



Shasta County
**Health & Human
Services Agency**

**Shasta County Mental Health Plan
Cultural Competency Plan
FY 2020-2021**

Shasta County Mental Health Plan

Cultural Competency Plan: FY 2020-2021

Introduction

Our mission is to foster collaboration to provide accessible and comprehensive mental health services within our community. We strive to serve our community through the utilization of our core values of being welcoming, accessible, maintaining quality service, and utilizing strength-based practices with an integrative, supportive, and collaborative approach. We have adopted the philosophy that everyone who comes through our door should be welcomed and offered support with determining what services are needed to help them get well. To accomplish our mission, we use public and private resources to deliver specialty mental health services through comprehensive coordinated systems of care, employ evidence-based practices for recovery and rehabilitation, create a user-friendly system which produces satisfied beneficiaries, effectively balance quality care and service cost, and work to enable beneficiaries to achieve positive outcomes. Ultimately, our vision is to promote wellness and recovery through supportive communities.

County Overview

Shasta County was created on February 18, 1850 and is one of California's original 27 counties. It is located in Northern California and is primarily a rural county. Shasta County has a population of 180,080 (US Census Bureau). Redding is the most populous city with 92,590 (US Census Bureau), is the County seat, and is the largest economic hub north of Sacramento. The Interstate 5 corridor runs through Shasta County.

Located in the northern Sacramento Valley, Shasta County's varied landscape provides numerous recreational areas, while also supporting an active agricultural community. Shasta County is surrounded by Siskiyou and Modoc counties to the north, Trinity to the west, Lassen to the east, and Tehama and Plumas to the south. With a total area of approximately 3,900 square miles, the county includes the cities of Anderson, Redding, and Shasta Lake City, as well as several unincorporated towns, including Burney, Fall River Mills, Shingletown, Palo Cedro, French Gulch, McArthur, Cottonwood, Hat Creek, Bella Vista, Shasta, Mountain Gate, Millville, Lakehead, Keswick, Cassel, Montgomery Creek, Happy Valley, Igo, Ono, Platina, Whitmore, Round Mountain, Big Bend, and Old Station. Residents of Shasta County are fortunate to enjoy rural, small-town living, while being just a 2½-hour drive from Sacramento to the south.

The county's vast open spaces result in a population density of only 47 persons per square mile, as compared to 238 for the state of California. The racial makeup of the county is 87.8 percent White Non-Hispanic, 10.3 percent Hispanic or Latino, 3.2 percent American Indian or Alaskan Native, 3.1 percent Asian, 1.2 percent African American, and 0.2 percent Native Hawaiian and

Other Pacific Islander alone. Note that 4.5 percent of the population are of multiple races or another race and over 74.6 percent of the population are between the ages of 20 and 64. For those individuals over the age of 64, 34.9 percent of them are disabled.

Shasta County does not currently have a threshold language.

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Criterion 1 – Commitment to Cultural Competency

The Shasta County Mental Health Plan (MHP) recognizes the value of racial, ethnic, cultural, and linguistic diversity and its inclusion throughout the system. The MHP has incorporated this value into the MHP planning (including Mental Health Services Act – MHSA) and development processes, and maintains an active MHP Cultural Competency Committee.

The MHP participates in outreach and engagement activities that support its commitment to cultural competency, including but not limited to formal and informal partnerships with several organizations:

- Mental Health Alcohol and Drug Advisory Board
- National Alliance on Mental Illness
- Mien Community
- Shasta County Homeless Continuum of Care
- MHSA Stakeholder Workgroup
- Older Adult Policy Council
- In-Home Supportive Services Committee
- Sunrise Mountain Wellness Center (Kings View)
- Circle of Friends (Hill Country Community Clinic)
- Shasta Community Health Center
- Shingletown Medical Center
- Hill Country Community Clinic
- Mountain Valleys Community Health Center
- Good News Rescue Mission
- Veterans Administration
- Hill Country CARE Center

The MHP has a designated Ethnic Services Manager/Cultural Competency Coordinator who co-chairs the Cultural Competency Committee, providing leadership to the committee, focusing on committee activities dedicated to promoting inclusion and understanding of diverse cultures and populations. The committee is co-chaired by the MHP's Quality Improvement Coordinator, which allows for efficiency as they bring information and feedback to and from the Quality Improvement Committee (QIC). This improved communication contributes to a broad representation of ideas and concerns throughout the MHP and promotes the adoption of the Cultural Competency Committee's objectives by the entire system. Committee members include a variety of representatives from each of the branches within the MHP with various roles and levels of responsibility, including direct care staff.

