

COLUSA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH



2023

Cultural Competency Annual Update Plan

Colusa County Department of Behavioral Health

CULTURAL COMPETENCY ANNUAL UPDATE PLAN

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Introduction

Colusa County Department of Behavioral Health (CCDBH) will strive to provide culturally, ethnically, and linguistically appropriate services to all clients and families we serve. This includes populations and subpopulations that may need specific services, such as the LGBTQ+ community, Native American community, recovery community (mental health or substance use), faith-based communities, justice involved community, the older adult community, and others. CCDBH recognizes that creating a system that implements cultural humility requires active engagement from the entire system; leadership, staff, and the community. This will allow us to continue to learn, grow, and create positive changes for improved services, client/community engagement, and overall community health. CCDBH's Cultural Competency Plan Report (CCPR) will focus our efforts on tasks to improve services for our community.

In CCDBH's three year plan, cultural humility goals focused on creating a diverse workforce, improving collaboration efforts, expanding culturally appropriate services, and gathering information from the community in regards to what stakeholders would like to see occur at CCBH. CCDBH hopes to be able to achieve these goals within plan's 2022 – 2024 timespan. The goals are as follows:

County Goals

Goal #1: Develop and retain a diverse workforce by expanding our Substance Use program in hiring a bilingual staff in the County's threshold language, Spanish.

Update on Goal #1: A bilingual staff has been hired to the Substance Use program team to provide services to consumers who are monolingual in Spanish.

Goal #2: Reach out to local Native American Tribes to collaborate on providing a cultural humility training.

Update on Goal #2: CCDBH reached out to a local Native American Tribe to inform the group that CCDBH is interested in collaborating with them on a cultural humility training. The tribe members expressed more interest in CCDBH services and requested more details on services that CCDBH provides. CCDBH reminded the tribe that there is a Memorandum of Understanding (MOU) in place to provide their tribe members services if/when needed.

Goal #3: Develop a resource for the growing LGBTQ+ population in the county.

Update on Goal #3: CCDBH has presented a contract to work in collaboration with Stonewall Alliance Center of Chico to Colusa County's Board of Supervisors. It was approved in the fall of 2022. This will allow a CCDBH therapist to co-facilitate a group for LGBTQ+ youth. It will also allow CCDBH's new Mental Health Services Act (MHSA) program under Prevention and Early Intervention (PEI), Library Services, to host educational community groups around the LGBTQ+ population.

Goal #4: Host a cultural event in collaboration with the Cultural Competency Committee (CCC) and other local agencies and community members.

Update on Goal #4: The CCC is in the planning process for this goal. CCC has decided on a theme for the event. The theme is loss. The ideas that were discussed were a Día de los Muertos event in collaboration with a local school, a training on loss for the community, or collaborating with local high schools who participate in the Every 15 Minutes program.

Goal #5: Develop a survey to disseminate to County staff and community members around recommendations and suggestions on cultural improvements that CCDBH can make.

Update on Goal #5: A survey will be created by the end of this fiscal year 2022-2023 for dissemination to the public.

New Goal: Have a collaborative event with either our local Master Gardener's Club or Arts Council for May is Mental Health Awareness Month. The goal of this event is to reach out to the older adult population and collaborate with a new local agency.

Criterion 1: Commitment to Cultural Competence

I. County Mental Health System commitment to cultural competence

The county shall include the following in the CCPR:

- A. Policies, procedures, or practices that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity within the County Mental Health System

Policies and Procedures

Colusa County Behavioral Health has multiple policies and procedures that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity within the County Behavioral Health System. The policies and procedures are:

CLAS Standards

Cultural Competency and Language Services

Culturally and Linguistically Appropriate Services

Accessing Interpreters for Non-English Speaking Individuals

Guidelines for Use of Interpreters

Accommodations and Physical Access to Services

Meeting the Needs of Individuals with Visual and Hearing Impairment

The county shall have the following available on site during the compliance review:

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

1. Mission Statement

2. Statements of Philosophy

3. Strategic Plans
4. Policy and Procedure Manuals
5. Human Resource Training and Recruitment Policies
6. Contract Requirements
7. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence)

Colusa County Department of Behavioral Health will have items 1-7 available on-site during a compliance review.

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

The CCPR shall be completed by the County Mental Health Department. The county will hold contractors accountable for reporting the information to be inserted into the CCPR.

The county shall include the following in the CCPR:

- A. A description, not to exceed two pages, of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities; including recognition and value of racial, ethnic cultural and linguistic diversity within the system. That may include the solicitation of diverse input to local behavioral health planning processes and services development.

