Cultural Competence Plan

2023 Update

Madera County

Department of Behavioral Health Services

Contents

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES CULTURAL COMPETENCE PLAN REQUIREMENTS

COVER SHEET

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CHECKLIST OF THE CULTURAL COMPETENCE PLAN REQUIREMENTS MODIFICATION (2010) CRITERIA

☒ CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

☒ CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS

☒ CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

☒ CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

☒ CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES

☒ CRITERION 6: COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

☒ CRITERION 7: LANGUAGE CAPACITY

☒ CRITERION 8: ADAPTATION OF SERVICES

Purpose

The Cultural Competence Plan Requirements (CCPR) establishes standards and criteria for the entire County Mental Health System, including Medi-Cal services, Mental Health Services Act (MHSA), and Realignment as part of working toward achieving cultural and linguistic competence.

Each county must develop and submit a cultural competence plan consistent with the most recent CCPR criteria established by the California Department of Health Care Services (DHCS) and standards (per California Code of Regulations, Title 9, Section 1810.410). The CCPR seeks to support full system planning and integration. It includes the most current resources and standards available in the field of cultural and linguistic competence and is intended to move toward the reduction of mental health service disparities identified in racial, ethnic, cultural, linguistic, and other unserved/underserved populations. The CCPR works toward the development of the most culturally and linguistically competent programs and services to meet the needs of California's diverse racial, ethnic, and cultural communities in the mental health system of care.

CCPR Modification

Madera County Department of Behavioral Health Services (MCDBHS) will be completing the CCPR Modification version of this report. In response to small county requests, the Department of Health Care Services (DHCS) worked closely with the California Mental Health Director's Association Small Counties' Committee to develop an abridged version of the full CCPR. The modified version of the full CCPR shall from herein be called the CCPR Modification.

DHCS uses the California Code of Regulations, Title 9, Section 3200.260, for the definition of eligible "Small Counties".

Background

DHCS seeks to keep the County Mental Health System updated with the latest studies and applications in the field of cultural and linguistic competence, so that the mental health system functions as a highly efficient organization with the ability to provide effective and integrated services to its ethnic/racial and cultural communities. The CCPR Modification serves to operationalize cultural competence at both the organizational and contractor level.

The basis for the CCPR criteria is the Department of Health and Human Services (HHS), Office of Minority Health (2001) National Standards for Culturally and Linguistically Appropriate Services in Health Care: Executive Summary (CLAS). The CCPR criteria were developed from a compilation of the CCPR, CLAS, and other current cultural competence organizational assessment tools. Combined, these documents incorporate eight domains that cover a system in its entirety:

- Domain 1. Organizational Values.
- Domain 2. Policies/Procedures/Governance.
- Domain 3. Planning/Monitoring/Evaluation.
- Domain 4. Communication.
- Domain 5. Human Resource Development.
- Domain 6. Community and Consumer Participation.
- Domain 7. Facilitation of a Broad Service Array; and

- Domain 8. Organizational Resources.

Research on the above eight domains included review and analysis of seventeen (17) organizational level cultural competence assessment tools being used in the field today. The research yielded a compilation of the eight significant assessment domains as focus areas for assessing and integrating cultural competence into mental health programs. The domains work to create an organizational model for operationalizing cultural competence into systems. The inclusion of these eight domains is necessary for a County Mental Health System to effect change and progress towards a culturally competent mental health system of care in California. From the above eight *domains*, eight *criteria* were developed to encompass the revised CCPR Modification and assist counties in identifying and addressing disparities across the entire mental health system. Those eight criteria are as follows:

- Criterion I: Commitment to Cultural Competence
- Criterion II: Updated Assessment of Service Needs
- Criterion III: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
- Criterion IV: Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System
- Criterion V: Culturally Competent Training Activities
- Criterion VI: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff
- Criterion VII: Language Capacity

- Criterion VIII: Adaptation of Services

These eight criteria are a mechanism to examine where counties lie on the scale of cultural competence. Having used the criteria to form a logic model, the CCPR Modification's development and inclusion of the eight criteria allow counties to implement cultural and linguistic competence in a variety of settings and move toward operationalizing the concept of cultural competence. The assessment portion of the CCPR Modification (2010) will identify areas the county may need resources, supports, in its effort to operationalizing cultural competence.

The CCPR Modification takes this into consideration and has focused on omitting reporting redundancies by developing one, single plan that will be applied to all programs throughout the system. Where applicable, the CCPR Modification requires copies or updates of areas already addressed in other reports or plans. Some areas will apply to Medi-Cal only, while other areas will apply to the entire system; these are delineated throughout the CCPR Modification.

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

Madera County Department of Behavioral Health Services (MCDBHS) is committed to culturally and linguistically competent services that are embedded throughout the entire system of care. MCDBHS understands and acknowledges how cultures, values, beliefs, life experiences, and perspectives impact client's decision-making that have an impact on their overall health and well-being.

MCDBHS is committed to an ongoing process of compassion and self-reflection, honoring, respecting each other's cultural differences to achieve honest and trustworthy relationships to increase the quality of services we provide. MCDBHS is committed to delivering services that encompass cultural humility and health equity through the development and implementation of services that eliminate barriers that restrict access to behavioral health services and engage the underserved population and connect them to needed behavioral health services in Madera County.

DEPARTMENTS MISSION, VISION & CORE VALUES:

Mission Statement: To promote the prevention of and recovery from mental illness and substance abuse for the individuals, families, and communities we serve by providing accessible, caring, and culturally competent services.

Vision: We envision a world where all persons with addictions and mental illness can achieve recovery and can live with dignity and respect as valued members of their families and communities.

Core Values: We, the employees of Madera County Behavioral Health Services, value:

* The promotion of wellness and recovery
* The Integrity of individual and organizational actions
* The dignity, worth, and diversity of all people
* The importance of human relationships
* The contirubtion of each emlpoyee

Madera County Department of Behavioral Health Services (MCDBHS) strategic plans integrate culturally competent practices in all areas of functionality to ensure services are provided in a respectful manner and are culturally relevant to our diverse population in an effective and equitable manner.

MCDBHS has policies, procedures, and practices that demonstrate our commitment to integrate cultural and linguistic competence that recognize and value racial, ethnic, and cultural diversity within the County's Mental Health System.

POLICIES AND PROCEDURES

The Cultural Competence Plan is solely dedicated to advance the Department's overall cultural competence. We strive to establish culturally and linguistically appropriate goals, policies, management accountability, and integrate them throughout the organizations' planning and operations. The goals developed for this plan originated from four sources:

1. Quality Management Meetings (a.k.a. QIC)/Cultural Competence Advisory Committee
2. Provider Input/Feedback
3. Annual Quality Assurance and Performance Improvement (QAPI) Work Plan
4. CLAS National Standards

MCDBHS policies, procedures, and practices ensure cultural diversity, honor, respect beliefs, languages, interpersonal styles, behaviors of individuals, and families receiving services to increase the quality of services we provide. Which include:

Policy#	Title
MHP 13.00	Language Interpretation, Informing Material Translation and Distribution
MHP 14.00	Services for Individuals with Special Language Needs
MHP 14.A1	CyraCom Quick Start (accessing a medical interpreter)
MHP 14.A2	CyraCom VRI Quick Start Guide
MHP 14.A3	Non-English-Speaking Calls – CyraCom
MHP 14.A4	Interpreter Services Waiver
MHP 14.A5	Interpreter Services Waiver (Spanish)
MHP 43.00	Administration of Bilingual Pay
MHP 44.00	Cultural Competence Plan (policy)
QMP 24.00	Consumer Satisfaction Survey (in threshold languages)
MHP 14.00	Services for Individuals with Special Language Needs
MHP 14.A1	CyraCom Quick Start (accessing a medical interpreter)
MHP 14.A2	CyraCom VRI Quick Start Guide
ADM 05.00	Cultural Competence Plan
ADM 42.00	Bilingual Compensation

COUNTY RECOGNITION, VALUES, AND INCLUSION OF RACIAL, EHTNIC, CULTURAL, AND LINGUISTIC DIVERSITY WITHIN THE SYSTEM

MCDBHS contract requirements include that all network and organizational contract providers must deliver culturally and linguistically competent Services. Contracts include a provision on Cultural Competence stating that the contractor shall use a set of professional skills, behaviors, attitudes, and policies that enable the system, or those participating in the system, to work effectively in meeting the cross-cultural needs of MCDBHS clients. Contractors must have written policies and procedures that ensure organizational and individual compliance. Contractors are required to provide documentation verifying implementation of cultural competency training. Contractors must provide a list of cultural competency trainings and sign in sheets with attendee's information upon request.

MCDBHS understands the importance in addressing health disparities that can have negative impacts on one's overall health. MCDBHS is committed in providing community education using culturally appropriate strategies to help keep people healthy by providing early intervention services, thus drastically reducing susceptibility to the negative effects of mental illness. The CSS plan identified the need to focus on the Hispanic/Latino community and the transitional age youth (TAY) population, due to their low penetration rates within Madera County.

MCDBHS strives to provide culturally and linguistically competent Specialty Mental Health Services (SMHS) in the community, some of the efforts included under the CSS plan are:

Table 1: CSS Plan for FY 2023-2024

Program Plan for FY 2023-2024			
CSS: Outreach & Engagement (O&E):			
Program	**Program Description**	**Target Population**	**Outcomes**
Community Outreach and Engagement	Provides support to underserved communities and engages them and their families into the mental health system for services.	• Children (0-15) • Transitional Age Youth (16-25) • Adults (26-59) • Older Adults (60+)	1. Increase knowledge of service options and how/when to access them. 2. Increase the number of unserved individuals from underserved populations who receive assessments.
Homeless-Focused Support and Outreach (HOPE)	Focuses on identifying unserved individuals experiencing homelessness and mental health issues to engage them and their families into the mental health system for services.	• Children (0-15) • Transitional Age Youth (16-25) • Adults (26-59) • Older Adults (60+)	1. Increase the number of assessments administered to individuals who are experiencing homelessness. 2. Decrease the number of people with mental illness who are experiencing homelessness.

Prevention and Early Intervention: CSS-Outreach and Engagement:			
Program	**Program Description**	**Target Population**	**Outcomes**
Access and Linkage to Treatment	Program was developed to ensure MCDBHS staff review all incoming referrals received via 311 and Access/Warm Line and ensure adequate follow up with screening and linkage to existing services based on their needs.	• Children (0-15) • Transitional Age Youth (16-25) • Adults (26-59) • Older Adults (60+)	1. Increase the number of referrals to existing services. 2. Connect community members to various social services. 3. Create support services to assist community members with various concerns.
Wellness Program and Centers: HOPE House & Mountain Wellness Center	**HOPE House** serves the adult population, 26+ during the morning hours and the transitional age youth (TAY) population after-school. Program activities are designed to support those living with mental illness through a strengths-based, recovery-oriented approach to metal health rehabilitation that uses	• Children (0-15) • Transitional Age Youth (16-25) • Adults (26-59) • Older Adults (60+)	1. Increase the number of members receiving support through the Wellness Center Program.

	the power of collaborative work and meaningful relationship building to help individuals develop hope, purpose, self-efficacy, and independence. **Mountain Wellness Center** provides wellness and support for those diagnosed with a mental illness age 18 and older.		
Kings View Skills 4 Success, Youth Empowerment	The Youth Empowerment program promotes mental health awareness and provides peer support groups to high school students. Foster Youth services focus on providing work readiness skills and work experience to youth in the foster care system.	• Children (0-15) • Transitional Age Youth (16-25)	1. Increase the number of youths served at Youth Empowerment Program
Suicide Prevention	Suicide Prevention activities promote public awareness of prevention issues, improve, and expand suicide reporting system and	• Children (0-15) • Transitional Age Youth (16-25) • Adults (26-59) • Older Adults	1. Increase knowledge among high school students about mental health and

	promote effective clinical and professional practices.	(60+)	suicide prevention. 2. Increase service linkages to mental health services for residents at risk of suicide. 3. Connect friends and families of suicide victims to resources and support services.
School-Based Services	School-based services are designed to provide students with skills and tools to promote increased mental health, school performance, and healthy relationships and communication. The program will target children and youth at risk of developing a mental health problem.	• Children (0-15) • Transitional Age Youth (16-25)	1. Increase student connectedness and relationship-building skills. 2. Increase student coping mechanisms skills. 3. Increase student capacity for seeking help. 4. Decrease depression and anxiety among students.
Prevention and Wellness	Prevention and Wellness Services provide and link consumers to high-	• Children (0-15) • Transitional Age	1. Increase service connectedness to outside

	quality, culturally competent counseling and support group sessions to promote positive approaches to mental health and prevent serious mental health and substance abuse crises.	Youth (16-25) • Adults (26-59) • Older Adults (60+)	agencies. 2. Increase linkages to mental health services for children, youth, adults, and older adults in Madera County.
Community-Wide: Outreach and Engagement Education/Training	Community-Wide Education works to improve the community's ability to recognize and respond to early signs and symptoms of mental illness and substance use.	• Children (0-15) • Transitional Age Youth (16-25) • Adults (26-59) • Older Adults (60+)	1. Increase community members knowledge and capacity to recognize and respond to various mental health needs. 2. Provide training that teaches community members how to engage individuals experiencing suicide ideation. 3. Develop workshops that provide strategies to serve families better.

County-Wide Stigma and Discrimination Reduction	County-Wide Stigma and Discrimination Reduction program focuses on eliminating stigma and discrimination against persons with mental health and reducing disparities to improve timely access to services for unserved and underserved populations.	• Children (0-15) • Transitional Age Youth (16-25) • Adults (26-59) • Older Adults (60+)	1. Increase the prevalence of social media to share information and reduce mental health stigma. 2. Increase knowledge and awareness of mental health and mental health services. 4. Increase outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illness.

COMMUNITY ENGAGEMENT

The MCDBHS Prevention, Outreach, and Community Engagement team focuses on engaging the underserved and underrepresented populations through continuous outreach efforts to raise awareness on mental health and substance use issues and connect community members that need support to behavioral health services.