The MHP maintains several policies to ensure beneficiaries receive services in their preferred language. At its Medi-Cal certified sites, the MHP posts information for beneficiaries to access free interpreter services. Additionally, the MHP provides annual interpreter/language line usage training to MHP employees. The training is held with the annual Cultural Competency training

and includes sample vignettes to allow MHP staff to visualize successful use of interpreters and the language line.

The MHP, through MHSA, offers various trainings throughout the year about various populations and correlating issues to ensure staff have access to information to provide high-quality care through effective services. Trainings have included:

- Question, Persuade, and Refer (suicide prevention training);
- MHFA – Mental Health First Aid Training;
- ASIST – Applied Suicide Intervention Skills Training;
- Cognitive Impairments and Cognitive Rehabilitation;
- Complex Presentations of Delirium and Dementia;
- Understanding Developmental Disabilities and Dual Diagnosis;
- Involuntary Mental Health Holds; and
- Evaluating Lethality of Suicide Attempts and the Development of a Safety Plan

The MHP, through MHSA, does extensive community outreach. For example, the MHSA Prevention and Early Intervention program: Stand Against Stigma program is designed to promote the reduction of stigma and discrimination experienced by people suffering from serious mental illness and/or substance use disorders. This program incorporates several projects to raise community awareness and promote early intervention with treatment, including the Brave Faces Story Telling Project and Portrait Gallery, Hope is Alive! Open Mic Nights, an annual Minds Matter Mental Health Resource Fair, Minds Matter TV/Podcast, and the Get Better Together website. The projects include:

- ***Brave Faces Story Telling Project and Portrait Gallery***

The campaign includes many facets. About 20 Shasta County residents, including individuals experiencing mental illness and family members, have participated in the Brave Faces Speakers Bureau by sharing their experiences with mental illness and substance use disorders to community groups, medical providers and classes around the county. Efforts are made to maintain a diversity in experiences (diagnosis, race, ethnicity, gender and sexual identity, spirituality, religion and more). The Brave Faces program also strives to represent recovery as a fluid process, being inclusive of people in all different places in recovery. On average, Stand Against Stigma conducts about 40 Brave Faces presentations a year, reaching close to 1,000 people. Stand Against Stigma also holds quarterly public forums about different mental health topics, featuring clinicians and Brave Faces speakers as panelists. The topics have included managing medications, the stigma of addiction and substance use disorders, Adverse Childhood Experiences (ACES) and the importance of peer and family support. About 350 people have attended the forums. The Brave Faces Portrait Gallery provides a roving art display that illustrates true stories of hope and recovery, to promote the fight against stigma and increase community understanding of mental illness and suicide. These

portrait galleries are placed in locations throughout Shasta County, including some of the more rural areas, and move regularly. In response to the COVID-19 pandemic, Stand Against Stigma activities moved online, including Brave Faces presentations and Becoming Brave trainings.

- ***Hope is Alive! Open Mic Nights***

For the past three years, Stand Against Stigma has also sponsored the Hope Is Alive! Open Mic Night series around Shasta County. These open mic nights encourage performers to share music and poetry that have helped them through tough times. More than 1,600 people have attended the 22 open mic nights, and more than 20 of the regular performers have received Brave Faces speaker training and Question, Persuade, and Refer suicide prevention training to improve their mental health messaging in their performances. In 2019, Stand Against Stigma put on collaborative open mics at a screening of the S-Word, as well as with the Art from The Ashes project that featured artworks created by items salvaged by the 2018 Carr Fire.

- ***Minds Matter Mental Health Resource Fair***

Stand Against Stigma also organizes the Minds Matter Mental Health Resource Fair every year. Typically, about 40 exhibitors, which include community providers of mental health resources and information, attend the fair with attendance averaging about 500 people. The Fair also includes a Hope Is Alive! Open Mic as well as Brave Faces Advocate testimonials. Unfortunately, the 2020 Minds Matter Fair was cancelled due to COVID-19.

