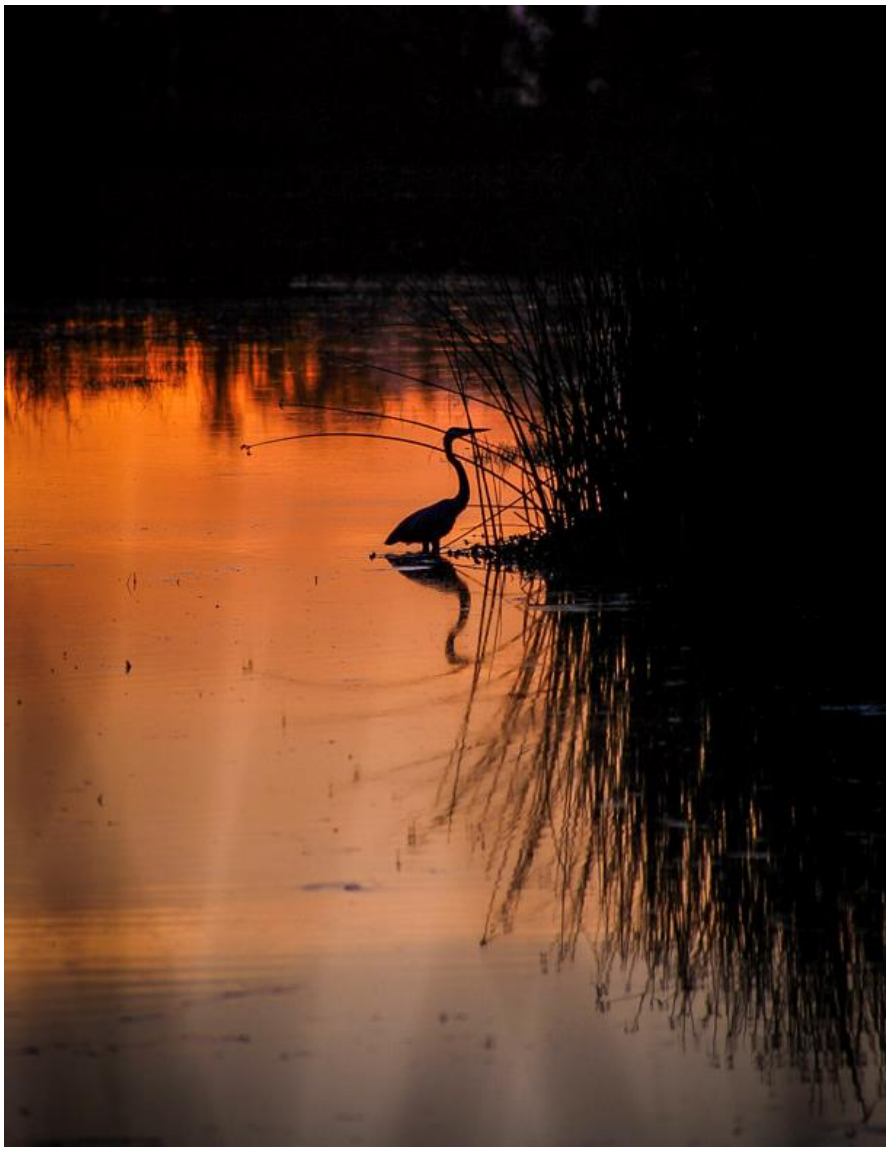
COLUSA COUNTY BEHAVIORAL HEALTH



FY 2022-2024

Cultural Competency Plan Update 2024

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Introduction

Colusa County Department of Behavioral Health (CCDBH) will strive to provide culturally, ethnically, and linguistically appropriate services to all clients and families we serve. This includes populations and subpopulations that may need specific services, such as the LGBTQ+ community, Native American community, recovery community (mental health or substance use), faith-based communities, justice involved community, the older adult community, and others. CCDBH recognizes that creating a system that implements cultural humility requires active engagement from the entire system; leadership, staff, and the community. This will allow us to continue to learn, grow, and create positive changes for improved services, client/community engagement, and overall community health. CCDBH's Cultural Competency Plan Report (CCPR) will focus our efforts on tasks to improve services for our community.

