



Sierra County Behavioral Health Cultural Competency Plan Requirements 2026

COVER SHEET

Name of County: Sierra County

Name of County Mental Health Director: Sheryll Prinz-McMillan, LMFT

Name of Contact: Shanna D. Kuhlemier

Contact's Title: Compliance Officer

Contact's Unit/Division: Behavioral Health Department

Contact's Telephone: (530) 993-6717

Contact's Email: skuhlemier@sierracounty.ca.gov

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

- CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE**
- CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS**
- CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES**
- CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM**
- CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES**
- CRITERION 6: COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF**
- CRITERION 7: LANGUAGE CAPACITY**
- CRITERION 8: ADAPTATION OF SERVICES**

INTRODUCTION

Sierra County is the second least populated county in the State of California. In the summer months, Sierra Valley supports more cattle than the total number of Sierra County residents. Considered a “Frontier County”, because of remoteness and population density, Sierra County has no stoplights, fast food restaurants, movie theaters, traditional public transportation systems, pharmacies, hospitals, or shopping centers. Most communities are geographically isolated from services and other communities. The county is bisected by the Sierra Nevada Mountain range, one pass (Yuba Pass, elevation 6,701 ft.) provides access between the east and west side communities. Harsh weather and mountain driving conditions make travel during the winter months treacherous and dangerous. Sierra County shares a border with the State of Nevada. Neighboring counties are Plumas, Lassen, Nevada and Yuba.

Sierra County Behavioral Health Services (SCBH) provides culturally competent care that respects diverse cultures, reflects community health beliefs, and demonstrates cultural humility. This commitment involves delivering effective, equitable, and respectful services that respond to diverse cultural beliefs, practices, and languages. SCBH integrates these values into its worldview, materials, and client treatment plans, fostering ongoing assessment and enhancement of services to be culturally and linguistically relevant for youth, adults, and families. Staff engage in continuous discussions to promote culturally sensitive services across various forums, including staff meetings, clinical team meetings, and cultural competence committee meetings. SCBH aims to offer culturally, ethnically, and linguistically appropriate services to behavioral health clients and their families, recognizing the importance of sensitivity to diverse cultures, including but not limited to American Indian, Hispanic, LGBTQI2-S, veterans, persons with disabilities, and various age groups. Establishing a culturally and linguistically competent system requires commitment from leadership, staff, and the community, along with ongoing training and education at all levels. SCBH's Cultural and Linguistic Competence Plan (CLCP) reflects its dedication to expanding access to services, improving quality care, and achieving better outcomes. Through engagement in planning processes, ongoing discussions, and client care meetings, SCBH ensures that culture remains a central component of service delivery, promoting understanding and integration of traditional healing methods with western methodologies. Collaboration with allied partner agencies further enhances the learning environment and support network for clients.

CRITERION I: COUNTY MENTAL HEALTH SYSTEM COMMITMENT TO CULTURAL COMPETENCE

Mission Statement

Sierra County Behavioral Health (SCBH) aims to support whole person wellness by providing responsive, accessible, culturally proficient, family oriented, person-centered and strength-based behavioral health services to our community members and their family members. SCBH is dedicated to ensuring and conducting ethical and integral business practices in delivery of high quality, cost-effective behavioral health services.

Statements of Philosophy

Sierra County’s Behavioral Health:

1. Partners with our clients and the community
2. Values the rural and unique nature of our county and its members
3. Seeks to provide excellence in all clinical services
4. Staff works to provide all services with integrity fitting each individual’s needs
5. All Services are provided with Integrity
6. All Services are offered to our clients with respect and dignity

Policy and Procedure Manuals

Sierra County 2026 Cultural Competency Plan Requirement Report (CCPR) is written to satisfy the requirements under the Mental Health Services Act and the Medi-Cal Waiver. SCBH will have the documents outlined below during the site compliance review.

P&P MHSA 100	<p>PURPOSE: Appropriate documentation of beneficiary services, support and interactions provided in accordance with State and Federal regulations and standards of best practice.</p> <p>POLICY: Sierra County Mental Health will comply with all of the requirements necessary for Medi-Cal reimbursement for mental health treatment services. Mental Health Service Act (MHSA) funded services are not to supplant Medi-Cal reimbursable mental health treatment services. All service interactions are to be documented.</p>
P&P No. 46-1010	<p>PURPOSE: Sierra County Behavioral Health (SCBH) recognizes that consumers of diverse cultural groups in Sierra County have differing needs, and that culture is more encompassing than race and ethnicity. SCBH staff are committed to providing services and engaging in activities that are responsive and sensitive to the culture of individuals, however they define it. SCBH is committed to developing staff competencies to provide services that respond appropriately to a person's unique cultural identity.</p> <p>POLICY:</p>

	<p>It is the policy of Sierra County Behavioral Health to plan ways to increase our penetration rate of services to minority populations. This policy also covers areas of staff development to meet specific objectives.</p>
<p>P&P No. 46-2003</p>	<p>PURPOSE: Sierra County will look to improve the county mental health service delivery system for all clients and their families.</p> <p>POLICY: Under the General Service Delivery (GSD) component, Sierra County will develop and operate programs to provide mental health services to clients of all ages who live with the signs and symptoms of severe mental illness or those experiencing signs and symptoms associated with a severe emotional disturbance. Sierra County provides mental health treatment, case management, peer support, wellness center, needs assessment, crisis intervention/stabilization and family education services to eligible clients.</p>
<p>P&P No. 46-2003</p>	<p>PURPOSE: Our goal is to remove barriers to services and to treat with dignity, compassion, and respect anyone who asks for our help. Our approach to working with people is one of regard and is based on the recognition of the value in each and every person we see. In partnership with our community members and their families, Sierra County Behavioral Health strives to promote the wellness of the whole person by providing comprehensive and appropriate support and services. Providing individual, couple and family counseling; child and adolescent programs, crisis support, psychiatric services, and treatment for alcohol and drug abuse; meeting the needs of the uninsured and Medi-Cal recipients.</p> <p>POLICY: We treat a wide range of mental health issues which include: depression, anxiety, trauma, bi-polar disorder, schizophrenia as well as substance use and addictive behaviors. The following services are available to the residents of Sierra County:</p> <ul style="list-style-type: none"> ● Outpatient individual, group, and family counseling; ● Crisis Intervention; ● Medication Management; ● Education pertaining to addiction and recovery; ● Substance abuse evaluations; ● TB and HIV counseling, education, and testing; ● Contracted residential services; ● Case management services and referrals; ● PC1000 program; and ● Admission priority for IV Drug Users