- ***Activities to Promote Mental Wellness for All***

In 2020, Stand Against Stigma began organizing activities to help promote mental wellness for everyone and provide members of the community with practical skills to cope with stress and trauma. Workshops included journaling, meditation skills, and 8-week Mind-Body medicine groups.

- ***Get Better Together***

Get Better Together (www.getbettertogether.net) targets teens and young adults. It aims to raise awareness of mental health issues and treatment available, promotes mental wellness through community support, and empowers youth to stand against the stigma that can be associated with mental illness. The website acts as a self-help tool and includes messages of hope, true stories of recovery, as well as information on community resources to help with mental illness.

- ***Stand Against Stigma Committee***

To help guide Stand Against Stigma and to gather stakeholder input, staff coordinate the monthly meetings of the Stand Against Stigma Committee, which includes people who have or are struggling with mental health challenges, community educators, and mental health services providers.

Another of the MHSa Prevention and Early Intervention programs, the Shasta County Suicide Prevention Workgroup, brings together community members with a common goal of decreasing suicide attempts and deaths in Shasta County through collaboration, advocacy, and community education. A few of the suicide prevention activities and milestones include:

- ***QPR (Question, Persuade, and Refer) Suicide Prevention Training***

QPR offers research-based techniques to empower individuals to actively assist in the prevention of suicide. The Shasta County Suicide Prevention Workgroup works to identify training needs in the community, offers informative presentations to promote awareness and understanding of suicide, and participates in various community events, such as the Minds Matter Mental Health Resource Fair and an annual community walk to raise awareness and prevent suicide. Pending approval, Public Health would certify nine Suicide Prevention Workgroup members in QPR to expand training efforts in Shasta County.

- ***Firearm Safety Brochure***

Inspired by a similar program implemented in New Hampshire, “The 11 Commandments of Firearm Safety” brochure was first created for Shasta County in 2012. An update was completed in March/April 2019 after consulting with law enforcement, local California Concealed Weapon (CCW) instructors and firearm vendors. The design of the brochure has been updated as of 2019. Through continued collaboration, one local vendor will continue to distribute brochures to class participants and customers along with additional suicide prevention resource materials.

- ***More Than Sad – Teen Depression***

After several inquiries from QPR training attendees as to what outreach was being done for middle school students, the Shasta Suicide Prevention Workgroup created a team to address suicide prevention for this age group. The Triple C Team (Courage, Compassion and Change) now offers an American Foundation for Suicide Prevention’s best practice program, More Than Sad, to eighth grade students. The program equips students to recognize signs of anxiety and depression in themselves and others, provides easy-to-understand information about these diagnoses, encourages help-seeking, and demystifies the therapy process.

- ***Directing Change***

Shasta County Suicide Prevention, in partnership with the Shasta Suicide Prevention Workgroup, continues to promote the Directing Change Program and Film Contest. Directing Change (assessed via www.co.shasta.ca.us) asks high school and college students to join the conversation about suicide prevention and mental health by creating a 60-second public service announcement. To prepare the students to participate, the suicide prevention liaison delivers an extended presentation about the contest that includes up-to-date, best practice information about suicide and mental health.
- ***ShastaSuicidePrevention.com***

The revamped ShastaSuicidePrevention.com website went live in August of 2016 and provides the community with a hub of information on resources relevant to suicide prevention. The website includes information on trainings, events, support and helplines, support groups and other local programs, volunteer opportunities, and campaigns. The website is organized with targeted outreach in mind, so that resources are easily accessible and relevant to the individual seeking help. Specifically, resources are available for men, women, teens, LGBTQ individuals, senior citizens, and veterans. Specialized pages for schools and primary care providers were recently added. These serve as user-friendly resources for these gatekeepers to access up-to-date information on research, trainings, tools, and protocols.
- ***Captain Awesome Campaign***

Middle-aged men have the highest rates of suicide in Shasta County. To fight this, a new men's mental health campaign was unveiled in 2017 to combat the societal pressures to repress emotions and not show weaknesses. Featuring local men, the Captain Awesome advertising campaign demystifies mental health and depression while giving men the tools to maintain their mental and emotional health. The goal is to drive people to our website to seek resources.
- ***Community Organize Institute for Leadership***

