



Plumas County

Behavioral Health Services

CULTURAL COMPETENCY PLAN

2020-2023

2023 Annual Update

**100 Lakes; 1000 Rivers
and a million acres of
National Forest**

Nestled in the eastern slope of the Sierra Nevada in Northern California, Plumas County is a bucolic wonder! Founded as a mining community in 1854, Plumas County has a long history of logging and milling. Plumas is the Spanish word for feather and the County is home to the Feather River Canyon with clean air, abundant water and scenic mountains. The County is one of fifteen "frontier counties" in California. The majority of its 19,915 residents live in or near the four small communities of Portola, Quincy, Greenville; and Chester.

People Quick Facts

White alone 90.3%
Black or African American 1.%
American Indian/Alaska Native 3.2%
Asian 1.1%
Native Hawaiian/Pacific Island 0.2%
Two or More Races 4.1%
Hispanic or Latino 10.5%
White, not Hispanic/Latino 81.9%

Population, 2016 est: 18,627
Population, 2022: 19,351
Persons under 5 years: 3.9%
Persons under 18 years: 16.9%
Persons 65 years and over: 32%
Female Persons: 49.8%
Veterans, 2018-2022: 1,979

Households, 2018-2022: 8,104
Persons per household: 2.37
Per capita income: \$41,701
Median household income: \$67,885
Persons below poverty level: 12.6%

Land area: 2,553 square miles
Persons per square mile: 7.8

Table of Contents

	Page
Introduction	3
CLAS Standards	4
Mental Health Plan Standards	
<i>Criterion 1</i> Commitment to Cultural Competence	5
<i>Criterion 2</i> Updated Assessment of Service Needs	7
<i>Criterion 3</i> Strategies for Reducing Racial, Ethnic, Cultural and Linguistic Health Disparities	10
<i>Criterion 4</i> Client/Family Member Community Committee: Integration within BHS	12
<i>Criterion 5</i> Culturally Competent Training Activities	13
<i>Criterion 6</i> County's Commitment to Growing a Multicultural Workforce	14
<i>Criterion 7</i> County's Language Capacity	15
<i>Criterion 8</i> Adaption of Services	16

Introduction

Plumas County Behavioral Health (PCBH) is committed to the provision of culturally competent services which are effective, equitable, understandable, respectful and responsive to a diverse culture of health beliefs and practices. To that end, PCBH established a Cultural Competence Committee to establish clear goals and policies for culturally and linguistically appropriate services that address the needs of consumers and their families with mental health, substance use and co-occurring disorders. Members of the Cultural Competence Committee obtained training and education to understand cultural issues and are committed to lifelong learning and dissemination of lessons learned. The Committee continued dialogue on an ongoing basis to incorporate the Cultural and Linguistic Standards (CLAS) into the 2020-2023 Cultural Competence Strategic Plan.

In 2015, Plumas County began an organizational restructuring of the Alcohol and Other Drug (AOD) and Mental Health departments which culminated in a behavioral health model in October 2016. Integration efforts include AOD and Mental Health's participation in a California Institute of Behavioral Health Services (CIBHS) Care Coordination Learning Collaborative that started in February 2016. The project's aims are to enhance coordinated behavioral, medical, and social services to improve the health status of individuals who have a minimum of two chronic conditions, one of which is a mental health and/or substance use condition and would benefit from care coordination. Agencies will work to establish multi agency communication, create workflows for coordinated care, promote self-management, develop culturally appropriate strategies for populations experiencing disparities, and use clinical information systems to guide care planning and performance improvement efforts and facilitate data sharing and track outcomes. Agencies will build a seamless experience of care that is person-centered, cost effective, and results in reduced health disparities and improved health and wellness. The Plumas County Cultural Competency Plan provides an integrated approach for meeting CLAS as required by SAMHSA, CMS, and California Department of Health Care Services.

County Demographics and Description

Plumas County is a small, rural county that lies in the far northern end of the Sierra Nevada range. The region's rugged terrain marks the transition point between the northern Sierra Nevada and the southern end of the Cascade Range. More than 75% of the county's 2,553 square miles is National Forest. The Feather River, with its several forks, flows through the county. Quincy, the unincorporated county seat, is about 80 miles northeast from Oroville, California, and about 85 miles from Lake Tahoe and Reno, Nevada. State highways 70 and 89 traverse the county.

