Inyo County Health and Human Services- Behavioral Health

Cultural Competence Plan

Annual Update

FY 2023-24

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The mission of the Inyo County Health and Human Services - Behavioral Health Plan (ICHHS-BH) is:

To honor each client's lived experience and to offer services that are client centered and culturally relevant.

OVERVIEW

Inyo County Health and Human Services- Division of Behavioral Health Services (ICHHS-BH) seeks to deliver culturally, ethnically, and linguistically appropriate services to clients and their families.

Our mission is to provide each eligible beneficiary with access to services that are community-based, client-centered, needs driven, and culturally responsive. Inyo County seeks input from its community members to ensure continuous quality improvement and awareness of implicit biases and practicing humility in how we provide services. Inyo County Health and Human Services staff use supervision meetings, staff meetings and multi-disciplinary team meetings and activities to invite different perspectives and ideas. We are committed to ongoing conversations around improving delivery of culturally humble and responsive services and programs during staff meetings, supervision of staff members, and activities to welcome individuals into the service delivery system. Listening and responding to each client with the intention of creating a welcoming and safe place for exploring and healing is the ideal we want. We also recognize the importance of attending to all aspects of each person's life in our approach to treatment. Toward that end, we apply the Core Practice Model (CPM) to ensure a well-rounded care plan informed by each client's stated needs and strengths.

We rely on BIPOC community members to inform us as to their needs rather than assuming we know what their needs are based upon symptomatic presentation. Symptoms are indicators however we recognize that the body and spirit speak in symptoms which lead us into deeper exploration into trauma histories. Inyo has a growing and diverse community of elders,

LGBTQIA+ and newcomers to our communities and we feel it is our primary responsibility to be aware of and attend to the gaps in services and to be diligent in closing those gaps.

To ensure culturally and linguistically appropriate care, ICHHS-BHS mandates that clinical staff and case management staff complete National Standards of Culturally and Linguistically appropriate services (CLAS) training. These principles are integrated into our work of all levels of care.

ICHHS-BH Values

ICHHS-BH respects our beneficiaries' power to choose who they invite into their care plan. We recognize that many people have had power taken from them and that it can be intimidating to enter therapy. Confidentiality is vital to building trust and we are committed to protecting each client's right to privacy, which is particularly important in a small community. The following principles are the basis for the process of improving cultural competency and age-appropriate services:

- Planning and design of services will be delivered with respect for each beneficiary's history and lived experience.
- ICHHS-BH recognizes that the family, as its members define it, is a primary system of support, and therefore, we invite participation by family members into the service plan whenever safe and appropriate.
- ICHHS-BH will provide language accessibility and will ensure cultural awareness and sensitivity within the service system.
- ICHHS-BH is committed to hiring staff who are proficient in and committed to serving our Spanish-speaking and indigenous community members.
- ICHHS-BH is committed to providing timely and appropriate access to care.
- ICHHS-BH values prevention and early intervention as strategies to promote wellness, educating beneficiaries in recognizing trauma and its effects, and maintaining each beneficiary within his/her community to the extent possible.
- ICHHS-BH Staff will recognize and work with each beneficiary's strengths and own desired outcome(s) in the provision of care. Positive outcomes will be achieved in partnership with families and other caregivers, community-based programs, private organizations, public agencies, and advisory groups.
- ICHHS-BH will strive throughout treatment and discharge planning to allow each beneficiary to maintain the least restrictive setting and most appropriate level of care, including linkage with community services and support.

COMMITMENT TO CULTURAL COMPETENCE (CRITERION 1)

Copies of the following documents 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 including Inyo County's MHSA Plans and Implementation Plan
4. Policy and Procedure Manuals
5. Other Key Documents

The documents listed above are currently available at the ICHHS-BH clinic in Bishop. Copies of these documents will be available on site during the compliance review.

ICHHS-BH is committed to providing culturally relevant services to our clients. Our services and programs are intended to reach community members representing the diverse culture here in Inyo County as stated in Inyo County's MHSA Three-Year Plan. We are committed to incorporating the JEDI principles (Justice, Equity, Diversity, and Inclusion) into our services, and to be aware, sensitive, and responsive to the feedback from our diverse community members.

Goal 1: Improving access to and comfort with to services for our Latinx community members, indigenous persons, older adults, Veterans, transitional age youth (TAY), and their families, and LGBTQIA+ community members.

Objective A: Offering easy to access services in each person's primary language.

Objective B: Finding innovative ways to recruit bilingual staff to work for Inyo County and continuing to recruit contracted bilingual staff.

Objective C: Make all documents and signage available in our threshold languages.

Goal 2: To create, nurture, and sustain a culture of diversity, equity, and inclusion by fostering opportunities for confronting implicit bias, risking connections in our conversations within our departments and divisions, and being willing to accept responsibility for changes in attitudes and beliefs.

Objective D: Trainings for new staff during the orientation process to complete within 60 days of start date. Trainings will include education and awareness of the history and culture of local Tribal nations, Equity and Diversity Trainings, Civil Rights Act training, The Harvard Implicit Bias test (IAT), issues confronting the aging population, the veteran population, social

determinants of behavioral health, and recovery culture. These training are available on Inyo County's training platform on an ongoing basis.

Objective E: Provide annual cultural and linguistic competency training (CLAS) for staff, leadership, and peers.

Goal 3: Continue outreach and engagement in coordination with other community agencies for our underserved populations.

Objective F: Continue efforts of the HHS Equity Workgroup to engage in and develop partnerships with community organizations that represent our underserved populations. These include but are not limited to the five federally recognized tribal governments in Inyo County, Manzanar Historical Society, and the Fresno Mexican Consulate. Quarterly presentations.

Goal 4: To collect and maintain accurate demographic data to monitor and evaluate the impact of services on health equity and client outcomes. Data will be reviewed quarterly by the Quality Improvement Committee.

Objective H: Train front office staff, clinical staff, and subcontractors on data collection procedures to ensure consistent and accurate data is collected on a weekly basis in QII meetings.

DATA AND ANALYSIS (CRITERION 2)

Geographic and Socio-Economic Status

Inyo County is the second largest county in California encompassing 10,192 square miles and is the second most sparsely populated after Alpine County, one of California's smallest rural counties. According to the 2020 census, the population of Inyo County was 19,016 citizens. The population is concentrated in Bishop, (population 3,879) West Bishop (population 2,607), Lone Pine, (population 2,035), Big Pine (population 1,756) and The Bishop Paiute Tribal Community (population 1,588). All of these communities are located along the Owens Valley beneath the Eastern crest of the Sierra Nevada. Inyo County has the highest point in the contiguous United States; Tumanguya (Mt. Whitney) at 14,505 ft., and the lowest point in the contiguous United States at Badwater in Death Valley at 282 feet below sea level.

Bishop and the smaller communities in Inyo County have suffered as a result of the pandemic, causing the closures of numerous small businesses as well as some of the larger businesses. The pandemic also brought with it a significant increase in substance use, and concurrent spikes in symptoms for individuals with existing mental health disorders, and emergence of depression, anxiety, and trauma-related symptoms especially for our adolescent and elder populations.

In addition, during summers of 2020 and 2021, California experienced some of its worst wildfires the outcomes of which were even more restricted activity and isolation for those experiencing medical problems and mental health problems associated with isolation, loss of employment, lack of financial resources, and families struggling to work while having children home from school.

Currently, Inyo County Behavioral Health Services is developing new approaches and building out existing approaches that match the intentions and goals of CSC (Coordinated Specialty Care) and CalAIM, an acronym for "advancing and innovating Medi-Cal). We are implementing a "whole person" approach to treatment and being innovative in ways we can meet the needs of our diverse community members. Inyo County staff from multiple divisions and departments including the Division of Behavioral Health have participated in TIC (Trauma Informed Care) training. Inyo County HHS staff are participating in JEDI (justice, equity, diversity, and inclusion) education to bring awareness to where we need to incorporate the principles of TIC and JEDI in all our work.

The majority of Inyo County's population identifies as Euro-American, with a significant minority identifying as Indigenous People. Based on the 2020 census, 66% identify as white; 19% identify as Hispanic or of Latino origin. Given the Latinx population which has grown 3.7% since the last census, Spanish is a threshold language for Inyo County, and we are challenged to find ways to meet our Spanish-Speaking client's needs in behavioral health and substance use disorders services.