<p>P&P No. 46-1002</p>	<p>PURPOSE: This policy and procedure communicate the requirements and steps for addressing incoming requests for specialty mental health or substance use services including 24-hour per day seven days per week access to services and documentation of all service requests. California Code of Regulations, Title 9, §1810.405, §1810.4109(a)-(e) Code of Federal Regulations (CFR), Title 42, §438.10(c)(4) Title VI, Civil Rights Act of 1964 (U.S. Code 42, §2000d; CFR, Title 45, Part 80; DMH Notice No. 02-03, Enclosure, page16jNo. 10-02, Enclosure, page22. It is the intention of this policy to provide individuals who call in to the Sierra County Behavioral Health System of Care (SOC) (888) 840-8418 (toll free), with information on how to access outpatient or non-urgent services, and to manage urgent crisis services. All requests for services will be documented on the Initial Request for Specialty Mental Health Services form or the Initial Request Form for Substance Use Services. Contact numbers and other beneficiary information are also available at both SOC service locations, the Sierra County Behavioral Health webpage, and the Managed Behavioral Health Care and Substance Use Services webpages.</p> <p>POLICY: The Sierra County Behavioral Health SOC is committed to providing access to timely and appropriate Specialty Mental Health Services (SMHS) and Substance Use Services (SUS) to beneficiaries in a manner that is both culturally and linguistically competent and is in compliance with all State and Federal laws and the California Department of Health Care Services (DHCS) Managed Care contract. In adherence of these rules, the Sierra County SOC provides a statewide toll-free telephone number 24 hours a day, seven days a week (24/7), with language capability in the languages spoken by beneficiaries of the county.</p>
<p>P&P No. 46-2014</p>	<p>PURPOSE: The intent of this policy is to ensure that all Sierra County Behavioral Health System of Care (SOC) clients have access to free linguistically and culturally appropriate interpreters in order to be fully informed regarding access to mental health services.</p> <p>POLICY: Sierra County Mental Health Plan (MHP) is committed to ensuring that clients are able to obtain knowledge about and access to culturally appropriate services. In accordance with state and/or federal law, the MHP will inform clients of the right to use linguistically proficient staff and/or interpreters at no cost to the client. Family members or friends will not be used as interpreters unless culturally appropriate and requested by the client. Medi-Cal beneficiaries and non-Medi-Cal clients will have the same right of access.</p>
<p>P&P No. 46-2015</p>	<p>PURPOSE: To ensure that all clients who obtain services through County operated or contracted providers for the Sierra County Mental Health Plan (MHP) and Sierra County Drug Medi-Cal (DMC) State Plan are</p>

	<p>treated in a nondiscriminatory manner and are received in a welcoming manner. To ensure compliance with all relevant federal and state laws, regulations, and requirements.</p> <p>POLICY: Consistent with the requirements of applicable federal and state law, the Department and its contracted providers shall not engage in any unlawful discriminatory practices in the admission of clients, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, religion, marital status, national origin, age, sexual preference, mental or physical handicap, health status, or need for health care services.[42 CFR § 438.6(d)(3) and (4); Rehabilitation Act of 1973 § 504]. In addition, the MHP and DMC State Plan and their contracted providers do not exclude, deny services to, or otherwise discriminate against any persons on the basis of immigration status, legal status, insurance status, gender identity or expression, pregnancy status, or on any other basis prohibited by federal, state, or local law.</p>
<p>P&P No. 46-2016</p>	<p>PURPOSE: This policy and procedure will provide guidelines for the provision of interpreters and linguistically proficient staff at Key Points of Contact.</p> <p>POLICY: The Sierra County Behavioral Health System of Care (SOC) will provide free interpreters and/or linguistically proficient staff for all hours, including regular operating hours, for each service, for each site, and for each threshold language.</p>
<p>P&P No. 46-2019</p>	<p>PURPOSE: To ensure that treatment services for youth under the age of 21 are developed and implemented in a manner that meets the special needs of youth.</p> <p>POLICY: Behavioral Health Services, including Substance Use Disorder (SUD) services, are available to Medi-Cal Beneficiaries, including children and youth under the age of 21. The Department of Health Care Services (DHCS) contracts with county Specialty Mental Health Services (SMHS) for the Medi-Cal beneficiaries who meet SMHS medical necessity criteria. For children and youth who meet medical necessity criteria, SMHS are provided or arranged for by Mental Health Plans (MHP).</p>
<p>P&P No. 46-2025</p>	<p>PURPOSE Services provided by the Sierra County Mental Health Plan (MHP) are designed to improve behavioral health outcomes for clients and families with mental illness and/or co-occurring disorders. These services are based on the needs, strengths and choices of the individual client/family and involve clients and families in planning and implementing treatment. Services are based on the client's/family's recovery goals concerning his/her own life, functional impairment(s), symptoms, disabilities, strengths, life conditions, cultural background, spirituality, and rehabilitation readiness. Services are focused on achieving specific objectives to support the individual in accomplishing his/her desired goals and are provided to reduce the level of impairment or to prevent deterioration.</p>

	<p>POLICY</p> <p>Upon completion of an assessment, when medical necessity has been determined to have been met, specialty mental health services will be offered to assist in reducing the level of impact the symptoms of the individuals’ mental illness is having on a significant impairment in a life domain.</p>
<p>P&P No. 46-1004</p>	<p>PURPOSE:</p> <p>The intent of this policy is to ensure that all Sierra County Systems of Care (SOC) clients, including Medi-Cal beneficiaries, are fully informed regarding access to services in an easy to understand and culturally responsive manner through the use of interpreter and translation services that are in compliance with all state and federal regulations. This policy also outlines the procedures for how to access telephone, in-person, and sign language interpretive services, as well as the process for translation of documents.</p> <p>POLICY:</p> <p>Sierra County SOC and the Mental Health Plan (MHP) are committed to providing services that are responsive to each individual’s culture, including providing services in the language of the individual’s choice. Oral Interpretation and Sign Language are available free of charge to individuals seeking information and/or services. Interpretive services are available 24 hours per day, seven days per week.</p>

I. Strategic Plans

Sierra County 2026 Cultural Competency Plan Requirement Report (CCPR) is written to satisfy the requirements under the Mental Health Services Act and the Medi-Cal Waiver. SCBH will have the documents during the site compliance review.

Goal I: Enhance the community’s social and emotional well-being through collaborative partnerships.

Strategy 1: Create partnerships that advance an effective model of integration of mental health, physical health, and substance abuse services to achieve parity in the context of health care reform.

With the lack of medical resources in Sierra County, residents fall into the underserved category regarding physical health. Due to the remote frontier geography of Sierra County, there are no major medical services available. Residents can access two satellite clinics (provided by out-of-county entities) housed on either side of the county. These clinics offer a basic level of care, on a part-time basis.