Community organizing builds the knowledge and skills of groups to act for positive change and community development. The Community Organizing Institute for Leadership (COIL) was designed to give community members the opportunity to learn the skills needed to work together to make community-level changes in their school, neighborhood, community, city, or county. The purpose of the Institute is to build the capacity of residents to become neighborhood organizers and work in partnership with HHSA-PH Organizers (HHSA-PH Cos) to extend Public Health reach in co-powering residents to build healthier communities. The next COIL training is scheduled for the Fall of 2020 with the goal to produce community

organizers prepared and trained to act for positive change and community development within their respective local neighborhood.

HHSA's Community Organizers know from their grassroots experience that Shasta County has a diverse cast of informal leaders, many of whom may just need a little assistance to become powerful change agents, as a result, the Community Organizing Institute for Leadership (COIL), was developed to teach local residents tools and techniques to coordinate cooperative campaigns that promote the interests of their community. The community organizers designed the curriculum for COIL by incorporating lessons from their own experiences and by conducting research on existing trainings.

For FY 2020-21, the MHP has dedicated interpreter budgets to ensure adequate interpreter resources are available for language assistance needs for all its beneficiaries.

Criterion 2 – Updated Assessment of Service Needs

The MHP’s QIC regularly reviews data, including service type by geographic area and race/ethnicity, gender, and age, to evaluate for appropriate level of services and penetration rates. The QIC evaluates at least annually if change in service delivery is needed based on demographic data. (See QIC for annual reports.)

In July of 2019 the estimated population of Shasta County was 180,080. The county's vast open spaces result in a population density of only 47 persons per square mile, as compared to 238 for the state of California. The racial makeup of the county is 87.8 percent White Non-Hispanic, 10.3 percent Hispanic or Latino, 3.2 percent American Indian or Alaskan Native, 3.1 percent Asian, 1.2 percent Black, and 0.2 percent Native Hawaiian and Other Pacific Islander alone. Note that 4.5 percent of the population are of multiple or other races.

Table of Shasta County racial makeup:

Race/Ethnicity	Shasta County Population	% of Population
White	158,110	87.8%
Hispanic	18,548	10.3%
Asian	5,582	3.1%
Native Hawaiian and Other Pacific Islander	360	0.2%
Black	2,161	1.2%
American Indian	5,762	3.2%
Multirace	8,103	4.5%

* Information obtained from the US Census Bureau, as of June 22, 2020

The population includes:

Age	Shasta County Population	% of Population
Under 5 years	10,520	5.9%
5 to 9 years	10,893	6.1%
10 to 14 years	10,500	5.9%
15 to 19 years	10,808	6.0%
20 to 24 years	10,213	5.7%
25 to 34 years	22,779	12.7%
35 to 44 years	19,093	10.7%
45 to 54 years	22,249	12.4%
55 to 59 years	12,939	7.2%
60 to 64 years	13,470	7.5%
65 to 74 years	20,852	11.6%
75 to 84 years	10,598	5.9%
85 years and over	4,171	2.3%

* Information obtained from the US Census Bureau, as of June 22, 2020

For those individuals 64 years and older, 34.9 percent of them are disabled.

Shasta County has a higher than statewide average for families, individuals, and children living in poverty.

See table:

Poverty in Shasta County	% of Population of Shasta County	% of Population in California
Families below poverty level	10.8%	10.4%
Individuals below poverty level	17.1%	14.3%
Children living below poverty	23.3%	19.5%

Shasta County, as of April 2020, had 97,782 residents covered by Medi-Cal.

Criterion 3 – Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

The MHP uses External Quality Review Organization (EQRO) data to evaluate penetration rate data. This data is reported to the QIC on an annual basis. Based on the data, if changes need to be made to service delivery to increase penetration rate, the QIC would make that recommendation to the MHP.

The MHP does targeted outreach for persons who are homeless and hard-to-reach individuals with mental disabilities. The MHP provides support through the Shasta Triumph and Recovery (STAR) Team, which is staffed with MHP staff and provides outreach and engagement, including to those that may be homeless. MHP staff visit homeless camps and those in shelters, and provides education about available services including linkage to services such as primary care, emergency housing, food, clothing, etc. The MHP staff also work with Shasta County Veterans Services, courts, probation, jail, the Good News Rescue Mission, emergency departments, and other community resources to provide outreach and case management to eligible homeless or hard-to-reach individuals.