CCDBH has obtained stakeholder feedback on behavioral health programming through our Cultural Competency Committee (CCC), Mental Health Services Act

(MHSA) stakeholder process/outreach events, and our Behavioral Health Board. The CCC meets monthly to discuss and obtain feedback from other agencies such as CCDBH, Colusa County Office of Education, Child Protective Services (CPS), Colusa First 5, Colusa County Library, and more. Discussions around improvement on CCDBH's services and community needs are brought up at this monthly meeting. During the MHSA stakeholder process/outreach events public comments/feedback are gathered and collected to inform CCDBH around improvements that could be made around cultural competency and/or make CCDBH aware of community needs. CCDBH has focused on reaching out to the Latinx population by attending the county's Migrant Resource Fair held by Colusa County Office of Education (CCOE) for the last few years. Lastly, the Behavioral Health Board also provides comments/feedback once a month on how CCDBH can make improvements around the agency.

Two years ago, CCDBH's Leadership team, which is made up of the Director, Deputy Director, four Clinical Program Managers, the Electronic Health Records Manager, the Fiscal Administrative Officer, and the Office Assistant Supervisor, agreed to implement cultural bias vignette exercise during group supervision. This exercise was not implemented as planned. The original plan was to have the Clinical Program Managers lead their staff in the 15-minute exercise once a week for a month in their group supervision. One Clinical Program Manager was able to complete an exercise with their staff. The Ethnic Services Manager (ESM) asked CCC for their opinion on the exercise. The feedback was that the committee found the exercise would be beneficial and could provide growth to CCDBH staff. CCC recommended that the exercise include a follow up plan to discuss with staff what systems are in place or what systems could be created to solve the implicit bias issues that are brought up during the vignette exercise. It was also recommended by a CCC member that CCDBH could add the question, "How, as an agency can we improve regarding cultural humility in efforts to create a sense of team work around improving cultural humility?" CCC recommended the ESM to continue to work towards incorporating this exercise as a permanent goal to increase cultural humility at CCDBH. Due to staff changes and other departmental priorities such as obtaining a new Electronic Health Record (EHR) and CalAIM, this exercise has not

been revisited by the agency. The ESM will discuss with the CCC and CCDBH's Leadership team in hopes to move forward with this exercise in 2023.

- B. A narrative description, not to exceed two pages, addressing the county's current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system's planning process for services.

CCDBH has continued to work towards improving relationships with community organizations by including them in discussions around new programming that CCDBH is interested in implementing which would benefit the populations we each serve. Meetings were held where different organizations were invited to provide their own input on how these new programs should be designed, implemented, evaluated, and how these organizations could be partners in the new programs. One program that was developed step-by-step with other agency input was our new Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) program, Bright Vista Youth Center. The partnering agencies involved were Colusa County Juvenile Probation, Colusa County Child Protective Services (CPS), Colusa County Office of Education, and CCDBH.

CCDBH's has developed some new programs. One of those newly developed programs is our Crisis Team. The Crisis Team has developed a working relationship with our local hospital in order to provide the best services to those experiencing crisis. The department has also created a more in-depth working relationship with schools in the county. CCDBH applied for the Mental Health Student Services Act grant to provide students more support services and address needs our local schools identified. With this grant, the Behavioral Emotional Support Team (BEST) for Students program was created. This team will assist in reducing the behavioral and emotional issues that occur on campus by meeting with students individually or in a group setting. Various interventions are available with the BEST staff to improve students' academic and interpersonal functioning

that can overall lead to stable mental health. Five fulltime staff are assigned to a specific school site throughout the county. Also, CCDBH has created a collaborative program with the Colusa County Library branches known as Library Services. The program was developed with the input of the Colusa County Library Director. It was decided that the program will be engaging the community about the topic of mental health in a welcoming and non-stigmatizing environment. It will act as a prevention program offering family, caregiver, and youth activities to combat risk factors and strengthen protective factors of mental health. Overall, these programs will help us reach community members in areas other than our departmental office and therefore increase our input from the community as well. Lastly, a collaboration with Colusa County Probation (CCP) and CCDBH was created when it was noted that the justice-involved population is in need of additional support services. CCDBH then worked with CCP and created an Innovation program that helps justice-involved individuals address their social determinants of health. The Innovation project is known as Practical Actions Toward Health (PATH). The hope is that PATH participants will be able to address the social determinants that negatively impact them in order to improve their overall mental wellness.

