SISKIYOU COUNTY

CULTURAL AND LINGUISTIC COMPETENCE PLAN

2025

Table of Contents

List of Abbreviations....4

Overview....5

Criterion 1 — Commitment to Cultural Competence....6

- Mission Statement and Core Values....6
- Code of Conduct....7
- Non-Discrimination Statement....7
- Training and Recruitment....7
- Contract Requirements, Provider Selection, and Certification....7
- County Demographics....8
- Governance....9
- Leadership....9
- Ethnic Services Manager (ESM)....9
- Cultural and Linguistic Competence Committee (CLCC)....9

Criterion 2 — Updated Assessment of Service Needs....10

- County Demographics....10
- Monthly Medi-Cal Eligibles by Demographics....12
- 200% of Poverty....14
- MHSA CSS Population Assessment and Service Needs....15
- Prevention and Early Intervention (PEI) Plan....16
- Substance Use Disorder Clients Served....17

Criterion 3 — Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities....18

- Medi-Cal Target Populations with Disparities....18
- MHSA Target Populations with Disparities....17
- Strategies for Reducing Disparities....18

Criterion 4 — Client/ Family Member/ Community Committee....25

- Ethnic Services Manager (ESM)....25
- Cultural and Linguistic Competence Committee....25

Criterion 5 — Culturally Competent Training Activities....26

Criterion 6 — County's Commitment to Growing a Multicultural Workforce 27
Workforce 27
Race/Ethnicity 27
Criterion 7 — Language Capacity 29
Criterion 8 — Adaptation of Services 30
Client driven/operated recovery and wellness programs 30
Responsiveness of mental health services 30
Quality of Care: Contract Providers 31
Quality Assurance 31

List of Abbreviations

ASQ/SE—Ages and Stages Questionnaire/Social-Emotional

BHP—Behavioral Health Plan

CLAS—Culturally and Linguistically Appropriate Service Standards

CLCC—Cultural and Linguistic Competence Committee

CLCP—Cultural and Linguistic Competence Plan

CPP—Community Partnership Planning

DHCS—Department of Health Care Services

EHR—Electronic Health Record

EQRO—External Quality Review Oversight

ESM—Ethnic Services Manager

LGBTQIA2-S—Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual/Ally, and Two-Spirit

MHSA—Mental Health Services Act

MMEF—Monthly Medi-Cal Eligibility File

PEI—Prevention and Early Intervention

QIC—Quality Improvement Committee

SUD—Substance Use Disorder

TAY—Transitional-aged youth

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Overview

Siskiyou County Health and Human Services Agency Behavioral Health Division strives to deliver culturally, ethnically, and linguistically appropriate services to behavioral health clients and their families. The Behavioral Health Plan (BHP) recognizes the importance of developing services that are sensitive to other cultures, including consumers in recovery (from mental health and/or substance use disorders), the Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual/Ally, and Two- Spirit (LGBTQIA2-S) community, various age groups (children, transitional aged youth – TAY, adults, and older adults), faith-based, physically disabled, and persons involved in the criminal justice system.

Developing a culturally and linguistically competent system requires commitment and dedication from leadership, staff, and the community to continually strive to learn from each other and through ongoing training and education. The BHP is committed to providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs, practices, and preferred languages. This vision is reflected in the BHP informing materials and client treatment plans. The integration of these values creates a forum for ensuring that we continually enhance our services to be culturally and linguistically relevant for youth and adult clients, and their families.

The following Cultural and Linguistic Competence Plan (CLCP) reflects the BHP's ongoing commitment to providing equitable access to services and quality of care. The CLCP addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder services, including the Culturally and Linguistically Appropriate Service Standards (CLAS).

Criterion 1 — Commitment to Cultural Competence

Mission Statement and Core Values

The BHP's mission is to promote the prevention of and recovery from mental illness and substance abuse for the individuals, families, and communities served by providing accessible, caring, inclusive, and culturally respectful services.

The BHP's core values include the following:

- Promotion of wellness and recovery
- The integrity of individual and organizational actions
- Dignity, worth, and diversity of all people
- The intrinsic worth of our clients as human beings
- Importance of human relationships
- Open and honest communication amongst our members
- Contributions of each employee
- Creation of an environment by which all persons can thrive and grow

The BHP is dedicated to developing, implementing, monitoring, and reviewing the following eight objectives:

1. Maintain accurate and reliable demographic and service-level data to measure and evaluate the impact of services and outcomes. The BHP expects leadership to promote equity of services through culturally responsive policies, practices, and procedures.
2. Expand the behavioral health workforce by recruiting, promoting, training, and supporting culturally and linguistically diverse leadership and expanding the workforce to include consumers and family members to create a better response for the needs of the community.
3. Provide culturally and linguistically appropriate behavioral health services, in an easy-to-understand written format in our two prominent languages (Spanish and English), as well as the Medi-Cal Manual in audio (English only). If needed, language assistance at no cost to the consumer. The BHP contracts with the AT&T Language Line to provide this no-cost service to our non-English speakers.
4. Improve access for all racial, ethnic, and cultural groups, including Hispanic, and Native American populations, TAY, older adults, veterans, LGBTQIA2-S individuals, persons involved in the criminal justice system, homeless individuals, foster care children, and consumer family members.
5. Provide at least two culturally informed trainings per fiscal year for behavioral health staff, contractors, and collaborative community partners. Deliver behavioral health services, including outreach and education, throughout Siskiyou County, in collaboration with other community partners. Provide co-located services whenever possible, including in diverse community settings known to serve Hispanic and Native populations in the least restrictive environment.

6. Increase the proportion of persons who reflect the diversity of the county by expanding membership for the Quality Improvement Committee (QIC), the Cultural and Linguistic Competence Committee (CLCC), and other committees.
7. Hold personnel and contractors responsible for showing sensitivity to cultural and ethnic differences to ensure that clients and co-workers feel welcome, safe, understood, and respected at the MHP.

Code of Conduct

All BHP personnel are committed to a belief in the dignity and worth of the individual human being. BHP staff members at all levels maintain high ethical standards concerning their duties as they come in contact with clients, other service providers, support personnel, and the public.

Non-Discrimination Statement

The Siskiyou County Behavioral Health Division provides equal care to all individuals seeking and receiving services regardless of age, race, ethnicity, physical ability, attributes, religion, sexual orientation, and gender identity or expression. Signs in English and Spanish are posted at clinic sites.

Training and Recruitment

The Siskiyou County Personnel Department assists with recruitment through local and online media as well as government websites.

The Department Compliance Officer assists with providing new employee orientation that meets mandated requirements through the BHP. All policies and procedures are available to staff electronically and are provided to contractors when their contracts are fully executed or if the policies are updated.

The Quality Assurance Manager provides new employee orientation to the rules and regulations of the BHP as they pertain to appropriate treatment planning and documentation mandates per DHCS.