The county's population is approximately 19,351 (*US Census 2022*). Plumas County's largest town is Portola, home to approximately 2,083 residents. The town of Quincy, the county seat, has a population of 1,706, with the Quincy area population approximately 7,000.

The US Census estimates that 7% of the population of Plumas County speaks a language other than English at home, with the predominant language being Spanish. However, Plumas County has no threshold language, per the Department of Health Care Services (DHCS) formula but strives to offer services and materials in Spanish and English whenever possible. Veterans represent 9.7% of the County population. Approximately 4% of the population is under 5 years of age; 17% are 6-17 years; 47% are ages 18-64; and 32% are over 65 years of age. Females represent 49.8% of the population.

Cultural and Linguistic Appropriate Standards (CLAS)

CLAS #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.
CLAS #2	Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policies and procedures and allocated resources.
CLAS #3	Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
CLAS #4	Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis
CLAS #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
CLAS #6	Inform all individuals of the availability of language assistance services clearly and in their preferred language verbally and in writing.
CLAS #7	Ensure the competence of individuals providing language assistance, recognizing the use of untrained individuals and/or minors as interpreters should be avoided
CLAS #8	Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area
CLAS #9	Establish culturally and linguistically appropriate goals, policies and management accountability and infuse them throughout the organization's planning and operations
CLAS #10	Conduct ongoing assessments of the organizations CLAS related activities and integrate CLAS related measures into measurement and continuous quality improvement activities
CLAS #11	Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and inform service delivery
CLAS #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
CLAS #13	Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness
CLAS #14	Create conflict grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints
CLAS #15	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public

Criterion 1- Commitment to Cultural Competence

Plumas County Behavioral Health is committed to cultural competence as demonstrated in the following:

1. **Mission Statement:** “The mission of Plumas County Behavioral Health is to provide quality, accessible, culturally and personally sensitive behavioral health services, supported by sound, ethical business practices, to enhance people’s ability to function effectively within their community.” A cornerstone to accomplishing this mission is a profound respect for everyone’s unique perspectives, problems and solutions. Plumas County Behavioral Health (PCBH) is committed to listening to and learning from consumers and each other to better understand ourselves and our world.
2. **Statements of Philosophy:** The purpose in formulating the Plumas County Behavioral Health Cultural Competency Plan, Cultural Competency Committee, and Cultural Competence/Ethnic Services Manager is to enhance the cultural and ethnic capacity of mental health and substance use services, in order to recognize and reduce the disparity of behavioral health services to underserved populations living in Plumas County.
3. **Strategic Planning:** Dwight D. Eisenhower once noted, “In preparing for battle I have always found that plans are useless, but planning is indispensable.” PCBH is committed to planning and uses the Wellness and Recovery model as the organizing principle around which services, policies, and procedures are structured. Wellness and Family Resource Centers in each of the four population centers of Chester, Greenville, Quincy and Portola are the embodiment of the wellness and recovery model. The Mental Health Service Act provides ongoing funding approved by the Community Stakeholder Planning Process. The Wellness Centers are fundamental in increasing access to services for our medically underserved residents and in meeting cultural competency goals for each of the unique communities. Planning includes PCBH’s management team which meets weekly (twice a month). The management team consists of unit managers for administration and fiscal, nursing, adult and children outpatient services, drop-in center/board and care facility, and long-term maintenance services. PCBH’s management is guided by the following principles: a) continuous learning and improvement in service delivery and administration, b) quality mental health and substance abuse services for persons of all ages, c) partnership at all levels and between all levels, d) preventive and integrative approaches for behavioral and physical health, e) dignity, respect and compassion for all persons, f) active involvement of consumers in their treatment and recovery process, and g) cooperation and support with county partners, community providers and agencies. Efficient and effective use of resources and measurable outcomes are underlying principles.
4. **Policy and Procedure Manuals:** The Plumas County Mental Health Plan’s policies and procedures are consistent with a commitment to cultural competence including a) Culturally Competent Services; b) Access to Services; c) Non-Discrimination; d) Recovery Model; and e) Beneficiary Protections. The MHP has specific policies related to serving individuals with limited English proficiency and disabilities including speech and hearing impairments and low vision. Within these policies are procedures to access ancillary services such as phone line interpreter services. Plumas County Alcohol and Other Drug Services policies and procedures were updated and approved by the County AOD Administrator in April 2017 and the State-County Contract, Exhibit C Article IV. As of December 2017, the integration of policies and

procedures for mental health and substance use into Behavioral Health Policies and Procedures is near completion.