In CCDBH's three year plan, cultural humility goals focused on creating a diverse workforce, improving collaboration efforts, expanding culturally appropriate services, and gathering information from the community in regards to what stakeholders would like to see occur at CCDBH. CCDBH still continues to work on these goals and others that have been discussed via our Cultural Competency Committee (CCC). CCDBH hopes to be able to achieve these goals within plan's 2022 – 2024 timespan. The goals are as follows:

County Goals

Goal #1: Develop and retain a diverse workforce by expanding our Substance Use program in hiring a bilingual staff in the County's threshold language, Spanish.

Update on Goal #1: A bilingual staff has been hired to the Substance Use program team to provide services to consumers who are monolingual in Spanish. Therefore, this goal has been completed.

Goal #2: Reach out to local Native American Tribes to collaborate on providing a cultural humility training.

Update on Goal #2: CCDBH reached out to a local Native American Tribe to inform the group that CCDBH is interested in collaborating with them on a cultural humility training. The tribe members expressed more interest in CCDBH services and requested more details on services that CCDBH provides. CCDBH reminded the tribe that there is a Memorandum of Understanding (MOU) in place to provide their tribe members services if/when needed. The tribe was not interested in providing a cultural humility training to CCDBH at this time.

Goal #3: Develop a resource for the growing LGBTQ+ population in the county.

Update on Goal #3: CCDBH has presented a contract to work in collaboration with Stonewall Alliance Center of Chico to Colusa County's Board of Supervisors. It was approved in the fall of 2022. This has allowed CCDBH's Mental Health Services Act (MHSA) program under Prevention and Early Intervention (PEI), Learning Wellness at the Libraries, to host educational community groups around the LGBTQ+ population. In addition to this, a new program also under PEI was added to CCDBH's MHSA programming to address this community need. CCDBH added Authentic Self: Acceptance & Advocacy as a program that will be facilitated out of schools in Colusa County by a children's Therapist to provide an affirming space for LGBTQ+ youth to partake in self-esteem building activities.

Goal #4: Host a cultural event in collaboration with the Cultural Competency Committee (CCC) and other local agencies and community members.

Update on Goal #4: The CCC is in the planning process for this goal. CCC discussed the for the event, which was initially brainstormed as "loss". The ideas that were discussed were a Dia de los Muertos event in collaboration with a local

school, a training on loss for the community, or collaborating with local high schools who participate in the Every 15 Minutes program. It was decided that CCC would move forward in coordinating an Arrive Alive event, which focuses on the dangers of opioid use and the impacts on fentanyl on youth. CCC will promote the Arrive Alive events at four local high schools, as well as offering a parent night for psychoeducation on preventing opioid use in youth.

Goal #5: Develop a survey to disseminate to County staff and community members around recommendations and suggestions on cultural improvements that CCDBH can make.

Update on Goal #5: CCC discussed the idea of using data from a survey that the County's County Administrative Officer (CAO) sent out to all County employees. It was discussed that this would be easier to assess community needs and from the data we could create a more detailed questionnaire for the community if need be. CCDBH's Director will be reaching out to the CAO for this data.

Due to CCDBH meeting some of the goals established, CCC requested to add a few new goals that we can address. The goals are as follows:

New Goal #1: Have a collaborative event with either our local Master Gardner's Club or Arts Council for May is Mental Health Awareness Month. The goal of this event is to reach out to the older adult population and collaborate with a new local agency.

New Goal #2: Increase CCC's outside agency involvement/membership.

New Goal #3: Have a Spanish speaking staff to provide groups in Spanish at Safe Haven Wellness and Recovery Center, as well as annually train the Peer Support Specialists on how to utilize the Language Line if/when interpretation services are needed.