From July 1, 2022, to June 30, 2023, the Prevention, Outreach, and Community Engagement Team, provided sixty-one (61) education workshops/presentations, seven (7) training workshops, attended forty-four (44) outreach events, and participated in thirty-five (35) other special projects/meetings focused on prevention and community engagement. A total of 9,124 community members were reached with over 60% being transitional age youth (TAY). From July 1, 2023, to November 30, 2023, the Prevention, Outreach, and Community Engagement Team provided fifty-two (52) educational workshops/presentations and attended twenty-six (26) outreach events reaching 7,059 community members.

The MCDBHS Prevention, Outreach, and Community Engagement team efforts were made possible due to essential partnerships established with local schools and organizations that serve the Hispanic/Latino community and transitional age youth. In addition, the MCDBHS Prevention, Outreach and Community Engagement team focused on increasing department presence on social media platforms by highlighting prevention educational campaigns to expand community understanding and knowledge about mental health and substance use disorders, promote behavioral health services, and improve awareness on how to access services.

LESSONS LEARNED

The MCDBHS will focus on engaging Madera County's diverse population and capturing insights and feedback on how to reach our target populations and to help identify prevention and early intervention programs that are culturally and linguistically appropriate for the community. The MCDBHS strategies include the development of a comprehensive communication plan to reach the Hispanic/Latino community with an emphasis on the Oaxacan community, LGBTQ+ Community, and the transitional age youth (TAY) population in Madera County. The communication plan will be used as a guide to develop educational materials, social media campaigns, and marketing materials that are culturally and linguistically appropriate for the community. The communication plan will include strategies for paid media, earned media, social media, and print media.

In addition, the Prevention, Outreach, and Community Engagement team will also focus on gathering community feedback by engaging the community to participate in key informant interviews and focus groups to capture community feedback and input on prevention and early intervention programs to implementation in the community related to substance use prevention among the transitional age youth population. Community feedback is essential in program development and implementation to ensure they are culturally and linguistically appropriate for the community and to capture community buy-in. These efforts were identified to reach our target populations and increase penetration rates among the Hispanic/Latino and Transitional Age Youth communities.

CULTURAL COMPETENCE/ETHNIC SERVICES MANAGER

Madera County Department of Behavioral Health Services has appointed Behavioral Health Services Program Manager, Maria Barragan as the Cultural Competence/Ethnic Services Manager (CC/ESM). Maria will have access to the Behavioral Health Services Director regarding issues related to racial, ethnic, cultural, and linguistic populations within the county that impact mental health issues. In her capacity as Ethnic Services Manager, Mrs. Barragan will participate in the Quality Improvement Committee meetings. Mrs. Barragan will be required to participate in various committees to present information and to advocate for the diverse needs of the community. In this high-level administrative capacity, the ESM collaborates closely with the MCDBHS Director and is instrumentally involved in the long range strategic and operational planning and implementation of all agency services and activities. Mrs. Barragan is bilingual and was born and raised in Madera County; with over 10 years of experience in prevention and community engagement, she understands and knows the community, and has grassroot relationships with the Oaxacan community. Mrs. Barragan will be critical in ensuring the diverse needs of the county's racial, ethnic, cultural, and linguistic populations are infused into all management planning and decisions.

CULTURAL COMPETENCE BUDGET

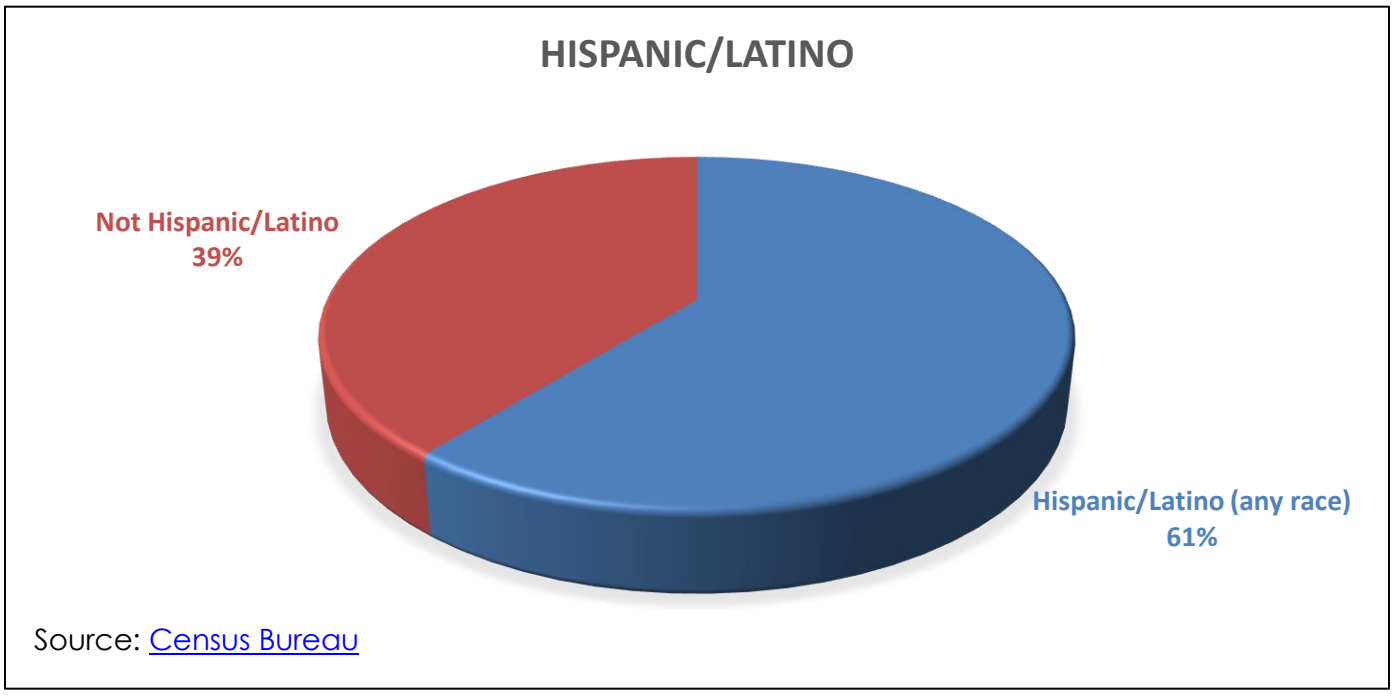
Funds related to any culturally competent services are part of our training funds. They are not specifically broken down since MCDBHS embeds culturally competent activities into the entire behavioral health system. For this reason, MCDBHS is unable to identify funds broken down in any part of our budget for culturally competent services. MCDBHS may also be able to use MHSA PEI funds for cultural outreach activities.

CRITERION 2: UPDATED ASSESSMENT OF NEEDS

GENERAL POPULATION

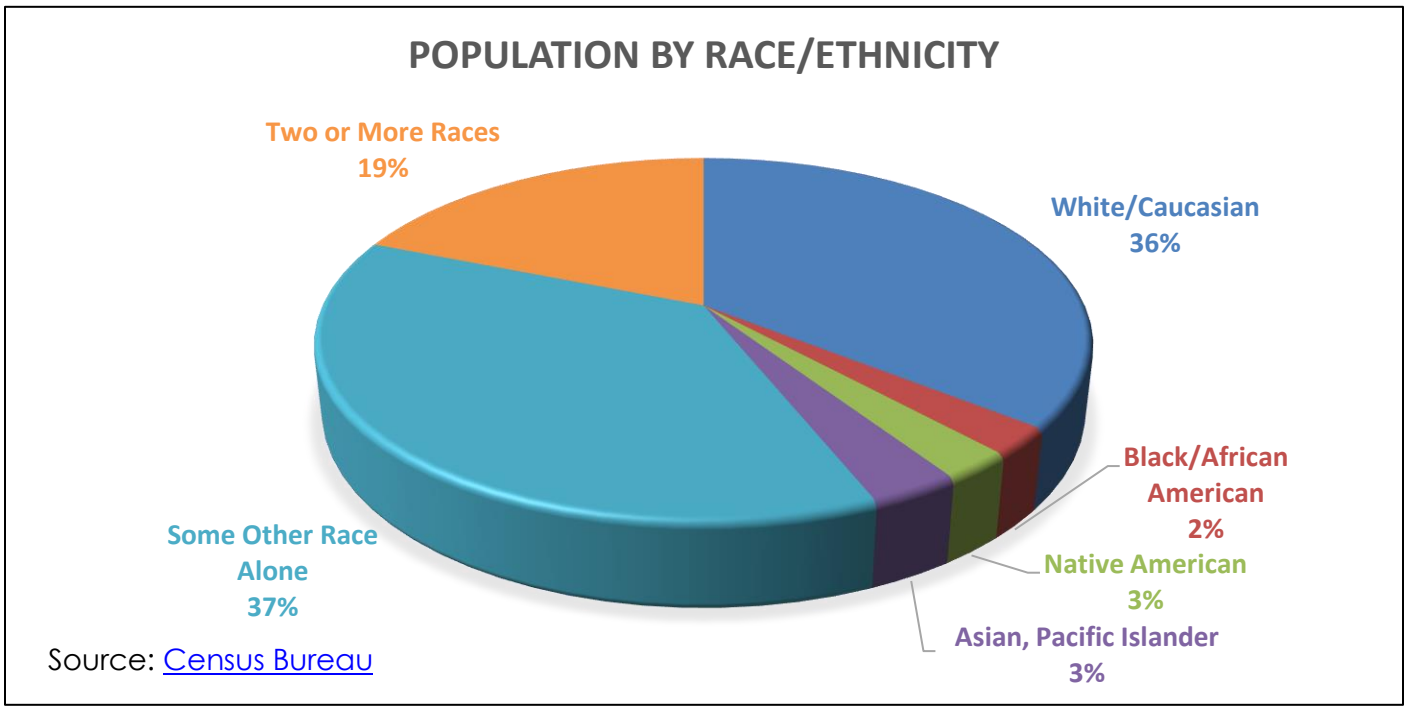
In 2022, Madera County's population was estimated at 160,256 residents with an estimated growth of 6.1% from 2010 (151,006), according to USA facts. The largest racial or ethnic groups in Madera County was the Hispanic/Latino group, which had a population of 97,499 (61%). In 2022 only 31% of the population was white (non-Hispanic), a decrease from 2010 of 7.2%. During the same period, 60.8% reported identifying as Hispanic/Latino, 3% were Black/African American, 2.4% were Asian (non-Hispanic), 1% American Indian/Alaska Native (non-Hispanic), and 1.7% were multiracial (non-Hispanic).

Figure 1: Madera County's Hispanic/Latino Population



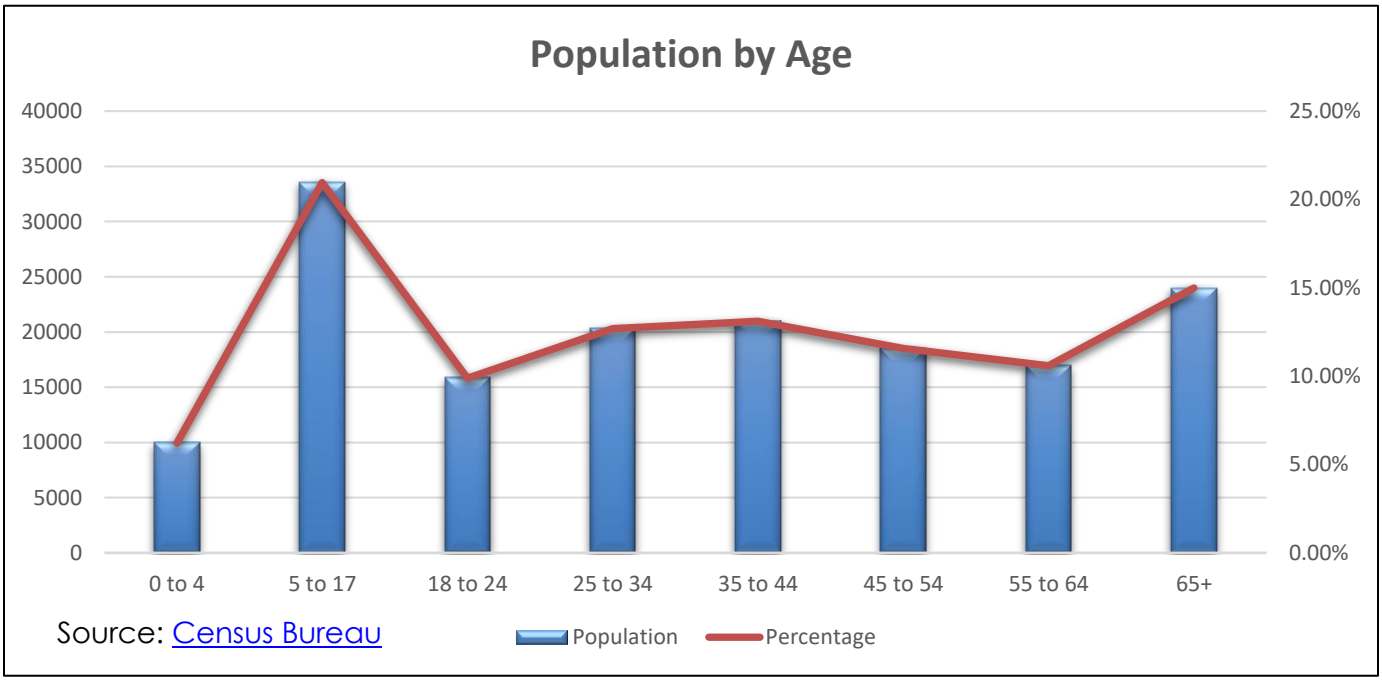
Source: Census Bureau

Figure 2: Madera County's Population by Race/Ethnicity



Source: Census Bureau

Figure 3: Madera County's Population by Age

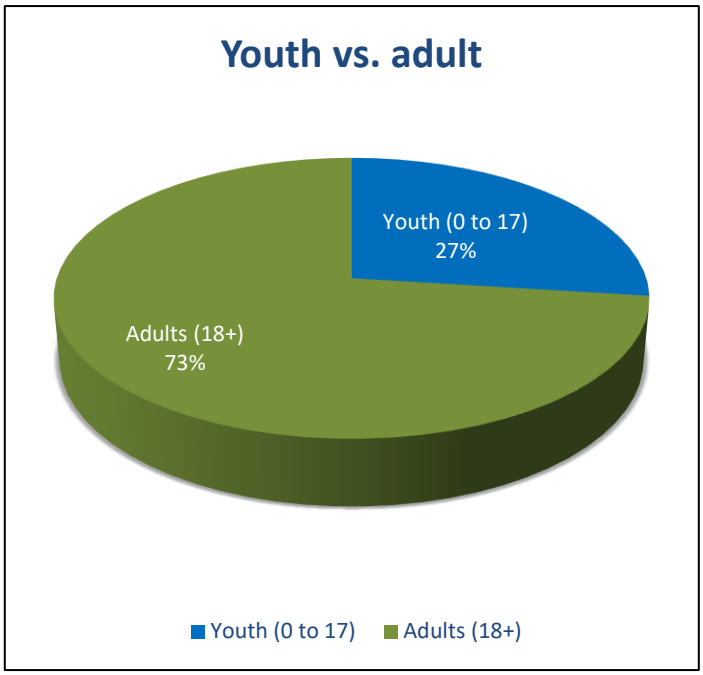


Source: Census Bureau

Table 2: Age Groups

Age	Population	Percentage
0 to 4	9963	6.22%
5 to 17	33581	20.95%
18 to 24	15848	9.89%
25 to 34	20346	12.70%
35 to 44	21015	13.11%
45 to 54	18526	11.56%
55 to 64	16966	10.59%
65+	24011	14.98%
Total	160256	100%