Plumas County Behavioral Health conducts various programs that address underserved community needs. Referrals are made by substance use counselors, mental health therapists, social workers, juvenile justice commission, Roundhouse Council/Indian Education Center, and other community partners. Several programs are described below.

Roundhouse Council provides youth activities, suicide prevention, as well as funded family meals and camping.

The need for **Family-Focused Treatment** was identified through working with teenagers. PCBH developed a Mental Health Services Act-funded program that is highly supportive of families. It uses a structure that focuses on family assets, assists families in developing conjoint family goals, and specifically compliments and appreciates family strengths.

In collaboration with Plumas County Public Health, PCBH funds from MHSA support women experiencing postpartum depression. Public Health Nurses use the PHQ9 screening tool to identify needs and refer to SUD counselors or mental health therapists as appropriate. Nurses are implementing a new program for seniors based on the senior nutrition program and using the PHQ9 screening on home visits.

PCBH is improving access to Hispanic and Latino families. Needs were identified in a town hall meeting in Portola, Plumas County's only incorporated city that has about 10% of its Spanish-speaking population. Initially community members rejected the notion that access to mental health services was a concern noting that they had other priority issues such as fears related to child protective services, fears related to law enforcement profiling and access to medical services with interpreters. After these issues were discussed, mental health access and services were addressed. Interpreter services were a priority. As a result, PCBH hired a bilingual interpreter and initiated a plan to better meet the needs of Hispanics, including transportation services.

Additional accessibility initiatives include:

1. New Language Line Contract and preauthorization of provider.
2. Hiring of a full time English/Spanish speaking therapist.
3. Increase in number of forms translated into Spanish.
4. Access and screening of women and seniors through Public Health nursing.
5. Access and housing for homeless women in recovery from alcohol and substance use, and homeless adults with mental illness through Plumas Crisis Intervention and Resource Center.
6. ADA review and improvements.
7. Deaf service interpreter contract.

Criterion 2 - PCBH Updated Assessment of Service Needs

In the past decade, Plumas County's population has continued to decrease from 20,760 in 2009 to 20,007 in 2010, to 18,627 in 2016 with a slight increase to 19,351 according to the 2022 census. . The County's racial and ethnic diversity has remained constant. Data and demographics are provided below.

Race and Ethnicity:

White alone 90.3%	Two or More Races 4.1%
Black or African American 1.0%	Hispanic or Latino 10.5%
American Indian/Alaska Native 3.2%	White, not Hispanic/Latino 81.9%
Asian 1.1%	
Native Hawaiian/Pacific Island 0.2%	

Age Distribution:

Persons under 5 years: 3.9%
Persons under 18 years: 16.9%
Persons ages 18 – 64 years: 47.2%
Persons 65 years and over: 32%

Gender:

Female 49.8%
Male 50.2%

Based on participation in the 2016 CIBHS Care Coordination Learning Collaborative (CCLC) and data from PCBH's electronic health system Anasazi, 60% of Plumas Medi-Cal beneficiaries served had a substance use issue. Anasazi data indicated that mental health clients were not being diagnosed for substance use issues. **Less than 20% of treatment plans for mental health clients included a diagnosis for substance use while nearly 63% of alcohol and drug clients had a mental health diagnosis.** A Performance Improvement Project was constructed and completed to assist in the integration of AOD and mental health services. Screening tools were implemented in 2017 to identify dual diagnosed clients, and program services were integrated to address mental health and substance use disorders. After Covid in 2020 and the Dixie Fire in 2021, the county was faced with having to rebuild the SUD program and unfortunately lost a lot of clients due to these 2 major events.

PENETRATION AND PREVALENCE RATES

The following tables provide penetration and prevalence rates for the Medi-Cal eligible population living in Plumas County during the fiscal year 2021/2022, based on the Monthly Medi-Cal Eligibility File (MMEF). A comparison to the total mental health clients served and a penetration rate of the population distribution is also provided.