The federally- recognized "Native American" (Indigenous) nations in Inyo County are the Bishop Paiute Tribe, Big Pine Paiute Tribe of the Owens Valley, Fort Independence Reservation, Lone Pine Paiute Shoshone Reservation, and Timbisha Shoshone Tribe. The Timbisha Shoshone Tribe, located in Death Valley National Park, is the only tribe located inside a national park in the US.

Colonization by Euro-Americans within the past one hundred fifty years has had deleterious and lasting consequences for Indigenous tribes in Inyo County, the most significant of which are the diversion of water away from the Owens Valley beginning in 1913, and the subsequent impact on their food sources. are California and the recent history of the colonization of the Western United States.

The impact on the physical, spiritual, and mental health of the Indigenous People is well documented [1] and for the Indigenous People, historical trauma is strongly correlated with

[1] Spillane, N. S., Schick, M. R., Kirk-Provencher, K. T., Nalven, T., Goldstein, S. C., Crawford, M. C., & Weiss, N. H. (2022). Trauma and Substance Use among Indigenous Peoples of the United States and Canada: A Scoping Review. Trauma, Violence, & Abuse, 0(0). https://doi.org/10.1177/15248380221126184

higher incidences of addiction-related health problems, mental health problems related to trauma, and disproportionate numbers of justice-involved individuals. [2]The combination of multi-generational trauma compounded by substance use disorders have often been dismissed or defined such that stigma prevents people from feeling encouraged or safe seeking recovery or healing services. Seeking culturally relevant healing services is particularly challenging when State and County governed behavioral health systems are grounded in a Western medical paradigm and allow no room for practices and methods that fall outside of the Western medical model.

The health issues experienced by people of color and particularly indigenous people include diabetes, hypertension, heart disease, obesity, increased rates of and colon cancer, which are related to diets high in salt, sugar, and fat. Immune-related disorders and inflammatory conditions are also related to acute and chronic trauma. The effects on mental and spiritual health are correlated with transgenerational and historical trauma, the symptoms of which manifest in substance use and dependence, depression, anxiety, bipolar disorders, and post-traumatic stress disorder among other illnesses that occur disproportionately among Indigenous People and people of color.

Finally, we have a disproportionate number of indigenous people and people of color in jail who need rehabilitative and recovery services. As it is, Inyo County, like most other rural counties, lack the infrastructure to provide safe, secure housing for justice-involved clients who require a higher level of care. The jail serves as the “de facto” psychiatric hospital which is true for many rural counties where resources are few for individual who are substance-involved, mentally ill, and experience chronic homelessness. In our efforts to promote inclusivity, we are striving to build comprehensive services in the jail and enhance our re-entry services to better support the needs of justice-involved individuals from diverse backgrounds.

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DESCRIBE THE COMMUNITY DEMOGRAPHICALLY

The population of Inyo County was 18,829 according to US Census Bureau 2022 population estimates:[3]

Age Cohort[3]	**Percent Population**
Under 19	21.7%
19-24	4.6%
Over 24	37.2%
60 and over	9.6%
65 and over	13.1%
75 and over	10.8%
Mean age	44.6 years

Among the population, 7.3% are foreign born[4] (1.6% for children under 18),[5] while 15.9% speak a language other than English.[6] Ancestry of Inyo County residents is reportedly predominantly other groups, unclassified or not reported, followed by German with influences of English and Irish heritage.[7]

[3] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20S0101&tid=ACSST5Y2020.S0101
[4] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20B05012
[5]https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20foreign%20born%20under%2018&tid=ACSDT5Y2020.B05003e
[6] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20S1601
[7] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20B04006

Race and Ethnicity Demographics

Race/Ethnicity[8,9]	**Percent of Population**
White	68.9%
Black or African American	1.0%
American Indian and Alaska Native	9.6%
Asian	1.7%
Native Hawaiian and Other Pacific Islander	0.9%
Some other race	5.1%
Hispanic/Latino of any race	23.9%
Two or more races	5.3%

Among the Inyo County population, 9.0% of households rely on public assistance income or Food Stamps/Supplemental Nutrition Assistance Benefits, while 32.7% of households with children under 18 rely on these benefits.[10] Nearly all of the civilian labor force 16 years and over is employed (96.1%).[11] Reportedly, 10.7% of the population lives below the poverty level, disproportionately affecting children under five years old (15.6%).[11] Veterans make up 9.8% of the population.[12]

Among the adult population 25 years and over in Inyo County, 90.5% are high school graduates or higher: 24.6% have some college with no degree, 8.7% have an Associate's degree, 29% have a Bachelor's degree, and 9.9% have a graduate or professional degree.[13].[14] The labor force

[8] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20race
[9] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20hispanic
[10] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20S2201
[11] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20S1701
[12] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20S2101
[13] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20S1501
[14] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20BDSTIMESERIES.BDSEAGE

participation in Inyo County is 8,281 among the population aged 16 to 64[15], where the average commute to work is 17.1 minutes.[16]

US Census Bureau inflation-adjusted income data report a mean household income of $83,422[17] ($63,417 median income)[18] with a per capita income of $36,673. The data highlights racial disparities, and indicated in the table below:

Income Type[17]	**Amount**
Median Household Income	$63,417
Per Capita Income	$36,673
White	$67,422
Asian	$48,036
American Indian and Alaska Native	$38,708
Hispanic or Latino Origin (of any race)	$64,111

The Toiyabe Indian Health Project established in 1968 serves eight tribes along the eastern slope of the Sierra Nevada and Death Valley. Services available for tribal members include medical, dental, dialysis, optometry, behavioral and substance use disorders services, and pharmacy services. Inyo County Behavioral Health Services plans collaborative work in serving clients who need Intensive Outpatient Treatment groups and who may qualify for supportive services such as case management and specific groups for improving life skills and improving physical well-being. These services are located at Wellness Centers in Bishop and Lone Pine and will be funded by MHSA Community Services and Supports (CSS).

[15] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20S2301
[16] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20S0801
[17] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20S1902
[18] https://data.census.gov/cedsci/table?q=Inyo%20county%20ca%20S1903

Economic conditions in Inyo County may impose hardships on many families and individuals due to the combination of a high cost of living and limited work availability. Inyo County relies heavily on tourism and government services to support the economy. Many available jobs are in the service industry or are seasonal. Persons with disabilities may face challenges in finding entry-level jobs. The median family income in Inyo County is slightly below the 60% marker of the median family income for California as a whole.

Demographics and Penetration Rates

Demographic Data

A majority of Inyo County's population identify as Euro-American, with a significant minority identifying as American Indian (Indigenous). Based on the 2020 census, 66% identify as white alone; 19% identify with Hispanic or Latinx origin. Given the Latinx population, Spanish is a threshold language for service. 10.7% identify as Native American; 2% identify as Asian; and less than I% identify as African American. 4% of people identify with two or more races. The federally- recognized Native American nations in Inyo County are the Bishop Paiute Tribe, Big Pine Paiute Tribe of the Owens Valley, Fort Independence Indian Reservation, Lone Pine Paiute Shoshone Reservation, and Timbisha Shoshone Tribe. The Timbisha Shoshone Tribe, located in Death Valley National Park, is the only tribe located inside a national park in the U.S. The ethnic composition of Inyo County testifies to the rich heritage of Native American tribes in California and the recent history of the colonization of the Western United States. To meet the needs of our Indigenous community members, Toiyabe Indian Health Project, is the agency designated as an American Indian Health Facility (AIHF), which includes mental health and addiction services.

Mental Health Services Data and Analysis

The information that appears on the following pages (Figures 2-4) reflect a comparison of four different population measurements: Medi-Cal eligibles (MMEF), Short Doyle/ Medi-Cal SD/MC clients (approved claims), clients served (CSI), and MH Prevalence estimates.