Contract Requirements, Provider Selection, and Certification

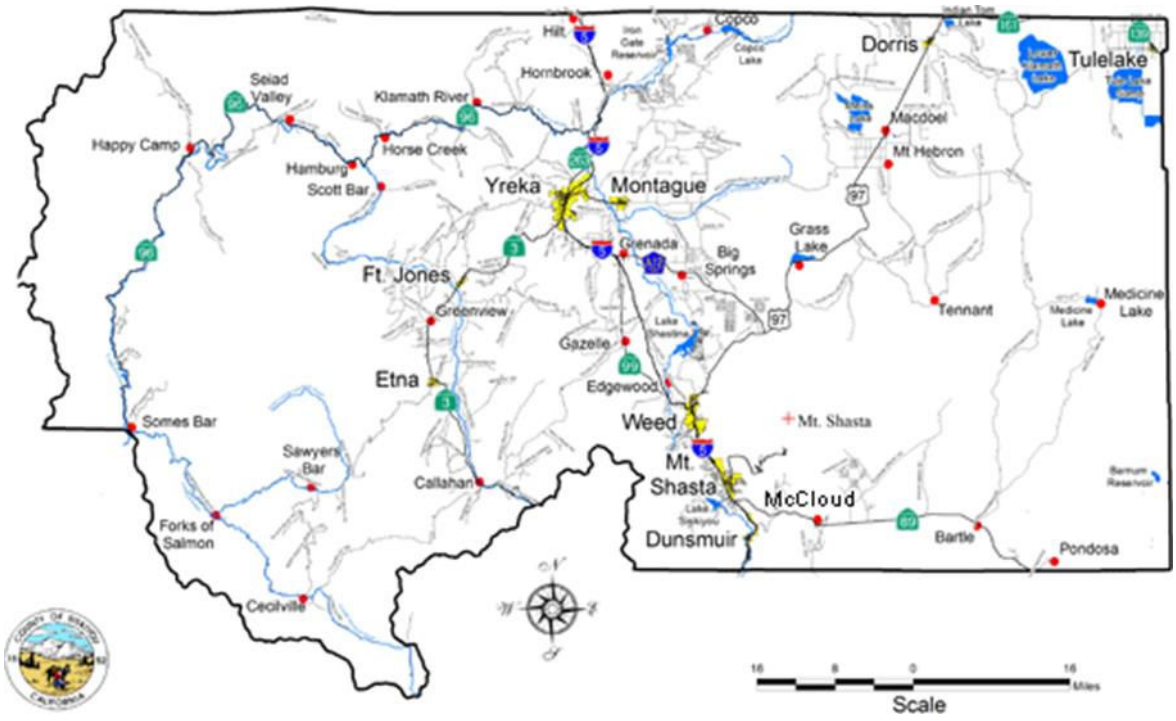
The Siskiyou County Health and Human Services Agency Behavioral Health Division is committed to ensuring beneficiary access to services through its network of county and contracted providers. Before entering into a contract, the BHP certifies that organizational providers comply with CCR, Title 9, Chapter 11, Section 1810.435 and the MHP Contract, Exhibit A, Attachments 7 and 11.

The BHP does not discriminate against providers that serve high-risk populations or specialize in conditions that require costly treatment. The BHP does not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely based on that license or certification. If the BHP declines to include an individual or groups of providers in its network, affected providers are given written notice of the reason for its decision. The BHP does not employ or contract with providers excluded from participation in federal health care programs under either section 1128 or section 1128A of the Act. Additionally, the BHP complies with any additional requirements established by the State.

County Demographics

Siskiyou County is a geographically large, rural county with a population of 43,834 persons, located in the Shasta Cascade region of Northern California. Approximately 6,350 square miles, Siskiyou County is geographically diverse with lakes, dense forests, and high desert. The County seat, Yreka, is located on Interstate 5 (I-5) about 20 minutes south of the Oregon border. However, many towns and cities are located off the I-5 corridor and accessible primarily by two-lane roads with minimal public transportation to outlying areas in East County (Butte Valley) and West County (Klamath River corridor/Happy Camp). Geography and distance play an important role in determining service delivery for the BHP.

Figure 1: Siskiyou County Map



The major population centers in Siskiyou County exist along I-5, as indicated by Figure 1 above. Only nine cities in the County are incorporated. The County's public transportation system operates buses connecting the more populated areas, however, trips to some communities occur only once per day, or in some cases, once per week. Siskiyou County Behavioral Health is located in Yreka, the County seat. To assist with meeting the needs of clients throughout the County, the BHP operates a satellite clinic in Mt Shasta, the second-largest city in the County, and provides school and Family/Community Resource Center based services in outlying communities. Round trip mileage from the incorporated cities to Yreka is as follows:

Tulelake 158 miles
Dorris 106 miles
Dunsmuir 95 miles
Weed 56 miles
Fort Jones 30 miles
Happy Camp 132 miles
McCloud 98 miles
Mt. Shasta 74 miles
Etna 54 miles
Montague 16 miles

Governance

The Board of Supervisors, acting with the advice of the County Administrative Officer and various department heads may determine the compensation, number, and general duties of personnel employed by the County. The board is authorized to perform other duties and exercise any other powers which are granted by or are in compliance with the laws of the State of California.

Leadership

The BHP Director, Clinical Director, and the Siskiyou County Behavioral Health Board have the authority and responsibility to integrate cultural competence throughout Siskiyou County BHP services.

Ethnic Services Manager (ESM)

The BHP Director has delegated the development and oversight of the cultural competence committee to the Project Coordinator, who also serves in the role of state- mandated ESM.

The ESM works closely with the Director, MHSA Coordinator, and the Compliance Officer, and is a member of the Executive Management Team. The ESM reports recommendations of the Cultural and Linguistic Competence Committee to the Director and offers recommendations to ensure the agency is in full compliance with the CLAS standards.

Cultural and Linguistic Competence Committee (CLCC)

The CLCC is committed to promoting the delivery of services and information to residents of Siskiyou County responsively and respectfully toward the individual attitudes, beliefs, customs, and practices of the various cultural and ethnic groups represented within the county. The CLCC has four primary functions:

1. Review departmental services, programs, and data concerning cultural competency issues.
2. Participate in the overall planning and implementation of the County services.
3. Participate in and review the County MHSA planning process and outcomes.
4. And directly transmit recommendations and concerns to the administration and the Quality Improvement Committee.

The Committee meets every month and to the extent possible, has participation from ethnic, racial, and cultural groups represented in the community. The Committee is comprised of the Director, ESM, MHSA Coordinator, Clinical Services Site Supervisor, line staff, Wellness Center staff, and consumers. Members are continuously working to recruit additional consumers, TAY, family members of consumers, and community stakeholders.

Criterion 2 — Updated Assessment of Service Needs

County Demographics

Age

The U.S. Census Bureau changed the demographic age groups after the 2020 Census. This report has been updated to reflect the age groups as shown in the 2023 Census estimates, so a comparison to previous years is unavailable.

The median age in Siskiyou County is 47.2 years, higher than California's state median of 38.2 years. The age distribution in the County reveals the presence of a large aging population, with 41.9% being age 55 or older. According to the U.S. Census, the median age of the County ranges from a low of 35.9 in Somes Bar (95568) to a high of 69.5 in Forks of Salmon (96031).