As such, Sierra County Behavioral Health is collaborating with Eastern Plumas Health Care on the eastern side of the county to integrate the whole person care model through Behavioral Health. This collaboration improves access to physical health care for the severe mentally ill population, as well as facilitating bi-lateral referrals for the care of the mild to moderate mentally ill populations. Sierra County Behavioral Health further recognizes the importance of integrating the health care model into wellness and recovery throughout the entire county. Additionally, Sierra County Behavioral Health collaborates with Western Sierra Medical Clinic on the western side of the county, further bridging the geographical divide.

Strategy 2: Create, support and enhance partnerships with community-based organizations in natural settings such as park and recreational facilities to support the social and emotional well-being of communities.

Providing services to Sierra County's small, closely-knit population presents unique challenges due to the interconnectedness within communities. Dual relationships and a lack of anonymity are common, making it difficult for individuals to seek help without fear of being identified or labeled. For instance, a youth may feel uncomfortable receiving services in a group setting due to existing relationships with other participants or facilitators. This situation inadvertently leads to profiling of the population Sierra County Behavioral Health aims to serve. Moreover, familial ties often complicate service delivery, with individuals having connections to both recipients and providers of services.

To address these challenges, Sierra County emphasizes building trust through universal or selective service strategies, which result in warm referrals and are deemed as community-defined best practices. As such, the Sierra County Wellness Center, in collaboration with Sierra County Public Health, implemented a universal "Front Porch" Program. The "Front Porch" program is designed to provide outreach and support to isolated community members. Peer Support staff and Community Outreach Coordinators conduct activities in geographically isolated communities which provide education on different services provided, as well as wellness and recovery (social and emotional well-being of communities).

Staffed by a diverse team including health department personnel, oral health experts, case workers, substance use treatment navigators, and peer counselors, the county provides a range of services such as HIV, Hep C, and TB testing, flu shots, oral health care, and harm reduction services including syringe disposal and naloxone distribution. Eligibility case workers assist with accessing insurance and social services, while case managers help with transportation and medical appointments. Peer support staff offer assistance with wellness plans, art projects, and confidential discussions. Veterans Advocates provide linkage to services and benefits for veterans. By fostering this collaboration, Sierra County Behavioral Health promotes health and wellness in remote areas. Looking ahead, they aim to expand the Front Porch Program with additional activities in natural and recreational settings, continuing their efforts to support community well-being.

Goal II: Create and enhance culturally diverse, client and family driven, mental health workforce capable of meeting the needs of our diverse communities.

Strategy 1: Train mental health staff in evidence-based, promising, emerging and community-defined mental health practices.

Currently the Behavioral Health agency offers several different evidence-based training courses for the staff. Additionally, one of our Peers in the Wellness Center will be attending a Certified Peer Training program that will consist of 80 hours of training and education. Prevention will continue to offer Mental Health First Aid. Mental Health First Aid is a course designed to help staff learn the risk factors and warning signs for addiction and mental health concerns. This training outlines action plans for someone in either crisis or non-crisis situations.

Strategy 2: Recruit, train, hire and support mental health clients and family members at all levels of the mental health workforce.

In efforts to recruit, train, hire and support mental health clients and family members, Sierra County Behavioral Health with the use of the Mental Health Services Act piloted the Sierra County Wellness Center. The Sierra County Wellness Center is peer run to support wellness and recovery goals for people living with mental illness and their families. The Sierra County Wellness Center's staff is made up of peers with lived, personal experience. Peer Support

Specialists are available to provide support, education, advocacy and hope to individuals during their unique wellness and recovery path. Additionally, the Wellness Center provides Whole Person health support through education classes, peer support, life skills, community building, art and other activities which support wellness, recovery and resiliency.

As part of WET Program (Workforce Education & Training), training will be available to increase staff and contractor knowledge and capacity to service community members accordingly. The following trainings have been identified thus far: Wellness Recovery Action Plan (WRAP) Facilitator training; Peer Core Competency Training Administrative Staff Training(s); Motivational Interviewing; Wellness, Recovery and Resiliency focused trainings; Cultural Awareness training; Peer Certification training. Any training not identified above will be assessed and approved through the WET Coordinator to provide flexibility to focus resources on specific needs as they are identified.

Furthermore, Sierra County Behavioral Health is strongly committed to recruiting, training, hiring and supporting mental health clients and family members across all levels of the workforce.

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

Sierra County Behavioral Health's Community Services and Supports (CSS) plan for FY 2023-26 can be found here. Sierra County has taken steps in 2018-19 to integrate the models of mental health, physical health, and substance abuse services. The Mental Health department merged with the Substance Use Disorder's department to form the Behavioral Health Department. In the process of integrating the SUD department, Sierra County Behavioral Health revised the current mission statement to encompass the following: Mental Health, Substance Use Disorders, Mental Health Services Act, and Cultural Competency. The new name is "Behavioral Health", which was approved by the Advisory Board in 2019. This merger strengthens the services provided by sustaining health equity within Sierra County communities.

III. Cultural Competence/Ethnic Services Manager (CC/ESM)

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 Cultural Competency Coordinator is responsible for supporting the implementation, maintenance, and evaluation of cultural competence within the Mental Health and Substance Use Disorder services provided by Sierra County Behavioral Health and its contract providers. In addition, this role represents Sierra County on the Ethnic Services Committee of California's Mental Health Directors Association and facilitates the Cultural Competence Committee for Sierra County. These committees play a crucial role in ensuring that behavioral health services effectively meet the diverse needs of individuals and consider factors such as culture, language, and ethnicity to deliver high-quality care.

Sierra County Behavioral Health recognizes the importance of adhering to the requirements set by the state for monitoring and evaluating behavioral health services under Specialty Mental Health Services, Drug Medi-Cal Organized Delivery System (DMC-ODS), and the Mental Health Services Act (MHSA). The classification of this position is mandated to ensure that each county monitors and evaluates services in alignment with the Cultural Competence Plan. The Cultural Competency Coordinator/Ethnic Services Coordinator (CC/ESM) is instrumental in identifying areas that require improved service capacity, assisting partner agencies in developing cultural competency plans, and offering consultation to enhance these plans. The role is indispensable in meeting the diverse needs and demands of Sierra County Behavioral Health programs, striving to implement quality behavioral health services in a culturally sensitive and inclusive manner.