The local Behavioral Health Board meets once a month. Colusa County's Behavioral Health Board is updated on the Cultural Competence Plan Report (CCPR) and asked for feedback by the Ethnic Services Manager (ESM) at the meetings. The CCC is also asked for feedback and updated by the ESM around all of CCDBH's cultural competence efforts.

- C. A narrative, not to exceed two pages, discussing how the county is working on skills development and strengthening of community organizations involved in providing essential services.

The Colusa County Board of Supervisors (CCBOS) approved the hiring of CCDBH's very own Marketing and Administrative Specialist. This position was filled in quarter one of 2022. The Marketing and Administrative Specialist has improved CCDBH's communication with the public by informing the community in a

variety of ways. They have created and posted flyers to inform the public of CCDBH events in the community and online. This staff also drafted a local transit advertisement to inform Colusa County of Safe Haven Wellness and Recovery Center's new location. This advertisement will be posted on a local transit bus for six months, ending on March 2023. CCDBH's website has been updated with all Behavioral Health services and activities. This includes the postings of all Behavioral Health Advisory Board meetings and Cultural Competency Committee (CCC) meetings. The Marketing and Administrative Specialist has also updated the public via our social media pages and local newspapers.

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

The lessons that CCDBH learned in our efforts made on items A, B, and C were that CCDBH needs to continue to find more creative ways to seek feedback from community members as to what could be improved on. Even when attending outreach events, the greater community rarely expresses their needs/improvements that CCDBH could work on. CCDBH has been successful in obtaining feedback from other agencies when CCDBH initiates discussion. However, we would like other agencies to freely share their needs, issues, and concerns around areas that may need improvement. The department has also learned the importance of advertising to the community as a beneficial way to illicit more feedback.

E. Identify county technical assistance needs.

No TA concerns/needs at this time.

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

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

The county shall include the following in the CCPR:

- A. Evidence that the County Mental Health System has a designated CC/ESM who is responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

Currently, CCDBH's ESM is Mayra Puga, MSW, whose title is MHSA Coordinator and Grant Writer. The ESM is the individual who provides information and guidance to CCDBH's leadership team (Director, Deputy Director, Fiscal Administrative Officer, EHR Manager, and Clinical Program Managers) initiatives related to the reduction of health disparities experienced by communities, special populations, and clients.

- B. Written description of the cultural competence responsibilities of the designated CC/ESM.

The responsibilities of the ESM are to create and complete the CCP, schedule and coordinate cultural trainings for all staff, and facilitate the CCC meetings. The ESM does this by planning, coordinating, implementing and evaluating specialized mental health and substance use service disparities initiatives and programs while working in collaboration with CCDBH's Clinical Program Managers, Deputy Director and Director who oversee the agency's programs. The role also assists in development, implementation and evaluation of CCDBH plans, goals, objectives, policies, and procedures related to reduction of mental health and substance use disparities. The ESM monitors and ensures that provisions of mental health and substance use programs promote culturally sensitive and appropriate services.

IV. Identify budget resources targeted for culturally competent activities

The county shall include the following in the CCPR:

A. Evidence of a budget dedicated to cultural competence activities.

**3-Year Budget
for Culturally Competent
Activities**

Estimated Expenditures

Interpreter and translation services (language line)	\$	7,200
Reduction of racial, ethnic, cultural, and linguistic mental health disparities (quarterly all staff trainings)		8,400
Outreach to racial and ethnic county-identified target populations (annual outreach event)		5,400
Cultural Humility training for CCC		1,500
Culturally appropriate mental health services (monthly CCC meetings)		9,900
Bi-lingual pay for staff		24,000
Total Estimated Expenditures	\$	56,400

B. A discussion of funding allocations included in the identified budget above in Section A., also including, but not limited to the following:

1. Interpreter and translation services
2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities
3. Outreach to racial and ethnic county-identified target populations
4. Culturally appropriate mental health services
5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers

Interpreter and translation services via language line will be allocated about \$7,200 in the next three years. Reduction of racial, ethnic, cultural, and linguistic mental health disparities via staff training will be about \$8,400. Outreach to racial and ethnic county-identified target populations will be about \$5,400. Cultural humility training for all staff will be \$1,500. Cultural Competence Committee will be allocated \$9,900. And bilingual pay for staff will be about \$24,000.