Criterion 1: Commitment to Cultural Competence

I. County Mental Health System commitment to cultural competence

The county shall include the following in the CCPR:

A. Policies, procedures, or practices that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity within the County Mental Health System

Policies and Procedures

Colusa County Behavioral Health has seven policies/procedures that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity within the County Behavioral Health System. The seven policies/procedures are:

- CLAS Standards
- Cultural Competency and Language Services
- Culturally and Linguistically Appropriate Services
- Accessing Interpreters for Non-English Speaking Individuals
- Guidelines for Use of Interpreters
- Accommodations and Physical Access to Services
- Meeting the Needs of Individuals with Visual and Hearing Impairment

The county shall have the following available on site during the compliance review:

B. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

1. Mission Statement

2. Statements of Philosophy
3. Strategic Plans
4. Policy and Procedure Manuals
5. Human Resource Training and Recruitment Policies
6. Contract Requirements
7. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence

Colusa County Department of Behavioral Health will have items 1-7 available on-site during a compliance review.

II. County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system

The CCPR shall be completed by the County Mental Health Department. The county will hold contractors accountable for reporting the information to be inserted into the CCPR.

The county shall include the following in the CCPR:

A. A description, not to exceed two pages, of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities; including recognition and value of racial, ethnic cultural, and linguistic diversity within the system. That may include the solicitation of diverse input to local behavioral health planning processes and services development.

CCDBH continues to obtain stakeholder feedback on behavioral health programming through our Cultural Competency Committee (CCC), Mental Health Services Act (MHSA) stakeholder process/outreach events, and our Behavioral Health Advisory Board. The CCC meets monthly to discuss and obtain feedback from other agencies such as CCDBH, Colusa County Office of Education, Child Protective Services (CPS), Colusa First 5, Colusa County Library, Probation Department, and more. Discussions around improvement on CCDBH's services and community needs are brought up at this monthly meeting. During the MHSA stakeholder process/outreach events public comments and feedback are gathered and collected to inform CCDBH of suggested improvements for cultural competency. The comments and feedback also make CCDBH aware of community needs. CCDBH has focused on reaching out to the Latinx population by attending the county's Annual Migrant Resource Fair held by Colusa County Office of Education (CCOE) for the last few years. Lastly, the Behavioral Health Advisory Board also provides comments/feedback once a month on how CCDBH can make improvements to the services the department provides.

Three years ago, CCDBH's Leadership team, which is made up of the Director, Deputy Director, four Clinical Program Managers, the Electronic Health Records Manager, the Fiscal Administrative Officer, and the Office Assistant Supervisor, agreed to implement cultural bias vignette exercise during group supervision. This exercise was not implemented as planned. The original plan was to have the Clinical Program Managers lead their staff in the 15-minute exercise once a week for a month in their group supervision. One Clinical Program Manager was able to complete an exercise with their staff. The Ethnic Services Manager (ESM) asked CCC for their opinion on the exercise. The feedback was that the committee found

the exercise would be beneficial and could provide growth to CCDBH staff. CCC recommended that the exercise include a follow up plan to discuss with staff what systems are in place or what systems could be created to solve the implicit bias issues that are brought up during the vignette exercise. It was also recommended by a CCC member that CCDBH could add the question, "How, as an agency can we improve regarding cultural humility in efforts to create a sense of team work around improving cultural humility?" CCC recommended the ESM to continue to work towards incorporating this exercise as a permanent goal to increase cultural humility at CCDBH. Due to staff changes and other departmental priorities such as transitioning to a new Electronic Health Record (EHR), CalAIM, and low staffing this exercise has not been revisited by the agency. The ESM will discuss with the CCC and CCDBH's Leadership team in hopes to move forward with this exercise in 2024.

B. A narrative description, not to exceed two pages, addressing the county's current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system's planning process for services.

CCDBH continuously works towards improving and building relationships with community organizations by including them in discussions around new programming that CCDBH is interested in implementing which would benefit the populations we each serve. Meetings were held last year in which different organizations were invited to provide their own input on

how these new programs should be designed, implemented, evaluated, and how these organizations could partner in the newest programs.

One program that was developed step-by-step with other agency input was our Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) program, Bright Vista Youth Center. The partnering agencies involved were Colusa County Juvenile Probation, Colusa County Child Protective Services (CPS), Colusa County Office of Education, and CCDBH.