Unduplicated Medi-Cal Eligible (MMEF) Served in Fiscal Year 2021/2022 by Language

Language	Unduplicated Medi-Cal Eligible	Medi-Cal Eligible Served	Total MH Clients Served	Penetration Rate (%)
English	6052	530	695	8.8
Spanish	242	8	8	3.3
Other Language	6	0	0	0
Unknown	28	0	1	0

Total	6328	538	704	8.5
--------------	------	-----	-----	-----

**Unduplicated Medi-Cal Eligible (MMEF) Served
in Fiscal Year 2021/2022 by Race/Ethnicity**

Race/Ethnicity	Unduplicated Medi-Cal Eligible	Medi-Cal Eligible Served	Total MH Clients Served	Penetration Rate (%)
Alaskan Native or American Indian	150	22	28	14.7
Asian or Pacific Islander	48	10	13	20.8
Black or African American	92	9	15	9.8
Hispanic	794	55	68	6.9
Other	51	5	5	9.8
Unknown	601	33	52	5.5
White	4589	404	523	8.8
Total	6325	538	704	8.5

**Unduplicated Medi-Cal Eligible (MMEF) Served
in Fiscal Year 2021/2022 by Age**

Age	Unduplicated Medi-Cal Eligible	Medi-Cal Eligible Served	Total MH Clients Served	Penetration Rate (%)
00-05	551	21	21	3.8
06-11	586	66	70	11.3
12-17	600	104	115	17.3
18-20	244	23	32	9.4
21-24	317	24	37	7.6
24-34	959	97	135	10.1
35-44	882	73	108	8.3
45-54	660	70	87	10.6
55-64	815	42	67	5.2
65+	711	18	32	2.5
Total	6325	538	704	8.5

**Unduplicated Medi-Cal Eligible (MMEF) Served
in Fiscal Year 2021/2022 by Gender**

Gender	Unduplicated Medi-Cal Eligible	Medi-Cal Eligible Served	Total MH Clients Served	Penetration Rate (%)
--------	--------------------------------------	--------------------------------	-------------------------------	-------------------------

Female	3371	285	341	8.5
Male	2958	251	359	8.5
Total	6329	536	700	8.5

Criterion 3 - Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Disparities

In order to improve access, quality, and timeliness of services, the Community Services and Supports (CSS) Program Plan through MHSA expands services and opened Wellness Centers in each of the distinct regions in Plumas County: Chester, Greenville, Portola, and Quincy. However, in August of 2021 the Greenville Wellness Center was lost in the Dixie Fire. The Wellness Center model offers a community-based alternative to the traditional clinic atmosphere and provides a more casual and friendly environment. Each center is open and in all of the locations, clinical services have been provided under one roof.

The centers are located in each community, and they will provide peer to peer support from certified peer advocates for clients and family members in need; the peer advocates will also help the Wellness Center site coordinator to identify community needs for developing wellness programming, and when possible, they may facilitate peer-run groups/activities. Each of the four centers offer a range of services that are consumer-focused and recovery-based, helping PCBH to enhance and to improve access to our mental health services system. These services include wellness and recovery focused programs such as nutrition, smoking cessation; individual and group services; as well as consumer-run activities: art, yoga, walking, and other activities that focus on engagement and wellness.

Each center has both clinical and case management staff, a site coordinator, a four-wheel drive vehicle, and other transportation options. Additionally, community and agency partners can meet additional community needs by using "flex" space to provide one-on-one counseling and support. Examples of this partnership include Veterans Services case management and outreach, as well as Plumas Rural Services child and family clinical programs.

COMMUNITY SERVICES AND SUPPORTS (CSS)

The PCBH MHSA Community Supports and Services (CSS) program will continue to provide ongoing services to all ages [children (ages 0-15); transition age youth (TAY, ages 16-25); adults (ages 18-59); older adults (ages 60+)]; all genders; and all races/ethnicities. The CSS Program includes Full-Service Partnerships, which embrace a "whatever it takes" service approach in helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address the individual's mental health needs. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of the individual. Outreach and Engagement activities address hard-to-reach populations, such as seniors, individuals who abuse substances, and those released from incarceration. Outreach activities that focus on Native American and veteran populations improve access to needed mental health services and improve overall community wellness. Additionally, clinical and case management services will continue to be available in each of the four communities,

at the schools, and at Wellness Centers. There will be a new focus on integrating mental health service with health care services to promote health and wellness for all clients.