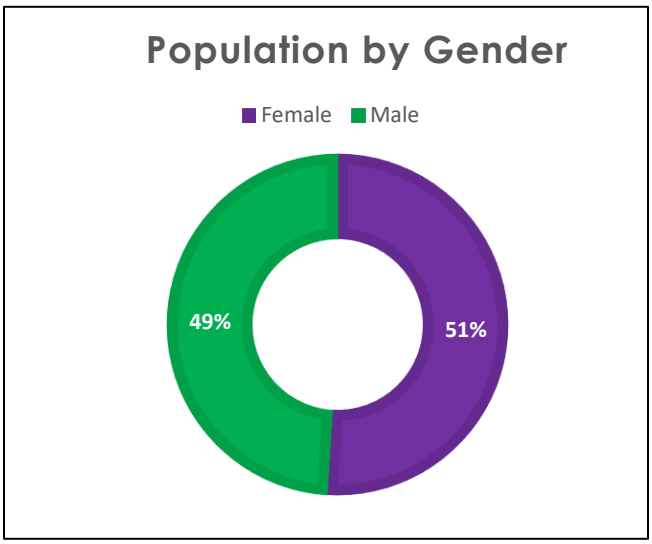
Figure 4: Youth VS. Adult Population



Source: Census Bureau

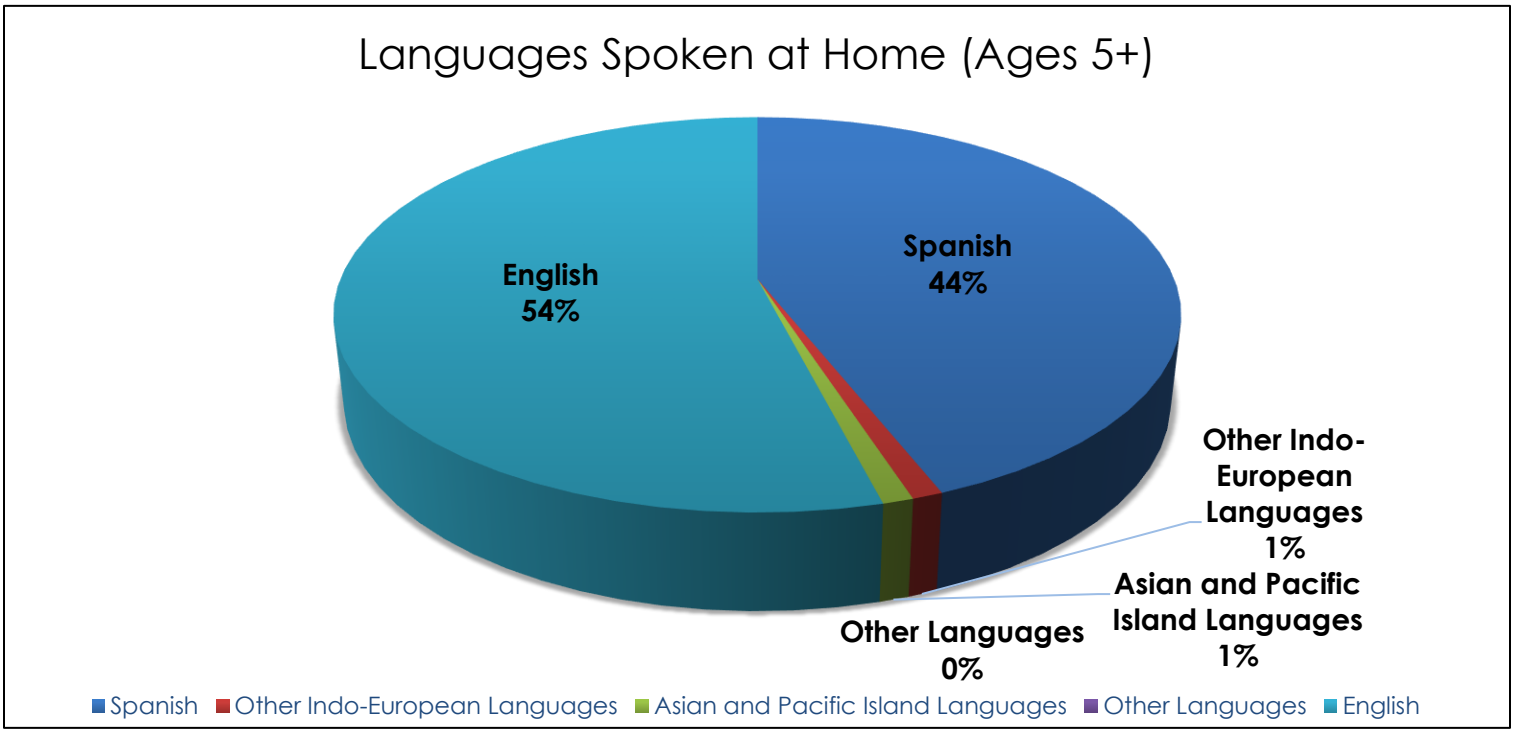
According to the 2022 United States Census Bureau, an estimated 37.06% of the population is under the age of 25, while 47.96% of the population is 25 - 64 years of age. The senior population (65+) is relatively small, representing only 14.98% of the population, 62.87% of the population is under the age of 44, and 37.13% is 45 and older. The largest age group in Madera County is the 5 to 17 representing 20.95% of Madera County's population. The Adult population (18+) in Madera County represents 73% and the youth population (0-17) represents only 27% of Madera County's population. An estimated 51% of the population is female and 49% male.

Figure 4: Population by Gender



Gender	Population	Percentage
Female	81058	51%
Male	79198	49%
Total:	**160256**	**100%**

Figure 5: Languages Spoken at Home in Madera County

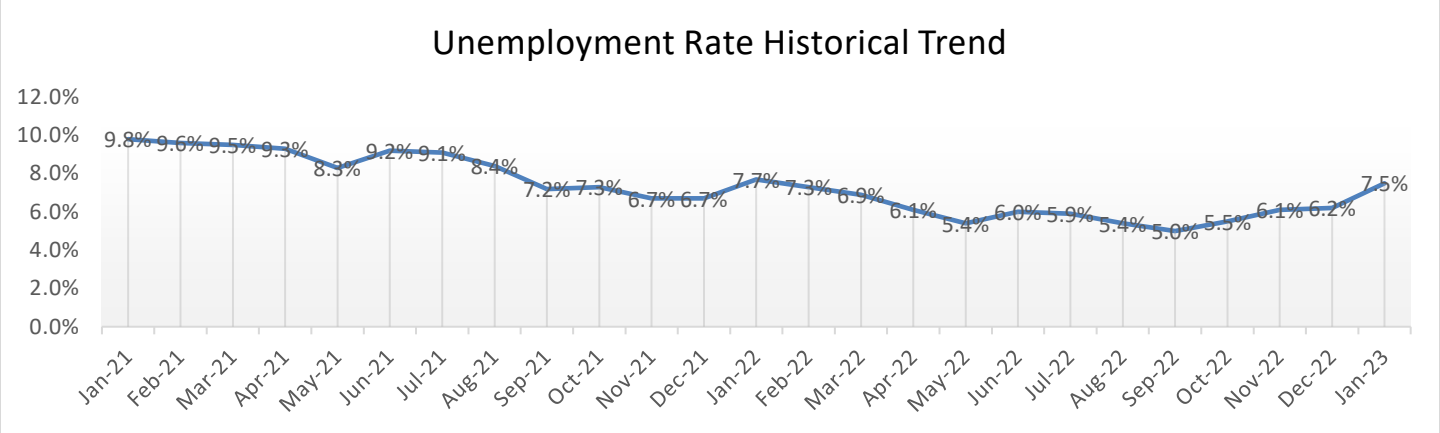


The top two most spoken languages among residents (ages 5+) in Madera County was English (54%) and Spanish (44%). In Madera County, Spanish is identified as a threshold language, threshold languages refer to languages that organizations or industries are required to translate documents into. A County's threshold language is identified when 3,000

or 5% of the Medi-Cal Population speak a certain language per county. According to the US Census Bureau, other languages spoken in Madera County, but below the 5% threshold, include other Indo-European languages, Asian and Pacific Island languages.

The unemployment rate in Madera County decreased by 2.1% from 9.8% in January 2021 to 7.7% in January of 2022. The lowest unemployment rate was reported in September of 2022 at 5.0%, with a gradual increase to 7.5% by January 2023 and an additional 2.5% since September 2023.

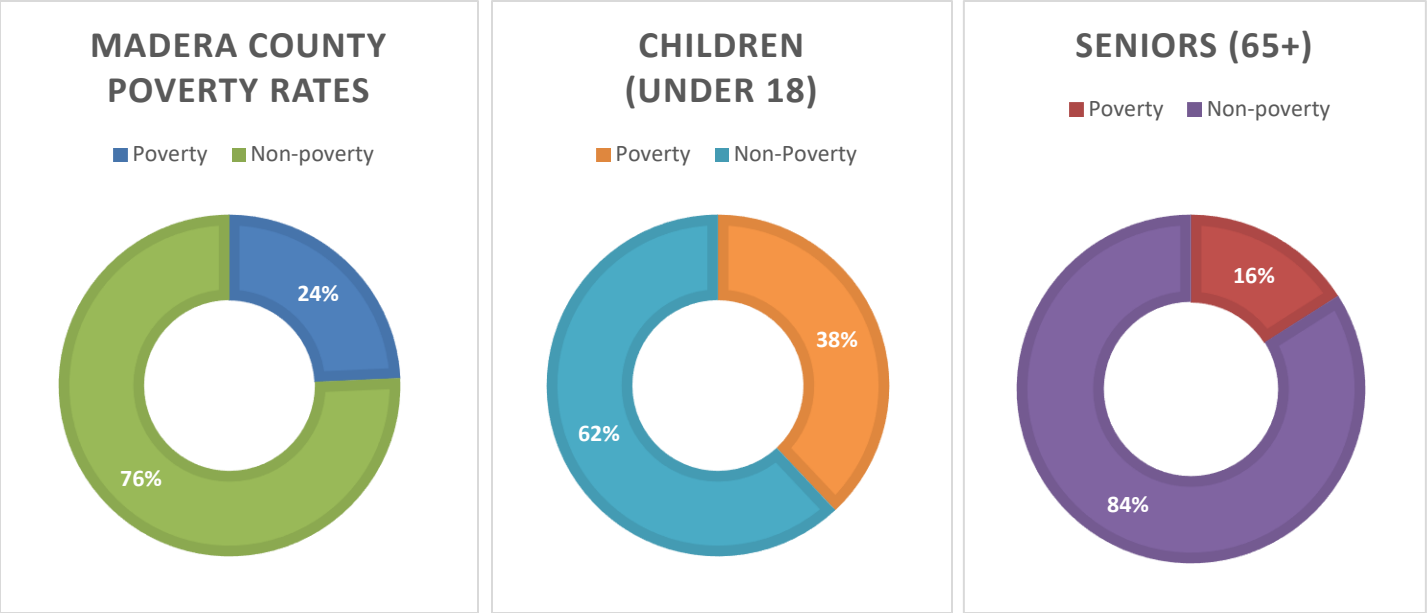
Figure 6: Madera County's Unemployment Rate



Source: U.S. Bureau of Labor Statistics

According to the Census Reporter, 24.3% of Madera County residents are at or below the federal poverty line, this represents 38% of children under the age of 18 and accounts for 16% of seniors over the age of 65. Madera County's poverty rate is about double the statewide rate of 12.2% and nearly double the national rate of 12.6%.

Figure 7: Madera County Poverty Rates



Source: Census Report

MEDI-CAL POPULATION SERVICE NEEDS

Madera County has a population of 160,256 residents and according to the Department of Health Care Services, as of September 2023, over 54% of the population is enrolled in Medi-Cal.