The youth population is largely consistent with state averages. Approximately 20% of residents are under the age of 18, which is slightly lower than California's state average of 21.7%. Similarly, 4.8% of Siskiyou County's population is under the age of 5, compared to 5.4% statewide.

Race/Ethnicity

Siskiyou County's demographic profile contrasts sharply with California's in terms of racial and ethnic diversity. Overall, 74.2% of the County residents identify as White alone, not Hispanic or Latino(a), with a lesser 13.1% considering themselves Hispanic or Latino(a), well below the state average of 40.2%. It is important to note that racial groups are unevenly distributed across the county, with areas like Macdoel (96058) and Tulelake (96134) containing a strongly concentrated Hispanic or Latino population, representing 52.9% and 41.9% of the community, respectively. In contrast, the community of Callahan (96014) has no statistically significant presence of Hispanic or Latino residents.

The remaining 12.6% not Hispanic or Latino(a) community members identify as follows:

- 1.6% – Black or African American;
- 2.8% – American Indian and Alaska Native;
- 1.6% – Asian;
- 0.4% – Native Hawaiian and Other Pacific;
- 0.2% – Some Other Race; and,
- 6.0% – Two or More Races.

Further evaluation reveals the City of Weed has the largest Black, not Hispanic or Latino(a) community and the largest concentration and percent (8.3%) of Black community members in Siskiyou County. The Black community in Weed, CA, historically resided in the Lincoln Heights neighborhood, which was believed to be (until the Mill Fire) one of the only intact Black neighborhoods west of the Mississippi River that dates back to the early days of the last century.

Native Americans represent a significant cultural group in Siskiyou County, especially in the community of Happy Camp, which serves as the headquarters for the Karuk Tribe. Happy Camp sits on the historic village of Athithúfvuunupma or "where the hazel creek flows into," the ancestral homeland of the Karuk Tribe. The Karuk have lived in the lands surrounding the middle Klamath River in Northern California for millennia. Their 1.04 million-acre aboriginal territory stretches about 170 miles along the Klamath River from Orleans to Yreka in Humboldt and Siskiyou counties. With more than 3,700 enrolled members and another 5,000 enrolled descendants, the Karuk Tribe is one of California's largest by population.

Happy Camp continues to represent a central hub for the tribe's cultural, social, and economic activities, drawing a high concentration of Native American residents into the Happy Camp community. Programs administered by the tribe focus on preserving Native American traditions and supporting community welfare through health, education, and housing initiatives.

Overall, 7.6% of community members identify as American Indian and Alaska Native, if the community analyzed by race alone, or in combination with one or more other races. Additional variations are summarized in Table 3. According to the U.S. Census, the communities with the highest number of residents who identify as American Indian and Alaska Native are Fort Jones (96032 – 336 residents), Yreka (96097 – 278 residents), Montague (96064 – 169), and Happy Camp (96039 – 117 residents).

Gender

The gender distribution between males and females is approximately equal (Table 3).

Table 3: Gender Distribution

Gender	2022 Pct	2023 Pct	2024 Pct
Male	49.5%	49.9%	49.6%
Female	50.5%	50.1%	50.4%
Total	**100%**	**100%**	**100%**

Language

The language distribution for the county population (Table 4) shows that English speakers are the highest percentage of residents at 90.1% and that Spanish-speaking residents comprise approximately 7.3% of the population.

Table 4: Siskiyou County Language Distribution

Language	2022 Pct	2023 Pct	2024 Pct
English	90.6%	90.3%	90.1%
Spanish	6.9%	7.1%	7.3%
Other	2.5%	2.6%	2.6%
Total	**100%**	**100%**	**100%**

Monthly Medi-Cal Eligibles by Demographics

For data-driven decisions, the BHP monitors the SmartCare penetration data Quarterly in Quality Improvement Committee or subcommittee.

The following includes a summary of the Medi-Cal Eligibles, Medi-Cal beneficiaries served by the BHP, and penetration rates by race/ethnicity, age, gender, and language. The data for the Medi-Cal Eligibles was obtained from DHCS, the number of Medi-Cal beneficiaries served comes from the BHP's EHR, and the penetration rates are obtained quarterly throughout the fiscal year.

Race/Ethnicity

Table 5 describes the BHP's penetration rates by race and ethnicity. The overall penetration rate for the BHP was 10.35% in fiscal year 24-25. The White/Caucasian rate was 9.04%, Native American was 20.34%, Hispanic was 8.53%, Asian/Pacific Islander was 4.98% and the Black/African American rate was 16.28%.

Table 5: Race/Ethnicity Penetration Report (SmartCare FY 24-25)

Race/Ethnicity	MMEF Eligibles	SDMC Clients Served	Penetration Rate (%)
Alaskan Native or American Indian	526	107	20.34%
Asian or Pacific Islander	301	15	4.98%
Black or African American	301	49	16.28%
Hispanic	2462	110	8.53%
White	13944	1261	9.04%
Other	1259	404	32.09%
TOTAL	**18,793**	**1,946**	**10.35%**

Siskiyou County Behavioral Health adjusted the collection of race and ethnicity data in order to no longer have a single categorical set of data for race and ethnicity. Individuals were able to select multiple options and those were not combined into a single all-inclusive category such as 2 or more races or multi-racial etc. The adjustment of race and ethnicity data collection and stratification impacted the data significantly as multiple vulnerable populations were previously were not visible as they were placed in alternate categories.

The BHP has historically had challenges with increasing the penetration rates for the Hispanic community and has developed outreach strategies for increasing the penetration rates. Beginning in 2015, the BHP contracted with a local bilingual Spanish speaking resident to provide outreach and linkage services in the Butte Valley area of the county, which is home to the highest concentrations of Hispanic individuals. Unfortunately, the Family Resource Center in Butte Valley closed this year, and this contract is no longer in place. The BHP partners with the Public Health Division, whose bilingual staff provide outreach materials and information on available services to Hispanic communities throughout Siskiyou County.

Age

Table 6 illustrates the age distribution penetration report that is developed by SmartCare. The SmartCare report does not present the age groups in the same distributions as the Census data, so the reports are not comparable.

Table 6: Age Distribution Penetration Report (SmartCare FY 24-25)

Age Group	MMEF Eligibles	SDMC Clients Served	Penetration Rate (%)
0-5	1,532	51	3.33%
6.0 - 11	2,062	94	4.56%
12.0 - 17.0	1,954	183	9.37%
18-20	930	78	8.39%
21-24	948	92	9.70%
25-34	1,929	342	17.73%
35-44	2,411	251	10.41%
45-54	2,030	329	16.21%
55-64	2,356	297	12.61%
65+	2,641	229	8.67%
TOTAL	**18,793**	**1946**	10.35%

To address low penetration rates in the 0-5 age group, the BHP partners with First 5 to increase access to developmental screenings throughout the county by utilizing the Ages and Stages Questionnaire and Social-Emotional Screening. Currently, screenings are conducted in all county preschool programs, in the Family/Community Resource Centers, through the Women, Infants, and Children program, and for children in the foster care system. Screenings and supportive services to build protective factors in parents and providers are offered in community-based culturally inclusive settings. These supportive programs increase knowledge of child development through evidence-based parenting education classes and workshops, the Ages and Stages Questionnaire, and social connections through drop-in services and play groups. Furthermore, families receive concrete support in time of need through over 12,000 hours of in-person drop-in support annually at local libraries, and Family/Community Resource Centers.