SERVICE UTILIZATION

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; medication vouchers; education and employment support; training and anti-stigma events; linkages to needed services; and emergency lodging and transitional housing support for Full-Service Partnership and outreach & engagement clients. To understand service utilization for our existing behavioral health services, data was analyzed to show the number of CSS clients served in Calendar Years 2016 and 2017 by age and race/ethnicity. As a reference, Plumas County Mental Health, now Behavioral Health, served 593 clients in Fiscal Year 2013/14. 28.7% were children (ages 0-15); 14.5% were TAY (ages 16-25); 48.7% were adults (ages 26-59), and 8.1% were older adults (ages 60+). Looking at Table 1 for Calendar Year 2021, the demographics of those served have shifted to an older population. This reflects Plumas County's aging population.

Table 1

CSS Clients (CY21) By Age

0-15 years	156
16-25 years	125
26-59 years	359
60+ years	71
Total	711

CSS Clients (CY22 To Date—10 Months) By Age

0-15 years	179
16-25 years	101
26-59 years	339
60+ years	68
Total	687

Table 2 shows Race/Ethnicity for CSS clients for Calendar Years 2021 and ten months of 2022: 91.3% were Caucasian, 4.2% were Hispanic/Latino, and 4.3% identified as Other.

Table 2

CSS Clients (CY21) By Race/Ethnicity

Caucasian	322
Hispanic	15
African American	NR
Asian/Pacific Islander	NR
American Indian	NR
Other	11
Total	349

NR= Not Reported--captured in "Other"

CSS Clients (CY22 To Date) By Race/Ethnicity

Caucasian	315
Hispanic	14
African American	NR
Asian/Pacific Islander	NR
American Indian	NR
Other	19
Total	349

NR= Not Reported--captured in "Other"

The Plumas County MHSA Three-Year Plan, 2023-2026, brings many exciting opportunities to Plumas County. This comprehensive plan has utilized a strong Systems of Care model to improve behavioral health services in all communities. When implemented, it will continue to improve access to services, providing high-quality and expanded services in the schools and communities, and developing employment opportunities for community members with lived experience.

The MHSA Community Planning Process, community survey and focus groups provided an assessment of needs and established the following prevention and early intervention programs.

1. First 5 Infant Mental Health Program

The Infant/Early Development Mental Health Program developed by the First 5 Plumas Commission serves children ages 0-5 and their families/caregivers. Services are provided primarily in the home by a licensed marriage and family therapist and an early childhood development specialist. The licensed therapist also provides consultation services to preschool and transitional kindergarten teachers with a focus on children exhibiting difficult or violent behaviors in school-based settings. The goal is to provide classroom behavior management techniques by offering on-site and phone support, strategies, and tools so that children ages 3-5 exhibiting difficult or aggressive/violent behaviors are not ultimately removed from school settings.

The Program utilizes a collaborative practice model that requires interagency collaboration at the case and systems levels. Referrals come from multiple government and non-profit agencies and other service providers with the goal of providing the earliest intervention possible with environmentally at-risk children and their families.

2. Visions Youth Services

Under contract with Plumas Rural Services, this program targets youth 13-18 in each community and provides funds for a .30 FTE Coordinator and 1.0 FTE Youth Paraprofessional Counselor to provide weekly support groups for youth in Charter and Community schools. Staff works closely with schools and community organizations to promote wellness, resiliency, and healthy relationship skills in our youth.

3. Veterans Outreach

This program is designed to increase outreach, advocacy, referral, and care coordination for veterans at-risk of or experiencing mental health illness, substance abuse, suicide, unemployment, incarceration, school failure, homelessness, loss of children, or any prolonged suffering. Veterans have a higher incidence of mental health symptoms compared to the general population, and there are very few services available to them in Plumas County. The program provides funds for a Veterans Services Representative (Plumas County Public Health subcontract) to provide care coordination, supportive services, and advocacy to help at-risk veterans become and remain stable both emotionally and physically. This funding also provides a new four-wheel drive vehicle to help outreach into more rural areas of the community, as well as transport clients to needed local and regional services. It is estimated that this program will serve at least 30 veterans each year.