Table 3: Countywide Estimated Population Enrolled in Medi-Cal for Madera County by Ethnicity, Race, Age & Gender, for CY 2022 and Penetration Rate for Fiscal Year CY 2022

Race/Ethnicity	*County Population*	*Medi-Cal Eligible*	*Medi-Cal Beneficiaries Served*	*Madera Penetration Rate*	*Statewide Penetration Rate*
White/Caucasian	57,165	13,606	866	6.36%	5.45%
Hispanic/Latino	97,499	56,741	1,611	2.84%	3.51%
Black/African American	3,952	1,528	126	8.25%	7.08%
Asian, Pacific Islander	5,142	1,402	15	1.07%	1.91%
Native American	4,053	479	19	3.97%	5.94%
Multi Race, Other	30,300	N/A	N/A	N/A	N/A
Unknown/Other	N/A	10,731	325	3.03%	3.57%
Age					
0 to 5	N/A	10,063	141	1.40%	1.82%
6 to 17	N/A	23,518	945	2.76%	5.20%
18 to 59	N/A	42,438	1,675	3.95%	4.00%
60+	N/A	8,467	201	2.37%	2.63%
Gender					
Female	81,058	44,660	1,657	3.71%	3.89%
Male	79,198	39,824	1,305	3.28%	4.04%
Source:	*Madera All Approved Claims Report CY22*				

Per Table 3, the Hispanic/Latino community and the Native American populations had far lower penetration rates in Madera County compared to the statewide penetration rates. In addition, data highlights the low penetration rate among the (6 to 17) age group in Madera County in comparison to the statewide penetration rate.

Table 4: Madera County Penetration Rates

	Madera penetration	Madera penetration	Madera penetration	Madera penetration
Race/Ethnicity	CY2019	CY2020	CY2021	CY2022
White	8.22%	↓ 6.76%	↓ 5.01%	↑ 6.36%
Hispanic/Latino	**3.24%**	↓ **2.66%**	↓ 1.84%	↑ 2.84%
African American	9.75%	↓ 7.77%	↓ 6.09%	↑ 8.25%
Asian/Pacific Islander	3.07%	↓ 2.20%	↓ 1.17%	↓ 1.07%
Native American	7.24%	↓ 5.31%	↓ 3.85%	↑ 3.97%
Other	4.33%	↓ 3.22%	↓ 2.26%	↑ 3.03%
Source:	*Madera All Approved Claims Report CY22*			

Table 4 shows an increase in penetration rates among some racial/ethnic groups in Madera County. The racial/ethnic group with the highest increase in penetration rates in 2022 was the African American population with an increase of 2.16%, followed by white with 1.35%, Hispanic/Latino with 1.00%, Native American with 0.12%, and other race/ethnic group increased by 0.77%. One racial/ethnic group with a slight decrease in penetration rate was the Asian/Pacific Islander community with a decrease of .10% in comparison to the 2021 penetration rates in Madera County.

200% OF POVERTY (MINUS MEDI-CAL) POPULATION AND SERVICE NEEDS.

In 2022, Madera County's poverty rate was 20.4% higher than the state prevalence of 12.2%. Our priority populations, Transitional Age Youth (TAY) and the Hispanic/Latino community, had the highest poverty levels. The Hispanic/Latino community poverty rate was 60.8% which is 20.5% higher than the state poverty rate. Adults (18-64) had a 51.9% poverty rates but was slightly lower than state average by 5%, while the TAY population (6-17 years of age) had an estimated 27.1% poverty rate, 5.3% higher than the state rate of 21.8%. Language category shows that more individuals speak another language other than English at home by 1.7 % in comparison with the overall state rate. MCDBHS will incorporate these statistics to help identify underserved populations and create opportunities to help decrease the rates for these identified groups. Some potential strategies may leverage partner programs for MCDBHS to help with housing, food, utility assistance among other services meant to assist those with financial or housing hardships to meet their basic needs.

Table 5: 2022 Madera County Poverty Rates

July 1, 2022	Madera County	California	Disparity
Population Estimate	160,256	39,029,342	N/A
	%	%	%
2021-2022 Growth	0.5	-0.5	1
2018-2022 Foreign Born	20.3	26.5	6.2
Poverty Rate			
Persons in Poverty	20.4	12.2	8.2
Gender			
Female	50.9	49.9	1
Male	49.1	50.1	1
Age			
Persons under 5	6.6	5.5	1.1
Persons 6-17	27.1	21.8	5.3
Persons 18-64	51.9	56.9	5
Persons 65+	14.4	15.8	1.4
Race/Ethnicity			
White/Caucasian Not Hispanic	31.0	34.7	3.7
Latino/Hispanic	60.8	40.3	20.5
African American	4.1	6.5	2.4
Native American	4.5	1.7	2.8
Asian	3.0	16.3	13.3
Native Hawaiian/Pacific Islander	0.3	0.5	0.2
Multi-race/Other	2.8	4.3	1.5
Language			
Other than English spoken at home age 5+ (2018-2022)	45.6	43.9	1.7

Source: United States Census Bureau- 2022 Madera County

Source: United States Census Bureau- 2022 California

MHSA COMMUNITY SERVICES AND SUPPORTS (CSS) POPULATION ASSESSMENT AND SERVICE NEEDS

During Fiscal Year (FY) 2022-23 Madera County served **2,947** clients with a slight decrease of 942 clients from FY 2021-2022 (3,889).

Table 6: FY 2022-2023 Countywide Total Population Served under MHSA for Madera County

Mental Health Treatment Services	Number of Clients
MHSA FSP	31
MHSA General Systems Development	2,916
Total	**2,947**

Source: BHIS Portal & EHR Report

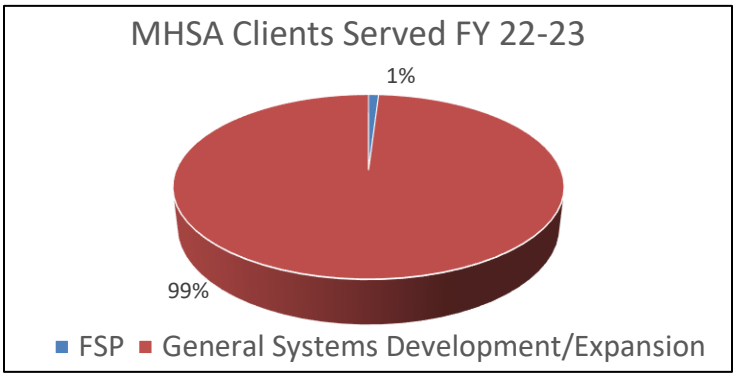
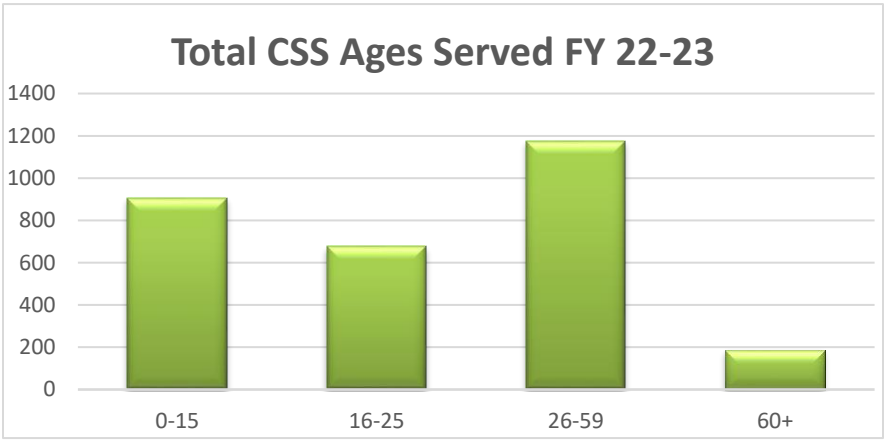


Figure 8: Madera County Total CSS Ages Served



Source: EHR Report

Table 7: Madera County Total CSS Ages Served by Federal Fiscal Year

Age	FY19-20	FY20-21	FY22-23
0-15	467	114	907
16-25	381	112	677
26-59	518	309	1175
60+	49	42	188
Total	**1415**	**577**	**2947**

Source: EHR Report

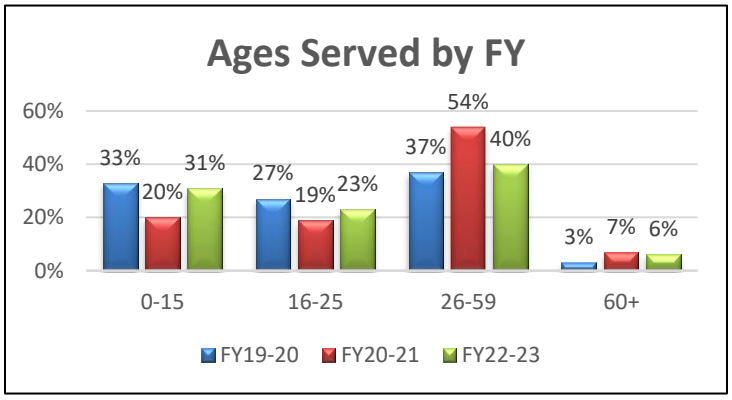
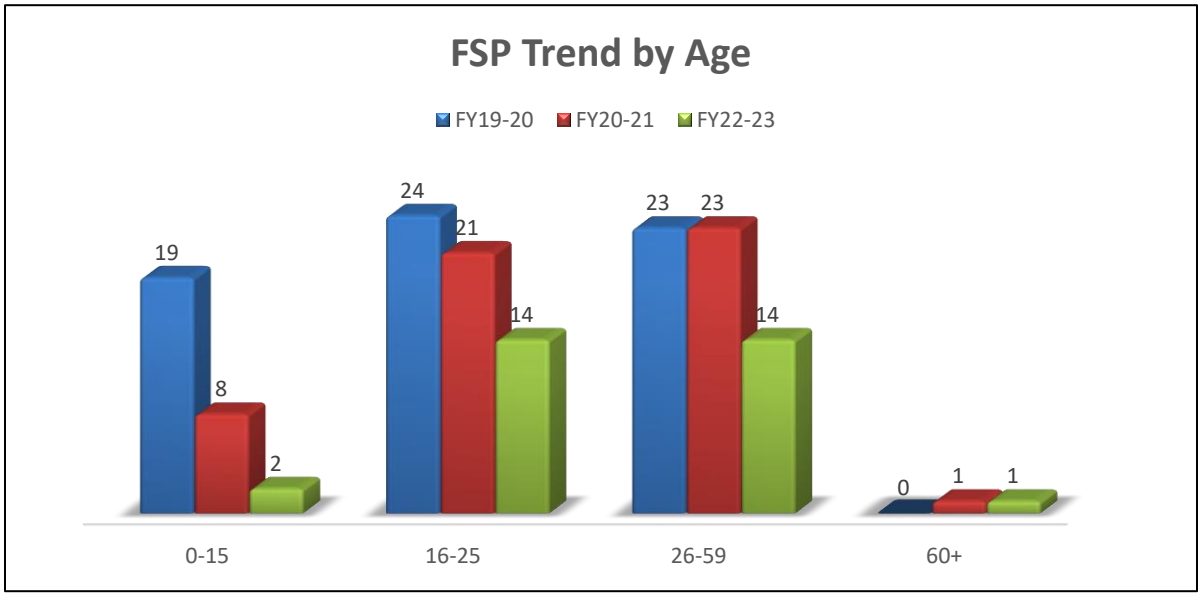
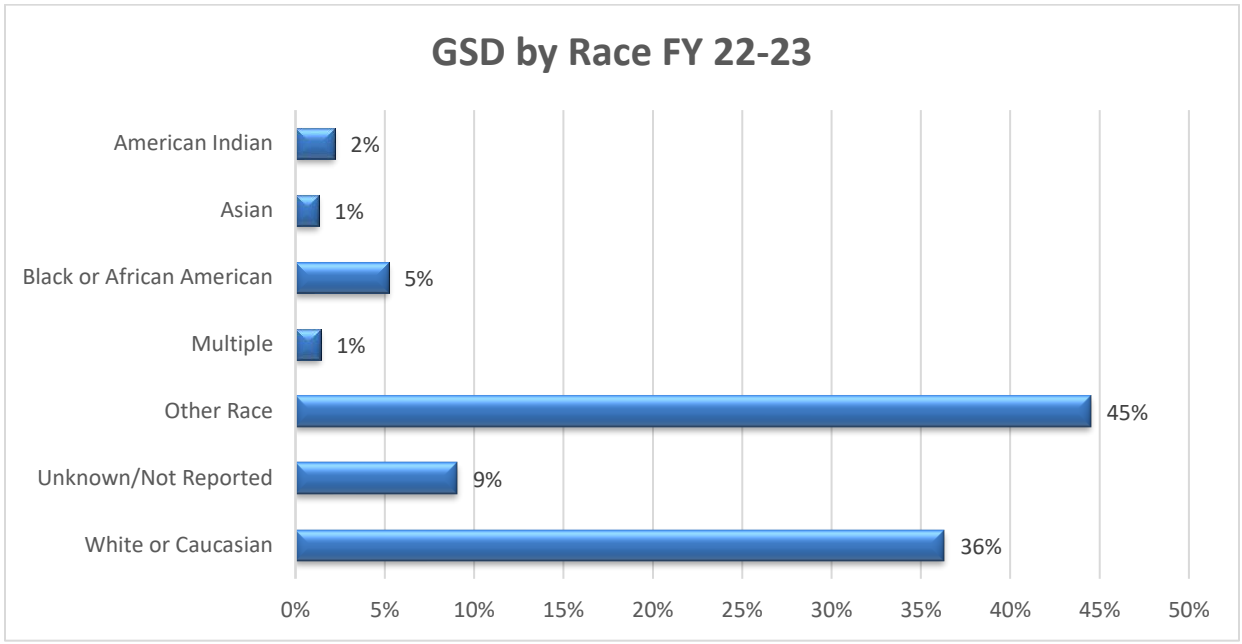