The BHP's Children's System of Care clinicians receive training in the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) model which was developed to provide support and skills for young children (ages 0-5) and families to recover and heal after stressful and traumatic events.

Gender

Table 7 represents gender distribution penetration rates. Females had a 6.03% penetration rate and males had a lower rate at 4.08%. The BHP's electronic health record is being developed to capture gender categories of clients more accurately.

Table 7: Gender Penetration Rates (SmartCare FY 24-25)

Age Group	MMEF Eligibles	SDMC Clients Served	Penetration Rate (%)
Female	9472	961	10.15%
Male	9321	974	10.45%
TOTAL	**18793**	**1935**	**10.30%**

Language

Table 8 represents language distribution penetration rates. The English penetration rate was 11.42%, the Spanish rate was 0.58%, and the Hmong rate was 1.4% for fiscal year 24-25. One of our goals in Criterion 3, Strategies for Reducing Disparities, is to recruit staff and contract with bilingual providers for translation and interpretation services.

Table 8: Language Penetration Rates (SmartCare FY 24-25)

Language	MMEF Eligibles	SDMC Clients Served	Penetration Rate (%)
English	16,932	1933	11.42%
Hmong	215	3	1.40%
Laotian	86	1	1.16%
Spanish	1372	8	0.58%
Other	188	1	0.53%
TOTAL	**18793**	**1,946**	10.35%

Similar to race/ethnicity penetration rates, the Spanish language rate has historically been a challenge for the BHP. Efforts to recruit and certify bilingual County staff and contractors have been continuous, but very few qualified applicants are available in this frontier county. Currently, Siskiyou County has developed a Limited English Proficiency Coordinator position which will develop a specific individual to recruit, train and retain bilingual staff and translators. The BHP also recognizes the growing Hmong and Laotian populations in the County and the need for targeted outreach to this community. Since last year we have added a goal to provide targeted training to the Mobile Crisis Team on vulnerable populations in Siskiyou County including the Hmong and Laotian populations..

200% of Poverty

Siskiyou County has been unsuccessful in locating data that addresses 200% below the poverty level. The following table provides the 2025 federal poverty level depending on household size.

HOUSEHOLD	POVERTY	130%	200%

SIZE	LEVEL		
1	$15,650	$20,345	$31,300
2	$21,150	$27,495	$42,300
3	$26,650	$34,645	$53,300
4	$32,150	$41,795	$64,300
5	$37,650	$48,945	$75,300
6	$43,150	$56,095	$86,300
7	$48,650	$63,245	$97,300
8	$54,150	$70,395	$108,300
EACH ADD'L HEAD	$5,500	$7,150	$11,000

MHSA CSS Population Assessment and Service Needs

The Siskiyou County MHSA Three-Year Plan for FY 2023-2026 was approved and adopted by the Board of Supervisors on August 6, 2023. The following data was reported in the three-year plan based on information collected in the County Census and the BHP's electronic health record from FY 23-24.

As stated previously in this plan, the demographics of Siskiyou County differs significantly from that of most California counties in that it is less racially and ethnically diverse. More than 74% of the county population identifies as white or Caucasian, and almost 14% as Hispanic. Two federally recognized tribes alongside other non-federally recognized local indigenous people in the county account for 5.3% of the population, and a much smaller Asian community (2.3%). Almost 29% of residents are age 65 or older compared to the statewide average of 16.2%, and 11.9% of those under 65 are disabled compared with the state average of 7.3%. Approximately 8.5% of Siskiyou County residents are veterans. An estimated 9.9% of the population speaks a language other than English in the home, and Spanish has previously been identified as a threshold language in Siskiyou County.

Behavioral Health served 1,946 consumers in FY 24-25 as reported in the department's electronic health record and the Monthly Medi-Cal Eligibility File (MMEF) Data. Through Community Partnership

Planning (CPP) focus groups, surveys, and analysis of the demographic penetration rate data, Siskiyou County has identified Youth (6-15), Transitional Age Youth (TAY, 16-24), Older Adults (65+), Spanish speakers, Hmong speakers, Native Americans, unhoused individuals, families living in poverty, and those involved in the criminal justice system as target populations for MHSA.

Behavioral Health is reviewing MHSA data as it is in the planning phase to implement the transformation from MHSA to BHSA. Population data and service need assessments for multiple areas of BHSA were completed by DHCS and CalMHSA and provided to the county as initial estimates for review in October 2025. Behavioral Health will be using this data to determine BHSA alignment in the upcoming year.

Prevention and Early Intervention (PEI) Plan

Prevention and Early Intervention (PEI) programs bring mental health awareness into the lives of all members of the community through public education initiatives and community dialogue. These programs facilitate access to services and support at the earliest sign of mental health challenges and builds upon existing capacity to increase intervention services at sites frequently visited for other routine activities, e.g., health care clinics, educational facilities, community organizations, and the F/CRC (Family/Community Resource Center) network.

As identified through the CPP, children and transitional-age youth are priority populations, and several PEI programs focus on youth ages 2-18, family systems, and parenting. Prevention programs include: a Mindfulness curriculum to promote self-control and emotional resilience for students, and train teachers and staff to support the youth who are struggling are implemented into grades K-3rd in rural Happy Camp; and a Youth mentoring program in Scott Valley focused on ages 5-18 increases community service/support for unserved/underserved at-risk youth, reduces negative exchanges with law enforcement agencies and brings positive change to the community.

Other programs include children's groups such as Girl's Circle and Boy's Council, and parenting classes. Media projects in local middle and high schools provide teens with the opportunity to share experiences and mental health challenges through videos that tell their stories, to reduce stigma around bullying, mental illness, and other challenges students face. As an early intervention project, the BHP collaborates with First 5 Siskiyou to conduct countywide childhood screenings for children aged birth – 5 years old. The Ages and Stages Questionnaire/Social-Emotional (ASQ/SE) screening tool is administered by qualified partners to identify those who require further evaluation for eligibility of specialized mental health services. Research studies demonstrate the fundamental importance of early developmental and social-emotional screenings for children and youth in stressed families. In partnership with First 5 Siskiyou, the BHP works with local and regional organizations to develop systems that fully support young children's social-emotional health.

All PEI programs are currently being reviewed with the re-alignment of Prevention funds being designated to Public Health. Behavioral Health is collaborating to shift those services and determine which will proceed or need to be developed as part of the Early Intervention portion of BHSA which will be retained by Behavioral Health. The realignment will deeply impact the programs that have consisted over years under MHSA as many programs were by the new DHCS definitions considered to be preventative programs.

