they need and at no charge. In this interview, Toni Heineman, DMH, Mental Health, discusses psychotherapy with children living in foster care who have suffered sexual abuse.	1 hour On demand	Direct Service Staff	1	07/27/20	myLearning Pointe **/** Dr. Heineman and Toni Heineman, DMH, Mental Health

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Gay Boys: Sexual Orientation and Psychotherapy	Real changes in politics, laws, and consciousness toward gay people have raised the possibility that sexual orientation is, or will soon be, pretty irrelevant. In this course, Robert Galatzer-Levy ,MD, discusses his understanding and therapeutic approach to working with children who may be questioning their sexual identity. Keywords: gay, boys, homosexuality, bi-sexual, tri-gender, lesbian, sexuality, suicide, stereotypes	1 hour On demand	Direct Service Staff	2	09/20/20 11/19/20	myLearning Pointe / Robert Galatzer-Levy ,MD
Gender Competency: An Introduction What Does It Mean?	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.	3 hours On demand	Direct Service Staff	5	09/28/20 12/30/20 01/07/21 03/10/21	myLearning Pointe
Hey White Therapist Here's Where we Start	Practical, compassionate guidance for White therapists wanting to be more effective in their work with people of Color. This interview features Frank Baird, LMFT, LPCC, a White therapist; he is an expert on the topic of Whiteness and racial awareness. Clearly Clinical's board encourages dominant culture people to further this conversation amongst ourselves, and to drive change. This course was produced with the consultancy of compensated non-White clinicians.	1 hour Online	Direct Service Staff	2	04/23/21	Clearly Clinical / Elizabeth Irias, LMFT and Frank Baird, LMFT, LPCC

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Homelessness: Behavioral Health Services for People Who Are Homeless	This course is designed for the behavioral health service provider who wants to work more effectively with people who are homeless or at risk for homelessness and who need, or are currently in, substance misuse or mental health treatment. Information provided can be useful if you wish to be a more efficient clinician for people facing potential or actual homelessness and to help prevent potential crises that result from becoming homeless. Treatment and prevention issues are addressed. The approach advocated is aimed at providing services to the whole person to improve quality of life in all relevant domains.	1 hour On demand	Direct Service Staff	2	12/30/20 12/31/20	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Immigration and Its Impact on Children's Mental Health	Recent research seems to indicate that migrant children are at the high risk of developing mental health problems due to their vulnerabilities. The aim of this course is to understand the impact of immigration on children's mental health in order to develop a framework for the future treatment of these individuals. The expected increases in immigration make it seem increasingly important for mental health professionals to be aware of the effects and stresses that immigration could have on clients. This course focuses on the different needs of immigrant youth and understanding the impact of those needs on their mental health. We begin with an overview of the stages of migration. Next, we review how the lack of social support impacts children's mental health and explore challenges immigrant children face after migration. Then, we identity development struggles that immigrant children experience. Finally, this course explores cultural differences and coping that influences mental health issues. The course concludes by summarizing the research findings and discussing the needs of future research.	1 hour On demand	Direct Service Staff	1	06/02/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Implicit Bias Understanding the Impact of What We Don't See	Discuss how cognitive bias develops, is sustained by intrinsic and environmental factors, and contributes to inequitable outcomes for persons of color. The content will also inform on bias-reducing techniques and person-first language approaches that can enhance provider-client interactions and outcomes for marginalized communities.	1 hour Online	Direct Service Staff	1	03/18/21	Addiction Tech Transfer Center Network
Improving Cultural Competency for Behavioral Health Professionals	Cultural and linguistic competency is recognized as an important strategy for improving the quality of care provided to clients from diverse backgrounds. The goal of this e-learning program is to help behavioral health professionals increase their cultural and linguistic competency.	5 hours Online	Direct Service Staff	1	03/31/21	Think Cultural Health / HHS.gov

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Interpersonal and Structural Trauma of People in the Criminal·Legal System	Marginalized populations not only failed, but often also harmed, by the housing, child-welfare, educational and employment systems are at higher risk for mental illness; however, far too often, the mental health system, be it private or public, is not readily accessible, culturally responsive, or a reliable source of effective interventions for them. When untreated mental illness results in behaviors that do not conform to societal expectations, people from these populations are disproportionately funneled into the criminal justice system. Unlike the school system that suspends or expels them, the housing system that evicts them, the employment system that never hires or readily fires them, and the mental health system that denies or delays their treatment, the gates of the criminal justice system are always open. As such, it is a system where the marginalized and those disproportionately impacted by myriad structural and interpersonal traumas are grossly over-represented. It follows that an understanding of the biopsychosocial impacts of interpersonal and structural trauma are essential knowledge for anyone working in or collaborating with the criminal legal system.	3 hours Online	Direct Service Staff	1	03/31/21	Sarah Vinson, MD

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Intimate Partner Violence	The difficulties many victims of abuse face can be complex and multi-layered. When survivors do decide to seek help, social workers, marriage and family therapists, counselors, and psychologists can play pivotal roles in offering a sense of compassion and empathy that help build trust. Clinicians can expect that survivors will bring many complex and challenging issues to treatment. Because there is no one model for symptom presentation, treatment needs to be tailored to individual needs. Understanding that survivors have unique experiences, narratives, and needs allows practitioners to create a treatment approach that addresses multiple dimensions. Clinicians can assist survivors in creating safety plans and because the negative impacts of trauma are complex and complicated, intervention strategies often address various difficulties in multiple life domains. These practices must also integrate cultural practices, beliefs, and traditions if they are to be effective with survivors of diverse groups. Many clinicians can benefit from understanding the traumatic reactions, help-seeking, and intervention approaches.	7 hours Online	Direct Service Staff	1	10/09/20	Ce4Less

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Introduction to a Framework for Confronting Racism in Behavioral Health	The aim of this webinar is to increase participants' knowledge about the interplay between structural racism, behavioral health institutional racism, implicit bias, and behavioral health disparities. It also offers education about strategies to decrease, and ultimately, eliminate racial disparities in access, quality and outcomes of behavioral health treatment.	1.5 hours Online	Direct Service Staff	1	08/20/20	CIBHS / Jei Africa, PsyD and Adèle James, MA, CPC
Introduction to LGBTQIA+ Populations MH Disparities & Providing Culturally Competent Care	Description pending.	1 hour Online	Direct Service Staff	1	06/29/21	Information pending
Knowing Others - Increasing Awareness of Your Client's Cultural Identity	How to get to know your client's cultural identity.	1.5 hours Online	Administration / Management Direct Service Staff	1 1	10/02/20 12/27/20	Think Cultural Health / HHS.gov