Figure 9: Madera County FSP Trend by Age



Source: EHR Report

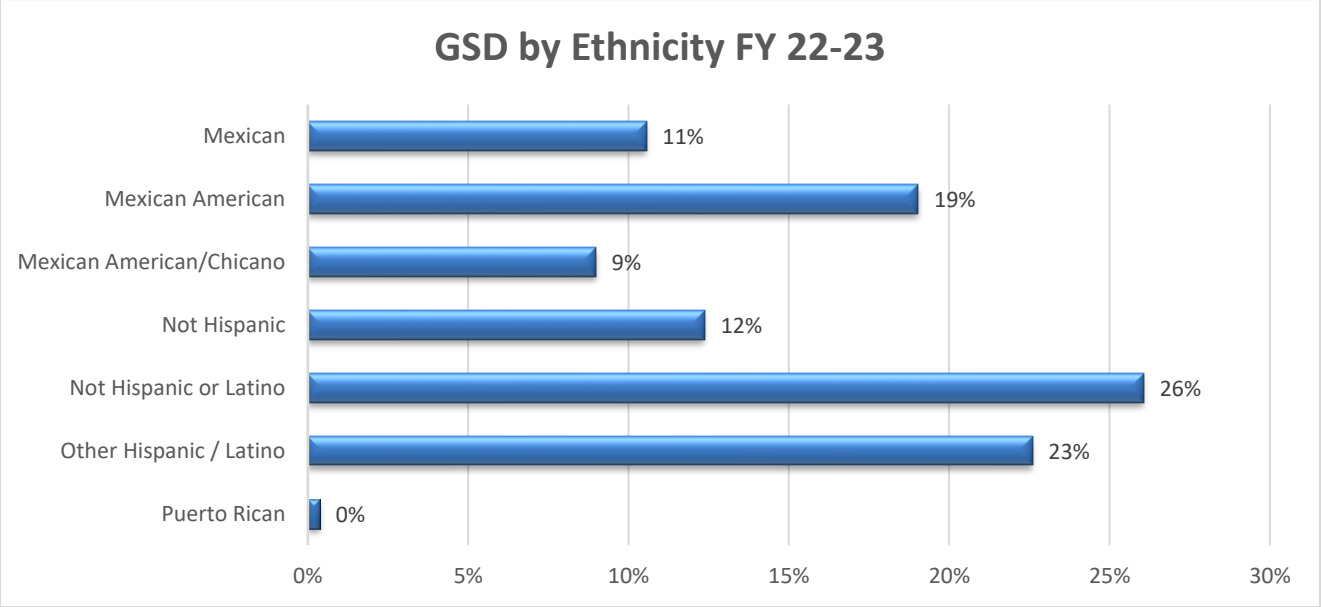
Figure 10: Estimate Countywide Total Population Served through MHSA General Systems Development for Madera County by Race for FY 2022-2023



Source: EHR Report

It's important to highlight that the "Other race" category in Figure 10 is inclusive of all individuals who do not identify as white and do not find any other category they identify with. For this reason, we can only hypothesize that many Hispanic/Latinos select the "Other race" category as they do not identify as white or any other race categories.

Figure 11: Countywide Total Population Served through MHSA General Systems Development for Madera County by Ethnicity for FY 2022-2023



Source: EHR Report

Figure 11 shows that 62% of Madera County's population identify as Hispanic/Latino (11% Mexican, 19% Mexican American, 9% Mexican American/Chicano, 23% Other Hispanic/Latino ethnicity). It also illustrates that 38% of the population are not Hispanic/Latino (26% Not Hispanic/Latino and 12% Not Hispanic).

When comparing figure 10 GSD by Race, 45 % identified as another other race, we can assume most, if not all are Hispanic/Latino based off figure 11 ethnicity break down, which may possibly include the 9% unknown. It can also be assumed that most of the individuals utilizing this race category will then select an ethnicity category that more accurately reflects their ethnic background. However, as found in figure 11, ethnicity options also offer a not Hispanic or Latino which makes it that much more complicated to calculate an accurate count of those who identify as Hispanic/Latino. The reason for this complexity comes from the fact that it is most probable to have duplicated counts when, for instance, an individual whose race is White also identifies as Cuban, in which case the same individual would be counted as white and as

Cuban.

Despite any possible variation in race/ethnicity counts the Hispanic and White are the top two priority populations served by MHSA.

PREVENTION AND EARLY INTERVENTION (PEI) PLAN: THE PROCESS USED TO IDENTIFY PEI PRIORITY POPULATIONS.

Due to clear disparities in penetration rates per table 3 and table 4, Approved Claims and MMEF data for CY2022 in the Hispanic Latino and the 6-17 age group, Madera County will continue to invest efforts to improve engagement within the Hispanic Latino community with a focus on the Spanish speaking monolingual population, as well as the 16-25 years of age TAY population.

Madera County, as other comparable counties, has encountered challenges in engaging the Spanish speaking population. As a result, additional strategies have been developed to engage stakeholder group, some of these include, ongoing community engagement efforts using social media capabilities in the Spanish language, develop a communication plan to reach the Hispanic/Latino community by gathering insights on how they access health information, and continue ongoing outreach efforts targeting the 16-25 years of age TAY population which has been identified with a low penetration rate in the County.

The MCHDBHS Prevention, Outreach, and Community Engagement team has been able to foster relationships with key community partners and has established strong roots across Madera County. Special focus and efforts have been ongoing at local schools, where Prevention, Outreach, and Community Engagement team members take part in local school community event planning meetings as well as on the attendance review board. This collaborative relationship will enable the Prevention,

Outreach, and Community Engagement team to reach the TAY population in an effort to learn about their needs and bring supports necessary to best address them.

CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

The MCDBHS utilized internal and external data to assess the community's needs. A three year analysis was conducted to identify areas of need for strategy development for reduction of racial, ethnic, cultural, and linguistic mental health disparities. The analysis highlighted the low penetration rates among the Hispanic/Latino population, transitional age youth, and the Native America Population.

Identified underserved populations:

- Hispanic/Latino Community
- Transitional Age Youth

MCDBHS will be using the National CLAS standards as a strategic guideline in creating a more culturally responsive framework.

The MCDBHS overall goal and principal standard is to 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.

STRATEGIES:

GOVERNANCE, LEADERSHIP, AND WORKFORCE

1. Goal: Increase transparency, communication, and education/support/resources for MCDBHS Staff and contractors.	A. Keep staff connected and engaged with cultural competence issues
	B. Provide relevent and targeted trainings
	C. Deliver an ongoing and consistent training schedule

2. Goal: The Quality Improvement Committee (QIC) Meeting will be utilized to keep MCDBHS management and contracted partners informed and to assess the overall effectiveness of plan objectives	A. The CC/ESM will present information, advocate for the community, and receive feedback.
	B. Give feedback to other departments if something presented does not seem to meet cultural competence standards.
	C. Ensure cultural competence is properly integrated into all aspects of agency functionality.

COMMUNICATION AND LANGUAGE ASSISTANCE

3. Goal: Focus on increasing our penetration rates for the Hispanic/Latino population by increasing our online/social media presence	A. Use the online/social media platform to engage and educate the community on services offered/provided
	B. Provide content in our threshold language, Spanish
	C. Create relevant content

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

4. Goal: Increase engagement for all BHS clients through an online/social media platform to help reduce stigma	A. Use an online/social media presence to engage and educate
	B. Create relevant online/social media content that is informative and educational
	C. Create informational video to play in our clinics to provide visuals and information on accessing our services.
5. Goal: Conduct and create methods of accountability for culturally conducive practices	A. Conduct site audits to make a needs assessment and to ensure we are responsive to cultural and linguistic diversity of the populations in the service area.
	B. Create methods of tracking progress
	C. Concentrate on finding ways to continuously improve CLAS related activities

6. Goal: Use, learn and adapt our new EHR system to collect accurate data	A. Collect and maintain accurate and reliable demographic data to measure our level of success
7. Goal: Focus on community partnerships that are beneficial for our clients to help evaluate policies and practices that ensure cultural and linguistic appropriateness. Especially for the following populations:	A. Hispanic/Latino i. Oaxaca region organizations ii. Spanish speaking organizations B. TAY population i. School/Club partnerships
8. Goal: The CC/ESM will solicit advice from the Cultural Competence Advisory Committee (CCAC) to develop successful outreach and engagement strategies to increase the penetration rate for Hispanic/Latinx clients and find better methods of outreach to engage the Spanish speaking population	A. These strategies will be developed based on what community members feel will be helpful, comfortable, and welcoming to achieve community defined solutions. B. Utilize existing studies on Latinx/Hispanic outreach including the following: i. "Community-Defined Solutions for Latino Mental Health Care Disparities" published by the California Reducing Disparities Project, 2012. ii. "Best Practice Highlights Latino/as and Hispanics" published by the American Psychiatric Association, prepared by Lisa Fortuna, M.D. C. The CC/ESM will report to the CCAC on progress toward identifying and implementing these strategies as described above in Strategy 2.
9. Goal: The Quality Improvement Committee (QIC) will discuss the best method to offer services (in-person or telehealth) and how this may affect services to the Hispanic population.	A. QIC will discuss the balance between offering online/telehealth services and in person services to better engage clients and increase penetration rates for all clients B. CCAC will be consulted when questions arise about how service mix applies to specific diverse populations.
10. Goal: Integrate questions about diversity capabilities during the recruitment process to understand candidate's ability to help minorities and clients of differing socioeconomic backgrounds.	A. Implement questions related to equity, diversity, and inclusion

11. Goal: MCDBHS will increase collaboration with community partners, Kingsview, Turning Point and California Health Collaborative with the D.A.D's Project to ensure their agencies are providing quarterly Cultural Competency trainings for their staff.	A. On a quarterly basis our community partners will provide reports of trianings provided to their staff related to cultural competency

MCDBHS progress on the strategic goals under Governance, Leadership, and Workforce includes distribution of the "The BHS Newsletter" to engage staff and keep them informed on relevant cultural competence issues and to increase their understanding on the diverse population in Madera County. A total of four (4) newsletters were distributed for CY 2023. The topics included "Why is Cultural Competence Important in Health Care," "A Closer Look at Culture Competency," "Cultural Competence in the Care of LGBTQ+ Patients," and "Hispanic Heritage Month."

The MCDBHS is in the process of finalizing a training assessment to help gather staff's feedback to develop a 2024 training schedule for implementation. Lastly, the MCDBHS was able to fill the CC/ESM position to help resume the MCDBHS strategic goals and advance efforts for reducing racial, ethnic, cultural, and linguistic mental health disparities.

The MCDBHS made strides under Communication and Language Assistance and Engagement, Continuous Improvement, and Accountability goals related to social media and has been proactive in engaging the community using social media platforms. From July 1, 2022, to June 30, 2023, a total of 303 social media post were uploaded onto the MCDBHS Facebook page. From July 1, 2023, to December 20,

2023, a total of 206 were posted on the MCDBHS Facebook page. Other community efforts included building key partnerships to be able to reach the Hispanic/Latino community and transitional age youth. From July 1, 2022, to June 30, 2023, the Prevention, Outreach, Community Engagement team collaborated with local schools in nineteen (19) instances to provide a presentation, workshop, and or participated in outreach events to disseminate information on substance use prevention, mental health, and to increase awareness on services available for youth. The Prevention, Outreach, Community Engagement team also collaborated forty-three (43) instances with local schools and organizations that serve parents of students attending local Madera County schools. In addition, the Prevention, Outreach, Community Engagement Team collaborated with organizations and participated in outreach events to disseminate information, provided an educational presentation or workshop to organizations that serve the Hispanic/Latino community, reaching a total 9,124 community members.

From July 1, 2023, to November 30, 2023, the Prevention, Outreach, Community Engagement Team collaborated twenty-three (23) instances with local schools and fifteen (15) instances to provide educational presentations, workshops, and or attended an outreach event to share information to parents of students attending local school in Madera County. Lastly, the Prevention, Outreach, Community Engagement Team collaborated with local organizations to reach the Hispanic/Latino community in thirty (30) instances and has been able to reach 6,841 community members for FY 2023-2024.

Access line improvement and training was part of our Quality Assurance and Performance Improvement (QAPI) Plan for fiscal year 2022-2023 and implemented into

our system by 10/2022. This new process included a Corrective Action Plan (CAP) component to ensure follow up and resolution to any issues identified during the test call process. When comparing FY21.22 and FY22.23, the following was found:

- Twenty-three (23) more test calls were completed.
- Over thirty-three (33) CAPs were issued and resolved and
- An overall improvement of seven (7) percentage points was achieved.

Figure 13: Access Line Test Calls Completed

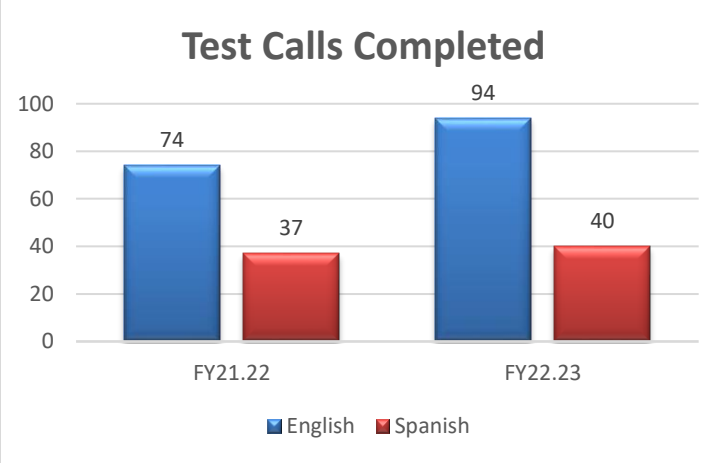
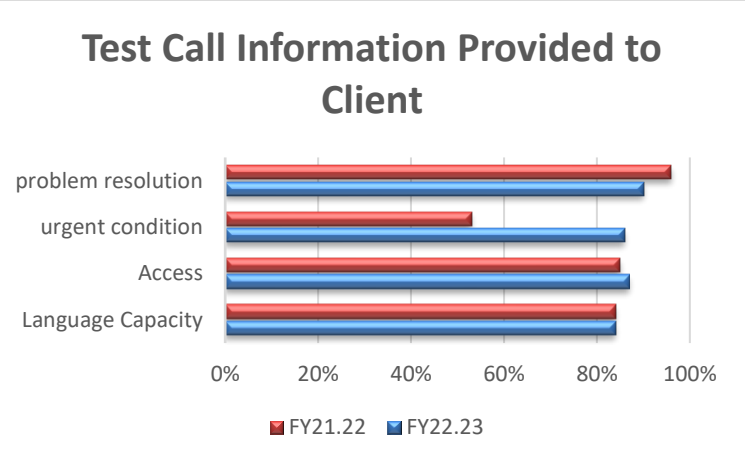


Figure 12: Test Call Information Provided to Clients



The QI team began learning the new EHR and data interpretation upon launching. Step-by-step data report guide development began in early 2021 and an ongoing reporting system to ensure information sharing within the agency. A data reporting schedule with and posting process was fully implemented by the end of 2022. The schedule of reports compiled and shared continues to expand with ongoing reports easily accessible to management and supervisors to support decision making activities related to caseload and productivity among many others. Services, penetration rates, language use and other linguistic and cultural components are also included on this reporting schedule.