Substance Use Disorder Clients Served

The following includes a summary of data by age, gender, and ethnicity for the 442 clients who received services in FY 24-25 in the Substance Use Disorder (SUD) program.

Age

SUD clients under the age of 24 and those 65 and older are under-represented concerning service provision, which is confirmed in the penetration reports and has been a historical trend (Table 9). As compared to the previous fiscal year, FY 23-24 showed an increase in the number of clients between the ages of 35 and 64 that were seeking SUD treatment services.

Table 9: Age Distribution of SUD Clients Served (SmartCare FY 24-25)

Age Group		SUD Clients Served	Percent (%) of SUD Clients
0-5		0	0%
6-11		0	0%
12-17		17	3.85%
18-20		15	3.39%
21-24		27	6.11%
25-34		117	26.47%
35-44		136	30.77%
45-54		75	16.97%
55-64		40	9.05%
65+		13	2.94%
TOTAL		**442**	**100%**

Ethnicity

In FY 24-25, 90.7% of the clients identified as not Hispanic or Latino, and 9.3% identified as Hispanic or Latino; as compared to the previous fiscal year, this is a 0.6 percent decrease in Hispanic or Latino clients and is slightly lower than the countywide demographic data. This recent trend will be addressed by Goals 2.1 (Outreach), 1.4 (Mobile crisis cultural competence training) and 2.2 (Staff training to target specific cultural needs) listed under Strategies for Reducing Disparities below.

Gender

Of the 442 SUD clients served in FY 24-25, 46.2% were female and 53.8% were male. This distribution remained historically consistent.

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

Medi-Cal Target Populations with Disparities

1. Ethnicity/Race

   Siskiyou County is predominately populated by individuals (74.1%) who identify as White/Caucasian. This demographic disparity is increasingly unique in rural Northern California. Historically, the BHP has struggled to serve multiple ethnic and racial populations as reflected in the disparities across multiple years. New data reviewed in the BHSA planning process has shown increasing disparities at the county-level across ethnic and racial categories. Behavioral Health will be working to continue interventions meant to increase engagement at the agency amongst Hispanic and Hmong populations while also developing inter-agency interventions to meet county-level disparities. These two populations were determined upon examining county-wide data provided by DHCS to have multiple disparities in the realm of behavioral health and adjacent agencies.

Language

With data showing the continual lack of penetration rates with populations that are impacted by limited language resources Behavioral Health is working with the new Limited English Proficiency (LEP) Coordinator to determine innovative steps to increase LEP resources.

MHSA Target Populations with Disparities

1. Ethnicity

   The majority of clients identify as Caucasian, which is consistent with the composition of the resident population, which is 74% Caucasian. New data reviewed in the BHSA planning process has shown increasing disparities at the county-level across ethnic and racial categories. Behavioral Health will be working to continue interventions meant to increase engagement at the agency amongst Hispanic and Hmong populations while also developing inter-agency interventions to meet county-level disparities.

2. Age

   Through analysis of the data evaluated in preparation for BHSA identified Youth (6-11) and Older Adults (65+) as target populations for outreach. Disparities in the data highlighted reduced penetration in these groups that would implicate the need for greater resource allocation. Behavioral Health will be implementing early intervention models to target the youth population while increasing outreach and engagement with local agencies that provide resources to seniors as access points.

3. Language

   With data evaluated during the BHSA planning process showing the continual lack of penetration rates with populations that are impacted by limited language resources

Behavioral Health is working with the new Limited English Proficiency (LEP) Coordinator to determine innovative steps to increase LEP resources.

4. Justice Involved
   A data analysis in a comparative study between Siskiyou County, other California small counties and the state-wide averages for Justice Involvement Behavioral Health has found multiple areas of concern that make justice-involvement a priority population moving into BHSA. Siskiyou County is has one of the highest percentages per capita for incarcerated youth, IST and SMHS incarcerated members reported. All were significantly higher than the state average leading Behavioral Health to consider it one of the highest needs populations of focus for the upcoming year(s).

Strategies for Reducing Disparities

The CLCC identifies goals on an annual basis that are developed to reduce the disparities that affect Medi-Cal beneficiaries. In 2016, Siskiyou County adopted the Culturally and Linguistically Appropriate Services Standards (CLAS) of care and trained all staff to these Standards. The CLAS Standards are intended to advance health equity, improve the quality of care, and eliminate health care disparities by establishing a blueprint for health and healthcare organizations. More information on the CLAS standards that are used to guide the development of BHP strategies can be found at https://www.co.siskiyou.ca.us/behavioralhealth/page/cultural-competency-committee-0.

The FY 23-24 strategies for reducing disparities include:

1. Overall Strategies to reduce disparities in Siskiyou County

1.1 The BHP will evaluate the community providers' capacity to meet the needs of a culturally diverse population and update the internal provider list to demonstrate cultural diversity, language capacity, and staff specialties.

- Timeline: Internal provider directory updated monthly, Network Adequacy submitted annually, Staff Diversity Survey administered annually, and 274 data submitted monthly.
- Monitoring Mechanism: Internal provider directory, Network Adequacy compliance, Staff Diversity Survey outcomes, and review of 274 submissions
- FY 22-23 Baseline: There were 73 respondents to this year's Staff Diversity survey, generally reflecting the diversity of Siskiyou County. The BHP did not receive a plan of correction for the Annual Network Adequacy Submission. The BHP has begun submitting monthly 274 reports to assess the network of provider capacity on a consistent, real-time basis.
- FY 24-25 Update: There were 52 respondents to this year's Staff Diversity and Efficacy survey, generally reflecting the diversity of Siskiyou County. The BHP received a plan of correction for the Annual Network Submission. The plan submitted all requested documentation in response to the corrective action plan in July 2025. The BHP submits the

274 monthly to assess the network capacity on a consistent real-time basis. Monthly 274 file reviews occur between staff and CalMHSA to evaluate any errors in data retrieval. The internal provider directory is updated monthly and reflected within the EHR.

1.2 Continue to contract with Relias Online Training program. Provide at least two cultural competence trainings for all staff. The Compliance Officer tracks and assures completion of the assigned trainings.

- Timeline: Two trainings completed each fiscal year.
- Monitoring Mechanism: Relias training roster, other training sign-in sheets, number of staff completing trainings.
- FY 22-23 Baseline: Although no mandatory cultural competence staff training was assigned last year, all onboarding staff are required to complete 2 hours of cultural competence training, for a total of 3 trainings via the Relias platform (Cultural Competence, Understanding Unconscious Bias, and The Role of The Behavioral Health Interpreter). Twenty-four staff were hired and thus received this training in FY 22-23. Additionally, staff training for Mobile Crisis completed the required training modules, to include training specific to several underrepresented populations.
- FY 24-25 Update: All staff received a 1-hour training on Cultural Humility and Implicit Bias in Behavioral Health. Onboarding staff also received 3 hours of cultural competence training via the Relias platform (Cultural Awareness and Humility and Ethical, Legal Issues for Behavioral Health Interpreters, Human Trafficking). Additionally, staff training for Mobile Crisis completed the required training modules, to include training specific to several underrepresented populations. SB 923 training will be added to onboarded training starting in FY 25-26.

