



Placer County
Systems of Care Quality Improvement Committee

Placer READI (Race, Equity Access, Diversity, Inclusion)
Formerly Cultural and Linguistic Competence Committee (CLCC)
Annual Update and Report

Fiscal Year 2020-21

Committee Purpose

The purpose of the Placer READI committee is to ensure the development of the necessary To ensure the development of the necessary skills, knowledge, attitudes, behaviors and policies within Placer County's Systems of Care (SOC), in order to provide culturally responsive and effective care to members of diverse cultural groups. The Committee will develop and monitor the implementation of the SOC Cultural Linguistic Competency Plan; This may include ensuring that relevant materials are available for providers and clients in client understandable and threshold languages, producing required reports, focusing on Client concerns including access to services, Client outcomes, Client satisfaction, and other issues. The committee will submit reports on its activities, findings and recommendations to the QIC.

Towards this goal, Placer County Systems of Care will engage representatives of diverse communities and consumer groups in a collaborative planning process that is informed by the diverse interests, expertise and needs of these groups.

Committee Function

In accordance with the California Department of Health Care Services (DHCS) Cultural Competence Plan requirements, the function of Placer READI shall be to:

- Identify unmet needs and mental health disparities in Placer County;
- Review all Systems of Care programs, services, and plans and respond and/or make recommendations with respect to cultural and linguistic competence needs and issues.
- Provide a bridge for communication and accountability between the county and diverse cultural groups and community partners.
- Participate in the development of and monitor the effectiveness an integrated CLC training plan for county staff and contractors.

- Participate in the overall planning and implementation of services, including review of MHA plans and client developed programs.
- Provide reports to Quality Assurance/Quality Improvement programs.
- Provide recommendations directly to the executive level; and
- Prepare an annual report of committee activities

Composition and Structure

The membership of Placer READI shall reflect the communities served by Placer County System of Care, including county management level and line staff, clients and family members from diverse cultural groups, providers, and community partners.

Placer READI will be co-chaired by a Systems of Care staff person and a community representative, with agenda preparation and meeting facilitation responsibilities being shared between county staff and community representatives. The SOC Co-Chair will be appointed by SOC Leadership, while the Community Co-Chair will be elected by the community representatives of Placer READI on an annual basis.

In order to facilitate an integrated role of Placer READI into Systems of Care planning, leadership, and quality assurance processes:

- Placer READI shall designate a member to represent this committee on SOC planning, leadership and quality assurance committees (including but not limited to the SOC Leadership Committees, Quality Improvement Committee, SOC Staff Development, Workforce Education and Training (WET), and the Mental Health, Alcohol and Drug Board);
- Representatives will provide reports of relevant SOC committee activities monthly through a standing PLACER READI agenda item.
- Items needing PLACER READI attention and review will be brought to the general meeting and sub-committees as needed to prepare recommendations.
- Placer READI shall also provide reports to the Campaign for Community Wellness, SMART Policy Board, Mental Health Director, the Board of Supervisors, and other decision- making groups within the Systems of Care as deemed appropriate.

Current/Active CLC Members (unless noted)

Alicia Rozum	Placer County Office of Education
Ana Donis	Placer County - Client Services Practitioner II
Andrea Salazar	Placer County Youth Empowerment Support Program

Bertha Ramirez Magana	Uplift Family Services
Beth Goncalves	Turning Point Community Programs
Claire Buckley	MHADAB for Placer, Older Adult Advisory Commission, Area Agency on Aging, and on Prism-Q Board
Connie Falconer	Placer County ASOC QM Clerk
Daniella Zimmerman	Board of PFlag and Prism-Q LGBT & Allies Resource Center Educator at Whitney High School
Denise Manandik	Gateway Mountain Center, Sierra Experience LMFT, RYT
Elisa Herrera	Latino Leadership Council
Indira Infante	Placer County Family Advocacy Partner with CSOC
Jainell Gaitan	Placer County Program Supervisor
Janelle Brancato	Placer County Peer Coordinator /Family Support Specialist /Consumer Council and Speakers Bureau
Jeffrey Steer	Placer County Client Services Practitioner II
Jenjor Seefeldt	Sierra College MSW Intern with CARE
Jennifer Cook	Placer County CSOC Assistant Director
Jessica Luna-Miranda	Placer County Youth Empowerment Support
Johanna Medina	Stand Up Placer Outreach and Prevention Advocate
Julia Soto	Placer County Quality Manager
Kassidy Horner	Placer County Youth Support Coordinator
Kimberly Maurer	Turning Point Community Programs Clinical Team leader
Kristin Semone	Sierra College MSW Intern with CARE
Kristin Slye	Uplift Family Services in the Tahoe Region
Kyle Ketsdever	Stand Up Placer Outreach and Prevention Coordinator
Leslie Medina	Placer County Behavioral Health Program Manager with CSOC
Marie Osborne	Placer County ASOC Assistant Director
Matthew Dixon	Placer County Children's Mental Health Support Program
Michele Irwin	Placer Independent Resource Services PIRS
Mollie Murbach	Stand Up Placer Prevention Outreach Specialist
Nary Sonesouphab	Yes Program, Youth Support Coordinator
Natalie Sherrell	Sierra College Behavioral Intervention CARE Lead Campus Advocate and General Counselor
Nicola Baldwin	Sierra College - Instructional Assistant NCCSSP, Outreach
Raul Martinez	Placer County Assistant Director of Health & Human Services
Sarah Villanueva	Sierra Native Alliance Intern in Peer Support
Sue Compton	Placer County Mental Health Services Act (MHSA) Coordinator and WET Coordinator
Twylla Abrahamson	Placer County Director of Children System of Care