Madera County has a large Hispanic/Latino population, over 60% of the population is

Hispanic/Latino with an estimated 43% of them only speaking Spanish at home. MCDBHS strives to embody a more diverse and inclusive workplace to help meet the needs of the community. To advance these efforts, the MCDBHS has implemented changes to its internal recruitment efforts with the end goal of hiring candidates with the right skills, knowledge, and abilities, that meet the needs of our diverse community. The MCDBHS integrated internal interview questions that assess the candidate's diversity capabilities during the recruitment process to determine the candidate's ability to help minorities and clients of differing socioeconomic backgrounds. During the recruitment process, all candidates interviewing for any position are asked "What experience do you have in working with people of diverse backgrounds, cultures, and ethnicities?" Other classifications have additional questions that can include:

Recruitment Questions:
1. Please explain what mental health and wellness means to you and why it is important to understand the population we serve as it relates to this position.
2. Please share any challenges or successes you have experienced in working with clients from diverse backgrounds.
3. We want to increase community engagement. How would you suggest going about that?
4. What do you do to engage hard to reach-hard to connect clients that are in need of mental health and/or substance abuse services? Please share one example of how you have done this.
5. What do you do to engage hard to reach-hard to connect clients that are in need of mental health and/or substance abuse services? Please share one example of how you have done this.
6. Madera County Department of Behavioral Health Services has the philosophy to "meet clients where they are at" and "do whatever it takes to help them." Briefly tell us how you might help a client needing services who does not have transportation to get to your office or has other barriers to access our services?

The integration of these questions in our recruitment process will help build diversity, equity, and inclusion in our internal hiring practices. MCDBHS contract requirements include that all network and organizational contract providers must deliver culturally and linguistically competent services.

Contracts include a provision on Cultural Competence stating that the contractor shall use a set of professional skills, behaviors, attitudes, and policies that enable the system, or those participating in the system, to work effectively in meeting the cross-cultural needs of MCDBHS clients. Kings View Youth Empowerment Program staff were able to complete 5 culture competence training for CY 2023, which included: SAMHSA: An introduction to cultural and linguistic competency, SAMHSA: Know thyself-Increasing self-awareness, SAMHSA: Knowing others- Increasing awareness of your client's cultural identity, SAMHSA: Culturally and linguistically appropriate interventions and services, and Law and Ethics: Compliance and Privacy Training for Healthcare Providers. The California Health Collaborative Dad's Project staff were able to complete eighteen (18) workforce trainings in which four (4) were related to cultural competence.

Table 8: CHC Workforce Training FY 22-23

California Workforce Training Plan
Becoming ACEs Aware in California
Ages and Stages Screening Tool Training the Community Mobilization Approach ™ The Father-Friendly Organization Workshop ™
Advanced Perinatal Mental Health Psychotherapy Training
2022 Annual HIPAA and Cybersecurity Training
The Columbia- Suicide Severity Rating Scale and QPR Suicide Prevention Gatekeeper Program
California Child abuse and mandated reported Training

Pregnancy and Infant Loss My Baby Would Be Better Off Without Me: Miscarriage, Stillbirth and Infant Death Perinatal Mental Health It Takes a Village: Creating Perinatal Mental Health Support Groups
CHC Trauma-Informed Training
SMART Goals
Understanding Suicide - American Association of Suicide
Effective Facilitation Certificate
Fathering in 15
Father Friendly Organization
The Community Mobilization Approach ™ (CMA)
Establishing Performance Expectations
Culturally and Linguistically Appropriate Services (CLAS) in Maternal Health Care
NHSA-Aim CCI Racial Equity Learning Series (RELS) –Staff and Stake holders Attended

LESSONS LEARNED

The MCDBHS has been actively engaging community members via social media but unfortunately for FFY 2022-2023, only 21.5% of posts were provided in our threshold language, Spanish, and for FFY 2023-2024, only 16% of social media posts were provided in Spanish. The MCDBHS strives to advance health equity in the community and to ensure material shared and developed are culturally and linguistically appropriate. The MCDBHS has developed a BHS Marketing & Media Committee to provide direction and oversight of the departments' marketing and media strategies. The MCDBHS Marketing & Media Committee will help to ensure development of social media posts and marketing materials meet the departments' communication standards before they are disseminated to the community. In addition, the MCDBHS has developed tools to gather additional demographic information and help learn more about the community we serve and further help identify underserved populations and help reduce mental health disparities in Madera County.

The MCDBHS will focus on stakeholder engagement by engaging community members to

provide feedback and insights on how to reach our target population to help increase the penetration rate among the Hispanic/Latino community, transitional age youth, and the LGBTQ+ community. The MCDBHS will engage stakeholders to help develop a communication plan to reach our Hispanic/Latino community, transitional age youth, and the LGBTQ+ community. The communication plan will help the department develop strategic communication goals to target the Hispanic/Latino community, transitional age youth, and the LGBTQ+ community, the communication goals will be shared with the Cultural Competence Committee and the Prevention, Outreach, and Community Engagement Team. Lastly, MCDBHS will be conducting key informant interview and focus groups with stakeholders to gather feedback and insight on service delivery and gaps in services. The information will be used to help identify prevention and early intervention programs that are appropriate for our community. Stakeholder input is essential to capture community buy in and to ensure programs are culturally applicable for our diverse community.

The MCDBHS will develop tracking tools to help measure and monitor the effectiveness of the identified strategies and objectives. In addition, data will be compiled, analyzed, and prepared at least quarterly for monitoring purposes. The CC/ESM monitor the progress and present the information to the Cultural Competence Advisory Committee (CCAC) on a quarterly basis. The CCAC will measure and monitor progress of identified strategies and objectives and or make necessary modifications to ensure the department is on track of meeting the goals. The MCDBHS at the moment does not require technical assistance.

CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTERGRATION OF THE COMMITTEE WITH THE COUNTY MENTAL HEALTH SYSTEM

The MCDBHS established the Cultural Competence Advisory Committee (CCAC) to help assist, monitor, and plan activities related to cultural compliance. The CCAC meets on a quarterly basis to discuss, and addresses issues related cultural competence and cultural humility. The CCAC is responsible in providing oversight and ensures that all planning efforts directly address the departments' cultural competence goals. The CC/ESM serves as an essential member that provides support facilitating the meeting, updates on the departments strategic goals to reduce racial, ethnic, cultural, and linguistic mental health disparities, and reports any cultural issues.

The CCAC members are reflective of the community which include, community members, clients, organizations, stakeholders, racial and ethnic groups, and other community partners.

CULTURE COMPETENCE ADVISORY COMMITTEE MEMEBERS

The core members of the CCAC are as follows:

- Ethnic Services Manager (ESM)
- Madera County Department of Behavioral Health Services (MCDBHS) Division Manager
- MCDBHS Director
- MCDBHS Health Education Coordinators (PEI Team)
- MCDBHS direct service staff (clinicians/case managers)
- Client and family members and community representatives. (MCDBHS will offer

honorary stipends to community members to encourage participation)

- Community Based Organizations
- Member from the Department of Social Services
- Member from the Board of Supervisors
- Member from the Behavioral Health Board
- Members from the Department of Public Health

CULTURE COMPETENCE ADVISORY COMMITTEE ACTIVITIES

The Cultural Competence Advisory Committee's (CCAC) activities include all the following:

1. Reviews of all services/programs/cultural competence plans with respect to cultural competence issues at the county.
2. Provides reports to Quality Assurance and Performance Improvement (QAPI) Program in the county.
3. Participates in overall planning and implementation of services at the county.
4. Reporting requirements include directly transmitting recommendations to executive level and transmitting concerns to the Behavioral Health Director.
5. Participates in and reviews county MHSA planning process.
6. Participates in and reviews county MHSA stakeholder process.
7. Participates in and reviews county MHSA plans for all MHSA components.
8. Participates in and reviews client developed programs (wellness,

recovery, and peer support programs); and

9. Participates in revised Cultural Competence Plan Update development.

The MCDBHS annual report of the cultural competence advisory committee's (CCAC) activities include:

1. Detailed discussion of the goals and objectives of the committee.
    a. Were the goals and objectives met?
        - If yes, explain why the county considers them successful.
        - If no, what are the next steps?
2. Reviews and recommendations to county programs and services.
3. Goals of cultural competence plans
4. Human resources report.
5. County organizational assessment.
6. Training plans; and
7. Other county activities, as necessary.

To be successful with integrating and reviewing the MHSA planning process, the MHSA Analyst and BHS Division Manager overseeing MHSA also attend the monthly Quality Improvement Committee (QIC) meetings. The Cultural Competence Ethic Services Manager (CC/ESM) and the MHSA Analyst(s) are responsible for MHSA reporting and attend all MHSA related meetings.

CRITERION 5:
CULTURALLY COMPETENT TRAINING ACTIVITIES

MCDBHS has adapted its training efforts since 2020 through 2022, due to the global pandemic, COVID-19, and the pandemic restrictions posed hurdles for completion. Upon ease of restrictions, MCDBHS experienced high staff turnover, which led to some delays in executing the Cultural Competence Training efforts. The MCDBHS provided staff a total of forty-one (41) trainings for CY 2023.

MCDBHS has been working diligently to holistically incorporate cultural competence into every aspect of daily operations. Through ongoing trainings and an inclusive approach, MCDBHS is working towards a culturally proficient work environment. Communication from all staff is also welcomed and valued by the ESM who maintains an open-door policy for any issues, concerns, or ideas regarding cultural sensitivity. If there are any concerns regarding a training, this open-door policy allows staff to report any concerns directly to the Ethnic Services Manager.

The cultural competence courses offered through Relias Learning Management System are presented to the Cultural Competence Advisory Committee (CCAC), who determines which courses are most appropriate and should be mandatory for all staff to complete.

Assigned courses are to be completed through Relias Learning, through online training modules. The learning software allows for tracking and monitoring of course completion which is used to ensure compliance with training requirements.

- A Culture-Centered Approach to Recovery
- Behavioral Health Services and the LGBTQ+ Community

- Best Practices for Working with LGBTQ Children and Youth
- Building a Multicultural Care Environment
- Cultural Awareness and the Older Adult
- Cultural Competence
- Cultural Competence and Sensitivity in the LGBTQ Community – California
- Cultural Competence Path Assessment
- Cultural Dimensions of Relapse Prevention
- Cultural Issues in Treatment for Paraprofessionals
- Cultural Responsiveness in Clinical Practice
- Effective Telehealth When Working Communities Color
- End of Life Cultural Considerations: Religion and Spirituality
- How Culture Impacts Communication
- Implementation Guidelines for Telehealth Practitioners
- Identification, Prevention, and Treatment of Suicidal Behavior for Service

Members And Veterans

- Individual and Organizational Approaches to Multicultural Care
- Patient Cultural Competency for Non-Providers
- Reducing Health Disparities: A Culturally Sensitive Approach for Busy Primary

Care Providers

- Substance Use Disorder Treatment and the LGBTQ Community

- The Role of the Behavioral Health Interpreter
- Using Communication Strategies to Bridge Cultural Divides
- Understanding and Addressing Racial Trauma in Behavioral Health
- Your Role in Workplace Diversity

CULTURAL COMPETENCE TRAINING COMPLETED IN CY 2023

Title of Course	Staff Count
5150/5585 Designation Training	25
About Advance Directives	44
ADM 25.00 CLIENT APPOINTMENT SCHEDULING	146
Adolescent Best Practices Guide Updated in 2020	21
Application of HIPAA in Behavioral Health	51
ARCHIVED – 5150 Module	22
Beneficiary Protection Training	67
BHS CODE OF ORGANIZATIONAL CONDUCT, ETHICS & COMPLIANCE HANDBOOK	50
BHS Electronic Signature Agreement	50
BHS Key Policies and Procedures	161
Caseload Management Training	38
CCEC HANDBOOK ACKNOWLEDGMENT	49
CFT – ICC – IHBS Training	30
Columbia Suicide Severity Rating Scale	14
Compliance Program Handbook-Updated Jan 2022	149
Compliance Training	117
COMPLIANCE TRAINING ACKNOWLEDGMENT	49
Compliance Training PPT Presentation	115
Confidentiality Acknowledgement and Agreement	201
DEI: Multicultural Care for the Organization	111
Effective Suicide and Crisis Intervention Using Telehealth	12
Electronic Signature	139
Electronic Signature Policy-Staff	49
Essentials of HIPAA	47
Introduction to Cognitive Behavioral Therapy	14
Introduction to Motivational Interviewing	12
Law and Ethics Training	57
Legal and Ethical Standards for Behavioral Health Professionals	11
Love & Logic	15
Madera County Orientation	45
OPIOID OVERDOSE PREVENTION AND TREATMENT TRAINING	47
P&P CRD 01.00 CREDENTIALING PROCESS FOR NETWORK.GROUP.ORG	90

PROVIDERS	
Policies and Procedures	122
Screening and Transition of Care Training	115
SUD 32.00 DMC Notification of Out of County Referral/Admission Policy and Procedure	11
SUD 33.00 Naloxone Distribution Project Policy and Procedure	166
Symptoms, Etiology, and Recovery-Focused Interventions for Schizophrenia	12
The Game Elements Tour – Retired 9/8/2018	36
Welcome to Relias: The Game Elements Tour – Retired 11/1/2022	59
Working More Effectively with LGBTQ+ Children and Youth	11
Your Role in Workplace Diversity	62
GRAND TOTAL	2,642

COUNTIES MUST HAVE A PROCESS FOR THE INCORPORATION OF CLIENT CULTURE TRAINING THROUGHOUT THE MENTAL HEALTH SYSTEM

During CY 2023, three (3) trainings were specific to cultural competence: DEI: Multicultural Care for the Organization, Working More Effectively with LGBTQ+ Children and Youth, and Your Role in Workplace Diversity. The MCDBHS is in the process of conducting an internal workforce assessment, information captured will help identify the departments training needs to establish a Workforce Training calendar for CY 2024. The MCDBHS will implement quarterly trainings related to Cultural Competence determined by the Cultural Competence Advisory Committee. The MCDBHS is also in the process of exploring a partnership with the National Latino Behavioral Health Association to provide interpreting certification training for staff for CY 2024.