1.3 (New for FY 2024): Provide Cultural Competence Training for the Mobile Crisis Team.

- Timeline: Provide place-based training including specialized information on specific underserved populations such as the local indigenous peoples, non-natural born US citizens, and other growing ethnic groups in the region such as Hmong and Hispanic populations to the Mobile Crisis Team (MCT) by December 31, 2025. (please see goal 2.2 which is a related goal for all BHP staff).
- Monitoring Mechanism: Training sign in sheets.
- FY 2023-24 Baseline: Previously the Mobile Crisis Team has only completed the Mobile Crisis TA Center (MTAC) training on cultural competence and the two required CC trainings that all staff are assigned.
- FY 2024-2025 Update: Training for staff to improve clinical engagement with limited to non-English speaking clients will occur at the end of the CY 2025. This training seeks to establish a

foundational set of best practices that will help with engagement with vulnerable populations that the data shows a significant lack of penetration.

2. Strategies to reduce disparities related to race, ethnicity, or gender identity.

2.1 Meet with culturally diverse groups and agencies to increase/reinforce provider relationships at least two times per fiscal year.

- Timeline: Activities to be completed by December 31, 2025.
- Monitoring Mechanism: Outreach log.
- FY 22-23 Baseline: due to challenges with the BHP finding partners to review P&Ps, the focus of this goal was shifted to building new and renewing relationships with community partners. Youth Empowerment Siskiyou, Law Enforcement agencies, Siskiyou County Courts, and the Office of Education were involved in partnerships and collaborations targeting disparities.
- FY 24-25 Update: Youth Empowerment Siskiyou, Law Enforcement agencies, Siskiyou County Courts, Siskiyou County Family/Community Resource Centers, and the Office of Education were involved in partnerships and collaborations targeting disparities. The BHP is actively in the process of establishing MOUs with the two local federally recognized tribes, Karuk Tribe and Quartz Valley Tribe, within Siskiyou County. The BHP is optimistic the MOUs will be finalized in FY 25 – 26. The BHP also established a MOU with Queer Humboldt to provide facilitation for a specialized subcommittee focused on organizational evaluation around Diversity, Equity and Inclusion practices. The subcommittee began in May 2025.

2.2 One of the annual mandatory training opportunities to BHP staff will target the specific cultural needs of minority ethnic groups that are located in Siskiyou County.

- Timeline: Targeted cultural needs training expected to be completed by December 2025.
- Monitoring Mechanism: Relias training roster; training sign in sheets.
- FY 22-23 Baseline: The BHP failed to provide mandatory cultural competence training on local cultural groups due to the number of hours required to complete CalAIM training and EHR end-user training. The BHP will resume targeted training next year.
- FY 24-25 Update: Training for staff to improve clinical engagement with limited to non-English speaking clients will occur at the end of the CY 2025. This training seeks to establish a foundational set of best practices that will help with engagement with vulnerable populations that the data shows a significant lack of penetration.

2.3 Provide training to BHP staff on Senate Bill 923 requirements for transgender, gender non-conforming, and intersex (TGI) people.

- Timeline: Training will be provided by December 31, 2025.
- Monitoring Mechanism: Training sign in sheets.
- 2023-24 Baseline: This training is now recommended by DHCS as an evidence-based practice which is required by SB 923.
- FY 24-25 Update: SB 923 training was established with Queer Humboldt, a TGI approved training organization. Training started in July 2025 and will be integrated into onboarding requirements starting FY 25- 26.

3. Strategies to reduce disparities related to age.

3.1 Provide a minimum of two outreach activities to older adults residing in Siskiyou County.

- Timeline: Ongoing outreach activities throughout the year.
- Monitoring Mechanism: Outreach activity log and program evaluation data.
- FY 22-23 Baseline: Due to the requirement of new programming, outreach and engagement activities were provided by the Mobile Crisis program, Mental Health Student Services Act (MHSSA) Coordinator, and MHSA Coordinator. Outreach activities and stakeholder feedback was solicited from older adults in the community regarding these and other programs offered by the BHP.
- FY 24-25 Update: Due to the requirement of programming, outreach and engagement activities was provided by the Mobile Crisis program, Mental Health Student Services Act (MHSSA) Coordinator, CARE program and MHSA coordinator. Outreach activities across the various programs and engagement with older adults allowed for an increase in older adult feedback.

3.2 Participate in school-based Social Emotional Learning (SEL) and therapeutic services for school aged children and youth.

- Timeline: Ongoing
- Monitoring Mechanism: SEL referral forms and program reports.
- FY 22-23 Baseline: The BHP was in the operational phase with this program. An MHSSA coordinator and Behavioral Health Specialist were hired to implement SEL services to those youth who meet the Tier 3 level of service. MHSSA continues to participate in the monthly collaborative with the Office of Education and the Champion school to further enhance and increase services throughout the county.
- FY 24-25 Update: The MHSSA coordinator and Behavioral Health Specialist implemented SEL services for those youth who meet the Tier 3 level of service. MHSSA continues to participate in the monthly collaborative with the Office of Education and the Champion school to further enhance and increase services throughout the county. The removal of BHSA funds around prevention are expected to impact this process.

3.3 Engage transitional aged youth (TAY) in substance use prevention and early intervention.

- Timeline: Ongoing Prevention and Early Intervention activities provided in school-based settings throughout the school year.
- Monitoring Mechanism: Prevention/Early Intervention activity reports and school contacts.
- FY 22-23 Baseline: Prevention and Early Intervention services were expanded with the addition of the MHSSA. Two positions were added to increase outreach and services to school-age and TAY populations through MHSSA. MHSA continues to fund community providers to provide Prevention services to the TAY population throughout the county. The BHP continues to utilize an SUD counselor to provide Prevention and Early Intervention services to the TAY population, as well as the continuation of the Athlete Committed program. Approximately 25 schools received Prevention services through this program in FY 22-23.
- FY 24-25 Update: MHSA continues to fund community providers to provide Prevention services to the TAY population throughout the county. The BHP continues to utilize an SUD counselor to provide Prevention and Early Intervention services to the TAY population, as well as the continuation of the Athlete Committed program. Approximately 25 schools received Prevention services through this program. MHSSA has increased outreach to the TAY population. The removal of BHSA funds around prevention are expected to impact this process.

4. Strategies to reduce disparities related to language

4.1 Provide mandatory annual language line training and random testing throughout the year to ensure staff are capable in the use of the language line.

- Timeline: Annual training and ongoing test calls.
- Monitoring Mechanism: Training sign-in sheets, test call reports.
- FY 22-23 Baseline: 15 test calls were completed. Nine were to the 24-hour crisis line. Six of the calls were to the in-house business line, (0 were conducted in Spanish). There was a 7% decrease is test calls and no FY 22-23 alternate language testing.
- FY 24-25 Update: Siskiyou County failed multiple test call audits with DHCS. To rectify the issues in documentation, client engagement and service provision around test calls a specific training will be provided in CY 2025 for working with the limited English population.