Criterion 5: Culturally Competent Training Activities

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

The county shall include the following in the CCPR:

- A. The county shall develop a three-year training plan for required cultural competence training that includes the following:
 1. The projected number of staff who need the required cultural competence training. This number shall be unduplicated

The projected number of staff who need the required cultural competence training is about 67. This number includes all staff at CCDBH, administrative, contracted and clinical.

2. Steps the county will take to provide required cultural competence training to 100% of their staff over a three-year period

The steps that CCDBH will take to ensure that 100% of staff will be provided cultural competency training over the three-year period is to schedule quarterly cultural humility training. This will allow all staff to have a chance to complete at least one training. CCDBH has a tracking mechanism to monitor staff attendance and ensure that they are provided with annual training. The

tracking mechanism is an Excel spreadsheet that the ESM updates using training sign-in sheets.

3. How cultural competence has been embedded into all trainings

CCDBH will ensure that cultural competence has been embedded into all trainings by requesting all trainers to include a cultural component in their presentation. This can include different perspectives from different cultures or subcultures. The ESM attends all trainings to ask questions to the trainer in regards to cultural perspective/relevancy.

II. Annual cultural competence trainings

The county shall include the following in the CCPR:

A. Please report on the cultural competence trainings for staff. Please list training staff, staff, and stakeholder attendance by function (If available, include if they are clients and/or family members):

1. Administration/Management
2. Direct Services, Counties
3. Direct Services, Contractors
4. Support Services
5. Community Members/General Public
6. Community Event
7. Interpreters
8. Mental Health Board and Commissions
9. Community-based Organizations/Agency Board of Directors

CCDBH has provided all staff the opportunity to participate in cultural humility trainings. CCDBH recently contracted for telehealth services and we are working on assuring that our contracted telehealth staff will also obtain and

participate in cultural humility trainings. Invitations will also be extended to community members/general public, Behavioral Health Board members, and community-based organizations/agency Board of Directors. A goal we have in the near future is to announce our trainings on our agency website so anyone can join in on trainings.

So far, in FY22-23 CCDBH has had a cultural humility training on the Gut Brain Connection. About Forty-five staff attended and commented on how the training was interesting and helpful. All CCDBH staff also attended a training on Self-Care that was led by Dr. Sandoval. The Task Force Commander from Colusa County Sheriff's Office hosted our most recent training on substance use trends in our county. Forty-four staff participated in that training and discussed how knowing the current drug culture in our county is helpful in directing treatment interventions.

- 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, SES, Elderly, Disabilities, etc.)
 6. Mental Health Interpreter Training
 7. Training staff in the use of mental health interpreters
 8. Training in the Use of Interpreters in the Mental Health Setting

The following cultural humility trainings have been provided in previous and current years: An Interpreter training in September 2021, a LGBTQ+ training in November 2021, Reclaiming Native Psychological Brilliance Webinar in February 2022, 504 Plan training in May 2022, Gut Brain Connection in August 2022, Self-Care in October 2022, and Task Force Substance Use

Trends in December 2022. CCDBH likes to survey our staff and obtain input on trainings from CCC to allow them to request more knowledge on specific topics they feel are relevant to the community and people we serve. Current feedback from staff and CCC members are to add training on medications, hospitalization, and client culture.

III. Relevance and effectiveness of all cultural competence trainings

The county shall include the following in the CCPR:

A. Training Report on the relevance and effectiveness of all cultural competence trainings, including the following:

1. Rationale and need for the trainings: Describe how the training is relevant in addressing identified disparities

Trainings are determined to be relevant in addressing identified disparities by polling staff and CCC members on beneficial populations they would like to gain more knowledge on. The staff have been polled by participating in a Survey Monkey survey that is disseminated to staff to gain their opinion. Staff also address if there are any other specific populations that the ESM should be aware of in the community that CCDBH has not provided trainings on. Group supervision, CCC meetings, Behavioral Health Advisory Board, and Quality Improvement Committee meetings are also avenues in which CCDBH obtains feedback around disparities.

2. Results of pre/posttests (Counties are encouraged to have a pre/posttest of all trainings)

CCDBH was able to provide one pre/post-test of two trainings. The hope is to provide more pre/post-tests to evaluate effectiveness of all trainings.

3. Summary of report of evaluations

Pre/post-tests showed that staff gained knowledge around terminology and pointed out that there are still areas of improvement that will be incorporated in CCDBH's vignette exercise.