CRITERION 6: COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF.

RECRUITMENT, HIRING, AND RETENTION OF A MULTICULTURAL WORKFORCE FROM, OR EXPERIENCED WITH, THE IDENTIFIED UNSERVED AND UNDERSERVED POPULATIONS

MHSA Workforce Education and Training (WET) Project focuses on building staff capacity to work with diverse populations to better serve our community. A cultural competence workforce is essential to foster open dialogue, collectiveness, and leads to a productive work environment. MCDBHS understands the importance in having a culturally competent workforce that understand and respect each other's differences. MCDBHS strives to create and support a workforce (both present and future) that is culturally competent and can serve the community with cultural humility. A culturally competent workforce is important because it can lead to broader range of perspectives, knowledge, and skills that can help with problem-solving and foster innovation, greater understanding on how to target diverse populations, increase employee satisfaction by improving staff self-awareness which helps to increase staff confidence and fosters creativity.

The MHSA WET funding will be used to address the shortage of qualified individuals and to enhance the skills of the current workforce to provide services related to individuals with serious mental illness. The focus is to develop and maintain a more diverse workforce, that includes individuals with personal lived experiences with mental illness and/or substance use disorders.

In Madera County, this also includes Spanish-speaking, Latino, African Americans, LGBTQ+, and other providers that reflect our current and emerging client populations. WET partners with other county divisions and community-based organizations, include primary care providers, to support develop and employ a diverse workforce. Training provided is open to staff, interns, and volunteers from the county, community-based organizations, peer programs, and family members. The intent is to be inclusive and to reach beyond the traditional training of the "professional" staff in the public mental health system. A priority identified in the MHSA Community Program Planning Process, was to focus on strengthening the implementation of the Health and Human Services Race Equity Plan, include the development of a unified trauma informed system of care throughout.

Workforce Staffing Support funding will help support salaries, benefits, and operating costs of the WET Coordinator. This position will plan, recruit, coordinate, administer, support, and evaluate WET programs. Strategies identified to recruit and retain staff include:

- Development and Implementation of a Training and Technical Assistance plan, which focuses on Evidence-based practices.
- Implementation of workforce needs assessments, support for the internship program, and function as a liaison to appropriate committees, regional partnerships, and oversight bodies.
- Training and Technical Assistance
- Mental Health Career Pathway Programs
- Residency and Internship Programs
- Financial Incentive Programs

The Workforce Education & Training (WET) component provides an opportunity to

increase staffs' understanding and knowledge on how to better serve a diverse population.

MCDBHS currently has WET funds through CalMHSA for workforce development to continue with its efforts to maintain an appropriately diverse workforce. Continuous open recruitments of certain positions, incentive/grants programs, loan forgiveness and a university partnership program are efforts leveraged to make working for MCDBHS more enticing. In the past year MCDBHS has further incentivized employment as an employee retention strategy for hard-to-recruit positions and our rural Oakhurst location. Some of these incentives are a monthly incentive pay for employees regularly assigned to the Oakhurst clinic, streamline of bilingual pay for employees if requested by the department head, a retention bonus (one-time payment) and monthly incentive pay for classifications designated as hard-to-recruit. Clerical and Technical, Mid-Management and Professional Units are all part of the targeted areas. Some of the hard-to-recruit classifications include Supervising Mental Health Clinician, Licensed Clinician and Pre- Licensed Clinician. In the coming years MCDBHS plans to reassess positions where the strategies mentioned can be beneficial in staff retention.

Figure 14: Madera County Department of Behavioral Health Services Staff Occupational Categories FY 22-23

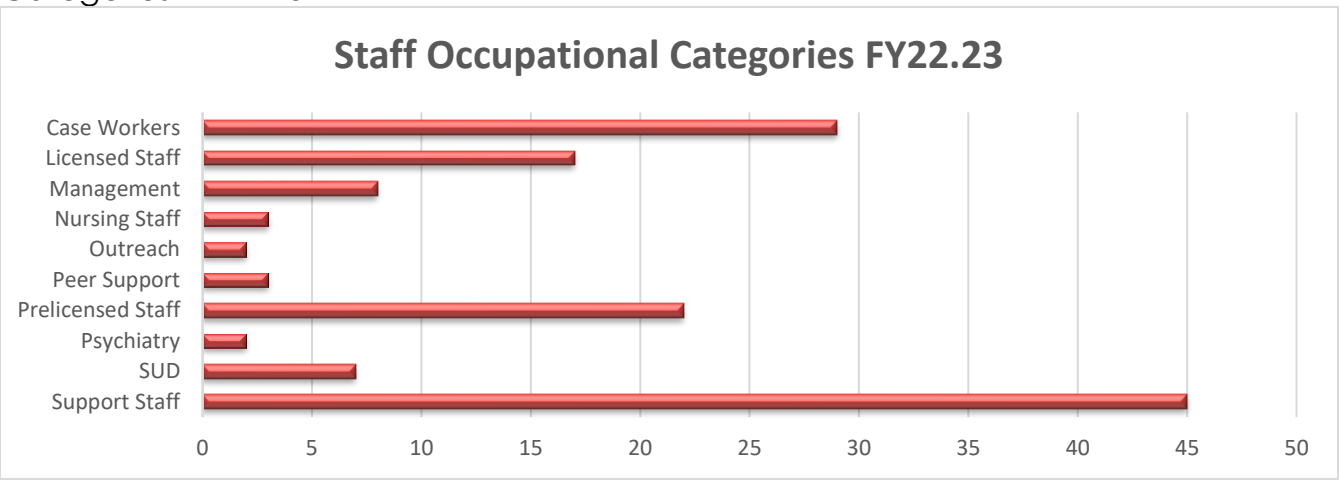
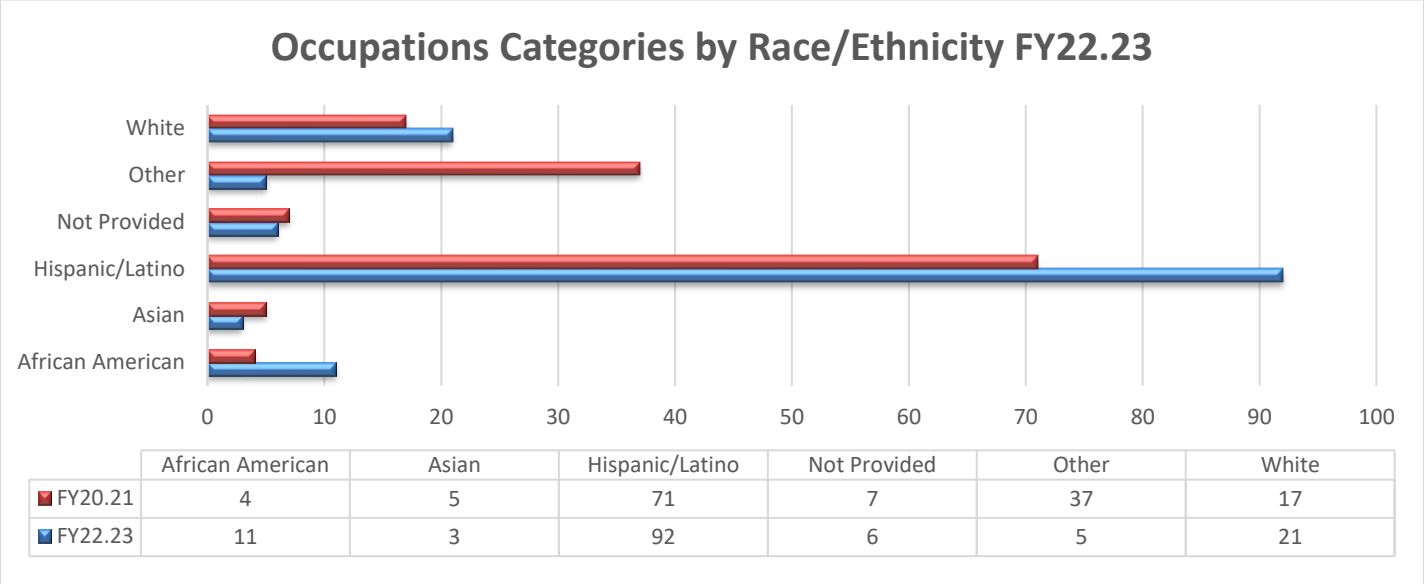


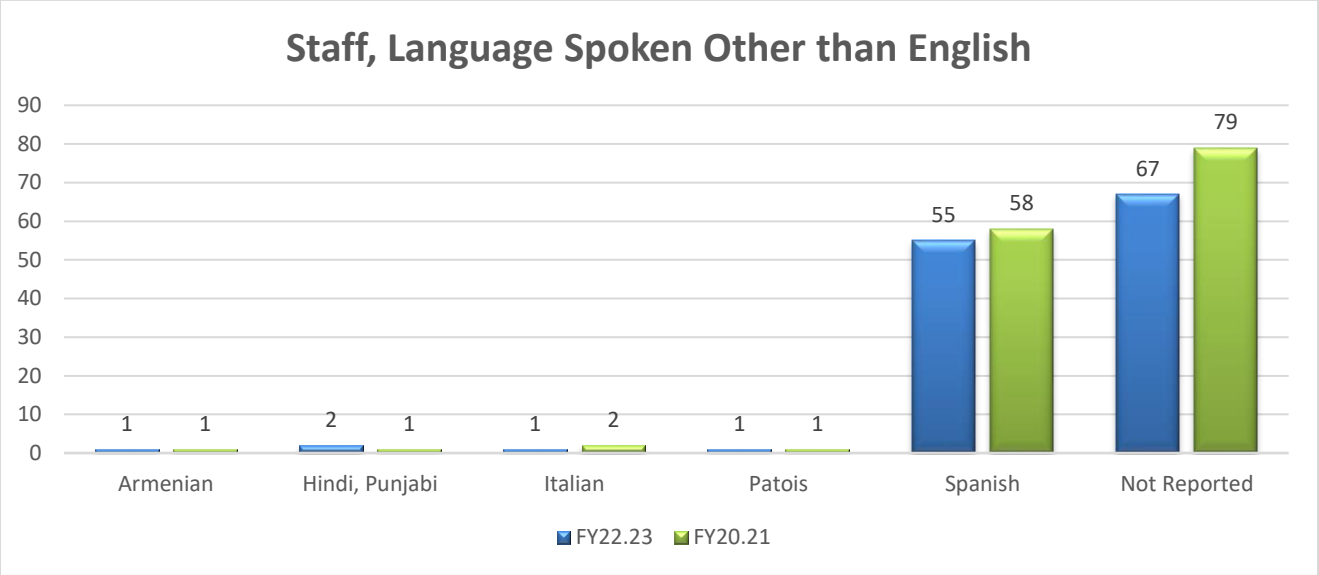
Figure 15: Madera County Department of Behavioral Health Service, Race & Ethnicity of Staff FY 22-23



	African American	Asian	Hispanic/Latino	Not Provided	Other	White
FY20.21	4	5	71	7	37	17
FY22.23	11	3	92	6	5	21

MCDBHS has 138 direct service providers employed as of November 2023. In analyzing the data and comparing data from 2021 to 2022, there was an increase percentage of Hispanic/Latino workforce in 2022 from seventy-one (71) staff to ninety-two (92) staff, an estimated increase of 23% compared to 2021. There was also an increase in the percentage of White staff from seventeen (17) in 2022 to twenty-one (21) in 2023, an increase of 19%. There was also a noticeable increase among African American staff from four (4) staff in 2022 to eleven (11) staff in 2023, an increase of 63%. Furthermore, there was a decrease among Other Race/Ethnicity and Asian and a slight decrease in the percentage of White staff from 22% to 21%.

Figure 16: Staff Languages



A total of sixty (60) of 138 employees reported speaking another language other than English which translates into 43.4% of MCDBHS' workforce who identify as bilingual with 40% being bilingual in the threshold language of Spanish. There was also 48.5% of staff that did not report or disclose.

Table 9: Compare the Workforce Assessment Data with General Population, Medi-Cal Population, and Service Data for Madera County

Race/Ethnicity	*County Population*	*Medi-Cal Eligible*	*Medi-Cal Beneficiaries Served*	*County Staff*	*Direct Service Provider*	*Non-Direct Service Provider*
White/Caucasian	57,165	13,606	866	21	12	9
Hispanic/Latino	97,499	56,741	1,611	92	52	40
Black/African American	3,952	1,528	126	11	7	4
Asian, Pacific Islander	5,142	1,402	15	3	2	1
Native American	4,053	479	19	0	0	0
Multi Race, Other	30,300	N/A	N/A	5	3	2
Unknown/Other	N/A	10,731	325	6	4	2
Total	**198,111**	**84,487**	**2962**	**138**	**80**	**58**

In the past year, the percentage of Hispanic/Latino staff increased by 23% from 2022 to 2023, representing 67% of the MCDBHS workforce, which continues to be reflective of the Medi-Cal population which identifies as 62% Hispanic/Latino.

CRITERION 7: LANGUAGE CAPACITY

INCREASE BILINGUAL WORKFORCE CAPACITY

MCDBHS has WET funding through a regional contract with CalMHSA. MCDBHS encourages staff to apply for federally funded programs. Staff is provided with resources and information on which programs may be available to them like the National Health Service Corps (NHSC) Loan Repayment Program. The NHSC through Health Resources and Services Administration (HRSA) is an award given to clinical staff in exchange for 2 years of full-time clinical service with Madera County. A continuous and open County recruitment has also been established for Licensed, Pre-Licensed clinicians, and other continuous positions, in hopes that it will boost our staffing efforts.