4.2 Seek to recruit staff and contract with bilingual providers for translation and interpretation services. All translation/interpreters shall complete language proficiency testing.

- Timeline: Language proficiency testing occurs upon hire or contracting. Recruitment ongoing, RFP issued.
- Monitoring Mechanism: Staff directory and internal provider directory, contracted respondents to RFP.
- FY 22-23 Baseline: Five staff, or 7%, are bilingual and able to act as interpreters.
- FY 24-25 Update: Four staff are bilingual, however, due to changes in the certification process for interpretation/translation, these staff do not provide

interpretive services. The county has establish a new LEP coordinator who will focus on determining appropriate testing certifications and alternative to meet the needs of limited English proficiency speaking individuals.

5. Strategies to reduce disparities related to justice involvement

5.1 Provide annual BHP training on criminogenic needs in partnership with Siskiyou County Probation and other partner agencies.

- Timeline: At least one training completed by December 31, 2025.
- Monitoring Mechanism: Training sign-in sheets.
- FY 22-23 Baseline: The BHP funded a Homeless Outreach Worker, who works for the Yreka Police Department. Funding has been secured to develop and implement a low-barrier homeless shelter to decrease unnecessary contacts between law enforcement and the unhoused population. Continue quarterly meetings with Mental Health Diversion team (probation, public defenders, district attorneys, and judges).
- FY 24-25 Update: The BHP continued to fund a Homeless Outreach Worker who works in the Yreka Police Department, and added an Outreach position. Funding has been secured to develop and implement a low-barrier homeless shelter to decease unnecessary contacts between law enforcement and the unhoused population. Continue quarterly meetings with Mental Health Diversion team (probation, public defenders, district attorneys, and judges). Continue monthly meetings for new justice involved programs (CARE Court Team and PATH JI Team) including the Sheriff's office, probation, public defenders, district attorneys, judges and social services.

5.2 Provide clinical assessments, mental health treatment, and case management for mental health diversion candidates and participants.

- Timeline: Services provided ongoing throughout the year.
- Monitoring Mechanism: Diversion log.
- FY 22-23 Baseline: There were 57 total diversion candidates, with 43 accepted or pending acceptance. 26 cases were dual diagnosis.
- FY 24-25 Update: There were 74 candidates, 38 enrolled, and 12 were pending, 31 with dual diagnosis.

Criterion 4 — Client/ Family Member/ Community Committee

The County's Cultural and Linguistic Competence Committee addresses cultural issues and has participation from cultural groups that reflect the community.

Ethnic Services Manager (ESM)

The BHP Director has delegated the development and oversight of the cultural competence program to the Quality Assurance, who also serves in the role of state- mandated ESM. Currently, the BHP Director is serving in the role of ESM and oversees the cultural competence program until determination of Program Manager capacity is evaluated and an ESM is selected. .

The ESM works closely with the Clinical Director, MHSA Coordinator, the Compliance Officer, and is a member of the Executive Management Team. The ESM reports recommendations of the CLCC committee to the BHP Director and offers recommendations to ensure the agency is in full compliance with the CLAS standards.

Cultural and Linguistic Competence Committee

The CLCC is committed to promoting the delivery of services and information to residents of Siskiyou County responsively and respectfully toward the individual attitudes, beliefs, customs, and practices of the various cultural and ethnic groups represented within the County.

The role of the CLCC is to review departmental services/programs and data concerning cultural competence issues; participate in the overall planning and implementation of the county services; participate in and review the County MHSA planning process and outcomes; directly transmit recommendations and concerns to the administration and the Quality Improvement Committee. The Committee meets monthly, in conjunction with the QIC, and to the extent possible, has participation from ethnic, racial, and cultural groups that represent the community. The Committee is comprised of the Director of Clinical Services, ESM, the Quality Assurance Manager, the MHSA Coordinator, line staff, Six Stones Wellness Center staff, and consumers when possible. Members are continuously working to recruit consumers, TAY, family members of consumers, and community partners/providers.

Criterion 5 — Culturally Competent Training Activities

The BHP recognizes the importance of cultural competency in closing the disparities gap in health care and recognizes that services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse clients can help bring about positive health outcomes.

The BHP is committed to increasing access to trainings that raise cultural awareness and promote cultural competence in the workforce. The CLCC is responsible for identifying staff training needs and client cultural needs.

The BHP entered a contract with Relias Learning in March 2020. The compliance officer works in conjunction with the clinical director to assign appropriate trainings through Relias Learning and tracks the completion of those assignments. Relias trainings will focus on disparities uncovered through the BHP penetration rates and client demographic breakdown.

The BHP in FY 24-25 entered an MOU with Queer Humboldt to provide an 18-month program focused on transforming an organization's culture and organizational systems towards positive inclusion practices. Queer Humboldt facilitates a monthly working group, where designated staff liaisons grow in their capacity for internal leadership around Diversity, Equity, and Inclusion as it relates to queer members of the organizational community (clients/patients, staff, interns, students, admin, etc.). Queer Humboldt provides resources and supports, leads trainings, consults, and contributes to interventions as matters arise, and collaborates on projects to empower staff and administrators in bringing about positive change within their organization's systems.

FY 24-25 Cultural Competency Trainings

Cultural Humility and Implicit Bias in Behavioral Health (1 hour) – all staff

Training for onboarding new hires on the Relias platform included:

Ethical and Legal Issues for Behavioral Health Interpreters (1 hour)

Cultural Awareness and Humility (1 hour)

Human Trafficking (1.0 hour)

Criterion 6 — County's Commitment to Growing a Multicultural Workforce

Workforce

The Behavioral Health Division's workforce is grouped into three categories of County staff/volunteer, contract provider staff/volunteer and Behavioral Health Board Members. The Behavioral Health Board functions in an advisory capacity to the BHP.

The BHP conducts annual staff and board surveys that are utilized to identify training needs, language capacity, staff knowledge/expertise regarding cultural issues, and other culturally relevant information. Fifty-two responses were received during the June 2025 staff survey. Table 10 shows the workforce categories for the 2025 survey respondents.

Table 10: BHP Workforce July 2025

N = 52	Number	Percent
County Staff/Volunteers	48	92.3%
Contract Provider Staff/Volunteers	3	5.8%
Behavioral Health Board Member	1	1.9%
Total	52	100%

Race/Ethnicity

The majority (75%) of staff self-identified as white/Caucasian in the June 2025 survey (N=52). American Indian/Alaskan Native represented 3.9% of the workforce, Black/African American represented 1.9% and Hispanic/Latino represented 13.4%.

The BHP updated the gathering of race and ethnicity data to meet new standards set that allows for a more inclusive reporting of staff cultural identification. These adjustments may have impacted the reduction in declines to answer as they provide examples within each category.