4. Senior Services

This program is an expansion of the Senior Nutrition Program and will serve about 100 seniors who are isolated at home, plus an additional 300 seniors who participate in the congregate meal program at the senior sites throughout Plumas County.

Homebound Senior Services - A Senior Services Registered Nurse and trained staff will work with homebound seniors in each community providing medications/prescriptions education, health screenings, and other health related services. Each homebound client will receive a yearly at-home assessment that includes screening for depression and other mental health symptoms, as well as follow-up by nursing or trained staff to connect clients with services and support as needed. About 100 non-duplicated seniors will be provided this service each year.

Senior Whole-Health - Working in conjunction with the congregate meals provided with Senior Services, staff will provide space, time and transportation for older adults to meet weekly in each population center of Plumas County. Activities will be offered to approximately 300 seniors to enhance senior and community connectivity, increase mental engagement, and promote health and wellness. Approximately 300 seniors throughout Plumas County will be provided opportunity, education, and tools needed to be more active in the community-at-large through healthy activities, volunteering, and community service. Additional screenings or services provided by nursing staff will be offered to this population on an as needed basis.

5. Community Mental Health Training

Feedback from the community focus groups repeatedly requested training for community members on reducing stigma and developing skills in recognizing signs and symptoms of mental health and/or suicidal behavior. This prevention program will contract with a provider to conduct community trainings in ASIST and Mental Health First Aid, both Evidence-Based Practices (EBPs). The trainer will conduct ASIST and MH First Aid training in all four regions of the county. Trainings will be offered to school personnel, first responders (including criminal justice), and interested community groups. Approximately 100 individuals will be trained in one or both EBPs each year.

PCBH will work with the criminal justice system to develop and/or enhance a Criminal Justice Team to provide mental health and co-occurring services to persons involved in the criminal justice system. Assessment data for Alcohol and Other Drug Services indicate that up to 50% of AOD clients are involved in Drug Court, Child Protective Services, and other criminal justice activities. Discharge planning services will be provided in the jail to support individuals to make a successful re-entry into the community. These services may include linkage to benefits, job skills development, mental health and/or substance use treatment services, housing linkages, and other supportive services. Collaboration with drug courts, AB 109, and AOD will be enhanced to ensure that individuals who need mental health and co-occurring services are linked to the appropriate level of care.

Criterion 4 - The Integration of Client/Family Member Community Committees

The Quality Improvement Committee (QIC) was expanded to include a broad representation of diversity including representatives of gender, consumer advocacy and family members. The QIC has responded to client complaints, assisted with improving services to incarcerated mentally ill clients, and actively participated in the integration of substance use, mental health and primary care services. The Consumer Satisfaction Survey, administered annually, was broadened by the QIC to include a measurement of the cultural appropriateness of mental health services. The 2019 results indicated that 92% of adult consumers felt that their cultural beliefs had been respected in the services that they received.

The MHSA plan directives outlined specific assessment procedures associated with the MHSA plan development about the issues of cultural competency and diversity and the MHP strictly followed those guidelines. The Community Collaborative Planning process for the MHSA 3-year plan for 2020-2023 addressed cultural needs and how to address diversity. Feedback and comments from the community surveys, focus groups, and town hall meetings were included in the development of the funded programs.

Criterion 5 - Cultural Competency Training Activities

PCBH conducted annual Cultural Competency trainings in 2022 and 2023. Due to Covid restrictions these trainings were provided online through Relias. The online trainings included “Cultural Competency,” “Basic communication and Conflict Management,” “Individual and organizational approaches to multicultural care,” “Cultural Responsiveness in Clinical Practice,” and “Working More Effectively with LGBTQ+ Community.” In summer 2022 and 2023 the Roundhouse Council provided a community based Native American experience that included traditional dances and ceremonies for the public to experience along with information about different tribes and their cultures.

Trainings on Suicide Prevention and Mental Health First Aid were provided to all AOD and Mental Health Staff across the county on multiple occasions in 2022 and 2023. Plans are in place for Roundhouse Council to facilitate a Native American training in FY 22-23. Law and Ethics and Mental Health First Aid training are also ongoing trainings scheduled for FY22-23.