CCDBH's has expanded the Crisis Team due to the new requirement of needing to offer mobile crisis in 2024. The Crisis Team will increase the amount of staff who can provide crisis services. Previously, Therapists were the only clinical staff who provided crisis evaluations. Now, CCDBH's Mental Health Specialists also have been trained to provide crisis service. The onboarding of mobile crisis has led to initial collaborative meetings with local law enforcement, new policies and procedures will need to be created for this expansion of crisis services. Our County Administrative Officer (CAO), Behavioral Health Advisory Board, and law enforcement will likely have input in creating these policies and procedures.

CCDBH applied for the Mental Health Student Services Act grant in 2022 to provide students more support services and address the needs that our local schools identify. With this grant, CCDBH and Colusa County Office of Education collaborated to create the Behavioral Emotional Support Team (BEST) for Students. This team is assisting in reducing the behavioral and emotional issues that occur on campus by meeting with students individually or in a group setting. Various interventions are

available with the BEST staff to improve students' academic and interpersonal functioning that can overall lead to stable mental health. Four fulltime staff are assigned to a specific school site throughout the county.

Also, CCDBH has created a collaborative program with the Colusa County Library branches known as Learning Wellness at the Libraries (previously known as Library Services). The program was developed with the input of the Colusa County Library Director, Colusa County Behavioral Health Director, Clinical Program Manager who oversees Quality Assurance and MHSA, and the MHSA Coordinator. It was decided that the program will be engaging the community about the topic of mental health in a welcoming and non-stigmatizing environment. It will act as a prevention program offering family, caregiver, and youth activities to combat risk factors and strengthen protective factors of mental health. Recently, we have added a Peer Support Specialist to assist in the disseminating of mental health knowledge to the public for this program.

Lastly, we have added a new program that is under development under our MHSA PEI programming. It is called Authentic Self: Acceptance & Advocacy. This program will be focusing on providing an affirming space for LGBTQ+ youth to partake in self-esteem building activities that will led by a CCDBH Therapist.

The local Behavioral Health Board meets once a month. Colusa County's Behavioral Health Board is updated on the Cultural Competence Plan Report (CCPR) and asked for feedback by the Ethnic Services

Manager (ESM) at the meetings. The CCC is also asked for feedback and updated by the ESM around all of CCDBH's cultural competence efforts.

Overall, these programs will help us reach community members in areas other than our departmental office and therefore increase our input from the community as well.

C. A narrative, not to exceed two pages, discussing how the county is working on skills development and strengthening of community organizations involved in providing essential services.

The Colusa County Board of Supervisors (CCBOS) approved the hiring of CCDBH's very own Marketing and Administrative Specialist. This position was filled in quarter one of 2022. The Marketing and Administrative Specialist has improved CCDBH's communication with the public by informing the community of programs, meetings open to the public, and upcoming department events. They have created and posted flyers to inform the public of CCDBH events in the community and online. This staff is also in the process of drafting a local transit advertisement for both our adult and youth drop-in centers. CCDBH's website has been updated with all Behavioral Health services and activities. This includes the postings of all Behavioral Health Advisory Board meetings, MHSA Stakeholder meetings, and Cultural Competency Committee (CCC) meetings. The Marketing and Administrative Specialist has also updated the public via our social media pages and local newspapers.

D. Share lessons learned on efforts made on the items A, B, and C above.

The lessons that CCDBH learned in our efforts made on items A, B, and C were that CCDBH needs to continue to find more creative ways to seek feedback from community members as to what could be improved on. Even when attending outreach events, the greater community rarely expresses their needs/improvements that CCDBH could work on. CCDBH has been successful in obtaining feedback from other agencies when CCDBH initiates discussion. However, we would like other agencies to freely share their needs, issues, and concerns around areas of need/improvement.

E. Identify county technical assistance needs.

No TA concerns/needs at this time.

III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence

The CC/ESM will report to, and/or have direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

The county shall include the following in the CCPR:

A. Evidence that the County Mental Health System has a designated CC/ESM who is responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

Currently, CCDBH's ESM is Mayra Puga, MSW, whose title is MHSA Coordinator and Grant Writer. The ESM is the individual who provides information and guidance to CCDBH's Leadership Team (Director, Deputy Director of Behavioral Health Services, EHR Manager, and Clinical Program Managers). Initiatives related to the reduction of health disparities experienced by communities, special populations, and clients are formally discussed once per month in a leadership meeting and with the ESM's direct supervisor whenever necessary.