The MHP participates annually in the **Redding/Shasta Homeless Continuum of Care (CoC) Council**, a regional organization consisting of public agencies, non-profits, faith-based groups, service providers, developers, governmental entities and individuals who have an interest in homeless issues in the area and a commitment to end homelessness. As an action-oriented collaborative, their mission is to 1) *restore lives*, 2) *eliminate homelessness* and 3) *improve our community*. Their goal is to offer a helping hand to those in need of shelter to enable them regain housing stability and quality of life.

The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county. It provides information about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met, services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The MHP provides a statewide (24/7) toll-free telephone number that provides adequate Telecommunications Relay Services, including linguistic capability, in all the languages spoken by beneficiaries of the county.

The MHP currently has interpreters on staff for Spanish and Mien. MHP interpreters go with outreach Registered Nurses or Personal Service Coordinators to individuals' homes to interpret, as needed. The MHP maintains contracts with Language Link (www.language.link) and NorCal Services for Deaf and Hard of Hearing as a sign language interpreter to use as needed.

Criterion 4 – Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System

The Shasta County MHP maintains an active Cultural Competency Committee. This working group consists of management, supervisory and line staff from multiple branches from within the Shasta County Health and Human Services Agency (HHSA). Committee members self-elect or are selected by managers. The Committee meets at least bi-monthly.

For the purposes of this group, culture is defined as a learned set of shared interpretations about beliefs, values, and norms which affect the behaviors of a group of people. Cultural proficiency includes behaviors, attitudes, and policies that come together to ensure that systems, agencies, programs, and individuals function effectively and appropriately in diverse cultural interactions and environments. It fosters understanding, appreciation, and respect of cultural differences and similarities within, among, and between groups.

The Committee is responsible for providing an annual cultural competency training to MHP staff. The Committee provides an annual training which is mandatory for all MHP staff (100%) and is two hours in length (30 minutes for interpreter/language line and 90 minutes focusing on specific culture). While the training is required for all MHP staff and contractors, it is open and available to all HHSA staff. The cultural training is provided during business hours, in a minimum of two different sessions, to ensure the maximum attendance of MHP and contractor staff.

The Cultural Competency Committee performs the following functions for the training:

- Create training and/or find speaker;
- Schedule event (book venue, coordinate logistics, etc.) – offer at least two different sessions to ensure most staff can attend;
- Advertise and schedule attendance;
- Conduct training, including administering a pre-and post-survey; and
- Analyze and share results of survey.

Annually, the MHP Cultural Competency Committee maintains the following deliverables:

- Training outline and handouts;
- Sign-in sheets of attendees; and
- Pre-and post-survey results.

It is anticipated the annual cultural training will provide MHP staff understanding, and subsequent demonstration, of different cultures.

Criterion 5 – Culturally Competent Training Activities

The Shasta County MHP shall maintain the Cultural Competency Committee and the Committee shall be responsible to provide an annual two-hour cultural training. During each annual training, a portion of the training is dedicated to Interpreter/Language Link Usage.

In FY 2013-14, the MHP provided a Brave Faces presentation. Brave Faces uses true stories of hope and recovery to fight stigma by improving understanding of mental illness and suicide.

In FY 2014-15, the MHP provided a presentation on military culture.

In FY 2015-16, the MHP provided a presentation on the culture of homelessness.

In FY 2016-17 the MHP provided a presentation on Mental Illness and the Criminal Justice System.

In FY 2017-18, the MHP provided a presentation on the Latino culture. The MHP provided a second training on LGBTQ.

In FY 2018-19 the MHP provided a presentation on the Lu Mien culture. The MHP provided a second training on Military Culture.

In August 2020 the MHP provided a presentation on the Native American culture.

Funds are budgeted for opportunities that become available for additional training highlighting cultural diversity that can be offered to staff.

The MHP is committed to embedding cultural competency issues into all training activities within the agency. Culture plays such a vital role in how an individual defines health, illness, recovery, and if/where help is sought. The MHP appreciates the differences within and among our community members and understand we must embed cultural considerations into all areas of operation, including training activities. As trainings are developed or contracted, attention will be given to cultural information that should be included in the training activity.