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Lifting Black Voices: Therapy Trust and Racial Trauma	In this panel interview, Dr. Tiffany Crayton, LPC-S, L.J. Lumpkin, LMFT, and La Shanda Sugg, LPC, join me to discuss the world through their eyes... we hear what racism means to them, how it comes into the therapy room, and their ideas about what we do about it. Here are the stories they shared with me... the searing fruit of their emotional labor, their personal and professional clinical experience of being Black in America.	1 hour Online	Direct Service Staff	2	09/21/20 11/04/20	Clearly Clinical / Dr. Tiffany Crayton, LPC-S, L.J. Lumpkin, LMFT, and La Shanda Sugg, LPC
Managing Anxiety and Depression for LGBTQ Populations in COVID 19	The COVID-19 pandemic has increased stress, isolation, and worry for everyone. For LGBTQ people already dealing with unique challenges around anxiety and depression, the impact of these pressures can be devastating. This webinar will explore what makes LGBTQ people particularly at risk for anxiety and depression, as well as related outcomes like substance misuse and suicidality, and underline the ways that COVID-19 increases these vulnerabilities. Participants will explore warning signs, effective interventions, and community supports that help builds resilience for these populations.	1 hour Online	Direct Service Staff	1	09/30/20	The Danya Institute / Kate Bishop, MSSA

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Military Culture Part 4: Providing Help	In this module we discuss why many in the military are reluctant to seek treatment and resources available to them through the military organization. To assist behavioral health professionals in working with service members, we review "Cultural Vital Signs," a publication of the Department of Defense (DoD) and the Department of Veterans Affairs (VA) which provides direction for eliciting information from your military clients. This module also provides an overview of the guidance available from the DoD, the VA, and the Substance Abuse and Mental Health Services Administration (SAMHSA) for best practices and evidence-based programs and practices.	1 hour On demand	Direct Service Staff	1	01/21/21	myLearning Pointe
Part 1: Understanding the Health Needs of LGBTQ People: An Introduction	Description pending.	1.5 hours On demand	Direct Service Staff	1	09/22/20	Information pending
Providing Culturally Responsive SUD Treatment in Indigenous Communities	Description pending.	2 hours On demand	Direct Service Staff	1	06/24/21	Information pending

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Providing Inclusive, Respectful Care to Your Gender Questioning Transgender & Nonbinary Clients	Trans awareness expert Dara Hoffman-Fox, LPC, dives into the ins-and-outs of important clinical considerations for providers who are wanting to support and best serve their trans and nonbinary clients. From the use of gender-neutral language to office signage, this course is a great primer.	1 hour On demand	Direct Service Staff	1	06/07/21	Clearly Clinical / Dara Hoffman-Fox, LPC and Elizabeth Irias, LMFT
PTSD and Veterans: The Invisible Wound	The National Institute of Mental Health (NIMH) defines PTSD as "a disorder that develops in some people who have experienced a shocking, scary, or dangerous event." While 7 – 8% of the general US population will develop Post-Traumatic Stress Disorder at some point in their lifetime, US military veterans are at a higher risk due to circumstances of their profession. This course for mental health professionals will review the impact of PTSD on veterans, aid the professional in recognizing symptoms and eliciting information, and review best practices for treatment.	2 hours On demand	Direct Service Staff	4	11/18/20 12/31/20 01/05/21 04/26/21	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
PTSD in Children: Trauma-Focused Cognitive Based Therapy	Children will be exposed to trauma. For some children the events will come and go with no severe repercussions from the trauma. For others, the event will impact the child's emotional well-being in the present and the future. Post-traumatic stress disorder (PTSD) may be triggered by a multitude of life events. This course is to inform mental health therapists and other mental health professionals about Trauma-Focused Cognitive Behavioral Therapy. The course is designed to give the learner an overview of who the evidence-based treatment is appropriate for, the basic elements of TF-CBT, and training requirements before a therapist engages in Trauma-Focused Cognitive Behavioral Therapy.	1 hour On demand	Direct Service Staff	3	12/31/20 01/04/21 04/29/21	myLearning Pointe
PTSD Part 3 The Culture of PTSD	The understanding and treatment of posttraumatic stress has changed over the years, especially as between the 2 world wars, the Vietnam conflict, and the conflicts in Iraq and Afghanistan. Dr. Herbert reviews and explains these views. For example, particularly with the way the diagnosis is currently structured, there is an increase in sensitivity to the importance of looking at posttraumatic reactions. In the aftermath of trauma, it's important to see what happens and see how we can help people.	1 hour On demand	Direct Service Staff	4	11/17/20 01/04/21 01/05/21 04/27/21	myLearning Pointe / Dr. Herbert

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Racial Equality Through Action and Learning Summit Part 1- How We Got Here	Learn about the historical and societal context that has led to systemic racial health inequities	1.68 hours Online	Direct Service Staff	1	01/20/21	Region V Public Health Training Center
Racial Equality Through Action and Learning Summit Part 2- Targeted Universalism	Learn how targeted universalism bridges different groups of people to align goals and efforts to realize them, focusing on outcomes and targeting structures, not individuals	1 hour Online	Direct Service Staff	1	02/08/21	Region V Public Health Training Center
Racial Equality Through Action and Learning Summit Part 3- Equity in All Policies (On Demand)	Learn how policies have affected social determinants of health and how health equity impact assessments can be used to address equity.	1 hour Online	Direct Service Staff	1	02/16/21	Region V Public Health Training Center
Racialized Trauma/Cultural Semantics Part 1	Description pending.	1 hour On demand	Direct Service Staff	1	11/04/20	Information pending
Substance Abuse Treatment for Forensic Populations	Description pending.	1.5 hours On demand	Direct Service Staff	1	11/18/20	CADTP / Cassandra Garcia

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Suicide Part A - Adolescent Suicide	Any therapist involved in direct patient care has a 1 in 5 chance of losing a patient to suicide during the course of his or her professional career. Psychotherapists who study suicidal behavior in young people have uncovered many clues that can help mental health professionals take appropriate action to prevent a suicide.	1.5 hours On demand	Direct Service Staff	2	09/19/20 05/12/21	myLearning Pointe
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 hours On demand	Direct Service Staff	4	07/19/20 08/18/20 09/19/20 05/22/21	myLearning Pointe / Nancy Osgood, Ph.D.
Systemic Racism and Structural Racialization: Examining the Impact on Behavioral Health Disparities	The goal of this webinar is to increase participants' ability to identify how systemic racism and structural racialization leads to disparities in access, quality and outcomes of behavioral health care for BIPOC.	1 hour On demand	Direct Service Staff	1	08/27/20	CIBHS / Adèle James, MA, CPC, CEO, Adèle James Consulting