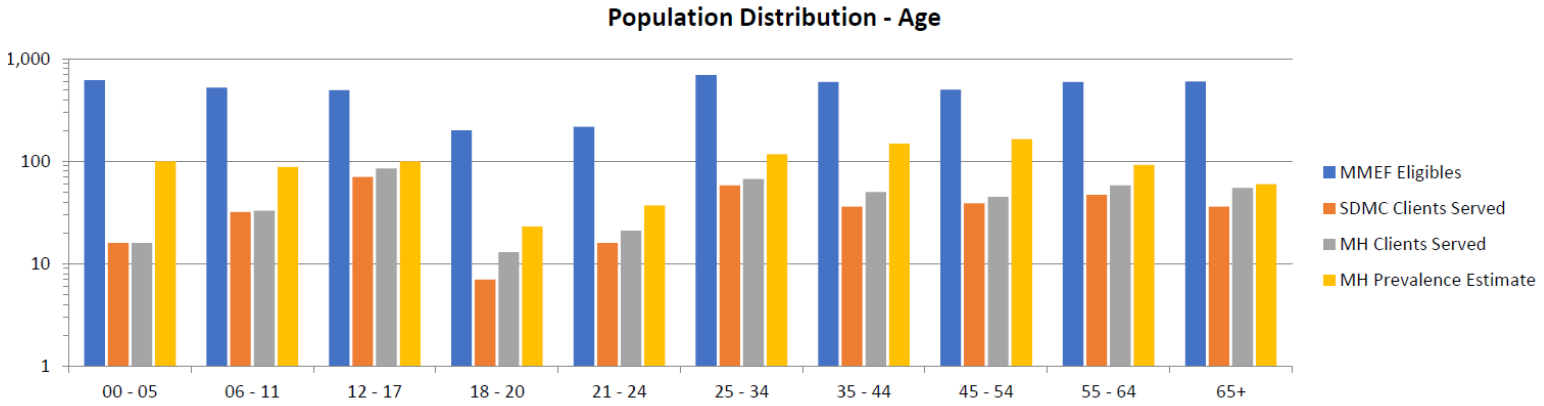
- Eligible counts are based upon the Monthly Medi-Cal Eligibility File (MMEF) and reflect the monthly average.
- SD/MC counts are based upon approved claims.
- Clients served are based upon a review of Cerner Community Behavioral Health (CBH) data for CSI reportable services.
- MH Prevalence estimates reflect the work of Charles Holzer and group.

This information is from Kingview Information Technology and is given to Inyo County Quality Improvement Team and Leadership staff quarterly. From this data, a penetration rate was calculated, showing the percentage of persons in the population that received mental health services in FY 2019/2020. We used the Mental Health Clients Served compared to the Mental Health Prevalence Estimate. This data is shown by age, race/ethnicity, and gender.

Figure 2
Inyo Penetration Rates 2019/2020
By Age

Age Distribution for FY2019/2020

	MMEF Eligibles	SDMC Clients Served	MH Clients Served	MH Prevalence Estimate	SDMC Penetration Rate (%)	MH Penetration Rate (%)
00 - 05	616	16	16	100	2.6	16.0
06 - 11	521	32	33	88	6.1	37.5
12 - 17	496	70	85	100	14.1	85.0
18 - 20	200	7	13	23	3.5	56.5
21 - 24	217	16	21	37	7.4	56.8
25 - 34	692	58	67	117	8.4	57.3
35 - 44	595	36	50	148	6.1	33.8
45 - 54	500	39	45	165	7.8	27.3
55 - 64	593	47	58	92	7.9	63.0
65+	600	36	55	60	6.0	91.7
Total	**5,030**	**357**	**443**	**930**	**7.1**	**47.6**



(Source: U.S. Census Data, CAEQRO Data)

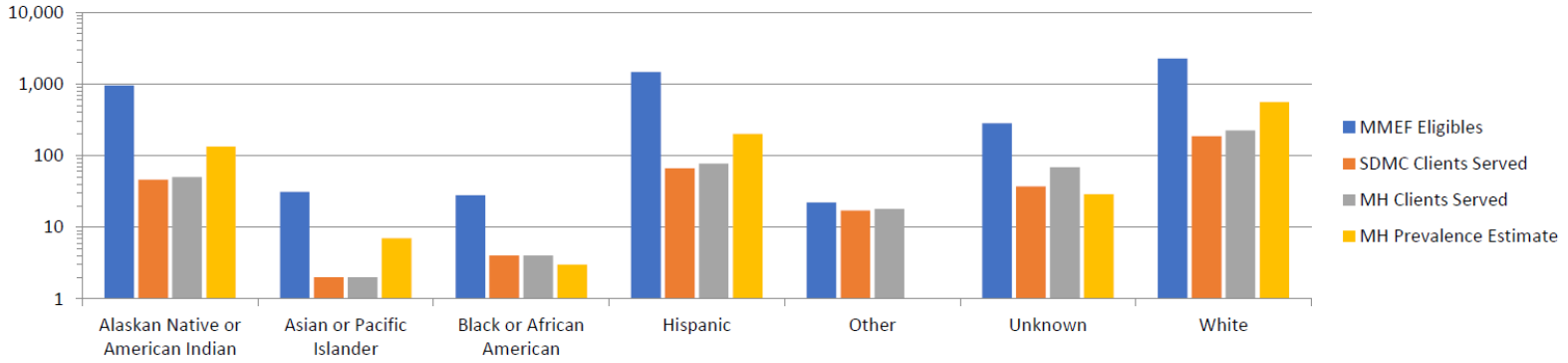
The MH Prevalence estimate shows a penetration rate of 47.6% for youth. Which means, of the estimated mental health prevalence rate (930 people), we were able to provide services to 443. Of these individuals, Children ages 0-17 had an average penetration rate of 46.2%; Adults ages 18-64 had an average penetration rate of 49.11% and Older Adults aged 65 and older had an average penetration rate of 91%.

Figure 4
Inyo Penetration Rates 2019/2020
By Ethnicity

Ethnicity Distribution for FY2019/2020

	MMEF Eligibles	SDMC Clients Served	MH Clients Served	MH Prevalence Estimate	SDMC Penetration Rate (%)	MH Penetration Rate (%)
Alaskan Native or American Indian	951	46	50	133	4.8	37.6
Asian or Pacific Islander	31	2	2	7	6.5	28.6
Black or African American	28	4	4	3	14.3	133.3
Hispanic	1,468	66	77	200	4.5	38.5
Other	22	17	18	0	77.3	0.0
Unknown	282	37	69	29	13.1	237.9
White	2,249	185	223	557	8.2	40.0
Total	**5,031**	**357**	**443**	**929**	**7.1**	**47.7**

Population Distribution - Ethnicity



Individuals identifying “Alaskan Native or American Indian” or indigenous had a penetration rate of 28.6%, Asian or Pacific Islander 28.6%, Black or African American 133.3%, Hispanic 38.5%, and persons who are White had a penetration rate of 40%. It is important to note that in this category we have a substantial number of clients identifying as “unknown.” We will focus on data integrity which we anticipate will correct the problem and will give us a more accurate picture of where we can better meet the needs of our underserved and unserved community members.

Our data show that during screening and intake, many of our beneficiaries select "other" perhaps because they don't feel they fit into categories offered on the screening form which doesn't give us accurate data. To address this problem, we will need to explore how to add a broader scope of options on the Client Services Information form which we will address and correct in FY 2023-24.

Penetration Rates

When looking at data for SD/MC Penetration rates which are based upon total Monthly Medi-Cal Eligibility versus approved Medi-Cal claims, the results are as follows: Alaskan or Native American 4.8%, Asian or Pacific Islander 6.5%, Black or African American 14.3%, Hispanic 4.5 %, White, 8.2%. The category "other" is at 0%, while "Unknown" is at 77.3%. The data show the highest percentage of approved claims occur in the "unknown" category, and that those who identify as Alaska Native/American Indian are underserved compared with those who identify as Caucasian or Black/African American.

Our outreach and intervention strategies such as using our Wellness Centers have been effective in engaging underserved and unserved community members in addition to ensuring that we have bilingual and case management staff available. MHSA funding gives us opportunities to better focus resources on youth and elder through Prevention and Early Intervention programs such as the Elder Outreach Program and Friendly Visitor program.