B. Written description of the cultural competence responsibilities of the designated CC/ESM.

The responsibilities of the ESM are to create and complete the Cultural Competency Plan (CCP), schedule and coordinate cultural trainings for all staff, and facilitate the CCC meetings. The ESM does this by planning, coordinating, implementing and evaluating specialized mental health and substance use service disparities initiatives and programs while working in collaboration with CCDBH's Clinical Program Managers, Deputy Director and Director who oversee the agency's programs. The role also assists in development, implementation and evaluation of CCDBH plans, goals, objectives, policies, and procedures related to reduction of mental health and substance use disparities. The ESM monitors and ensures that provisions of mental health and substance use programs promote culturally sensitive and appropriate services.

IV. Identify budget resources targeted for culturally competent activities

The county shall include the following in the CCPR:

A. Evidence of a budget dedicated to cultural competence activities.

3-Year Budget for Culturally Competent Activities

Estimated Expenditures		
Interpreter and translation services (language line)	$	3,600
Reduction of racial, ethnic, cultural, and linguistic mental health disparities (quarterly all staff trainings)		16,500
Outreach to racial and ethnic county-identified target populations (annual outreach event)		5,400
Cultural Humility training for CCC		2,000
Culturally appropriate mental health services (monthly CCC meetings)		11,500
Bi-lingual pay for staff		15,117
Total Estimated Expenditures	$	54,117

B. A discussion of funding allocations included in the identified budget above in Section A., also including, but not limited to the following:

1. Interpreter and translation services
2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities
3. Outreach to racial and ethnic county-identified target populations
4. Culturally appropriate mental health services

5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers

Interpreter and translation services via language line will be allocated about $3,600 in the next three years. Reduction of racial, ethnic, cultural, and linguistic mental health disparities via staff training will be about $16,500. Outreach to racial and ethnic county-identified target populations will be about $5,400. Cultural Competence Committee will be allocated $13,500. And bilingual pay for staff will be about $15,117.

Criterion 5: Culturally Competent Training Activities

I. The county system shall require all staff and stakeholders to receive annual cultural competence Training

The county shall include the following in the CCPR:

A. The county shall develop a three-year training plan for required cultural competence training that includes the following:

1. The projected number of staff who need the required cultural competence training. This number shall be unduplicated

The projected number of staff who need the required cultural competence training is about 72. This number includes all staff at CCDBH, administrative, contracted and clinical.

2. Steps the county will take to provide required cultural competence training to 100% of their staff over a three-year period

CCDBH continues to ensure that 100% of staff will be provided cultural competency training by scheduling quarterly cultural humility trainings. This will allow all staff to have a chance to complete at least one training. CCDBH has a tracking mechanism in place in the form of an Excel spreadsheet that the ESM updates using training sign-in sheets. The staff's name, training topics, dates of training, attendance, and total hours of cultural humility training are tracked for each fiscal year.

3. How cultural competence has been embedded into all trainings

CCDBH will ensure that cultural competence has been embedded into all trainings by requesting all trainers to include a cultural component in their presentation. This can include different perspectives from different cultures or subcultures. The ESM attends all trainings to ask questions to the trainer in regards to cultural perspective/relevancy.

II. Annual cultural competence trainings

The county shall include the following in the CCPR:

A. Please report on the cultural competence trainings for staff. Please list training staff, staff, and stakeholder attendance by function (If available, include if they are clients and/or family members):

1. Administration/Management
2. Direct Services, Counties
3. Direct Services, Contractors
4. Support Services
5. Community Members/General Public
6. Community Event
7. Interpreters
8. Mental Health Board and Commissions
9. Community-based Organizations/Agency Board of Directors

CCDBH has provided all staff the opportunity to participate in cultural humility trainings. Post-Covid, CCDBH contracted for telehealth services and we are working on assuring that our contracted telehealth staff will also obtain and participate in cultural humility trainings. Invitations will also be extended to community members/general public, Behavioral Health Board members, and community-based organizations/agency Board of Directors. A goal we have in the near future is to announce our trainings on our agency website so anyone can join in on trainings.