A relationship with California State University Fresno (CSUF) master's in social work program has been developed to attract social work students to come to Madera County for their internship, as of November 2022, there are two (2) active interns in the Department. Madera County uses an MHSA stipend to support these students while they complete their clinical internship with MCDBHS. The students are included in all supervision and trainings to give them the experience of working in Madera County with the hopes that it will encourage them to apply for positions with MCDBHS upon graduation. This has been an effective tool and a positive mutual relationship resulting in the hiring of several of these students upon graduation, allowing an increase in bilingual staff.

An additional strategy is a bilingual pay differential for staff certified through the County's Human Resource (HR) Department. Staff is encouraged to receive certification for the pay differential by streamlining the request process from MCDBHS to HR. MCDBHS has numerous

bilingual staff members, who are a tremendous asset for our community by serving the Hispanic population of Madera County.

PROVIDE SERVICES TO PERSONS WHO HAVE LIMITED ENGLISH PROFICIENCY (LEP) BY USING INTERPRETER SERVICES.

In all MCDBHS buildings, our posters, signage, and beneficiary handbooks inform clients of policies, procedures, and practices regarding their right to receive services in their preferred language. We provide a 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service. Staff responsible for the statewide toll-free 24-hour telephone line receive training to ensure linguistic capabilities that meet the client's linguistic needs. Telephonic interpretation services are only utilized when other options are unavailable through a contract with CyraCom, LLC. A contract is also established with Centro Binacional Para El Desarrollo Indígena Oaxaqueño (CBDIO) to help provide translation in Spanish and other Indigenous Oaxacan languages and dialects. Madera County has a large Oaxacan population and with CBDIO we can provide translations services in the dialects of Mixteco Bajo/Alto, Triqui Bajo/Alto, and Zapoteco Alto.

All service locations have client rights information posted in English and Spanish which informs the public of their rights to receive language assistance services free of charge in their primary language. The beneficiary handbook also provides this information.

MCDBHS uses both bilingual staff and/or an interpreter service to accommodate clients who have Limited English Proficiency.

Madera recently rolled out a language badge identifier to make our bilingual staff more approachable to our monolingual population. This came as a suggestion from a Clinical Supervisor and supported when the staff was polled and 73% of bilingual staff

stated they would like a language identifier. CY 2021 was the first full year the language identifier was displayed.

We are working with our Human Resources Department to ensure that staff that identifies as bilingual and wish to provide interpreting services is certified and receives a stipend.

Since MCDBHS uses both bilingual staff and/or an interpreter service to accommodate clients who have Limited English Proficiency, some notable lessons are to increase interpreter training and ensure that bilingual staff is properly trained. No technical assistance needed at this time.

PROVIDE BILINGUAL STAFF AND/OR INTERPRETERS FOR THE THRESHOLD LANGUAGES AT ALL POINTS OF CONTACT.

MCDBHS uses bilingual staff, CyraCom and the Centro Binacional Para El Desarrollo Indígena Oaxaqueño for interpretation services if no staff is available. Signage is also available in the form of posters and brochures in both English and Spanish informing the public of this right. The beneficiary handbook also provides information about the availability of direct services in Spanish or through interpretation.

Once interpreter services are offered and provided to clients, the information is recorded in the client record to ensure ongoing services in their language are arranged for ahead of time.

Staff that is linguistically proficient in Spanish (MCDBHS threshold language) is utilized during operating hours and contracted interpretation services through CyraCom, LLC and Centro Binacional Para El Desarrollo Indígena Oaxaqueño (CBDIO) are used if bilingual staff is not available.

Staff who is identified as providers of interpreting services, completes an interpreter training through our training portal Relias. The course titled, "The Role of the Behavioral Health Interpreter," "Strategies and Skills for Behavioral Health Interpreters," and "The Behavioral Health System of Care: An Overview for Interpreters" is assigned to staff and after the online completion they are assessed to ensure understanding which they must pass to complete the training and move forward in providing interpreter services.

The MCDBHS is also in the process of exploring a partnership with the National Latino Behavioral Health Association to provide interpreting certification training for staff for CY 2024.

PROVIDE SERVICES TO ALL LEP CLIENTS NOT MEETING THE THRESHOLD LANGUAGE CRITERIA WHO ENCOUNTER THE MENTAL HEALTH SYSTEM AT ALL POINTS OF CONTACT.

Policy MHP 13.00 (Language Translation and Interpretation Services) and MHP 14.00 (BHS Services for Individuals with Special Language Needs), describe the procedures and practices to refer and link clients who do not meet the threshold language criteria to culturally and linguistically appropriate services.

MCDBHS informs beneficiaries of their right to receive mental health services in their primary or preferred language at no cost as well as language interpretation services to include TTY/TDD services (refer to MHP 14.00). Beneficiaries are also informed how to access services via the services brochures in our lobbies, the beneficiary handbook, posters, and flyers displayed at our provider sites.

Upon a beneficiary request, MCDBHS will provide a listing of specialty mental health and culture-specific providers via the Provider Directories which includes names, addresses, telephone numbers, hours of operation, types of specialty mental health

services (SMHS), age groups served, and non-English languages available, including American Sign Language (ASL) and cultural consideration in provider locations (MHP 05.00). The Provider Directories can also be found on our website and are updated monthly.

MHP 13.00 (Language Translation and Interpretation Services), states that, "Family members and friends will not be used as interpreters unless strongly desired by the individual requesting services. The client and family member will sign a waiver stating they acknowledge a MCDBHS staff interpreter was offered free of charge, but they opted to use someone else against MCDBHS' advisement. The practice will be discouraged whenever possible and minor children will not be utilized as interpreters. If Spanish speaking staff is not available, CyraCom telephonic interpreting services will be used.

REQUIRED TRANSLATED DOCUMENTS, FORMS, SIGNAGE, AND CLIENT INFORMING MATERIALS

The county shall have the following available for review during the compliance visit:

- Member service handbook or brochure; √
- General correspondence; √
- Beneficiary problem, resolution, grievance, and fair hearing materials; √
- Beneficiary satisfaction surveys; √
- Informed Consent for Medication form; √
- Confidentiality and Release of Information form; √
- Service orientation for clients; √

- Mental health education materials, √
- Evidence of appropriately distributed and utilized translated materials. √
- *Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients' preferred language.* √
- *Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).* √
- *Report mechanisms for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).* √
- *Report mechanisms for ensuring translated materials are at an appropriate reading level (6th grade). Source: Department of Health Services and Managed Risk Medical Insurance Boards.* √

CRITERION 8: ADAPTATION OF SERVICES

CLIENT DRIVEN/OPERATED RECOVERY AND WELLNESS PROGRAMS

MCBHS has different programs for consumers which welcome everyone from different racial, ethnic, linguistic, and cultural background, they are:

COMMUNITY OUTREACH & WELLNESS CENTERS

MCDBHS partners with Turning Point Community Program which has two "drop-in-centers" named Hope House and Mountain Wellness Center. They provide outreach and educational services for community members to prevent the risk factors that contribute to the development of, and disability related to mental health illness. Those involved with Hope House and Mountain Wellness Center have either been in the program themselves or they have had a family member who was a participant.

Some of their services for TAY include:

- Game time
- Ted Talks (Anxiety, Depression etc.)
- Movie Time
- Self-care
- Art Classes
- Cooking

Some of their services for ADULTS include:

- Peer Support Groups

- Consumer Employment Opportunities
- Socialization Skills
- Art Class
- Exercise Class
- Life Skills Instruction
- Addiction Recovery Groups
- Computer Lab
- Laundry Facilities
- Showers

KINGS VIEW SKILLS 4 SUCCESS, THE YOUTH EMPOWERMENT PROGRAM

Kings View Skills 4 Success, The Youth Empowerment Program, was developed using Prevention and Early Intervention (PEI) funding to focus specifically on the transition age youth (TAY) age group (16-25), who are at risk for developing serious mental illness. This program provides services in the local high schools and outreach in community events where TAY are likely to attend. Teens can refer themselves but are often referred by school administration, counselors, and teachers. Some are also referred from probation and social services. As needed, referrals are made to mental health services for both youth and their families. The program uses a group facilitation method with a focus on encouraging youth participation. Teens begin by establishing group rules, guidelines, and confidentiality agreements. They tend to develop a sense of community and begin to disclose problems. The program works to identify the early

warning signs and symptoms of mental illness and provide age-appropriate tools to manage them.

Some of the services and information provided include:

- Life skills
- Strategies and support systems
- Help with self-esteem
- Anger management
- Suicide awareness
- Leadership
- Communication skills
- Depression and Bi-Polar
- Stigma
- Positive mental health
- Bullying
- Building positive decision making
- Relationship building
- Life choices.

CHILDREN/TAY FULL-SERVICE PARTNERSHIP (FSP)

The Children/TAY Full-Service Partnership (FSP) serves children and youth ages 0 to 25, including foster youth and their families, who are experiencing serious emotional and behavioral disturbances. This team provides wrap- around/system of care like services, simultaneously with multiple organizations.

ADULT/OLDER ADULT FULL-SERVICE PARTNERSHIP

The Adult/Older Adult Full-Service Partnership, which serves adults and seniors with serious and persistent mental illness. The services provided comply with WIC § 5806 and WIC § 5813.5 and are modeled after the Assertive Community Treatment model and Mentally Ill Offender Crime Reduction (MIOCR) services.

FSP utilizes the Wellness Centers (Hope House and Mountain Wellness Center) to recommend classes, group session and/or services to keep their population engaged.

PATERNAL MENTAL HEALTH PILOT PROJECT, PROJECT D.A.D

Paternal Mental Health Pilot Project, Project D.A.D, MCDBH is in the beginnings of its MHSA Innovation Plan partnership with Project D.A.D (Dads, Anxiety, & Depression). The services provided target the underserved populations with a preeminence on the barriers that males face when becoming a father. This unique model targets the mental health of new fathers to correlate with the mental health of an infant and mother to ensure the future success of the family component.

Some of the services and information provided include:

- Meeting the needs of men, women, and infants
- Supporting perinatal care for mothers/fathers
- Focus on child support, DSS involvement and high schools

- Assistance with impact of fatherhood
- Trainings focused on fatherhood engagements strategies
- Services available in Spanish
- Communication skills

Strategy included was the tracking of Cultural Competency and how it is being implemented within the Community Partners Programs. This will be tracked through quarterly progress meetings and progress reports for accountability.

RESPONSIVENESS OF MENTAL HEALTH SERVICES

MCDBHS has two alternatives of cultural/linguistic services that are provided to the clients upon request. These are:

Community and Family Education program - this program builds community strength through education and enables community members to recognize if someone is experiencing mental illness, or at risk and teaches how to support them (by accessing behavioral health services if needed).

This program offers training in specific educational curriculums to any member of the public free of charge. Examples of classes are:

1. Mental Health First Aid
2. ASIST
3. SafeTALK
4. Evidenced based & culturally based parenting classes.

MCDBHS has also initiated the development of outcomes for its MHSA funded prevention services, based on the models developed for substance use prevention services in the

California Outcome Measurement System (CalOMS). These services do not include clinical treatment services such as therapy and medication services.

To create a safe and culturally responsive system, Madera County includes information regarding a culturally specific approach to various cultural needs in our beneficiary handbook/brochure. The beneficiary handbook states that MCDBHS encourages the delivery of services in a culturally competent manner to all people, including those with limited English proficiency and varied cultural and ethnic backgrounds.

All informing materials in English and Spanish are available and posted at all Behavioral Health locations. This information is also available on our website: Brochures & Beneficiary Handbooks in our brochures section. These programs are also described in our MHSA three-year plan which can also be found on our website under the MHSA tab. Due to COVID-19, MCDBHS is also moving to provide more information through an online platform.

Although Madera County is a rural community, all MCDBHS service locations are in a central part of town in Madera, Chowchilla and Oakhurst. Locations are also accessible through public transportation. While our hours are listed from 8am to 5pm, crisis response and services are provided 24 hours a day, 7 days a week by calling our toll-free access line: 888-275-9779. Linguistic services are provided through our bilingual staff and through our contracted interpretation services.

MCDBHS understands the importance of adapting our physical facilities and ensuring we represent the community we serve. We recently began conducting site audits to ensure all sites are providing an accessible, welcoming and inviting environment to people of all backgrounds. All sites meet the requirements of the Americans with Disabilities Act (ADA).

Since our facilities are in the central parts of town, they are all engulfed in the surrounding culture. For example, our main building (7th street) is located a block away from the downtown area, yet within two blocks of a neighborhood.

Because we are very much immersed in the community, our visibility helps reduce stigma by raising awareness that mental health services and substance abuse services are available and needed in the community.

QUALITY ASSURANCE

As part of the MCDBHS Quality Assurance and Performance Improvement (QAPI) process, the Quality Improvement Committee (QIC) conducts regular monitoring activities regarding the resolution of beneficiary grievances and appeals and submits Quarterly and Annual Beneficiary Grievance and Appeal Reports to DHCS analyzing trends. The QIC examines rate of grievances based on the ethnicity and other demographic characteristics. When issues arise due to individual grievances and appeals, or if unexpected trends emerge based on numbers and percentages, the QIC looks for root causes and determines appropriate follow-up interventions to positively impact beneficiaries' system-wide. The results of follow-up actions are evaluated at least annually.

MCDBHS maintains a log to record issues submitted as part of the Issue Resolution Process. The log includes the date the issue was received; a brief synopsis of the issue; the final issue resolution outcome; and the date the final issue resolution was reached. Trend analysis is conducted by Quality Improvement (QI) staff and presented to the QIC similar to the process described for Medi-Cal beneficiary grievances and appeals.

For MHSA, if any issues should arise, clients have the right to express any concerns or

problems. Besides a matter covered by a formal Appeal, complaints are considered grievances. There will not be any discrimination against clients who file a grievance. A priority of Madera County is to ensure that clients and community stakeholders have access to a dedicated grievance process and resolve dissatisfaction with the MHSA community program planning process, delivery of MHSA funded mental health services, appropriate use of funds, and/or consistency between program implementation and approved MHSA plans. Problem resolution brochures and posters are available at all sites providing county mental health services and on the county website. Clients and community stakeholders may file a grievance at any time either orally or in writing. Grievance forms and self-addressed envelopes are available for clients and community stakeholders at all provider sites.