IV. Identify budget resources targeted for culturally competent activities. The county shall include the following in the CCPR Modification (2010):

In the FY 2025/2026 budget, Sierra County Behavioral Health (SCBH) will be utilizing a portion of annual MHSA funding for cultural competence activities:

1. \$17,942 of MHSA funds are dedicated to mental health and workforce training and will be used for Training and Consultation to reduce disparities:
 - i. Conduct Cultural Competency training for all SCBH staff levels.
 - ii. Provided consultation on the Cultural Relevancy and Humility Committee.
2. \$581,844 of MHSA funding is allocated to Prevention and Early Intervention, a majority of these funds will go to the reduction of Mental Health disparities:
 - i. Expanded contracts with bilingual therapists and psychiatrists using telemedicine to address workforce language capacity gaps.
3. Funding through MSHA has provided SCBH with \$1,344,000 with the annual majority allocation towards our pursuit towards Outreach and Culturally Appropriate Services for Underserved Communities:
 - i. Contracted culture-specific agencies to engage under-resourced populations.
 - ii. Programs included outreach, education, and distribution of materials on common mental health diagnoses, coping skills, self-care, and additional mental health resources.
 - iii. The allocated cultural competency funds for FY 2025/2026 enhanced cultural competence within SCBH services.
4. Historically, Sierra County has a predominantly English-speaking population. To ensure accessibility and ease of use for all individuals, SCBH will provide all required funding towards Interpreter and Translation Services:
 - i. Provided interpretation services for effective communication in Behavioral Health treatment.
 - ii. Ensured language accessibility in various meetings and translated MHSA and SCBH documents.
 - iii. Used interpretation services, including indigenous languages with contracted health partners.

CRITERION II: COUNTY MENTAL HEALTH SYSTEM UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population

Sierra County's population of 3,236 (US Census Bureau 2020) is spread over 962 square miles (of which approximately 70% is National Forest). The only incorporated city is Loyalton, with 769 persons residing within the city proper. Another 858 residents live within Loyalton's zip code, associating approximately 50% of Sierra County's population with the City of Loyalton. While the county seat is located in Downieville, Sierra County Board of Supervisor meetings alternate between the locations of Downieville and Loyalton.

The main campus of Sierra County Health & Human Services is located in Loyalton. An office is located in Downieville allowing the agency capacity to serve community members on both the east and west side of the county.

According to the 2022 American Community Survey Decennial Census estimate Demographic Profile Data from the U.S. Census Bureau, Sierra County's total population is 2,916±206 persons.

The demographic data is provided in Table 2.1

Table 2.1 Sierra County, Ca		
Demographic factor	Population	Margin of Error
Total Population Estimates	2,916	±206
Age distribution		
Under 5 years	0.0%	±1.4
5 to 17 years	13.9%	±2.6
18 to 24 years	9.0%	±5.4
25 to 44 years	16.2%	±5.9
45 to 54 years	11.1%	±2.8
55 to 64 years	18.7%	±3.4
65 to 74 years	17.6%	±2.7
75 years and over	13.6%	±1.1
Median age (years)	54.9	±3.7
Gender distribution		
Male	48.4%	±3.3
Female	51.6%	±3.3
Race/Ethnicity distribution		
One race	97.1%	±2.2
White	89.2%	±4.7
Black or African American	0.2%	±0.1
American Indian and Alaska Native	2.7%	±2.6
Asian	0.0%	±1.4
Native Hawaiian and Other Pacific Islander	0.0%	±1.4
Some other race	5.0%	±4.2
Two or more races	2.9%	±2.2
Hispanic or Latino origin (of any race)	11.4%	±4.1
White alone, not Hispanic or Latino	86.6%	±4.0

Language spoken at home and ability to speak English		
Population 5 years and over	2,916	±206
Speak language other than English	14.0%	±6.1
Speak English "very well"	12.9%	±5.9
Speak English less than "very well"	1.1%	±0.6
Marital Status		
Population 15 years and over	2,578	±171
Never married	28.5%	±7.0
Now married, except separated	54.5%	±9.3
Divorced or separated	10.8%	±4.7
Widowed	6.2%	±3.6
Educational Attainment		
Population 25 years and over	2,249	±183
Less than high school graduate	6.4%	±5.0
High school graduate (includes equivalency)	33.0%	±7.9
Some college or associate's degree	36.6%	±6.9
Bachelor's degree	11.8%	±4.1
Graduate or professional degree	12.1%	±3.7
Individual's income in the past 12 months		
Population 15 years and over	2,578	±171
\$1 to \$9,999 or less	18.6%	±5.4
\$10,000 to \$14,999	12.7%	±6.3
\$15,000 to \$24,999	17.3%	±5.9
\$25,000 to \$34,999	4.9%	±2.8
\$35,000 to \$49,999	12.8%	±3.8
\$50,000 to \$64,999	8.6%	±5.2
\$65,000 to \$74,999	2.6%	±2.3
\$75,000 or more	17.4%	±7.4
Median income (dollars)	23,897	±8,246
Poverty status in last 12 months		
Population for whom poverty status is determined	2,854	±206
Below 100 percent of the poverty level	12.6%	±6.5
100 to 149 percent of the poverty level	7.2%	±4.3
At or above 150 percent of the poverty level	80.2%	±8.0

Source: US Census Bureau, 2022 American Community Survey Decennial Census estimate.

II. Medi-Cal population service needs (Use current CAEQRO data if available.)

The average unduplicated total Medi-Cal enrollment in Sierra county as of July 2023 was 896 (<https://www.dhcs.ca.gov/dataandstats/dashboards/Pages/Continuous-Coverage-Eligibility-Unwinding-Dashboard-November2023.aspx>). The data race/ethnicity, gender, written language, age and gender is not reported due to the small numbers.

Sierra County’s Behavioral Health client utilization data was compiled through Sierra County’s Electronic Health Record through self-reporting or data being unknown to staff. This data is presented in aggregate form through clients who utilized Mental Health, Substance Use Disorder and Wellness Center services. Due to the need to present data for persons who identify as Hispanic or Latino, as well as capturing other races two figures are presented below based on Race and Ethnicity.

Figure 2.1 shows utilization by Race. One hundred seventy (170) persons identified as White, eighteen (18) as unknown, seven (7) as Other, two (2) as Black or African American, two (2) as n/a and one (1) as Vietnamese.