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Talking About Race and Racism with Clients: Challenges Benefits & Strategies for Fostering Meaningful Dialogue	The goal of this webinar is to build participant's skills to effectively engage in conversations about race with their clients that is healing, and ultimately, promotes racial equity. The target audience for the series includes behavioral health care leadership, administrators and managers, ethnic service managers, peer professionals, clinical supervisors, clinicians/direct care providers, and care managers.	1.5 hours On demand	Direct Service Staff	1	09/17/20	CIBHS
Unique Aspects of Mental Health Care for Older Adults (R)	This course provides an overview of the special considerations involved in providing mental health care to older adults. This course is based on the premise that older adults present with unique needs and require a specialized approach to care. In order to work effectively with this population, clinicians require specialized training and expertise. This course will provide an initial overview of the core competencies required for geriatric practice.	1 hour On demand	Direct Service Staff	1	07/19/20	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
White Supremacist Violence: Clinically Understanding the Resurgence and Stopping the Spread	Regarding the resurgence of White Supremacy: How did we get here, and what do we, as mental health professionals, do about it? This fast-paced interview course will help improve understanding of the white supremacist violence movement, as well as discuss treatment approaches and prevention efforts. Dr. Van Brunt reviews both the escalation factors and protective factors for extremist violence, and identifies motivations and causes of this increase in extremist, violent ideology.	1 hour Online	Administration / Management Direct Service Staff	2 5	05/12/21	Clearly Clinical / Dr. Brian Van Brunt

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Women and Addiction: Consumption Patterns (R)	The 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. 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 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. 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.	0.5 hours On demand	Direct Service Staff	1	12/30/20	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Women and Addiction: Treatment Considerations (R)	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, 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.	1 hour On demand	Direct Service Staff	2	12/04/20 03/12/21	myLearning Pointe
Women's Mental Health - Action Steps for Improvement (R)	This course brings together the most recent research, resources, products, and tools on mental health issues in women, and explores the role gender plays in diagnosing, treating, and coping with mental illness. It also points to resilience and social support systems as key factors in overcoming mental illness. The course report outlines specific action steps for policy-makers, health care providers, researchers, and others to take in an effort to address the burden of mental illness on women's lives and increase their capacity for recovery.	1.5 hours On demand	Direct Service Staff	1	12/30/20	myLearning Pointe

Training Event	Description of Training	How long (hours) and often	Attendance by Function	Number of Attendees and Total	Date of Training	Name of Presenter
Working with the Elderly Part A (R)	Bob G. Knight, Ph.D., Psychology, discusses methods of assessing older adults, how to complete a therapeutic life review, and how treatment of the older adult differs from that of younger adults in his interview ""Treatment of the Elderly."	2 hours On demand	Direct Service Staff	1	07/19/20	myLearning Pointe / Bob G. Knight, Ph.D., Psychology
Working with the Elderly Part B (R)	In "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. In "Marital Treatment with Elderly Couples," Mary Ann Wolinsky, M.S.W., discusses work with elderly couples -- how marital issues with the elderly differ from issues in younger couples, and how retirement forces a final working through of a life.	2 hours On demand	Direct Service Staff	1	07/19/20	myLearning Pointe / Nancy Osgood, Ph.D., Gerontology and Mary Ann Wolinsky, M.S.W

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

Staff recruitment and retention is a key component of the BHD's WET component. The MHP is participating in the Central Region's partnership for implementation of the California Department of Health Care Access and Information WET program, with the County's primary focus on Loan Repayment and Retention.

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 towards 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).

- 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 which resulted in a slight salary increase, but the County's salary schedule remains lower than surrounding counties.

The County continues to offer a bilingual differential of $1.00 per hour for staff who are certified in Spanish, and included the following message on recruitments for Behavioral Health:

> *The ability to speak and read Spanish in addition to English would be an asset and preferred in this position, but is not required. Applicants for English/Spanish bilingual designated positions must take and pass the bilingual proficiency examination administered by the County of El Dorado and, if successful, become eligible for a pay differential of $1.00 per hour. The differential is defined by the Memorandum of Understanding between the County of El Dorado and the Bargaining Unit representing this job classification.*

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 four Behavioral 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 $4,500.

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.

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 "Beneficiary Handbook", offered 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. This document is also available on the BHD's website and in the clinic lobbies.

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 slightly increased the salary of many classifications.

- 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.

- The BHD contracts with language line providers to assist clients with any interpreter needs at no charge to the clients.

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 continues the ongoing process of reviewing written materials to ensure materials are at an appropriate reading level.

Criterion 8, County Behavioral 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 is one program instructors 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: LGBTQIA Community Education Project
This project supports differences, builds 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 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. 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 and will be implemented once COVID precautions are lifted or reduced.

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: Community-Based Outreach and Linkage, including the Psychiatric Emergency Response Team (PERT) and South Tahoe Area Collaborative Services (STACS)
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.

Similarly, STACS operates in the South Lake Tahoe area and is a collaborative between Behavioral Health staff, law enforcement, other first responders, medical providers, community-based organizations, and schools to provide field-based services when necessary to address urgent needs in the community.

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 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 Behavioral 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.

Additionally, Behavioral Health maintains a list of hotlines and warmlines for community members should they wish to speak with someone who better aligns with their needs. The resource list can be accessed at https://edcgov.us/Government/MentalHealth/behavioral-health-resources.