INCLUSION IN ICHHS-BH PLANNING PROCESS FOR CULTURALLY SENSITIVE SERVICES AND STRENGTHENING OF COMMUNITY ORGANIZATIONS (CRITERON 3, 4, 8)

Community Services and Supports

It is the mission of ICHHS-BH to have diverse representation in planning and management committees. Our threshold language is Spanish, with 23.4% of our population being Latinx. 13.5% of the population identifies American Indian, and smaller percentages of other ethnicities in Inyo County. Our Mental Health Advisory Board is focusing on recruitment of clients and their family members, representatives from agencies such as Veteran's Affairs, Toiyabe Indian Health Project, members of our elder population.

In the past, our Cultural Competence Committee was included in our Quality Improvement Meetings. We have since established the JEDI committee. Meetings are held monthly to bring awareness to where Inyo needs to act on incorporating Justice, Equity, Diversity, and Inclusion into its recruitment and hiring practices and into all aspects of human services work.

Cultural Competence or more accurately, cultural humility must include conversations about race-based and historical trauma and the impact of colonization on tribal communities who are overrepresented in the jail and who die in higher numbers from substance-related illnesses including brain damage, dysregulation and trauma, diabetes, heart disease, obesity, hypertension, and COPD. We recognize the need for focused education on healing practices that are culturally and biologically efficacious.

We have one full time bilingual therapist, and one contracted bilingual therapist who provides ten hours per week of individual therapy for adults. We are continuously challenged to recruit bilingual clinical staff however we have bilingual two case managers at the Wellness Center in Bishop which helps fill in the gaps in between therapy sessions for our clients.

Our Family Strengthening Team offers wraparound care for families which is an appropriate and effective model for families who are engaged in multiple systems such as probation and CPS. The Wraparound model offers family members the opportunity to learn capacity for managing uncomfortable conversations, empowerment through learning self-regulation and co-regulation with others, and for many, a first step into being able to embrace who they really are.

Lessons and Identified Needs

Inyo's biggest challenge has been in hiring bilingual, bicultural staff to provide services to our Latinx and indigenous/tribal communities. The Mental Health Services Act funding has enabled us to provide outreach and engagement to our tribal partners and community members. We have a contract with telehealth providers who have bilingual providers to ensure that we are making services available to Spanish-speaking clients. We also have bilingual staff who focus on outreach and engagement with our LatinX community members. Our staff members offer more informal services within the community, often without formal admission into services. We have been challenged in the past to collect the data needed to show our outreach efforts.

We have a bicultural, bilingual Prevention Specialist whose focus is upon SUD Prevention and community outreach. We have found that it is most advantageous to outreach to the Latinx community in a variety of settings to make an impact. It seems most helpful to do this in informal settings within the community.

Efforts and Programs

As part of its commitment to fostering diversity and inclusion, the Equity Group "JEDI" has identified the imperative to deepen its engagement with the Latinx community. Recognizing the unique perspectives and challenges faced by this vibrant community, the Equity Group" JEDI" is setting new goals to establish meaningful connections and promote a more inclusive environment.-As the Equity Group continues its mission to champion inclusivity and social

justice, it recognizes the need to deepen its commitment to the Latinx community. By establishing new goals, the Equity Group aims to not only foster understanding but also actively contribute to positive change within the Latinx community. Inyo County has partner with the Fresno Mexican Consulate to visit Bishop twice per year to represent the Mexican community in Inyo County.

As applied to the Native American/American Indian population, we are fortunate to have Toiyabe Family Services as a provider of behavioral health services within our community. We are always seeking ways to collaborate with this agency. In FY 20-21 we have partnered with Owens Valley Career Development Center (OVCDC) which provides career development, early childhood education, and Temporary Assistance for Needy Families (TANF, which provides cash assistance and employment services to families that are unemployed or underemployed). OVCDC also provides Family Literacy and Indigenous Language services to American Indian/Alaska Native families and is a Trauma Informed Agency. OVCDC's Wellness Navigator has provided a session on Adverse Childhood Experiences (ACES) to our Behavioral Health Team and provided data on our community's high ACE scores and historical trauma.

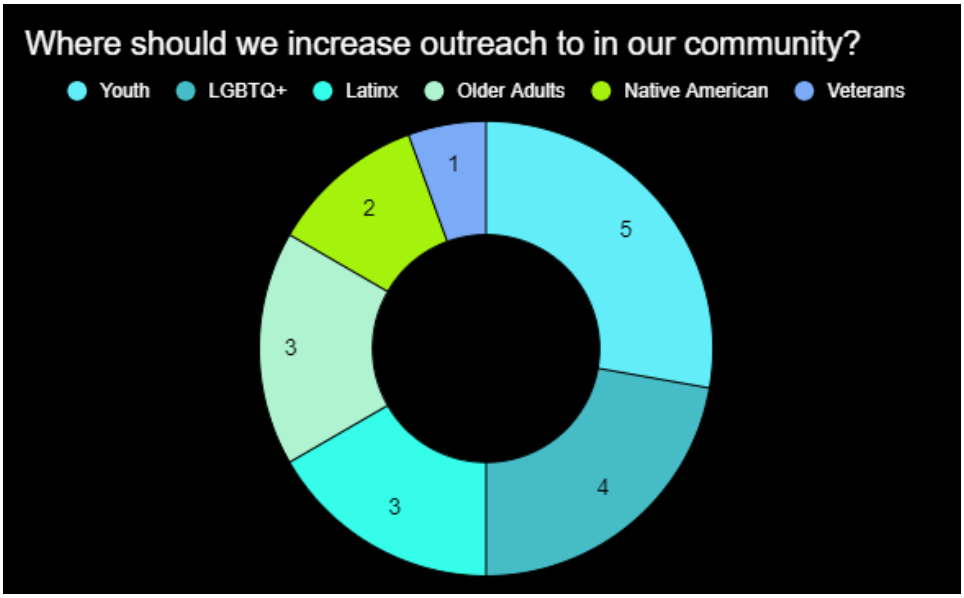
Our staff continues to look for interventions that would be most beneficial to at-risk families. In 2019 Inyo County HHS initiated training in "The SCARF Model for Psychological Safety in Groups" by Maxwell J Smith with the objective of learning to be a Trauma Informed County. We have continued training in Trauma Informed Care for all HHS staff and community partners.

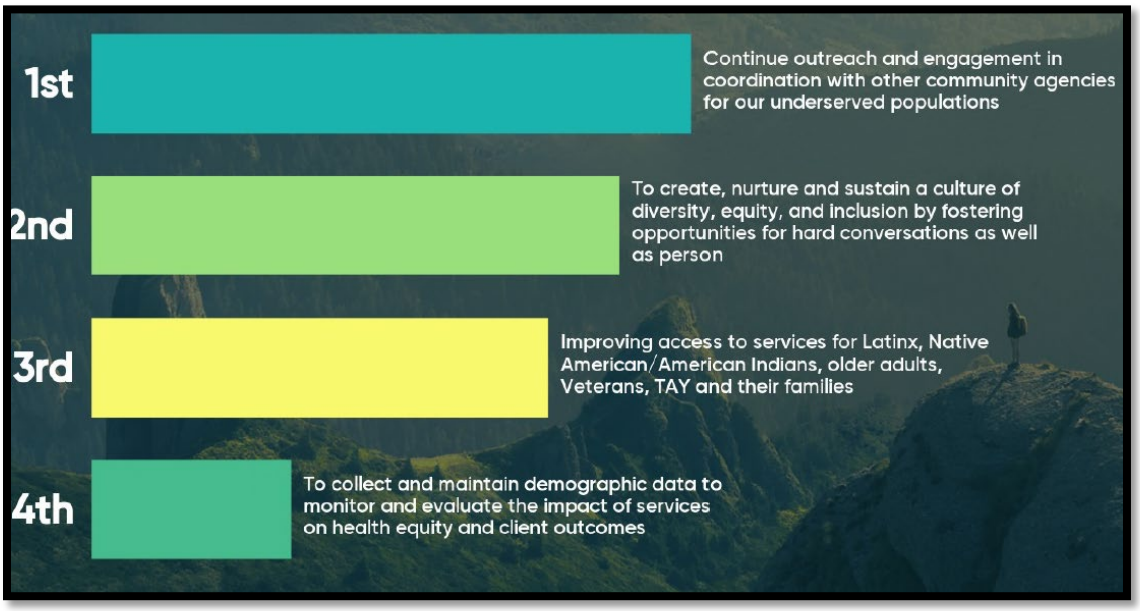
Whenever possible, we take advantage of any regional and/or state training in promoting and delivering culturally relevant services. Because of the logistics and costs of sending staff members outside of the county for training, we have invited trainers to Inyo County and we have provided online courses. Training our staff to provide trainings has also been a cost-effective way to reach more people more frequently.