In FY22-23 CCDBH had a cultural humility training on the Gut Brain Connection. About Forty-five staff attended and commented on how the training was interesting and helpful in relation to talking to clients on how nutrition is an important part of mental health. All CCDBH staff also attended a training on Self-Care that was led by Dr. Sandoval. The Task Force Commander from Colusa County Sheriff's Office also hosted a training on substance use trends in the county.

Forty-four staff participated in that training and discussed how knowing the current drug culture in our county is helpful in directing treatment interventions.

In FY 23-24 staff participated in a short cultural training on Dia de los Muertos that included an activity. Staff were engaged and very happy to be able to participate in the activity. Upcoming cultural competency training opportunities include The Cool Aunts Project which will focus on human trafficking, and the neuroscience behind using substances.

B. Annual cultural competence trainings topics shall include, but not be limited to the following:

1. Cultural Formulation
2. Multicultural Knowledge
3. Cultural Sensitivity
4. Cultural Awareness
5. Social/Cultural Diversity (Diverse groups, LGBTQ, SES, Elderly, Disabilities, etc.)
6. Mental Health Interpreter Training
7. Training staff in the use of mental health interpreters
8. Training in the Use of Interpreters in the Mental Health Setting

The following cultural humility trainings have been provided in FY22-23 and FY23-24 to date: Gut Brain Connection in August 2022, Self-Care in October 2022, Task Force Substance Use Trends in December 2022, Stonewall LGBTQ+ in May 2023, and UC Davis Understanding Psychosis: Early Identification and Treatment in May 2023 and in November 2023, and Dia de los Muertos in November 2023. CCDBH likes to survey our staff and obtain input on trainings from CCC to allow them to request more knowledge on specific topics they feel are relevant to the community and people we serve. This fiscal year, feedback was obtained from staff and CCC members and they requested a training on human trafficking. The plan is for an organization known as The Cool Aunts Project to provide staff and CCC members a training on the topic in January 2024.

III. Relevance and effectiveness of all cultural competence trainings

The county shall include the following in the CCPR:

A. Training Report on the relevance and effectiveness of all cultural competence trainings, including the following:

1. Rationale and need for the trainings: Describe how the training is relevant in addressing identified disparities

Trainings are determined to be relevant in addressing identified disparities by polling staff and CCC members on beneficial populations they would like to gain more knowledge on. The staff have been polled by participating in a Survey Monkey survey that is disseminated to staff to gain their opinion. Staff also address if there are any other specific populations that the ESM should be aware of in the community that CCDBH has not provided trainings on. Group supervision, CCC meetings, Behavioral Health Advisory Board, and Quality Improvement Committee meetings are also avenues in which CCDBH obtains feedback around disparities.

2. Results of pre/posttests (Counties are encouraged to have a pre/posttest of all trainings)

In the last fiscal year, CCDBH was unable to disseminate a staff survey on the trainings provided, however, two agencies who provided trainings collected pre/post test data.

3. Summary of report of evaluations

CCDBH did not have access to the data collected from the trainings pre/post tests. In the future, CCDBH plans on requesting the trainers to share this information with our agency.

4. Provide a narrative of current efforts that the county is taking to monitor advancing staff skills/ post skills learned in trainings

The county was going to monitor staff pre-skills/post-skills learned in trainings by implementing the vignette exercises. The vignette exercise has not been utilized since the pandemic occurred. CCDBH will be revisiting this exercise.

5. County methodology/protocol for following up and ensuring staff, over time and well after they complete the training, are utilizing the skills learned

It is Clinical Program Managers responsibility to ensure that their staff are utilizing the trained skills regularly, and discussing their effectiveness in Individual and Group Supervision.