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 if 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	South Lake Tahoe, Tahoma

Behavioral Health offices are in Diamond Springs and South Lake Tahoe. 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

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

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:

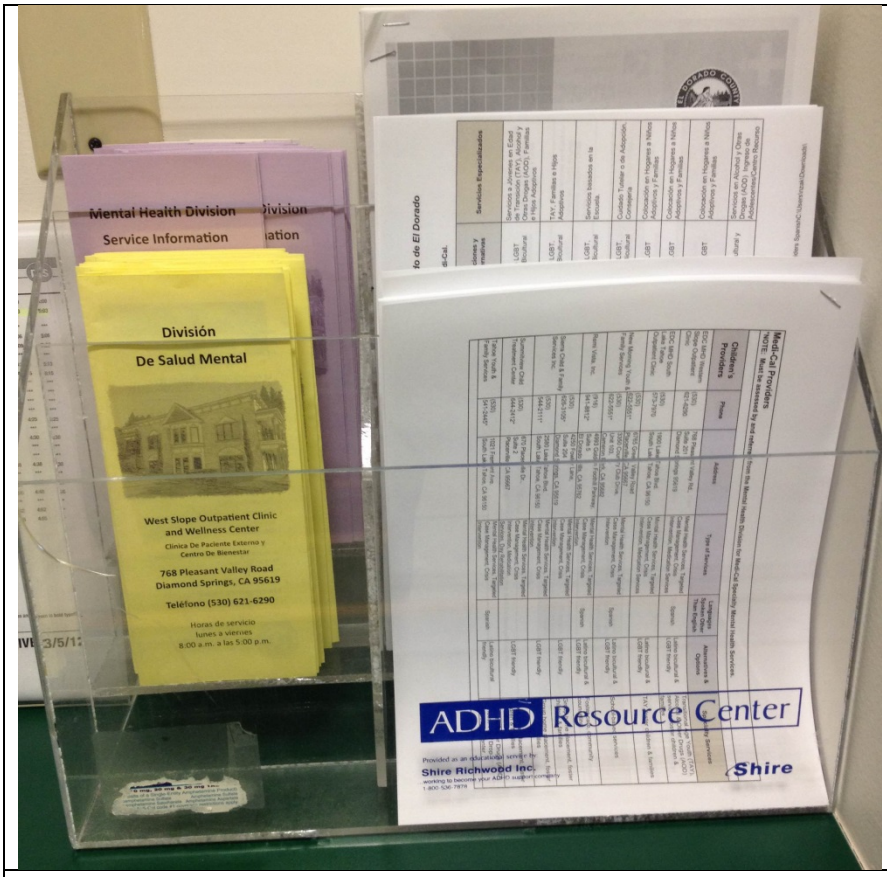
Diamond Springs
(530) 621-6290

South Lake Tahoe
(530) 573-7970

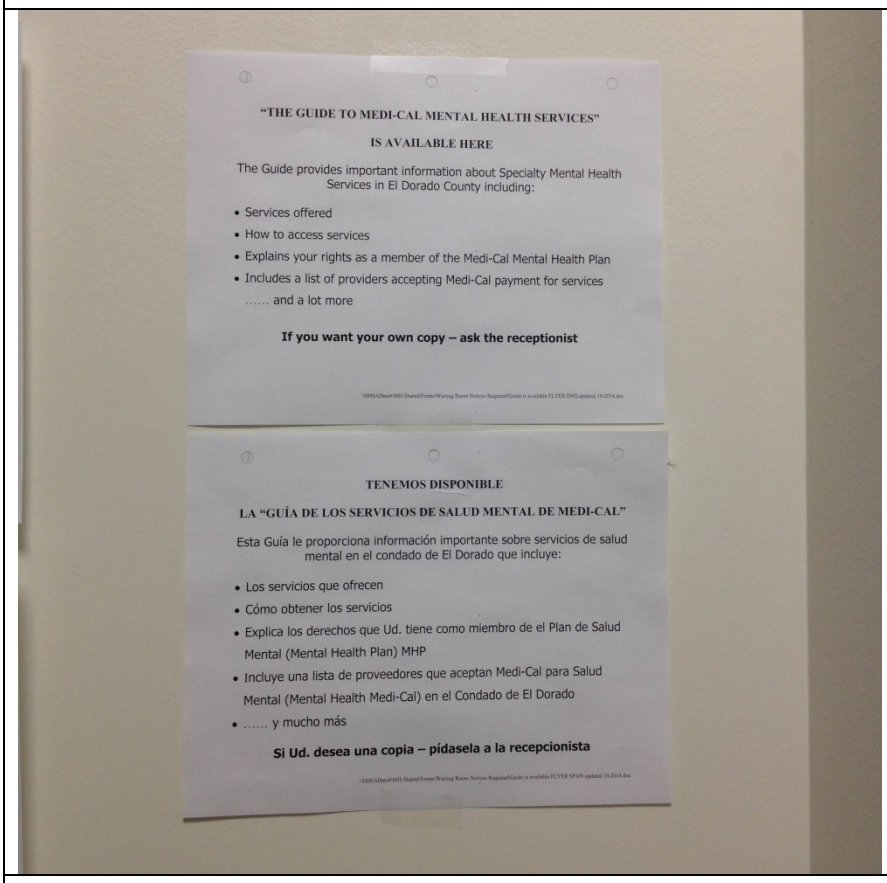
Ofrecemos servicios de salud mental en su propio idioma
Si Ud. así lo requiere, le brindamos los servicios de un intérprete sin costo alguno.
También ofrecemos ayuda apropiada para personas sordas o con vista limitada
Por favor informe a la recepcionista o a su consejero que Ud. necesita estos servicios.