The PCBH Quality Improvement Manager tracks cultural competency training of staff annually and notifies staff regarding training needs to stay in compliance with PCBH’s Cultural Competency Plan and Compliance Plan. The Quality Assurance Manager assures that at least one question directly related to cultural competency will be included on the annual Consumer Satisfaction Survey. The QI Manager assures the responses associated with this question as well as other relevant responses are used to inform the development and selection of annual trainings. Virtually all CEU approved trainings have a cultural component and the MHP only approves trainings that have CEU potential. The MHP will assure all non-CEU materials are reviewed and display awareness and sensitivity to culture and issues of disparity.

Criterion 6

PCBH Commitment to a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

MHSA WET workforce Assessment

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1= Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce – Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
				White/ Caucasian	Hispanic /Latino	African American/ Black	Asian/ Pacific Islander	Native American	Multi race or other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
County (employees, independent contractors, volunteers):	29	1	8+	NR	NR	NR	NR	NR	NR	29
All Other 9 CBOs, CBO sub-contractors, network providers and volunteers)	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL WORKFORCE (County & All Other)	29	1	8+	NR	NR	NR	NR	NR	NR	29

Plumas County is a small county that is 90% Caucasian, because these numbers are so low the county tracks race/ethnicity as a whole and not by department

Criterion 7 - Language Capacity

Policy and procedures for meeting language needs include 24-hour phone line toll free access, TDD. PCBH also offers video interpreting in all sites, this service is available upon request and scheduling.

PCBH provides a 24-hour, 365-day 800 number phone access to assure that customers have access to mental health assessment and treatment services. After normal business hours, a contracted answering service has the capacity to direct consumers to substance use disorders staff and mental health for emergency response and offer information regarding a complaint or grievance. Front desk, clinical staff, and answering service personnel can address calls from the general public with instant access to language interpreters.

During the assessment/intake process, consumers are informed that they may receive free language assistance services. Each site has signage that informs consumers on language services. Consumers are informed they have a right to receive services that are culturally and linguistically competent, including services in the consumer's preferred language or alternative format. This information is provided to and reviewed with consumers as part of their beneficiary rights. Consumers are offered to receive a copy of this information and a signed original is placed in the mental health record.

Plumas County is relatively small with 94.5% of residents of Plumas County speaking English at home. Only 3.6% of residents speak Spanish at home, and of those 83% speak English very well or above. Approximately 14% of Spanish speakers do not speak English well and 3% don't speak English at all. Plumas County has extremely small numbers of Non-English/Non-Spanish speaking residents of which 1.5% speak another Indo-European language at home and of these individuals 92% speak English very well. 0.4% of residents speak Asian or Pacific Island language at home 51% speak English very well.

Criterion 8 - Adaptation of Services

Plumas County's MHSA Plan uses peer-led recovery supportive activities (such as planning, preparing and hosting dinner for peers); various methods of marketing and services support NAMI; Plumas Crisis Intervention and Resource Center (a NPO); materials expenses for socialization and independent skill development; teen Girls Group; and recovery support activities.

The Plumas County Behavioral Health Department's Guide to Medi-Cal Mental Health Services located in the MHP receiving area instructs the public on how to obtain a provider list, how to access

the 24-hour toll-free number, and what other languages and formats are available. The MHP provider list which includes a staff names, licenses, languages, office location, and services provided is given to every new consumer during intake.

As part of the intake and screening process, AOD and Mental Health clients are provided a brochure of services upon request and when the beneficiary first receives a specialty mental health service. Coordinators actively observe whether a consumer is unable to understand or read informing materials and will offer assistance including reading materials and when relevant offering large print formats to consumers.