Committee Goals and Accomplishments:

1. Goal: Expand community partner collaboration with the Placer READI (formerly CLC) Committee.

Objectives:

- 1) Recruit and identify a community co-chair for the committee.
 - Objective Met. Natalie Sherrell of Sierra College Behavioral Intervention CARE joined as co-chair.
- 2) Create outreach opportunities and strategies to continuously engage unrepresented community members and partners to increase membership by two (2) new representatives
 - Objective Met. As of July 2021, membership in Placer READI has increased from 19 members in June 2020 to 36 members, an increase of 52%. Meeting participation has increased with an average of 21 participants attending.

2. Goal: Identification of disparities in service delivery

Objectives:

- 1) Placer READI (formerly CLC) Committee will collect and evaluate data at least annually, related to client and beneficiary demographics in order to identify underserved populations and make recommendations to the quality improvement committee to address such.
 - Objective met. The committee reviewed data currently available, including the MHSOAC transparency dashboard data, public health data, FY 19-20 MHS data, MHP penetration rates, and a 2020 Community Engagement & Behavioral Health Survey report published by the Community Collaborative of Tahoe Truckee. One meeting specifically included a presentation on SOC current data looking at race/ethnicity sorted by age for outpatient mental health clients including FSPs (number of services, average number of services, number of 5150 assessments/evaluations). Efforts to pull SOGI data identified a significant discrepancy in data collection which influenced further efforts to correct how data is collected.
- 2) Complete an organizational assessment of system of care staff in order to identify disparities in workforce development.
 - Objective partially met. The committee identified a strategy to deliver a 3-part workforce survey before end of FY 21-22. It will collect information on workforce demographics, staff cultural competency, and organizational equity. The committee has reviewed the questions for these surveys and provided feedback. It was determined that to get high survey responses, additional efforts should be made to help the workforce better understand the need to such analysis. A Placer READI ambassador program was created and launched to help integrate the efforts of the Placer READI throughout the SOC. This will help build a better foundation for introducing the surveys.
- 3) Identify, review and propose trainings to the WET committee and SOC Development committee to bring increased competence and awareness to our providers related to outcomes of above two activities.

- Objective met. This is a standing agenda item for each meeting. Placer READI helped identify the need for LGBTQ+ trainings for providers and the community and conducted a survey to prioritize area of focus to identify the first training to launch in FY 21-22. The committee promoted the resurgence of the Cultural Broker Dialogue Series. Implicit Bias (IB) 101 and 201 trainings were promoted as well, which was shared broadly county-wide. IB 101 alone had 223 in attendance. IB 201 was geared towards leadership. A variety of regional and statewide training opportunities were identified and shared with the WET committee, SOC and CCW distribution lists as a result.

3. Improve documentation of calls received by the 24/7 Access Lines logged in the EHR.

Objectives:

- 1) Maintain a minimum of 36 test calls annually (8 non-English, including TTY) (MHP)
 - Objective partially met. In FY 2020/21, forty-three (43) test calls were made, but only two (2) were completed in a language other than English. Both calls were made in Spanish, Placer County's threshold language. A scheduling calendar and reminder notices have been put into place this year to remind the test callers to complete their calls and surveys timely.
- 2) Improve documentation/logging for all calls received to 100% (MHP/ODS)
 - Objective not met for MHP. There were 15 test calls completed that were not logged or were unable to be found based on the information provided and the way the calls were documented by the call center staff. Overall, 65.11% of the calls were logged.
 - Objective not met for ODS. There was one (1) test call completed that was not logged or was unable to be found based on the information provided and the way the calls were documented by the call center staff. Overall, 80% of the calls were logged.
- 3) Improve documentation of logging elements (Name, Date, Time, Purpose/Resolution) to a minimum of 80% for all calls received. (MHP/ODS)
 - Objective not met. In FY2020/21, the overall logging of calls for all elements was 62%.
 - Objective met for ODS. In FY2020/21, the overall logging of ODS test calls for all elements was 80%.
- 4) Maintain a minimum of 12 test calls annually (4 non-English, including TTY) (ODS)
 - Objective not met. Only five calls were placed in this FY and none were non-English. A scheduling calendar and reminder notices have been put into place this year to remind the test callers to complete their calls and surveys timely.