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

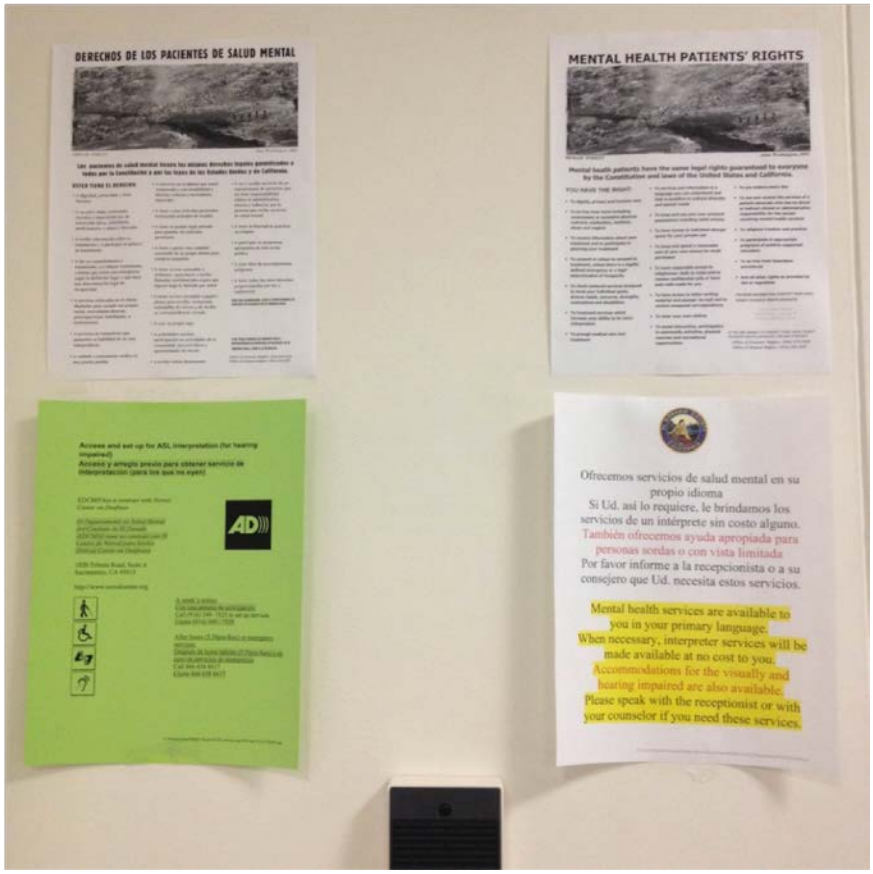


- Guide to Medi-Cal
- Provider Lists
- Mental Health Division Service Information

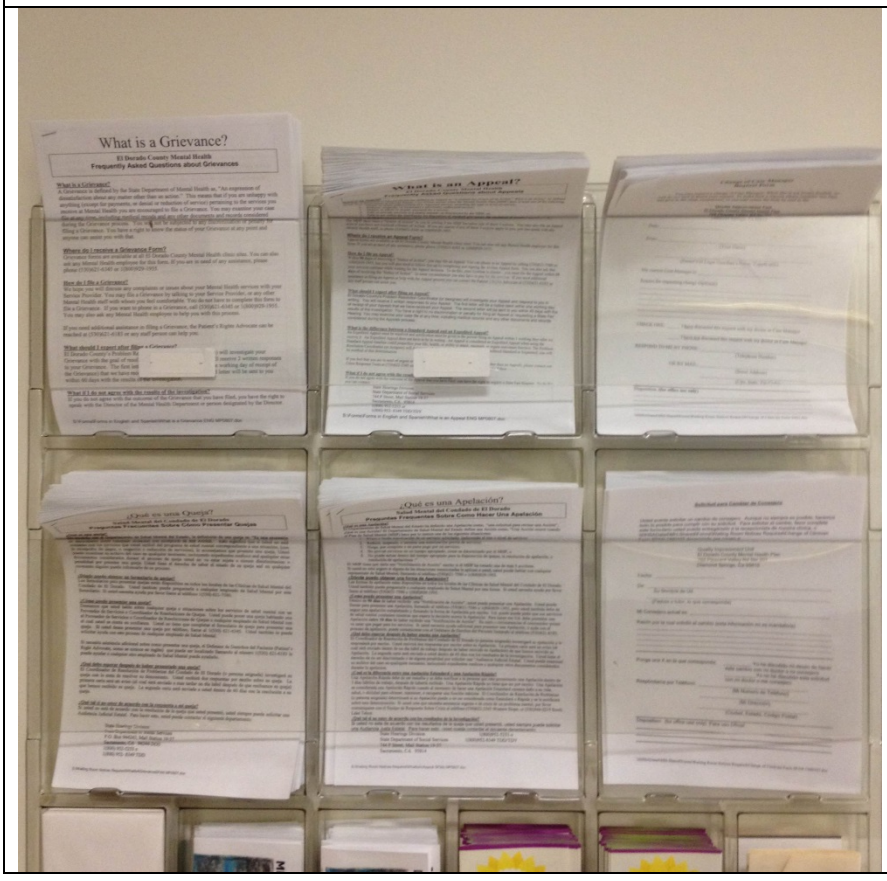


- Guide to Medi-Cal Mental Health Services Notice

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

Exhibit B
Behavioral Health Division
Policies, Procedures, and Forms

LANGUAGE ASSISTANCE

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))。

Հայ ե ր ե ն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայ ե ր ե ն, ապա ձե զ ան վճար կարո ղ են տրամադրվել լե զ վական աջակց ու թյ ան ծառայ ու թյ ուններ: Զանգահարե ք 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 (TTY: 711 (California Relay Service)) 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।

العربية (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)

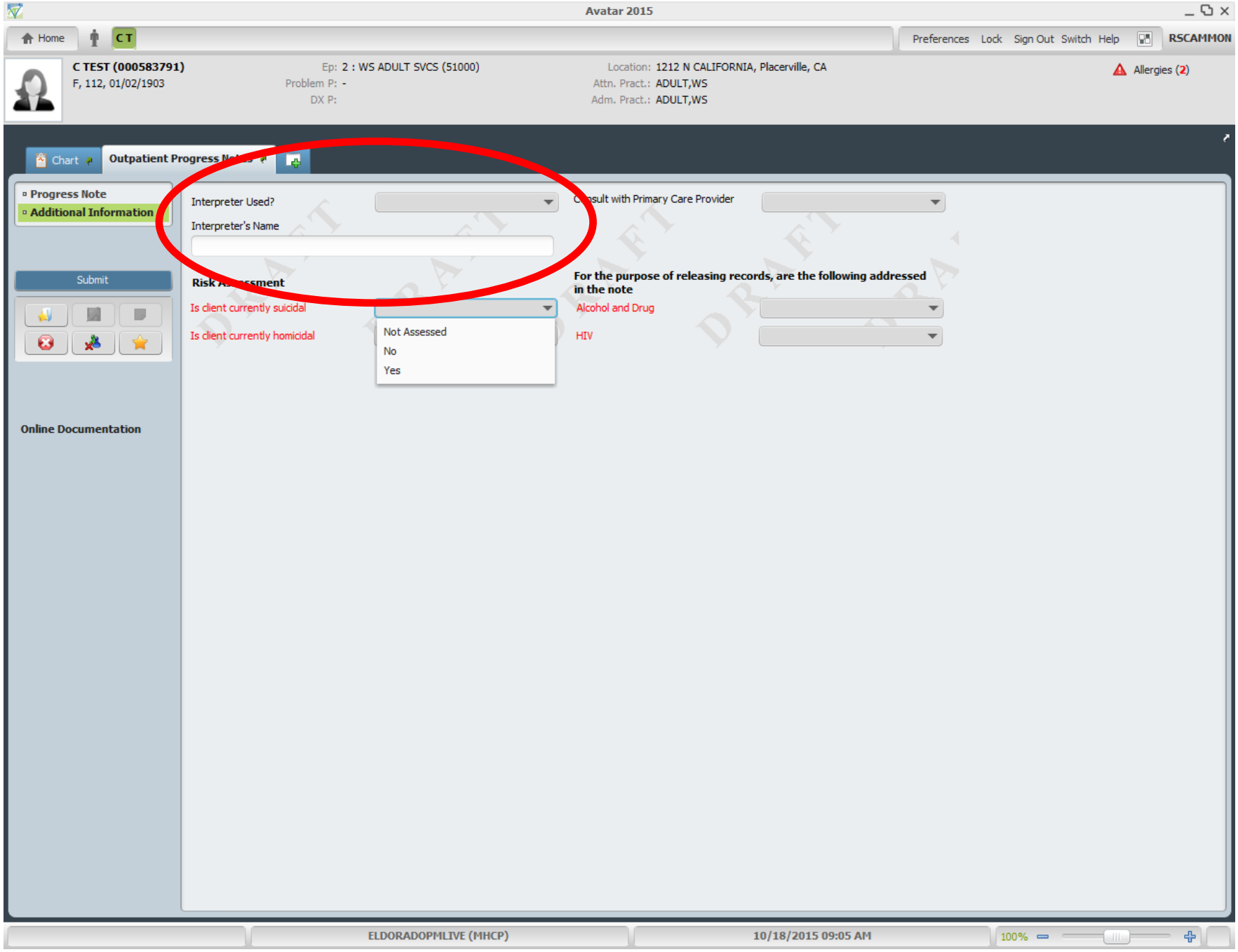
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-530-621-6290 (TTY: 711 (California Relay Service)).