Table 11: Workforce Race/Ethnicity Self-Reported

Race/ Ethnicity	Total Staff/Community Partners N=52	
American Indian/Alaska Native	2	3.9%
White or Caucasian	39	75%
Asian	0	0%

Native Hawaiian or Other Pacific Islander	0	0%
Black or African American	1	1.9%
Hispanic, Latino or Mexican	7	13.4%
Decline to answer	1	1.9%
Other	2	3.9%
Total	52	100%

Comparison to Previous Years

As compared to previous years, the 2025 survey data on the workforce race/ethnicity has remained similar with fluctuations occurring around minute changes that have significant impact on percentages with a small reporting number. The number of staff in comparison in each category is relatively similar to the recent years data.

Table 12: Workforce Comparison to Previous Years

Race/Ethnicity	2019 N= 59	2020 N=49	2021 N=61	2022 N=50	2023 N=73	2024 N=88	2025 N=52
American Indian/Alaskan Native	5%	10%	7%	4%	4%	4.5%	3.9%
White/Caucasian	93%	84%	82%	86%	74%	75%	75%
Asian	0%	0%	5%	2%	0%	0%	0%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	2%	0%	0%	0%
Black or African American	0%	0%	0%	2%	6%	3.4%	1.9%
Hispanic/ Latino Origin	11%	10%	11%	18%	16%*	14.8%*	13.4%
Decline to Answer/Other	2%	6%	7%	4%	12%	12.6%	1.9%

**Using survey results of Hispanic/Latino Origin instead of Race/Ethnicity. Race and ethnicity data was merged into a singular question in 2025.*

Criterion 7 — Language Capacity

Language Capability

The 2025 survey data indicated that 11.7% of the workforce speaks a language other than English (Table 13).

Table 13: 2024 Workforce Language Capacity

Language	Number	Percent
English (non-bilingual)	48	*92.3%*
Spanish	2	3.9%
Some Spanish	4	*7.8%*
Slovak	0	*0*
No Response	0	*0*
Total	52	*100%*

The BHP currently has 1 certified bilingual, Spanish speaking staff under the current translation certification standards.

Interpretation/Translation

Currently, interpretation and translation services are provided by one staff member who is bilingual and able to act as an interpreter. With the limited certified bilingual staff, the BHP uses language line as a primary source for Spanish translation services. For all other languages, the BHP informs all clients at the time of intake of the availability of free translation services through the Language Line. Written materials including brochures, grievances/appeals, and the Medi-Cal handbook are provided in Spanish and English upon request.

In order to meet the needs of clients who would prefer alternate languages to English, Siskiyou County is working to establish a more comprehensive and varied set of bilingual staff. The BHP is working to establish a range of certification that would allow for staff's abilities with an alternate language be matched with the needs of the clients. This approach would allow for bilingual aptitude with clients from conversational engagement to in-depth therapy by using a multitiered approach towards certification.

Comparison to Previous Year

Between 2024 and 2025, the number of certified staff interpreters/translators decreased by 1. The county is actively working to establish a more comprehensive bilingual certification process. The county has established a new Limited English

Proficiency Coordinator starting in FY 25-26. This position is responsible for building infrastructure to support an increase in bilingual staff.

Criterion 8 — Adaptation of Services

Client driven/operated recovery and wellness programs

The Full-Service Partnership (FSP) provides 'whatever it takes' services to children, TAY, adults, and older adults with serious and persistent mental illness. Services are tailored to the client's "readiness for change", are client and family-driven, accessible, and individualized. They are delivered in a culturally competent manner and focus on wellness, outcomes, and accountability.

The Six Stones Wellness Center is client-driven, focused on peer support, and aimed at promoting resiliency and recovery. After several years of community planning focus groups continuously identifying the development of a Wellness Center as a priority for Siskiyou County residents, in 2015 Behavioral Health successfully executed a contract with an organizational provider for the Six Stones Wellness Center program. Located in Yreka, Siskiyou County's most populous city, transportation is provided from surrounding communities to facilitate engagement by clients from all regions of the County.

The South County Behavioral Health office historically had a client-initiated support group that was led by consumers and supported by clinical staff. Unfortunately, this group was closed as a result of the COVID-19 Pandemic, but the BHP is dedicated to supporting future client-driven peer support groups.

Responsiveness of mental health services

The BHP maintains county provider and private provider lists following State mandates that advise clients of the availability of culture-specific programs and bilingual providers. The Integrated Behavioral Health Handbook informs clients that a provider list is available at the two clinic sites. Whenever feasible, the BHP strives to accommodate requests from clients for specific providers or services.

Informing materials in English and Spanish are available at all service locations and on the Siskiyou County website at https://www.co.siskiyou.ca.us/behavioralhealth. Many community outreach and education forums, including informing under-served populations of the availability of cultural and linguistic services and programs are described in the Siskiyou County MHSA Three Year Plan, which is also on the County website listed above.

Quality of Care: Contract Providers

Evidence of how a contractor's ability to provide culturally competent mental health services is taken into account in the selection of contract providers, including the identification of any cultural language competence conditions in contracts with mental health providers.

The BHP expects that all network and organizational contract providers will be accountable for providing culturally and linguistically competent specialty mental health services and reporting applicable information to be included in the Cultural and Linguistic Competence Plan.

The BHP's 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 Siskiyou County clients. Contractors shall have a written policy and procedure that ensures organizational and individual compliance by staff. Contractors shall comply with all requests from the BHP for a list of cultural competency trainings and sign-in sheets of staff attending those trainings. Contractors are required to meet the BHP's Cultural Competence training requirements.

Quality Assurance

Beneficiary Satisfaction

The BHP utilizes Consumer Satisfaction surveys provided by DHCS, which is also available in Spanish. Consumer Satisfaction surveys are provided to beneficiaries annually and the data analysis is provided to the CLCC and QIC for review. The BHP develops strategic plans to address any survey domains which show negative outcomes. For FY 25-26 surveys will be open continuously throughout the year with virtual and physical options for clients to complete. Survey data will be analyzed and reported quarterly to the CLCC.

Staff Satisfaction

The BHP surveys staff annually to identify areas focused on cultural competency patterns amongst personnel such as comfortability with other cultures, comfortability using training tools, and gaps in cultural training. This survey is utilized to identify staff demographics, cultural education opportunities, and listen to staff's needs to provide culturally competent services. The data from the staff satisfaction surveys are shared at All-Staff, CLCC, and QIC meetings.

Grievances and Complaints

The BHP's Quality Assurance Manager along with the Quality Improvement Committee conducts monitoring activities of the resolution of beneficiary grievances and appeals. The Compliance Officer submits the Managed Care Program Annual Report (MCPAR) to DHCS, which analyzes and monitors grievance and appeal trends. MCPAR

outcomes are reported to the CLCC and QIC annually for review. When issues arise due to individual grievances and appeals, or if unexpected trends emerge based on numbers and percentages, the Quality Assurance Manager and Compliance Officer review the cause and determines appropriate follow-up interventions to positively impact beneficiaries' system-wide. The results of follow-up actions are evaluated at least annually.