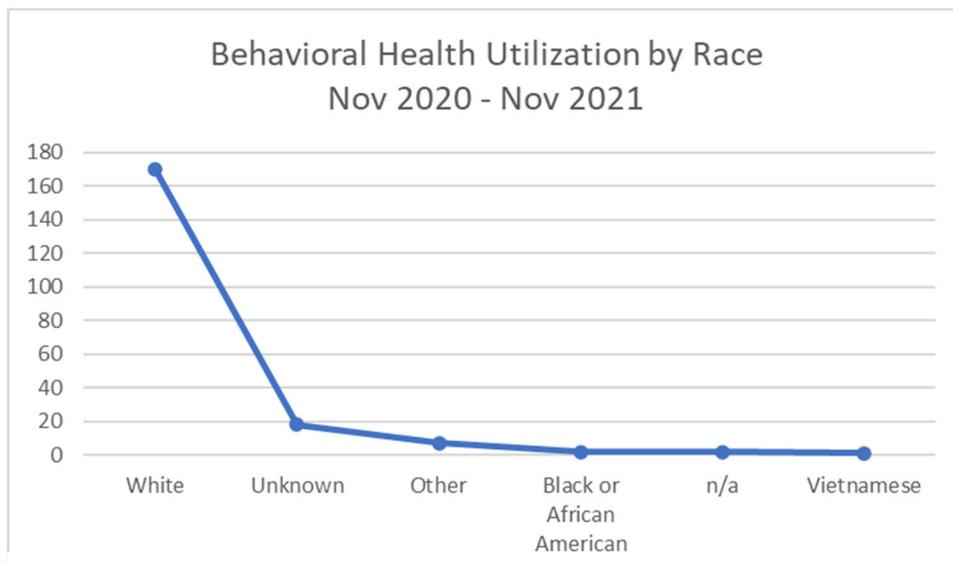


Figure 2.1 Behavioral Health Service utilization by Race

Figure 2.2 shows utilization by Ethnicity which then includes individuals who identify as Hispanic or Latino. One hundred sixty-three (163) identified as Not Hispanic, seventeen (17) Unknown/Not Reported, eleven (11) Other Hispanic Latino, seven (7) Mexican/Mexican American, one (1) Central American, and one (1) Declined to State.

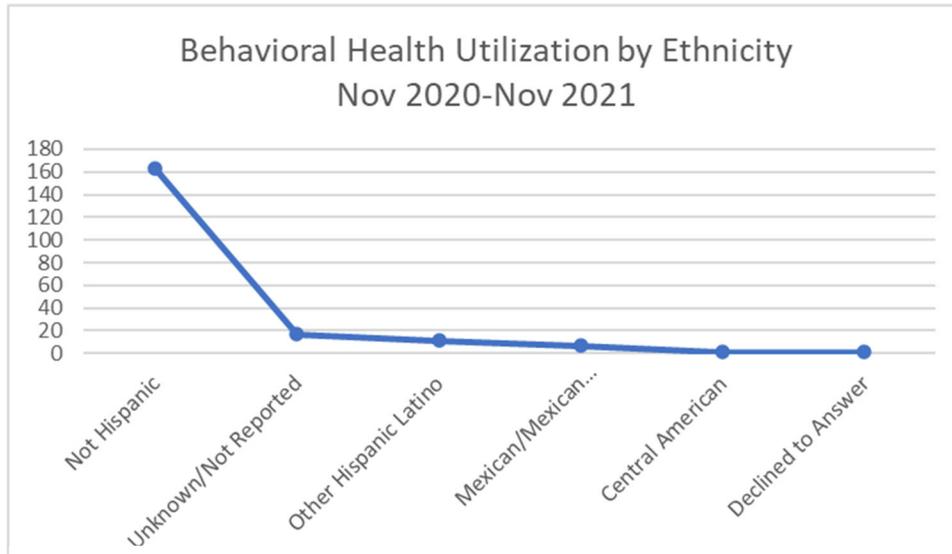
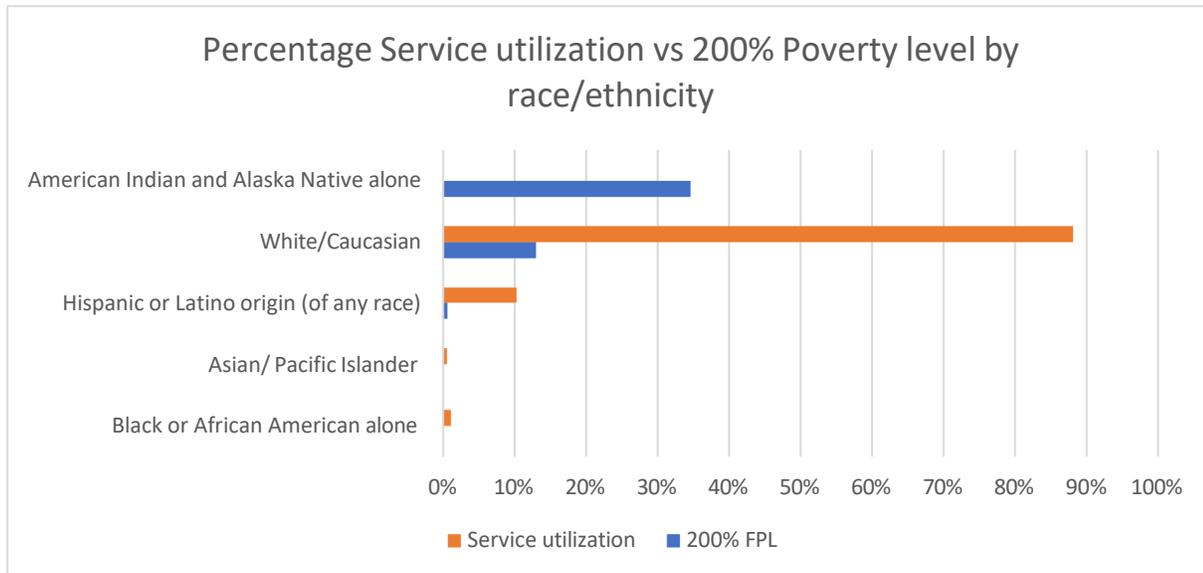


Figure 2.2 Behavioral Health service utilization by ethnicity

Proportionally, Sierra County Behavioral Health is serving Sierra County Residents as the general population is represented by race. Races not served (through available data) were American Indian and Alaskan Natives. It also needs to be noted that in the General Population data there are 212 individuals where race is not known because they identified as other races or two or more races, this is proportionate to Behavioral Health Utilization data where data corresponded with unknown/not reported, declined to answer, other and n/a.

III. 200% of Poverty (minus Medi-Cal) population and service needs.

As of January 2022, the percentage of the population below the poverty level in Sierra County was 12.60%. In early 2023, safety net programs kept 14.9% of children out of poverty.



Source:

<https://data.census.gov/table/ACSST5Y2022.S1701?q=sierra%20County,%20California%20&t=Income%20and%20Poverty>

The disparity of serving the American Indian population, within the 200% poverty level could be due to lack of community understanding and trust in the county’s Behavioral Health services. The lack of intentional outreach and engagement that occurs between Sierra County Behavioral Health and the 200% poverty level population could also be reasoning for this disparity. The lack of cultural proficiency in Sierra County Behavioral Health could be another reason that persons in the 200% poverty level population fail to ask and receive services.