4. Improve completion of Cultural Competence Training

Objective:

- 1) Ensure that each staff member (all levels) participates in a training inclusive of CLC

components within the year at a 90% target. (MHP)

- Objective was met. 100% of those assigned completed the trainings. Trainings included the following courses: HHS-SOC Indigenous Psychology (Remote), Implicit Bias, Implicit Bias 101-Awareness Training, and Implicit Bias 201 – Mitigation Training. There were 970 trainings assigned for 671 individuals.

5. Improve coordination and completion of WRAP workshops.

Objective:

- 1) Conduct a minimum of six (6) WRAP workshops open to active SOC clients and community during the fiscal year. (MHP)
 - Objective not met. WRAP workshops are delivered as part of ASOC's contracted Peer Services. The contract was moved to a different agency in October 2020 resulting from MHPA Three-Year Plan and RFP process. This agency is working on getting individual(s) certified to teach WRAP. It has been delayed due to COVID. There was no online option, and the only current training is out of state.

6. Increase Consumer/Family Participation on Interview Panels for Eligible Interviews.

Objectives:

- 1) Offer participation to consumer/family members on interview panels for all eligible interviews. (MHP)
 - Objective partially met. Although participation was offered in eligible interviews, not all interviews included consumer or family members on the interview panels.
- 2) Maintain a combined minimum of consumer/family participation on 25 interview panels or 50% of eligible interviews. (MHP)
 - Objective not met. During FY2020/21 only 18.18% of eligible interviews included consumer or family members on the panels.

7. Continue to Integrate Native American/American Indian and Latino services Team into CSOC.

Objectives:

- 1) Maintain a minimum 90% of appropriate referrals ending up on the correct service team. (MHP)
 - Objective not met. 83% of the 6 native cases that were reviewed by the Case Review team in Federal Fiscal Year 20-21 were referred and/or linked to services at Sierra Native Alliance.
- 2) Develop a standardized methodology to measure appropriate linkages. (MHP)
 - Objective partially met. Placer County Children's System of Care continues to develop and implement indicators and tracking methodology to support linkage to Native American/American Indian and Latino services teams. Our management team collaborates with Native and Latino services organizational providers at monthly community leadership meetings. Additionally, in FY20/21, a new special services indicator code was implemented in CWS/CMS to indicate the need and/or referral to the "Native Services Team." This process will allow for identification and reporting of appropriate linkages and continues to be under development at this time as staff updates current and new client information to reflect the appropriate services and collaborates with the Native services provider to confirm referrals have been processed appropriately for all applicable clients. This goal continues to be an area

that CSOC will focus on to achieve the intended objectives.

8. Improve the documentation of calls logged into the EHR for grievances.

Objectives:

- 1) Test the Call Centers for knowledge of the Beneficiary Grievance and Appeals Process at a minimum of 12 test calls per fiscal year. (MHP)
 - Objective not met. There were 6 calls that were identified as Beneficiary Grievance related during the FY. A scheduling calendar and reminder notices have been put into place this year to remind the test callers to complete their calls and surveys timely.
- 2) Increase documentation of logging elements (Name, Date, Time, Purpose/Resolution) to a minimum of 60% for all calls received. (MHP)
 - Objective has been met. Five (5) of the 6 (83.33%) grievance calls were properly logged. It should be noted that DHCS does not ask for any logging information in the 24/7 Quarterly reports for Beneficiary Problem Resolution Information. They only ask if the call has been completed. The call will meet compliance without being logged.

9. Increase completion of Client Perception Surveys administered as required by DHCS semi-annually.

Objectives:

- 1) Utilize peer staff or front desk staff to administer and assist with completing Consumer Perception Surveys with clients. (MHP)
 - Objective has been met. The MHP decided to complete the surveys on paper this year, although electronic submissions were allowed. Peer staff provided assistance during the survey period with support from the front desk staff.
- 2) Decrease number of Consumer Perception Surveys left blank to a maximum of 25%. (MHP)
 - Objective has been partially met. For adult surveys there were 34 of 136 (25%) surveys collected that had 0, 1, or 2 answers completed (counted as "left blank"). There were 29 (21.64%) surveys that did not answer any questions (zero). For youth surveys, there were 18 of 51 (35.2%) surveys collected that had 0, 1, or 2 answers completed (counted as "left blank"). There were 17 (33.34%) surveys that did not answer any questions (zero).

Respectfully Submitted,

Julia Soto, LCSW
SOC Quality Improvement Program Manager
Co-Chair, Cultural Linguistic Competence Committee
Placer County Health and Human Services