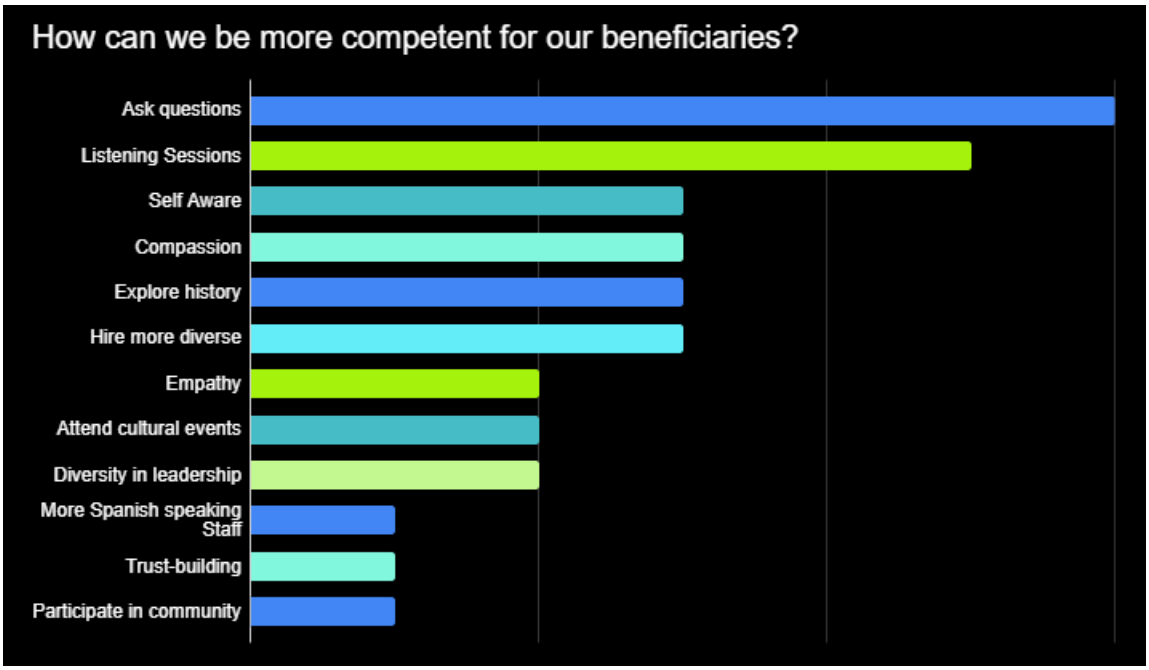
In delivering services, each client is treated as an individual with unique needs and cultural background. In addition to delivering services in our client's preferred language, we are also aware of how age, health, gender, community, and lifestyle are important in considering the individual needs of each client.

Inyo County HHS has an ongoing planning process to identify key populations and disparities in providing services. The following images are from polls conducted during our regularly scheduled staff meeting. In weekly staff meetings and during group clinical supervision, we held focused discussions on what it means to provide culturally relevant services and to make any changes to adapt to changing needs in our communities.


What does culture mean to you?
race
food
history
rituals
tribe
family
beliefs
morals
spirituality
language
traditions
differences
tradition
celebrations
gender
sexuality
values
lifestyle
color
expression
religion
community
heritage
interests


Where should we increase outreach to in our community?
Youth
LGBTQ+
Latinx
Older Adults
Native American
Veterans
1
2
5
3
4
3





Prevention and Early Intervention

In targeting one of our underserved communities the Elder Outreach Program has been helpful in identifying at-risk seniors who begin to exhibit signs of depression, prescription drug dependence, isolation, and other conditions related to the aging population. Our Older Adult PEI Program has provided outreach and engagement, early mental health screening, and prevention services to older adults who had been receiving services in the community and through county resources. This program also trains agency partners to recognize the signs and symptoms of mental illness in older adults. Funding for our Elder Outreach Program includes a

behavioral nurse who provides screening, referral and linkage, and support services to ensure early intervention and improvement in existing mental health conditions.

Our behavioral health staff offers comprehensive assessment services to older adults at risk of developing mental health problems that may interfere with their ability to remain independent in the community. Services are voluntary, client-informed, strength-based, and employ wellness and recovery principles. Our goal is to deliver culturally relevant services within the State-required timeframe, and which address immediate and long-term needs.

A member of the Adult Services Team may consult a behavioral health nurse if there is a risk of suicide or grave disability due to a mental health condition. Our behavioral health team collaborates with other HHS agencies when clients are at risk and may need linkage with other services such as In-Home Supportive Services, Adult Protective Services, Eastern Sierra Area Agency on Aging, local physicians, Public Health, skilled nurising, home health agencies, and the home delivery meals program. All partner agencies receive training to help them recognize signs and symptoms of mental illness in older adults. Our behavioral health nurses provide services to older adults in community settings that are the natural gathering places for older adults, such as our Senior Center sites in the communities of Bishop, Big Pine, Independence, Lone Pine, and Tecopa.

The Friendly Visitor Program

The Friendly Visitor program provides prevention services to isolated seniors who have symptoms of depression and are living alone in the community. We have funded two part-time Program Services Assistants, one in the northern part of the county and one in the southern part of the county. The meal delivery staff identifies seniors who evidence symptoms of depression and/or anxiety and who might benefit from a visitor. The visitor, who may also be a senior, develops a plan with the senior to address the depression and prevent further exacerbation of the symptoms in a culturally sensitive matter.

WET

Although we do not currently have plans to move MHSA funds into a local WET MHSA initiative, we have partnered with the central region to access regional funds available through the Office of Statewide Health Planning and Development (OSHPD) to offer loan repayment opportunities to target unmet need for providers within our community.

Unhoused Community Members - Outreach and Engagement

ICHHS-BH has two Wellness Centers which provide culturally relevant outreach and support to our unhoused population. We have Wellness Centers in both North and South Inyo County

staffed with bilingual case managers to assist with access to food, showers, medication assistance, phones, and other case management needs.

In 2022, ICHHS became the collaborative lead for the regional Continuum of Care (CoC). The CoC represents Alpine, Inyo and Mono counties. Each January, the CoC participates in the Point in Time count (PIT) which provide an opportunity to identify how many individuals and households are homeless in a community, including those living on the street or other unsheltered locations, and what some of their key characteristics are. Understanding the depth and breadth of unsheltered or unhoused communities and the federal government target resources and policies effectively.

ICHHS also developed a department wide housing program that utilizes a variety of different funding sources to provide case management and housing navigation to homeless individuals. Inyo County does not have a homeless shelter or temporary housing and are limited to the hotels that will work with our clients. The housing program has been working with local landlords to find affordable housing.

Monitoring/Strategies for Reducing Disparities

To reduce disparities and improve services we employ ongoing monitoring and quarterly data analysis to our Quality Improvement Committee (QIC) and at other management meetings. The data show the number of individuals served, the average hours of services, and the types of services received. We closely monitor the quality of services by analyzing the number of hospitalized individuals and subsequently placed in higher levels of care, and we analyze length of stays. Data is analyzed by age and race/ethnicity. As the data is reviewed, managers and supervisors can discuss disparities and develop strategies for improving access and quality of services.

As different strategies are implemented, quarterly data provide immediate feedback for managers and staff to modify strategies and strengthen policies for improving services and reducing disparities and promoting inclusive care.

QI staff sits on the Equity Group and will work on data collection strategies that are meaningful and can be used to improve access to services in Inyo County.