When examining the utilization of Sierra County's Behavioral Health services in relation to the population living below 200% of the poverty line, it's evident that there's a significant gender discrepancy. Approximately 3% of males within this income bracket access these services, whereas around 20% of females in the same economic group utilize them.

A target population that is not identified with an ethnic group is the Low Socio Economic Status (SES) population. In looking at the chart above, 26.57% of the general population lives in households below the 200% poverty level. Therefore, in striving to be culturally aware, the agency needs to be mindful of the culture associated with poverty and uninsured community members.

The objective to improve penetration rates and eliminate disparities will be two pronged, centering more on the Low Socio-Economic Status population with the knowledge that Sierra County Behavioral Health

needs to continually move forward in recruiting and employing a more culturally diverse staff to lessen the disparity between Sierra County's workforce and the Hispanic/Latino community.

It is important to remain cautious when utilizing small sample sizes and rates calculated for small populations, as these rates may tend to be unreliable and could change drastically between years. Small county rates that are determined by formulas may not provide an appropriate representation or statistically sound information. Although the American Community survey data provided Sierra County an idea of the 200% poverty level rates present within the county, the information obtained from this report should be viewed as simply estimates due to Sierra County's small population. This limitation could potentially skew the data presented.

IV. MHA Community Services and Supports (CSS) population assessment and service needs.

Comparison of ethnicity between SCBH staff, client population receiving Specialty Mental Health Services, estimated Medi-Cal Beneficiary population, Households Below 200% population to the General Population.

	Caucasian	Hispanic/ Latino	African- American	Asian	Native American	Other	Total	% of Population
Overall Staff	43	1	0	0	0	0	44	-----
Direct Service Staff	26	1	0	0	0	0	27	-----
Client Population receiving Specialty Mental Health Services[†]	52	2	1	0	0	0	55	1.70%
Medi-Cal Beneficiary Population^{††}	57	17	8	0	7	15	97	2.99%
Households Below 200% Poverty Population^{†††}	673	115	4	1	21	238	837	25.83%
General Population^{††††}	2808	269	6	12	44	101	3240	-----

[†] Derived from 2013 client utilization ^{††} 2008 State Medi-Cal Information ^{†††} California Mental Health Prevalence Estimates (2009), ^{††††} Derived from 2010 U.S. Census Bureau American Fact Finder

Sierra County Health & Human Services which includes Behavioral Health identifies as predominantly Caucasian. When comparing general population race/ethnicity almost 83% identified as white and not Hispanic or Latino, at the same time the majority of staff and beneficiaries identify as Caucasian. The Hispanic or Latino population is 8.3% of the general population. Staff and beneficiary ratios compare with the general population. The client population receiving mental health services in 2021 all indicated English as their preferred language.

Sierra County Behavioral Health (SCBH) currently recognizes the Spanish speaking population has grown. SCBH provides the following to support this growing population. The Access Line has an interpreter should one be needed. Test calls are conducted in Spanish and English with good outcomes. SCBH utilizes the Tele Language and NorCal for the deaf and hard of hearing. Annual trainings are offered to staff.

A target population that is not identified with an ethnic group is the Low Socio Economic Status population. 25.83% of the general population lives in households below the 200% poverty level. Therefore, in striving

to be culturally aware, the agency needs to be mindful of the culture associated with poverty and uninsured community members.

The objective to improve penetration rates and eliminate disparities centers more on the Low Socio Economic Status population with the knowledge that Sierra County Behavioral Health needs to continually move forward in recruiting and employing a more culturally diverse staff to lessen any disparity between Sierra County's workforce and the Hispanic/Latino community.

It is noteworthy that no other in-county mental health services are available to Sierra County residents other than Sierra County Behavioral Health. Thus, all Sierra County residents potentially fall into an unserved or underserved category and could meet MHPA eligibility requirements. Sierra County has implemented programs to provide outreach and to build trust within communities. These programs enable Sierra County Behavioral Health to identify and refer willing residents to services. At this point in time the Sierra County Wellness Center through prevention and the Front Porch Program are able to provide linkage and access to services.

V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations

Sierra County Behavioral Health is following the recommendations of the Mental Health Services Oversight and Accountability Commission (MHSOAC) to implement services that promote wellness, foster health, and prevent the suffering that can result from an untreated mental illness. The current organizing framework from the MHSOAC includes the following service categories:

- i. Prevention
- ii. Early Intervention
- iii. Stigma and discrimination reduction
- iv. Recognizing early signs of mental illness
- v. Promoting greater access and linkage to treatment
- vi. Suicide prevention

All programs employ strategies for promoting access and linkage to treatment, improving timely access to services for underserved populations, and utilizing non-stigmatizing and non-discriminatory practices. These categories and strategies align with Mental Health Services Oversight and Accountability Commission (MHSOAC) requirements of 2018. SCBH PEI funded programs have been developed to address disparities in these specific populations and can be referenced in the MHPA FY 23-26 Three-year Program and Expenditure Plan here. <https://www.sierracounty.ca.gov/334/Mental-Health-Services-Act>

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

For the upcoming year, the following efforts will be prioritized as listed in the MHSA plan:

1. The lack of fuel voucher opportunities on the West side of the county is another issue that affects all age groups. There will be efforts to alleviate this disparity between the East and West side regarding gas vouchers. It needs to be noted there are a total of three gas stations within Sierra County, two of which are located on the Eastern side of the county with the third located close to a mid-county location that is only open seasonally.
2. The Community Program Planning Process (CPPP) has identified FSP services as an MHSA program that is needed to be offered per regulations. As such, the services provided are unique to each individual participating in the program as recovery resources and programs don't exist outside of SCBH. The participants include those who are Homeless, Involved in Social Services System or Forensics, Unserved/Underserved, Cultural Population Isolation (specifically), Veterans, Other School (specifically) disciplinary problems or academic failure with reduced functioning due to health problems.
3. Providing transportation to mental health services and mental health assessments when needed to individuals seeking services and determining the appropriate level of care reduces disparities
4. Motivational Interviewing is used to understand any racial/ethnic and gender disparities and individual is experiencing, then provide services and supports in the manner best received by the individual.
5. Community Academies is a vehicle to address current or emergent mental health issues affecting communities in Sierra County. There are no racial/ethnic and gender disparities taking place while offering these academies. This program has been identified as a priority as community members and other agencies/organizations and community based organizations sending staff members to attend indicate they would like to continue with Community Academies.
6. Youth who live in Sierra County are historically underserved and unserved through the health disparity of a lack of accessible services. Geographic isolation also plays a role in creating health disparities and can contribute as a risk factor to mental illness. Families live in communities with distances prohibiting walking to and from the communities. There is a genuine lack of habitable housing stock, also contributing to the health disparities Sierra County residents live with in comparison to other counties.