The Cultural Competency Committee prepares a report on the pre-and post-survey results, which is provided to the HHS Director (MH Director), Adult, Children's and Business and Support Services Branch Directors and Deputy Directors. Additionally, at least annually, one of the Co-Ethnic Services Coordinators reports to the QIC regarding the annual training.

Criterion 6 – County’s Commitment to Growing a Multicultural Workforce: Hiring and Retaining Cultural and Linguistically Competent Staff

The MHP strives to ensure a multicultural workforce in hiring and retaining cultural and linguistically competent staff. The County maintains a non-discrimination policy. The policy defines discrimination in employment as unlawful when decisions regarding the terms, conditions or benefits of employment are based on an applicant's or an employee's actual or perceived protected status, such as race, national origin, gender or sex, age, mental or physical disability, medical conditions relating to a diagnosis of cancer or a record or history of cancer, pregnancy, genetic characteristics, religion, marital status or sexual orientation.

The MHP through MHSA offers a free 65-hour training program designed to equip individuals with the education, skills, and experiences necessary to prepare them for an entry-level career into the Public Mental Health Field and/or equip them to become peer mentors. Through these classes, the Shasta MHSA Academy seeks to increase the percentage of individuals considering a career in mental health who are familiar with, and supportive of, the concepts of wellness, resiliency, recovery, and strengths-based focus. This course also offers an excellent opportunity for people with lived experience of mental illness to develop a specific Peer-based skill set that will help prepare them to serve as Peer Mentors or Peer Support Specialists.

Participants are provided with opportunities to learn new information, strengthen skills, and network with mental health professionals. The Academy is divided into two main parts: 45 hours of interactive classroom-based learning and 20 hours of hands-on learning. Classroom learning is based on curriculum from the International Association of Peer Specialist (iNAPS) and reflects the national ethical guidelines and practice standards for peer supporters. Hands-on learning covers training in group dynamics, meeting facilitation, stakeholder engagement, peer interaction, and center-based program delivery. Participants spend time volunteering in local wellness centers and our main mental health facility. In addition, participants are required to participate in advisory groups and/or stakeholder meetings, and shadow staff.

Additionally, the MHP adopted a new classification: Peer Support Specialist. The staff in this classification provide a variety of paraprofessional services in the community or clinic setting, including the ability to act as a resource and support system for participants; functioning as a liaison between participants and service providers, supporting self-empowerment of participants to act on their own behalf regarding their needs, providing services to participants and their family members/caregivers (both individually and in group settings), and performing related work as required. The employment standards are typically attained by having been a participant in the related program and/or having personal experience of a consumer (e.g. family member and/or caregiver) of services provided by the related program.

The Peer Support Specialist classification allows unserved and underserved populations access to employment with the MHP. These individuals have had personal lived experience of mental illness or are a family member of an individual with lived experience of mental illness.

Criterion 7 – Language Capacity

The MHP is dedicated to access for all clients. The MHP maintains a 24/7 Access to Services and Documentation of Request of Specialty Mental Health Services policy (See policy 2017-03.1, effective 01/26/2018). The policy provides for access to interpretive services to assist any caller. Additionally, the policy requires annual language line training (which is provided in conjunction with the annual cultural competency training).

The MHP maintains a Welcoming Policy, dedicated to ensuring that all beneficiaries can access services in a meaningful way. To ensure all beneficiaries receive culturally appropriate access to care, the MHP will inquire of all beneficiaries the language in which the beneficiary would like to communicate with the MHP. For beneficiaries that indicate a language other than English, beneficiaries will be offered interpreter services, such as the language line, free of cost to the beneficiary. The MHP will not use a beneficiary's minor child, family or friends to interpret (unless the beneficiary insists and declines offered free interpreter services), as this could lead to possible loss of confidentiality, privacy, misdiagnosis, invalid informed consent, embarrassment or a misplaced sense of security that effective communication has occurred. If lack of an interpreter will impair treatment, and treatment is unavailable due to lack of interpreter, MHP will explore use of family member as interpreter, after exhausting all other options and upon beneficiary consent.