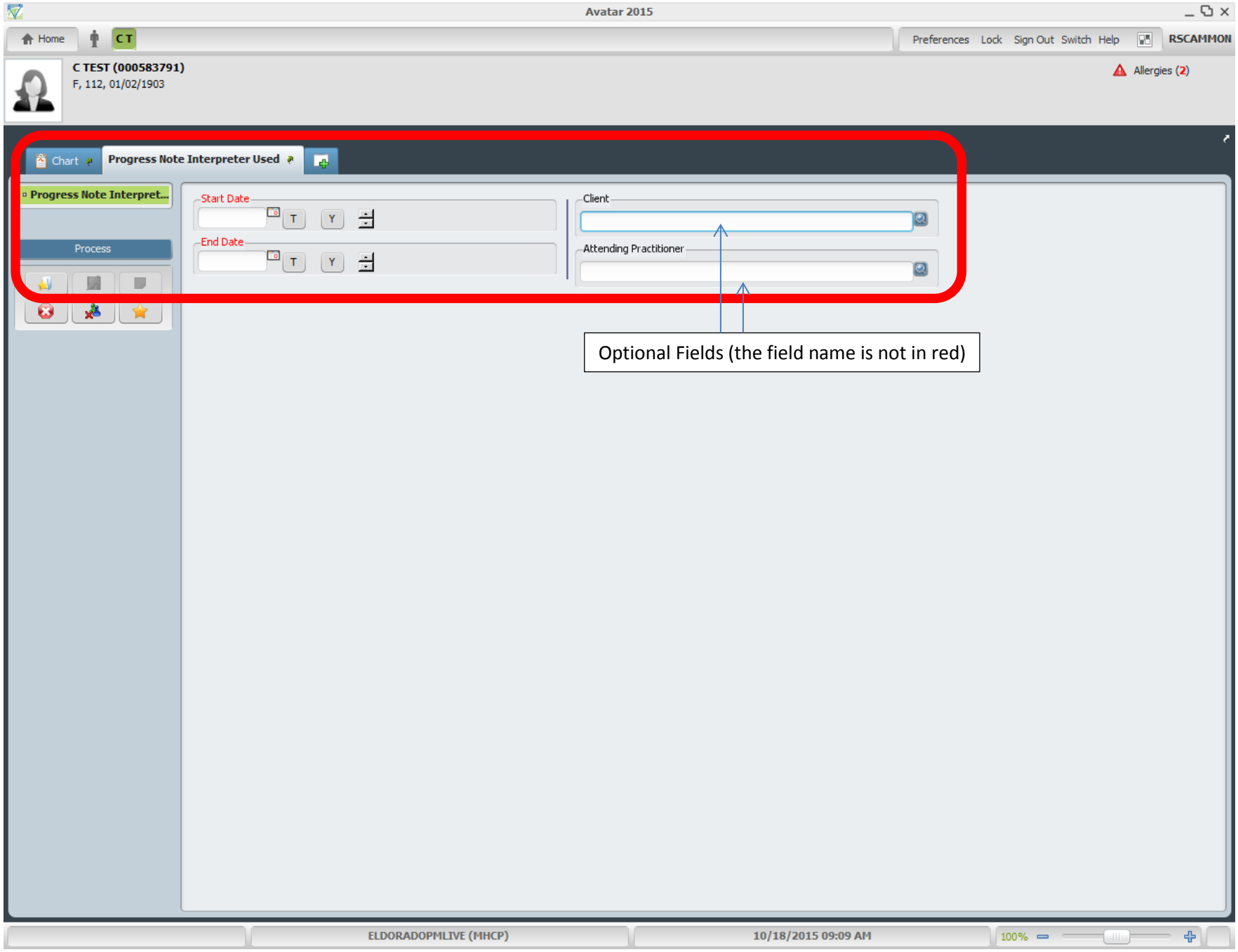
ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ រ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែ , រសវាជំនួយមននកភាសា រោយមិនគិត្ួ ួន គឺអាចមានសំរា ់ ំរ អ្ើ នក។ ចូ ទូ ស័ព្ទ1-530-621-6290 (TTY: 711 (California Relay Service))។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-530-621-6290 (TTY: 711 (California Relay Service)).