MEETING CULTURAL AND LINGUISTIC REQUIREMENTS (CRITERION 7)

ICHHS-BH recognizes the importance of meeting the cultural and linguistic needs of our diverse population, to ensure this we have designed the departments with a Civil Rights Coordinator as the Cultural Competence/Ethnic Services Manager (ESM). This individual is responsible for promoting mental health services that meet the needs of our diverse population, strategizing

for the delivery of culturally sensitive services, and providing leadership and training to staff. The ESM will report and have direct access to the Deputy Director of Behavioral Health regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the County. The ESM will also work receive updates and recommendations from the Equity Group to enhance our services

We are diligent in finding relevant, comprehensive training in delivering culturally and linguistically relevant services to our client community. Going to in-person collaborative meetings has its benefits, but it is difficult for us to schedule travel. Leaving Inyo County requires a day before and a day after to be blocked out for travel as we live 5-9 hours one-way to many training locations. Having virtual training has allowed us to increase attendance and spread the wealth of knowledge to our entire staff rather than a limited few.

Client driven/operated recovery and wellness programs that accommodate racially, ethnically, culturally, and linguistically specific diverse differences.

All of our Wellness Center services are selected and facilitated by consumers or their family members. Our Wellness Center holds weekly stakeholder meetings facilitated by consumers and which are open to all community members and stakeholders. Weekly agenda items include a review issues of operation, create rules, and hear all input regarding the Wellness Center. Stakeholders also suggest activities and group offerings and recommend consumers/family members interested in facilitating the group offerings.

As part of our commitment to inclusivity and diversity, we offer a variety of groups and activities at our Residential Care Facility, ensuring that everyone unique needs and interest are centered to inclusion: The current offerings include:

- Recovery group for co-occurring addiction issues: twice per week
- Gardening group
- Music Therapy Group
- Women's Support
- Transition Age Youth: living skills.
- Handling Money
- Developing WRAPs (Wellness and Recovery Action Plans)
- Cooking group
- Walking/exercise group
- Community activities

In addition, consumers and staff together take local trips to events and cultural sites around the County. Past trips have included:

- Visiting Eastern California Museum (Native American)
- Attended Native American film series.
- Visiting Manzanar Museum; increase cultural sensitivity regarding internment of Japanese Americans during World War II
- Attending a Playhouse 395 performance
- Attended a Cesar Chavez Day event.
- Outing to Cinco De Mayo celebration
- Outing to Vietnam War Memorial

Mental Health Awareness Day in the Park Mechanisms for informing clients of culturally-competent services and providers, including culturally-specific services and language services; identify issues and methods of mitigation (CRITERON 7)

ICHHS-BH utilizes a 24/7 Access Line for access and informational purposes. Those who staff the Access Line are trained in cultural competence and are able to provide the link to language assistance and interpreter services as necessary. The ICHHS-BH *Guide to Behavioral Health Services* (in English and Spanish) highlights available services, including culturally specific services. In addition, the Guide informs clients of their right to free language assistance, including the availability of interpreters. This brochure is provided to clients at intake and is also available at our Bishop and Lone Pine clinics. A *Provider List* is available to clients which lists provider names, population specialty (children, adult, veterans, IA+, etc.), services provided, language capability, and whether the provider is accepting new clients. This list is provided to clients upon intake and is available at both clinics and Wellness Centers. The Provider List is updated monthly and as changes occur.

Goal 1B for this Plan is to increase access by going from 75% of documents and signage available in our threshold language to 100% of documents. This would apply to both clinics, Wellness Centers, and on our website by January 2022. Having a Spanish-speaking person available to our clients has been instrumental in our ability to increase access to services in both Mental Health and SUD. Our Office Manager has dedicated time to identifying documents and signage that need to be translated, correcting signage, and translating documentation

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

The first sheet in our intake packet is the language services document, which identifies the preferred language of the client as well as the option for free interpreting services.

Our 24/7 Access Line Log includes a field to record a client's need for interpreters and preferred language. This form is forwarded to clinical staff for the intake assessment. This information is also utilized during case assignments and clinical team meetings, to help determine the appropriate staff to provide ongoing services in the individual's primary language, whenever possible. During intake clients fill out a Language Needs Form which indicates their preferred language and if they need an interpreter. They are notified at this time that one will be provided free of charge. This is reviewed for compliance by Inyo County HHS Program Integrity and Quality Assurance (PIQA) Team quarterly. Through this process, we are committed to continuously identifying and mitigating challenges related to language services, ensuring all clients receive the culturally competent care they deserve.

Goal 4 in this plan is tied to identifying issues and mitigation in Criterion 7. The PIQA Team has noticed that we have a large number of "unknown" clients in the race/ethnicity section of our demographics form. We think this is a result of incomplete intake packets at intake, client knowledge of the selections, and possible stigma around selecting their race/ethnicity. The PIQA Team will be working on this in FY 23-24 as a QI Effort. The PIQA Team will concentrate on training and educating intake staff and consumers. Our goal is that the large percentage of others will filter into their specific race/ethnicity category, and we will have an accurate and realistic look at our access information to use in strategic planning.

In addition, ICHHS-BH has a policy and form to allow beneficiaries to file a complaint/ grievance with MHSA programs, as well as a resolution process in place to address these identified issues. ICHHS-BH has a policy in place that outlines the requirements and processes for meeting a client's request for language assistance and an interpreter, including the documentation of providing that service.

Describe the process for reviewing grievances and appeals related to cultural competency; identify issues and methods of mitigation

Grievances and appeals that are submitted to Inyo County Behavioral Health are reviewed in accordance with the Client Problem Resolution Process policy and procedure. The QIC reviews complaints and grievances quarterly. The grievance log records if there are any issues related to cultural competency. The QIC reviews all issues and determines if the resolution was culturally appropriate. This committee meets quarterly and therefore can identify additional issues and objectives to help improve services during the coming year.

Cultural Competence Committee

In the past ICHHS-BH QIC Committee was combined with our Cultural Competence Committee (CCC) and had approximately 18 members. Participants included consumers, community partners, and staff members. Most CCC members were persons who were Caucasian, but we also had representation from Latinx and Native American staff. We are now revitalizing the CCC to ensure it holds meaning and reflects the diversity in our Inyo County population. Behavioral Health has supported the newly formed Equity Group in Health and Human Services which has the most diverse membership of all committees and will serve as our Cultural Competence Steering Committee. The Deputy Director of Behavioral Health facilitates the meetings, and the group is tasked with bringing recommendations on equity and inclusion to the HHS department as well as the County as a whole. The ESM will present data to this group quarterly and integrate recommendations within the CCP Planning Process, as well use recommendations to improve equity in the county mental health system.

In this small county, staff serve multiple roles. As a result, the promotion of culturally relevant services is an ongoing continuous improvement project. We are involved in developing strategies for improving access and quality of services for individuals who are underserved, including TAY and older adults; persons who are Latinx; persons who are Native American; the IA+ community; persons with disabilities; veterans; and those from diverse backgrounds and cultures.

Cultural discussions are an integrated part of our children and adult service delivery system. We discuss how culture influences outcomes, and the importance of understanding an individual's culture so that we can combine and understand traditional health methods and balance it with traditional treatment strategies. Planning activities for MHSA promote culturally sensitive services. MHSA planning discussions have outlined the importance of integrating a person's culture and the broader community, including involving families and support systems in treatment, whenever possible.

Resources Targeted for Culturally Competent Activities

Workgroups

The ESM and Equity and Diversity Coordinator have been involved in the Statewide Quarterly California Counties Ethnic Service Managers CCESM Collaborative as well as the Monthly Regional CCESM Virtual Check-ins. These groups, especially the Regional Collaborative, have been a wealth of information. The Central Region Counties are supportive and knowledgeable and are open to sharing tools and best practices in implementing cultural humility and equity frameworks. This group has provided a safe and brave space that allows for open communication about the realities of implementing culturally competent activities in our own mental health systems.

Budget

As a small county, we do not have a specific budget allocated for these culturally sensitive services. ICHHS-BH integrates cultural activities and vision into all services; however, these services are not budgeted or tracked separately. All mental health services described in this Plan are allocated to mental health realignment or MHSA funding. ICHHS-BH also has a contract with Language Line in an amount not to exceed $8,000, which is renewed each FY, to ensure linguistic competence, and a contract for bilingual training not to exceed $15,000.