IV. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system

The county shall include the following in the CCPR:

A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, and linguistic Communities. Topics for Client Culture training may include the following:

- Culture-specific expressions of distress (e.g. nervous)
- Explanatory models and treatment pathways (e.g. Indigenous healers)
- Relationship between client and mental health provider from a cultural perspective
- Trauma
- Economic impact
- Housing Diagnosis/labeling
- Medication
- Hospitalization

- Societal/familial/personal
- Discrimination/stigma
- Effects of culturally and linguistically incompetent services
- Involuntary treatment
- Wellness
- Recovery
- Culture of being a mental health client, including the experience of having a mental illness and of the mental health system

It is a goal for CCDBH to provide annual client culture training to all staff. We hope to offer a training by collaborating with our adult, children, and substance use services Clinical Program Managers to inquire among staff if there may be interest from a beneficiary to share their experience. The ESM will then collaborate with that beneficiary to provide any support necessary. If there is no volunteer, we will write it in the budget to provide/hire an individual to provide a training on lived experience.

B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretakers, personal experiences with the following:

1. Family focused treatment
2. Navigating multiple agency services
3. Resiliency

It is another goal of CCDBH to plan on including a child, adolescent, transitional age youth or parent's or caretaker's personal experience with family focused treatment, navigation of multiple agency services, or resiliency.

Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retraining Culturally and Linguistically Competent Staff

I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

The county shall include the following in the CCPR:

A. Extract a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component. **Rationale:** Will ensure continuity across the County Mental Health System

There is no current MHSA Workforce, Education and Training assessment due to the original WET funding being a one-time source of MHSA dollars. However, in fiscal year 2019/2020 the State approved $40 million in WET funding for counties via the Department of Health Care Access and Information (HCAI). CCDBH agreed to apply to this grant with neighboring counties in Northern California, known as the Superior Region. The counties that make up the Superior Region are Butte County, Colusa County, Glenn County, Humboldt County, Lake County, Lassen County, Mendocino County, Modoc County, Nevada County, Plumas County, Shasta County, Sierra County, Siskiyou County, and Trinity County. Butte County is the lead grant writer for the new WET funding. The grant process began in fiscal year 2020/2021. The focus of this WET funding is on loan repayment, educational stipends, and scholarships. The goal of this funding is to provide incentive to CCDBH staff to continue their education and to continue working in the county. The funds also allow CCDBH to increase recruitment for hard to fill positions and create a culturally diverse workforce. CCDBH advertised the second round of the Loan Repayment program for the last round of the Loan Repayment Program (LRP) from WET funds. The application opened on October 1st, 2022 and closed on November 15th, 2022. The Superior Region, however, requested an extension to close the Loan Repayment application on December 30th. The request was granted for a December 15th deadline. The Mental Health Services Act (MHSA) Coordinator had informed all staff of the extension. CCDBH's Director, Clinical Program Manager, and MHSA Coordinator met with California Mental Health Services Authority (CalMHSA) to review applicants and award

allocation amounts. A total of 7 staff applied and 6 were awarded. Another county was not able to meet their match for HCAI's grant, therefore, CCDBH agreed to pay a portion of their match so that the grant dollars would be secured.

B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. **Rationale:** Will give ability to improve penetration rates and eliminate disparities

As mentioned before, there is no current WET plan or WET assessment data. For upcoming WET funding CalMHSA will be collecting data on behalf of CCDBH.

C. If applicable, the county shall report in the CCPR, the specific actions taken in response to the cultural consultant technical assistance recommendations as reported to the county during the review of their WET Plan submission to the state

This is not applicable.

D. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts

The WET Loan Repayment Program funding criteria that CCDBH is prioritizing for candidates are bilingual in Spanish, Colusa County resident, experience working in an EHR, and experience billing Medi-Cal.

E. Share lessons learned on efforts in rolling out county WET planning and implementation efforts

A lesson learned on WET planning and implementation at this time would be that a regional approach to apply for funds was more powerful and helpful than attempting to individually come up with ways to roll out a WET plan. In addition, collaborating with other agencies that have the same mission of ensuring that local public behavioral health systems have a diverse workforce that represents their communities' population has been helpful. Also, having the participation agreement with CalMHSA has made implementing the Loan Repayment Program more effective.

F. Identify county technical assistance needs

None at this time.