Further, the Shasta County HHS maintains an agency-wide policy about the use of tele- and sign language interpreters. For tele-interpreter services, Shasta County contracts with Language Link, which provides services for more than 240 languages. Sign language services are available through NorCal Services for Deaf and Hard of Hearing. These policies provide guidance and instruction to all MHP staff on accessing language services for anyone that contacts the MHP.

Beginning with the first contact for mental health services, providers inform clients of their right to linguistically appropriate services, free of cost, and inquire into the client's linguistic and cultural needs and resources to identify and address any needs and/or barriers to accessing culturally and linguistically competent services. The results of this inquiry are recorded in the client's medical record. In addition, patients' rights information is posted at all MHP locations. The MHP does not have an established threshold language. However, in addition to English, most informing materials are available in Spanish. The MHP has bilingual staff available to provide interpretation services in Spanish and Mien and has contracted services with Language Link for up to 240 languages and services for the hearing impaired.

The MHP performs language test calls to ensure access is maintained for all callers. Test call reports are provided to DHCS on a quarterly basis.

The MHP, after investigating outside language verification contractors, including associated costs, has contracted with International Effectiveness – www.ie-center.org for language proficiency testing for applicants and current employees who act as interpreters.

Criterion 8 – Adaptation of Services

The MHP is dedicated to providing services in a culturally competent manner. To ensure access and services are adapted to the needs of each beneficiary, the MHP:

- Maintains a provider list for beneficiaries which includes information regarding specific linguistic and cultural services. The provider list is available in all of the MHP's certified sites;
- Provides mechanisms for beneficiaries to receive information about the ability to change providers and to meet the cultural needs of the beneficiary, including a Welcoming policy, a Change of Provider policy, and Change of Provider brochure. The Change of Provider brochure is available to beneficiaries in all certified MHP sites; and
- The MHP maintains a grievance program in compliance with the MHP agreement and Title 9. Grievance, appeal and state fair hearing posters are posted in all of the MHP's certified sites. Additionally, grievance, appeal and state fair hearing brochures are available in all of the MHP's certified sites.

The MHP maintains a Problem Resolution policy, which includes grievance, appeal and state fair hearing processes. Additionally, the MHP maintains a Change of Provider policy to ensure its processes.

The MHP, through MHSA, contracts with two separate contractors for wellness centers:

- The Sunrise Mountain Wellness Center in Redding provides activities that are therapeutic, educational, and social in nature; staff includes former consumers. Peers and members have the opportunity to voice their opinions on peer groups and activities at the monthly Center Advisory Committee meeting. The Sunrise Mountain Wellness Center is open Monday – Friday (excluding holidays) from 8:00 AM to 4:30 PM.
- Hill Country Community Clinic operates the Circle of Friends in eastern Shasta County, with a target population of residents age 16 years and older with serious mental illness and their families. Circle of Friends is available to the community a minimum of 20 hours per week.

The MHP also contracts with Hill Country Community Clinic to operate the CARE Center, which includes peer support staff and mental health professionals. Services include pre-crisis clinical assessment and treatment, case management, linkage to other community resources, transportation, education, treatment groups and much more. There is a community room for activities and meetings.

The CARE Center provides pre-crisis services for individuals/families experiencing mental health problems and an Assisted Outpatient Treatment (AOT) pilot program, commonly known as

Laura's Law, that allows for court-ordered treatment for people who have a serious mental illness.

The center was developed from the input of many interested community stakeholders and is an MHSA Innovation program. Innovation projects are time limited and used as a learning opportunity to test new approaches. If the evaluation data indicates that the center is a success, all efforts will be made to find sustainable funding to keep it going.

The MHP was awarded a Whole Person Care Grant Pilot. As part of this project, the MHP is contracting with a local provider to provide a Mobile Crisis Team (MCT) to assist with the effective handling of incidents involving individuals in need of immediate mental health crisis interventions. The MCT is now active and offering mental health assistance and crisis intervention within the community, responding to requests for assistance from individuals, families, businesses and law enforcement. Spending time providing clinical interventions to assist individuals through their mental health crisis will reduce the rate of unnecessary psychiatric hospitalizations, the impact of overcrowded emergency departments, and the impact on law enforcement personnel as there is now another alternative available.