STAFF TRAINING AND RECRUITMENT (CRITERON 5)

ICHHS-BH staff is encouraged to avail themselves to trainings which enhance cultural and linguistic sensitivity. Training and credentialing have been set up in the County Learning Management System, Target Solutions. This platform is able to create training plans and keep track of required paths for each job description. We are able to monitor trainings, track past due trainings, and assign trainings. The Training Plan will be brought to the Equity Group for feedback and input into future trainings. The Equity Coordinator, in conjunction with a consultant, has developed an Implicit Bias training that is made available to the Department of Health and Human Services (HHS) on an annual basis. Additionally, the Equity Coordinator has facilitated the Cultural and Linguistically Appropriate Services (CLAS) training, which will be consistently provided once per year. The ICHHS-BH is an equal opportunity employer and encourages bilingual and bicultural persons to apply for available positions. Exceptional efforts are made to recruit bilingual and bicultural staff. The ICHHS-BH will provide bilingual pay for those demonstrating proficiency in a threshold language, other than English, utilized by the ICHHS-BH to assist limited and non-English speaking clients on a regular basis.

Our vision for the upcoming years is to establish a bilingual hiring process with County Administration. This would include updating the interview process to include Spanish-speaking panel members to assess the applicant's ability to communicate ideas, concerns, and rationales; additional interview questions in Spanish to determine the applicant's knowledge of the mental health field; a written test on behavioral health topics to assure the applicant's ability to communicate ideas, concerns, and rationales, as well as translation of the words used; and testing to establish level of proficiency at time of hire in we entered into a contract for Bilingual Training and Proficiency Testing, which was a joint effort between our ESM and County Personnel. This project was a long time in the making and we are excited to have a mechanism to train Behavioral Health staff in the best practices regarding interpreting services.

Culturally Competent Training Activities

Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins,

acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel.

It is our system view that all staff will participate in a number of different learning experiences to help promote person-centered care and develop culturally sensitive services for all individuals in the behavioral health system. Staff will participate in a number of different learning opportunities that include face-to-face meetings and trainings, individual learning sessions on Relias Learning, and ongoing discussions during staff meetings and during supervision. Across a three-year period, all staff will participate in the required 4 hours of annual training as outlined in our training plan.

Although there will be specific required trainings to meet this requirement, cultural competence will be imbedded into all training. Culture, and the way in which it is integrated into all trainings, is an essential component in promoting healthy outcomes. Staff learn from each other, and the input from each person, including those individuals from diverse cultures, is integral. "Culture" may include various groups that include older adult and TAY, race/ethnicity, gender, sexual orientation, veterans, disabled persons, and consumers. As we identify different training opportunities for staff and/or clients, we embed a discussion of culture into the educational materials. For example, when we train staff in writing Client Care Plans, we discuss the need for goals to reflect the values of the client: a goal of an older adult may be very different from that of a TAY. Similarly, a Client Care Plan for a Latinx family with a Serious Emotional Disturbance SED child may include more family members as support persons than a Client Care Plan might have for a Caucasian child.

In addition to training on client culture, the ICHHS-BH has a goal to provide training to mixed groups of consumers and other staff members together. The goal is to provide at least 25% of training opportunities to consumers as well as other staff members. In this way, training participants can represent the client culture as well as other cultural perspectives in many different arenas. We have found this especially helpful in our efforts to address stigma and discrimination. Annual training will also be held to provide staff with an understanding of people with lived experience. Use of language, how to welcome individuals, and promoting opportunities to learn from individuals with lived experience will be developed. We will obtain training from U.C. Davis, Relias Learning, or other organizations to promote staff's understanding of client culture. This will include training on children, TAY, families, family-focused treatment, and navigating multiple agency services.

Training Plan

We have integrated cultural competence training and discussions in our weekly staff meetings and committee meetings. ICHHS-BH staff has expanded their knowledge of different cultures and infused this knowledge throughout rendered services. We have focused on creating a safe

learning environment where the staff members feel brave enough to ask questions about culture. Equally important, staff also feel comfortable in providing feedback to others regarding specific behaviors that may not have been as culturally sensitive. By creating a safe environment to ask and receive feedback, each person has the opportunity to learn and expand their services to better meet the needs of the community.

Our FY 20-22 training plan will have a broad range of topics including Cultural Sensitivity, Cultural Awareness, Working with Diverse Groups, and Interpreter Basic Training. Training to learn how to navigate a person's culture and broader community and support system will be discussed. In addition, training will focus on strength-based services, a person's cultural perspective, and an understanding of how treatment can incorporate an individual's traditional practices. We are committed to providing trainings to our Behavioral Health staff as well as our stakeholders and consumers. The following table reflects the Training Plan and also the trainings that took place in 2023:

Training Event	Date of Training	Description of Training	Frequency and Duration	Attendance by Function	Presenter
CLAS National Standards for Culturally and Linguistically Appropriate Services	04/17/2023	Advance Health in Inyo	3 Hours	All HHS	Angela Da Re Griselda Ortiz
Implicit Bias	10-12-2023	Hidden Thoughts, Visible Impact:	2 Hours/ annually	All HHS	Angela Da RE Griselda Ortiz
LMS	2024	Cultural Competency with IA+ Individuals and the community	4 HR	Direct Service	Relias Online training system
LMS	2024	Cultural Diversity	2.5 hours	Direct Service	Reílas online training system .

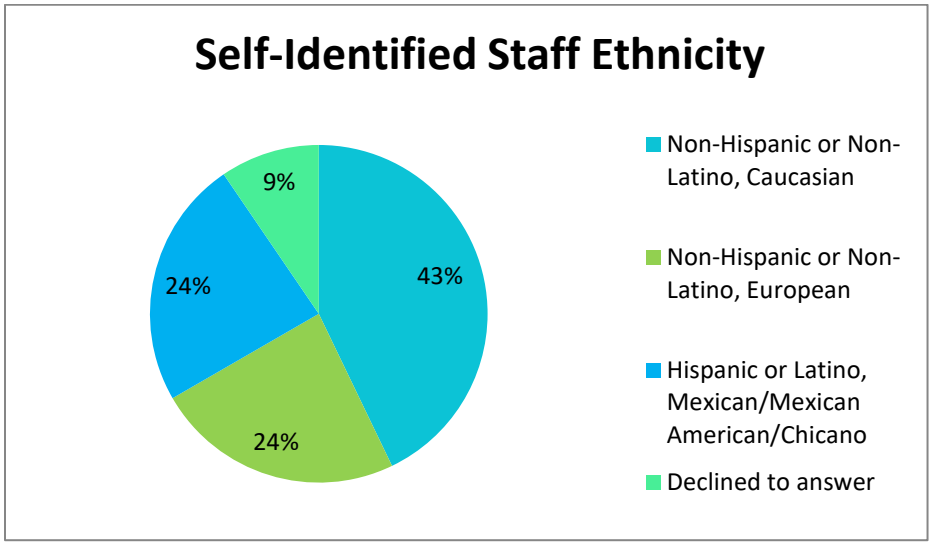
COMMITMENT TO GROWING A MULTI-CULTURAL WORKFORCE (CRITERON 6 & 7)

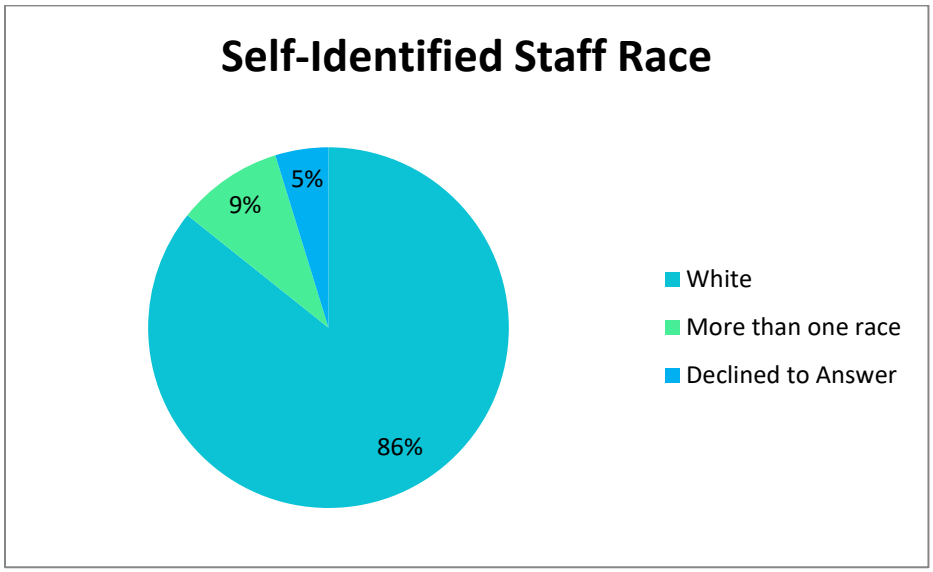
We are fortunate to have American Indian/Native American, Latinx and Peer staff and have experienced an improved ability to provide outreach and engagement to these communities.