Identifying disparities:

Seniors in Sierra County have been identified as a target population that is in severe need. Partnering with Sierra County Social Services, all Health and Human Services employees were encouraged to attend an Aging Training in 2019. Sierra County, in accordance with the Cultural Competency Committee, is currently implementing strategies to target these populations to reduce disparities and provide community driven care.

There is no threshold language identified in Sierra County. Within the last 5 years, one family was in need of an interpreter to receive services. An interpreter was provided and services were delivered.

Goals and strategies are identified below:

Objective	Goal	Strategies
Improve Penetration rates and eliminate disparities associated with the Low Socio-Economic Status population.	1) Increase cultural awareness of Sierra County Health and Human Services of this target population.	Provide training centering on race and biases.
	2) Provide outreach and engagement activities/services throughout Sierra County Communities to provide community members with an understanding of services provided through Sierra County Health and Human Services.	Distribute informational pamphlets addressing services provided and who can receive services at community events.
		BH Team identifies and provides fuel vouchers to community members.
		Sierra County’s Wellness center serves as a cooling and warming center, providing climate-controlled environments and necessary supplies for community members.
		BH team identifies and provides Housing & Hotel Vouchers.
		Identify and build relationships with key community leaders within the Low Socio-Economic Status (SES) population.
		Educate key community leaders regarding services provided and who can receive services. Key community leaders can then educate and build trust within the Low SES population to help break down barriers and stigma associated with Sierra County Health and Human Services.
Improve penetration rates and reduce disparity associated with the aged population of 60+.	3) Sierra County Health and Human Services will identify the aged population as an underserved population.	Hold BH advisory board to learn further strategies of engagement with the Low SES population.
		Provide trainings addressing the culture of the aged population.
		Utilize the Front Porch Program to provide outreach and engagement activities to reach the aged population and understand their unique needs.

SCBH MHSA funded programs have been developed to address disparities in specific populations and can be referenced in the MHSA FY 23-26 Three-year Program and Expenditure Plan [here](#).

<https://www.sierracounty.ca.gov/334/Mental-Health-Services-Act>

SCBH’s Quality Improvement department provides oversight and monitoring of data related to health equity and the Department of Health Care Services (DHCS) regulations pertaining to Medi-Cal beneficiaries.

SCBH’s Quality Management statement is as follows:

The Sierra County Behavioral Health Quality Management (QM) program is responsible for implementing an ongoing comprehensive Quality Assessment and Performance Improvement (QAPI) program for Mental Health Plan (MHP) services. The QM program provides support to all areas of County Behavioral Health operations by conducting performance monitoring activities which include but are not limited to: performance measurement of beneficiary and system outcomes, performance improvement projects (PIPs), utilization management, utilization review, provider appeals, credentialing and monitoring,

beneficiary/family satisfaction, safety/effectiveness of medication practices, and resolution of beneficiary grievances and appeals. The QM program's activities are guided by the relevant sections of Federal and California State regulations as well as the MHP's contract with the Department of Health Care Services (DHCS). The QM program is accountable to the agency director and includes substantial involvement by a licensed mental health professional.

The Cultural Competency Coordinator will work closely with the Quality Management staff to develop culturally competent-related benchmarks for programs, to ensure that measurable objectives are monitored on a regular basis.

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

Provision of Culturally and Linguistically appropriate services. Identification of disparities and assessment of needs and assets. Implementation of strategies to reduce identified disparities.

Sierra County Behavioral Health embraces a strong commitment to cultural competence; this includes executing more effective data collecting tools to track and identify the groups served. The Behavioral Health Advisory Board is also designated as the Cultural Competency Committee. This committee convenes once a month to provide planning, tracking and on-going assessment of the cultural competency needs of the county. With a lack of ethnic diversity within the county, distinct cultures of lower socio-economic status and isolated communities have been identified.

Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

In the past, Sierra County's Behavioral Health Advisory Board (BHAB) consisted of 11 members. Due to the small population in Sierra County, it was difficult to consistently hold 11 active members on this board. According to Welfare and Institutions Code 5604. (a). "each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by a governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members." On June 7th, 2011, this code was brought before Sierra County's Board of Supervisors for resolution and Sierra County adopted having five persons be the required number of members in Sierra County BHAB.

The BHAB has three members currently, with one seat to fill as a consumer or past consumer of Sierra County Behavioral Health services as outlined in the Behavior Health Advisory By-Laws. One person on this board is a representative from the Board of Supervisors, and two is a community member. These Board members identify with different populations. Castilian, Hispanic, and Caucasian are the ethnic cultures identified within the board members. There are two additional community members whom are family members or directly members of the Behavioral Health system in Loyalton which should be appointed in the next 45 days.

All information, including scheduled meetings and agendas regarding the BHAB, will be advertised at various locations frequented by populations. Sierra County Behavioral Health continues to encourage people to attend the scheduled meetings, regardless of membership. Community attendance is encouraged to allow individuals the opportunity to see how meetings are conducted and empower people to participate in each meeting. Sierra County BHAB is aware that there is a need that must be addressed. Currently, all BHAB are being held on the East side of the county in Loyalton, California with a teleconference option for the western side of the county, ensuring the ability to work with the community living on the West side of Sierra County.

CRITERION V: CULTURALLY COMPETENT TRAINING ACTIVITIES

Train mental health staff in evidence-based, promising, emerging and community- defined mental health practices.

SCBH Staff training will provide cultural competence consultation, evaluation, and training/education for the entire Behavioral Health System of Care, including County and service contractors, to ensure service deliveries are culturally and linguistically appropriate and in compliance with local and State mandates.

Currently, the Behavioral Health agency offers several different evidence-based trainings for the staff. Prevention will continue to offer Mental Health First Aid. Mental Health First Aid is a course designed to help staff learn the risk factors and warning signs for addiction and mental health concerns. This training outlines action plans for someone in either crisis or non-crisis situations.

Additionally, training will be provided on Trauma Informed Care in the near future. This training will provide the five primary principles for trauma informed care. These principles include: Safety - creating spaces where people feel culturally, emotionally, and physically safe as well as an awareness of an individual’s discomfort or unease; Transparency - full and accurate information about what’s happening and what’s likely to happen next; Choice - the recognition of the need for an approach that honors the individual’s dignity; Collaboration and Mutuality - the recognition that healing happens in relationships and partnerships with shared decision-making; and Empowerment - the recognition of an individual’s strengths. These strengths are built on and validated.