4. Provide a narrative of current efforts that the county is taking to monitor advancing staff skills/ post skills learned in trainings

The county was going to monitor staff pre-skills/post-skills learned in trainings by implementing the vignette exercises. The vignette exercise has not been utilized since the pandemic occurred. CCDBH will be revisiting this exercise. CCDBH has included language that is more inclusive by updating demographics in the Electronic Health Record (EHR).

5. County methodology/protocol for following up and ensuring staff, over time and well after they complete the training, are utilizing the skills learned

CCDBH has made some administrative changes to the EHR to be more mindful of inclusive language and the vignette exercises discussing biases can contribute to staff utilizing the skills they learned from cultural humility trainings over time. It is also the Clinical Program Managers responsibilities to ensure that their staff are utilizing the skills regularly.

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

The county shall include the following in the CCPR:

- A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, and linguistic

communities. Topics for Client Culture training may include the following:

- Culture-specific expressions of distress (e.g. nervous)
- Explanatory models and treatment pathways (e.g. Indigenous healers)
- Relationship between client and mental health provider from a cultural perspective
- Trauma
- Economic impact
- Housing Diagnosis/labeling
- Medication
- Hospitalization
- Societal/familial/personal
- Discrimination/stigma
- Effects of culturally and linguistically incompetent services
- Involuntary treatment
- Wellness
- Recovery
- Culture of being a mental health client, including the experience of having a mental illness and of the mental health system

It is a goal for the next two years for CCDBH to provide annual client culture training to all staff. We hope to offer a training by collaborating with our adult, children, and substance use services Clinical Program Managers to inquire among staff if there may be interest from a beneficiary to share their experience. The ESM will then collaborate with that beneficiary to provide any support necessary. If there is no volunteer,

we will write it in the budget to provide/hire an individual to provide a training on lived experience.

- 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
 - 3. Resiliency

It is another goal of CCDBH to plan on including a child, adolescent, transitional age youth or parent's or caretaker's personal experience with family focused treatment, navigation of multiple agency services, or resiliency.

Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retraining Culturally and Linguistically Competent Staff

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

The county shall include the following in the CCPR:

- A. Extract 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

There is no current MHSA Workforce, Education and Training assessment due to the original WET funding being a one-time source of MHSA dollars. However, in fiscal

year 2019/2020 the State approved \$40 million in WET funding for counties via the Department of Health Care Access and Information (HCAI). CCDBH agreed to apply to this grant with neighboring counties in Northern California, known as the Superior Region. The counties that make up the Superior Region are Butte County, Colusa County, Glenn County, Humboldt County, Lake County, Lassen County, Mendocino County, Modoc County, Nevada County, Plumas County, Shasta County, Sierra County, Siskiyou County, and Trinity County. Butte County is the lead grant writer for the new WET funding. The grant process began in fiscal year 2020/2021. The focus of this new WET funding will be on loan repayment, educational stipends, and scholarships. The goal of this funding is to provide incentive to CCDBH staff to continue their education and to continue working in the county. The funds will also allow CCDBH to increase recruitment for hard to fill positions and create a culturally diverse workforce. Currently, CCDBH has advertised the second round of the Loan Repayment program for the current WET funds. The application opened on October 1st and closed on November 15th. The Superior Region, however, requested an extension to close the Loan Repayment application on December 30th. The request was granted for a December 15th deadline. The Mental Health Services Act (MHSA) Coordinator had informed all staff of the extension. Next steps will include CCDBH Director, MHSA Program Manager, and MHSA Coordinator to meet with California Mental Health Services Authority (CalMHSA) to review applicants and award allocation amounts.

- 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

As mentioned before, there is no current WET plan or WET assessment data. For upcoming WET funding CalMHSA will be collecting data on behalf of CCDBH.

- C. If applicable, the county shall report in the CCPR, the specific actions taken in response to the cultural consultant technical assistance

recommendations as reported to the county during the review of their WET Plan submission to the State

This is not applicable.

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

The current WET funding criteria that CCDBH is prioritizing for candidates are bilingual in Spanish, Colusa County resident, experience working in an EHR, and experience billing Medi-Cal.

- E. Share lessons learned on efforts in rolling out county WET planning and implementation efforts

A lesson learned on WET planning and implementation at this time would be that a regional approach to apply for funds was more powerful and helpful than attempting to individually come up with ways to roll out a WET plan. In addition, collaborating with other agencies that have the same mission of ensuring that local public behavioral health systems have a diverse workforce that represents their communities' population has been helpful. Also, having the participation agreement with CalMHSA has made implementing the Loan Repayment program more effective.

- F. Identify county technical assistance needs

None at this time.