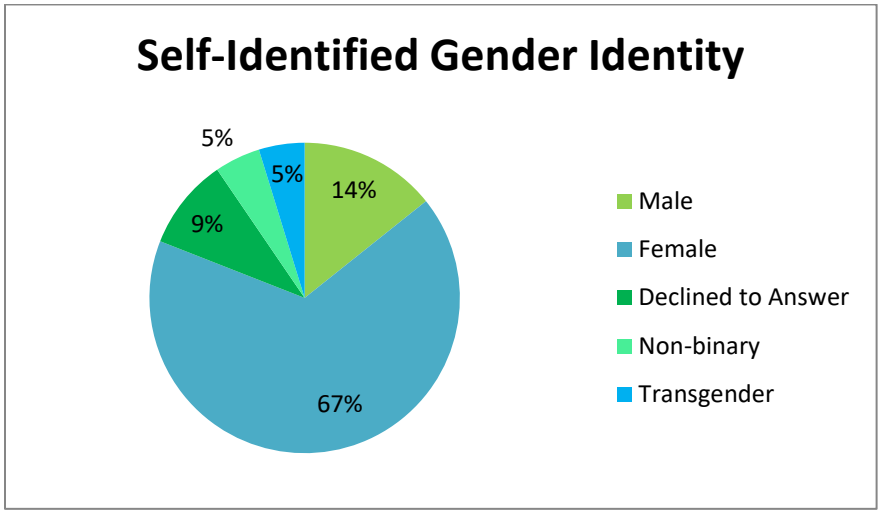
Given our population figures, we could use additional staff presence in American Indian/Native American and Latinx. The difficulty of identifying and hiring staff for these underserved populations is even greater given our remote area. The behavioral health team recognizes the importance of having staff with diverse expertise to effectively serve ethnic communities. We are fortunate to have in our Behavioral team a behavioral bilingual clinician in our Child Family Team. This person is dedicated and has gone above and beyond to meet the needs of our Spanish-speaking population regardless of the program they are in addition, the Equity Group has made a commitment to identify paths to leadership in the organization that encourages diverse staff to not only enter the organization but to promote to positions of leadership.

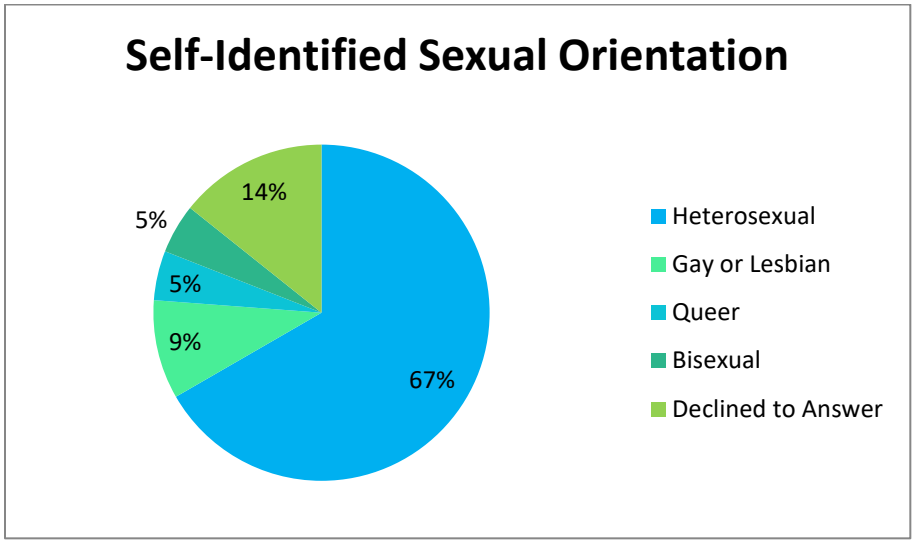
Staff and Service Assessment

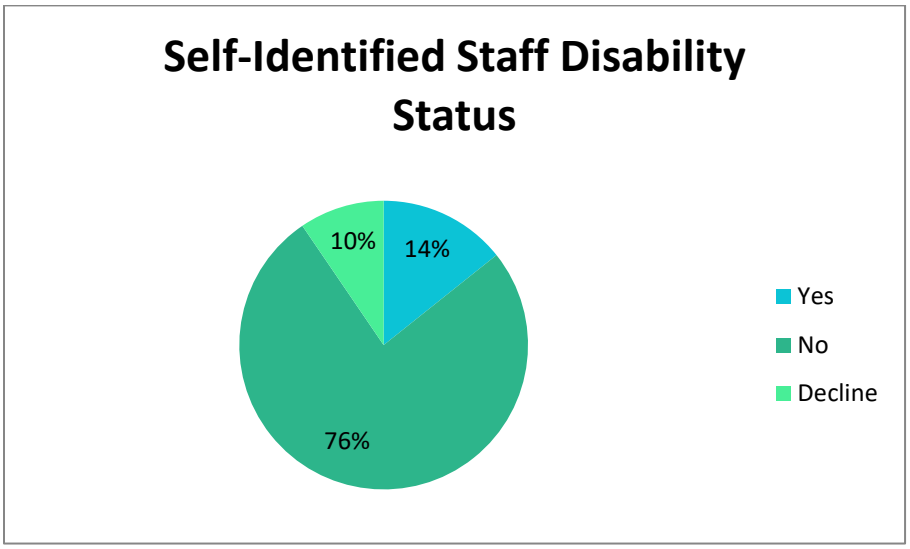
As part of our efforts to assess staff and services, we recently conducted a survey monkey poll among all Behavioral Health staff asking them to self-identify with the demographic information. We asked the same questions that we ask our clients in MHSA programs, and we received 21 responses out of 32 total staff. Our results are displayed in the charts below:




Self-Identified Staff Race
5%
9%
86%
White
More than one race
Declined to Answer


Self-Identified Gender Identity
5%
5%
14%
9%
67%
Male
Female
Declined to Answer
Non-binary
Transgender


Self-Identified Sexual Orientation
14%
5%
5%
9%
67%
Heterosexual
Gay or Lesbian
Queer
Bisexual
Declined to Answer



Our goal is to have a staff that is representative of our population in Inyo County. Although we would like to increase our number of Native American staff, we have become more diverse in respect to language access as well as gender representation and LGBTQIA+. The ability to provide services in Spanish as well as a qualified interpreter in the front office will increase access to our Latinx population. We are excited to look at data in the future to see the impact. Having staff that identify with LGBTQIA+ and that have the skill and ability to provide competent services, both individual and group, in this area has been great addition to our service array.

Staff Proficiency in Reading and/or Writing in a Language Other Than English by Function and Language:

We have one associate marriage and family therapist (AMFT) that is fluent in Spanish and can read and write in the Spanish language and has attended the interpreter basic training.

Director's Remarks

ICHHS-BH recognizes that our commitment to be a culturally sensitive and diverse organization must be continuously nourished and renewed. We will celebrate small steps but never lose sight of the fact that we must champion these efforts on a continuous basis. We will look for ways to listen to our community, using data and narratives, to hold ourselves accountable. This cultural competency plan is one way for us to track our efforts and to identify ways to continuously improve our services and support wellness in our community.

Our commitment to providing high-quality behavioral health services must be reflective of the diverse tapestry that makes up our community. Mental health is deeply intertwined with

cultural and societal factors, and it is our responsibility to ensure that our services are accessible, respectful, and effective for individuals from all cultural backgrounds.

The Behavioral Health Cultural Competence Plan is not just a document; it is a blueprint for our dedication to inclusivity, understanding, and empathy. It embodies our pledge to embrace diversity in all its forms and to recognize the unique needs and experiences of everyone seeking our support.