Avatar 2015
Home
CT
Preferences Lock Sign Out Switch Help
RSCAMMON
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?
Interpreter's Name
Consult with Primary Care Provider
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
DRAFT
ELDORADOPMLIVE (MHCP)
10/18/2015 09:05 AM
100%


Avatar 2015
Home
C T
Preferences Lock Sign Out Switch Help
RSCAMMON
C TEST (000583791)
F, 112, 01/02/1903
Allergies (2)
Chart
Progress Note Interpreter Used
Progress Note Interpret...
Process
Start Date
End Date
T
Y
Client
Attending Practitioner
Optional Fields (the field name is not in red)
ELDORADOPMLIVE (MHCP)
10/18/2015 09:09 AM
100%

Telephone Interpreting

Community Services

[redacted]

25TH ANNIVERSARY

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

LANGUAGE PEOPLE

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

To reach our main line, please call [redacted]

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

LANGUAGE PEOPLE

Telephone Interpreting

[redacted]

25

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	Marshallese	2109	Sicilian	2135	Zulu	2161

LANGUAGE PEOPLE

LANGUAGE IDENTIFICATION CARD

For service, call [redacted]

	Language
☐ أنا أتحدث اللغة العربية	Arabic
☐ Ես խոսում եմ հայերեն	Armenian
☐ আমী বাংলা কথা বলতে পারী	Bengali
☐ Ja govorim bosanski	Bosnian
☐ Аз говоря български	Bulgarian
☐ ကျွန်တော်/ကျွန်မ မြန်မာ လို ပြောတတ် ပါတယ်	Burmese
☐ 如果你能读中文或讲中文，请选择此框。	Cantonese Simplified
☐ 我講廣東話	Cantonese Traditional
☐ ខ្ញុំនិយាយភាសាខ្មែរ	Cambodian
☐ Parlo català	Catalan
☐ Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	Chamorro
☐ Govorim hrvatski	Croatian
☐ Mluvím česky	Czech
☐ من دری حرف می زنم	Dari
☐ Ik spreek het Nederlands	Dutch
☐ من فارسی صحبت می کنم	Farsi

LANGUAGE PEOPLE

LANGUAGE IDENTIFICATION CARD

	Language
☐ Je parle français	French
☐ Ich spreche Deutsch	German
☐ Μιλώ τα ελληνικά	Greek
☐ હું ગુજરાતી બોલુ છુ	Gujarati
☐ M pale kreyòl ayisyen	Haitian Creole
☐ אני מדבר עברית	Hebrew
☐ मैं हिंदी बोलता हूँ ।	Hindi
☐ Kuv has lug Moob	Hmong
☐ Beszélek magyarul	Hungarian
☐ Agsaonak ti Ilokano	Ilocano
☐ Parlo italiano	Italian
☐ 私は日本語を話す	Japanese
☐ Quin chagüic´ká chábal´ ruin´ri tzújon cakchiquel	Kackchiquel
☐ 한국어 합니다	Korean
☐ man Kurdii zaanim	Kurdish
☐ man Kurmaanjii zaanim	Kurmanci
☐ ຂ້ອຍປາກພາສາລາວ	Laotian

LANGUAGE 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

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

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.

EL DORADO COUNTY
MENTAL HEALTH DEPARTMENT

POLICY/PROCEDURE

SUBJECT: Certification for Bilingual Differential Pay Benefit	**Policy Number: II-B-0-001**
AUTHOR: Barry Wasserman, LCSW **Date:** 9/1/2005	**PAGE 1 of 2**
Revised by: Stephanie Carlson **Date:**	**APPROVED BY:** John Bachman **Date:** 9/20/07 **John Bachman, PhD. 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 <u>certified</u> staff member to assist with interpreting needs.

EL DORADO COUNTY
MENTAL HEALTH DEPARTMENT

POLICY/PROCEDURE

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

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 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

SUBJECT: Cultural Competency Training Requirements	**POLICY NUMBER:** II-B-0-003
APPROVED BY: Signed by: B Wasserman Barry Wasserman, LCSW, Interim Director	**DATE:** 7/5/05

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

SUBJECT: Cultural and Linguistic Competency, at Mandated Points of Contact		Policy Number: II-B-0-004
AUTHOR: Barry Wasserman, LCSW	Date: 7/5/2005	PAGE 1 of 1
Revised by: Laura Eakin, MFT	Date: 9/5/2007	APPROVED BY: John Bachman, PhD. Director	Date: 9/10/07

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

SUBJECT: Cultural Competency, Community Outreach	**POLICY NUMBER:** II-B-0-005
APPROVED BY: Barry Wasserman, LCSW, Interim Director	**DATE:** 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

SUBJECT: Beneficiary Rights	**Policy Number: II-E-0-001**
AUTHOR: Laura Eakin, MFT **Date:** 3/15/2006	**PAGE 1 of 2**
Revised by: Laura Eakin MFT **Date:** 8/16/07 **Laura Eakin, MFT** **8/16/07**	**APPROVED BY:** John Bachman **Date:** 9/10/07 **John Bachman, PhD.** **Director**

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

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

_____

Exhibit C
Quality Improvement Work Plan

El Dorado County Health & Human Services Agency, Behavioral Health Division
Annual Quality Improvement (QI) Work Plan
Fiscal Year 2021-22

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).

Contents

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 20-21	• QI Program Managers • QI Committee Members	• QI Committee Minutes • Avatar Reports	Nov. 2022
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.	• QI Program Managers • QI Committee Members • MHSA Coordinator	• QI Committee Sign-In Sheets and Minutes • MHSA Sign-In Sheets, Comment Forms, and Minutes	Ongoing through June 2022
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	• BH Director • Assistant Director of Adult Services • Deputy Director of Behavioral Health • QI Program Manager • MHSA Coordinator	• QI Committee Minutes • Avatar Reports • BH Dashboard	Ongoing through June 2022

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	**PIP #1 GOAL (non-clinical):** Scheduling new clients' first appointment with a Clinician immediately after eligibility for services is determined. **PIP #2 Goal (clinical):** Establishing a safety plan upon starting services and verify monthly whether the client has utilized the safety plan.	• QI Program Managers • Access Supervisor • Access Clinicians • Outpatient Clinicians	• EQRO Auditing Tool and "Road Maps to a PIP"	PIP #1 December 2022 PIP #2 December 2022

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.	• QI Program Managers • Access Supervisor • Sr. IT Analyst • MHP Leadership Team	• AVATAR Reports • Leadership Team meeting minutes	Ongoing through June 2022
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 within 24 business hours of request (excludes Psychiatric Emergency Services).	• Front Desk Staff • Worker of the Day Staff • Access Clinicians • Access Coordinator • QI Program Managers	• AVATAR "Request for Service" report	Ongoing through June 2022
c. Ensure capacity and timeliness	Individuals requesting service will be provided an appointment within 10 business days of request	• Front Desk Staff • Worker of the Day Staff • Access Clinicians • Access Coordinator • QI Program Managers	• AVATAR "Request for Service" reports	Ongoing through June 2022
d. Ensure capacity and timeliness	Consumers requesting a psychiatric evaluation appointment will be seen by a psychiatrist within 15 business days of request	• BH Medical Director & Staff Psychiatrists • Management Team • Front Desk Staff • Worker of the Day Staff • Access Clinicians • Access Coordinator • QI Program Managers	• AVATAR reports	Ongoing through June 2022
e. Ensure capacity and timeliness	Beneficiaries will have access to after-hours care via telephone, clinic 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)	• PES Managers • PES Clinicians • ICM Teams • UR Clinicians • UR Coordinator • QI Program Manager	• AVATAR report • Contractor reports	Ongoing through June 2022