All eligible youth, families and adults must be able to access care regardless of their ability to pay, their geographic location, their culture, their language/linguistic capabilities and or any physical or mental disabilities. Clients should receive care whenever they need it and, in many forms, not just face-to-face. Plumas County Mental Health, to the extent possible, will proactively anticipate client needs, rather than simply react to events. Evidence of assessment of factors and plans to assure ease of service availability including: 1) Location, transportation, 2) physical facilities, posters, signs & comfort. All facilities of the PCBH comply with Federal ADA regulations. All County operated sites completed ADA assessments and where necessary accommodations have been made to assure accessibility including ramps at some sites. PCBH authorizes employees to meet offsite with consumers, in homes and in public areas. This assures that homebound individuals have access to services. With regard to such as the TAY work crew and the adult work crew, PCBH provides transportation to and from all activities. This assures that individuals living in outlying areas can access these programs. As noted, earlier PCBH provides onsite services at each elementary school in the county, at Head Start programs and performs emergency assessments at all three regional hospitals. PCBH now has the infrastructure for telecommunications with the jail for tele psychiatry. Bus passes are also provided for AOD and Mental Health clients. PCBH uses consumer art at its many offices to assure consumers feel welcome and a sense of belonging.

Medi-Cal and non Medi-Cal grievances and complaints received by PCBH are directed to the Quality Improvement Manager and may be submitted in written or verbal form. Grievances and complaints may be submitted by a consumer or someone designated on the consumer's behalf. Written notification that the grievance or complaint was received, and information regarding the disposition process to the consumer is sent to the consumer in writing within two working days. Grievance or appeal disposition is no longer than 90 calendar days. Grievances and complaints are reviewed by the Quality Improvement Committee and the MHP director as part of the dispositional process and plan of correction. Within the 90-day timeframe, consumers are informed in writing of the disposition and given information regarding the process of appeal.

Civil Rights Act of 1964

As a recipient of Federal financial assistance, Plumas County Behavioral Health does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Plumas County Behavioral Health directly or through a contractor or any other entity with which Plumas County Behavioral Health arranges to carry out its programs and activities. This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact:
Plumas County Behavioral Health
Contact Person/Section 504 Coordinator: Quality Improvement Manager
Telephone number: 530-283-6307 Ext. 1012
Toll Free: 800-757-7898
TDD or State Relay number: 711

Service Provisions for Persons with Limited English Proficiency

Plumas County Behavioral Health will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of Plumas County Behavioral Health is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms and financial and insurance benefit forms. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Plumas County Behavioral Health, Quality Assurance Coordinator will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

Auxiliary Aids and Services for Persons with Disabilities

Plumas County Behavioral Health Services will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. All necessary auxiliary aids and services shall be provided without cost to the person being served. Staff will use interpreters or mechanical aids, computers and other devices as necessary to facility communication. All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

Notice of Program Accessibility for Persons with Disabilities

Plumas County Behavioral Health and all its programs and activities are accessible to and usable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.

- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
 - Qualified sign language interpreters for persons who are deaf or hard of hearing.
 - A twenty-four (24) hour telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
 - Readers and taped material for the blind and large print materials for the visually impaired.
 - Flash cards, alphabet boards and other communication boards.
 - Assistive devices for persons with impaired manual skills.

Grievance Procedure & Due Process Standards

It is the policy of Plumas County Behavioral Health not to discriminate based on disability. PCBH has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) of the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 prohibits discrimination based on disability in any program or activity receiving Federal financial assistance. The Law and Regulations may be examined in the office of the Quality Assurance Coordinator/ 504 Coordinator, who has been designated to coordinate the efforts of PCBH to comply with Section 504. Any person who believes she or he has been subjected to discrimination based on disability may file a grievance under this procedure. It is against the law for PCBH to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Age Discrimination Act Requirements

The Office for Civil Rights (OCR) of the Department of Health and Human Services (HHS) has the responsibility for the Age Discrimination Act as it applies to Federally funded health and human services programs. The general regulation implementing the Age Discrimination Act requires that age discrimination complaints be referred to a mediation agency to attempt a voluntary settlement within sixty (60) days. If mediation is not successful, the complaint is returned to the responsible Federal agency, in this case the Office for Civil Rights, for action. OCR next attempts to resolve the complaint through informal procedures. If these fail, a formal investigation is conducted. When a violation is found and OCR cannot negotiate voluntary compliance, enforcement action may be taken against the recipient institution or agency that violated the law. The Age Discrimination Act permits certain exceptions to the prohibition against discrimination based on age. These exceptions recognize that some age distinctions in programs may be necessary to the normal operation of a program or activity or to the achievement of any statutory objective expressly stated in a Federal, State, or local statute adopted by an elected legislative body.