Training Event	Description of Training	How long and often	Attendance by Function	No. of Attendees and Total	Date of Training
Cultural Competence Intro	Overview of cultural competence issues in mental health treatment settings.	Four hours annually	*Direct Services	15	Ongoing

Sierra County Behavioral Health provides cultural awareness training to employees that pertain to the culture of Sierra County. Training will be available to increase staff and contractor knowledge and capacity to serve community members accordingly. The following trainings have been identified thus far:

- Wellness Recovery Action Plan (WRAP) Facilitator training
- Peer Core Competency training
- Administrative Staff training(s)
- Motivational Interviewing
- Wellness, Recovery and Resiliency focused training(s)
- Cultural Awareness training
- Peer Certification training and tests

Any trainings not identified above will be assessed and approved through the WET Coordinator to provide flexibility to focus resources on specific needs as they are identified. Each subsequent year's plan will be developed following evaluation of the training date, outcomes, and available resources.

E-Learning is a resource that allows BH to develop, deliver and manage educational opportunities and distance learning for employees, contractors and stakeholders. Utilizing e-learning builds program capacity and is a cost effective resource. Sierra County Behavioral Health provides e-learning through Relias Learning. Job specific training and supervision will also be available to increase capacity in providing services under this program category.

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

Recruit, train, hire and support mental health clients and family members at all levels of the mental health workforce.

In efforts to recruit, train, hire and support mental health clients and family members, Sierra County Behavioral Health, with the use of the Mental Health Services Act, piloted the Sierra County Wellness Center. The Sierra County Wellness Center is peer run to support wellness and recovery goals for people living with mental illness and their families. The Sierra County Wellness Center's staff is made up of peers with lived, personal experience. Peer Support Specialists are available to provide support, education, advocacy and hope to individuals during their unique wellness and recovery path. Additionally, the Wellness Center provides Whole Person health support through education classes, peer support, life skills, community building, art and other activities which support wellness, recovery and resiliency.

Both the Local Loan Assumption Program and the Superior Regional Partnership – OSHPD WET Grant are funded through Mental Health Services Act funding. Therefore, Sierra County can only participate in one program. The Behavioral Health Advisory Board voted on February 3, 2022 to utilize the Superior Regional Partnership. Participation in the Superior Regional Partnership allows for a greater hiring pool, the taking over of administrative duties related to loan repayment, educational stipends, peer scholarships, employee retention, and greater versatility of fund use. Sierra County continues to hold a local loan assumption program as the Superior Regional Partnership ends in 2025.

Furthermore, Sierra County Behavioral Health is strongly committed to recruit, train, hire and support mental health clients and family members across all levels of the workforce.

Workforce, Education, and Training (WET population; Target to grow a multicultural workforce)

From an ethnic standpoint there has been no change in Sierra County Health and Human Services workforce. Thus far, targets still need to be reached. Sierra County Health and Human services has an experienced team of administrators and staff associated with Behavioral Health that have been working together for the past three years. It is hoped that current staffing will be maintained for more than a three-year period as this staff is committed to implementing culturally aware practices.

The current staff at Sierra County Health and Human Services is quite diverse within some of the cultures identified during the 2013 Cultural Competency Review: 1) income level, 2) geographic community, 3) church affiliation, and 4) industry affiliation.

Northern California Frontier County demographics lend these counties to geographic isolation and being predominantly populated by Caucasians. Sierra County is a Frontier County and as such has a limited pool of people to employ from. Cultural diversity and disparity in Sierra County is not based on ethnicity. Rather, it is based on such factors as what income level one is at, what community one lives in, what church one attends, whether one is associated with the ranching or timber industry or is a government employee.

Perspective employees, especially licensed ones, often need to be willing to relocate to the area or be willing to commute for a minimum of 45 minutes. Historically, employees new to the County have found it difficult to assimilate into the unique frontier culture of Sierra County.

Hard to fill positions identified in the WET planning and implementation efforts are still identified as hard to fill. Filling these positions with an employee of a specific ethnic culture continues to prove difficult.

CRITERION VII: LANGUAGE CAPACITY

County Mental Health System Language Capacity

Currently, there are no threshold languages in the County of Sierra. But Sierra County Behavioral Health has been working diligently to maintain the 24/7 telephone line that will meet the culturally linguistic needs of clients. The 24/7 phone line provides Sierra County Behavioral Health with a variety of data markers, including how many non-English speaking calls were placed, as well the number of crisis calls.

Additionally, Sierra County Behavioral Health contracts with Telanguage to provide professional services in language support. Interpreters are on-call 24/7 providing language support in over 300 different languages. Telanguage requires all interpreters to complete the Telanguage Interpreter Certification Program (TICP) that targets industries such as Behavioral Health.

The TICP course covers ethics, interpreter roles, basic skills (from pre-session to post-session), positioning and terminology, modes of interpreting, steps for sight translation, cultural mediation, and other vital skills. Currently, the industry standard is a 30-hour training course for certification. TICP utilizes a 120-hour training course, coupled with a 370-page training manual, for a highly comprehensive learning experience – exceeding industry standards.

CRITERION VIII: ADAPTATION OF SERVICES

County Mental Health System Adaptation of Services

Sierra County Wellness Center, located in Loyalton, is wellness-focused and provides integrated services that are supportive, alternative and unique to support community members on their recovery path. The Wellness Center strives to be culturally competent, member-driven, and wellness-focused. Additionally, the Wellness Center provides services which are racially, ethnically, culturally, and linguistically specific to Sierra County. Peer Support Specialist staff is made up of peers with lived, personal experience. Peer Support Specialists are available to provide support, education, advocacy and hope to individuals during their unique wellness and recovery path. The Veterans' Peer Support Specialist is also housed at this site. Peer support staff provide services via the phone, home visits, and on site. Downieville does not currently have a Wellness Center, however a Peer Support Specialist is available once weekly at Health and Human Services building located in Downieville, inside the Wellness Room. The Wellness Room is a miniature extension in the HHS Building in Downieville in which Peer Support Specialists are able to provide scaled activities and supports to community members. SCBH continues to explore opportunities to increase the ability of persons served to live life at its fullest. Services focus on:

- Wellness & Recovery Action Plans (WRAP©)
- Supportive Conversation
- Independent Living Skills
- Veterans Peer Support
- Connection with Workforce Alliance
- Art and Meaningful Activities
- Social Activities
- Living with challenges of mental illness
- Collaboration with other entities to provide identified individualized services not offered through the Wellness Center

Quality Assurance

SCBH is compliant with California State requirements for grievance processes. (P&P #SC-4666)