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
f. Clinical staff productivity	Track and trend provider productivity. Productivity level expectations are under development.	• MH Program Coordinators • MH Managers • QI Program Manager • BH Analyst	• AVATAR Report	Ongoing through June 2022

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 100% success in accessing a bilingual staff or "Language People" for non-English speaking callers	• UR Coordinator • QI/UR Staff	• Test Calls with outcomes logged	Ongoing through June 2022
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)	• PES Managers • PES Clinicians • Contract Providers	• AVATAR report • Contractor reports	Ongoing through June 2022
c. Ensure time and distance standards are met	• For psychiatry, travel time and distance shall not exceed 45 miles or 75 minutes • For other outpatient Specialty Mental Health Services, travel time and distance shall not exceed 45 miles or 75 minutes	• UR Coordinator • QI/UR Staff	• AVATAR report • Geographic mapping program (e.g., ArcGIS)	Ongoing through June 2022

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. 100% of services verified were confirmed by client. Corrective action will be taken with staff 100% of the time if indicated.	• UR Coordinator • Admin Support Staff • QI Program Manager • Management Team	• Service Verification Log	Ongoing through June 2022
b. MHP shall monitor the no-show rate for psychiatry and outpatient services, including services provided by its contracted providers.	For psychiatry, the no-show rate goal is 10%. For clinicians, the no-show rate goal is 15%.	• UR Coordinator • QI/UR Staff • Clinic/Admin Support Staff • QI Manager	• AVATAR Report	Ongoing through June 2022

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 four trainings annually to build cultural competence; at least one will address client culture and family member perspectives	• Management Team • Cultural Competency Manager	• Training Attendance Log & Outlines/Handouts	Ongoing through June 2022
b. MHP shall ensure services are provided in culturally and linguistically competent manner	HHSA will certify bilingual and cultural competence of all staff receiving bilingual compensation	• EDC Personnel Unit	• HR report	Ongoing through June 2022

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.	• MHSA Coordinator	• CCP • DHCS Notices	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.	• Admin Support Staff • Front Desk Staff • Consumers / Family of Consumers (for children) • Organizational Providers • UR Coordinator	• Consumer Perception Survey issued by DHCS, supported by CIBHS or other contracted vendor	November 2020 / May 2022, 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	• Admin Support Staff • UR Coordinator • QI Program Manager	• All-Staff meeting minutes • CBO meeting minutes • Emails	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.	• UR Coordinator • Patients' Rights Advocate • MHSA Coordinator • Management Team	• Tracking logs • QIC Minutes • Management Team Minutes • Behavioral Health Commission minutes	Ongoing through June 2022
d. MHP shall evaluate MHSA disputes (Issue Resolution)	MHP will track and trend MHSA Issue Resolutions, identifying and correcting any indications of program changes.	• MHSA Coordinator • BH Analyst • MHSA Manager	• Tracking logs • QIC Minutes	Ongoing through June 2022

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	• BH Medical Director • Assistant Director of Health Services • Community Public Health Nursing Division Manager • QI Program Manager • UR Coordinator	• Med Monitoring Committee minutes	Ongoing (quarterly meetings) through June 2022
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.	• UR Coordinator • Avatar System Specialist • QI Program Manager • MHP Leadership Team	• AVATAR report comparing baseline data to data collected at regular intervals	Ongoing through June 2022

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. GOAL: standard will be met 80% of the time.	• UR Coordinator • Avatar System Specialist • QI Program Manager • MHP Leadership Team	• AVATAR timeliness report	Ongoing through June 2022
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	• AB 109 Manager, Program Coordinator and Clinical Staff	• QIC meeting minutes	Ongoing through June 2022
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.	• QI Program Manager • UR Coordinator • Access Team Clinicians	• Avatar Utilization Report	Ongoing through June 2022

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.	• BH Medical Director • Assistant Director of Health Services • FQHC Medical Director • QI Program Manager • UR Coordinator	• Training sign-in sheet and outline/handouts	Ongoing through June 2022

10. Utilization Management

QI Directive	Goal	Responsible Parties	Auditing Tool	Goal Assessment Date
a. MHP shall evaluate inpatient medical necessity appropriateness and efficiency of services provided to beneficiaries prospectively and retrospectively	100% of all out-of-county Hospital Treatment Authorization Requests (TAR) shall be completed within 14 days of receipt of request.	• UR Coordinator • Admin Support Staff • QI Program Manager • Crisis Clinicians	• TAR Log • Crisis Assessment Report	Ongoing through June 2022
b. MHP shall evaluate medical necessity appropriateness and efficiency of outpatient services provided to beneficiaries prospectively and retrospectively.	At the time of authorization or re-authorization of services with contracted organizational providers, 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.	• UR Clinical Staff • QI Program Manager • BH Program Coordinators • UR Coordinator • Avatar System Specialist	• Avatar reports; assessment reviews; service authorization requests	Ongoing through June 2022

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	100% 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.	• UR Clinical Staff • QI Program Manager • UR Coordinator	• Managed Care Authorization Binder	Ongoing through June 2022

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 100% compliance in the following manner: • 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. • Re-certify every 3 years thereafter.	• Fiscal Staff	• Certification Protocol from DHCS	Ongoing through June 2022

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
b. Monitor Provider Satisfaction	BHD will conduct as-needed meetings of BHD senior management and Contract Provider Management.	• BH Director • Assistant Director of Health Services • QI Program Manager • UR Coordinator	• CBO meeting minutes	Ongoing through June 2022
c. Monitor FSP Reporting	100% reported timely.	• FSP Report Monitors • UR Coordinator	• State website • Tracking document	Ongoing through June 2022
d. Monitor Provider Appeals	BHD will track and trend issues identified in Provider Appeals.	• UR Coordinator • MHSA Coordinator • Management Team	• Tracking Logs • QIC Minutes • Meeting Minutes	Ongoing through June 2022

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.